



# Kitsap Community Needs Assessment

Community Survey & Focus Group Discussions

Conducted June – December 2022

*Prepared by the Kitsap Public Health District*

*& Kitsap Community Resources*

*April 2023*

# Letter from KCR Executive Director

As the Executive Director of Kitsap Community Resources (KCR), I wanted to express our sincerest appreciation and gratitude for all of the partners and residents of Kitsap County who took the time to participate in this needs assessment. Your valuable insights, feedback, and forthright responses will be incredibly helpful towards shaping the future of our community's resources and services.

Your contribution will help KCR and other organizations develop strategic plans for the next five years that will hopefully, with collaboration, build towards a common goal to identify areas of need and develop strategies to better serve our community.

Your input was highly appreciated and will make a significant impact on the lives of those in our community. In addition, without the help of the Kitsap Public Health District and our project manager Chelsea Amable-Zibolsky, this survey would not have been as robust and informative. For the KCR team, we will continue to strive to improve as ultimately each of us believe in service. Again, on behalf of Kitsap Community Resources, thank you.

Anthony J. Ives



Executive Director

# Acknowledgements

Engaging respondents to take part in any survey is no small feat, but especially so when the prospect includes answering a large number of questions, many of them personal in nature. Which is why our deepest gratitude is extended first to the **more than 4,000 community members** who gave the generous gift of their time – and trust – to participate. Without their voices, this community needs assessment would have no meaning.

We are fortunate in our region for the capable services of the **Kitsap Public Health Department** and, in particular, the Assessment and Epidemiology Program, who was instrumental in supporting the survey process every step of the way, beginning with its design and implementation, and continuing through analysis and reporting.

We would also like to thank the many organizations, including **sponsors and partners**, who came together in support of this collaborative community effort to better understand *all of the needs* in our community, including those that are shared, disproportionate or uniquely experienced by community members. Their commitment to pool resources to form this broad community partnership was essential, as a survey of this scope is simply not within the capacity of any single organization in the region.

And finally, we acknowledge the staff of **Kitsap Community Resources** for their administrative support in managing this comprehensive collaborative effort. This effort would not have been possible without Kitsap Community Resources' leadership championing the necessity of partnership, forever changing the landscape of what it means to center equity in our community.

## *Project Team*

Anthony Ives, Kitsap Community Resources, Executive Director

Chelsea Amable-Zibolsky, Zibolsky Consulting LLC, Project Consultant

Arber Metuku, Kitsap Community Resources, Digital Marketing Manager

Kari Hunter, Kitsap Public Health District, Program Manager, Assessment & Epidemiology Program

Ally Power, Kitsap Public Health District, Epidemiologist, Assessment & Epidemiology Program

## *Survey Sponsors*

Bainbridge Community Foundation

Bremerton Housing Authority

Fishline Food Bank & Comprehensive Services

Kitsap Community Foundation

Kitsap Community Resources

Kitsap Public Health District

Kitsap Strong | Graduate Strong

Molina Healthcare

OESD #114

Port Gamble S'Klallam Tribe

Puget Sound Energy Foundation

The Suquamish Tribe

United Way of Kitsap County

Washington State Department of Commerce

## *Partnering Organizations and Consulted Groups*

Amazon

Bremerton Chamber of Commerce

Café Corvo

Coffee Oasis

The Conduit

Doc Luv the Kids

Foundation for Homeless and Poverty Management

Goodwill STEM

Islamic Center of Kitsap County

Kitsap Black Student Union

Kitsap County Government

Kitsap Economic Development Alliance

Kitsap Faith Based Organizations

Kitsap Grocery Outlets

Kitsap Immigration Assistance Center

Kitsap Inter-agency Coordinating Council, including:

Head Start/Early Learning programs within KCR, OESD #114,

Port Gamble S'Klallam Tribe, and Suquamish Tribe

Kitsap Mental Health Services

Kitsap Regional Libraries

Kitsap Rescue Mission

Marvin Williams Center

NAACP Bremerton Unit 1134

Olympic College

St. Vincent de Paul, Bremerton

# Contents

- Letter from KCR Executive Director ..... 2**
- Acknowledgements..... 3**
- Contents..... 5**
- Executive Summary..... 6**
- Kitsap Community Needs Assessment Overview ..... 8**
- Purpose of the Report ..... 8**
- Project Overview and Methodology..... 9**
  - Community Survey .....9
  - Focus Group Discussions .....9
  - Strengths ..... 11
  - Limitations ..... 11
- Results ..... 13**
  - Who is our survey population? ..... 13
  - Overall Findings* ..... 14
    - 1. Challenges meeting basic needs. .... 14
    - 2. Disconnect between services and the people they serve. .... 16
    - 3. Barriers to accessing healthcare. .... 18
  - Selected Subgroup Findings* ..... 21
    - Findings by Age Group ..... 21
    - Findings for Participants Reporting a Household Income Less than \$45,000 ..... 23
    - Findings by Race/Ethnicity ..... 25
    - Findings by School District of Residence ..... 27
- Next Steps ..... 32**
  - 1. Develop a comprehensive directory of resources. .... 32
  - 2. Improve access to services that provide basic needs. .... 32
  - 3. Build and maintain strong partnerships with community, healthcare, and tribal organizations..... 32
- Appendix..... 33**

# Executive Summary

## Centering equity in our community conversations

There is a saying that “Data doesn’t lie, but neither does it tell the whole story.” This has been historically true in Kitsap County where past community needs assessments have necessarily relied on aggregate data, essentially understanding our communities’ greatest needs by those that are shared, but eclipsing those experienced disproportionately by some residents.

This partial view is an unintended consequence of siloed, under-resourced efforts that result in smaller respondent sizes and mostly homogenous demographics. While well intended, these efforts have masked the very information they seek. Specifically, *who* is being left behind and *how* it’s being experienced.

Without data that adequately represents the *whole community*, we simply aren’t able to disaggregate the data to reveal the unique differences that exist *within our community*. And more importantly, acknowledge those inequities by changing our practices and better directing resources to support meaningful solutions.

This shared desire to better understand these unique differences that exist within our communities lent the opportunity for service providers, funders and others to come together and work collaboratively in support of updating a county-wide, community-centered needs assessment, the first new community data since 2019 and subsequent to the onset of the COVID-19 pandemic.

From the beginning this effort, led by Kitsap Community Resources (KCR) and supported by Kitsap Public Health District (KPHD), sought to

be as inclusive of the community as the pooled resources allowed. The broad community partnership was essential to fund and support the effort to gather better data and illuminate important context.

Community advisory members provided valuable feedback on the design and implementation of the assessment. Sponsoring and partnering organizations provided the means to reach deeper into the community; including leveraging their proximity and trusted relationships with other organizations and community members to actively engage a greater diversity of respondents. Voices likely to be impacted the most, but largely not represented in past efforts.

Additional investments were made in translation to make the outreach materials and survey more accessible for community members who do not speak English as their first language. Specifically, these translations included Spanish, Tagalog and Kurdish. The local United Way 211 service was activated to support respondents unable to access the survey online, or who were simply more comfortable taking the survey by phone.

Recognizing the importance of both quantitative and qualitative data, ten (10) focus groups were also convened, including six (6) that specifically represented populations identified as gaps in previous community assessments. These sessions afforded the opportunity for greater insight by listening to people who are living the experience.

In all, 4,205 individuals participated, making the community needs assessment by far the largest ever in Kitsap County. The collaborative community effort resulted in a sample size sufficiently large enough to represent the County in aggregate. It also made significant gains in sufficient representation within subgroups.

The survey and focus groups were an important first step—providing a new vantage point from which to view the needs of our communities, inclusive of disparities that exist within those needs. If we are to center equity in our community conversations, we must measure for it.

For organizations constantly challenged to ‘do more with less’, the collaborative effort also underscored the value of pooling limited resources and working together. While each organization has its own mission, we share a singular vision: to contribute in a meaningful way to a vibrant, thriving community, one where everyone has the opportunity to benefit.

Given that no single survey can tell the whole story, it will be important going forward to utilize other sources of data as it becomes available and to support additional survey efforts as they are being considered and implemented.

Our hope is that this data will be widely used by everyone in the County – as individual organizations and in our collaborations – to stimulate necessary and important conversations about how to explicitly elevate equity in our communities, including targeting strategies *differentially* to subgroups when necessary. Only then will we be able to achieve better community outcomes for us all—and to move our community to greater equity.

# Kitsap Community Needs Assessment Overview

## Purpose of the Report

To provide a high-level overview of key findings and themes from community input gathered by Kitsap Community Resources (KCR).

## Community Input

Two methods were used to gather community input:

**(1) Community Survey:** open from June - October 2022 with 4,205 responses included in the analysis.

**(2) 10 Focus Group Discussions:** conducted in partnership with local community organizations and led by KCR from October - December 2022.

## Results

Community members face **ongoing challenges meeting basic needs.**

- Cost was the primary barrier preventing survey participants from meeting basic needs for housing, food, reliable transportation, and childcare.
- Participants in eight of ten focus groups spoke of the ongoing challenges they face in meeting basic needs for themselves and their families for housing, food, transportation, and childcare.

Community members indicated there is a **disconnect between services and the people they serve.**

- Being ineligible or not qualifying for help was the primary barrier to getting needed support with basic needs among survey participants.
- Participants in all ten focus groups discussed a disconnect between services and the people they serve, referencing inaccessible application processes, restrictive eligibility requirements, and a lack of accountability among service providers. Several participants also discussed the need for better integration and communication within and between community organizations.

## Results Continued

Community members reported experiencing **barriers to accessing healthcare.**

- Appointment wait times were reported as the primary barrier to accessing needed mental health counseling and needed medical care by survey participants.
- Participants in nine of ten focus groups referenced several barriers to seeking and receiving healthcare, including months-long wait times for primary and mental health care visits, fear of medical bills, and previous experiences with inadequate interpreter services.

## Next Steps

These next steps were generated from focus group discussions where community members shared potential solutions to address the health needs of our community:

1. **Develop a comprehensive directory of resources.** Collaborate with other community and healthcare organizations to improve access to services by working with community members to develop and maintain a comprehensive and accessible resource directory.
2. **Improve access to services that provide basic needs.** Increase access to social services by working with community members to improve application processes and policies.
3. **Build and maintain strong partnerships with community, healthcare, and tribal organizations.** Better integrate medical and community services and improve cross-sector communication and service delivery.



# Project Overview and Methodology

Every three years, Kitsap Community Resources (KCR) conducts a comprehensive assessment to evaluate the needs and assets in our community. Historically, it has been designed to highlight the gaps in services, programs, and policies in Kitsap County, specifically as they pertain to the community members that might need KCR's services the most. It will also help inform and guide KCR's strategic plan. In 2022, KCR strengthened the assessment process by collaborating with multiple Kitsap community organizations to create a survey and expand outreach with focus group discussions.

## Community Survey

KCR's community survey was conducted from June through October 2022 in SurveyMonkey and included 75 questions. The survey was promoted through community organizations, including Kitsap Regional Library, and online social media platforms, such as Facebook and Twitter. A drawing for \$25 gift cards was offered as an incentive for participants. In all, 4,544 responses were collected, including responses in English, Spanish, Tagalog, and Kurdish, with a 77% completion rate.

Survey responses were cleaned, and free-text responses were organized into categories. During the cleaning process, exact duplicate survey responses were identified and evaluated. All responses that met the following criteria were excluded from the analysis (339 responses): more than 75% identical responses across the survey submitted within five minutes of their matching response, or participant did not live, work, or access services in Kitsap.<sup>1</sup> A total of 4,205 responses were included in the analysis. Participants were allowed to skip questions they did not want to answer. School district of residence was assigned to participants based on the reported ZIP code of residence. Household income and race/ethnicity were self-reported by participants.

A public dashboard was also created for service partners and community members to allow for detailed analysis of data as needed and identification of questions and responses important to individual organizations.<sup>2</sup>

## Focus Group Discussions

Focus group discussions were conducted in partnership with local community organizations and led by KCR from October through December 2022. In all, ten focus groups were held throughout Kitsap County with roughly 80 participants. The purpose of the focus group discussions was to gather input directly from community members in small group settings. These discussions were 60 to 90 minutes in length

---

<sup>1</sup> For a copy of the survey questions, or to review eliminated responses, please contact the Kitsap Public Health District Assessment and Epidemiology Program at [epi@kitsappublichealth.org](mailto:epi@kitsappublichealth.org)

<sup>2</sup> This report is a high-level overview of findings; to explore the data further, please visit: [ow.ly/tbvZ50Naanp](https://ow.ly/tbvZ50Naanp)

and conducted in person (9 focus groups) or via video call (1 focus group). Please refer to [Appendix A](#) for the list of questions used to facilitate these discussions. All focus groups involved active discussion of the questions among participants and recordings and/or notes were taken during the focus group and transcribed verbatim. Focus group notes were taken by a dedicated Kitsap Public Health District (KPHD) or KCR staff member who attended the session as an observer.

Data analysis of the focus group transcripts and notes was performed by a KPHD epidemiologist using MaxQDA, a qualitative data analysis software, and Reflexive Thematic Analysis (TA), a qualitative data analytic framework that aims to generate themes from a dataset and involves a disciplined practice of critically interrogating how the data analyst impacts and influences the analysis.<sup>3</sup> Data analysis began with a detailed and systematic reading of the transcripts and notes, re-listening to sections of the audio recordings, and making brief notes about analytic ideas and reflections about expectations, assumptions, and research practices by the analyst.

The analyst then assigned inductive coding labels to segments of the text that captured single concepts about the needs of community members, the potential barriers to those needs, or the potential solutions to addressing those needs. Two rounds of assigning coding labels to segments of the text were conducted to capture evolutions in the codes. The analyst then generated initial themes by identifying patterns of meaning across the dataset that were coherent, represented a central idea, and coalesced coded segments together. The questions below were used to review and refine these initial themes into the final three core themes:

1. Is this a theme that represents a pattern across participants?
2. Does this theme tell us something about the needs of community members?
3. Does this theme include or exclude many coded segments?
4. Is there enough data to support that this is a strong theme?

### *Who participated?*

Recruitment for focus groups occurred through KCR and partner organization outreach. All participants were given a \$25 gift card to compensate them for their time. In addition to focus groups where the general community and community social service agency providers were invited, specific focus groups were held with members of the communities listed below. These populations of interest were selected based on gaps identified in previous community health assessments, community conversations, and the desire to understand the unique experiences among communities:

- African American/Black community members
- Mam-speaking community members
- People experiencing homelessness
- Spanish-speaking community members
- Tribal community members

---

<sup>3</sup> Braun, V., & Clarke, V. (2022). *Thematic analysis: A practical guide*. SAGE Publications.

## Strengths

KCR approached survey development and focus group outreach by collaborating with multiple service organizations. More than 4,200 members of our community shared their perspective in the community survey; the largest response to any previous survey conducted by KCR. A public dashboard of the survey results was created to make it easier for all service partners and community members to analyze data in detail and allow identification of questions and responses important to individual organizations. Focus groups were held with populations of interest that had not been heard from in previous community health assessments. The hope is that these results will serve as an educational piece for agencies throughout Kitsap County to better understand the challenging issues our community faces and ultimately aid in creating effective solutions.

## Limitations

### *Overall*

The survey was open from June through October 2022 and focus groups were held from October through December 2022. During this period, there was substantial news coverage concerning the St. Michael Medical Center Emergency Department, which likely impacted how participants perceived Kitsap County's healthcare system at the time.

Both the survey and focus groups employed a convenience sample of those participants willing to participate. In addition, monetary rewards for participation were provided. Because of this, findings cannot be generalized to the Kitsap County population or any subgroup of that population. **These findings should be used to generate ideas and hypotheses about the leading concerns, causes, and suggested solutions in Kitsap for further research, validation, and discussion. These findings should also be used in combination with many other data sources to start conversations about the most important next steps.**

### *Survey Limitations*

It was identified early in the analysis that there had likely been an attempt to submit many duplicate responses with an automated computer program (i.e., internet bot). IP addresses for these responses from a small sample were consistently from countries outside of the United States. Although every attempt was made to identify and exclude potential bot responses from the survey, we could not be sure of excluding all potential bot responses without risking exclusion of true human responses. Only responses seen as highly suspect due to their almost complete duplication of another response across all questions, and their submission within a fairly short time (5 minutes) before or after their matching response, were excluded. There is the potential that some responses that remain in the survey analysis were not submitted as accurate individual responses to the questions.

The survey sample is not sufficiently large enough for all of the individual subgroups. Race and ethnicity in particular have very small samples of some groups, such as Middle Eastern and North African. The size of some subgroup populations in Kitsap County are not known, and estimates are not available for all subgroups, such as some income levels and Middle Eastern and North African ethnicity. In addition, some participants preferred not to answer the self-reported demographic questions, such as household income, which impacted subgroup analyses because non-response was probably not equally spread among all types of respondents. Survey participants also could skip any question throughout the survey. Some groups may have participated in more questions than other groups, skewing the results. For all of these reasons, subgroup findings especially cannot be accurately interpreted as being generalizable to the entire subgroup population. Differences in age, sex, and geographic region distribution between participants and the overall population suggest the survey results may not represent the entire population of Kitsap, and subgroup analyses may not represent the entire subgroup. While these results represent some of the Kitsap population, they may not adequately represent all feelings, thoughts, and beliefs of all groups. These findings should be used in combination with many other data sources to start conversations about the most important next steps.

Survey responses with less than ten participants were excluded from this analysis as small numbers raise issues concerning the accuracy, and thus usefulness, of the data. Random variation may be substantial when based on small numbers and the percentages reported below may fluctuate dramatically or differ considerably from one small subgroup to another even when differences are not meaningful.

Some survey questions asked for household-level information, such as household income and use of certain services; however, because multiple individuals from the same household could submit surveys, results for these questions may be skewed. Additionally, because household members could not reliably be linked within the survey, this could not be adjusted for in the analysis.

### *Focus Group Limitations*

While every effort was taken to use verbatim transcripts for the focus group analysis, researcher's notes taken during the focus group discussions were used for three of the ten focus groups due to technical issues with the recording device (focus groups with people experiencing homelessness and African American/Black community members) and unexpected translation funding and service availability issues (focus group with Mam-speaking community members). While the key themes generated in this report incorporate the overarching experiences and perceptions shared by these participants, the analysis relied on researchers' observations and notes, and not participants spoken words. In addition, it was not possible to hear from every facet of our community. Future focus groups to discuss the health needs among additional communities would be useful, including discussions among people with disabilities, people who are pregnant/postpartum, people with lived experiences of substance use disorder, parents of young children, youth, and people who are incarcerated, among others.

# Results

## Who is our survey population?

A total of 4,205 responses were included in the analysis. The majority of survey participants identified as female (68%), and most participants identified as White (81%). When compared to the total Kitsap population, survey response rates were higher among the 65+ age group (32% of participants, 21% of the total population) and among Bremerton residents (24% of participants, 18% of the total population).

**Table 1.** Selected demographic characteristics of survey participants (4,205 participants). For additional demographic characteristics, please visit the community survey public dashboard at [ow.ly/tbvZ50Naanp](https://ow.ly/tbvZ50Naanp).

<i>Characteristics</i>	<i>Survey Population, n (%)</i>	<i>Kitsap County, % of total population</i>	
<b>Age</b>	<i>Under 18</i>	9 (0%)	20%
	<i>18-24</i>	153 (4%)	9%
	<i>25-34</i>	565 (13%)	13%
	<i>35-44</i>	711 (17%)	12%
	<i>45-54</i>	561 (13%)	11%
	<i>55-64</i>	760 (18%)	14%
	<i>65+</i>	1,337 (32%)	21%
	<i>Prefer not to answer</i>	109 (3%)	NA
<b>Race/Ethnicity<sup>4</sup></b>	<i>African American/Black</i>	124 (3%)	3%
	<i>Asian/Asian American</i>	210 (5%)	5%
	<i>Hispanic/Latino/Latinx</i>	233 (6%)	9%
	<i>Native American/American Indian</i>	201 (5%)	1%
	<i>Native Hawaiian or Other Pacific Islander</i>	76 (2%)	1%
	<i>White</i>	3,405 (81%)	72%
	<i>Middle Eastern or North African</i>	35 (1%)	NA
	<i>Prefer not to answer</i>	371 (9%)	NA
	<i>Multiracial</i>	357 (9%)	8%
	<i>Single Race or Ethnicity</i>	3,477 (91%)	92%
<b>School District of Residence</b>	<i>Bainbridge Island</i>	446 (11%)	9%
	<i>Bremerton</i>	1,023 (24%)	18%
	<i>Central Kitsap</i>	691 (16%)	27%
	<i>North Kitsap</i>	1,017 (24%)	19%
	<i>South Kitsap</i>	893 (21%)	27%
	<i>Outside of Kitsap</i>	62 (1%)	NA
<i>Prefer not to answer</i>	73 (2%)	NA	

<sup>4</sup> Survey participants were counted toward each race/ethnicity category they selected on the survey. This means individuals can be in multiple categories, category counts will not add up to 100%, and survey population race/ethnicity categories are not directly comparable to Kitsap County race/ethnicity population estimates, where individuals who identify as multiple races are categorized as multiracial.

# Overall Findings

As survey and focus group discussion participants reported similar needs for the community, the key findings from the community survey and key themes from the focus groups are presented together under the three key themes generated in the focus group analysis: 1) Challenges meeting basic needs; 2) Disconnect between services and the people they serve; 3) Barriers to accessing healthcare.

## 1. Challenges meeting basic needs.

Community members reported challenges meeting basic needs for themselves and their families with participants in eight of ten focus groups speaking of the ongoing challenges they face in meeting needs for housing, transportation, food, and childcare. Survey participants reported cost as the primary barrier they face to meeting basic needs.

### *Key Findings from the Community Survey*

**Cost was reported as the primary housing concern, followed by housing supply.** Among all participants who answered the question “What are your major housing concerns? Choose all that apply:” **35%** (1,197 participants) said cost of rent or house payment, **25%** (865 participants) said cost of utilities, and **19%** (649 participants) said not enough housing available to rent or buy.

- About two in five (42%, 350 participants) Bremerton participants said cost of rent or house payment is a major concern, a higher proportion than any other Kitsap County region.
- Not surprisingly, about three in five (59%, 144 participants) with a household income less than \$15,000 said the cost of rent or a house payment is a major housing concern, a higher proportion than any other income level. Additionally, more than one third (39%, 75 participants) of participants at this income level said they were unsure who to contact for housing assistance, and nearly half (46%, 133 participants) said they did not know how the Section 8 Program works.

**Cost was the primary barrier to reliable transportation, followed by lack of nearby public transportation.** Among all participants who responded to the question, “Do you have barriers to reliable transportation? Choose all that apply:” **24%** (790 participants) said gas prices are too high, **9%** (316 participants) said no public transportation near me, and **9%** (301 participants) said not enough money to maintain a vehicle.

- Of the 316 participants who reported, “no public transportation near me,” nearly three in five (57%, 179 participants) were from North (29%) and South Kitsap (28%).

**Cost was the primary barrier to getting food, followed by lack of alternative food sources and transportation.** Among all participants who answered the question, “Do you have barriers getting food? Choose all that apply:” **10%** (327 participants) said not enough income to purchase food, **6%** (193

participants) said not enough alternative food sources (e.g., food banks) available, and **6%** (187 participants) said lack of transportation to grocery stores, markets, or food banks.

- Not surprisingly, about one in three (32%, 76 participants) participants with a household income less than \$15,000 said they did not have enough income to purchase food, a higher proportion than any other income level. Additionally, three in five of participants at this income level said they worry about running out of food often or sometimes (60%, 148 participants) and one in two said that their mental or physical disability was a barrier to employment (50%, 120 participants), a higher proportion than any other income level.
- About one in eight (13%, 25 participants) who identified as Hispanic/Latino/Latinx reported not enough alternative food sources available as a barrier to getting food, a higher proportion than those who did not identify as Hispanic/Latino/Latinx (5%, 168 participants).

**Cost was the primary barrier to needed childcare, followed by long waitlists and lack of flexible service hours.** Among all participants who responded to the question, “Have you had any difficulty finding needed childcare in the past year? Choose all that apply:” **40%** (199 participants) said cost is too high, **33%** (168 participants) said the waitlist is too long/no space available, and **32%** (160 participants) said the hours are not flexible enough for my schedule.

- Of the 199 participants who reported, “cost is too high,” the largest group (48%, 96 participants) had a household income of at least \$65,000, but less than \$150,000.

### *Key Theme from the Focus Group Discussions*

Community members discussed the challenges they face meeting basic needs in eight of the ten focus groups. Participants shared **ongoing issues with access to reliable transportation, housing, food, and childcare needs**. Reliable transportation and housing in particular were mentioned most frequently as top needs for the community. Many participants commented on the need for more affordable housing in Kitsap, as one participant shared, “I mean people are getting priced out of their homes. A lot of people can’t even afford rent these days.” Participants also discussed the need for support with home repairs, including weatherization support and ramps for the elderly. Several participants spoke of the need for more shelters and support for people experiencing homelessness, as one community member shared in response to the top three needs they see in the community, “Most obviously, the affordable housing crisis, that’s one that needs a lot of attention, because that’s a humanitarian crisis, people sleeping in the streets, and that’s life-threatening poverty.”

Participants also commented on the limited availability of public transportation during the weekends and evenings and in some areas of the county, with one participant sharing, “I have to go on a 30-minute walk to get to the bus stop” and another commenting, “I live in Seabeck, there is no routes out to Seabeck.” In response to the top three needs they see in the community, another participant shared, “I’d say one thing that sticks out to me is transportation. Kitsap Transit is very limited.”

### **Meaningful Participant Quotes:**

*"[We need] affordable housing, transportation, and better shelters, because I was in one and they banned me permanently, because I'm incontinent. So they banned me permanently. So I was sleeping outside."*

*"In terms of daycare, if you can find someone and afford it, then that's great, but some people, they can't. It feels like you're just working to pay for daycare, so may as well stay home. So you lose a lot of people that are skilled in the workforce, 'cause there's no available low-cost daycare."*

*"I volunteer at a food bank and I noticed the food that is being donated and given out to families sometimes it's mostly consistent of cans and frozen foods, and while that might help them get through some time, I don't feel like it is nutritionally well for having that diet all the time."*

*"I live from paycheck to paycheck and try to get things going and my husband's truck's down right now, I'm trying to get it fixed. And trying to make sure that I have the things I need."*

*"When I'm on 305 going through Poulsbo where they're building another bank, another business, another for profit, where is our housing on that level? They don't need to be 3 bedroom, 2 bath...We don't need another bank. We don't need another gas station. We need housing for the people."*

## **2. Disconnect between services and the people they serve.**

Community members indicated there is a disconnect between services and the people they serve. Survey participants reported being ineligible or not qualifying for help with social service agencies as the primary barrier they faced to getting needed help. Participants in all ten focus groups discussed this disconnect between services and the people they serve, referencing inaccessible application processes, restrictive eligibility requirements, and a lack of accountability among service providers.

### *Key Findings from the Community Survey*

**Among participants who reported needing services but not accessing them, about one in six (16%, 473 participants) participants reported that it was because they had exceeded the income guidelines to receive services.**



- Of these participants, the majority had a household income of at least \$30,000, but less than \$100,000 (62%, 292 participants) and the majority were 25-54 years old (63%, 298 participants).<sup>5</sup>

**Being ineligible or not qualifying for help was the primary barrier to getting help with basic needs, followed by cost (fees, co-pays, etc.), and not wanting to ask for help.** Among all participants who answered the question, “In the past year, have any of the following been a barrier for you and/or your family in finding or getting help with your basic needs? Choose all that apply:” **19%** (658 participants) said they were not eligible or do not qualify for help, **10%** (354 participants) said they can’t afford fees or co-payments, and **8%** (257 participants) said they don’t want to ask for help.

- Of the 658 participants who reported that they are “not eligible or do not qualify for help,” most had a household income of at least \$30,000, but less than \$100,000 (52%, 340 participants) and most were 25 to 54 years old (60%, 398 participants).

### *Key Theme from the Focus Group Discussions*

Participants in all ten focus groups discussed a disconnect between services and the people they serve, referencing **difficulty navigating application processes, a lack of accountability, and fragmented service delivery**. Several participants discussed the need for better integration and communication within and between community organizations. Additionally, participants discussed how certain communities are disproportionately impacted by these challenges, including people with low-and middle-incomes, people who don’t speak English, and historically marginalized racial and ethnic groups. Several participants shared that schools are not safe spaces for students and named inadequate responses from school administrators to bullying and racism as an ongoing challenge.

Participants also shared the need for community members and organizations to be equal partners in the implementation of services. Many participants indicated they were unaware of services that were available to them, and the focus groups became a space for community members to share what services they had accessed, including the availability and quality of services. For example, several parents said they were unaware of early childhood learning services, like Head Start. Some participants noted limited availability sharing that Head Start spaces fill up quickly, while others shared personal experiences on the quality of services; one community member commented, “[My daughter] came here to Head Start, and we were worried, so we were there watching her to see what she was going to do. She was talking to the teacher in Spanish, and the teacher was answering her in Spanish and then answering her in English...a month later she already spoke English well.”

---

<sup>5</sup> In 2019, the median household income in Kitsap was \$79, 624 (Source: US Census Bureau, American Community Survey (ACS), 1-Year Estimates, 2019).

### **Meaningful Participant Quotes:**

*“I really think poor interagency communication and collaboration is just adding to such a significant burden to those that need, deserve, qualify, want, whatever, services in general.”*

*“I just feel that when they kick out the homeless from wherever they are, they don't ever give them a place to go, they just tell them that they have to go. It would be better if they actually came and were like, hey we can move you over here, or they actually help the situation.”*

*“I don't see a lot of events happening. A lot of things that encourage people to come together and build community in that sense, and that goes hand in hand with health and mental health as well. If we have more people coming together to share ideas like this focus group is a great example...I was happy to hear something like this is happening and we're trying to improve our community, but we need something on a bigger scale. To bring the community at large together and have those meetings where people can share ideas on what things can be done.”*

*“There is no accountability system in place for when homeless folks are mistreated, they have no one to go to.”*

*“It just seems in a lot of programs...if you're under 18 you have rights, if you're over 50 you have rights, everywhere in between you're fighting.”*

## **3. Barriers to accessing healthcare.**

Community members reported experiencing barriers to accessing healthcare. Among survey participants, appointment wait times were reported as the primary barrier to accessing needed mental health counseling and needed medical care by survey participants. Participants in nine of ten focus groups referenced several barriers to seeking and receiving healthcare, including months-long wait times for primary and mental health care visits, fear of medical bills, and previous experiences with inadequate interpreter services.

### *Key Findings from the Community Survey*

**Appointment wait times were the primary barrier to getting needed medical care, followed by cost and fear.** Among all participants who responded to the question, “Why weren’t you able to get medical care? Choose all that apply:” **44%** (476 participants) said too long to wait for an appointment, **29%** (316 participants) said I couldn’t afford to pay my co-pay or deductible, and **16%** (170 participants) said fear.

- More than half (56%, 90 participants) of Central Kitsap participants said long appointment wait times were a barrier to medical care, a higher proportion than any other Kitsap County region.

- Of the 170 participants who said fear, most (52%, 88 participants) were between 25-44 years old.
- The primary barrier shifted based on demographic characteristics. Among participants who identified as Native Hawaiian or Other Pacific Islander, the primary barrier to getting needed medical care was not being able to afford co-pay or deductible (42%, 13 participants), followed by not having any way to get to the doctor (35%, 11 participants).

**Appointment wait times were also the primary barrier to getting needed mental health counseling, followed by cost and not knowing how to find a counselor.** Among all participants who responded to the question, “Why weren’t you able to get mental health counseling? Choose all that apply:” **44%** (361 participants) said too long to wait for an appointment, **23%** (186 participants) said I couldn’t afford to pay my co-pay or deductible, and **19%** (160 participants) said I didn’t know how to find a counselor.

- Three in five (60%, 71 participants) Central Kitsap participants said long appointment wait times were a barrier to mental health counseling, a higher proportion than any other Kitsap County region.
- The primary barrier shifted based on demographic characteristics. Among participants who selected Asian/Asian American as their race/ethnicity, the primary barrier to getting needed mental health counseling was not being able find a provider who offered culturally-competent services (32%, 14 participants).
- About one in six (17%, 559 participants) participants were concerned about their emotional well-being more than half of the past 30 days (10%) or nearly every day (7%).

**More than half (58%, 1,916 participants) of participants were very (17%) or somewhat (41%) worried about paying medical bills if they got sick or injured.**

- Nearly four in five (79%, 182 participants) with a household income of at least \$15,000, but less than \$30,000 said they were very or somewhat worried about paying medical bills, a higher proportion than any other income level.

**About one in seven (14%, 451 participants) said there was a time in the last year when they needed prescription medicine but were not able to get it.**

- Of these participants, more than one in three lived in Bremerton (36%, 163 participants), a higher proportion than any other Kitsap County region.
- Not being able to afford the co-pay or deductible was the primary barrier to getting needed prescription medicine (44%, 198 participants).

**Lack of dental insurance was the primary barrier to getting needed dental care, followed by cost and too long to wait for an appointment.** Among all participants who answered the question, “Why weren’t you able to get dental care? Choose all that apply:” **40%** (340 participants) said they didn’t have dental insurance, **36%** (307 participants) said I couldn’t afford to pay my co-pay or deductible, and **25%** (214 participants) said too long to wait for an appointment.

### *Key Theme from the Focus Group Discussions*

Community members in nine of the ten focus groups named **access to healthcare** as an ongoing challenge for the community; as one participant shared in response to the top three needs they see in the community, “right off the bat, access to healthcare.” There was substantial concern about the capacity of the emergency department, with several community members sharing they were concerned about long wait times and would prefer to seek care outside of Kitsap County. The attitudes and beliefs of participants toward the healthcare system reflect how negative perceptions of healthcare can lead patients to avoid utilizing medical services, creating a barrier to accessing care. Additional examples of patient attitudes and beliefs acting as a barrier to care included fear of medical bills, previous experience with inadequate interpreter services, and fear of receiving substandard care for those without health insurance.

Participants also discussed months-long wait times for primary care visits, a lack of Medicaid providers, and limited behavioral health services. They spoke of difficulties in finding behavioral health providers who were accepting new patients, particularly for children. Additionally, many participants shared their own ongoing personal experiences with mental health issues that they felt had been exacerbated by the COVID-19 pandemic, and that they were unsure where to seek care. As one community member said of mental healthcare, “I don't even know what resources are available to me.”

### **Meaningful Participant Quotes:**

*“Nobody, I don't mean to sound rude, but nobody competent wants to accept Apple Healthcare and those who do only allot a very small percentage of their caseload to Apple Healthcare because they don't pay anything.”*

*“...I can't find service here for my kids, I can't find doctors that will bring them in...my kids are on state, they're on Apple Care, and nobody takes it.”*

*“I mean, some places just don't even have a wait list. The wait list is so long that they closed the wait list. And that's for mental health, therapy, everything.”*

*“I probably spent a couple hours on at least three different days calling, leaving messages, researching, going online, and looking at who took our healthcare, and then checking reviews. And I mean probably 6 to 8 hours at least just for a counselor for my son.”*

*“...the ER is so packed all the time. It's waiting four to five hours just to be checked up. I live in Silverdale, so I go to St. Michaels, but they're always packed, so...especially for the kids, we have to drive to Gig Harbor. And it's like 30 minutes, and 30 minutes is a long drive for kids with pain.”*

## Selected Subgroup Findings

In addition to the overall findings above, analysis of subgroup data from the community survey is presented below for further exploration. For additional subgroup data, please visit the community survey public dashboard at [ow.ly/tbvZ50Naanp](https://ow.ly/tbvZ50Naanp).

### **Please note:**

- **The subgroup findings below cannot be accurately interpreted for a generalized population.** While the survey sample size is sufficiently large for the overall county sample, it is not sufficiently large enough for all of the individual subgroups. Race and ethnicity in particular have very small samples, such as Middle Eastern and North African.
- **Survey participants did not have to answer every question.** Some groups may have participated in more questions than other groups, skewing the results.
- **Survey responses with less than ten participants were excluded from the below analysis.** Small numbers raise issues concerning the accuracy, and thus usefulness, of the data. Random variation may be substantial when based on small numbers and the percentages reported below may fluctuate dramatically or differ considerably from one small subgroup to another even when differences are not meaningful.
- **These findings should be used in combination with many other data sources to start conversations about the most important next steps.**

## Findings by Age Group<sup>6</sup>

Among survey participants younger than 35 there were lower percentages who reported no major barriers to basic needs, healthcare, and accessing social services than among overall participants and those 65 and older. Additionally, the three age groups in this analysis had very similar percentages of respondents falling into the “lower income” category of less than \$45,000 reported household income. Twenty-eight percent of those younger than 35 reported their household income as less than \$45,000, 23% of those aged 35 to 64, and 28% of those 65 and older. The number of participants by age group are as follows:

- Younger than 35 age group: **727** participants (17% of overall participants)
- 35-64 age group: **2,032** participants (48% of overall participants)
- 65 and older age group: **1,337** participants (32% of overall participants)

### **Challenges meeting basic needs by age group.**

Among survey participants younger than 35, there were lower percentages who reported no major housing and food concerns and no barriers to employment and reliable transportation than among overall participants and those 65 and older:

---

<sup>6</sup> Age was self-reported by survey participants; 3% of survey participants did not provide an age.

- Only **51%** of participants younger than 35 reported they had no barriers to employment (309 participants), compared to **68%** overall (2,245 participants), and **78%** of those 65 and older (794 participants).
- Only **52%** of participants younger than 35 reported they had no barriers to reliable transportation (315 participants), compared to **69%** overall (2,311 participants), and **80%** of those 65 and older (854 participants).
- Only **60%** of participants younger than 35 reported they were never concerned about running out of food (367 participants), compared to **78%** overall (2,640 participants), and **92%** of those 65 and older (992 participants).
- Only **23%** of participants younger than 35 reported they had no major housing concerns (143 participants), compared to **39%** overall (1,339 participants), and **53%** of those 65 and older (577 participants). Major housing concerns with higher percentages for those younger than 35 included:
  - **Cost of rent or house payment: 54%** of those younger than 35 (337 participants) compared to **35%** overall (1,197 participants) and **20%** of those 65 and older (215 participants)
  - **Cost of utilities: 32%** of those younger than 35 (195 participants) compared to **25%** overall (865 participants) and **18%** of those 65 and older (192 participants)
  - **Not enough housing: 31%** of those younger than 35 (190 participants) compared to **19%** overall (649 participants) and **8%** of those 65 and older (89 participants)
  - **Risk of eviction: 13%** of those younger than 35 (78 participants) compared to **6%** overall (208 participants) and **1%** of those 65 and older (15 participants)

### Barriers to accessing healthcare by age group.

Among survey participants younger than 35, there were higher percentages who reported barriers to accessing healthcare than among those 65 and older:

- Those younger than 35 had higher percentages of participants reporting needing to see a doctor but did not (**48%**, 283 participants), needing immunizations but could not get them (**17%**, 100 participants), needing prescription medications but not able to get them (**25%**, 145 participants), and needing dental care but could not get it (**37%**, 215 participants) than those age 65 and older.
- Those younger than 35 had higher percentages of respondents reporting needing mental health care, but could not get it (**52%**, 243 participants), compared to those 65 and older (**16%**, 93 participants).
- Participants younger than 35 had a higher percentage reporting being very worried about medical bills (**28%**, 169 participants) compared to overall (**17%**, 574 participants) and those 65 and older (**7%**, 70 participants).

### **Disconnect between services and the people they serve by age group.**

Among survey participants younger than 35, there were lower percentages who reported no barriers to getting help with basic needs than among overall participants and those 65 and older.

- Only **43%** of participants younger than 35 reported they had no barriers to finding and getting help with basic needs (262 participants), compared to **62%** overall (2,084 participants), and **76%** of those 65 and older (823 participants). Barriers with higher percentages for those younger than 35 included:
  - **Having to work during service hours: 13%** of those younger than 35 (82 participants) compared to **6%** overall (220 participants)
  - **No transportation to/from help: 11%** of those younger than 35 (70 participants) compared to **6%** overall (187 participants) and **2%** of those 65 and older (22 participants)
  - **No childcare, eldercare, or adult dependent care while finding/getting help: 12%** of those younger than 35 (73 participants) compared to **5%** overall (174 participants) and **2%** of those 65 and older (17 participants)

## Findings for Participants Reporting a Household Income Less than \$45,000<sup>7</sup>

Among survey participants who self-reported a household income less than \$45,000 annually (**872** participants, 21% of overall participants), there were lower percentages who reported no major barriers to basic needs, healthcare, and accessing social services than among overall participants.

### **Challenges meeting basic needs for participants reporting lower income.**

- Only **45%** of lower-income participants said they had no barriers to transportation (348 participants), compared to **69%** overall (2,311 participants). Barriers to reliable transportation with higher percentages among lower-income participants included:
  - **Gas prices too high: 41%** of lower-income participants (314 participants) compared to **24%** overall (790 participants)
  - **Not enough money to maintain a vehicle: 22%** of lower-income participants (166 participants) compared to **9%** overall (301 participants)
  - **No car: 11%** of lower-income participants (81 participants) compared to **4%** overall (135 participants)
  - **Not enough money for bus fare: 7%** of lower-income participants (52 participants) compared to **3%** overall (97 participants)
- Transportation concerns during pregnancy/reproductive services:
  - Lack of transportation prevented getting prenatal care visits as early as wanted for lower-income participants (**28%**, 15 participants compared to **23%** 61 participants)

---

<sup>7</sup> Household income was self-reported by survey participants by selecting household income categories; 18% of survey participants did not provide a household income.

- Lower-income participants had a higher percentage reporting no way to get to reproductive services (**40%**, 12 participants compared to **29%**, 48 participants)
- Additional transportation concerns with higher percentages for lower-income participants were:
  - Lack of transportation to childcare (**22%**, 24 participants compared to **18%**, 91 participants)
  - Lack of transportation to medical visits (**16%**, 56 participants compared to **11%**, 122 participants)
  - Lack of transportation to get prescriptions (**17%**, 28 participants compared to **11%**, 49 participants)
- Almost all other categories (childcare, food, housing) had lower percentages reporting no major barriers/concerns for lower-income participants than for overall participants.

#### **Barrier to accessing healthcare for participants reporting lower income.**

- One in three (**32%**, 239 participants) lower-income participants were very worried about paying medical bills, compared to less than one in five overall (**17%**, 574 participants).
- **48%** of lower-income participants had not seen a doctor when needed (357 participants), compared to **33%** overall (1,089 participants).
  - The top two reasons were the same as for all participants: too long a wait for appointments and not being able to afford my co-pay.
  - Reasons that had higher percentages for lower-income participants included no way to get to the doctor (**16%**, 56 participants) and not having health insurance (**20%**, 71 participants).
- **49%** of lower-income participants had not seen a dentist when needed (363 participants), compared to **26%** overall (852 participants).
  - The top two reasons were the same as for all participants: not having dental insurance and not being able to afford the co-pay.
  - Reasons that had higher percentages for lower-income participants included not having insurance (**48%**, 176 participants) and dentists not taking insurance (**22%**, 81 participants).
- One-third of lower-income participants (**45%**, 253 participants) said they did not get needed mental health counseling compared to one-fourth (**37%**, 832 participants) overall.
  - The top reason was the same as for all participants: too long to wait for an appointment.
  - Reasons that had higher percentages for lower-income participants included not knowing how to find a counselor (**23%**, 56 participants), fear (**21%**, 51 participants), embarrassment (**19%**, 48 participants), and not having insurance (**14%**, 35 participants).

#### **Disconnect between services and the people they serve for participants reporting lower income.**

- Only about one-third (**35%**, 265 participants) of lower-income participants reported not having any barriers to meeting their basic needs, compared to almost two-thirds (**62%**, 2,084 participants) overall. Barriers with higher percentages for lower-income participants included:



- **Not being eligible for services: 26%** of lower-income participants (196 participants) compared to **19%** overall (658 participants)
- **Can't afford fees/co-pays: 23%** of lower-income participants (175 participants) compared to **10%** overall (354 participants)
- **No transportation: 13%** of lower-income participants (98 participants) compared to **6%** overall (187 participants)
- **Prior bad experiences: 10%** of lower-income participants (78 participants) compared to **5%** overall (180 participants)

## Findings by Race/Ethnicity<sup>8</sup>

Please note that some of these findings include very small samples. The number of participants by race/ethnicity are as follows:

- African American/Black: **124** participants (3% of overall participants)
- Asian/Asian American: **210** participants (5% of overall participants)
- Hispanic/Latino/Latinx: **233** participants (6% of overall participants)
- Native American/American Indian: **201** participants (5% of overall participants)
- Native Hawaiian or Other Pacific Islander: **76** participants (2% of overall participants)
- Middle Eastern or North African: **35** participants (1% of overall participants)
- White: **3,405** participants (81% of overall participants)
- Multiracial: **357** participants (9% of overall participants)
- Single Race or Ethnicity: **3,477** participants (91% of overall participants)

### Challenges meeting basic needs by race/ethnicity.

- While **35%** (1,197 participants) of all survey participants reported cost of rent/house payment as a major housing concern, when results were stratified by race/ethnicity there were even higher percentages among some race/ethnicities reporting this concern. The highest percentages were among participants who identified as:
  - African American/Black (**45%**, 46 participants)
  - Asian/Asian American (**45%**, 77 participants)
  - Hispanic/Latino/Latinx (**42%**, 87 participants)
- While **69%** (2,311 participants) of all survey participants reported they had no barriers to reliable transportation, there were lower percentages reported among some race/ethnicities. The lowest percentages reporting they had no barriers to reliable transportation were among participants who identified as:
  - African American/Black (**56%**, 57 participants)
  - Hispanic/Latino/Latinx (**54%**, 107 participants)

---

<sup>8</sup> Race/ethnicity was self-reported by survey participants; 9% of participants did not provide a race/ethnicity. Survey participants were counted toward each race/ethnicity category they selected on the survey. This means individuals can be in multiple categories and category counts will not add up to 100%.

- Native American/American Indian (**52%**, 86 participants)
- Native Hawaiian or Other Pacific Islander (**40%**, 23 participants)
- Middle Eastern or North African (**39%**, 11 participants)

#### **Barriers to accessing healthcare by race/ethnicity.**

- While **33%** (1,089 participants) of all survey participants reported there was a time when they needed to see a doctor but did not, there were higher percentages among some race/ethnicities. The highest percentages were among participants who identified as:
  - African American/Black (**41%**, 40 participants)
  - Hispanic/Latino/Latinx (**45%**, 88 participants)
  - Native American/American Indian (**47%**, 75 participants)
  - Native Hawaiian or Other Pacific Islander (**56%**, 32 participants)
  - Middle Eastern or North African (**63%**, 17 participants)
- While **14%** (451 participants) of all survey participants reported there was a time when they needed prescription medicine but were not able to get it, there were higher percentages among some race/ethnicities. The highest percentages were among participants who identified as:
  - African American/Black (**23%**, 22 participants)
  - Asian/Asian American (**18%**, 29 participants)
  - Hispanic/Latino/Latinx (**27%**, 52 participants)
  - Native American/American Indian (**29%**, 47 participants)
  - Native Hawaiian or Other Pacific Islander (**35%**, 19 participants)
  - Middle Eastern or North African (**42%**, 11 participants)
- While **37%** (832 participants) of all survey participants reported there was a time when they needed mental health counseling but could not get it, there were higher percentages among some race/ethnicities. The highest percentages were among participants who identified as:
  - African American/Black (**46%**, 33 participants)
  - Hispanic/Latino/Latinx (**50%**, 76 participants)
  - Native American/American Indian (**56%**, 68 participants)
  - Native Hawaiian or Other Pacific Islander (**51%**, 21 participants)
  - Middle Eastern or North African (**72%**, 13 participants)

#### **Disconnect between services and the people they serve by race/ethnicity.**

- While **16%** (473 participants) of all survey participants reported exceeding income guidelines as a barrier to needed services, there were higher percentages among some race/ethnicities reporting this barrier. The highest percentages were among participants who identified as:
  - African American/Black (**29%**, 26 participants)
  - Hispanic/Latino/Latinx (**21%**, 37 participants)
  - Native American/American Indian (**29%**, 43 participants)

## Findings by School District of Residence<sup>9</sup>

Please note that some of these findings include very small samples. The number of participants by school district of residence are as follows:

- Bainbridge Island: **446** participants (11% of overall participants)
- Bremerton<sup>10</sup>: **1,023** participants (24% of overall participants)
- Central Kitsap<sup>11</sup>: **691** participants (16% of overall participants)
- North Kitsap: **1,017** participants (24% of overall participants)
- South Kitsap: **893** participants (21% of overall participants)

### *Bainbridge Island*

#### **Challenges meeting basic needs for Bainbridge Island survey participants.**

Among Bainbridge Island survey participants, there were higher percentages who reported difficulties finding needed **childcare** than among overall participants. Difficulties findings needed childcare with higher percentages for Bainbridge Island participants included:

- Hours not flexible enough for my schedule; **50%** (14 participants) compared to **32%** overall (160 participants)
- Waitlist too long/no space available; **39%** (11 participants) compared to **33%** (168 participants)

#### **Barriers to accessing healthcare for Bainbridge Island survey participants.**

Among Bainbridge Island survey participants, there were higher percentages who reported **appointment wait times** and **counselors refusing to take insurance** as barriers to receiving medical, dental, and mental healthcare than among overall respondents:

- Barrier to medical care: too long to wait for an appointment; **52%** (44 participants) compared to **44%** overall (476 participants)
- Barrier to dental care: too long to wait for an appointment; **30%** (17 participants) compared to **25%** overall (214 participants)
- Barrier to mental health counseling: counselor refused my insurance; **24%** (16 participants) compared to **15%** overall (121 participants)

#### **Disconnect between services and the people they serve for Bainbridge Island survey participants.**

Among Bainbridge Island survey participants, there were lower percentages who reported having barriers to accessing basic needs support than among overall respondents. However, among those who did report barriers, **services being unavailable in their area** ranked higher than for among overall participants:

---

<sup>9</sup> School district of residence was assigned to survey participants based on their self-reported ZIP code of residence; 3% of survey participants reported a ZIP code of residence outside of Kitsap County or did not provide a ZIP code of residence.

<sup>10</sup> Including East Bremerton south of Tracyton and all of West Bremerton, including ZIP code 98312.

<sup>11</sup> Including the Silverdale and Seabeck areas.

- While **75%** of Bainbridge Island participants said they had no barriers getting help with basic needs (256 participants), among those who did report barriers, services being unavailable in their area was the **second** most reported barrier, compared to **fifth** for overall respondents.
- Additionally, when asked why they had not used needed services, services not being available where I live was the **third** most reported barrier, compared to **fifth** for overall respondents.

## *Bremerton*

### **Challenges meeting basic needs for Bremerton survey participants.**

Among Bremerton survey participants, there were higher percentages who reported challenges meeting basic needs for **housing, food, employment, and reliable transportation** than among overall participants:

- About two in five (**42%**, 350 participants) Bremerton participants said cost of rent or house payment is a major concern, a higher proportion than any other Kitsap County region.
- While **78%** of all participants reported they never worry about running out of food (2,640 participants), only **69%** of Bremerton participants said they never worry about running out of food (568 participants). Barriers to getting food with higher percentages for Bremerton participants included:
  - **Not enough income: 15%** of Bremerton participants (121 participants) compared to **10%** overall (327 participants)
  - **Lack of transportation to food: 10%** of Bremerton participants (78 participants) compared to **6%** overall (187 participants)
  - **Not enough alternative food sources: 9%** of Bremerton participants (74 participants) compared to **6%** overall (193 participants)
- While **68%** of all participants reported they had no barriers to employment (2,245 participants), only **59%** of Bremerton participants said they had no barriers (480 participants). Barriers to employment with higher percentages for Bremerton participants included:
  - **Mental or physical disability: 16%** of Bremerton participants (130 participants) compared to **11%** overall (363 participants)
  - **Wages are too low to cover monthly expenses: 12%** of Bremerton participants (99 participants) compared to **9%** overall (286 participants)
  - **Lack of training or experience: 10%** of Bremerton participants (84 participants) compared to **6%** overall (209 participants)
- While **69%** of all participants reported they had no barriers to reliable transportation (2,311 participants), **63%** of Bremerton participants said they had no barriers (517 participants). Barriers to reliable transportation with higher percentages for Bremerton participants included:
  - **Gas prices are too high: 27%** of Bremerton participants (223 participants) compared to **24%** overall (790 participants)
  - **Not enough money to maintain a vehicle: 14%** of Bremerton participants (112 participants) compared to **9%** overall (301 participants)

### **Barriers to accessing healthcare for Bremerton survey participants.**

Among Bremerton survey participants, there were higher percentages who reported **being very worried about medical bills, being concerned about their emotional wellbeing, and not receiving needed medical, dental, and mental healthcare** than among overall respondents:

- About one in five (**23%**, 189 participants) Bremerton participants said they were very worried about paying medical bills if they got sick or injured, a higher proportion than any other Kitsap County region.
- When asked if there was a time in the past year when they needed healthcare services (e.g., to see a doctor) but did not receive them, Bremerton participants consistently reported a higher percentage than any other Kitsap County region:
  - **44%** of Bremerton participants said there was a time in the past year when they needed mental health counseling but could not get it (261 participants), compared to **37%** overall (832 participants)
  - **39%** of Bremerton participants said there was a time in the past year when they needed to see a doctor but did not (312 participants), compared to **33%** overall (1,089 participants)
  - **34%** of Bremerton participants said there was a time in the past year when they needed to see a dentist but did not (274 participants), compared to **26%** overall (852 participants)
  - **20%** of Bremerton participants said there was a time in the past year when they needed prescription medicine but were not able to get it (163 participants), compared to **14%** overall (451 participants); **43%** of Bremerton participants reported they were unable to get their prescription medicine because it was not covered by their insurance or Medicaid (72 participants), compared to **35%** overall (161 participants)

### **Disconnect between services and the people they serve for Bremerton survey participants.**

Among Bremerton survey participants, there were higher percentages who reported **barriers to accessing basic needs support** than among overall respondents:

- While **62%** of all participants reported they had no barriers to getting help with basic needs (2,084 participants), only **52%** of Bremerton participants said they had no barriers (431 participants). Barriers to basic needs support with higher percentages for Bremerton participants included:
  - **Not eligible or did not qualify: 24%** of Bremerton participants (202 participants) compared to **19%** overall (658 participants)
  - **Can't afford fees or co-payments: 15%** of Bremerton participants (123 participants) compared to **10%** overall (354 participants)
  - **Don't want to ask for help: 10%** of Bremerton participants (80 participants) compared to **8%** overall (257 participants).

## *Central Kitsap*

### **Challenges meeting basic needs for Central Kitsap survey participants.**

Among Central Kitsap survey participants, there were higher percentages who reported challenges meeting basic needs for **support for their children** than among overall participants:

- While **69%** of all survey participants reported they were able to get enough support for their child with a disability (217 participants), only **54%** of Central Kitsap respondents said they were able to get enough support (21 participants), the lowest percentage of any Kitsap County region.
- Additionally, while **77%** of all survey participants reported they felt their family had enough resources to get their children ready for kindergarten (387 participants), only **66%** of Central Kitsap respondents felt their family had enough resources (35 participants), the lowest percentage of any Kitsap County region.

### **Barriers to accessing healthcare for Central Kitsap survey participants.**

Among Central Kitsap survey participants, there were higher percentages of respondents who reported **appointment wait times as a barrier to care** than among overall respondents:

- More than half (**56%**, 90 participants) of Central Kitsap participants said long appointment wait times were a barrier to medical care, a higher proportion than any other Kitsap County region.
- Additionally, three in five (**60%**, 71 participants) Central Kitsap participants said long appointment wait times were a barrier to mental health counseling, a higher proportion than any other Kitsap County region.

## *North Kitsap*

### **Barriers to accessing healthcare for North Kitsap survey participants.**

Among North Kitsap survey participants, there were similar or lower percentages to overall participants who reported they had not seen a doctor, dentist, or mental healthcare provider when they needed. However, North Kitsap participants did report higher percentages for **lactation support barriers** than overall participants:

- While **54%** of all respondents who had a baby in the last two years said there was a time when they needed lactation support and could not get it (126 participants), **60%** of North Kitsap participants said they did not get needed lactation support (31 participants).
- While **23%** of all respondents reported they didn't know how to find services as a barrier to needed lactation support (29 participants), **42%** of North Kitsap participants didn't know how to find services (13 participants).

## *South Kitsap*

### **Challenges meeting basic needs for South Kitsap survey participants.**

Among South Kitsap survey participants, there were higher percentages who reported challenges meeting basic needs for **reliable transportation** and **support for their children** than among overall participants:

- Of all participants who reported no public transportation near me as a barrier to reliable transportation (316 participants), nearly one in three (**28%**, 87 participants) were from South Kitsap.
- While **26%** of all respondents reported they had no difficulties finding needed childcare in the past year (131 participants), only **22%** of South Kitsap respondents said they had no difficulties (27 participants). Difficulties finding needed childcare with higher percentages for South Kitsap participants included:
  - **Cost is too high: 44%** of South Kitsap participants (55 participants) compared to **40%** overall (199 participants)
  - **Hours not flexible enough for my schedule: 37%** of South Kitsap participants (46 participants) compared to **32%** overall (160 participants)
  - **Too far away/don't have transportation: 22%** of South Kitsap participants (28 participants) compared to **18%** overall (91 participants)
  - **Not satisfied with quality of care: 19%** of South Kitsap participants (24 participants) compared to **14%** overall (69 participants)
- While **69%** of all survey participants reported they were able to get enough support for their child with a disability (217 participants), slightly less (**63%**) South Kitsap respondents said they were able to get enough support (55 participants).

#### **Barriers to accessing healthcare for South Kitsap survey participants.**

Among South Kitsap survey participants, there were similar or lower percentages to overall participants who reported they had not seen a doctor, dentist, or mental healthcare provider when they needed to. However, there were higher percentages of participants who reported **barriers to prenatal care and lactation support** than overall participants:

- While **51%** of all participants reported they had their first prenatal care visit in the first trimester (138 participants), only **42%** of South Kitsap participants did (31 participants).
- Additionally, **18%** of South Kitsap participants reported they did not receive prenatal care as early as they wanted (13 participants), a higher percentage than overall participants (15%, 39 participants) and the highest percentage of any Kitsap County region.
- While **54%** of all respondents who had a baby in the last two years said there was a time when they needed lactation support and could not get it (126 participants), a higher percentage of South Kitsap respondents (**65%**, 43 participants) said they did not get needed lactation support. Barriers to lactation support with higher percentages for South Kitsap participants included:
  - **Provider refused insurance: 48%** of South Kitsap participants (21 participants) compared to **31%** overall (39 participants)
  - **Didn't have any way to get to services: 34%** of South Kitsap participants (15 participants) compared to **24%** overall (30 participants)

# Next Steps

During focus group discussions, participants shared potential solutions to address the needs of our community. These opportunities for improvement are outlined below. In addition to these, future focus groups among additional communities would be beneficial, including discussions with people with disabilities, people who are pregnant/postpartum, people with lived experiences of substance use disorder, parents of young children, youth, people who are incarcerated, and business sector community members, among others.

## 1. Develop a comprehensive directory of resources.

Collaborate with other community and healthcare organizations to improve access to services by working with community members to develop and maintain a comprehensive and accessible resource directory, disseminating the tool online and in public spaces (e.g., in local libraries, churches), and making it available in multiple languages.

*“[We need to make] sure that people understand what the available resources are and how to access them.”*

## 2. Improve access to services that provide basic needs.

Work with community members to improve access to services that tackle housing instability, food insecurity, inadequate public transportation, and affordable childcare by making the application process easier and advocating with policymakers to expand services to those who are in need, but do not currently meet eligibility income guidelines.

*“We have to think about people that have the language barrier, that don't speak English...I understand there's deadlines and documents that need to be sent in and sent back, but are those hard deadlines and are they being accommodated for individuals that maybe have a disability or have a language barrier?”*

## 3. Build and maintain strong partnerships with community, healthcare, and tribal organizations.

Community, healthcare, and tribal organizations should develop stronger partnerships to better integrate medical and community services and improve cross-sector communication and service delivery.

*“I really think it boils down to absolute lack of interagency connecting and networking and failure to address that...you're responsible to know that your clients rely on a multitude of agencies outside of the services you are giving them.”*



# Appendix

## *A. 2022 Kitsap Community Resources Focus Group Discussion Questions.*

1. When you consider the state of our community, in your opinion what are the top three needs you see for our community?
2. What do you believe are the top three challenges specifically facing low-income persons in this community?
3. Could you think of 1 to 3 actions that service providers such as KCR could take to address each of these challenges?
4. What can our local hospital, clinics, EMS providers, and other parts of our healthcare system do in the next 1-3 years to improve the health and quality of life of Kitsap County residents?
5. What resources are there in Kitsap County that help keep our residents healthy and safe?
6. What are the challenges to being healthy and safe in Kitsap County?
7. Briefly share any other thoughts, suggestions, or ideas you may have on how to best address these challenging needs in our community.