



St. Luke's Elmore Community Health Needs Assessment 2022



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Introduction

The St. Luke’s Elmore 2022 Community Health Needs Assessment (CHNA) provides a comprehensive evaluation of our community’s most important health needs. Addressing our health needs is essential to achieve improved population health, better patient care, and lower overall health care costs.

In our CHNA, we divide health needs into four distinct categories:

1. Health Behaviors
2. Clinical Care
3. Social and Economic Factors
4. Physical Environment

We employ a rigorous prioritization system designed to rank all considered health needs based on their potential to improve community health. All health needs are scored through the collection and analysis of a broad range of data, including:

- In-depth interviews with a diverse group of dedicated community leaders representing medically under-resourced, low-income, and minority populations.
- An extensive set of national, state, and local health indicators collected from governmental and other authoritative sources.
- Input from St. Luke’s Health System health professionals.
- Availability of evidence-based interventions as identified by Healthy People 2030.¹

St. Luke’s Health System’s Commitment to Improve Community Health

Each St. Luke’s medical center is responsive to the people it serves, providing a scope of services appropriate to community needs. Our volunteer boards include representatives from each St. Luke’s service area, helping to ensure local needs and interests are addressed. This governance structure supports the mission, vision, strategy, and overarching goal for improving community health.



OUR MISSION
To improve the health of people in the communities we serve.

OUR VISION
To be the community's trusted partner in providing exceptional, patient-centered care.

OUR STRATEGY
Quality, Access and Affordability

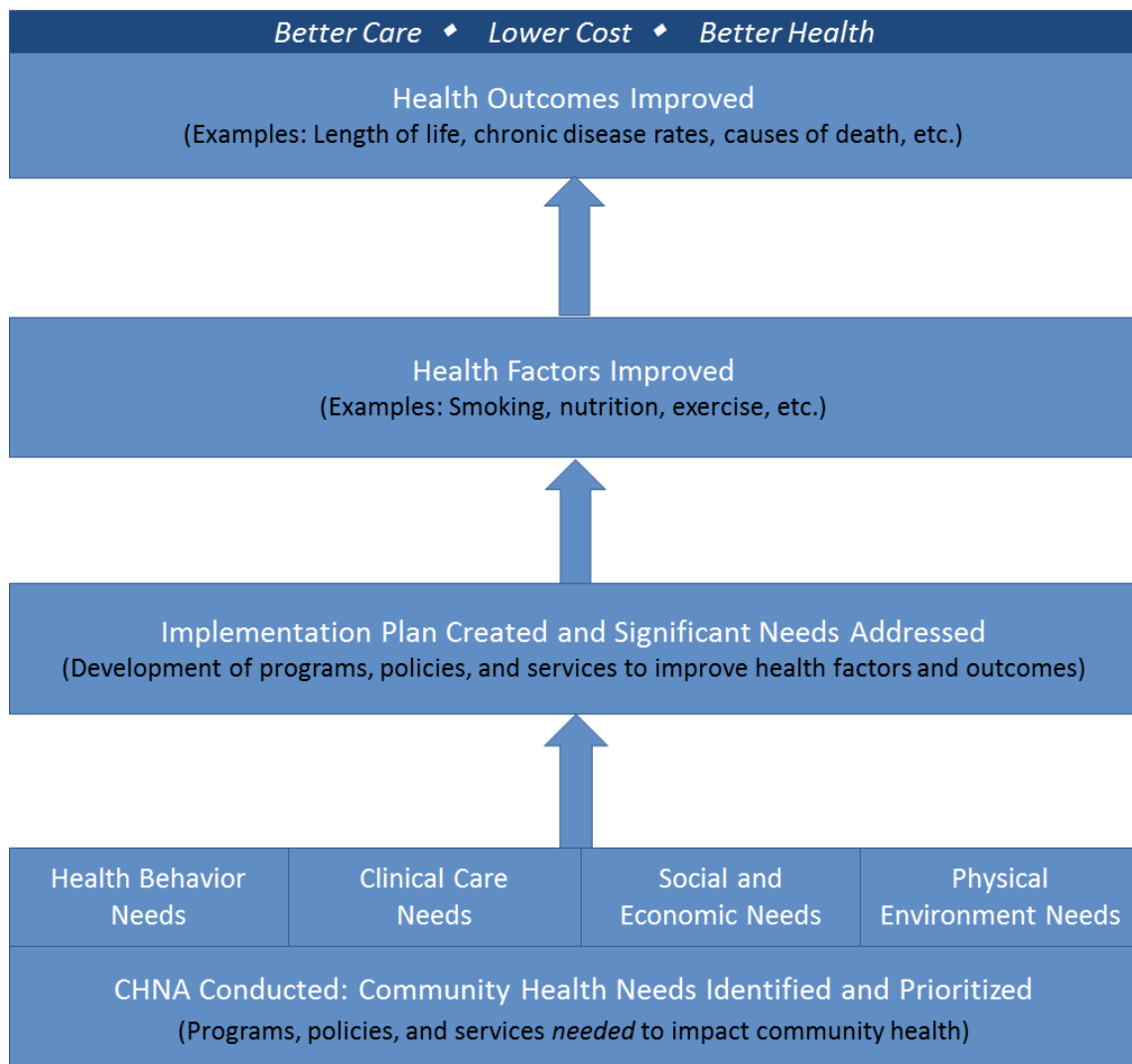
OUR GOAL FOR COMMUNITY HEALTH
In partnership with others, improve the health of people in the communities we serve by addressing social determinants of health.

<https://health.gov/healthypeople>

St. Luke's Process for Improving Community Health

St. Luke's Elmore regularly undertakes a rigorous process to improve overall health and quality of life in the communities we serve. This process begins by conducting a comprehensive Community Health Needs Assessment (CHNA) to identify the priority health needs in each St. Luke's Health System service region. Based on this assessment, the next step in the process is to design ongoing programs, activities, services, and policies to address and improve the highest priority health needs.

St. Luke's Approach to Improving Community Health



2022 Community Health Needs Assessment Strategic Objectives

St. Luke's 2022 Elmore CHNA is designed to help us better understand the most significant health challenges facing the community members in our service area. St. Luke's will use the information, conclusions, and health needs identified in our assessment to efficiently deploy our resources and engage with partners to achieve the following long-term community health objectives:

- Address high priority health needs with a focus on prevention.
- Expand access to appropriate St. Luke's and community-based services.
- Coordinate and integrate population and community health strategies.
- Advance health equity through addressing social determinants of health and reducing health disparities.

Community Health Needs Assessment Prioritization Criteria and Determination

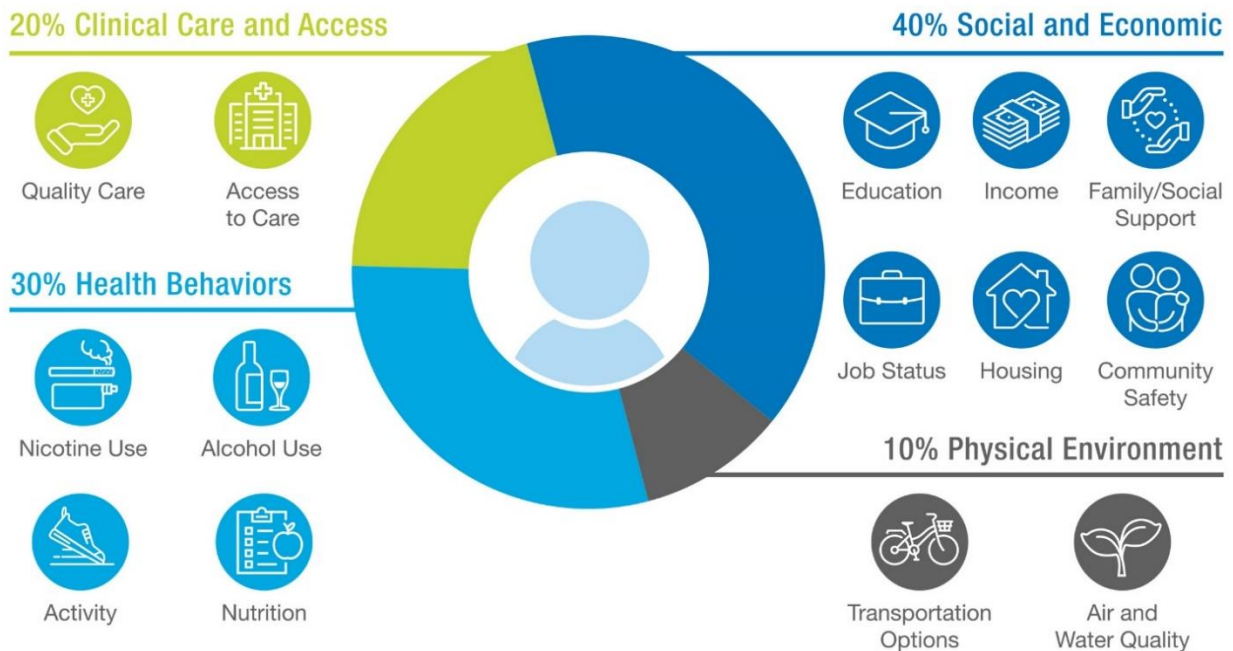
The first step in our CHNA process for defining community health needs is to understand the health status of our community.

Health outcomes help us determine overall health status. Health outcomes include measures of how long people live, how healthy people feel, rates of chronic disease, and the top causes of death. Measuring health outcomes provides a picture of the health status of a service area. The key influencers of those health outcomes are referred to as determinants of health. Social determinants, as a subset of overall determinants of health, are the conditions in the environments where people are born, live, learn, work, play, worship, and age that affect a wide range of health, functioning, and quality-of-life outcomes and risks.²

In our CHNA, we divide health needs into four distinct determinants of health categories—with the percentage of how much each impacts overall health—as shown in the figure below. St. Luke's Elmore will designate one need from each of these categories to be a highest priority need.

² <https://health.gov/healthypeople/objectives-and-data/social-determinants-health>. Accessed 10/27/21

Determinants of Health



In order to assess the status of health determinants in our community, our CHNA process begins with the *County Health Rankings* platform. The University of Wisconsin Population Health Institute, in collaboration with the Robert Wood Johnson Foundation, developed the *County Health Rankings* for measuring community health. The *County Health Rankings* provides a thoroughly researched process for selecting health determinants that, if improved, can help make our community a healthier place to live. The *County Health Rankings* platform provides the foundation for the selection of health outcomes and determinants that were assessed in our CHNA process. Those that have been included in our CHNA are termed as “health needs” throughout our document. A detailed description of these health needs is provided in subsequent sections of our CHNA, where our Elmore specific data is depicted.

All health needs included in our CHNA process are evaluated through the analysis of a broad range of data. Those inputs include:

1. Community representative input: In-depth surveys and interviews are conducted with a diverse group of representatives with extensive knowledge of community health and wellness. Our community representatives help us define our most important health needs and provide valuable input on initiatives, services and policies they feel would be effective in addressing the needs. A summary of under-resourced, low-income, and minority populations represented through the interview process can be found in the graph below. See Appendix 1 for details of representatives’ organizational affiliation and survey questions.

Number of Interview Respondents Representing Each Population

Elmore County	
Children (0-4 years)	14
Children (5-12 years)	17
Children (13-18 years)	16
People with disabilities	16
Hispanic/Latino/Latina/Latinx	12
Those experiencing homelessness	12
LGBTQIA+ (lesbian, gay, bi-sexual, transgender, queer, intersex, asexual)	9
Low-income individuals and families	19
Migrant and seasonal farm workers	12
Populations with chronic conditions	14
Refugees	9
Rural communities	20
Senior citizens	19
Those with behavioral health issues	14
Veterans	17
Other	2

2. St. Luke’s Health Professionals: St. Luke’s staff have decades of cumulative experience working in the community. They have unique insight and experience that are valuable to the assessment process. Staff participated in an online survey to capture and quantify their experience to inform identified gaps. Staff reported their impressions of community health alignment with St. Luke’s priorities and ability to make an impact on the health needs.

3. Availability of evidence-based resources (EBR): Evidence-based resources provide proven approaches to address health needs. These approaches have strong ability to make an impact and can be replicable, scalable, and sustainable. The EBRs provide reviews of published evaluations or studies that have evidence of effectiveness, feasibility, reach, sustainability, and transferability of intervention. This measure will inform how to best support the prioritized health needs, while leveraging identified best practices to improve health.

4. National, state, and local databases: Building on the *County Health Rankings* measures, we gather a wide range of additional community health outcome and health determinants measures from national, state, and local perspectives. We include these supplemental measures in our CHNA to ensure a comprehensive appraisal of the underlying causes of our service area’s most pressing health issues.

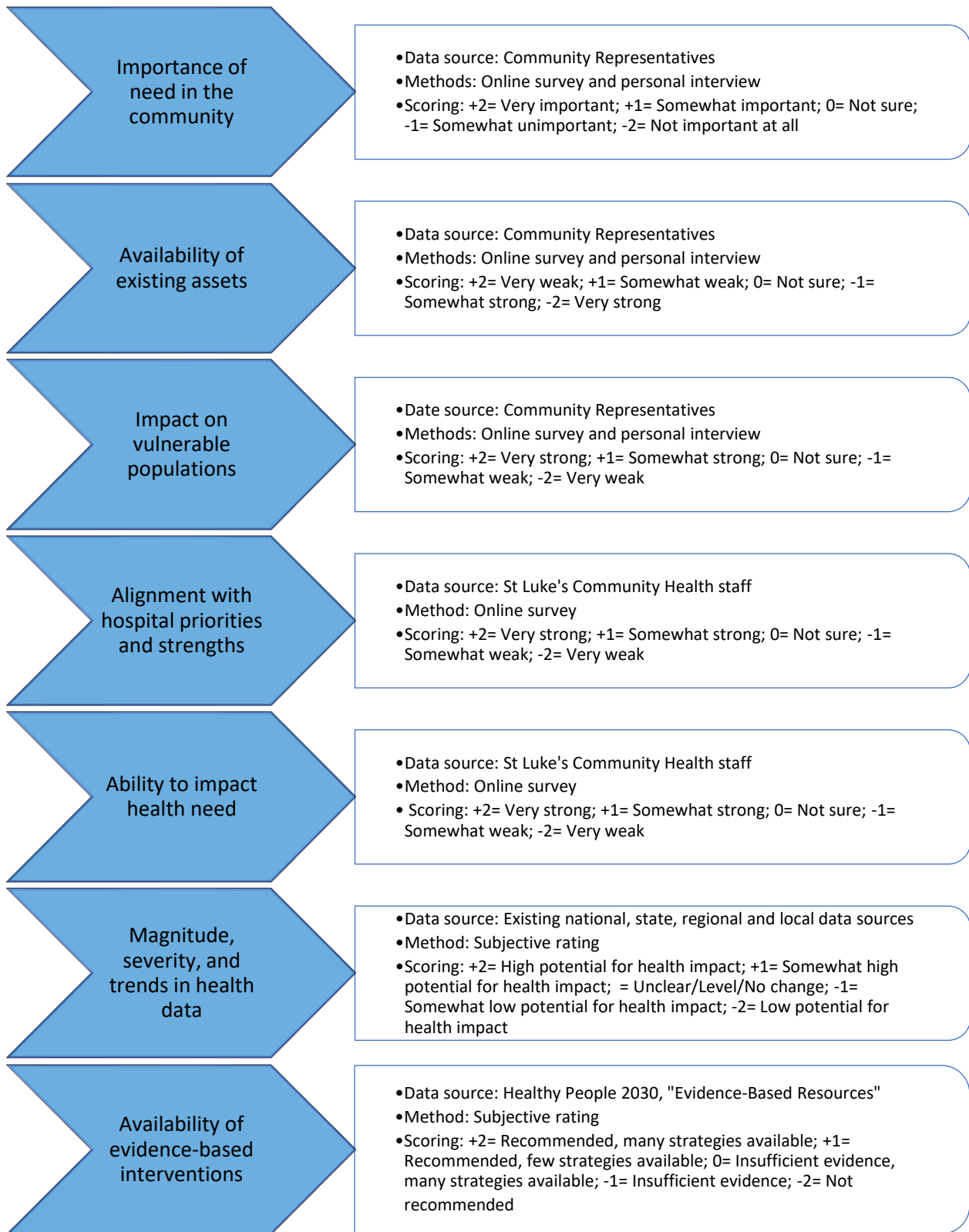
- Each health outcome or factor receives a **trend** score based on whether the measured value is getting better or worse compared to previous years. If the trend is getting worse, community health may be improved by understanding the underlying causes for the worsening trend and addressing those causes.
- The **severity** of the health outcome or factor is scored based on the direct influence it has on general health and whether it can be prevented. Therefore, leading causes of death or debilitating conditions receive high severity scores when the health problem is preventable. For example, there are few evidence-based ways to prevent pancreatic cancer. Since little can be done to prevent this health concern, its severity score potential is not as high as the severity score for a condition such as diabetes which has several evidence-based prevention programs available.
- The **magnitude** of the health outcome or factor is scored based on whether the problem is a root cause or contributing factor to other health problems. The magnitude score is the highest when the health outcome or factor is also manageable or can be controlled. For example, obesity is a root cause of a number of other health problems such as diabetes, heart disease, and high blood pressure. Obesity may also be controlled through diet and exercise. Consequently, obesity has the potential for a high point score for “magnitude.”

The scores for the four measures defined above are totaled up for each health outcome and factor – the higher the total score, the higher the potential impact on the health of our population. These scores are utilized as an important part of our prioritization process. Tables like the example, below, are used to score each health outcome and factor.

Finally, we employ a rigorous prioritization system incorporating an objective way to quantify potential impact on community health. We rank our list of health needs from highest scoring to lowest scoring in order to identify our priority health needs. The highest scoring need in each of the assessment categories are named as our communities’ highest health needs.

The diagram below visually outlines our CHNA process described above of converting the extensive amount of health needs data we collect into a quantified, numerical ranking order for prioritization.

Health Needs Prioritization System



St. Luke's Elmore Prioritized Community Health Needs

The following health needs received the highest score within each category, signifying the importance of addressing these needs to improve community health.

Significant Health Needs

- Health Behaviors - Nutrition Programs/Education/Opportunities
- Clinical Care - Availability of Behavioral Health Services
- Social and Economic Factors - Housing Stability
- Physical Environment - Accessible Modes of Transportation

Health Behaviors – Nutrition Programs/Education/Opportunities

Most Americans today do not have a healthy diet. According to data from the CDC, fewer than 1 in 10 adults and adolescents eat the recommended amounts of fruits and vegetables, 9 in 10 consume too much sodium and 5 in 10 consume too much sugar, all of which are linked to poor health outcomes. Nutrition is directly related to multiple health conditions including diabetes, overweight and obesity, heart disease and stroke, some types of cancers, poor brain development and poor mental health. The role of nutrition in chronic disease prevention and management is particularly crucial as diet is a modifiable risk factor for most chronic conditions.³

Some people don't have the information they need to choose healthy foods. Other people don't have access to healthy foods or can't afford to buy enough food. Public health interventions that focus on helping everyone get healthy foods, sourced locally when possible, and providing nutrition education, programs and opportunities are a vital part of a comprehensive health program that empowers individuals with knowledge and skills to make healthy food and beverage choices that impact their overall health.⁴



³ <https://www.cdc.gov/chronicdisease/resources/publications/factsheets/nutrition.htm>; Poor Nutrition CDC. Accessed 12/3/21

⁴ <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6412662/>; Nutrition and Chronic Conditions (nih.gov). Accessed 12/3/21

Clinical Care – Availability to Mental and Behavioral Health Services

Mental Health America (MHA), a leading community-based nonprofit dedicated to addressing America’s mental health, recently released its 2022 mental health report card with state-by-state rankings. For the third consecutive year, Idaho ranks 49th of 50 states on a composite score of 15 key mental health indicators for youth and adults.⁵



A critical component to improving mental health is access to mental health care, a deficit shared among our communities as one of our most significant health needs.

According to the National Alliance on Mental Illness, nearly a quarter of Idahoans are living with a mental illness. According to Substance Abuse and Mental Health Services, all counties across the state have shortages of mental health professionals. Poor mental

health affects anyone regardless of age, gender, geography, income, social status, race/ethnicity, religion/spirituality, sexual orientation, background, or other aspect of cultural identity.

Throughout the COVID-19 pandemic, adults have reported 3 times the frequency of anxiety and/or depressive disorders than they did pre-pandemic, while 20% of school-aged children have experienced worsened mental or emotional health since the pandemic began. This increase in mental health conditions comes at a time when mental health resources are already strained, and people with mental health diagnoses often face barriers to care. In April 2021, 32.5% of adults in Idaho who reported symptoms of anxiety and/or depressive disorder also had an unmet need for counseling or therapy.⁶

The need for more mental health providers is significant across the St. Luke’s Health System service area. St. Luke’s has continued to grow our behavioral health provider base (increasing 350% in the last three years) and engage with community partners to address this health need. St. Luke’s is dedicated to continuing our efforts through committing financial and human resources to address this health gap in our communities.

⁵ The State of Mental Health in America | Mental Health America (mhanational.org). Accessed 12/3/21

⁶ Mental Health and Substance Use State Fact Sheets | KFF. Accessed 12/3/21

Social and Economic Factors – Housing Stability

Stable housing is a key social determinant of health that can drive health status and quality of life. Access to a safe, quality, affordable home leads to better physical and mental health outcomes for all, and in addition for youth, higher academic achievement. There are a variety of reasons that create limited access to affordable homes in our communities. High housing costs can make it even harder for individuals and families to meet other important needs such as medications, transportation costs, utilities, food, etc. When rent and mortgage increases outstrip wage growth, as has happened in Idaho over recent decades, people are forced to make tradeoffs when meeting other life needs, and/or are forced to move frequently. This brings instability that can result in social and academic challenges. In Idaho, an hourly Housing Wage of \$17.36 is needed to afford a two-bedroom apartment at the Fair Market Rent of \$903 without paying more than 30% of income on housing. However, according to the National Low Income Housing Coalition, the average renter wage is only \$13.62.⁷

Finding ways to increase and maintain the supply of affordable, stable housing within our community that is also near schools, jobs, transportation options and healthcare will have a great impact on the overall health of our community. According to the Idaho Asset Building Network Fall 2021 chartbook titled *Housing Affordability in Idaho*, “In communities with enough affordable homes, primary care visits go up by 20%, emergency room visits go down by 18%, and accumulated medical expenses go down by 12%.”⁸ The presence of affordable homes also helps our economy by enhancing our workforce. The availability of affordable and stable housing enhances our employers' ability to recruit and retain talent and keep young talent entering the workforce employed in our local community.



St. Luke's has identified housing stability as a key health need with the opportunity to make significant impact on the overall wellbeing and thriving of our community at large, and in particular, some of its disproportionately affected groups.

⁷ <https://reports.nlihc.org/oor/idaho>. Accessed 12/16/21

⁸ [Housing-Chartbook-REVISED-11-1-21.pdf \(idahoassetnetwork.org\)](#). Accessed 12/3/21

Physical Environment – Accessible Modes of Transportation^{9 10 11 12}

Access to reliable and affordable transportation opportunities, including safe and physically active modes of transport, are fundamental to an individual's quality of life, health, and well-being. Barriers to transportation greatly impact an individual's ability to access crucial services such as medical care, filling prescriptions, grocery shopping, employment, education, and social connections. Those facing the biggest challenges with transportation are often members of our community that have been economically and/or socially marginalized, including lower income families, children, and older adults.



Communities that work to develop easily accessible, reliable, and varied forms of transportation, including safe options for walking and biking, help boost both physical and mental health of community members as well as reduce air pollution. Studies show numerous benefits of those who live in communities which are more physically active, including, lower body mass index (BMI), lower traffic injuries, and less exposure to air pollution. Ensuring

access to safe, healthy, and affordable transportation for all people promotes an increase in health equity by increasing access to healthier food options, medical care, vital services, and employment.

⁹ Centers for Disease Control and Prevention Transportation and Health Tool [CDC - Healthy Places - Transportation and Health Tool](#). Accessed 12/3/21

¹⁰ www.aha.org/transportation, Health Research & Educational Trust. (2017, November). Social determinants of health series: Transportation and the role of hospitals. Accessed 12/3/21

¹¹ [Health Policy Snapshot Series: How Does Transportation Impact Health?](#) October 25, 2012. Accessed 12/3/21

¹² [Public Transportation in the U.S.: A driver of Health and Equity](#) July 29, 2021 Publisher: [Project Hope: The People-to-People Health Foundation, Inc./Robert Wood Johnson Foundation](#). Accessed 12/3/21

Complete Community Health Assessment Data

The main body of this CHNA provides more in-depth information describing our community's demographics and health status as well as how we can make improvements. St. Luke's will collaborate with the people, leaders, and organizations in our community to develop and execute on an implementation plan designed to address the significant community health needs identified in this assessment. Utilizing effective, evidence-based programs and policies, we will work together toward the goal of attaining the healthiest community possible.

Stakeholder involvement in determining and addressing community health needs is vital to our process. We thank, and will continue to collaborate with, all the dedicated individuals and organizations working with us to make our community a healthier place to live.

St. Luke's Elmore Community

Background

St. Luke's Elmore has been committed to serving the needs of our community for over 63 years. Founded in 1955, we strive to provide the best health care for the entire family.

St. Luke's Elmore offers a wide range of services from primary care and wellness and prevention programs to surgery, obstetrics, geriatrics, transitional care, skilled long-term care, diagnostics, and an emergency department.

We care about our patients, their health, and what's best for individuals and families. St. Luke's Elmore is fortunate to have caring and committed volunteers, dedicated physicians on the medical staff, and an engaged community council comprised of independent civic leaders who volunteer their time to serve.

St. Luke's Elmore is a part of St. Luke's Health System, the only locally governed, Idaho-based, not-for-profit health system. We are a network of seven separately licensed full-service medical centers and more than 100 outpatient centers and clinics serving people throughout Southern Idaho, Eastern Oregon, and Northern Nevada.

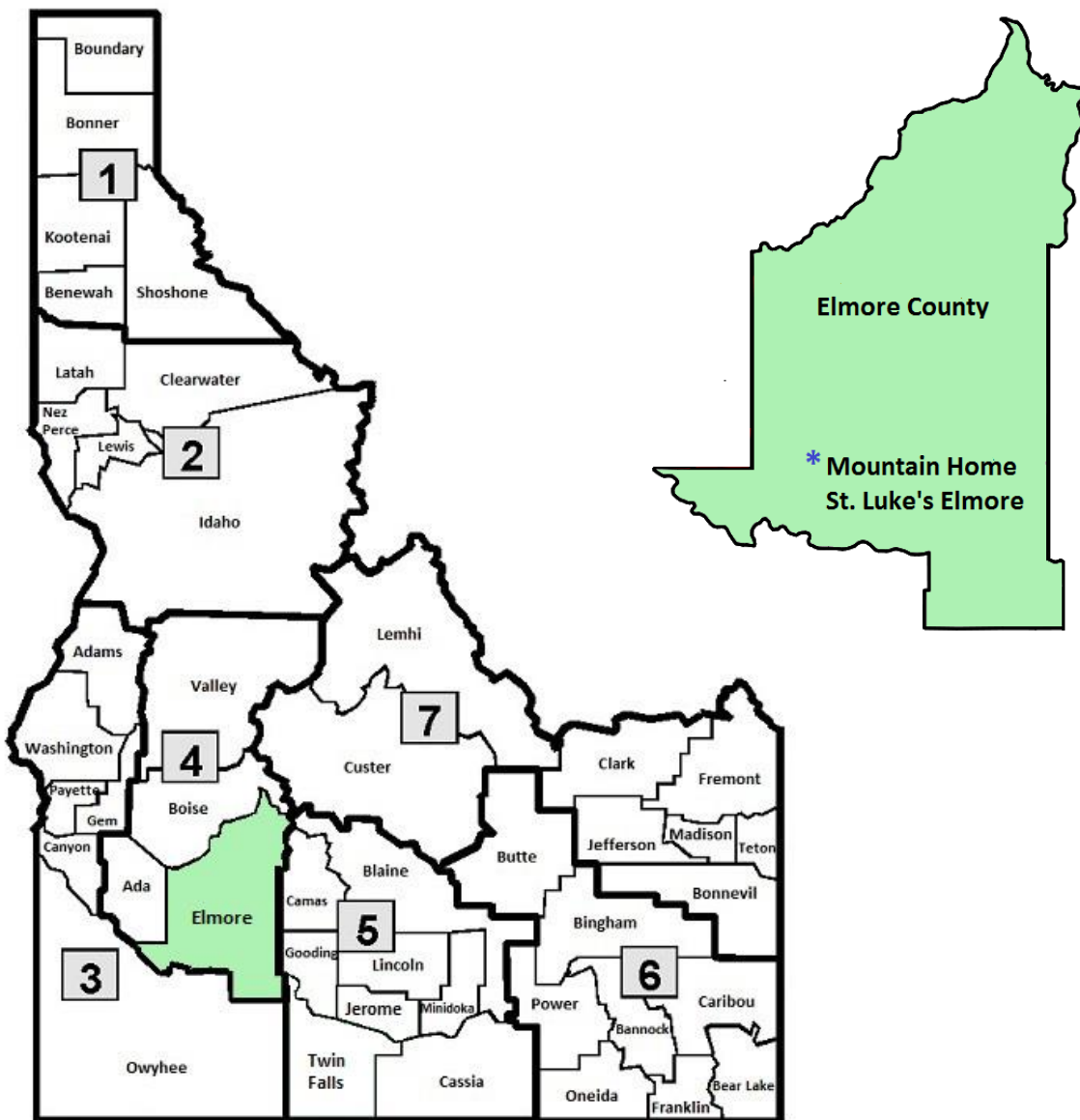


The Community We Serve

This section describes our service area in terms of its geography and demographics. Elmore County represents the geographic area used to define the service area we serve also referred to here as our primary service area or service area. The criteria we use in selecting the service area is the identification of what counties our hospitalized patients reside in. Those counties that make up 70% or greater of the inpatient hospitalizations are identified as our service area. The residents of Elmore County comprise about 91% of our inpatient visits. Elmore County is part of Idaho Health District 4, as shown in the maps below.

Idaho Health District Map ¹³

Elmore County Map



¹³ Idaho Behavioral Risk Factor Surveillance System Annual Report 2019

Community Demographics

The demographic makeup of our nation, state, and service area populations are provided in the table below. This information helps us understand the size of various populations and possible areas of community need. We strive to reduce disparities in health care access and quality due to income, education, race, or ethnicity.

Both Idaho and our service area are comprised of over a 90% white population while the nation, as a whole, is 76% white. The Hispanic population in Idaho represents 13% of the overall population and about 18% of our defined service area.

Population by Race and Ethnicity 2019¹⁴

Residence	Total Population	Race				Ethnicity	
		White	Black	American Indian or Alaska Native	Asian or Pacific Islander	Non-Hispanic	Hispanic
Elmore	27,511	24,839	1,056	555	1,061	22,624	4,887
Idaho	1,787,065	1,691,082	23,148	36,276	36,559	1,557,575	229,490
National	328,239,523	250,522,190	44,075,068	4,188,092	19,504,862	267,667,286	60,572,237
Elmore		90%	4%	2%	4%	82%	18%
Idaho		95%	1%	2%	2%	87%	13%
National		76%	13%	1%	6%	82%	18%

¹⁴ Bureau of Vital Records and Health Statistics, Idaho Department of Health and Welfare (3/2021). The bridged-race population estimates were produced by the Population Estimates Program of the U.S. Census Bureau in collaboration with the National Center for Health Statistics (NCHS). Internet release date June 25, 2020.

Population Growth 2010-2019

Idaho experienced a 14% increase in population from 2010 to 2019, ranking it as one of fastest growing states in the country.¹⁵ However, our service area experienced minimal population growth of 2%.¹⁶ St. Luke's Elmore is working to manage the volume and scope of services in order to meet the needs of our population.

Region	Population April 2010	Population April 2019	Percent Change
Service Area	27,038	27,511	2%
Idaho	1,567,582	1,787,065	14%
United States	308,745,538	328,239,523	6%

Aging

Over the past 9 years the over 65 age group has been the fastest growing segment of our service area. Currently, about 14% of the people in our service area are over the age of 65.¹⁷

Elmore County Population by Age				
Year	Age 0-19	Age 20-44	Age 45-64	Age 65+
2000	8,994	13,691	4,366	2,079
Percent of Total	31%	47%	15%	7%
2010	8,396	10,126	5,800	2,716
Percent of Total	31%	37%	21%	10%
2019	7,588	10,273	5,770	3,880
Percent of Total	28%	37%	21%	14%

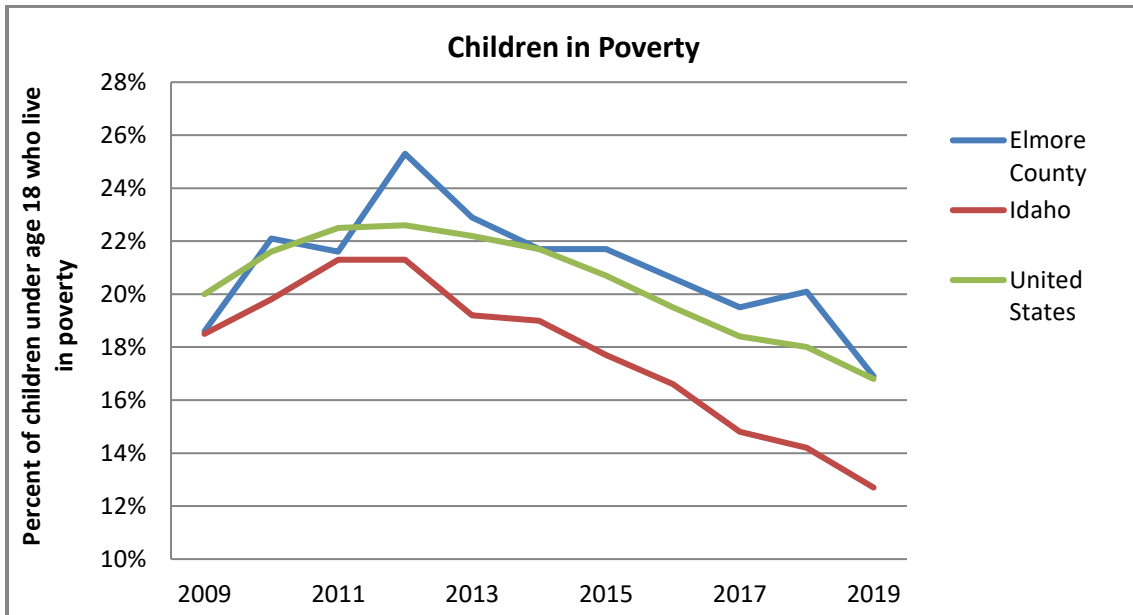
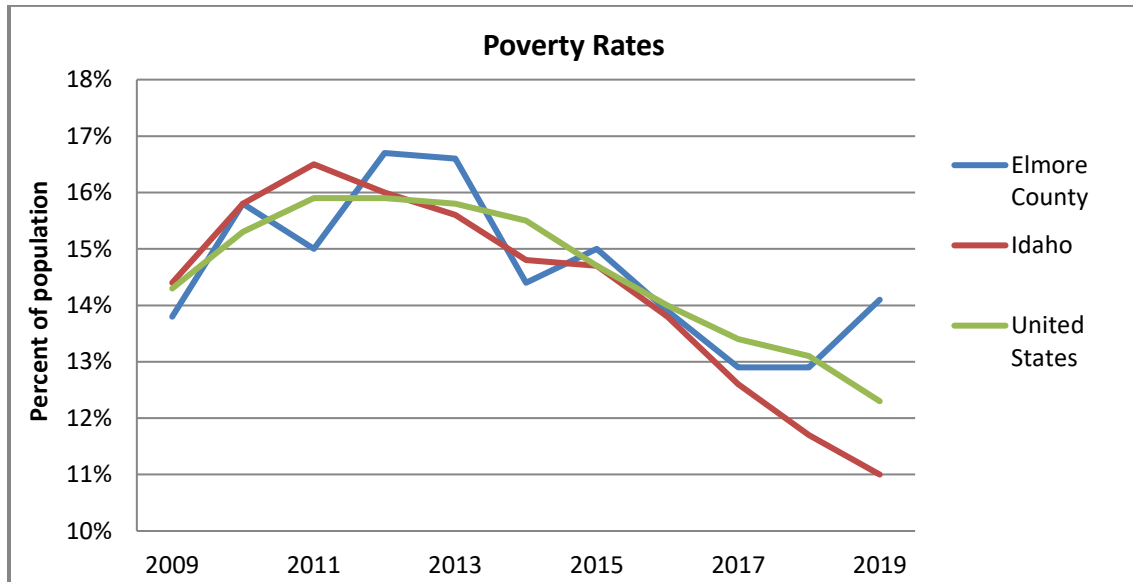
¹⁵ U.S. Census Bureau: <http://quickfacts.census.gov/qfd/index.html> 2019

¹⁶ Idaho Vital Statistics County Profile 2019

¹⁷ Ibid

Poverty Levels

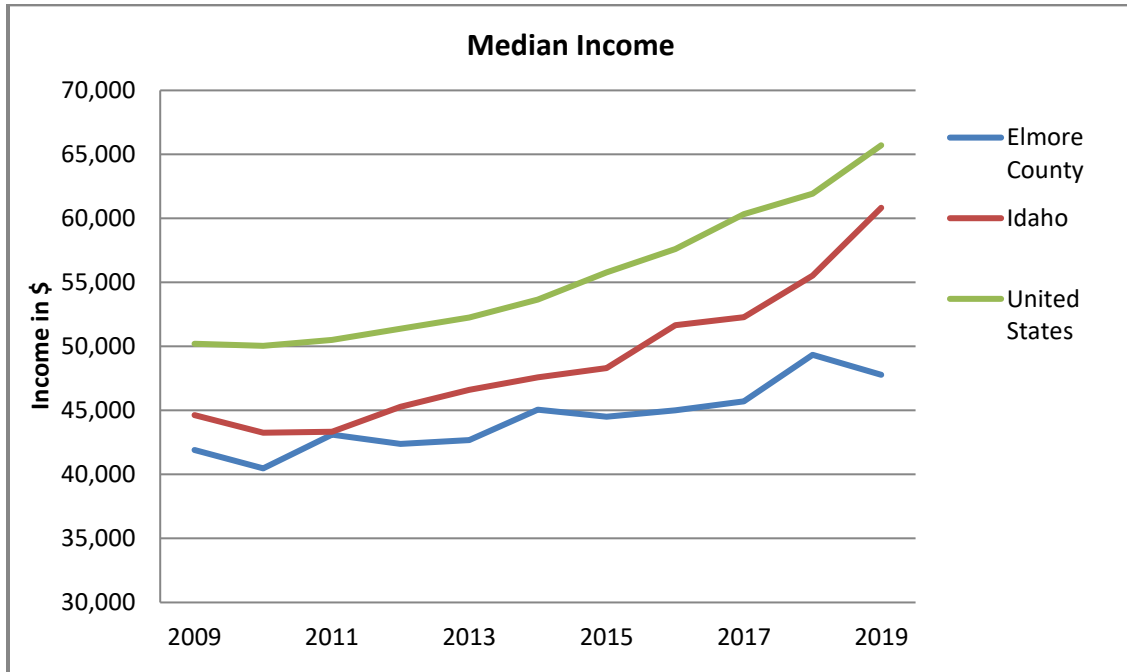
The official United States poverty rate has been decreasing since 2012. Although poverty rates are also declining for Idaho, our service area poverty rate is higher than Idaho's and the national average. The poverty rate in our service area for children under the age of 18 is about the same as the national average.¹⁸



¹⁸ Small Area Income and Poverty Estimates (SAIPE)
<https://www2.census.gov/programs-surveys/saie/datasets/2019/2019-state-and-county/est19-id.txt>

Median Household Income

Median income in the United States has risen by 23% since 2009 but by only 12% in our service area. The median income in our service area declined from 2018 to 2019 and is well below the national median and lower than Idaho's median income.¹⁹



¹⁹ Ibid

Our Neighboring Communities

Our patients in the surrounding counties of Southwestern Idaho and Eastern Oregon are important to us as well. To help us serve our patients, we have built positive, collaborative relationships with regional providers where appropriate. A philosophy of shared responsibility for the patient has been instrumental in past successes and remains critical to the future of St. Luke's. Partnerships allow us to meet patients' medical needs close to home and family.

St. Luke's Health System Regional Map



Health Outcome Measures and Findings

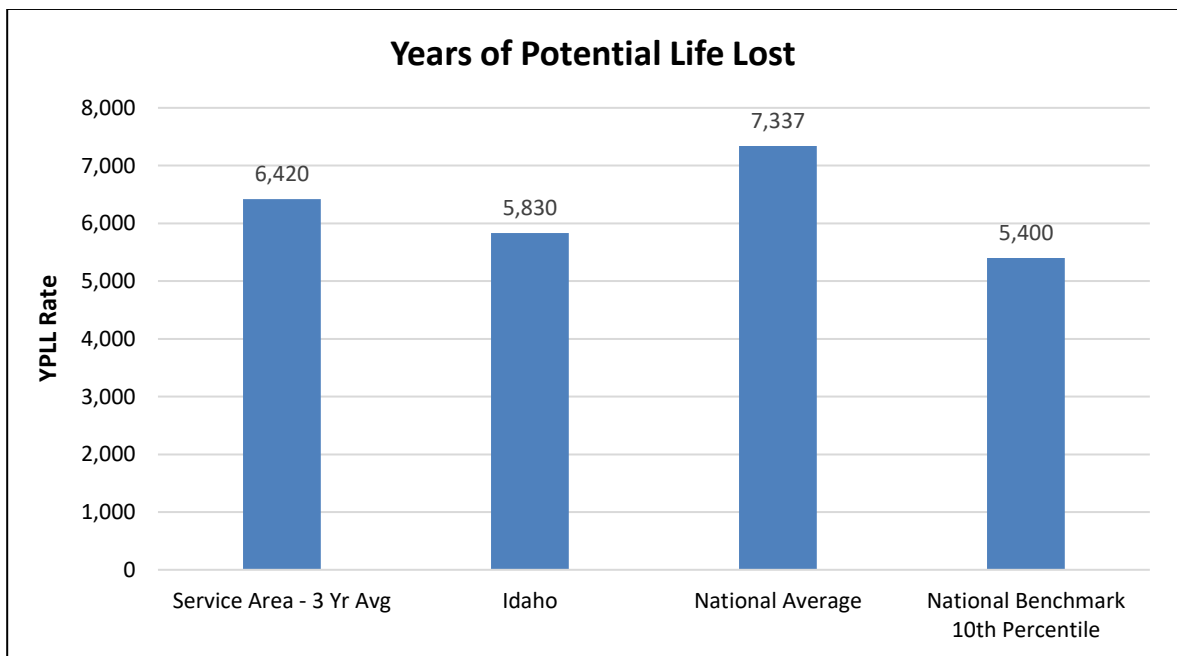
Health outcomes represent a set of key measures that describe the health status of a population. These measures allow us to compare our service area’s health to that of the nation as a whole and determine whether our health improvement programs are positively affecting our service area’s health over time. The health outcomes recommended by the *County Health Rankings* are based on one length of life measure (mortality) and a number of quality-of-life measures (morbidity).

Mortality Measure

- **Length of Life Measure: Years of Potential Life Lost**

The length of life measure, Years of Potential Life Lost (YPLL), focuses on deaths that could have been prevented. YPLL is a measure of premature death based on all deaths occurring before the age of 75. By examining premature mortality rates across communities and investigating the underlying causes of high rates of premature death, resources can be targeted toward strategies that will extend years of life.

The chart below shows our service area YPLL is below the national average, indicating that on average people in our service area are not dying prematurely.²⁰



²⁰ Bureau of Vital Records and Health Statistics, Idaho Department of Health and Welfare (1/2019) (Idaho and county data)

Morbidity Measures

Morbidity is a term that refers to how healthy people feel. To measure morbidity, the *County Health Rankings* recommends the use of the population’s health-related quality of life defined as people’s overall health, physical health, and mental health. They also recommend the use of birth outcomes – in this case, babies born with a low birthweight. The reasons for using these measures and the specific outcome data for our service area are described below.

Health Related Quality of Life (HRQL)

Understanding the health-related quality of life of the population helps communities identify unmet health needs. Three measures from the CDC’s Behavioral Risk Factor Surveillance System (BRFSS) are used to define health-related quality of life:

1. The percent of adults reporting fair or poor health.
2. The average number of physically unhealthy days reported per month.
3. The number of mentally unhealthy days reported per month.

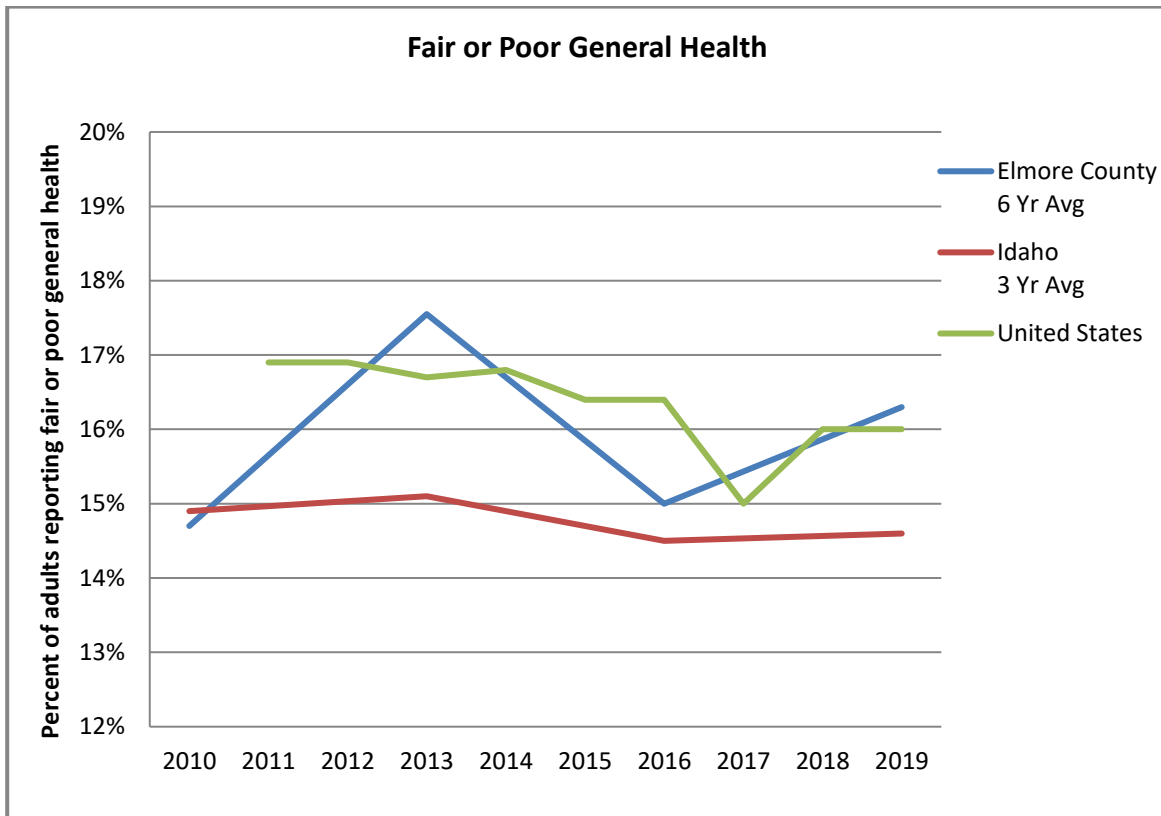
Researchers have consistently found self-reported general, physical, and mental health measures to be informative in determining overall health status. Analysis of the association between mortality and self-rated health found that people with “poor” self-rated health had a twofold higher mortality risk compared with persons with “excellent” self-rated health. The analysis concludes that these measures are appropriate for measuring health among large populations.²¹

²¹ University of Wisconsin Population Health Institute. *County Health Rankings* 2018. Accessible at www.countyhealthrankings.org.

- **"Fair or Poor" General Health**

In 2019, 14.6% of Idaho adults reported their health status as fair or poor and the trend has been flat. For our service area, the percent of people reporting fair or poor health is 16.3%, which is about the same as the national average of 16%.²² The national top 10th percentile is 14%.²³

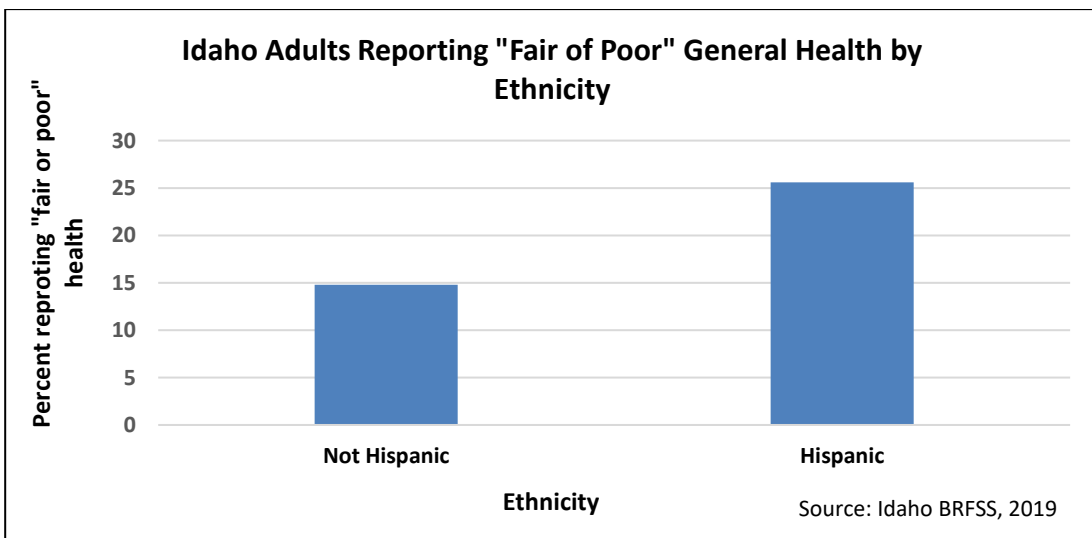
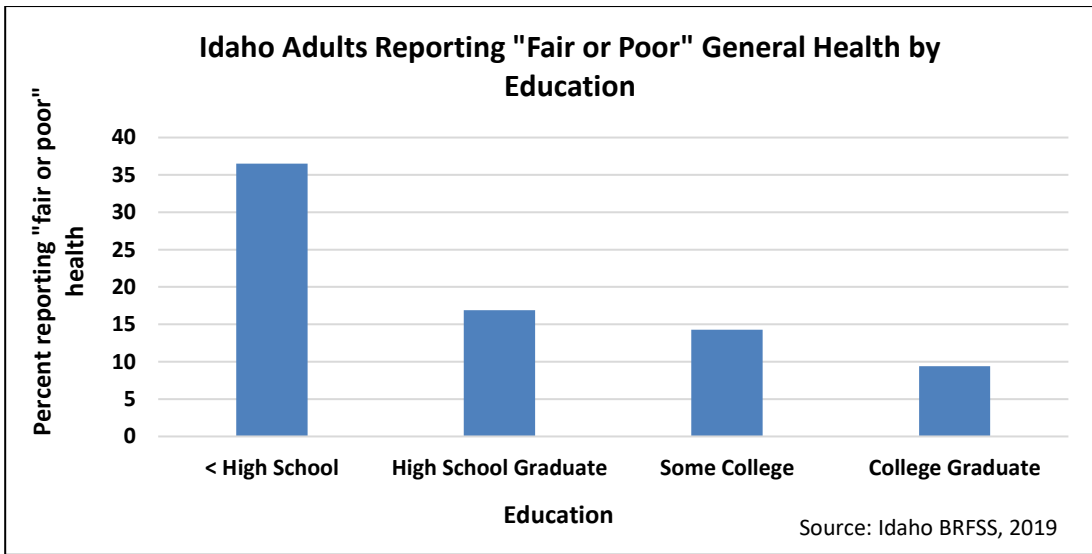
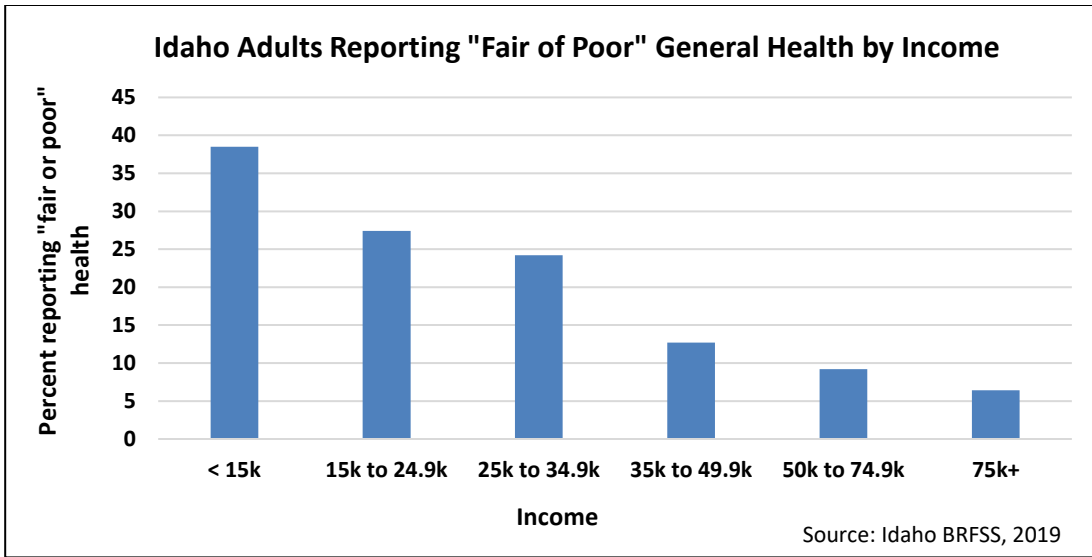
Income and education greatly affect the levels of reported fair or poor general health. People with incomes of less than \$15,000 are six times more likely to report fair or poor general health than those with incomes above \$75,000. Those who have not graduated high school are almost four times more likely to report fair or poor general health than those who have graduated from college. In addition, Hispanics are significantly more likely to report fair or poor health than non-Hispanics.²⁴



²² Idaho and National 2010 – 2019, Behavioral Risk Factor Surveillance System

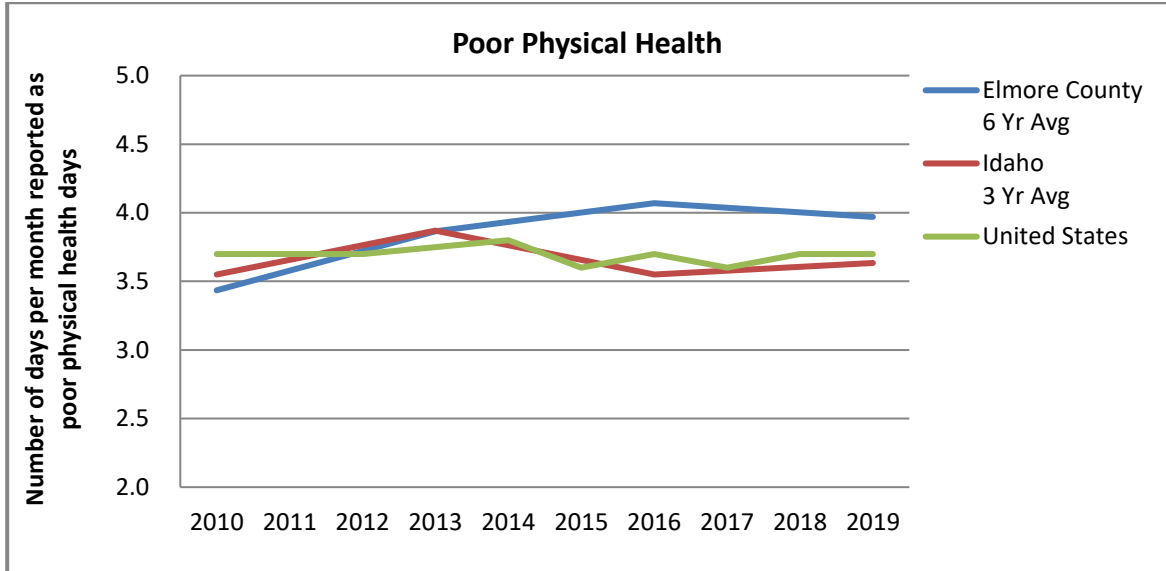
²³ *County Health Rankings* 2021, www.countyhealthrankings.org

²⁴ Idaho and National 2019 Behavioral Risk Factor Surveillance System



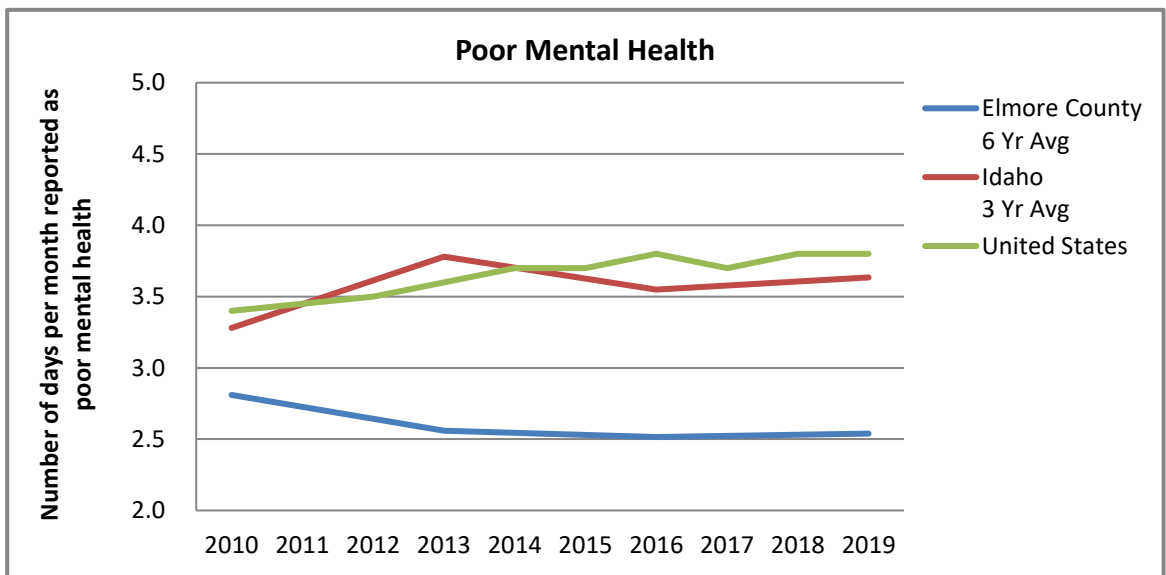
- **Poor Physical Health Days**

People in our service area reported slightly more poor physical health days than the national average.²⁵ The national top 10th percentile (best) is 3.4 days.²⁶



- **Poor Mental Health Days**

People in our service area reported less poor mental health days than the national average.²⁷ The national top 10th percentile is 3.8 days per month.²⁸



²⁵ Idaho 2019 Behavioral Risk Factor Surveillance System

²⁶ *County Health Rankings* 2021. Accessible at www.countyhealthrankings.org.

²⁷ Idaho 2019 Behavioral Risk Factor Surveillance System

²⁸ *County Health Rankings* 2021, Accessible at www.countyhealthrankings.org

Health Factor Measures and Findings

Health factors represent key influencers of poor health that can improve health outcomes if addressed with effective, evidence-based programs and policies. Diet, exercise, educational attainment, environmental quality, employment opportunities, quality of health care, and individual behaviors all work together to shape community health outcomes and wellbeing.²⁹ The *County Health Rankings* uses four categories of health factors:

1. Health Behaviors
2. Clinical Care
3. Social and Economic Factors
4. Physical Environment

County Health Rankings Health Outcomes Ranking for Our Community

The *County Health Rankings* ranks the counties within each state on the health outcome measures described above. Elmore County's 2021 overall outcome rank is 21st out of a total of 43 ranked counties in Idaho.³⁰ Using the health factor and health needs information described later in our CHNA, programs will be developed to improve health outcome measures over the course of the next three years.

In addition to *County Health Ranking* measures, we collect community health factors from national, state, and local perspectives to create a broader set of health indicators and measures for our service area. These additional indicators are determined by the Idaho Department of Health and Welfare, the Centers for Disease Control and Prevention (CDC), or other authoritative sources to represent important health risk factors. Knowing the trend, severity, and magnitude of common chronic diseases, risk factors and the top causes of death can assist us in determining what kind of preventive and early diagnosis activities are most needed or where additional health care services would have the greatest impact on health.

One tool we utilize is the Behavioral Risk Factor Surveillance System (BRFSS), an ongoing surveillance program developed and partially funded by the CDC. The tool's recent data and comprehensive scope make it an ideal mechanism to monitor and track key health factors nationally and throughout Idaho.

This next section includes the trends for each indicator in our service area and, when possible, compares our local data to state and national averages.

²⁹ University of Wisconsin Population Health Institute. *County Health Rankings* 2019. Accessible at www.countyhealthrankings.org.

³⁰ University of Wisconsin Population Health Institute. *County Health Rankings* 2021. Accessible at www.countyhealthrankings.org

Health Behavior Factors

Physical Activity

Unhealthy food intake and insufficient exercise have economic impacts for individuals and communities. Estimates for obesity-related health care costs in the US range from \$147 billion to nearly \$210 billion annually, and productivity losses due to job absenteeism cost an additional \$4 billion each year. Increasing opportunities for exercise and access to healthy foods in neighborhoods, schools, and workplaces can help children and adults eat healthy meals and reach recommended daily physical activity levels.

Increased physical activity is associated with lower risks of type 2 diabetes, cancer, stroke, hypertension, cardiovascular disease, and premature mortality. A person is considered physically inactive if during the past month, other than a regular job, they did not participate in any physical activities or exercises such as running, calisthenics, golf, gardening, or walking for exercise. Physical activity improves sleep, cognitive ability, and bone and musculoskeletal health, as well as reduces risks of dementia.³¹

Physical activity helps build and maintain healthy bones and muscles, control weight, build lean muscle, reduce fat, and improve mental health (including mood and cognitive function). It also helps prevent sudden heart attack, cardiovascular disease, stroke, some forms of cancer, type 2 diabetes, and osteoporosis. Additionally, regular physical activity can reduce other risk factors like high blood pressure and cholesterol.³²

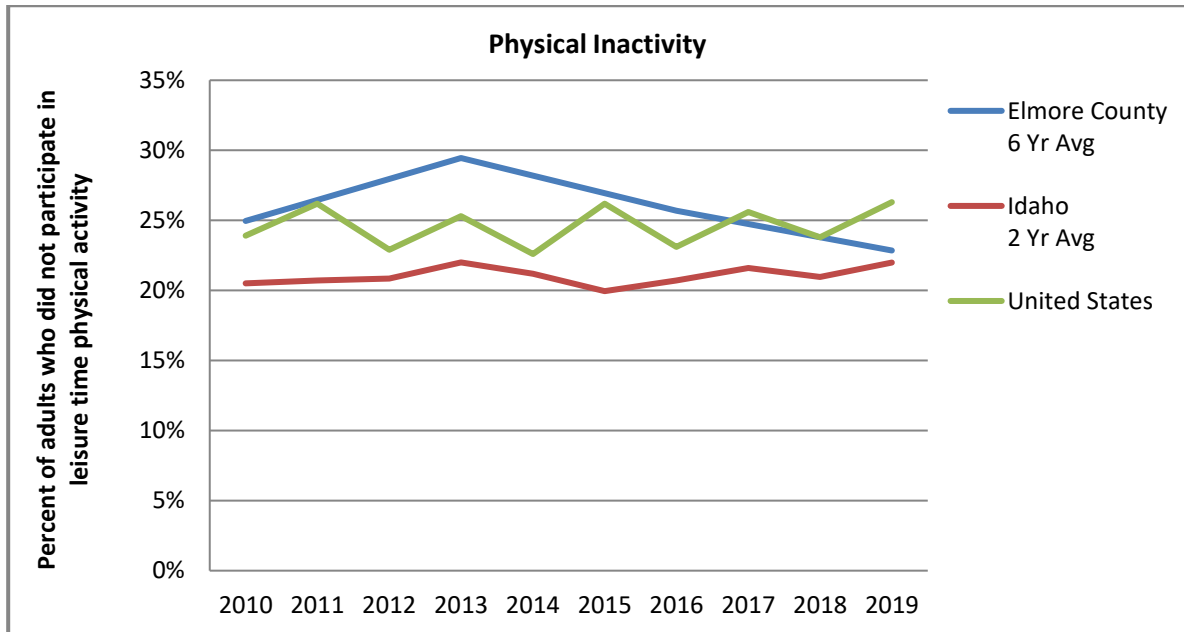
³¹ Ibid

³² University of Wisconsin Population Health Institute. *County Health Rankings* Accessed 2021, www.countyhealthrankings.org

- **Physical Inactivity: Adults**

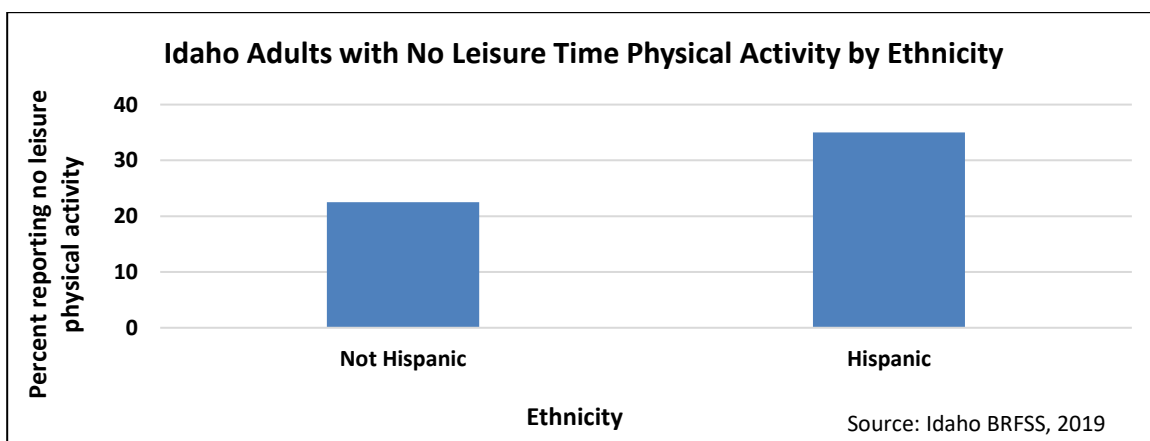
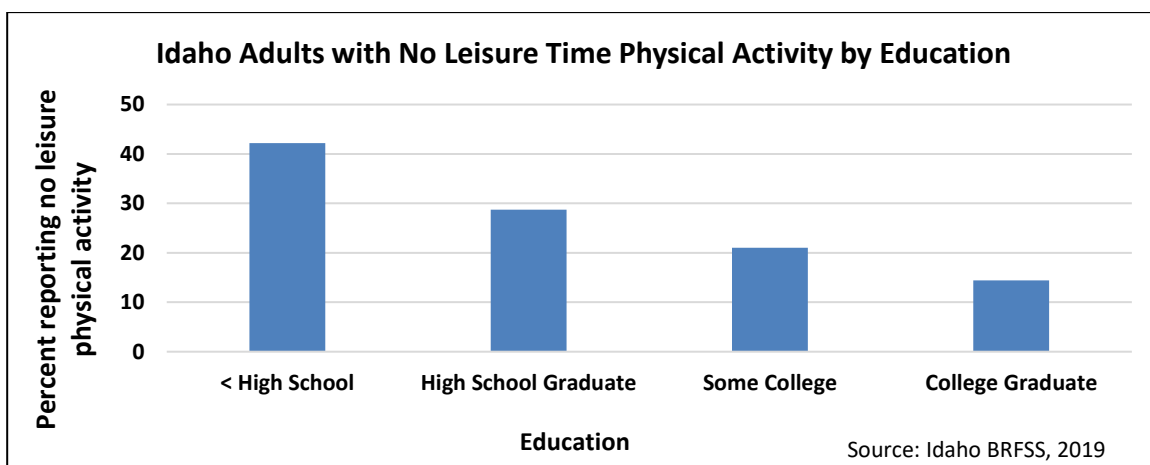
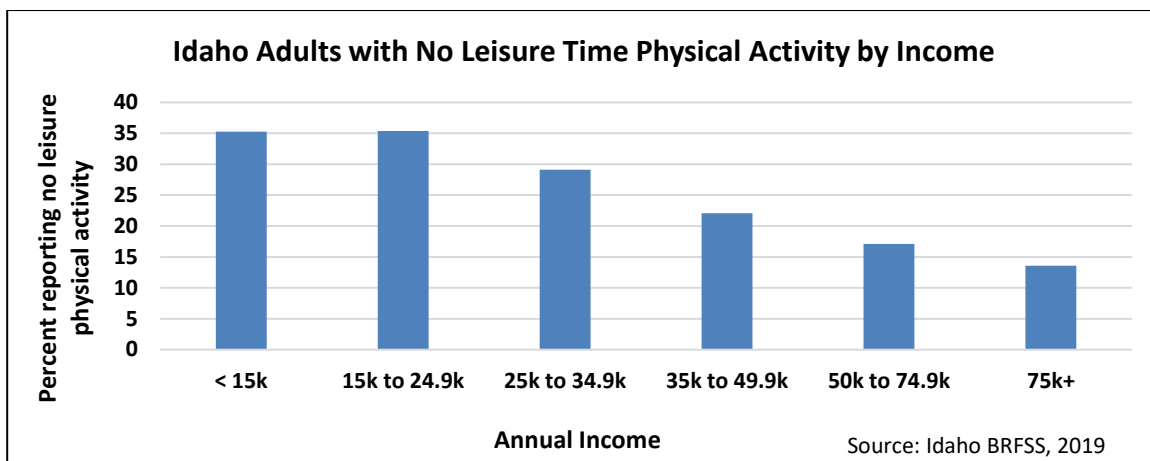
As shown in the chart below, physical inactivity in our service area is slightly below (better than) the national average. The top 10th percentile is 19%.³³

Physical inactivity is significantly higher among people with annual incomes below \$50,000, those without a college degree, and among Hispanics, as shown in the charts below.³⁴



³³ Idaho and National 2010 - 2019 Behavioral Risk Factor Surveillance System

³⁴ Ibid.

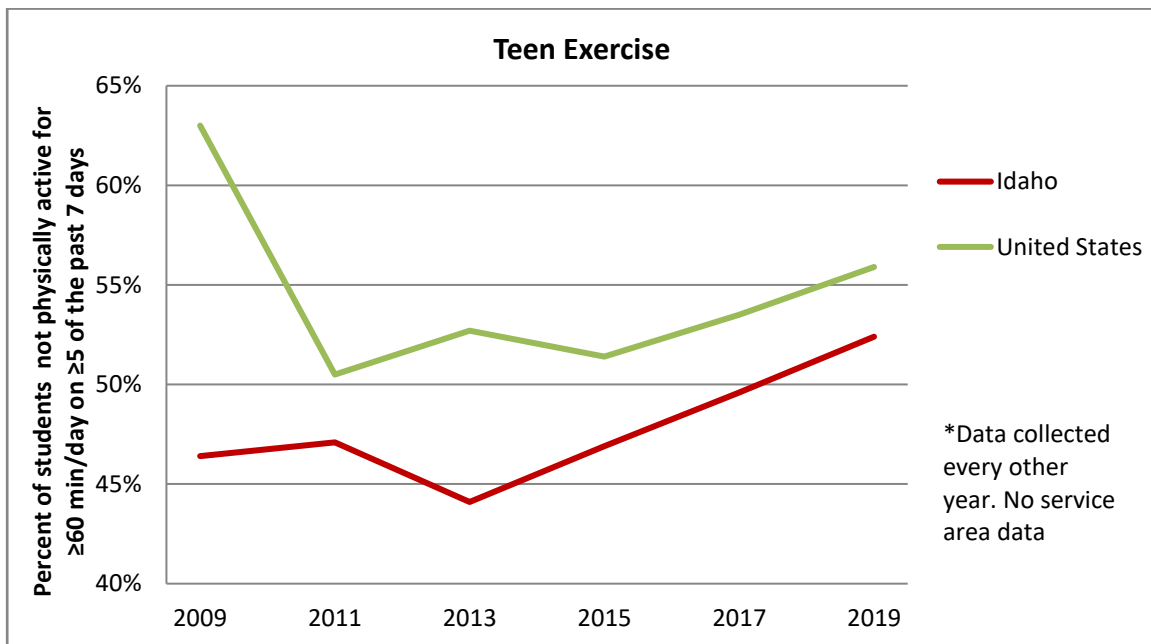


Health Factor Score				
Low score = Low potential for health impact		High score = High potential for health impact		
	Trend	Severity	Magnitude	Total Score
Physical Inactivity Adults	2	0	1	3

- **Teen Exercise**

As children age, their physical activity levels tend to decline. As a result, it's important to establish good physical activity habits as early as possible. A recent study suggests teens who participate in organized sports during early adolescence maintain higher levels of physical activity in late adolescence compared to their peers, although their activity levels do decline over time. And youth who are physically fit are much less likely to be obese or have high blood pressure in their 20s and early 30s.³⁵

The chart below shows about 52% of Idaho teens do not exercise as much as recommended, which is slightly better than the national average. The trend in Idaho has slightly increased over the past ten years.³⁶



Health Factor Score				
Low score = Low potential for health impact		High score = High potential for health impact		
	Trend	Severity	Magnitude	Total Score
Teen Exercise	-1	0	2	1

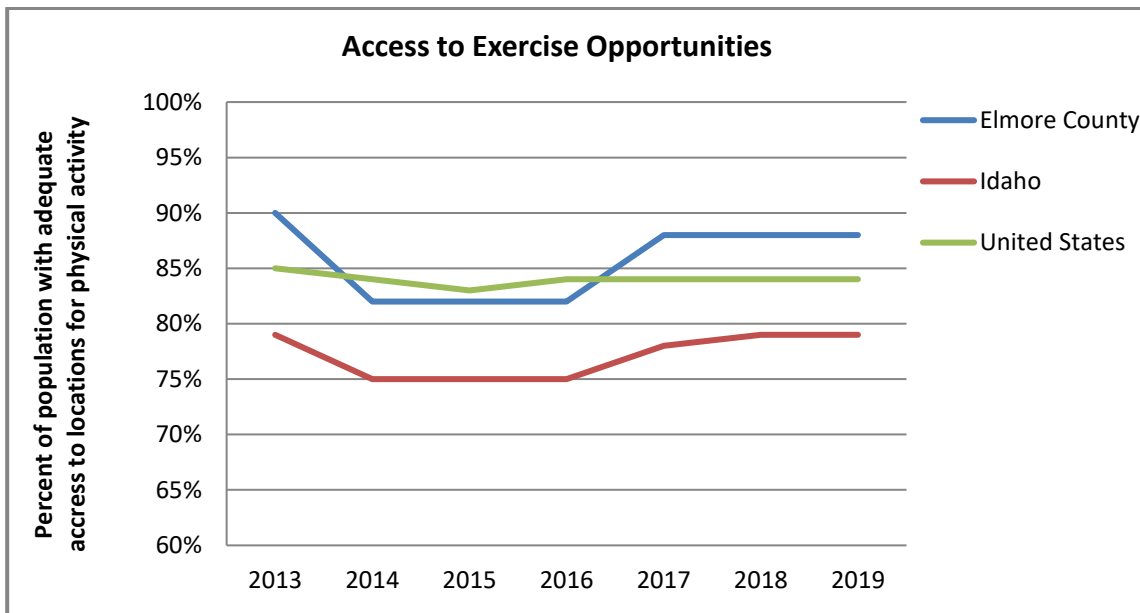
³⁵ American Heart Association, Understanding Childhood Obesity, 2011 Statistical Sourcebook, PDF

³⁶ Youth Risk Behavior Survey, United States, 2009 – 2019, www.cdc.gov/yrbs/

- **Access to Physical Activity Opportunities**

The role of the built environment is important for encouraging physical activity. Individuals who live closer to sidewalks, parks, and gyms are more likely to exercise. Access to exercise opportunities measures the percentage of individuals in a county who live reasonably close to a location for physical activity. Locations for physical activity in this measurement are defined as parks or recreational facilities.

The chart below shows access to exercise opportunities in our service area is above the national average at 88%. The top ten percent nationally is 91%.³⁷



Health Factor Score				
Low score = Low potential for health impact		High score = High potential for health impact		
	Trend	Severity	Magnitude	Total Score
Access to Exercise Opportunities	-1	0	1	0

³⁷ University of Wisconsin Population Health Institute. *County Health Rankings 2013-2019*. Accessible at www.countyhealthrankings.org.

Nutrition

The foundational principles to a healthy eating pattern from the Dietary Guidelines for Americans consist of four focuses:

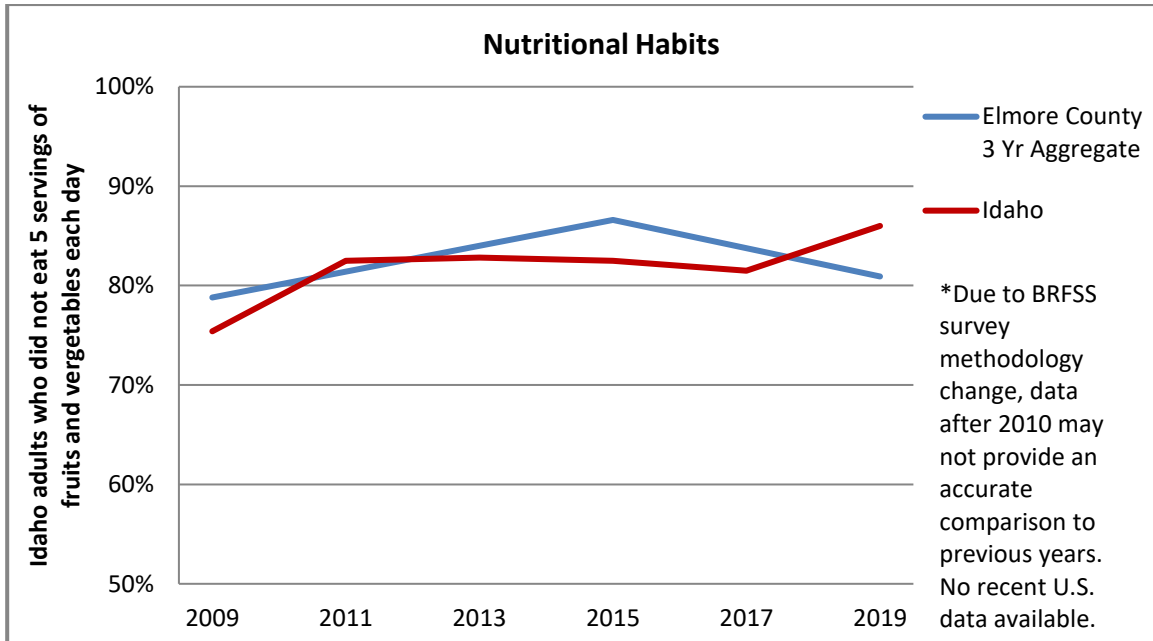
1. Follow a healthy dietary pattern at every life stage.
2. Customize and enjoy nutrient dense food and beverage choices to reflect personal preferences, cultural traditions, and budgetary considerations.
3. Focus on meeting food group needs with nutrient dense foods and beverages and stay within calorie limits.
4. Limit foods and beverages higher in added sugars, saturated fat, sodium, and limit alcoholic beverages.

Eating a diet high in fruits and vegetables is important to overall health because these foods contain essential vitamins, minerals, and fiber that may help protect from chronic diseases. Dietary guidelines recommend that at least half of your plate consist of fruit and vegetables and that half of your grains be whole grains. This combined with reduced sodium intake, fat-free or low-fat milk and reduced portion sizes lead to a healthier life. Data collected for this measure focus on the consumption of a variety of vegetables and fruits with a goal of consuming at least 2.5 cups and 2 cups respectively per day.³⁸ These data are collected through the Behavioral Risk Factor Surveillance System.

³⁸ Dietary Guidelines for Americans, 2020-2025, https://www.dietaryguidelines.gov/sites/default/files/2020-12/Dietary_Guidelines_for_Americans_2020-2025.pdf#page=31

- **Nutritional Habits - Adults**

As shown in the chart below, about 81% of the people in our service area did not eat the recommended amounts of fruits and vegetables. The trend is relatively flat. There are no large differences in nutritional habits based on income or education.³⁹

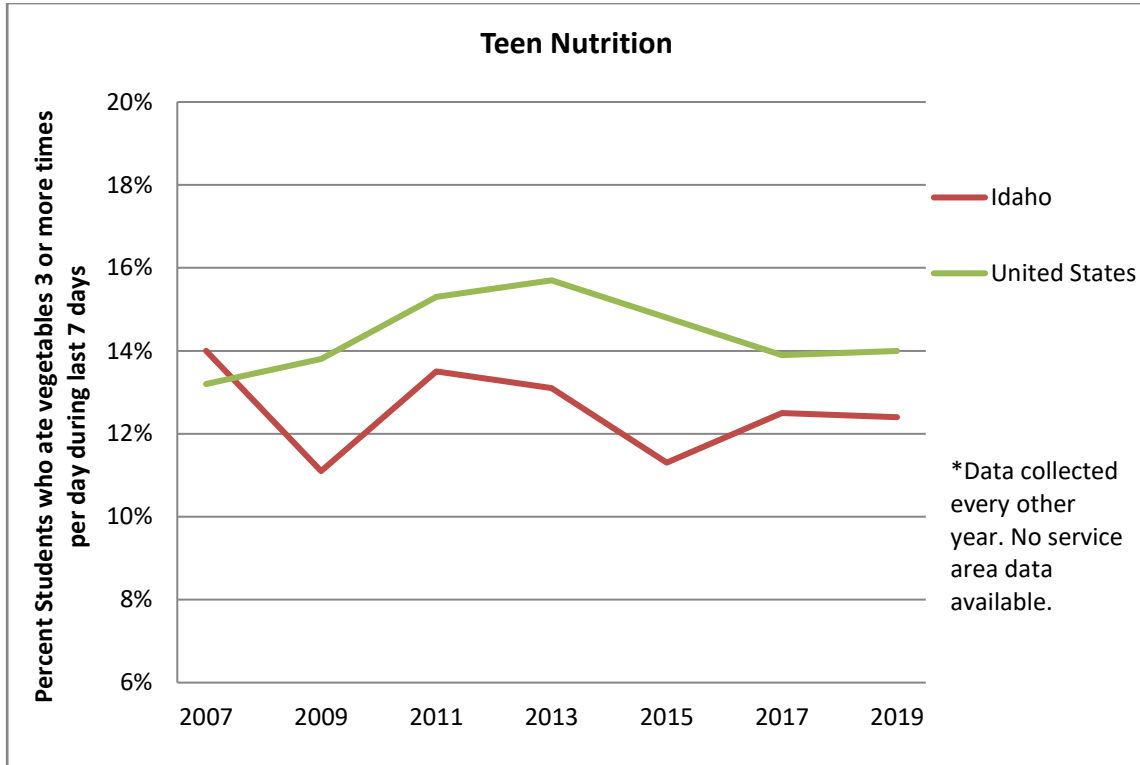


Health Factor Score				
Low score = Low potential for health impact		High score = High potential for health impact		
	Trend	Severity	Magnitude	Total Score
Nutritional Habits Adults	0	0	1	1

³⁹ Idaho and National 2009 – 2019 Behavioral Risk Factor Surveillance System

- **Nutritional Habits - Youth**

More than 80% of Idaho youth do not eat the recommended amount of fruits and vegetables.⁴⁰



Health Factor Score				
Low score = Low potential for health impact		High score = High potential for health impact		
	Trend	Severity	Magnitude	Total Score
Nutritional Habits Youth	0	0	1	1

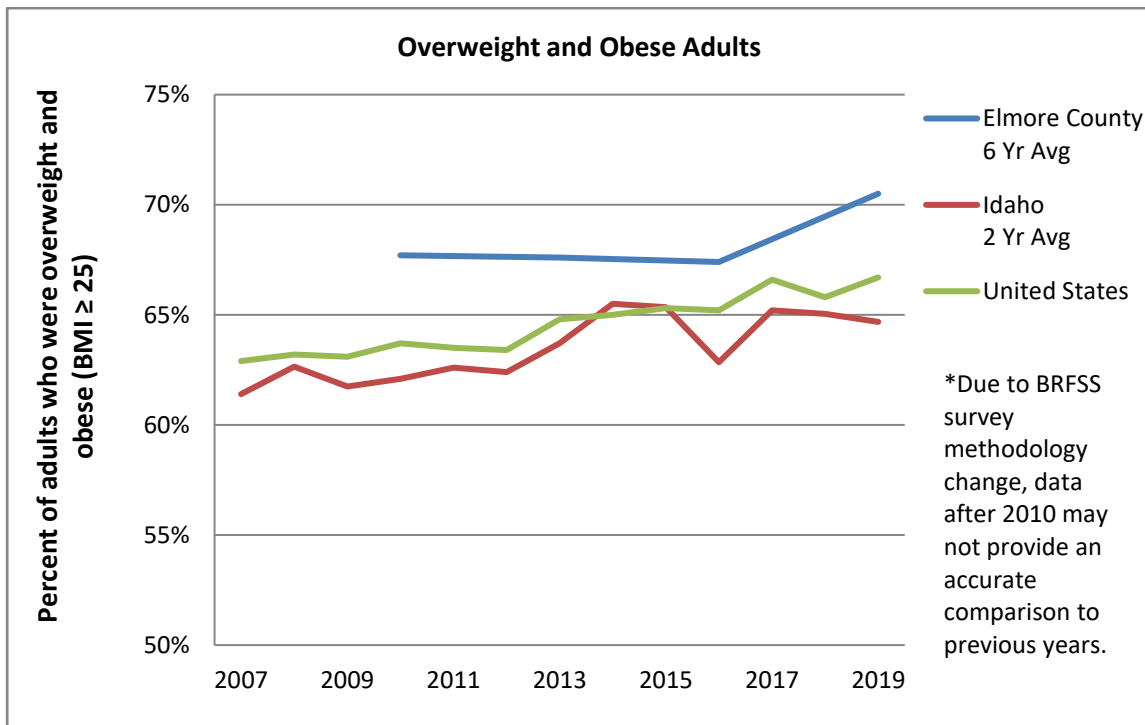
⁴⁰ Youth Risk Behavior Survey, Idaho and United States, 2008 – 2020, www.cdc.gov/yrbs/

Overweight and Obesity

Being overweight or obese increases the risk for a number of health conditions: coronary heart disease, type 2 diabetes, cancer, hypertension, dyslipidemia, stroke, liver and gallbladder disease, sleep apnea and respiratory problems, osteoarthritis, gynecological problems (infertility and abnormal menses), and poor health status.

- **Overweight and Obesity: Adults**

The trend for overweight and obese adults has been increasing steadily for the past 10 years, nationally, and in our service area.⁴¹



Health Factor Score				
Low score = Low potential for health impact		High score = High potential for health impact		
	Trend	Severity	Magnitude	Total Score
Overweight or Obese Adults	2	2	2	6

⁴¹ Idaho and National 2007 - 2019 Behavioral Risk Factor Surveillance System

- **Overweight and Obesity: Teens**

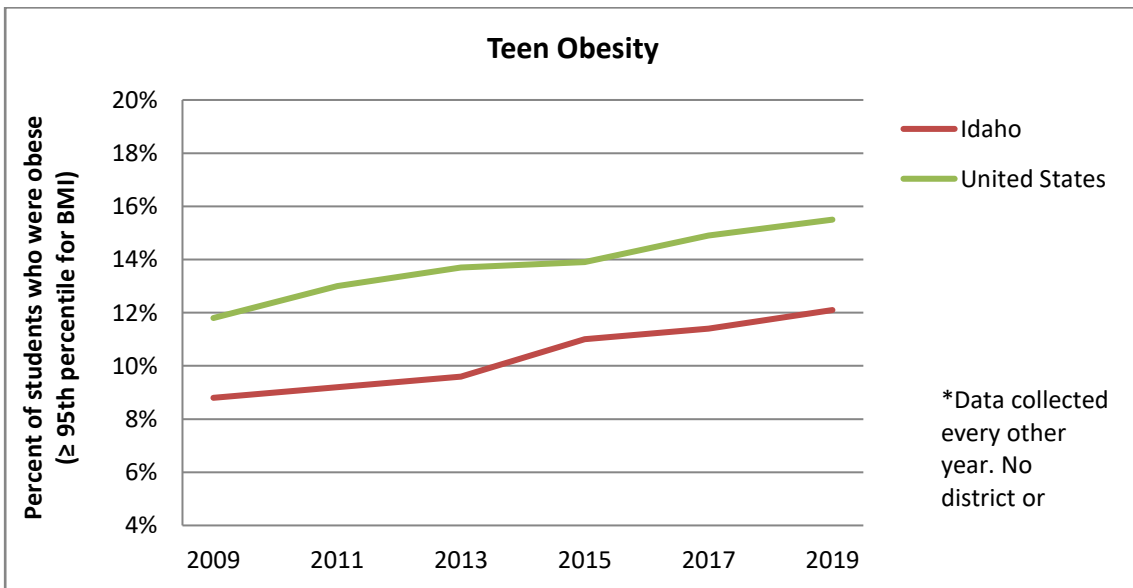
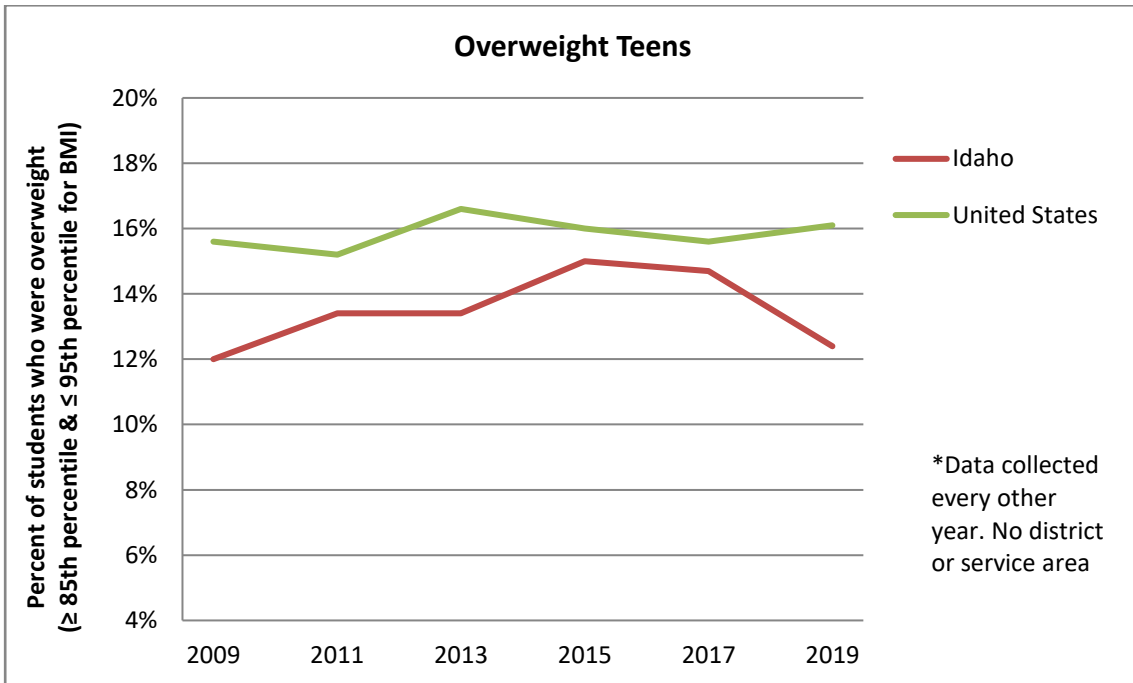
Teens who are obese and overweight:

- Have an increased mortality rate from a range of chronic diseases as adults: endocrine, nutritional and metabolic diseases cardiovascular diseases, colon cancer, and respiratory diseases.
- Are more likely than other children and adolescents to have risk factors associated with cardiovascular disease (e.g., high blood pressure, high cholesterol, and type 2 diabetes).
- Are more likely to be obese as adults.
- Are more likely to experience other health conditions associated with increased weight including asthma, liver problems and sleep apnea.
- Have higher long-term risk of chronic conditions such as stroke; breast, colon, and kidney cancers; musculoskeletal disorders; and gall bladder disease.

Teens who are overweight are defined as being ≥ 85 th percentile but < 95 th percentile for body mass index, based on sex- and age-specific reference data from the 2000 CDC growth charts. Teens who are obese are defined by the CDC as being ≥ 95 th percentile for body mass index, based on sex- and age-specific reference data from the 2000 CDC growth charts.⁴²

⁴² Youth Risk Behavior Survey, United States, 2009 – 2019, www.cdc.gov/yrbs/

The percent of teens who are obese and overweight in Idaho is lower than the national average. However, the trend for teen obesity is increasing both in Idaho and across the nation.⁴³



Health Factor Score				
Low score = Low potential for health impact		High score = High potential for health impact		
	Trend	Severity	Magnitude	Total Score
Obese Teens	2	2	2	6

⁴³ Ibid

Safe Sex

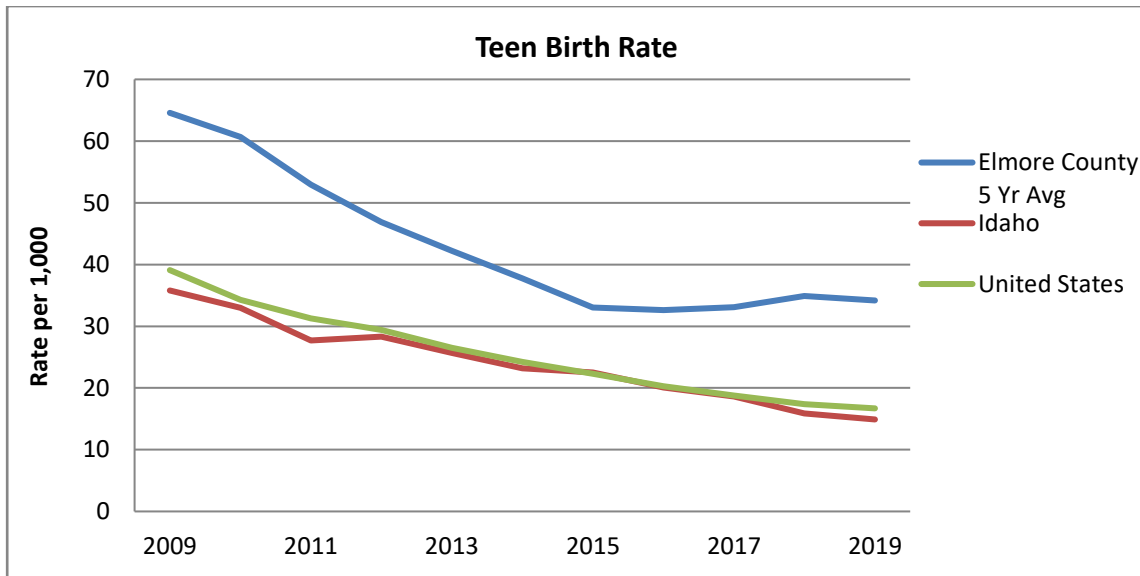
Two measures are used to represent the safe sex focus area: Teen birth rates and sexually transmitted infection incidence rates. First, the birth rate per 1,000 female population ages 15-19 as measured and provided by the National Center for Health Statistics (NCHS) is reported. Additionally, the chlamydia rate per 100,000 people was provided by the Centers for Disease Control and Prevention (CDC). Measuring teen births and the chlamydia incidence rate provides communities with a sense of the level of risky sexual behavior.

- **Teen Birth Rate**

Evidence suggests teen pregnancy significantly increases the risks for repeat pregnancy and for contracting a sexually transmitted infection (STI), both of which can result in adverse health outcomes for mother and child as well as for the families and community. A systematic review of the sexual risk among pregnant and mothering teens concludes that pregnancy is a marker for current and future sexual risk behavior and adverse outcomes. The review found that nearly one-third of pregnant teenagers were infected with at least one STI. Furthermore, pregnant and mothering teens engage in exceptionally high rates of unprotected sex during pregnancy and postpartum and are at risk for additional STIs and repeat pregnancies.

Teen pregnancy is associated with poor prenatal care and pre-term delivery. Pregnant teens are more likely than older women to receive late or no prenatal care, have gestational hypertension and anemia, and achieve poor maternal weight gain. They are also more likely to have a pre-term delivery and low birthweight, increasing the risk of child developmental delay, illness, and mortality.⁴⁴

Although our rate of teen pregnancy is decreasing, it is significantly above the national average. The national top 10th percentile rate is 12 per 1,000.⁴⁵



Health Factor Score				
Low score = Low potential for health impact		High score = High potential for health impact		
	Trend	Severity	Magnitude	Total Score
Teen Birth Rate	0	0	1	1

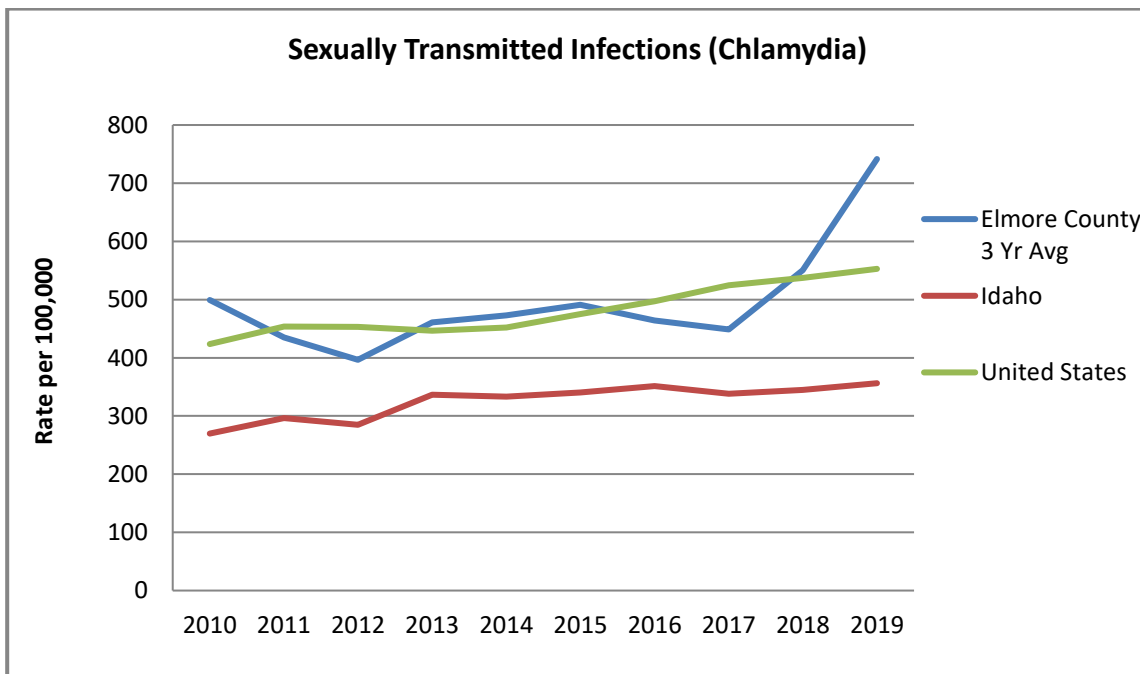
⁴⁴ University of Wisconsin Population Health Institute. *County Health Rankings* 2019. Accessible at www.countyhealthrankings.org.

⁴⁵ Idaho Vital Statistics Annual Reports, Years 2009 - 2019

- **Sexually Transmitted Infections**

Sexually transmitted infections (STI) data are important for communities because the burden of STIs is not only on individual sufferers, but on society as a whole. Chlamydia, in particular, is the most common bacterial STI in North America and is one of the major causes of tubal infertility, ectopic pregnancy, pelvic inflammatory disease, and chronic pelvic pain. Additionally, STIs in general are associated with significantly increased risk of morbidity and mortality, including increased risk of cervical cancer, pelvic inflammatory disease, involuntary infertility, and premature death.⁴⁶

The rate of chlamydia infections has been rising in recent years in our service area and is significantly higher than Idaho and the national average. The national top 10th percentile rate is 161.2 per 100,000.⁴⁷



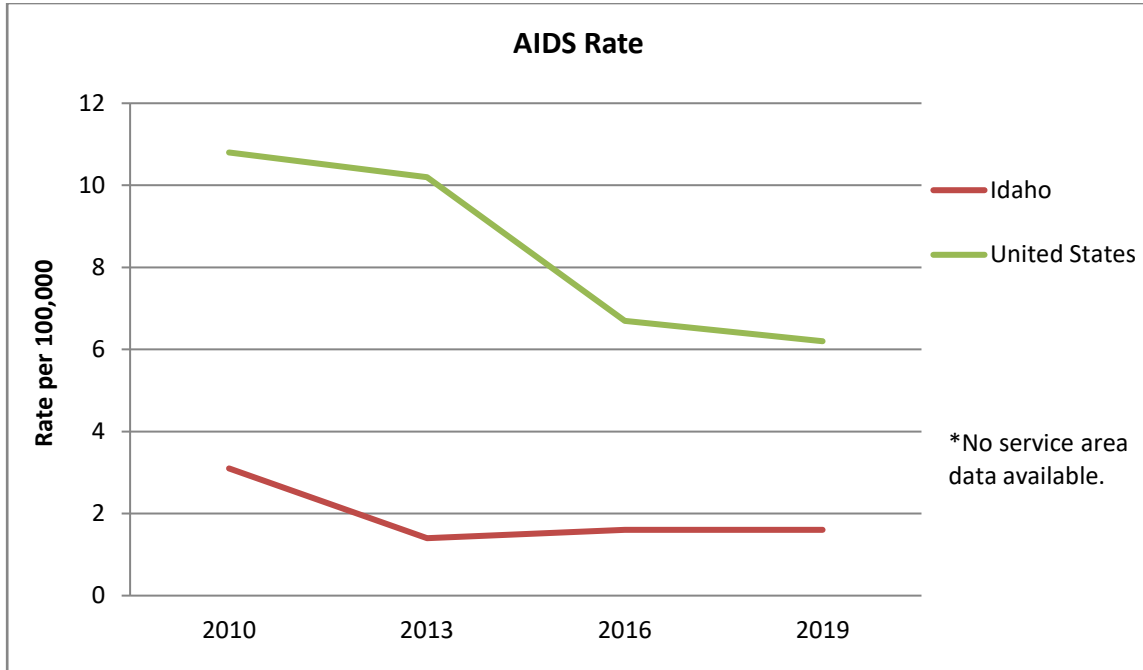
Health Factor Score				
Low score = Low potential for health impact		High score = High potential for health impact		
	Trend	Severity	Magnitude	Total Score
Sexually Transmitted Infections	2	1	1	4

⁴⁶ *County Health Rankings* 2019. Accessible at www.countyhealthrankings.org.

⁴⁷ National data source: 2019 Sexually Transmitted Diseases Surveillance, table 1: <http://www.cdc.gov/std/statistics/2019/tables>. Idaho and Service Area Source: 2019 Reported Sexually Transmitted Disease Facts Book: <https://publicdocuments.dhw.idaho.gov/WebLink/DocView.aspx?id=19262&dbid=0&repo=PUBLIC-DOCUMENTS>

- **AIDS**

The AIDS rate in Idaho is well below the national rate. The trend in Idaho and the U.S. has slightly declined since 2010.⁴⁸



Health Factor Score				
Low score = Low potential for health impact		High score = High potential for health impact		
	Trend	Severity	Magnitude	Total Score
Aids	0	1	0	1

⁴⁸ CDC; NCHHSTP AtlasPlus; National Center for HIV, Viral Hepatitis, STD, and TB Prevention: <https://gis.cdc.gov/grasp/nchhstpatlas/charts.html>

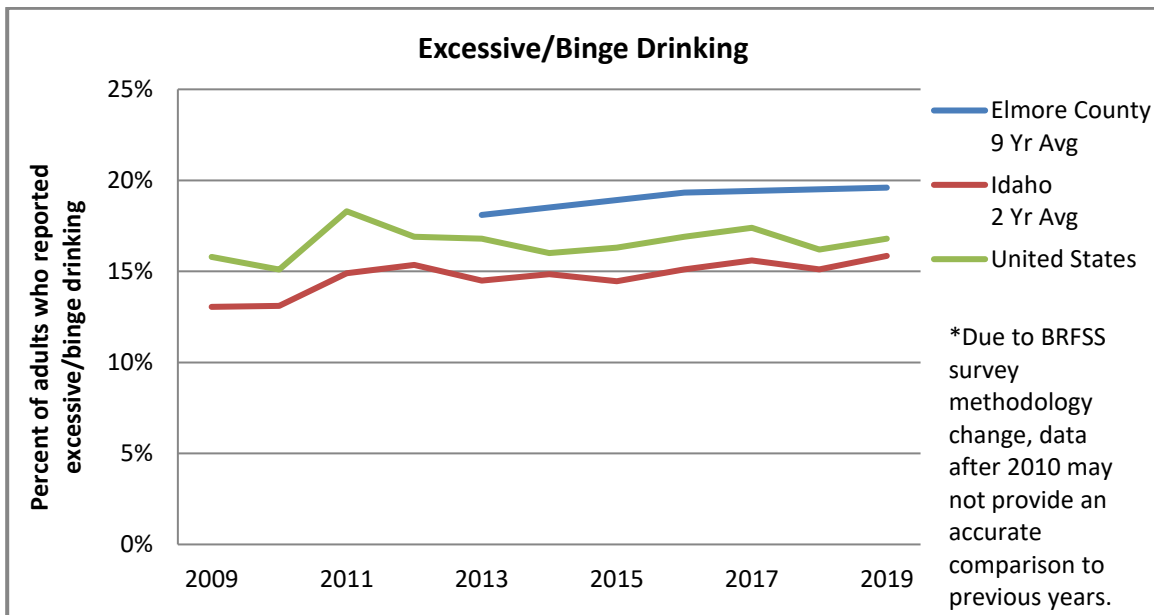
Substance Use Disorder

- **Excessive Drinking**

The excessive drinking statistic comes from the Behavioral Risk Factor Surveillance System (BRFSS). The measure aims to quantify the percentage of females that consume four or more and males who consume five or more alcoholic beverages in one day at least once a month.

Excessive drinking is a risk factor for a number of adverse health outcomes. These include alcohol poisoning, hypertension, acute myocardial infarction, sexually transmitted infections, unintended pregnancy, fetal alcohol syndrome, sudden infant death syndrome, suicide, interpersonal violence, and motor vehicle crashes.⁴⁹

The percent of people engaging in excessive drinking in our service area is slightly above the national average. The trend is relatively flat. Our service area is above the national top 10th percentile of 15%.⁵⁰



Health Factor Score				
Low score = Low potential for health impact		High score = High potential for health impact		
	Trend	Severity	Magnitude	Total Score
Excessive Drinking	1	1	0	2

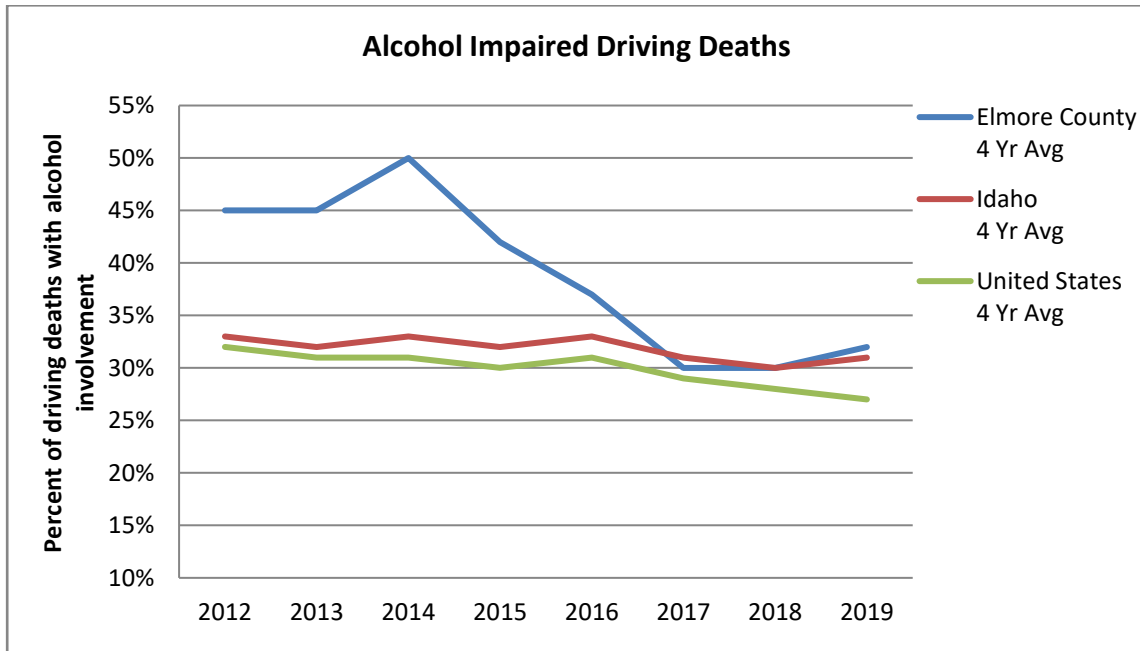
⁴⁹ University of Wisconsin Population Health Institute. *County Health Rankings 2019*, Accessible at www.countyhealthrankings.org

⁵⁰ Idaho and National 2009 – 2019 Behavioral Risk Factor Surveillance System

- **Alcohol Impaired Driving Deaths**

Alcohol-impaired driving deaths is the percentage of motor vehicle crash deaths with alcohol involvement. The data source is the Fatality Analysis Reporting System (FARS), which is a census of fatal motor vehicle crashes.

Our alcohol-impaired driving death rate is above the national level. The national top 10th percentile is 11%.⁵¹



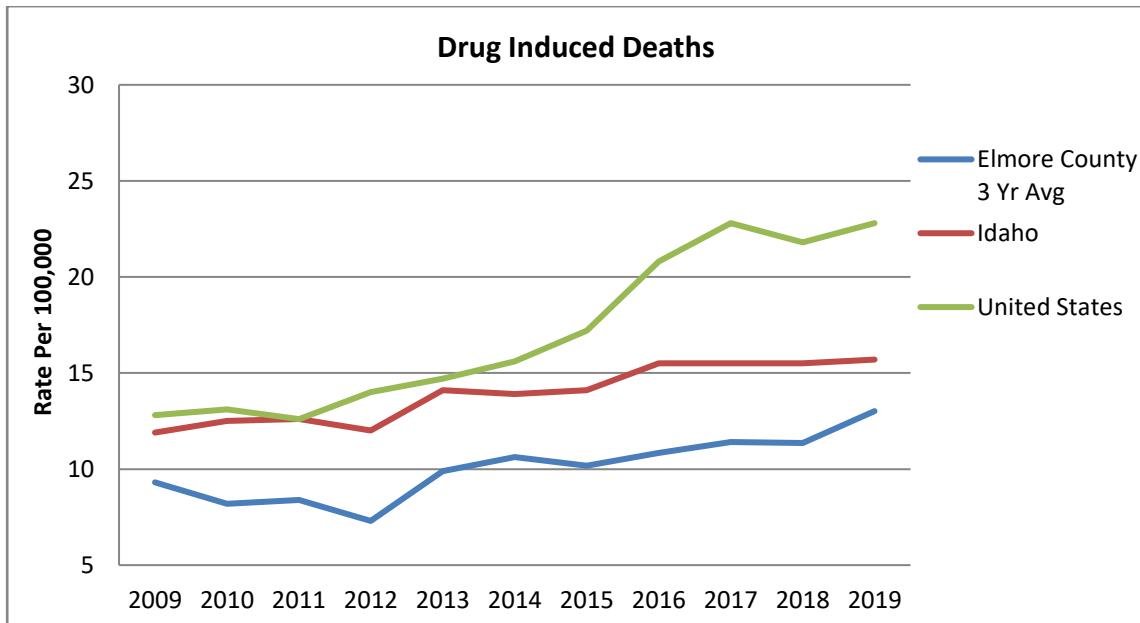
Health Factor Score				
Low score = Low potential for health impact		High score = High potential for health impact		
	Trend	Severity	Magnitude	Total Score
Alcohol Impaired Driving Deaths	0	2	-1	1

⁵¹ University of Wisconsin Population Health Institute. *County Health Rankings 2012-2019*, www.countyhealthrankings.org

- **Drug Misuse and Abuse**

Drug misuse and abuse can have harmful and sometimes devastating effects on individuals, families, and society. Negative outcomes that may result from drug misuse or abuse include overdose and death, falls and fractures, and, for some, injection drug use may bring risk for infections such as hepatitis C and HIV. This issue is a growing national problem in the United States. Prescription drugs are misused more often than any other drug, except marijuana and alcohol. This growth is fueled by misperceptions about prescription drug safety and increasing availability.⁵² One way to measure the size of the problem is to look at the rate of drug induced deaths over time.

While the rate of drug induced deaths is not as high in our service area as it is in the nation as whole, the rate has been rising.⁵³



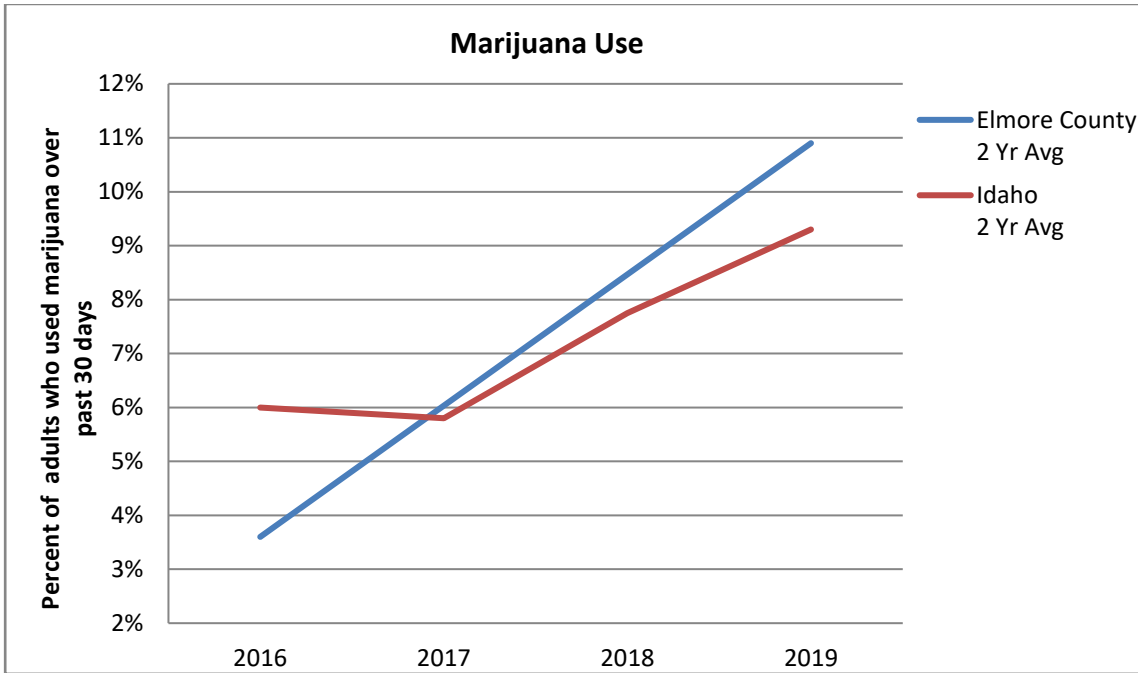
Health Factor Score				
Low score = Low potential for health impact		High score = High potential for health impact		
	Trend	Severity	Magnitude	Total Score
Drug Misuse	1	2	1	4

⁵² <https://www.samhsa.gov/topics/prescription-drug-misuse-abuse>

⁵³ Idaho Vital Statistics Annual Reports, Years 2009 - 2019, National Vital Statistics Report - Deaths: Data 2019

Another way to gauge the extent of drug misuse in our service area is to look at the percent of people who use marijuana.

The percent of people who reported using marijuana in our service area is slightly higher than those who reported using it in Idaho as a whole and the trend is rising.⁵⁴

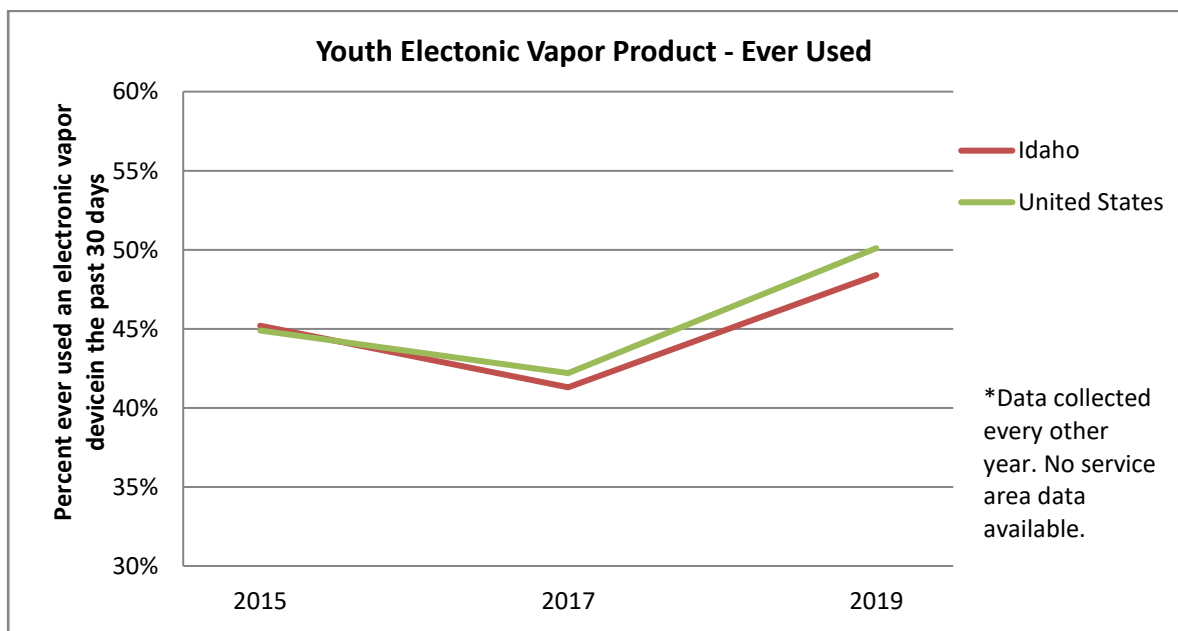
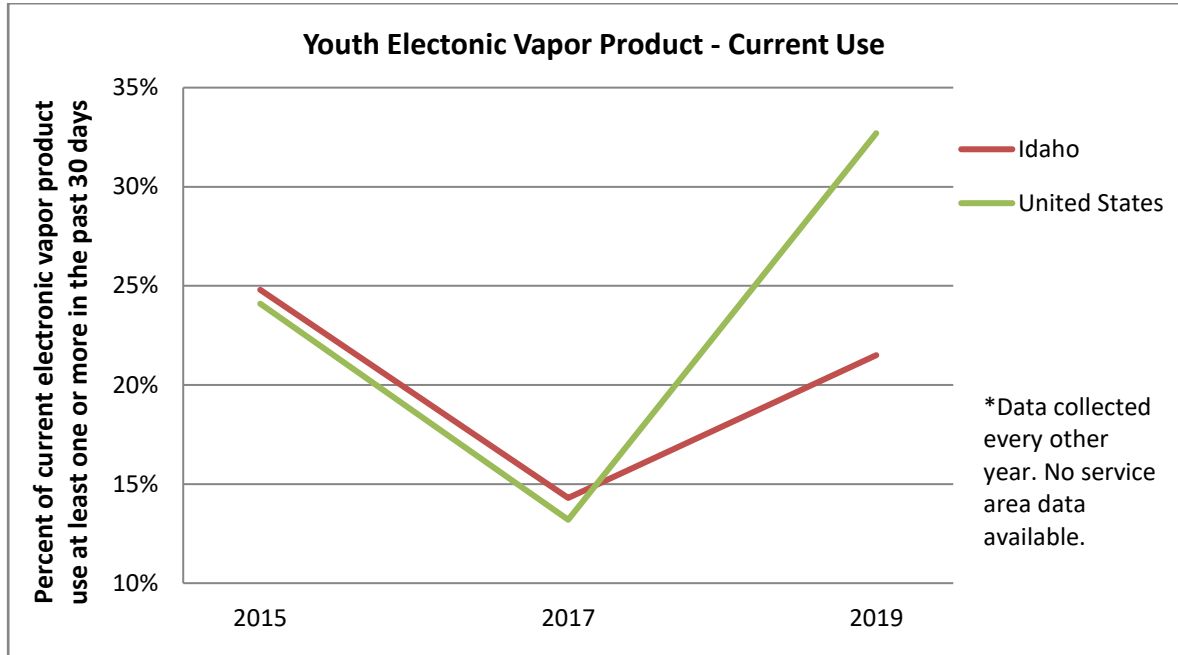


Health Factor Score				
Low score = Low potential for health impact		High score = High potential for health impact		
	Trend	Severity	Magnitude	Total Score
Marijuana Use	2	2	1	5

⁵⁴ Idaho and National 2016 - 2019 Behavioral Risk Factor Surveillance System

While youth electronic vapor product use was not included in our health factor scoring process, it was mentioned in several of our community interviews as an emerging need. Therefore, data on youth electronic vapor use is included below, and the information shared in our community interviews will be taken into consideration for action planning where appropriate in our service area.

Current use is higher nationally than in Idaho, while vapor products ever used is about the same.⁵⁵



⁵⁵ Idaho and National 2015 - 2019 Behavioral Risk Factor Surveillance System

Tobacco Prevention and Cessation

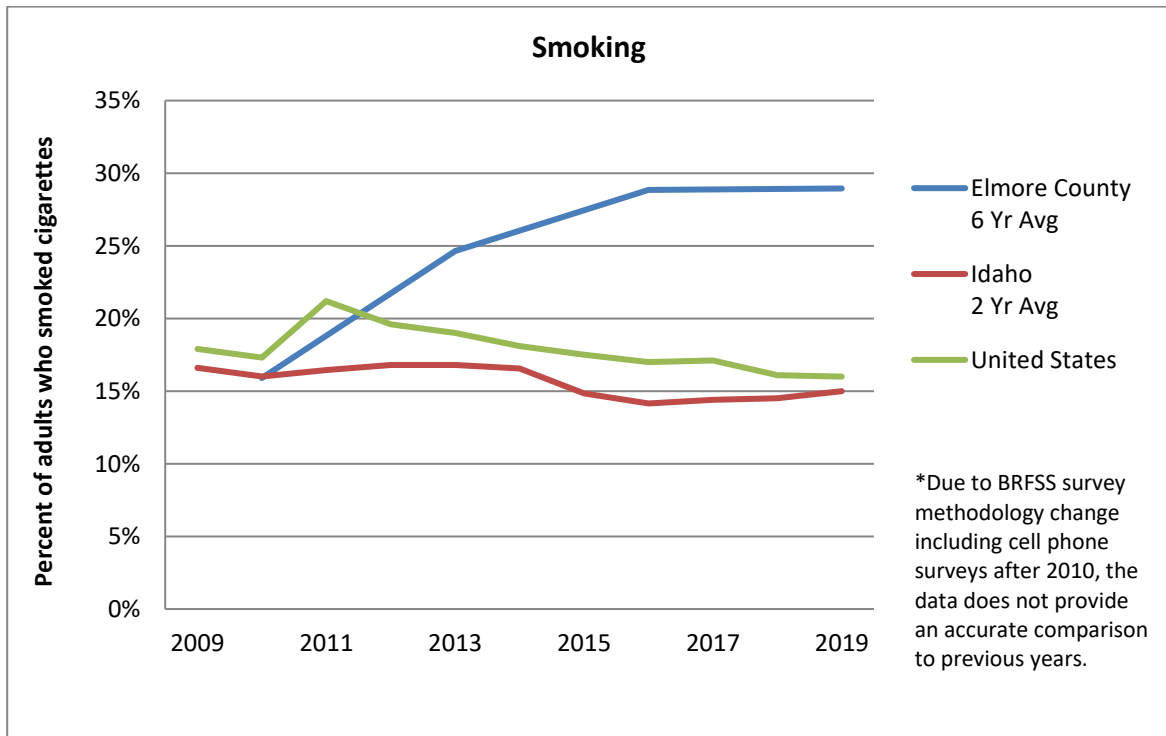
The relationship between tobacco use, particularly cigarette smoking, and adverse health outcomes is well known. Cigarette smoking is the leading cause of preventable death. Smoking causes or contributes to cancers of the lung, pancreas, kidney, and cervix as well as low birthweight.

- **Adult Smoking**

County-level measures from the Behavioral Risk Factor Surveillance System (BRFSS) provided by the CDC are used to obtain the number of current adult smokers who have smoked at least 100 cigarettes in their lifetime.

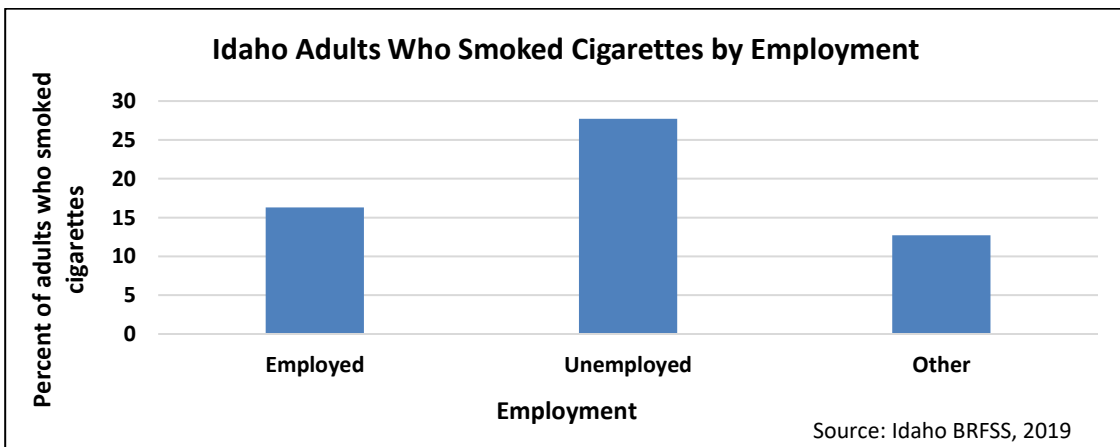
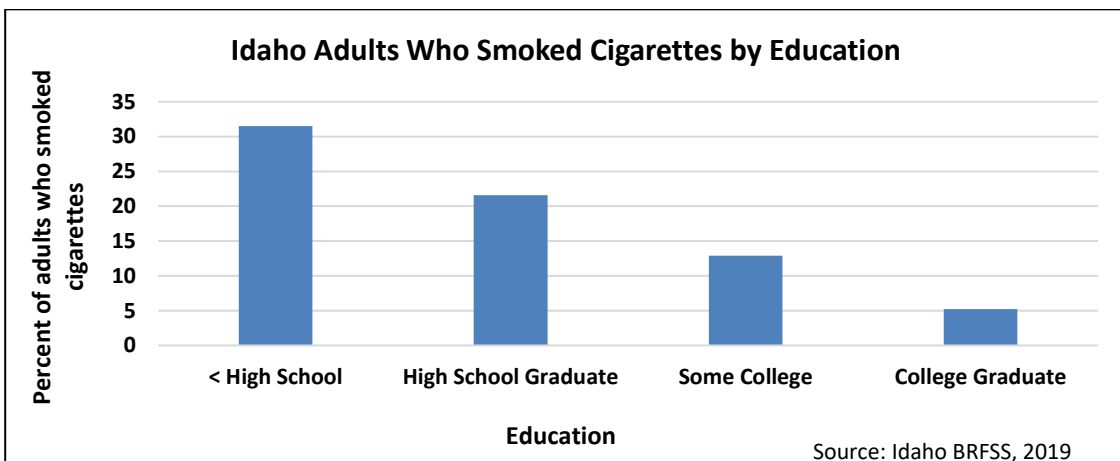
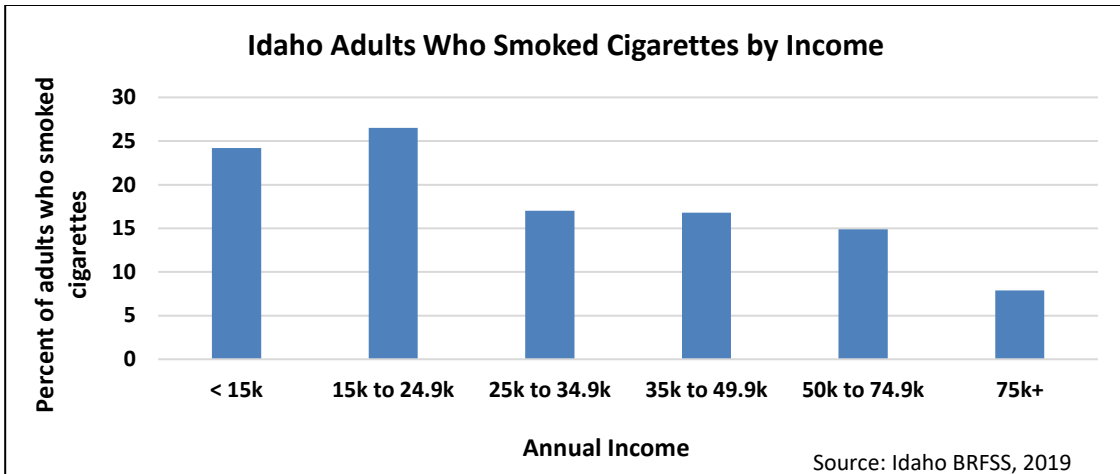
The percent of adults who smoke in our service area is significantly above the national average, while the trend for Idaho and the nation is going down.⁵⁶

The percent of people who smoke declines significantly with higher levels of income and education as well as for those who are employed.⁵⁷



⁵⁶ Idaho and National 2009 - 2019 Behavioral Risk Factor Surveillance System University of Wisconsin Population Health Institute. County Health Rankings 2012-2019, Accessed at www.countyhealthrankings.org

⁵⁷ Ibid

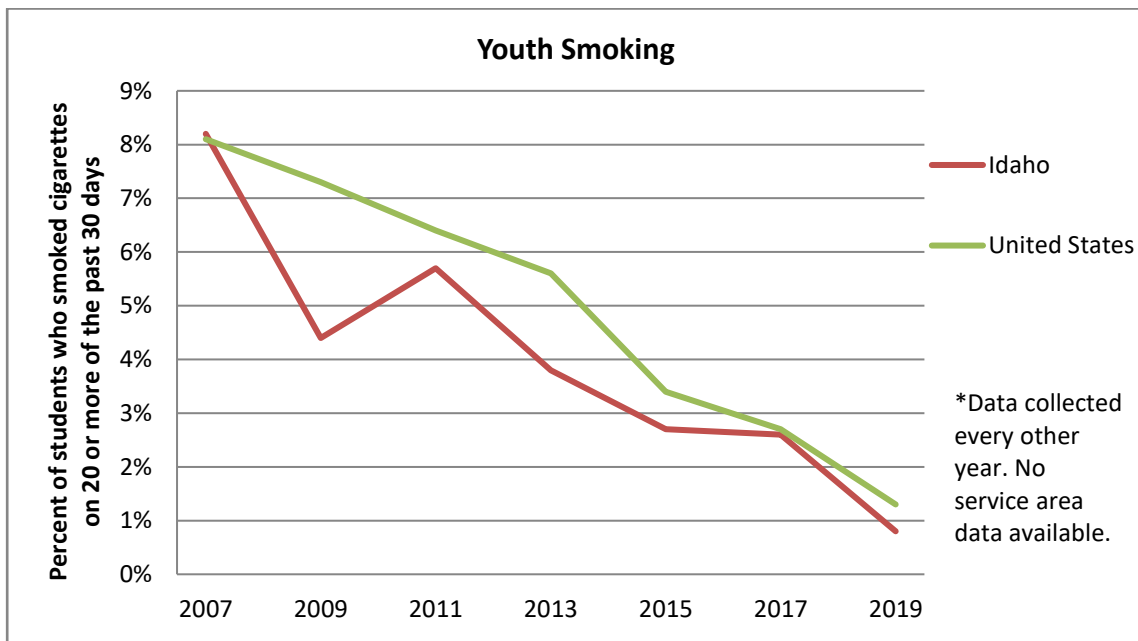


Health Factor Score				
Low score = Low potential for health impact		High score = High potential for health impact		
	Trend	Severity	Magnitude	Total Score
Adult Smoking	2	2	-1	3

- **Youth Smoking**

During 1997–2017, a significant decrease occurred overall in the prevalence of current tobacco use among Idaho and our nation’s youth.⁵⁸ Prevention efforts must focus on young adults ages 18 through 25, too. Almost no one starts smoking after age 25. Nearly 9 out of 10 smokers started smoking by age 18, and 99% started by age 26. Progression from occasional to daily smoking almost always occurs by age 26. Therefore, prevention is critical.⁵⁹

In 2019, less than 1% of Idaho youth reported smoking 20 or more of the past 30 days, which is slightly below the national rate.⁶⁰



Health Factor Score				
Low score = Low potential for health impact		High score = High potential for health impact		
	Trend	Severity	Magnitude	Total Score
Youth Smoking	-2	2	2	2

⁵⁸ Idaho and National Youth Risk Behavior Survey 2007 -2019

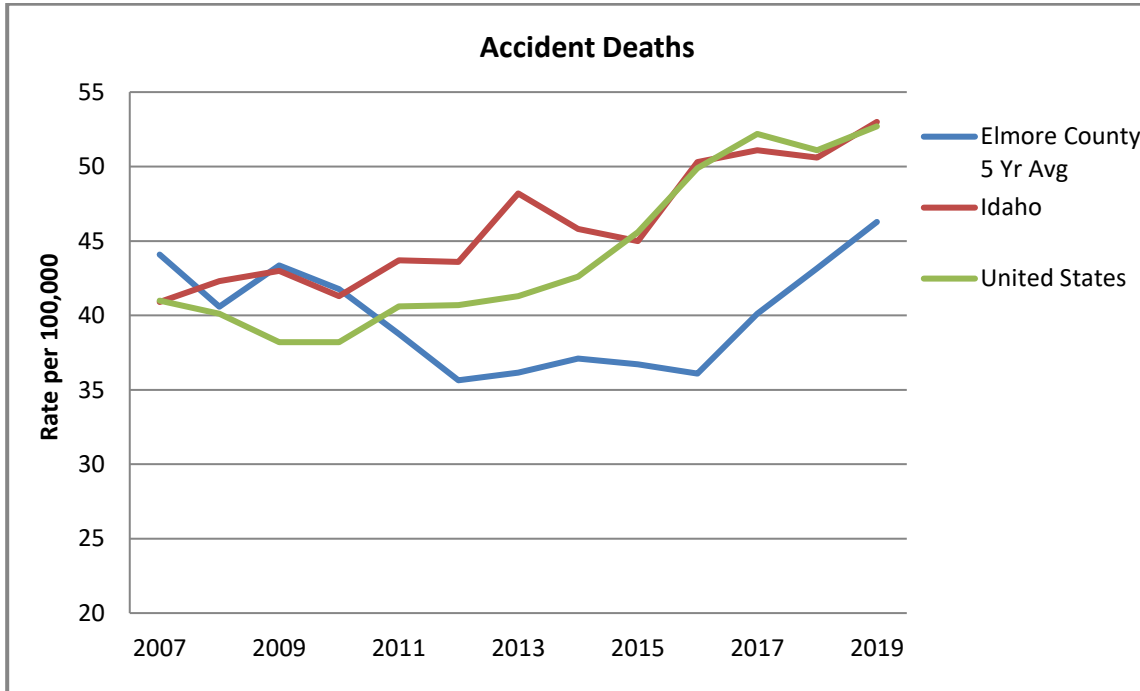
⁵⁹ <http://www.surgeongeneral.gov/library/reports/preventing-youth-tobacco-use/factsheet.html>

⁶⁰ Idaho and National 2007 - 2019 Behavioral Risk Factor Surveillance System

Wellness and Prevention Programs

- **Accidents**

Accidents are one of the top 10 causes of death in the nation. Accidents are the fourth leading cause of death in Idaho and include unintentional injuries, which comprise both motor vehicle and non-motor vehicle accidents. The accident death rate in our service area is below the national average, however the trend is increasing.⁶¹



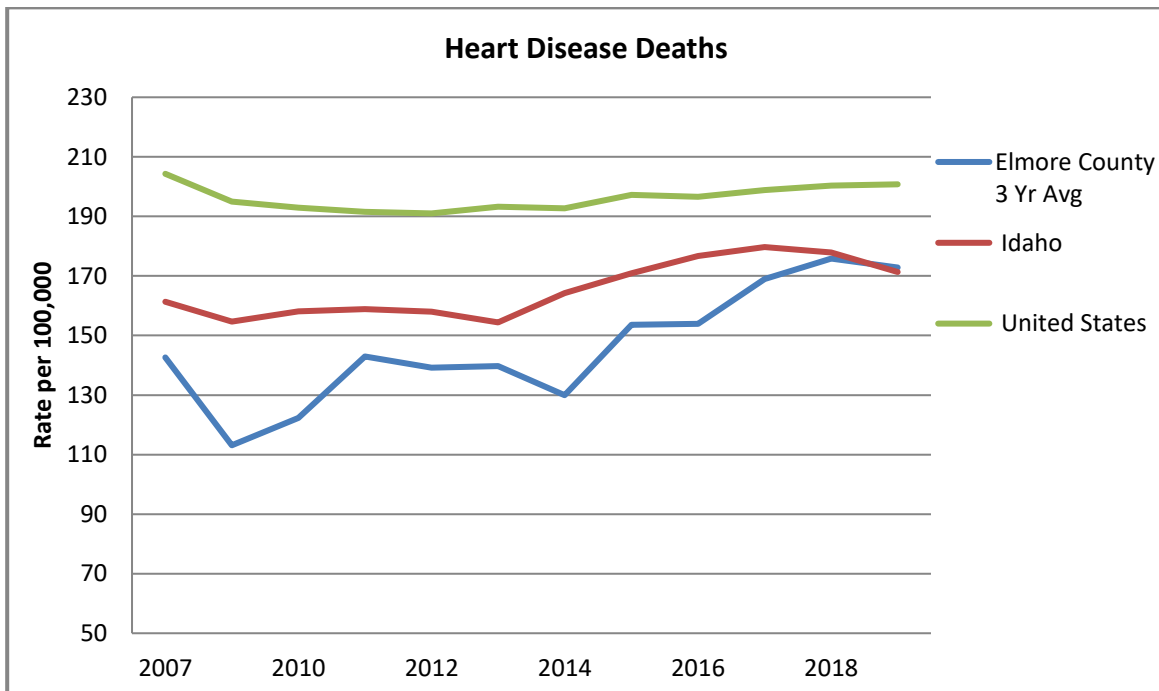
Health Factor Score				
Low score = Low potential for health impact		High score = High potential for health impact		
	Trend	Severity	Magnitude	Total Score
Accidental Deaths	1	2	-2	1

⁶¹ Idaho Vital Statistics Annual Reports, Years 2007 - 2019, National Vital Statistics Report - Deaths: Data 2019

- **Diseases of the Heart**

Heart disease remains the leading cause of death in the U.S. for both men and women and is now the leading cause of death in Idaho as well. Heart disease is a long-term illness that many individuals can manage through lifestyle changes and healthcare interventions. It is important to keep cholesterol levels and blood pressure in check to prevent heart disease.⁶²

Heart disease death in our service area has been increasing. However, it has remained well below the national average.⁶³



Health Factor Score				
Low score = Low potential for health impact		High score = High potential for health impact		
	Trend	Severity	Magnitude	Total Score
Heart Disease Deaths	2	2	0	4

⁶² America's Health Rankings analysis of CDC, Behavioral Risk Factor Surveillance System, United Health Foundation, AmericasHealthRankings.org, Accessed 2020

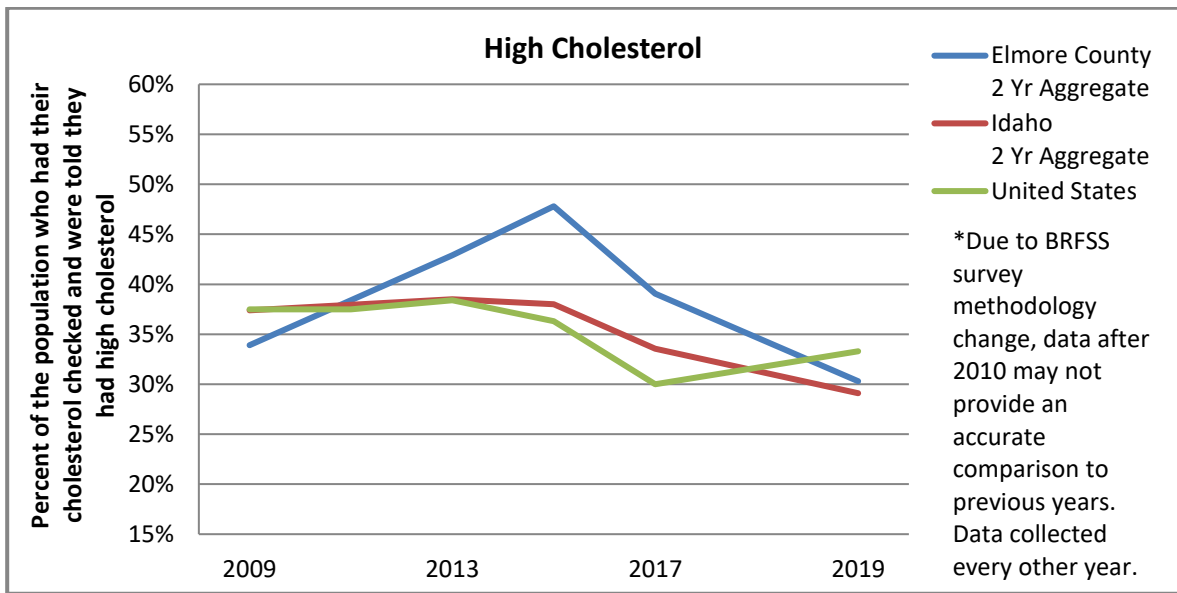
⁶³ Idaho Vital Statistics Annual Reports, Years 2007 - 2019, National Vital Statistics Report - Deaths: Data 2019

- **High Cholesterol**

Sustained, high cholesterol can lead to heart disease, heart attack, and other circulatory problems. While some factors that contribute to high cholesterol are out of our control, like family history, there are many things a person can do to keep cholesterol in check, such as following a healthy diet, maintaining a healthy weight, and being physically active. For some individuals, a pharmacological intervention may be necessary.⁶⁴

Among those who had ever been screened for cholesterol in our service area, about 30% reported that they were told their cholesterol was high in 2019, which is slightly less than the national average. The percentage of screened adults with high cholesterol has decreased in our service area, Idaho, and nationally.⁶⁵

Prevalence of high cholesterol decreased with higher levels of education above the 11th grade. Those who were unemployed, overweight, and adults aged 55+ were more likely to have had high cholesterol.⁶⁶



Health Factor Score				
Low score = Low potential for health impact		High score = High potential for health impact		
	Trend	Severity	Magnitude	Total Score
High Cholesterol	-1	1	0	0

⁶⁴ America's Health Rankings analysis of CDC, Behavioral Risk Factor Surveillance System, United Health Foundation, AmericasHealthRankings.org, Accessed 2020

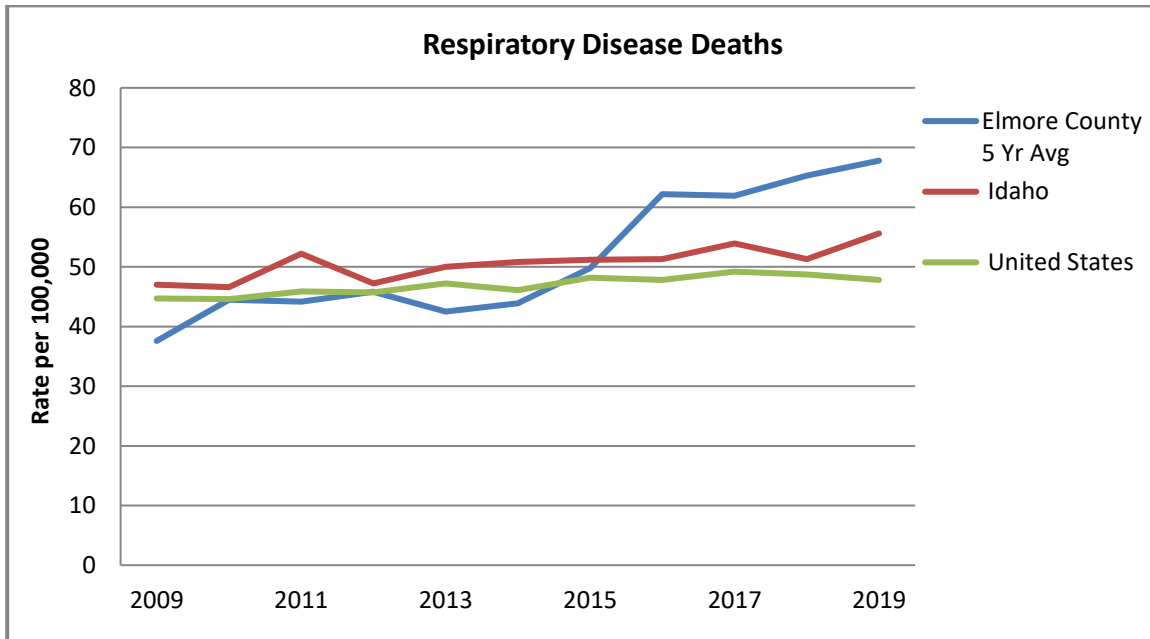
⁶⁵ Idaho 2009 - 2019 Behavioral Risk Factor Surveillance System

⁶⁶ Ibid

- **Chronic Lower Respiratory Diseases**

Chronic lower respiratory diseases, mainly COPD, are the fourth leading cause of death in the U.S. in 2019. Chronic lower respiratory diseases include asthma, chronic obstructive pulmonary disease (COPD), chronic bronchitis, and emphysema. The main risk factors for these diseases are smoking, repeated exposure to harsh chemicals or fumes, air pollution, or other lung irritants.⁶⁷

The chronic lower respiratory diseases death rate in our service area is higher than the national average and the trend has been increasing.⁶⁸



Health Factor Score				
Low score = Low potential for health impact		High score = High potential for health impact		
	Trend	Severity	Magnitude	Total Score
Respiratory Disease Deaths	2	2	-2	2

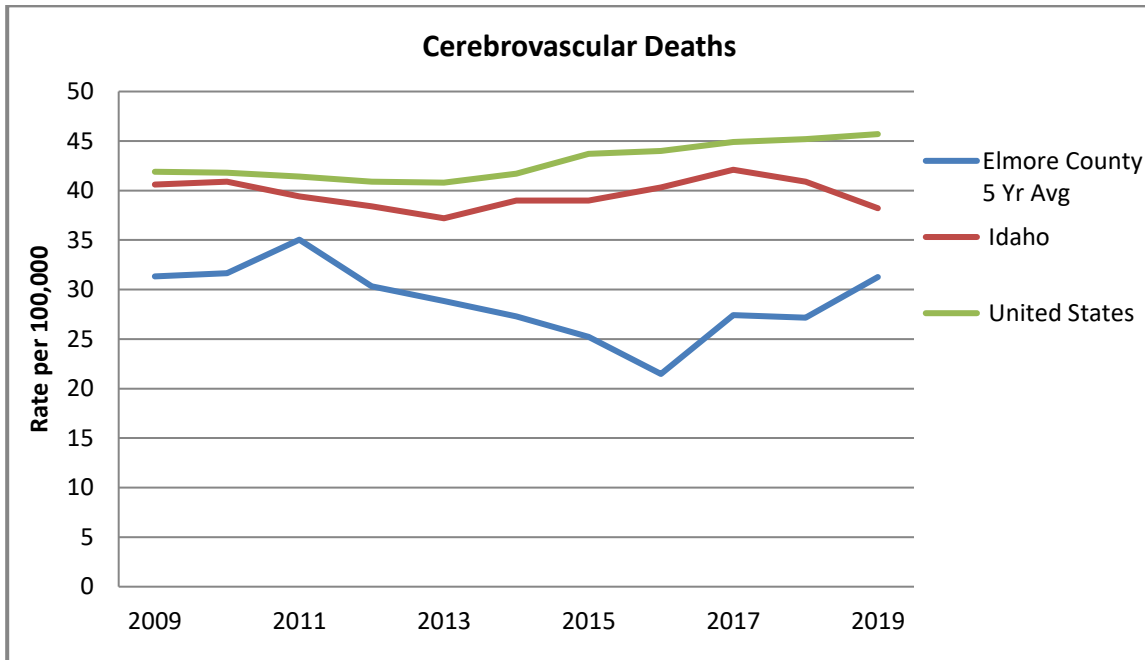
⁶⁷ CDC, <https://www.cdc.gov/copd/basics-about.html>

⁶⁸ Idaho Vital Statistics Annual Reports, Years 2009 - 2019, National Vital Statistics Report - Deaths: Data 2019

- **Cerebrovascular Diseases**

Cerebrovascular diseases are the fifth leading cause of death in Idaho and the nation. Cerebrovascular diseases include several serious disorders, including stroke and cerebrovascular anomalies such as aneurysms. Cerebrovascular diseases can be reduced when people lead a healthy lifestyle that includes being physically active, maintaining a healthy weight, eating well, and not using tobacco.⁶⁹

The cerebrovascular diseases death rate in our service area is significantly lower than the national average and the trend is flat.⁷⁰



Health Factor Score				
Low score = Low potential for health impact		High score = High potential for health impact		
	Trend	Severity	Magnitude	Total Score
Cerebrovascular Deaths	0	2	-1	1

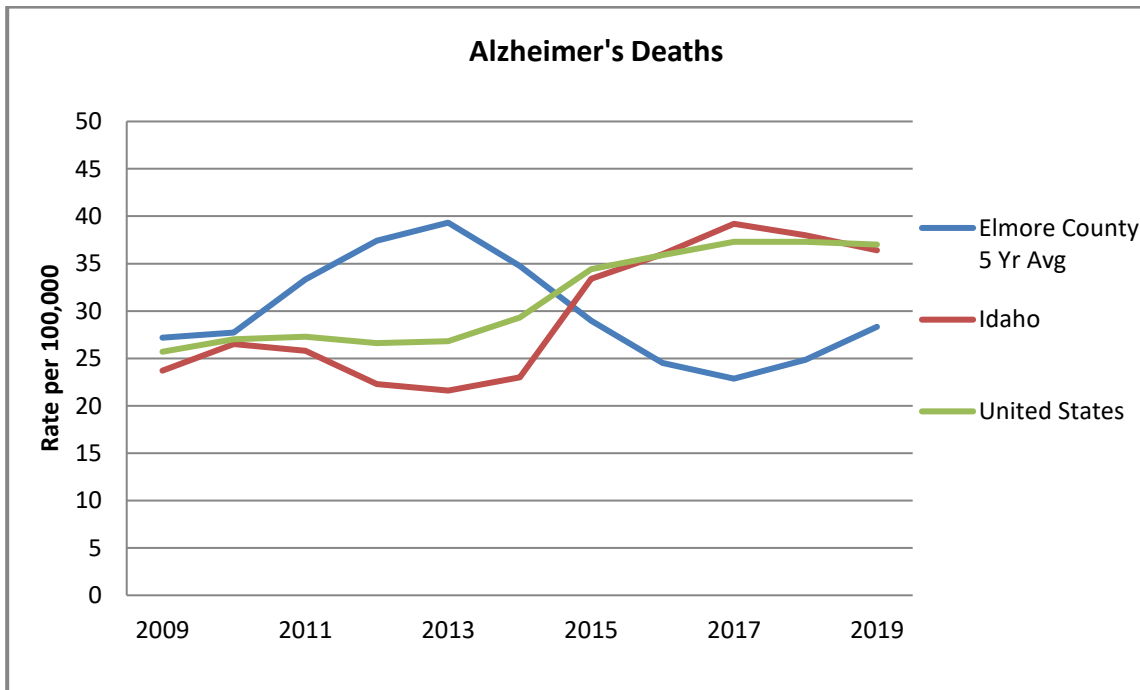
⁶⁹ America's Health Rankings analysis of CDC, Behavioral Risk Factor Surveillance System, United Health Foundation, AmericasHealthRankings.org, Accessed 2020

⁷⁰ Idaho Vital Statistics Annual Reports, Years 2009 - 2019, National Vital Statistics Report - Deaths: Data 2019

- **Alzheimer’s Disease**

Alzheimer’s is one of the top 10 causes of death in the nation. Alzheimer’s is the sixth leading cause of death in Idaho. Alzheimer’s is the most common form of dementia, a general term for serious loss of memory and other intellectual abilities. Alzheimer’s disease accounts for 50 to 80% of dementia cases. Alzheimer’s is not a normal part of aging, although the greatest known risk factor is increasing age, and most people with Alzheimer’s are 65 and older. Although current treatments cannot stop Alzheimer’s from progressing, they can temporarily slow the worsening of dementia symptoms and improve quality of life for those with Alzheimer’s and their caregivers.⁷¹

The death rate from Alzheimer’s in our service area is lower than the nation and has fluctuated over the past 10 years but increased nationally and in Idaho.⁷²



Health Factor Score				
Low score = Low potential for health impact		High score = High potential for health impact		
	Trend	Severity	Magnitude	Total Score
Alzheimer’s Deaths	0	0	-1	-1

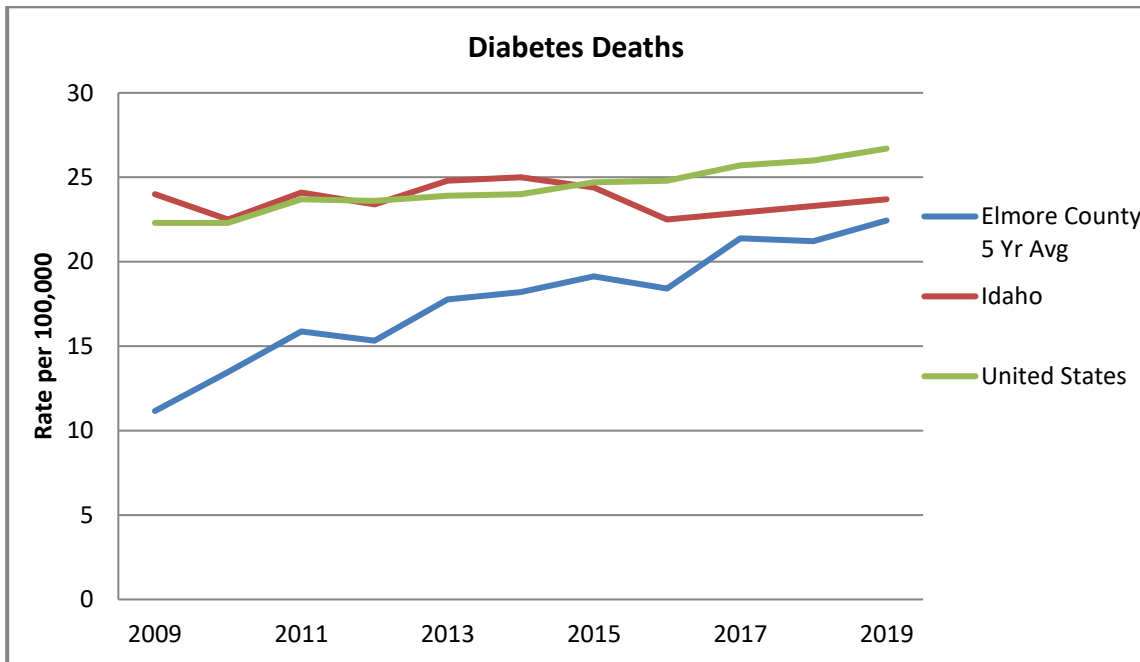
⁷¹ Alzheimer’s Association, www.alz.org

⁷² Vital Statistics Annual Reports, Years 2009 - 2019, National Vital Statistics Report - Deaths: Data 2019

- **Diabetes Mellitus**

Diabetes is one of the top 10 causes of death in the nation. Diabetes is the seventh leading cause of death in Idaho. Diabetes is a serious health issue that can contribute to heart disease, stroke, high blood pressure, kidney disease, blindness and can even result in limb amputation or death.⁷³

The death rate from diabetes in our service area is below the national average, however the trend is increasing.⁷⁴



Health Factor Score				
	Low score = Low potential for health impact		High score = High potential for health impact	
	Trend	Severity	Magnitude	Total Score
Diabetes Deaths	2	1	2	5

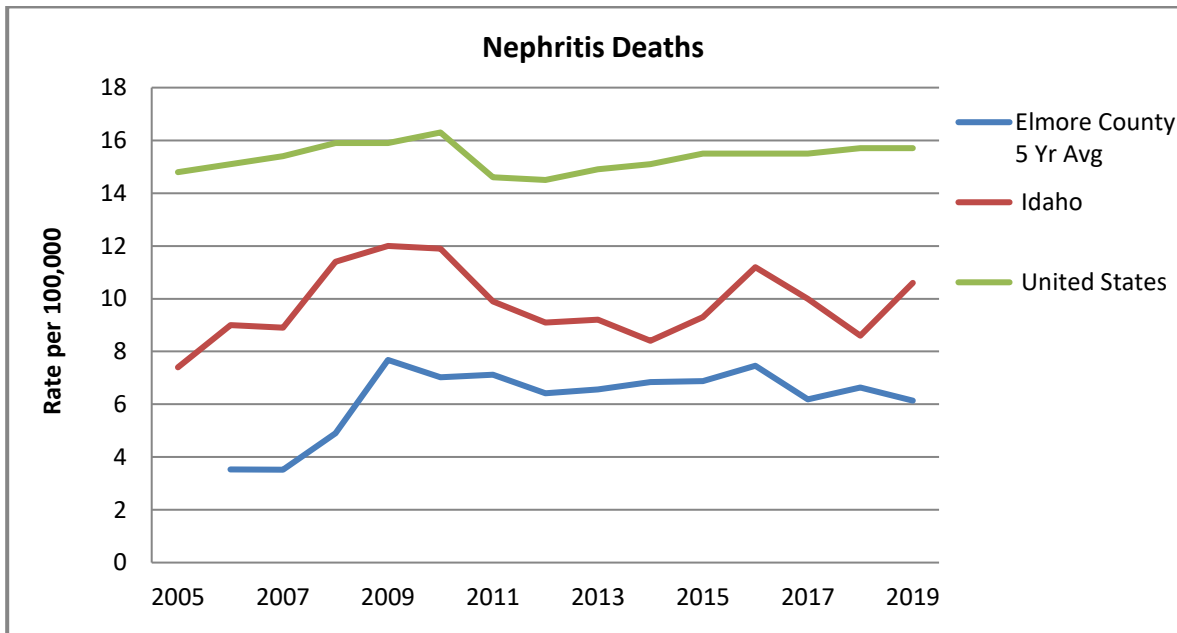
⁷³ <https://www.cdc.gov/chronicdisease/resources/publications/factsheets/diabetes-prediabetes.htm>

⁷⁴ Idaho Vital Statistics Annual Reports, Years 2009 - 2019, National Vital Statistics Report - Deaths: Data 2019

- **Nephritis**

Nephritis is one of the top 10 causes of death in the nation. Nephritis is an inflammation of the kidney, which causes impaired kidney function. A variety of conditions can cause nephritis, including kidney disease, autoimmune disease, and infection. Treatment depends on the cause. Kidney disease damages kidneys, preventing them from cleaning blood effectively. Chronic kidney disease eventually can cause kidney failure if it is not treated.⁷⁵

The death rate for nephritis is significantly lower in our service area than it is nationally. The nephritis death rate is flat both in the nation and our service area.⁷⁶



Health Factor Score				
Low score = Low potential for health impact		High score = High potential for health impact		
	Trend	Severity	Magnitude	Total Score
Nephritis Deaths	2	-2	0	0

⁷⁵ www.cdc.gov/Features/WorldKidneyDay/

⁷⁶ Idaho Vital Statistics Annual Reports, Years 2005 - 2019, National Vital Statistics Report - Deaths: Data 2019

Cancer

Cancer is the leading cause of death in Idaho and the second leading cause of death in the U.S. About 22% of all deaths in Idaho each year are from cancer. Each year in Idaho, there are about 9,500 new cases of cancer and about 3,000 cancer deaths.

Cancer is among the most expensive conditions to treat. Many individuals face financial challenges because of lack of insurance or underinsurance, resulting in high out-of-pocket expenses. The economic cost of cancer is about \$11,000 per person in Idaho.

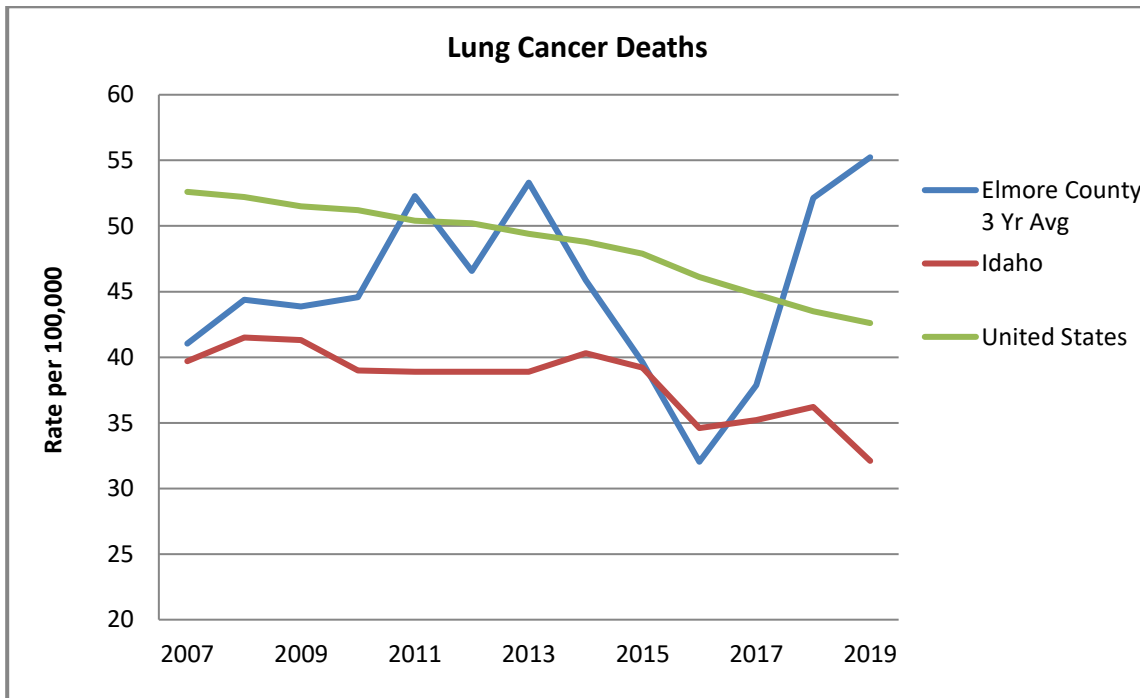
Although cancer may occur at any age, it is generally a disease of aging. Nearly 80% of cancers are diagnosed in persons 55 or older. Cancer is caused both by external factors such as tobacco use and exposure, chemicals, radiation, and infectious organisms, and by internal factors such as genetics, hormonal factors, and immune conditions. Some cancers can be prevented by choosing a healthy lifestyle and being screened.⁷⁷

⁷⁷ Comprehensive Cancer Alliance for Idaho, www.ccaidaho.org

- **Lung Cancer**

The U.S. Preventive Services Task Force (USPSTF) recommends annual screening for lung cancer with low-dose computed tomography (LDCT) in adults aged 50 to 80 years who have a 20 pack-a-year smoking history and currently smoke or have quit within the past 15 years. Routine oral cancer screenings are also recommended.⁷⁸

Lung cancer is the leading cause of cancer death in Idaho and the nation. The lung cancer death rate in our service area is significantly higher than the national average.⁷⁹



Health Factor Score				
Low score = Low potential for health impact		High score = High potential for health impact		
	Trend	Severity	Magnitude	Total Score
Lung Cancer Deaths	2	2	-1	3

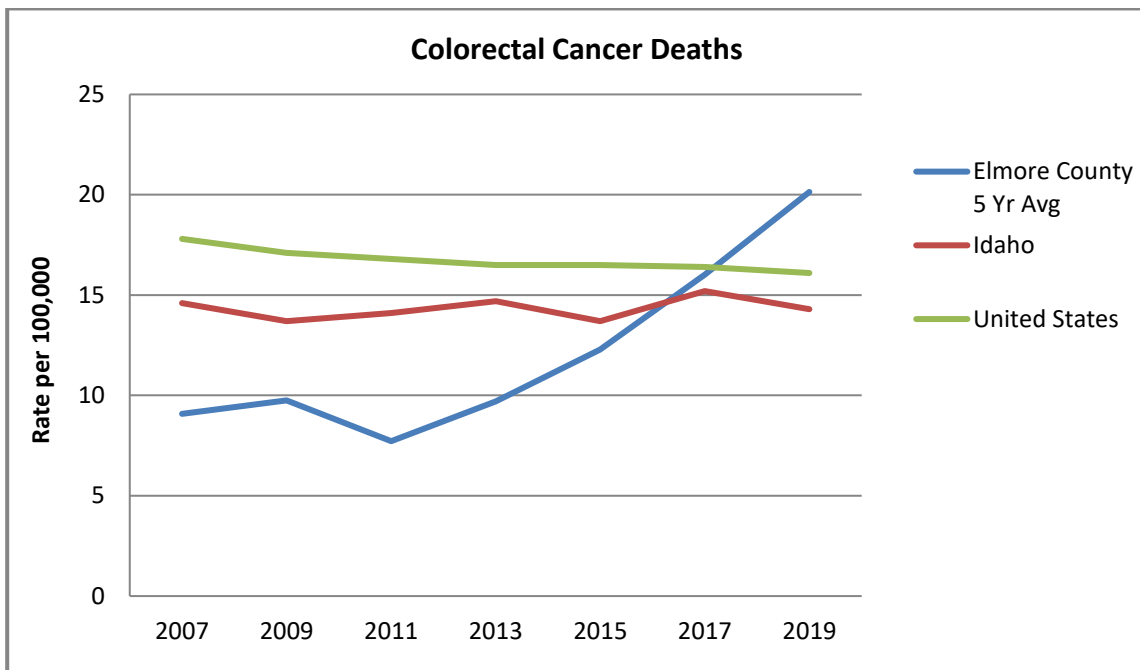
⁷⁸ Comprehensive Cancer Alliance for Idaho, Idaho Comprehensive Cancer Strategic Plan 2021-2025, www.ccaidaho.org

⁷⁹ Idaho Vital Statistics Annual Reports, Years 2007 - 2019, National Vital Statistics Report - Deaths: Data 2019

- **Colorectal Cancer**

Overall, the lifetime risk of developing colorectal cancer is about 1 in 23 for men and 1 in 25 for women.⁸⁰ Maintaining a healthy weight, increasing vigorous activity, limiting sitting and laying down, limiting alcohol intake, limiting red meat, and increasing vegetables, fruits, and whole grains may lower the risk of developing colorectal cancer. Early detection is effective in reducing colorectal cancer death rate.⁸¹

In Idaho, colorectal cancer is the second most common cancer-related cause of death among males and females combined. The trend for colorectal cancer deaths in our service area is increasing and the death rate is now higher than the national average.⁸²



Health Factor Score				
Low score = Low potential for health impact		High score = High potential for health impact		
	Trend	Severity	Magnitude	Total Score
Colorectal Cancer Deaths	2	2	-2	2

⁸⁰ <https://www.cancer.org/cancer/colon-rectal-cancer/about/key-statistics.html>

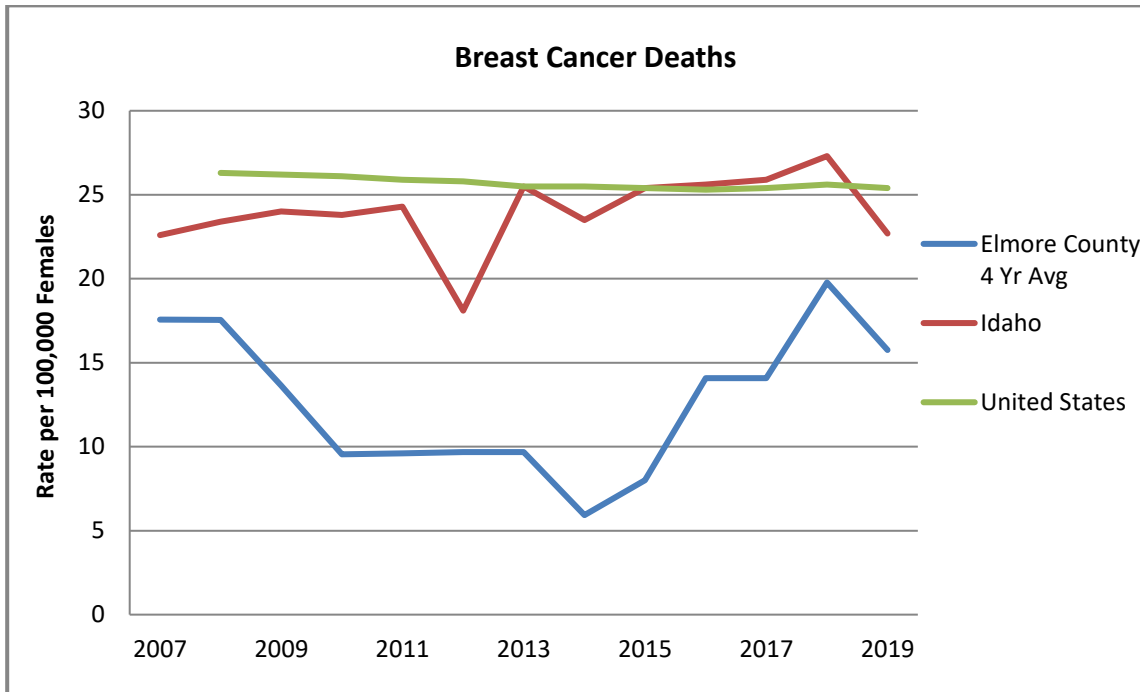
⁸¹ <https://www.cancer.org/cancer/colon-rectal-cancer/causes-risks-prevention/prevention.html>

⁸² Idaho Vital Statistics Annual Reports, Years 2009 - 2019, National Vital Statistics Report - Deaths: Data 2019

- **Breast Cancer**

Breast cancer is the most common cancer (about 30% or 1 in 3 of all new female cancers) in women in the U.S. except for skin cancers. Breast cancer mainly occurs in middle-aged and older women. The median age at the time of breast cancer diagnosis is 62. Females have a 1 in 8 chance of developing breast cancer in their lifetime.⁸³

Breast cancer is the second leading cause of cancer death, after lung cancer among Idaho women. The breast cancer death rate in our service area is well below national average.⁸⁴



Health Factor Score				
Low score = Low potential for health impact		High score = High potential for health impact		
	Trend	Severity	Magnitude	Total Score
Breast Cancer Deaths	0	2	-1	1

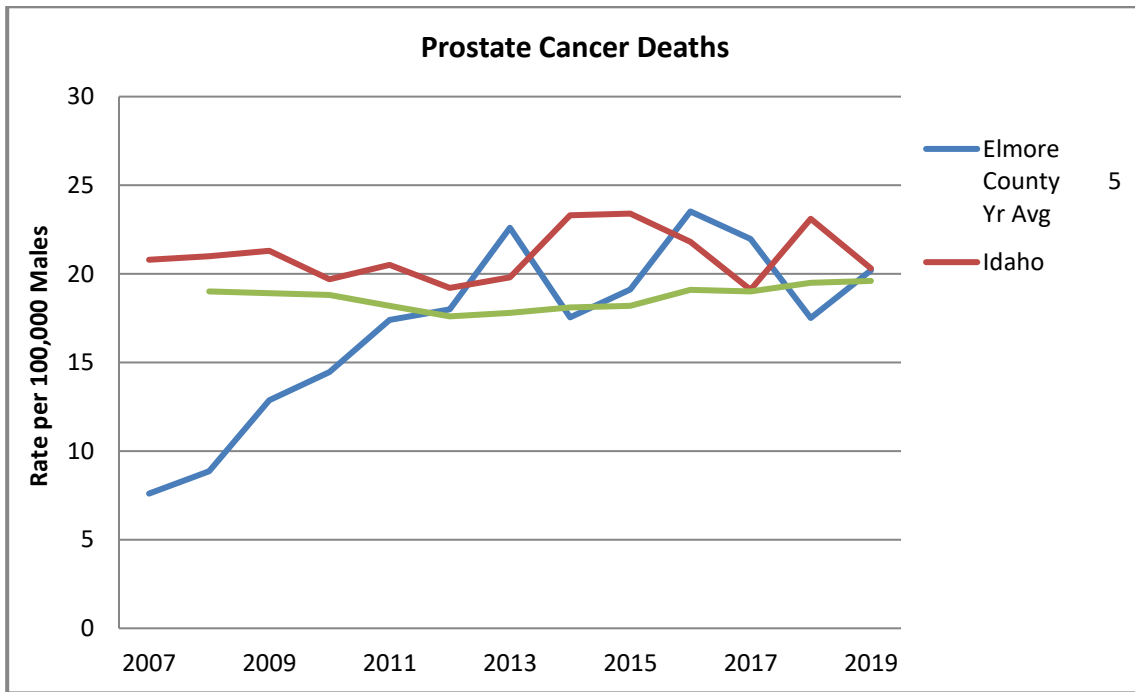
⁸³ American Cancer Society, <https://www.cancer.org/cancer/breast-cancer/about/how-common-is-breast-cancer.html>

⁸⁴ Idaho Vital Statistics Annual Reports, Years 2007 - 2019, National Vital Statistics Report - Deaths: Data 2019

- **Prostate Cancer**

Prostate cancer is the second overall cause of death in Idaho men and is the most common cancer among males. Known risk factors for prostate cancer that are not modifiable include age, ethnicity, and family history. One modifiable risk factor is a diet high in saturated fat and low in vegetable and fruit consumption.⁸⁵

In our service area, the trend for the prostate cancer deaths is increasing and the death rate is about same as the national average.⁸⁶



Health Factor Score				
	Low score = Low potential for health impact	High score = High potential for health impact		
	Trend	Severity	Magnitude	Total Score
Prostate Cancer Deaths	0	1	-2	-1

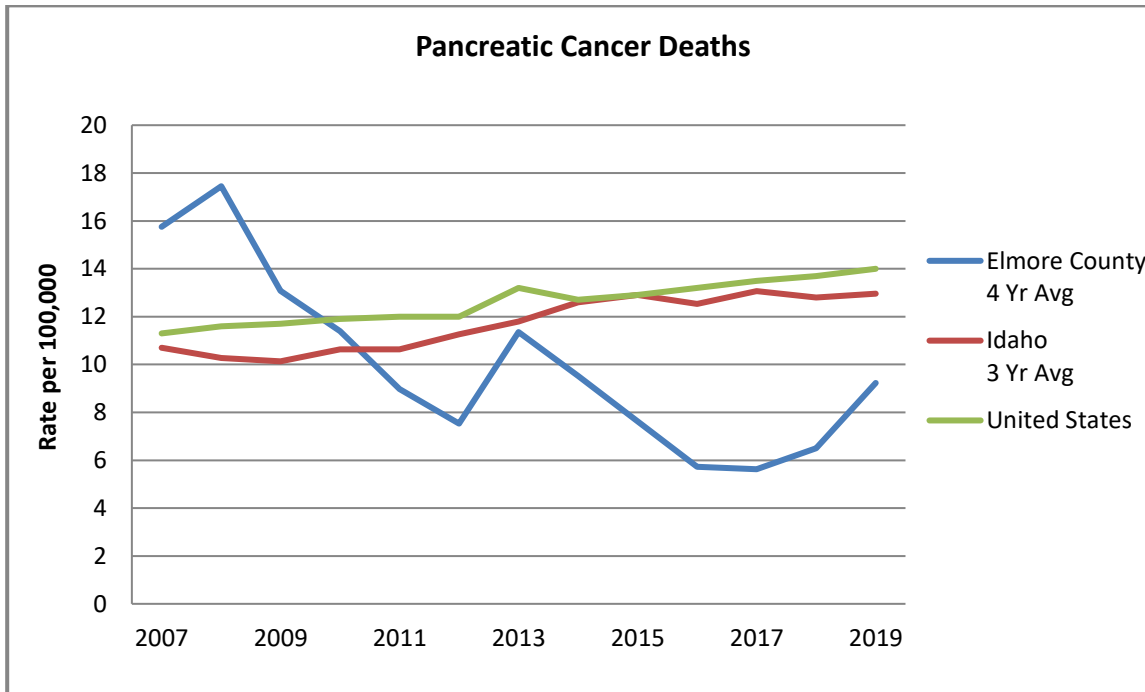
⁸⁵ American Cancer Society, <https://www.cancer.org/cancer/prostate-cancer/causes-risks-prevention/risk-factors.html>

⁸⁶ Idaho Vital Statistics Annual Reports, Years 2007 - 2019, National Vital Statistics Report - Deaths: Data 2019

- **Pancreatic Cancer**

The survival rate for pancreatic cancer is low. Possible factors increasing the risk of pancreatic cancer include smoking, and type 2 diabetes, which is associated with obesity. There are no established guidelines for preventing pancreatic cancer but some things that may lower risk are not smoking, maintaining a healthy weight, and getting regular physical activity.⁸⁷

In our service area, the pancreatic cancer death rate is lower than the national average and the trend is slightly increasing.⁸⁸



Health Factor Score				
Low score = Low potential for health impact		High score = High potential for health impact		
	Trend	Severity	Magnitude	Total Score
Pancreatic Cancer Deaths	1	-1	-2	-2

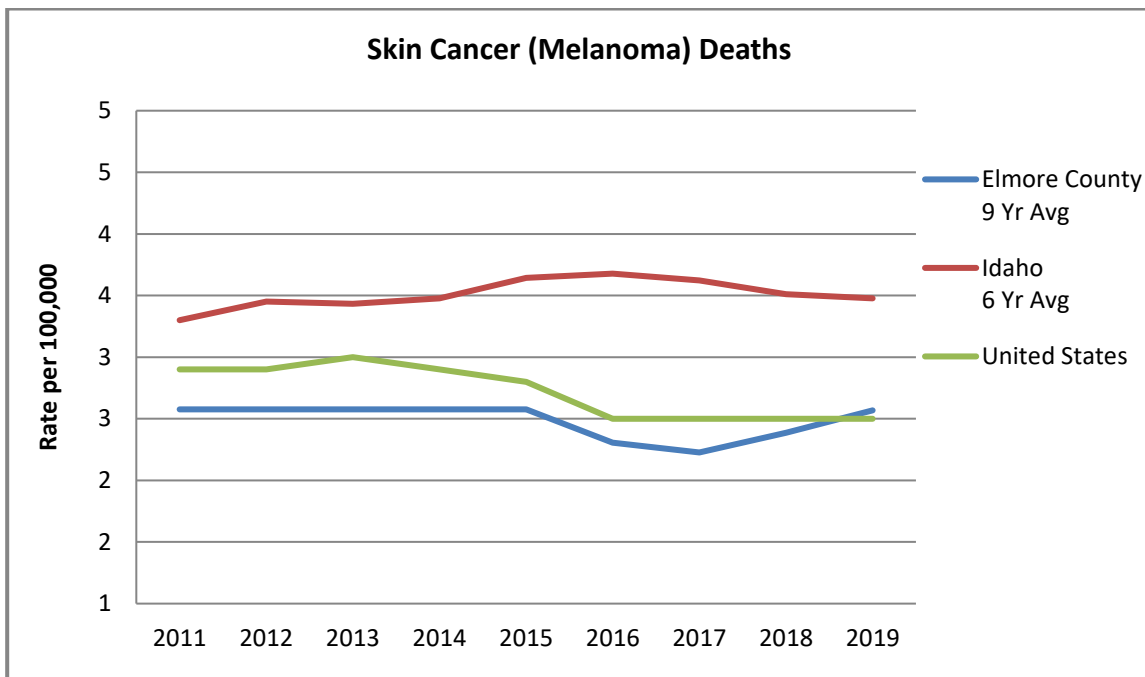
⁸⁷ American Cancer Society, <https://www.cancer.org/cancer/pancreatic-cancer/causes-risks-prevention/risk-factors.html>

⁸⁸ Idaho Vital Statistics Annual Reports, Years 2007 - 2019, National Vital Statistics Report - Deaths: Data 2019

- **Skin Cancer (Melanoma)**

More people are diagnosed with skin cancer each year in the U.S. than all other cancers combined. About 1 in 5 Americans will develop skin cancer during their lifetime. In the past decade (2012 – 2022) the number of new melanoma cases diagnosed annually has increased by 31%.⁸⁹ Exposure to ultraviolet (UV) radiation appears to be the most significant factor in the development of skin cancer. Skin cancer is largely preventable when sun protection measures are used consistently. These results highlight the need for effective interventions that reduce harmful UV light exposure.⁹⁰

The melanoma death rate is higher in Idaho than in the nation, however our service area is about the same as the nation and the trend is flat.⁹¹



Health Factor Score				
Low score = Low potential for health impact		High score = High potential for health impact		
	Trend	Severity	Magnitude	Total Score
Skin Cancer Deaths	0	2	-2	0

⁸⁹ <https://www.skincancer.org/skin-cancer-information/skin-cancer-facts>

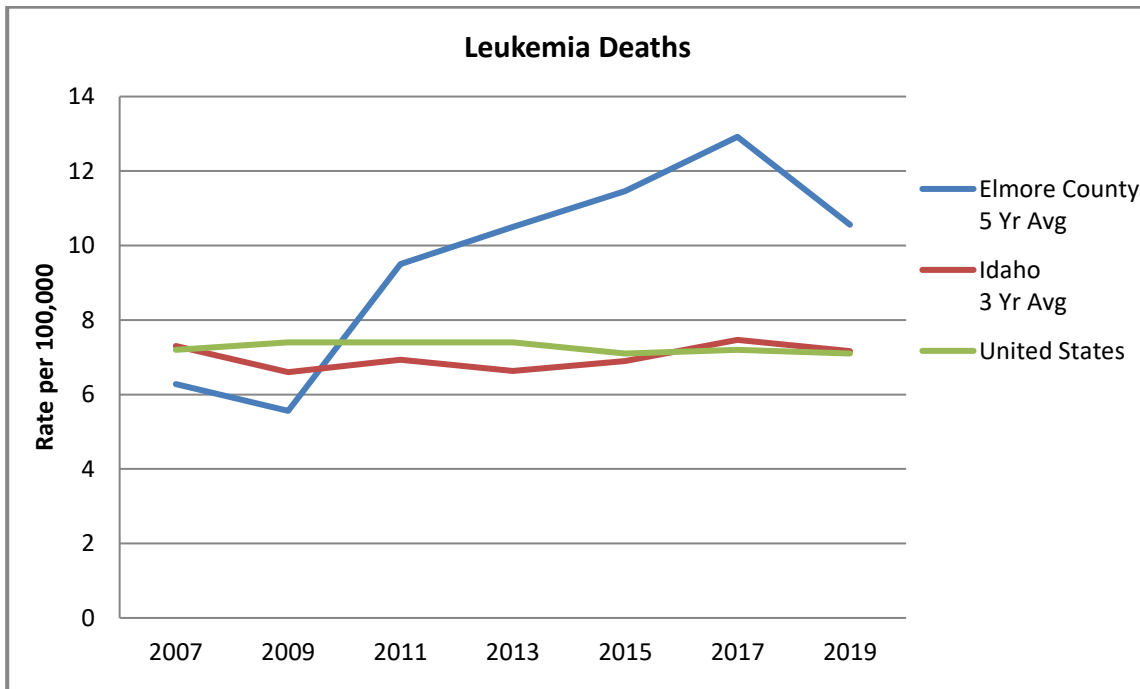
⁹⁰ <https://www.skincancer.org/skin-cancer-information/skin-cancer-facts>

⁹¹ Idaho Vital Statistics Annual Reports, Years 2011 - 2019, National Vital Statistics Report - Deaths: Data 2019

- **Leukemia**

Leukemia is a cancer of the bone marrow and blood. Scientists do not fully understand the causes of leukemia, although researchers have found some associations with chronic exposure to benzene, large doses of radiation, and smoking tobacco.⁹² Because the causes are not well understood, evidence-based preventive programs are not available other than avoiding the risk factors described above.

The leukemia death rate in our service area is higher than the national average and the trend is increasing.⁹³



Health Factor Score				
Low score = Low potential for health impact		High score = High potential for health impact		
	Trend	Severity	Magnitude	Total Score
Leukemia Deaths	2	-1	-2	-1

⁹² <https://www.cdc.gov/nceh/radiation/phase2/mleukemi.pdf>

⁹³ Idaho Vital Statistics Annual Reports, Years 2007 - 2019, National Vital Statistics Report - Deaths: Data 2019

Clinical Care Access and Quality Factors

Affordability of Health Care

- **Uninsured Adults**

Evidence shows that uninsured individuals experience barriers to health care access and maintaining financial security. Kaiser Family Foundation reports that the uninsured receive less preventative care and delayed care results in more serious health outcomes compared to insured individuals. The uninsured may be unable to pay their medical bills, resulting in medical debt.⁹⁴

On a national basis, the 2010 Affordable Care Act (ACA) lowered the percentage of uninsured adults starting in 2014. The goal of the ACA is to improve health outcomes and eventually lower health care costs through insuring a greater proportion of the population. One of the major provisions of the ACA is the expansion of Medicaid eligibility to nearly all low-income individuals with incomes at or below 138 percent of poverty. However, over 20 states chose not to expand their programs. The ACA did not make provisions for low-income people not receiving Medicaid and does not provide assistance for people below poverty for other coverage options.⁹⁵ This is often referred to as the “coverage gap.”⁹⁶ In November 2018, Idaho passed a proposition to expand Medicaid. In November 2018, Idaho passed a proposition to expand Medicaid.

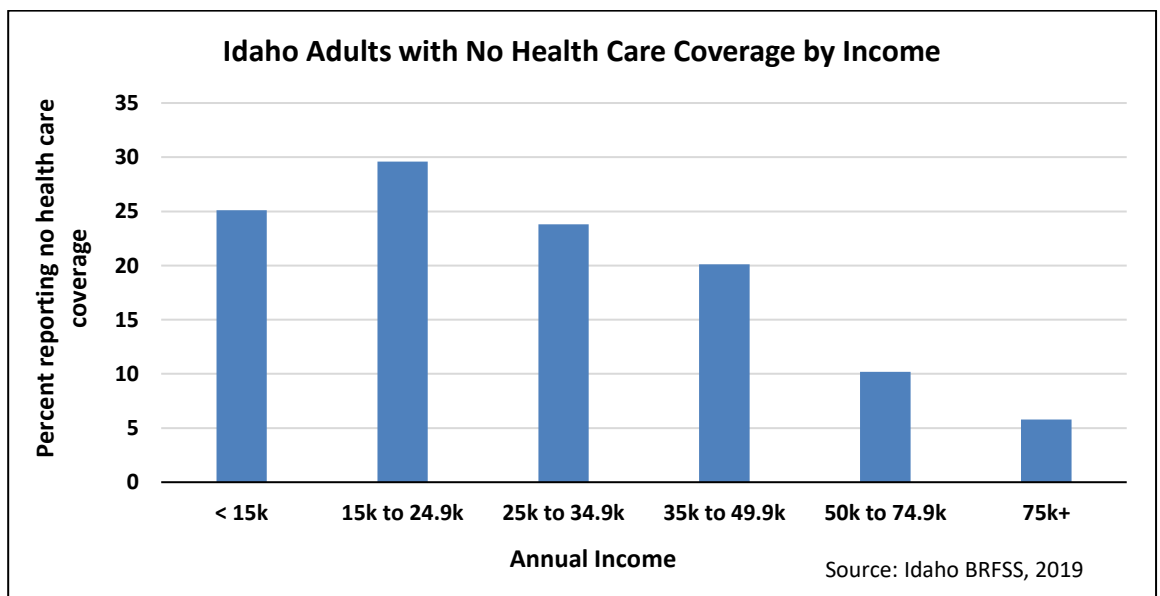
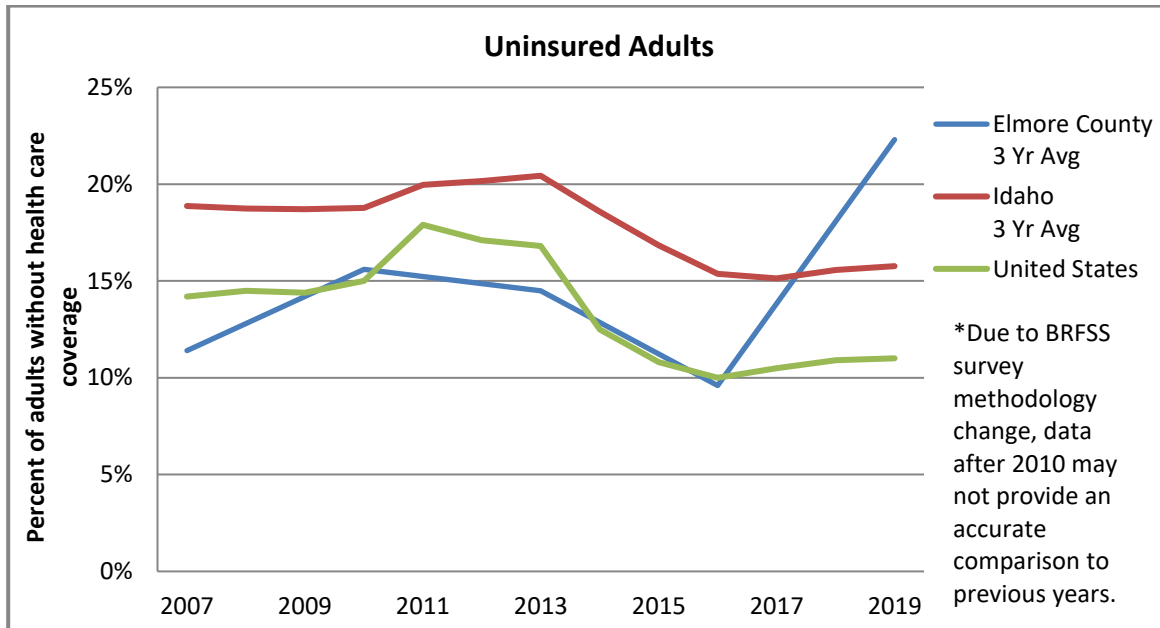
⁹⁴ University of Wisconsin Population Health Institute. *County Health Rankings* 2021. Accessible at www.countyhealthrankings.org.

⁹⁵ The Coverage Gap: Uninsured Poor Adults in States that do not Expand Medicaid, April 2015, The Kaiser Commission on Medicaid and the Uninsured, Rachel Garfield

⁹⁶ Ibid

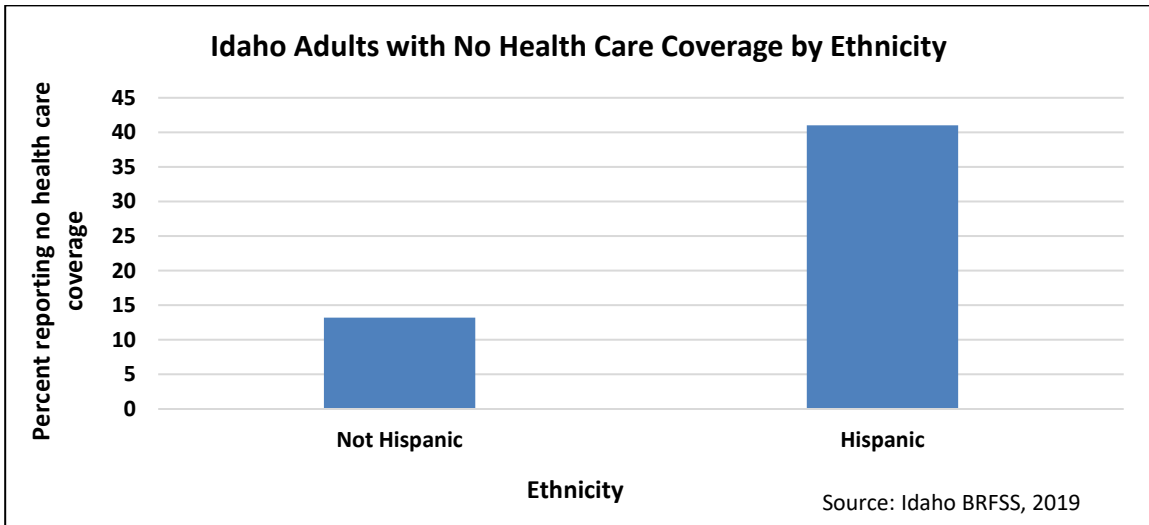
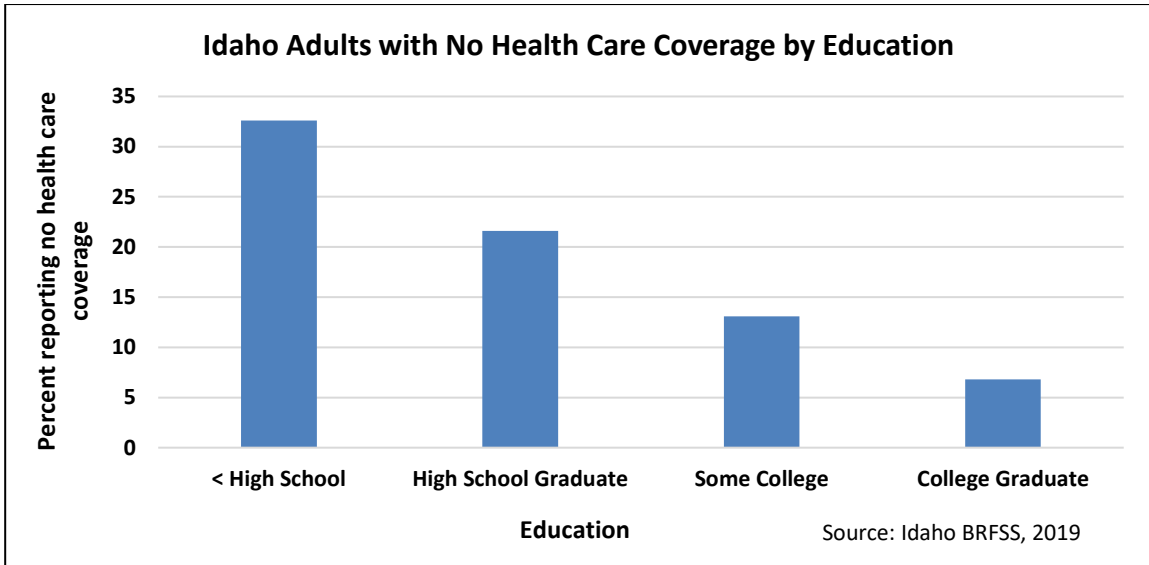
The number of adults without health care coverage has been trending up in our service area. The percentage of uninsured in Idaho and our service area is higher than the national average.⁹⁷

Those with incomes less than \$25,000 are about 10 times more likely to report being without health care coverage than those with incomes above \$75,000. In addition, Hispanics are more than twice as likely to not have health insurance coverage than non-Hispanics.⁹⁸



⁹⁷ Idaho and National 2007 - 2019 Behavioral Risk Factor Surveillance System

⁹⁸ Idaho and National 2019 Behavioral Risk Factor Surveillance System

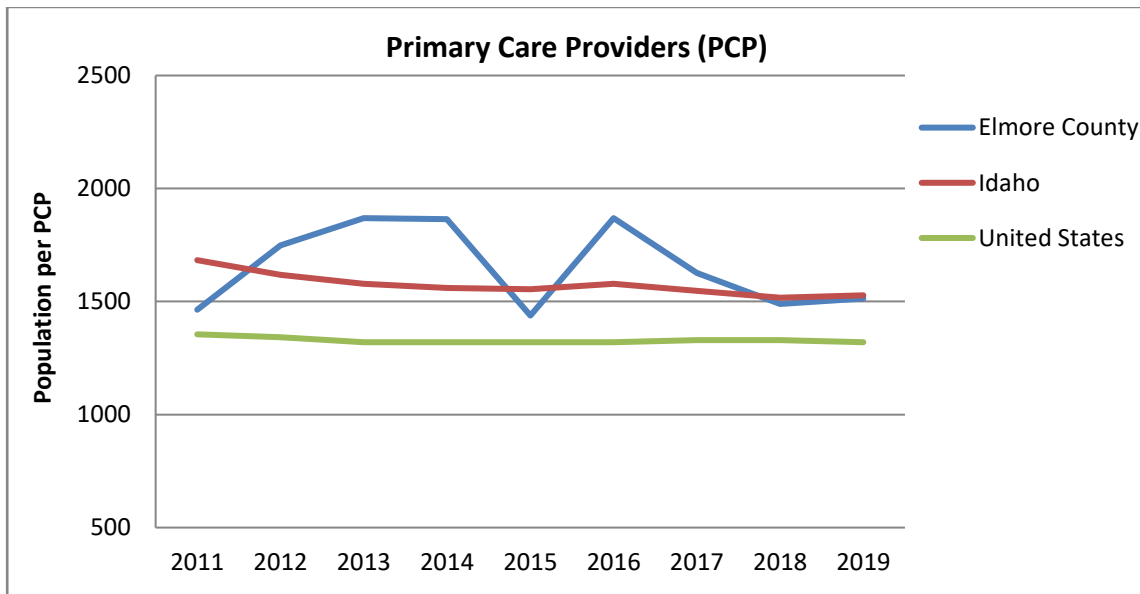


Health Factor Score				
Low score = Low potential for health impact		High score = High potential for health impact		
	Trend	Severity	Magnitude	Total Score
Uninsured Adults	2	2	1	5

- **Primary Care Providers**

Our primary care provider metric reports the ratio of population in a county to primary care providers (i.e., the number of people per primary care provider). The measure is based on data obtained from the Health Resources and Services Administration (HRSA) through the *County Health Rankings*. While having health insurance is a crucial step toward accessing the different aspects of the health care system, health insurance by itself does not ensure access. In addition, evidence suggests that access to effective and timely primary care has the potential to improve the overall quality of care and help reduce costs. One analysis found that primary care physician supply was associated with improved health outcomes including reduced all-cause cancer, heart disease, stroke, and infant mortality; a lower prevalence of low birthweight; greater life expectancy; and improved self-rated health. The same analysis also found that each increase of one primary care physician per 10,000 people is associated with a reduction in the average mortality by 5.3%.⁹⁹

The population to primary care provider ratio for our service area is slightly above the national average and the trend is flat.¹⁰⁰



Health Factor Score				
	Low score = Low potential for health impact	High score = High potential for health impact		
	Trend	Severity	Magnitude	Total Score
Primary Care Physicians	0	0	1	1

⁹⁹ University of Wisconsin Population Health Institute. *County Health Rankings* 2018. Accessible at www.countyhealthrankings.org.

¹⁰⁰ Idaho and National 2011 - 2019 Behavioral Risk Factor Surveillance System

Availability of Behavioral Health Services

- **Mental Health Service Providers**

Elmore County is listed as a mental health professional shortage area as of June 2017.¹⁰¹ Our shortage of mental health professionals is especially concerning given the high suicide and mental illness rates in Idaho as documented in following sections of our CHNA.

According to The State of Mental Health in America 2018 study, one out of four (24.7%) of the people in Idaho with a mental illness report that they are not able to receive the treatment they need. According to this study, Idaho’s rate of unmet need is the fourth highest in the nation. “Across the country, several systematic barriers to accessing care exclude and marginalize individuals with a great need. These include the following:

- Lack of adequate insurance
- Lack of available treatment providers
- Lack of treatment types
- Insufficient finance to cover costs¹⁰²

Due to the continued trend of lack of mental health service providers nationally, in the state of Idaho, and locally, the health factor scores below were determined based on multiple sources. The multiple data sets referenced for this need cannot be summarized in a graphical representation, so only the health factor scoring table is provided.

Health Factor Score				
Low score = Low potential for health impact		High score = High potential for health impact		
	Trend	Severity	Magnitude	Total Score
Mental Health Service Providers	2	2	0	4

¹⁰¹ Health Services and Resource Administration Data Warehouse, Mental Health Care HPSAs PDF <http://datawarehouse.hrsa.gov/hpsadetail.aspx#table>

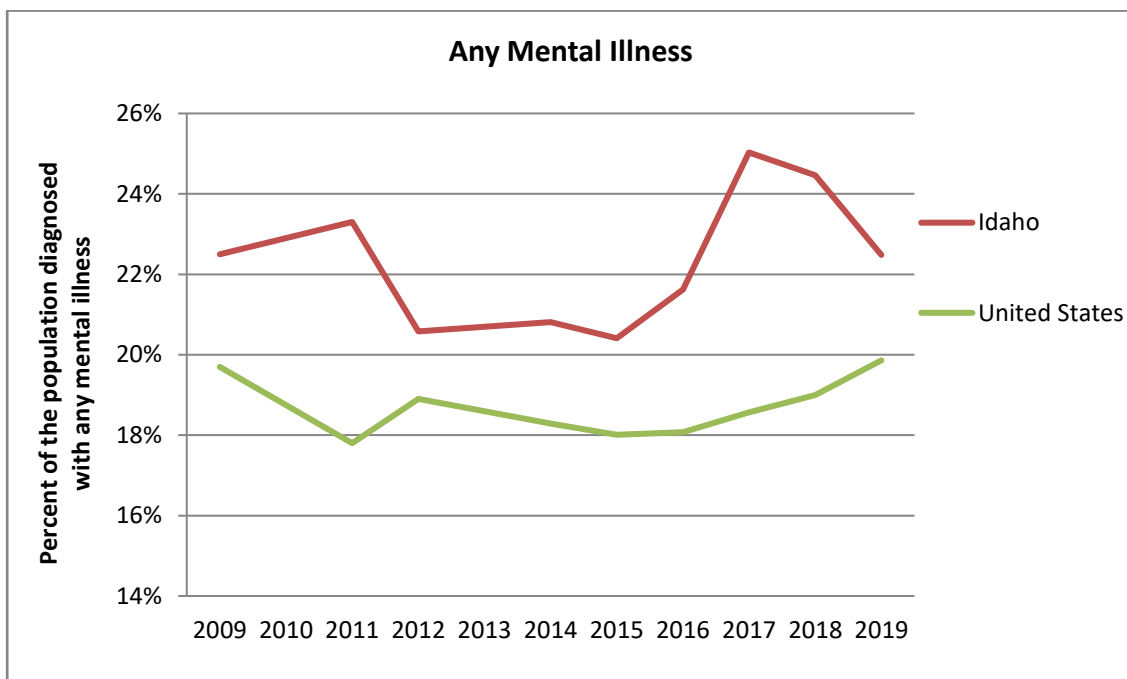
¹⁰² <http://www.mentalhealthamerica.net/issues/mental-health-america-access-care-data>

- **Mental Illness**

Community mental health status can help explain suicide rates as well as aid us in understanding the need for mental health professionals in our service area.

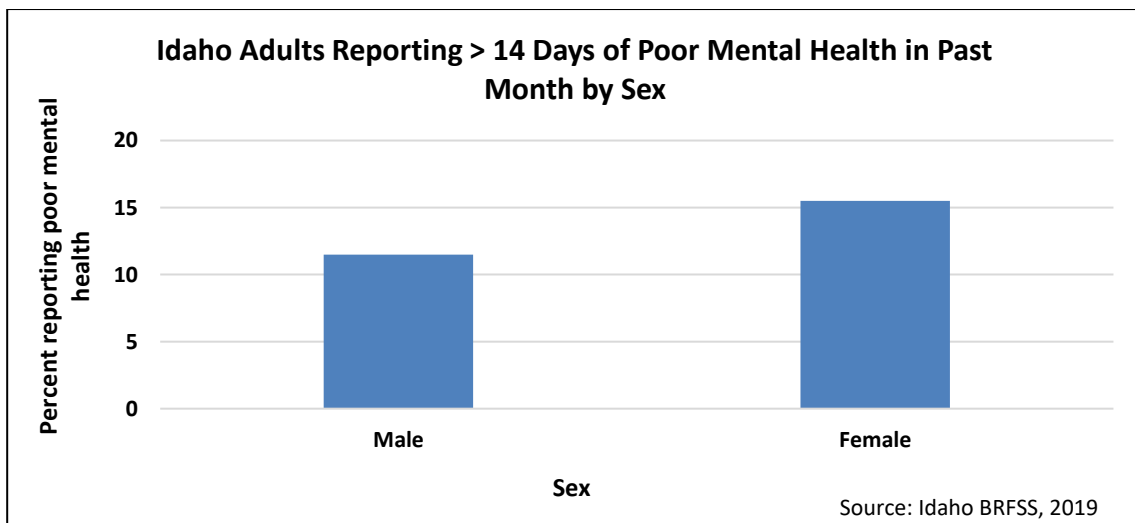
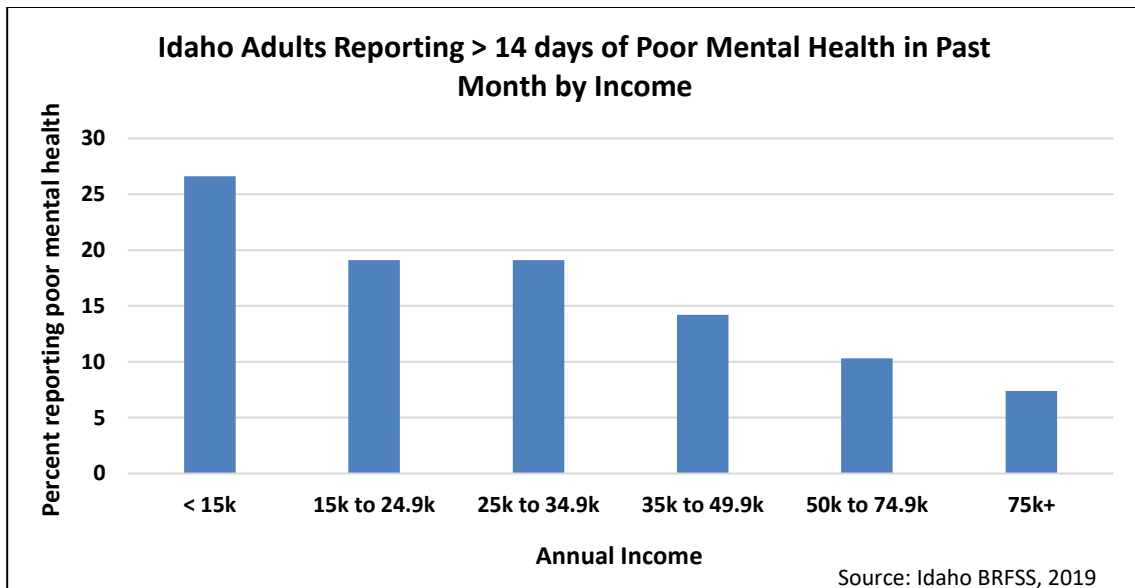
The percentage of people aged 18 or older having any mental illness (AMI) was 22.48% for Idaho in 2019. This was the fourth highest percentage of mental illness in the nation. The percentage of people having any mental illness for the United States was 19.86%.¹⁰³

People with lower incomes are about three and a half times more likely to have depressive disorders, and women are more likely than men to be diagnosed with a depressive disorder.¹⁰⁴



¹⁰³ Mental Health, United States, 2009 - 2019 Reports, SAMHSA, www.samhsa.gov

¹⁰⁴ Idaho 2009 - 2019 Behavioral Risk Factor Surveillance System



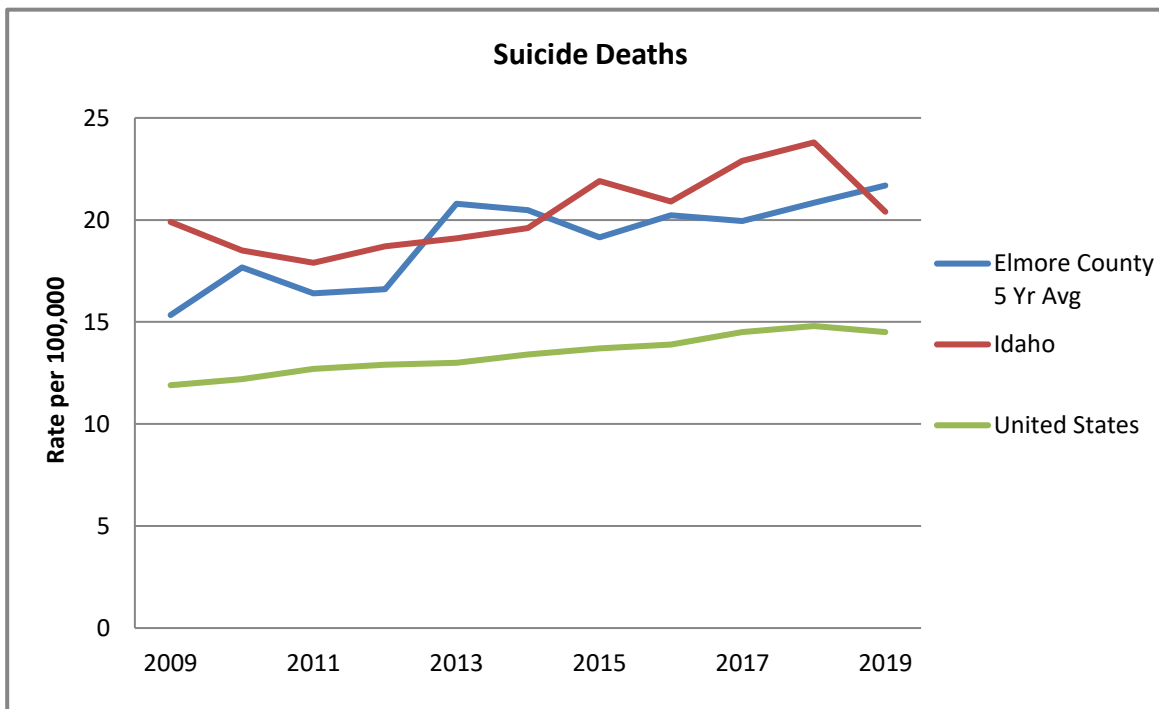
Health Factor Score				
Low score = Low potential for health impact		High score = High potential for health impact		
	Trend	Severity	Magnitude	Total Score
Mental Illness	-1	1	2	2

- **Deaths by Suicide**

Suicide is one of the top 10 causes of death in the nation. Idaho is consistently listed in the top 10 states in the country for its rate of suicide. Suicide is the eighth leading cause of death in Idaho.

The national suicide rate for males is about four times higher than the rate for females. U.S. male veterans are twice as likely to die by suicide as males without military service. Many suicides can be prevented by ensuring people are aware of warning signs, risk factors, and protective factors.¹⁰⁵

The suicide death rate per 100,000 people in Idaho was 20.4 in 2019 which is about 30% higher than the national average rate of 14.5. The suicide rate in our service area, Idaho, and the nation has been trending up slightly.¹⁰⁶



Health Factor Score				
Low score = Low potential for health impact		High score = High potential for health impact		
	Trend	Severity	Magnitude	Total Score
Suicide Deaths	1	2	-1	2

¹⁰⁵ CDC, <https://www.cdc.gov/suicide/suicide-data-statistics.html>

¹⁰⁶ Idaho Vital Statistics Annual Reports, Years 2009 - 2019, National Vital Statistics Report - Deaths: Data 2019

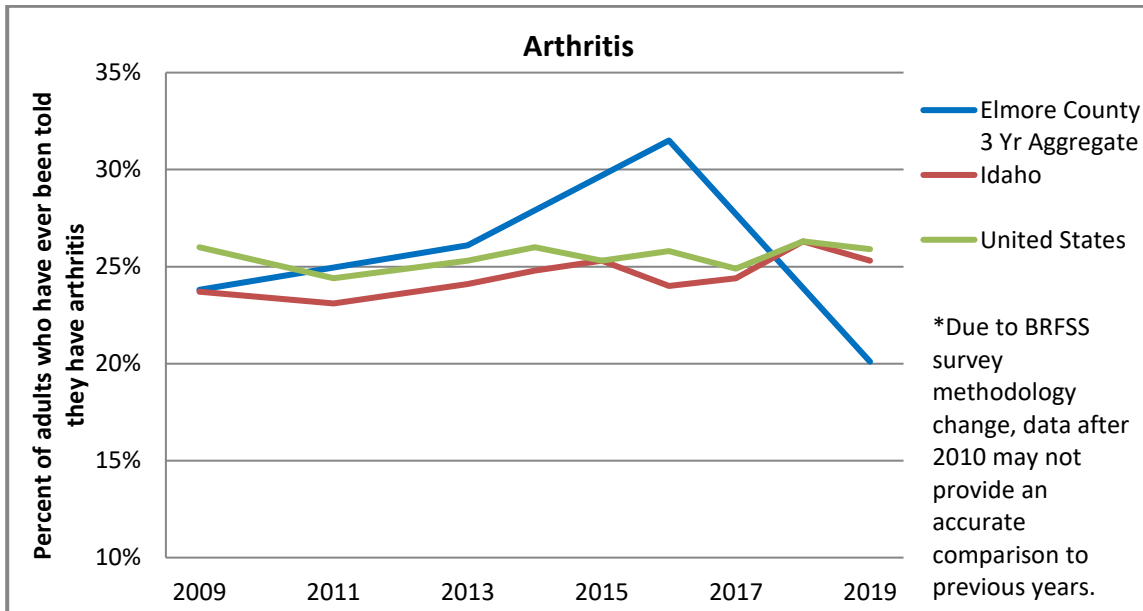
Chronic Disease Management

Chronic disease prevalence provides insights into the underlying reasons for poor mental and physical health. Many of these diseases are preventable or can be treated and managed effectively if detected early.

- **Arthritis**

Idaho residents with incomes below \$35,000 per year were more likely to have arthritis than those with incomes of \$35,000 or higher (32% compared with 20%). Hispanics were significantly less likely than non-Hispanics to have been diagnosed with arthritis (10.8% compared with 24.5%). Females 65+ were more likely to have arthritis compared to males 65+ (52.8% compared with 41.6%).¹⁰⁷

In 2019, about 26% of Idaho adults had ever been told by a medical professional that they had arthritis. The prevalence of arthritis in our service area is below Idaho and the national average and the trend is flat.¹⁰⁸



Health Factor Score				
Low score = Low potential for health impact		High score = High potential for health impact		
	Trend	Severity	Magnitude	Total Score
Arthritis	-2	0	-2	-4

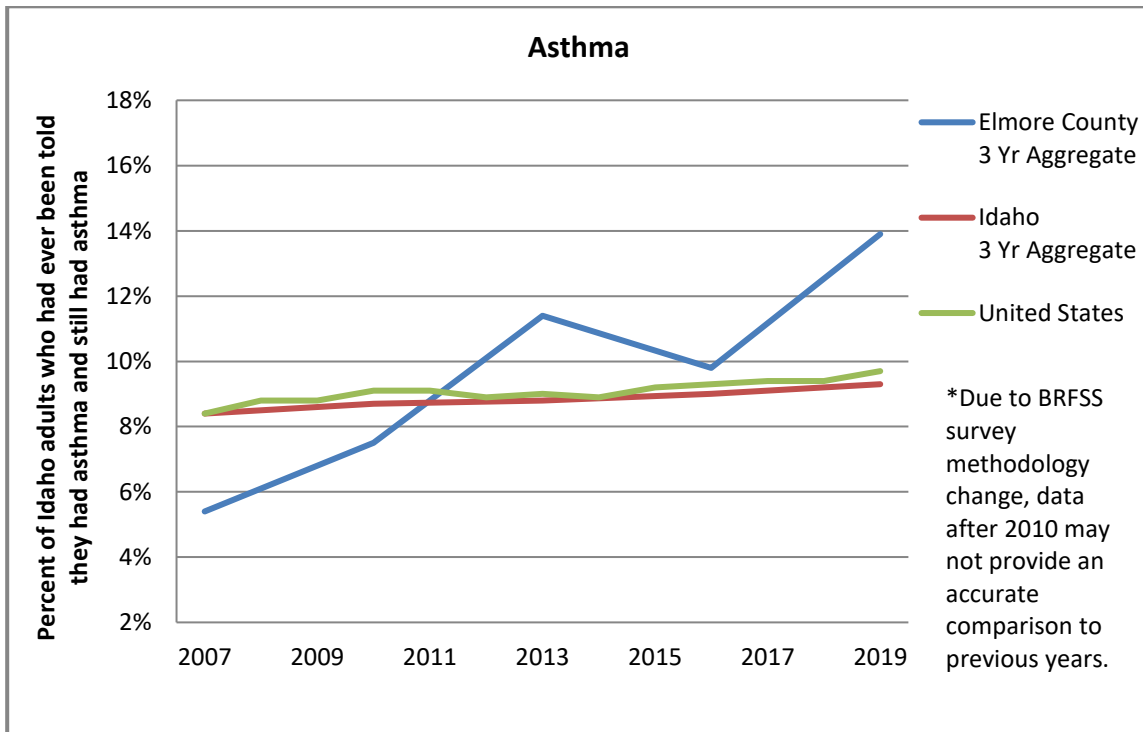
¹⁰⁷ Ibid

¹⁰⁸ Idaho and National 2011 - 2020 Behavioral Risk Factor Surveillance System

- **Asthma**

Asthma is a long-term disease that cannot be cured. The goal of asthma treatment is to control the disease. To control asthma, it is recommended people partner with their provider to create an action plan that avoids asthma triggers and includes guidance on when to take medications or to seek emergency care.¹⁰⁹

The percentage of people with asthma in our service area is above the national average and the trend is increasing.¹¹⁰



Health Factor Score				
Low score = Low potential for health impact		High score = High potential for health impact		
	Trend	Severity	Magnitude	Total Score
Asthma	1	0	-2	-1

¹⁰⁹ http://www.nhlbi.nih.gov/health//dci/Diseases/Asthma/Asthma_Treatments.html

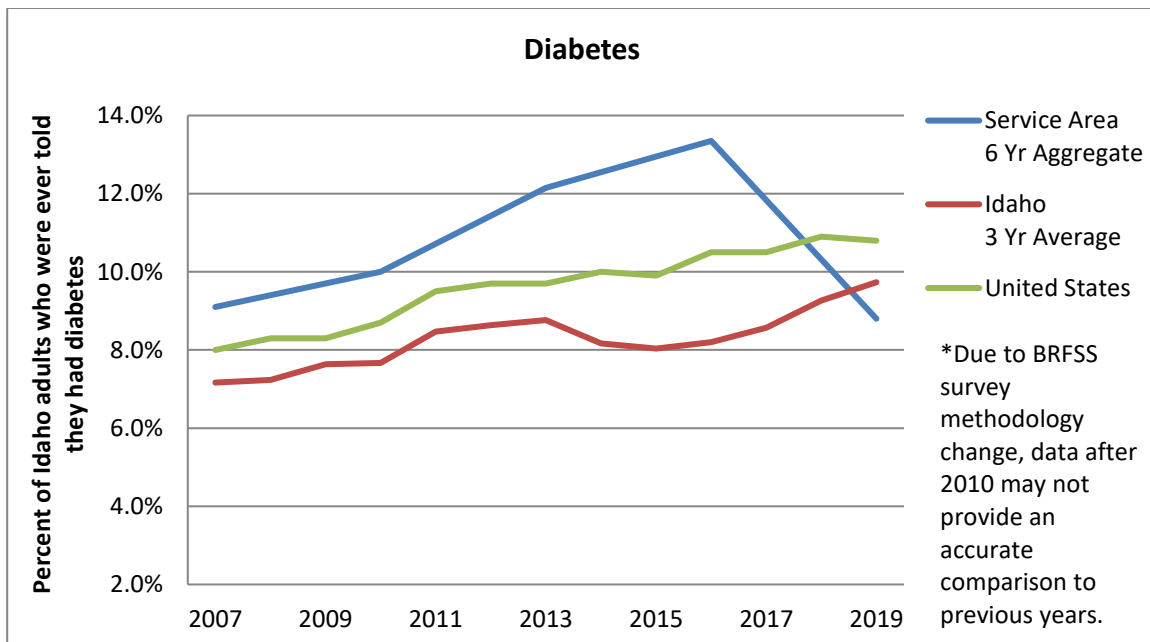
¹¹⁰ Idaho and National 2011 - 2020 Behavioral Risk Factor Surveillance System

- **Diabetes**

Diabetes was the nation’s seventh-leading cause of death in 2019. Those with diabetes are twice as likely to have heart disease or a stroke than those without diabetes. Diabetes can also contribute to high blood pressure, kidney disease, blindness, and can result in limb amputation or death. Direct medical costs for type 2 diabetes were estimated to exceed \$327 billion in 2017 in the U.S. Studies indicate that the onset of type 2 diabetes can be prevented through maintaining a healthy weight, increased physical activity, and improving dietary choices. Diabetes can be managed through regular monitoring, following a physician-prescribed care regimen and healthy lifestyle such as not smoking, healthy diet, maintaining a healthy weight and participating in regular physically activity.¹¹¹

About 8.8% of the people in our service area report that they have been told they have diabetes. This is below the national average and the trend is decreasing.¹¹²

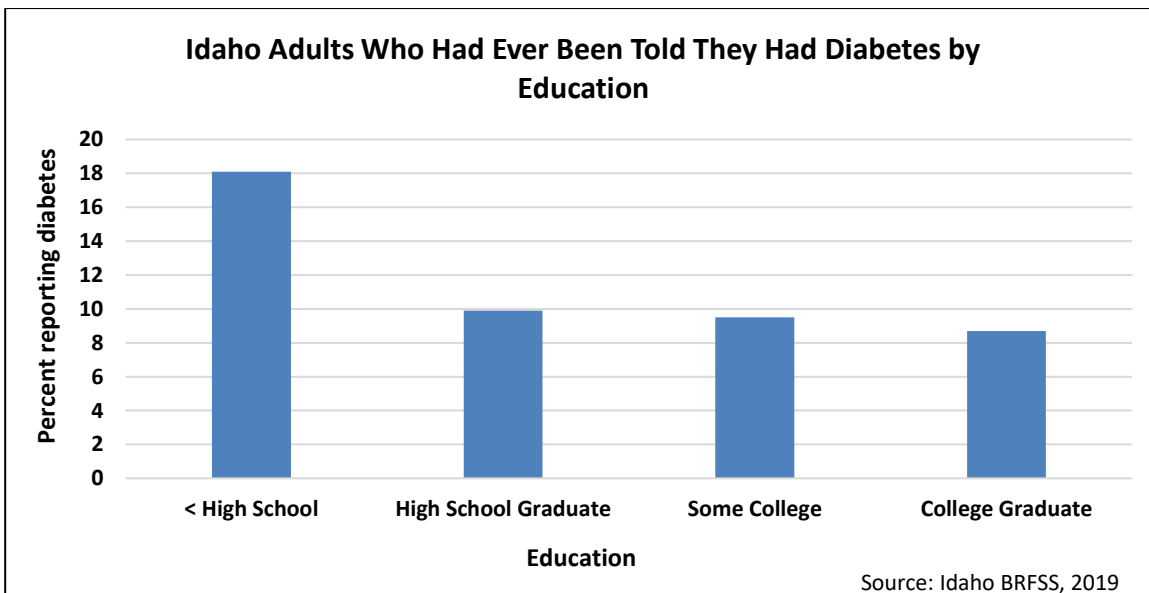
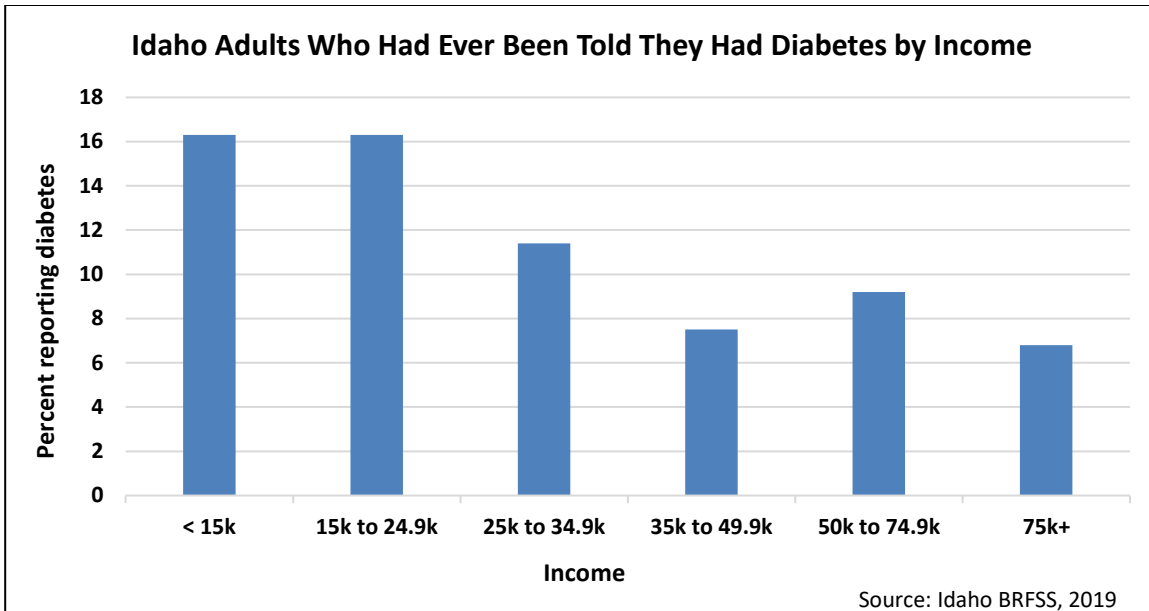
Those with lower income less than \$25,000 have higher rates of diabetes than those with higher income levels. Those with a high school diploma or less education were significantly more likely to have diabetes than college graduates. Seniors age 65+ have the highest rate of diabetes.¹¹³



¹¹¹ America's Health Rankings analysis of CDC, Behavioral Risk Factor Surveillance System, United Health Foundation, AmericasHealthRankings.org, Accessed 2020

¹¹² America's Health Rankings 2010 - 2020, www.americashealthrankings.org

¹¹³ America's Health Rankings 2006 - 2020, www.americashealthrankings.org



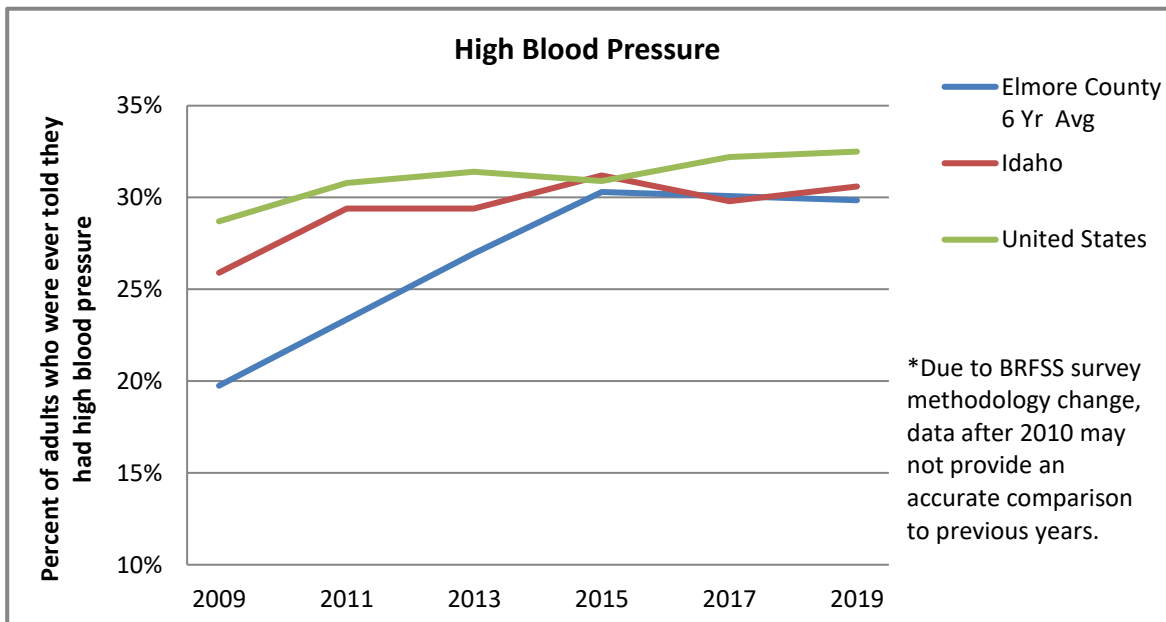
Health Factor Score				
Low score = Low potential for health impact		High score = High potential for health impact		
	Trend	Severity	Magnitude	Total Score
Diabetes	-1	1	2	2

- **High Blood Pressure**

The incidence of high blood pressure in the U.S. has continued to rise steadily over time. Currently, about one in every three Americans suffers from high blood pressure. High blood pressure is a major risk factor for heart disease, stroke, congestive heart failure, and kidney disease. Healthy blood pressure may be maintained by combining lifestyle changes, such as diet and exercise, with prescribed medications.¹¹⁴

Blood pressure rates in our service area are slightly below the national level and the trend is flat.¹¹⁵

Those with incomes below \$50,000 per year were significantly more likely to have been told they had high blood pressure than those with annual incomes of \$50,000 or more. Males and those 65+ reported significantly higher blood pressure than females and other age groups.¹¹⁶



Health Factor Score				
	Low score = Low potential for health impact		High score = High potential for health impact	
	Trend	Severity	Magnitude	Total Score
High Blood Pressure	0	1	0	1

¹¹⁴ America's Health Rankings analysis of CDC, Behavioral Risk Factor Surveillance System, United Health Foundation, AmericasHealthRankings.org, Accessed 2020

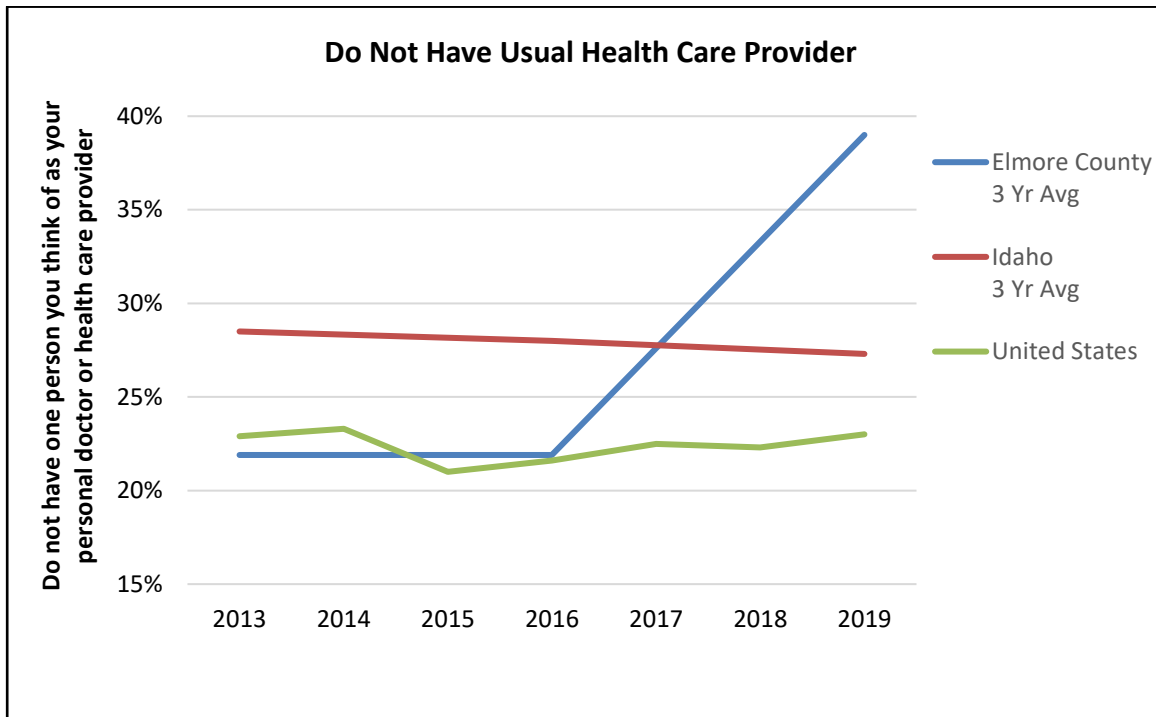
¹¹⁵ America's Health Rankings 2008 - 2020, www.americashealthrankings.org

¹¹⁶ Ibid

- **Medical Home**

Today's medical home is a cultivated partnership between the patient, family, and primary provider in cooperation with specialists and support from the community. The patient/family is the focal point of this model, and the medical home is built around this center. Care under the medical home model must be accessible, family-centered, continuous, comprehensive, coordinated, compassionate, and culturally effective.¹¹⁷ One way to measure progress in the development of the medical home model is to study the percentage of people who do not have one person they think of as their personal doctor.

The percentage of people in our service area without a usual health care provider is significantly higher than it is in Idaho and the nation and the trend is increasing.¹¹⁸



Health Factor Score				
	Low score = Low potential for health impact		High score = High potential for health impact	
	Trend	Severity	Magnitude	Total Score
No Usual Health Care Provider	2	1	1	4

¹¹⁷ <http://www.hrsa.gov/healthit/toolbox/Childrenstoolbox/BuildingMedicalHome/whyimportant.html>

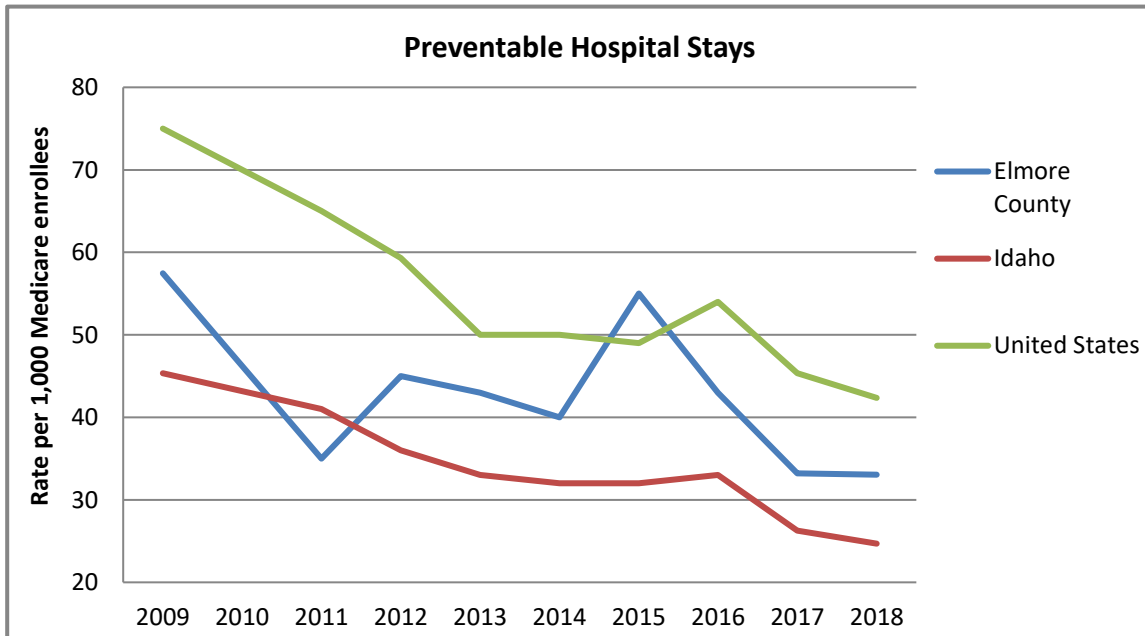
¹¹⁸ Idaho and National 2014 – 2020 Behavioral Risk Factor Surveillance System

Health Care Quality

- **Preventable Hospital Stays**

One measure of health care quality is preventable hospitalizations, or the hospitalization rate for ambulatory-care sensitive conditions per 1,000 Medicare enrollees. Ambulatory-care sensitive conditions (ACSC) are usually addressed in an outpatient setting and do not normally require hospitalization if the condition is well managed.

The rate of preventable hospital stays for our service area is below the national average. The trend is also improving in our service area and nationally. This indicates a high level of health care quality in our service area. The national top 10th percentile rate is 26 per 100,000.¹¹⁹



Health Factor Score				
Low score = Low potential for health impact		High score = High potential for health impact		
	Trend	Severity	Magnitude	Total Score
Preventable Hospital Stays	-1	0	2	1

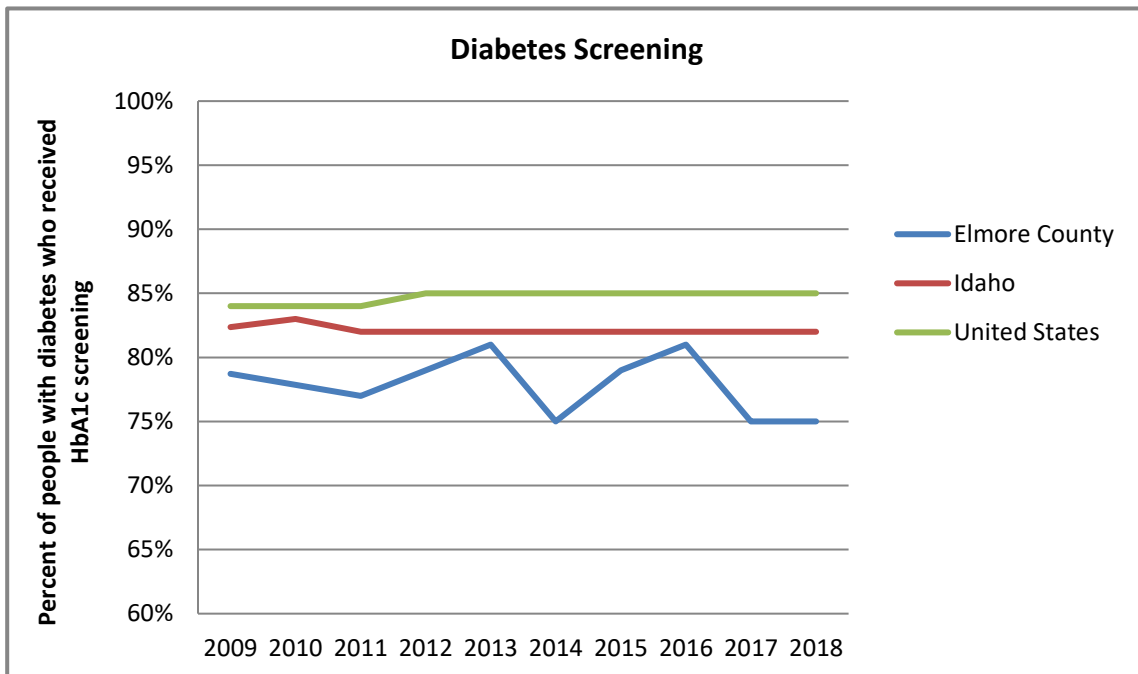
¹¹⁹University of Wisconsin Population Health Institute. *County Health Rankings 2009-2018*. Accessible at www.countyhealthrankings.org.

Screening Programs

- **Diabetes Screening**

Diabetes screening encompasses the percent of diabetic Medicare enrollees receiving HbA1c screening. Regular HbA1c screening among diabetic patients is considered the standard of care. When high blood sugar, or hyperglycemia, is addressed and controlled, complications from diabetes can be delayed or prevented.¹²⁰

The percent of people receiving HbA1c screening is lower in our service area than in the nation. The trend for diabetes screening is flat nationally and in our service area.¹²¹



Health Factor Score				
Low score = Low potential for health impact		High score = High potential for health impact		
	Trend	Severity	Magnitude	Total Score
Diabetes Screening	1	1	1	3

¹²⁰ University of Wisconsin Population Health Institute. *County Health Rankings 2018*. Accessible at www.countyhealthrankings.org.

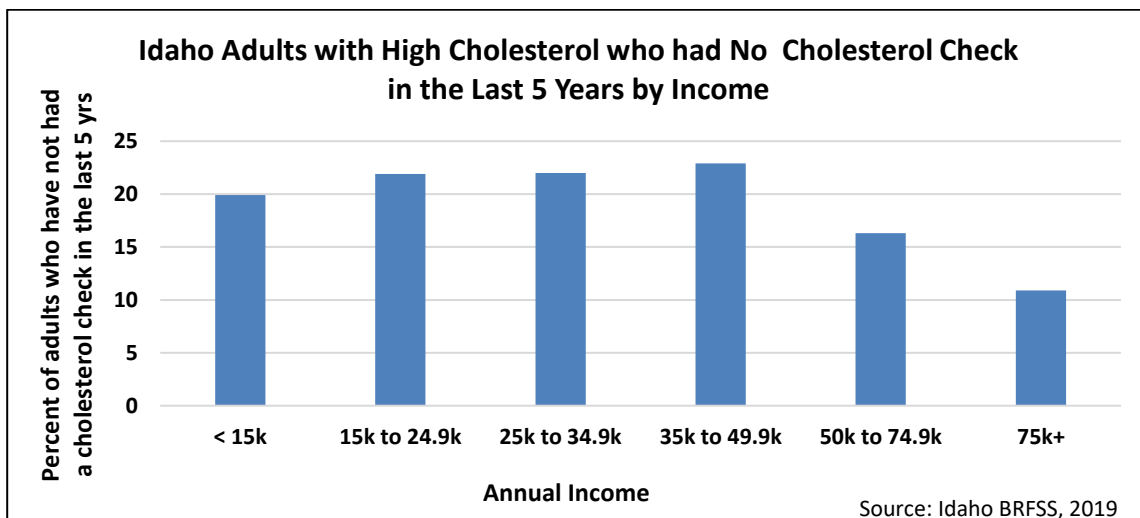
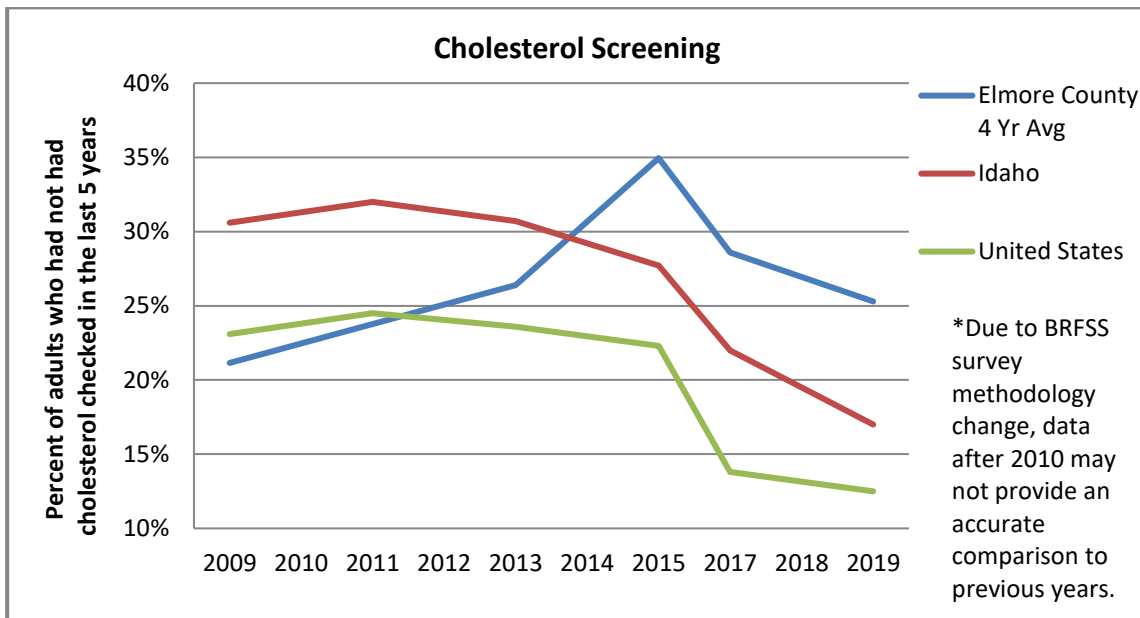
¹²¹ Ibid

- **Cholesterol Screening**

Cholesterol screening is important for good health because knowing cholesterol levels can encourage lifestyle changes, such as diet, to help control it.

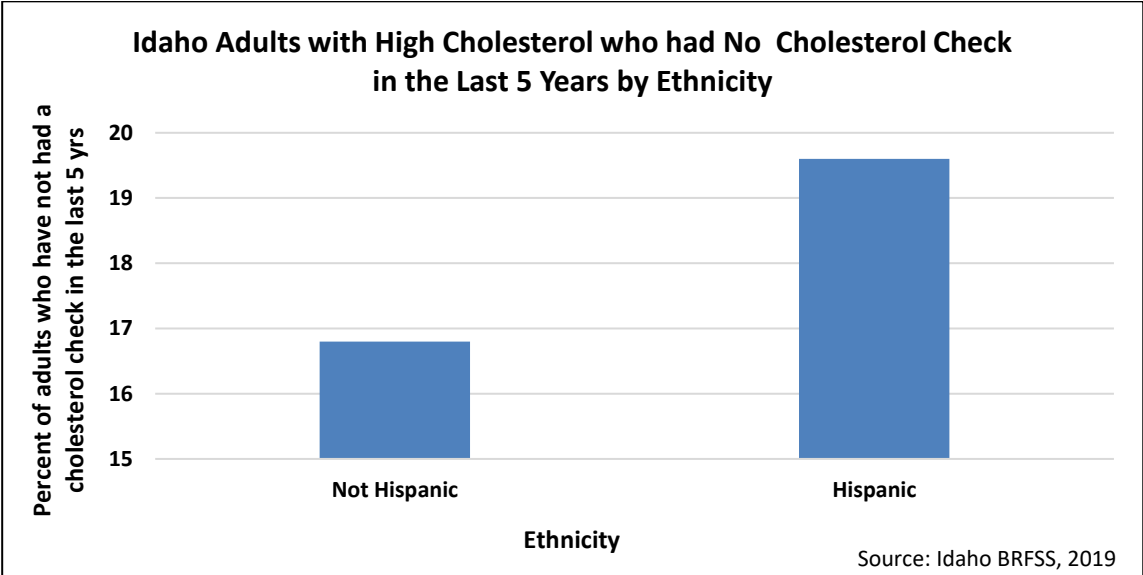
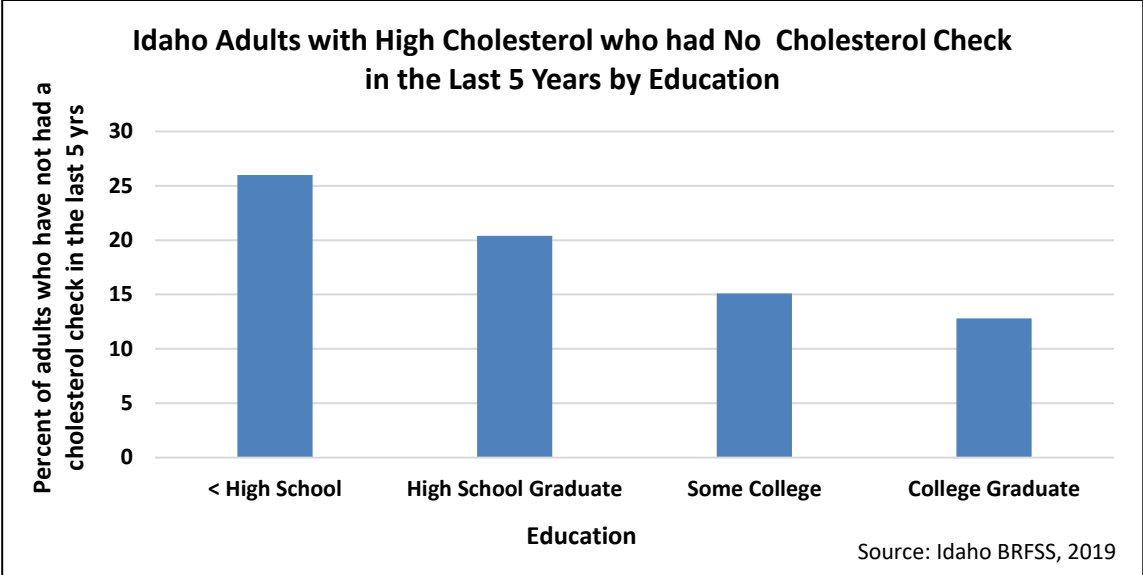
Our service area has a lower percent of people receiving cholesterol checks than the national average.¹²²

People with lower incomes, those without college educations, and Hispanics are significantly less likely to have their cholesterol checked.¹²³



¹²² Idaho and National 2009 - 2019 Behavioral Risk Factor Surveillance System

¹²³ Ibid

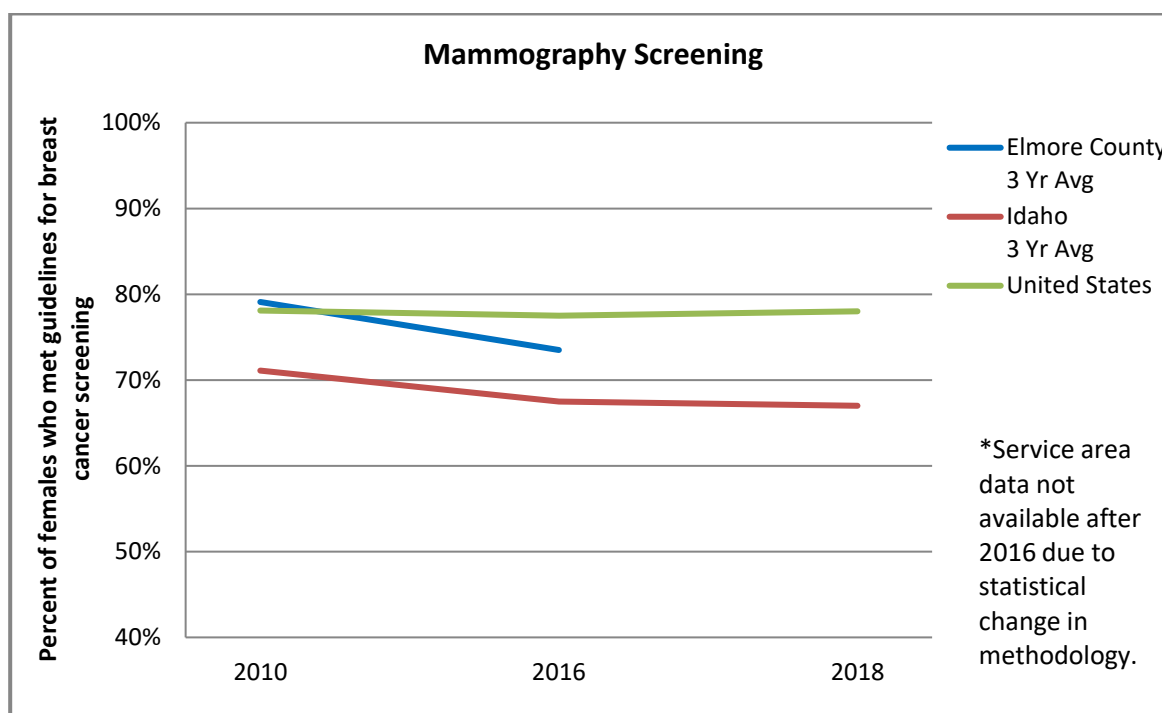


Health Factor Score				
Low score = Low potential for health impact		High score = High potential for health impact		
	Trend	Severity	Magnitude	Total Score
Cholesterol Screening	-2	1	0	-1

- **Mammography Screening**

Evidence suggests screening reduces breast cancer mortality, especially among older women. A physician’s recommendation or referral and satisfaction with physicians are major facilitating factors among women who obtain mammograms. The National Cancer Institute has guidelines for mammography screening. To obtain the percentage of Idaho women who met the guidelines, we use data from BRFSS.

The percentage of women who were screened in our service area was lower than in the nation and has trended flat. Women with annual incomes of less than \$25,000 are significantly less likely to have had a mammogram.¹²⁴



Health Factor Score				
Low score = Low potential for health impact		High score = High potential for health impact		
	Trend	Severity	Magnitude	Total Score
Mammography Screening	1	2	-1	2

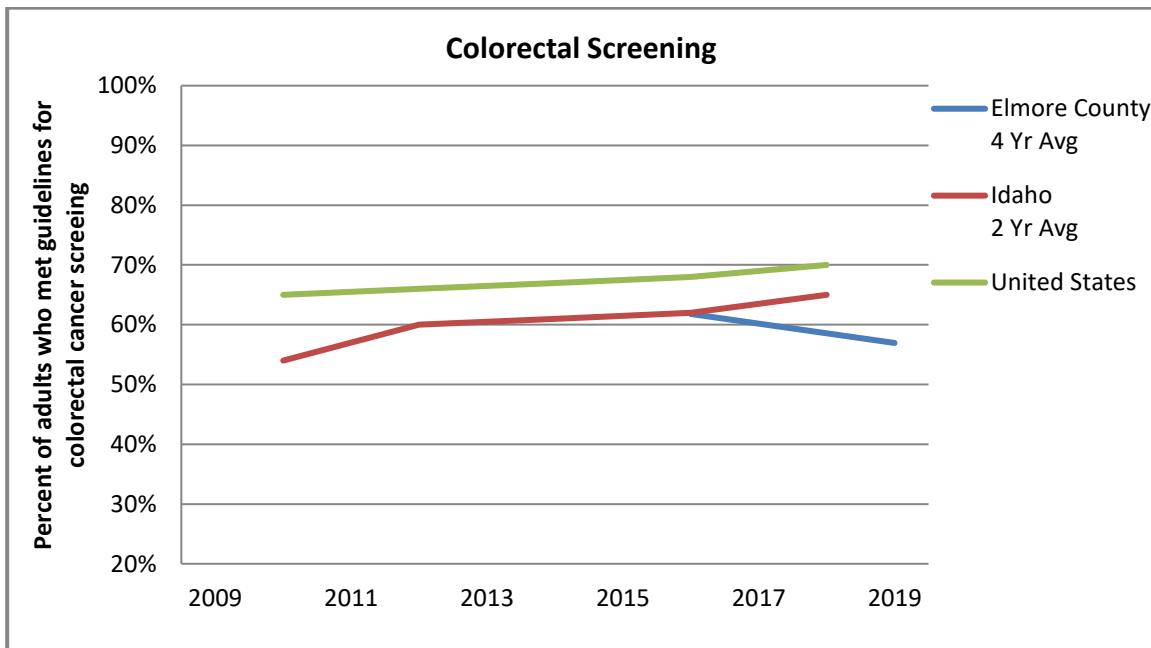
¹²⁴ Idaho and National 2010 - 2018 Behavioral Risk Factor Surveillance System

- **Colorectal Screening**

Colorectal cancer is the second-leading cause of cancer deaths and the third most common cancer in both men and women in the U.S. There is strong evidence that colorectal cancer screening reduces mortality by detecting cancer early when treatments are more effective. It is estimated that 20 to 24 colorectal cancer deaths can be averted for every 1,000 adults screened.¹²⁵

The percent of people aged 50 or older receiving colorectal screening in our service area is lower than the nation. The trend is flat.¹²⁶

People with annual incomes of less than \$25,000 are significantly less likely to have ever had a colonoscopy when compared to people with higher incomes or with a college education.¹²⁷



Health Factor Score				
Low score = Low potential for health impact		High score = High potential for health impact		
	Trend	Severity	Magnitude	Total Score
Colorectal Screening	1	2	-2	1

¹²⁵ America's Health Rankings analysis of CDC, Behavioral Risk Factor Surveillance System, United Health Foundation, AmericasHealthRankings.org, Accessed 2020

¹²⁶ Idaho and National 2009 - 2018 Behavioral Risk Factor Surveillance System

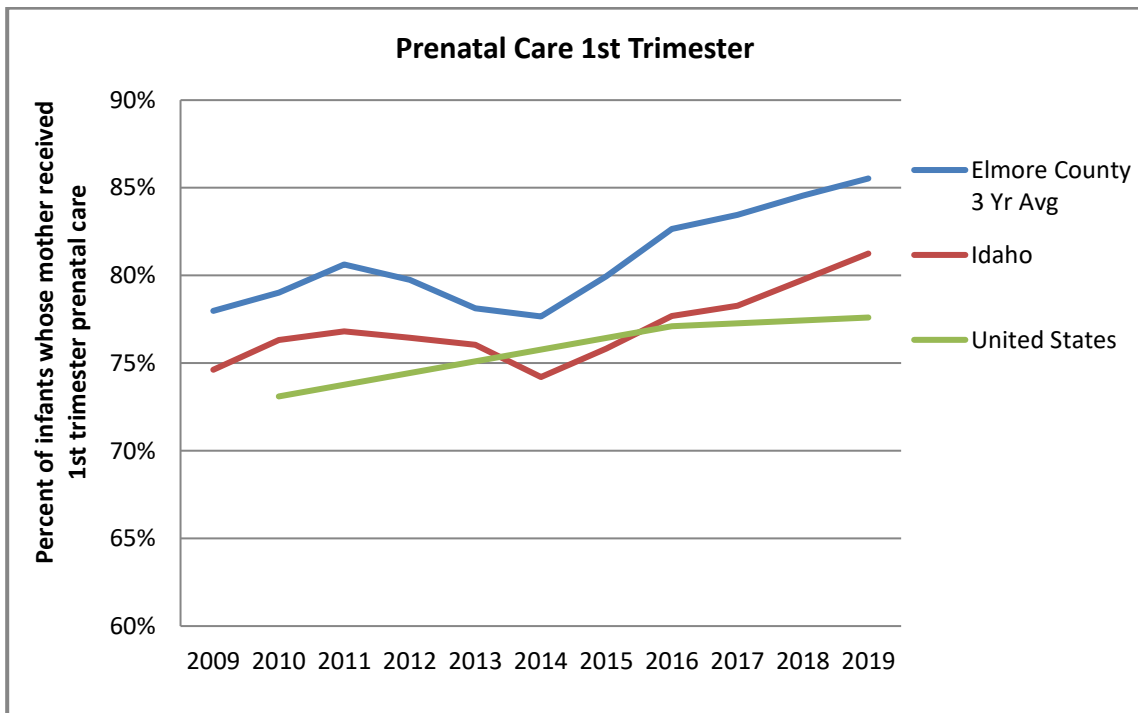
¹²⁷ Ibid.

Prenatal Care Program

- **Prenatal Care Begun in First Trimester**

Prenatal care measures how early women are receiving the care they require for a healthy pregnancy and development of the fetus. Mothers who do not receive prenatal care are three times more likely to deliver a low birthweight baby than mothers who received prenatal care, and babies are five times more likely to die without that care. Early prenatal care allows health care providers to identify and address health conditions and behaviors that may reduce the likelihood of a healthy birth, such as smoking and drug and alcohol abuse.¹²⁸

The percent of women in our service area who receive early prenatal care is 85.5%, which is higher than in the nation. The trend in our service area has been increasing.¹²⁹



Health Factor Score				
Low score = Low potential for health impact		High score = High potential for health impact		
	Trend	Severity	Magnitude	Total Score
Prenatal Care 1 st Trimester	-1	1	1	1

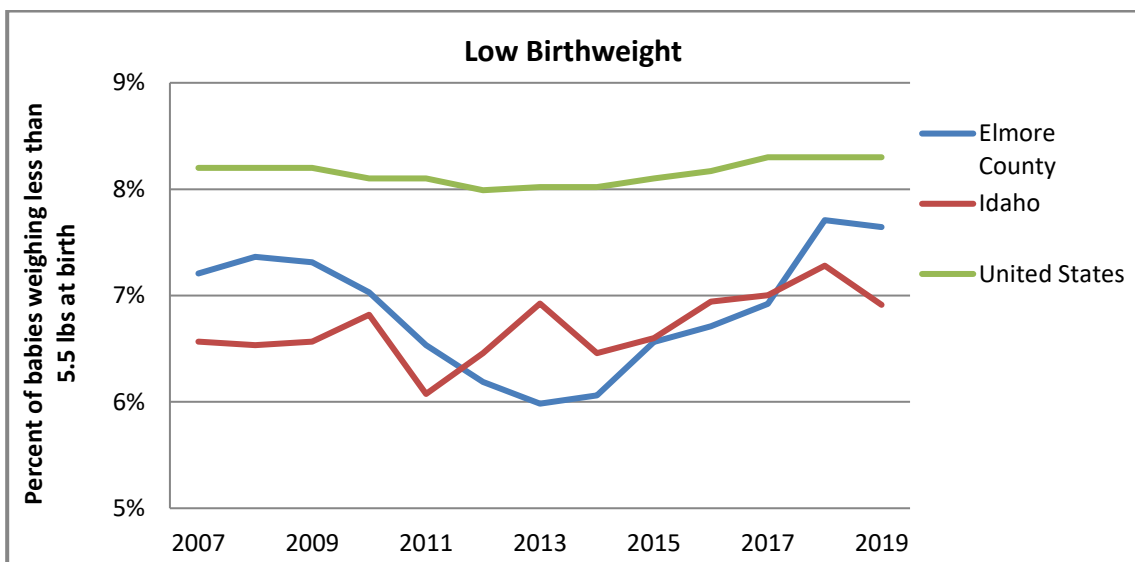
¹²⁸ America's Health Rankings analysis of CDC WONDER, Natality Public Use Files, United Health Foundation, AmericasHealthRankings.org, Accessed 2022.

¹²⁹ Idaho Vital Statistics Annual Reports, Years 2006 - 2019, National Vital Statistics Report - Deaths: Data 2019

- **Low Birthweight**

Low birthweight is unique as a health outcome because it represents multiple factors: maternal exposure to health risks and the infant’s current and future morbidity, as well as premature mortality risk. The health associations and impacts of low birthweight on the child are numerous, including higher mortality, lower IQ, impaired language development, and chronic conditions during adulthood, i.e., obesity, diabetes, and cardiovascular disease.¹³⁰

The percent of low birthweight babies in our service area is 7.6%, which is below (better than) the national average. However, the trend has been increasing. This is a key indicator of future health. The national top 10th percentile for low birthweight is 6%.¹³¹



Low birthweight can be addressed in multiple ways, including:¹³²

- Expanding access to prenatal care and dental services
- Focusing intensively on smoking prevention and cessation
- Ensuring that pregnant women get adequate nutrition
- Addressing demographic, social, and environmental risk factors

Health Factor Score				
	Low score = Low potential for health impact		High score = High potential for health impact	
	Trend	Severity	Magnitude	Total Score
Low Birthweight	2	0	1	3

¹³⁰ University of Wisconsin Population Health Institute. *County Health Rankings 2019*. Accessible at www.countyhealthrankings.org.

¹³¹ Idaho Vital Statistics Annual Reports, Years 2009 - 2019, National Vital Statistics Report - Births: Data 2009 - 2019

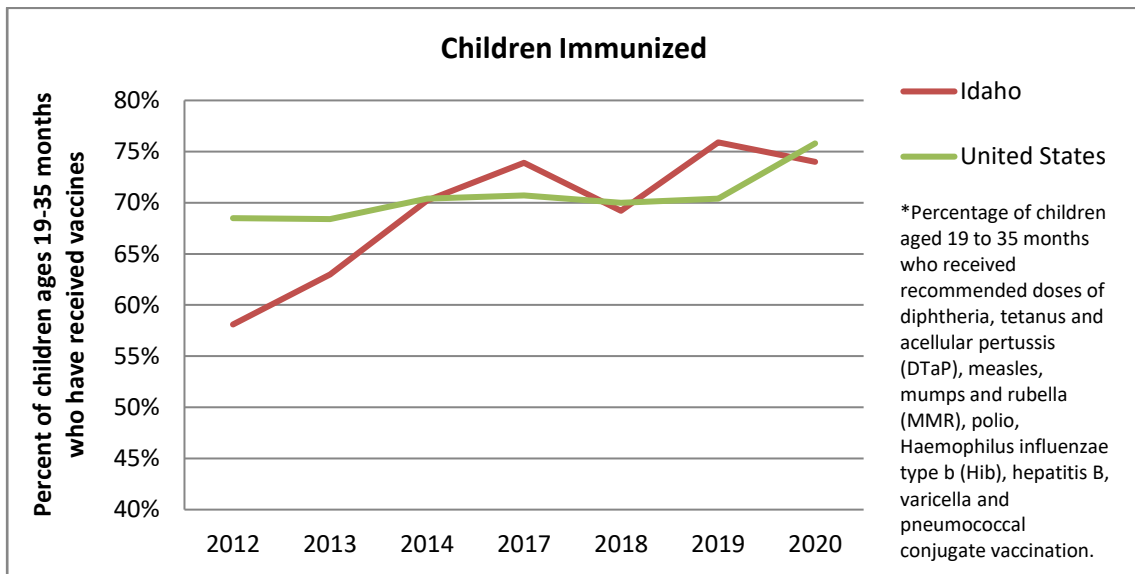
¹³² America’s Health Rankings 2015-2018, www.americashealthrankings.org

Immunization Program

- **Childhood Immunizations**

In the U.S., vaccines have reduced or eliminated many infectious diseases that once routinely killed or harmed many infants, children, and adults. However, the viruses and bacteria that cause vaccine-preventable disease and death still exist and can be passed on to people who are not protected by vaccines. Vaccine-preventable diseases have many social and economic costs: sick children miss school and this can cause parents to lose time from work. These diseases also result in doctor's visits, hospitalizations, and even premature deaths.

The immunization coverage measure used here is the average of the percentage of children ages 19 to 35 months who have received the following vaccinations: DTaP, polio, MMR, Hib, hepatitis B, varicella, and PCV. The immunization rate in Idaho has been improving and is about the same as the nation.¹³³



Health Factor Score				
Low score = Low potential for health impact		High score = High potential for health impact		
	Trend	Severity	Magnitude	Total Score
Childhood Immunizations	-1	1	0	0

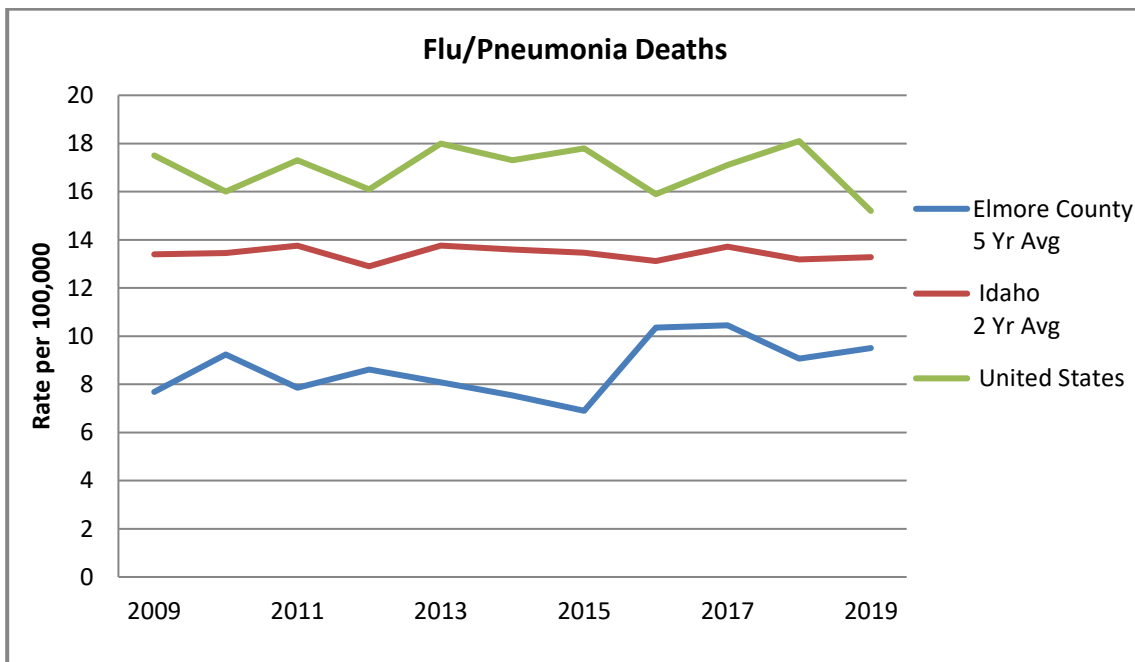
¹³³ America's Health Rankings 2015-2018, www.americashealthrankings.org

- **Influenza and Pneumonia**

Influenza is a contagious respiratory illness caused by influenza viruses that infect the nose, throat, and lungs. It can cause mild to severe illness, and at times can lead to death. The best way to prevent the flu is by getting a flu vaccination each year.¹³⁴

Pneumonia is an infection of the lungs that is usually caused by bacteria or viruses. Globally, pneumonia causes more deaths than any other infectious disease. However, it can often be prevented with vaccines and can usually be treated with antibiotics or antiviral drugs. People with health conditions, like diabetes and asthma, should be encouraged to get vaccinated against the flu and bacterial pneumonia.¹³⁵

Influenza and Pneumonia are one of the top 10 causes of death in the nation and Idaho. The death rate from flu and pneumonia has been flat in our service area and is lower than the national average.¹³⁶



Health Factor Score				
Low score = Low potential for health impact		High score = High potential for health impact		
	Trend	Severity	Magnitude	Total Score
Flu/ Pneumonia Deaths	0	2	-2	0

¹³⁴ <https://www.cdc.gov/flu/prevent/keyfacts.htm>

¹³⁵ <https://www.cdc.gov/pneumonia/>

¹³⁶ Idaho Vital Statistics Annual Reports, Years 2009 - 2019, National Vital Statistics Report - Deaths: Data 2019

Social and Economic Factors

Academic Achievement

Idaho consistently ranks in the bottom quartile for education nationally and is one of only six states that does not require school districts to offer kindergarten. Data show that continuous access to high quality early childhood learning promotes positive interactions, enhanced social-emotional development, strong relationships, and advanced literacy, vocabulary, and math skills. The data also indicate that this is particularly true for vulnerable and high-risk children and their families.

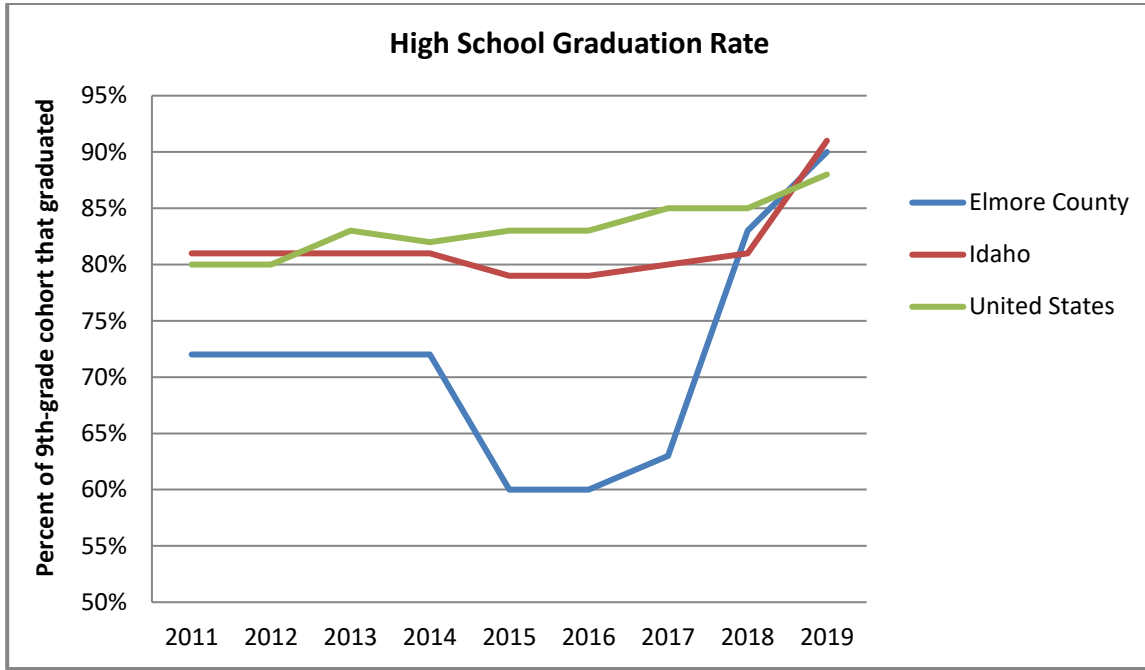
Third grade reading proficiency is often linked to high school graduation attainment, post-secondary education or career readiness programs, and lifetime earning potential. Those reading below proficiency by the end of third grade are much more likely not to graduate from high school, not pursue post-secondary education or technical opportunities, and are more likely to engage in criminal behavior.

Equitable access to early learning opportunities is a key social determinant of health and foundational to individual and community wellbeing. Poverty, lack of healthcare, and food and housing insecurity create significant challenges for families to afford pre-school and full-day kindergarten.¹³⁷

¹³⁷ Idaho's Early Childhood Care and Education Strategic Plan, 2020

- **High School Graduation Rate**

The high school graduation rate for our service area is slightly higher than the national average and the trend is increasing.¹³⁸

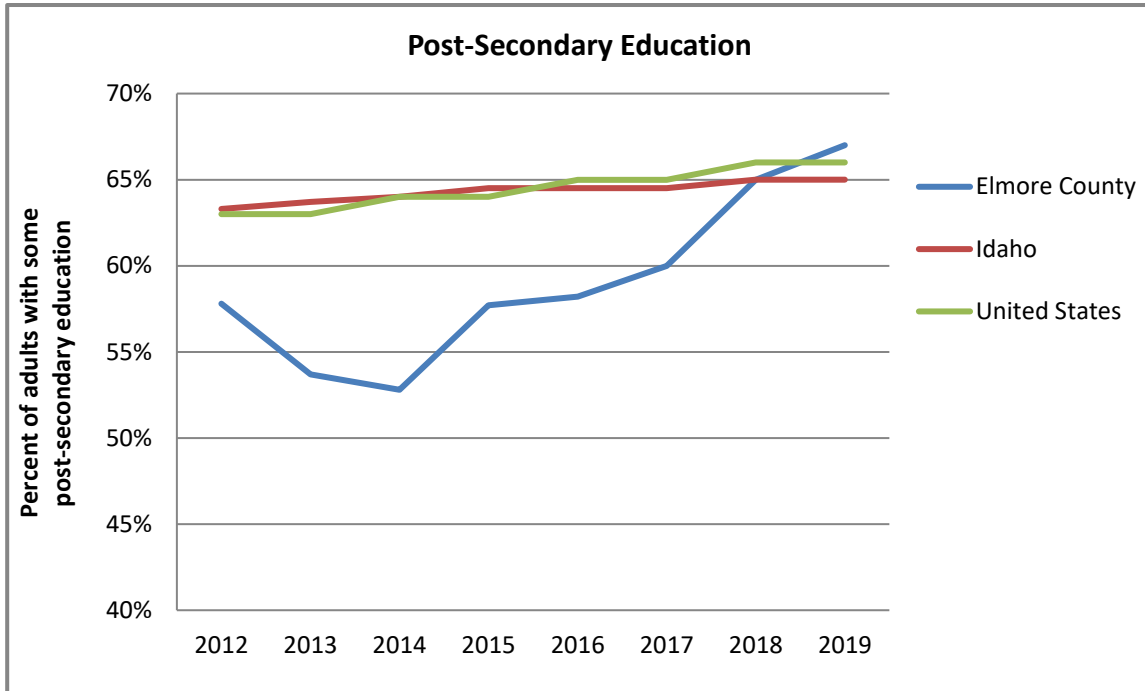


Health Factor Score				
Low score = Low potential for health impact		High score = High potential for health impact		
	Trend	Severity	Magnitude	Total Score
High School Graduation Rate	-2	0	1	-1

¹³⁸ University of Wisconsin Population Health Institute. *County Health Rankings 2011-2019*. Accessible at www.countyhealthrankings.org.

- **Some College**

Post-secondary education for our service area is slightly higher than the national average and the trend is increasing.¹³⁹



Health Factor Score				
Low score = Low potential for health impact		High score = High potential for health impact		
	Trend	Severity	Magnitude	Total Score
Some College	-2	0	1	-1

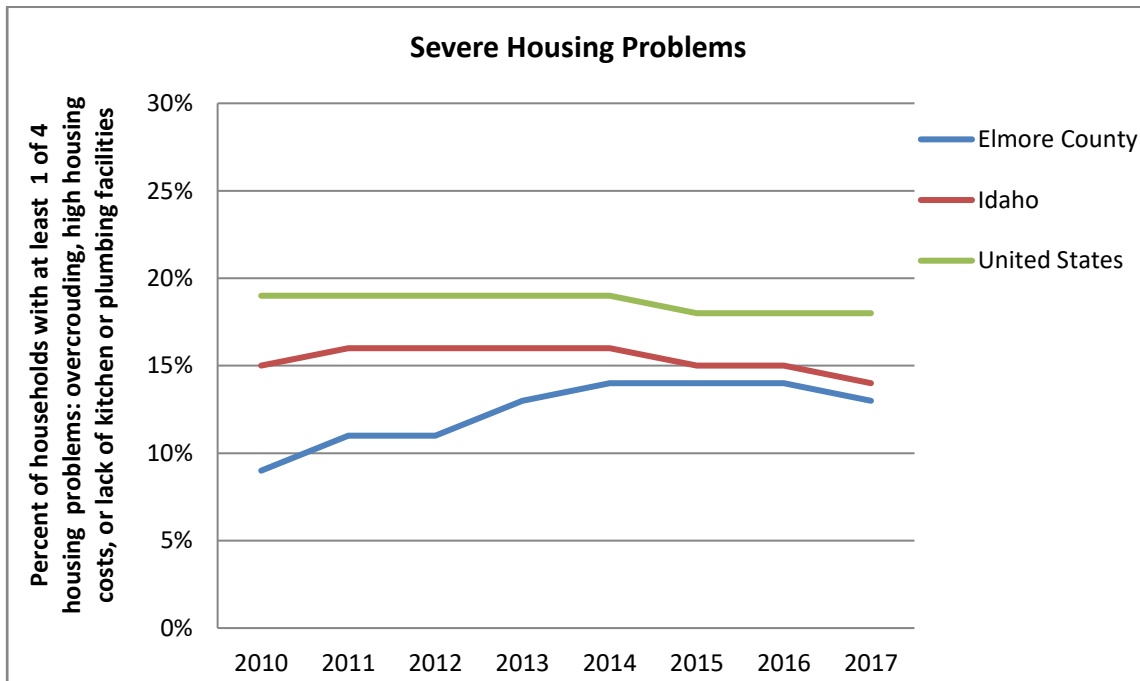
¹³⁹ Ibid

Housing Stability

The U.S. Census Bureau "CHAS" data (Comprehensive Housing Affordability Strategy), demonstrate the extent of housing problems and housing needs, particularly for low-income households. There are four housing problems tracked in the CHAS data: 1) housing unit lacks complete kitchen facilities; 2) housing unit lacks complete plumbing facilities; 3) household is severely overcrowded; and 4) household is severely cost burdened. A household is said to have a severe housing problem if they have 1 or more of these 4 problems. Severe overcrowding is defined as more than 1.5 persons per room. Severe cost burden is defined as monthly housing costs (including utilities) that exceed 50% of monthly income.¹⁴⁰

- **Severe Housing Problems**

Idaho and our service area in general have a lower percentage of housing problems than the national average.¹⁴¹



Health Factor Score				
Low score = Low potential for health impact		High score = High potential for health impact		
	Trend	Severity	Magnitude	Total Score
Severe Housing Problems	0	0.5	1	1.5

¹⁴⁰ Office of Policy Development and Research (PD&R).

https://www.huduser.gov/portal/datasets/cp/CHAS/bg_chas.html

¹⁴¹ University of Wisconsin Population Health Institute. *County Health Rankings 2009-2019*.

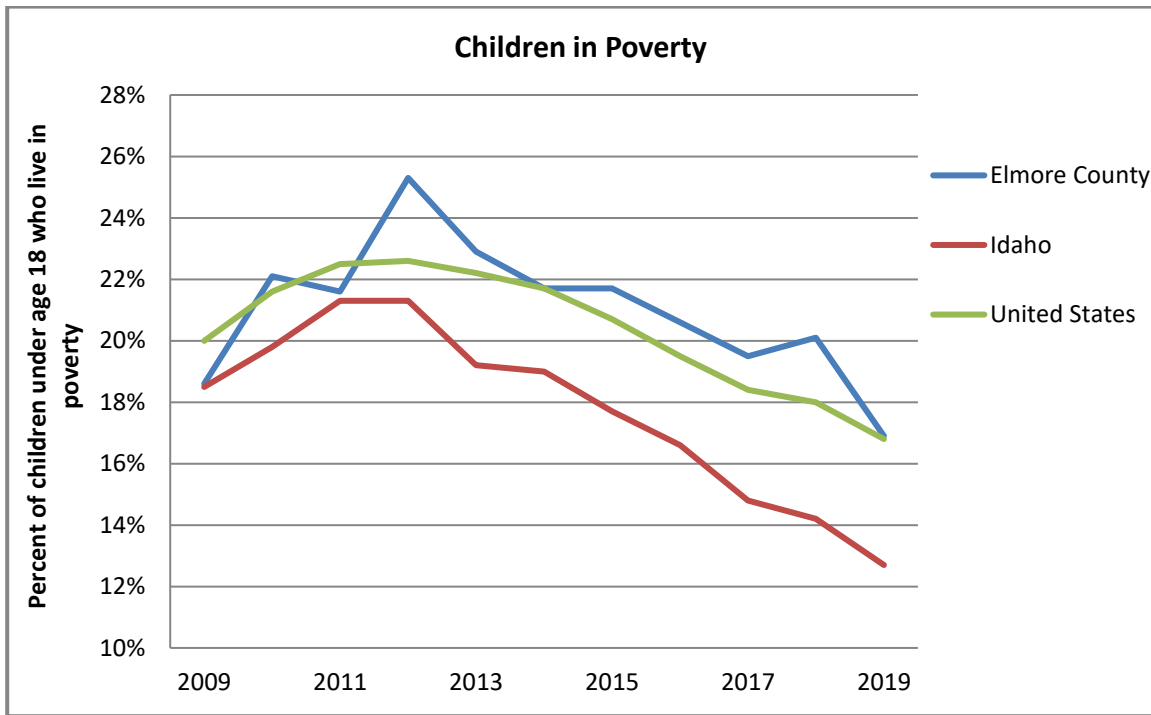
www.countyhealthrankings.org.

Services for Children and Families Experiencing Adversity

- **Children in Poverty**

Income and financial resources enable individuals to obtain health insurance, pay for medical care, afford healthy food, safe housing, and access other basic goods. A 1990s study showed that if poverty were considered a cause of death in the United States, it would have ranked among the top 10. Data on children in poverty is used from the Census' Current Population Survey (CPS) Small Area Income and Poverty Estimates (SAIPE).¹⁴²

The prevalence of children in poverty in our service area is about the same as the national average. The trend is decreasing both nationally and in our service area.¹⁴³



Health Factor Score				
Low score = Low potential for health impact		High score = High potential for health impact		
	Trend	Severity	Magnitude	Total Score
Children in Poverty	-1	1	1	1

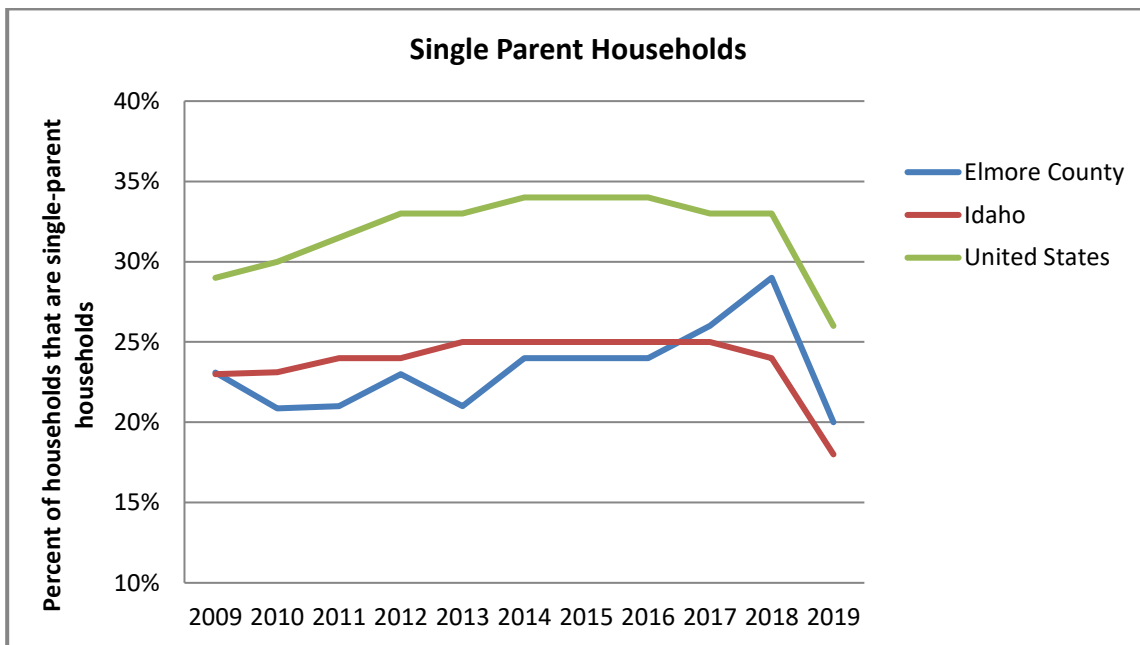
¹⁴² Small Area Income and Poverty Estimates (SAIPE). https://www.census.gov/data-tools/demo/saie/#/?map_geoSelector=aa_c&s_state=16&s_year=2019.

¹⁴³ University of Wisconsin Population Health Institute. *County Health Rankings 2009-2019*. Accessible at www.countyhealthrankings.org.

- **Children in Single Parent Household**

Adults and children in single-parent households are at risk for both adverse health outcomes such as mental health problems (including substance use disorder, depression, and suicide) and unhealthy behaviors (including smoking and excessive alcohol use). Not only is self-reported health worse among single parents, but mortality risk also is higher. Likewise, children in these households also experience increased risk of severe morbidity and all-cause mortality.¹⁴⁴

The percent of people living in single parent households is well below the national average for our service area.¹⁴⁵



Health Factor Score				
Low score = Low potential for health impact		High score = High potential for health impact		
	Trend	Severity	Magnitude	Total Score
Children in Single Parent Household	-1	0	1	0

¹⁴⁴ Ibid

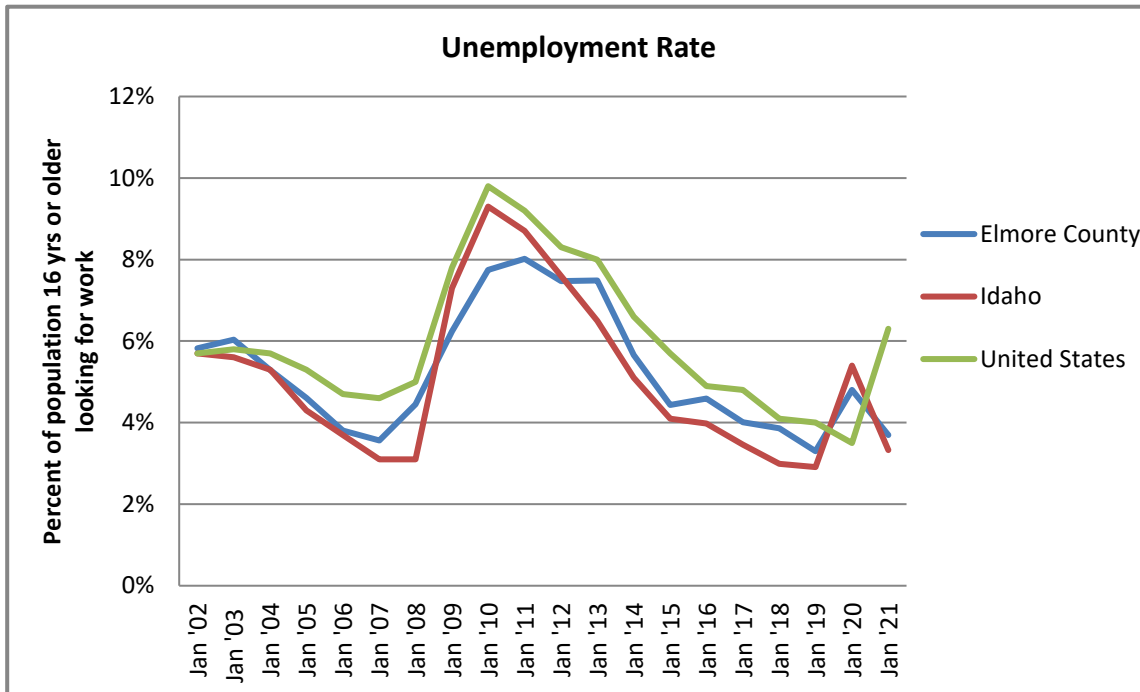
¹⁴⁵ Ibid

Individual Economic Stability

- **Unemployment**

For the majority of people, employers are their source of health insurance and employment is the way they earn income for sustaining a healthy life and accessing healthcare. Numerous studies have documented an association between employment and health. Unemployment may lead to physical health responses ranging from self-reported physical illness to mortality, especially deaths by suicide. It has also been shown to lead to an increase in unhealthy behaviors related to alcohol and tobacco consumption, diet, exercise, and other health-related behaviors, which in turn can lead to increased risk for disease or mortality.¹⁴⁶

The unemployment rate in Idaho and our service area has been trending down since 2011 and is below the national rate.¹⁴⁷



Health Factor Score				
Low score = Low potential for health impact		High score = High potential for health impact		
	Trend	Severity	Magnitude	Total Score
Unemployment	0	-1	2	1

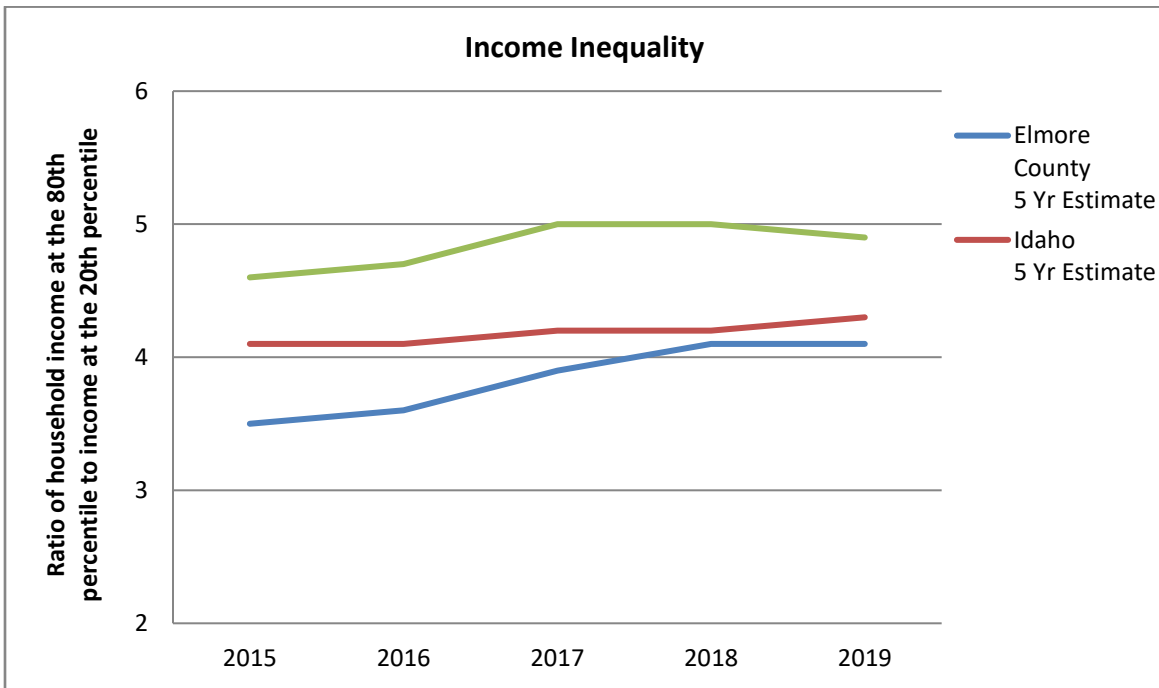
¹⁴⁶ National Source: National Bureau of Labor Statistics, www.bls.gov. Idaho Source: Idaho Department of Labor www.bls.gov

¹⁴⁷ University of Wisconsin Population Health Institute. *County Health Rankings 2002-2021*. Accessible at www.countyhealthrankings.org.

- **Income Inequality**

Income inequality can have broad health impacts, including increased risk of mortality, poor health, and increased cardiovascular disease risks.¹⁴⁸ When the incomes of all households in a county are listed from highest to lowest, the 80th percentile is the level of income at which only 20% of households have higher incomes, and the 20th percentile is the level of income at which only 20% of households have lower incomes. A higher inequality ratio indicates greater division between the top and bottom ends of the income spectrum.

The rate of income inequality is below (better than) the national average for our service area. The trend is flat for our service area and Idaho.¹⁴⁹



Health Factor Score				
Low score = Low potential for health impact		High score = High potential for health impact		
	Trend	Severity	Magnitude	Total Score
Income Inequality	0	-2	1	-1

¹⁴⁸ Pickett KE, Wilkinson RG. Income inequality and health: a causal review. *Social Science & Medicine*. 2015; 128: 316-326.

¹⁴⁹ University of Wisconsin Population Health Institute. *County Health Rankings 2015-2019*. Accessible at www.countyhealthrankings.org.

Food/Nutrition Security

- **Food Environment Index**

The food environment index is a measure ranging from 0 (worst) to 10 (best) which equally weights two indicators of the food environment:

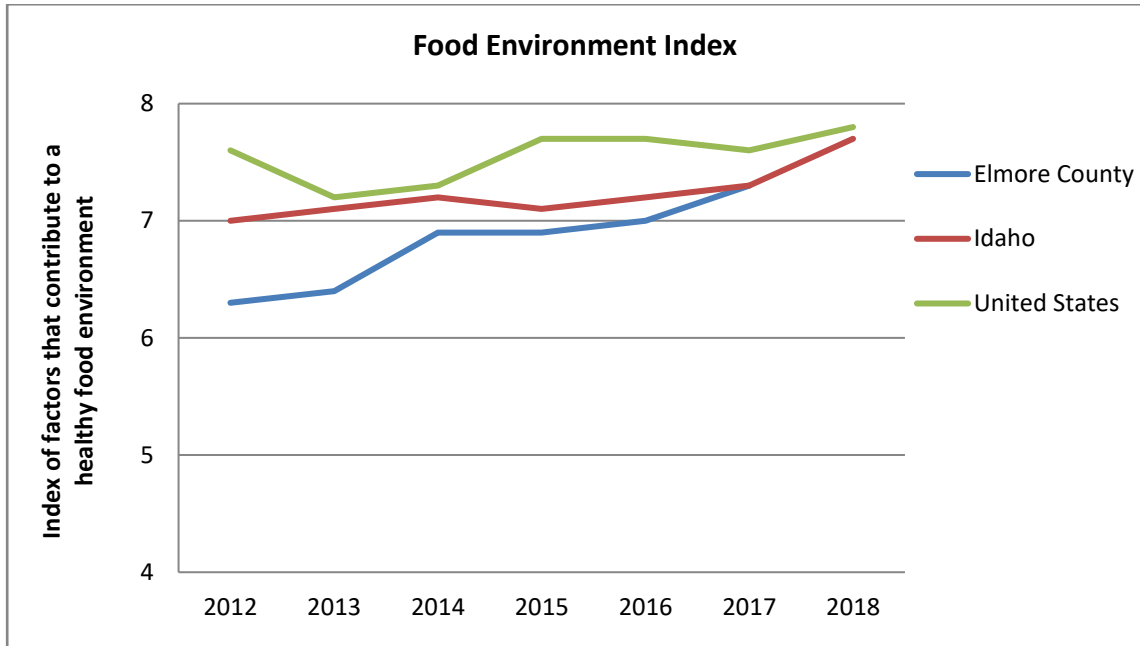
1. Limited access to healthy foods estimates the proportion of the population who are low-income and do not live close to a grocery store. Living close to a grocery store is defined differently in rural and non-rural areas; in rural areas, it means living less than 10 miles from a grocery store whereas in non-rural areas, it means less than 1 mile. Low-income is defined as having an annual family income of less than or equal to 200 percent of the federal poverty threshold for the family size.
2. Food insecurity estimates the percentage of the population who did not have access to a reliable source of food during the past year. A 2-stage fixed effect model was created using information from the Community Population Survey, Bureau of Labor Statistics, and American Community Survey.

There are many facets to a healthy food environment. This measure considers both the community and consumer nutrition environments. It includes access in terms of the distance an individual lives from a grocery store or supermarket. There is strong evidence that residing in a “food desert” is correlated with a high prevalence of overweight, obesity, and premature death. Limited access to healthy foods, included in the index, is a proxy for capturing the community nutrition environment and food desert measurements.

Additionally, low income can be another barrier to healthy food access. Food insecurity, the other food environment measure included in the index, attempts to capture the access issue by gaining a better understanding of the barrier of cost. Lacking constant access to food is related to negative health outcomes such as weight-gain and premature mortality. In addition to asking about having a constant food supply in the past year, the module also addresses the ability of individuals and families to provide balanced meals further addressing barriers to healthy eating. The consumption of fruits and vegetables is important, but it may be equally important to have adequate access to a constant food supply.¹⁵⁰

¹⁵⁰ University of Wisconsin Population Health Institute. *County Health Rankings* 2018. Accessible at www.countyhealthrankings.org.

The food environment index level for our service area and Idaho is about the same as the national average. An index level of 8.7 or above is the top 10% nationally.¹⁵¹



Health Factor Score				
Low score = Low potential for health impact		High score = High potential for health impact		
	Trend	Severity	Magnitude	Total Score
Food Environment Index	0	0	1	1

¹⁵¹ University of Wisconsin Population Health Institute. *County Health Rankings 2012-2018*. Accessible at www.countyhealthrankings.org.

Social Support

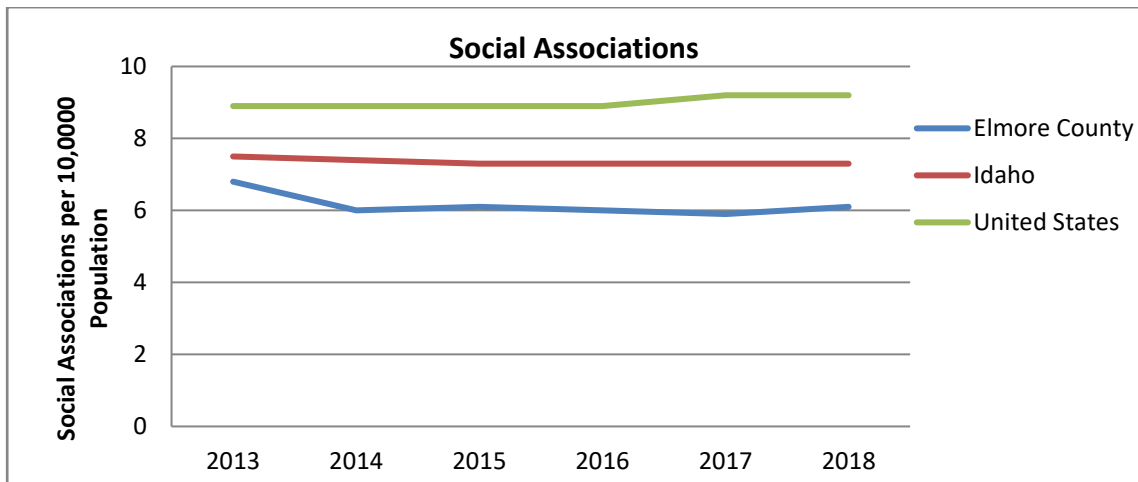
- **Inadequate Social Support**

Evidence has long demonstrated that poor family and social support is associated with increased morbidity and early mortality. Family and social support are represented using two measures: (1) social associations defined as the number of membership associations per 10,000 population. This county-level measure is calculated from the County Business Patterns and (2) percent of children living in single-parent households.

The association between socially isolated individuals and poor health outcomes has been well-established in the literature. One study found that the magnitude of risk associated with social isolation is similar to the risk of cigarette smoking for adverse health outcomes.¹⁵²

Adopting and implementing policies and programs that support relationships between individuals and across entire communities can benefit health. The greatest health improvements may be made by emphasizing efforts to support under resourced families and neighborhoods, where small improvements can have the greatest impacts.

Social associations per 10,000 population in Elmore County is below the national average.¹⁵³



Health Factor Score				
Low score = Low potential for health impact		High score = High potential for health impact		
	Trend	Severity	Magnitude	Total Score
Inadequate Social Support	0	0	1	1

¹⁵² University of Wisconsin Population Health Institute. *County Health Rankings 2018*. Accessible at www.countyhealthrankings.org.

¹⁵³ Ibid

Community Safety

Injuries through accidents or violence are the third leading cause of death in the U.S. and the leading cause for those between the ages of 1 and 44 in 2017. Accidents and violence affect health and quality of life in the short and long-term, for those directly and indirectly affected.

Community safety reflects not only violent acts in neighborhoods and homes, but also injuries caused unintentionally through accidents. Many injuries are predictable and preventable; yet about 30 million Americans receive medical treatment for injuries each year, and more than 243,000 died from these injuries in 2017.

In 2017, car accidents are the leading cause of death for those ages 5 to 24. Poisoning, suicide, falls, and fires are also leading causes of death and injury. Suffocation is the leading cause of death for infants, and drowning is the leading cause for children ages 1 to 4.

Each year, 19,000 children and adults are victims of homicide and more than 1,700 children die from abuse or neglect. The chronic stress associated with living in unsafe neighborhoods can accelerate aging and harm health. Unsafe neighborhoods can cause anxiety, depression, and stress, and are linked to higher rates of pre-term births and low birth-weight babies, even when income is accounted for. Fear of violence can keep people indoors, away from neighbors, exercise, and healthy foods. Businesses may be less willing to invest in unsafe neighborhoods, making jobs harder to find.

One in four women experiences intimate partner violence (IPV) during their life, and more than 4 million are assaulted by their partners each year. IPV causes 2,000 deaths annually and increases the risk of depression, anxiety, post-traumatic stress disorder, substance abuse, and chronic pain.

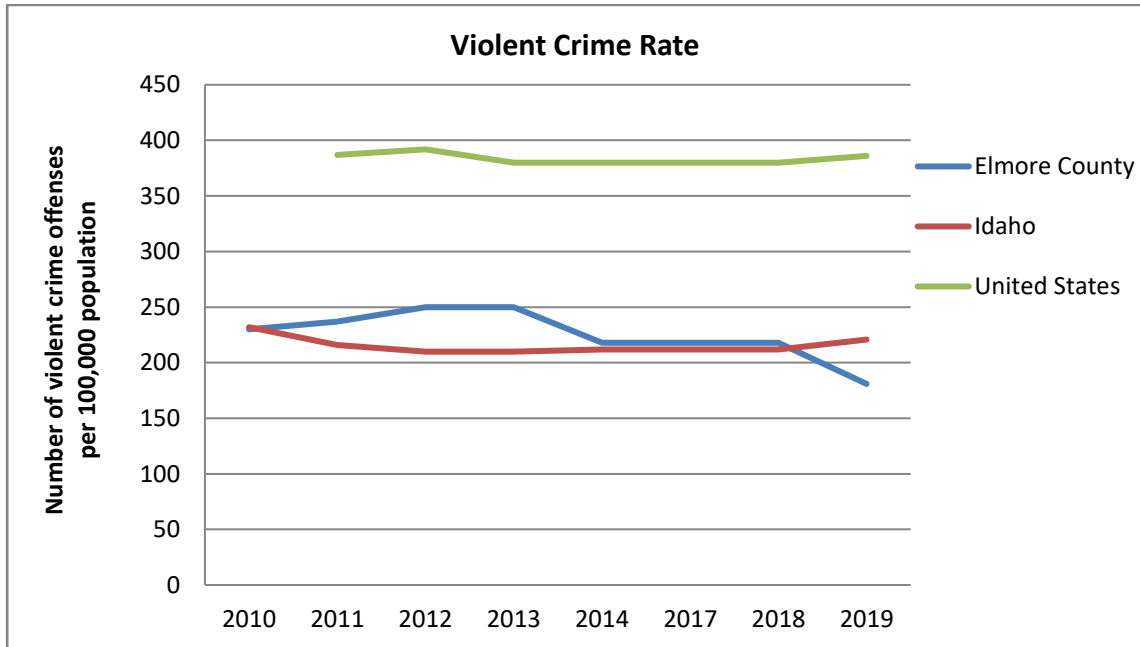
Injuries generate \$794 billion in lifetime medical costs and lost productivity every year. Communities can help protect their residents by adopting and implementing policies and programs to prevent accidents and violence.¹⁵⁴

¹⁵⁴ University of Wisconsin Population Health Institute. *County Health Rankings 2019*. Accessed at www.countyhealthrankings.org.

- **Violent Crime**

Violent crime rates per 100,000 population are included in our CHNA. In the FBI’s Uniform Crime Report, violent crime is composed of four offenses: murder and non-negligent manslaughter, forcible rape, robbery, and aggravated assault. Violent crimes are defined as those offenses which involve force or threat of force.

Violent crime rates in Idaho and our service area are significantly lower (better) than the national average.¹⁵⁵

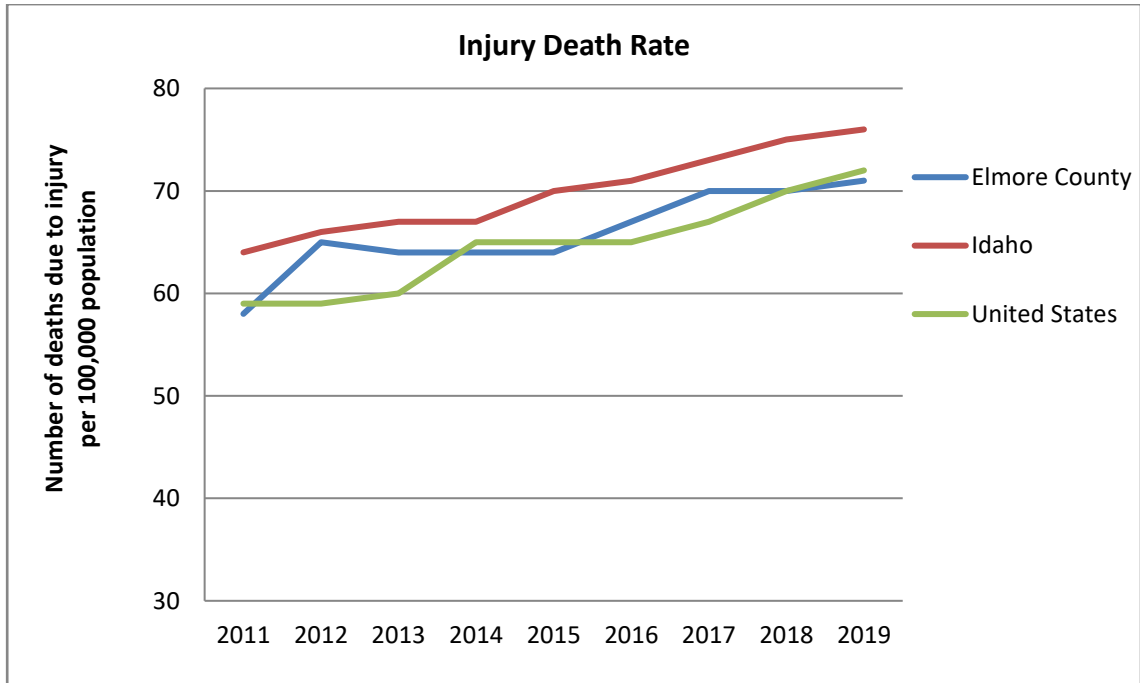


Health Factor Score				
Low score = Low potential for health impact		High score = High potential for health impact		
	Trend	Severity	Magnitude	Total Score
Violent Crime	0	0	0	0

¹⁵⁵ University of Wisconsin Population Health Institute. *County Health Rankings 2010-2019*. Accessed at www.countyhealthrankings.org.

- **Injury Deaths**

The injury death rate for our service area is about the same as the nation. The overall injury death rate for Idaho is slightly higher than the nation. The overall trend is increasing.¹⁵⁶



Health Factor Score				
Low score = Low potential for health impact		High score = High potential for health impact		
	Trend	Severity	Magnitude	Total Score
Injury Deaths	0	2	-2	0

¹⁵⁶ Ibid

Physical Environment Factors

Air and Water Quality

Clean air and water support healthy brain and body function, growth, and development. Air pollutants such as fine particulate matter and carbon monoxide can harm our health and the environment.

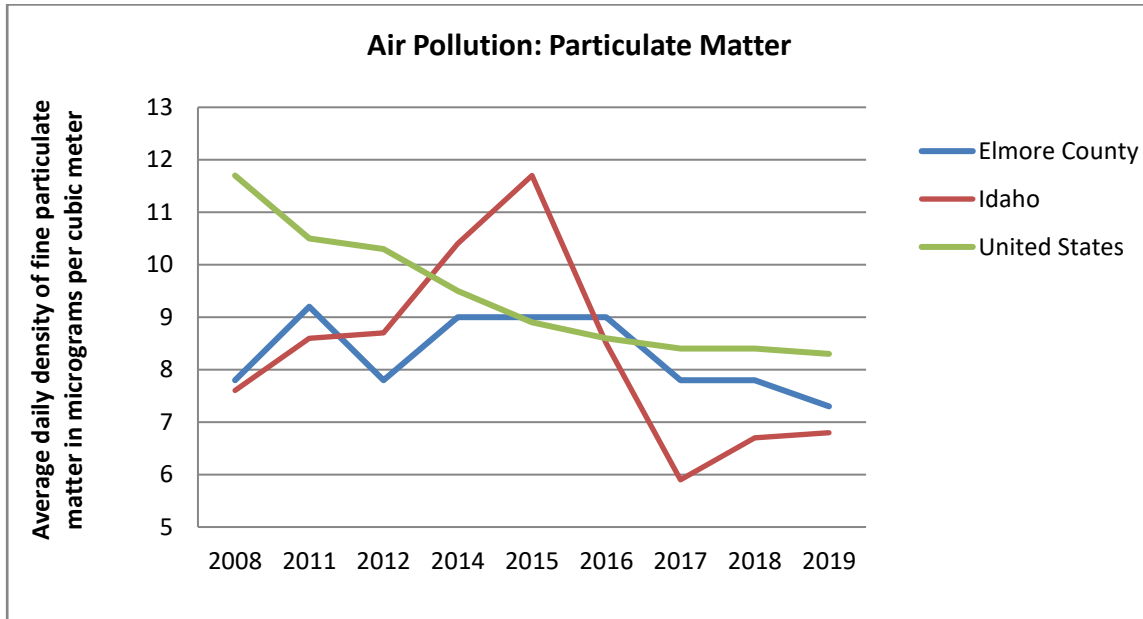
In 2016 more than 1 in 8 had been diagnosed with asthma. Air pollution is associated with increased asthma rates and can aggravate asthma, emphysema, chronic bronchitis, and other lung diseases, damage airways and lungs, and increase the risk of premature death from heart or lung disease. Using 2009 data, the CDC's Tracking Network calculates that a 10% reduction in fine particulate matter could prevent over 13,000 deaths per year in the U.S.

Studies estimates that contaminants in drinking water sicken up to 1.1 million people a year. Improper medicine disposal, chemical, pesticide, and microbiological contaminants in water can lead to poisoning, gastro-intestinal illnesses, eye infections, increased cancer risk, and many other health problems. Water pollution also threatens wildlife habitats.¹⁵⁷

¹⁵⁷ University of Wisconsin Population Health Institute. *County Health Rankings* 2019. Accessed at www.countyhealthrankings.org.

- **Air Pollution Particulate Matter**

Air pollution-particulate matter is defined as the average daily measure of fine particulate matter in micrograms per cubic meter (PM2.5) in a county. Idaho and our service area have air pollution-particulate matter levels below the national average.¹⁵⁸



Health Factor Score				
Low score = Low potential for health impact		High score = High potential for health impact		
	Trend	Severity	Magnitude	Total Score
Air Pollution	-1	0	0	-1

¹⁵⁸ University of Wisconsin Population Health Institute. County Health Rankings 2008-2019. www.countyhealthrankings.org.

- **Drinking Water Violations**

The EPA’s Safe Drinking Water Information System was utilized to estimate the percentage of the population getting drinking water from public water systems with at least one health-based violation. Our service area has drinking water violation rates that are significantly above the national average.¹⁵⁹

Drinking Water Violations						
	2014	2015	2016	2017	2018	2019
Elmore County	Y	Y	Y	Y	Y	Y

Definition: "Y" Indicates of the presence of health-related drinking water violations.

Health Factor Score				
	Low score = Low potential for health impact	High score = High potential for health impact		
	Trend	Severity	Magnitude	Total Score
Drinking Water Violations	2	0	0	2

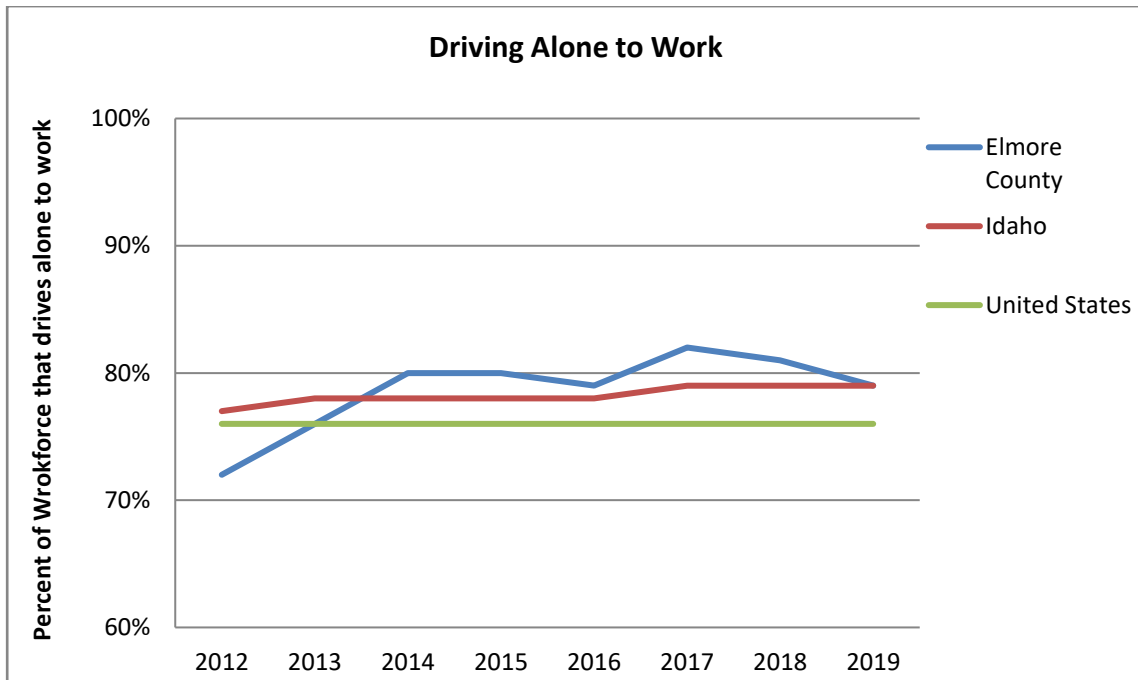
¹⁵⁹ University of Wisconsin Population Health Institute. County Health Rankings 2014-2019. www.countyhealthrankings.org.

Accessible Modes of Transportation

- **Driving Alone to Work**

This measure represents the percentage of the workforce that primarily drives alone to work. The transportation choices that communities and individuals make have important impacts on health through active living, air quality, and traffic accidents. The choices for commuting to work can include driving, walking, biking, taking public transit, or carpooling. The most damaging to the health of communities is individuals commuting by car alone. In most counties, this is the primary form of transportation to work.

Our service area has a higher percentage of people driving to work alone than the national average.¹⁶⁰



Health Factor Score				
Low score = Low potential for health impact		High score = High potential for health impact		
	Trend	Severity	Magnitude	Total Score
Driving Alone to Work	0	-1	0	-1

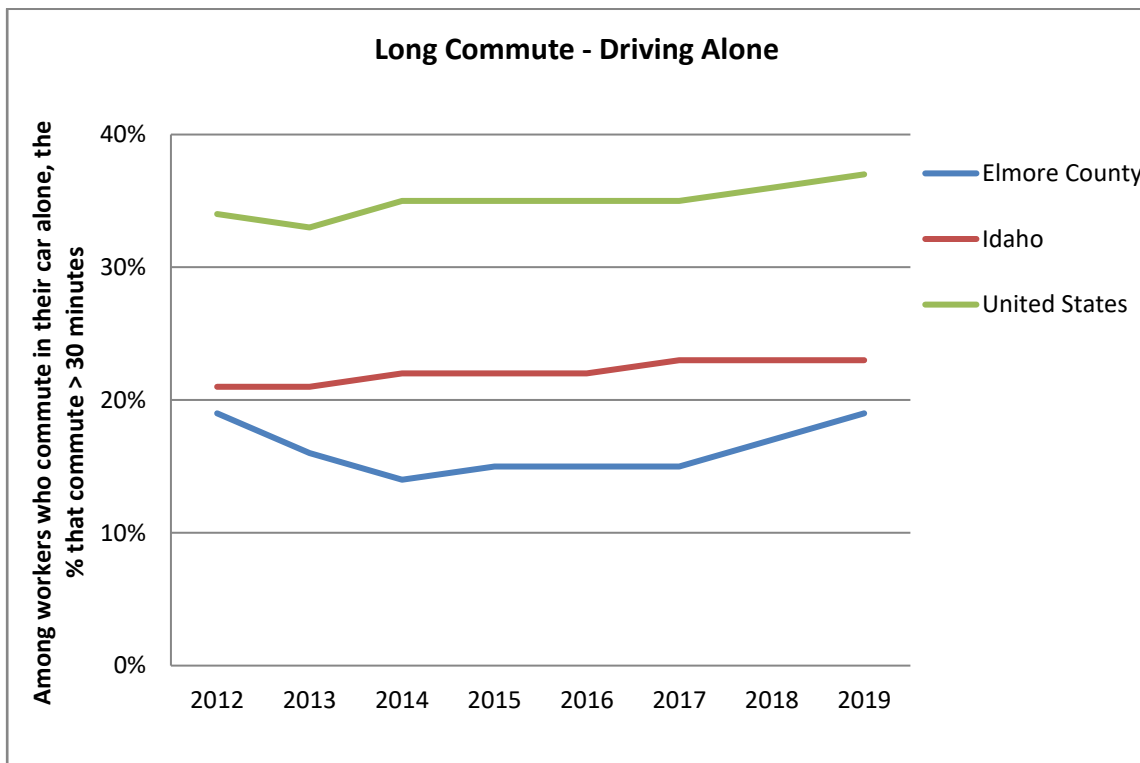
¹⁶⁰ University of Wisconsin Population Health Institute. County Health Rankings 2012-2019. www.countyhealthrankings.org.

- **Long Commute**

This measure estimates the proportion of commuters, among those who commute to work by car, truck, or van alone, who drive longer than 30 minutes to work each day. A 2012 study in the American Journal of Preventive Medicine found that the farther people commute by vehicle, the higher their blood pressure and body mass index. Also, the farther they commute, the less physical activity the individual participated in.

Our current transportation system also contributes to physical inactivity. Each additional hour spent in a car per day is associated with a 6% increase in the likelihood of obesity.¹⁶¹

The percent of people with a long commute to work is much lower in our service area than the national average.¹⁶²



Health Factor Score				
Low score = Low potential for health impact		High score = High potential for health impact		
	Trend	Severity	Magnitude	Total Score
Long Commute	0	-1	0	-1

¹⁶¹ Robert Wood Johnson Foundation. County Health Rankings 2012. www.countyhealthrankings.org.

¹⁶² University of Wisconsin Population Health Institute. County Health Rankings 2012-2019.

www.countyhealthrankings.org.

Community Input

Community input for the CHNA is obtained through two methods:

1. First, we conduct in-depth interviews with community representatives possessing extensive knowledge of health and affected populations in our service area.
2. Second, feedback is collected from community members regarding the 2019 CHNA and the corresponding implementation plan. We use this input to compile and develop the 2022 CHNA. Community members have an opportunity to view our CHNA and provide feedback utilizing the St. Luke's public website.

Community Representative Interviews

A series of interviews with people representing the broad interests of our community are conducted in order to assist in defining, prioritizing, and understanding our most important community health needs. Many of the representatives participating in the process have devoted decades to helping others lead healthier lives. We sincerely appreciate the time, thought, and valuable input they provide during our CHNA process. The openness of the community representatives allow us to better explore a broad range of health needs and issues.

The representatives we interview have significant knowledge of our community. To ensure they come from distinct and varied backgrounds, we include multiple representatives from each of the following categories:

Category I: Persons with special knowledge of public health. This includes persons from state, local, and/or regional governmental public health departments with knowledge, information, or expertise relevant to the health needs of our community.

Category II: Individuals or organizations serving or representing the interests of the medically underserved, low-income, and minority populations in our community.

Medically underserved populations include populations experiencing health disparities or at-risk populations not receiving adequate medical care as a result of being uninsured or underinsured or due to geographic, language, financial, or other barriers.

Category III: Additional people located in or serving our community including, but not limited to, health care advocates, nonprofit and community-based organizations, health care providers, community health centers, local school districts, and private businesses.

Appendix I contains information on how and when we consulted with each community health representative as well as each individual's organizational affiliation.

Interview Findings

Using the questionnaire in Appendix II, we asked our community representatives to assist in identifying and prioritizing the potential community health needs. In addition, representatives were invited to suggest programs, legislation, or other measures they believed to be effective in addressing the needs.

The table below summarizes the list of potential health needs identified through our secondary research and by our community representatives during the interview process. Each potential need is scored by the community representatives on a scale from negative six (-6) to six (6). A high score signifies the representative believes the health need is both important and needs to be addressed with additional resources. Lower scores typically mean the representative believes the need is relatively less important or that it is already being addressed effectively with the current set of programs and services available.

The community representatives' scores are added together and an average is calculated. The average representative score is shown in the table below.

Health Behavior Needs	
Potential Health Needs	Community Representative Score
Nutrition programs/education/opportunities	3.54
Tobacco prevention & cessation	2.21
Substance abuse services and programs	2.79
Exercise programs/education/ opportunities	3.21
Wellness & prevention programs (for conditions such as high blood pressure, etc.)	3.63
Safe sex education programs	2.46

Clinical Care and Access Needs	
Potential Health Needs	Community Representative Score
Availability of behavioral health services (providers, suicide hotline, etc.)	4.13
Affordable health care for low-income individuals	3.75
Screening programs (cholesterol, diabetes, mammography, colorectal, etc.)	3.21
Prenatal Care program	2.92

Immunization programs	3.13
Chronic disease management programs (for diabetes, asthma, arthritis, etc.)	3.13
Improved health care quality	2.42

Social and Economic Needs	
Potential Health Needs	Community Representative Score
Housing stability	4.54
Food/Nutrition security	3.13
Social support for Seniors	2.83
Academic achievement from early learning through post-secondary education	3.75
Social support for Veterans	2.42
Individual economic stability	3.63
Community safety (injury, violence, abuse, etc.)	3.21
Services for children and families experiencing adversity	3.75

Physical Environment Needs	
Potential Health Needs	Community Representative Score
Accessible modes of transportation (sidewalks, bike paths, etc.)	3.71
Healthy air and water quality	2.58

Utilizing Community Representative Input

The community representative interviews are used in a number of ways. First, our representatives' input ensures a comprehensive list of potential health needs is developed. Second, the scores provided are an important component of the overall prioritization process. Therefore, the representative input has significant influence on the overall prioritization of the health needs. Third, general feedback and insights from community representatives help inform potential action steps that could be taken to address the health needs of our community.

The varied beliefs and opinions of community representatives underscore the complexity of community health. Nevertheless, the representatives shared perspectives bring into focus an appropriate course of action that can lead to lasting change.

Community Health Needs Prioritization

The score breakdown for each individual need is represented in the tables below.

- Community Representative Score – average of individual community representative interview responses.
- Professional Score – average of St. Luke’s staff responses and availability of evidence-based services score.
- Related Health Factors and Outcomes – individual health factors associated with the need.
- Health Factor Score – average of the individual health factor scores for each factor and outcome listed in the previous column.
- Total Score – sum of community representative score, professional score and health factor score. The higher the total score, the greater the need in our community.

Health Behavior Category Summary

Our service area’s highest priority health behavior need is nutrition programs/education/opportunities with tobacco prevention and cessation ranking second.

Health Behavior Needs					
Identified Community Health Need	Community Representative Score	Professional Score (includes evidence-base scoring)	Related Health Factors and Outcomes	Health Factor Score	Total Score
Nutrition programs/education /opportunities	3.54	4.6	Nutritional habits, adults	3.5	11.64
			Teen nutritional habits		
			Overweight & obese adults		
			Overweight & obese teens		
Tobacco prevention & cessation	2.21	4.6	Adult smoking rates	2.5	9.31
			Teen smoking rates		
Substance abuse services and programs	2.79	3	Excessive drinking	3	8.79
			Alcohol impaired driving deaths		
			Drug Misuse=Drug Induced death		
			Marijuana use		
Exercise Programs/education /opportunities	3.21	4.2	Adult physical inactivity	1.33	8.74
			Teen exercise		
			Access to exercise opportunities		
Wellness & Prevention programs	3.63	2.8	Accident deaths	0.933	8.363
			Alzheimer's deaths		
			Breast cancer deaths		
			Cerebrovascular disease deaths		
			Colorectal cancer deaths		
			Diabetes Mellitus deaths		
			Heart disease deaths		
			High cholesterol, incidence		
			Leukemia deaths		
			Lung cancer deaths		
			Nephritis deaths		
			Pancreatic cancer deaths		
			Prostate cancer deaths		
Respiratory disease deaths					
Skin cancer (melanoma) deaths					
Safe sex education programs	2.46	2.4	Sexually transmitted infection rate	2	6.86
			Teen birth rate		
			AIDS rate		

Clinical Care Category Summary

Our service area’s highest priority clinical care need is availability of behavioral health services.

Clinical Care and Access Needs					
Identified Community Health Need	Community Representative Score	Professional Score (includes evidence-base scoring)	Related Health Factors and Outcomes	Health Factor Score	Total Score
Availability of behavioral health services	4.13	3.2	Mental health service providers	2.66	9.99
			Mental illness, any		
			Suicide deaths		
Affordability of health care for low income	3.75	2.8	Uninsured Adults	3	9.55
			Primary care physicians/providers		
Screening programs	3.21	4.4	Cholesterol	1.25	8.86
			Colorectal cancer		
			Diabetes screening/monitoring		
			Mammography		
Prenatal care program	2.92	3.6	Prenatal care in 1st trimester	2	8.52
			Low birth weight babies		
Immunization programs	3.13	4.4	Children immunized	0	7.53
			Flu/pneumonia deaths		
Chronic disease management programs	3.13	3.6	Arthritis, incidence	0.4	7.13
			Asthma, incidence		
			Diabetes, incidence		
			High blood pressure		
			Do not have usual PCP, Medical home		
Improved health care quality	2.42	3.6	Preventable hospital stays	1	1.02

Social and Economic Factors Category Summary

Housing stability ranked as the top social and economic need in our service area.

Social and Economic Needs					
Identified Community Health Need	Community Representative Score	Professional Score (includes evidence-base scoring)	Related Health Factors and Outcomes	Health Factor Score	Total Score
Housing stability	4.54	1.9	Severe housing problems	2.5	8.94
Food/nutrition security	3.13	3	Food environment index	1	7.13
Social support for seniors	2.83	2.8	Social associations	1	6.63
Academic achievement (early learning-post secondary education)	3.75	2.6	High school graduation rate	-1	6.35
			Some college		
Social support for veterans	2.42	2	Social associations	1	5.42
Individual economic stability	3.63	1.4	Unemployment rate	0.333	5.363
			Children in poverty		
			Income inequality		
Community safety	3.21	1.2	Violent crime rate	0	4.41
			Injury deaths		
Services for children and families experiencing adversity	3.75	-0.6	Social associations	0.667	3.817
			Children in poverty		
			Children in single parent household		

Physical Environment Category Summary

Healthy transportation ranked as the highest physical environment need in our service area.

Physical Environment Needs					
Identified Community Health Need	Community Representative Score	Professional Score (includes evidence-base scoring)	Related Health Factors and Outcomes	Health Factor Score	Total Score
Healthy Transportation Options	3.71	1.6	Driving alone to work	-1	4.31
			Long commute		
Healthy air and water quality	2.58	-2	Air pollution particulate matter	0.5	1.08
			Drinking water violations		

Implementation Plan Overview

St. Luke’s will continue to collaborate with the people, leaders, and organizations in our community to carry out an implementation plan designed to address many of the most pressing community health needs identified in this assessment. Utilizing effective, evidence-based programs and policies, we will work together with trusted partners to improve community health outcomes and well-being toward the goal of attaining the healthiest community possible.

Future Community Health Needs Assessments

We intend to reassess the health needs of our community on an ongoing basis and conduct a full community health needs assessment once every three years. St. Luke’s next Community Health Needs Assessment is scheduled to be completed in 2023.

History of Community Health Needs Assessments and Impact of Actions Taken

In our 2019 CHNA, St. Luke’s Elmore identified significant priority health needs facing individuals and families in our community. These priority needs are shown below, followed by a description of the impact we have had on addressing these needs over the past three years.

Priority Need 1: Improve the Prevention and Management of Obesity and Diabetes

Priority Need 2: Mental Health Programs

Priority Need 3: Prevent and Reduce Tobacco Use

COVID-19

Our St. Luke’s Community Health team applied a “resilience-building lens” to our CHNA Implementation Plan programs from 2019-2022. We defined resilience as the ability to maintain – or regain – positive physical and mental health upon experiencing prolonged and extreme stress, fatigue, and toxic personal situations. Ironically, a significant portion of our implementation plan period put this resilience focus to the ultimate test as the world faced the COVID-19 pandemic.

COVID-19 hit our communities in March 2020 and drastically impacted the operational plans of St. Luke’s Health System, including our Community Health Department. It also drastically impacted the work of our community partners and changed the general narrative for our communities at large. Work was put on hold while priorities and available resources shifted to COVID-19 response. This was the right move at the time, in order to keep the health and safety of our communities at the forefront. Idaho declared a state of crisis standards of care twice during the pandemic, noting the severity of the situation in our state.

Because of the impacts and necessary pivots associated with COVID-19 and the appropriate responses, our 2019-2022 Community Health Needs Assessment Implementation Plans also experienced unexpected pauses and shifts in our activities and expected outcomes. Great work was still accomplished, but it will be noted in our impact statements where those changes did occur.

Priority Need 1: Improve the Prevention and Management of Obesity and Diabetes

Investment in Programs Supporting the High Priority Health Needs through St. Luke’s Community Health Improvement Fund (CHIF) Grant Program

St. Luke’s makes an annual financial commitment, through Community Health Improvement Fund (CHIF) grants to support community partners and organizations that are helping address our high priority health needs as identified in the 2019 CHNA. From 2019-2022 St.

Luke’s provided nearly \$120,000 in CHIF grants to community partners in Elmore County. These community partners and the CHIF funding helped efforts to reduce the risk of health conditions such as obesity and diabetes through education, awareness, and program activities. This included the following:

Organization	Program Name	Program Description	Program Outcomes	Participants
City of Mountain Home Parks & Recreation	Heighten Your Health – <i>Freezer Frenzy Meal Prep</i> and <i>Little Chef’s Kids Cooking Class</i>	Educational and recreational programs that promoted understanding of healthy lifestyles and healthy dietary options on a low-cost budget.	Participants learn how to efficiently meal prep healthy homemade meals and encourage a family friendly atmosphere. Youth also learned about nutrition and healthy food & cooking options.	320 participants

Health and Wellness Event

Planning and preparations to host a health and wellness event in June 2020. The event was to be titled Elmore Family Wellness Day (EFWD). We cancelled the event in May of 2020 due to COVID-19 virus pandemic. The low-cost lab draws for the community were part of the EFWD and was considered for September 2020 however not possible due to hospital capacity and virus activity. Considerations were made for the event in May and June of 2021 and this event was cancelled due to virus activity and restrictions on public gatherings. In 2021 we considered hosting low-cost lab draws and this was not feasible due to COVID-19. As we continue to develop our understanding of community health efforts that have the most long-lasting impact, we are seeking to focus our funding on activities and investments that will result in sustainable health promotion reaching the largest audience possible. With that in mind, we are transitioning out of standing up one-time events, with associated individual participant promotional items. In place of these events, we are excited to be able to support efforts such as, but not limited to, the following:

- Focus on health promotion and education to the community.
- Investing in opportunities that will provide wellness to multiple community members of all ages.
- Promote the education of healthy behaviors and lifestyle. This included a 4th grader Field Day event hosted by Mountain Home Parks and Recreation that was attended by nearly 300 students and provided the opportunity to share healthy behaviors such as the importance of physical fitness and activities. Students learned how everyday activities such as taking the stairs, walking their dog and being physically active are important for both their physical and mental health.

During the fiscal years of the CHNA in lieu of EFWD we provided health education to the Elmore Community:

- Health flyers and education opportunities were shared with the St. Luke's Elmore Foundation Director who sends them out to his contacts in Elmore. This included the Wood River health talks flyers which provided virtual education opportunities. We also sent St. Luke's COVID-19 safety flyers in both English and Spanish: vaccination information, safe trick or treating, COVID-19 precautions.
- We sent COVID-19 flyers in English and Spanish to the Food bank and food pantries in Mountain Home and Glens Ferry.

Extreme Challenge

Planning for the Extreme Challenge for September or 2020 started and was cancelled due to COVID-19 restrictions. In lieu of the event, we created 600 gift bags for all of the Hacker students 5th and 6th grade which were distributed May 20, 2021. They included sunscreen, hand sanitizer, masks, and a flyer for the recently approved COVID-19 vaccine for 12–15-year-old children.

COVID-19 restrictions created an idea to provide a sponsorship for Hacker. We requested they propose a sponsorship idea to align with their school's needs. The criteria was to promote healthy living, nutrition, wellness and/or resilience. The PE teacher used the \$3000 sponsorship to purchase fitness equipment which was used by all students.

Connections with Hacker have been made to start discussions for fall 2022 sponsorship aligning with the needs identified by the school.

School-Based Resilience Programming

Resilience can be defined as “the process of effectively negotiating, adapting to, or managing significant sources of stress or trauma.”¹⁶³ Evidence has suggested that exposure to trauma, especially in the form of Adverse Childhood Experiences (ACEs), can lead to a greater susceptibility for development of poor health outcomes, including chronic conditions such as obesity, diabetes, mental illness, and drug misuse.¹⁶⁴ As a result, resilience initiatives that support the ability to thrive in the midst of trauma and adversity, and promote overall healthy behaviors, are upstream prevention efforts addressing our significant health needs for all populations.

¹⁶³ Cambridge University Press, “What is resilience? A review and concept analysis,” <https://www.cambridge.org/core/journals/reviews-in-clinical-gerontology/article/abs/what-is-resilience-a-review-and-concept-analysis/B94C9BEAD7F43E1297EC9443DD24CA5C>

¹⁶⁴ CDC, <https://www.cdc.gov/vitalsigns/aces/index.html>; JAMA Network, “Identifying and Preventing Adverse Childhood Experiences,” <https://jamanetwork.com/journals/jama/fullarticle/2755266>

Schools are a significant setting for successful resilience programming. There are several opportunities for implementing resilience programming aimed at youth, staff, families, and neighbors, before, during and after the school day. St. Luke’s has partnered with school districts located in Elmore County for the selection and implementation of school-based resilience initiatives most appropriate for them, based on their community demographics, available resources, and readiness. This effort has included funding support of health classes to improve student’s opportunities to learn about healthcare and pursue a future in the field for those who may not be able to afford to continue onto higher education. In addition, elementary after school activities to support early learning and strengthen social and emotional development for Mountain Home youth.

Also, the Glens Ferry School District is one of the three participating education sites in Idaho currently enrolled in the Idaho Project AWARE program. Project AWARE - Advancing Wellness and Resiliency in Education (AWARE) -- is dedicated to increasing mental health awareness in schools. This program works with state and local agencies to provide school-aged youth, their families, educators, and other adults that work with school-aged youth with the resources needed to respond to mental health issues.

Organization	Program Name	Program Description	Program Outcomes	Participants
Mountain Home School District	Elementary After School Activities Program	Provide elementary students an activity program after school.	Students in K-4 th grade participated in the program throughout the year.	300 students
Mountain Home High School	New Health Classes	Improve students’ opportunities to learn about health care and pursue a future in health care who might otherwise be unable to afford higher education.	Pharmacy Technician students completed the course; some passed National Certification; other students worked as Pharmacy Technicians; others continued their education at colleges/ universities. Also, the Anatomy and Physiology Class supported students in 10-12th grade with a science credit.	15 students

St. Luke's Health Coaching

Among key highlights for the St. Luke's Health Coaching program in 2020-2021 with an increased interest in stress-mitigation in response to the pandemic. People reached out to us for help with stress reductions/management and exercising at home. The Carium platform allowed us to send out daily tips along with a virtual exercise and stress reduction program. During the first year of the pandemic, weight-loss waned while the focus was on mindfulness, sleep improvements and stress reduction. A renewed interest in weight-loss and a stronger focus on exercise goals occurred in 2021. Diabetes management was improved by utilizing Bluetooth connectivity with Carium. This allowed our diabetes educator to monitor and help patients identify opportunities to improve their blood sugar based on readings loaded into Carium. We converted group coaching into virtual formats and led a total of 12 sessions in 2020-2021. The group format done virtually was a new opportunity and we have maintained this format into 2022. Group coaching allows people to partner with others who want the support, encouragement, and connection from a group.

<u>Summary Outcomes</u>	<u>2020</u>	<u>2021</u>
Total Engaged	339	505
Diabetes – A1C drop	2.4 pt	1.6 pt
HTN – within healthy range at 3 months	76%	77%
Weight Loss - reduction in 3 months	1.00%	1.60%

Built Environment Initiatives

Organization	Program Name	Program Description	Program Outcomes	Participants
City of Mountain Home Parks & Recreation	Fitness Court and Walking Path	The Fitness Court is a destination to promote health and wellness and supported by a grant from the National Fitness Campaign. This Court features something for all ages	This Fitness Court project completion timeline was delayed due to some funding and contract work impacted by the pandemic but is	Not available

		and abilities at no cost. This court will also be a permanent structure in the existing park.	available for use by the public.	
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Through the Western Idaho Community Health Collaborative, a community of stakeholders aimed to transform the health of communities, and a Get Healthy Idaho four-year grant awarded to Elmore County, an assessment was conducted, and a strategy and implementation plan was developed to fulfill the mission of creating “conditions to ensure all people can achieve optimal health and resiliency.” In addition to connecting and expanding community health worker programs and establishing a Community Health EMS (CHEMS) program, the plan includes enhancing active transportation support along with development of strategic open space and trails plans that will further expand recreational opportunities and encourage outdoor education, trail network for hiking and biking to help improve access and engagement in healthy activities and connections that support mental health. With the initial phase of the four-year grant completed, workgroups since been formed for each of the four priority areas outlined in the strategy, with specific planning committees and meetings scheduled; key local community stakeholders identified; and development of specific tasks underway.

Partnership with the Idaho Foodbank on their Hunger to Health Strategy

The Idaho Foodbank has adopted a statewide Hunger to Health Strategy to improve the capacity of their partner network to provide comprehensive, wrap around support for their participants to achieve optimal health. The Hunger to Health Strategy includes the following 4 initiatives: Nutrition; Education; Social Determinants of Health; and Community Health.

St. Luke’s works with various community partners in support of the local Idaho Foodbank and groups who continue to align with the Hunger to Health initiatives. Some of the data reflects the importance of food security and access to healthy food options, and the impact on health, such as risk for disease such as cancer.

According to the Idaho Foodbank, Feeding America, and Map the Meal Gap study, in Idaho, more than 50% of people who are food insecure may not qualify for the Supplemental Nutrition Assistance Program (SNAP) due to their income level. This finding underscores the importance of protecting and strengthening the safety net of public food assistance while also investing in charitable programs that help to fill the gap for people who do not qualify. Counties with the highest rates of food insecurity are disproportionately rural. Rural counties – those outside of major metropolitan areas – make up 63% of all U.S counties, but 87% of counties with food insecurity rates in the top 10%.

Further, Elmore County data highlighted the urgent need to address food security:

- Over 60% of the adults in Elmore County and more than 25% of the children in Idaho are either overweight or obese.
- 20% of children in Elmore County are living in poverty.
- Only 63% of residents receive high school diplomas; research indicates that those with less education have higher rates of obesity.
- Military population may also endure additional stress, which can lead to poor coping mechanisms leading to higher obesity
- Local school districts and healthcare providers have been working with community partners to assist with providing better healthy foods especially for underserved populations.

Two initiatives highlighted the local support and community engagement of groups including the Elmore County Health Coalition (EHC); Eat Smart Idaho; the American Cancer Society (ACS); American Hospital Association; Desert Sage Health Center; Mountain Home Police Department; St. Luke's; Three Island Food Pantry and Bennett Mountain Community School Pantry.

Healthy Elmore County

With support from a grant from the American Cancer Society and Robert Wood Johnson Foundation, the Elmore County Health Equity Community Project provided community-driven solutions to advance health equity needs and local efforts for Elmore County residents. The project brought together St. Luke's staff, EHC community members, ACS volunteers and public health partners to advance health equity and address the social determinants of health. While this grant was approaching food insecurity through the cancer lens, the activities addressed risk factors associated with other chronic diseases such as our high priority health needs of obesity and diabetes as well. This included: expanding existing food pantry services by providing refrigerator and freezer equipment that allowed for perishable donations, additional pantry shelving units, other pantry supplies and logistical support that helped to better serve the patrons of food pantries in Mountain Home and Glens Ferry. In addition, communications, marketing, and educational resources were developed to raise awareness & educate youth and adults about healthy behaviors, food preparation and importance of health screenings to reduce the risk of cancer and other health concerns.

AHA Community Collaborative

St. Luke's and the American Cancer Society, through the support of the American Hospital Associations Community Collaborative, are working to extend education and outreach to help address food insecurity among the Hispanic population. The support of the Hispanic population in Elmore County and need to access healthy foods was identified as an important area of focus due to lower health outcomes:

- Lower income and seasonal work
- Hispanics in Idaho were more likely than non-Hispanics to report that they:
 - Were in fair or poor general health: 23% compared to 15%
 - Did not have health care insurance: 37% compared to 13%
 - Did not have a personal health care provider: 47% compared to 27%
- Higher childhood obesity

Due to the impact of the pandemic and various staffing changes, the implementation plan had been delayed, but is still in progress. The current education and outreach plan remains, which includes: educating & highlighting food pantry services and locations; developing and/or distributing culturally appropriate resources; and aligning with community partners such as food banks, faith based communities, schools, employers and other local services such as libraries and health care providers.

Sports Physicals and Athletic Trainers

Planning started for providing sports physicals and it was not possible to hold the event due to COVID-19 restrictions and precautions in 2020 and 2021.

St. Luke’s Sports Medicine and Athletic training provided summer high school physicals at Mountain Home High School 5/4/22. This format aligns with the Sports Med operations and follows the format they provide at other schools. Sports physicals were provided for 41 athletes in grades 7-11 for a \$10 donation. All proceeds were given to the school. Community Health collaborated in the process by providing sun safety information and sharing St. Luke’s “Help is Here” Guide with mental health resources. St. Luke’s Elmore clinic had 2 providers and 4 additional staff at the event, along with volunteers from the MHHS CNA class, community physical therapists and the Sports Medicine Team. Families appreciated the convenience of the event at the school.

The YMCA’s Healthy Living Center (Y-HLC) and Diabetes Prevention Program (DPP)

Weight Management/Diabetes Prevention Program (DPP):

- In 2019, DPP had a record number of participants, serving 100 people throughout the calendar year.
- In 2020, the YMCA was able to start 3 cohorts (2 in January, 1 in February) and serve a total of 18 participants prior to COVID-19 causing the closure of the Treasure Valley Family YMCA.
- The YMCA paused programming for a total of eight business days to put systems in place before restarting classes via distance learning.
- The YMCA served 64 participants via distance learning sessions; starting with 10 cohorts, 6 of which were able to complete their full-year program, 4 still active into 2021.

- Due to COVID-19 and restrictions on billing from CMS, we were not allowed to start new cohorts.

The Y-HLC again received Center of Disease Control Full Recognition in 2020—the highest recognition a provider can receive. In order to attain this recognition, the Y-HLC presently meets the Diabetes Prevention Recognition Program Standards for:

- Percentage of patients with qualifying blood sugar values.
- Percentage of patients with weight documentation during sessions.
- Percentage of patients with physical activity documentation.
- Session attendance in the first 6 months.
- Session attendance in the second 6 months.
- Average weight loss across all evaluated participants in a yearlong cohort must be a minimum of 5% of starting body weight.

The high infrastructure costs required to provide this program have long been a barrier to the Weight Management/Diabetes Prevention Program. In 2021, the Y-HLC started moving into a post-COVID-19 delivery model and created the goal of all Y-Healthy Living Center programs to broaden community outreach, maximize financial resources, and increase program impact. As a result, the Y-HLC made the decision to remove the Weight Management/Diabetes Prevention Program from their programming. They served all participants through February 2021, to ensure all existing cohorts could complete the full program.

Movement Disorders:

- Between shutdown in March and when classes resumed in July, we provided 83 virtual exercise classes to 105 participants.
- Delay the Disease began at the South YMCA in August of 2020, at the Caldwell YMCA in September 2020, and Artist in Residence began in September 2020 with both virtual and in-person options.

Moving into 2021, the Y-HLC began to shift their focus to the following goals:

1. Broaden Community Outreach within our community. Chronic disease is a vast category; therefore, we want to be selective in the programs we choose in having the biggest impact for those that are ready and motivated to change.
2. Maximizing Financial Resources. Taking the perspective of serving more individuals with the current financial resources we have.
3. Increasing Program Impact. Ability to serve more participants while being financial stewards of our funds.
4. Build up the 12-week YMCA Weight Loss Program and develop nutrition education.

First Teeth Matter

Central District Health Department’s First Teeth Matter clinic is affordable and open to all families regardless of income and insurance status. A nominal fee (\$20) is charged to all participants. This fee is covered by Medicaid for eligible children. This program is not eligible for a sliding-fee scale. This program is also supported by District funds and grants are sought for the purchase of toothbrush kits for the children. The program’s impact was expected to promote healthy dietary habits and encourage parents to not give their child unhealthy snacks and sugary drinks in bottles and Sippy cups, thereby help reduce a child’s intake of calories that contribute toward high incidence of diabetes and obesity. Due to the impact of the pandemic on staffing and clinical priorities, the public health district and local clinic resources were unable to follow-through with the original intent of sharing information about First Teeth Matter clinic and program. However, discussions regarding future reengagement with this program are planned.

Fitness RX- Prescription for improved physical health

Regular physical activity can improve your muscle strength and boost your endurance, while helping to support overall health. Community partnerships and programs have served to aid this goal, reaching a variety of demographics to improve physical fitness, safely and effectively, while also providing mental health support through movement and engagement as part of a community group.

Through the Mountain Home Parks and Recreation, low cost or free health fitness classes were made available to the community. The programs included a fitness class taught in Spanish to support the Hispanic community and encouraged youth to participate and begin a path of physical fitness at a young age. Additional enhancements are planned to include class evaluations/comments to aid in the assessment of the program and work towards continued program improvement and reach as many community members as possible.

Organization	Program Name	Program Description	Program Outcomes	Participants
City of Mountain Home Parks & Recreation	Fitness Rx	Fitness Rx classes reached various populations, including Hispanic demographic, and delivered in a setting that inspires others towards fitness through Latin-inspired dance and international music and dance movements.	Bailando Fitness and Zumba classes provided multi-cultural opportunities and expanded reach by including Spanish language class and international styles. Recognized need for additional participant feedback for improving programs and expanding outreach.	680 participants

Priority Need 2: Mental Health Programs

Idaho Resilience Project Adverse Childhood Experiences (ACES) Collaborative:

This collaborative spans the St. Luke's Health System footprint and addresses improving awareness of childhood trauma with a particular focus on the improvement of resiliency-focused strategies and appropriate community supports.

Key accomplishments supported in part by St. Luke's:

- The collaborative has expanded reach to all seven public health districts in Idaho.
- St. Luke's staff provided support testimony during the 2021-2022 Idaho Legislative Session during hearings for House Concurrent Resolution 29. The resolution passed and now encourages state officers, agencies, and employees to promote interventions and practices to identify and treat child and adult survivors of severe emotional trauma and other adverse childhood experiences using interventions prove to help and develop resiliency in these survivors.
- The Governor's Behavioral Health Council has adopted nine key strategies, and a subcommittee to promote building resilient youth has been established as one.
- Idaho Public Television produced a statewide documentary addressing trauma and resilience that featured multiple St. Luke's employees as subject matter experts.
- The local community continued to support the wellness of youth through their involvement with mental health awareness and suicide prevention activities. This included a focus on Mental Health Awareness Month observance and building Health Outcomes from Positive Experiences through H.O.P.E. Week activities. Libraries in Mountain Home and Glens Ferry had daily activities scheduled for children and adults, including chalk art to showcase hopeful messages; making calming kits that could be used on stressful days; and creating inspirational cards to give to a family member as well as the nearby senior center help to brighten their day. The activities were well received and served to reduce stress, build resilience, and help initiate conversations on mental health.

Elmore County Health Coalition and Western Idaho Community Health Collaborative

The mission of the Elmore County Health Coalition (EHC) is to bring together and work with community partners to empower our communities through strategic initiatives that advance equity and health for present and future generations.

The EHC is comprised of public and private sector employer representatives, public health as well as community members who oversee select community projects to address Elmore County high priority health needs, and to solidify local resources and other funding opportunities such as grants, to activate those projects. It is also serves as a forum to

educate and raise awareness of programs, events and health related campaigns that support the needs of the community.

The programs and initiatives supported by the ECHC include:

Self-Rescue Manual

The development and publication of a bilingual Elmore County Self-Rescue manual, which lists various local, state, and national resources such as housing, addiction recovery, food and clothing, and mental health services. The publication has been provided to local food pantries, employers, public health centers and other community locations serving the public. The manual is also available to download from the Elmore County webpage.

Get Healthy Idaho

Through a Get Healthy Idaho four-year grant, the Western Idaho Community Health Collaborative and ECHC are working to support collaborative, upstream services to address the root causes of multiple health disparities, such as behavioral health issues and diabetes. This includes providing sustainable resources to address health issues and the built environment. Workgroups have been formed to focus on four key areas:

- Implementing a Community Health Worker (CHW) program in Elmore County
- Utilizing Community Health Emergency Medical Services (CHEMS, Community Paramedic)
- Developing a mobility consortium
- Increasing the accessibility of trails and open spaces

The implementation strategies for each of these four areas are underway and mental health has been identified as a priority focus area for both the CHW and CHEMS programs. The workgroup activities continue as the second year of the four-year grant requirements is underway.

Leap Housing Social Determinant of Health recommendations

Leap Housing has committed plans to an affordable housing development, Falcon's Landing, in Mountain Home. One of the responsibilities for the funding LEAP received for this development required an assessment of the social determinants of health the future residents of Falcon's Landing. This assessment would then inform both structural and programmatic recommendations for implementation to help the development address a variety of needs the residents may experience.

The Western Idaho Community Health Collaborative was tasked with the social determinant of health assessment and provided LEAP Housing a variety of recommendations. The

following recommendations LEAP intends to implement and can be integrated into the current project:

- Design community space geared towards the distribution of resources and community connection (i.e., Community Pantry).
- The inclusion of culturally inclusive exterior colors and designs.
- Enhanced intake form and welcome packet.

The recommendations below are still being considered with the support of community partners:

- Operating a community pantry.
- Intake follow up and resource connection.
- Creation, cultivation, and training of a resident board.
- Scheduling, coordinating, and conducting a calendar of training, events, and programming (Community Coordinating).
- Managing relationships with existing Community Health Workers (CHW).

Older Adult Resilience Programming

Older adults are one of the most vulnerable populations in our communities. They are at risk of social isolation, food insecurity, mental health issues, and high health care costs. St. Luke’s, as a health system, is dedicated to supporting the older adult health in the community and in their homes in order to improve their quality of life and reduce overall health care costs.

One of the popular programs offered by the City of Mountain Home Parks and Recreation has been their getaway programs for seniors. These activities provide seniors with access to activities and events that they may not otherwise be able to attend, while also providing a safe, interactive approach to learning, socializing and being active, all of which benefit their overall mental as well as physical health. Another important program that St. Luke’s has supported to improve the health of the people in our community is providing nutritional meals to seniors and disabled in the Elmore community. The Meals on Wheels program has been supported through CHIF funds and continues to help the at-risk populations remain independent and stay in the comfort of their home. St. Luke’s staff are also involved in this effort, with visits typically twice a month, delivering food to seniors and community members with limited mobility and resources.

Organization	Program Name	Program Description	Program Outcomes	Participants
City of Mountain Home Parks & Recreation	Scenic Senior/Golden Group Getaways	To improve Elmore County resident’s mental health and wellbeing through	Seniors and families attended the activities that included trips to	330

		social and educational activities.	events such as the McCall Winter Carnival.	
Mountain Home Senior Center, Inc	Meals on Wheels	To provide access to healthy meals for the senior and limited mobility members in the Elmore community.	Over 20,000 Meals on Wheels have been served, along with approximately 4,600 congregate meals provided.	156

Idaho Association for the Education of Young Children (IAEYC) Ready! For Kindergarten Program

The Ready! for kindergarten program is an evidence-based curriculum engaging parents of children ages 0-5 on preparing their kids for kindergarten learning. The curriculum is founded on the principle that parents are their child’s first and most important teacher. Parents learn how to play with purpose with their children, and how to use everyday toys, games, books, and environments to meaningfully connect with their children, and teach them vital skills for kindergarten readiness. Parents who attend the classes also receive free toys and materials that are used in the Ready! for kindergarten lessons.

From 2019-2021, the IAEYC was able to serve 219 children with the sponsorship funds from St. Luke’s.

Priority Need 3: Prevent and Reduce Tobacco Use

Youth and Community Resilience and Tobacco/E-Cigarette Prevention and Education

Provide prevention education to school staff, parents, families, and youth regarding the risks of tobacco and nicotine product use, including e-cigarette and vaping is an important resource to respond to the vape epidemic that has impacted teens across the country, as well as in Elmore County. In conjunction with community partners, various educational efforts have served to reduce incidence of tobacco/e-cigarette use and increase awareness of positive resilience and alternative activities for youth.

The following activities supported prevention and education efforts:

TATU

Teens Against Tobacco Use, an educational program for high school students developed by the American Lung Association about the harms of nicotine, has been implemented in Mountain Home High School. With the support of their student advisor, students have made efforts to learn about the dangers of nicotine and to serve as a role model for their peers and younger students. Over 50 students have taken part in the program and have also expanded their knowledge of health policy and civic engagement by following legislative activities and learning more from state representatives and how bills become law. Students are also interested in establishing a peer-to-peer group to promote being tobacco and nicotine free, while serving as a resource to support their peers.

Vape Education

Education about the dangers of e-cigarettes, reasons for teen use, myths vs. truth about vaping, and resources for nicotine cessation have been shared through various efforts, through St. Luke's as well as other community partners. This has included classroom vape education presentations to high school students as well as in-service learning for school staff, reaching over 300 participants. In addition, tools and resources have been made available in print and online through school staff, community partners and locations such as local food pantries.

St. Luke's Department of Lifestyle Medicine Tobacco Cessation Specialist Telephonic Counseling

In 2020 the St. Luke's Department of Lifestyle Medicine offered free telephonic counseling from a Tobacco Cessation Specialist to all Elmore residents and patients referred to their program. St. Luke's Community Health Department provided the funding for this program to remove any costs to the patient. The following grid demonstrates patients referred and enrolled in the program.

Month	Referred	Seen for Intake
Jan	14	2
Feb	24	3
Mar	13	4
Apr	3	1
May	5	0

Jun	8	2
Jul	7	1
Aug	18	0
Sep	14	13
Total	126	26

After September 2020, virtual coaching was available across our footprint at no charge due to the new workflows and offerings developed in response to the COVID-19 pandemic. Therefore, this program became part of our standard offering and did not require subsidy from the Community Health Department.

You Can Quit Tobacco and the Idaho Quitline

Free Quit Tobacco Classes are offered through Central District Health (CDH). The Idaho Quitline is offered through the Idaho Department of Health and Welfare Project Filter program as well, offering cessation resources and free nicotine replacement therapy.

Through a CHIF grant, CDH has expanded tobacco cessation services in Elmore County, with training completed by three tobacco cessation instructors, one who is bilingual in English and Spanish, bringing increased cessation services to the rural community. Each instructor is trained in both Not On Tobacco (youth) and Freedom From Smoking (adult) tobacco cessation programs. This expands the program in Elmore County to six certified instructors, and while the pandemic limited access and reach of the effort, 100 participants were able to take part in the cessation programs.

Referral systems were also established with St. Luke's Elmore, so patients who are tobacco users have access to information about the classes, nicotine replacement therapy, and cessation resources. St. Luke's Elmore established a referral system to these resources and provide a location to facilitate classes, when needed. While the process to accept referrals was established, the tobacco cessation classes were not held due to the redeployment of the public health districts trained facilitators to address other urgent priorities that stemmed from the pandemic. Plans are expected to be revisited to allow for resumption of the tobacco cessation program offerings.

Resources Available to Meet Community Needs

This section provides a basic list of resources available within our community to meet some of the needs identified in this document. The majority of resources listed are non-profit organizations. The list is by no means conclusive and information is subject to change. The various resources have been organized into the following categories:

- General Assistance and Referral Services
- Abuse/Violence Victim Advocacy and Services
- Behavioral Health and Substance Misuse Services
- Caregiver Support Services
- Children & Family Services
- Community Health Clinics and Other Medical Resources
- Dental Services
- Disability Services
- Educational Services
- Food Assistance
- Government Contacts
- Health Insurance
- Homeless Services
- Hospice Care
- Hospitals
- Housing
- Legal Services
- Public Health Resources
- Refugee/Immigration Services
- Residential Care/Assisted Living Facilities
- Senior Services
- Transportation
- Veteran Services
- Youth Programs

Resources Available Across St. Luke's Health System Footprint

General Assistance and Referral Services

Idaho CareLine Information and Referral

Phone: 2-1-1

Toll Free Phone: 1-800-926-2588

Text 898211

<https://www.idahocareline.org>

Description: The 2-1-1 Idaho CareLine, a free statewide community Information and referral service, is a program of the Idaho Department of Health and Welfare. Their comprehensive database includes programs providing free or low-cost health and social services, such as rental assistance, energy assistance, medical assistance, food and clothing, childcare resources, emergency shelter, and more.

Idaho COVID-19 Hotline

Toll Free Phone: 1-888-330-3010

Description: The Department of Health and Welfare staffs an Idaho COVID-19 Hotline for individuals feeling isolated at home, anxiety, loneliness, or worry which may become overwhelming during a pandemic and times of heightened stress. Trained professionals are available to talk with and assist those in need of accessing mental health and substance use disorder services.

Idaho Department of Health and Welfare

Phone: (208) 334-6700

<https://healthandwelfare.idaho.gov>

Description: The Idaho Department of Health and Welfare provides extensive services for behavior health, medical care, financial assistance, assisted living, family planning, general well-being and other services.

Findhelpidaho.org (Idaho based)

Description: Idaho Health Data Exchange (IHDE) is collaborating with FindHelp to provide a safe, secure, and effective platform for IHDE users to connect people with social services. Focus on financial assistance, food pantries, medical care, and other free or reduced-cost help.

Findhelp.org (national)

Description: Findhelp.org is an online website that houses a curated database of resources based on your zip code or service need. Categories include emergency food, housing, goods, transit, health, money, education, work, legal and more. Findhelp has a compassion to create community and the categories are created to connect people to the help they need with dignity and ease.

Abuse/Violence Victim Advocacy & Services

Idaho Children's Trust Fund

P.O. Box 2015

Boise, Idaho 83701

Phone: (208) 386-9317

Fax: (208) 386-9955

<https://idahochildrenstrustfund.org>

Description: The Idaho Children's Trust Fund is dedicated to the prevention of child abuse and neglect through funding, educating, supporting, and building awareness among community-based organizations who share our mission. One of the major ways we do this is our annual grants program of \$1,000-\$5,000 to programs in Idaho that prevent child abuse and neglect by strengthening families and promoting their well-being.

Idaho Coalition Against Sexual and Domestic Violence

Linen Building

1402 W. Grove Street

Boise, Idaho 83702

Phone: (208) 384-0419

<https://idvsa.org/>

Description: The Idaho Coalition Against Sexual & Domestic Violence works to be a leader in the movement to end violence against women and girls, men, and boys – across the life span before violence has occurred – because violence is preventable.

Idaho Council on Domestic Violence and Victim Assistance

Phone: (208) 332-1540

Toll-Free Phone: 1-800-291-0463

<http://icdv.idaho.gov/>

Description: The Idaho Council on Domestic Violence and Victim Assistance funds, promotes, and supports quality services to victims of crime throughout Idaho.

Idaho Department of Health and Welfare - Child Protection Services

Phone: Statewide - 1-855-552-KIDS (5437)

<http://www.healthandwelfare.idaho.gov/>

Description: To report suspected child abuse, neglect or abandonment.

Idaho Domestic Violence Hotline

Phone: 1-800-669-3176

Women's and Children's Alliance

24-hour Domestic Violence Hotline: (208) 343-7025

24-hour Sexual Assault Hotline: (208) 345-7273

<https://www.wcaboise.org>

Description: The Women's and Children's Alliance provides a comprehensive and secure emergency and transitional shelter program, in confidential locations with round-the-clock staff assistance. The shelters have private rooms and common living facilities for women and children who are fleeing domestic and/or sexual assault.

Behavioral Health and Substance Misuse Services

Behavioral Health: Idaho Department of Health and Welfare

<https://healthandwelfare.idaho.gov/services-programs/behavioral-health>

Description: Division of Behavioral Health (DBH) in the Idaho Department of Health and Welfare provides a slate for funded adult and youth behavioral health services to include treatment and recovery services for drug misuse.

Drug Free Idaho, Inc.

<https://drugfreeidaho.org>

Description: Drug Free Idaho is a nonprofit organization that works to create a drug free culture within workplaces, schools, and communities. We focus on preventing substance abuse, enriching families, and positively impacting our community.

Empower Idaho

1607 W. Jefferson Street

Boise, Idaho 83702

Phone: (208) 947-4289

Fax: (208) 331-0267

<https://www.empoweridaho.org>

Description: Empower Idaho provides educational opportunities for those who use behavioral health services and treatment, their family members, behavioral health providers, and the greater Idaho community.

Idaho Substance Use Disorder Hotline

Toll Free Phone: 1-800-922-3406

<https://www.bpahealth.com/state-services>

Description: Individuals and employers can call BPA Health for a confidential screening to determine eligibility for subsidized behavioral health or substance misuse services.

Idaho Crisis and Suicide Hotline

National 24-hour hotline: 1-800-273-8255

Text: (208) 398-4357

www.idahocrisis.org

Description: Idaho Crisis and Suicide Hotline provides 24/7 free and confidential suicide and behavioral health crisis intervention. We are committed to ensuring that those we serve are heard and empowered with options to stay safe while supporting their emotional well-being.

NAMI– National Alliance on Mental Illness, Idaho Chapter

P.O. Box 2256

Boise, Idaho 83701

Phone: (208) 520-4210

Toll Free Phone: 1-800 950-6264

Crisis Chat: text “NAMI” to 741741

National website: www.nami.org, Idaho Website: www.namiidaho.org

Description: NAMI, the National Alliance on Mental Illness, is the nation’s largest grassroots mental health organization dedicated to building better lives for the millions of Americans affected by mental illness.

National Suicide Prevention Hotline

Dial: 988

<https://suicidepreventionlifeline.org/>

Description: We can all help prevent suicide. The Lifeline provides 24/7, free and confidential support for people in distress, prevention and crisis resources for you or your loved ones, and best practices for professionals in the United States.

SAMHSA (Substance Abuse and Mental Health Services Administration)

Phone: 1-800-662-HELP (national 24-hour hotline for immediate help)

<https://www.samhsa.gov/>

Description: SAMHSA’s National Helpline is a free, confidential, 24/7, 365-day-a-year treatment referral and information service in English and Spanish for individuals and families facing mental and/or substance use disorders. Additionally, SAMHSA is the agency within the U.S. Department of Health and Human Services that leads public health efforts to advance the behavioral health of the nation. SAMHSA's mission is to reduce the impact of substance abuse and mental illness on America's communities.

Caregiver Support Services

Idaho Caregiver Alliance

<https://idahocaregiveralliance.com>

Description: The Idaho Caregiver Alliance exist to advance the well-being of caregivers by promoting collaboration that improves access to quality supports and resources including respite for family caregivers across the lifespan.

Idaho Commission on Aging

6305 W. Overland Road, Suite 110

Boise, Idaho 83709

Phone: (208) 334-3833

Toll Free Phone: 1-877-471-2777

Fax: (208) 334-3033

<https://aging.idaho.gov/caregiver/>

Description: Idaho Commission on Aging's six Area Agencies on Aging (AAAs) serve caregivers across the state through respite assistance, planning for the future, and caregiver educations on specific conditions such as dementia or Parkinson's.

Children & Family Services

Idaho Department of Health and Welfare

Toll Free Phone: 1-877-456-1233

<http://www.healthandwelfare.idaho.gov/>

Description: The Idaho Department of Health and welfare offers a wide range of services to families and children to include family planning, home visitation programs, newborn screenings, infant toddler programs, assistance with childcare, health care needs, foster care, vaccinations, and other services.

Youth Empowerment Services

<https://yes.idaho.gov>

Description: Youth Empowerment Services (YES) is a system of care designed to help all youth in Idaho **under the age of 18** who have serious emotional disturbance (SED). YES was created through a partnership between the Department of Health and Welfare, the Department of Juvenile Corrections, and the State Department of Education.

Community Health Clinics and Other Medical Resources

Idaho Primary Care Association

1087 W. River Street, Suite 160

Boise, Idaho 83702

Phone: (208) 345-2335

www.idahopca.org

Description: The Idaho Primary Care Association (IPCA) is the nonprofit association listing and serving Idaho's sixteen nonprofit community health centers with a link to connect patients to financial assistance, food pantries, medical care, and other free or reduced-cost help. IPCA also provides training and technical assistance to health centers to help them stay current on issues and trends affecting the changing healthcare landscape.

Dental Services

Idaho State Dental Association

1220 W. Hays Street

Boise, Idaho 83702

Phone: (208) 343-7543

<https://www.theisda.org>

Description: The Idaho State Dental Association (ISDA) website maintains a list of all clinics that serve Idahoans in need. Additionally, the ISDA is Idaho's coordinating agency for the national Give Kids a Smile services.

Idaho Oral Health Alliance

<https://www.idahooralhealth.org/>

Description: The Idaho Oral Health Alliance (IOHA) is a non-profit organization of dental professionals, public health agencies, businesses, community health providers and individuals, dedicated to better oral and overall health for all Idahoans and increasing access to preventive and restorative dental care.

Disability Services

Consumer Direct Care Network Idaho

280 E. Corporate Drive, Suite 150

Meridian, Idaho 83642

Phone: 208-898-0470

Toll-Free Phone: 888-898-0470

Email: InfoCDID@ConsumerDirectCare.com

<https://consumerdirectid.com/>

Description: Consumer Directed care is available to individuals who need attendant care services in their home. Self-Directed care puts you in control, allowing you to arrange and direct your own services.

DisAbility Rights Idaho

4477 Emerald Street, Suite B-100

Boise, Idaho 83706

Phone: (208) 336-5353

Toll Free Phone: 1-866-295-3462

<https://disabilityrightsidaho.org>

Description: Disability Rights Idaho assists people with disabilities to protect, promote and advance their legal and human rights, through quality legal, individual, and system advocacy.

Idaho Assistive Technology Project

121 W. Sweet Avenue

Moscow, Idaho 83843

Toll Free Phone: 1-800-432-8324

www.idahoat.org

Description: The Idaho Assistive Technology Project (IATP) is a federally funded program administered by the Center on Disabilities and Human Development at the University of Idaho. They provide support for individuals with disabilities and older persons in their personal selection of assistive technology as they live, work, and play in their community.

Idaho Council on Developmental Disabilities

700 W. State, Suite 119

Boise, Idaho 83702

Phone: (208) 334-2178

Email: info@icdd.idaho.gov

<https://icdd.idaho.gov/>

Description: The Council advocates with and on behalf of Idahoans with developmental disabilities by listening to their concerns and working to help them improve their lives by building service systems and natural supports that enable them to live lives of independence, responsibility, meaning, and contribution.

Idaho Department of Labor, Disability Determination Services

1505 N. McKinney

Boise, Idaho 83704

Phone: (208) 327-7333

<https://labor.idaho.gov/dnn/Disability-Determination>

The Idaho Disability Determination Services (DDS) performs the medical adjudication for the Social Security Administration (SSA), of Social Security Disability Insurance (SSDI) and Supplemental Security Income (SSI) disability claims for the citizens of the State of Idaho.

Idaho Department of Health and Welfare

Adult Developmental Disabilities Care Management

Children Developmental Disability Services

Infant Toddler Program

Phone: 2-1-1

Toll Free Phone: 1-800-926-2588

<https://healthandwelfare.idaho.gov/services-programs/disabilities>

<https://healthandwelfare.idaho.gov/services-programs/children-families/about-infant-toddler-program>

Description: The Department of Health and Welfare can help provide services to assist adults and children with developmental disabilities. They provide programs, resources, and information for individuals with disabilities and developmental disabilities.

Idaho Parents Unlimited, Inc.

4619 Emerald, Suite E

Boise, Idaho 83706

Phone: (208) 342-5884

<http://www.ipulidaho.org/>

Description: Idaho Parents Unlimited supports, empowers, educates and advocates to enhance the quality of life for Idahoans with disabilities and their families.

Educational Services

Homeschool Idaho

<https://homeschoolidaho.org>

Description: Homeschool Idaho exists to inspire, promote, and protect home education in Idaho. Children educated at home or online can dual enroll with a public school to receive health screenings and other health services provided for free at public schools.

Idaho Association for the Education of Young Children (AEYC)

<https://idahoaeyc.org>

Description: The mission of Idaho AEYC is to advance Idaho's early learning profession and advocate for children, families and those who work on behalf of young children. Among other services, AEYC conducts parent workshops and maintains a list childcare services.

Idaho Head Start Association

<https://www.idahohsa.org/>

Description: Idaho Head Start Association meetings and trainings provide an invaluable opportunity for Head Start and Early Head Start staff and directors to work together, share ideas, and plan future program improvements. In addition, IHSA works extensively with other organizations and leaders in Early Childhood Education in Idaho to expand the opportunities of Head Start and Early Head Start programs and families, and to ensure that our voices are powerful and united in support of the needs of low-income children and families.

Idaho School Counselor Association

P.O. Box 7342

Boise, Idaho 83707

Email: idahoschoolcounselorleadership@gmail.com

Description: **The Idaho School Counselor Association** is the state professional association for practicing **school counselors**, graduate students in **school counseling**, **school counselor** educators, and other professions serving students. Membership in ISCA supports advocacy for the **school counseling** profession across the state.

Food Assistance

Idaho Department of Health and Welfare - Supplemental Nutrition Assistance Program (SNAP)

Phone: (208) 334-6700

<https://healthandwelfare.idaho.gov>

Description: The Idaho Department of Health and Welfare oversees various food assistance programs, to include 1) the Supplemental Nutrition Assistance Program (SNAP) which helps low-income families buy food needed to stay healthy, 2) WIC, a

federally funded nutrition program for Women, Infants and Children, and 3) emergency food programs.

The Idaho Foodbank

Main Warehouse and Administrative Offices

3630 E. Commercial Court

Meridian, Idaho 83642

Phone: (208) 336-9643

<https://idahofoodbank.org/>

Description: The Idaho Foodbank distributes food through a network of more than 465 partners including schools, food pantries, senior centers, feeding sites, shelters, mobile pantries, and churches. Recognizing the crucial connection between hunger and health, The Idaho Foodbank focuses on providing nutritious food and collaborates with community organizations to promote nutrition education, wellness tools and healthy living.

School Lunch Programs

Idaho Department of Health and Welfare

Phone: (208) 334-6700

<https://healthandwelfare.idaho.gov>

Description: Parents and guardians earning below current income eligibility guidelines are encouraged to contact their children’s school or district to fill out an application for free or reduced-costs school meals. Schools send applications home at the beginning of each school year. However, applications may be submitted any time during the school year to school or district offices.

Health Insurance

Your Health Idaho

P.O. Box 50143

Boise, Idaho 83705

Toll Free Phone: 1-855-944-3246

<https://www.yourhealthidaho.org>

Description: Your Health Idaho is an online marketplace that allows Idaho families and small businesses to shop, compare, and choose the health insurance coverage that is right for them.

Medicaid and Health Coverage Assistance

<https://idalink.idaho.gov>

Description: The Health Coverage Assistance Program provides health coverage assistance according to individual’s needs. Eligible families may qualify for Medicaid or Advance Payment of Premium Tax Credits to help pay health coverage premiums or affordable private health insurance plans.

Homeless Services

Idaho Housing and Finance Association

<https://www.idahohousing.com>

Description: Idaho Housing and Finance Association (IHFA) is the recipient of the majority of homelessness assistance funds awarded to Idaho and is responsible for the grant administration and oversight of these programs. Homelessness assistance funds are used to support emergency shelters, transitional housing, rapid re-housing, and permanent supportive housing. The information IHFA provides will assist both providers of services and those seeking services to understand the purpose and unique assistance offered by each housing component type.

Hospice Care

Idaho Caregiver Alliance

<https://idahocaregiveralliance.com>

Description: The Idaho Caregiver Alliance is a coalition of individuals and organizations focused on expanding opportunities for respite across the lifespan.

National Hospice and Palliative Care Organization

Toll Free Phone: 1-800-646-6460

<https://www.nhpco.org/>

Description: The National Hospice and Palliative Care Organization (NHPCO) is the largest nonprofit membership organization representing hospice and palliative care programs and professionals in the United States.

Hospitals

Findhelp.org (national)

Description: An online website that houses a curated database of resources based on your zip code or service need. Categories include emergency food, housing, goods, transit, health, money, education, work legal and more. Findhelp has a compassion to create community and the categories are created to connect people to the help they need with dignity and ease.

Housing

Idaho Housing and Finance Association

Rental Assistance

<https://www.idahohousing.com>

Description: Under contract with the Department of Housing and Urban Development (HUD), Idaho Housing and Finance Association (IHFA) administers federal rental assistance programs that help low-income families and elderly or disabled individuals obtain decent rental living situations.

Legal Services

DisAbility Rights Idaho

4477 Emerald Street, Suite B-100

Boise, Idaho 83706

Phone: (208) 336-5353

Toll Free Phone: 1-800-632-5125

www.disabilityrightsidaho.org

Description: Disability Rights Idaho (DRI) provides free legal and advocacy services to persons with disabilities.

Idaho Commission on Human Rights

317 W. Main Street

Boise, Idaho 83735

Phone: (208) 334-2873

<https://humanrights.idaho.gov/>

Description: The Idaho Commission on Human Rights administers state and federal anti-discrimination laws in Idaho in a manner that is fair, accurate, and timely. Our commission works towards ensuring that all people within the state are treated with dignity and respect in their places of employment, housing, education, and public accommodations.

Idaho Law Foundation - Idaho Volunteer Lawyers Program & Lawyer Referral Service

525 W. Jefferson Street

Boise, Idaho 83702

Phone: (208) 334-4510

<https://isb.idaho.gov/ilf/ivlp/>

Description: Using a statewide network of volunteer attorneys, IVLP provides free civil legal assistance through advice and consultation, brief legal services and representation in certain cases for persons living in poverty.

Idaho Legal Aid Services, Inc.

Boise

1447 S. Tyrell Lane

Boise, Idaho 83706

Phone: (208) 345-0106

Nampa

212 12th Road

Nampa, Idaho 83686

Phone: 208-746-7541

<https://www.idaholegalaid.org>

Description: Idaho Legal Aid Services, Inc. (ILAS) provides free legal services to low-income Idahoans. Every year, ILAs helps thousands of Idahoans with critical legal

problems such as escaping domestic violence and sexual assault, housing (including wrongful evictions, illegal foreclosures, and homelessness), guardianships for abused/neglected children, legal issues facing seniors (such as Medicaid for seniors who need long term care and Social Security), and discrimination issues. Our Indian Law Unit provides specialized services to Idaho's Native Americans. The Migrant Farmworker Law Unit provides legal services to Idaho's migrant population.

Public Health Resources

2-1-1 Idaho CareLine

Phone: 2-1-1

Toll Free Phone: 1-800-926-2588

www.211.idaho.gov

Description: The Idaho Careline is a free statewide community information and referral service program of the Idaho Department of Health and Welfare. This comprehensive database includes programs that offer free or low-cost health and human services or social services, such as rental assistance, energy assistance, medical assistance, food and clothing, childcare resources, emergency shelter, and more.

Idaho Department of Health and Welfare

Phone: (208) 334-6700

<https://healthandwelfare.idaho.gov>

Description: The Idaho Department of Health and welfare provides Idahoans with health services for all stages of life from family planning, neonatal care, child and toddler, families, reproductive and birth, adult screenings and services, assisted living, and a hospice locator services.

Refugee/Immigration Services

Community Council of Idaho

317 Happy Day Boulevard

Caldwell, Idaho 83607

Phone: (208) 454-1652

Fax: (208) 459-0448

<https://communitycouncilofidaho.org/>

Description: The Community Council of Idaho, Inc. (CC Idaho) is a rural-centered, multi-service nonprofit organization improving the well-being of Latinos through workforce preparation, education, cultural awareness, legal services, clinical care, civil rights advocacy, and other services.

Idaho Office for Refugees

1607 W. Jefferson Street

Boise, Idaho 83702

Phone: (208) 336-4222

<https://www.idahorefugees.org>

Description: The Idaho Office for Refugees supports our nation's founding belief of offering refuge and safety to people forced to leave their homes due to persecution of their religious beliefs, political opinions, or ethnic heritage. We create opportunities for refugees and the larger community to come together over their shared values of hard work, family, faith, and freedom, through English Language education, cultural events, and programs like Global Gardens and the Refugee Speakers Bureau.

USCIS – Application Support Center for Idaho

1185 S. Vinnell Way

Boise, Idaho 83709

Phone: (208) 685-6600

<https://egov.uscis.gov/>

Residential Care/Assisted Living Facilities**Idaho Department of Health and Welfare**

Phone: (208) 334-6700

<https://healthandwelfare.idaho.gov/providers/residential-assisted-living/additional-resources>

Description: The Idaho Department of Health and Welfare's website provides planning information for long term care, survey results of in-state residential assisted living facilities, and a list of assisted living facilities with a price comparison worksheet.

Senior Services**Alzheimer's Idaho**

13601 W. McMillan Road, #249

Boise, Idaho 83713

Phone: (208) 914-4719

www.alzid.org

Description: Alzheimer's Idaho is a standalone nonprofit 501(c)3 organization providing a variety of services and support locally to our affected Alzheimer's population and their families and caregivers.

Idaho Aging & Disability Resource Center (ADRC)

Phone: (208) 334-3833

Toll Free Phone: 1-877-471-2777

Fax: (208) 334-3033

<https://aging.idaho.gov/>

Description: The Idaho Aging & Disability Resource Center assists seniors and people with disabilities to plan and make informed choices for the future.

Idaho Care Planning Council

<http://www.careforidaho.org/index.htm>

Description: The Idaho Care Planning Council (IdCPC) lists companies and individual providers on their website who help families deal with the crisis and burden of long-term care. One purpose of this website is to educate the public on the need for care planning before a crisis occurs. A second purpose is to provide, in one place, all the available government and private services for eldercare.

Idaho Commission on Aging

<https://aging.idaho.gov/caregiver/>

Description: Idaho Commission on Aging's six [Area Agencies on Aging](#) serve caregivers across the state through respite assistance, planning for the future, and caregiver educations on specific conditions such as dementia.

Senior Health Insurance Benefits Advisors

Toll Free Phone: 1-800-247-4422

www.doi.idaho.gov

Description: The Idaho Department of Insurance offers free information and counseling to help answer senior health insurance questions.

Transportation

Idaho Transportation Department

8150 W. Chinden Boulevard

P.O. Box 8028

Boise, Idaho 83714

Phone: (208) 334-8000

<http://itd.idaho.gov>

Non-Emergency Medical Transportation

Idaho Department of Health and Welfare

Phone: (208) 334-6700

<https://healthandwelfare.idaho.gov>

Description: Idaho Medicaid contracts with Medical Transportation Management (NEMT) Inc to manage a statewide network of transportation providers for Idaho's services for Medicaid eligible participants who have no other means of transportation. The Idaho program covers transportation in-state and out-of-state to and from healthcare services when those services are covered under the Medicaid program.

Veteran Services

Idaho Division of Veterans Services

Central Support Office

351 Collins Road

Boise, Idaho 83702

www.veterans.idaho.gov

Phone: (208) 780-1300 Fax: (208) 780-1301

Description: The Idaho Division of Veterans services is dedicated to serving Idaho's veterans and their families by providing superior advocacy, excellent assistance with benefits and education, high quality long-term care, and respectful interment services in a dignified final resting place.

Veterans Administration Medical Center

500 W. Fort Street

Boise, Idaho 83702

Phone: (208) 422-1000

<https://www.va.gov/boise-health-care/>

Description: The Boise VA Medical Center delivers care to the veteran population in its main facility in Boise, Idaho and also operates Outpatient Clinics in Twin Falls, Caldwell, Mountain Home and Salmon, Idaho; as well as in Burns, Oregon.

Veterans Crisis Line

Phone: 1-800-273-8255

Description: VA's Veterans Crisis Line connects veterans in crisis and their families and friends with qualified, caring responders through a confidential toll-free hotline, online chat, and text services 24 hours a day, 365 days a year.

Youth Programs

Idaho Department of Health and Welfare

<http://www.healthandwelfare.idaho.gov/>

Description: The Idaho Department of Health and Welfare offers a wide range of services to families and children to include family planning, home visitation programs, newborn screenings, infant toddler programs, assistance with childcare, health care needs, foster care, vaccinations, and other services.

Idaho School Counselor Association

P.O. Box 7342

Boise, Idaho 83707

idahoschoolcounselorleadership@gmail.com

Description: The Idaho School Counselor Association is the state professional association for practicing school counselors, graduate students in school counseling,

school counselor educators, and other professions serving students. Membership in ISCA supports advocacy for the school counseling profession across the state.

Idaho Youth Ranch

Corporate Office

5465 W. Irving Street

Boise, Idaho 83706

Office Hours 8am–5pm, M–F

Phone: (208) 377-2613

Hotline: (208) 322-2308

<https://www.youthranch.org/>

Family Counseling:

7025 W. Emerald Street, Suite A

Boise, Idaho 83704

Phone: (208) 947-0863

info@youthranch.org

Description: Idaho Youth Ranch is a non-profit 501(c)(3) agency that offers emergency shelter, residential care, youth and family therapy, job readiness training, adoption services, and more for kids and their families.

Youth Empowerment Services

<https://yes.idaho.gov>

Description: Youth Empowerment Services (YES) is a system of care designed to help all youth in Idaho **under the age of 18** who have serious emotional disturbance (SED). YES was created through a partnership between the Department of Health and Welfare, the Department of Juvenile Corrections, and the State Department of Education.

Resources Available within our Service Area

Abuse/Violence Victim Advocacy & Services

Elmore County Domestic Violence Council & Crisis Hotline

P.O. Box 1136

Mountain Home, Idaho 83647

Crisis Hotline: (208) 587-3300

www.ecdvc.org

Description: The Elmore County Domestic Violence Council & Crisis Hotline is a 24/7 crisis intervention hotline which also provides education and support groups.

Behavioral Health & Substance Abuse Services

Al-Anon - District 3

Phone: 24 Hour Information and Answering Service - (208) 344-1661

www.al-anon-idaho.org

Description: The Al-Anon Family Groups are a fellowship of relatives and friends of alcoholics who share their experience, strength, and hope, in order to solve their common problems.

Alcoholics Anonymous – Idaho Area 18

<https://idahoarea18aa.org/>

Description: Alcoholics Anonymous is a fellowship of men and women who share their experience, strength and hope with each other that they may solve their common problem and help others to recover from alcoholism.

All Seasons Mental Health

1135 W. Airbase Road

Mountain Home, Idaho 83647

Phone: (208) 587-2226

www.asmh.org

Central District Health – Mountain Home Office

520 E. 8th Street N.

Mountain Home, Idaho 83647

Phone: (208) 587-4407

www.cdhd.idaho.gov

Community Partnerships of Idaho

1993 E. 8th N.

Mountain Home, Idaho 83647

Phone: (208) 587-7626

Desert Sage Health Center

2280 American Legion Boulevard

Mountain Home, Idaho 83647

Phone: (208) 587-3988

<https://desertsagehealthcenters.org/>

Easter Seals Goodwill

Behavioral Health and Family Services

1140 American Legion Boulevard

Mountain Home, Idaho 83647

Phone: (208) 580-5431

Idaho Department of Health and Welfare – Mental Health Services

Phone: (208) 334-0808

<http://www.healthandwelfare.idaho.gov/>

Idaho Department of Health and Welfare – Substance Use Services

Phone: 1-800-922-3406

<http://www.healthandwelfare.idaho.gov/>

Inspiring Change

140 E 2nd North,

Mountain Home, Idaho 83647 (P.O. Box 1083)

Phone: (208) 587-8095

Fax: (208) 587-8025

Mountain Home Air Force Base – Mental Health

366th Medical Treatment Facility

90 Hope Drive, Building 6000

Mountain Home Air Force Base, Idaho 83648-1000

Phone: (208) 828-7580

Narcotics Anonymous

Treasure Valley Help Line: (208) 391-3823

<https://sirna.org/>

Description: NA is a nonprofit fellowship or society of men and women for whom drugs had become a major problem. We are recovering addicts who meet regularly to help each other stay clean.

Regional Mental Health Services

Toll Free 24-Hour Crisis Line: 1-800-600-6474

SHIP – Mountain Home House

225 S. 4th E.

Mountain Home, Idaho 83647

Phone: (208) 322-0474

Sufficiency Advocates

235 N. 3rd E., P.O. Box 513

Mountain Home, Idaho 83647

Phone: (208) 587-2900

Children & Family Services

Central District Health – Mountain Home Office

520 E. 8th Street N.

Mountain Home, Idaho 83647

Phone: (208) 587-4407
www.cdhd.idaho.gov

Community Council of Idaho – Migrant and Seasonal Head Start

3505 W. 6th Street
Mountain Home, Idaho 83647
Phone: (208) 587-9171
<http://www.communitycouncilofidaho.org/>

Community Partnerships of Idaho

1993 E. 8th N.
Mountain Home, Idaho 83647
Phone: (208) 587-7626

Easter Seals Goodwill

Behavioral Health and Family Services
1140 American Legion Boulevard
Mountain Home, Idaho 83647
Phone: (208) 580-5431
<https://www.esgw.org/behavioral-health/>

El-Ada Inc.

585 N. 3rd E.
Mountain Home, Idaho 83647
Phone: (208) 587-8407
www.eladacap.org

Friends of Children & Families Head Start Center

1745 American Legion Boulevard
Mountain Home, Idaho 83647
Phone: (208) 344-9187

Idaho Department of Health and Welfare - Child Protection Services

Toll Free Phone: Statewide - 1-855-552-KIDS (5437)
<http://www.healthandwelfare.idaho.gov/>
Description: To report suspected child abuse, neglect or abandonment.

Idaho Department of Health and Welfare - Children & Family Services

Phone: (208) 587-9061
<http://www.healthandwelfare.idaho.gov/>
Description: Child Protection, Foster Care Licensing, Adoptions

Idaho Department of Health and Welfare – Self Reliance Benefits Program

Toll Free Phone: 1-877-459-1566

<http://www.healthandwelfare.idaho.gov/>

Description: (Food Stamps, Family Medical/Medicaid Assistance, Idaho Child Care Program, Temporary Assistance for Families in Idaho (TAFI), Aid for the Aged, Blind & Disabled (AABD), Personal Care Services, Home and Community Based Services and Nursing Home Assistance)

Mountain Home Air Force Base - Family Advocacy Program

366th Medical Group
90 Hope Drive
Mountain Home, Idaho 83648
Phone: (208) 828-7520

Community Health Clinics and Other Medical Resources

Central District Health Department

520 E. 8th N.
Mountain Home, Idaho 83647
Phone: (208) 587-4407
www.cdhd.idaho.gov

Description: Provides community health programs and basic services of public health education, physical health, environmental health, and health administration.

Desert Sage Health Center: Glens Ferry

486 West First Avenue
Glens Ferry, Idaho 83623
Phone: (208) 366-7416
<https://desertsagehealthcenters.org/>

Desert Sage Health Center: Grand View

350 Main Street
Grand View, Idaho 83624
<https://desertsagehealthcenters.org/>

Desert Sage Health Center: Mountain Home

2280 American Legion Boulevard
Mountain Home, Idaho 83647
Phone: (208) 587-3988
<https://desertsagehealthcenters.org/>

Doctors Clinic of Elmore County

2000 American Legion Boulevard
Mountain Home, Idaho 83647
Phone: (208) 587-1500

Idaho Department of Health & Welfare

2420 American Legion Boulevard

Mountain Home, Idaho 83647

Phone: (208) 587-9061

www.healthandwelfare.idaho.gov

Description: Idaho State Department of Health and Welfare oversees Medicaid, food stamps, child welfare, mental health, and other programs.

St. Luke's Breast Cancer Detection Center: Mountain Home

895 N. 6th E. Street

Mountain Home, Idaho 83647

(208) 706-2055

St. Luke's Clinic-Outpatient Services: Mountain Home

890 N. 6th East Street

Mountain Home, Idaho 83647

(208) 580-9012

St. Luke's Elmore Medical Center

895 N. 6th E. Street

Mountain Home, Idaho 83647

Phone: (208) 587-8401

www.stlukesonline.org

St. Luke's Quick Care: Mountain Home

840 N. 4th E. Street

Mountain Home, Idaho 83647

Phone: (208) 587-1850

Dental Services

Desert Sage Health Center: Glens Ferry

486 West First Avenue

Glens Ferry, Idaho 83623

Phone: (208) 366-7416

<https://desertsagehealthcenters.org/>

Desert Sage Health Center: Grand View

350 Main Street

Grand View, Idaho 83624

<https://desertsagehealthcenters.org/>

Desert Sage Health Center: Mountain Home

2280 American Legion Boulevard

Mountain Home, Idaho 83647
Phone: (208) 587-3988
<https://desertsagehealthcenters.org/>

Mountain Home Air Force Base – Dental Clinic

366 MSS/366 Gunfighter Avenue
Mountain Home AFB, Idaho 83648
Phone: (208) 828-7300
<https://mountainhome.tricare.mil/Health-Services/Dental>

Mountain Home Dentistry Co.

450 Airbase Road
Mountain Home, Idaho 83647
Phone: (208) 587-1111
<https://www.mtnhomedentistryco.com/>

Food Assistance

El-Ada Inc.

585 N. 3rd E.
Mountain Home, Idaho 83647
Phone: (208) 587-8407
www.eladacap.org

Grace Lutheran Food Pantry

2422 American Legion Boulevard
Mountain Home, Idaho 83647
Phone: (208) 587-4513
Description: Food pantry is open the 3rd Wednesday of every month from 5:00-7:00 PM

Idaho Food Bank – Southwestern Idaho

Phone: (208) 336-9643
<http://idahofoodbank.org/locations/southwestern-idaho/>
Description: The Idaho Food Bank is an independent, donor-supported, nonprofit organization founded in 1984, and is the largest distributor of free food assistance in Idaho. From warehouses in Boise, Lewiston and Pocatello, the food bank has distributed more than 135 million pounds of food to Idaho families through a network of more than 230 community-based partners. These include rescue missions, church pantries, emergency shelters and community kitchens. The food bank also operates direct-service programs that promote healthy families and communities through good nutrition.

Idaho Health and Welfare - Idaho Food Stamp Program

Toll Free Phone: 1-877-456-1233

<http://healthandwelfare.idaho.gov/>

Description: The Idaho Food Stamp Program helps low-income families buy the food they need in order to stay healthy. An eligible family receives an Idaho Quest Card, which is used in card scanners at the grocery store. The card uses money from a Food Stamp account set up for the eligible family to pay for food items.

Our Lady of Good Council

Food Pantry

342 East Jackson Street

Mountain Home, Idaho 83647

Phone: (208) 331-2208

Description: This food pantry is open the 4th Tuesday of each month from 5:30 -7:00 pm

Rimrock Community Food Bank

630 Idaho Street

Grand View, Idaho 83624

Phone: (208) 834-2639

Description: Food Pantry hours 2nd and 4th Saturday every month from 9:00-11:00 AM

Rimrock Senior Center

525 Main Street

Grand View, Idaho 83624

Phone: (208) 350-7359

Description: Pantry hours are Tuesday from 10:00 AM – 7:00 PM and Thursday from 9:00 Am – 2:00 PM

Three Island Senior Center

Food Pantry

1492 East Cleveland

Glenns Ferry, Idaho 83623

Phone: (208) 366-2051

Description: Open 2nd full week every month on Monday, Tuesday and Thursday 9:00 - 11:00 AM by appointment only. Please call for appointment.

Government Contacts

City of Glenns Ferry

P.O. Box 910

Glenns Ferry, Idaho 83623

Phone: (208) 587-7418

www.glennsferryidaho.org

City of Grand View

425 Boise Avenue, P.O. Box 69
Grand View, Idaho 83624
Phone: (208) 834-2700
www.grandviewidaho.us

City of Mountain Home

160 S. 3rd E., P.O. Box 10
Mountain Home, Idaho 83647
Phone: (208) 587-2104
www.mountain-home.us

Elmore County Courthouse

150 S. 4th E., Suite 3
Mountain Home, Idaho 83647
Phone: (208) 587-2129 ext. 243
www.elmorecounty.org

Homeless Services**El-Ada Inc.**

585 N. 3rd E.
Mountain Home, Idaho 83647
Phone: (208) 587-8407
www.eladacap.org

Hospice Care**Horizon Home Health & Hospice**

560 N. 6th E.
Mountain Home, Idaho 83647
Phone: (208) 587-6854
www.horizonhh.com

St. Luke's Elmore – Palliative/Hospice Care

895 N. 6th E. Street
Mountain Home, Idaho 83647
Phone: (208) 587-8401
<https://www.stlukesonline.org/communities-and-locations/facilities/hospitals-and-medical-centers/st-lukes-elmore-medical-center>

Treasure Valley Hospice

285 E. 4th N.
Mountain Home, Idaho 83647
Phone: (208) 467-7423

Hospitals

Mountain Home Air Force Base Medical Group

366 MDG/MDOS 90 Hope Drive

Mountain Home, Idaho 83648

Phone: (208) 828-7217

<https://mountainhome.tricare.mil/>

St. Luke's Elmore Medical Center

895 N. 6th East Street

Mountain Home, Idaho 83647

Phone: (208) 587-8401

www.stlukesonline.org

Housing

Idaho Housing and Finance

Phone: (208) 331-4700

Toll Free Phone: 1-855-505-4700

Email: about@ihfa.org

Description: The Home Partnership Foundation is an independent 501(c)(3) organization brought to you by Idaho Housing and Finance Association. The Foundation was created in 2005 and has invested nearly \$5 Million to help meet the needs for safe, stable and affordable housing throughout Idaho.

Southwestern Idaho Cooperative Housing Authority

Phone: (208) 585-9325

<http://www.sicha.org/>

Description: Southwestern Idaho Cooperative Housing Authority (SICHA) provides rental assistance to qualified low-income families in Adams, Boise, Canyon, Elmore, Gem, Owyhee, Payette, Washington and Valley counties in Southwest Idaho.

Legal Services

Elmore County Court Assistance Office

155 S. 5th E. Street

Mountain Home, Idaho 83647

Phone: (208) 587- 2127 Ext. 1263

Email: cao@elmorecounty.org

<https://elmorecounty.org/court/court-assistance-office/>

Office Hours: Monday, Wednesday, Thursday and Fridays 9:00 a.m. to 4:00 p.m. and Tuesdays by appointment only. Video conferencing and telephone consultations are available by appointment.

Description: The Court Assistance Office assists self-represented people in civil matters such as: Divorce, Custody, Child support, Paternity, Name change, Small claims, Landlord and tenant, and other civil matters. The office provides court-approved forms, document reviews, legal information, referrals to legal assistance, and referrals to other services.

Public Health Resources

Central District Health Department

520 E. 8th N.

Mountain Home, Idaho 83647

Phone: (208) 587-4407

www.cdhd.idaho.gov

Description: Provides community health programs and basic services of public health education, physical health, environmental health, and health administration.

Community Council of Idaho Migrant & Seasonal Head Start

3505 W. 6th Street

Mountain Home, Idaho 83647

Phone: (208) 587-9171

<https://communitycouncilofidaho.org/head-start/>

Full Circle Health

Administration Office

777 N. Raymond Street

Boise, Idaho 83704

Phone: (208) 514-2500

www.FullCircleIdaho.org

Description: Provide health services to the underserved in a high quality federally designated teaching health center and patient-centered medical home.

Idaho Department of Health and Welfare, Region 4

1720 Westgate Drive

Boise, Idaho 83704

Phone: (208) 334-6801 (Birth, death, marriage, and divorce certificates)

Toll Free Phone: (877) 456-1233 (Food stamps, Medicaid, ICCP, and TAFI)

Description: Idaho State Department of Health and Welfare Region 4 oversees Medicaid, food stamps, child welfare, mental health, and other programs for Adams, Canyon, Gem, Owyhee, Payette, and Washington counties.

Residential Care/ Assisted Living Facilities

Ashley Manor

940 W 8th S Street

Mountain Home, Idaho 83647
Phone: (208) 587-9968

Cedar Crest

1200 E. 6th S.
Mountain Home, Idaho 83647
Phone: (208) 587-9073

Grace Elizabeth (Independent Living Facility)

1320 E. 6th S.
Mountain Home, Idaho 83647
Phone: (208) 587 1320

Idaho Aging & Disability Resource Center (ADRC)

Phone: 1-800-926-2588
<https://aging.idaho.gov/stay-informed/aging-disability-resource-center/>

Idaho Department of Health & Welfare

2420 American Legion Boulevard
Mountain Home, Idaho 83647
Phone: (208) 587-9061
www.healthandwelfare.idaho.gov

Description: Idaho State Department of Health and Welfare oversees Medicaid, food stamps, child welfare, mental health, and other programs.

St. Luke's Elmore – Long Term Care

895 N. 6th E. Street
Mountain Home, Idaho 83647
Phone: (208) 587-0360
<https://www.stlukesonline.org/health-services/service-groups/long-term-care>

The Cottages

735 S. 5th W. Street
Mountain Home, Idaho 83647
Phone: (208) 580-1121

Senior Services

Mountain Home Senior Citizens Center

1000 N. 3rd E.
Mountain Home, Idaho 83647
Phone: (208) 587-4562
<http://mountainhomeseniorcenter.org/>

Rimrock Senior Center

525 Main Street
Grand View, Idaho 83624
Phone: (208) 834-2808

Senior Health Insurance Benefits Advisors

Toll Free Phone: 1-800-247-4422

<https://doi.idaho.gov/shiba/>

Description: The Idaho Department of Insurance offers free information and counseling to help answer senior health insurance questions.

Three Island Senior Center

492 E. Cleveland Avenue
Glenns Ferry, Idaho 83623
Phone: (208) 366-2051
<https://www.glennsferryidaho.org/local/three-island-senior-center/>

Veteran Services**Idaho Department of Labor**

Located at Central District Health
520 E 8th N.

Mountain Home, Idaho 83647

Phone: (208) 332-3575 ext. 3745

MountainHomeMail@labor.idaho.gov

Description: Federal veteran employment information
Idaho Statute, Title 65, Chapter 5: Rights and Privileges of Veterans
Unemployment benefits for ex-service members

Idaho Veterans Network

Phone: (208) 440-3939

<https://idvetnet.org/>

Description: Idaho Veterans Network is an all-volunteer group comprised mostly of Iraq and Afghanistan combat veterans who assist other younger veterans who are in crisis, mostly from PTSD, Traumatic Brain Injury, and combat related injuries by providing mentoring, advocacy, referral, and ongoing support and friendship to the veterans and their families.

VA Mountain Home Idaho Outpatient Clinic

815 N. 6th E.

Mountain Home, Idaho 83647

Phone: (208) 580-2001

<https://www.va.gov/boise-health-care/locations/mountain-home-va-clinic/>

Veterans Service Officer

515 E. 2nd S.

Mountain Home, Idaho 83647

Phone: (208) 587-4909

<https://elmorecounty.org/veterans-service-officer/>

Youth Programs

4-H Youth Development Elmore County Extension Office

535 E. Jackson

Mountain Home, Idaho 83647

Phone: (208) 587-2136

<https://www.uidaho.edu/extension/county/elmore/4-h>

Description: 4-H programs provide hands-on activities in science and technology; visual, cultural and theater arts; crafts; financial literacy; nutrition; food preparation; health and physical activity.

Mountain Home Parks & Recreation

795 S. 5th W.

Mountain Home, Idaho 83647

Phone: (208) 587-2112

<https://mountain-home.us/departments/parks-rec/>

Description: Offering a wide range of activities including various sports and leisure programs to meet the diverse needs of the community.

Western Elmore County Recreation District

245 E. 6th S. Street

Mountain Home, Idaho 83647

Phone: (208) 580-2377

<http://www.wecrd.org/>

Appendix I: Community Representative Descriptions

The process of developing our CHNA included obtaining and taking into account input from persons representing the broad interests of our community. This appendix contains information on how and when we consulted with our community health representatives as well as each individual's organizational affiliation. We interviewed community representatives in each of the following categories and indicated which category they were in.

Category I: Persons with special knowledge of public health. This includes persons from state, local, and/or regional governmental public health departments with knowledge, information, or expertise relevant to the health needs of our community.

Category II: Individuals or organizations serving or representing the interests of the medically underserved, low-income, and minority populations in our community. Medically underserved populations include populations experiencing health disparities or at-risk populations not receiving adequate medical care as a result of being uninsured or underinsured or due to geographic, language, financial, or other barriers.

Category III: Additional people located in or serving our community including, but not limited to, health care advocates, nonprofit and community-based organizations, health care providers, community health centers, local school districts, and private businesses.

Community Representatives Contacted:

1. **Affiliation:** Blue Cross of Idaho Foundation

Date contacted: 9/8/2021

Interview method: Video conference interview & questionnaire

Health representative category: III

Populations represented:

Children (0-4 years)

Children (5-12 years)

Children (13-18 years)

Disabled

Hispanic/Latino/Latina/Latinx

Those experiencing homelessness

LGBTQIA+ (lesbian, gay, bi-sexual, transgender, queer, intersex, asexual)

Low-income individuals and families

Migrant and seasonal farm workers

Populations with chronic conditions

Refugees

Rural communities

Senior citizens

- Those with behavioral health issues
- Veterans
- Other

2. **Affiliation:** Central District Health

Date contacted: 9/8/2021

Interview method: Video conference interview & questionnaire

Health representative category: I

Populations represented:

- Children (0-4 years)
- Children (5-12 years)
- Children (13-18 years)
- Disabled
- Hispanic/Latino/Latina/Latinx
- Those experiencing homelessness
- LGBTQIA+ (lesbian, gay, bi-sexual, transgender, queer, intersex, asexual)
- Low-income individuals and families
- Migrant and seasonal farm workers
- Populations with chronic conditions
- Refugees
- Rural communities
- Senior citizens
- Those with behavioral health issues
- Veterans
- Other

3. **Affiliation:** Central District Health Department and Western Idaho Community Health Collaborative

Date contacted: 9/16/2021

Interview method: Video conference interview & questionnaire

Health representative category: I

Populations represented:

- Children (0-4 years)
- Children (5-12 years)
- Children (13-18 years)
- Disabled
- Hispanic/Latino/Latina/Latinx
- Those experiencing homelessness
- LGBTQIA+ (lesbian, gay, bi-sexual, transgender, queer, intersex, asexual)
- Low-income individuals and families
- Migrant and seasonal farm workers
- Populations with chronic conditions
- Refugees

- Rural communities
- Senior citizens
- Those with behavioral health issues
- Veterans
- Other

4. **Affiliation:** City of Mountain Home

Date contacted: 9/2/2021

Interview method: Video conference interview & questionnaire

Health representative category: I

Populations represented:

- Children (0-4 years)
- Children (5-12 years)
- Children (13-18 years)
- Disabled
- Hispanic/Latino/Latina/Latinx
- Those experiencing homelessness
- LGBTQIA+ (lesbian, gay, bi-sexual, transgender, queer, intersex, asexual)
- Low-income individuals and families
- Migrant and seasonal farm workers
- Populations with chronic conditions
- Refugees
- Rural communities
- Senior citizens
- Those with behavioral health issues
- Veterans
- Other

5. **Affiliation:** City of Mountain Home Parks and Recreation

Date contacted: 9/7/2021

Interview method: Video conference interview & questionnaire

Health representative category: III

Populations represented:

- Children (0-4 years)
- Children (5-12 years)
- Children (13-18 years)
- Disabled
- Hispanic/Latino/Latina/Latinx
- Those experiencing homelessness
- LGBTQIA+ (lesbian, gay, bi-sexual, transgender, queer, intersex, asexual)
- Low-income individuals and families
- Migrant and seasonal farm workers
- Populations with chronic conditions
- Refugees

- Rural communities
- Senior citizens
- Those with behavioral health issues
- Veterans
- Other

6. **Affiliation:** Community Board, Elmore Medical Staff Affairs Committee

Date contacted: 8/11/2021

Interview method: Video conference interview & questionnaire

Health representative category: III

Populations represented:

- Children (0-4 years)
- Children (5-12 years)
- Children (13-18 years)
- Disabled
- Hispanic/Latino/Latina/Latinx
- Those experiencing homelessness
- LGBTQIA+ (lesbian, gay, bi-sexual, transgender, queer, intersex, asexual)
- Low-income individuals and families
- Migrant and seasonal farm workers
- Populations with chronic conditions
- Refugees
- Rural communities
- Senior citizens
- Those with behavioral health issues
- Veterans
- Other

7. **Affiliation:** Desert Sage Health Centers

Date contacted: 9/10/2021

Interview method: Video conference interview & questionnaire

Health representative category: II, III

Populations represented:

- Children (0-4 years)
- Children (5-12 years)
- Children (13-18 years)
- Disabled
- Hispanic/Latino/Latina/Latinx
- Those experiencing homelessness
- LGBTQIA+ (lesbian, gay, bi-sexual, transgender, queer, intersex, asexual)
- Low-income individuals and families
- Migrant and seasonal farm workers
- Populations with chronic conditions
- Refugees

- Rural communities
- Senior citizens
- Those with behavioral health issues
- Veterans
- Other

8. **Affiliation:** Elmore County Rural Development

Date contacted: 9/10/2021

Interview method: Video conference interview & questionnaire

Health representative category: II

Populations represented:

- Children (0-4 years)
- Children (5-12 years)
- Children (13-18 years)
- Disabled
- Hispanic/Latino/Latina/Latinx
- Those experiencing homelessness
- LGBTQIA+ (lesbian, gay, bi-sexual, transgender, queer, intersex, asexual)
- Low-income individuals and families
- Migrant and seasonal farm workers
- Populations with chronic conditions
- Refugees
- Rural communities
- Senior citizens
- Those with behavioral health issues
- Veterans
- Other

9. **Affiliation:** Family Medical Residency of Idaho

Date contacted: 9/17/2021

Interview method: Video conference interview & questionnaire

Health representative category: III

Populations represented:

- Children (0-4 years)
- Children (5-12 years)
- Children (13-18 years)
- Disabled
- Hispanic/Latino/Latina/Latinx
- Those experiencing homelessness
- LGBTQIA+ (lesbian, gay, bi-sexual, transgender, queer, intersex, asexual)
- Low-income individuals and families
- Migrant and seasonal farm workers
- Populations with chronic conditions
- Refugees

- Rural communities
- Senior citizens
- Those with behavioral health issues
- Veterans
- Other

10. Affiliation: Glens Ferry Schools

Date contacted: 8/30/2021

Interview method: Video conference interview & questionnaire

Health representative category: III

Populations represented:

- Children (0-4 years)
- Children (5-12 years)
- Children (13-18 years)
- Disabled
- Hispanic/Latino/Latina/Latinx
- Those experiencing homelessness
- LGBTQIA+ (lesbian, gay, bi-sexual, transgender, queer, intersex, asexual)
- Low-income individuals and families
- Migrant and seasonal farm workers
- Populations with chronic conditions
- Refugees
- Rural communities
- Senior citizens
- Those with behavioral health issues
- Veterans
- Other

11. Affiliation: Idaho Department of Health and Welfare

Date contacted: 8/18/2021

Interview method: Video conference interview & questionnaire

Health representative category: I

Populations represented:

- Children (0-4 years)
- Children (5-12 years)
- Children (13-18 years)
- Disabled
- Hispanic/Latino/Latina/Latinx
- Those experiencing homelessness
- LGBTQIA+ (lesbian, gay, bi-sexual, transgender, queer, intersex, asexual)
- Low-income individuals and families
- Migrant and seasonal farm workers
- Populations with chronic conditions
- Refugees

- Rural communities
- Senior citizens
- Those with behavioral health issues
- Veterans
- Other

12. **Affiliation:** Idaho Division of Public Health

Date contacted: 9/22/2021

Interview method: Video conference interview & questionnaire

Health representative category: I

Populations represented:

- Children (0-4 years)
- Children (5-12 years)
- Children (13-18 years)
- Disabled
- Hispanic/Latino/Latina/Latinx
- Those experiencing homelessness
- LGBTQIA+ (lesbian, gay, bi-sexual, transgender, queer, intersex, asexual)
- Low-income individuals and families
- Migrant and seasonal farm workers
- Populations with chronic conditions
- Refugees
- Rural communities
- Senior citizens
- Those with behavioral health issues
- Veterans
- Other

13. **Affiliation:** Idaho Food Bank

Date contacted: 8/28/2021

Interview method: Video conference interview & questionnaire

Health representative category: III

Populations represented:

- Children (0-4 years)
- Children (5-12 years)
- Children (13-18 years)
- Disabled
- Hispanic/Latino/Latina/Latinx
- Those experiencing homelessness
- LGBTQIA+ (lesbian, gay, bi-sexual, transgender, queer, intersex, asexual)
- Low-income individuals and families
- Migrant and seasonal farm workers
- Populations with chronic conditions
- Refugees

- Rural communities
- Senior citizens
- Those with behavioral health issues
- Veterans
- Other

14. **Affiliation:** Idaho Office of the Governor

Date contacted: 9/16/2021

Interview method: Video conference interview & questionnaire

Health representative category: II, III

Populations represented:

- Children (0-4 years)
- Children (5-12 years)
- Children (13-18 years)
- Disabled
- Hispanic/Latino/Latina/Latinx
- Those experiencing homelessness
- LGBTQIA+ (lesbian, gay, bi-sexual, transgender, queer, intersex, asexual)
- Low-income individuals and families
- Migrant and seasonal farm workers
- Populations with chronic conditions
- Refugees
- Rural communities
- Senior citizens
- Those with behavioral health issues
- Veterans
- Other

15. **Affiliation:** Mountain Home Police Department

Date contacted: 8/11/2021

Interview method: Video conference interview & questionnaire

Health representative category: III

Populations represented:

- Children (0-4 years)
- Children (5-12 years)
- Children (13-18 years)
- Disabled
- Hispanic/Latino/Latina/Latinx
- Those experiencing homelessness
- LGBTQIA+ (lesbian, gay, bi-sexual, transgender, queer, intersex, asexual)
- Low-income individuals and families
- Migrant and seasonal farm workers
- Populations with chronic conditions
- Refugees

- Rural communities
- Senior citizens
- Those with behavioral health issues
- Veterans
- Other

16. Affiliation: Senior Center

Date contacted: 9/1/2021

Interview method: Video conference interview & questionnaire

Health representative category: III

Populations represented:

- Children (0-4 years)
- Children (5-12 years)
- Children (13-18 years)
- Disabled
- Hispanic/Latino/Latina/Latinx
- Those experiencing homelessness
- LGBTQIA+ (lesbian, gay, bi-sexual, transgender, queer, intersex, asexual)
- Low-income individuals and families
- Migrant and seasonal farm workers
- Populations with chronic conditions
- Refugees
- Rural communities
- Senior citizens
- Those with behavioral health issues
- Veterans
- Other

17. Affiliation: Southwest Idaho Area Agency on Aging

Date contacted: 9/16/2021

Interview method: Video conference interview & questionnaire

Health representative category: I, II

Populations represented:

- Children (0-4 years)
- Children (5-12 years)
- Children (13-18 years)
- Disabled
- Hispanic/Latino/Latina/Latinx
- Those experiencing homelessness
- LGBTQIA+ (lesbian, gay, bi-sexual, transgender, queer, intersex, asexual)
- Low-income individuals and families
- Migrant and seasonal farm workers
- Populations with chronic conditions
- Refugees

- Rural communities
- Senior citizens
- Those with behavioral health issues
- Veterans
- Other

18. Affiliation: St. Luke's Health Partners

Date contacted: 8/19/2021

Interview method: Video conference interview & questionnaire

Health representative category: III

Populations represented:

- Children (0-4 years)
- Children (5-12 years)
- Children (13-18 years)
- Disabled
- Hispanic/Latino/Latina/Latinx
- Those experiencing homelessness
- LGBTQIA+ (lesbian, gay, bi-sexual, transgender, queer, intersex, asexual)
- Low-income individuals and families
- Migrant and seasonal farm workers
- Populations with chronic conditions
- Refugees
- Rural communities
- Senior citizens
- Those with behavioral health issues
- Veterans
- Other

19. Affiliation: The Speedy Foundation

Date contacted: 8/16/2021

Interview method: Video conference interview & questionnaire

Health representative category: III

Populations represented:

- Children (0-4 years)
- Children (5-12 years)
- Children (13-18 years)
- Disabled
- Hispanic/Latino/Latina/Latinx
- Those experiencing homelessness
- LGBTQIA+ (lesbian, gay, bi-sexual, transgender, queer, intersex, asexual)
- Low-income individuals and families
- Migrant and seasonal farm workers
- Populations with chronic conditions
- Refugees

- Rural communities
- Senior citizens
- Those with behavioral health issues
- Veterans
- Other

20. Affiliation: Treasure Valley YMCA

Date contacted: 9/7/2021

Interview method: Video conference interview & questionnaire

Health representative category: III

Populations represented:

- Children (0-4 years)
- Children (5-12 years)
- Children (13-18 years)
- Disabled
- Hispanic/Latino/Latina/Latinx
- Those experiencing homelessness
- LGBTQIA+ (lesbian, gay, bi-sexual, transgender, queer, intersex, asexual)
- Low-income individuals and families
- Migrant and seasonal farm workers
- Populations with chronic conditions
- Refugees
- Rural communities
- Senior citizens
- Those with behavioral health issues
- Veterans
- Other

21. Affiliation: United Way of Treasure Valley

Date contacted: 8/14/2021

Interview method: Video conference interview & questionnaire

Health representative category: III

Populations represented:

- Children (0-4 years)
- Children (5-12 years)
- Children (13-18 years)
- Disabled
- Hispanic/Latino/Latina/Latinx
- Those experiencing homelessness
- LGBTQIA+ (lesbian, gay, bi-sexual, transgender, queer, intersex, asexual)
- Low-income individuals and families
- Migrant and seasonal farm workers
- Populations with chronic conditions
- Refugees

- Rural communities
- Senior citizens
- Those with behavioral health issues
- Veterans
- Other

22. **Affiliation:** Veteran

Date contacted:

Interview method: Video conference interview & questionnaire

Health representative category: II

Populations represented:

- Children (0-4 years)
- Children (5-12 years)
- Children (13-18 years)
- Disabled
- Hispanic/Latino/Latina/Latinx
- Those experiencing homelessness
- LGBTQIA+ (lesbian, gay, bi-sexual, transgender, queer, intersex, asexual)
- Low-income individuals and families
- Migrant and seasonal farm workers
- Populations with chronic conditions
- Refugees
- Rural communities
- Senior citizens
- Those with behavioral health issues
- Veterans
- Other

23. **Affiliation:** Western Elmore County Recreation District

Date contacted: 9/4/2021

Interview method: Video conference interview & questionnaire

Health representative category: III

Populations represented:

- Children (0-4 years)
- Children (5-12 years)
- Children (13-18 years)
- Disabled
- Hispanic/Latino/Latina/Latinx
- Those experiencing homelessness
- LGBTQIA+ (lesbian, gay, bi-sexual, transgender, queer, intersex, asexual)
- Low-income individuals and families
- Migrant and seasonal farm workers
- Populations with chronic conditions
- Refugees

- Rural communities
- Senior citizens
- Those with behavioral health issues
- Veterans
- Other

Appendix II: St. Luke's Community Health Representative Questionnaire

Name:

Title:

Affiliation:

Please provide a brief description of your professional experience particularly as it relates to community health, social, or economic needs. (250 words or less.)

Please indicate which of the following population groups you feel you understand and can represent the health needs. Select all that apply.

- Children (0-4 years)
- Children (5-12 years)
- Children (13-18 years)
- People with disabilities
- Hispanic/Latino/Latina/Latinx
- Those experiencing homelessness
- LGBTQIA+ (lesbian, gay, bi-sexual, transgender, queer, intersex, asexual)
- Low-income individuals and families
- Migrant and seasonal farm workers
- Populations with chronic conditions
- Refugees
- Rural communities
- Senior citizens
- Those with behavioral health issues
- Veterans
- Other

What County(ies) does your expertise apply to?

Health Behaviors:

Please provide an answer in each column for every behavior listed in the rows. Health behaviors are actions individuals take that affect their health. They include actions that lead to improved health, such as eating well and being physically active, and actions that increase one's risk of disease, such as smoking, excessive alcohol intake, and risky sexual behavior.

OPTIONS:

Column 1: not important at all, somewhat unimportant, somewhat important, very important, not sure

Column 2 & 3: very weak, somewhat weak, somewhat strong, very strong, not sure

	Importance of the problem in _____ County (scale and urgency to livelihood)	Existing _____ County assets/partnerships	Potential for positive impact on vulnerable populations in _____ County
Exercise programs/education/opportunities			
Nutrition programs/education/opportunities			
Safe sex education programs			
Substance abuse services and programs			
Tobacco prevention & cessation			
Wellness & prevention programs (for conditions such as high blood pressure, high			

Clinical Care and Access:

Please provide an answer in each column for every clinical care service listed in the rows. Access to affordable, quality, and timely health care can help prevent diseases and detect issues sooner, enabling individuals to live longer, healthier lives. While part of a larger context, looking at clinical care helps us understand why some communities can be healthier than others.

OPTIONS:

Column 1: not important at all, somewhat unimportant, somewhat important, very important, not sure

Column 2 &3: very weak, somewhat weak, somewhat strong, very strong, not sure

	Importance of the problem in _____ County (scale and urgency to livelihood)	Existing _____ County assets/partnerships	Potential for positive impact on vulnerable populations in _____ County
Affordable health care for low-income individuals			

Availability of behavioral health services (providers, suicide hotline, etc.)			
Chronic disease management programs (for diabetes, asthma, arthritis, etc.)			
Immunization Programs			
Improved health care quality			
Prenatal Care program			
Screening programs (cholesterol, diabetes, mammography, colorectal, etc.)			

Social and Economic:

Please provide an answer in each column for every social/economic factor listed in the rows. Social and economic factors, such as income, education, employment, community safety, and social supports can significantly affect how well and how long we live. These factors affect our ability to make healthy choices, afford medical care and housing, manage stress, and more.

OPTIONS:

Column 1: not important at all, somewhat unimportant, somewhat important, very important, not sure

Column 2 &3: very weak, somewhat weak, somewhat strong, very strong, not sure

	Importance of the problem in _____ County (scale and urgency to livelihood)	Existing _____ County assets/partnerships	Potential for positive impact on vulnerable populations in _____ County
Services for children and families experiencing adversity			
Food/Nutrition security			
Academic achievement from early learning			

through post-secondary education			
Housing stability			
Individual economic stability			
Social support for Seniors			
Social support for Veterans			
Community safety (injury, violence, abuse, etc.)			

Physical Environment:

Please provide an answer in each column for every physical environment condition listed in the rows. The physical environment is where individuals live, learn, work, and play. People interact with their physical environment through the air they breathe, water they drink, houses they live in, and the transportation they access to travel to work and school. Poor physical environment can affect our ability and that of our families and neighbors to live long and healthy lives.

OPTIONS:

Column 1: not important at all, somewhat unimportant, somewhat important, very important, not sure

Column 2 & 3: very weak, somewhat weak, somewhat strong, very strong, not sure

	Importance of the problem in _____ County (scale and urgency to livelihood)	Existing _____ County assets/partnerships	Potential for positive impact on vulnerable populations in _____ County
Healthy air and water quality			
Accessible modes of transportation (sidewalks, bike paths, etc.)			

Appendix III: Data Notes

A number of health factor and outcome data indicators utilized in this CHNA are based on information from the Behavioral Risk Factor Surveillance System (BRFSS). Starting in 2011, the BRFSS implemented a new weighting method known as raking. Raking improves the accuracy of BRFSS results by accounting for cell phone surveying and adjusting for a greater number of demographic differences between the survey sample and the statewide population. Raking replaced the previous weighting method known as post-stratification and is a primary reason why results from 2011 and later are not directly comparable to 2010 or earlier. BRFSS data is derived from population surveys. As such, the results have a margin of error associated with them that differs by indicator and by the population measured. For smaller populations, we aggregated data across two or more years to achieve a larger sample size and increase statistical significance. For margin of error information please refer to the CDC for national BRFSS data and to Idaho BRFSS for Idaho related data.