Consistent with nationwide trends, chronic illnesses are among the leading causes of death and hospitalization in Kitsap County. Chronic diseases place physical, social, emotional, and economic burdens on affected residents, as well as the healthcare systems that serve them.

TOpic Overview

Chronic diseases are defined broadly as conditions that last one year or more and require ongoing medical attention or limit activities of daily living or both.\(^2\)

Nationally, chronic diseases are the leading causes of death and disability, according to the Centers for Disease Control and Prevention (CDC), and they are also a leading driver of health care costs. Six in 10 Americans live with at least one chronic disease.

Many environmental factors, such as the ability to walk or bike to work or school, and access to nutritious food, can contribute to risk behaviors, such as not getting enough physical activity, poor nutrition, and smoking. This can lead to risk conditions, such as obesity, high cholesterol, and high blood pressure, resulting in chronic diseases, such as heart disease, stroke, and diabetes.

Certain behaviors, genetics, financial factors, environment, healthcare access, caregiving, support structures, mental health, and many other factors all play a role in increasing an individual’s risk of developing chronic illnesses.\(^3\)

Many prevention interventions focus on key behaviors, such as eating a variety of nutritious foods and drinks, being physically active, avoiding tobacco and excessive alcohol consumption, and getting regular health screenings. However, increasingly public health models that encompass the broader set of risk and protective factors contributing to chronic disease are being used as frameworks for developing more effective prevention strategies that meet community needs.\(^4,5,6\)

This chapter will cover heart disease, diabetes, obesity, and cancer. Other diseases that are often chronic, such as mental and behavioral health conditions, will be covered in other chapters in this report.
KEY FINDINGS

Three main priority areas were identified from available public health data; these were selected based on changes over time for Kitsap residents, differences between Kitsap and Washington, and Kitsap resident input. They include:

Heart disease

In 2021, more than one in three Kitsap adult residents (35%) reported having been diagnosed with high blood pressure, one of the risk factors for heart disease. More than one in three (34%) reported having been diagnosed with high cholesterol, another risk factor.

Heart disease was the second leading cause of death in Kitsap in 2021 and among the top three for all adult age groups (18-34, 35-64, and 65 and older), making it a key focus area for prevention.

Weight

From 2010 to 2021, there have been increasing trends in the percentage of Kitsap adults and 10th graders who classify as overweight or obese.

In 2021, two in three Kitsap County adults (66%) and more than one in four 10th graders (29%) reported a height and weight that classified as overweight or obese.

Cancer

Cancer, in its many forms, has been the leading cause of death and premature death in Kitsap every year since at least 2000. This makes it a key candidate for prevention initiatives.

However, none of the three cancers reviewed (breast, cervical or colorectal) had concerning trends or comparisons to statewide rates. More investigation into the role that each of these cancers plays as a cause of death would be beneficial.

KEY DISPARITIES

While the findings from this report provide evidence of disparities in Kitsap County across multiple indicators, the following were identified as the most significant and are not a complete list of all disparities:

Income level and educational attainment

- Disparities exist along economic lines (such as income level and educational attainment) for many chronic disease metrics in Kitsap, similar to published findings from other areas of the United States.
  - In Kitsap, these differences were seen across heart disease, diabetes and weight indicators, including high blood pressure diagnosis (education and income), high cholesterol diagnosis (education), diabetes (education and income), physical activity levels in adults (education and income), and overweight and obesity in adults (education).
  - Although economic subgroup data was not available for youth, physical activity and overweight/obesity in youth differed between higher median income areas such as Bainbridge Island and lower median income areas such as Bremerton.

- Another economic disparity is suggested by differences in cancer screening rates for cervical, breast and colorectal cancer between Medicaid beneficiaries and the general population. Unfortunately, general population screening data, collected through weighted survey responses, are not collected in the same way that Medicaid screening data is collected (through claims data), so they are not comparable. More information and investigation into these suggested differences is needed.

*Note: Several social and economic factors that can affect screening rates and access to preventive and treatment services, such as healthcare access, insurance coverage and transportation, also factor into these disparities.*
BACKGROUND & DEMOGRAPHICS

Like the rest of the United States, chronic diseases, such as heart disease, stroke, cancer, and diabetes, impact Kitsap residents. In 2021, chronic diseases contributed to at least seven of the top 10 leading causes of death in Kitsap residents.

Cancer and heart disease have topped the list of leading causes of death and premature death (before the age of 65) in Kitsap for more than 10 years. Other chronic diseases in the top 10 causes of death locally include Alzheimer’s disease, stroke, chronic lower respiratory diseases, diabetes, and chronic liver disease.

In addition, there are chronic conditions and long-standing functional disabilities, such as mental health conditions and dental disease, that may not be directly associated with causing death but place additional burden on our community.9

There are many chronic diseases and conditions not mentioned, or mentioned only briefly, in this chapter, such as Alzheimer’s disease and asthma. Within a broad definition of chronic disease, there are many areas where further investigation would be beneficial in determining more and different avenues for improving the health of Kitsap residents.10 11

HEART DISEASE

Heart disease is the first leading cause of death in the United States, affecting more than 877,500 Americans every year.12 For Kitsap residents, heart disease was the second leading cause of death in 2021 and in the top three for all adult age groups (18-34, 35-64 and 65 and older). Often seen as a disease of the elderly, heart disease affects younger adults in Kitsap as well as older adults, ranking as the third leading cause of premature death (before the age of 65) for Kitsap residents.

There are several direct and indirect causes of heart disease that make its prevention complicated to understand. The leading risk factors for heart disease are heredity, age, high blood pressure, high low-density lipoprotein (LDL) cholesterol, diabetes, smoking and secondhand smoke exposure, obesity, unhealthy diet, and physical inactivity. 13 14 No model of heart disease would be complete without considering the many upstream elements that influence the development of these risk factors, such as mental health, economic factors, access to affordable healthcare, and many others.

High blood pressure

The CDC names high blood pressure as the leading cause of heart disease because it damages the lining of the arteries, making them more susceptible to buildup of plaque, narrowing the arteries that lead to the heart. Nationwide, almost one in two U.S. adults have high blood pressure.15

In 2021, more than a third (35%) of adults in Kitsap County reported ever being told by a doctor, nurse, or other health professional that they had high blood pressure, similar to Washington state’s rate. Kitsap’s rate has not statistically significantly increased or decreased over time since 2011.

Disparities in high blood pressure diagnosis by a healthcare professional existed, especially along economic lines (Figure 1), which make it important to note that there are several social and economic factors that can affect screening rates for high blood pressure.
In data from 2011 to 2021, a disparity existed between those who did not graduate high school and those who graduated from college or technical school, with about 45% of those who did not graduate high school reporting having ever had high blood pressure compared to 28% of those who graduated from college or technical school.

Those with household incomes less than $25,000 also had a higher percentage reporting high blood pressure (42%). The difference in reported high blood pressure between those with household incomes less than $25,000 and those with household incomes of $75,000 to $100,000 (26%) was statistically significant.

Disparities exist by geography as well (Figure 2). The geographic area of the county with the lowest percentage of residents reporting high blood pressure was North Kitsap, with about a quarter (25%), while South Kitsap had a statistically significant difference, with 41% reporting high blood pressure. Bainbridge Island, Bremerton and Central Kitsap had about a third (36%, 33% and 33% respectively) reporting high blood pressure.

**Figure 1:** Kitsap adults reporting high blood pressure by education and income level, 2011-21

**Data source:** Washington Department of Health, Behavioral Risk Factor Surveillance System (BRFSS)

Disparities exist by geography as well (Figure 2). The geographic area of the county with the lowest percentage of residents reporting high blood pressure was North Kitsap, with about a quarter (25%), while South Kitsap had a statistically significant difference, with 41% reporting high blood pressure. Bainbridge Island, Bremerton and Central Kitsap had about a third (36%, 33% and 33% respectively) reporting high blood pressure.

**Figure 2:** Kitsap adults reporting high blood pressure by subcounty region, 2011-21

**Data source:** Washington Department of Health, Behavioral Risk Factor Surveillance System (BRFSS)

**Note:** Geographic region is based on ZIP code rollup.
High cholesterol

High low-density lipoprotein (LDL) cholesterol can double a person’s risk of heart disease because excess cholesterol builds up in the walls of arteries and limits blood flow to a person’s heart, brain, kidneys, other organs, and legs. The CDC estimates that only about half (55%) of the US adults who could benefit from cholesterol medication are currently on it. Eating a healthy diet that is low in sodium, being physically active and maintaining a healthy weight can also improve cholesterol levels.

In 2021, about a third (34%) of adults in Kitsap reported ever being told by a doctor, nurse or other health professional that they had high cholesterol. This was similar to Washington State’s rate and had a decreasing trend since at least 2011.

Similar to high blood pressure, disparities in high cholesterol diagnosis by a healthcare professional existed, especially along economic lines (Figure 3). In data from 2011 to 2021, a disparity existed between those who did not graduate high school and those who did, with almost two-thirds of those who did not graduate high school (63%) reporting having ever had high cholesterol compared to only one third of those who graduated from college or technical school (33%). There were small differences in high cholesterol seen by household income level, but the differences are not statistically significant.

Figure 3: Adults reporting high cholesterol by educational attainment and income level, 2011-21

Data source: Washington Department of Health, Behavioral Risk Factor Surveillance System (BRFSS)
DIABETES

Diabetes is a chronic health condition that affects how your body turns food into energy. A person with diabetes cannot make enough insulin or cannot use insulin as well as they should. This section combines data for type 1 and type 2 diabetes but does not include gestational diabetes.

In 2021, 11% of adults in Kitsap reported ever being told by a doctor, nurse or other health professional that they had diabetes. Overall, from 2011 to 2021, there was no statistically significant trend in Kitsap, and Kitsap’s rate in 2021 was similar to the state’s rate (9%).

Like metrics for high blood pressure and high cholesterol, disparities in diabetes diagnosis by a healthcare professional existed along economic lines (Figure 4). From 2011 to 2021, the lowest rates of diabetes were in those who graduated from college or technical school (7%) and the highest were among those who did not graduate high school (14%).

In addition, for each increasing household income bracket, there was a lower percentage of respondents reporting diabetes diagnosis, from 17% for those with less than $25,000, to 11% for those $25,000 to less than $50,000, to 10% for those $50,000 to less than $75,000, to 7% for those $75,000 to less than $100,000, and 5% for those who reported household incomes of $100,000 or more.

The CDC recommends that people diagnosed with diabetes receive a Hemoglobin A1c (HbA1c) test at least twice per year to monitor blood sugar levels. Commonly called simply an A1c test, an HbA1c test is used to diagnose diabetes and then, once diagnosed, to monitor how well diabetes treatment is working over time. From July 2021 to June 2022, nearly one in five Kitsap Medicaid beneficiaries aged 18 to 75 who had been diagnosed with type 1 or type 2 diabetes (18%) did not receive any HbA1c testing. This percentage was slightly lower than Washington’s percentage (20%), however the difference was not statistically significant.

Figure 4: Kitsap adults reporting being told they have diabetes by household income level, 2011-21

Data source: Washington Department of Health, Behavioral Risk Factor Surveillance System (BRFSS)
WEIGHT

Maintaining a healthy weight and engaging in regular exercise are important to help prevent and control many physical diseases and conditions, as well as providing mental health benefits. Many chronic diseases are heavily affected by weight and share the same root causes, such as high-calorie diets with low nutritional value and a lack of physical activity. Many other factors can contribute to a person’s weight, including environment, family history and genetics, metabolism, behaviors and habits.

A variety of outdoor and community activities are available in Kitsap, many of which help to keep our residents active and healthy. In the Kitsap Community Resources 2022 survey, almost one in five residents (18%) reported having found community activities for families, such as parks, recreation sports and children’s sports programs, helpful for them in the past year. Additionally, 5% of respondents found after-school activities, such as school sports, Parent-Teacher Association (PTA) and clubs, helpful.

Social and economic factors can greatly affect a person’s ability to take advantage of physical activity and healthy eating recommendations. See the Demographics & Social Determinants of Health chapter for more information about housing and food insecurity. Our built environment and accessibility to activities, organizations, food options and free time all play a role in our ability to live healthy lives.

When talking about weight and obesity, it’s important to note the limitations of the measure most used to determine healthy weight limits, the body mass index (BMI). BMI is an estimate of body fat and a gauge of risk for diseases that can occur with more body fat, however it is not a perfect measure for all individuals. In June 2023, the American Medical Association (AMA) adopted new policy clarifying the use of the BMI in medicine. It notes that the BMI is “significantly correlated with the amount of fat mass in the general population but loses predictability when applied on the individual level.”

The BMI does not adequately account for differences within and between demographic groups, such as race and ethnicity, age, and gender. BMI may also overestimate body fat in athletes and those with muscular build and underestimate body fat in older people or people who have lost muscle. Most of our data is based on BMI calculations, because of the ease of collection of that data and the lack of a good alternative measure of healthy weight. Because of the limitations, data based on BMI, including the following data, should be reviewed and shared with care, especially subgroup data.

Physical activity in adults

In 2019, 63% of Kitsap residents responding to the Behavioral Health Risk Factor Surveillance System (BRFSS) survey reported getting at least two and a half hours of physical activity outside of their regular job each week. There was no statistically significant trend from 2011 to 2019 and Kitsap’s rate was similar to Washington’s in 2019.

From 2011-2019, Kitsap respondents aged 65 and older had a higher percentage reporting at least two and a half hours of physical activity weekly (68%) compared to those aged 18 to 34 (56%). This difference was statistically significant.

Like the metrics for high blood pressure, high cholesterol and diabetes, disparities in reported physical activity existed along economic lines (Figure 5). Those who graduated from college or technical school had higher percentages (71%) compared to those who did not have any education after graduating high school (51%).
Those in the highest household income bracket (more than $100,000) had the highest percentage (81%) and each step down in income bracket had a lower percentage, with 49% of respondents in the less than $25,000 group reporting at least 2.5 hours of physical activity weekly. The difference between those in the more than $100,000 group and all other income groups was statistically significant. (Figure 5)

Geographic differences exist as well. Those in the Bainbridge Island geographic region reported the highest percentage in Kitsap (77%). The difference between Bainbridge Island and each of the other geographic regions was statistically significant, with the lowest percentage in Bremerton (55%).

![Figure 5: Kitsap adults who report at least 2.5 hours of physical activity weekly by income level, 2011-19](data:image/png;base64,iVBORw0KGgoAAAANSUhEUgAAAgAAAAAbCAYAAAEuK6NgAAAABGdBTUEAALGPC/xhBqJIAAA1s0eGh4uAAAAQ0lEQVQI12P4/wAANAoAAeLJgAAAAASUVORK5CYII=)

Data source: Washington Department of Health, Behavioral Risk Factor Surveillance System (BRFSS)

### Physical activity in youth

Interestingly, among public school students in 2021, the percentage of students reporting at least 60 minutes of physical activity on at least five days a week was about the same across grade levels. More than half of 6th graders (51%), 52% of 8th graders, 47% of 10th graders, and 46% of 12th graders reported this level of physical activity. There were no statistically significant trends or differences from Washington State for any of the grades.

For the combined group of 6th, 8th, 10th and 12th graders in 2021, there were many differences across subgroups. The only statistically significant difference by race and ethnicity was for students identifying as multiracial, who had the highest percentage (54%), compared to students identifying as Hispanic or Latino, who had the lowest percentage (43%). There was a statistically significant difference between Bainbridge Island students (61%) and all other geographies (50% for Central Kitsap and North Kitsap, 46% for Bremerton and 45% for South Kitsap).

Students who identified as gay, lesbian, bisexual or something other than heterosexual reported lower percentages being physically active (37% compared to 55% for students who identified as heterosexual).

Students who identified their gender as female had lower percentages (45%) compared to students who identified as males (56%), while those who identified as transgender, questioning or something other than male or female had the lowest percentage (34%).

### Overweight, obese classifications in adults

In 2021, about two-thirds (66%) of adults in Kitsap County were classified as overweight or obese, which was defined as a body mass index (BMI) of 25.0 or more. BMI is calculated based on a person’s height and weight. Kitsap’s rate had an increasing trend from 2011 to 2021 and was about the same as Washington’s rate (64%) in 2021.
In data from 2011 to 2021 combined, the educational level with the lowest rate of overweight and obese was those who had graduated from college or technical school.

Among race and ethnic groups, those who identified as Asian had a lower percentage reporting a height and weight associated with overweight or obesity (45%) compared to those who identified as white (66%) and Hispanic or Latino (69%). These differences were statistically significant.

Residents of Bainbridge Island had the lowest rate geographically, with 50% reporting a height and weight classified as obese or overweight (Figure 6). Statistically significant differences existed between Bainbridge Island residents and residents of Bremerton (65%), Central Kitsap (66%) and South Kitsap (69%). A statistically significant difference existed between male (72%) and female (59%) respondents as well.

In 2021, 29% of Kitsap 8th grade students were considered overweight or obese. This percentage was approximately the same each year the survey was asked from 2010 to 2021 and similar to Washington’s percentage (33%). For both 10th and 12th grade students, the percentage has been increasing from 2010 to 2021 in a statistically significant trend. A very
similar percentage of 10th and 12th graders in Kitsap (29% and 28% respectively) was considered overweight or obese compared to Washington (30% and 30% respectively).

For 10th grade students in 2021, white students had the lowest percentage reporting a height and weight classified as overweight or obese (26%), compared to 47% for students identifying as Native Hawaiian or Pacific Islander, who had the highest percentage.

Students on Bainbridge Island had the lowest percentage (13%), statistically significantly lower than any other geographic region (Figure 7). Bremerton students had the highest percentage (39%), followed by South Kitsap (34%), Central Kitsap (29%), and North Kitsap (28%).
CANCER

Cancer, in its many forms, has been the leading cause of death in Kitsap every year since at least 2000. Cancer is also the leading cause of premature death, causing 121 premature deaths in Kitsap in 2021 and resulting in almost 1,000 years of life lost (the hypothetical number of years a person would have lived if they had not died prematurely, assuming they would have lived to age 65.)

Engaging in healthy practices, such as abstaining from tobacco use, eating a healthy diet, maintaining a healthy weight, wearing sun protection, and vaccination when appropriate, can help lower the risk of cancer. Completing all recommended screening tests is the best way to ensure early detection of cancer during the time when treatments work best and screening tests can sometimes allow for removal of precancerous lesions before cancer develops.24

Arguably one of the most substantial impacts of the COVID-19 pandemic were the massive disruptions to health care, employment, and social interaction. One specific area where this can already be observed is cancer. Multiple studies observed delays in cancer diagnosis and treatment, as well as disruptions in cancer treatments, during the first year of the COVID-19 pandemic.25 26 An analysis of Veterans Affairs data showed a 45% decrease in colonoscopies and a 30% decrease in prostate biopsies in 2020 compared to the previous two years; further, they found that incidence of cancer diagnoses paralleled these screening data, supporting the hypothesis that decrease in cancer incidence may be an artifact of decreased screening.27

Later and missed diagnoses can result in poorer prognosis and fewer treatment options, which may result in a higher incidence of cancer-related death in the coming years. Missed diagnoses and more aggressive treatments can also reduce an individual’s immune response, rendering them more susceptible to infections.

Cervical cancer

A Pap smear, or Pap test, is a procedure to test for cervical cancer in women. When combining the years 2018 and 2020, over three quarters of female Kitsap residents between the ages of 21 and 65 reported having a Pap test in the past three years (76%). There was no statistically significant change from 2014/2016 to 2018/2020 and no difference compared to Washington State.

There was a statistically significant difference between residents whose highest educational attainment was graduating from high school (73.1%) and those who had graduated from college or technical school (86.4%).

From July 2021 to June 2022, fewer than half (48%) of Kitsap’s female Medicaid beneficiaries aged 21 to 64 were screened for cervical cancer, which was slightly — but statistically significantly — above the overall state rate (46%).

After adjusting for age differences, there were approximately six cases of cervical cancer newly diagnosed from 2018 to 2020 in Kitsap females for every 100,000 female residents. There was no statistically significant trend over time from 2002-04 to 2018-20, and Kitsap’s rate (6.3) in 2018-20 was similar to the state’s rate (6.6). See the Methods chapter for more information about adjusting for age.

Breast cancer

When combining the years 2018 and 2020, 74% of females between the ages of 50 and 74 in Kitsap reported having a mammogram in the past two years. This percentage was similar to Washington State’s percentage (75%) and has shown
no statistically significant change from 2014-2016 to 2018-2020. From July 2021 to June 2022, 47% of Kitsap female residents aged 50 to 74 using Medicaid had received a mammogram to screen for breast cancer, a percentage that is higher than Washington State’s percentage of 43%. This difference is statistically significant.

After adjusting for age differences, there were 133 newly diagnosed cases of breast cancer in 2020 in Kitsap females for every 100,000 female Kitsap residents. There has been a statistically significant decreasing trend over time from 2000 to 2020, and Kitsap’s rate in 2020 was similar to the state’s rate (151 per 100,000).

Across racial and ethnic groupings, the lowest rate was seen in those who identified as multiracial (65 per 100,000). Differences that were statistically significant were seen in those who identified as Native Hawaiian or Pacific Islander (263 per 100,000) and white (160 per 100,000). Central Kitsap residents had the lowest rate geographically (138 per 100,000), followed by Bremerton (141), South Kitsap (151), North Kitsap (170) and Bainbridge Island (197).

**Colorectal cancer**

In 2020, the guidelines for colorectal cancer screening were expanded to include recent advances in screening technologies and the recommendation to begin screening at age 45 rather than 50 for residents with an average risk of colorectal cancer.28

Colorectal cancer screening rates for people aged 50 to 75 have remained unchanged since at least 2014 and are similar to rates reported in Washington state. In 2018, approximately 76% of respondents to the BRFSS survey aged 50 to 75 reported having been screened by one of the recommended methods within the recommended timeframe. With the increased methods recommended in 2020, that percentage increased but due to the small number of respondents was less reliable and therefore suppressed.

From July 2021 to June 2022, only 38% of Kitsap residents aged 50 to 75 using Medicaid had an appropriate screening for colorectal cancer (similar to Washington state).

Colorectal cancer incidence has been decreasing in Kitsap from 2000 to 2020, a trend that is statistically significant. In 2020, Kitsap County reported 29 cases of colorectal cancer per 100,000 residents, and Washington state reported 30 per 100,000.
COMMUNITY ASSETS

There are many community members and organizations striving to improve the health of our community by working directly on chronic diseases. Many more are working on underlying issues. The following is a short list of those working directly on preventing chronic diseases:

**Heart disease**

Heart.org provides information about cardiovascular disease and congenital heart disease resources for individuals, families and caregivers in Washington State.

**Cancer**

Kitsap Cancer Services provides services to cancer patients and their families in Kitsap County by promoting financial, emotional, and physical wellbeing.

The American Cancer Society has programs and services to help patients manage cancer treatment and recovery and find needed emotional support.

The Susan G. Komen Foundation provides breast cancer education, financial assistance for patients, and a breast care helpline that also connects patients to local resources.

The Kingston-based Kathleen Sutton Fund assists with travel expenses for women undergoing cancer treatment.

Virginia Mason Franciscan Health (VMFH) has outpatient services that include support groups, spiritual support and survivorship planning.

**Nutrition and healthy living**

Kitsap Community Resources houses the Women, Infants and Children (WIC) program, which provides support for pregnant women, nursing moms, and children under five to improve access to healthy foods, receive health education and screening services, increase breast feeding and access other health and social services.

The Kitsap County Division of Aging and Long-Term Care provides various nutrition services for older adults, including providing meals at regular sites around the county, the Senior Farmers’ Market Nutrition Program SFMNP) which provides nutrition education and vouchers to authorized farmers’ markets, and contracts with Meals on Wheels Kitsap for Senior Nutrition Services to provide home-delivered meal services in our county. They also provide the Senior Information and Assistance line, which a general resource for older adults that can help them find not only food, but social activities like physical activity programs.

Food banks and food-related resources can be found at North Kitsap Fishline, Central Kitsap Food Bank, ShareNet (Kingston and surrounding areas), South Kitsap Helpline, Helpline House (Bainbridge Island), Bremerton Foodline, Salvation Army, and St. Vincent de Paul. Fishline Foodbank and Comprehensive Services provides a Healthy Foods Market, stocked with fresh fruits and vegetables, meat, dairy, and dry/canned goods, as well as healthy recipes.

The Washington State SNAP-Ed program improves health equity through projects and interventions that support healthy lifestyle behaviors, prevent obesity, and increase of food security. Kitsap County is a participating county.

There are farmers markets in Poulsbo, Bainbridge Island, Bremerton and Port Orchard, and many accept EBT cards, WIC.
checks, and senior electronic benefits. Some markets participate in SNAP Market Match, a program that matches up to $25 at select farmers markets and Farm Stands per day.

Kitsap Fresh is a food hub and producer-owned cooperative providing an online marketplace where local farmers and producers sell and customers access source-identified products on the Kitsap Peninsula.

Kitsap Community Food Co-Op is a cooperatively owned grocery store that connects our local community with quality food, products and access to information that promotes healthy living and a healthy environment.

The Franciscan Diabetes & Nutrition Associates at St. Michael Medical Center, Peninsula Community Health Services, and Puget Sound Kidney Centers offer nutrition education and other related services.

The YMCA of Pierce and Kitsap Counties has a variety of healthy living programs, including a diabetes prevention program, LIVESTRONG at the YWCA for cancer patients, and ACT! (a youth and family obesity prevention program).

The Kitsap Healthy Eating, Active Living (HEAL) Coalition is a community-based initiative in Kitsap County that promotes the accessibility and affordability of healthy food and physical activity for all, organizing activities such as Kitsap Moves.

Kitsap Conservation District provides community gardening classes and plant started to food banks so that individuals can grow their own produce. Link to activity calendar:

Kitsap Regional Library often offers opportunities to engage in healthy eating, active living educational experiences, including book/story walks or learning about planting seeds.

The Cities of Bainbridge Island, Bremerton, Port Orchard, and Poulsbo, Kitsap County, and the Great Peninsula Conservancy, all have information on parks and trails.

The Move Your Way campaign provides tools, videos and fact sheets, with tips that make it easier to get a little more active.
ENDNOTES

1 Centers for Disease Control and Prevention (CDC), About Chronic Diseases, https://www.cdc.gov/chronicdisease/about/index.htm


5 Centers for Disease Control and Prevention (CDC), Family Health History and Chronic Disease, https://www.cdc.gov/genomics/famhistory/famhist_chronic_disease.htm#:~:text=If%20you%20have%20a%20family,it%20early%20if%20it%20develops


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- Washington State Department of Health, Center for Health Statistics, Behavioral Risk Factor Surveillance System (BRFSS), analyzed by Kitsap Public Health District, Assessment & Epidemiology Program

- Washington State Department of Health, Washington State Office of the Superintendent of Public Instruction, Department of Social and Health Services, and the Liquor and Cannabis Board, Healthy Youth Survey (HYS), analyzed by Kitsap Public Health District, Assessment & Epidemiology Program

- Washington State Department of Health, Washington State Cancer Registry, Community Health Assessment Tool (CHAT), June 2023


- Washington State Population Interim Estimates (PIE), December 2022