

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

2023 Comprehensive Community Assessment

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## Data Points of Interest

<b>Kitsap County:</b>	<b>Year</b>	<b>Number</b>	<b>Percent</b>
Total Population [1]	2022	280,717	100%
Children Aged birth to 4 [1]	2022	16,044	6%
Children Aged birth to 4 [2]	2018-22	14,811	5%
Children Aged birth to 5 [2]	2018-22	17,683	6%
Residents Living in Poverty (All Ages) [2]	2018-22	23,923	9%
Children Under Age 5 (0 to 4 years) Living in Poverty, Percent out of total birth to 4 population [2]	2018-22	1,563	11%
Children Under Age 18 (0 to 17 years) Living in Poverty, Percent out of total 0-17 population [2]	2018-22	5,661	21%
Public School Students Eligible for Free & Reduced Lunch [3]	2021-22	12,445	37%
Number of Live Births [4]	2022	2,935	n/a
Number of Medicaid-Paid Births [4]	2022	770	26%^
Number of Births paid by Tri-Care/Champus [4]	2022	710	24%^
Pregnant Women Starting Prenatal Care in 1 <sup>st</sup> Trimester [4]	2022	1,575	73.5%^^
Pregnant Women Smoking [4]	2022	126	4.3%^^
Number of Childcare Providers [5]	2022	126	n/a
Number of Childcare Available Capacity [5]	2022	4772	n/a
Kitsap County Early Head Start/Head Start Programs Cumulative Enrollment [6]	2022-23	387	n/a
Median Household Income [2]	2022	\$87,314	n/a

^ Percentage out of all live births

^^ Percentage out of all pregnant women

## Abbreviations

Early Head Start	EHS
Head Start	HS
Early Childhood Education and Assistance Program	ECEAP
Early Learning Center	ELC
Kitsap Community Resources	KCR
Olympic Educational Service District 114	OESD
Kitsap Interagency Coordinating Council	KICC
Washington	WA
Temporary Assistance for Needy Families	TANF
Supplemental Security Income	SSI
Supplemental Nutrition Access Program	SNAP
Program Information Report	PIR
Office of Financial Management	OFM
American Community Survey	ACS
Kitsap Public Health District	KPHD
Public Health of Seattle and King County	PHSKC
Department of Health	DOH
Small Area Demographic Estimates	SADE
Population Interim Estimates	PIE
Healthy Youth Survey	HYS
Behavioral Risk Factor Surveillance Survey	BRFSS
Infant Toddler Early Intervention Program	ITEIP
Department of Social and Health Services	DSHS
Individualized Family Service Plan	IFSP
Individualized Education Program	IEP
Federal Poverty Level	FPL
Home Affordability Index	HAI
Adverse Childhood Experiences	ACES
Department of Children, Youth, and Families	DCYF
Accountable Community of Health	ACH

# I. Executive Summary

## **Introduction**

The Head Start (HS) and Early Childhood Education and Assistance Program (ECEAP) of Kitsap Community Resources (KCR), Olympic Educational Service District (OESD) 114, The Suquamish Tribe, and the Port Gamble S’Klallam Tribe makeup the Kitsap Interagency Coordinating Council. These organizations provide care and education for infants, toddlers, and young children as well as parents and families across Kitsap County. The Head Start and Early Head Start programs offered by the above partners are focused on providing early learning childcare or preschool. Some HS and EHS offer home-based services. All programs involve the family and familial support as well as child health coordination and nutrition while being culturally and socially cognizant [7].

The goal of this report is to provide a comprehensive description of the community served in accordance with the Code of Federal Regulations, 45 CFR Chapter XIII, Section 1305 in addition to outlining community needs and strengths. The data can help organizations to best serve their community, using timely data for planning, programming, and outreach.

## **Data highlights**

### ***Demographic***

Demographic data can help programs better understand everyone in the service region. This report provides additional context about the population living in Kitsap, as well as demographic information about children and parents. Kitsap’s population is increasing in size, and much of the increase is within the older population. South Kitsap remains the most populous region and the region experiencing the most growth.

Kitsap is home to several unique populations, including a large military population and two sovereign tribal nations: the Port Gamble S’Klallam Tribe and the Suquamish Tribe. A vast majority of Kitsap residents speak English, but Spanish and Tagalog are also prevalent in the county. Around 30% of county residents identify as multiracial or race or ethnicity other than non-Hispanic white. Additionally, 15% of the county lives with at least one disability. KICC early education programs work with children who live with a disability and whole county population trends in Kitsap were used in comparison to the county’s trend of children.

Kitsap’s population of children decreased from 2000 with 68,452 children (29%) to 61,489 children (21.9%) in 2022. More than 90% of children under 18 speak English, which is higher than Kitsap’s total population. Kitsap’s population of children aged 5-17 is 43,117 (15%). In comparison, out of Spanish speakers in Kitsap, 13% are aged 5-17. Additionally, 6% of Kitsap’s children live with a disability. Intakes to Holly Ridge for infants to toddlers with a disability have ranged from 43 to 102 each month in the past two years.

In addition to exploring the population in Kitsap and of children and families, it’s important to consider the demographic makeup of the population served by existing KICC programs.

The Port Gamble S’Klallam and Suquamish Tribes have experienced steady enrollment from 2006 to 2023 for both HS and EHS. OESD and KCR have experienced declines in HS enrollment from 2006 to 2023. OESD has had further declines in enrollment in EHS from 2016 to 2023, however KCR’s EHS enrollment has been steady.

Programs overall have a smaller proportion of enrollees that identify as non-Hispanic white, at about half of all enrollees, compared to Kitsap’s child-aged population and Kitsap’s total population. Compared to Kitsap’s total child-aged population, KICC sees a higher proportion of children who have a disability at nearly 13% of



enrollees compared to 6% in the general child-aged population. KICC also assists 11% of enrollees experiencing homelessness with services specific to their circumstances. Ultimately, KICC reaches and engages with a diverse and vulnerable population, providing the population with critical offerings and education.

Because KICC seeks to serve specific populations and provide early education and connection for families, understanding the existing trends for potentially eligible families is critical to better outreach and to measure engagement with the community.

Of note within this section from 2018-2022, 9,328 children under 18 received cash or food assistance [2]. While some measures of food insecurity are decreasing for Kitsap overall, the number of those who qualify as eligible for Free and Reduced Lunch is increasing [2, 3].

Median income is increasing over time and was \$91,306 in 2022 [2]. However, among single mothers from 2018-2022, it was \$53,634. The percentage of children under five who live in poverty was around 11% from 2018-2022, which is higher than the percentage of those experiencing poverty at all ages (8%). Unemployment spiked during the COVID-19 pandemic but dropped during 2021 and 2022.

### ***Healthcare***

Access to healthcare can be measured in multiple ways, but for the purpose of this report, we are focusing on the availability of providers and healthcare coverage in addition to healthcare costs.

Decreased healthcare accessibility in Kitsap has led to greater difficulty for young families seeking primary care providers, pediatric care, and specialists. Holly Ridge representatives have indicated additional difficulty for families with a child with a disability to access therapies. Due to long wait times for therapists, billing intakes withing their programs could also be delayed.

Long wait times was also a commonly reported barrier to accessing medical care for respondents to a recent community survey completed by Kitsap Community Resources. These conditions can make it more difficult for families who may face other systemic barriers to have equitable healthcare access.

### ***Childcare***

As family childcare centers close and large childcare centers open, the number of childcare providers decreases while the number of slots available increases. Because childcare centers are large, they can increase capacity for children, however smaller family care centers offer a greater provider to child ratio. Thus, as more family centers close, fewer providers are available for families seeking care.

With fewer childcare centers in total, it becomes harder for families across the region to reach the large centers. This complicates an already challenging situation, as the cost of childcare has greatly increased over the past decade, with some costs almost doubling for large childcare centers across age groups.

As there are fewer affordable family childcare centers open, families may need additional childcare options and will have greater difficulty in accessing available centers.

### ***Healthy families and communities***

Understanding overall trends in the community can be important for improving the wellbeing of young families in Kitsap.

Little data is available on the impact of opioids on young families specifically, however information is available about the rise in opioid related deaths in Kitsap and changes in hospitalization rates can affect all residents.

Use of opioids is increasing in Kitsap. Furthermore, additional information has related the impact of the COVID-19 pandemic to heightened anxiety and depression among respondents to the Kitsap Community Health and Well-being Survey.

Tracking school immunization and COVID-19 immunizations can be an important indicator of disease prevention among young children. Just under 90% of Kitsap Kindergarteners entering public school were up to date on all required immunizations. Around half of Kitsap's 41 public schools reported that 95% or more of their incoming students had two required doses of the Measles, Mumps, Rubella Vaccine.

### ***Pregnancy and birth trends***

Kitsap had a pregnancy rate of 72.5 pregnancies per 1,000 females aged 15 to 44, which was far higher than the state average (66.2 per 1,000) in 2022.

Because of the lower rate of available OB/GYNs in Kitsap compared to WA, mothers may have heightened difficulty in finding care during pregnancy. Additionally, prenatal care initiation and the rate of adequate prenatal care decreased from 2017 to 2022. Only half of Kitsap mothers received adequate prenatal care. As a result, the work that the members of KICC most critically can do supports parents and connecting families to necessary resources during pregnancy and for infant care for Early Head Start families.

### **Program strengths**

The HS/EHS programs offered by each KICC member provide a necessary service to families and children in Kitsap. They do so with success by valuing and centering community and family voices and perspectives. In the 2022 to 2023 year, 47% of all EHS staff and 34% of HS staff were former or current program parents. Around 79% and 75% for EHS and HS volunteers, respectively, were former or current program parents. Because parental involvement is critical to a child's development, each program is strengthened by having opportunities and ample parental representation among staff and volunteers. The HS/EHS groups are also well represented in collaboration opportunities with external partners, with KICC members taking part in community planning and community events. KICC also strives to deliver culturally and linguistically accessible services, with a focus on Kitsap's Spanish and Mum speaking population in addition to Kitsap's tribal populations.

## II. Introduction

The Kitsap Interagency Coordinating Council (KICC) consists of Early Head Start (EHS), HeadStart (HS), Early Childhood Education and Assistance Program (ECEAP), and Early Learning Centers (ELCs) from Kitsap Community Resources (KCR), Olympic Educational Service District 114 (OESD), the Port Gamble S'Klallam Tribe, and the Suquamish Tribe. These groups provide care and education for infants, toddlers, young children, parents, and families across Kitsap County.

Washington state residents have several options for early childhood assistance, including ECEAP, EHS, and HS. These programs are focused on providing early learning childcare or preschool. Some HS and EHS offer home-based services. ECEAP, HS, and EHS involve familial support as well as child health coordination and nutrition while being culturally and socially cognizant [7].

ECEAP is a Washington state-funded program that provides preschool primarily for children aged 3 to 5 years old that come from low-income families. The program is administered by the Washington State Department of Children, Youth and Families. HS and EHS are federally funded programs; EHS primarily serves pregnant women and children from birth to age 3. HS then aims to provide preschool for children three to 5 years old.

Qualifying for early childhood assistance programs is based on calculations using federal poverty level (FPL) or enrollment in other social service programs. In 2023, the federal poverty level was defined as \$14,580 per year for one person in the family/household with an additional \$5,140 per each additional person [8].

ECEAP is state-funded and provides preschool for children from low-income families, specifically those who are at or under 110% of the FPL or reporting \$30,525 for a family of 4. For HS and EHS, families must be at or under 130% of the FPL or reporting \$36,075 [8]. Additionally, families who receive public assistance (TANF, SSI, or SNAP), those with children in foster care, or children who are homeless can qualify for Head Start -- regardless of income [9].

Tribal Early Learning Centers (ELC) serve children from birth to 5 and their families. This includes tribal members, Native American children, and low-income families living in designated service areas. The services provided by the Port Gamble S’Klallam Tribe and the Suquamish Tribe are on their Reservations. KCR and OESD also offer EHS, HS, and ECEAP for Kitsap County. For more information, please see the **Resources Section** towards the end of this report.

## Purpose

This report has two primary goals. The first is to ensure that every program offered by each KICC member is in accordance with the Code of Federal Regulations, 45 CFR Chapter XIII, Section 1305 by providing a report containing current data pertaining to the needs, priorities, and lives of families in our community. The prior Comprehensive Community Assessment was conducted in 2017, and this current iteration builds on it.

Secondly, this report aims to understand how these groups can best serve their community, using timely data for planning, programming, and outreach.

## Methods

To complete both purposes as listed above, at minimum, the data in Table 1 are required and the following data sources were used.

Data Requirement	Example data source
Demographic information about eligible infants, toddlers, preschool age children, and expectant mothers	State and national survey data, like the American Community Survey and program information report data
Information about the education, health, nutrition, and social service needs of eligible children and their families	State and national survey data, like the American Community Survey and administratively collected data from social service agencies like the Department of Social and Health Services (DSHS)

Work, school, and training schedules of parents with eligible children	State and national survey data, like the American Community Survey and direct survey data from parents
Information about other child development services, childcare centers, and family childcare programs that serve eligible children	Programmatic information report data and administratively collected data from agencies like the Department of Children, Youth, and Families (DCYF)
Resources available in the community	Administratively collected data and anecdotally shared data from community partners
Strengths of the community	Direct parent survey and programmatic information report data

Table 1. Data required and example sources

To follow statewide data reporting guidelines, values less than 10 are suppressed due to concerns for analytic reliability and the potential to identify individual people in the data [10]. Additionally, any number smaller than 50 should be interpreted with caution, as this may not reliably represent the population.

Population estimates were obtained from modeled estimates calculated by Public Health-Seattle & King County (PHSKC) using raw data from the Washington State Office of Financial Management (OFM). This is a modification from prior years. Due to delays in the release of full estimates based on data collected in the 2020 U.S. Census, Public Health agencies statewide are currently using the above-described interim estimates until the final data are released. The estimates are sufficiently reliable as evaluated by multiple data scientists from DOH, Spokane Regional Health District, and Tacoma-Pierce County Health Department [11].

In some analyses involving American Community Survey (ACS) data, data from multiple years were aggregated to increase sample size and to produce more reliable estimates. Five-year data are used for populations or sub-groups less than 20,000.

Quantitative and qualitative data were collected through surveying parents who use EHS/HS/ECEAP to better understand facilitators and barriers to healthcare access, childcare programs, and other forms of assistance and support. The survey also included opportunities for parents to provide more qualitative feedback on their experiences in finding childcare and access to prenatal care. This survey was conducted in English between December 2023 – January 2024 on REDCap and email reminders were sent out periodically to reach parents.

REDCap 13.10.6 was used primarily in the creation, collection, and generation of observational statistics and graphs for the parent survey. R version 4.3.1 was used for the data cleaning, processing, and analyses [12]. 2023.2.0. Tableau Desktop Professional Edition and Microsoft Excel Version 2312 were used for data visualizations. When possible or relevant, trends over time were calculated using JoinPoint Regression Program 5.0.1 (April 2023) [13]. JoinPoint was used to determine whether a trend has statistically significantly increased or decreased over time and from what years a trend occurred. Epidemiologists routinely use these tools for data cleaning, analysis, and visualization. [14]

## Limitations

### Quantitative

Survey-based population data, including the Healthy Youth Survey (HYS), Behavioral Risk Factor Surveillance Survey (BRFSS), ACS, and the Census have sampling limitations caused by the omission or underrepresentation of some section’s populations. Additionally, the most recent data from these sources may be from several

years ago. Furthermore, these sources use statistical methods to generate population level estimates. Confidence intervals are used to account for variability in the estimate. The true estimate likely lies within the confidence interval. Please see the **references** to find individual information on data source limitations.

As mentioned above, this edition of the KICC report used updated interim population estimates, which have been applied to current and historical data. For this reason, some data may be different from those published in prior Comprehensive Assessments. Comparisons between this year's report and prior years should be avoided.

Due to complications from COVID-19 which impacted the 2020 ACS data collection, data from 2020 from this data source will not be included.

In addition to specific sampling and estimation limitations present in data sources, limitations from the methodology used to analyze these data are also present in this report. Often, data may be combined in such a way that certain sub-populations trends are obscured. For some sub-populations, sample sizes are too small to get reliable estimates based on the analyses used in this report, so trends within that group are not shown.

For tribal populations, some publicly available data sources combine the total tribal population estimates with the region. The Suquamish and the Port Gamble S'Klallam Tribe are recognized in this report as sovereign nations, but some data about tribal populations cannot be analyzed outside the county. Thus, specific trends within either Tribe may be detectable.

Due to the Small Numbers Guidelines, counts, values, and estimations are suppressed if they are too small or unreliable [10]. Doing so can have the unintended effect of obscuring quantitative trends within sub-populations. As an example, a health indicator for opioid deaths over time is reported by the total population and not by race or ethnicity, because death counts are too small to be displayed. This suppression should not be taken to mean, for example, that racism has no bearing on opioid deaths, but rather that this methodology alone may not be appropriate because the estimates are not reliable.

Certain data sources are only available at a specific measurable spatial level. For example, some data is reported at the school district level and not by ZIP code. Additionally, certain spatial relationships to health outcomes may be obscured when we look at less granular spatial levels. One specific ZIP code may have a decrease in prevalence over time. If all surrounding ZIP codes exhibit increases in prevalence, the entire school district geographic region may show an overall increase. As a result, the trend in that specific decreasing ZIP code will be obscured.

The spatial boundaries of the school districts may not be the same boundaries across data sources. School district data is also not available from some data sources, so a rollup of ZIP codes is used instead. ZIP codes do not align ideally with school districts. Comparisons using school district data from different sources should be avoided. ZIP codes of P.O. boxes are excluded from all analyses.

Some data included in this report are administratively collected and based on use. This form of data should only be interpreted within the context of the location or service group represented (e.g., Holly Ridge, food banks, WIC). Not all agencies systematically collect data on the populations using their services. Utilization data should be interpreted as representative of agencies and organizations with collection and reporting systems in place.

Data on sex and gender are incredibly limited in this report. Most publicly available sources only report sex and not gender, thus members of the population who identify as non-binary or gender non-conforming are not represented. For ACS and the Census, sex is only asked in the binary and respondents can only respond with “male” or “female” based on their current identification. The population who identifies as transgender will also not be represented based on the limitations of current data collection methodology [15]. As a result of this limitation, this report will solely report on sex and will not report on gender identity.

### Survey

For this report, an online survey was conducted surveying parents who use HS/EHS/ECEAP/ELC services. However, the survey was conducted in English and online only, so it may not be representative of all parents who use these services. The resulting sampling bias means that survey results should not be assumed to represent any group other than the respondent group.

### COVID-19

As a result of largescale disruptions across all sectors caused by the 2020 COVID-19 pandemic, there are changes in data collection methodology and data reliability. Additionally, survey response rates both nationally and statewide have decreased after the onset of the COVID-19 pandemic, with the greatest decrease occurring among people with lower income and lower education. For example, responses rates to ACS decreased from 86% in 2019 to 71% in 2020. The decrease should be considered when interpreting this data [16].

Additional information about the effects of the COVID-19 pandemic on the population in Kitsap, as well as the population of children and young families will be included in a later subsection under **Healthy Families and Communities**.

## III. DEMOGRAPHICS & SERVICE AREA

What do we know about Kitsap’s population, children, and families?

### 1. Kitsap County: Population and trends over time

#### **Summary**

*Demographic data can help programs better understand everyone in the service region. This report provides additional context about the population living in Kitsap, as well as demographic information about children and parents. Kitsap’s population is increasing in size, and much of the increase is within the older population. South Kitsap remains the most populous region and the region experiencing the most growth.*

*Kitsap is home to several unique populations, including a large military population and two sovereign tribal nations: the Port Gamble S’Klallam Tribe and the Suquamish Tribe. A vast majority of Kitsap residents speak English, but Spanish and Tagalog are also prevalent in the county. Around 30% of county residents identify as multiracial or race or ethnicity other than non-Hispanic white. Additionally, 15% of the county lives with at least one disability. KICC early education programs work with children who live with a disability and whole county population trends in Kitsap were used in comparison to the county’s trend of children.*

In 2022, Kitsap County was estimated to be home to 280,717 people in the central Puget Sound region. This is an increase of 1.2% since 2021 [Figure 1] [1]. The most populous sub-region is South Kitsap with 74,261 estimated residents (26%) and the most populous ZIP code is 98366 with 37,405 residents (13%) [Table 2, Figure 3] [1].

In general, Kitsap’s population has been increasing steadily over time, with consistent increases between 2013-2023. Kitsap’s population growth rate in the last decade (12%) was lesser than Washington state (17%).

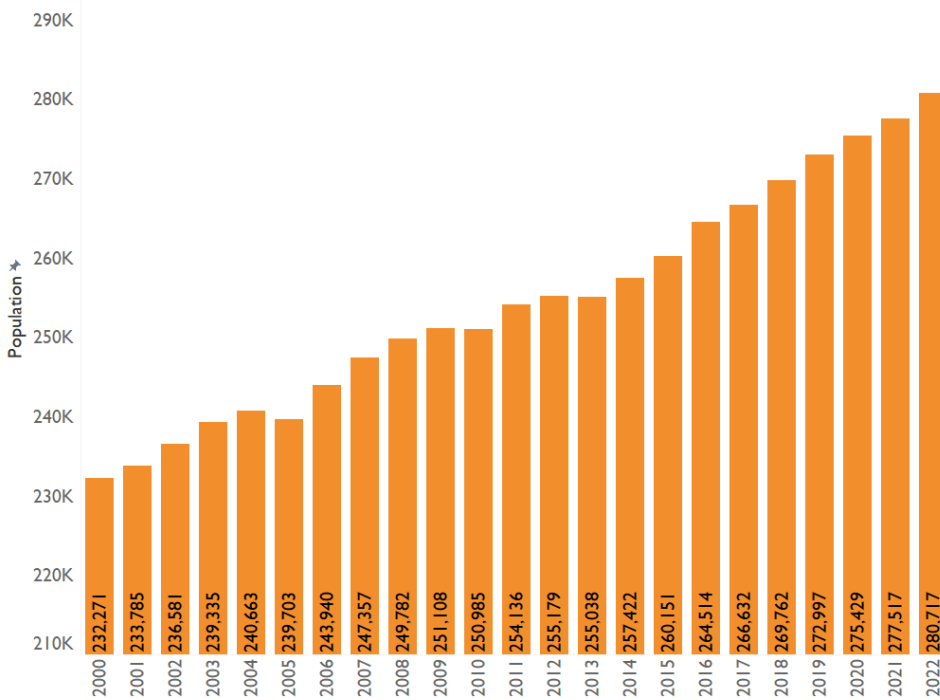


Figure 1. Kitsap population per year, 2000-2022 [1]

Among Kitsap’s geographic regions, Bremerton had the largest estimated population growth, increasing from 64,451 residents to 68,358 residents (6.1%) from 2020 to 2022 [Table 2, Figure 3] [1]. Please see the **Methods** section for more information about this year’s population estimates.

Geographic Region	Population Estimate (2022)	Percent of Total Kitsap Population	Population Estimate (2020)	Percent Change from 2020 to 2022
Bainbridge Island	25,103	9%	25,070	+0.1%
Bremerton	68,358	24%	64,451	+6.1%
Central Kitsap	61,141	22%	58,976	+3.7%
North Kitsap	51,853	18%	51,318	+1.0%
South Kitsap	74,261	26%	72,194	+2.9%

Table 2. Kitsap population change over time by geographic regions, 2020-2022 [1]

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In 2022, the five most populous ZIP codes in Kitsap were 98366 (Port Orchard, 13% of the county population), 98312 (West Bremerton, 12%), 98370 (Poulsbo, 12%), 98367 (Port Orchard, 11%), and 98311 (Silverdale, 10%) [Figure 2] [1].

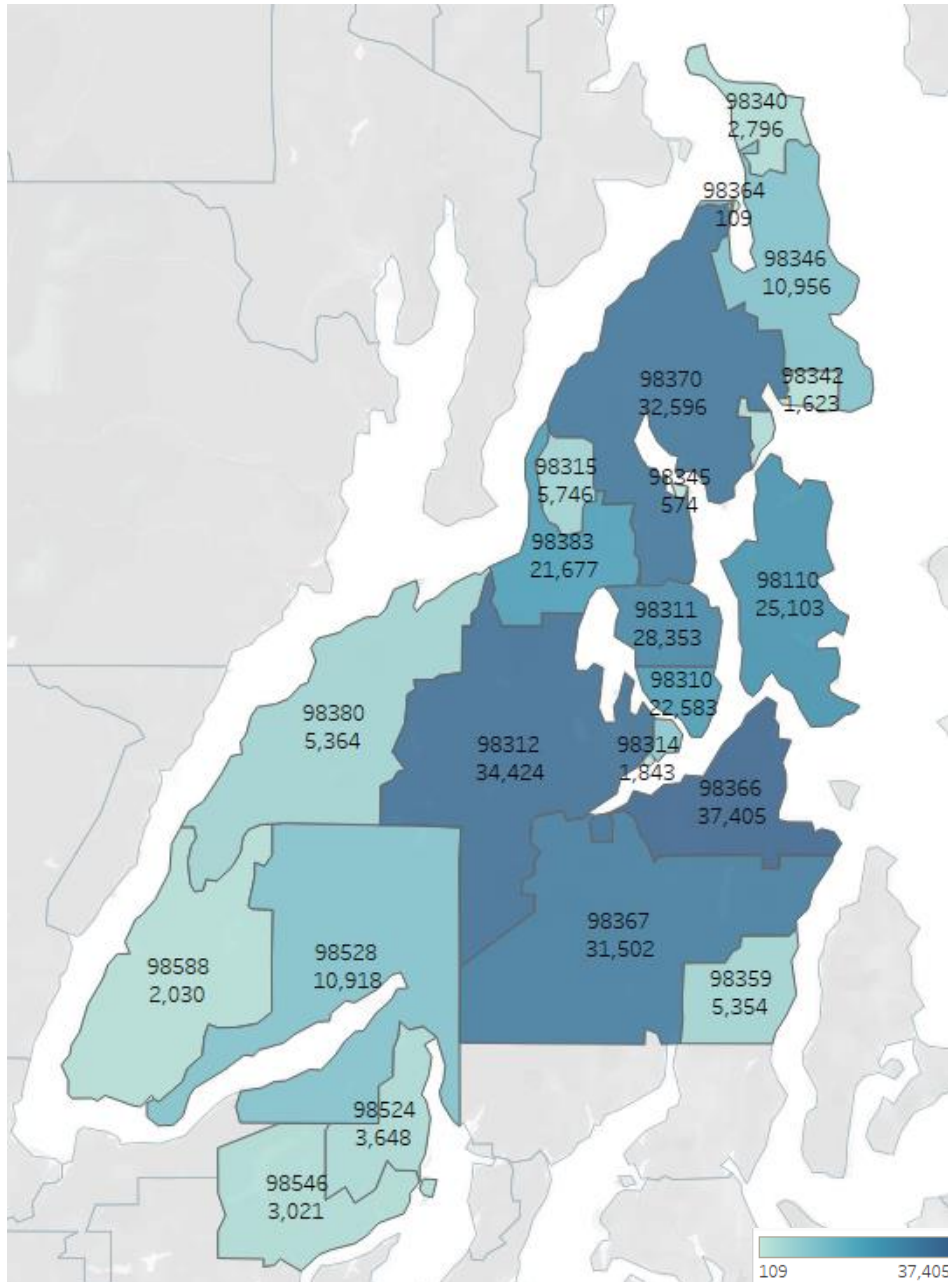


Figure 2. Population by ZIP code, Kitsap County and North Mason, 2022 [1]



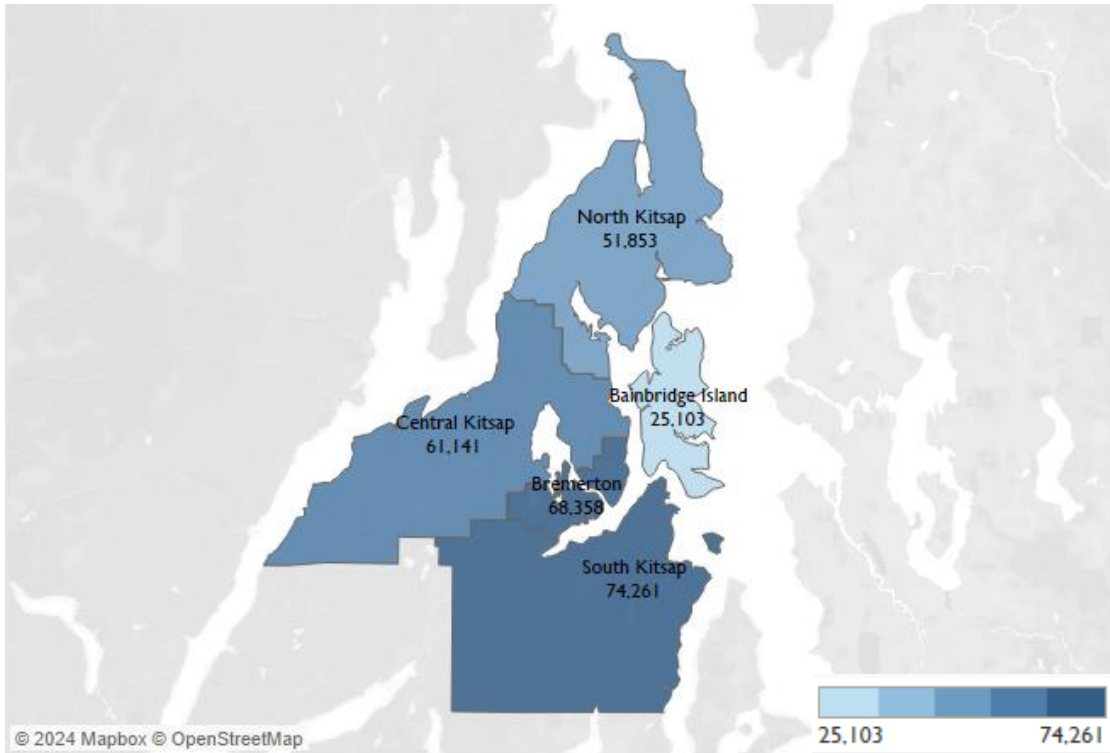


Figure 3. Population by geographic region, Kitsap County, 2022 [1]

### Tribal population

Two American Indian tribes have reservations located in the Kitsap region: the Port Gamble S'Klallam Tribe and the Suquamish Tribe (the Port Gamble and Port Madison reservations, respectively). Using the Washington Office of Financial Management’s (OFM) Small Area Estimates Program (SAEP) for tribal areas, the 2023 estimated resident population on the Port Gamble Reservation was 746 residents. In Port Madison the estimated population was 8,042 residents [17]. The estimated population on both Reservations has slightly increased from 2020 to 2023 [Figure 4].

Please note that these estimates include all those who live on the Reservation and are not limited by race nor by tribal membership. These values do not include tribal members who live off the Reservation. The Port Madison reservation is composed of both tribal and private land, which contributes to the population figure.

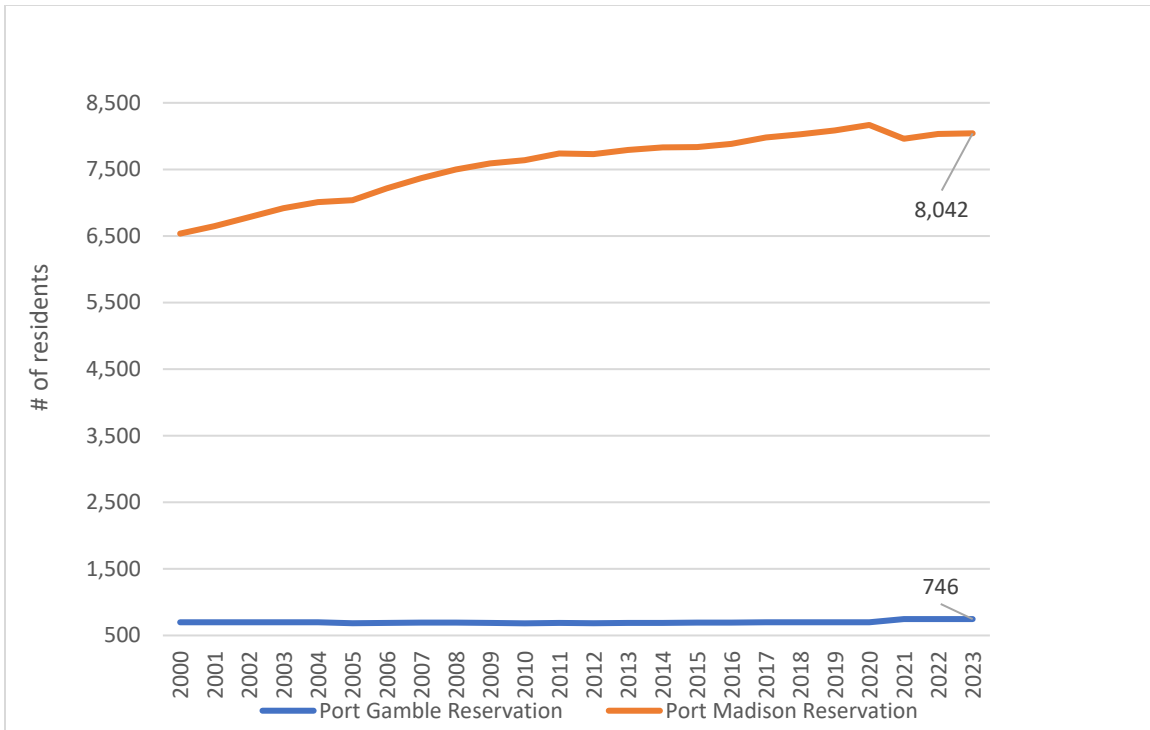


Figure 4. Residents living on American Indian tribal reservations in Kitsap County, 2000 to 2023 [17]

### Military population

The Naval Base Kitsap, Puget Sound Naval Shipyard, Bangor Naval Submarine Base, and Bangor Trident Base are in Kitsap County, contributing to a large military and family population in this region. The military population in Kitsap grew from an estimated 8,891 people in 2008 to 12,622 in 2022 (41% growth) [2]. Although the military population has grown, the population has decreased greatly since 2019, which saw a population of 16,914 people [Figure 5]. 98314 (Bremerton) and 98315 (Silverdale) have the highest percentage of the population who are armed forces personnel (93.8% and 74.9%, respectively) [Figure 6] [2]. Both Bremerton and Central Kitsap also have the highest percentage of armed forces personnel, at 10.1% and 12.2% respectively [Figure 7] [2].

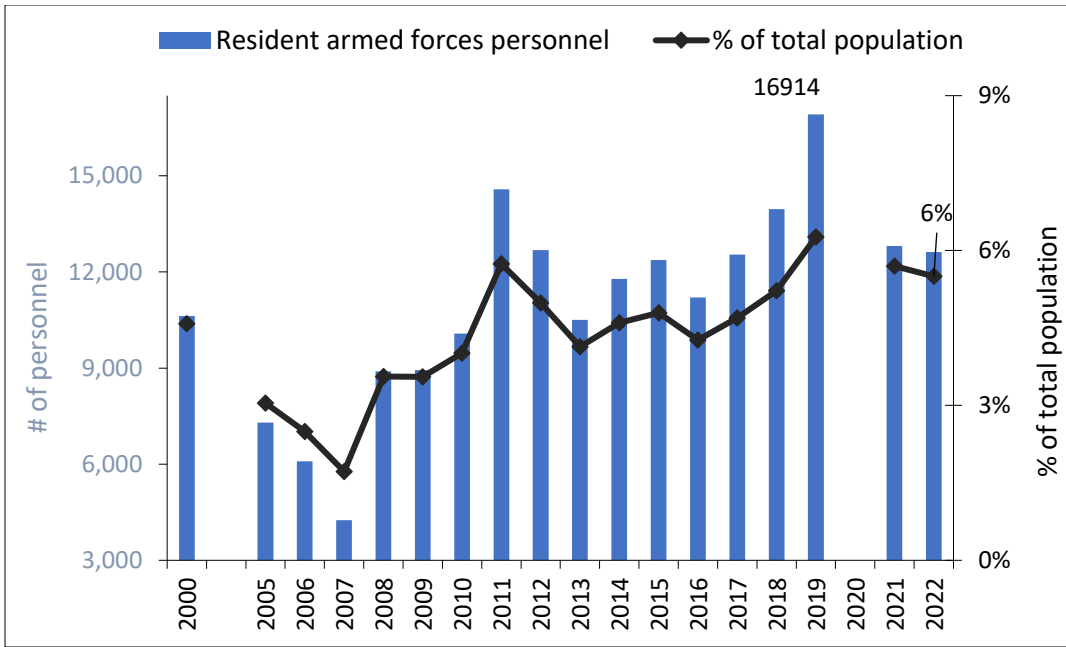


Figure 5. Resident armed forces personnel, Kitsap County, 2000 and 2005-2022 [2]

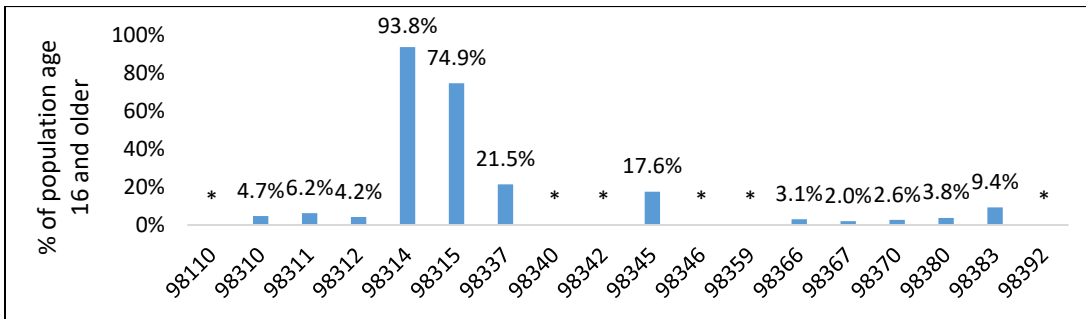


Figure 6. Resident armed forces personnel by ZIP code, Kitsap County, 2018-2022 [2]

\*Percentage is unreliable due to small numbers

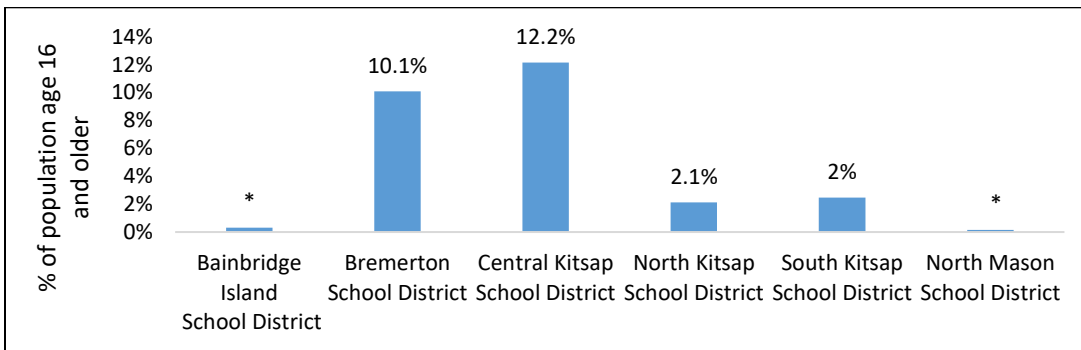


Figure 7. Resident armed forces personnel by school district, Kitsap County and North Mason 2018-2022 [2]

\*Percentage is unreliable due to small numbers

In 2022, the Naval Base Kitsap is the largest employer in Kitsap, with 36,905 military members, civilian employees, and defense contractors [18]. This base is the third largest installation in the U.S. Navy. The military

population fluctuates dramatically with Navy ship arrivals and departures in Bremerton; still, this population still accounts for thousands of families in the region. More information about births which were paid for by TRICARE is in the **Pregnancy and Births** section of this report.

Age and sex

Overall, Kitsap’s population appears to be aging. Kitsap’s population is slightly older than Washington state, with 40% of Kitsap residents 50 years or older compared to 35% statewide [Figure 8]. Kitsap has an increased proportion of the population who is male and between the ages of 20 and 29 [1]. This is likely due to the large military population in Kitsap which impacts the age and sex distribution. The median age of Kitsap by ZIP code ranges from around 20 years to around 60 years, reflecting both the specific age groups of the military population and the general aging population in Kitsap [Figure 9].

This high military population is represented in many aspects of the Kitsap population. High representation in Kitsap for males aged between 20 and 29 is visible in comparison to the Washington population, and in comparison, to the number of females in Kitsap in the same age group. Compared to the broader Kitsap population, the military population is more diverse than the rest of Kitsap and may have a new cohort of individuals every few years. As a result, Kitsap has a consistently incoming and outgoing population of relatively young and diverse males. This also means that for young families, some portion of the population includes military families.

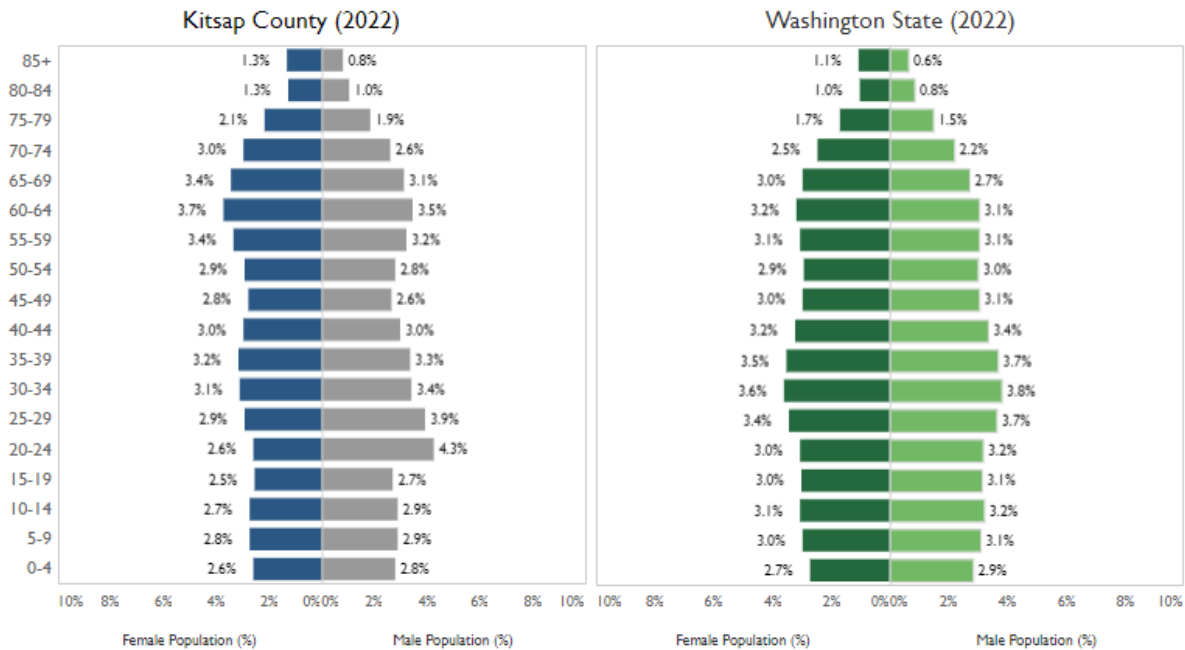


Figure 8. Age and sex distribution of Kitsap County and Washington state, 2022 [1]

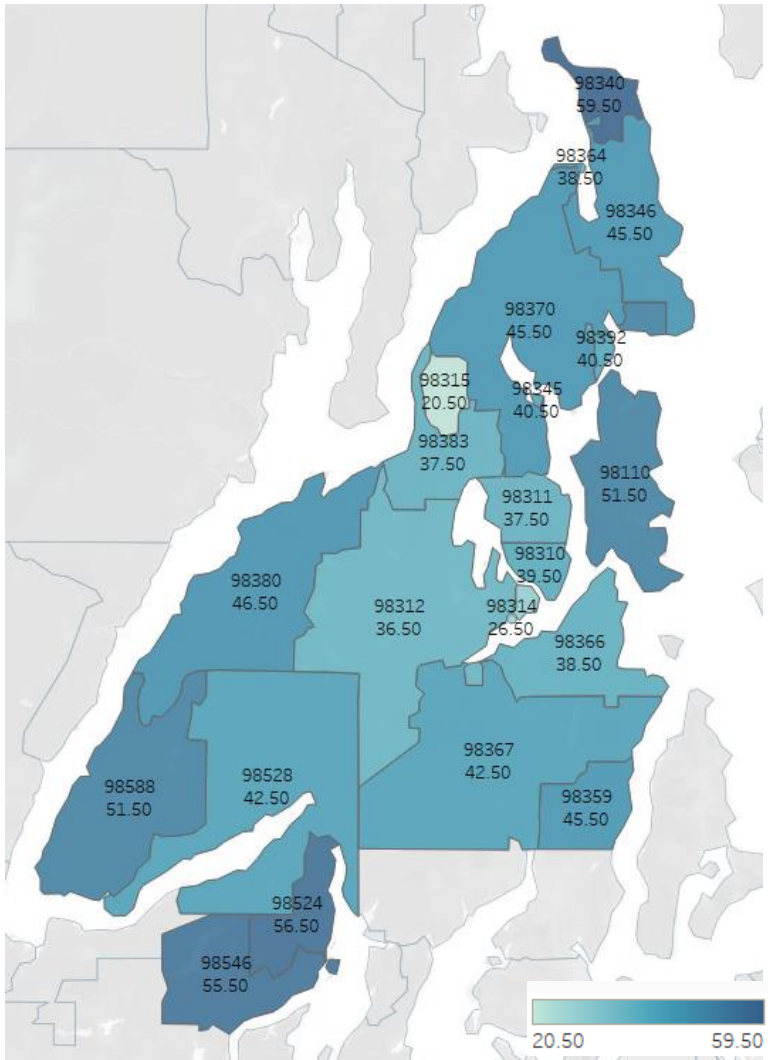


Figure 9. Median age by ZIP code, Kitsap County and North Mason, 2022 [1]

### Language in Kitsap

In 2022, English was the most common language spoken at home by residents aged five and older (91.6%) in Kitsap. This is a larger percentage of residents who speak English compared to WA, at 79.5% [2]. From 2018-2022 in Kitsap, an estimated 3.1% of residents five and older spoke Spanish at home and 3.6% spoke an Asian or Pacific Island language, with 1.7% speaking Tagalog/Filipino at home [2].

Among limited English-speaking households, 10.1% of households also spoke Spanish and 11.7% spoke an Asian or Pacific Island language.

In 2022, around 2.1% of the Kitsap population spoke English less than “very well” (5,472 residents). This is a smaller percentage compared to WA, where 8.1% of all residents spoke English less than “very well”. Both trends have stayed steady from 2010 to 2022 [Figure 10] [2].

From 2018-2022, about 30.4% of all residents (6,659 residents) reported speaking a language other than English at home and speaking English less than “very well”. Washington states reports nearly 37.4% of residents speaking a language other than English and speaking English less than “very well” [2].

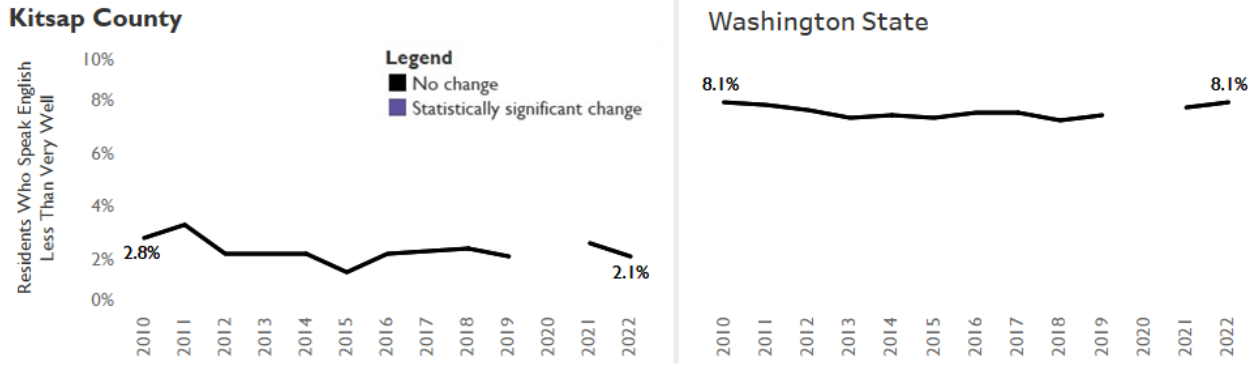


Figure 10. Percentage who speak English less than "Very Well", Kitsap County and Washington state [2]

Please note that, while this population is not well represented in national surveys, Kitsap is home to a population of immigrants from Guatemala who do not speak Spanish, but instead speak a dialect called Mam-- a Mayan spoken language. For more information about this population, please see the **Program and Community Strengths** page.

### Race and ethnicity

In 2022, an estimated seven in 10 (72%) Kitsap residents identified as non-Hispanic white, which was more than Washington state overall (63%) [1]. This proportion has decreased over time; in 2000 83% of Kitsap residents identified as non-Hispanic white. The Hispanic population is the largest minority group in Kitsap with 9.4% identifying as Hispanic or mixed racial/ethnic Hispanics, including white-Hispanic, Black-Hispanic, and all others who identify as Hispanic [Figure 11] [1].

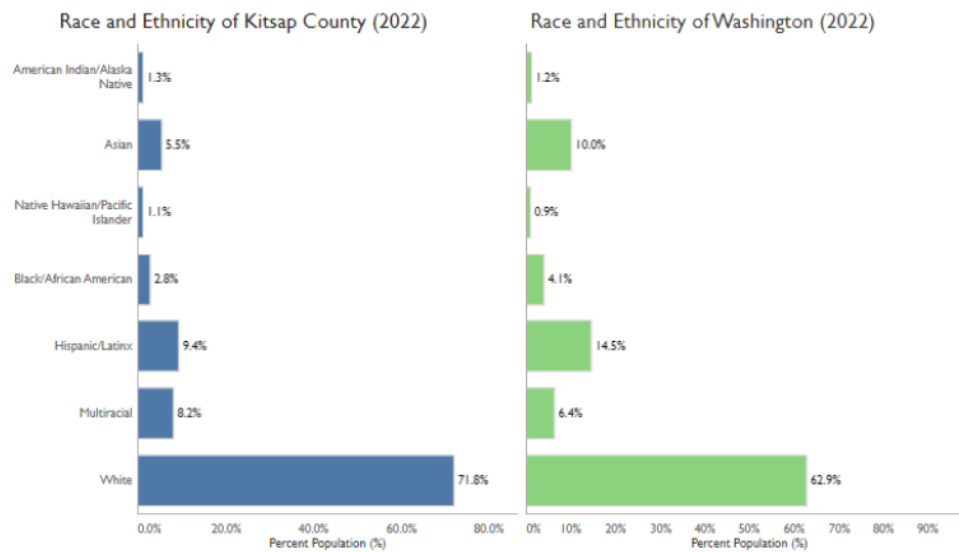


Figure 11. Race/ethnicity distribution in Kitsap County and Washington State, 2022 [1]

The distribution of minority groups differs throughout the county, with Central Kitsap and Bremerton having the lowest distribution of those who identify as non-Hispanic white at 64% and 65% respectively [Table 3] [1]. The ZIP codes with the lowest distribution of those who identify as non-Hispanic white are 98314 (Bremerton with 45.9%), 98337 (Bremerton, 57.1%), 98315 (Silverdale, Bangor Trident Base, 57.5%), and 98311 (Silverdale, 61.2%), which may be reflective of the diversity of the military population in these geographic areas [Table 4] [1].

Geographic Area	American Indian or Alaskan Native	Asian	Black or African American	Hispanic or Latino	Native Hawaiian or Pacific Islander	White or Caucasian	Multiracial
Bainbridge Island	89 0.36%	943 3.76%	133 0.53%	976 3.89%	37 0.15%	21,471 85.53%	1,454 5.79%
Bremerton	600 0.88%	4,123 6.03%	3,627 5.31%	8,727 12.77%	925 1.35%	44,399 64.95%	5,957 8.71%
Central Kitsap	406 0.66%	5,572 9.11%	2,243 3.67%	7,005 11.46%	919 1.50%	39,119 63.98%	5,877 9.61%
North Kitsap	1,791 3.45%	1,780 3.43%	457 0.88%	3,451 6.65%	170 0.33%	40,768 78.62%	3,436 6.63%
North Mason	216 1.10%	272 1.39%	165 0.84%	2,139 10.91%	82 0.42%	15,425 78.63%	1,318 6.72%
South Kitsap	671 0.90%	2,880 3.88%	1,366 1.84%	6,221 8.38%	968 1.30%	55,914 75.29%	6,241 8.40%

Table 3. Race/ethnicity distribution by Geographic Region, Kitsap County and North Mason, 2022 [1]

ZIP Code	American Indian or Alaskan Native	Asian	Black or African American	Hispanic or Latino	Native Hawaiian or Pacific Islander	White or Caucasian	Multiracial
98110	89 0.4%	943 3.8%	133 0.5%	976 3.9%	37 0.1%	21,471 85.5%	1,454 5.8%
98310	198 0.9%	1,875 8.3%	1,114 4.9%	2,601 11.5%	411 1.8%	14,482 64.1%	1,901 8.4%
98311	207 0.7%	2,983 10.5%	982 3.5%	3,185 11.2%	630 2.2%	17,366 61.2%	3,001 10.6%
98312	311 0.9%	1,580 4.6%	1,426 4.1%	3,992 11.6%	377 1.1%	23,643 68.7%	3,096 9.0%
98314	16 0.9%	87 4.7%	300 16.3%	471 25.6%	11 0.6%	845 45.9%	112 6.1%
98315	34 0.6%	242 4.2%	523 9.1%	1,223 21.3%	30 0.5%	3,305 57.5%	389 6.8%
98337	75 0.8%	582 6.1%	787 8.3%	1,663 17.5%	125 1.3%	5,429 57.1%	848 8.9%
98340	52 1.9%	57 2.0%		158 5.6%		2,407 86.1%	104 3.7%
98342	84 5.2%	19 1.2%		75 4.6%		1,356 83.5%	78 4.8%
98345		17 3.0%	21 3.7%	51 8.9%		447 78.0%	33 5.8%
98346	746 6.8%	258 2.4%	64 0.6%	737 6.7%	21 0.2%	8,340 76.1%	789 7.2%
98359	56 1.0%	92 1.7%	35 0.7%	350 6.5%	44 0.8%	4,394 82.1%	382 7.1%
98364				15 13.5%		81 73.7%	
98366	366 1.0%	1,624 4.3%	939 2.5%	3,751 10.0%	589 1.6%	26,903 71.9%	3,233 8.6%
98367	249 0.8%	1,163 3.7%	392 1.2%	2,120 6.7%	335 1.1%	24,617 78.1%	2,627 8.3%
98370	475 1.5%	1,339 4.1%	327 1.0%	2,230 6.8%	129 0.4%	25,963 79.6%	2,134 6.5%
98380	39 0.7%	83 1.5%	51 0.9%	327 6.1%	18 0.3%	4,481 83.5%	364 6.8%
98383	126 0.6%	2,264 10.4%	688 3.2%	2,269 10.5%	241 1.1%	13,967 64.4%	2,123 9.8%
98392	427 13.4%	88 2.8%	22 0.7%	186 5.8%	13 0.4%	2,175 68.0%	288 9.0%
98524	28 0.8%	51 1.4%		392 10.8%		2,929 80.3%	216 5.9%
98528	131 1.2%	156 1.4%	106 1.0%	1,425 13.0%	56 0.5%	8,262 75.7%	781 7.2%
98546	37 1.2%		32 1.1%	159 5.3%		2,590 85.7%	164 5.4%
98588	20 1.0%	33 1.6%		164 8.1%		1,644 81.0%	156 7.7%

Table 4. Race/ethnicity distribution by ZIP code, Kitsap County and North Mason, 2022\* [1]

\* Blanks indicate the estimates are <10. The next highest estimates are also suppressed to prevent back calculation.

## Disability

An estimated 14.5% (around 37,000) residents in Kitsap reported a disability in 2021. From 2017-2021, around 32% of those with a disability were 65 and older. The estimated percentage of those with any disability is slightly higher than Washington state, at 13.1% [Figure 12] [2].



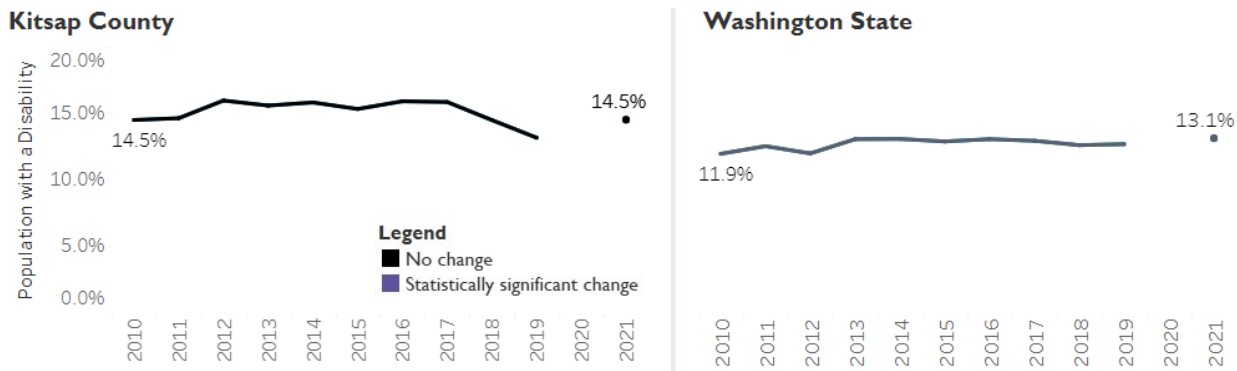


Figure 12. Population with a disability, Kitsap County and Washington state, 2010-2021 [2]

## 2. Demographic Data on Kitsap’s Population of Children

### Summary

*Kitsap’s population of residents under 19 decreased from 2000 with 68,452 residents (29%) to 61,489 residents (21.9%) in 2022 [1]. More than 90% of children under 18 speak English, which is higher than Kitsap’s total population. Kitsap’s population of children aged 5-17 is 43,117 (15%) [2]. In comparison, out of Spanish speakers in Kitsap, 13% are aged 5-17 [1]. Additionally, 6% of Kitsap’s children live with a disability [2]. Intakes to Holly Ridge for infants to toddlers with a disability have ranged from 43 to 102 each month in the past two years.*

Focusing on the demographics of infants, toddlers, and children in Kitsap is both a necessary component of this report and an important division for directing the interests of HS/EHS/ECEAP for this region.

Trends for the child and young adult population may exist that may not be visible by only reporting out the total population of Kitsap. We can also consider how similar or different this population may be in comparison to the larger population. Kitsap’s population of those under 19 has decreased over time, from 68,452 estimated population (29%) in 2000 to 62,146 (22.3%) in 2022 [Figure 13] [1]. This contrasts with Kitsap’s total population, which increased 7% in the past decade. While there are more people in Kitsap compared to the decade prior, there are fewer children. This decrease in the under 19 population coincides with the decreasing overall birth rate (see later **Pregnancy and Birth Trends** for more detail).

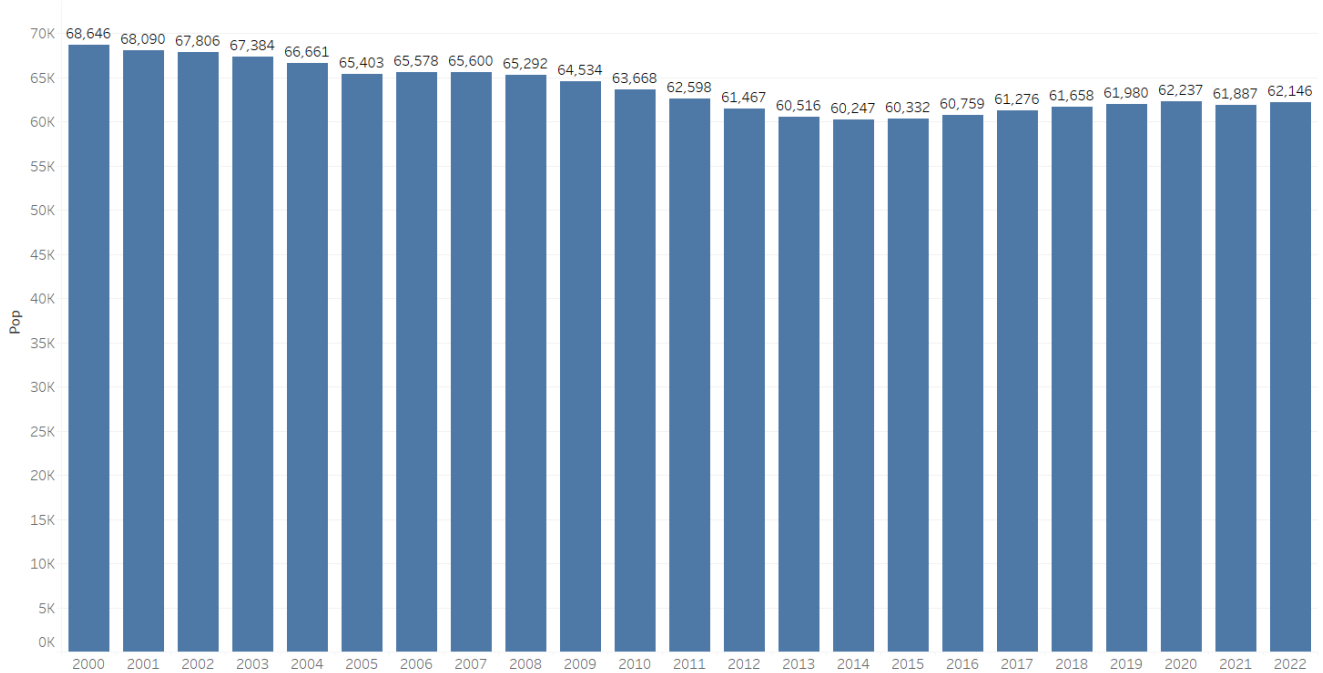


Figure 13. Population under age 19, Kitsap County, 2000-2022 [1]

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Like Kitsap’s total population, the top five most populous ZIP codes for the population under 19 in 2022 were 98366 (Port Orchard with 8,306 or 14%), 98312 (Bremerton, 7,265 or 12%), 98367 (Port Orchard, 6,863 or 11%), 98311 (Bremerton, 6,638 or 12%), and 98370 (Poulsbo, 6,526 or 11%) [Figure 14] [1].

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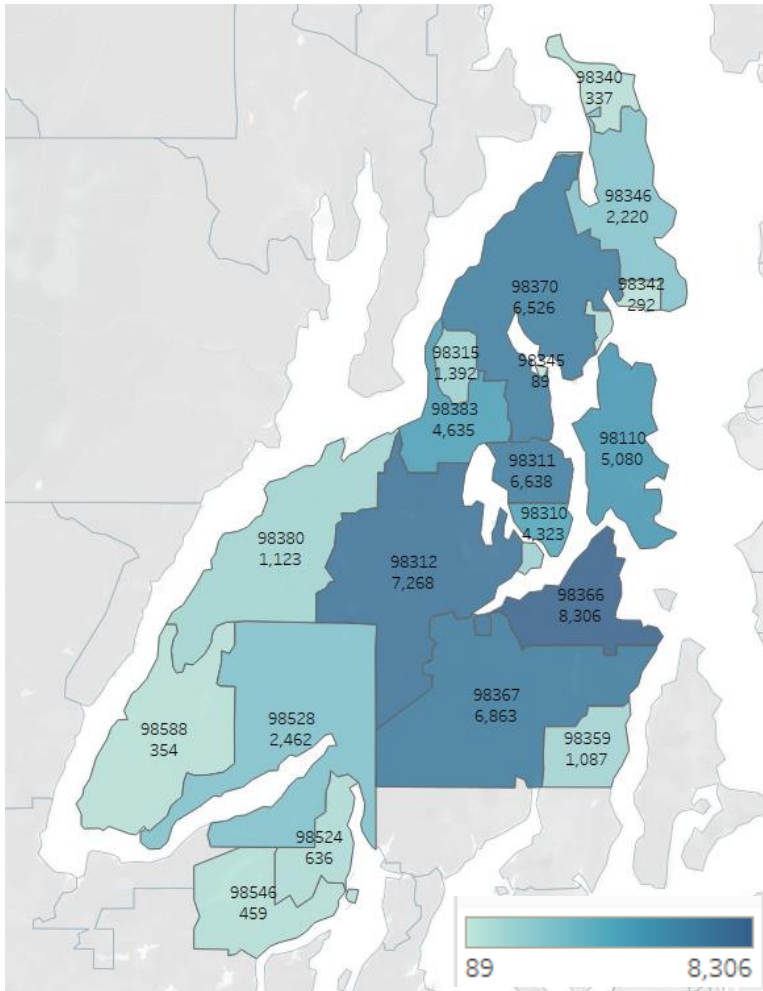


Figure 14. Population under 19, Kitsap County and North Mason, 2022 [1]

### Military Families

In Kitsap, 3,397 students have at least one military parent in the 2023 to 2024 school year (9.4% of all enrolled students). This proportion has fluctuated over time since the 2016 to 2017 school year, with a peak of enrolled students with a military family in the 2018 to 2019 school year (4,816 students or 12.4%) [19].

The proportion of students with a military parent in the 2023 to 2024 school year was somewhat different to the estimated percentage of military personnel by school district. Like Kitsap overall, the highest proportion of students with a military parent is in Central Kitsap (1,866 students or 14.8% of Central Kitsap enrolled students). The next two highest are in North Kitsap (521 students or 9.0%) and in South Kitsap (836 students or 8.7%) [19]. Although Bremerton was the second highest region with military personnel from the 2018 to 2022 estimation, it is the fourth highest region for students with a military parent (304 students or 6.2%) [Figure 15].

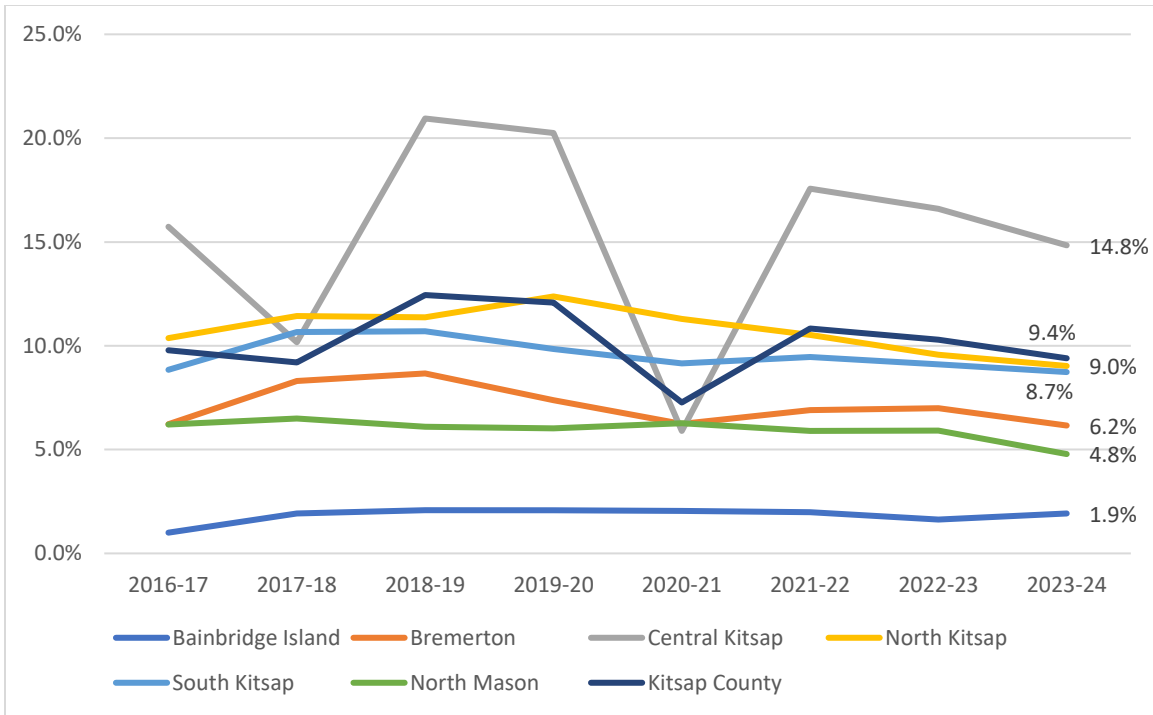


Figure 15. Percentage of students with a military parent by school district, Kitsap County and North Mason, 2016-2024 [19]

### Age Group and Sex Populations

In 2022, nearly 21% (12,173 residents) of Kitsap’s 18 and under population aged birth to three years old and was the largest age group in Kitsap. In North Mason, the highest age group was 10 to 12 years old, making up 18.3% of North Mason [Table 5] [1].

In 2022, the region with the largest percentage of children birth to three years of age is Bremerton, with 26% of the population living in that region. South Kitsap also has nearly 26% of the birth to three age group. While Bremerton has more aged birth to three population, South Kitsap has the highest percentage of children four to 6 [Table 6] [1].

We can also examine the age makeup of children by ZIP code. The ZIP code with the highest percentage of children 0-3 is in 98315 (Silverdale) with 37% of all children birth to 18 being of the youngest age group. For the four to six age group, ZIP codes range from 13% to 18% of all children birth to 18 [Table 6] [1].

AgeGroup	Kitsap County	Mason County
0 to 3	12,173 20.9%	681 17.4%
4 to 6	9,378 16.1%	596 15.2%
7 to 9	9,465 16.3%	633 16.2%
10 to 12	9,273 15.9%	717 18.3%
13 to 15	9,564 16.4%	677 17.3%
16 to 18	8,382 14.4%	605 15.5%

Table 5. County Distribution by age group, Kitsap County and North Mason, 2022 [1]

AgeGroup	Area					
	Bainbridge Island	Bremerton	Central Kitsap	North Kitsap	North Mason	South Kitsap
0 to 3	679 5.3%	3,334 25.9%	2,950 23.0%	1,905 14.8%	681 5.3%	3,305 25.7%
4 to 6	793 8.0%	2,240 22.5%	2,249 22.5%	1,484 14.9%	596 6.0%	2,612 26.2%
7 to 9	941 9.3%	1,956 19.4%	2,175 21.5%	1,655 16.4%	633 6.3%	2,739 27.1%
10 to 12	883 8.8%	1,844 18.5%	2,156 21.6%	1,813 18.1%	717 7.2%	2,578 25.8%
13 to 15	975 9.5%	1,868 18.2%	2,270 22.2%	1,726 16.9%	677 6.6%	2,725 26.6%
16 to 18	810 9.0%	1,713 19.1%	1,988 22.1%	1,573 17.5%	605 6.7%	2,298 25.6%

Figure 16. Age Group Distribution by Geographic Region, Kitsap County and North Mason, 2022 [1]

ZIP Code ‡	0 to 3	4 to 6	7 to 9	10 to 12	13 to 15	16 to 18
98110	679 13.4%	793 15.6%	941 18.5%	883 17.4%	975 19.2%	810 15.9%
98310	1,186 27.4%	676 15.6%	620 14.3%	683 15.8%	619 14.3%	541 12.5%
98311	1,363 20.5%	1,109 16.7%	1,071 16.1%	1,037 15.6%	1,111 16.7%	948 14.3%
98312	1,791 24.6%	1,331 18.3%	1,155 15.9%	976 13.4%	1,069 14.7%	947 13.0%
98314						32 73.2%
98315	519 37.3%	253 18.2%	194 13.9%	151 10.9%	150 10.7%	125 9.0%
98337	354 26.8%	231 17.5%	179 13.6%	184 13.9%	179 13.5%	193 14.6%
98340	61 18.1%	47 13.9%	55 16.5%	55 16.4%	66 19.7%	52 15.5%
98342	49 17.0%	43 14.7%	48 16.3%	43 14.9%	54 18.5%	54 18.6%
98345	27 29.7%	15 16.9%	13 14.6%	15 16.9%		
98346	414 18.6%	312 14.1%	353 15.9%	384 17.3%	401 18.0%	357 16.1%
98359	184 17.0%	155 14.3%	175 16.1%	171 15.8%	228 20.9%	174 16.0%
98366	1,883 22.7%	1,388 16.7%	1,408 17.0%	1,227 14.8%	1,273 15.3%	1,127 13.6%
98367	1,238 18.0%	1,069 15.6%	1,155 16.8%	1,179 17.2%	1,224 17.8%	998 14.5%
98370	1,184 18.1%	945 14.5%	1,068 16.4%	1,207 18.5%	1,101 16.9%	1,020 15.6%
98380	184 16.4%	174 15.5%	184 16.4%	203 18.0%	206 18.4%	172 15.3%
98383	885 19.1%	714 15.4%	726 15.7%	765 16.5%	804 17.3%	743 16.0%
98392	161 24.4%	116 17.6%	114 17.4%	102 15.4%	89 13.5%	77 11.7%
98524	106 16.7%	97 15.3%	103 16.2%	119 18.7%	109 17.2%	101 15.9%
98528	436 17.7%	387 15.7%	409 16.6%	447 18.2%	419 17.0%	364 14.8%
98546	67 14.5%	58 12.6%	68 14.8%	101 21.9%	84 18.3%	81 17.7%
98588	72 20.4%	54 15.3%	54 15.2%	51 14.3%	64 18.2%	59 16.7%

Table 6. Age group distribution of children birth to 18 by ZIP codes, Kitsap County and North Mason, 2022 [1]

In Kitsap, 48.7% of residents aged 18 and younger in 2022 were female (28,077) and 51.3% were male (29,538) [1]. Due to the nature of data collection methodology, only estimates for the sex of the resident is available and not gender identify. Please see the **Limitations section** for more detail. The highest distribution of male residents by geographic region in 2022 was North mason, with 55.8% of residents aged 18 and younger. North Kitsap in 2022 has the highest estimated female under 18 population with 49.6% (4,748 residents) [Table 7] [1].

In 2022, there was fairly even distribution of sex across ZIP codes in Kitsap and North Mason, with female distribution ranging from 44.7% of the ZIP code population to 54.5% [Table 8] [1].

Geographic Region	Female	Male
Bainbridge Island	2,426 47.7%	2,655 52.3%
Bremerton	6,365 49.3%	6,546 50.7%
Central Kitsap	6,684 48.5%	7,104 51.5%
North Kitsap	4,748 49.6%	4,831 50.4%
North Mason	511 44.2%	646 55.8%
South Kitsap	7,854 48.3%	8,402 51.7%

Table 7. Sex distribution by region, Kitsap County and North Mason, 2022 [1]

Geography..	Female	Male
98110	2,426 47.7%	2,655 52.3%
98310	2,095 48.5%	2,229 51.5%
98311	3,167 47.7%	3,472 52.3%
98312	3,603 49.6%	3,665 50.4%
98315	708 50.9%	684 49.1%
98337	668 50.6%	652 49.4%
98340	79 54.5%	66 45.5%
98346	1,049 47.2%	1,171 52.8%
98359	486 44.7%	601 55.3%
98366	4,027 48.5%	4,280 51.5%
98367	3,342 48.7%	3,522 51.3%
98370	3,271 50.1%	3,255 49.9%
98380	541 48.2%	582 51.8%
98383	2,269 48.9%	2,367 51.1%
98392	334 53.9%	286 46.1%
98524	328 51.5%	308 48.5%
98546	150 43.2%	197 56.8%

Table 8. Sex distribution by ZIP code, Kitsap County and North Mason, 2022 [1]

#### Language of children aged five- 17

Out of 43,117 estimated children between five and 17 living in Kitsap in 2022, an estimated 37,744 spoke only English (93%) [2]. Around 3.3% of the five to 17 age group spoke Spanish and 2% spoke an Asian or Pacific Island language. A higher proportion of the five to 17 aged population spoke English, compared to the proportion of English speakers for all of Kitsap (91%) [2].



Additionally, 14% of all residents who speak Spanish as a language other than English are aged five to 17. Another 13% of residents reported speaking a language speaking a Spanish, Other Indo-European language and Asian and Pacific Island languages are aged five to 17 [2].

#### Race and ethnicity of children

In 2022, the ZIP codes with the lowest distribution of children from birth to 18 who are non-Hispanic white were 98314 (Bremerton with 6.5%), 98337 (Bremerton, 43.2%) 98392 (Suquamish, 45.1%), 98311 (Silverdale, 47.4%), and 98310 (Bremerton, 47.5%) [Table 9] [1]. The region with the lowest percentage of non-Hispanic white children was Bremerton (49%) followed by Central Kitsap (50.7%). Around 5.5% of North Kitsap children identify as American Indian or Alaskan Native, aligning with the two tribal Reservations in Kitsap County [Table 10] [1].

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ZIP code	American Indian or Alaskan Native	Asian	Black or African American	Hispanic or Latino	Multiracial	Native Hawaiian or Pacific Islander	White or Caucasian
98110		151 3.1%	40 0.8%	378 7.8%	664 13.7%		3,606 74.5%
98310	28 0.7%	255 6.2%	175 4.2%	896 21.6%	681 16.4%	126 3.0%	1,984 47.9%
98311	50 0.8%	373 5.9%	195 3.1%	1,353 21.5%	1,182 18.8%	124 2.0%	3,017 47.9%
98312	64 0.9%	247 3.5%	336 4.8%	1,510 21.6%	1,051 15.1%	115 1.6%	3,651 52.4%
98314							12 100.0%
98315		29 2.3%	113 8.7%	314 24.2%	157 12.1%		685 52.8%
98337			100 8.4%	357 30.0%	175 14.7%	24 2.0%	534 44.9%
98340				29 10.0%	40 13.8%		223 76.2%
98342	25 9.4%			31 11.3%	26 9.5%		188 69.8%
98345				13 15.8%	14 16.8%		54 67.4%
98346	254 12.2%	25 1.2%		341 16.4%	284 13.7%		1,176 56.5%
98359				166 16.3%	131 12.9%	15 1.5%	703 69.3%
98364				10 42.7%			14 57.3%
98366	92 1.2%	177 2.2%	154 1.9%	1,461 18.4%	1,277 16.1%	140 1.8%	4,643 58.4%
98367	45 0.7%	147 2.2%	88 1.3%	824 12.6%	981 15.0%	60 0.9%	4,387 67.2%
98370	104 1.7%	215 3.4%	58 0.9%	813 13.1%	864 13.9%	37 0.6%	4,132 66.4%
98380	13 1.2%		21 2.0%	147 13.8%	108 10.1%		777 72.9%
98383	37 0.8%	320 7.3%	105 2.4%	829 18.9%	843 19.2%	46 1.0%	2,203 50.3%
98392	134 21.5%	16 2.6%		85 13.6%	112 18.0%		275 44.3%

Table 9. Race/ethnicity distribution among population under 18, Kitsap County and North Mason, 2022\* [1]

\* Blanks indicate the estimates are <10. The next highest estimates are also suppressed to prevent back calculation.

Geographic Region	American Indian or Alaskan Native	Asian	Black or African American	Hispanic or Latino	Native Hawaiian or Pacific Islander	White or Caucasian	Multiracial
Bainbridge Island		151 3.1%	40 0.8%	378 7.8%		3,606 74.5%	664 13.7%
Bremerton	93 0.8%	534 4.3%	611 4.9%	2,762 22.4%	265 2.1%	6,181 50.0%	1,908 15.4%
Central Kitsap	106 0.8%	730 5.6%	434 3.3%	2,644 20.2%	184 1.4%	6,683 51.1%	2,290 17.5%
North Kitsap	528 5.5%	276 2.9%	70 0.7%	1,321 13.7%	53 0.6%	6,062 62.8%	1,343 13.9%
South Kitsap	144 0.9%	333 2.1%	244 1.6%	2,451 15.8%	215 1.4%	9,734 62.8%	2,389 15.4%

Table 10. Race/ethnicity distribution among population under 18, Kitsap County and North Mason, 2022\* [1]

\* Blanks indicate the estimates are <10. The next highest estimates are also suppressed to prevent back calculation.

### Children who live with a disability

From 2018-2022, around 6% of children aged five to 17 had a disability [2]. The rates are very unreliable for the population under 5 (estimated population between .13% to 1% of children under 5) [2]. Compared to Kitsap’s total population, in which nearly 15% of the civilian non-institutionalized population has a disability, the five to 17 age group has a much lower estimate. Although this rate is much lower compared to the larger population, there can be difficulty in finding healthcare services for children with a disability.

Additionally, many of the early learning services provided by KICC members look to work with families who have a child with a disability. More information about families serviced by KICC can be found in the **Programmatic Demographic Data section** and more information about healthcare services for children with a disability can be found in the **Healthcare Trends section**.

The Holly Ridge Center is the county’s IDEA Part C provider, which helps to provide disability evaluations and refer families to specialists. The Infant Toddler Early Intervention Program (ITEIP) is a part of DSHS which provides early intervention services for eligible children between birth to 3 years of age. The count of referrals has fluctuated over the past two years with a range of 43 to 102 referrals, 44 to 110 intakes, and 37 to 65 completed evaluations for all children from between 2022 – 23 per month [Figure 17] [20].

Throughout 2023, the region with the highest count of children served was in Central Kitsap (ranging from 120 to 129 children served), without inclusion of repeating clients. The lowest per month is Bainbridge Island, with a range of 10 to 16 unique children served [Figure 18] [20].

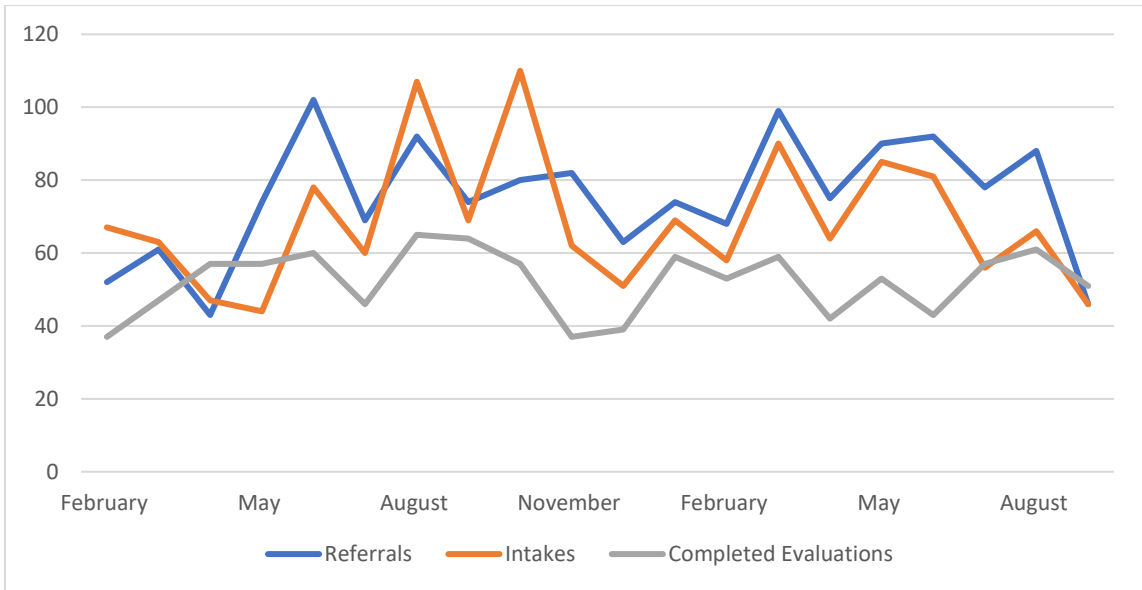


Figure 17. Holly Ridge referrals, intakes, and evaluation count, Kitsap County and North Mason, 2022-23 [20]

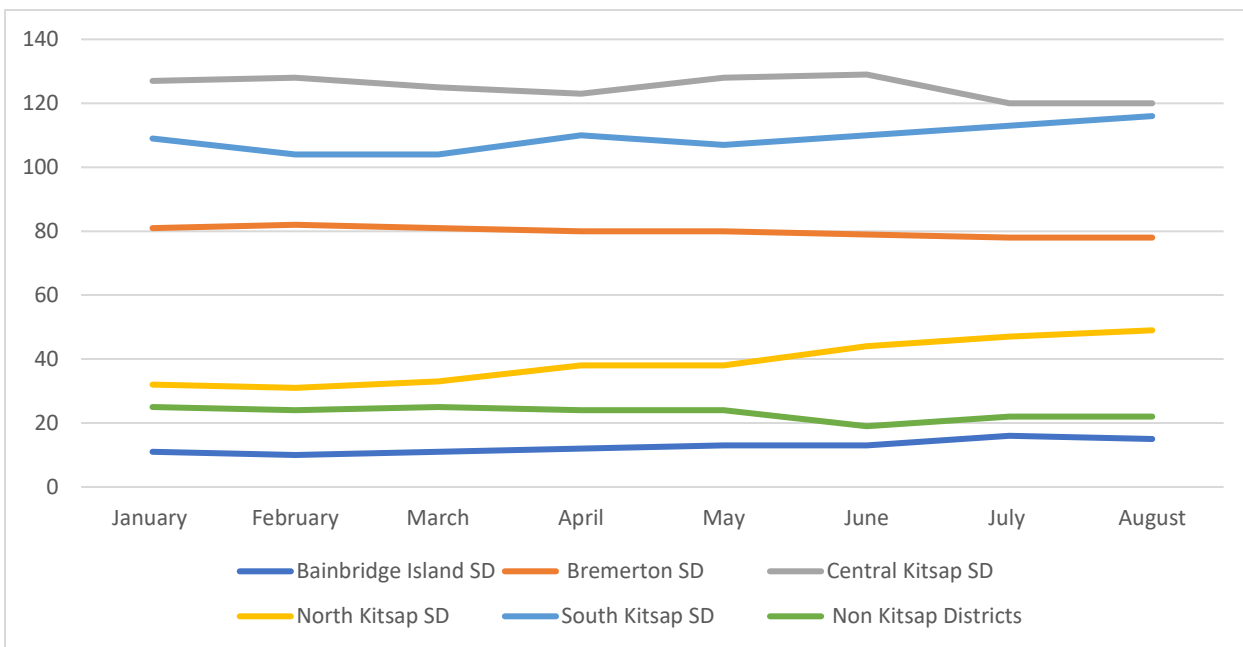


Figure 18. Holly Ridge unique children served by region, Kitsap County and North Mason, 2023 [20]

OSPI also reports the percentage of students who live with a disability. In Kitsap over the 2022 to 2023 school year, around 17.5% of students (5900) reported living with a disability. The region with the highest distribution of students who live with a disability is in Bremerton (19.3% or 844 enrolled students), followed by South Kitsap (17.1% or 1593 students) [Figure 19] [19].

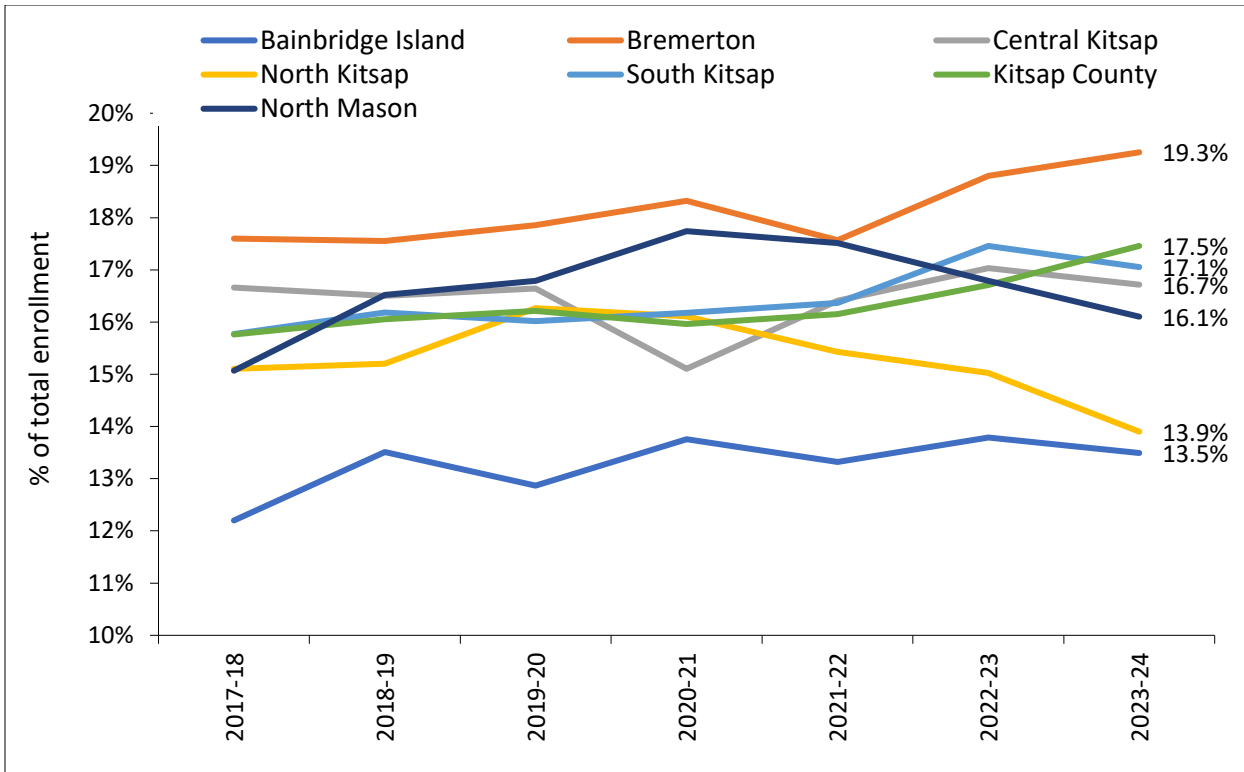


Figure 19. Students with disability by Geographic Region, Kitsap County and North Mason, 2017-2024 [19]

### Makeup of family households

In Kitsap County, the estimated proportion of households from 2000 to 2022 that included married couples with children decreased from 27% to 20% [2]. Households including single parents decreased from 9% to 6%. A slightly higher percentage of married couples with no children under 18 live in Kitsap (34%) compared to Washington as a whole (30%). This percentage grew in Kitsap from 2000 to 2022 [Figure 20] [2].

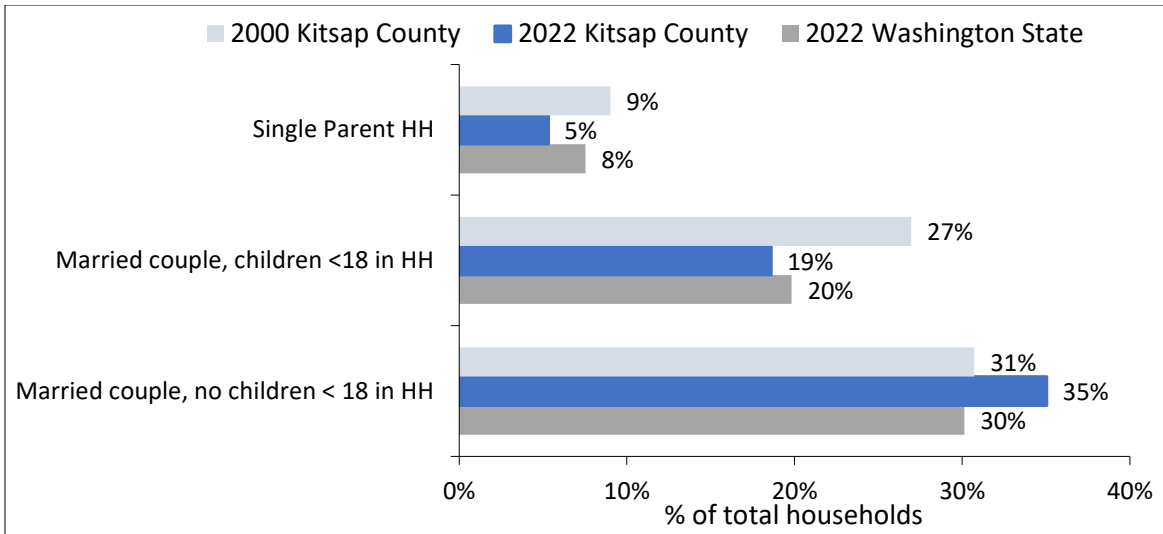


Figure 20. Household composition, Kitsap County and Washington State, 2000 and 2022 [2]

In examination of regions and the percentage of children under 18 living in a household with a single parent from 2018 - 2022, Bainbridge Island has the lowest percentage at 19%, followed by North Kitsap at 23% [Figure 21] [2].

Kitsap’s total proportion of children living in a single parent household is 28%, which is an increase from the 2015 to 2019 proportion (20%) [2]. The ZIP codes with the highest percentage of households with children under 18 living in a single parent household include 98312 (Bremerton, 28%), 98392 (Suquamish, 27%), 98380 (Seabeck, 27%), and 98310 (Bremerton, 26%) [Figure 22] [2]. These numbers only include households in a single parent household and do not include unmarried couples.

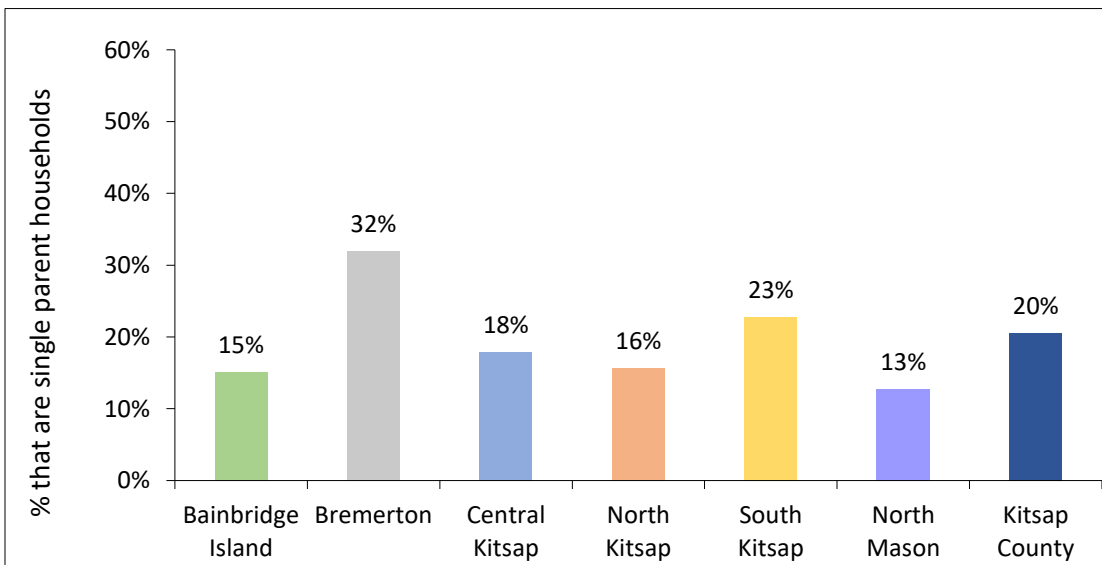


Figure 21. Percentage of children under 18 living in households with a single parent by region, Kitsap County and North Mason, 2018 - 2022 [2]

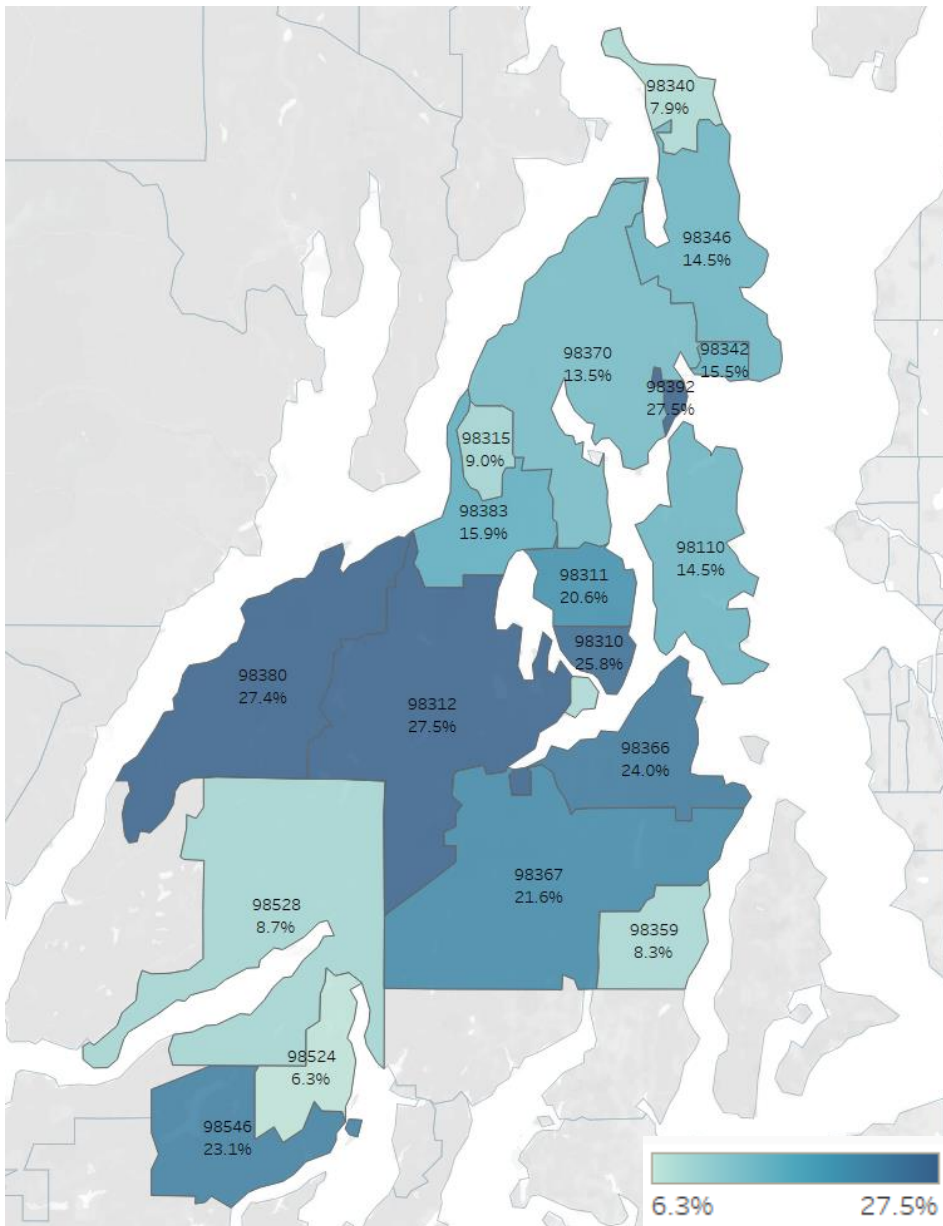


Figure 22. Percentage of children living in a single household by ZIP code, Kitsap County and North Mason, 2018-2022 [2]

### Divorce

The divorce rate in Kitsap has decreased over time, from 7.3 per 1,000 residents aged 15 years and over in 2000 to 4.5 per 1,000 in 2022, with a reported total of 1,031 divorces [21]. This number is still higher than the Washington state average, which also saw a drop in its divorce rate between 2000 (6.0 divorces per 1,000 residents) to 2022 (3.5 per 1,000) with just over 22,000 divorces [Figure 23] [21].

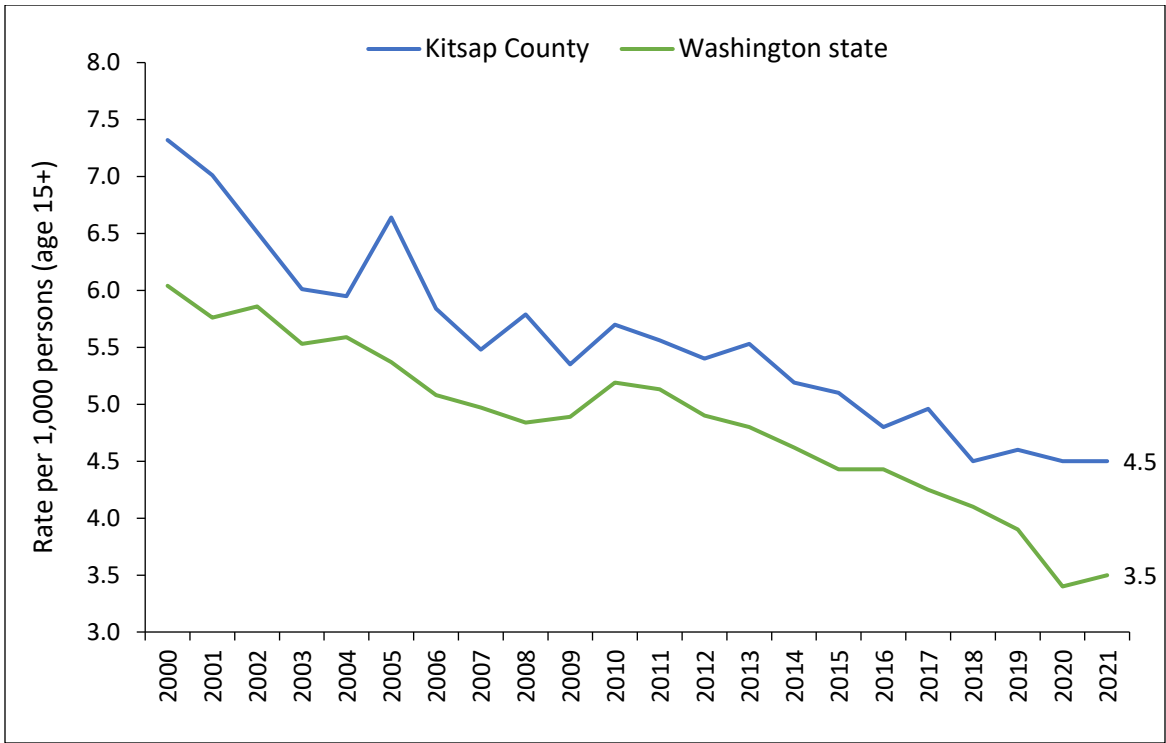


Figure 23. Divorce rate per 1,000 people, Kitsap County and Washington state, 2000-2021 [21]

### 3. Profile of Head Start/Early Head Start/ ECEAP

#### Summary

*In addition to exploring the population in Kitsap and of children and families, it's important to consider the demographic makeup of the population served by existing KICC programs.*

*The Port Gamble S'Klallam and Suquamish Tribes have experienced steady enrollment from 2006 to 2023 for both HS and EHS. OESD and KCR have experienced declines in HS enrollment from 2006 to 2023 [6]. OESD has had further declines in enrollment in EHS from 2016 to 2023, however KCR's EHS enrollment has been steady. Part of the fluctuation of enrollment is related to the number of available funded slots, which can change due to federal/state funding opportunities.*

*Programs overall have a smaller proportion of enrollees that identify as non-Hispanic white, at about half of all enrollees, compared to Kitsap's child-aged population and Kitsap's total population [6].*

*Compared to Kitsap's total child-aged population, KICC sees a higher proportion of children who have a disability at nearly 13% of enrollees compared to 6% in the general child-aged population. KICC also assists 11% of enrollees experiencing homelessness with services specific to their circumstances [6]. Ultimately, KICC reaches and engages with a diverse and vulnerable population, providing the population with critical offerings and education.*



The population served by the KICC programs will differ slightly from the prior two larger population groups because of specific restrictions on who qualifies for this program and who has enrolled. HS and EHS programs at KCR, OESD 114, the Suquamish Tribe and the S’Klallam Tribe all report specific data about their programs and families which currently receive services. The demographic data from programs can be examined by comparing the child-aged population in Kitsap as well as the total population. This will tell if there are similarities and differences in the reached population.

All groups tend to have steady enrollment over time, although there was a slight decrease in HS enrollment between the late 2010s to 2022 for both KCR and OESD. EHS, however, has held steady for KCR, the Suquamish Tribe and Port Gamble S’Klallam Tribe over time. OESD has increased enrollments since 2006, but there was a more recent decline between 2019 and 2023 [Figure 24, Figure 25] [6]. Changes in funded slots due to programmatic changes or changes in federal/state funding can influence the enrollment for these programs.

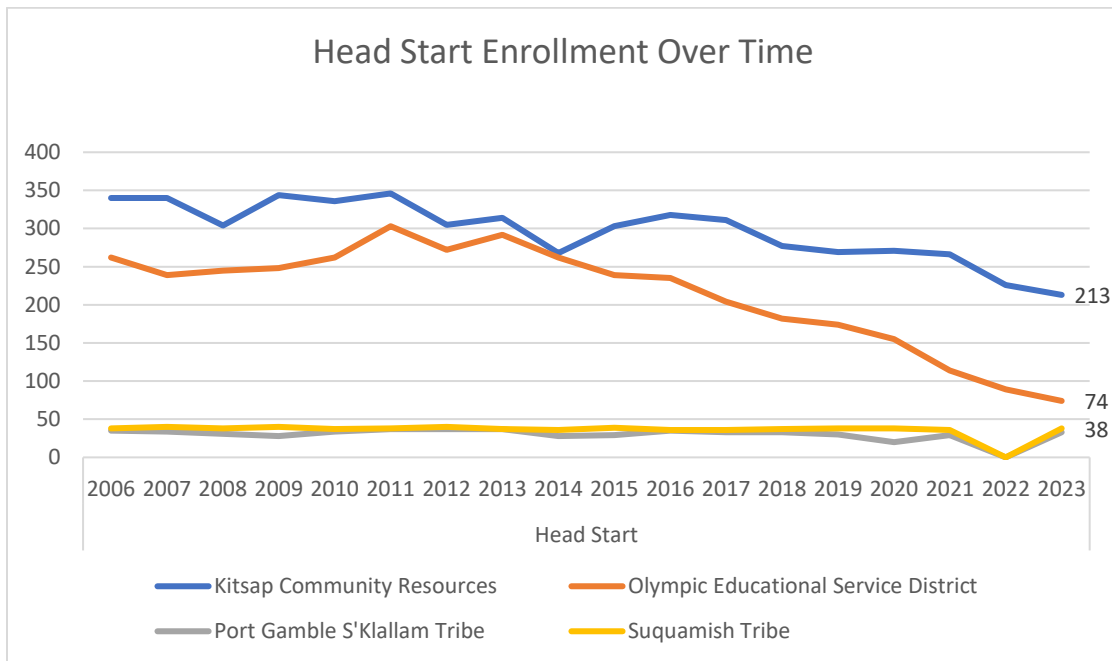


Figure 24. Head Start Enrollment 2006-2023 [6]

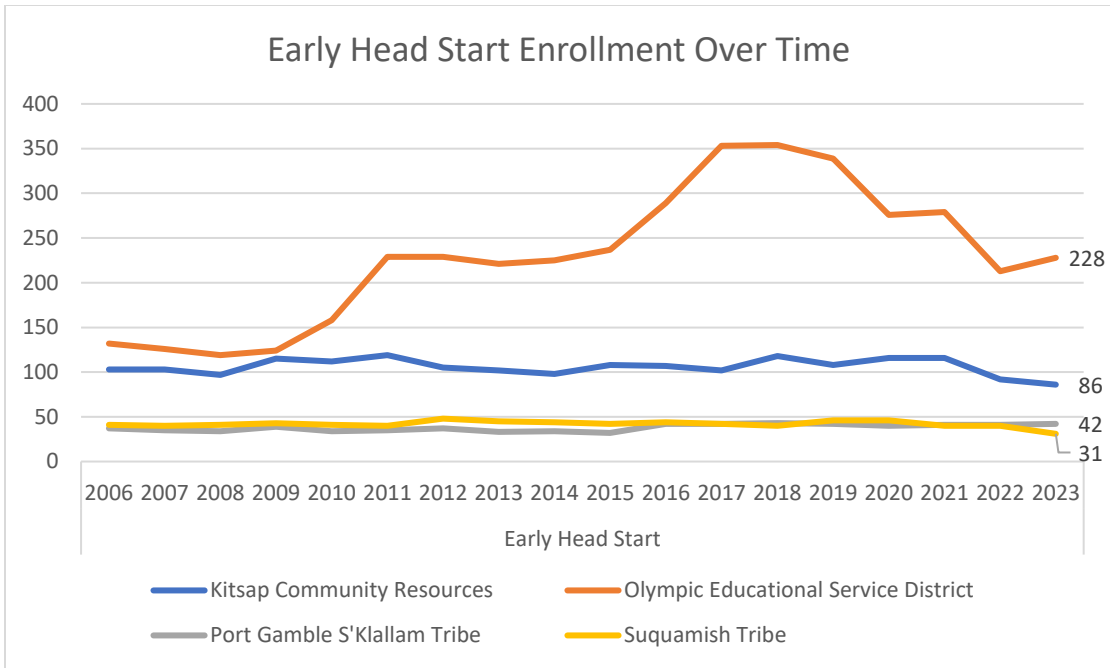


Figure 25. Early Head Start Cumulative Enrollment, 2006-2023 [6]

### Language

According to data collected across programs for the 2022-23 school year, around 78% of all enrollees speak English as the primary language at home; this was a decrease from 85% in 2020 [6]. The second most spoken language for enrollees was Spanish at 12% of the enrollment population. Another 7% of enrollees speak one of a variety of Native Central American, South American, and/or Mexican languages. [6]

Kitsap is home to a sizeable immigrant population from Guatemala, who primarily speak Mam, a spoken language with no written equivalent. Within the EHS/HS programs in Kitsap, 7% of enrollees also spoke Mam primarily at home [6].

When examining language use by organization, 21% of OESD 114’s EHS participants and 4% of HS enrollees spoke a Native Central American, South American, and Mexican language [6]. Another 21% of enrollees for EHS at OESD 114 speak Spanish and 16% speak Spanish at HS. OESD serves Guatemalan families through the home visitation program, which serves children from prenatal to three.

For KCR, 13% of KCR HS enrollees and 5% of EHS enrollees speak Spanish primarily at home. 7% of Suquamish HS enrollees are Spanish speakers and 2.4% speak a Central American, South American or Mexican language [6].

### Race/ethnicity

Compared to Kitsap’s total population and the population of children in Kitsap, a smaller proportion of enrollees across all KICC programs identify as non-Hispanic white. At the Port Gamble S’Klallam and Suquamish tribe’s respective EHS and HS, most enrollees identify as American Indian/Alaska Native. 94% to 100% of enrollees at the Port Gamble S’Klallam Tribe identify as American Indian/Alaska Native while 65% - 68% of enrollees at the Suquamish Tribe identify as American Indian/ Alaska Native [6]. At KCR and OESD EHS, 36%

and 65% identify as non-Hispanic white, respectively [6]. An additional 57% at KCR and 51% at OESD identify as non-Hispanic white in HS. Overall, about half of all enrollees identify as non-Hispanic white [Figure 26] [6]. These are lower percentages than Kitsap overall, with 93% of children aged five to 17 and 72% of Kitsap’s total population.

	Kitsap Community		Olympic Educational Service District				Port Gamble S'Klallam		Suquamish Tribe	
	EHS	HS	EHS	HS	ECEAP	CCP	EHS	HS	EHS	HS
<b>RACE, ANY ETHNICITY</b>										
White	36%	57%	65%	51%	62%	78%	0%	6%	19%	24%
Black	20%	9%	2%	0%	5%	0%	0%	0%	0%	3%
American Indian/Alaska Native	3%	3%	1%	0%	2%	0%	100%	94%	65%	68%
Asian	3%	1%	0%	5%	4%	0%	0%	0%	0%	0%
Native Hawaiian/Pacific Islander	1%	1%	1%	5%	2%	0%	0%	0%	0%	0%
Multi-racial	28%	28%	18%	31%	22%	22%	0%	0%	16%	3%
Unknown/Other	9%	2%	13%	7%	3%	0%	0%	0%	0%	3%
<b>ETHNICITY</b>										
Hispanic	26%	31%	55%	30%	27%	28%	2%	15%	16%	21%
Non-Hispanic	74%	69%	45%	70%	73%	72%	98%	85%	84%	79%

Figure 26. Race/ethnicity distribution by organization, 2022-23 [6]

### Disability

EHS/HS/ECEAP enrollees may be a part of Individualized Family Service Programs (IFSP) or Individualized Education Programs (IEP) indicating they meet IDEA Parts B/C eligibility criteria to receive special education and related preschool disability services over the school year. Overall, in 2022 to 2023 school year, OESD sees the highest count of enrollees who meet eligibility criteria in their ECEAP program with 43% of enrollees having eligibility [6]. The proportion of total enrollees in HS across all groups ranges between 10% to 14%. For EHS, eligibility ranges from 2% to 15% of enrollees [Table 11] [6].

Around 12.8% of all enrollees met eligibility for either IFSP or IEP, which is an increase from 2019 wherein nearly 9% of enrollees met eligibility [6].

Among enrollees who have eligibility in the 2022 to 2023 enrollment year, at KCR, most reported enrollees live with a non/categorical or developmental delay [6]. At OESD, the highest group of enrollees live with a speech or language impairment at both HS and ECEAP programs. The Suquamish Tribe also sees enrollees with a speech or language impairment [Table 12].

	KCR		OESD				S'Klallam		Suquamish	
	EHS	HS	EHS	HS	ECEAP	CCP	EHS	HS	EHS	HS
<b>Eligibility for intervention or disabilities services</b>										
Total # enrollees with IFSP/IEP* indicating eligibility	13	31	32	9	51	0	1	3	2	4
% enrollees with IFSP/IEP* indicating eligibility	14%	14%	15%	10%	43%	0%	2%	10%	5%	11%
# determined eligible during enrollment year	3	8	5	3	4	0	0	1	1	0

Table 11. Eligibility for intervention or disabilities services by organization, 2022 -23 [6]

	KCR	OESD	S'Klallam	Suquamish
	HS	HS	ECEAP	HS
<b>Enrollees with diagnosed primary disability</b>				
Health impairment	0	0	2	0
Emotional disturbance/behavioral disorder	0	0	0	0
Speech or language impairments	8	6	34	4
Intellectual disabilities	0	0	0	0
Hearing impairment, including deafness	0	0	0	0
Orthopedic impairment	0	0	0	1
Visual impairment, including blindness	0	0	0	0
Specific learning disability	0	0	0	0
Autism	4	1	6	1
Traumatic brain injury	0	0	0	0
Non-categorical/developmental delay	19	2	9	1
Multiple disabilities (excluding deaf-blind)	0	0	0	0
Deaf-blind	0	0	0	0

\*Disability data only available for HS; not collected for EHS PIR reporting.

Table 12. Enrollees with a diagnosed primary disability by organization, 2022-23 [6]

### Family involvement

Early education efforts include family participation and parental involvement in the child's education and development. Part of this effort includes father participation with child development experiences (e.g. home visits, parent-teacher conferences, etc.), which is an important indicator for family participation.

During the 2022- 23 year, 133 fathers, or 34% were involved in EHS across Kitsap and 148 (or 41%) were involved in HS, totaling 281 fathers or 22% participation for the 1,277 enrolled children in the past year [6]. This is a slightly lower proportion than the 2019-20 year with 28% involvement for 1,046 enrolled children [Table 13] [6].

	Early Head Start		Head Start		ECEAP
	# fathers	% of enrolled children	# fathers	% of enrolled children	# fathers
Kitsap Community Resources	28	33%	79	37%	0
Olympic Educational Service District	83	36%	36	49%	51
Port Gamble S'Klallam Tribe	9	21%	20	61%	NA
Suquamish Tribe	13	42%	13	34%	NA
<b>Kitsap County Total</b>	<b>133</b>	<b>34%</b>	<b>148</b>	<b>41%</b>	<b>51</b>

Table 13. Father participation with child development experiences by organization, 2022-23 [6]

## Homelessness

Over the 2022-23 enrollment year, around 11% of HS/EHS children were experiencing homelessness that were served during the enrollment year [6]. This is slightly higher than in 2019-20, when 10% of enrollees received services, but lower than many prior years with 2017-18 (12%), 2016-17(13%), 2015-16 (12%), and 2014-15(13%). 12% of all EHS enrollees who experienced homelessness received services in Kitsap and 10% of HS enrollees [Table 14] [6].

	Early Head Start			Head Start			ECEAP			CCP	
	# of families	# of children	% of all enrolled children	# of families	# of children	% of all enrolled children	# of families	# of children	% of all enrolled children	# of families	# of children
KCR	10	9	10%	15	17	8%	===	===	===	===	===
OESD	21	23	10%	8	10	14%	13	13	11%	9	9
Port Gamble S'Klallam Tribe	13	15	36%	5	10	30%	===	===	===	===	===
Suquamish Tribe	0	0	0%	0	0	0%	===	===	===	===	===

Table 14. Program families and children experiencing homelessness and receiving by organization, 2022-23 [6]

## 4. Community data: Socioeconomic factors

### Summary

*Because KICC seeks to serve specific populations and provide early education and connection for families, understanding the existing trends for potentially eligible families is critical to better outreach and to measure engagement with the community.*

*Of note within this section from 2018-2022, 9,328 of children under 18 received cash or food assistance [2]. While some measures of food insecurity are decreasing for Kitsap overall, the number of those who qualify as eligible for Free and Reduced Lunch is increasing [2, 3].*

*Median income is increasing over time and was \$91,306 in 2022 [2]. However, among single mothers from 2018-2022, it was \$53,634. The percentage of children under five who live in poverty was around 11% from 2018-2022, which is higher than the percentage of those experiencing poverty at all ages (8%) [2]. Unemployment spiked during the COVID-19 pandemic but dropped during 2021 and 2022 [22].*

In addition to the demographic data shared in the prior section, this report examined specific factors related to social and economic power in Kitsap. When different population groups have dissimilar access to economic and social opportunities, this may be indicative of inequities which can result in inequitable health outcomes. This report will not thoroughly examine the relationships between individual level demographics and socio-economic power, but prior research in this field has examined this relationship more thoroughly [23, 24].

Selected indicators in this section can generate a picture about the population in Kitsap who may face systemic, historical barriers. Looking for under-representation of these populations in HS, EHS, and ECEAP can help these programs better outreach to their communities.

### Household public assistance

In terms of households receiving some form of public assistance including SSI or cash income, the lowest percentage of reliant households was on Bainbridge Island with 2% of households receiving services [2]. When including food stamps in addition to SSI and cash public assistance income, Bremerton and North Mason had the highest percentage of households receiving service at 39% and 34%, respectively [Table 15] [2].

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	# (%) of households receiving public assistance*	# (%) of children under 18 receiving public assistance**
Bainbridge Island	129 (2%)	156 (3%)
Bremerton	1,221 (12%)	2,968 (39%)
Central Kitsap	1,031 (5%)	1,865 (12%)
North Kitsap	673 (5%)	1,243 (13%)
South Kitsap	1,633 (9%)	3,096 (21%)
North Mason	345 (9%)	943 (34%)

\*Public assistance includes SSI or cash public assistance income

\*\*Public assistance includes SSI, cash public assistance income or SNAP

Table 15. Public assistance recipients by geographic region, Kitsap County and North Mason, 2018-2022 [2]

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### Food insecurity

Access to healthy foods is an important indicator to examine economic stability and context for the population. Food access is a necessary component for the health of families and children, with far-reaching consequences later in life when disrupted. Lessened access may be indicative both of purchasing power of the individual and the availability of food in the neighborhood.

Kitsap County and Washington have very similar rates of food insecurity reported in residents under 18 years old, with both rates decreasing from 2015 to 2021 [Figure 27] [25].

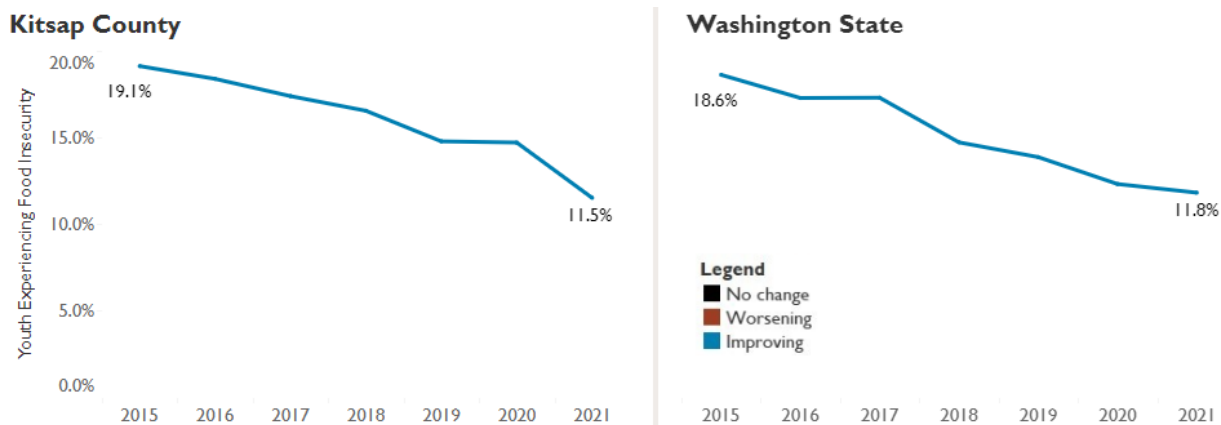
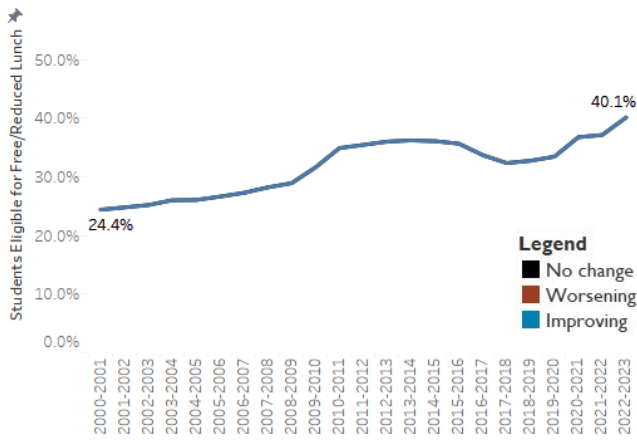


Figure 27. Youth (less than 18 years old) experiencing food insecurity, Kitsap County and Washington state, 2015-2021 [25]

Despite an overall decrease in youths experiencing food insecurity, an increasing rate of students was eligible for Free/Reduced Lunch in the 2021-2022 school year. In Kitsap, students eligible for Free/Reduced Lunch during the 2001 -2002 school year made up around 24% of the school population [3]. Comparatively, during the 2022-2023 school year, around 40.1% of students were eligible for Free/Reduced Lunch in Kitsap, higher than the previous 20 years [3]. The percentage of eligible students in Kitsap is lower than the percentage of eligible students across Washington state (51.9%) [Figure 28]. Across all geographic regions, eligibility to receive Free/Reduced Lunch has increased from 2018 to 2022, which follows the statewide trend from 42.5 students per 1,000 qualifying to 52.0 students per 1,000 in 2022 [Figure 29]. See Figure 30 for the distribution of elementary aged students enrolled in Free/Reduced Lunch by school in the 2022 to 2023 school year [3].

In understanding why this discrepancy may be present, there are differences in the way that students are eligible for Free/Reduced Lunch compared to the metric of those who experience food insecurity. The food insecurity measure examines determinants (i.e., unemployment, poverty, disability, homeownership, and median income) to estimate a measure of lack of access to nutritionally adequate foods. Eligibility for Free/Reduced Lunch is primarily related to income alone.

### Kitsap County



### Washington State

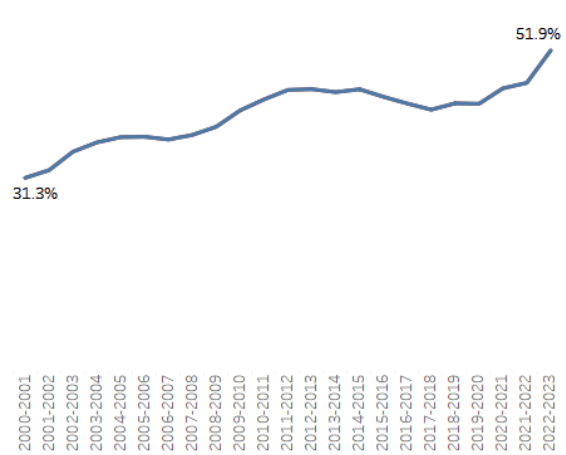


Figure 28. Percent of students eligible to receive Free/Reduced Lunch by school year, Kitsap County and Washington state, 2000-2023 [3]



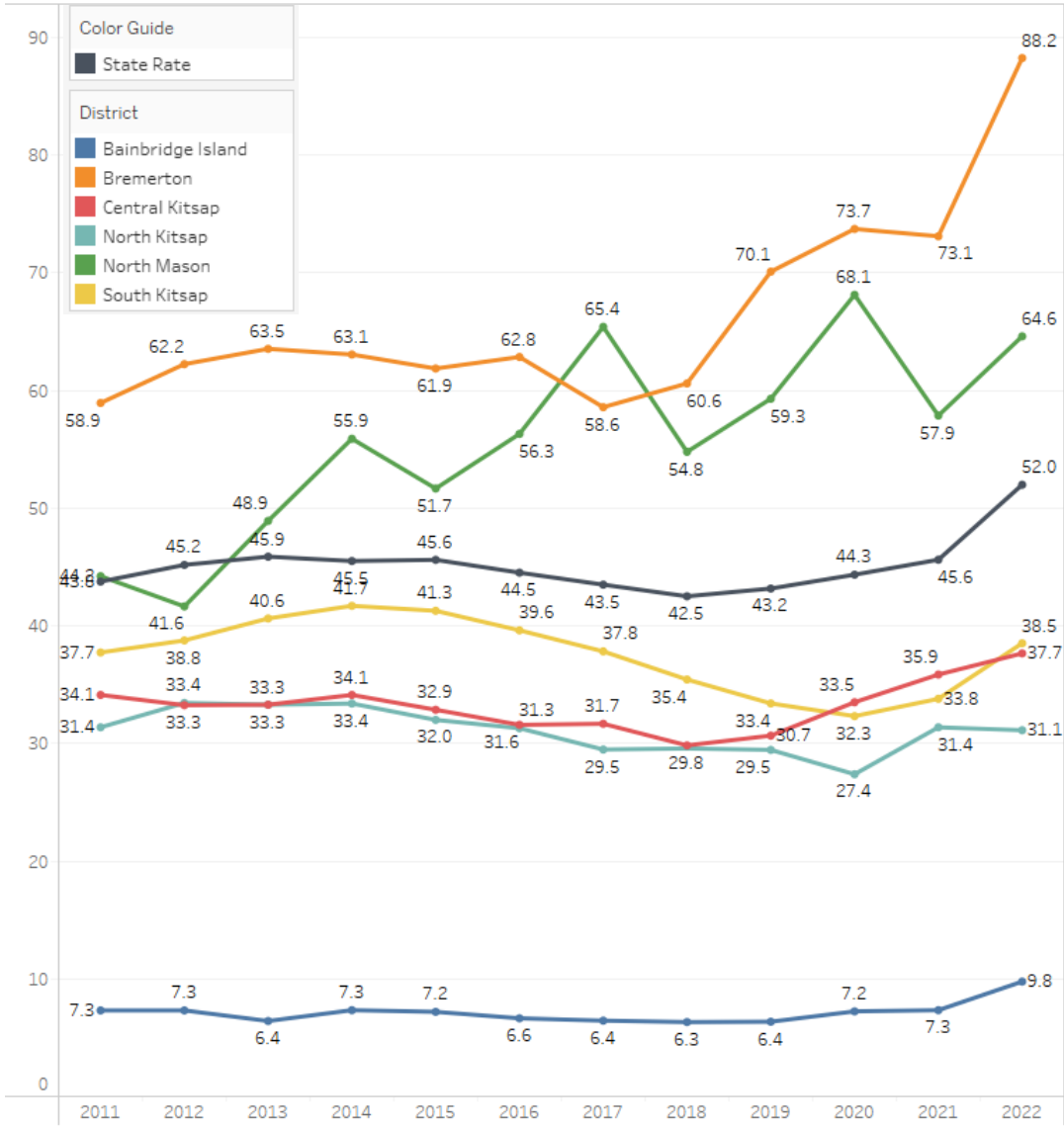


Figure 29. Rate of eligible students to receive Free/Reduced Lunch by geographic region, Kitsap County, North Mason, and Washington state, 2011-2022 [21]

	School Name	Grades	Total Enrollment	% Free and Reduced Lunch
Bremerton School District	Armin Jahr Elementary	K-5	379	100
	Crown Hill Elementary	PK-5	324	80.3
	Kitsap Lake Elementary	K-5	346	63.6
	Naval Avenue Elementary	K-5	315	85.4
	View Ridge Elementary Arts Academy	K-5	381	87.1
	West Hills S.T.E.M. Academy	PK-5	316	100
Bainbridge Island School District	Blakely Elementary	K-4	376	4.8
	Commodore Center	K-12	356	13.5
	Ordway Elementary	K-4	380	11.8
	Wilkes Elementary	K-4	361	8.0
	Sakai Intermediate School	5-6	450	7.3
North Kitsap School District	Pearson Elementary School	K-5	291	27.2
	Poulsbo Elementary School	K-5	451	23.5
	Richard Gordon Elementary School	K-5	404	33.4
	Suquamish Elementary School	K-5	332	44.6
	Vinland Elementary School	K-5	525	30.3
	Wolfe Elementary School	PK-8	316	52.5
	Alternative High School (Barker Creek)	K-12	563	63.8
Central Kitsap School District	Brownsville Elementary	K-5	425	25.4
	Clear Creek Elementary	K-5	458	47.2
	Cottonwood Elementary	K-5	384	37.5
	Cougar Valley Elementary	K-5	409	31.1
	Emerald Heights Elementary	K-5	493	24.8
	Esquire Hills Elementary	K-5	277	65.3
	Green Mountain Elementary	K-5	374	29.7
	Hawk Elementary (HEJP)	K-5	464	33.2
	Pinecrest Elementary	PK-5	417	69.1
	Silver Ridge Elementary	PK-5	444	25.7
	Silverdale Elementary	PK-5	424	30.7
	Woodlands Elementary	K-5	386	65.5
	South Kitsap School District	Burley Glenwood Elementary	K-5	448
East Port Orchard Elementary School		K-5	473	67.2
Hidden Creek Elementary		K-5	406	40.4
Madrona Preschool		PK-3	110	28.2
Manchester Elementary		K-5	483	35.4
Mullenix Ridge Elementary		K-5	361	30.5
Olalla Elementary		K-5	290	34.1
Orchard Heights Elementary		K-5	551	43.7
Sidney Glen Elementary		K-5	468	41.0
South Colby Elementary		K-5	294	26.9
Belfair Elementary	K-5	281	62.3	

North Mason School District	North Mason Developmental Preschool	PK	22	75.8
	Sand Hill Elementary	K-5	421	77.3

Figure 30. Total enrollment and percentage of elementary-aged students enrolled in Free/Reduced Lunch program, Kitsap County and North Mason, October 2022 [3]

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Temporary Assistance for Needy Families (TANF) for child recipients also appears to be decreasing over time, with the most dramatic decrease occurring in Bremerton. In 2010, 20 out of every 1,000 children in Bremerton received TANF compared to around 9 per 1,000 children in 2021 [Figure 31] [21].

The statewide Supplemental Nutrition Assistance Program (SNAP) usage in households can be tracked over time and by region. Usage has fluctuated over time with a slight increase in SNAP use in all regions when comparing 2019 to 2020 [21]. This was likely influenced by changes in food access and food stamp availability during the COVID-19 pandemic [Figure 32] [21].

Additionally, SNAP household usages can be accessed monthly and by ZIP code in Kitsap County. A report from July 2023 reports use in 98370 (Poulsbo), 98310 (Bremerton), 98312 (Bremerton), 98366 (Port Orchard), and 98367 (Port Orchard) with a household counts above 1,000 [Figure 33] [26].

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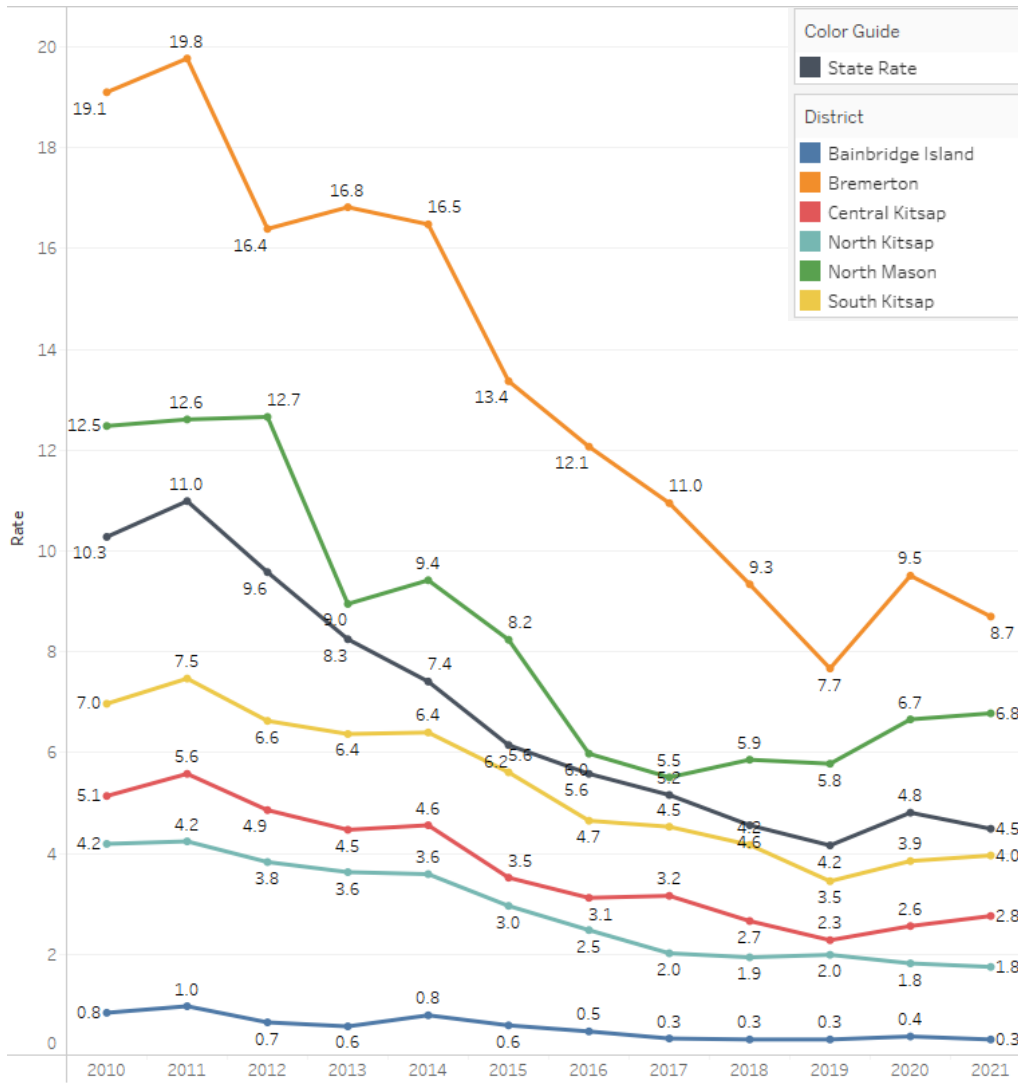


Figure 31. TANF child-aged recipients by region, Kitsap County and Washington state, 2010 - 2021 [21]

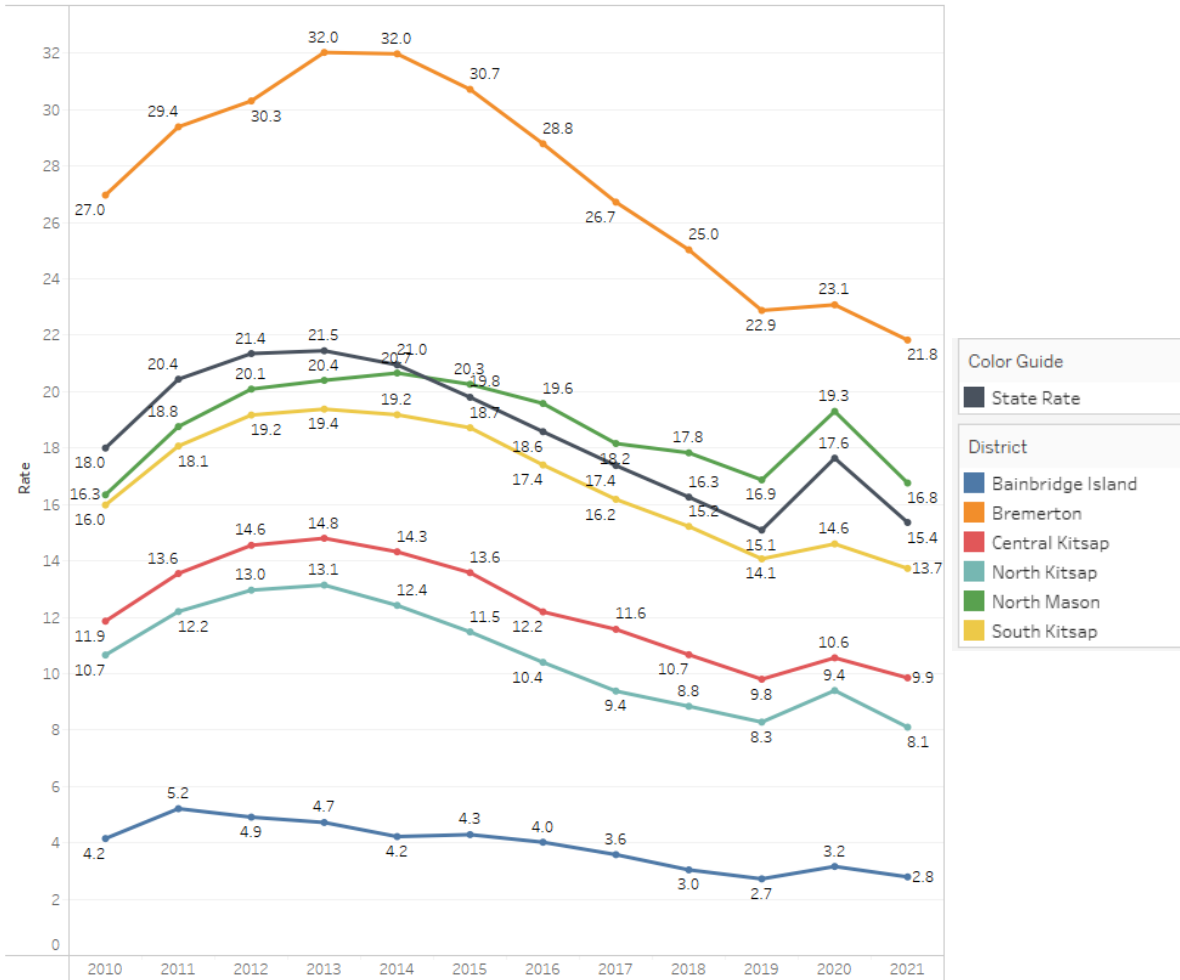


Figure 32. SNAP use rate by region, Kitsap County and Washington State, 2010 – 2021 [21]

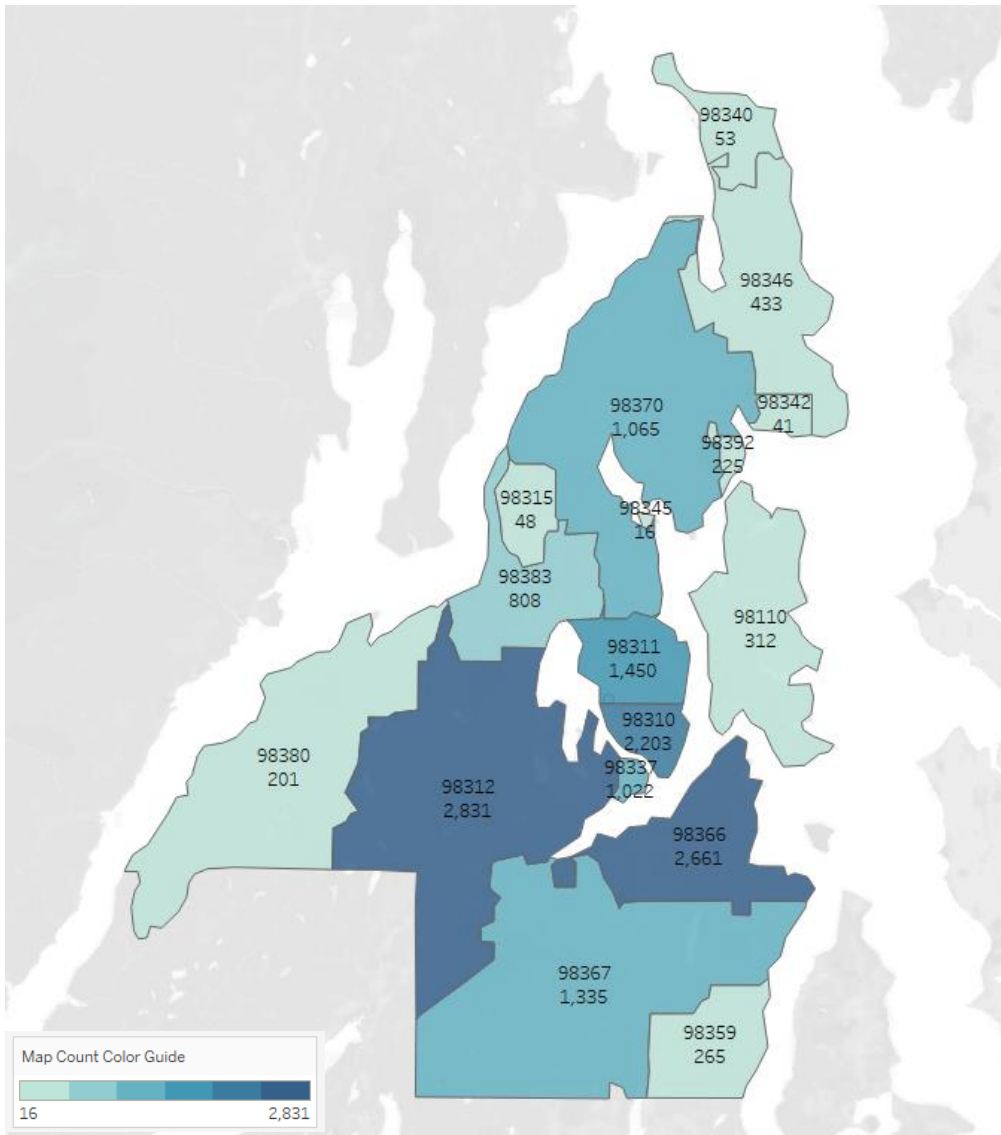


Figure 33. Households served by SNAP, Kitsap County, July 2023 [26]

WIC service

The Special Supplemental Nutrition Program of Women, Infants, and Children (WIC) is an additional federally funded program to assist low-income, pregnant, breastfeeding, and postpartum women as well as their infants and children up to five years of age. The program provides supplemental foods, nutritional education, and healthcare referrals through workshops, education boards, and on-on-one counseling.

Over time, the use of WIC has decreased, with the current use totaling 5,989 Kitsap residents compared to 10,798 in 2011 [27][Figure 34]. There are several possible reasons for the decline in WIC use rates. WIC enrollment typically requires in-person visits to local clinics, creating a time-intensive or transportation barrier compared to other benefit programs [28]. Before and during the pandemic, WIC enrollment lagged behind SNAP and Medicaid enrollments, even though enrollees to these programs would also qualify for WIC. From

2018 and 2019, between 44% - 63% of WIC-eligible individuals enrolled in Medicaid and SNAP, but not in WIC. From February 2020 and January 2021, Medicaid enrollment grew by 14%. SNAP also grew 14% from January 2020 to February 2021 [28]. WIC grew by 4% and 2% over each time period, respectively [28].

In Kitsap, there is only one WIC provider for the entire county (KCR), which can make it more difficult for parents who are further away. Additionally, enrollment could be more greatly influenced by capacity at KCR. Overall, Kitsap’s WIC service rate appears similar to WIC participation at the national level [Figure 35] [29].

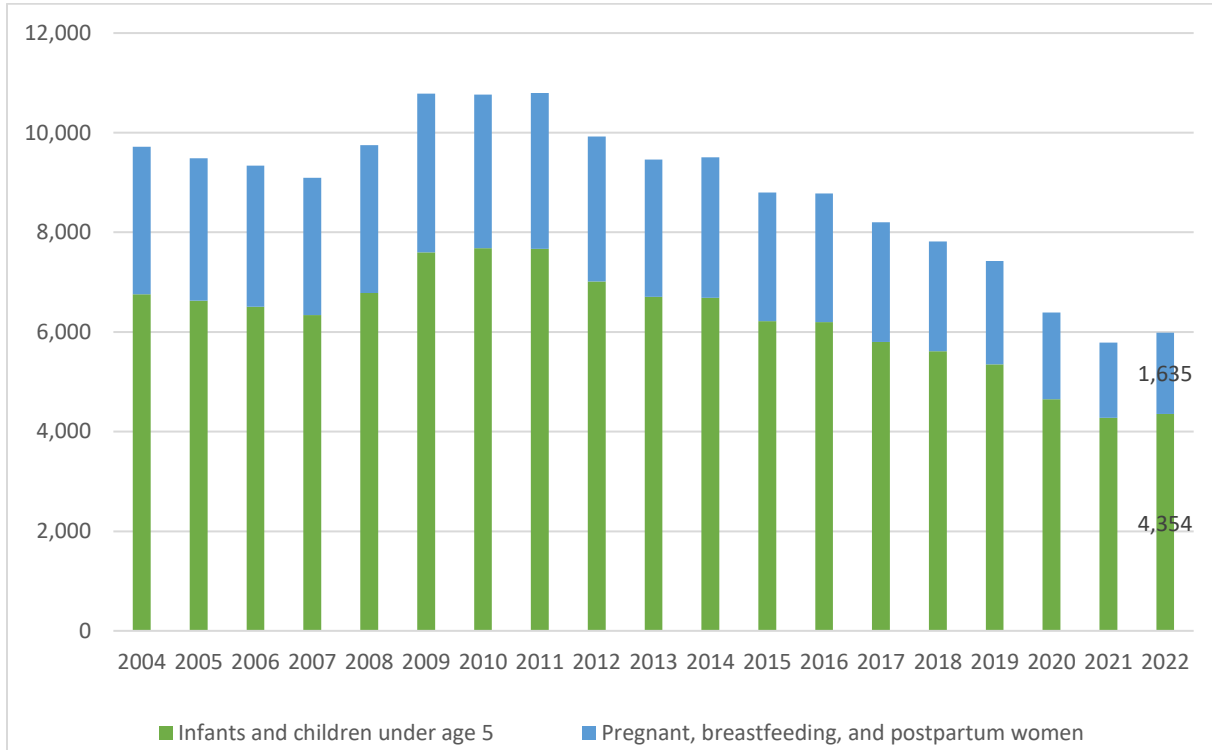


Figure 34. Women, infants, and children under five served by WIC in Kitsap, 2004-2022 [27]

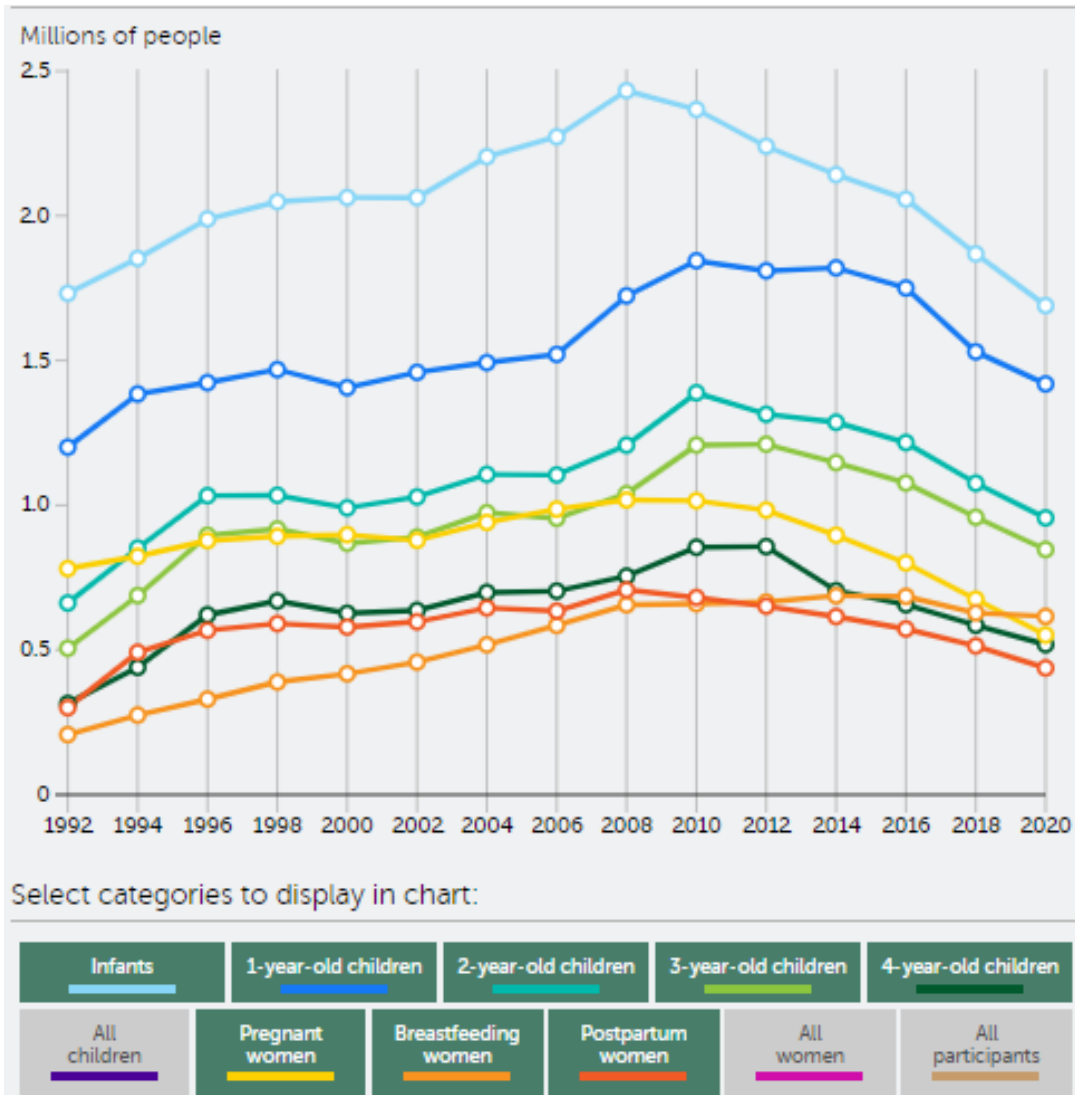


Figure 35. WIC participation nationally, 1992-2020 [29]

## Commuting

ACS includes several questions about their place of work location, travel time, means of transportation and vehicles available, which helps to create a picture of the commuting population. Out of 132,744 workers aged 16 and over in 2022, around 13.7% (18,186 workers) reported working from home and are not included in commuting estimates [2].

Use of any form for public transportation to work can help program groups understand ease of transportation and access to childcare, health services and other social services by transit means.

In examination of local ZIP codes from 2018 to 2022, 98110 (Bainbridge Island) reported the highest proportion of those using public transit to commute (18.2%) [Figure 36] [2]. This may be reflective of those who commute to Seattle via the ferry system but live in Bainbridge Island.



The lowest percentage using public transit is in 98311 (Bremerton) at 3.5% of households [Figure 36] [2].

In examination of local ZIP codes from 2018 to 2022, 98110 (Bainbridge Island) has the highest proportion of those with a commute of over 90 minutes at 14.1% [2]. The lowest percentage with a commute of over 90 minutes is in 98311 (Bremerton) with 3.9% of households having a commute longer than 90 [Figure 37] [2]. These two indicators show us that not only do members in Bainbridge have the longest commute time, but they also have the highest percentage using public transit. In Bremerton, far less people use public transportation to get to work, but they also are least likely to have longer commute times.

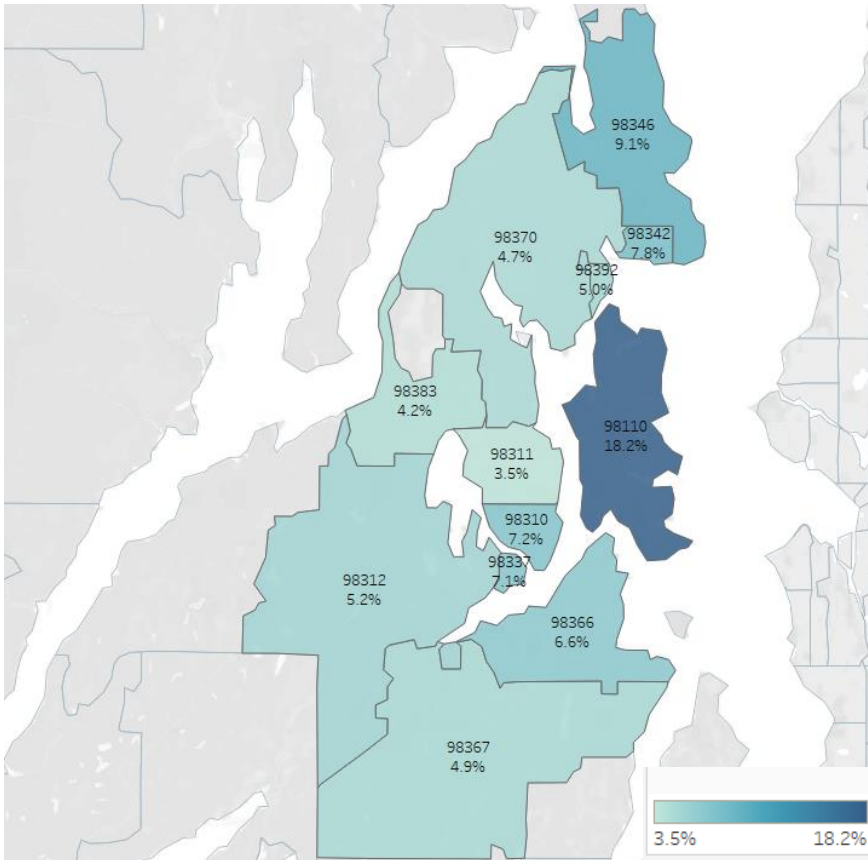


Figure 36. Public transportation commuting to work, Kitsap County and North Mason, 2018-2022 [2]

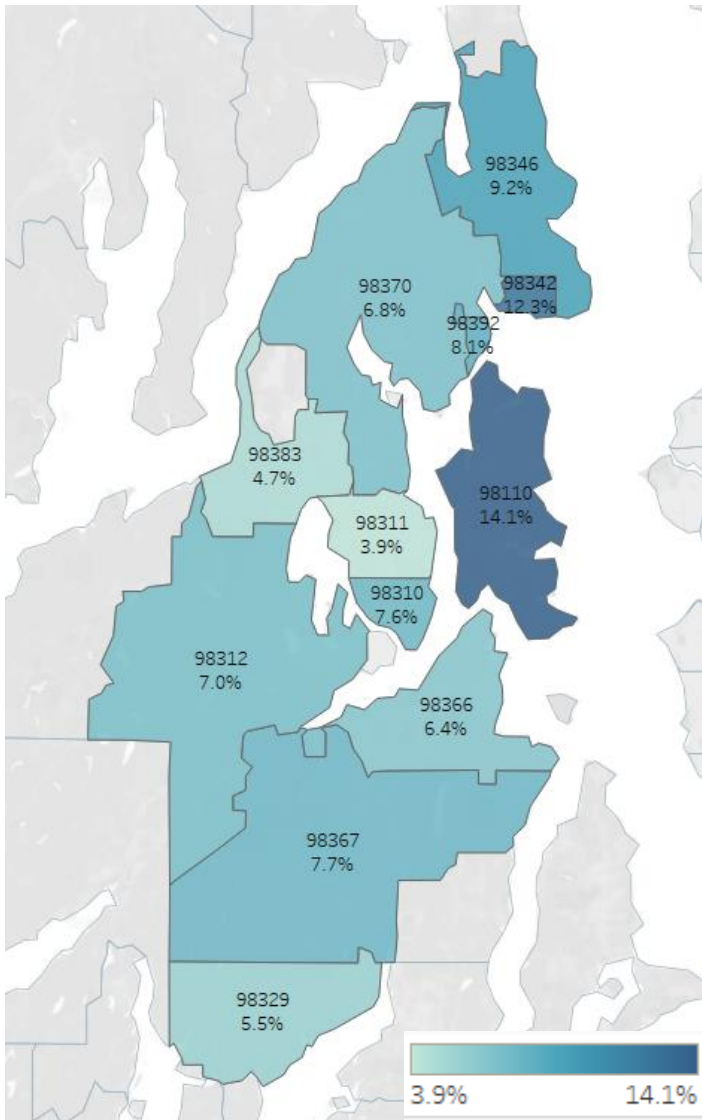


Figure 37. Commute time over 90 minutes, Kitsap County and North Mason, 2018-2022 [2]

In 2022, the mean commute time in Kitsap County was 29.4 minutes, which is slightly higher than Washington state at 26.3 minutes [2]. Commuting time has statistically significantly decreased from 2018 to 2022 [Figure 38] [2].

Around 4.5% of Kitsap households do not have a vehicle available -- much lower than Washington state, which records a rate of 7% [2]. This trend in Kitsap has been statistically significantly decreasing from 2014 – 2022 [Figure 39] [2].

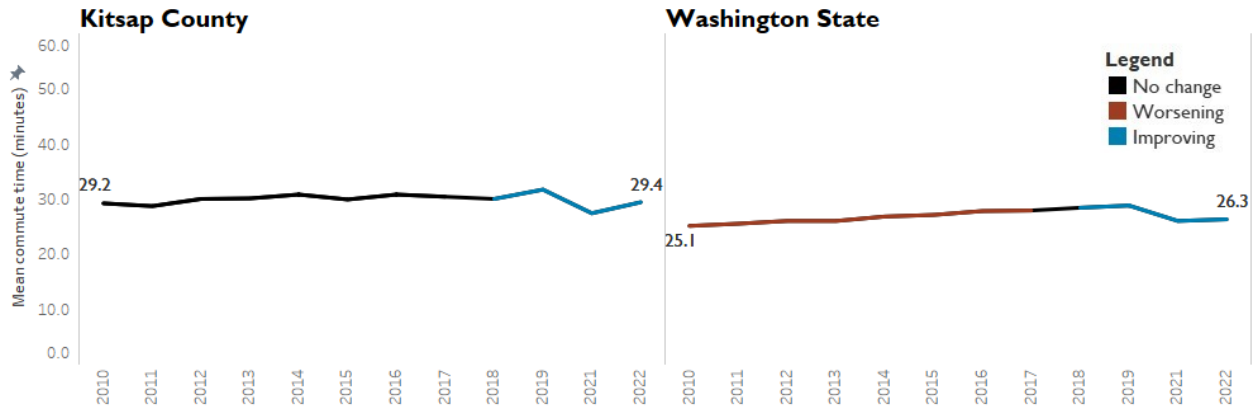


Figure 38. Mean commute time, Kitsap County and Washington State, 2010-2022 [2]

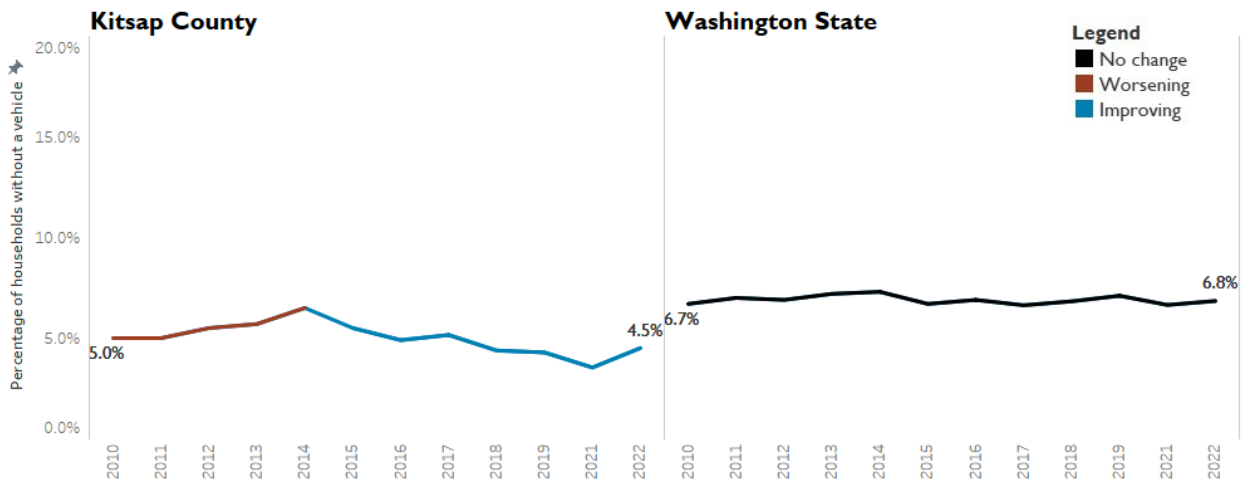


Figure 39. Households without a vehicle, Kitsap County and Washington State, 2010-2022 [2]

## Employment

In 2022, there were an estimated 129,750 workers over the age of 16 work in Kitsap County [18].

In 2022, the top five employers of Kitsap were:

- Naval Base Kitsap (36,905 employees)
- St. Michael Medical Center/ Franciscan Medical Group (2,477 employees)
- Central Kitsap School District (1,865 employees)
- Kitsap County (1,358 employees)
- South Kitsap School District (1,341 employees)

Across Kitsap from 2018 to 2022, civilian employment among residents in ZIP codes ranged from 31.5% to 62% [18]. Please note that residents who work for the military or on a federal base would not contribute to these percentages. From 2018 to 2022, the ZIP code that is fully located in Kitsap County with the highest percentage

of those 16 years and older in the civilian workforce is 98366 (Port Orchard) with 60.2% of the population working [Figure 40] [18].

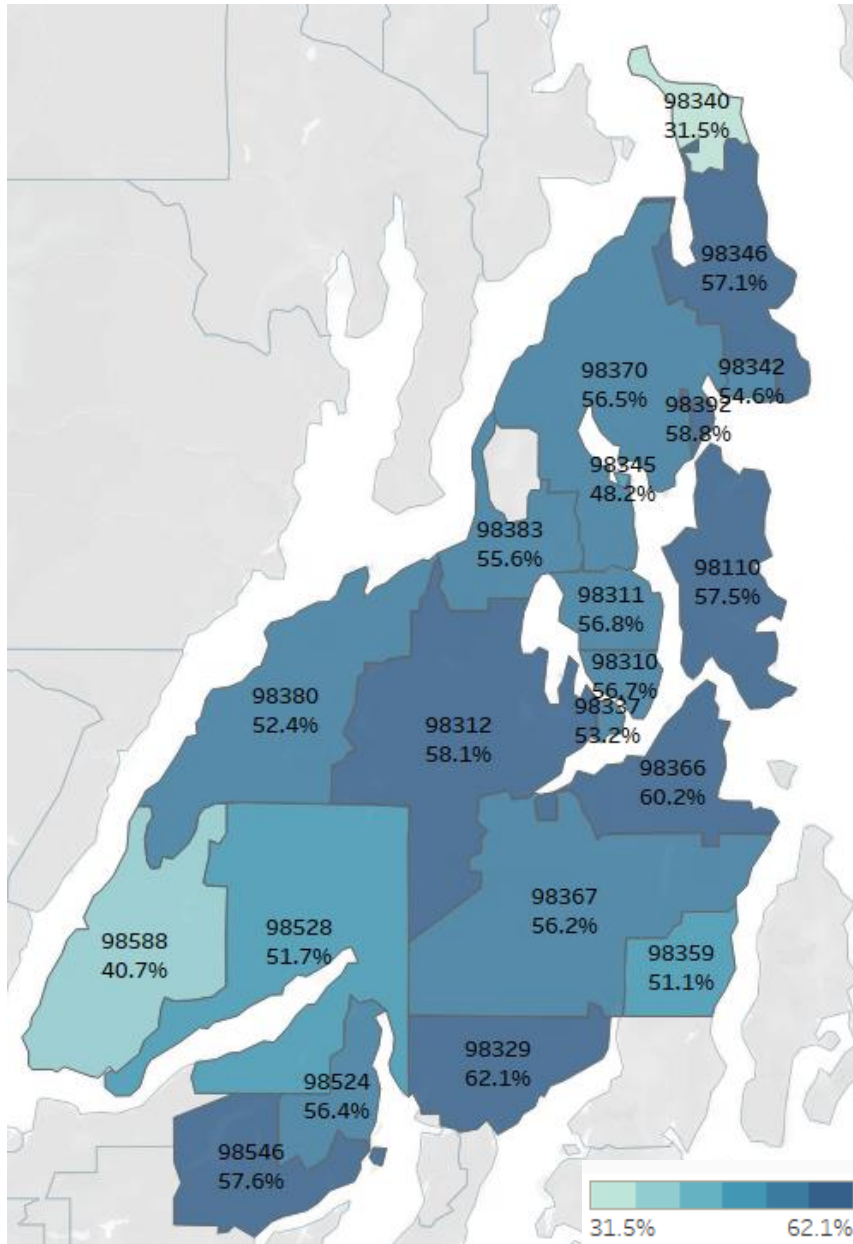


Figure 40. Percentage of those 16 and older in the civilian labor force, Kitsap County and North Mason, 2018-2022 [18]

## Unemployment

In 2023, the rate of unemployment averaged around 4% in Kitsap County [22]. In November 2023, civilians were employed in 125,972 jobs. In November 2022, an average of 95,300 nonfarm employment was observed, which is similar to employment observed prior to 2020. The COVID-19 pandemic effects are extremely visible when viewing unemployment data. Nonfarm jobs dropped from 96,300 in December 2019 to 89,000 in

December 2020 [22]. Jobs increased from this drop over 2021 (93,400 jobs) to 2022 (95,300 jobs). Over April and May 2020, unemployment soared to 14.5% and 12.6% respectively [22]. Over 2022 and 2023, unemployment has dropped to an average of 4.5% and 4% respectively [Figure 41] [22].

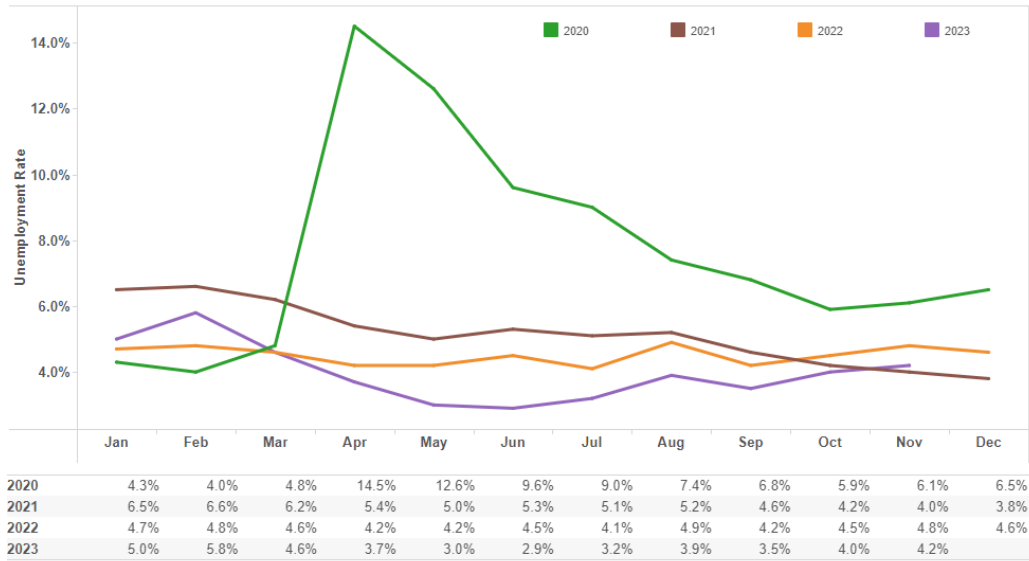


Figure 41. Unemployment rate in Kitsap over month and year, Jan 2020 - Nov 2023 [22]

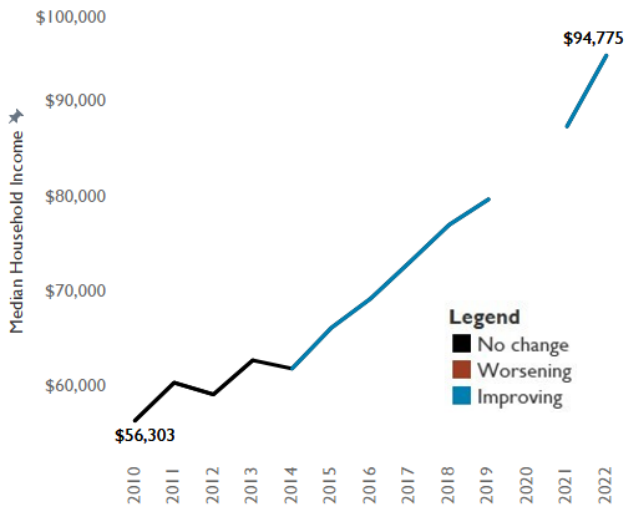
### Income

Median household income rose steadily in Kitsap from 2010 to 2022 (from \$56,503 to \$94,775) [2]. Incomes are slightly higher than Washington state overall at \$91,306 [Figure 42] [2].

While median income across Kitsap is an important measure to understand access to resources, income information is also available for sub-populations. Bainbridge Island had a comparatively high median income at \$145,475 in 2021 [2]. Bremerton’s median income was lower than other geographic regions in Kitsap, around \$62,673 [2].

From 2018 to 2022, for single households with a female head of house, median income was \$53,634 [2]. For those with a male head of house, median income is \$83,347 [Figure 43] [2]. Access to housing, childcare, and healthcare can be greatly impacted by having a much lower median income compared to the broader population and should be noted when reading those sections in this report.

### Kitsap County



### Washington State

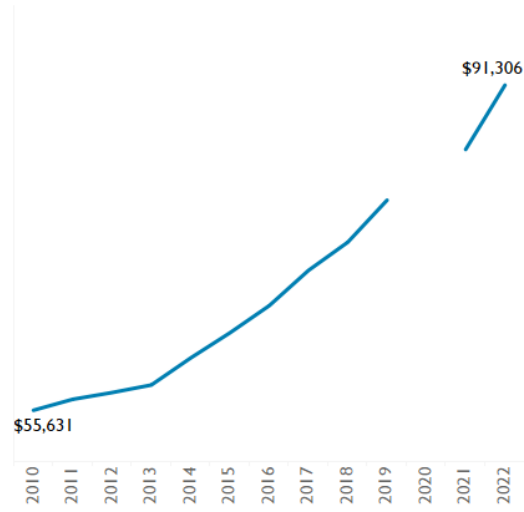


Figure 42. Median household income, Kitsap County and Washington state, 2010-2022 [2]

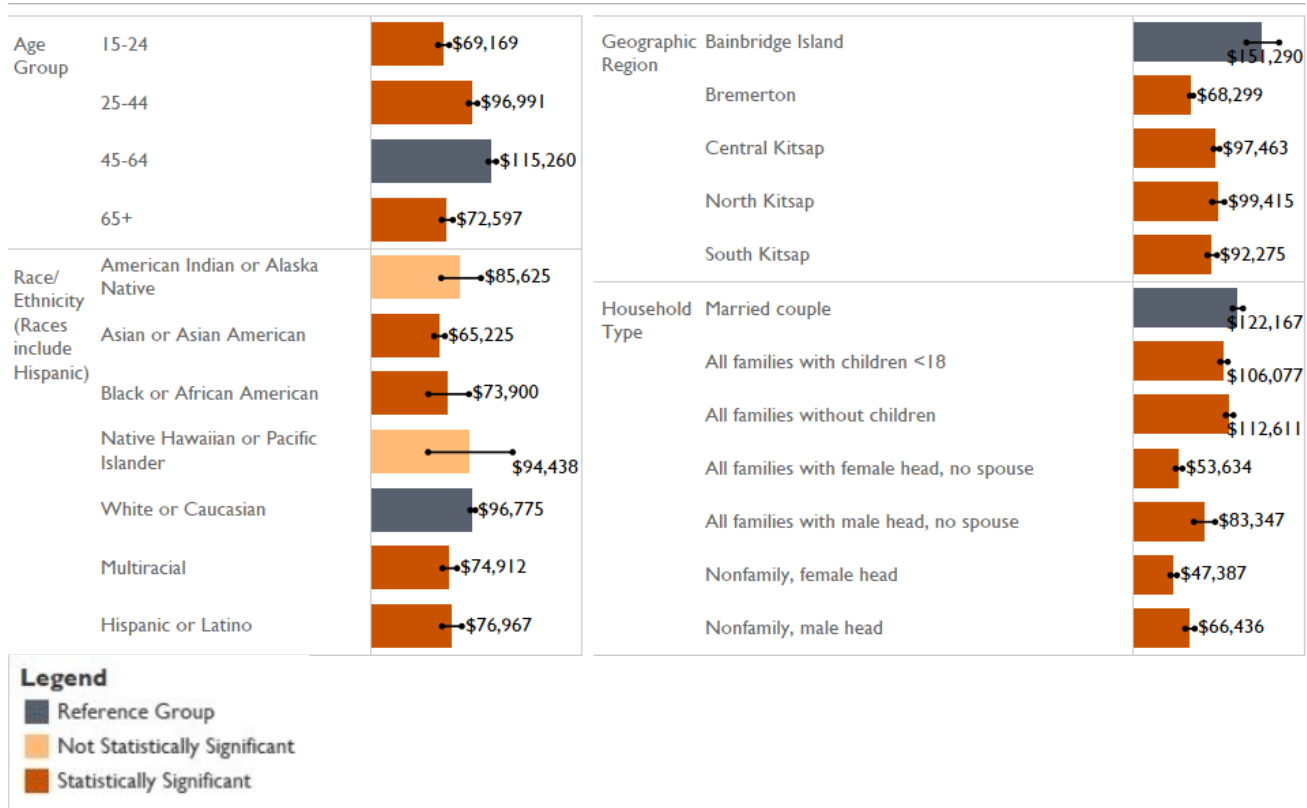


Figure 43. Median household income by sub-populations, Kitsap County, 2018-2022 [2]

### Poverty level

Federal Poverty Level (FPL) provides an indication of the size of the population eligible to access the services provided by members in KICC. In 2023, FPL was \$14,580 per year for one person in the family/household with

an additional \$5,140 per each additional individual. Our measures are from 2021 when FPL was slightly lower, at \$12,880 with an additional \$4,540, respectively [8].

In 2022, the population of Kitsap living below 200% of the FPL was 20.6% (55,666 residents), which was lower than Washington state overall (22.3%) [Figure 44] [2]. Across geographic regions in Kitsap from 2018 to 2022, the range of those living under 200% FPL is from around 8% to 32.5% of the population [Figure 45] [2]. Using the 200% of the FPL is a broader inclusion of the population which may require services to KICC.

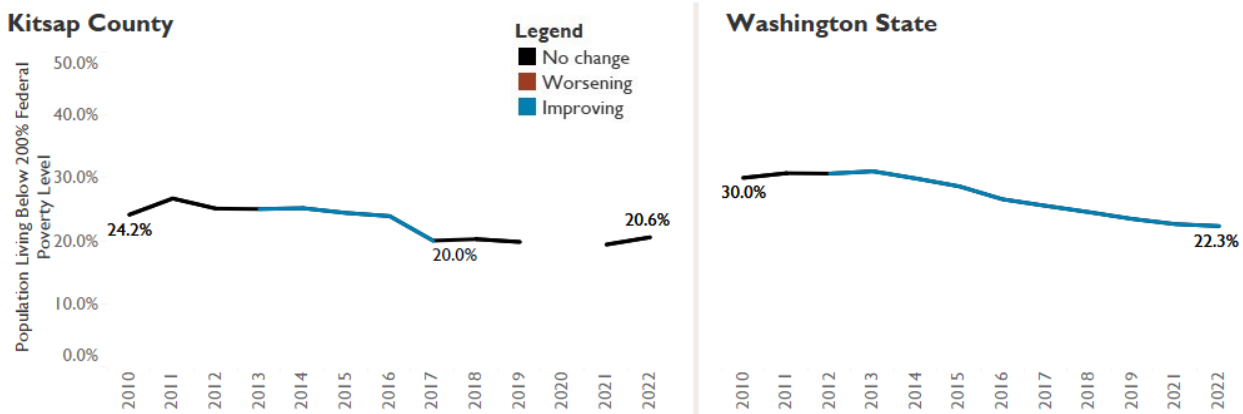


Figure 44. Population living below 200% of FPL, Kitsap County and Washington state, 2010-2022 [2]

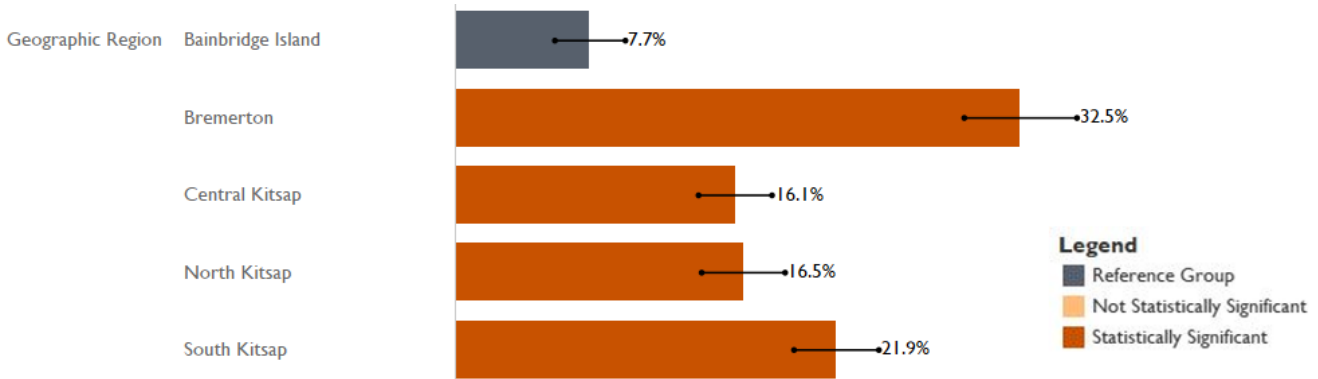


Figure 45. Population living below 200% of FPL by geographic region, Kitsap County, 2018-2022 [2]

One possible inclusion metric into HS/EHS/ECEAP is living below 110% or 130% of the FPL [2]. ACS also estimates the percent of the population who live below 100% of the FPL. In 2022, 9.9% of the population (26,790 residents) in Kitsap lived below 100% of FPL, which is similar to percentage than what is reported for Washington state (10%) [Figure 46] [2].

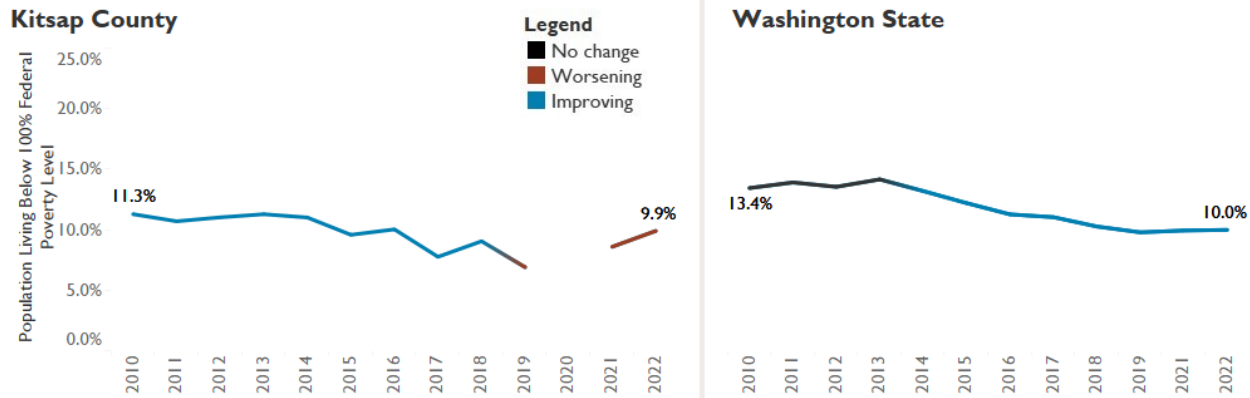


Figure 46. Population living below 100% of FPL, Kitsap County and Washington state, 2010-2022 [2]xl

### Poverty and under 5

Further exploration into poverty trends for children birth to 4 years old over time is important to understand the need for services. From 2018 to 2022, 11% of children under 5 years old lived in poverty, compared to 8% of the entire population [2]. This is around 1,567 children under five, which is more than the total current enrollment into early education programs in Kitsap [Figure 47, Table 16] [2]. Due to the inclusion criteria for state and federal funded early learning programs, more than 11% of the birth to four years old population in Kitsap should be eligible for early education services.

Bremerton, Central Kitsap, and South Kitsap reported that more than 10% of their children under age 17 lived in poverty from 2018 to 2022 estimates [2]. The highest percentage for the under-five age group was in South Kitsap, with 614 children in this age group living with income below the poverty level in the past 12 months [Figure 48].



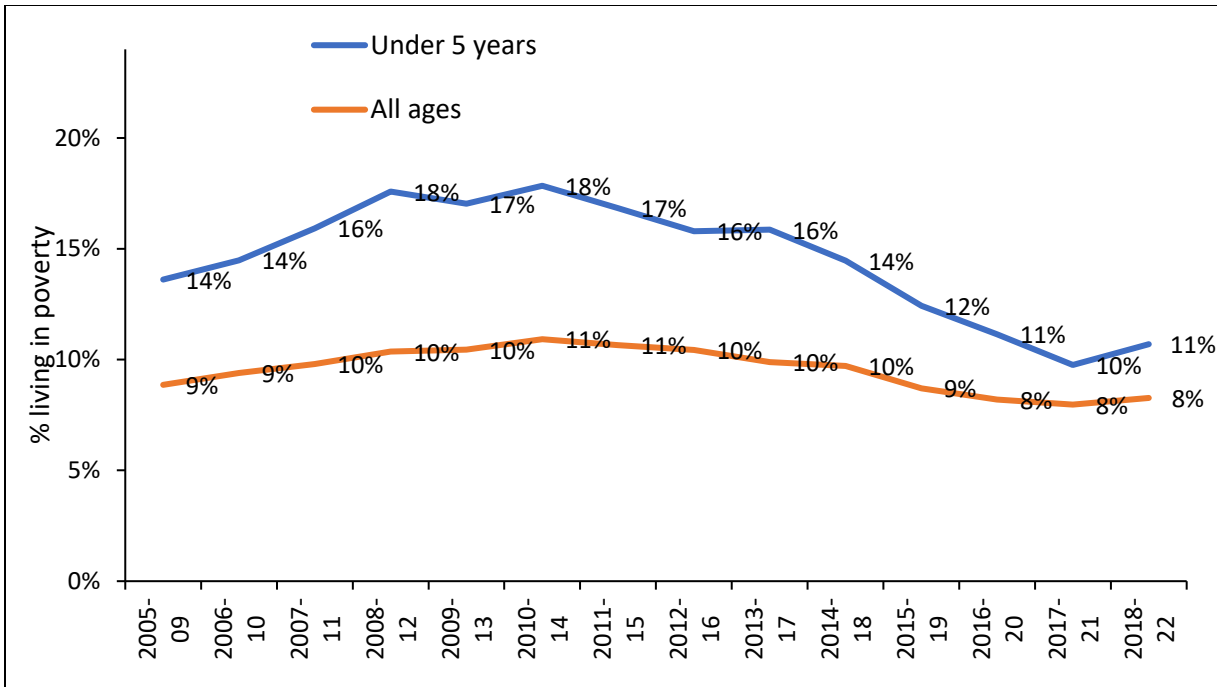


Figure 47. Populations living in poverty by age group, Kitsap County, 2005-2022 [2]

	% of population	# of residents
<b>All Ages</b>		
Kitsap County	8%	22,101
Washington State	10%	747,538
<b>Children younger than age 5</b>		
Kitsap County	11%	1,563
Washington State	13%	54,426
<b>School-aged children (age 5-17)</b>		
Kitsap County	10%	4,098
Washington State	12%	140,447
<b>Adults (age 18+)</b>		
Kitsap County	8%	16,440
Washington State	9%	552,665
<b>Females</b>		
Kitsap County	9%	12,226
Washington State	11%	407,454
<b>% of total in poverty who are female</b>		
Kitsap County	55%	
Washington State	55%	

Table 16. Percentage and total residents with an income below FPL in the past 12 months, Kitsap County, 2018-2022 [2]

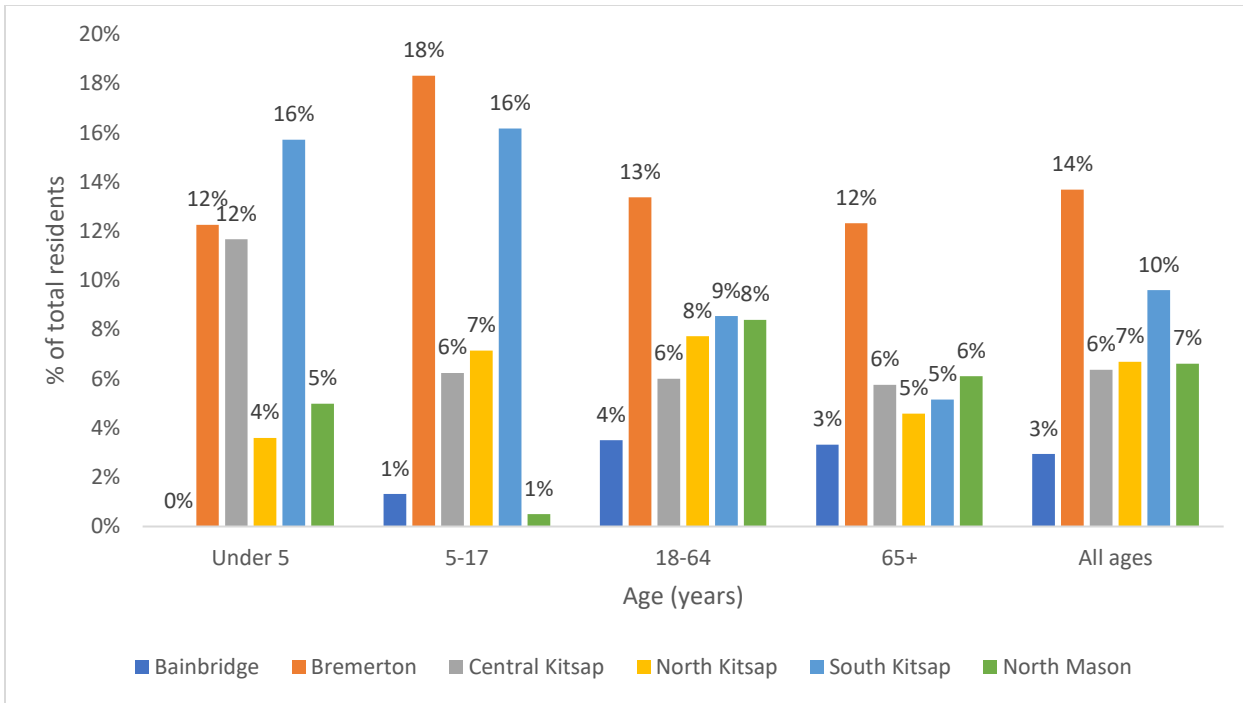


Figure 48. Percentage of those living under poverty by age group and geographic region, Kitsap County and North Mason, 2018-2022 [2]

## Housing and homes

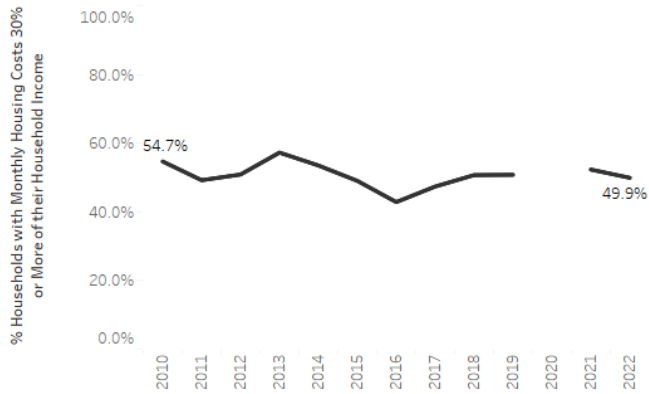
### Cost

Households who have a monthly housing cost above 30% of the household income are often considered to be cost-burdened. For this measure, three forms of housing are considered: rentals, owner-occupied units with a mortgage, and owner-occupied units without a mortgage. In 2022 in Kitsap, about 49.9% of renter units weathered costs above 30% of their income, in comparison to 48.6% in Washington state [Figure 49] [2]. This percentage stayed roughly the same from 2010 to 2021.

In 2022, around 26% of housing units with a mortgage and 13% of those with no mortgage have monthly costs above 30% [Figure 50, Figure 51] [2]. Renters continue to bear a high monthly burden of housing costs compared to their available income.

In examination of the most housing costs burdened regions, all regions outside of Bainbridge Island had nearly or just above 50% of renters who spend over 30% on monthly housing costs [Figure 52] [2].

### Kitsap County



### Washington State

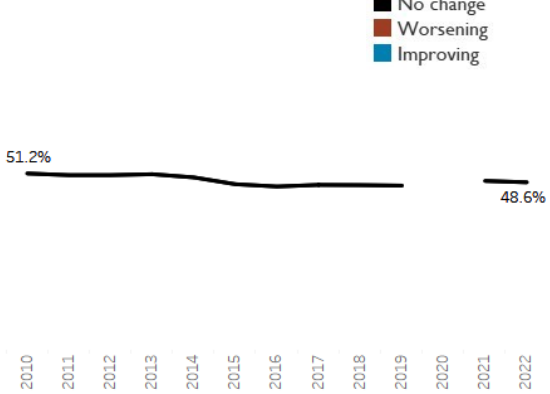
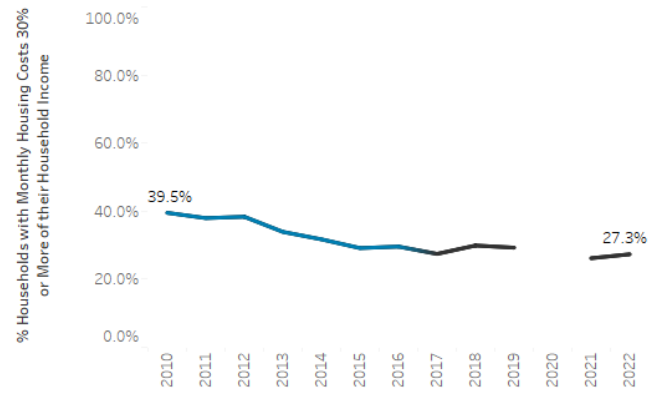


Figure 49. Renter occupied housing units with monthly housing costs above 30% of household income, Kitsap County and Washington [2]state, 2010-2022

### Kitsap County



### Washington State

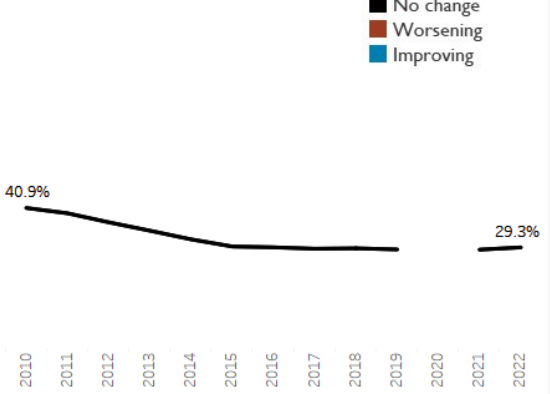
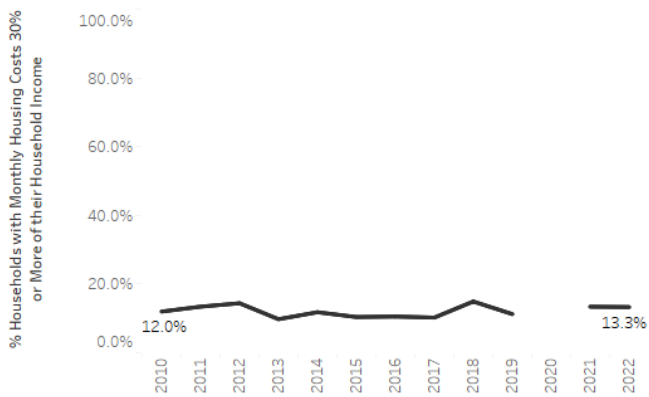


Figure 50. Owner occupied housing units (with mortgage) with monthly costs above 30% of household income, Kitsap County and Washington state, 2010-2022 [2]

### Kitsap County



### Washington State

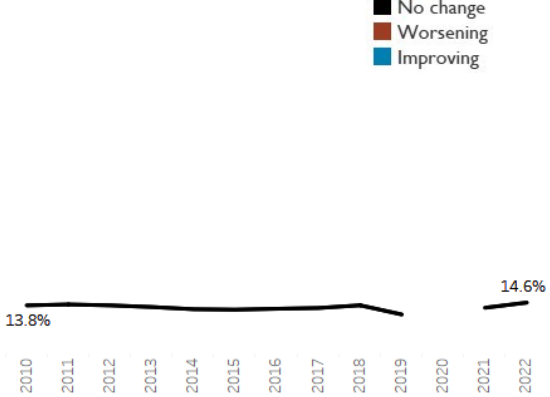


Figure 51. Owner occupied housing units (without mortgage) with monthly costs above 30% of household income, Kitsap County and Washington state, 2010-2022 [2]

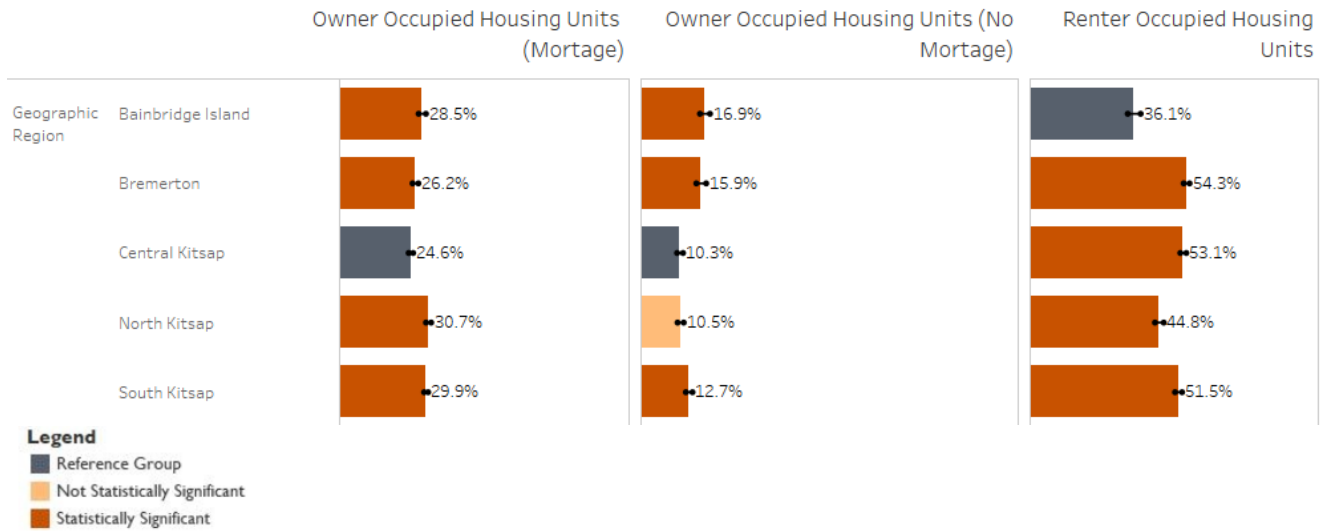


Figure 52. Percentage of households with costs above 30% of income by geographic region, Kitsap County, 2018-2022 [2]

In addition, median gross rent has increased from 2010 to 2022, from \$936 in Kitsap to \$1,700 [2]. Rental costs per month in Kitsap are slightly higher than reported median rent in Washington state (\$1,630) [Figure 53] [2].

In 2022, all regions had median monthly rent above \$1,300, ranging from \$1,352 in Bremerton to \$1,965 in Bainbridge Island. Outside of Bremerton, all regions experienced median rent costs above \$1,500 [Figure 54] [2].

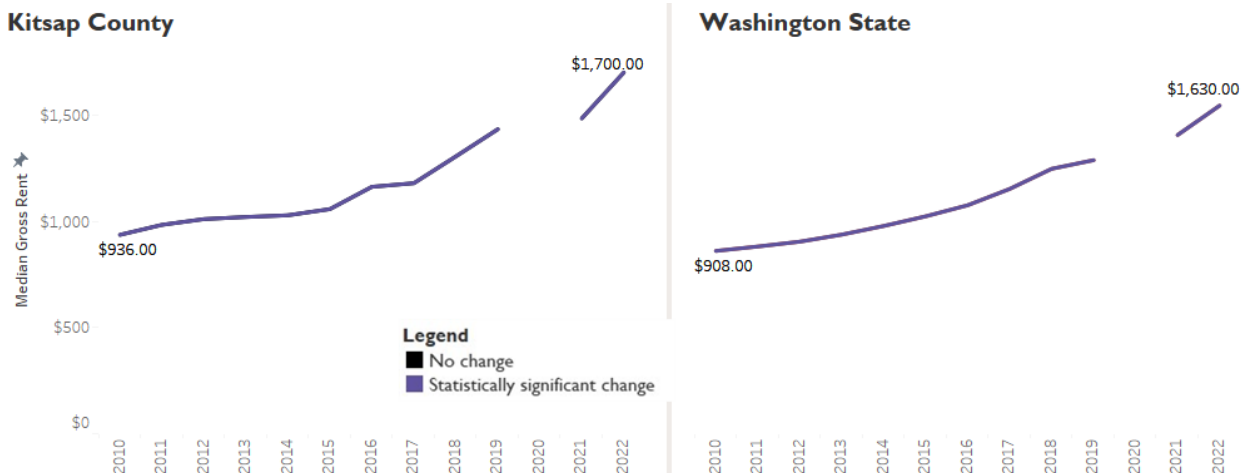


Figure 53. Median gross rent, Kitsap County and Washington state, 2010-2022 [2]

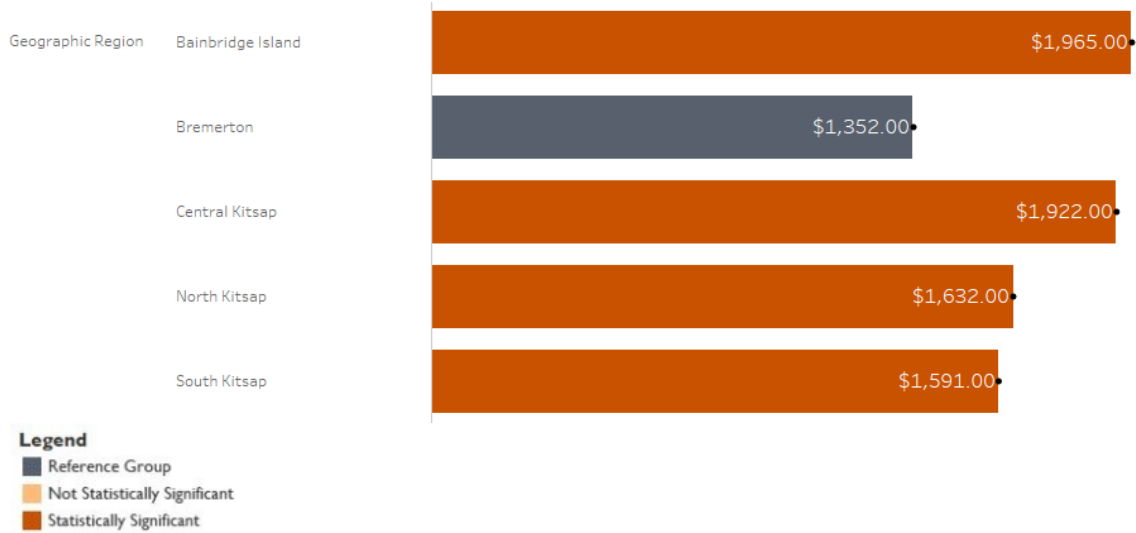


Figure 54. Median gross rent by region, Kitsap County, 2022 [2]

As median gross rent has increased throughout the years, so have median home prices. The median home purchase price in 2009 was \$244,500 [30]. By the third quarter of 2023, that price reached \$636,400 — surpassing the median cost of a home purchase in Washington state (\$552,700) [Figure 55] [30].

The housing affordability index (HAI) can be used to calculate the ability of a family to make payments on a median priced home, with a slightly difference set of assumptions for first-time buyers compared to buyers in general. For all home buyers, the HAI has remained above 100, indicating more affordability. However, after the strrt of the COVID-19 pandemic, affordability dropped for all home buyers [30]. For first-time buyers, Kitsap has remained fairly unaffordable over time, but became more unaffordable between 2019 – 2023 [Figure 56] [30].

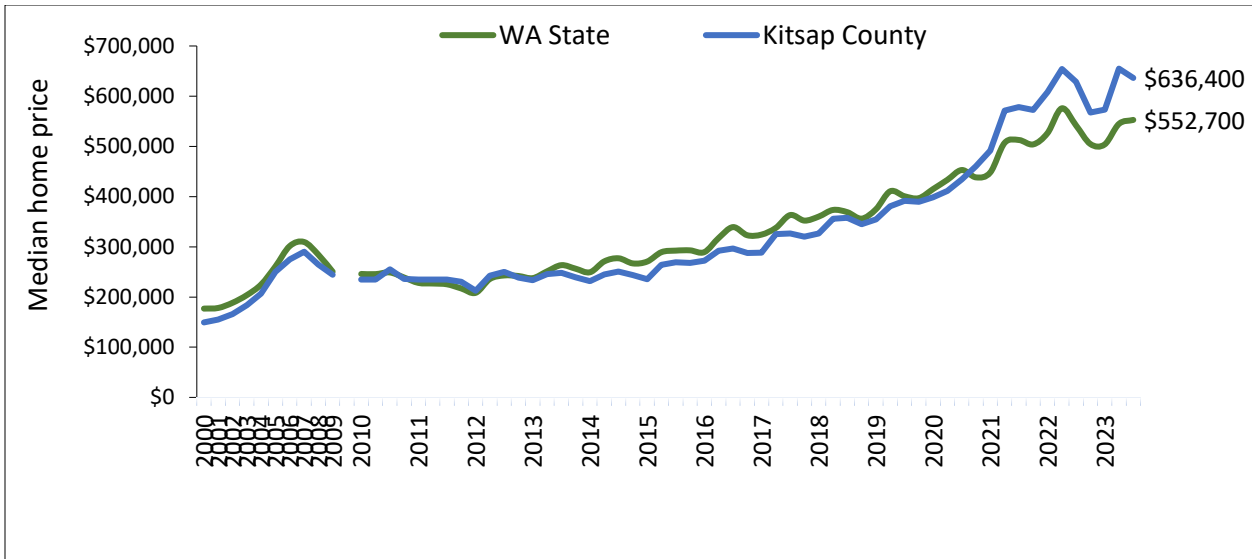


Figure 55. Median home price, Kitsap County and Washington state, 2000-2009 and by quarter from 2010-2023 [30]

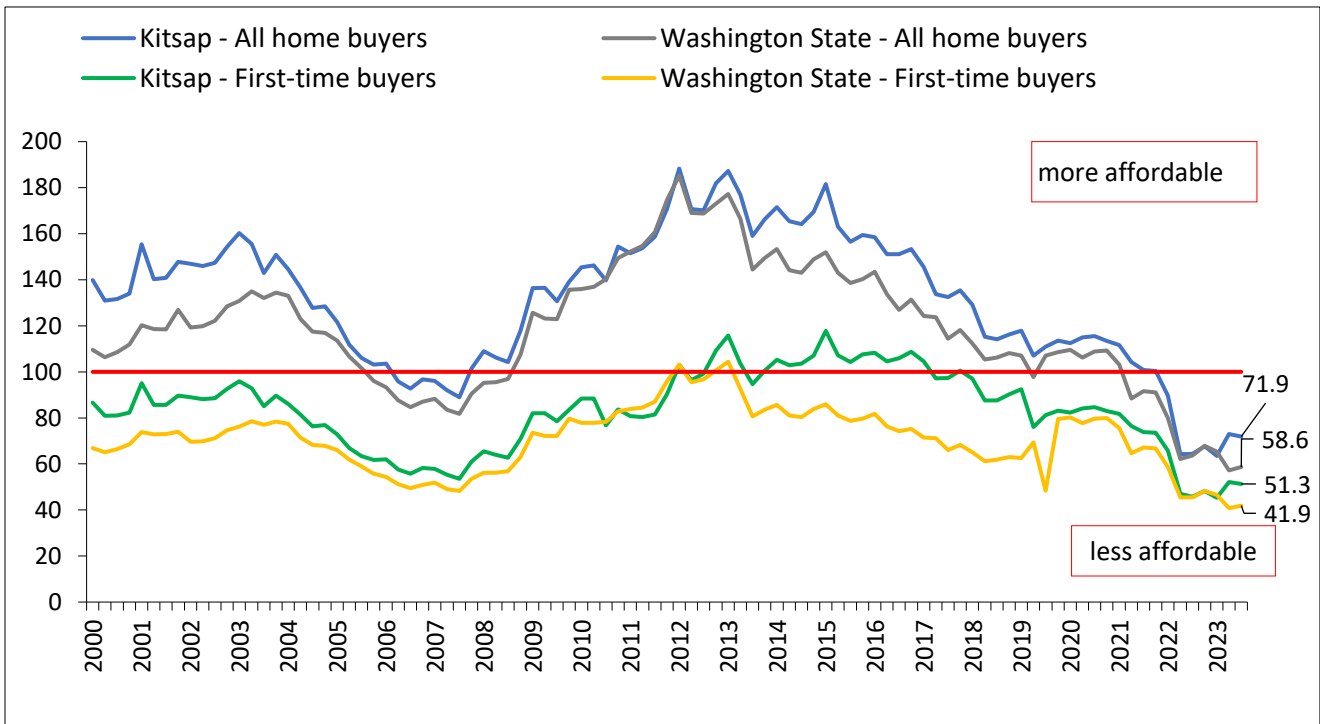


Figure 56. Housing affordability index by quarter and buyer type in Kitsap County and Washington state, 2000-2023 [30]

### Homelessness

The rate of homelessness is very difficult to measure as the basis for an estimate relies on counting those who may be living in cars, abandoned buildings, and other deserted places. Some people experiencing homelessness do not want to be counted [31]. Point-in-time estimates have historically been used to estimate the number of residents who may be experiencing homelessness. In this survey methodology, volunteers find people experiencing homelessness in one 24-hour period. In Kitsap in 2022, based on the point-in-time

estimate, the rate was two residents per 1,000 residents; this figure worsened from 2014 to 2022. Still, this rate is lower than Washington state’s estimate [Figure 57] [32].

In 2022, the total estimated count of residents in Kitsap experiencing homelessness was 604, a higher count than any prior year [Figure 68] [32]. Around 27% of interviewed residents (163 residents) also responded to the county location of their last permanent residence. 75% of these respondents last had permanent residence in Kitsap County [Figure 69] [32].

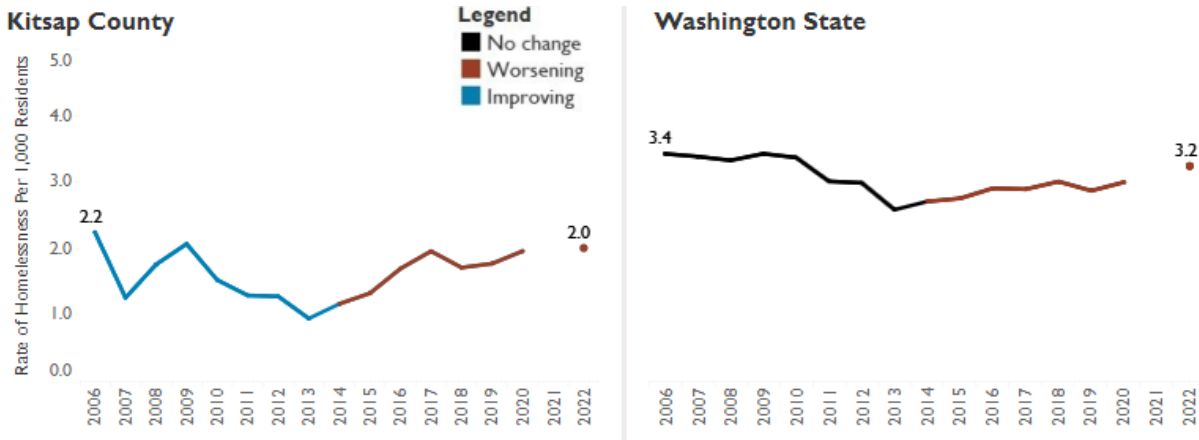


Figure 57. Rate of homelessness per 1,000 residents, Kitsap County and Washington state, 2006-2022 [32]

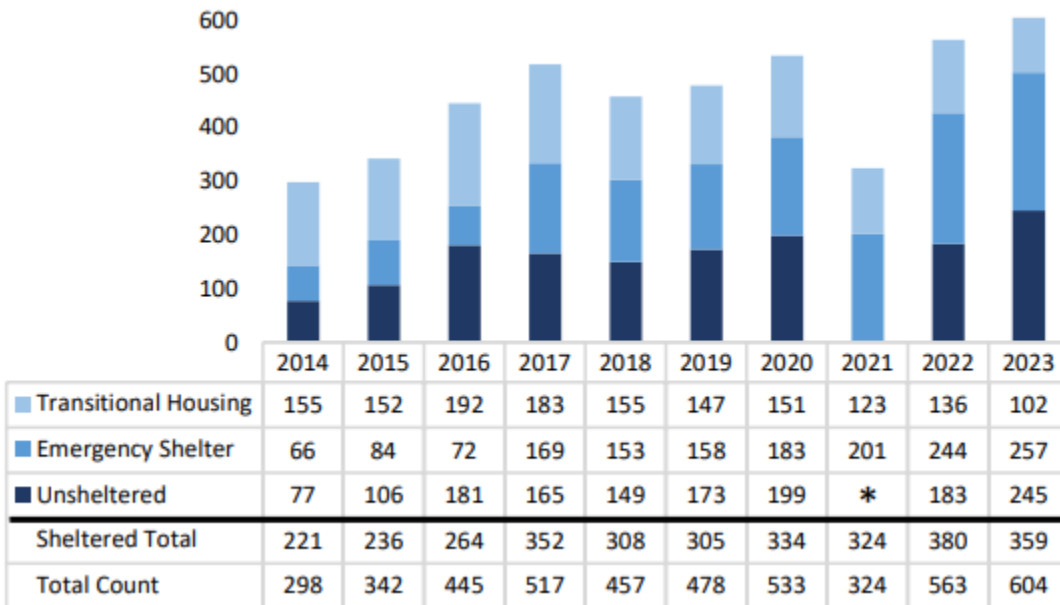


Figure 58. Point in Time estimate of residents experiencing homelessness by shelter type, Kitsap County, 2014-2023 (Preliminary data) [32]

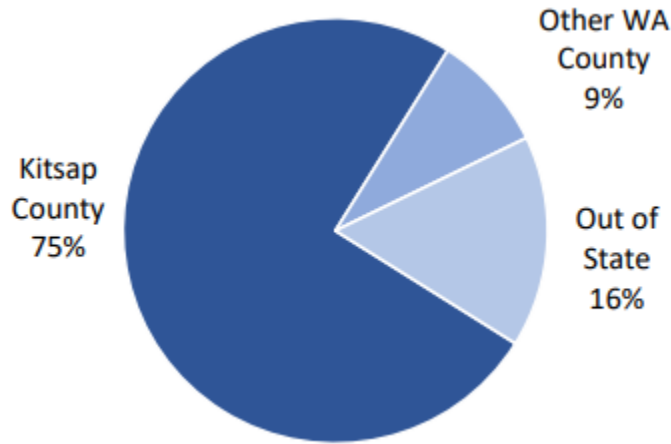


Figure 59. Point in Time estimate of last permanent residence out of 27% unsheltered households in Kitsap County, 2023 [32]

### Education

For school enrollments in 2022, roughly 54.4% of all three- to four-year-old residents in Kitsap were enrolled, while in Washington state, around 44.3% are enrolled [Figure 60] [2].

Around 72.5% of Kitsap County residents had at least a high school education, higher than Washington state overall (70.7%). This rate improved between 2012 and 2022 [Figure 61] [2].

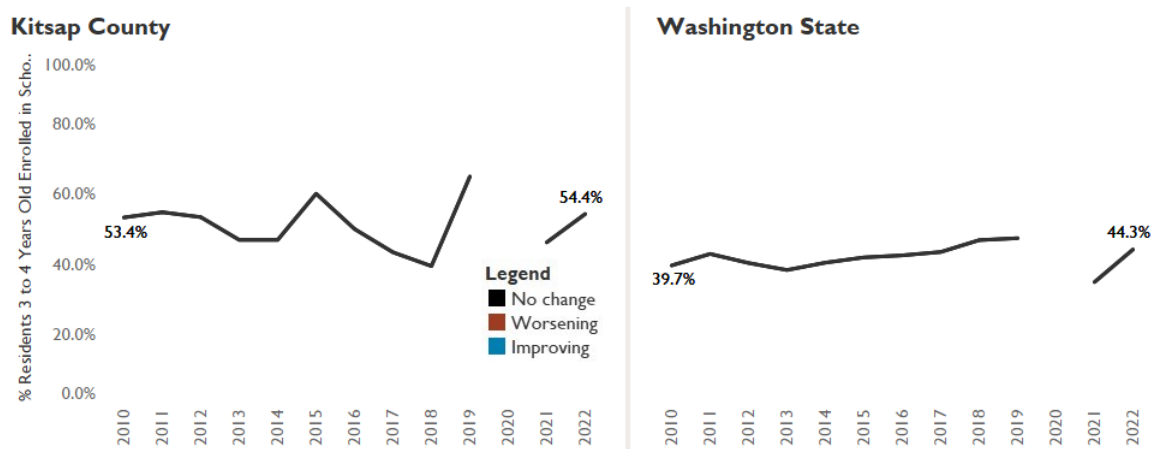


Figure 60. Residents aged three to four years old enrolled in school, Kitsap County and Washington state, 2010-2022 [2]



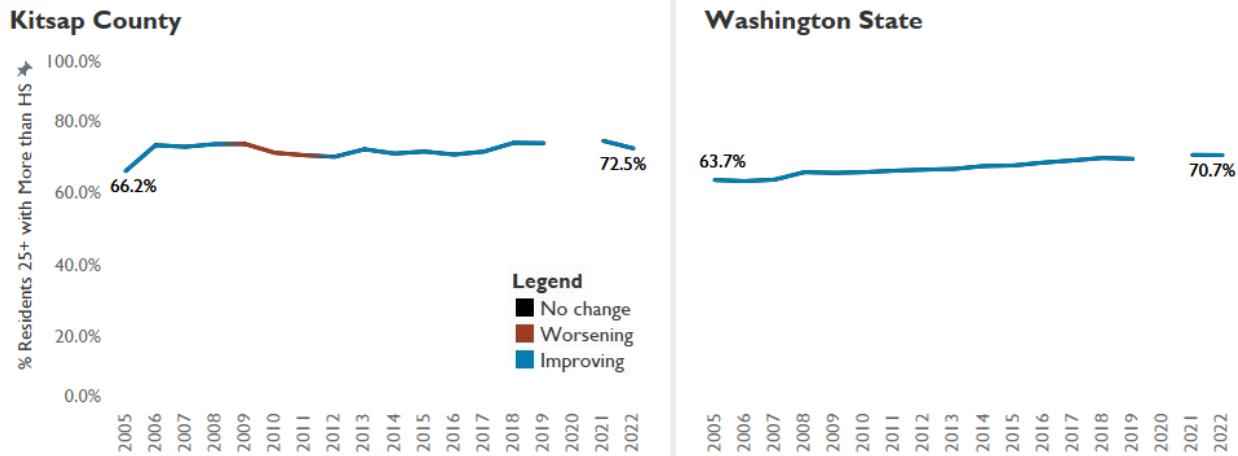


Figure 61. Percentage of residents 25 years and older with a high school education or more, Kitsap County and Washington State, 2005-2022 [2]

While the prior education metric examined enrollments for children, the following indicators examine academic performance by region over time.

Across all school districts, successful English performance appears to have decreased from 2016 to 2022, with a noticeable decrease in 2022 compared to prior rates in 2019 [Figure 62] [21]. 2020 and 2021 values were excluded due to reliability issues.

For mathematics academic performance, all school districts performed better from 2017 to 2019 with a drop in performance from 2019 to 2022 [Figure 63] [21].

Third to fifth graders appeared to have lower academic performance for both math and reading when comparing 2022 data to 2019 [21]. The transformation of education during the COVID-19 pandemic and ramifications from changes in schooling and socialization have greatly impacted young families and their ability to receive a consistent, high-quality education [33, 34].

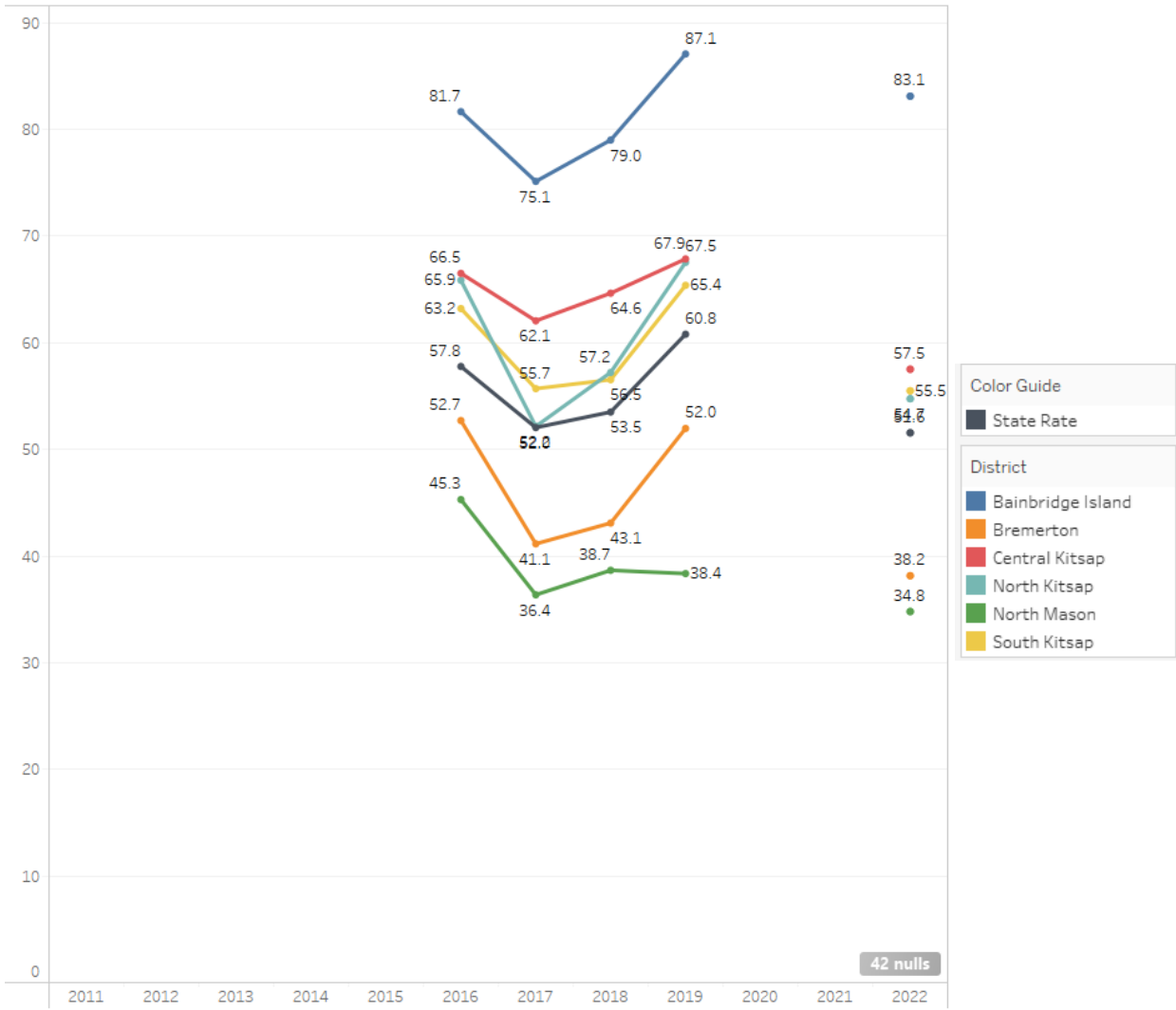


Figure 62. Percentage of Students who met the standard performance in English reading for 3rd - 5th grade, Kitsap County and North Mason, 2011-2022 [21]



Figure 63. Percentage of Students who met standard academic performance in math for 3rd - 5th grade, Kitsap County and North Mason, 2016 – 2022, [21]

### Homeless students

The rate for homelessness among students improved overtime and is lower than Washington state in the 2022 to 2023 school year, at around 21.0 students per 1,000 students compared to Washington state (30.5 students per 1,000) [Figure 64] [19].

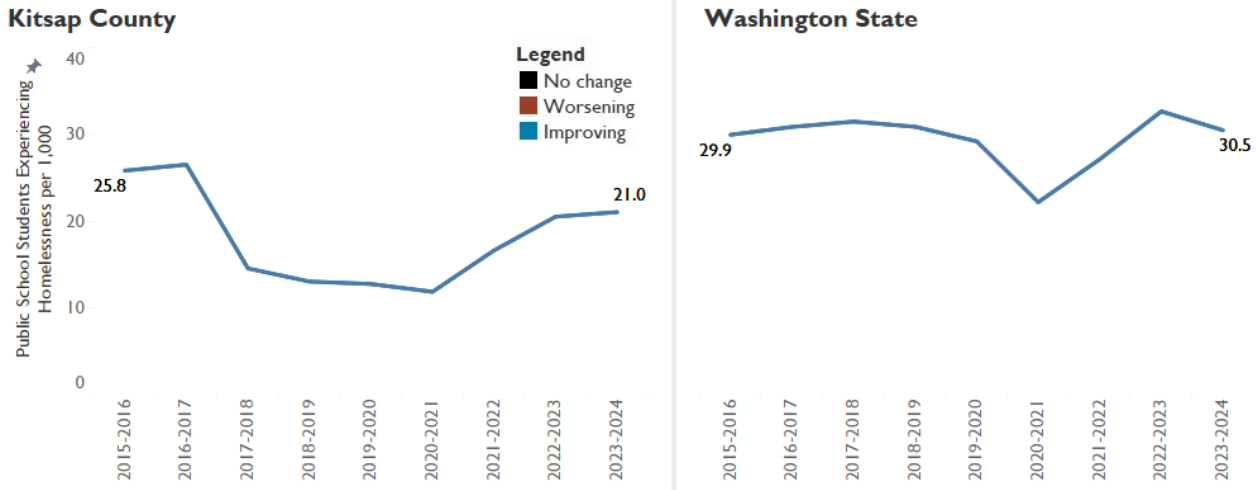


Figure 64. Rate of students experiencing homelessness out of 1,000, Kitsap County and Washington state, 2015-2024 [19]

## IV. Healthcare trends

### Summary

*Access to healthcare can be measured in multiple ways, but for the purpose of this report, we are focusing on the availability of providers and healthcare coverage in addition to healthcare costs.*

*Decreased healthcare accessibility in Kitsap has led to greater difficulty for young families seeking primary care providers, pediatric care, and specialists. Holly Ridge representatives have indicated additional difficulty for families with a child with a disability to access therapies. Due to long wait times for therapists, billing intakes withing their programs could also be delayed.*

*Long wait times was also a commonly reported barrier to accessing medical care for respondents to a recent community survey completed by Kitsap Community Resources. These conditions can make it more difficult for families who may face other systemic barriers to have equitable healthcare access.*

In 2023, the Kitsap Public Health Board declared healthcare access a public health crisis, citing inadequate healthcare access leading to poor health outcomes among Kitsap residents [35]. Young families are greatly affected by difficult healthcare access, especially families with a child with a disability or families who face greater access barriers.

Because HS, EHS, and ECEAP also offer healthcare referrals and connections, understanding the changing landscape of healthcare in Kitsap is critical to the ongoing functioning of these programs. Additionally, changes in Medicaid coverage with the end of the COVID-19 public health emergency may have led to losses in healthcare coverage, especially among more vulnerable populations.

### Insurance coverage

The percentage of residents without insurance was 6.4% in 2022, which is slightly worse than the Washington state average of 6.1% residents [2]. This percentage increased from 2018 to 2022 [Figure 65] [2].

Nearly 8% of all residents with a high school diploma or lesser educational background do not have health insurance [2]. Approximately 3% of children from birth to 18 do not have health insurance. As slightly higher percentage of male residents do not have insurance (5.9%) compared to female residents (4.4%) [Figure 66] [2].

Most residents in Kitsap have insurance through their employer, while an additional 11% have Medicare and some other form of healthcare [2]. 9% have Medicaid only and 6% have Medicare only [Figure 67] [2].

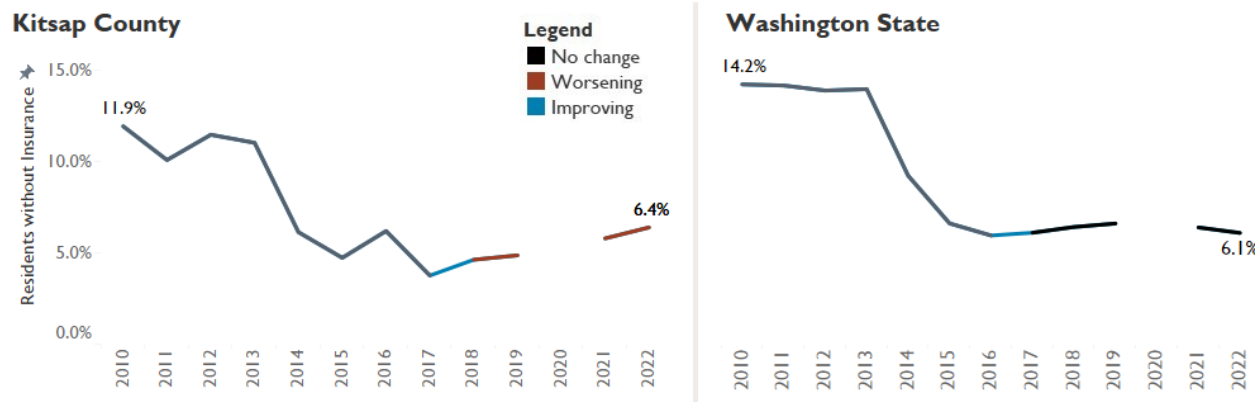


Figure 65. Percentage of residents without health insurance, Kitsap County and Washington state, 2010-2022 [2]

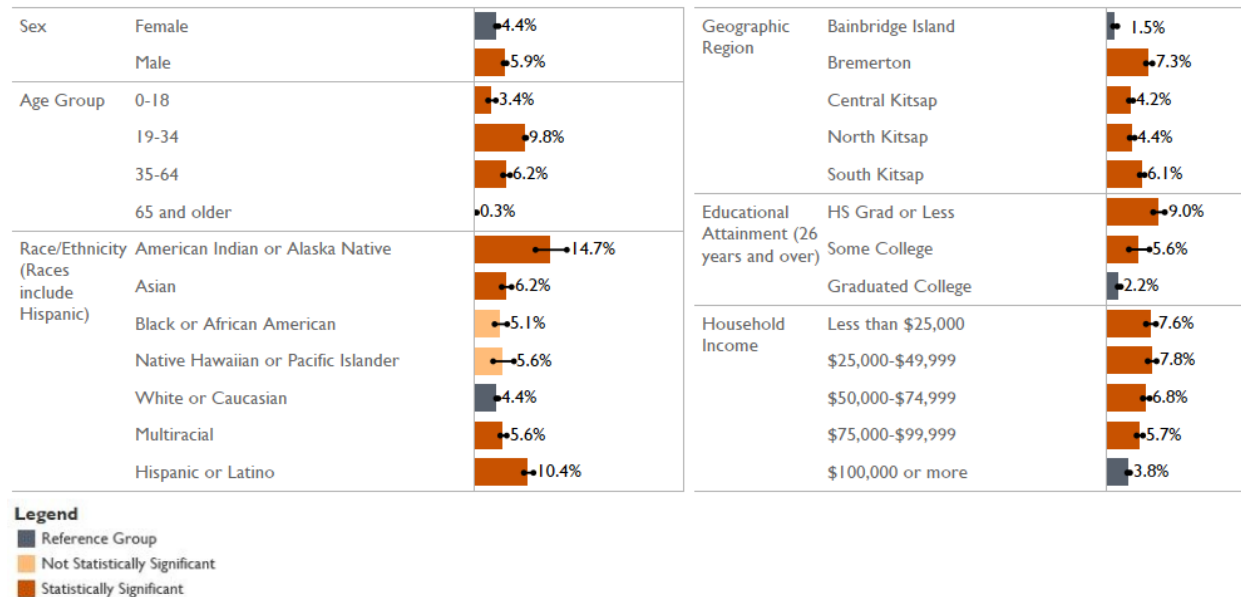


Figure 66. All residents without health insurance by subgroup, Kitsap County, 2018-2022 [2]

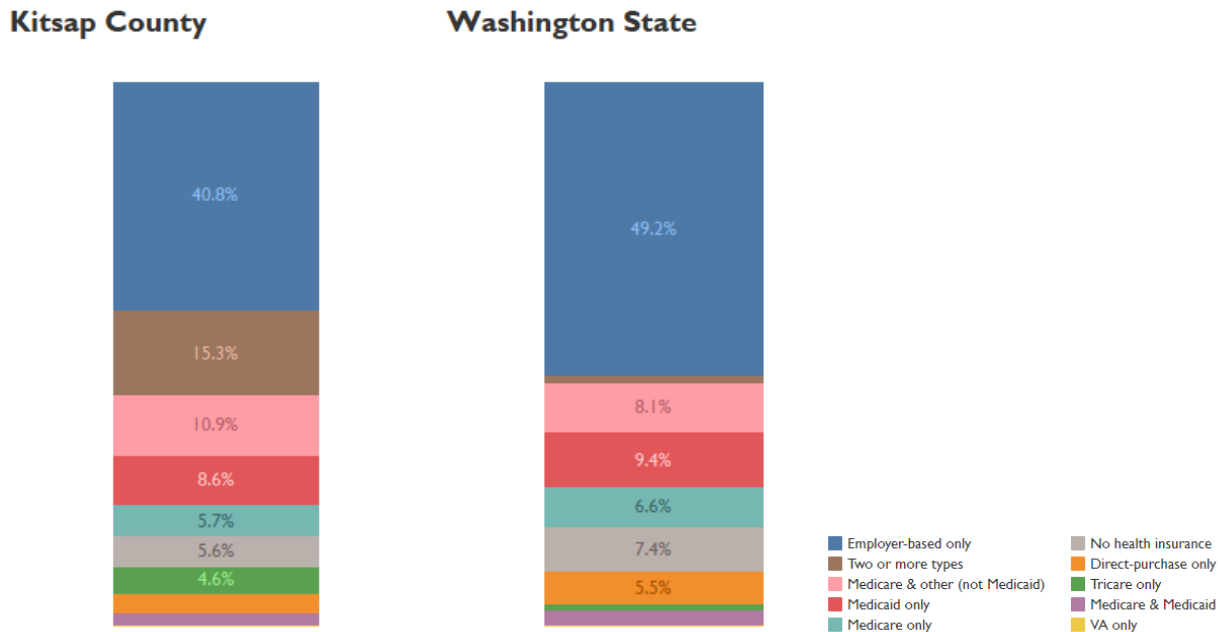


Figure 67. Percentage of adults by health insurance type, Kitsap County and Washington state, 2018-2022 [2]

### Physician availability

According to the county health rankings, in 2020, Kitsap County had 70 primary care physicians per 100,000 residents (a total of 190 physicians) [36]. Alternative estimates for primary care physicians from OFM’s 2022 Physician Supply Report estimate 63 primary care physicians per 100,000 residents in 2021 [37]. More recent reports on this measure were not available from publicly accessible data sources.

OFM’s measurement for Kitsap’s 2021 rate of primary care physicians per residents was lower than Washington state rate. which has an estimated 90 physicians per 100,000 residents [37]. In examination of County Health Ranking data, Kitsap’s rate was improving from 2016 to 2020 and the rates have remained below WA [36]. This is a particularly important indicator for young families and children who regularly seek medical care and newer data collection methodologies may be necessary to provide more up-to-date estimates.

Anecdotal information shared by Holly Ridge representatives speaks to the growing difficulty with their referral program for children who have a disability. This is due to the shortage of available pediatric healthcare providers and specialists. Waiting lists for primary care providers have lengthened, which then affects their ability to get authorizations for therapy services and evaluations (and thus prevents insurance billing) [20].

Holly Ridge still completes evaluations as needed but expressed difficulty in moving forward with billable services such as physical therapy, occupational therapy, speech language therapy, and applied behavior analysis services. This has already affected several families during time of correspondence; that impact continues to increase over time [20].

Kitsap, Clallam, and Jefferson counties are all a part of an Accountable Community of Health (also known as ACH) region. This ACH has the lowest rate of specialists (not including primary care) of any region in the state [37]. In 2021, Washington as a whole has an estimated 184 specialists per 100,000 residents, while the region has 110 specialists per 100,000 residents [37].

Kitsap County also has fewer mental health providers compared to Washington state, with an estimated 42 providers per 100,000 residents in Kitsap in 2022 and an estimated 46 providers per 100,000 residents statewide [Figure 68] [38]. This is only slightly lower than Washington state; however, with an ongoing trend of increasing prevalence of mental health issues arising from the pandemic, monitoring the rate of mental health providers is critical.

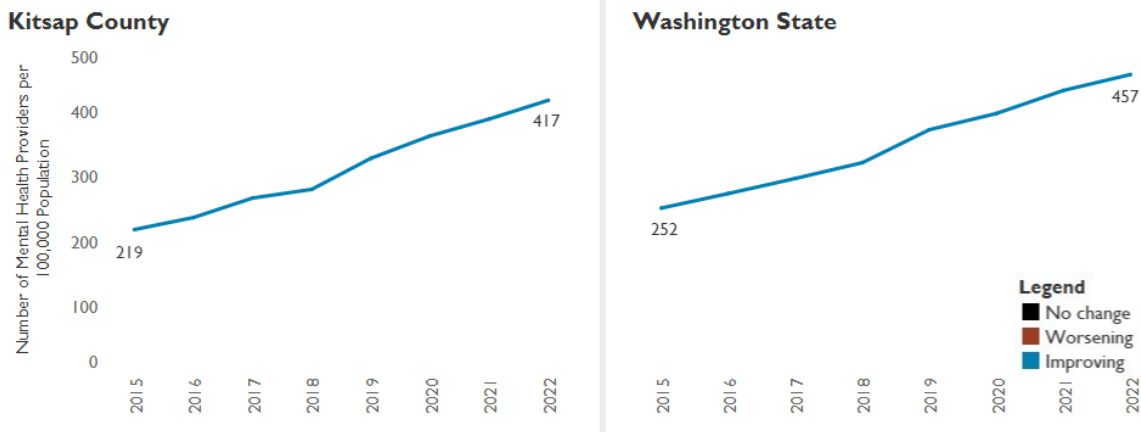


Figure 68. Mental health provider rate per 100,000 residents, Kitsap County and Washington state, 2015-2022 [38]

In 2021, Kitsap was estimated to have 79 dentists per 100,000 residents, a figure that has increased in Kitsap since 2012 [39]. The rate of dentists per resident is similar to Washington state [Figure 69] [39].

Furthermore, the rate of available OB/GYNs per 100,000 is 47% lower in Kitsap in 2021 compared to WA. There were 23 total OB/GYNS in Kitsap or 8 OB/GYNS per 100,000 [37]. There were an estimated 15 OB/GYNS per 100,000 statewide [Table 17]. Residents can find obstetrical care from midwives, the Northwest Washington Family Medicine Residency, and other family practice providers but the lack of obstetricians can be problematic for mothers with more complicated pregnancies. For more information on how the lack of available OB/GYNs affect pregnancy and birth, please visit the **Pregnancy and Birth Trends** section.

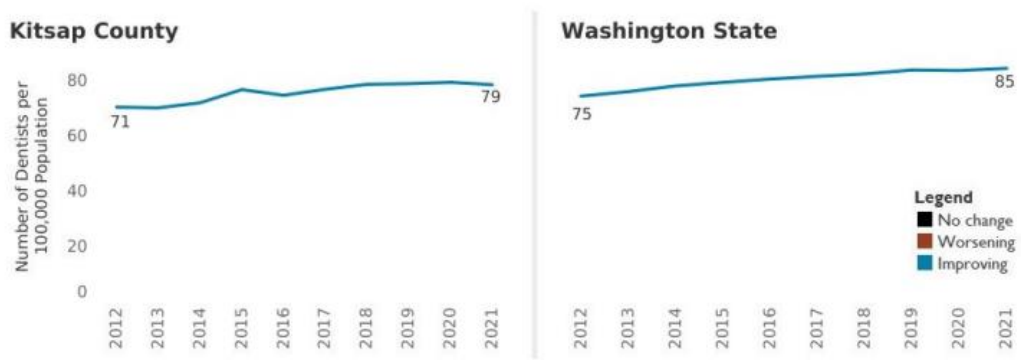


Figure 69. Dentist availability per 100,000 residents, Kitsap County and Washington state, 2012-2021 [39]

Measure	Kitsap	Washington	Kitsap Compared to WA	Source
Primary care providers per 100,000 population	63	90	30% fewer	Office of Financial Management (OFM), 2021
Physician assistants per 100,000 population	33	46	28% fewer	OFM, 2021
OB/GYNs per 100,000 population	8	15	47% fewer	OFM, 2021
Mental health care providers per 100,000 population	396	436	9% fewer	NPI Registry via County Health Rankings, 2021
Dentists per 100,000 population	80	84	5% fewer	Area Health Resource File/NPI Registry via County Health Rankings, 2020
Staffed inpatient hospital beds per 1,000 population	1.01	1.58	36% fewer	HealthData.gov, 2022; AHA/KFF, 2020

Table 17. Healthcare Workforce, Kitsap County and Washington State

### Barriers to medical care

Across all types of medical practices, with fewer staff to see patients, wait times may increase. Community survey respondents have indicated that long wait times have been a barrier to getting medical care [40]. Wait times were the top barrier among this survey sample (476 participants) followed by costs (316 participants). More than half of participants (58% or 1,916 participants) indicated they were very (17%) or somewhat (41%) worried about paying medical bills if they got sick or injured [Figure 70] [40].



### Why Not Able to Get Medical Care



Figure 70. KCR community survey responses on medical care obstacles, 2022 [40]

### Healthcare costs

An additional measure of healthcare accessibility is cost, which often can be a barrier to seeking services.

In 2020-2021, nearly 7% of adults reported delaying medical care due to cost [41]. Nearly 18% of those earning less than 25,000 per year reported delaying care due to cost [Figure 71] [41]. Additionally, more than 12% of 18-24- and 25-34-year-olds reported delaying medical care due to cost [Figure 72].

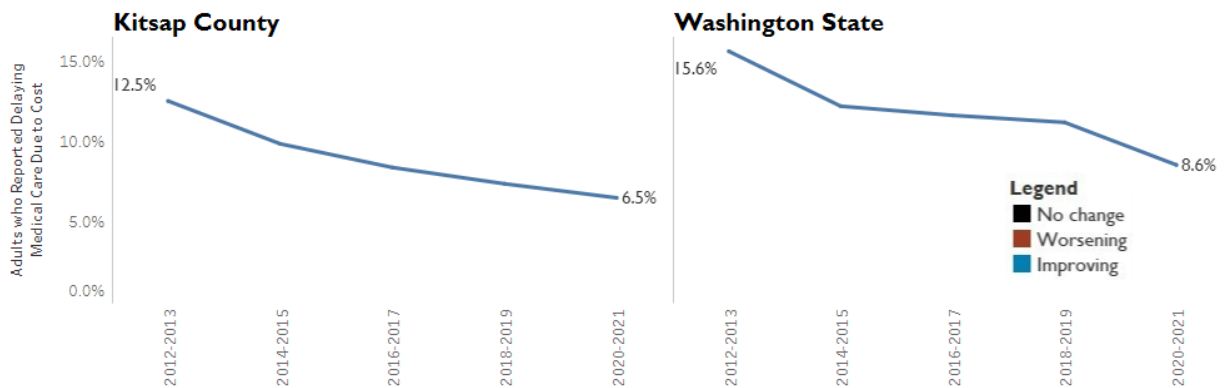


Figure 71. Adults who reported delaying medical care due to cost, Kitsap County and Washington state, 2012-2021 [41]

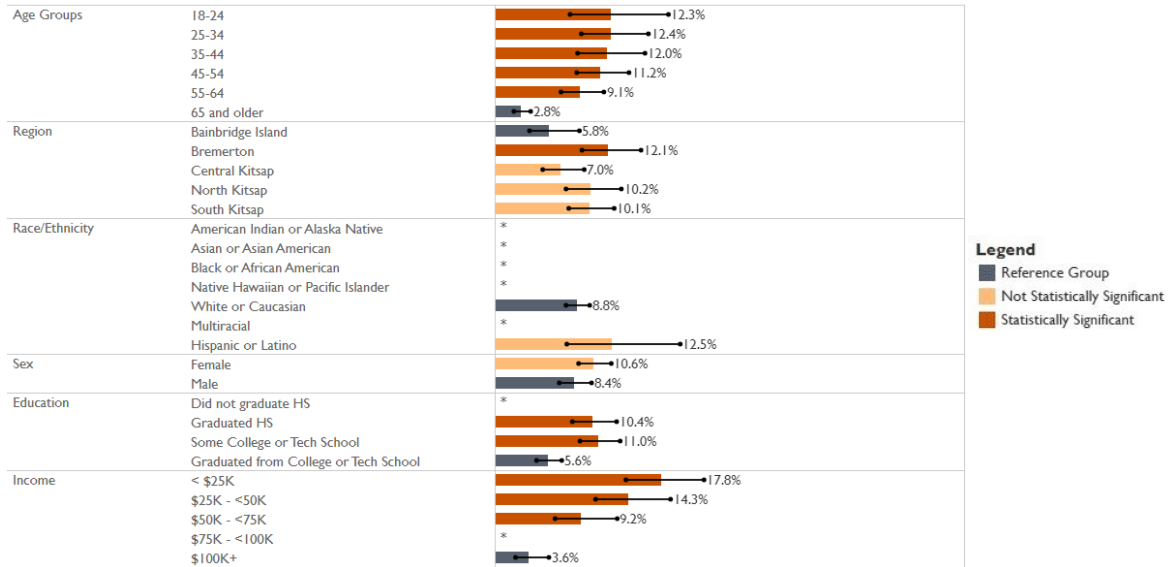


Figure 72. Adults who reported delaying medical care due to costs by subgroups, Kitsap County, 2011-2021 [41]\*

\*use caution in interpreting, the estimate has an elevated relative standard error

Well care

Medicaid recipients can access well-child and well-care visits for infants, children, and adolescents, which aim to promote healthy behaviors and detect conditions which can interfere with physical, social, and emotional development. Kitsap County’s percentage of well-child visits for infants is similar to the statewide percentage, around 63% (455 residents) and 64% of children on Medicaid received well-child visits in the first 30 months of life, respectively [Figure 73] [2].

Children and adolescents from three to 21 years of age are eligible for well-care visits on Medicaid. The trend in Kitsap County has remained steady from 46.0% in 2017 to 42.9% (8,941 residents) in 2022 [2]. The trend of well-care visits statewide was similar to Kitsap County from 2017 to 2022 (47.0% to 44.6%, respectively) [Figure 74] [2].

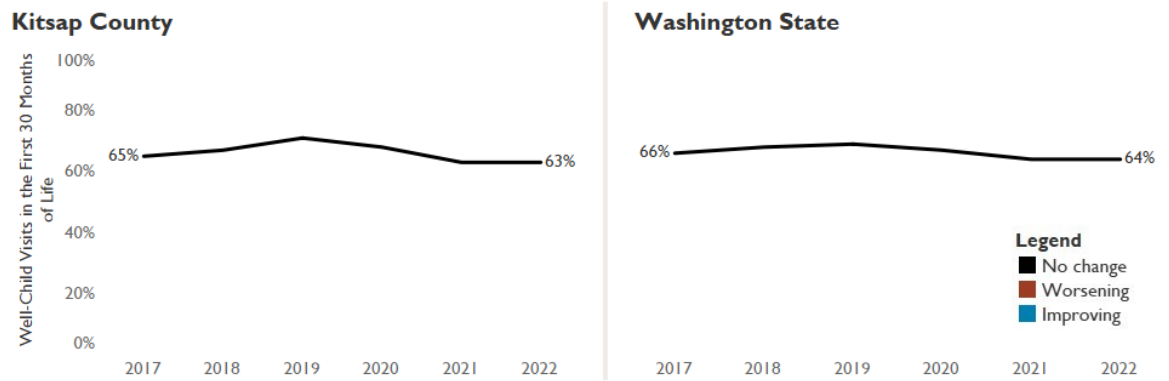


Figure 73. Well-Child visits in the first 30 months of life for those on Medicaid, Kitsap County and Washington state, 2017-2022 [2]

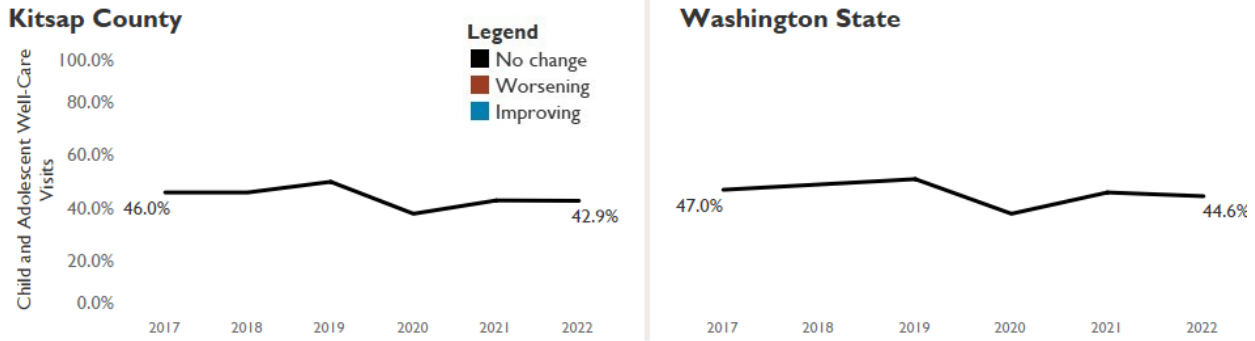


Figure 74. Child and Adolescent (three to 21 years old) well-care visits for those on Medicaid, Kitsap County and Washington state, 2017-2022 [2]

## V. Childcare trends

### Summary:

*As family childcare centers close and large childcare centers open, the number of childcare providers decreases while the number of slots available increases. Because childcare centers are large, they can increase capacity for children, however smaller family care centers offer a greater provider to child ratio. Thus, as more family centers close, fewer providers are available for families seeking care.*

*With fewer childcare centers in total, it becomes harder for families across the region to reach the large centers. This complicates an already challenging situation, as the cost of childcare has greatly increased over the past decade, with some costs almost doubling for large childcare centers across age groups.*

*As there are fewer affordable family childcare centers open, families may need additional childcare options and will have greater difficulty in accessing available centers.*

Aside from HS, EHS, and ECEAP, some families have access to or will use other childcare services around Kitsap County. Tracking additional childcare options can help KICC understand the landscape for referrals and see where families may be seeking care.

### Childcare capacity

The total number of childcare providers dropped from 144 in 2018 to 126 providers in June 2023 [5]. This matches overall trends in Washington state, with provider counts dropping by 2,300 over the past 12 years [5].

While provider numbers have dropped in Kitsap, capacity has increased from 4,770 children in 2018 to 5,241 children in 2023 [Figure 75] [5]. The inverse relationship between provider count and childcare capacity is due to the closure of smaller family childcare centers while larger childcare centers open. With fewer locations for childcare, access can be more limited for families across the county, even if more slots at large childcare

centers are available [5]. Some families may have to travel much further to reach an open childcare center, which may not be feasible.

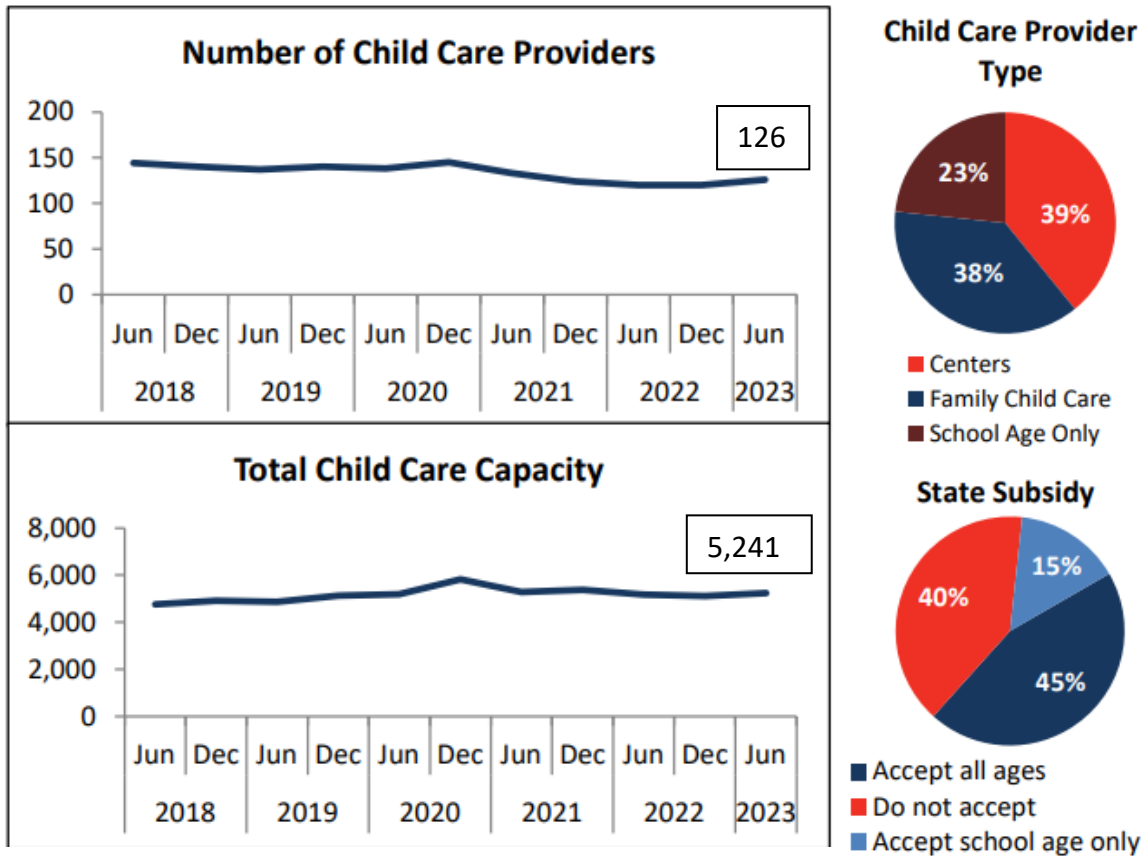


Figure 75. Childcare providers and capacity over time via Childcare Aware, Kitsap County, 2018-2023 [5]

### Childcare costs

Childcare costs in Kitsap have greatly increased over time. The median cost of infant care in 2023 for center-based childcare was \$18,900 and about \$12,996 at a family childcare center [5]. Compared to 10 years ago, care for infant to preschool aged care has increased from a range of \$598 to \$652 at family childcare centers to monthly costs of \$867 to \$1,083 [Figure 76, Figure 77].

Costs in both family and center-based care range from 12% to 22% of median household income in 2023. Weighing in with rising housing costs, some young families in Kitsap will have difficulty in affording both housing costs and childcare costs [Table 18].

	Kitsap County		Washington state	
	Median annual cost for one child	% of median household income	Median annual cost for one child	% of median household income
<b>Center-based childcare</b>				
Infant	\$18,900	22%	\$14,532	19%
Toddler	\$15,888	18%	\$12,480	17%
Preschool	\$14,244	16%	\$11,076	15%
School Age	\$5,076	6%	\$6,600	9%
<b>Family childcare</b>				
Infant	\$12,996	15%	\$11,040	15%
Toddler	\$11,436	13%	\$10,080	13%
Preschool	\$10,404	12%	\$9,096	12%
School Age	\$7,536	9%	\$5,196	7%

Table 18. Median annual cost and percentage of median household income for childcare by center type, Kitsap County and Washington state, 2023 [5]

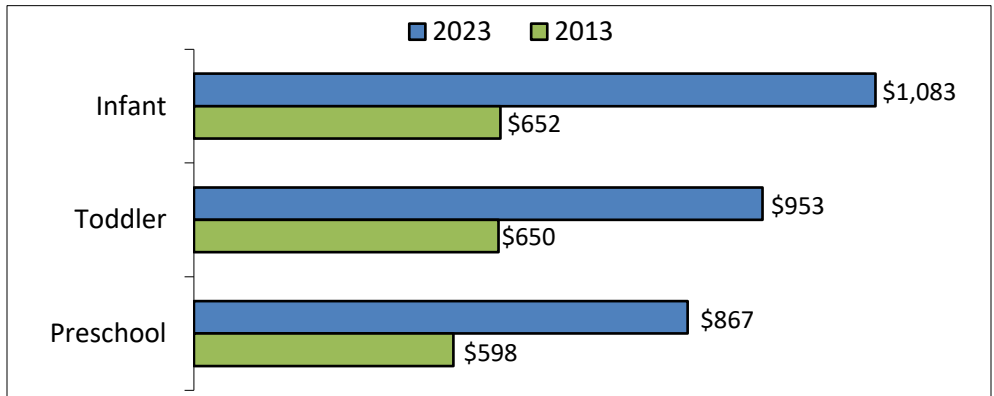


Figure 76. Family Childcare Costs per Month 2013 compared to 2023, Kitsap County [5]

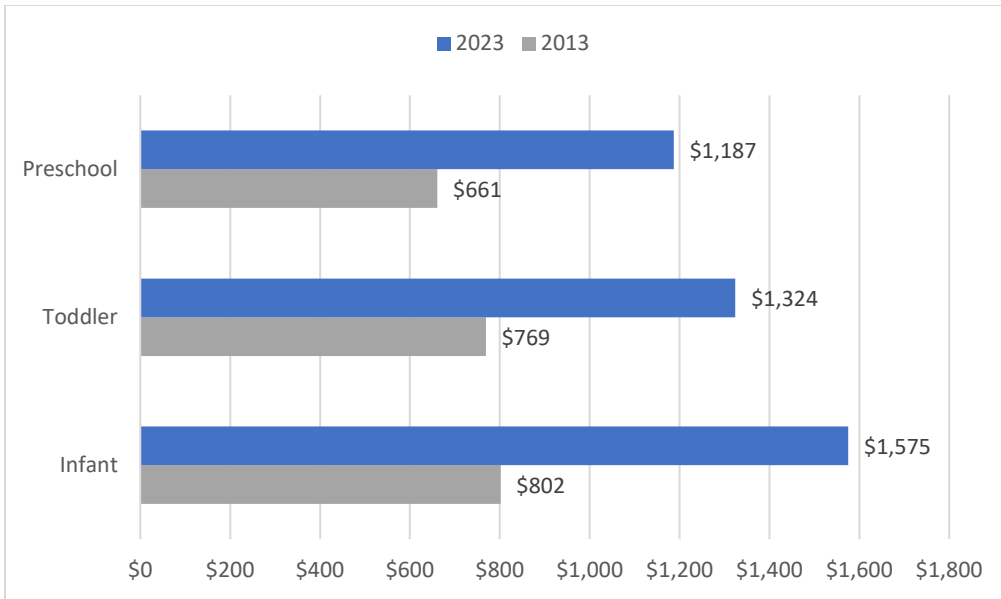


Figure 77. Childcare Centers Cost by Age Group per month, 2013 compared to 2023, Kitsap County [5]

## VI. Healthy Families and Communities

### Summary:

*Understanding overall trends in the community can be important for improving the wellbeing of young families in Kitsap.*

*Little data is available on the impact of opioids on young families specifically, however information is available about the rise in opioid related deaths in Kitsap and changes in hospitalization rates can affect all residents.*

*Use of opioids is increasing in Kitsap. Furthermore, additional information has related the impact of the COVID-19 pandemic to heightened anxiety and depression among respondents to the Kitsap Community Health and Well-being Survey.*

*Tracking school immunization and COVID-19 immunizations can be an important indicator of disease prevention among young children. Just under 90% of Kitsap Kindergarteners entering public school were up to date on all required immunizations. Around half of Kitsap’s 41 public schools reported that 95% or more of their incoming students had two required doses of the Measles, Mumps, Rubella Vaccine.*

Through its offerings, the HS, EHS, and ECEAP programs are designed to support and improve the health of families. Some families have more resources and can select healthy choices, in part, due to their circumstances and the community’s ability to invest in spaces which facilitate health. Understanding what role HS/EHS/ECEAP can play to help support families is facilitated by first considering the conditions the families they serve live in and then understanding what services are necessary to improve those conditions.

## Substance use

Substance use patterns have drastically changed over time, with increasing prevalence of opioid use in Kitsap County over the past several years.

In Kitsap, all drugs and opioid overdose deaths are increasing while hospitalizations are decreasing [Figure 78, Figure 80] [42]. This may be indicative of several key factors, such as the higher potency of the opioid drug itself or the inability to make it to the hospital before death.

Additionally, rates of opioid deaths can be disaggregated in Kitsap by age. Several of these values are suppressed for privacy, but the suppressed values may not be zero. Overdose deaths are occurring somewhat among children, adolescents, and young adults in Kitsap [Table 19, Figure 79] [42]. The biggest increase in opioid deaths from 2021 to 2022 occurred in the 35- to 44-year-old and 45- to 54- year-old age groups [Figure 79] [42].

When examining hospitalizations from opioids, there is a very slight uptick in rates for young adults, adolescents, and children from 2021 to 2022. The largest increase in any opioid hospitalization occurred among 35- to 44-year-olds from 2021 to 2022 [Figure 81] [42].

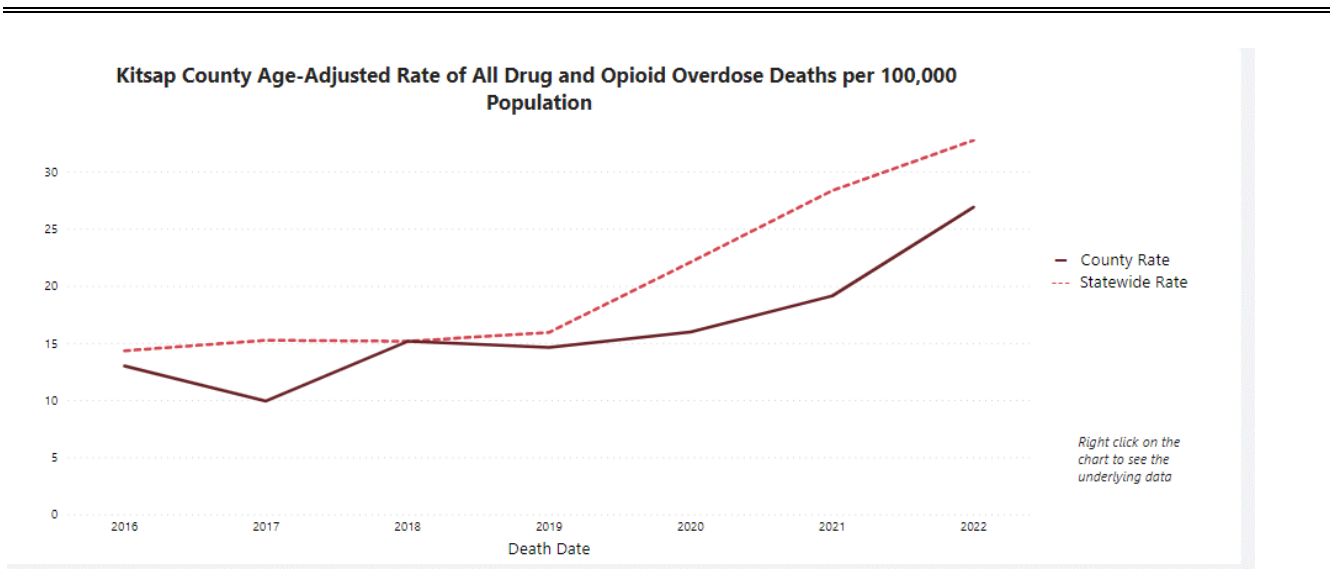


Figure 78. All Drug and Opioid Overdose deaths per 100,000, Kitsap County and Washington state, 2016-2022 [42]

Year	Age Group	Count	Rate	95% CI Range
2022	Ages <10	0	0.00	0.00 - 12.37
2022	Ages 10-17	*	*	* - *
2022	Ages 18-24	*	*	* - *
2022	Ages 25-34	12	31.93	18.27 - 55.81
2022	Ages 35-44	15	42.99	26.05 - 70.92
2022	Ages 45-54	13	41.62	24.33 - 71.21
2022	Ages 55-64	*	*	* - *
2022	Ages 65-74	*	*	* - *
2022	Ages 75+	*	*	* - *

Counts that are below 10 are suppressed for privacy and represented with an "\*\*".

Table 19. Any opioid death by age group in Kitsap County, 2022 [42]

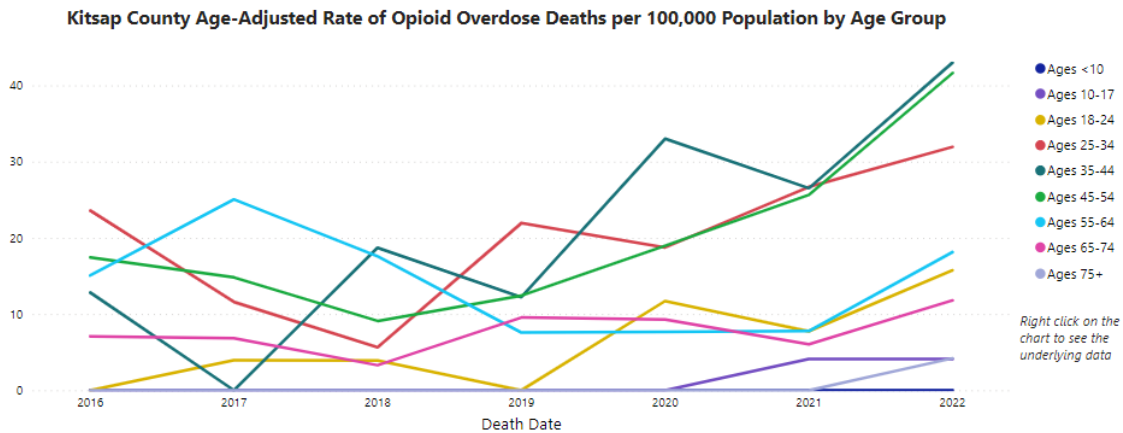


Figure 79. Any opioid death rate per 100,000 by age group in Kitsap County, 2016-2022 [42]

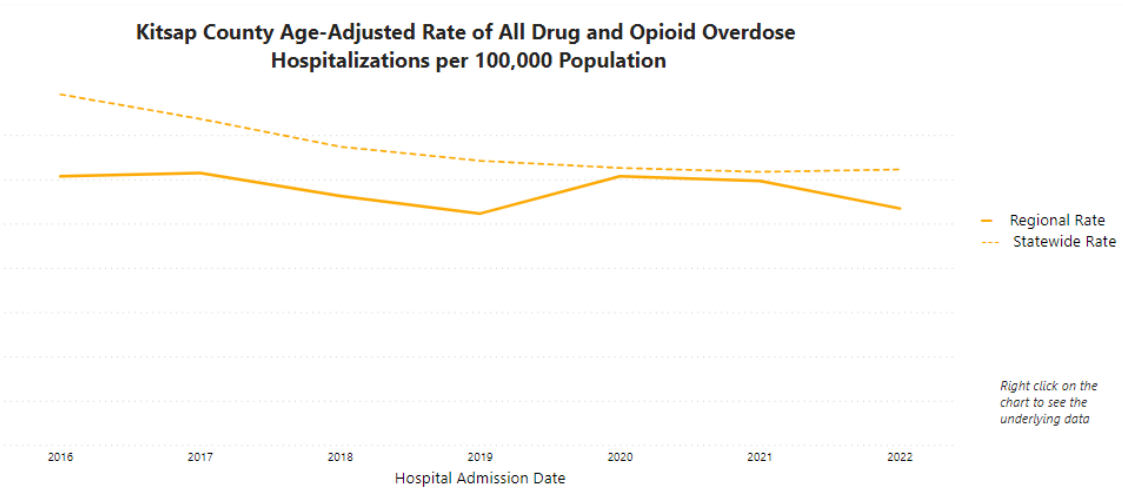


Figure 80. Hospitalizations by any drug in Kitsap County and Washington state, 2016 – 2022 [42]



**Kitsap County Age-Adjusted Rate of Opioid Overdose Hospitalizations per 100,000 Population by Age Group**

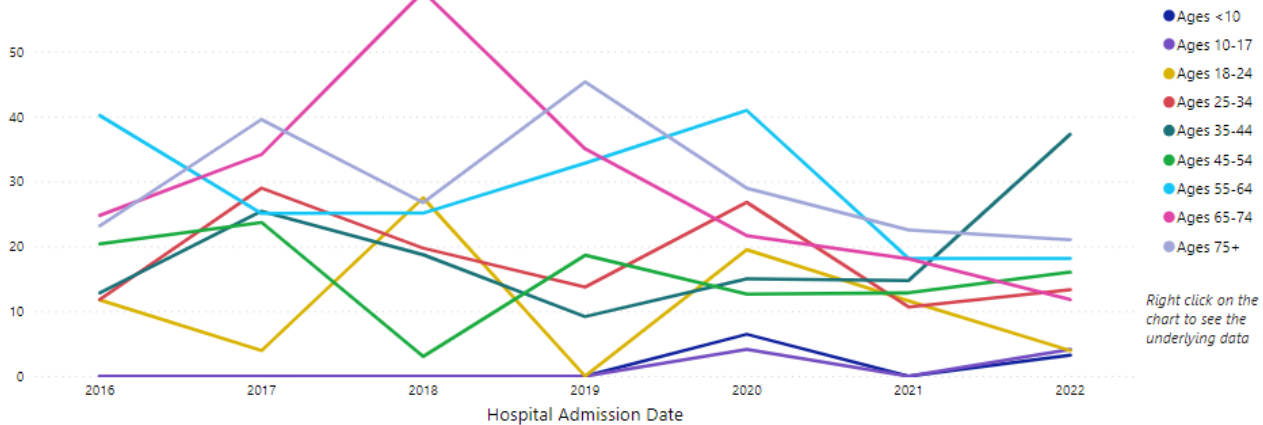


Figure 81. Opioid hospitalizations by age, Kitsap County, 2016 - 2022 [42]

There was generally a decreasing trend from 2010 to 2021 in state-funded alcohol or drug services for those aged 10 to 17 [21]. These services include treatment, assessment, and detox and those who are in the Department of Corrections treatment program are not included in this count [21]. There was a slight uptick in service use among children and adolescents between 2020 to 2021, which may be in part due to changes in prevention support structures during COVID-19 [Figure 82] [21]. While the trend in adults is a bit steadier over time across all regions, there is also slight uptick in service usage among adults from 2020 to 2021 [Figure 83] [21].

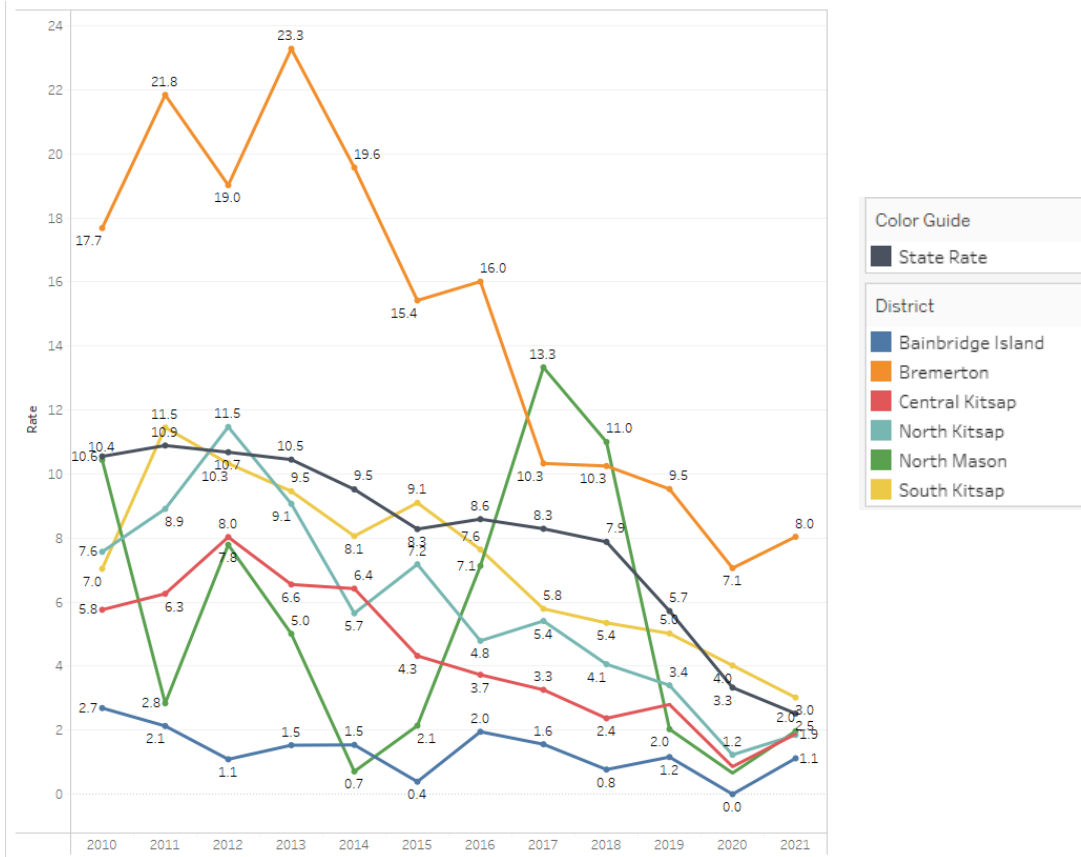


Figure 82. Clients of state-funded alcohol or drug services for those age 10-17 per 1,000 people, Kitsap County, North Mason, and Washington state, 2010-2021

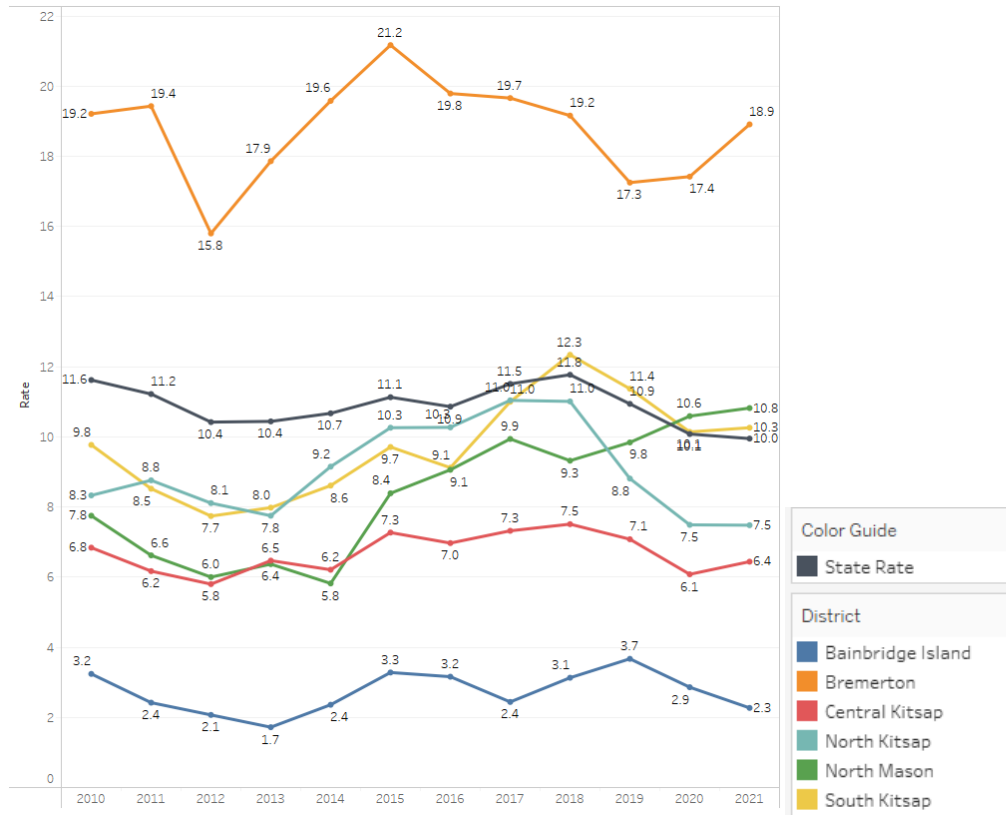


Figure 83. Clients of State-funded Alcohol or Drug Services (Age 18+) Rate per 1,000, Kitsap County, North Mason, and Washington state, 2010 - 2021

## COVID-19

The end of the national Public Health Emergency on May 11, 2023, marked a conclusive period for the pandemic, which was declared a crisis around March 2020 [43].

During the public health emergency, Kitsap County reported more than 54,000 laboratory-confirmed COVID-19 cases, 3,000 hospitalizations, and more than 400 deaths [44]. Additionally, from January 26th, 2021 to the end of July 2023, around 72% of the Kitsap County population completed the COVID-19 primary series. Around 64,000 people (23.2% of the whole population and 35.6% of the eligible population) received a booster [45]. More information about COVID-19 vaccination will be included in the **Immunizations section** of this report.

Populations who already experience inequitable conditions within our community continued to be disproportionately affected by COVID-19. In Washington, significant differences were observed in mortality across race and ethnicity, with Native Hawaiians and Pacific Islanders experiencing a death rate over four times the state rate for all races and ethnicities. American Indians and Alaska Natives experienced a death rate over two times as high as the state rate, and Hispanic and Blacks roughly 80% and 50% higher, respectively [Figure 84] [44, 46].

This disparity is likely related to socioeconomic factors which correlate with race and ethnicity due to historical and sociologic circumstances.

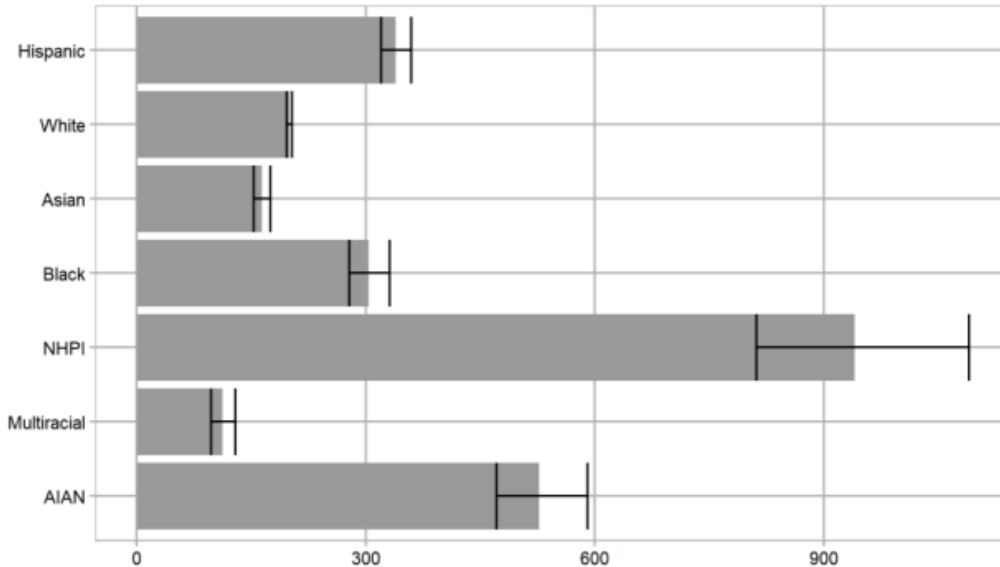


Figure 84. Age-adjusted death rate among Washington state Covid-19 cases per 100,000, March 1, 2020 to July 29, 2023 [46]

The Kitsap County Community Health and Well-being survey asked participants about changes over the course of the COVID-19 pandemic in 2021. More than half of participants (56% or 3,420 participants) reported they were experiencing more anxiety and 38% (2,314 participants) reported heightened depression [40]. The lingering effects of these mental health challenges related to the pandemic in the young child and young family population still need additional exploration. Research in this area has suggested that the birth to 4 years of age group has been especially affected by the pandemic with changes in social and behavioral well-being [47, 48].

### Immunizations

According to the Washington Administrative Code WAC 246-105-030 and WAC 246-105-040, children entering school, childcare, or other early learning programs are required to have certain vaccinations before they can start. Additional information can be found on the [DOH website](#) for the recommended immunization schedule. Kitsap Public Health District in 2024 is launching a county wide Healthy Kitsap campaign to increase awareness and build trust around routine vaccination. This campaign provides vaccination information and statements from campaign participants, including a list of required immunizations for school aged children. Please see [HealthyKitsap.org](#) for more information.

In the 2022-23 school year, 89.4% of Kindergartners entering public school were up to date on all required immunizations, while 80.7% of Kindergartners entering private school were up to date [Figure 84] [49]. The U.S. Department of Health and Human Services (DHHS) [Healthy People 2030](#) initiative sets a national target for at least 95% of children entering kindergarten to have two doses of the Measles, Mumps, Rubella (MMR) vaccine. At the start of the 2022-23 school year, 88.7% of children entering Kitsap public school kindergartens had two documented doses of MMR [49].

At the start of the 2022-23 school year, only half of Kitsap’s 41 public schools reported that 95% or more of their incoming kindergarten students had the required two doses of MMR<sup>1</sup>; further, seven Kitsap kindergarten cohorts reported less than 90% of students complete on MMR [Table 20] [49].

Additionally, reports by Washington DOH and the CDC have shown that disruptions associated with the COVID-19 pandemic may have interrupted or adversely impacted routine immunization uptake and delivery. Kitsap County’s 2022-23 school immunizations data show a small decline in the percentage of entering kindergarteners up to date on all required immunizations, compared to prior to the pandemic (2019-2020 school year) [Figure 85] [50, 51].

Although changes to the Washington Administrative Code in 2019 eliminated person/philosophical beliefs exemptions to MMR for children enrolled in Washington schools, local data shows a 45% increase in the number of students with non-medical exemptions to the MMR from 2019 to 2022. There was also an increase in the number and proportion of kindergarteners up to date on MMR immunization [49].



Figure 85. Kindergarteners up to date on all required immunizations, Kitsap County, 2019 - 2023 [49]

District	Total Schools Reporting Immunization Data in 2022-	Schools with >=95% of kindergarten cohort w/ 2 doses of MMR	
		N	%
Bainbridge Island SD	4	4	100%
Bremerton SD	6	0	0%
Catalyst SD	1	1	100%
Central Kitsap SD	12	5	42%
North Kitsap SD*	6	3	50%
North Mason SD*	2	0	0%
South Kitsap SD*	10	8	80%

<sup>1</sup> In addition, one school did not report data for the 2022-23 school year.

\* One school in each of North Kitsap, North Mason, and South Kitsap SDs did not report immunization data for their kindergarten cohort in 2022-23. These three schools are omitted from both numerators and denominators in the table.

Table 20. Percentage and Number of Schools per District at or exceeding 95% of Entering Kindergarteners with 2 doses of MMR, Kitsap and North Mason, 2022-23 [49]

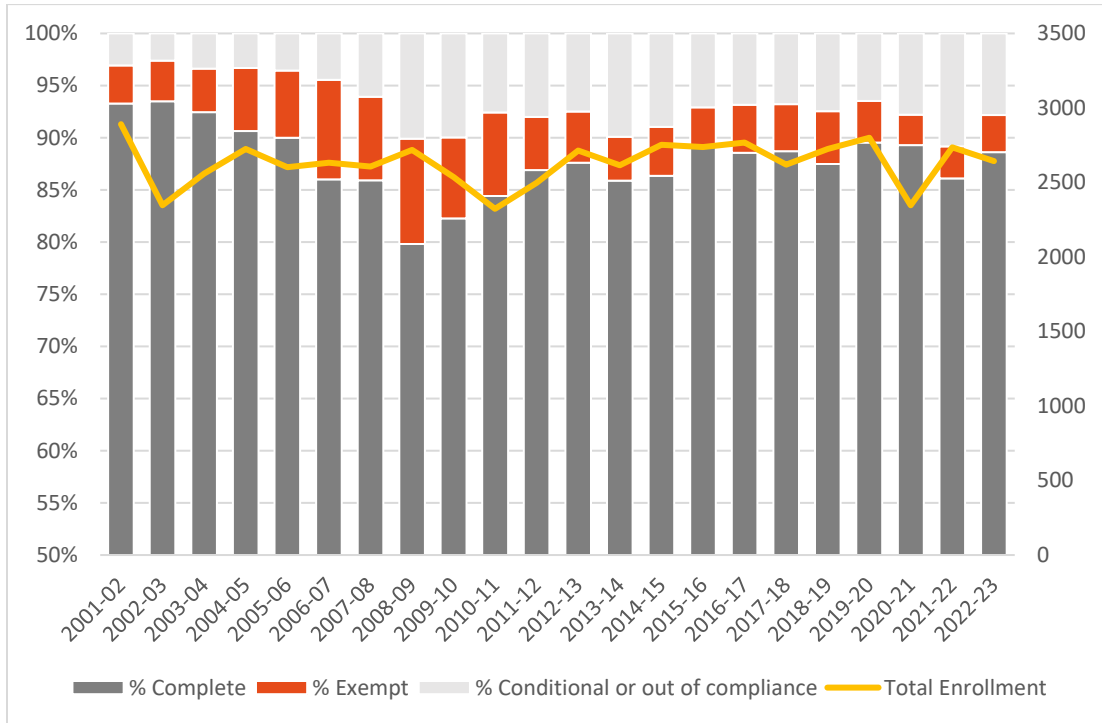


Figure 86. Kindergarten cohort coverage rate on required immunizations, Kitsap County, 2001-2022 [49]

In addition to school immunizations, COVID-19 immunizations are also an important metric to consider in prevention of the spread of infectious disease. In Kitsap as of December 2023, only 18.2% are vaccinated with the 2023 COVID-19 dose, which includes children 6 months to 4 years needing a vaccination with a complete primary series [45]. For those 6 months to 4 years old, 15% of the population has received at least one dose. Among the adult population, between 67% among 18–34-year-olds to 99% of those 65+ have initiated some dose of the COVID-19 vaccine [45].

Among age groups who are completely up to date, only 4.7% of the 6 months to 4 years age group have the 2023 COVID-19 vaccination [45]. 7% of the five to 11 age group are up to date. The largest age group with the most up to date COVID-19 vaccination were those 65+ [Figure 87] [45].

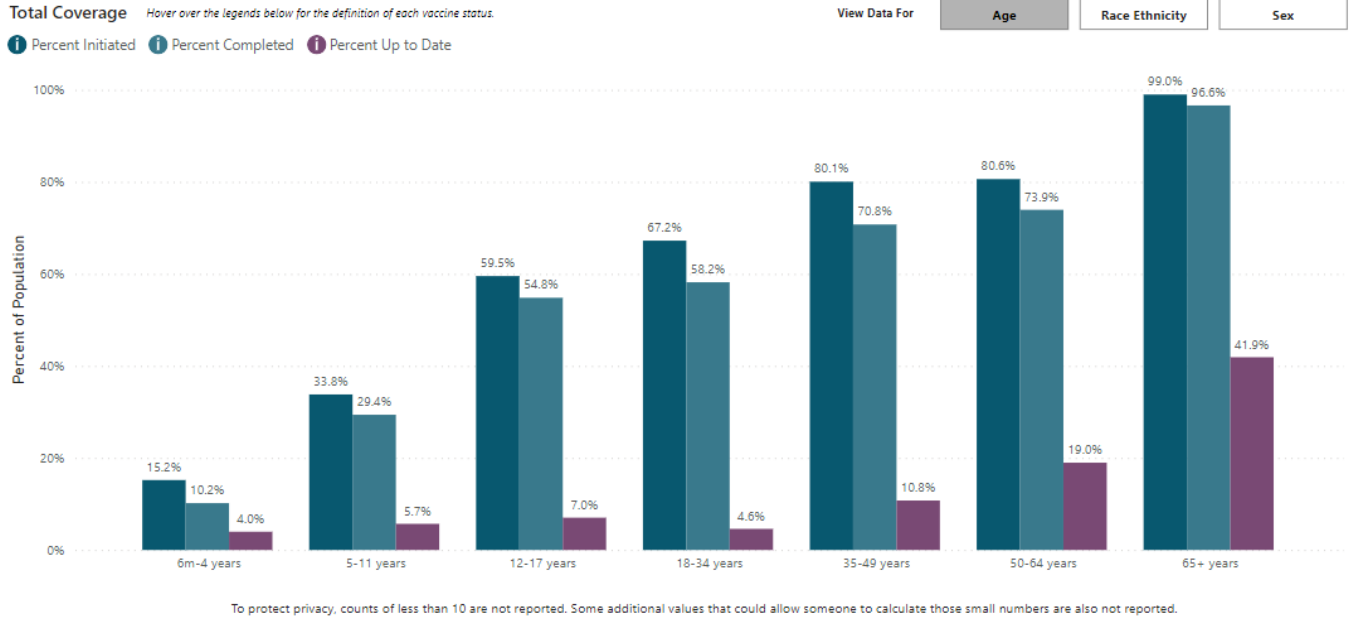


Figure 87. COVID-19 vaccination coverage by age group, Kitsap County, 2023 [45]

### Child injury and accident hospitalization

Although there are major fluctuations in child injury and accident hospitalization rates year to year, the general trend for hospitalizations across regions decreased from 2010 to 2021. Present rates across regions were all below five children per 1,000 in 2021 [Figure 88] [21].

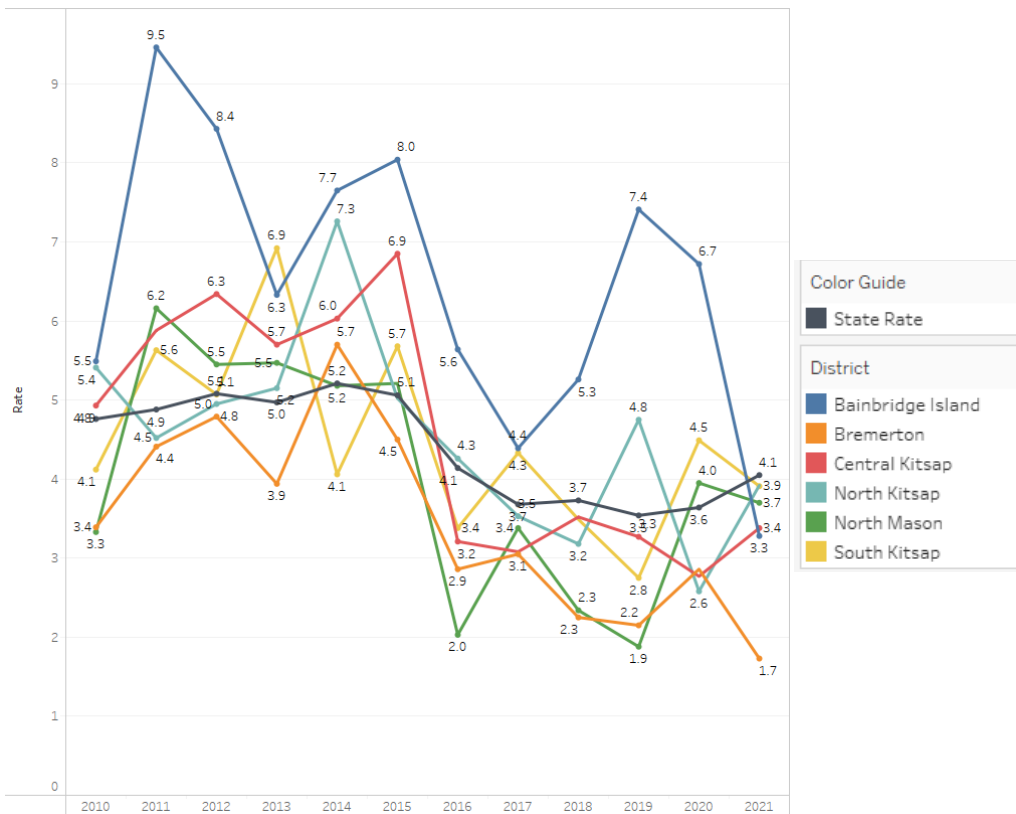


Figure 88. Child injury and accident hospitalization rates per 1,000 children, Kitsap County and North Mason, 2010 – 2021 [21]

## Child abuse and neglect

DSHS reports referral rates for child abuse and neglect. These cases were referred at any point during the year and were accepted for action. In general, the trends have fluctuated from 2011 to 2022 across all regions [21]. Changes in referral structures during the pandemic may have impacted referral rates, especially in 2020, when most regions saw a decrease in accepted reports [Figure 89] [21].

The overall trend in child abuse referrals in Kitsap from 2011 to 2021 has remained steady, with no major changes. There is a similar trend when breaking out this rate by geographic region [21]. From 2000 to 2006, there was a major decrease in referrals and the rate has remained steady through 2021 [21]. Kitsap’s rate is slightly better than Washington state in 2021, with around 33 referrals per 1,000 children compared to 36 per 1,000 children statewide [Figure 90] [21].



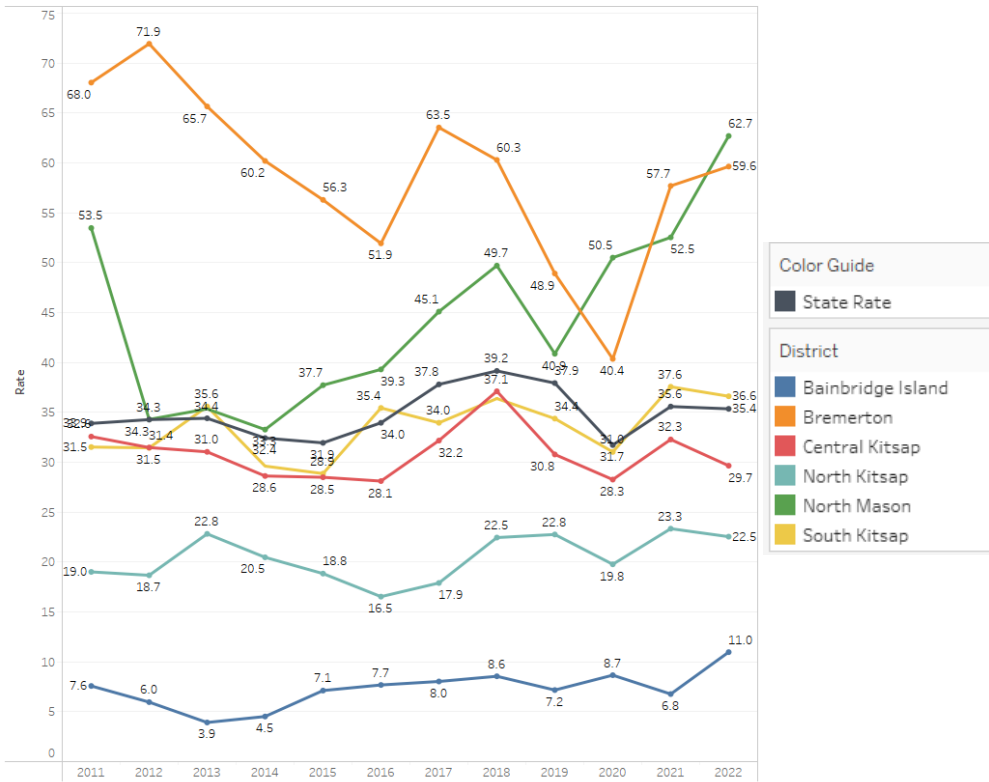


Figure 89. Victims of child abuse and neglect in accepted referral rates per 1,000 by geographic region, Kitsap County and North Mason, 2011- 2021 [21]

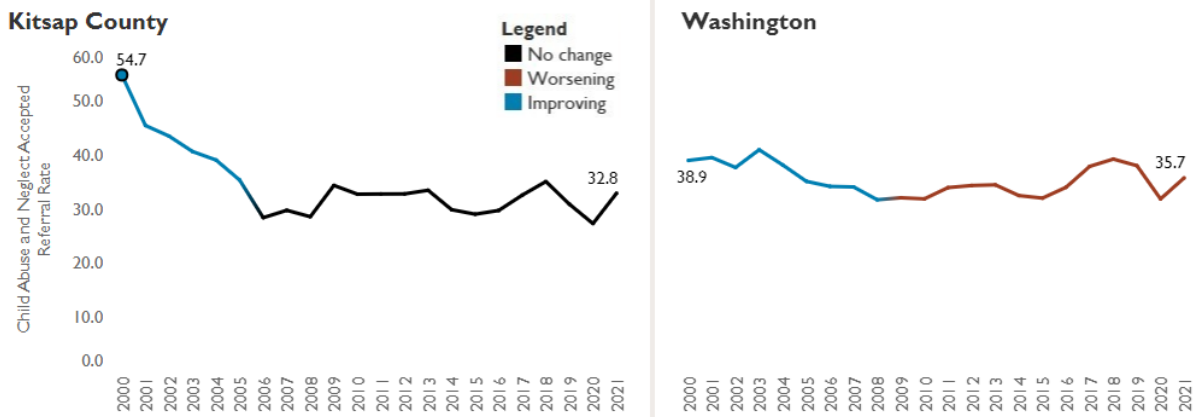


Figure 90. Child abuse and neglect referral rate per 1,000 children, Kitsap County and Washington state, 2000-2021 [21]

### Domestic violence

Kitsap overall experienced a lower rate of domestic violence offences per 1,000 residents, with around five offences compared to around nine offences in Washington state in 2021 [21]. The trend has held steady in Kitsap from 2004 – 2021 [Figure 91] [21].

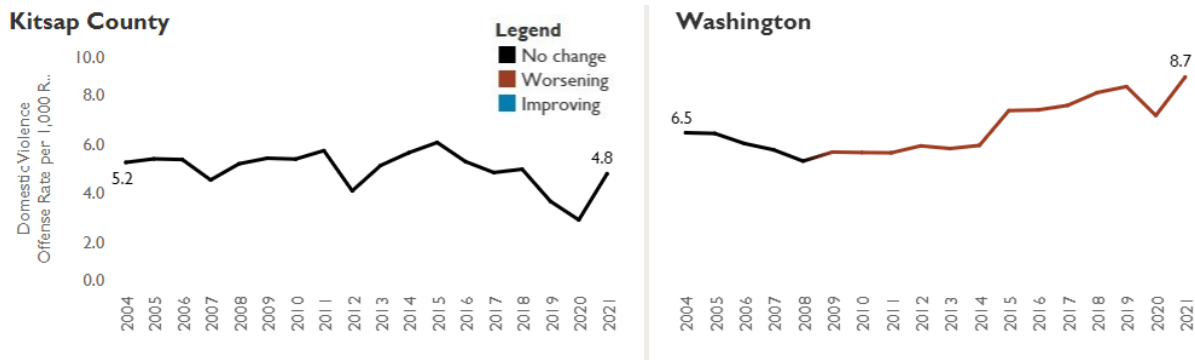


Figure 91. Domestic violence offense rate per 1,000 residents, Kitsap County and Washington state, 2004-2021 [21]

## VII. Pregnancy and Birth Trends

### Summary

*Kitsap had a pregnancy rate of 72.5 pregnancies per 1,000 females aged 15 to 44, which was far higher than the state average (66.2 per 1,000) in 2022.*

*Because of the lower rate of available OB/GYNs in Kitsap compared to WA, mothers may have heightened difficulty in finding care during pregnancy. Additionally, prenatal care initiation and the rate of adequate prenatal care decreased from 2017 to 2022. Only half of Kitsap mothers received adequate prenatal care. As a result, the work that the members of KICC most critically can do supports parents and connecting families to necessary resources during pregnancy and for infant care for Early Head Start families.*

### Births and mothers

In 2022, Kitsap had a smaller proportion of the population who were females of childbearing age (15 to 44, 17% or 48,727 people) compared to 20% of all Washington residents [1]. Even with this smaller proportion, there was a much higher rate of pregnancy in Kitsap compared to Washington in 2022, with around 73 females per 1,000 in Kitsap compared to 66 females per 1,000 in Washington [Table 21] [4].

Additionally, Kitsap has 47% fewer OB/GYNs per 100,000 compared to Washington, which means that while Kitsap has a higher rate of pregnancies, there are fewer providers to care for them compared to the state overall [37].

The live birth rate in Kitsap in 2022 was about 10 births for every 1,000 residents (2,935 live births), while Washington state had around 11 births for every 1,000 residents (83,019 live births) [Figure 92] [4].

75% of births to mothers living in Kitsap occurred in Kitsap County, 19% occurred in Pierce County and 5% occurred in King County [4]. Births occurring outside of Kitsap is associated with geographic region, with over half of Bainbridge Island mothers going to King County and 42% of South Kitsap mothers going to Pierce County [Table 22] [4].

	Pregnancy
Kitsap	72.5 per 1,000 Females (aged 15-44)
WA	66.2 per 1,000 Females (aged 15 to 44)

Table 21. Pregnancy Rate in Kitsap and Washington state in 2022 [4]

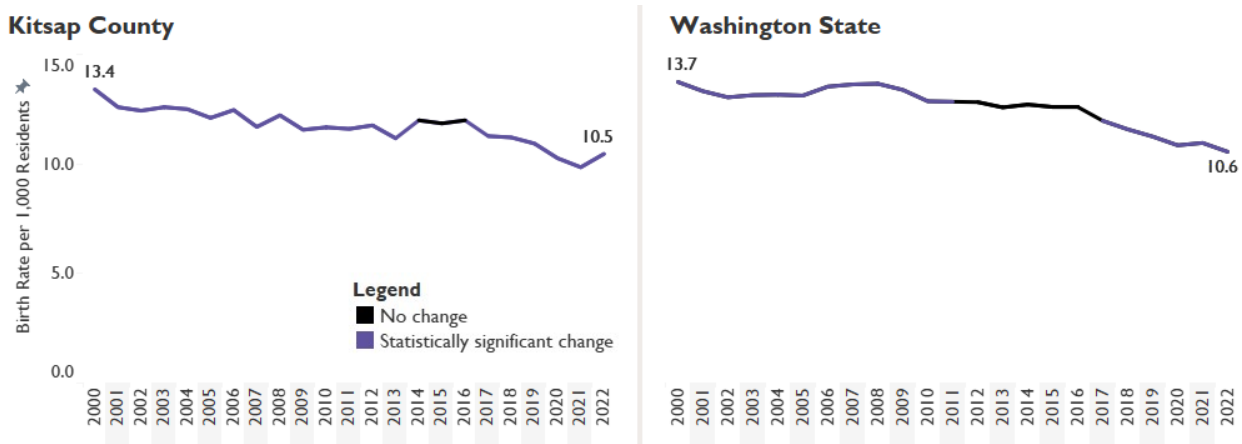


Figure 92. Birth rate per 1,000 residents, Kitsap County and Washington state, 2000-2022 [4]

Mother's Residence Area	Birth County	Number of Births by County	Total Births in Mother's Residence Area	Proportion of Births in County by Total Area Births (in %)
Bainbridge Island	KING	64	118	54.2
Bainbridge Island	KITSAP	50	118	42.4
Bremerton	KING	19	846	2.2
Bremerton	KITSAP	698	846	82.5
Bremerton	PIERCE	122	846	14.4
Central Kitsap	KING	14	729	1.9
Central Kitsap	KITSAP	633	729	86.8
Central Kitsap	PIERCE	80	729	11.0
North Kitsap	KING	26	417	6.2
North Kitsap	KITSAP	363	417	87.1
North Kitsap	PIERCE	27	417	6.5

South Kitsap	KING	31	798	3.9
South Kitsap	KITSAP	424	798	53.1
South Kitsap	PIERCE	334	798	41.9

Table 22. Birth location by mother's residence region, Kitsap County, 2022\* [4]

\*Total births equaling less than 10 have already been excluded from this table. Summating proportions will not equal 100%

### Military births

Each year, roughly a quarter of births in Kitsap are to military members. 2022 was no exception, with 710 Kitsap babies born to military dependents (24%) [Figure 93] [4].

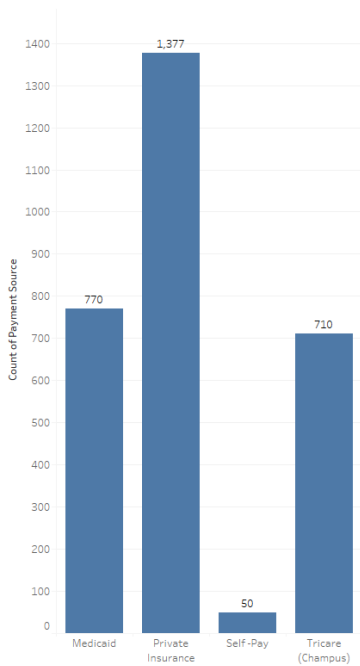


Figure 93. Births to female Kitsap residents by insurance type, Kitsap County, 2022 [4]

### Medicaid births

Medicaid births are often used as a measure related to economic hardship for mothers. About 770 (or 26% of all births) births in 2022 were paid for by Medicaid [Figure 92] [4]. Figure 93 shows Medicaid funded births by ZIP code, with certain regions excluded due to small numbers. There were more than 100 Medicaid funded births in ZIP codes 98366 (142 births, Port Orchard) 98312 (128, West Bremerton) and 98310 (102, East Bremerton) [Figure 94] [4].

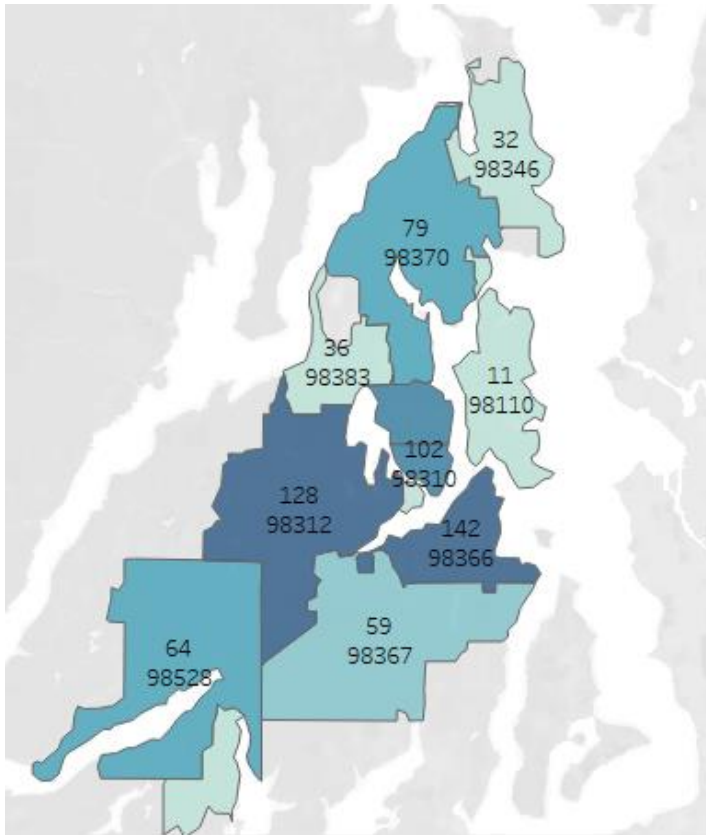


Figure 94. Medicaid births by ZIP code, Kitsap County and North Mason, 2022\* [4]  
 \*missing ZIP codes indicates counts are < 10

**Low birth weight**

In 2022, Kitsap’s percentage of babies born under 2,500 grams was similar to Washington state at 5.7% of births (163 births) compared to 5.6% [4]. There has been no statistically significant change in low-birth-weight trends over time [Figure 95] [4]. This measure does not include multiple births (twins or triplets) because these babies are often born at low birth weights.

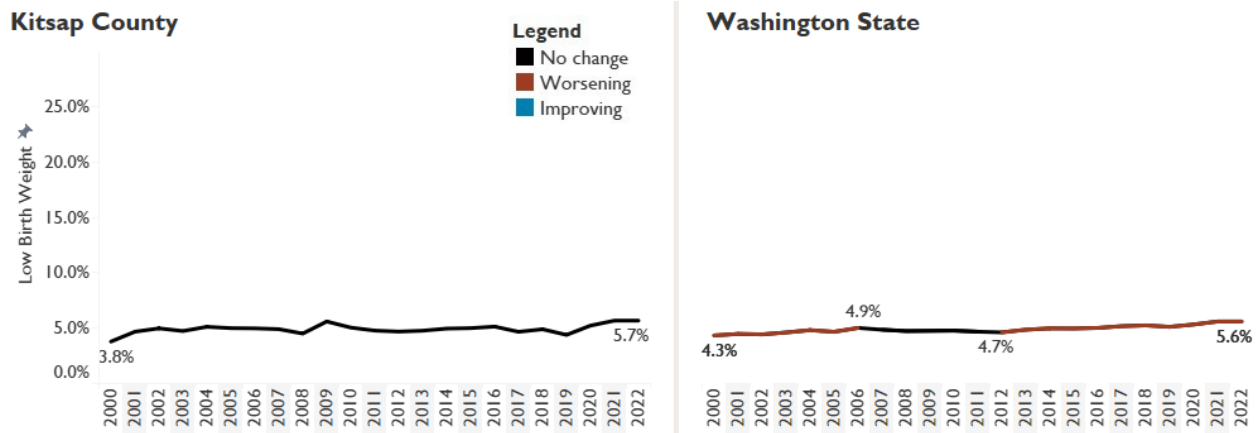


Figure 95. Low Birth Weight (<2,500 Grams), Kitsap County and Washington state, 2000-2022 [4]

## Prenatal care

Having access to prenatal care is critical to improving health outcomes for mothers and babies. In assessing adequate prenatal care, Kitsap was doing worse than Washington state and has been worsening (with a documented difference from 2017 – 2022) [4]. Around 50.2% of mothers (1,203 mothers) received adequate prenatal care compared to nearly 70% statewide in 2022 [Figure 96] [4].

Only around 73.5% of Kitsap mothers (1,575 mothers) initiated prenatal care in the first trimester, which has been a decreasing percentage from 2014-2022 [4]. This percentage is lower than WA’s rate at 79.9% [Figure 97] [4]. Early prenatal care is important to improve maternal health outcomes and health behaviors and is often used as an additional measurement for prenatal care [52].

From 2020-2022, all regions reported above 74% of mothers receiving prenatal care in the first trimester and for mothers between 18 – 49, roughly 77% of mothers received prenatal care in the first trimester [4]. There are some reported disparities by race with the Hispanic or Latino population and the Native Hawaiian or Pacific Islander population ranging from nearly 60% to 70% of mothers receiving prenatal care in the first trimester [Figure 98] [4].

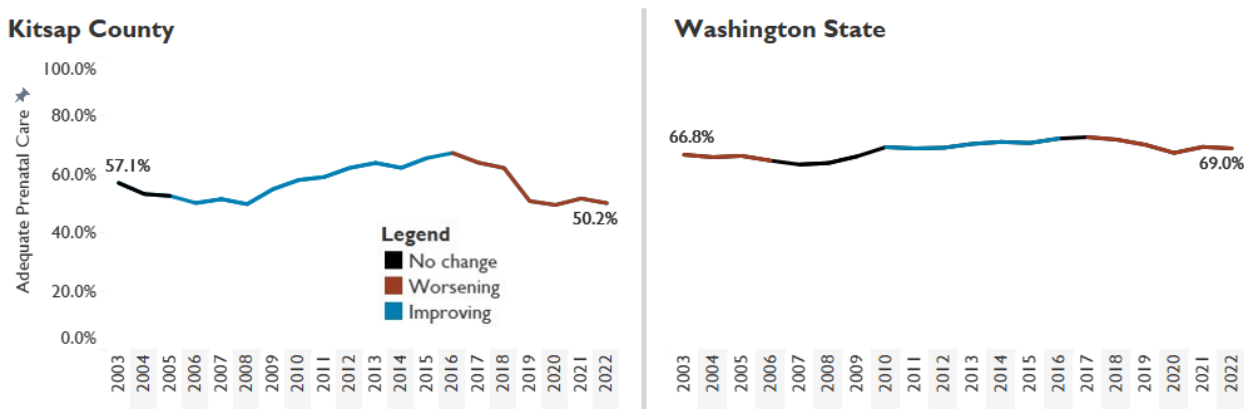


Figure 96. Adequate Prenatal Care, Kitsap County and Washington state, 2003 – 2022 [4]

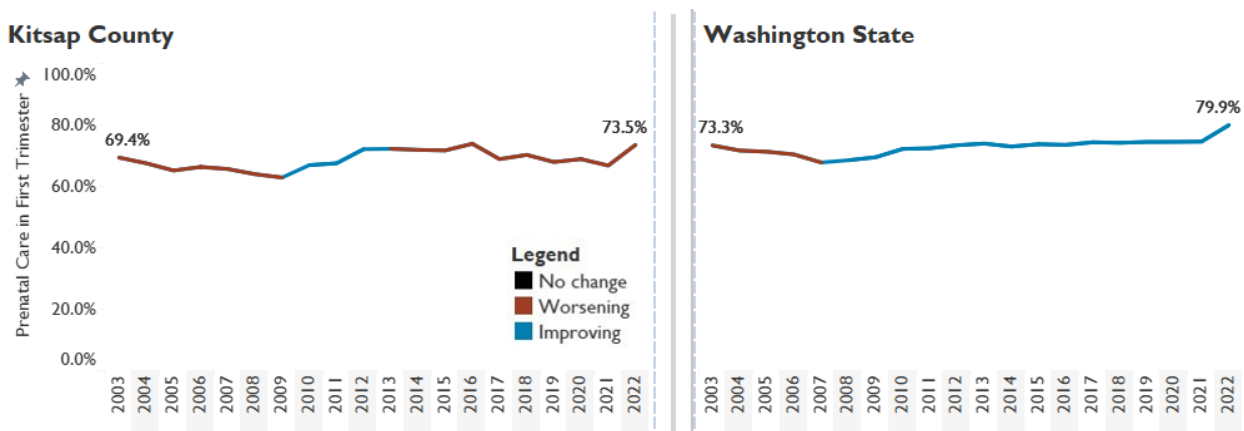


Figure 97. Prenatal care initiation in the first trimester, Kitsap County and Washington state, 2003-2022 [4]

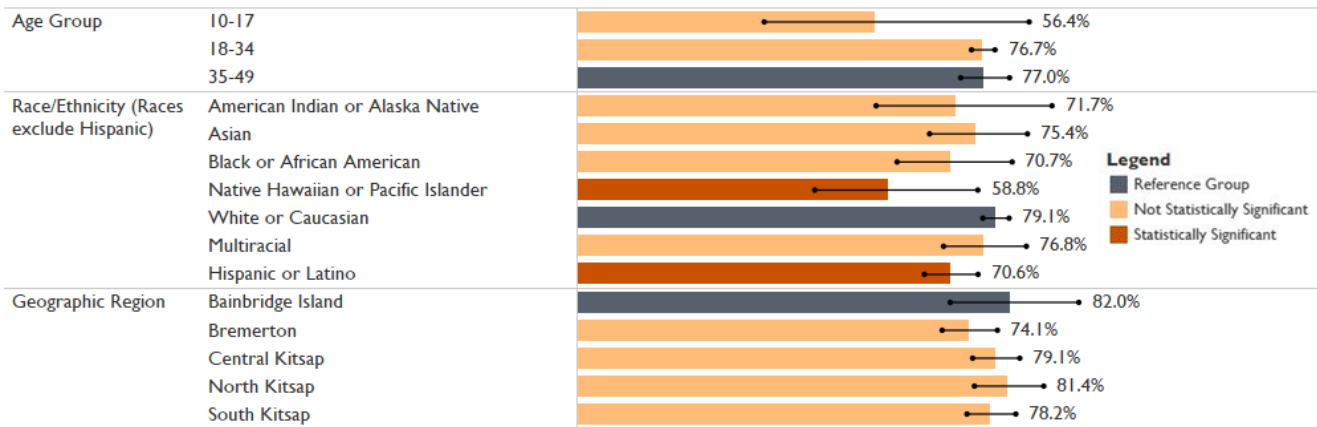


Figure 98. Prenatal care initiation in the first trimester by subgroup, Kitsap County, 2020-22 [4]

### Smoking during pregnancy

The rate of mothers who smoked during their pregnancy decreased from 2001 to 2022. In the latter year, Kitsap County reported 4.3% of mothers (126 mothers) having smoked while the statewide percentage was 3.7% [Figure 99] [4].

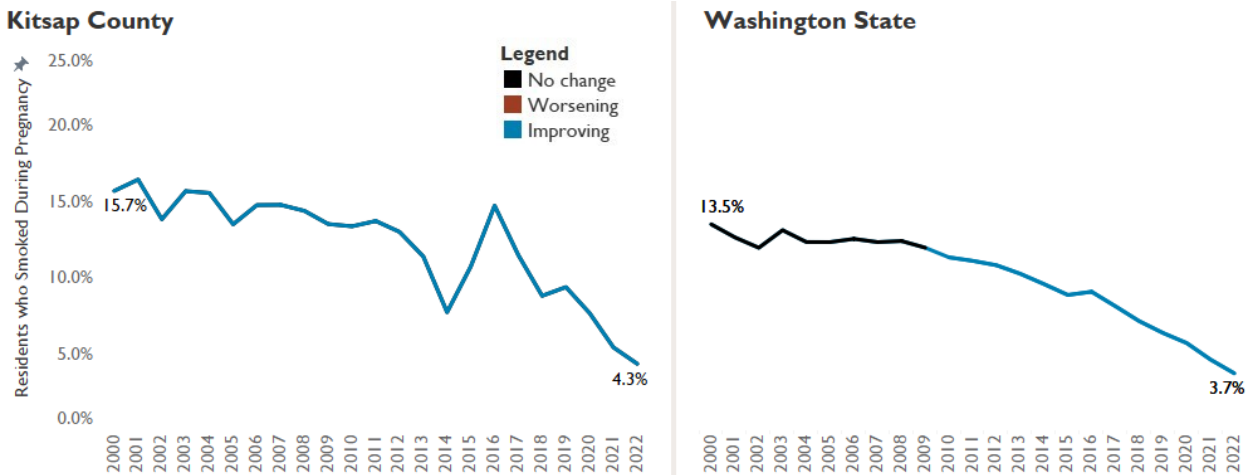


Figure 99. Percentage of mothers who smoked during pregnancy, Kitsap County and Washington state, 2000-2022 [4]

### Breastfeeding

The number of mothers who breastfed in the hospital was 2,675 in 2022 (around 91% of mothers); although 52 mothers were reported as “unknown” with breastfeeding [Figure 100] [4].

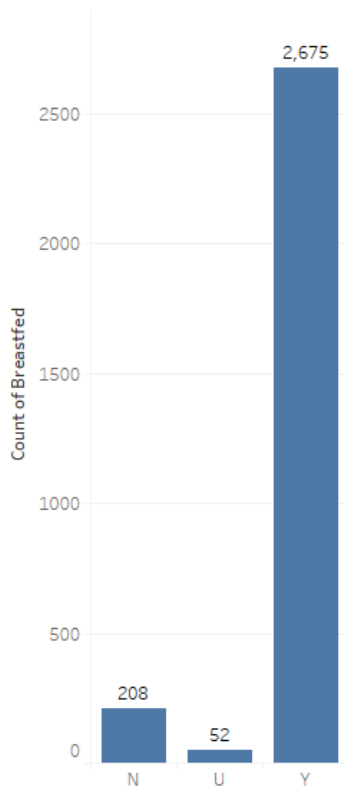


Figure 100. Breastfeeding in hospital count, Kitsap County, 2022 [4]

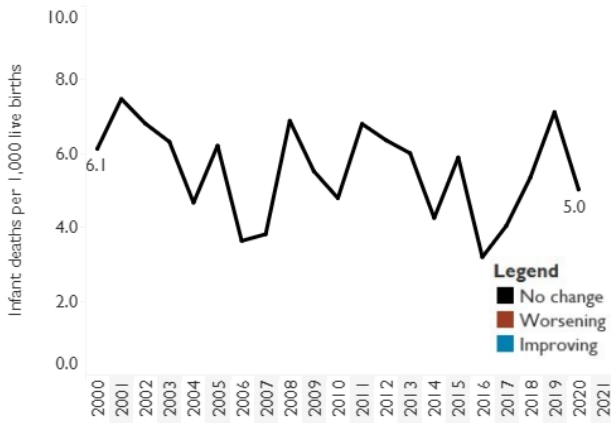
### Infant mortality

Roughly five in 1,000 live births resulted in infant mortality in the first year of life in Kitsap County in 2021. This rate is slightly worse than Washington state that year (4.3 per 1,000 live births) [4]. Additionally, there was no statistically significant change in mortality from 2000 to 2021 in Kitsap [Figure 101].

From 2017 to 2021, the rate of infant mortality is slightly elevated among mothers who identify as something other than non-Hispanic white [Figure 102] [4]. Kitsap Public Health District in 2024 will launch Black Infants Thrive, a program to improve health outcomes for Black mothers and infants in Kitsap. Additional information about this program can be found in the **Resources section**.



### Kitsap County



### Washington State

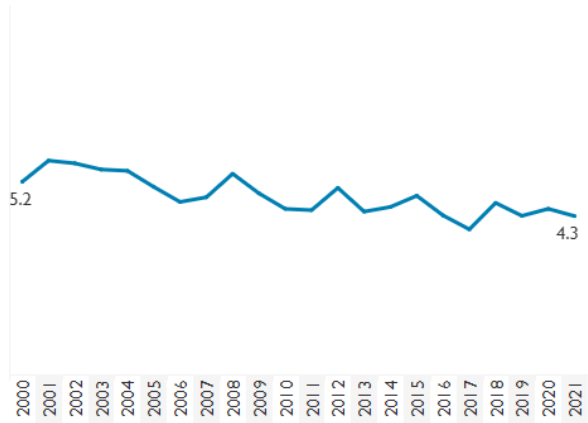


Figure 101. Infant mortality rate per 1,000 live births, Kitsap County and Washington state, 2000-2021 [4]

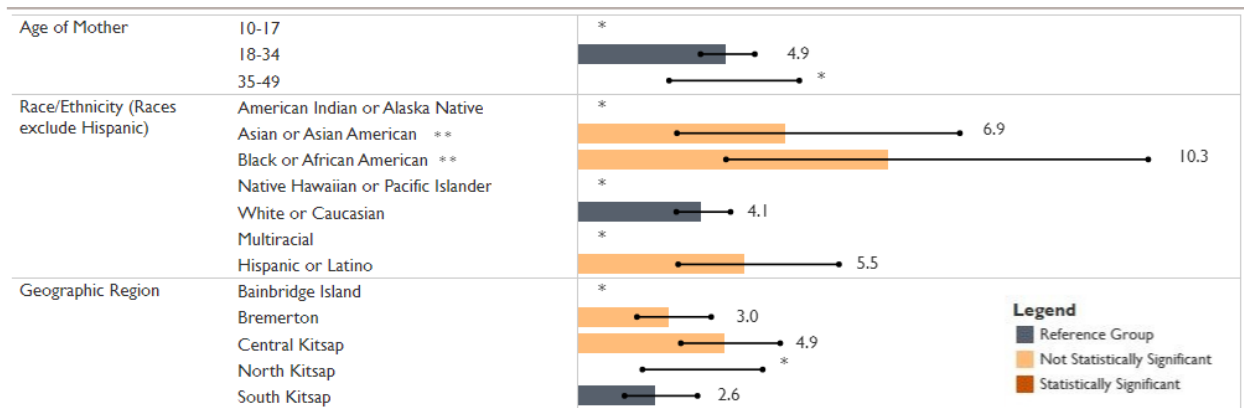


Figure 102. Infant Mortality rate per 1,000 live births by subgroup, Kitsap County, 2017-2021 [4]

\* This estimate is suppressed. If no confidence intervals are shown the count is between zero and ten. When only one subgroup in a group is suppressed, the second smallest subgroup will also be suppressed. If confidence intervals are shown the estimate is greater than 10 but has a highly elevated relative standard error (RSE > 32%) and doesn't meet KPHD reliability standards. Use caution in interpreting.

\*\* The estimate has an elevated relative standard error (25% ≤ RSE ≤ 32%) and doesn't meet KPHD reliability standards. Use caution in interpreting.

### Teen Pregnancy

The rate of teen pregnancies has decreased over time, with fewer than eight mothers aged 15 to 17 out of every 1,000 pregnancies in Kitsap as of 2022 [4]. This rate is very similar to the Washington state rate of 7.36 mothers per 1,000 pregnancies. Both data points have decreased from 2000 to 2022 [Figure 103] [4].

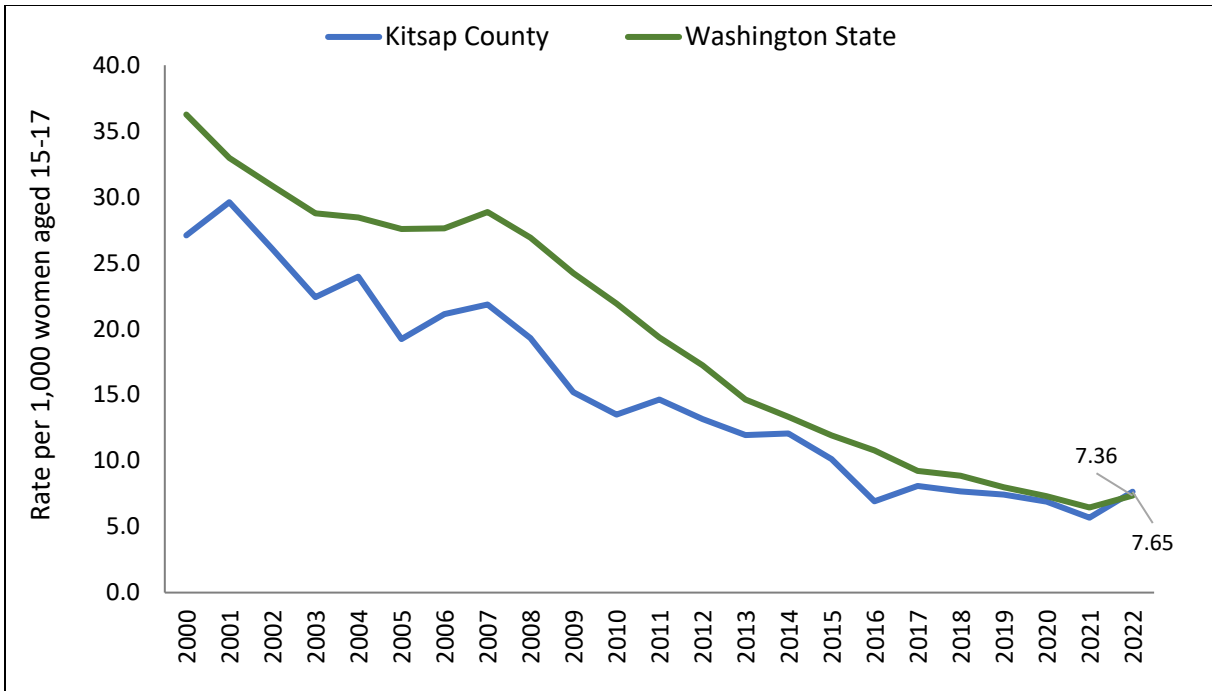


Figure 103. Teen pregnancy rate per 1,000 among 15–17-year-olds, Kitsap County and Washington state, 2000-2022 [4]

## VIII. Parent Survey

The 2023 – 2024 administered Parent survey was filled out by 126 participants. Eighty-two out of 126 completed the entire survey (65%), however all partially completed survey responses were kept for analysis as appropriate. Skip logic was used in this survey for several portions. Response percentages for these sections will be taken out of respondents that match criteria.

### Childcare

Nearly a third of all responses (38) have at least looked for childcare outside of HS/ECEAP/EHS for their child, however only 14% of respondents (17) use childcare outside of these services [Figure 104].

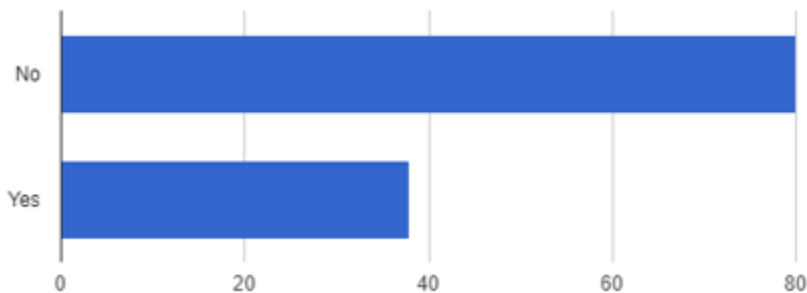


Figure 104. Have you looked for any childcare other than HS/ECEAP/EHS for your child(ren) ages birth to 5

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In response to what has worked well in using childcare outside of HS/ECEAP/EHS, the most popular response was that hours are flexible for parent schedules (10 respondents), followed by the location is easily accessible (8). However, for those who do not use childcare, the most popular response was that the cost was too high (10 respondents) followed by the wait list is too long (8).

Nearly 40% of parents (46) responding to the survey indicated that they lost HS/ECEAP/EHS or regular childcare over the course of the pandemic [Figure 105].

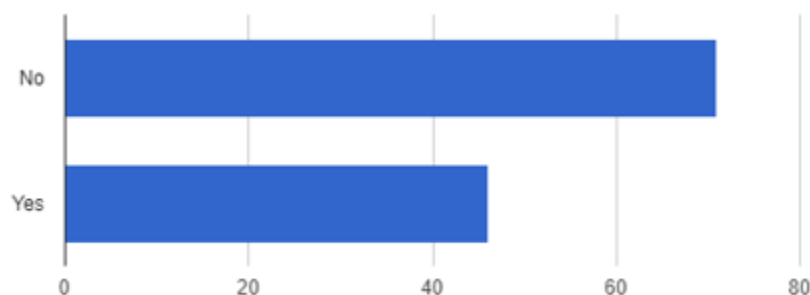


Figure 105. Over the course of the COVID-19 pandemic, did you lose HS/ECEAP/EHS or regular childcare arrangements for at least one day?

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Out of the 46 participants, 75% (34) of parents became the replacement for childcare during that time, followed by one's grandparent (13 respondents, 28%).

### Disability

15% of responding parents have a child with some disability (17 respondents) and indicated that the following resources would be helpful:

- Educational Materials (50%)
- Learning developmentally appropriate strategies to support my child's needs (75%)
- Additional guidance from special services providers (69%)
- Network of families/support groups (50%)
- Time and relevant access to appropriate assessment and evaluations for services and/or treatment (69%)
- Write in responses:
  - "Financial assistance for medical assessments"
  - "Transportation so I could also keep a job."
  - "We have explained that outside aba related services would not be beneficial in the classroom as we have communicated with our previous providers and asked them. we are still being pushed to get referrals. we are going through child find which would be more appropriate. I feel that listening to the parents better would benefit the outcomes of the day to day."
  - "back up childcare and affordable access to sensory friendly items: weighted blanket, swing, squish tiles, pickler climbing triangle, trampoline, crash pads, lights, white noise machine, noise canceling headphones"

- “the teachers could put his brace on during his nap and take it off after”

### Prenatal and Pregnancy Care

70% of respondents (76 people) indicated having been pregnant within the past 5 years and every person from this group indicated that they did receive prenatal care. Ninety percent received prenatal care from an OB/GYN (68 people) [Figure 106].

91% out of those who had been pregnant in the past 5 years were able to get prenatal care as early as they wanted to [Figure 107].

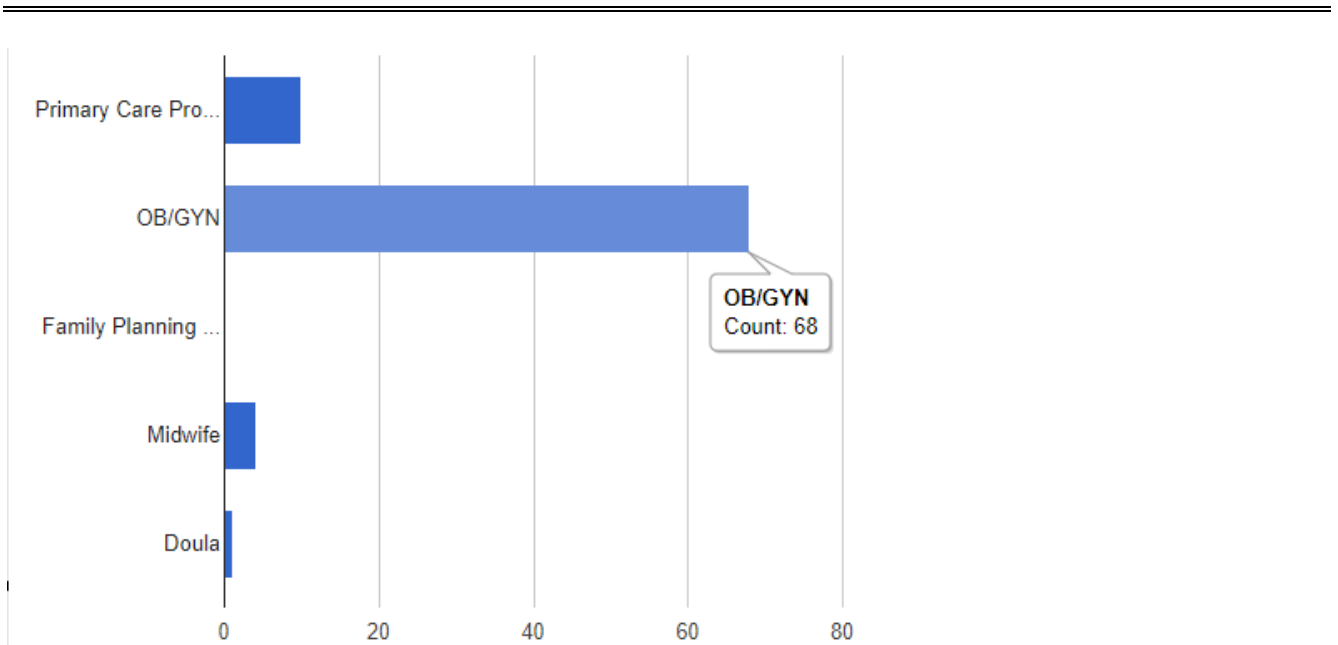


Figure 106. Where did you access prenatal care?

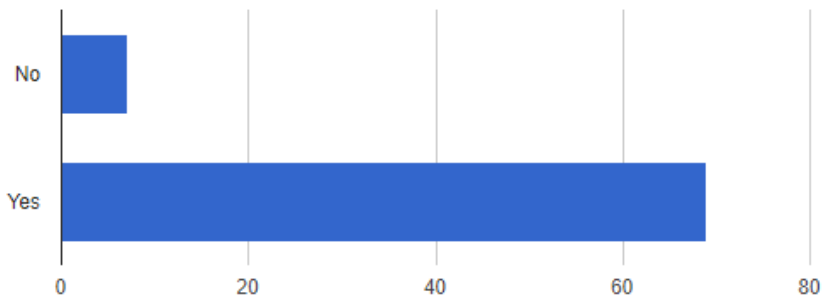


Figure 107. Did you get prenatal care as early in your most recent pregnancy as you wanted?

Over half of respondents indicated that these appointments helped to provide information about pregnancy/breastfeeding/postnatal care (38 people, 52%) and in feeling prepared about the birth experience

and expectations (37 people, 50.7%). Nearly 50% have found their prenatal appointments helpful in receiving screenings for their child (34 people, 47%) and in feeling supported in their decision making (32 people, 44%).

About half of participants were able to see a dentist during their most recent pregnancy (52 out of 76, 52.5%) and of those who were unable to, 26% reported not knowing they should go (12 people) [Figure 108]. From write in responses, 5 people indicated that they had some fear or anxiety about going to the dentist.

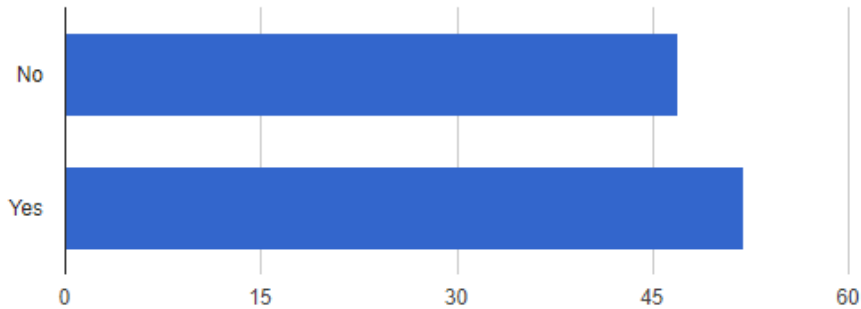


Figure 108. Did you go to a dentist or dental clinic during your most recent pregnancy?

Over half of participants breastfed their baby for more than six months. Of those who were not able to breastfeed their baby longer than they wanted to, 15 participants (25%) indicated it was by personal choice and another 14 (24%) indicated it was due to medical reasons. Around 8 write in participants indicated that they were unable to produce milk after a certain period of time or there was trouble with infant latching.

### Health and Services

In reflection towards their child’s behavioral, social/emotional, and physical health changes before and after the pandemic, around 65% of responding parents indicated no change to behavioral health (50 people), 43% no change in social/emotional (37 people), and 70% no change in physical health (59 people). 29.1% of parents experienced worsening social/emotional health of any of their children (25 people) and 23.4% experienced worsening behavioral health (18 people) [Figure 109 – Figure 111].

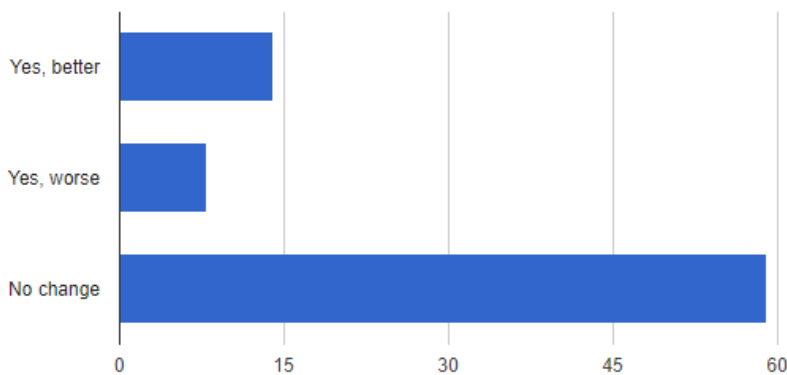


Figure 109. Has the physical health of any of your children gotten better or worse?

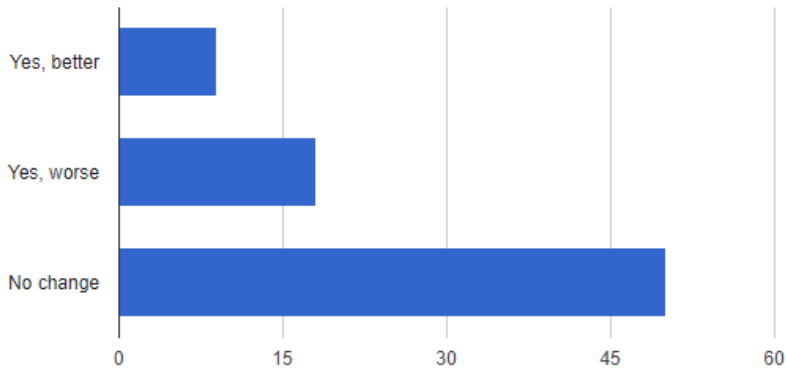


Figure 110. Has the behavioral health of any of your children gotten better or worse?

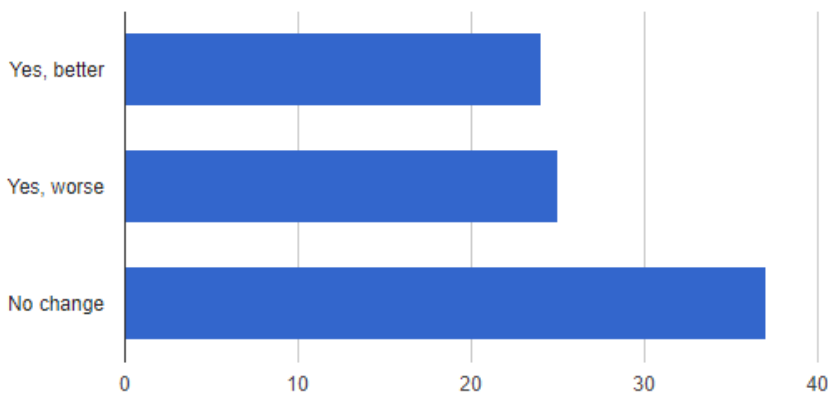


Figure 111. Has the social/emotional health of any of your children gotten better or worse?

75% of respondents indicated they use Medicaid or the Children’s health program (68 out of 91).

55% of respondents indicated that the level of stress in their life is “A bit stressful” (50 people) while 35% of respondents indicated that their stress levels were either “quite a bit stressful” or “extremely stressful” (31 combined). 11% of participants said most days were not at all stressful or not very stressful (10 participants) [Figure 112].

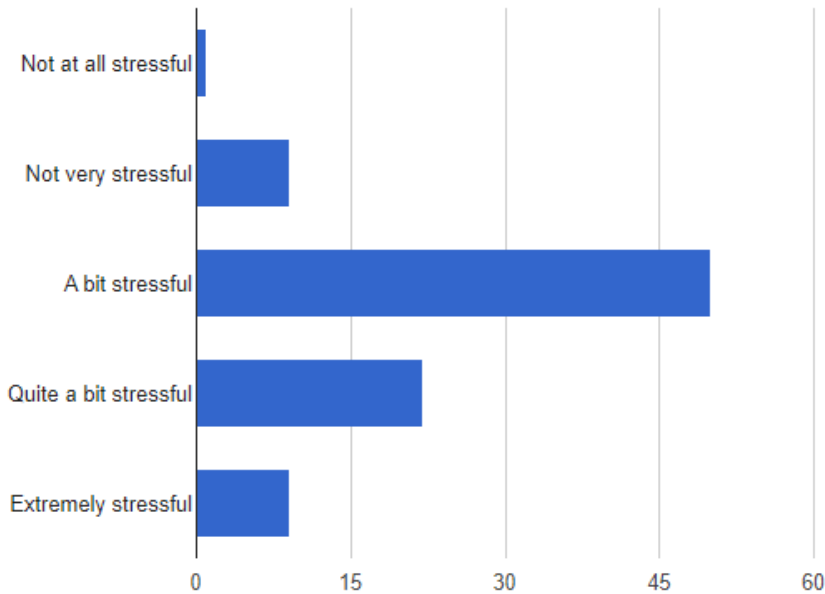


Figure 112. Thinking about the amount of stress in your life, would you say that most days are...

In response to emotional well-being in the past 30 days, 38% of participants indicated they did not experience any concerning days (34 people) while 37% indicated they were concerned for “several days” for their emotional well-being (33 people). Another 22 people (25%) are concerned about their emotional well-being for more than half the month or nearly the whole month.

Around 68% of respondents exercise at least once a week or more frequently (63 out of 93 respondents). In general, many respondents are slightly stressed and over 70% are managing well enough to not be concerned about their emotional well-being for more than half of the month.

31% of respondents (28 total) indicate they have used any tobacco product in the past 30 days [Figure 113].

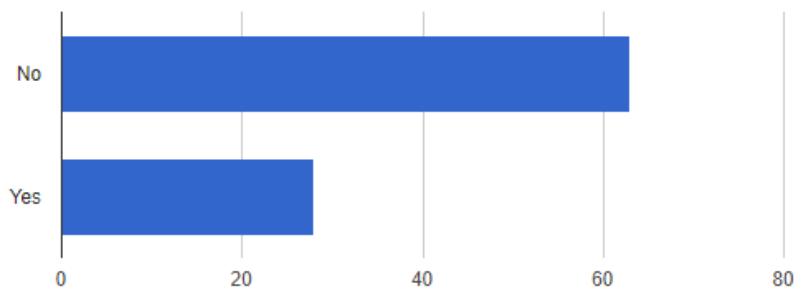


Figure 113. Have you smoked cigarettes or other tobacco products (including vapes, even just a puff, in the past 30 days?

In thinking about the respondents mental and physical health, 43% indicated no change in their physical health (35 people) and 44% indicated no change in their mental health (37 people). However, 38% indicated that their physical health had worsened (31 people) and 39% indicated their mental health worsened (33 people) [Figure 114, Figure 115].

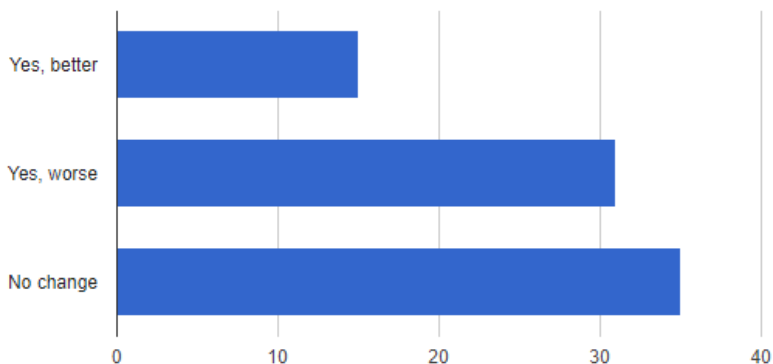


Figure 114. Has your own physical health gotten better or worse?

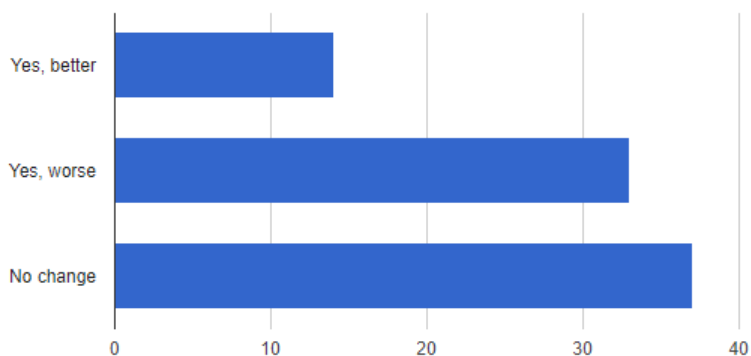


Figure 115. Has your own mental health gotten better or worse?

In discussion about food access and nutrition, 47% of respondents indicated they can always afford enough to eat but not always the kinds of food we should eat (42 people). Thirty-five percent indicated affording good nutritious meals (31 people) and 15% indicated they sometimes cannot afford enough to eat (15 people). Over half of all respondents indicated using WIC (46 people, 58%), SNAP/EBT (38 people, 48%) and/or grocery stores (46, 58%) to access food

### Housing and neighborhood

Please note that for this section, due to an error in distribution, 38 respondents (30%) were unable to fully respond to this section.

A vast majority of respondents responded positively to the list topics, with over 60% in agreement (agree or strongly agree) with the statements below. Several exceptions for more these statements occurred for “My neighborhood is well lit” with only 50.7% of respondents in agreement and 35.8% of respondents in



disagreement; “I have access to good sidewalks and/or bike lanes” (58.2% in agreement, 25.4% in disagreement); and “My neighborhood isn't impacted by substance use disorders, including prescription drugs: (37% in agreement, 34.3% in disagreement). For statements regarding neighborhood connectedness, “I feel connected to my neighborhoods” had 39.9% in agreement and 37.9% neither disagreeing nor agreeing. With “my neighbors are willing to help each other”, 52.8% agreed and 29.2% neither disagreed nor disagreed. Response totals ranged from 64 to 72 participants [Table 23].

<b>Topic</b>	<b>Strongly Disagree/Disagree</b>	<b>Neither agree nor disagree</b>	<b>Agree/Strongly Agree</b>	<b>Total Respondents</b>
I have consistent electricity for cooking and home heating	5 (7.5%)	1 (1.5%)	61 (91.1%)	67
I have a place to store food in my home	3 (4.7%)	1 (1.6%)	60 (93.7%)	64
I can dispose of waste in my home	2 (3%)	3 (4.5%)	59 (89.3%)	66
My neighborhood feels safe to walk in	9 (13.9%)	9 (13.8%)	47 (72.3%)	65
My neighborhood is well lit	24 (35.8%)	8 (11.9%)	34 (50.7%)	67
Amenities are accessible to me	4 (6.3%)	6 (9.4%)	53 (82.8%)	64
I have access to public transportation	5 (7.8%)	4 (6.3%)	53 (82.8%)	64
I feel safe from crime	6 (9.4%)	13 (20.3%)	44 (68.8%)	64
My home has clean drinking water	4 (5.8%)	3 (4.3%)	62 (89.9%)	69
My neighborhood is clean	7 (10.9%)	7 (10.9%)	50 (78.1%)	64
I have access to good sidewalks and/or bike lanes	17 (25.4%)	11 (16.4%)	69 (58.2%)	67
My neighborhood isn't impacted by substance use disorders, including prescription drugs	24 (34.3%)	19 (27.1%)	26 (37%)	70
I feel connected to my neighborhoods	14 (21%)	25 (37.9%)	25 (39.9%)	66
My neighbors are willing to help each other	9 (12.5%)	21 (29.2%)	38 (52.8%)	72

Table 23. Housing and Neighborhood Questionnaire Responses\*

Around 63% of respondents rent their apartment or home (50 people) and 27.5% indicated they have a home with a mortgage (22 people). Within write in responses, two people indicated they were living in a trailer and 1 indicated they lived in a tribal house.

26% of respondents indicated they've had to relocate due to housing costs [Figure 116].

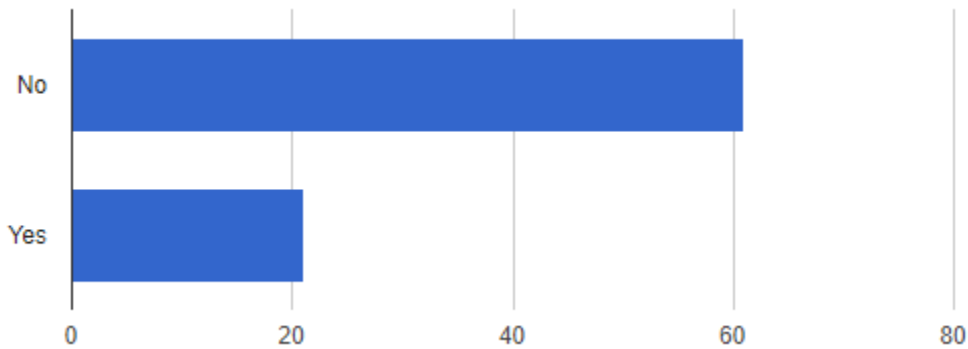


Figure 116. Has your family had to move or relocate due to housing costs?

## Demographics

Around 93.5% of respondents indicated they spoke English most often at home (72 respondents out of 77), which is expected given the limitation of survey distribution at this time. However, 5 write in responses indicated they spoke Spanish at home. With 80 responses to “how many children do you have”, the mean number of children for respondents was 2.6 children. Three respondents indicated having either 7 or 8 children. Nineteen respondents indicated having only 1 child (23.8%).

In response to how many total people they live with, respondents averaged 4.1 people per respondent and 10 respondents (12.7%) live with 2 or less other people.

For employment, 33 respondents (41.8%) indicated they worked full-time with benefits and another 17 indicated they were unemployed and not searching (21.5%). Eight respondents were job searching and unemployed (10.1%). Nineteen respondents were working full or part-time without benefits (24.1%) and 2 worked part-time with benefits (2.5%). For barriers to employment, 33 respondents (44%) indicated no barriers. Another 22 respondents indicated that the pay was too low to support a family (29.3%). Sixteen respondents indicated they had no childcare during work. Three write-in respondents indicated they had no transportation options to childcare and another 2 indicated that the cost of childcare was so high that it wasn't feasible to work.

Eight respondents indicated they either sometimes or did not have reliable transportation (10.1%), however 17 respondents noted that the price of gas was sometimes a barrier to using their transportation option (24.3%).

Ten respondents noted that they did not have enough money to maintain a vehicle (14.3%). A write in response noted “car troubles” as a barrier to transportation and “You guys refuse to offer transportation for ecap even with IEPs students” as an additional barrier.

Most respondents were aged 30-39 (37 people, 47%) followed by 20-29 years old (37%). Respondents were mostly single (37 respondents, 46.3%) followed by married (33 respondents, 41.3%) [Figure 117, Figure 118].

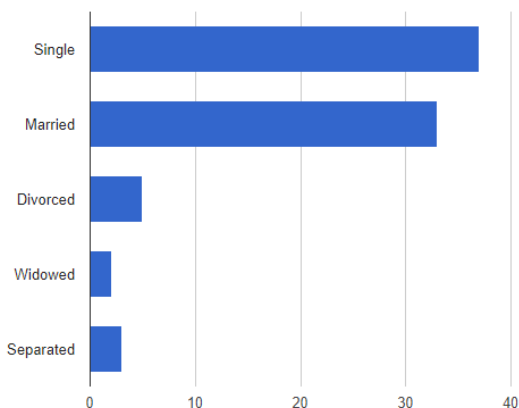
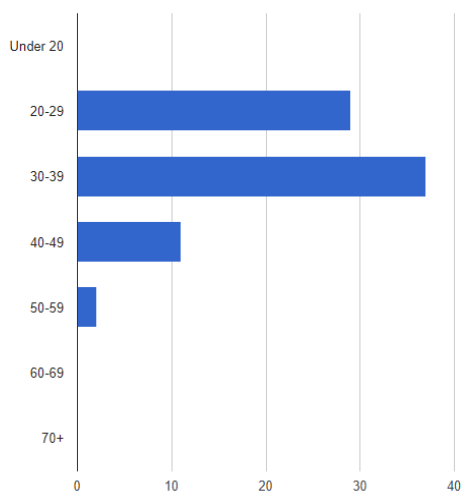


Figure 117. What is your marital status?

Figure 118. What is your age?

Forty-one respondents identified as white (51.3%) followed by 26 participants who identified as American Indian or Alaskan Native (32.5%). Another 8 respondents identified as Native Hawaiian or Other Pacific Islander (10%), 5 respondents identified as Black or African American (3.8%), 5 identified as Asian or Asian American (6.3%), and 13 identified as Hispanic/Latino (16.3%).

Most respondents identified as female (72, 90%) and most respondents had a monthly household income above \$2,000 (42 respondents, 52.5%). Four respondents indicated they had no income (5%) and another 4 indicated they made less than \$500 (5%) [Figure 119].

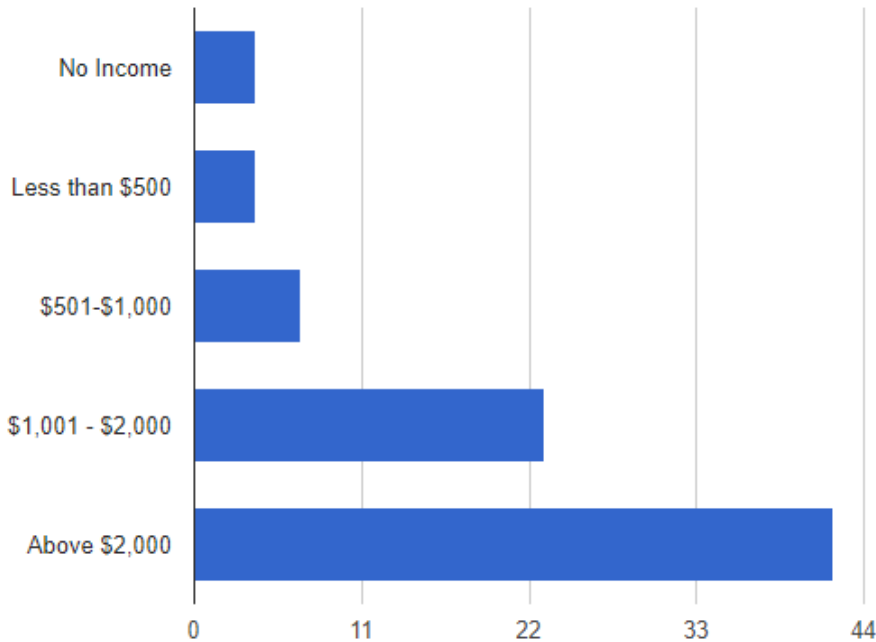


Figure 119. What is your monthly income?

Respondents mostly were high school graduates (32 respondents, 40.5%). Forty-three respondents had some college or technical school or higher (54.5%) while 2 indicated they had not started high school (2.5%) and 2 had completed some high school (2.5%).

## IX. Program and Community Strengths

### Summary:

*The HS/EHS programs offered by each KICC member provide a necessary service to families and children in Kitsap. They do so with success by valuing and centering community and family voices and perspectives. In the 2022 to 2023 year, 47% of all EHS staff and 34% of HS staff were former or current program parents. Around 79% and 75% for EHS and HS volunteers, respectively, were former or current program parents. Because parental involvement is critical to a child's development, each program is strengthened by having opportunities and ample parental representation among staff and volunteers. The HS/EHS groups are also well represented in collaboration opportunities with external partners, with KICC members taking part in community planning and community events. KICC also strives to deliver culturally and linguistically accessible services, with a focus on Kitsap's Spanish and Mum speaking population in addition to Kitsap's tribal populations.*

### Family Strengths

Each HS/EHS are made up of volunteers and employees who are dedicated to helping young families in Kitsap, oftentimes drawing from current or prior parents of these same programs. For the sites that have volunteers, between 40% to 97% of volunteers are made up of current or former EHS/HS parents [6]. Among staff,

between 28% to 75% of employees are current or former parents [6]. In total, within EHS, 47% of all staff are former or current parents (53 out of 114 staff) and 79% of all volunteers are former or current parents (161 out of 205 volunteers) [6]. For HS, 34% of all staff are former or current parents (42 out of 124 staff) and 75% of volunteers are former or current parents (181 out of 242 volunteers) [Table 24] [6].

2022-23	Early Head Start						Head Start					
	Total Staff	Former or Current Parent	%	Volunteers	Former or Current Parent Volunteers	%	Total Staff	Former or Current Parent	%	Volunteers	Former or Current Parent Volunteers	%
Kitsap Community Resources	25	10	40.0%	80	43	53.8%	53	15	28.3%	157	111	70.7%
Olympic Educational Service District	35	12	34.3%	88	85	96.6%	35	10	28.6%	48	40	83.3%
Port Gamble S'Klallam Tribe	32	24	75.0%	37	33	89.2%	21	11	52.4%	37	30	81.1%
Suquamish Tribe	22	7	31.8%	0	0	--	15	6	40.0%	0	0	--
Kitsap County Total	114	53	46.5%	205	161	78.5%	124	42	33.9%	242	181	74.8%

Table 24. Staff Makeup by Organization, 2022-23 [6]

Parental involvement is crucial both for the success and wellbeing of children who are involved in the program, but also to help guide and contribute to the functioning of EHS and HS programs. All programs offer opportunities for parents to take part in their child’s education process and, as evidenced by the staff makeup, many parents seek to be involved. Some literature has suggested a strong link between parent involvement with HS and parental behavior, which can better a child’s academic and behavioral skills [53]. It thus is a major strength of KICC to have parental representation across their volunteers and staff.

### Community Partnerships and Community Investment

The success of providing continuous education and resources to young families and children in Kitsap is in part due to the strong community partnerships which exist in Kitsap. OESD 114, KCR, the Port Gamble S’Klallam Tribe, and the Suquamish Tribe are extremely present in community planning and events, representing a vested interest in the betterment of the entire population in Kitsap. In turn, external organizations are also aware of and can make use of HS/EHS/ECEAP programs offered by KICC. On July 20, 2023, all four organizations making up the coordinating council attended Kitsap Maternal and Infant Health Forum with 40 other organizations to understand and address concerning trends in maternal and infant health, developing place-based solutions rooted in partnerships and collaboration among organizations [54]. As these plans are put into practice, community partners demonstrate a commitment in addressing inequities in maternal and infant health.

In September 2023, the Suquamish Tribe’s Healing House, which homes the Tribe’s primary care clinic, will open service to non-tribal Medicaid patients, offering a benefit to people who otherwise may have difficulty accessing care [55]. This is an example of how members in KICC are dedicated to community investment and reaching all community members. This type of community investment can be critical for young families and children in the region, offering North Kitsap an additional place for primary care.

KCR has invested in Kitsap housing programs and has housing units, with some focus on residents who may be experiencing homelessness or low-income families with children, offering resources as needed [56]. Both Tribal groups also have programs which offer housing units, finding housing, or providing housing assistance for tribal members [57, 58]. This form of diversified commitment to young families and the broader community has

solidified KICC members as leaders in providing service in the county. This ensures that KICC organizations can provide transformative change for young families, both through their EHS/HS/ECEAP programs and through many social determinants which affect health.

## Cultural and Linguistically Informed

All programs take part in instilling both culturally and linguistically informed programs, creating inclusive environments for their parents and ensuring that the programs are meaningful.

OESD serves several Guatemalan families, mostly in the home visitation program, which serves children ranging from prenatal to age three. This program is especially important for this population of Mam speakers, given that translators for this language are rare and communication can be challenging. Speakers may not speak Spanish and many within the population are undocumented, which can create difficulty in working hours, who to find for childcare, education on who to call in an emergency and U.S. laws on child supervision. With around 21% of EHS and HS families speaking a Native Central American, South American, and Mexican language, this program offers a crucial touchpoint for education and care for this unique population in Kitsap.

KCR, OESD 114, the Suquamish Tribe, and the Port Gamble S’Klallam Tribe also offer programs in Spanish and translated materials, providing linguistic support for families and children. The Suquamish Tribe and the Port Gamble S’Klallam ELC are particularly focused on creating an environment which supports a child’s indigenous learning and growing. Across KICC groups, parents can be involved with creating relevant cultural lessons and

## X. Resources

### Legislation

In planning for the future and determining available avenues for Kitsap families and infants, understanding recent changes in Washington state legislation may also be an important component to consider.

In 2022, the Behavioral health workgroup, House Bill 1890 created a state-wide Children and Youth Behavioral Health Workgroup. This strategic advisory group is responsible for delivering a report to the legislature that details best practices for youth mental healthcare, facilities, and workforce [59].

In 2023, 2SSB 5225 (Working Connections Childcare) funded a federal and state program to provide childcare subsidies to families, administered by the DCYF for \$13.27M. This bill extended childcare subsidy eligibility to childcare employees, mixed status immigrant families, and families in therapeutic courts [60]. Additionally, SB 5316 aimed to lower barriers to employment for early learning educators, specifically related to background check and licensing fees for programs administer by DCYF [61].

ESHB 1678 was also passed in 2023 to authorize dental therapists to practice in community health clinics across the state [62]. This is important for access to dental therapy for the state’s most underserved children. The bill was championed by the Children’s Alliance alongside the Washington state Health Coalition for Children and Youth.

For 2024 and onward, bills related to increased funding for infant-early childhood mental health consultation (Holding Hope), expanding and streamlining eligibility for early learning programs (SB5870/ HB 2124/ HB1945) [63], and expanding the working families tax credit (SB5249) [64] are in discussion. Statewide legislation can be an opportunity to generate mechanisms of support for Kitsap families and Kitsap organizations.

## Community Resources

Resource Name	Description	Contact
<b>Emergency</b>		
<b>Peninsula 211</b>	The Washington State 2-1-1 system provides comprehensive information and referral services for no charge for those who access the system by telephone or by internet. The local regional system serving Kitsap, Jefferson, Clallam, Mason, Grays Harbor, and Pacific counties is called Peninsulas' 2-1-1. It is operated from Kitsap Mental Health Services and providers 24 hour service. From Dec 2022 to Oct 2023, the most common requests to 2-1-1 was for housing/shelter, with 26% calling (1,488 out of 5,742 callers) and food with 13% calling (769 callers).	1-866-736-9634; 211
<b>24-hour Crisis line</b>	Volunteers of America Crisis Response Services offers 24 hour emotional support to individuals in crisis and/or considering suicide. Crisis line services are available by phone and instant messaging.	<a href="tel:1-888-910-0416">1-888-910-0416</a>
<b>YWCA Alive Shelter</b>	YWCA Kitsap County operates Alternatives to living in a Violent Environment (ALIVE) and is the only state-certified domestic violence emergency shelter in Kitsap County.	800-500-5513
<b>Child Protective Services</b>	Department of Social and Health Services (DSHS) within local communities are responsible for receiving and investigating reports of suspected child abuse and neglect. Reports are received by Children's Administration/Child Protective Services (CPS) located in each community office and assessed to determine whether the report meets the legal definition of abuse or neglect and how dangerous the situation is.	800-562-5624
<b>Poison Control</b>	Contact Poison Control if you suspect a poisoning for free, expert, and confidential information	800-222-1222 Español: 360-271-8924

Resource Name	Description	Contact
<b>Services</b>		
<b>Kitsap Immigrant Assistant Services</b>	Provides direct services to our immigrant neighbors, including rent assistance, translation assistance, medical and dental services, and connecting families with clothing, baby items, pantry staples and more. Provides information, resources, training, and support for families caring for children and individuals with disabilities living in the Kitsap County community.	<a href="https://kitsapiac.org/Family%20Services">https://kitsapiac.org/Family Services: (360) 616-2722</a> <a href="https://kitsapiac.org/To%20arrange%20a%20new%20client%20appointment">To arrange a new client appointment call: (360) 616-2722</a>
<b>Parenting Place</b>	Offering classes and resources that help family members build positive family relationships and create healthy home environments through KCR	<a href="http://www.kcr.org/parenting_place.htm">http://www.kcr.org/parenting_place.htm</a>

<b>Women, Infants and Children (WIC)</b>	A Nutrition program helping families get nutritious foods and information on eating better. WIC is available to pregnant women, new and breastfeeding moms, infants, and children to their 5th birthday.	KCR: <a href="https://www.kcr.org/wic/">https://www.kcr.org/wic/</a> Port Gamble S'Klallam WIC: 360-297-9661 Suquamish WIC: 360-394-8473
<b>First Steps Maternity Support Services and Infant Case Management</b>	First Steps is a Washington Apple Health (Medicaid) program that helps low-income pregnant individuals get the health and social services they may need and covers a variety of services for pregnant individuals and their infants. First Steps is available as soon as an individual knows they are pregnant and is covered by Apple Health (Medicaid).	<a href="https://www.hca.wa.gov/free-or-low-cost-health-care/i-need-medical-dental-or-vision-care/first-steps-maternity-and-infant-care">https://www.hca.wa.gov/free-or-low-cost-health-care/i-need-medical-dental-or-vision-care/first-steps-maternity-and-infant-care</a>
<b>Answers Counseling</b>	Provides First Steps Maternity Support Services and Infant Case Management. For those with Medicaid/ Apple Health, Answers Counseling is the Kitsap provider for free, strength-based Maternity Support Services (MSS) and Infant Case Management services.	<a href="https://www.answerscounseling.org/">https://www.answerscounseling.org/</a>
<b>Black Birth Power Initiative</b>	This program is run by Swedish Medical Center's doula program seeks to honor Black lives by centering and uplifting the Black birth experience with culturally congruent doula care at their Birth Centers	<a href="https://www.swedish.org/services/doula-services; 206-215-6106">https://www.swedish.org/services/doula-services; 206-215-6106</a>
<b>Child Care Aware Washington</b>	The only statewide childcare resource and referral program in Washington state.	
<b>Family Birth Center at St. Michael Medical Center</b>	Breastfeeding support with certified lactation consultants; childbirth and parenting classes	<a href="https://www.vmfh.org/our-services/pregnancy-childbirth/family-education 1-888-825-3227">https://www.vmfh.org/our-services/pregnancy-childbirth/family-education 1-888-825-3227</a>
<b>House of Hope</b>	A local nonprofit organization that empowers and equips pregnant youth under the age of 25 with classes, support groups, resources, and other services.	<a href="https://www.houseofhopefg.org/">https://www.houseofhopefg.org/</a> 253-649-4754 360-443-2696 info@houseofhopefg.org
<b>KidVantage</b>	Formerly "Eastside Baby Corner West Sound," partners with local agencies to bring essentials (like diapers, cribs, and car seats) to local children living in poverty or crisis via their Bremerton hub.	<a href="https://kidvantage.wa.gov/location/bremerton-hub/">https://kidvantage.wa.gov/location/bremerton-hub/</a> (360) 616-0235 infobremerton@kidvantage.wa.gov



<b>Nurse Family Partnership Program</b>	For people who are pregnant with their first baby, a specially trained nurse visits parents throughout their pregnancy until the babies turn 2, providing education and support.	<a href="https://kitsappublichealth.org/CommunityHealth/pch_nfp.php">https://kitsappublichealth.org/CommunityHealth/pch_nfp.php</a> (360) 728-2333
<b>Mama Moves Kitsap</b>	A Group Peer Support model that encourages movement, mindfulness and social connection for new parents and is supported by bilingual staff	<a href="https://www.instagram.com/mama_moves_kitsap/">https://www.instagram.com/mama_moves_kitsap/</a>
<b>Kitsap County Breastfeeding Coalition</b>	Protects, promotes, and supports breastfeeding by providing mothers, and their families with the education and resources, that assist them in attaining their breastfeeding goals.	<a href="https://www.facebook.com/KitsapCountyBreastfeedingCoalition">https://www.facebook.com/KitsapCountyBreastfeedingCoalition</a>
<b>Kitsap Strong</b>	A coalition of more than 115 organizations that are collectively working together, grounded in the latest research, to prevent and overcome childhood trauma by building a culture of empathy, equity, and connection.	<a href="https://www.kitsapstrong.org/">https://www.kitsapstrong.org/</a>
<b>La Leche League</b>	A volunteer-led, parent-oriented group for families in need of support milk feeding their children. Leaders in the Washington chapter provide support and information to local families from pregnancy through weaning.	<a href="https://illwa.org/groups/">https://illwa.org/groups/</a>
<b>Native American Women's Dialogue on Infant Mortality</b>	A Native-led collective whose members are concerned about high rates of infant mortality in their communities.	<a href="https://www.facebook.com/Nawdim">https://www.facebook.com/Nawdim</a>
<b>New Parent Support Program</b>	Naval Base Kitsap provides this program to help military parents transition into parenthood	<a href="https://installations.militaryonesource.mil/military-installation/naval-base-kitsap/military-and-family-support-center/new-parent-support-program">https://installations.militaryonesource.mil/military-installation/naval-base-kitsap/military-and-family-support-center/new-parent-support-program</a>
<b>Northwest Infant Survival &amp; SIDS Alliance</b>	dedicated to reducing the risk of sudden unexpected infant death and supporting families affected by a fetal or child death.	<a href="https://nwsids.org/">https://nwsids.org/</a>
<b>Parent-Child Assistance Program Agape Kitsap</b>	An evidence-based federal research program, housed by Agape Kitsap, helping mothers build and maintain healthy, independent family lives, assure that children are in safe, stable homes and prevent future births of alcohol and drug exposed children. This program is free to help pregnant and parenting mothers get healthy and gain independent family lives, providing home visitation, support and transportation. PCAP helps participants create personalized goals for success in recovery and walks alongside you during the 3-year journey through the program.	<a href="https://www.agapekitsap.org/pcap">https://www.agapekitsap.org/pcap</a> (360) 377-0370 lsegurpcap@agapekitsap.org

<b>WithinReach - ParentHelp123.org</b>	Operated by WithinReach, helps Washington state families find services in their communities and apply for health insurance, food assistance programs, and more. The website also provides important health information for pregnant women, children and families.	<a href="https://www.parenthelp123.org/">https://www.parenthelp123.org/</a> <a href="https://www.parenthelp123.org/1-800-322-2588">1-800-322-2588</a>
<b>Peninsula Birth Network</b>	Provides pregnancy, birth, postpartum resources in Kitsap and the Peninsula.	<a href="http://www.peninsulabirthnetwork.org/">http://www.peninsulabirthnetwork.org/</a>
<b>Perinatal Support Washington</b>	Provides perinatal mental health resources to families and communities	<a href="https://perinatalsupport.org/">https://perinatalsupport.org/</a> <a href="https://perinatalsupport.org/1-888-404-7763">1-888-404-7763</a>
<b>Sound Puget Intertribal Planning Agency</b>	The Healthy Families Program provides home visitation services to tribal members to improve child and family outcomes for health and development, parenting practices, school readiness, and coordination of referrals to community resources.	<a href="https://spipa.org/programs/">https://spipa.org/programs/</a> <a href="https://spipa.org/programs/360.426.3990">360.426.3990</a>
<b>True North Birth Center</b>	A North Kitsap-based center offering individualized care during pregnancy, birth and beyond.	<a href="http://truenorthbirthcenter.com/index.html">http://truenorthbirthcenter.com/index.html</a>
<b>YWCA of Kitsap County</b>	Dedicated to ensuring the personal safety, rights, welfare, and dignity of those who experience domestic abuse while building partnerships and increasing community awareness to create positive social change	<a href="https://ywcakitsap.org/">https://ywcakitsap.org/</a>

<b>Services - National</b>		
<b>Cribs for Kids</b>	A National Infant Safe Sleep Initiative partner, who have been making an impact on reducing the rate of infant sleep-related deaths due to accidental suffocation, asphyxia or undetermined causes in unsafe sleeping environments	<a href="https://cribsforkids.org/">https://cribsforkids.org/</a> <a href="https://cribsforkids.org/1-888-721-CRIB">1-888-721-CRIB</a>
<b>Dolly Parton's Imagination Library</b>	Inspiring a love of reading by gifting books free of charge to children from birth through age five once a month	<a href="https://imaginationlibrary.com/">https://imaginationlibrary.com/</a>
<b>Parents as Teachers</b>	Promotes optimal early development, learning and health of young children by supporting and engaging their parents and caregivers	<a href="https://parentsasteachers.org/">https://parentsasteachers.org/</a> <a href="https://parentsasteachers.org/314-432-4330">(314) 432-4330</a>
<b>The Period of PURPLE Crying</b>	A curriculum which helps parents understand this time in their baby's life and is a promising strategy for reducing the risk of child abuse	<a href="https://dontshake.org/purple-crying">https://dontshake.org/purple-crying</a>
<b>Black Mamas Matter Alliance</b>	Black women-led alliance that centers Black mamas and birthing people to advocate, drive research, build power, and shift culture for Black maternal health, rights, and justice	<a href="https://blackmamasmatter.org/connect/">https://blackmamasmatter.org/connect/</a>

## Appendices

### Comprehensive Resources List

<b>Mental and Behavioral Health Services</b>
<a href="#"><u>ABA Consultants and BCBA's – FEAT of WA – Autism Resource Guide</u></a>
Holly Ridge neurodevelopmental Center Birth to 3 years 360-373-2536
Bridges Mental Health Ombuds Service: 360-692-1582 <a href="http://www.kitsapdrc.org"><u>www.kitsapdrc.org</u></a>
Easter Seals Olympic Peninsula Autism Center: 360-337-2222 <a href="http://www.easterseals.com"><u>www.easterseals.com</u></a>
The Doctor's Clinic 360-782-3500 Bradley T Anderson, MD
Kaiser Permanente Port Orchard 360-895-5000 Brian Joey Que, MD Olympic Peninsula 360-792-1700 Meghann Sprague, MD (older children)
Kitsap Children's Clinic LLP 360-692-9362 R Barney Voegtlen, MD
KC Family Hope Center, Bremerton 360-567-6109 <a href="http://www.kc-family.com"><u>www.kc-family.com</u></a> Karen Casseday, MN, PMHNP-BC, ARNP Family Psychiatric Nurse Practitioner
Kitsap Family Wellness, Silverdale 360-434-7097 <a href="http://kitsapfamilywellness.com"><u>kitsapfamilywellness.com</u></a>
Kitsap Mental Health: <a href="http://www.kitsapmentalhealth.org"><u>www.kitsapmentalhealth.org</u></a> Intake/Access.....360-405-4010 Children and Family Services..... 360-479-4994 Adult Services.....360-373-7049 Emergency Crisis Services.....360-373-3425
Kurt David Nielsen, PsyD, MA Poulsbo 360-209-7608 <a href="http://www.neureval.com"><u>www.neureval.com</u></a>
Lifespan Psychological Services, Bainbridge Island 206-780-7782 <a href="http://www.lifespanps.com"><u>www.lifespanps.com</u></a>
Lou-Ann Lauborough, LICSW Silverdale 360-876-5483 <a href="http://lauborough-counseling.com"><u>lauborough-counseling.com</u></a>
Magnolia Behavioral Therapy: 206-453-4882 Provides ABA Therapy <a href="http://magnoliabehaviortherapy.com"><u>magnoliabehaviortherapy.com</u></a>
National Alliance on Mental Health Illness (NAMI) Kitsap County: 360-415-5800 <a href="http://www.namikitsap.org"><u>www.namikitsap.org</u></a> (Leave a message)
Northwest Family Psychology: 1-844-701-1080 <a href="http://www.nwfamilypsychology.com"><u>www.nwfamilypsychology.com</u></a>
Olympic Counseling Services: Bremerton 360-813-6500
Peninsula Community Health Services: 360-377-3776 <a href="https://www.pchswb.org"><u>https://www.pchswb.org</u></a>
Peninsula Psychological Center: <a href="http://www.kitsapcounselor.com"><u>www.kitsapcounselor.com</u></a> Port Orchard (2 Locations Prospect and Tremont).... 360-895-779-1006 Poulsbo..... 360-895-1955 Silverdale..... 360-698-4860
Salish Behavioral Health Organization: Toll Free: 1-800-525-5637 <a href="http://www.kitsapgov.com"><u>www.kitsapgov.com</u></a> 24 hr. crisis hot line 1-888-910-0416
Seattle Children's Autism Center 206-987-8080 <a href="http://www.seattlechildrens.org/clinics"><u>www.seattlechildrens.org/clinics</u></a>
Volunteers of America Western Washington <a href="http://www.voaww.org"><u>www.voaww.org</u></a> Crisis Services: 1-800-584-3578 or visit <a href="http://www.imhurting.org"><u>www.imhurting.org</u></a>
Washington State Department of Social and Health Services: Behavioral Health Administration <a href="http://www.dshs.wa.gov/bha"><u>www.dshs.wa.gov/bha</u></a>

Table 25. Mental and Behavioral Health Services in Kitsap for Families and Children, 2023

Respite Care in Kitsap County (and surrounding areas)	
Ashley House: 253-533-9050; Toll Free: 1-800-853-8120 <a href="https://ah-nw.org/">https://ah-nw.org/</a>	
Child Care Aware: 1-800-446-1114 <a href="http://childcareawarewa.org">childcareawarewa.org</a> Child care	
Children's Country Home (Woodinville): 425-806-9453 <a href="http://childrenscountryhome.org">childrenscountryhome.org</a>	
Communitas: 360-377-7231 <a href="http://www.communitas.org">www.communitas.org</a> Adult 24 hr care only	
Kitsap Home Care Services: 360-377-7307; Toll Free: 1-888-449-9048 <a href="http://www.kitsaphomecare.com">www.kitsaphomecare.com</a>	
Lifespan Respite of WA: 425-740-3788; Toll Free: 1-800-572-7368 <a href="http://www.lifespanrespitewa.org">www.lifespanrespitewa.org</a>	
Pope's Kids Place: 360-736-9178 Centralia, WA <a href="http://popesplace.org">popesplace.org</a>	
Res-Care Washington; Toll Free: 1-866-737-2273 All Ways Caring Home Care: 360-798-8590 Sabina Hammond; in home care for children/youth Silverdale, Washington	

Table 26. Respite Care in Kitsap, 2023

Medical, Dental and Behavioral Health Services	
<b>Access to Baby and Child Dentistry Program (ABCD)</b> 360-440-3261 *Dental care for children 0-6 who receive Medicaid	<b>Crisis Clinic of the Peninsulas(24hrs)</b> <a href="http://crisisclinicofthepeninsulas.org">http://crisisclinicofthepeninsulas.org</a> 360-479-3033
<b>Peninsula Community Health Services Clinics</b> <a href="http://www.pchswb.org">www.pchswb.org</a> 360-377-3776 *Sliding scale medical, dental & behavioral services	<b>Kitsap Mental Health (KMH)</b> <a href="http://www.kitsapmentalhealth.org">www.kitsapmentalhealth.org</a> Child and Family Services 360-405-4010 360-479-4994

Table 27. Mental, Dental, and Behavioral Health Services List, Kitsap County, 2023

Nutrition/Feeding Support – Women, Infants & Children Programs (WIC)	
<b>Bremerton</b> 360-373-6221 <b>Port Orchard</b> 360-473-2144 <b>Silverdale</b> (Also includes Poulsbo for appointments.) 360-692-6530 <a href="http://www.kcr.org/wic.htm">http://www.kcr.org/wic.htm</a>	<b>Belfair</b> 360-275-8340 <b>Port Gamble S'Klallam Tribe</b> 360-297-9661 <b>Suquamish Tribe</b> 360-598-3311
Durable Medical Equipment – Supplies	
<b>Bremerton</b> <b>Tims Home Medical Supplies</b> 360-782-1922 <a href="http://www.timshomemedicalsupplies.com">www.timshomemedicalsupplies.com</a> Fax: 360-782-2255 <b>Medequip Services</b> 360-479-8811 <a href="http://www.rotech.com">www.rotech.com</a> Fax: 360-479-6769 <b>Lincare</b> 360-792-9414 <a href="http://www.lincare.com">www.lincare.com</a> Fax: 360 792-0742	<b>Gig Harbor</b> <b>Olympic Pharmacy</b> 253-858-9941 <a href="http://www.olympicpharmacy.com">www.olympicpharmacy.com</a> Fax: 253-851-9942 <b>Poulsbo</b> <b>Nurturing Expressions</b> 360- 930-0218 <a href="http://www.nurturingexpressions.com">www.nurturingexpressions.com</a> Fax: 360-930-8383 <b>Online</b> <b>Seattle Children's Hospital Home Care</b> 425-482-4000 Fax: 425-482-4128 <b>Option Care</b> 206-246-0635 <a href="http://www.optioncare.com">www.optioncare.com</a> Fax: 206-246-2646 <b>Shield Health Care</b> 800-720-7440 <a href="http://www.shieldhealthcare.com">www.shieldhealthcare.com</a> Fax: 800-748-0713
<b>Silverdale</b> <b>Apria Health</b> 360-698-0552 <a href="http://www.apria.com">www.apria.com</a> Fax: 1-888-492-0010 <b>Hanger Clinic: Prosthetics &amp; Orthotics</b> 360-478-2087 <a href="http://www.hangerclinic.com">www.hangerclinic.com</a> Fax: 360-405-6303 <b>Performance Home Medical</b> 360-377-0164 <a href="http://performancehomemed.com">http://performancehomemed.com</a> Fax: 360-813-1028	

Table 28. WIC numbers and medical equipment contact information, Kitsap County, 2023

<b>Children with Special Health Care Needs Program Referrals</b>	
<a href="http://www.kitsappublichealth.org/cshcn">www.kitsappublichealth.org/cshcn</a> <span style="float: right;">360-728-2235</span>	
<b>Financial Assistance, Health Insurance and Transportation</b>	
<b>Developmental Disabilities Administration</b> 1305 Tacoma Ave., S, Suite 300 Tacoma, WA 98402 <a href="http://www.dshs.wa.gov/dda">www.dshs.wa.gov/dda</a> Kitsap County Field Office	<b>Department of Social &amp; Health Services (DSHS)</b> 4710 Auto Center Blvd, Bremerton, WA 98312 <a href="http://www.washingtonconnection.org">www.washingtonconnection.org</a> *SSI, Cash & Food Assistance
<b>Health Insurance Sign-up</b> <a href="http://www.wahealthplanfinder.org">www.wahealthplanfinder.org</a>	<b>Health Insurance Navigator Support</b> <a href="https://kitsappublichealth.org/CommunityHealth/insurance.php">https://kitsappublichealth.org/CommunityHealth/insurance.php</a> *In person or via phone 8:30am-4pm.
<b>Supplemental Security Income (SSI)</b> 9594 Mickelberry Rd NW Silverdale, Wa 98383 <a href="http://www.ssa.gov">www.ssa.gov</a>	<b>Housing Solutions Center</b> <a href="https://www.kcr.org/housing/">https://www.kcr.org/housing/</a> <b>Kitsap County Free Meals &amp; Food Banks or call 211</b>
<b>Paratransit</b> <a href="http://www.wanemt.com">www.wanemt.com</a>	<b>Fishline</b> *Serves the North Kitsap Community by providing food, emergency services and resources. <a href="http://fishlinehelps.org/">http://fishlinehelps.org/</a>
<b>Child Development, Therapy Services and Screening Programs</b>	
<b>Holly Ridge Center</b> 5112 NW Taylor Rd Bremerton, WA 98312 <a href="http://www.hollyridge.org">www.hollyridge.org</a> *Screening, evaluation & service coordination for infants & toddlers age 0-3.	<b>St. Michael's Medical Center Pediatric Rehabilitation Srv.</b> 1780 NW Myhre Rd., Suite 2140 Silverdale, WA 98383 <a href="https://www.chifranciscan.org/health-care-services/rehabilitation-services/outpatient-therapy/pediatric-rehabilitation">https://www.chifranciscan.org/health-care-services/rehabilitation-services/outpatient-therapy/pediatric-rehabilitation</a>
<b>Center for Child and Family Therapy</b> Locations in Bremerton & Port Orchard <a href="https://ccftherapy.com/">https://ccftherapy.com/</a>	<b>Mary Bridge Children's Health Center</b> <a href="http://www.multicare.org/mary-bridge-childrens-health-center">www.multicare.org/mary-bridge-childrens-health-center</a> Development services scheduling <b>Children's Therapy Unit</b>
<b>Kitsap Children's Therapy</b> 19319 7 <sup>th</sup> Ave, Suite 104 Poulsbo, WA 98370 <a href="https://www.kitsapchildrenstherapy.com/">https://www.kitsapchildrenstherapy.com/</a>	<b>Seattle Children's Hospital</b> Family Resource Center <a href="http://www.seattlechildrens.org">www.seattlechildrens.org</a>
<b>Child Find Screenings</b> <a href="https://www.oesd114.org/Page/519">https://www.oesd114.org/Page/519</a> *Free screening services for children age 3-21 through the child's school district.	<b>Olympic Peninsula Autism Center (OPAC)</b> 3100 NW Bucklin Hill Rd NW Ste. 215 Silverdale, WA 98383 <a href="https://www.easterseals.com/washington/our-programs/autism-asd-services/autism-center.html">https://www.easterseals.com/washington/our-programs/autism-asd-services/autism-center.html</a>
<b>Nilsson Audiology &amp; Hearing Aid Clinic LLC</b> Port Orchard Audiologists Northwest Bremerton WA.	<b>Link Audiology</b> 9576 Ridgetop Blvd, Suite 103 Silverdale WA. 98383 <a href="http://linkaudiology.com/services/pediatrics">http://linkaudiology.com/services/pediatrics</a>
<b>Childcare and Education Services</b>	
<b>Bainbridge Island School District</b> <a href="#">Special Education</a> <a href="#">Health Services</a> <b>Bremerton School District</b> <a href="#">Special Education</a> <a href="#">Health Services</a> <b>Central Kitsap School District</b> <a href="#">Special Education</a> <a href="#">Health Services</a> <b>North Kitsap School District</b> <a href="#">Special Education</a> <a href="#">Health Services</a> <b>South Kitsap</b> <a href="#">Special Education</a> <a href="#">Health Services</a> <b>Office of Education Ombudsman</b> *For questions or concerns affecting any public K-12 student.	<b>Early Head Start/Head Start</b> <a href="#">OESD 114</a> <a href="#">Kitsap Community Resources</a> *Free, income qualifying childcare, preschool or home based program. <b>Child Care Aware Referral Line:</b> <a href="http://wa.childcareaware.org">http://wa.childcareaware.org</a> <b>Naval Base Kitsap School Liaison Officer</b> *Primary contact between the military Installation, the local schools/school districts, transitioning families and the community. <b>Partnership for Action Voices for Empowerment (PAVE)</b> <a href="http://wapave.org">http://wapave.org</a> *Information training & support for those with disabilities, especially re: IEP's/504's.

Table 29. Children with special needs referral list

Information, Support, Advocacy			
Local		Statewide	
<b>The Arc of the Peninsulas</b> <a href="https://www.penarc.org/">https://www.penarc.org/</a> *Information and referrals to individuals with developmental disabilities and their families.	360-377-3473	<b>Within Reach Family Health Hotline</b> <a href="http://www.ParentHelp123.org">www.ParentHelp123.org</a>	800-322-2588
		<b>Adolescent Health Transition Project</b> <a href="http://depts.washington.edu/healthtr">http://depts.washington.edu/healthtr</a>	206-685-1350
<b>Stephens Neighborhood</b> <a href="https://stephensneighborhood.org/">https://stephensneighborhood.org/</a> *Fostering Support for Young Adults with Special Needs in North Kitsap.		<b>Center for Children with Special Needs</b> <a href="http://www.cshcn.org">www.cshcn.org</a>	206-987 3736 Fax: 206-884-5741
<b>Bainbridge Island Special Needs Foundation</b> <a href="http://www.bispecialneedsfoundation.org">www.bispecialneedsfoundation.org</a>	206-780-1211	<b>Children's Hydrocephalus Support Group</b> <a href="http://www.hydrosupport.org/about-us/">http://www.hydrosupport.org/about-us/</a>	
<b>Children &amp; Adults with Attention Deficit Disorder</b> <a href="http://www.chadd.net/531">www.chadd.net/531</a>	360-779-5362	<b>Dads M.O.V.E</b> <a href="https://www.dadsmove.org/">https://www.dadsmove.org/</a>	253-230-3558
<b>EFMP Naval Base Kitsap (Exceptional Family Member Program)</b>	360-396-5469	<b>Family Youth and System Partner Round Tables</b> Clallam/Jefferson/Kitsap Contact: Jill McCormick * A community forum for addressing behavioral health barriers & challenges.	253-565-2266
<b>Island Time Activities</b> <a href="http://islandtimeactivities.org">http://islandtimeactivities.org</a>	206-842-5594	<b>Family Voices</b> <a href="http://www.familyvoicesofwashington.com">www.familyvoicesofwashington.com</a>	800-572-7368
<b>Kitsap Accessible Family Events</b> <a href="https://www.facebook.com/kitsapaccessibleevents/">https://www.facebook.com/kitsapaccessibleevents/</a>		<b>Father's Network</b> <a href="http://www.fathersnetwork.org">www.fathersnetwork.org</a>	425-653-4286
		<b>F.E.A.T of WA (Families for Effective Autism Treatment)</b> <a href="https://www.feata.org/">https://www.feata.org/</a>	425-223-5126
<b>Kitsap County Parent Coalition</b> <a href="http://kitsapcountyparentcoalition.com">http://kitsapcountyparentcoalition.com</a> *Support through advocacy, education & information sharing.	360-373-2502 ext. 100	<b>Learning Disabilities Association of WA</b> <a href="http://www.ldawa.org">www.ldawa.org</a>	425- 882-0820
<b>Kinship Care Support</b> <a href="https://www.dshs.wa.gov/altsa/home-and-community-services-kinship-care/kinship-care">https://www.dshs.wa.gov/altsa/home-and-community-services-kinship-care/kinship-care</a>	360-473-2046	<b>Lifespan Respite of WA</b> <a href="http://www.lifespanrespitewa.org">www.lifespanrespitewa.org</a>	425-740-3788
		<b>Military Special Needs Network</b> <a href="http://www.facebook.com/militaryspecialneedsnetwork/">http://www.facebook.com/militaryspecialneedsnetwork/</a>	
<b>Kitsap Legal Services</b> <a href="https://kitsaplegalservices.org/">https://kitsaplegalservices.org/</a>	360-479-6125	<b>Open Doors for Multicultural Families</b> <a href="http://www.multiculturalfamilies.org">www.multiculturalfamilies.org</a>	253-216-4479
<b>Kitsap Foster Care Association</b> <a href="https://kitsapfostercare.org/">https://kitsapfostercare.org/</a>		<b>Special Olympics WA</b> <a href="http://www.sowa.org">www.sowa.org</a>	800-752-7559
<b>Kitsap Parent Child Assistance Program (PCAP)</b> <a href="https://www.agapekitsap.org/pcap">https://www.agapekitsap.org/pcap</a> *Intensive case management for pregnant & postpartum women impacted by substance use.	360-377-0370	<b>MultiCare Home Health, Hospice &amp; Palliative Care Services</b> <a href="http://www.multicare.org/hospice">www.multicare.org/hospice</a>	253-301-6500 Fax: 253-301-6528
<b>Central Kitsap Special Education Parent Advisory Council (SEPAC)</b> <a href="http://www.facebook.com/CksdSepac">www.facebook.com/CksdSepac</a> *A working partnership between parents, professionals, educators, and the community.		<b>Washington Autism Alliance &amp; Advocacy (WAAA)</b> <a href="http://www.washingtonautismadvocacy.org">www.washingtonautismadvocacy.org</a>	
<b>Upside (Down Syndrome Support Group)</b> <a href="https://downsyndromecommunity.org/upside/">https://downsyndromecommunity.org/upside/</a>	360-308-0187	<b>Washington State Medical Home Partnership Project</b> <a href="https://medicalhome.org/">https://medicalhome.org/</a> *Tools, strategies and information for health care providers.	206-685-1279
<b>WA State Hands &amp; Voices</b> <a href="http://www.wahandsandvoices.org">www.wahandsandvoices.org</a> *Supporting families with children who are deaf, deaf-blind or hard of hearing.	425-268-7087		

Table 30. Advocacy and Information list, Kitsap County, 2023

Sensory Friendly Events and Businesses
Ahoy Kitsap Playland, Bremerton WA <a href="http://www.ahoykitsap.com">www.ahoykitsap.com</a>
Bainbridge Island Park and Recreation: 206-842-2306 <a href="http://biparks.org/recreation">biparks.org/recreation</a>
Bremerton Parks and Recreation: 360-473-5305 <a href="http://ci.bremerton.wa.us/Parks/">ci.bremerton.wa.us/Parks/</a>
Children’s Museum of Tacoma, Tacoma WA <a href="http://playtacoma.org/programs">playtacoma.org/programs</a>
CM & CS Services: Assistance with Community Engagement <a href="http://cmandcsservices.com">cmandcsservices.com</a>
DEFY Silverdale offers a Special Needs night the First Tuesday of each month from 5:00-7:00pm <a href="https://defy.com/locations/defy-silverdale">https://defy.com/locations/defy-silverdale</a>
Island Time Activities: 206-212-0145 <a href="http://www.vitalizekitsap.org">www.vitalizekitsap.org</a>
Kids Discovery Museum (KiDiMu), Bainbridge Island WA <a href="http://www.kidimu.org">www.kidimu.org</a>
Kitsap Accessible Family Events Facebook group <a href="http://www.facebook.com/kitsapaccessibleevents">www.facebook.com/kitsapaccessibleevents</a>
Kitsap Children’s Museum 2 <sup>nd</sup> Saturday of the month <a href="http://kitsapchildrensmuseum.org">kitsapchildrensmuseum.org</a>
Kitsap Regional Library <a href="http://ClassesandEventsKRL.org">Classes and Events KRL.org</a>
Outdoors for All: 206-838-6030 <a href="http://outdoorsforall.org">outdoorsforall.org</a>
Pacific Science Center, Seattle WA <a href="http://www.pacificsciencecenter.org/exploration-for-all">www.pacificsciencecenter.org/exploration-for-all</a>
Point Defiance Zoo and Aquarium, Tacoma WA <a href="http://www.pdza.org/plan-your-day/sensory-inclusive">www.pdza.org/plan-your-day/sensory-inclusive</a>
Poulsbo Parks and Recreation: 360-779-9898 <a href="http://cityofpoulsbo.com/parks-recreation">cityofpoulsbo.com/parks-recreation</a>
Seattle Mariners Autism Awareness day at the ballpark <a href="http://SeattleMarinersSpecialEvents">Seattle Mariners Special Events</a>
SEEFILM Bremerton Cinemas <a href="http://seefilm.net">seefilm.net</a>
Sensory Friendly Movie Night AMC Theaters Silverdale <a href="http://www.amctheatres.com">www.amctheatres.com</a>
Special Olympics: 206-362-4949 <a href="http://specialolympicswashington.org">specialolympicswashington.org</a>
The Hands On Children’s Museum, Olympia WA <a href="http://www.hocm.org/sensory-friendly-events">www.hocm.org/sensory-friendly-events</a>
YMCA: Bremerton, Silverdale and Gig Harbor locations <a href="http://www.ymcapk.org">www.ymcapk.org</a>

Table 31. Sensory Friendly Events and Businesses, Kitsap County, 2023

## Parent Survey Copy

### Kitsap County Head Start/ECEAP/Early Head Start 2023 Parent Survey

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

This survey is completely voluntary. Your choice to participate will in no way affect your ability to use Head Start, ECEAP or Early Head Start services.

The results of this survey will be analyzed as a group and used for program planning purposes only. Results will be shared in the 2023-24 Comprehensive Community Assessment to help guide programs and support continuous improvement.

*This is another wonderful way for you to have a voice in your child's early education and improve services to children and families. Thank you for your participation!*

Sincerely,

Jacki Haight, Port Gamble/S'Klallam Tribe

Cynthia Savini, Suquamish Tribe

Kristen Sheridan, Olympic Educational Service District 114

Jill Brenner, Kitsap Community Resources

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## CHILD CARE

Please answer the following questions by marking an 'X' in the box that best describes your situation. For some questions, you can mark more than one box.

1. Have you looked for any childcare other than Head Start/ECEAP/Early Head Start for your child(ren) ages birth to 5?
  - No **SKIP to Question #1b**
  - Yes
  
- a. What resources did you use to look for childcare? *(Mark all that apply)*
  - Online resource:
    - i. Please write:
      - From friend, neighbor, family
      - From a doctor or school resource/ referral
      - From Head Start/ECEAP/Early Head Start resources
      - From library, flyer etc.
      - From community event
      - Other referral
      - Didn't know where to look/ how to find information
      - Other: \_\_\_\_\_



b. Do you use childcare other than Head Start/ECEAP/ Early Head Start for your child(ren) ages birth to 5?

No **SKIP to Question #1d**

Yes

c. What other kind of childcare do you use for your child(ren) ages birth to 5?

*(Mark all that apply)*

Licensed/certified childcare center

Licensed/certified family childcare home

Family, friend, or neighbor provides care

Other: please describe: \_\_\_\_\_

d. What has worked well for you in using childcare outside of Head Start/ ECEAP/Early Head Start?

*(Mark all that apply)*

Hours are flexible for my schedule

Location is easily accessible

Communication is clear

Costs are more affordable

Able to find childcare with specific language or cultural needs

Social and emotional connectivity for child/parent

Other: please describe: \_\_\_\_\_

e. What are some challenges you've faced in using childcare outside of Head Start/ECEAP/Early Head Start? *(Mark all that apply)*

I haven't had any challenges

Cost too high

Hours not flexible enough for my schedule

Too far away/don't have transportation

Wait list too long/no space available

Language or cultural differences

Concerns with Covid safety

Childcare closed down

Not satisfied with quality of care

Other: please describe: \_\_\_\_\_

2. Over the course of the COVID-19 pandemic (from March 2020) did you lose Head Start/ECEAP/Early Head Start OR regular childcare arrangements for at least one day? (for example, due to COVID-19 related cancellations from babysitters, day care center, or other care providers)

Yes

No **SKIP to Question 3**

a. When this happened, was there a replacement caregiver? Please select all that applied during this period.

Yes: myself or the child's/ children's other parent

Yes: a grandparent

Yes: an adult family member

Yes: an older child family member

- Yes: an adult neighbor or friend
- Yes: an older child neighbor or friend
- No: My child(ren) stayed with a friend during the day
- No: my child(ren) took care of herself/himself/themselves
- Other: \_\_\_\_\_

3. Do you have any children with a disability?

- No **SKIP to Question #4**
- Yes

a. Have you been able to get enough help and support for our child's disability?

- No
- Yes **SKIP to Question #4**

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

- Educational materials
- Learning developmentally appropriate strategies to support my child's needs
- Additional guidance from special services providers
- Network of families/support groups
- Timely and relevant access to appropriate assessments and evaluations for services and/or treatment
- Other: please describe: \_\_\_\_\_

## PRENATAL & PREGNANCY CARE

4. If you have been pregnant in the past 5 years, please answer the following questions; if not, please skip to question #5.

a. **During your most recent pregnancy, did you get prenatal care?**

- Yes, If yes answer the following question and move to #6b

If yes, where did you access prenatal care?

- Primary Care Provider
- OB/GYN
- Family Planning Clinic (Community Health Center)
- Midwife
- Doula
- Other, please describe: \_\_\_\_\_

- No, If no, answer the following question and move to #8

If not, what as a reason keeping you from getting prenatal care?

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

- b. During your *most recent* pregnancy, how many weeks pregnant were you when you had your first visit for prenatal care (not counting a visit for only a pregnancy test or WIC)?
- 1 to 13 weeks pregnant
  - 14 to 27 weeks pregnant
  - 28 or more weeks pregnant
  - I did not go for prenatal care
  - Don't know
- c. Did you get prenatal care as early in your *most recent* pregnancy as you wanted?
- No
  - Yes
  - I did not want prenatal care
- d. What has been helpful in your prenatal care appointments?  
(Mark all that apply)
- Getting information about pregnancy/ breastfeeding/ post-natal care
  - Feeling prepared about the birth experience and expectations
  - Being linked to other programs
  - Receiving screenings for my child
  - Feeling supported in my decision-making around my pregnancy
  - Other: please describe: \_\_\_\_\_
- e. Did any of these things keep you from getting prenatal care as early as you wanted?  
(Mark all that apply)
- No, I was able to start care when I wanted to
  - Couldn't get an earlier appointment
  - Couldn't afford care/no money to pay for visits
  - Couldn't find a doctor/nurse
  - Couldn't get to office (too far away, no transportation, schedule didn't work)
  - Other: please describe: \_\_\_\_\_
- f. Did you go to a dentist or dental clinic during your *most recent* pregnancy?
- No
  - Yes → Skip to 4g
- g. What were the reasons you did not go to a dentist or dental clinic during your most recent pregnancy? (Mark all that apply)
- Didn't know I should go
  - Couldn't afford care/no money to pay for visits
  - Couldn't find a dentist/dental clinic
  - Couldn't get to office (too far away, no transportation, schedule didn't work)
  - Other: please describe: \_\_\_\_\_
- h. How long did you breastfeed your *most recent* baby?
- I didn't breastfeed at all
  - Less than 3 weeks

- 3 to 6 weeks
- 6 weeks to 3 months
- 3 to 6 months
- More than 6 months

- i. If you were unable to breastfeed your baby as long as you wanted, select why: (Mark all the apply)
- Access to breast pump
  - Unable due to work
  - Personal choice
  - Inability to access breastfeeding support services
  - Medical reasons
  - Other: please describe: \_\_\_\_\_

## HEALTH & SERVICES

5. Since March 2020 (the start of the COVID-19 pandemic spread in the United States),
- a. Has the physical health of any of your children gotten better or worse?
    - Yes, gotten better
    - Yes, gotten worse
    - No, there has been no change
  - b. Has the behavioral health of any of your children gotten better or worse?
    - Yes, gotten better
    - Yes, gotten worse
    - No, there has been no change
  - c. Has the social emotional health of any of your children gotten better or worse?
    - Yes, gotten better
    - Yes, gotten worse
    - No, there has been no change
6. What best describes the health insurance status of your child(ren):
- No insurance
  - Medicaid or the Children's Health Insurance Program
  - Private insurance from my employer
  - Private insurance purchased directly from an insurer
  - Private insurance purchased on a health insurance exchange
  - TRICARE
  - Other
7. Thinking about the amount of stress in your life, would you say that most days are...
- Not at all stressful
  - Not very stressful
  - A bit stressful
  - Quite a bit stressful
  - Extremely stressful

8. Thinking about your emotional well-being, which includes stress, depression or problems with emotions, how many days during the past 30 days was your emotional well-being a concern?
- Options should be
  - Not at all
  - Several days
  - More than half the month
  - Nearly the whole month
9. How often on average do you participate in some form of physical activity such as walking, jogging, swimming, going to the gym, bicycling, gardening, etc. for exercise? Would you say...
- At least 5 times a week
  - At least 3 times a week
  - At least once a week
  - Less often than once a week
  - Not at all
10. Have you smoked cigarettes or other tobacco products (including vapes), even just a puff, in the past 30 days?
- No
  - Yes
11. Since March 2020 (the start of the COVID-19 pandemic spread in the United States),
- a. Has your own physical health gotten better or worse?
    - Yes, gotten better
    - Yes, gotten worse
    - No, there has been no change
  
  - b. Has your own mental health gotten better or worse?
    - Yes, gotten better
    - Yes, gotten worse
    - No, there has been no change
12. Which of the following statements best describes your household's ability to afford the food you need?
- We can always afford good nutritious meals
  - We can always afford enough to eat but not always the kinds of food we should eat
  - Sometimes we cannot afford enough to eat
  - Often we cannot afford enough to eat
13. I access the following services to support my family's food needs. (Mark all that apply)
- Food Bank
  - Local food pantry
  - WIC
  - Churches
  - SNAP/EBT
  - Farmers Markets
  - Grocery store
  - Community or personal garden

- Food Co-op
- Other \_\_\_\_\_

**HOUSING & NEIGHBORHOOD**

14. Please identify your agreement to the following statements regarding your home and neighborhood.

Statement	Strongly Disagree	Disagree	Neither Disagree not Agree	Agree	Strongly Agree
I have consistent electricity for cooking and home heating					
I have a place to store food in my home					
I can dispose of refuse in my home					
My neighborhood feels safe to walk in					
My neighborhood is well lit					
Amenities are accessible to me					
I have access to public transportation					
I feel safe from crime					
My home has clean drinking water					
My neighborhood is clean					
I have access to good sidewalks and/or bike lanes					
My neighborhood isn't impacted by substance use disorders, including prescription drugs					
I feel connected to neighbors					
My neighbors are willing to help each other					

15. Which of the following best describes your housing? (mark all that apply)

- Rent apartment or home    Home with mortgage    Home you own (no mortgage)  
 With another person(s)                       Shelter     Living in car  
 Living outside                                       Something Else (Please Elaborate):
- 

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

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

17. Has your family had to move or relocate due to housing costs?

- Yes  
 No

**DEMOGRAPHIC INFORMATION**

The following section asks questions about you. You cannot be identified by these responses and responses will not impact services you receive.

18. What is your zip code where you live?

— — — — —

19. Have you moved in the last six months?

- No                       Yes

20. What language is spoken most often in your home?

- English
- Other language, please describe: \_\_\_\_\_

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

- No
- Yes
- Don't know

22. How many children do you have? \_\_\_\_\_ How many total persons live with you? \_\_\_\_\_

23. What is your employment status?

- Full-Time- With benefits
- Full-Time- No benefits
- Part-Time – With benefits
- Part-Time – No benefits
- Unemployed/job searching
- Unemployed/not searching
- Retired

24. If you have any barriers to desired employment, which of the following are your barriers? (mark all that apply)

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

25. Do you have reliable transportation? YES NO

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

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

27. Please circle the appropriate response under each heading:

Age	Marital Status	Race/ Ethnicity (mark all that apply)	Gender	Monthly Household Income
Under 20	Single	Black or African American	Male	No Income
20-29	Married	White or Caucasian	Female	Less than \$500
30-39	Divorced	Asian or Asian American	Transgender Male	\$501-\$1,000
40-49	Widowed	Native Hawaiian or Other Pacific Islander	Transgender Female	\$1,001- \$2,000



50-59	Separated	American Indian or Alaskan Native	Non-Binary	Above \$2,000
60-69		Hispanic/Latino		
70+				

28. Which of the following is the highest level of education you have completed?

- Did not start high school
- High school graduate/ GED
- Completed 2 year or technical school degree
- Completed 4 year college
- Some high school
- Some College or technical school
- Completed Master/Doctorate degree

**Thank you for completing this survey!**

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