

KITSAP COUNTY CORE PUBLIC HEALTH INDICATORS

Release Date: June 25, 2008

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INTRODUCTION

The *Kitsap County Core Public Health Indicators* is a synthesis of demographic and public health data designed to provide an overview of the health of Kitsap County residents, surroundings, and communities.

Data are presented at the county level as the relatively small population of Kitsap County prohibits sub-county analysis. Whenever possible, data are presented at two points in time to allow for examination of trends. 1998 was selected as a baseline year for most indicators, 2000 was used for indicators related to environmental health. The majority of data come from standard public health data systems: vital records, environmental health tracking, reportable illnesses, surveys, and the U.S. Census. Each of these data systems has limitations; indicators should be interpreted as estimates (for more information, refer to the background information section (pages 7-9)).

The findings presented in *Kitsap County Core Public Health Indicators* have many implications for public health practice, policy, and services. These indicators are presented in an effort to provide sound, reliable data that can be used to help focus resources, encourage new and existing partnerships, and support the work necessary to make Kitsap County the healthiest place on the planet to live, work, and play.

UPDATES

Who Are We?	<ul style="list-style-type: none"> • Adult education age group changed from 18-34 to 18-64 • Civilian mothers with more than high school education removed • Households unable to afford an average priced home removed, households spending more than 30% of monthly income on housing costs added • Adults reporting dental visit or dental care in past year added • Civilian women getting prenatal care in the first trimester added
How Healthy Are We?	<ul style="list-style-type: none"> • Adult average days of poor mental health removed, adult mental distress added • Chronic Hepatitis C and Staphylococcus related death rates added
How Healthy Are Our Lifestyles and Behaviors?	<ul style="list-style-type: none"> • Definition for youth healthy weight revised, excludes both overweight and at risk of overweight • Definition for youth physical activity revised to 60 minutes at least 5 days per week • Civilian women smoking during pregnancy added • Youth riding in a car with someone who had been drinking alcohol added • Youth using a pain killer to get high added
❖ All Healthy Youth Survey data are presented for 10 th graders in 2006 only due to statistical limitations around combining grade levels and low survey participation rates.	

Additional information is available from:

Kitsap County Health District • 345 6th Street, Suite 300 • Bremerton, WA 98337 • (360) 337-5235 • www.kitsapcountyhealth.com

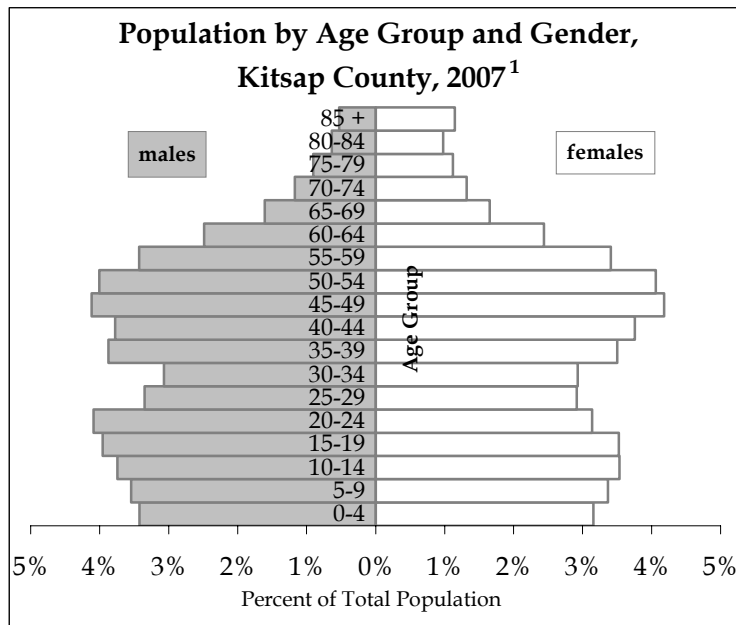
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DEMOGRAPHIC PROFILE

Kitsap County Population		
2007 estimate ¹	Number	Percent
Total	244,800	100%
Male	124,267	51%
Female	120,533	49%
Unincorporated		
Unincorporated	170,000	69%
Incorporated		
Bainbridge Island	23,080	9%
Bremerton	35,810	15%
Port Orchard	8,350	3%
Poulsbo	7,560	3%



Kitsap County Population by Race/Ethnicity, 2006 ²		
	Number	Percent
Total	240,604	100%
White	197,976	82%
Black or African American	6,466	3%
American Indian and Alaska Native	2,620	1%
Asian, Native Hawaiian and Other Pacific Islander	12,813	5%
Some other race	310	0%
Two or more races	9,296	4%
Hispanic or Latino (may be any race)	11,123	5%

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I. WHO ARE WE?

	Year	Year	Trend
EDUCATION			
Adults aged 18-64 with more than high school education ²	64% 2000	65% 2006	better
Civilian mothers with less than high school education ³	16% 1998	14% 2006	better
High school graduation rate ⁴	86% 2004-05	81% 2005-06	worse
EMPLOYMENT			
Civilian adults currently employed ⁵	95% 1998	96% 2007	better
ECONOMIC WELL-BEING			
Residents living in poverty ^{6*}	9% 1998	9% 2005	same
Youth (ages 5-17) living in poverty ^{6*}	11% 1998	9% 2005	same
Public school students (grades K-12) enrolled in free or reduced lunch program (eligibility = <185% poverty) ^{4**}	26% 1998-99	28% 2007-08	worse
Civilian Births paid by Medicaid (eligibility = <185% poverty) ^{3**}	38% 1998	40% 2006	same
Households spend more than 30% of monthly income on housing costs ²	32% 2000	36% 2006	worse

* A family of four earning \$16,450 or less in 1998 or \$20,000 or less in 2006 was living in poverty.

** A family of four earning \$30,433 in 1998 or \$37,000 in 2006 was living at 185% of poverty.

HEALTH CARE ACCESS			
Adults aged 18-64 report having health insurance ⁷	89% 1998	85% 2006	same
Adults report having an ongoing source of primary care (personal doctor or health care provider) ⁷	82% 1998	77% 2006	same
Adults report having visited a dentist or dental clinic in the past 12 months ⁷	65% 1998	69% 2006	same
Youth (grade 10) report having had a dental checkup, exam or cleaning in the past 12 months ⁸	no data	74% 2006	
Civilian women start prenatal care in the first trimester ³	80% 1998	75% 2006	worse

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II. HOW HEALTHY ARE WE?

	Year	Year	Trend
GENERAL HEALTH			
Adults report their general health is excellent, very good, or good during the past 30 days ⁷	90% 1998	86% 2006	same
Adults report activities not limited by poor physical or mental health during the past 30 days ⁷	61% 1998	60% 2006	same
EMOTIONAL WELL-BEING			
Adults report mental distress (14 or more days of poor mental health during the past 30 days) ⁷	7% 1998	10% 2006	same
Youth (grade 10) report seriously considering attempting suicide during the past 12 months ⁸	no data	15% 2006	
Annual suicide death rate per 100,000 residents ^{1,3}	15 1998-00	12 2004-06	same
DENTAL HEALTH			
Adults report never having a permanent tooth extracted because of decay or gum disease ⁷	54% 1998	60% 2006	same
COMMUNICABLE DISEASES			
Kindergarten children with complete immunizations* ⁹	93% 1998-00	89% 2004-06	worse
Chlamydia rate per 100,000 adolescents and young adults (age 15-24) ^{1,10}	1091 1998-00	1464 2004-06	worse
Tuberculosis rate per 100,000 residents ^{1,11}	3 1998-00	2 2004-06	same
Chronic Hepatitis C rate per 100,000 residents ^{1,11}	68 2001-03	68 2004-06	same
Staphylococcus-related death rate per 100,000 residents ^{1,3}	4 2001-03	4 2004-06	same

* Kindergarten children exempt from immunizations: 1998-00: 2.4%; 2004-06: 4.7%. Significantly more children were exempt in 2004-06 compared to 1998-00.

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III. HOW HEALTHY ARE OUR LIFESTYLES AND BEHAVIORS?

	Year	Year	Trend
WEIGHT MANAGEMENT			
Adults at a healthy weight (BMI= 18.5-24.9) ⁷	47% 1998	39% 2006	same
Youth (grade 10) at a healthy weight (below 85 th percentile for BMI) ⁸	no data	77% 2006	
PHYSICAL ACTIVITY			
Adults report engaging in recommended levels of moderate or vigorous physical activity ⁷	56% 2003	57% 2005	same
Youth (grade 10) report engaging in recommended levels of physical activity (at least 60 minutes on 5 or more days per week) ⁸	no data	38% 2006	
Youth (grade 10) report watching TV, videos or DVDs, playing video games, or using a computer for fun for less than three hours on school days ⁸	no data	81% 2006	
TOBACCO USE			
Adults report currently smoking ⁷	24% 1998	19% 2006	same
Civilian women report smoking during pregnancy ³	20% 1998	14% 2006	better
Youth (grade 10) report smoking in the past 30 days ⁸	no data	15% 2006	
SUBSTANCE ABUSE			
Adults report binge drinking (5 or more drinks on an occasion) in the past 30 days ⁷	14% 2004	16% 2006	same
Youth (grade 10) report using alcohol in the past 30 days ⁸	no data	30% 2006	
Youth (grade 10) report riding in a vehicle driven by someone who had been drinking alcohol in the past 30 days ⁸	no data	22% 2006	
Youth (grade 10) report using a pain killer to get high in the past 30 days ⁸	no data	11% 2006	
Annual drug-induced death rate per 100,000 residents ^{1,3}	8 1998-00	11 2004-06	same

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IV. HOW SAFE AND HEALTHY ARE OUR SURROUNDINGS?

	Year	Year	Trend
Healthy air days (PM2.5 concentration below 25 u/m3) ¹²	99% 2001	98% 2007	same
Group A/B water systems meet standards for acceptable levels of total coliform bacteria ¹³ *2000, 64.6% of all group A and B systems were tested. †2007, 79.4% of all group A and B systems were tested.	91% 2000*	98% 2007†	better
Fresh water streams meet standards for acceptable levels of fecal coliform bacteria ¹⁴	25% 2000	40% 2007	same
Shoreline miles classified as "open" for shellfish harvesting ¹⁴	69% 2000	81% 2007	better
Annual rate of illnesses commonly related to unsafe food, unsafe water, or poor hygiene per 100,000 residents ^{1,11}	37 2000	26 2006	better
Annual motor vehicle injury-related death rate per 100,000 residents ^{1,3}	11 1998-00	10 2004-06	same
Annual crime (violent and property) rate per 100,000 residents ^{1,15}	4276 1998	3125 2006	better

SOURCES

- ¹ Washington State Office of Financial Management, Population Estimates
- ² US Census & American Community Survey
- ³ Kitsap County Health District Vital Statistics Database (births and deaths)
- ⁴ Washington State Office of the Superintendent of Public Instruction
- ⁵ US Department of Labor, Bureau of Labor Statistics, Local Area Unemployment Statistics
- ⁶ US Census Bureau, Small Area Income and Poverty Estimates
- ⁷ Kitsap County Behavioral Risk Factor Surveillance System
- ⁸ Kitsap County Healthy Youth Survey
- ⁹ IMMENU School Data Software, Washington State Dept. of Health Immunization Program
- ¹⁰ STD Profile, Washington State Dept. of Health
- ¹¹ Annual Communicable Disease Report, Washington State Dept. of Health
- ¹² Puget Sound Clean Air Agency
- ¹³ Kitsap County Health District Drinking Water Program
- ¹⁴ Kitsap County Health District Water Quality Program
- ¹⁵ Washington State Association of Sheriff and Police Chiefs

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BACKGROUND INFORMATION

INDICATORS

What is an indicator?

- An indicator is a measurement that reflects the status of a system, a measure of health status or a health outcome.

Indicator Selection Criteria*:

- **Worth measuring:** indicator measures an important aspect of the public's health
- **Readily understood** by people who need to act: policy makers, community leaders, health care
- **Compelling** enough to lead to action
- **Able to be improved:** feasible actions have been identified and shown to impact the indicator
- **Trackable over time:** defined in such a way that changes over time are likely to reflect interventions rather than changes in definitions

*Institute of Medicine, Leading Health Indicators for Healthy People 2010: Final Report. 1999.

DATA SOURCES

1. Washington State Office of Financial Management

The Office of Financial Management produces annual population estimates based on Census data by age and gender at the State and County levels.

2. U.S. Census and American Community Survey

The Census and American Community Survey collect data about population, housing and economy. The Census is conducted every 10 years; the American Community Survey is conducted annually in communities with populations of >60,000.

3. Kitsap County Health District Vital Statistics Database

The Kitsap County Health District maintains a vital statistics database with information about all county resident births and deaths. Data are obtained every year from the Washington State Department of Health. A limitation of vital statistics data is that some information may be missing from the reporting forms and therefore from the database. Death data are limited by the inconsistency and incompleteness of reported causes of death (usually done by the attending physician).

4. Washington State Office of the Superintendent of Public Instruction

The Office of the Superintendent of Public Instruction provides data at the county level for the rate of extended high school graduation and school district level data for the number of students eligible for free and reduced-priced meals as of October of each school year. These data have some limitations. First, eligible students might be underrepresented, as those not signed up in October would not be counted. Eligibility status might change during the school year resulting in an under or overestimate of program participants. Children who are not enrolled in school, are home-schooled, or attend private schools were not included.

5. Bureau of Labor Statistics

The U.S. Department of Labor's Bureau of Labor Statistics produces annual Local Area Unemployment Statistics. The 1998 data reflects 2000 Census-based geography and new model-based controls at the state level. Later data reflects 2000-based geography, new model controls, 2000 Census inputs, and methodological changes.

6. U.S. Census Bureau - Small Area Income & Poverty Estimates

The Census Bureau Small Area Income & Poverty Estimates (SAIPE) division provides model-based estimates at the state, county and school district level. These data have limitations in that they are based on statistical modeling that may not represent natural changes in income and poverty conditions over time. *Note: Calculations performed using the Small Area Income and Poverty Estimates were conducted with population estimates that are different from those produced by WA State Office of Financial Management.*

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7. Behavioral Risk Factor Surveillance System

The Behavioral Risk Factor Surveillance System is an annual telephone survey conducted continuously throughout the year. It is a collaborative effort of the Centers for Disease Control and the Washington State Department of Health. The survey collects information on a vast array of health conditions, health-related behaviors, and risk and protective factors about individual adult health. The survey has several limitations. First, residents of households without telephones or with only mobile telephones are not included. Surveys are conducted in English only. Potential respondents are not always available or willing to participate. Because the survey relies on respondent's own report, some data may be under or overestimated. Data collected in 1998 included only civilian residents while in other years civilian and military residents were surveyed.

8. Healthy Youth Survey

The Healthy Youth Survey is conducted every two years among youth in grades 6, 8, 10 and 12. It is a collaborative effort of the Office of the Superintendent of Public Instruction, the Washington State Department of Health, the Washington State Department of Social and Health Service's Division of Alcohol and Substance Abuse, the Community Trade and Economic Development, the Family Policy Council, the Educational Service Department and local health departments. The survey is voluntary and anonymous. The survey gathers reliable and current data about the perceptions, behaviors, and influences of youth on key topics affecting them. These data have some limitations. Results may not represent Kitsap youth as not all Kitsap County schools or students choose to participate. The survey relies on respondent's own report therefore some data may be under or overestimated.

9. IMMENU School Data Software

The IMMENU School Data Software is administered by the Washington State Department of Health Immunization Program. It includes numbers of children entering kindergarten, by county, with a complete, conditional, out of compliance (incomplete) immunization series, or exempt status. Immunization status is collected from parents and not verified with health care providers. Thus, numbers might be under or overestimates as parents might not recall or know the exact immunization status of their child.

10. Sexually Transmitted Disease Profile

The Sexually Transmitted Disease Profile is produced by the Washington State Department of Health. It provides numbers of and summarizes trends in sexually transmitted diseases, with emphasis on chlamydia and gonorrhea since they are the most frequently reported STDs. A primary limitation of these data is that not all persons with an STD seek healthcare and healthcare providers don't always recognize, confirm, or report notifiable conditions. Second, clinically diagnosed cases (no laboratory confirmation) may be missed. Therefore, reported cases may represent only a portion of the actual burden of disease.

11. Annual Communicable Disease Report

The Annual Communicable Disease Report is produced by the Washington State Department of Health. It provides numbers of and summarizes trends in notifiable communicable diseases reported by local health jurisdictions. There are several limitations to the accuracy of the information. First, sick people don't always seek healthcare and healthcare providers don't always recognize, confirm, or report notifiable conditions. Therefore, reported cases may represent only a portion of the actual burden of disease.

12. Puget Sound Clean Air Agency

The Puget Sound Clean Air Agency collects air quality data at two monitoring stations in Kitsap County. Both stations report a daily average of micrograms per cubic meter of particulate matter 2.5 calculated from a minimum of 18 1-hour averages. The data are limited to the days a daily average was calculable.

13. Kitsap County Health District Drinking Water Program

The Kitsap County Health District Drinking Water Program works in partnership with the Washington State Department of Health Drinking Water Program to provide oversight of public drinking water systems. Water systems are required to comply with a bacteriological sampling plan to ensure that drinking water is safe for consumption. The data have some limitations. Since variation from sampling methods and unstandardized field equipment may produce invalid or inconsistent results, verification resampling is required for any positive coliform result. Because not all systems are in compliance with testing requirements, either by not testing at all or failing to re-test after a positive result, results may be under or overestimates.

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14. Kitsap County Health District Water Quality Program

The Kitsap County Health District Water Quality Program collects water quality samples and data at stream monitoring stations. Water samples are collected at established stations 12 times annually using a stratified random sampling strategy to designate the date and time of sample collection. Data representativeness, completeness, and comparability are achieved through consistent sampling methodology and documentation. The data set may be limited by variations in equipment performance and environmental conditions.

15. Washington State Association of Sheriff and Police Chiefs

The Washington State Association of Sheriff and Police Chiefs annually produces the Crime in Washington report compiled from monthly reports submitted by individual law enforcement agencies. These data have several limitations. First, the amount and type of crime reported may differ due to reporting practices, law enforcement policies, population characteristics, and attitudes. Crime may not be accurately depicted, as the varying severity of offenses is not taken into account. The Port Gamble S'Klallam Tribal and Suquamish Tribal Police Departments did not provide data.

DATA DETAILS

Two distinct types of data have been used to calculate the values reported in the Kitsap County Public Health Indicators: survey and incidence. Note: All data in the indicator report were 'rounded' to the nearest whole number.

Survey Data

Survey data are acquired through population surveys, in which a segment or portion of the population of interest is surveyed. Surveys are conducted because it is unrealistic to obtain information from the whole population of interest. Using statistical methods, the answers of those surveyed can be generalized to describe the entire population of interest. This method assumes that the group surveyed is statistically the same as the population it represents.

Survey data are reported as proportions (percentages) rather than counts (raw numbers). Proportions are comparable across groups and time. Examples of survey data include: current smokers, physical activity, air quality, etc. They are calculated as follows: $(\text{Number with specific answer} / \text{Total answering the question}) \times 100$

Incidence Data

Incidence data are counts of new events that occur to members of a specific group during a specific time period. Incidence data are reported as a rate. Rates are comparable across groups and time. Examples of incidence data include: suicide death rate, Chlamydia rate, unsafe food/water/hygiene related illness rate. They are calculated as follows: $(\text{Number of new events} / \text{Total persons with potential for event}) \times 100,000$

Confidence Intervals

A confidence interval is a range of values that describes the uncertainty surrounding a calculated value. We use confidence intervals as one way to represent how 'real' a value is. For this report we used a probability of 95% such that, if we were to repeatedly calculate new values using exactly the same procedures, 95 out of 100 values would be considered 'real' by falling within the range described by the confidence interval. Interpretation of values should be done with greater caution when confidence intervals are wide as this indicates increased variability in the data.

The confidence intervals calculated for the indicators for economic well-being use 90% confidence intervals in concordance with the methodology of the data source, the US Census Bureau, Small Area Income and Poverty Estimates. For these indicators, 90 out of 100 values would be considered 'real' by falling within the range of values described as the 90% confidence interval.

Trends

In order to evaluate change over time, the values for a given indicator are compared at two time points. Statistically significant differences exist when the confidence interval endpoints for the two values being compared do not overlap. Rates and proportions might appear to be different however they are only statistically different when their confidence intervals do not overlap. When confidence interval endpoints overlap, to ensure that rates are not actually different, a second statistical test is run. When the result of the test is a p-value less than 0.05, the rates are statistically different.

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INDICATOR DATA	Year	Number	Total	Rate	95% confidence interval		p-value
					lower	upper	
Adults aged 18-64 with more than high school education	2000	92940	145506	63.9	63.6	64.1	
	2006	100751	154243	65.3	65.1	65.6	
Civilian mothers with less than high school education	1998	330	2025	16.3	14.8	18.0	
	2006	320	2257	14.2	12.8	15.7	0.006
High school graduation rate (extended)	2004-05	2677	3114	86.0	84.7	87.1	
	2005-06	2567	3186	80.6	79.2	81.9	
Civilian adults currently employed	1998	89559	93808	95.47	95.3	95.6	
	2007	117461	122859	95.6	95.5	95.7	0.04
Residents living in poverty*	1998	20322	233586	8.7	6.8	10.6	
	2005	20797	231078	9.0	7.9	10.1	
Youth (ages 5-17) living in poverty*	1998	5359	48279	11.1	7.6	14.5	
	2005	3788	42089	9.0	7.2	10.9	
Public school students (grades K-12) enrolled in free or reduced lunch program (eligibility = < 185% poverty)	1998-99	10899	42665	25.5	25.1	26.0	
	2007-08	11046	39158	28.2	27.8	28.7	
Civilian births paid by Medicaid (eligibility = < 185% poverty)	1998	800	2095	38.2	36.1	40.3	
	2006	891	2220	40.1	38.1	42.2	
Households paying more than 30% of monthly income on housing costs	2000	22717	71896	31.6	31.3	31.9	
	2006	32516	90197	36.0	35.7	36.4	
Adults aged 18-64 report having health insurance	1998	550		89.0	85.8	91.7	
	2006	595		84.7	80.3	88.3	
Adults report having an ongoing source of primary care (personal doctor or health care provider)	1998	538		82.2	77.9	85.8	
	2006	751		76.5	72.0	80.3	
Adults report having visited a dentist or dental clinic in the past year	1998	374		65.4	60.9	69.6	
	2006	636		69.1	65.0	73.0	
Youth (grade 10) report having had a dental checkup, exam or cleaning in the past 12 months	2006	799	1076	74.3	71.6	76.8	
Civilian women have prenatal care in the first trimester	1998	1636	2057	79.5	77.7	81.2	
	2006	1584	2111	75.0	73.1	76.8	0.00
Adults report that in general their health is: excellent, very good, or good	1998	644		90.0	87.6	92.4	
	2006	747		85.5	82.2	88.3	
Adults report activities not limited by poor physical or mental health during the past 30 days	1998	245		61.3	55.4	66.9	
	2006	288		60.1	54.7	65.2	
Adults report mental distress (14 or more days of poor mental health during the past 30 days)	1998	57		7.4	5.6	9.8	
	2006	101		10.3	8.1	13.0	
Annual suicide death rate per 100,000 residents	1998-00	103		14.9	12.2	18.1	
	2004-06	88		12.2	9.6	14.8	
Youth (grade 10) report seriously considering attempting suicide during the past 12 months	2006	173	1177	14.7	12.8	16.8	
Adults report never having a permanent tooth extracted because of decay or gum disease	1998	285		53.6	49.0	58.1	
	2006	444		59.8	55.9	63.6	
Kindergarten children with complete immunizations	1998-00	9416	10087	93.3	92.8	93.8	
	2004-06	7077	7961	88.9	88.2	89.6	
Chlamydia rate per 100,000 adolescents and young adults (age 15-24)	1998-00	1043	95590	1091.1	1027.2	1159.0	
	2004-06	1520	103801	1464.3	1393.0	1539.2	

* measures use 90% confidence interval calculated by SAIPE program therefore

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INDICATOR DATA	Year	Number	Total	Rate	95% confidence interval		p-value
					lower	upper	
Tuberculosis rater per 100,000 residents	1998-00	17	691378	2.5	1.4	3.9	
	2004-06	14	723800	1.9	1.1	3.2	0.50
Chronic Hepatitis C rate per 100,000 residents	2001-03	482	705100	68.4	62.5	74.7	
	2004-06	433	723300	59.9	54.5	65.8	
Staphylococcus-related death rate per 100,000 residents	2001-03	23	705114	3.6	2.1	5.1	
	2004-06	26	723296	3.9	2.4	5.4	
Adults at a healthy weight (BMI=18.5-24.9)	1998	317		46.6	42.4	50.9	
	2006	333		39.0	34.9	43.3	
Youth (grade 10) at a healthy weight (below 85 th percentile for BMI)	2006	824	1072	76.9	74.2	79.3	
Adults report engaging in recommended levels of moderate or vigorous physical activity	2003	656		56.2	53.2	59.1	
	2005	524		57.2	53.3	61.0	
Youth (grade 10) report engaging in recommended levels of physical activity (at least 60 minutes on 5 or more days per week)	2006	429	1121	38.3	35.5	41.2	
Youth (grade 10) report watching TV, videos or DVDs, play video games, or use a computer for fun for less than 3 hours on school days	2006	1917	2374	80.7	79.1	82.3	
	1998	171		23.7	10.2	27.6	
Adults report currently smoking	2006	160		18.5	15.4	21.9	
	1998	423	2118	20.0	18.3	21.7	
Civilian women report smoking during pregnancy	2006	326	2261	14.4	13.0	15.9	
	2006	341	2263	15.1	13.7	16.6	
Youth (grade 10) report smoking in the past 30 days	2006	341	2263	15.1	13.7	16.6	
Adults report binge drinking (5 or more alcoholic drinks on an occasion) in the past 30 days	2004	95	13.8	11.1	16.9		
	2006	106	15.9	12.8	19.4		
Youth (grade 10) report using alcohol in the past 30 days	2006	684	2252	30.4	28.5	32.3	
Youth (grade 10) report riding in a car or vehicle driven by someone who had been drinking alcohol in the past 30 days	2006	255	1185	21.6	19.3	24.0	
Annual drug-induced death rate per 100,000 residents	1998-00	56		8.1	6.1	10.5	
	2004-06	85		11.2	8.8	13.6	
Youth (grade 10) report using a pain killer to get high in the past 30 days	2006	240	2237	10.7	9.5	12.1	
Healthy air days (PM 2.5 concentration below 24 u/m3)	2001	680	690	98.6	97.4	99.2	
	2007	706	717	98.47	97.3	99.1	0.86
Group A/B water systems meet standards for acceptable levels of total coliform bacteria	2000	666	729	91.4	89.1	93.2	
	2007	871	892	97.6	96.4	98.5	
Fresh water streams meet standards for acceptable levels of fecal coliform bacteria	2000	12	49	24.5	12.7	42.6	
	2007	21	53	39.6	24.6	60.5	0.18
Shoreline miles classified as 'open' for shellfish harvesting	2000	154.74	226	68.5	62.3	74.3	
	2007	182.9	226	80.9	75.4	85.6	
Annual rate of illnesses commonly related to unsafe food, unsafe water, or poor hygiene per 100,000 residents	2000	85	231969	36.6	29.3	45.3	
	2006	62	243400	25.5	19.5	32.7	0.007
Annual motor vehicle injury-related death rate per 100,000 residents	1998-00	74		10.9	8.4	13.4	
	2004-06	69		9.5	7.2	11.7	
Annual crime (violent and property) rate per 100,000 residents	1998	9828	229841	4276.0	4194.0	4359.5	
	2006	7607	243400	3125.3	3056.9	3195.2	

Additional information is available from:

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