

Kitsap Interagency Coordinating Council
Head Start/ECEAP Partnership
Kitsap County, Washington

2019 Update to the
2017 Comprehensive Community Assessment

Kitsap Community Resources, Early Head Start/Head Start/ECEAP
Connie Mueller, Director

Olympic Educational Service District 114, Early Head Start/Head Start/ECEAP
Kristen Sheridan, Director

Port Gamble S'Klallam Tribe Early Childhood Education Program
Jacki Haight, Director

Suquamish Tribe Marion Forsman-Boushie Early Learning Center
Nigel Lawrence, Director

February 28, 2019

Acknowledgements

This 2019 Update to the 2017 Comprehensive Community Assessment was heavily based on the 2014 and 2017 Comprehensive reports. This version focused on updating trends discussed in the 2017 report, as well as adding data by smaller regional areas, such as ZIP Code and school district when available.

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 people and organizations who shared the information, expertise, data and documents that were used in this assessment.

This document was prepared by Kari Hunter of the Kitsap Public Health District. For questions regarding the data or data sources, please contact Kari.Hunter@kitsappublichealth.org.

Table of Contents

List of Figures and Tables	vi
Quick Reference Points of Interest	x
Executive Summary.....	1
Introduction	11
Purpose	11
Methodology.....	11
Limitations and Considerations of the Data	11
I. KITSAP COUNTY PROFILE	14
A. County Population	14
Geographic Location	14
Population Size and Change.....	14
Population by Region	16
Population by Age	17
Military Population	20
Tribal Population.....	22
Race/Ethnicity	23
Speakers of Languages Other Than English	25
Family Structure.....	25
Employers.....	27
B. Economic Well-Being	28
Median Income	28
Unemployment	30
Poverty	30
II. PROFILE OF HEAD START/EARLY HEAD START ELIGIBLE CHILDREN AND FAMILIES IN KITSAP COUNTY	35
A. Demographic Make-up of Eligible Child Population	35
Children Living in Poverty	36
Geographic Location	36
Racial and Ethnic Composition.....	38
B. Actual Enrollment in Head Start/Early Head Start Programs	38
Number of Enrollees by Program.....	38
Funded Enrollment by Program Option.....	39

Racial and Ethnic Composition.....	40
Primary Language Spoken at Home.....	41
Enrollment Waiting List Status.....	42
III. OTHER CHILD DEVELOPMENT AND CHILDCARE PROGRAMS SERVING HEAD START/EARLY HEAD START ELIGIBLE CHILDREN	42
State-funded Preschool Programs	42
Tribally-supported Preschool (0 to 5) Programs.....	42
Other Local Preschool Programs.....	42
Childcare Programs	43
Utilization of Other Childcare Programs by Head Start/Early Head Start Eligible Families	44
IV. ESTIMATED NUMBER OF CHILDREN 4-YEARS OLD OR YOUNGER WITH DISABILITIES	45
A. Children with Special Needs	45
B. Types of Disabilities	48
V. EDUCATION, HEALTH, NUTRITION, AND SOCIAL SERVICE NEEDS OF EARLY HEAD START/HEAD START ELIGIBLE CHILDREN AND THEIR FAMILIES	49
A. Free and Reduced Lunch.....	49
B. Public Assistance	52
Food Stamps.....	53
Temporary Assistance for Needy Families (TANF)	54
C. Food and Nutrition.....	56
Food Banks	56
Women, Infants, and Children (WIC)	57
Breastfeeding	58
D. Public Transportation.....	59
E. Housing	60
Housing Affordability	60
Public Housing.....	65
Homelessness.....	67
F. Substance Abuse	71
Alcohol and Drug Use.....	71
Deaths Due to Alcohol or Drugs.....	72
Opioid Use	74
Nonfatal Hospitalizations Due to Opioid Drugs	75

Deaths Due to Opioid Drugs	76
Effect of Drugs in the Community.....	76
G. Health.....	77
Access to Care	77
Immunizations.....	83
Tobacco and Nicotine Exposure.....	85
Overweight and Obesity	86
H. Mental Health.....	87
Stress and Emotional Well-Being.....	87
Adverse Childhood Experiences.....	89
Children Receiving Mental Health Services	91
I. Pregnancy and Birth Outcomes.....	92
Teen Pregnancy.....	92
Births to Unmarried Mothers	93
Prenatal Care in the First Trimester	94
Smoking during Pregnancy.....	95
Low Birth Weight	97
Infant Mortality.....	98
J. Children’s Well-Being.....	99
Foster Care	99
Abuse and Neglect	100
Arrests.....	101
K. Childcare	104
Childcare Cost	105
L. Education	107
Adult Educational Attainment	107
Educational Attainment of Mothers	108
Public School Enrollment	110
Kindergarten Enrollment and Preparation	110
M. Populations of Special Consideration	112
Guatemalan Families.....	112
Non-English-Speaking Families	113

VI. COMMUNITY RESOURCES TO ADDRESS THE NEEDS OF HEAD START/EARLY HEAD START ELIGIBLE CHILDREN AND FAMILIES	114
A. Resource Needs and Usage.....	114
Feedback from Head Start/Early Head Start Parents	114
Social Service Provider Survey	114
Peninsulas' 2-1-1 System	114
B. Local Community Resources	115
Children with Special Needs	115
Mental Health	115
Women and Mothers.....	116
Fathers	116
Childcare Improvement	116
Early Childhood Learning	117
Homeless and Other Vulnerable Persons	118
References	120
APPENDIX A. 2016 Parent and Community Survey	125
APPENDIX B. Summary of Results for 2016 Parent and Community Survey	136
Introduction	136
Results.....	136

List of Figures and Tables

Figure 1. Annual Population Size and Percent Change, Kitsap County: 2000 to 2018 ¹	14
Figure 2. Births to Resident Women by Military Status, Kitsap County: 2000 to 2017 ³	15
Figure 3. Births to Resident Women by Military Status and Geographic Region, Kitsap County: 2017* ³	15
Figure 4. Births to Resident Women per 1,000 residents by ZIP Code, Kitsap County: 2017* ³ ..	16
Table 1. Population Change over Time, Kitsap County: 2000, 2010, and 2018 ^{1,4}	16
Figure 5. Population by ZIP Code, Kitsap County: 2013-17 ⁵	17
Figure 6. Median Age by ZIP Code, Kitsap County: 2013-17 ⁵	18
Figure 7. Kitsap County Population by Age Group: 2000, 2010, and 2017 ^{1,4}	18
Table 2. Estimated Child Population by Age Group and School District Region, Kitsap County: 2013-17 ⁵	19
Table 3. Estimated Child Population by Age Group and ZIP Code Region, Kitsap County: 2013- 17 ⁵	20
Figure 8. Resident Armed Forces Personnel, Kitsap County: 2000 and 2005 to 2017 ^{4,5}	21
Figure 9. Resident Armed Forces Personnel by School District, Kitsap County: 2013-17 ⁵	22
Figure 10. Resident Armed Forces Personnel by ZIP Code, Kitsap County: 2013-17 ⁵	22
Figure 11. Residents Living on American Indian Tribal Reservation, Kitsap County: 2000 to 2018 ¹	23
Table 4. Race/Ethnicity, Kitsap County and Washington State: 2017 ¹	23
Table 5. Estimated Populations by School District and Race/Ethnicity, Kitsap County: 2013-17 ⁵	24
Table 6. Estimated Populations by ZIP Code and Race/Ethnicity, Kitsap County: 2013-17 ⁵	24
Figure 12. Household Composition, Kitsap County and Washington State: 2000 and 2017 ^{4,5}	25
Figure 13. Percentage of Children Less Than 18 Years Old Living in Households with a Single* Parent by Geographic Region, Kitsap County: 2013-17 ⁵	26
Figure 14. Percentage of Children Less Than 18 Years Old Living in Households with a Single* Parent by ZIP Code, Kitsap County: 2013-17 ⁵	27
Figure 15. Median Household Income, Kitsap County and Washington State: 2000 to 2017* ¹ ..	28
Table 7. Median Income by Household Type, Kitsap County: 2017 ⁵	29
Table 8. Median Income by Household Type and ZIP Code, Kitsap County: 2017* ⁵	29
Figure 16. Unemployment Rate, Kitsap County and Washington State: 2000 to 2017* ⁸	30
Figure 17. Children Living in Poverty, Kitsap County: 2000 to 2017 ¹⁰	31
Table 9. Income Below Poverty Level in Past 12 Months, Kitsap County and Washington State: 2013-17 ⁵	32
Figure 18. Percentage of Total Residents Living in Poverty by Age Group and Region, Kitsap County: 2013-17 ⁵	32
Figure 19. Distribution of Kitsap County Residents in Poverty by Age Group: 2013-17 ⁵	33
Table 10. Percentage of Residents in Each Age Group Living in Poverty by ZIP Code, Kitsap County: 2013-17 ⁵	33
Figure 20. Medicaid-Paid Civilian Births, Kitsap County: 2004 to 2017 ³	34
Figure 21. Medicaid-Paid Civilian Births by ZIP Code, Kitsap County: 2017 ³	35
Figure 22. Children Under 5 and All Ages Living in Poverty, Kitsap County: 2005-09 to 2013- 17 ⁵	36
Table 11. Percentage of Children Under 6 Years Living at Various Levels of Poverty by Region, Kitsap County: 2013-17 ⁵	37

Table 12. Percentage of Children Under 6 Years Living at Various Levels of Poverty by ZIP Code, Kitsap County: 2013-17 ⁵	37
Figure 23. Minority Race/Ethnicity of Child (Age 0 to 4) Population, Kitsap County: 2002, 2010, 2015 and 2017 ¹	38
Table 13. Cumulative Enrollment in Kitsap County Head Start and Early Head Start Programs: 2009-10 to 2017-18 ¹¹	39
Figure 24. Enrollment Head Start/Early Head Start by Program and Agency, Kitsap County: 2017-18 ¹¹	39
Figure 25. Early Head Start and Head Start Funded Enrollment by Program Option and by Agency, Kitsap County: 2017-18 ¹¹	40
Table 14. Race and Ethnicity of Early Head Start and Head Start Enrollees by Program and by Agency, Kitsap County: 2017-2018 ¹¹	41
Figure 26. Racial and Ethnic Minority Groups Enrolled in Head Start and Early Head Start Programs by Program and by Agency, Kitsap County: 2017-18 ¹¹	41
Figure 27. Childcare Facilities by Type, Kitsap County: 2007 to 2017 ¹⁶	43
Figure 28. Childcare Provider Slots, Kitsap County: 2007 to 2017 ¹⁶	44
Figure 29. Referrals Made to Holly Ridge Infant Toddler Early Intervention Program by Age Group: 2003-04 to 2017-18 ¹⁹	46
Table 15. Head Start and Early Head Start Children Receiving Individuals with Disabilities Education Act (IDEA) Services by Program and by Agency, Kitsap County: 2017-18 ¹¹	47
Figure 30. Proportion of Special Education Enrollees in Public School by School District, Kitsap County: 2004-05 to 2017-18* ²⁰	47
Table 16. Number of Disability Diagnoses among Head Start Enrollees, Kitsap County: 2017-18* ¹¹	48
Table 17. Number of Children and Young Adults with Disabilities by School District, Age Group, and Type of Disability, Kitsap County: November 2018 ²¹	49
Figure 31. Public School Students Enrolled in Free or Reduced Lunch,* Kitsap County and Washington State: 2000-01 to 2017-18** ²²	50
Figure 32. Public School Students Enrolled in Free or Reduced Lunch, Kitsap County: October 2017 ²²	50
Table 18. Enrollment in Free or Reduced Lunch Program and Total Enrollment, Kitsap County Public Schools Serving Elementary-Age Students: October 2017 ²²	51
Table 19. Public Assistance Recipients by Geographic Region, Kitsap County: 2013-17 ⁵	52
Table 20. Public Assistance Recipients by ZIP Code, Kitsap County: 2013-17 ⁵	52
Figure 33. Supplemental Nutritional Assistance Program (SNAP) Recipients, Kitsap County and Washington State: 2000 to 2017 ²³	53
Figure 34. Supplemental Nutritional Assistance Program (SNAP) Recipients by Geographic Region, Kitsap County: 2000 to 2017 ²³	54
Figure 35. Supplemental Nutritional Assistance Program (SNAP) Households by ZIP Code, Kitsap County: 2013-17 ⁵	54
Figure 36. Rate of Children Receiving Temporary Assistance for Needy Families, Kitsap County and Washington State: 2000 to 2017 ²³	55
Figure 37. Rate of Children Receiving Temporary Assistance for Needy Families by Geographic Region, Kitsap County: 2000 to 2017 ²³	56
Figure 38. Total Household Visits Made to Area Food Banks, Kitsap County: 2007 to 2018 ²⁶ ..	57
Table 21. Women, Infants, and Children Served by WIC, Kitsap County: 2004 to 2017 ²⁸	58

Figure 39. Households Paying 30% or More of Income for Housing Costs, Kitsap County and Washington State: 2000 and 2005 to 2017 ⁵	60
Figure 40. Households Paying 30% or More of Income for Housing Costs by ZIP Code, Kitsap County: 2013-17 ⁵	61
Figure 41. Median Gross Rent, Kitsap County and Washington State: 2000 and 2005 to 2017 ⁵	62
Figure 42. Median Gross Rent by ZIP Code, Kitsap County: 2013-2017 ⁵	63
Figure 43. Median Home Prices,* Kitsap County and Washington State: 2000 to 2018(Q3) ³³ ...	64
Figure 44. Housing Affordability Index, Kitsap County and Washington State: 2000 to 2018(Q3) by Quarter ³³	65
Figure 45. Number of Foreclosures, Kitsap County: 2000 to 2018 ³⁴	65
Figure 46. Average Monthly Number of Homeless Clients Who Apply for Food Stamps by Housing Status, Kitsap County: 2005 to 2018 ³⁹	68
Figure 47. Average Monthly Number of Households that Apply for Food Stamps by Housing Status, Kitsap County: 2005 to 2018 ³⁹	68
Figure 48. Public School Students (PK-12) Reported as Homeless, Kitsap County School Districts: 2006-07 to 2016-17 ²⁰	70
Table 22. Head Start/Early Head Start Families and Children Receiving Homelessness Services by Program and by Agency, Kitsap County: 2017-18 ¹¹	70
Figure 49. Youth (age 0-17) Receiving State-Funded Treatment* Admissions by Substance, Kitsap County: 2004 to 2009 ⁴²	71
Figure 50. Adult (18+ years) and Youth (10-17 years) Clients of State-Funded Alcohol or Drug Services*, Kitsap County: 2006 to 2017 ²³	72
Figure 51. Alcohol or Drug-Related Deaths*, Kitsap County and Washington State: 2000 to 2017 ²³	73
Figure 52. Alcohol or Drug-Related Deaths* by Geographic Region, Kitsap County: 2000 to 2017 ²³	74
Figure 53. Prescriptions for Any Opioid per 1,000 Residents by Quarter, Kitsap County and Washington State: 2012 Q1 to 2018 Q2 ⁹⁰	75
Figure 54. Nonfatal Opioid-Related Hospitalizations per 100,000 Residents, Kitsap County and Washington State: 2000 to 2017 ²	75
Figure 55. Opioid-Related Deaths per 100,000 Residents, Kitsap County and Washington State: 2000 to 2017 ²	76
Figure 56. Illegal Methamphetamine Lab or Dump Clean-Ups, Kitsap County and Washington State: 1997 to 2012 ⁴³	77
Figure 57. Percentage of Residents Age 18 to 64 with No Health Insurance by ZIP Code, Kitsap County: 2013-17 ⁵	79
Figure 58. Percentage of Residents Age 0 to 5 with No Health Insurance by ZIP Code, Kitsap County: 2013-17 ⁵	80
Figure 59. Percentage of Residents Age 0 to 18 with No Health Insurance by ZIP Code, Kitsap County: 2013-17 ⁵	81
Figure 60. People without Health Insurance by Age and Poverty Level, Kitsap County: 2013 to 2017 ⁵	82
Figure 61. Immunization Rate* among Entering Kindergarteners, Kitsap County: 2000-01 to 2017-18 ⁴⁶	83
Figure 62. Immunization Status of Kindergartners, Kitsap County School Districts: 2017-18 ⁴⁶	84
Table 23. Overweight and Obese Head Start Enrollees by Agency, Kitsap County: 2017-18 ¹¹ ..	87

Figure 63. Divorce Rate, Kitsap County and Washington State: 2000 to 2017 ²³	88
Figure 64. Children* Receiving State-funded Mental Health Services, Kitsap County: 2001 to 2015 ⁵⁸	91
Table 24. Mental Health Services Provided to Early Head Start/Head Start Children by Program and Agency, Kitsap County: 2017-18 ¹¹	92
Figure 65. Teen Pregnancy Rate, Kitsap County and Washington State: 2000 to 2016 ²	93
Figure 66. Births to Unmarried Mothers, Kitsap County and Washington State: 2000 to 2017 ² . 94	
Figure 67. Civilian Women Who Began Prenatal Care in the First Trimester by Medicaid (Income Proxy) Status, Kitsap County and Washington State: 2000 to 2017 ³	95
Figure 68. Civilian Women Who Smoked during Pregnancy, Kitsap County and Washington State: 2000 to 2017 ³	96
Table 25. Characteristics of Women Who Smoked During Pregnancy, Kitsap County: 2012 to 2017 ³	97
Figure 69. Low Birth Weight Infant Rate, Kitsap County and Washington State: 2000 to 2017 ³ 98	
Figure 70. Infant Mortality Rate, Kitsap County and Washington State: 2000 to 2015 ²	98
Figure 71. Rate of Children Who Received Foster Care Placement Services, Kitsap County and Washington State: 2004-05 to 2016-17 ⁵⁸	99
Figure 72. Child Abuse and Neglect Victims,* Kitsap County and Washington State: 2000 to 2017 ²³	100
Figure 73. Child Abuse and Neglect Victims* by Region, Kitsap County: 2000 to 2017 ²³	101
Figure 74. Arrests to Adults Age 18+ for Alcohol-Related Violations, Kitsap County and Washington State: 2006 to 2017 ²³	102
Figure 75. Arrests to Adults Age 18+ for Drug Law Violations, Kitsap County and Washington State: 2006 to 2017 ²³	102
Figure 76. Arrests to Adults Age 18+ for Violent Crimes, Kitsap County and Washington State: 2006 to 2017 ²³	103
Figure 77. Total Arrests to Adolescents Age 10-14 per 1,000, Kitsap County and Washington State: 2006 to 2017 ²³	104
Figure 78. Population Age 0-4 and 5-9 Years, Kitsap County: 2000 to 2017 ¹	104
Table 26. Annual Cost of Childcare by Type* and Cost as a Percentage of Annual Income, Kitsap County and Washington State: FY2017 ¹⁶	106
Figure 79. Cost of Monthly Childcare at a Family Home Childcare, Kitsap County: 2008 and 2017 ¹⁶	106
Figure 80. Cost of Monthly Childcare at a Center by Age Group, Kitsap County: 2008 and 2017 ¹⁶	106
Figure 81. Proportion of Adults (Age 25 to 64 years) with More than a High School Education, Kitsap County: 2000 and 2005 to 2017 ^{4,5}	107
Figure 82. Proportion of Adults (Age 25-64 years) with More than a High School Education by ZIP Code, Kitsap County: 2013-17 ⁵	108
Figure 83. Mothers with More than a High School Education, Kitsap County: 2000 to 2017 ³ . 109	
Figure 84. Mothers with More than a High School Education by ZIP Code, Kitsap County: 2013-17 ³	109
Figure 85. Public School Enrollment, Kitsap County School Districts: 2000-01 to 2017-18* ²⁰ 110	
Figure 86. Kindergarten Enrollment, Kitsap County School Districts: 2000-01 to 2017-18* ²⁰ ... 111	
Table 27. Number of Fathers/Father Figures Who Participated in Child's Head Start Child Development Experiences: 2017-18 ¹¹	116

Quick Reference Points of Interest

Kitsap County:	Year	Number	Percent
Total Population*	2018	267,120	100%
Children Age 0 to 4*	2017	16,060	6%
Children Age 0 to 4^	2013-17	14,915	6%
Children Age 0 to 5^	2013-17	18,003	7%
Residents Living in Poverty (All Ages)	2017	20,068	7.8%
Children Under Age 5 (0 to 4 years) Living in Poverty	2013-17	2,300	16%
Children Under Age 6 (0 to 5 years) Living in Poverty	2013-17	2,467	14%
Public School Students Enrolled in Free & Reduced Lunch	2017-18	11,821	32%
Number of Medicaid-Paid Births	2017	874	40%
Civilian Pregnant Women Starting Prenatal Care in 1 st Trimester	2017	1,633	76%
Medicaid-paid births (low-income)	2017	564	67%
Non-Medicaid paid births	2017	1,064	82%
Civilian Pregnant Women Smoking	2017	200	9%
Number of Childcare Centers	2017	43	n/a
Number of Family Childcare Homes	2017	77	n/a
Kitsap County Early Head Start/Head Start Programs Cumulative Enrollment	2017-18	1,084	n/a
Median Income	2017	\$69,495	n/a

* Data from the Washington State Office of Financial Management¹

^ Data from the American Community Survey⁵

Executive Summary

Population. The 2018 Kitsap County population is estimated to be 267,120.¹ Since 2000, the population has grown 15.2%. From 2000 to 2017, the number of births has remained relatively stable, with an average of 2,987 per year.³ On average, 27% of births each year are to military women, including 769 in 2017.

Port Orchard continues to be the fastest growing city, followed by Poulsbo.¹ Unincorporated areas accounted for 47% of the county's total growth since 2000 but only 39% since 2010. The five ZIP Codes with the largest resident population in Kitsap are 98366 (13% of the county population), 98312 (12%), 98370 (12%), 98311(11%) and 98367 (11%).

Kitsap County has a growing aging population. While the median age in 1980 was 29.3 years, it is 39.1 years in 2017.¹ Within Kitsap, the ZIP Codes with the oldest median ages are found in North Kitsap in 98340 (55) and 98342 (53), while the ZIP Codes with the youngest median ages are found in Bremerton in 98314 (23) and 98315 (22). Population growth throughout Kitsap has been predominantly among the older age groups, with the number of residents 50 years or older increasing 79% from 2000 to 2017. Those 55-74 years old now represent more than a quarter (27%) of the entire population. The child population aged 5-19 years has decreased 14.9% from 2000 to 2017, while the 0 to 4-year-old population has increased only 3.4%. In 2017, there were an estimated 16,060 children under age 5.

Kitsap County has a predominantly White population (77%).⁵ People identifying as Hispanic are the largest minority group (7%), having doubled in size since 2000. The next largest minority group are Asian/Pacific Islanders (6%), who were formerly the largest minority group. Racial and ethnic diversity varies by region in Kitsap. Central Kitsap is the most diverse, with about 71% White, while Bainbridge Island is the least diverse (87.1% White).

The child population ages 0 to 4 years has a slightly different composition and is becoming increasingly more diverse (only 62% White in 2017).¹ There are proportionally more Hispanics in the child population (15%) than the adult population (20+ years; 6%). Since 2010, the Hispanic child population grew substantially (37%) – more than any other single minority, although the population of those considering themselves as two or more races has also grown substantially (43%). The Asian/Pacific Islander, Black and American Indian/Alaska Native child populations have all declined from 2010 to 2017.

The population of resident active duty military personnel increased 41% from 2008 to 2017.⁵ An estimated 12,542 armed forces personnel resided in Kitsap County during 2017; 5% of the county population. In 2017, the Department of Defense employed 33,800 personnel at Naval Base Kitsap.⁶ The areas of Kitsap that have the highest percentage of resident military personnel are Bremerton and Central Kitsap.

The 2018 estimated resident population on tribal lands (regardless of tribal enrollment or race) were 700 on the Port Gamble Reservation and 8,044 on the Port Madison Reservation.¹ As of September 2012, there were 1,234 enrolled tribal members in the Port Gamble S'Klallam Tribe.⁷

The vast majority (93%) of the Kitsap County population over 5 years old speaks English at home; approximately 2% speak Spanish as their primary language.⁵ Asian and Pacific Island languages are now collectively the most frequently spoken language group (4%) after English.

The proportion of all Kitsap County households comprised of married couples with children has decreased since 2000 (27%) to only 19% in 2017, while non-family households have increased slightly to 32%.^{4,5} An estimated 29% of all households had one or more children under the age of 18 in 2017.⁵ In 2017, approximately 20% of children under 18 lived in households with single parents without partners present; the vast majority of these were female householders. Bremerton overall has the highest proportion (39%) of children living with unmarried/single parents, with East Bremerton's 98310 ZIP Code having the highest percentage (42%).

Economic Well-Being. The estimated median household income for Kitsap County has been slowly increasing, projected to be \$69,495 in 2017.¹ The county median has been very similar to that of Washington State since 2010. Within the county, the median income varies substantially, but has been increasing in all areas of Kitsap, with Bainbridge Island (\$109,341) at the top, followed by North Kitsap (\$75,904), Central Kitsap (\$71,035),

South Kitsap (\$67,852), and Bremerton (\$51,756).⁵ The 2017 median income for family households with children under 18 years was \$80,135 – considerably lower than that of family households without children under 18 (\$90,348). Median income is still dramatically lower for single parent households than it is for married parents (\$93,827) – particularly if the unmarried householder is female (\$28,380).

The 2017 unemployment rate in Kitsap County was 4.9%, almost a full percentage point lower than 2016, and just above the state rate (4.8%).⁸ The county has historically tended to be lower than the state but mirrors it very closely.

County-wide, 8% of residents were estimated to be living in poverty during 2017, a slight decrease from historic rates.⁵ The poverty rates for children are also finally showing a decreasing trend from 2013 to 2017, although these rates are still disproportionately higher than the general population.¹⁰ Among children under 5 years, the 2017 estimated poverty rate was 11%.⁵ Consistent with median income variation throughout the county, Bremerton continues to have higher proportions of residents of all ages, including those under age 5, who are living in poverty than other districts. A third (33%) of the county's children 0 to 5 years living in poverty resided in Bremerton during 2013-17. Eleven percent of females were estimated to be living in poverty; females are 55% of all Kitsap residents living in poverty. In 2017, 874 (38%) civilian births in Kitsap County were paid for by Medicaid.³

Head Start/Early Head Start Population. During the 2017-18 school year, the total cumulative enrollment in Kitsap County

Head Start (HS) and Early Head Start (EHS) programs was 1,084, including 1,050 children and 34 pregnant women.¹¹ This year overall, for the first time more enrollees were in Early Head Start (51%) than Head Start programs (49%). Across all programs, the racial composition was like prior years; enrollment consisted of 48% White, 20% multi-racial, 15% American Indian or Alaskan Native, 8% black, 4% Native Hawaiian/Pacific Islander, 1% Asian, and 4% unknown race. Twenty-one 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%).¹¹ All programs had wait lists for enrollment as of February 2019, except for the Port Gamble S'Klallam Tribe's Head Start, which had 6 available openings, and the Suquamish Tribe's Head Start.

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

Other state and local funded options include the Early Childhood Education and Assistance Program (ECEAP), Washington's state-funded program to provide preschool to low income families, which is very similar to Head Start, and free preschools offered by some local school districts to certain children with special needs. In addition, the Port Gamble S'Klallam and Suquamish Tribes provide comprehensive preschool and infant/toddler services to tribal families, with a goal of serving all tribal children regardless of income with a

comprehensive 0 to 5 program. The Tribes also provide wrap-around childcare for eligible tribal children through tribal subsidies.

During 2017, 348 Kitsap families, including 486 children, used referral services provided by Childcare Aware.¹⁶ Of these, 74% were under age 5. Sixty-four percent of children were using subsidies for childcare.

The number of family home based childcare providers has been declining over the past decade, while the number of childcare centers had remained relatively stable until dropping in 2013.¹⁶ At about this same time, there were substantial increases in the number of school-age childcare providers. Overall, the total number of childcare slots has declined 16% from 2008 to 2017, which equates to a loss of 909 slots.

Children with Special Needs. During 2017-18, the Holly Ridge Infant Toddler Early Intervention Program received 653 referrals.¹⁹ Holly Ridge has seen a steady increase in the number of referrals each year from 2011-12 to 2016-17, but saw a very slight decrease this year. Most of the children served at Holly Ridge are covered by Tricare (military insurance; 34%) or Medicaid (41%).

During 2017-18, 16% of EHS and 12% 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.¹¹ Non-categorical developmental delays were once again the

most common type of delays identified among Head Start students, followed by speech/language impairments.

The 2017-18 special education enrollment in Kitsap County public schools included 5,574 students, which accounts for 15.4% of all students.²⁰ The proportion of special education enrollees has increased over the past decade for all 5 school districts, though Bremerton had the highest proportion (18%) in 2017-18 and Bainbridge Island (12%) had the lowest. From the data collected in November 2018, the most common diagnosis among students age 3 to 21 years county-wide was learning disabilities, followed by communication disorders and health impairments.²¹ Among young children age 3-5 years, developmental delays were the most common, followed by communication disorders and autism.

Public Assistance and Nutritional Support.

The 2013-17 estimates for Kitsap children ages 0 to 17 living in households receiving public assistance was 10,436 (19%).⁵ Of these, more than half (52%) were single parent households.

The rate of Kitsap residents receiving food stamps (SNAP) climbed dramatically from 2008 to 2011 but has declined from 2013 to 2017.²³ The 2017 rate was 14.4 per 100 persons of all ages. Bremerton consistently has the highest rate, with more than 1 in 4 residents receiving food stamps in 2017 and over the past 5 years. 98337 is the ZIP Code with the highest rate of households receiving SNAP, followed by 98310.

The rate of Kitsap County children participating in Temporary Assistance for Needy Families (TANF) in 2017 was 4.2 per

100 children, which remained below the state rate, though the gap has narrowed recently.²³ The 2017 rate for Bremerton remains much higher than the rest of the county at 11.0 per 100 children. The second highest regional rate was South Kitsap, at 4.5 per 100.

Kitsap County has a lower proportion of students enrolled in the Free or Reduced Lunch Program than Washington State.²² In 2017-18, there were 11,821 Kitsap County students (32%) receiving free or reduced lunch. Consistent with the geographical distribution of children and families living in poverty, the Bremerton School District continues to have the highest proportion of free and reduced lunch enrollees (59% in 2017-18) when compared to other districts.

The number of households served by the 8 area food banks during 2018 increased dramatically, attributed to the opening of North Kitsap Fishline's new building which is drawing many more low-income families.²⁶ Returning households were the majority of visits from July to December 2018. These returning households made about three times as many visits as any previous six-month period, and accounted for the vast majority of the increased visits during 2018.

The number of clients served by WIC in Kitsap County has declined since 2011, but still included a total of 8,201 women, infants, and children in 2017.²⁸ That includes 41% of the infants born in the county. The Kitsap Public Health District's New Parent Support Program helps support new mothers in learning how to breastfeed, as well as working to improve breastfeeding support systems within the community.

Transportation. Although Kitsap Transit reduced service during the recession in 2008 and 2009, they report no major reductions since then.³⁰ As of 2018, the agency is conducting a comprehensive route analysis, moving the Silverdale Transit Center to a safer pedestrian-friendly location on Ridgetop and adding a new transit center along Wheaton Way.

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

Housing. Approximately 30% of Kitsap County residents in 2017 were spending 30% or more of their monthly income on housing.⁵ This includes 22% of home owners and 47% of renters. Of 104,902 occupied housing units, one-third are rentals. The median gross rent in 2017 was \$1,179 per month. In order to afford this and not spend more than 30% of income on housing, a household would need to earn \$3,930 per month (equivalent to \$47,160 annually). This was well above what could be earned working 40 hours per week at the state's 2017 minimum wage of \$11.00 per hour, but considerably below the median household income of \$68,336 from 2013 to 2017. The median earnings for a full-time, year-round male worker (\$55,753)

would allow him to afford the median rent, but the median earnings for a full-time, year-round female worker (\$42,262) would not allow her to afford the median rent.

The median home price reached the lowest levels in nearly a decade during 2012 but has risen since then. By the third quarter of 2018, the median home price in Kitsap County was \$357,600, which was slightly below the state median price of \$368,900.³³ The first-time home buyer Housing Affordability Index (HAI) crossed over into the "more affordable" range in 2012, which coincided with lower median home prices. However, in 2017, the first-time home buyer HAI crossed back over into the "less affordable" range and has remained there throughout 2018. There were 264 foreclosures in 2018, the fewest recorded since 2000.³⁴

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

The Basic Food program can provide an estimate on the number of homeless people based on the monthly average number of homeless clients who have applied for food stamps. According to these data, there were an estimated 2,974 homeless individuals in Kitsap County during 2018.³⁹ The annual Kitsap County Point-In-Time Homeless Count in January 2017 counted 626 individuals; 124 (20%) of whom were children under the age of 18.⁴⁰ In 2016-17, there were 1,144 students (preschool through 12th grade) in Kitsap County reported as homeless (3.1% of the enrollment). This represents essentially no change from 2015-16. The biggest single-

year increases were at Bainbridge Island (<10 to 18 students), North Kitsap (31% increase) and South Kitsap (30% increase).²⁰ Unlike previous years, Central Kitsap saw very little increase (5%) and Bremerton saw a decrease (26% decrease!). Twelve percent of Head Start/Early Head Start (HS/EHS) children in Kitsap County received homelessness services during 2017-18.¹¹

Substance Abuse. According to Kitsap County 8th and 10th graders surveyed in 2016, 7% of and 17%, respectively, reported drinking alcohol in the past 30 days.⁴¹ While these proportions have declined since 2006, access to alcohol for these children is still not perceived to be all that difficult. Marijuana use in the past 30 days was 7% and 15% for 8th and 10th graders, respectively in 2016.⁴¹ Tenth graders were also asked about using a painkiller to get high in the past 30 days, with 3% reporting they had.

From 2004-2009, marijuana was the substance most frequently responsible for Kitsap County youth (age 0-17 years) admissions to state-funded substance abuse treatment.⁴² Data by substance is no longer available. The overall admissions rates for clients receiving either alcohol or drug services showed a significant upward trend for Kitsap adolescents from 2006 to 2012, but statistically significant decline from 2012 to 2017.²³ Adult admissions, on the other hand, now show no statistically significant trend from 2006 to 2017.

In 2017, 11.4 deaths out of every 100 were related to alcohol or drugs in Kitsap, lower than Washington's rate of 13.7 per 100 deaths.²³

Health. According to 2017 estimates, 2.8% of children (age 0 to 17 years) in Kitsap County and 5.3% of adults (age 18 to 64) were estimated to be uninsured.⁵ This is considerably lower than 2016 estimates. The ZIP Code with the highest uninsured rate for adults age 18 to 64 is 98359 (18%), followed by 98337 (15%). For children age 0 to 5, the ZIP Codes with the highest uninsured rates are 98367 (9%), 98392 (6%) and 98346 (6%).

The rate of entering kindergarten students in Kitsap County with vaccine exemptions statistically significantly increased from 2000-01 to 2008-09, then statistically significantly decreased from 2008-09 to 2013-14. Since 2013-14, it has remained statistically unchanged, hovering around 4.5%.⁴⁶ An estimated 89% of Kitsap County kindergarteners were complete on their immunizations for the 2017-18 school year, with only Central and South Kitsap districts above 90% complete. In 2017, only 52% of 19- to 35-month-old children in Kitsap County had complete immunizations on time.⁴⁶

Tobacco usage continues to be a problem despite the overwhelming documentation and education about its harmful effects. Among Kitsap County 8th and 12th graders surveyed in 2016, 4% and 14%, respectively, reported smoking cigarettes in the past 30 days.⁴¹ While these rates are down from 2012, it is of great concern that "vaping," or e-cigarette use, has gained popularity in recent years and appear to be taking the place of cigarette smoking among youth. The 2014 survey data showed an alarming increase in e-cigarette use by Kitsap County youth, climbing from only 6% in 2012 to 19% in 2014. The rate is lower in 2016 (7%), but it remains to be determined whether

but anecdotal reports from school staff make it clear this is unlikely to be a short-term fad in our schools. The 2016 grade-specific rates for 8th, 10th, and 12th graders were 7%, 10%, and 23%, respectively. The availability of these devices is concerning for younger children too, since there are no requirements for child safety caps on the liquid nicotine, and it can cause potentially fatal poisoning via skin absorption or swallowing.⁴⁷ According to the Washington Poison Center, calls regarding liquid nicotine exposures increased 700% in 2014, but declined slightly every year since.⁴⁸ Obesity is a pervasive health issue, with only 37% of Kitsap County adults estimated to be at a healthy weight (based on BMI) during 2017. Among 8th graders in the county surveyed in 2016, 71% reported being at a healthy weight.

Mental Health. In Kitsap County, an estimated 29% of adults in 2011 experienced 3 or more Adverse Childhood Experiences (ACEs) as children.⁵⁰ Data from Kitsap Public Health District's Nurse Family Partnership and Maternity Support Services programs showed that ACEs are quite pervasive among these low-income pregnant women and mothers, with more than half of each (73% and 58%, respectively in 2017) having 3 or more ACEs.⁵⁴ 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.⁵³ They also found that number of adverse experiences were directly related to having a substance abuse or mental health problem, with the risk increasing with each added adverse experience.

Kitsap Strong is a relatively new community coalition aiming to improve the health and well-being of Kitsap residents, by preventing ACEs and building resilience.⁵⁷ Now in its fourth year, the coalition created two new Collective Learning Academy cohorts in 2018. With OESD as the lead, a cohort of schools and school district personnel began in May and continues to meet once a month throughout the school year regarding trauma's impact in the education environment and how to implement trauma-sensitive school practices within classrooms. In addition, a new cohort of 11 organizations started in the fall, fostering a learning environment where agencies are encouraged to consider how their services and approach may either mitigate or exacerbate the effects of ACEs in the lives of their clients. Kitsap Strong is also continuing to work with Olympic College, finding ways to equitably support residents in succeeding in graduate studies.

According to DSHS, the proportion of Kitsap County children ages 0 to 17 years receiving state-funded mental health services has been on average 1.8% per year between 2001 and 2015, though it has been gradually increasing and was 2.2% in 2015.

Pregnancy and Birth Outcomes. Teen pregnancy has been declining over the past 15+ years; in 2016 the rate was 6.9 per 1,000 teens ages 15 to 17 years.² Births to unmarried mothers statistically increased in Kitsap County from 2000 to 2008, but have had no statistically significant change since then, and accounted for 28% of live births in Kitsap in 2017.² Overall, 81% of civilian women in Kitsap County began prenatal care in the first trimester during 2017, but the rate of initiation differs substantially according to income.² Civilian women who

have Medicaid-paid births (i.e., low-income women) generally initiate care much later than those who had births paid by other insurance types. In 2017, only 67% of civilian women with Medicaid-paid births initiated care during the first trimester, whereas 82% of those with higher incomes had first trimester care. After two years of increase, the percentage of Kitsap civilian pregnant women who smoked during their pregnancy decreased to 7.5% in 2017, the lowest percentage seen since 2000.³ However, smoking rates during pregnancy are much higher among Medicaid-paid births and unmarried and less educated mothers. The low birth weight rate in Kitsap County has remained relatively stable since 2000 (4.9% of births in 2017).² The infant mortality rate in Kitsap County during 2016 was 3.2 per 1,000 live births.²

Children's Well-Being. Between fiscal years 2004-05 and 2016-17, an average of 414 Kitsap County children aged 0 to 17 received foster care placement services each year.⁵⁸ The rate of use of placement services in Kitsap County was 0.7 for 2016-17. An average of 527 children and adult family members (of all ages) received support services each year between 2004-05 and 2016-17.⁵⁸

The rate of accepted referrals for child abuse and neglect in Kitsap County statistically decreased from 2000 to 2006 but has remained statistically the same since then through 2017.²³ The 2017 rate of accepted referrals was 32.5 per 1,000 Kitsap children aged 0 to 17 years. Bremerton continues to have the highest rate, which, at 63.5 out of every 1,000 children, is well above the countywide rate and each of the other regions within the county.

Childcare. There were an estimated 31,695 children under age 10 in Kitsap County in 2017.¹ Given the decline in childcare slots,¹⁶ this can present a problem for parents looking for childcare. Cost can also be a barrier. The annual cost of infant childcare as a percentage of median household income in Kitsap County during 2017 was 14% in a family childcare home and 18% in a childcare center.^{1,16} These costs are up 25% and 43%, respectively, since 2008. Toddler and preschool age care costs have also risen. For a 3-person family who was living at 185% of the federal poverty level in 2017, with an annual household income of \$37,777,⁹ the annual cost of infant childcare with no childcare subsidy was 24% of the household's annual income at a family home-based care location, or 32% at a childcare center.^{1,16} Low-income families can access subsidized childcare, and approximately 64% of children in childcare countywide were using subsidies in FY2017.¹⁶ According to the KICC Head Start/Early Head Start Parent Survey conducted in 2013, even with subsidies, the cost is still often too high.

Education. The proportion of Kitsap County adults (ages 25 to 64) who have more than a high school education has been gradually increasing since 2005, and was 73% in 2017.^{3,5} From 2013 to 2017, 98314 had the highest percentage of adults age 25 to 64 who had more than a high school education (94%), followed by 98110/Bainbridge Island (92%), 98340 (84%) and 98342 (84%). In 2017, just over 2 in 3 mothers in Kitsap County (70%) had more than a high school education. From 2013 to 2017, Bainbridge Island/98110 had the highest percentage of mothers with more than a high school education (94%), followed by 98340 (88%).

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

The Washington Kindergarten Inventory of Developing Skills (“WaKIDS”) assessment was administered to 80,956 kindergarteners across 1,154 schools statewide in 2017-18.^{20, 69} Math continues to be the lowest scoring skill among incoming kindergartners statewide (only 66% of students demonstrated expected math characteristics). Overall in 2017-18, only 47% of statewide kindergarteners demonstrated expected skill levels in 6 of the 6 domains assessed, and this dropped to only 32% among low income kindergartners. Additional opportunity gaps remain evident by differences among racial/ethnic groups. In Kitsap County, Bremerton kindergarteners were below the state in math, but Bainbridge Island, North, Central, and South Kitsap kindergartners were all above the state rate.

Community Resources. Area social service agencies report seeing an increase demand for services. During 2018, there were 3,387 logged calls in the Peninsula’s 2-1-1 system

from Kitsap County, with an average of 282 calls per month.⁷¹ The most commonly requested referral for services was housing/low-cost housing, followed by legal help, utilities, family/individual/community needs and rent/mortgage programs. Parents of HS/EHS students surveyed in 2016 report several barriers to accessing services, including exceeding income guidelines to receive services, inability to afford fees or co-pays, having to work during service hours, and not having childcare while finding/getting help.

For children with special needs, Holly Ridge continues to be the primary local resource. For mental health, Peninsulas Early Childhood Mental Health Consultation Group and Kitsap Mental Health Services are trying to meet the community needs. According to their 2017 annual report, KMHS served a total of 6,676 clients, of which 1,669 were children ages 0 to 17.⁷⁴

Programs that support women of child-bearing age in Kitsap County include the Take Charge Medicaid family planning program, Maternity Support Services for Medicaid-eligible women, the GRADS program for pregnant and parenting teens, and Nurse Family Partnership. Kitsap Public Health District’s New Parent Support Program has offered breastfeeding support to new parents since 2013, and is transitioning to an appointment-based system, so that effort can be shifted to improving breastfeeding support systems within the community.

The health and participation of fathers is a critical component of child development that is often overlooked. A total of 28% of the fathers of EHS/HS program enrollees took part in father-targeted activities during

2017-18.¹¹ Kitsap County has a chapter of the Washington State Father's Network, which assists fathers as they become more competent and compassionate caregivers for their children with special needs. This resource connects men with other dads, resources, information and education.⁷⁵

In 2015, the Early Start Act was signed into law to help ensure that childcare providers receive help and resources to provide and sustain high quality programs, with a particular emphasis on support to providers who serve low-income families. The Early Achievers program, Washington's Quality Rating and Improvement System, is being used to improve quality. The Early Achievers system is required for all childcare providers that accept state subsidies or ECEAP funding; others can join on a voluntary basis. As of March 2018, there were 93% of ECEAP slots served by Early Achievers sites statewide, including 307 of 324 (95%) in Kitsap County.⁷⁷ Among ECEAP Sites, 77% of ECEAP slots were served by sites 'at quality' statewide, including 291 of 324 (90%) in Kitsap. Approximately 100% of children on subsidy were served by Early Achievers sites statewide, including 967 of 980 (99%) children in Kitsap, but only 44% were served by sites 'at quality' statewide, including 626 of 980 (64%) in Kitsap.

The state's Early Learning Partnership released a 5-year report in 2015, highlighting key successes, but also

documenting a number of challenges still to tackle, such as more high-quality care for infants and toddlers, better workforce training, and more facilities for preschool and full-day kindergarten.

The Olympic-Kitsap Regional Early Learning Coalition is continuing its work on reviewing school readiness data. Assessment reports for each of 15 school districts within the OESD were last updated in May 2017.

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.⁸⁵ A partnership is in place with Early Childhood Teacher Preparation Council to support these efforts. Additional work is ongoing to explore culturally appropriate ways of preparing Native children for kindergarten while adhering to federal goals and requirements for funding.

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

Introduction

Purpose

The purpose of this document is to provide a comprehensive description in accordance with the Code of Federal Regulations, 45 CFR Chapter XIII, Section 1305.3, *Determining community strengths and needs*, providing current data that pertain to the needs, priorities, and lives of low-income families in our community. The prior Comprehensive Community Assessment (2017) was completed on February 28, 2017, with an update in 2018. This document is designed to include updated data available through January 2019. 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 changing employment, income and housing market trends. Due to this limitation of available data sources, survey data from the 2017 Comprehensive Community Assessment are presented throughout this document 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. To this end, this 2019 update also includes ZIP Code level data when available.

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: 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, and Behavioral Risk Factor Surveillance Survey. In addition, previous Community Assessment Reports, both Comprehensive and Updates, for the KICC Head Start/Early Head Start programs were reviewed.

Limitations and Considerations of the Data

Several limitations should be considered when interpreting, comparing, or using the data presented. The most current population data come from two sources, the Washington State Office of Financial Management (OFM) and the U.S. Census American Community Survey (ACS). OFM models population data to produce estimates based on the data from the most recent decennial census (2010), which is not always extremely recent for populations that are rapidly growing or shrinking. ACS estimates, on the other hand, are based on a more frequent representative survey of the population; however, because they are based on a survey instead of counts, there is inherent statistical variation around ACS estimates that must be considered.

This is of particular importance in these KICC reports, since the populations of interest are often sub-county regions or sub-groups of children. Annual 1-year updates of ACS data are available at the national, state, and most county levels; however, data for sub-county regions (e.g., school district and ZIP Code) and small populations are often not available as 1-year estimates. Survey-based estimates, such as ACS estimates, for small populations are challenging for many reasons, including capturing a representative sample and inherent statistical instability when working with small numbers. ACS combines data from multiple years to produce more reliable numbers for small populations and sub-county regions, then provides data as 5-year estimates. While the 1-year estimates provide the most current estimates, they are also the least reliable due to having the smallest sample size. The ACS guidance is that 5-year data be used for any populations or sub-groups that are less than 20,000 because these estimates have larger sample sizes and are more reliable. The 5-year estimates available as of February 2019 were the 2013-2017 estimates.

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

ZIP Codes are postal codes used by the assigned U.S. Postal Service to indicate a collection of mail delivery routes. All ZIP Codes referenced in this document refer to ZIP Code Tabulation Areas (ZCTAs), which are generalized areal representations of the ZIP Code service area used by the U.S. Census Bureau. The distinction should be noted, but within this document they will collectively be referred to as ZIP Codes. While they are useful to define local areas for analysis, it is important to note that ZIP Codes boundaries do not always follow county lines strictly. In addition, there are ZIP Codes for P.O. boxes that do not necessarily coincide with the location of residence of their owners. Information for ZIP Codes belonging solely to P.O. boxes are not included in the analyses of this report. In addition, numbers for ZIP Codes can be very small. Any number smaller than 50 and any rate or percentage based on a number smaller than 50 should be used with caution and thought should be given as to whether there is sufficient evidence that the data point is representative of the entire population. All numbers smaller than 10, and rates and percentages based on numbers smaller than 10, have been suppressed (indicated by "n<10") in order to protect the confidentiality of the people whose data is displayed. In some cases, when one rate was suppressed, a second rate was suppressed in order to prevent identification of the original data point. These are indicated by the terms "suppressed" or "—".

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

Utilization data are reported as counts and must be interpreted within the context of the

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

When possible, confidence intervals, a range of values that describe the statistical variation surrounding a calculated value were computed and compared so that statistically significant differences could be reported. A statistically significant difference exists when the confidence intervals around two values do not overlap. In addition, when confidence intervals overlap just slightly, possibly due to rounding error, a statistical test was performed to determine if there is a statistically significant difference. Except for poverty data from the U.S. Census Small Area Income and Poverty Estimates program which uses 90% probability, confidence intervals in this report are based on 95% probability. Data presented in this assessment for which calculating confidence intervals and/or statistical significance was not possible should be compared with caution as apparent differences may or may 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 and important.

When possible or relevant, trends over time were calculated using the JoinPoint Regression Program 4.6.0.0 (April 2018).

I. KITSAP COUNTY PROFILE

A. County Population

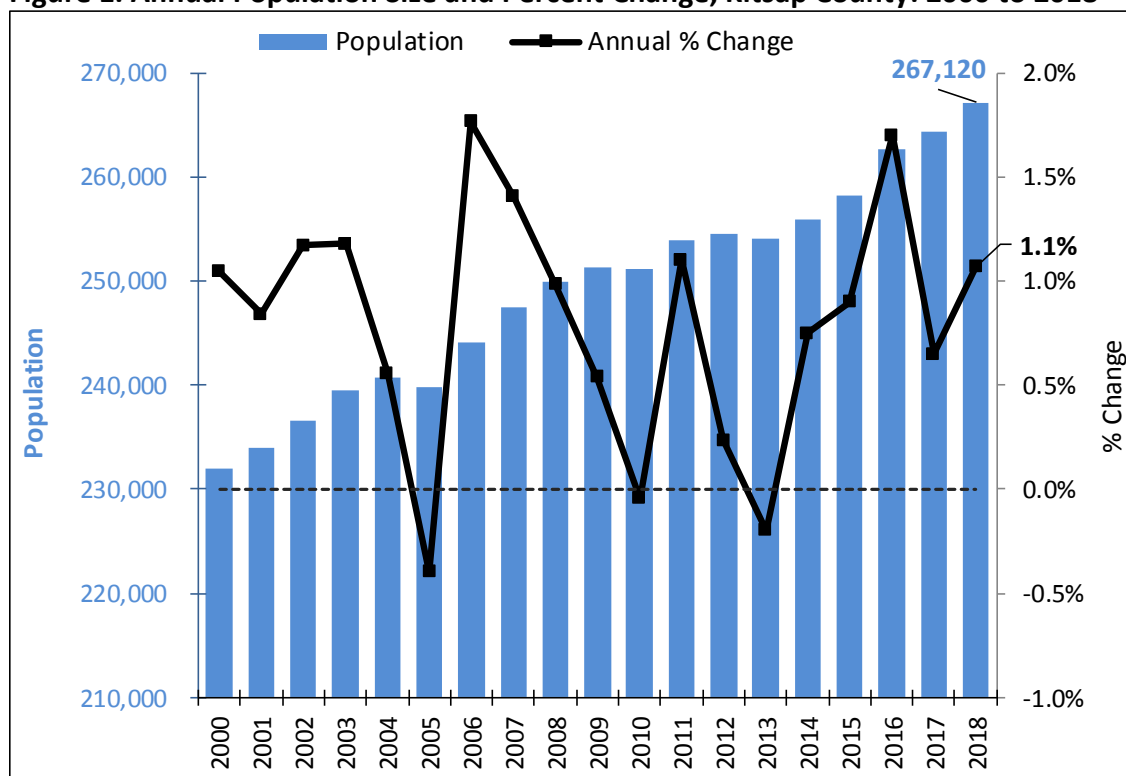
Geographic Location

Kitsap County is located in the central Puget Sound region of Washington State. It occupies most of the Kitsap Peninsula, including both Bainbridge and Blake Islands, and is bounded by Puget Sound on the east and north, Hood Canal on the west, and Mason and Pierce Counties on the south. It has a land mass of 396 square miles and approximately 250 miles of saltwater shoreline. Kitsap County ranks 36th in geographical size and 7th in population size among Washington counties in 2018.¹

Population Size and Change

The 2018 total population of Kitsap County is estimated to be 267,120, which is about 3.6% of the total Washington State population.¹ The County population has increased 15.2% since 2000 with an average increase of 0.8% per year (Figure 1). From 2017 to 2018, the population grew 1.1%. From 2000 to 2017, growth was due to both natural change (8%; more births than deaths) and to migration into the County (7%).^{1,2,3} During the same timeframe, the Washington State population has seen a 24.0% increase, with 11% natural change and 11% migration.

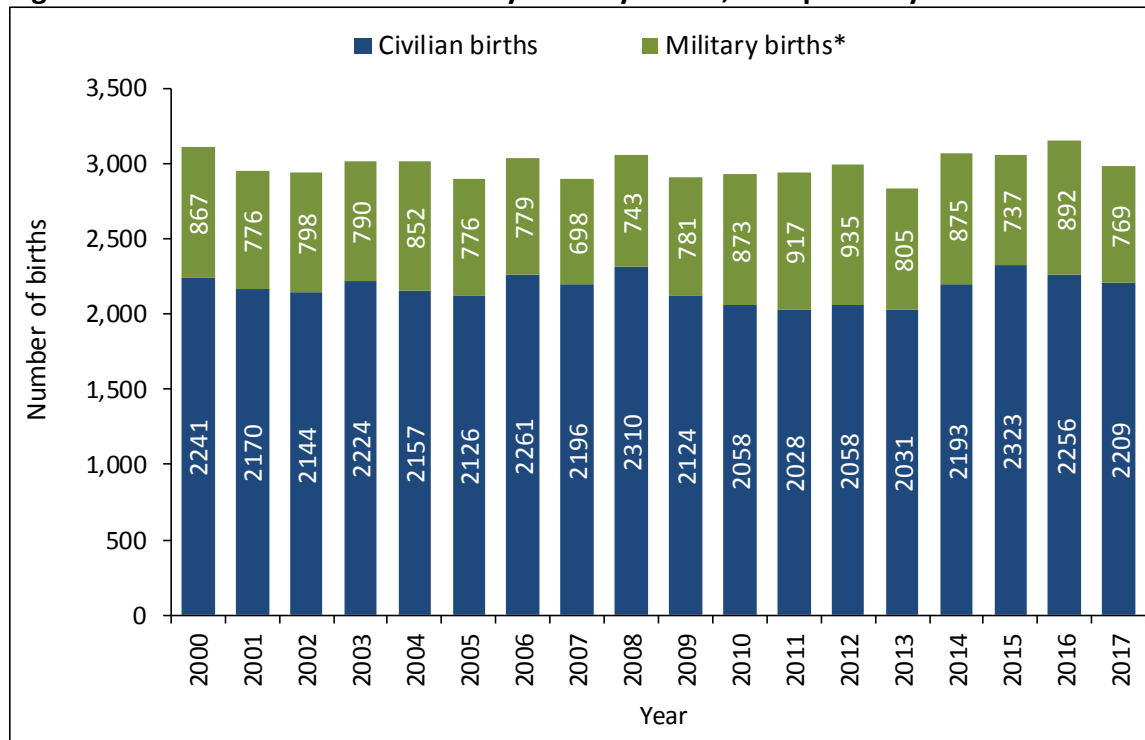
Figure 1. Annual Population Size and Percent Change, Kitsap County: 2000 to 2018¹



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

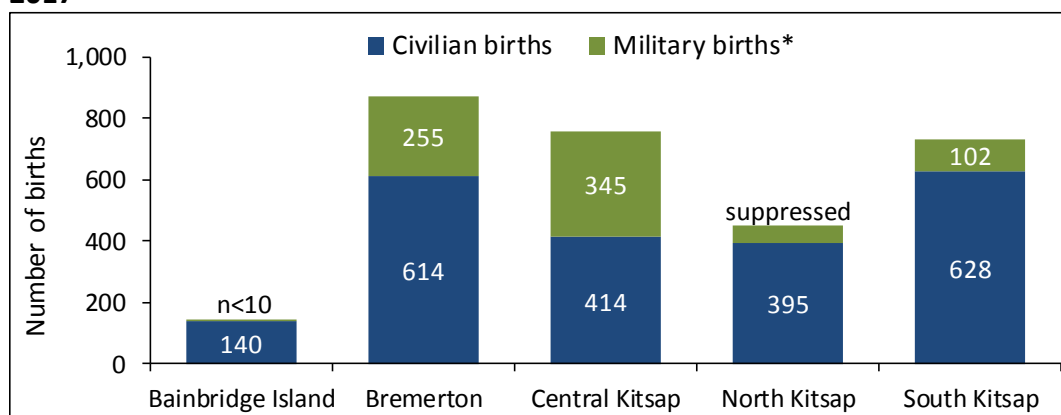
Since 2000, births to Kitsap County resident women have remained relatively stable, with an average of 2,987 per year (Figure 2).³ Generally, a little more than a quarter of births each year are military births (i.e., births to women who are military members, married to a military member or delivered in a federal hospital). The average from 2000 to 2017 was 27.3%; in 2017 it was 25.8% (769) of 2,978 births.

Figure 2. Births to Resident Women by Military Status, Kitsap County: 2000 to 2017³



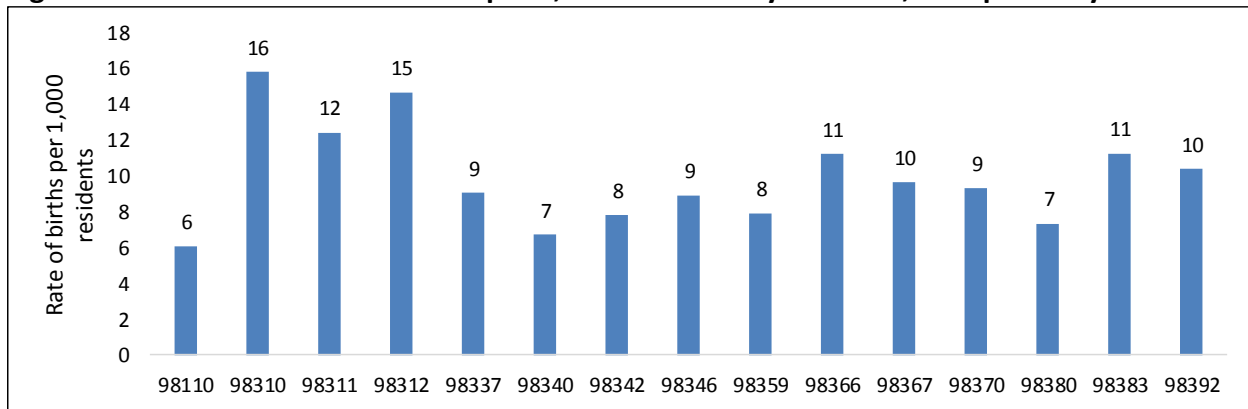
*Military births = births in a federal hospital, typically by active military members, military spouses and dependents

Figure 3. Births to Resident Women by Military Status and Geographic Region, Kitsap County: 2017³



*The number of military births in North Kitsap has been suppressed to prevent identification of the number of military births on Bainbridge Island, which was less than 10. Both still show the relative number of births by the width of the green bar.

Figure 4. Births to Resident Women per 1,000 residents by ZIP Code, Kitsap County: 2017*³



*ZIP Codes with less than 10 births in 2017 and those with unreliable rates have been suppressed (not shown).

Population by Region

There are four incorporated cities, which together comprise 34% of the total 2018 population (Table 1).¹ Port Orchard has been the fastest growing city since 2000, followed by Poulsbo. Unincorporated areas accounted for 47% of Kitsap County's total growth since 2000 but only 39% since 2010.^{1,4}

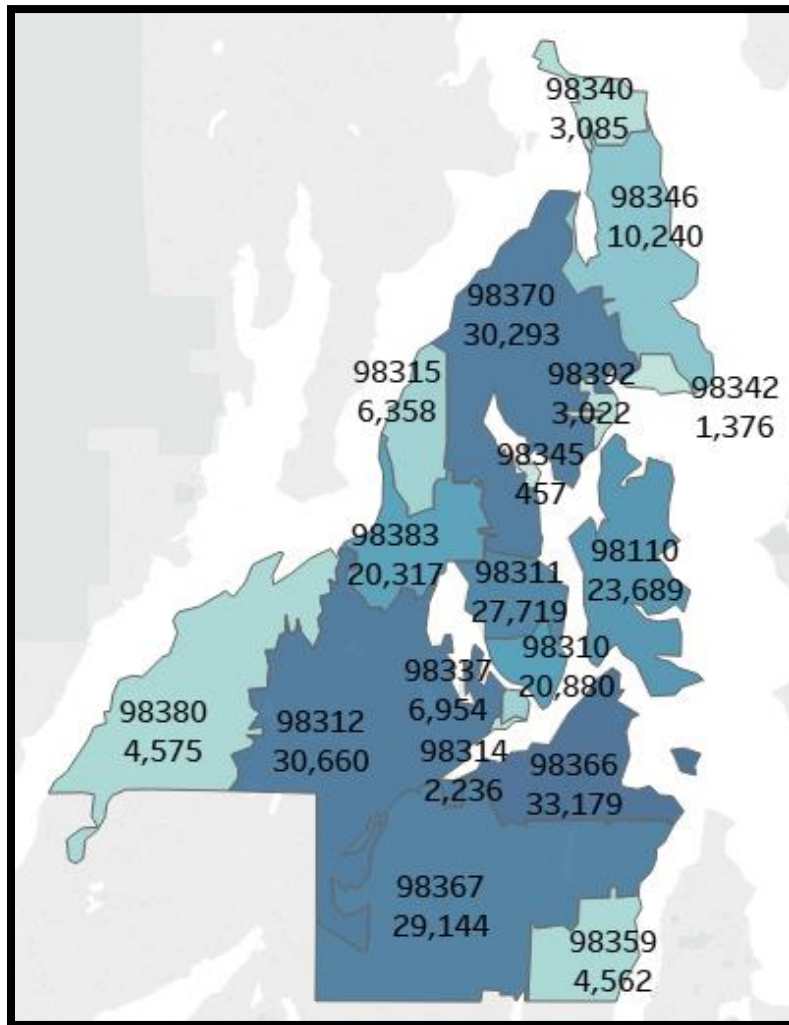
Table 1. Population Change over Time, Kitsap County: 2000, 2010, and 2018^{1,4}

	Census 2000	Census 2010	Estimate 2018	% of Total 2018	Change since 2000	Change since 2010
Total	231,969	251,133	267,120	100%	15%	6%
Unincorporated	159,896	170,022	176,290	66%	10%	4%
Incorporated	72,073	81,111	90,830	34%	26%	12%
Bainbridge Island	20,308	23,025	24,320	9%	20%	6%
Bremerton	37,259	37,729	41,500	16%	11%	10%
Port Orchard	7,693	11,157	14,160	5%	84%	27%
Poulsbo	6,813	9,200	10,850	4%	59%	18%

There are five school districts that often align with service areas in the county. The 2018 population estimates for these regions and the proportion of the county that they represent are: 24,320 (9%) on Bainbridge Island, 48,033 (18%) in Bremerton, 72,137 (27%) in Central Kitsap, 49,680 (19%) in North Kitsap, and 72,590 (27%) in South Kitsap.¹

From 2013 to 2017, the five ZIP Codes with the largest resident population in Kitsap have been 98366 (13% of the county population), 98312 (12%), 98370 (12%), 98311 (11%) and 98367 (11%).⁵ The population estimate for each ZIP Code is presented in Figure 5.

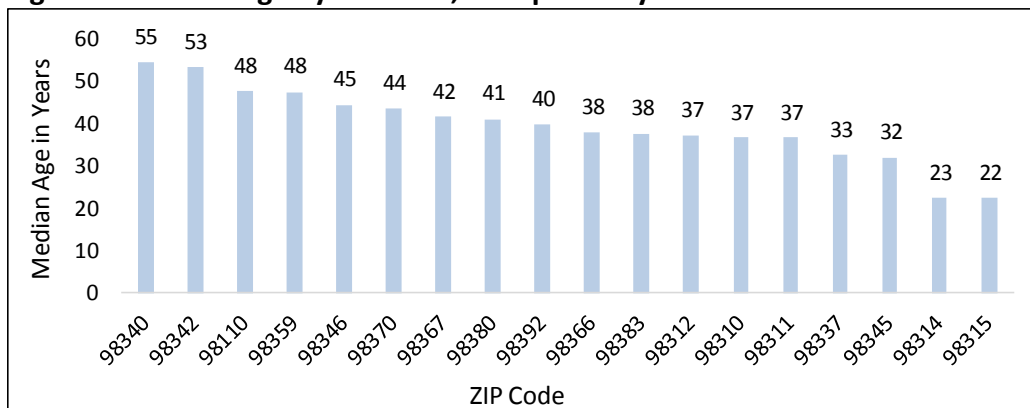
Figure 5. Population by ZIP Code, Kitsap County: 2013-17⁵



Population by Age

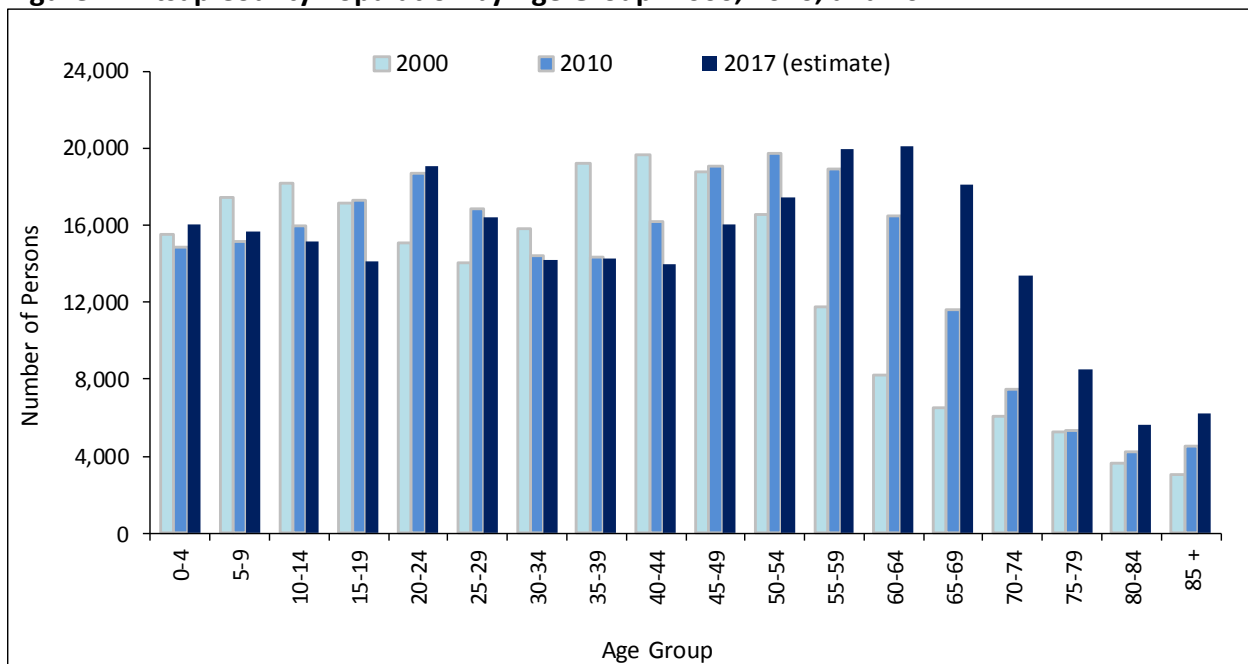
Median age is the age at which half of the residents are older and half are younger. Median age gives a quick indication of how old or young a population is relative to other similar populations. While the median age in 1980 was 29.3 years in Kitsap County, it increased to 39.1 years in 2017, illustrating the aging of our population.⁵ Kitsap's median age was higher than the 2017 Washington State median of 37.7 years. Looking at regions of the county, Bainbridge Island has the oldest median age in Kitsap at 47.7 years, followed by North Kitsap (43.0 years), South Kitsap (40.5 years). Bremerton and Central Kitsap both have similar median ages at 35.0 and 34.9 years respectively. However, the ZIP Codes with the oldest median ages are found in North Kitsap in 98340 (55) and 98342 (53), while the ZIP Codes with the youngest median ages are found in Bremerton in 98314 (23) and 98315 (22). Figure 6 shows the median age by ZIP Code throughout Kitsap County, from oldest to youngest.

Figure 6. Median Age by ZIP Code, Kitsap County: 2013-17⁵



The age distribution in Kitsap County has changed dramatically over the past 3 ½ decades (Figure 7), with a growing aging population. The county population growth has been predominantly among the older age groups. The number of residents 50 years or older increased 79% from 2000 to 2017 and now account for 41% of the population, whereas those under age 50 decreased 9%.^{1,4} In particular, the 55-74-year-old group has more than doubled (120% increase) since 2000, and now represents more than a quarter (27%) of the population.

Figure 7. Kitsap County Population by Age Group: 2000, 2010, and 2017^{1,4}



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

Table 2 shows the estimated child population by age group in each of the five regions of Kitsap County (5-year estimate for 2013-17).⁵ Out of the total child population, Bremerton has the largest proportion (42%) of 0 to 5-year-olds of any of the regions; Bainbridge Island has the smallest (27%).

Table 2. Estimated Child Population by Age Group and School District Region, Kitsap County: 2013-17⁵

	Bainbridge Island School District	Bremerton School District	Central Kitsap School District	North Kitsap School District	South Kitsap School District
Total population (all ages)	23,689	47,134	70,756	49,673	67,546
Child population (17 and under)*	5,782	7,993	15,658	10,406	14,183
# under 3 years	643	1,594	2,655	1,593	2,294
# at 3 and 4 years	626	1,145	1,821	902	1,642
# at 5 years	291	633	1,051	457	656
# at 6 to 8 years	1,155	1,161	2,370	1,780	2,184
# at 9 to 11 years	1,085	1,325	2,502	1,901	2,361
# at 12 to 14 years	947	932	2,500	1,946	2,574
# at 15 to 17 years	1,035	1,203	2,759	1,827	2,472
Percentage of child population					
% under 3 years	11%	20%	17%	15%	16%
% at 3 and 4 years	11%	14%	12%	9%	12%
% at 5 years	5%	8%	7%	4%	5%
% at 6 to 8 years	20%	15%	15%	17%	15%
% at 9 to 11 years	19%	17%	16%	18%	17%
% at 12 to 14 years	16%	12%	16%	19%	18%
% at 15 to 17 years	18%	15%	18%	18%	17%

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

Looking at the population by ZIP Code, people residing in 98315 have the highest percentage of children under age 18 (26% of the population). People living in 98110 (Bainbridge Island) and 98380 also have high percentages with 24% of each of their populations being under the age of 18. Table 3 shows the estimated child population by age group in each ZIP Code in Kitsap County (5-year estimate for 2013-17).⁵ More than half (51%) of the children under age 18 living in 98315 and more than 40% of the children in 98310, 98312 and 98380 are ages 0 to 5.

Table 3. Estimated Child Population by Age Group and ZIP Code Region, Kitsap County: 2013-17^{^5}

	ZCTA 98110	ZCTA 98310	ZCTA 98311	ZCTA 98312	ZCTA 98314	ZCTA 98315	ZCTA 98337	ZCTA 98340	ZCTA 98342
Total population (all ages)	23,689	20,880	27,719	30,660	2,236	6,358	6,954	3,085	1,376
Child population (17 and under)*	5,782	3,727	6,076	6,344	18	1,654	1,109	719	227
# under 3 years	643	698	1,031	1,235	0	397	242	160	21
# at 3 and 4 years	626	563	463	986	0	330	146	15	25
# at 5 years	291	302	400	473	n<10	119	33	0	n<10
# at 6 to 8 years	1,155	609	1,011	878	0	267	105	103	34
# at 9 to 11 years	1,085	705	1,075	943	n<10	265	135	168	45
# at 12 to 14 years	947	418	914	958	0	129	168	179	49
# at 15 to 17 years	1,035	432	1,182	861	10	147	273	94	45
Percentage of child population									
% under 3 years	11%	19%	17%	19%	0%	24%	22%	22%	9%
% at 3 and 4 years	11%	15%	8%	16%	0%	20%	13%	2%	11%
% at 5 years	5%	8%	7%	7%	--	7%	3%	0%	--
% at 6 to 8 years	20%	16%	17%	14%	0%	16%	9%	14%	15%
% at 9 to 11 years	19%	19%	18%	15%	--	16%	12%	23%	20%
% at 12 to 14 years	16%	11%	15%	15%	0%	8%	15%	25%	22%
% at 15 to 17 years	18%	12%	19%	14%	56%	9%	25%	13%	20%
	ZCTA 98345	ZCTA 98346	ZCTA 98359	ZCTA 98366	ZCTA 98367	ZCTA 98370	ZCTA 98380	ZCTA 98383	ZCTA 98392
Total population (all ages)	457	10,240	4,562	33,179	29,144	30,293	4,575	20,317	3,022
Child population (17 and under)*	98	2,118	826	7,193	6,109	6,349	1,098	3,896	685
# under 3 years	n<10	285	97	1,379	778	949	183	533	114
# at 3 and 4 years	n<10	179	113	870	659	595	143	344	70
# at 5 years	0	25	33	299	324	410	122	208	37
# at 6 to 8 years	54	396	164	1,028	992	1,021	187	507	115
# at 9 to 11 years	17	423	70	1,328	963	1,040	141	660	107
# at 12 to 14 years	n<10	386	125	1,337	1,078	1,148	212	709	133
# at 15 to 17 years	0	424	224	950	1,279	1,186	110	935	109
Percentage of child population									
% under 3 years	--	13%	12%	19%	13%	15%	17%	14%	17%
% at 3 and 4 years	--	8%	14%	12%	11%	9%	13%	9%	10%
% at 5 years	0%	1%	4%	4%	5%	6%	11%	5%	5%
% at 6 to 8 years	55%	19%	20%	14%	16%	16%	17%	13%	17%
% at 9 to 11 years	17%	20%	8%	18%	16%	16%	13%	17%	16%
% at 12 to 14 years	--	18%	15%	19%	18%	18%	19%	18%	19%
% at 15 to 17 years	0%	20%	27%	13%	21%	19%	10%	24%	16%

[^]n<10 is displayed when the count is less than 10 in order to protect the privacy of individuals; in these cases the rate is suppressed with "--".

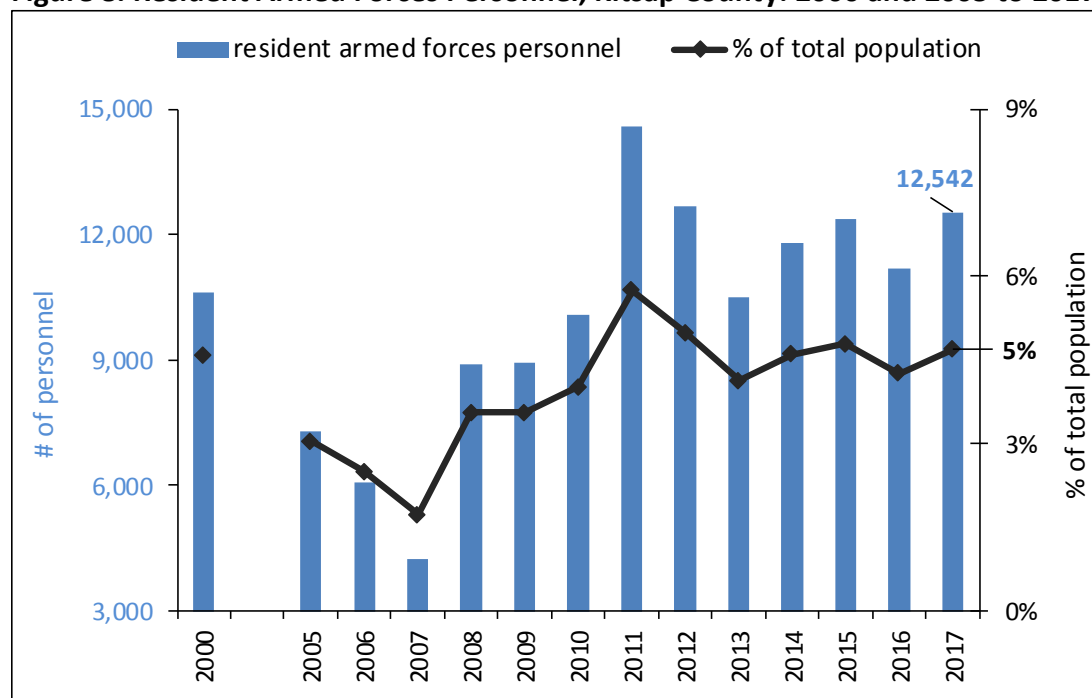
In 2016 and 2017, the Port Gamble S'Klallam Tribe administered a survey to all households and individuals affiliated with the Tribe.⁸⁹ Surveys were collected from 331 households, 187 of whom lived on the reservation. This accounted for 1,104 individuals, of whom 356 were children. Of the 356 children, 37% were age 0 to 5, 29% were age 6 to 10, 21% were age 11 to 14 and 13% were age 15 to 18. Approximately half of the households (50.2%) reported having children age 18 years or younger. Of the households with children, 56% had a child age 0 to 5, 48% had a child age 6 to 10, 31% had a child age 11 to 14 and 22% had a child age 15 to 18.

Military Population

Kitsap County is home to Naval Base Kitsap, Puget Sound Naval Shipyard, Bangor Naval Submarine Base, and Bangor Trident Base and therefore has a large military population which

accounts for thousands of families in the area. The population of resident armed forces personnel (i.e. active duty military personnel, excluding dependents) in Kitsap County increased 41% from 2008 to 2017 (Figure 8).^{4,5} An estimated 12,542 military personnel resided in Kitsap County during 2017, or about 5% of the total population. In addition, the Navy is the largest employer in the county. In 2017, the Department of Defense employed approximately 33,800 military members, civilian employees and defense contract workers collectively at Naval Base Kitsap (including Puget Sound Naval Shipyard and Intermediate Maintenance Facility, Naval Submarine Base Bangor, Naval Undersea Warfare Center-Keyport Division, the U.S. Navy Manchester Fuel Depot and Naval Hospital Bremerton).⁶ The military population, including the number active duty personnel and their families, fluctuates dramatically as Navy ships depart and arrive in Bremerton. Despite the fluctuations, the military population accounts for thousands of families in the area, and as previously mentioned, a substantial proportion of births are to military women.

Figure 8. Resident Armed Forces Personnel, Kitsap County: 2000 and 2005 to 2017^{4,5}



The percentage of the population that is military varies across Kitsap, from 8% in Central Kitsap to less than 1% on Bainbridge Island.⁵ Figures 9 and 10 shows the percentage of the population age 16 and older that is in the Armed Forces by school district and ZIP Code.

Figure 9. Resident Armed Forces Personnel by School District, Kitsap County: 2013-17⁵

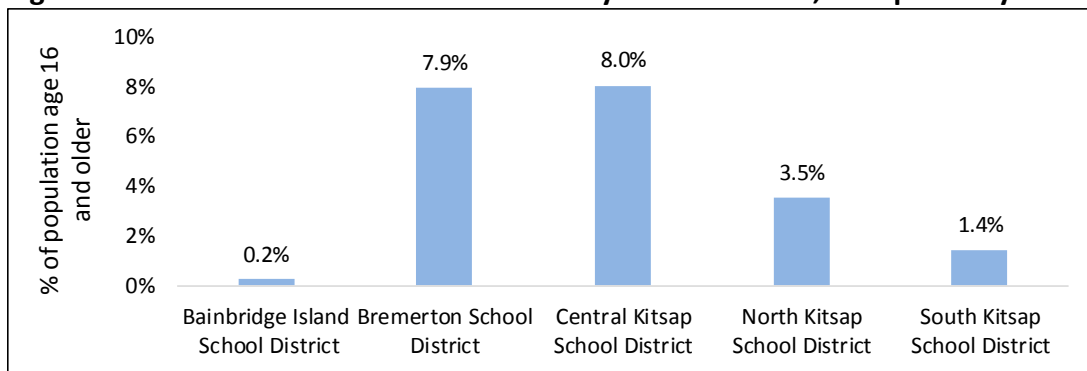
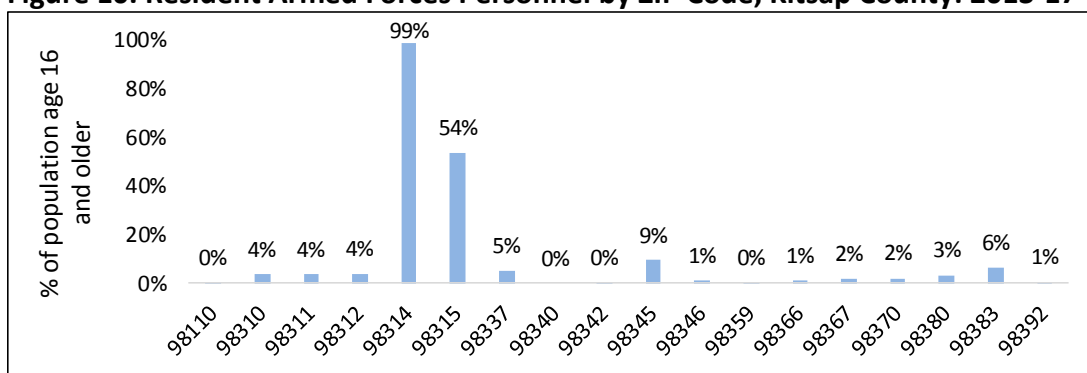


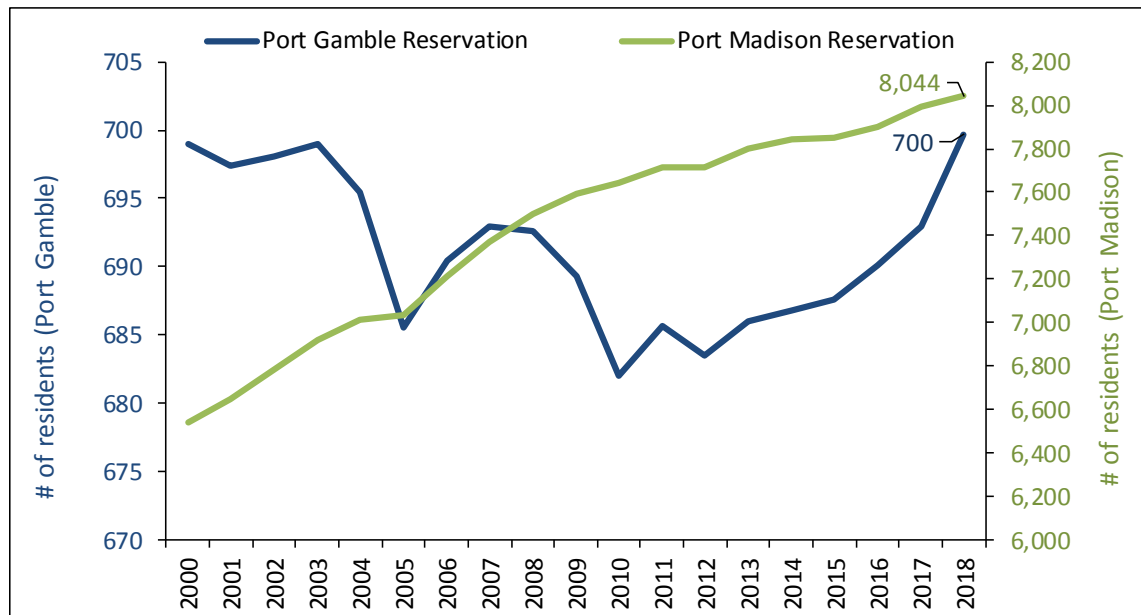
Figure 10. Resident Armed Forces Personnel by ZIP Code, Kitsap County: 2013-17⁵



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 2018 estimated resident population on the Port Gamble Reservation is 700 and on the Port Madison Reservation is 8,044 (Figure 11).¹ Since 2010, this represents 2.6% growth for Port Gamble and 5.3% growth for Port Madison. These estimates may include non-tribal members living on the reservation and are not limited by race. Similarly, these estimates may not capture tribal members living outside the reservations.

Figure 11. Residents Living on American Indian Tribal Reservation, Kitsap County: 2000 to 2018¹



As of September 2012, there were 1,234 enrolled tribal members in the Port Gamble S’Klallam Tribe, over half of which reside on the reservation. Many others live adjacent to the reservation.⁷ As of January 2019, the Port Gamble S’Klallam tribe has grown to 1,313 members.¹²

Race/Ethnicity

Kitsap County has a proportionally larger non-Hispanic White population (77%) than Washington State (69%) (Table 4).¹ The county’s non-Hispanic White proportion has declined since 2000 when it comprised 83% of the total population. Hispanics are the now largest minority group (7%) in Kitsap County, having doubled in size since 2000.¹

Table 4. Race/Ethnicity, Kitsap County and Washington State: 2017¹

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

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

The distribution of minority groups differs throughout the county. In the Bremerton and Central Kitsap regions, more than 1 in every 4 persons are of a minority race or ethnicity (Table 5).⁵ From 2013 to 2017, Hispanics represented the largest minority population groups in all school

district regions except for Bainbridge Island, where the largest minority group was those of two or more races. The Hispanic category includes all people identifying as Hispanic, including those identifying as mixed racial/ethnic, such as White-Hispanic. Table 6 shows the percentages by race and ethnicity for each ZIP Code within Kitsap County.

Table 5. Estimated Populations by School District and Race/Ethnicity, Kitsap County: 2013-17⁵

	Bainbridge Island		Bremerton		Central Kitsap		North Kitsap		South Kitsap	
	#	%	#	%	#	%	#	%	#	%
TOTAL	23,689		47,134		70,756		49,673		67,546	
White*	20,631	87.1%	34,620	73.5%	50,255	71.0%	40,610	81.8%	54,289	80.4%
Black*	227	1.0%	2,174	4.6%	2,560	3.6%	250	0.5%	1,196	1.8%
American Indian/Alaska Native*	15	0.1%	319	0.7%	295	0.4%	1,107	2.2%	664	1.0%
Asian/Pacific Islander*	825	3.5%	2,678	5.7%	6,007	8.5%	1,657	3.3%	2,991	4.4%
Some other single race*	75	0.3%	55	0.1%	62	0.1%	11	0.0%	60	0.1%
Two or more races*	985	4.2%	3,534	7.5%	5,294	7.5%	2,914	5.9%	3,484	5.2%
Hispanic**	931	3.9%	3,754	8.0%	6,283	8.9%	3,124	6.3%	4,862	7.2%

* Includes non-Hispanic only.

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

Table 6. Estimated Populations by ZIP Code and Race/Ethnicity, Kitsap County: 2013-17⁵

	98110		98310		98311		98312		98314		98315	
	#	%	#	%	#	%	#	%	#	%	#	%
TOTAL	23,689		20,880		27,719		30,660		2,236		6,358	
White*	20,631	87.1%	14,362	68.8%	18,530	66.8%	23,779	77.6%	1,766	79.0%	4,246	66.8%
Black*	227	1.0%	1,015	4.9%	1,166	4.2%	890	2.9%	159	7.1%	130	2.0%
American Indian/Alaska Native*	15	0.1%	suppressed	--	120	0.4%	194	0.6%	26	1.2%	78	1.2%
Asian/Pacific Islander*	825	3.5%	1,755	8.4%	2,896	10.4%	1,187	3.9%	35	1.6%	203	3.2%
Some other single race*	75	0.3%	n<10	--	35	0.1%	63	0.2%	0	0.0%	0	0.0%
Two or more races*	985	4.2%	1,940	9.3%	2,137	7.7%	2,327	7.6%	92	4.1%	445	7.0%
Hispanic**	931	3.9%	1,738	8.3%	2,835	10.2%	2,220	7.2%	158	7.1%	1,256	19.8%
	98337		98340		98342		98345		98346		98359	
	#	%	#	%	#	%	#	%	#	%	#	%
TOTAL	6,954		3,085		1,376		457		10,240		4,562	
White*	4,860	69.9%	2,599	84.2%	1,257	91.4%	421	92.1%	8,280	80.9%	3,944	86.5%
Black*	516	7.4%	16	0.5%	n<10	--	0	0.0%	suppressed	--	18	0.4%
American Indian/Alaska Native*	75	1.1%	117	3.8%	n<10	--	0	0.0%	509	5.0%	160	3.5%
Asian/Pacific Islander*	481	6.9%	76	2.5%	13	0.9%	0	0.0%	192	1.9%	69	1.5%
Some other single race*	13	0.2%	0	0.0%	n<10	--	suppressed	--	n<10	--	0	0.0%
Two or more races*	441	6.3%	128	4.1%	66	4.8%	n<10	--	907	8.9%	87	1.9%
Hispanic**	568	8.2%	149	4.8%	16	1.2%	29	6.3%	350	3.4%	284	6.2%
	98366		98367		98370		98380		98383		98392	
	#	%	#	%	#	%	#	%	#	%	#	%
TOTAL	33,179		29,144		30,293		4,575		20,317		3,022	
White*	25,824	77.8%	23,899	82.0%	25,402	83.9%	4,038	88.3%	14,296	70.4%	2,207	73.0%
Black*	828	2.5%	350	1.2%	suppressed	--	62	1.4%	816	4.0%	11	0.4%
American Indian/Alaska Native*	319	1.0%	185	0.6%	198	0.7%	16	0.3%	41	0.2%	274	9.1%
Asian/Pacific Islander*	1,674	5.0%	1,248	4.3%	1,035	3.4%	286	6.3%	2,102	10.3%	81	2.7%
Some other single race*	38	0.1%	22	0.1%	n<10	--	0	0.0%	0	0.0%	0	0.0%
Two or more races*	1,914	5.8%	1,444	5.0%	1,258	4.2%	97	2.1%	1,720	8.5%	228	7.5%
Hispanic**	2,582	7.8%	1,996	6.8%	2,203	7.3%	76	1.7%	1,342	6.6%	221	7.3%

[^] Categories with an estimate of 1 to 9 people have been suppressed with “n<10” to protect confidentiality. When only one category for a ZIP Code was n<10, another category was suppressed to discourage calculation of the suppressed category.

* Includes non-Hispanic only.

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

Speakers of Languages Other Than English

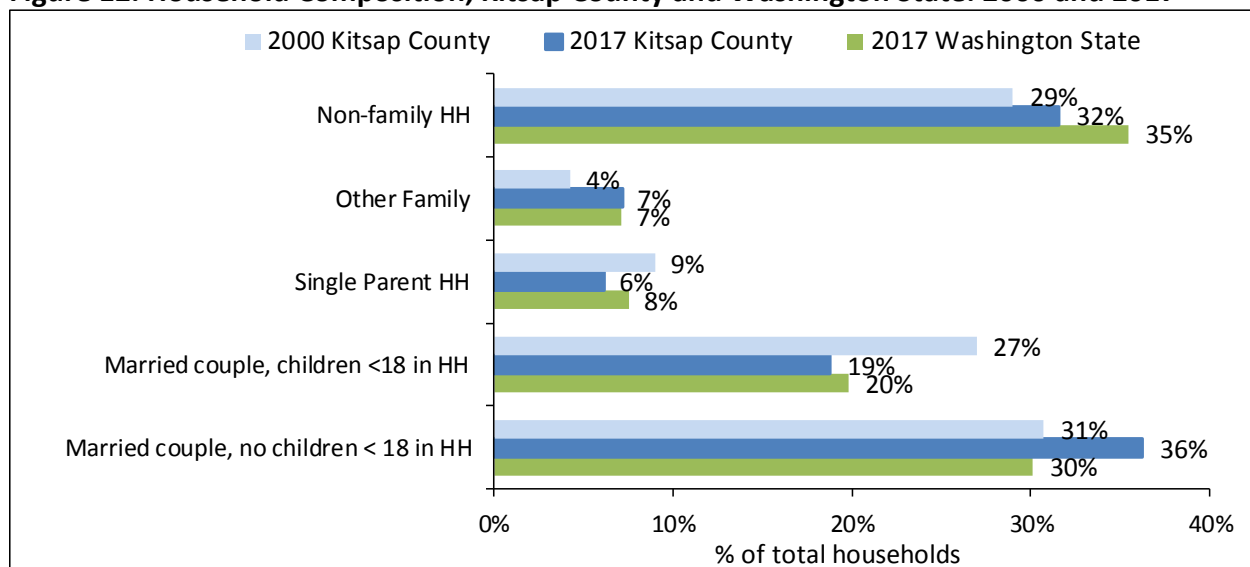
In 2017, English was spoken at home by 92.6% of the Kitsap population age 5 and older.⁵ After English, Asian and Pacific Island languages were spoken at home by a larger percentage (4.0%) than Spanish or any other broad group of languages. However, Spanish remains the second *single* most commonly spoken language (2.3%) among residents 5 years and over. Among those whose primary language spoken at home is not English, 31.5% speak English less than "very well."⁵

From 2013 to 2017, Central Kitsap was the region with the highest percentage of residents who speak a language other than English at home (9.0%).⁵ After Central Kitsap, Bremerton had the next highest (8.5%), followed by North Kitsap (5.8%), South Kitsap (5.6%) and Bainbridge Island (4.7%). Of residents who speak another language, the percentage who speak English less than "very well" is considerably higher in Bremerton (36.4%) than in other areas of the county (South Kitsap 30.4%, North Kitsap 27.6%, Central Kitsap 24.7%) and considerably lower on Bainbridge Island (17.1%).

Family Structure

From 2000 to 2017, the estimated proportion of all Kitsap County households that were married couples with children decreased from 27% to 19% while non-family households (a person living alone or with an unrelated group of individuals) increased from 29% to 32% (Figure 12).^{4,5}

Figure 12. Household Composition, Kitsap County and Washington State: 2000 and 2017^{4,5}



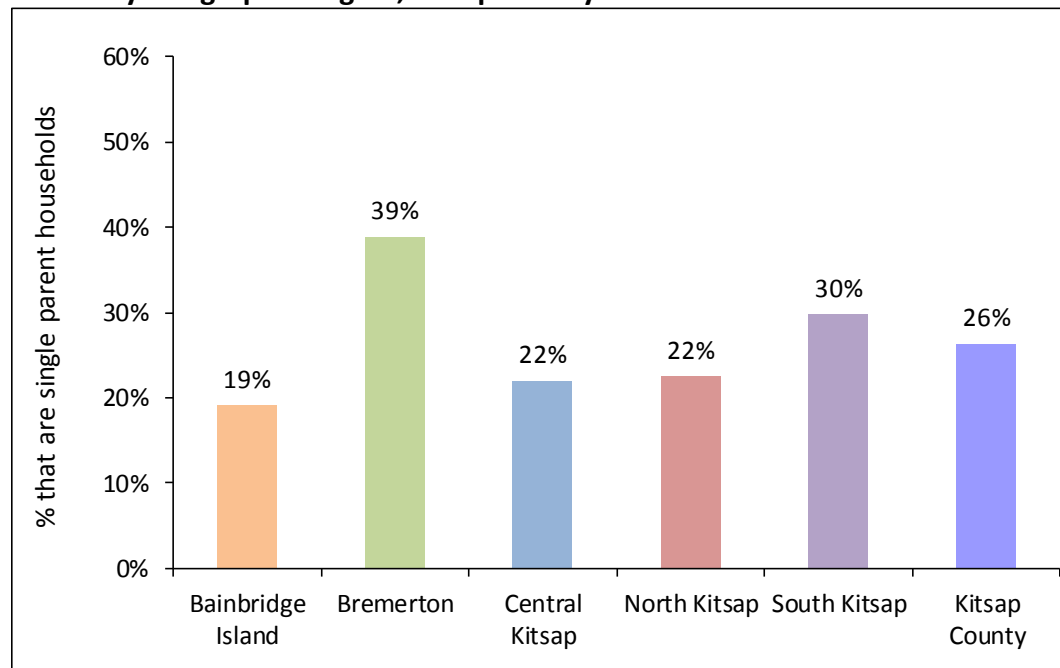
In Kitsap County, it is estimated that 29% of all 104,902 households had one or more children under the age of 18 in 2017.⁵ The number of single parent households is not directly available, but it is estimated that 6.2% of all households were families with their own children (<18 years) in which the householder (male or female) does not have a married spouse present. However, this may include households where an unmarried partner was present; an estimated 5.2% of all

households (regardless of whether children were present) had unmarried partners. The number of grandparents living with their grandchildren from 2013 to 2017 was 4,334, 38% of which are responsible for their own grandchildren.

While most of the estimated 54,987 children under age 18 in Kitsap were living in households with married couples (74%) during 2017, approximately 25% lived in households with unmarried parents.⁵ (The remaining 1% lived in non-family households.) However, among the 13,567 children living with unmarried parents, approximately 18% (or 4.5% of all children) had a parent with an unmarried partner present in the household; thus an estimated 20% of all children less than 18 years were living with a single parent (i.e., unmarried parent *without* a partner present). Of these 11,086 children living in single parent homes with no partner present, the clear majority (77%) were with female householders, which means 15% of all children in the county were living with a single mother. Only 5% of all children lived with a single father and an estimated 0.9% resided in non-family households in 2017.

Household composition differs throughout the county (Figure 13).⁵ Considering only marital status, Bremerton had the highest proportion (39%) of children under the age of 18 living in single parent households as of 2013-17, which is well above the county-wide estimate of 26%. It is possible that unmarried partners were living in these households. South Kitsap was also slightly above the county-wide estimate with 30% of children under 18 living in single parent households, while Bainbridge Island (19%), Central Kitsap (22%) and North Kitsap (22%) were all below the county average.

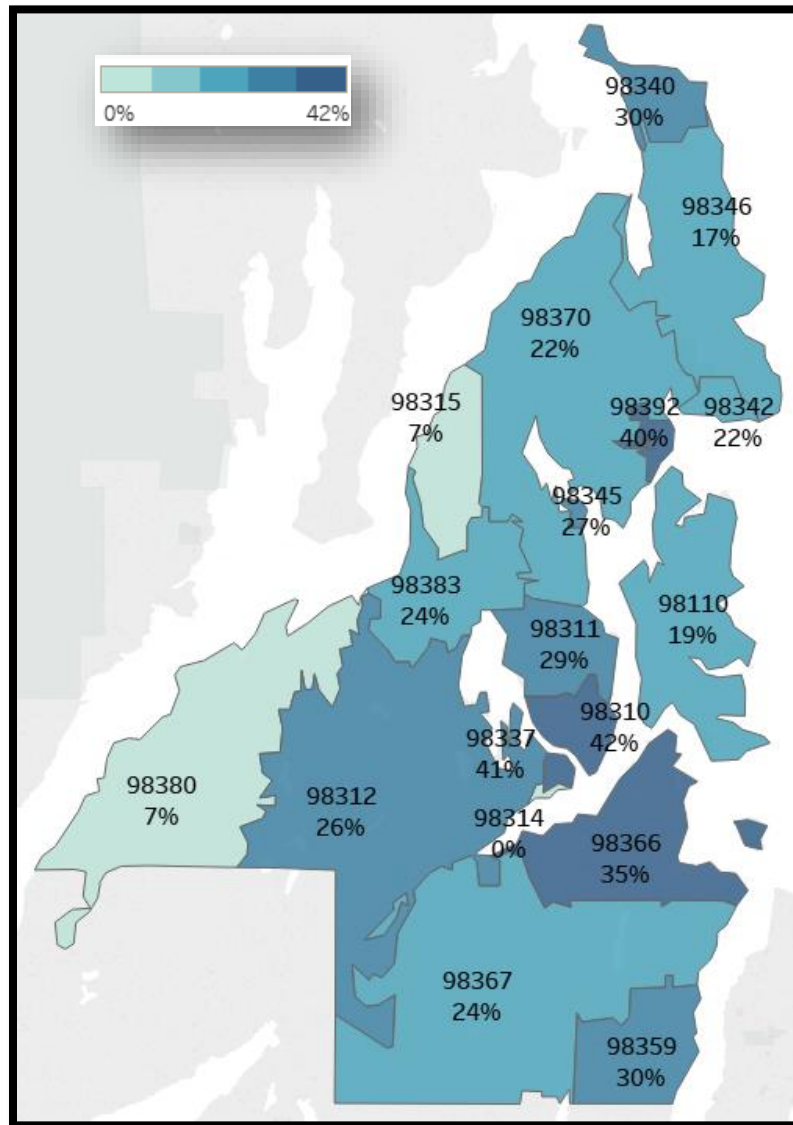
Figure 13. Percentage of Children Less Than 18 Years Old Living in Households with a Single* Parent by Geographic Region, Kitsap County: 2013-17⁵



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

When considered by ZIP Code (Figure 14), East Bremerton's 98310 has the highest percentage of children living in single parent households (with or without unmarried partners), with 42%, followed closely by 98337 (41%) and 98392 (40%).⁵ Figure 14 shows the percentage of children who live in single parent households in each ZIP Code in Kitsap County.

Figure 14. Percentage of Children Less Than 18 Years Old Living in Households with a Single* Parent by ZIP Code, Kitsap County: 2013-17⁵



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

Employers

The ten largest employers in Kitsap County in 2017 were the Naval Base Kitsap, the state government, Harrison Medical Center, Kitsap County government, Central Kitsap School District, Port Madison Enterprises, South Kitsap School District, Haselwood Auto Group, Fred Meyer (72% part-time positions) and North Kitsap School District.⁶ Harrison Medical Group,

Haselwood Auto Group, North Kitsap School District and Washington State government did not report the full- or part-time status of their employees.

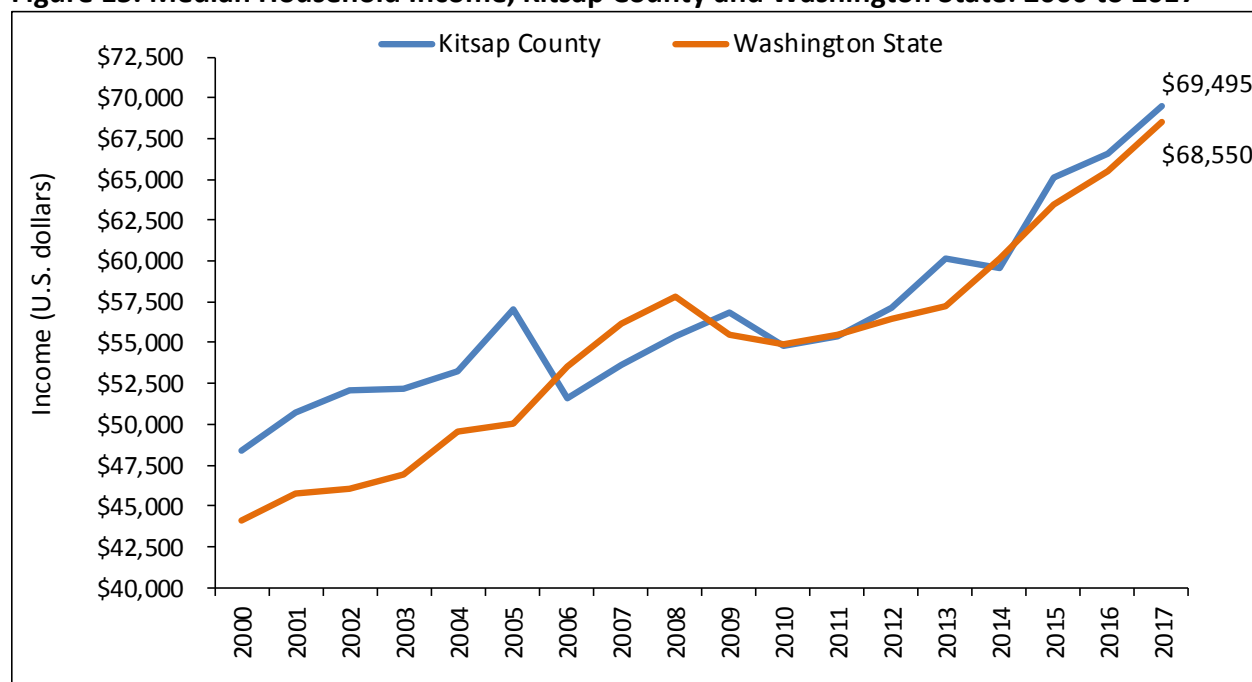
Major employers for Port Gamble S’Klallam members include the Tribal government and associated agencies and businesses, individual treaty fishing enterprises and area businesses.⁷ The Port Gamble S’Klallam Tribe employs 298 staff members. In the 2016-17 survey conducted by the Port Gamble S’Klallam Tribe of households and individuals affiliated with the Tribe, the most commonly reported occupations were construction, building trades, maintenance and fishing/clamming.⁸⁹ Individuals in the Tribe reported being in their primary occupations for an average of 10.2 years.

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 \$66,569 in 2016 with a projection of \$69,495 in 2017.¹ Since 2010, the county median household income has been very similar to that of Washington State, with Kitsap tending to be marginally higher (Figure 15).¹

Figure 15. Median Household Income, Kitsap County and Washington State: 2000 to 2017*¹



* The 2016 income is a preliminary estimate and 2017 is a projection. Estimates for the inter- and post-Census years are based on the Bureau of Economic Analysis (BEA) personal income data and the estimates of household characteristics, at the county level. For 2006-2011: The estimates are anchored upon ACS estimates wherever available. In addition to the state personal income data published by BEA, the payroll data compiled by the state Employment Security Department are used in the preliminary estimates.

The median household income differs by type of households (Table 7).⁵ In 2017, the estimated median income for family households with children younger than 18 years was \$80,135 in Kitsap County, which is \$10,213 less than the median income of family households with no children (\$90,348). 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 7. Median Income by Household Type, Kitsap County: 2017⁵

Household Type	Median Income
Family HH with own children <18	\$ 80,135
Married couple	\$ 93,827
Male householder, no wife present	\$ 41,947
Female householder, no husband present	\$ 28,380
Family HH with no own children <18	\$ 90,348
Non-family HH	\$ 43,132

The median income differs substantially by which area of the county people reside in. The highest estimated median household income for 2013-17 was for Bainbridge Island (\$109,341).⁵ Other regions had much lower median incomes, in order of decreasing amounts: North Kitsap (\$75,904), Central Kitsap (\$71,035), South Kitsap (\$67,852) and Bremerton (\$51,756). Table 8 shows the median income by household type for each ZIP Code in Kitsap County. The ZIP Codes with the lowest median incomes for a family with children under the age of 18 are 98337, 98310, 98345, 98315 and 98366.

Table 8. Median Income by Household Type and ZIP Code, Kitsap County: 2017*⁵

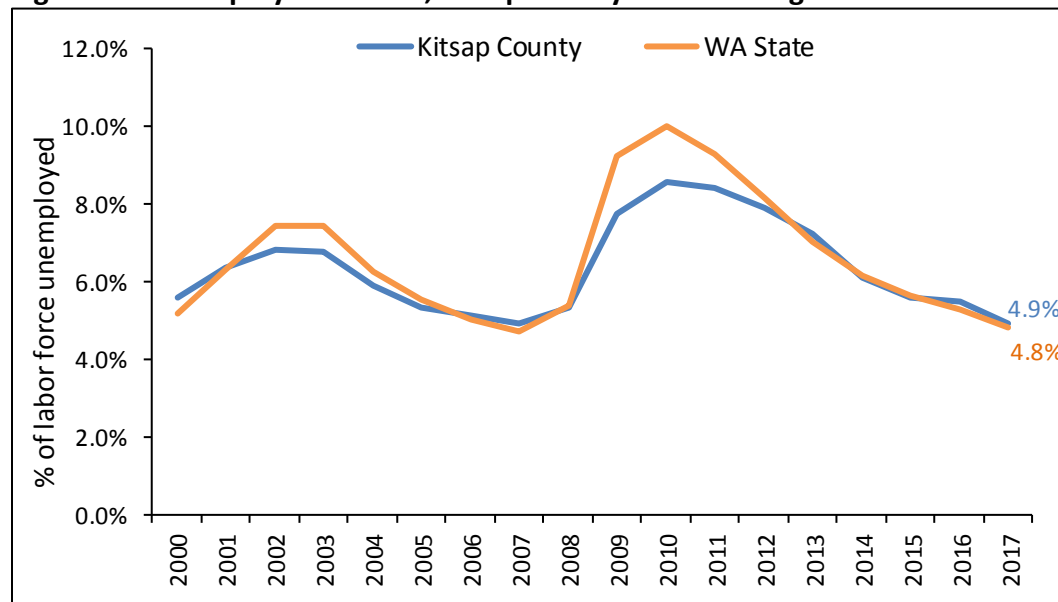
Household Type	98110	98310	98311	98312	98315	98337
Family HH with own children <18	\$ 139,247	\$ 51,335	\$ 79,914	\$ 63,919	\$ 56,417	\$ 51,074
Married couple	\$ 154,625	\$ 71,442	\$ 90,904	\$ 79,536	\$ 58,353	\$ 64,038
Male householder, no wife present	\$ 153,571	\$ 45,500	\$ 35,864	\$ 26,429	-	\$ 51,504
Female householder, no husband present	\$ 65,018	\$ 24,267	\$ 24,359	\$ 20,905	-	\$ 25,441
Family HH with no own children <18	\$ 127,775	\$ 69,225	\$ 84,503	\$ 77,839	\$ 51,563	\$ 52,759
Non-family HH	\$ 49,142	\$ 40,332	\$ 40,083	\$ 42,324	\$ 30,500	\$ 30,333
Household Type	98340	98342	98345	98346	98359	98366
Family HH with own children <18	\$ 87,411	\$ 83,125	\$ 55,573	\$ 87,500	\$ 73,478	\$ 56,900
Married couple	\$ 104,889	\$ 105,250	\$ 56,875	\$ 93,304	\$ 88,182	\$ 81,250
Male householder, no wife present	-	\$ 73,125	-	\$ 75,855	-	\$ 38,768
Female householder, no husband present	-	\$ 51,250	-	-	-	\$ 22,715
Family HH with no own children <18	\$ 83,297	\$ 86,458	\$ 104,583	\$ 89,927	\$ 92,991	\$ 75,409
Non-family HH	\$ 29,667	\$ 41,719	-	\$ 30,820	\$ 49,485	\$ 37,847
Household Type	98367	98370	98380	98383	98392	
Family HH with own children <18	\$ 84,563	\$ 83,490	\$ 91,715	\$ 88,750	\$ 65,313	
Married couple	\$ 90,577	\$ 100,761	\$ 91,221	\$ 103,259	\$ 81,000	
Male householder, no wife present	\$ 66,250	\$ 60,321	-	\$ 76,690	\$ 61,875	
Female householder, no husband present	\$ 30,852	\$ 25,500	-	\$ 35,087	\$ 33,438	
Family HH with no own children <18	\$ 88,125	\$ 91,585	\$ 99,766	\$ 84,759	\$ 73,125	
Non-family HH	\$ 45,266	\$ 37,526	\$ 37,059	\$ 49,767	\$ 44,145	

* An - indicates that there were too few individuals surveyed in that category to compute an estimate.

Unemployment

Since 2000, the unemployment rate in Kitsap County has tended to be very similar though slightly lower than Washington State, with only a few years in which Kitsap's rate was higher than the state's (Figure 16).⁸ In 2017, the estimated county rate (4.9%) was marginally above the state (4.8%), for the second year in a row. Both the Kitsap and state rates have been declining from their peaks in 2010.

Figure 16. Unemployment Rate, Kitsap County and Washington State: 2000 to 2017*⁸



*2017 annual rates are preliminary estimates.

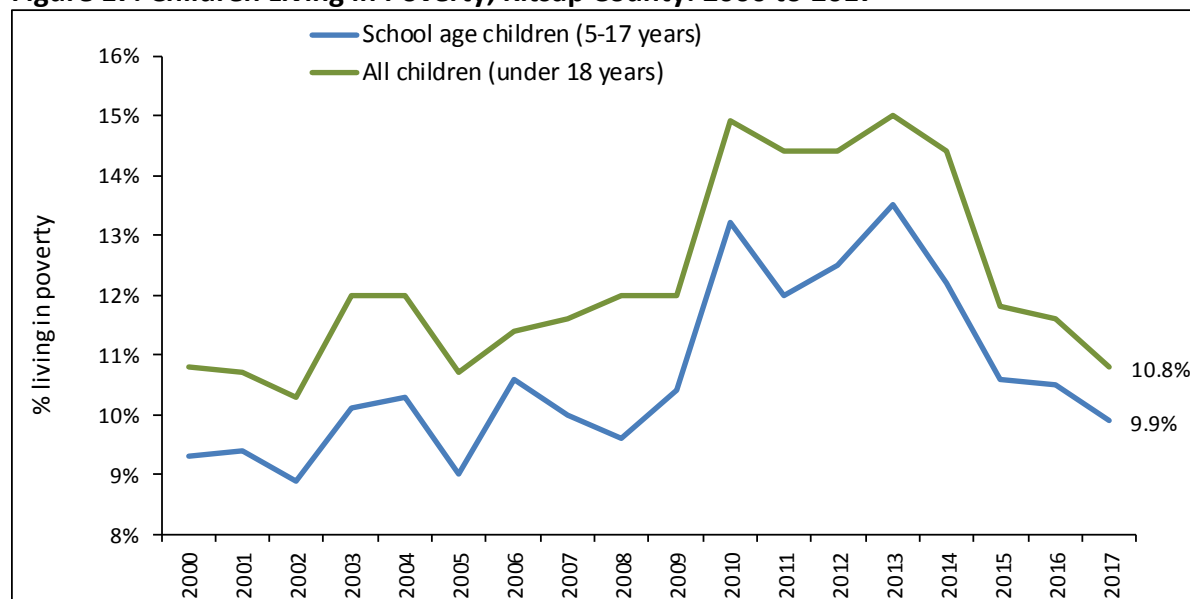
The 2013 Bureau of Indian Affairs Labor Force report noted that 49% of the Port Gamble S'Klallam Tribe residents over the age of 16 are employed in civilian jobs. A sizable proportion of residents rely on treaty-based income activities such as fishing as their primary source of income. For Kitsap County Native American residents, the unemployment rate is about 12%, a rate much higher than the overall rate in Kitsap County in 2013 of 7.2%.⁷ In Port Gamble S'Klallam Tribe's 2016/2017 survey, about 54% reported current full or part time employment and an additional 11% reported self-employment based on Treaty income.⁸⁹ The most common primary occupations for tribal members were construction, building trades, maintenance and fishing/clamming.

Poverty

In 2019, the federal poverty level is defined as a household income of \$12,490 for one person and \$25,750 for a family of four.⁹ The federal poverty level was only slightly lower in 2018 (\$12,140 for one person and \$25,100 for a family of four), and slightly lower than that in 2017 (\$12,060 for one person and \$24,600 for a family of four). County-wide during 2017, an estimated 7.8% of residents were living in poverty, a slight decrease from last year and recent years.⁵ However, rates of poverty in children remain higher than the population average with 10.8% of all children under age 18 living in poverty in 2017. The poverty rates for children were

increasing at approximately 2.8% annually from 2000 to 2013, but have been decreasing in recent years, at about 7.6% annually from 2013 to 2017(Figure 17).¹⁰

Figure 17. Children Living in Poverty, Kitsap County: 2000 to 2017¹⁰



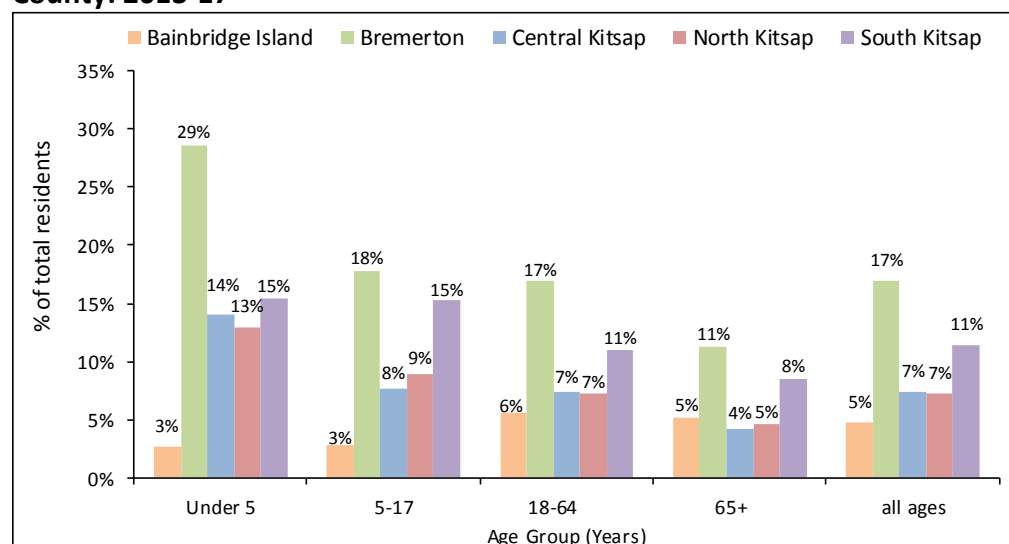
The age group younger than 5 years old has a small enough population that 5-year average data is recommended. For comparison, from 2013 to 2017, approximately 10% of Kitsap residents were living in poverty (Table 9).⁵ For all age groups, Kitsap County has proportionally fewer people living in poverty than Washington State, but young children and women tend to have disproportionately higher rates of poverty. Poverty among the child populations age 0 to 4 and 0 to 5 years are discussed further in Section II-A (*below*). The estimated poverty rate for females in Kitsap County was 11% from 2013 to 2017.⁵ Females account for 55% of all county residents living in poverty. This trend of more females than males living in poverty is also seen statewide, with females accounting for 54% of all those Washington State living in poverty from 2013 to 2017.

Table 9. Income Below Poverty Level in Past 12 Months, Kitsap County and Washington State: 2013-17⁵

	% of population	# of persons
All Ages		
Kitsap County	10%	24,850
Washington State	12%	859,950
Children younger than age 5		
Kitsap County	16%	2,300
Washington State	17%	73,417
School-aged children (age 5-17)		
Kitsap County	11%	4,110
Washington State	15%	177,539
Adults (age 18+)		
Kitsap County	9%	18,440
Washington State	11%	608,994
Females		
Kitsap County	11%	13,755
Washington State	13%	463,692
% of total in poverty who are female		
Kitsap County	55%	
Washington State	54%	

Poverty varies across the county. Bremerton has the highest percentage (17%) of residents living in poverty across all age groups (Figure 18).⁵ In Bremerton, more than 1 in 4 children younger than age 5 (29%) and more than 1 in 6 school-age children (18%) are living in poverty. Even among adults, there are still more than 1 in 5 18- to 64-year-olds (17%) living in poverty in Bremerton. In the younger than 5 age range, Central, North and South Kitsap all have similar rates (13-15%) of poverty, which are substantially lower than Bremerton. However, 15% of 5 to 17-year-olds in South Kitsap are impoverished, which is substantially more than Central and North Kitsap and only slightly lower than Bremerton.

Figure 18. Percentage of Total Residents Living in Poverty by Age Group and Region, Kitsap County: 2013-17⁵



By limiting the analysis to only people living in poverty, and then reviewing the distribution by region, as shown in Figure 19, it gives a clearer picture that the largest proportion of county residents under 5 in poverty are in Bremerton (33%) but the largest group of those aged 5 to 17 are in South Kitsap (37%).⁵ While Bremerton has a higher percentage of its residents living in poverty, slightly more people living in poverty live in South Kitsap (due to its larger population).

Figure 19. Distribution of Kitsap County Residents in Poverty by Age Group: 2013-17⁵

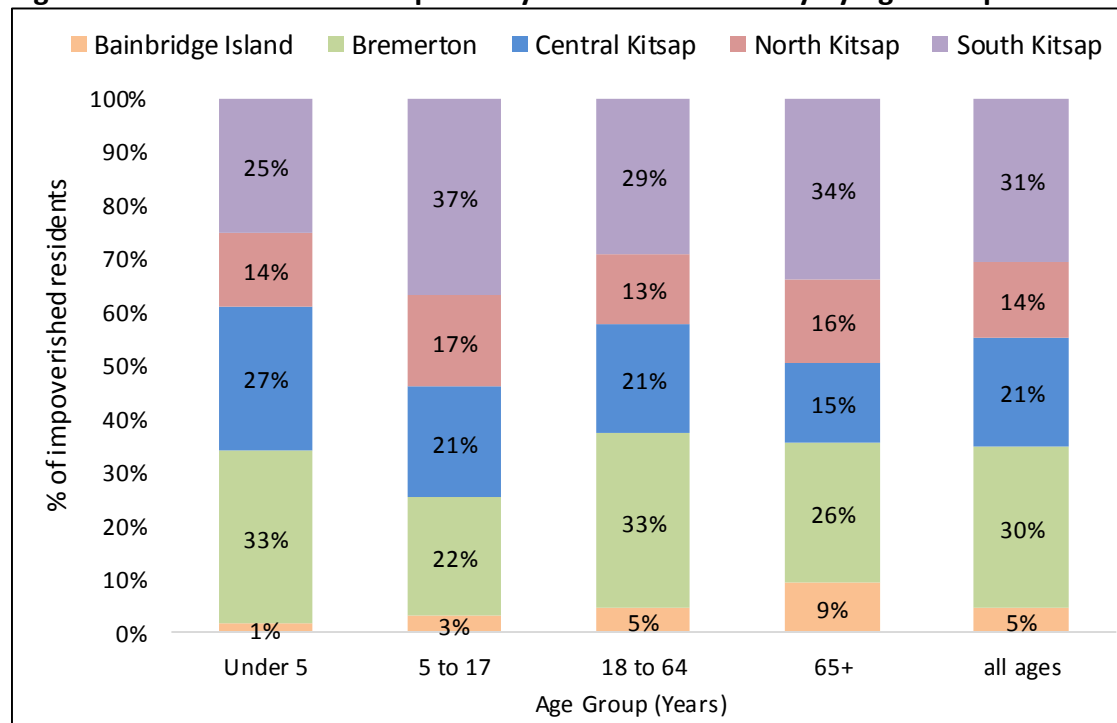


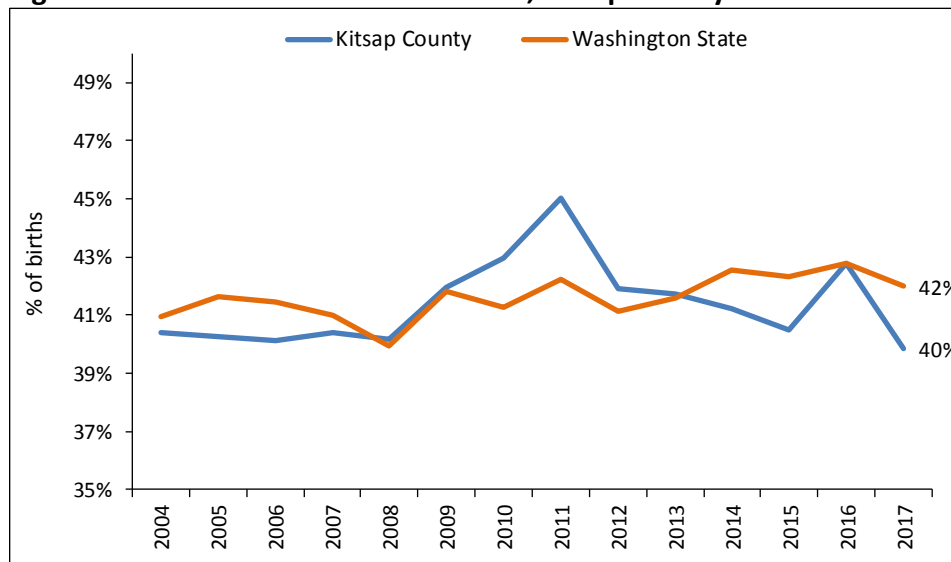
Table 10. Percentage of Residents in Each Age Group Living in Poverty by ZIP Code, Kitsap County: 2013-17⁵

Age Groups	98110		98310		98311		98312		98314		98315	
	#	%	#	%	#	%	#	%	#	%	#	%
TOTAL	1,125		3,294		2,035		3,294		n<10		415	
Under 5	34	2.7%	338	29.3%	211	14.7%	338	29.3%	0	0.0%	130	17.9%
5 to 17	127	2.8%	501	21.1%	436	9.6%	501	21.1%	0	0.0%	85	9.2%
18 to 64	707	5.5%	2,042	15.1%	1,255	7.2%	2,042	15.1%	n<10	--	200	8.3%
65+	257	5.2%	413	12.2%	133	3.3%	413	12.2%	0	0.0%	0	0.0%
Age Groups	98337		98340		98342		98345		98346		98359	
	#	%	#	%	#	%	#	%	#	%	#	%
TOTAL	1,197		227		159		n<10		694		636	
Under 5	105	27.1%	39	24.2%	n<10	--	0	0.0%	24	5.5%	70	33.3%
5 to 17	94	13.8%	0	0.0%	33	19.3%	0	0.0%	91	5.6%	119	19.7%
18 to 64	930	18.2%	127	9.5%	103	12.6%	n<10	--	531	8.7%	389	13.0%
65+	68	10.1%	61	5.9%	14	4.2%	0	0.0%	48	2.4%	58	7.9%
Age Groups	98366		98367		98370		98380		98383		98392	
	#	%	#	%	#	%	#	%	#	%	#	%
TOTAL	4,064		2,839		2,077		125		1,457		362	
Under 5	374	17.7%	137	9.7%	226	14.8%	0	0.0%	117	13.3%	30	16.9%
5 to 17	855	18.1%	546	12.0%	483	10.1%	18	2.4%	149	5.0%	72	15.1%
18 to 64	2,374	12.0%	1,754	9.6%	1,112	6.2%	66	2.5%	1059	8.0%	220	11.6%
65+	461	8.6%	402	8.4%	256	4.5%	41	4.9%	132	4.3%	40	9.2%

^ Categories with an estimate of 1 to 9 people have been suppressed with "n<10" to protect confidentiality.

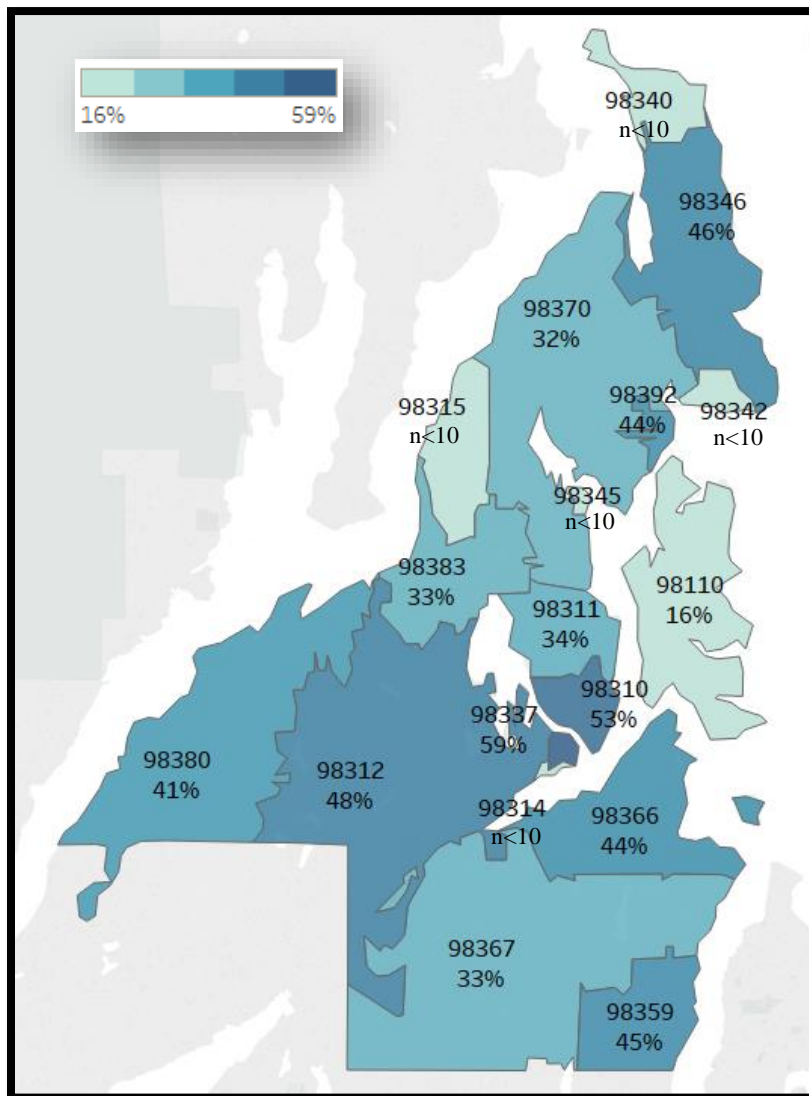
Another important measure of poverty in a community is the proportion of pregnant women who qualify for and receive Medicaid funding to cover their maternity care. Medicaid pays for maternity care for those who have an income at or below 185% of the federal poverty level. In 2017, 874 (39.8%) of civilian births in Kitsap County were paid for by Medicaid.³ There has been some fluctuation in the percentage of births that are paid by Medicaid each year in Kitsap, but overall, as of this year, there is no longer any statistically significant trend from 2000 to 2017. As shown in Figure 20, Kitsap's rate has been close to the state's rate from 2004 to 2017. In 2011 and 2017 the rate was statistically significantly different than Washington. In 2017, Kitsap has a statistically significantly lower percentage of births paid by Medicaid.

Figure 20. Medicaid-Paid Civilian Births, Kitsap County: 2004 to 2017³



Within Kitsap County, births paid for by Medicaid varies across ZIP Codes (Figure 21).³ The ZIP Code with the lowest percentage of Medicaid-paid births is 98110 (16%, Bainbridge Island), while the ZIP Codes with the highest percentages are 98337 (59%) and 98310 (53%).

Figure 21. Medicaid-Paid Civilian Births by ZIP Code, Kitsap County: 2017³



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

A. Demographic Make-up of Eligible Child Population

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

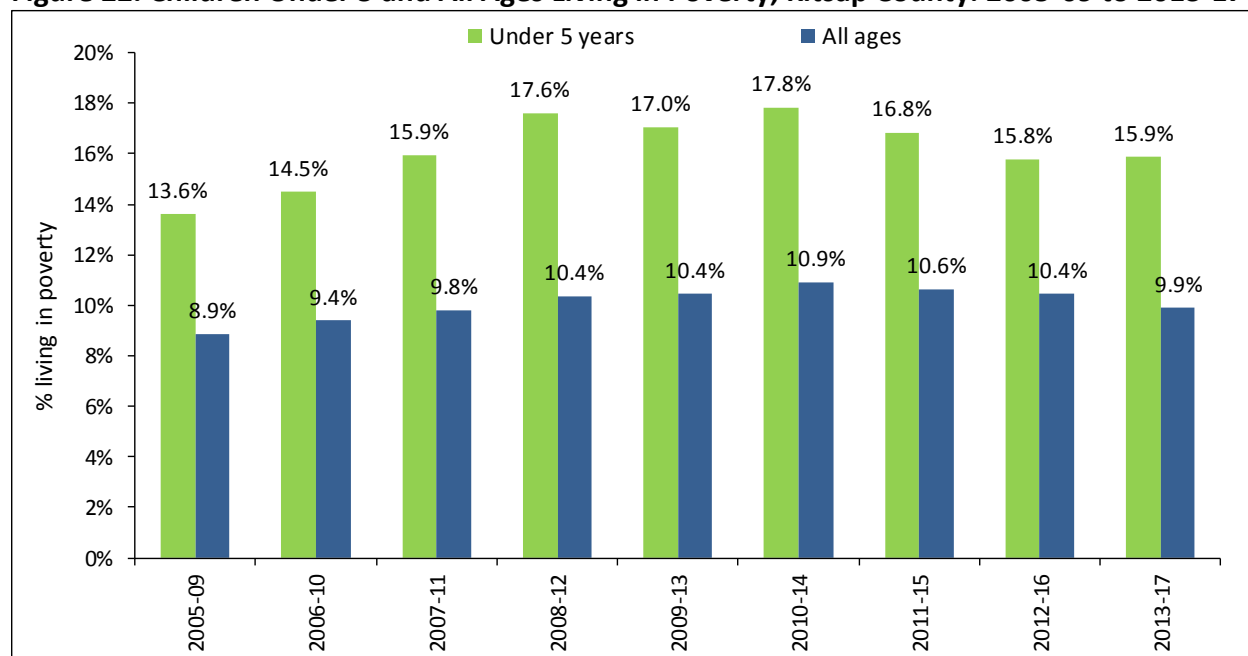
The estimated child population age 5 years and younger in Kitsap County from 2013 to 2017 is 18,003, approximately 7.0% of the population.⁵ This is comprised of children younger than 3 years old (49%), 3-4 years old (34%), and 5 years old (17%).

The Port Gamble S’Klallam Tribe administered a survey to all households and individuals affiliated with the Tribe, which found that half (50.2%) of all tribal households reported having children age 0 to 18.⁸⁹ Of the households with children, more than half (56%) reported having a child age 5 years or younger, which accounted for about 37% of the children in the Tribe.

Children Living in Poverty

The 0- to 4-year-old population was estimated at only 14,915 for 2013-17, with approximately 15.9% living in poverty.⁵ The poverty rate for these young children is consistently higher than the rate for all ages combined (Figure 22).

Figure 22. Children Under 5 and All Ages Living in Poverty, Kitsap County: 2005-09 to 2013-17⁵



From 2013 to 2017, an estimated 17.1% of families with children under 5 only (i.e., without any other older kids) were living in poverty.⁵ Families with young children have higher poverty rates than families with older children (families with children under 18 years, 11.7%) and all families combined (6.7%).

Geographic Location

Over one-third (33%) of the county’s children under age 5 living in poverty resided in the Bremerton region from 2013 to 2017.⁵ The remainder were residing in Central Kitsap (27%), South Kitsap (25%), and North Kitsap (14%), with only 1% on Bainbridge Island.

A review of the level of poverty children are living in shows that 24% of children ages 0 to 5 years old in the Bremerton area are living below 100% of the federal poverty threshold, a much larger proportion than any other district in the county (Table 11).

Table 11. Percentage of Children Under 6 Years Living at Various Levels of Poverty by Region, Kitsap County: 2013-17⁵

	Bainbridge Island	Bremerton	Central Kitsap	North Kitsap	South Kitsap
Population under age 6	1,551	3,264	5,417	2,881	4,430
< 50% of poverty	2%	12%	7%	6%	8%
50% to 99% of poverty	0%	12%	6%	6%	6%
100% to 124% of poverty	0%	4%	3%	5%	6%
125% to 149% of poverty	3%	8%	6%	6%	2%
150% to 184% of poverty	1%	6%	4%	8%	7%
185% to 199% of poverty	1%	3%	4%	1%	4%
≥ 200% of poverty	92%	55%	70%	67%	66%

The ZIP Codes with the highest percentages of children ages 0 to 5 living below 100% of poverty are 98359 (37%), 98337 (29%), 98340 (24%) and 98310 (24%).⁵ Table 12 shows the levels of poverty for children under age 6 for each ZIP Code in Kitsap County.

Table 12. Percentage of Children Under 6 Years Living at Various Levels of Poverty by ZIP Code, Kitsap County: 2013-17^{^5}

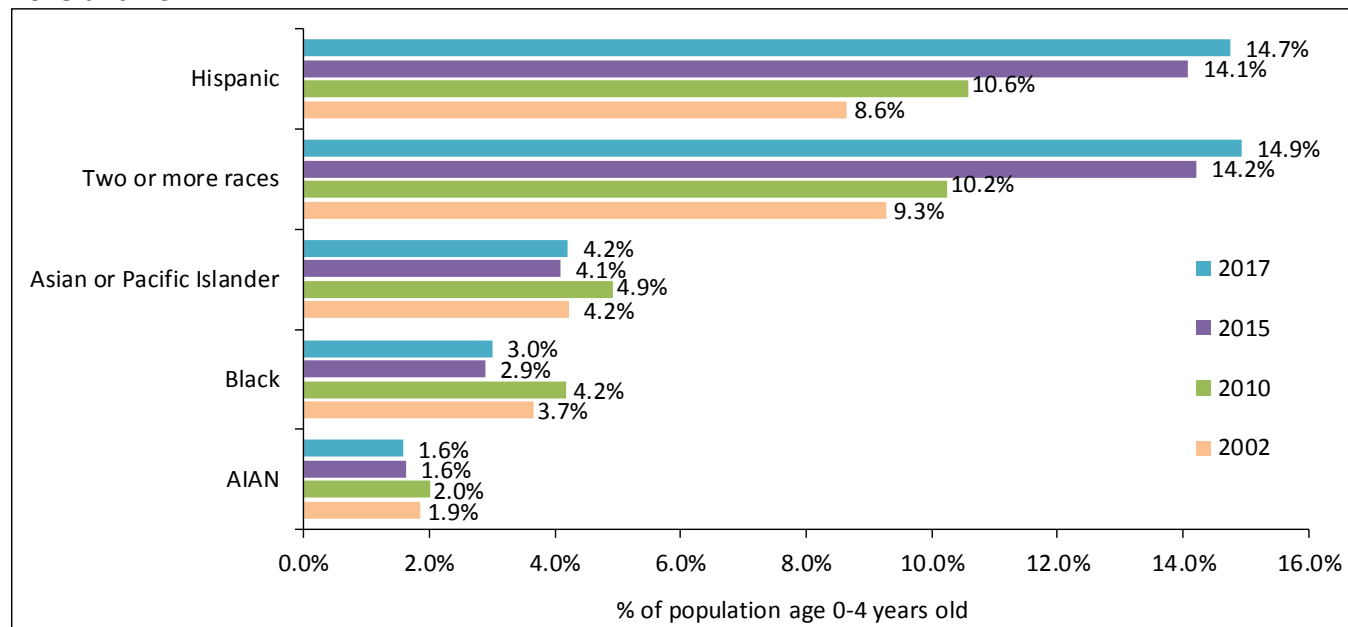
	98110	98310	98311	98312	98315	98337
Population under age 6	1,551	1,446	1,831	2,681	846	421
< 50% of poverty	2%	13%	10%	7%	6%	25%
50% to 99% of poverty	0%	11%	3%	11%	11%	4%
100% to 124% of poverty	0%	5%	2%	4%	6%	4%
125% to 149% of poverty	3%	1%	3%	7%	22%	19%
150% to 184% of poverty	1%	13%	2%	4%	4%	4%
185% to 199% of poverty	1%	5%	2%	2%	11%	7%
≥ 200% of poverty	92%	52%	78%	66%	40%	37%
	98340	98342	98345	98346	98359	98366
Population under age 6	161	49	18	461	243	2,407
< 50% of poverty	24%	n<10	0%	2%	20%	10%
50% to 99% of poverty	0%	n<10	0%	4%	18%	6%
100% to 124% of poverty	11%	n<10	0%	n<10	n<10	7%
125% to 149% of poverty	25%	n<10	0%	8%	suppressed	1%
150% to 184% of poverty	0%	n<10	0%	18%	0%	8%
185% to 199% of poverty	0%	n<10	0%	suppressed	0%	2%
≥ 200% of poverty	40%	n<10	100%	65%	59%	66%
	98367	98370	98380	98383	98392	
Population under age 6	1,740	1,937	423	1,085	214	
< 50% of poverty	3%	6%	0%	2%	9%	
50% to 99% of poverty	6%	7%	0%	8%	6%	
100% to 124% of poverty	5%	6%	0%	3%	7%	
125% to 149% of poverty	3%	4%	4%	6%	n<10	
150% to 184% of poverty	7%	6%	0%	4%	14%	
185% to 199% of poverty	7%	2%	0%	1%	n<10	
≥ 200% of poverty	68%	69%	96%	75%	62%	

[^] Categories with an estimate of 1 to 9 people have been suppressed with “n<10” to protect confidentiality. When only one category for a ZIP Code was n<10, another category was suppressed to discourage calculation of the suppressed category.

Racial and Ethnic Composition

The child population ages 0 to 4 years has become more racially diverse in recent years, with the proportion of non-Hispanic White children decreasing from 68% in 2010 to an estimated 62% in 2017.¹ During the same timeframe, the Hispanic child population has grown substantially (37% change – more than any other single minority race), climbing from only 11% and to 15% (Figure 23). This proportion is greater than among the adult population (ages 20+ years), which was only 6% Hispanic in 2017. Similarly, the overall proportion of Hispanics (all ages) is only 7% – only half that of proportion in the child population. The growth of the Hispanic child population is likely related to the changes seen in the demographics of women of childbearing age: Hispanic women aged 15-44 years increased 20% between 2010 and 2017, whereas non-Hispanic White women in this age group declined by 17%. The Asian/Pacific Islander, Black, and American Indian/Alaska Native child populations have all declined; with Blacks decreasing the most (30% decrease). The number of children identified as having 2 or more races has grown by 43%, such that this group represents the largest minority (Figure 23) – just slightly more than Hispanic children.

Figure 23. Minority Race/Ethnicity of Child (Age 0 to 4) Population, Kitsap County: 2002, 2010, 2015 and 2017¹



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

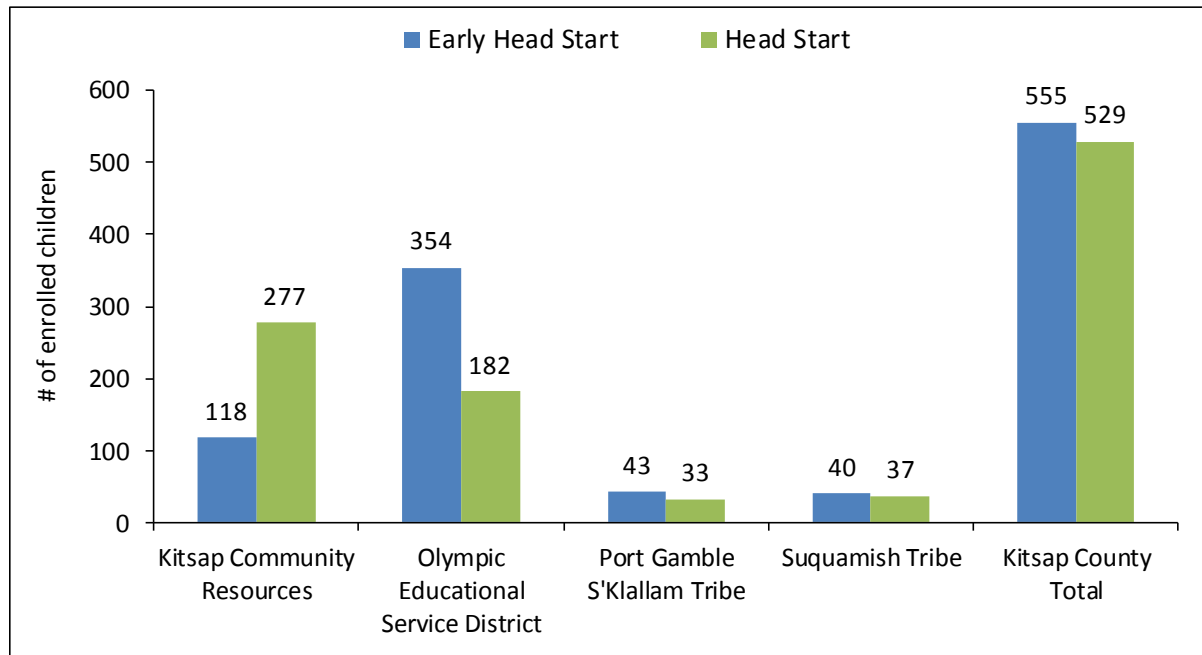
Number of Enrollees by Program

County-wide, the total cumulative enrollment has been increasing in Early Head Start and slightly decreasing in Head Start since the 2009-10 school year (Table 13).¹¹ During the 2017-18 school year, there were a total of 1,084 people enrolled within Kitsap County programs (Figure 24). This included 1,050 children and 34 pregnant women. This year overall, for the first time more enrollees were in Early Head Start (51%) than Head Start programs (49%).

Table 13. Cumulative Enrollment in Kitsap County Head Start and Early Head Start Programs: 2009-10 to 2017-18¹¹

	Early Head Start								
	2010	2011	2012	2013	2014	2015	2016	2017	2018
Kitsap Community Resources	112	119	105	102	98	108	107	102	118
Olympic Educational Service District	158	229	229	221	225	237	289	353	354
Port Gamble S'Klallam Tribe	34	35	37	33	34	32	42	42	43
Suquamish Tribe	41	40	48	45	44	42	44	42	40
Kitsap County Total	345	423	419	401	401	419	482	539	555
	Head Start								
	2010	2011	2012	2013	2014	2015	2016	2017	2018
Kitsap Community Resources	336	346	305	314	268	303	318	311	277
Olympic Educational Service District	262	303	272	292	262	239	235	204	182
Port Gamble S'Klallam Tribe	34	37	37	37	28	29	35	33	33
Suquamish Tribe	37	38	40	37	36	39	36	36	37
Kitsap County Total	669	724	654	680	594	610	624	584	529

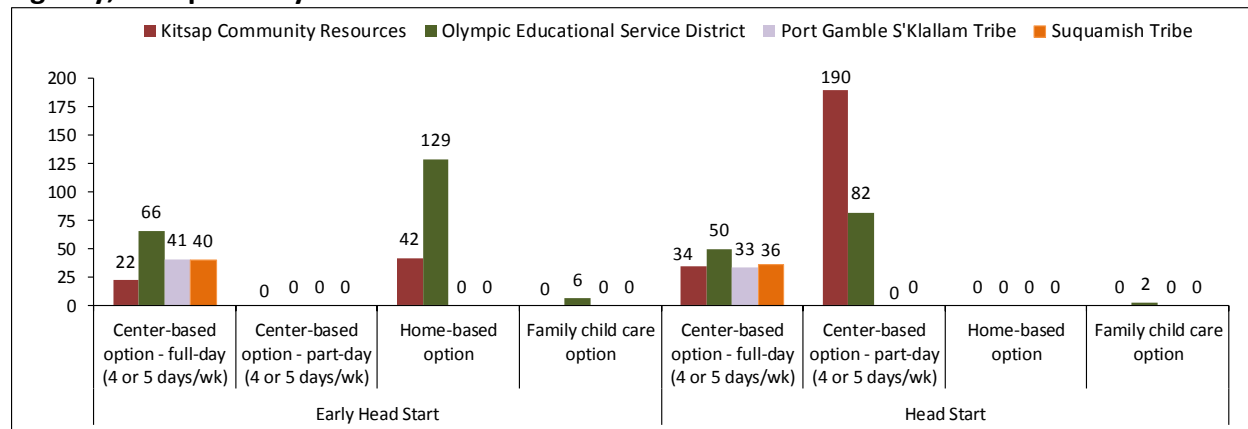
Figure 24. Enrollment Head Start/Early Head Start by Program and Agency, Kitsap County: 2017-18¹¹



Funded Enrollment by Program Option

Figure 25 shows the funded enrollment by program option in each agency during the 2017-18 school year.¹¹ Funded enrollment options numbers do not include pregnant women and are not the same as cumulative enrollment numbers.

Figure 25. Early Head Start and Head Start Funded Enrollment by Program Option and by Agency, Kitsap County: 2017-18¹¹



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 through 5 provided culturally relevant services, established progress and conducted evaluation activities. The Tribe's Together for Children (TFC) program is a partner with the Early Childhood Education program and has strengthened the services to expectant families using the Nurse Family Partnership model. As of January 2017, 10 of 16 infants and 3 of 24 toddlers enrolled in EHS have received services from Tribal Home Visiting.¹² As of January 2019, there were 28 children enrolled in EHS who received services from the home visiting program.

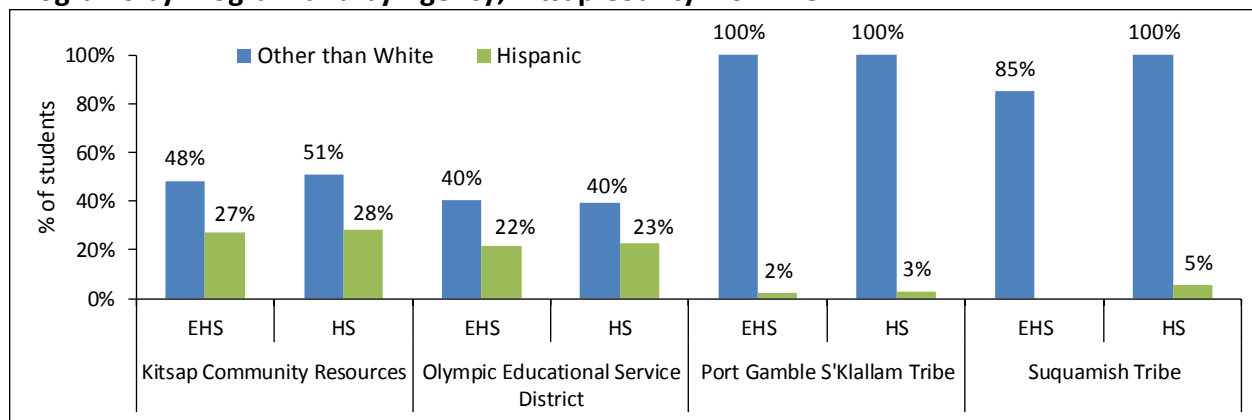
Racial and Ethnic Composition

During the 2017-18 school year, the total Kitsap County HS/EHS enrollment consisted of 48% White, 20% multi-racial, 15% American Indian and Alaskan Native, 8% black, 4% Native Hawaiian and Other Pacific Islander, 1% Asian, and 4% other or unknown race.¹¹ The biggest change from last year is a two percentage point increase for both the American Indian and Alaskan Native population (previously 13%) and the Native Hawaiian and Other Pacific Islander population (previously 2%). Among the total enrollment population across all programs, 21% identified as Hispanic. The racial and ethnic composition of enrollees varied by Program and by Agency as shown in Table 14. Figure 26 highlights the percentage of enrollees who identify as a race or ethnicity other than White.

Table 14. Race and Ethnicity of Early Head Start and Head Start Enrollees by Program and by Agency, Kitsap County: 2017-2018¹¹

	Kitsap Community Resources		Olympic Educational Service District		Port Gamble S'Klallam Tribe		Suquamish Tribe	
	EHS	HS	EHS	HS	EHS	HS	EHS	HS
RACE, ANY ETHNICITY								
White	57%	43%	85%	47%	0%	0%	14%	0%
Black	8%	10%	9%	6%	0%	0%	2%	3%
American Indian/Alaska Native	5%	3%	5%	0%	100%	91%	75%	72%
Asian	2%	2%	0%	1%	0%	0%	0%	0%
Native Hawaiian/Pacific Islander	5%	3%	4%	3%	0%	0%	0%	25%
Multi-racial	34%	26%	25%	15%	2%	3%	0%	3%
Unknown/Other	0%	0%	14%	5%	0%	0%	0%	0%
ETHNICITY								
Hispanic	27%	28%	22%	23%	2%	3%	0%	5%
Non-Hispanic	73%	72%	78%	77%	98%	97%	100%	95%

Figure 26. Racial and Ethnic Minority Groups Enrolled in Head Start and Early Head Start Programs by Program and by Agency, Kitsap County: 2017-18¹¹



Primary Language Spoken at Home

Collectively across all programs, the vast majority of enrollees (89%) speak English as their primary language at home.¹¹ The second most common language spoken at home is Spanish (7%), though within the KCR Head Start Program there is a higher percentage (13%) of Spanish-speaking families than any other program. These percentages have remained consistent over the past few years.

According to the 2013 parent survey, 94% of respondents reported speaking English at home; among families who speak a language other than English, Spanish and Mam were most frequently mentioned. In the 2016 parent survey, 99% of respondents reported their primary language was English; Spanish was the only other language noted. It should also be noted that surveys were administered only in English.

Enrollment Waiting List Status

The agencies generally maintain a single, combined Head Start, Early Head Start and Early Childhood Education and Assistance Program (ECEAP) waitlist for preschool slots because the children can be placed wherever there is an opening for which they are eligible. Tribal members can also be placed in tribally-supported preschool and infant/toddler slots. As of February 2019, the Port Gamble S’Klallam waitlist for EHS included 4 children (2 income eligible and 2 over income), while HS did not have anyone on the waitlist and had 6 slots available due to the 16 slots funded by the tribe.¹² The KCR waitlists included 36 income eligible and 15 over income children for EHS; 19 income eligible and 55 over income children for HS and ECEAP.¹³ The Suquamish program has 18 children on their EHS waitlist and 25 children on their HS waitlist.¹⁴ The OESD 114 waitlists included: 3 income eligible and 4 over income children for EHS; 7 income eligible and 15 over income children for HS; and 9 income eligible plus 15 over income children for ECEAP.¹⁵ These waitlists have mostly increased from last year, demonstrating the community need and desire for participation in child development and family support programs.

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

State-funded Preschool Programs

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

Tribally-supported Preschool (0 to 5) Programs

In addition to federally-funded Head Start and Early Head Start programs and state-funded ECEAP programs, the Port Gamble S’Klallam and Suquamish Tribes provide comprehensive preschool and infant/toddler services to tribal families, with a goal of serving all tribal children regardless of income with a comprehensive 0 to 5 program. As of February 2019, the Port Gamble S’Klallam Tribe funded 16 slots for Head Start and 5 infant/toddler slots. The Suquamish Tribe funded 15 Head Start slots and 14 infant/toddler slots. In addition, the tribes provide wrap-around childcare for eligible tribal children through tribal subsidies. Tribal citizens can be eligible for either state or tribal subsidies.

Other Local Preschool Programs

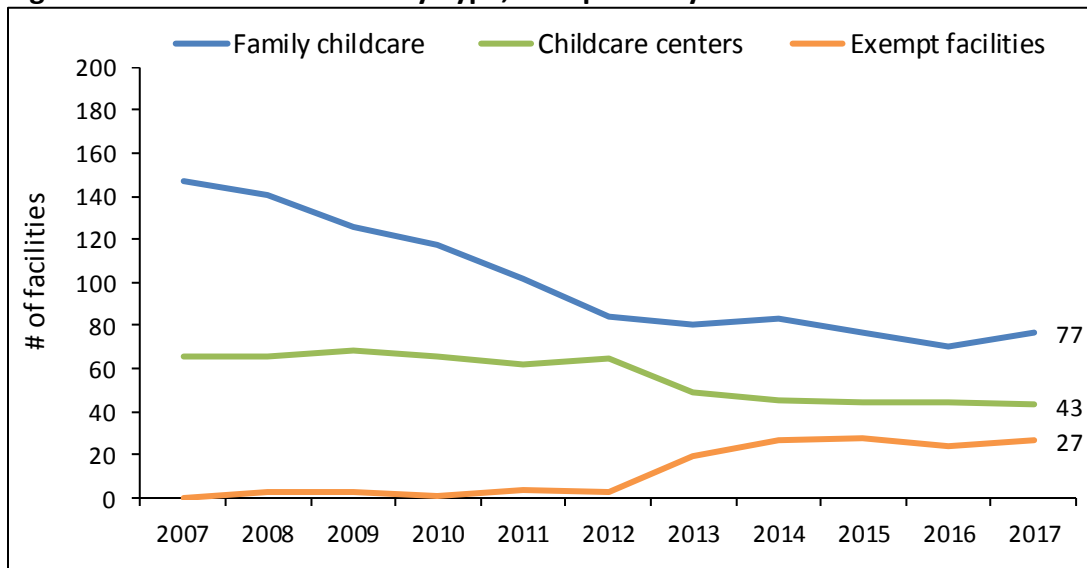
Local school districts offer free preschool to some children with special needs. These programs have certified special education teachers, speech therapists, and other staff who are trained in teaching children skills that will help them enter kindergarten ready to succeed.

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 27).¹⁶ Overall, there were 147 childcare facilities identified in Kitsap County during 2017, which is down from 213 in 2007.

Figure 27. Childcare Facilities by Type, Kitsap County: 2007 to 2017¹⁶

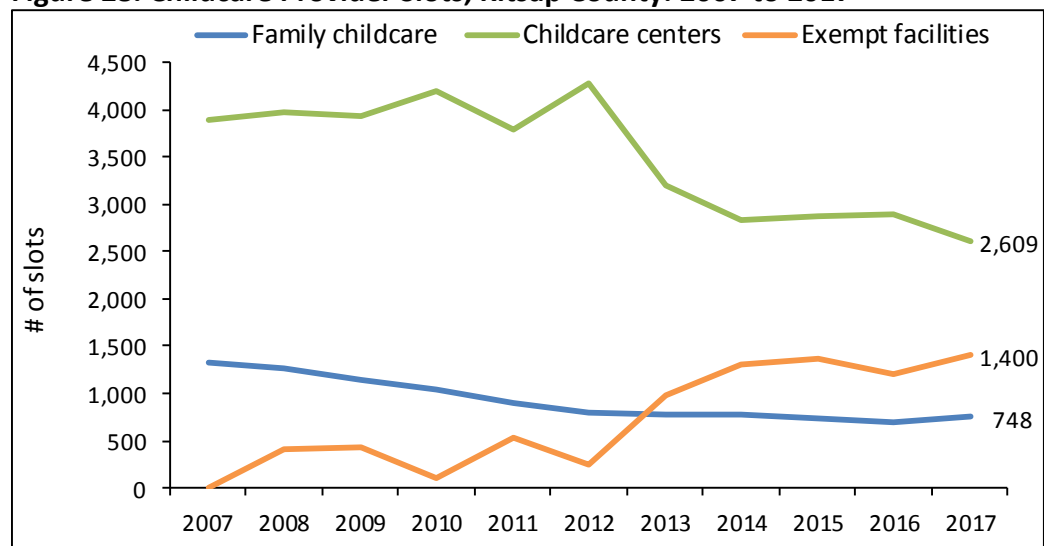


In 2013 and 2014 the number of school-age childcare providers (licensed and exempt) grew substantially, though this number remained similar from 2014 (27) through 2017 (27). Generally, “exempt care” means any type of care that doesn’t need to be licensed under Washington State law, such as: (1) educational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

Within the 147 facilities, there were a total of 4,757 childcare slots during 2017, as shown by provider type in Figure 28.¹⁶ Overall, the total number of slots declined 16% from 2008 to 2017, which equates to a loss of 909 slots. While the total has decreased, there has been considerable

growth in school-age facility slots, which have more than doubled between 2008 (413) to 2017 (1,400).

Figure 28. Childcare Provider Slots, Kitsap County: 2007 to 2017¹⁶



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

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

Outside of the HS/EHS programs, it is difficult to estimate how many eligible children are being served by other programs. Child Care Aware (CCA) of Washington provides referrals to licensed childcare facilities for families seeking care. During 2017, 348 Kitsap families, including 486 children, used referral services provided by CCA, a decrease from 2016.¹⁶ Of these 486 children, 20% were infants (less than 1 year old), 32% were toddlers (1 and 2-year-olds), 22% were preschoolers (3 and 4-year-olds), and 25% were school age (at least 5 years) – which is a very similar distribution to 2013 and 2016 care searches via CCA. Slightly higher than 2013 and 2016, 64% of the children in 2017 were using subsidies. The CCA referral services data only represent the fraction of families who used CCA services to find care; the total demand is likely much greater as families find care without using referral services and/or have children already in licensed care facilities.

There is no way to know how many children are in licensed childcare at any time.¹⁷ 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.

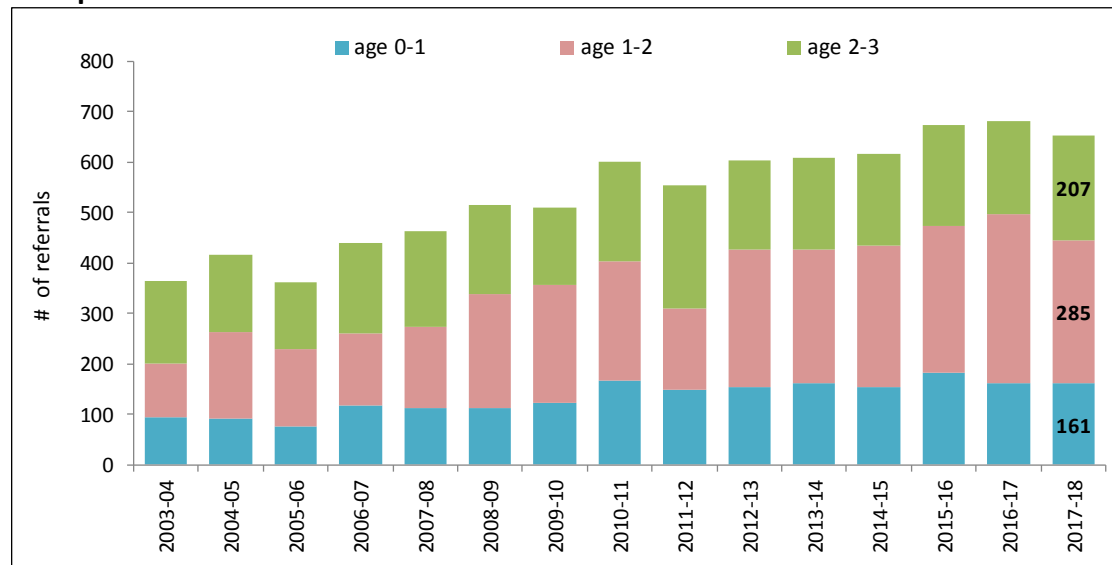
IV. ESTIMATED NUMBER OF CHILDREN 4-YEARS OLD OR YOUNGER WITH DISABILITIES

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.¹⁸ Part B of IDEA focuses on children 3-21 years, whereas Part C serves age birth to 2 years.

Holly Ridge Center is the county's IDEA Part C provider. Their Infant Toddler Early Intervention Program (ITEIP) is part of the Department of Social and Health Services (DSHS) Division of Developmental Disabilities (DDD). ITEIP provides early intervention services including family resources coordination for eligible children age 0 to 3 years. During fiscal year 2017-18, there were 653 referrals to the Holly Ridge ITEIP.¹⁹ Holly Ridge had seen a steady increase in the number of referrals each year from 2011-12 to 2016-17, but saw a slight decrease this year compared to last (Figure 29). Children aged 0 to 1 year consistently comprise the fewest inquiries, accounting for an average of one-fourth of all inquiries historically and in 2017-18 (25%). More than a third (41%) of the children served in 2017-18 had Medicaid, and another third (34%) were covered by military insurance.

Figure 29. Referrals Made to Holly Ridge Infant Toddler Early Intervention Program by Age Group: 2003-04 to 2017-18¹⁹



Naval Base Kitsap-Bremerton is one of three places in the U.S. that Naval families with a special needs child can be stationed as part of the Navy's Exceptional Family Member Program. These children can be affected by multiple or severe disabilities or highly complex educational requirements.¹⁹

Table 15 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 2017-18 school year.¹¹ Eligibility for these services may be determined prior to or during the enrollment year. Overall, percentages of eligible children have varied quite a bit year to year. In 2017-18, 16% of EHS children had an IFSP indicating eligibility to receive IDEA services, which is a substantial decrease from 2015-16 (22%) and 2016-17 (19%), almost back down to the level of 2014-15, which was only 14%. Notably, prior to that, there were even higher percentages (2013-14 23%). This year, the KCR EHS program had the lowest proportion of children receiving early intervention services (4%), while the other agencies ranged from 9-21%.

Across all HS programs, 12% of children had an IEP indicating they should receive IDEA services, which was comparable to prior years with a slight decrease from year to year (13% last year, 15% 2015-16; 17% in 2014-15; 19% in 2013-14).¹¹ The Port Gamble S'Klallam HS program had the lowest 2017-18 proportion (3%), but the others ranged from 12-22%.

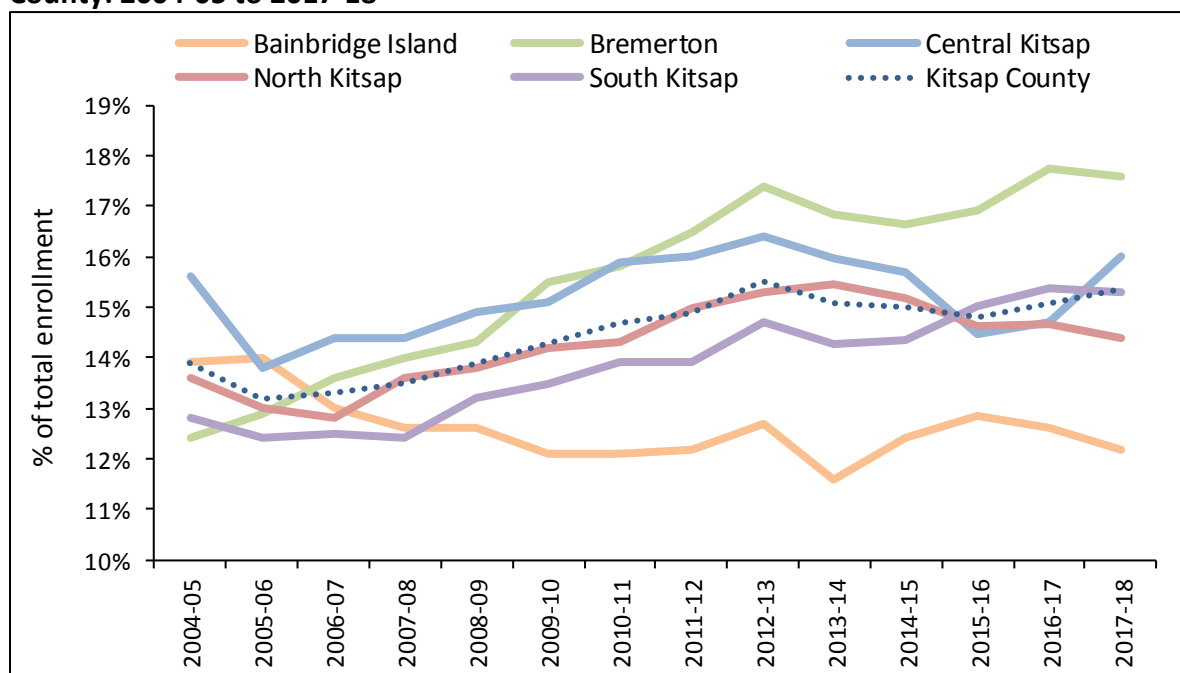
Table 15. Head Start and Early Head Start Children Receiving Individuals with Disabilities Education Act (IDEA) Services by Program and by Agency, Kitsap County: 2017-18¹¹

Agency	Program	# enrollees with IFSP/IEP* indicating eligibility	% enrollees with IFSP/IEP* indicating eligibility	# determined eligible during enrollment year
KCR	EHS	5	4%	3
	HS	35	13%	8
OESD	EHS	75	21%	17
	HS	21	12%	6
S'Klallam	EHS	4	9%	0
	HS	1	3%	1
Suquamish	EHS	7	18%	4
	HS	8	22%	2

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

Older children (age 3 to 18 years) and young adults (18 to 21 years) with disabilities are served by the school districts under IDEA Part B, with supervisory authority from the Washington State Office of Superintendent of Public Instruction (OSPI). During 2017-18, special education enrollment included 5,574 (15.4%) students county-wide.²⁰ Approximately 13% of special education students in Kitsap County were ages 3 to 5 years.²¹ By region, Bremerton had the highest percentage (17.6%) of special education students, while Bainbridge had the lowest (12.2%).²⁰ The proportion of special education enrollees has increased over the past 13 years for most districts, though most dramatically for Bremerton, which has experienced a 42% increase from 2004-05 to 2017-18 (Figure 30).

Figure 30. Proportion of Special Education Enrollees in Public School by School District, Kitsap County: 2004-05 to 2017-18*²⁰



B. Types of Disabilities

Within the Head Start programs, the types of disabilities for which students were receiving special services under IDEA are shown in Table 16.¹¹ Non-categorical developmental delays were again the most frequently identified type of disability across all programs, followed closely by speech or language impairments. This has been the trend for at least the past 7 years.

Table 16. Number of Disability Diagnoses among Head Start Enrollees, Kitsap County: 2017-18*¹¹

	KCR	OESD	S'Klallam	Suquamish
Enrollees with diagnosed primary disability				
Health impairment	2	0	0	0
Emotional disturbance/behavioral disorder	0	0	0	0
Speech or language impairments	10	11	0	6
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	1	0	0	0
Autism	4	1	0	0
Traumatic brain injury	0	0	0	0
Non-categorical/developmental delay	18	9	1	1
Multiple disabilities (excluding deaf-blind)	0	0	0	1
Deaf-blind	0	0	0	0

*Disability data only available for Head Start; not collected for Early Head Start PIR reporting.

OSPI limits the release of small numbers, thus exact counts for some of the disabilities data by age group are not available; available data are presented in Table 17.²¹ The most common diagnosis among students ages 3 to 21 years across all Kitsap County school districts in 2018 was learning disabilities. This year the second most common diagnosis was communication disorders, slightly surpassing last year's second, health impairments. These are the same top 3 as in 2017, 2015, 2014 and 2012. Among young children age 3-5, the most common diagnosis is developmental delays (46%; down from a high of 57% in 2014 but up from the low of 40% in 2012) followed by communication disorders (38%; up from 33% last year and 25% in 2014). Given omitted data, proportions cannot be accurately counted for autism among 3 to 5-year-olds for 2018 but based on available data they appear to be the third most common diagnosis, which is consistent with 2017, 2014 (13%) and 2012 (14%).

Table 17. Number of Children and Young Adults with Disabilities by School District, Age Group, and Type of Disability, Kitsap County: November 2018²¹

	Bainbridge Island		Bremerton		Central Kitsap		North Kitsap		South Kitsap	
Age Group (years):	3-5	6-21	3-5	6-21	3-5	6-21	3-5	6-21	3-5	6-21
Autism	*	45	12	81	30	302	*	82	14	144
Communication Disorders	22	98	53	104	54	209	61	99	78	173
Deaf-Blindness	*	*	*	*	*	*	*	*	*	*
Deafness	*	*	*	*	*	*	*	*	*	*
Developmentally Delayed	24	12	60	36	111	91	36	30	98	91
Emotional/Behavioral Disability	*	10	*	22	*	45	*	21	*	45
Health Impairment	*	80	*	117	12	334	*	116	*	270
Hearing Impairments	*	*	*	*	*	*	*	*	*	*
Intellectual Disability	*	*	*	32	*	63	*	24	*	54
Multiple Disabilities	*	10	*	15	*	37	*	15	*	28
Orthopedic Impairments	*	*	*	*	*	*	*	*	*	10
Specific Learning Disability	*	141	*	220	*	445	*	285	*	438
Traumatic Brain Injury	*	*	*	*	*	*	*	*	*	*
Visual Impairment	*	*	*	*	*	*	*	*	*	*
Age-specific total	52	408	130	637	216	1,539	111	677	201	1,272
% 3-5 yo of overall total	11%		17%		12%		14%		14%	

* Data suppressed by OSPI when n<10.

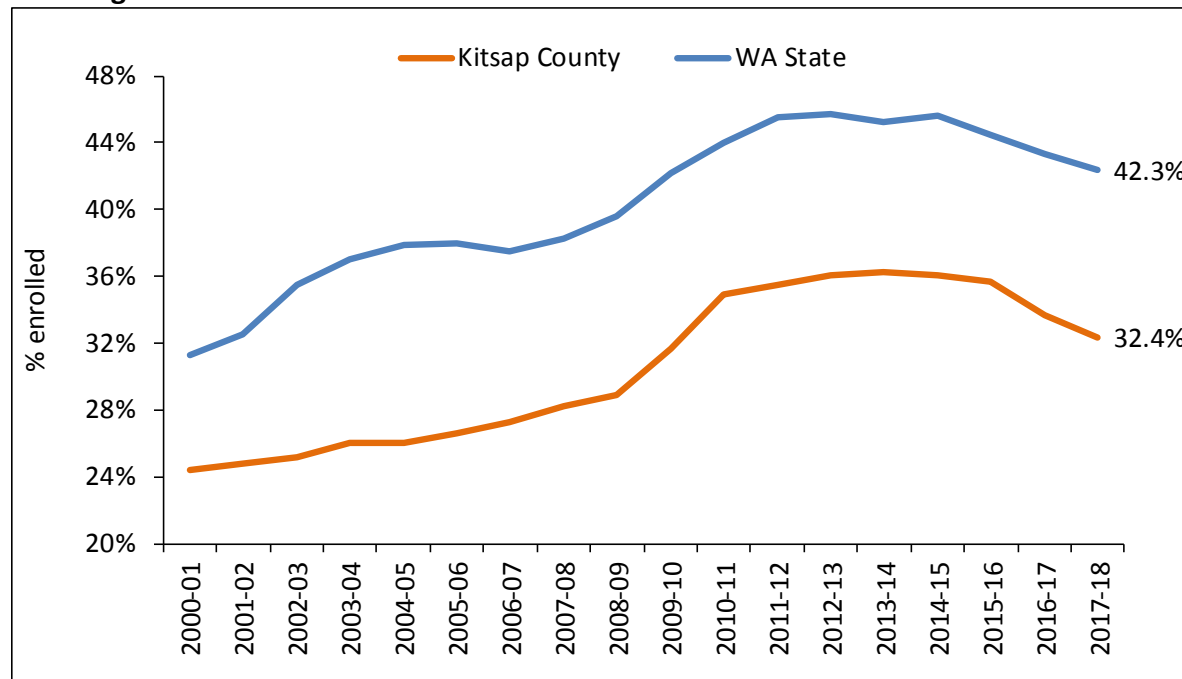
V. EDUCATION, HEALTH, NUTRITION, AND SOCIAL SERVICE NEEDS OF EARLY HEAD START/HEAD START ELIGIBLE CHILDREN AND THEIR FAMILIES

A. Free and Reduced Lunch

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

The proportion of Kitsap County public school students enrolled in the Free and Reduced Lunch (FRL) Program has statistically increased overall between 2000-01 and 2017-18; however, in the last 5 years (since 2012-13) there has been a statistically significant decrease (Figure 31).²² Kitsap County has consistently had a statistically significantly lower proportion of students enrolled in the FRL Program than Washington State. As of October 2017, a total of 11,821 Kitsap students applied to receive free or reduced lunch.

Figure 31. Public School Students Enrolled in Free or Reduced Lunch,* Kitsap County and Washington State: 2000-01 to 2017-1822**



* 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 and prior year trends, the Bremerton District also had the highest proportion (59%) of students enrolled in the FRL Program in October 2017 (Figure 32)²¹ South Kitsap was the only other school district to have a proportion of enrolled students higher than the county-wide proportion (34% and 32%, respectively). Bainbridge Island continues to have the lowest proportion (6%).²² Table 18 shows the proportion of students enrolled for each Kitsap County school that serves elementary-age (kindergarten through sixth grade) students by school district.

Figure 32. Public School Students Enrolled in Free or Reduced Lunch, Kitsap County: October 2017²²

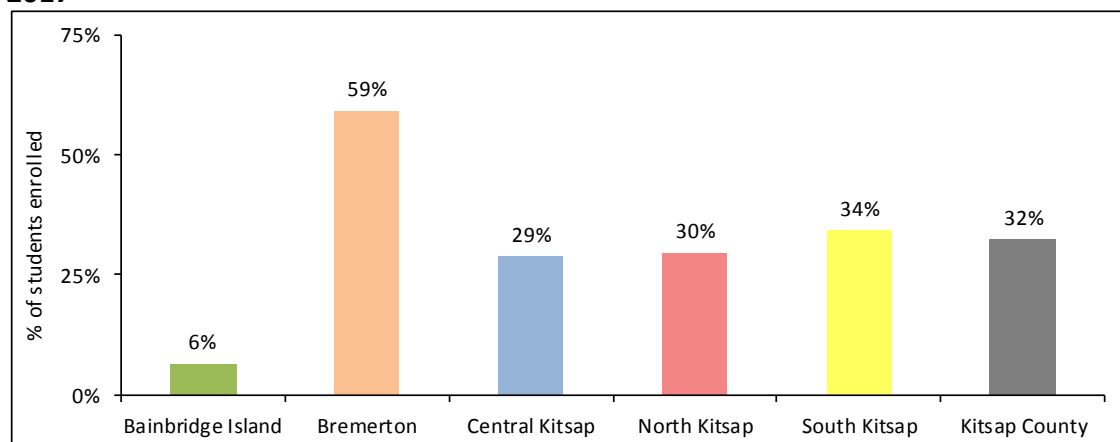


Table 18. Enrollment in Free or Reduced Lunch Program and Total Enrollment, Kitsap County Public Schools Serving Elementary-Age Students: October 2017²²

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

B. Public Assistance

The 5-year estimates for 2013 to 2017 show there were an estimated 10,436 children ages 0 to 17 years (19%) in Kitsap County living in households receiving public assistance (including social security income, cash public assistance or food stamps in the past 12 months).⁵ Of these, 52% were single (unmarried) parent households. These county-wide estimates are very similar to the previous estimates, as are the regional estimates. Bremerton continues to have the highest rates, increasingly followed by South Kitsap. Table 19 compares the percentage of children under 18 receiving public assistance to the percentage of households receiving public assistance, but it is important to note that the data for children includes food stamp (SNAP) recipients, whereas the household data does not include food stamps.

Table 19. Public Assistance Recipients by Geographic Region, Kitsap County: 2013-17⁵

	# (%) of households receiving public assistance*	# (%) of children under 18 receiving public assistance**
Bainbridge Island	108 (1.6%)	167 (3%)
Bremerton	1,236 (11.8%)	3,189 (40%)
Central Kitsap	967 (5.2%)	2,282 (15%)
North Kitsap	736 (5.3%)	1,409 (14%)
South Kitsap	1,732 (9.5%)	3,389 (24%)

*Public assistance includes SSI or cash public assistance income

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

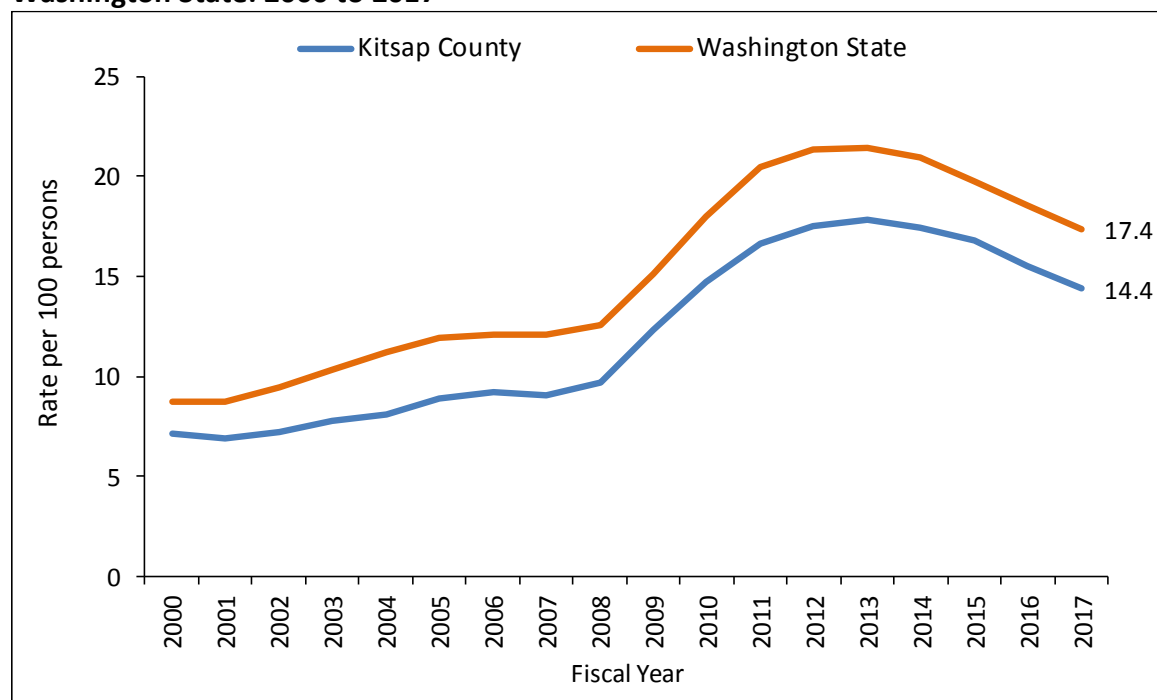
Table 20. Public Assistance Recipients by ZIP Code, Kitsap County: 2013-17⁵

	# (%) of households receiving public assistance*	# (%) of children under 18 receiving public assistance**
98110	108 (1.6%)	167 (3%)
98310	586 (12.0%)	1,542 (41%)
98311	452 (6.2%)	1,141 (19%)
98312	653 (8.2%)	1,771 (28%)
98315	44 (3.7%)	82 (5%)
98337	181 (12.3%)	357 (32%)
98340	39 (4.3%)	78 (11%)
98342	n<10	51 (22%)
98345	n<10	17 (17%)
98346	228 (7.8%)	312 (15%)
98359	83 (6.6%)	249 (30%)
98366	946 (10.8%)	2,015 (28%)
98367	703 (8.7%)	1,125 (19%)
98370	375 (4.3%)	725 (11%)
98380	15 (1.3%)	91 (8%)
98383	305 (5.8%)	535 (14%)
98392	45 (6.2%)	178 (26%)

Food Stamps

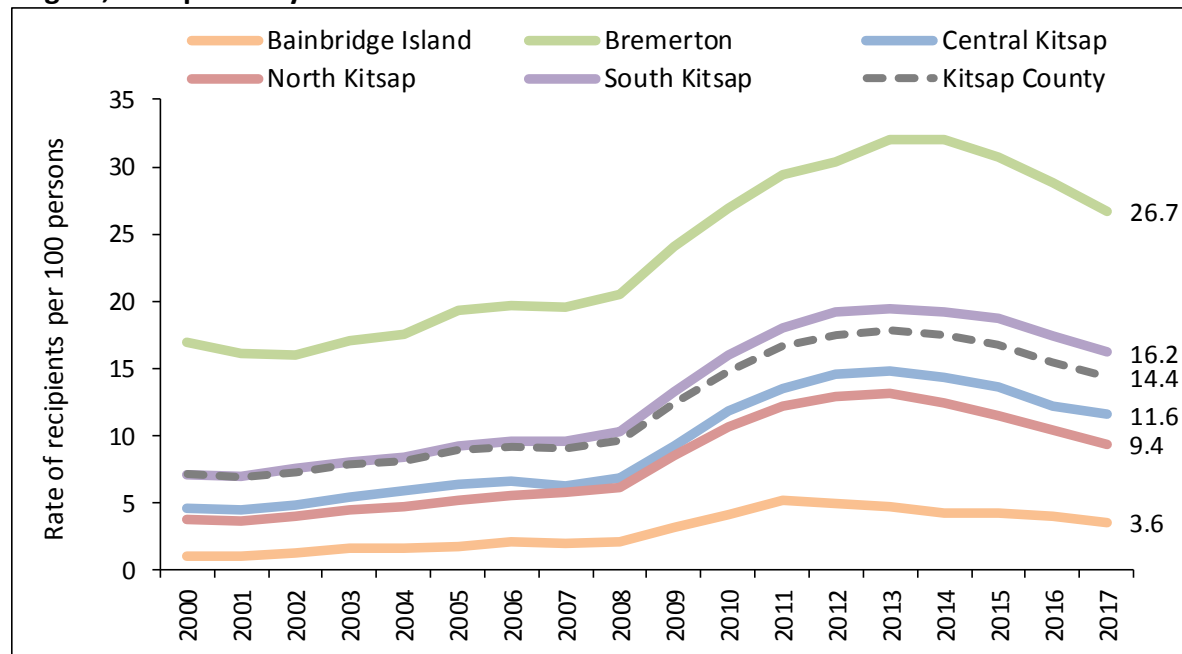
In both Kitsap County and Washington State the rate of persons receiving food stamps through the Supplemental Nutritional Assistance Program (SNAP) climbed dramatically between 2008 and 2011, but slowed pace between 2011 and 2013, then declined from 2013 to 2017 (Figure 33).²³ The past 5 years have seen a decline overall, with Kitsap County rates decreasing by 19% from 17.9 per 100 in 2013 to 14.4 per 100 in 2017. Statewide, rates were also declining over the past 5 years, decreasing by 19% as well to 17.4 per 100 in 2017.

Figure 33. Supplemental Nutritional Assistance Program (SNAP) Recipients, Kitsap County and Washington State: 2000 to 2017²³



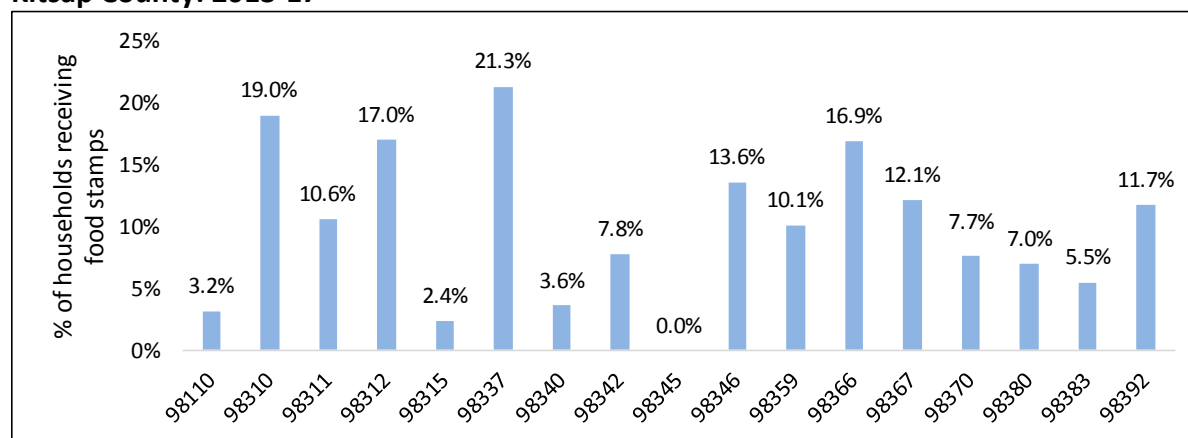
Bremerton has consistently had the highest rate of participation in SNAP, with more than 1 in 4 residents received food stamps in 2017 (Figure 34).²³ All regions in the county have lower SNAP rates compared to 5 years ago, but all are still higher than they were 10 years ago.

Figure 34. Supplemental Nutritional Assistance Program (SNAP) Recipients by Geographic Region, Kitsap County: 2000 to 2017²³



The Department of Social and Health Services, which provided the above data does not provide SNAP data at the ZIP Code level, however the American Community Survey provides estimates based on census and survey data. Based on this data (Figure 35), 98337 has the highest percentage of households receiving food stamps (21%), followed by 98310 (19%), 98312 (17%) and 98366 (17%).⁵ For comparison, the ACS estimate for Kitsap County is 11.8% of households receiving food stamp benefits.

Figure 35. Supplemental Nutritional Assistance Program (SNAP) Households by ZIP Code, Kitsap County: 2013-17⁵



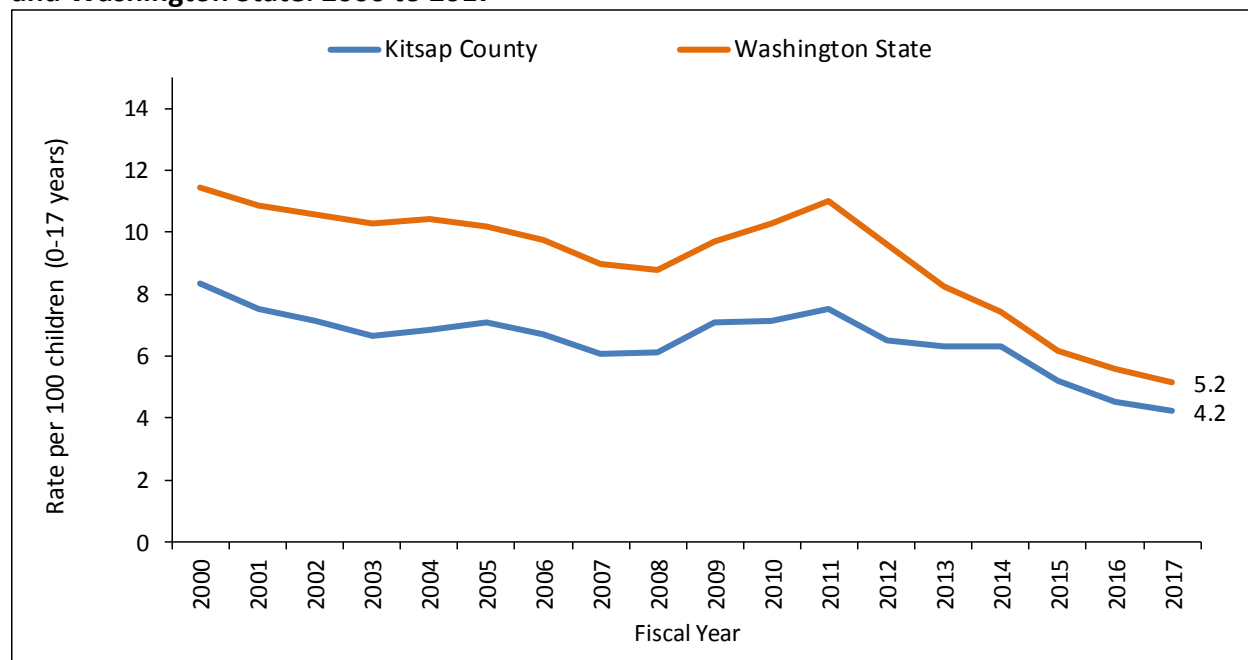
Temporary Assistance for Needy Families (TANF)

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.”²⁴ 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.²⁵ Similarly, the report stated that TANF students with behavioral health conditions (particularly substance abuse issues) were more likely to experience a school change during an academic year and less likely to progress to the next grade or to graduate high school on time.

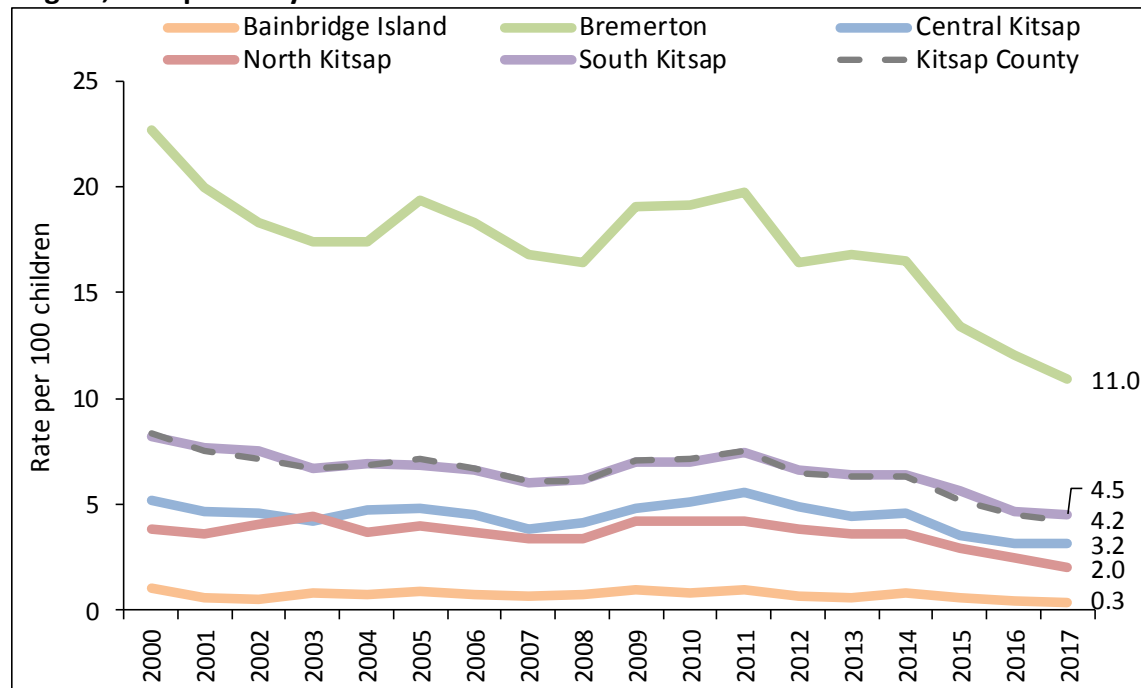
The rate of Kitsap County children participating in TANF has declined by 33% over the past 5 years to only 4.2 per 100 children in 2017.²³ The county average has been 5.3 per 100 for the past 5 years and although this has remained below the state, the gap has narrowed in the past few years (Figure 36). Washington State experienced a 38% reduction in percentage of children participating in TANF from 2013 to 2017, while Kitsap County only experienced a 33% reduction.

Figure 36. Rate of Children Receiving Temporary Assistance for Needy Families, Kitsap County and Washington State: 2000 to 2017²³



Within the county, Bremerton has consistently retained a substantially higher rate of children receiving TANF than any other sub-county region.²³ Bremerton’s rate in 2017 was 11.0 per 100, which was a 35% decline from 5 years ago, but in comparison, it is still about 2 ½ times greater than the next highest rate of 4.5 per 100 in South Kitsap. All regions other than Bremerton have had 5-year averages of less than 5.0 per 100 (Figure 37).

Figure 37. Rate of Children Receiving Temporary Assistance for Needy Families by Geographic Region, Kitsap County: 2000 to 2017²³



On average in 2016, 28 families were typically served by the Port Gamble S’Klallam Tribe TANF program and a total of 29 children received TANF benefits. It was estimated that the TANF participation rate was about 50 to 60 families per 1,000 residents, in contrast to the 2016 Kitsap County rate of 45 per 1,000 (4.5 per 100).⁷

C. Food and Nutrition

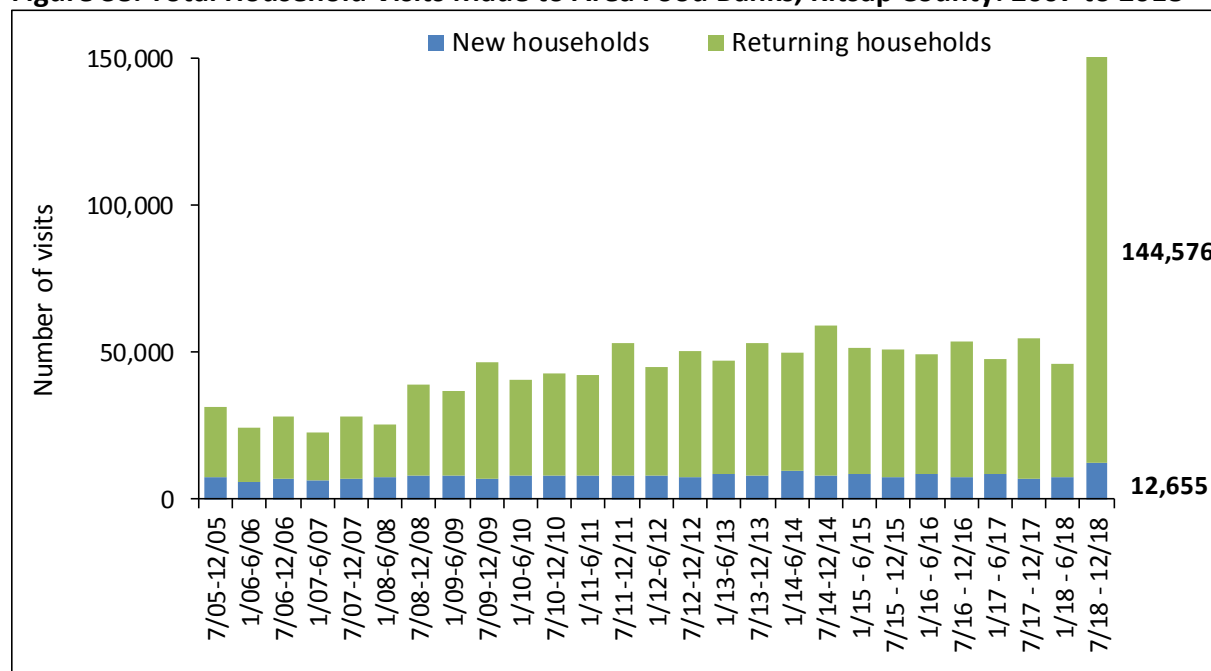
Feeding America estimated that the average meal cost about \$3.19 in Kitsap in 2016 and that there were 31,820 people (12% of residents) who were living with food insecurity.⁸⁸ Food insecurity refers to the USDA’s measure of lack of access, at times, to enough food for an active, healthy life for all household members and limited or uncertain availability of nutritionally adequate foods. Food-insecure households are not necessarily food insecure all the time. Food insecurity may reflect a household’s need to make trade-offs between important basic needs, such as housing or medical bills, and purchasing nutritionally adequate foods. Food insecurity is higher among children, about 18% of children in Kitsap County (9,940). Of those children who live in food insecure households, about 45% are likely ineligible for federal nutrition programs because their households have incomes higher than 185% of poverty.

Food Banks

There are eight Kitsap County area food banks, including Bremerton Foodline, Salvation Army Food Bank, South Kitsap Help Line, Helpline House, North Kitsap Fishline, ShareNet Food Bank, Central Kitsap Food Bank, and St. Vincent de Paul. The total number of households served increased in the second half of 2018 with the opening of North Kitsap Fishline’s new building,

which is drawing many more low-income families. From June to December 2018, there were 12,655 visits by new households and 144,576 visits from returning households (Figure 38).²⁶ This was a 73% increase in new households and an almost triple number of returning households compared to the first half of 2018. Prior to the second half of 2018, the number of visits by new households per year had remained fairly stable while the return visits increased over time and had stabilized since about 2015.

Figure 38. Total Household Visits Made to Area Food Banks, Kitsap County: 2007 to 2018²⁶



Women, Infants, and Children (WIC)

The Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) is a federally-funded program to provide supplemental foods, nutritional education, and health care referrals for low-income pregnant, breastfeeding, and postpartum women as well as infants and children (up to age 5 years).²⁷ It is intended to support women and children who are found to be at nutritional risk. Education is provided through workshops, educational boards, and one-on-one counseling. WIC checks issued to families can be exchanged for nutritious foods at many local grocery stores.

The number of clients served by WIC in Kitsap County was highest in 2009-2011 but has declined in recent years (Table 21).²⁸ The average annual percentage of infants who were born in the County and served by WIC during 2004 to 2017 was 46%. However, in recent years, this has fallen to only 41.5% in the last 5 years (2013 to 2017). For 2017, the percentage of infants served by WIC was 41%, slightly higher than 2016.

Table 21. Women, Infants, and Children Served by WIC, Kitsap County: 2004 to 2017²⁸

Year	Infants and children under age 5	Pregnant, breastfeeding, and postpartum women	Total served	% of infants born in Kitsap County served by WIC
2004	6,755	2,961	9,716	48%
2005	6,626	2,861	9,487	47%
2006	6,507	2,835	9,342	48%
2007	6,337	2,760	9,097	48%
2008	6,780	2,970	9,750	50%
2009	7,595	3,187	10,782	51%
2010	7,681	3,084	10,765	48%
2011	7,667	3,131	10,798	47%
2012	7,012	2,910	9,922	46%
2013	6,704	2,759	9,463	44%
2014	6,684	2,819	9,503	44%
2015	6,214	2,587	8,801	41%
2016	6,198	2,584	8,782	38%
2017	5,798	2,403	8,201	41%

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.

Breastfeeding is important to Port Gamble S’Klallam mothers and the community. The Port Gamble S’Klallam Tribe’s Together for Children Home Visitation Program found that over 90 percent of the mothers enrolled during pregnancy initiated breastfeeding with their newborn child and continued the behavior for an average of 14.3 weeks during the period of early development.⁷ Complementary data from the Port Gamble S’Klallam WIC program showed that 91.7 percent of enrolled pregnant mothers initiated breastfeeding with their child in 2018.¹²

The Kitsap Public Health District began operating the New Parent Support Program (NPSP) in March 2013. One of the primary goals of NPSP has always been to support new mothers in learning how to breastfeed and in dealing with breastfeeding difficulties, but initially this program more broadly offered parent support, education and community resources. As of December 2016, a total of 355 new (unduplicated) clients had participated. Over the past four years, the program has transitioned to address predominantly breastfeeding support. In 2019, the program will continue to transition to more of an appointment-based system, so that effort can be shifted to improving breastfeeding support systems within the community.

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

D. Public Transportation

Kitsap Transit maintains public bus transportation throughout Kitsap County and operates foot ferry transportation, worker/driver buses for military facility employees, shuttle services for the elderly and people with special needs, park and ride lots, and a rideshare program. Selected activities reported on Kitsap Transit's list of goals for 2019²⁹ include:

- Bus service planning and improvements – increasing ridership by 3% through marketing, service additions and a DoubleMap passenger information system;
- Passenger-only ferry projects – adding 3 new vessels;
- Environmental Sustainability – expanding ACCESS fleet to 75% propane by the end of 2019 and improving policies and plans; and
- Administration – reviewing reserve policies.

New and ongoing initiatives in 2018 included a comprehensive route analysis that will be used to recommend adaptations to our transit network to provide improved services. A final implementation plan should be available in 2019. In addition, 2 new transit centers are in the works. The Silverdale Transfer Center will be moved to a location on Ridgetop Blvd., across from Harrison Medical Center, that will provide safer, ADA-accessible connections in a pedestrian-friendly location with easy access to shopping, housing and medical and social services. A permanent transit center will also be completed along the Wheaton Way corridor that will provide safe, ADA-accessible connections. The planned transit center will include eight bus bays and a 162-stall park and ride lot. A new traffic signal at Broad and Wheaton will also be installed. The transit center is expected to open in summer 2019.

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

E. Housing

Housing Affordability

According to The U.S. Department of Housing and Urban Development (HUD), families who pay more than 30% of their income for housing are considered cost burdened and may have difficulty affording necessities such as food, clothing, transportation and medical care.³¹ Under this definition, it is estimated that 30% of Kitsap County residents (including both renters and owners) and 32% of Washington State residents had difficulty affording other necessities during 2017, unchanged from 2016 (Figure 39).⁵ Within Kitsap County, 2017 estimates show that 22% of home owners and 47% of renters were paying 30% or more of their monthly income on housing. While the percentage of owners paying 30% or more of their income on housing has decreased slightly as compared to 2000 (26%), the percentage of renters has increased since 2000 (42%) and is almost back up to the 2014 high of 50%.

Figure 39. Households Paying 30% or More of Income for Housing Costs, Kitsap County and Washington State: 2000 and 2005 to 2017⁵

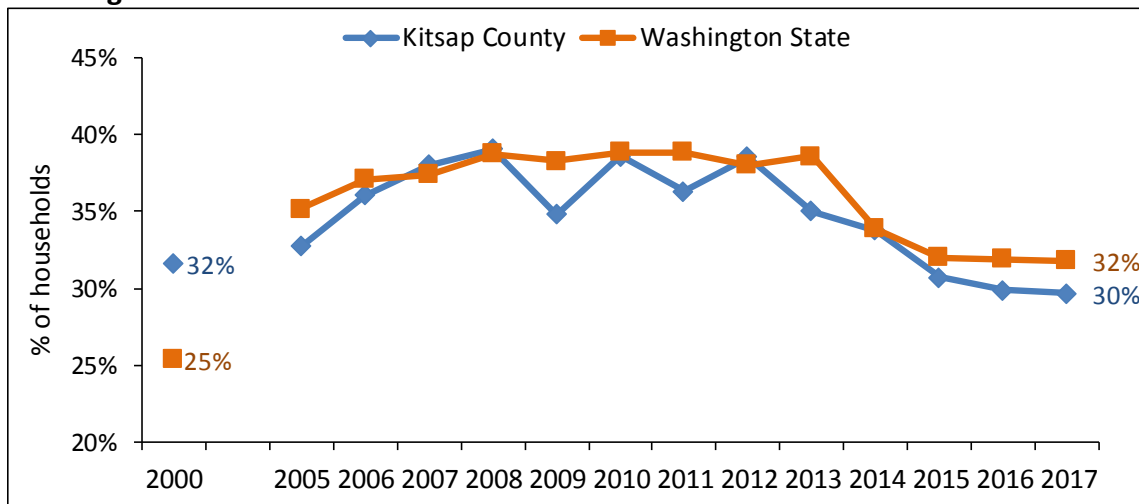
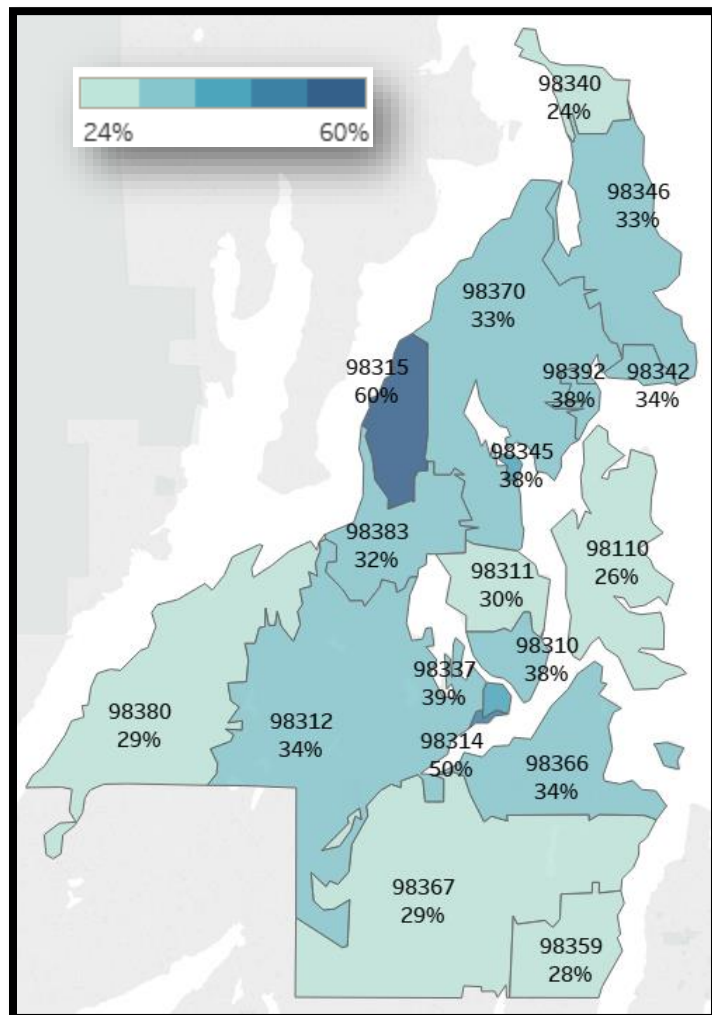


Figure 40 shows the 5-year estimate (2013 to 2017) of the percentage of households paying 30% or more of their income for housing costs by ZIP Code.⁵ 98315 and 98314 have the highest percentages (50%+). While it is possible that the predominantly military population in these two ZIP Codes is cost burdened with housing, this likely has more to do with the differences in benefits and salary for military members and the way the survey question is worded rather than representing excessive cost burdens for residents of 98315 and 98314. Interestingly, there is not much variation among the rest of the ZIP Codes, with percentages of households paying 30% or more of their income for housing costs ranging from 24% in 98340 to 39% in 98337. The highest percentages are in 98337 (39%), 98310, 98345 and 98392 (all 38%).

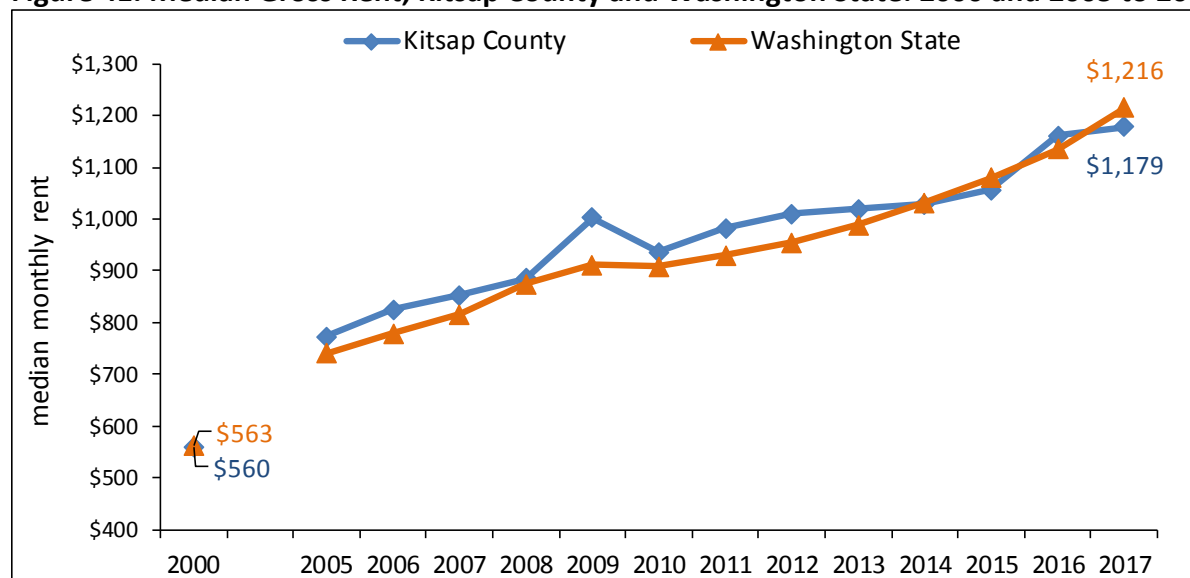
Figure 40. Households Paying 30% or More of Income for Housing Costs by ZIP Code, Kitsap County: 2013-17⁵



During 2017, an estimated one-third (33%) of 104,902 occupied housing units in Kitsap County were rented.⁵ The median gross rent has more than doubled (111% increase) from 2000 to 2017 (Figure 41).⁵ In 2017, the county-wide median gross rent was \$1,179 per month, just below the state median of \$1,216 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 \$3,930 per month, which is equivalent to \$47,160 annually. Assuming a 40-hour work week, 52 weeks per year, this level of income translates into a wage of \$22.67 per hour. This hourly rate was well above the 2017 statewide minimum wage of \$11.00,³² but well below the median household income of \$68,336 in Kitsap County from 2013 to 2017. The estimated yearly income needed to afford the median monthly rent of \$47,160 is below the median earnings for full-time, year-round male workers (\$55,753) in Kitsap, but above the median earnings for full-time, year-round female workers (\$42,262). Rental costs are a hardship for many in finding stable housing, as illustrated by the parent surveys, in which 19% of respondents in 2013 and 18% in 2016 reported moving in the past six months. In the 2016

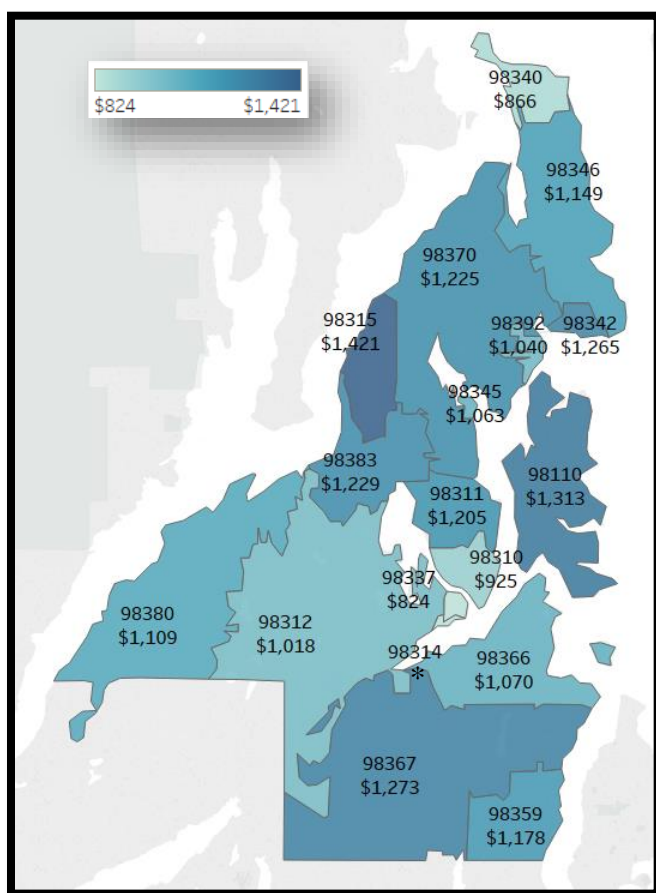
survey, 66% reported renting their home, 19% had concerns that rent was too high, and 15% thought the price of utilities services were too high.

Figure 41. Median Gross Rent, Kitsap County and Washington State: 2000 and 2005 to 2017⁵



Median rent varies across the county, from a high of \$1,313 on Bainbridge Island to a low of \$918 in Bremerton.⁵ Central Kitsap's median rent (\$1,265), North Kitsap's (\$1,193) and South Kitsap's (\$1,131) all fall in between. In even more granular detail, median gross rent varies from highs of \$1,421 in ZIP Code 98315 and \$1,313 on Bainbridge Island (98110) to lows of \$824 in ZIP Code 98337 and \$866 in ZIP Code 98340. Figure 42 shows the median gross rent by ZIP Code in Kitsap County.

Figure 42. Median Gross Rent by ZIP Code, Kitsap County: 2013-2017⁵

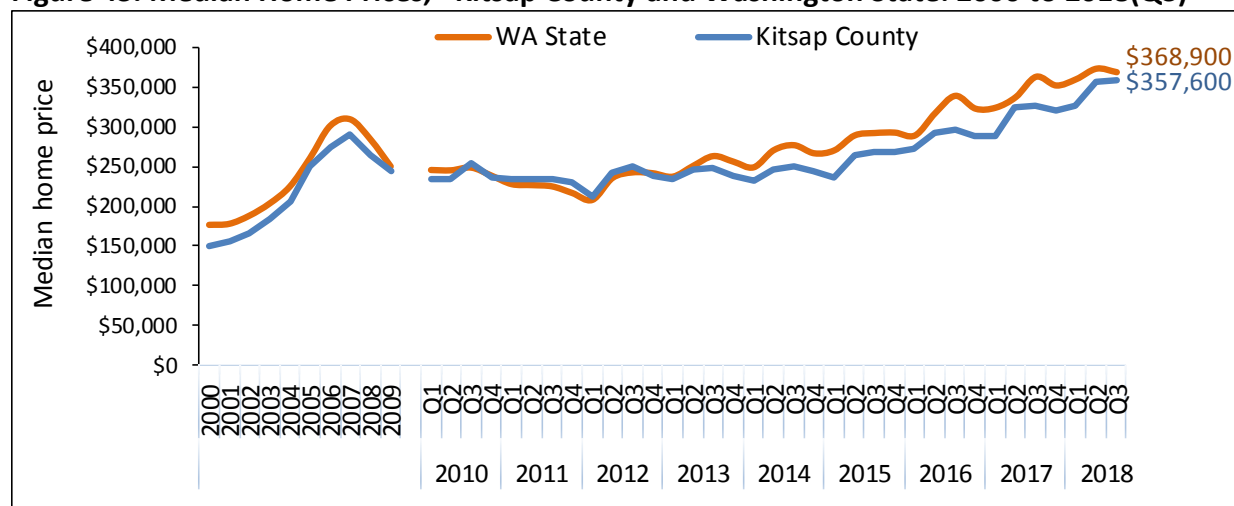


*unable to report due to small numbers.

In late 2016/early 2017, Port Gamble S'Klallam Tribe's survey respondents reported approximately 21% had a Tribal rental and another 18% had a non-Tribal rental, with an average rent (among those reporting) of \$599.66, well below the Kitsap County median rent in 2017 of \$1,179.⁸⁹ In 2018, the Tribe had 22 families, with 40 family members, on the low-income rental program waiting list.⁸⁶

Beyond merely being able to rent a home, home ownership is a challenging financial obstacle for many. The 2016 parent survey shows that only 19% of respondents own their home. The dramatic rise in real estate costs during in the mid-2000s made home ownership even more difficult to attain. Median home prices in both Kitsap County and Washington State hit a peak in 2007, then toppled as the recession began.³³ The median home price reached the lowest levels in nearly a decade during the first quarter of 2012. By the second quarter of 2016, the median prices for both Kitsap County and Washington State had surpassed the 2007 peak. Preliminary data for the third quarter of 2018 show continued growth, with the Kitsap median of \$357,600 still below the state median of \$368,900 (Figure 43). This represents a 23.2% change from 2007 to 2018-Q3 for Kitsap, and a 9.5% increase from third quarter 2017. There was a 19.2% increase for the state from 2007 to third quarter 2018, and a 1.6% increase from third quarter 2017.

Figure 43. Median Home Prices,* Kitsap County and Washington State: 2000 to 2018(Q3)³³



*based on sale of existing houses

In late 2016/early 2017, Port Gamble S’Klallam Tribe’s survey respondents reported approximately 50% of Tribal households owned their house, with an average mortgage (among those reporting) of \$877.20⁸⁹ However, many respondents reported that their house was in need of repairs. By category, 23% reported needing roof/siding repairs/replacement, 22% reported windows, 15% reported electrical, 12% reported plumbing, 8% reported heating (wood), 12% reported heating (other), 5% reported flooring and 18% reported mold/moisture issues.

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 separately for first-time home buyers using a slightly different set of assumptions about income, down payment and home price.³³ 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) has historically remained above 100 (indicating more affordable), except for a short time between the second quarter of 2006 and the fourth quarter of 2007 (Figure 44).³³ In 2006-07, housing affordability in Kitsap County reached some of the lowest levels in recent decades due to rapidly falling home prices and low mortgage rates. Affordability gradually increased to a peak in the first quarter of 2012. Since then housing has been becoming gradually less affordable in Kitsap County for all buyers, although Kitsap continues to be more affordable than the state on average.

The first-time home buyer HAI may be a better measure of housing affordability for people with lower incomes and younger families. As shown in Figure 44, 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 mean housing prices.³³ The cross-over into the more affordable range indicated that housing was more attainable for first-time home owners. In the second quarter of 2017, however, the first-time home buyer HAI dipped below 100 again, coinciding with an increase in

median home price and the declining trend among all home buyers for both the county and the state. The recent increase in home prices continues to make home ownership burdensome for many families. Despite this, home foreclosures, which had dramatically increased after 2006, reaching a peak in 2009-2010, have dropped to the lowest number recorded since 2000, only 264 during 2018 (Figure 45).³⁴

Figure 44. Housing Affordability Index, Kitsap County and Washington State: 2000 to 2018(Q3) by Quarter³³

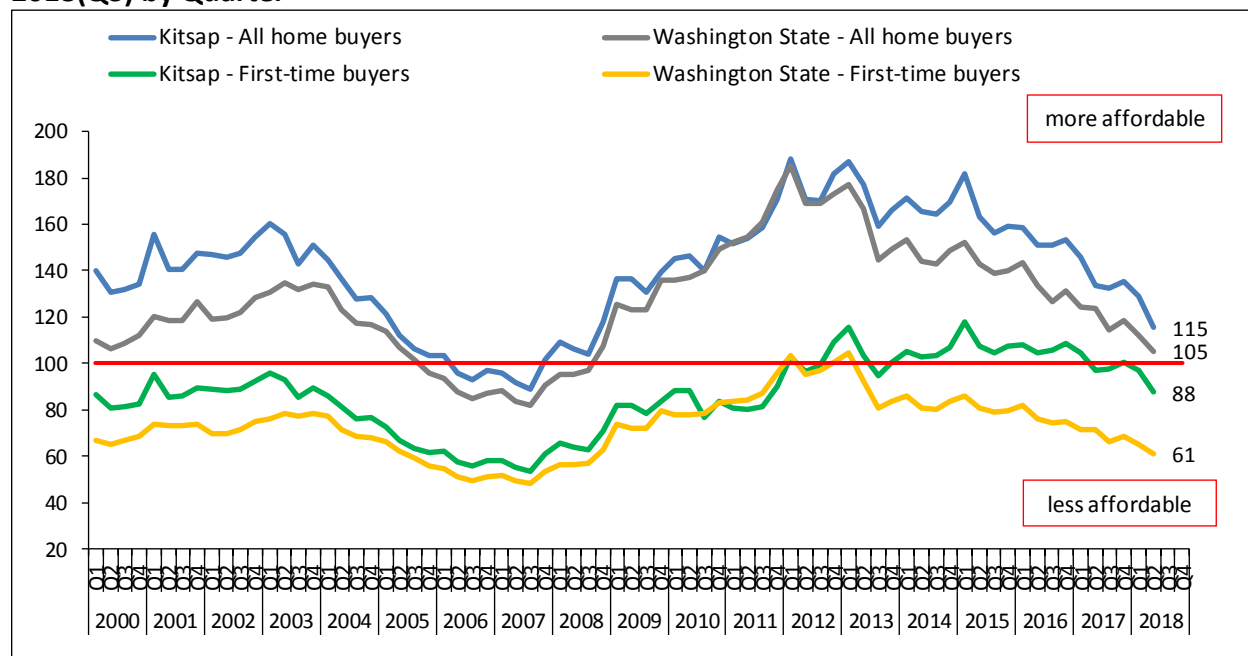
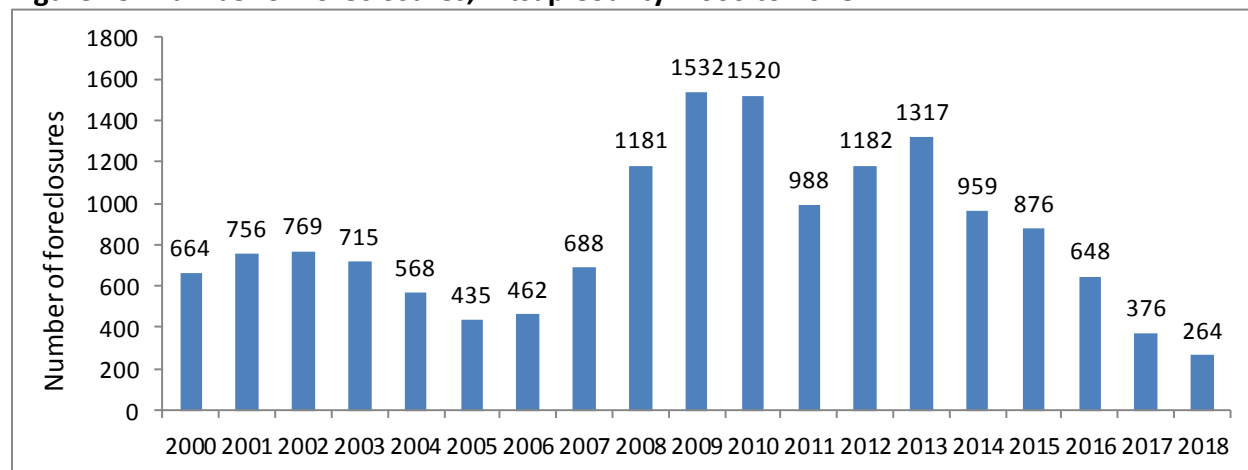


Figure 45. Number of Foreclosures, Kitsap County: 2000 to 2018³⁴



Public Housing

Section 8 Housing is a federally funded program to offer rental assistance to very low-income, elderly, and disabled families.³¹ The U.S. Department of Housing and Urban Development (HUD) provides funds to local public housing authorities who administer the program by providing

Housing Choice Vouchers to eligible families and individuals. Participants are then able to select rental units that meet their own size and neighborhood needs. Voucher recipients negotiate the rent and lease terms directly with the owner. Additionally, HUD's Office of Affordable Housing Programs provides subsidies to local housing authorities to help increase the housing stock available to low-income persons.

The Bremerton Housing Authority (BHA) is a public corporation with the purpose of providing affordable housing opportunities in the City of Bremerton for people with limited financial means.³⁵ BHA's primary sources of funding include contracts with the HUD and rent from properties owned in Bremerton. They own and operate housing communities that include Public Housing units and affordable housing. Some properties are owned exclusively by BHA while others are operated in partnership with other agencies. During fiscal year 2018-19, BHA has 206 public housing units. However, because of the number of people wanting housing in Kitsap, the wait-time to receive a placement can be lengthy.

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.³⁵ BHA conducts physical inspections of the units to ensure they meet federal quality standards before issuing vouchers. In 2018-19, BHA has 1,518 Housing Choice Vouchers, however, because of the desirability of Section 8 Housing Choice Vouchers, the BHA waitlist for vouchers is always full. In 2015, there were 86 individuals on the waitlist, a reduction from 385 in December 2013.³⁶ More recently when the waitlist was opened, in March 2015, BHA took in excess of 3,176 applications and placed 300 people on the waitlist through a lottery system. A year later, in March of 2016, BHA again opened the waitlist and took another 3,807 applications. Again 300 applicants were placed on the waitlist, bringing the total to 409 applicants on the waitlist. The goal is to reopen the waitlist in March of 2019. However, the last person served through this program applied in March 2015.

During 2016, BHA acquired two new properties (including 13 units for families located in East Bremerton and 30 units for seniors in Manette) and sold land for future development of a community health facility serving west Bremerton – part of a greater plan to create a new mixed-use, mixed-income, mixed-housing type neighborhood.³⁵ BHA has participated in 2 community-led groups working towards ending homelessness in Bremerton. "Homes for all" was aimed at housing every documented homeless veteran in Kitsap, which met its goal by the end of 2017. BHA received another 28 VASH vouchers in 2018, which it issues to veterans referred via American Lake. The second group, "Housing First," is comprised of local agencies with an interest in developing a Housing First Project. This type of housing has been very successful in other areas. The planning stage is ongoing.³⁵

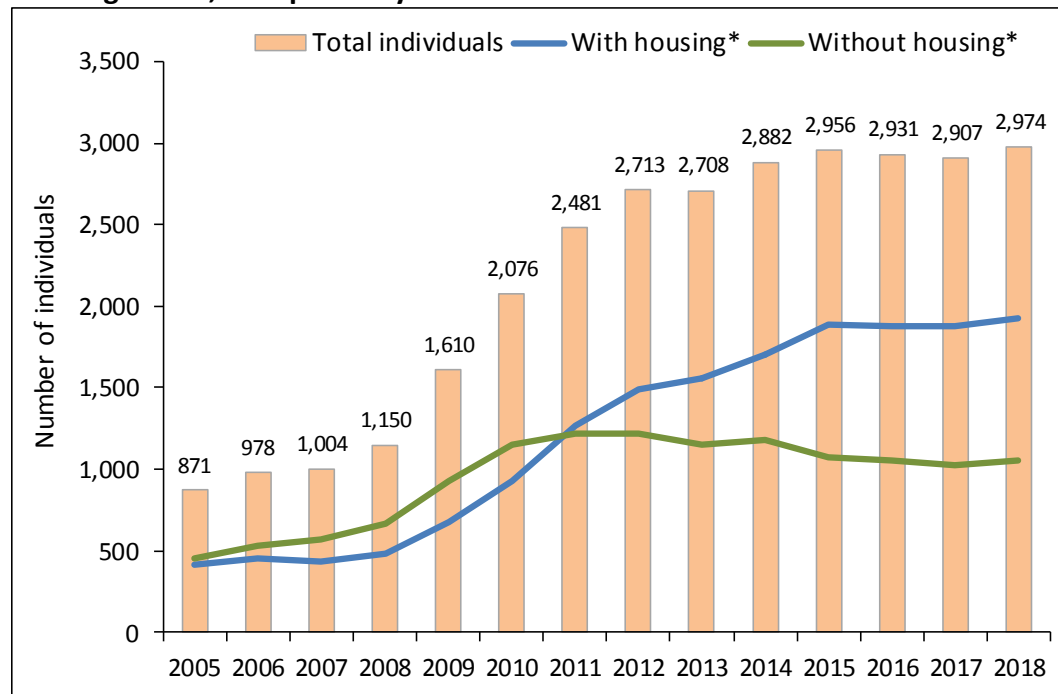
Housing Kitsap is a housing authority serving all of Kitsap County except the City of Bremerton, with a total population served of approximately 220,000.³⁷ Currently located in Silverdale, their primary funding sources include HUD, Washington State Housing, Department of Commerce, and the USDA Rural Development Office. Their mission is to manage, preserve, and build safe affordable housing serving individuals and families throughout the county. Clientele include

low- and moderate-income residents. Housing Kitsap manages low rent public housing, with apartments and single-family homes (1-4 bedrooms) as well as senior/family apartments (1-3 bedrooms) throughout the county. In total, there are 903 affordable housing units as of 2017.³⁸ 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 within 6 months but can be as long as 2 years or longer. As of January 2015, the longest wait list was for 2-bedroom public housing units, which had over 370 persons and an expected wait time of 3-4 years. Kitsap Housing also administers the Mutual Self-Help Housing Program and operates several programs designed to expand affordable housing opportunities. In 2017, 25 new homeowners completed their homes. The Section 8 Housing Choice Vendor Program is administered in partnership by the BHA, and currently has 374 housing choice vouchers, serving more than 2,000 people.

Homelessness

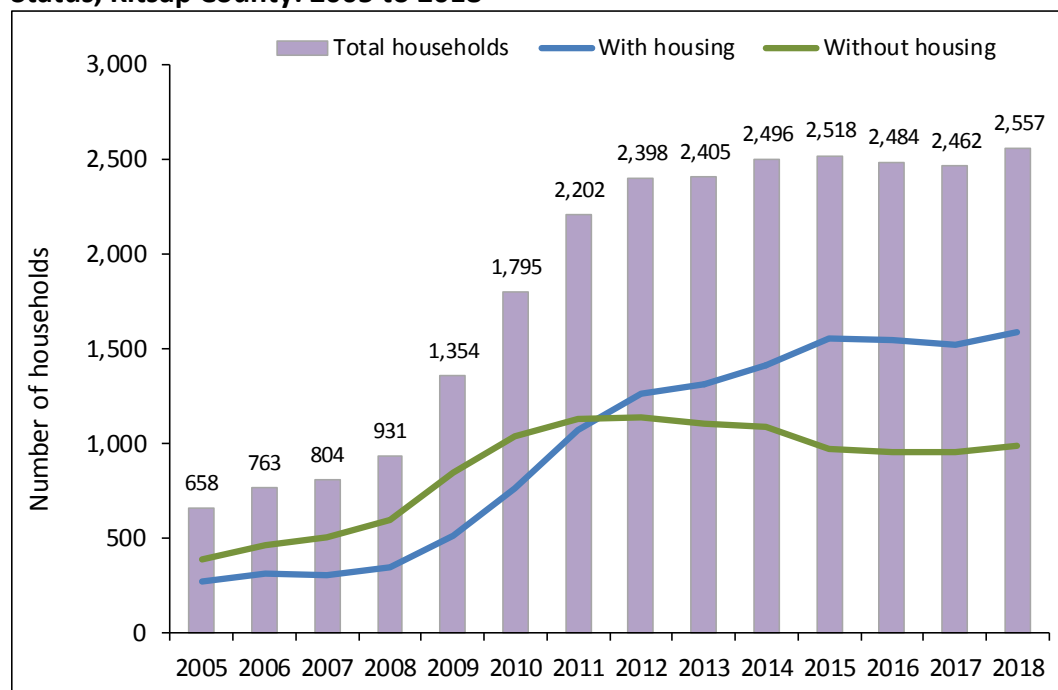
It is difficult to know exactly how many persons or families are homeless but reported housing status on applications for Basic Food (formerly the food stamps program) can be used to estimate these numbers. Clients are enrolled on a monthly basis, with benefits typically lasting about a year (or until they are no longer income eligible). Clients who are no longer eligible are removed at the end of a month. Since enrollment in the Basic Food program fluctuates month to month, evaluating the average monthly enrollment for a year gives an estimate of how many clients were using benefits throughout the year. According to these estimates, the number of homeless individuals more than doubled from 2005 to 2018 (Figure 46).³⁹ The sharp uptick began in about June 2008, though the last few years have remained relatively stable. Most of the growth has been among those reporting having a temporary place to stay, whereas the number of Basic Food clients reporting being without any housing has been relatively stable since 2010. A very similar trend is seen when looking by households rather than individuals (Figure 47).

Figure 46. Average Monthly Number of Homeless Clients Who Apply for Food Stamps by Housing Status, Kitsap County: 2005 to 2018³⁹



* Homeless without Housing includes clients who lack a fixed, regular, and adequate nighttime residence and indicate that they do not have a place to stay at the time of report. Homeless with Housing includes clients commonly referred to as “couch surfing”. In other words, they do not have a fixed regular nighttime residence, but indicate they have a place to stay at the time of report. It also includes clients who reside in a publicly- or privately-operated temporary shelter or domestic violence shelter. (Definitions per DSHS).³⁹

Figure 47. Average Monthly Number of Households that Apply for Food Stamps by Housing Status, Kitsap County: 2005 to 2018³⁹

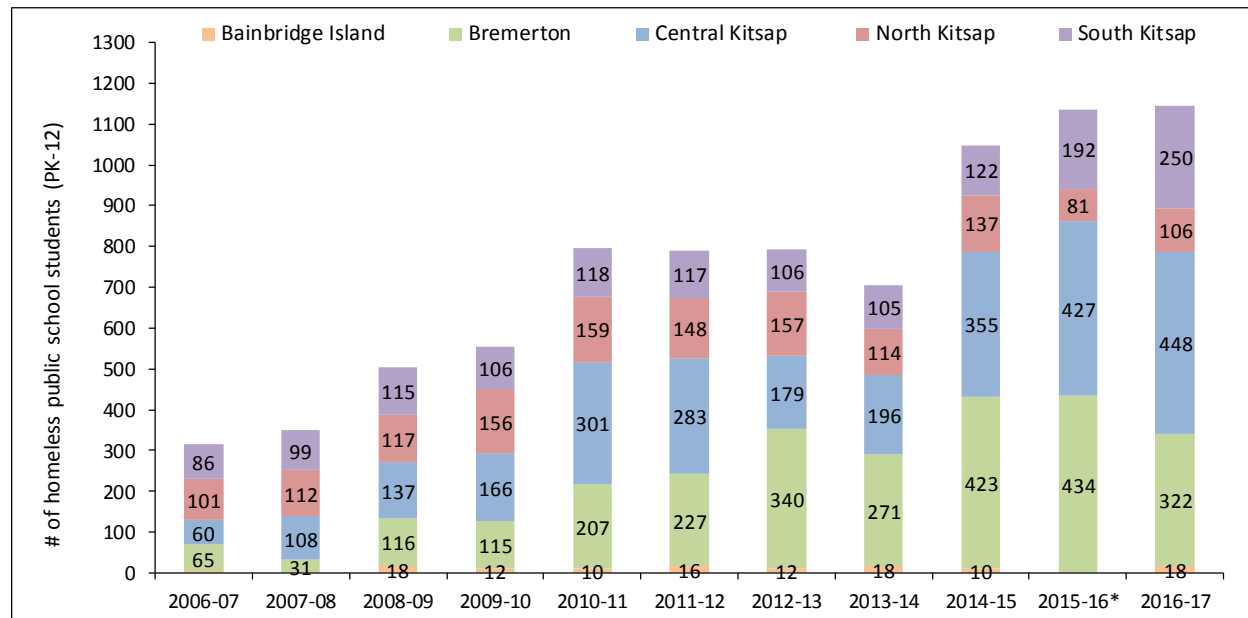


During the 2017 annual Kitsap County Point-In-Time (PIT) Homeless Count, there were 626 individuals counted.⁴⁰ This was a 3% decrease from 2016 (647 total individuals), after a 33% increase from 2015 to 2016. The 2017 count included 124 (20%) children under the age of 18. Since 2010, the average proportion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

Respondents to Port Gamble S'Klallam's survey of households affiliated with the Tribe reported almost a third of households (31%) had 1 or more temporary residents.⁸⁹

Since 2001, school districts have had an appointed homeless liaison in compliance with the federal McKinney-Vento Act. Although not all school districts use the same methodology to count or define homeless students, there was a county-wide increase in the reported number of homeless students from 2006-07 to 2012-13, a slight decline in 2013-14, a dramatic increase in 2014-15, and continued increase in 2015-16 and 2016-17 (Figure 48).²⁰ Beginning in 2015-16 the Office of the Superintendent of Public Instruction (OSPI) began suppressing data when counts are less than 10, which affected Bainbridge Island that year, but did not affect it in 2016-17. In 2016-17, there were 1,144 public school students reported as homeless in Kitsap County, which is approximately 3.1% of the total school enrollment for 2016-17. This represents essentially no change from 2015-16, however, it is a 262% increase from 2006-07. In 2016-17 as compared to the 2015-16 school year, the biggest single-year increases were at Bainbridge Island (<10 to 18 students), North Kitsap (31% increase) and South Kitsap (30% increase). Unlike previous years, Central Kitsap saw very little increase (5%) and Bremerton actually saw a decrease (26% decrease!).

Figure 48. Public School Students (PK-12) Reported as Homeless, Kitsap County School Districts: 2006-07 to 2016-17²⁰



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

Overall during the 2017-18 enrollment year, 12% of Head Start/Early Head Start (HS/EHS) children in Kitsap County received homelessness services.¹¹ This is about the same percentage of children served in 2016-17 (13%), 2015-16 (12%) and 2014-15 (13%). As shown in Table 22, Port Gamble S'Klallam once again had the highest proportion of both EHS (21%) children and HS children (21%) receiving services, however Port Gamble's numbers had decreased from last year. In contrast, this year OESD had higher percentages of homeless children than previous years (20% of EHS and 20% of HS). Across all county programs, a total of 16% of families that were homeless acquired housing during the year, fewer than during 2016-17 (24%) and 2015-16 (41%).

Table 22. Head Start/Early Head Start Families and Children Receiving Homelessness Services by Program and by Agency, Kitsap County: 2017-18¹¹

	Early Head Start			Head Start		
	# of families	# of children	% of all enrolled children	# of families	# of children	% of all enrolled children
Kitsap Community Resources	4	3	2.7%	7	8	2.9%
Olympic Educational Service District	51	65	19.8%	32	36	19.8%
Port Gamble S'Klallam Tribe	7	9	20.9%	4	7	21.2%
Suquamish Tribe	1	1	2.5%	0	0	0.0%
Kitsap County Total	63	78	15.0%	43	51	9.6%

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

F. Substance Abuse

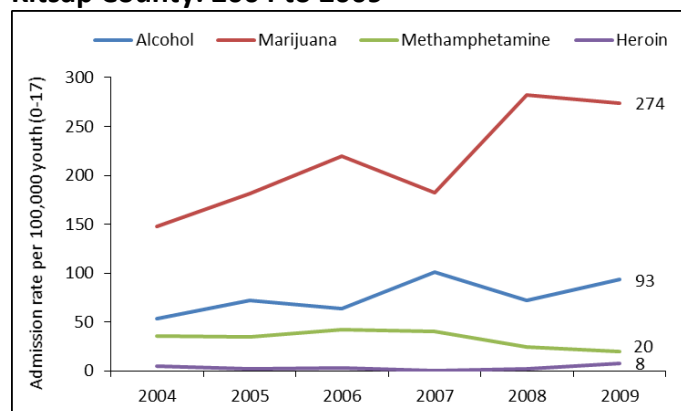
Alcohol and Drug Use

According to Kitsap County 8th and 10th graders surveyed in 2016, 7% of and 17%, respectively, reported drinking alcohol in the past 30 days.⁴¹ The rates have declined in recent years: for 8th graders they dropped from 16% in 2006 to 12% in 2012; and for 10th graders, from 30% in 2006 to 25% in 2012. While these trends are a positive step, 26% of Kitsap 8th graders and 44% of 10th graders reported access to alcohol as being “sort of easy” or “very easy” in 2016. Surveyed about binge drinking in the past two weeks, 3% of 8th graders and 8% of 10th graders said they had done so.

Marijuana use in the past 30 days also declined among 8th graders from 2012 (10%) to 2014 (6%) but has increased slightly in 2016 (7%).⁴¹ Marijuana use in the past 30 days decreased from 20% in 2014 to 15% in 2016 for 10th graders. When asked about using a painkiller to get high in the past 30 days, only 3% of 10th graders reported in 2016 that they had, down from 5% in 2014 and 6% in 2012.

From 2004-2009, marijuana was the substance most frequently responsible for Kitsap County youth (ages 0 to 17 years) admissions to state-funded substance abuse treatment (Figure 49).⁴² The marijuana admissions rate increased 84% and was usually more than double the admission rate for alcohol treatment during 6-year period. The rate of admissions for methamphetamine decreased 45% in the same timeframe. Admissions for heroin were so infrequent (ranging from 0 to 8 per 100,000) that it is difficult to draw any conclusions about the trend; however, the highest rate occurred in 2009, which corresponded with adult admissions for heroin treatment (data not shown).

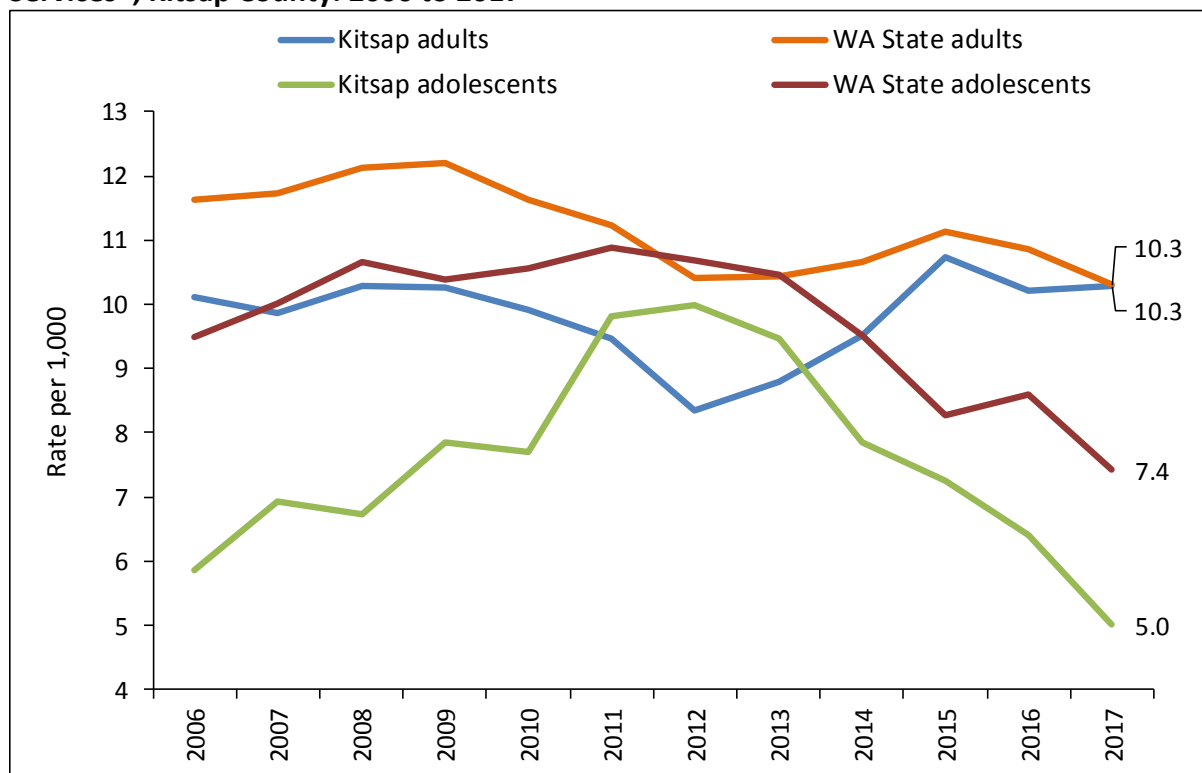
Figure 49. Youth (age 0-17) Receiving State-Funded Treatment* Admissions by Substance, Kitsap County: 2004 to 2009⁴²



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

Detailed data regarding specific types of substance use are not available beyond 2009. However, the overall rates for clients receiving either alcohol or drug services from 2006 to 2017 is shown in Figure 50.²³ Note that these data are unduplicated, whereas the data by substance is not. The trends in Kitsap County are similar to those in Washington State for both adults and youth (Figure 50). The adult rate in Kitsap County has been increasing faster than Washington's, so that they are now approximately the same (10.3 per 1,000), however as of 2017, there is no longer a statistically significant increasing trend for Kitsap adults. The Kitsap youth rate statistically significantly increased 2006 to 2012 but has been statistically significantly decreasing from 2012 to 2017.

Figure 50. Adult (18+ years) and Youth (10-17 years) Clients of State-Funded Alcohol or Drug Services*, Kitsap County: 2006 to 2017²³



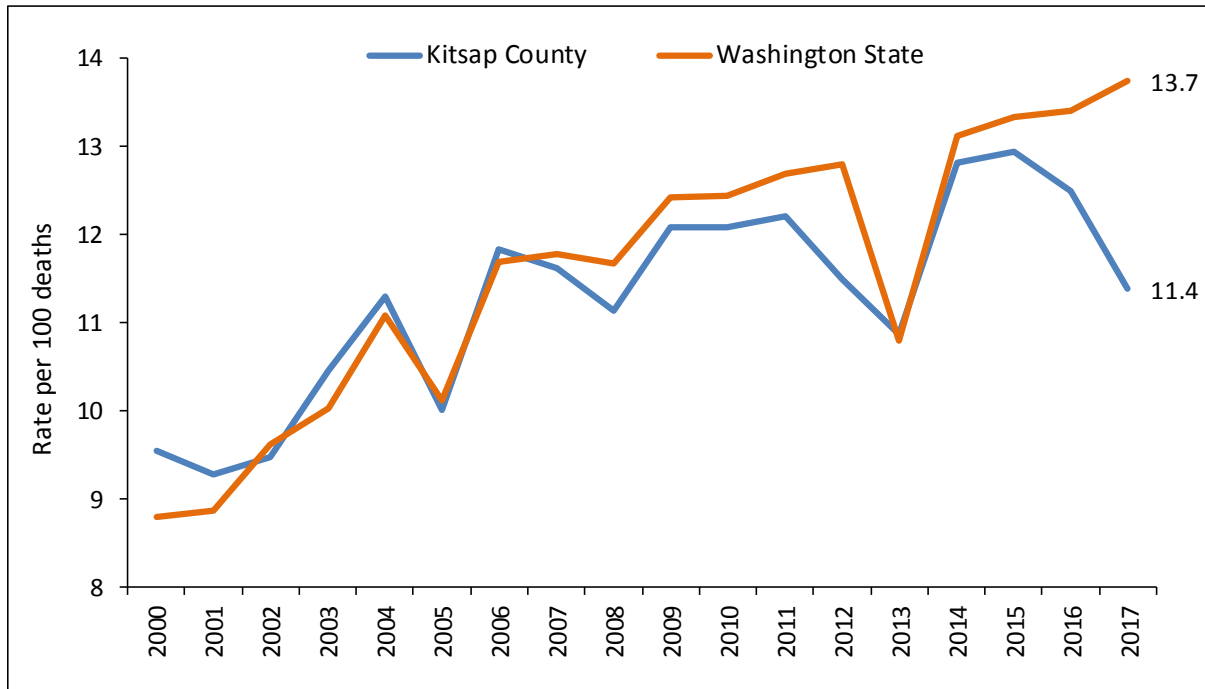
* State-funded services include treatment, assessment, and detox. Persons in Department of Corrections treatment programs are not included. Counts are unduplicated so that those receiving services more than once during the year are only counted once for that year.

Deaths Due to Alcohol or Drugs

The rate of alcohol or drug-related deaths has statistically increased since 2000 in both Kitsap County and Washington State, with trends closely mirroring each other from 2000 to 2015 (Figure 51).²³ In 2016 and 2017, Kitsap's rate has been decreasing sharply, to 11.4 per 100 in 2017. Washington State's rate continued to climb in 2016 and 2017 to 13.7 per 100 in 2017. The sub-county rates (Figure 52) for Bremerton, Central Kitsap, North Kitsap, and South Kitsap all have 5-year averages in the 12.0-12.8 per 100 range, which is near the county's 5-year average of 12.1 per 100. Bainbridge Island has the lowest rate, with a 5-year average of only 9.0

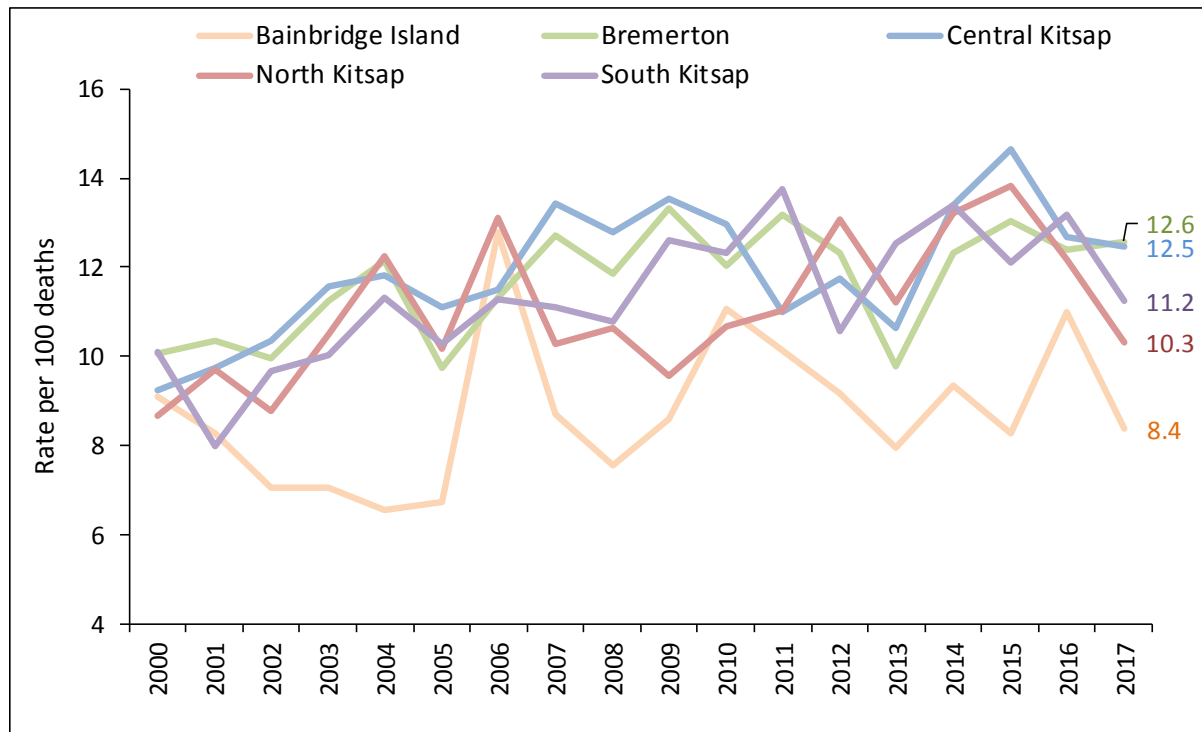
per 100. In 2017, the regions ranked from highest rate per 100 to lowest as follows: Bremerton (12.6), Central Kitsap (12.5), South Kitsap (11.2), North Kitsap (10.3) and Bainbridge Island (8.4).

Figure 51. Alcohol or Drug-Related Deaths*, Kitsap County and Washington State: 2000 to 2017²³



*includes all contributory causes of death for direct and indirect associations with alcohol and drug abuse

Figure 52. Alcohol or Drug-Related Deaths* by Geographic Region, Kitsap County: 2000 to 2017²³

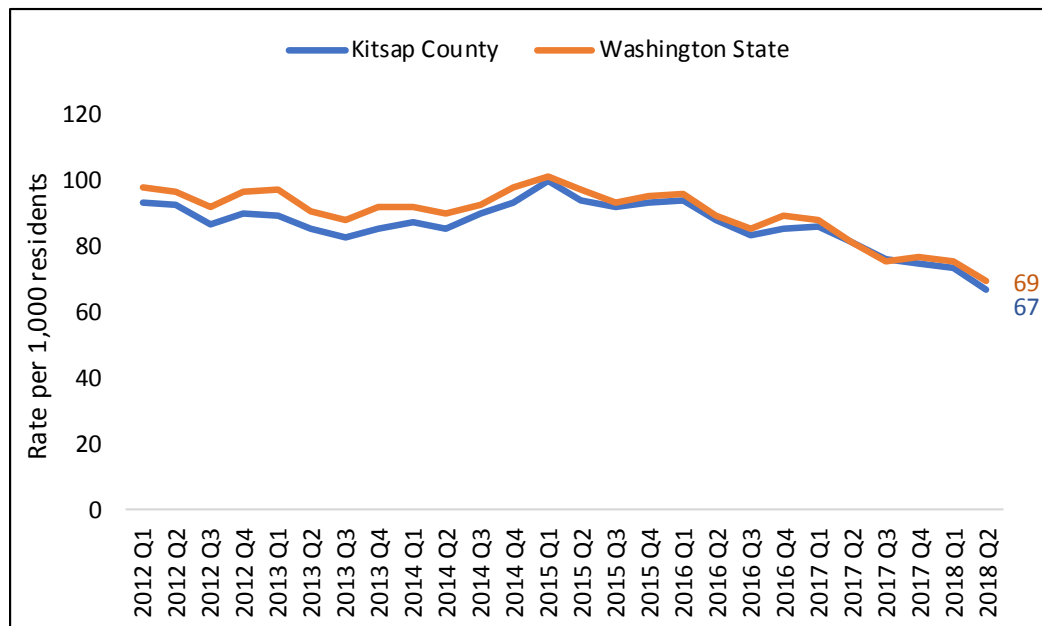


*includes all contributory causes of death for direct and indirect associations with alcohol and drug abuse

Opioid Use

Opioid use is an emerging issue in our community. Every day more than 115 people in the U.S. die after overdosing on opioids.⁹¹ The misuse of and addiction to opioids is a serious national crisis that can affect all aspects of the lives of those involved. The Centers for Disease Control and Prevention estimate the total "economic burden" of prescription opioid misuse alone in the U.S. is \$78.5 billion a year, including the costs of healthcare, lost productivity, addiction treatment, and criminal justice involvement.⁹² Figure 53 shows the rate of opioids prescribed for every 1,000 Kitsap residents by quarters from the first quarter of 2012 to the second quarter of 2018. In quarter 2 of 2018, there were approximately 67 prescriptions issued for every 1,000 residents of Kitsap County, which is not statistically significantly different than the overall rate for Washington State (69 per 1,000). There has been, however, a statistically significantly decreasing trend in Kitsap County from 2015 to present.

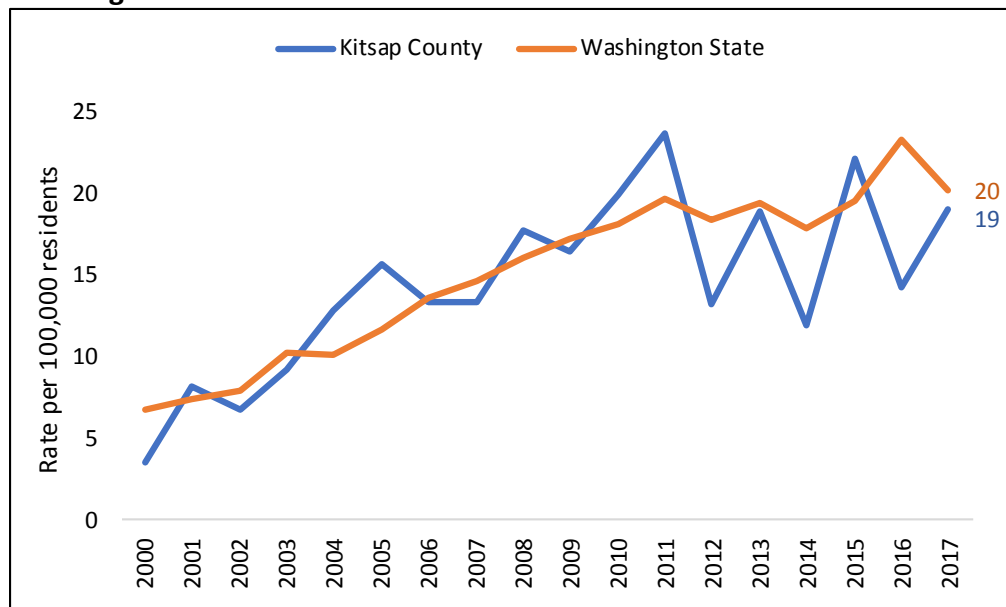
Figure 53. Prescriptions for Any Opioid per 1,000 Residents by Quarter, Kitsap County and Washington State: 2012 Q1 to 2018 Q2⁹⁰



Nonfatal Hospitalizations Due to Opioid Drugs

The rate of opioid-related hospitalizations was statistically significantly increasing from 2003 to 2011 but has been unchanged since. Kitsap's trend has closely mirrored Washington State's trend (Figure 54).²

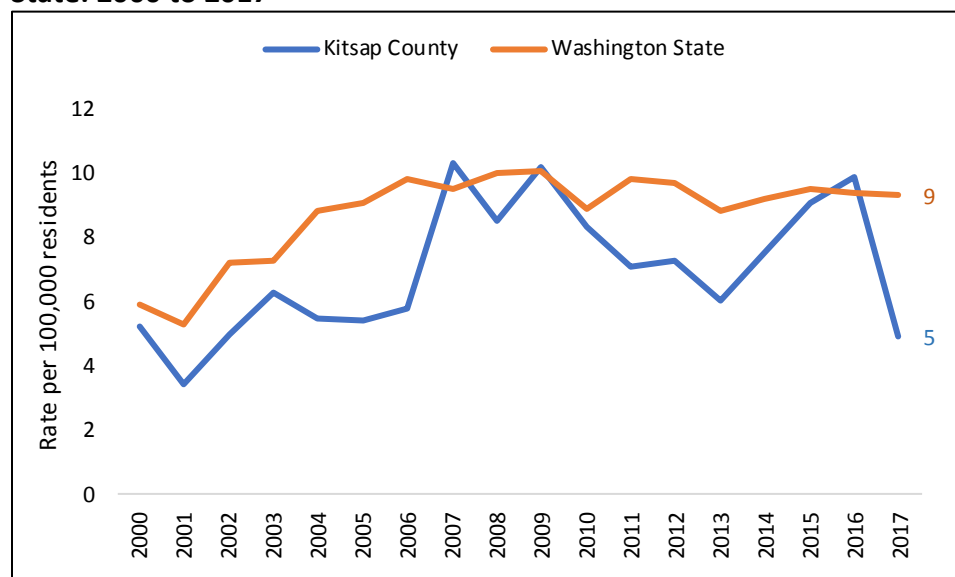
Figure 54. Nonfatal Opioid-Related Hospitalizations per 100,000 Residents, Kitsap County and Washington State: 2000 to 2017²



Deaths Due to Opioid Drugs

The rate of opioid-related deaths in Kitsap is variable due to small numbers, however there were approximately 5 deaths per 100,000 residents that were attributed to opioids in Kitsap County in 2017. There is no statistically significant trend over time in Kitsap. The two rates appear quite different, but because Kitsap's rate is so variable due to the small numbers of deaths, Kitsap's rate of 5 per 100,000 is statistically significant different than Washington's rate in 2017, but had not been different in previous years (Figure 55).²

Figure 55. Opioid-Related Deaths per 100,000 Residents, Kitsap County and Washington State: 2000 to 2017²



Effect of Drugs in the Community

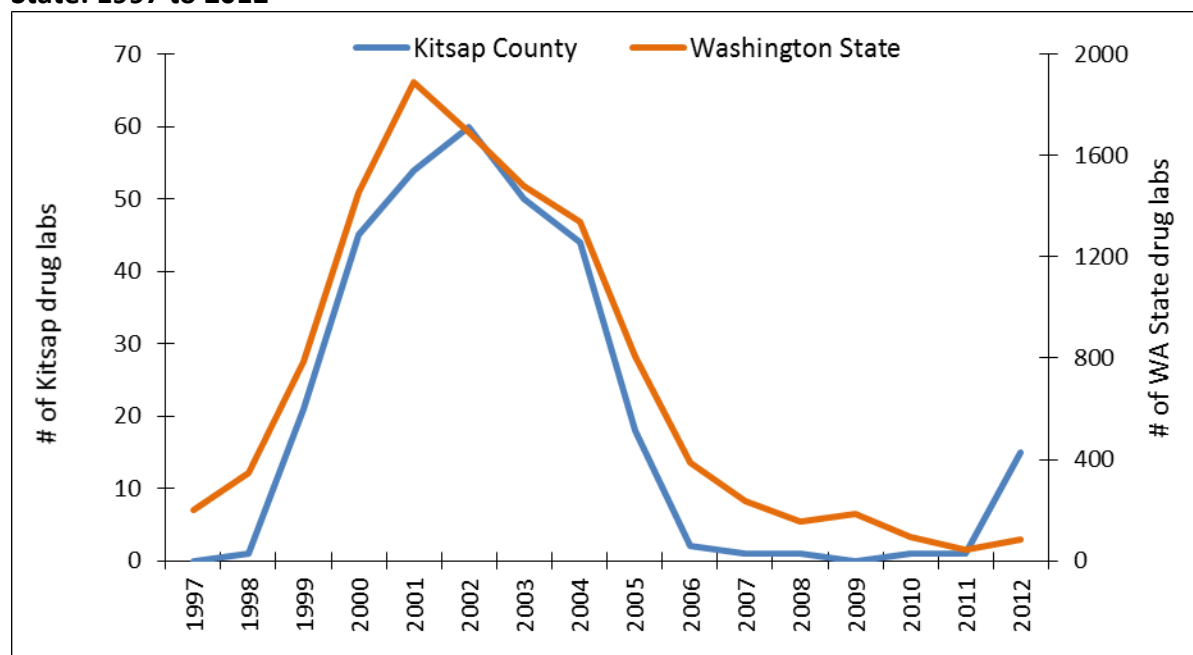
Washington Initiative 502 (I-502) legalized recreational marijuana use in our state after passing on general ballot during the November 2012 election. This allowed for small amounts of marijuana-related products to be sold and used legally in the state, despite it still being illegal nationally. Taxes from these sales are designated toward revenue for healthcare and substance-abuse prevention and education. We are still in the “early years” of this new era of legalized marijuana; it is not known what the impacts may be, and probably will not be fully known for decades to come, but some believe that it will lead to changes in community perception of drug use, leading to increased use, abuse and addiction among adults and youth, not only to marijuana, but to other substances as well.

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

respondents. In 2016, the numbers by agency were small for all, making them not necessarily reliable at: 43% for OESD, 39% for KCR, 83% for S'Klallam, and too small to report for Suquamish.

Illegal drug labs in the community can pose both health and environmental risks. Substances found at drug labs can include acids, flammable solvents, and a variety of other chemicals which can cause injury or death via inhalation or contact.⁴³ 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 County in 2002 due to increased surveillance and response, but this trend reversed in 2012 (Figure 56).⁴³ In 2012 the number of clean-ups in Kitsap County jumped up to 15; there had only been 1 in 2011. No further data is available beyond 2012.

Figure 56. Illegal Methamphetamine Lab or Dump Clean-Ups, Kitsap County and Washington State: 1997 to 2012⁴³



G. Health

Access to Care

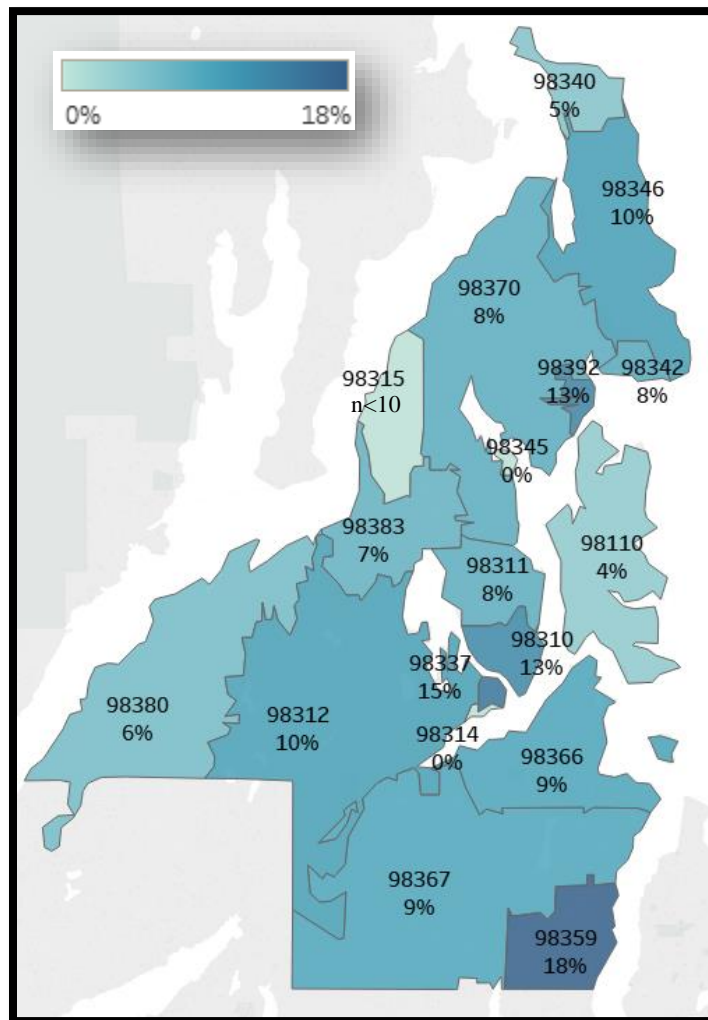
The Patient Protection and Affordable Care Act (ACA) was signed into law in 2010. As of 2014, the new law increased the mandatory minimum income eligibility level for Medicaid to 133% of the federal poverty level.⁴⁴ There is also a standard 5% income disregard for most individuals, thereby allowing eligibility to individuals with 138% of the poverty level and below.

The ACA also made it mandatory for all U.S. citizens to have health insurance. Even though the penalty will not extend into 2019, those who choose not to sign up for insurance will still have to pay a penalty when filing 2018 taxes. Despite this, not all residents are eligible for insurance, including undocumented immigrants and some people who may be exempt from the requirement to have insurance.

A key provision was that the ACA 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 912 persons with enrolling in FY2017 and 930 in FY 2018.⁴⁵

According to 2017 estimates, approximately 9,490 (3.8%) of 252,254 people in Kitsap County were uninsured, which was considerably lower than 2016 (6.2%) and the Washington State 2017 estimate of 6.1% uninsured.⁵ For Kitsap County, this included approximately 2.8% of children (ages 0 to 17 years) and 5.3% of adults ages 18 to 64. This is a decrease for both children and adults from previous years 2015 and 2016. Figure 57 shows the percentage of residents ages 18 to 64 who have no health insurance by ZIP Code from 2013 to 2017. The ZIP Code with the highest uninsured rate is 98359 (18%), followed by 98337 (15%), 98310 (13%) and 98392 (13%).

Figure 57. Percentage of Residents Age 18 to 64 with No Health Insurance by ZIP Code, Kitsap County: 2013-17⁵



Figures 58 and 59 show the percentages of residents who have no health insurance by ZIP Code for children (Age 0 to 5 and Age 0 to 18, respectively) from 2013 to 2017.⁵ For children age 0 to 5, the ZIP Codes with the highest uninsured rates are 98367 (9%), 98392 (6%) and 98346 (6%). The map of uninsured rates for children age 0 to 18 (Figure 59) looks more like the adult age 18 to 64 map than it does to the children age 0 to 5. For children age 0 to 18, by far, the ZIP Code with the highest uninsured rate is 98359 (22%). Please keep in mind that 98359's population is smaller than other ZIP Codes (see Figure 5, Population by ZIP Code), and estimates based on these smaller numbers (survey estimates especially) may be more variable from year to year than estimates based on larger numbers.

Figure 58. Percentage of Residents Age 0 to 5 with No Health Insurance by ZIP Code, Kitsap County: 2013-17⁵

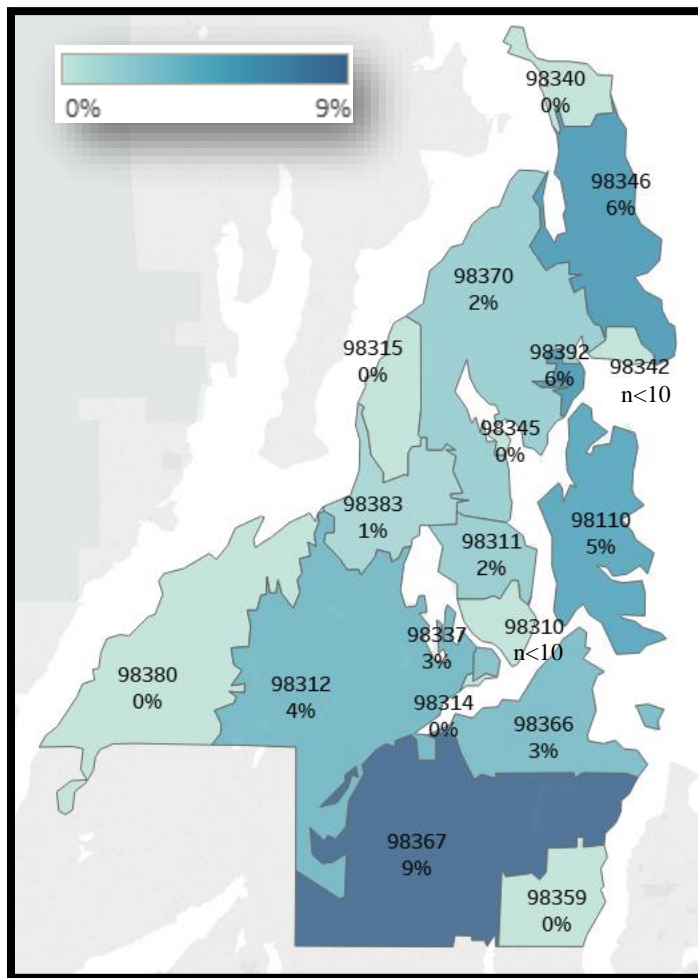
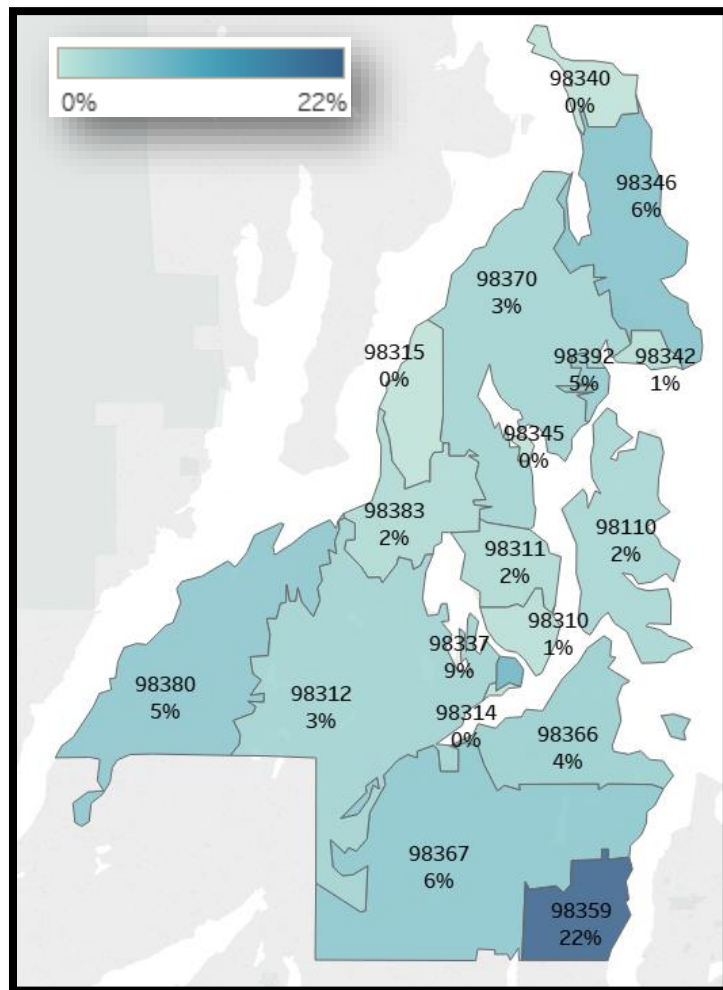


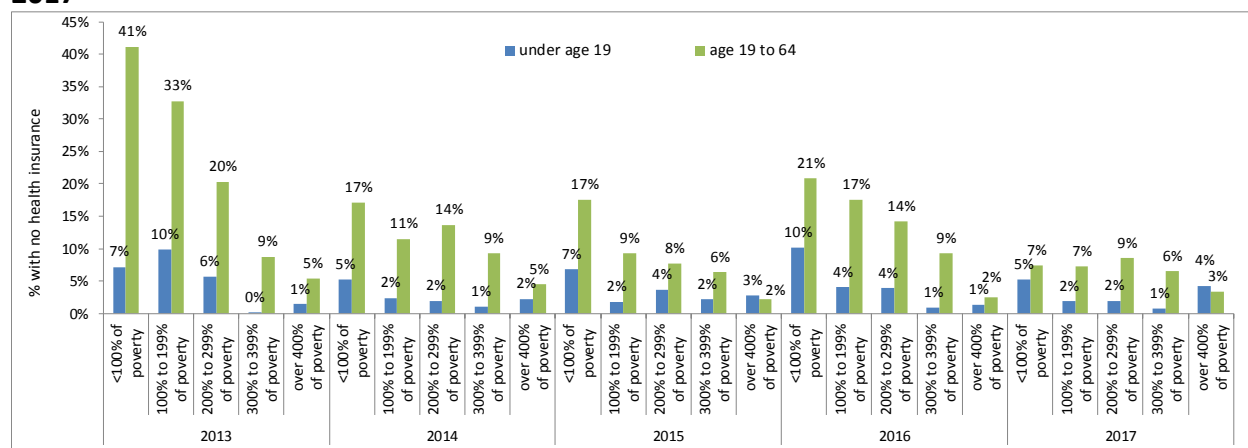
Figure 59. Percentage of Residents Age 0 to 18 with No Health Insurance by ZIP Code, Kitsap County: 2013-17⁵



Poverty estimates are collected for slightly different age groups than health insurance data (under age 19, 19 to 64). Historically and in general, as income level increases, the proportion of individuals without health insurance decreases, but the percentage of uninsured in the lower income levels has been decreasing in recent years, likely due in large part to the ACA. In 2017, there were approximately the same percentage of uninsured at all income levels (percentages of the poverty level), except for the highest level (over 400% of poverty, Figure 60).⁵ 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 7% in 2017. Similarly, adults at 100 to 199% of the poverty line dropped from 33% to 7% in 2017. Children have also benefitted, with reductions in the proportions of uninsured, although to a lesser degree. The percentage of those with no health insurance actually increased for children living below the poverty threshold in 2016 (7% in 2013 to 10% in 2016, a 41% increase), but then decreased again to 5% in 2017. The percentage remained roughly the same for those at 300% to 399% of the poverty threshold (about 1%) and increased for those over 400% of poverty (4%) in 2017. While many of these groups experienced a slight increase in

percentage of uninsured in 2016, all of groups decreased again in 2017 except for the over 400% of poverty group, which increased for both children and adults from 2016 to 2017. The national and local political climate must be considered.

Figure 60. People without Health Insurance by Age and Poverty Level, Kitsap County: 2013 to 2017⁵



As reported in the 2014 Comprehensive Assessment, 12% of the 2013 Head Start/Early Head Start parent survey respondents reported not having a “medical home” (a particular clinic, doctor’s office, or other place to go when sick or needing advice about health). Of those, 53% reported that this is due to lack of insurance or inability to afford care. An even greater proportion of parents (37%) reported not visiting the dentist or a dental clinic within the past year; with 24% not having been in more than two years. Of these, 53% said the reason for this lapse was a lack of insurance or inability to afford care. In terms of medical and dental care for children, access to care was generally better than the parents. Only 2% of parent respondents reported that their children did not have a medical home and only 8% reported that their children had not been to the dentist in the past year.

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

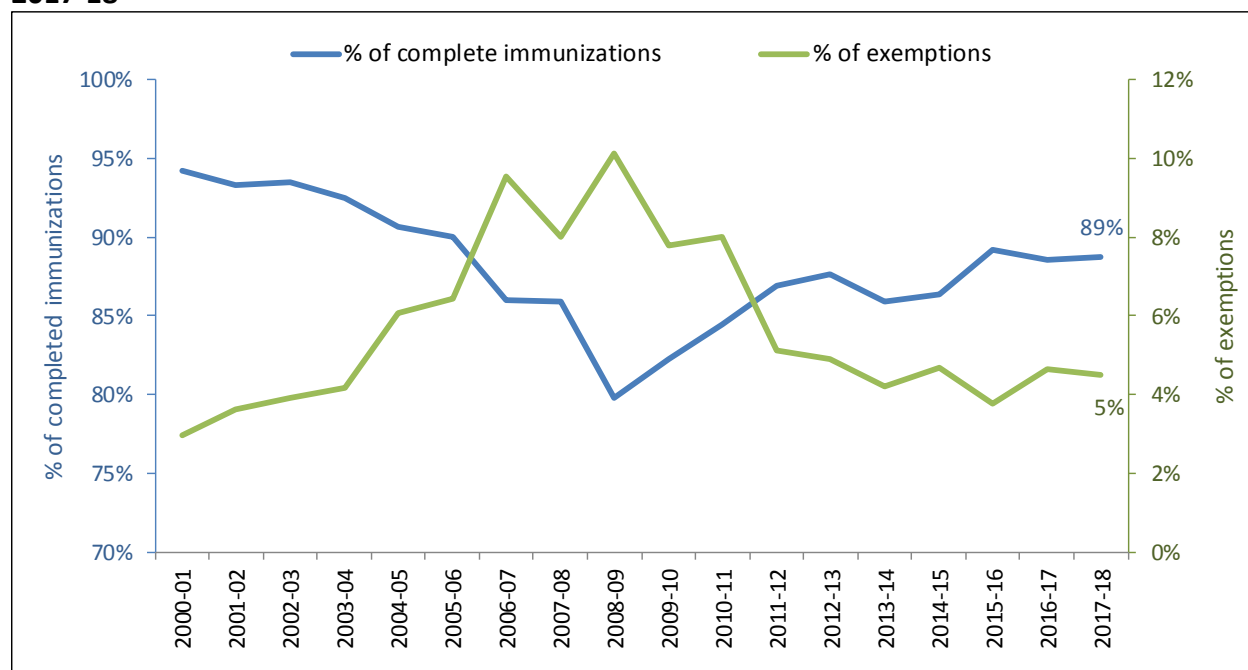
Port Gamble S’Klallam Tribe has seen about 1,100 to 1,200 encounters with children ages 0 to 5 at their Tribal Health Clinic every year since 2014.⁷ This accounts for about 180 to 190 youth per year visiting the Health and/or Dental clinic. In addition, over 86% of Port Gamble S’Klallam Tribe’s Together for Children Home Visitation Program’s survey respondents reported using the local Health and Dental clinic.

Immunizations

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

In Kitsap County, the rate of complete immunizations among entering kindergarteners declined significantly until 2008-09, and then increased so slowly that it has remained statistically unchanged since, reaching 89% complete in 2017-18 (Figure 61).⁴⁶ The rate of exemptions shows the opposite trend; it statistically significantly increased from 2000-01 to 2008-09 and has statistically significantly decreased from 2008-09 to 2013-14. Since 2013-14, it has remained statistically unchanged, hovering around 4.5%.

Figure 61. Immunization Rate* among Entering Kindergarteners, Kitsap County: 2000-01 to 2017-18⁴⁶

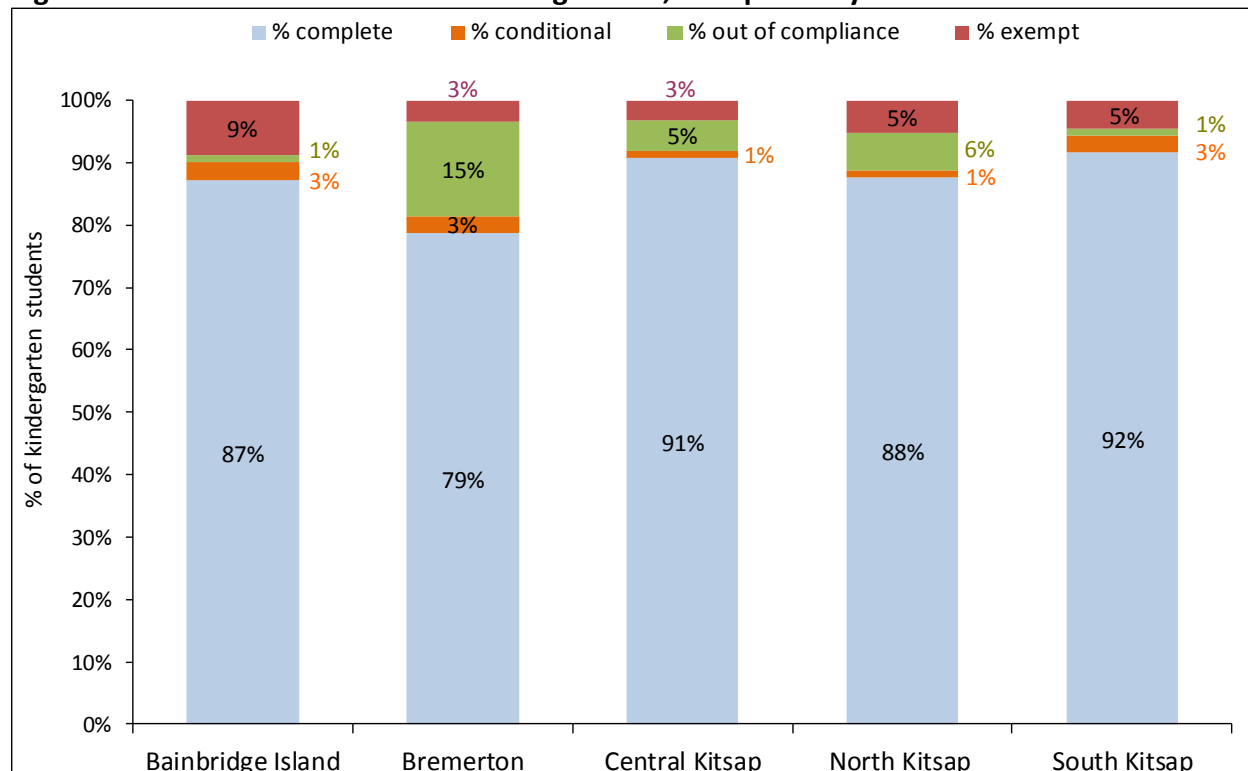


*immunization status is parent reported and is not verified with health care providers

Immunization rates for kindergarteners vary by school district (Figure 62).⁴⁶ For the 2017-18 school year, the Central and South Kitsap school districts both had more than 90% of students with complete immunizations. Bainbridge Island continued to have about 87% immunized, which was a big jump from only 79% during 2014-15, when they had a dramatic rise in exemptions (19% of students). During 2017-18, exemptions for Bainbridge Island kindergarteners declined to only 9%, which is still the highest proportion in any of the five school districts within the county. Bremerton School District continues to have the highest rate

of non-compliance (i.e., the form is not turned in or despite having no exemption, immunizations are not complete). Bremerton's non-compliance has declined from 29% during the 2014-15 school year to only 15% in 2017-18, but there was no change from 2016-17 (15%) to 2017-18 (15%). As a result, Bremerton has the lowest rate (79%) of students who are complete on their immunizations. Both Bremerton and North Kitsap's rates decreased from 2016-17 to 2017-18. Central Kitsap was the only school district to see an increase in immunization rates in 2017-18.

Figure 62. Immunization Status of Kindergartners, Kitsap County School Districts: 2017-18⁴⁶



In 2017, only 52% of 19- to 35-month-old children in Kitsap County had complete immunizations on time, which was statistically no different than in 2014, 2015 or 2016 (50%, 51% and 52% complete, respectively).⁴⁶ Coverage in this age range tends to be fairly poor throughout Washington State, although the state rates have consistently been statistically significantly higher than Kitsap at 56% in 2014, 58% in 2015, 59% in 2016 and 60% in 2017. The complete set of immunizations for this age group includes 4-DTP, 3-Polio, 1-MMR, 3-Hib, 3-HepB, 1-Varicella and 4-PCV.

The development of vaccines enabled the eradication of smallpox from the planet. Similar attempts to eradicate polio are still underway globally. Most vaccine-preventable diseases have been reduced to very low levels in the U.S., but these diseases are prevalent elsewhere in the world. Today, with global travel so widespread, diseases can be easily brought into the country. Local epidemics of such diseases can result if people are not protected by vaccinations. Recent examples include pertussis (2012, 2014-15) and measles (2014, and 2019 in Clark County) in

Washington, measles in British Columbia (2010, 2013), and measles in multiple states linked to exposures at Disneyland (2015). These outbreaks illustrate the need for people to be up-to-date on recommended vaccinations not only for their individual health, but also for the protection of the community. This community protection is especially important for the very young (i.e., infants), elderly, and immune-suppressed because of the potential for them to have an inability to be fully protected by vaccines, a susceptibility to severe illness and/or complications and an increased likelihood of spreading communicable disease. In some cases, these most vulnerable populations are not medically able to receive vaccines at all. Population-level herd immunity (a high level of vaccinated persons in the community) can help protect the unvaccinated. However, when the number of susceptible persons (i.e., unvaccinated persons) reaches a high enough level, it allows for these preventable diseases to spread among the population. Unfortunately, for measles and pertussis for example, the percentage of vaccinated persons necessary to protect a community is high, around 95%, higher than any of our school districts currently attain.

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

Tobacco and Nicotine Exposure

The harmful effects of tobacco use are well-documented in the medical literature. Nicotine use by children and teens makes it more likely that they will have a lifelong battle with addiction.⁴⁷ Among Kitsap County 8th graders surveyed in 2012, 7% reported smoking cigarettes in the past 30 days.⁴¹ This increased to 20% among 12th graders. These percentages dropped in 2014, with only 5% of 8th graders and 16% of 12th graders reporting smoking cigarettes, and again in 2016, with only 4% of 8th graders and 14% of 12th graders reporting smoking cigarettes.

Despite this positive trend, however, the e-cigarette trends give cause for concern and highlight the need to monitor youth use and educate about the harm from nicotine and tobacco in any form. Vaping and e-cigarette use have gained popularity in recent years. These devices use a heated liquid nicotine solution to produce a vapor. Their high-tech design, easy availability, small size and many flavor options may make them more appealing to children and teenagers. Many devices resemble other innocuous items you might expect a teenager to use, such as USB drives, and can therefore be easily charged and used in schools and homes without detection. While many of the harmful effects of e-cigarettes are unclear, it is clear that this is unlikely to be a short-term fad. Although it is illegal in Washington to sell these to anyone under 18 years, data from the 2012 Healthy Youth Survey showed that 4% of youth (8th, 10th, and 12th graders) statewide and 6% in Kitsap County surveyed had used an e-cigarette.⁴¹ These percentages

climbed alarmingly in 2014 to 15% statewide and 19% in Kitsap, however Kitsap's rate decreased to 7% in 2016. The highest rates of e-cigarette use were among 12th graders, at 23% and 27% for the state and county, respectively, in 2014; which are both up dramatically from 10% and 7% in 2012. The 2014 rates for 8th and 10th graders in Kitsap also jumped up, climbing to 9% and 23%, respectively, as compared to only 2% and 6% in 2012. The 2016 rates for 8th, 10th, and 12th graders were 7%, 10%, and 23%, respectively, which were decreases from the 2014 rates for all grades.

The liquid nicotine from e-cigarettes also presents a potential risk to children, as it can be absorbed through the skin or swallowed and result in potentially fatal poisoning in children.⁴⁷ There are currently no requirements for child safety caps on liquid nicotine for e-cigarettes. According to the Washington Poison Center (WAPC), calls regarding nicotine exposures increased dramatically to a peak in 2014, but calls declined slightly in 2015, 2016 and again in 2017.^{48,49} There were 20 calls in Kitsap in 2017 for nicotine exposures. Approximately 22% of calls for nicotine in 2017 were related to e-cigarettes. Children 0 to 5 years old continue to account for the majority of calls, including 85% in 2017. Most exposures (94.5%) were ingestion, with only 4.8% dermal and the rest inhalation/nasal/ocular. Since the callers' own homes have been the predominant location where exposures are occurring (67% in 2016), WAPC suggests that "prevention messaging and education should focus on safe storage, use and packaging."

The negative health impact of second-hand smoke has also been well documented in the medical literature. Of the HS/EHS/ECEAP parent survey respondents, 39% reported smoking in the past 30 days in 2013 and 41% did in 2016. There was variation in the proportion of respondents smoking among agencies. A total of 25% of Suquamish respondents reported smoking, 37% of KCR respondents, 42% of OESD respondents, and 42% of S'Klallam respondents. The estimate of current smoking within the Kitsap County adult population was 12% in 2016, the lowest since at least 2011, but it increased in 2017 to 16%.⁵⁰ Because of the small number of survey responses involved in creating this estimate, the increase and previous year's decrease are likely due to fluctuation in small numbers, rather than a cause for concern.

Overweight and Obesity

The proportion of Kitsap County adults estimated to be at a healthy weight (BMI = 18.5-24.9) was 40% in 2011, 36% in 2016 and 37% in 2017.⁵⁰ The child population tends to be better than adults, yet still only 72% of 8th graders reported being at a healthy weight (BMI below 85th percentile) in 2014 and 71% in 2016.⁴¹ This rate has remained relatively stable and statistically unchanged since 2006 (74%). The rate among Kitsap County Head Start enrollees is much more variable due to small numbers. Among enrollees during the 2017-18 school year, more than one-fourth (27%) of children were overweight or obese (Table 23).¹¹ This is a lower percentage than last year (34%) and previous years (31% in 2015-16 and 28% in 2013-14). All agencies' percentages decreased this year; however, the proportion reported by the Suquamish Head Start program continues to be higher than other agencies (41% in 2017-18; 53% in 2016-17).

Table 23. Overweight and Obese Head Start Enrollees by Agency, Kitsap County: 2017-18¹¹

	Head Start			
	At a healthy weight	Overweight or obese	Total students with weight reported at enrollment	% overweight or obese
Kitsap Community Resources	195	72	277	26%
Olympic Educational Service District	123	47	176	27%
Port Gamble S'Klallam Tribe	24	8	33	24%
Suquamish Tribe	21	15	37	41%
Kitsap County Total	363	142	523	27%

Note: Table does not include underweight which comprised 4% of KCR, 3% of OESD, 3% of Port Gamble and 3% of Suquamish. Not reported for Early Head Start.

H. Mental Health

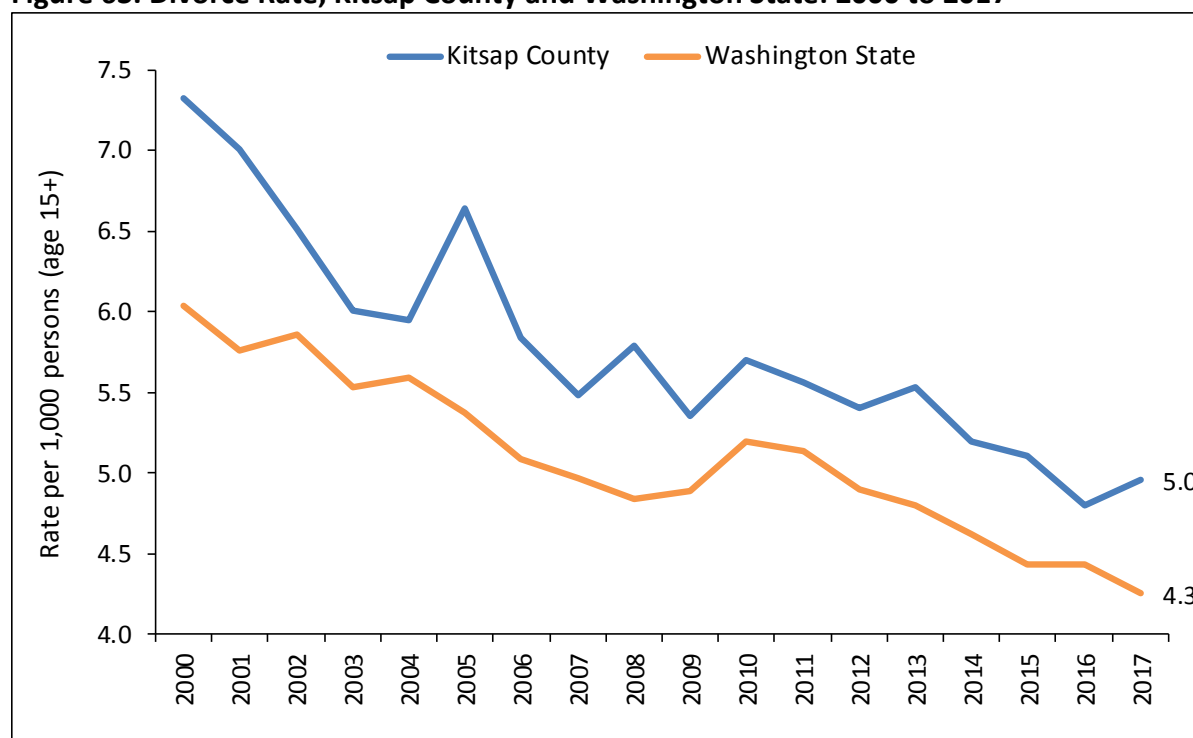
Stress and Emotional Well-Being

Children with a mentally ill parent have a higher risk for developing mental illnesses than other children, and when both parents are mentally ill, the chance is even greater.⁵¹ Moreover, mental illness of a parent can put stress on the marriage and affect the parenting abilities of the couple. The circumstances a child is raised in can independently influence mental health. An inconsistent, unpredictable family environment also contributes to mental illness in children. In both the 2013 and again in the 2016 Head Start/Early Head Start parent survey, 21% of respondents described the amount of usual stress in life on most days as ‘quite a bit stressful’ or ‘extremely stressful.’ Eighteen percent of parent respondents in 2013 reported experiencing 14 or more days of poor emotional well-being in the past month, compared to 10% of the adult Kitsap County population in 2013; the proportion was only 12% on the 2016 parent survey.

The proportion of Kitsap County children with military parents who have been sent to a combat zone is notable. Overall, 44% of Kitsap County eighth-graders surveyed in 2014 and in 2016 reported having at least one parent or guardian who had served in the military. Of those in 2014, 27% reported that the parent or guardian had been sent to a combat zone (Iraq, Afghanistan or other combat zone).⁴¹ The question was not asked in 2016. Given the large military presence in Kitsap County, it is not surprising that this figure is much higher than Washington State overall, where 73% of eighth-graders in both 2014 and 2016 reported that neither of their parents or guardians had ever served in the military.

The divorce rate has shown a decreasing trend in both Kitsap County and in Washington State since 2000; however, the county rate remains higher than the state (Figure 63).²³ In 2016, there were a total of 788 divorces for couples in which “Person B” (formerly listed on the divorce certificate as “wife”) was a resident of Kitsap County. Of these, 419 (54%) involved families with children.⁵²

Figure 63. Divorce Rate, Kitsap County and Washington State: 2000 to 2017²³



The Washington State Healthy Youth Survey (HYS) is a survey of 6th, 8th, 10th and 12th grade students in Washington that is administered every 2 years and designed to measure health risk behaviors that contribute to morbidity, mortality and social problems among youth in Washington State. The HYS is a collaborative effort of the Office of the Superintendent of Public Instruction, the Department of Health, the Department of Social and Health Service's Division of Behavioral Health and Recovery and the Liquor and Cannabis Board. On the 2016 HYS, more than 1 in 5 6th graders (22%) in Kitsap County said they never feel sad or hopeless.⁴¹ Of those that do occasionally feel sad or hopeless, almost 9 out of 10 (89%) said there are adults they can turn to for help. Results were similar for 8th, 10th and 12th graders. About 8 out of 10 (80%) 8th, 10th and 12th graders marked 6 or above on a scale of 0 to 10 reporting that they looked forward to the future.

The HYS also asks questions designed to get at opportunities for prosocial involvement in the community and in one's family. Children who have the opportunity for involvement in their families and their communities can have more of a sense of belonging and higher self esteem, leading to a higher ability to handle stress and deal with problems effectively. In 2016, more than half of 6th, 8th, 10th and 12th graders (57%) scored as having high opportunities for prosocial involvement in their families, based on questions about whether they could ask their parents for help with personal problems, whether their parents ask their opinions before making decisions that affected them, and whether their parents give them lots of changes to do fun things with their parents.⁴¹ A higher percentage of students (80%) scored high in opportunities for prosocial involvement in their community. Questions regarding community prosocial involvement included whether there were adults in the community with which they

could talk, whether there were activities available in the community for kids such as scouts, sports, YMCA, 4-H and arts groups and whether the survey respondent participates in these extracurricular activities.

Adverse Childhood Experiences

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

A Washington Department of Social and Health Services (DSHS) study evaluated ACEs among 125,123 Medicaid eligible clients who were ages 12 to 17 during fiscal year 2008 and who had at least one parent.⁵³ ACEs were identified by reviewing other DSHS administrative data for the parents of these clients during the prior 5 years (or lifetime), such as any domestic violence arrests for either parent, substance abuse-related diagnoses or service encounters, mental health diagnoses or encounters, any family involvement in the child welfare system, death of a parent, episodes of homelessness, etc. Of the youth, 32% had no adverse experiences but almost 30% had 3 or more, and 7% had 5 or more ACEs. The study found that the number of adverse experiences among youth were directly related to having a substance abuse or mental health problem later in life, with the risk increasing with each added adverse experience. However, they also noted that risk levels vary greatly by type of experience, with child abuse or neglect increasing risk at a much higher rate than other factors.

In Kitsap County, an estimated 29% of adults (2011) experienced 3 or more ACEs, about the same as Washington State (28%).⁵⁰ The question has not been asked again since 2011. Data from two of the Kitsap Public Health District programs serving low-income pregnant women and first-time mothers illustrate that ACEs are quite pervasive among this population, especially when compared to the general population. In 2013-14, more than half (58%) of the Nurse Family Partnership (NFP) clients had 3 or more ACEs (mean 4.2) and 51% of the Maternity Support Services (MSS) clients had 3 or more ACEs (mean 3.1).⁵⁴ In 2017, MSS clients were only offered ACEs screening between January 1, 2017 and September 30, 2017, while NFP clients received screenings throughout the year. In 2017, more than half (58%) of MSS clients and almost 3 out of every 4 NFP clients (73%) reported having 3 or more ACEs. This data is no longer being collected for MSS clients, but for NFP clients in 2018 who were screened (51 mothers), 69% reported having 3 or more ACEs and almost half (49%) had 5 or more ACEs.

There are several initiatives in Washington State focused on preventing and mitigating the effects of ACEs. The Compassionate Schools Initiative within Student Engagement and Support at the Office of Superintendent of Public Instruction (OSPI) provides resources to schools aspiring to consider a trauma informed and trauma responsive infrastructure. Compassionate Schools are focused ultimately on helping Washington teachers understand fundamental brain

development and function, learning pedagogy, recognize a mandate for self-care, correctly interpret behaviors, manage negative behaviors successfully with compassionate and effective strategies, and engage students, families and the community.⁵⁵ The Essentials for Childhood Initiative is striving to ensure all children in Washington State thrive in safe, stable and nurturing relationships and environments, by educating stakeholders on brain science, ACEs and resilience, transforming and aligning systems and services to prevent and mitigate the impact of trauma through family-centered services, supporting community ownership, impact and action, improving data sharing and inspiring innovative policy and financing solutions.⁵⁶

Kitsap Strong, formed in 2015, is a community initiative whose mission it is to "improve the overall health and well-being of Kitsap and its residents, through the prevention of ACEs and the building of resilience."⁵⁷ Kitsap Strong is using a collective impact approach to engage and educate community agencies and leaders about ACEs and resiliency, and to encourage innovative approaches and partnerships to address ACEs in our community. It is the hope of Kitsap Strong to engage agencies across the entire lifespan, from prenatal care and early childcare providers all the way through hospice care, and to foster new and stronger working relationships between agencies.

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 became members of the first cohort. In 2018, two new Collective Learning Academy cohorts were created. With OESD as the lead, a cohort of schools and school district personnel began in May and continues to meet once a month throughout the school year regarding trauma's impact in the education environment and how to implement trauma-sensitive school practices within classrooms. In addition, a new cohort of 11 organizations started in the fall. Participants of the CLA are 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. Kitsap Strong held 30 NEAR trainings for approximately 1,160 people during 2015, 74 trainings for 2,440 people in 2016, 132 trainings for 2,421 people in 2017 and another 99 trainings for 2,526 people in 2018.

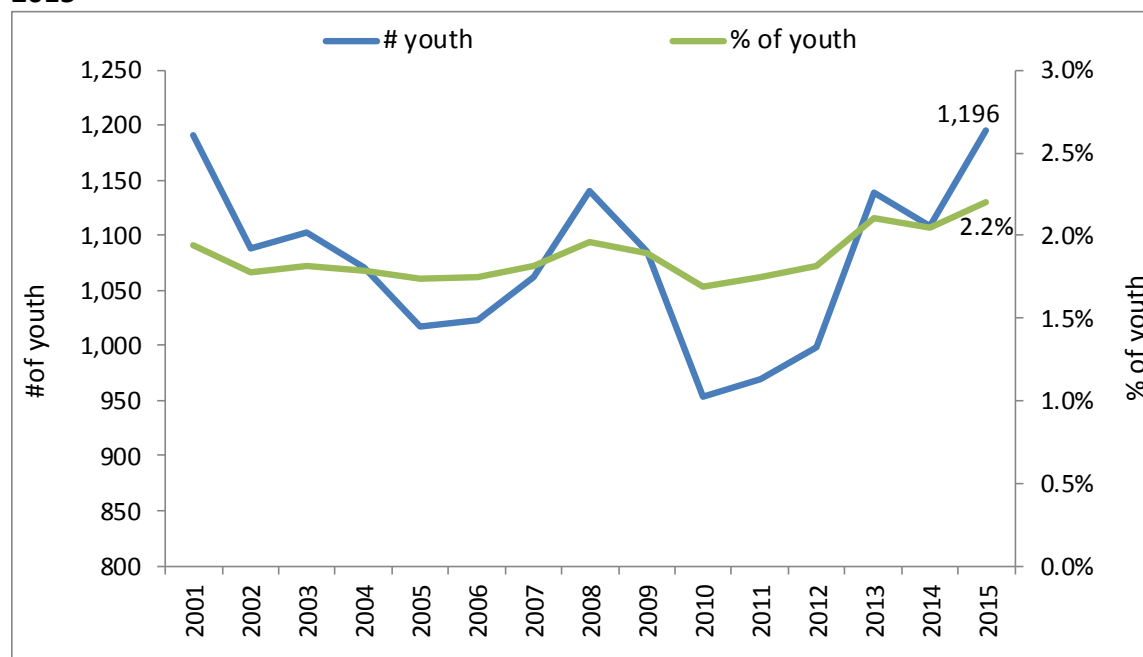
In 2016 and continuing into 2018, Kitsap Strong has been working with Olympic College to help find ways to equitably support residents in succeeding in graduate studies. This was selected as a project because there is data that shows high rates of mental health problems among community college students along with other disparities in educational outcomes across race, disability and income. Education is viewed as a pathway out of intergenerational ACEs, but at the same time education can be a barrier if there is not educational equity. The Olympic College Foundation provides funding to support the Graduate Strong Network and works with the Kitsap Strong Leadership and Steering Committees, in addition to participating in the broader network. In turn, Graduate Strong is supporting Olympic College's Achieve the Dream initiative,

as well as supporting their recruitment for the first cohort and pilot of the Olympic College Promise for enrollment fall 2019.

Children Receiving Mental Health Services

According to DSHS, the proportion of Kitsap County children ages 0 to 17 receiving state-funded mental health services has statistically increased, albeit gradually between 2001 and 2015 (Figure 64).⁵⁸ Throughout this period the rate has averaged 1.9%, although in 2015 it was 2.2%. No specific data are available regarding the type of services provided. As of January 2019, there is no new data for fiscal years 2016 and 2017. Table 24 provides information regarding the type of mental health services provided specifically to Head Start/Early Head Start children by program in Kitsap County.¹¹

Figure 64. Children* Receiving State-funded Mental Health Services, Kitsap County: 2001 to 2015⁵⁸



*Includes children ages 0-17 years

Table 24. Mental Health Services Provided to Early Head Start/Head Start Children by Program and Agency, Kitsap County: 2017-18¹¹

	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	2	16	2	2	43	33	5	5
# of children for whom the MH professional consulted with the parent(s) /guardian(s) about their child's behavior/mental health	0	12	15	2	1	4	2	4
# of children for whom the MH professional provided an individual mental health assessment	0	3	0	0	1	4	5	0
# of children for whom the MH professional facilitated a referral for mental health services	0	3	0	0	1	4	0	0
# of children who were referred by the program for mental health services outside of Head Start since last year's PIR was reported	0	16	0	0	1	4	0	0

I. Pregnancy and Birth Outcomes

Proper nutrition and health are essential to ensure a woman is ready to carry a baby and that the baby receives essential nutrients for even the earliest developmental stages. Appropriate prenatal care promotes early detection and effective treatment of any complications. Ideal results are a full-term pregnancy without unnecessary interventions, delivery of a healthy infant, and a healthy postpartum period in a positive environment that supports the physical and emotional needs of the woman, infant, and family. However, about half the pregnancies in Washington State are unintended.⁵⁹ Unintended pregnancies, and especially unwanted pregnancies, have a wide range of negative consequences.

Teen Pregnancy

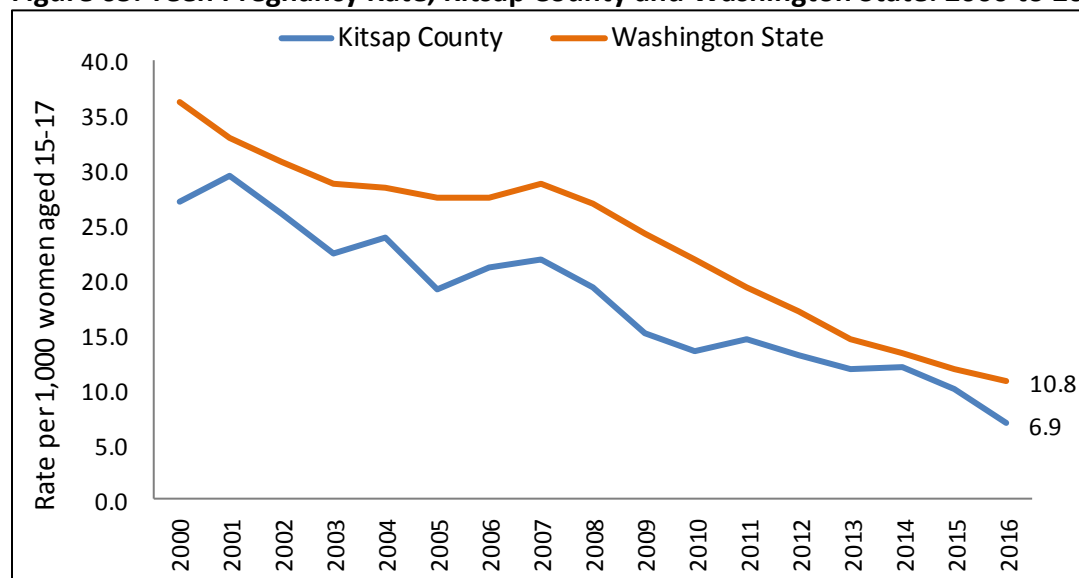
Teenage mothers are less likely to get or stay married and more likely to have lower levels of education, to require public assistance, and to live in poverty than their peers who are not mothers. Recent 2010 estimates of the attributable cost of teenage pregnancy to U.S. taxpayers were \$9.4 billion annually, with \$124 million from Washington State taxpayers alone, due to increased reliance on public-funded health care and foster care, increased incarceration rates, and lost tax revenue because of lower educational attainment and income among teen mothers.⁶⁰ 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.⁶¹

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 while pregnant, and more likely to have a low birth weight infant.⁶¹ Furthermore, their infants may be at greater risk of neonatal death, child abuse and neglect, and behavioral and educational problems at later stages.

The teen pregnancy rate is the number of births plus the number of induced abortions among 15- to 17-year-old women per 1,000 women age 15 to 17 years. The Kitsap County rate has statistically decreased, with an annual percent change of 11%, from 2008 to 2016, and has remained statistically significantly lower than the Washington State rate (Figure 65).² During

2016, the county rate was 6.9 per 1,000. Nationally, the rate of teen births has also been declining. According to the Centers for Disease Control and Prevention (CDC), the reasons are not clear, but it appears that teens are less sexually active on the whole and the use of birth control seems to be higher among those who are sexually active.⁶¹

Figure 65. Teen Pregnancy Rate, Kitsap County and Washington State: 2000 to 2016²



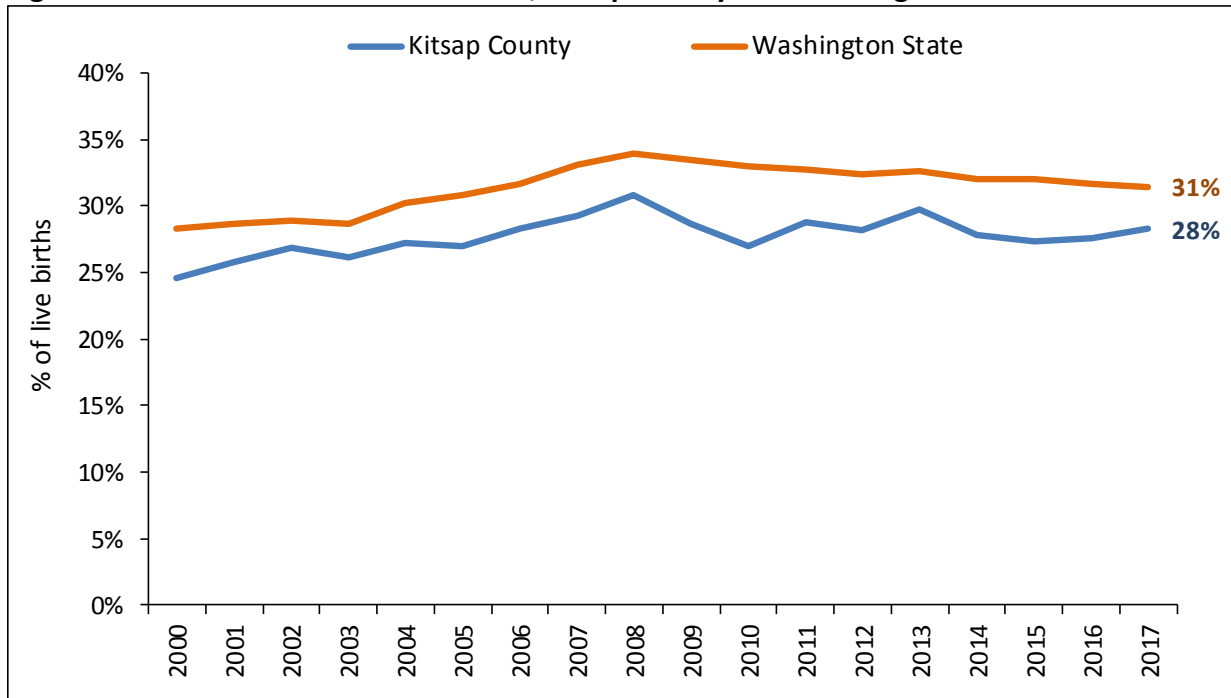
Because pregnancy rate includes both births and induced abortions, the birth rate is considerably lower, about 1.7 births for every 1,000 teens under age 18 in Kitsap County in 2016.² From 2012 to 2016, teen birth rate varied across the county and was considerably higher in Bremerton than other areas of the county. During this time, Bremerton had a teen birth rate of 6.1 births per 1,000 teens, while South Kitsap's rate was 2.4, Central Kitsap's rate was 2.0, North Kitsap's was 1.1 and Bainbridge Island had less than 10 total births to teen women.

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.⁶² Research has found that marriage is likely to raise economic status since the potential earnings and/or reduced child care costs are usually higher than the costs of necessities for the additional person.

The rate of births to unmarried mothers in Kitsap County has historically remained below the statewide rate, with both showing similar statistically significant increases until peaks in 2008 (Figure 66).² In Kitsap, the rate statistically increased from 2000 through 2008 at 2% per year but has wavered a bit since then with no statistically significant change detected. The state rate had a statistically increasing trend from 2003 to 2008, which then began statistically declining at 0.8% annually through 2017. In 2017, more than a quarter (28%) of all births to Kitsap County resident women were to unmarried mothers, roughly the same as 2016.

Figure 66. Births to Unmarried Mothers, Kitsap County and Washington State: 2000 to 2017²



There are differences across the county in the percentage of births to unmarried mothers. In 2017, Bremerton had the highest percentage with 40% of births to Bremerton residents being to unmarried mothers, followed by South Kitsap (30%), North Kitsap (26%), Central Kitsap (22%) and Bainbridge Island (10%).²

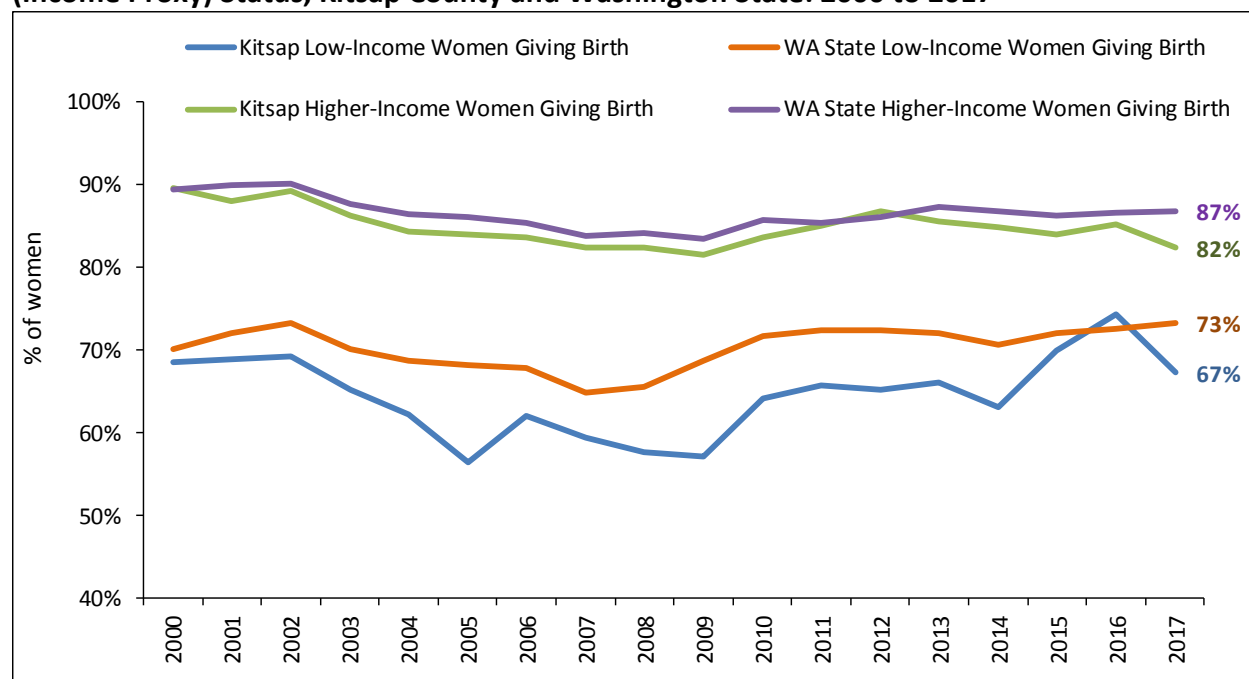
Prenatal Care in the First Trimester

Early prenatal care is an important component of a healthy pregnancy. Regular check-ups allow for early detection, treatment, and management of medical and obstetric conditions, such as pregnancy-induced hypertension and diabetes. Prenatal visits also provide an opportunity for healthcare providers to educate women about proper nutrition, safe sexual practices, the dangers of smoking and the use of alcohol and drugs, and other factors that might affect pregnancy outcomes. Infant mortality rates have been shown to be higher for women who begin prenatal care after the first trimester.⁶²

Overall, more than 8 out of every 10 (81%) civilian women in Kitsap County began prenatal care in the first trimester during 2017, which was higher than the state's rate (76%), but about the same as Kitsap's rate last year (2016, 81%).³ However, the rates of prenatal care initiation differ substantially between women who are low income (as assessed by having a Medicaid-paid delivery) and women of higher income status (defined as having a non-Medicaid paid delivery). As shown in Figure 67, the Kitsap rates of first trimester initiation have historically been lower than the statewide rates whether low income or not, though the difference has been even more pronounced among the low-income women.³ Despite these lower rates of care initiation, there have been improvements among the Kitsap County low-income women, with the rate

statistically significantly increasing between 2008 and 2017. Kitsap’s rate for low-income women was higher than the state average in 2016 but is lower again for 2017 births. Only 67% of low-income women in Kitsap (about 2 in 3) initiated care during the first trimester in 2017. While higher income women in Kitsap County have historically had no statistically significant recent change, as of 2017 there is now a statistically significant decreasing trend among higher income women from 2012 to 2017, reaching 82% in 2017, the lowest percentage since 2009. Self-reported information on starting prenatal care can be biased by memory recall and knowledge of when the second trimester started, however it is very valuable in assessing intent. Among female HS/EHS parents surveyed in 2011 and 2013, there was a slight increase in the percentage (76% to 81%) who reported having a baby in the past five years and starting prenatal care in the first trimester. In the 2016 parent survey, there were 90 women who had babies within the last 5 years, and of those, 88% reported starting prenatal care in the first trimester.

Figure 67. Civilian Women Who Began Prenatal Care in the First Trimester by Medicaid (Income Proxy) Status, Kitsap County and Washington State: 2000 to 2017³



Prenatal care initiation in the first trimester varies by Medicaid status, and not surprisingly, it also varies by which area of the county a mother lives in. In 2017, mothers in Bremerton have the lowest percentage initiation of prenatal care in the first trimester (70%).³ Seventy-six percent of South Kitsap mothers, 79% of North Kitsap mothers, 80% of Central Kitsap and 88% of Bainbridge Island mothers initiate prenatal care in the first trimester.

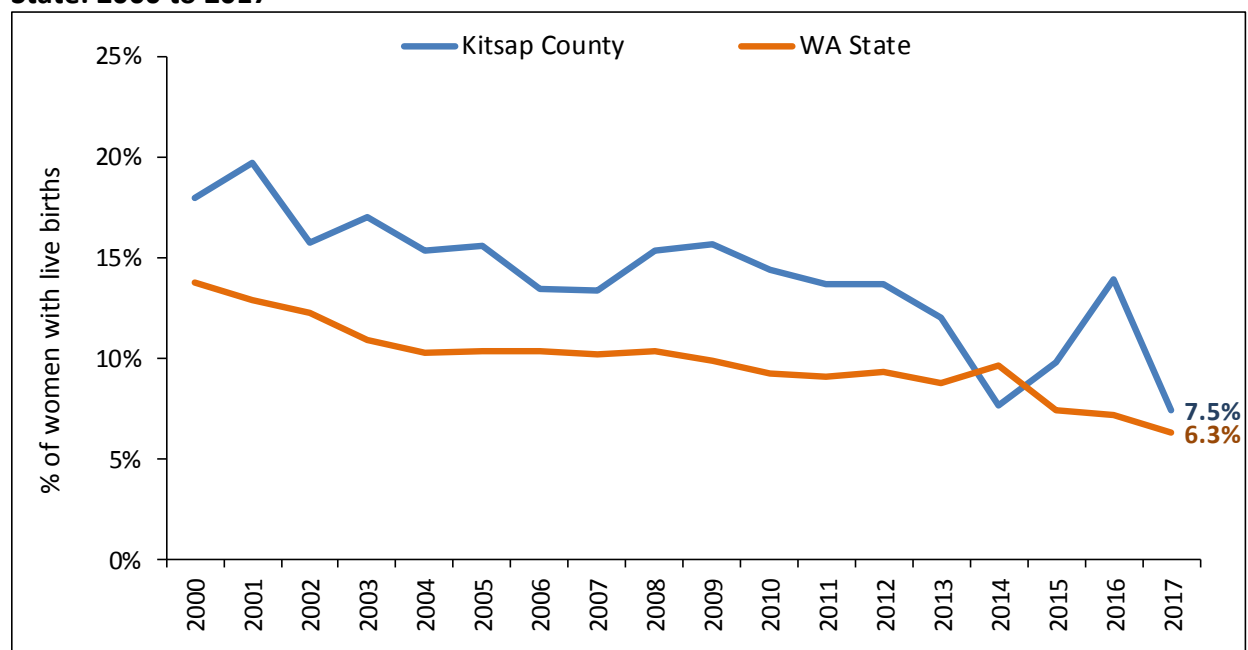
Smoking during Pregnancy

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.⁶³ Despite these harmful effects, smoking during pregnancy still occurs. During 2013, 12.0% of civilian pregnant women in Kitsap County smoked during their pregnancy, but in 2014 we saw a dramatic drop down to only 7.7% and for the first time in many years Kitsap had a lower rate than the state (Figure 68).³ In 2015, this crept back up to 9.8%, and then up to 13.9% in 2016, again above the state's rate, which has showed a significant decline. In 2017, Kitsap's rate was back down to 7.5%, but still statistically significantly worse than the state's rate of 6.3%.

There is some concern that traditional cigarette use may be replaced by e-cigarette use, similar to what appears to be occurring among teens (see "Tobacco and Nicotine" above in Section G – Health). However, we currently have no data specifically about e-cigarette use among pregnant women in the county. The U.S. Preventive Services Task Force concluded that the current evidence is insufficient to recommend e-cigarettes for tobacco cessation in adults, including pregnant women.⁶⁴ 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."⁶⁵

Figure 68. Civilian Women Who Smoked during Pregnancy, Kitsap County and Washington State: 2000 to 2017³



Within Kitsap County in 2017, the highest percentage of smoking during pregnancy for civilian women was in Bremerton (12%), followed by South Kitsap (10%), Central Kitsap (8%) and North Kitsap (7%).³ Bainbridge Island's percentage was low, with less than 10 civilian women smoking during pregnancy.

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 25).³ During the 2014 dip in smoking rates, there were also dips in the rates of smoking during pregnancy by low income mothers, young mothers, and mothers with lower educational level (especially less than high school); each of these rates increased again in 2015. During the 2016 peak in smoking rates in Kitsap, there were corresponding peaks in smoking during pregnancy among civilian mothers (but not military), low income mothers, unmarried mothers and mothers with lower education levels. These subgroups had higher peaks than their corresponding comparison subgroup. For example, unmarried mothers had a much higher peak (increase) in 2016 than married mothers.

Table 25. Characteristics of Women Who Smoked During Pregnancy, Kitsap County: 2012 to 2017³

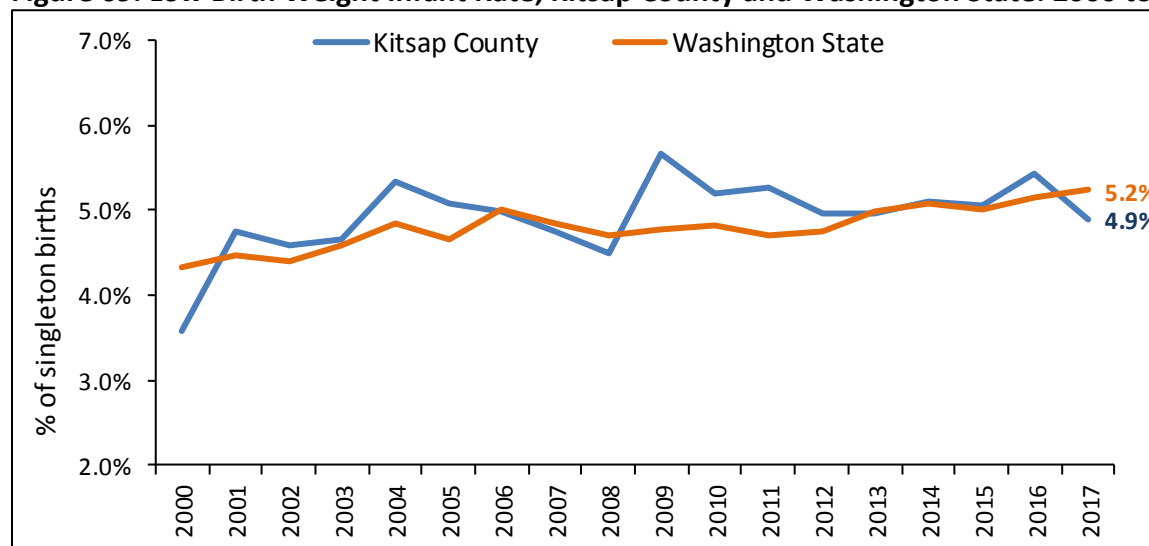
		Percentage of mothers giving birth who smoked during pregnancy					
Characteristic		2012	2013	2014	2015	2016	2017
Military status							
	Military	6%	6%	3%	3%	2%	2%
	Civilian	14%	12%	8%	10%	14%	9%
Low income							
	Medicaid-paid	23%	21%	12%	19%	24%	18%
	Other than Medicaid	6%	6%	4%	4%	5%	3%
Marital status							
	Married mother	6%	5%	3%	4%	5%	3%
	Unmarried mother	25%	22%	14%	19%	25%	18%
Age Group							
	≤ 24 years old	16%	15%	8%	10%	13%	11%
	25 to 29 years old	9%	10%	6%	9%	11%	7%
	30 to 34 years old	9%	7%	6%	6%	10%	7%
	≥ 35 years old	9%	6%	5%	7%	7%	4%
Mother's educational level							
	Less than high school education	27%	25%	13%	22%	29%	22%
	High school graduate or GED	19%	16%	10%	15%	18%	13%
	More than high school education	7%	6%	5%	5%	7%	4%
Birth weight							
	Low birth weight (<2500 grams)				12%	18%	10%

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.”⁶⁶ Health problems associated with low birth weight include neurodevelopmental disabilities, respiratory disorders, diabetes, and higher medical expenditures.^{66,67} In 2017, both Kitsap County and Washington State had low birth weight rates of 5 per 100 births (Figure 69).³ Although these rates have remained relatively stable, there have been very slight but statistically significant increases since 2000 for each. Within Kitsap in 2016 and 2017, Bremerton had the highest percentage of babies born at a low birth weight

(6.4%), followed by South Kitsap (5.2%), Central Kitsap (4.9%) and North Kitsap (4.1%).³ Bainbridge Island had less than 10 babies born at a low birth weight in 2016 and 2017.

Figure 69. Low Birth Weight Infant Rate, Kitsap County and Washington State: 2000 to 2017³

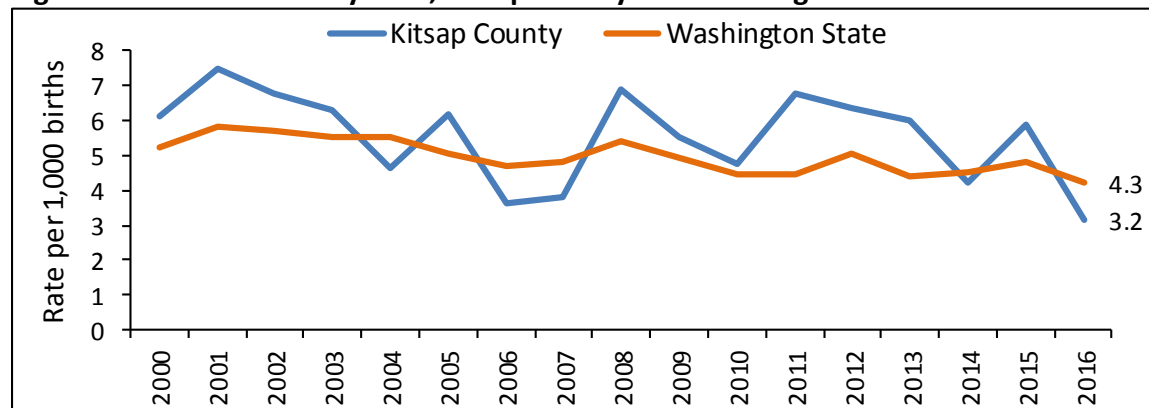


*singleton births only, <2,500 grams

Infant Mortality

Infant mortality is defined as deaths among babies less than 12 months old. The infant mortality rate in Kitsap County during 2017 was 3.2 per 1,000 live births (Figure 70).² There been no statistical change in the infant mortality rate from 2000 to 2016 nor any statistically significant difference from the state rate during this time. Infant mortality numbers are extremely small, too small to be reliable at sub-county geographies for single years. Over the past 10 years, all areas in Kitsap have had very similar infant mortality rates. Bremerton has had the highest rate (5.5 per 1,000), followed by North Kitsap (5.4 per 1,000), South Kitsap (5.1 per 1,000) and Central Kitsap (5.1 per 1,000). Bainbridge Island had less than 10 infant deaths in the past 10 years.

Figure 70. Infant Mortality Rate, Kitsap County and Washington State: 2000 to 2015²

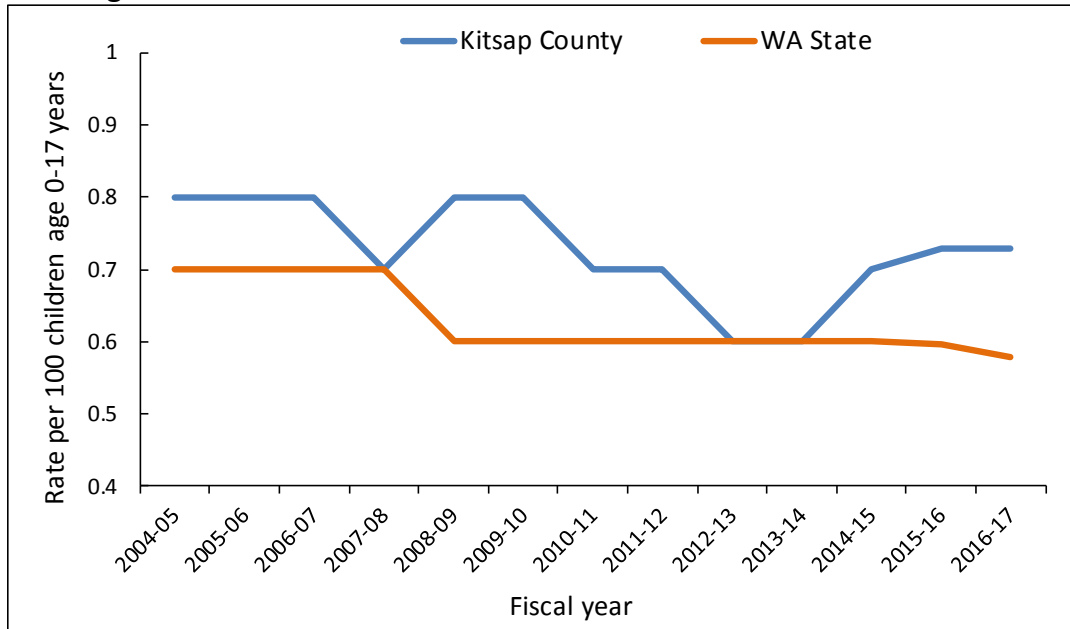


J. Children's Well-Being

Foster Care

According to the Washington State Department of Social and Health Services (DSHS), between fiscal year 2004-05 and 2016-17, an average of 414 Kitsap County children ages 0 to 17 years received foster care placement services each year.⁵⁸ 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 71).⁵⁸ The county use rate was 0.8 in 2004-05 and 0.7 in 2016-17, whereas the state rate was 0.7 in 2004-05 and 0.6 in 2016-17.

Figure 71. Rate of Children Who Received Foster Care Placement Services, Kitsap County and Washington State: 2004-05 to 2016-17⁵⁸



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 527 children and adult family members (of all ages) received support services each year from 2004-05 to 2016-17.⁵⁸

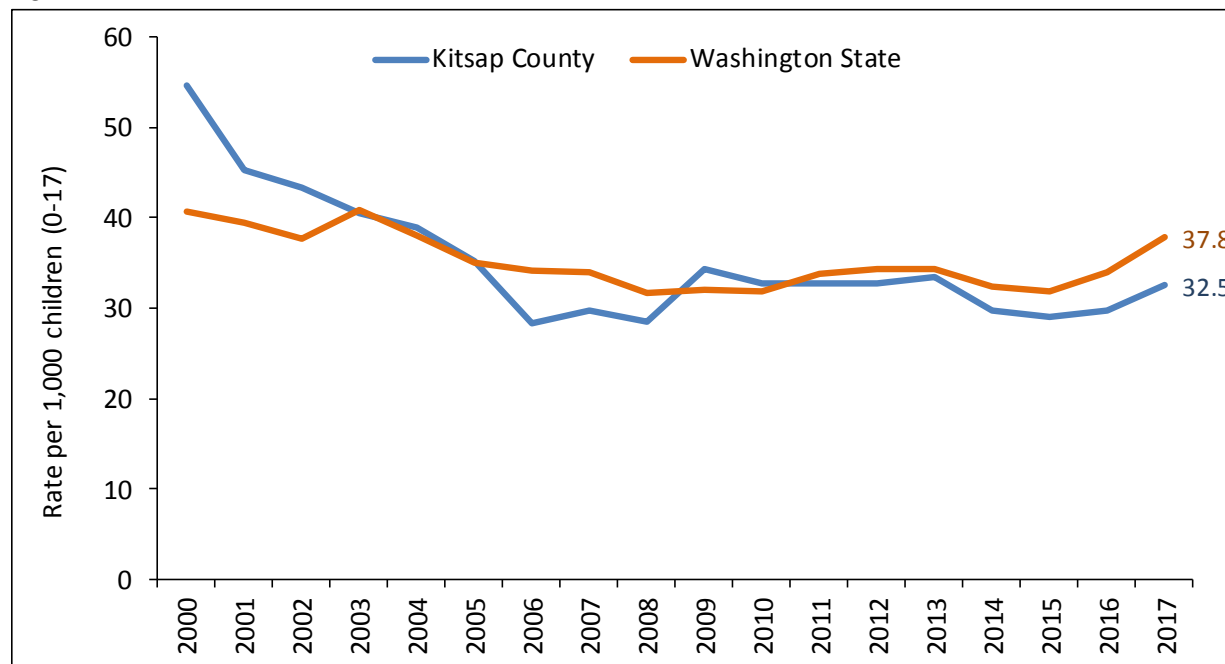
Bremerton has the highest rate of use, with 1.4 per 100 youth age 0 to 17 receiving foster care placement services in fiscal year 2016-17.⁵⁸ South Kitsap had the second highest rate (0.9 per 100), followed by Central Kitsap (0.6 per 100) and North Kitsap (0.5 per 100) Bainbridge Island had less than 11 youth receiving foster care placement services. The rates for all areas of Kitsap are essentially unchanged over the past 5 years, except for South Kitsap which increased slightly (from 0.7 per 100 in FY 2012-13).

At the end of 2016 there were 20 children in licensed foster care settings in the Port Gamble S’Klallam Tribe, roughly a rate of 7 to 8 children per 100 compared to Kitsap County’s overall rate of 0.7 per 100 children.⁷

Abuse and Neglect

The data on child abuse and neglect victims is based on accepted referrals by Child Protective Services (CPS), which is a referral to CPS that meets the sufficiency screen. The rate of accepted referrals for child abuse and neglect in Kitsap County statistically significantly declined at a rate of 8.5% per year from 2000 to 2006, but since then has remained statistically the same through 2017.²³ The rate has averaged 30.9 per 1,000 over the past 5 years, which is slightly lower than the Washington State 5-year average of 34.1 per 1,000 (Figure 72).

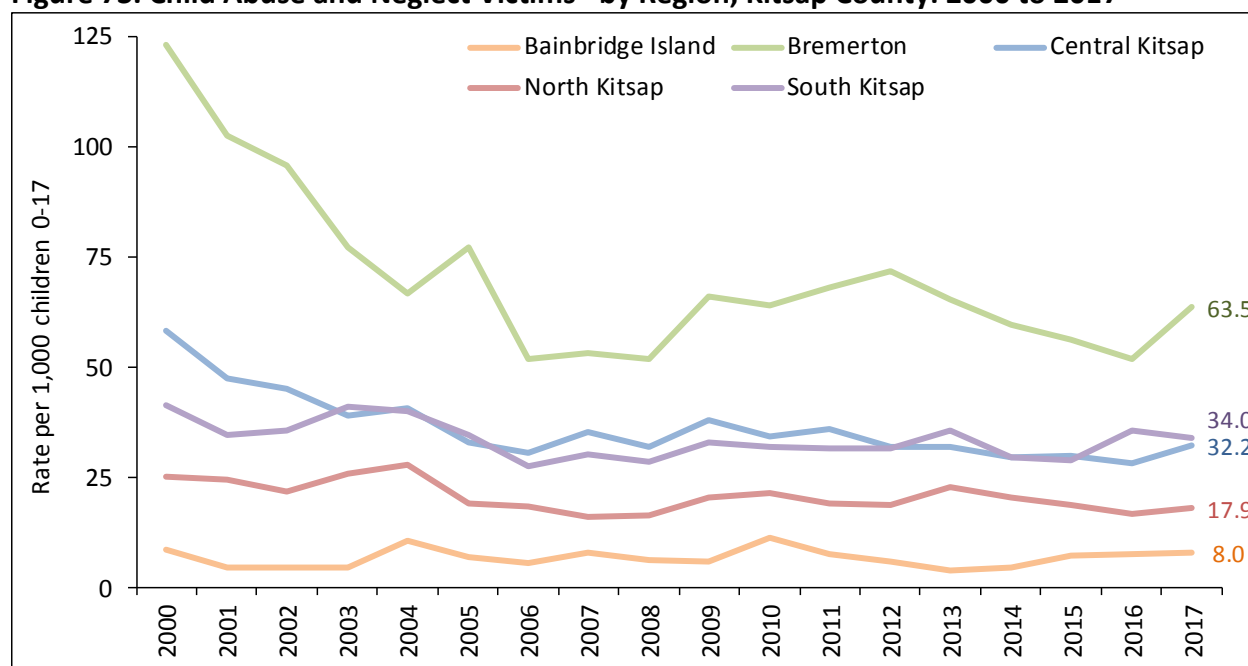
Figure 72. Child Abuse and Neglect Victims,* Kitsap County and Washington State: 2000 to 2017²³



*Accepted referrals by CPS

However, there is wide variation within the county districts (Figure 73). Bremerton has retained the highest rate of accepted CPS referrals since 2000, staying well above the other districts.²³ During 2017, Bremerton’s rate was 63.5 per 1,000. Bremerton’s rate has declined by almost half of what it was in 2000, but only by about 3% from just 5 years ago. The other districts have also shown decreasing trends from 2000 to 2017, with Central Kitsap also notable for its 45% decline since 2000, but only 1% decline in the past 5 years.

Figure 73. Child Abuse and Neglect Victims* by Region, Kitsap County: 2000 to 2017²³



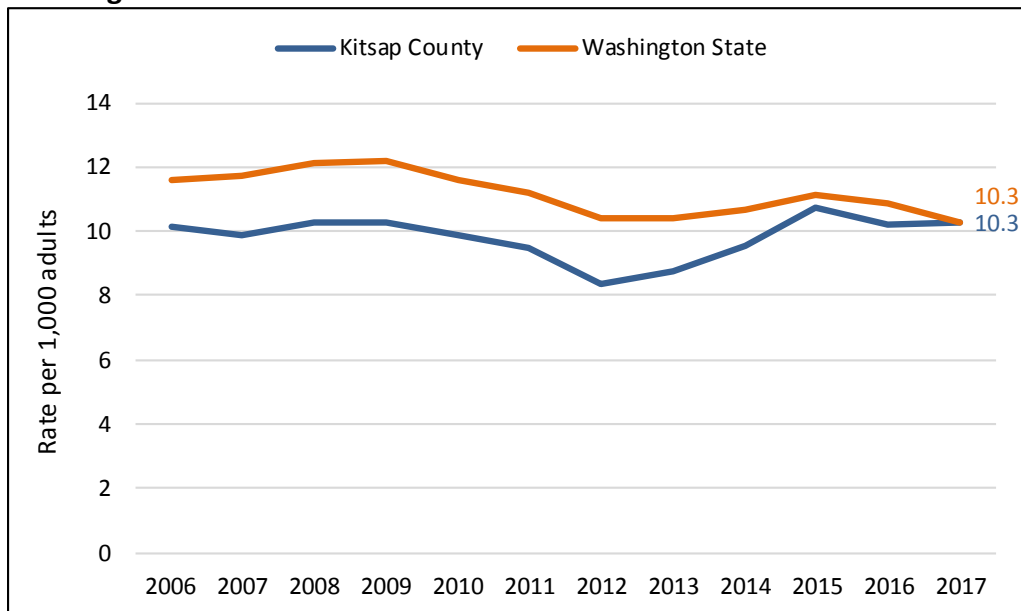
*Accepted referrals by CPS

At the end of 2016 there were 56 Port Gamble S’Klallam children in active foster care cases through the tribal Indian Child Welfare Services. Nearly all (54) were in active guardianships, licensed or unlicensed foster care settings, which is a rate of roughly 200 per 1,000 children. This is considerably higher than Kitsap County’s overall rate of accepted referrals for child abuse and neglect, which was 29.7 per 1,000 in 2016. It is important to note that in the S’Klallam community, the law indicates that substance use during the prenatal period constitutes substantiated maltreatment, which may partially account for the higher numbers.⁷ In 2018, there were 76 calls regarding child abuse and neglect for the Port Gamble S’Klallam Tribe, 8 of which were substantiated. In the 2016-17 survey of tribally-affiliated households administered by the Port Gamble S’Klallam Tribe, there were 356 children age 0 to 18. With 76 calls regarding these 356 children, this would be a rate of 213 per 1,000 children.

Arrests

Arrests of adult caregivers and role-models affect the well-being of the children near them. In addition, the experience of being arrested as an adolescent can have detrimental effects on the well-being and future of the adolescent. According to the Washington State Department of Social and Health Services (DSHS), in 2017 2,131 adults age 18 and older were arrested on alcohol violations.²³ Figure 74 shows the rate per 1,000 adults age 18 and older for alcohol violations. There has been no statistically significant trend over time and Kitsap’s rate is the same as Washington State’s rate.

Figure 74. Arrests to Adults Age 18+ for Alcohol-Related Violations, Kitsap County and Washington State: 2006 to 2017²³



Another 465 adults age 18 and older were arrested for drug law violations in 2017 and 285 were arrested for violent crimes. Figure 75 shows the rate per 1,000 adults age 18 and older for drug law violations and Figure 76 shows the rate per 1,000 adults age 18 and older for violent crime. Since 2012, there has been no statistically significant trend over time for drug law violations or violent crime arrests in Kitsap and Kitsap is not statistically significantly different than Washington State overall.

Figure 75. Arrests to Adults Age 18+ for Drug Law Violations, Kitsap County and Washington State: 2006 to 2017²³

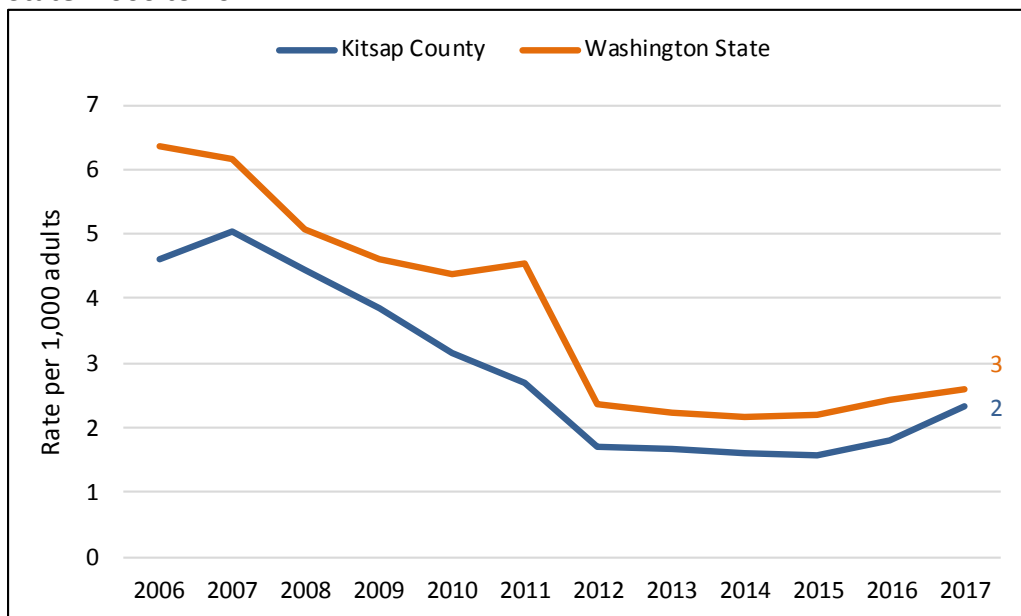
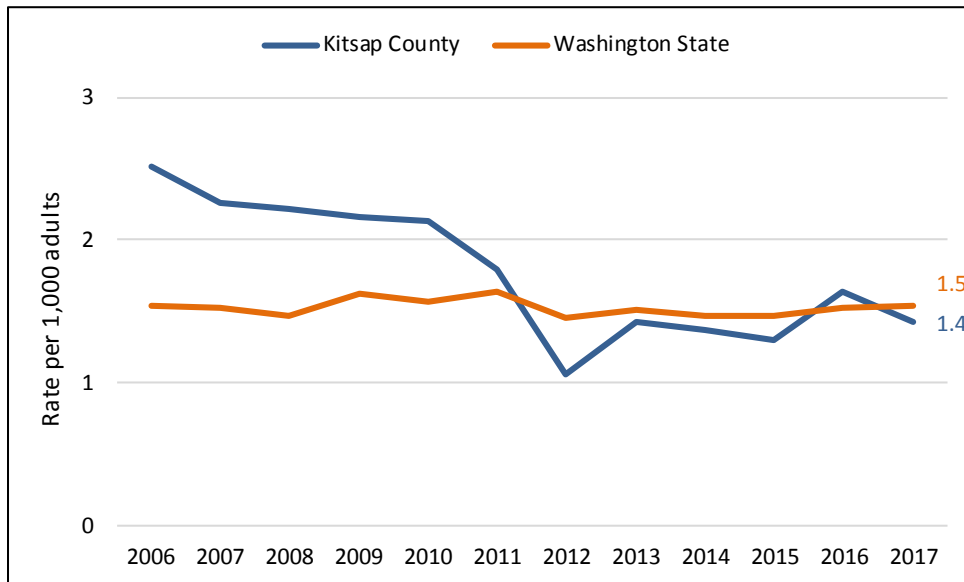


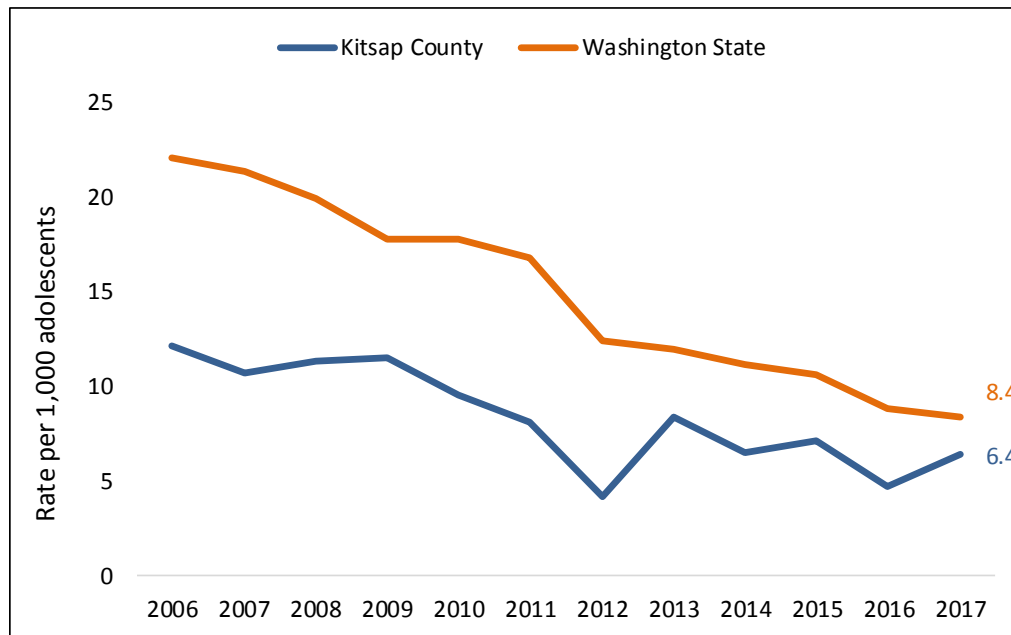
Figure 76. Arrests to Adults Age 18+ for Violent Crimes, Kitsap County and Washington State: 2006 to 2017²³



Fortunately, Kitsap County does not have to arrest many children ages 10 to 14, especially in recent years. From 2015 to 2017, there were less than 10 total Kitsap children ages 10 to 14 arrested for alcohol- or drug-related violations each year.²³ During this three-year period, the rate of children arrested for alcohol- or drug-related violations was only 0.3 per 1,000 in Kitsap, compared to a rate of 1.2 per 1,000 in Washington State overall in 2017. From 2015 to 2017, there were less than 10 Kitsap children ages 10 to 14 arrested each year for vandalism, for a three-year rate of 0.4 per 1,000 in Kitsap. Washington State overall had a rate of 0.7 per 1,000 in 2017. Both arrest rates for children have been decreasing in recent years in Kitsap.

The total arrest rate per 1,000 of Kitsap adolescents has been decreasing statistically significantly from 2006 to 2017 (Figure 77), but Washington State's rate has been decreasing faster than Kitsap's, slowly closing the gap between the rates.²³ In 2017, there were approximately 6.4 arrests for every 1,000 adolescents age 10 to 14 in Kitsap.

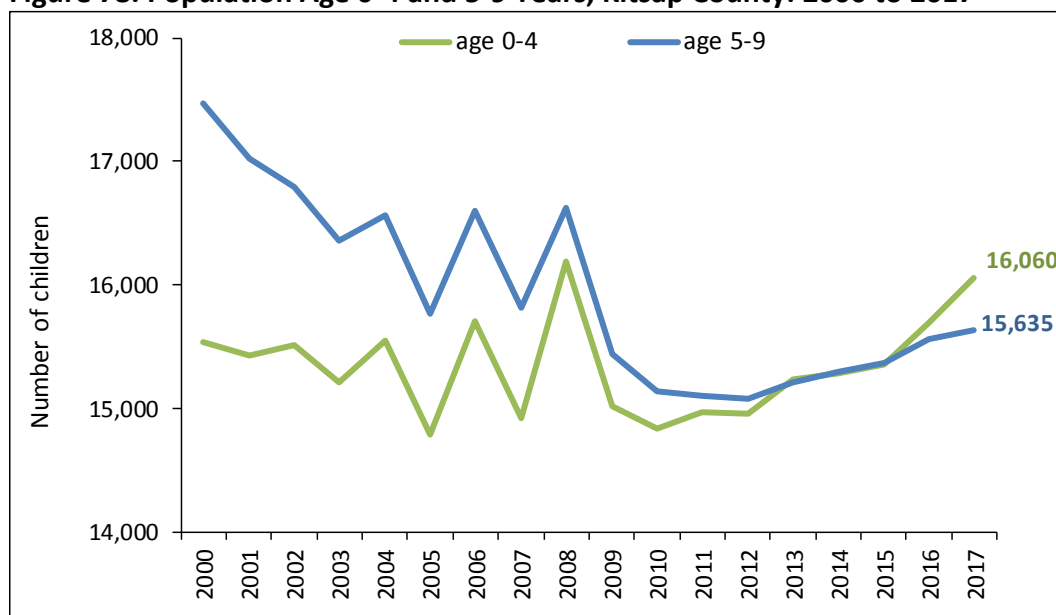
Figure 77. Total Arrests to Adolescents Age 10-14 per 1,000, Kitsap County and Washington State: 2006 to 2017²³



K. Childcare

There were an estimated 31,695 children under age 10 in Kitsap County in 2017.¹ This group, which makes up most of the population in childcare, has seen an overall decline since 2000, though has been increasing since 2010. As shown in Figure 78, the number of 0 to 4-year-olds in 2017 is just above what it was in 2000 (a 3.4% increase), while the 5 to 9-year-old group is 11% less.¹

Figure 78. Population Age 0-4 and 5-9 Years, Kitsap County: 2000 to 2017¹



Childcare Cost

Low-income families can access subsidized childcare through the Working Connections Child Care (WCCC) program administered by DSHS. WCCC helps low-income families (at or below 200% of the federal poverty level) pay for child care while adults work, look for work, or attend training. The program also provides childcare subsidy for families using unlicensed family, friends, or neighbor care if the provider is willing to undergo a criminal background check. According to Child Care Aware of Washington, 64% of children statewide requesting referrals for childcare through Child Care Aware were using subsidies in FY2017, and 64% in Kitsap County – up slightly from 58% and 57%, respectively in FY2016.¹⁶ In August 2016, Early Achievers (*see Section IV-B*) participation became mandatory for providers that accept WCCC subsidy for children ages birth to preschool. Even with subsidized care and/or working parents, the cost of childcare can often be too much for families to pay. Data from the 2016 KICC parent survey showed that only about a quarter of respondents were using childcare other than HS/EHS/ECEAP for children aged 0-5 years; of those parents, 40% reported difficulty finding needed care due to high costs, 30% said hours were not flexible enough for their schedules, and 17% cited difficulties due to limited spaces and long wait lists.

The annual cost of infant childcare in 2017 as a percentage of median household income for 2016 in Kitsap County was 14% in a family childcare home and 18% in a childcare center (Table 26).¹⁶ As compared to 2008, these costs for infant care have increased 25% and 43% for family childcare home (Figure 79) and childcare centers (Figure 80), respectively. Costs for toddler and preschool age children have also increased in both types of childcare settings, as shown in Figures 79 and 80. The largest increase from 2008 to 2017 was for infant care in a family childcare home, which increased 28% since last year. For a 3-person family living at 185% of poverty in 2017 (i.e., had an annual household income of \$37,777)⁸ the annual cost of infant childcare with no childcare subsidy at a family home was 24% of the household's annual income and 32% at a childcare center.^{1,16}

Table 26. Annual Cost of Childcare by Type* and Cost as a Percentage of Annual Income, Kitsap County and Washington State: FY2017¹⁶

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

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

Figure 79. Cost of Monthly Childcare at a Family Home Childcare, Kitsap County: 2008 and 2017¹⁶

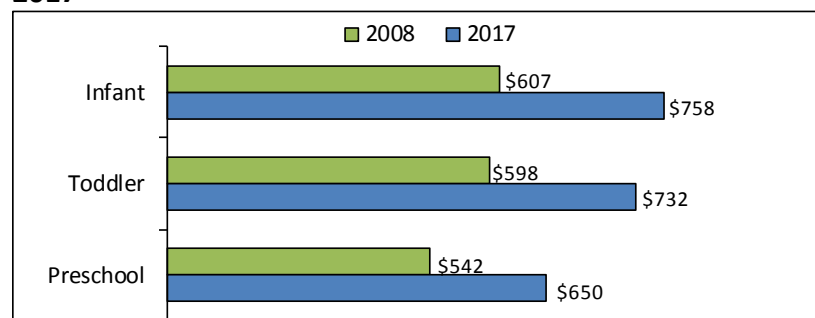
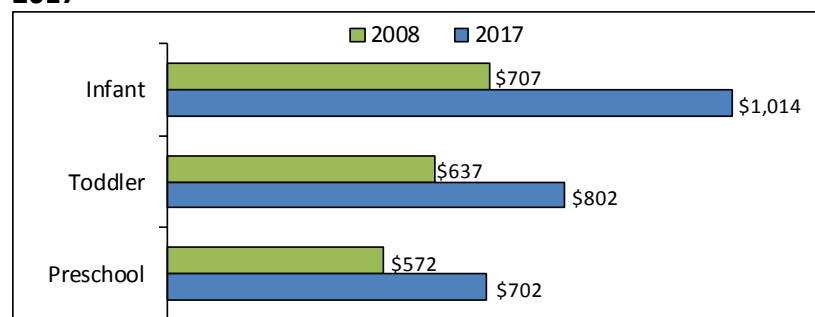


Figure 80. Cost of Monthly Childcare at a Center by Age Group, Kitsap County: 2008 and 2017¹⁶



In July 2018, the Washington State Department of Early Learning completed the 2018 Child Care Market Rate Survey Final Report, which evaluated the adequacy of child care rates and assisted the department in establishing maximum reimbursement rates for children served

though the state's child care subsidy program.⁸⁷ Approximately 52% of all licensed child care centers and 36% of all licensed family child care homes responded to the survey on which this report is based. For further information, please see the report at:

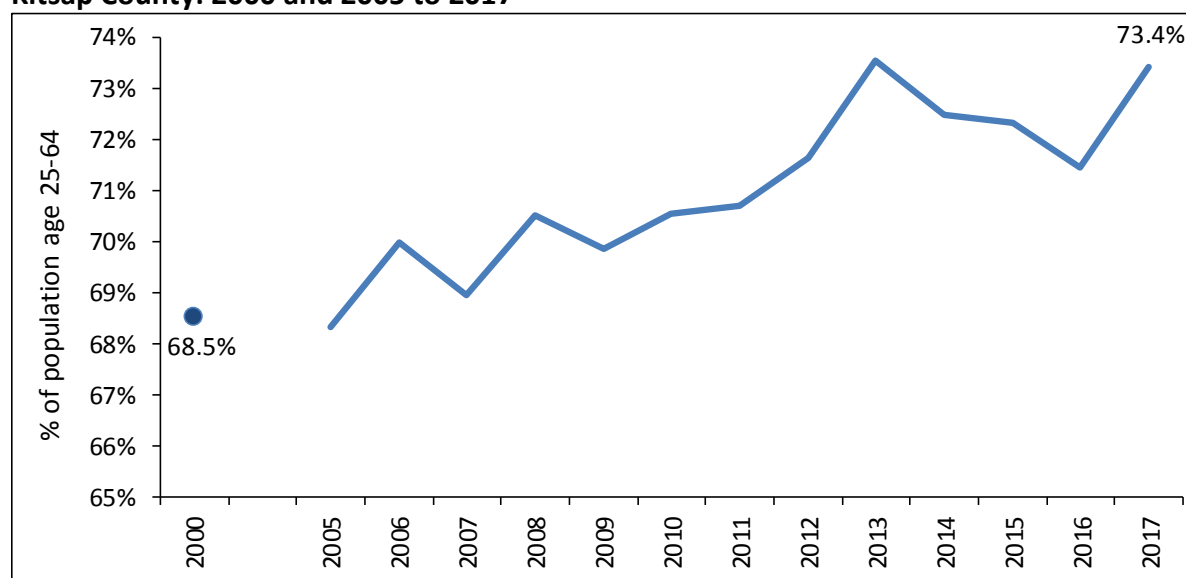
[https://www.dcyf.wa.gov/sites/default/files/pdf/reports/2018 Washington State Market Rate Survey.pdf](https://www.dcyf.wa.gov/sites/default/files/pdf/reports/2018%20Washington%20State%20Market%20Rate%20Survey.pdf).

L. Education

Adult Educational Attainment

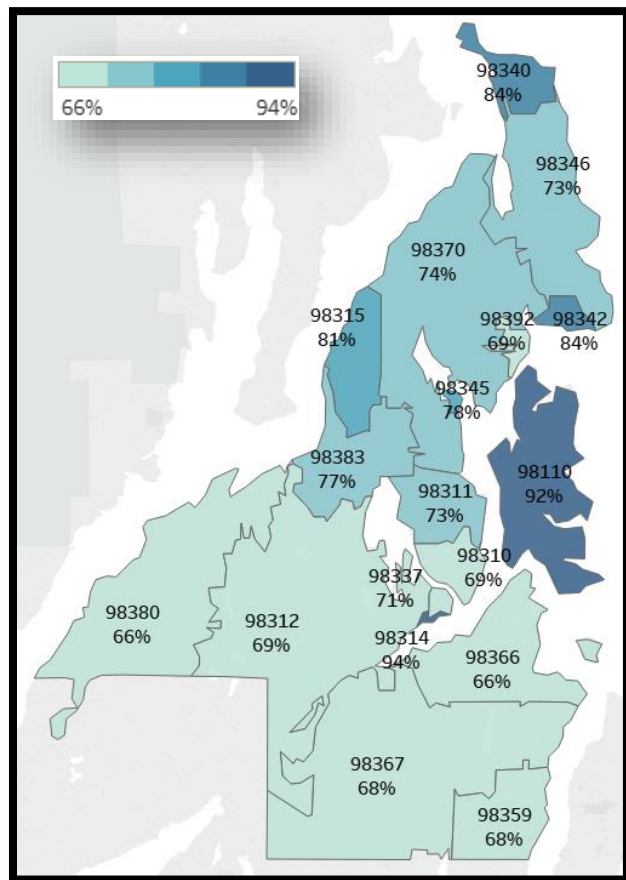
The estimated proportion of Kitsap County adults ages 25 to 64 years who have more than a high school education had a statistically significantly increasing trend from 2005 to 2017, despite a decline from 2013 to 2016 (Figure 81).⁵ In 2017 there were more than 7 in 10 adults (73%) who had achieved an education level greater than high school. Kitsap's rate is not statistically significantly different than the state's rate (70%). In the 2016 KICC parent survey, in which all respondents were 20 to 69 years, just under two-thirds (61%) had more than a high school education; only 12% had a 4-year college degree or graduate-level degree.

Figure 81. Proportion of Adults (Age 25 to 64 years) with More than a High School Education, Kitsap County: 2000 and 2005 to 2017^{4,5}



In Kitsap County from 2013 to 2017, 98314 had the highest percentage of adults age 25 to 64 who had more than a high school education (94%, Figure 82), followed by 98110 (92%), 98340 (84%) and 98342 (84%).⁵

Figure 82. Proportion of Adults (Age 25-64 years) with More than a High School Education by ZIP Code, Kitsap County: 2013-17⁵

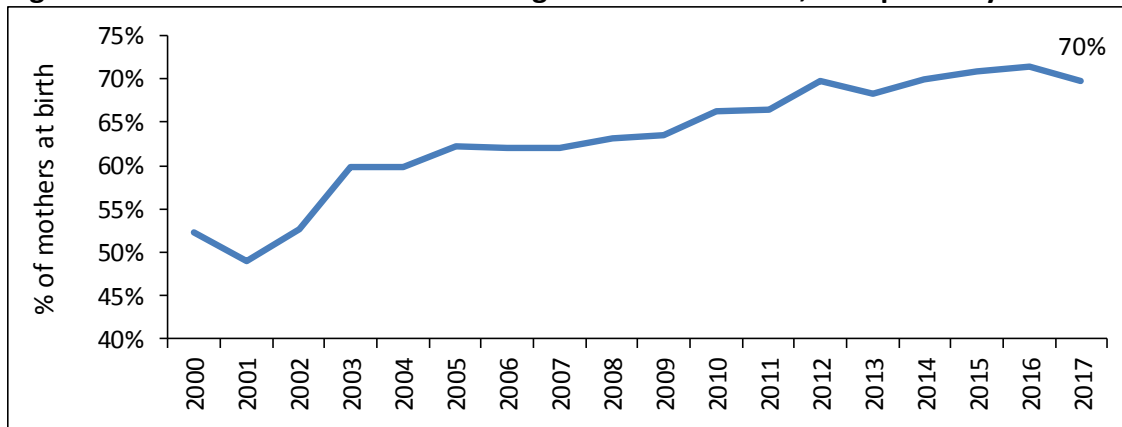


In 2016-17, the Port Gamble S’Klallam Tribe administered a survey of all households and individuals affiliated with the Tribe.⁸⁹ In the survey, about 87% of respondents reported having a high school degree and about 50% have at least some college or a professional degree. About 2% reported being currently enrolled full or part time in a high school or GED program and 8.7% reported being currently enrolled full or part time in a college degree program.

Educational Attainment of Mothers

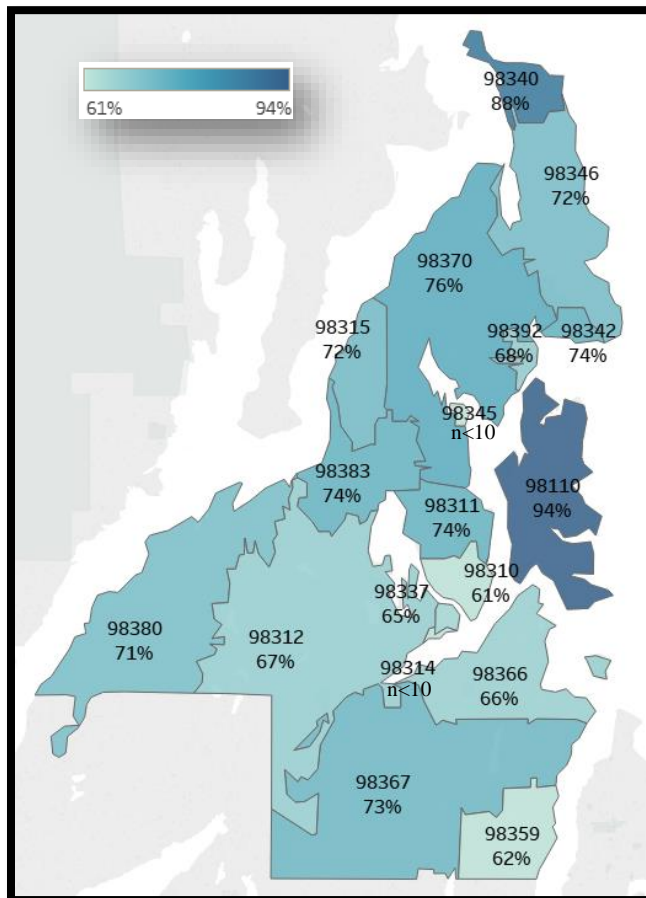
To be more inclusive of our entire community, this indicator now includes both military and civilian mothers. The proportion of mothers with more than a high school education in Kitsap County has increased statistically significantly since 2000 (Figure 83).³ In 2017, more than 2 in 3 mothers in Kitsap County (70%) had more than a high school education, which is statistically significantly higher than in the state (67%).

Figure 83. Mothers with More than a High School Education, Kitsap County: 2000 to 2017³



The map of mothers with more than a high school education looks similar to all adults, but not identical. 98314 and 98345, both comprising a lot of military personnel, have relatively few mothers. In Kitsap County from 2013 to 2017, 98110 had the highest percentage of mothers who had more than a high school education (94%, Figure 84), followed by 98340 (88%).³

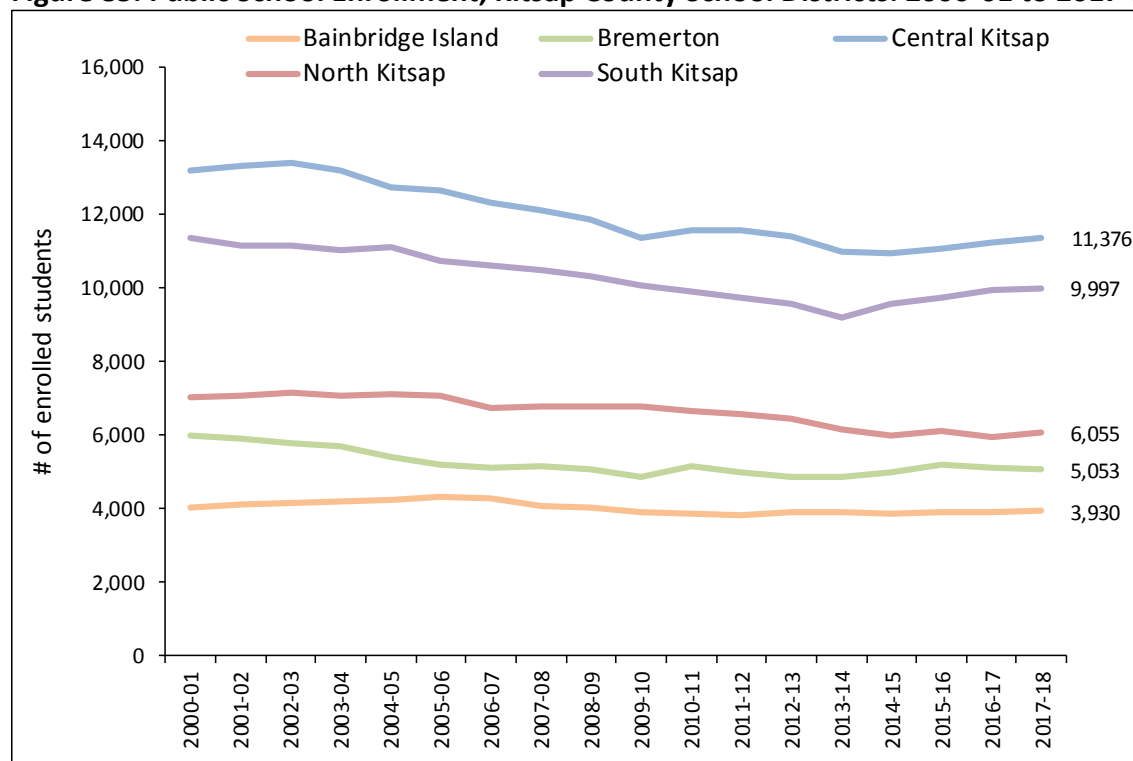
Figure 84. Mothers with More than a High School Education by ZIP Code, Kitsap County: 2013-17³



Public School Enrollment

Four of the five school districts in Kitsap County are part of the Olympic Educational Service District 114 (Bremerton, Central Kitsap, North Kitsap, and South Kitsap); the Bainbridge Island School District is part of the Puget Sound Educational Service District 121. There have been decreases in enrollment in all school districts in Kitsap County over the past 10 years, but all school districts, except for North Kitsap, have seen enrollment increases in the past 5 years (Figure 85).²⁰ Cumulatively, public school enrollment across Kitsap County is up 3.6% from 5 years ago. North Kitsap experienced a 1.8% decrease in enrollment over this timeframe (2013-14 to 2017-18).

Figure 85. Public School Enrollment, Kitsap County School Districts: 2000-01 to 2017-18*²⁰

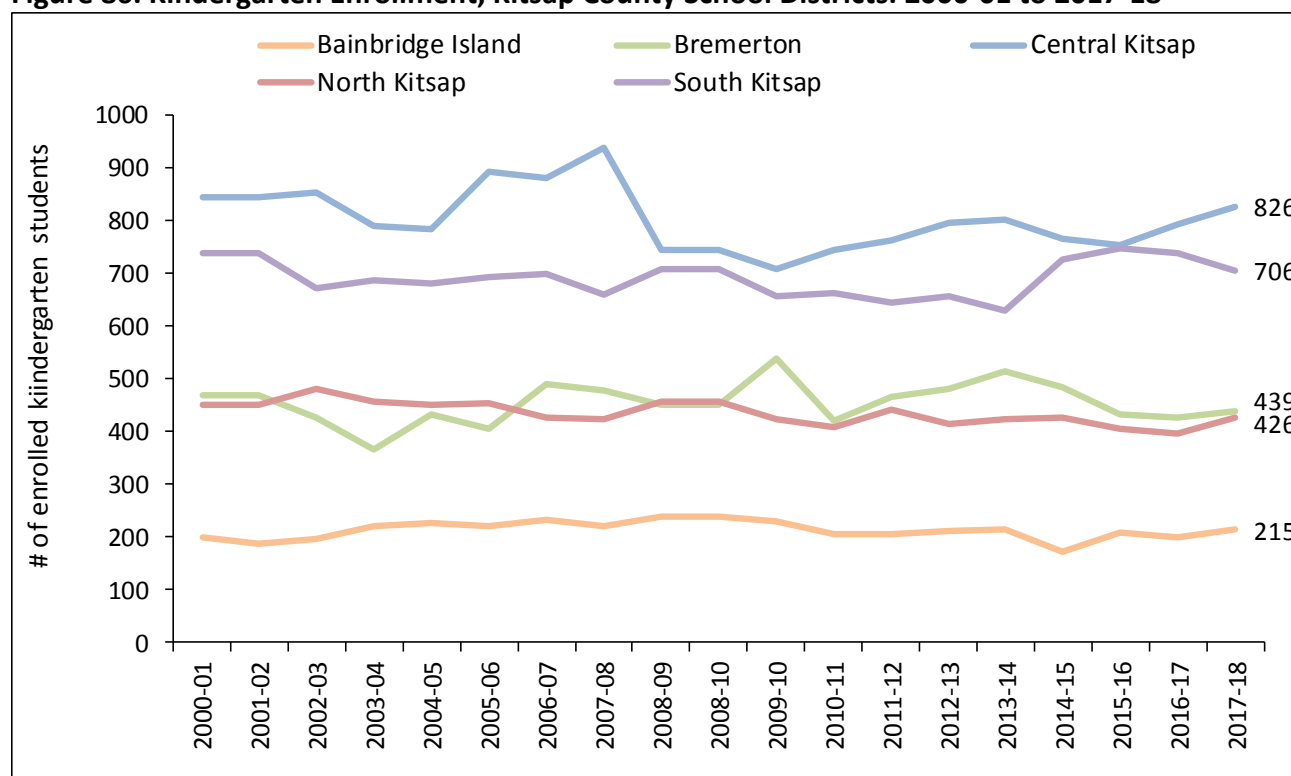


* Data are as of October for each school year

Kindergarten Enrollment and Preparation

There were 2,612 students enrolled in Kitsap County kindergarten classes during the 2017-18 school year, which is essentially unchanged (1% change) from the total enrollment 5 years ago (Figure 86).²⁰ The only district with substantial enrollment growth as compared to 5 years ago is South Kitsap (12.2% increase); all other districts had minimal/no growth in enrollment during this timeframe, except for Bremerton, where kindergarten enrollment declined by 14.8%. The individual district trends are similar when comparing to 10 years ago, and the overall change since 2008-09 was a 0.5% increase.

Figure 86. Kindergarten Enrollment, Kitsap County School Districts: 2000-01 to 2017-18²⁰



Under the 2013 law that approved state-funded voluntary full-day kindergarten (FDK) by school year 2017–18, a total of 1,137 elementary schools in 287 school districts in Washington State, including an estimated 77,945 students, accepted funding during the 2016-17 school year.⁶⁸ This accounted for almost 20,000 more students than in 2015-16. In Kitsap County, participation during the 2016-17 school year included 4 schools in the Bainbridge Island School District (all 4 new), 6 schools in the Bremerton School District (same as the prior year), 12 in the Central Kitsap School District (2 new), 7 in the North Kitsap School District (2 new), and 11 in the South Kitsap School district (2 new). Starting in the 2017-18 school year, all eligible schools were required to offer full-day kindergarten by the Basic Education Act.

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.⁶⁹ This is an assessment program that is done early in the school year to identify the developmental status of kindergarteners. Six key developmental and skills domains are assessed: math, cognitive, social-emotional, physical, literacy, and language. The data are used to inform both state and district-level education policy, as well as classroom-level decisions about individual student learning. In addition to mandated implementation in state-funded kindergarten classes, other schools may choose to participate in WaKIDS voluntarily. WaKIDS was administered to 80,956 kindergarteners statewide across 1,154 schools in 2017-18.⁶⁹

The 2017-18 WaKIDS data show that math continues to be the lowest scoring skill among incoming kindergartners statewide; however, there have been improvements, with 66%

demonstrating expected characteristics in both 2016-17 and 2017-18, compared to 61% in 2015-16 and 53% in 2014-15.⁶⁹ Only 47% of kindergartners assessed statewide demonstrated expected skill levels in 6 of 6 domains in both 2016-17 and 2017-18, though this was up from 44% in 2015-16. Among low income kindergartners it was even lower, at only 32%. Additional opportunity gaps are evident by differences among racial/ethnic groups. Statewide, only 45% of Native Hawaiian/Other Pacific Islander children showed expected math competency, whereas 81% of Asian children demonstrated competency. In the Olympic Educational Service District (OESD), which serves most of Kitsap County as well as Jefferson and Clallam counties, the scores tended to be about the same as the state, though slightly higher in math (69%) and lower in physical (79%). Overall, 46% of OESD kindergartners assessed met 6 of 6 domains in 2017-18; this dropped to 30% for low income students.

While the list of participating schools for 2017-18 was not available from OSPI, the assessment data by district were available.⁶⁹ In the Bainbridge Island School District, 76% of 212 assessed demonstrated characteristics expected skill levels of entering kindergartners in 6 of 6 domains. In Bremerton, it was only 38% of 419 kindergartners assessed; Central Kitsap had 55% of 797; North Kitsap had 52% of 403; and South Kitsap had 42% of 694. In math skills, the proportion of students who demonstrated expected levels, by district, were as follows: 93% in Bainbridge Island; 56% in Bremerton, 75% in Central Kitsap, 73% in North Kitsap, and 74% in South Kitsap.

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

M. Populations of Special Consideration

Guatemalan Families

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

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

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

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

Non-English-Speaking Families

Spanish-speaking families have unique needs compared to English-speaking families. For example, among Spanish-speaking moms with newborns who were interviewed between October 2007 and October 2009 following a public health nurse home visit, 46% had an 8th grade education or less, 32% had an annual household income of less than \$10,000, and 17% had either never been to the dentist or had not been in five or more years.⁷⁰

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

A. Resource Needs and Usage

Feedback from Head Start/Early Head Start Parents

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

Social Service Provider Survey

The Social Service provider survey conducted in 2013 was described in detail in the 2014 Comprehensive Assessment. Although these survey responses reflect only a single point in time, they are still the most recent data we have about usage of many of the local social service agencies. As previously described, the majority of agencies indicated an increase in service usage. Respondents noted more single parent families, increased demand for dental care among the uninsured, more substance misuse, and 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 2018, there were 3,387 logged calls from Kitsap County, which was comparable to 2017 (3,304), 2016 (3,103) and 2015 (3,717); on average there were 282 calls per month in 2018.⁷¹ The most commonly requested referral for services was for housing/low-cost housing, followed by legal help, utilities, family/individual/community needs and rent/mortgage. The most commonly

requested referrals vary from year to year and were not consistent, although housing, utilities and legal have been high on the list for the past few years.

B. Local Community Resources

Children with Special Needs

The Holly Ridge Center is a private non-profit agency serving the Kitsap County and the Olympic Peninsula.⁷² As previously noted it is the area's IDEA Part C provider. The Infant Toddler Program (ITP) is the only one of its kind on the Olympic peninsula that provides early intervention services to children under 4 years old who have developmental delays.

Mental Health

As indicated by the social service provider survey and anecdotal reports, there is a shortage of mental health services for young children. The Peninsulas Early Childhood Mental Health Consultation Group is a local, active group consisting of providers and those with an interest in the field.⁷³ The group meets monthly and is a resource for the community.

Kitsap Mental Health Services (KMHS) provides an extensive array of mental and behavioral health care targeted to child and family health. A short list of the many services includes mental health assessments, evidence-based therapy for trauma and parent-child interaction, home-based individual or family therapy, education, skill building, and advocacy work tailored to family needs, and intensive support specializing in foster care issues. It is a non-profit center providing both inpatient and outpatient services. The vast majority of clients served are at or below the federal poverty level. Per their 2017 annual report, KMHS served a total of 6,676 clients (about 197 less than in 2016), of which 1,669 were children aged 0 to 17.⁷⁴ They saw a 21% increase in new requests during 2015 and an increase of 34% in demand for services in 2014, resulting from the 2014 Affordable Care Act, which involved adding 60 new direct care staff, including more clinicians to their Child and Family Services Teams. In 2016, a PCHS Dental Clinic opened on KMHS campus, which is believed to be the first example in the nation of co-locating dental and behavioral health services. In addition, they partnered with Kitsap Community Resources to establish the Housing and Recovery through Peer Services, or "HARPS" program, which assists adults exiting psychiatric or chemical dependency treatment with housing and community support needs. The Western State Peer Bridgers Program was also created, with two Peer Specialists available to assist clients with pre and post discharge supports for successful community reintegration, including securing housing. In 2019, KMHS is opening the county's first Crisis Triage Center and a Substance Use Disorder residential facility. In addition, they are developing strategies to respond to homelessness, one of the most complex challenges impacting people with chronic, serious mental illness.

Women and Mothers

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

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

Fathers

The focus of children's health often focuses on women and infants, but the health and participation of fathers is a critical component that is often overlooked. During 2017-18, 296 fathers participated in their child's Head Start child development experiences (e.g. home visits, parent-teacher conferences, etc.) across all programs.¹¹ This is only about 28% of fathers for the 1,050 children enrolled across all programs, slightly higher than last year (26%). However, in the percentage of fathers participating had been higher in previous years (40% in 2015-16 and 47% in 2014-15).

Table 27. Number of Fathers/Father Figures Who Participated in Child's Head Start Child Development Experiences: 2017-18¹¹

	Early Head Start		Head Start	
	# fathers	% of enrolled children	# fathers	% of enrolled children
Kitsap Community Resources	19	17%	75	27%
Olympic Educational Service District	68	21%	33	18%
Port Gamble S'Klallam Tribe	32	74%	25	76%
Suquamish Tribe	24	60%	20	54%
Kitsap County Total	143	27%	153	29%

Kitsap County has a chapter of the Washington State Father's Network, which connects men with other dads, resources, information and education.⁷⁵ The group focuses on assisting fathers as they become more competent and compassionate caregivers for their children with special needs. Not all chapters meet regularly, but all have a point person who can be contacted for advice as needed. There are occasional events that are open to all, including the annual Fathers Conference and annual campout in Anacortes.

Childcare Improvement

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

On July 6, 2015, the Early Start Act, which commits to expanding high quality early learning, was signed into law. According to the Department of Early Learning, this should “ensure that the child care providers, especially those who serve low income families, receive all needed help and resources to sustain high quality programming.”⁷⁶ The Early Achievers program is the mechanism being used to help improve quality for kids who are most at-risk for being unprepared for starting kindergarten. The legislation mandates quality levels, including a single set of licensing standards, for child care and providers that accept ECEAP funding and/or child care subsidies. Licensed or certified center- and home-based early learning sites serving non-school age children and receiving state subsidy payments and ECEAP providers must participate in the Early Achievers System by the required deadlines established by state law, but participation is voluntary for licensed or certified center- and home-based early learning sites not receiving state subsidy payments and early learning sites not receiving state funds.

According to DEL’s 2017 Early Start Act Annual Report, statewide, as of the start of May 2017, just over 70% (3,600) of all licensed child care providers were enrolled in Early Achievers, serving an estimated 74,000 children, including 2,409 family child cares and 1,175 child care centers.⁷⁶ In Kitsap County, this included 53 of 55 (96.4%) licensed providers, who cared for 96.8% of FY2017 subsidy children less than age 5. The majority statewide have received Level 3 or higher (79% Level 3 and 4% Level 4). As of March 2018, the Early Achievers “Data Dashboard” report indicated there were 11,751 (93%) ECEAP slots served by Early Achievers sites statewide, including 307 of 324 (95%) in Kitsap County.⁷⁷ Among ECEAP Sites, 9,627 (77%) ECEAP slots were served by sites ‘at quality’ statewide, including 291 of 324 (90%) in Kitsap. Approximately 100% of children on subsidy were served by Early Achievers sites statewide (43,753 children), including 967 of 980 (99%) children in Kitsap, but only 44% (19,244) were served by sites ‘at quality’ statewide, including 626 of 980 (64%) in Kitsap.

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.”^{78,79} The membership includes the Department of Early Learning, Office of the Superintendent of Public Instruction, and Thrive by Five Washington. An initial plan was released in 2010, with updated priority strategies released in 2014. The plan and strategies were intended to provide guidance and direction for priority setting, staffing and budget decisions, advocacy agendas, and partnerships, with an overall vision of making sure all children in our state have what they need to succeed in school and life. One component of the plan was to develop a set of indicators to measure the status and progress of readiness across 5 key areas: children, parents/families/caregivers, early learning professionals, schools, and systems/communities.

A 5-year report released in the fall of 2015 notes some key successes, including establishing a Home Visiting Services Account, being awarded the Race to the Top Early Learning Challenge Grant, developing a Racial Equity Theory of Change and a kindergarten readiness assessment process, along with many other accomplishments.⁸⁰ The report also outlines some remaining challenges to tackle, including needs for: (1) coordinated and improved levels of services for

birth to age 3; (2) more affordable high-quality childcare for infants and toddlers; (3) more recruitment, training and adequate pay to develop an increased workforce of skilled early childhood professionals; (4) more facilities for preschool and full-day kindergarten as well as smaller K-3 class sizes; (5) better complete and integrated data to inform how existing programs and initiatives are working and contributing to improved readiness of kindergartners; (6) deeper understanding of the children and families being served and not being served; and (7) sufficient public will to support significant statewide investments in these critical first years of life.

The Olympic-Kitsap Regional Early Learning Coalition, formed in 2007, aims to raise public awareness and support for early care and education with the understanding that the early years of a child's life are critically important to lifetime health, well-being, and achievement.⁸¹ 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 last updated in May 2017.

The First Peoples, First Steps 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.⁸² 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.⁸³ A preparation program for Native Head Start teachers has been modeled after the First Peoples' tribal teacher certification program for public schools.⁸⁴ 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.⁸⁵ The Alliance has continued its work in 2015 to increase numbers of 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 culturally appropriate ways of preparing Native children for kindergarten while adhering to federal goals and requirements for funding.

Homeless and Other Vulnerable Persons

Project Connect is an annual event every January that provides services, information and resources to homeless and other vulnerable persons.⁴⁰ It is a "one-stop shop" for information on shelter/housing, WIC, and other resources, as well as services such as vision screening, mental health services, haircuts, immunizations, etc. Items such as coats and sleeping bags are

also distributed. A variety of local service agencies partake in the annual event. It is sponsored by the Kitsap Continuum of Care Coalition, which provides planning, coordination, advocacy, and education in order to end homelessness. During 2016, an estimated 500 local, low-income and homeless residents attended the event held in Bremerton.⁴⁰ In 2017, about 450 residents attended.

References

1. Washington State Office of Financial Management, <http://www.ofm.wa.gov/>
2. Washington State Department of Health, Community Health Assessment Tool (CHAT)
3. Washington State Department of Health, Vital Statistics Databases, Kitsap Public Health District analysis
4. U.S. Census Bureau, Decennial Census, <https://www.census.gov/programs-surveys/decennial-census/decade.2010.html>
5. U.S. Census Bureau, American Community Survey, <http://factfinder2.census.gov/faces/nav/jsf/pages/index.xhtml>
6. Kitsap Economic Development Alliance, Kitsap County 2017 Top Employers, <http://kitsapeda.org/demographics/economy/top-employers/>
7. Port Gamble S'Klallam Tribe, Together for Children Home Visitation Program Needs Assessment
8. Bureau of Labor Statistics, Local Area Unemployment Statistics, <https://www.bls.gov/lau/#data>
9. Federal Register, www.federalregister.gov/articles/2015/01/22/2015-01120/annual-update-of-the-hhs-poverty-guidelines#t-1
10. U.S. Census Bureau, Small Area Income and Poverty Estimates, <https://www.census.gov/data/datasets/2017/demo/saie/2017-state-and-county.html>
11. Head Start/Early Head Start Program Information Reports: Kitsap Community Resources, Olympic Educational Service District 114, Port Gamble S'Klallam Tribe Early Education Center, Suquamish Tribe Marion Forsman-Boushie Early Learning Center
12. Jacki Haight, Early Childhood Program Director, Port Gamble S'Klallam Tribe, personal communication
13. Connie Mueller, Director, Kitsap Community Resources Head Start/Early Head Start/ECEAP, personal communication
14. Nigel Lawrence, Director, Squamish Tribe Marion Forsman-Boushie Early Learning Center, personal communication
15. Kristen Sheridan, Director of Early Learning – EHS, HS, ECEAP, Olympic Educational Service District, personal communication
16. Child Care Aware of Washington, <http://wa.childcareaware.org/about-us/data>
17. Nancy Martin, Lutheran Community Services Northwest Parentline, personal communication
18. U.S. Department of Education, Individuals with Disabilities Education Act (IDEA), <http://idea.ed.gov>
19. Jamie Ream, Amanda Fagan, Jasmine Zickefoose, and Sheila Van Patten, Holly Ridge Center, personal communication
20. Washington State Office of the Superintendent of Public Instruction
21. Washington State Office of the Superintendent of Public Instruction, Special Education, Sandy Grummick, personal communication
22. Washington State Office of the Superintendent of Public Instruction, Free and Reduced Lunch Program, <http://www.k12.wa.us/ChildNutrition/Reports.aspx>

23. Washington Department of Social and Health Services, Risk and Protection Profiles for Substance Abuse Prevention Planning, <https://www.dshs.wa.gov/ffa/research-and-data-analysis/community-risk-profiles>
24. Washington WorkFirst, "WorkFirst Re-examination: Adapting WorkFirst for the 21st Century Economy of Washington State" (2010), <https://workfirst.wa.gov/about-us/workfirst-re-examination-project>
25. Washington Department of Social and Health Services, "Education Measures for Children on TANF: The Role of Housing and Behavioral Health Risk Factors" (2014), <https://www.dshs.wa.gov/sites/default/files/SESA/rda/documents/research-11-210.pdf>
26. Denise Agee, St. Vincent de Paul, Bremerton, personal communication
27. United States Department of Agriculture, Food and Nutrition Services, Women, Infants, and Children (WIC), <http://www.fns.usda.gov/wic/women-infants-and-children-wic>
28. Washington State Department of Health Supplemental Nutrition Program for Women, Infants and Children (WIC)
29. Kitsap Transit, www.kitsaptransit.com
30. Steffani Lillie, Service and Capital Development Director, Kitsap Transit, personal communication
31. U.S. Department of Housing and Urban Development, http://portal.hud.gov/hudportal/HUD?src=/program_offices/comm_planning/affordablehousing/
32. Washington State Department of Labor and Industries, History of Washington Minimum Wage, <http://www.lni.wa.gov/WORKPLACERIGHTS/WAGES/MINIMUM/HISTORY/DEFAULT.ASP>
33. University of Washington, Runstad Department of Real Estate, <http://realestate.washington.edu/research/wcrer/housing-reports/>
34. Kitsap County Auditor, <http://kcwaimg.co.kitsap.wa.us/recorder/eagleweb/docSearch.jsp>
35. Bremerton Housing Authority, <http://bremertonhousing.org/>
36. Cheryl Haas, Housing Manager, Bremerton Housing Authority, personal communication
37. Housing Kitsap, <http://housingkitsap.org/>
38. Holly Hawes, Housing Manager, Housing Kitsap, personal communication
39. Bonnie Clark, Lead Program Manager, Basic Food Programs and Policy, ESA Community Services Division, Department of Social and Health Services, previous personal communication
40. Cory Derenburger, Kitsap County Department of Human Services, personal communication
41. Washington State Department of Health, Healthy Youth Survey, Kitsap County analysis
42. Washington State Department of Social and Health Services, "Tobacco, Alcohol, and Other Drug Abuse Trends in Washington State" Report (2010), <https://www.dshs.wa.gov/sites/default/files/BHSIA/dbh/documents/2010%20Trends%20Report%20links.pdf>
43. Washington State Department of Ecology, http://www.ecy.wa.gov/programs/spills/response/drug_labs/drug_lab_main.htm
44. Medicaid, <https://www.medicaid.gov/medicaid/eligibility/index.html>
45. April Fisk, Ellen Foley and Kathy Krulich, Washington Health Benefit Exchange, personal communication, <https://wahbexchange.org/>

46. Washington State Department of Health Immunization Program, School Immunization Data Tables,
<https://www.doh.wa.gov/DataandStatisticalReports/HealthBehaviors/Immunization/SchoolReports/DataTables>
47. Washington State Department of Health, Tobacco Information,
<http://www.doh.wa.gov/YouandYourFamily/Tobacco/OtherTobaccoProducts/ECigarettes>
48. Washington Poison Center, <https://www.wapc.org/data/toxic-trend-reports/e-cigarettes-toxic-trends/>
49. Arti Patel, Health Education and Outreach Specialist, Washington Poison Center, personal communication
50. Washington State Department of Health, Center for Health Statistics, Behavioral Risk Factor Surveillance System, supported in part by Centers for Disease Control and Prevention, Cooperative Agreement Number U58/CCU022819-4 (2008): analyzed by Kitsap Public Health District
51. American Academy of Child and Adolescent Psychiatry,
https://www.aacap.org/AACAP/Families_and_Youth/Facts_for_Families/Layout/FFF_Guide-01.aspx#letterM
52. Washington State Department of Health, Center for Health Statistics, Divorce Statistics,
www.doh.wa.gov/DataandStatisticalReports/VitalStatisticsData/DivorceData/DivorceTablesbyYear
53. Washington Department of Social and Health Services, "Adverse Childhood Experiences Associated with Behavioral Health Problems in Adolescents," (2012),
<https://www.dshs.wa.gov/sites/default/files/SESA/rda/documents/research-11-178.pdf>
54. Kitsap Public Health District Nightingale Notes client database
55. Washington State Office of the Superintendent of Public Instruction, Compassionate Schools: The Heart of Learning and Teaching,
<http://www.k12.wa.us/CompassionateSchools/default.aspx>
56. Washington State Department of Health, Essentials for Childhood Initiative,
<https://www.doh.wa.gov/CommunityandEnvironment/EssentialsforChildhoodInitiative>
57. Kitsap Strong, <https://www.kitsapstrong.org/>
58. Washington Department of Social and Health Services, Client Data,
<https://www.dshs.wa.gov/sesa/research-and-data-analysis/client-data>
59. Washington State Department of Health, "Unintended Pregnancies" Report (2013),
<https://www.doh.wa.gov/Portals/1/Documents/1500/MCH-UP2016-DU.pdf>
60. The National Campaign to Prevent Teen and Unplanned Pregnancy, Counting It Up: The Public Costs of Teen Childbearing, <http://thenationalcampaign.org/why-it-matters/public-cost#>
61. Centers for Disease Control and Prevention, Teenage Pregnancy,
www.cdc.gov/teenpregnancy/
62. Centers for Disease Control and Prevention, Monthly Vital Statistics Report (Vol. 46, No. 6, Suppl. 2, Feb 1998), www.cdc.gov/nchs/data/mvsr/supp/mv46_06s2.pdf
63. Centers for Disease Control and Prevention, Smoking During Pregnancy,
www.cdc.gov/tobacco/basic_information/health_effects/pregnancy/

64. United States Preventive Services Task Force, Final Recommendation Statement: “Tobacco Smoking Cessation in Adults and Pregnant Women: Behavioral and Pharmacotherapy Interventions,”
www.uspreventiveservicestaskforce.org/Page/Document/RecommendationStatementFinal/tobacco-use-in-adults-and-pregnant-women-counseling-and-interventions1
65. Centers for Disease Control and Prevention, Office on Smoking and Health, “E-cigarette Information, November 2015,” <http://www.cdc.gov/tobacco/stateandcommunity/pdfs/cdc-osh-information-on-e-cigarettes-november-2015.pdf>
66. Centers for Disease Control and Prevention, Is Low Birth Weight a Health Problem?,
www.cdc.gov/pednss/how_to/interpret_data/case_studies/low_birthweight/what.htm
67. March of Dimes, Your Premature Baby, www.marchofdimes.org/baby/low-birthweight.aspx
68. Washington State Office of the Superintendent of Public Instruction, State-Funded Full-Day Kindergarten in Washington,
www.k12.wa.us/EarlyLearning/FullDayKindergartenResearch.aspx
69. Washington State Office of the Superintendent of Public Instruction, Washington Kindergarten Inventory of Developing Skills (WaKIDS), <http://www.k12.wa.us/wakids/>
70. Kitsap County Health District Welcome Home Baby Database
71. Peninsulas’ 2-1-1/Crisis Clinic of the Peninsulas, Cory Derenburger, personal communication
72. Holly Ridge Center, <https://hollyridge.org/>
73. Peninsulas Early Childhood Mental Health Consultation Group, <http://pecmh.blogspot.com/>
74. Kitsap Mental Health Services, http://www.kitsapmentalhealth.org/annual_report.aspx
75. Washington State Father’s Network, <http://fathersnetwork.org>
76. Washington State Department of Early Learning, The Early Start Act 2017 Annual Report,
https://www.dcyf.wa.gov/sites/default/files/pdf/reports/2017_Early_Start_Act_Report.pdf
77. Washington State Department of Early Learning, Early Achievers Data Dashboard,
https://del.wa.gov/sites/default/files/public/QRIS/EarlyAchievers_DataDashboard.pdf
78. Washington State Department of Early Learning,
<http://www.del.wa.gov/partnerships/elac/elp.aspx>
79. Washington State Department of Early Learning,
<https://www.dcyf.wa.gov/practice/oiaa/reports>
80. Washington State Department of Early Learning, Thrive Five Year Report: “Celebrating the First 5 Years: A Midpoint Report on Washington’s 10-Year Early Learning Plan” (Fall 2015),
www.del.wa.gov/publications/communications/docs/ThriveWA_5YrEarlyLearningReport_final_online.pdf
81. Olympic-Kitsap Regional Early Learning Coalition, <http://okpelc.org/>
82. Thrive Washington, First Peoples, First Steps Alliance,
<https://thrivewa.org/work/community-programs-and-initiatives/>
83. Thrive by Five, <https://thrivewa.org/>
84. Foundation for Early Learning, <http://earlylearning.org/partnerships/first-peoples-first-steps-alliance-1>
85. Washington State Department of Early Learning,
<http://del.wa.gov/publications/partnerships/docs/HSSCOAnnualReport2013.pdf>
86. Port Gamble S’Klallam Tribe, Low Income Rental Program Waiting List, 2018

87. Washington Department of Early Learning 2018 Child Care Market Rate Survey Final Report, accessed at:
https://www.dcyf.wa.gov/sites/default/files/pdf/reports/2018_Washington_State_Market_Rate_Survey.pdf
88. Feeding America, Map the Meal Gap, Food Insecurity in Kitsap County,
<http://map.feedingamerica.org/county/2016/overall/washington/county/kitsap>
89. Port Gamble S'Klallam Tribal Survey, Summary of Data (July 2017), Jacki Haight, Early Childhood Program Director, Port Gamble S'Klallam Tribe, personal communication
90. Washington State Department of Health, Prescription Monitoring Program (PMP), Opioid Prescriptions and Drug Overdoses County Data
91. CDC/NCHS, National Vital Statistics System, Mortality. CDC Wonder, Atlanta, GA: US Department of Health and Human Services, CDC; 2017. <https://wonder.cdc.gov>
92. Florence CS, Zhou C, Luo F, Xu L. The Economic Burden of Prescription Opioid Overdose, Abuse, and Dependence in the United States, 2013. Med Care. 2016;54(10):901-906. doi:10.1097/MLR.0000000000000625

APPENDIX A. 2016 Parent and Community Survey

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

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

The purpose of this survey is to collect information that will help us better understand the needs of individuals and families and improve our services. Your answers are very important to us and are anonymous – your name will not appear anywhere on the survey.

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

The results of this survey will be analyzed as a group and used for planning purposes only. Results will be shared in our 2017 Community Needs Assessments to help guide the development of our programs and support continuous improvement.

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

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

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

2. Do you know what School District you live in?

☐ No

☐ Yes → *If yes, what School District:*

3. How many children do you have? _____

4. How many total persons live with you? _____

5. Is English your primary language?

☐ No → *If no, what is your primary*

language? _____

☐ Yes

COMMUNITY SERVICES

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

- | | |
|--|--|
| <input type="checkbox"/> Affordable Dental Care | <input type="checkbox"/> Affordable medical care |
| <input type="checkbox"/> Housing | <input type="checkbox"/> Living Wage Jobs |
| <input type="checkbox"/> Help with Utilities | <input type="checkbox"/> Help Getting Food |
| <input type="checkbox"/> Nutritious Food | <input type="checkbox"/> Transportation |
| <input type="checkbox"/> Basic Education | <input type="checkbox"/> Childcare |
| <input type="checkbox"/> Mental Health Services | <input type="checkbox"/> Legal Help |
| <input type="checkbox"/> Volunteer Opportunities | <input type="checkbox"/> Budgeting and Financial Education |
| <input type="checkbox"/> Food Education | <input type="checkbox"/> Domestic Violence Services |
| <input type="checkbox"/> Drug Alcohol Services | <input type="checkbox"/> Disabilities/Special Needs |

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

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

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

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

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

☐ No

☐ Yes → *If yes, please describe what you needed help with:*

HOUSING SERVICES

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

11. Which of the following best describes your housing?

____ Rent apartment or home ____ Home with mortgage ____ Home you own (no mortgage)

____ With family/friends ____ Emergency Shelter ____ Living in car

____ Living outside ____ Other:

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

____ I don't have any concerns ____ Rent too high ____ Utilities too high
____ Can't find house in price range ____ House needs repairs ____ Housing Not Safe
____ Homeowners/renters insurance ____ Other concerns, please describe:

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

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

EMPLOYMENT

14. What is your employment status?

____ Full-Time, with benefits ____ Full-Time, no benefits ____ Part-Time, with benefits
____ Part-Time, no benefits ____ Temporary Training Position ____ Entry Support Position
____ Retired ____ Unemployed/not searching ____ Unemployed/job searching

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

____ I don't have any barriers ____ No transportation ____ No jobs in my field
____ Pay too low to support a family ____ Lack of training/experience
____ No childcare during work ____ Mental disability ____ Physical disability
____ Other barrier, please describe:

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

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

☐ I don't have any barriers ☐ No public transportation ☐ No routes near home
☐ No car ☐ Price of gas ☐ Not enough money to maintain a
vehicle ☐ Other barrier, please describe:

Children

If you don't have children in your home, please **SKIP** to Question #25.

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

☐ No → If no, SKIP to Question #21

☐ Yes → If yes, which program?

☐ Olympic Educational Service District (OESD 114)

☐ Kitsap Community Resources (KCR)

☐ Port Gamble S'Klallam Tribe Early Childhood Education Program

☐ Suquamish Tribe Marion Forsman-Boushie Early Learning Center

☐ Other: _____

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

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

Comments:

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

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

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

- ☐ No → SKIP to Question #22
☐ Yes

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

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

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

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

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

- ☐ No → SKIP to Question #23
☐ Yes

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

- ☐ No
☐ Yes

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

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

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

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

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

☐ No → If no, please explain:

- _____
☐ Yes
☐ Don't know

HEALTH CARE

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

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

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

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

- ☐ 1 to 13 weeks pregnant (1st trimester)
- ☐ 14 to 27 weeks pregnant (2nd trimester)
- ☐ 28 or more weeks pregnant (3rd trimester)
- ☐ I did not go for prenatal care
- ☐ Don't know

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

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

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

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

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

- ☐ No
- ☐ Yes → SKIP to Question #31

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

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

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

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

WELL-BEING

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

- ☐ Not at all stressful

- ☐ Not very stressful
- ☐ A bit stressful
- ☐ Quite a bit stressful
- ☐ Extremely stressful

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

____ Number of days

- ☐ Don't know

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

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

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

- ☐ No
- ☐ Yes

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

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

ABOUT YOURSELF

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

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

- ☐ No
- ☐ Yes
- ☐ Don't know

39. What is your age (in years)?

- ☐ Under 20
- ☐ 20-29
- ☐ 30-39
- ☐ 40-49
- ☐ 50-59

- ☐ 60-69
- ☐ 70+

40. What is your gender?

- ☐ Male
- ☐ Female

41. What is your marital status?

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

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

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

43. What is your monthly household income?

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

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

- | | |
|--|--|
| <input type="checkbox"/> Less than high school | <input type="checkbox"/> Some high school |
| <input type="checkbox"/> High school graduate/ GED | <input type="checkbox"/> Some college or technical school |
| <input type="checkbox"/> Completed 2 year or technical school degree | |
| <input type="checkbox"/> Completed 4 year college degree | <input type="checkbox"/> Completed Master/Doctorate degree |

Thank you for completing this survey!

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

Introduction

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

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

Results

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

Table 1. Programs in which Respondents have Children Enrolled

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

While OESD has the largest child enrollment of any of the four KICC agencies, they only accounted for 18% of respondents of the KICC parent survey. This may have been because OESD had just issued their own separate parent survey within a month of this KICC survey. Whatever the reason, this raises the question of what was the response rate (i.e., what

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

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

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

The demographic characteristics of the parent respondents are shown in Table 3. Respondents were overwhelmingly female (87%). None were under 20 years old; the majority were 20-29 (52%) with the next largest group expectedly 30-39-year-olds (35%). Some parents are likely grandparents or other guardians as the age range went up to the 60-69 years. Since more than one race could be selected, the proportions do not add up to 100% and should be interpreted as the percentage of respondents that identify as being as least partially from that race. The majority (71%) identified as White, while the second largest group (20%) were American Indian or Alaska Native (AI/AN) persons. There were similar proportions of Black/African American

(9%) and Hispanic/Latino (8%) respondents. Asian and Hawaiian/Other Pacific Islander each accounted for <5% of respondents. While AI/AN is a minority in Kitsap County as a whole, this parent survey included tribal-based programs, thus likely accounting for the large proportion of parents identifying as AI/AN.

Nearly equal proportions of respondents reporting being married (44%) and single (41%); another 10% reported being divorced. A little over one-third (39%) do not have more than a high school education; only 12% had a 4-year college degree or graduate-level degree. More than half (58%) of the parent respondents indicated their monthly income was less than \$2,000. In 2016, the minimum wage was \$9.47, which roughly equates to \$1,641 per month. This means that the majority of parents are making less than minimum wage; 6% noted they have no income at all.

Table 3. Demographic Characteristics

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

As shown in Table 4, nearly all respondents (99%) indicated that their primary spoken language is English, with the remainder listing Spanish. Since English was the primary language of most, it

is not surprising that very few (an equal number to those listing Spanish as their primary language responded affirmatively that their language has been a barrier to service for them.

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

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

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

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

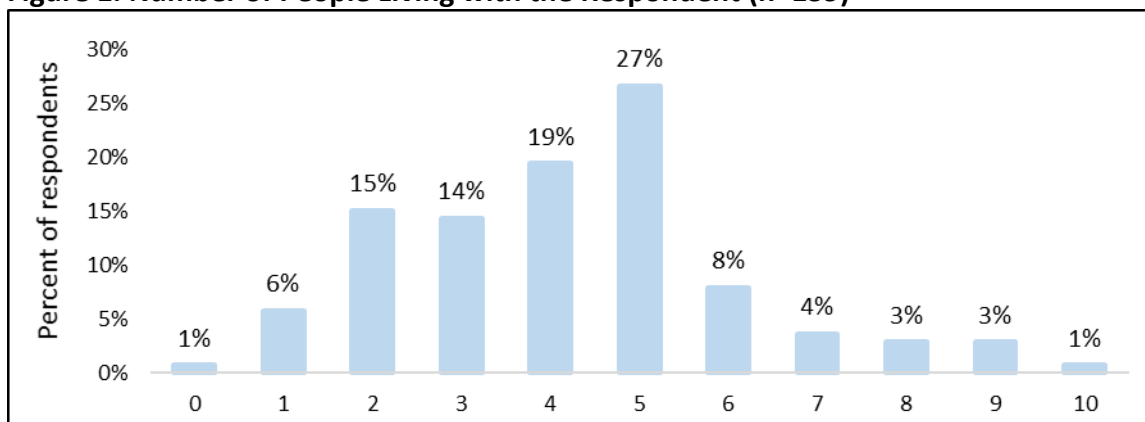


Table 5. Number of Children per Respondent (n=139)

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

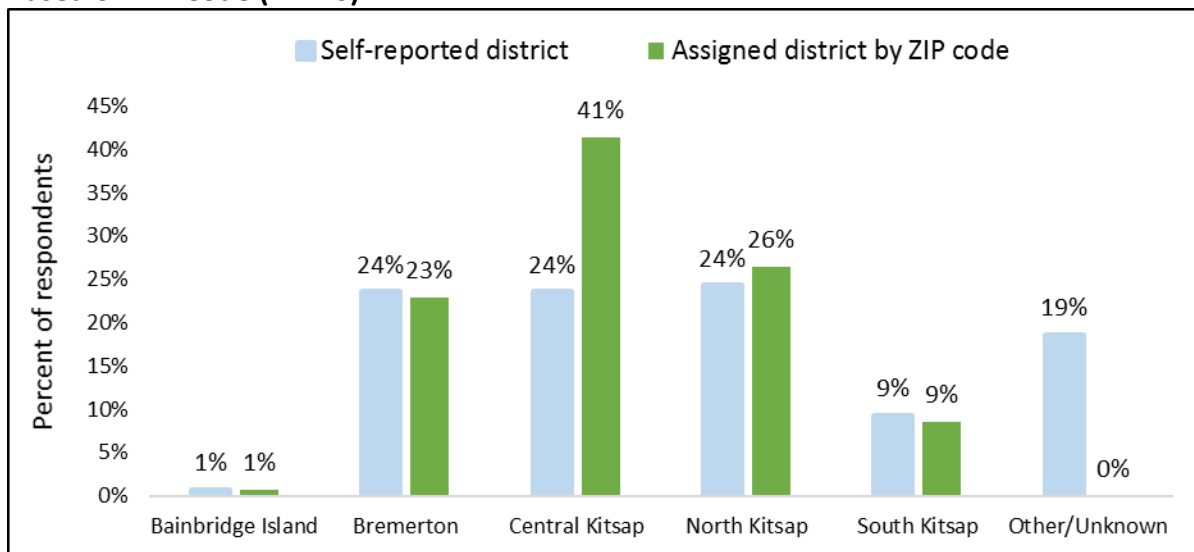
Respondents identified the location where they live by both school district and ZIP code. However, despite a 100% response rate (140 respondents) to the School District question, 19% indicated that they did not know their school district. There were some substantial differences identified when comparing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

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

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

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

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



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

services identified as hard to get were: housing, living wage jobs, childcare, affordable dental care, and help with utilities. (Tables for these data by program are provided at the end of the results section).

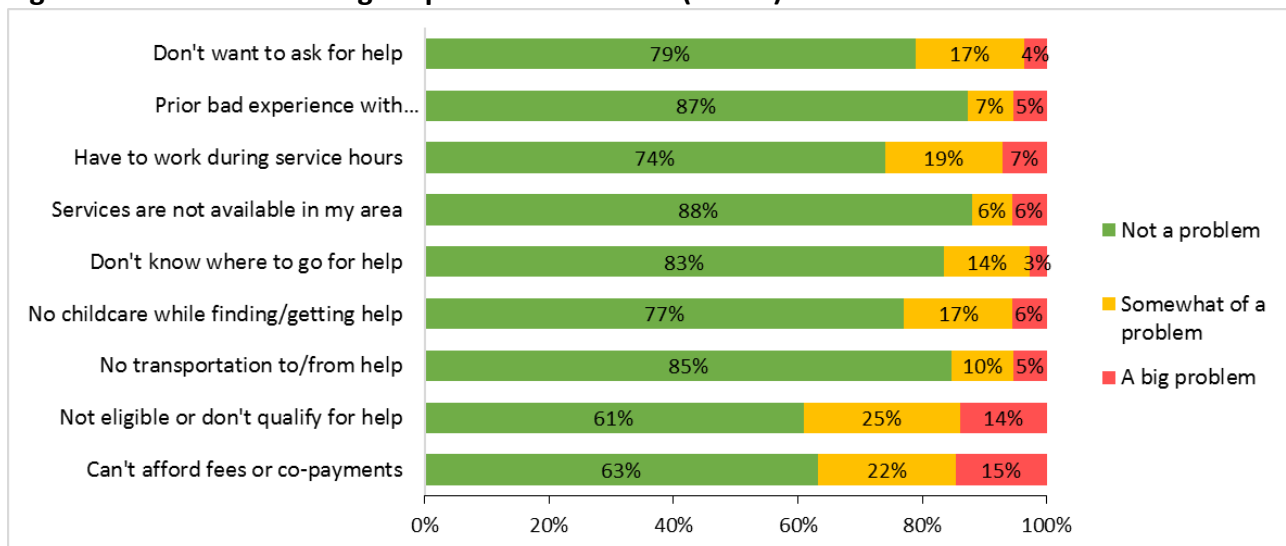
Table 7. Community Services Identified as Important Household Needs and Perceptions about Difficulty in Getting these Services

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

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

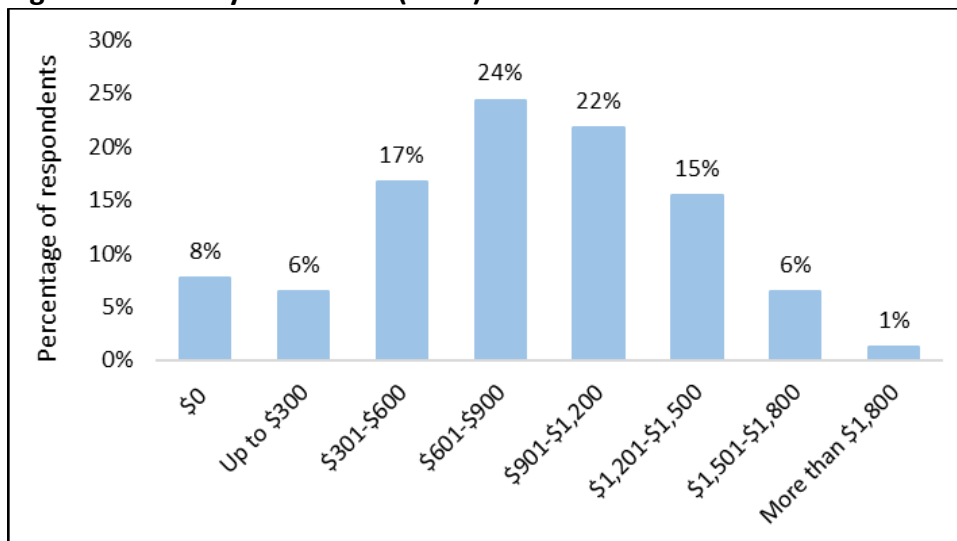
The survey also asked people to rank how much of a problem certain potential barriers to services were for them. Figure 4 illustrates the degree of difficulty each barrier is believed to be by all respondents. The top 5 barriers identified were: not eligible or don't qualify for help (39%); can't afford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

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



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

Figure 5. Monthly Rent Costs (n=78)



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

Figure 6. Employment Status (n=137)

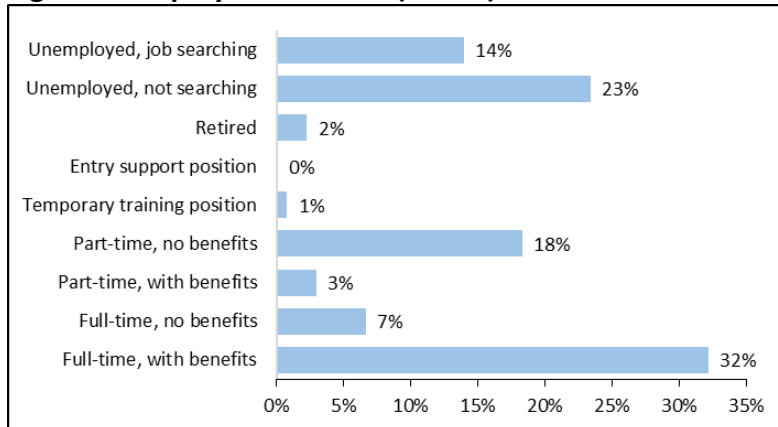


Table 8. Barriers to Desired Employment (n=129)

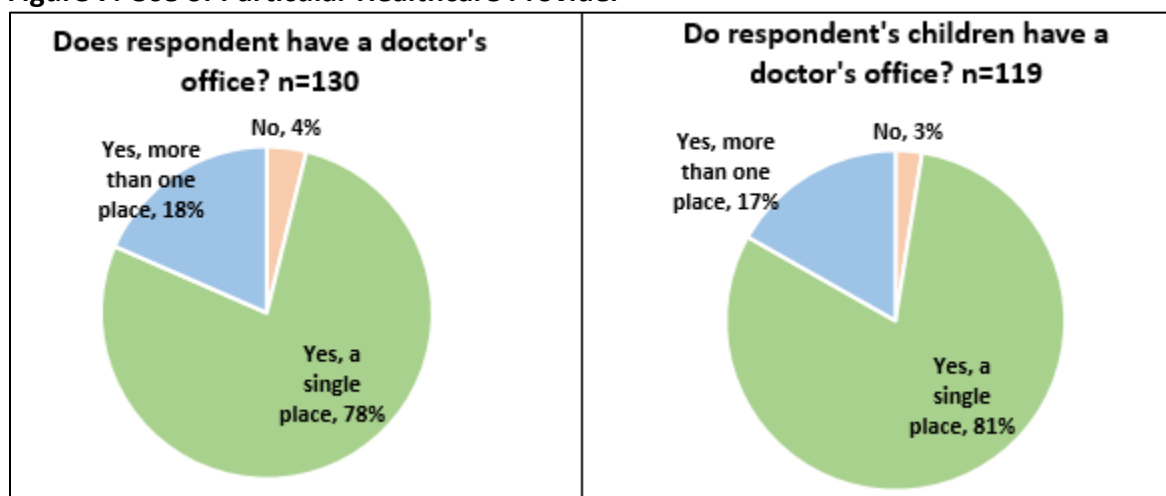
Barriers to Desired Employment, n=129	# respondents	% respondents
I don't have any barriers	76	59%
No transportation	7	5%
No jobs in my field	2	2%
Pay too low to support a family	23	18%
Lack of training/experience	9	7%
No childcare during work	14	11%
Mental disability	4	3%
Physical disability	6	5%
Other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

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

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

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

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

Figure 7. Use of Particular Healthcare Provider**Table 9. Reasons for Not Having a Usual Place for Medical Care**

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

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

Table 10. Length of Time Since Last Dental Visit

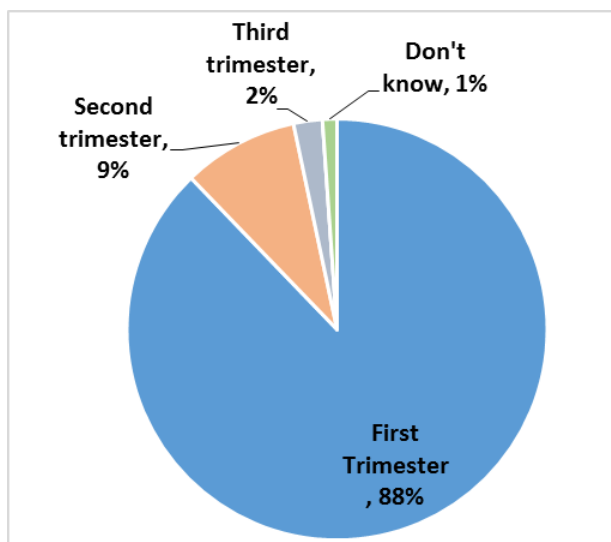
How long has it been since you and your children last visited the dentist/dental clinic?	You, n=128		Your children, n=114	
	# respondents	% respondents	# respondents	% respondents
Within the past year	103	80%	108	95%
1 to 2 years	5	4%	3	3%
3 to 5 years	8	6%	2	2%
5 or more years ago	8	6%	0	0%
Don't know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

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

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

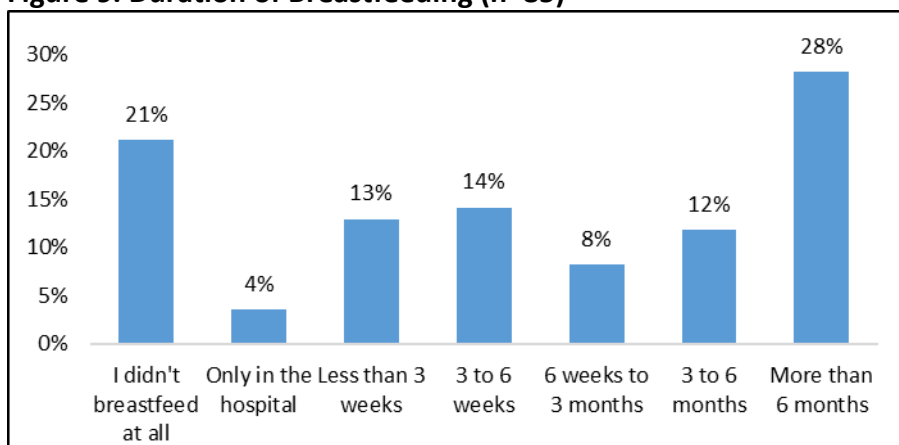
Of the 110 female respondents to the survey, 106 (96%) answered the question about whether they had a baby in the past 5 years. A total of 90 women indicated they had, and an impressive 88% reported that they had started prenatal care during the first trimester (Figure 8). Asked whether they got care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

Figure 8. Prenatal Care Initiation (n=90)



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

Figure 9. Duration of Breastfeeding (n=85)



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

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

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

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

Table 13. Average Amount of Exercise per Week

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

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

Table 14. Perception of Drug Misuse in the Community

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

Children: Care, Development, and Special Needs

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

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

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

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

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

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

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

Head Start/Early Head Start/ECEAP Program Feedback

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

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

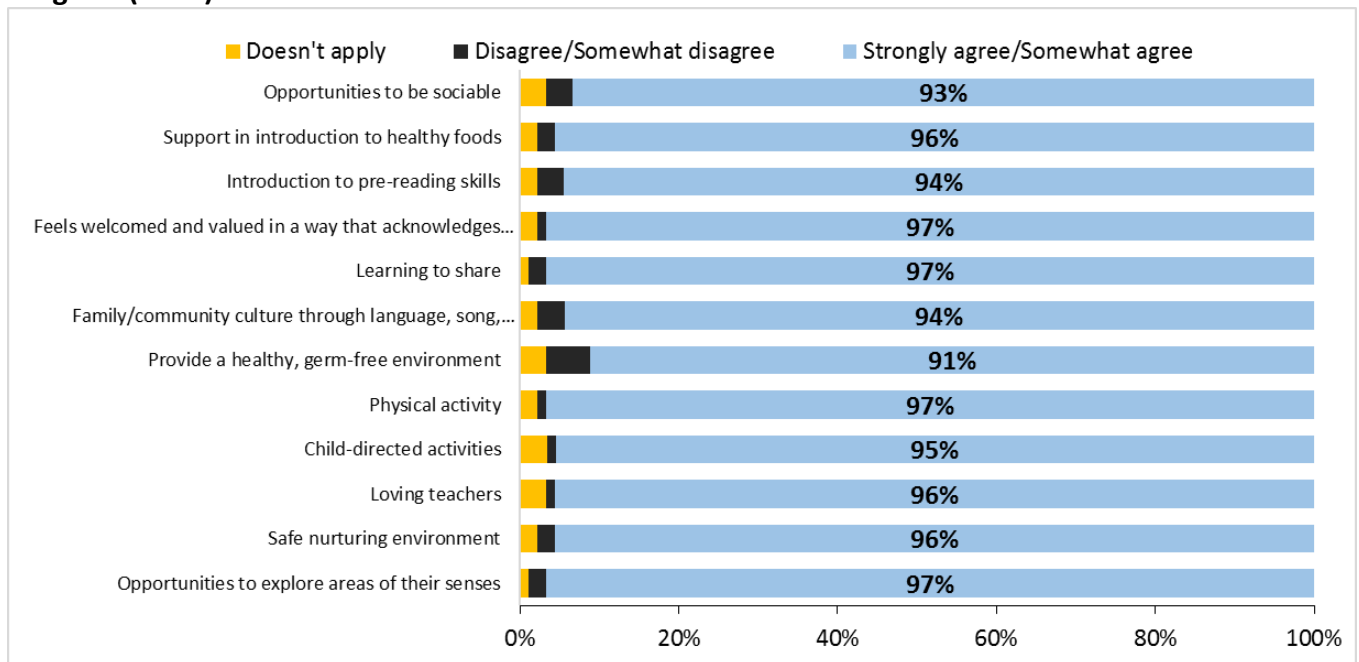
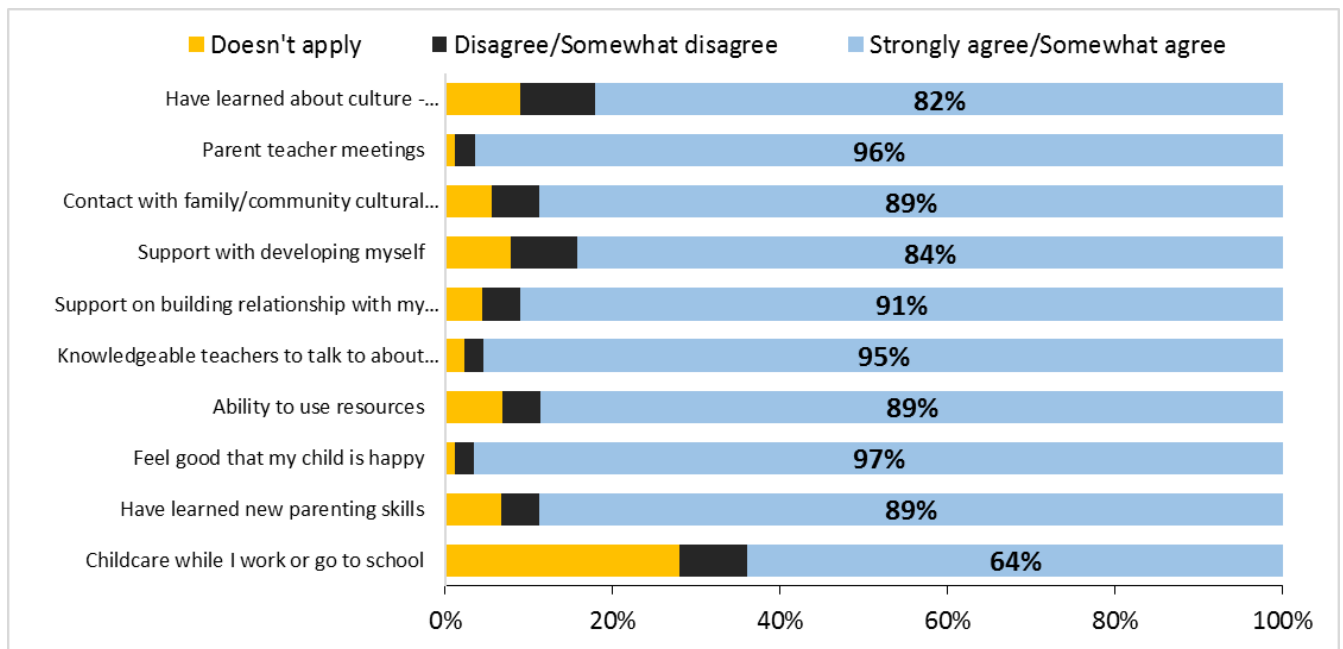


Figure 11. Parent Perceptions About Their Own Benefits from the HS/EHS/ECEAP Program (n=90)



Selected Charts/Tables by Program

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

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

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

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

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

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

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

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

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

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

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