

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

2020 Update to the
2017 Comprehensive Community Assessment

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Acknowledgements

This 2020 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 for North Mason County, adding neonatal abstinence syndrome data, methamphetamine data, prescription data and water quality data.

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.

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Quick Reference Points of Interest

| Kitsap County: | Year | Number | Percent |
|--|---------|----------|---------|
| Total Population* | 2019 | 270,100 | 100% |
| Children Age 0 to 4* | 2018 | 16,147 | 6% |
| Children Age 0 to 4^ | 2014-18 | 15,155 | 6% |
| Children Age 0 to 5^ | 2014-18 | 18,426 | 7% |
| Residents Living in Poverty (All Ages) | 2018 | 23,646 | 9% |
| Children Under Age 5 (0 to 4 years) Living in Poverty | 2014-18 | 2,131 | 14% |
| Children Under Age 6 (0 to 5 years) Living in Poverty | 2014-18 | 2,339 | 13% |
| Public School Students Enrolled in Free & Reduced Lunch | 2018-19 | 12105 | 33% |
| Number of Medicaid-Paid Births | 2018 | 863 | 39% |
| Pregnant Women Starting Prenatal Care in 1 st Trimester | 2018 | 2247 | 80% |
| Medicaid-paid births (low-income) | 2018 | 596 | 71% |
| Non-Medicaid paid births | 2018 | 1,646 | 83% |
| Pregnant Women Smoking | 2018 | 175 | 6% |
| Number of Childcare Centers | 2018 | 45 | n/a |
| Number of Family Childcare Homes | 2018 | 67 | n/a |
| Kitsap County Early Head Start/Head Start Programs Cumulative Enrollment | 2018-19 | 1,046 | n/a |
| Median Household Income | 2018 | \$74,729 | n/a |

* Data from the Washington State Office of Financial Management¹

^ Data from the American Community Survey⁵

Executive Summary

Population. The 2019 Kitsap County population is estimated to be 270,100.¹ Since 2000, the population has grown 16.4%. From 2000 to 2018, the number of births has remained relatively stable, with an average of 2,988 per year.³ On average, 27% of births each year are to military women, including 794 in 2018.

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 42% since 2010. The five ZIP Codes with the largest resident population in Kitsap are 98366 (Port Orchard, 13% of the county population), 98312 (West Bremerton, 12%), 98370 (Poulsbo, 12%), 98367 (Port Orchard, 11%) and 98311 (Silverdale, 10%).⁵

Kitsap County has a growing aging population. While the median age in 1980 was 29 years, it increased to 39 years in 2018.¹ Within Kitsap, the ZIP Codes with the oldest median ages are found in North Kitsap in 98340 (58 years) and 98342 (53½ years), while the ZIP Codes with the youngest median ages are found in Bremerton in 98314 (23 years) and 98315 (22½ years). Population growth throughout Kitsap has been predominantly among the older age groups, with the number of residents 50 years or older increasing 83% from 2000 to 2018. Those 50 and older now represent 42% of the entire population, whereas those under age 50 decreased 9%. The child population age 5 to 19 years decreased 14% from 2000 to 2018, although it increased 1% from 2017 to 2018. While there was a 4.5% decrease

from 2000 to 2010, 0 to 4-year-olds then increased by 9% to an estimated 16,147 in 2018.

Kitsap County has a predominantly White population (76%).⁵ People identifying as Hispanic are the largest minority group (7%), having doubled in size since 2000. The next largest minority group are Asian (5%). Racial and ethnic diversity varies by region in Kitsap. In the Bremerton and Central Kitsap regions, more than 1 in every 4 persons are of a minority race or ethnicity. Bainbridge Island is the least diverse (86.5% White).

The child population ages 0 to 4 years has a slightly different composition and is becoming increasingly more diverse (only 61% White in 2018).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 (40%) – more than any other single minority, although the population of those considering themselves as two or more races has also grown substantially (47%). The Asian/Pacific Islander, Black and American Indian/Alaska Native child populations have all declined from 2010 to 2018.

The population of resident active duty military personnel increased 48% from 2008 to 2018.⁵ An estimated 13,954 armed forces personnel resided in Kitsap County during 2018; 6% of the county population. In 2018, 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 2019 estimated resident population on tribal lands (regardless of tribal enrollment or race) was 695 on the Port Gamble Reservation and 8,126 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 (92%) of the Kitsap County population over 5 years old speaks English at home; approximately 3% speak Spanish as their primary language.⁵ Asian and Pacific Island languages are now collectively the most frequently spoken language group (3.5%) after English.

The proportion of all Kitsap County households comprised of married couples with children has decreased since 2000 (27%) to only 20% in 2018, while non-family households have increased slightly to 33%.^{4,5} An estimated 31% of all households had one or more children under the age of 18 in 2018.⁵ In 2018, approximately 21% 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 (40%) of children living with unmarried/single parents, with East Bremerton's 98310 ZIP Code having the highest percentage (44%).

Economic Well-Being. The estimated median household income for Kitsap County has been slowly increasing, projected to be \$74,729 in 2018.¹ 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 (\$115,230) at the top, followed by North Kitsap (\$79,177), Central Kitsap (\$74,365), South Kitsap (\$70,366), and Bremerton (\$52,946).⁵ The 2018 median income for family households with children under 18 years was \$89,209 – a considerable increase from last year and only slightly lower than that of family households without children under 18 (\$90,638). Median income is still dramatically lower for single parent households than it is for married parents (\$108,006) – particularly if the unmarried householder is female (\$33,012).

The 2018 unemployment rate in Kitsap County was 4.6%, slightly decreased from 2017, and just above the state's rate (4.5%).⁸ The county has historically tended to be slightly lower than the state but mirrors it very closely.

County-wide, 9% of residents were estimated to be living in poverty during 2018, a slight increase from 2017.⁵ The poverty rates for children are also up slightly from 2017 and are still higher than the general population.¹⁰ Among children under 5 years, the 2018 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. About a quarter (26%) of the county's children 0 to 5 years living in poverty resided in Bremerton during 2014-18. Eleven percent of females were estimated to be living in poverty; females are 56% of all Kitsap residents living in poverty. In 2018, 863 (39%) civilian births in Kitsap County were paid for by Medicaid.³

Head Start/Early Head Start Population.

During the 2018-19 school year, the total cumulative enrollment in Kitsap County Head Start (HS) and Early Head Start (EHS) programs was 1,046, including 1,007 children and 39 pregnant women.¹¹ This year overall, for the second year in a row, 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 51% White, 20% multi-racial, 14% American Indian and Alaskan Native, 6% black, 3% Native Hawaiian/Pacific Islander, 1% Asian, and 4% unknown race. Twenty-two percent identified as Hispanic. The vast majority (90%) speak English as their primary language at home; Native Central American, South American and Mexican languages were the second most commonly spoken language group this year (6%).¹¹

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 2018, 360 Kitsap families, including 502 children, used referral services provided by Childcare Aware, a slight increase from 2017.¹⁶ Of these, 81% were under age 5. Sixty-two 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, except for a slight drop 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 13% from 2008 to 2018, which equates to a loss of 755 slots.

Children with Special Needs. During 2018-19, the Holly Ridge Infant Toddler Early Intervention Program received 700 referrals.¹⁹ Holly Ridge had seen a steady increase in the number of referrals each year from 2011-12 to 2016-17, followed by a slight decrease in 2017-18. This year (2018-19) was again a slight increase from the previous year and higher than any year since at least 2003-04. Most of the children served at Holly Ridge are covered by Tricare (military insurance; 34%) or Medicaid (37%).

During 2018-19, 18% of EHS and 14% 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 2018-19 special education enrollment in Kitsap County public schools included 5,610 students, which accounts for 15.5% of all students.²⁰ The proportion of special education enrollees has increased over the past decade for all 5 school districts, though Bremerton had the highest proportion (18%) in 2018-19 and Bainbridge Island (14%) 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 2014-18 estimates for Kitsap children ages 0 to 17 living in households receiving public assistance was 9,328 (17%).⁵ Of these, more than half (58%) 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% of people 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 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%. The second highest regional rate was South Kitsap, at 5%.

Kitsap County has a lower proportion of students enrolled in the Free or Reduced Lunch Program than Washington State.²² As of October, 2018, there were 12,105 Kitsap County students (33%) 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 (61% in October 2018) when compared to other districts in Kitsap.

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 7,816 women, infants, and children in 2018.²⁸ That includes 36% 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 2019, the agency is conducting a comprehensive route analysis, moving the Silverdale Transit Center to a safer pedestrian-friendly location on Ridgetop and opened 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 32% of Kitsap County residents in 2018 were spending 30% or more of their monthly income on housing.⁵ This includes 25% of home owners and 50% of renters. Of 105,411 occupied housing units, 30% are rentals. The median gross rent in 2018 was \$1,305 per month. In order to afford this and not spend more than 30% of income on housing, a household would need to earn \$4,347 per month (equivalent to \$52,160 annually). This was well above what could be earned working 40 hours per week at the state's 2018 minimum wage of \$11.50 per hour, but considerably below the

median household income of \$74,729 in 2018. The median earnings for a full-time, year-round male worker (\$66,115) would allow him to afford the median rent, but the median earnings for a full-time, year-round female worker (\$43,510) 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. In 2019, the median home price in Kitsap County was \$370,000, which was slightly below the state median price of \$396,600.³³ 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 and the first 3 quarters of 2019. There were 229 foreclosures in 2019, the fewest recorded since at least 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 2019 counted 478 individuals; 84 (18%) of whom were children under the age of 18.⁴⁰ In 2017-18, there were 1,011 public school students (preschool through 12th grade) in

Kitsap County reported as homeless (2.8% of the enrollment). This represents a slight decrease from 2016-17, but a 220% increase from 2006-07. In 2017-18 as compared to the 2016-17 school year, all Kitsap School Districts experienced decreases except for Bainbridge Island, which had a 17% increase.²⁰ Thirteen percent of Head Start/Early Head Start (HS/EHS) children in Kitsap County received homelessness services during 2018-19.¹¹

Substance Abuse. According to Kitsap County 8th and 10th graders surveyed in 2018, 9% and 19% respectively reported drinking alcohol in the past 30 days.⁴¹ After having declined for a number of years, the rates of alcohol use are now rising slightly again and access to alcohol for these children is increasingly perceived to be easy. Marijuana use in the past 30 days was 8% and 18% for 8th and 10th graders respectively in 2018, both slightly higher than 2016.⁴¹ Tenth graders were also asked about using a painkiller to get high in the past 30 days, with 3% reporting they had, a percentage that was unchanged from 2016.

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.

Treatment data from the Washington State Division of Behavioral Health and Recovery,

compiled by the University of Washington show that the highest percentage of treatment admissions in Washington are for alcohol (31% in 2015).⁹⁷ The percentage due to heroin had been increasing rapidly from 2008 to 2015, so that heroin was the drug responsible for the 2nd highest percentage of treatment admissions (26%) in 2015. Methamphetamine was responsible for 17% of treatment admissions and marijuana for 16% in 2015. Approximately 46% of all marijuana admissions were in those less than 18 years of age.

In 2017, 11% of deaths were related to alcohol or drugs in Kitsap, lower than Washington's rate of 14%.²³ Data for the state of Washington show that opioids have been the drug most often involved in drug-related deaths from 2004 to 2018.⁹⁷ However, the death rate for methamphetamine has been increasing faster from 2008 to 2018 than the rate for opioids.

There has been a statistically significantly decreasing trend in Kitsap County of opioid prescriptions issued from 2015 to present. In the second quarter of 2019, there were approximately 58 opioid prescriptions issued for every 1,000 residents of Kitsap County. The opioid prescription rate for those 0 to 9 years is even lower, about 3 for every 1,000.

The rate of Kitsap babies diagnosed with Neonatal Abstinence Syndrome was about 12 out of every 1,000 live births in 2017.⁹⁹ In Washington State, more than half of all drugs seized by law enforcement and sent for testing as potential evidence were methamphetamine (62%) in 2018.⁹⁷ In Kitsap, there were approximately 100 cases

per 100,000 residents from 2016-18, a 55% increase from 2002-04 and higher than the rate in Washington State overall.

Health. According to 2018 estimates, 2.7% of children age 0 to 5 years, 3.7% of children age 6 to 18, and 6.5 % of adults age 19 to 64 in Kitsap County were estimated to be uninsured.⁵ Compared to 2017, this is a decrease for children age 0 to 5 and an increase for children age 6 to 18 and adults. The ZIP Code with the highest uninsured rate for adults age 18 to 64 is 98359 (Olalla, 15%), followed by 98337 (Bremerton, 12%), 98392 (Suquamish, 12%) and 98310 (East Bremerton, 11%). For children age 0 to 5, the ZIP Codes with the highest uninsured rates are 98367 (Port Orchard, 7%), and 98366 (Port Orchard), 98346 (Kingston), and 98312 (West Bremerton), all of which are 5%.

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 87% of Kitsap County kindergarteners were complete on their immunizations for the 2018-19 school year, with all Kitsap districts at 89-90% except for Bremerton (78%). In 2018, only 49% 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 2018, 4% and 9%, respectively, reported smoking cigarettes in the past 30 days.⁴¹

While tobacco use rates are down from 2012, it is of great concern that “vaping,” or e-cigarette use, has gained popularity in recent years and appears to be taking the place of cigarette smoking for many people. While many of the harmful effects of e-cigarettes are unclear, lung injuries associated with e-cigarette use were first recognized in the spring of 2019. Cases are occurring in all 50 states in the U.S. and are continuing to be diagnosed. There have been 21 cases of vaping associated lung injury in Washington residents since April 2019, 2 of those cases in Kitsap County.⁹⁵ As of January 2020, it will be against the law to sell e-cigarette and tobacco products to anyone under the age of 21 in Washington State. Because this is a state law rather a federal law, sales will still be allowed to those between the ages of 18 and 21 on federal property, such as Naval Base Kitsap, after January. In addition, Governor Inslee and the State Board of Health passed an emergency rule banning the sale of flavored vapor products on October 10, 2019, and the sale of vapor products containing vitamin E acetate on November 18. Both bans will be in effect for only 120 days, unless extended.⁹⁵ The rule also requires the reporting of lung injury associated with the use of e-cigarettes.

There is no information about youth use of e-cigarettes since the identification of vaping associated lung injury. The most recent data from the October 2018 Healthy Youth Survey shows that 3% of 6th graders, 10% of 8th graders, 23% of 10th graders and 32% of 12th graders (about 1 in 3!) reported having used e-cigarettes in the past month. All grades reported higher percentages than were reported in any previous year.

Obesity is a pervasive health issue, with only 30% of Kitsap County adults estimated to be at a healthy weight (based on BMI) during 2018. Among 8th graders in the county surveyed in 2018, 69% 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 program showed that ACEs are quite pervasive among low-income pregnant women and mothers, with more than half (71% in 2019) 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 statistically increased from 2011 to 2.2% in 2017.

Pregnancy and Birth Outcomes. Teen pregnancy has been declining in Kitsap over the past 15+ years, however in 2017, Kitsap's rate (8.1 per 1,000) is no longer statistically significantly lower than the Washington State rate of 9.2 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 2018.²

Overall, 80% of women in Kitsap County began prenatal care in the first trimester during 2018, but the rate of initiation differs substantially according to income.² 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 2018, only 71% of women with Medicaid-paid births initiated care during the first trimester, whereas 83% of those with higher incomes had first trimester care.

The percentage of Kitsap pregnant women who smoked during their pregnancy decreased to 6% in 2018, the lowest percentage seen since 2000 and the same as Washington State's percentage.³

However, smoking rates during pregnancy are much higher among women with Medicaid-paid births, unmarried mothers and less educated mothers.

The low birth weight rate in Kitsap County has remained relatively stable since 2000 (4.9% of births in 2018).² The infant mortality rate in Kitsap County from 2013 to 2017 was 4.6 per 1,000 live births.²

Children's Well-Being. Between fiscal years (FY) 2008 and 2017, an average of 400 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 FY 2017. An average of 371 children age 0 to 17 received support services each year between FY 2008 to FY 2017.⁵⁸

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 2018.²³ The 2018 rate of accepted referrals was 35 per 1,000 Kitsap children age 0 to 17 years. Bremerton continues to have the highest rate, which, at 60 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 31,906 children under age 10 in Kitsap County in 2018.¹ The decline in childcare slots in Kitsap can present a problem for parents looking for childcare.¹⁶ Cost can also be a barrier. The annual cost of infant childcare as a percentage of median household income in Kitsap County during 2018 was 12% in a family childcare home and 16% 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 2018, with an annual household income of \$38,443,⁹ the median 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 families requesting referrals for childcare countywide were using subsidies in FY 2018.¹⁶ 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 age 25 and older who have more than a high school education, 74% in 2018, is statistically significantly higher than Washington State's rate (70%).^{3,5} From 2014 to 2018, 98314 (Bremerton shipyard) had the highest percentage of adults age 25 and older who had more than a high school education (88%), followed by 98342 (Indianola, 84%), 98340 (Hansville, 81%) and 98315 (Silverdale/Bangor, 80%).

In 2018, almost 3 in 4 mothers in Kitsap County (72%) had more than a high school education. From 2014 to 2018, Bainbridge Island (98110) had the highest percentage of mothers with more than a high school education (94%), followed by 98340 (79%). There have been decreases in enrollment (K-12) in all school districts in Kitsap County over the past 10 years, except for Bremerton School District, which has seen a 0.4% increase in the past 10 years. All school districts, except for Central and South Kitsap, have seen enrollment decreases in the past 5 years.²⁰ Central

Kitsap experienced a 3.5% increase from 5 years ago, while South Kitsap experienced a 1.7% increase. There were 2,681 students enrolled in Kitsap County kindergartens during the 2018-19 school year. Most Kitsap districts have seen minimal growth in kindergarten enrollment in the past 5 years, but South Kitsap has grown by 16% during that timeframe, while Bremerton has declined by 10%. For the 2017-18 and 2018-19 school years, 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 64% of students demonstrated expected math characteristics in 2018-19). Overall in 2018-19, only 46% of statewide kindergarteners demonstrated expected skill levels in 6 of the 6 domains assessed, and this dropped to only 31% among low income kindergartners. Additional opportunity gaps remain evident by differences among racial/ethnic groups. In Kitsap County in 2018-19, Bremerton kindergarteners were below the state in math, but both Bremerton and South Kitsap had a smaller percentage of kindergarteners meeting all 6 domains than the state overall.

Community Resources. Area social service agencies report seeing an increased 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 2018 annual report, KMHS served a total of 6,526 clients, of which 1,425 were children age 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 42% of the fathers of EHS/HS program enrollees took part in father-targeted activities during 2018-19, quite a bit higher percentage than during the previous two years.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 October 2019, there were 93% of ECEAP slots served by Early Achievers sites statewide, including 227 of 244 (93%) in Kitsap County.⁷⁷ Among ECEAP Sites, 79% of ECEAP slots were served by sites 'at quality' statewide, including 210 of 244 (86%) in Kitsap. Approximately 99% of children on subsidy were served by Early Achievers sites statewide, including 883 of 892 (99%) children in Kitsap, but only 72% were served by sites 'at quality' statewide, including 605 of 892 (68%) 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. In 2018, Project Connect expanded to include 3 different sites, Port Orchard, Bremerton and Kingston, in order to better reach more Kitsap residents.

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 and 2019. This document is designed to include updated data available through December 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 and ZIP code-level data were analyzed when available to assist in further describing “at-risk” populations or pockets of increased need among our child population age 0-5 years.

Methodology

In order to assess and present the demographic, social, economic, and health status of low-income families in Kitsap County, we relied on multiple sources of information. Data sources included numerous state, local and federal agency statistics and datasets, as well as Head Start/Early Head Start staff anecdotal data, surveys of parents and social service agencies. Population demographics along with social, economic and health data were compiled, reviewed, analyzed and presented to illustrate recent trends. Data sources included, but were not limited to, the following: 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 December 2019 were the 2014-2018 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 Code 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" or a symbol with a footnote) 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 with a symbol and footnote.

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. 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, meaning they may or may not be due to random chance. 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 4.7.0.0 (February 2019).

I. KITSAP COUNTY PROFILE

A. County Population

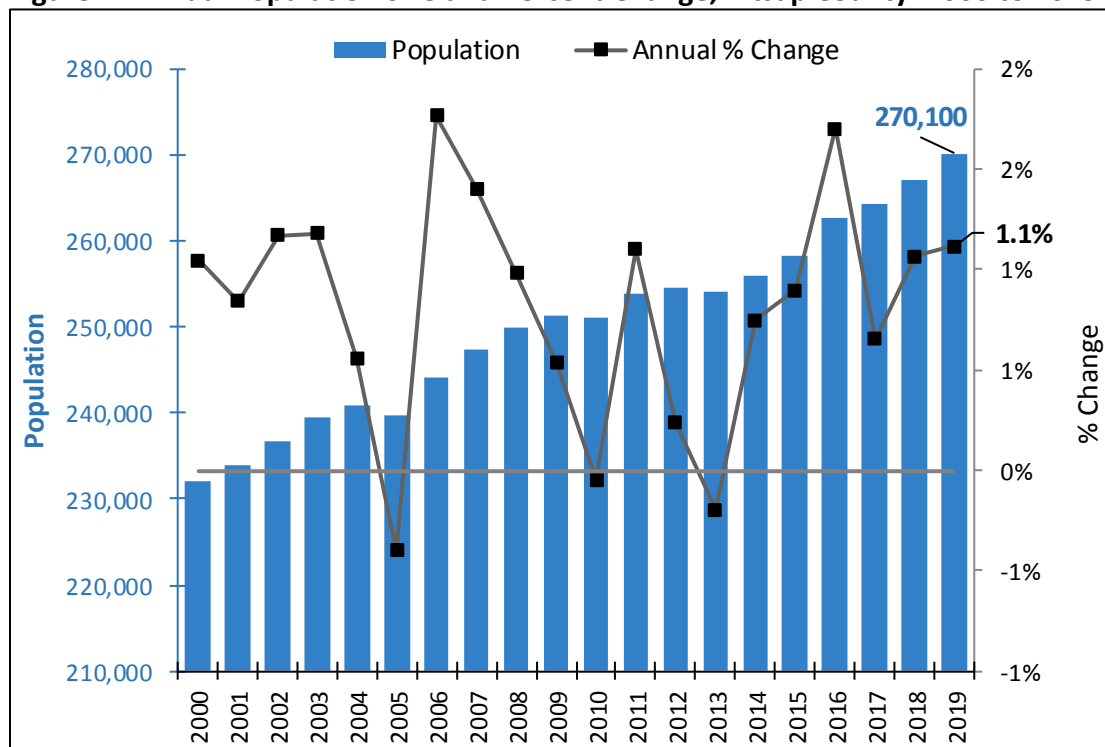
Geographic Location

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 395 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 2019.¹

Population Size and Change

The 2019 total population of Kitsap County is estimated to be 270,100, which is about 3.6% of the total Washington State population.¹ The County population has increased 16.4% since 2000 with an average increase of 0.8% per year (Figure 1). From 2018 to 2019, the population grew 1.1%. From 2000 to 2018, growth was due to both natural change (i.e. more births than deaths; just over half (52%) of the increase in population was due to natural change) and to migration into the County.^{1,2,3} During the same timeframe, the Washington State population has seen a 28.0% increase, with less than half (42%) being due to natural change and the remainder (58%) due to migration into the state.

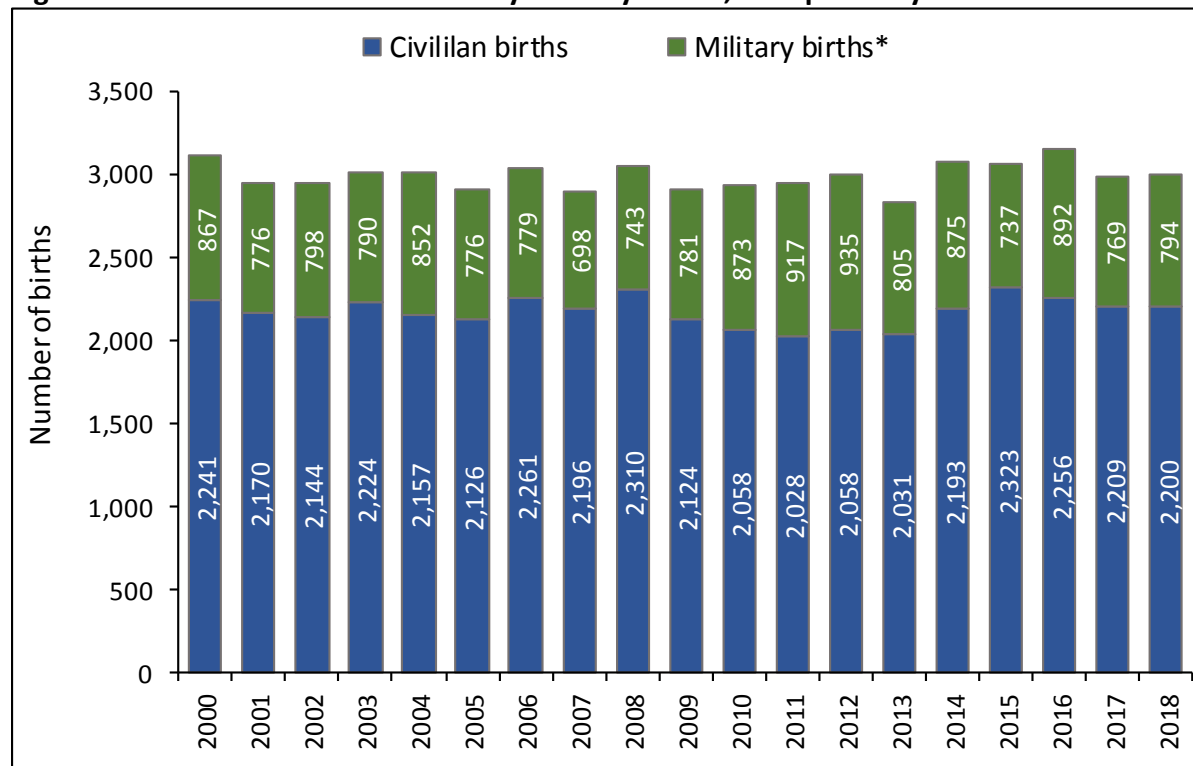
Figure 1. Annual Population Size and Percent Change, Kitsap County: 2000 to 2019¹



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

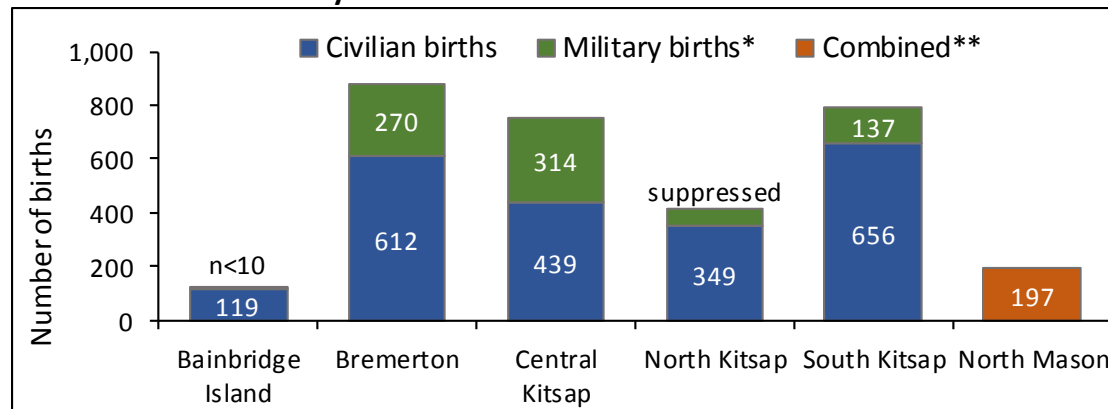
Since 2000, births to Kitsap County resident women have remained relatively stable, with an average of 2,988 per year (Figure 2).³ Generally, a little more than a quarter of births each year are military births (i.e., births to women who are military members, married to a military member or delivered in a federal hospital). The average from 2000 to 2018 was 27.2%; in 2018 26.5% (794) of 2,994 births were military births.

Figure 2. Births to Resident Women by Military Status, Kitsap County: 2000 to 2018³



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

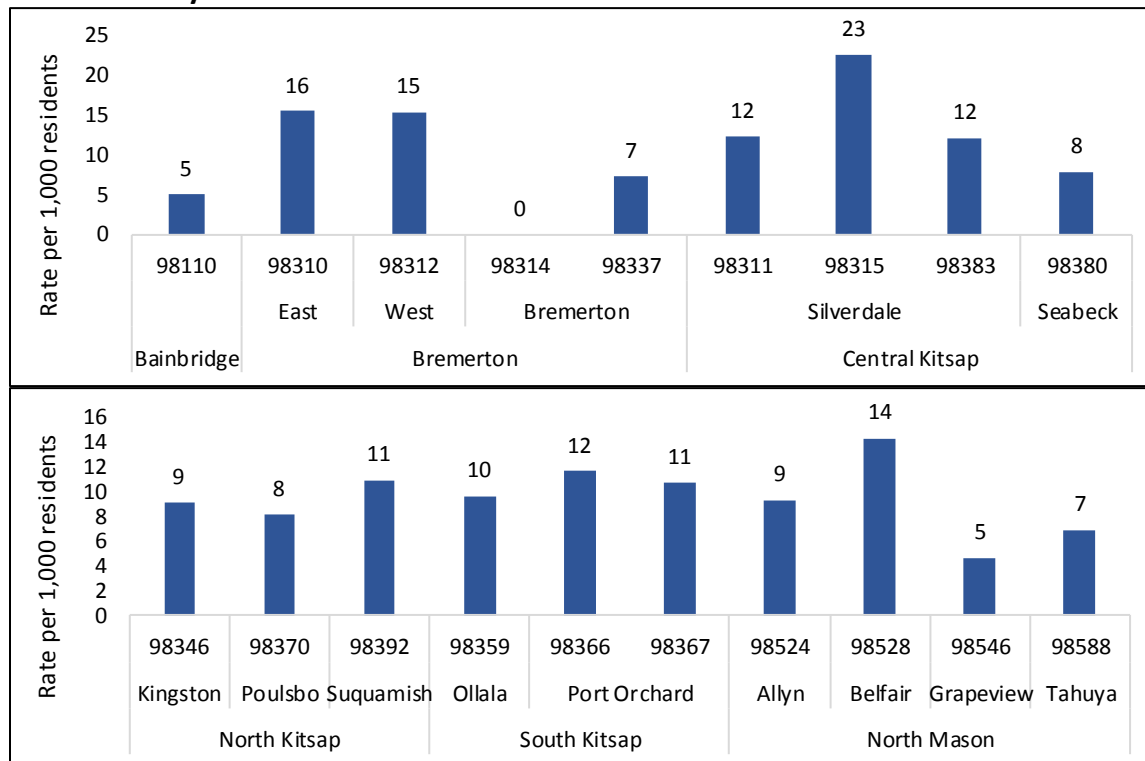
Figure 3. Births to Resident Women by Military Status and Geographic Region, Kitsap County and North Mason County: 2018 *³



*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.

**North Mason had 197 births to both military and civilian women in 2018.

Figure 4. Births to Resident Women per 1,000 residents by ZIP Code, Kitsap County and North Mason County: 2018 *3



*ZIP Codes with less than 12 births in 2018 have been suppressed (not shown) due to unreliable rates.

Population by Region

There are four incorporated cities, which together comprise 34% of the total 2019 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 42% since 2010.^{1,4}

Table 1. Population Change over Time, Kitsap County: 2000, 2010, and 2019^{1,4}

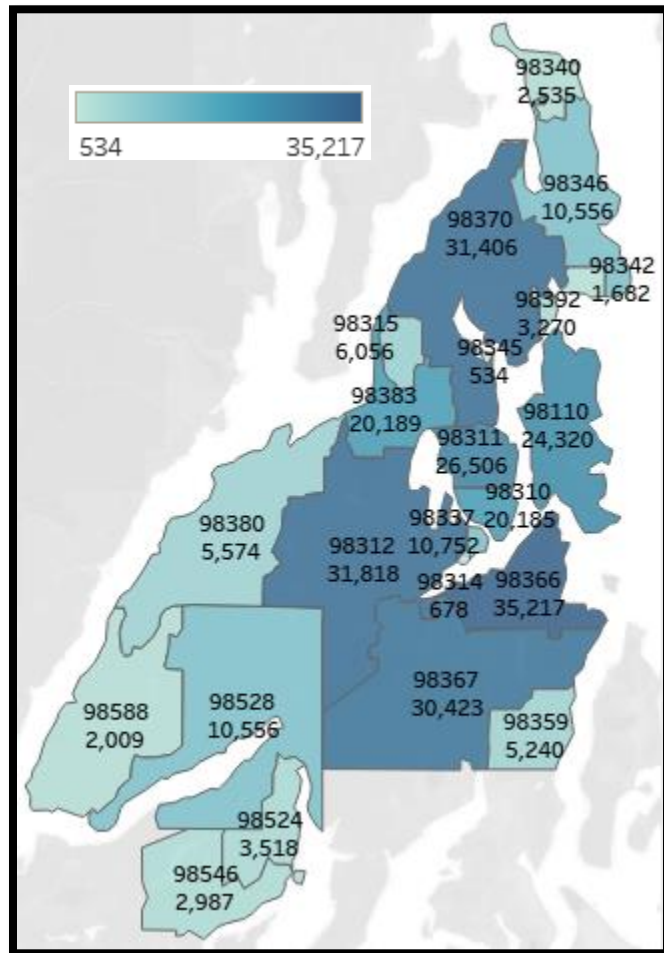
| | Census 2000 | Census 2010 | Estimate 2019 | % of Total 2019 | Change since 2000 | Change since 2010 |
|-----------------------|----------------|----------------|------------------|--------------------|----------------------|----------------------|
| Total | 231,969 | 251,133 | 270,100 | 100% | 16% | 8% |
| Unincorporated | 159,896 | 170,022 | 177,930 | 66% | 11% | 5% |
| Incorporated | 72,073 | 81,111 | 92,170 | 34% | 28% | 14% |
| Bainbridge Island | 20,308 | 23,025 | 24,520 | 9% | 21% | 6% |
| Bremerton | 37,259 | 37,729 | 42,080 | 16% | 13% | 12% |
| Port Orchard | 7,693 | 11,157 | 14,390 | 5% | 87% | 29% |
| Poulsbo | 6,813 | 9,200 | 11,180 | 4% | 64% | 22% |

There are five school districts that often align with service areas in the county. The 2019 population estimates for these regions and the proportion of the county that they represent are: 24,520 (9%) on Bainbridge Island, 48,334 (18%) in Bremerton, 72,780 (27%) in Central

Kitsap, 50,361 (19%) in North Kitsap, and 73,736 (27%) in South Kitsap.¹ In 2019, there were approximately 16,124 people living in North Mason.

In 2018, the five ZIP Codes with the largest resident population in Kitsap are 98366 (Port Orchard, 13% of the county population), 98312 (West Bremerton, 12%), 98370 (Poulsbo, 12%), 98367 (Port Orchard, 11%) and 98311 (Silverdale, 10%).⁵ The population estimate for each ZIP Code is presented in Figure 5.

Figure 5. Population by ZIP Code, Kitsap County and North Mason County: 2018⁵

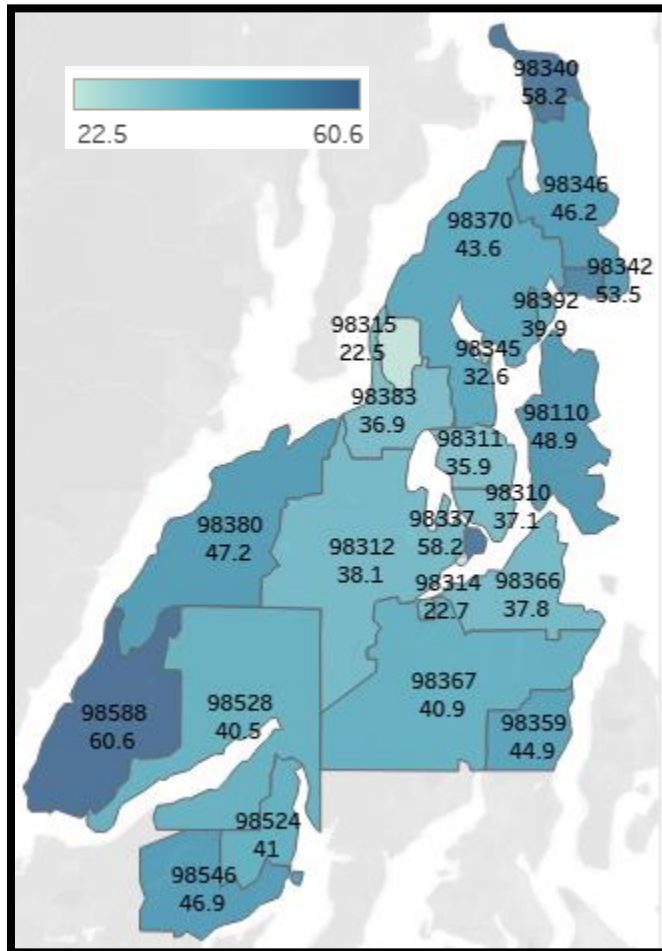


Population by Age

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 years in Kitsap County, it increased to 39 years in 2018, illustrating the aging of our population.⁵ Kitsap's median age was higher than the 2018 Washington State median of 38 years. Looking at regions of the county, Bainbridge Island has the oldest median age in Kitsap at 48.9 years, followed by North Kitsap (43.5 years), South Kitsap (39.4 years), Bremerton (35.5 years) and Central Kitsap (34.4 years). However, the ZIP Codes with the oldest median ages are found in North Kitsap in 98340 (58 years) and 98342

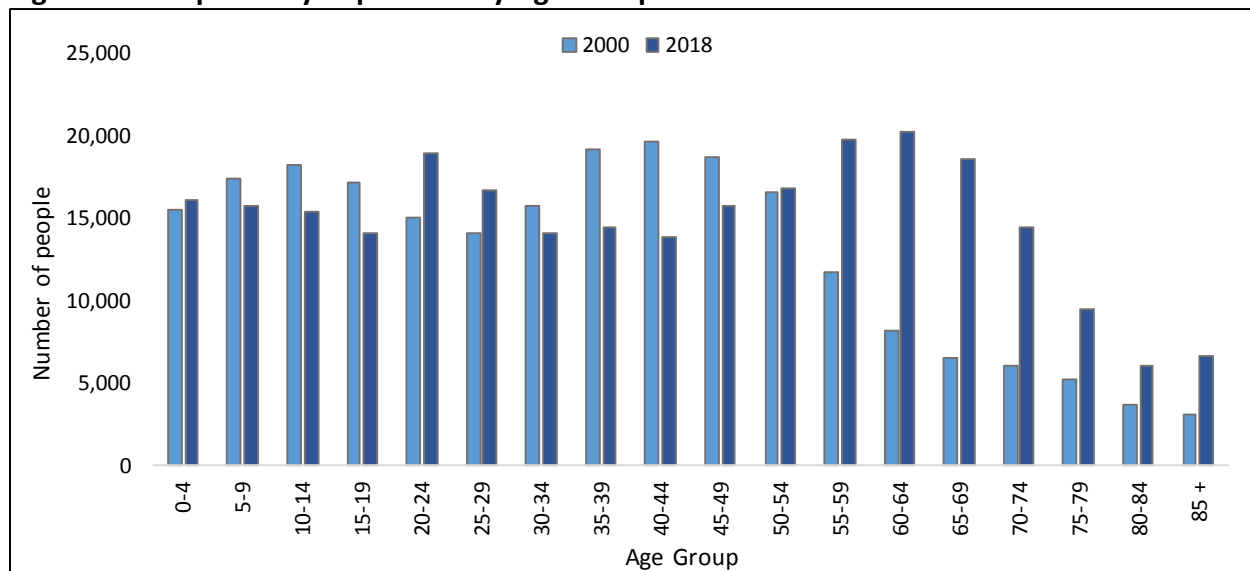
(53½ years), while the ZIP Codes with the youngest median ages are found in Bremerton in 98314 (23 years) and 98315 (22½ years). 98588 (Tahuya) has the oldest median age in North Mason County (61) and an older median age than any ZIP Code in Kitsap County. Figure 6 shows the median age by ZIP Code throughout Kitsap County and North Mason County.

Figure 6. Median Age by ZIP Code, Kitsap County and North Mason County: 2014-18⁵



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 83% from 2000 to 2018 and now account for 42% of the population, whereas those under age 50 decreased 9%.^{1,4} In particular, the 55-74-year-old group has more than doubled (125% increase) since 2000, and now represents more than a quarter (27%) of the population. Since 2000, the 20-29 year old age group has also increased, although to a lesser degree. Men of the 20-29 age group have increased 39%, while women have only increased 2%.

Figure 7. Kitsap County Population by Age Group: 2000 and 2018^{1,4}



The child population in Kitsap County has changed as well throughout the last 18 years, though not as much as the adult population. The number of persons age 5 to 19 years decreased 14% from 2000 to 2018, although it increased 1% from 2017 to 2018.^{1,4} Since 2000, 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 9% to an estimated 16,147 in 2018.

Table 2 shows the estimated child population by age group in each of the five regions of Kitsap County (5-year estimate for 2014-18).⁵ Out of the total child population, Bremerton has the largest proportion (44%) of 0 to 5-year-olds of any of the regions; Bainbridge Island has the smallest (26%).

Table 2. Estimated Child Population by Age Group and School District Region, Kitsap County and North Mason County: 2014-18⁵

| | Bainbridge Island School District (98110) | Bremerton School District | Central Kitsap School District | North Kitsap School District | South Kitsap School District | North Mason School District |
|----------------------------------|---|------------------------------|-----------------------------------|---------------------------------|---------------------------------|--------------------------------|
| Total population (all ages) | 24,060 | 47,599 | 72,872 | 49,440 | 68,447 | 15,280 |
| Child population (17 and under)* | 5,757 | 7,677 | 16,105 | 9,821 | 14,955 | 2,748 |
| # under 3 years | 637 | 1,533 | 2,927 | 1,205 | 2,471 | 439 |
| # at 3 and 4 years | 547 | 1,166 | 2,080 | 889 | 1,700 | 223 |
| # at 5 years | 303 | 662 | 1,033 | 545 | 728 | 210 |
| # at 6 to 8 years | 1,137 | 1,125 | 2,567 | 1,588 | 2,655 | 505 |
| # at 9 to 11 years | 1,128 | 1,326 | 2,623 | 1,747 | 2,321 | 364 |
| # at 12 to 14 years | 945 | 715 | 2,342 | 1,893 | 2,598 | 628 |
| # at 15 to 17 years | 1,060 | 1,150 | 2,533 | 1,954 | 2,482 | 379 |
| Percentage of child population | | | | | | |
| % under 3 years | 11% | 20% | 18% | 12% | 17% | 16% |
| % at 3 and 4 years | 10% | 15% | 13% | 9% | 11% | 8% |
| % at 5 years | 5% | 9% | 6% | 6% | 5% | 8% |
| % at 6 to 8 years | 20% | 15% | 16% | 16% | 18% | 18% |
| % at 9 to 11 years | 20% | 17% | 16% | 18% | 16% | 13% |
| % at 12 to 14 years | 16% | 9% | 15% | 19% | 17% | 23% |
| % at 15 to 17 years | 18% | 15% | 16% | 20% | 17% | 14% |

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

Looking at the population by ZIP Code, people residing in 98315 (Bangor) have the highest percentage of children under age 18 (27% of the population), followed by 98110 (Bainbridge Island, 24%) and 98392 (Suquamish, 23%). Table 3 shows the estimated child population by age group in each ZIP Code in Kitsap County (5-year estimate for 2014-18).⁵ More than half of the children under age 18 living in 98380 (Seabeck, 62%) and 98315 (Bangor, 51%) are ages 0 to 5, while more than 40% of the children in 98310 (East Bremerton, 45%), 98312 (West Bremerton, 41%) and 98337 (Bremerton, 47%) are ages 0 to 5.

Table 3. Estimated Child Population by Age Group and ZIP Code Region, Kitsap County, Bremerton and Central Kitsap: 2014-18^{^5}

| | East Bremerton 98310 | West Bremerton 98312 | Bremerton 98314 | Bremerton 98337 |
|----------------------------------|----------------------------|----------------------------|---------------------|--------------------|
| Bremerton | | | | |
| Total population (all ages) | 20,934 | 31,380 | 2,353 | 7,039 |
| Child population (17 and under)* | 3,633 | 6,203 | 32 | 1,011 |
| # under 3 years | 732 | 1,187 | n<10 | 248 |
| # at 3 and 4 years | 593 | 935 | n<10 | 173 |
| # at 5 years | 302 | 429 | n<10 | 50 |
| # at 6 to 8 years | 572 | 864 | n<10 | 96 |
| # at 9 to 11 years | 728 | 943 | n<10 | 122 |
| # at 12 to 14 years | 312 | 907 | n<10 | 93 |
| # at 15 to 17 years | 394 | 938 | n<10 | 229 |
| Percentage of child population | | | | |
| % under 3 years | 20% | 19% | -- | 25% |
| % at 3 and 4 years | 16% | 15% | -- | 17% |
| % at 5 years | 8% | 7% | -- | 5% |
| % at 6 to 8 years | 16% | 14% | -- | 9% |
| % at 9 to 11 years | 20% | 15% | -- | 12% |
| % at 12 to 14 years | 9% | 15% | -- | 9% |
| % at 15 to 17 years | 11% | 15% | -- | 23% |
| | Silverdale 98311 | Silverdale 98315 | Silverdale 98383 | Seabeck 98380 |
| Central Kitsap | | | | |
| Total population (all ages) | 27,856 | 6,336 | 21,301 | 4,288 |
| Child population (17 and under)* | 6,057 | 1,708 | 4,391 | 760 |
| # under 3 years | 1,126 | 387 | 577 | 217 |
| # at 3 and 4 years | 545 | 364 | 510 | 124 |
| # at 5 years | 426 | 118 | 210 | 129 |
| # at 6 to 8 years | 1,134 | 291 | 662 | 90 |
| # at 9 to 11 years | 1,014 | 292 | 841 | 30 |
| # at 12 to 14 years | 871 | 115 | 734 | 50 |
| # at 15 to 17 years | 941 | 141 | 857 | 120 |
| Percentage of child population | | | | |
| % under 3 years | 19% | 23% | 13% | 29% |
| % at 3 and 4 years | 9% | 21% | 12% | 16% |
| % at 5 years | 7% | 7% | 5% | 17% |
| % at 6 to 8 years | 19% | 17% | 15% | 12% |
| % at 9 to 11 years | 17% | 17% | 19% | 4% |
| % at 12 to 14 years | 14% | 7% | 17% | 7% |
| % at 15 to 17 years | 16% | 8% | 20% | 16% |

[^]ZIP Codes are ZIP Code Tabulation Areas; excludes those in group quarters; 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 “—”.

Table 4. Estimated Child Population by Age Group and ZIP Code Region, Kitsap County, North Kitsap and South Kitsap: 2014-18^{^5}

| | Hansville 98340 | Indianola 98342 | Keyport 98345 | Kingston 98346 | Poulsbo 98370 | Suquamish 98392 |
|----------------------------------|--------------------|--------------------|------------------|-------------------|------------------|--------------------|
| North Kitsap | | | | | | |
| Total population (all ages) | 2,912 | 1,363 | 422 | 10,106 | 31,206 | 3,071 |
| Child population (17 and under)* | 457 | 219 | 81 | 1,909 | 6,508 | 695 |
| # under 3 years | 93 | 20 | n<10 | 216 | 787 | 120 |
| # at 3 and 4 years | n<10 | 21 | n<10 | 146 | 643 | 81 |
| # at 5 years | 15 | n<10 | n<10 | 78 | 431 | 37 |
| # at 6 to 8 years | 59 | 32 | 55 | 289 | 1,003 | 129 |
| # at 9 to 11 years | 83 | 44 | 17 | 356 | 1,089 | 105 |
| # at 12 to 14 years | 160 | 43 | n<10 | 322 | 1,255 | 115 |
| # at 15 to 17 years | 47 | 52 | n<10 | 502 | 1,300 | 108 |
| Percentage of child population | | | | | | |
| % under 3 years | 20% | 9% | -- | 11% | 12% | 17% |
| % at 3 and 4 years | -- | 10% | -- | 8% | 10% | 12% |
| % at 5 years | 3% | -- | -- | 4% | 7% | 5% |
| % at 6 to 8 years | 13% | 15% | 68% | 15% | 15% | 19% |
| % at 9 to 11 years | 18% | 20% | 21% | 19% | 17% | 15% |
| % at 12 to 14 years | 35% | 20% | -- | 17% | 19% | 17% |
| % at 15 to 17 years | 10% | 24% | -- | 26% | 20% | 16% |
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^{^5}ZIP Codes are ZIP Code Tabulation Areas; excludes those in group quarters; 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 "--".

Table 5. Estimated Child Population by Age Group and ZIP Code Region, North Mason County: 2014-18⁴⁵

| North Mason | Allyn 98524 | Belfair 98528 | Grapeview 98546 | Tahuya 98588 |
|----------------------------------|----------------|------------------|--------------------|-----------------|
| Total population (all ages) | 4,659 | 10,056 | 3,259 | 1,390 |
| Child population (17 and under)* | 1,003 | 1,955 | 524 | 11 |
| # under 3 years | 119 | 406 | 43 | 11 |
| # at 3 and 4 years | 161 | 121 | 39 | n<10 |
| # at 5 years | 103 | 107 | 26 | n<10 |
| # at 6 to 8 years | 200 | 351 | 93 | n<10 |
| # at 9 to 11 years | 97 | 276 | 136 | n<10 |
| # at 12 to 14 years | 178 | 460 | 93 | n<10 |
| # at 15 to 17 years | 145 | 234 | 94 | n<10 |
| Percentage of child population | | | | |
| % under 3 years | 12% | 21% | 8% | 100% |
| % at 3 and 4 years | 16% | 6% | 7% | -- |
| % at 5 years | 10% | 5% | 5% | -- |
| % at 6 to 8 years | 20% | 18% | 18% | -- |
| % at 9 to 11 years | 10% | 14% | 26% | -- |
| % at 12 to 14 years | 18% | 24% | 18% | -- |
| % at 15 to 17 years | 14% | 12% | 18% | -- |

⁴⁵ZIP Codes are ZIP Code Tabulation Areas; excludes those in group quarters; 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 "--".

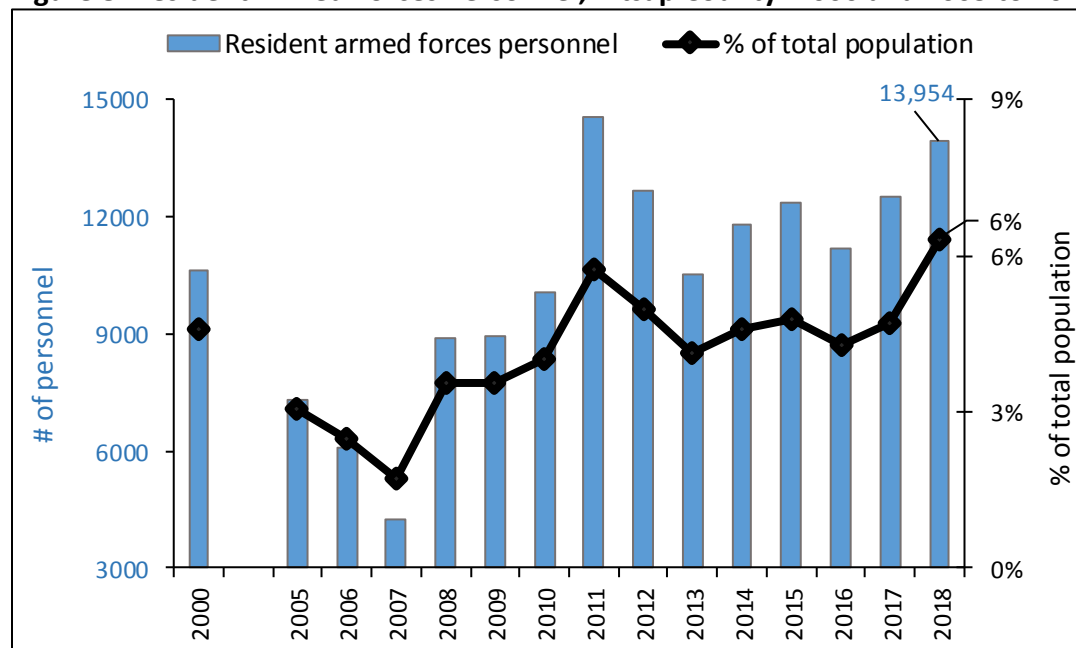
In 2016 and 2017, the Port Gamble S'Klallam Tribe administered a survey to all households and individuals affiliated with the Tribe.⁸⁹ Surveys were collected from 331 households, 187 of whom lived on the reservation. This accounted for 1,104 individuals, of whom 356 were children. Of the 356 children, 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 48% from 2008 to 2018 (Figure 8).^{4,5} An estimated 13,954 military personnel resided in Kitsap County during 2018, or about 6% of the total population. In addition, the Navy is the largest employer in the county. In 2018, 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

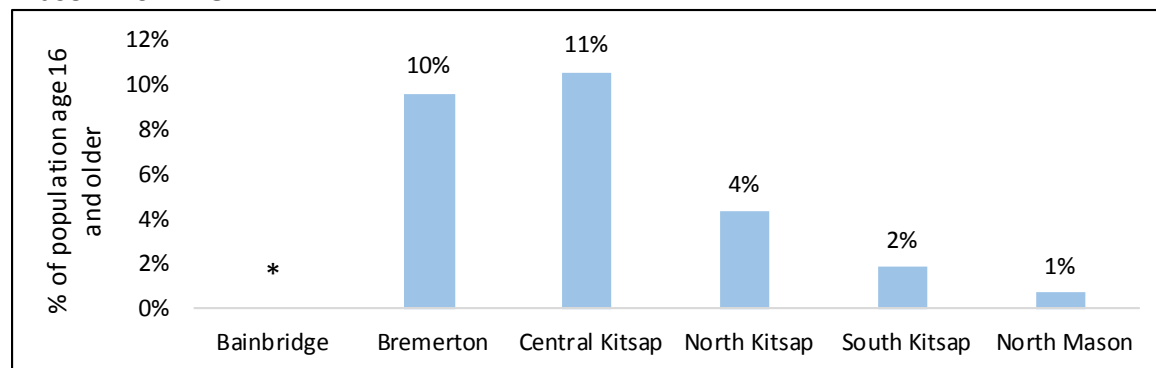
Submarine Base Bangor, Naval Undersea Warfare Center-Keyport Division, the U.S. Navy Manchester Fuel Depot and Naval Hospital Bremerton).⁶ The military population fluctuates dramatically as Navy ships depart and arrive in Bremerton. Despite the fluctuations, the military population accounts for thousands 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 2018^{4,5}



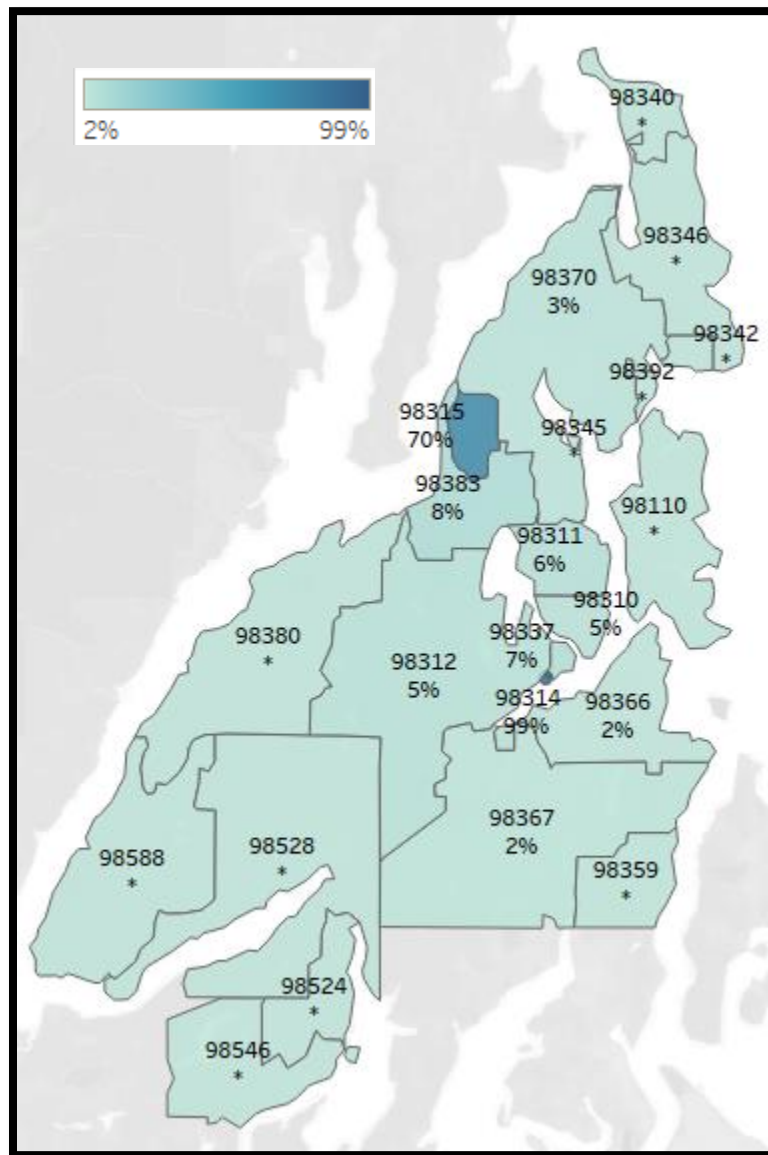
The percentage of the population that is military varies across Kitsap, from 11% in Central Kitsap to less than 1% on Bainbridge Island.⁵ The percentage of military members on Bainbridge Island is unreliable due to small numbers. Figures 9 and 10 shows the percentage of the population age 16 and older that is in the Armed Forces by school district and ZIP Code.

Figure 9. Resident Armed Forces Personnel by School District, Kitsap County and North Mason: 2014-18^{*5}



* Percentage is unreliable due to small numbers

Figure 10. Resident Armed Forces Personnel by ZIP Code, Kitsap County and North Mason County: 2014-18⁵

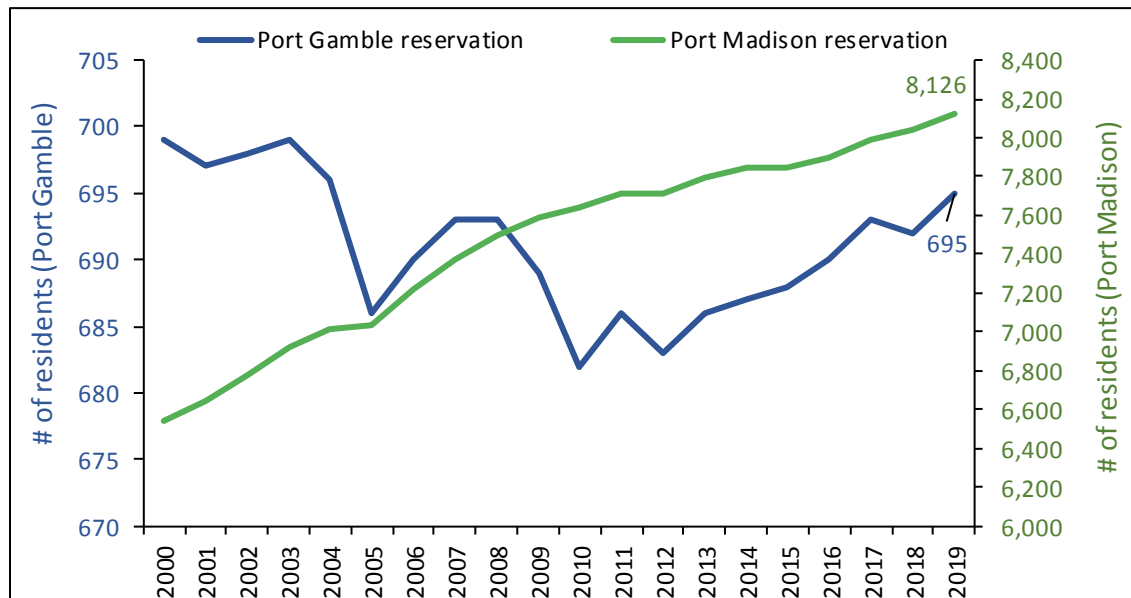


* Percentage is unreliable due to small numbers

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 2019 estimated resident population on the Port Gamble Reservation is 695 and on the Port Madison Reservation is 8,126 (Figure 11).¹ Since 2010, this represents 2% growth for Port Gamble and 6% growth for Port Madison. These estimates may include non-tribal members living on the reservation and are not limited by race. Similarly, these estimates do not capture tribal members living outside the reservations.

Figure 11. Residents Living on American Indian Tribal Reservations, Kitsap County: 2000 to 2019¹



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 (76%) than Washington State (68%) (Table 6).² 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 2000.²

Table 6. Race/Ethnicity, Kitsap County and Washington State: 2018²

| Racial/Ethnic Group | Kitsap County | Washington State |
|--|---------------|------------------|
| White (non-Hispanic) | 76% | 68% |
| Black (non-Hispanic) | 3% | 4% |
| American Indian/Alaska Native (non-Hispanic) | 2% | 1% |
| Asian (non-Hispanic) | 5% | 9% |
| Pacific Islander (non-Hispanic) | 1% | 1% |
| Two or more races (non-Hispanic) | 6% | 4% |
| Hispanic * | 7% | 13% |

* 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 7).² In

2018, Hispanics represented the largest minority population groups in all school district regions except for Central Kitsap, where the largest minority group was those of Asian race. The Hispanic category includes all people identifying as Hispanic, including those identifying as mixed racial/ethnic, such as White-Hispanic. Table 8 shows the percentages by race and ethnicity for each ZIP Code within Kitsap County.

Table 7. Estimated Populations by School District and Race/Ethnicity, Kitsap County and North Mason County: 2018²

| | Bainbridge Island | | Bremerton | | Central Kitsap | |
|--------------------------------|-------------------|-------|--------------|-------|----------------|-------|
| | # | % | # | % | # | % |
| TOTAL | 24,320 | | 48,033 | | 72,137 | |
| White* | 21,042 | 86.5% | 32,670 | 68.0% | 51,217 | 71.0% |
| Black* | 120 | 0.5% | 2,956 | 6.2% | 2,670 | 3.7% |
| American Indian/Alaska Native* | 110 | 0.5% | 713 | 1.5% | 626 | 0.9% |
| Asian* | 915 | 3.8% | 2,714 | 5.7% | 6,335 | 8.8% |
| Pacific Islander* | 54 | 0.2% | 613 | 1.3% | 850 | 1.2% |
| Two or more races* | 990 | 4.1% | 3,421 | 7.1% | 4,666 | 6.5% |
| Hispanic** | 1,089 | 4.5% | 4,945 | 10.3% | 5,773 | 8.0% |
| | North Kitsap | | South Kitsap | | North Mason | |
| | # | % | # | % | # | % |
| TOTAL | 49,680 | | 72,590 | | 15,830 | |
| White* | 40,164 | 80.8% | 58,062 | 80.0% | 13,318 | 84.1% |
| Black* | 432 | 0.9% | 1,344 | 1.9% | 103 | 0.7% |
| American Indian/Alaska Native* | 1,552 | 3.1% | 702 | 1.0% | 171 | 1.1% |
| Asian* | 1,666 | 3.4% | 2,906 | 4.0% | 274 | 1.7% |
| Pacific Islander* | 159 | 0.3% | 895 | 1.2% | 61 | 0.4% |
| Two or more races* | 2,402 | 4.8% | 3,965 | 5.5% | 684 | 4.3% |
| Hispanic** | 3,305 | 6.7% | 4,714 | 6.5% | 1,221 | 7.7% |

* Includes non-Hispanic only.

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

Table 8. Estimated Populations by ZIP Code and Race/Ethnicity, Kitsap County, Bremerton, Central Kitsap and North Kitsap: 2018^{^2}

| | Bremerton | | | | | | | | | | | |
|--------------------------------|---------------------|-------|---------------------|-------|---------------------|-------|-------------------|-------|------------------|-------|--------------------|-------|
| | East 98310 | | West 98312 | | 98314 | | 98337 | | | | | |
| | # | % | # | % | # | % | # | % | | | | |
| TOTAL | 20,185 | | 31,818 | | 678 | | 10,752 | | | | | |
| White* | 13,714 | 67.9% | 23,474 | 73.8% | 357 | 52.7% | 6,603 | 61.4% | | | | |
| Black* | 1,119 | 5.5% | 1,280 | 4.0% | 107 | 15.8% | 1,043 | 9.7% | | | | |
| American Indian/Alaska Native* | 244 | 1.2% | 451 | 1.4% | n<10 | -- | 176 | 1.6% | | | | |
| Asian* | 1,592 | 7.9% | 1,434 | 4.5% | 45 | 6.6% | 555 | 5.2% | | | | |
| Pacific Islander* | 322 | 1.6% | 345 | 1.1% | n<10 | -- | 113 | 1.1% | | | | |
| Two or more races* | 1,468 | 7.3% | 2,096 | 6.6% | 31 | 4.6% | 694 | 6.5% | | | | |
| Hispanic** | 1,727 | 8.6% | 2,739 | 8.6% | 126 | 18.6% | 1,568 | 14.6% | | | | |
| | Central Kitsap | | | | | | | | | | | |
| | Silverdale 98311 | | Silverdale 98315 | | Silverdale 98383 | | Seabeck 98380 | | | | | |
| | # | % | # | % | # | % | # | % | | | | |
| TOTAL | 26,506 | | 6,056 | | 20,189 | | 5,574 | | | | | |
| White* | 17,814 | 67.2% | 3,896 | 64.3% | 14,191 | 70.3% | 4,866 | 87.3% | | | | |
| Black* | 969 | 3.7% | 490 | 8.1% | 639 | 3.2% | ^ | -- | | | | |
| American Indian/Alaska Native* | 225 | 0.8% | 42 | 0.7% | 152 | 0.8% | 58 | 1.0% | | | | |
| Asian* | 3,104 | 11.7% | 191 | 3.2% | 2,218 | 11.0% | 130 | 2.3% | | | | |
| Pacific Islander* | 510 | 1.9% | 29 | 0.5% | 158 | 0.8% | n<10 | -- | | | | |
| Two or more races* | 1,889 | 7.1% | 407 | 6.7% | 1,356 | 6.7% | 245 | 4.4% | | | | |
| Hispanic** | 1,995 | 7.5% | 1,000 | 16.5% | 1,476 | 7.3% | 234 | 4.2% | | | | |
| | North Kitsap | | | | | | | | | | | |
| | Hansville 98340 | | Indianola 98342 | | Keyport 98345 | | Kingston 98346 | | Poulsbo 98370 | | Suquamish 98392 | |
| | # | % | # | % | # | % | # | % | # | % | # | % |
| TOTAL | 2,535 | | 1,682 | | 534 | | 10,556 | | 31,406 | | 3,270 | |
| White* | 2,290 | 90.3% | 1,409 | 83.8% | 481 | 90.1% | 8,503 | 80.6% | 25,683 | 81.8% | 2,348 | 71.8% |
| Black* | ^ | -- | n<10 | -- | n<10 | -- | 45 | 0.4% | 293 | 0.9% | 23 | 0.7% |
| American Indian/Alaska Native* | 29 | 1.1% | 75 | 4.5% | n<10 | -- | 697 | 6.6% | 443 | 1.4% | 312 | 9.5% |
| Asian* | 43 | 1.7% | 21 | 1.2% | n<10 | -- | 196 | 1.9% | 1,152 | 3.7% | 91 | 2.8% |
| Pacific Islander* | n<10 | -- | n<10 | -- | n<10 | -- | 27 | 0.3% | 99 | 0.3% | 11 | 0.3% |
| Two or more races* | 89 | 3.5% | 95 | 5.6% | 17 | 3.2% | 431 | 4.1% | 1,486 | 4.7% | 253 | 7.7% |
| Hispanic** | 66 | 2.6% | 68 | 4.0% | 20 | 3.7% | 656 | 6.2% | 2,249 | 7.2% | 232 | 7.1% |

[^] 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.

Table 9. Estimated Populations by ZIP Code and Race/Ethnicity, Kitsap County, South Kitsap and North Mason County: 2018^{^2}

| | South Kitsap | | | | | |
|--------------------------------|-----------------|-------|-----------------------|-------|-----------------------|-------|
| | Ollala 98359 | | Port Orchard 98366 | | Port Orchard 98367 | |
| | # | % | # | % | # | % |
| TOTAL | 5,240 | | 35,217 | | 30,423 | |
| White* | 4,494 | 85.8% | 27,411 | 77.8% | 24,752 | 81.4% |
| Black* | 70 | 1.3% | 856 | 2.4% | 409 | 1.3% |
| American Indian/Alaska Native* | 53 | 1.0% | 362 | 1.0% | 270 | 0.9% |
| Asian* | 100 | 1.9% | 1,511 | 4.3% | 1,237 | 4.1% |
| Pacific Islander* | 40 | 0.8% | 517 | 1.5% | 326 | 1.1% |
| Two or more races* | 221 | 4.2% | 2,074 | 5.9% | 1,590 | 5.2% |
| Hispanic** | 263 | 5.0% | 2,487 | 7.1% | 1,838 | 6.0% |

| | North Mason | | | | | | | |
|--------------------------------|----------------|-------|------------------|-------|--------------------|-------|-----------------|-------|
| | Allyn 98524 | | Belfair 98528 | | Grapeview 98546 | | Tahuya 98588 | |
| | # | % | # | % | # | % | # | % |
| TOTAL | 3,518 | | 10,556 | | 2,987 | | 2,009 | |
| White* | 3,150 | 89.5% | 8,609 | 81.6% | 2,661 | 89.1% | 1,783 | 88.8% |
| Black* | 20 | 0.6% | 79 | 0.7% | ^ | -- | n<10 | -- |
| American Indian/Alaska Native* | 17 | 0.5% | 142 | 1.3% | 44 | 1.5% | 14 | 0.7% |
| Asian* | 46 | 1.3% | 203 | 1.9% | 42 | 1.4% | 27 | 1.3% |
| Pacific Islander* | 10 | 0.3% | 45 | 0.4% | n<10 | -- | n<10 | -- |
| Two or more races* | 141 | 4.0% | 489 | 4.6% | 103 | 3.4% | 76 | 3.8% |
| Hispanic** | 133 | 3.8% | 989 | 9.4% | 114 | 3.8% | 99 | 4.9% |

[^] 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 2018, English was spoken at home by 92.3% of the Kitsap population age 5 and older.⁵ After English, Asian and Pacific Island languages were spoken at home by a larger percentage (3.5%) than Spanish or any other broad group of languages. However, Spanish remains the second *single* most commonly spoken language (3.1%) among residents 5 years and over. Among those whose primary language spoken at home is not English, 31% spoke English less than “very well” from 2014 to 2018.⁵

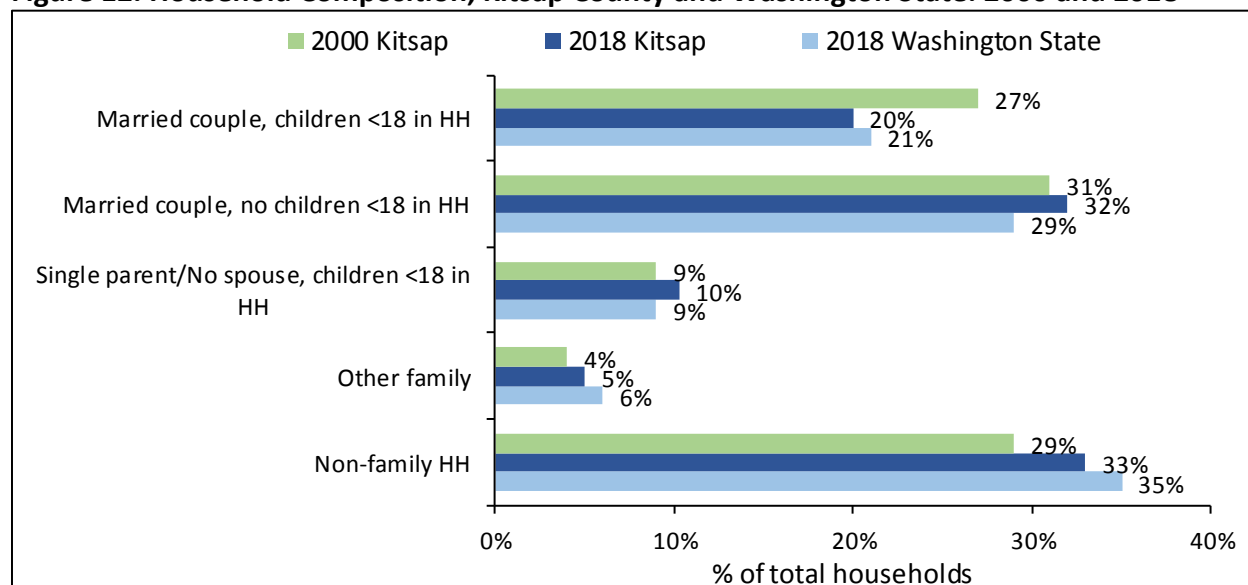
From 2014-18, Central Kitsap was the region with the highest percentage of residents who speak a language other than English at home (9.1%).⁵ After Central Kitsap, Bremerton had the next highest (7.9%), followed by South Kitsap (6.4%), North Kitsap (5.5%) and Bainbridge Island (4.9%). Of residents who speak another language, the percentage who speak English less than “very well” is considerably higher in Bremerton (42%) than in other areas of the county (South Kitsap 31%, North Kitsap 28%, Central Kitsap 24%) and considerably lower on Bainbridge Island

(14%). In North Mason, about 10% of residents speak a language other than English at home and 61% report speaking English less than “very well.”

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} However, in 2018, the percentage of married couple families with children increased slightly to 20% in Kitsap, and nonfamily households continued to increase to 33%.

Figure 12. Household Composition, Kitsap County and Washington State: 2000 and 2018^{4,5}



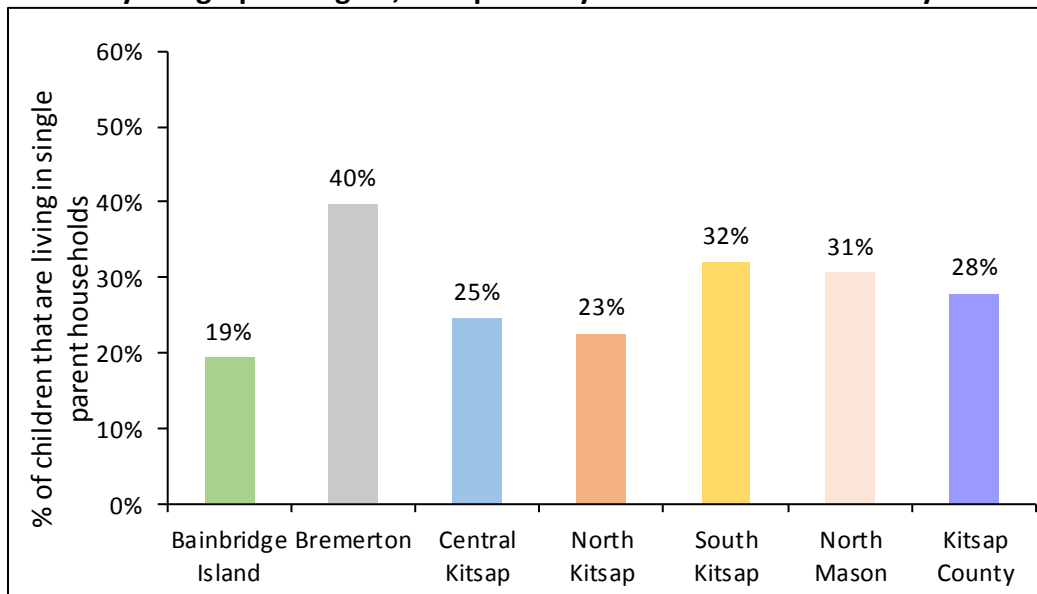
In Kitsap County, it is estimated that 31% of all 105,411 households had one or more children under the age of 18 in 2018.⁵ The number of single parent households is not directly available, but it is estimated that 10% of all households were families with their own children (<18 years) in which the householder (male or female) does not have a married spouse present. However, this may include households where an unmarried partner was present; an estimated 8% of all households in 2018 (regardless of whether children were present) had unmarried partners. The number of Kitsap grandparents living with their grandchildren under the age of 18 in 2018 was 4,324, 27% of which are responsible for their own grandchildren.

While most of the estimated 55,212 children under age 18 in Kitsap in 2018 were living in households with married couples (67%), almost a third (32%) lived in households with unmarried parents.⁵ (The remaining 1% lived in non-family households.) Among the 17,809 children living with unmarried parents in 2018, over a third (36%) had a parent with an unmarried partner present in the household; thus 64% of children with unmarried parents were living with a single parent (i.e., unmarried parent *without* a partner present). Out of all children less than 18 years, 21% were living with a single parent with no partner present in 2018. Of these 11,375 children living in single parent homes with no partner present, the clear majority

(79%) were living with female householders; 16% of all children in the county were living with a single mother. Only 4% of all children lived with a single father and an estimated 0.1% resided in non-family households in 2018.

Household composition differs throughout the county (Figure 13).⁵ Considering only marital status, Bremerton had the highest proportion (40%) of children under the age of 18 living in single parent households from 2014 to 2018, which is well above the county-wide estimate of 28%. It is possible that unmarried partners were living in these households. South Kitsap was also above the county-wide estimate with 32% of children under 18 living in single parent households, while Bainbridge Island (19%), Central Kitsap (25%) and North Kitsap (23%) were all below the county average.

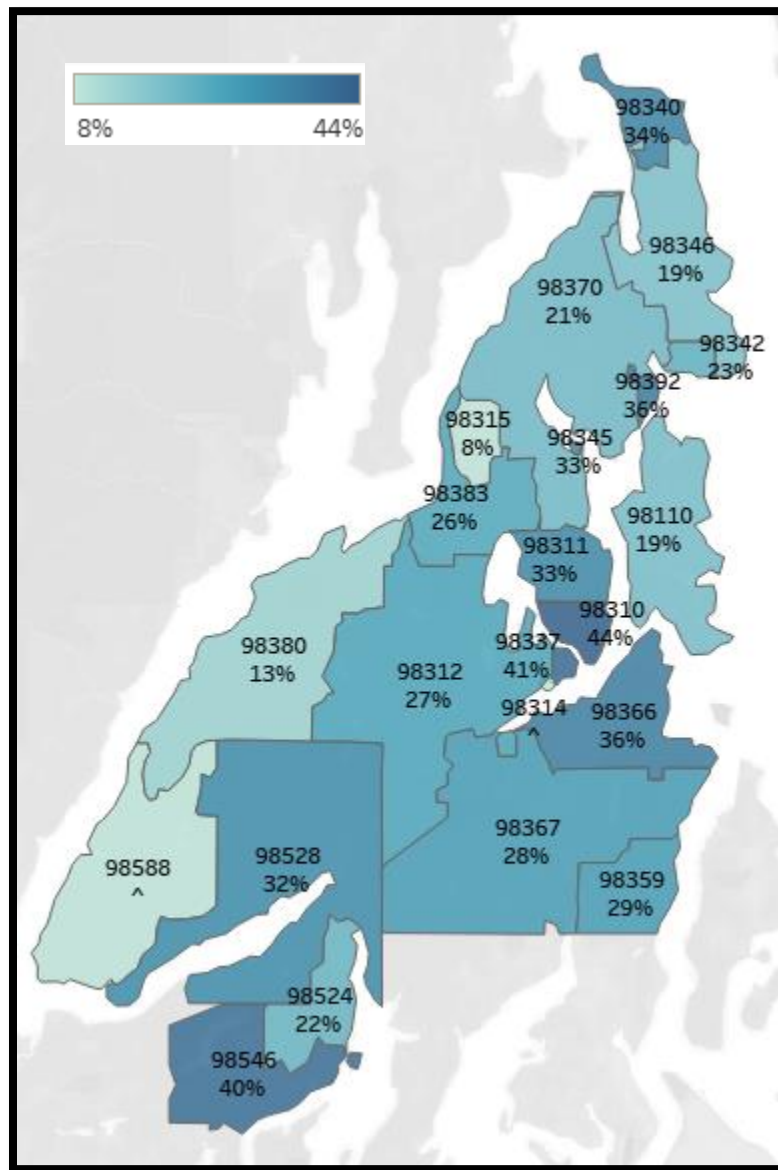
Figure 13. Percentage of Children Less Than 18 Years Old Living in Households with a Single* Parent by Geographic Region, Kitsap County and North Mason County: 2014-18⁵



*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 44%, followed closely by 98337 (Bremerton, 41%), 98392 (Suquamish, 36%) and 98366 (Port Orchard, 36%).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 and North Mason County: 2014-18⁵



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

^The percentage is unreliable due to small numbers.

Employers

The ten largest employers in Kitsap County in 2018 were the Naval Base Kitsap, Harrison Medical Center, State government, Central Kitsap School District, North Kitsap School District, South Kitsap School District, Kitsap County government, Port Madison Enterprises, Bremerton School District and Haselwood Auto Group.⁶ This year, 75% of the top ten employers are public sector. The largest private sector employers are Harrison, Port Madison Enterprises and the Haselwood Auto Group. All school districts increased the number of their employees, with Bremerton and North Kitsap both passing 4 or more employers. Harrison Medical Center grew by 500 employees, becoming the second largest employer in Kitsap. Kitsap Transit went from

382 employees to 432 employees, likely due to the fast ferries. Kitsap Mental Health added 70 staff members.

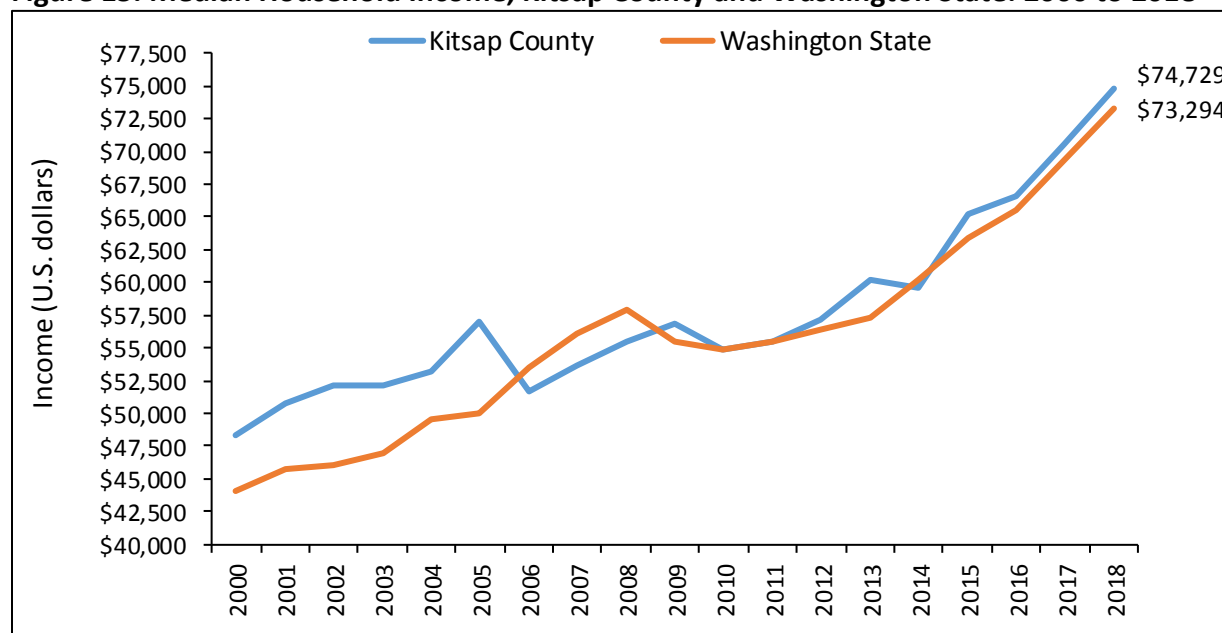
For the Port Gamble S’Klallam Tribal members, major employers include the Tribal government and associated agencies and businesses, individual treaty fishing enterprises and area businesses.⁷ The Port Gamble S’Klallam Tribe employs 298 staff members. In the 2016-17 survey conducted by the Port Gamble 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 Household 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 \$70,531 in 2017, slightly higher than projected. Median household income is projected to have been \$74,729 in 2018.¹ 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 2018*¹



* The 2017 income is a preliminary estimate and 2018 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 10).⁵ In 2018, the estimated

median income for family households with children younger than 18 years was \$89,209 in Kitsap County, about \$9,000 more than was estimated for 2017, and only \$1,429 less than the median income of family households with no children (\$90,638). 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 10. Median Income by Household Type, Kitsap County: 2018⁵

| Household Type | Median Income |
|--|---------------|
| Family HH with own children <18 | \$ 89,209 |
| Married couple | \$ 108,006 |
| Male householder, no wife present | \$ 67,289 |
| Female householder, no husband present | \$ 33,012 |
| Family HH with no own children <18 | \$ 90,638 |
| Non-family HH | \$ 46,246 |

The median income differs substantially by which area of the county people reside in. The highest estimated median household income for 2014-18 was for Bainbridge Island (\$115,230).⁵ Other regions had much lower median incomes: North Kitsap (\$79,177), Central Kitsap (\$74,365), South Kitsap (\$70,366), North Mason (\$57,878) and Bremerton (\$52,946). Tables 11 and 12 show the median income by household type for each ZIP Code in Kitsap County and North Mason County. The ZIP Codes with the lowest median incomes for a family with children under the age of 18 are 98528 (Belfair, \$36,297), 98337 (Bremerton, \$53,442), and 98310 (East Bremerton, \$53,053).

Table 11. Median Income by Household Type and ZIP Code, Kitsap County: 2014-18*⁵

| Household Type | Bainbridge Island 98110 | Bremerton | | |
|--|-------------------------------|---------------|---------------|-----------|
| | | East 98310 | West 98312 | 98337 |
| Family HH with own children <18 | \$ 148,206 | \$ 53,053 | \$ 65,647 | \$ 53,442 |
| Married couple | \$ 175,481 | \$ 72,321 | \$ 81,767 | \$ 63,000 |
| Male householder, no wife present | \$ 142,974 | \$ 39,934 | \$ 26,179 | \$ 54,258 |
| Female householder, no husband present | \$ 70,391 | \$ 40,859 | \$ 24,299 | \$ 27,132 |
| Family HH with no own children <18 | \$ 127,995 | \$ 72,948 | \$ 74,297 | \$ 59,655 |
| Non-family HH | \$ 48,235 | \$ 38,439 | \$ 44,659 | \$ 30,761 |

| Household Type | Central Kitsap | | | |
|--|---------------------|---------------------|---------------------|------------------|
| | Silverdale 98311 | Silverdale 98315 | Silverdale 98383 | Seabeck 98380 |
| Family HH with own children <18 | \$ 81,812 | \$ 57,925 | \$ 102,260 | \$ 91,935 |
| Married couple | \$ 92,965 | \$ 59,646 | \$ 115,125 | \$ 91,935 |
| Male householder, no wife present | \$ 53,077 | -- | \$ 78,500 | -- |
| Female householder, no husband present | \$ 24,813 | -- | \$ 37,926 | -- |
| Family HH with no own children <18 | \$ 86,111 | \$ 53,116 | \$ 89,211 | \$ 92,035 |
| Non-family HH | \$ 39,856 | \$ 34,688 | \$ 53,025 | \$ 40,833 |

| Household Type | North Kitsap | | | | | |
|--|--------------------|--------------------|------------------|-------------------|------------------|--------------------|
| | Hansville 98340 | Indianola 98342 | Keyport 98345 | Kingston 98346 | Poulsbo 98370 | Suquamish 98392 |
| Family HH with own children <18 | \$ 95,469 | \$ 104,375 | -- | \$ 86,316 | \$ 89,375 | \$ 70,000 |
| Married couple | \$ 107,017 | \$ 118,438 | -- | \$ 90,967 | \$ 108,138 | \$ 89,167 |
| Male householder, no wife present | -- | -- | -- | \$ 78,684 | \$ 49,766 | \$ 67,083 |
| Female householder, no husband present | -- | -- | -- | \$ 42,096 | \$ 26,641 | \$ 35,250 |
| Family HH with no own children <18 | \$ 83,945 | \$ 82,266 | \$ 86,719 | \$ 93,153 | \$ 89,375 | \$ 77,625 |
| Non-family HH | \$ 30,323 | \$ 42,045 | \$ 49,063 | \$ 35,571 | \$ 42,579 | \$ 46,300 |

| Household Type | South Kitsap | | |
|--|-----------------|--------------------------|--------------------------|
| | Olalla 98359 | Port Orchard 98366 | Port Orchard 98367 |
| Family HH with own children <18 | \$ 77,679 | \$ 64,147 | \$ 88,520 |
| Married couple | \$ 88,846 | \$ 89,173 | \$ 96,094 |
| Male householder, no wife present | \$ 38,362 | \$ 41,140 | \$ 69,148 |
| Female householder, no husband present | -- | \$ 15,755 | \$ 30,392 |
| Family HH with no own children <18 | \$ 93,056 | \$ 78,142 | \$ 92,758 |
| Non-family HH | \$ 42,298 | \$ 39,476 | \$ 49,440 |

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

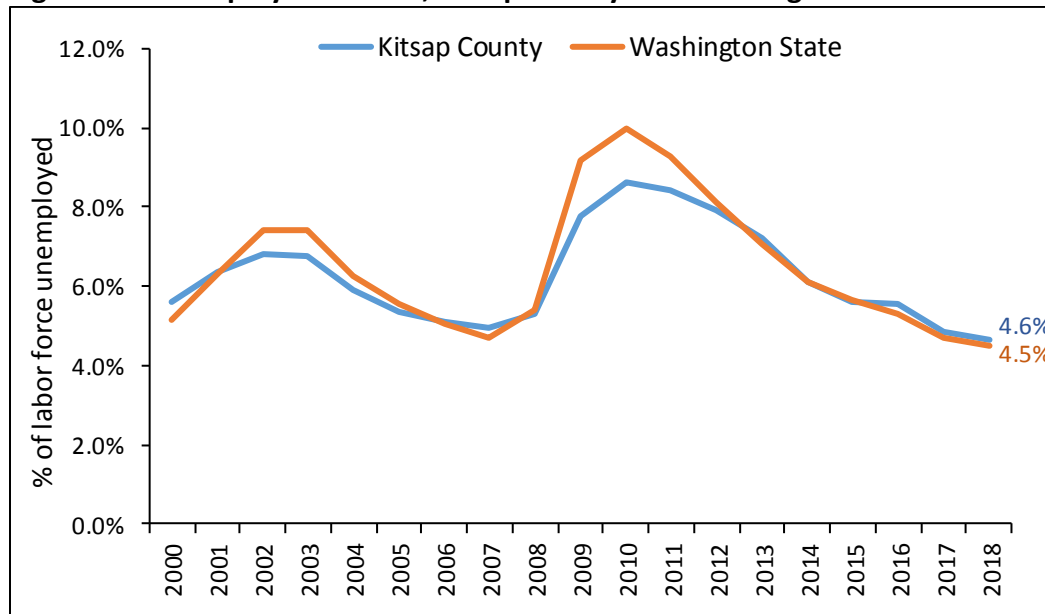
Table 12. Median Income by Household Type and ZIP Code, North Mason County: 2014-18*⁵

| Household Type | North Mason | | | |
|--|----------------|------------------|--------------------|-----------------|
| | Allyn 98524 | Belfair 98528 | Grapeview 98546 | Tahuya 98588 |
| Family HH with own children <18 | \$ 86,404 | \$ 36,297 | \$ 102,045 | -- |
| Married couple | \$ 93,575 | \$ 50,949 | \$ 115,948 | -- |
| Male householder, no wife present | -- | \$ 30,865 | -- | -- |
| Female householder, no husband present | -- | \$ 19,342 | \$ 45,492 | -- |
| Family HH with no own children <18 | \$ 80,260 | \$ 67,364 | \$ 70,129 | \$ 66,987 |
| Non-family HH | -- | \$ 49,476 | \$ 38,640 | -- |

* 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 to Washington State's unemployment rate, with only a few years in which Kitsap's rate was higher than the state's (Figure 16).⁸ In 2018, the estimated county rate (4.6%) was marginally above the state rate (4.5%) for the third 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 2018*⁸

*2018 annual rates are preliminary estimates.

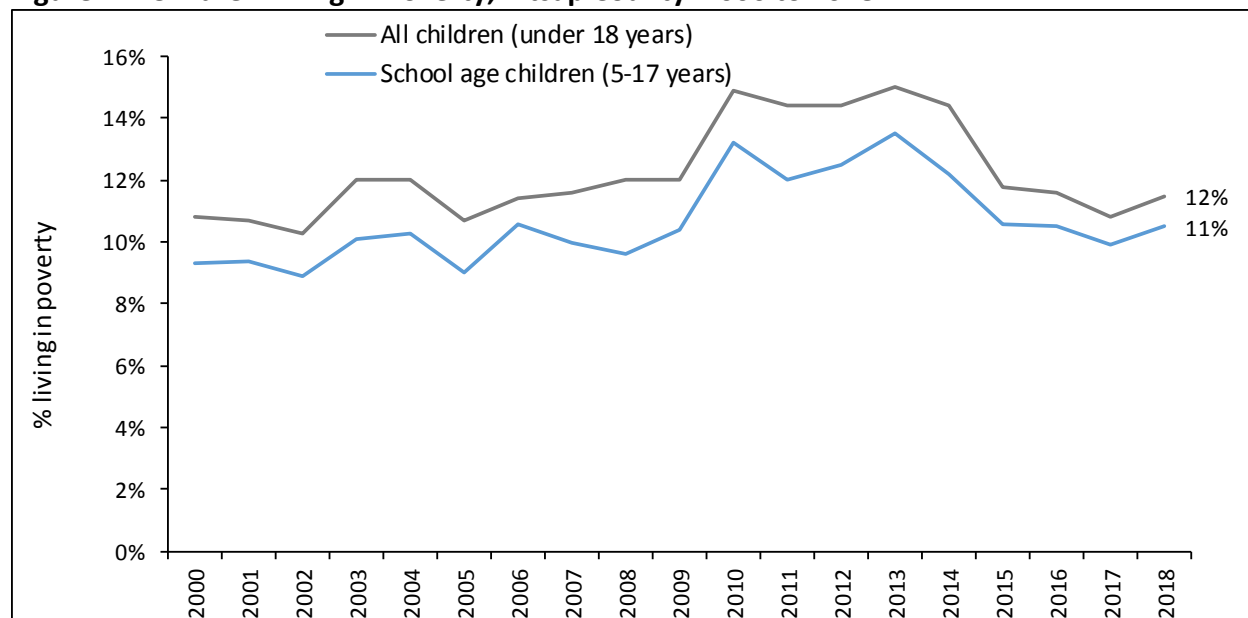
The 2013 Bureau of Indian Affairs Labor Force report noted that 49% of the Port Gamble S'Klallam Tribe residents over the age of 16 are employed in civilian jobs. A sizable proportion of residents rely on treaty-based income activities such as fishing as their primary source of income. For Kitsap County 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). County-wide during 2018, an estimated 9% of residents were living in poverty, a slight increase from 2017 (8%), but lower than previous years.⁵ However, rates of poverty in children remain higher than the population average with 12% of all children under age 18 living in poverty in 2018. The poverty rates for children were increasing at approximately 2.5% annually from 2000 to 2013, but have been decreasing in recent years, at about 5% annually from 2013 to 2018 (Figure 17).¹⁰

Figure 17. Children Living in Poverty, Kitsap County: 2000 to 2018¹⁰



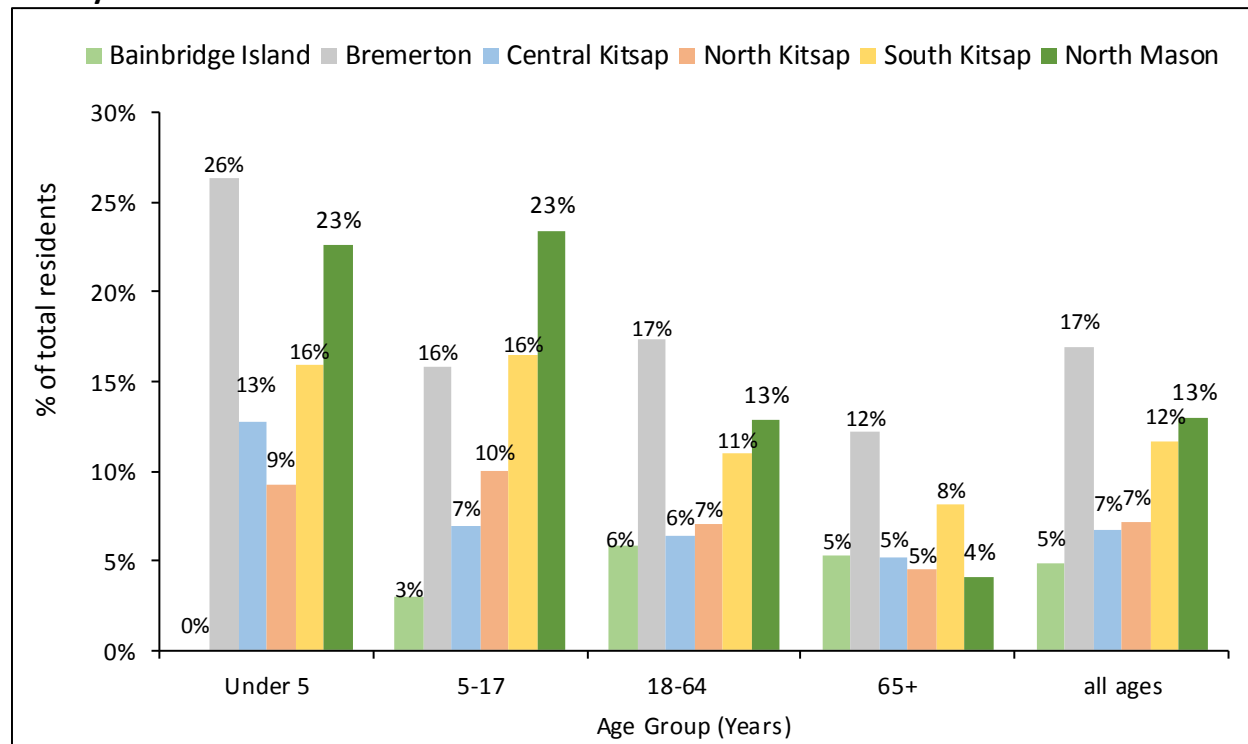
The age group younger than 5 years old has a small enough population that 5-year average data is recommended. For comparison, from 2014 to 2018, approximately 10% of Kitsap residents were living in poverty (Table 13).⁵ For all age groups, Kitsap County has proportionally fewer people living in poverty than Washington State. In Kitsap County and Washington State, 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 2014 to 2018.⁵ Females account for 56% 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 2014 to 2018.

Table 13. Income Below Poverty Level in Past 12 Months, Kitsap County and Washington State: 2014-18⁵

| | % of population | # of people |
|---|-----------------|-------------|
| All Ages | | |
| Kitsap County | 10% | 24,772 |
| Washington State | 11% | 821,621 |
| Children younger than age 5 | | |
| Kitsap County | 14% | 2,131 |
| Washington State | 16% | 69,304 |
| School-aged children (age 5-17) | | |
| Kitsap County | 11% | 4,151 |
| Washington State | 14% | 165,889 |
| Adults (age 18+) | | |
| Kitsap County | 9% | 18,490 |
| Washington State | 11% | 586,428 |
| Females | | |
| Kitsap County | 11% | 13,911 |
| Washington State | 12% | 443,643 |
| % of total in poverty who are female | | |
| Kitsap County | 56% | |
| Washington State | 54% | |

Poverty varies across the county. From 2014 to 2018, Bremerton had 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 (26%) and about 1 in 6 school-age children (16%) are living in poverty. Even among adults, there are still more than 1 in 6 18- to 64-year-olds (17%) living in poverty in Bremerton. In the younger than 5 age range, North Mason has a higher rate of poverty (23%, more than 1 in 5) than any of the rest of geographic areas in Kitsap. South Kitsap has a higher rate of poverty (16%) than Central Kitsap (13%) or North Kitsap (9%), which are all substantially lower than Bremerton. However, 16% of 5- to 17-year-olds in South Kitsap are impoverished, about the same as Bremerton, and substantially more than Central (7%) and North Kitsap (10%). North Mason has a higher rate of poverty among 5- to 17-year-olds (23%) than any geographic area in Kitsap.

Figure 18. Percentage of Total Residents Living in Poverty by Age Group and Region, Kitsap County and North Mason: 2014-18⁵



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 almost a third of county residents under 5 in poverty live in Bremerton (32%), another 3 out of 10 live in each South Kitsap (30%) and Central Kitsap (29%) and less than 1 in 10 live in North Kitsap. Bainbridge Island has an estimated less than 10 total residents under 5 years living in poverty. For those aged 5 to 17, it is a slightly different story. Not quite half of those age 5 to 17 live in South Kitsap (42%), followed by 19% in Bremerton and 18% in both Central and North Kitsap.⁵ While Bremerton has a higher percentage of its residents living in poverty, more people living in poverty live in South Kitsap (7,819) due to its larger population than live in poverty in Bremerton (7,558).

Figure 19. Distribution of Kitsap County Residents in Poverty by Age Group: 2014-18⁵

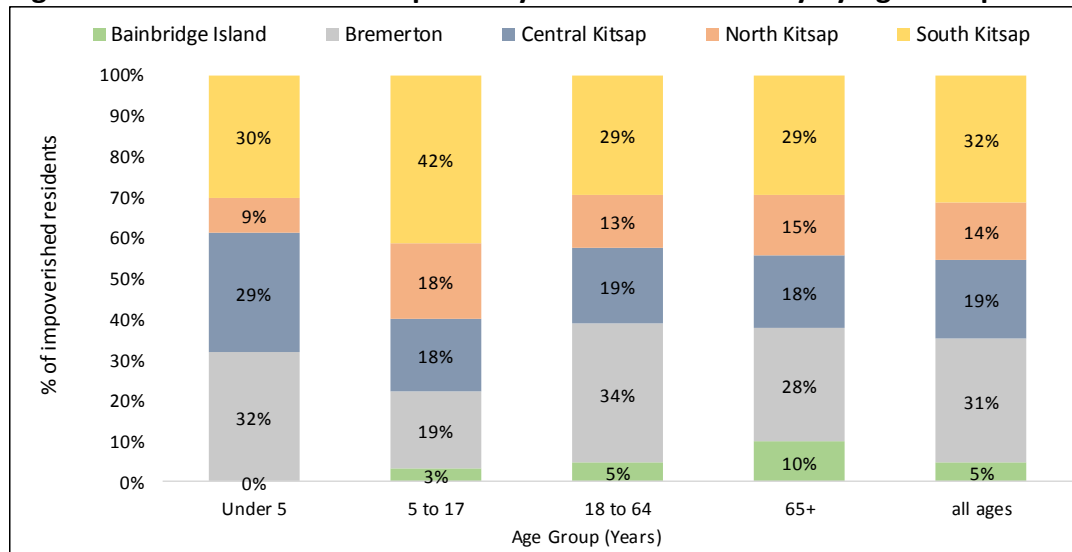


Table 14. Percentage of Residents in Each Age Group Living in Poverty by ZIP Code, Kitsap County, Bainbridge, Bremerton, Central Kitsap and North Kitsap: 2014-18⁵

| Age Groups | Bainbridge 98110 | | East 98310 | | Bremerton West 98312 | | 98337 | | | |
|------------|---------------------|-------|--------------------|-------|-----------------------------------|-------|------------------|-------|--------------------|-------|
| | # | % | # | % | # | % | # | % | | |
| TOTAL | 1,162 | | 3,088 | | 3,294 | | 1,093 | | | |
| Under 5 | ^ | -- | 297 | 24.6% | 338 | 29.3% | 91 | 22.2% | | |
| 5 to 17 | 138 | 3.0% | 372 | 16.2% | 501 | 21.1% | 63 | 10.8% | | |
| 18 to 64 | 729 | 5.8% | 1,935 | 14.3% | 2,042 | 15.1% | 872 | 16.5% | | |
| 65+ | 295 | 5.3% | 484 | 13.5% | 413 | 12.2% | 67 | 9.9% | | |
| Age Groups | Central Kitsap | | | | | | | | | |
| | Silverdale | | Silverdale | | Silverdale | | Seabeck | | | |
| # | % | # | % | # | % | # | % | | | |
| TOTAL | 1,729 | | 458 | | 1,313 | | 200 | | | |
| Under 5 | 195 | 12.1% | 131 | 17.4% | 124 | 11.4% | ^ | -- | | |
| 5 to 17 | 334 | 7.8% | 111 | 11.6% | 129 | 4.1% | 33 | 8.5% | | |
| 18 to 64 | 1,077 | 6.1% | 216 | 9.0% | 883 | 6.4% | 106 | 4.2% | | |
| 65+ | 123 | 3.0% | ^ | -- | 177 | 5.6% | 61 | 6.0% | | |
| Age Groups | Hansville 98340 | | Indianola 98342 | | North Kitsap Kingston 98346 | | Poulsbo 98370 | | Suquamish 98392 | |
| | # | % | # | % | # | % | # | % | # | % |
| TOTAL | 231 | | 138 | | 773 | | 1,965 | | 316 | |
| Under 5 | 40 | 50.6% | ^ | -- | ^ | -- | 108 | 7.7% | 29 | 15.0% |
| 5 to 17 | ^ | -- | 26 | 14.9% | 129 | 8.6% | 530 | 10.5% | 53 | 11.2% |
| 18 to 64 | 114 | 8.3% | 91 | 11.5% | 565 | 9.2% | 1,058 | 5.7% | 209 | 11.2% |
| 65+ | 77 | 7.1% | ^ | -- | 62 | 3.0% | 269 | 4.5% | 25 | 4.9% |

^ Categories where the estimate is highly unreliable due to small numbers have been suppressed to protect confidentiality.

Table 15. Percentage of Residents in Each Age Group Living in Poverty by ZIP Code, Kitsap County, South Kitsap and North Mason County: 2014-18⁵

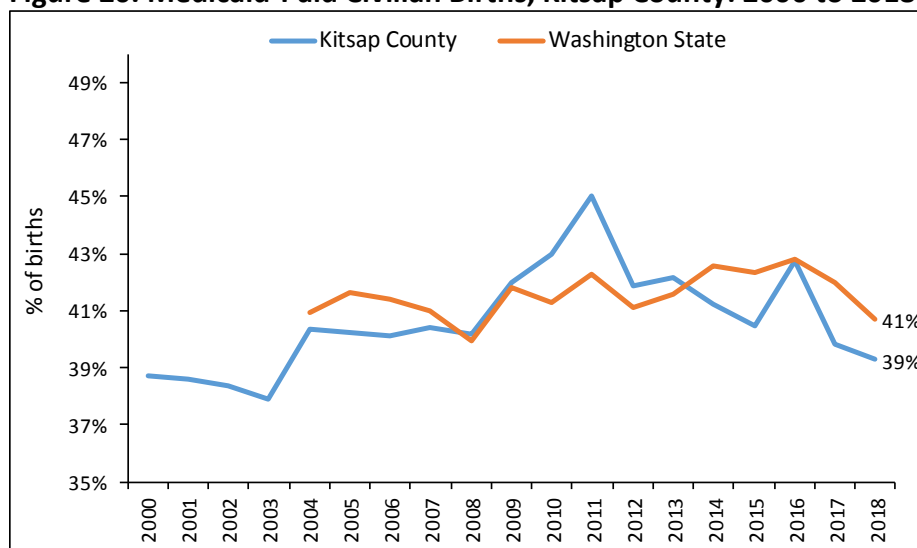
| Age Groups | Ollala | | South Kitsap | | Port Orchard | |
|------------|--------|-------|--------------|-------|--------------|-------|
| | # | % | # | % | # | % |
| TOTAL | 631 | | 4,334 | | 2,803 | |
| Under 5 | 82 | 29.2% | 442 | 19.6% | 118 | 8.1% |
| 5 to 17 | 105 | 13.4% | 956 | 19.0% | 662 | 14.4% |
| 18 to 64 | 397 | 12.6% | 2,504 | 12.5% | 1,634 | 9.0% |
| 65+ | 47 | 6.0% | 432 | 8.2% | 389 | 8.4% |

| Age Groups | Allyn 98524 | | Belfair 98528 | | Grapeview 98546 | | Tahuya 98588 | |
|------------|----------------|------|------------------|-------|--------------------|------|-----------------|-------|
| | # | % | # | % | # | % | # | % |
| TOTAL | 240 | | 1,645 | | 187 | | 3,294 | |
| Under 5 | ^ | -- | 146 | 27.7% | ^ | -- | 338 | 29.3% |
| 5 to 17 | ^ | -- | 483 | 33.8% | 27 | 6.6% | 501 | 21.1% |
| 18 to 64 | 200 | 6.9% | 912 | 15.7% | 117 | 6.3% | 2,042 | 15.1% |
| 65+ | 20 | 2.6% | 104 | 5.6% | 36 | 4.2% | 413 | 12.2% |

[^] Categories with an estimate of 1 to 9 people have been suppressed with “n<10” to protect confidentiality.

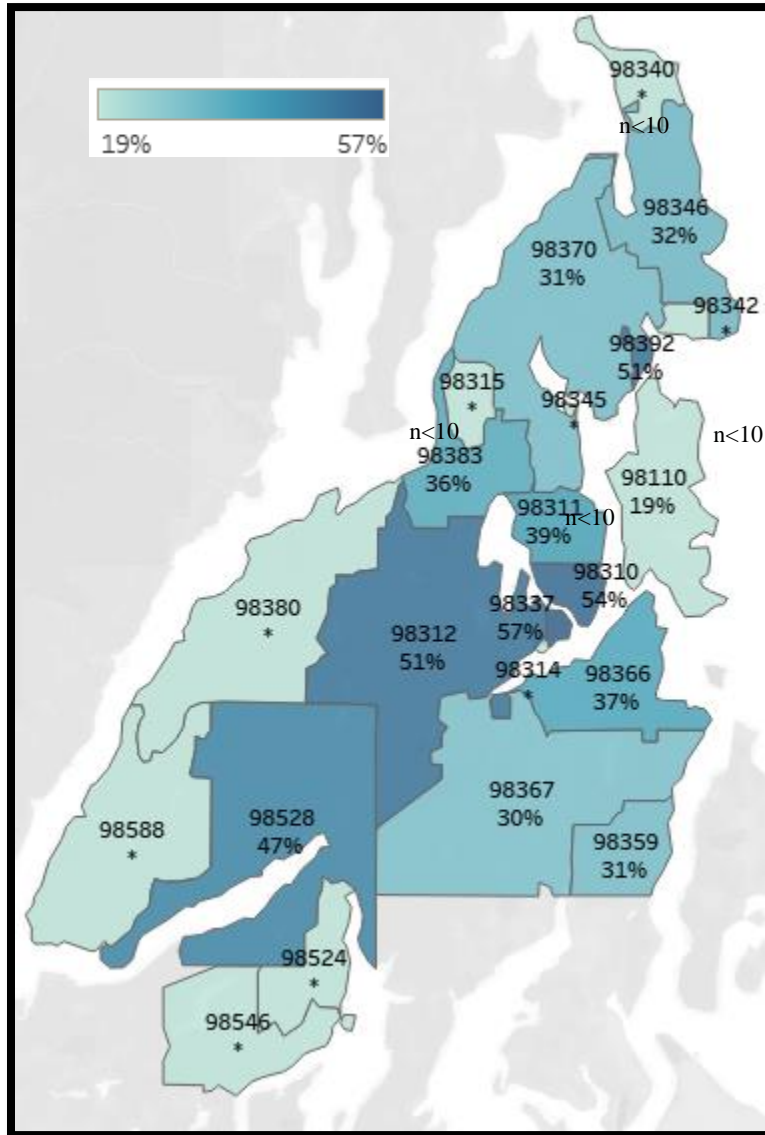
Another important measure of poverty in a community is the proportion of pregnant women who qualify for and receive Medicaid funding to cover their maternity care. Medicaid pays for maternity care for those who have an income at or below 185% of the federal poverty level. In 2018, 863 (39%) of civilian 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, since 2010, Kitsap has had a statistically significant decreasing trend. As shown in Figure 20, Kitsap’s rate has been close to the state’s rate from 2004 to 2018. In 2017, Kitsap had a statistically significantly lower percentage of births paid by Medicaid, but in 2018, although Kitsap’s rate was still lower than Washington’s, the difference was no longer statistically significant.

Figure 20. Medicaid-Paid Civilian Births, Kitsap County: 2000 to 2018³



Within Kitsap County, the percentage of births paid for by Medicaid varies across ZIP Codes (Figure 21).³ Many ZIP Codes have very low numbers of births, making the percentage paid by Medicaid unreliable. Of those with high enough numbers of births, the ZIP Code with the lowest percentage of Medicaid-paid births is 98110 (19%, Bainbridge Island), while the ZIP Codes with the highest percentages are 98337 (57%) and 98310 (54%).

Figure 21. Medicaid-Paid Civilian Births by ZIP Code, Kitsap County and North Mason County: 2018³



*Percentage is unreliable due to small numbers.

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 estimates possible (*see the Limitations and Considerations of the Data discussion in the Introduction*).

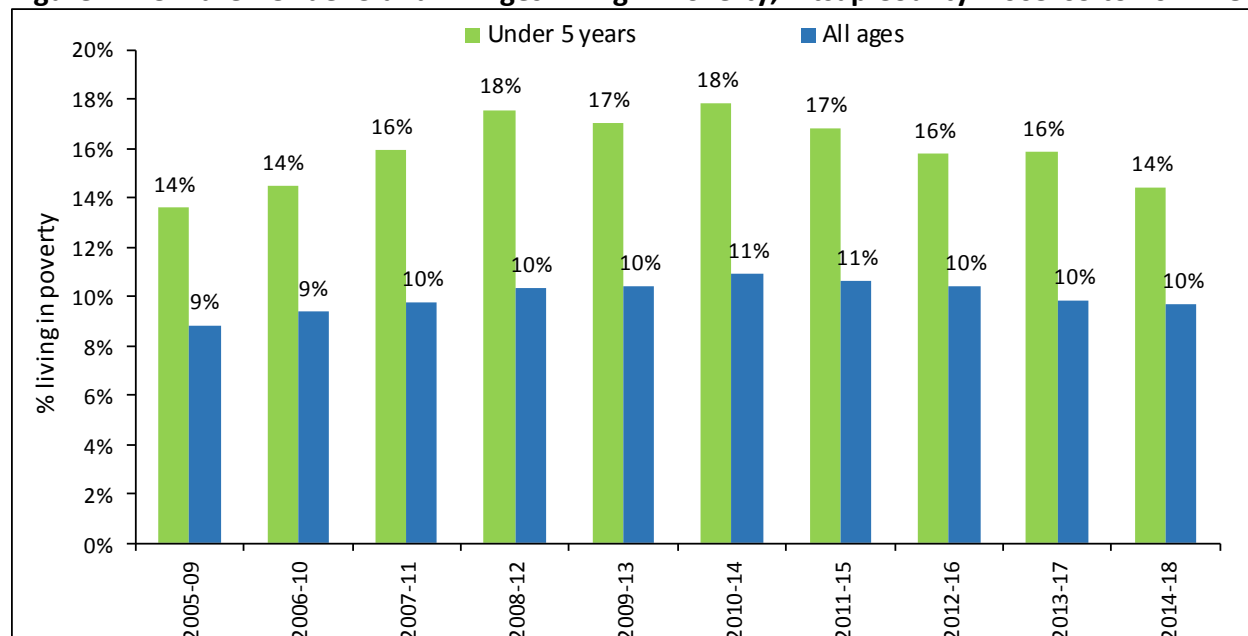
The estimated child population age 5 years and younger in Kitsap County from 2014 to 2018 is 18,426, approximately 7% of the population.⁵ This is comprised of children younger than 3 years old (48%), 3-4 years old (35%), and 5 years old (18%).

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 to be 14,739 from 2014 to 2018, with approximately 14% 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 2014-18⁵



From 2014 to 2018, an estimated 16.5% 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, 11.3%) and all families combined (6.6%).

Geographic Location

About one-third (32%) of the county's children under age 5 living in poverty resided in the Bremerton region from 2014 to 2018.⁵ The remainder were residing in South Kitsap (30%), Central Kitsap (29%) and North Kitsap (9%), with essentially 0% (less than 10 kids) on Bainbridge Island.

A review of the level of poverty children are living in shows that 23% 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 16).

Table 16. Percentage of Children Under 6 Years Living at Various Levels of Poverty by Region, Kitsap County and North Mason County: 2014-18⁵

| | Bainbridge Island | Bremerton | Central Kitsap | North Kitsap | South Kitsap | North Mason |
|-------------------------|----------------------|-----------|-------------------|-----------------|-----------------|----------------|
| Population under age 6 | 1,477 | 3,213 | 5,934 | 2,559 | 4,773 | 857 |
| < 50% of poverty | 0% | 10% | 6% | 6% | 9% | 0% |
| 50% to 99% of poverty | 0% | 13% | 5% | 2% | 7% | 17% |
| 100% to 124% of poverty | 0% | 7% | 3% | 5% | 5% | 9% |
| 125% to 149% of poverty | 2% | 7% | 6% | 5% | 2% | 18% |
| 150% to 184% of poverty | 0% | 9% | 3% | 10% | 8% | 11% |
| 185% to 199% of poverty | 1% | 3% | 5% | 2% | 3% | 0% |
| ≥ 200% of poverty | 97% | 51% | 73% | 70% | 68% | 46% |

From 2014-18, the ZIP Codes with the highest percentages of children ages 0 to 5 living below 100% of poverty are 98340 (Hansville, 43%), 98342 (Indianola, 32%), and 98359 (Olalla, 28%).⁵ Tables 17 and 18 show the levels of poverty for children under age 6 for each ZIP Code in Kitsap County and North Mason County.

Table 17. Percentage of Children Under 6 Years Living at Various Levels of Poverty by ZIP Code, Kitsap County: 2014-18^{^5}

| | Bainbridge Island | Bremerton | | | |
|-------------------------|-------------------|--------------|--------------|---------|-----------|
| | 98110 | East 98310 | West 98312 | 98337 | |
| Population under age 6 | 1,477 | 1,508 | 2,525 | 459 | |
| < 50% of poverty | ^ | 9% | 7% | 16% | |
| 50% to 99% of poverty | ^ | 11% | 11% | 11% | |
| 100% to 124% of poverty | ^ | 11% | 4% | 5% | |
| 125% to 149% of poverty | 2% | ^ | 7% | 17% | |
| 150% to 184% of poverty | ^ | 15% | 4% | 12% | |
| 185% to 199% of poverty | ^ | ^ | 2% | 8% | |
| ≥ 200% of poverty | 97% | 47% | 65% | 31% | |
| | Central Kitsap | | | | |
| | Silverdale | Silverdale | Silverdale | Seabeck | |
| | 98311 | 98315 | 98383 | 98380 | |
| Population under age 6 | 2,032 | 869 | 1,297 | 438 | |
| < 50% of poverty | 7% | 9% | 2% | ^ | |
| 50% to 99% of poverty | 3% | 7% | 7% | ^ | |
| 100% to 124% of poverty | 1% | ^ | 3% | ^ | |
| 125% to 149% of poverty | 3% | 22% | 4% | 5% | |
| 150% to 184% of poverty | 3% | ^ | 2% | ^ | |
| 185% to 199% of poverty | 2% | 14% | 4% | ^ | |
| ≥ 200% of poverty | 82% | 44% | 78% | 95% | |
| | North Kitsap | | | | |
| | Hansville | Indianola | Kingston | Poulsbo | Suquamish |
| | 98340 | 98342 | 98346 | 98370 | 98392 |
| Population under age 6 | 94 | 44 | 406 | 1,841 | 230 |
| < 50% of poverty | 43% | ^ | ^ | 6% | ^ |
| 50% to 99% of poverty | ^ | ^ | ^ | 1% | ^ |
| 100% to 124% of poverty | 20% | ^ | ^ | 5% | ^ |
| 125% to 149% of poverty | ^ | ^ | 9% | 4% | ^ |
| 150% to 184% of poverty | ^ | ^ | 21% | 7% | 13% |
| 185% to 199% of poverty | ^ | ^ | ^ | 2% | ^ |
| ≥ 200% of poverty | 37% | 43% | 63% | 74% | 64% |
| | South Kitsap | | | | |
| | Ollala | Port Orchard | Port Orchard | | |
| | 98359 | 98366 | 98367 | | |
| Population under age 6 | 355 | 2,607 | 1,766 | | |
| < 50% of poverty | 12% | 13% | 2% | | |
| 50% to 99% of poverty | 16% | 6% | 6% | | |
| 100% to 124% of poverty | ^ | 4% | 6% | | |
| 125% to 149% of poverty | ^ | 1% | 2% | | |
| 150% to 184% of poverty | ^ | 7% | 11% | | |
| 185% to 199% of poverty | ^ | 2% | 5% | | |
| ≥ 200% of poverty | 70% | 67% | 69% | | |

^ Categories with an estimate of 1 to 9 people have been suppressed 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.

Table 18. Percentage of Children Under 6 Years Living at Various Levels of Poverty by ZIP Code, North Mason County: 2014-18^{^5}

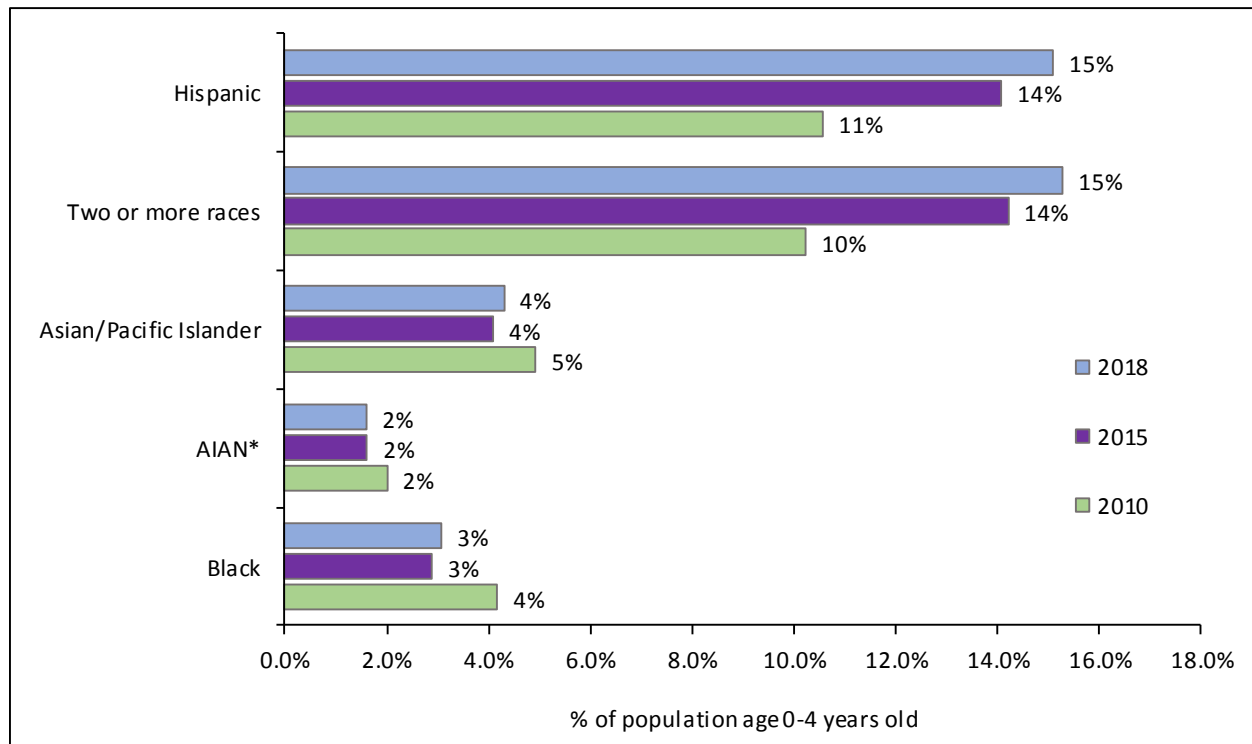
| | North Mason | | | |
|-------------------------|----------------|------------------|--------------------|-----------------|
| | Allyn 98524 | Belfair 98528 | Grapeview 98546 | Tahuya 98588 |
| Population under age 6 | 368 | 634 | 108 | 11 |
| < 50% of poverty | ^ | ^ | ^ | ^ |
| 50% to 99% of poverty | ^ | 23% | ^ | ^ |
| 100% to 124% of poverty | 9% | 6% | ^ | ^ |
| 125% to 149% of poverty | 20% | 13% | 30% | ^ |
| 150% to 184% of poverty | ^ | 15% | ^ | ^ |
| 185% to 199% of poverty | ^ | ^ | ^ | ^ |
| ≥ 200% of poverty | 68% | 43% | 54% | ^ |

[^] Categories with an estimate of 1 to 9 people have been suppressed 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 age 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 61% in 2018.¹ During the same timeframe, the Hispanic child population has grown substantially (40% 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 2018. Similarly, the overall proportion of Hispanics (all ages) is only 7% – only half that of the 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 13% between 2010 and 2018, whereas non-Hispanic White women in this age group declined by 15%. The Asian/Pacific Islander, Black, and American Indian/Alaska Native child populations have all declined; with Blacks decreasing the most (28% decrease). The number of children age 0 to 4 years identified as having 2 or more races has grown by 47%, 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: 2010, 2015 and 2018¹



*AIAN = American Indian and Alaska Native

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

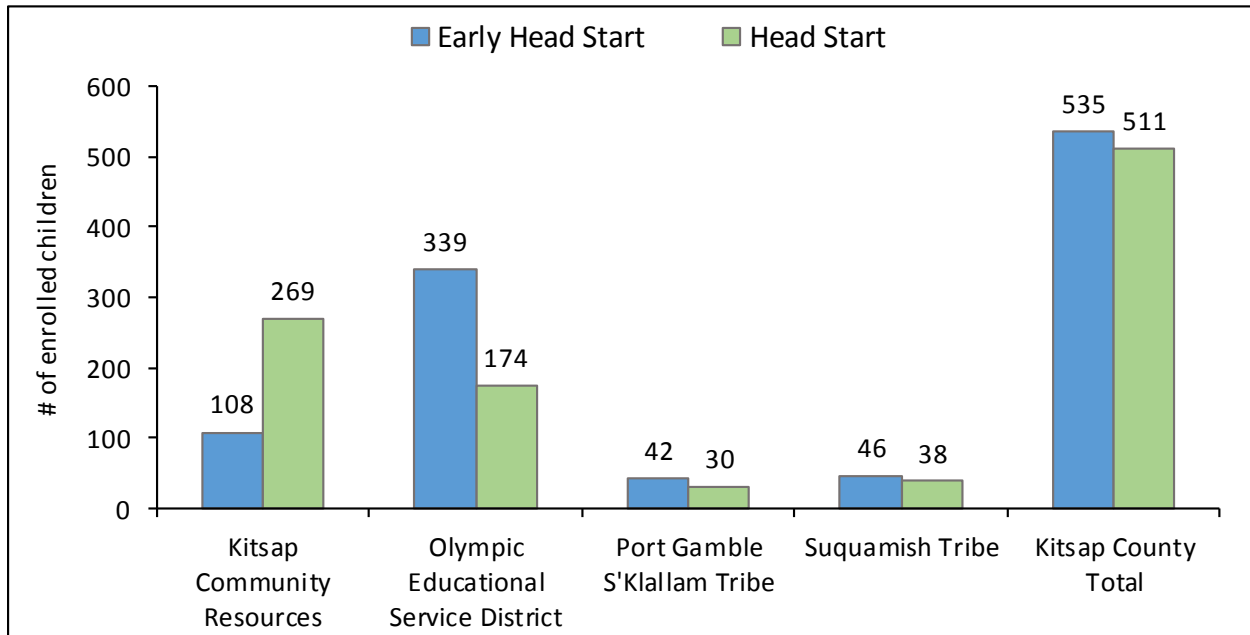
Number of Enrollees by Program

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 19).¹¹ During the 2018-19 school year, there were a total of 1,046 people enrolled within Kitsap County programs (Figure 24). This included 1,007 children and 39 pregnant women. This year overall, more enrollees were in Early Head Start (51%) than Head Start programs (49%).

Table 19. Cumulative Enrollment in Kitsap County Head Start and Early Head Start Programs: 2009-10 to 2018-19¹¹

| | Early Head Start | | | | | | | | | |
|--------------------------------------|------------------|------|------|------|------|------|------|------|------|------|
| | 2010 | 2011 | 2012 | 2013 | 2014 | 2015 | 2016 | 2017 | 2018 | 2019 |
| Kitsap Community Resources | 112 | 119 | 105 | 102 | 98 | 108 | 107 | 102 | 118 | 108 |
| Olympic Educational Service District | 158 | 229 | 229 | 221 | 225 | 237 | 289 | 353 | 354 | 339 |
| Port Gamble S'Klallam Tribe | 34 | 35 | 37 | 33 | 34 | 32 | 42 | 42 | 43 | 42 |
| Suquamish Tribe | 41 | 40 | 48 | 45 | 44 | 42 | 44 | 42 | 40 | 46 |
| Kitsap County Total | 345 | 423 | 419 | 401 | 401 | 419 | 482 | 539 | 555 | 535 |
| | Head Start | | | | | | | | | |
| | 2010 | 2011 | 2012 | 2013 | 2014 | 2015 | 2016 | 2017 | 2018 | 2019 |
| Kitsap Community Resources | 336 | 346 | 305 | 314 | 268 | 303 | 318 | 311 | 277 | 269 |
| Olympic Educational Service District | 262 | 303 | 272 | 292 | 262 | 239 | 235 | 204 | 182 | 174 |
| Port Gamble S'Klallam Tribe | 34 | 37 | 37 | 37 | 28 | 29 | 35 | 33 | 33 | 30 |
| Suquamish Tribe | 37 | 38 | 40 | 37 | 36 | 39 | 36 | 36 | 37 | 38 |
| Kitsap County Total | 669 | 724 | 654 | 680 | 594 | 610 | 624 | 584 | 529 | 511 |

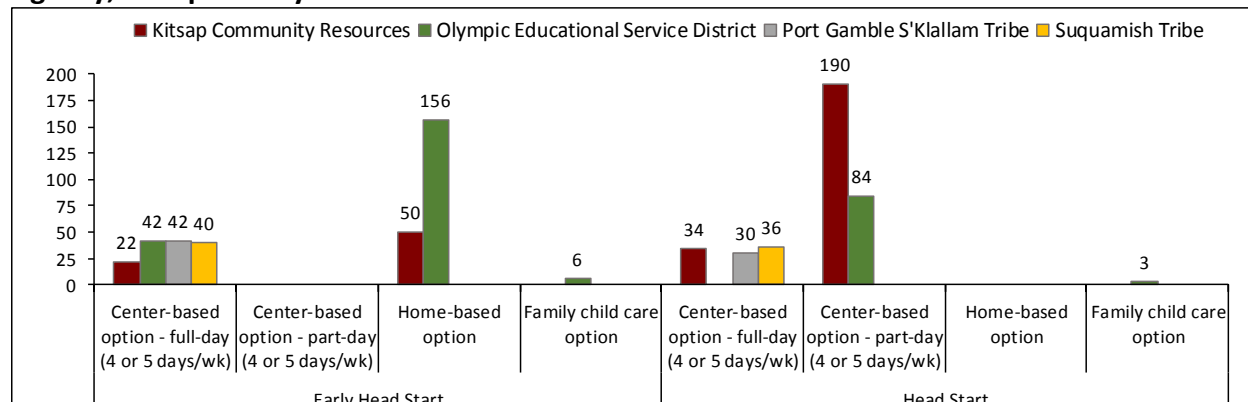
Figure 24. Enrollment Head Start/Early Head Start by Program and Agency, Kitsap County: 2018-19¹¹



Funded Enrollment by Program Option

Figure 25 shows the funded enrollment by program option in each agency during the 2018-19 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: 2018-19¹¹



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.

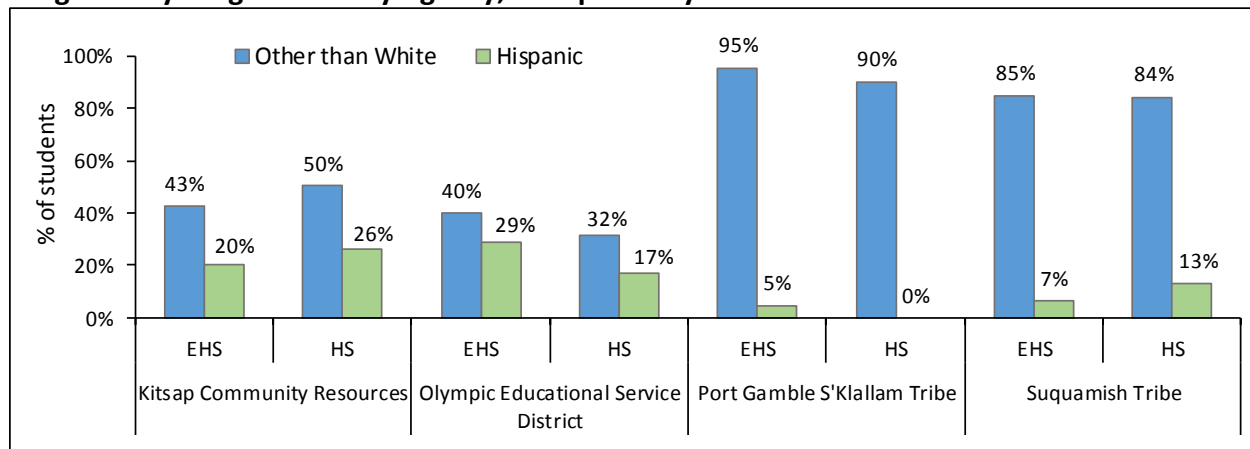
Racial and Ethnic Composition

During the 2018-19 school year, the total Kitsap County HS/EHS enrollment consisted of 51% White, 20% multi-racial, 14% American Indian and Alaskan Native, 6% black, 3% Native Hawaiian and Other Pacific Islander, 1% Asian, and 4% other or unknown race.¹¹ The biggest change from last year is a three percentage point increase for White, with a corresponding 2% decrease in Black and 1% decrease in both the American Indian and Alaskan Native population and the Native Hawaiian and Other Pacific Islander population. Among the total enrollment population across all programs, 22% identified as Hispanic. The racial and ethnic composition of enrollees varied by Program and by Agency as shown in Table 20. Figure 26 highlights the percentage of enrollees who identify as a race or ethnicity other than White.

Table 20. Race and Ethnicity of Early Head Start and Head Start Enrollees by Program and by Agency, Kitsap County: 2018-19¹¹

| | 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 | 58% | 42% | 82% | 51% | 5% | 9% | 16% | 17% |
| Black | 7% | 7% | 7% | 4% | 0% | 0% | 0% | 6% |
| American Indian/Alaska Native | 2% | 4% | 4% | 1% | 90% | 77% | 75% | 72% |
| Asian | 0% | 2% | 2% | 0% | 0% | 0% | 0% | 0% |
| Native Hawaiian/Pacific Islander | 7% | 3% | 4% | 3% | 0% | 0% | 0% | 0% |
| Multi-racial | 27% | 26% | 22% | 13% | 5% | 0% | 9% | 8% |
| Unknown/Other | 0% | 0% | 15% | 1% | 0% | 0% | 5% | 3% |
| ETHNICITY | | | | | | | | |
| Hispanic | 20% | 26% | 29% | 17% | 5% | 0% | 7% | 13% |
| Non-Hispanic | 80% | 74% | 71% | 83% | 95% | 100% | 93% | 87% |

Figure 26. Racial and Ethnic Minority Groups Enrolled in Head Start and Early Head Start Programs by Program and by Agency, Kitsap County: 2018-19¹¹



Primary Language Spoken at Home

Collectively across all programs, the vast majority of enrollees (90%) speak English as their primary language at home.¹¹ The second most common language spoken at home this year was the Native Central American, South American and Mexican languages (6%), while Spanish was the number 3 most spoken at home language (2%). The Port Gamble S'Klallam and Suquamish programs reported 100% of their enrollees spoke English at home. Twelve percent of OESD's Early Head Start program spoke Native Central American, South American and Mexican languages at home, 6% of KCR's Head Start spoke Spanish at home and about 4% of both KCR's Head Start and OESD's Head Start programs spoke Native Central American, South American and Mexican languages at home. These percentages had remained consistent over the past few years, but this year there was an increased percentage of students speaking Native Central American, South American and Mexican languages.

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 December 2019, the KCR waitlists included 5 income eligible and 30 over income children for EHS; 45 income eligible and 241 over income children for HS and ECEAP.¹³ The Suquamish program has 14 children on their EHS waitlist, 9 of which are over-income, and 3 children on their HS waitlist, 2 of which are over-income.¹⁴ 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 As of February 2018, 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 provided 14 infant/toddler (childcare) slots and 8 preschool (childcare) slots for the 2019-20 program year. 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

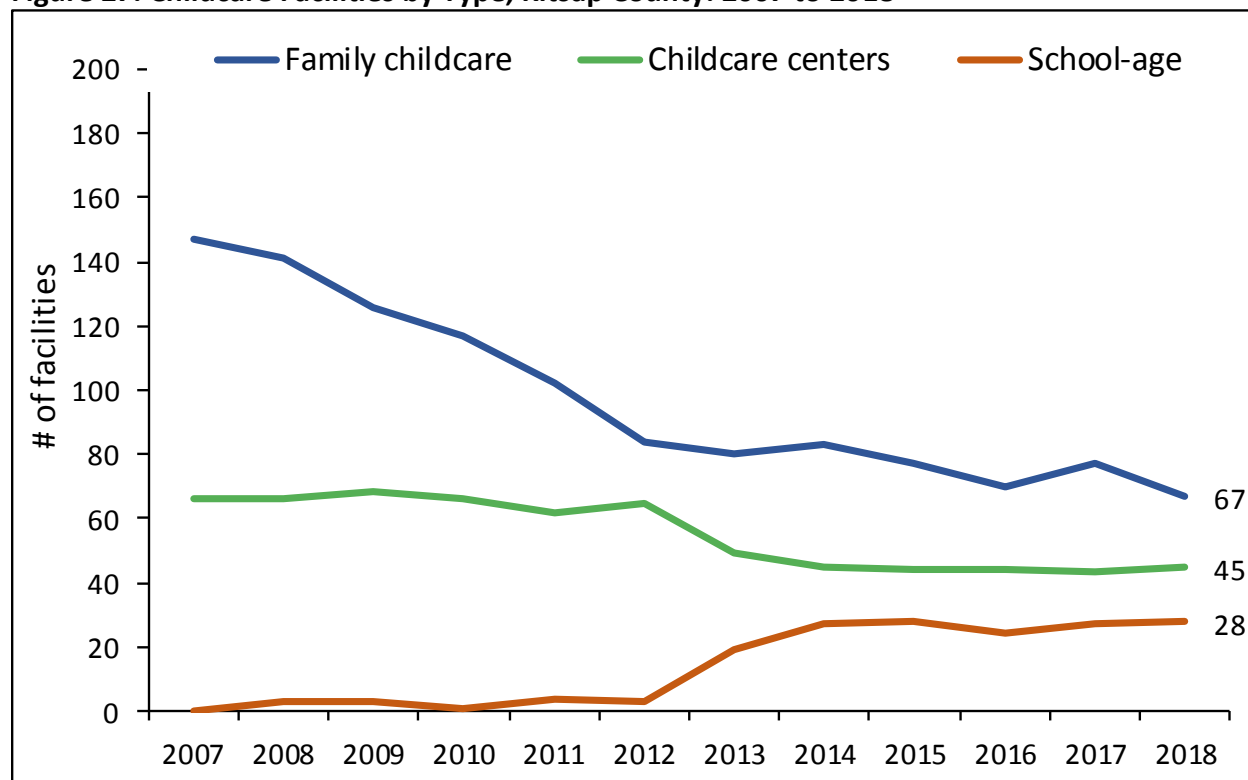
Local school districts offer free preschool to some children with special needs. These programs have certified special education teachers, speech therapists, and other staff who are trained in teaching children skills that will help them enter kindergarten ready to succeed.

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, except for a slight drop in 2013 (Figure 27).¹⁶ Overall, there were 140 childcare facilities identified in Kitsap County during 2018, which is down from 213 in 2007. From 2017 to 2018, the number of family childcare providers decreased from 77 to 67.

Figure 27. Childcare Facilities by Type, Kitsap County: 2007 to 2018¹⁶

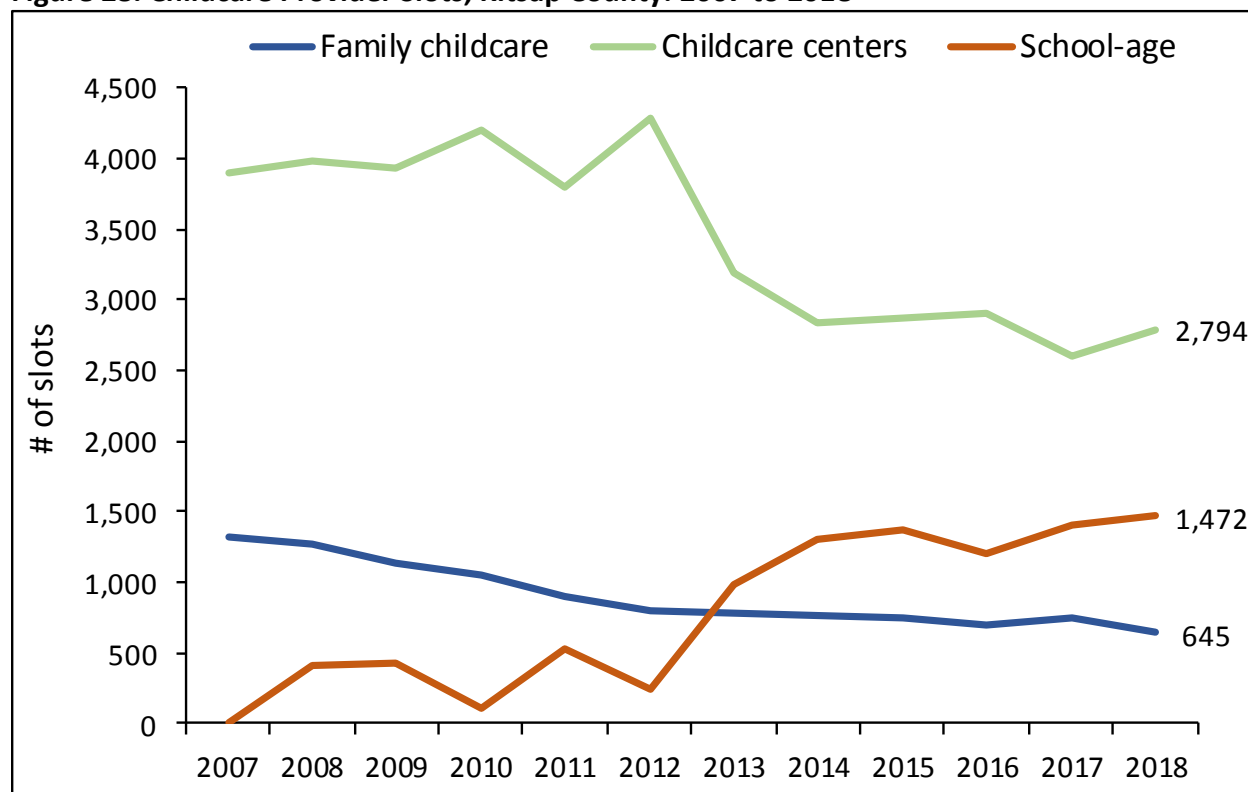


In 2013 and 2014 the number of school-age childcare providers (licensed and exempt) grew substantially, though this number remained similar from 2014 (27) through 2018 (28). Generally, “exempt care” means any type of care that doesn’t need to be licensed under

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).

Within the 140 facilities, there were a total of 4,911 childcare slots during 2018, as shown by provider type in Figure 28.¹⁶ Overall, the total number of slots declined 13% from 2008 to 2018, which equates to a loss of 755 slots. While the total has decreased, there has been considerable growth in school-age facility slots, which have more than doubled between 2008 (413) and 2018 (1,472). In addition, while there was a reduction in providers from 2017 (147) to 2018 (140), there was an increase of 154 slots, indicating that existing providers increased their capacity.

Figure 28. Childcare Provider Slots, Kitsap County: 2007 to 2018¹⁶



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 2018, 360 Kitsap families, including 502 children, used referral services provided by CCA, a slight increase from 2017.¹⁶ Of these 502 children, 24% were infants (less than 1 year old), 34% were toddlers (1 and 2-year-olds), 23% were preschoolers (3 and 4-year-olds), and 19% were school age (at least 5 years). In 2018, there were slightly higher percentages of infants and toddlers compared to 2017. About the same as 2017, 62% of the children in 2018 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

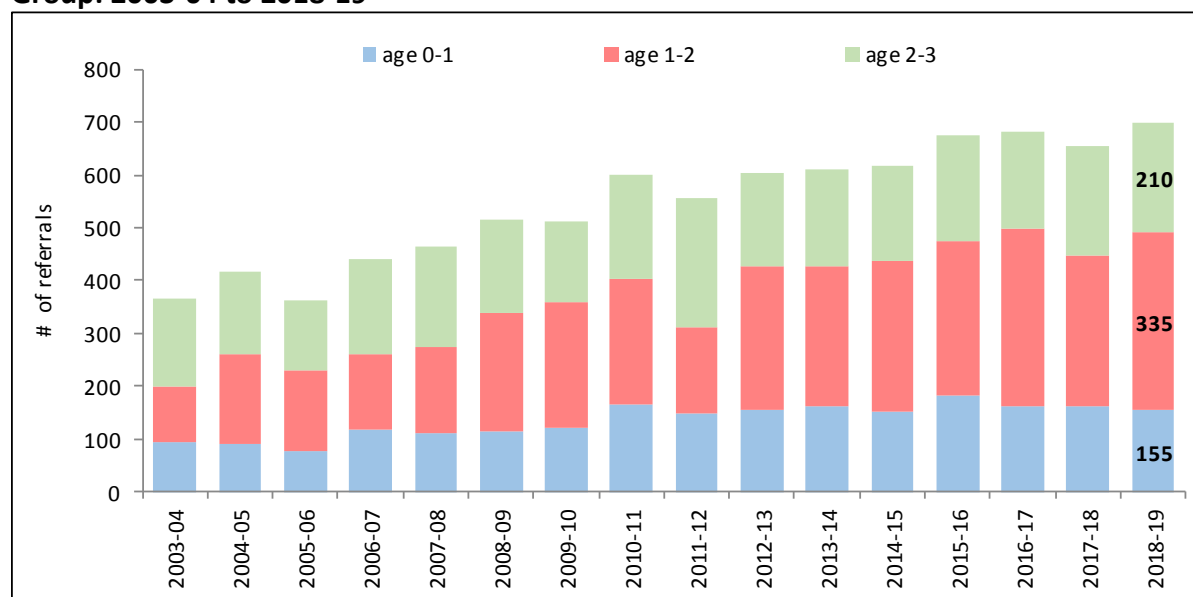
A. Children with Special Needs

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 2018-19, there were 700 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, followed by a slight decrease in 2017-

18. This year (2018-19) was again a slight increase from the previous year and higher than any year since at least 2003-04 (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 were about 22% in 2018-19. More than a third (37%) of the children served in 2018-19 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 2018-19¹⁹



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 21 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 2018-19 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 (2018-19), 19% of EHS children had an IFSP, similar to 2016-17. 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, 14% of children had an IEP indicating they should receive IDEA services, which was comparable to prior years (13% last year, 15% 2015-16; 17% in 2014-15; 19% in

2013-14).¹¹ OESD's HS program had the lowest 2018-19 proportion (9%), but the others ranged from 10-21%.

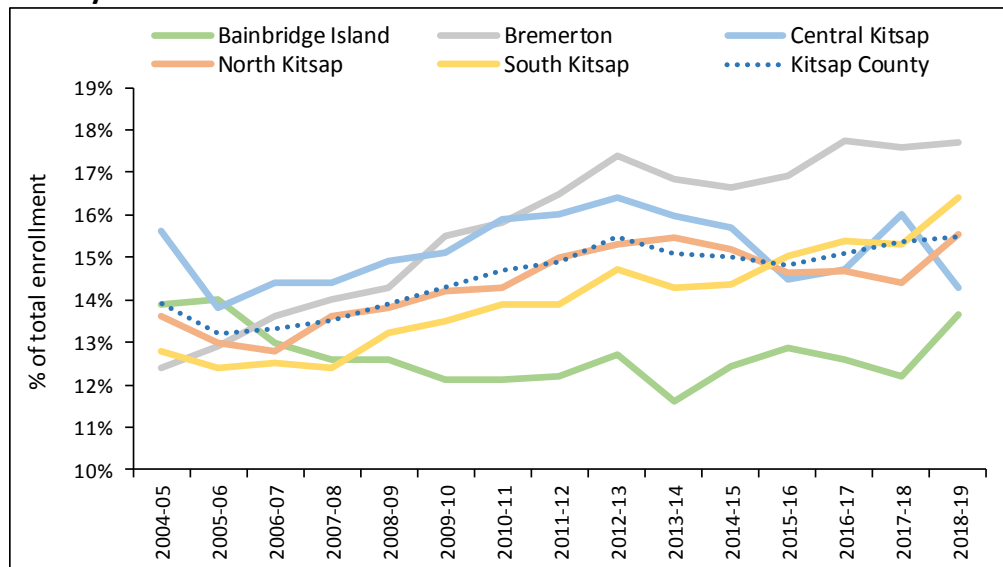
Table 21. Head Start and Early Head Start Children Receiving Individuals with Disabilities Education Act (IDEA) Services by Program and by Agency, Kitsap County: 2018-19¹¹

| Agency | Program | # enrollees with IFSP/IEP* indicating eligibility | % enrollees with IFSP/IEP* indicating eligibility | # determined eligible during enrollment year |
|-----------|---------|---|---|--|
| KCR | EHS | 12 | 11% | 4 |
| | HS | 43 | 16% | 3 |
| OESD | EHS | 66 | 19% | 19 |
| | HS | 16 | 9% | 6 |
| S'Klallam | EHS | 2 | 5% | 1 |
| | HS | 3 | 10% | 1 |
| Suquamish | EHS | 14 | 30% | 8 |
| | HS | 8 | 21% | 0 |

*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 2018-19, special education enrollment included 5,610 (15.5%) students county-wide.²⁰ Approximately 14% of special education students in Kitsap County were ages 3 to 5 years.²¹ By region, Bremerton had the highest percentage (17.7%) of special education students, while Bainbridge had the lowest (13.7%).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 43% increase from 2004-05 to 2018-19 (Figure 30). 17% of North Mason's students were enrolled.

Figure 30. Proportion of Special Education Enrollees in Public School by School District, Kitsap County: 2004-05 to 2018-19*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 22.¹¹ Non-categorical developmental delays were again the most frequently identified type of disability across all programs followed by speech or language impairments, but individually Port Gamble S'Klallam and Suquamish programs identified more speech or language impairments this year and very few non-categorical developmental delays.

Table 22. Number of Disability Diagnoses among Head Start Enrollees, Kitsap County: 2018-19*¹¹

| | KCR | OESD | S'Klallam | Suquamish |
|--|-----|------|-----------|-----------|
| Enrollees with diagnosed primary disability | | | | |
| Health impairment | 1 | 0 | 1 | 0 |
| Emotional disturbance/behavioral disorder | 0 | 1 | 0 | 0 |
| Speech or language impairments | 16 | 5 | 2 | 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 | 2 | 0 | 0 | 0 |
| Traumatic brain injury | 0 | 0 | 0 | 0 |
| Non-categorical/developmental delay | 23 | 10 | 0 | 2 |
| Multiple disabilities (excluding deaf-blind) | 0 | 0 | 0 | 0 |
| 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 23.²¹ 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 23. Number of Children and Young Adults with Disabilities by School District, Age Group, and Type of Disability, Kitsap County: November 2018²¹

| Age Group (years): | Bainbridge Island | | Bremerton | | Central Kitsap | | North Kitsap | | South Kitsap | |
|---------------------------------|-------------------|------|-----------|------|----------------|-------|--------------|------|--------------|-------|
| | 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

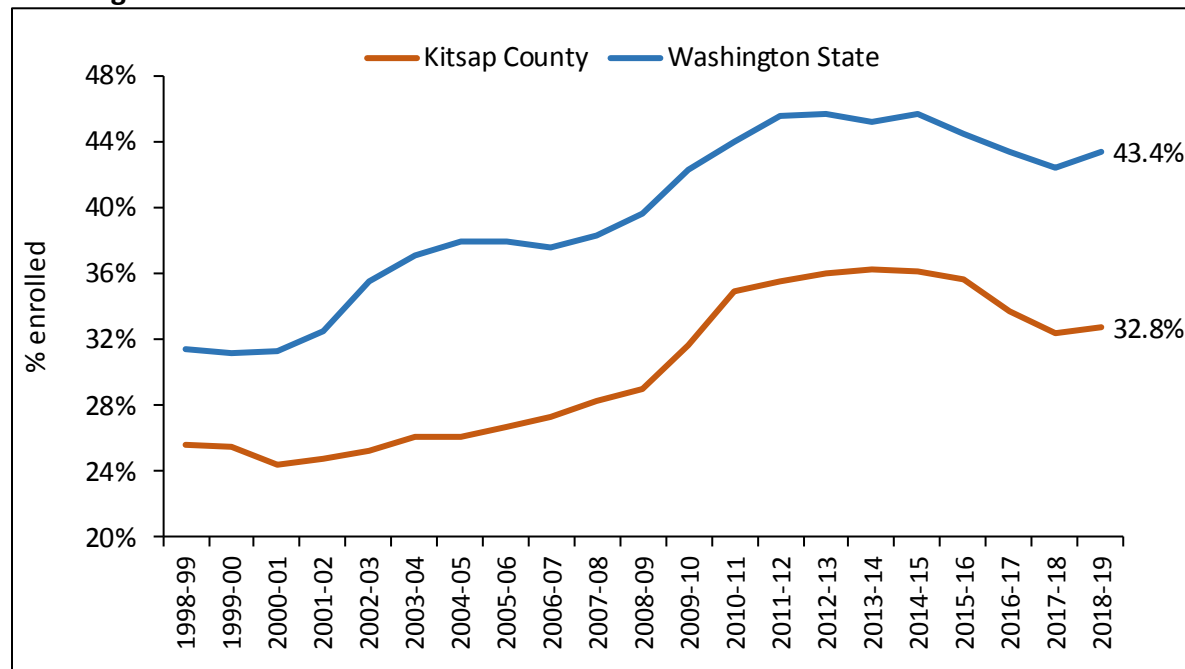
A. Free and Reduced Lunch

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 2018-19; however, in the last few years (since 2013-14) 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 2018, a total of 12,105 Kitsap students were receiving free or reduced lunch.

Figure 31. Public School Students Enrolled in Free or Reduced Lunch,* Kitsap County and Washington State: 2000-01 to 2018-19²²**



* 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 (61%) of students enrolled in the FRL Program in October 2018 (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 33%, respectively). Bainbridge Island continues to have the lowest proportion (6%).²² Table 24 shows the proportion of students enrolled for each Kitsap County school that serves elementary-age (kindergarten through fifth grade) students by school district.

Figure 32. Public School Students Enrolled in Free or Reduced Lunch, Kitsap County and North Mason County: October 2018²²

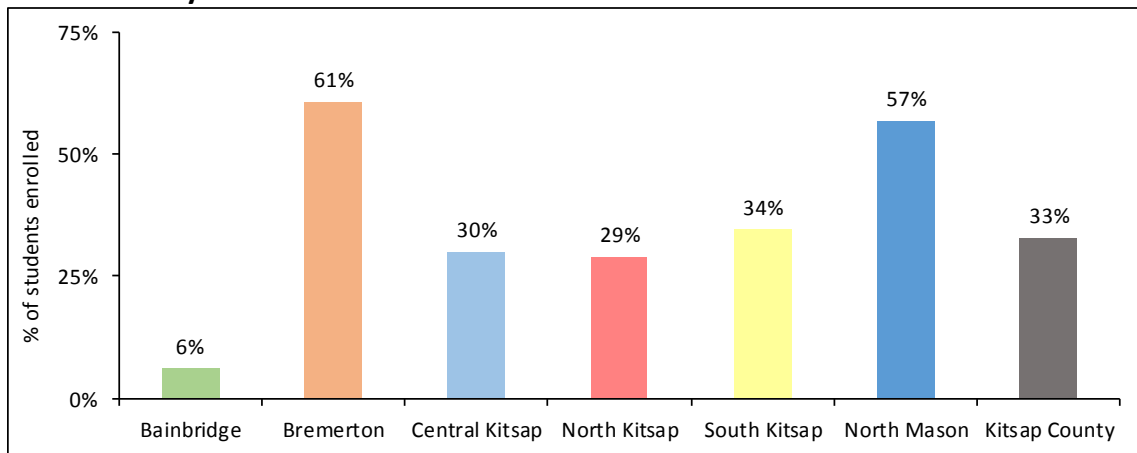


Table 24a. Enrollment in Free or Reduced Lunch Program and Total Enrollment, Kitsap County Public Schools Serving Elementary-Age Students: October 2018²²

| Total Enrollment and Percent of Students Enrolled in Free or Reduced Lunch Program, Kitsap County Public Schools Serving Elementary-Age Students, October 2018 | | | | |
|--|-------------------------------------|---------|------------------|-------------------------|
| School District | School Name | Grades | Total Enrollment | % Free or Reduced Lunch |
| Bainbridge Island | Blakely Elementary | K-4 | 325 | 4.9% |
| | Commodore Center | K-12 | 321 | 5.9% |
| | Ordway Elementary | K-4 | 364 | 9.3% |
| | Sakai Intermediate School | 5-6 | 541 | 5.6% |
| | Wilkes Elementary | K-4 | 350 | 2.3% |
| Bremerton | Armin Jahr Elementary | K-5 | 419 | 71.8% |
| | Crown Hill Elementary | K-5 | 399 | 59.9% |
| | Kitsap Lake Elementary | K-5 | 417 | 45.3% |
| | Naval Avenue Elementary | PK, K-3 | 355 | 60.6% |
| | View Ridge Elementary | K-5 | 450 | 58.7% |
| | West Hills Elementary | PK, K-8 | 680 | 67.5% |
| Central Kitsap | Brownsville Elementary | K-5 | 478 | 17.8% |
| | Clear Creek Elementary | K-5 | 512 | 41.8% |
| | Cottonwood Elementary | K-5 | 347 | 36.3% |
| | Cougar Valley Elementary | K-5 | 463 | 23.8% |
| | Emerald Heights Elementary | K-5 | 480 | 21.5% |
| | Esquire Hills Elementary | K-5 | 388 | 47.7% |
| | Green Mountain Elementary | K-5 | 378 | 33.1% |
| | Hawk Elementary (HEJP) | K-5 | 516 | 36.6% |
| | Pinecrest Elementary | K-5 | 414 | 42.5% |
| | Silver Ridge Elementary | K-5 | 411 | 28.0% |
| | Silverdale Elementary | K-5 | 479 | 29.4% |
| | Woodlands Elementary | K-5 | 435 | 44.1% |
| North Kitsap | Pearson Elementary School | K-5 | 333 | 29.4% |
| | Poulsbo Elementary School | K-5 | 568 | 28.9% |
| | Richard Gordon Elementary School | K-8 | 480 | 30.8% |
| | Suquamish Elementary School | K-5 | 416 | 36.1% |
| | Vinland Elementary School | PK, K-5 | 603 | 27.9% |
| | Wolfe Elementary School | PK, K-5 | 405 | 46.4% |
| South Kitsap | Bethany Lutheran School | PK, K-8 | 119 | 2.5% |
| | Burley Glenwood Elementary | K-5 | 473 | 34.9% |
| | East Port Orchard Elementary School | K-5 | 478 | 50.4% |
| | ECEAP/Headstart Programs (P/S) | PK | 149 | 100.0% |
| | Hidden Creek Elementary | K-5 | 455 | 37.4% |
| | Madrona PreSchool | PK, K-3 | 145 | 27.6% |
| | Manchester Elementary | K-5 | 454 | 30.4% |
| | Mullenix Ridge Elementary | K-5 | 425 | 21.9% |
| | Olalla Elementary | K-5 | 336 | 38.1% |
| | Orchard Heights Elementary | K-5 | 651 | 43.5% |
| | Sidney Glen Elementary | K-5 | 483 | 42.7% |
| | South Colby Elementary | K-5 | 332 | 19.6% |
| | Sunnyslope Elementary | K-5 | 487 | 33.1% |

Table 24b. Enrollment in Free or Reduced Lunch Program and Total Enrollment, North Mason County Public Schools Serving Elementary-Age Students: October 2018²²

| Total Enrollment and Percent of Students Enrolled in Free or Reduced Lunch Program, Mason County Public Schools Serving Elementary-Age Students, October 2018 | | | | |
|---|-------------------------------------|--------|------------------|---------------|
| School District | School Name | Grades | Total Enrollment | Reduced Lunch |
| North Mason | Belfair Elementary | K-5 | 499 | 65.9% |
| | North Mason Developmental Preschool | PK | 21 | 57.1% |
| | Sand Hill Elementary | K-5 | 480 | 72.9% |

B. Public Assistance

The 5-year estimates for 2014 to 2018 show there were an estimated 9,328 children ages 0 to 17 years (17%) 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, 58% were living in 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. Tables 25 and 26 compare 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 SSI recipients, whereas the household data does not include SSI. For the percentage of households receiving public assistance, last year's update only included SSI and cash public assistance. This year, Tables 25 and 26 include cash public assistance and food stamps for households, but do not include SSI. There are more households benefiting from food stamps than there are benefiting from SSI. Unfortunately, the data for households does not include all 3 SSI, cash public assistance and food stamps. In Kitsap County, from 2014 to 2018, there were approximately 12,107 households (12%) receiving cash public assistance or food stamps.

Table 25. Public Assistance Recipients by Geographic Region, Kitsap County and North Mason County: 2014-18⁵

| | # (%) of households receiving public assistance* | # (%) of children under 18 receiving public assistance** |
|-------------------|--|--|
| Bainbridge Island | 359 (4%) | 156 (3%) |
| Bremerton | 4,327 (22%) | 2,968 (39%) |
| Central Kitsap | 2,144 (8%) | 1,865 (12%) |
| North Kitsap | 1,750 (9%) | 1,243 (13%) |
| South Kitsap | 3,527 (14%) | 3,096 (21%) |
| North Mason | 969 (17%) | 943 (34%) |

*Public assistance includes cash public assistance income or food stamps

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

Table 26. Public Assistance Recipients by ZIP Code, Kitsap County and North Mason County: 2014-18⁵

| | | # (%) of households receiving public assistance* | # (%) of children under 18 receiving public assistance** |
|-------------------|-------|--|--|
| Bainbridge Island | 98110 | 359 (4%) | 156 (3%) |
| Bremerton | 98310 | 1,808 (20%) | 1,303 (36%) |
| | 98312 | 2,231 (17%) | 1,743 (28%) |
| | 98337 | 684 (21%) | 342 (34%) |
| Central Kitsap | 98311 | 1,016 (10%) | 879 (15%) |
| | 98315 | ^ | 85 (5%) |
| | 98383 | 511 (6%) | 413 (9%) |
| | 98380 | 169 (9%) | ^ |
| North Kitsap | 98340 | ^ | 82 (18%) |
| | 98342 | 46 (8%) | 61 (28%) |
| | 98346 | 542 (14%) | 295 (15%) |
| | 98370 | 952 (8%) | 560 (9%) |
| | 98392 | 162 (12%) | 176 (25%) |
| South Kitsap | 98359 | ^ | 240 (22%) |
| | 98366 | 2,103 (17%) | 1,686 (22%) |
| | 98367 | 1,206 (11%) | 1,168 (19%) |
| North Mason | 98528 | 662 (18%) | 895 (46%) |
| | 98546 | ^ | 278 (53%) |

^ Categories with a highly unreliable estimate have been suppressed.

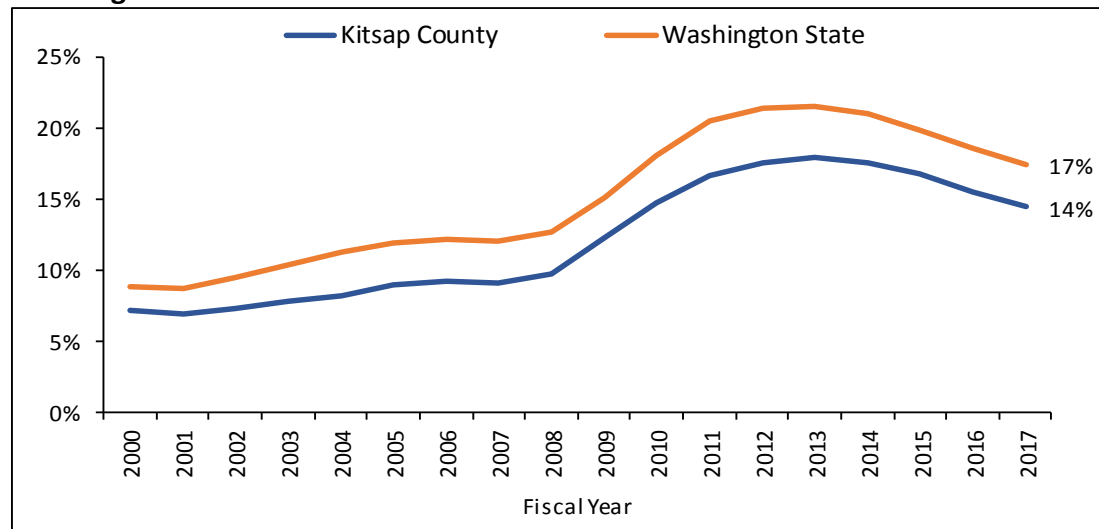
*Public assistance includes cash public assistance income or food stamps

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

Food Stamps

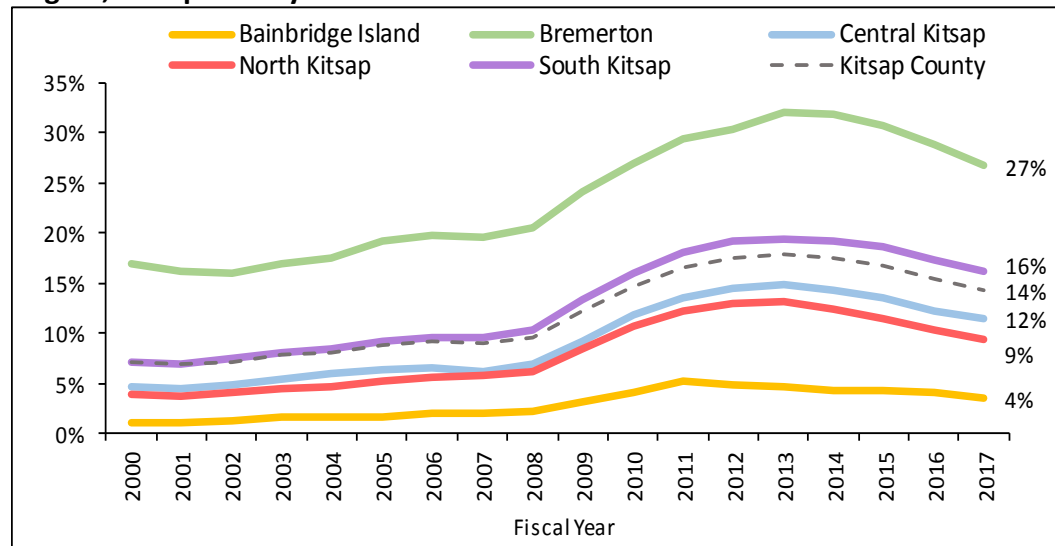
In both Kitsap County and Washington State the rate of persons receiving food stamps through the Supplemental Nutritional Assistance Program (SNAP) climbed dramatically between 2008 and 2011, but slowed pace between 2011 and 2013, then declined from 2013 to 2017 (Figure 33).²³ The past 5 years have seen a decline overall, with Kitsap County rates decreasing by 19% from 18% in 2013 to 14% in 2017. Statewide, rates were also declining over the past 5 years, decreasing by 19% as well to 17% 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.

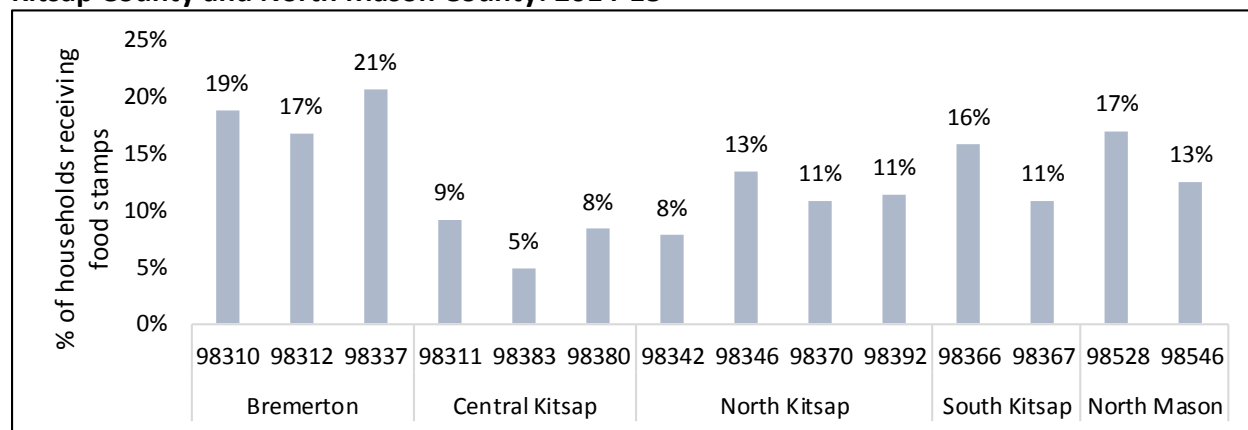
Figure 34. Supplemental Nutritional Assistance Program (SNAP) Recipients by Geographic Region, Kitsap County: 2000 to 2017²³



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%) in Kitsap County, followed by 98310 (19%), 98312 (17%) and 98366 (16%).⁵ North Mason County is similar to South Kitsap County, with 17% receiving food stamps in 98528 and 13% receiving food stamps in 98546. ZIP Codes

with percentages that are highly unreliable are not displayed in Figure 35. For comparison, the ACS estimate for Kitsap County from 2014 to 2018 is 11.2% of households receiving food stamp benefits.

Figure 35. Supplemental Nutritional Assistance Program (SNAP) Households by ZIP Code, Kitsap County and North Mason County: 2014-18⁵

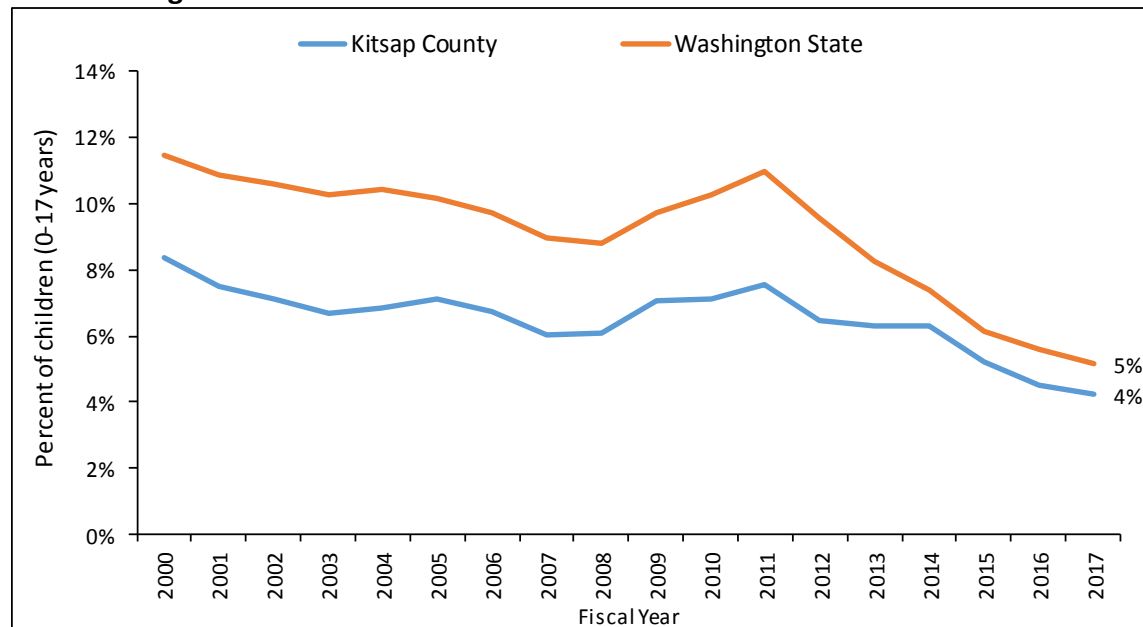


Temporary Assistance for Needy Families (TANF)

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 out of every 100 children in 2017.²³ The county 5-year average was 5% and although this has remained below the state, the gap between state and county 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.

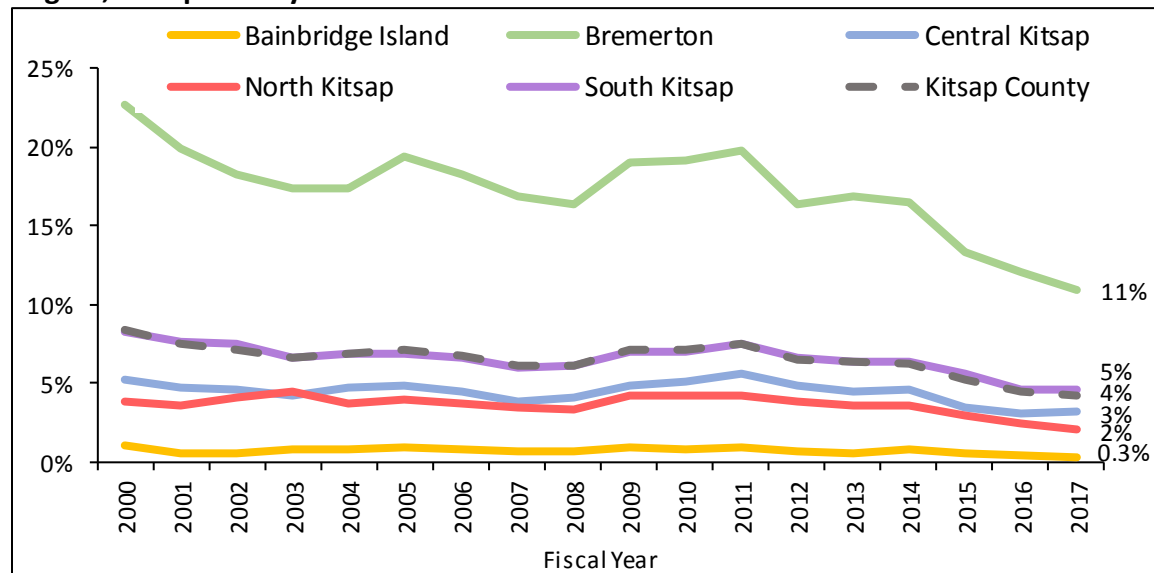
Figure 36. Rate of Children Receiving Temporary Assistance for Needy Families, Kitsap County and Washington State: 2000 to 2017²³



Policy changes and program cuts may have made it harder for families to receive TANF assistance, which may at least partially have accounted for the decrease in children receiving TANF in recent years.⁹³ In July of 2019, there were policy changes strengthening TANF, which may again lead to artificial changes (increases this time) in the percent of children receiving TANF benefits.

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%, 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 5% in South Kitsap. All regions other than Bremerton have had 5-year averages of less than 5% (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

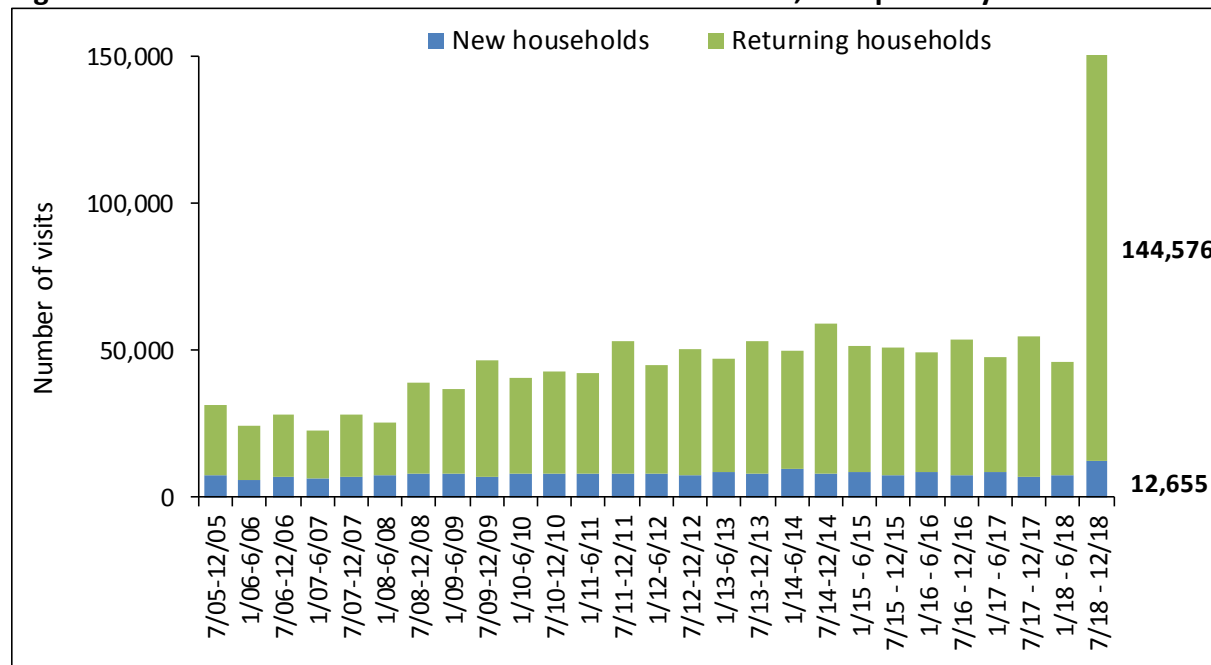
Feeding America estimated that the average meal cost about \$3.22 in Kitsap in 2017 and that there were 30,000 people (12% of residents) who were living with food insecurity.⁸⁸ Food insecurity refers to the USDA’s measure of lack of access, at times, to enough food for an active, healthy life for all 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 17% of children in Kitsap County or about 9,400 kids. Of those children who live in food insecure households, about 49% 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 Bainbridge Island Helpline House, Bremerton Foodline, Central Kitsap Food Bank, Salvation Army Food Bank, South Kitsap Helpline, North Kitsap Fishline, ShareNet Food Bank, and St. Vincent de Paul. North Mason Food Bank in Belfair serves North Mason families. In addition, several local churches offer hot meals and food pantries.

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 5 years of age.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 27).²⁸ The average annual percentage of infants who were born in the County and served by WIC during 2004 to 2018 was 45%. However, this has fallen to only 40% in the last 5 years (2014 to 2018). For 2018, the percentage of infants served by WIC was 36%, the lowest percentage since 2004.

Table 27. Women, Infants, and Children Served by WIC, Kitsap County: 2004 to 2018²⁸

| 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% |
| 2018 | 5,612 | 2,204 | 7,816 | 36% |

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 with support from Harrison Hospital. 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. Initially this program offered more broad 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 became a community breastfeeding resource with referrals to

local breastfeeding assistance and an appointment-based system, shifting the effort to improving breastfeeding support systems within the community. After a community survey during the summer, the New Parent Support Program is now moving to a community wide “Kitsap Supports Breastfeeding” campaign to be launched in 2020.

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 was 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. The project is expected to be complete by 2022. A permanent transit center was also completed along the Wheaton Way corridor, providing safe, ADA-accessible connections with nine bus bays and a 162-stall park and ride lot. The transit center opened for bus service on December 2, 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 32% of Kitsap County residents (including both renters and owners) and 33% of Washington State residents had difficulty affording other necessities during 2018, just slightly higher than in 2016 and 2017 (Figure 39).⁵ Within Kitsap County, 2018 estimates show that 25% of home owners and 50% 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%), equaling the 2014 high point of 50%.

Figure 39. Households Paying 30% or More of Income for Housing Costs, Kitsap County and Washington State: 2000 and 2005 to 2018⁵

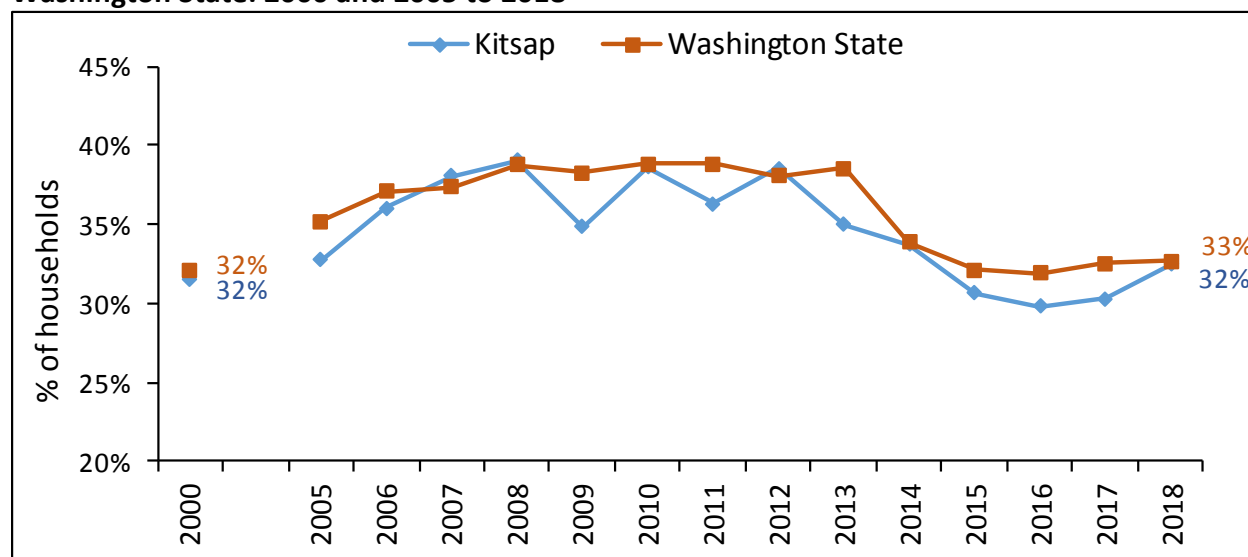
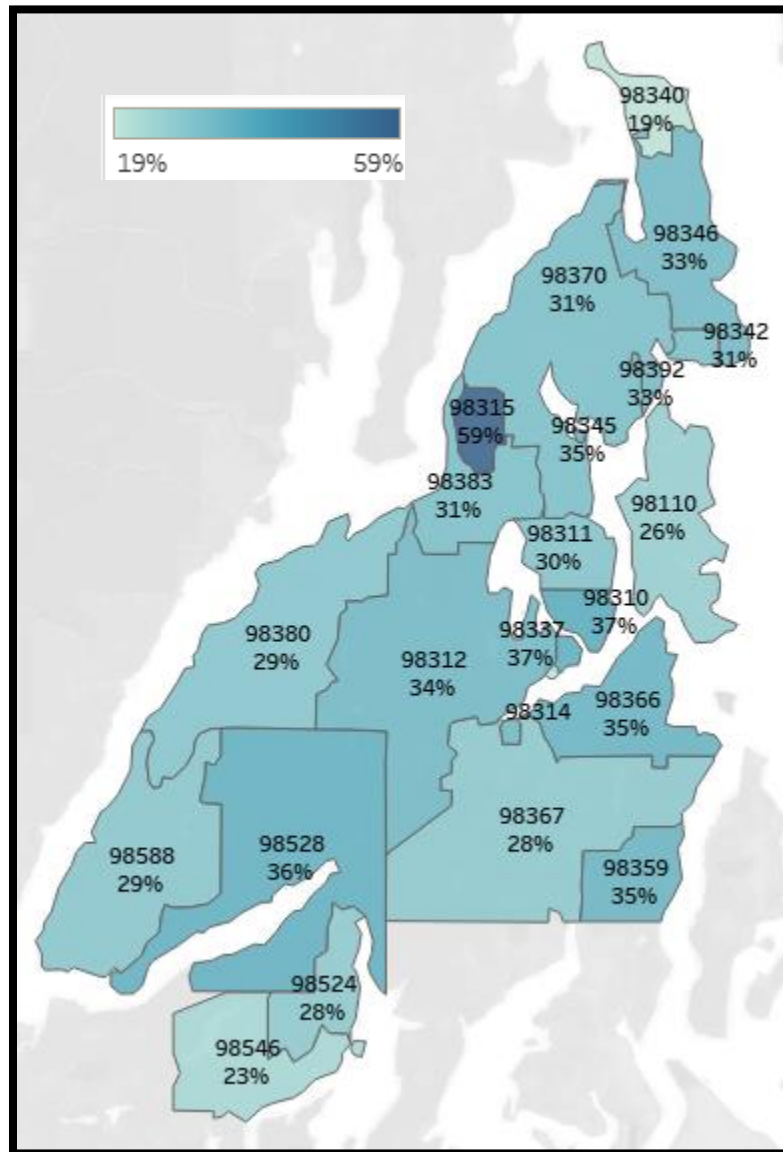


Figure 40 shows the 5-year estimate (2014 to 2018) of the percentage of households paying 30% or more of their income for housing costs by ZIP Code.⁵ 98315 (Silverdale/Bangor) has the highest percentage (59%). While it is possible that the predominantly military population in this ZIP Code is cost burdened 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. 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 19% in 98340 to 37% in 98337 and 98310. The highest percentages are in 98337 (Bremerton, 37%), 98310 (Bremerton, 37%), 98345 (Keyport, 35%), 98359 (Olalla, 35%) and 98366 (Port Orchard, 35%). Percentages in North Mason County ranged from 23% in Grapeview (98546) to 36% in Belfair (98528).

Figure 40. Households Paying 30% or More of Income for Housing Costs by ZIP Code, Kitsap County and North Mason County: 2014-18⁵

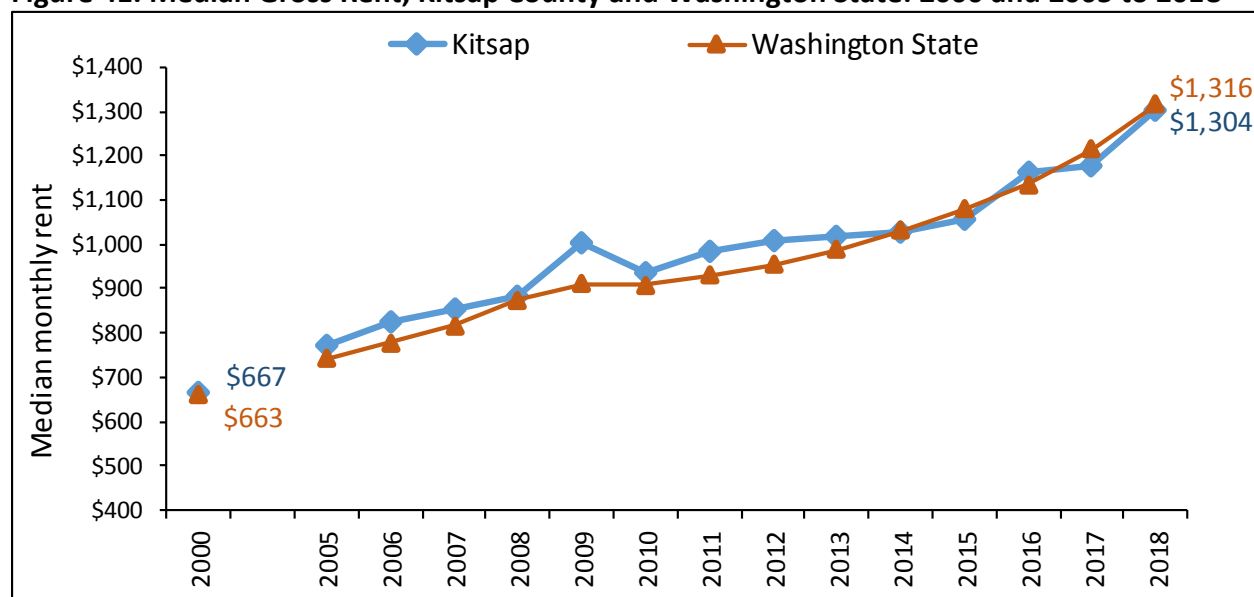


During 2018, an estimated 30% of 105,411 occupied housing units in Kitsap County were rented.⁵ The median gross rent has about doubled (96% increase) from 2000 to 2018 (Figure 41).⁵ In 2018, the county-wide median gross rent was \$1,305 per month, just below the state median of \$1,316 per month. In 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 \$4,347 per month, which is equivalent to \$52,160 annually. Assuming a 40-hour work week, 52 weeks per

year, this level of income translates into a wage of \$25.08 per hour. This hourly rate was well above the 2018 statewide minimum wage of \$11.50,³² but well below the median household income of \$74,729 in Kitsap County in 2018. The estimated yearly income needed to afford the median monthly rent (\$52,160) is below the median earnings for full-time, year-round male workers (\$66,115) in Kitsap, but above the median earnings for full-time, year-round female workers (\$43,510).

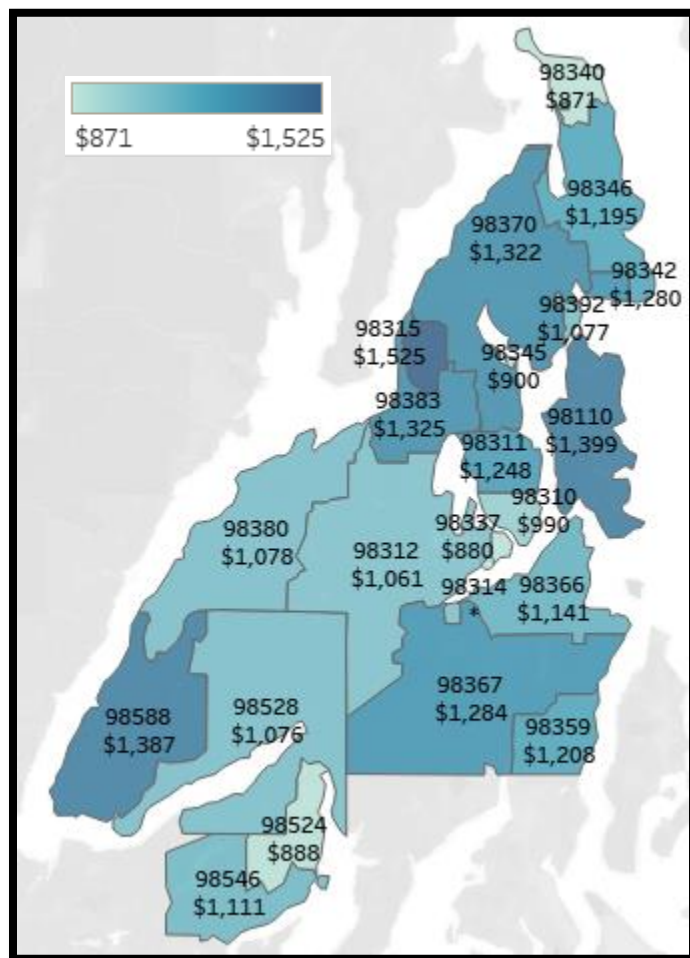
Rental costs are a hardship for many in finding stable housing, as illustrated by the parent surveys, in which 19% of respondents in 2013 and 18% in 2016 reported moving in the past six months. In the 2016 survey, 66% reported renting their home, 19% had concerns that rent was too high, and 15% thought the price of utilities services were too high.

Figure 41. Median Gross Rent, Kitsap County and Washington State: 2000 and 2005 to 2018⁵



From 2014 to 2018, median rent varied across the county, from a high of \$1,399 on Bainbridge Island to a low of \$969 in Bremerton.⁵ Central Kitsap's median rent (\$1,346), North Kitsap's (\$1,247) and South Kitsap's (\$1,176) all fall in between. By ZIP Code, median gross rent varies from highs of \$1,525 in ZIP Code 98315 (Silverdale/Bangor) and \$1,399 on Bainbridge Island (98110) to lows of \$871 in ZIP Code 98340 (Hansville), \$880 in 98337 (Bremerton) and \$990 in ZIP Code 98310 (East Bremerton). Median rent in North Mason County ranges from \$888 in 98524 (Allyn) to \$1,387 in 98588 (Tahuya). Figure 42 shows the median gross rent by ZIP Code in Kitsap County and North Mason County.

Figure 42. Median Gross Rent by ZIP Code, Kitsap County and North Mason County: 2014-2018⁵



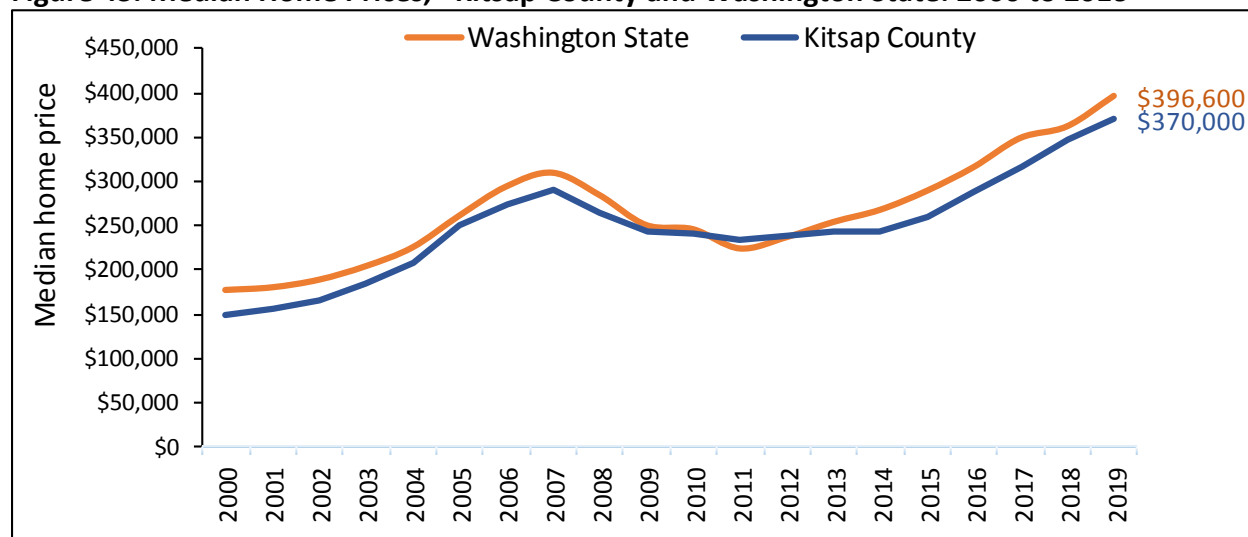
*unable to report due to small numbers.

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 2018 of \$1,305.⁸⁹ 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 2019 show continued growth, with the Kitsap median of \$370,000 still below the state median of \$396,600 (Figure 43). This represents a 27% increase from 2007 to 2019 for Kitsap,

and a 7% increase from the previous year (2018). There was a 28% increase for the state from 2007 to 2019, and a 10% increase from the previous year.

Figure 43. Median Home Prices,* Kitsap County and Washington State: 2000 to 2019³³



*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 many factors, including rapidly increasing 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 229 during 2019 (Figure 45).³⁴

Figure 44. Housing Affordability Index, Kitsap County and Washington State: 2000 to 2019(Q3) by Quarter³³

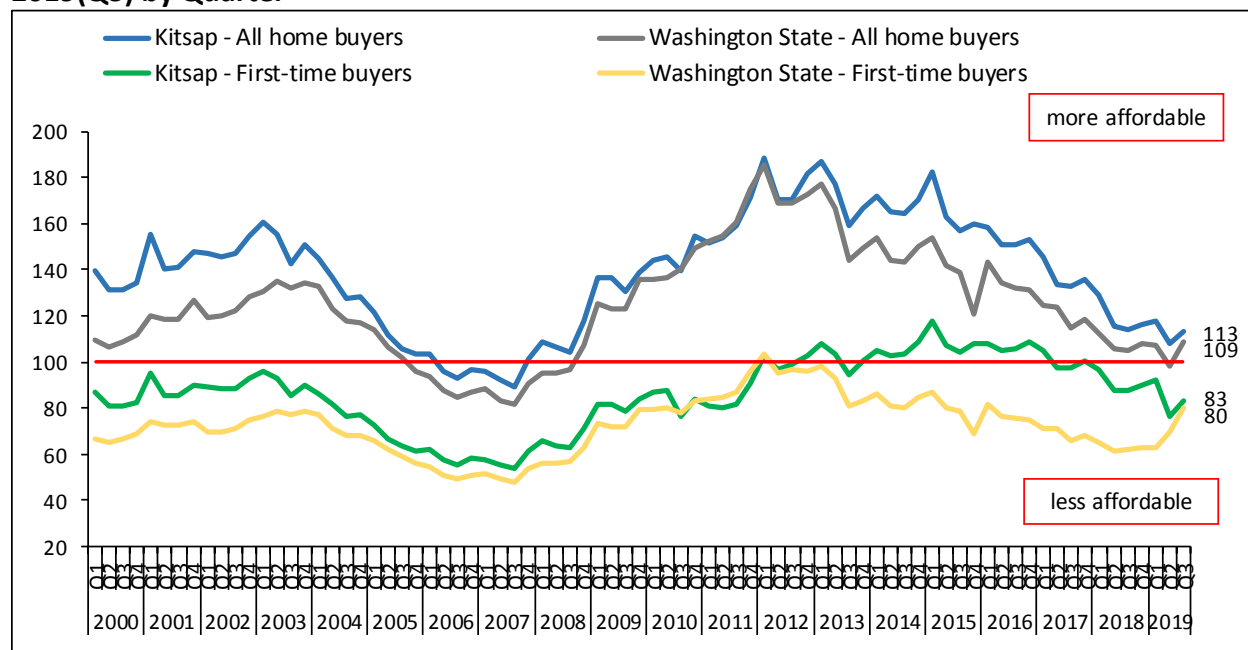
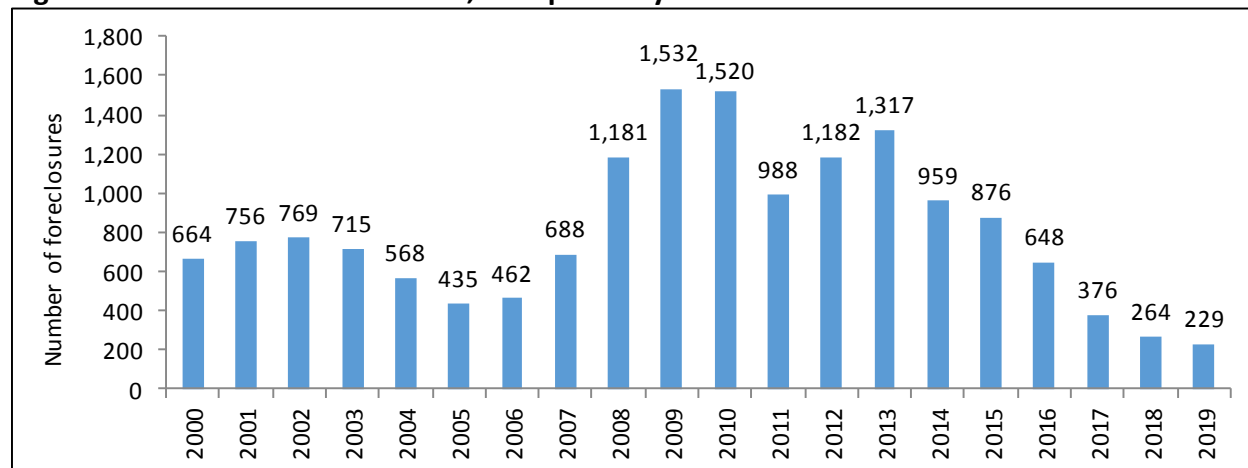


Figure 45. Number of Foreclosures, Kitsap County: 2000 to 2019³⁴



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 2019, BHA had 206 public housing units.³⁶ 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 2019, BHA had 1,368 Housing Choice Vouchers in use, 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 waitlist was again opened in October 2018, and the total number of people on the waitlist at that time was 378, with the average wait time being approximately 18 months. The waitlist is currently closed until further notice because the Bremerton Housing Authority is currently over-spending the amount of money they have available to serve the vouchers currently being served. Vouchers are replaced through attrition only. Average area rents have increased by 10% per year over the last 5 years (2014-19), with a large number of apartment complexes getting around the law by charging so much rent that the units are not affordable on the voucher. Average area rents have increased by 10% per year over the last 5 years (2014-19). At this time, most voucher holders are finding that it takes at least 60 days to find a unit. Some voucher holders are unable to find a unit before their vouchers expire. Others are having to accept rents so high that they are unable to continue to pay the high rent long term. Evictions for non-payment of rent are up by 90% in Kitsap County in the last 3 years.³⁵

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

In 2020, a new privately-owned 216-unit market-rate apartment complex at Bay Vista will open for occupancy.³⁵ Significant site-improvement work has also been done in preparation for 120 new market-rate single-family homes. BHA has created internal capacity for property management of BHA rental properties in 2019, which has lowered costs, improved customer service and brought occupancy levels up to the highest level in decades (nearly 98%). An innovative Rental Assistance Program was created in 2019 with funding from the City of Bremerton, designed to bring housing stability to renter households in Bremerton with incomes between 40-60% of area median income. A joint BHA/Kitsap Mental Health Services effort to build Bremerton’s first Permanent Supportive Housing project is expected to begin in 2020. Tentatively called Pendleton Place, this facility would have 74 units with services targeted to chronically homeless individuals.

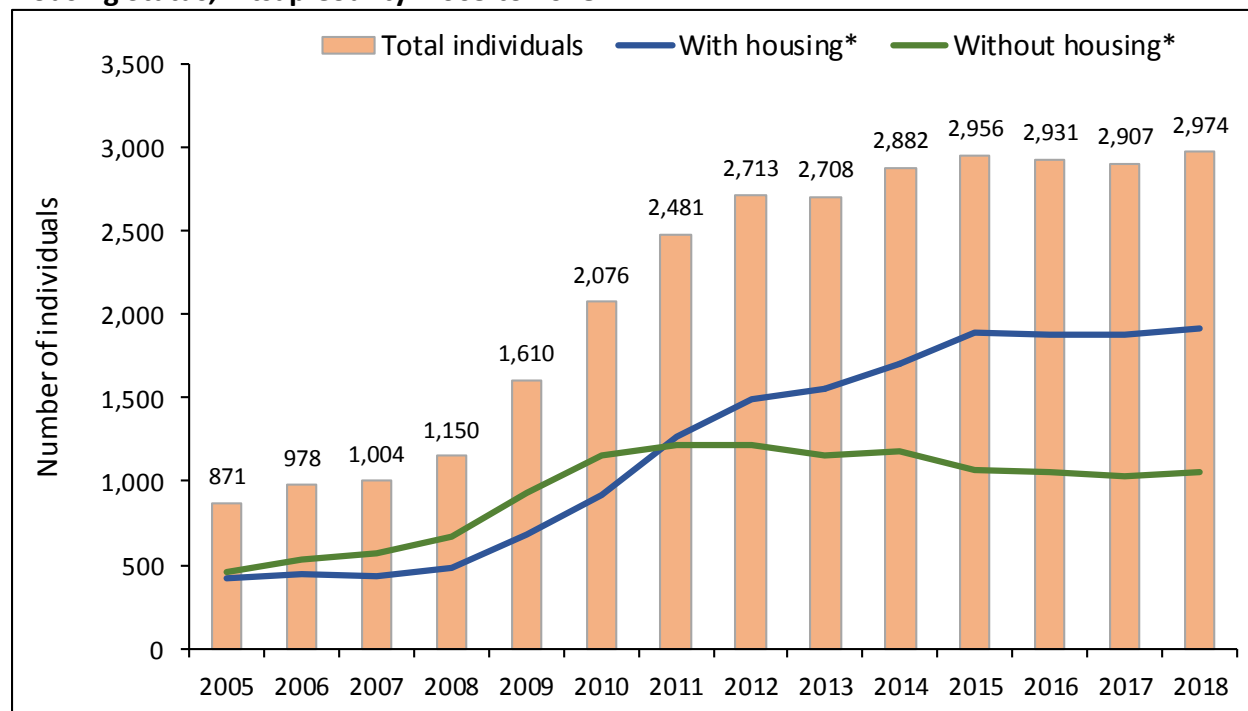
Housing Kitsap is a housing authority serving all of Kitsap County except the City of Bremerton, with a total population served of approximately 220,000.³⁷ Currently located in Silverdale, their primary funding sources include HUD, Washington State Housing, Department of Commerce, and the USDA Rural 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 136 affordable housing units with Housing Kitsap as of 2019.³⁶ 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. The one-bedroom wait list closed in September 2019 and there is no time frame for when it will reopen.³⁸ Waiting times for housing can be long; the average wait time in 2019 was 18 months.³⁶ 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 301 housing choice vouchers. The last wait list opening was in February 2017.

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

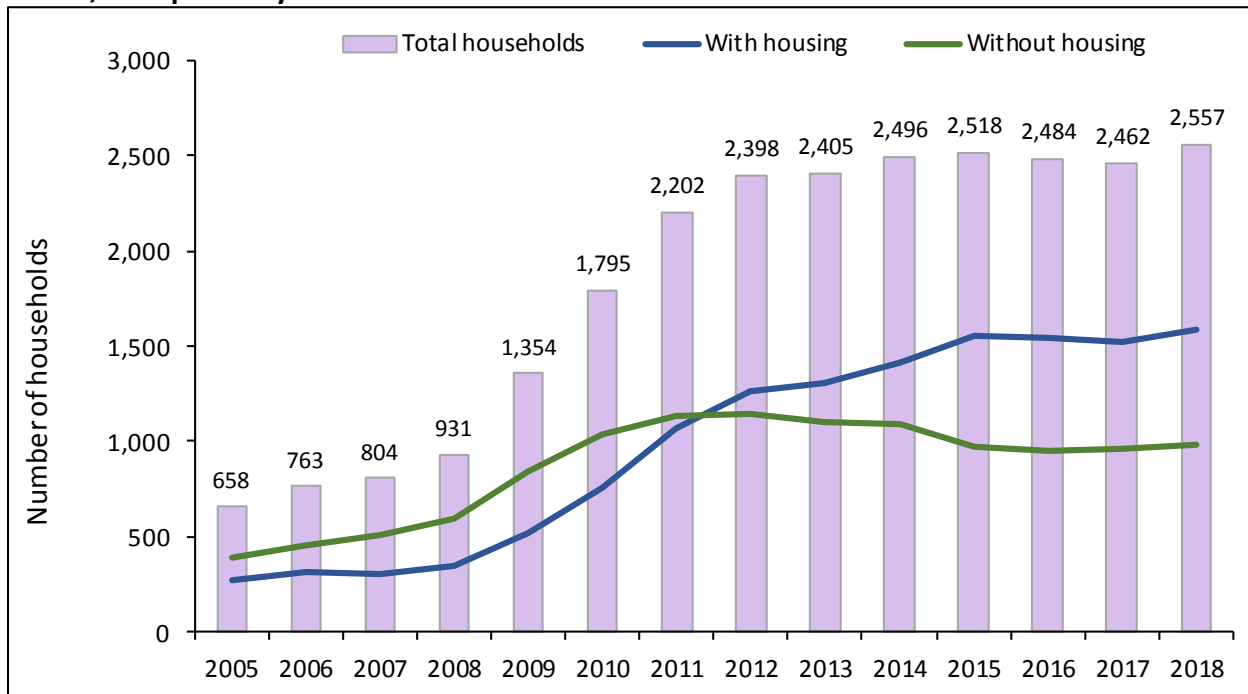
estimate these numbers. Clients are enrolled on a monthly basis, with benefits typically lasting about a year (or until they are no longer income eligible). Clients who are no longer eligible are removed at the end of a month. Since enrollment in the Basic Food program fluctuates month to month, evaluating 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



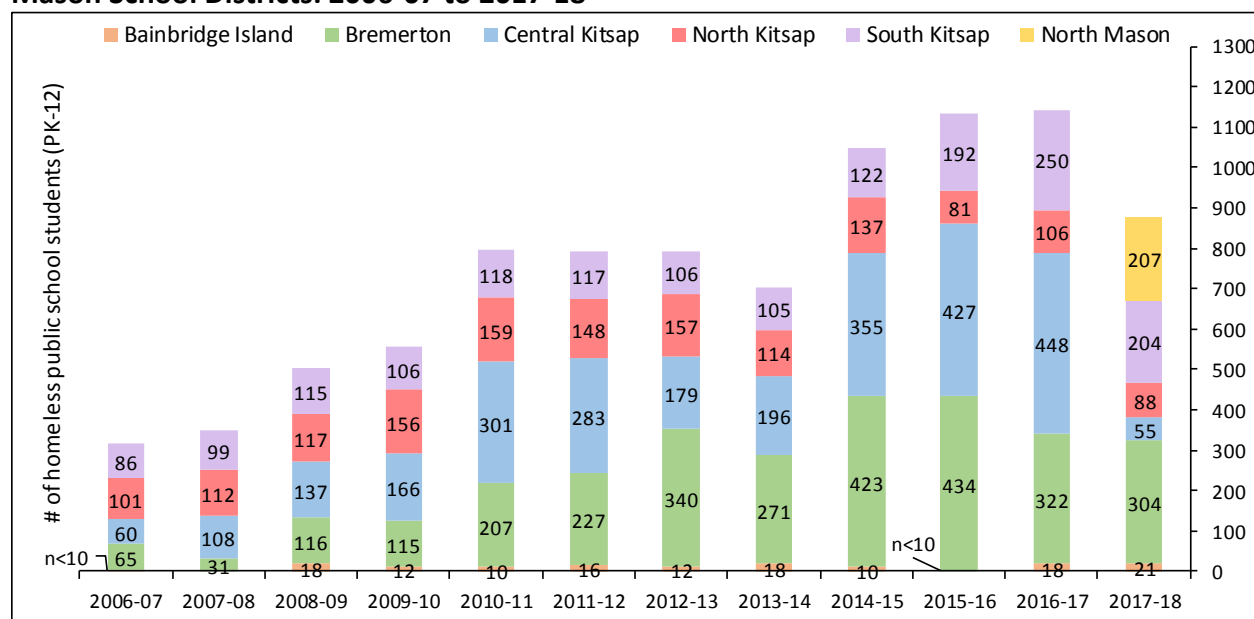
During the 2019 annual Kitsap County Point-In-Time (PIT) Homeless Count, there were 478 individuals counted.⁴⁰ This was a 13% decrease from 2006 (547 total individuals). The 2019 count included 84 (18%) children under the age of 18. From 2010-17, the average proportion of children has been 25%. The PIT 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 2019, the total unsheltered was 173 (36%). A few of the other subpopulations that accounted for significant portions of the total 2019 count were permanently physically disabled adults (53%), mentally disabled adults (48%), victims of domestic violence (12%), those with chronic substance use (28%) and those with chronic health conditions that are permanently disabling (30%). In 2019, 37% of those counted in the Point-In-Time Count said that eviction or loss of housing was one reason for their homelessness.

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 from 2015-16 to 2016-17. In 2017-18, numbers in Central Kitsap School District declined drastically, decreasing the total number in Kitsap County (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 or 2017-18. In 2017-18, there were 1,011 public school students reported as homeless in Kitsap County, which is approximately 2.8% of the total school enrollment for 2017-18. This represents a slight decrease from 2016-17, however, it is a 220% increase from 2006-07. In 2017-18 as compared to the 2016-17 school year, all Kitsap School Districts experienced decreases except for Bainbridge Island, which had a 17% increase. The largest decrease was in Central Kitsap (88% decrease) followed by South Kitsap (18% decrease), North Kitsap (17% decrease) and Bremerton (6% decrease).

Figure 48. Public School Students (PK-12) Reported as Homeless, Kitsap County and North Mason School Districts: 2006-07 to 2017-18²⁰



* 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 2018-19 enrollment year, 13% 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 2017-18 (12%), 2016-17 (13%), 2015-16 (12%) and 2014-15 (13%). As shown in Table 28, Port Gamble S'Klallam once again had the highest proportion of both EHS (29%) children and HS children (27%) receiving services, both slight increases from last year. In contrast, this year the Suquamish Tribe's Early Head Start and Head Start programs had reported zero homeless children. Across all county programs, a total of 31% of families that were homeless acquired housing during the year, more than 2017-18 (16%) and 2016-17 (24%), but fewer than 2015-16 (41%).

Table 28. Head Start/Early Head Start Families and Children Receiving Homelessness Services by Program and by Agency, Kitsap County: 2018-19¹¹

| | Early Head Start | | | Head Start | | |
|--------------------------------------|------------------|---------------|----------------------------|---------------|---------------|----------------------------|
| | # of families | # of children | % of all enrolled children | # of families | # of children | % of all enrolled children |
| Kitsap Community Resources | 3 | 3 | 2.9% | 14 | 15 | 5.6% |
| Olympic Educational Service District | 61 | 64 | 21.0% | 25 | 25 | 14.4% |
| Port Gamble S'Klallam Tribe | 10 | 12 | 28.6% | 8 | 8 | 26.7% |
| Suquamish Tribe | 0 | 0 | 0.0% | 0 | 0 | 0.0% |
| Kitsap County Total | 74 | 79 | 15.9% | 47 | 48 | 9.4% |

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

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.

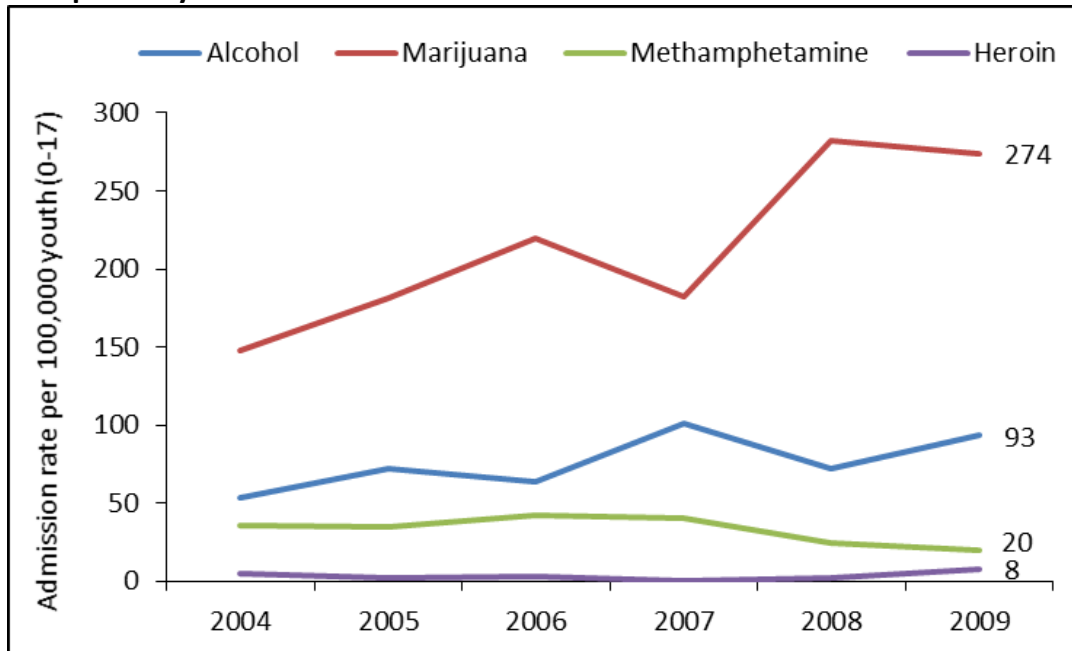
According to Kitsap County 8th and 10th graders surveyed in 2018, 9% and 19% respectively reported drinking alcohol in the past 30 days.⁴¹ After having declined for a number of years, the rates of alcohol use are now rising slightly again: for 8th graders they increased from 7% in 2016; and for 10th graders, from 17% in 2016. In addition, increasing numbers of students report that alcohol is easy to get (36% for 8th graders and 50% for 10th graders, compared to 26% and 44% respectively in 2016). For students who admitted to drinking alcohol, 3% of 8th graders and 8% of 10th graders said they had binge drank (had 5 or more alcoholic drinks on at least one occasion) in the past 2 weeks, about the same as previous years.

Marijuana use in the past 30 days declined among 8th graders from 2012 (10%) to 2014 (7%) and 2016 (7%) but has increased slightly in 2018 (8%).⁴¹ Marijuana use in the past 30 days decreased from 20% in 2014 to 15% in 2016 for 10th graders, but has increased again in 2018 (18%). When asked about using a painkiller to get high in the past 30 days, only 3% of 10th graders reported in 2018 that they had, which was the same as 2016 and 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).

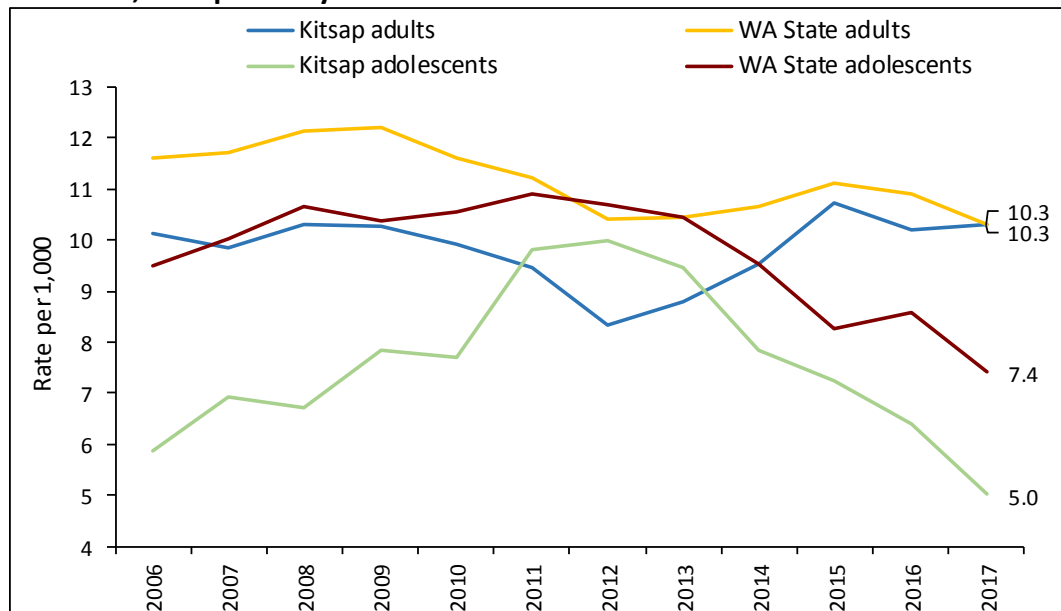
Figure 49. Youth (age 0-17) Receiving State-Funded Treatment* Admissions by Substance, Kitsap County: 2004 to 2009⁴²



*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.

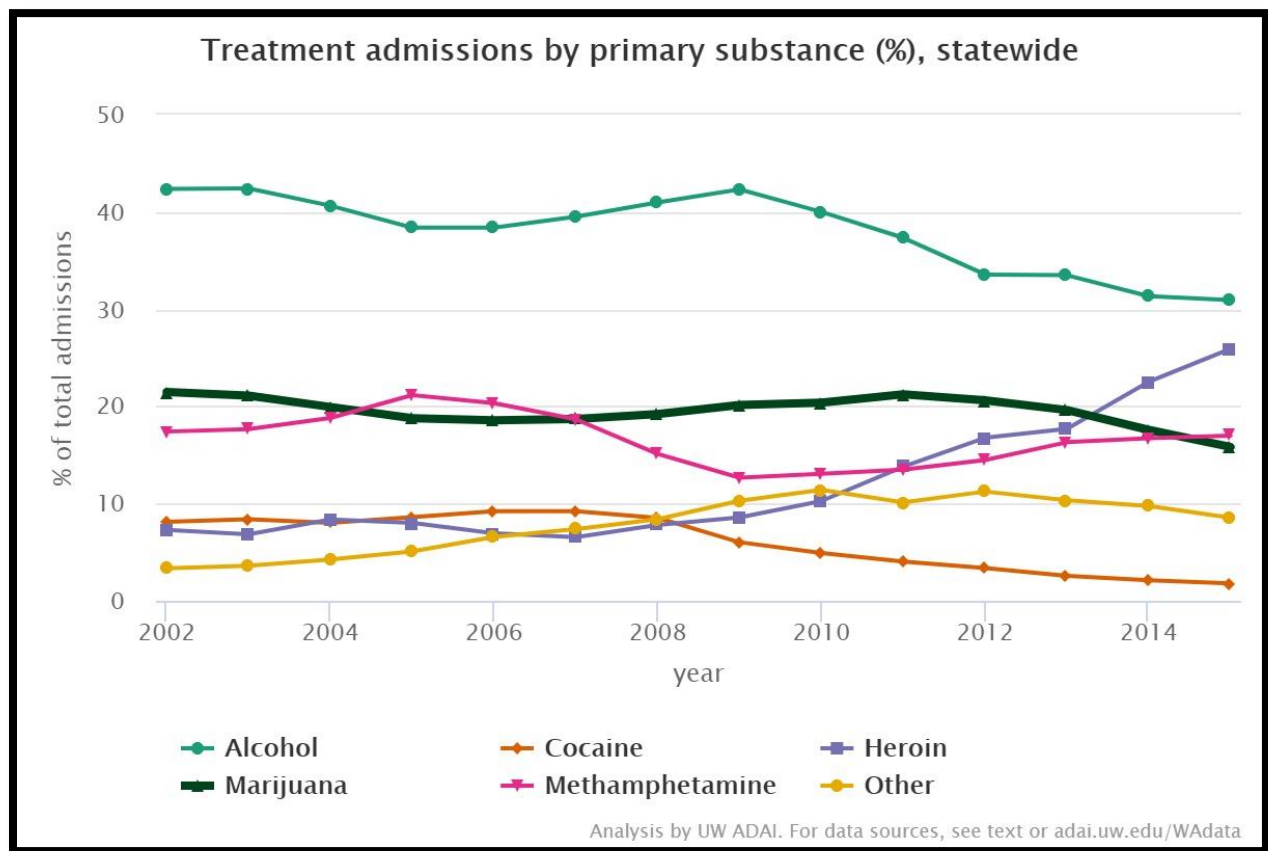
Figure 50. Adult (18+ years) and Youth (10-17 years) Clients of State-Funded Alcohol or Drug Services*, Kitsap County: 2006 to 2017²³



* 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.

Treatment data from the Washington State Division of Behavioral Health and Recovery, compiled by the University of Washington show that the highest percentage of treatment admissions in Washington are for alcohol (31% in 2015, Figure 51).⁹⁷ The percentage due to heroin had been increasing rapidly from 2008 to 2015, so that heroin was the drug responsible for the 2nd highest percentage of treatment admissions (26%) in 2015. Methamphetamine was responsible for 17% of treatment admissions and marijuana for 16% in 2015. Approximately 46% of all marijuana admissions were in those less than 18 years of age.

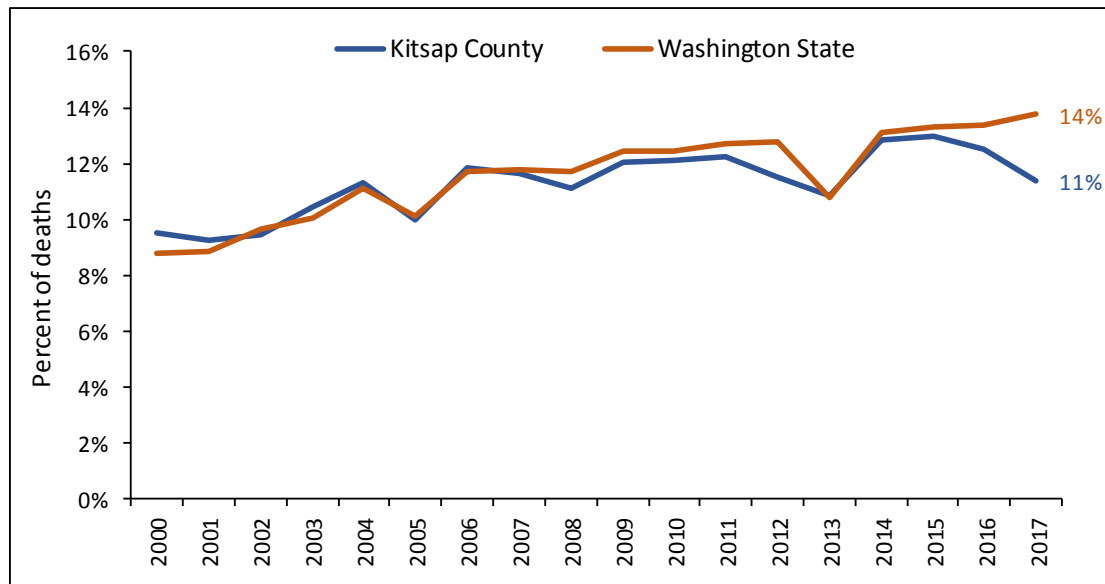
Figure 51. Percentage of Treatment Admissions by Primary Substance, Washington State: 2002 to 2015⁹⁷



Deaths Due to Alcohol or Drugs

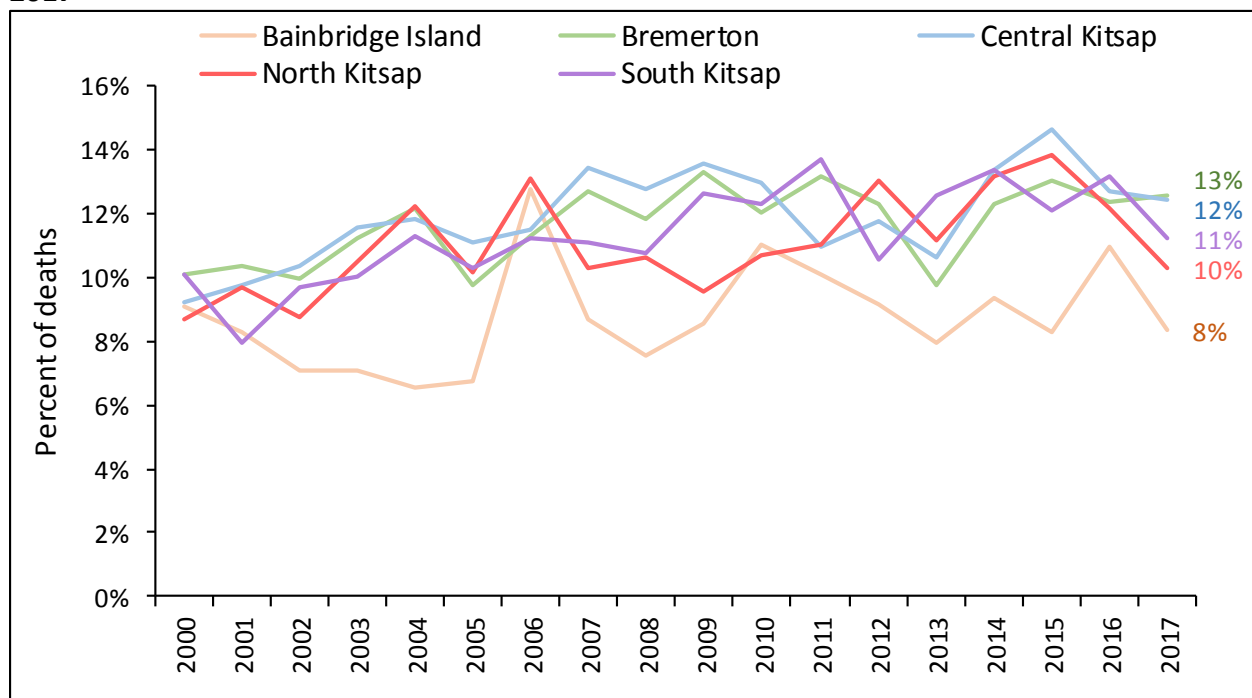
The rate of alcohol or drug-related deaths has statistically significantly increased since 2000 in both Kitsap County and Washington State, with trends closely mirroring each other from 2000 to 2015 (Figure 52).²³ In 2016 and 2017, Kitsap's rate has been decreasing sharply, to 11% in 2017. Washington State's rate continued to climb in 2016 and 2017 to 14% in 2017. The sub-county rates (Figure 53) from highest to lowest percentage are as follows: Bremerton (13%), Central Kitsap (12%), South Kitsap (11%), North Kitsap (10%) and Bainbridge Island (8%).

Figure 52. 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

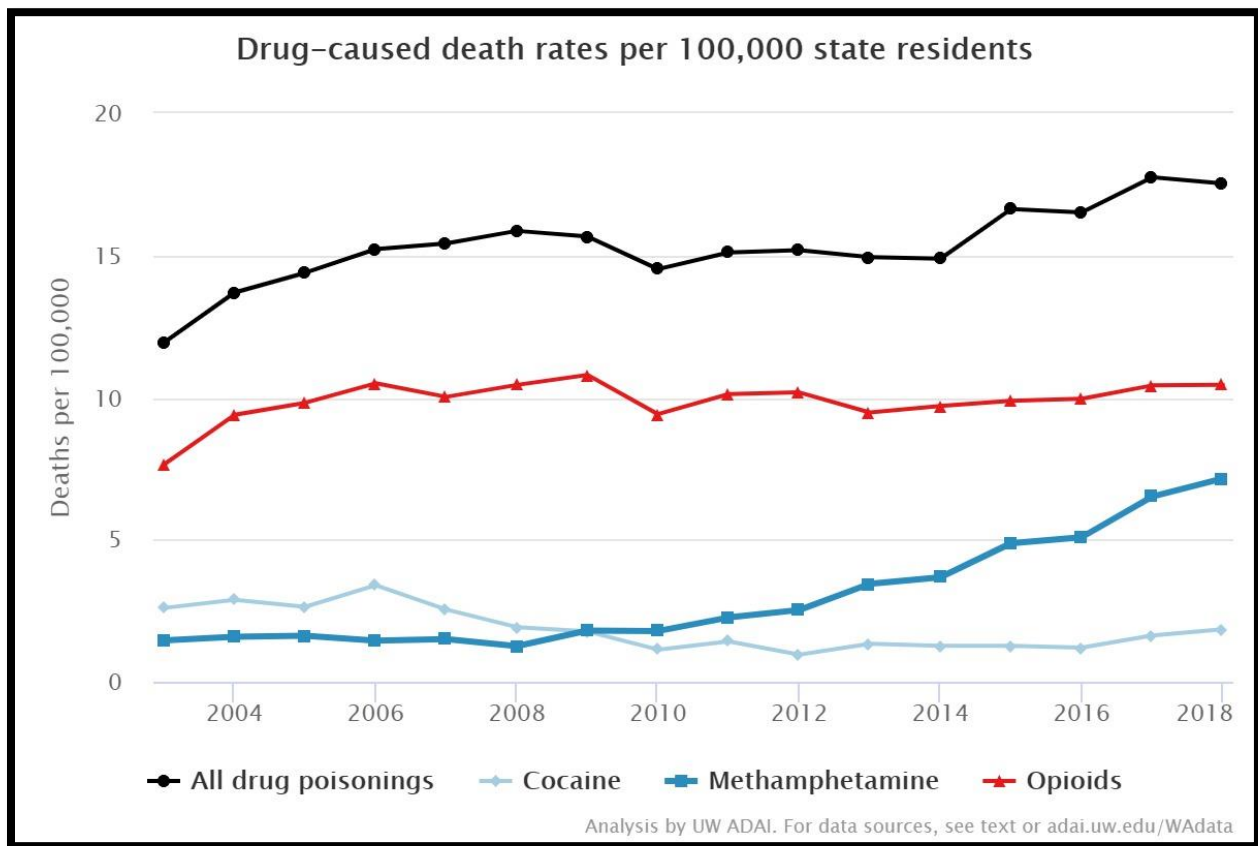
Figure 53. Alcohol or Drug-Related Deaths* by Geographic Region, Kitsap County: 2000 to 2017²³



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

Data for the state of Washington show that opioids have been the drug most often involved in drug-related deaths from 2004 to 2018.⁹⁷ However, the death rate for methamphetamine has been increasing faster from 2008 to 2018 than the rate for opioids (Figure 54).

Figure 54. Drug-caused Death Rates per 100,000 Residents by Drug, Washington State: 2004 to 2018⁹⁷



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 55 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 2019. In quarter 2 of 2019, there were approximately 58 opioid prescriptions issued for every 1,000 residents of Kitsap County, which is not statistically significantly different that the overall rate for Washington State (60 per 1,000).⁹⁰ There has been, however, a statistically significantly decreasing trend in Kitsap County from 2015 to present.

Figure 55. Prescriptions for Any Opioid per 1,000 Residents by Quarter (Sex- and Age-adjusted), Kitsap County and Washington State: 2012 Q1 to 2019 Q2⁹⁰

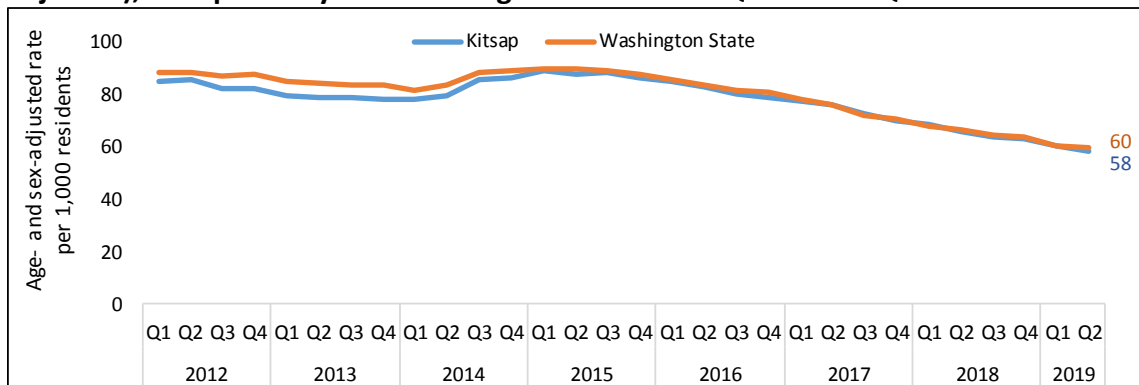
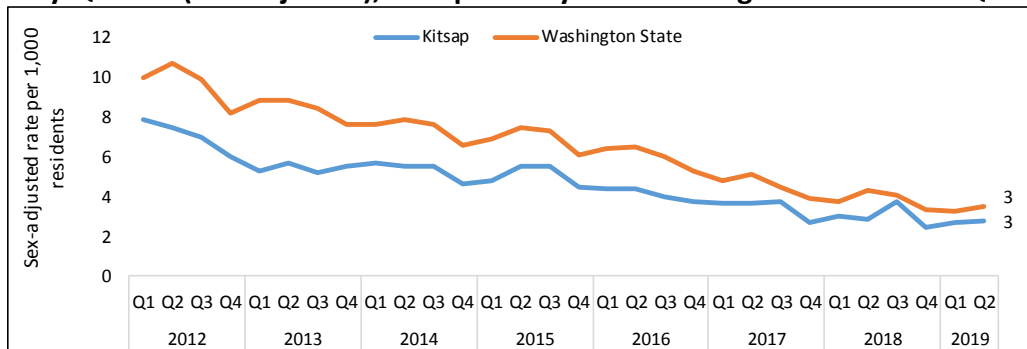


Figure 56 is similar to figure 55 but shows the prescriptions for residents age 0 to 9 years. In quarter 2 of 2019, there were only 2.8 opioid prescriptions issued for every 1,000 residents age 0 to 9 years in Kitsap County, which is not statistically significantly different that the overall rate for Washington State (3.5 per 1,000). There has been, however, a statistically significantly decreasing trend in Kitsap County from 2012 to present.

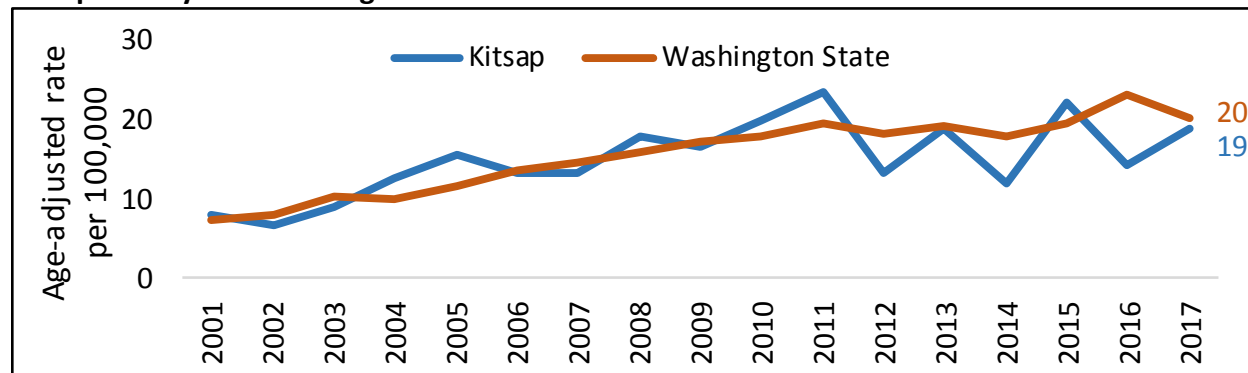
Figure 56. Prescriptions for Residents Age 0-9 Years for Any Opioid per 1,000 Residents Age 0-9 by Quarter (Sex-adjusted), Kitsap County and Washington State: 2012 Q1 to 2019 Q2⁹⁰



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 57).²

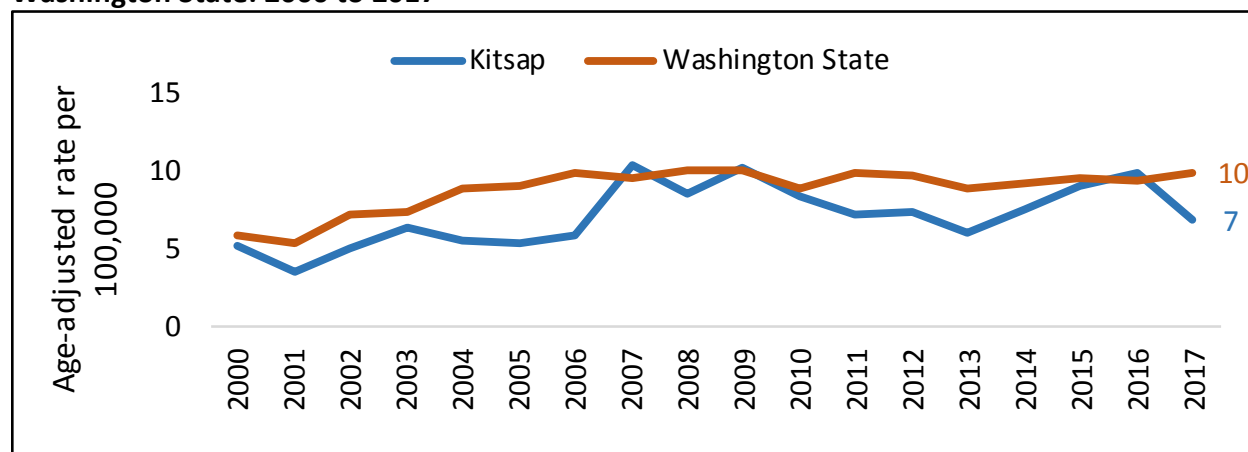
Figure 57. Nonfatal Opioid-Related Hospitalizations per 100,000 Residents (Age-adjusted), Kitsap County and Washington State: 2000 to 2017²



Deaths Due to Opioid Drugs

The rate of opioid-related deaths in Kitsap is variable due to small numbers, however there were approximately 7 deaths per 100,000 residents that were attributed to opioids in Kitsap County in 2017. Because cause of death may require extensive testing, 2018's deaths are still preliminary and may increase as more information is determined but are currently estimated at 18 deaths due to opioids in Kitsap in 2018. There has been a statistically significantly increasing trend from 2000 to 2017, but no change from 2010 to 2017. Kitsap's rate of 7 per 100,000 is not statistically significant different than Washington's rate in 2017 (Figure 58).²

Figure 58. Opioid-Related Deaths per 100,000 Residents (Age-adjusted), Kitsap County and Washington State: 2000 to 2017²



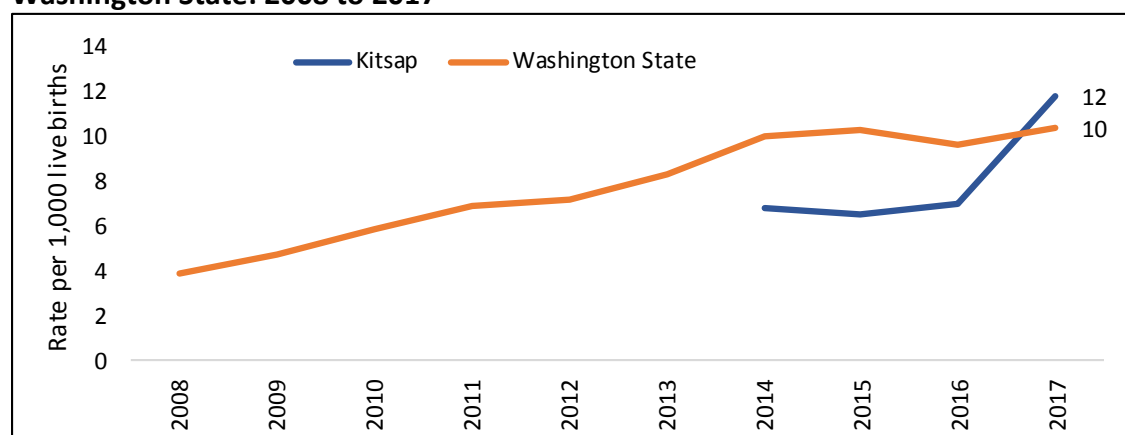
Neonatal Abstinence Syndrome

Neonatal Abstinence Syndrome (NAS) can occur at birth when there is an abrupt discontinuation of exposure of the baby to drugs following chronic exposure during pregnancy.⁹⁶ Babies diagnosed with NAS may be born to mothers who are taking prescribed opiates or in treatment for opioid use disorder, as well as those misusing substances. While drugs other than opioids can cause NAS, opioid abuse has become a top public health concern due to the increased incidence in the past 9 years. The number of delivering mothers using or dependent on opiates rose nearly 5-fold from 2000 to 2009 in the U.S. There was also a 5-fold

increase in the proportion of babies born with NAS from 2000 to 2012 in the U.S. and a 50% increase in the incidence of NAS in WA state between 1999 and 2013. In addition to potential long-term complications for the infant, the economic toll is extensive. In 2012, newborns in the U.S. with NAS were hospitalized 16.9 days on average (compared to 2.1. days for other newborns), costing hospitals an estimated \$1.5 billion.

The rate of Kitsap babies diagnosed with NAS was about 12 out of every 1,000 live births in 2017.⁹⁹ Kitsap's rate was highly variable from 2008 to 2013. From 2014 to 2016, Kitsap's rate was below the state's rate and remained relatively stable. In 2017, the Kitsap rate increased to just above the state's rate (Figure 59).

Figure 59. Babies with a Diagnosis of Neonatal Abstinence Syndrome, Kitsap County and Washington State: 2008 to 2017⁹⁹

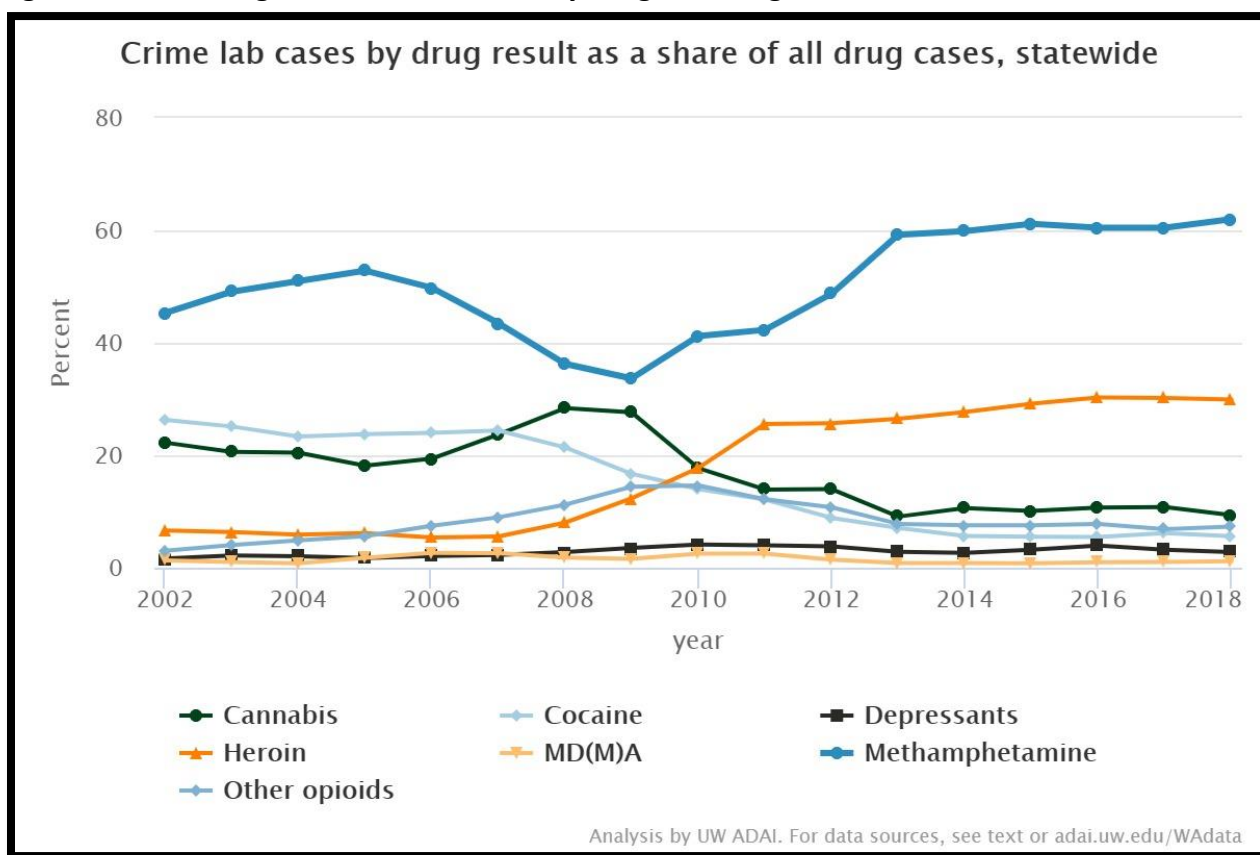


Methamphetamine

In Kitsap County, the death rate of deaths involving methamphetamine was 5.8 per 100,000 residents from 2017 to 2018, which is triple the rate in Kitsap in 2003-04 (1.9 per 100,000), but slightly less than the rate for the state for 2017-18 of 6.8 per 100,000.⁹⁷ The number of publicly-funded treatment admissions for which methamphetamine was reported as the primary drug in Kitsap was 135 per 100,000 residents from 2014 to 2015. This is a decrease from 2003-04 (170 per 100,000 residents), but higher than Washington (108 per 100,000). First-time admissions for methamphetamine have decreased by half in the same time (28 per 100,000 2014-15 and 59 per 100,000 2003-04).

In Washington State, more than half of all drugs seized by law enforcement and sent for testing as potential evidence were methamphetamine (62%) in 2018 (Figure 60).⁹⁷ In Kitsap, there were approximately 100 cases per 100,000 residents where methamphetamine was seized by law enforcement and sent for testing from 2016 to 2018. This is a 55% increase in cases from 2002-04 to 2016-18 and higher than Washington State overall (75 per 100,000).

Figure 60. Percentage of Crime Lab Cases by Drug, Washington State: 2002 to 2018⁹⁷



Effect of Drugs in the Community

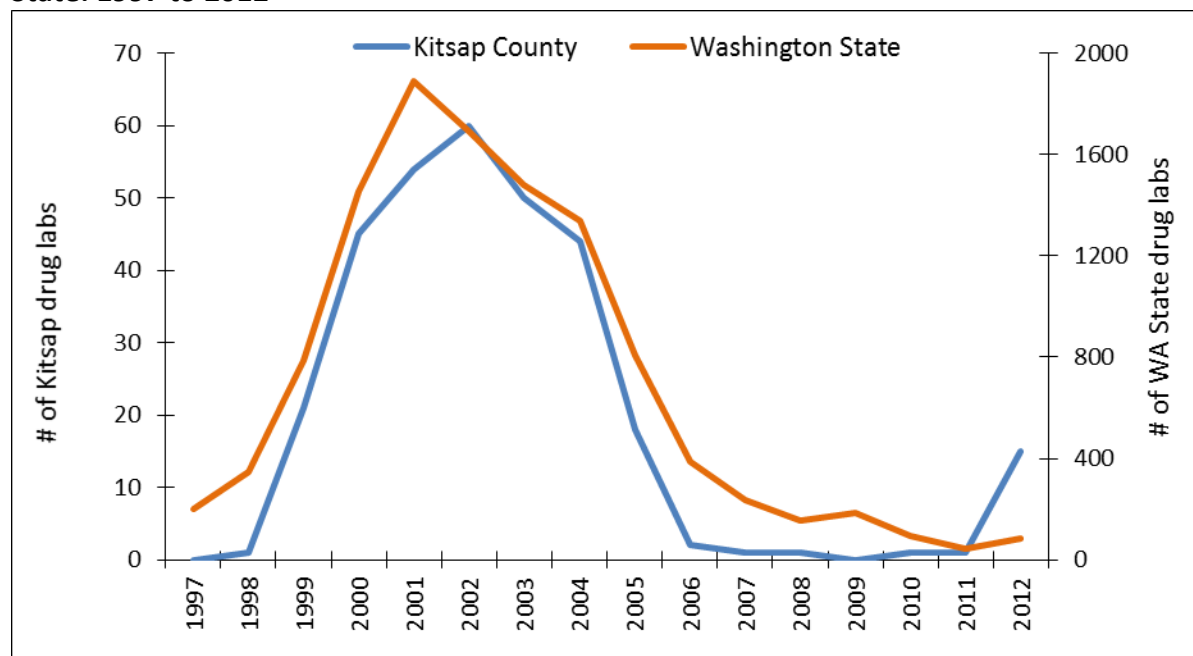
Washington Initiative 502 (I-502) legalized recreational marijuana use in the state after passing on general ballot during the November 2012 election. This allowed for small amounts of marijuana-related products to be sold and used legally in the state, despite it still being illegal nationally. Taxes 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 in 2002 due to increased surveillance and response, but this trend reversed in 2012 (Figure 61).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 61. Illegal Methamphetamine Lab or Dump Clean-Ups, Kitsap County and Washington State: 1997 to 2012⁴³



G. Health

Access to Care

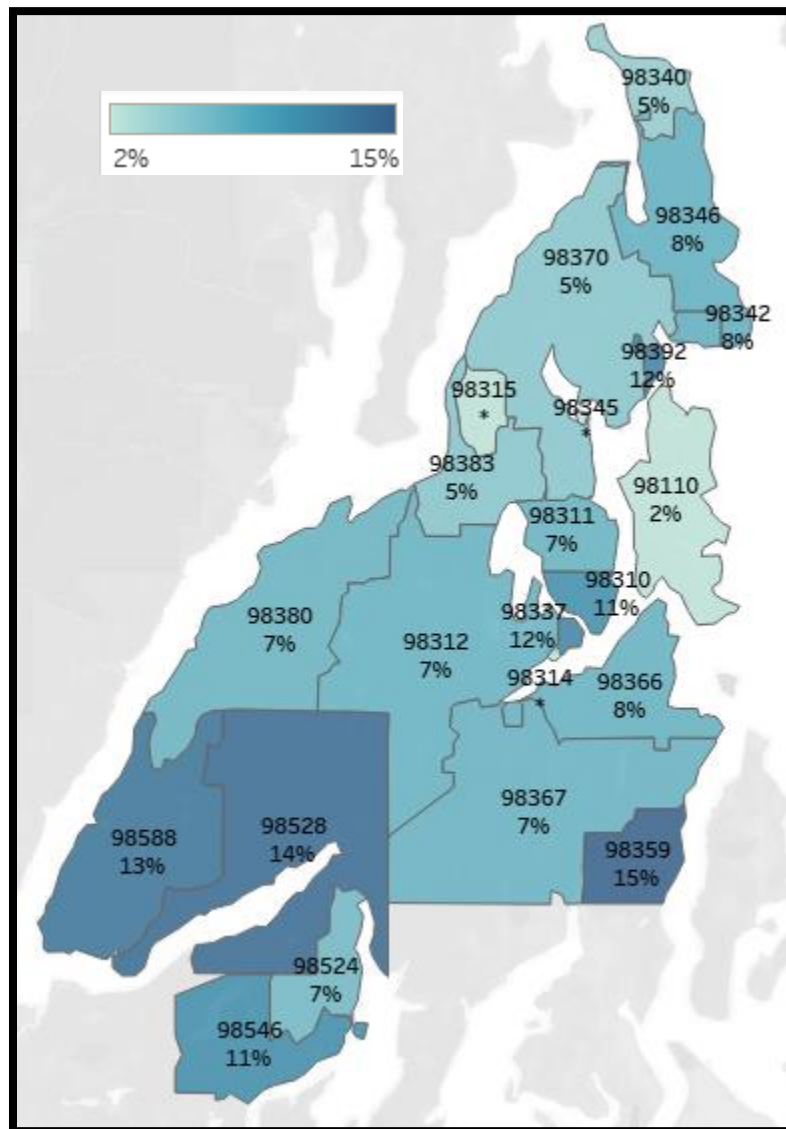
The Patient Protection and Affordable Care Act (ACA) was signed into law in 2010. As of 2014, the new law increased the mandatory minimum income eligibility level for Medicaid to 133% of the federal poverty level.⁴⁴ There is also a standard 5% income disregard for most individuals, thereby allowing eligibility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

The ACA also made it mandatory for all U.S. citizens to have health insurance, however there is no longer a financial penalty for not having health insurance. In addition, not all residents are eligible for insurance, including undocumented immigrants.

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 FY 2017 and 930 in FY 2018.⁴⁵

According to 2018 estimates, approximately 11,775 (4.6%) of 254,318 Kitsap County residents were uninsured, which is higher than 2017 (3.8%), but still lower than 2016 (6.2%) and the Washington State 2018 estimate of 6.4% uninsured.⁵ For Kitsap County, this included approximately 2.7% of children age 0 to 5, 3.7% of children age 6 to 18 and 6.5% of adults age 19 to 64. Compared to the previous year (2017), this is a decrease for children age 0 to 5 and an increase for children age 6 to 18 and adults. Figure 62 shows the percentage of residents ages 18 to 64 who have no health insurance by ZIP Code from 2014 to 2018. The ZIP Code with the highest uninsured rate among those 18 to 64 years old is 98359 (Olalla, 15%), followed by 98337 (Bremerton, 12%), 98392 (Suquamish, 12%) and 98310 (East Bremerton, 11%). For North Mason County, the percentage of residents age 18 to 64 without health insurance ranges from 14% in Belfair (98528) to 7% in 98524 (Allyn).

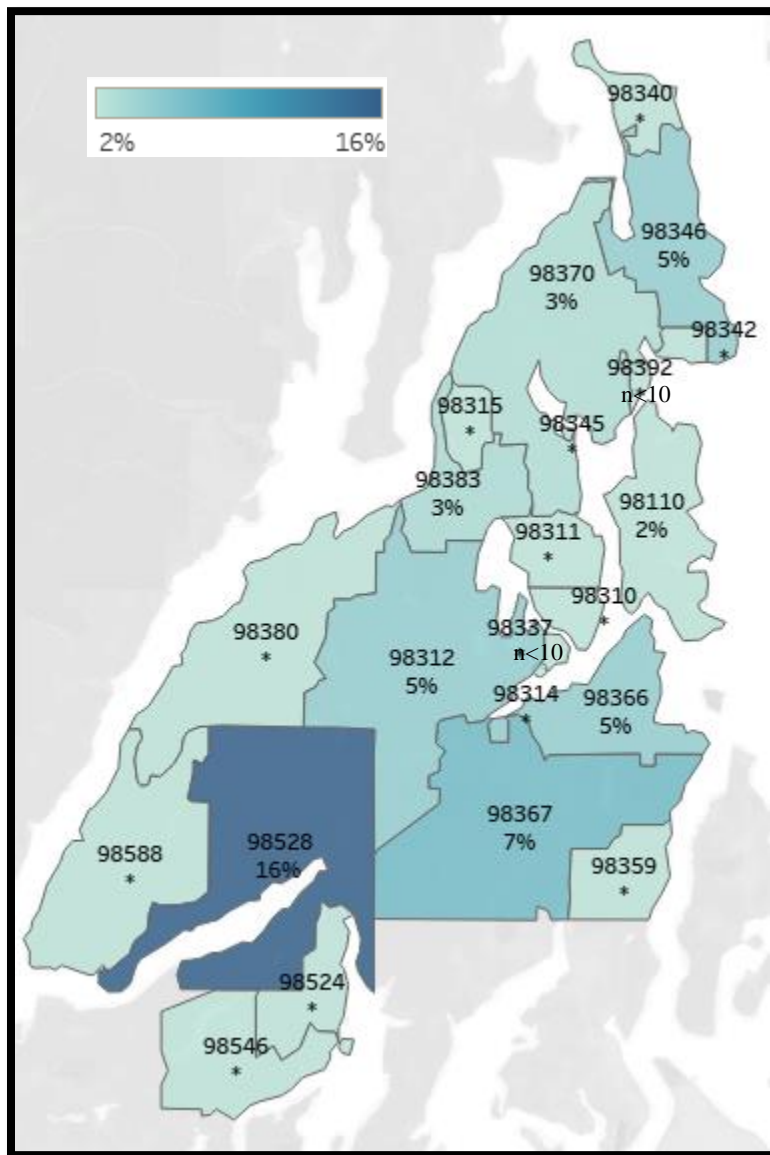
Figure 62. Percentage of Residents Age 18 to 64 with No Health Insurance by ZIP Code, Kitsap County and North Mason County: 2014-18⁵



*Percentage is unreliable due to small numbers.

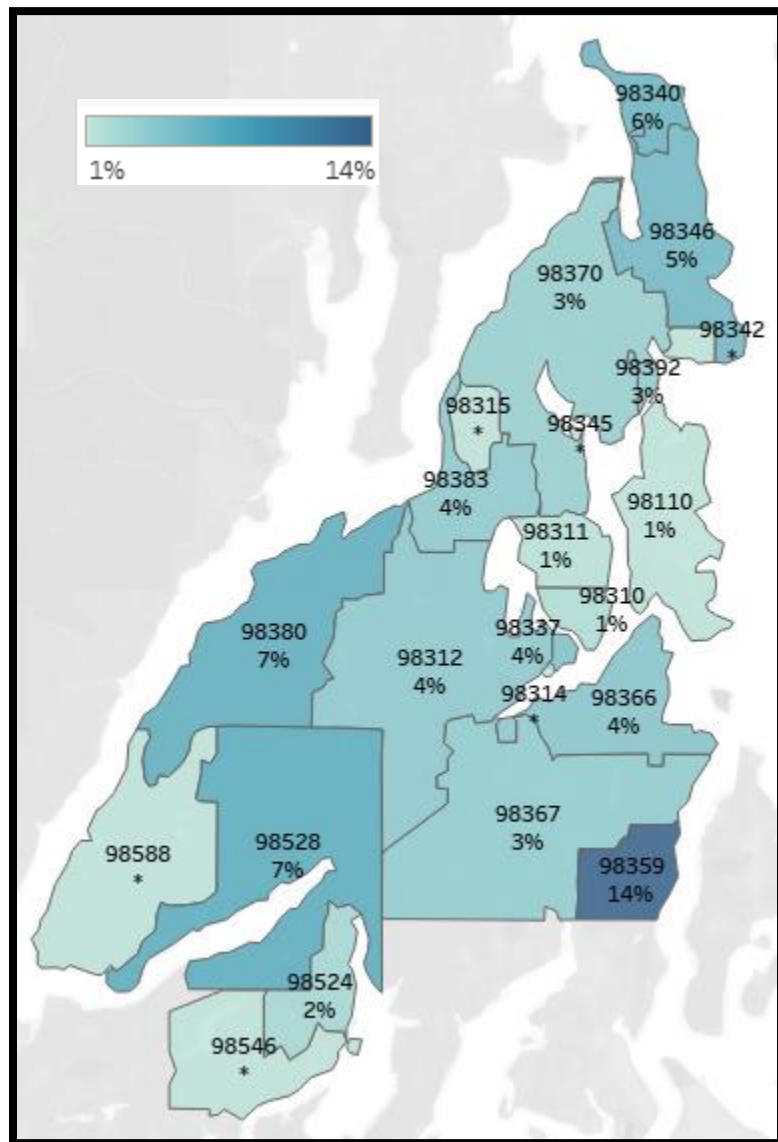
Figures 63 and 64 show the percentages of residents who have no health insurance by ZIP Code for children (Age 0 to 5 and Age 0 to 18, respectively) from 2014 to 2018.⁵ For children age 0 to 5, the estimated percentage of residents uninsured in the majority of ZIP Codes is either 0% or so small that the estimate is unreliable. The ZIP Codes with the highest uninsured rates among those age 0 to 5 are 98367 (Port Orchard, 7%) and 98366 (Port Orchard), 98346 (Kingston), and 98312 (West Bremerton), all of which are 5%. The map of uninsured rates for children age 0 to 18 (Figure 64) 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 (Olalla, 14%).

Figure 63. Percentage of Residents Age 0 to 5 with No Health Insurance by ZIP Code, Kitsap County and North Mason County: 2014-18⁵



*Percentage is unreliable due to small numbers.

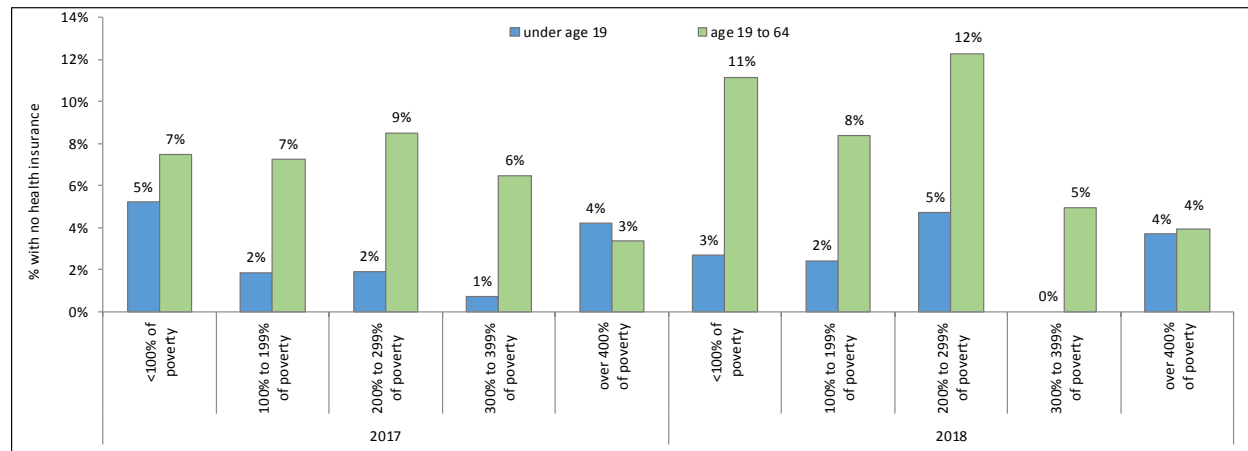
Figure 64. Percentage of Residents Age 0 to 18 with No Health Insurance by ZIP Code, Kitsap County and North Mason County: 2014-18⁵



*Percentage is unreliable due to small numbers.

Historically and in general, as income level increases, the proportion of individuals without health insurance decreases. The percentage of uninsured in the lower income levels had been decreasing in recent years, likely due in large part to the ACA, and for the most part, continued to decrease in 2018 for those under age 19.⁵ Adults age 19 to 64 among the lower income levels appeared to have benefitted the most from the ACA and the availability of health insurance, but in 2018 the percentages of low income adults without health insurance increased for every category below 300% of the federal poverty level (Figure 65), likely due in large part to the 2018 removal of the financial tax penalty. The national and local political climate must be considered.

Figure 65. People without Health Insurance by Age and Poverty Level, Kitsap County: 2017 and 2018⁵



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.

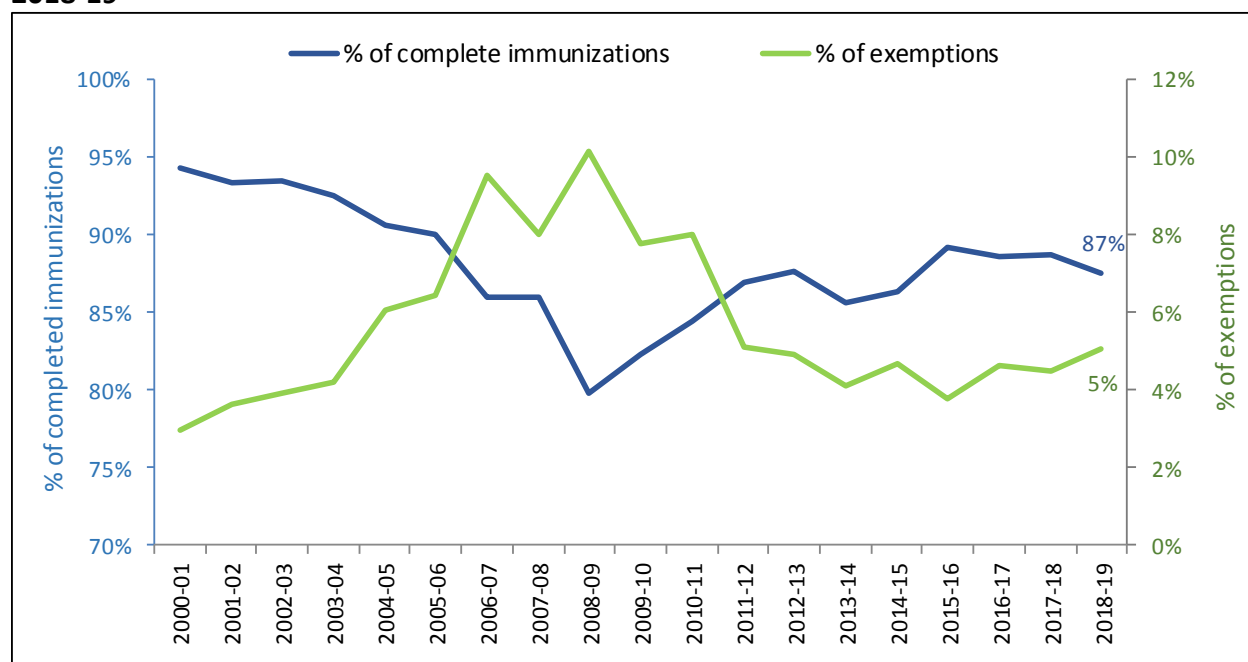
Immunizations

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 87% complete in 2018-19 (Figure 66).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% and reaching 5% in 2018-19.

Figure 66. Immunization Rate* among Entering Kindergarteners, Kitsap County: 2000-01 to 2018-19⁴⁶

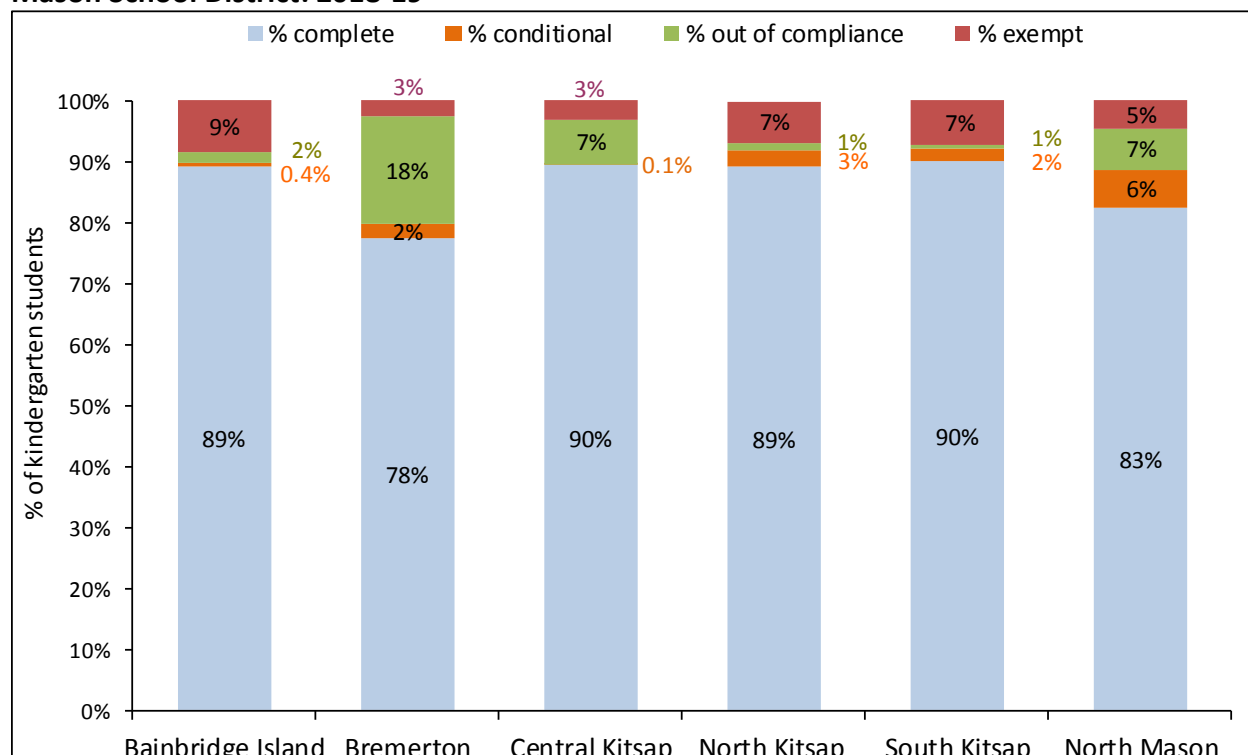


*immunization status is parent reported and is not verified with health care providers

Immunization rates for kindergartners vary by school district (Figure 67).⁴⁶ For the 2018-19 school year, the Central and South Kitsap school districts both had 90% of students with complete immunizations. Bainbridge Island's rate has further increased to 89%, 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% and remained 9% in 2018-19. This continues to be the highest proportion in any of the five school districts within the county. Bremerton School District continues to have the highest rate of out of compliance (i.e., the form is not turned in or despite having no exemption, immunizations are not complete). Bremerton's non-compliance had declined from 29% during the 2014-15 school year to only 15% in 2017-18, but has increased again to 18% for the 2018-19 school year. As a result,

Bremerton has the lowest rate (78%) of students who are complete on their immunizations. Central Kitsap, Bremerton and North Kitsap's rates remained about the same from 2017-18 to 2018-19. About 83% of kindergartners in North Mason School District are complete on their vaccinations, lower than all school districts in Kitsap except for Bremerton.

Figure 67. Immunization Status of Kindergartners, Kitsap County School Districts and North Mason School District: 2018-19⁴⁶



In 2018, only 49% of 19- to 35-month-old children in Kitsap County had complete immunizations on time.⁴⁶ Because of a change in how population data is captured, rates for 2018 are not comparable to previous years and a slight difference may not indicate an actual change in immunization rates. 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 (59% in 2018). 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 and the Seattle area) in Washington, measles in British Columbia (2010, 2013), measles in multiple states linked to exposures at Disneyland (2015), and measles in New York (2019). 2019 saw the

most cases of measles reported in the U.S. since 1992, with the U.S. measles elimination status being questioned. 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, 6% reported smoking cigarettes in the past 30 days.⁴¹ This increased to 20% among 12th graders. These percentages have decreased since then and in 2018 4% of 8th graders and 9% of 12th graders reported smoking cigarettes.

Despite this positive trend, however, the e-cigarette trend gives cause for concern and highlights 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, lung injuries associated with e-cigarette use were first recognized in the spring of 2019. As of December 10, 2019, 2,409 cases had been hospitalized and 52 people had died.⁹⁴ Cases are occurring in all 50 states in the U.S.

and are continuing to be diagnosed. There have been 21 cases of vaping associated lung injury in Washington residents since April 2019, 2 of those cases in Kitsap County.⁹⁵ A specific cause has not been found, but the Centers for Disease Control (CDC) has identified vitamin E acetate, a common additive especially in THC-containing e-cigarette products, as a chemical of concern among people with vaping associated lung injury. The CDC is recommending that all people refrain from the use of all e-cigarette products. As of January 2020, it will be against the law to sell e-cigarette and tobacco products to anyone under the age of 21 in Washington State. Because this is a state law rather a federal law, sales will still be allowed to those between the ages of 18 and 21 on federal property, such as Naval Base Kitsap, after January. In addition, Governor Inslee and the State Board of Health passed an emergency rule banning the sale of flavored vapor products on October 10, 2019, and the sale of vapor products containing vitamin E acetate on November 18. Both bans will be in effect for only 120 days, unless extended.⁹⁵ The rule also requires the reporting of lung injury associated with the use of e-cigarettes.

There is no information about youth use of e-cigarettes since the identification of vaping associated lung injury. The most recent data from the October 2018 Healthy Youth Survey shows that 3% of 6th graders, 10% of 8th graders, 23% of 10th graders and 32% of 12th graders (about 1 in 3!) reported having used e-cigarettes in the past month. All grades reported higher percentages than were reported in any previous year.

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} Calls increased slightly in Washington from 2017 to 2018, ending the 3-year decreasing trend. There were 23 calls in Kitsap in 2018 for nicotine exposures (compared to 20 in 2017). Approximately 28% of calls for nicotine in 2018 were related to e-cigarettes, up from 22% in 2017. Children 0 to 5 years old continue to account for the majority of calls, including 73% in 2018, down from 85% in 2017. Most exposures (87%) were ingestion in 2018, but a smaller percentage than in 2017 (95%). The percentage that were inhalation was much higher in 2018 (6%) than in 2017 (less than 0.8%), followed by about the same percentage of dermal (5%) and ocular, rectal, & otic (2%) as in 2017. 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."

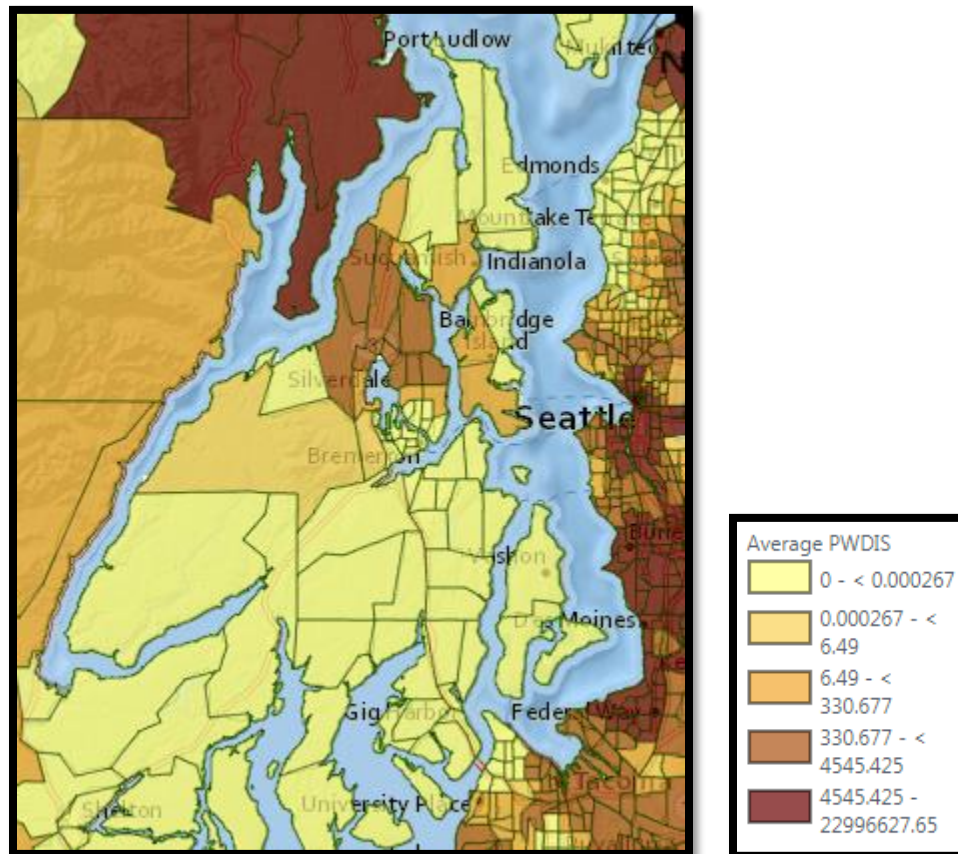
The negative health impact of second-hand smoke has also been well documented in the medical literature. Of the HS/EHS/ECEAP parent survey respondents, 39% reported smoking in the past 30 days in 2013 and 41% did in 2016. There was variation in the proportion of respondents smoking among agencies. A 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% and was 15% in 2018.⁵⁰ 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.

Water Quality

Discharge from wastewater facilities can directly contaminate surface water and groundwater and is associated with adverse health outcomes such as the prevalence of hypertension.⁹⁸ These contaminants can put nearby communities at risk, especially when the contaminated sites are used as irrigation or drinking water supplies. Figure 68 displays the toxicity-weighted concentration of wastewater discharge in stream reach segments within 500 meters of a block centroid, divided by the distance in meters, displayed as the population-weighted average of blocks in each block group (PWDIS). On the map, darker colors indicate higher levels of wastewater discharge toxicity in streams.

Figure 68. Wastewater Discharge Toxicity, Kitsap County and North Mason County: 2015⁹⁸



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, 38% in 2016, 41% in 2017 and 30% in 2018.⁵⁰ 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 percentage further decreased to 69% in 2018 and is now statistically significantly lower than the 2012 rate (74%).

The rate among Kitsap County Head Start enrollees is much more variable due to small numbers. Among enrollees during the 2018-19 school year, more than one-third (36%) of children were overweight or obese (Table 29).¹¹ This percentage is variable from year to year, but averages about 32% over the past 5 years (27% in 2017-18, 34% in 2016-17 and 31% in 2015-16 and 30% in 2014-15). All agencies' percentages increased this year compared to last year except for the Suquamish Tribe.

Table 29. Overweight and Obese Head Start Enrollees by Agency, Kitsap County: 2018-19¹¹

| | Head Start | | | |
|---|---------------------|---------------------|---|-----------------------|
| | At a healthy weight | Overweight or obese | Total students with weight reported at enrollment | % overweight or obese |
| Kitsap Community Resources | 159 | 105 | 269 | 39% |
| Olympic Educational Service District | 107 | 53 | 169 | 31% |
| Port Gamble S'Klallam Tribe | 20 | 10 | 30 | 33% |
| Suquamish Tribe | 26 | 12 | 38 | 32% |
| Kitsap County Total | 312 | 180 | 506 | 36% |

Note: Table does not include underweight which comprised 2% of KCR, 5% of OESD, 0% of Port Gamble and 0% of Suquamish. Not reported for Early Head Start.

H. Mental Health

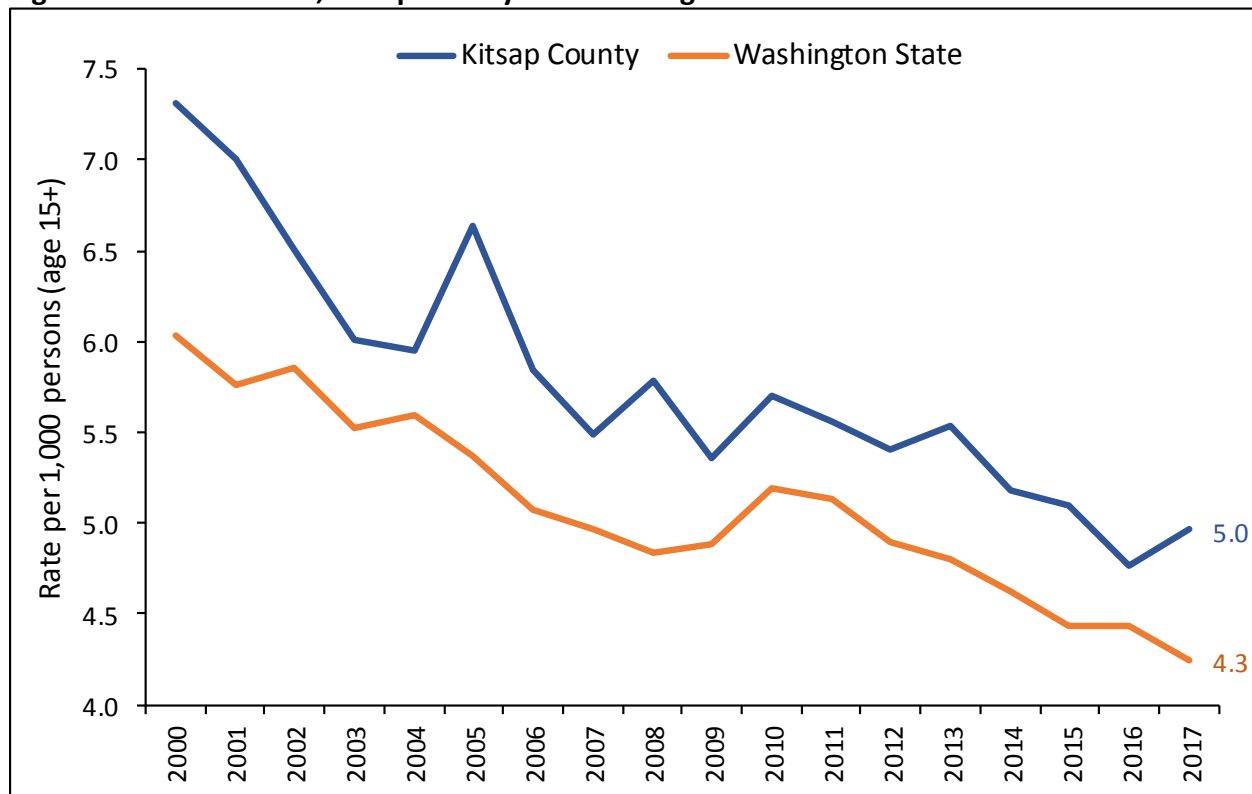
Stress and Emotional Well-Being

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, 46% of Kitsap County eighth graders surveyed in 2014 and 2016 reported having at least one parent or guardian who had served in the military. Similarly, in 2018, 41% of 8th graders reported having a parent 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 or 2018. 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 69).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 69. Divorce Rate, Kitsap County and Washington State: 2000 to 2017²³



On the 2018 HYS, just under 1 in 5 6th graders (19%) 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 (87%) said there are adults they can turn to for help. Results were similar for 8th, 10th and 12th graders in 2018, and similar in 2016. About 3 out of 4 (76%) 8th, 10th and 12th graders marked 6 or above on a scale of 0 to 10 reporting that they looked forward to the future, slightly lower than 2016 (80%).

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, potentially 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 In 2018, the percentage for all grades (56%) was very similar to 2016. In both years, the lowest percentages were in the youngest kids surveyed (6th graders). A higher percentage of students (80% in 2016 and 78% in 2018) 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 This question was asked again in 2019, so new data will be available in 2020. 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 2019 who were

screened (35 mothers), 71% reported having 3 or more ACEs and more than half (54%) 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 1,168 people during 2015, 79 trainings for 2,542 people in 2016, 106 trainings for 1,415 people in 2017, 61 trainings for 1,734 people in 2018, and another 58 trainings for 1,594 people in 2019. The CLA also held trainings in 2018 and 2019 on trauma-sensitive

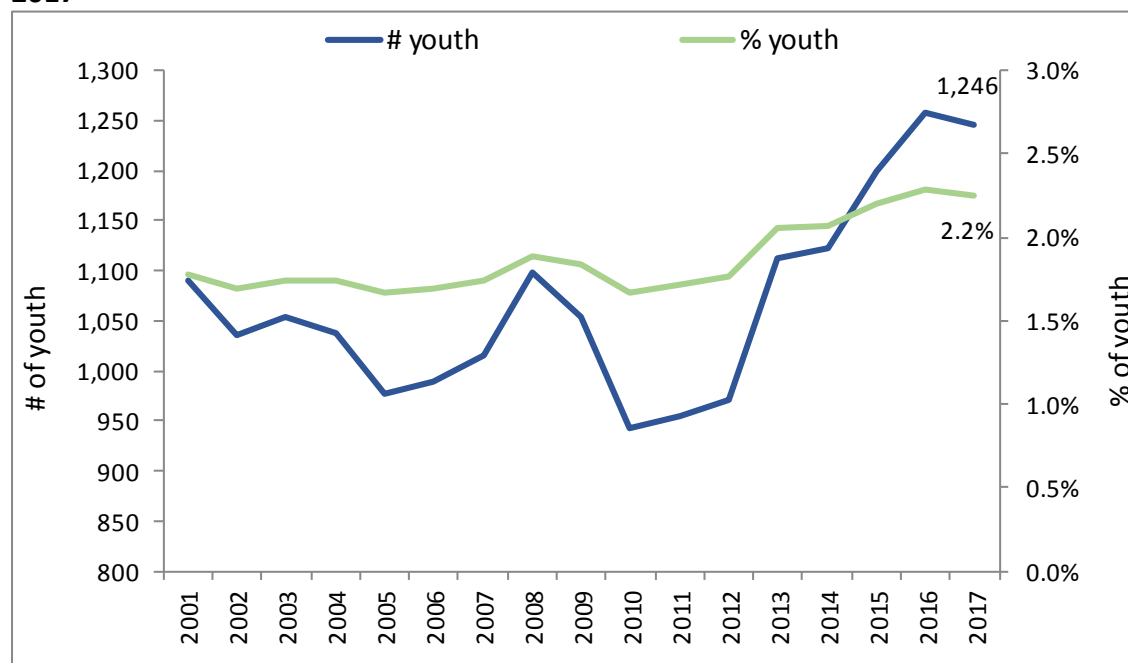
schools, which have been attended by 120 people from the school districts, among other trainings Their Resiliency Summit has been attended by almost 200 people each year.

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 from 2011 to 2017 (Figure 70).⁵⁸ Throughout this period the rate has averaged 1.9%, although in 2017 it was 2.2%. No specific data are available regarding the type of services provided. Table 30 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 70. Children* Receiving State-funded Mental Health Services, Kitsap County: 2001 to 2017⁵⁸



*Includes children ages 0-17 years

Table 30. Mental Health Services Provided to Early Head Start/Head Start Children by Program and Agency, Kitsap County: 2018-19¹¹

| | 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 | 0 | 7 | 9 | 5 | 42 | 30 | 5 | 4 |
| # of children for whom the MH professional consulted with the parent(s) /guardian(s) about their child's behavior/mental health | 1 | 6 | 7 | 5 | 0 | 3 | 5 | 3 |
| # of children for whom the MH professional provided an individual mental health assessment | 0 | 1 | 7 | 0 | 0 | 2 | 4 | 2 |
| # of children for whom the MH professional facilitated a referral for mental health services | 0 | 1 | 11 | 1 | 0 | 2 | 1 | 1 |
| # of children who were referred by the program for mental health services outside of Head Start since last year's PIR was reported | 0 | 0 | 3 | 1 | 0 | 2 | 1 | 1 |

I. Pregnancy and Birth Outcomes

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

Teen Pregnancy

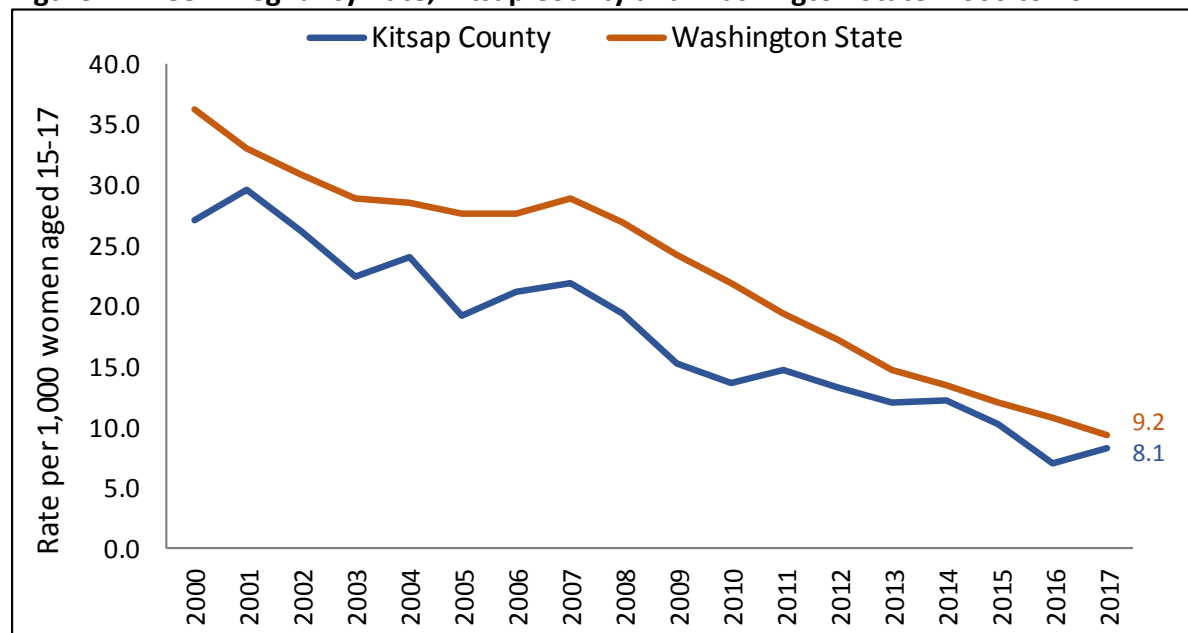
Teenage mothers are less likely to get or stay married and more likely to have lower levels of education, to require public assistance, and to live in poverty than their peers who are not mothers. Recent 2010 estimates of the attributable cost of teenage pregnancy to U.S. taxpayers were \$9.4 billion 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 graduation rate 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 significantly decreased about 7% annually from 2000 to 2017, however, in 2017,

Kitsap's rate is no longer statistically significantly lower than the Washington State rate (Figure 71).² During 2017, the county rate was 8.1 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 71. Teen Pregnancy Rate, Kitsap County and Washington State: 2000 to 2017²



Because pregnancy rate includes both births and induced abortions, the birth rate is considerably lower, about 1.8 births for every 1,000 teens under age 18 in Kitsap County from 2014 to 2018.² From 2014 to 2018, the 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 4.6 births per 1,000 teens, while South Kitsap's rate was 1.8, Central Kitsap's rate was 1.6 and North Kitsap's was 0.9. Bainbridge Island had no births to teen women between 2014 and 2018.

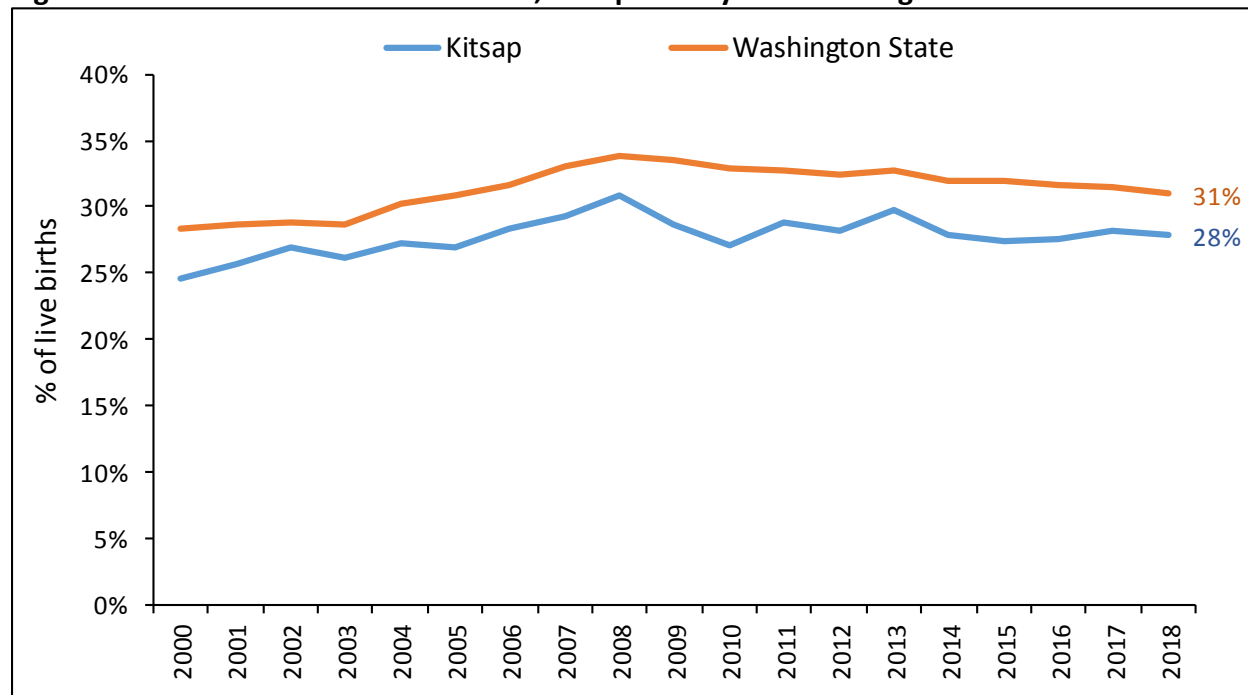
Births to Unmarried Mothers

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 72).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

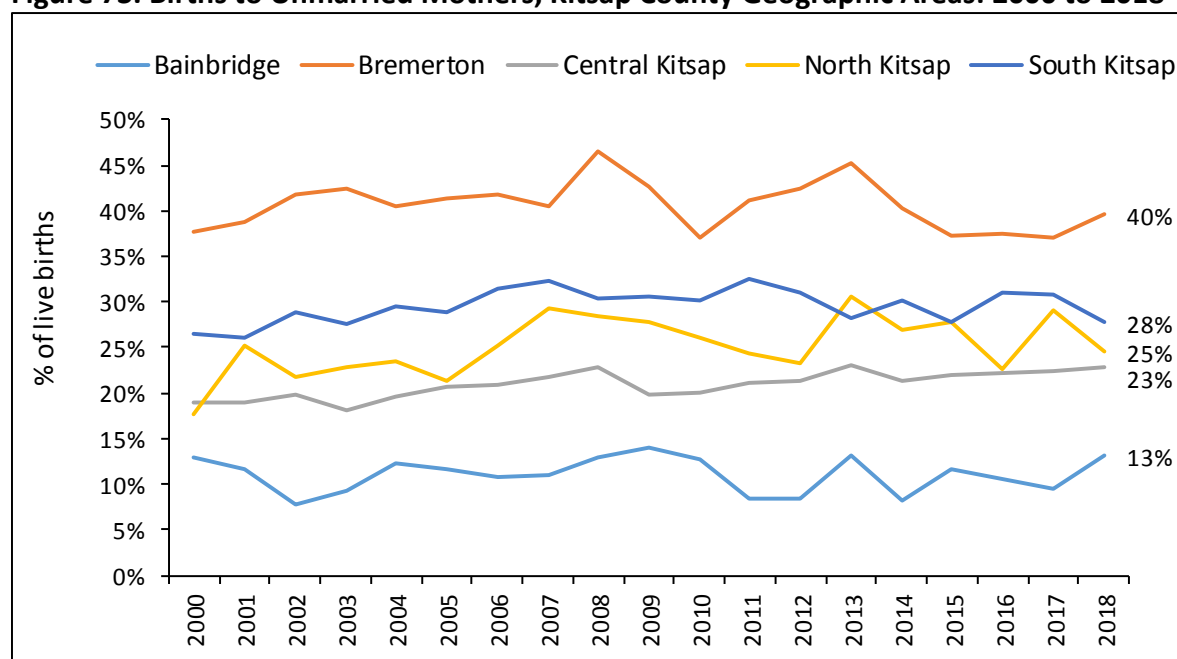
had a statistically increasing trend from 2000 to 2008, which then began statistically declining at 0.7% annually through 2018. In 2018, more than a quarter (28%) of all births to Kitsap County resident women were to unmarried mothers, roughly the same as 2016 and 2017.

Figure 72. Births to Unmarried Mothers, Kitsap County and Washington State: 2000 to 2018²



There are differences across the county in the percentage of births to unmarried mothers. From 2012 to 2016, 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

Figure 73. Births to Unmarried Mothers, Kitsap County Geographic Areas: 2000 to 2018²



Prenatal Care in the First Trimester

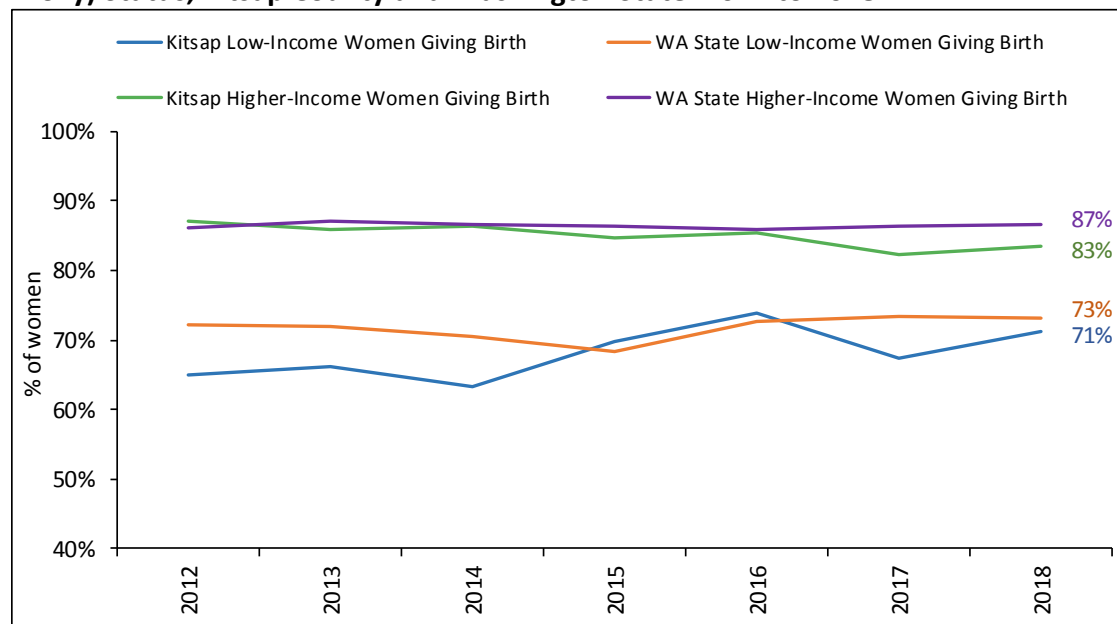
Early prenatal care is an important component of a healthy pregnancy. Regular check-ups allow for early detection, treatment, and management of medical and obstetric conditions, such as pregnancy-induced hypertension and diabetes. Prenatal visits also provide an opportunity for healthcare providers to 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

In previous updates, data on prenatal care has been reviewed for civilian residents only, however in this update, data on prenatal care is presented for all Kitsap mothers, including both “military” (those delivering in a federal facility) and civilian. Overall, about 8 out of every 10 (80%) women began prenatal care in the first trimester during 2018, which was not statistically significantly lower than the state’s rate (81%), and about the same as Kitsap’s rate over the last few years (2017 78%, 2016 82%, 2015 80%).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 delivery paid by some means other than Medicaid). As shown in Figure 74, the Kitsap rates of first trimester initiation have historically been lower than the statewide rates for both low-income and higher-income women.³ Despite these lower rates of care initiation, there have been improvements among the Kitsap County low-income women, with Kitsap’s rate for low-income women being slightly higher than the state average in 2015 and 2016. In 2018, Kitsap’s rate for low-income women is not statistically significantly different from the state’s rate. Only 71% of low-income women in Kitsap (not quite 3 in 4) initiated care during the first trimester in 2018. While higher income women in Kitsap County have historically had no statistically significant change in their rate

over time, in 2017 and 2018 there is now a statistically significant decreasing trend among higher income women from 2012 to 2018, reaching a low of 82% in 2017, the lowest percentage since 2009. The rate for higher-income women improved slightly in 2018 to 83%.

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 74. Women Who Began Prenatal Care in the First Trimester by Medicaid (Income Proxy) Status, Kitsap County and Washington State: 2012 to 2018³



Prenatal care initiation in the first trimester varies by Medicaid status, and not surprisingly, it can also vary by the area of the county a mother lives in. In 2017, mothers in Bremerton had the lowest percentage initiation of prenatal care in the first trimester (71%).³ Seventy-eight percent of South Kitsap mothers, 79% of North Kitsap mothers, 80% of Central Kitsap and 89% of Bainbridge Island mothers initiated prenatal care in the first trimester. However, in 2018, there was very little difference by area of the county. Mothers in Central Kitsap had the lowest rate of initiation of prenatal care in the first trimester (79%), followed by Bremerton (80%), South Kitsap (81%), North Kitsap (82%) and Bainbridge Island (82%).

Smoking during Pregnancy

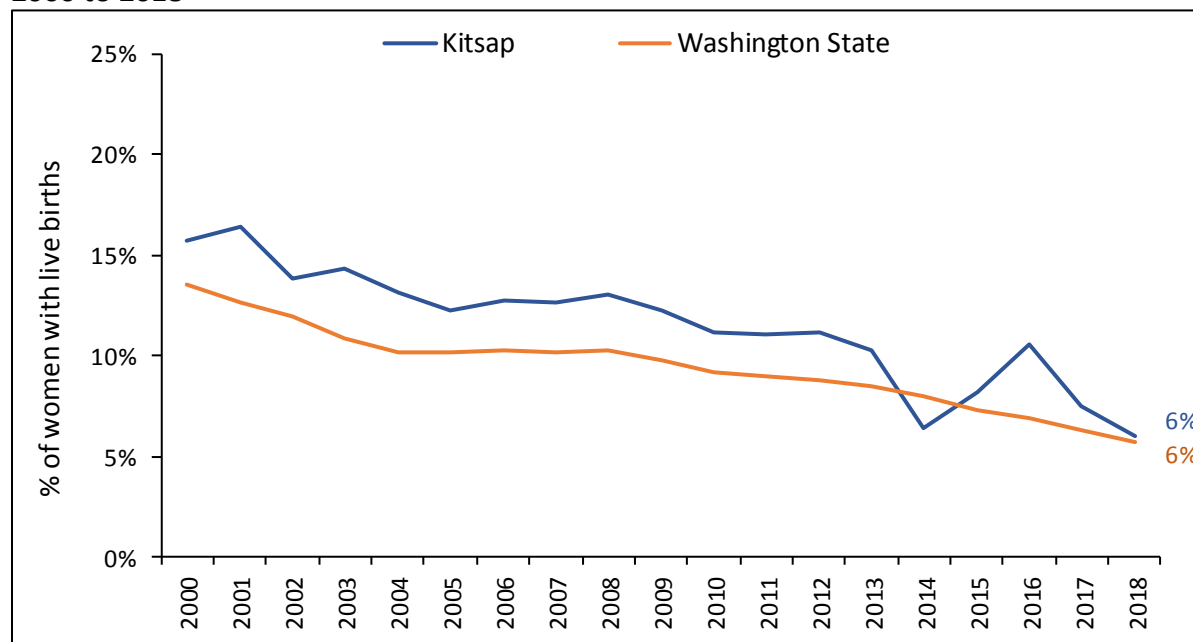
The negative effects of smoking during pregnancy are well described in the medical literature. Smoking can cause problems with the placenta and is associated with an increased risk of miscarriage, premature birth, low birth weight babies, Sudden Infant Death Syndrome (SIDS),

and certain types of birth defects.⁶³ Despite these harmful effects, smoking during pregnancy still occurs.

In previous updates, data on smoking during pregnancy has been reviewed for civilian residents only, however in this update, data is presented for all Kitsap mothers, including both “military” (those delivering in a federal facility) and civilian. During 2013, 10% of pregnant women in Kitsap County smoked during their pregnancy, but in 2014 we saw a dramatic drop down to only 6% and for the first time in many years Kitsap had a lower rate than the state (Figure 75).³ In 2015, this crept back up to 8%, and then up to 11% in 2016, both years again above the state’s rate, which has showed a significant decline. In 2017, Kitsap’s rate was back down to 7%, and further down to 6% in 2018, the same as the state’s rate of 6%.

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 75. Women Who Smoked during Pregnancy, Kitsap County and Washington State: 2000 to 2018³



Within Kitsap County in 2018, the highest percentage of smoking during pregnancy was in Bremerton (9%), followed by South Kitsap (6%), Central Kitsap (4%) and North Kitsap (4%).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 31).³ During the 2014 dip in smoking rates, there were also dips in the rates of each of these higher risk categories, but each of these rates increased again in 2015. Similarly, during the 2016 peak in smoking rates in Kitsap, there were corresponding peaks in each higher risk category, much higher peaks than their corresponding comparison subgroup. For example, unmarried mothers had a much higher peak (increase) in 2016 than married mothers.

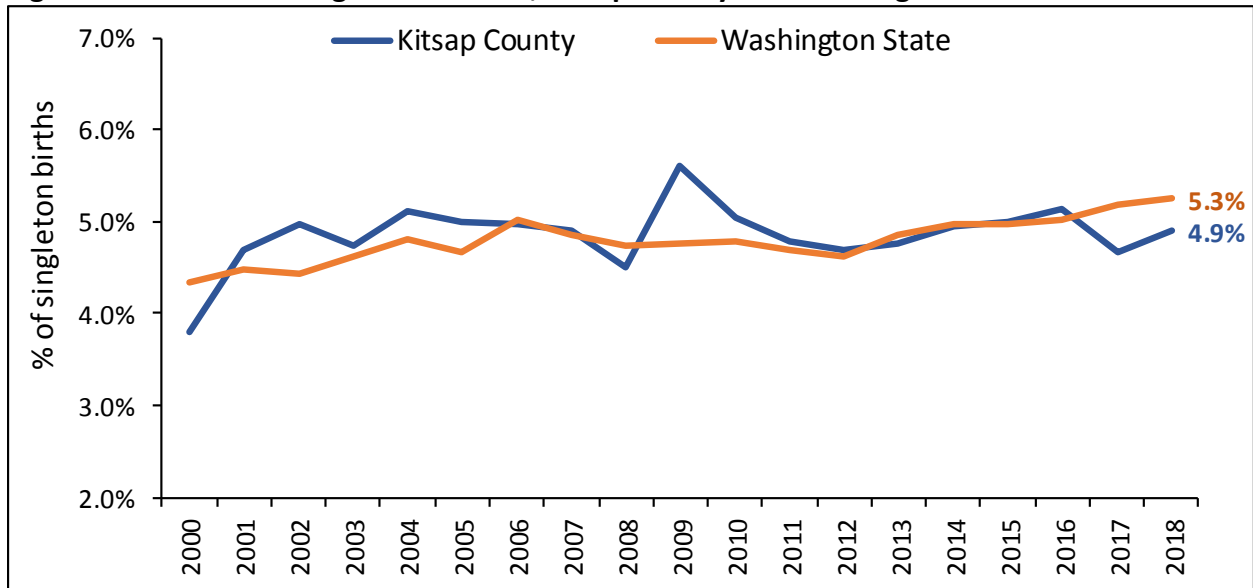
Table 31. Characteristics of Women Who Smoked During Pregnancy, Kitsap County: 2012 to 2018³

| | | Percentage of mothers giving birth who smoked during pregnancy | | | | | | |
|-----------------------------------|---------------------------------|--|------|------|------|------|------|------|
| Characteristic | | 2012 | 2013 | 2014 | 2015 | 2016 | 2017 | 2018 |
| Military status | | | | | | | | |
| | Military | 6% | 6% | 3% | 3% | 2% | 2% | 2% |
| | Civilian | 14% | 12% | 8% | 10% | 14% | 9% | 7% |
| Low income | | | | | | | | |
| | Medicaid-paid | 23% | 21% | 12% | 19% | 24% | 18% | 15% |
| | Other than Medicaid | 6% | 6% | 4% | 4% | 5% | 3% | 2% |
| Marital status | | | | | | | | |
| | Married mother | 6% | 5% | 3% | 4% | 5% | 3% | 3% |
| | Unmarried mother | 25% | 22% | 14% | 19% | 25% | 18% | 15% |
| Age Group | | | | | | | | |
| | ≤ 24 years old | 16% | 15% | 8% | 10% | 13% | 11% | 8% |
| | 25 to 29 years old | 9% | 10% | 6% | 9% | 11% | 7% | 5% |
| | 30 to 34 years old | 9% | 7% | 6% | 6% | 10% | 7% | 6% |
| | ≥ 35 years old | 9% | 6% | 5% | 7% | 7% | 4% | 5% |
| Mother's educational level | | | | | | | | |
| | Less than high school education | 27% | 25% | 13% | 22% | 29% | 22% | 16% |
| | High school graduate or GED | 19% | 16% | 10% | 15% | 18% | 13% | 12% |
| | More than high school education | 7% | 6% | 5% | 5% | 7% | 4% | 3% |
| Birth weight | | | | | | | | |
| | Low birth weight (<2500 grams) | | | | 12% | 18% | 10% | 8% |

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 2018, both Kitsap County and Washington State had low birth weight rates of about 5 out of every 100 births (Figure 76).³ These rates have remained relatively stable over time, with no statistically significant change in Kitsap's rate since 2000. Within Kitsap from 2014 to 2018, Bremerton had the highest percentage of babies born at a low birth weight (5.9%), followed by South Kitsap (4.9%), Central Kitsap (4.9%) and North Kitsap (4.2%) and Bainbridge Island (3.0%).³

Figure 76. Low Birth Weight Infant Rate, Kitsap County and Washington State: 2000 to 2018³

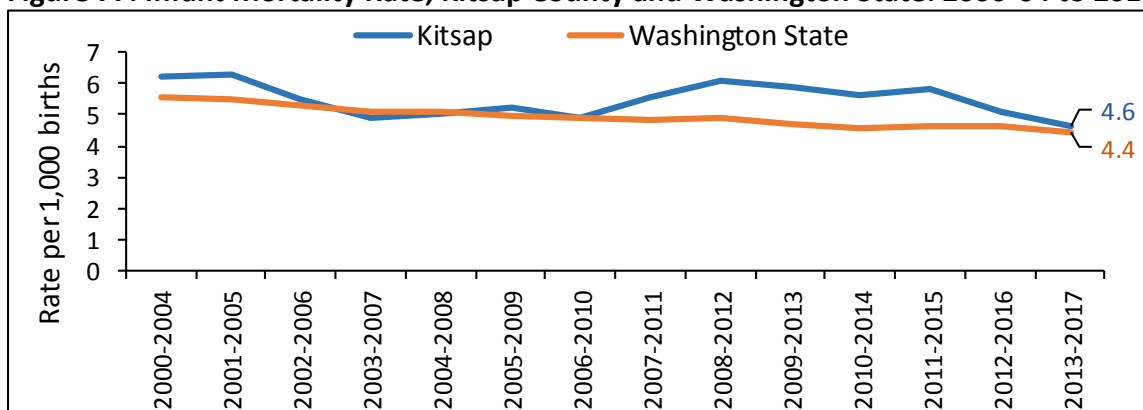


*singleton births only, <2,500 grams

Infant Mortality

Infant mortality is defined as deaths among babies less than 12 months old. The infant mortality rate in Kitsap County from 2013-17 was 4.6 per 1,000 live births (Figure 77), slightly, but not statistically significantly, higher than the state's rate.² There been no statistical change in the infant mortality rate from 2000 to 2017 nor any statistically significant difference from the state's rate during this time. Infant mortality numbers are extremely small, on average 14 deaths per year in Kitsap from 2013 to 2017. Over the past 10 years (2008-17), all areas in Kitsap have had very similar infant mortality rates. Bremerton and Central Kitsap have had the highest rates (each 5.3 per 1,000), followed by North Kitsap (4.5 per 1,000) and South Kitsap (4.4 per 1,000). Bainbridge Island had less than 10 infant deaths in the past 10 years.

Figure 77. Infant Mortality Rate, Kitsap County and Washington State: 2000-04 to 2013-17²

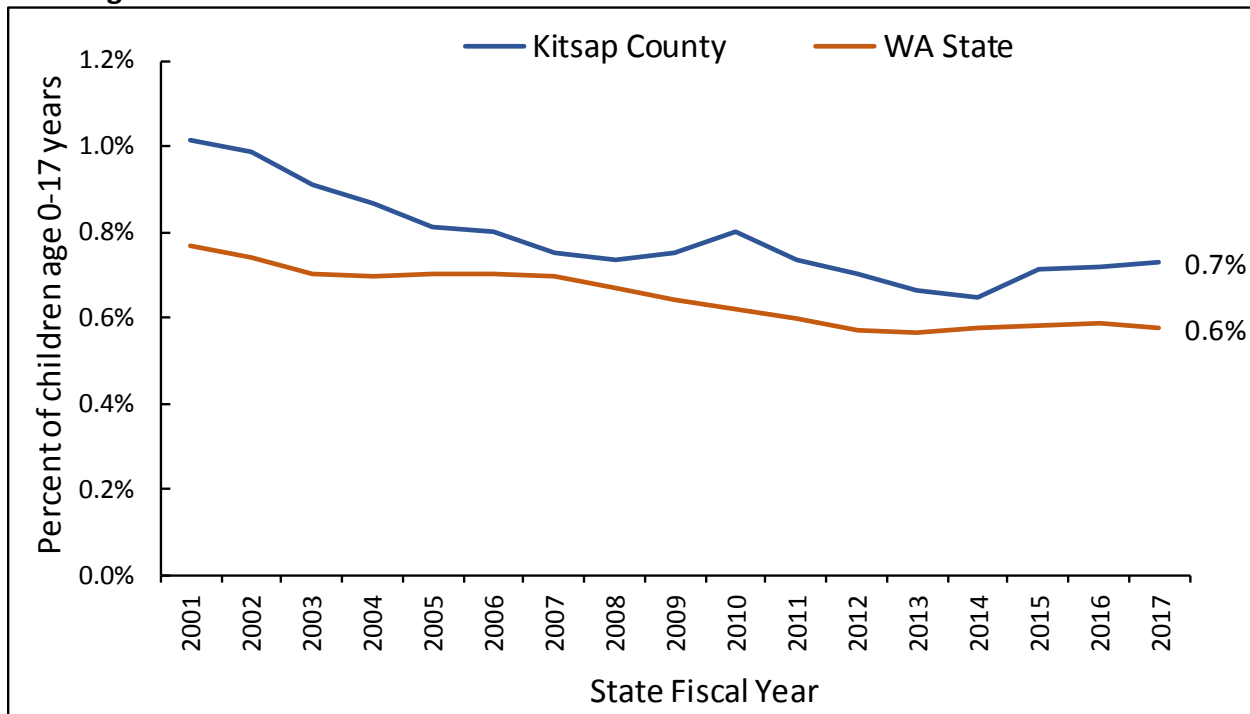


J. Children's Well-Being

Foster Care

According to the Washington State Department of Social and Health Services (DSHS), between fiscal year (FY) 2008 and 2017, an average of 400 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 since FY 2001 (Figure 78).⁵⁸ The county use rate was 1.0% in FY 2001 and 0.7% in FY 2017, whereas the state rate was 0.8% in FY 2001 and 0.6% in FY 2017.

Figure 78. Rate of Children Who Received Foster Care Placement Services, Kitsap County and Washington State: FY 2001 to FY 2017⁵⁸



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 371 children age 0 to 17 received support services each year from FY 2008 to FY 2017.⁵⁸

Bremerton had the highest rate of use, with 1.5% of youth age 0 to 17 receiving foster care placement services in FY 2017.⁵⁸ South Kitsap had the second highest rate (0.9%), followed by Central Kitsap (0.5%) and North Kitsap (0.5%). Bainbridge Island had less than 11 youth

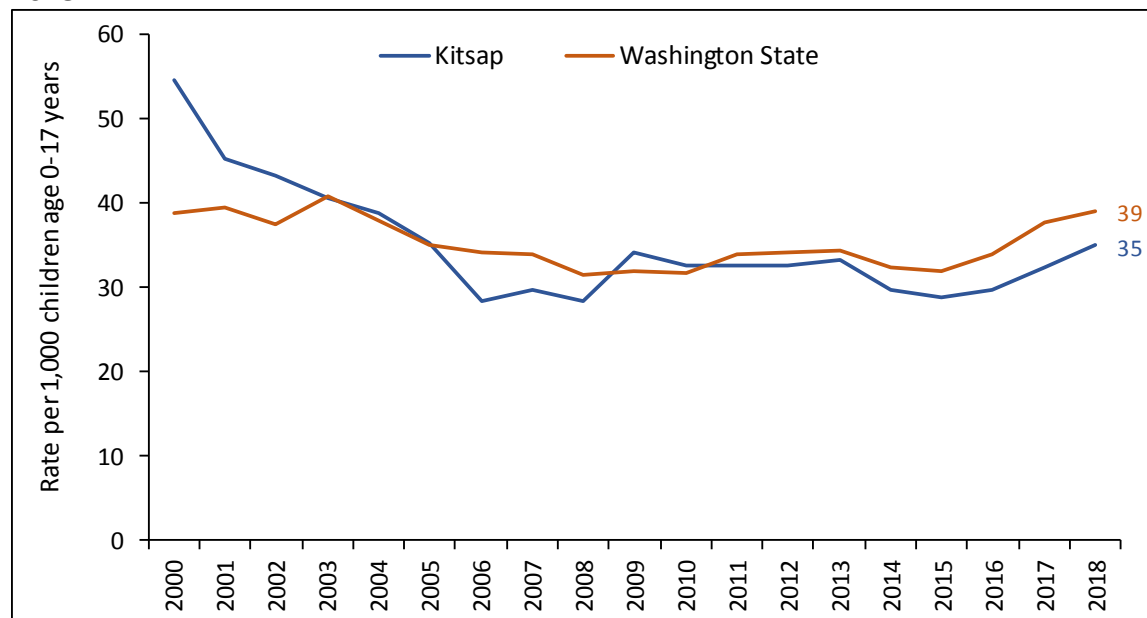
receiving foster care placement services. The rates for all areas of Kitsap are essentially unchanged over the past 5 years.

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 8.6% per year from 2000 to 2006, but since then has remained statistically the same through 2018.²³ The rate has averaged 31.2 per 1,000 over the past 5 years (2014-18), which is slightly lower than the Washington State 5-year average of 35.1 per 1,000 (Figure 79).

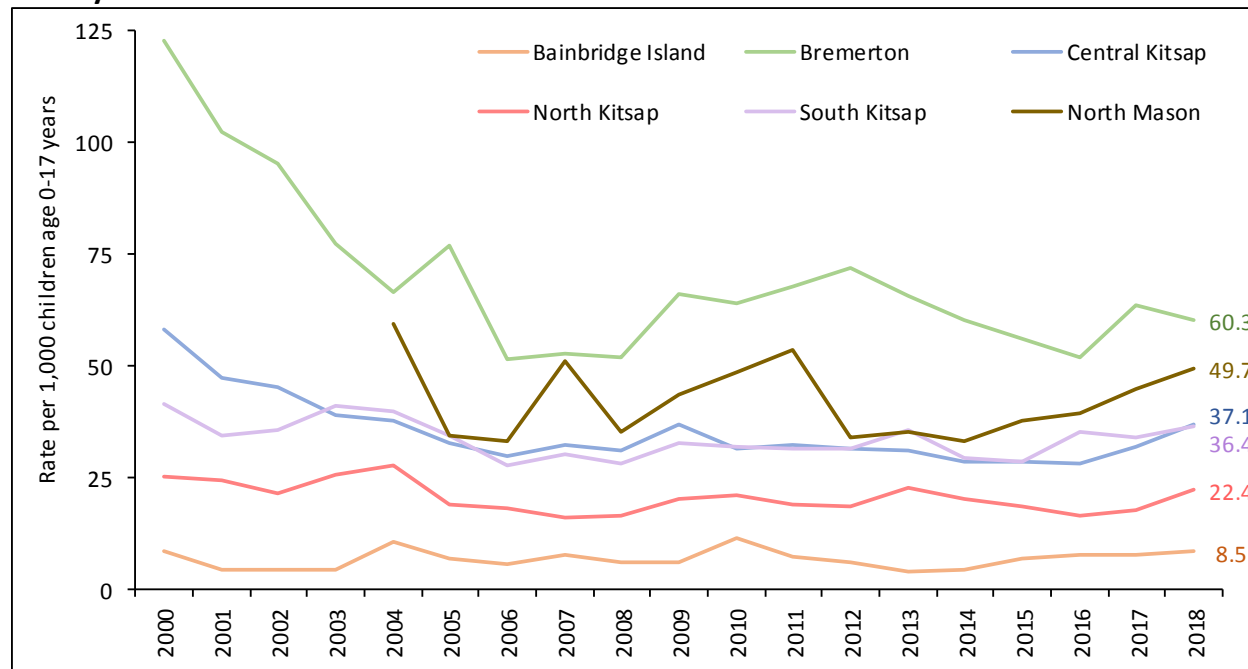
Figure 79. Child Abuse and Neglect Victims*, Kitsap County and Washington State: 2000 to 2018²³



*Accepted referrals by CPS

However, there is wide variation within the county districts (Figure 80). Bremerton has retained the highest rate of accepted CPS referrals from 2000 to 2018, staying well above the other districts.²³ During 2018, Bremerton's rate was 60.3 per 1,000. Bremerton's rate has declined by almost half of what it was in 2000 but has not changed much in the past 5 years. Central Kitsap and North Kitsap's rates declined from 2000 to 2016 but have been climbing slightly since 2016. Similarly, South Kitsap's rate declined from 2000 to 2015 and has climbed since then. Bainbridge Island has had the lowest rate of any Kitsap geographic area from 2000 to 2018, but also has no change during that time.

Figure 80. Child Abuse and Neglect Victims* by Region, Kitsap County and North Mason County: 2000 to 2018²³



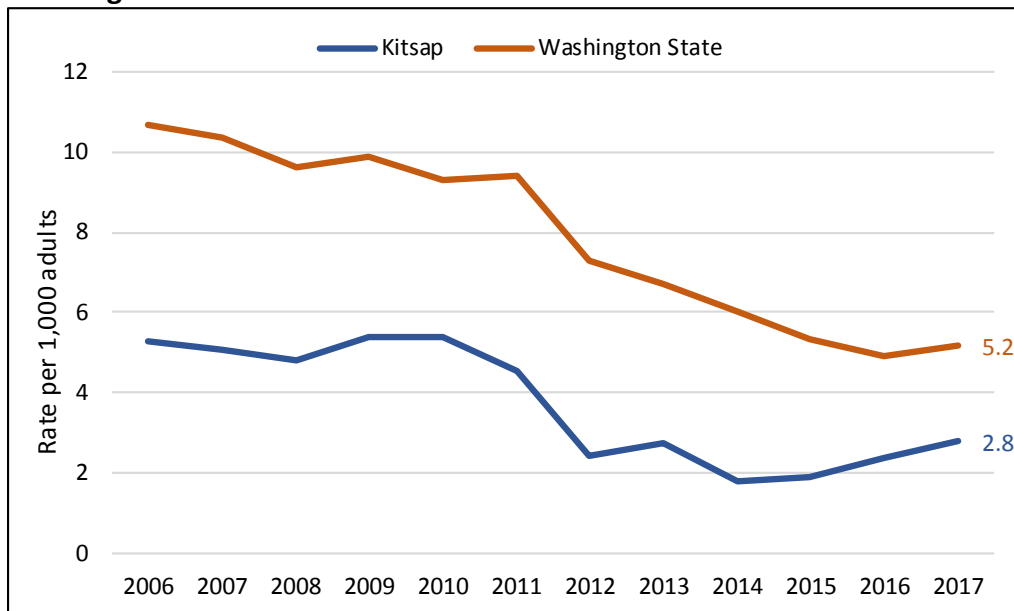
*Accepted referrals by CPS

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 554 adults age 18 and older were arrested on alcohol violations in Kitsap County.²³ Figure 81 shows the rate per 1,000 adults age 18 and older for alcohol violations. The rate has been decreasing statistically significant in Kitsap from 2006 to 2017 at about 9% annually but is statistically significantly higher than Washington State’s rate.

Figure 81. 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 82 shows the rate per 1,000 adults age 18 and older for drug law violations and Figure 83 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 82. Arrests to Adults Age 18+ for Drug Law Violations, Kitsap County and Washington State: 2006 to 2017²³

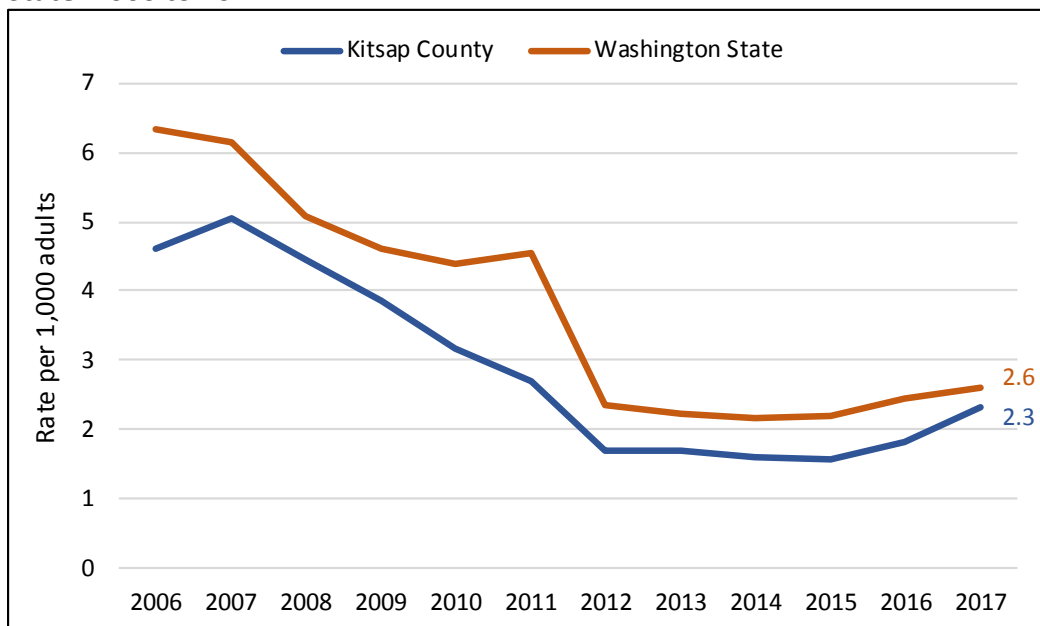
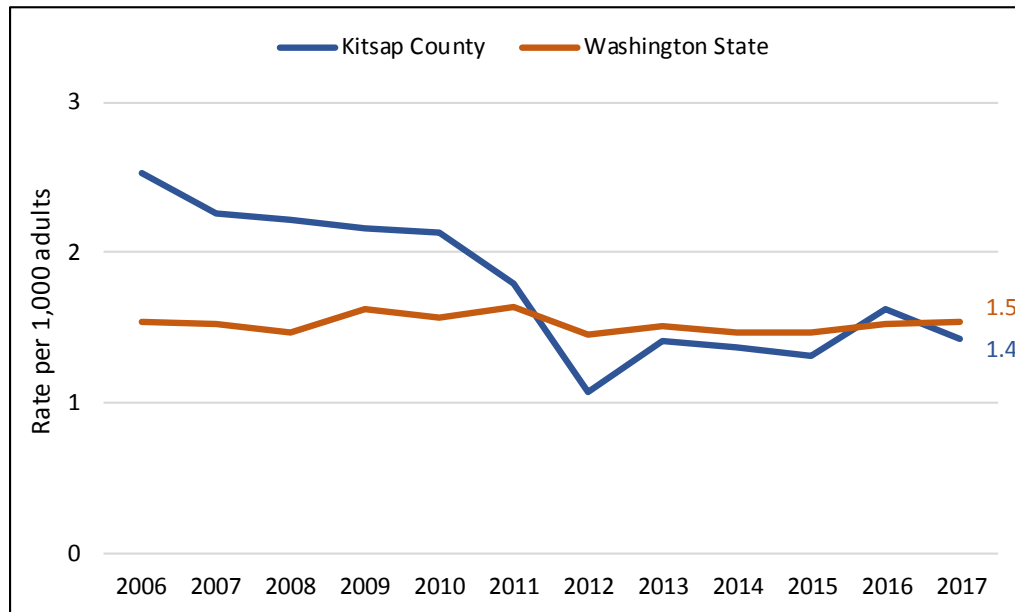


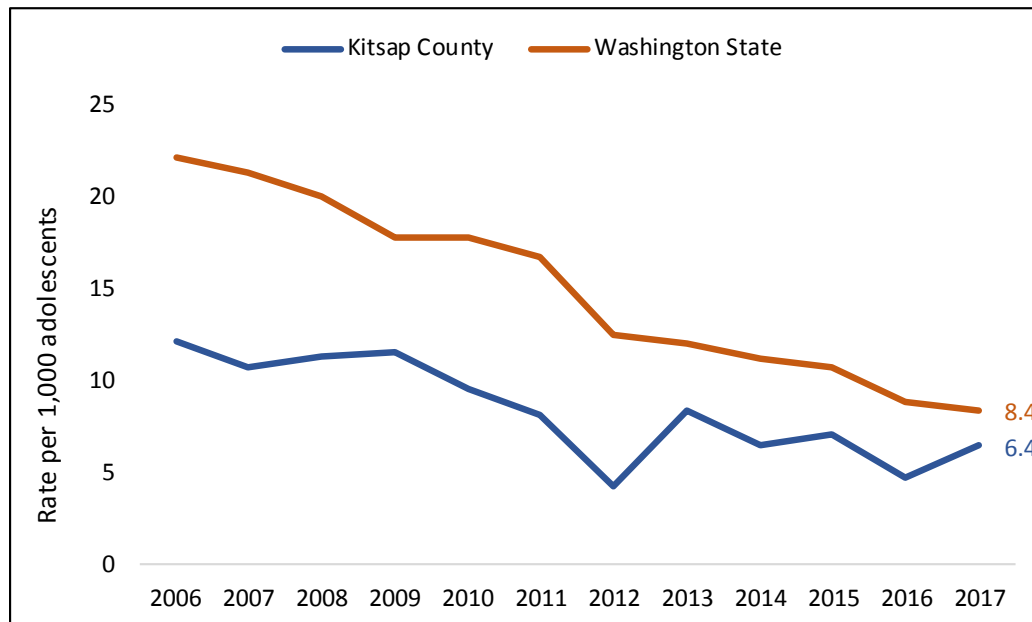
Figure 83. Arrests to Adults Age 18+ for Violent Crimes, Kitsap County and Washington State: 2006 to 2017²³



Fortunately, Kitsap County has not arrested many children age 10 to 14, especially in recent years. From 2015 to 2017, there were less than 10 total Kitsap children age 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 1.3 per 1,000 in Washington State during the same time. 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 during the same time. Both arrest rates for children have been decreasing in recent years in Kitsap.

The total arrest rate per 1,000 Kitsap children age 10 to 14 has been decreasing statistically significantly from 2006 to 2017 (Figure 84), 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.

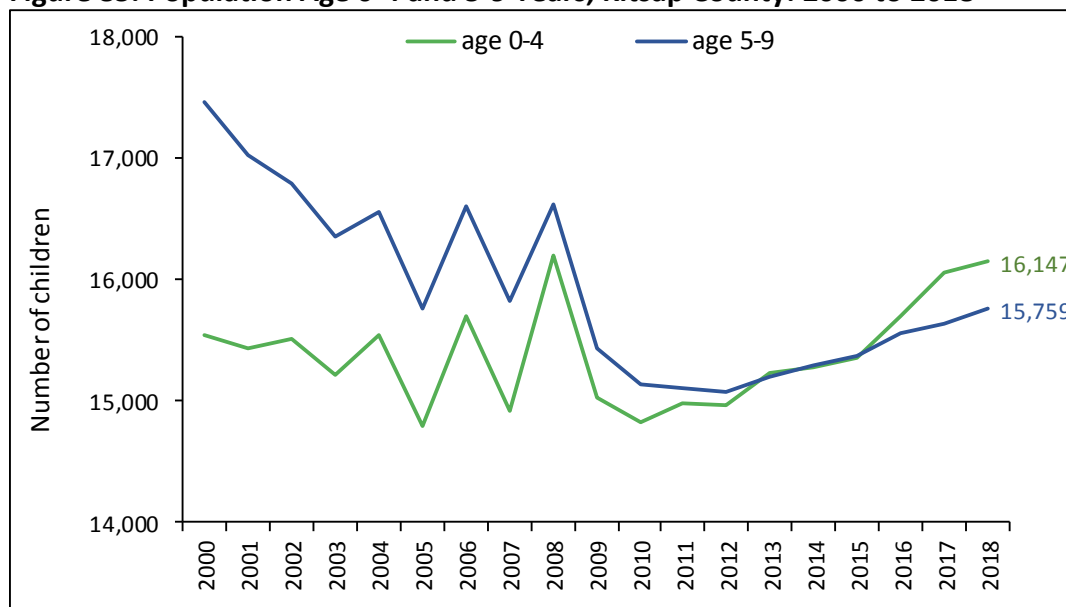
Figure 84. Total Arrests to Adolescents Age 10-14 per 1,000, Kitsap County and Washington State: 2006 to 2017²³



K. Childcare

There were an estimated 31,906 children under age 10 in Kitsap County in 2018.¹ 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 85, the number of 0 to 4-year-olds in 2018 is higher than it was in 2000 (a 4% increase), while the 5 to 9-year-old group is 10% less.¹

Figure 85. Population Age 0-4 and 5-9 Years, Kitsap County: 2000 to 2018¹



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, 57% of families (representing 64% of children) requesting referrals for childcare through Child Care Aware were using subsidies in FY 2018. This has remained steady over the past 3 years, ranging from 56-58%, but was increased from 2012 when it was 42%. By far, the most common subsidy families in Washington sought acceptance for was state government childcare subsidy programs, such as Working Connections Child Care. In Kitsap County in FY 2018, 62% of the children that childcare was being requested for required acceptance of subsidies, slightly lower than the 64% in Washington overall.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 2018 as a percentage of median household income in Kitsap County was 12% in a family childcare home and 16% in a childcare center (Table 32).¹⁶ Compared to 2008, these costs for infant care have increased 25% and 43% for family childcare home (Figure 86) and childcare centers (Figure 87), respectively. Costs for toddler and preschool age children have also increased in both types of childcare settings. The largest increases from 2008 to 2018 were for infant care and toddler care in childcare centers, which both increased 43% since 2008. Toddler care in childcare centers increased 13% from 2017 to 2018. For a 3-person family living at 185% of poverty in 2018 (i.e., had an annual household income of \$38,443),⁸ the median 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 32. Annual Cost of Childcare by Type* and Cost as a Percentage of Annual Income, Kitsap County and Washington State: FY 2018¹⁶

| | 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 | 16% | \$13,620 | 19% |
| Toddler | \$10,920 | 15% | \$11,592 | 16% |
| Preschool | \$8,712 | 12% | \$10,404 | 14% |
| School Age | \$5,796 | 8% | \$5,976 | 8% |
| Family Child Care | | | | |
| Infant | \$9,096 | 12% | \$10,656 | 15% |
| Toddler | \$9,000 | 12% | \$9,876 | 13% |
| Preschool | \$7,800 | 10% | \$8,424 | 11% |
| School Age | \$5,196 | 7% | \$4,680 | 6% |

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

Figure 86. Cost of Monthly Childcare at a Family Home Childcare, Kitsap County: 2008 and 2018¹⁶

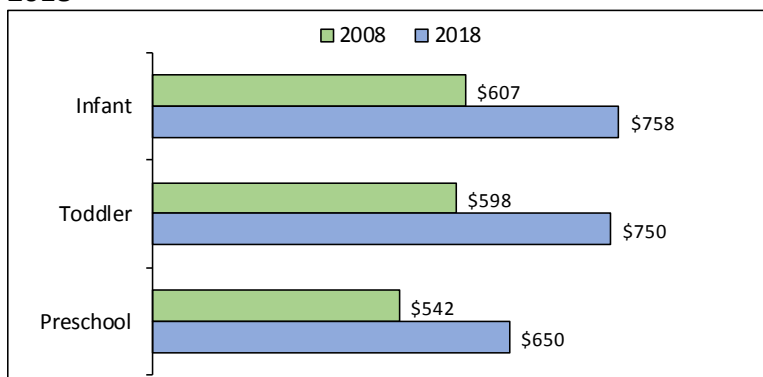
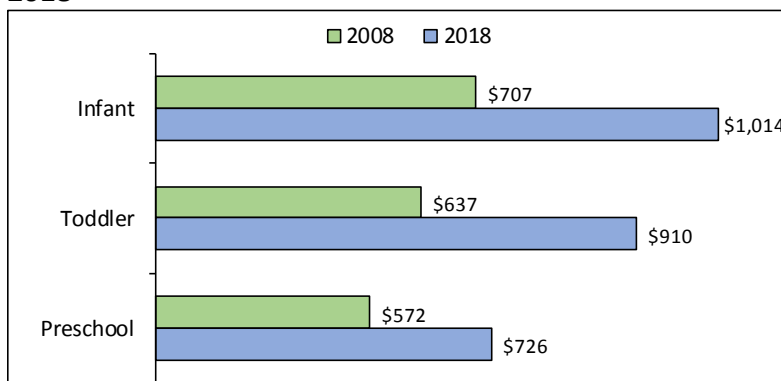


Figure 87. Cost of Monthly Childcare at a Center by Age Group, Kitsap County: 2008 and 2018¹⁶



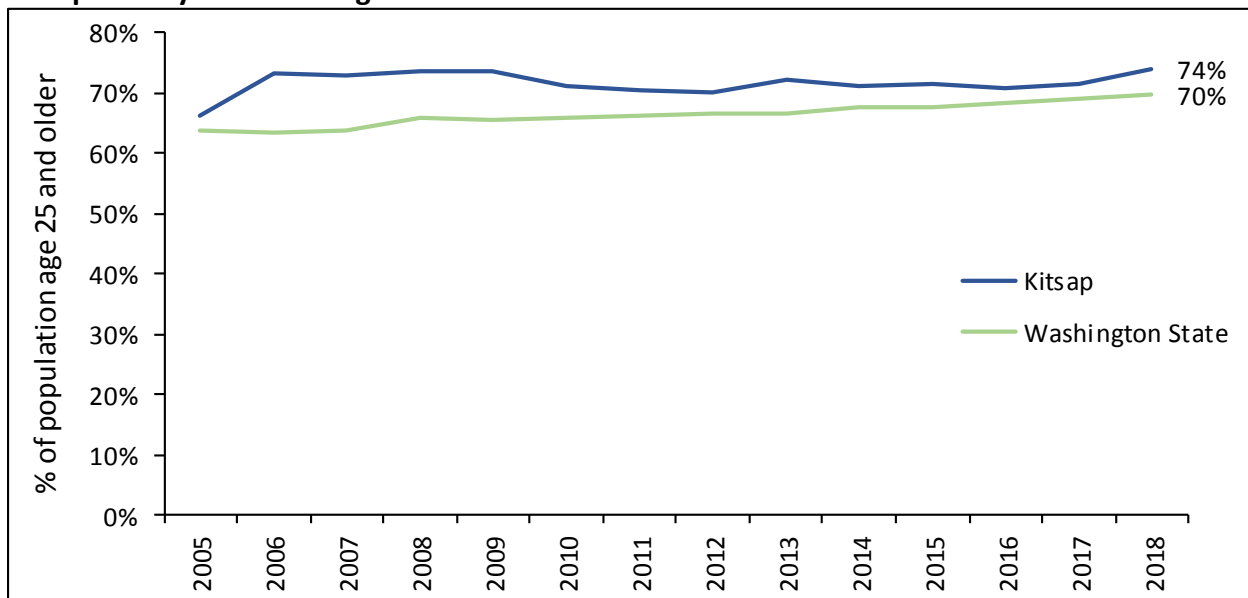
In July 2018, the Washington State Department of Early Learning completed the 2018 Child Care Market Rate Survey Final Report, which evaluated the adequacy of child care rates and assisted the department in establishing maximum reimbursement rates for children served through the state's child care subsidy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

L. Education

Adult Educational Attainment

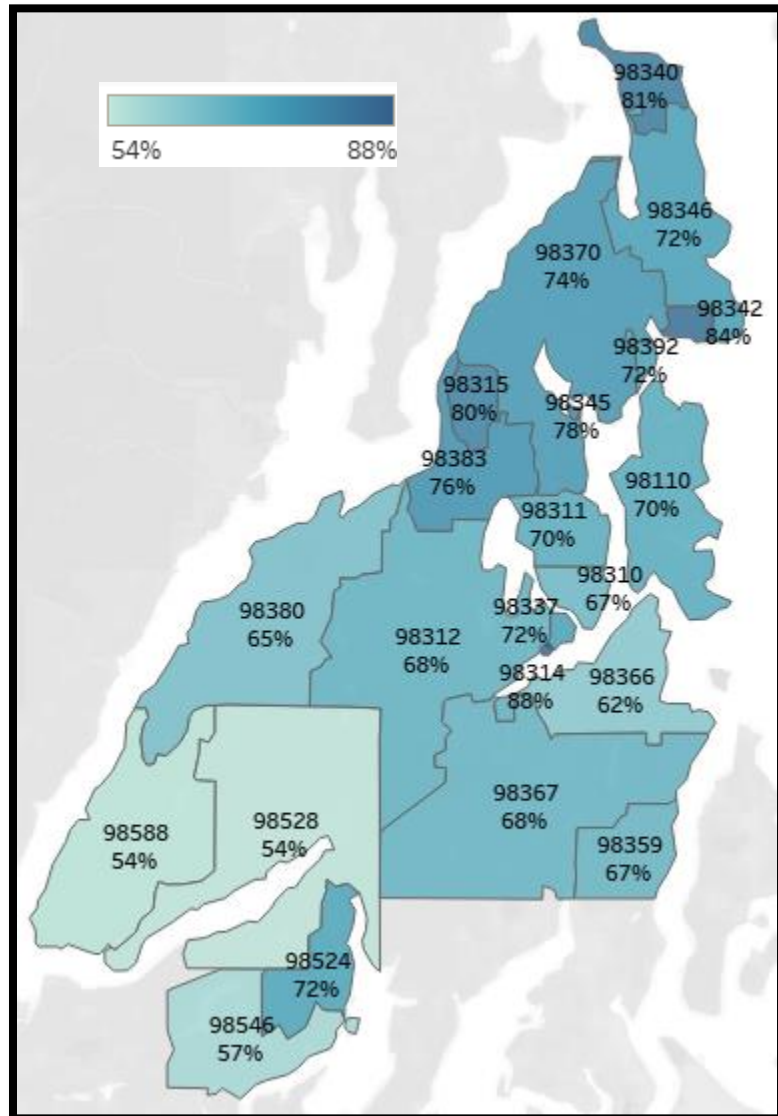
This year, the American Community Survey and U.S. census are changing the way in which their data are available. Adult educational attainment of the more than high school level will be available for age 25 and older, which is a change from the age 25 to 64 previously shown in this report. All previous years' data has been updated to consistently show age 25 and older. The estimated proportion of Kitsap County adults age 25 and older who have more than a high school education has had no statistically significant trend from 2005 to 2018 (Figure 88).⁵ In 2018 almost 3 in 4 Kitsap adults (74%) had achieved an education level greater than high school, which is statistically significantly higher 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 88. Proportion of Adults (Age 25 and older) with More than a High School Education, Kitsap County and Washington State: 2000 and 2005 to 2018^{4,5}



In Kitsap County from 2014 to 2018, 98314 (Bremerton shipyard) had the highest percentage of adults age 25 and older who had more than a high school education (88%, Figure 89), followed by 98342 (Indianola, 84%), 98340 (Hansville, 81%) and 98315 (Silverdale/Bangor, 80%).⁵

Figure 89. Proportion of Adults (Age 25-64 years) with More than a High School Education by ZIP Code, Kitsap County and North Mason County: 2014-18⁵

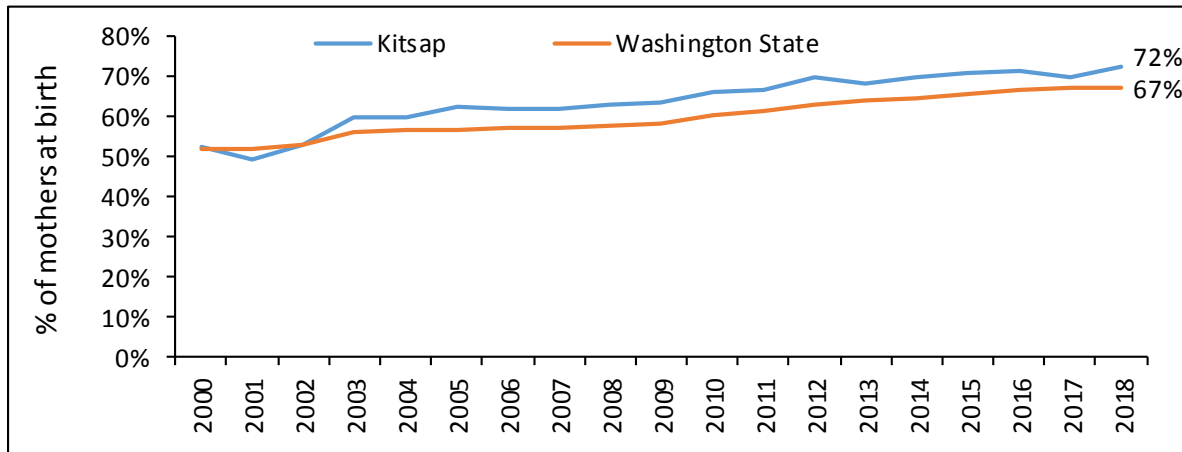


In 2016-17, the Port Gamble S’Klallam Tribe administered a survey of all households and individuals affiliated with the Tribe.⁸⁹ In the survey, about 87% of respondents reported having a high school degree and about 50% have at least some college or a professional degree. About 2% reported being currently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

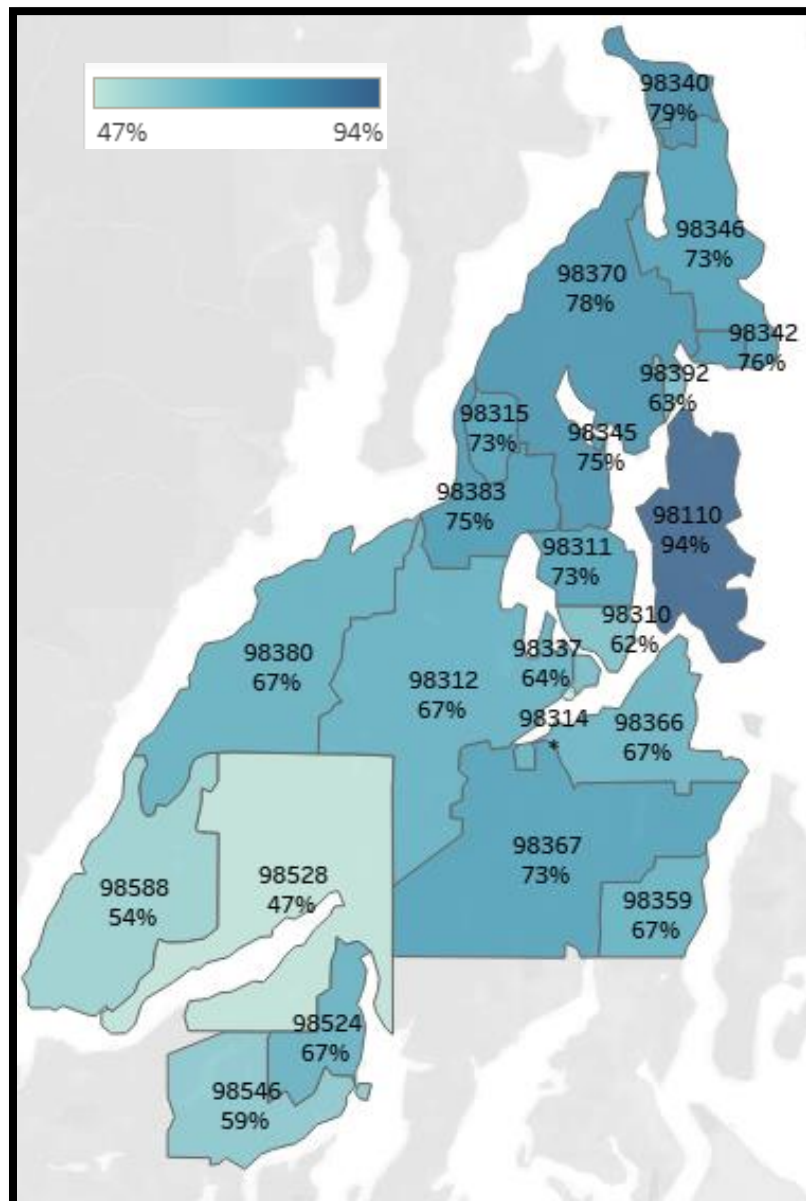
To be more inclusive of our entire community, all birth indicator now include both military and civilian mothers. The proportion of mothers with more than a high school education in Kitsap County has increased statistically significantly since 2000 (Figure 90).³ In 2018, almost 3 in 4 mothers in Kitsap County (72%) had more than a high school education, which is statistically significantly higher than in the state (67%).

Figure 90. Mothers with More than a High School Education, Kitsap County and Washington State: 2000 to 2018³



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 2014 to 2018, 98110 had the highest percentage of mothers who had more than a high school education (94%, Figure 91), followed by 98340 (79%).³

Figure 91. Mothers with More than a High School Education by ZIP Code, Kitsap County and North Mason County: 2014-18³



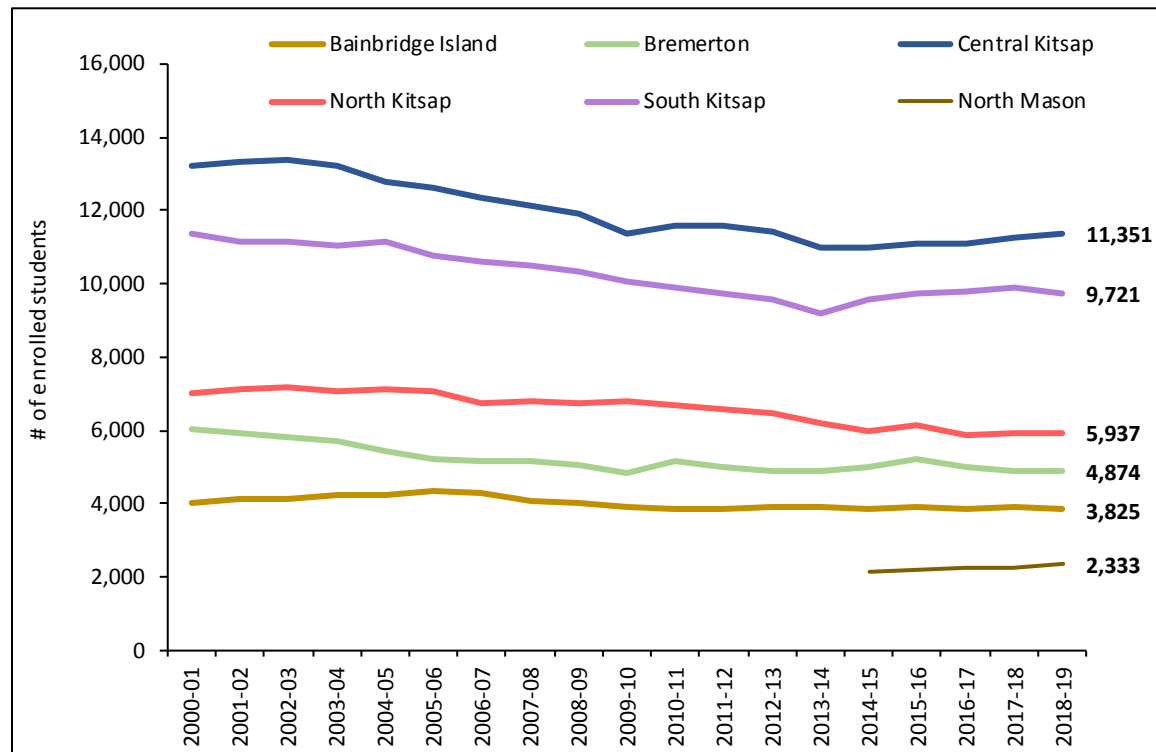
*Percentage is unreliable due to small numbers.

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, except for Bremerton School District, which has seen a 0.4% increase in the past 10 years. All school districts, except for Central and South Kitsap, have seen enrollment decreases in the past 5 years (Figure 92).²⁰ Central Kitsap experienced a 3.5% increase from 5 years ago, while South

Kitsap experienced a 1.7% increase. Cumulatively, public school enrollment across Kitsap County is up 1.0% from 5 years ago.

Figure 92. Public School Enrollment, Kitsap County School Districts and North Mason County School District: 2000-01 to 2018-19*²⁰

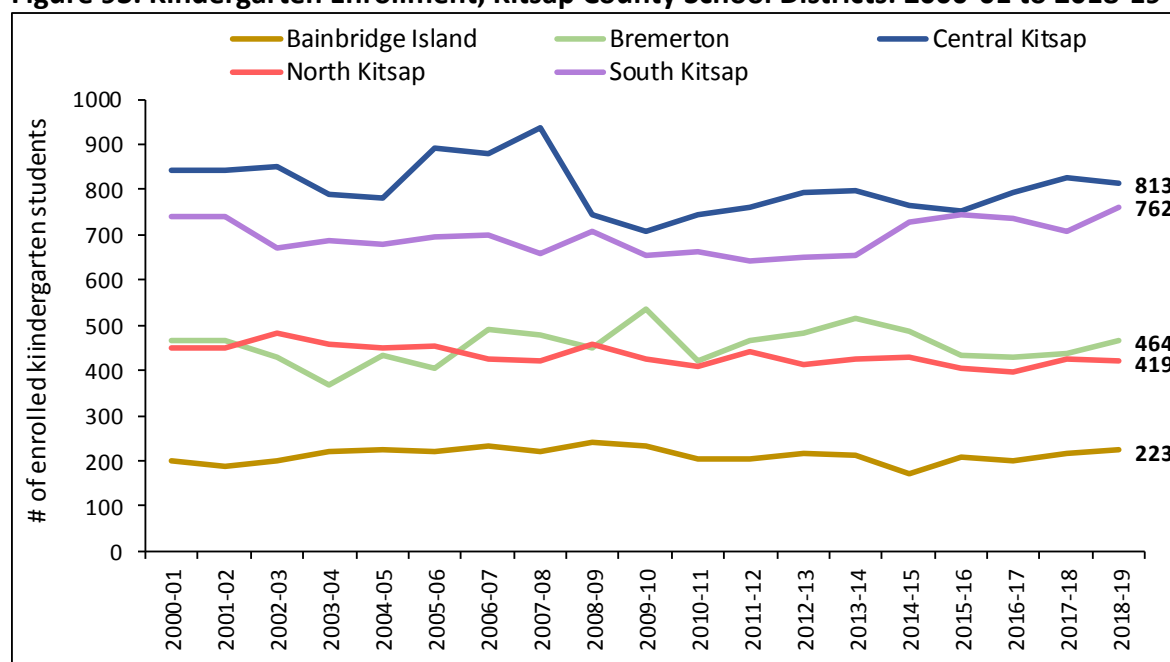


* Data are as of October for each school year

Kindergarten Enrollment and Preparation

There were 2,681 students enrolled in Kitsap County kindergarten classes during the 2018-19 school year, which is essentially unchanged (4% increase) from the total enrollment 5 years ago (2013-14, Figure 93).²⁰ The only district with substantial enrollment growth as compared to 5 years ago is South Kitsap (16% increase); all other districts had less than 10% growth or decline in enrollment during this timeframe except for Bremerton, which had a 10% decline in enrollment. Compared to 10 years ago (2008-09), Central Kitsap has had the largest growth (9%), followed by South Kitsap (8%) and Bremerton (3%). Both North Kitsap and Bainbridge have had declines in enrollment (8% and 7% respectively) compared to 10 years ago. Kindergarten enrollment in North Mason School District was 178 kindergarteners in 2018-19.

Figure 93. Kindergarten Enrollment, Kitsap County School Districts: 2000-01 to 2018-19²⁰



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.

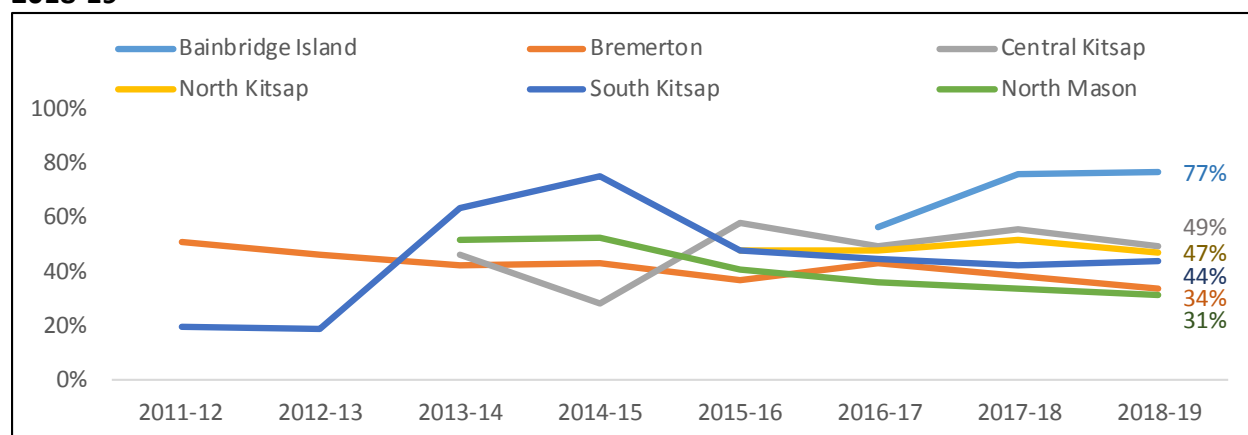
As part of the state-funded FDK program, implementation of the Washington Kindergarten Inventory of Developing Skills (“WaKIDS”) is required in all state-funded FDK classrooms.⁶⁹ This is an assessment program that is done early in the school year to identify the developmental status of kindergarteners. 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 2018-19 WaKIDS data show that math continues to be the lowest scoring skill among incoming kindergartners statewide. There was a slight decrease this year, with only 64% demonstrating expected characteristics in math, compared to 66% in both 2016-17 and 2017-18, 61% in 2015-16 and 53% in 2014-15.⁶⁹ In 2018-19, only 46% of kindergarteners assessed statewide demonstrated expected skill levels in 6 of 6 domains, about the same as the 47% in

both 2016-17 and 2017-18, and up from 44% in 2015-16. Among low income kindergartners it was even lower, at only 31%. Additional opportunity gaps are evident by differences among racial/ethnic groups. Statewide, only 46% of Native Hawaiian/Other Pacific Islander children showed expected math competency, whereas 80% of Asian children demonstrated competency.

Kindergarten readiness in all 6 domains varied across school districts (Figure 94). More than 3 in 4 kindergartners (77%) in Bainbridge Island School District demonstrated expected skill levels in all 6 domains in 2018-19, while Bremerton had about 1 in 3 (34%) doing the same. North Mason School District had a lower percentage than any school district in Kitsap, with 31% of kindergartners meeting all 6 domains.

Figure 94. Percentage of Kindergarteners Demonstrating Expected Skill Levels in All 6 Domains of WaKIDS Tests, Kitsap County and North Mason School Districts: 2011-12 to 2018-19⁶⁹



In math skills, the proportion of students who demonstrated expected levels, by district, were as follows: 94% in Bainbridge Island; 52% in Bremerton, 70% in Central Kitsap, 66% in North Kitsap, and 69% in South Kitsap. All of these percentages are lower than 2017-18 except for Bainbridge, which is 1% higher. In North Mason School District, 48% of students demonstrated expected math skills.

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 childcare 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 childcare 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 childcare, and substance abuse treatment. Additional needs identified included jobs, evening childcare, 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 2018 annual report, KMHS served a total of 6,526 clients (about 150 less than 2017), of which 1,425 were children age 0 to 17.⁷⁴ 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 2018, KMHS opened the county's first Crisis Triage Center in August and a substance use residential facility called Pacific Hope and Recovery Center. In addition, they co-located a KMHS Designated Crisis Responder at the Kitsap County Sheriff's Office to support officers in the field and purchased 1.6 acres of land, which will be used for construction of a 74 unit supported housing complex by fall 2021. In January 2020, payment for Medicaid reimbursed mental health and substance use services will be contracted through 5 Medicaid Managed Care Organizations, and KMHS is working to ensure a smooth transition to the managed care model with multiple changes to the agency's infrastructure and services delivery models.

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 2018-19, 425 fathers participated in their child's Early Head Start/Head Start child development experiences (e.g. home visits, parent-teacher conferences, etc.) across all programs.¹¹ This is about 42% for the 1,007 children enrolled across all programs, quite a bit higher than the previous 2 years (28% in 2017-18 and 26% in 2016-17). However, the percentage of fathers participating had been higher in previous years (40% in 2015-16 and 47% in 2014-15).

Table 33. Number of Fathers/Father Figures Who Participated in Child's Head Start Child Development Experiences: 2018-19¹¹

| | Early Head Start | | Head Start | |
|--------------------------------------|------------------|------------------------|------------|------------------------|
| | # fathers | % of enrolled children | # fathers | % of enrolled children |
| Kitsap Community Resources | 37 | 36% | 98 | 36% |
| Olympic Educational Service District | 150 | 49% | 49 | 28% |
| Port Gamble S'Klallam Tribe | 26 | 62% | 17 | 57% |
| Suquamish Tribe | 26 | 57% | 22 | 58% |
| Kitsap County Total | 239 | 48% | 186 | 36% |

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 childcare

providers to improve the quality of their care. It also aims to provide ratings of childcare 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 childcare 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 childcare and providers that accept ECEAP funding and/or childcare 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 2018 Early Start Act Annual Report, statewide, as of September 2018, there were 3,838 childcare centers, family childcare homes and ECEAP/Head Start providers participating in Early Achievers, which includes 2,885 childcare centers and family childcare homes taking subsidy in the past year, 406 ECEAP/Head Start providers and 546 private providers not taking subsidy in the past year.⁷⁶ By December 31, 2019, all existing subsidy providers serving non-school age children on subsidy must have achieved a level 3 rating or higher through an on-site evaluation. As of September 2018, 54% had gone through the rating process and 88% of those rated had achieved a level 3 or higher.

As of October 2019, the Early Achievers “Data Dashboard” report indicated there were 13,029 (93%) ECEAP slots served by Early Achievers sites statewide, including 227 of 244 (93%) in Kitsap County.⁷⁷ Among ECEAP Sites, 10,994 (79%) ECEAP slots were served by sites ‘at quality’ statewide, including 210 of 244 (86%) in Kitsap. Approximately 99% of children on subsidy were served by Early Achievers sites statewide (45,521 children), including 883 of 892 (99%) children in Kitsap, but only 72% (32,993) were served by sites ‘at quality’ statewide, including 605 of 892 (68%) 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. In 2018, Project Connect expanded to include 3 different sites, Port Orchard, Bremerton and Kingston, in order to better reach more Kitsap residents.

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. Sherryl Hawes, Housing Manager, Bremerton Housing Authority, personal communication
37. Housing Kitsap, <http://housingkitsap.org/>
38. Antanette Gentile, Kitsap County Consolidated Housing Authority, 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://wabhexchange.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/2018_Early_Start_Act_Report.pdf
77. Washington State Department of Early Learning, Early Achievers Data Dashboard,
<https://www.dcyf.wa.gov/sites/default/files/pdf/ea/EA-Dashboard.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
93. Food Lifeline, Food Lifeline Staff, Some of TANF's Harshest Policies Set to be Repealed in Washington State, <https://foodlifeline.org/some-of-tanfs-harshest-policies-set-to-be-repealed-in-washington-state/>
94. Centers for Disease Control and Prevention, Outbreak of Lung Injury Associated with E-cigarette Use, or Vaping, https://www.cdc.gov/tobacco/basic_information/e-cigarettes/severe-lung-disease.html
95. Washington State Department of Health, Vaping Associated Lung Injury, <https://www.doh.wa.gov/Emergencies/VapingAssociatedLungInjury>
96. Kitsap County Child Health Notes, Spring 2019.
https://kitsappublichealth.org/CommunityHealth/files/CSHCN/chn_newsletter_2019_spring.pdf
97. University of Washington, Alcohol and Drug Abuse Institute, Washington State Opioid/Major Drug Interactive Data, <https://adai.uw.edu/wadata/index.htm>
98. Washington Tracking Network, Washington State Department of Health: "Wastewater Discharge". Data obtained from EJSscreen 2017. Published on WTN: 15 January 2019.
99. Washington State Department of Health, Office of Family and Community Health Improvement, personal communication

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)

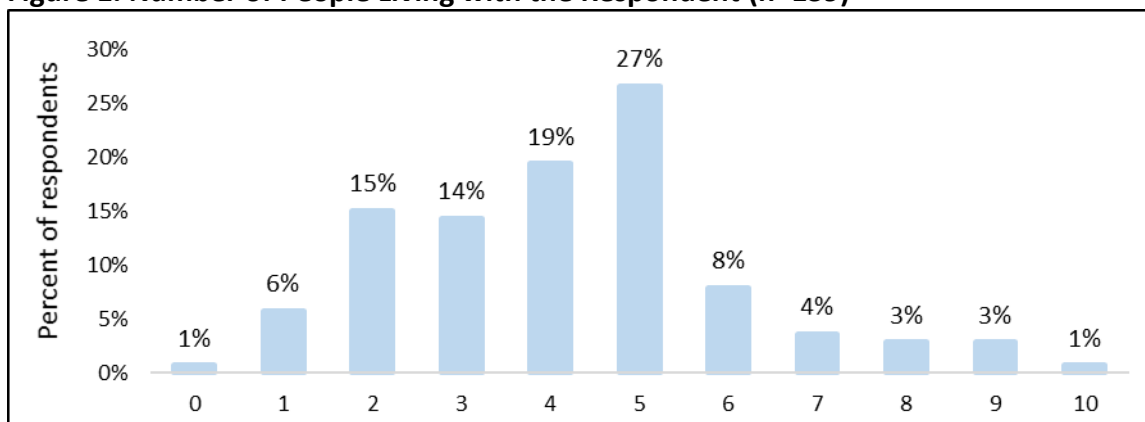


Table 5. Number of Children per Respondent (n=139)

| 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% |

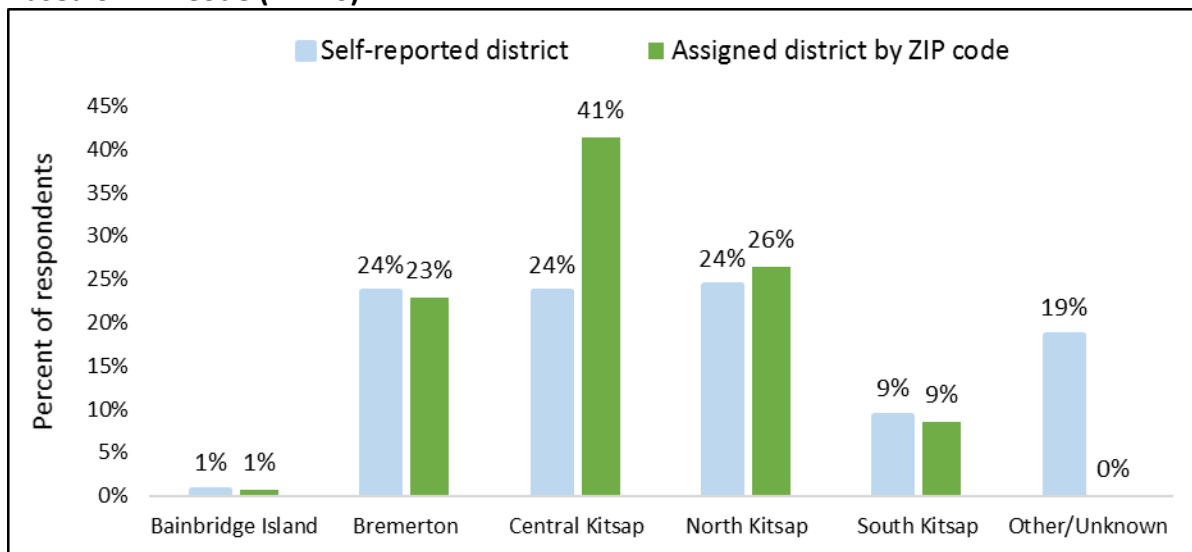
Respondents identified the location where they live by both school district and ZIP code. However, despite a 100% response rate (140 respondents) to the School District question, 19% indicated that they did not know their school district. There were some substantial differences identified when comparing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

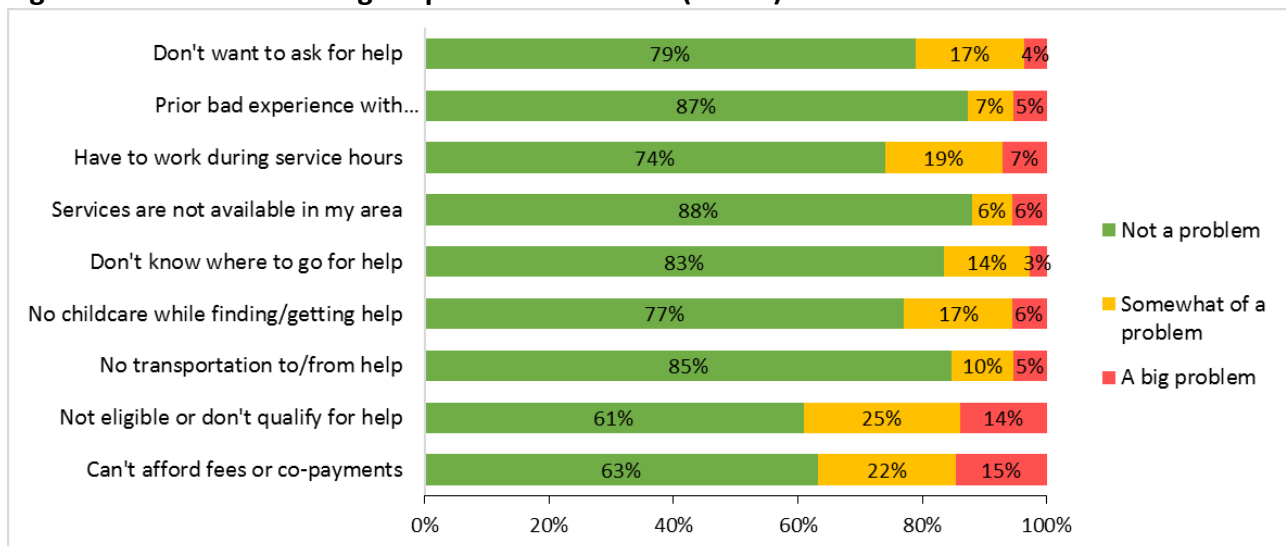
Table 7. Community Services Identified as Important Household Needs and Perceptions about Difficulty in Getting these Services

| 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.

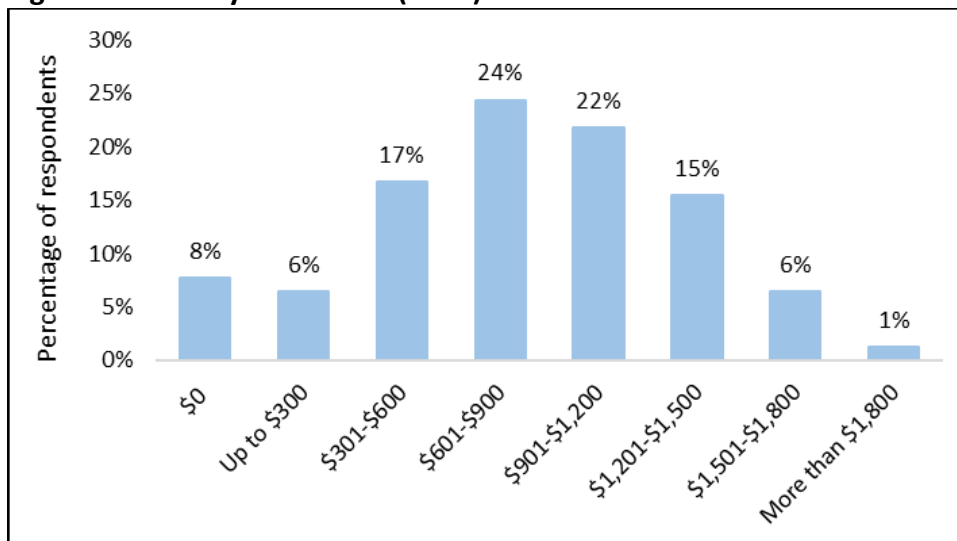
The survey also asked people to rank how much of a problem certain potential barriers to services were for them. Figure 4 illustrates the degree of difficulty each barrier is believed to be by all respondents. The top 5 barriers identified were: not eligible or don't qualify for help (39%); can't afford 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)

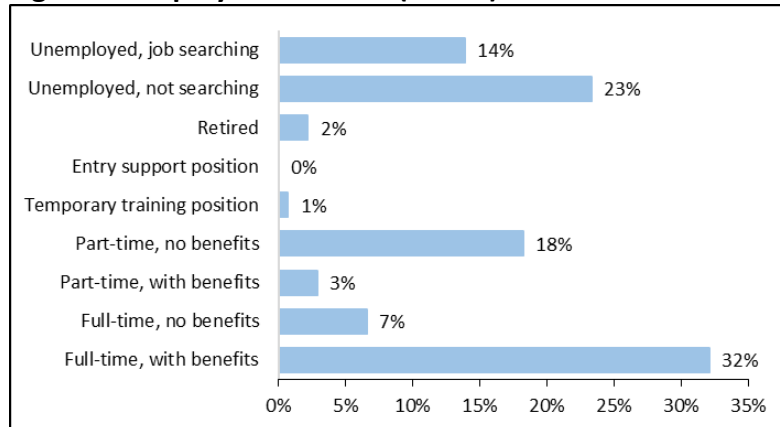


Table 8. Barriers to Desired Employment (n=129)

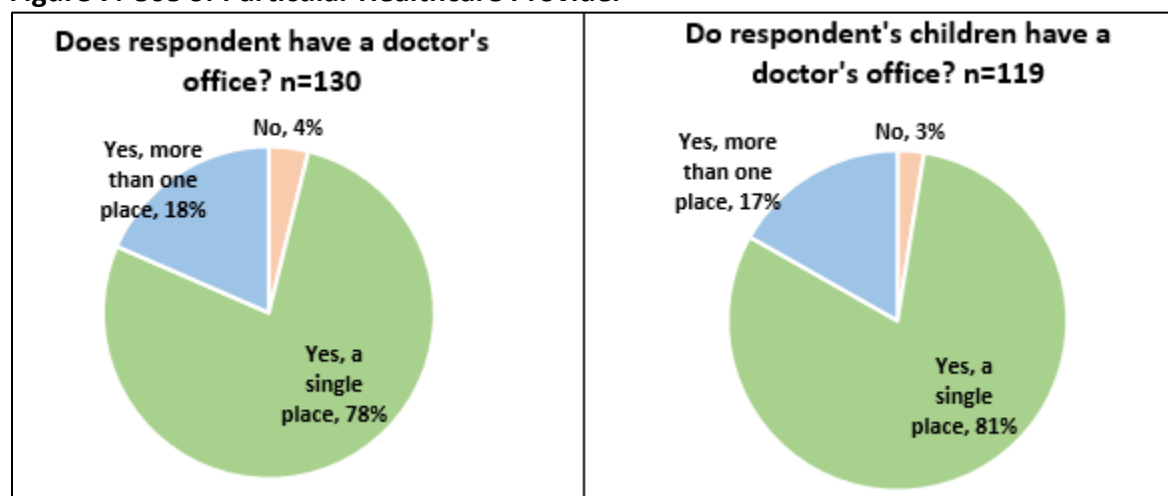
| Barriers to Desired Employment, n=129 | # respondents | % respondents |
|---------------------------------------|---------------|---------------|
| I don't have any barriers | 76 | 59% |
| No transportation | 7 | 5% |
| No jobs in my field | 2 | 2% |
| Pay too low to support a family | 23 | 18% |
| 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

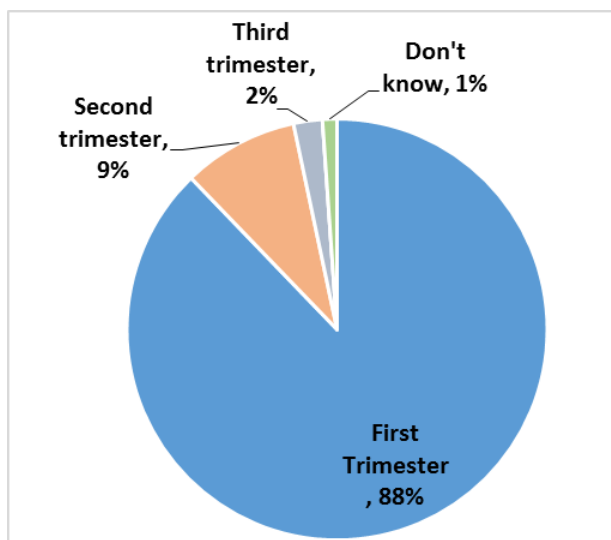
| How long has it been since you and your children last visited the dentist/dental clinic? | You, n=128 | | Your children, n=114 | |
|--|---------------|---------------|----------------------|---------------|
| | # respondents | % respondents | # respondents | % respondents |
| Within the past year | 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% |

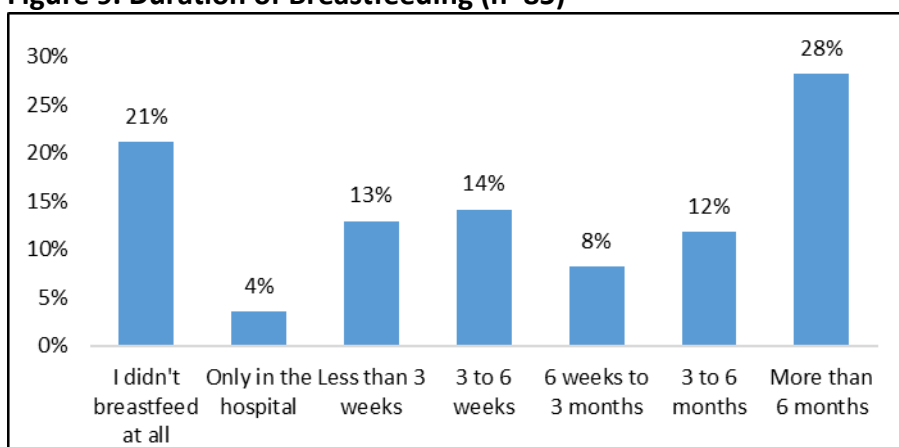
Of the 110 female respondents to the survey, 106 (96%) answered the question about whether they had a baby in the past 5 years. A total of 90 women indicated they had, and an impressive 88% reported that they had started prenatal care during the first trimester (Figure 8). Asked whether they got care 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)

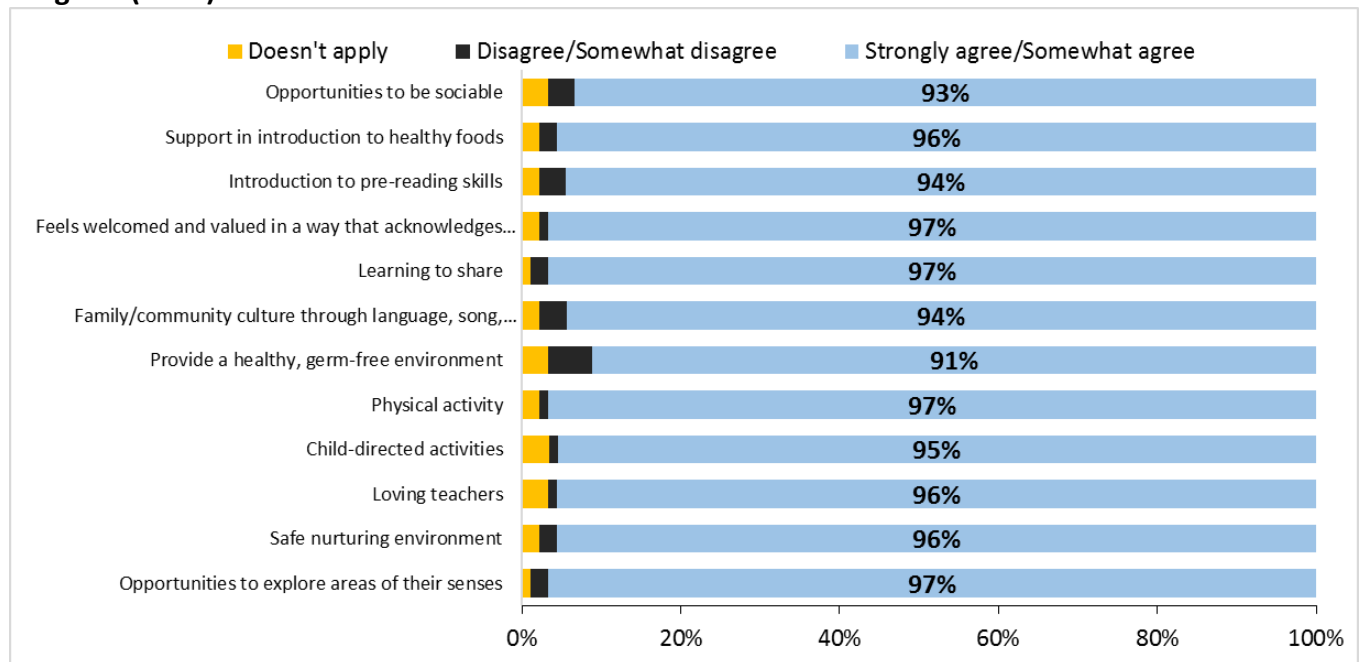
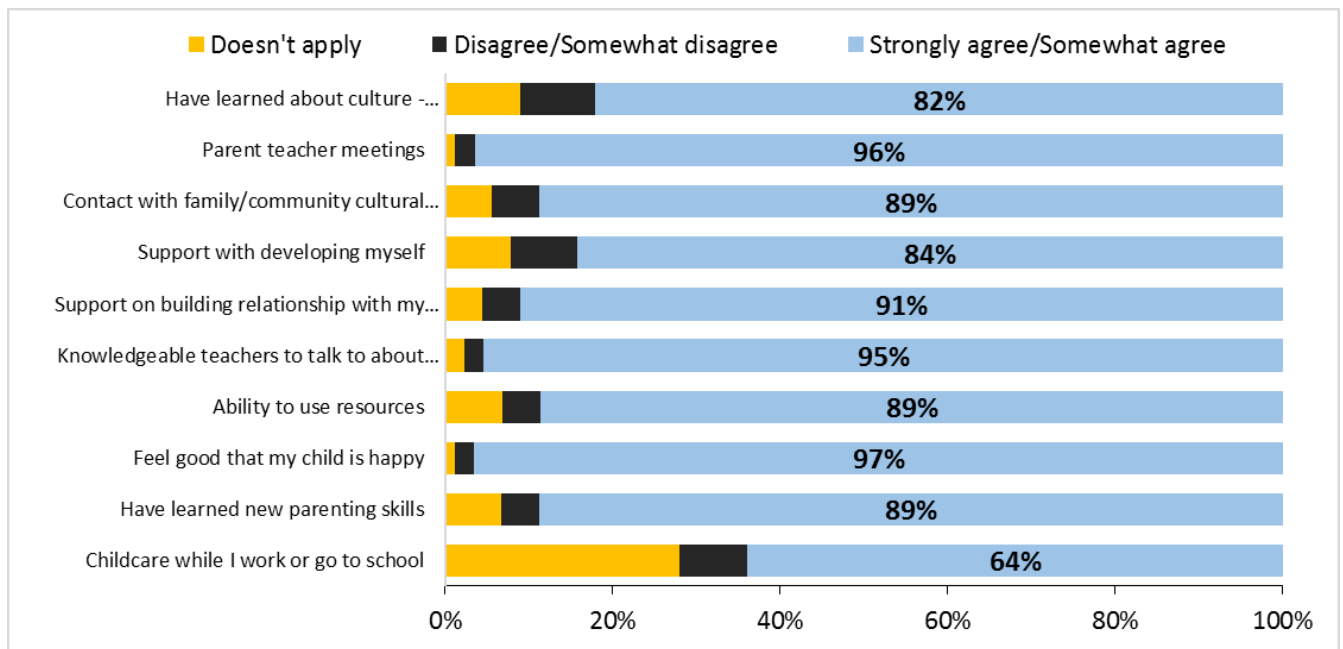


Figure 11. Parent Perceptions About Their Own Benefits from the HS/EHS/ECEAP Program (n=90)



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% |