

A Report on the Planning Process, Health
Priorities, and Plan for Action

Kitsap Community Health Priorities (KCHP)

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Prepared by



Executive Summary

Kitsap Community Health Priorities (KCHP) brings diverse community sectors together in a collaborative process to improve community health in Kitsap County, Washington. KCHP is predicated on the reality that health is not only determined by health care, behaviors, and genetics, but also by social, economic, and environmental factors. To make progress, community health priorities must gain support across our community and create opportunities for improvement.

During 2011, the Kitsap community selected health priorities and began to identify strategies to address them. In 2012 and beyond, we will broaden community support for KCHP, implement and evaluate strategies to address the priorities, and reconvene to ensure the selected priorities are the right ones. We will collect and analyze community health data on a regular basis to help guide our decisions about which priorities are the right ones.

The final Kitsap Community Health Priorities from the Planning Process (in no specific order) are:

Ensure access to affordable medical, behavioral health, and dental care for all residents

Make it easy for all residents to be physically active

Ensure all residents have healthier food options

Promote economic development that provides living wage jobs with benefits

Ensure all children and youth receive the support necessary to be healthy throughout life

Objectives of KCHP Planning Process

The first year of KCHP, the Planning Process, had three objectives:

- Compile and review data to assess community health status and health-related issues in the Kitsap community.
- Establish consensus on Kitsap County's community health priorities so they can be addressed in an efficient and coordinated manner.
- Direct collaborative action to implement strategies to improve community health in Kitsap County.

Background of KCHP

The Kitsap County Health District, Harrison Medical Center, and United Way of Kitsap County, called the Sponsor Group, supported and guided the KCHP Planning Process. Ten additional community agency representatives, called the Charter Group, met to review and make preliminary decisions based on information gathered throughout the Planning Process. Invited Community Representatives from behavioral health, civic groups, education, government, health care, housing, Navy, non-profit agencies, transportation, Tribes, and YMCA, among others, participated in three meetings during the Planning Process to give input on final decisions. The Planning Process, which resulted in agreed-upon community health priorities, was a product of participating individuals. It is important to recognize that we do not know how non-participating individuals might have changed the KCHP process and priorities. Not all Kitsap residents received an invitation to a KCHP community meeting; however, our invitation list and word-of-mouth network were broad. There were also opportunities for community residents to get involved in the process by completing the community survey or posting comments to the KCHP website for Sponsor Group review.

Process for Identifying Community Health Priorities

KCHP closely followed the Mobilizing for Action through Planning and Partnerships (MAPP) framework developed by the National Association of County and City Health Officials, to select its Community Health Priorities. MAPP is an interactive process that helps a community use strategic thinking and visionary action to improve health.

The Charter Group developed a list of potential community health priorities based on overlapping findings from four assessments – Community Health Status, Community Themes and Strengths, Forces of Change, and Public Health System. The assessments generated data about the community - areas of strength and areas of concern. At a meeting of Community Representatives in September 2011, participants considered and provided feedback to finalize the list of potential priorities, and at the next meeting in November 2011, Community Representatives ‘voted with their feet’ to select the final

list. Two priorities did not have enough support to make the final list. The final list of priorities represents areas that need to be addressed in order to improve community health; however, it does not include some high profile issues, such as hunger and homelessness. Non-participation of certain sectors or an unclear relationship to health might account for this outcome. There will be opportunities in the future to evaluate the priority list against updated community health data to ensure the chosen priorities are the right ones to address to improve community health. Additionally, the priorities should take into account the overall context of health and human services and economics in our County.

Implementation of KCHP

In December 2011, Working Groups began to develop strategies to address their Community Health Priority and objectives to measure progress. The following bullets summarize the preliminary Working Group strategies for each Priority:

Make it easy for all residents to be physically active/ have healthier food options:

- Create a 5-2-1-0 Community Awareness Campaign
- Adopt policies for healthy workplace initiatives
- Explore partnership with Kitsap Sun and Harrison Medical Center for outreach
- Adopt 5-2-1-0 as a school-based initiative

Ensure access to affordable medical, behavioral health, and dental care for all residents:

- Support efforts to bring Project Access to Kitsap County

Promote economic development that provides living wage jobs with benefits:

- Disseminate information on existing opportunities through new outreach contacts

Ensure all children and youth receive support they need:

- Develop and implement use of risk assessment to understand life experiences and risks that adults bring to parenting
- Work with Harrison Medical Center to have a policy for nurse home visit as a standard part of postpartum care for all women

Moving forward, each Working Group will be responsible for implementing their strategies and tracking their progress. The community will convene twice a year to review progress and celebrate successes.

Evaluation of KCHP

We will evaluate KCHP in three areas: participation, goals, and Health Priorities.

1. Monitoring whether participants represent a broad and diverse cross-section of our community and whether participants stay engaged.
2. Achieving overall KCHP goals by collecting data from Community Representatives through surveys and interviews.
3. Addressing the Community Health Priorities by collecting or compiling data for priority-specific indicators.

Next Steps

KCHP moves into Year One of the Action Phase as Working Groups implement strategies to address Community Health Priorities. Community Representatives will reconvene in May and November 2012 to review and celebrate progress toward Kitsap's Community Health Priorities. The Working Group chairs and Sponsor Group will develop a plan for Year Two of the Action Phase in November 2012. In addition to continuing to implement strategies and measure progress toward the Health Priorities, ensuring the selected priorities are the right ones will be a centrapart of the plan.

During the Planning Process, regularly scheduled meetings at all levels of participation have kept the process predictable and allowed new participants to become involved along the way. Likewise, KCHP's success in the future will be dependent upon its continued ability to keep current participants engaged while also engaging new participants who commit to collaborating around the Priorities. Community funding agencies plan to align their funding awards with these Priorities. The future alignment of funding with the Community Health Priorities will expand the breadth and help ensure sustainability of collaborative community efforts toward improving community health outcomes.

Acknowledgements

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Acronyms

ARS	Audience Response System
DOH	Washington State Department of Health
KCHD	Kitsap County Health District
KCHP	Kitsap Community Health Priorities
MAPP	Mobilizing for Action through Planning and Partnerships

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Chapter 1:

KCHP Background, Organization and Timeline

What is KCHP

Kitsap Community Health Priorities (KCHP) brings diverse community sectors together in a collaborative process to improve community health in Kitsap County. During 2011, the Kitsap community completed a planning process to select health priorities and identify strategies to address them. In 2012 and beyond, we will broaden community support for KCHP, implement and evaluate strategies addressing the health priorities, and reconvene to ensure selected priorities are the right ones. We will collect and analyze community health data on a regular basis to help guide our decisions about which priorities are the right ones.

The goals of KCHP include:

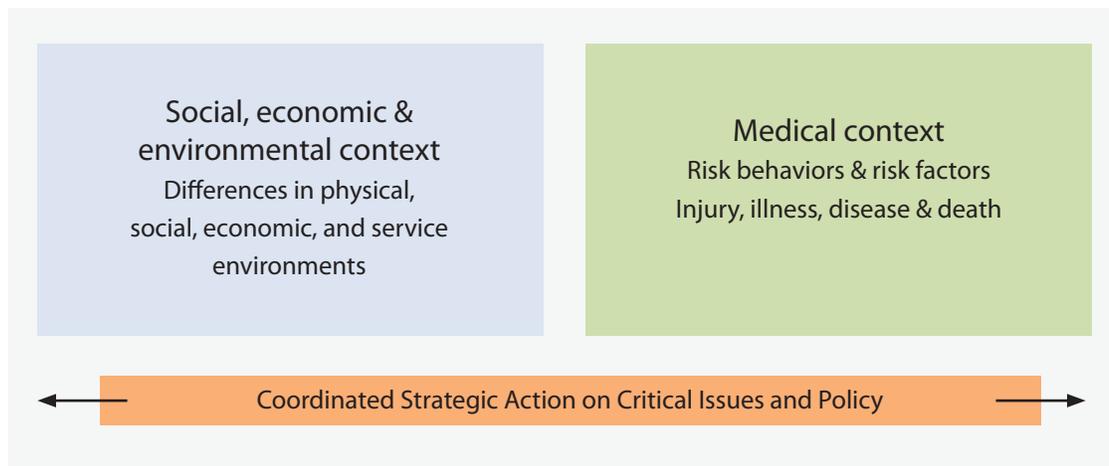
- Improve health outcomes for Kitsap residents
- Improve communication amongst agencies
- Improve collaborative planning amongst agencies
- Increase knowledge sharing amongst agencies
- Increase community engagement
- Increase public support to improve health
- Improve health equity
- Increase public awareness of community health issues
- Increase access to data
- Improve planning in community agencies

Definition of Community Health

When most people think about health, they think of it in the medical context. In other words, health is associated with the presence or absence of injury, illness, disease, or death; risk behaviors, such as poor diet or drug use; and risk factors, such as a family history or individual genetics.

Community health encompasses both this medical context and the social, economic, and environmental context within which we live (Figure 1.1).

Figure 1.1 Components of community health: relationship between medical and social/economic/environmental context



Health or health status is related to the state of the local economy, the quality of the surrounding environment, the safety of the community where we live, the level of connectedness that we feel with our neighbors, the strength of our schools, and dozens of other factors that affect our lives and our mental and physical well-being. Therefore, schools, social service providers, housing agencies, Tribes, businesses, faith-based organizations, local governments, first responders, and transit organizations, among others, are all essential partners for improving community health (Figure 1.2).

Figure 1.2 Community health partners



Background of KCHP

The Kitsap County Health District (KCHD), Harrison Medical Center, and United Way of Kitsap County have a common need to engage in a collaborative planning process around community health.

- KCHD is required to conduct a community health assessment and develop a community health improvement plan as a prerequisite for voluntary accreditation under the National Public Health Performance Standards Program.¹
- Harrison Medical Center, a nonprofit hospital with three facilities that serve the Kitsap Peninsula and adjacent counties, is required by the Patient Protection and Affordable Care Act to conduct a community health needs assessment and adopt an implementation strategy to meet identified community health needs.²
- United Way of Kitsap County is required to periodically complete a community needs assessment and currently needs to better align its grant-making with community priorities and collaborative action.

One representative from each of these three agencies came together to lead KCHP. They decided that by collaborating, they could meet their respective requirements, leverage their resources, and ultimately provide more benefit to the community. Each organization agreed to contribute resources, time, and money to support the collaborative process. KCHD dedicated three staff members to coordinate and support the development of KCHP, and to design and produce most of the KCHP materials.

1 The Public Health Accreditation Board launched a national voluntary accreditation program in 2011 to advance the quality and performance of public health departments.

2 Patient Protection and Affordable Care Act, commonly known as the Health Care Reform Law was signed into law by President Obama in March 2010. It requires each nonprofit hospital facility to conduct a community health needs assessment and adopt an implementation strategy to meet identified community health needs. In conducting a community health needs assessment, nonprofit hospitals must take into account input from broad and diverse segments of the local community.

Robert Wood Johnson Foundation grant

Through a Robert Wood Johnson Foundation Multi-State Learning Collaborative grant awarded to the Washington State Department of Health (DOH), KCHD received a mini-grant to develop a community health improvement plan. KCHD was one of three local health jurisdictions that received this grant from DOH. The grant required the use of a framework, Mobilizing for Action through Planning and Partnerships (MAPP), developed by the National Association of County and City Health Officials. In addition to receiving funding to facilitate development of KCHP, KCHD participated in monthly training calls with DOH and the other grantees.

Organization of KCHP

The representatives from KCHD, Harrison Medical Center, and United Way of Kitsap County became the KCHP Sponsor Group. The Sponsor Group knew from the beginning that KCHP needed to be a community-driven not an agency-driven process. They wanted to support and guide KCHP, but not dictate it. Therefore, they used the funds committed by each agency to hire an independent facilitator to help plan the process and convene the community.

They hired PRR, a communications and public involvement consulting firm to facilitate the process. With PRR's assistance, they developed the following guiding principles for planning and implementing KCHP:

Guiding Principles for KCHP

1. There needs to be a group responsible for making final decisions about how health needs will be prioritized. This group should include representatives from the key agencies and organizations that will be responsible for implementing KCHP.
2. Decisions should be made based on the following criteria:
 - a. Data
 - b. Evidence-based practice
 - c. Community input
3. Decisions should not be driven by:
 - a. History (how we have always done things)
 - b. Politics
 - c. Personality or specific interests of people at the table
 - d. Money/resources (or lack thereof)
4. The public engagement process needs to be inclusive and capture the input of community leaders, service providers, and community members.
5. Participant input must be heard and considered. We must build opportunities to report back what we have heard throughout the public engagement process and how that input was addressed in the KCHP plan.
6. Meaningful engagement in the process will require that participants get educated on the relevant data and evidence-based practice.
7. Avoid fatigue – engage stakeholders and community members when it makes sense and will be meaningful, but don't overdo it or people will lose interest.

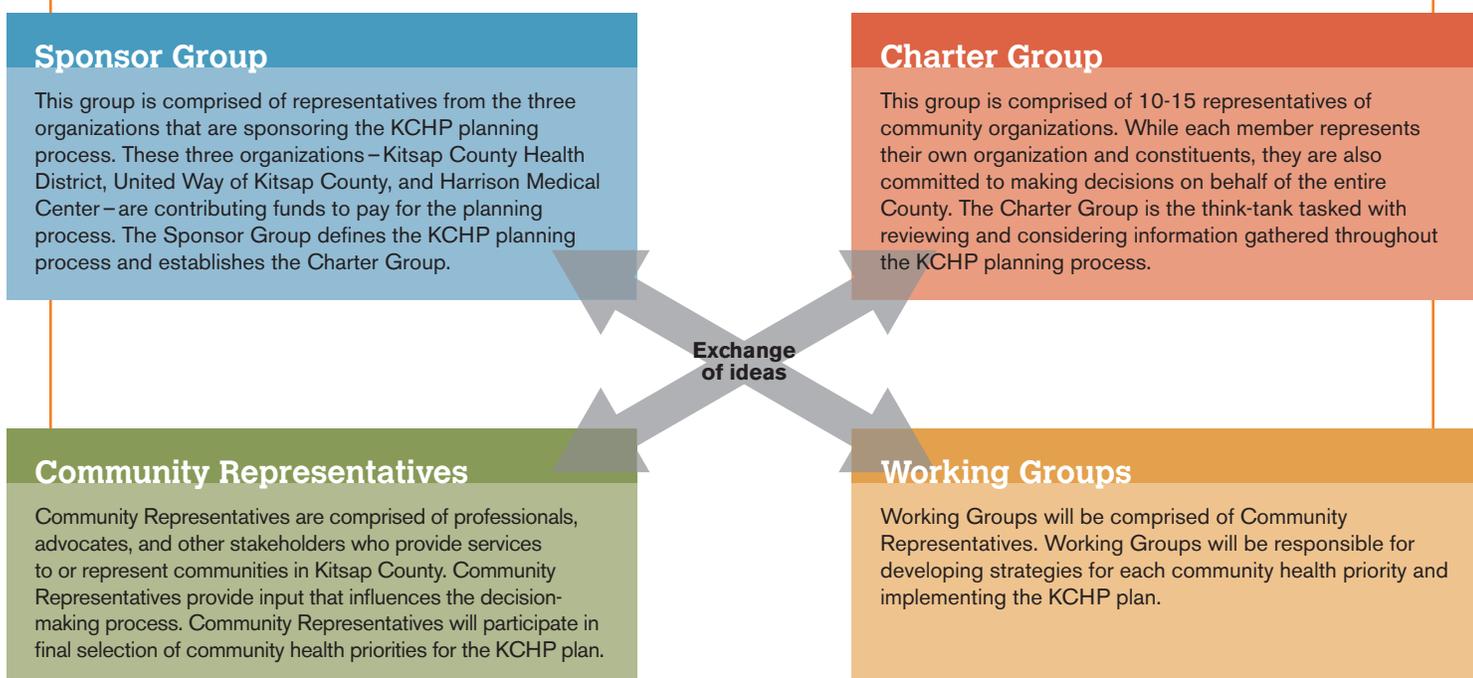
8. To keep community participants engaged and committed during implementation, they need to work on community health priorities that are relevant to their agency, job, or personal passion.
9. Community participants need regular opportunities to convene, share data and information, and celebrate progress and success.

KCHP Planning Process

Leadership

Based on these guiding principles, the Sponsor Group and PRR determined a KCHP leadership structure with four roles for participants, each with differing responsibilities (Figure 1.3).

Figure 1.3 KCHP Planning Process leadership



Objectives

The first year of KCHP, the Planning Process, had the following three objectives:

1. Compile and review data to assess community health status and health-related issues in the Kitsap community.
2. Establish consensus on Kitsap County's community health priorities so they can be addressed in an efficient and coordinated manner.
3. Direct collaborative action to implement strategies to improve community health in Kitsap County.

Framework and Timeline

KCHP closely followed the MAPP framework for identifying, selecting, and addressing community health priorities. MAPP is an interactive process that helps communities use strategic thinking and visionary action to improve health. The MAPP process begins by engaging representatives from many community sectors and leads them to collaborative action on chosen priorities (Figure 1.4).

The Sponsor Group worked with PRR to modify the MAPP process to meet Kitsap's particular needs and values. During a six-month period in 2011, Community Representatives convened in three meetings to identify and prioritize community health priorities and then organize into Working Groups to address each priority (Figure 1.5).

Figure 1.4 MAPP Process



Figure 1.5 KCHP Planning Process timeline



Participation

The KCHP Charter Group included ten agency representatives in addition to the three Sponsor Group members. These individuals dedicated significant time and energy to the Planning Process. More than 50 Community Representative participants from diverse sectors across Kitsap County participated in one or more of the KCHP community meetings. Participating sectors included: behavioral health, civic groups, education, government, health care, housing, Navy, non-profit agencies, transportation, Tribes, YMCA, among others. The Planning Process, which resulted in agreed-upon community health priorities, was a product of participating individuals. It is important to recognize that we do not know how non-participating individuals might have changed the KCHP process and priorities. Not all Kitsap residents received an invitation to a KCHP community meeting; however, our invitation list and word-of-mouth network were broad. There were also opportunities for community residents to get involved in the process by completing the community survey or posting comments to the KCHP website for Sponsor Group review.

KCHP Communications Tools

The KCHP Sponsor Group established and maintains a website: <http://www.kitsapchp.com>. The website serves as a clearinghouse for documents and information related to KCHP. If participants were unable to attend a meeting or were new to the process, they could be engaged and informed by visiting the website. The website also includes an updated schedule of KCHP meetings and events and a way to contact KCHD staff with questions or comments.

Chapter 2:

KCHP Community Assessments

Demographic and Geographic Characteristics of Kitsap County

Kitsap County is one of the smallest counties in Washington State by geographic size, but it is the third most densely populated county in the state with an estimated population of 254,000 residents in 2011.³ On average, Kitsap residents are slightly older than Washington State residents.⁴ Kitsap is relatively homogenous: more than three-quarters of residents are White, Non-Hispanic. Hispanics represent the second largest racial/ethnic group, and the Kitsap minority population has been increasing over time.⁵

Kitsap residents are relatively well educated: More than two in three Kitsap adults have more than high school education⁶ and nearly 90% of high school seniors graduate on-time.⁷

Household incomes are slightly higher in Kitsap than in Washington; however, almost 10% of residents live below the poverty level, about one in three children.⁸

Kitsap County is home to two American Indian Tribes and several Navy installations. Both are major employers in the county, in

3 Washington State Office of Financial Management, 2011

4 U.S. Census, 2010

5 Ibid

6 American Community Survey, 2007-09

7 WA State Office of the Superintendent of Public Instruction, 2009-10

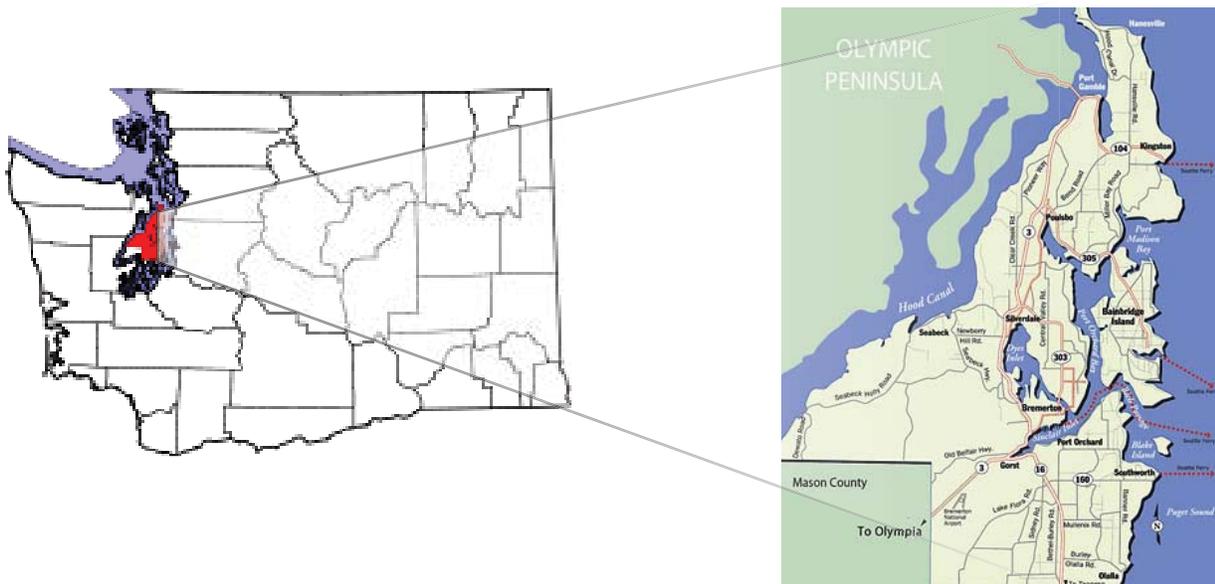
8 U.S. Census, 2010

addition to county and city governments, schools, and the local hospital.

Kitsap County is located in the central Puget Sound region of Washington State. While generally designated as urban by government agencies, Kitsap County is characterized by large areas of relatively rural land and only four incorporated cities. Together the four cities comprise 32% of the total population, with unincorporated areas accounting for the remaining 68% of the population.⁹

The following maps (Figure 2.1) show Kitsap's location in Washington and Kitsap County only:¹⁰

Figure 2.1 Maps of Kitsap County



9 Washington State Office of Financial Management

10 Washington State map – www.en.wikipedia.org; Kitsap County map – <http://www.kitsapeda.org/default.asp?ID=94>

Four MAPP Assessments

As described previously, the Sponsor Group modified the MAPP framework to guide the KCHP Planning Process. The community completed a series of four assessments generating information about the critical issues affecting community health in Kitsap and opportunities to address those issues. Each assessment has a specific methodology that generates unique information. The assessments are:

- Community Health Status Assessment included a variety of indicators of community health: physical, mental, and socioeconomic well being; personal behaviors; incidence of disease, health care access, and environmental health. This assessment used data maintained or accessed by KCHD.
- Community Themes and Strengths Assessment identified community perceptions about health, community concerns and weaknesses, and community assets. Data for this assessment came from an online and paper survey completed by Kitsap residents.
- Forces of Change Assessment examined the current events, factors, and trends that affect community health and the potential opportunities and threats that they present. Data for this assessment were generated by the Charter Group.
- Local Public Health System Assessment examined the current capacity of the local public health system. Data for this assessment came from a survey of KCHD staff and community partners completed in December 2010 as part of the KCHD Strategic Planning process.

The following sections summarize the key findings from each of the four assessments; the assessment reports in their entirety are available on the KCHP website: <http://www.kitsapchp.com>.

Community Health Status Assessment

The purpose of the Community Health Status Assessment is to provide information about the community's health status and emerging health issues.

The Community Health Status Assessment answers the questions:

- How healthy are our residents?
- What does the health status of our community look like?
- How is the health status of our community changing over time?

Below is a summary of the key findings:

Kitsap Community

Kitsap demographics are changing

There are fewer younger people, and a growing aging population. Kitsap has become more racially/ethnically diverse, especially amongst young people.

Families in Kitsap are changing. There are more people living alone, and more children living with a single parent. Births to unmarried women have also increased.

In 2010, more Kitsap children had a parent who has served in the military than in 2008, and many of those parents have been sent to a combat zone.

The Navy, Port Gamble S'Klallam Tribe, and the Port Madison (Suquamish) tribe are key populations in Kitsap County.

Quality of life in Kitsap is relatively good

The quality of the environment has improved in many areas, including air quality, drinking water quality, shoreline water quality, and food service establishment safety. There are more arts, recreational, and entertainment opportunities than ever.

Kitsap has generally gotten safer: property crime, adolescent arrests, domestic violence, and homicide death rates have decreased, although the violent crime rate has not changed.

Kitsap workers rely on cars for transportation, but many also participate in carpool/vanpools, use buses, ride ferries and either bike or walk to work. Budget cuts have forced service reductions to the Kitsap Transit transportation system.

Kitsap residents are experiencing economic hardship

While the median income for Kitsap residents has gone up, the unemployment rate and percentage of people living in or close to poverty have worsened. However, Kitsap's median income and the unemployment and poverty rates are better than Washington State.

Many Kitsap adults and families are experiencing food insecurity, and visits to Kitsap food banks have increased. Many Kitsap households do not have affordable housing.

Health and Health Behaviors

Kitsap residents are feeling healthy. The vast majority of adults report having excellent, very good, or good general health, and most report that their activities are not limited by poor physical or mental health. However, life expectancy and overall death rates have not improved in the past 20 years. In fact, Kitsap is worse than Washington State for both measures.

Trends are mixed for maternal and child health

Although the pregnancy and birth rates have decreased, the proportion of births to low-income women has increased. The teen pregnancy rate has decreased.

Fewer women are starting prenatal care before the third trimester, and the rate of low birth weight babies has increased.

While smoking during pregnancy has decreased overall, the rate is higher for younger mothers, low-income mothers, and mothers with less than a high school education, and the Kitsap rate remains above the Washington State rate. Also, while most new mothers breastfeed in the hospital, those with less than a high school education breastfeed less.

Fewer children are getting immunizations, which is consistent with the trend across Washington State.

The referral rate to Child Protective Services has decreased.

Obesity is a persistent problem

Similar to Washington State, many Kitsap teens and adults are overweight or obese. Most teens never walk or bike to school, and many teens and adults do not meet physical activity recommendations. Many teens are spending three or more hours in front of the TV or playing computer or video games. Many teens do not have physical education at school.

More adults are being told they have high cholesterol and high blood pressure, and the rates of diabetes-related hospitalizations and deaths have increased.

Although more Kitsap residents are including the recommended amount of fruit and vegetables in their diets, the density of fast food restaurants and convenience stores has increased and the density of supermarkets has decreased.

Substance abuse is improving slightly for teens and worsening for adults

Fewer teens are abusing alcohol and pain killers, but tobacco and marijuana use have not changed.

On the other hand, alcohol use among adults has worsened. Adults are binge drinking more often, and the rates of alcohol-related hospitalizations and deaths have increased.

The rate of drug-related hospitalizations has increased, and opiate-related hospitalizations and deaths have also increased.

Mental health trends are unchanged for teens and adults

The self-inflicted injury hospitalization rate and suicide death rate are unchanged. The percentage of Kitsap adults reporting mental distress or getting needed social/emotional support is unchanged.

The percentage of teens that have either seriously considered or attempted suicide is unchanged, as is the percentage of teens who report that they have an adult to turn to when they are feeling sad or hopeless.

Access to health care has not improved

Kitsap County has a shortage of mental health providers, and the Bremerton/Port Orchard area has a shortage of primary care providers. Fewer adults report having a primary health care provider. Adults without health insurance or with health insurance that does not cover the cost of necessary medical care (uninsured or underinsured) has not changed. Fewer low-income adults report a dental visit in the past year compared to adults with higher incomes.

Community Themes and Strengths Assessment

The purpose of this assessment is to identify community issues and concerns to address, community assets to leverage, and community weaknesses to overcome.

The Community Themes and Strengths Assessment asks the following questions:

- What factors are most important to community health?
- What assets does Kitsap have that can be used to improve community health?
- What weaknesses exist within our community that must be addressed or overcome to improve community health?

To conduct this assessment, the KCHP Charter Group fielded an online and paper survey during July and the first half of August 2011. The survey was completed by 1,341 individuals with a valid Kitsap County zip code. The following summary of community themes and strengths reflects results from that survey, and related results from the first meeting of Community Representatives.

What is important to our community's health?

When asked to rate a list of factors according to how important they are to community health, survey respondents rated the following as most important, in order of importance:

- Health care
- Personal behaviors
- Employment and the economy
- Environment
- Education and literacy

Lowest rated categories were arts and culture, religious/faith-based values, and race/ethnicity.

What are the assets within the Kitsap community?

Kitsap residents report somewhat to mostly good health. Most survey respondents are satisfied with the quality of life in Kitsap, and most respondents feel that Kitsap has networks of support. Most respondents feel that Kitsap is a good place to raise children and is a safe place to live.

When asked what they like about Kitsap County, the top five themes were:

1. A tightly knit social environment, with access to family, friends, neighbors, and community networks; and a sense of safety.
2. A beautiful physical environment with abundant outdoor recreation opportunities, low traffic congestion, clean air and water, and a mild climate.
3. A relatively stable economy and affordable cost of living, with jobs (due in part to the military) and lower than urban housing and living expenses.
4. A small community that is not isolated, with good access to major cities, the ocean, and the mountains.
5. An abundance of activities, including recreation, community events, and a variety of local businesses.

Community Representatives (n=35) who participated in the first KCHP community meeting were asked to identify Kitsap's assets that can be used to improve community health. Community Representatives listed similar themes:

1. A healthy environment, with clean air and water, access to outdoor recreation, increased access to locally-grown food, and an emphasis on walkable and bike-friendly streets.
2. A good location, close to a major metropolitan area and its resources.
3. Good community and social resources, such as schools, YMCAs, and the Kitsap County Health District.
4. Access to high quality health care.
5. Healthy economic development and growth.
6. Honest people.

What weaknesses within our community might we need to address to improve community health?

Only one-third of survey respondents reported a shared feeling of pride amongst Kitsap community members. Only one-quarter of survey respondents felt there is economic opportunity in Kitsap.

When asked what they dislike about Kitsap County, the top five themes were:

1. Inadequate transportation system, including lack of shoulders for safe walking and bicycling, long commutes, limited public transportation, and deteriorated and congested roads.
2. Elements of an unfavorable social environment, with crime, a transient military population, lack of diversity and culture, and insular sub-county communities.

3. Limited healthy living options, including lack of support for safe recreation and healthy eating options and few opportunities for family activities and recreation when the weather is not good.
4. Lack of economic opportunity from limited jobs and an undiversified economy.
5. Sluggish or poorly managed government that is bogged down by politics and regulations.

When asked what prevents the best possible health in Kitsap County, respondents most often identified the following themes:

1. Lack of access to affordable health care, including lack of affordable health insurance; limited access to medical care, mental health, and dental care; and lack of coordinated care.
2. Unhealthy personal behaviors, including lack of exercise, smoking, substance use, bad habits, lack of motivation, and lack of role models for healthy living.
3. A tough economy, with a high cost of living, increasing poverty, and limited economic opportunity.
4. A lack of healthy living options, including limited access to safe and affordable places to be active and to healthy and affordable eating options, and too much fast food.
5. A physical environment with rainy weather, pollution, and areas with unhealthy housing.

In addition to these themes, the Community Representatives who participated in the first KCHP meeting also identified the following as preventing optimal health:

1. Need for community collaboration around a shared vision and priorities.
2. A presence of health inequities.
3. Inadequate public transportation system that is difficult to use or not accessible.

Forces of Change Assessment

The purpose of the Forces of Change Assessment is to lay the foundation for identifying strategies that will help achieve Kitsap's community health priorities, while leveraging opportunities and addressing or avoiding threats. The Forces of Change Assessment answers the following questions:

- What trends, factors, or events are occurring or might occur that affect Kitsap's community health or the local public health system?
- What are the specific opportunities created by each trend, factor, or event? In other words, in what ways could each trend, factor, or event improve community health in Kitsap?
- What are the specific threats created by each trend, factor, or event? In other words, in what ways could each trend, factor, or event do damage to community health in Kitsap?

The following summary outlines the eleven forces of change identified by the KCHP Charter Group in June 2011.

Poor economy and funding reductions for social and public health services

Opportunities that could emerge from this trend include new momentum to be entrepreneurial and find creative approaches to solve community problems, collaborate and use resources more efficiently, and restructure and reexamine priorities. Threats include expansion of under- and uninsured populations, higher incidence of mental illness, more poverty, higher costs associated with poor health and childbirth outcomes, and permanent loss of critical infrastructure.

Health care reform

Quality of care, collaboration, access to health care, and preventive care may improve, and long-term health care costs may drop. On the other hand, health care reform may be costly to implement in the near term and the confusion associated with the law may result in lawsuits. The new emphasis on preventive care may result in reduction of crisis care.

Uncertain future of the military

A substantial cut in defense spending could prompt economic diversity and new jobs. However, demographics could shift and a loss of revenue and population associated with the military's presence could collapse the local infrastructure and compromise small businesses.

Rapidly changing technology and access to information

New technology and access to information creates opportunities for collaboration across geographies, automated systems, new health applications, emphasis on research and data to correct misinformation and affect behavioral and policy change, and an inexpensive and easy way to reach people. Threats associated with this trend include social isolation, decreased physical activity, and widespread misinformation.

Pervasiveness of marketing in our culture

Marketing may provide us an opportunity to reach broader audiences by forming new partnerships with the private sector. As with the tobacco industry, it may also increase opportunities for expanding public awareness and lawsuits that can provide money for public health and prompt policy change. On the other hand, pervasive marketing of things that are bad for us may increase adverse health conditions and drive political decisions that negatively affect health.

New emphasis on livability in community planning

An emphasis on livability provides more opportunity for communities to offer resources for healthy living, but may shift funds from other needs, harm freight mobility and economic development, and create communities that are not affordable for all.

Stronger emphasis on protecting and improving the environment

Protecting and improving the environment provides us with an opportunity to safeguard an important asset of Kitsap, but may shift resources from other needs.

Greater emphasis placed on early learning and kindergarten readiness

The current emphasis on early learning may improve educational and life outcomes, decrease incarceration, and increase the long-term quality of Kitsap's workforce. It may also create opportunities for new partnerships and home visiting programs. It may, however, shift funds from other education areas and remain vulnerable to budget cuts.

Changing Kitsap demographics

The aging, increasingly diverse, and suburbanized population creates opportunity for new service markets, new partnerships, and increased cultural diversity. On the other hand, the aging population may result in increased health care costs, a changed workforce, increased social isolation, and less support for community programs and education. More minorities and immigration may increase difficult-to-reach populations.

Community is more collaborative

Increased collaboration offers the opportunity to identify and pursue clear outcomes, improve accountability, add representation from all sectors, strengthen knowledge sharing, and create sustainable programs. However, it may result in increased competition for funds.

Pervasive opiate addiction

Increasing opiate addiction has brought the provider community together and resulted in collaborative discussions. On the other hand, crime and health problems associated with opiate use may decrease the community quality of life, shift resources away from other health care priorities, and decrease the supply of opiates for people who need them for medical uses.

Local Public Health System Assessment

The Local Public Health System Assessment answers the following questions:

- What are the activities, competencies, and capacities of our local public health system?
- How well is the public health system doing in providing public health services to our community?

As part of the KCHD strategic planning process, KCHD staff (n=68) and community partner agency representatives (n=171) evaluated the performance of KCHD over the past five to ten years and suggested priority areas for the next five years using a modified version of the Centers for Disease Control Ten Essential Public Health Services tool. The KCHP Sponsor Group used these survey findings to complete this assessment.

Activities, Competencies, and Capacities of KCHD

When KCHD staff and partners were asked to evaluate public health system performance over the past five to ten years, the following areas were rated as areas of strength or weakness:

KCHD has the best performance in the following three areas:

- Assessing health status and public health issues
- Enforcing public health laws and regulations
- Investigating health problems and environmental hazards

KCHD is performing less successfully in the following four areas:

- Engaging the community to identify and address health problems
- Educating public about prevention, wellness and other public health issues

- Improving access to health care services
- Developing policies that help improve the community's health

Priority areas for KCHD

When KCHD staff and partners were asked to rank their first and second priorities for KCHD in the next five years, the following received the most first and second priority rankings:

- Assessing health status and public health issues
- Investigating health problems and environmental hazards
- Maintaining a competent public health workforce
- Enforcing public health laws and regulations

The following received the fewest first and second priority rankings:

- Contribute to evidence base for public health practice
- Improving access to health care services
- Engaging the community to identify and address health problems
- Educating public about prevention, wellness and other public health issues

KCHD staff and community partners diverged somewhat on their rankings. Community partners were much more likely than KCHD staff to rank "coordinate and improve access to health care" as a top priority. KCHD staff were much more likely than community partners to rank "engage community around health issues" as a top priority.



Chapter 3:

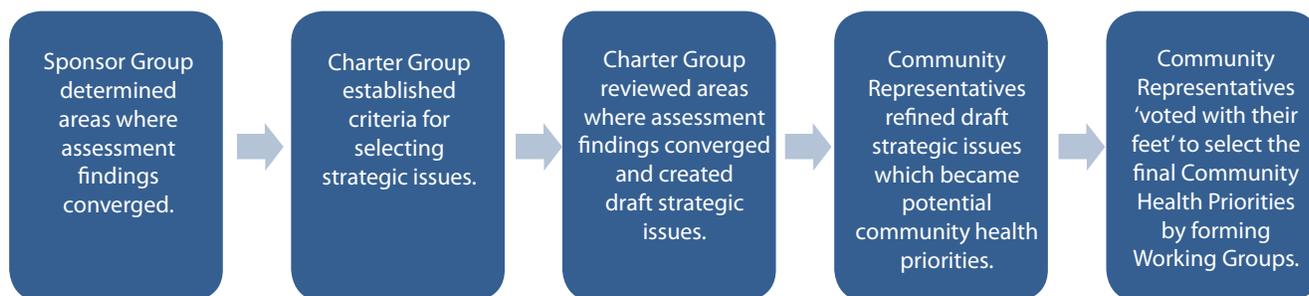
KCHP Community Health Priorities

Process for Identifying and Selecting Community Health Priorities

Each of the four assessments generated important information about Kitsap community health – areas of strength and areas of concern. However, the real value of these assessments was considering them as a whole. The findings from the assessments were organized to determine overlapping theme areas critical to community health and that the community has the capacity to address. These overlapping areas, or areas of convergence, could be considered as strategic issues and ultimately, narrowed into the Community Health Priorities.

Figure 3.1 shows the process for identifying and selecting Community Health Priorities.

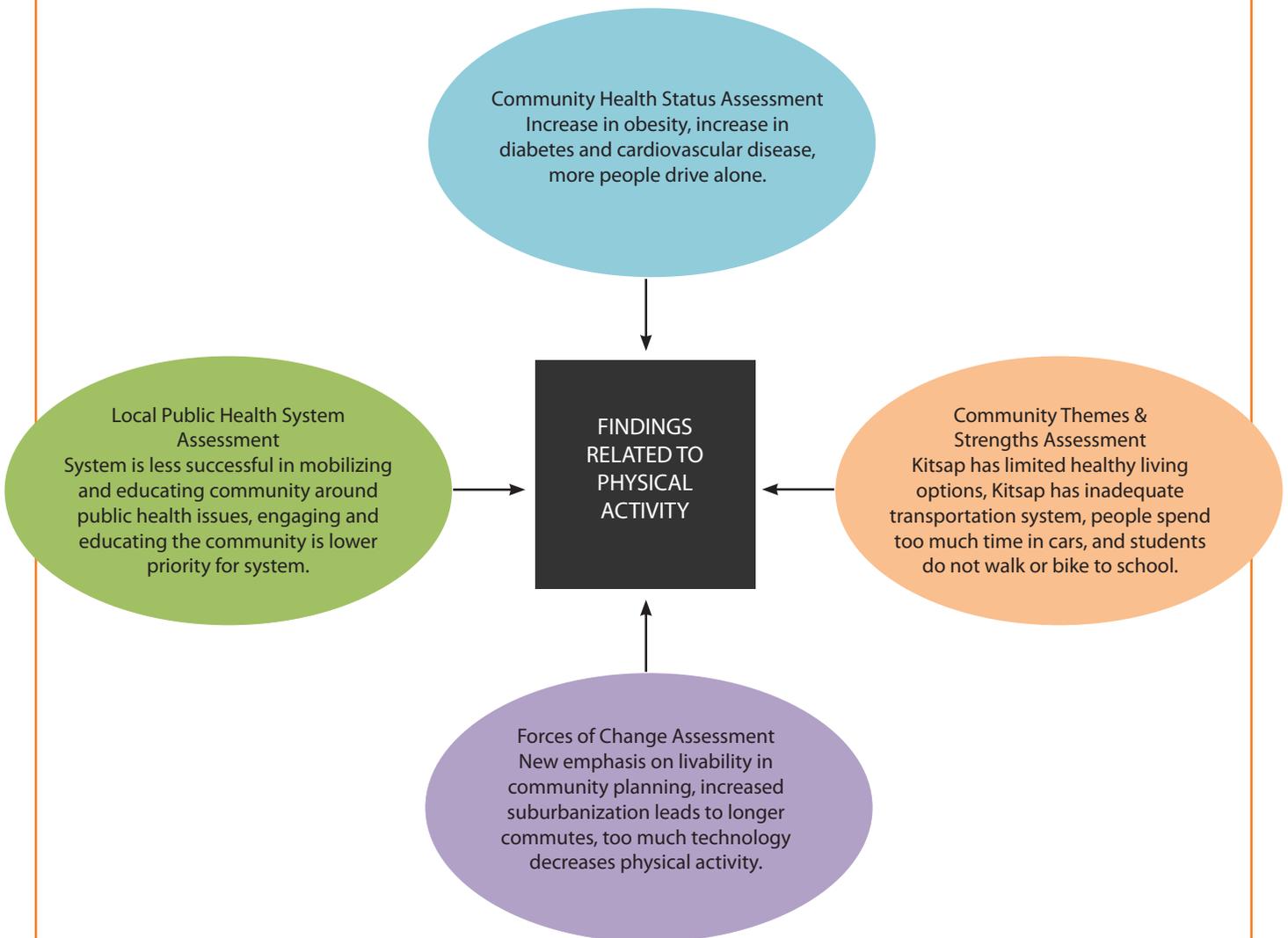
Figure 3.1 Process for identifying and selecting Community Health Priorities



Areas of Convergence

The KCHP Sponsor Group examined the findings of the four assessments and identified areas where the assessments converged. Figure 3.2 demonstrates how the findings from each of the four assessments can converge into an Area of Convergence.

Figure 3.2 Example of an Area of Convergence



In total, the group identified 14 Areas of Convergence (Table 3.3). All 14 Areas of Convergence with their supporting findings are available in Appendix A.

Table 3.3 Areas of Convergence

Aging Population	Active Living	Chronic Disease
Dental Care	Economy/Employment	Education
Healthy Food	Medical Care	Mental Health
Need for Publicly Funded Services	Racial/Ethnic Diversity	Transportation
Sense of Community	Substance Abuse	

Criteria for Selecting Strategic Issues

The KCHP Charter Group convened on September 20, 2011 to determine the criteria for selecting the strategic issues that need to be addressed to improve community health in Kitsap County. These are the criteria they selected:

- Represents convergence of four assessments
- Addresses a threat or presents an opportunity
- Serious consequences if not addressed
- Requires public health system partner action
- Is within our control
- Has more than one possible solution
- Involves more than one organization
- Projects well into the future
- Can be measured
- Leverages existing strengths and/or addresses existing weaknesses
- Maximizes the return on investment; directly or indirectly affects a large enough group of people

Draft Strategic Issues

After determining the criteria for selecting health priorities, the KCHP Charter Group reviewed the Areas of Convergence and developed a draft list of strategic issues and the desired goal of addressing each strategic issue (Table 3.4).

Table 3.4 KCHP draft strategic issues

Strategic Issue	Goal of addressing this strategic issue	Considering these key findings from the four assessments...
How do we encourage our aging population to share their knowledge and experience with the community?	Aging population volunteers in the community, resulting in improved community well-being and expanded workforce capacity	Aging population, retiring workforce, need for a greater sense of community
How do we make it easy for residents to be physically active?	Decreased incidence of chronic disease associated with limited physical activity	Decreasing physical activity, higher incidence of chronic disease, lack of physical activity amenities and access, new emphasis on livability in community planning
How do we ensure residents have information and education to make the healthiest choices?	Increase incidence of healthy behaviors	Incidence of unhealthy behaviors such as substance abuse, lack of physical activity, poor nutrition; decreasing immunization rate; pervasive marketing of things that are bad for us
How do we ensure residents have healthier food options?	Increase healthy eating	Decreased availability and affordability of healthy food; pervasive marketing of things that are bad for us; new emphasis on policies related to nutrition
How do we ensure access to medical, behavioral health, and dental care for all residents?	All residents have access to quality and affordable care when they need it	Local shortage of behavioral health and primary care providers; incidence of un- and underinsured residents; lack of affordable health care; adults with a personal doctor has decreased; fewer pregnant women accessing prenatal care in the first trimester
How do we create health and social equity in our community?	All residents have the opportunity for health and well-being	Differences in health outcomes by race/ethnicity, education level, income level, and health insurance status
How do we promote economic development that provides living wage jobs with benefits?	Increase socioeconomic well-being	Relationship between economic well-being and mental and physical well-being; incidence of unemployment, un- and underinsured; homelessness; unaffordable housing; business development; per capita and median income
How do we strengthen sense of community throughout Kitsap?	All residents are connected to and strive to improve their community	Tightly knit social environment; aging population may lead to more anti-tax mentality and lower likelihood of supporting public schools and community programs; community engagement, collaboration, resources, services; transportation systems

Refined Strategic Issues

On September 27, 2011 three groups of Community Representatives discussed the draft strategic issues and made recommendations about how the strategic issues should be refined. The three groups reported their recommendations:

- Discard strategic issue 3: How do we ensure residents have information and education to make the healthiest choices? Two groups felt that information and education regarding health choices should be incorporated into strategies for all other strategic issues.
- Discard strategic issue 6: How do we create health and social equity in our community? Community Representatives felt that this was too broad and not something they could meaningfully impact. One group felt that this issue should be incorporated into strategies for all other strategic issues.
- Add a new strategic issue: Two groups suggested that we add a strategic issue addressing healthy children and families. They felt that children and youth are a critical population not addressed directly in any of the other priorities.

Community Health Priorities

The Charter Group incorporated the feedback from the Community Representatives meeting and finalized the potential community health priorities that could be addressed by Working Groups (Table 3.5). As recommended, the education/information and health equity strategic issues did not become community health priorities but are overarching considerations for the other priorities.

Table 3.5 Potential community health priorities

Potential community health priority	Goal
Ensure access to affordable medical, behavioral health, and dental care for all residents	All residents have access to quality and affordable care when they need it
Make it easy for all residents to be physically active	Increase physical activity to minimize chronic diseases
Ensure all residents have healthier food options	All residents have access to healthy food
Promote economic development that provides living wage jobs with benefits	Increase socioeconomic well-being
Ensure all children and youth receive the support necessary to be healthy throughout life	All children, beginning prenatally, grow up in environments that support life-long health
Strengthen sense of community throughout Kitsap	All residents are connected to and strive to improve their community
Encourage our aging population to share their knowledge and experience to improve the community's health	Aging population volunteers in the community should result in improved community well-being and expanded workforce capacity

Community Health Priority Working Groups

Community Representatives reconvened on November 8, 2011 to create Working Groups to address the Community Health Priorities. Community Representatives self-selected by 'voting with their feet' into priority groups considering the following:

- Is the priority relevant to your job, agency, or organization?
- Does collaborating to address this priority help you do your job better or better serve your constituents?
- Could funding you receive now or in the future be dependent on collaborating around this priority?

The result of this selection process was four Working Groups organized around five Health Priorities (Table 3.6).

- One group each will address the access to care, economic development, and healthy families priorities.
- One group decided to address both the physical activity and healthier food options priorities.

Table 3.6 Final Community Health Priorities

Ensure access to affordable medical, behavioral health, and dental care for all residents
Make it easy for all residents to be physically active
Ensure all residents have healthier food options
Promote economic development that provides living wage jobs with benefits
Ensure all children and youth receive the support necessary to be healthy throughout life

Two health priorities do not have a Working Group:

- All Community Representatives agreed that the sense of community priority will be addressed as a result of action on the other priorities.
- There were too few Community Representatives interested in the aging priority to form a Working Group. Those interested decided to merge with the access to care group with specific focus on the aging population.

Each Working Group selected a chair and a secretary, decided how often and when to meet, and set a date for their next meeting. They developed guiding principles and identified others who should be invited to join their group. A few Community Representatives selected more than one Working Group to join.

It is important to note that the final list of priorities does not include some high profile issues, such as hunger and homelessness. Non-participation of certain sectors or an unclear relationship to health might account for this outcome. There will be opportunities in the future to evaluate the priority list against updated community health data to ensure the chosen priorities are the right ones to address to improve community health. Additionally, the priorities should take into account the overall context of health and human services and economics in our County.

Chapter 4:

Community Health Priority Strategies and Objectives

During December 2011, each Working Group met and began to identify strategies for addressing their Community Health Priority. Working Groups also considered any barriers to implementation and how they could overcome or address those barriers.

For each strategy, Working Groups will develop at least one process and one outcome objective to measure progress toward addressing their Community Health Priority (Figure 4.1). Each Working Group will measure objectives at baseline, before strategy implementation, and at regular intervals in the future. Working Groups will use a standardized template, The Working Group Action Plan (Appendix B), to record and report their strategies and objectives.

Figure 4.1 KCHP strategies and objectives definitions

KCHP strategies are the actions to address a health priority.

Each Health Priority may have multiple associated strategies. They range from site-specific to county-wide, and they involve developing or modifying a policy; creating or supporting a new program; modifying an existing program or system; or implementing a new partnership or collaboration.

KCHP objectives are specific, time-bound measurements to determine progress toward addressing Community Health Priorities.

Working Groups select both process and outcome objectives.

Process objectives state what will be done and when. The following is an example of a process objective:

By July 2012, we will have 30 primary care providers in Kitsap committed to discussing the benefits of physical activity with their patients.

Outcome objectives state the kind and amount of change expected in a given timeframe. The following is an example of an outcome objective:

The percentage of Kitsap adults who report meeting physical activity guidelines will increase from 41% (2009) to 60% (2014).

Priority-Specific Strategies and Objectives

The following tables contain the draft strategies and objectives developed by the Working Groups at their first meetings in December 2011. Working Groups will finalize their strategies and objectives after meeting with the KCHP Sponsor Group in February 2012.

Table 4.2 Make it easy for residents to be physically active, and ensure they have healthier food options—
Strategies and Objectives

Strategy	Objectives
Create a 5-2-1-0 Community Awareness Campaign	
Adopt policies for healthy workplace initiatives for Kitsap County	
Explore a partnership with the Kitsap Sun and Harrison Medical Center for outreach support	TO BE DETERMINED
Adopt 5-2-1-0 as a school-based initiative	

Table 4.3 Ensure access to medical, behavioral health, and dental care for all residents—Strategies and Objectives

Strategy	Objectives
Support efforts to bring Project Access to Kitsap County	TO BE DETERMINED

Table 4.4 Promote economic development that provides living wage jobs with benefits—Strategies and Objectives

Strategy	Objectives
Disseminate information on existing employment/workforce development opportunities through new outreach contacts.	By November 2012, have at least 4 new contacts distributing flyers/brochures.

Table 4.5 Ensure all children and youth receive the support necessary to be healthy throughout life—Strategies and Objectives

Strategy	Objectives
Develop and implement the use of a risk assessment by agencies that serve parents to develop an understanding of the life experiences and risks that adults may bring to their parenting experience, to identify priority needs of parents, and to explore ways to coordinate services for families.	<p>Working Group agrees upon and adopts a risk assessment tool and data collection methods by May 2012.</p> <p>At least five agencies agree to implement the use of the risk assessment by July 2012.</p> <p>To understand the life experiences and risks that adults may bring to their parenting experience: by November 2012, sufficient preliminary data will be collected to perform a first analysis of life course experiences and risk factors among Kitsap County parents.</p> <p>The group will explore ways to improve coordination of services for families and make 1-3 recommendations for Year 2 of the Action Phase.</p>
Work with Harrison Medical Center to have a policy adopted that makes a nurse home visit a standard part of postpartum care for all women.	<p>By March 2012, HMC will adopt the described policy.</p> <p>By July 2012, the policy and the home visiting program will be effectively communicated to all OB/GYN, family practice, and pediatric physicians. (Medical Home Leadership Project?)</p> <p>HMC staff working in Women & Children will demonstrate an increased knowledge of and support for the home visiting program.</p> <p>60% of Kitsap County civilian, resident mothers who give birth at HMC will have a nurse home visit.</p>
TO BE DEVELOPED: Policy around education or early literacy	



Chapter 5:

KCHP Process and Outcome Evaluation

We will evaluate KCHP in three areas: participation, goals, and Health Priorities.

1. Monitoring whether participants represent a broad and diverse cross-section of our community and whether participants stay engaged.
2. Achieving overall KCHP goals (see Chapter 1: What is KCHP) by collecting data from Community Representatives through surveys and interviews.
3. Addressing the Community Health Priorities by collecting or compiling data for priority-specific indicators.

Participants

KCHP depends on the input and ongoing engagement of its participants. The Sponsor Group disseminated invitations to Community Representatives via email. Both Sponsor Group and Charter Group members made targeted phone and email outreach to broaden KCHP participation for the September and November meetings, specifically targeting sectors un- or under-represented at the first KCHP meeting.

As KCHP moves forward, we will continue to monitor the participation of Community Representatives for diversity and ongoing engagement.

Data from Community Representatives

KCHP is a community-driven process. As such, it is important to collect feedback from Community Representatives about the process and whether we are making progress toward our overall goals.

At the first meeting of Community Representatives in May 2011, we collected data to clarify the community's views on the goals for KCHP. Using an Audience Response System (ARS), Community Representatives rated the goals on a scale of 1 to 5, where 1=not so important and 5=critically important. Table 5.1 shows the goals by average participant rating score (n=35):

Table 5.1 Importance of KCHP goals to Community Representatives Average Score

Improve health outcomes	4.7
Improve communication amongst agencies	4.6
Improve collaborative planning amongst agencies	4.6
Increase knowledge sharing amongst agencies	4.5
Increase community engagement	4.4
Increase public support to improve health	4.3
Improve health equity	4.3
Increase public awareness of community health issues	4.0
Increase access to data	3.6
Improve planning in your own agency	3.6

Community Representatives were given the opportunity to suggest additional goals; only one representative offered an additional goal, which was 'emphasis on prevention and early intervention.

At the second meeting of Community Representatives in September 2011, we used ARS again to collect data about how much progress attendees felt the KCHP process had made in achieving these goals.

These data serve as a baseline for evaluating progress over time. To measure this, participants were asked to rate progress on the goals since the first meeting of Community Representatives in May, using a scale of 1 to 4, where 1=no progress and 4=great progress. Table 5.2 has the baseline results of the proportion of representatives rating progress as a '3', some progress, or '4', great progress (n=32):

Table 5.2 Progress on achieving overall KCHP goals Score 3 or 4

Improve health outcomes	*
Improve communication amongst agencies	65%
Improve collaborative planning amongst agencies	50%
Increase knowledge sharing amongst agencies	67%
Increase community engagement	35%
Increase public support to improve health	6%
Improve health equity	0%
Increase public awareness of community health issues	25%
Increase access to data	64%
Improve planning in your own agency	35%

* results for this goal were not retrievable from the ARS system

The KCHP Planning Process created a new forum for agencies to communicate with each other, share data and knowledge, and collaborate. Therefore, we were not surprised to see that a majority of Community Representatives indicated that progress had been made on these goals. However, because these data were collected before KCHP strategies had been finalized or implemented, we did not anticipate that participants would report much progress on KCHP goals requiring action. As the Kitsap community moves forward with implementing KCHP, we expect scores to increase.

At the third meeting of Community Representatives in November 2011, we distributed questionnaires to collect data about satisfaction with the KCHP Planning Process. Community Representatives were asked to rate their experience with the KCHP process (poor, fair, average, good, and excellent). A large majority (92%) rated the KCHP Planning Process as good or excellent.

As KCHP moves forward, we will continue to collect data at semi-annual meetings of Community Representatives and measure the results against the baseline. If trends suggest that we need to make any course corrections, the Community Representatives will consider options for improving KCHP.

Priority-Specific Indicators

As we described in Chapter 4: Community Health Priority Strategies and Objectives, each Working Group is identifying strategies for addressing a Community Health Priority and objectives for measuring progress on those strategies. To do this, Working Groups will collect, compile, and compare data on priority-specific community health status indicators. Some of the priority-specific data will be accessible through usual public health data systems while other data may be original and collected by KCHP. The Working Groups will report these data every November, at the semi-annual meeting of Community Representatives. KCHD will also post these data to the KCHP website.

Chapter 6:

Next Steps – Action Phase

Sustained participation in KCHP largely depends on the following Guiding Principles:

- To keep community participants engaged and committed during implementation, they need to work on community health priorities that are relevant to their agency, job, or personal passion.
- Community participants need regular opportunities to convene, share data and information, and celebrate progress and success.

With this in mind, the Sponsor Group met in October 2011 to develop the organization and timeline for Year One of the KCHP Action Phase. The Sponsor Group presented these to the Community Representatives at the November 8, 2011 meeting.

Objectives of KCHP Action Phase

The KCHP Action Phase has three main objectives:

1. Collaborate to address Kitsap County's community health priorities by implementing strategies in an efficient and coordinated manner.
2. Use measurable objectives to track progress on strategies that address community health priorities.
3. Maintain updated KCHP repository of community health data.

Action Phase Organization and Timeline

The Sponsor Group modified the leadership structure for the Action Phase (Figure 6.1). The Sponsor Group would remain intact - planning community meetings, updating the website, and providing data to the community. The Charter Group would be dissolved and members would shift their participation to Working Groups. Community Representatives will continue to participate in KCHP community meetings in addition to participation in Working Groups. Working Group chairs will meet quarterly with the Sponsor Group to report on progress and identify opportunities to collaborate and leverage resources. The Sponsor Group designed a timeline for the Action Phase to maximize ongoing engagement and participation (Figure 6.2).

Figure 6.1 KCHP Action Phase leadership

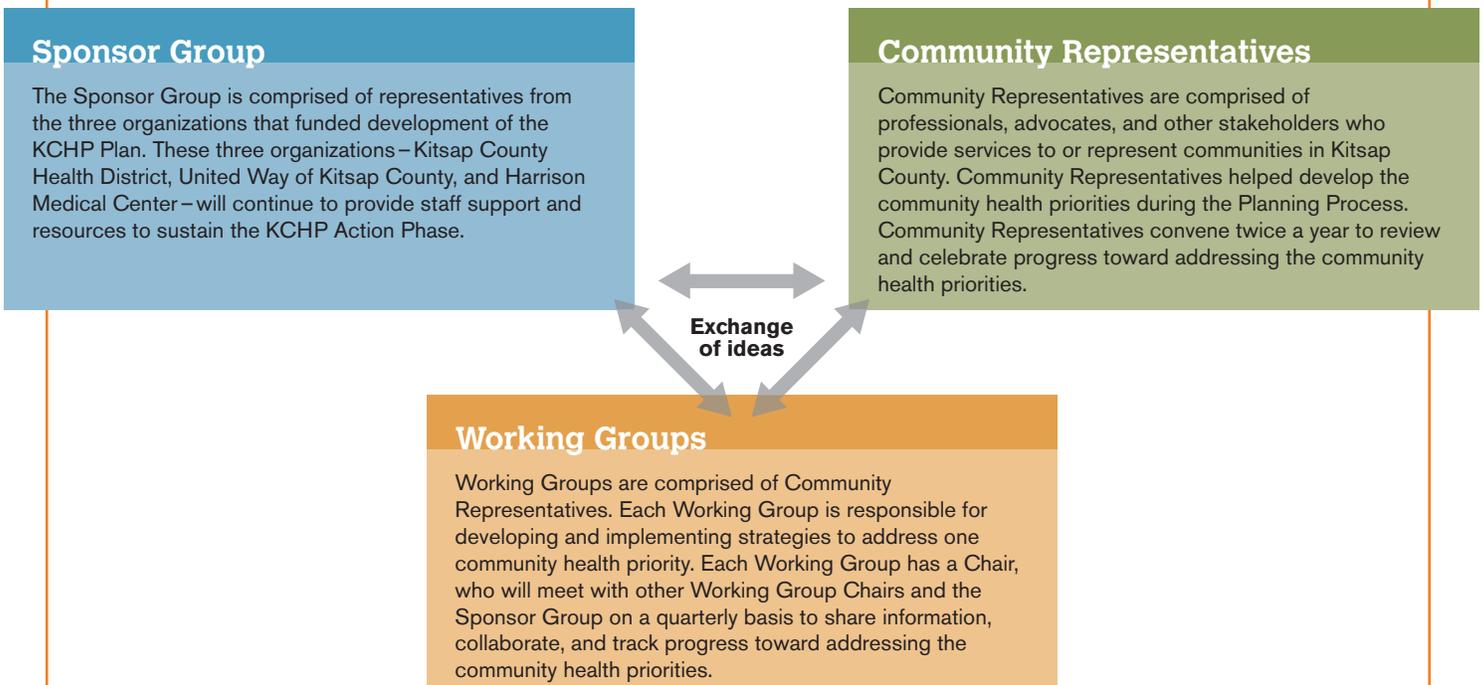
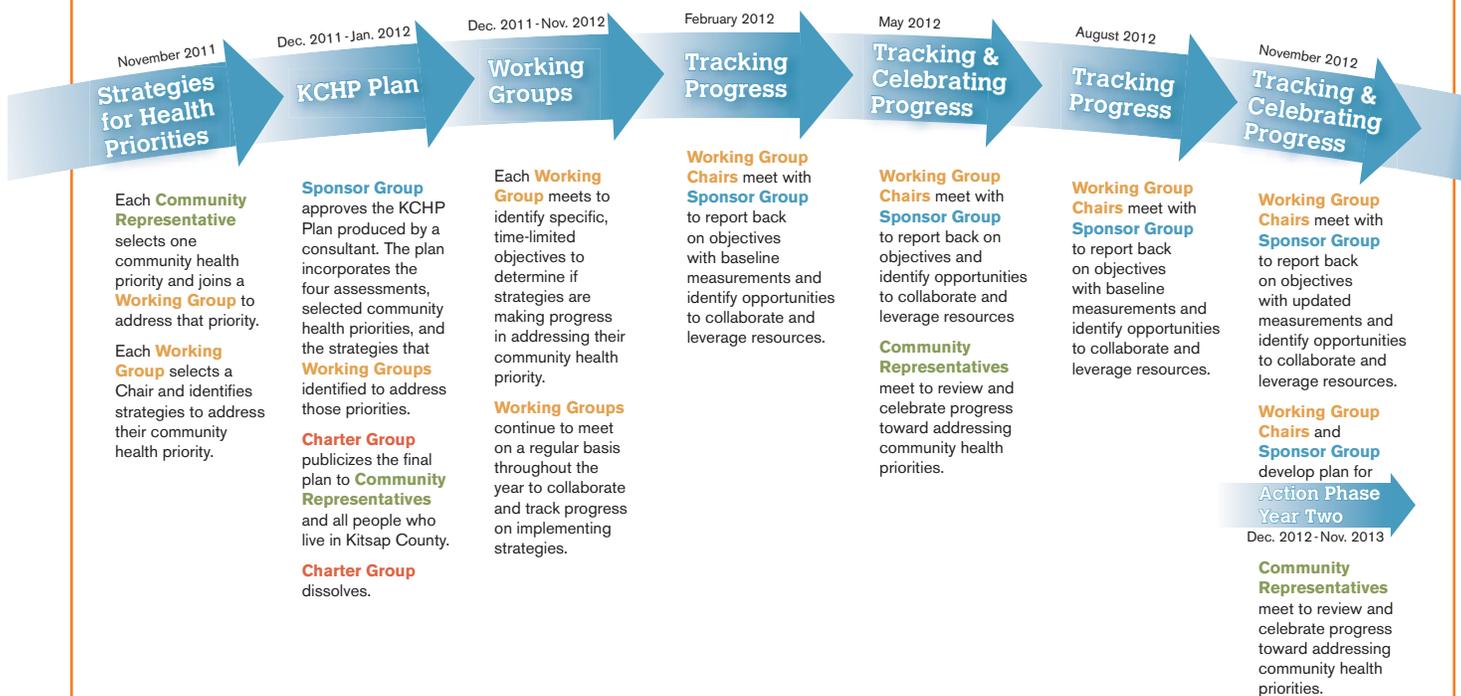


Figure 6.2 KCHP Action Phase timeline



Next Steps

Throughout 2012, Working Groups will move forward with implementing their strategies and tracking their objectives. Community Representatives will reconvene in May and November 2012 to review and celebrate progress toward Kitsap's Community Health Priorities. The Sponsor Group and Working Group chairs will develop a plan for Year Two of the Action Phase in November 2012 which will include ensuring the selected priorities are the right ones. The Sponsor Group and other interested community agencies will collaborate to update the KCHP community health data on a 'to be determined' schedule.

Regularly scheduled meetings for all levels of participation were key to the success of the Planning Process because they kept the process predictable and allowed new participants to become involved along the way. Likewise, KCHP's success in the future will be dependent upon its continued ability to keep current participants engaged while also engaging new participants who commit to collaborating around the Health Priorities. Community funding agencies plan to align their funding awards with these Priorities. The future alignment of funding with the Community Health Priorities will expand the breadth and help ensure sustainability of collaborative community efforts toward improving community health outcomes.

Appendix A:

Areas of Convergence

The Kitsap Community Health Priorities (KCHP) Charter Group conducted four assessments to compile information that will be used to identify community health priorities. These four assessments are:

- The Community Health Status Assessment examined 194 indicators to identify priority community health and quality of life issues.
- The Community Themes and Strengths Assessment surveyed Kitsap residents to understand their perceptions of and priorities for community health and Kitsap's assets and weaknesses.
- The Forces of Change Assessment focused on identifying the trends, factors, and events and the threats or opportunities associated with those forces of change that affect the context in which the community and its health system operate.
- The Local Public Health System Assessment focused on the capacities and strengths of the local public health system.

Once the KCHP Charter Group completed these assessments, the KCHP Sponsor Group reviewed the findings and identified 14 areas where the assessments converged.

Of note:

One overarching theme from the KCHP assessment findings is that Kitsap residents report feeling healthy, but some general health outcomes are flat to worsening over time. The vast majority of adults report having excellent, very good, or good general health but life expectancy and overall death rates have not improved in the past 20 years. In fact, Kitsap is worse than Washington State for both measures.

Assessment Findings Related to Aging Population

Community Health Status

- Kitsap's population is aging. In the past 10 years, the adult populations aged 45-64 and 65+ increased about 35%
- One in twenty older adults live in poverty; one in five live at 200% poverty
- Older adults use the health care system more than others
- More than one-third of seniors age 65+ have a disability
- Unintentional fall deaths have increased

Community Themes and Strengths

- Some survey respondents report that age prevents better health
- On average survey respondents report Kitsap is an okay place to grow old, but it was not an overwhelmingly positive response (53% yes, 33% neutral)
- Survey respondents report that Kitsap has a tightly knit social environment, with access to friends, family, neighbors, and community networks
- Survey respondents report that Kitsap has good community and social services
- Survey respondents report that Kitsap offers access to high quality health care, although it is not affordable for many people and there are limited medical, dental, and mental health care options
- Survey respondents report that Kitsap has an abundance of activities, including recreation, community events, and a variety of local businesses
- Survey respondents report that Kitsap has an inadequate transportation system

Forces of Change

- Aging population creates opportunity for a new service market, larger and more educated workforce and volunteer population, and a greater depth of knowledge
- Aging population may increase health care costs, change the workforce, and increase social isolation and its consequences
- The aging population may have more of an anti-tax mentality and be less likely to support public schools and community programs

Local Public Health System

- Local public health system is performing less successfully in educating the public about prevention, wellness and other public health issues and in developing policies that help improve the community's health
 - A top priority of KCHD staff and community partners is to maintain a competent public health workforce, because an estimated 40% of public health workforce will retire in the next 10 years, taking their expertise and experience with them
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Assessment Findings Related to Active Living

Community Health Status

- Fewer teens are walking or biking to school
- About half of adults and teens report low levels of physical activity, female rates lower than males; low-income adults have the lowest rate
- One in five teens spends 3+ hours on school days watching TV or playing computer or video games for fun

Community Themes and Strengths

- Some survey respondents report being unhealthy or less healthy due to lack of exercise, time/motivation for exercise, cost, lack of safe walking/biking options, access to affordable and accessible indoor facilities, lack of role models
- Survey respondents rate health behaviors second in importance to health
- Some survey respondents report disliking Kitsap due to lack of safe recreation areas, family activities, recreation places in bad weather

Forces of Change

- New emphasis on livability in community planning may offer resources for healthy living, but may also shift funds from other needs, or have adverse effects to freight mobility and economic development
- Potential friction between planners/developers and proponents of active living

Local Public Health System

- Local public health system is performing less successfully in educating and engaging the community on health issues and in developing policies that improve the community's health
 - Engaging and educating the community on health issues is identified as a lower priority by KCHD staff and community partners
-

Assessment Findings Related to Transportation

Community Health Status

- Of workers who do not work at home, for the majority of their commutes:
 - More than 7 in 10 drive alone
 - Just over 1 in 10 ride in a vanpool/carpool
 - Less than 1 in 10 ride the bus or ferry
- Kitsap Transit budget cuts in 2000 and 2009 have resulted in service reductions and decreased ridership
- Fewer teens are walking or biking to school
- Motor-vehicle related hospitalizations and deaths have decreased

Community Themes and Strengths

- Some survey respondents report being unhealthy or less healthy due to too much time in cars, lack of convenient/efficient public transportation options, cost of gas/ferries
- Survey respondents rate transportation low in importance to health
- Some survey respondents report liking Kitsap for low congestion, proximity to urban areas
- Some survey respondents report disliking Kitsap due to lack of: public transportation, limited transportation service areas, long commutes, long distance to amenities, cost to leave county (ferry/bridge), poor road condition/design, congestion

Forces of Change

- New emphasis on livability in community planning may offer resources for healthy living, but may also shift funds from other needs, or have adverse effects to freight mobility and economic development
- Increased suburbanization leads to increased commute times

Local Public Health System

- Public health system not traditionally involved in transportation issues
 - Local public health system is performing less successfully in educating and engaging the community on health issues and in developing policies that improve the community's health
 - Engaging and educating community on health issues is identified as a lower priority by KCHD staff and community partners
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Assessment Findings Related to Chronic Disease

Community Health Status

- Increase in adults who are overweight or obese
- Just over 1 in 4 teens is overweight or obese
- About 2 in 3 adults and 3 in 4 teens had a routine medical check-up in past year
- Increase in adults ever told they have high blood pressure or high cholesterol
- Increase in diabetes-related hospitalizations and deaths
- Top leading cause of hospitalization and death is major cardiovascular disease
- Decrease in rates of cervical, colorectal cancer incidence and lung, colorectal cancer deaths

Community Themes and Strengths

- Some survey respondents report being unhealthy or less healthy because of weight, chronic conditions, lack of health care/insurance, or unaffordable health care/insurance
- Less than half of survey respondents are satisfied with the health care system
- Survey respondents rate health care highest in importance to health
- Survey respondents report that Kitsap has an abundance of activities, including recreation, community events, and a variety of local businesses
- Survey respondents report that Kitsap has an inadequate transportation system, including lack of shoulders for safe walking and biking
- Survey respondents report that Kitsap has limited healthy living options, including lack of support for safe recreation and healthy eating options

Forces of Change

- New emphasis on livability in community planning may offer resources for healthy living, but may also shift funds from other needs, or have adverse effects to mobility, econ development
- New technology and access to information through social media and the internet provide opportunities to affect behavioral and policy change
- The aging population may result in increased health care costs
- Marketing/availability of things that are bad for us may increase adverse health conditions, such as obesity, high blood pressure, and diabetes
- Too much use of technology decreases physical activity
- Misinformation, especially about health care, is more readily available and may increase preventable disease incidence

Local Public Health System

- Local public health system has good performance in assessing community health status and public health issues
 - Local public health system is performing less successfully in educating and engaging the community on health issues and in developing policies that improve the community's health
 - Engaging and educating the community on health issues and improving access to health care services are identified as lower priorities by KCHD staff and community partners
 - Public health system shift to chronic disease prevention; KCHD new program in 2010
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Assessment Findings Related to Substance Abuse

Community Health Status

- 1 in 4 adults age 18-34 are smokers
- Women smoking during pregnancy is higher than Washington State and higher for younger, lower educated, and low-income women
- Smoking rate for teens is unchanged; 10th grade smoking rate is twice as high as 8th grade
- 1 in 5 tenth graders used marijuana last month
- Adult binge drinking has increased
- Alcohol use and binge drinking amongst teens has decreased
- In the past month, nearly 1 in 5 tenth graders have ridden in a car with someone who has been drinking
- Alcohol, drug and opiate related hospitalizations have increased
- Opiate related deaths have increased
- Unintentional poisoning deaths have increased

Community Themes and Strengths

- Some survey respondents report being unhealthy or less healthy due to tobacco, alcohol and drug abuse
- Survey respondents rate health behaviors second in importance to health
- Survey respondents report that Kitsap offers a tightly knit social environment, with access to family, friends, neighbors, and community networks and a sense of safety
- Survey respondents report that Kitsap offers good community and social resources
- Some survey respondents report disliking Kitsap because of smokers and drug abusers

Forces of Change

- Increasing opiate addiction may result in more opiate-related crime, increased cost and misuse of health care and may increase black market for opiates
- Opiate addiction adversely impacts families
- Increasing opiate addiction has brought the provider community together, resulted in collaboration around new methadone clinic, and resulted in policy change for providers.
- Reduced funding for social and public health services may result in loss of critical infrastructure, force focus on crisis intervention instead of prevention, decrease funding for direct services

Local Public Health System

- Local public health system is performing less successfully in educating and engaging the community on health issues and in developing policies that improve the community's health
 - Engaging and educating community on health issues is identified as a lower priority by KCHD staff and community partners
 - Tobacco program funding cuts to public health
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Assessment Findings Related to Healthy Food

Community Health Status

- About 1 in 3 adults and 1 in 6 teens are experiencing food insecurity
- Food bank usage up in 2010 compared to previous year
- More than 1 in 3 public school students received free/reduced lunch; 3 in 5 students in Bremerton
- People have less access to supermarkets and more access to fast food and convenience stores
- Breastfeeding in the hospital more common among higher income women; average duration of breastfeeding unknown
- Majority of adults and young people do not eat recommended daily amount of fresh fruits and vegetables
- 1 in 3 teens drank more than one soda (not diet) yesterday

Community Themes and Strengths

- Some survey respondents report being unhealthy or less healthy due to bad eating habits, cost of healthy food (fast food cheap, farmers markets expensive), lack of access to healthy food
- Survey respondents rate health behaviors second in importance to health
- Survey respondents report that Kitsap has limited healthy living and healthy eating options

Forces of Change

- Marketing and availability of things that are bad for us may provide an opportunity to influence industry and expand public awareness and prompt policy change, but it also may increase adverse health conditions and drive political decisions that negatively affect health
- New emphasis on livability in community planning may offer resources for healthy living, but may also shift funds from other needs, or have adverse effects to freight mobility and economic development

Local Public Health System

- Local public health system is performing less successfully in educating and engaging the community on health issues and in developing policies that improve the community's health
 - Engaging and educating community on health issues is identified as a lower priority by KCHD staff and community partners
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Assessment Findings Related to Medical Care

Community Health Status

- 1 in 6 adults is uninsured or underinsured; most children are insured
- Kitsap has primary care provider shortage in Bremerton/Port Orchard areas
- Adults with a personal doctor has decreased
- About 2 in 3 adults and 3 in 4 teens had a routine medical check-up in past year
- Over 1 in 3 births is paid for by Medicaid
- Adults getting routine recommended cancer screenings (e.g. mammograms, pap test, colonoscopy) has not changed over time
- Pregnant women accessing prenatal care in the first trimester is worse than that of Washington State and more pregnant women are waiting until the third trimester to access prenatal care
- Low birth weight babies have increased, highest among mothers with low education

Community Themes and Strengths

- Some survey respondents report being unhealthy or less healthy due to no healthcare/ insurance, unable to afford care/ insurance/ medications, limited options including alternative and prenatal, limited accessibility to care when needed (end up at ER), lack of care coordination, low quality of care
- Survey respondents rate health care as highest in importance to health
- Less than half of survey respondents are satisfied with the health care system
- Although survey respondents report access to high quality health care is an asset to Kitsap, lack of access to affordable health care; limited options for medical, mental health, and dental care; and lack of coordinated care are weaknesses

Forces of Change

- Reduced funding for social and public health services may encourage entrepreneurship, more creative problem solving, more collaboration, and more efficient use of resources
- Reduced funding for social and public health services may result in loss of critical infrastructure, force focus on crisis intervention instead of prevention, and decrease funding for direct services
- Health care reform provides an opportunity to improve quality and care coordination, improve access to health care, and focus on preventative care, but may be costly to implement and create confusion
- Higher unemployment results in increased burden on community safety net and is likely to expand under- and uninsured populations
- Reduced prenatal care and access to maternal services will increase costs, pregnancy and delivery complications, and related poor outcomes that have long-term effects

Local Public Health System

- Improving access to health care services is identified as a lower priority by KCHD staff and community partners
 - Maternal Support Services funding cuts
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Assessment Findings Related to Dental Care

Community Health Status

- Lower-income adults are much less likely than moderate- to high-income adults to visit a dentist
- About 3 in 4 teens visit a dentist regularly
- Kitsap has no designated dental provider shortage areas
- About 1 in 3 adults report having a tooth extracted due to gum disease and/or tooth decay

Community Themes and Strengths

- Some survey respondents report being unhealthy or less healthy due to limited dental options
- Survey respondents rate health care highest in importance to health
- Less than half of survey respondents are satisfied with the health care system
- Some survey respondents report disliking Kitsap due to lack of dental care options, dental programs for low-income populations

Forces of Change

- Poor economy and funding reductions for social and public health services may encourage creative approaches to solving community problems, collaboration and more efficient use of resources, but may also result in more un- and underinsured, higher health care costs associated with poor health, and permanent loss of critical infrastructure

Local Public Health System

- Improving access to health care services is identified as a lower priority by KCHD staff and community partners
 - KCHD oral health coordinator position cut December 2010
-

Assessment Findings Related to Mental Health

Community Health Status

- More than 1 in 10 adults report 14 or more days of poor mental health in the past month; almost 1 in 4 with income less than \$25,000
- More than 1 in 4 new moms screened positive on a test for post-partum depression
- About 3 in 10 eighth graders were bullied in the past month
- One in three tenth graders felt so sad/hopeless that they stopped their usual activities, higher among females
- About 2 in 3 teens have an adult to turn to when feeling sad/hopeless
- Almost 1 in 6 teens seriously considered 1 in 15 actually attempted suicide
- Women, adults age 18-34, and Bremerton and South Kitsap residents are more likely to be hospitalized because of intentional self injury
- Suicide death rate higher among males and in Bremerton and South Kitsap
- Suicide is the 8th leading cause of death; 2nd for ages 15-44
- Kitsap is a designated mental health provider shortage areas

Community Themes and Strengths

- Some survey respondents report being unhealthy or less healthy due to lack of healthcare/ insurance, limited mental health options, services do not meet need, depressing weather, stress due to economic downturn/work environment
- Survey respondents rate health care highest in importance to health
- Less than half of survey respondents are satisfied with the healthcare system
- 6 in 10 survey respondents feel there are networks of support for individuals and families
- Survey respondents report that Kitsap offers good community and social resources; a tightly knit social environment, with access to family, friends, neighbors, and community networks; and a sense of safety
- Some survey respondents report disliking Kitsap due to lack of community spirit/county cohesiveness, need more support for mental health and drug abuse recovery, too much rain brings on depression

Forces of Change

- Poor economy results in poorer mental health
- Reduction in funding for social services force focus on crisis intervention instead of prevention

Local Public Health System

- Local public health system is performing less successfully in educating and engaging the community on health issues and in developing policies that improve the community's health
 - Engaging and educating community on health issues and improving access to health care services are identified as a lower priorities by KCHD staff and community partners
 - KCHD injury prevention program (suicide prevention) program cut December 2010
-

Assessment Findings Related to Need for Publicly Funded Services

Community Health Status

- More people are living at or near poverty
- More people are accessing food banks
- Unemployment rate is higher
- Most adults report getting the social/emotional support they need
- More than 1 in 10 adults report 14 or more days of poor mental health in the past month; almost 1 in 4 with income less than \$25,000
- Child protective services referrals have decreased
- Density of arts, recreation, and entertainment facilities has increased

Community Themes and Strengths

- Survey respondents at lower income level rate education/literacy, housing, parks and recreation, social services, and transportation as more important to health
- Survey respondents at lower income levels give lower ratings for satisfaction with Kitsap quality of life, satisfaction with health care system, good place to raise children, safe place to live
- Some survey respondents report being unhealthy or less healthy due to budget cuts to safety-net, reduced funding to education/ medical/ dental/ housing, high cost of living, lack of livable wage jobs
- Some survey respondents report disliking Kitsap due to numbers of individuals on public-support and too much emphasis and dependence on public programs

Forces of Change

- Reduction in funding for social services may create new opportunities for collaboration and efficient use of resources, but may also result in loss of critical infrastructure; focus on crisis intervention rather than prevention; decrease funds for direct services; and a grant chasing environment

Local Public Health System

- KCHD offering fewer direct services
-

Assessment Findings Related to Racial/Ethnic Diversity

Community Health Status

- Increasing Non-White, non-Hispanic population, particularly Hispanic and multi-racial
- Non-White and non-Asian groups have the lowest incomes
- High school graduation rates and drop-out rates worse for non-White and non-Asian groups
- Unknown if there are differences in health access, conditions and outcomes by race/ethnicity

Community Themes and Strengths

- On average survey respondents think race/ethnicity is somewhat important to health (3 on scale of 5)
- Survey respondents indicated that lack of diversity and culture is a community weakness
- Community representatives identified the persistence of health inequities as a community weakness

Forces of Change

- Increase in minority/immigrant populations may result in communication gaps

Local Public Health System

- Improving access to health care services is identified as a lower priority by KCHD staff and community partners. This includes providing culturally and linguistically competent care
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Assessment Findings Related to Education

Community Health Status

- Low-income students are less likely to graduate on time and more likely to drop out than moderate- to high-income students. Kitsap graduation and drop-out rates better than Washington State and better over time
- Low-income mothers are less likely to have at least a high school education; Kitsap rate for all mothers is better than Washington State
- Pregnant women with less than high school education seek prenatal care later, smoke more, have more low birth weight babies, have more preterm births and breastfeed less

Community Themes and Strengths

- Survey respondents with less than college education rate “how healthy are you” lower than those with college education
- Survey respondents rate education 5th highest in importance to health
- Survey respondents with less than college education rate “satisfied with quality of life in Kitsap County” and “Kitsap a safe place to live” lower than those with college education
- Some survey respondents report being unhealthy or less than healthy due to lack of education, lack of health education, limited higher education opportunities, decreasing education funding
- Some survey respondents report disliking Kitsap due to lack of four year college, cuts to job training programs at OC, inequities between districts/schools

Forces of Change

- Local focus on kindergarten readiness creates an opportunity to improve educational and life outcomes, but may decrease focus on other education levels
- Beliefs fueled by misinformation provide opportunities to emphasize research/data to correct misinformation and for policy changes but may have adverse impacts on the health of families and communities
- More access to information may provide opportunities to use existing communication channels to reach people and promote use of non-traditional communication channels, but may cause overload of information and disrupt personal relationships between health care provider and patient

Local Public Health System

- Local public health system is performing less successfully in educating and mobilizing the community around health issues
 - Engaging and educating community on health issues is identified as a lower priority by KCHD staff and community partners
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Assessment Findings Related to Economy/Employment

Community Health Status

- More people are living at or near poverty
- More people are accessing food banks
- Unemployment rate is higher
- The top employer in the County is Naval Base Kitsap, followed by Harrison Medical Center and Kitsap County
- Households with children with a single-parent have increased. Births to unmarried women have increased
- Nearly 4 in 10 households spend more than 30% of monthly income on housing
- Over 2,000 persons who applied for Food Stamps Assistance reported being homeless, up 63% over 2 years

Community Themes and Strengths

- Survey respondents rate employment/economy third highest in importance to health
- Only just over one-quarter of survey respondents feel there is economic opportunity Some survey respondents report being unhealthy or less healthy due to cost of living/poverty/lack of economic opportunity (no or low paying jobs, cost of living high)
- Some survey respondents report liking Kitsap due to jobs/economy and the military
- Some survey respondents report disliking Kitsap due to lack of economic opportunity- limited jobs, lack diverse economy

Forces of Change

- Poor economy may drive entrepreneurship, increase collaboration and efficient use of resources, strengthen partnerships, and increase community member participation in events/offering, but may increase burden on community safety net and increase unemployment, under- and uninsured population, mental health disease, and foreclosures/homelessness

Local Public Health System

- Recent decreases in public health funding – lack of stable, flexible public health funding
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Assessment Findings Related to Sense of Community

Community Health Status

- 68% of Kitsap population in unincorporated areas; 9% in Bainbridge Island; 15% in Bremerton; 4% in Port Orchard; and 4% in Poulsbo; highest population growth in Kitsap County cities over past 10 years has been in Port Orchard and Poulsbo
- Household composition has changed – fewer husband-wife with or without children and single female with children households; more single male with children and individuals living alone of all ages and specifically adults age 65+
- Density of arts, recreation and entertainment facilities has increased; density of supermarkets has decreased while density of convenience stores, fast food, and full service restaurants have all increased
- Of workers who do not work at home, for the majority of their commutes: more than 7 in 10 drive alone; just over 1 in 10 ride in a vanpool/carpool; less than 1 in 10 ride the bus or ferry
- Kitsap Transit budget cuts in 2000 and 2009 have resulted in service reductions and decreased ridership
- Most adults report always or usually getting the social/emotional support they need
- One in three tenth graders felt so sad/hopeless that they stopped their usual activities; about 2 in 3 teens have an adult to turn to when feeling sad/hopeless
- Property crime rate has decreased but violent crime rate hasn't changed; differences by sub-county region for both
- Almost 1 in 4 adults is not registered to vote; almost 1/2 of those registered didn't vote in the November election

Community Themes and Strengths

- Two-thirds of survey respondents are satisfied with quality of life in Kitsap County
- Nearly two-thirds of survey respondents feel Kitsap is a good place to raise children and is a safe place to live
- Nearly three-fifths of survey respondents feel there are networks of support
- Only just over one-third of survey respondents feel Kitsap community members have a shared feeling of pride
- Some survey respondents report liking Kitsap due to the social environment- family and friends, neighbors, community networks, low crime
- Some survey respondents report disliking Kitsap due to the social environment- crime, military population not permanent, lack of diversity/culture, sub-county communities insular
- Survey respondents ranked religious/faith-based values and arts & culture as least important to health

Forces of Change

- Increased collaboration in the community may identify clearer outcomes; increase accountability, representation from all sectors, and strength in knowledge sharing; allow for varying levels of participation; and create sustainable programs; but may result in competition for funds and cause turf issues

Local Public Health System

- Local public health system is performing less successfully in educating and mobilizing the community around health issues
 - Engaging and educating community on health issues is identified as a lower priority by KCHD staff and community partners
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