

# Kitsap Interagency Coordinating Council Head Start/ECEAP Partnership

Kitsap County, Washington

## 2016 Update to the 2014 Comprehensive Community Assessment

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## Acknowledgements

This 2016 Update to the 2014 Comprehensive Community Assessment was heavily based up on the original 2014 report and the 2015 Update. The 2015 Update was reformatted in terms of content order to reflect the Head Start Performance Standards as cited in the U.S. Department of Health and Human Services Code of Federal Regulations (45 CFR Chapter XIII); this 2016 Update follows the same revised structure, which is outlined in the Table of Contents. This version focused on updating trends discussed in the 2014 report while also adding more detail on selected sections as requested. This update also relies on older assessments and updates. Several sections of this 2016 Update were specifically left unchanged from the 2015 Update, including: WIC, Breastfeeding, Public Transportation, Substance Abuse, Immunizations, Overweight and Obesity, Pregnancy and Birth Outcomes (with the exception of Smoking during Pregnancy), Populations of Special Consideration, Feedback from HS/EHS Parents, and Social Service Provider Survey. This determination was agreed upon by the KICC interagency meeting held in September 2015. However, one correction to the Head Start data on overweight and obese enrollees was made as of April 2016; this still reflects the 2013-14 school year program information, not the 2014-15 updated data per the above agreement.

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.

*This document was prepared by Nicola Marsden-Haug of the Kitsap Public Health District. For questions regarding the data or data sources, please contact Nicola.Marsden-Haug@kitsappublichealth.org.*

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## Quick Reference Points of Interest

Kitsap County:	Year	Number	Percent
Total Population	2015	258,200	100%
Children Age 0 to 4	2014	15,279	6%
Children Age 0 to 5	2014	17,409	7%
Children Under Age 5 (0 to 4 years) Living in Poverty	2014	3,081	23%
Children Under Age 6 (0 to 5 years) Living in Poverty	2014	3,453	20%
Public School Students Enrolled in Free & Reduced Lunch	2014-15	12,833	36%
Number of Medicaid-Paid Births	2014	901	41%
Pregnant Women Starting Prenatal Care in 1 <sup>st</sup> Trimester	2013	2,237	80%
Civilian Pregnant Women Smoking	2014	168	8%
Number of Childcare Centers	2014	45	n/a
Number of Family Childcare Homes	2014	83	n/a
Total Kitsap County Early Head Start/Head Start Cumulative Enrollment	2014-15	1,029	n/a

## Executive Summary

**Population.** The 2015 Kitsap County population is estimated to be 258,200.<sup>1</sup> Since 2000, the population has grown 11.3%. In this same timeframe, the number of births have remained relatively stable, with an average of 2,972 per year.<sup>3</sup> On average, 28% of births each year are to military women, including 875 in 2014.

Port Orchard continues to be the fastest growing city, followed by Poulsbo.<sup>1</sup> Unincorporated areas accounted for 46% of the county's total growth since 2000 but only 27% since 2010.

Kitsap County has a growing aging population. While the median age in 1980 was 29.3 years, it is 41.2 years as of 2014.<sup>1</sup> Population growth has been predominantly among the older age groups, with the number of residents 50 years or older increasing 64% from 2000 to 2014. The child population aged 5-19 years has actually decreased 15.5% during the same timeframe, though the 0-4 year old population has remained relatively stable. In 2014, there were an estimated 15,279 children under age 5.

Kitsap County has a predominantly White population (78%).<sup>5</sup> Hispanics are the largest minority group (7%), followed by Asian/Pacific Islanders (6%), who were formerly the largest minority group. However, the child population (ages 0-4 years) has a slightly different composition, and has become increasingly less White, non-Hispanic (only 64% in 2014). There are proportionally more Hispanics in the

child population (14%) than the adult population (20+ years; 5%). Since 2002, the Hispanic child population grew substantially (54%) – more than any other minority race. The Asian-Pacific Islander, Black, and American Indian/Alaska Native child populations have all declined. Those considering themselves as 2 or more races have grown nearly 48%.

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.

The population of resident active duty military personnel increased 43% from 2008 to 2012.<sup>4,5</sup> An estimated 12,684 armed forces personnel resided in Kitsap County during 2012; 5% of the County population. In 2013, the Department of Defense employed 14,953 military personnel between Naval Base Kitsap, Naval Hospital Bremerton, and the Puget Sound Naval Shipyard.<sup>2</sup>

The 2015 estimated resident population on tribal lands (regardless of tribal enrollment or race) did not differ substantially from 2014. The 2015 estimates were 687 on the Port Gamble Reservation and 7,848 on the Port Madison Reservation.<sup>1</sup>

The proportion of all Kitsap County households that were married couples with children has decreased since 2000 to only 20% in 2014, while non-family

households has increased slightly to 32%.<sup>4,5</sup> An estimated that 32% of all households had one or more children under the age of 18.<sup>5</sup> Approximately 18% of children under 18 lived in households with single parents (and no unmarried partners present). Bremerton has the highest proportion of children living with single parents.

***Economic Well-Being.*** The estimated median household income for Kitsap County has been slowly increasing, reaching \$59,605 in 2014. The county median has been very similar to that of Washington State since 2007. Within the county, the median income varies substantially, with Bainbridge Island (\$95,964) at the top, followed by North Kitsap (\$65,166), South Kitsap (\$62,635), Central Kitsap (\$62,291), and Bremerton (\$47,698).<sup>5</sup> The 2014 median incomes for family households with children under 18 years and those without children under 18 are fairly comparable, which is a distinct change from the past few years when those with children made considerably less. Still, median income is dramatically lower for single parent households than it is for married parents – particularly if the unmarried householder is female.

The unemployment rate in Kitsap County for 2014 was 5.0%, which is just below the state rate (5.6%). The county has usually been lower than the state.

County-wide, 11% of residents are estimated to be living in poverty during 2014, which has remained consistent for the past few years. The proportion of children under 5 years in poverty has fluctuated more, with 2014 estimates

showing a slight increase to 23%.<sup>5</sup> 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. In 2014, 901 (41.2%) of civilian births in Kitsap County were paid for by Medicaid.<sup>3</sup>

### ***Head Start/Early Head Start***

***Population.*** From August 2014 to July 2015, there were 1,029 children enrolled in in Kitsap County Head Start and Early Head Start programs.<sup>10</sup> Fifty-nine percent of enrollees were in Head Start, and 41% in Early Head Start. Across all programs, enrollment consisted of 47% White, 12% American Indian or Alaskan Native, 15% multi-racial, 3% black, 3% Native Hawaiian/Pacific Islander, 1% Asian, and 19% unknown race. Eighteen percent identified as Hispanic. The vast majority (89%) speak English as their primary language at home; Spanish is the second most commonly spoken language (7%).<sup>10</sup> All programs had wait lists for enrollment as of January 2016.

### ***Other Early Childhood Education***

#### ***Options for HS/EHS Eligible Children.***

Twenty-one percent of the 2013 HS/EHS parents 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.

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 also state-funded subsidies to assist with childcare.

During 2013, 436 Kitsap families, including 630 children, used referral services provided by Childcare Aware.<sup>15</sup> Of these, 75% were under age 5, 45% of children (all ages) were from low income families, and 57% (all children) were using subsidies.

The number of family home based childcare providers has been declining since 2004, while the number of childcare centers had remained relatively stable until dropping in 2013 and 2014.<sup>15</sup> However, 2013-14 also saw increases in the number of exempt (school age only) childcare providers. Overall, the total number of childcare slots has declined 6% from 2007 to 2014, which equates to a loss of 319 slots.

***Children with Special Needs.*** During 2014-15, the Holly Ridge Infant Toddler Early Intervention Program received 617 referrals.<sup>18</sup> Holly Ridge has seen a steady increase in the number of referrals since at least 2003-04, with children age 0-1 year consistently comprising the fewest inquiries. Most of the children served at Holly Ridge are covered by Military insurance or Medicaid.

During 2014-15, 14% of EHS and 17% 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.<sup>10</sup> Non-categorical developmental delays were the most common type of delays identified among Head Start students in 2014-15, followed by speech/language impairments.

As of 2014-15, special education enrollment in Kitsap County public schools included 5,337 students, which accounts for 15.0% of all students.<sup>20</sup> The proportion of special education enrollees has increased among all districts, though Bremerton had the highest proportion (16.6%); the lowest enrollment was in Bainbridge Island (12.4%). Learning disabilities were the most common diagnosis across all districts.

***Public Assistance and Nutritional Support.*** In 2011-2013, there were 13,277 (24%) Kitsap children age 0-17 living in households receiving public assistance.<sup>5</sup> Of these households receiving public assistance, 49% were single parent households.

The rate of Kitsap residents receiving food stamps nearly doubled between 2008 and 2012, but has slowed pace in the last few years. The 2014 rate was 17.5 per 100 persons of all ages.<sup>22</sup> Bremerton residents consistently have the highest rate, with nearly 1 in 3 residents receiving food stamps in 2014.

The rate of Kitsap County children participating in Temporary Assistance for Needy Families (TANF) in 2014 was 6.3 per 100 children, which remained below the state rate.<sup>22</sup> Bremerton had a rate of 16.4 per 100 children, which remains much higher than the rest of the county regions, though like all the others the rate has declined in the last 5 years. North Kitsap had the largest decline from 2010 to 2014 (-10%).

Kitsap County has a lower proportion of students enrolled in the Free or Reduced Lunch Program than Washington State.<sup>21</sup> In 2014-15, there were 12,833 (36%) Kitsap County students 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 (61% in 2014) of free and reduced lunch enrollees when compared to other districts.

There were 102,559 visits by unique households to the 8 area food banks during 2015.<sup>25</sup> This represents more than double the number of households served in 2007. These households represent 369,044 individuals, which is a 20% increase from last year. 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 increased 10% from 2004 to 2010, but subsequently declined through 2013.<sup>27</sup> A total of 9,463 women, infants, and children were served during 2013.

**Transportation.** Although Kitsap Transit reduced service during the recession in 2008 and 2009, they report no major reductions since then.<sup>29</sup> 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.<sup>29</sup> 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.

**Housing.** Approximately 34% of Kitsap County residents in 2014 had difficulty affording other necessities because they were spending 30% or more of their monthly income on housing.<sup>5</sup> This includes 25% of home owners and 50% of renters. While the percentage of owners has remained about the same since 2000, the percentage of renters has increased 19%. Of 95,249 occupied housing units, 33% are rentals.<sup>5</sup> The median gross rent in 2014 was \$1,028 per month. In order to afford this and not spend more than 30% of income on

housing, a household would need to earn \$3,427 per month (equivalent to \$41,120 annually), well above what is earned by those working 40-hour weeks at the state minimum wage (\$9.47 per hour).

The median home price reached the lowest levels in nearly a decade during 2012, but have risen since then. By the second quarter of 2015, the median home price in Kitsap County was \$263,900, which was slightly below the state median price of \$289,300.<sup>31</sup> The first-time home buyer Housing Affordability Index crossed-over into the “more affordable” range in 2012, which coincided with lower median home prices. However, the financial hardship of the recession has still made ownership burdensome; there were 846 foreclosures in 2015.<sup>32</sup>

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.

During 2014, there were an estimated 2,882 homeless individuals in Kitsap County based on applications for Food Stamps<sup>39</sup> During the January 2016 annual Kitsap County Point-In-Time Homeless Count, 644 individuals were counted. This was a 30% increase from the 2015 count (496), at which point 20% were children under the age of 18. There were 1,047 students (preschool through 12<sup>th</sup> grade) reported as homeless during the 2014-15 school year, which was a 49% increase from 2013-14. The biggest increases were at Central Kitsap (81%) and Bremerton

(56%).<sup>20</sup> Thirteen percent of Head Start/Early Head Start (HS/EHS) children in Kitsap County received homelessness services during 2014-15.<sup>10</sup>

**Substance Abuse.** State-funded adult admission rates for alcohol, marijuana, and heroin treatment in Kitsap County were 53%, 83%, and 100%, respectively in 2009; each showed an increasing trend over the 5-year period reviewed. The rate for methamphetamine treatment admissions has not increased as steadily.

According to Kitsap County 8<sup>th</sup> and 10<sup>th</sup> graders surveyed in 2012, 12% of and 25%, respectively, reported drinking alcohol in the past 30 days.<sup>42</sup> While these proportions have declined since 2006, access to alcohol for these children is still not perceived to be all that difficult. Marijuana use is also prevalent among 8<sup>th</sup> and 10<sup>th</sup> graders, with 10% and 20%, respectively, reporting using it in the past 30 days.<sup>42</sup> Tenth graders were also asked about using a painkiller to get high in the past 30 days, with 6% 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.<sup>41</sup> The rate of youth marijuana admissions increased 84% and was usually more than double the admission rate for alcohol treatment.

In 2012, 11.5% of deaths were related to alcohol or drugs. Kitsap County has a similar rate of deaths compared to Washington State.

**Health.** According to 2014 estimates, 2.4% of children (age 0-17 year) in Kitsap County and 8.9% of adults (age 18 to 64) were estimated to be uninsured.<sup>5</sup> This is a dramatic decline from the 2013 estimates, with both estimates dropping by nearly half. 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, and another 2,406 in 2015.<sup>46</sup>

The rate of students with vaccine exemptions statistically increased from 2000-01 to 2008-09 and has statistically decreased 15% per year since.<sup>47</sup> Alarming, the exemption rate for Bainbridge Island School District more than doubled in the last year, with 19% of kindergarteners listed as exempt in 2014-15. An estimated 86% of Kitsap County kindergarteners were complete on their immunizations during the 2014-15 school year, with the highest rates (91-92%) seen in North, Central, and South Kitsap school districts. Only 56% of 19-35 month old children in Kitsap County had complete immunizations in 2014.<sup>48</sup>

Tobacco usage continues to be a problem despite the overwhelming documentation and education about its harmful effects. Among Kitsap County 8<sup>th</sup> and 12<sup>th</sup> graders surveyed in 2014, 5% and 16%, respectively, reported smoking cigarettes in the past 30 days.<sup>42</sup> While these rates are down from 2012, it is of great concern that “vaping” or E-cigarettes have gained popularity in recent years and appear to be taking the place of cigarette smoking among youth. New 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. By grade, the 2014 rates were as follows for 8<sup>th</sup>, 10<sup>th</sup>, and 12<sup>th</sup> graders: 9%, 23%, and 27%, 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.<sup>49</sup> According to the Washington Poison Center, calls regarding liquid nicotine exposures increased 700% in 2014.<sup>50</sup>

**Mental Health.** In Kitsap County, an estimated 28% of adults experienced 3 or more Adverse Childhood Experiences (ACEs) as children.<sup>51</sup> In preliminary data, an estimated 72% of Kitsap Public Health District Nurse Family Partnership clients had 3 or more ACEs.<sup>55</sup> 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.<sup>54</sup> 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 new community initiative to improve the health and well-being of Kitsap residents, by preventing ACEs and building resilience. The coalition is engaging and educating community agencies and leaders about ACEs, resiliency, and encouraging innovative approaches and partnerships to address ACEs. During 2015, Kitsap Strong funded a Collaborative Learning Academy, to support trainings and cohort meetings about the science and research of ACEs and to stimulate agencies to consider how they could apply the concepts of awareness, prevention, and resiliency to their work. The Kitsap Strong 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 age 0-17 years receiving state-funded mental health services has been on average 1.8% per year, though it was 2.1% in 2014.

***Pregnancy and Birth Outcomes.*** Teen pregnancy has been declining in recent years; in 2013 the rate was 12.9 per 1,000 women age 15-17 years.<sup>2</sup> Births to unmarried mothers have been statistically increasing in Kitsap County since 2000, accounting for 30% of live births in 2013.<sup>2</sup> Eight in every 10 women in Kitsap County began prenatal care in the first trimester during 2013.<sup>2</sup> During 2013, 12% of civilian pregnant women

in Kitsap County smoked during their pregnancy, but this dropped to only 8% in 2014.<sup>3</sup> While this seems to be a positive improvement, there is some concern that e-cigarettes may be being used instead. 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, as is reflected in Kitsap County births data.<sup>3</sup> The low birth weight rate in Kitsap County has remained relatively stable since 2000, and was 5 per 100 births in 2013.<sup>2</sup> The infant mortality rate in Kitsap County during 2011-13 was 6 per 1,000 live births.<sup>2</sup>

***Children’s Well-Being.*** Between 2004-05 and 2013-14, an annual average of 420 Kitsap County children aged 0-17 per year received foster care placement services.<sup>43</sup> The rate of use of placement services in Kitsap County was 0.6 in 2013-14. An average of 425 children and adult family members (of all ages) per year received support services between fiscal years 2004-05 and 2013-14.<sup>43</sup>

The rate of accepted referrals for child abuse and neglect in Kitsap County statistically decreased 9% per year from 2000 to 2006 but has remained statistically the same from 2006 to 2014.<sup>22</sup> The 2014 rate of accepted referrals was 32.6 per 1,000 Kitsap children aged 0-17 years. Bremerton continues to have the highest rate, which at 59.7 per 1,000 was well above the countywide rate and all other regions within the county.



There were an estimated 30,577 children under age 10 in Kitsap County in 2014.<sup>1</sup> Given the decline in childcare slots,<sup>15</sup> this can present a problem for parents looking for childcare. The cost can also be a barrier. The annual cost of infant childcare as a percentage of median household income in Kitsap County during 2015 was 13% in a family childcare home and 16% in a childcare center.<sup>1,15</sup> These costs are up 7% and 12%, 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 2015, thus had an annual household income of \$37,166,<sup>8</sup> the annual cost of infant childcare with no childcare subsidy was 26% of the household's annual income at a family home-based care location, or 27% and at a childcare center.<sup>1,15</sup> Low-income families can access subsidized childcare, and approximately 62% of children in childcare countywide were using subsidies in FY2015.<sup>15</sup> 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 (age 25 to 64) who have more than a high school education has been gradually increasing since 2000, despite a slight drop from 2013, it was 73% in 2014.<sup>3,5</sup> In 2014, just over 2 in 3 mothers in Kitsap County (68%) had more than a high school education.

Enrollment in public schools (K-12) has been declining in all Kitsap County districts as compared to five years ago, though all increased in the 2015-16 school year.<sup>20</sup> North Kitsap experienced

the largest 5-year decrease at 6.5%. There were 2,548 students enrolled in Kitsap County kindergartens during the 2015-16 school year, which represents an increase of 1% from 5 years ago. However, South Kitsap has grown by 15.8% in the same timeframe.

A total of 847 elementary schools in 261 school districts throughout Washington State, including an estimated 58,900 students, accepted funding for full-day kindergarten (FDK) during the 2015-16 school year.<sup>77</sup> This included 20 schools in Kitsap County, which represents a substantial increase from just 2 years ago. By district, 6 were in Bremerton, 10 in Central Kitsap, 5 in North Kitsap, and 9 in South Kitsap. An additional 13 schools in Kitsap County are on the list to begin accepting funding in 2016-17.

The Washington Kindergarten Inventory of Developing Skills ("WaKIDS") assessment was administered to 58,656 (74%) kindergarteners across 887 schools statewide in 2015-16.<sup>20</sup> This 32 participating schools in Kitsap County were from the following districts: 6 in Bremerton, 10 in Central Kitsap, 6 in North Kitsap, and 10 in South Kitsap.<sup>63</sup> These most recent WaKIDS data show that math continues to be the lowest scoring skill among incoming kindergartners statewide, with only 61% students demonstrating expected math characteristics in 2015-16. Among low income kindergartners, only 33.7% were at expected levels. Additional opportunity gaps are evident by differences among racial/ethnic groups. In Kitsap County, Bremerton kindergarteners were below the state in

math, but North, Central, and South Kitsap kindergartners were above.

**Community Resources.** Area social service agencies report seeing an increase demand for services. During 2015, there were 3,717 logged calls in the Peninsula's 2-1-1 system from Kitsap County, with an average of 321 calls per month.<sup>65</sup> The most commonly requested referral for services was for utilities, followed by legal, housing/low-cost housing, emergency shelter, rent/mortgage, transportation and food.

Parents of HS/EHS students report a number of barriers to accessing services, including exceed income guidelines to receive services, lack of transportation, not knowing about services, and affordable housing not available.

For children with special needs, Holly Ridge continues to be the primary local resource. The agency served more than 1,000 children in 2014.<sup>66</sup> For mental health needs, there seems to be a shortage of mental health services for young children. The Peninsulas Early Childhood Mental Health Consultation Group and Kitsap Mental Health Services are excellent resources trying to meet these needs. According to their 2014 annual report, KMHS served a total of 5,561 clients, of which 1,490 were children aged 0-17.<sup>68</sup> They also added 60 new direct care staff.

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. In 2013, KPHD began offering free breastfeeding support sessions to mothers and their babies on a drop-in basis at three sites; two of which offer bilingual instructors.

The health and participation of fathers is a critical component of child development that is often overlooked. Nearly half of all fathers of EHS/HS program enrollees took part in father-targeted activities during 2014-15.<sup>10</sup> 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 connects men with other dads, resources, information and education.<sup>69</sup>

Washington's Quality Rating and Improvement System called Early Achievers had over 2,661 childcare facilities statewide join as of October 2015.<sup>70</sup> In Kitsap County, this included 42 of 129 (33%) licensed providers. In 2015, the Early Start Act was signed into law. This will 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 will be utilized to help assess and improve quality.

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 released in December 2015.

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.<sup>76</sup> A

partnership is in place to 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.<sup>40</sup> 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 low-income persons were served during the January 2016 event.

## **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 most recent Comprehensive Community Assessment (2014) was completed on January 31, 2014. 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 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 an annual representative survey of populations at the national, state and county levels. ACS data were previously reported for a combined 3-year period, e.g., 2011-2013, for small population such as individual school districts, and for a 1-year period, e.g., 2013, for larger populations such as the county or state. However, in 2015 the U.S. Census Bureau

stopped providing 3-year estimates, which had previously been heavily relied upon for much of the sub-county data included this report. The only options now available from ACS are 5-year estimates (sub-county) or 1-year (county or larger jurisdiction only) estimates. The 5-year estimates available as of February 2015 were for the 2010-2014 range. This range includes data older than had previously been reported in the 3-year estimates (i.e., 2011-2013). Instead of revising the 2011-2013 data in this report with 2010-2014 data, we will wait until the next assessment report to replace 2011-13 data with 2011-2015 data. This should provide estimates that more closely represent current trends, rather than older trends. Also 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.

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. Thus 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/organizations do not systematically collect utilization data; therefore, utilization data presented in this assessment should be interpreted as representing only those agencies/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 4.1.1 (August 2014).

## I. KITSAP COUNTY PROFILE

### A. County Population

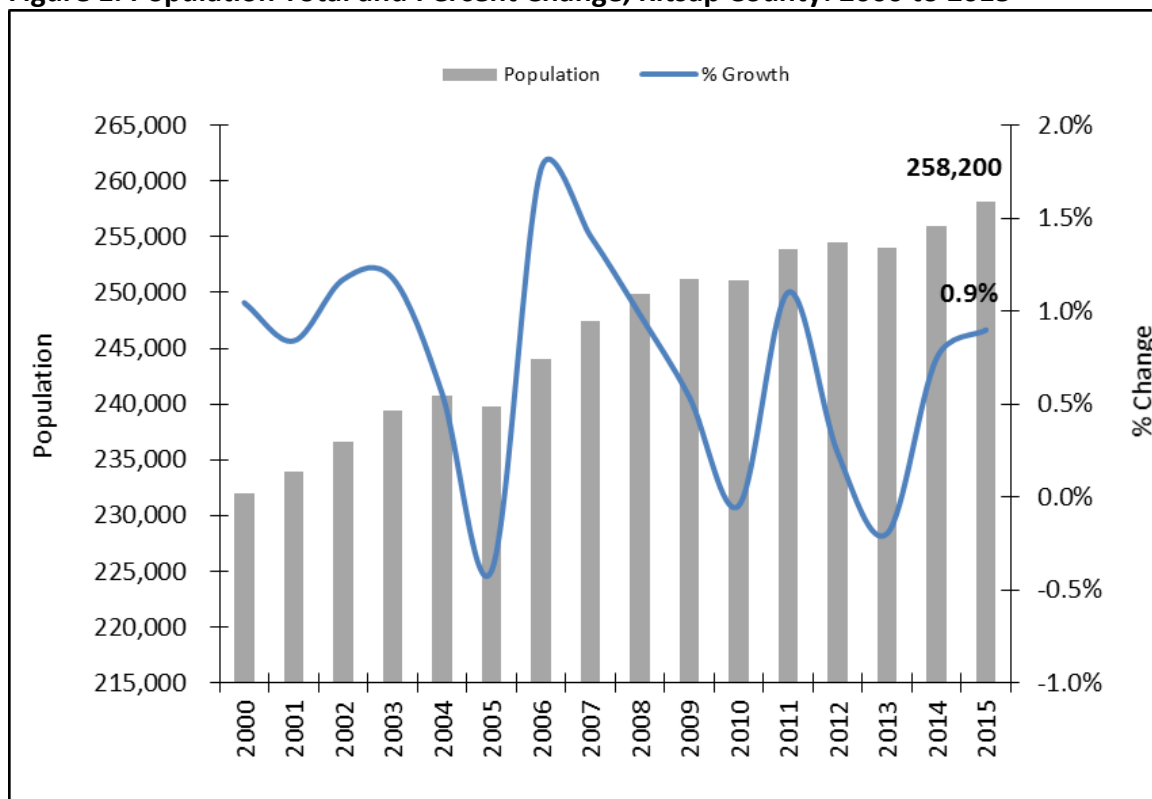
#### Geographic Location

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 36<sup>th</sup> in geographical size and 7<sup>th</sup> in population size among Washington counties.<sup>1</sup>

#### Population Size and Change

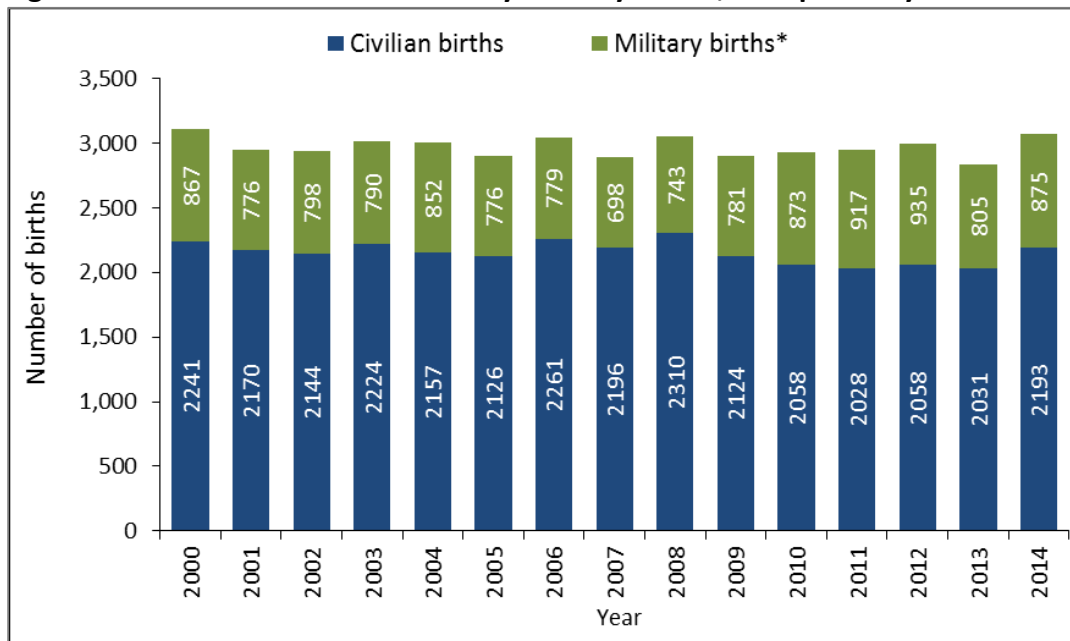
The 2015 total population of Kitsap County is estimated to be 258,200, which is just under 4% of the total Washington State population.<sup>1</sup> The County population has increased 11.3% since 2000 (Figure 1), with an average increase of 0.74% per year. Kitsap County growth since 2000 was due to both natural change (7%; more births than deaths) and to migration into the County (4%).<sup>1,2,3</sup> During this time, the Washington State population has seen a 19.8% increase, with 10% natural change and 10% migration.

**Figure 1. Population Total and Percent Change, Kitsap County: 2000 to 2015<sup>1,2,3</sup>**



Since 2000, births to Kitsap County resident women have remained relatively stable, with an average of 2,972 per year (Figure 2).<sup>3</sup> On average, 28% 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). In 2014, 28.5% (875) of 3,068 births were to military women.

**Figure 2. Births to Resident Women by Military Status, Kitsap County: 2000-2014<sup>3</sup>**



\*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 33% of the total population (Table 1).<sup>1</sup> Port Orchard has been the fastest growing city since 2000, followed by Poulsbo. Unincorporated areas accounted for 46% of Kitsap County's total growth since 2000 but only 27% since 2010.

**Table 1. Population Change over Time, Kitsap County: 2000, 2010, and 2015<sup>1,4</sup>**

	Census 2000	Census 2010	Estimate 2015	% of Total 2015	Change since 2000	Change since 2010
<b>Total</b>	<b>231,969</b>	<b>251,133</b>	<b>258,200</b>	<b>100%</b>	<b>11%</b>	<b>3%</b>
<b>Unincorporated</b>	<b>159,896</b>	<b>170,022</b>	<b>171,940</b>	<b>67%</b>	<b>8%</b>	<b>1%</b>
<b>Incorporated</b>	<b>72,073</b>	<b>81,111</b>	<b>86,260</b>	<b>33%</b>	<b>20%</b>	<b>6%</b>
Bainbridge Island	20,308	23,025	23,390	9%	15%	2%
Bremerton	37,259	37,729	39,410	15%	6%	4%
Port Orchard	7,693	11,157	13,510	5%	76%	21%
Poulsbo	6,813	9,200	9,950	4%	46%	8%

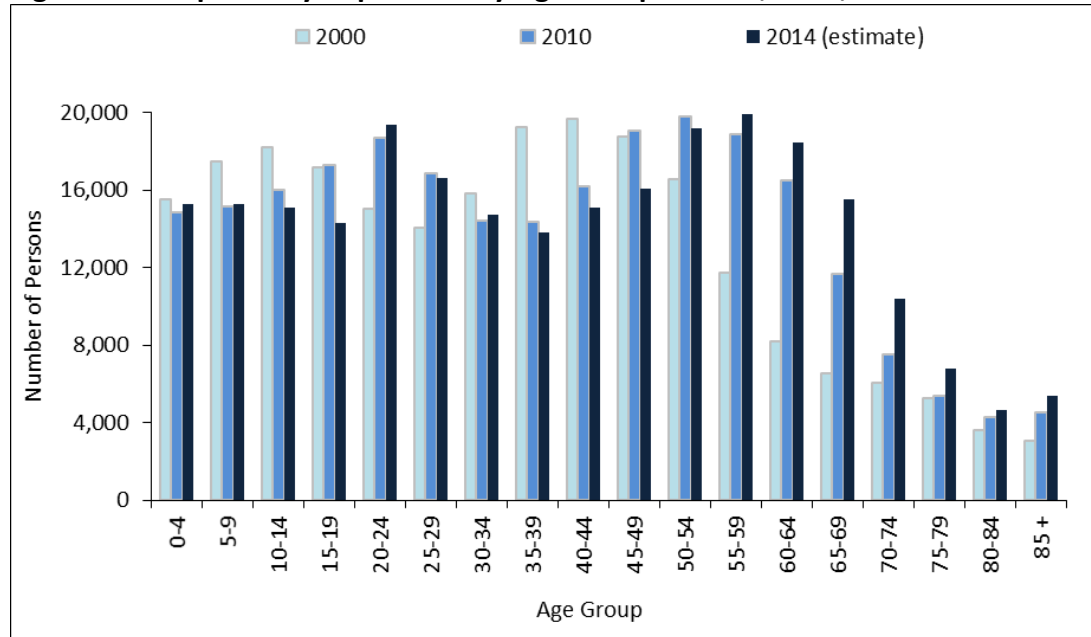
There are five school districts that often align with service areas in the county. The 2015 population estimates for these regions and the proportion of the county that they represent are: 23,390 (9%) on Bainbridge Island, 45,525 (18%) in Bremerton, 70,345 (27%) in Central Kitsap, 47,606 (19%) in North Kitsap, and 69,982 (27%) in South Kitsap.<sup>1</sup>

### Population by Age

The age distribution in Kitsap County has changed dramatically over the past three decades, with a growing aging population. The median age in 1980 was 29.3 years, but as of 2014 was 41.2 year.<sup>1</sup> This

is now higher than the Washington State median of 37.9 years (2014). The population growth has been predominantly among the older age groups. The number of Kitsap County residents 50 years or older increased 64% from 2000 to 2014, whereas those under age 50 decreased 9% (Figure 3). In particular, the 50-74 year old group has experienced the largest growth (70% increase from 2000 to 2014), though in the most recent years the 75+ group has grown the most (19% from 2010 to 2014).

**Figure 3. Kitsap County Population by Age Group in 2000, 2010, and 2014<sup>1</sup>**



The child population in Kitsap County has changed as well throughout the last 15 years, though not as much as the adult population. Persons aged 5-19 years decreased 15.5% from 2000 to 2014.<sup>1,4</sup> Since 1990, the 0-4 year old population has remained relatively stable, accounting for 5-8% of the total county population. In 2014, there were an estimated 15,279 children under age 5.<sup>1</sup> While this group decreased 4.5% from 2000 to 2010, it increased 3% more recently, between 2010 and 2014 (Figure 3). Table 2 shows the estimated child population by age group in each of the five school districts.<sup>5</sup>

**Table 2. Estimated Child Population by Age Group and School District, Kitsap County, 2011-13<sup>5</sup>**

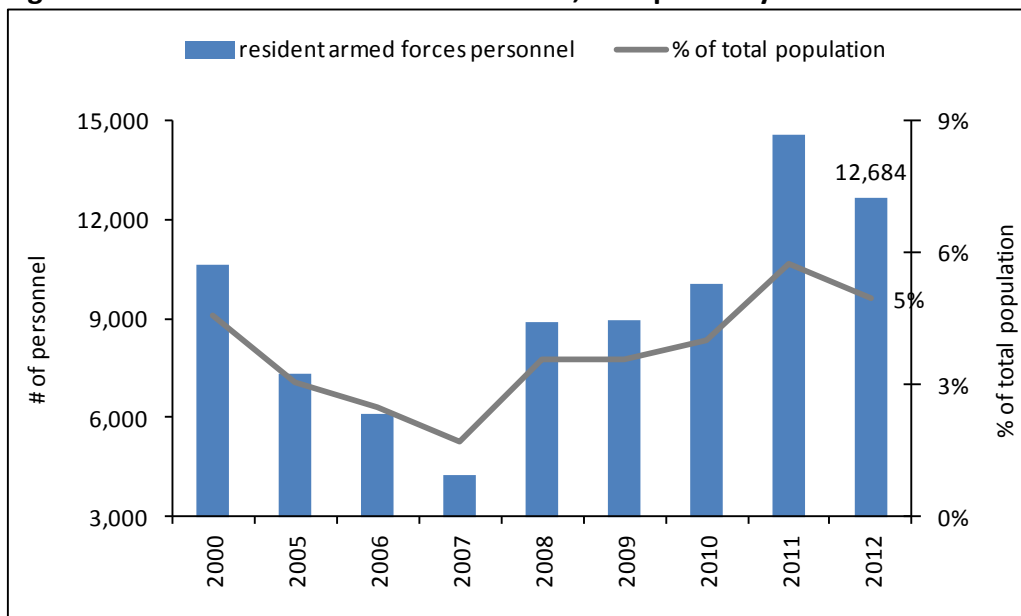
	Bainbridge Island School District	Bremerton School District	Central Kitsap School District	North Kitsap School District	South Kitsap School District
Total population	23,227	45,529	71,337	47,859	66,125
Child population (17 and under)	5,100	8,392	16,520	10,698	14,074
# under 3 years	414	1,705	2,722	1,724	2,244
# at 3 and 4 years	577	1,411	1,470	844	1,518
# at 5 years	75	511	676	425	696
# at 6 to 8 years	1,009	1,562	2,603	1,981	2,167
# at 9 to 11 years	983	945	2,869	1,885	2,650
# at 12 to 17 years	2,042	2,258	6,180	3,839	4,799
% under 3 years	8%	20%	16%	16%	16%
% at 3 and 4 years	11%	17%	9%	8%	11%
% at 5 years	1%	6%	4%	4%	5%
% at 6 to 8 years	20%	19%	16%	19%	15%
% at 9 to 11 years	19%	11%	17%	18%	19%
% at 12 to 17 years	40%	27%	37%	36%	34%



## Military Population

Kitsap County is home to Naval Base Kitsap-Bremerton, 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 43% from 2008 to 2012 (Figure 4).<sup>4,5</sup> An estimated 12,684 armed forces personnel resided in Kitsap County during 2012, or about 5% of the total population. Note that the U.S. Census Bureau stopped publishing data on resident armed forces as of 2012; no further recent data are available. However, the Navy is the largest employer in the county. In 2013, the Department of Defense employed 14,953 military personnel collectively between Naval Base Kitsap (including Bremerton, Keyport, Bangor, and Tenant Commands), Naval Hospital Bremerton, and the Puget Sound Naval Shipyard.<sup>6</sup> 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. As previously mentioned, a substantial proportion of Kitsap County births are to military women.

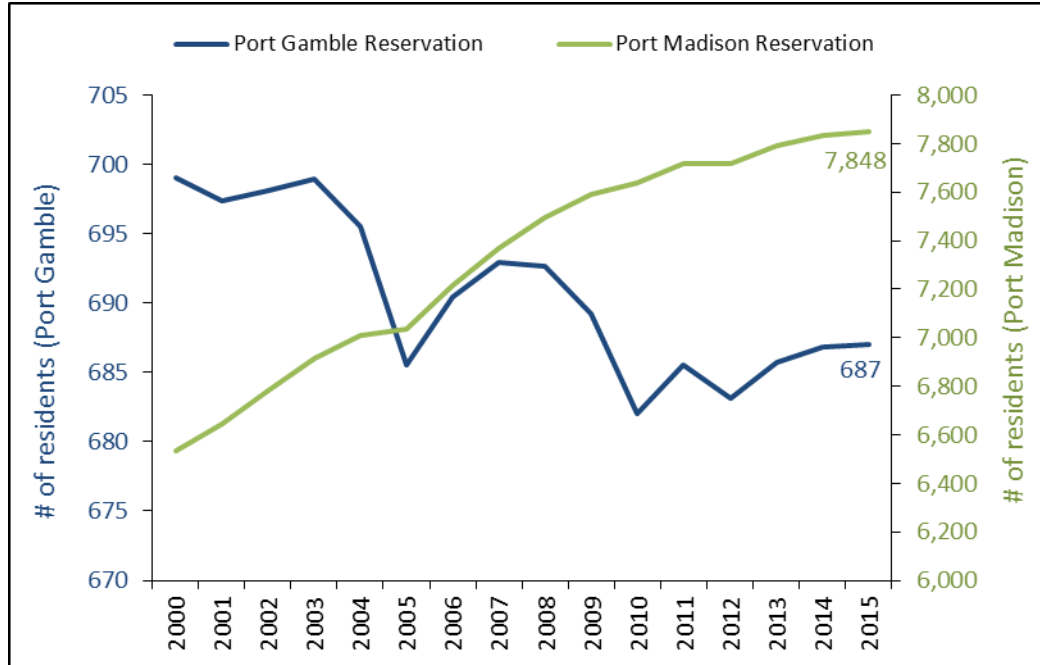
**Figure 4. Resident Armed Forces Personnel, Kitsap County: 2000 and 2005 to 2012<sup>4,5</sup>**



## 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 2015 estimated resident population on the Port Gamble Reservation is 687 and on the Port Madison Reservation is 7,848 (Figure 5).<sup>1</sup> This represents no change from 2014 for Port Gamble, and less than 1% increase 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 2015<sup>1</sup>**



### Race/Ethnicity

Kitsap County has a proportionally larger White (non-Hispanic) population (78%) than Washington State (71%) (Table 3).<sup>1</sup> The county's White, non-Hispanic proportion has declined since 2000 when it comprised 83% of the total population. Hispanics are the largest minority group in Kitsap County, growing nearly 80% since 2000<sup>1</sup> and now comprising 7% of the population.

**Table 3. Race/Ethnicity, Kitsap County and Washington State: 2014<sup>1</sup>**

Racial/Ethnic Group	Kitsap County	Washington State
White (non-Hispanic)	78.0%	70.8%
Black (non-Hispanic)	2.7%	3.6%
American Indian/Alaska Native	1.4%	1.3%
Asian/Native Hawaiian/Pacific Islander	5.9%	8.2%
Two or more races	5.3%	4.0%
Hispanic*	6.8%	12.2%

\* 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).<sup>5</sup> Hispanics represent the largest minority population groups in both regions, at 11.8% and 8.2%, respectively. In the Central Kitsap, Asians are a very close second largest minority. In both North and South Kitsap, those with two or more races or other race account for the largest minority groups, though Hispanics are the second largest minority within each.

**Table 4. Race/Ethnicity of Total Kitsap Population by District,\* Kitsap County: 2011-13<sup>5</sup>**

	Bremerton		Central Kitsap		North Kitsap		South Kitsap	
	#	%	#	%	#	%	#	%
Total	45,529	100.0%	71,337	100.0%	47,859	100.0%	66,125	100.0%
White	32,325	71.0%	50,498	70.8%	39,103	81.7%	55,496	83.9%
Black	2,305	5.1%	2,687	3.8%	390	0.8%	991	1.5%
American Indian/Alaska Native	633	1.4%	548	0.8%	1,123	2.3%	551	0.8%
Asian	1,837	4.0%	5,661	7.9%	1,634	3.4%	2,008	3.0%
Native Hawaiian/Pacific Islander	421	0.9%	599	0.8%	262	0.5%	584	0.9%
Two or more races or some other race	2,637	5.8%	5,528	7.7%	3,177	6.6%	3,338	5.0%
Hispanic or Latino	5,371	11.8%	5,816	8.2%	2,170	4.5%	3,157	4.8%

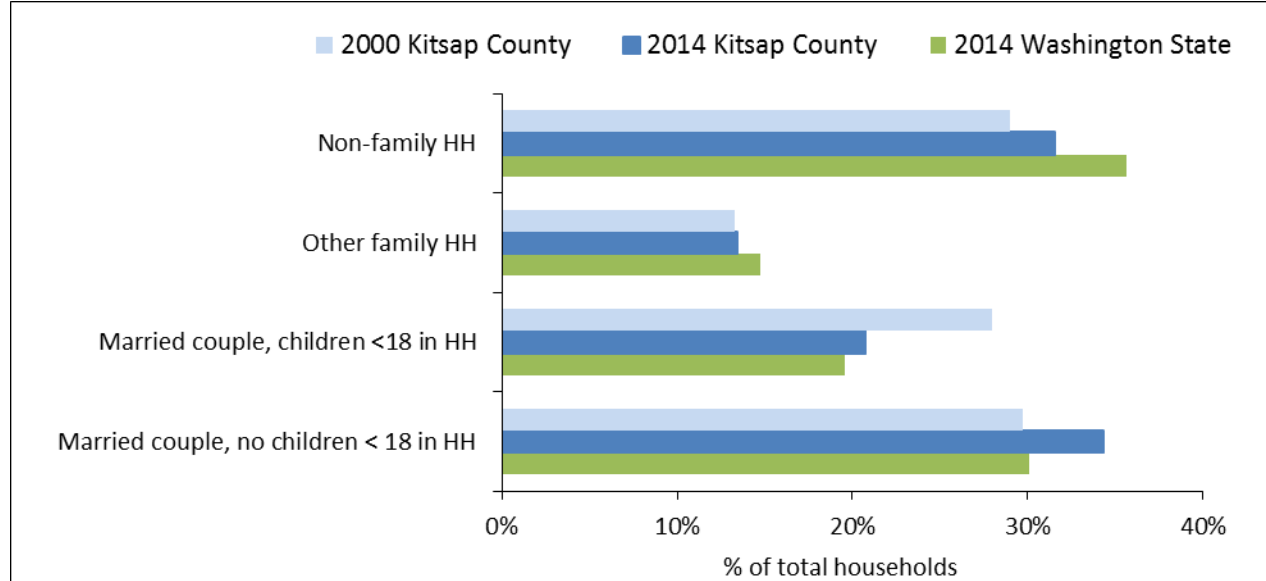
\* Bainbridge Island is not reported due to numbers too small to report.

### Speakers of Languages Other Than English

As of 2014, Spanish is the language spoken most frequently (2.4%) in Kitsap County after English (92.6%) among residents age 5 and over.<sup>5</sup> However, an estimated 3.4% of residents age 5 and older speak an Asian or Pacific Island language at home. Among those whose primary spoken language at home is not English, 29.5% speak English less than "very well."<sup>5</sup>

### Family Structure

From 2000 to 2014, the proportion of all Kitsap County households that were married couple households with children decreased from 28% to 21% while nonfamily households (a person living alone or with an unrelated group of individuals) increased from 29% to 32% (Figure 6).<sup>4,5</sup>

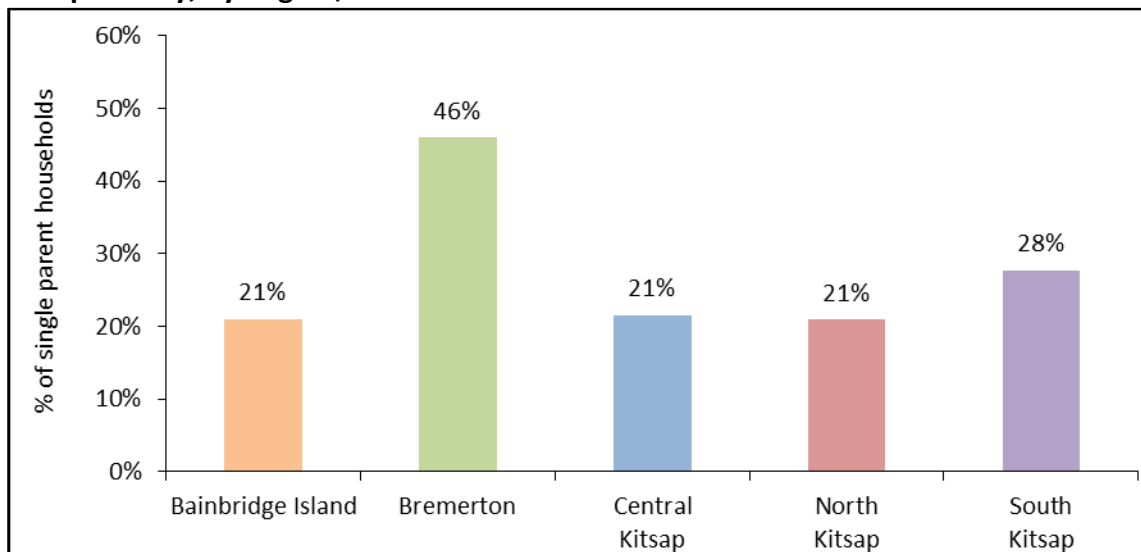
**Figure 6. Household Composition, Kitsap County and Washington State: 2000 and 2014<sup>4,5</sup>**

In Kitsap County, it is estimated that 31.5% of all households had one or more children under the age of 18 in 2014.<sup>5</sup> The number of single parent households is not directly available. It is estimated that 7.7% of all households with children under 18 years have a householder without a married spouse present; however, this may or may not include households where an unmarried partner was present. There were an estimated 5.5% of households that had unmarried partners. The percent of households where grandparents were living with their grandchildren remained relatively stable from 2008-10 to

2011-13 (4.9% vs. 4.3% of all households); however, in 2011-13, 44% of those grandparents were responsible for their grandchildren, which is a statistically significant increase from only 31% with primary responsibility in 2008-10.

While most of the estimated 52,991 children under age 18 in the county were living in households with married couples (74%) during 2014, approximately 25% lived in households with unmarried parents.<sup>5</sup> However, it is also estimated that there is an unmarried partner present in the households of unmarried parents 26% of the time. Thus the percent of all Kitsap County children under 18 living with a single parent (without a partner present) is 18.4%. The vast majority of these single parent households in 2014 were run by single mothers (79%), and account for 14.5% of all children in the county. Only 3.9% of children under 18 live with a single father. Approximately 1% of children are residing in non-family households. Household composition differs throughout the county. Figure 7 shows the proportion of all children under the age of 18 living single parent households by region as of 2011-13, with Bremerton having the highest proportion (46%).<sup>5</sup>

**Figure 7. Proportion of Children Less Than 18 Years Old Living in Households with a Single\* Parent in Kitsap County, by Region, 2011-13<sup>5</sup>**



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

## **Employers**

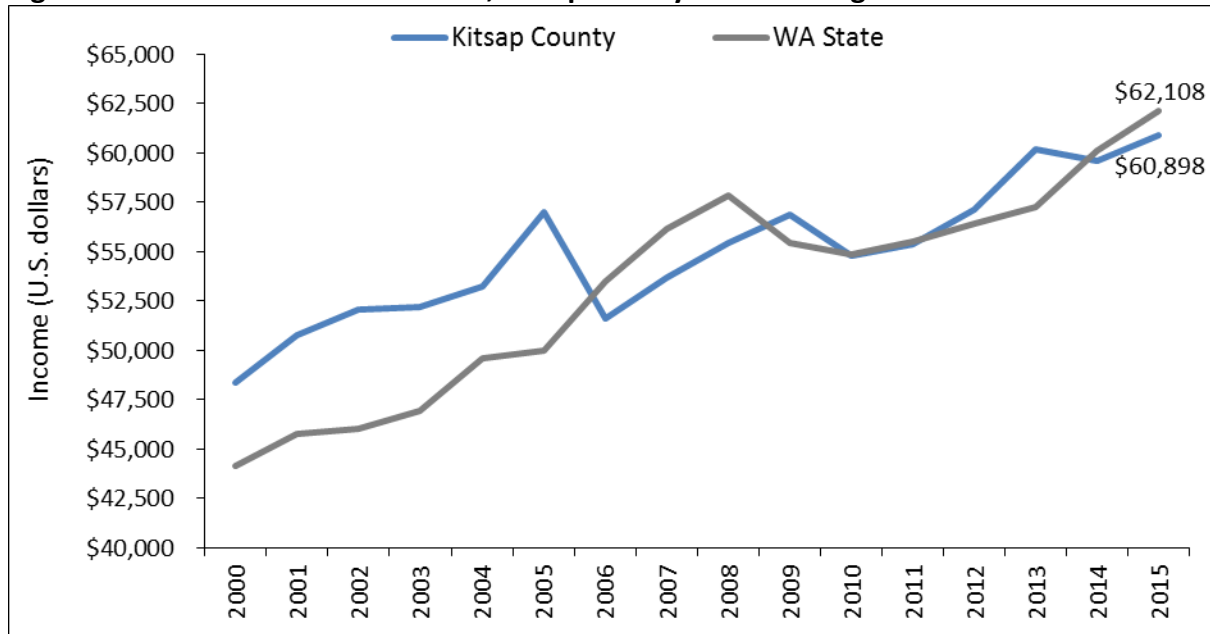
Major employers in the county are the Department of Defense, state and local government, our two largest school districts, Harrison Medical Center, and Olympic College (mostly part-time positions).<sup>6</sup>

## **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 \$59,605 in 2014 with a projection of \$60,898 in 2015. Since 2010, the county median household income has been very similar to that of Washington State (Figure 8).<sup>1</sup>

**Figure 8. Median Household Income, Kitsap County and Washington State: 2000 to 2015\*<sup>1</sup>**



\*Bureau of Economic Analysis (BEA) personal income data and the estimates of household characteristics, at the county level. For 2013-2015: The median household income estimates are anchored upon American Community Survey estimates.

The median household income differs by type of households. The 2014 Kitsap County estimated median income for family households with children under 18 years was only marginally lower (\$760) than that of family households with no children (Table 5).<sup>5</sup> This is a distinct change from the past 2 years, when the difference had been approximately \$10,000. The 2014 estimates show a 7% decline for families without their own kids under 18 years, whereas those with their own kids saw a 6% increase. Yet still, 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, 2014<sup>5</sup>**

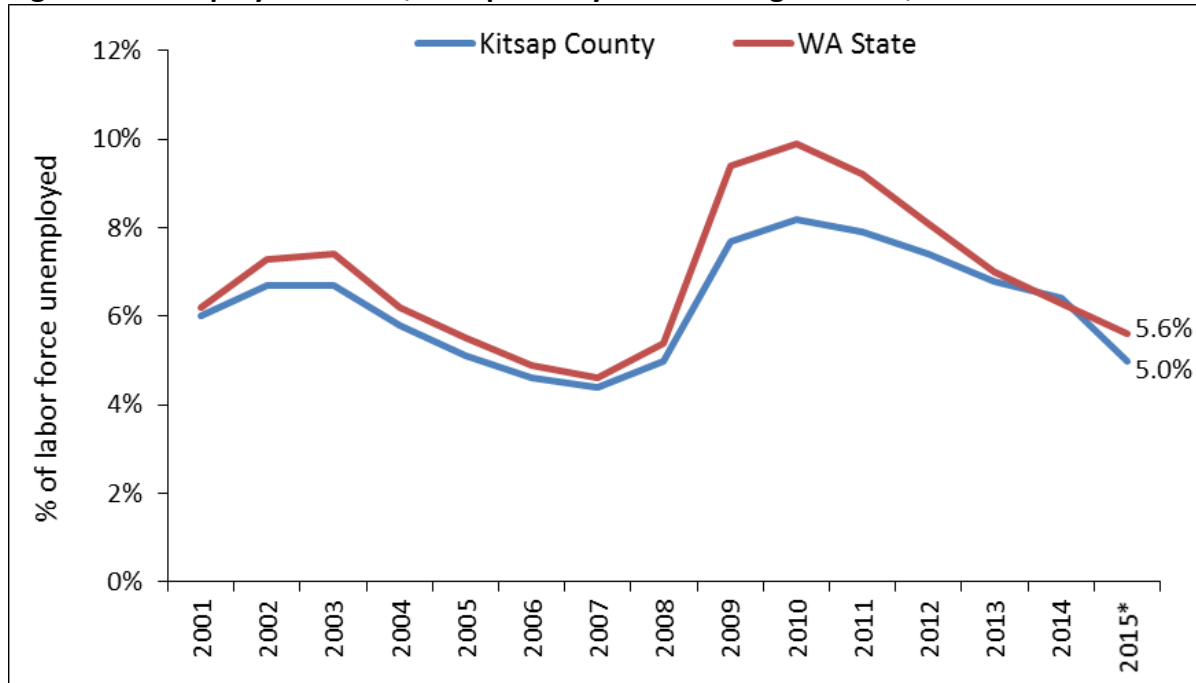
Household Type	Median Income
Family HH with own children <18	\$ 74,220
Married couple	\$ 88,282
Male householder, no wife present	\$ 51,891
Female householder, no husband present	\$ 26,439
Family HH with no own children <18	\$ 74,980
Non-family HH	\$ 37,521

The median income differs substantially by which area of the county people reside in. The highest median household income for 2011-13 was in Bainbridge Island, at \$95,964.<sup>5</sup> Other regions had much lower median incomes, in order of decreasing levels: North Kitsap (\$65,166), South Kitsap (\$62,635), Central Kitsap (\$62,291), and Bremerton (\$47,698).

## Unemployment

Since 2001, the unemployment rate in Kitsap County had been lower than Washington State. That gap had been closing in recent years and Kitsap's rate in 2014 was actually slightly above that of the state, but again in 2015 the county rate (5.0%) was less than the state (Figure 9).<sup>7</sup> Both the Kitsap and state rates have been declining since a peak in 2010.

**Figure 9. Unemployment Rate, Kitsap County and Washington State, 2001-2015\*<sup>7</sup>**



\*2015 annual rate not yet available for Kitsap County; preliminary rate cited is from November 2015

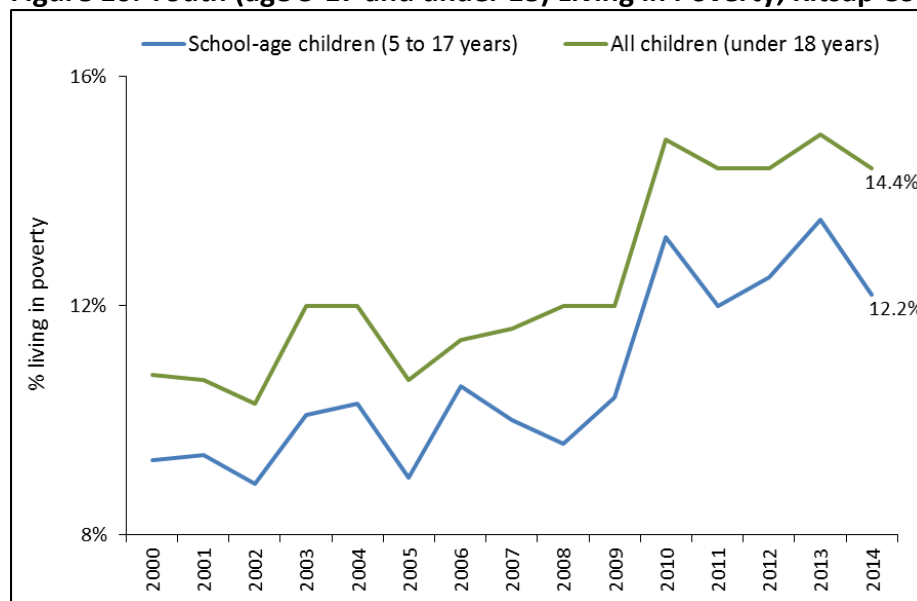
## Poverty

In 2014, the federal poverty level was defined as a household income of \$11,670 for one person and \$23,850 for a family of four.<sup>8</sup> County-wide, 11% of residents are estimated to be living in poverty during 2014 (Table 6).<sup>5</sup> Of children under 5 years, 23% were living in poverty, which is up from 18% in 2013. The rate for young children is consistently higher than the rate for all ages. The poverty rates for children have been increasing since 2000 (Figure 10).<sup>9</sup> For all age groups, Kitsap County has proportionally fewer people living in poverty than Washington State. A larger proportion of women in Kitsap County live in poverty than men, a trend that is also seen statewide. The proportion of those in poverty who are female is 55% in Kitsap and 54% in Washington State.

**Table 6. Income Below Poverty Level in Past 12 Months, Kitsap County and Washington State, 2014<sup>5</sup>**

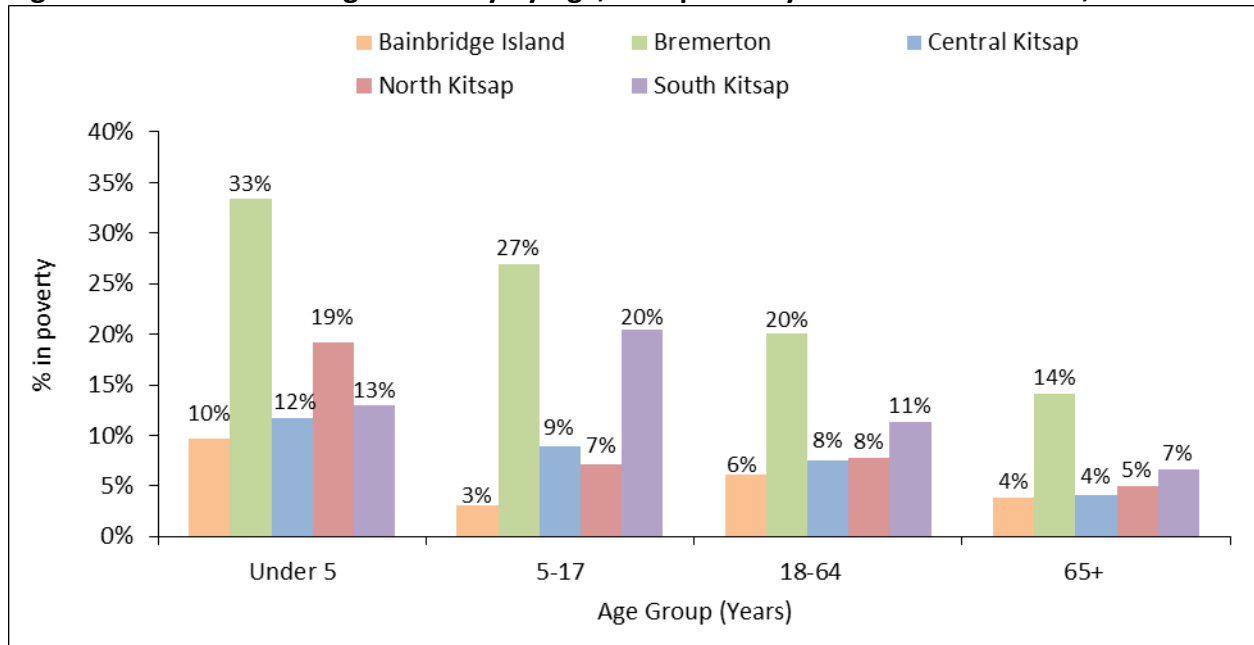
	% of population	# of persons
<b>All Ages</b>		
Kitsap County	11%	27,187
Washington State	13%	913,619
<b>Children under age 5</b>		
Kitsap County	23%	3,081
Washington State	19%	84,154
<b>School-aged children (age 5-17)</b>		
Kitsap County	11%	4,250
Washington State	17%	191,890
<b>Adults (age 18+)</b>		
Kitsap County	10%	19,856
Washington State	12%	637,575
<b>Females</b>		
Kitsap County	12%	15,035
Washington State	14%	490,807

**Figure 10. Youth (age 5-17 and under 18) Living in Poverty, Kitsap County: 2000 to 2014<sup>9</sup>**



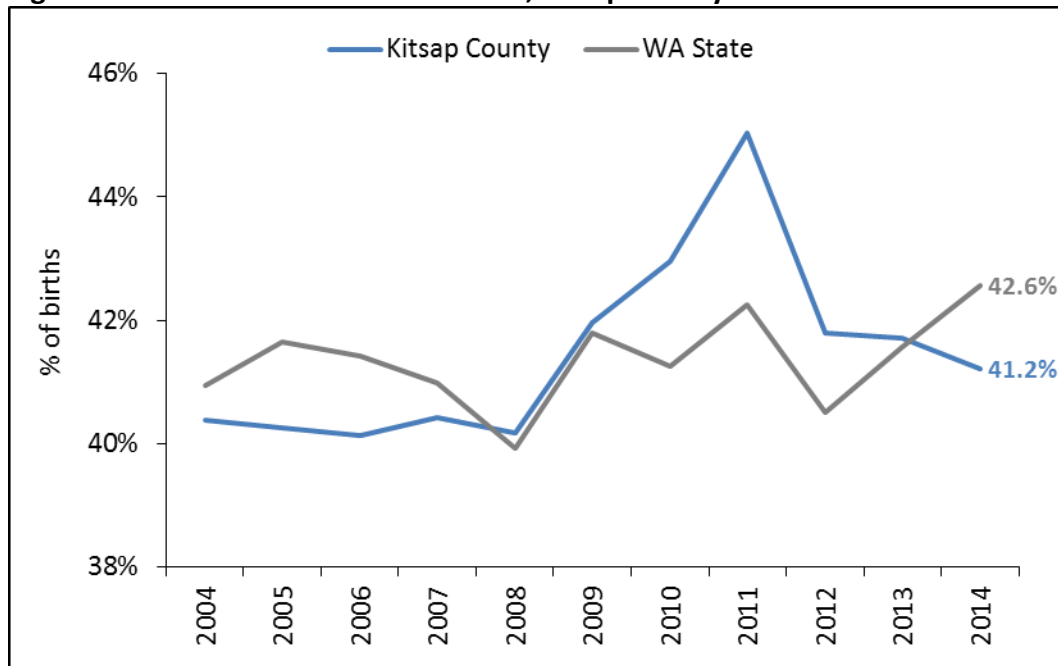
Poverty varies across the county. There are higher proportions of residents of all ages in the Bremerton district living in poverty as compared to the other regions in Kitsap County (Figure 11).<sup>5</sup> In Bremerton, 1 in 3 children under age 5 is living in poverty and 1 in 4 school-age children is living in poverty.

**Figure 11. Residents Living in Poverty by Age, Kitsap County School District Zones, 2011-13<sup>5</sup>**



An important measure of poverty in a community is the proportion of pregnant women qualifying for and receiving 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 2014, 901 (41.2%) of civilian births in Kitsap County were paid for by Medicaid.<sup>3</sup> While there has been some fluctuation in Medicaid-paid births each year, the rate has not statistically changed since 2004. As shown in Figure 12, the County rate in 2014 was slightly below the rate for Washington State (42.6%).

**Figure 12. Medicaid-Paid Civilian Births, Kitsap County: 2004 to 2014<sup>3</sup>**





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

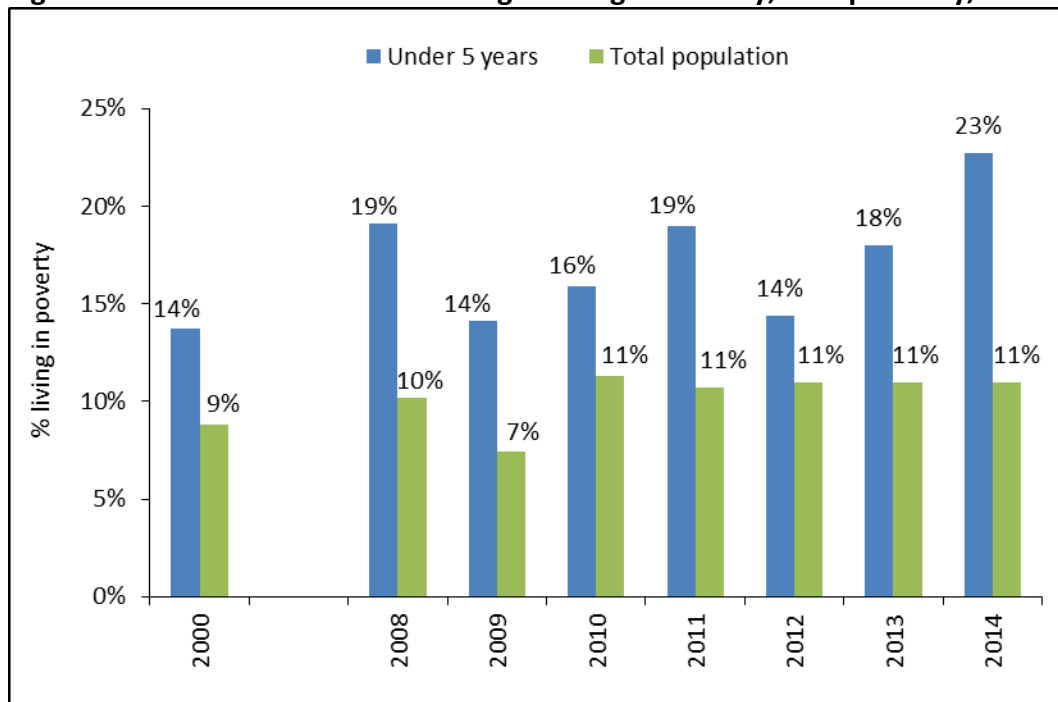
### A. Demographic Make-up of Eligible Child Population

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.

#### Children Living in Poverty

The 2014 estimated child population age 5 and under in Kitsap County is 17,409.<sup>5</sup> This is comprised of children younger than 3 years old (9,335; 55%), 3-4 years old (5,167; 30%), and 5 years old (2,639; 15%). During 2011-13, an estimated 17.2% of families with children under 5 only (i.e., without any other older kids) were living in poverty.<sup>5</sup> County-wide estimates for 2014 indicate there were 3,081 children under age 5 living in poverty.<sup>5</sup> The poverty rate for young children is consistently higher than the rate for all ages (Figure 13). The proportion of children under 5 in poverty increased from 14% to 23% between 2012 and 2014.

**Figure 13. Children Under 5 and All Ages Living in Poverty, Kitsap County, 2000 and 2008 to 2014<sup>5</sup>**



#### Geographic Location

More than one-third (37%) of the county's children under age 5 living in poverty resided in the Bremerton region in 2014.<sup>5</sup> The remainder were residing in mostly in Central Kitsap (25%), North Kitsap (14%), and South Kitsap (23%), with only 2% on Bainbridge Island.

A review of the level of poverty children are living in shows that 29% of children age 0-5 years old in the Bremerton area are living below the federal poverty threshold, a much larger proportion than any other district in the County (Table 7).<sup>5</sup>

**Table 7. Percentage of Children Under 6 Years Living at Various Levels of Poverty by Region,\* Kitsap County, 2011-13<sup>5</sup>**

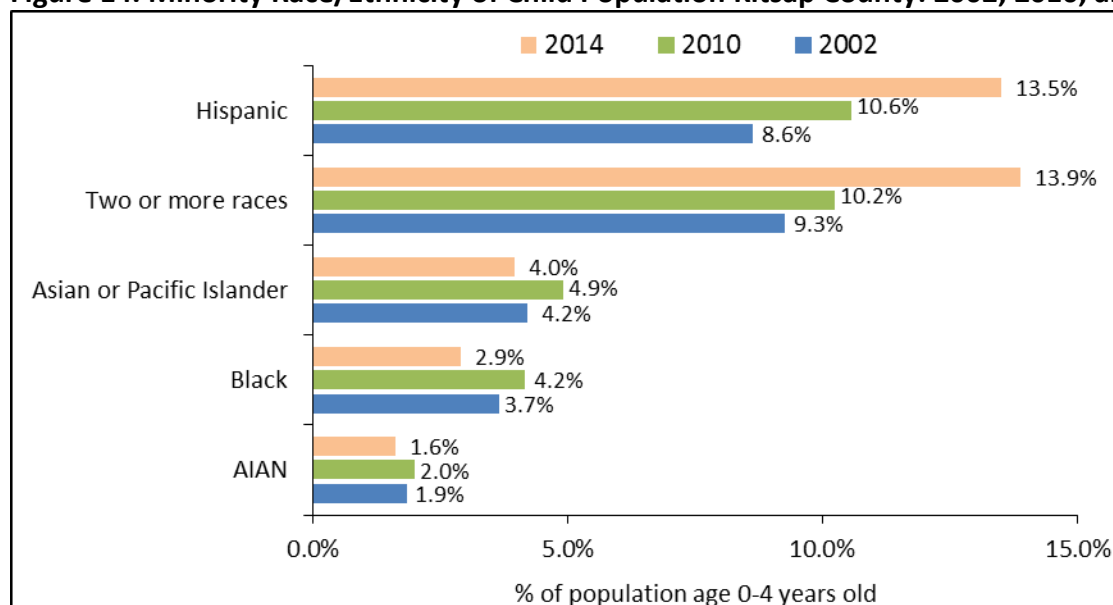
	Bremerton	Central Kitsap	North Kitsap	South Kitsap
Population under age 6	3,558	4,813	2,925	4,306
< 50% of poverty	13%	5%	4%	10%
50% to 99% of poverty	16%	5%	14%	6%
100% to 124% of poverty	9%	5%	8%	9%
125% to 149% of poverty	9%	4%	3%	5%
150% to 184% of poverty	8%	13%	5%	3%
185% to 199% of poverty	1%	4%	1%	1%
≥ 200% of poverty	43%	64%	65%	66%

\*Numbers in Bainbridge Island were too small to report

### Racial and Ethnic Composition

The child population (ages 0-4 years) has become less White, non-Hispanic, decreasing from 72% in 2002 to only an estimated 64% in 2014; a total decline of 13%. During the same timeframe, the Hispanic child population grew substantially (54% increase) – more than any other minority race – climbing from only 8.6% in 2002 and to 13.5% in 2014 (Figure 14). Of note, the Kitsap County child population has proportionally more Hispanics than the adult population (20+ years), which is only 5.3% Hispanic; similarly the total county population (all ages) is only 6.8% Hispanic. This growth among Hispanic children is likely related to the changes seen in the demographics of women of childbearing age (15-44 years): Hispanic women increased 64% between 2000 and 2014, whereas White, non-Hispanic women in this age group declined by 14%. The Asian-Pacific Islander, Black, and American Indian/Alaska Native child populations have all declined; with Blacks decreasing the most (22%). Those considering themselves as 2 or more races have grown nearly 48%.

**Figure 14. Minority Race/Ethnicity of Child Population Kitsap County: 2002, 2010, and 2014<sup>1</sup>**



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

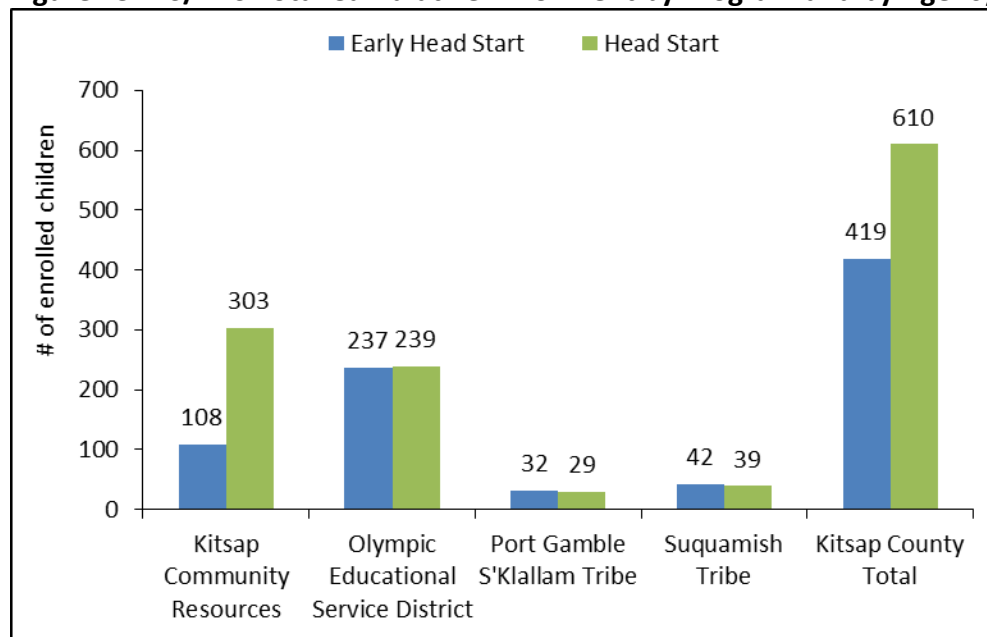
### Number of Enrollees by Program

County-wide, the total cumulative enrollment in the Head Start/Early Head Start (HS/EHS) programs grew from 2008 to 2011, but has declined since then (Table 8).<sup>10</sup> From September 2014 to July 2015, there were a total of 1,029 people cumulatively enrolled in Kitsap County (Figure 15).<sup>10</sup> This included 1,008 children and 21 pregnant women. Overall, 59% of all enrollees were in Head Start programs, versus 41% in Early Head Start programs.

**Table 8. Total Cumulative Enrollment in Kitsap County Head Start/Early Head Start Programs, 2010-11 to 2014-15<sup>10</sup>**

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

**Figure 15. HS/EHS Total Cumulative Enrollment by Program and by Agency, Kitsap County, 2014-15<sup>10</sup>**



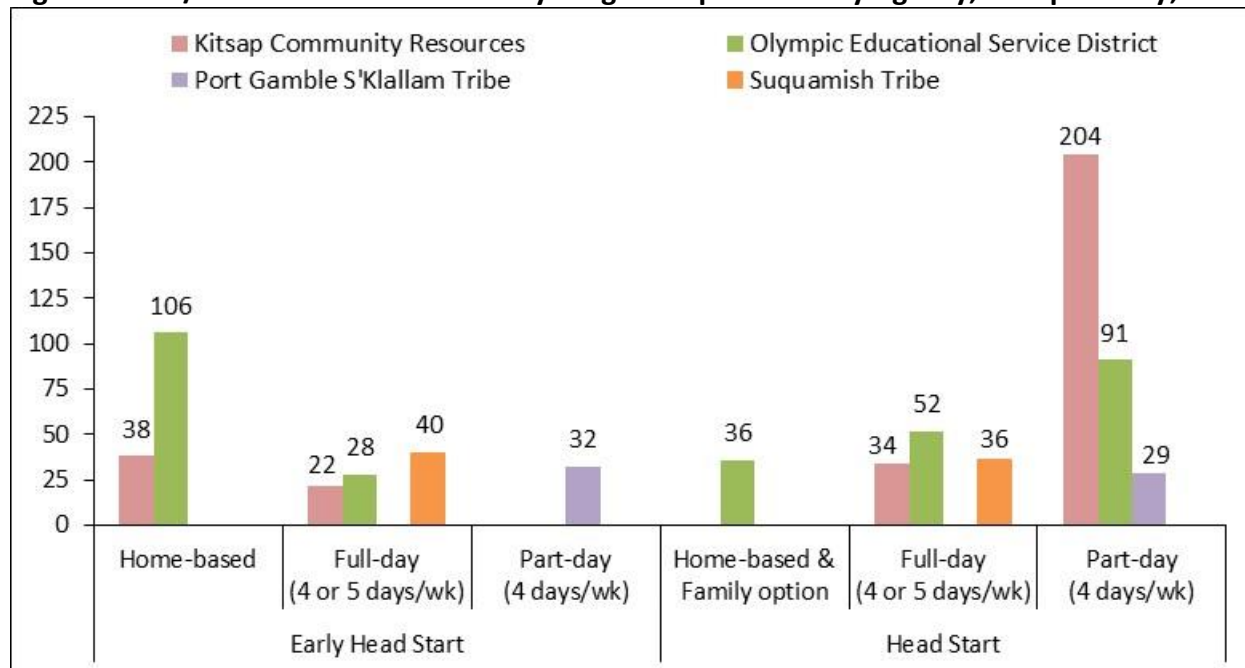
### Enrollment by Program Option

Figure 16 shows the number of enrollees by program option (e.g., full-day versus home-based) in each agency during the 2014-15 school year. Home visiting and home-based options are available from Kitsap Community Resources and OESD 114.<sup>10</sup>

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 2015, 3 of 8 infants and 2 of 24 toddlers enrolled in Early Head Start have been receiving services from the Tribal Home Visiting program since their pregnancy.<sup>11</sup>

**Figure 16. HS/EHS Funded Enrollment by Program Option and by Agency, Kitsap County, 2014-15<sup>10</sup>**



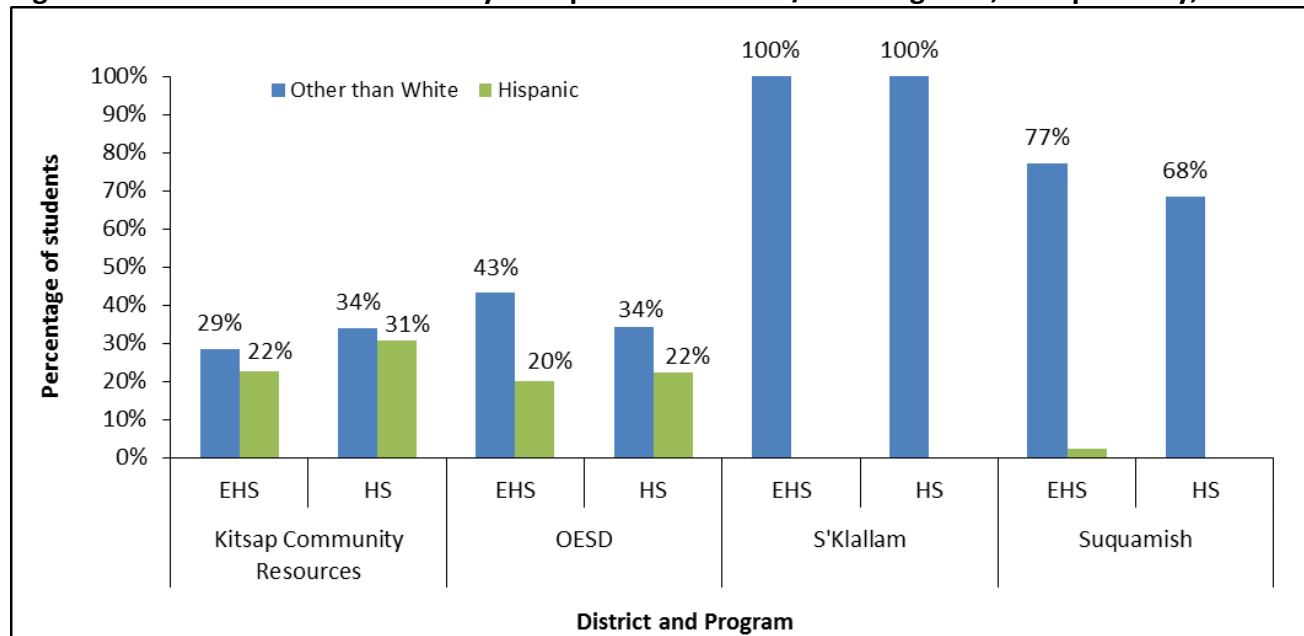
### Racial and Ethnic Composition

During the 2014-2015 school year, the total Kitsap County HS/EHS enrollment consisted of 47% White, 12% American Indian or Alaskan Native, 15% multi-racial, 3% black, 3% Native Hawaiian or Other Pacific Islander, 1% Asian, and 19% other or unknown race.<sup>10</sup> The biggest change from last year is the drop among the proportion identifying as White (previously 57%) and the increase in those listing other/unknown (previously only 5%). Encouraging better reporting of these data from parents would be useful for future demographic reports. Among this total enrollment population, 18% identified as Hispanic, which was a slight decline from 21% last year. The racial and ethnic composition of enrollees varied by Program and by Agency as shown in 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, 2014-2015<sup>10</sup>**

	Kitsap Community Resources		Olympic Educational Service District		Port Gamble S'Klallam Tribe		Suquamish Tribe	
	EHS	HS	EHS	HS	EHS	HS	EHS	HS
<b>RACE, ANY ETHNICITY</b>								
White	69%	60%	46%	41%	0%	0%	17%	38%
Black	5%	7%	2%	2%	0%	0%	0%	0%
American Indian/Alaska Native	1%	2%	2%	1%	100%	100%	79%	41%
Asian	0%	4%	0%	0%	0%	0%	0%	3%
Native Hawaiian/Pacific Islander	2%	3%	3%	2%	0%	0%	0%	3%
Multi-racial	19%	14%	19%	15%	0%	0%	5%	15%
Unknown/Other	4%	10%	27%	39%	0%	0%	0%	0%
<b>ETHNICITY</b>								
Hispanic	18%	30%	12%	16%	0%	3%	10%	8%
Non-Hispanic	82%	70%	88%	84%	100%	97%	90%	92%

**Figure 17. Racial and Ethnic Minority Groups Enrolled in HS/EHS Programs, Kitsap County, 2014-15<sup>10</sup>**



### Primary Language Spoken at Home

Among all programs, 13% of students had “unspecified” for the primary language spoken at home. Excluding these unknown languages, the vast majority of the remaining enrollees (89%) speak English as their primary language at home.<sup>10</sup> The second most commonly spoken language at home is Spanish (7%), though within the Kitsap Community Resources HS Program there is a higher percentage of Spanish-speaking families (14%). These percentages are similar to the 2013-14 school year, with the exception of the dramatic increase of “unspecified” language. In order to better describe these demographic characteristics of enrollees, parents should be encouraged to report such data. According to the 2013 parent survey, among families who speak a language other than English, Spanish and Mam were most frequently mentioned.

**Enrollment Waiting List Status**

The agencies generally maintain a single, combined HS and Early Childhood Education and Assistance Program (ECEAP) wait list for preschool slots because the children can be placed wherever there is an opening. As of January 2016, the Port Gamble S'Klallam wait list for EHS included 3 income eligible toddlers, 3 over-income toddlers, 1 income eligible infants, 1 income eligible infant born after September 1, and 1 over income infant born after September 1.<sup>11</sup> The S'Klallam HS wait list includes 2 income-eligible children. The KCR wait list for EHS included 20 income eligible and 7 over income children, and for HS there were 9 income eligible and 28 over income children waiting.<sup>12</sup> The Suquamish program has 7 income eligible (5 low income below 100% of the federal poverty line and 2 at 100-130%) and 2 over income children on their EHS waitlist; additionally they have 5 (2 below the poverty line and 3 at 100-130%) and 2 over-income children on their HS waitlist.<sup>13</sup> OESD 114 had an EHS wait list of 43 income eligible children, plus another 12 over income; and for HS/ECEAP there were 68 income eligible children waiting, plus another 111 over income children.<sup>14</sup> These often hefty waitlists demonstrate the need and desire for participation in these 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

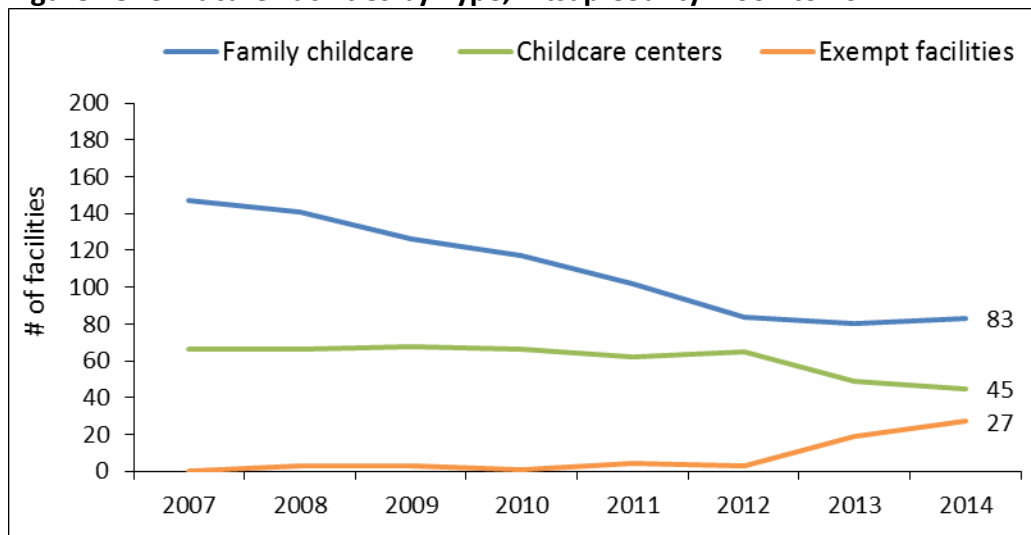
Local school districts offer free preschool to some children with special needs. These programs have certified special education teachers, speech therapists, and other staff who are trained in teaching children skills that will help them enter kindergarten ready to succeed.

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.

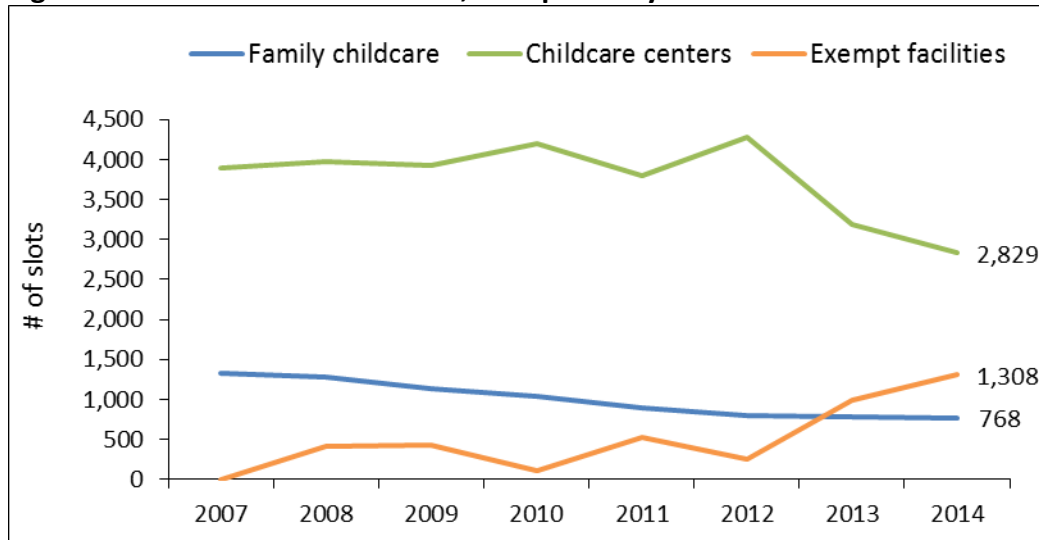
#### Childcare Programs

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).<sup>15</sup> Both 2013 and 2014 saw increases in the number of exempt (school age only) childcare providers. Figure 19 shows the number of total childcare slots by provider type.<sup>15</sup> Overall, the total number of childcare slots has declined 6% from 2007 to 2014, which equates to a loss of 319 slots. There has been considerable growth in exempt facility slots, up to 1,308 in 2014, but those are limited to school age only.

**Figure 18. Childcare Facilities by Type, Kitsap County: 2007 to 2014<sup>15</sup>**



**Figure 19. Childcare Provider Slots, Kitsap County: 2007 to 2014<sup>15</sup>**



#### **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. So it is evident that at least some of the HS/EHS eligible children are utilizing other childcare programs.

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 2013, 436 Kitsap families, including 630 children, used referral services provided by CCA.<sup>15</sup> Of these 630 children, 20% were infants (less than 1 year old), 31% were toddlers (1 and 2 year olds), 25% were preschoolers (3 and 4 year olds), and 25% were school age (at least 5 years). Of these, 45% of children were from low income families and 57% were using subsidies. Though the locations where these low income children are receiving childcare is not specified, these data also indicate that least some HS/EHS eligible children are utilizing other childcare programs besides HS/EHS. Also note that 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.<sup>16</sup> 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.



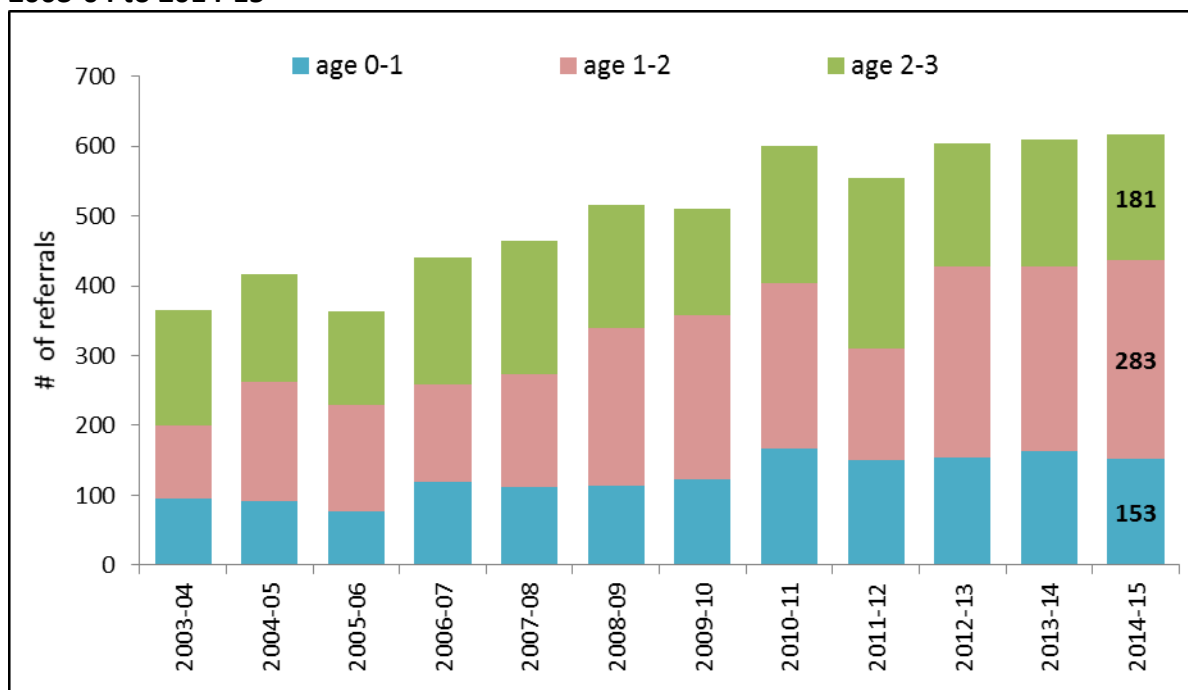
#### IV. ESTIMATED NUMBER OF CHILDREN 4-YEARS OLD OR YOUNGER WITH DISABILITIES

##### 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.<sup>17</sup> 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 0-3 years. During fiscal year 2014-15, there were 617 referrals to the Holly Ridge ITEIP.<sup>18</sup> Holly Ridge has seen a fairly steady increase in the number of referrals from 2003-04 to 2014-15 (Figure 20). Children age 0-1 year consistently comprise the fewest inquiries, accounting for one-fourth of all inquiries historically and in 2014-15. According to the 2015 Year End Board Report,<sup>18</sup> 34% of the children served in 2015 had Medicaid, and another 30% were covered by Military insurance. Approximately 33% of the children referred were found to be within normal limits.

**Figure 20. Referrals Made to Holly Ridge Infant Toddler Early Intervention Program by Age Group, 2003-04 to 2014-15<sup>18</sup>**



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.<sup>18</sup>

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 2014-15 school year.<sup>10</sup> Eligibility for these services may be determined prior to or during the enrollment year. Overall, 14% of EHS children had an IFSP indicating eligibility to receive IDEA services, which is a decline from last year. The Port Gamble S'Klallam EHS program had the lowest proportion of children receiving early intervention services (3%), while the other agencies had 12-19%. Across all HS programs, 17% of children had an IEP indicating they should receive IDEA services; the range was fairly similar for all four centers (14-19%).

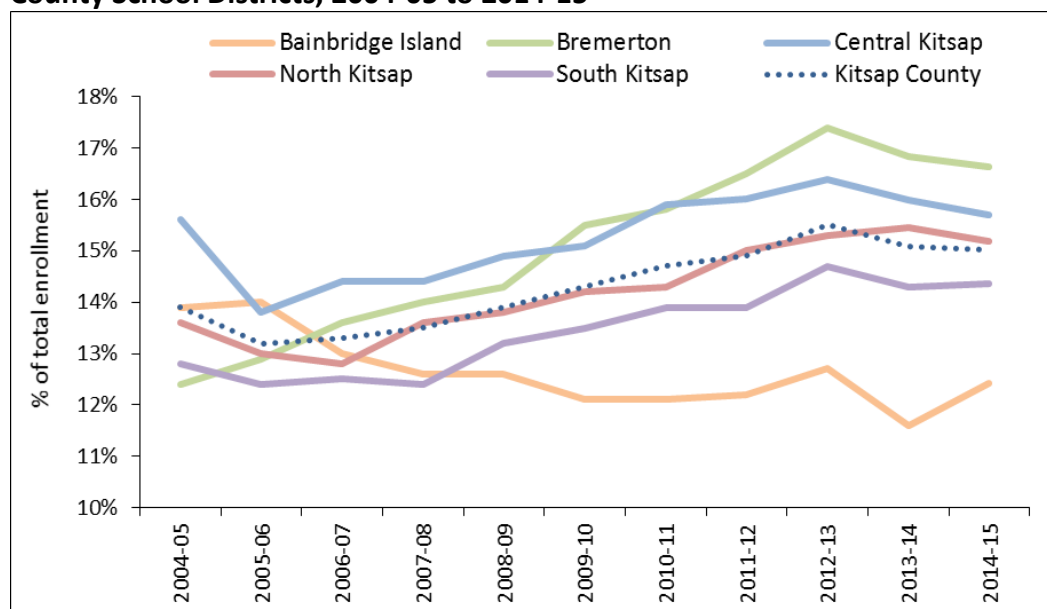
**Table 10. Head Start/Early Head Start Children Receiving Individuals with Disabilities Education Act (IDEA) Services by Program and by Agency, Kitsap County, 2014-2015<sup>10</sup>**

	KCR		OESD		S'Klallam		Suquamish	
	EHS	HS	EHS	HS	EHS	HS	EHS	HS
<b>Eligibility for intervention or disabilities services</b>								
Total # enrollees with IFSP/IEP* indicating eligibility	13	51	35	45	1	4	8	6
% enrollees with IFSP/IEP* indicating eligibility	12%	17%	15%	19%	3%	14%	19%	15%
# determined eligible during enrollment year	4	14	7	9	1	0	2	4

\*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). The most recently available public school data by age were from 2014, which showed 12% of enrollees in Kitsap County were age 3-5 years.<sup>19</sup> As of 2014-15, special education enrollment included 5,377 (15.0%) students county-wide.<sup>20</sup> Bremerton had the highest proportion (16.6%) while Bainbridge had the lowest (12.4%). The proportion of special education enrollees has generally increased among most districts (Figure 21).

**Figure 21. Special Education Public School Students as a Proportion of Total Enrollment, Kitsap County School Districts, 2004-05 to 2014-15\*<sup>20</sup>**



## 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.<sup>10</sup> Non-categorical developmental delays were the most frequently identified type of disability across all programs, followed by speech/language impairments.

**Table 11. Number of Disability Diagnoses among Head Start Enrollees, Kitsap County, 2014-15<sup>10</sup>**

	KCR	OESD	S'Klallam	Suquamish
<b>Enrollees with diagnosed primary disability</b>				
Health impairment	0	2	0	0
Emotional disturbance/behavioral disorder	0	0	0	0
Speech or language impairments	12	15	0	4
Intellectual disabilities	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	5	1	0	0
Traumatic brain injury	0	0	0	0
Non-categorical/developmental delay	34	27	4	2
Multiple disabilities, including deaf-blind	0	0	0	0

According to OSPI, the most common diagnosis among students age 3-21 years across all school districts in 2014 was learning disabilities, accounting for 32% of all diagnoses (Table 12).<sup>19</sup> This was followed by health impairments (17%) and communication disorders (15%). These are nearly identical to proportions in the 2012 data. Among young children age 3-5, the most common diagnosis is developmental delays (57%; up from 40% in 2012) followed by communication disorders (25%; down from 31% in 2012) and autism (13%; similar to 14% in 2012).

**Table 12. Number of Children and Young Adults with Disabilities by School District, Age Group, and Type of Disability, Kitsap County, November 2014<sup>19</sup>**

	Bainbridge Island		Bremerton		Central Kitsap		North Kitsap		South Kitsap	
	3-21	3-5	3-21	3-5	3-21	3-5	3-21	3-5	3-21	3-5
Developmental Delays	67	36	127	75	186	114	117	55	160	85
Emotional/Behavioral	15	1	36	0	59	0	29	0	43	0
Orthopedic Impairments	2	0	4	1	1	0	2	0	13	1
Health Impairments	70	2	126	2	326	4	140	6	232	2
Learning Disabilities	127	1	211	0	526	0	339	0	462	0
Intellectual Disabilities	6	0	29	0	53	0	13	1	57	0
Multiple Disabilities	7	0	16	0	55	4	8	0	26	6
Deafness	0	0	0	0	1	0	0	0	0	0
Hearing Impairments	2	0	2	0	18	0	6	0	4	0
Visual Impairments	3	1	4	0	4	1	3	0	3	0
Deaf-Blindness	0	0	0	0	0	0	0	0	0	0
Communication Disorders	96	13	98	26	199	28	117	35	262	55
Autism	57	1	105	20	280	31	76	10	122	22
Traumatic Brain Injury	0	0	1	0	2	0	1	0	1	0
Total	452	55	759	124	1710	182	851	107	1385	171
Percent of Total	**	12%	**	16%	**	11%	**	13%	**	12%

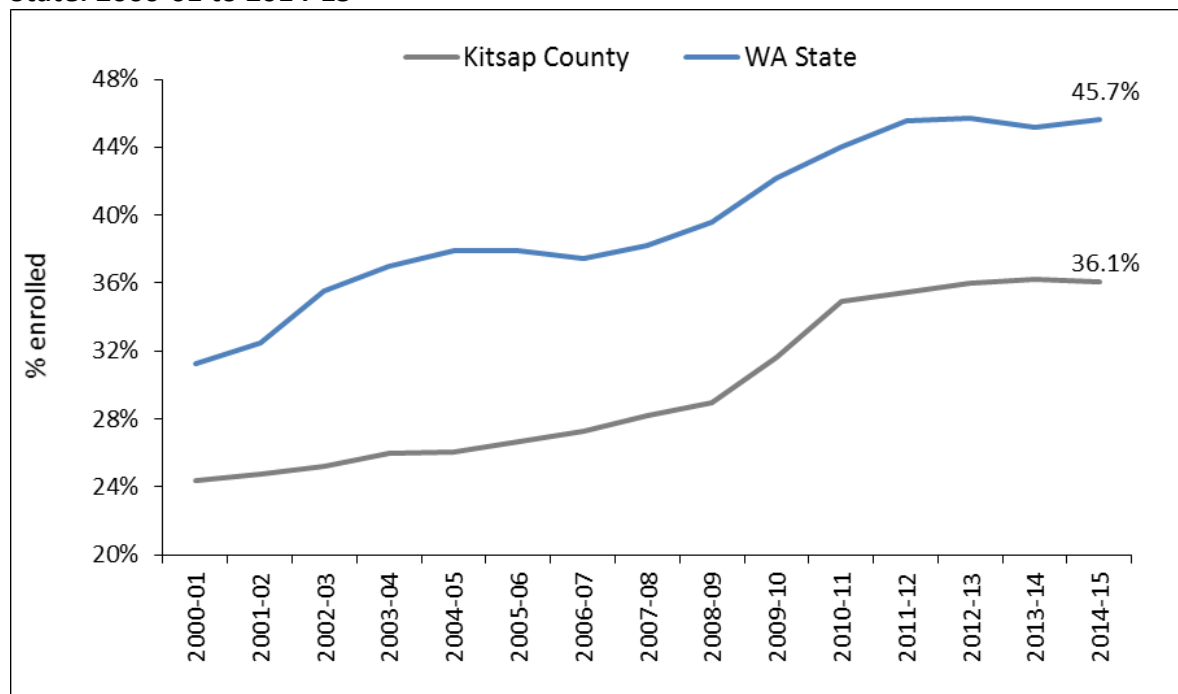
## V. EDUCATION, HEALTH, NUTRITION, AND SOCIAL SERVICE NEEDS OF EARLY HEAD START/HEAD START ELIGIBLE CHILDREN AND THEIR FAMILIEIS

### 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 Program has statistically increased since 2000, with an even bigger increase per year since 2008 (Figure 22).<sup>21</sup> Kitsap County has a statistically significantly lower proportion of students enrolled in the Free or Reduced Lunch Program than Washington State. As of October 2014, a total of 12,833 students applied to receive free or reduced lunch during the 2014-15 school year, which was roughly equivalent to the prior school year.

**Figure 22. Public School Students Enrolled in Free or Reduced Lunch,\* Kitsap County and Washington State: 2000-01 to 2014-15\*\*<sup>21</sup>**



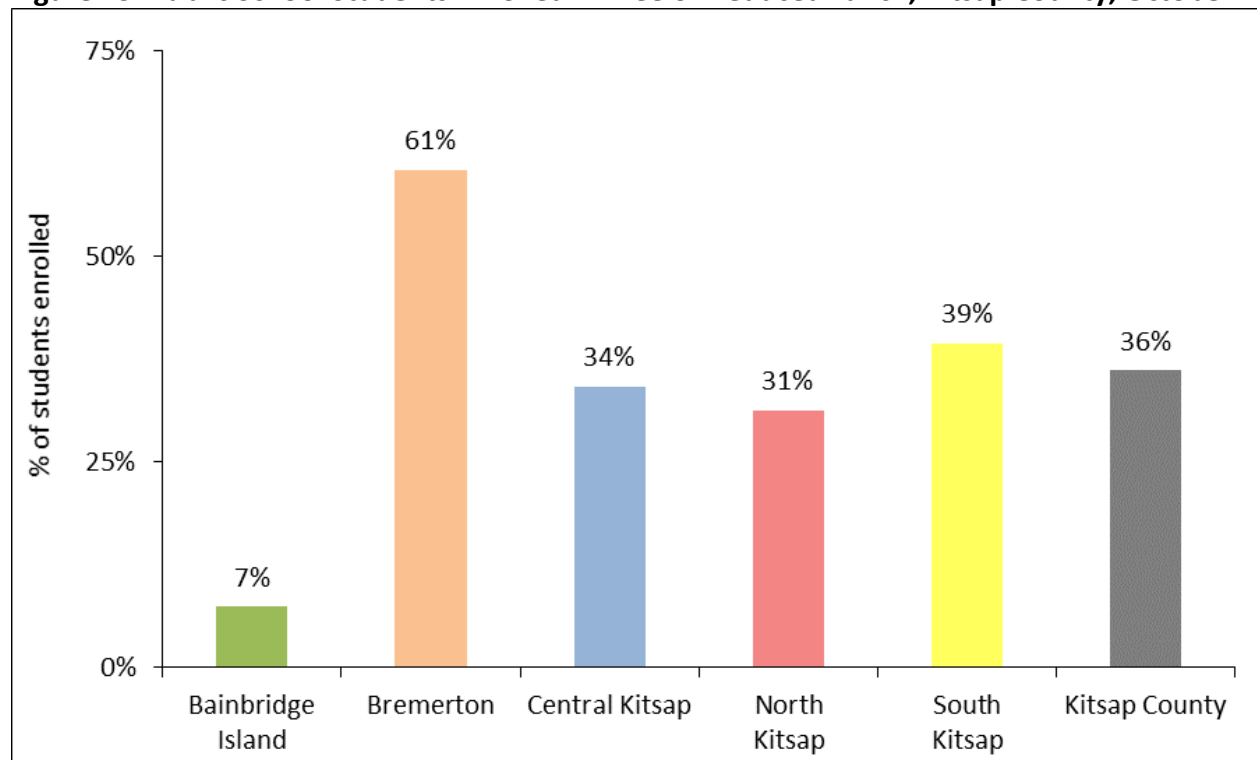
\* Eligibility for the program is  $\leq$  185% of poverty

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

Consistent with where the largest proportion of children and families living in poverty reside, the Bremerton school district zone also had the highest proportion (61%) of students enrolled in the Free or Reduced Lunch Program in October 2014 (Figure 23)<sup>21</sup> South Kitsap was the only other school district to have a proportion of enrolled students higher than the county-wide proportion (36%). Bainbridge Island had the lowest proportion (7%).<sup>21</sup> Table 13 shows the total enrollment of and

proportion of students enrolled in the Free and Reduced Lunch Program for each Kitsap County school that serves elementary-age (kindergarten through sixth grade) students by school district.<sup>21</sup>

**Figure 23. Public School Students Enrolled in Free or Reduced Lunch, Kitsap County, October 2014<sup>21</sup>**



**Table 13. Total Enrollment and Enrollment in Free or Reduced Lunch, Kitsap County Public Schools Serving Elementary-Age Students: October 2014<sup>21</sup>**

<b>Total Enrollment and Percent of Students Enrolled in Free or Reduced Lunch Program, Kitsap County Public Schools Serving Elementary-Age Students, October 2014</b>				
<b>School District</b>	<b>School Name</b>	<b>Grades</b>	<b>Total Enrollment</b>	<b>% Free or Reduced Lunch</b>
<b>Bainbridge Island</b>	Blakely Elementary	K-4	363	9.4%
	Commodore Center	K-12	311	7.1%
	Ordway Elementary	K-4	382	11.3%
	Sakai Intermediate School	5-6	568	7.6%
	Wilkes Elementary	K-4	381	5.0%
<b>Bremerton</b>	Armin Jahr Elementary	K-5	453	75.5%
	Crown Hill Elementary	K-5	410	50.7%
	Kitsap Lake Elementary	K-5	413	47.5%
	Naval Avenue Elementary	K-3	373	60.6%
	View Ridge Elementary	K-5	468	64.3%
	West Hills Elementary	K-8	650	66.8%
<b>Central Kitsap</b>	Brownsville Elementary	4-6	432	27.5%
	Clear Creek Elementary	4-6	551	46.6%
	Cottonwood Elementary	4-6	358	36.6%
	Cougar Valley Elementary	4-6	506	31.2%
	Emerald Heights Elementary	4-6	613	23.8%
	Esquire Hills Elementary	4-6	392	53.6%
	Green Mountain Elementary	4-6	413	34.4%
	Jackson Park Elementary	4-6	502	47.2%
	Pinecrest Elementary	4-6	503	49.7%
	Silver Ridge Elementary	4-6	432	29.4%
	Silverdale Elementary	4-6	478	36.4%
	Woodlands Elementary	4-6	451	55.2%
<b>North Kitsap</b>	Pal Program	4-12	53	28.3%
	Pearson Elementary School	K-5	322	33.2%
	Poulsbo Elementary School	K-5	565	32.2%
	Richard Gordon Elementary School	K-8	478	25.3%
	Suquamish Elementary School	K-5	389	47.6%
	Vinland Elementary School	K-5	619	30.7%
	Wolfe Elementary School	K-5	363	53.4%
<b>South Kitsap</b>	Bethany Lutheran School	K-8	99	9.1%
	Burley Glenwood Elementary	K-6	445	46.1%
	East Port Orchard Elementary School	K-6	541	54.7%
	Hidden Creek Elementary	K-6	557	35.9%
	Madrona PreSchool	PK	87	46.0%
	Manchester Elementary	K-6	385	42.1%
	Mullenix Ridge Elementary	K-6	549	28.2%
	Olalla Elementary	K-6	317	39.7%
	Orchard Heights Elementary	K-6	568	56.7%
	Sidney Glen Elementary	K-6	680	53.2%
	South Colby Elementary	K-6	402	21.4%
	Sunnyslope Elementary	K-6	581	33.0%

## B. Public Assistance

In 2011-2013, there were 13,277 (24%) children age 0-17 in Kitsap County living in households receiving public assistance (including social security income, case public assistance, or food stamps).<sup>5</sup> Of these households receiving public assistance, 49% were single parent households. The percentage by district within the county is shown in Table 14.

**Table 14. Receipt of Public Assistance in the Past 12 Months for Households with Children (<18), Kitsap County Regions, 2011-13**

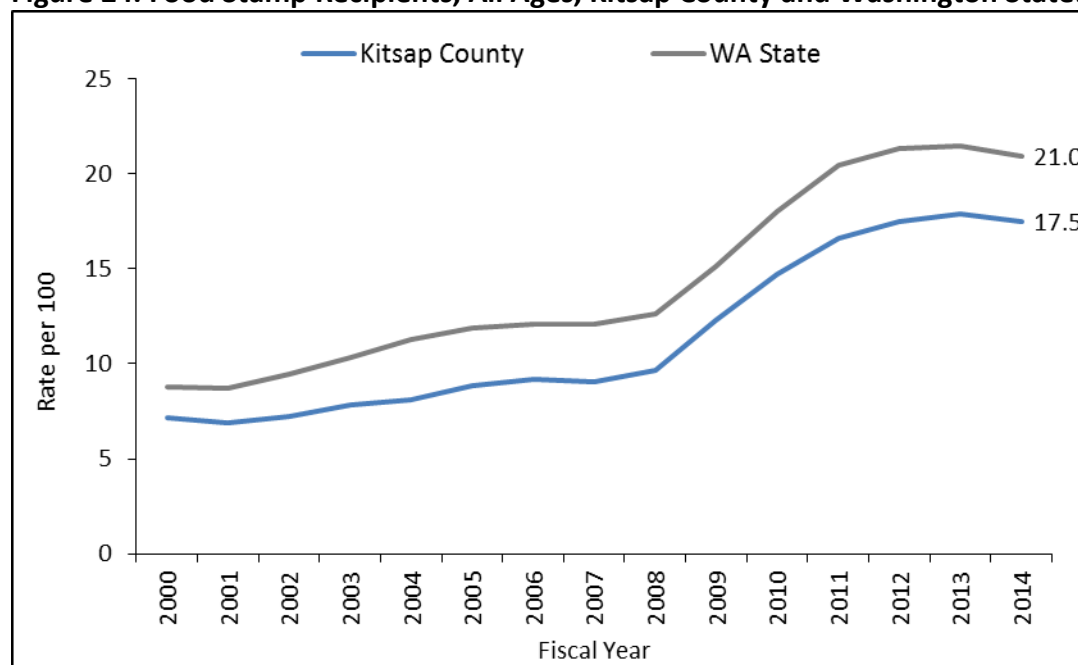
Percentage of households with children under 18 receiving public assistance*	
Bremerton	46%
Central Kitsap	19%
North Kitsap	19%
South Kitsap	30%

\* includes SSI, cash public assistance income, or food stamps; no data available for Bainbridge Island

### Food Stamps

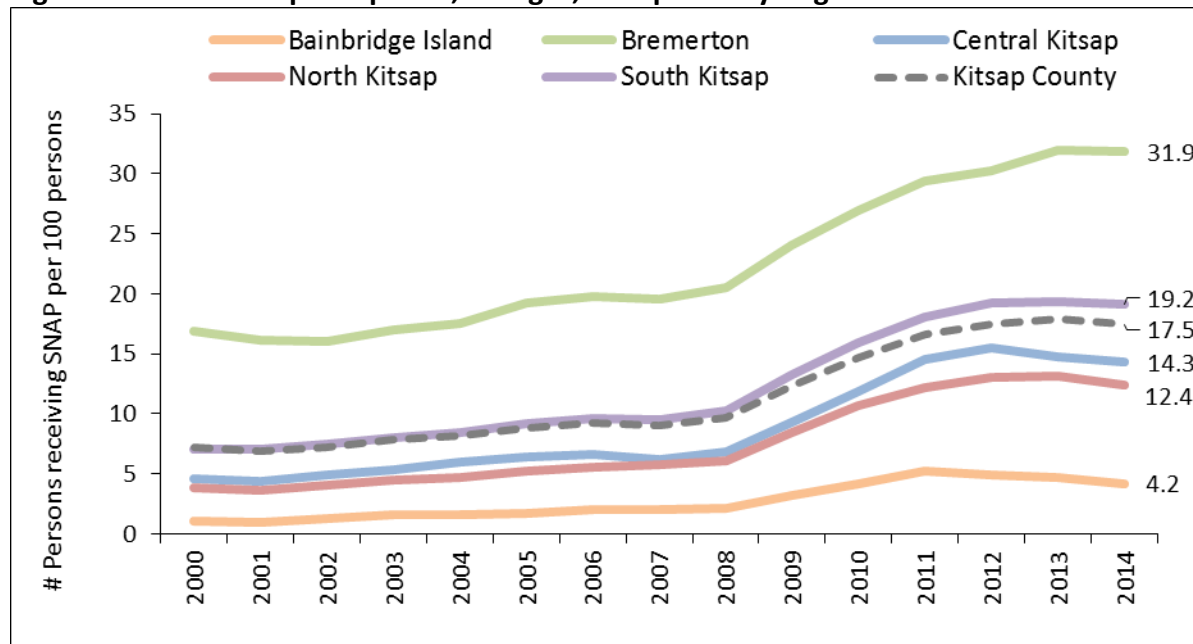
In both Kitsap County and Washington State the rate of persons receiving food stamps through the Supplemental Nutritional Assistance Program (SNAP) has been increasing in recent years (Figure 24).<sup>22</sup> The rate in Kitsap County climbed dramatically between 2008 and 2011, but slowed pace between 2011 and 2013, and slightly decline in 2014. Despite the recent slowing pace, there was still a 19% increase over the past 5 years, growing from 14.8 per 100 in 2010 to 17.5 per 100 in 2014.

**Figure 24. Food Stamp Recipients, All Ages, Kitsap County and Washington State: 2000 to 2014<sup>22</sup>**



Bremerton residents have consistently had the highest rate of food stamp recipients; nearly 1 in 3 residents received food stamps in 2014 (Figure 25).<sup>22</sup> Bainbridge Island and Central Kitsap had slightly reduced rates of residents receiving food stamps, but all other regions in the county experienced an increase this past year. Central Kitsap has had the largest percent change over the past 5 years (increasing 21%) and since 2008 (109% increase) when all district rates began to climb.

**Figure 25. Food Stamp Recipients, All Ages, Kitsap County Regions: 2000 to 2014<sup>22</sup>**



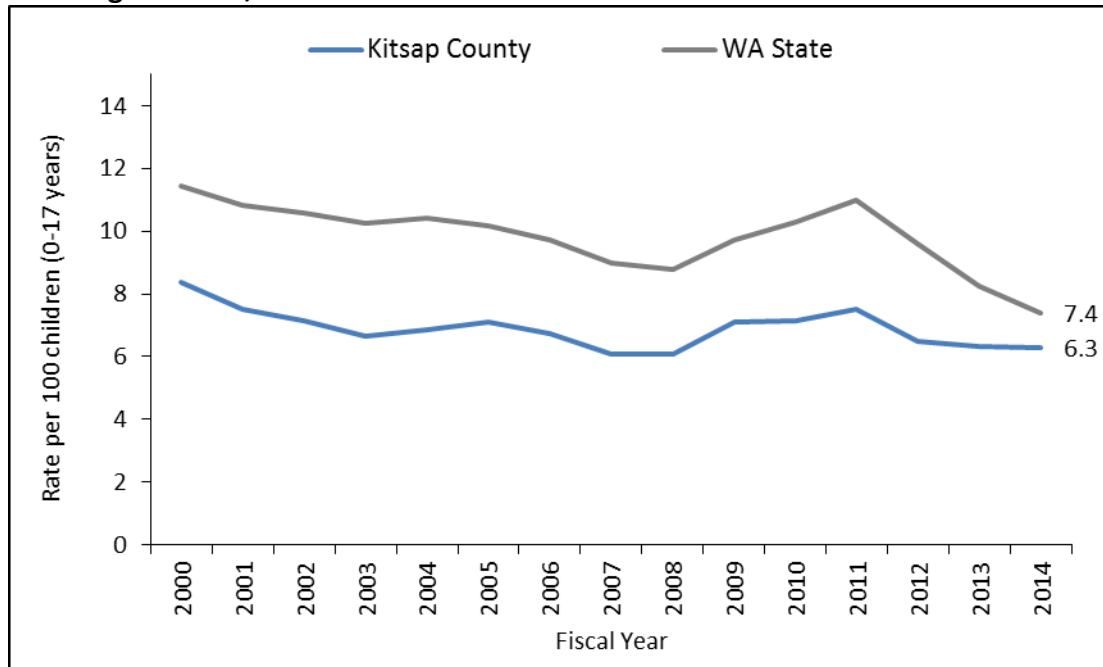
### Temporary Assistance for Needy Families (TANF)

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."<sup>23</sup> 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.<sup>24</sup> 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 not varied as much as the rate of food stamps, averaging 6.9% for the past 5 years, and remaining below the state rate (Figure 26).<sup>22</sup> Both the state and county rates of TANF recipients decline in the last 2 years, though the state saw 28% reduction from 2010 to 2014, whereas the county dropped by only 16%. Within Kitsap County, the rate of children receiving TANF has consistently been substantially higher in the Bremerton area than any of the other sub-county regions. In 2014, the Bremerton rate was 16.4 per 100, compared to the next highest of 6.4 per 100 in South Kitsap and the overall countywide rate of 6.3 per 100.



**Figure 26. Rate of Children Receiving Temporary Assistance for Needy Families, Kitsap County and Washington State, 2000 to 2014<sup>22</sup>**

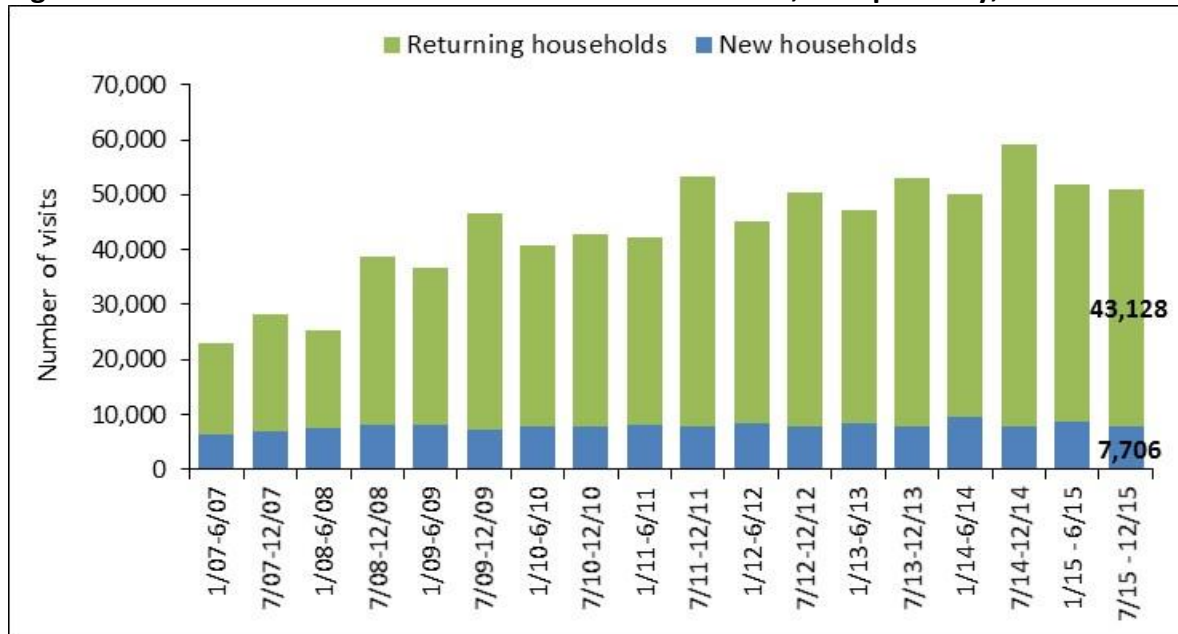


### C. Food and Nutrition

#### 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. These food banks track how many new clients and households are served each month as well as how many return visits are made by existing clients. The total number of households served more than doubled (101% increase) from 2007 to 2015, with a total of 102,559 visits by separate households in 2015 (Figure 27).<sup>25</sup> These households represent 369,044 individuals, which is a 20% increase from last year and a 133% increase since 2007. Returning households make up 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 both food and monetary donations.<sup>25</sup> There is a need among all ages, though there has been more of a focus on the needs among young children (0-4 year olds).<sup>25</sup> According to St. Vincent de Paul, there have been more donations recently that include items such as diapers and formulas to help families with young children in need.

**Figure 27. Total Household Visits Made to Area Food Banks, Kitsap County, 2007 to 2015<sup>25</sup>**



### 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).<sup>26</sup> 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 are issued to a family and can be exchanged for nutritious foods at many local grocery stores.

The number of clients served by WIC in Kitsap County increased 10% from 2004 to 2010, but has subsequently declined through 2013 (Table 15).<sup>27</sup> The percentage of infants who were born in the County and served by WIC averaged 47% during the last 5 years (2009 to 2013).

**Table 15. Women, Infants, and Children Served by WIC, Kitsap County, 2004 to 2013<sup>27</sup>**

	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013
Infant and children under age 5	6,755	6,626	6,507	6,337	6,780	7,595	7,681	7,667	7,012	6,704
Pregnant, breastfeeding, and postpartum women	2,961	2,861	2,835	2,760	2,970	3,187	3,084	3,131	2,910	2,759
<b>Total</b>	<b>9,716</b>	<b>9,487</b>	<b>9,342</b>	<b>9,097</b>	<b>9,750</b>	<b>10,782</b>	<b>10,765</b>	<b>10,798</b>	<b>9,922</b>	<b>9,463</b>
% of infants born in County served by WIC	48%	47%	48%	48%	50%	51%	48%	47%	46%	44%

### 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, which supports new mothers in learning to and continuing to breastfeed, in March 2013. Initially, a single

nurse/lactation consultant was available for 4 hours once at the YMCA in Silverdale. (As of October 2014, the Silverdale site was relocated to the Kitsap Community Resources WIC in Silverdale). In February 2014, two additional sites were added at PCHS Poulsbo and WIC Bremerton; each are operated by a bilingual (Spanish/English) lactation consultant for 2 hours once every other week. As of December 2014, a total of 191 new clients (mothers or expectant pregnant women) had been seen at one of the three locations. The clients are surveyed upon their initial visit and again at 3-months and 6-months later to assess their breastfeeding status and how the program has helped them.

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 six months or longer.

## **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 accomplishments in its 2013 Annual Report<sup>28</sup> include:

- Completed an implementation of an Automatic Passenger Counting system [that] gives the agency accurate reporting of passenger boardings at the individual stop level.
- Completed an on-board origin and destination survey to gather valuable information about our riders' travel patterns;
- Hired, trained and put 15 routed, 10 *ACCESS*, and 5 new Worker/Driver operators on the road;
- Carried 72,187 passengers operating emergency shuttle service inside the Puget Sound Naval Shipyard. The service used Worker/Driver buses to replace base bus service cut during the federal government sequestration.
- Eighty-four new vanpoolers joined a Kitsap Transit vanpool and made nearly 9,000 trips.
- Implemented a social service agency-managed free ride program for qualified participants.
- The design phase was completed for a new Poulsbo Park & Ride lot.

The new "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 shelters, food banks and other social service agencies. 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.<sup>29</sup>

In 2013, a new Dial-a-Ride service was offered on Bainbridge Island and in the South Kitsap area.<sup>28</sup> This is a call-in-advance bus service that provides on-request service to certain locations in the county 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).<sup>28</sup> It provides a Kitsap Transit van to social service agencies which have a large number of clients. It allows the agencies themselves to control when and where pick-ups are made, rather than requiring clients to call and request the regular *ACCESS* vans. Agencies are able to use the vans on a daily basis and other just as needed for events. In 2013, 39 vans were operated by 12 agencies in Kitsap County.

Kitsap Transit Authority reports no major reductions in service since the recession in 2008 and 2009.<sup>29</sup> 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.

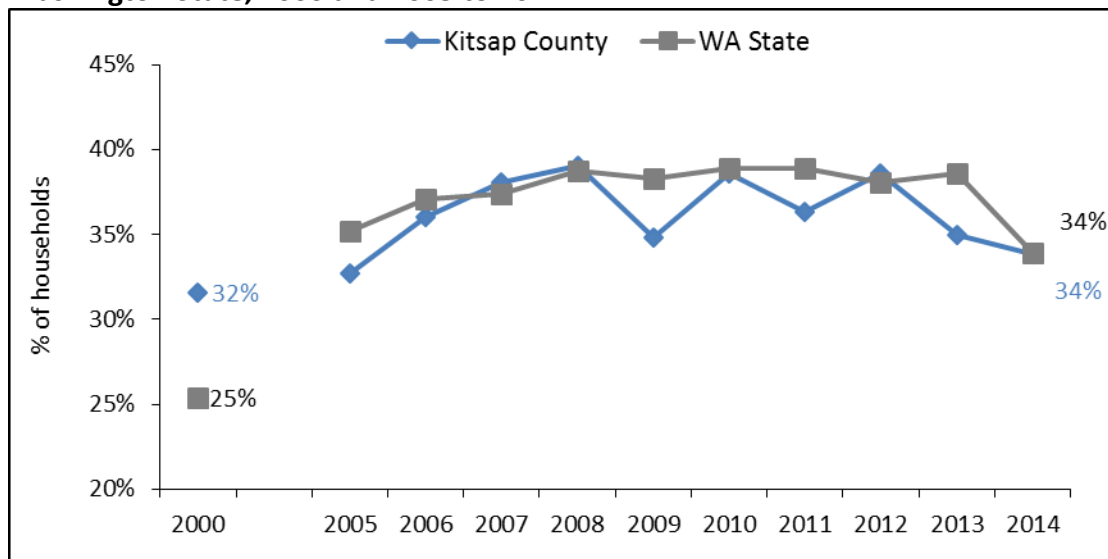
Changes to public transit are most likely to affect those who rely on public transportation during their work commutes or for accessing childcare, health care providers, and community services. As reported in the 2014 Comprehensive Assessment, staff from the Early Head Start/Head Start program at OESD reported that transportation 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.

## **E. Housing**

### **Housing Affordability**

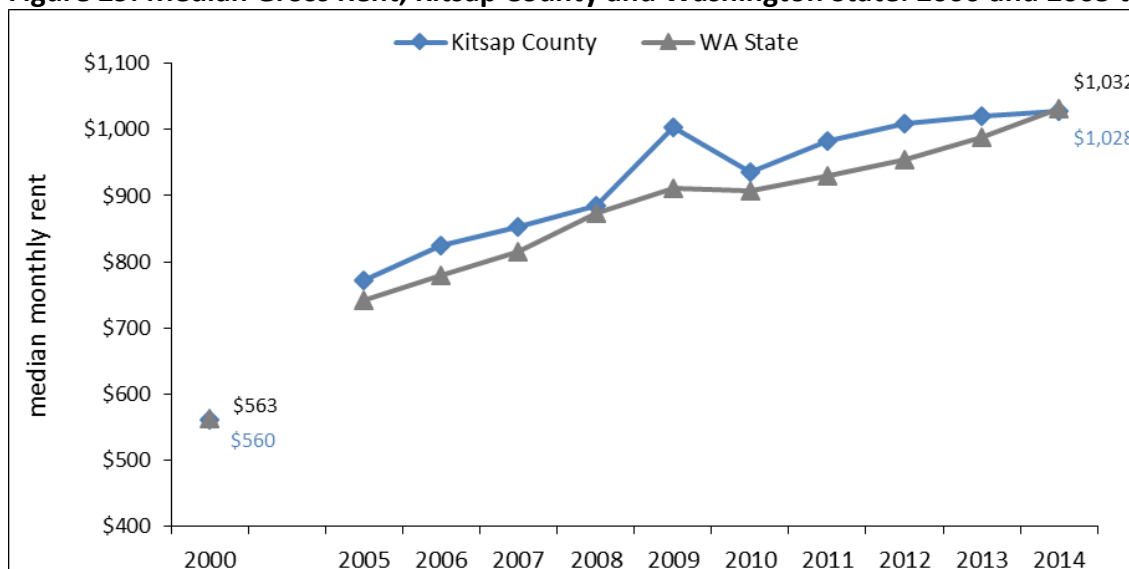
According to The U.S. Department of Housing and Urban Development (HUD), families who pay more than 30% of their income for housing are considered cost burdened and may have difficulty affording necessities such as food, clothing, transportation and medical care.<sup>33</sup> Under this definition, it is estimated that 34% of Kitsap County residents and Washington State residents had difficulty affording other necessities (Figure 28).<sup>5</sup> Within the county, the 2014 estimates are that 25% of home owners and 50% of renters in were paying 30% or more of their monthly income. While the percentage of owners has remained about the same since 2000, the percentage of renters has increased by 19%.

**Figure 28. Households Paying 30% or More of Income for Housing Costs, Kitsap County and Washington State, 2000 and 2005 to 2014<sup>5</sup>**



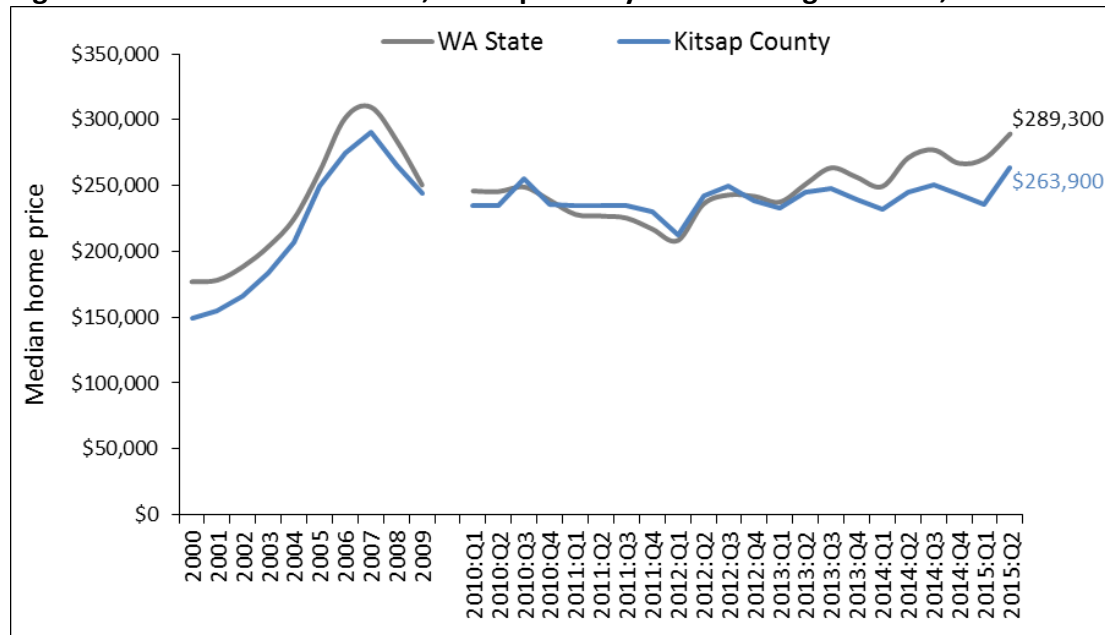
As of 2014, an estimated 33% of 95,249 occupied housing units in Kitsap County are rented.<sup>5</sup> For rentals, the median gross rent increased substantially, nearly doubling from 2000 to 2014 (Figure 29).<sup>5</sup> In 2014, the county-wide median gross rent was \$1,028 per month, which was for the first time in over a decade lower than that of the state (\$1,032 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 \$3,427 per month, which is equivalent to \$41,120 annually. Assuming a 40-hour work week, 52 weeks per year, this level of income translates into a wage of \$19.77 per hour. This hourly rate is well above the 2014 statewide minimum wage of \$9.32.<sup>30</sup> As of January, 2015, the statewide minimum wage has only marginally increased to \$9.47 per hour.<sup>30</sup> Rental costs are a hardship for many in finding stable housing, as illustrated by the 2013 HS/EHS parent survey, in which 19% of respondents reported moving in the past six months.

**Figure 29. Median Gross Rent, Kitsap County and Washington State: 2000 and 2005 to 2014<sup>5</sup>**



Along with renters, home ownership is also a challenging financial obstacle for many. 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. In the second quarter of 2015, the median home price in Kitsap County was \$263,900, which was slightly below the state median price of \$289,300 (Figure 31).<sup>31</sup>

**Figure 30. Median Home Prices,\* Kitsap County and Washington State, 2000 to 2015(Q2)<sup>31</sup>**



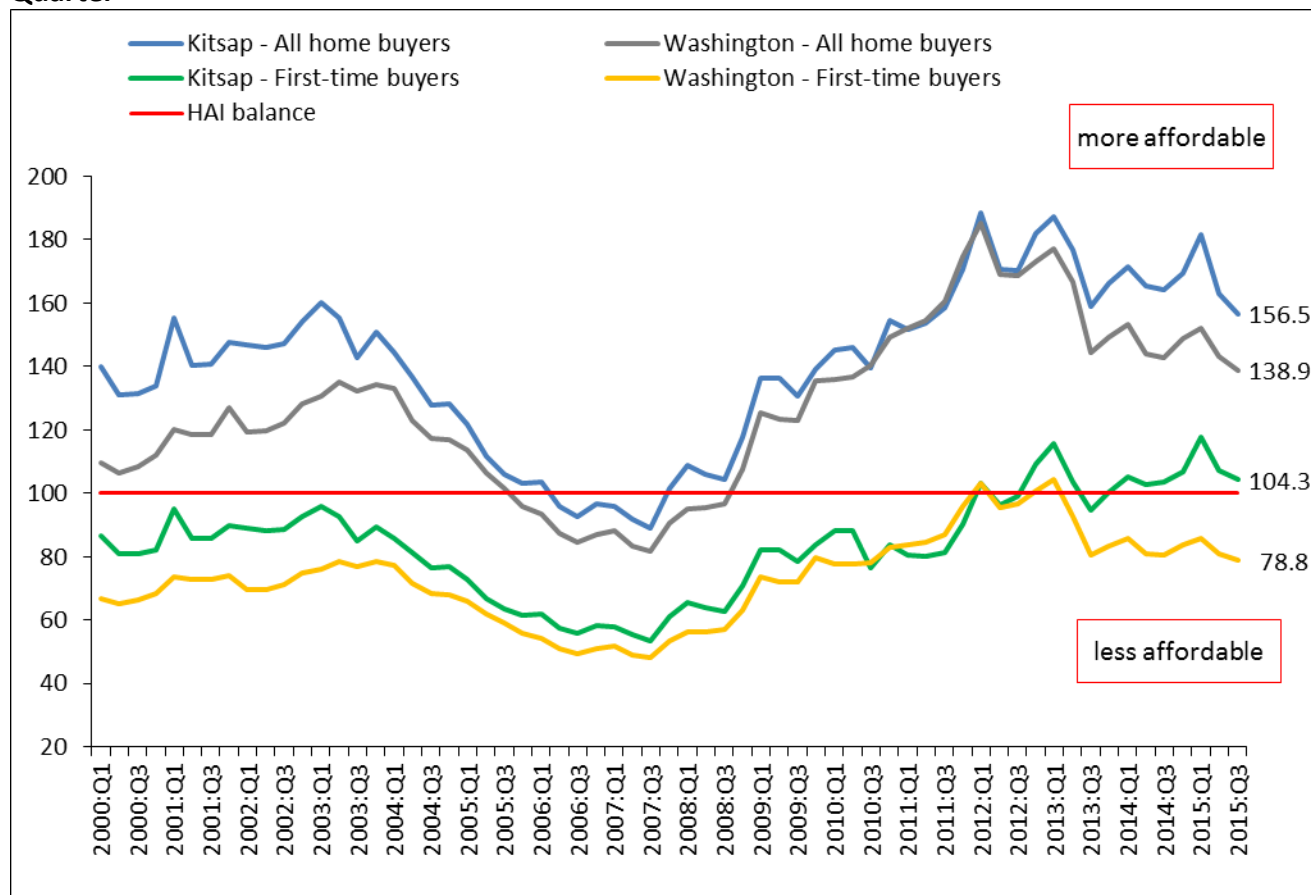
\*based on sale of existing houses

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.<sup>31</sup> 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.

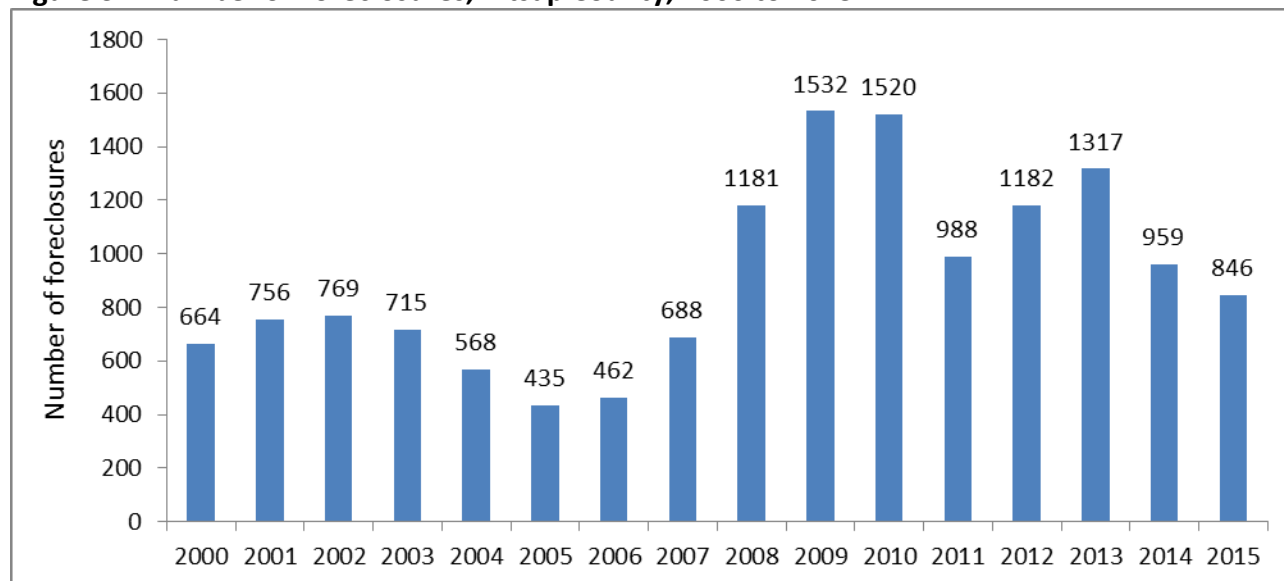
In Kitsap County the overall HAI (for all buyers) dipped below 100 (indicating less affordable housing) in the second quarter of 2006, and did not return to above 100 until the fourth quarter of 2007 (Figure 31).<sup>31</sup> In 2007-08, housing affordability reached some of the lowest levels in recent 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.<sup>31</sup> The cross-over into the more affordable range indicates that it has been more attainable in recent years for first-time buyers to purchase a home. However, despite median home prices dropping into the more affordable range, the financial hardship of the recession has still made ownership burdensome. The number of foreclosures dramatically increased from 2006 to 2010, and although it is lower than the 2009-2010 peak, it is still well above the

pre-2007 numbers (Figure 32).<sup>32</sup> During 2015 there were 846 foreclosures, which is the lowest number since 2007.

**Figure 31. Housing Affordability Index, Kitsap County and Washington State, 2000 to 2015 by Quarter**<sup>31</sup>



**Figure 32. Number of Foreclosures, Kitsap County, 2000 to 2015**<sup>32</sup>



## **Public Housing**

Section 8 Housing is a federally funded program to offer rental assistance to very low income families, elderly, and disabled.<sup>33</sup> 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 stock available housing 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.<sup>34</sup> BHA's primary sources of funding include contracts with the HUD and rent from properties owned in Bremerton. They own and operate four housing communities that include Public Housing units and seven housing communities that provide affordable housing. Some properties are owned exclusively by BHA while others are operated in partnership with other agencies. In all, BHA has 178 public housing units, all of which wait lists ranging from roughly 100 to 700 depending on the type of housing.<sup>35</sup> Given the number of people waiting, the wait-time to receive a placement can be lengthy. BHA estimates they have 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.<sup>35</sup> This is a reduction from 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.

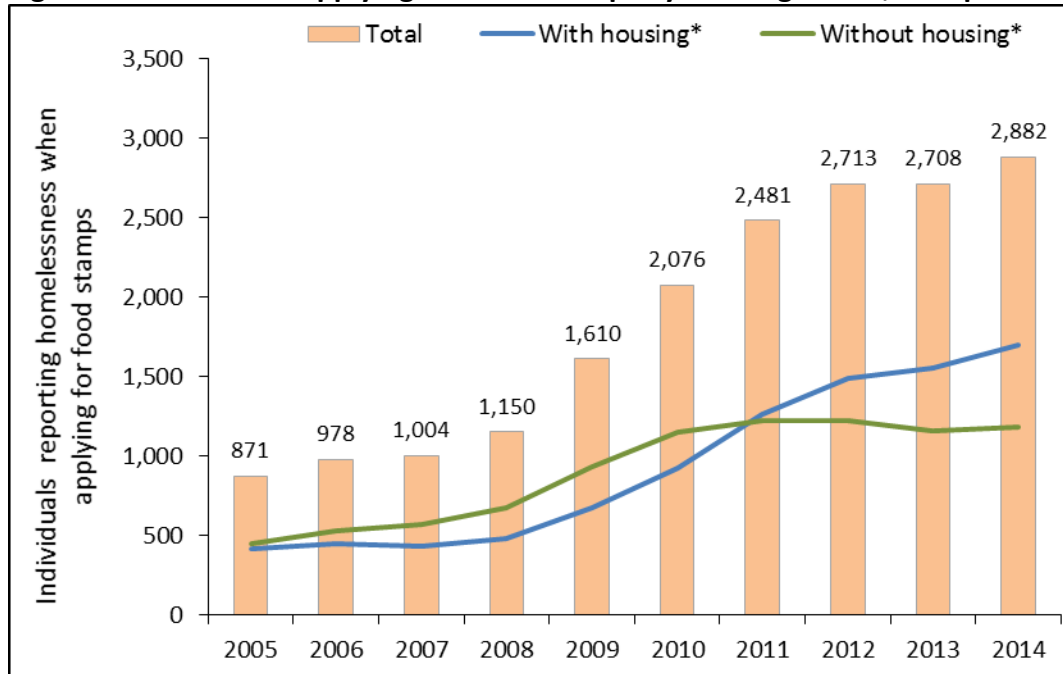
Housing Kitsap is a housing authority serving all of Kitsap County except the City of Bremerton, with a total population served of approximately 220,000.<sup>36</sup> The primary funding sources include HUD, Washington State Housing, Department of Commerce, and the USDA Rural Development Office. Their mission is to foster healthy housing communities by building and preserving safe, decent, and affordable housing. Clientele include low and moderate income residents of Kitsap County. 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 approximately 850 affordable housing units.<sup>37</sup> 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.<sup>37</sup> As of January 22, 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.<sup>37</sup> 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 by the BHA.



## Homelessness

It is difficult to know exactly how many persons or families are homeless. By reviewing the reported housing status on applications for Basic Food (formerly the food stamps program), we can estimate the number of homeless individuals. According to these estimates, the number of homeless individuals more than tripled from 2005 to 2014 (Figure 33).<sup>38</sup> The sharp uptick began in about June 2008 and has risen substantially ever since, with the exception of a slight dip in 2013. The biggest growth has been among those reporting having a temporary place stay, whereas the number Basic Food clients reporting being without any housing has been relatively stable since 2010.

**Figure 33. Individuals Applying for Food Stamps by Housing Status, Kitsap County: 2005 to 2014<sup>38</sup>**

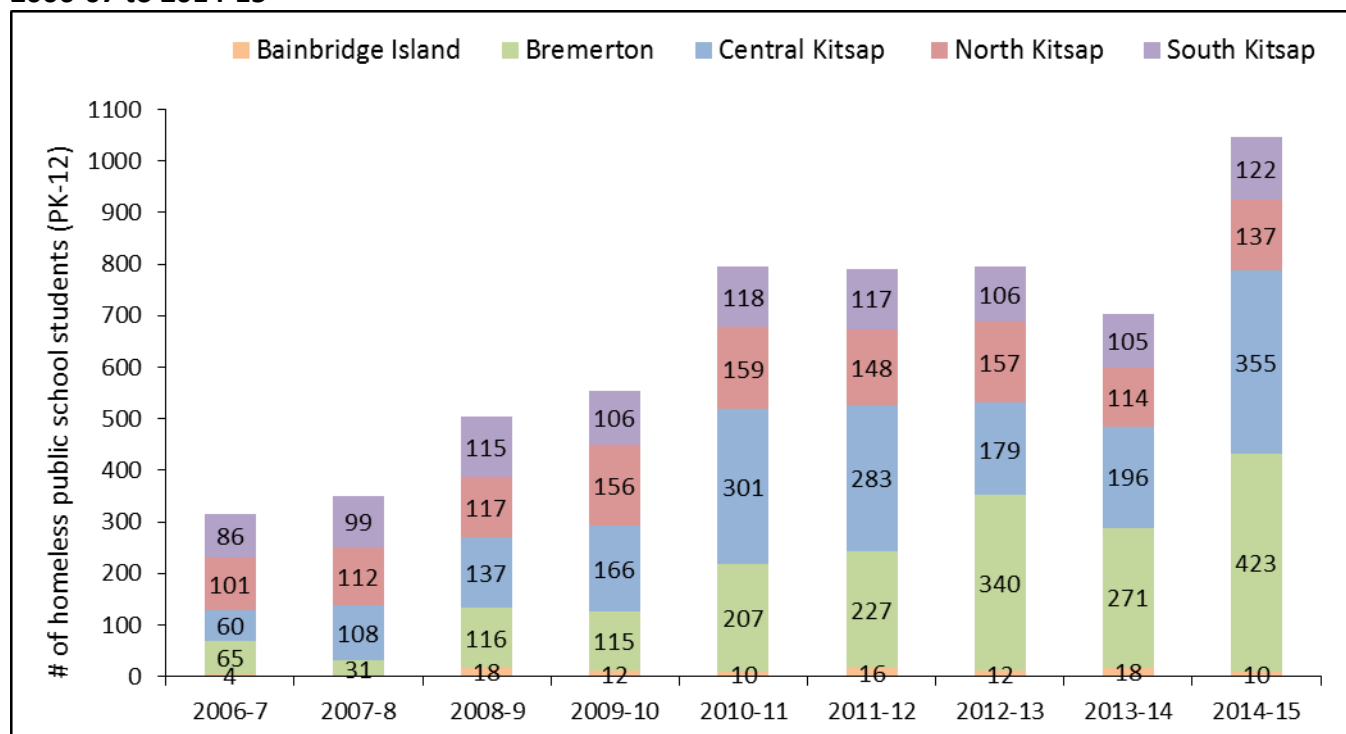


\* Homeless without Housing includes clients who lack a fixed, regular, and adequate nighttime residence and indicate that they do not have a place to stay at the time of report. Homeless with Housing includes clients commonly referred to as “couch surfing”. In other words they do not have a fixed regular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

During the 2015 annual Kitsap County Point-In-Time (PIT) Homeless Count, there were 496 individuals counted, 20% of whom children under the age of 18.<sup>40</sup> The total count increased by 30% to 644 in 2016. Preliminary estimates of the number of children counted during 2016 were not yet available; however, during the past 5 years, the proportion of children has ranged from 20-30%.<sup>40</sup> The PIT counts are considered to be underestimates of the true number of unsheltered individuals.

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, and a dramatic increase in 2014-15 (Figure 34).<sup>20</sup> A total of 1,047 students were reported as homeless during the 2014-15 school year, which was a 48.7% increase from 2013-14. The biggest increases were at Central Kitsap (81% increase) and Bremerton (56% increase).

**Figure 34. Public School Students (PK-12) Reported as Homeless, Kitsap County School Districts, 2006-07 to 2014-15<sup>20</sup>**



Overall, 13% of Head Start/Early Head Start (HS/EHS) children in Kitsap County received homelessness services during 2015-2015.<sup>10</sup> As shown in Table 16, Port Gamble S'Klallam had the highest proportion of both EHS (41%) children and HS children (28%) receiving services. Across all county programs, a total of 35% of families that were homeless acquired housing during the year.

**Table 16. Head Start/Early Head Start Families and Children Receiving Homelessness Services by Program and by Agency, Kitsap County: 2014-15<sup>10</sup>**

	Early Head Start			Head Start		
	# of families	# of children	% of all enrolled children	# of families	# of children	% of all enrolled children
Kitsap Community Resources	16	17	16%	34	36	12%
Olympic Educational Service District	24	27	12%	23	26	11%
Port Gamble S'Klallam Tribe	13	13	41%	7	8	28%
Suquamish Tribe	1	1	2%	0	0	0%
Kitsap County Total	54	58	15%	64	70	11%

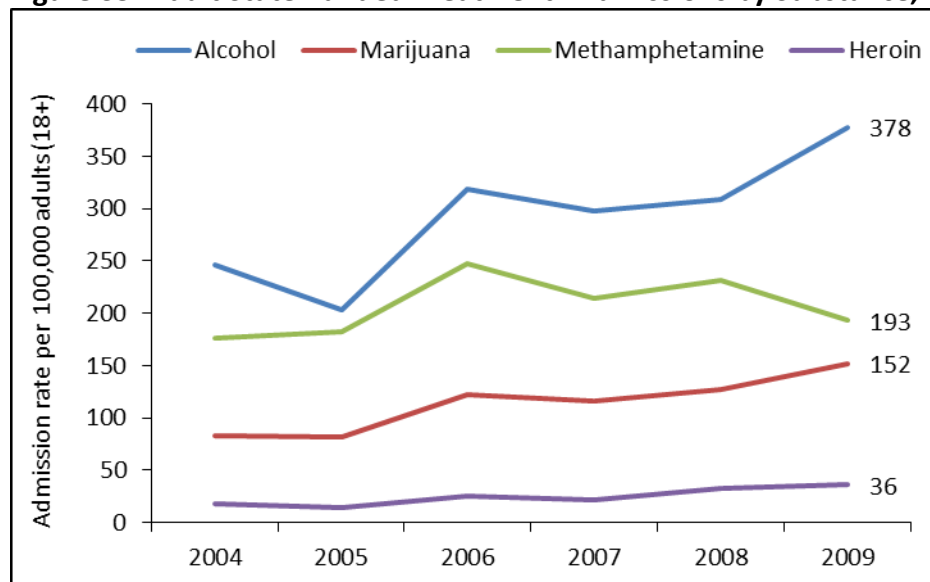
## F. Substance Abuse

### Adult Alcohol and Drug Use

State-funded adult admissions for alcohol, marijuana, and heroin treatment in Kitsap County have all shown generally increasing trends between 2004 and 2009 (Figure 35).<sup>41</sup> The admission rates have increased 53%, 83%, and 100%, respectively. While the rate for heroin treatment is lower, it has grown the most of any substance during the 6 year period. The trend for methamphetamine treatment

admissions has been more variable and overall more of a flat trend, with 2009 rate only 10% higher than the 2004 rate.

**Figure 35. Adult State-Funded Treatment\* Admissions by Substance, Kitsap County: 2004 to 2009<sup>41</sup>**



\*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

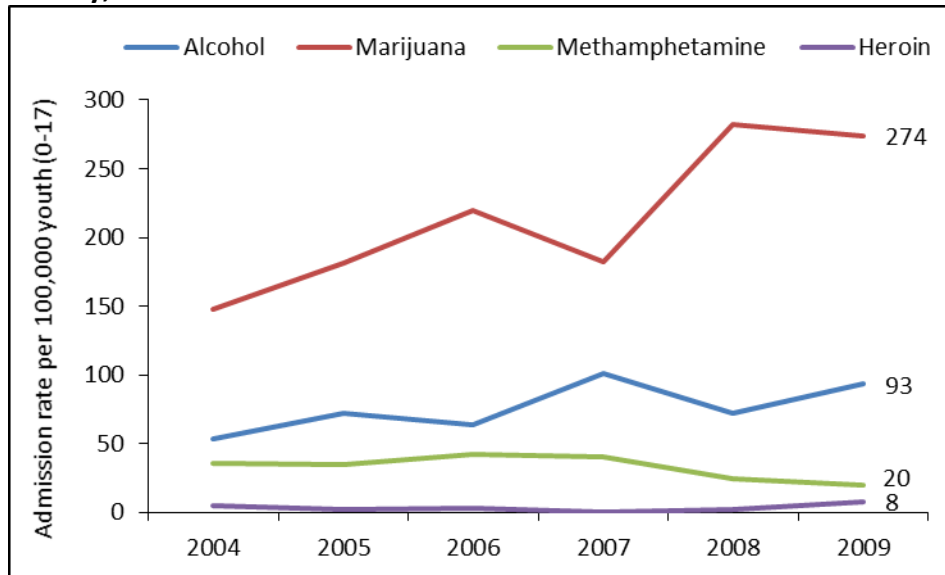
### Youth Alcohol and Drug Use

According to Kitsap County 8<sup>th</sup> and 10<sup>th</sup> graders surveyed in 2012, 12% of and 25%, respectively, reported drinking alcohol in the past 30 days.<sup>42</sup> The rate reported by 8<sup>th</sup> graders has declined in recent years, dropping from 16% in 2006. A similar decline was observed among 10<sup>th</sup> graders, dropping from 30%. While these trends are a positive step, only 66% of 8<sup>th</sup> graders and 45% of 10<sup>th</sup> graders reported access to alcohol as being “very hard” or “hard,” with the remainder finding it “sort of easy” or “very easy.” Even among 8<sup>th</sup> graders, 7% reported binge drinking in the past two weeks; the proportion was 12% for 10<sup>th</sup> graders.

Marijuana use is also prevalent among 8<sup>th</sup> and 10<sup>th</sup> graders, with 10% and 20%, respectively, of those surveyed in 2012 reporting that they used marijuana in the past 30 days.<sup>42</sup> Tenth graders were also asked about using a painkiller to get high in the past 30 days, with 6% report 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 (Figure 36).<sup>41</sup> The rate of youth marijuana admissions increased 84% and was usually more than double the admission rate for alcohol treatment. The rate of admissions for methamphetamine has shown a decreasing trend, with an overall 45% decrease since 2004. Admissions for heroin are infrequent, ranging from 0 to 8 per 100,000 throughout 2004 to 2009, and thus it is difficult to draw any conclusions about the trend. However, it is notable that the highest rate of admissions was seen in 2009, similar adult admissions for heroin treatment. While the details of substance type are unavailable for more recent years, the overall rate of youth clients served by DSHS for alcohol and substance abuse in FY2013 was 553 per 100,000.<sup>43</sup> This rate has increased by 15% since FY2009, when it was 481 per 100,000.

**Figure 36. Youth (age 0-17) Receiving State-Funded Treatment\* Admissions by Substance, Kitsap County, 2004 to 2009<sup>41</sup>**

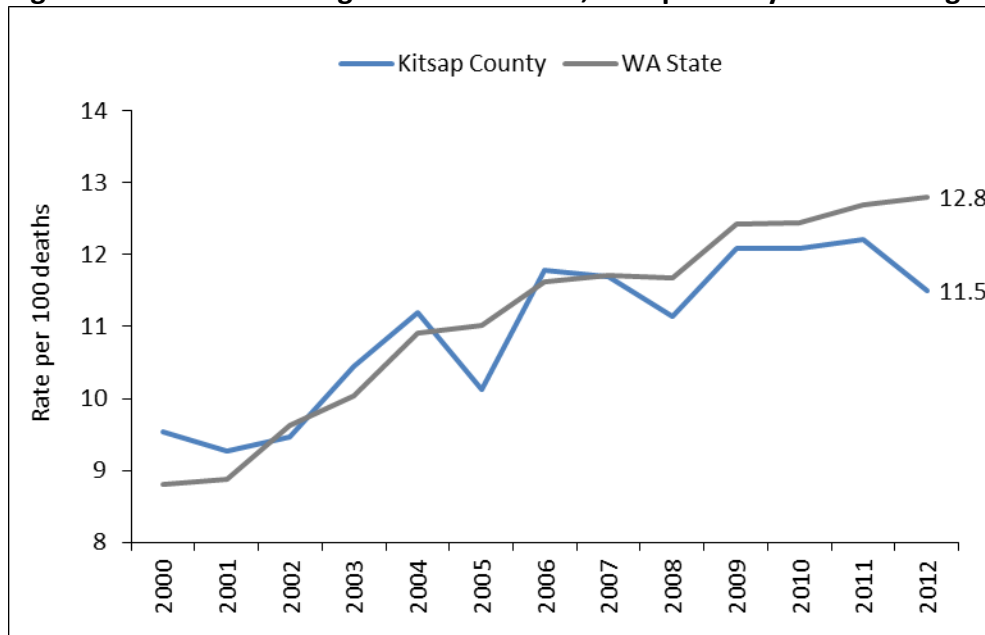


\*excludes detox, transitional housing, group care enhancement, private pay, and Department of Corrections; includes total admissions- counts may be duplicated for an individual based on multiple admissions or multiple modalities of care

### Deaths Due to Alcohol or Drugs

The rate of alcohol or drug-related deaths has statistically increased in both Kitsap County and Washington State since 2000 (Figure 37).<sup>22</sup> In Kitsap County, these deaths increased at a rate of 2.3% per year. In 2012, 11.5% of deaths were related to alcohol or drugs. Kitsap County has a similar rate of deaths compared to Washington State.

**Figure 37. Alcohol or Drug-Related Deaths\*, Kitsap County and Washington State, 2000-2012<sup>22</sup>**



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

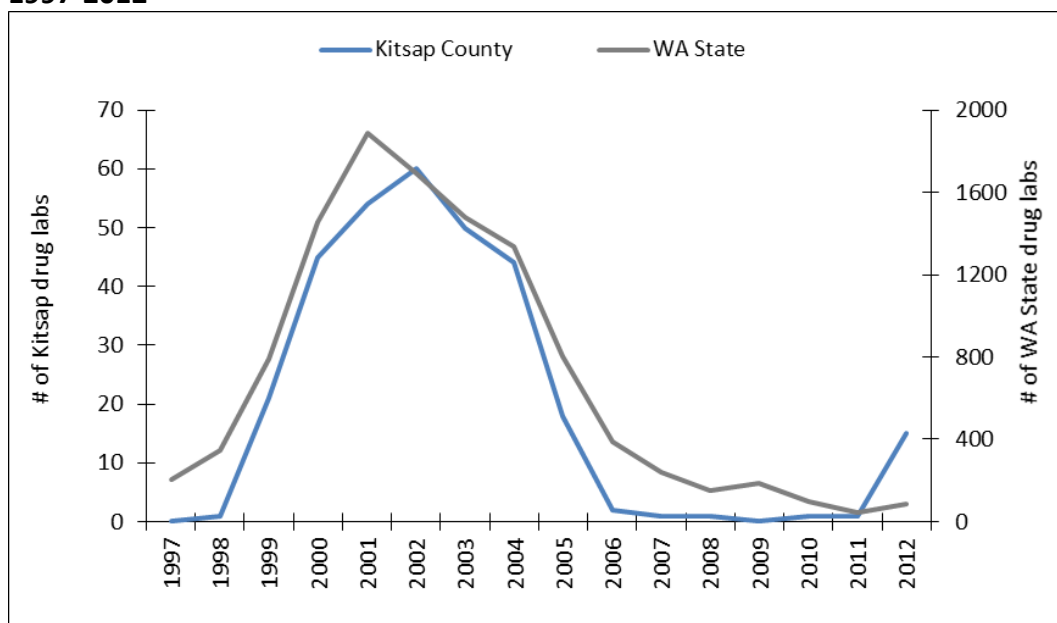
### Effect of Drugs in the Community

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 January 2015, 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'. Only 27% indicated drugs were 'not at all a problem.' Answers to this question varied greatly by agency, 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.

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.<sup>44</sup> 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).<sup>44</sup> In 2012 the number of clean-ups in Kitsap County jumped up to 15; there had only been 1 in 2011.

**Figure 38. Illegal Methamphetamine Lab or Dump Clean-Ups, Kitsap County and Washington State, 1997-2012<sup>44</sup>**



## G. Health

### Access to Care

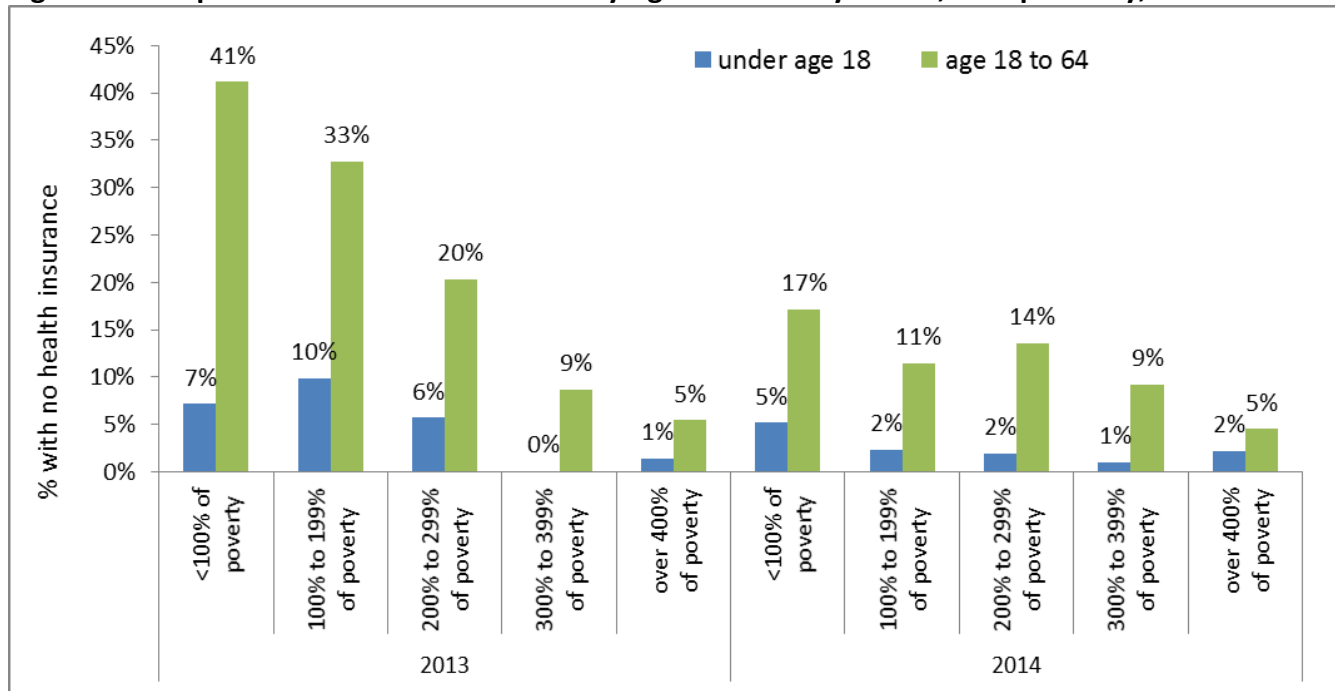
The Patient Protection and Affordable Care Act was signed into law in 2010. As of 2014, the new law increased the mandatory minimum income eligibility level for Medicaid to 133% of the federal poverty level.<sup>45</sup> There is also a standard 5% income disregard for most individuals, thereby allowing 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 in health insurance during 2014 and another 2,406 persons in 2015.<sup>46</sup>

According to 2014 estimates, 2.4% of children (age 0-17 year) in Kitsap County and 8.9% of adults (age 18 to 64) were estimated to be uninsured.<sup>5</sup> This is a dramatic decline from the 2013 estimates, with both estimates dropping by nearly half. Particularly for adults age 18 to 64, as the level of poverty increases, the proportion of individuals without health insurance increases (Figure 39).<sup>5</sup> However, the 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 only 17% in 2014. Similarly, adults at 100-199% of the poverty line dropped from 33% to only 11%. Children certainly have also benefitted, with reductions in the proportions of uninsured, though they were better off in 2013 than adults, starting from lower levels of uninsured. Still, children below 100%, at 100-199%, and at 200-299% of the poverty line still saw reductions of 28%, 78% and 66% in 2014 as compared to 2013 levels, respectively.

**Figure 39. People without Health Insurance by Age and Poverty Level\*, Kitsap County, 2013 & 2014<sup>5</sup>**



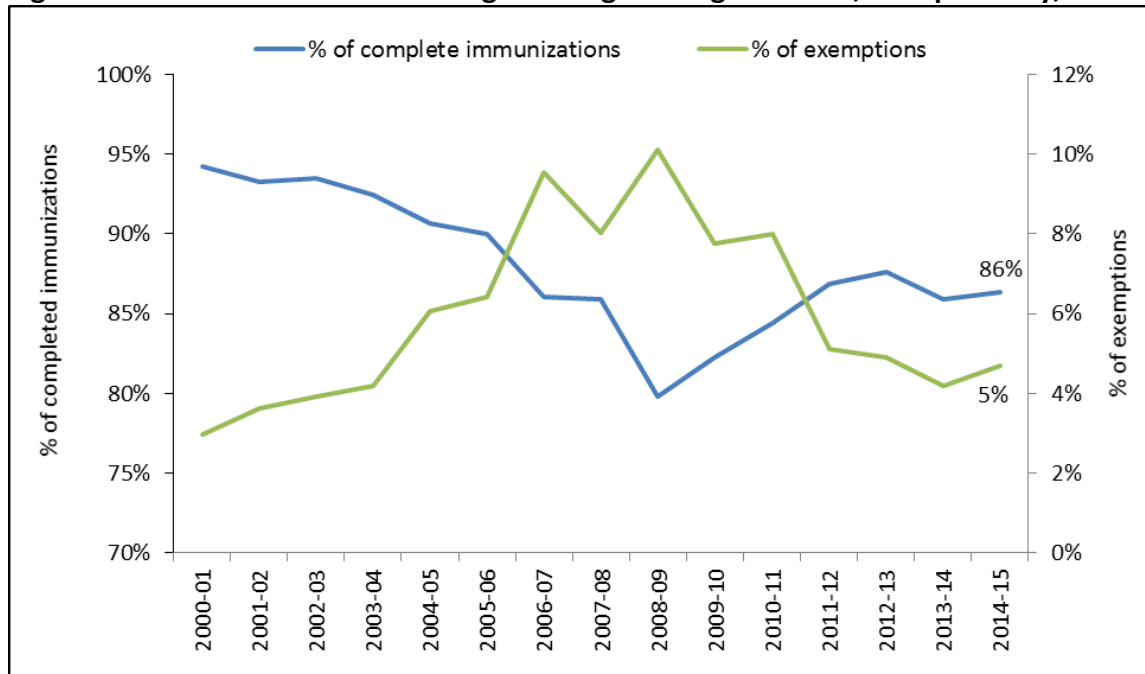
As reported in the 2014 Comprehensive Assessment, 12% of the 2013 Head Start/Early Head Start parent survey respondents reported not having a “medical home” (a particular clinic, doctor’s office, or other place to go when sick or needing advice about health). Of these, 53% reported that this is due to 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 do not have a medical home and only 8% reported that their children had not been to the dentist in the past year.

### 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 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 2008-09, but since then has statistically increased 0.9% each year (Figure 40).<sup>47</sup> Similarly, the rate of exemptions statistically increased during the years of 2000-01 to 2008-09 and has statistically decreased 15% per year since.<sup>47</sup>

**Figure 40. Immunization Rate among Entering Kindergarteners\*, Kitsap County, 2000-01 to 2014-15<sup>47</sup>**

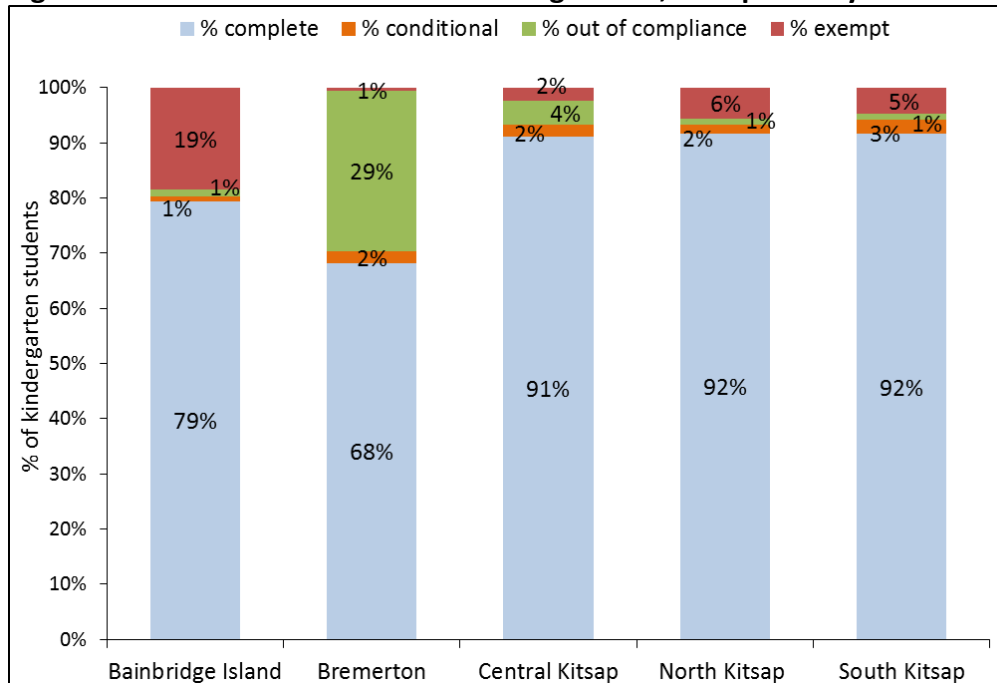


\*immunization status is parent reported and is not verified with health care providers

Immunization rates for kindergartners vary by school district with North, Central and South Kitsap school districts having the highest rates of students with complete immunizations in the 2014-15 school year; each was 91-92% (Figure 41).<sup>47</sup> While this rate in Central Kitsap is among the highest in the county, it actually represents a decline from 93% where it had been in both 2013-14 and 2012-13. Bainbridge Island School District still has the highest rate of exemptions, which more than doubled from 7% in 2013-14 to 19% in 2014-15, even though it had previously decreased from 11% in 2012-13. Bremerton School District continues to have the highest rate of non-compliance (i.e., form is not turned in or immunizations not complete and no exemption status) as well as the lowest rate of students who are complete on their immunizations.



**Figure 41. Immunization Status of Kindergartners, Kitsap County School Districts: 2014-15<sup>47</sup>**



Only 56% of 19-35 month old children in Kitsap County had complete immunizations in 2014.<sup>48</sup> This was comparable to the state rate, 53%. Complete immunizations for this age 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. Local epidemics can result if people are not protected by vaccinations. Recent outbreaks including pertussis (2012) and measles (2014) in Washington, measles in British Columbia (2010, 2013), and the 2015 multi-state measles outbreak associated with exposures at Disneyland 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 is especially true for 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 to spread 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 amongst the population.

Not all vaccines are perfect. The influenza vaccine and pertussis vaccine 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 pertussis or influenza, unvaccinated children and adults are at much greater risk. 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. 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.<sup>49</sup> Among Kitsap County 8<sup>th</sup> graders surveyed in 2012, 7% reported smoking cigarettes in the past 30 days.<sup>42</sup> This increased to 20% among 12<sup>th</sup> graders. These percentages dropped in 2014, with only 5% of 8<sup>th</sup> graders and 16% of 12<sup>th</sup> graders reporting smoking cigarettes. At first, this seems to be a positive trend, however, the E-cigarette use trends (described below) give cause for some concern and highlight the need to monitor use and educate youth about the harms from nicotine and tobacco in any form.

“Vaping” or E-cigarettes 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 (8<sup>th</sup>, 10<sup>th</sup>, and 12<sup>th</sup> 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. The highest rates continued to be among 12<sup>th</sup> 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 8<sup>th</sup> and 10<sup>th</sup> graders in Kitsap also jumped up, climbing to 9% and 23%, respectively, as compared to only 2% and 6% in 2012.

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 fatally poisoning children.<sup>49</sup> There are currently no requirements for child safety caps on liquid nicotine for E-cigarettes. According to the Washington Poison Center, calls regarding liquid nicotine exposures increased 700% in 2014.<sup>50</sup>

The negative health impact of second-hand smoke has also been well documented in the medical literature. Of the 2013 parent survey respondents, 39% reported smoking in the past 30 days, compared to 30% of the Kitsap County adult population.<sup>51</sup> 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.

### **Overweight and Obesity**

The proportion of Kitsap County adults estimated to be overweight or obese as of 2013 is 61%.<sup>51</sup> The 2012 proportion of 8<sup>th</sup> graders in the county that are estimated to be overweight or obese is 26%.<sup>42</sup> Among Kitsap County Head Start enrollees during the 2013-14 school year, more than 1 in 4 (28%) children were overweight or obese (Table 17).<sup>10</sup>

**Table 17. Overweight and Obese Head Start Enrollees by Agency, Kitsap County, 2013-14<sup>10</sup>**

	At a healthy weight	Overweight or obese	Total students with weight reported at enrollment	% overweight or obese
Kitsap Community Resources	181	86	268	32%
Olympic Educational Service District	193	66	262	25%
Port Gamble S'Klallam Tribe	20	8	28	29%
Suquamish Tribe	28	9	38	24%
Kitsap County Total	422	169	596	28%

Note: does not include underweight which comprised 1% of KCR and OESD, and 3% of Suquamish. Not reported for Early HS.

## H. Mental Health

### Stress and Emotional Well-Being

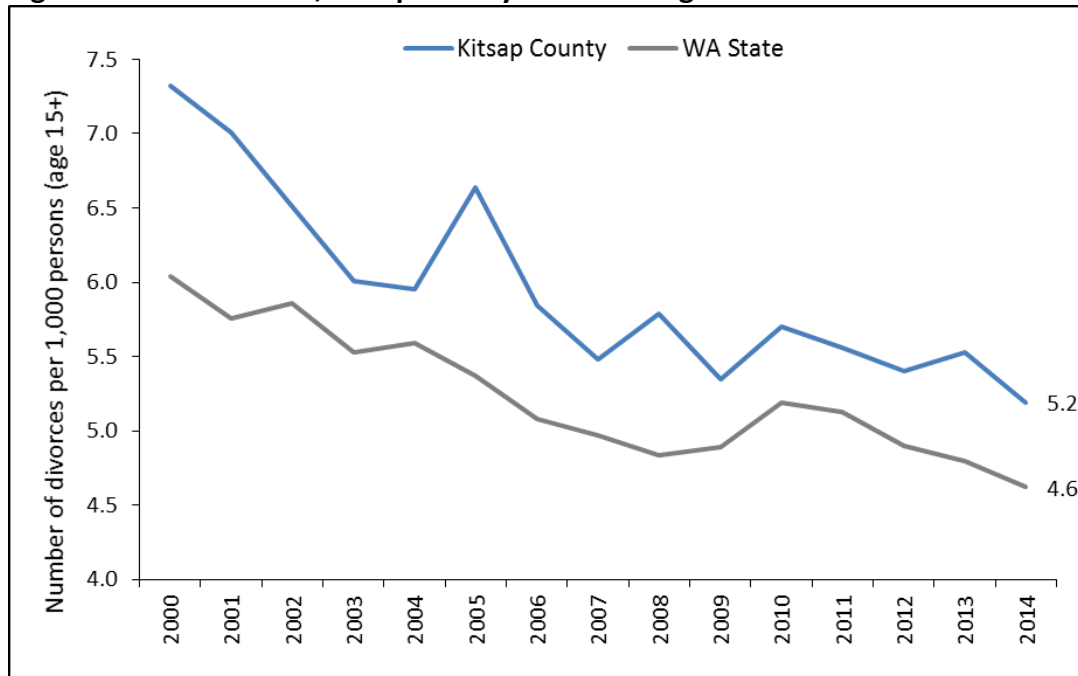
Children with a mentally ill parent have a higher risk for developing mental illnesses than other children, and when both parents are mentally ill, the chance is even greater.<sup>52</sup> Moreover, mental illness of a parent can put stress on the marriage and affect the parenting abilities of the couple. 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 the 2013 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 reported experiencing 14 or more days of poor emotional well-being in the past month, compared to 10% of the adult Kitsap County population.

The proportion of Kitsap County children with military parents who have been sent to a combat zone is notable. Of the 44% of Kitsap County eighth-graders surveyed in 2014 who report having at least one parent/guardian who has served in the military, 27% report that the parent/guardian has been sent to a combat zone (Iraq, Afghanistan, or other combat zone).<sup>42</sup> 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 report that neither of their parent/guardians has 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 divorce rate remains higher than the State (Figure 42).<sup>22</sup> In 2014, there were a total of 848 divorces for couples in which "Person B" (formerly listed on the divorce certificate as "wife") was a resident of Kitsap County. Of these, 432 (51%) involved families with children.<sup>53</sup>

**Figure 42. Divorce Rate, Kitsap County and Washington State: 2000 to 2014<sup>22</sup>**



### **Adverse Childhood Experiences**

Adverse Childhood Experiences (ACEs) are experiences children may have 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 and resilience and a compassionate community support coping and managing the risks of ACEs.

A Washington Department Social and Health Services (DSHS) study evaluated ACEs among 125,123 Medicaid eligible clients who were age 12-17 during fiscal year 2008 and had at least one parent.<sup>54</sup> 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 diagnosis or encounters, any family involvement in the child welfare system, death of a parent, at least one spell 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 number of adverse experiences among youth were directly related to having a substance abuse or mental health problem, 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 28% of adults have experienced 3 or more ACEs as children.<sup>51</sup> In preliminary data, an estimated 72% of Nurse Family Partnership clients in the Kitsap Public Health District program have experienced 3 or more ACEs.<sup>55</sup>

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 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, resiliency, and encouraging innovative approaches and partnerships to address ACEs in our community. It is the hope of Kitsap Strong to engage agencies across the entire lifespan, i.e., from prenatal care and early childcare providers all the way through hospice care, and to foster new/stronger working relationships between agencies.

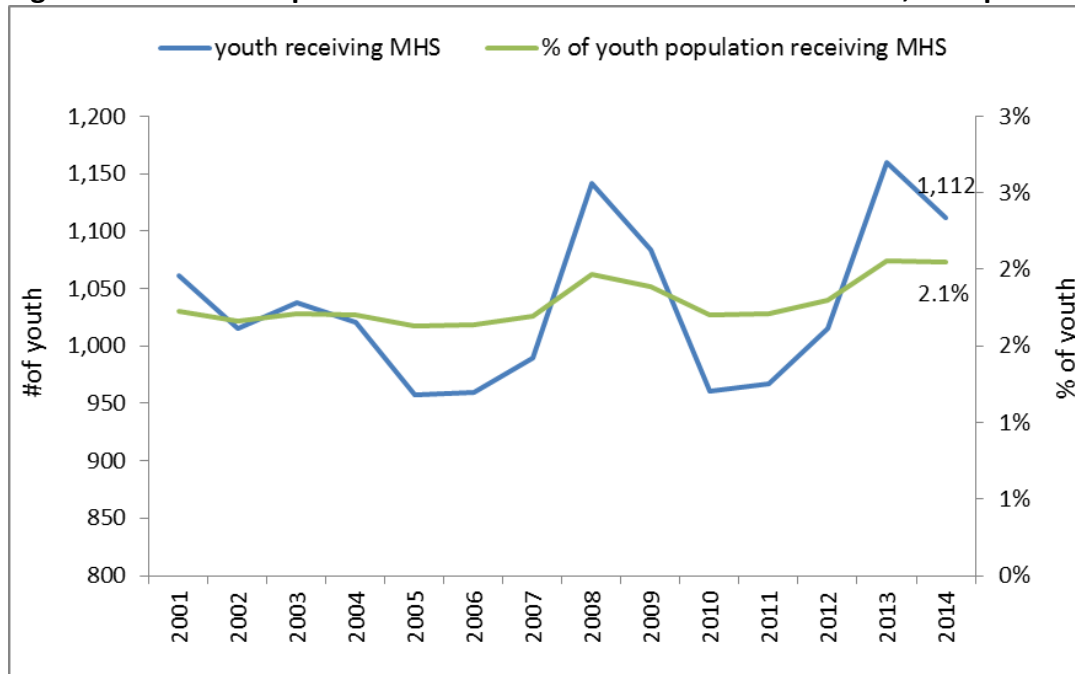
During 2015, Kitsap Strong funded a Collaborative Learning Academy (CLA), through which it provided grants to local agencies for a minimum of two key participants from each agency to attend trainings and cohort meetings to learn the science and research of ACEs and begin considering how they could apply 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 have been 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.

Fifteen local leaders on the Kitsap Strong Leadership Committee have been working to craft a "theory of change" framework to guide future strategic community efforts. Kitsap Strong believes this framework will help to promote wide-spectrum awareness of ACEs, resiliency, and guide community level change. One such example is Kitsap Strong's commitment to ensuring there is free, high quality education about ACEs available throughout the community and tailored to the audience's needs; including screening documentaries and leading community dialogues throughout the county.

### **Children Receiving Mental Health Services**

According to DSHS, the proportion of Kitsap County children age 0-17 years receiving state-funded mental health services has statistically increased, albeit gradually between 2001 and 2014 (Figure 43).<sup>43</sup> Throughout this period the rate has averaged 1.8%, though in 2014 it was 2.1%. 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 during 2013-14, as shown in Table 18.<sup>10</sup>

**Figure 43. Child\* Recipients of State-funded Mental Health Services, Kitsap County, 2001 to 2014<sup>43</sup>**



\*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, 2014-15<sup>10</sup>**

	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	4	16	5	7	32	29	6	13
# of children for whom the MH professional consulted with the parent(s) /guardian(s) about their child's behavior/mental health	4	18	5	0	1	2	4	12
# of children for whom the MH professional provided an individual mental health assessment	0	2	0	0	0	5	0	8
# of children for whom the MH professional facilitated a referral for mental health services	0	2	4	5	0	0	0	6
# of children who were referred by the program for mental health services outside of Head Start since last year's PIR was reported	0	2	4	5	0	0	0	6

## I. Pregnancy and Birth Outcomes

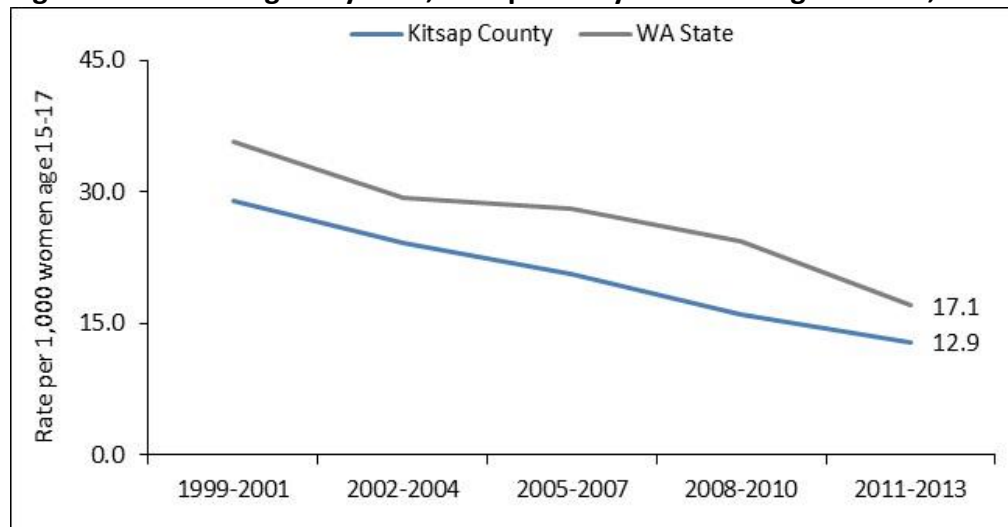
Proper nutrition and health are essential to ensure woman is ready to carry a baby and that the baby receives essential nutrients for even the earliest developmental stages. Appropriate prenatal care promotes early detection and effective treatment of any complications. Ideal results are a full-term 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.<sup>56</sup> 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 complete less education, to require public assistance, and to live in poverty than their peers who are not mothers. Recent estimates of the attributable cost of teenage pregnancy to U.S. taxpayers at \$9.4 billion annually, and Washington State taxpayers \$124 million in 2010 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.<sup>57x</sup> 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.<sup>58</sup> 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.<sup>58</sup> Furthermore, their infants may be at greater risk of neonatal death and child abuse, 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 15-17 year old women per 1,000 women age 15-17. The Kitsap County rate has statistically decreased 6.6% every three years, and been significantly lower than Washington State (Figure 44).<sup>2</sup> Nationally, the rates of teen pregnancy have also been declining. According to the Centers for Disease Control and Prevention (CDC), the reasons for why 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.<sup>58</sup>

**Figure 44. Teen Pregnancy Rate, Kitsap County and Washington State, 1999-2001 to 2011-13<sup>2</sup>**

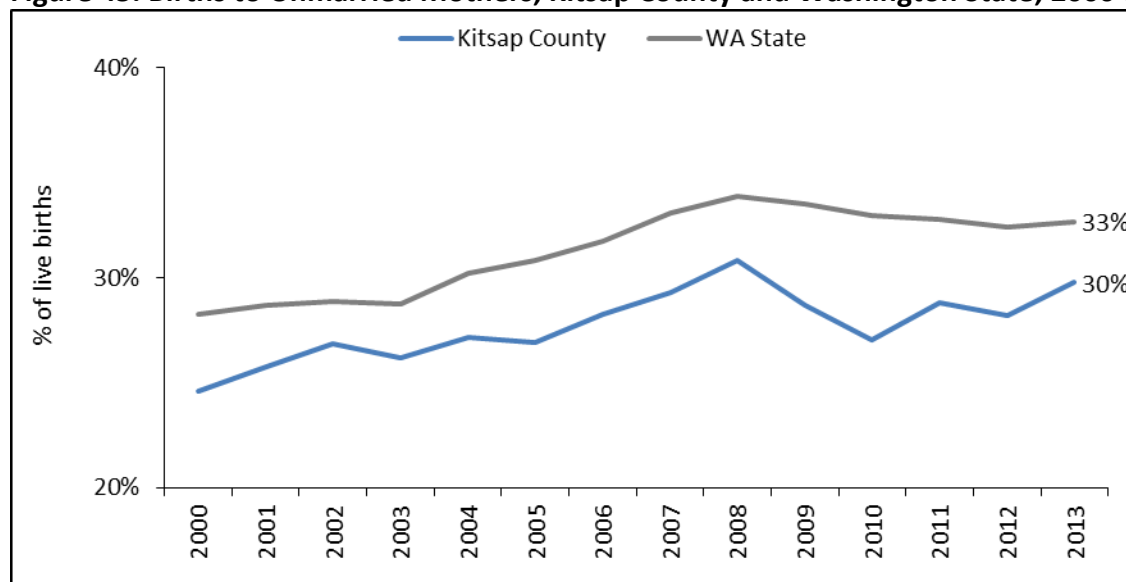


## Births to Unmarried Mothers

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.<sup>59</sup> Research 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.

Births to unmarried mothers have been statistically increasing in both Kitsap County and Washington State since 2000, at 1.1% and 1.6% per year, respectively (Figure 45).<sup>2</sup> The rate in Kitsap County is lower than the statewide rate. In 2013, 30 of every 100 Kitsap births were to an unmarried mother.

**Figure 45. Births to Unmarried Mothers, Kitsap County and Washington State, 2000 to 2013<sup>2</sup>**



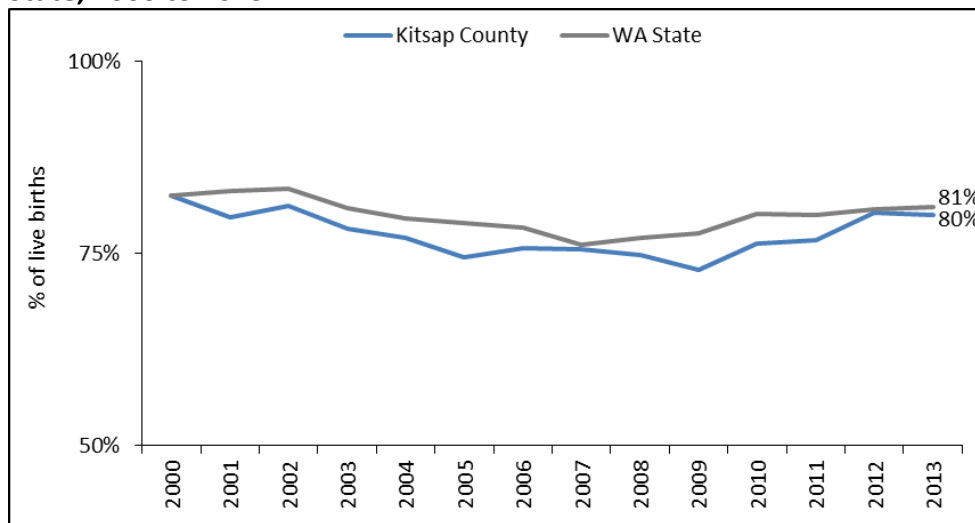
### Prenatal Care in the First Trimester

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.<sup>58</sup> Prenatal visits also provide an opportunity for healthcare providers to educate women about proper nutrition, safe sexual practices, the dangers of smoking and 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.<sup>59</sup>

Eight in every 10 women in Kitsap County began prenatal care in the first trimester during 2013.<sup>2</sup> Even though the proportion of Kitsap County women beginning prenatal care in the first trimester has increased in the past few years, there has been no statistically significant change since 2000. The county rate closely mirrors the state rate (Figure 46).<sup>2</sup> Among female HS/EHS parents surveyed in 2011 and 2014, 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.



**Figure 46. Women who Began Prenatal Care in the First Trimester, Kitsap County and Washington State, 2000 to 2013<sup>2</sup>**

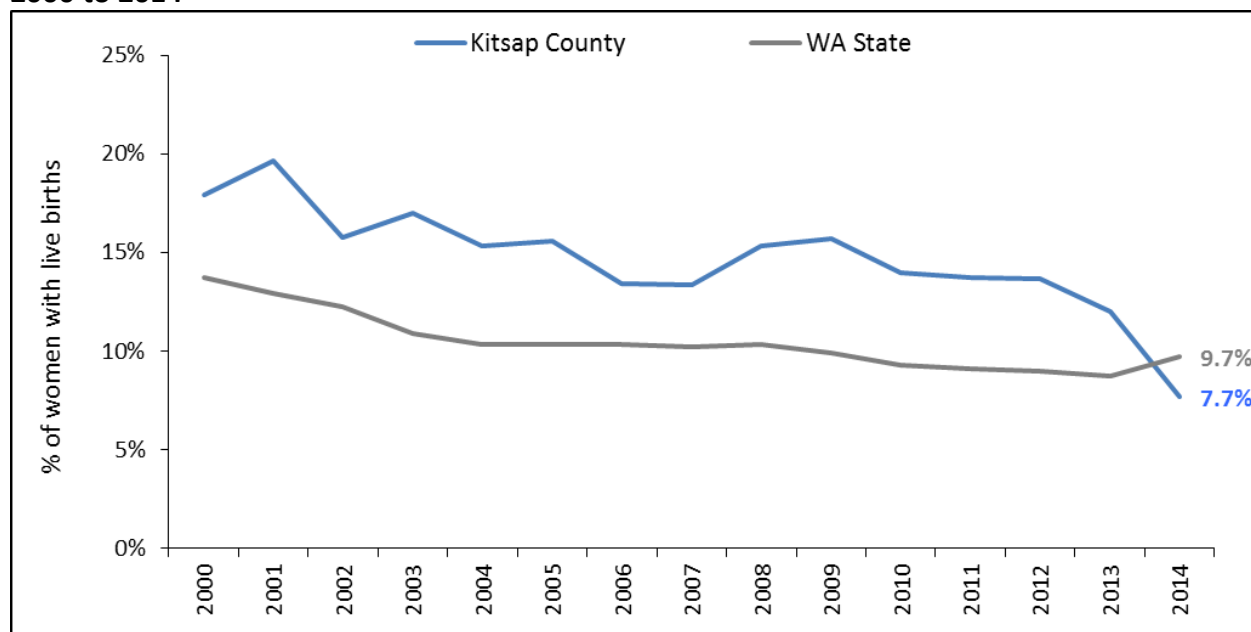


### Smoking during Pregnancy

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.<sup>60</sup> 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 has a lower rate than the state (Figure 47).<sup>3</sup> 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).<sup>3</sup>

While the decline in smoking by Kitsap County pregnant women seems to be a positive improvement, there is some concern that traditional cigarette use may be being 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.<sup>77</sup> 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.”<sup>78</sup>

**Figure 47. Civilian Women who Smoked during Pregnancy, Kitsap County and Washington State, 2000 to 2014<sup>3</sup>**



**Table 19. Characteristics of Women who Smoked During Pregnancy, Kitsap County, 2012 to 2014<sup>3</sup>**

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

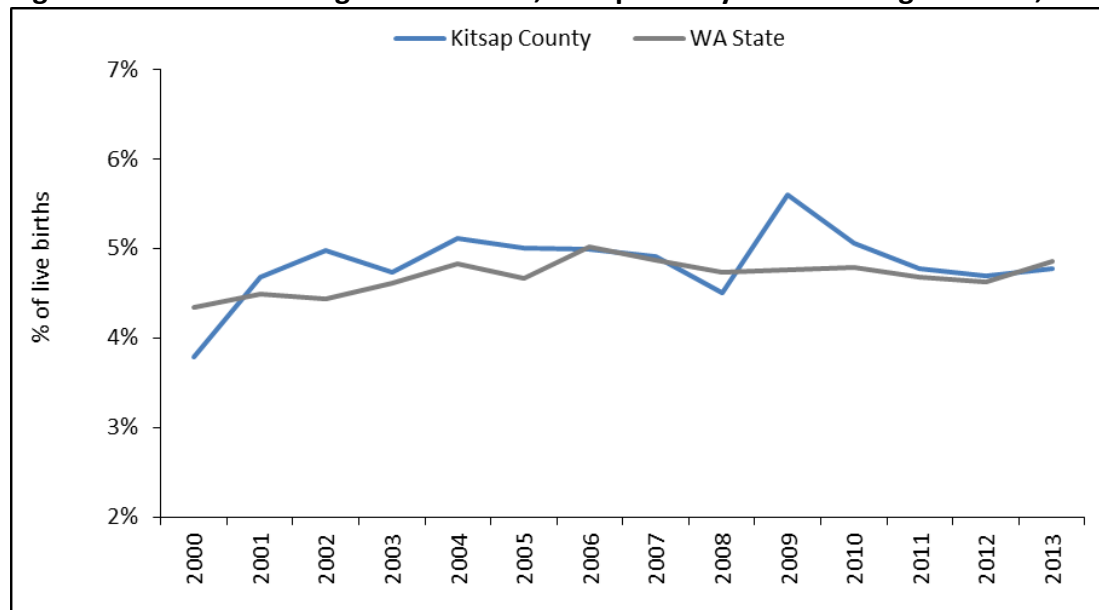
### Low Birth Weight

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.”<sup>61</sup> Health problems associated with low birth weight include neurodevelopmental disabilities, respiratory disorders, diabetes, and higher medical expenditures.<sup>61,62</sup>

In 2013, Kitsap County had a low birth weight rate of 5 per 100 births (Figure 48).<sup>2</sup> This rate has remained relatively stable since 2000, without any statistically significant change nor any statistical difference than the Washington State rate.

**Figure 48. Low Birth Weight Infant Rate, Kitsap County and Washington State, 2000-2013<sup>2</sup>**

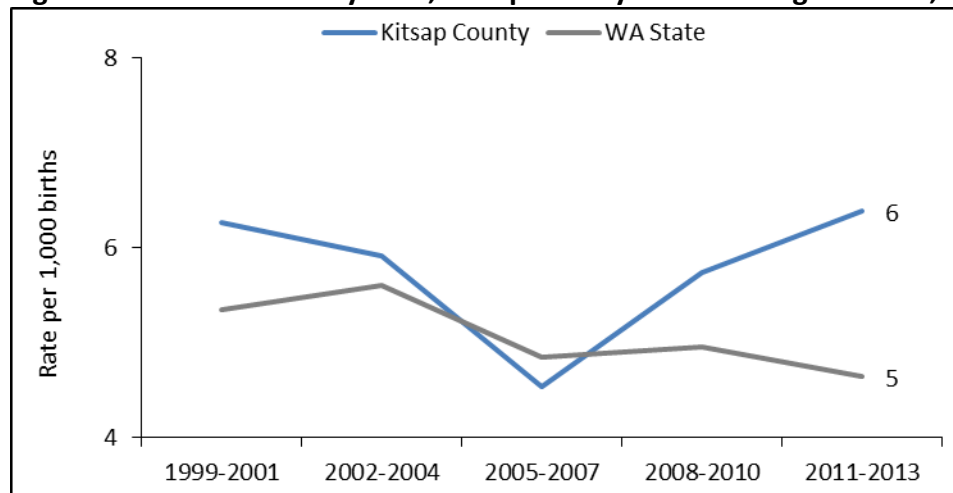


\*singleton births only, <2,500 grams

### Infant Mortality

The infant mortality rate, defined as deaths among babies less than 12 months old, in Kitsap County during 2011-13 was 6 per 1,000 live births (Figure 49).<sup>2</sup> There been no statistical change in the infant mortality rate nor any statistically significant difference from the state rate between 1999-2001 and 2011-13.

**Figure 49. Infant Mortality Rate, Kitsap County and Washington State, 1999-2001 to 2011-13<sup>2</sup>**

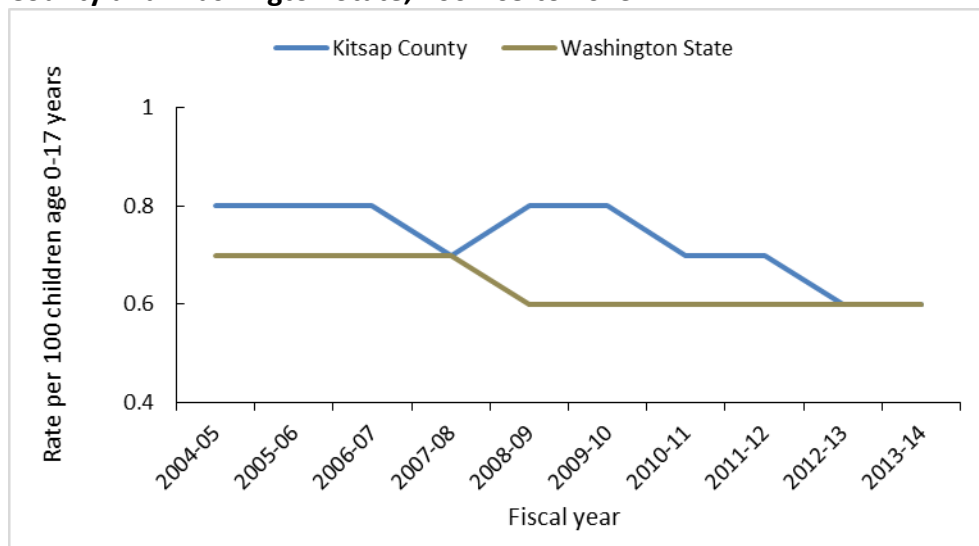


## J. Children's Well-Being

### Foster Care

According to the Washington State Department of Social and Health Services (DSHS), between fiscal year 2004-05 and 2013-14, an annual average of 420 Kitsap County children aged 0-17 per year received foster care placement services.<sup>43</sup> 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).<sup>43</sup> The county use rate was 0.8 in 2004-05 and 0.6 in 2013-14, whereas the state rate was 0.7 and is now 0.6.

**Figure 50. Rate per 100 Children (Age 0-17) Who Received Foster Care Placement Services, Kitsap County and Washington State, 2004-05 to 2013-14<sup>43</sup>**

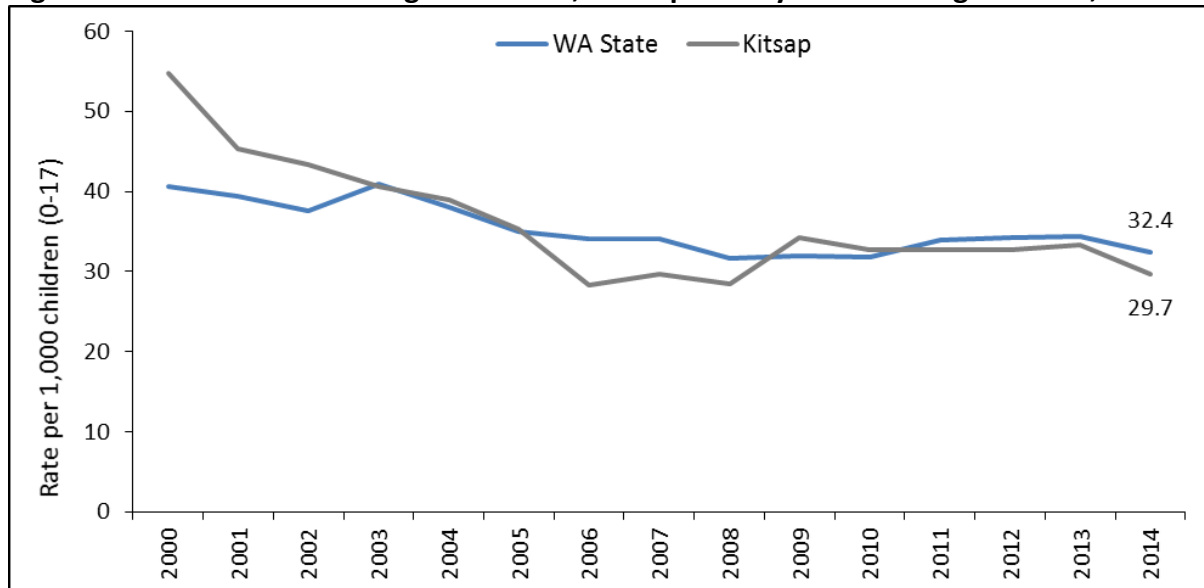


DSHS also funds foster care support services such as clothing, personal incidentals, psychological evaluation and treatment, personal care services, transportation, and payment to foster parents. These support services may be provided to children in their own home or in out-of-home placements. An average of 425 children and adult family members (of all ages) per year received support services between fiscal years 2004-05 and 2013-14.<sup>43</sup> Slightly less than one-half of the children receiving foster care services receive placement services, and slightly more than one-half receive support services.

### Abuse and Neglect

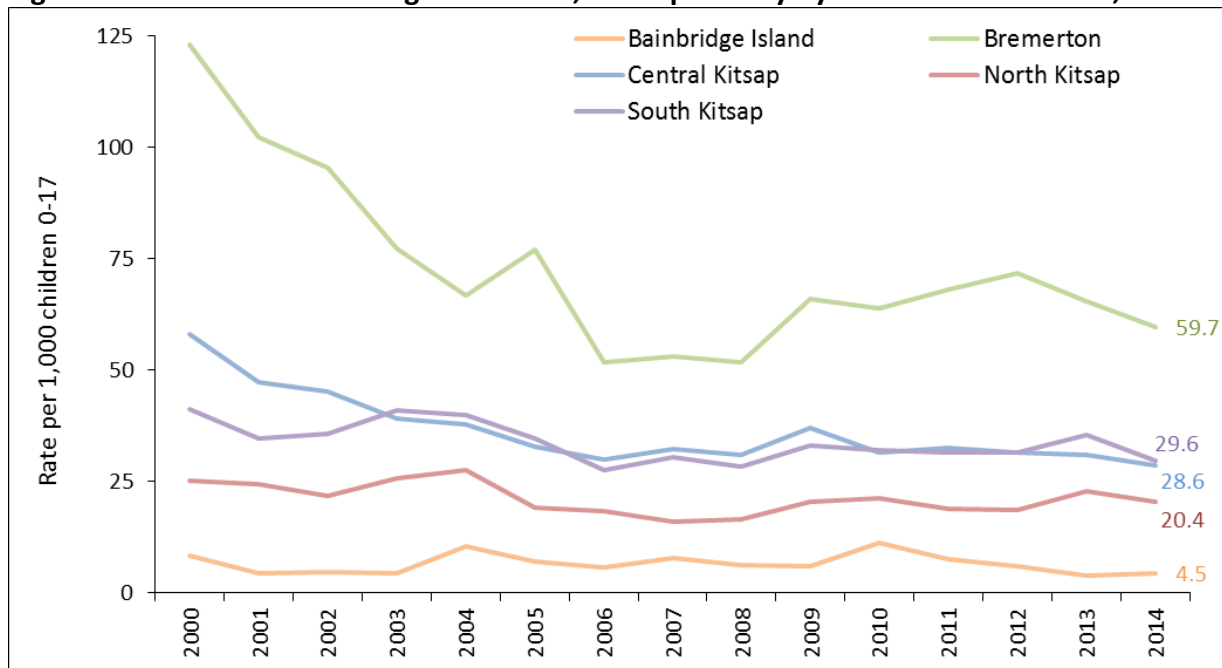
The rate of accepted referrals for child abuse and neglect in Kitsap County statistically decreased 9% per year from 2000 to 2006 but has remained statistically the same from 2006 to 2014.<sup>22</sup> The overall County rate has averaged 32.6 per 1,000 in the past 5 years, which is similar to the Washington State average of 33.1 per 1,000 (Figure 51). However, within the County, rates of referrals differ by region. Data are tracked by school district zones. Since 2000, Bremerton district has had the highest rate of accepted CPS referrals for child abuse and neglect. Most districts have shown decreasing trends from 2000 to 2014 (Figure 52). In particular, the rate in Bremerton decreased by 17% from 2012 to 2014.

**Figure 51. Child Abuse and Neglect Victims,\* Kitsap County and Washington State, 2000 to 2014<sup>22</sup>**



\*Accepted referrals by CPS

**Figure 52. Child Abuse and Neglect Victims,\* Kitsap County by School District Zones, 2000 to 2014<sup>22</sup>**

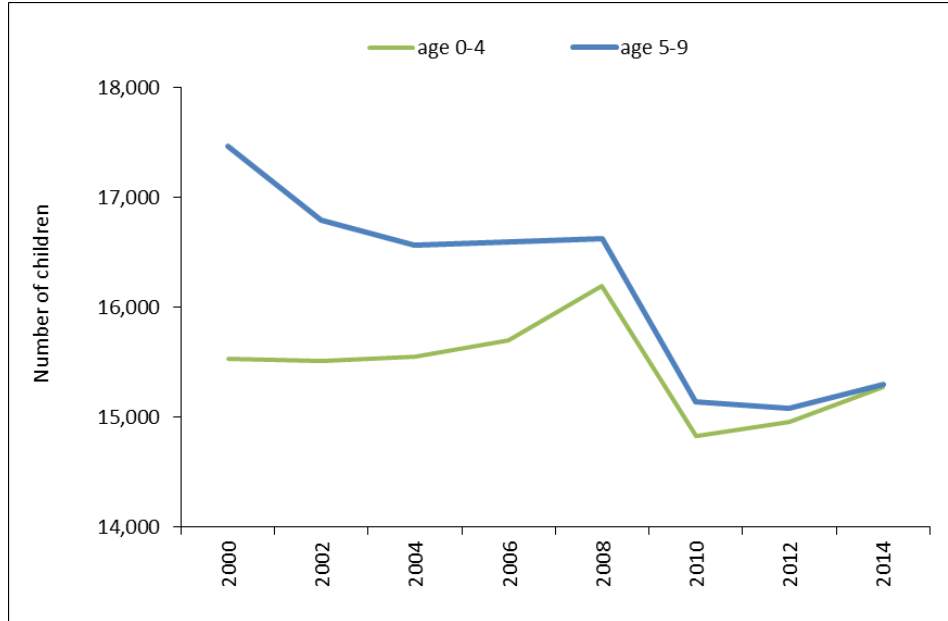


\*Accepted referrals by CPS

## K. Childcare

There were an estimated 30,577 children under age 10 in Kitsap County in 2014.<sup>1</sup> This group, which make up the majority of the population in childcare, has seen an overall decline since 2000, though has increased in the last 5 years. As shown in Figure 53, the number of 0-4 year olds is 2% less in 2014 than it was in 2000, while 5-9 year old group is 12% less.<sup>1</sup>

**Figure 53. Population Age 0-4 and 5-9 Years, Kitsap County, 2000 to 2014 (by Even Years)<sup>1</sup>**



### **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, 60% of children statewide in childcare were using subsidies in FY2015, and 62% in Kitsap County.<sup>15</sup> Even with subsidized care and/or working parents, the cost childcare can often be too much for families to pay. According to the 2013 KICC Head Start/Early Head Start parent survey, 52% of respondents reported having difficulty finding needed child care outside of HS/EHS/ECEAP and the most common reason was high costs.

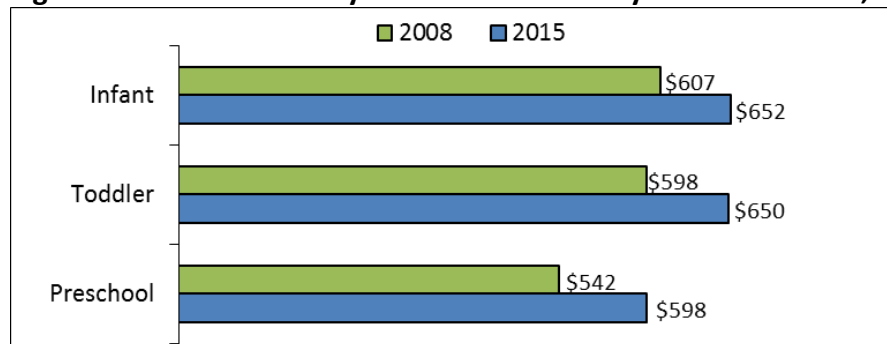
The annual cost of infant childcare as a percentage of median household income in Kitsap County during 2015 was 13% in a family childcare home and 16% in a childcare center (Table 20).<sup>15</sup> As compared to 2008, these costs for infant care have increased 7% and 12% for family childcare home (Figure 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 2015 was 19% for toddler care in a center-based setting. For a 3-person family living at 185% of poverty in 2015 (i.e., had an annual household income of \$37,166)<sup>8</sup> the annual cost of infant childcare with no childcare subsidy at a family home was 26% of the household's annual income and 27% at a childcare center.<sup>1,15</sup>

**Table 20. Annual Cost of Childcare by Type\* and Cost as a Percentage of Annual Income, Kitsap County and Washington State, FY2015<sup>15</sup>**

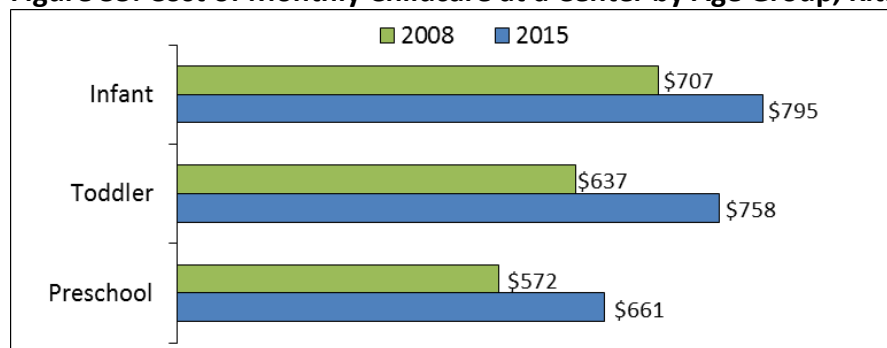
	Kitsap County		Washington State	
	Median annual cost for 1 child	% of median household income	Median annual cost for 1 child	% of median household income
<b>Center-based Childcare</b>				
Infant	\$9,540	16%	\$11,964	20%
Toddler	\$9,096	16%	\$9,876	17%
Preschool	\$7,932	14%	\$9,096	16%
School Age	\$5,016	9%	\$5,772	10%
<b>Family Child Care</b>				
Infant	\$7,824	13%	\$9,096	16%
Toddler	\$7,800	13%	\$8,844	15%
Preschool	\$7,176	12%	\$7,644	13%
School Age	\$4,680	8%	\$4,944	8%

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

**Figure 54. Cost of Monthly Childcare at a Family Home Childcare, Kitsap County, 2008 and 2015<sup>15</sup>**



**Figure 55. Cost of Monthly Childcare at a Center by Age Group, Kitsap County, 2008 and 2015<sup>15</sup>**

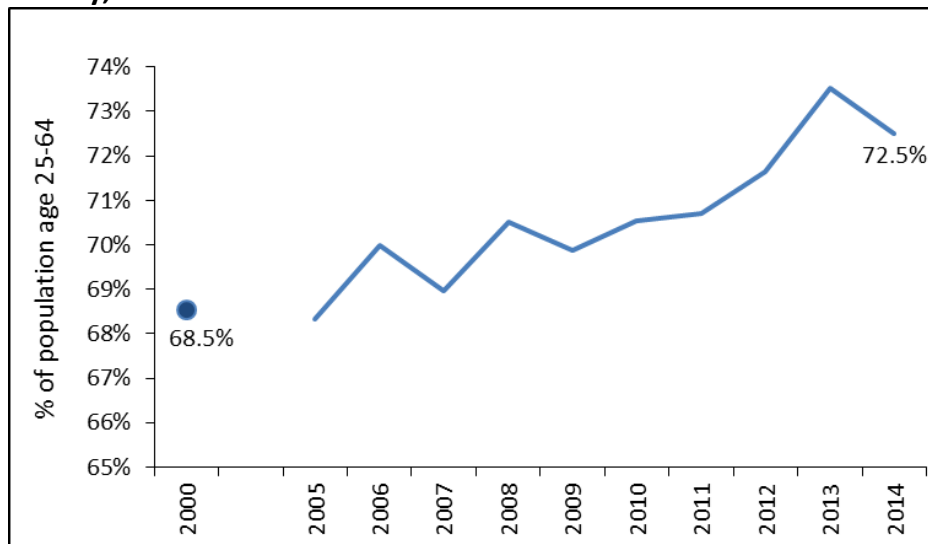


## L. Education

### Adult Educational Attainment

The proportion of Kitsap County adults age 25 to 64 years who have more than a high school education has been gradually increasing since 2000, with a statistically significant change of 0.66% since 2005 (Figure 56).<sup>3,5</sup> In 2014, although there was a slight dip from 2013, there were still more than 7 in 10 adults who had achieved an education level greater than high school. The proportion of adults with at least a high school education is higher in Kitsap County (73%) than it is statewide (69%).

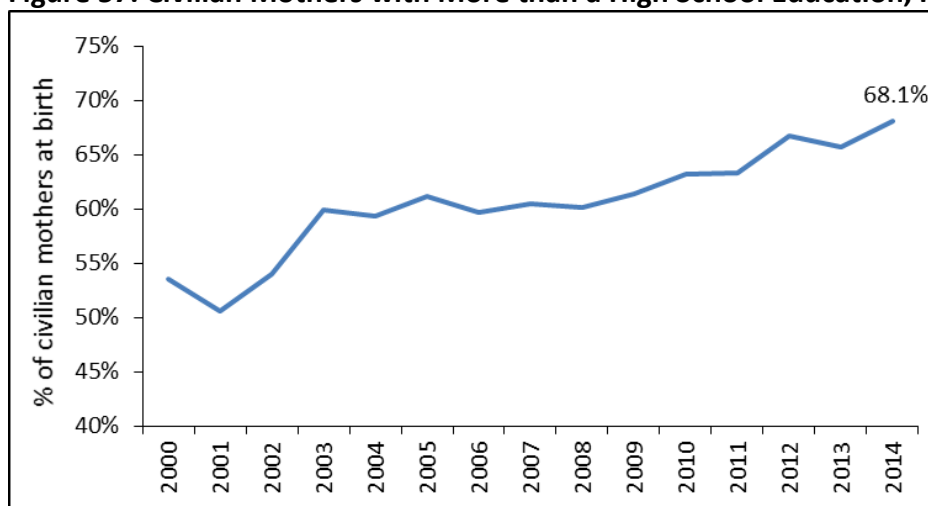
**Figure 56. Proportion of Adults (Age 25-64 years) with More than a High School Education, Kitsap County, 2000 and 2005 to 2014<sup>4,5</sup>**



### Educational Attainment of Mothers

The proportion of civilian mothers with more than a high school education has statistically increased at a rate of 1.3% per year since 2003 (Figure 57).<sup>3</sup> In 2014, just over 2 in 3 mothers in Kitsap County (68%) had more than a high school education, which is slightly higher than in Washington State (64%).

**Figure 57. Civilian Mothers with More than a High School Education, Kitsap County, 2000 to 2014<sup>3</sup>**

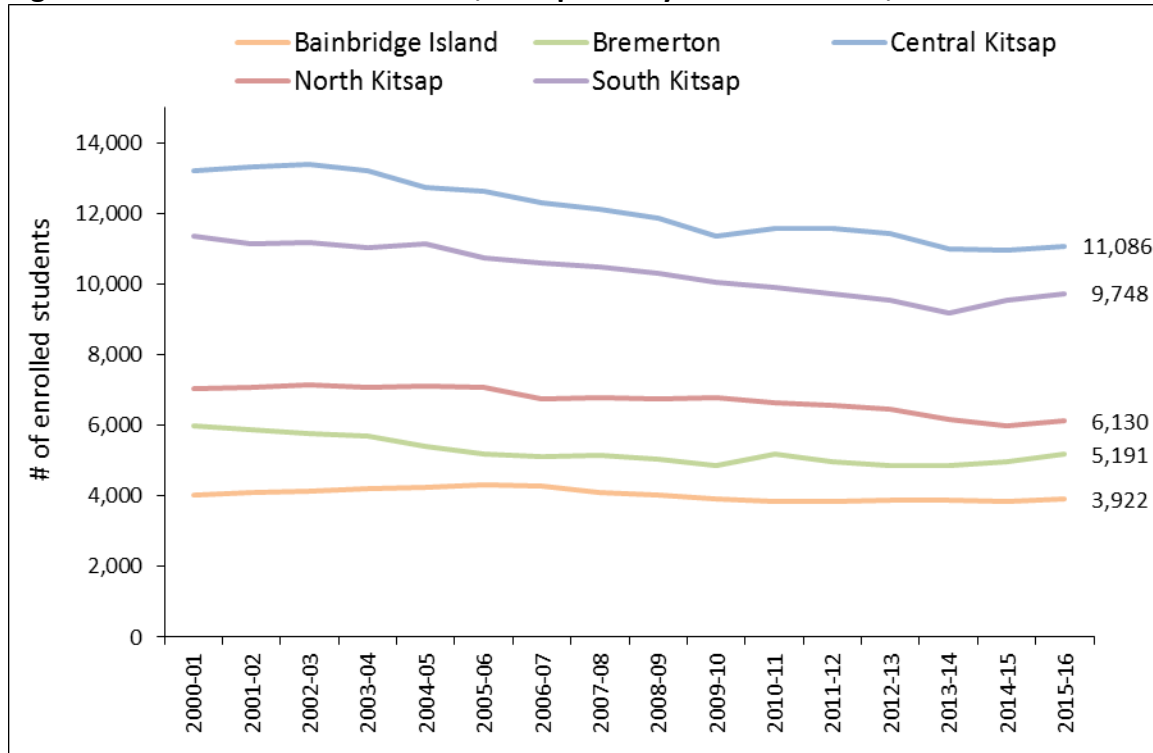




## Public School Enrollment

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. All five districts have had declines in enrollment numbers as compared to 5 years ago, though all increased from 2014-15 to 2015-16 (Figure 58).<sup>20</sup> Cumulatively, enrollment is down 1.7% from where it was 5 years ago. North Kitsap experienced the largest 5-year decrease at 6.5%.

**Figure 58. Public School Enrollment, Kitsap County School Districts, 2000-01 to 2015-16\*<sup>20</sup>**

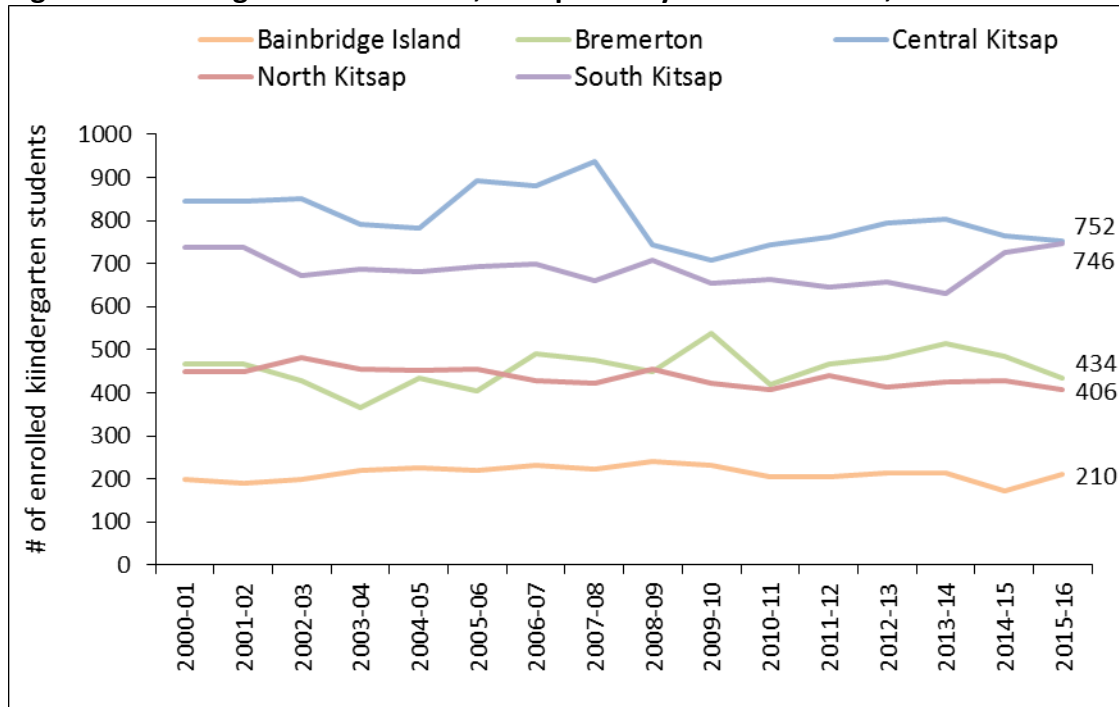


\* Data are as of October for each school year

## Kindergarten Enrollment and Preparation

There were 2,548 students enrolled in Kitsap County kindergartens during the 2015-16 school year, which represents an overall increase of 1% from 5 years ago (2011-12) (Figure 59).<sup>20</sup> The largest 5-year growth has been within the South Kitsap district, which grew by 15.8%, much of that in the last 2 school years. Bainbridge Island had a dip in 2014-15 enrollment, though otherwise has remained relatively stable the past 5 years; however there has been a 9.5% decline from 10 years ago. The other three districts have all seen decreased enrollment in recent years, down from enrollment levels both 10 years ago and 5 years ago.

**Figure 59. Kindergarten Enrollment, Kitsap County School Districts, 2000-01 to 2015-16<sup>20</sup>**



Under the 2013 law that approved state-funded voluntary full-day kindergarten (FDK) by school year 2017–18, a total of 847 elementary schools in 261 school districts in Washington State, including an estimated 58,900 students, accepted funding during the 2015-16 school year.<sup>79</sup> This included 6 schools in the Bremerton School District, 10 in the Central Kitsap School District, 5 in the North Kitsap School District, and 9 in the South Kitsap School district. This represents a substantial increase from just 2 years ago. An additional 13 schools in Kitsap County are currently on the list to begin accepting funding in 2016-17, including 5 from Bainbridge Island, 1 from Bremerton, 3 from Central Kitsap, and 2 from South Kitsap. The budget for the 2013–14 and 2014–15 school years allowed for funding 43.75% of kindergarten students statewide. 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, 71.88% of kindergarten students are funded and in the 2016-17 school year, 100% will be eligible to receive funding.

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.<sup>63</sup> This is an assessment program that is done early in the school year to identify 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 58,656 students (74% of all of the state’s kindergarteners) across 887 schools in 2015-16.<sup>20</sup> This represents approximately 15,000 more kids assessed than during the 2014-15 school year.

These most recent WaKIDS data show that math continues to be the lowest scoring skill among incoming kindergartners statewide; 61% demonstrated expected characteristics in 2015-16 as compared to 53% in 2014-15. Only 44.2% of kindergartners assessed statewide demonstrated expected skill levels in 6 of 6 domains, and this was even lower, at only 33.7%, among low income kindergartners. Additional opportunity gaps are evident by differences among racial/ethnic groups. Statewide, Hispanic children scored the lowest of any racial/ethnic group in math competency (43.8%) as well as in meeting 6 of 6 domains (43.8%). Native American/American Indian children ranked third (following Native Hawaiian or Other Pacific Islanders), with only 50.6% demonstrating math competency and 35.2 meeting 6 of 6 domains. However, 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 slightly higher than the state. Overall, 49.7% of all OESD kindergartners that were assessed met 6 of 6 domains; this dropped to 40.3% for low income students, yet still remained higher than the state. As compared to the state, the proportions of both Hispanic and Native of OESD kindergartners demonstrating competency in math were higher (52.8% for language and 57.0%, respectively) as were the proportion of Hispanic and Native students meeting 6 of 6 domains (45.8% and 47.1%).

There were a total of 32 schools in Kitsap County that participated in WaKIDS for the 2015-16 school year. By district, this included 6 in Bremerton, 10 in Central Kitsap, 6 in North Kitsap, and 10 in South Kitsap.<sup>63</sup> In the Bremerton District participating schools, only 37% of 374 kindergartners assessed demonstrated characteristics expected of entering kindergartners in 6 of 6 domains.<sup>20</sup> In Central Kitsap, 61% of 333 met 6 of 6 domains. For North and Central Kitsap, there were 51% of 354 and 48% of 337, respectively. In math skills, the proportion of students who demonstrated expected levels, by district, were as follows: 51% in Bremerton, 79% in Central Kitsap, 63% in North Kitsap, and 70% in South Kitsap.

Ninety-four percent of the 2013 Kitsap County 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.

## **M. Populations of Special Consideration**

### **Guatemalan Families**

The OESD is serving several Guatemalan families, mostly in home visiting programs, which have children ranging from prenatal to age five. Guatemalan immigrant families face many challenges in our community. Since most are either Spanish or Mam speaking, basic communication is often a challenge for these families. Many are undocumented, so parents work 'under the table' jobs with long hours that do not allow as much home 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.

**Non-English Speaking Families**

Spanish-speaking families have different 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 8<sup>th</sup> 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.<sup>64</sup>

## **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**

As reported in the 2014 Comprehensive Assessment, parents of Head Start/Early Head Start students were surveyed during fall 2013 about community services. The most common barriers to accessing services were: exceed income guidelines to receive services, lack of transportation, don't know about services, and affordable housing not available. The top three needs included affordable housing, affordable dental care, and employment/education/skill building.

#### **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 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 an 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 2015, there were 3,717 logged calls from Kitsap County, which was comparable to 2014; on average there were 310 calls per month.<sup>65</sup> The most commonly requested referral for services was for utilities, followed by legal, housing/low-cost housing, emergency shelter, rent/mortgage, transportation and food. While dental was the top service requested in 2014, it was lower on the list during 2015.

### **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. As previously noted it is the area's IDEA Part C provider. The Infant Toddler Program (ITP) is the only one of its kind in the Peninsula. It provides that provides early intervention services to children

under 4 years old who have developmental delays. The agency served more than 1,000 children in 2014.<sup>66</sup>

### **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.<sup>67</sup> 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 include: 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. According to their 2014 annual report, KMHS served a total of 5,561 clients, of which 1,490 were children aged 0-17.<sup>68</sup> Their report also documents that they responded to “an unprecedented increase of 34% in demand for services resulting from the 2014 Affordable Care Act” by adding a total of 60 new direct care staff during 2014, including more clinicians to their Child and Family Services Teams.

### **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.

In 2013, KPHD began sponsoring breastfeeding support sessions. As indicated by EHS/HS/ECAEP parents in the 2013 survey, there are a fair proportion of mothers who do not breastfeed their infants at all, and those who do may not continue for long. Thus the support sessions taught by lactation consultants and nurses may be beneficial for EHS/HS families. Mothers and their babies are encouraged to attend on a drop-in basis. There is no fee for participation. Participants are welcome to return as often as they like, and may go to any of 3 locations in the county. Two of the sites offer a bilingual instructor.

### **Fathers**

The focus of child 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 (Table 21).<sup>10</sup> This represents a slight increase in participation among EHS families, particularly at OESD (increasing from 51% to 75%), but a slight decline among HS families.

Kitsap County has a chapter of the Washington State Father’s Network, which connects men with other dads, resources, information and education.<sup>69</sup> The group focuses on assisting fathers as they become more competent and compassionate caregivers for their children with special needs.

**Table 21. Number of Children Whose Fathers/Father Figures Participated in Program Activities Designed to Involve Fathers, 2014-15<sup>10</sup>**

	Early Head Start		Head Start	
	# children	% of enrolled children	# children	% of enrolled children
Kitsap Community Resources	27	25%	156	51%
Olympic Educational Service District	162	75%	93	39%
Port Gamble S'Klallam Tribe	14	44%	15	52%
Suquamish Tribe	5	12%	11	28%
Kitsap County Total	208	52%	275	45%

### 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. The program is voluntary for licensed child care providers. Statewide a total of 2,661 facilities have joined as of October 2015, which is 66% of the targeted goal.<sup>70</sup> This includes 2,303 licensed providers, accounting for 45% of licensed providers statewide. In Kitsap County, this included 42 of 129 (33%) licensed providers. Early Achievers will become non-voluntary for ECEAP providers. Of the 74 Head Start and ECEAP grantees in Washington, only 46 (62%) were participating as of October 2015.

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 will “ensure that the child care providers, especially those who serve low income families, receive all needed help and resources to sustain high quality programming.”<sup>70</sup> The Early Achievers program will be a mechanism to help improve quality for kids who are most at-risk for being unprepared for starting kindergarten. In particular, the legislation will mandate quality levels for providers that accept ECEAP funding and/or child care subsidies.

### 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.”<sup>71,72</sup> 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.<sup>80</sup> 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.<sup>73</sup> 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 December 2015.

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.<sup>74</sup> A preparation program for Native Head Start teachers has been modeled after the First Peoples' tribal teacher certification program for public schools.<sup>75</sup> 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.<sup>76</sup> 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.<sup>40</sup> 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 low-income and homeless residents attended the event held in Bremerton.<sup>40</sup>



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