Kitsap Interagency Coordinating Council
Head Start/ECEAP Partnership

Kitsap County, Washington

2018 Update to the
2017 Comprehensive Community Assessment

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Acknowledgements

This 2018 Update to the 2017 Comprehensive Community Assessment was heavily based up on the 2014 and 2017 Comprehensive reports. This version focused on updating trends discussed in the 2017 report.

This assessment was completed using information compiled from datasets, reports, organizations, and individuals. It is not meant to cover every aspect of life in Kitsap County, but rather provide insight into current and emerging issues that affect children age 0-5 years. As such, this assessment is one tool that can be used with additional, more detailed information about specific communities and/or programs to better understand the experience and needs of young children in Kitsap County.

Special thanks and appreciation are extended to the persons who shared the information, expertise, data, and documents that were used in this assessment.

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Quick Reference Points of Interest

Kitsap County:	Year	Number	Percent
Total Population*	2017	264,300	100%
Children Age 0 to 4*	2017	16,060	6%
Children Age 0 to 4^	2012-16	14,865	6%
Children Age 0 to 5^	2012-16	17,819	7%
Residents Living in Poverty (All Ages)	2016	25,833	10%
Children Under Age 5 (0 to 4 years) Living in Poverty	2012-16	2,284	16%
Children Under Age 6 (0 to 5 years) Living in Poverty	2012-16	2,538	15%
Public School Students Enrolled in Free & Reduced Lunch	2017-18	11,821	32%
Number of Medicaid-Paid Births	2016	959	43%
Civilian Pregnant Women Starting Prenatal Care in 1st Trimester	2016	1,785	80%
Medicaid-paid births (low-income)	2016	700	74%
Non-Medicaid paid births	2016	1,082	85%
Civilian Pregnant Women Smoking	2016	310	14%
Number of Childcare Centers	2017	43	n/a
Number of Family Childcare Homes	2017	77	n/a
Kitsap County Early Head Start/Head Start Programs Cumulative Enrollment	2016-17	1,123	n/a
Median Income	2016	$66,569	n/a

* Data from the Washington State Office of Fiscal Management[1]

^ Data from the American Community Survey[5]

Executive Summary

Population. The 2017 Kitsap County population is estimated to be 264,300.[1] Since 2000, the population has grown 13.9%. In this same timeframe, the number of births have remained relatively stable, with an average of 2,988 per year.[3] On average, 27% of births each year are to military women, including 892 in 2016.

Port Orchard continues to be the fastest growing city, followed by Poulsbo. [1] Unincorporated areas accounted for 47% of the county's total growth since 2000 but only 39% since 2010.

Kitsap County has a growing aging population. While the median age in 1980 was 29.3 years, it is 39.0 years as of 2016.[1] Population growth has been predominantly among the older age groups, with the number of residents 50 years or older increasing 79% from 2000 to 2017. Those 55-74 years old now represent more than a quarter (27%) of the entire population. The child population aged 5-19 years has decreased 14.9% during the same timeframe, while the 0 to 4-year-old population has increased only 3.4%. In 2017, there were an estimated 16,060 children under age 5.

Kitsap County has a predominantly White population (77%).[5] Hispanics are the largest minority group (7%), having doubled in size since 2000. The next largest minority group are Asian/Pacific Islanders (6%), who were formerly the largest minority group. The child population ages 0 to 4 years has a slightly different composition, and is becoming increasingly less non-Hispanic White (only 62% in 2017).[1] There are proportionally more Hispanics in the child population (15%) than the adult population (20+ years; 6%). Since 2010, the Hispanic child population grew substantially (37%) – more than any other single minority, although the population of those considering themselves as two or more races has also grown substantially (43%). The Asian/Pacific Islander, Black and American Indian/Alaska Native child populations have all declined from 2010 to 2017.

The population of resident active duty military personnel increased 26% from 2008 to 2016.[5] An estimated 11,202 armed forces personnel resided in Kitsap County during 2016; 4% of the County population. In 2016, the Department of Defense employed 33,800 personnel at Naval Base Kitsap.[87]

The 2017 estimated resident population on tribal lands (regardless of tribal enrollment or race) were 694 on the Port Gamble Reservation and 7,983 on the Port Madison Reservation.[1]

The vast majority (93%) of the Kitsap County population over 5 years old speaks English at home; approximately 2% speak Spanish as their primary language.[5] Asian and Pacific Island languages are now collectively the most frequently spoken language group (3%) after English.

The proportion of all Kitsap County households comprised of married couples with children has decreased since 2000 (27%) to only 20% in 2016, while non-family households have increased slightly to 33%.[4,5] An estimated 31% of all households had one or more children under the age of 18.[5] In 2016, approximately 22% of children under 18 lived in households with single parents without partners present; the vast majority of these were female householders. Bremerton has the highest proportion (44%) of children living with single parents.

Economic Well-Being. The estimated median household income for Kitsap County has been slowly increasing, reaching $65,156 in 2015 and projected to be $66,569 in 2016.[1,85] The county median has been very similar to that of Washington State since 2010. Within the county, the median income varies substantially, with Bainbridge Island ($102,906) at the top, followed by North Kitsap ($70,464), Central Kitsap ($67,857), South Kitsap ($63,754), and Bremerton ($50,327).[5] The 2016 median income for family households with children under 18 years was $76,922 – considerably lower than that of family households without children under 18 ($82,202). Median income is still dramatically lower for single parent households than it is for married parents ($98,118) – particularly if the unmarried householder is female ($23,780).

The 2016 unemployment rate in Kitsap County was 5.8%, which was slightly up from 2015, and just above the state rate (5.6%).[7] The county has usually been lower than the state, but mirrors it very closely.

County-wide, 10% of residents were estimated to be living in poverty during 2016.[5] This rate has been relatively consistent for the past few years. Young children and women tend to have disproportionately high rates of poverty. The poverty rates for children have been increasing since 2000.[9] Among children under 5 years, the 2016 estimated poverty rate was 15%.[5] Consistent with median income variation throughout the county, Bremerton continues to have higher proportions of residents of all ages, including those under age 5, who are living in poverty than other districts. Almost a third (32%) of the county's children 0 to 5 years living in poverty resided in Bremerton during 2012-16. Eleven percent of females were estimated to be living in poverty, which is 55% of all Kitsap residents living in poverty. In 2016, 959 (43%) civilian births in Kitsap County were paid for by Medicaid.[3]

Head Start/Early Head Start Population. During the 2016-17 school year, the total cumulative enrollment in in Kitsap County Head Start (HS) and Early Head Start (EHS) programs was 1,123, including 1,092 children and 31 pregnant women.[10] Fifty-two percent of enrollees were in HS, and 48% in EHS. Across all programs, the racial composition was like prior years; enrollment consisted of 49% White, 22% multi-racial, 13% American Indian or Alaskan Native, 7% black, 2% Native Hawaiian/Pacific Islander, 1% Asian, and 5% unknown race. Twenty-three

percent identified as Hispanic. The vast majority (87%) speak English as their primary language at home; Spanish is the second most commonly spoken language (7%).[10] All programs had wait lists for enrollment as of February 2018, except for the Port Gamble S'Klallam Tribe Head Start, which has 3 available openings.

Other Early Childhood Education Options for HS/EHS Eligible Children. Twenty-six percent of the 2016 KICC parent survey respondents reported using childcare other than HS/EHS. Of those, 82% use family, friend, or neighbor care, 6% use a licensed childcare center, and 3% use a licensed family home-based childcare.

Other state and local funded options include the Early Childhood Education and Assistance Program (ECEAP) – Washington's state-funded program to provide preschool to low income families, which is very similar to Head Start – and free preschools offered by some local school districts offer to certain children with special needs. There are state-funded subsidies to assist with childcare.

During 2017, 348 Kitsap families, including 486 children, used referral services provided by Childcare Aware.[15] Of these, 74% were under age 5. Sixty-four percent of children were using subsidies for childcare.

The number of family home based childcare providers has been declining over the past decade, while the number of childcare centers had remained relatively stable until dropping in 2013.[15] At about this same time, there were substantial increases in the number of school-age childcare providers. Overall, the total number of childcare slots has declined 16% from 2008 to 2017, which equates to a loss of 909 slots.

Children with Special Needs. During 2016-17, the Holly Ridge Infant Toddler Early Intervention Program received 682 referrals.[18] Holly Ridge has seen a steady increase in the number of referrals since at least 2003-04, with children ages 1 to 2 years consistently comprising the most inquiries. Most of the children served at Holly Ridge are covered by Tricare (military insurance; 36%) or Medicaid (40%).

During 2016-17, 19% of EHS and 13% of HS children in Kitsap County had an Individualized Family Service Program (IFSP) or Individualized Education Program (IEP), respectively, indicating that they met the Individuals with Disabilities Education Act Parts B/C eligibility criteria to receive special education and related preschool disability services.[10] Non-categorical developmental delays were once again the most common type of delays identified among Head Start students, followed by speech/language impairments.

The 2016-17 special education enrollment in Kitsap County public schools included 5,258 students, which accounts for 14.5% of all students.[20] The proportion of special education enrollees has increased over the past decade for all 5 school districts, though Bremerton had the highest proportion

(18%) in 2016-17 and Bainbridge Island (13%) had the lowest. The most common diagnosis among students age 3-21 years county-wide was learning disabilities, followed by health impairments and communication disorders. Among young children age 3-5 years, developmental delays were the most common, followed by communication disorders and autism.

Public Assistance and Nutritional Support. The 2012-16 estimate for Kitsap children ages 0 to 17 living in households receiving public assistance was 11,552 (21%).[5] Of these, half (50%) were single parent households.

The rate of Kitsap residents receiving food stamps climbed dramatically from 2008 to 2011, but has declined from 2013 to 2016.[22] The 2016 rate was 15.5 per 100 persons of all ages. Bremerton consistently has the highest rate, with more than 1 in 4 residents receiving food stamps in 2016.

The rate of Kitsap County children participating in Temporary Assistance for Needy Families (TANF) in 2016 was 4.5 per 100 children, which remained below the state rate, though the gap has narrowed recently.[22] The 2016 rate for Bremerton remains much higher than the rest of the county at 12.1 per 100 children. The second highest regional rate was South Kitsap, at 4.7 per 100.

Kitsap County has a lower proportion of students enrolled in the Free or Reduced Lunch Program than Washington State.[21] In 2017-18, there were 11,821 Kitsap County students (32%) receiving free or reduced lunch. Consistent with the geographical distribution of children and families living in poverty, the Bremerton School District continues to have the highest proportion of free and reduced lunch enrollees (59% in 2017-18) when compared to other districts.

There were 102,537 visits by unique households to the 8 area food banks during 2017.[25] This represents more than double the number of households served in 2007. Returning households are the majority of visits. Despite increasing visits and demand for food, the food banks in the area have seen a decline in both food and monetary donations.

The number of clients served by WIC in Kitsap County has declined since 2011, but still included a total of 8,782 women, infants, and children in 2016.[27] That includes 38% of the infants born in the county. The Kitsap Public Health District's New Parent Support Program helps support new mothers in learning how to breastfeed, as well as offer broader parent education and resources. The meetings are held at WIC locations.

Transportation. Although Kitsap Transit reduced service during the recession in 2008 and 2009, they report no major reductions since then.[29] As of 2018, the agency is attempting to improve environmental sustainability and finish passenger-only ferry projects as well as improve service planning. In 2013, a new "vulnerable free ticket" (free ride) program was launched in cooperation with several area social service agencies

to aid in providing transportation for the homeless (and those at immediate risk of becoming homeless) to shelters, food banks and other social service agencies. The free tickets were distributed to the social service agencies in the community, such as North Kitsap Fish Line, St. Vincent DePaul, YWCA, Kitsap Mental Health, the Salvation Army and others.

In 2013, staff from the OESD HS/EHS program reported that several families had to turn down space in the program due to transportation difficulties and that absences due to transportation continued to be a challenge. Although some families have shared vehicles between multiple family members, limited bus access and the cost of gas are the main contributing factors to transportation challenges. The 2016 KICC HS/EHS parent survey indicated that 7% of respondents had no reliable transportation and that 15% identified transportation as a barrier to getting help with their basic needs.

Housing. Approximately 30% of Kitsap County residents in 2016 were spending 30% or more of their monthly income on housing.[5] This includes 24% of home owners and 41% of renters. Of 101,995 occupied housing units, 35% are rentals. The median gross rent in 2016 was $1,162 per month. In order to afford this and not spend more than 30% of income on housing, a household would need to earn $3,873 per month (equivalent to $46,480 annually). This was well above what could be earned working 40 hours per week at the state's 2016 minimum wage of $9.47 per hour, and still above the 2017 minimum wage of $11.00 per hour. The median home price reached the lowest levels in nearly a decade during 2012, but has risen since then. By the third quarter of 2017, the median home price in Kitsap County was $326,500, which was slightly below the state median price of $363,200.[31] The first-time home buyer Housing Affordability Index (HAI) crossed over into the "more affordable" range in 2012, which coincided with lower median home prices. However, in 2017, the first-time home buyer HAI crossed back over into the "less affordable" range. There were 376 foreclosures in 2017, the fewest recorded since 2000.[32]

Both the Bremerton Housing Authority (BHA) and Housing Kitsap offer housing options to low income persons. However, both programs have very large wait lists for their properties.

The Basic Food program can provide an estimate on the number of homeless people based on the monthly average number of homeless clients who have applied for food stamps. According to these data, there were an estimated 2,907 homeless individuals in Kitsap County during 2017.[38] The annual Kitsap County Point-In-Time Homeless Count in January 2017 counted 626 individuals; 124 (20%) of whom were children under the age of 18.[81] The Office of the Superintendent of Public Instruction (OSPI) began suppressing small numbers in the homeless data during 2015-16; however based on available data there were more than 1,134 students (preschool through 12th grade) in Kitsap County reported as homeless for this

school year. This continues the increasing trend over the past decade. The biggest single-year increases were at South Kitsap (57%) and Central Kitsap (20%).[20] Thirteen percent of Head Start/Early Head Start (HS/EHS) children in Kitsap County received homelessness services during 2016-17.[10]

Substance Abuse. According to Kitsap County 8th and 10th graders surveyed in 2016, 7% of and 17%, respectively, reported drinking alcohol in the past 30 days.[42] While these proportions have declined since 2006, access to alcohol for these children is still not perceived to be all that difficult. Marijuana use in the past 30 days was 7% and 15% for 8th and 10th graders, respectively in 2016.[42] Tenth graders were also asked about using a painkiller to get high in the past 30 days, with 3% reporting they had.

From 2004-2009, marijuana was the substance most frequently responsible for Kitsap County youth (age 0-17 years) admissions to state-funded substance abuse treatment.[41] Data by substance is no longer available, but the overall admissions rates for clients receiving either alcohol or drug service showed a significant upward trend for Kitsap adolescents from 2006 to 2012, but slight decline (statistically unchanged) from 2012 to 2015.[22] Adult admissions, on the other hand, have statistically increased from 2012 to 2015.

In 2015, 13.3 deaths per 100 deaths were related to alcohol or drugs in Washington.[22] Kitsap County has a similar rate of deaths compared to Washington State.

Health. According to 2016 estimates, 3.2% of children (age 0 to 17 years) in Kitsap County and 8.9% of adults (age 18 to 64) were estimated to be uninsured.[5] This is an increase from 2015, which is worrying, but still lower than the 2013 estimates. Under the Affordable Care Act, a new marketplace for each state to offer health benefits was created. In Washington, the Health Benefit Exchange leads this charge by providing an online system for plan comparison and enrollment. With help from a network of agencies, including the Kitsap Public Health District (KPHD), "Navigators" are available to walk community members through the sometimes-confusing enrollment process. KPHD and Peninsula Community Health Services began helping people enroll in health insurance in October 2013. During 2014, they assisted 7,024 residents sign up for health insurance, 2,406 in 2015, 5,100 in 2016 and 1,012 in 2017.[46]

The rate of entering kindergarten students in Kitsap County with vaccine exemptions statistically increased from 2000-01 to 2007-08, then statistically decreased ever since, reaching 4.6% in 2016-17.[47] An estimated 88.5% of Kitsap County kindergarteners were complete on their immunizations for the 2016-17 school year, with North, Central, and South Kitsap districts all at or above 90% complete. Only 52% of 19-35-month-old children in Kitsap County had complete immunizations in 2016.[48]

Tobacco usage continues to be a problem despite the overwhelming documentation and education about its harmful effects. Among Kitsap County

8th and 12th graders surveyed in 2016, 4% and 14%, respectively, reported smoking cigarettes in the past 30 days.[42] While these rates are down from 2012, it is of great concern that "vaping," or e-cigarette use, has gained popularity in recent years and appear to be taking the place of cigarette smoking among youth. The 2014 survey data showed an alarming increase in e-cigarette use by Kitsap County youth, climbing from only 6% in 2012 to 19% in 2014. The rate is lower in 2016 (7%), but it remains to be determined whether this was just a short-term fad or will continue to be of concern. The 2016 rates for 8th, 10th, and 12th graders were 7%, 10%, and 23%, respectively. The availability of these devices is concerning for younger children too, since there are no requirements for child safety caps on the liquid nicotine, and it can cause potentially fatal poisoning via skin absorption or swallowing.[49] According to the Washington Poison Center, calls regarding liquid nicotine exposures increased 700% in 2014, but declined slightly in 2015 and again in 2016.[50]

Obesity is a pervasive health issue, with only 36% of Kitsap County adults estimated to be at a healthy weight (based on BMI) during 2016. Among 8th graders in the county surveyed in 2016, 71% reported being at a healthy weight.

Mental Health. In Kitsap County, an estimated 29% of adults in 2011 experienced 3 or more Adverse Childhood Experiences (ACEs) as children.[51] Data from Kitsap Public Health District's Nurse Family Partnership and Maternity Support Services programs showed that ACEs are quite pervasive among these low-income pregnant women and mothers, with more than half of each (58% and 51%, respectively) having 3 or more ACEs.[55] A Washington Department Social and Health Services (DSHS) study found that almost 30% of youth age 12-17 years served by DSHS during fiscal year 2008 had 3 or more ACEs.[54] They also found that number of adverse experiences were directly related to having a substance abuse or mental health problem, with the risk increasing with each added adverse experience.

Kitsap Strong is a relatively new community coalition aiming to improve the health and well-being of Kitsap residents, by preventing ACEs and building resilience. The coalition has engaged community agencies and local leaders in an endeavor to educate them about ACEs, resiliency, and innovative approaches to combat intergenerational poverty and ACEs. A Collaborative Learning Academy that began in 2015 is now onto the third year of trainings on the science of ACEs and projects aimed at building new partnerships to align services with other agencies. In 2017, Kitsap Strong received a grant to focus on equity, particularly as it relates to educational outcomes and education as a pathway out of intergenerational ACEs. The Leadership Committee has been working to craft a "theory of change" framework to promote wide-spectrum awareness of the issues and guide community level change.

According to DSHS, the proportion of Kitsap County children ages 0 to 17 years receiving state-funded mental health services has been on average

1.8% per year between 2001 and 2015, though it has been gradually increasing and was 2.2% in 2015.

Pregnancy and Birth Outcomes. Teen pregnancy has been declining over the past 15+ years; in 2016 the rate was 6.9 per 1,000 teens ages 15 to 17 years.[2] Births to unmarried mothers statistically increased in Kitsap County from 2000 to 2008, but have had no statistically significant change since then, and accounted for 28% of live births in Kitsap in 2016.[2] Overall, 81% of civilian women in Kitsap County began prenatal care in the first trimester during 2016, but the rate of initiation differs substantially according to income.[2] Civilian women who have Medicaid-paid births (i.e., low-income women) generally initiate care much later than those who had births paid by other insurance types. In 2016, only 74% of civilian women with Medicaid-paid births initiated care during the first trimester, whereas 85% of those with higher incomes had first trimester care. During 2016, 14% of civilian pregnant women in Kitsap County smoked during their pregnancy.[3] This was a substantial increase two years in a row following an unusual drop to only 8% in 2014. Kitsap Public Health District launched a community assessment in 2016 to evaluate the trends in smoking, e-cigarette use, and marijuana use during pregnancy. Women who smoke during pregnancy are more likely to be civilian, low-income (i.e., have a Medicaid-paid birth), unmarried, young (less than 24 years), and have a lower level of education, which is reflected in Kitsap County births data.[3] The low birth weight rate in Kitsap County has remained relatively stable since 2000, and was 5.4% of births in 2016.[2] The infant mortality rate in Kitsap County during 2015 was 5.9 per 1,000 live births.[2]

Children's Well-Being. Between fiscal years 2004-05 and 2015-16, an average of 415 Kitsap County children aged 0 to 17 received foster care placement services each year.[43] The rate of use of placement services in Kitsap County was 0.7 for 2015-16. An average of 520 children and adult family members (of all ages) received support services each year between 2004-05 and 2015-16.[43]

The rate of accepted referrals for child abuse and neglect in Kitsap County statistically decreased from 2000 to 2006 but has remained statistically the same since then through 2016.[22] The 2016 rate of accepted referrals was 29.7 per 1,000 Kitsap children aged 0 to 17 years. Bremerton continues to have the highest rate, which, at 51.9 out of every 1,000 children, is well above the countywide rate and all other regions within the county.

Childcare. There were an estimated 31,695 children under age 10 in Kitsap County in 2017.[1] Given the decline in childcare slots,[15] this can present a problem for parents looking for childcare. Cost can also be a barrier. The annual cost of infant childcare as a percentage of median household income in Kitsap County during 2017 was 14% in a family childcare home and 18% in a childcare center.[1,15] These costs are up 25% and 43%, respectively, since 2008. Toddler and preschool age care costs have also risen. For a 3-

person family who was living at 185% of the federal poverty level in 2017, with an annual household income of $37,777,[8] the annual cost of infant childcare with no childcare subsidy was 24% of the household's annual income at a family home-based care location, or 32% at a childcare center.[1,15] Low-income families can access subsidized childcare, and approximately 64% of children in childcare countywide were using subsidies in FY2017.[15] According to the KICC Head Start/Early Head Start Parent Survey conducted in 2013, even with subsidies, the cost is still often too high.

Education. The proportion of Kitsap County adults (ages 25 to 64) who have more than a high school education has been gradually increasing since 2005, and was 71% in 2016.[3,5] In 2016, just over 2 in 3 mothers in Kitsap County (69%) had more than a high school education.

Enrollment in public schools (K-12) has been declining or staying the same in all Kitsap County districts as compared to ten years ago.[20] However, except for North Kitsap, all districts have had slightly increasing enrollment in the past 5 years. North Kitsap experienced a 1.8% decrease in the past five years. There were 2,612 students enrolled in Kitsap County kindergartens during the 2017-18 school year. Most Kitsap districts have seen minimal growth in kindergarten enrollment in the past 5 years, but South Kitsap has grown by 12.2% during that timeframe, while Bremerton has declined by 14.8% during that timeframe.

A total of 1,137 elementary schools in 287 school districts throughout Washington State, including an estimated 77,945 students, accepted funding for full-day kindergarten (FDK) during the 2016-17 school year.[77] This included 40 schools in Kitsap County, which represents a substantial increase from just 3 years ago. By district, 4 were in Bainbridge Island, 6 in Bremerton, 12 in Central Kitsap, 7 in North Kitsap, and 11 in South Kitsap. For the 2017-18 school year, all eligible schools were required to offer full-day kindergarten by the Basic Education Act.

The Washington Kindergarten Inventory of Developing Skills ("WaKIDS") assessment was administered to 80,956 kindergarteners across 1,154 schools statewide in 2017-18.[20, 63] Math continues to be the lowest scoring skill among incoming kindergartners statewide (only 66% of students demonstrated expected math characteristics). Overall in 2017-18, only 47% of statewide kindergarteners demonstrated expected skill levels in 6 of the 6 domains assessed, and this dropped to only 32% among low income kindergartners. Additional opportunity gaps remain evident by differences among racial/ethnic groups. In Kitsap County, Bremerton kindergarteners were below the state in math, but Bainbridge Island, North, Central, and South Kitsap kindergartners were all above the state rate.

Community Resources. Area social service agencies report seeing an increase demand for services. During 2017, there were 3,308 logged calls in the Peninsula's 2-1-1 system from

Kitsap County, with an average of 276 calls per month.[65] The most commonly requested referral for services was legal, followed by housing/low-cost housing, family, individual and community needs, utilities and food/nutrition programs. Parents of HS/EHS students surveyed in 2016 report several barriers to accessing services, including exceeding income guidelines to receive services, inability to afford fees or co-pays, having to work during service hours, and not having childcare while finding/getting help.

For children with special needs, Holly Ridge continues to be the primary local resource. For mental health, Peninsulas Early Childhood Mental Health Consultation Group and Kitsap Mental Health Services are trying to meet the community needs. According to their 2016 annual report, KMHS served a total of 6,873 clients, of which 1,718 were children ages 0 to 17.[68]

Programs that support women of child-bearing age in Kitsap County include the Take Charge Medicaid family planning program, Maternity Support Services for Medicaid-eligible women, the GRADS program for pregnant and parenting teens, and Nurse Family Partnership. Kitsap Public Health District's New Parent Support Program has offered free breastfeeding support and general parental educational on a drop-in basis since 2013.

The health and participation of fathers is a critical component of child development that is often overlooked. A total of 25% of the fathers of EHS/HS program enrollees took part in father-targeted activities during 2016-17.[10]

Kitsap County has a chapter of the Washington State Father's Network, which assists fathers as they become more competent and compassionate caregivers for their children with special needs. This resource connects men with other dads, resources, information and education.[69]

In 2015, the Early Start Act was signed into law to help ensure that childcare providers receive help and resources to provide and sustain high quality programs, with a particular emphasis on support to providers who serve low-income families. The Early Achievers program, Washington's Quality Rating and Improvement System, is being used to improve quality. The Early Achievers system is required for all childcare providers that accept state subsidies or ECEAP funding; others can join on a voluntary basis. The program had over 3,991 childcare facilities statewide participating as of December 2016.[83]

The state's Early Learning Partnership released a 5-year report in 2015, highlighting key successes, but also documenting a number of challenges still to tackle, such as more high-quality care for infants and toddlers, better workforce training, and more facilities for preschool and full-day kindergarten.

The Olympic-Kitsap Regional Early Learning Coalition is continuing its work on reviewing school readiness data. Assessment reports for each of 15 school districts within the OESD were last updated in May 2016.

The First Peoples First Steps Alliance is continuing work on a preparation

program for Native teachers for Head Start programs. As of January 2014, a contract was in place to explore alternative credentialing options for tribal early learning teachers.[76] A partnership is in place with Early Childhood Teacher Preparation Council to support these efforts.

Project Connect is an annual event that provides services, information and resources to homeless and other vulnerable persons.[40] It is a "one-stop shop" for information on shelter/housing, WIC, vision screening, mental health services, haircuts, immunizations, and many other services. Approximately 500 local, low-income and homeless persons were served during the January 2016 event and about 450 in 2017.

Introduction

Purpose

The purpose of this document is to provide a comprehensive description in accordance with the Code of Federal Regulations, 45 CFR Chapter XIII, Section 1305.3, *Determining community strengths and needs,* providing current data that pertain to the needs, priorities, and lives of low income families in our community. The prior Comprehensive Community Assessment (2017) was completed on February 28, 2017. Data were chosen to expand upon existing knowledge by presenting the most current data, recent or changing trends, and new or updated community services. It is important to note that the most recently released data are at times not so recent – interpretation of trends must be done with careful consideration of the possible impact of any subsequent events, such as the recent economic recession affecting the housing market, employment and income status. Due to this limitation of available data sources, survey data are presented throughout the assessment to provide a more complete picture of the needs and lives of the families of interest. When possible, school district-level data were analyzed to assist in further describing "at-risk" populations or pockets of increased need among our child population age 0-5 years.

Methodology

In order to assess and present the demographic, social, economic, and health status of low income families in Kitsap County, we relied on multiple sources of information. Data sources included numerous state, local and federal agency statistics and datasets, as well as Head Start/Early Head Start staff anecdotal data, surveys of parents and social service agencies. Population demographics along with social, economic and health data were compiled, reviewed, analyzed and presented to illustrate recent trends. Data sources included, but were not limited to the following: The U.S. Census, Washington State Office of Financial Management, Kitsap County Health District Vital Statistics, Washington State Department of Social and Health Services, Office of Superintendent of Public Instruction, Healthy Youth Survey, Behavioral Risk Factor Surveillance Survey, and others. In addition, previous Community Assessment Reports, both Comprehensive and Updates, for the KICC Head Start/Early Head Start programs were reviewed.

Limitations and Considerations of the Data

Several limitations should be considered when interpreting, comparing, or using the data presented. The most current population data come from two sources, the Washington State Office of Financial Management (OFM) and the U.S. Census American Community Survey (ACS). OFM models population data to produce estimates based on the data from the most recent decennial census (2010). The ACS is a more frequent representative survey of populations at the national, state, county, and select sub-county levels. Note that ACS data are representative estimates based on a survey sample, not total counts; therefore, inherent statistical variation around each estimate must be considered. This is of particular importance in these KICC reports, since the

populations of interest are often sub-county regions or sub-groups of children. Annual 1-year updates of ACS data are available at the national, state, and most county levels; however, data for sub-county regions (e.g., school district) are not provided as 1-year estimates. Survey-based estimates for small populations are challenging for many reasons, including capturing a representative sample and inherent statistical instability when working with small numbers. ACS combines data from multiple years to produce more reliable numbers for small counties and other local areas, then provides data as 5-year estimates. While the 1-year estimates provide the most current estimates, they are also the least reliable due to having the smallest sample size. The ACS guidance is that 5-year data be used for any populations or sub-groups that are less than 20,000 because these estimates have larger sample sizes and are more reliable. The 5-year estimates available as of February 2018 were the 2012-2016 estimates.

The defined geographical boundaries of school districts vary by data source and may not be comparable across sources. Additionally, some data are presented for the school districts' entire population, and some data are presented for the public school student populations within the school districts. Labels to describe the defined areas have been assigned to the tables, figures, and throughout the text, but it is important to note that the populations and/or geographic areas of the school districts may be different.

Some of the reported data were collected from self-report surveys which are designed so that those surveyed represent the specific target population. Inherent statistical variation around each estimate must be considered.

Utilization data are reported as counts and must be interpreted within the context of the location they represent (e.g., Holly Ridge, food banks, WIC). Some agencies and organizations do not systematically collect utilization data; therefore, utilization data presented in this assessment should be interpreted as representing only those agencies and organizations with collecting and reporting systems.

When possible, confidence intervals, a range of values that describe the statistical variation surrounding a calculated value were computed and compared so that statistically significant differences could be reported. A statistically significant difference exists when the confidence intervals around two values do not overlap. With the exception of poverty data from the U.S. Census Small Area Income and Poverty Estimates program that uses 90% probability, confidence intervals in this report used a 95% probability. Data presented in this assessment for which calculating confidence intervals was not possible should be compared with caution as apparent differences might or might not be statistically significant. Should these data be used to guide intervention or policy, rigorous statistical methods should be applied to determine if apparent differences are in fact valid.

When possible or relevant, trends over time were calculated using the JoinPoint Regression Program 4.5.0.1 (June 2017).

I. KITSAP COUNTY PROFILE

A. County Population

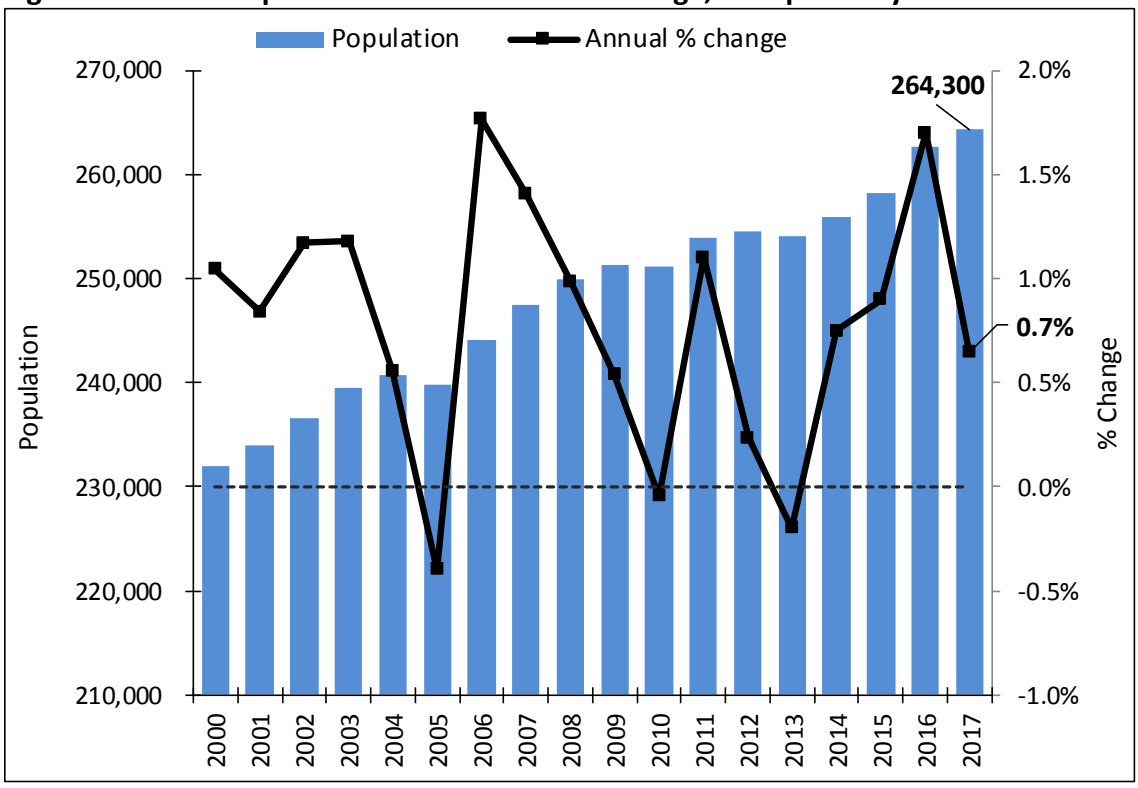
Geographic Location

Kitsap County is located in the central Puget Sound region of Washington State. It occupies most of the Kitsap Peninsula, including both Bainbridge and Blake Islands, and is bounded by Puget Sound on the east and north, Hood Canal on the west, and Mason and Pierce Counties on the south. It has a land mass of 396 square miles and approximately 250 miles of saltwater shoreline. Kitsap County ranks 36th in geographical size and 7th in population size among Washington counties.[1]

Population Size and Change

The 2017 total population of Kitsap County is estimated to be 264,300, which is about 3.6% of the total Washington State population.[1] The County population has increased 13.9% since 2000 with an average increase of 0.8% per year (Figure 1). From 2016 to 2017, the population grew 0.7%. From 2000 to 2016, growth was due to both natural change (8%; more births than deaths) and to migration into the County (6%).[1,2,3] During the same timeframe, the Washington State population has seen a 21.9% increase, with 11% natural change and 11% migration.

Figure 1. Annual Population Size and Percent Change, Kitsap County: 2000 to 2017[1,2,3]

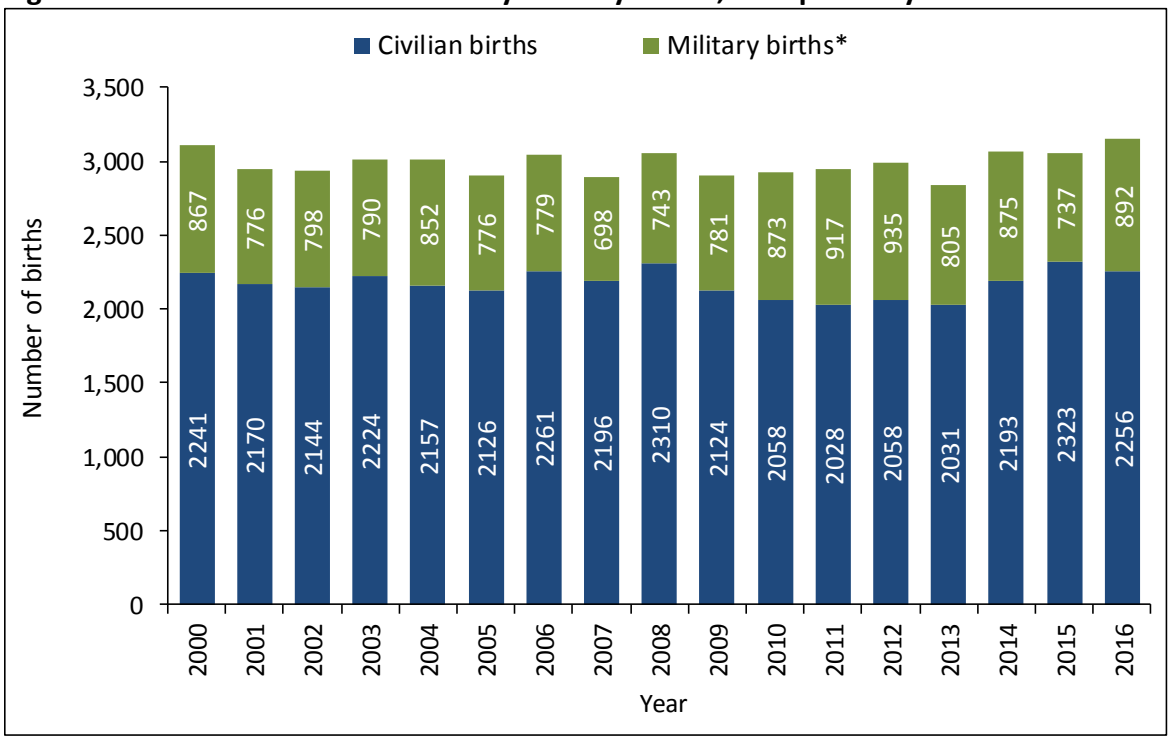


NOTE: Annual percent change above 0% (dotted line) indicates population growth by x% from prior to current year; values below dotted line indicate population declines from prior to current year.

Since 2000, births to Kitsap County resident women have remained relatively stable, with an average of 2,988 per year (Figure 2).[3] Generally, a little more than a quarter of births each year are to military

women (i.e., women who are military members, married to a military member, or delivered in a federal hospital). The average from 2000 to 2016 was 27.4%; in 2016 it was 28.3% (892) of 3,148 births.

Figure 2. Births to Resident Women by Military Status, Kitsap County: 2000 to 2016[3]



*Military means an active military member, a military spouse, or giving birth in a federal hospital

Population by Region

There are four incorporated cities, which together comprise 34% of the total 2017 population (Table 1).[1] Port Orchard has been the fastest growing city since 2000, followed by Poulsbo. Unincorporated areas accounted for 47% of Kitsap County's total growth since 2000 but only 39% since 2010.

Table 1. Population Change over Time, Kitsap County: 2000, 2010, and 2017[1,4]

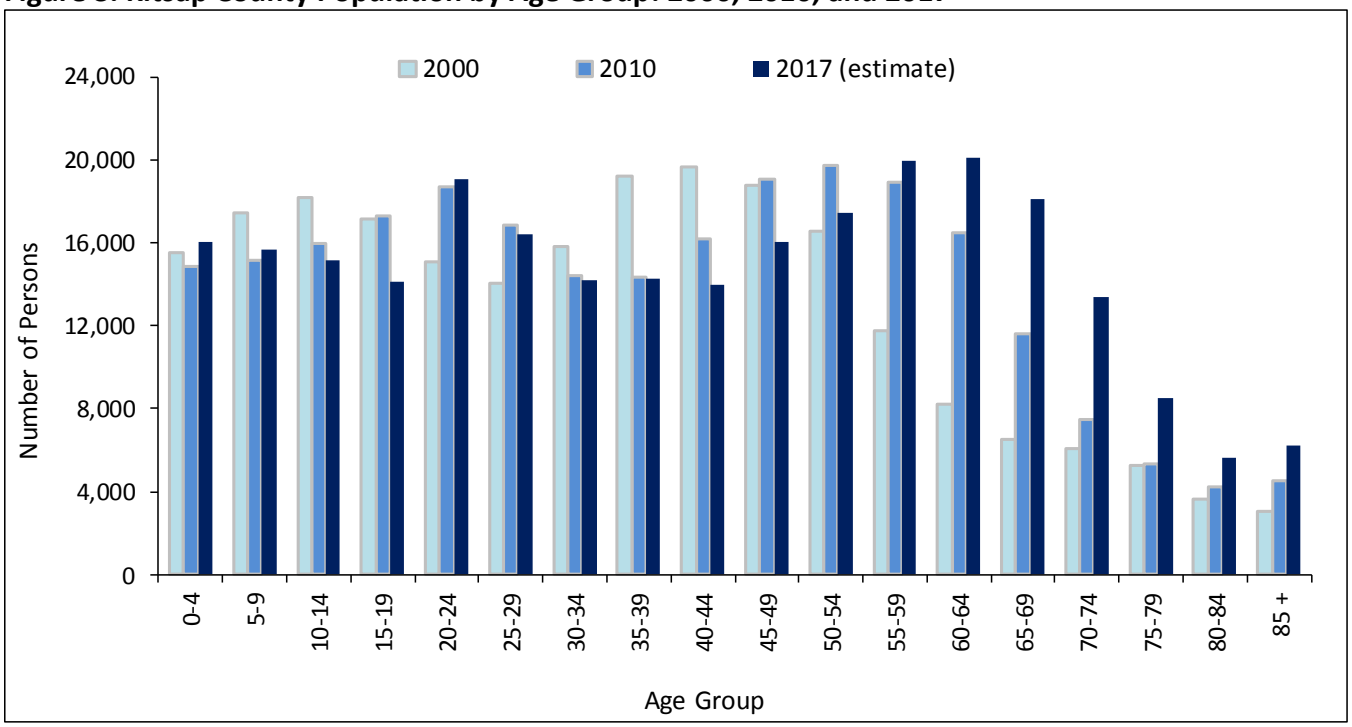
	Census 2000	Census 2010	Estimate 2017	% of Total 2017		Change since 2000	Change since 2010
Total	**231,969**	**251,133**	**264,300**	**100%**		**14%**	**5%**
Unincorporated	159,896	170,022	175,220	66%		10%	3%
Incorporated	72,073	81,111	89,080	34%		24%	10%
Bainbridge Island	20,308	23,025	23,950	9%		18%	4%
Bremerton	37,259	37,729	40,630	15%		9%	8%
Port Orchard	7,693	11,157	13,990	5%		82%	25%
Poulsbo	6,813	9,200	10,510	4%		54%	14%

There are five school districts that often align with service areas in the county. The 2017 population estimates for these regions and the proportion of the county that they represent are: 23,950 (9%) on Bainbridge Island, 47,441 (18%) in Bremerton, 71,676 (27%) in Central Kitsap, 48,990 (19%) in North Kitsap, and 71,885 (27%) in South Kitsap.[1]

Population by Age

The age distribution in Kitsap County has changed dramatically over the past 3 ½ decades (Figure 3), with a growing aging population. While the median age in 1980 was 29.3 years, it increased to 39.0 years in 2016, which is higher than the 2016 Washington State median of 37.7 years.[5] The county population growth has been predominantly among the older age groups. The number of residents 50 years or older increased 79% from 2000 to 2017 and now account for 41% of the population, whereas those under age 50 decreased 9%.[1] In particular, the 55-74-year-old group has more than doubled (120% increase) since 2000, and now represents more than a quarter (27%) of the population.

Figure 3. Kitsap County Population by Age Group: 2000, 2010, and 2017[1,4]



The child population in Kitsap County has changed as well throughout the last 16 years, though not as much as the adult population. The number of persons aged 5-19 years decreased 14.9% from 2000 to 2017.[1,4] Since 1990, the 0 to 4-year-old population has fluctuated year to year but remained relatively stable overall, accounting for 5-7% of the total county population.[1,4] While there was a 4.5% decrease from 2000 to 2010, 0 to 4-year-olds then increased by 8% to an estimated 16,060 in 2017 (Figure 3).

Table 2 shows the estimated child population (5-year estimate for 2012-16) by age group in the five regions of Kitsap County.[5] Among the child populations, Bremerton has the largest proportion (40%) of 0 to 5-year-olds of any of the regions; the smallest is Bainbridge Island (26%).

Table 2. Estimated Child Population by Age Group and Region, Kitsap County: 2012-16[5]

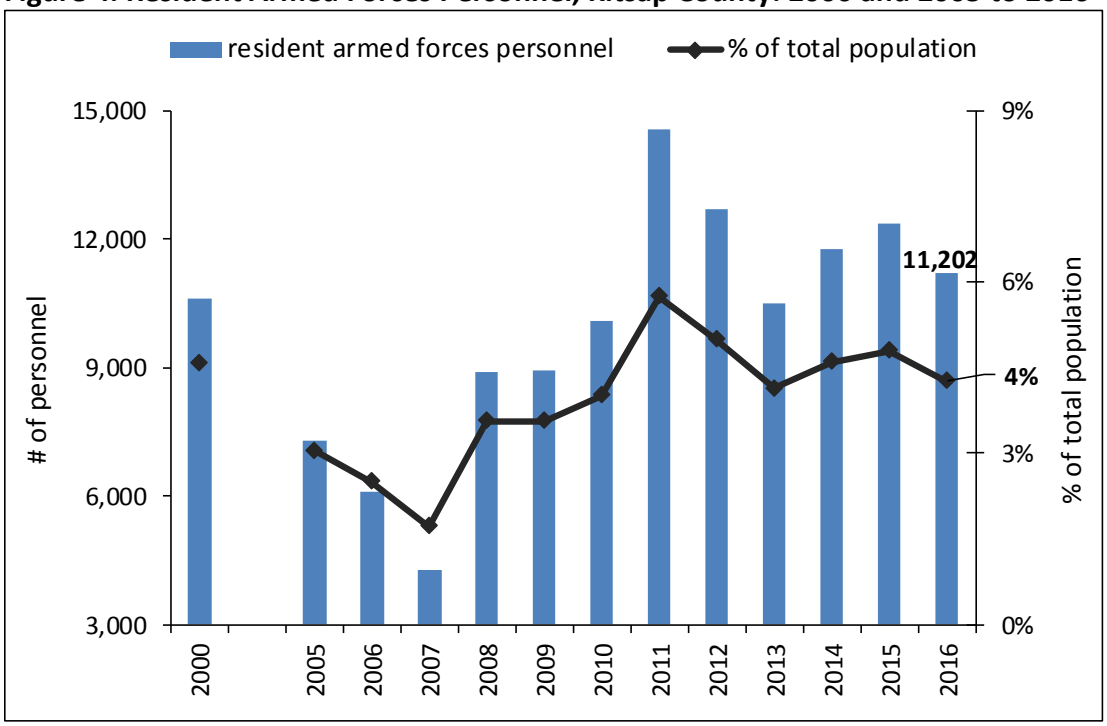
	Bainbridge Island School District	Bremerton School District	Central Kitsap School District	North Kitsap School District	South Kitsap School District
Total population (all ages)	23,576	47,172	71,296	48,559	66,727
Child population (17 and under)*	5,570	8,183	15,953	10,116	14,313
# under 3 years	581	1,589	2,793	1,492	2,417
# at 3 and 4 years	553	1,151	1,741	822	1,726
# at 5 years	285	560	950	489	670
# at 6 to 8 years	1,205	1,279	2,426	1,677	2,139
# at 9 to 11 years	1,053	1,184	2,519	1,793	2,470
# at 12 to 14 years	880	1,127	2,675	1,985	2,482
# at 15 to 17 years	1,013	1,293	2,849	1,858	2,409
Percentage of child population					
% under 3 years	10%	19%	18%	15%	17%
% at 3 and 4 years	10%	14%	11%	8%	12%
% at 5 years	5%	7%	6%	5%	5%
% at 6 to 8 years	22%	16%	15%	17%	15%
% at 9 to 11 years	19%	14%	16%	18%	17%
% at 12 to 14 years	16%	14%	17%	20%	17%
% at 15 to 17 years	18%	16%	18%	18%	17%

* Excludes those in group quarters; only children living in households are included.

Military Population

Kitsap County is home to Naval Base Kitsap, Puget Sound Naval Shipyard, Bangor Naval Submarine Base, and Bangor Trident Base and therefore has a large military population which accounts for thousands of families in the area. The population of resident armed forces personnel (i.e. active duty military personnel, excluding dependents) in Kitsap County increased 26% from 2008 to 2016 (Figure 4).[4,5] An estimated 11,202 military personnel resided in Kitsap County during 2016, or about 4% of the total population. In addition, the Navy is the largest employer in the county. In 2017, the Department of Defense employed approximately 33,800 military members, civilian employees and defense contract workers collectively at Naval Base Kitsap (including Puget Sound Naval Shipyard and Intermediate Maintenance Facility, Naval Submarine Base Bangor, Naval Undersea Warfare Center-Keyport Division, the U.S. Navy Manchester Fuel Depot and Naval Hospital Bremerton).[6] The military population, including the number active duty personnel and their families, fluctuates dramatically as Navy ships depart and arrive in Bremerton. Despite the fluctuations, the military population accounts for thousands of families in the area, and as previously mentioned, a substantial proportion of births are to military women.

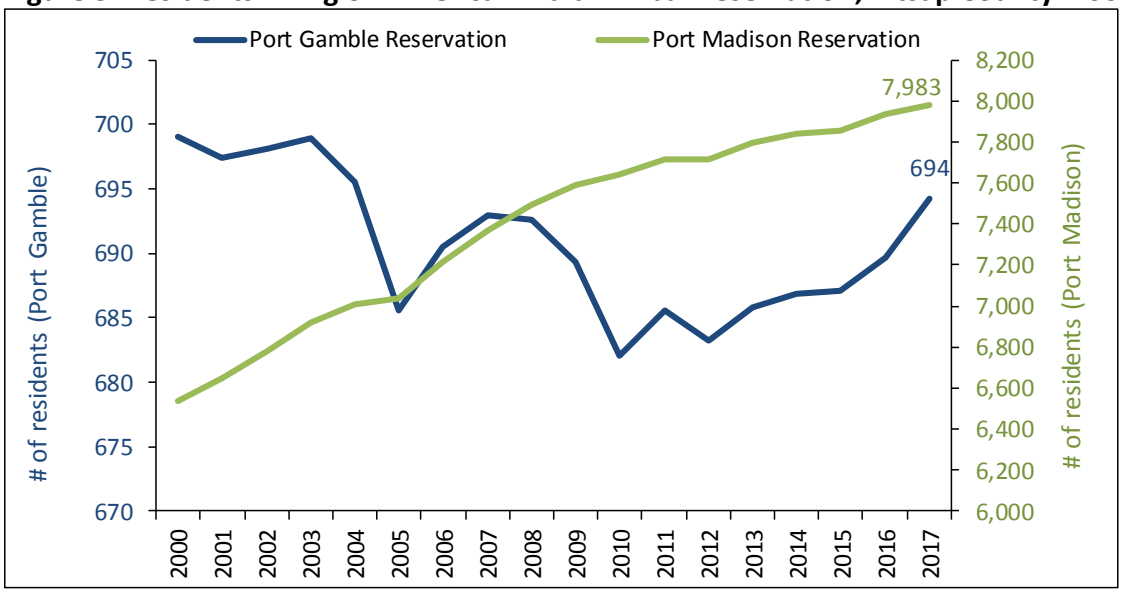
Figure 4. Resident Armed Forces Personnel, Kitsap County: 2000 and 2005 to 2016[4,5]



Tribal Population

There are two American Indian Reservations in Kitsap County; the Port Gamble S'Klallam Tribe is associated with the Port Gamble Reservation and the Suquamish Tribe is associated with the Port Madison Reservation. The 2017 estimated resident population on the Port Gamble Reservation is 694 and on the Port Madison Reservation is 7,983 (Figure 5).[1] Since 2010, this represents 1.8% growth for Port Gamble and 4.5% growth for Port Madison. These estimates may include non-tribal members living on the reservation and are not limited by race. Similarly, these estimates may not capture tribal members living outside the reservations.

Figure 5. Residents Living on American Indian Tribal Reservation, Kitsap County: 2000 to 2017[1]



Race/Ethnicity

Kitsap County has a proportionally larger non-Hispanic White population (77%) than Washington State (69%) (Table 3).[1] The county's non-Hispanic White proportion has declined since 2000 when it comprised 83% of the total population. Hispanics are the now largest minority group (7%) in Kitsap County, having doubled in size since 2000.[1]

Table 3. Race/Ethnicity, Kitsap County and Washington State: 2017[1]

Racial/Ethnic Group	Kitsap County	Washington State
White (non-Hispanic)	76.7%	69.2%
Black (non-Hispanic)	2.8%	3.7%
American Indian/Alaska Native	1.4%	1.3%
Asian/Native Hawaiian/Pacific Islander	6.2%	8.9%
Two or more races	5.7%	4.2%
Hispanic*	7.3%	12.8%

* Includes mixed racial/ethnic Hispanics, including White-Hispanic, Black-Hispanic, and any others who identify as Hispanic.

The distribution of minority groups differs throughout the county. In the Bremerton and Central Kitsap regions, more than 1 in every 4 persons are of a minority race or ethnicity (Table 4).[5] Hispanics represent the largest minority population groups in Bainbridge (4%), Bremerton (9%), and South Kitsap (7%); however, in Central Kitsap, Asians and Pacific Islanders account for the largest minority (9%) and in North Kitsap it is those identifying with two or more races (7%).

Table 4. Regional Populations within Kitsap County by Race/Ethnicity: 2012-16[5]

	Bainbridge Island		Bremerton		Central Kitsap		North Kitsap		South Kitsap	
	#	%	#	%	#	%	#	%	#	%
TOTAL	23,576		47,172		71,296		48,559		66,727	
White*	20,516	87.0%	33,984	72.0%	51,570	72.3%	39,421	81.2%	54,529	81.7%
Black*	230	1.0%	2,244	4.8%	2,382	3.3%	288	0.6%	1,015	1.5%
American Indian/Alaska Native*	21	0.1%	442	0.9%	408	0.6%	1,164	2.4%	522	0.8%
Asian/Pacific Islander*	766	3.2%	2,400	5.1%	6,110	8.6%	1,715	3.5%	2,609	3.9%
Some other single race*	102	0.4%	116	0.2%	84	0.1%	12	0.0%	40	0.1%
Two or more races*	937	4.0%	3,810	8.1%	4,906	6.9%	3,333	6.9%	3,279	4.9%
Hispanic**	1,004	4.3%	4,176	8.9%	5,836	8.2%	2,626	5.4%	4,733	7.1%

* Includes non-Hispanic only.

** May include white-Hispanic, black-Hispanic, and other races.

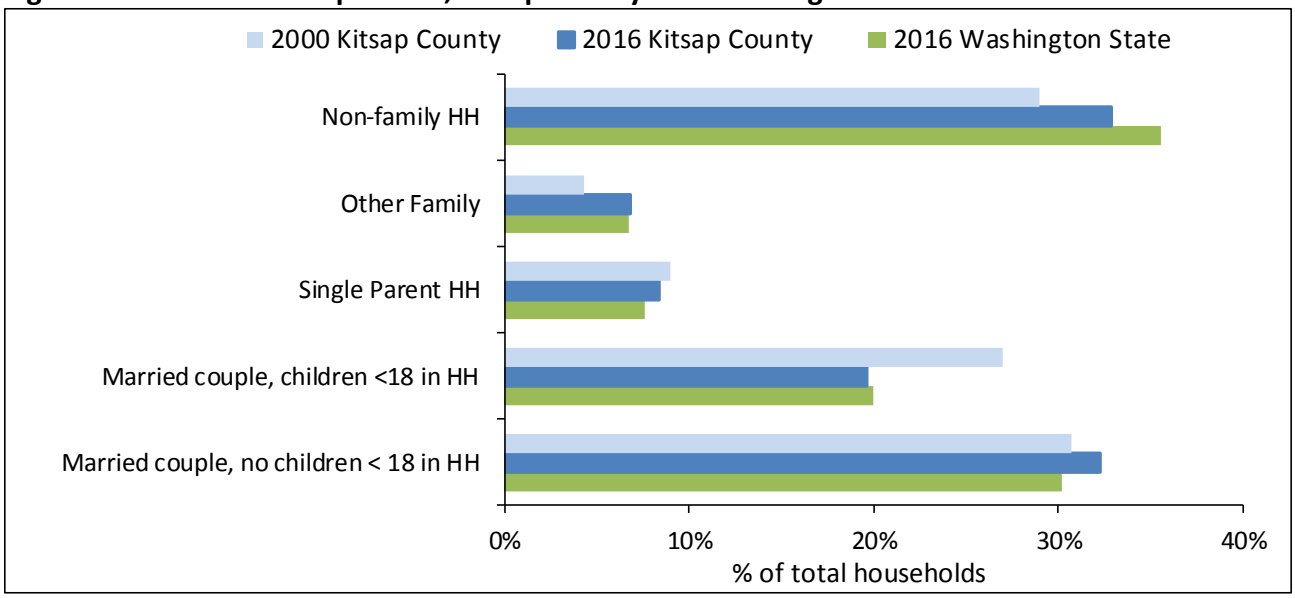
Speakers of Languages Other Than English

In 2016, Asian and Pacific Island languages are spoken most frequently (3.2%) in Kitsap County after English (93.2%) among residents age 5 and over.[5] However, as that includes a variety of languages, Spanish remains the second *single* most commonly spoken language (2.2%) among residents 5 years and over. Among those whose primary language spoken at home is not English, 32.1% speak English less than "very well."[5]

Family Structure

From 2000 to 2016, the estimated proportion of all Kitsap County households that were married couples with children decreased from 27% to 20% while non-family households (a person living alone or with an unrelated group of individuals) increased from 29% to 33% (Figure 6).[4,5]

Figure 6. Household Composition, Kitsap County and Washington State: 2000 and 2016[4,5]

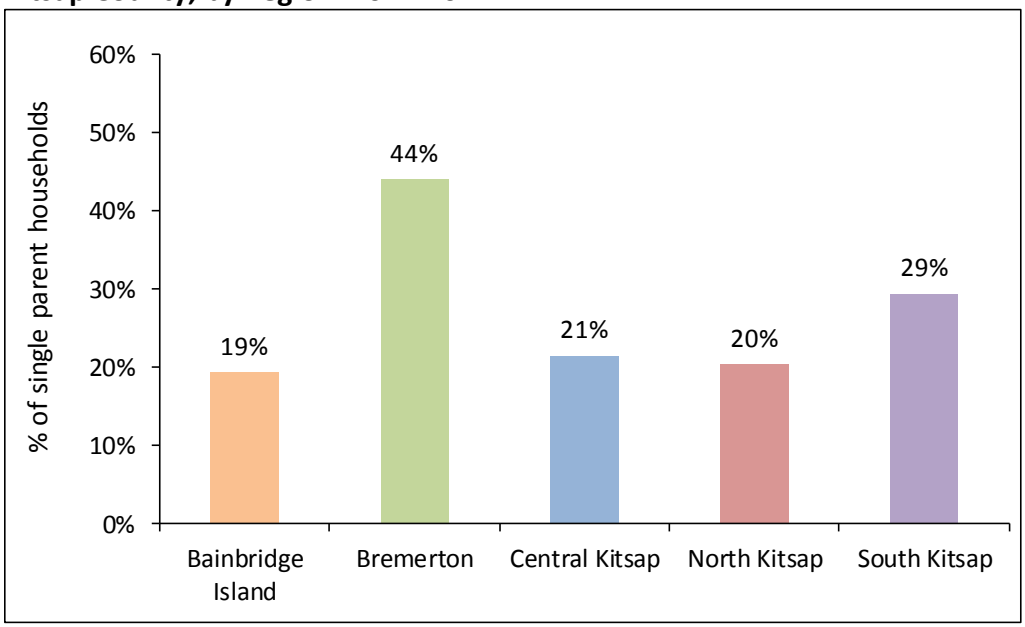


In Kitsap County, it is estimated that 31% of all 101,995 households had one or more children under the age of 18 in 2016.[5] The number of single parent households is not directly available, but it is estimated that 8.4% of all households were families with their own children (<18 years) in which the householder (male or female) does not have a married spouse present. However, this may include households where an unmarried partner was present; an estimated 6.1% of all households (regardless of whether children were present) had unmarried partners. The number of grandparents living with their grandchildren from 2012 to 2016 was 4,230, 41% of which are responsible for their own grandchildren.

While most of the estimated 54,618 children under age 18 in the county were living in households with married couples (73%) during 2016, approximately 26% lived in households with unmarried parents.[5] However, among the 14,064 children living with unmarried parents, approximately 14% (or 4% of all children) had a parent with an unmarried partner present in the household; thus an estimated 22% of children less than 18 years were living with a single parent (i.e., unmarried parent *without* a partner present). Of these 12,036 children living in single parent homes, the vast majority (68%) were with female householders; thus 15% of children in the county were living with a single mother. Only 7% of children lived with a single father and an estimated 0.8% resided in non-family households in 2016.

Household composition differs throughout the county (Figure 7).[5] Bremerton had the highest proportion (44%) of children under the age of 18 living in single parent households as of 2012-16, which is well above the county-wide estimate of 26%. South Kitsap was also slightly above the county-wide estimate with 29% of children under 18 living in single parent households, while Bainbridge Island (19%), Central Kitsap (21%) and North Kitsap (20%) were all below the county average.

Figure 7. Proportion of Children Less Than 18 Years Old Living in Households with a Single* Parent in Kitsap County, by Region: 2012-16[5]



*An unmarried partner of the parent/guardian may or may not be present

Employers

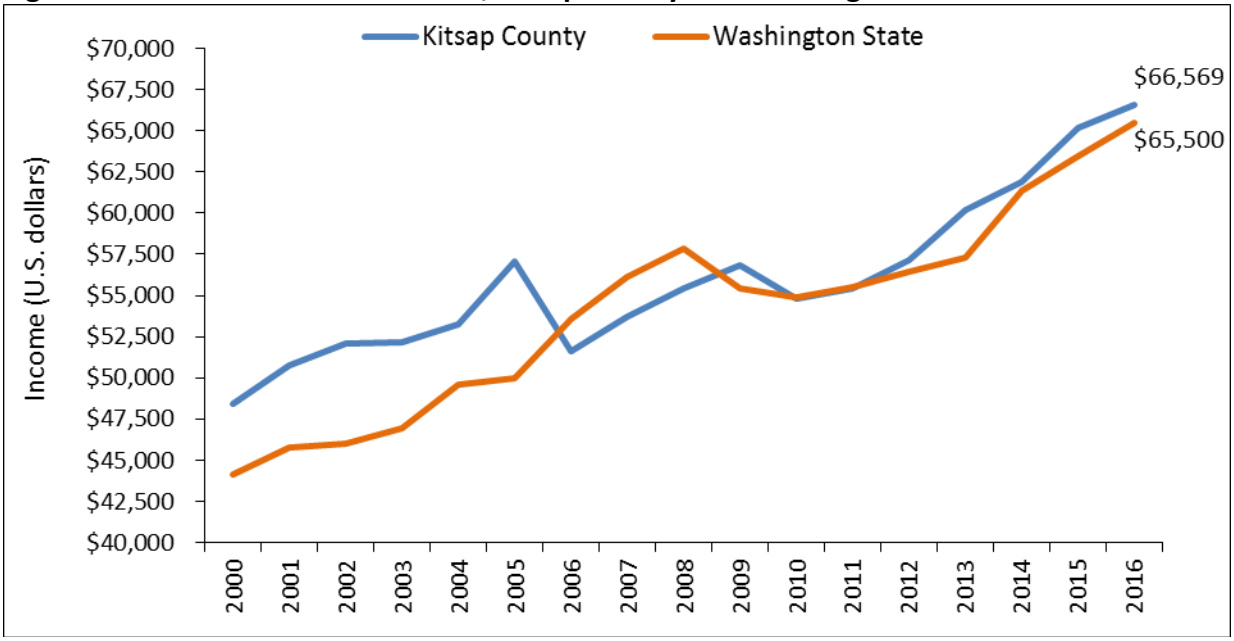
Major employers in the county are the Department of Defense, state and local government, our two largest school districts, Harrison Medical Center, and Olympic College (mostly part-time positions).[6]

B. Economic Well-Being

Median Income

The median household income is the income at which half of resident households have higher incomes and half have lower incomes. The estimated median household income for Kitsap County has been slowly increasing, reaching $61,156 in 2015 with a projection of $66,569 in 2016.[1,85] Since 2010, the county median household income has been very similar to that of Washington State, with Kitsap tending to be marginally higher (Figure 8).[1,85]

Figure 8. Median Household Income, Kitsap County and Washington State: 2000 to 2016*[1,85]



* The 2015 income is a preliminary estimate and 2016 is a projection. Estimates for the inter- and post-Census years are based on the Bureau of Economic Analysis (BEA) personal income data and the estimates of household characteristics, at the county level. For 2006-2011: The estimates are anchored upon ACS estimates wherever available. In addition to the state personal income data published by BEA, the payroll data compiled by the state Employment Security Department are used in the preliminary estimates.

The median household income differs by type of households (Table 5).[5] In 2016, the estimated median income for family households in Kitsap County with children under 18 years ($76,922), which is $5,280 less than of family households with no children ($82,202). Children living in unmarried parent households experience a substantially lower median income than those living in a married couple household, particularly if the single householder is female.

Table 5. Median Income by Household Type, Kitsap County: 2016[5]

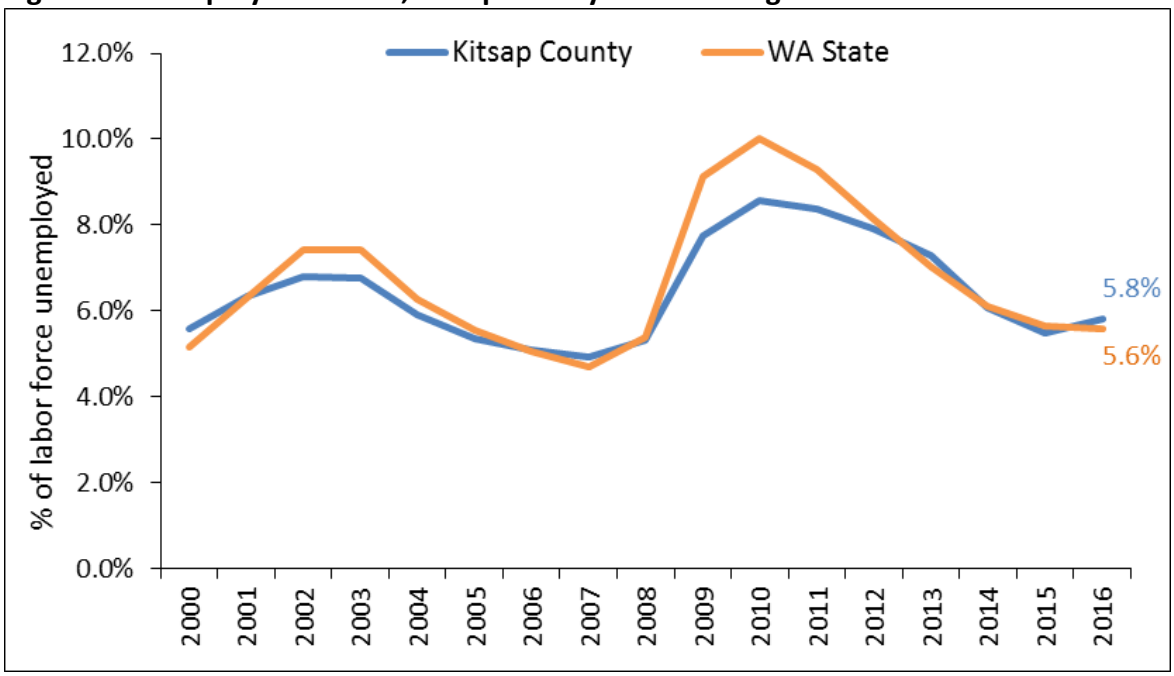
Household Type	Median Income
Family HH with own children <18	$ 76,922
Married couple	$ 98,118
Male householder, no wife present	$ 38,243
Female householder, no husband present	$ 23,780
Family HH with no own children <18	$ 82,202
Non-family HH	$ 42,931

The median income differs substantially by which area of the county people reside in. The highest median household income estimate for 2012-16 was in Bainbridge Island ($102,906).[5] Other regions had much lower median incomes, in order of decreasing levels: North Kitsap ($70,464), Central Kitsap ($67,857), South Kitsap ($63,754) and Bremerton ($50,327).

Unemployment

Since 2000, the unemployment rate in Kitsap County has tended to be very similar though slightly lower than Washington State, with only a few years in which Kitsap's rate was higher than the state's (Figure 9).[7] In 2016, the estimated county rate (5.8%) was marginally above the state (5.6%). Both the Kitsap and state rates have been declining from their peaks in 2010.

Figure 9. Unemployment Rate, Kitsap County and Washington State: 2000 to 2016*[7]



*2016 annual rates are preliminary estimates

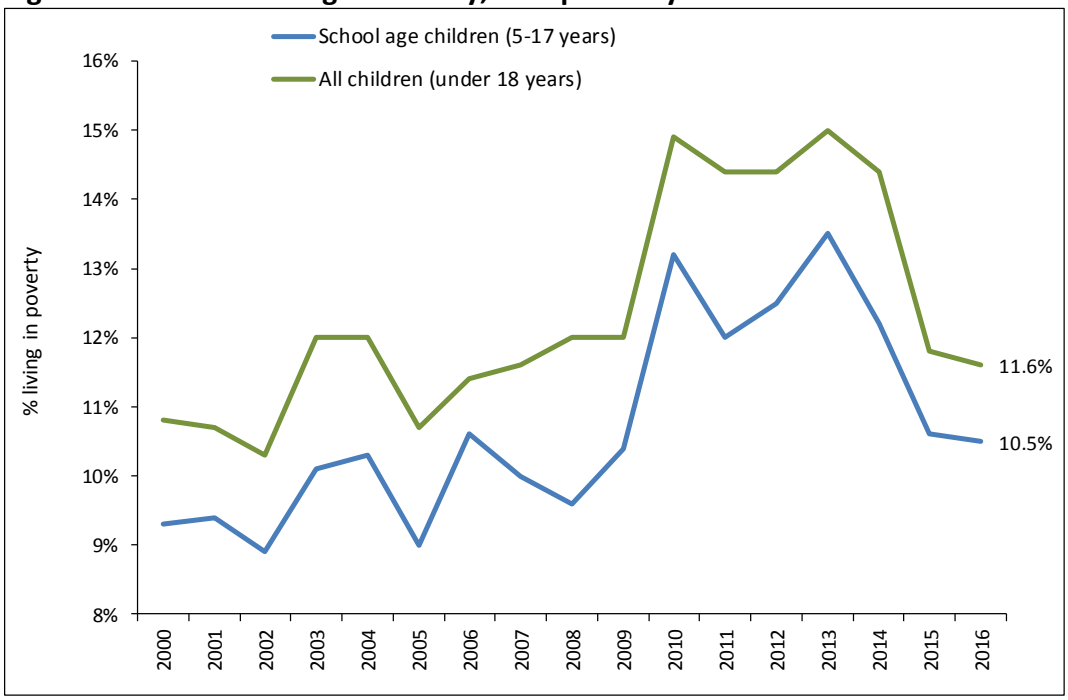
Poverty

In 2018, the federal poverty level is defined as a household income of $12,140 for one person and $25,100 for a family of four.[8] The federal poverty level was only slightly lower in 2016 (%11,880 for one person and $24,300 for a family of four). County-wide during 2016, an estimated 10% of residents were living in poverty (Table 6).[5] For all age groups, Kitsap County has proportionally fewer people living in poverty than Washington State. Young children and women tend to have disproportionately higher rates of poverty. The poverty rates for children have been increasing since 2000 (Figure 10).[9] Poverty among the child population ages 0-4 and 0-5 years are discussed further in Section II-A *(below)*. The estimated poverty rate for females in Kitsap County was 11% in 2016.[5] Females account for 55% of all county residents living in poverty. This trend of more females than males living in poverty is also seen statewide, with females accounting for 54% of all those Washington State living in poverty in 2016.

Table 6. Income Below Poverty Level in Past 12 Months, Kitsap County and Washington State: 2016[5]

	% of population	# of persons
All Ages		
Kitsap County	10%	25,833
Washington State	11%	805,691
Children under age 5		
Kitsap County	15%	2,202
Washington State	15%	64,687
School-aged children (age 5-17)		
Kitsap County	11%	4,199
Washington State	13%	154,981
Adults (age 18+)		
Kitsap County	10%	19,432
Washington State	11%	586,023
Females		
Kitsap County	11%	14,222
Washington State	12%	438,006

Figure 10. Children Living in Poverty, Kitsap County: 2000 to 2016[9]



Poverty varies across the county. Bremerton has the highest proportion of residents living in poverty across all age groups (Figure 11-a).[5] In Bremerton, more than 1 in 4 children under age 5 (28%) and 1 in 5 of school-age children (20%) are living in poverty. Even among adults, there are still almost 1 in 5 18 to 64-year-olds (19%) in poverty in Bremerton. In the under 5 age range, Central, North, and South Kitsap all have similar rates (13-15%) of poverty, which are substantially lower than Bremerton. However, 18% of 5 to 17-year-olds in South Kitsap are impoverished, which is substantially more than Central and North Kitsap, yet still lower than Bremerton. By limiting the analysis to only people living in poverty then reviewing the distribution by region, as shown in Figure 11-b, it gives a clearer picture that the largest proportion of county residents under 5 in poverty are in Bremerton (32%) but the largest group of those aged 5 to 17 are in South Kitsap (41%).

Figure 11-a. Proportion of Total Residents Living in Poverty by Age Group and Region, Kitsap County: 2012-16[5]

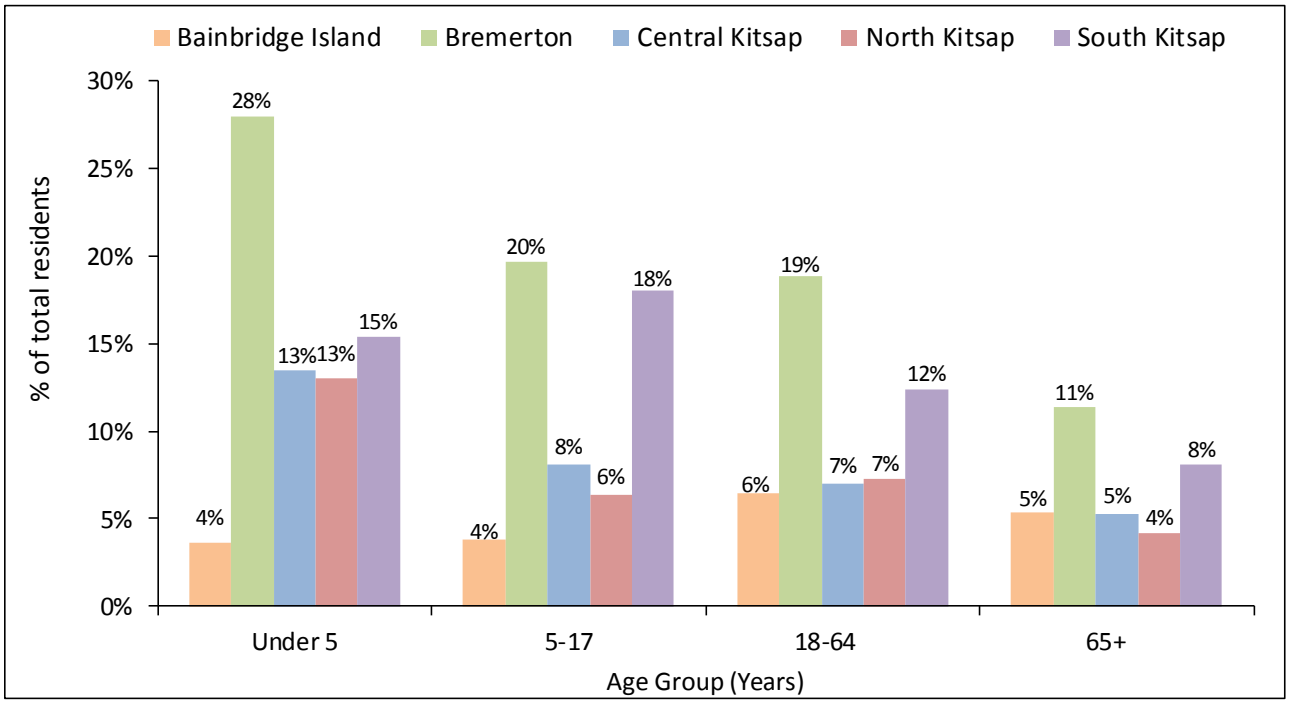
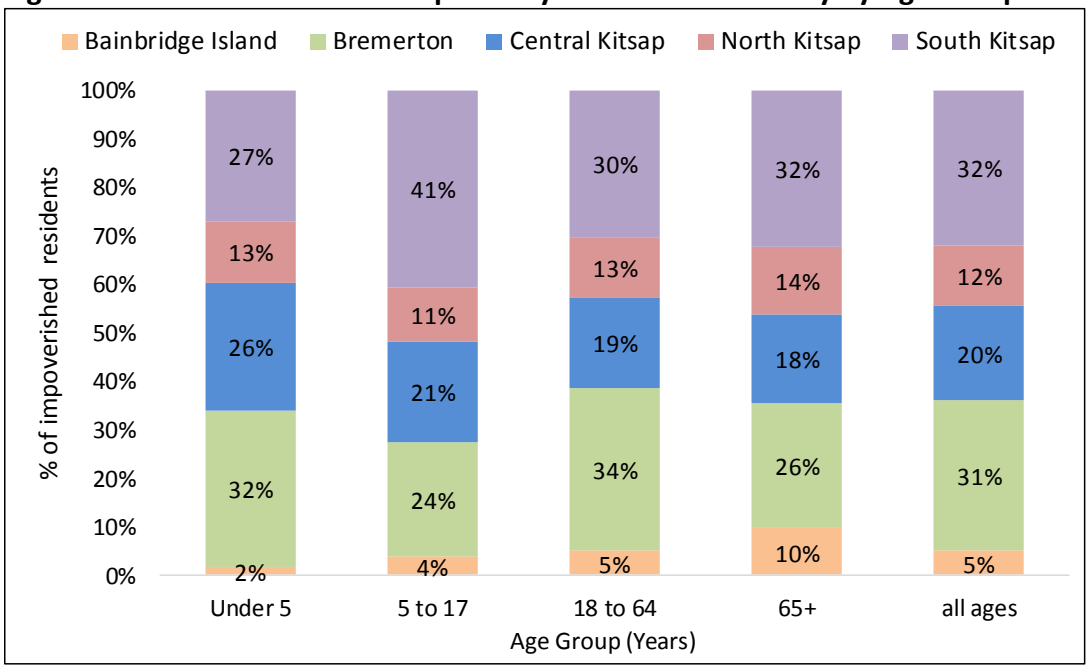


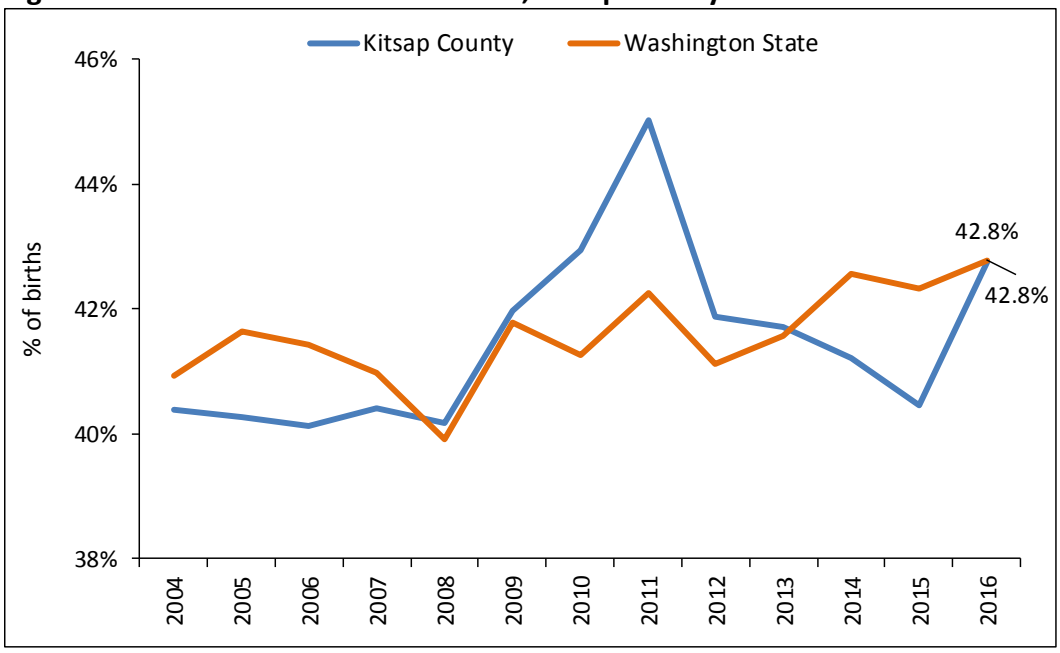
Figure 11-b. Distribution of Kitsap County Residents in Poverty by Age Group: 2012-16[5]



Another important measure of poverty in a community is the proportion of pregnant women who qualify for and receive Medicaid funding to cover their maternity care. Medicaid pays for maternity care for those who have an income at or below 185% of the federal poverty level. In 2016, 959 (43%) of civilian births in Kitsap County were paid for by Medicaid.[3] There has been some fluctuation in the

proportion of Medicaid-paid births each year, with the county rate statistically increasing from 2008 to 2011, then statistically decreasing through 2016. As shown in Figure 12, Kitsap's rate has hovered relatively near the Washington State rate since 2000, with the widest divergence and only year of statistically significant difference in 2011.

Figure 12. Medicaid-Paid Civilian Births, Kitsap County: 2004 to 2016[3]



II. PROFILE OF HEAD START/EARLY HEAD START ELIGIBLE CHILDREN AND FAMILIES IN KITSAP COUNTY

A. Demographic Make-up of Eligible Child Population

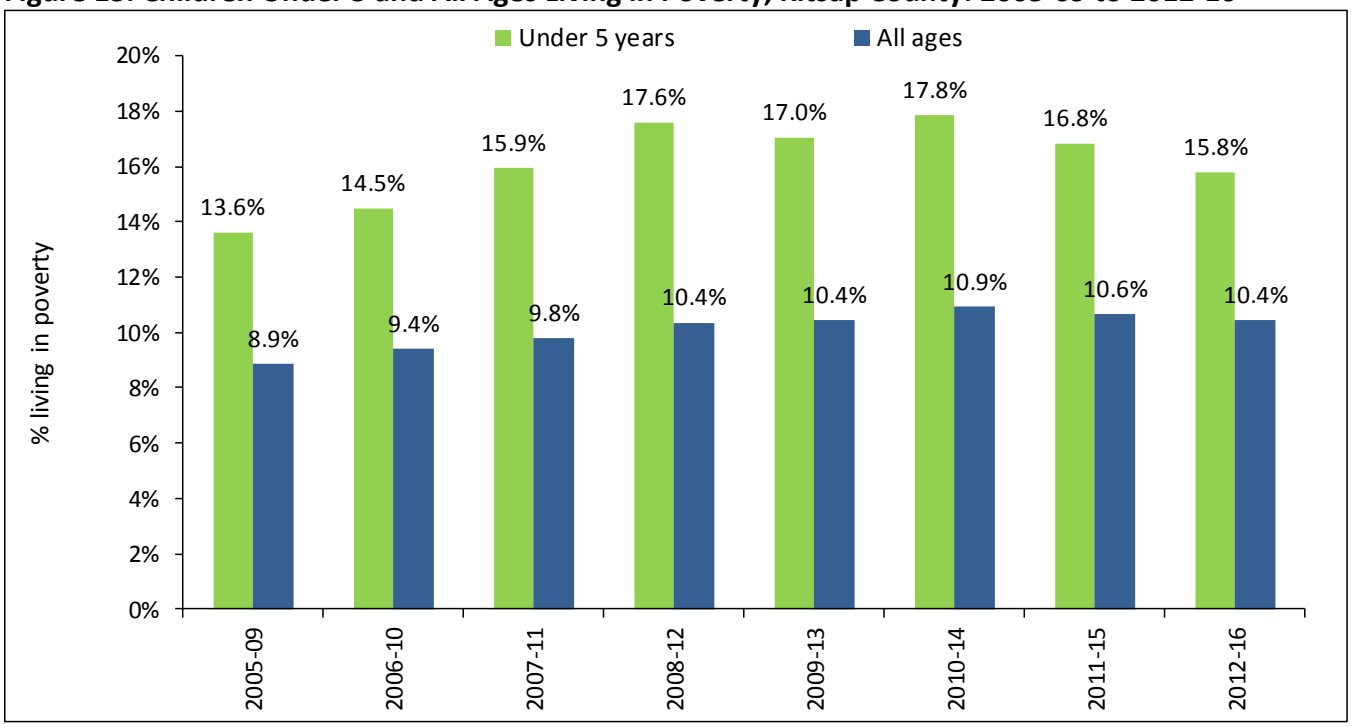
Eligibility for Head Start and Early Head Start (HS/EHS) programs is based on family income. This section provides a profile of the child population living in poverty, by residence location and racial/ethnic background. Note that since the Kitsap County child population aged 0-5 years is estimated to be less than 20,000, data used in this section to assess sub-groups of this already small population are limited to 5-year estimates in order to provide the most reliable statistics possible *(see the Limitations and Considerations of the Data discussion in the Introduction)*.

The 2012-16 estimated child population age 5 years and under in Kitsap County is 17,819.[5] This is comprised of children younger than 3 years old (50%), 3-4 years old (34%), and 5 years old (16%).

Children Living in Poverty

The 0-4-year-old population was estimated at only 14,865 for 2012-16, with the poverty rate for children in this age group approximated to be 15.8%. The poverty rate for these young children is consistently higher than the rate for all ages (Figure 13).

Figure 13. Children Under 5 and All Ages Living in Poverty, Kitsap County: 2005-09 to 2012-16[5]



During 2012-16, an estimated 17.5% of families with children under 5 only (i.e., without any other older kids) were living in poverty.[5] This too shows the increased poverty rates for families with young children when compared to a rate of only 12.0% for families with children as old as 18 years.

Geographic Location

Almost one-third (32%) of the county's children under age 5 living in poverty resided in the Bremerton region in 2012-16.[5] The remainder were residing in South Kitsap (27%), Central Kitsap (26%), and North Kitsap (13%), with only 2% on Bainbridge Island.

A review of the level of poverty children are living in shows that 32% of children ages 0 to 5 years old in the Bremerton area are living below 100% of the federal poverty threshold, a much larger proportion than any other district in the County (Table 7).[5]

Table 7. Percentage of Children Under 6 Years Living at Various Levels of Poverty by Region, Kitsap County: 2012-16[5]*

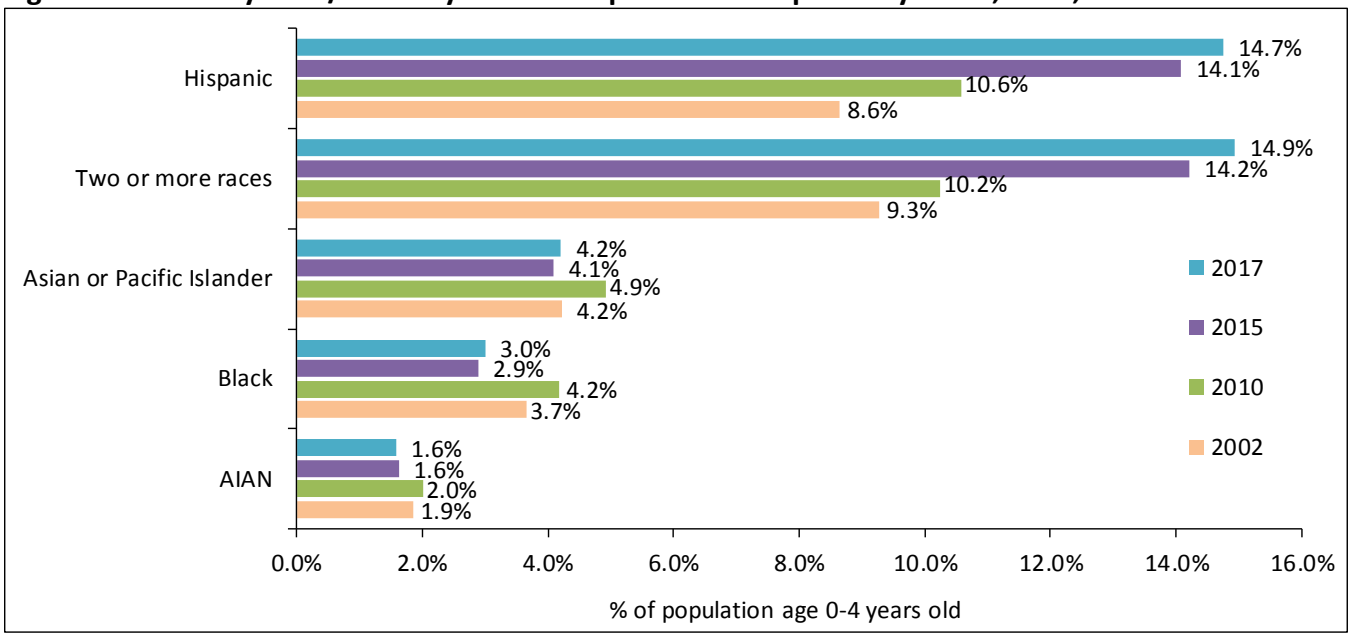
	Bremerton	Central Kitsap	North Kitsap	South Kitsap
Population under age 6	3,184	5,396	2,711	4,682
< 50% of poverty	14%	6%	5%	8%
50% to 99% of poverty	11%	6%	7%	8%
100% to 124% of poverty	7%	4%	8%	5%
125% to 149% of poverty	6%	7%	6%	4%
150% to 184% of poverty	9%	4%	8%	8%
185% to 199% of poverty	2%	6%	2%	2%
≥ 200% of poverty	51%	67%	66%	65%

*Numbers in Bainbridge Island were too small to report

Racial and Ethnic Composition

The child population ages 0 to 4 years has become more racially diverse in recent years, with the proportion of non-Hispanic White children decreasing from 68% in 2010 to an estimated 62% in 2017.[1] During the same timeframe, the Hispanic child population has grown substantially (37% change – more than any other single minority race), climbing from only 11% and to 15% (Figure 14). This proportion is greater than among the adult population (ages 20+ years), which was only 6% Hispanic in 2017. Similarly, the overall proportion of Hispanics (all ages) is only 7% – only half that of proportion in the child population. The growth of the Hispanic child population is likely related to the changes seen in the demographics of women of childbearing age: Hispanic women aged 15-44 years increased 20% between 2010 and 2017, whereas non-Hispanic White women in this age group declined by 17%. The Asian/Pacific Islander, Black, and American Indian/Alaska Native child populations have all declined; with Blacks decreasing the most (30% decrease). The number of children identified as having 2 or more races has grown by 43%, such that this group represents the largest minority (Figure 14) – just slightly more than Hispanic children.

Figure 14. Minority Race/Ethnicity of Child Population Kitsap County: 2002, 2010, 2015 and 2017[1]



B. Actual Enrollment in Head Start/Early Head Start Programs

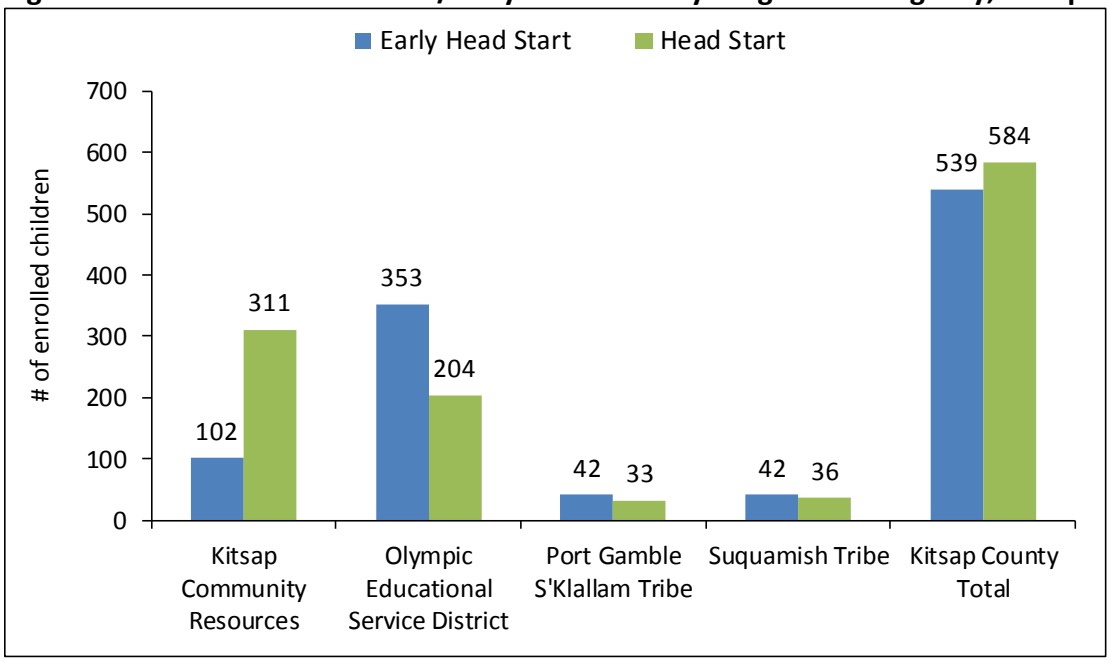
Number of Enrollees by Program

County-wide, the total cumulative enrollment has been increasing in Early Head Start and slightly decreasing in Head Start since 2006 (Table 8).[10] During the 2016-17 school year, there were a total of 1,123 people enrolled within Kitsap County programs (Figure 15).[10] This included 1,092 children and 31 pregnant women. Overall, 52% of all enrollees were in Head Start programs, versus 48% in Early Head Start programs.

Table 8. Cumulative Enrollment in Kitsap County Head Start and Early Head Start Programs: 2009-10 to 2016-17[10]

	Early Head Start							
	2010	2011	2012	2013	2014	2015	2016	2017
Kitsap Community Resources	112	119	105	102	98	108	107	102
Olympic Educational Service District	158	229	229	221	225	237	289	353
Port Gamble S'Klallam Tribe	34	35	37	33	34	32	42	42
Suquamish Tribe	41	40	48	45	44	42	44	42
Kitsap County Total	345	423	419	401	401	419	482	539
	Head Start							
	2010	2011	2012	2013	2014	2015	2016	2017
Kitsap Community Resources	336	346	305	314	268	303	318	311
Olympic Educational Service District	262	303	272	292	262	239	235	204
Port Gamble S'Klallam Tribe	34	37	37	37	28	29	35	33
Suquamish Tribe	37	38	40	37	36	39	36	36
Kitsap County Total	669	724	654	680	594	610	624	584

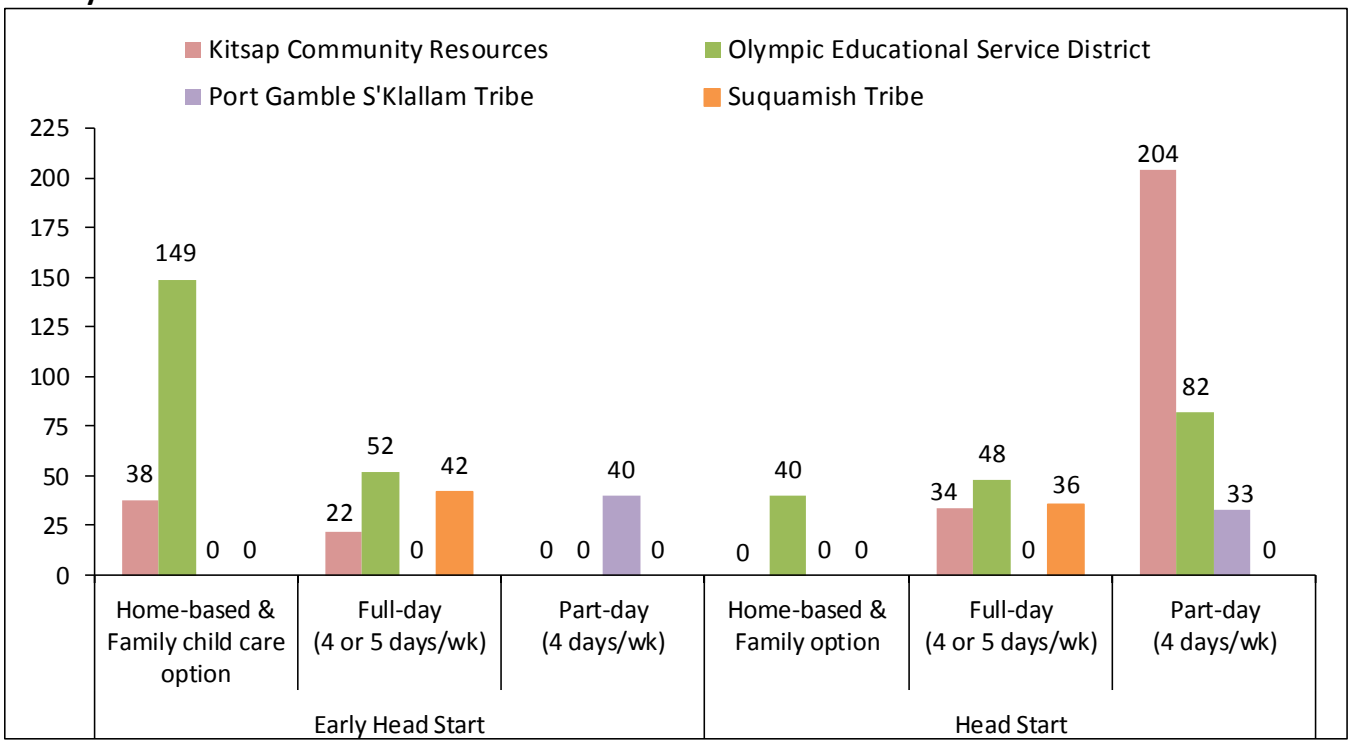
Figure 15. Enrollment Head Start/Early Head Start by Program and Agency, Kitsap County: 2016-17[10]



Enrollment by Program Option

Figure 16 shows the number of enrollees by program option (e.g. full-day versus home-based) in each agency during the 2016-17 school year. Home visiting and home-based options are available from Kitsap Community Resources and OESD 114.[10]

Figure 16. Early Head Start and Head Start Enrollment by Program Option and by Agency, Kitsap County: 2016-17[10]



In 2010, the Port Gamble S'Klallam Tribe was awarded funding from the Maternal, Infant, and Early Childhood Home Visiting Program (MIECHV), under Health Resources and Services (HRSA) in cooperation with the Administration for Children and Families (ACF), to support a needs assessment, plan development, and program for culturally relevant early learning, family support, and home-visiting programs. The Tribe followed a grant timeline that included a full year of conducting a needs assessment and developing a plan (FY 2011) and in Years 2-5 is providing culturally relevant services, establishing progress, and conducting evaluation activities. The Tribe's Together for Children (TFC) program is a partner with the Early Childhood Education program and has strengthened the services to expectant families using the Nurse Family Partnership model. As of January 2017, 10 of 16 infants and 3 of 24 toddlers enrolled in EHS have received services from Tribal Home Visiting.[11]

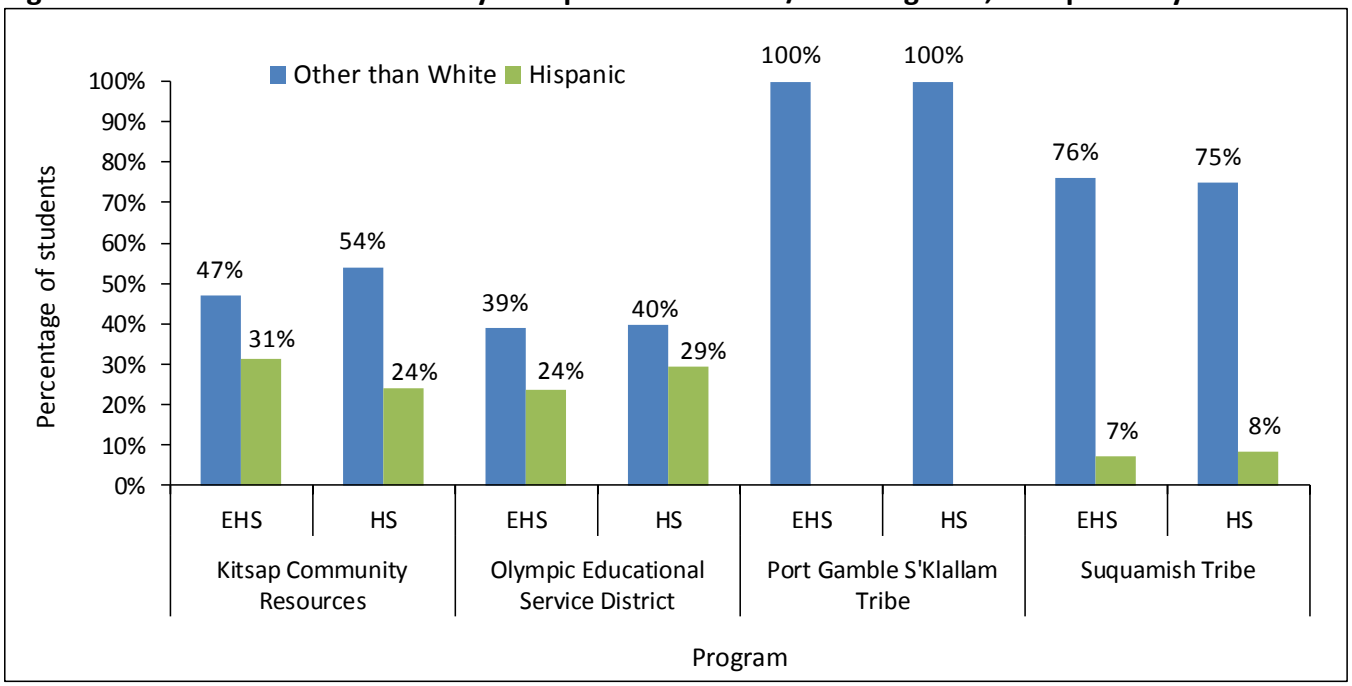
Racial and Ethnic Composition

During the 2016-17 school year, the total Kitsap County HS/EHS enrollment consisted of 49% White, 22% multi-racial, 13% American Indian or Alaskan Native, 7% black, 2% Native Hawaiian or Other Pacific Islander, 1% Asian, and 5% other or unknown race.[10] The biggest change from last year is an increase among the proportion identifying as multi-racial (previously 19%). Among the total enrollment population across all programs, 23% identified as Hispanic. The racial and ethnic composition of enrollees varied by Program and by Agency as shown in both Table 9 and Figure 17, which highlights the proportions of non-White and Hispanic enrollees.

Table 9. Race/Ethnicity of Early Head Start and Head Start Enrollees by Program and by Agency, Kitsap County: 2016-2017[10]

	Kitsap Community Resources		Olympic Educational Service District		Port Gamble S'Klallam Tribe		Suquamish Tribe	
	EHS	HS	EHS	HS	EHS	HS	EHS	HS
RACE, ANY ETHNICITY								
White	50%	45%	87%	52%	0%	0%	23%	25%
Black	9%	9%	8%	6%	0%	0%	2%	0%
American Indian/Alaska Native	3%	2%	3%	2%	100%	94%	66%	67%
Asian	2%	3%	0%	1%	0%	0%	0%	0%
Native Hawaiin/Pacific Islander	3%	4%	3%	1%	0%	0%	0%	0%
Multi-racial	28%	35%	26%	15%	0%	0%	5%	8%
Unknown/Other	0%	0%	15%	9%	0%	0%	0%	0%
ETHNICITY								
Hispanic	31%	24%	24%	29%	0%	0%	7%	8%
Non-Hispanic	69%	76%	76%	71%	100%	100%	93%	92%

Figure 17. Racial and Ethnic Minority Groups Enrolled in HS/EHS Programs, Kitsap County: 2016-17[10]



Primary Language Spoken at Home

Collectively across all programs, the vast majority of enrollees (87%) speak English as their primary language at home.[10] The second most common language spoken at home is Spanish (7%), though within the KCR Head Start Program there is a higher percentage (14%) of Spanish-speaking families than any other program. These percentages are similar to the past several school years.

According to the 2013 parent survey, 94% of respondents reported speaking English at home; among families who speak a language other than English, Spanish and Mam were most frequently mentioned. In the 2016 parent survey, 99% of respondents reported their primary language was English; Spanish

was the only other language noted. It should also be noted that surveys were administered only in English.

Enrollment Waiting List Status

The agencies generally maintain a single, combined HS and Early Childhood Education and Assistance Program (ECEAP) waitlist for preschool slots because the children can be placed wherever there is an opening. As of February 2018, the Port Gamble S'Klallam waitlist for EHS included 2 children (1 income eligible and 1 over income), while the HS did not have anyone on the waitlist and has 3 slots available.[11] The KCR waitlists included 36 income eligible and 15 over income children for EHS; 19 income eligible and 55 over income children for HS and ECEAP.[12] The Suquamish program has 18 children on their EHS waitlist and 25 children on their HS waitlist.[13] The OESD 114 waitlists included: 3 income eligible and 4 over income children for EHS; 7 income eligible and 15 over income children for HS; and 9 income eligible plus 15 over income children for ECEAP.[14] These waitlists have mostly increased from last year, demonstrating the community need and desire for participation in child development and family support programs.

III. OTHER CHILD DEVELOPMENT AND CHILDCARE PROGRAMS SERVING HEAD START/EARLY HEAD START ELIGIBLE CHILDREN

State-funded Preschool Programs

The Early Childhood Education and Assistance Program (ECEAP) is Washington's state-funded program to provide preschool to low income families. ECEAP and Head Start are very similar in that they both provide comprehensive preschool programs that provide free services and support to eligible children and their families. Their shared goal is to ensure that children are entering kindergarten ready to succeed. Many of same the agencies operating Head Start and Early Head Start (HS/EHS) programs are also receiving ECEAP funds to support children.

Other Local Preschool Programs

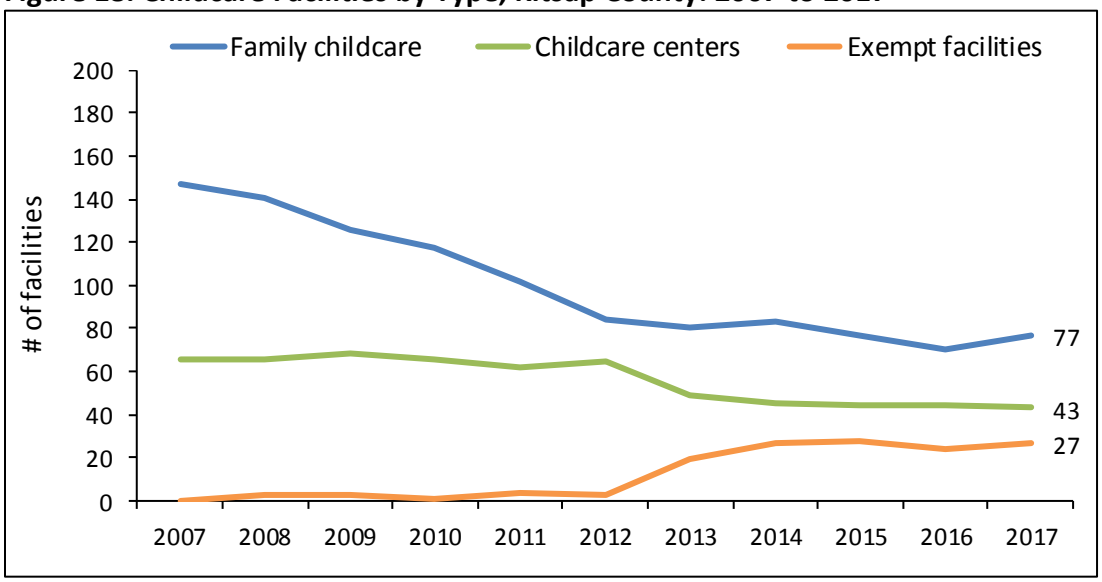
Local school districts offer free preschool to some children with special needs. These programs have certified special education teachers, speech therapists, and other staff who are trained in teaching children skills that will help them enter kindergarten ready to succeed.

There are also private preschools, including parent cooperative preschools (co-ops). However, with the cost of these options, it is unlikely that HS/EHS-eligible families are making use of such programs.

Childcare Programs

The number of family childcare providers has been declining over the past decade, while the number of childcare centers has remained relatively stable until dropping in 2013 (Figure 18).[15] Overall, there were 147 childcare facilities identified in Kitsap County during 2017, which is down from 213 in 2007.

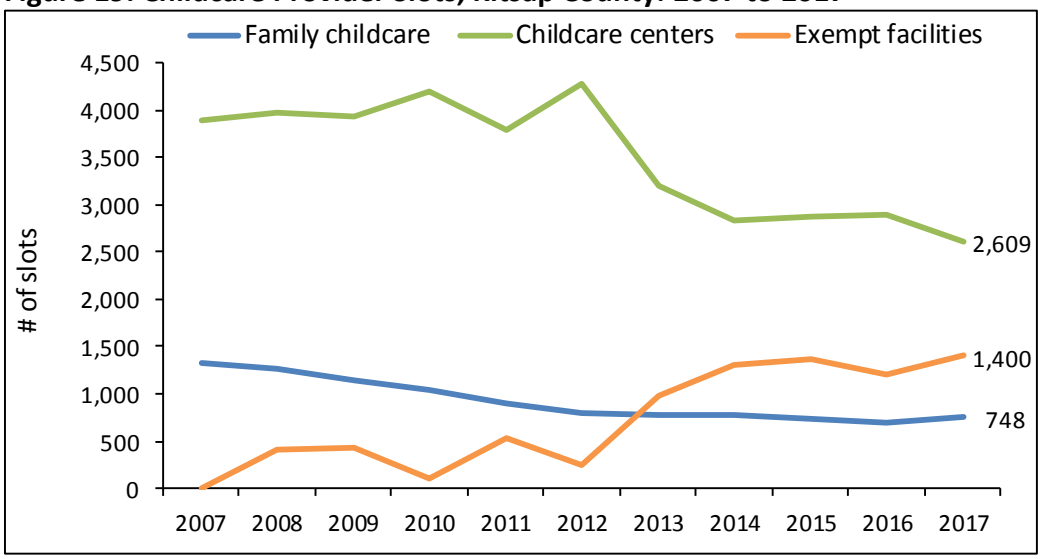
Figure 18. Childcare Facilities by Type, Kitsap County: 2007 to 2017[15]



In 2013 and 2014 the number of school-age childcare providers (licensed and exempt) grew substantially, though this number remained similar from 2014 (27) through 2017 (27). Generally, "exempt care" means any type of care that doesn't need to be licensed under Washington State law, such as: (1) educational or care programs that operate less than 4 hours per day (e.g. private preschool programs run by recreational centers, churches, etc. and after school programs that are only open for a few hours); and (2) programs that are very short term with no stable enrollment (e.g. drop-in child care at a gym where people leave their kids while they work out). Note that Childcare Aware data presented in this report include tribal and military providers in the "licensed" category because they are licensed by a government authority, but other data sources may count them as exempt because as programs that are licensed by a federal or tribal authority are technically exempt from Washington State's Department of Early Learning licensing.

Within the 147 facilities, there were a total of 4,757 childcare slots during 2017, as shown by provider type in Figure 19.[15] Overall, the total number of slots declined 16% from 2008 to 2017, which equates to a loss of 909 slots. While the total has decreased, there has been considerable growth in school-age facility slots, which have more than doubled between 2008 (413) to 2017 (1,400).

Figure 19. Childcare Provider Slots, Kitsap County: 2007 to 2017[15]



Utilization of Other Childcare Programs by Head Start/Early Head Start Eligible Families

Within the HS/EHS programs in Kitsap County, as reported in the 2014 Comprehensive Assessment Report, 21% of the 2013 parent survey respondents reported using childcare other than HS/EHS. Of those, 69% use family, friend, or neighbor care, 26% use a licensed childcare center, and 6% use a licensed family home-based childcare. Similarly, on the 2016 parent survey, 26% of respondents indicated they use childcare other than HS/EHS/ECAEP. Among them, an even larger majority (82%) reported having a family member, friends, or neighbors provide care than in 2013, with only a very few using licensed care centers (6%) and licensed home daycares (3%). These surveys clearly illustrate that at least some of the HS/EHS eligible children are utilizing other childcare programs. In 2016, 40% of the respondents using other care said they have not had difficulty finding it, though an equal percentage also said they had difficulty due to high costs.

Outside of the HS/EHS programs, it is difficult to estimate how many eligible children are being served by other programs. Child Care Aware (CCA) of Washington provides referrals to licensed childcare facilities for families seeking care. During 2017, 348 Kitsap families, including 486 children, used referral services provided by CCA, a decrease from 2016.[15] Of these 486 children, 20% were infants (less than 1 year old), 32% were toddlers (1 and 2-year-olds), 22% were preschoolers (3 and 4-year-olds), and 25% were school age (at least 5 years) – which is a very similar distribution to 2013 and 2016 care searches via CCA. Slightly higher than 2013 and 2016, 64% of the children in 2017 were using subsidies. The CCA referral services data only represent the fraction of families who used CCA services to find care; the total demand is likely much greater as families find care without using referral services and/or have children already in licensed care facilities.

There is no way to know how many children are in licensed childcare at any time.[16] The numbers change frequently and no overarching system exists to track the number of children in each center or family home. Additionally, while we know the number of licensed childcare centers and family childcare homes and the number of potential child slots for which these facilities are licensed, comparison of slots by age group overstates the total number of slots available because if a slot is filled in one age group, it cancels out a slot in another age group. We also have no estimate of the number of

children that are being cared for in unlicensed childcare arrangements with family, friends, neighbors, or others.

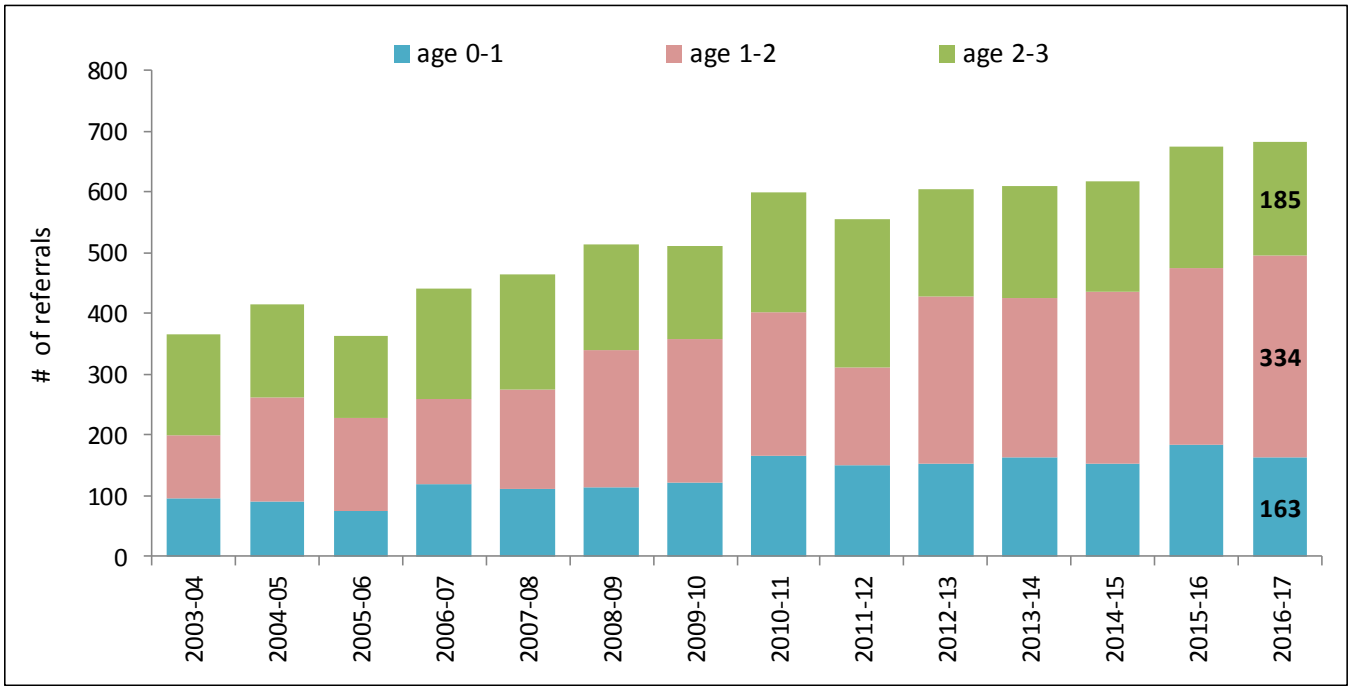
IV. ESTIMATED NUMBER OF CHILDREN 4-YEARS OLD OR YOUNGER WITH DISABILITIES

A. Children with Special Needs

The Individuals with Disabilities Education Act (IDEA) is a federal law that establishes how states and public agencies provide early intervention, special education, and related services to children with disabilities.[17] Part B of IDEA focuses on children 3-21 years, whereas Part C serves age birth to 2 years.

The Holly Ridge Center is the county's IDEA Part C provider. Their Infant Toddler Early Intervention Program (ITEIP) is part of the Department of Social and Health Services (DSHS) Division of Developmental Disabilities (DDD). ITEIP provides early intervention services including family resources coordination for eligible children age 0 to 3 years. During fiscal year 2016-17, there were 682 referrals to the Holly Ridge ITEIP.[18] Holly Ridge has seen a steady increase in the number of referrals since 2003-04 (Figure 20). Children aged 0 to 1 year consistently comprise the fewest inquiries, accounting for one-fourth of all inquiries historically and just barely under that (24%) in 2016-17. More than a third (40%) of the children served in 2016-17 had Medicaid, and another 36% were covered by military insurance.

Figure 20. Referrals Made to Holly Ridge Infant Toddler Early Intervention Program by Age Group: 2003-04 to 2016-17[18]



Naval Base Kitsap-Bremerton is one of three places in the U.S. that military families with a special needs child can be stationed as part of the military's Exceptional Family Member Program. These

children are often affected by multiple or severe disabilities or highly complex educational requirements.[18]

Table 10 shows the number of Early Head Start (EHS) infants or toddlers with an Individualized Family Service Program (IFSP) and Head Start (HS) children in Kitsap County with an Individualized Education Program (IEP) indicating that they met the IDEA Parts B/C eligibility criteria to receive special education and related preschool disability services during the 2016-17 school year.[10] Eligibility for these services may be determined prior to or during the enrollment year. Overall, 19% of EHS children had an IFSP indicating eligibility to receive IDEA services, which is a substantial increase from only 14% during 2014-15, although less than last year (22%) and 2013-14 (23%). The Suquamish EHS program had the lowest proportion of children receiving early intervention services (7%), while the other agencies ranged from 11-23%. Across all HS programs, 13% of children had an IEP indicating they should receive IDEA services, which was comparable to prior years (15% last year; 17% in 2014-15; 19% in 2013-14). The Port Gamble S'Klallam HS program had the lowest 2016-17 proportion (3%), but the others ranged from 10-22%.

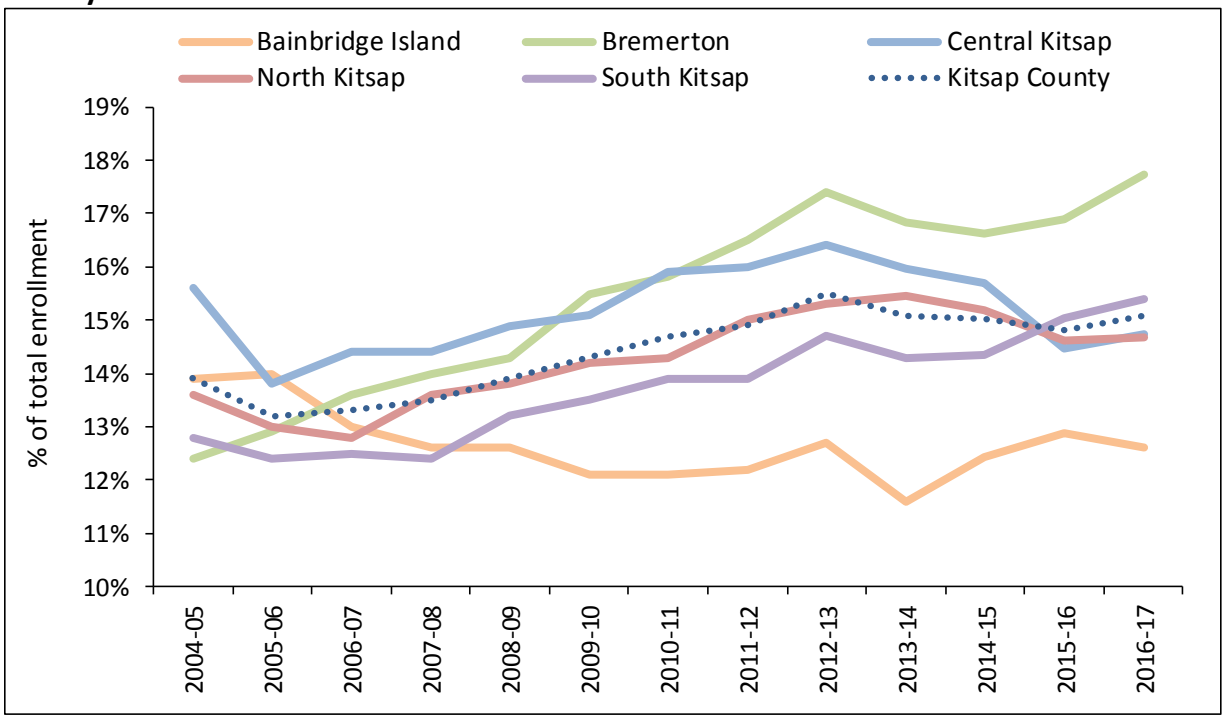
Table 10. Head Start/Early Head Start Children Receiving Individuals with Disabilities Education Act (IDEA) Services by Program and by Agency, Kitsap County: 2016-17[10]

Agency	Program	# enrollees with IFSP/IEP* indicating eligibility	% enrollees with IFSP/IEP* indicating eligibility	# determined eligible during enrollment year
KCR	EHS	11	11%	2
	HS	45	14%	9
OESD	EHS	82	23%	15
	HS	20	10%	5
S'Klallam	EHS	5	12%	4
	HS	1	3%	1
Suquamish	EHS	3	7%	2
	HS	8	22%	3

*Individualized Family Service Program (IFSP) or Individualized Education Program (IEP)

Older children (age 3-18 years) and young adults (18-21 years) with disabilities are served by the school districts under IDEA Part B, with supervisory authority from the Washington State Office of Superintendent of Public Instruction (OSPI). During 2016-17, special education enrollment included 5,418 (15.1%) students county-wide.[20] Approximately 13% of special education students in Kitsap County were ages 3 to 5 years.[19] By region, Bremerton had the highest proportion (17.7%) of special education students, while Bainbridge had the lowest (12.6%).[20] The proportion of special education enrollees has increased over the past 12 years for most districts, though most dramatically for Bremerton, which has experienced a 43% increase from 2004-05 and 2016-17 (Figure 21).

Figure 21. Proportion of Special Education Enrollees in Public School by School District, Kitsap County: 2004-05 to 2016-17*[20]



B. Types of Disabilities

Within the Head Start programs, the types of disabilities for which students were receiving special services under IDEA are shown in Table 11.[10] Non-categorical developmental delays were again the most frequently identified type of disability across all programs, followed by speech/language impairments. This has been the trend for at least the past 6 years.

Table 11. Number of Disability Diagnoses among Head Start Enrollees, Kitsap County: 2016-17[10]

	KCR	OESD	S'Klallam	Suquamish
Enrollees with diagnosed primary disability				
Health impairment	2	1	0	0
Emotional disturbance/behavioral disorder	0	1	0	0
Speech or language impairments	15	7	1	6
Intellectual disablilties	0	0	0	0
Hearing impairment, including deafness	0	0	0	0
Orthopedic impairment	0	0	0	0
Visual impairment, including blindness	0	0	0	0
Specific learning disability	0	0	0	0
Autism	6	0	0	0
Traumatic brain injury	0	0	0	0
Non-categorical/developmental delay	22	11	0	2
Multiple disabilities (excluding deaf-blind)	0	0	0	0
Deaf-blind	0	0	0	0

OSPI limits the release of small numbers, thus exact counts for some of the disabilities data by age group are not available; available data are presented in Table 12.[19] The most common diagnosis among students ages 3 to 21 years across all Kitsap County school districts in 2017 was learning disabilities, followed by health impairments (despite some suppressed data) and communication disorders. These are the same top 3 as in 2015, 2014 and 2012. Among young children age 3-5, the most common diagnosis is developmental delays (47%; down from 57% in 2014 but up from 40% in 2012) followed by communication disorders (33%; up from 25% in 2014). Given omitted data, proportions cannot be accurately counted for autism among 3 to 5-year-olds for 2017, but based on available data they appear to be the third most common diagnosis, which is consistent with 2014 and 2012 (13% and 14%, respectively).

Table 12. Number of Children and Young Adults with Disabilities by School District, Age Group, and Type of Disability, Kitsap County: November 2017[19]

	Bainbridge Island		Bremerton		Central Kitsap		North Kitsap		South Kitsap	
Age Group (years):	**3-5**	**6-21**	**3-5**	**6-21**	**3-5**	**6-21**	**3-5**	**6-21**	**3-5**	**6-21**
Autism	*	45	12	89	38	301	10	80	13	131
Developmentally Delayed	17	13	53	45	118	93	37	40	89	77
Emotional/Behavioral Disability	*	13	0	30	*	61	0	16	0	42
Hearing Impairments^	0	*	0	*	*	*	0	*	*	*
Multiple Disabilities	0	*	*	17	*	37	0	12	*	30
Intellectual Disability	*	*	0	42	0	62	*	20	0	50
Other Health Impairments	0	82	*	113	10	307	11	121	*	267
Orthopedic Impairments	0	*	*	*	0	*	0	*	*	12
Specific Learning Disability	0	145	0	227	0	470	0	284	0	492
Communication Disorders	18	88	45	90	45	180	52	103	65	186
Traumatic Brain Injury	0	*	0	*	0	*	0	0	0	*
Visual Impairments	0	*	0	*	0	*	0	*	*	*
Age-specific total	44	409	115	662	218	1,530	111	681	184	1,304
% 3-5 yo of overall total	10%		15%		12%		14%		12%	

* Data suppressed by OSPI when n<10.

^ Includes deafness

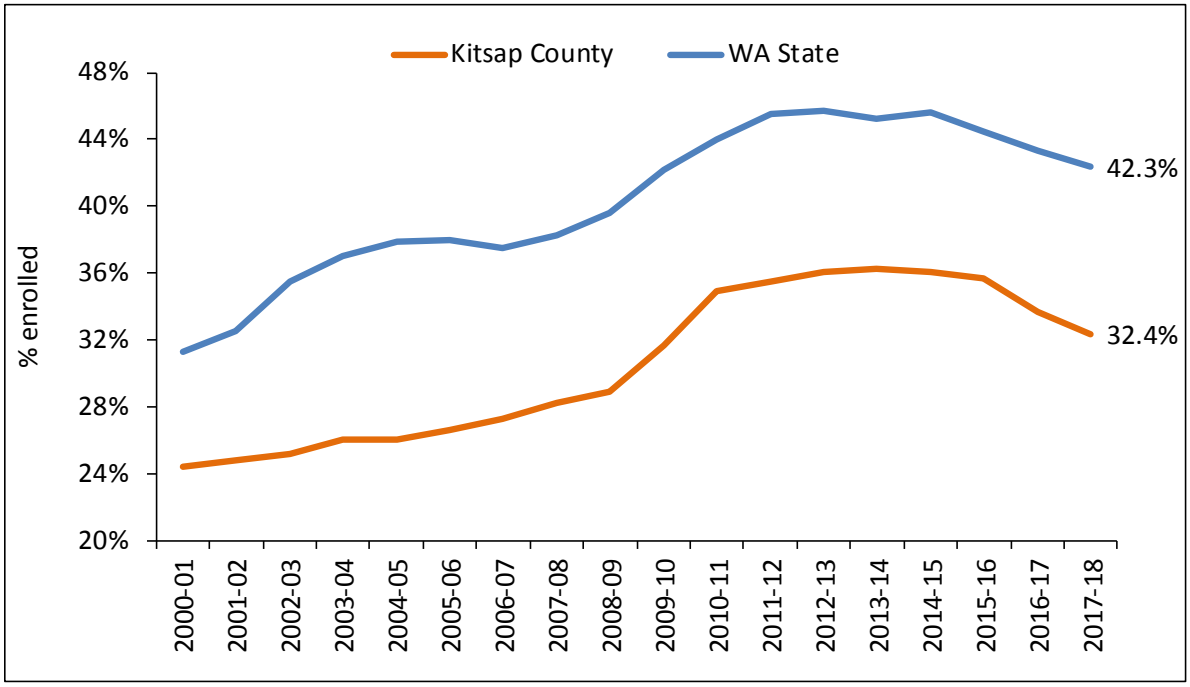
V. EDUCATION, HEALTH, NUTRITION, AND SOCIAL SERVICE NEEDS OF EARLY HEAD START/HEAD START ELIGIBLE CHILDREN AND THEIR FAMILIEIS

A. Free and Reduced Lunch

The National School Lunch Program provides assistance with nutrition to children whose families are impoverished. There are two levels of eligibility within the program, free meals with an eligibility level of 130% of the federal poverty guidelines and reduced meals with an eligibility level of 185% of the federal poverty guidelines.

The proportion of Kitsap County public school students enrolled in the Free and Reduced Lunch (FRL) Program has statistically increased overall between 2000-01 and 2017-18; however, in the last 5 years (since 2012-13) there has been a statistically significant decrease (Figure 22).[21] Kitsap County has consistently had a statistically significantly lower proportion of students enrolled in the FRL Program than Washington State. As of October 2017, a total of 11,821 Kitsap students applied to receive free or reduced lunch.

Figure 22. Public School Students Enrolled in Free or Reduced Lunch,* Kitsap County and Washington State: 2000-01 to 2017-18**[21]**



* Eligibility for the program is =< 185% of poverty

** Data are as reported in October of each school year

Consistent with where the largest proportion of children and families living in poverty reside and prior year trends, the Bremerton District also had the highest proportion (59%) of students enrolled in the FRL Program in October 2017 (Figure 23)[21] South Kitsap was the only other school district to have a proportion of enrolled students higher than the county-wide proportion (34% and 32%, respectively). Bainbridge Island continues to have the lowest proportion (6%).[21] Table 13 shows the proportion of

students enrolled for each Kitsap County school that serves elementary-age (kindergarten through sixth grade) students by school district.[21]

Figure 23. Public School Students Enrolled in Free or Reduced Lunch, Kitsap County: October 2017[21]

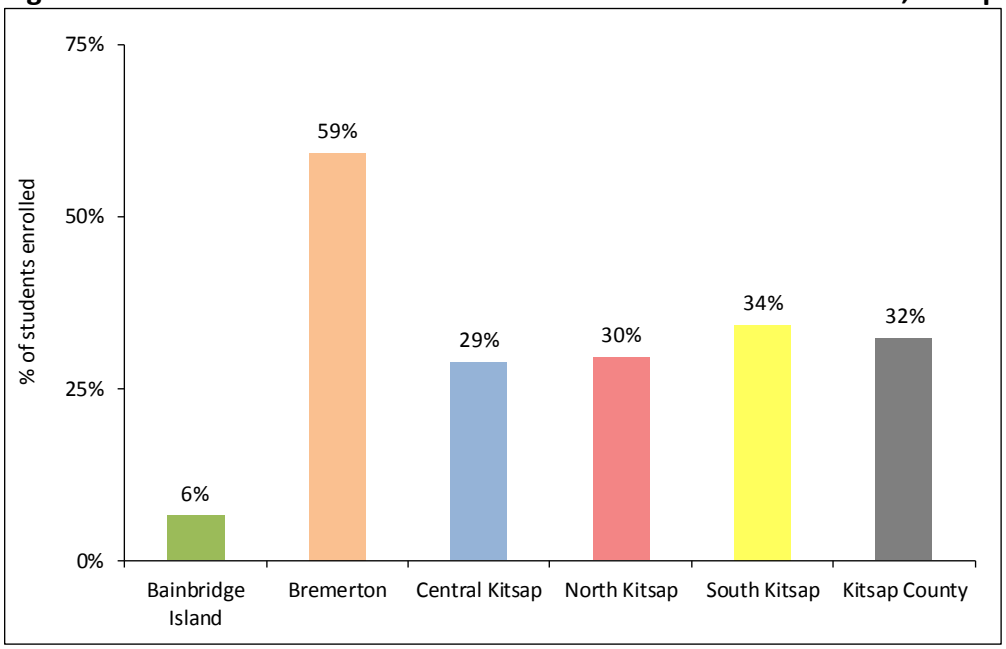


Table 13. Enrollment in Free or Reduced Lunch Program and Total Enrollment, Kitsap County Public Schools Serving Elementary-Age Students: October 2017[21]

Total Enrollment and Percent of Students Enrolled in Free or Reduced Lunch Program, Kitsap County Public Schools Serving Elementary-Age Students, October 2017				
School District	**School Name**	**Grades**	**Total Enrollment**	**% Free or Reduced Lunch**
Bainbridge Island	Blakely Elementary	K-4	367	5.7%
	Commodore Center	K-12	275	7.6%
	Ordway Elementary	K-4	355	11.0%
	Sakai Intermediate School	5-6	522	6.1%
	Wilkes Elementary	K-4	390	3.3%
Bremerton	Armin Jahr Elementary	K-5	420	71.2%
	Crown Hill Elementary	K-5	406	59.4%
	Kitsap Lake Elementary	K-5	395	42.0%
	Naval Avenue Elementary	PK, K-3	383	54.6%
	View Ridge Elementary	K-5	463	60.3%
	West Hills Elementary	PK, K-8	646	68.0%
Central Kitsap	Brownsville Elementary	K-5	444	15.5%
	Clear Creek Elementary	K-5	516	45.7%
	Cottonwood Elementary	K-5	309	32.0%
	Cougar Valley Elementary	K-5	462	26.4%
	Emerald Heights Elementary	K-5	464	17.2%
	Esquire Hills Elementary	K-5	349	47.3%
	Green Mountain Elementary	K-5	374	32.6%
	Hawk Elementary (HEJP)	K-5	481	38.5%
	Pinecrest Elementary	K-5	414	42.0%
	Silver Ridge Elementary	K-5	360	31.9%
	Silverdale Elementary	K-5	429	31.7%
	Woodlands Elementary	K-5	392	46.4%
North Kitsap	Pal Program	K-12	62	24.2%
	Pearson Elementary School	K-5	324	24.1%
	Poulsbo Elementary School	K-5	569	31.6%
	Richard Gordon Elementary School	K-8	461	27.8%
	Suquamish Elementary School	K-5	399	43.1%
	Vinland Elementary School	PK, K-5	615	27.6%
	Wolfe Elementary School	PK, K-5	419	49.4%
South Kitsap	Bethany Lutheran School	PK, K-8	113	6.2%
	Burley Glenwood Elementary	K-5	487	37.2%
	East Port Orchard Elementary School	K-5	426	53.5%
	ECEAP/Headstart Programs (P/S)	PK	153	100.0%
	Hidden Creek Elementary	K-5	457	36.3%
	Madrona PreSchool	PK	112	28.6%
	Manchester Elementary	K-5	336	36.9%
	Mullenix Ridge Elementary	K-5	423	22.0%
	Olalla Elementary	K-5	316	40.8%
	Orchard Heights Elementary	K-5	687	37.9%
	Sidney Glen Elementary	K-5	580	46.2%
	South Colby Elementary	K-5	341	21.7%
	Sunnyslope Elementary	K-5	521	27.8%

B. Public Assistance

The 5-year estimates for 2012-16, show there were 11,552 (21%) children ages 0 to 17 years in Kitsap County living in households receiving public assistance (including social security income, case public assistance, or food stamps in the past 12 months).[5] Of these, 50% were single parent households. These county-wide estimates are very similar to the prior 2011-15 estimates, as are the regional estimates shown in Table 14. Bremerton continues to have the highest rates.

Table 14. Public Assistance Recipients by Region, Kitsap County: 2012-16

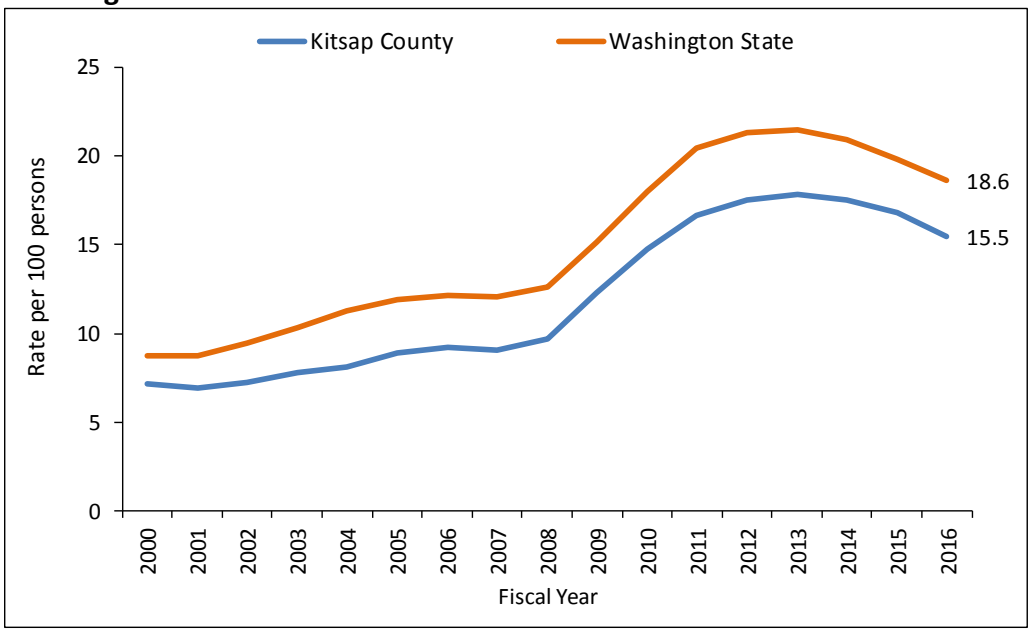
	# (%) of households receiving public assistance*	# (%) of children under 18 receiving public assistance*
Bainbridge Island	83 (0.9%)	140 (3%)
Bremerton	1,024 (5.3%)	3,450 (42%)
Central Kitsap	651 (2.5%)	2,780 (17%)
North Kitsap	470 (2.5%)	1,326 (13%)
South Kitsap	994 (4.0%)	3,928 (27%)

* includes SSI, cash public assistance income, or food stamps.

Food Stamps

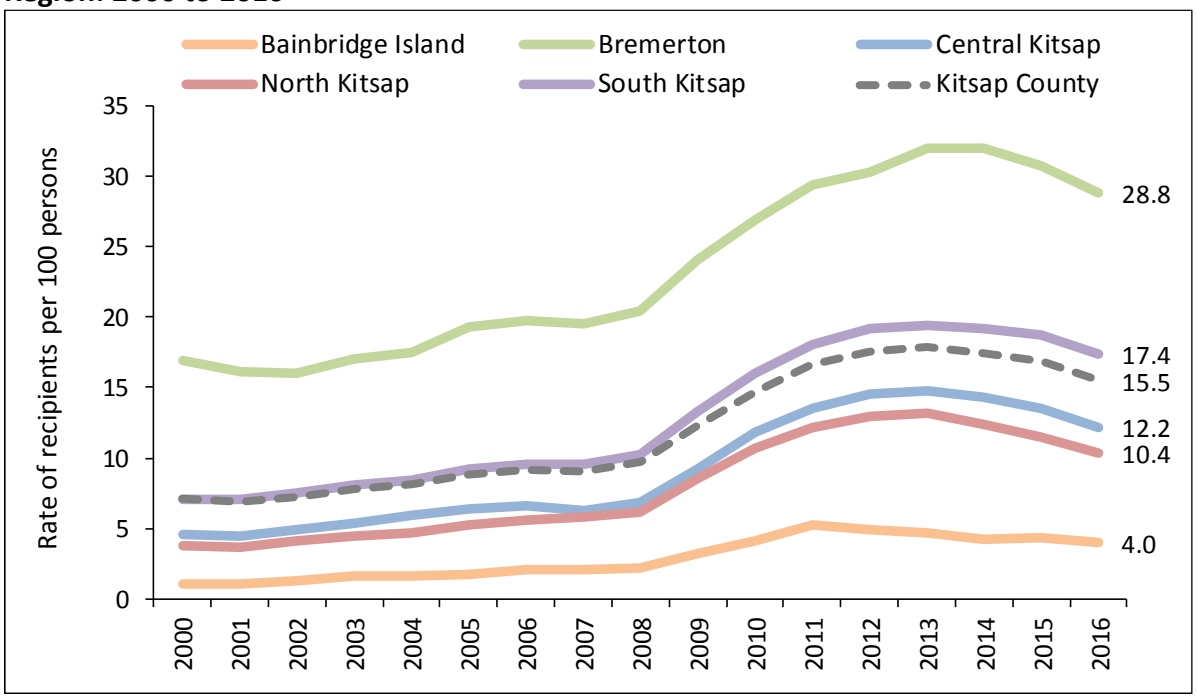
In both Kitsap County and Washington State the rate of persons receiving food stamps through the Supplemental Nutritional Assistance Program (SNAP) climbed dramatically between 2008 and 2011, but slowed pace between 2011 and 2013, then declined slightly from 2013 to 2016 (Figure 24).[22] The past 5 years have seen a decline, with Kitsap County rates changing by 12% from 17.5 per 100 in 2012 to 15.5 per 100 in 2016. Statewide, rates were also declining over the past 5 years, decreasing by 13% to 13.7 per 100 in 2016.

Figure 24. Supplemental Nutritional Assistance Program (SNAP) Recipients, Kitsap County and Washington State: 2000 to 2016[22]



Bremerton has consistently had the highest rate of participation in SNAP, with more than 1 in 4 residents received food stamps in 2016 (Figure 25).[22] All regions in the county are at about the same level they were (respectively) 5 years ago, and all have seen reduced rates in the past two years.

Figure 25. Supplemental Nutritional Assistance Program (SNAP) Recipients in Kitsap County by Region: 2000 to 2016[22]



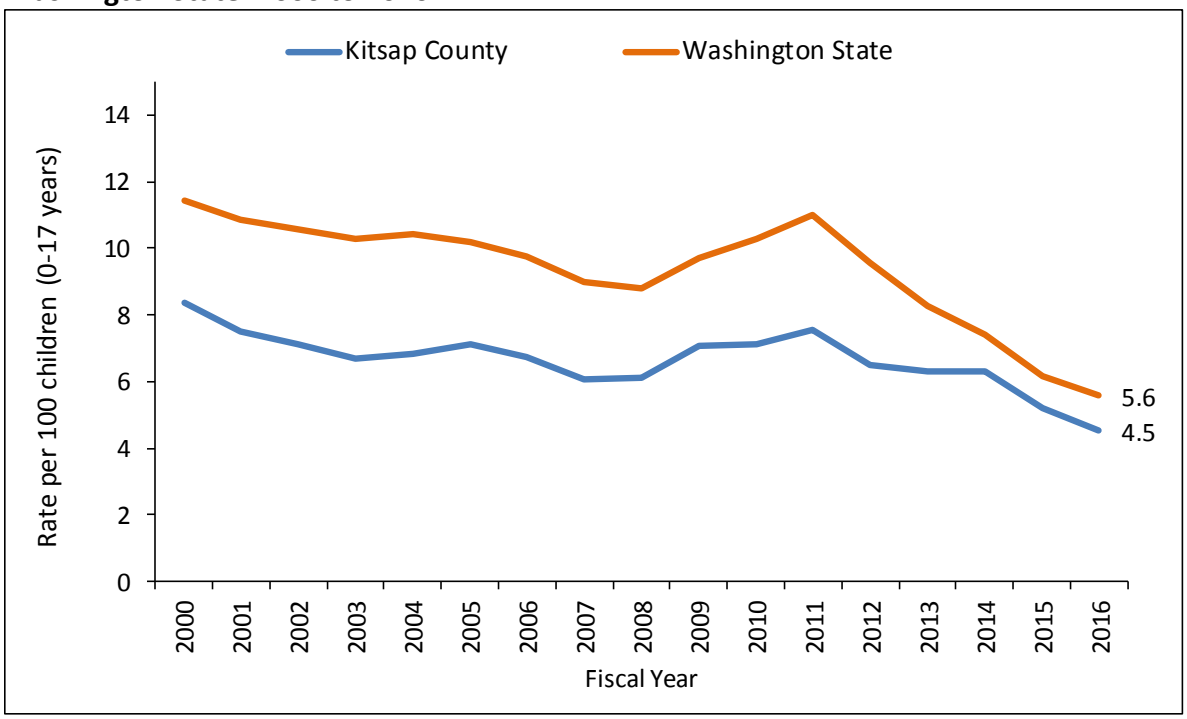
Temporary Assistance for Needy Families (TANF)

The federally-funded Temporary Assistance for Needy Families (TANF) program provides cash assistance to low-income families and aids parents in achieving economic security and self-sufficiency. A 2010 overhaul of Washington State's TANF program, WorkFirst, changed the case management process to ensure that the needs of the whole family were being considered in order to ensure children had necessary tools to "overcome the increased risks they face."[23] According to a June 2014 report by the Washington State Department of Social and Health Services, one-quarter of K-12 students on TANF during 2011-12 experienced housing instability, which was associated with higher rates of school change and, for older youth, lower rates of grade progression and on-time graduation.[24] Similarly, the report stated that TANF students with behavioral health conditions (particularly substance abuse issues) were more likely to experience a school change during an academic year and less likely to progress to the next grade or to graduate high school on time.

The rate of Kitsap County children participating in TANF has declined by 30% over the past 5 years to only 4.5 per 100 children in 2016. The county average has been 5.8 per 100 for the past 5 years and although this has remained below the state, the gap has narrowed in the past few years (Figure 26).[22] Washington State experienced a 42% reduction from 2012 to 2016. Within the county, Bremerton has consistently retained a substantially higher rate of children receiving TANF than any other sub-county

region. Bremerton's rate in 2016 was 12.1 per 100, which was a 26% decline from 5 years ago, but in comparison, it is still 2 ½ times greater than the next highest rate of 4.7 per 100 in South Kitsap. The other regions have each had 5-year averages of less than 5.0 per 100. Their 2016 rates (per 100) were: 3.1 in Central Kitsap, 2.5 in North Kitsap, and 0.5 in Bainbridge Island.

Figure 26. Rate of Children Receiving Temporary Assistance for Needy Families, Kitsap County and Washington State: 2000 to 2016[22]

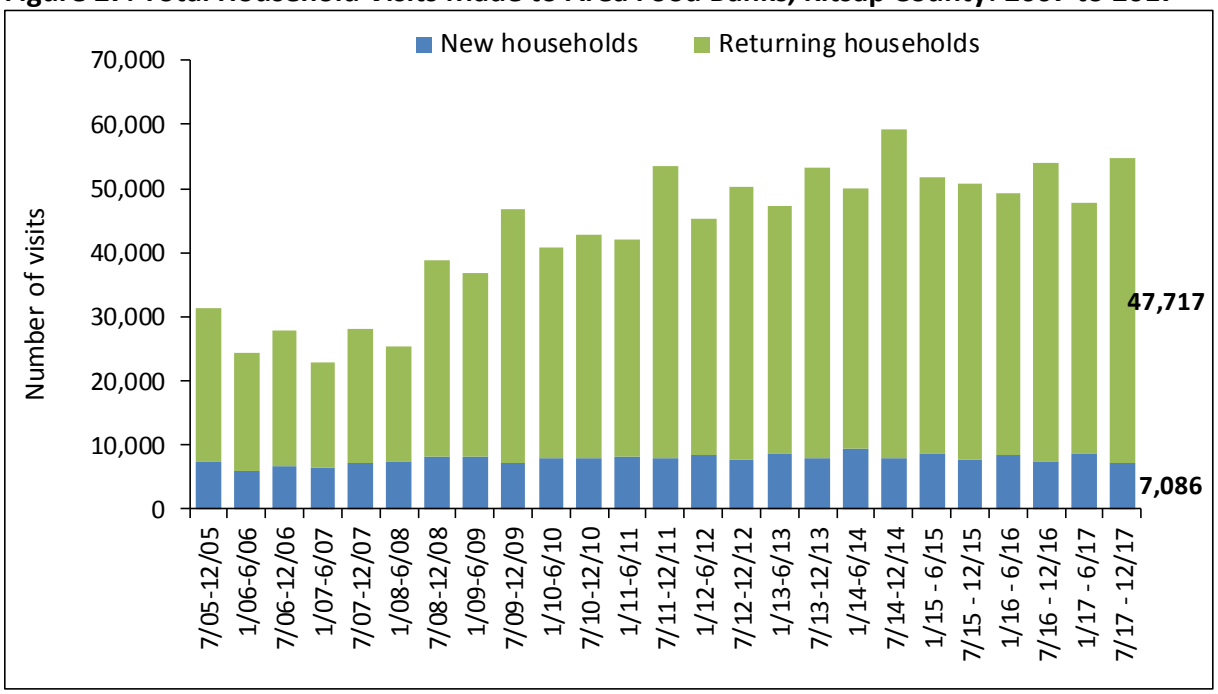


C. Food and Nutrition

Food Banks

There are eight Kitsap County area food banks, including Bremerton Foodline, Salvation Army Food Bank, South Kitsap Help Line, Helpline House, North Kitsap Fishline, ShareNet Food Bank, Central Kitsap Food Bank, and St. Vincent de Paul. The total number of households served more than doubled (101% increase) from 2007 to 2017, with a total of 102,537 visits by separate households in 2017 (Figure 27).[25] Returning households are the majority of visits. Over time, the number of visits by new households per year has remained fairly stable while the return visits continue to increase. Despite increasing visits and demand for food, the food banks in the area have experienced a decline in donations.[25] As the number of homeless families/individuals increases, the food banks are seeing more of a need for pop top canned foods and microwave meals (individual). In 2016, there was an increase among senior citizens using the food banks.[25] According to St. Vincent de Paul, this increase may partly be due to the Commodity Supplemental Food Program for individuals over 60, and there are more seniors finding out about the food banks.

Figure 27. Total Household Visits Made to Area Food Banks, Kitsap County: 2007 to 2017[25]



Women, Infants, and Children (WIC)

The Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) is a federally-funded program to provide supplemental foods, nutritional education, and health care referrals for low-income pregnant, breastfeeding, and postpartum women as well as infants and children (up to age 5 years).[26] It is intended to support women and children who are found to be at nutritional risk. Education is provided through workshops, educational boards, and one-on-one counseling. WIC checks issued to families can be exchanged for nutritious foods at many local grocery stores.

The number of clients served by WIC in Kitsap County was highest in 2009-2011, but has declined in recent years (Table 15).[27] The average annual percentage of infants who were born in the County and served by WIC during 2004 to 2016 was 46%. However, in recent years, this has fallen to only 43% in the last 5 years (2012 to 2016) and for 2016 was only 38%.

Table 15. Women, Infants, and Children Served by WIC, Kitsap County: 2004 to 2016[27]

Year	Infants and children under age 5	Pregnant, breastfeeding, and postpartum women	Total served	% of infants born in Kitsap County served by WIC
2004	6,755	2,961	9,716	48%
2005	6,626	2,861	9,487	47%
2006	6,507	2,835	9,342	48%
2007	6,337	2,760	9,097	48%
2008	6,780	2,970	9,750	50%
2009	7,595	3,187	10,782	51%
2010	7,681	3,084	10,765	48%
2011	7,667	3,131	10,798	47%
2012	7,012	2,910	9,922	46%
2013	6,704	2,759	9,463	44%
2014	6,684	2,819	9,503	44%
2015	6,214	2,587	8,801	41%
2016	6,198	2,584	8,782	38%

Breastfeeding

The benefits of breastfeeding are well recognized. Benefits to the baby include protection against otitis media, gastroenteritis, severe lower respiratory infections, and necrotizing enterocolitis, and breastfeeding is associated with lower rates of sudden infant death syndrome, childhood obesity, type 2 diabetes and leukemia. The maternal health benefits of breastfeeding include reduced risk for type 2 diabetes, breast cancer and ovarian cancer.

The Kitsap Public Health District began operating the New Parent Support Program (NPSP) in March 2013. One of the primary goals of NPSP is to support new mothers in learning how to breastfeed and in dealing with breastfeeding difficulties, but these groups more broadly offer parent support, education and community resources. Healthy snacks, including fresh fruit, vegetables, cheese, crackers and water, are provided for attendees.

Initially, a single nurse/lactation consultant was available for 4 hours once weekly. In February 2014, two additional sites were added, each of which were operated by a bilingual (Spanish/English) lactation consultant for 2 hours every week. The locations have moved a few times over the past 4 years, but as of February 2017, sites include KCR WIC in Bremerton (bilingual) and KCR WIC in Port Orchard (English only). Both are staffed by a public health nurse with lactation training. As of December 2016, a total of 355 new (unduplicated) clients had participated. Clients are welcome to return as many times as they desire, and returning clients have accounted for a little more than one-third of the total attendees over the past year.

During the first two years that NPSP operated, clients were surveyed upon their initial visit and again at 3-months and 6-months later to assess their breastfeeding status and how the program had helped

them. Although, the surveys were stopped due to low response rates, the feedback captured was very positive. The clients included nearly all new mothers, though a handful of expectant pregnant women also participated. A little over one-third (36%) had Medicaid, while 41% had private insurance. The majority (65%) had college degrees, and the median age of mothers was 29 years. Babies ranged from 3 days to 21 months old for their first visits, but the median age was 8.6 weeks and 90% were less than 4.5 months. Based on the intake surveys at their first visits 96% of new mothers were breastfeeding. Although response rates declined substantially for the follow-up surveys, 82% of those surveyed at 3 months and 75% of those who responded at 6 months were still breastfeeding.

According to the 2013 Head Start/Early Head Start parent survey, 19% of female respondents who had a baby in the past five years did not breastfeed their baby at all and another 27% breastfed for less than 6 weeks. However, nearly one in three (31%) respondents were successful at breastfeeding for 6 months or longer. Very similar results were obtained from the 2016 parent survey, with 21% reporting not breastfeeding at all, 31% for less than 6 weeks, and another 28% for more than 6 months.

D. Public Transportation

Kitsap Transit maintains public bus transportation throughout the County and operates foot ferry transportation, worker/driver buses for military facility employees, shuttle services for the elderly and people with special needs, park and ride lots, and a rideshare program. Selected activities reported on Kitsap Transit's list of goals for 2018[28] include:

- Bus service planning/improvements;
- Passenger-only ferry projects;
- Environmental Sustainability; and
- Administration.

The "vulnerable free ticket" (free ride) program targets the homeless and most vulnerable people (e.g., those at immediate risk of becoming homeless) in the community that need public transportation to a shelter, food bank or other social service agency. The Kitsap Transit Authority partnered with the Housing Solutions Center of Kitsap County to distribute and track the free tickets to the social service agencies in the community, such as North Kitsap Fish Line, St. Vincent DePaul, YWCA, Kitsap Mental Health, the Salvation Army and others.[29]

In 2013, a new Dial-a-Ride service was offered in the South Kitsap area and expanded to Bainbridge Island in 2014.[28] This is a call-in-advance bus service that provides on-request service to certain locations where mid-day service is not available even though commuter-time service may be.

VanLink is another service option that is available to *ACCESS*-eligible clients (i.e., elderly and disabled).[28] It provides a Kitsap Transit van to social service agencies with a large number of clients, allowing the agencies themselves to control when and where pick-ups are made, rather than requiring clients to call and request the regular *ACCESS* vans. Vans can be used on a daily or as needed basis. In 2013, 39 vans were operated by 12 agencies in the County, and by 2014 this was expanded to 41 vans.

Kitsap Transit Authority reports no major reductions in service since the recession in 2008 and 2009.[29] Service was reduced at that time but not since 2010. While there are some re-routing plans to accommodate the new Poulsbo Transfer Center, there are no major service reductions are anticipated in the coming years. Significant re-routing will be required for many of the routes and schedules, such as the #32, #41, #90 and 92, but others (the #43 and #44) will require just minor adjustments.

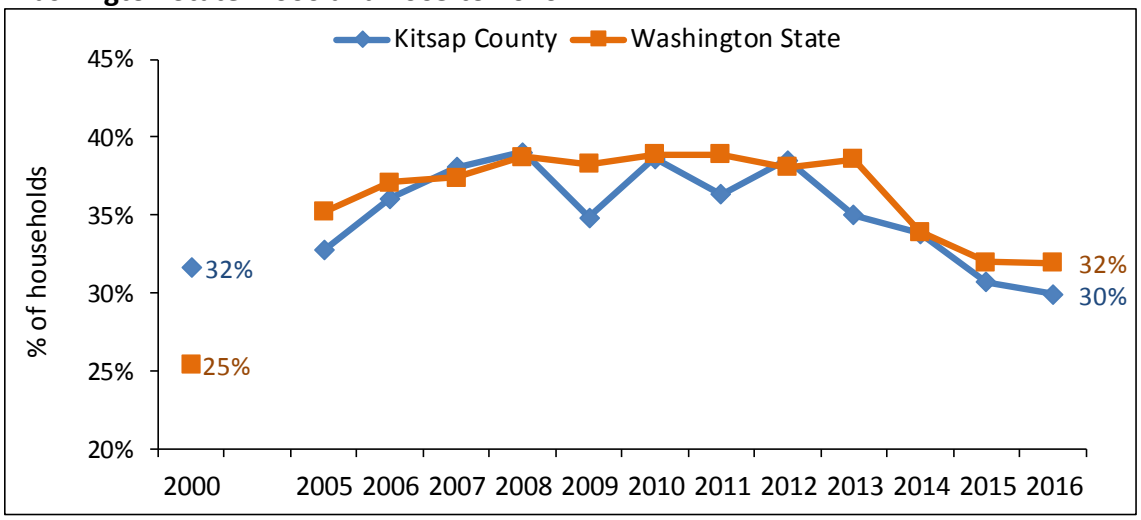
Changes to public transit are most likely to affect those who rely on public transportation during their work commutes or for accessing childcare, health care providers, and community services. As reported in the 2014 Comprehensive Assessment, staff from the Early Head Start/Head Start program at OESD reported that several families had to turn down space in the program due to transportation difficulties and that absences due to transportation continued to be a challenge. Some families have shared vehicles between multiple family members, but limited bus access and the cost of gas are the main contributing factors to transportation challenges. In the 2016 parent survey, 7% had no reliable transportation. When asked about barriers to themselves or their families in getting help with their basic needs 10% identified transportation as somewhat of a problem plus another 5% ranked it as a big problem.

E. Housing

Housing Affordability

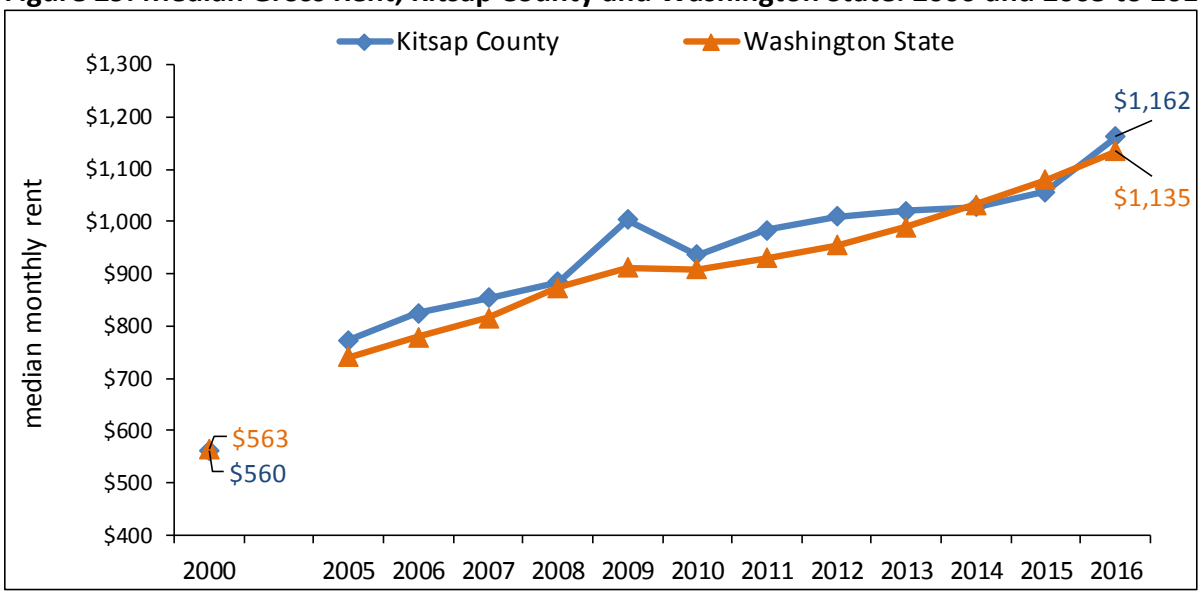
According to The U.S. Department of Housing and Urban Development (HUD), families who pay more than 30% of their income for housing are considered cost burdened and may have difficulty affording necessities such as food, clothing, transportation and medical care.[33] Under this definition, it is estimated that 30% of Kitsap County residents and 32% of Washington State residents had difficulty affording other necessities during 2016 (Figure 28).[5] Within the county, 2016 estimates show that 24% of home owners and 41% of renters in were paying 30% or more of their monthly income. While the percentage of owners paying 30% or more of their income on housing has decreased slightly as compared to 2000 (26%), the percentage of renters has increased since 2000 (42%). However, the estimated percentage of renters has dropped since 2014 (50%).

Figure 28. Households Paying 30% or More of Income for Housing Costs, Kitsap County and Washington State: 2000 and 2005 to 2016[5]



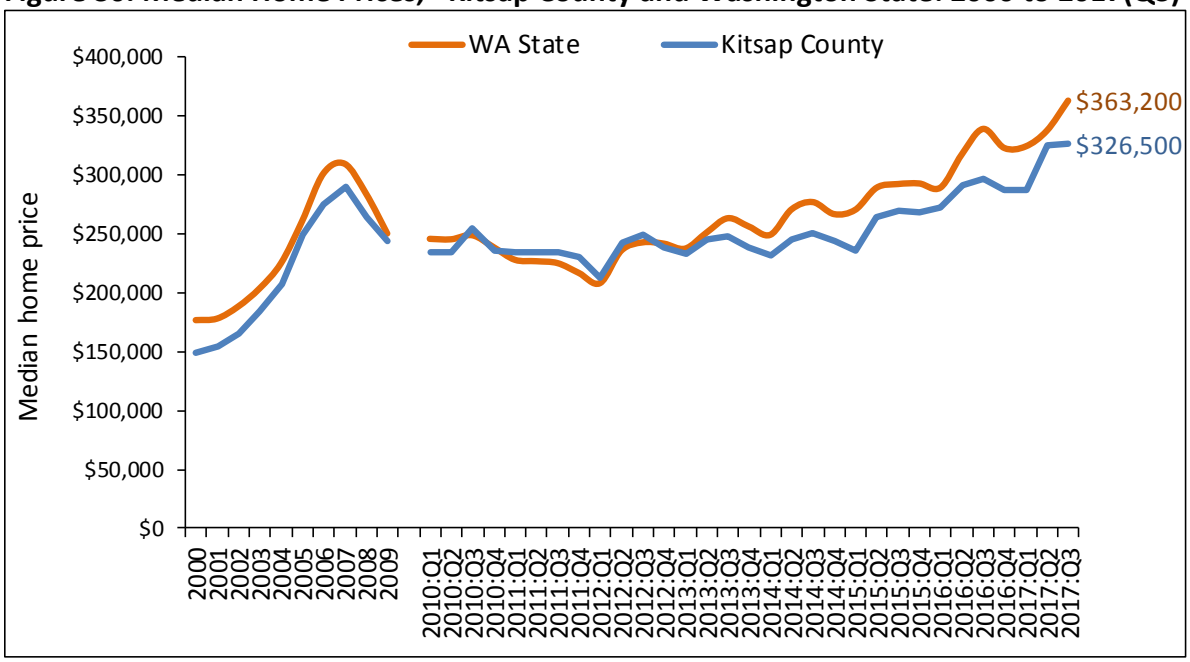
During 2016, an estimated 35% of 101,995 occupied housing units in Kitsap County were rented.[5] The median gross rent has more than doubled (108% increase) from 2000 to 2016 (Figure 29).[5] In 2016, the county-wide median gross rent was $1,162 per month, just above the state median of $1,135 per month. In Kitsap County, in order to afford the median monthly rent and not spend more than 30% of income on housing, a household would need to earn $3,873 per month, which is equivalent to $46,480 annually. Assuming a 40-hour work week, 52 weeks per year, this level of income translates into a wage of $22.35 per hour. This hourly rate was well above the 2016 statewide minimum wage of $9.47, and even that of the increased rate of $11.00 per hour effective January 2017.[30] Rental costs are a hardship for many in finding stable housing, as illustrated by the parent surveys, in which 19% of respondents in 2013 and 18% in 2016 reported moving in the past six months. In the 2016 survey, 66% reported renting their home, 19% had concerns that rent was too high, and 15% thought the price of utilities services were too high.

Figure 29. Median Gross Rent, Kitsap County and Washington State: 2000 and 2005 to 2016[5]



Along with renters, home ownership is also a challenging financial obstacle for many. The 2016 parent survey shows that only 19% of respondents own their home. The dramatic rise in real estate costs during in the mid-2000s made home ownership even more difficult to attain. Median home prices in both Kitsap County and Washington State hit a peak in 2007, then toppled as the recession began. The median home price reached the lowest levels in nearly a decade during the first quarter of 2012. By the second quarter of 2016, the median prices for both Kitsap County and Washington State had surpassed the 2007 peak. Preliminary data for the third quarter of 2017 shows continued growth, with the Kitsap median of $326,500 still below the state median of $363,200 (Figure 31).[31] This represents a 12.5% change from 2007 to 2017-Q3 for Kitsap, and a 10.2% increase from third quarter 2016. There was a 17.3% increase for the state from 2007 to third quarter 2017, and a 7.1% increase from third quarter 2016.

Figure 30. Median Home Prices,* Kitsap County and Washington State: 2000 to 2017(Q3)[31]



*based on sale of existing houses

The housing affordability index (HAI) is a measure of the ability of a family to carry the payments of a median priced home. HAI is calculated for all home buyers and for first-time home buyers using a slightly different set of assumptions about income, down payment, and home price.[31] When the index is 100, there is a balance between the ability to pay for housing and the actual cost of housing – a higher index indicates housing is more affordable.

In Kitsap County the overall HAI (for all buyers) dipped below 100 (indicating less affordable housing) in the second quarter of 2006, and did not return to above 100 until the fourth quarter of 2007 (Figure 31).[31] In 2007-08, housing affordability reached some of the lowest levels in recent decades due to rapidly falling home prices and low mortgage rates. As affordability has increased, the housing market has improved gradually. The first-time home buyer HAI may be a better measure of housing affordability for people with lower incomes or younger families. As shown in Figure 31, the first-time home buyer HAI for both the state and county were below 100 until the first quarter of 2012, which coincided with a dip in the mean housing prices.[31] The cross-over into the more affordable range indicated that housing was more attainable for first-time home owners. In 2017, however, the first-time home buyer HAI dipped below 100 again, coinciding with the increase in median home price. In addition, there has been a declining trend among all home buyers for both the county and the state since first quarter of 2012. The recent increase in home prices continues to make home ownership burdensome for many families. Despite this, home foreclosures, which had dramatically increased after 2006, reaching a peak in 2009-2010, have dropped to the lowest number recorded since before 2000, only 376 during 2017 (Figure 32).[32]

Figure 31. Housing Affordability Index, Kitsap County and Washington State: 2000 to 2017(Q3) by Quarter[31]

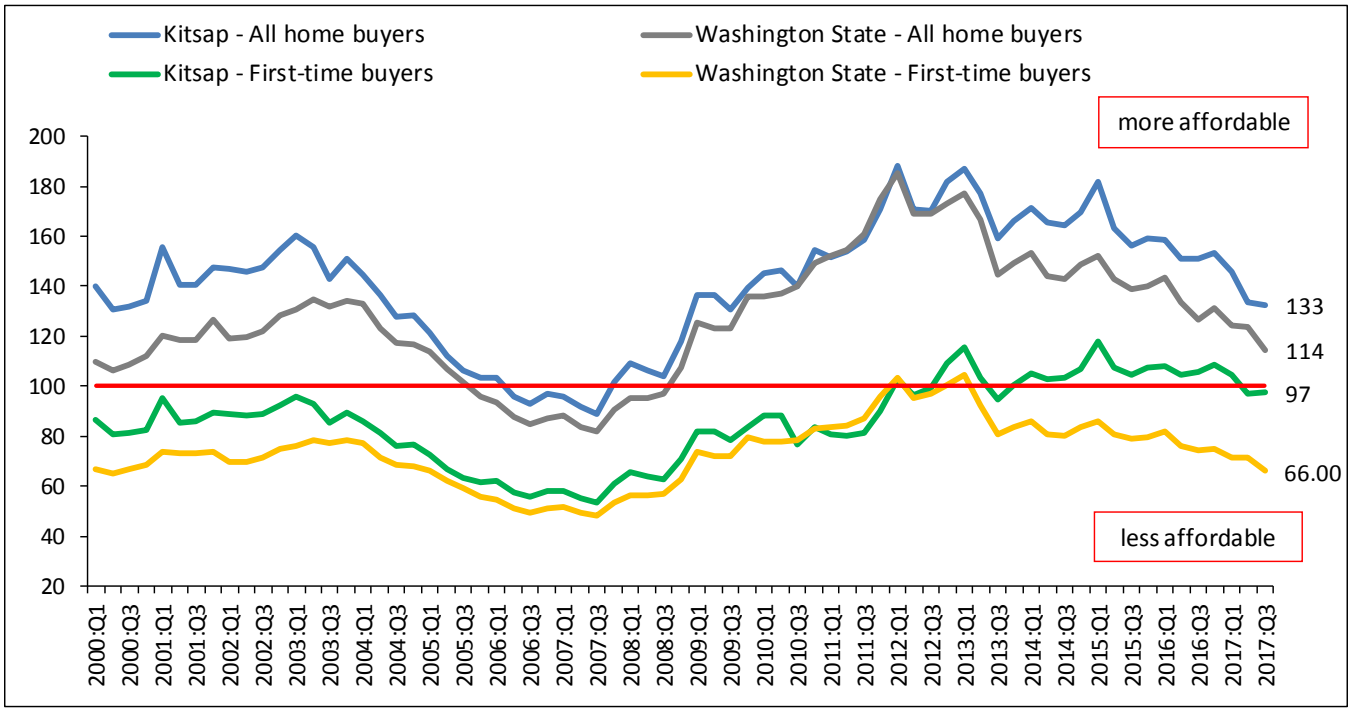
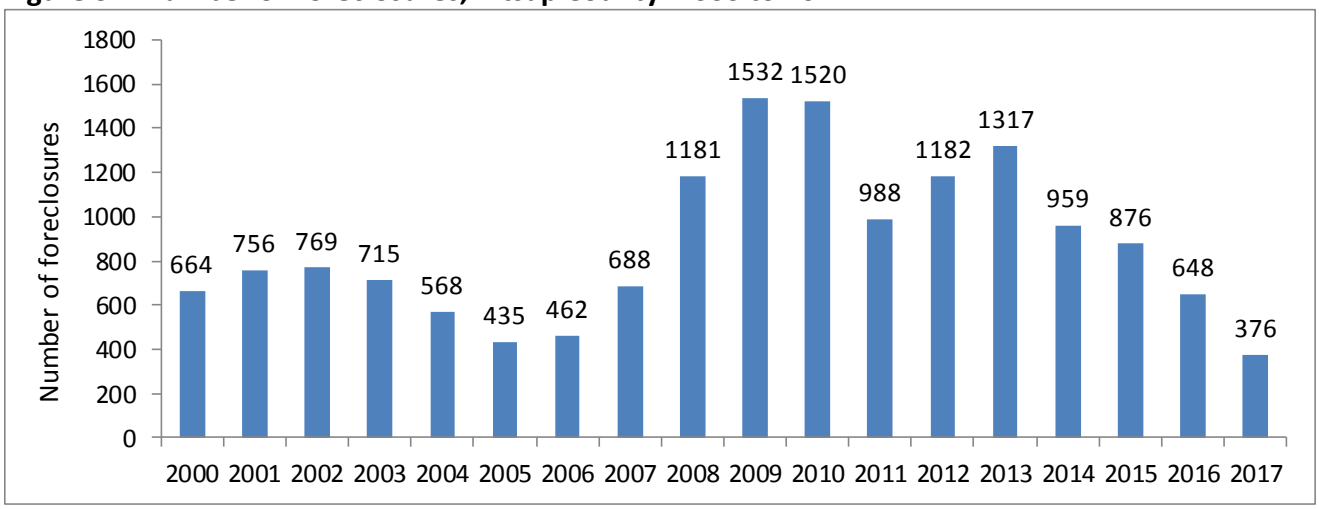


Figure 32. Number of Foreclosures, Kitsap County: 2000 to 2017[32]



Public Housing

Section 8 Housing is a federally funded program to offer rental assistance to very low-income, elderly, and disabled families.[33] The U.S. Department of Housing and Urban Development (HUD) provides funds to local public housing authorities who administer the program by providing Housing Choice Vouchers to eligible families and individuals. Participants are then able to select rental units that meet their own size and neighborhood needs. Voucher recipients negotiate the rent and lease terms directly with the owner. Additionally, HUD's Office of Affordable Housing Programs provides subsidies to local housing authorities to help increase the housing stock available to low-income persons.

The Bremerton Housing Authority (BHA) is a public corporation with the purpose of providing affordable housing opportunities in the City of Bremerton for people with limited financial means.[34] BHA's primary sources of funding include contracts with the HUD and rent from properties owned in Bremerton. They own and operate housing communities that include Public Housing units and affordable housing. Some properties are owned exclusively by BHA while others are operated in partnership with other agencies. In 2015, BHA had 178 public housing units, all of which wait lists ranging from roughly 100 to 700 depending on the type of housing.[35] Given the number of people waiting, the wait-time to receive a placement can be lengthy. BHA estimated they had about 2,500 people in households.

BHA also administers the Section 8 Housing Choice Voucher program, which is their most desirable program since a voucher issued can be used anywhere in the U.S. BHA conducts physical inspections of the units to ensure they meet federal quality standards before issuing vouchers. Because of the desirability of Section 8 Housing Choice Vouchers, the BHA waitlist for vouchers has been full for some time, with 86 individuals on the waitlist as of January 23, 2015.[35] This is a reduction form 385 as of December, 2013. The waitlist has been "closed" because of capacity since 2008, but BHA will be taking more applications in March 2015.

During 2016, BHA acquired two new properties (including 13 units for families located in East Bremerton and 30 units for seniors in Manette) and sold land for future development of a community health facility serving west Bremerton – part of a greater plan to create a new mixed-use, mixed-income, mixed-housing type neighborhood.[34] Another 2016 accomplishment was the hosting of two events aimed at focusing attention on housing delivery as a means to address chronic delivery under a model called "Housing First."[34]

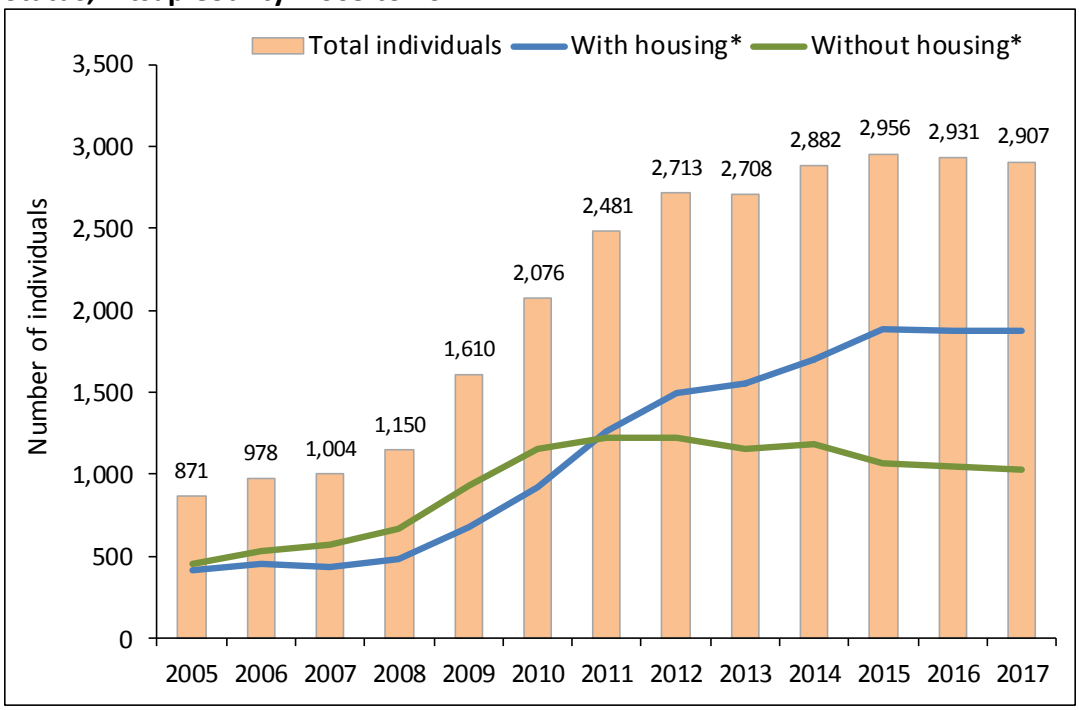
Housing Kitsap is a housing authority serving all of Kitsap County except the City of Bremerton, with a total population served of approximately 220,000.[36] The primary funding sources include HUD, Washington State Housing, Department of Commerce, and the USDA Rural Development Office. Their mission is to manage, preserve, and build safe affordable housing serving individuals and families throughout the county. Clientele include low and moderate-income residents. Housing Kitsap manages low rent public housing, with apartments and single-family homes (1-4 bedrooms) as well as senior/family apartments (1-3 bedrooms) throughout the county. In total, there are over 900 affordable housing units as of February 2017.[37] Most of these properties have a wait list, though a few are available on a first-come-first-serve basis. Applicants are placed on waiting lists according to the number of persons in their household and occupancy standards. Waiting times for housing can be long; sometimes it is within 6 months but can be as long as 2 years or longer.[37] As of January 2015, the longest wait list was for 2-bedroom public housing units, which had over 370 persons and an expected wait time of 3-4 years.[37] Kitsap Housing also administers the Self-Help Home Ownership Opportunity Program (SHOP) and operates several programs designed to expand affordable housing opportunities. The Section 8 Housing Choice Vendor Program is administered in partnership by the BHA.

Homelessness

It is difficult to know exactly how many persons or families are homeless, but reported housing status on applications for Basic Food (formerly the food stamps program) can be used to estimate these numbers. Clients are enrolled on a monthly basis, with benefits typically lasting about a year (or until

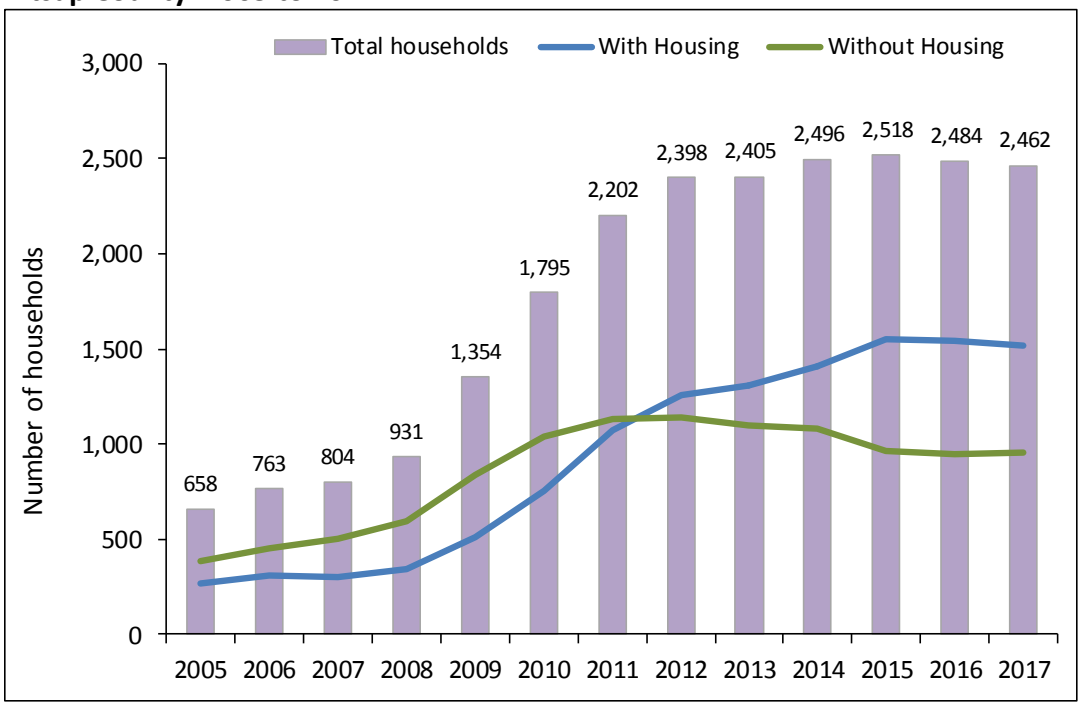
they are no longer income eligible). Clients who are no longer eligible are removed at the end of a month. Since enrollment in the Basic Food program fluctuates month to month, evaluating the average monthly enrollment for a year gives an estimate of how many clients were using benefits throughout the year. According to these estimates, the number of homeless individuals more than doubled from 2005 to 2017 (Figure 33-a).[38] The sharp uptick began in about June 2008, though the last few years have remained relatively stable. Most of the growth has been among those reporting having a temporary place stay, whereas the number of Basic Food clients reporting being without any housing has been relatively stable since 2010. A very similar trend is seen when looking by households rather than individuals (Figure 33-b).

Figure 33-a. Average Monthly Number of Homeless Clients Who Apply for Food Stamps by Housing Status, Kitsap County: 2005 to 2017[38]



* Homeless without Housing includes clients who lack a fixed, regular, and adequate nighttime residence and indicate that they do not have a place to stay at the time of report. Homeless with Housing includes clients commonly referred to as "couch surfing". In other words, they do not have a fixed regular nighttime residence, but indicate they have a place to stay at the time of report. It also includes clients who reside in a publicly or privately operated temporary shelter or domestic violence shelter. (Definitions per DSHS). [38]

Figure 33-b. Average Monthly Number of Households that Apply for Food Stamps by Housing Status, Kitsap County: 2005 to 2017[38]

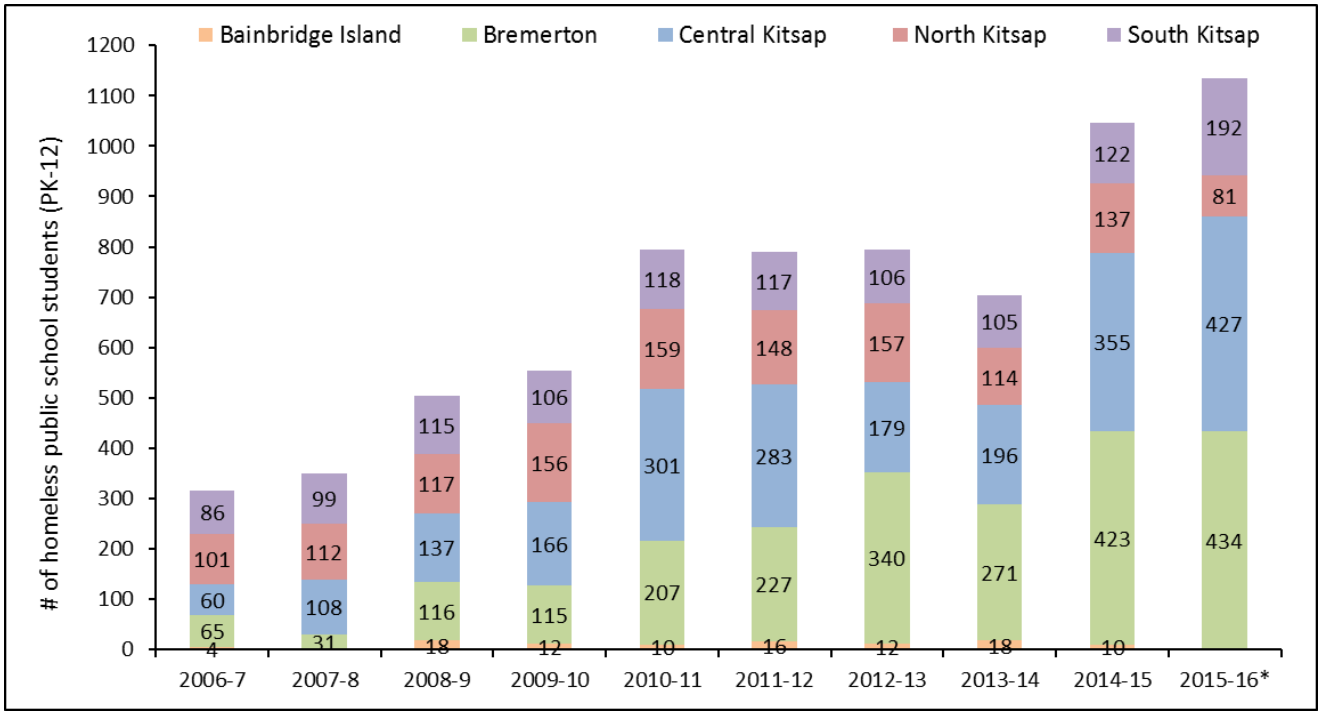


During the 2017 annual Kitsap County Point-In-Time (PIT) Homeless Count, there were 626 individuals counted.[40] This was a 3% decrease from 2016 (647 total individuals), after a 33% increase from 2015 to 2016. The 2017 count included 124 (20%) children under the age of 18. Since 2010, the average proportion of children has been 25%. The PIT counts are considered underestimates of the true number of homeless individuals. The counts include persons who are sheltered (emergency or transitional), unsheltered, and temporarily living with family or friends. In 2017, the total unsheltered was 165 (26%).[40] A few of the other subpopulations that accounted for significant portions of the total 2017 count are mentally disabled adults (42%), permanently physically disabled adults (40%), victims of domestic violence (20%), those with chronic substance use (27%) and those with chronic health conditions that are permanently disabling (24%).[40]

Since 2001, school districts have had an appointed homeless liaison in compliance with the federal McKinney-Vento Act. Although not all school districts use the same methodology to count or define homeless students, there was a county-wide increase in the reported number of homeless students from 2006-07 to 2012-13, a slight decline in 2013-14, a dramatic increase in 2014-15, and continued increase in 2015-16 (Figure 34).[20] Beginning in 2015-16 the Office of the Superintendent of Public Instruction (OSPI) began suppressing data when counts are less than 10, which included Bainbridge Island; thus an exact total count for the county in 2015-16 is not available but the sum of the other four districts was 1,134 students. Given that the total count is somewhere within +9 of that partial count, the estimated total proportion is not significantly changed and is approximately 3.1%. A total of 1,134 represents an 8% increase from 2014-15, though a 259% increase from 2006-07. In 2014-15 as compared to the 2013-14 school year, the biggest single-year increases were at Central Kitsap (81%

change) and Bremerton (56% change). During 2015-16, South Kitsap showed the biggest increase (57%), followed by Central Kitsap (20%); the numbers for Bremerton remained relatively stable.

Figure 34. Public School Students (PK-12) Reported as Homeless, Kitsap County School Districts: 2006-07 to 2015-16[20]



* Counts less than 10 were suppressed by the Office of the Superintendent of Public Instruction beginning in 2015-16. The count for Bainbridge Island was affected by this new policy, thus is not shown here.

Overall during the 2016-17 enrollment year, 13% of Head Start/Early Head Start (HS/EHS) children in Kitsap County received homelessness services.[10] This is similar to the percentage of children served in 2015-16 and 2014-15. As shown in Table 16, Port Gamble S'Klallam once again had the highest proportion of both EHS (36%) children and HS children (21%) receiving services. Across all county programs, a total of 24% of families that were homeless acquired housing during the year, less than during 2015-16 (41%).

Table 16. Head Start/Early Head Start Families and Children Receiving Homelessness Services by Program and by Agency, Kitsap County: 2016-17[10]

	Early Head Start			Head Start		
	# of families	# of children	% of all enrolled children	# of families	# of children	% of all enrolled children
Kitsap Community Resources	8	8	8.2%	25	27	8.7%
Olympic Educational Service District	50	57	17.5%	27	29	14.2%
Port Gamble S'Klallam Tribe	12	15	35.7%	7	7	21.2%
Suquamish Tribe	0	0	0.0%	0	0	0.0%
Kitsap County Total	70	80	15.7%	59	63	10.8%

The 2016 parent survey indicated that 13% of respondents were living with family or friends, and 1% were living in a car.

F. Substance Abuse

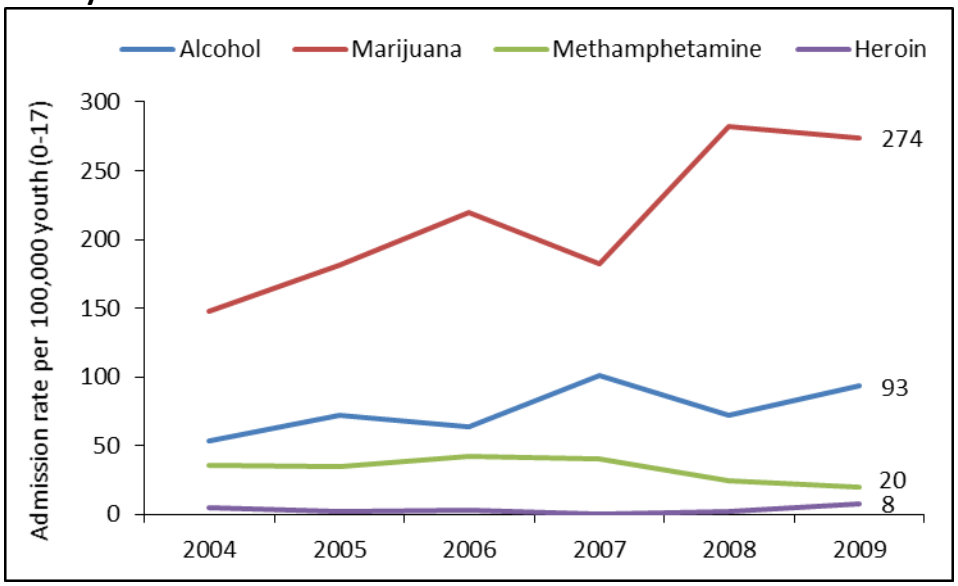
Alcohol and Drug Use

According to Kitsap County 8th and 10th graders surveyed in 2016, 7% of and 17%, respectively, reported drinking alcohol in the past 30 days.[42] The rates have declined in recent years: for 8th graders they dropped from 16% in 2006 to 12% in 2012; and for 10th graders, from 30% in 2006 to 25% in 2012. While these trends are a positive step, 26% of Kitsap 8th graders and 44% of 10th graders reported access to alcohol as being "sort of easy" or "very easy" in 2016. Surveyed about binge drinking in the past two weeks, 3% of 8th graders and 8% of 10th graders said they had done so.

Marijuana use in the past 30 days also declined among 8th graders from 2012 (10%) to 2014 (6%), but has increased slightly in 2016 (7%). Marijuana use in the past 30 days decreased from 20% in 2014 to 15% in 2016 for 10th graders.[42] When asked about using a painkiller to get high in the past 30 days, only 3% of 10th graders reported in 2016 that they had, down from 5% in 2014 and 6% in 2012.

From 2004-2009, marijuana was the substance most frequently responsible for Kitsap County youth (ages 0 to 17 years) admissions to state-funded substance abuse treatment (Figure 35).[41] The marijuana admissions rate increased 84% and was usually more than double the admission rate for alcohol treatment during 6-year period. The rate of admissions for methamphetamine decreased 45% in the same timeframe. Admissions for heroin were so infrequent (ranging from 0 to 8 per 100,000) that it is difficult to draw any conclusions about the trend; however, the highest rate occurred in 2009, which corresponded with adult admissions for heroin treatment (data not shown).

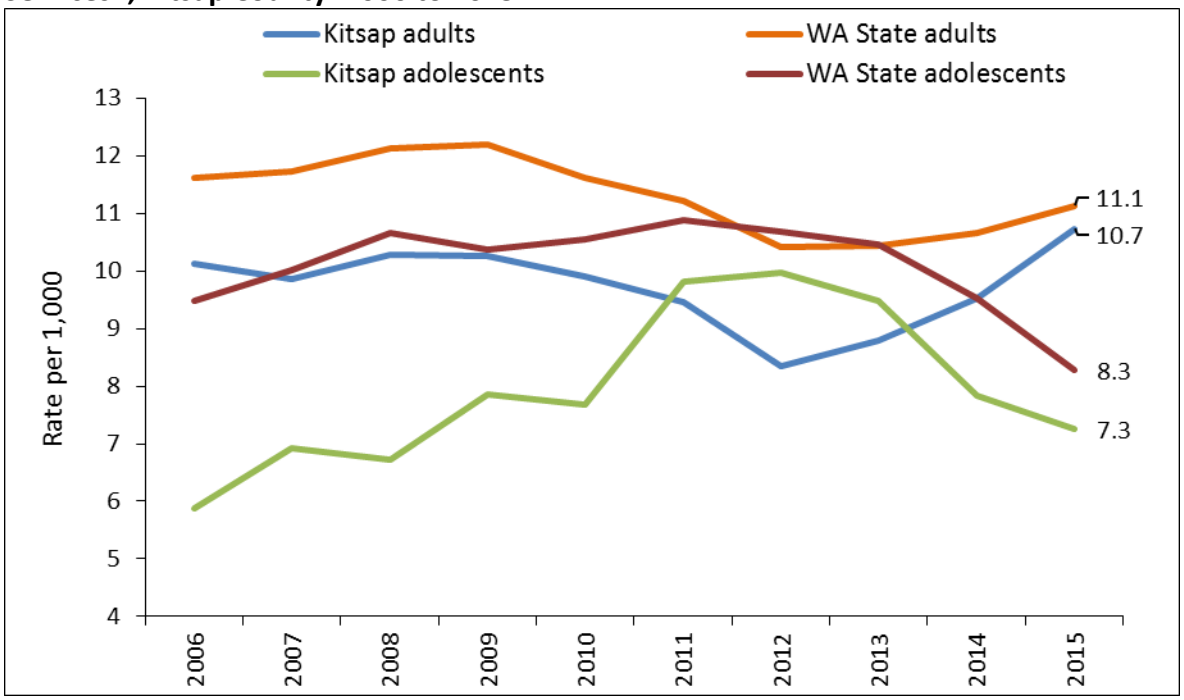
Figure 35. Youth (age 0-17) Receiving State-Funded Treatment* Admissions by Substance, Kitsap County: 2004 to 2009[41]



*Excludes detox, transitional housing, group care enhancement, private pay, and Department of Corrections; includes total admissions. Counts may be duplicated for an individual based on multiple admissions or multiple modalities of care.

Detailed data regarding specific types of substance use are not available beyond 2009. However, the overall rates for clients receiving either alcohol or drug services from 2006 to 2015 is shown in Figure 36.[22] Note that these data are unduplicated, whereas the data by substance is not. The trends in Kitsap County are similar to those in Washington State for both adults and youth (Figure 36). The Kitsap rate for adults has statistically significantly increased from 2012 to 2015, whereas the youth rate statistically increased 2006 to 2012 but has been statistically unchanged since then.

Figure 36. Adult (18+ years) and Youth (10-17 years) Clients of State-Funded Alcohol or Drug Services*, Kitsap County: 2006 to 2015[22]

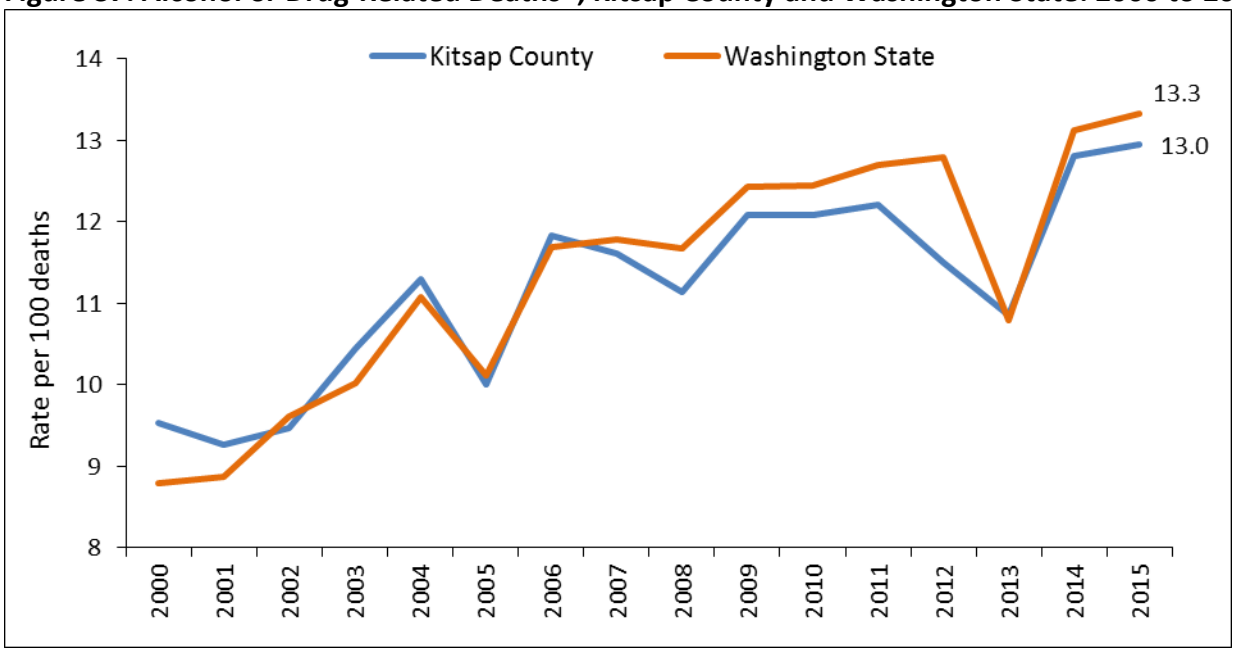


* State-funded services include treatment, assessment, and detox. Persons in Department of Corrections treatment programs are not included. Counts are unduplicated so that those receiving services more than once during the year are only counted once for that year.

Deaths Due to Alcohol or Drugs

The rate of alcohol or drug-related deaths has statistically increased since 2000 in both Kitsap County and Washington State, with trends closely mirroring each other (Figure 37).[22] In 2015, the rates for the county and the state were nearly identical, at 13.0 and 13.3 per 100, respectively. The sub-county rates for Bremerton, Central Kitsap, North Kitsap, and South Kitsap have all had 5-year averages in the 12.1-12.5 per 100 range, which is near the county's 5-year average of 12.1. Bainbridge Island has the lowest rate, with a 5-year average of only 9.0 per 100. In 2015, the regions ranked from highest rate per 100 to lowest as follows: Central Kitsap (14.6), North Kitsap (13.8), Bremerton (13.0), South Kitsap (12.1), and Bainbridge Island (8.3).

Figure 37. Alcohol or Drug-Related Deaths*, Kitsap County and Washington State: 2000 to 2015[22]



*evaluation is based on all contributory causes of death for direct and indirect associations with alcohol and drug abuse

Effect of Drugs in the Community

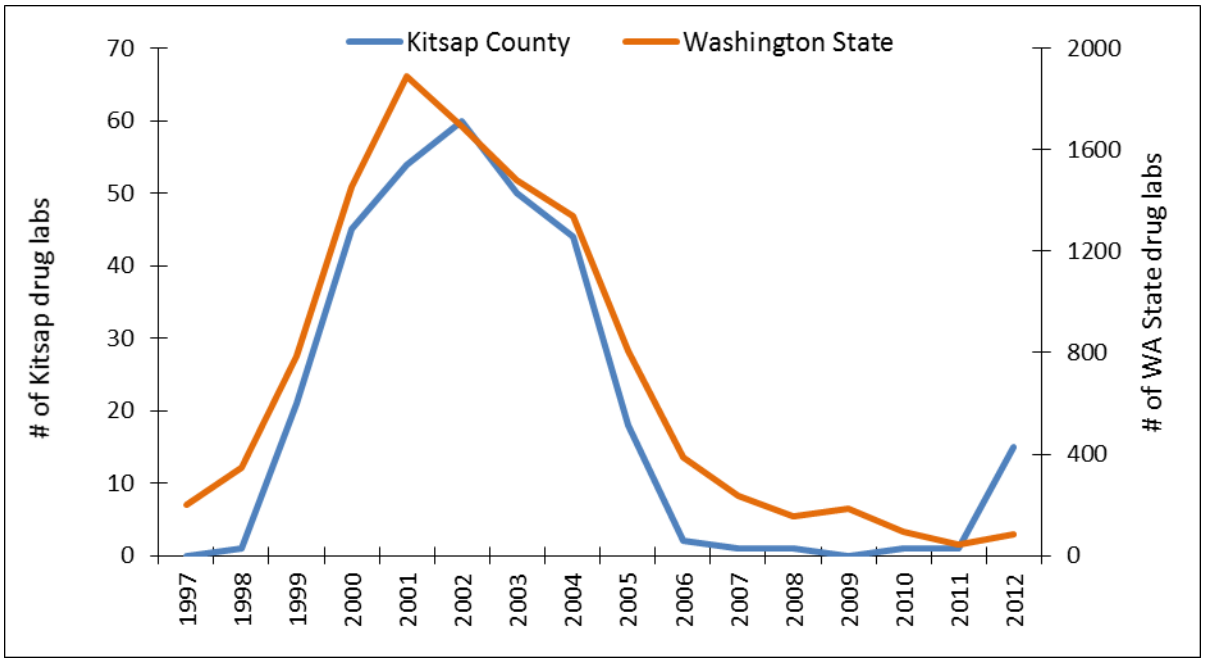
Washington Initiative 502 (I-502) legalized recreational marijuana use in our state after passing on general ballot during the November 2012 election. This allowed for small amounts of marijuana-related products to be sold and used legally in the state, despite it still being illegal nationally. Taxes from these sales are designated toward revenue for healthcare and substance-abuse prevention and education. As of February 2018, we are still in the early years of this new era of legalized marijuana; it is not known what the impacts may be, but some believe that it will lead to more use, abuse, and addiction among adults and youth.

In the 2013 Head Start/Early Head Start Parent Survey, 32% respondents indicated that drugs are in their neighborhood or community were 'quite a bit of a problem' or 'a very big problem.' According to the 2016 survey, an even larger proportion (47%) indicated this same level of concern for drugs in the community. In comparison, only27% and 33%, respectively on the 2013 and 2016 surveys, indicated drugs were 'not at all a problem.' Answers to this question varied greatly by agency in 2013, with a much lower percentage (27%) reported by both KCR and OESD respondents, and higher proportions reported by Suquamish (60%) and S'Klallam (67%) respondents. In 2016, the numbers by agency were small for all, making them not necessarily reliable at: 43% for OESD, 39% for KCR, 83% for S'Klallam, and too small to report for Suquamish.

Illegal drug labs in the community can pose both health and environmental risks. Substances found at drug labs can include acids, flammable solvents, and a variety of other chemicals which can cause injury or death via inhalation or contact.[44] Some substances can react violently if heated, mixed with water, or exposed to air. These sites also commonly contain debris such as contaminated glassware, pressurized cylinders and containers, hypodermic needles, etc. All these materials must be properly disposed to protect public health and the environment. The Washington State Department of Ecology handles the disposal of hazardous substances found at illegal drug lab or dump sites. The number of

drug lab clean-ups began decreasing in Kitsap in 2002 due to increased surveillance and response, but this trend reversed in 2012 (Figure 38).[44] In 2012 the number of clean-ups in Kitsap County jumped up to 15; there had only been 1 in 2011. No further data is available beyond 2012.

Figure 38. Illegal Methamphetamine Lab or Dump Clean-Ups, Kitsap County and Washington State: 1997 to 2012[44]



G. Health

Access to Care

The Patient Protection and Affordable Care Act was signed into law in 2010. As of 2014, the new law increased the mandatory minimum income eligibility level for Medicaid to 133% of the federal poverty level.[45] There is also a standard 5% income disregard for most individuals, thereby allowing eligibility to individuals with 138% of the poverty level and below.

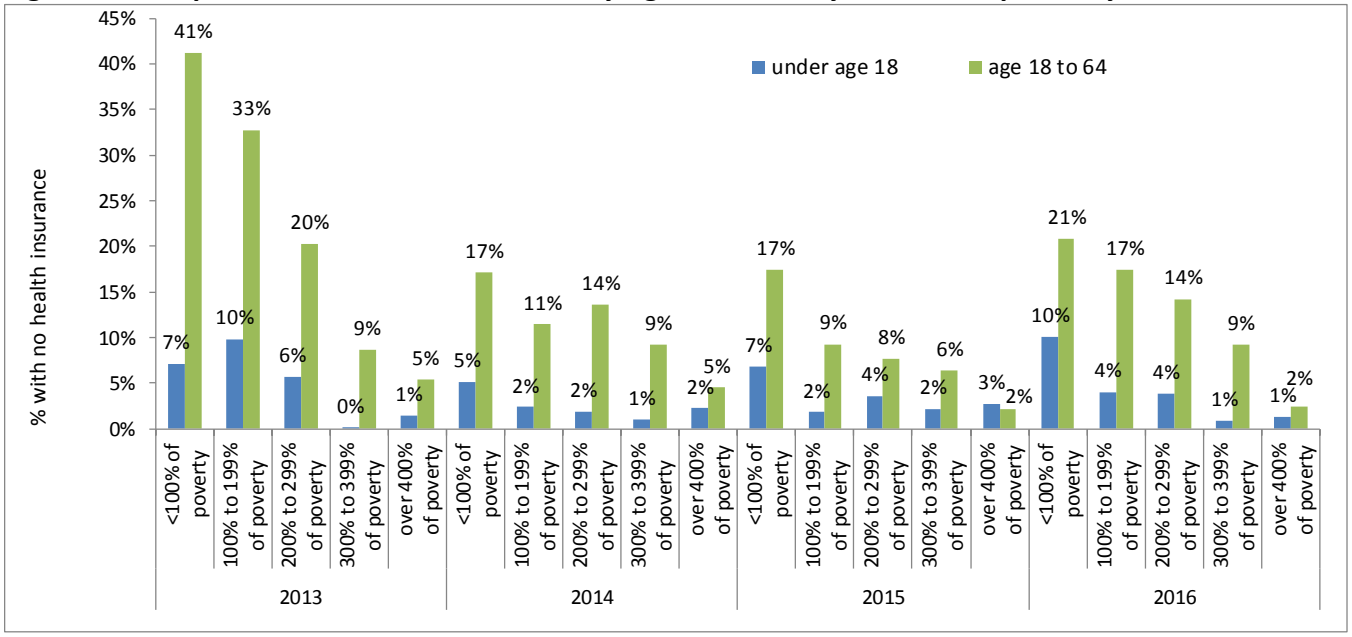
The Affordable Care Act also made it mandatory for all U.S. citizens to have health insurance. Those who choose not to sign up for insurance will have to pay a penalty. However, not all residents are eligible for insurance, including undocumented immigrants and some people who may be exempt from the requirement to have insurance.

Another key provision was that the Affordable Care Act created a new marketplace for each state to offer health benefits to individuals, families and small businesses. The Washington Health Benefit Exchange (created in 2011) is responsible for the creation of Washington *Healthplanfinder*, a website on which Washingtonians can find, compare, and enroll in qualified health insurance plans. An in-person assistance network was also developed to make support broadly available for those who need additional assistance enrolling via *Healthplanfinder*. The Kitsap Public Health District has a "Navigator" program, which assists Kitsap County residents in the enrollment process. A similar program is run by

the Peninsula Community Health Services. County-wide, these two programs assisted 7,024 persons with enrolling during 2014, followed by another 2,406 persons in 2015, 5,100 persons in 2016 and 1,012 persons in 2017.[46]

According to 2016 estimates, approximately 15,630 (6.2%) of 251,946 people in Kitsap County were uninsured, which was higher than the Washington State estimate of 6.0% uninsured.[5] For Kitsap County, this included approximately 3.2% of children (ages 0 to 17 years) and 8.9% of adults (ages 18 to 64). This is an increase from 2015, but still lower than the 2013 estimates, 4.8% and 16.0%, respectively. Particularly for adults ages 18 to 64, as the level of poverty increases, the proportion of individuals without health insurance decreases (Figure 39).[5] Despite the recent increases in uninsured at all ages and incomes, adults appear to have benefitted the most from the ACA and availability of health insurance, with uninsured rates among adults who are below 100% of the poverty line decreasing from 41% in 2013 to 21% in 2016. Similarly, adults at 100-199% of the poverty line dropped from 33% to 17% in 2016. Children have also benefited, with reductions in the proportions of uninsured, although to a lesser degree and not across all levels of income. The percentage of those with no health insurance actually increased for children living below the poverty threshold (7% in 2013 to 10% in 2016, a 41% increase) and remained roughly the same for those at 300% of the poverty threshold and above (approximately 1%). The slight increase in percentage of uninsured in 2016 is worrying, especially considering the national and local political climate.

Figure 39. People without Health Insurance by Age and Poverty Level, Kitsap County: 2013 to 2016[5]



As reported in the 2014 Comprehensive Assessment, 12% of the 2013 Head Start/Early Head Start parent survey respondents reported not having a “medical home” (a particular clinic, doctor’s office, or other place to go when sick or needing advice about health). Of those, 53% reported that this is due to lack of insurance or inability to afford care. An even greater proportion of parents (37%) reported not visiting the dentist or a dental clinic within the past year; with 24% not having been in more than two years. Of these, 53% said the reason for this lapse was a lack of insurance or inability to afford care. In terms of medical and dental care for children, access to care was generally better than the parents.

Only 2% of parent respondents reported that their children did not have a medical home and only 8% reported that their children had not been to the dentist in the past year.

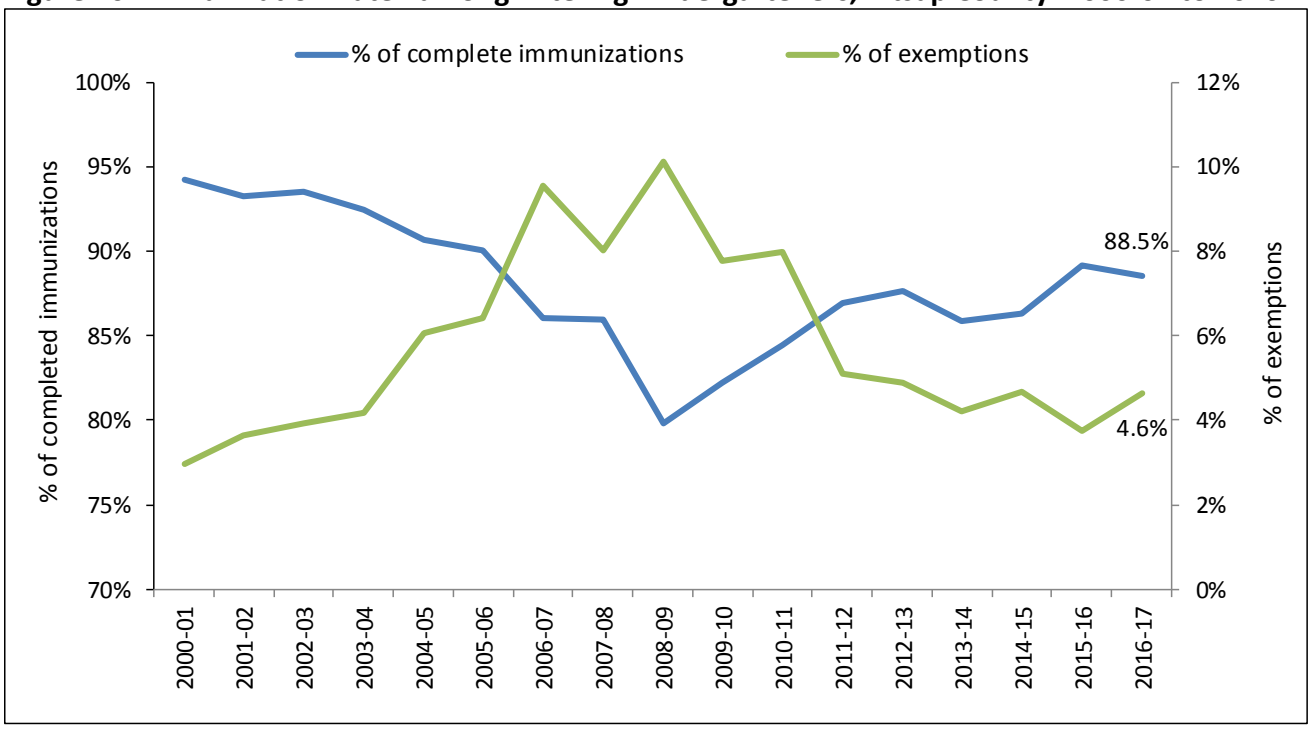
When parents were surveyed again in 2016, there was a similar proportion who still did not have a "medical home" (18%). In addition, 17% of parents reported their children did not have a "medical home", though not a single one said the reason was because of lack of insurance. In 2016, there was an increased proportion of parents (80%) and their children (95%) who had visited a dentist in the past year; only 12% of parents and 2% of their children hadn't visited the dentist in more than 2 years. Of those that hadn't visited a dentist in the past year, 30% of parents reported that they had not gone because they were unable to afford or didn't have insurance, though the same was true for only 10% of their children.

Immunizations

All kindergarteners in Washington State entering school (public or private) or licensed child care must present a Certificate of Immunization Status form that documents full immunization, initiation of the schedule of immunizations, or an exemption. Religious exemptions may be signed by a parent or guardian, whereas other exemptions must be signed by a health care provider according to a 2011 state law. The provider must first counsel parents and guardians on the benefits and risks of immunization. This law has helped to increase the immunization rates in Washington State.

In Kitsap County, the rate of complete immunizations among entering kindergarteners declined significantly until 2005-06, and has remained statistically unchanged since, reaching 89% complete in 2016-17 (Figure 40).[47] The rate of exemptions shows the opposite trend; it statistically increased from 2000-01 to 2007-08, but has statistically decreased since, reaching 4.6% in 2016-17.[47]

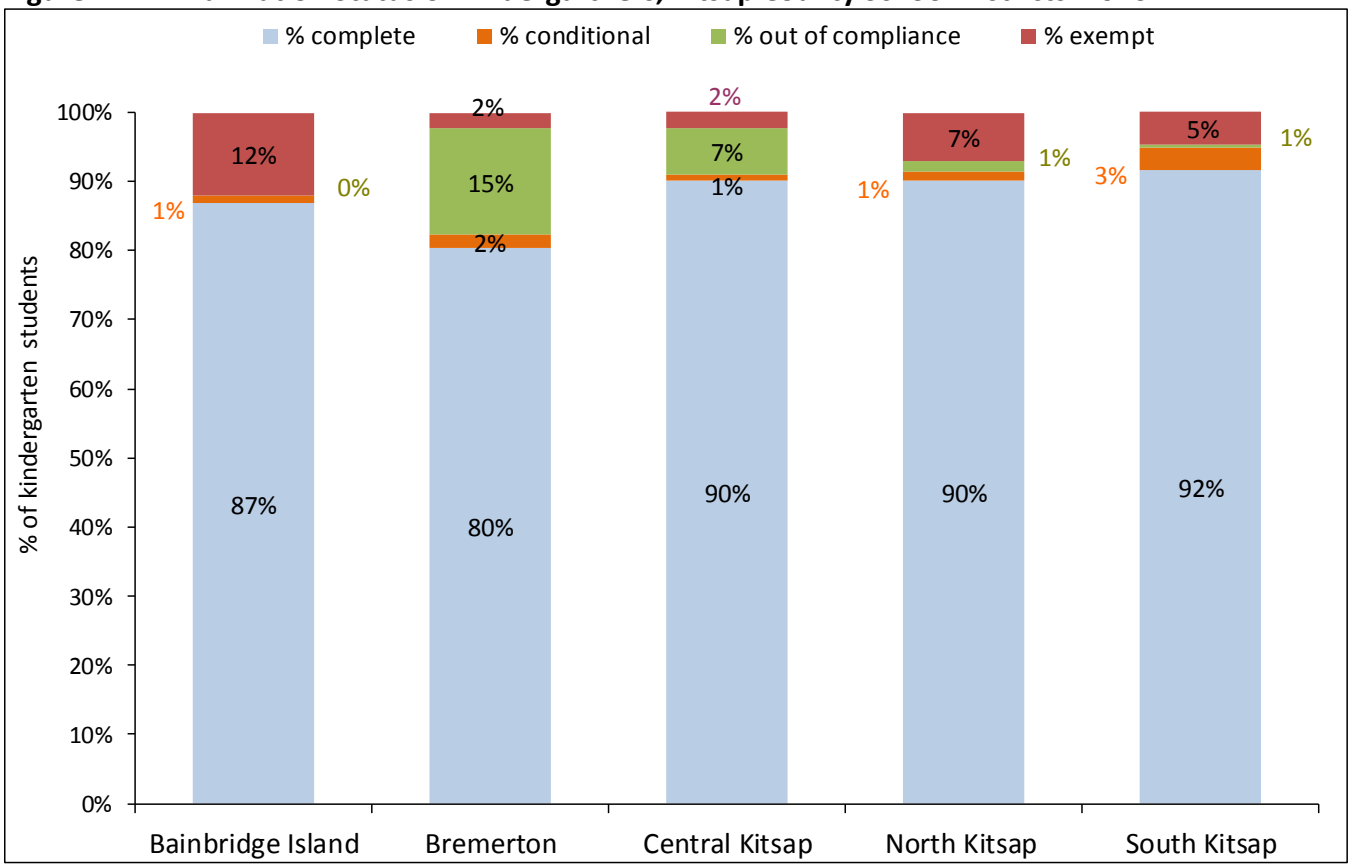
Figure 40. Immunization Rate* among Entering Kindergarteners, Kitsap County: 2000-01 to 2016-17[47]



*immunization status is parent reported and is not verified with health care providers

Immunization rates for kindergartners vary by school district (Figure 41).[47] In 2016-17 the North, Central and South Kitsap school districts each had 90% or more students with complete immunizations. Bainbridge Island had 87% immunized, which was a big jump from only 79% during 2014-15, when they had a dramatic rise in exemptions (19% of students). During 2016-17, exemptions for Bainbridge Island kindergarteners declined to only 12%, which is still the highest proportion in any of the five school districts within the county. Bremerton School District continues to have the highest rate of non-compliance (i.e., the form is not turned in or immunizations are not complete without an exemption status), though it declined from 29% to only 15% in 2016-17. As a result, Bremerton has the lowest rate (80%) of students who are complete on their immunizations.

Figure 41. Immunization Status of Kindergartners, Kitsap County School Districts: 2016-17[47]



In 2016, only 52% of 19-35-month-old children in Kitsap County had complete immunizations, which was statistically no different than in 2014 and 2015 (50% and 51% complete, respectively).[48] Coverage in this age range tends to be fairly poor throughout Washington State, although the state rates have consistently been statistically significantly higher than Kitsap at 56% in 2014, 58% in 2015, and 59% in 2016. The complete set of immunizations for this age group includes 4-DTP, 3-Polio, 1-MMR, 3-Hib, 3-HepB, 1-Varicella and 4-PCV.

The development of vaccines enabled the eradication of smallpox from the planet. Similar attempts to eradicate polio are still underway globally. Most vaccine-preventable diseases have been reduced to very low levels in the U.S., but these diseases are prevalent elsewhere in the world. In this day and age,

when global travel is so easy, diseases can be easily brought into the country by travelers as we've seen with Ebola (2015-16) and Zika virus (2016-present). While neither of these diseases had vaccines, other more common diseases do have vaccines available. Local epidemics of such diseases can result if people are not protected by vaccinations. Recent examples include pertussis (2012, 2014-15) and measles (2014) in Washington, measles in British Columbia (2010, 2013), and measles in multiple states linked to exposures at Disneyland (2015). These outbreaks illustrate the need for people to be up-to-date on recommended vaccinations not only for their individual health, but also for the protection of the community. This community protection is especially important for the very young (i.e., infants), elderly, and immune-suppressed because of their susceptibility to severe illness and/or complications, as well as their increased likelihood of spreading communicable disease. In some cases, these most vulnerable populations are not medically able to receive vaccines. Population-level herd immunity (a high level of vaccinated persons in the community) can help protect the unvaccinated. However, when the number of susceptible persons (i.e., unvaccinated persons) reaches a high enough level, it allows for these preventable diseases to spread among the population.

Not all vaccines are perfect. Both influenza and pertussis vaccines have made headlines in recent years as they do not always provide as high of a level of protection as we would hope. However, although some vaccinated persons can still get these diseases, unvaccinated children and adults are at much greater risk of severe illness and death from the disease. For instance, persons with pertussis vaccine who later get pertussis often have milder symptoms and shorter illness duration, and are at reduced risk for severe outcomes, including hospitalization and death. Despite some shortcomings, vaccination continues to be the single most effective strategy to reduce morbidity and mortality caused by vaccine-preventable diseases.

Tobacco and Nicotine Exposure

The harmful effects of tobacco use are well-documented in the medical literature. Nicotine use by children and teens makes it more likely that they will have a lifelong battle with addiction.[49] Among Kitsap County 8th graders surveyed in 2012, 7% reported smoking cigarettes in the past 30 days.[42] This increased to 20% among 12th graders. These percentages dropped in 2014, with only 5% of 8th graders and 16% of 12th graders reporting smoking cigarettes, and again in 2016, with only 4% of 8th graders and 14% of 12th graders reporting smoking cigarettes.

Despite this positive trend, however, the e-cigarette use trends give cause for concern and highlight the need to monitor youth use and educate about the harm from nicotine and tobacco in any form. Vaping and e-cigarette use have gained popularity in recent years. These devices use a heated liquid nicotine solution to produce a vapor. Their high-tech design, easy availability, and flavor options may make them more appealing to children and teenagers. Although it is illegal in Washington to sell these to anyone under 18 years, data from the 2012 Healthy Youth Survey showed that 4% of youth (8th, 10th, and 12th graders) statewide and 6% in Kitsap County surveyed had used an e-cigarette. These percentages climbed alarmingly in 2014 to 15% statewide and 19% in Kitsap, however Kitsap's rate decreased to 7% in 2016. It remains to be seen whether this was just a short-term fad or will continue to be of concern. The highest rates of e-cigarette use were among 12th graders, at 23% and 27% for the state and county, respectively in 2014; which are both up dramatically from 10% and 7% in 2012. The 2014 rates for 8th and 10th graders in Kitsap also jumped up, climbing to 9% and 23%, respectively,

as compared to only 2% and 6% in 2012. The 2016 rates for 8th, 10th, and 12th graders were 7%, 10%, and 23%, respectively, which were decreases from the 2014 rates for all grades.

The liquid nicotine from e-cigarettes also presents a potential risk to children, as it can be absorbed through the skin or swallowed and result in potentially fatal poisoning in children.[49] There are currently no requirements for child safety caps on liquid nicotine for e-cigarettes. According to the Washington Poison Center (WAPC), calls regarding liquid nicotine exposures increased dramatically to a peak in 2014, but calls declined slightly in 2015 and again in 2016.[50,86] Children 0 to 5 years old continue to account for the majority of calls, including 82% in 2016. Since the callers' own homes continue to be the predominant location where exposures are occurring (67% in 2016), WAPC suggests that "prevention messaging and education should focus on safe storage, use and packaging."

The negative health impact of second-hand smoke has also been well documented in the medical literature. Of the HS/EHS/ECEAP parent survey respondents, 39% reported smoking in the past 30 days in 2013 and 41% did in 2016. There was variation in the proportion of respondents smoking among agencies. A total of 25% of Suquamish respondents reported smoking, 37% of KCR respondents, 42% of OESD respondents, and 42% of S'Klallam respondents. Estimates of current smoking within the Kitsap County adult population were 12% in 2016, the lowest since at least 2011.[51]

Overweight and Obesity

The proportion of Kitsap County adults estimated to be at a healthy weight (BMI = 18.5-24.9) was 40% in 2011 and 36% in 2016.[51] The child population tends to be better than adults, yet still only 72% of 8th graders reported being at a healthy weight (BMI below 85th percentile) in 2014 and 71% in 2016.[42] This rate has remained relatively stable and statistically unchanged since 2006 (74%). Among Kitsap County Head Start enrollees during the 2016-17 school year, more than one-third (34%) of children were overweight or obese (Table 17).[10] This is slightly higher than previous years (31% in 2015-16 and 28% in 2013-14); however, the proportion reported by Suquamish more than doubled from 24% to 53% for this most recent class. All agencies' percentages increased this year.

Table 17. Overweight and Obese Head Start Enrollees by Agency, Kitsap County: 2016-17[10]

	At a healthy weight	Overweight or obese	Total students with weight reported at enrollment	% overweight or obese
Kitsap Community Resources	200	106	311	34%
Olympic Educational Service District	141	59	204	29%
Port Gamble S'Klallam Tribe	16	15	33	45%
Suquamish Tribe	15	19	36	53%
Kitsap County Total	372	199	584	34%

Note: Table does not include underweight which comprised 2% of KCR, 2% of OESD, 6% of Port Gamble and 6% of Suquamish. Not reported for Early Head Start.

H. Mental Health

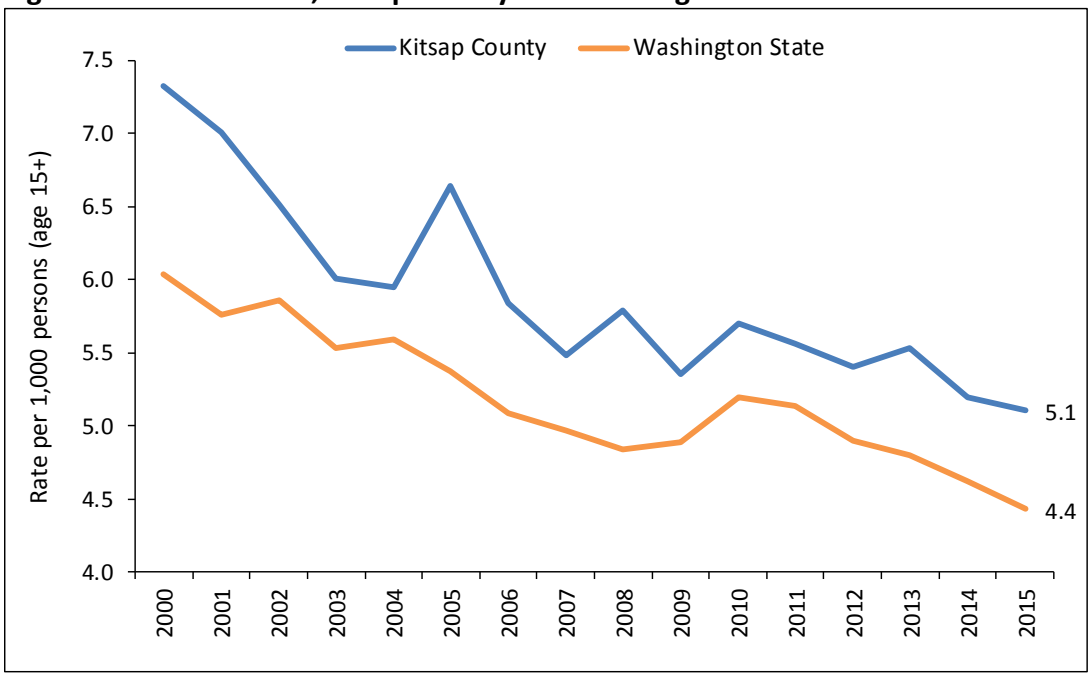
Stress and Emotional Well-Being

Children with a mentally ill parent have a higher risk for developing mental illnesses than other children, and when both parents are mentally ill, the chance is even greater.[52] Moreover, mental illness of a parent can put stress on the marriage and affect the parenting abilities of the couple. The circumstances a child is raised in can independently influence mental health. An inconsistent, unpredictable family environment also contributes to mental illness in children. In both the 2013 and again in the 2016 Head Start/Early Head Start parent survey, 21% of respondents described the amount of usual stress in life on most days as 'quite a bit stressful' or 'extremely stressful.' Eighteen percent of parent respondents in 2013 reported experiencing 14 or more days of poor emotional well-being in the past month, compared to 10% of the adult Kitsap County population in 2013; the proportion was only 12% on the 2016 parent survey.

The proportion of Kitsap County children with military parents who have been sent to a combat zone is notable. Overall, 44% of Kitsap County eighth-graders surveyed in 2014 and in 2016 reported having at least one parent or guardian who had served in the military. Of those in 2014, 27% reported that the parent or guardian had been sent to a combat zone (Iraq, Afghanistan or other combat zone).[42] The question was not asked in 2016. Given the large military presence in Kitsap County, it is not surprising that this figure is much higher than Washington State overall, where 73% of eighth-graders in both 2014 and 2016 reported that neither of their parents or guardians had ever served in the military.

The divorce rate has shown a decreasing trend in both Kitsap County and in Washington State since 2000; however, the county rate remains higher than the state (Figure 42).[22] In 2016, there were a total of 788 divorces for couples in which "Person B" (formerly listed on the divorce certificate as "wife") was a resident of Kitsap County. Of these, 419 (54%) involved families with children.[53]

Figure 42. Divorce Rate, Kitsap County and Washington State: 2000 to 2015[22]



Adverse Childhood Experiences

Adverse Childhood Experiences (ACEs) are defined as experiences children had during their first 18 years of life: physical, emotional, or sexual abuse; physical or emotional neglect; exposure to traumatic stressors in the home (substance abuse, mental illness, domestic violence, incarceration of a household member, parental separation or divorce). ACEs are linked to greater risk for an array of poor physical, mental and behavioral health outcomes throughout life. Knowing about ACEs can help to prevent future ACEs. Individual assets, resilience and a compassionate community support coping with and managing the risks of ACEs.

A Washington Department of Social and Health Services (DSHS) study evaluated ACEs among 125,123 Medicaid eligible clients who were ages 12 to 17 during fiscal year 2008 and who had at least one parent.[54] ACEs were identified by reviewing other DSHS administrative data for the parents of these clients during the prior 5 years (or lifetime), such as any domestic violence arrests for either parent, substance abuse-related diagnoses or service encounters, mental health diagnoses or encounters, any family involvement in the child welfare system, death of a parent, episodes of homelessness, etc. Of the youth, 32% had no adverse experiences but almost 30% had 3 or more, and 7% had 5 or more ACEs. The study found that the number of adverse experiences among youth were directly related to having a substance abuse or mental health problem later in life, with the risk increasing with each added adverse experience. However, they also noted that risk levels vary greatly by type of experience, with child abuse or neglect increasing risk at a much higher rate than other factors.

In Kitsap County, an estimated 29% of adults (2011) experienced 3 or more ACEs, as compared to 28% in Washington State.[51] The question has not been asked again since 2011. Data from two of the Kitsap Public Health District programs serving low-income pregnant women and first-time mothers illustrate that ACEs are quite pervasive among this population, especially when compared to the general population. In 2013-14, more than half (58%) of the Nurse Family Partnership (NFP) clients had 3 or more ACEs (mean 4.2) and 51% of the Maternity Support Services (MSS) clients had 3 or more ACEs (mean 3.1).[55] In 2017, MSS clients were only offered ACEs screening between January 1, 2017 and September 30, 2017, while NFP clients received screenings throughout the year. In 2017, more than half (58%) of MSS clients and almost 3 out of every 4 NFP clients (73%) reported having 3 or more ACEs.

Kitsap Strong, formed in 2015, is a community initiative whose mission it is to "improve the overall health and well-being of Kitsap and its residents, through the prevention of ACEs and the building of resilience." The effort is funded and supported through a grant from the Bill and Melinda Gates Foundation, Kitsap Community Foundation, United Way, The Suquamish Tribe, and Kitsap Public Health District. Kitsap Strong is using a collective impact approach to engage and educate community agencies and leaders about ACEs and resiliency, and to encourage innovative approaches and partnerships to address ACEs in our community. It is the hope of Kitsap Strong to engage agencies across the entire lifespan, from prenatal care and early childcare providers all the way through hospice care, and to foster new and stronger working relationships between agencies.

The initial focus was on addressing systemic social issues to combat intergenerational poverty. During 2015, Kitsap Strong funded a Collaborative Learning Academy (CLA), through which it provided grants

to local agencies for a minimum of two key participants from each agency to attend trainings and cohort meetings to learn the science and research of ACEs and begin considering how they could apply the concepts of awareness, prevention, and resiliency to their work. A total of 26 agencies, including Kitsap Community Resources, Kitsap Mental Health Services, Housing Kitsap, Bainbridge Youth Services, Holly Ridge Center, YMCA, YWCA, St. Vincent de Paul, and others, became members of the first cohort. Participants of the CLA were trained in ACE Interface's "NEAR" (Neurosciences, Epigenetics, ACEs, and Resilience) Science curriculum as well as collective impact, community resiliency, and capacity building. The intent is to foster a learning environment where agencies are encouraged to consider how their services/approach may either mitigate or exacerbate the effects of ACEs in the lives of their clients. Participants were asked to identify the "next steps" for their learning journey, by self-selecting projects that re-think the use of existing resources and explore new partnerships focused on aligning services with other agencies. Kitsap Strong held 30 NEAR trainings for approximately 1,160 people during 2015, 74 trainings for 2,440 people in 2016 and another 132 trainings for 2,421 people in 2017.

The CLA work continued into 2016 with all of the same organizations participating. The agencies unanimously agreed they wanted to keep focusing on NEAR sciences. In particular, they have been reviewing the science of hope, which differentiates between willpower and way-power as a means to accomplish goals. The theory is that hope is very responsive to actions and has a dramatic impact on health. As applied in this setting, the idea is to leave service providers with the belief that their services can indeed still help clients despite the quite high ACEs scores of many of their clients, thereby giving the providers hope instead of overwhelming them with an unsurmountable task.

In 2016, Kitsap Strong began working with Olympic College to help with finding ways to equitably support local residents in succeeding in graduate studies. This was selected as a project because of data that shows high rates of mental health problems among community college students along with other disparities in educational outcomes across race, disability and low income. Education is viewed as a pathway out of intergenerational ACEs, but at the same time education can be a barrier if there is not educational equity. In January of 2017, Kitsap Strong was 1 of only 4 communities to receive a renewal from the Gates Foundation grant to further focus on educational equity.

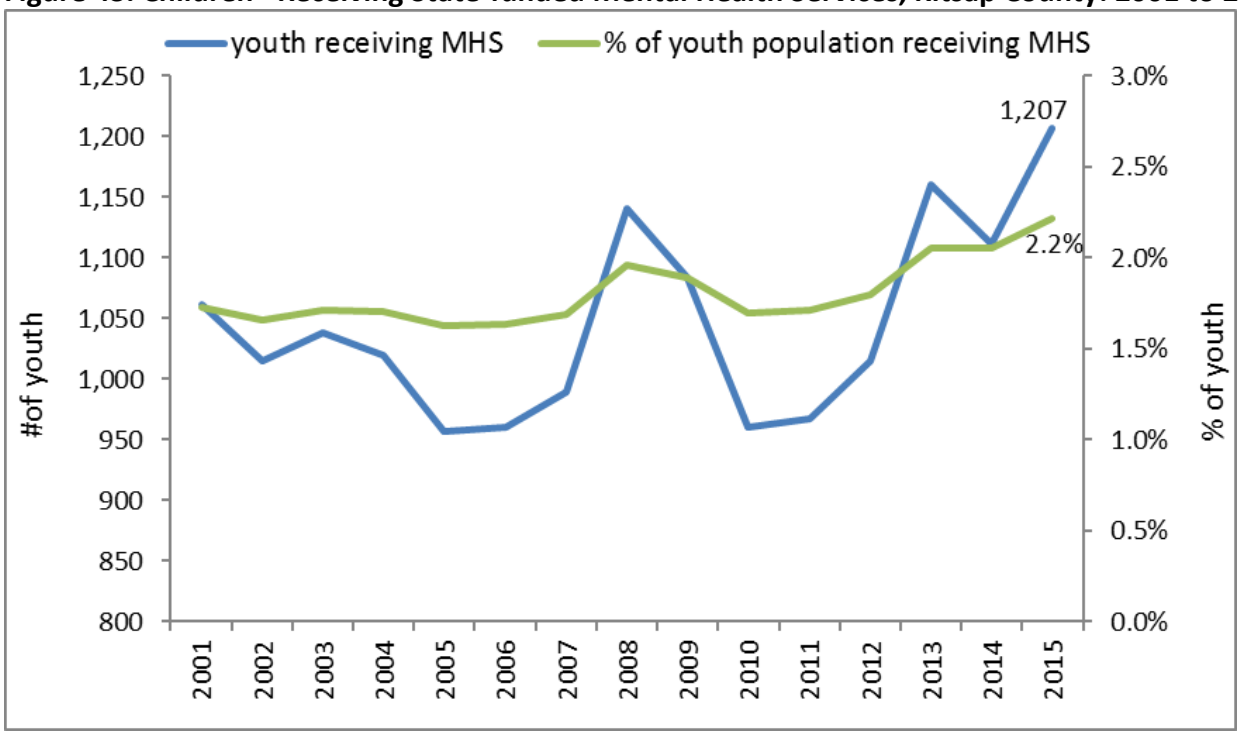
An additional project during the past 2 years was the establishment of the Kitsap Strong Leadership Committee, comprised of 15 local leaders, who worked to craft a "theory of change" framework to guide future strategic community efforts. The framework is intended to promote wide-spectrum awareness of ACEs and resiliency, and to guide community level change. One such example is a commitment to ensuring there is free, high quality education about ACEs available throughout the community, tailored to the audience's needs; including documentaries and community dialogues throughout the county.

Children Receiving Mental Health Services

According to DSHS, the proportion of Kitsap County children ages 0 to 17 receiving state-funded mental health services has statistically increased, albeit gradually between 2001 and 2015 (Figure 43).[43] Throughout this period the rate has averaged 1.8%, although in 2015 it was 2.2%. No specific data are available regarding the type of services provided. However, there are details regarding the

type of mental health services provided specifically to Head Start/Early Head Start children, as shown in Table 18.[10]

Figure 43. Children* Receiving State-funded Mental Health Services, Kitsap County: 2001 to 2015[43]



*Includes children ages 0-17 years

Table 18. Mental Health Services Provided to Early Head Start/Head Start Children by Program and Agency, Kitsap County: 2016-17[10]

	Kitsap Community Resources		Olympic Educational Service District		Port Gamble S'Klallam Tribe		Suquamish Tribe	
	EHS	HS	EHS	HS	EHS	HS	EHS	HS
# of children for whom the MH professional consulted with program staff about child's behavior/mental health	3	1	7	2	42	33	2	8
# of children for whom the MH professional consulted with the parent(s) /guardian(s) about their child's behavior/mental health	3	3	20	4	1	5	1	8
# of children for whom the MH professional provided an individual mental health assessment	0	0	3	2	0	0	1	1
# of children for whom the MH professional facilitated a referral for mental health services	1	2	3	2	0	7	1	1
# of children who were referred by the program for mental health services outside of Head Start since last year's PIR was reported	1	2	0	0	0	0	0	1

I. Pregnancy and Birth Outcomes

Proper nutrition and health are essential to ensure a woman is ready to carry a baby and that the baby receives essential nutrients for even the earliest developmental stages. Appropriate prenatal care promotes early detection and effective treatment of any complications. Ideal results are a full-term

pregnancy without unnecessary interventions, delivery of a healthy infant, and a healthy postpartum period in a positive environment that supports the physical and emotional needs of the woman, infant, and family. However, about half the pregnancies in Washington State are unintended.[56] Unintended pregnancies, and especially unwanted pregnancies, have a wide range of negative consequences.

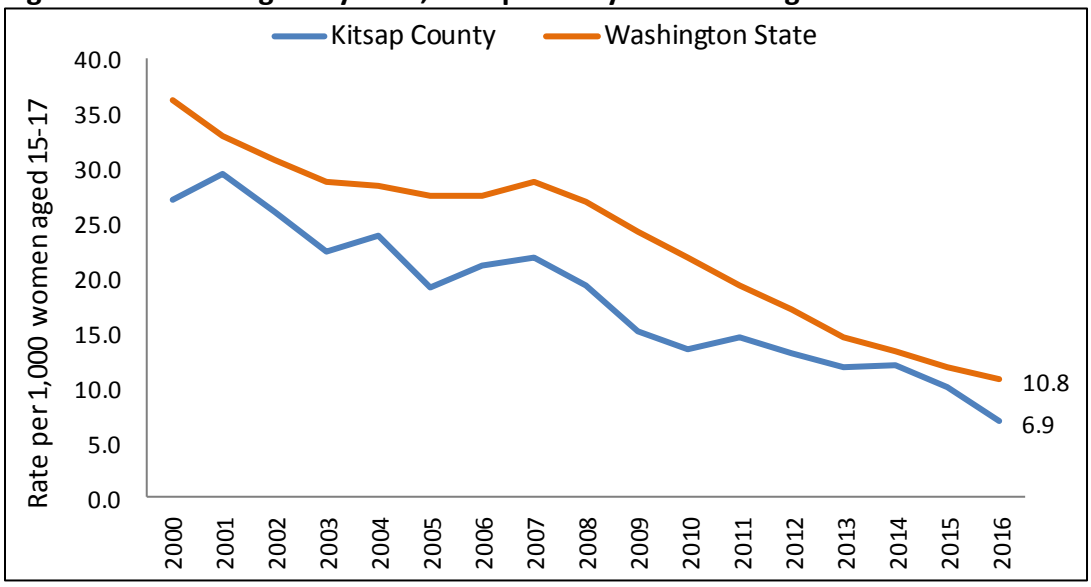
Teen Pregnancy

Teenage mothers are less likely to get or stay married and more likely to have lower levels of education, to require public assistance, and to live in poverty than their peers who are not mothers. Recent 2010 estimates of the attributable cost of teenage pregnancy to U.S. taxpayers were $9.4 billion annually, with $124 million from Washington State taxpayers alone, due to increased reliance on public-funded health care and foster care, increased incarceration rates, and lost tax revenue because of lower educational attainment and income among teen mothers.[57] The high school drop-out rate and achievement of a high school diploma among teen mothers is about half the rate of teens who did not have babies.[58]

There are also health concerns for both teen mothers and their babies. Teenagers are less likely to receive timely prenatal care, more likely to smoke when pregnant, and more likely to have a low birth weight infant.[58] Furthermore, their infants may be at greater risk of neonatal death, child abuse and neglect, and behavioral and educational problems at later stages.

The teen pregnancy rate is the number of births plus the number of induced abortions among 15 to 17-year-old women per 1,000 women aged 15 to 17 years. The Kitsap County rate has statistically decreased, with an annual percent change of 11%, from 2008 to 2016, and has remained statistically significantly lower than the Washington State rate (Figure 44).[2] During 2016, the county rate was 6.9 per 1,000. Nationally, the rate of teen births has also been declining. According to the Centers for Disease Control and Prevention (CDC), the reasons are not clear, but it appears that teens are less sexually active on the whole and the use of birth control seems to be higher among those who are sexually active.[58]

Figure 44. Teen Pregnancy Rate, Kitsap County and Washington State: 2000 to 2016[2]

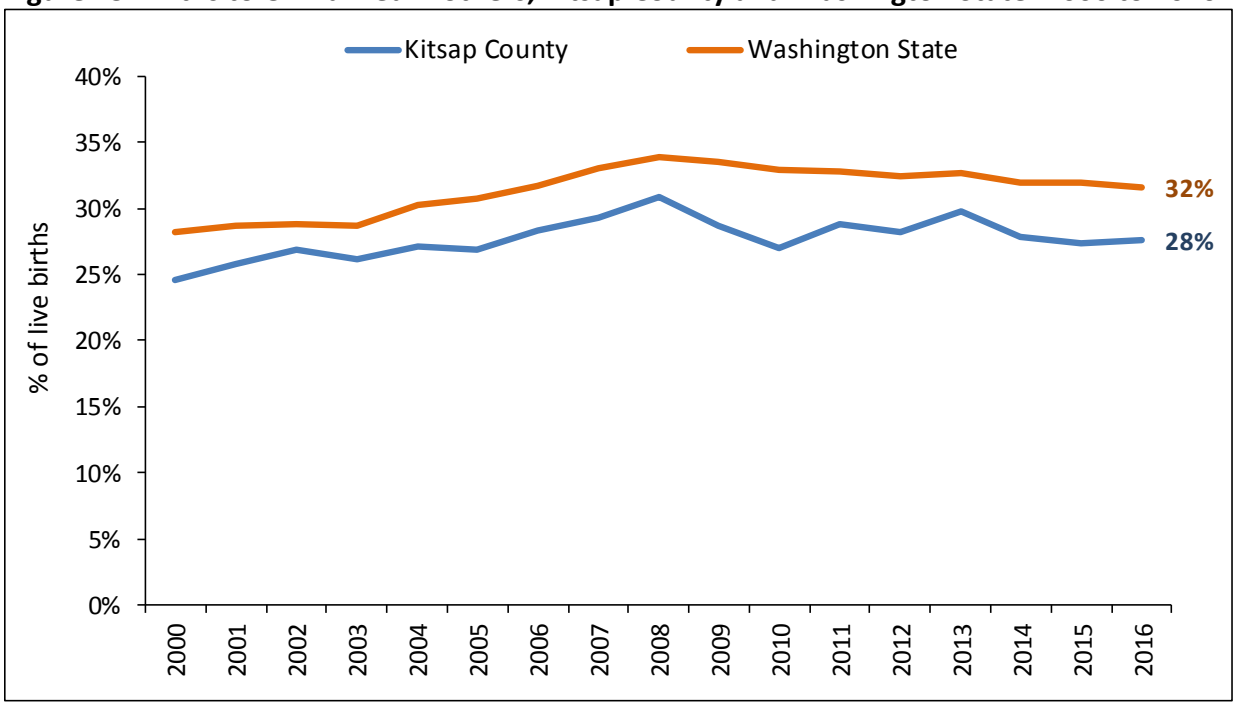


Births to Unmarried Mothers

While it is unknown whether unmarried women are in fact cohabitating with a partner, research has shown that the declining proportion of married adults in the United States has caused substantially higher child poverty rates over the past four decades.[59] Research has found that marriage is likely to raise economic status since the potential earnings and/or reduced child care costs are usually higher than the costs of necessities for the additional person.

The rate of births to unmarried mothers in Kitsap County has historically remained below the statewide rate, with both showing similar statistically significant increases until peaks in 2008 (Figure 45).[2] In Kitsap, the rate statistically increased from 2000 through 2008 at 2.1% per year, but has wavered a bit since then with no statistically significant change detected. The state rate had a statistically increasing trend from 2003 to 2008, which then began statistically declining at 0.8% annually through 2016. In 2016, more than a quarter (28%) of all births to Kitsap County resident women were to unmarried mothers.

Figure 45. Births to Unmarried Mothers, Kitsap County and Washington State: 2000 to 2016[2]

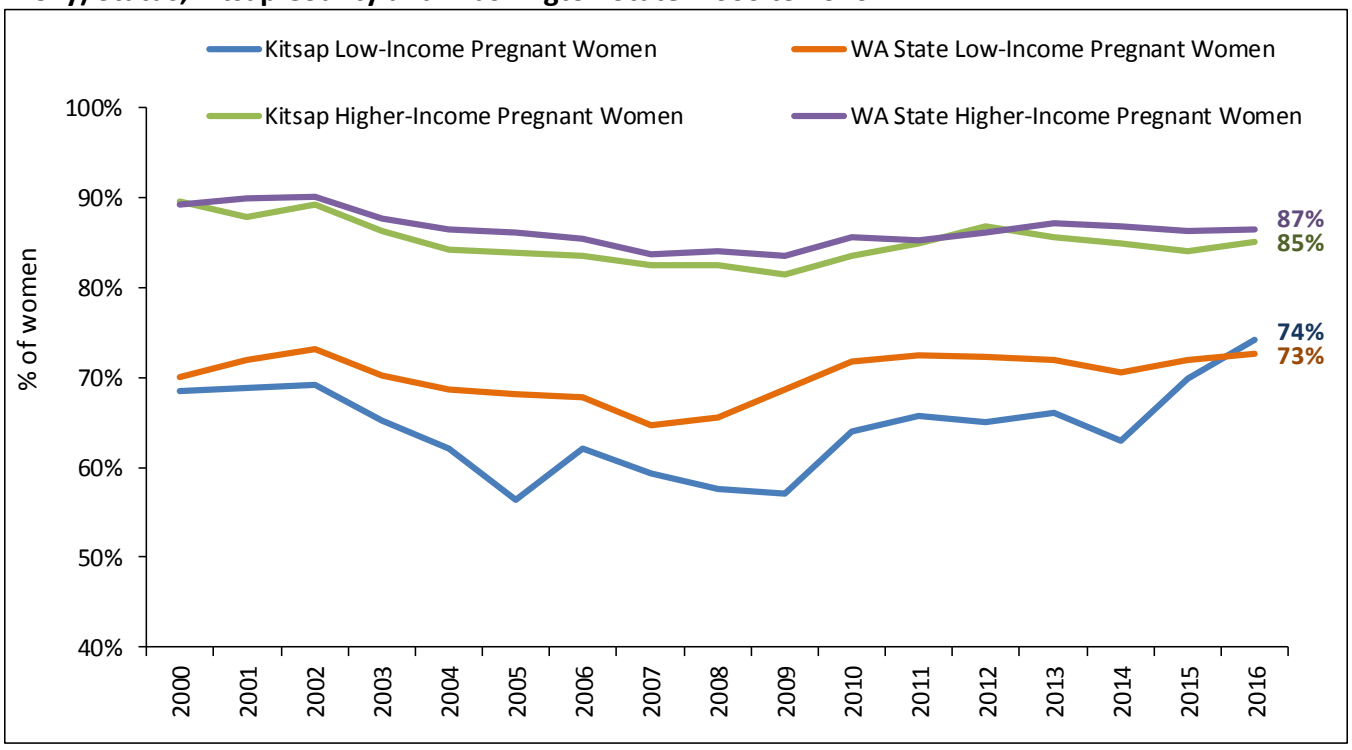


Prenatal Care in the First Trimester

Early prenatal care is an important component of pregnancy. Regular check-ups allow for early detection, treatment, and management of medical and obstetric conditions, such as pregnancy-induced hypertension and diabetes.[58] Prenatal visits also provide an opportunity for healthcare providers to educate women about proper nutrition, safe sexual practices, the dangers of smoking and the use of alcohol and drugs, and other factors that might affect pregnancy outcomes. Infant mortality rates have been shown to be higher for women who begin prenatal care after the first trimester.[59]

Overall, more than 8 out of every 10 (81%) civilian women in Kitsap County began prenatal care in the first trimester during 2016, which was about the same as the state's rate (81%).[2] However, the rates of prenatal care initiation differ substantially between women who are low income (as assessed by having a Medicaid-paid delivery) and women of higher income status (defined as having a non-Medicaid paid delivery). As shown in Figure 46, the Kitsap rates of first trimester initiation have historically been lower than the statewide rates whether low income or not, though the difference has been even more pronounced among the low-income women.[2] Despite these lower rates of care initiation, there have been improvements among the Kitsap County low-income women, with the rate statistically significantly increasing between 2007 and 2016, and is now higher than the state average among low-income women. However, there were still only 74% of low-income women (700) who initiated care during the first trimester in 2016. The higher income women in Kitsap County have had no statistically significant change since 2007, reaching 85% (1,082) in 2016. Among female HS/EHS parents surveyed in 2011 and 2013, there was a slight increase in the percentage (76% to 81%) who reported having a baby in the past five years and starting prenatal care in the first trimester. In the 2016 parent survey, there were 90 women who had babies within the last 5 years, and of those, 88% reported starting prenatal care in the first trimester.

Figure 46. Civilian Women Who Began Prenatal Care in the First Trimester by Medicaid (Income Proxy) Status, Kitsap County and Washington State: 2000 to 2016[2]



Smoking during Pregnancy

The negative effects of smoking during pregnancy are well described in the medical literature. Smoking can cause problems with the placenta and is associated with an increased risk of miscarriage, premature birth, low birth weight babies, Sudden Infant Death Syndrome (SIDS), and certain types of birth defects.[60] Despite these harmful effects, smoking during pregnancy still occurs. During 2013, 12.0% of civilian pregnant women in Kitsap County smoked during their pregnancy, but in 2014 we saw

a dramatic drop down to only 7.7% and for the first time in many years Kitsap had a lower rate than the state (Figure 47).[3] In 2015, this crept back up to 9.8%, and then up to 13.9% in 2016, again above the state's rate, which has showed a significant decline.

There is some concern that traditional cigarette use may be replaced by e-cigarette use, similar to what appears to be occurring among teens (see "Tobacco and Nicotine" above in Section G – Health). However, we currently have no data specifically about e-cigarette use among pregnant women in the county. The U.S. Preventive Services Task Force concluded that the current evidence is insufficient to recommend e-cigarettes for tobacco cessation in adults, including pregnant women.[77] Furthermore, the CDC advises against e-cigarette use during pregnancy, noting that nicotine is "toxic to developing fetuses and impairs fetal brain and lung development."[78]

Women who smoke during pregnancy are more likely to be civilian, low-income, unmarried, young (less than 24 years), and have a lower level of education (Table 19).[3] During the 2014 dip in smoking rates, there were also dips in the rates of smoking during pregnancy by low-income mothers, young mothers, and mothers with lower educational level (especially less than high school); each of these rates increased again in 2015.

Figure 47. Civilian Women Who Smoked during Pregnancy, Kitsap County and Washington State: 2000 to 2016[3]

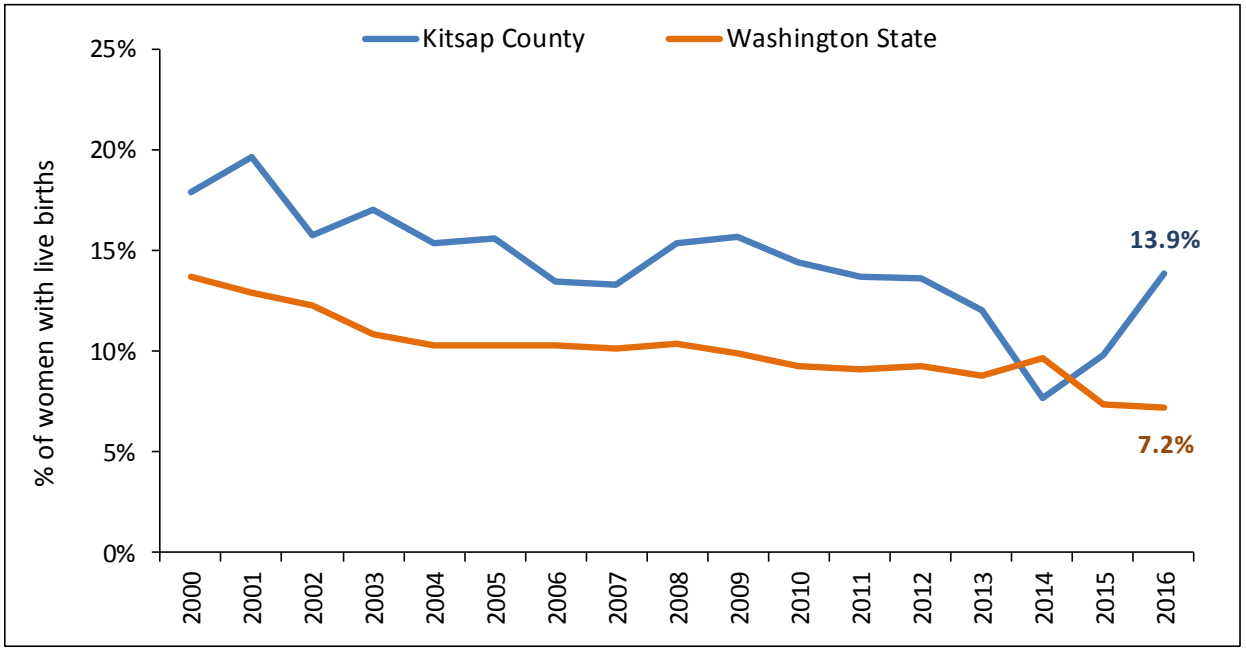


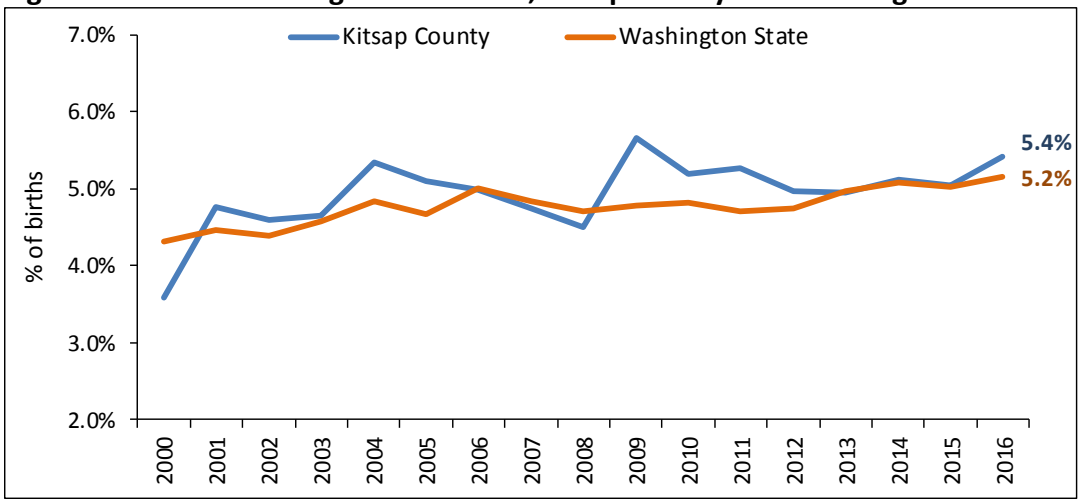
Table 19. Characteristics of Women Who Smoked During Pregnancy, Kitsap County: 2012 to 2016[3]

Characteristic	Percentage of mothers giving birth who smoked during pregnancy				
	2012	2013	2014	2015	2016
Military status					
Military	6%	6%	3%	3%	2%
Civilian	14%	12%	8%	10%	14%
Low income					
Medicaid-paid	23%	21%	12%	19%	24%
Other than Medicaid	6%	6%	4%	4%	5%
Marital status					
Married mother	6%	5%	3%	4%	5%
Unmarried mother	25%	22%	14%	19%	25%
Age Group					
≤ 24 years old	16%	15%	8%	10%	13%
25 to 29 years old	9%	10%	6%	9%	11%
30 to 34 years old	9%	7%	6%	6%	10%
≥ 35 years old	9%	6%	5%	7%	7%
Mother's educational level					
Less than high school education	27%	25%	13%	22%	29%
High school graduate or GED	19%	16%	10%	15%	18%
More than high school education	7%	6%	5%	5%	7%

Low Birth Weight

Low birth weight is a major concern for infant health and viability. According to the Centers for Disease Control and Prevention (CDC), having a low birth weight (less than 2,500 grams) is the "single most important factor affecting neonatal mortality and a significant determinant of post-neonatal mortality."[61] Health problems associated with low birth weight include neurodevelopmental disabilities, respiratory disorders, diabetes, and higher medical expenditures.[61,62] In 2016, both Kitsap County and Washington State had low birth weight rates of 5 per 100 births (Figure 48).[2] Although these rates have remained relatively stable, there have been very slight but statistically significant increases since 2000 for each.

Figure 48. Low Birth Weight Infant Rate, Kitsap County and Washington State: 2000 to 2016[2]

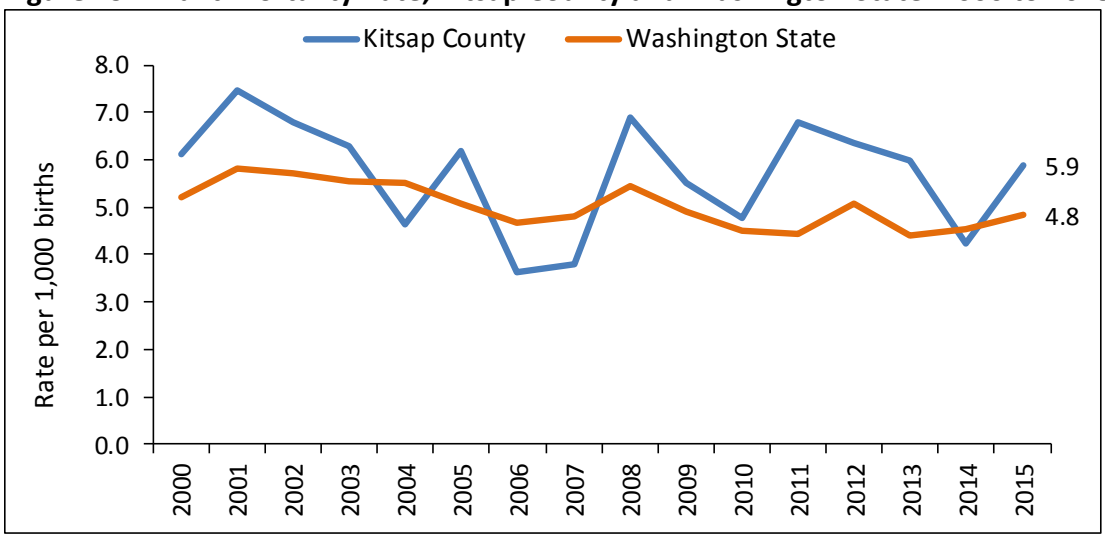


*singleton births only, <2,500 grams

Infant Mortality

The infant mortality rate, defined as deaths among babies less than 12 months old, in Kitsap County during 2015 was 5.9 per 1,000 live births (Figure 49).[2] There been no statistical change in the infant mortality rate nor any statistically significant difference from the state rate during this time.

Figure 49. Infant Mortality Rate, Kitsap County and Washington State: 2000 to 2015[2]

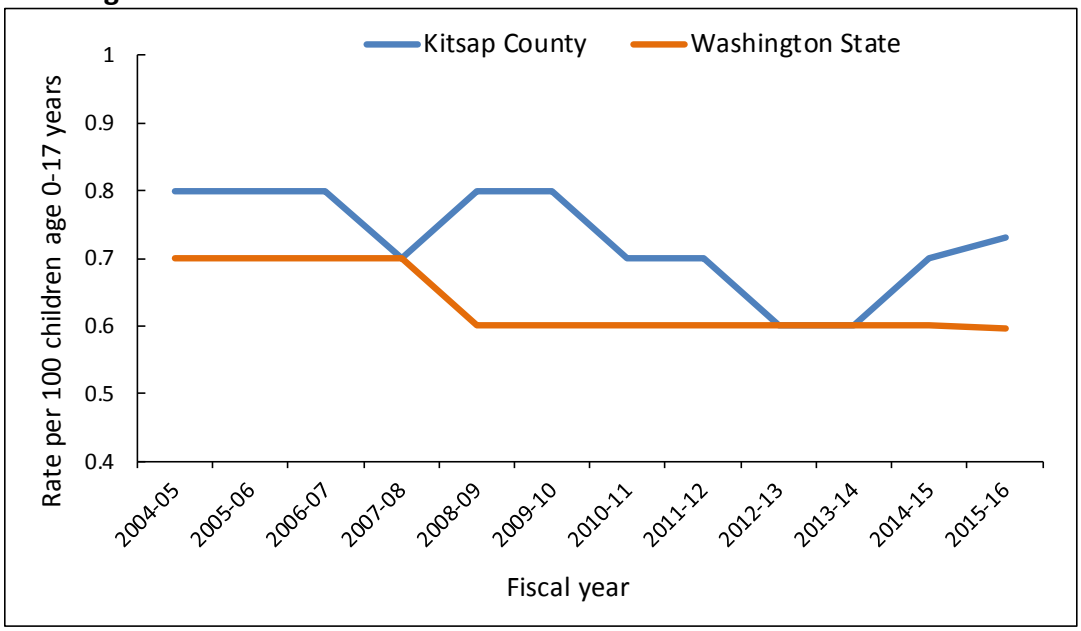


J. Children's Well-Being

Foster Care

According to the Washington State Department of Social and Health Services (DSHS), between fiscal year 2004-05 and 2015-16, an annual average of 415 Kitsap County children ages 0 to 17 years received foster care placement services each year.[43] This represents exclusively out-of-home temporary/short-term placements for children who have been abused, neglected, and/or involved in family conflict. The rate of use of placement services in Kitsap County has been slightly above that of the state; both have declined slightly over the past 10 years (Figure 50).[43] The county use rate was 0.8 in 2004-05 and 0.7 in 2015-16, whereas the state rate was 0.7 in 2004-04 and 0.6 in 2015-16.

Figure 50. Rate of Children Who Received Foster Care Placement Services, Kitsap County and Washington State: 2004-05 to 2015-16[43]

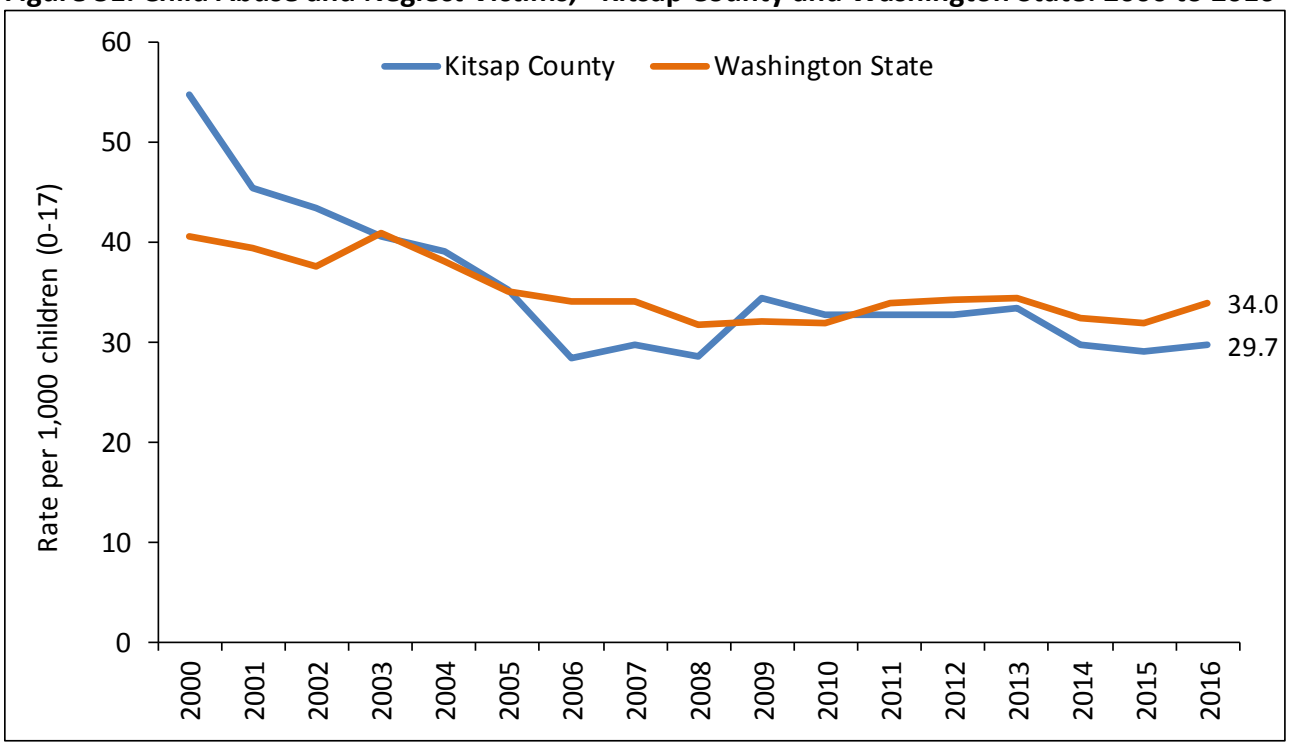


DSHS also funds foster care support services such as clothing, personal incidentals, psychological evaluation and treatment, personal care services, transportation, and payment to foster parents. These support services may be provided to children in their own home or in out-of-home placements. An average of 520 children and adult family members (of all ages) received support services each year from 2004-05 to 2015-16.[43]

Abuse and Neglect

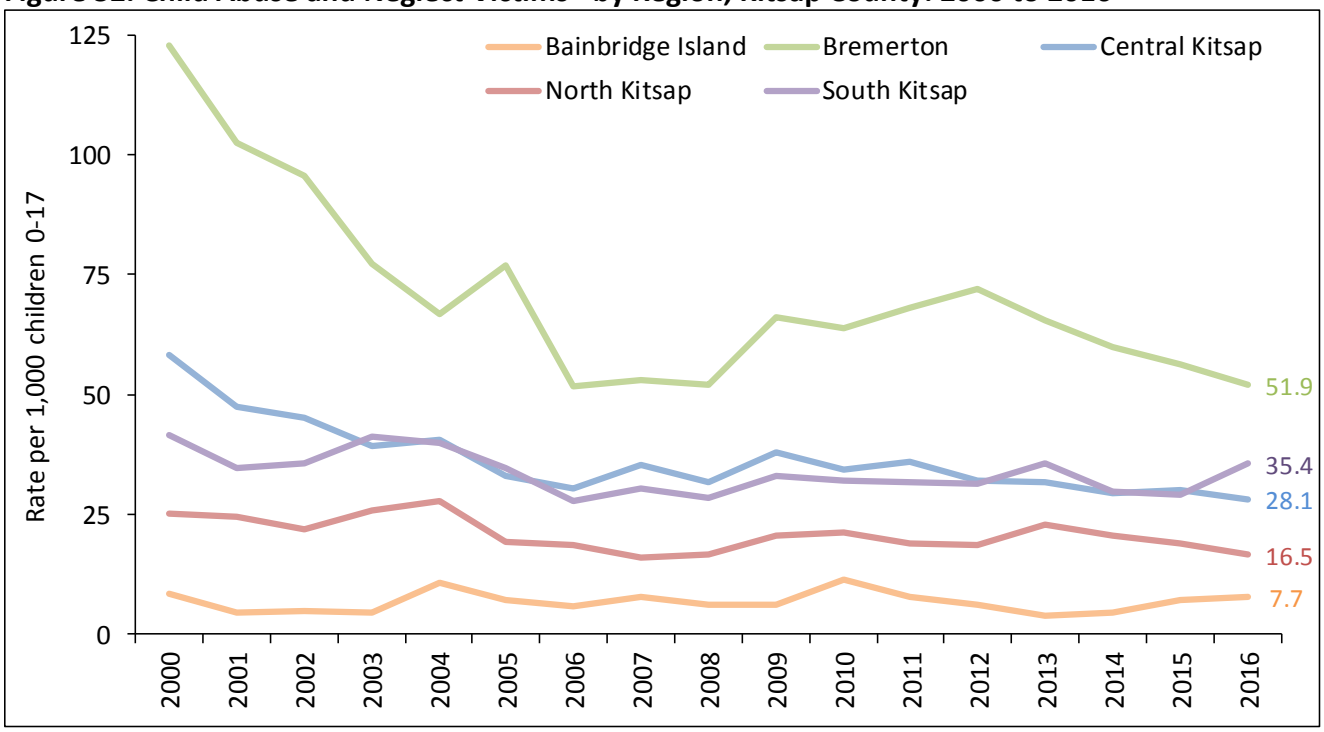
The rate of accepted referrals for child abuse and neglect in Kitsap County statistically significantly declined at a rate of 8% per year from 2000 to 2006, but since then has remained statistically the same through 2016.[22] The rate has averaged 30.9 per 1,000 in the past 5 years, which is similar to the Washington State 5-year average of 33.4 per 1,000 (Figure 51). However, there is wide variation within the county districts (Figure 52). Bremerton has retained the highest rate of accepted CPS referrals since 2000, staying well above the other districts. During 2016, Bremerton's rate was 51.9 per 1,000. Despite this still high rate, it has declined by more than half of what it was in 2000, and by 28% from just 5 years ago. The other districts have also shown decreasing trends from 2000 to 2016, with Central Kitsap also notable for its 52% decline since 2000 and 12% decline in the last 5 years.

Figure 51. Child Abuse and Neglect Victims,* Kitsap County and Washington State: 2000 to 2016[22]



*Accepted referrals by CPS

Figure 52. Child Abuse and Neglect Victims* by Region, Kitsap County: 2000 to 2016[22]

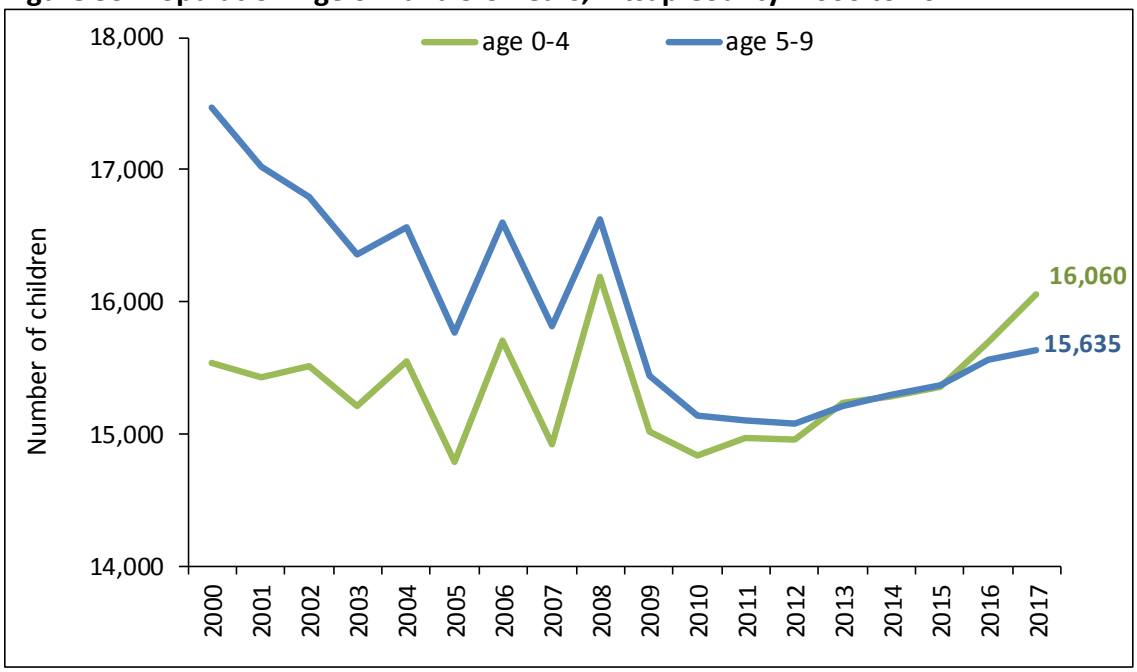


*Accepted referrals by CPS

K. Childcare

There were an estimated 31,695 children under age 10 in Kitsap County in 2017.[1] This group, which makes up most of the population in childcare, has seen an overall decline since 2000, though has been increasing since 2010. As shown in Figure 53, the number of 0 to 4-year-olds in 2017 is just above what it was in 2000 (a 3.4% increase), while the 5 to 9-year-old group is 11% less.[1]

Figure 53. Population Age 0-4 and 5-9 Years, Kitsap County: 2000 to 2017[1]



Childcare Cost

Low-income families can access subsidized childcare through the Working Connections Child Care (WCCC) program administered by DSHS. WCCC helps low-income families (at or below 200% of the federal poverty level) pay for child care while adults work, look for work, or attend training. The program also provides childcare subsidy for families using unlicensed family, friends, or neighbor care if the provider is willing to undergo a criminal background check. According to Child Care Aware of Washington, 64% of children statewide requesting referrals for childcare through Child Care Aware were using subsidies in FY2017, and 64% in Kitsap County – up slightly from 58% and 57%, respectively in FY2016.[15] In August 2016, Early Achievers *(see Section IV-B)* participation became mandatory for providers that accept WCCC subsidy for children ages birth to preschool. Even with subsidized care and/or working parents, the cost childcare can often be too much for families to pay. Data from the 2016 KICC parent survey showed that only about a quarter of respondents were using childare other than HS/EHS/ECEAP for children aged 0-5 years; of those parents, 40% reported difficulty finding needed care due to high costs, 30% said hours were not flexible enough for their schedules, and 17% cited difficulties due to limited spaces and long wait lists.

The annual cost of infant childcare in 2017 as a percentage of median household income for 2016 in Kitsap County was 14% in a family childcare home and 18% in a childcare center (Table 20).[15] As compared to 2008, these costs for infant care have increased 25% and 43% for family childcare home

(Figure 54) and childcare centers (Figure 55), respectively. Costs for toddler and preschool age children have also increased in both types of childcare settings, as shown in Figures 54 and 55. The largest increase from 2008 to 2017 was for infant care in a family childcare home, which increased 28% since last year. For a 3-person family living at 185% of poverty in 2017 (i.e., had an annual household income of $37,777)[8] the annual cost of infant childcare with no childcare subsidy at a family home was 24% of the household's annual income and 32% at a childcare center.[1,15]

Table 20. Annual Cost of Childcare by Type* and Cost as a Percentage of Annual Income, Kitsap County and Washington State: FY2017[15]

	Kitsap County		WA State	
	Median annual cost for 1 child	% of median household income	Median annual cost for 1 child	% of median household income
Center-based Childcare				
Infant	$12,168	18%	$13,212	20%
Toddler	$9,624	14%	$11,232	17%
Preschool	$8,424	13%	$9,984	15%
School Age	$5,724	9%	$6,084	9%
Family Child Care				
Infant	$9,096	14%	$10,404	16%
Toddler	$8,784	13%	$9,360	14%
Preschool	$7,800	12%	$8,112	12%
School Age	$5,196	8%	$5,196	8%

*infant = 0 to 1 year, toddler = 1 to 2.5 years, preschool = 2.5 to 5 years

Figure 54. Cost of Monthly Childcare at a Family Home Childcare, Kitsap County: 2008 and 2017[15]

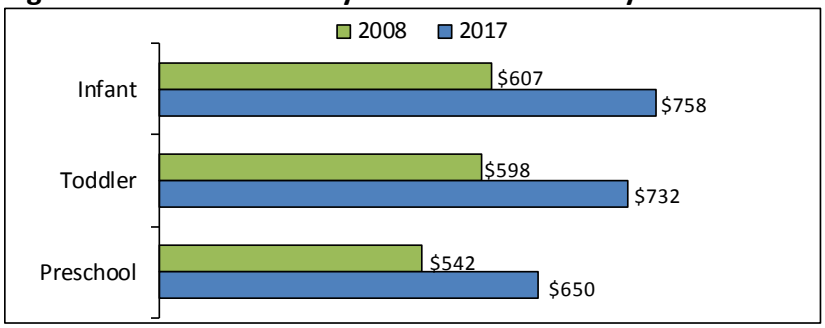
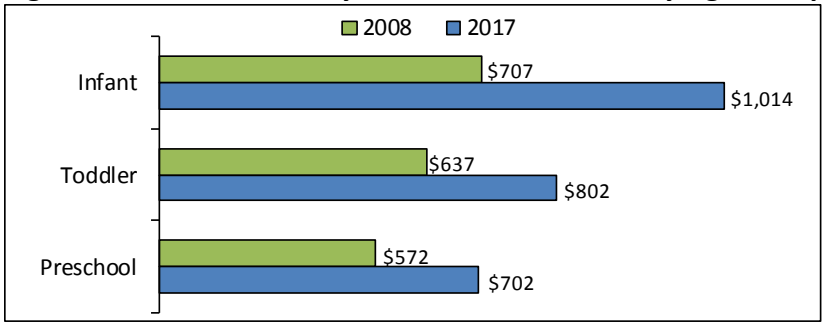


Figure 55. Cost of Monthly Childcare at a Center by Age Group, Kitsap County: 2008 and 2017[15]

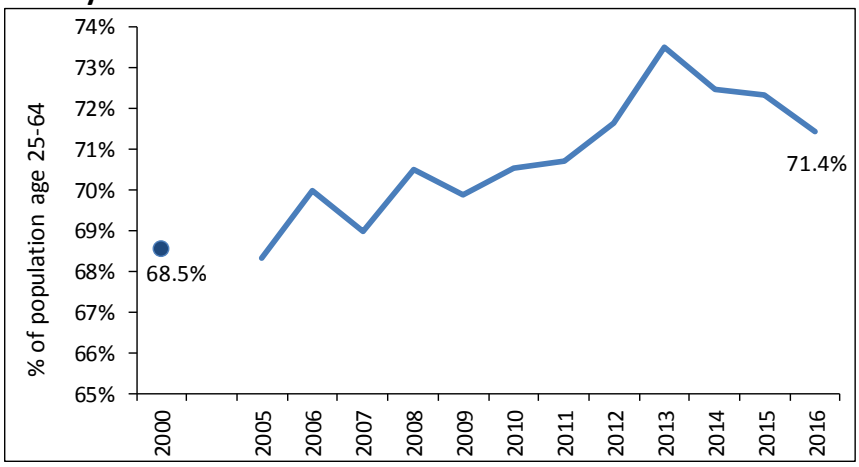


L. Education

Adult Educational Attainment

The proportion of Kitsap County adults ages 25 to 64 years who have more than a high school education statistically significantly increased from 2005 to 2016, despite a decline since 2013 (Figure 56).[3,5] In 2016 there were still more than 7 in 10 adults (71%) who had achieved an education level greater than high school. Kitsap's rate is statistically significantly greater than the state's rate (70%). In the 2016 KICC parent survey, in which all respondents were 20 to 69 years, just under two-thirds (61%) had more than a high school education; only 12% had a 4-year college degree or graduate-level degree.

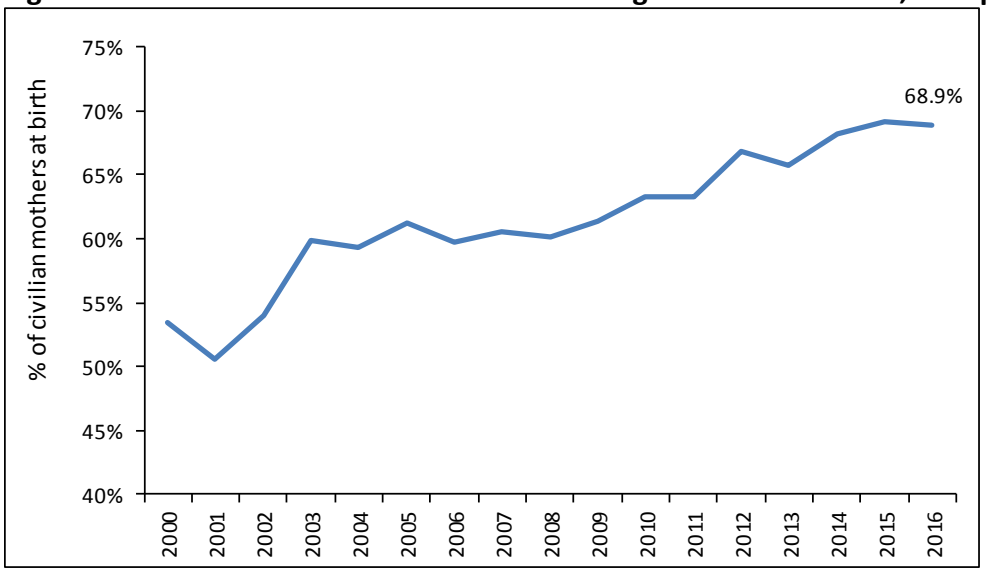
Figure 56. Proportion of Adults (Age 25-64 years) with More than a High School Education, Kitsap County: 2000 and 2005 to 2016[4,5]



Educational Attainment of Mothers

The proportion of civilian mothers with more than a high school education in Kitsap County has statistically increased since 2000 (Figure 57).[3] In 2016, just over 2 in 3 mothers in Kitsap County (69%) had more than a high school education, which is statistically significantly higher than in the state (66%).

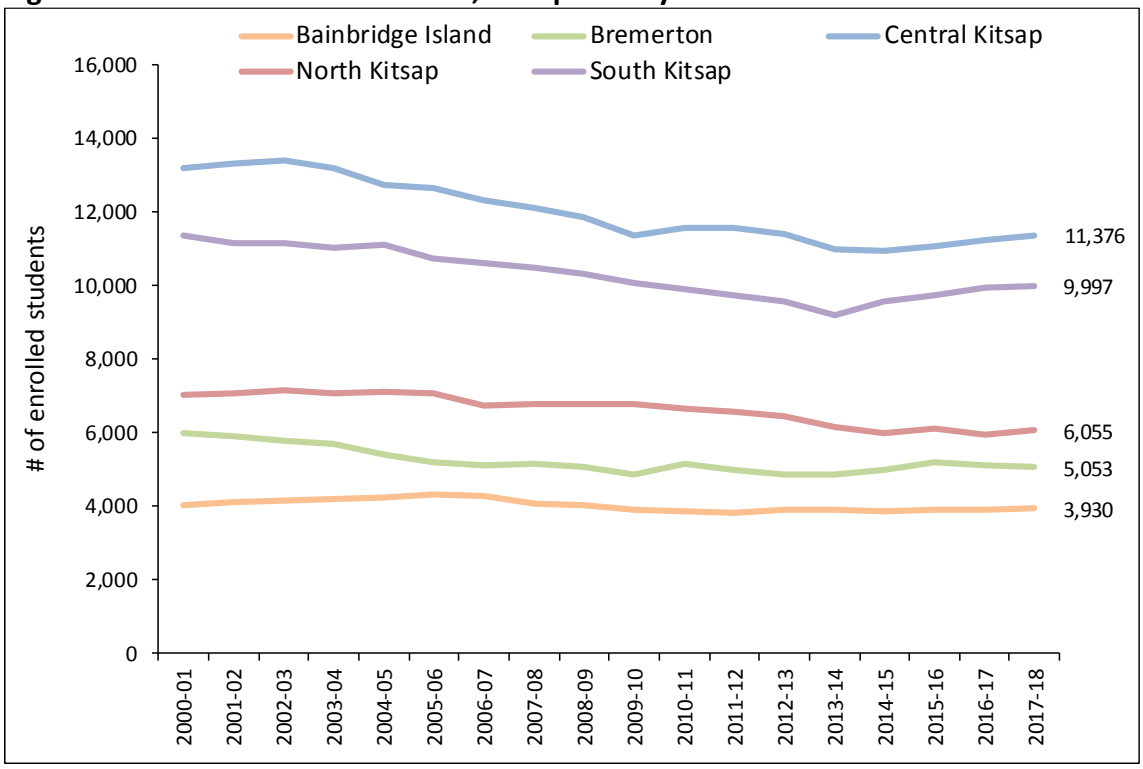
Figure 57. Civilian Mothers with More than a High School Education, Kitsap County: 2000 to 2016[3]



Public School Enrollment

Four of the five school districts in Kitsap County are part of the Olympic Educational Service District 114 (Bremerton, Central Kitsap, North Kitsap, and South Kitsap); the Bainbridge Island School District is part of the Puget Sound Educational Service District 121. There have been decreases in enrollment in all school districts in Kitsap County over the past 10 years, but all school districts, except for North Kitsap, have seen enrollment increases in the past 5 years (Figure 58).[20] Cumulatively, public school enrollment across Kitsap County is up 3.6% from 5 years ago. North Kitsap experienced a 1.8% decrease in enrollment over this timeframe (2013-14 to 2017-18).

Figure 58. Public School Enrollment, Kitsap County School Districts: 2000-01 to 2017-18*[20]

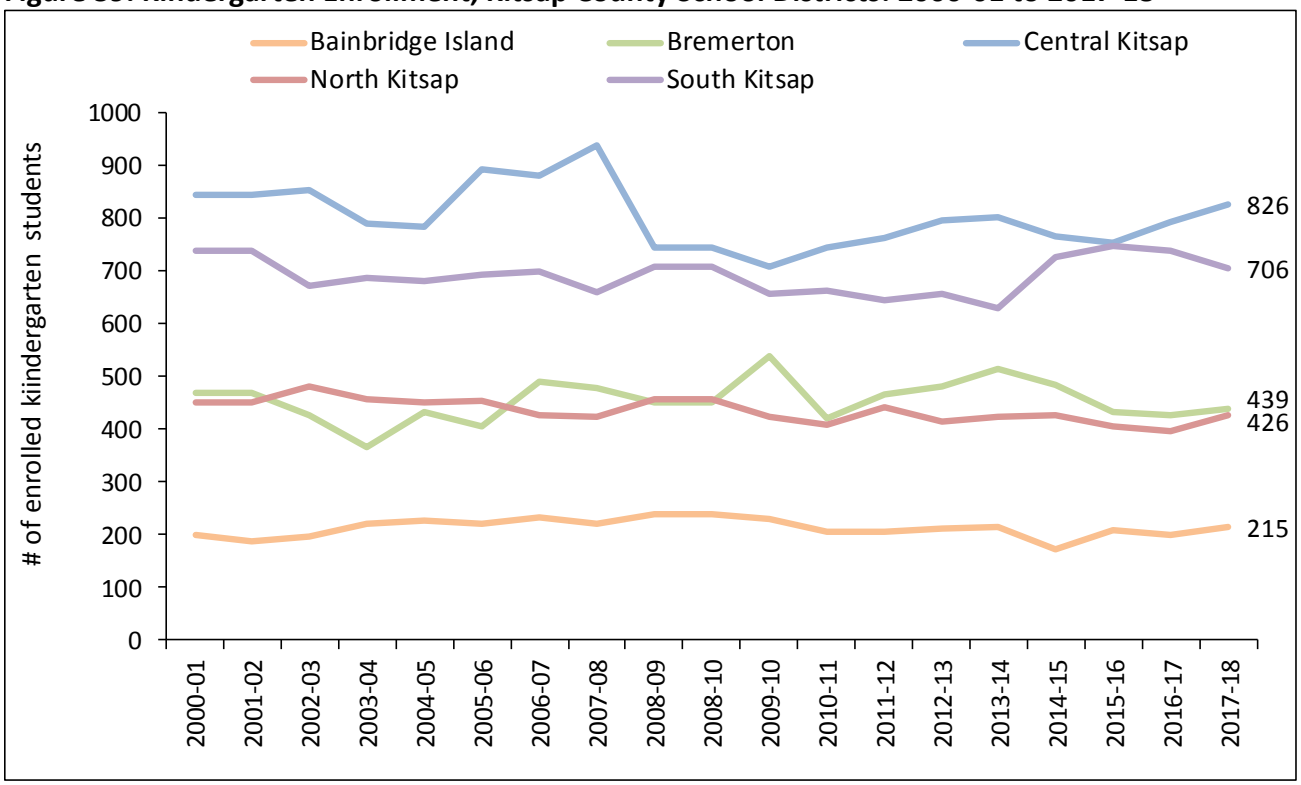


* Data are as of October for each school year

Kindergarten Enrollment and Preparation

There were 2,612 students enrolled in Kitsap County kindergarten classes during the 2017-18 school year, which is essentially unchanged (1% change) from the total enrollment 5 years ago (Figure 59).[20] The only district with substantial enrollment growth as compared to 5 years ago is South Kitsap (12.2% increase); all other districts had minimal/no growth in enrollment during this timeframe, except for Bremerton, where kindergarten enrollment declined by 14.8%.The individual district trends are similar when comparing to 10 years ago, and the overall change since 2008-09 was a 0.5% increase.

Figure 59. Kindergarten Enrollment, Kitsap County School Districts: 2000-01 to 2017-18[20]



Under the 2013 law that approved state-funded voluntary full-day kindergarten (FDK) by school year 2017–18, a total of 1,137 elementary schools in 287 school districts in Washington State, including an estimated 77,945 students, accepted funding during the 2016-17 school year.[79] This accounted for almost 20,000 more students than in 2015-16. In Kitsap County, participation during the 2016-17 school year included 4 schools in the Bainbridge Island School District (all 4 new), 6 schools in the Bremerton School District (same as the prior year), 12 in the Central Kitsap School District (2 new), 7 in the North Kitsap School District (2 new), and 11 in the South Kitsap School district (2 new). For the 2017-18 school year, all eligible schools were required to offer full-day kindergarten by the Basic Education Act.

The budget for the 2013–14 and 2014–15 school years allowed for funding 44% of kindergarten students statewide. [79] Schools with the highest rates of poverty, as defined by percentage of students eligible for free and reduced-price lunch, were funded first. The state biennial operating budget passed in June of 2015 expanded this funding such that during the 2015-16 school year, 72% of kindergarten students were funded and in the 2016-17 school year, 100% were eligible to receive funding.

Per OSPI, schools that received funding for FDK were initially required to offer full-day classes for all kindergarteners; however, given concerns from some districts that this would essentially limit the number of students they could provide FDK to, schools were not required to offer FDK in every classroom for school year 2016–17 if they did not have capacity to do so.[79] OSPI will still provide funding for students in FDK classrooms and one-half day funding for those who are not, but schools must prioritize low-income students for the FDK classrooms. However, beginning in 2017-18, all school districts were required to offer FDK for all incoming kindergarteners.

As part of the state-funded FDK program, implementation of the Washington Kindergarten Inventory of Developing Skills ("WaKIDS") is required in all state-funded FDK classrooms.[63] This is an assessment program that is done early in the school year to identify the developmental status of kindergarteners. Six key developmental and skills domains are assessed: math, cognitive, social-emotional, physical, literacy, and language. The data are used to inform both state and district-level education policy, as well as classroom-level decisions about individual student learning. In addition to mandated implementation in state-funded kindergarten classes, other schools may choose to participate in WaKIDS voluntarily. WaKIDS was administered to 80,956 kindergarteners statewide across 1,154 schools in 2017-18.[63]

The 2017-18 WaKIDS data show that math continues to be the lowest scoring skill among incoming kindergartners statewide; however, there have been improvements, with 66% demonstrating expected characteristics in both 2016-17 and 2017-18, compared to 61% in in 2015-16 and 53% in 2014-15.[20] Only 47% of kindergarteners assessed statewide demonstrated expected skill levels in 6 of 6 domains in both 2016-17 and 2017-18, though this was up from 44% in 2015-16. Among low income kindergartners it was even lower, at only 32%. Additional opportunity gaps are evident by differences among racial/ethnic groups. Statewide, only 45% of Native Hawaiian/Other Pacific Islander children showed expected math competency, whereas 81% of Asian children demonstrated competency. In the Olympic Educational Service District (OESD), which serves most of Kitsap County as well as Jefferson and Clallam counties, the scores tended to be about the same as the state, though slightly higher in math (69%) and lower in physical (79%). Overall, 46% of OESD kindergarteners assessed met 6 of 6 domains in 2017-18; this dropped to 30% for low income students.

While the list of participating schools for 2017-18 was not available from OSPI, the assessment data by district were available.[20,63] In the Bainbridge Island School District, 76% of 212 assessed demonstrated characteristics expected skill levels of entering kindergartners in 6 of 6 domains.[20] In Bremerton, it was only 38% of 419 kindergartners assessed; Central Kitsap had 55% of 797; North Kitsap had 52% of 403; and South Kitsap had 42% of 694. In math skills, the proportion of students who demonstrated expected levels, by district, were as follows: 93% in Bainbridge Island; 56% in Bremerton, 75% in Central Kitsap, 73% in North Kitsap, and 74% in South Kitsap.

Ninety-four percent of the 2013 KICC Head Start/Early Head Start Parent Survey respondents reported feeling that they have enough resources to get their child ready for kindergarten. However, only 45% reported that they read to their child at least 6 times per week on average; 40% reported reading 3 to 5 times per week. Still, 15% of respondents reported only reading to their children two times per week or less. Data from the 2016 parent survey show similar results: 92% of respondents said they had enough resources to get children ready for kindergarten; 41% read to their child 6 or 7 times per week; 39% read 3-5 times per week; and 21% read two times or less per week.

M. Populations of Special Consideration

Guatemalan Families

A population of immigrants from Guatemala has established itself locally in Kitsap County. These immigrants generally do not speak Spanish, but rather a dialect called Mam which is a spoken language

only. These families face many challenges in our community. Since translators for Mam are rare, basic communication is often a challenge. Many are undocumented, so parents work 'under the table' jobs with long hours that do not allow as much time to be spent with their family members, and often require them to rely on friends to help provide child care at odd hours. Other unique problems that have been reported include some families needing education regarding who to call in an emergency or U.S. societal norms and laws about adult supervision of children. However, there are also cultural elements that greatly benefit these families. Parents are typically involved in the child's learning and participate in all aspects. Many of the parents are just learning to play for the first time with their children since this is a foreign concept to their children.

In June 2015, the Kitsap Public Health District (KPHD) began "Grupo de Mamas," which provides perinatal and parenting education to Central American indigenous immigrants in a culturally appropriate environment utilizing an adapted evidence-based curriculum. It aims to reduce social isolation, improve maternal health and well-being, promote healthy child growth and development, and avoid healthcare expenses related to preventable disease, unintended pregnancy, or inappropriate use of care. Emphasis is placed on listening to clients to understand their needs and help them build skills to improve their life course. A majority of these immigrants are isolated, have late or no prenatal care, report food insecurity, and cannot read or write.

The monthly 2-hour meetings are facilitated by a Public Health Nurse (PHN) and Community Health Worker (CHW), both of whom are bilingual (English-Spanish). Interpreters are provided for those that do not speak Spanish or English. Women are encouraged to bring their children. Time is spent partially on socialization, with lunch provided, and partially on education covering topics such as breastfeeding, fetal development, maternal self-care, postpartum mood disorders, injury prevention, ACEs, and building resiliency. Education is provided in a casual, inclusive setting that involves participants in hands-on activities and uses a "photo novella" curriculum model. The PHN and CHW also provide health screenings, mentoring, support, assessment, and referrals to community resources/services. KPHD is hoping to add a child care component to the group that will promote early learning through guided play. Adding this component will allow women to focus on the education presentations and build relationships with one another without the distraction of having to meet their children's needs.

The OESD is also serving several Guatemalan families, mostly in their home visiting programs, which serve children ranging from prenatal to age three.

Non-English-Speaking Families

Spanish-speaking families have unique needs compared to English-speaking families. For example, among Spanish-speaking moms with newborns who were interviewed between October 2007 and October 2009 following a public health nurse home visit, 46% had an 8th grade education or less, 32% had an annual household income of less than $10,000, and 17% had either never been to the dentist or had not been in five or more years.[64]

VI. COMMUNITY RESOURCES TO ADDRESS THE NEEDS OF HEAD START/EARLY HEAD START ELIGIBLE CHILDREN AND FAMILIES

A. Resource Needs and Usage

Feedback from Head Start/Early Head Start Parents

Parents of Head Start/Early Head Start students were surveyed during fall 2013 and again in late spring 2016 about community services. The most common barriers to accessing service per the 2013 survey were that they exceed income guidelines to receive services, lack transportation, don't know about services, and affordable housing is not available. The top three needs included affordable housing, affordable dental care, and employment/education/skill building. The 2016 survey showed that the most important needs were childcare, affordable dental care, housing, living wage jobs, nutritious foods, help with utilities, affordable medical care, and basic education. The most commonly cited barriers to getting services included not being eligible (not qualifying) for help (39%), inability to afford fees or co-pays (37%), having to work during service hours (26%), and not having childcare while finding/getting help (23%).

Social Service Provider Survey

The Social Service provider survey conducted in 2013 was described in detail in the 2014 Comprehensive Assessment. Although these survey responses reflect only a single point in time, they are still the most recent data we have about usage of many of the local social service agencies. As previously described, the majority of agencies indicated an increase in service usage. Respondents noted more single parent families, increased demand for dental care among the uninsured, more substance misuse, and in increase in basic needs among low-income families. Emerging issues included availability of mental health resources for young children, therapists to work with infants and young children with disabilities, better transportation options, housing for people with criminal histories, respite homes for children, affordable housing, free child care, and substance abuse treatment. Additional needs identified included jobs, evening child care, housing assistance, financial assistance, family-oriented and timely treatment and recovery services, assistance to families with special needs children, parenting education to all teens and young adults, and conflict resolution among mixed families.

Peninsulas' 2-1-1 System

The Washington State 2-1-1 system provides comprehensive information and referral services for no charge for those who access the system by telephone or by internet. The local regional system serving Kitsap, Jefferson, Clallam, Mason, Grays Harbor, and Pacific counties is called Peninsulas' 2-1-1. It is operated from Kitsap Mental Health Services. During 2017, there were 3308 logged calls from Kitsap County, which was comparable to 2016 (3,103) and 2015 (3,717); on average there were 275 calls per month in 2017.[65] The most commonly requested referral for services was for legal help, followed by housing/low-cost housing, utilities, family/individual/community needs and food/nutrition programs. The most commonly requested referrals vary from year to year and were not consistent, although housing, utilities and legal have been high on the list for the past few years.

B. Local Community Resources

Children with Special Needs

The Holly Ridge Center is a private non-profit agency serving the Kitsap County and the Olympic Peninsula.[66] As previously noted it is the area's IDEA Part C provider. The Infant Toddler Program (ITP) is the only one of its kind on the Olympic peninsula that provides early intervention services to children under 4 years old who have developmental delays.

Mental Health

As indicated by the social service provider survey and anecdotal reports, there is a shortage of mental health services for young children. The Peninsulas Early Childhood Mental Health Consultation Group is a local, active group consisting of providers and those with an interest in the field.[67] The group meets monthly and is a resource for the community.

Kitsap Mental Health Services (KMHS) provides an extensive array of mental and behavioral health care targeted to child and family health. A short list of the many services includes mental health assessments, evidence-based therapy for trauma and parent-child interaction, home-based individual or family therapy, education, skill building, and advocacy work tailored to family needs, and intensive support specializing in foster care issues. It is a non-profit center providing both inpatient and outpatient services. The vast majority of clients served are at or below the federal poverty level. Per their 2016 annual report, KMHS served a total of 6,873 clients (about 1,400 more than in 2014), of which 1,718 were children aged 0 to 17.[68] They further report that, for at least 1,000 of these people, Medicaid Expansion allowed them access to care. They saw a 21% increase in new requests during 2015 and an increase of 34% in demand for services in 2014, resulting from the 2014 Affordable Care Act, which involved adding 60 new direct care staff, including more clinicians to their Child and Family Services Teams. In 2016, a PCHS Dental Clinic opened on KMHS campus, which is believed to be the first example in the nation of co-locating dental and behavioral health services. In addition, they partnered with Kitsap Community Resources to establish the Housing and Recovery through Peer Services, or "HARPS program, which assists adults exiting psychiatric or chemical dependency treatment with housing and community support needs. The Western State Peer Bridgers Program was also created, with two Peer Specialists available to assist clients with pre and post discharge supports for successful community reintegration, including securing housing.

Women and Mothers

Programs that support women of child-bearing age in Kitsap County include the Take Charge Medicaid family planning program, Maternity Support Services for Medicaid-eligible women, the GRADS program for pregnant and parenting teens, and Nurse Family Partnership.

As indicated by EHS/HS/ECAEP parents in the 2013 and 2016 survey, there are a fair proportion of mothers who do not breastfeed their infants at all (close to 1 in 5), and those who do may not continue for long. Thus, the New Parent Support Program (*see Breastfeeding in Section V-C above*), including breastfeeding support from nurses and lactation consultants, may be beneficial for EHS/HS families. Mothers and their babies are encouraged to attend on a drop-in basis, including as many return visits as desired. There is no fee for participation.

Fathers

The focus of children's health often focuses on women and infants, but the health and participation of fathers is a critical component that is often overlooked. Nearly half (47%) of fathers of EHS/HS program enrollees took part in father-targeted activities during 2014-15. During 2015-16, the proportion of fathers (or father figures) who were involved in child development experiences (e.g. home visits, parent-teacher conferences, etc.) for their child was 45% for EHS families and 38% for HS families. This yields an overall EHS/HS participation rate of 40%. During 2016-17, the proportion was even lower, with only 1 in 4 fathers participating (Table 21).[10]

Table 21. Number of Fathers/Father Figures Who Participated in Child's Head Start Child Development Experiences: 2016-17[10]

	Early Head Start		Head Start	
	# children	% of enrolled children	# children	% of enrolled children
Kitsap Community Resources	24	24%	79	25%
Olympic Educational Service District	46	14%	34	17%
Port Gamble S'Klallam Tribe	31	74%	19	58%
Suquamish Tribe	27	64%	26	72%
Kitsap County Total	128	25%	158	27%

Kitsap County has a chapter of the Washington State Father's Network, which connects men with other dads, resources, information and education.[69] The group focuses on assisting fathers as they become more competent and compassionate caregivers for their children with special needs. Not all chapters meet regularly, but all have a point person who can be contacted for advice as needed. There are occasional events that are open to all, including the annual Fathers Conference and annual campout in Anacortes.

Childcare Improvement

Early Achievers is Washington's Quality Rating and Improvement System (QRIS), which gives training, technical assistance, coaching, awards, scholarships, and other benefits to child care providers to improve the quality of their care. It also aims to provide ratings of child care programs to families looking for childcare.

On July 6, 2015, the Early Start Act, which commits to expanding high quality early learning, was signed into law. According to the Department of Early Learning, this should "ensure that the child care providers, especially those who serve low income families, receive all needed help and resources to sustain high quality programming." [70] The Early Achievers program is the mechanism being used to help improve quality for kids who are most at-risk for being unprepared for starting kindergarten. The legislation mandates quality levels, including a single set of licensing standards, for child care and providers that accept ECEAP funding and/or child care subsidies. Licensed or certified center- and home-based early learning sites serving non-school age children and receiving state subsidy payments and ECEAP providers must participate in the Early Achievers System by the required deadlines established by state law, but participation is voluntary for licensed or certified center- and home-based early learning sites not receiving state subsidy payments and early learning sites not receiving state funds.

Statewide a total of 2,661 facilities had joined as of October 2015, including 2,303 (45%) of licensed providers.[70] In Kitsap County, this included 42 of 129 (33%) licensed providers. By December 2016, according to DEL's 2016 Early Start Act Annual Report, there were 3,991 child care centers, family child care homes, and ECEAP/Head Start providers participating in Early Achievers.[83] This report also estimates that as of August 2016, there were 96,887 children 0 to 5 years being served by early learning providers participating in Early Achievers. The majority (65%) were in licensed child care centers, while 16% were in family child care homes, and 19% were in ECEAP or Head Start sites. By January 2018, the Early Achievers "Data Dashboard" report indicated there were 11,751 (93%) ECEAP slots served by Early Achievers sites statewide, including 307 of 324 (94%) in Kitsap County.[84]

Early Childhood Learning

In 2009, an Early Learning Partnership was established to collaborate on behalf of young children and families to develop a "roadmap to build a comprehensive, coordinated, effective, measurable, and accessible early learning system in Washington State."[71,72] The membership includes the Department of Early Learning, Office of the Superintendent of Public Instruction, and Thrive by Five Washington. An initial plan was released in 2010, with updated priority strategies released in 2014. The plan and strategies were intended to provide guidance and direction for priority setting, staffing and budget decisions, advocacy agendas, and partnerships, with an overall vision of making sure all children in our state have what they need to succeed in school and life. One component of the plan was to develop a set of indicators to measure the status and progress of readiness across 5 key areas: children, parents/families/caregivers, early learning professionals, schools, and systems/communities.

A 5-year report released in the fall of 2015 notes some key successes, including establishing a Home Visiting Services Account, being awarded the Race to the Top Early Learning Challenge Grant, developing a Racial Equity Theory of Change and a kindergarten readiness assessment process, along with many other accomplishments.[80] The report also outlines some remaining challenges to tackle, including needs for: (1) coordinated and improved levels of services for birth to age 3; (2) more affordable high-quality childcare for infants and toddlers; (3) more recruitment, training and adequate pay to develop an increased workforce of skilled early childhood professionals; (4) more facilities for preschool and full-day kindergarten as well as smaller K-3 class sizes; (5) better complete and integrated data to inform how existing programs and initiatives are working and contributing to improved readiness of kindergartners; (6) deeper understanding of the children and families being served and not being served; and (7) sufficient public will to support significant statewide investments in these critical first years of life.

The Olympic-Kitsap Regional Early Learning Coalition, formed in 2007, aims to raise public awareness and support for early care and education with the understanding that the early years of a child's life are critically important to lifetime health, well-being, and achievement.[73] The Coalition focuses on ensuring that parents, families, and childcare providers have access to health and education services. The steering committee has been reviewing school readiness data and sponsored the development of Regional School Readiness Assessment reports for each of the 15 school districts in our region. Based on feedback about the reports, a plan is being developed to improve them in order to better support the needs of users. The reports summarize key factors related to school readiness, including the local

socioeconomic factors, pregnancy and births, family health, child health, school success, and early education. The 15 community profiles were updated in May 2016.

The First Peoples First Steps Alliance (Alliance) is dedicated to promoting school readiness among Native children and families by sharing best practices, replicating successful programs and advocating for appropriate early learning policy issues with respect to Native children. A large body of evidence demonstrates the value to Native children of having Native teachers from their communities. However, teacher qualification requirements may actually be reducing the number of Native teachers in classrooms. Estimates for 2012-13 showed that 75% of Head Start/Early Head Start teachers in Native classrooms are not meeting the new requirements for lead teachers to have bachelor's degree and assistant teachers to have an associate's degree.[74] A preparation program for Native Head Start teachers has been modeled after the First Peoples' tribal teacher certification program for public schools.[75] Native language, culture, and oral traditions would be integrated into early education degree programs. As of January 2014, a contract between the Foundation for Early Learning (FEL) and the HSSCO was in place to explore alternative credentialing options for tribal early learning teachers.[76] The Alliance has continued its work in 2015 to Native early learning professionals in classrooms, and has partnered with the Early Childhood Teacher Preparation Council to support this work. Additional work is ongoing to explore how to culturally appropriate ways of preparing Native children for kindergarten while adhering to federal goals and requirements for funding.

Homeless and Other Vulnerable Persons

Project Connect is an annual event every January that provides services, information and resources to homeless and other vulnerable persons.[40] It is a "one-stop shop" for information on shelter/housing, WIC, and other resources, as well as services such as vision screening, mental health services, haircuts, immunizations, etc. Items such as coats and sleeping bags are also distributed. A variety of local service agencies partake in the annual event. It is sponsored by the Kitsap Continuum of Care Coalition, which provides planning, coordination, advocacy, and education in order to end homelessness. During 2016, an estimated 500 local, low-income and homeless residents attended the event held in Bremerton.[40] In 2017, about 450 residents attended.

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APPENDIX A. 2016 Parent and Community Survey

Kitsap Inter-Agency Coordinating Council and Kitsap Community Resources
2016 Community Survey

Note: If you have already completed this survey with Kitsap Community Resources or with any of the Head Start, ECEAP or Early Head Start programs, you do not need to complete this survey.

The purpose of this survey is to collect information that will help us better understand the needs of individuals and families and improve our services. Your answers are very important to us and are anonymous – your name will not appear anywhere on the 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 as a group and used for planning purposes only. Results will be shared in our 2017 Community Needs Assessments to help guide the development of our programs and support continuous improvement.

This is another wonderful way for you to have a voice in improving services to children and families.
Thank you for your participation!

Sincerely,
Monica Bernhard, Kitsap Community Resources
Jacki Haight, Port Gamble/S'Klallam Tribe
Nigel Lawrence, Suquamish Tribe
Kristen Sheridan, Olympic Educational Service District 114
Connie Mueller, Kitsap Community Resources

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1. What is the zip code where you live? _____

2. Do you know what School District you live in?
   - ☐ No
   - ☐ Yes → *If yes,* what School District:

     _____

3. How many children do you have? _____

4. How many total persons live with you? _____

5. Is English your primary language?
   - ☐ No → *If no,* what is your primary language?_____
   - ☐ Yes

COMMUNITY SERVICES

6. Check if any of the following are extremely important needs for your household:

___ Affordable Dental Care
___ Housing
___ Help with Utilities
___ Nutritious Food
___ Basic Education
___ Mental Health Services
___ Volunteer Opportunities
___ Food Education
___ Drug Alcohol Services
___ Affordable medical care
___ Living Wage Jobs
___ Help Getting Food
___ Transportation
___ Childcare
___ Legal Help
___ Budgeting and Financial Education
___ Domestic Violence Services
___ Disabilities/Special Needs

7. Check if any of the following services are hard to get:

___ Affordable Dental Care
___ Housing
___ Help with Utilities
___ Nutritious Food
___ Basic Education
___ Mental Health Services
___ Volunteer Opportunities
___ Food Education
___ Drug Alcohol Services
___ Clothing Banks
___ Marriage/relationship counseling
___ Affordable medical care
___ Living Wage Jobs
___ Help Getting Food
___ Transportation
___ Childcare
___ Legal Help
___ Budgeting and Financial Education
___ Domestic Violence Services
___ Nutrition (including WIC)
___ Emotional Counseling

8. Check how much of a problem the following barriers are to you and/or your family in finding or getting help with your basic needs:

Barrier	Not a Problem	Somewhat of a Problem	A Big Problem
Can't afford fees or co-payments			
Not eligible or don't qualify for help			
No transportation to/from help			
Don't know where to go for help			
Don't want to ask for help			
Services are not available in my area			
No childcare while finding/getting help			
Prior bad experience with service/program			
Have to work during service hours			
List any other barriers to finding or getting help:			

9. Is there anything that your family needs or has needed in the past year that you haven't been able to find in the community?

☐ No
☐ Yes → *If yes,* please describe what you needed help with: _____

HOUSING SERVICES

10. Are your housing conditions adequate? ☐ No ☐ Yes

11. Which of the following best describes your housing?

____Rent apartment or home ____Home with mortgage ____Home you own (no mortgage)
____With family/friends ____Emergency Shelter ____Living in car
____ Living outside ____ Other:
_____

12. What are your major housing concerns? *(mark all that apply)*

____I don't have any concerns _____Rent too high ____Utilities too high
____Can't find house in price range ____House needs repairs ____ Housing Not Safe
____Homeowners/renters insurance ____Other concerns, please describe:

13. If you are currently renting a home, how much do you pay each month for rent?

____ $0 _____Up to $300 ____$301 - $600 ____$601-900
____ $901 - $1,200 _____ $1,201 - $1,500 ____ $1,501 - $1,800 ____ More than $1,800

EMPLOYMENT

14. What is your employment status?

____Full-Time, with benefits____Full-Time, no benefits ____Part-Time, with benefits
____Part-Time, no benefits ____Temporary Training Position ____Entry Support Position
____Retired ____Unemployed/not searching ____Unemployed/job searching

15. What are your barriers to desired employment? *(mark all that apply)*

_____I don't have any barriers _____No transportation _____No jobs in my field
_____Pay too low to support a family _____Lack of training/experience
_____No childcare during work _____Mental disability _____Physical disability
_____Other barrier, please describe:

16. Do you have reliable transportation? ☐ No ☐ Yes

17. What are your barriers to reliable transportation? *(mark all that apply)*

____I don't have any barriers ____No public transportation ____No routes near home
____No car ____Price of gas ____Not enough money to maintain a vehicle
____Other barrier, please describe:

Children

If you <u>don't</u> have children in your home, please SKIP to Question #25.

18. Do you have any children enrolled in a Head Start/ECEAP/Early Head Start program in Kitsap County?

☐ No → *If <u>no</u>,* SKIP to Question #21
☐ Yes → *If <u>yes</u>,* which program?

☐ Olympic Educational Service District (OESD 114)
☐ Kitsap Community Resources (KCR)
☐ Port Gamble S'Klallam Tribe Early Childhood Education Program
☐ Suquamish Tribe Marion Forsman-Boushie Early Learning Center
☐ Other: _____

19. How do you feel <u>your child</u> benefits from the HS/EHS/ECEAP program?

To the right of each item, please place a check mark in the column that best describes your response.	Disagree	Somewhat Disagree	Somewhat Agree	Strongly Agree	Doesn't Apply
Opportunities to explore areas of their senses	☐	☐	☐	☐	☐
Safe nurturing environment	☐	☐	☐	☐	☐
Loving teachers	☐	☐	☐	☐	☐
Child directed activities	☐	☐	☐	☐	☐
Physical activity	☐	☐	☐	☐	☐
Provide a healthy, germ-free environment	☐	☐	☐	☐	☐
Family/community culture through language, song, drumming	☐	☐	☐	☐	☐
Learning to share	☐	☐	☐	☐	☐
Feels welcomed & valued in a way that acknowledges unique needs	☐	☐	☐	☐	☐
Introduction to pre-reading skills	☐	☐	☐	☐	☐
Support in introduction of healthy foods	☐	☐	☐	☐	☐
Opportunities to be sociable	☐	☐	☐	☐	☐

Comments:

_____

_____

20. How do you feel <u>you</u> benefit from the HS/EHS/ECEAP program?

To the right of each item, please place a check mark in the column that best describes your response.	Disagree	Somewhat Disagree	Somewhat Agree	Strongly Agree	Doesn't Apply
Child care while I work or go to school	☐	☐	☐	☐	☐
Have learned new parenting skills	☐	☐	☐	☐	☐
Feel good that my child is happy.	☐	☐	☐	☐	☐
Ability to use resources	☐	☐	☐	☐	☐
Knowledgeable teachers to talk to about the needs of my child	☐	☐	☐	☐	☐
Support on building relationship with my child	☐	☐	☐	☐	☐
Support with developing myself	☐	☐	☐	☐	☐
Contact with Family/Community Cultural practices	☐	☐	☐	☐	☐
Parent teacher meetings	☐	☐	☐	☐	☐
Have learned about culture-language/songs/dance	☐	☐	☐	☐	☐

21. Do you use any child care other than Head Start/ECEAP/Early Head Start for your child(ren) ages 0 to 5?

☐ No → SKIP to Question #22
☐ Yes

a. What other kind of child care do you use for your child(ren) ages 0 to 5? *(Mark all that apply)*

☐ Licensed/certified child care center
☐ Licensed/certified family child care home
☐ Family, friend, or neighbor provides care
☐ Other, please describe: _____

b. Have you had any difficulty finding needed child care outside of Head Start/ECEAP/Early Head Start? *(Mark all that apply)*

☐ I haven't had any difficulty
☐ Cost too high
☐ Hours not flexible enough for my schedule
☐ Too far away/don't have transportation
☐ Wait list too long/no space available
☐ Not satisfied with quality of care
☐ Other, please describe: _____

22. Do any of your children have a disability that needs attention on most days?

☐ No → SKIP to Question #23
☐ Yes

a. Have you been able to get enough help and support to deal with your child's disability at home?

☐ No
☐ Yes

b. What additional support would be helpful in dealing with your child's disability?
(Mark all that apply)

☐ Nothing, I have all the support I need
☐ Educational materials
☐ Learning appropriate behavior modification techniques
☐ Help in my home (home visiting program)
☐ Conferences with my child's teachers
☐ Other, please describe: _____

23. In an average week, how often do you read with your child?

☐ Never
☐ Once
☐ Twice
☐ 3 to 5 times
☐ 6 or 7 times

24. Do you feel your family has enough resources to get your child(ren) ready for kindergarten?

☐ No → *If no,* please explain:
_____

☐ Yes
☐ Don't know

HEALTH CARE

	You	Your child(ren)
25. Is there a particular clinic, doctor's office or other place that you and your child(ren) usually go to if you are sick or need advice about health?	☐ No ☐ Yes, one place ☐ Yes, more than one place ☐ Don't know	☐ I don't have any children ☐ No ☐ Yes, one place ☐ Yes, more than one place ☐ Don't know

	You	Your child(ren)
26. If you do not have a place you or your child(ren) usually go for medical care, what is the reason you don't? *(Mark all that apply)*	☐ Haven't needed a doctor ☐ Don't know where to go ☐ No insurance/can't afford ☐ Can't get to office (too far away, no transportation, schedule doesn't work) ☐ Previous doctor moved/not available ☐ Don't trust/like/believe in doctors ☐ Speak a different language ☐ Other, please describe: _____ ____	☐ I don't have any children ☐ Haven't needed a doctor ☐ Don't know where to go ☐ No insurance/can't afford ☐ Can't get to office (too far away, no transportation, schedule doesn't work) ☐ Previous doctor moved/not available ☐ Don't trust/like/believe in doctors ☐ Speak a different language ☐ Other, please describe: _____ ____
27. How long has it been since you and your child(ren) last visited the dentist or a dental clinic?	☐ Within the past year ☐ Within the past 2 years ☐ Within the past 5 years ☐ 5 or more years ago ☐ Don't know	☐ I don't have any children ☐ Within the past year ☐ Within the past 2 years ☐ Within the past 5 years ☐ 5 or more years ago ☐ Don't know
28. If you or your child(ren) haven't visited the dentist in the past year, what is the reason that you haven't? *(Mark all that apply)*	☐ No reason to go (no problems, no teeth) ☐ Don't have/know a dentist ☐ No insurance/can't afford ☐ Fearful or nervous about going/don't like to go ☐ Can't get to office (too far away, no transportation, schedule doesn't work) ☐ Haven't thought of it/hasn't been important ☐ Other: please describe_____ __	☐ I don't have any children ☐ No reason to go (no problems, no teeth) ☐ Don't have/know a dentist ☐ No insurance/can't afford ☐ Fearful or nervous about going/don't like to go ☐ Can't get to office (too far away, no transportation, schedule doesn't work) ☐ Haven't thought of it/hasn't been important ☐ Other, please describe: _____ _____ _____

The following questions are for women who have had a baby in the past five years. If you are <u>not</u> a woman who has had a baby in the past five years, please skip to Question #32.

29. During your *most recent* pregnancy, how many weeks pregnant were you when you had your first visit for prenatal care (not counting a visit for only a pregnancy test or WIC)?

☐ 1 to 13 weeks pregnant (1st trimester)
☐ 14 to 27 weeks pregnant (2nd trimester)
☐ 28 or more weeks pregnant (3rd trimester)

☐ I did not go for prenatal care
☐ Don't know

a. Did you get prenatal care as early in your *most recent* pregnancy as you wanted?

☐ No
☐ Yes → SKIP to Question #30
☐ I did not want prenatal care → SKIP to Question #30

b. Which of these things keep you from getting prenatal care as early in your *most recent* pregnancy as you wanted? *(Mark all that apply)*

☐ Couldn't get an earlier appointment
☐ Couldn't afford care/no money to pay for visits
☐ Couldn't find a doctor/nurse
☐ Couldn't get to office (too far away, no transportation, schedule didn't work)
☐ Other, please describe: _____

30. Did you go to a dentist or dental clinic during your *most recent* pregnancy?

☐ No
☐ Yes → SKIP to Question #31

a. If you did <u>not</u> see go to a dentist or dental clinic during your *most recent* pregnancy, were any of the following reasons why you did not? *(Mark all that apply)*

☐ Didn't know I should go
☐ Couldn't afford care/no money to pay for visits
☐ Couldn't find a dentist/dental clinic
☐ Couldn't get to office (too far away, no transportation, schedule didn't work)
☐ Other, please describe: _____

31. How long did you breastfeed your *most recent* baby?

☐ I didn't breastfeed at all
☐ Only in the hospital
☐ Less than 3 weeks
☐ 3 to 6 weeks
☐ 6 weeks to 3 months
☐ 3 to 6 months
☐ More than 6 months

WELL-BEING

32. Thinking about the amount of stress in your life, would you say that most days are…

☐ Not at all stressful
☐ Not very stressful
☐ A bit stressful
☐ Quite a bit stressful
☐ Extremely stressful

33. Thinking about your emotional well-being, which includes stress, depression or problems with emotions, how many days during the past 30 days was your emotional well-being a concern?

____ Number of days
☐ Don't know

34. How often on average do you participate in some form of physical activity such as walking, jogging, swimming, going to the gym, bicycling, gardening, etc. for exercise?

☐ At least 5 times a week
☐ At least 3 times a week
☐ At least once a week
☐ Less often than once a week
☐ Not at all

35. Have you smoked cigarettes or other tobacco products, even just a puff, in the past 30 days?

☐ No
☐ Yes

36. How much of a problem do you think drugs, including prescription drugs that are misused, are in your neighborhood or community?

☐ Not at all a problem
☐ A little bit of a problem
☐ Somewhat of a problem
☐ Quite a bit of a problem
☐ A very big problem
☐ Don't know

ABOUT YOURSELF

37. Have you moved in the last six months? ☐ No ☐ Yes

38. Has the language you speak ever been a barrier to finding or getting services in Kitsap County?

☐ No
☐ Yes
☐ Don't know

39. What is your age (in years)?

☐ Under 20
☐ 20-29
☐ 30-39
☐ 40-49
☐ 50-59
☐ 60-69
☐ 70+

40. What is your gender?

- ☐ Male
- ☐ Female

41. What is your marital status?

- ☐ Single
- ☐ Married
- ☐ Divorced
- ☐ Widowed
- ☐ Separated

42. What is your race? *(mark all that apply)*

- ☐ Black/African American
- ☐ White
- ☐ Asian
- ☐ Hawaiian or Other Pacific Islander
- ☐ American Indian/Alaska Native
- ☐ Hispanic/Latino

43. What is your monthly household income?

- ☐ No income
- ☐ Less than $500
- ☐ $501 - $1,000
- ☐ $1,001 - $2,000
- ☐ $2,001 - $3,000
- ☐ Above $3,000

44. What is the highest level of education you have completed?

____Less than high school ____Some high school
____High school graduate/ GED ____Some college or technical school
____Completed 2 year or technical school degree
____Completed 4 year college degree ____Completed Master/Doctorate degree

Thank you for completing this survey!

APPENDIX B. Summary of Results for 2016 Parent and Community Survey

Introduction

In May 2016, a joint community and parent survey was developed by Kitsap Community Resources (KCR) by merging the previous 2013 Kitsap Interagency Coordinating Council (KICC) parent survey and 2013 KCR community survey. The four KICC agencies, including KCR, Olympic Educational Service District, Port Gamble S'Klallam Tribe Early Childhood Education Program, and the Suquamish Tribe Marion Forsman-Boushie Early Learning Center, distributed hard copy surveys to the parents of children enrolled in their Head Start (HS) and Early Head Start (EHS) programs. Additionally, KCR distributed both hard copy and electronic versions of the survey to community clients utilizing their services. All participants were asked to voluntarily and anonymously respond. The intent of the survey was to assess the community need for a variety of services, including transportation, housing, childcare, etc., as well as satisfaction with the HS/EHS programs.

Responses to the survey were analyzed by KPHD Epidemiology and Assessment Program. For this analysis, responses were limited only to respondents who identified themselves as having a child enrolled in one of the four KICC agency HS or EHS programs. A separate analysis was summarized for KCR including all the community member responses too. Not all questions required a response; each question indicates the number (n) of respondents who answered the specific question.

Results

A total of 140 surveys indicated the respondent had a child enrolled in a Head Start/ECEAP/Early Head Start program. However, 8 (6%) did not specify which program. Table 1 shows the program affiliation for those who did specify, the majority (60%) of which were parents of children in KCRs programs. Suquamish parents represented the smallest proportion of parents responding. Three parents chose more than one program; all 3 selected both OESD and KCR.

Table 1. Programs in which Respondents have Children Enrolled

Which Head Start/ECEAP/Early Head Start program, n=132	# respondents	% respondents
OESD	24	18%
KCR	79	60%
Port Gamble S'Klallam	26	20%
Suquamish Tribe	6	5%

While OESD has the largest child enrollment of any of the four KICC agencies, they only accounted for 18% of respondents of the KICC parent survey. This may have been because OESD had just issued their own separate parent survey within a month of this KICC survey. Whatever the reason, this raises the question of what was the response rate (i.e., what percentage of the total parents of all enrolled children responded)? This is important to consider because it provides a gauge for how representative the data are of the total parent population. For these purposes, we assume that each parent (or set of parents) responded only once, which is probably a reasonable assumption. When compared to child

enrollment numbers per program from the 2015-16 PIRs, the numbers of parent respondents per program are very low (Table 2). Granted, respondents may have multiple children enrolled, but even if they did, there is still a sizable gap in terms of how many parents of enrolled children are represented. Data from other survey questions tells us that 73% of respondents have more than 1 child and 26% are using child care other than HS/ECEAP/EHS for children 0-5 years. However, we do not know either the ages for the parents' reported number of children, nor obviously how many of those that are 0-5 are enrolled in HS/ECEAP/EHS programs. Since some parents noted they have only 1 child *and* are using other childcare, that cannot be used to rule out participation of a second (or more) child. Using a cross-tabulation of the number of children per parent respondent by program, we can calculate the maximum number of potential kids of the respondents that could have in HS/ECEAP/EHS programs (Table 2). This is surely an overestimate since it assumes all children of each parent are enrolled, but even so, these estimated proportions of children represented are still low for all but S'Klallam. On the whole, there was an underwhelming participation rate among parents. Therefore, the data may not be generalizable or reflective of the entire parent community, and caution should be exercised in interpreting these results – especially any breakdown of results by program. In most instances, due to respondents not always answering every question, breakdowns by program are not possible given very small numbers. A few selected tables by program are provided at the end of the results section.

Table 2. Parent Respondents, Child Enrollment, and Estimated Survey Representativeness by Program

Program	# parent respondents	maximum # kids potentially in EHS/HS	total EHS and HS child enrollment	estimated % of children represented
OESD	24	54	466	12%
KCR	79	204	418	49%
S'Klallam	26	69	77	90%
Suquamish	6	21	80	26%
Total	135	348	1041	33%

The demographic characteristics of the parent respondents are shown in Table 3. Respondents were overwhelmingly female (87%). None were under 20 years old; the majority were 20-29 (52%) with the next largest group expectedly 30-39-year-olds (35%). Some parents are likely grandparents or other guardians as the age range went up to the 60-69 years. Since more than one race could be selected, the proportions do not add up to 100% and should be interpreted as the percentage of respondents that identify as being as least partially from that race. The majority (71%) identified as White, while the second largest group (20%) were American Indian or Alaska Native (AI/AN) persons. There were similar proportions of Black/African American (9%) and Hispanic/Latino (8%) respondents. Asian and Hawaiian/Other Pacific Islander each accounted for <5% of respondents. While AI/AN is a minority in Kitsap County as a whole, this parent survey included to tribal-based programs, thus likely accounting for the large proportion of parents identifying as AI/AN.

Nearly equal proportions of respondents reporting being married (44%) and single (41%); another 10% reported being divorced. A little over one-third (39%) do not have more than a high school education; only 12% had a 4-year college degree or graduate-level degree. More than half (58%) of the parent

respondents indicated their monthly income was less than $2,000. In 2016, the minimum wage was $9.47, which roughly equates to $1,641 per month. This means that the majority of parents are making less than minimum wage; 6% noted they have no income at all.

Table 3. Demographic Characteristics

Characteristic	# respondents	% respondents
Gender, n=126		
Male	16	13%
Female	110	87%
Age, n=130		
Under 20	0	0%
20-29	67	52%
30-39	45	35%
40-49	11	8%
50-59	4	3%
60-69	3	2%
70+	0	0%
Race, n=130		
Black/African American	12	9%
White	92	71%
Asian	1	1%
Hawaiian or Other Pacific Islander	5	4%
American Indian/Alaska Native	26	20%
Hispanic/Latino	11	8%
Marital Status, n=131		
Single	54	41%
Married	57	44%
Divorced	13	10%
Widowed	2	2%
Separated	5	4%
Education, n=132		
Less than high school	6	5%
Some high school	8	6%
High school graduate/GED	37	28%
Some college/technical school	43	33%
2 year or technical school degree	22	17%
4 year college degree	9	7%
Master/Doctorate degree	7	5%
Monthly Income, n=126		
No income	8	6%
Less than $500	6	5%
$501-$1,000	21	17%
$1,001-$2,000	38	30%
$2,001-$3,000	38	30%
Above $3,000	15	12%

As shown in Table 4, nearly all respondents (99%) indicated that their primary spoken language is English, with the remainder listing Spanish. Since English was the primary language of most, it is not surprising that very few (an equal number to those listing Spanish as their primary language responded affirmatively that their language has been a barrier to service for them.

Table 4. Primary Language Spoken and Language as a Barrier to Services

Language	# respondents	% respondents
Primary Language, n=139		
English	137	99%
Spanish	2	1%
Has language ever been a barrier to services? n=132		
No	130	98%
Yes	2	2%

Most respondents (75%) have between 2-5 other people living with them (Figure 1). The number of children per respondent ranged from 1-13, though 73% had 2 or more children (Table 5).

Figure 1. Number of People Living with the Respondent (n=139)

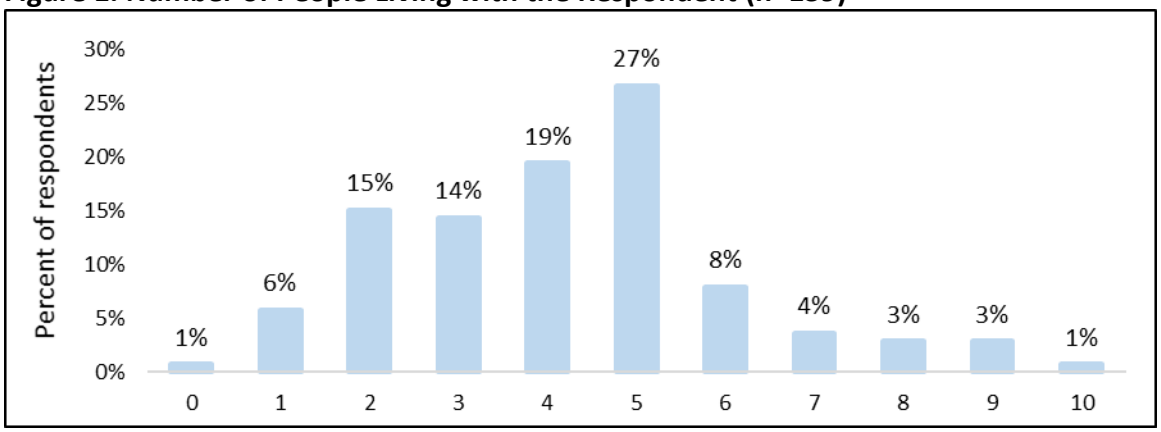


Table 5. Number of Children per Respondent (n=139)

Number of Children, n=139	# respondents	% respondents
0	1	1%
1	37	27%
2	41	29%
3	28	20%
4	15	11%
5	10	7%
6	3	2%
7	2	1%
13	2	1%

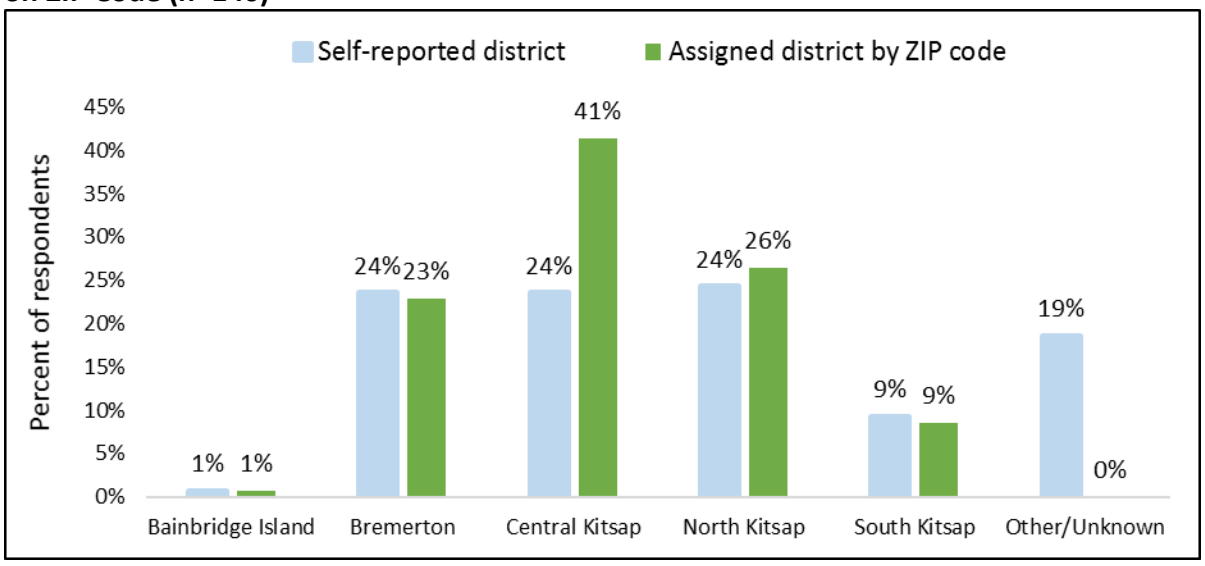
Respondents identified the location where they live by both school district and ZIP code. However, despite a 100% response rate (140 respondents) to the School District question, 19% indicated that they did not know their school district. There were some substantial differences identified when comparing the reported school district to that assigned according to reported ZIP code, mostly with

Central Kitsap and the unknowns (Figure 3). Note that 98312 was assigned to Central Kitsap, even though this ZIP code crosses both Bremerton and Central Kitsap. Note that 82% percent of respondents (n=132) reported having moved within the past six months.

Table 6. Residence by ZIP Code (n=140)

Residence Location	# respondents	% respondents
Zip Code, n=140		
98110	1	0.7%
98310	25	18%
98311	19	13.6%
98312	15	11%
98315	13	9%
98337	7	5%
98342	2	1%
98346	30	21.4%
98366	11	8%
98367	1	1%
98370	2	1%
98380	4	3%
98383	7	5%
98392	3	2%

Figure 3. Residence by School District According to Self-Reported District vs. Assigned District Based on ZIP Code (n=140)



Respondents were asked to select from a provided list any community services that were extremely important needs for their household, and then to identify which from the same list of services were hard to get. Table 7 compares the identified needs and perceptions of whether they are hard to get. Since more than one need could be selected by each respondent, the percentages will not add up to 100%. The top 5 services identified as important needs were: childcare, affordable dental care, housing, living wage jobs, and nutritious foods. The top 5 services identified as hard to get were: housing, living wage jobs, childcare, affordable dental care, and help with utilities. *(Tables for these data by program are provided at the end of the results section).*

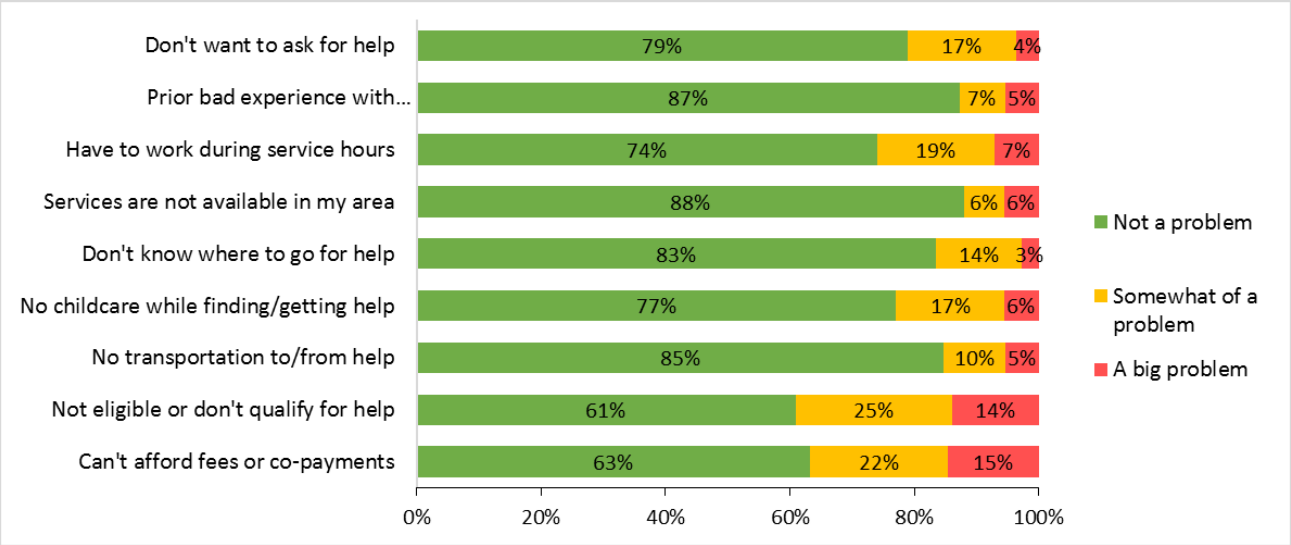
Table 7. Community Services Identified as Important Household Needs and Perceptions about Difficulty in Getting these Services

Community Service	Extremely Important Needs for your Household, n=88		Services that are Hard to Get, n=72	
	# respondents	% respondents	# respondents	% respondents
Affordable dental care	38	43%	17	24%
Affordable medical care	26	30%	10	14%
Basic education	22	25%	1	1%
Budgeting and financial education	19	22%	6	8%
Childcare	42	48%	21	29%
Disabilities/special needs	9	10%	N/A	
Domestic violence services	2	2%	1	1%
Drug/alcohol services	4	5%	0	0%
Food education	10	11%	3	4%
Help getting food	8	9%	2	3%
Help with utilities	27	31%	15	21%
Housing	35	40%	24	33%
Legal help	9	10%	5	7%
Living wage jobs	31	35%	22	31%
Mental health services	16	18%	3	4%
Nutritious food	30	34%	5	7%
Transportation	18	20%	10	14%
Volunteer opportunities	3	3%	0	0%
Clothing banks	N/A		4	6%
Emotional counseling	N/A		0	0%
Marriage/relationship counseling	N/A		2	3%
Nutrition (including WIC)	N/A		0	0%

When asked if there was anything their family has needed in the past year that they hadn't been able to find in the community, 84% of 131 respondents said no. Respondents who answered yes indicated the following items as being difficult to get: transportation/gas, dental care, clothing, job, food, legal help, budgeting classes, evening services, childcare, and youth sports.

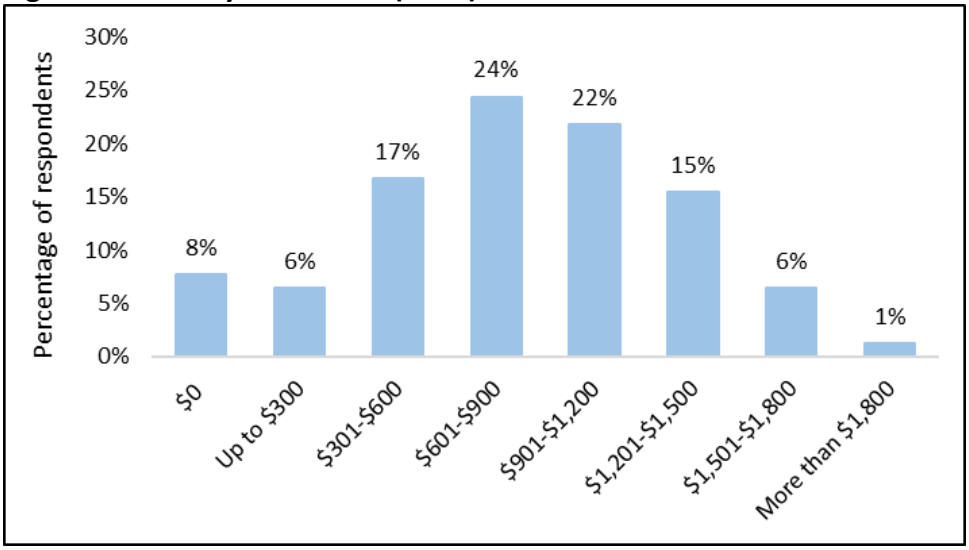
The survey also asked people to rank how much of a problem certain potential barriers to services were for them. Figure 4 illustrates the degree of difficulty each barrier is believed to be by all respondents. The top 5 barriers identified were: not eligible or don't qualify for help (39%); can't afford fees or co-payments (37%); have to work during service hours (26%); no childcare while finding/getting help (23%); and don't want to ask for help (21%). Comments respondents made on this question included that they need evening services (1); there are no local dentists that accept Molina for adults (1); time/gasoline (1); unable to find employment (1); usually make too much money so don't qualify for assistance they need (1); and work when daycare has training days (1).

Figure 4. Barriers to Finding Help with Basic Needs (n=109)



When asked about housing, 89% of respondents (n=136) said they had adequate housing. The vast majority (66%) of the total 140 respondents rent their home, but 19% own their homes, 13% were living with friends, and 2% reported living in their car or other. Of 129 who answered the question about housing concerns, 53% indicated they had none. However, 19% thought rent was too high, 16% indicated the house needed repairs, 15% felt utilities were too high, 7% cited concerns about homeowners/renters insurance, and 3% thought their housing was not safe. Some of the respondents provided comments about their housing concerns, including: being denied due to criminal background; not having storage (4); not being able to afford move-in costs; overcrowded conditions; being scared of being homeless again since only in a temporary place; not enough houses on the market; poor condition of the roof; black mold; and wanting more space. Only 85% of those who rent answered the question about monthly rent costs. As shown in Figure 5, 78% of these respondents (n=78) pay between $301-$1,500.

Figure 5. Monthly Rent Costs (n=78)



The majority (60%) of respondents were employed, either full-time or part-time, but 37% were unemployed (Figure 6). When asked about barriers to employment, the majority (59%) said they did not have any barriers (Table 8); however, of the barriers identified, the top 2 were pay too low to support a family (18%) and no childcare during work (11%).

Figure 6. Employment Status (n=137)

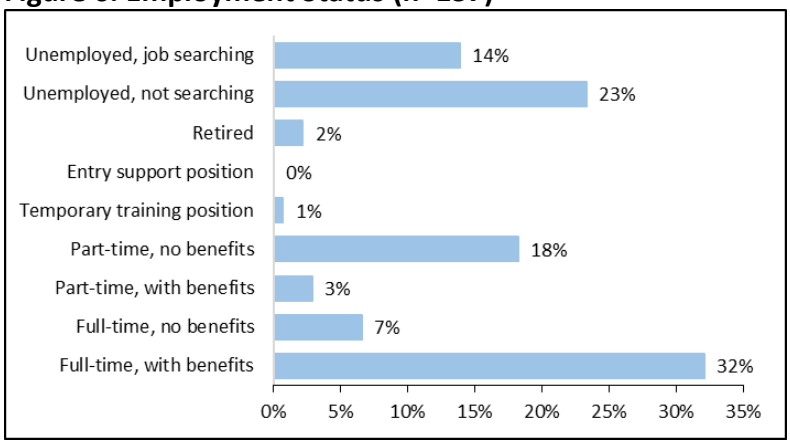


Table 8. Barriers to Desired Employment (n=129)

Barriers to Desired Employment, n=129	# respondents	% respondents
I don't have any barriers	76	59%
No transportation	7	5%
No jobs in my field	2	2%
Pay too low to support a family	23	18%
Lack of training/experience	9	7%
No childcare during work	14	11%
Mental disability	4	3%
Physical disability	6	5%
Other barrier	12	9%

Nearly all (93%) of 130 respondents indicated they had reliable transportation. Interestingly, when asked about barriers, only 97 of 128 (76%) indicated they did not have any barriers. The barriers identified are shown in Table 9, with the most commonly listed barrier being the price of gas. Those who selected “other barrier” specified the following: suspended driver’s license (4); buying a vehicle with few to no problems (1); and the price of car insurance (1).

Table 8. Barriers to Desired Employment (n=129)

Barriers to Reliable Transportation, n=128	# respondents	% respondents
I don't have any barriers	97	76%
Price of gas	19	15%
Not enough money to maintain a vehicle	18	14%
No car	8	6%
No public transportation	2	2%
No routes near home	0	0%
Other barrier	6	5%

In the healthcare section of the survey, respondents were asked whether they had a particular clinic/doctor's office they usually go to for themselves and for their children. There were 130 respondents to the former, and only 119 to the later. As shown in Figure 7, the vast majority had just a single healthcare provider's office for themselves (78%) and for their children (81%). Most of those that did not have a regular provider said it was because they hadn't needed to see a doctor; the other reasons varied (Table 9).

Figure 7. Use of Particular Healthcare Provider

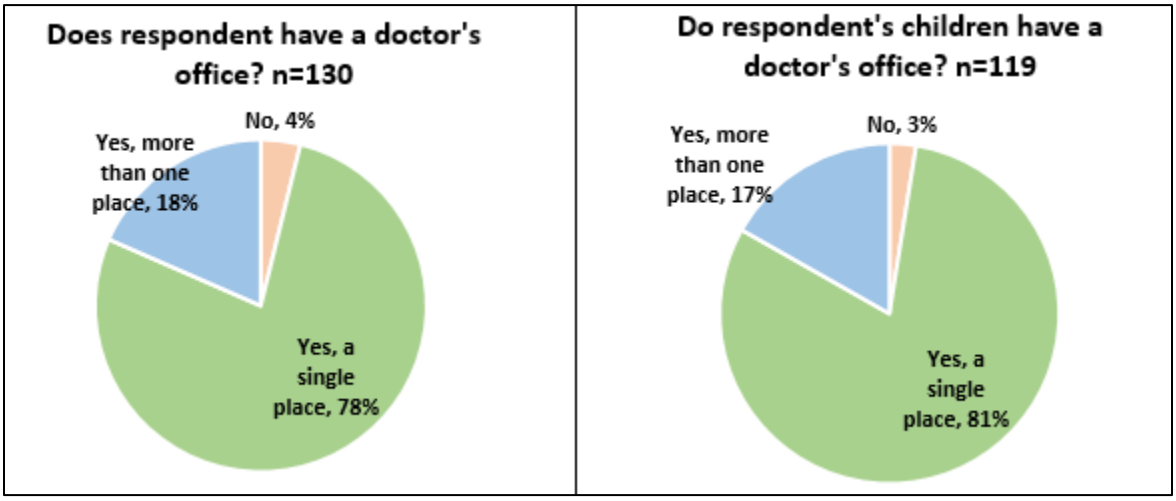


Table 9. Reasons for Not Having a Usual Place for Medical Care

What is the reason that you don't have a place to go for medical care?	You, n=25		Your children, n=18	
	# respondents	% respondents	# respondents	% respondents
Haven't needed a doctor	20	80%	15	83%
Don't know where to go	2	8%	2	11%
No insurance/can't afford	0	0%	0	0%
Can't get to office (too far away, no transportation, schedule doesn't work)	0	0%	0	0%
Previous doctor moved/not available	1	4%	0	0%
Don't trust/like/believe in doctors	1	4%	1	6%
Speak a different language	1	4%	0	0%

The survey did not ask about a regular dentist, but did query respondents about how long it had been since their last dental clinic visit. The majority (80%) of the respondents had been within the last year, and nearly all of them (95%) reported their children had been in the last year. The most commonly cited reason for both adults (41%) and their children (62%) for not having gone in the past year was that they hadn't seen any reason to go (i.e., no problems or no teeth).

Table 10. Length of Time Since Last Dental Visit

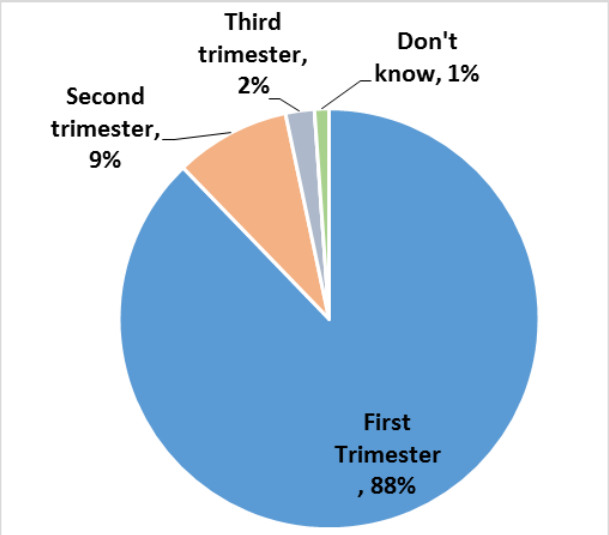
How long has it been since you and your children last visited the dentist/dental clinic?	You, n=128		Your children, n=114	
	# respondents	% respondents	# respondents	% respondents
Within the past year	103	80%	108	95%
1 to 2 years	5	4%	3	3%
3 to 5 years	8	6%	2	2%
5 or more years ago	8	6%	0	0%
Don't know	4	3%	1	1%

Table 11. Reasons for Not Visiting a Dentist in More than a Year

What is the reason you haven't visited the dentist in the past year?	You, n=37		Your children, n=21	
	# respondents	% respondents	# respondents	% respondents
No reason to go (no problems, no teeth)	15	41%	13	62%
Don't have/know a dentist	4	11%	1	5%
No insurance/can't afford	11	30%	2	10%
Fearful or nervous about going/don't like to go	5	14%	0	0%
Can't get to office (too far away, no transportation, schedule doesn't work)	1	3%	0	0%
Haven't thought of it/hasn't been important	3	8%	2	10%

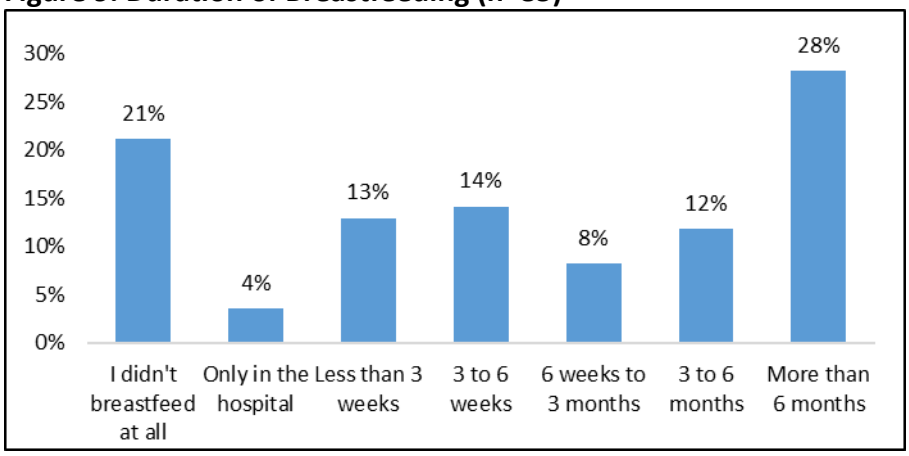
Of the 110 female respondents to the survey, 106 (96%) answered the question about whether they had a baby in the past 5 years. A total of 90 women indicated they had, and an impressive 88% reported that they had started prenatal care during the first trimester (Figure 8). Asked whether they got care as early as they wanted, 86 said yes, 1 said no, and 3 did not answer. Both the one who said now and those that didn't answer were in their first trimester. Three women (2 in their first trimesters and 1 in their second) commented that they couldn't get an earlier appointment. One second trimester woman said she couldn't afford care as the reason for not going earlier; and another said she was waiting for insurance. Of the 90, 59% saw a dentist during their pregnancy. The remainder did not for a variety of reasons, including: couldn't afford (6), didn't know they should (4), couldn't find a dentist (2), and couldn't get to the dentist (2).

Figure 8. Prenatal Care Initiation (n=90)



Most (79%) of the pregnant women breastfed their babies for at least some period of time (Figure 9). A little more than a quarter (28%) continued for longer than 6 months.

Figure 9. Duration of Breastfeeding (n=85)



In order to assess emotional well-being, respondents were asked how many of the past 30 days their emotional well-being (including stress, depression, or problems with emotions) was a concern. More than a third (35%) said they didn't know. Excluding those, 55% of the respondents had at least some days on which emotional well-being was a concern, though for most this was limited to only a week or less (Table 12).

Table 12. Number of Days in the Past 30 Days that Emotional Well-Being was a Concern

How many of the past 30 days was your emotional well-being a concern? n=75	# respondents	% respondents
0	34	45%
1 to 7	22	29%
8 to 14	5	7%
15 to 21	7	9%
22 to 30	7	9%

Exercise and tobacco use were two other health measures assessed in the survey. More than a third (34%) of respondents indicated that they engaged in exercise at least 5 times per week (Table 13). A substantial proportion (41%) of the respondents indicated that they had smoked cigarettes or used other tobacco products in the past 30 days. These did not appreciably differ by program.

Table 13. Average Amount of Exercise per Week

How often on average do you participate in some form of physical activity for exercise? n=131	# respondents	% respondents
At least 5 times a week	44	34%
At least 3 times a week	36	27%
At least once a week	32	24%
Less often than once a week	15	11%
Not at all	4	3%

When asked about drugs in the community, 47% felt it was a quite a bit of a problem or a very big problem (Table 14). By program, the results were similar for OESD (43%) and KCR (39%), but were felt to be a much bigger problem by respondents who identified as having a child enrolled in the S'Klallam program with 83% responding drug misuse was quite a bit of a problem or a very big problem. There were too few responses to report on Suquamish.

Table 14. Perception of Drug Misuse in the Community

How much of a problem do you think drugs, including prescription drugs that are misused, are in your neighborhood or community? n=110	# respondents	% respondents
Not at all a problem	36	33%
A little bit of a problem	9	8%
Somewhat of a problem	13	12%
Quite a bit of a problem	18	16%
A very big problem	34	31%

Children: Care, Development, and Special Needs

About one-quarter (26%) of the respondents (n=133) report using childcare other than Head Start/ECEAP/Early Head Start for their children ages 0-5 years. When asked about which other types of childcare they use, nearly all (93% of 30) said they relied on a family member, friend, or neighbor. A few noted using other licensed childcare centers (2), drop-in daycares (2), or licensed home-based facilities (1). Of these 30, 40% said they had no trouble finding needed care outside of Head Start/ECEAP/Early Head Start, but others had experienced difficulty for the reasons shown in Table 15.

Table 15. Difficulty in Finding Childcare Outside of Head Start/ECEAP/Early Head Start

Have you had any difficulty finding needed child care outside of Head Start/ECEAP/Early Head Start? n=30	# respondents	% respondents
I haven't had any difficulty	12	40%
Cost too high	12	40%
Hours not flexible enough for my schedu	9	30%
Too far away/don't have transportation	4	13%
Wait list too long/no space available	5	17%
Not satisfied with quality of care	4	13%
Other	4	13%

Only 9 (7%) of 125 respondents said they had a child with a disability needing attention on most days. Although only 9 responded to the first question, a total of 11 persons responded to the question about getting enough help to deal with the child's disability at home. Of 11, 73% said they had enough help. The types of additional support that respondents indicated they could use were: educational materials (2); learning appropriate behavior modification (3); conferences with my child's teacher (1); getting disability benefits (1); sign language instruction (1); and modification of home for safety purposes (1).

Most (80%) respondents are reading to their children at least 3 times a week (Table 16), and the majority (92%) feel they have enough resources to get their children ready for kindergarten though 7% were unsure. Some comments about kindergarten readiness included they wished there were summer or year-round programs (2) and a desire for education about important things to work on (1).

Table 16. Frequency that Parents are Reading to Their Children per Week

How often do you read with your child in an average week? n=133	# respondents	% respondents
Never	1	1%
Once	8	6%
Twice	18	14%
3 to 5 times	52	39%
6 or 7 times	54	41%

Head Start/Early Head Start/ECEAP Program Feedback

The parent survey respondents were asked how they felt their child benefits from the program (Figure 10) and how they benefited (Figure 11). The responses were overwhelmingly positive for the children as well as for the parents themselves. However, a smaller proportion of parents

Figure 10. Parent Perceptions About How Their Children Benefit from the HS/EHS/ECEAP Program (n=90)

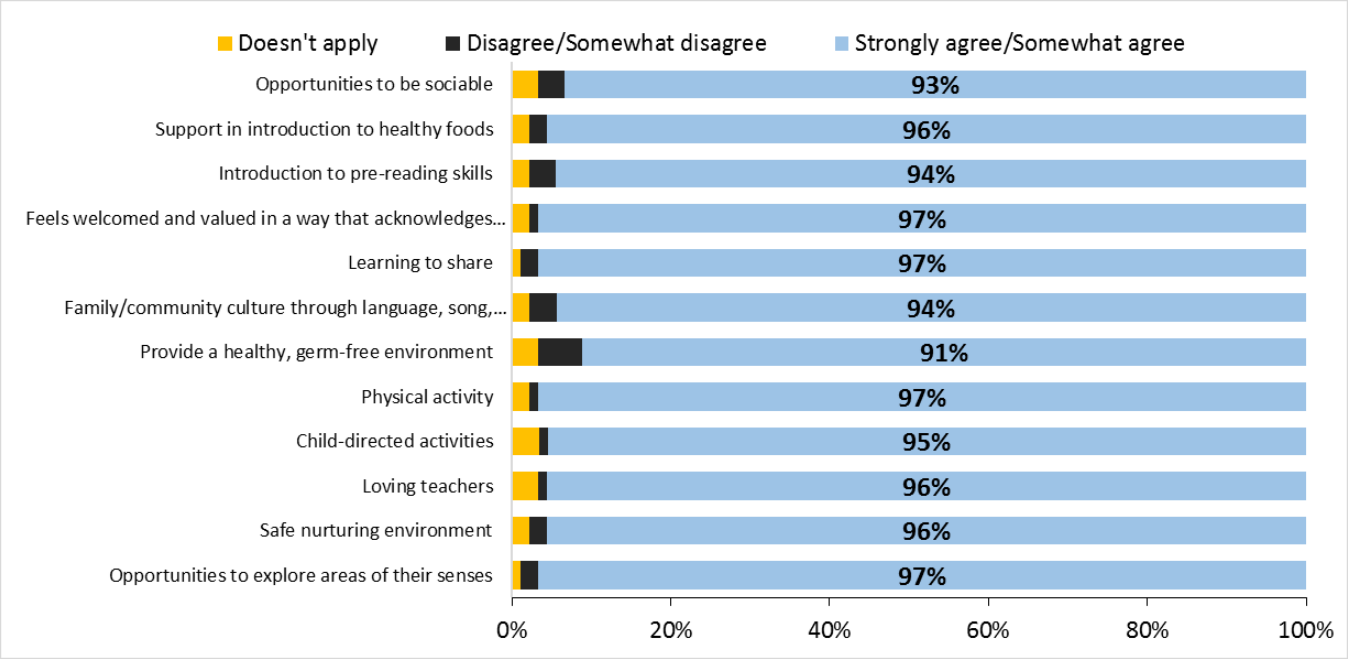
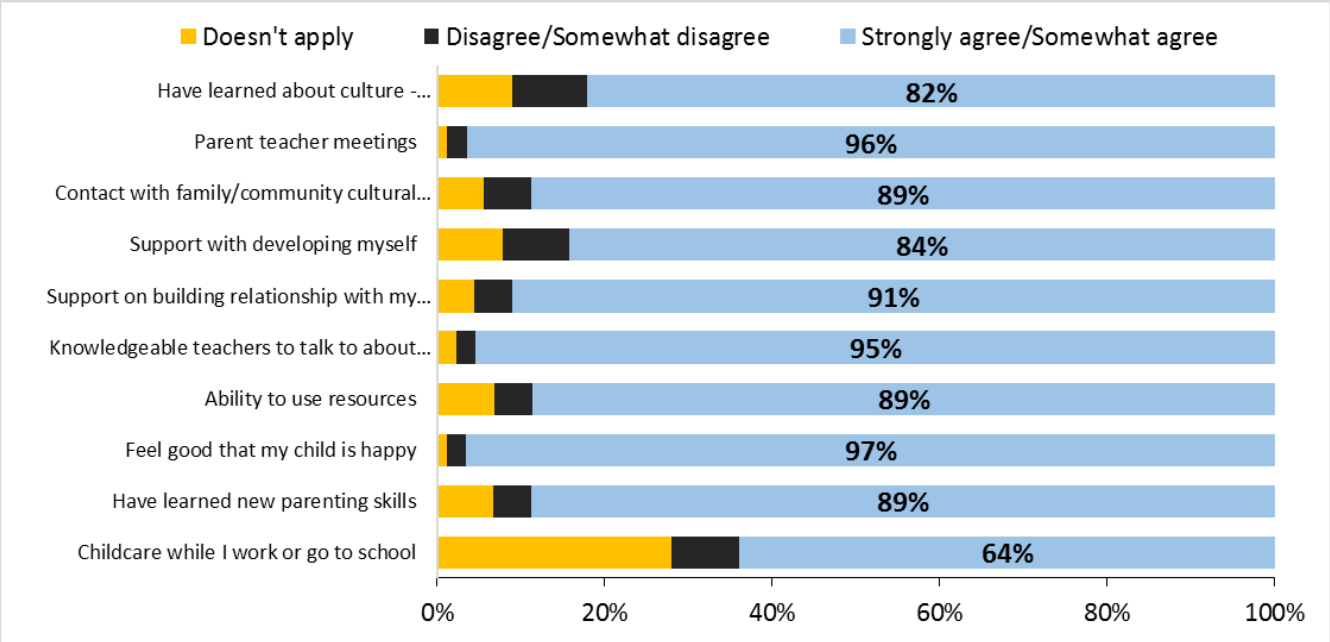


Figure 11. Parent Perceptions About Their Own Benefits from the HS/EHS/ECEAP Program (n=90)



Selected Charts/Tables by Program

Note that numbers were very small for many of the questions to begin with, thus by program there are even smaller numbers. As discussed earlier, these may not be generalizable to the entire program since they are based upon a very small percentage of the total parent population of enrolled children.

Table 7-(b). Community Services Identified as Important Household Needs and Perceptions about Difficulty in Getting these Services - *OESD respondents only*

Olympic Educational School District 114	Extremely Important Needs for your Household, n=24		Services that are Hard to Get, n=24	
	# respondents	% respondents	# respondents	% respondents
Food education	10	42%	0	0%
Living wage jobs	7	29%	5	21%
Affordable dental care	6	25%	3	13%
Childcare	6	25%	3	13%
Affordable medical care	6	25%	1	4%
Housing	5	21%	1	4%
Nutritious food	5	21%	0	0%
Legal help	4	17%	1	4%
Drug/alcohol services	4	17%		0%
Help with utilities	3	13%	1	4%
Budgeting and financial	3	13%	0	0%
Transportation	2	8%	1	4%
Volunteer opportunities	2	8%		0%
Help getting food	1	4%	0	0%
Mental health services	1	4%	0	0%
Basic education	1	4%	0	0%
Domestic violence services	1	4%	0	0%
Disabilities/special needs	1	4%		0%
Marriage/relationship counseling		0%	2	8%
Clothing banks		0%	1	4%
Emotional counseling		0%		0%
Nutrition (including WIC)		0%		0%

Table 7-(c). Community Services Identified as Important Household Needs and Perceptions about Difficulty in Getting these Services - *KCR respondents only*

Kitsap Community Resources	Extremely Important Needs for your Household, n=79		Services that are Hard to Get, n=79	
	# respondents	% respondents	# respondents	% respondents
Childcare	23	29%	12	15%
Affordable dental care	22	28%	13	16%
Housing	19	24%	11	14%
Living wage jobs	15	19%	13	16%
Nutritious food	13	16%	3	4%
Help with utilities	12	15%	6	8%
Affordable medical care	12	15%	6	8%
Transportation	11	14%	4	5%
Basic education	11	14%	1	1%
Mental health services	8	10%	0	0%
Food education	7	9%	1	1%
Help getting food	6	8%	1	1%
Budgeting and financial	5	6%	2	3%
Legal help	4	5%	2	3%
Disabilities/special needs	4	5%		0%
Domestic violence services	1	1%	0	0%
Clothing banks		0%	3	4%
Marriage/relationship		0%	1	1%
Volunteer opportunities		0%		0%
Drug/alcohol services		0%		0%
Emotional counseling		0%		0%
Nutrition (including WIC)		0%		0%

Table 7-(d). Community Services Identified as Important Household Needs and Perceptions about Difficulty in Getting these Services – *S'Klallam respondents only*

Port Gamble S'Klallam Tribe	Extremely Important Needs for your Household, n=26		Services that are Hard to Get, n=26	
	# respondents	% respondents	# respondents	% respondents
Childcare	9	35%	5	19%
Housing	8	31%	10	38%
Nutritious food	8	31%	2	8%
Help with utilities	7	27%	5	19%
Living wage jobs	6	23%	4	15%
Basic education	6	23%	0	0%
Budgeting and financial	5	19%	3	12%
Transportation	4	15%	4	15%
Mental health services	4	15%	1	4%
Affordable dental care	3	12%	17	65%
Affordable medical care	3	12%	2	8%
Drug/alcohol services	3	12%		0%
Food education	2	8%	2	8%
Disabilities/special needs	2	8%		0%
Legal help	1	4%	1	4%
Volunteer opportunities	1	4%		0%
Help getting food		0%	1	4%
Domestic violence services		0%	1	4%
Clothing banks		0%	0	0%
Marriage/relationship counseling		0%	0	0%
Emotional counseling		0%		0%
Nutrition (including WIC)		0%		0%

Table 7-(e). Community Services Identified as Important Household Needs and Perceptions about Difficulty in Getting these Services – *Suquamish respondents only* – *NOTE VERY SMALL NUMBERS!*

Suquamish Tribe Marion Forsman-Boushie	Extremely Important Needs for your Household, n=6		Services that are Hard to Get, n=6	
	# respondents	% respondents	# respondents	% respondents
Living wage jobs	3	50%	1	17%
Childcare	3	50%	1	17%
Budgeting and financial	3	50%	1	17%
Affordable dental care	3	50%	0	0%
Nutritious food	3	50%		0%
Affordable medical care	3	50%		0%
Basic education	3	50%		0%
Mental health services	2	33%	2	33%
Transportation	1	17%	1	17%
Housing	1	17%	0	0%
Help with utilities	1	17%		0%
Disabilities/special needs	1	17%		0%
Food education	1	17%		0%
Legal help		0%	1	17%
Help getting food		0%		0%
Volunteer opportunities		0%		0%
Drug/alcohol services		0%		0%
Domestic violence services		0%		0%
Clothing banks		0%		0%
Emotional counseling		0%		0%
Marriage/relationship counseling		0%		0%
Nutrition (including WIC)		0%		0%

Table 16-(b). Frequency that Parents are Reading to Their Children per Week by Program – *NOTE SMALL NUMBERS*

How often do you read with your child in an average week?	OESD		KCR		S'Klallam		Suquamish	
	#	%	#	%	#	%	#	%
Never	0	0%	1	1%	0	0%	0	0%
Once	0	0%	7	9%	1	4%	0	0%
Twice	2	8%	9	12%	5	21%	1	17%
3 to 5 times	9	38%	28	36%	14	58%	0	0%
6 or 7 times	13	54%	33	42%	4	17%	5	83%