St Luke's

St. Luke's McCall

Community Health Needs Assessment

2023

WESTERN IDAHO COMMUNITY HEALTH COLLABORATIVE

Community Health Needs Assessment

Treasure Valley

2023

ACKNOWLEDGMENTS

COLLABORATIVE PARTNERS

Central District Health
Regence BlueShield of Idaho
Saint Alphonsus Health System
Saltzer (Intermountain) Health
Southwest District Health
St. Luke's Health System
United Way of Treasure Valley
Weiser Memorial Hospital
Western Idaho Community Health Collaborative

STEERING COMMITTEE

Area Agency on Aging
Blue Cross of Idaho Foundation for Health
Boise State University
Central District Health
Community Council of Idaho, Inc.
Idaho Anti-Trafficking Coalition
Idaho Association for the Education of Young Children
Idaho Foodbank
Idaho Housing and Finance Association
Idaho Policy Institute
Idaho Primary Care Associates
Jesse Tree
Micron
Saltzer (Intermountain) Health
Southwest District Health
St. Luke's Health System
Saint Alphonsus Health System
Terry Reilly Health System
Valley Regional Transit
Western Idaho Community Action Partnership
Women and Children's Alliance

FOCUS GROUP HOSTS

Adams County Health Action Team
Boise School District
Caldwell Health Coalition
Canyon County First Responders
Cascade Medical Center
Center for Global Health and Healing
Elmore County Health Coalition
Fit and Fall Proof Caldwell Methodist Church
Fit and Fall Proof Emmett Rec Center
Fit and Fall Proof Middleton
Fit and Fall Proof New Plymouth
Fit and Fall Proof Payette Senior Center
Gem Community Health Coalition
Glenns Ferry Senior Center
Good Samaritan Home
Mobile Crisis Unit – Region 4
Owyhee Health Coalition
Payette County Health Action Team
Saint Alphonsus Health System
The New Plymouth Kiwanis Club
Valley County Opioid Response Project
Washington County Health Coalition

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Malheur County Health District
Oregon Department of Human Services
Oregon Food Bank
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Saltzer (Intermountain) Health
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Southwest Idaho Area Agency on Aging
St. Luke's Health System
United Way of Treasure Valley
Western Idaho Community Health Collaborative

COMMUNITY LEADER INTERVIEW PARTICIPANTS

Ada County Paramedics
Adams County Sheriff's Office
Boys and Girls Club of Ada County
Canyon County Government
CATCH
Boise State University - Center for the Study of Aging
City of Caldwell
City of New Meadows
City of Payette
College of Southern Idaho
Community Council of Idaho
Economic Opportunity
Elmore County Commissioners
Family Caregiver Navigator Program
Idaho Association for the Education of Young Children
Idaho Business for Education
Idaho Commission on Hispanic Affairs
Idaho Department of Health and Welfare
Behavioral Health
Idaho Housing and Finance Association
Idaho Oral Health Association
Idaho Suicide Hotline
Inclusive Idaho
Jannus
Jesse Tree
Living Independence Network Corporation
Meadows Valley Foodbank
Mobile Crisis Unit – Region 4
Owyhee County Government
The Speedy Foundation
State Independent Living Center
Valley Regional Transit
Vallivue Elementary School
Washington County State Government
Western Idaho Community Action Partnership
Women and Children's Alliance

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EXECUTIVE SUMMARY

OVERVIEW

The 2023 Greater Treasure Valley Community Health Needs Assessment (CHNA) represents an unprecedented partnership to align several independent regional assessments to identify the health needs of more than half of Idaho residents. This collaborative approach utilzied a social determinants of health (SDoH), also known as social influencers, framework to determine the top priorities of ten counties in the Greater Treasure Valley region of Idaho. This framework defines health in the broadest sense and recognizes SDoH factors such as employment, housing, and access to health care have an impact on the community's health.

In this report, the Greater Treasure Valley Region includes Ada, Elmore, Boise, Valley, Gem, Adams, Canyon, Washington, Payette, and Owyhee Counties.

The initial step in the CHNA process was to gain an understanding of the communities' health status from existing data and community members. Between July and November 2022, project partners collected primary data representing the communities' perspectives on health and SDoH topics through surveys, focus groups, and interviews. Emphasis was placed on collecting feedback from underserved and underrepresented groups across the communities assessed. Secondary data was pulled between July and December 2022 from existing public datasets such as the U.S. Census, Behavioral Risk Factor Surveillance Survey, Department of Labor, Trinity Health Data Hub, and others.

Once the data was collected and analyzed, a rigorous prioritization process was employed in December 2022 to ensure the highest priorities identified within the communities are addressed by the CHNA. This process involved community members and stakeholders providing their input and values across all aspects of this report.

KEY PRIORITIES

Upon analyzing and discussing the primary data, secondary data, and community feedback, a clear set of top priorities emerged for the Greater Treasure Valley region. The top three priorities identified by key stakeholders include:

SAFE, AFFORDABLE HOUSING AND HOMELESSNESS

Housing instability can impact an individual's health and ability to access or afford health care. It also impacts educational attainment for children and youth. CHNA respondents throughout the region identified housing as a major concern, stemming from rapid growth in the area combined with a lack of available units. Residents report that it is increasingly difficult to attain and pay for housing in the region. Rising housing costs also make it difficult for residents to meet other expenses and to live near jobs and services.

- Housing vacancy rates in the report region have been steadily decreasing for many years, making it more difficult for many households, especially low-income households, to obtain housing. A vacancy rate of 4% or less is dangerously low, and each district falls at or below that level. Ada, Canyon, and Payette Counties specifically all fall below 4%. Low vacancy rates such as these can result in housing shortages and rising housing costs.
- A dwindling housing supply can drive up home prices, especially in areas experiencing as much growth as the Greater Treasure Valley. Each public health district, as well as the state of Idaho and the nation, has seen median home values skyrocket in the last decade. Ada and Valley counties have seen the most dramatic rise in median home values, each increasing by more than $100,000 since 2015.

BEHAVIORAL HEALTH, INCLUDING MENTAL HEALTH AND WELL-BEING, AND SUBSTANCE MISUSE

Access to affordable mental health care and substance misuse treatment is a struggle for many residents of the Greater Treasure Valley, including youth. This struggle is reflected in both CHNA responses and public data.

- All ten counties in the report region are classified as mental health provider shortage areas.[1]
- Community members identified behavioral health as a top priority in the Greater Treasure Valley, which is inclusive of both mental health and well-being and substance misuse. Residents across Idaho and the region report high rates of poor mental health (nearly 15% for Public Health District 3 and 13% for Public Health District 4).
- Survey respondants noted high levels of concern regarding the community's response to overall mental health issues, ability to seek treatments, mental health in specific populations such as veterans and youth, and suicide. When coupled with the focus group and interview data, there is a serious concern for youth mental health and the ability to seek and find treatment given a lack of providers who can treat child or adolescent mental health.
- When looking at survey data collected on substance use, community members report high concern for individuals' ability to seek treatment for substance use and misuse, specifically methamphetamine use, and stigma associated with receiving treatment. The focus groups and interviews commonly involved a discussion of how substance misuse, and mental health are closely tied together and that a community cannot address one issue without acknowledging the other.

ACCESS TO AFFORDABLE HEALTH CARE, INCLUDING ORAL AND VISION HEALTH

CHNA respondents throughout the region reported difficulty accessing health care, in the form of long waitlists, trouble scheduling urgent appointments, and particularly in rural areas, difficulty attaining and transporting to specialty care. These challenges are even more difficult for people relying on Medicaid or Medicare. Difficulty accessing health care can lead people to neglect their health, especially preventative health, resulting in more negative outcomes, and higher medical costs, in the future.

- All but one county in the report region are considered to be primary care health professional shortage areas.[2] In Public Health District 4, there are 110 primary care physicians per 100,000 residents and in Public Health District 3, there are only 37 primary care physicians per 100,000 residents. The low supply in Public Health District 3 may lead to residents in those counties finding physicians in Public Health District 4, creating more of a workload for those care providers.
- Barriers preventing or limiting an individual's ability to access health care services can lead to increased poor health outcomes and impact overall health equity. Barriers to health care services mentioned in the primary data include limited number of providers, long wait times to see providers, inconvenient operating hours, coverage, access to insurance, lack of awareness of available services, and costs associated with care.
- Many residents in the Greater Treasure Valley do not have adequate access to oral health care. All but one county in the report region are considered to be dental health professional shortage areas.

Health care systems along with Western Idaho Community Health Collaborative (WICHC), will develop and publish implementation strategies by the end of 2023. *Community resources to address these and other SDoH needs can be found at* findhelpidaho.org**.**

IDAHO OREGON COMMUNITY HEALTH ATLAS

Secondary data found from public datasets, including demographics, health outcomes, transportation data, and housing information found in this report can be accessed using the Idaho Oregon Community Health Atlas. Some of this data is included in this report, but the community can access more data points and county specific data at the following link: idahooregonatlas.org

BACKGROUND

Every three years Community Health Needs Assessments (CHNAs) are conducted to help nonprofit health systems, public health districts, and community organizations identify and better understand the most significant health challenges facing individuals and families in the communities they serve.

In Idaho, organizational CHNAs are traditionally produced independent of one another. However, the 2023 Greater Treasure Valley CHNA represents an unprecedented partnership to align several independent regional assessments and was anchored by the Western Idaho Community Health Collaborative (WICHC), Central and Southwest District Health, United Way of Treasure Valley (United Way or UWTV), Saint Alphonsus Health System (Saint Alphonsus), St. Luke's Health System (St. Luke's), Intermountain Health System (Saltzer Health), and Weiser Memorial Hospital.

WICHC, established in 2019, combines two health districts into a 10-county regional collaborative aligning health care, social services, and public health to work together and invest in communities towards a common goal of improving health outcomes and saving costs. WICHC's region includes the counties within the Central District Health (Public Health District 4: Ada, Elmore, Boise and Valley Counties) and Southwest District Health (Public Health District 3: Adams, Boise, Canyon, Gem, Owyhee, Payette, and Washington Counties) service areas (See Map 1).

United Way works for the health, education, and financial stability of every person in every community in the Treasure Valley. Their work builds off the concept that the community wins when all members unite and work together.

Saint Alphonsus is a mission-driven, innovative health organization that strives to become the national leader in improving the health of communities and each person served. This CHNA report is inclusive of Saint Alphonsus Medical Center (Boise), Saint Alphonsus Medical Center- Nampa, and the Saint Alphonsus Regional Rehabilitation Hospital. See Appendix A for additional hospital information.

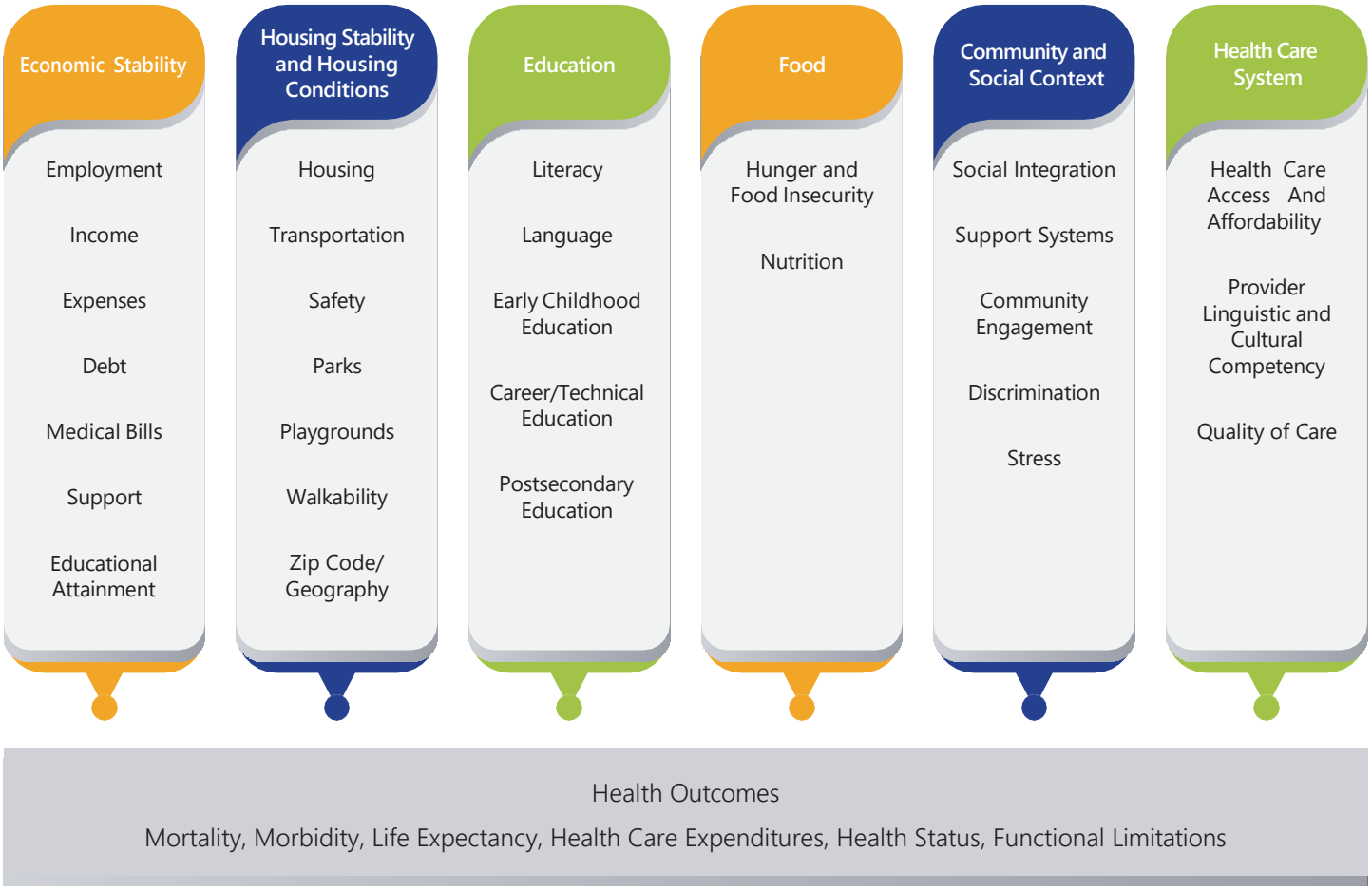
St. Luke's is an Idaho-based nonprofit health system with a mission to improve the health of people in the communities it serves. As a nonprofit health system, St. Luke's conducts a CHNA every three years and develops subsequent plans of action to address the top needs in their communities. This CHNA report is inclusive of St. Luke's Regional Medical Center (Boise and Meridian hospitals), St. Luke's Elmore, St. Luke's Nampa and St. Luke's McCall. See Appendix B for additional hospital information.

For this CHNA, the partnership convened a Steering Committee comprised of community organizations including small- and medium-sized businesses, major corporations, and financial institutions; hospitals and health care organizations; and faith-based organizations, civic groups, governments, nonprofits, and volunteers to confront the socioeconomic challenges within the Greater Treasure Valley (see Acknowledgments). The information gathered through this assessment will guide the alignment of resources and implementation of needs-driven, evidence-based solutions.

APPROACH AND METHODOLOGY

The initial step in the CHNA process was to gain an understanding of the community health status from existing data and community members. This included gathering data on regional health behaviors, health outcomes, causes of death, and the many social influencers, or determinants, of health (SDoH). This information identifies the greatest and most pressing community needs for community-serving organizations, collaboratives, and policy makers through the implementation of programs, services, and policies. After data analysis, a rigorous prioritization process was employed to ensure the highest priorities identified within the community are addressed by the CHNA. This process included various community members and stakeholders providing their community input and values through the steering committee format across all aspects of this report and next steps.

The 2023 CHNA aims to identify the health needs of ten counties in the Greater Treasure Valley region of Idaho through a SDoH framework (as depicted below), which defines health in the broadest sense and recognizes SDoH factors such as employment, housing, and access to health care that impact the community's health. Social, educational, economic, and health data are drawn from existing data sources such as the U.S. Census, Idaho Department of Health and Welfare, the Trinity Health Data Hub, and Idaho State Department of Education, among others.



Source: Braveman, P.A., Kumanyika, S., Fielding, J, et al. (2011). Health disparities and health equity: the issue is justice. American Journal of Public Health.

Primary and secondary data is used to understand community health strengths, challenges, and opportunities in the counties of interest. Secondary data is defined as any data found in existing public datasets. Secondary data is presented for the most recent year available, and data may be incomplete or not collected for certain outcomes. Due to the size of some of the smaller counties in the Greater Treasure Valley, some data is unavailable because of lower participation in data collection efforts. Primary data, or gathering the community voice through intentional outreach, is data collected for the purpose of this CHNA through surveys, focus groups, and interviews. Those results are highlighted throughout the report with a .

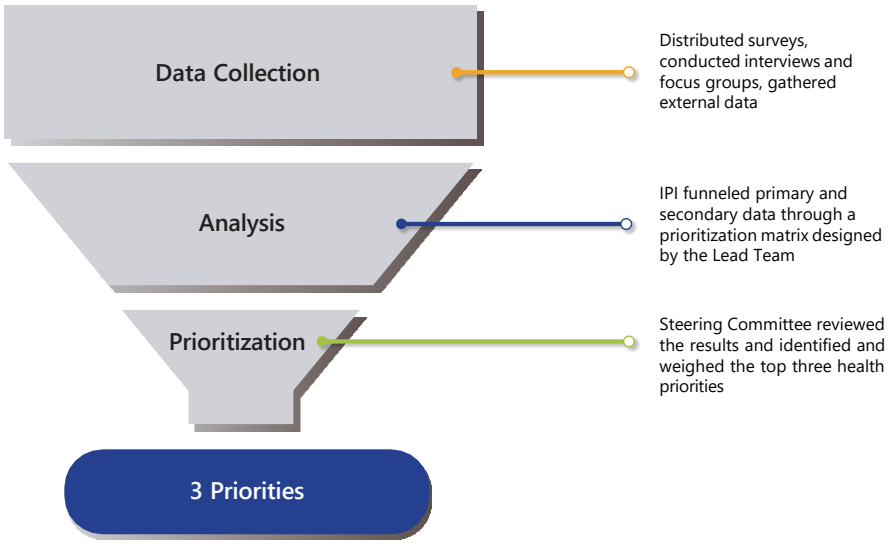
Online and paper community surveys engaged over 2,700 residents across all ten counties in the Greater Treasure Valley Region. The survey was provided in the five most common languages in the region and can be viewed in Appendix C. Survey data was collected using convenience sampling and as such is not representative of the region population—respondents tended to be higher-income, older, white, and female. However, the responses still provide useful insight into community needs.

Focus groups and interviews conducted with community stakeholders across the region gathered more representative data. The CHNA partners used a targeted approach to recruiting interview and focus group participants to ensure typically underrepresented groups were included in data collection such as older adults, rural residents, people experiencing homelessness, Hispanic/Latino, and new American and resettlement groups. This process better allowed for identifying disparities and health inequities in the community.

Project partners conducted 62 interviews and 32 focus groups with multi-sector organizations, residents, and community stakeholders across the Greater Treasure Valley. These focus groups and interviews aimed to gather feedback on the community strengths, challenges, and priority health concerns. Through the process of compiling, analyzing, and synthesizing primary and secondary data, a list of key themes emerged. This list was then prioritized by key stakeholders (see the 'Prioritization of Needs' section below).

Assessment and recruitment oversight occurred through the utilization of a community assessment Steering Committee. The Steering Committee was comprised of members representing 20 institutions, including all major health care systems in the region, community health centers, local public health departments, nonprofit organizations, educational institutions, and other health and human services organizations. The Steering Committee led the efforts in recruitment for both the survey and interviews/focus groups. In addition, members of the Steering Committee were trained to conduct interviews and focus groups.

DATA PRIORITIZATION PROCESS



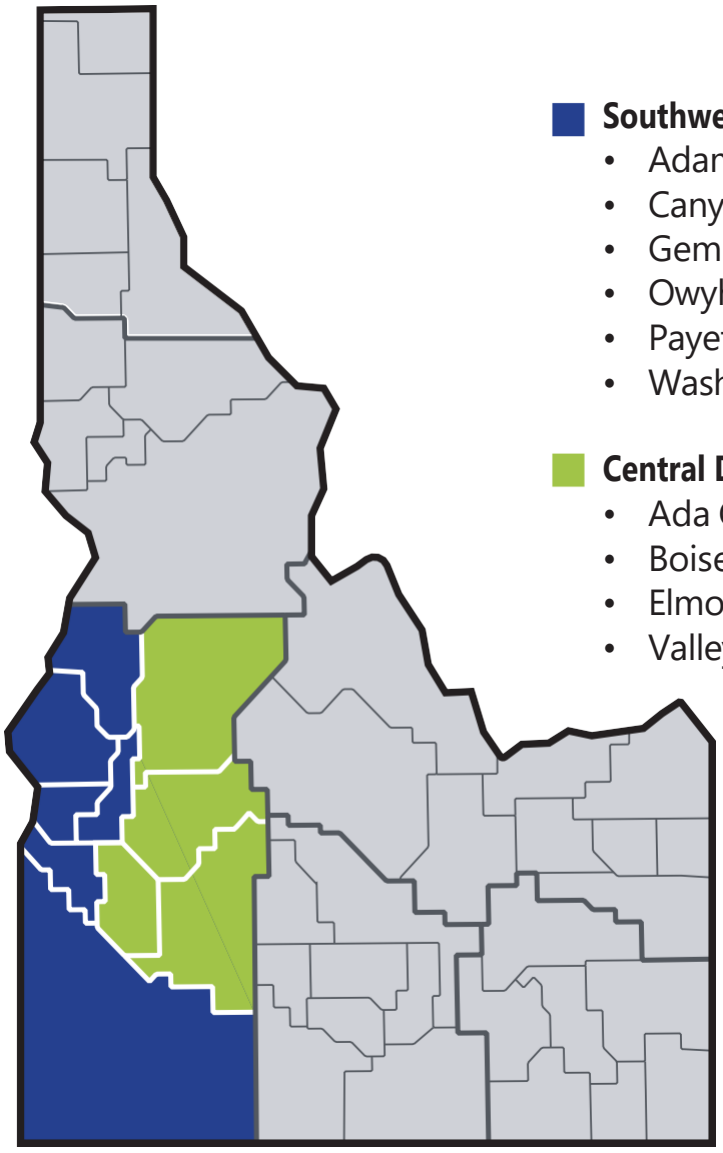
COMMUNITY SERVED

This CHNA covers ten counties across Idaho's Public Health Districts 3 and 4, making up what is termed as the Greater Treasure Valley Region in this report.

"I love the sense of community we have seen with more people becoming involved and seeking help when they need it. So many more events have been happening and I think it's amazing."

- Caldwell Health Worker

MAP 1: GREATER TREASURE VALLEY REGION



Southwest District Health (Public Health District 3)

- Adams County
- Canyon County
- Gem County
- Owyhee County
- Payette County
- Washington County

Central District Health (Public Health District 4)

- Ada County
- Boise County
- Elmore County
- Valley County

POPULATION DEMOGRAPHICS

The Greater Treasure Valley Region accounts for 45.8% of Idaho's population. Public Health District 3 has a total population of 297,548 residents making up 16.4% of the state's population. Public Health District 4 has a total population of 532,667 residents making up 29.4% of the state's population.

TABLE 1: POPULATION BY COUNTY

Ada	485,246
Adams	4,321
Boise	7,549
Canyon	227,367
Elmore	28,396
Gem	18,692
Owyhee	11,815
Payette	24,928
Valley	11,476
Washington	10,425
Greater Treasure Valley (all counties)	830,215
State of Idaho	1,811,617

Source: U.S. Census Bureau, American Community Survey 5-Year Estimates, aggregated by Metopio, 2017-2021

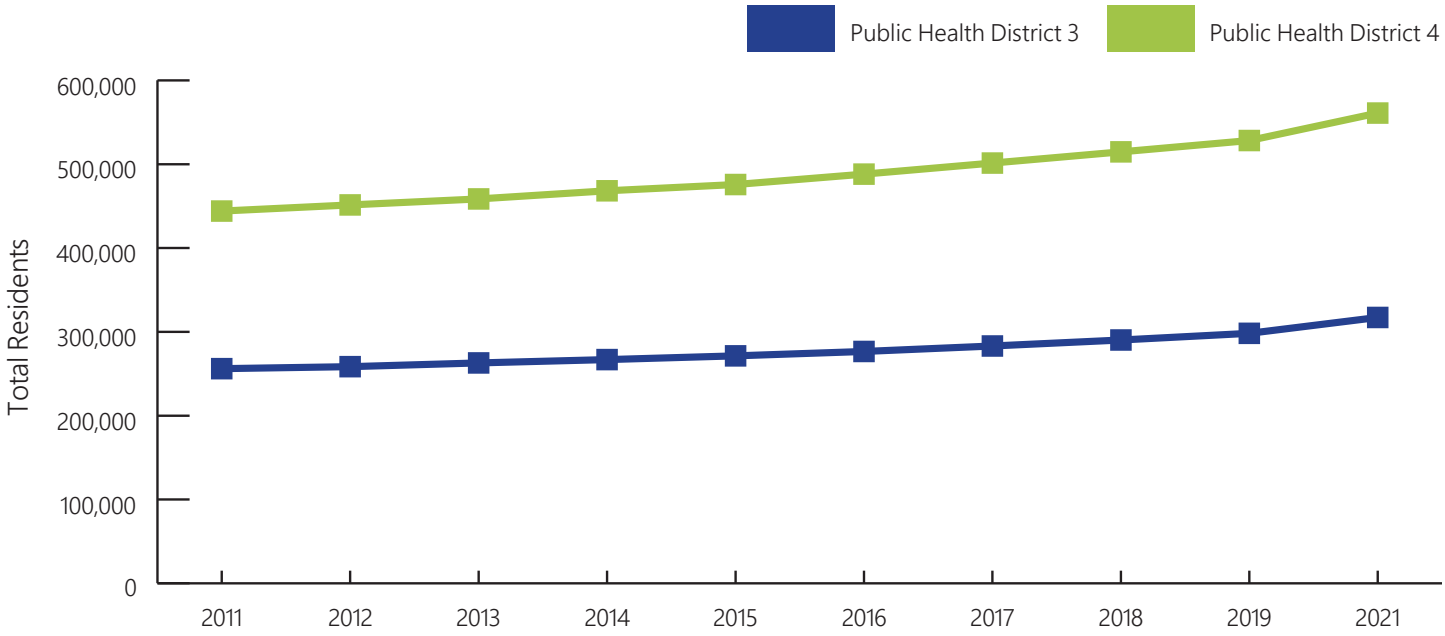
POPULATION CHANGE

The population in Idaho from 2010-2020 increased by 17.3%. Counties experiencing outsized growth include Ada County increasing by 26.1%, Canyon County by 22.3%, and Valley County by 19.1%.

"For the first time in a while, our community is actually experiencing an increase in population. It isn't to the same degree as the other end of the Treasure Valley, but it is having a big impact on the small infrastructure of our community."

- Washington County Resident

FIGURE 1: POPULATION GROWTH

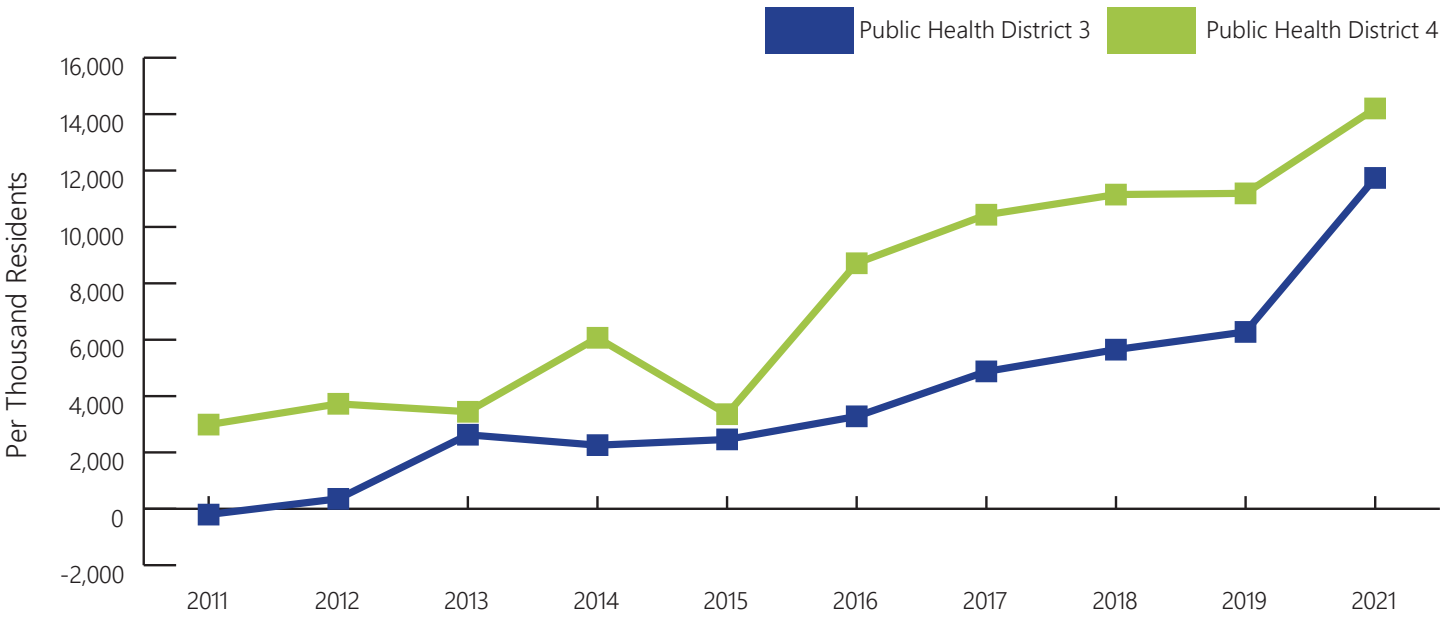


Source: U.S. Census Bureau, American Community Survey 5-Year Estimates, aggregated by Metopio
Note: U.S. Census population estimates data does not include full estimates for the year 2020, so the year is omitted

Idaho had the highest percentage of population growth in the nation in 2022.[3] In a 2021 statewide survey, Idahoans were asked: Would you say that the State of Idaho is growing too fast, too slow, or about right? Over 70% of participants responded that growth is too fast.[4]

CHNA respondents feel population growth in the report region has improved the economic development of the region. Negative impacts of the growth include rising housing costs, decreased quality housing stock, long waits for health care appointments, lack of affordable and available childcare services, increased traffic, and wages not keeping up with cost of living. Migration, both domestic and international, explain much of the growth in the report region over the past 10 years.

FIGURE 2: DOMESTIC MIGRATION

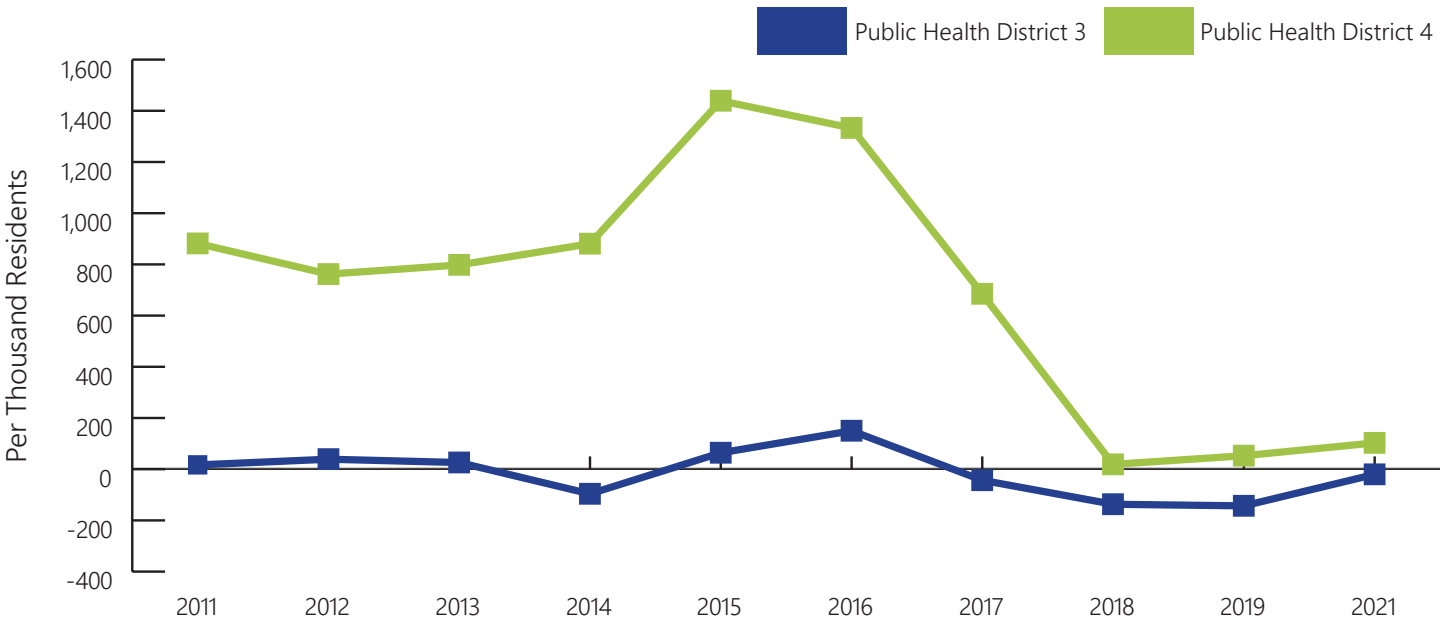


Source: U.S. Census Bureau, American Community Survey 5-Year Estimates, aggregated by Metopio
Note: U.S. Census population estimates data does not include full estimates for the year 2020, so the year is omitted

Domestic migration, or the migration of population between US states, has increased in the Greater Treasure Valley since 2016. However, both regions saw a sharp increase of domestic migration during the COVID-19 pandemic. During this time, many people across the country took advantage of the introduction of remote work as an opportunity to move to more desirable and affordable locations.

International migration, or individuals and families migrating from another country, has decreased in the Greater Treasure Valley since 2016 when many refugee and immigration programs experienced changes nationwide. The COVID-19 pandemic also caused a drop in international migration as borders closed and national policies made it difficult to move between countries. Ada County remains fairly stable for international migration as it is one of two refugee resettlement areas in the state.

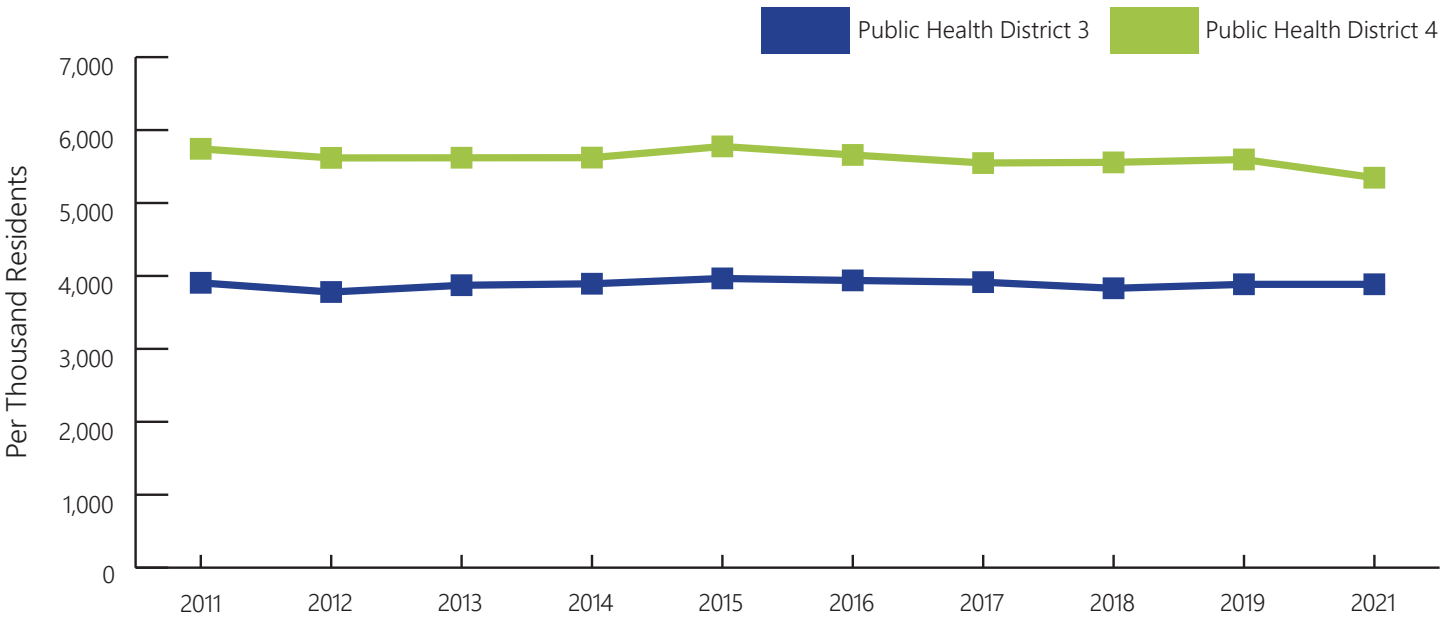
FIGURE 3: INTERNATIONAL MIGRATION



Source: U.S. Census Bureau, American Community Survey 5-Year Estimates, aggregated by Metopio
Note: U.S. Census population estimates data does not include full estimates for the year 2020, so the year is omitted

Public Health District 4 has seen small decreases in the number of births over time, especially since 2017, while Public Health District 3 has remained somewhat more stable.

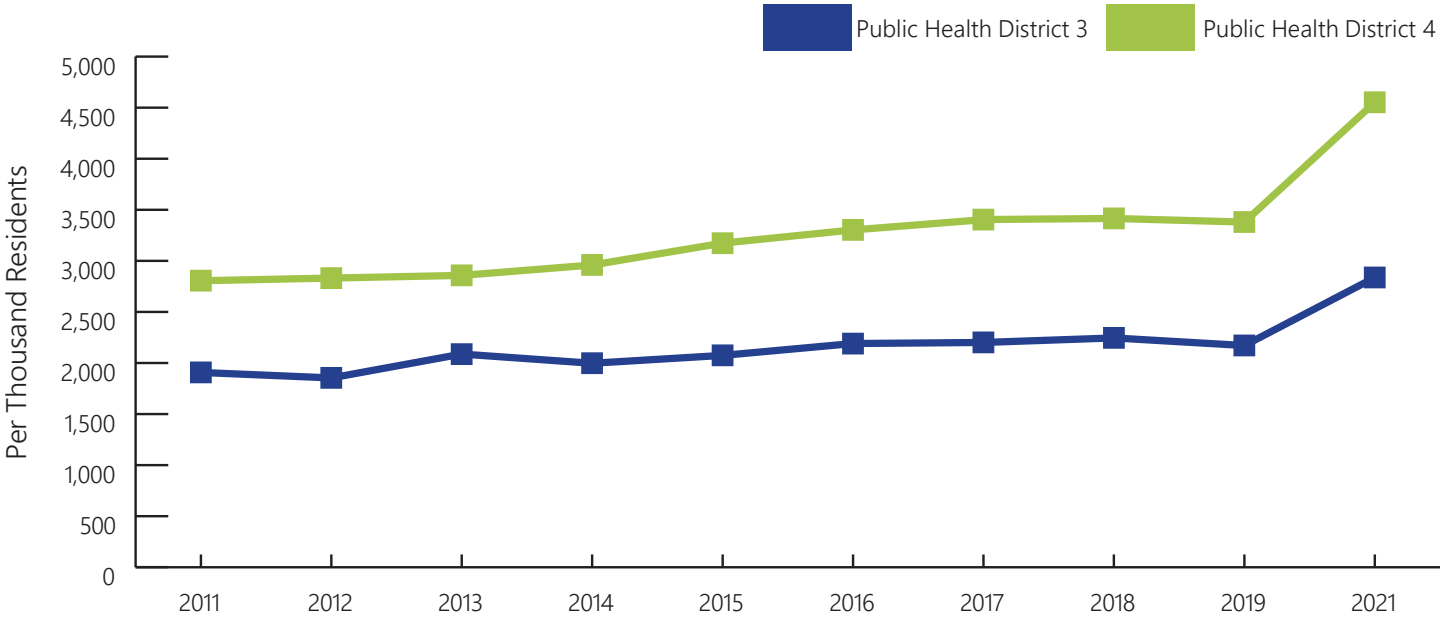
FIGURE 4: BIRTHS



Source: U.S. Census Bureau, American Community Survey 5-Year Estimates, aggregated by Metopio
Note: U.S. Census population estimates data does not include full estimates for the year 2020, so the year is omitted

In 2021, the Greater Treasure Valley saw increases in deaths, most likely as a result of the COVID-19 pandemic.[5] Public Health District 3 deaths increased by about 30% from 2019 to 2021 while Public Health District 4 increased by about 35% over the same period. These increases outpaced population growth during the same years.

FIGURE 5: DEATHS



Source: U.S. Census Bureau, American Community Survey 5-Year Estimates, aggregated by Metopio
Note: U.S. Census population estimates data does not include full estimates for the year 2020, so the year is omitted

The impact of the loss of population due to COVID-19 was mentioned by interview respondents as influencing the job market as well as the overall well-being of those experiencing personal loss.

RACE AND ETHNICITY

Idaho is home to a majority white population. Compared to the state average, Public Health District 3 has a higher percentage of non-white residents. Canyon, Elmore, Owyhee, and Payette counties all have above average rates of Hispanic/Latino residents. Public Health District 4 has a higher than the state average rate of non-Hispanic Black residents.

TABLE 2: POPULATION BY RACE/ETHNICITY, 2017-2021

	Public Health District 3	Public Health District 4	Idaho
Non-Hispanic White	71.4%	83.4%	80.9%
Non-Hispanic Black	0.4%	1.2%	0.6%
Hispanic/Latino	23.5%	9.1%	13.0%
Asian	0.6%	2.5%	1.3%
Native American	0.6%	0.4%	1.0%
Pacific Islander/Native Hawaiian	0.1%	0.2%	0.1%
Two or More Races	3.4%	3.2%	3.1%

Source: U.S. Census Bureau, American Community Survey 5-Year Estimates, aggregated by Metopio, 2017-2021

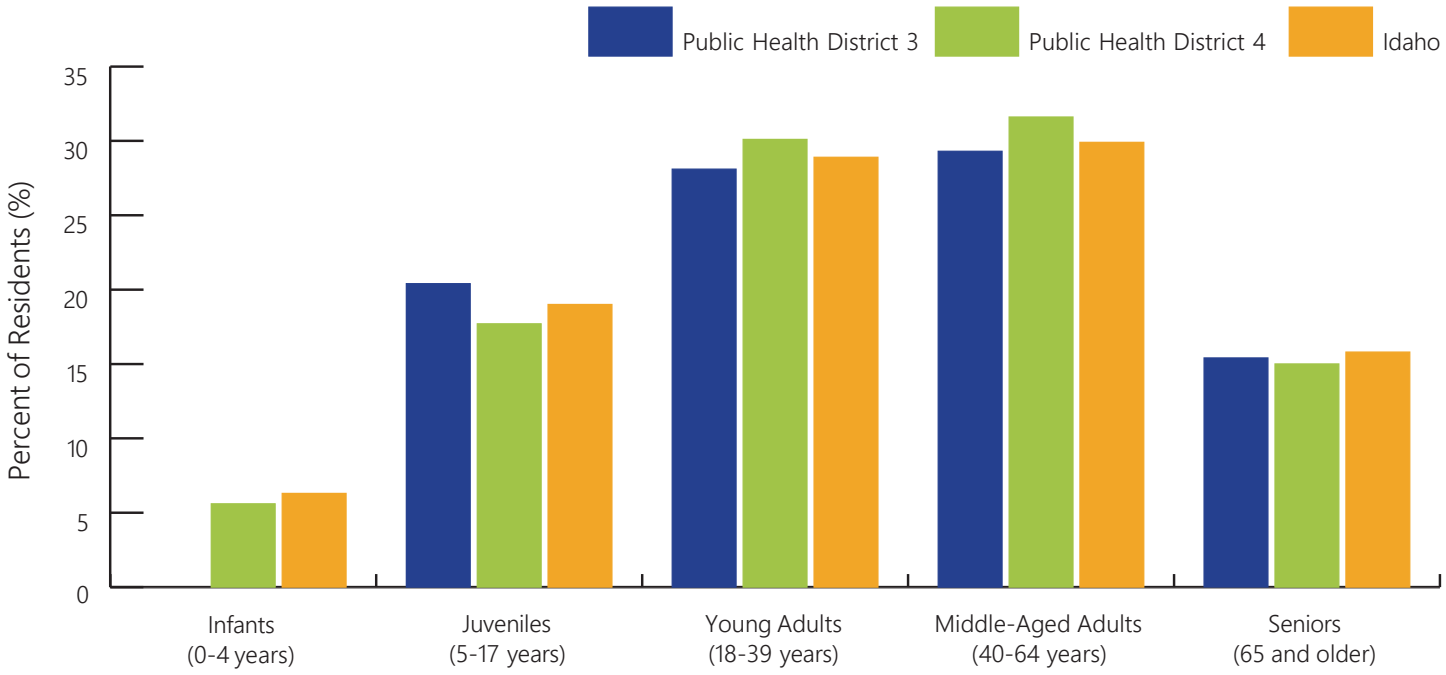
When asked which groups are most at risk of not receiving needed services, CHNA respondents most often identified Hispanic/Latino populations, those in immigrant and refugee populations, and non-native English speakers. Those representing these groups reported barriers to service including lack of translation and interpretation services, lack of culturally competent care, discrimination from providers, and hesitancy to seek services due to immigration status.

"Patients frequently find it hard to get answers over the phone due to their limited English, and also due to their thick accents. They've encountered rudeness, impatience and are frequently hung up on. Interpreters also experience this behavior due to their accents."

- Ada County Health Professional

AGE

FIGURE 6: POPULATION BY AGE, 2017-2021



Source: U.S. Census Bureau, American Community Survey 5-Year Estimates, aggregated by Metopio, 2017-2021

When compared to the Idaho average, Public Health District 3 has higher rates of youth (age 17 or less), while Public Health District 4 has lower rates of youth and higher rates of middle-aged and young adults. Both regions have senior populations similar to the state average.

Caring for older adults was a concern for all CHNA respondents, especially those in rural areas. In the Greater Treasure Valley, Adams County (29.8%) and Valley County (27.3%) tend to have higher rates of senior populations. Concerns surrounding the aging population include individuals struggling with limited support, isolation, living on a fixed income, and finding transportation.

"I think that when I look at what do we need as a community, I'm really concerned most about the health care for our elderly and aging populations, because it's just not here."

- Valley County Resident

VETERANS

The Greater Treasure Valley is home to more than 50,000 veterans. Compared to the statewide average (8.8%), each Public Health District has a slightly higher percentage of veterans (9.8% in Public Health District 3 and 9.1% in Public Health District 4). Elmore County, the location of Mountain Home Air Force base, has the largest veteran population (22.1%). Veterans have access to health services through Department of Veterans Affairs but may have difficulty navigating the system or may experience long wait time for appointments. CHNA respondents noted concerns about veteran mental health and health care for female veterans. Veterans also likely face difficulty finding affordable housing as a result of diminishing housing supply and pensions not reflective of increased cost of living.

POPULATION WITH A DISABILITY

The Americans with Disabilities Act defines a disability as a "physical or mental impairment that substantially limits one or more major life activities."[6] People with disabilities may be unable to work and often face higher rates of poverty. The Idaho state average of this population is 13.6%. Public Health District 3 is above this average at 15.4%, and Public Health District 4 is below the statewide average at 10.9%. Rural areas tend to have higher rates of this population. In the Greater Treasure Valley, Gem County has the largest percentage of residents with disabilities (22.5%).

ENGLISH PROFICIENCY

Limited English proficiency measures those who identify speaking English less than "very well" on the U.S. Census. Public Health District 3 has a higher percentage of this population (3.2%) than the statewide average (1.8%). In Public Health District 3, Owyhee County has the highest level of limited English proficiency population (8.2%).

LGBTQIA+

Health and other related data are often limited for those who are lesbian, gay, bisexual, transgender, queer or questioning, intersex, asexual, and/or other gender identities and sexual orientations (LGBTQIA+). A small percentage of CHNA respondents identified as members of the LGBTQIA+ community. Those in this population reported health concerns such as inadequate access to inclusive health care (especially regarding reproductive health), a lack of understanding regarding transgender population issues, and the inclusivity of health care intake forms to recognize and address this population.

DATA

All health and social indicators analyzed for this assessment are availalable through the Idaho Oregon Community Health Atlas. If you are interested in learning more about an individual county or exploring different indicators, please reference the Atlas.

HEALTH OUTCOMES

Health equity and social determinants of health (SDoH), such as financial stability, housing, and education, all play a critical role in health outcomes. While these factors have been specifically addressed in other sections of this CHNA, this section is designed to address the health and well-being of those in the report region. First, this section will review overall health outcomes for general health and well-being, then will dive into more in-depth measures related to access to care, various mental health related outcomes, substance misuse, health behaviors, and chronic disease related outcomes. While this section of the report includes some key chronic diseases and health indicators, it is not inclusive of all health indicators available in the Idaho Oregon Community Health Atlas. Please refer to the health atlas for additional health indicators and the ability to search by city or county-level data where available.

The Robert Wood Johnson County Health Rankings provides a base understanding of how each county within the state ranks regarding overall health and well-being. Below each of the 10 counties in the Greater Treasure Valley is ranked out of the 44 in Idaho for health outcomes and health factors.[7] Health outcome rankings are determined by comparing the length of life and the quality of life, including self-reported health status and percent of low birthweight newborns. Health factor rankings are determined by comparing many of the aspects of the SDoH framework. This includes substance misuse, diet and exercise, access to and quality of health care, education, employment, family support, housing, public transit, and more.[8]

TABLE 3: COUNTY HEALTH RANKINGS

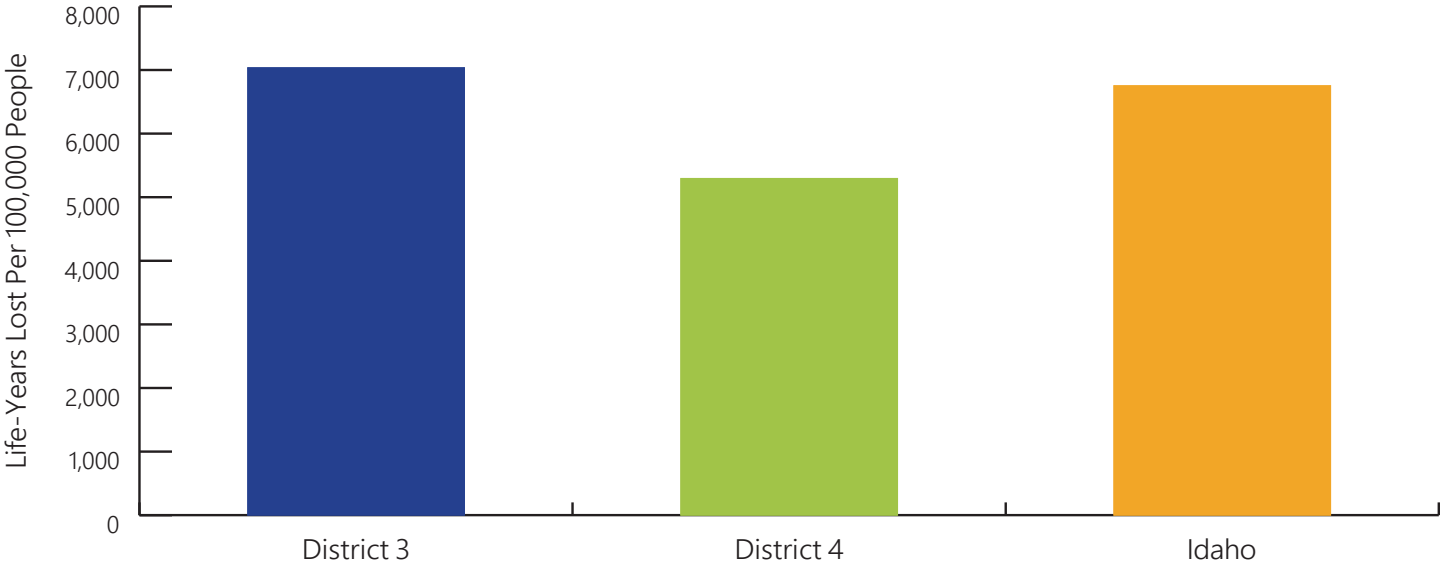
County	Health Outcomes	Health Factors
Ada	2	1
Adams	32	34
Boise	26	20
Canyon	15	28
Elmore	21	30
Gem	30	32
Owyhee	40	42
Payette	35	23
Valley	1	6
Washington	16	29

Source: University of Wisconsin Population Health Institute, County Health Rankings, 2022
Notes: Out of 44 counties in Idaho. Higher ranking indicates better outcomes and health factors

GENERAL HEALTH AND WELL-BEING

The length of life measure, Years of Potential Life Lost (YPLL) per capita, represents the total number of years not lived by those who die before the age of 75 with emphasis on causes of death more common at younger ages.[9] By examining premature death 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.

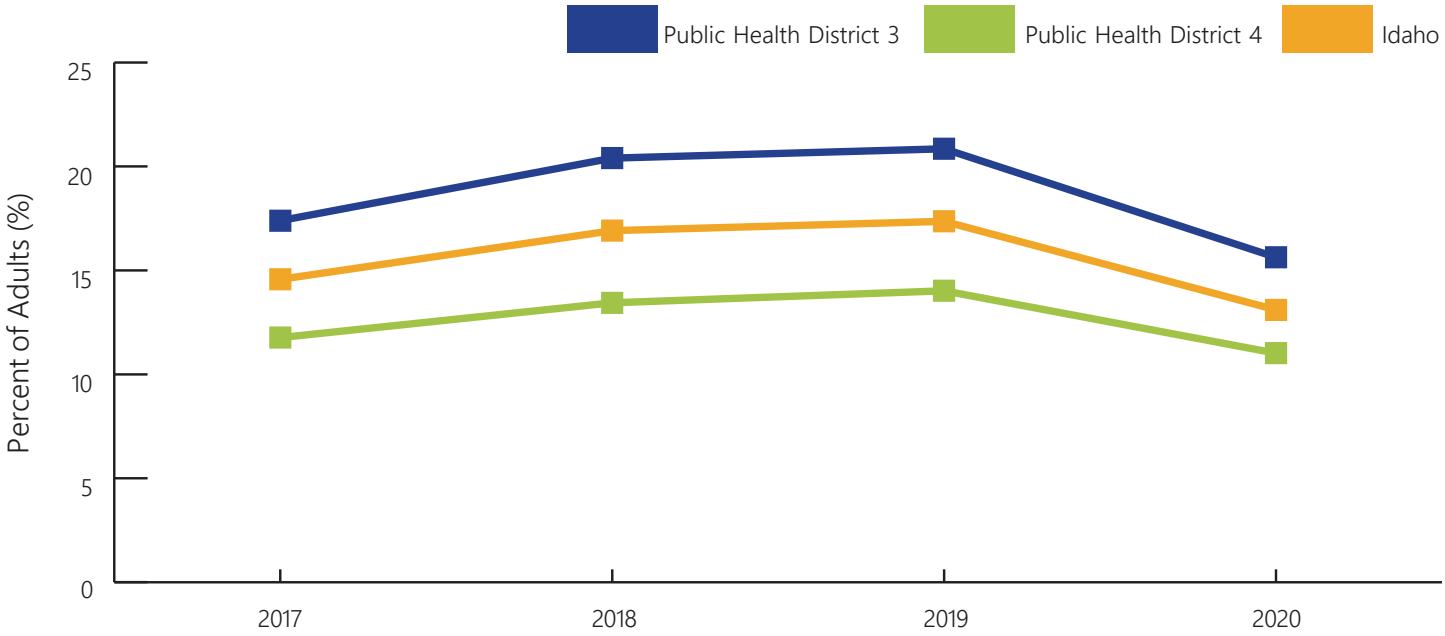
FIGURE 7: YEARS OF POTENTIAL LIFE LOST, 2018-2020



Source: University of Wisconsin Population Health Institute, County Health Rankings, 2022

Figure 7 indicates that on average people in Public Health District 4 are not dying as prematurely as in Public Health District 3 or as the state as a whole. These numbers may increase in the next year of data as premature deaths may have increased during the COVID-19 pandemic.

FIGURE 8: ADULTS SELF-REPORTING "FAIR" OR "POOR" HEALTH OUTCOMES



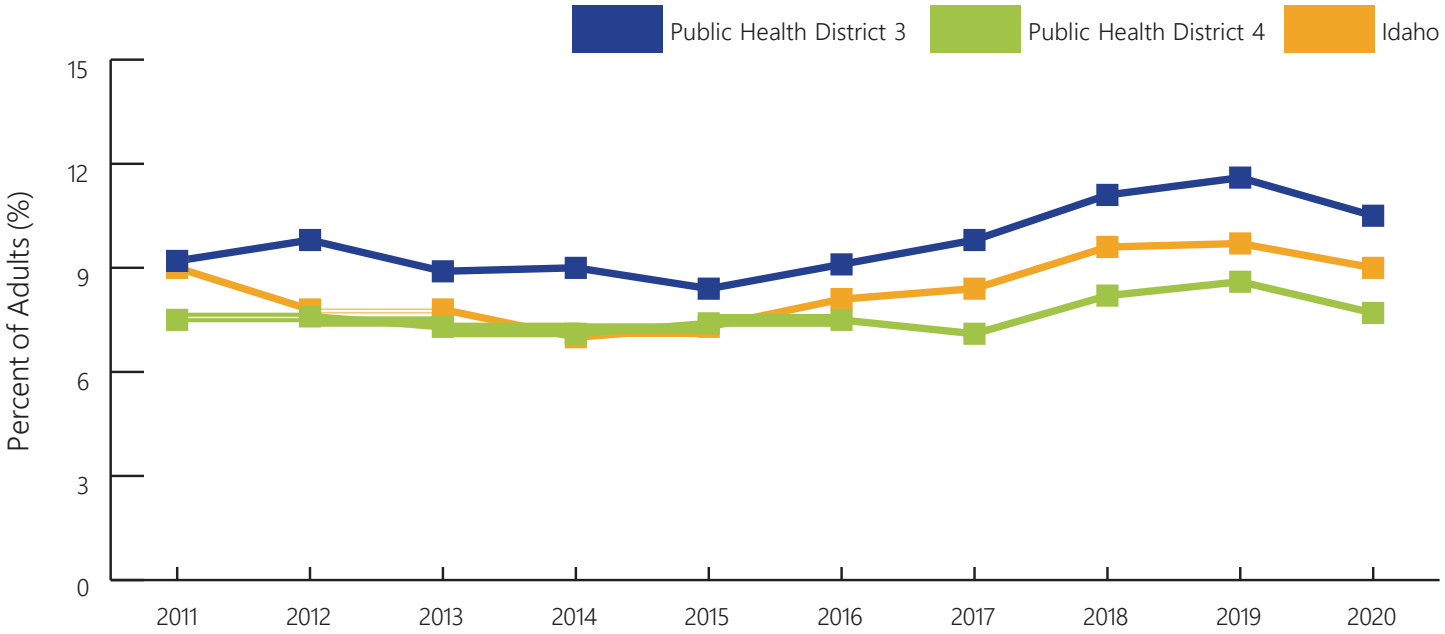
Source: University of Wisconsin Population Health Institute, County Health Rankings, aggregated by Metopio

When looking at self-reported health across the two districts for the Greater Treasure Valley and Idaho the rates of fair and poor health declined in 2020 after a few years of increase. Public Health District 4 has the smallest percentages of Fair or Poor Health (11.02%) compared to Public Health District 3 (15.63%). The drop in 2020 may be related to the COVID-19 pandemic which led to many people being more cautious about the spread of disease which may have decreased experiences with many types of physical illness overall.

CHRONIC DISEASES

When looking at chronic disease rates across the region, diabetes diagnoses increased steadily from 2015 to 2019 and then experienced a drop in 2020. This could be positive or could be a result of fewer people seeking general medical care during the COVID-19 pandemic. Out of the ten counties, Ada had the lowest rates of diagnoses (7.5%) while Canyon and Elmore had the highest rates (10.7%).

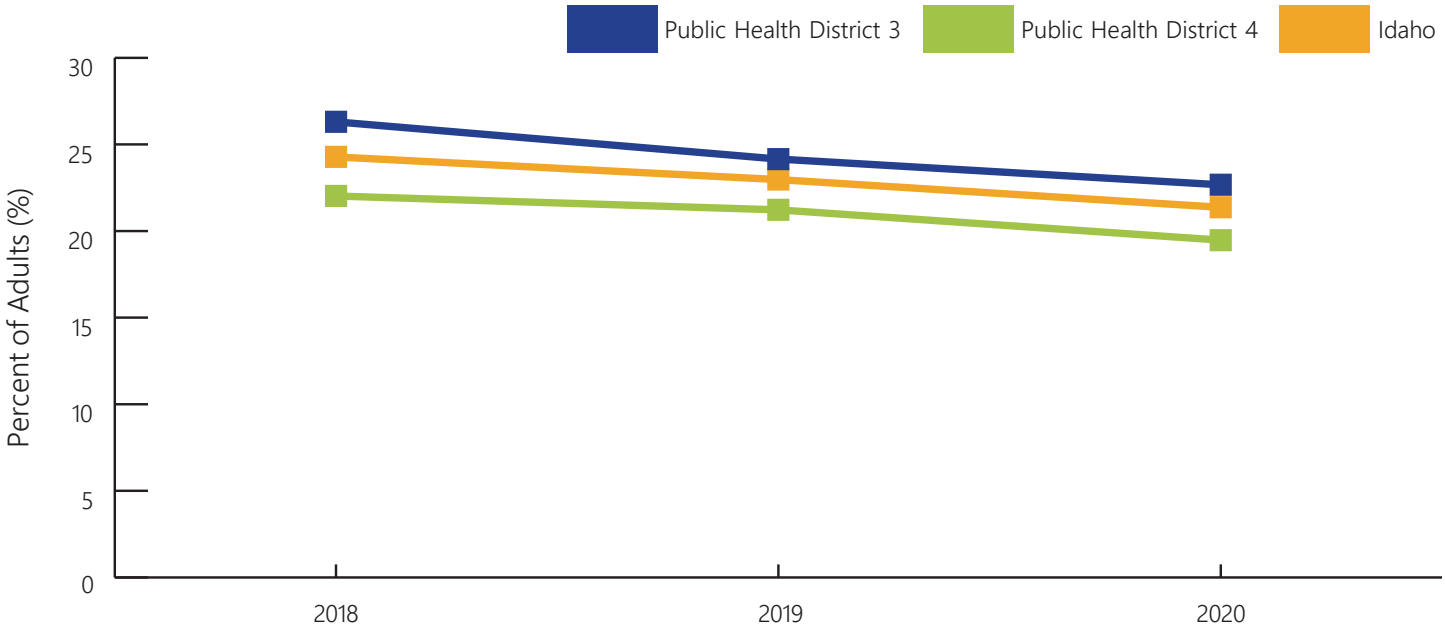
FIGURE 9: DIAGNOSED DIABETES



Source: Centers for Disease Control and Prevention, United States Diabetes Surveillance System, aggregated by Metopio

The percentage of adults with arthritis decreased between 2018 and 2020, though only by 3.6% in Public Health District 3, 2.5% in Public Health District 4, and 2.9% statewide. Public Health District 3 has a higher rate than statewide average of arthritis while Public Health District 4 has a lower rate, though all averages are within 3% of each other, future data is needed to determine if these trends are meaningful.

FIGURE 10: ARTHRITIS



Source: Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System, aggregated by Metopio

The percentage of adults ever having cancer, coronary heart disease, chronic kidney disease, or high blood pressure all technically saw an overall decrease since 2018 but the difference is within 1% for each of the regions, which is not enough to attribute any significance to the decrease.

TABLE 4: PERCENTAGES OF ADULTS WITH CHRONIC DISEASE

	2018		2019		2020	
Public Health District	3	4	3	4	3	4
Ever Had Cancer	6.4%	6.6%	6.3%	6.4%	5.8%	5.9%
Ever Had Coronary Heart Disease	6.7%	5.5%	6.1%	4.9%	6.1%	5.2%
Ever Had Chronic Kidney Disease	3.0%	2.5%	3.0%	2.4%	2.9%	2.4%
Ever Had High Blood Pressure	N/A	N/A	31.3%	27.4%	N/A	N/A

Source: Centers for Disease Control and Prevention, PLACES, aggregated by Metopio

CHNA RESPONDENTS TOP FIVE POOR HEALTH OUTCOMES

When the CHNA survey respondents were asked to identify the top five health concerns to their family, and their community, respondents identified the following:

Their Family/Support System

- Mental Health (32.8%)
- COVID-19 (27.4%)
- Aging Health Concerns (26.7%)
- Access to Health Care (19.6%)
- Obesity/Overweight (15.7%)

Their Community

- Mental Health (44.7%)
- Access to Health Care (33.3%)
- COVID-19 (31.1%)
- Aging Health Concerns (21.6%)
- Access to Contraceptives (19.5%)

These topics align with key themes from the interviews and community focus groups, with an emphasis on mental health and access to health care.

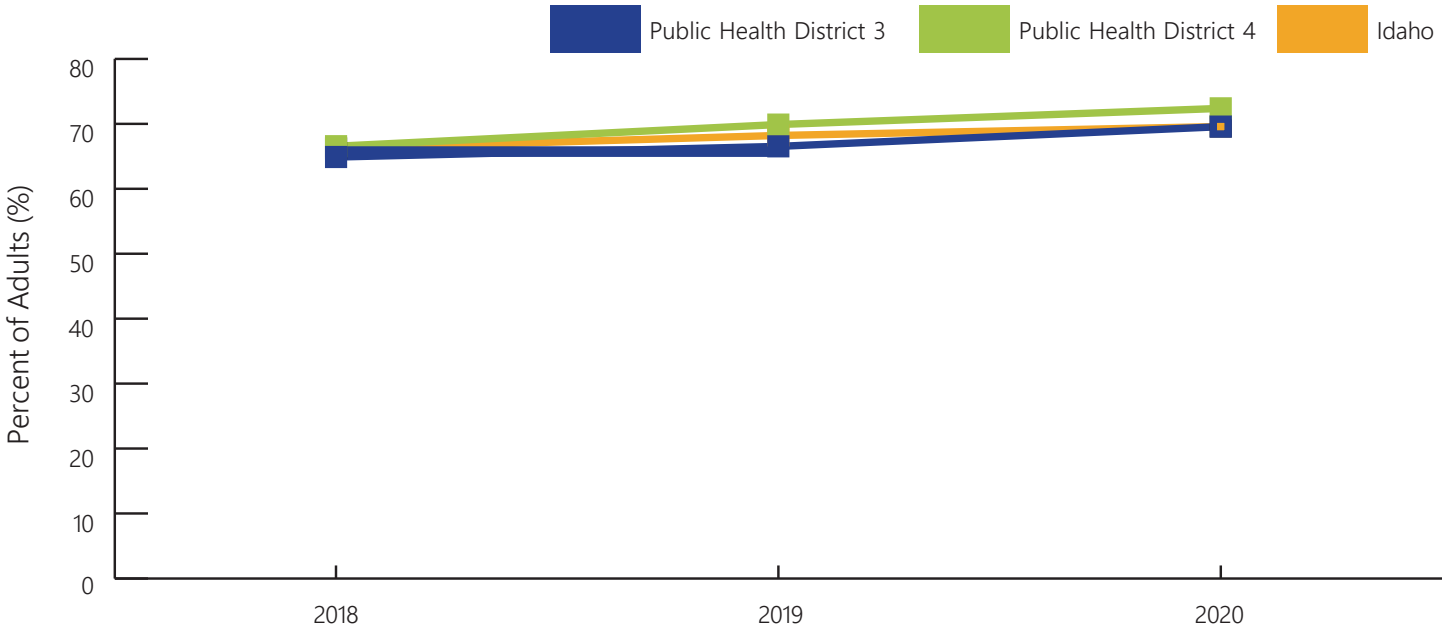
HEALTH CARE: ACCESS AND AFFORDABILITY

Access to health care is defined as the "timely use of personal health services to achieve the best possible health outcomes" by the National Academies of Sciences, Engineering, and Medicine.[10] There are many barriers people face that may prevent or limit their ability to access health care services, which can lead to increases in poor health outcomes and impact overall health equity. Barriers to health care services mentioned by CHNA respondents include limited number of providers, long wait times to see providers, inconvenient operating hours, insurance issues, lack of awareness, and costs associated with care. Though the specific barriers are different, residents across the Greater Treasure Valley, in both rural and urban areas experience difficulty accessing health care.

LACKING HEALTH AND SOCIAL SERVICES

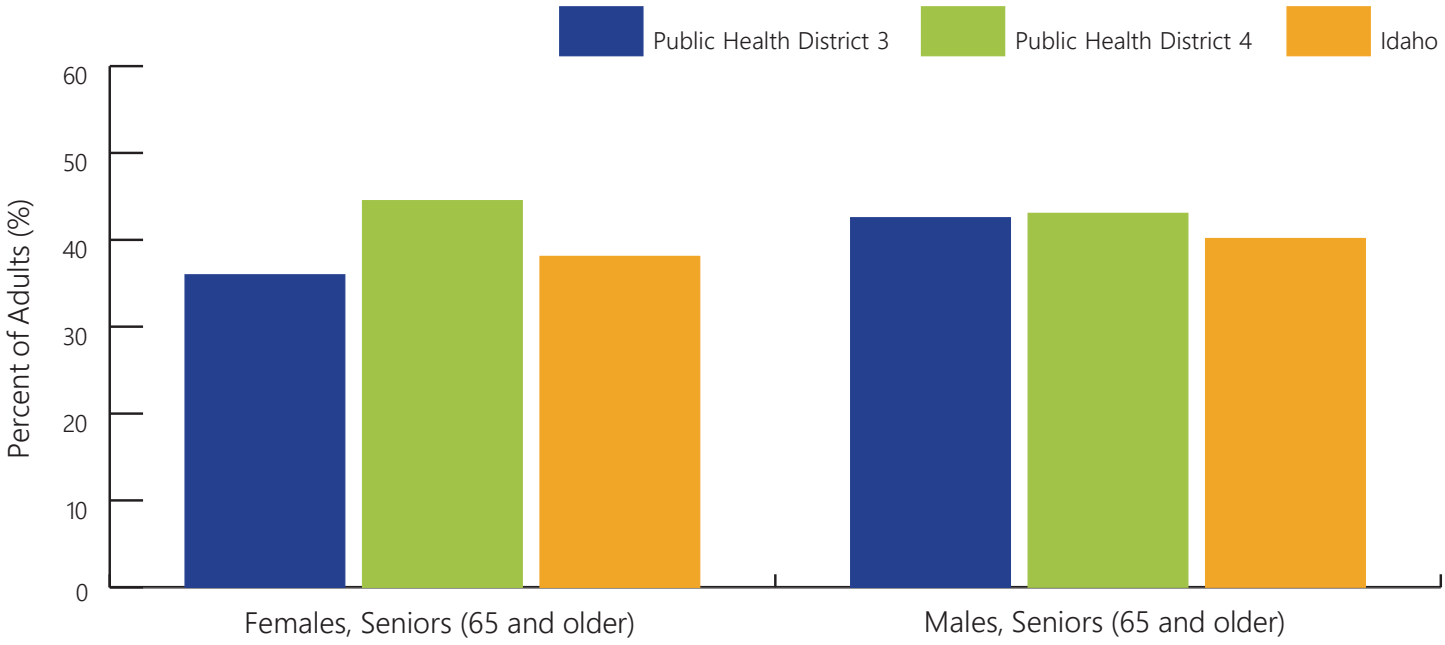
Overall, the report region exceeded the state average of individuals reporting a routine checkup with a medical provider. Similar findings can be seen among seniors receiving their core preventative services by sex and age when compared to the state. However, Greater Treasure Valley CHNA respondents reported insufficient mental health, substance misuse, and general health care services, particularly for specialty services or for providers who accept Medicare or Medicaid.

FIGURE 11: ADULTS VISITING THE DOCTOR FOR ROUTINE CHECKUP



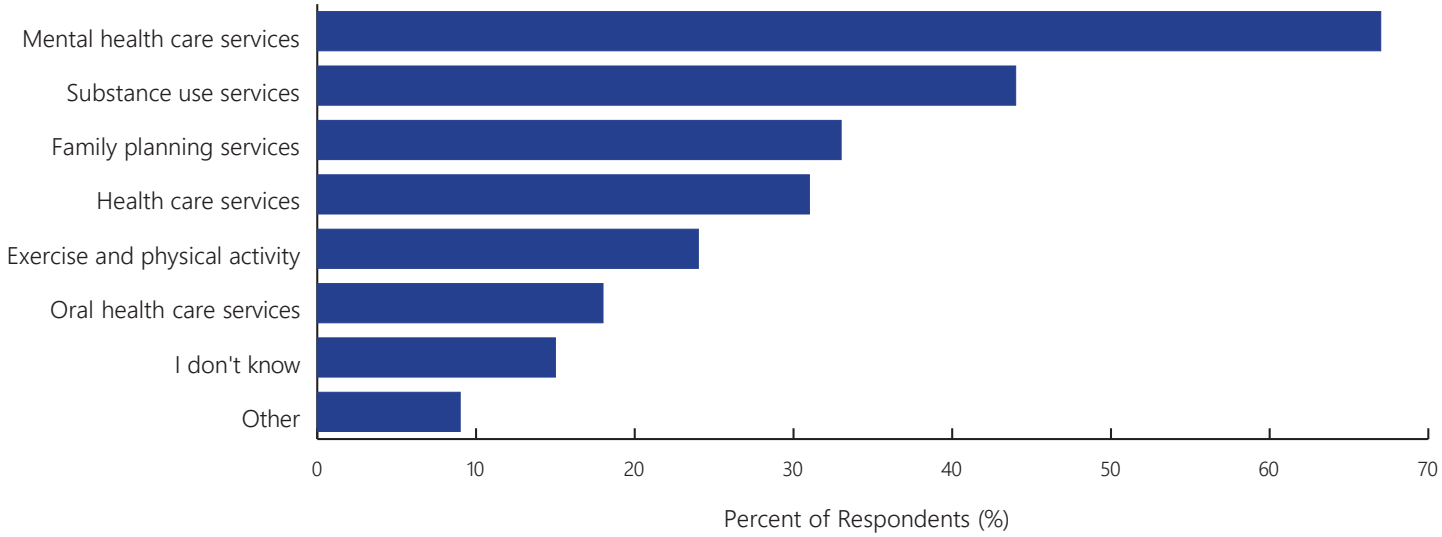
Source: Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System, aggregated by Metopio

FIGURE 12: SENIORS UP TO DATE ON CORE PREVENTATIVE SERVICES BY SEX AND AGE, 2020



Source: Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System, aggregated by Metopio

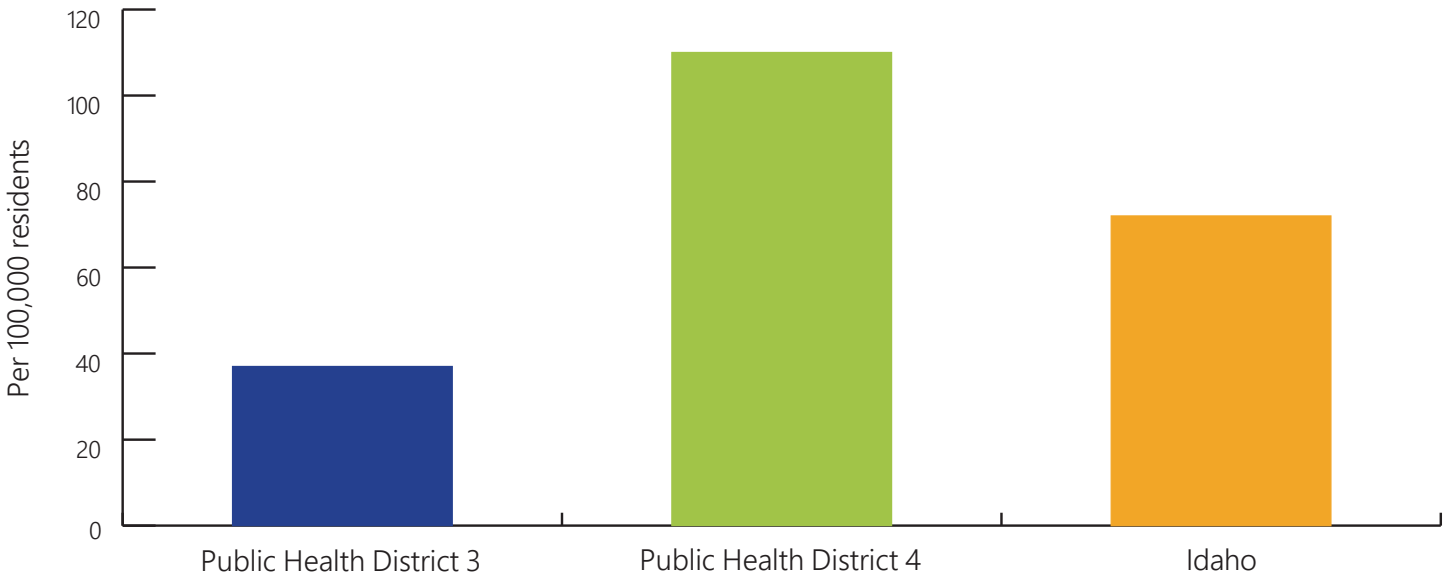
FIGURE 13: WHICH OF THE FOLLOWING HEALTH SERVICES ARE CURRENTLY INSUFFICIENT IN YOUR COMMUNITY?



Source: CHNA Community Data, 2022

In 2021-22, the Greater Treasure Valley had approximately 84 primary care physicians per 100,000 individuals, which is higher than the statewide average (72).

FIGURE 14: PRIMARY CARE PHYSICIANS PER 100,000



Source: Health Resources & Services Administration, Area Health Resources files, aggregated by Metopio, 2021-2022

When divided out by district there are stark differences in access to primary care physicians with Public Health District 3 only having 37 per 100,000 compared to 110 in Public Health District 4. Counties with especially low rates of primary care physicians include Owyhee, Adams, and Boise Counties. Counties with the highest rates are Valley County and Ada County, both are in Public Health District 4.

"We can't recruit and retain physicians to move here."

- Ada County Physician

There are many reasons why an individual may not be able to access health care services in the Greater Treasure Valley. CHNA respondents reported cost of services, insurance issues such as lack of coverage or not enough coverage, language or cultural differences, and long wait times for appointments as barriers to accessing needed health or social services.

Focus groups, interviews, and survey data indicate populations that seem to be most impacted by a lack of awareness of the resources available to them are immigrant and refugee populations or non-native English speakers. Many individuals report difficulties accessing services due to language barriers and experiencing mistreatment due to their immigration status.

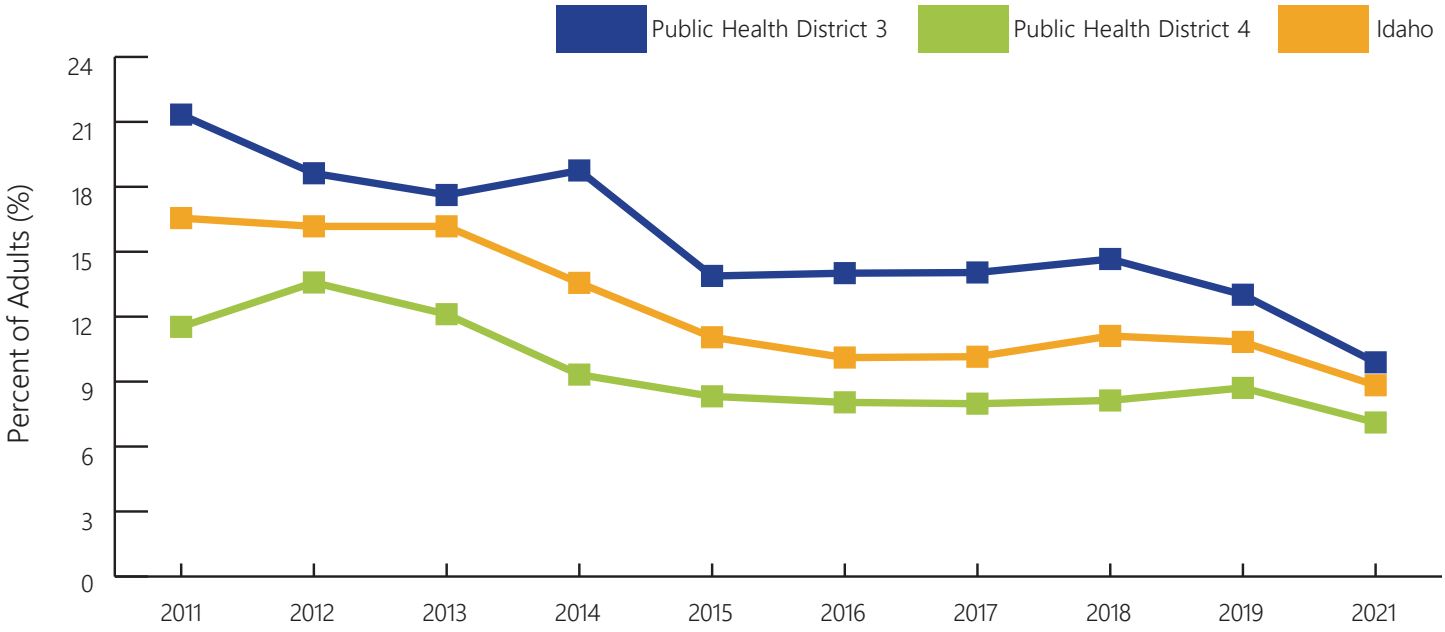
"A (refugee) parent...was working 6am to 6pm Monday through Saturday, and could not get access to care unless she took time off from work, which is how she provides for her family."

- Ada County Health Provider

INSURANCE

Insufficient health insurance or lack of insurance coverage tends to be one of the largest barriers reported to receiving much-needed health care.

FIGURE 15: ADULT UNINSURED RATE



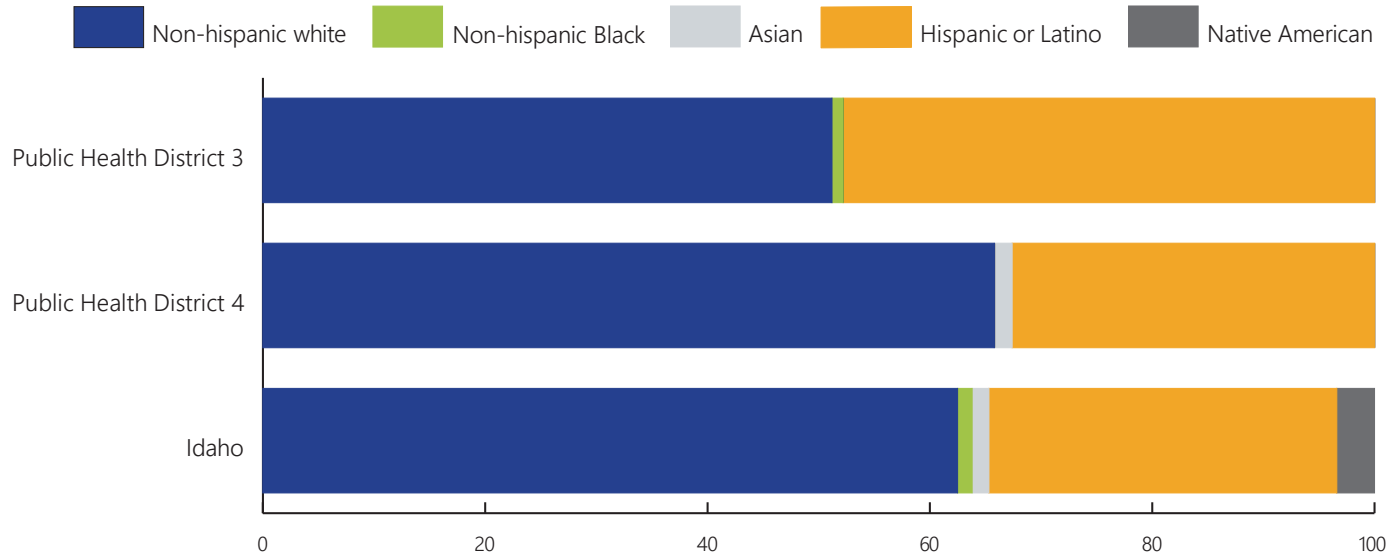
Source: U.S. Census Bureau, American Community Survey 5-Year Estimates, aggregated by Metopio

The number of Idahoans who are uninsured has been trending down for the last few years with a large decrease seen from 2019 to 2021. This is true for the report region with less than 9.8% of all residents being uninsured in Public Health District 3 and 7.1% in Public Health District 4. This is likely related to Medicaid expansion that began in January 2020, however, there are still inequities in health insurance access and coverage based on age and race. Medicaid coverage may also changei n the future.

"A lot of people aren't insured. It's too expensive, so they don't consistently have coverage. They end up at the ER and end up with debt."

- Multi-county Treasure Valley Nonprofit Leader

FIGURE 16: UNINSURED RESIDENTS BY RACE/ETHNICITY, 2021



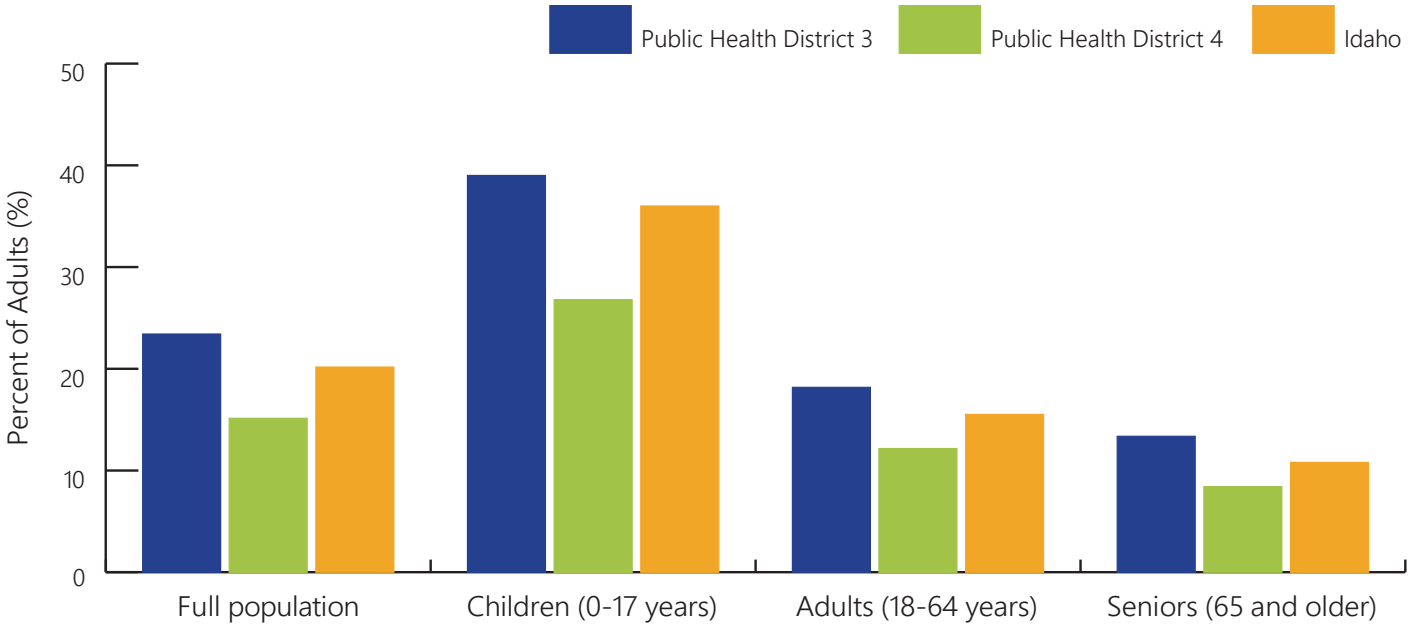
Source: U.S. Census Bureau, American Community Survey 1-Year Estimates, aggregated by Metopio, 2021

The Hispanic/Latino populations in the Greater Treasure Valley are disproportionately uninsured when compared to the state with 47.8% of the uninsured population in Public Health District 3 identifying as Hispanic/Latino, and 32.6% in Public Health District 4. Though Public Health District 3 has higher rates of Hispanic/Latino populations in general, the proportion of those uninsured is still larger. Public Health District 3 has nearly double the non-citizen residents (4.6%) of Public Health District 4 (2.8%), suggesting that it may have a higher percentage of residents whose documentation status makes it more difficult to become insured.[11]

"Building trust among officials and the Hispanic population is a larger barrier than language."

- Canyon County Resident

FIGURE 17: ADULT MEDICAID COVERAGE BY AGE, 2021



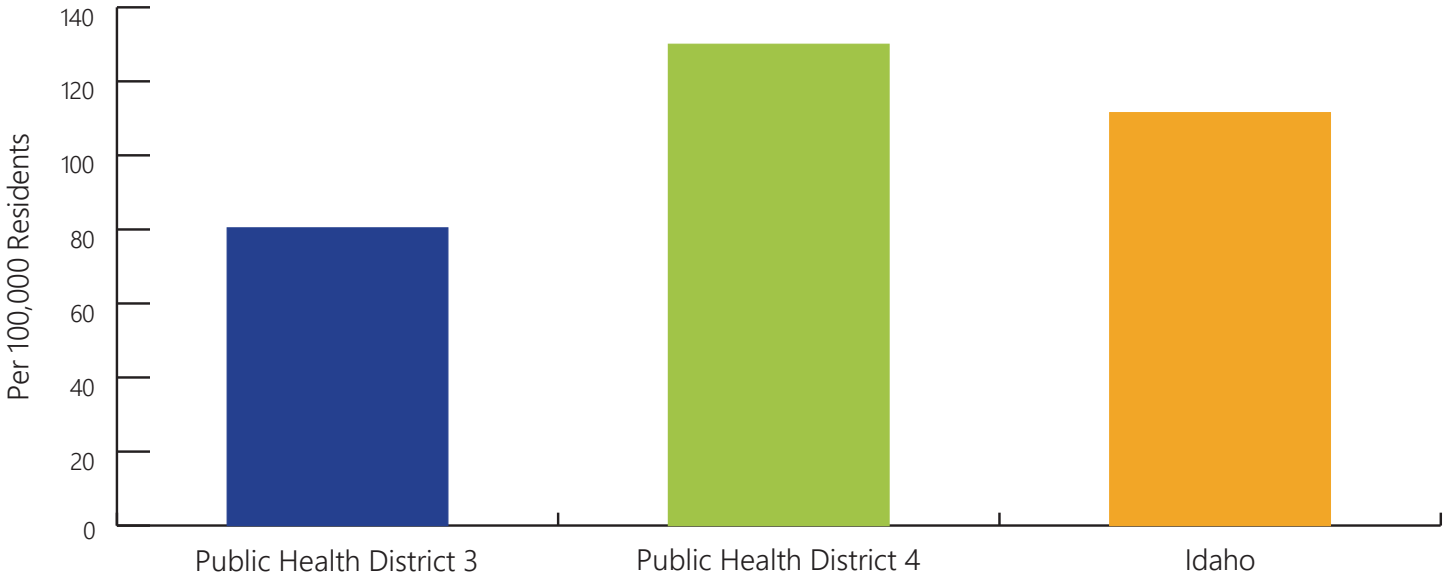
Source: U.S. Census Bureau, American Community Survey 1-Year Estimates, aggregated by Metopio, 2021

Since the expansion of Medicaid in 2020, Idaho has seen increases in those that have access to coverage with modest incomes. A majority of the individuals (39%) who receive Medicaid are under the age of 18. Public Health District 3 has a higher participation rate than the rest of the state. Though positive, CHNA respondents in more rural areas often reported having difficulty finding local providers who accept Medicaid.

ORAL HEALTH

Oral health is an important component of overall health and well-being as it impacts physical health, medical costs, and quality of life. Many residents in the Greater Treasure Valley do not have adequate access to oral health care. All counties in both Public Health District 3 and 4 are considered to be dental health professional shortage areas.[12]

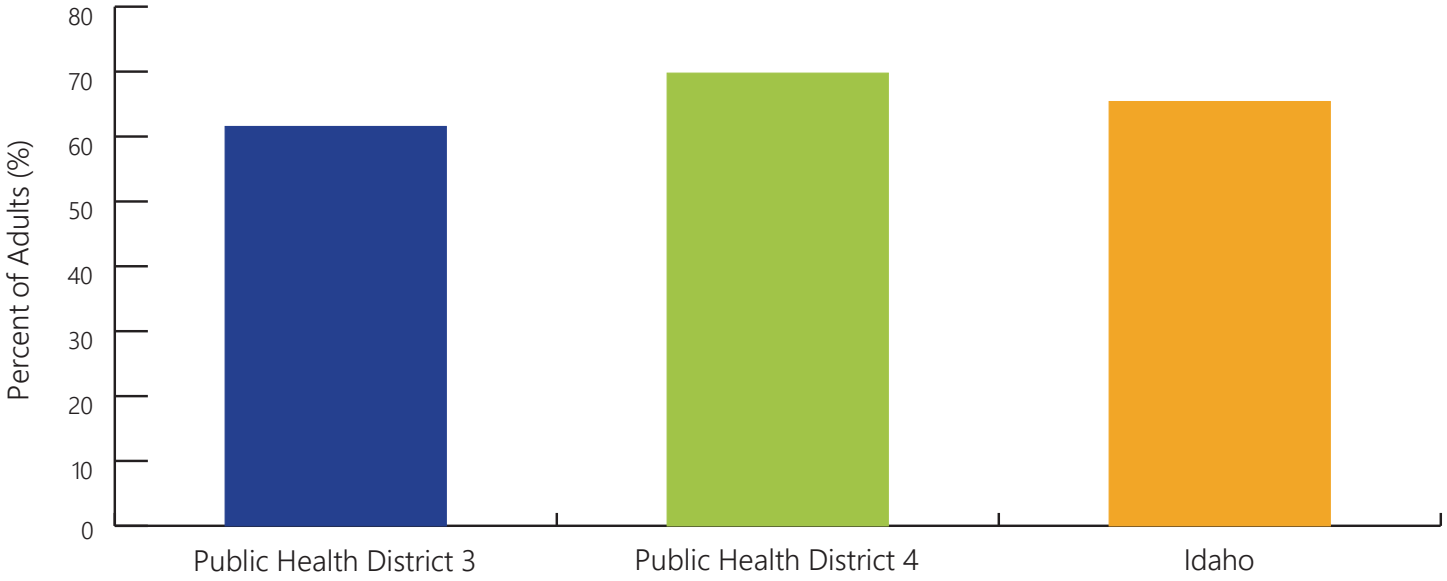
FIGURE 18: DENTISTS PER CAPITA, 2021



Source: Centers for Medicare & Medicaid Services, National Provider Identifier Files, aggregated by Metopio, 2021

In 2021, there were nearly 112 dentists per 100,000 residents in Idaho. For each district there were 80 dentists per 100,000 in Public Health District 3 and 130 in Public Health District 4. When accounting for the number of dentists who accept Medicaid, Medicare or some other forms of insurance, these numbers are much smaller.

FIGURE 19: ADULTS VISITING THE DENTIST, 2020



Source: Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System, aggregated by Metopio

Among adults in Idaho, more than 65% reported seeing a dentist in 2020. Public Health District 4 had a higher percentage with almost 70% reported seeing a dentist and 61% in Public Health District 3.

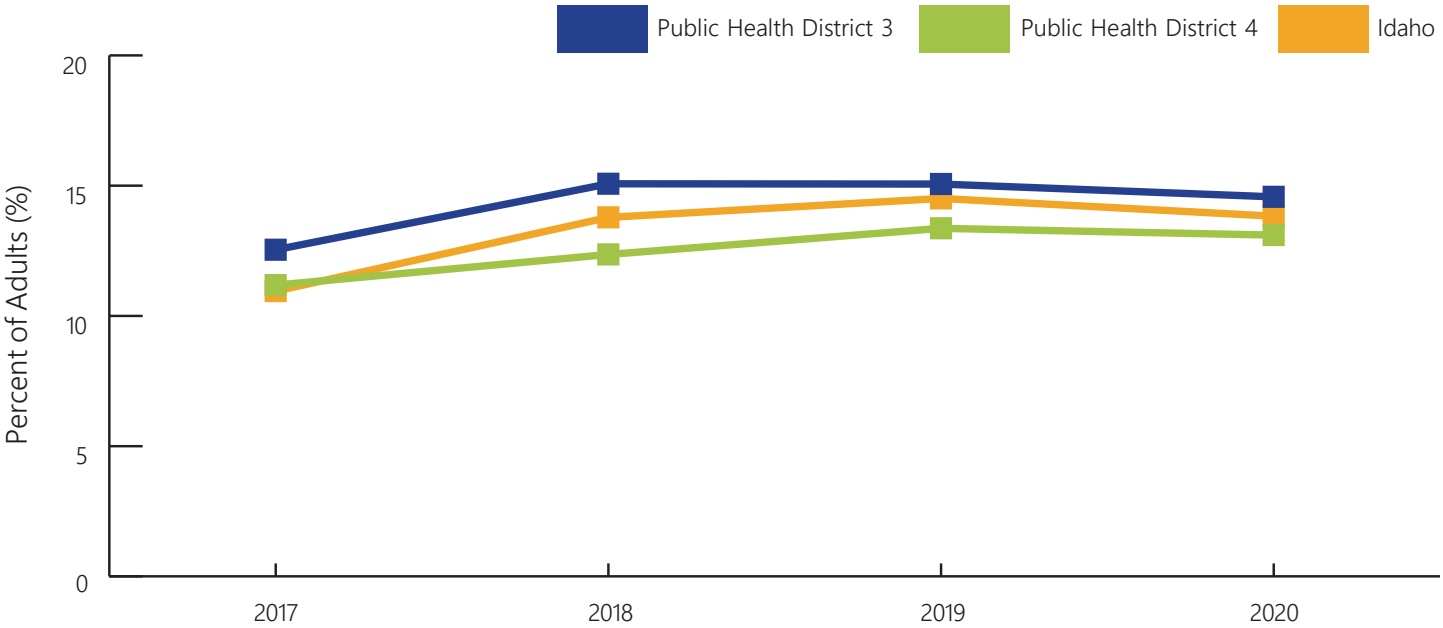
Data related to child oral health care has not been updated since the previous CHNAs were published in 2020. The previous Idaho Smile Survey was conducted in 2017 and reported that due to lack of regular oral health care, many children in Idaho are experiencing oral health issues, such as dental caries (cavities) and active tooth decay. Without updated data, this CHNA cannot report on any changes seen within children related to oral health care, but that does not mean it is not a problem within the report region.

BEHAVIORAL HEALTH: MENTAL HEALTH AND SUBSTANCE MISUSE

Behavioral health issues can be attributed to many factors such as socioeconomic status, genetics, family stability, employment, and overall health and well-being. It influences an individual's ability to participate in healthly behaviors. Addiction is a form of mental illness and substance misuse is often utilized as a self-prescribed treatment from mental illnesses.[13] Therefore behavioral health encompasses both mental health and substance misuse. Behavi.oral health and physical health are directly related and can have great implications on overall health outcomes for an individual and a community.

MENTAL HEALTH

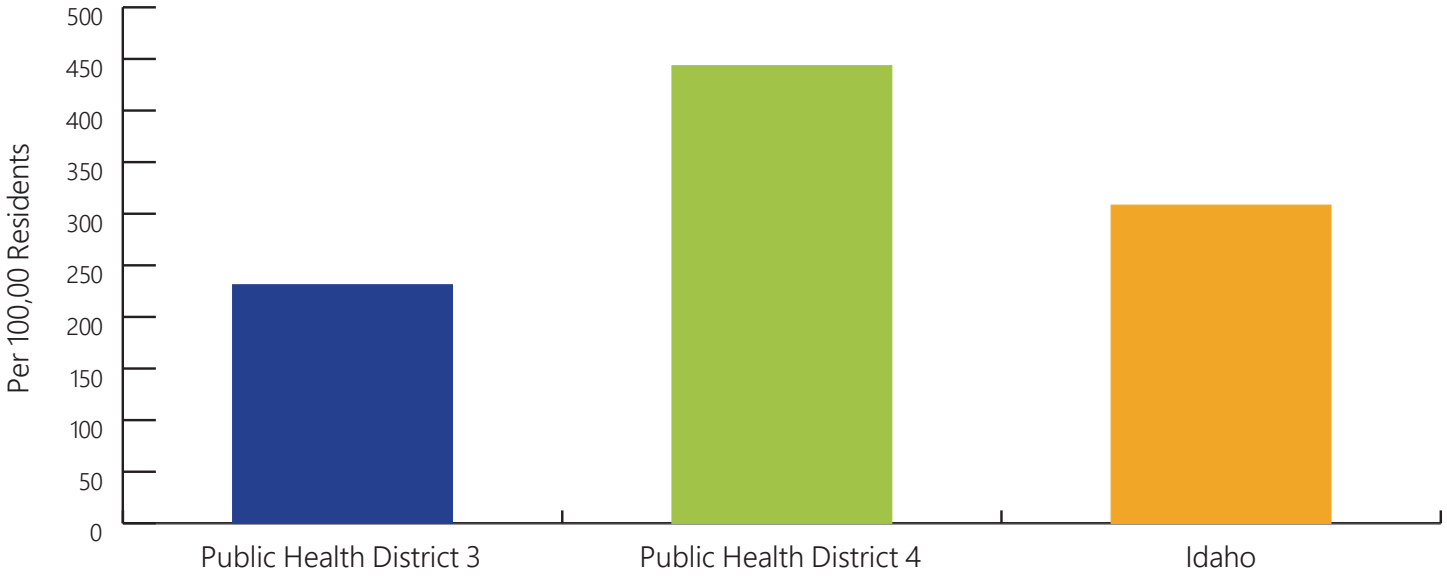
FIGURE 20: ADULT SELF-REPORTED POOR MENTAL HEALTH



Source: Centers for Disease Control and Prevention, PLACES, aggregated by Metopio

Mental health was identified as a top priority to address by community members in the Greater Treasure Valley. This aligns with the issue of high rates of poor self-reported mental health experienced among adults across Idaho and the report region. Rates of poor self-reported health remain above the statewide average and may be higher now as many CHNA respondents specifically indicated increased depression, anxiety, and feelings of isolation in both youth and adults as a result of the COVID-19 pandemic.

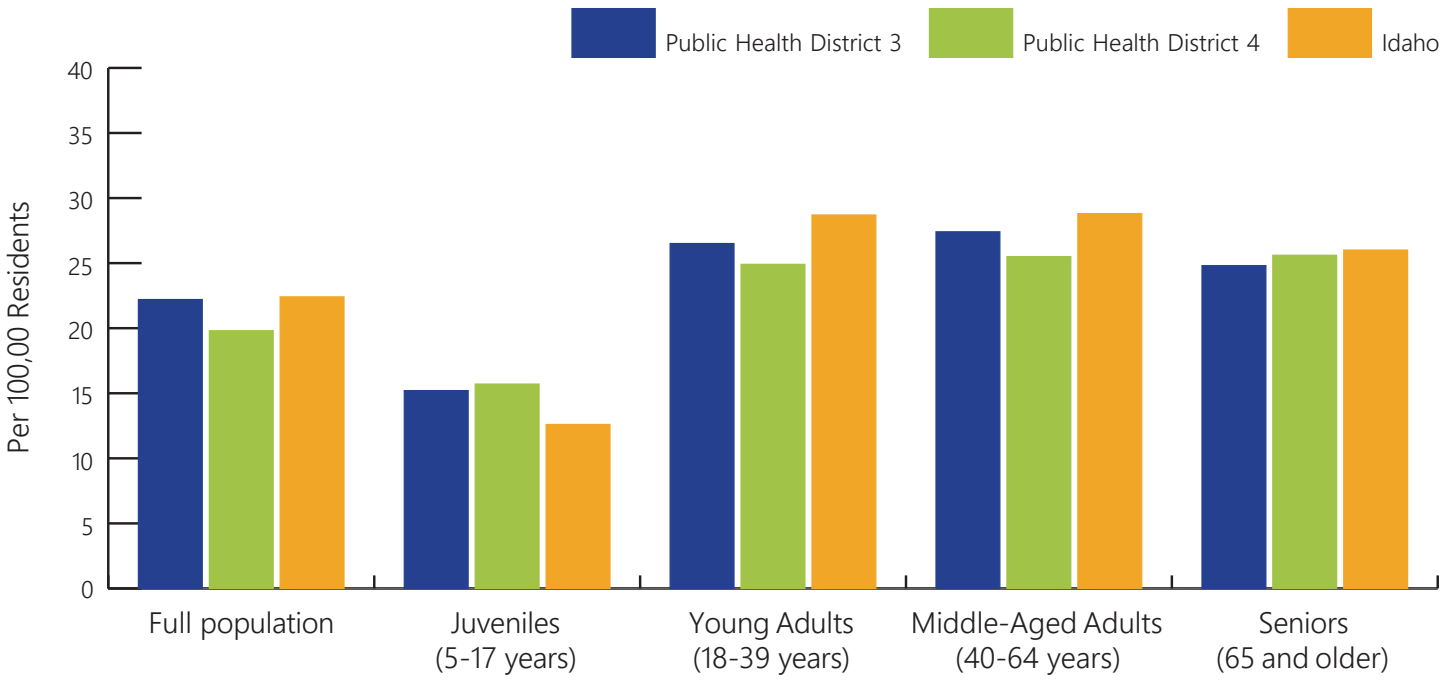
FIGURE 21: MENTAL HEALTH PROVIDERS PER CAPITA, 2021



Source: Centers for Medicare & Medicaid Services, National Provider Identifier Files,, aggregated by Metopio, 2021

In addition to having a higher than the state average self-reported poor mental health, many residents in the Greater Treasure Valley do not have adequate access to mental health care. All counties in both Public Health Districts 3 and 4 are considered to be mental health professionals shortage areas. Public Health District 3 has considerably less mental health providers per 100,000 compared to the state (231 compared to 308) and Public Health District 4 (443).[14] Similar to health care providers, it can be additionally challenging to find mental health providers who accept Medicaid or Medicare. However, CHNA respondents indicated that in some ways mental health services did become somewhat more accessible during the COVID-19 pandemic through telehealth options for counseling.

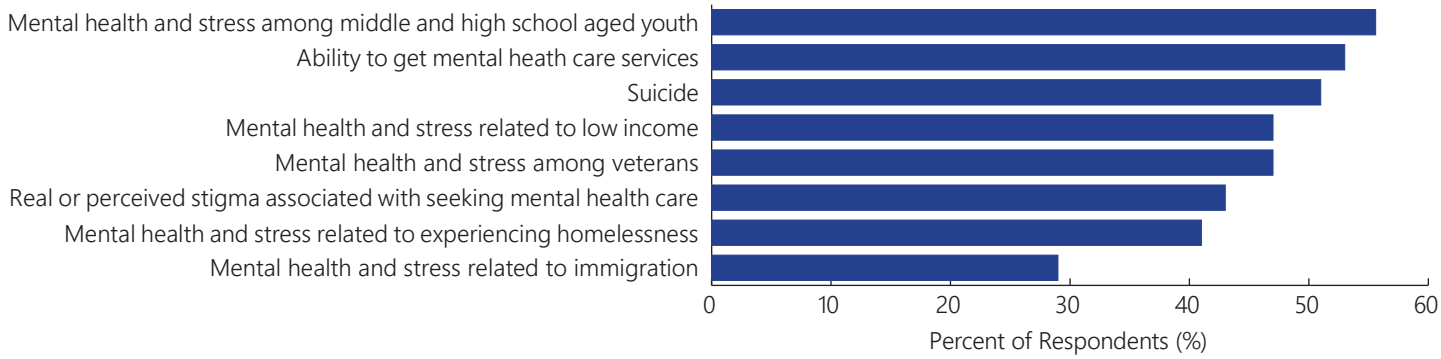
FIGURE 22: SUICIDE MORTALITY BY AGE, 2016-2020



Source: Centers for Disease Control and Prevention, National Vital Statistics System, aggregated by Metopio

Idaho consistently ranks among states with the highest suicide mortality rates (23.2 per 100,000) and is considered an area of high concern within the Mountain West region. When looking at the mortality rate of suicide by age the data shows that individuals in young to middle adult range are most impacted by the high rates of suicide.[15] In Idaho, more men die by suicide than women and men nationally. Among the ten counties, Ada County had the lowest rates of suicide mortality (19.4%) and Gem County had the highest (35.7%).

FIGURE 23: MENTAL HEALTH AND STRESS, ISSUES LISTED AS 'HIGH CONCERN'



Source: CHNA Community Data, 2022

Survey data indicates that community members have high levels of concern regarding their community's response to overall mental health issues, ability to seek treatment, mental health in special populations such as veterans and youth, and suicide. When coupled with the focus group and interview data, there is serious concern in these communities around youth mental health and their ability to seek treatment. CHNA respondents indicated a lack of availability of providers and resources specifically addressing youth and adolescents with mental health and substance misuse and challenges.

"Families are struggling to make ends meet, and kids not getting appropriate medical and mental health care due to lack of affordable services in the area."

- Canyon County Educator

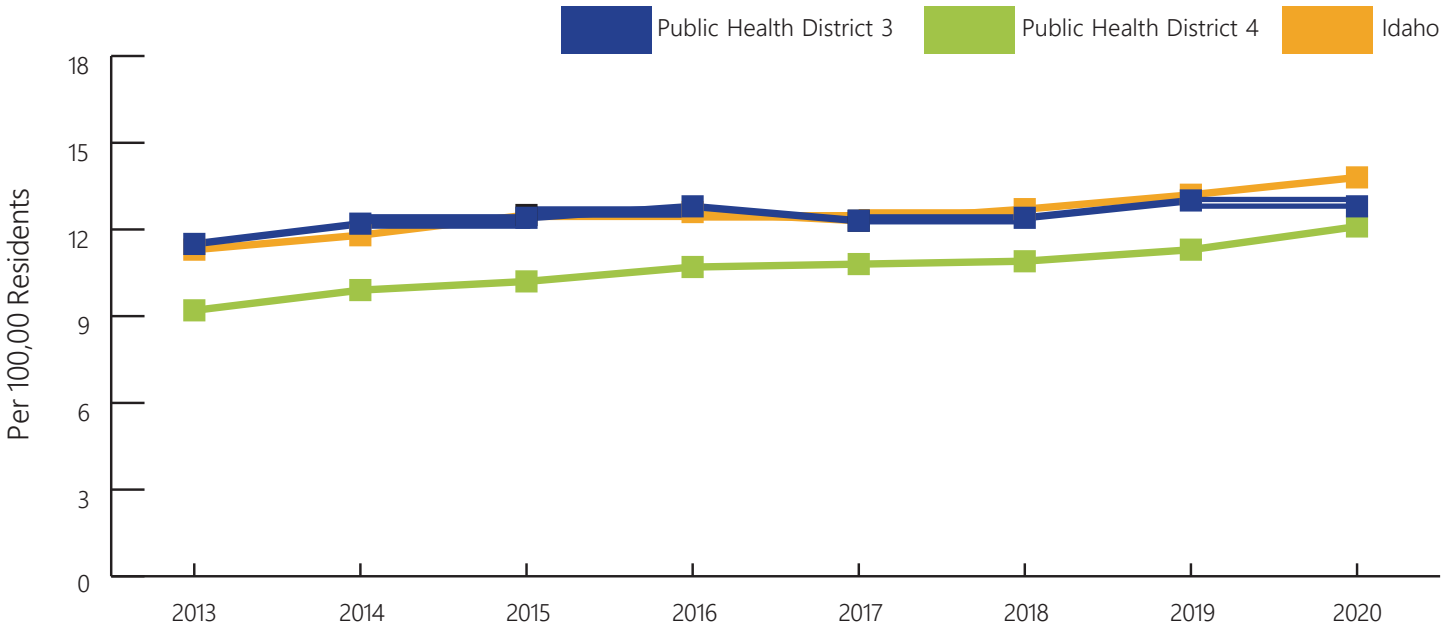
Secondary data on youth mental health outcomes has not been updated since the last CHNA was published due to the Idaho's decision to stop participating in the national biannual Youth Risk Behavior Survey, which includes mental and physical health outcomes and substance misuse. However, local organizations, like Communities for Youth, are partnering with health care systems across the state to try and pick up where this data shortfall is occurring.

SUBSTANCE MISUSE

Substance misuse continues to be a critical public health concern that impacts individuals, families, and their communities. Substance misuse disorders are multifaceted and can be impacted by biological, social, and environmental factors. Substance misuse disorders may impact serious health and social outcomes such as high rates of chronic diseases, cancer, and mental health, as well as violence, crime, housing instability, and financial hardships.

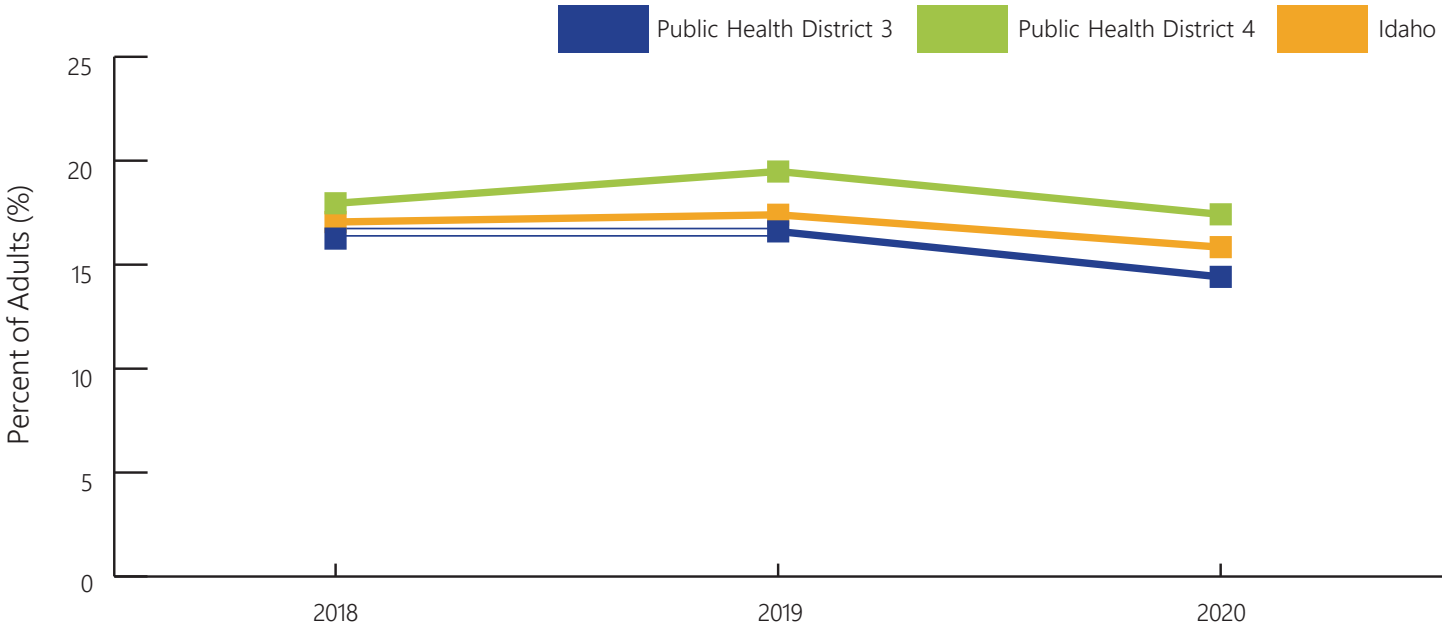
Alcohol is the most prevalent substance used nationwide and in Idaho. Figure 24 shows a steady increase in the deaths per 100,000 caused by alcohol across the Greater Treasure Valley and in Idaho while Figure 25 shows binge drinking habits have started trending downward from 2019 to 2020.

FIGURE 24: RESIDENT ALCOHOL-RELATED MORTALITY



Source: Centers for Disease Control and Prevention, National Vital Statistics System - Mortality, aggregated by Metopio

FIGURE 25: ADULT BINGE-DRINKING

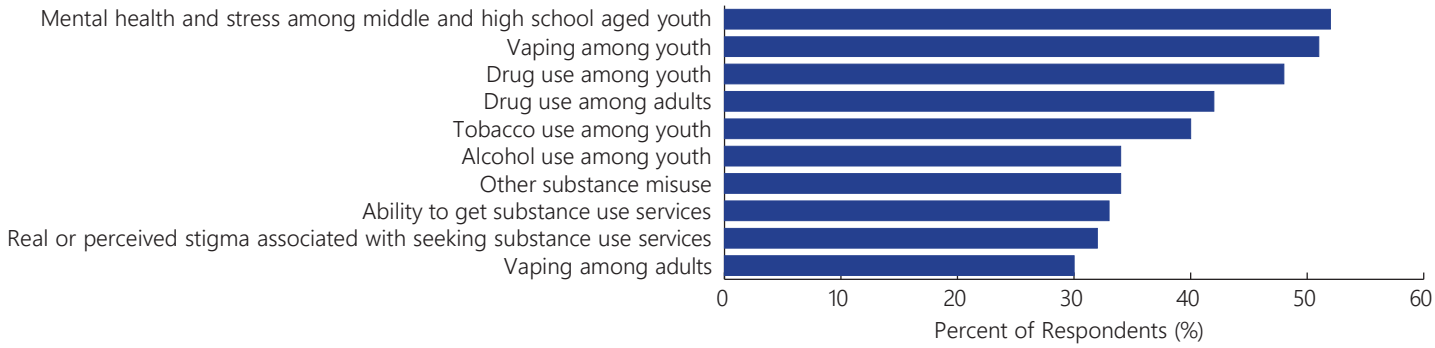


Source: Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System, aggregated by Metopio

When looking at survey data collected regarding substance use, community members report concern for individuals' ability to seek treatment for substance use and misuse, specifically methamphetamine usage, and stigma associated with receiving treatment. In the focus groups and interviews it was commonly discussed that substance misuse and mental health are closely linked and that a community cannot address one issue without acknowledging the other.

When specifically asked about youth substance misuse, the majority of community members reported high concern, specifically for vaping in youth populations.

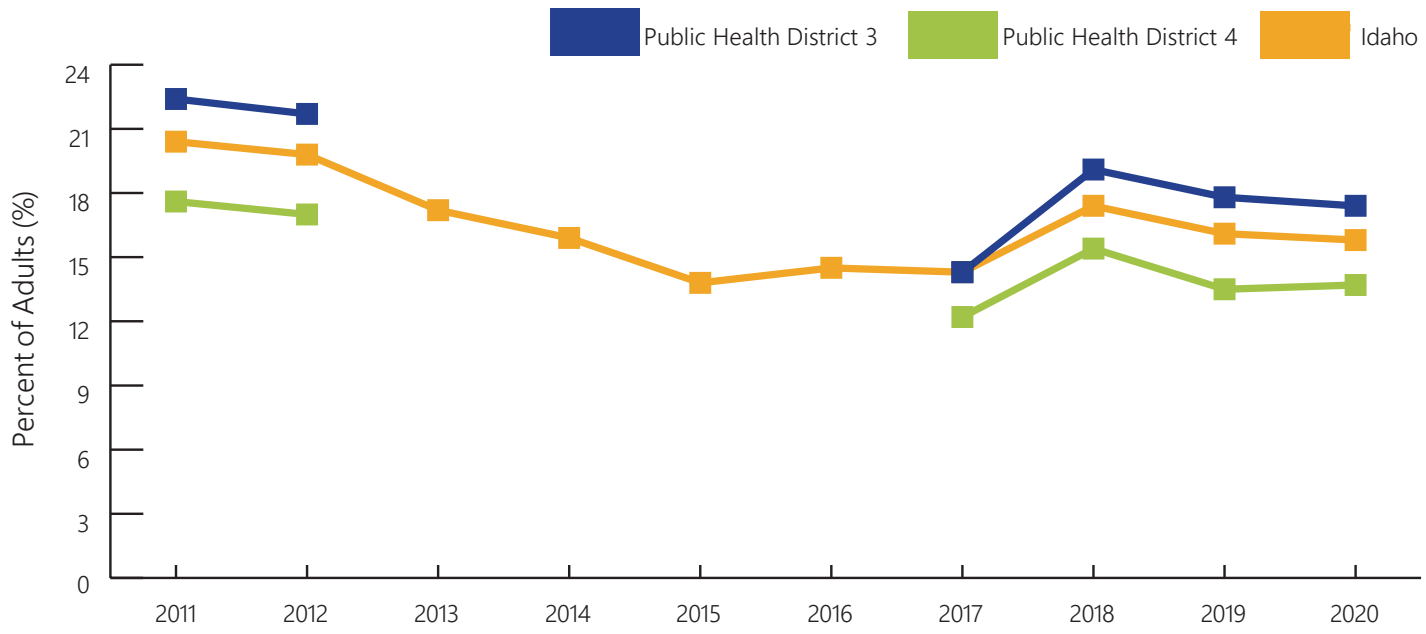
FIGURE 26: SUBSTANCE USE, ISSUES LABELED AS 'HIGH CONCERN'



Source: CHNA Community Data, 2022

Overall, cigarette tobacco use has been on the downward trend based on current data, which does not include e-cigarettes, vaping, or chew. There has been a slight increase seen from 2017 to 2018. In addition, the data currently available does not isolate vaping among specific populations, such as youth. According to the Campaign for Tobacco Free Youth, approximately 21.5% of high school students in Idaho use e-cigarettes and it is estimated that 30,000 youth who are now under 18 and alive in Idaho will ultimately die prematurely from smoking.[16] The 2022 National Youth Tobacco Survey (NYTS) found that 16.5% of high school students reported utilizing a tobacco product in the past 30 days, with e-cigarettes/vaping being the most common product utilized.[17]

FIGURE 27: ADULT CIGARETTE SMOKING PREVALENCE



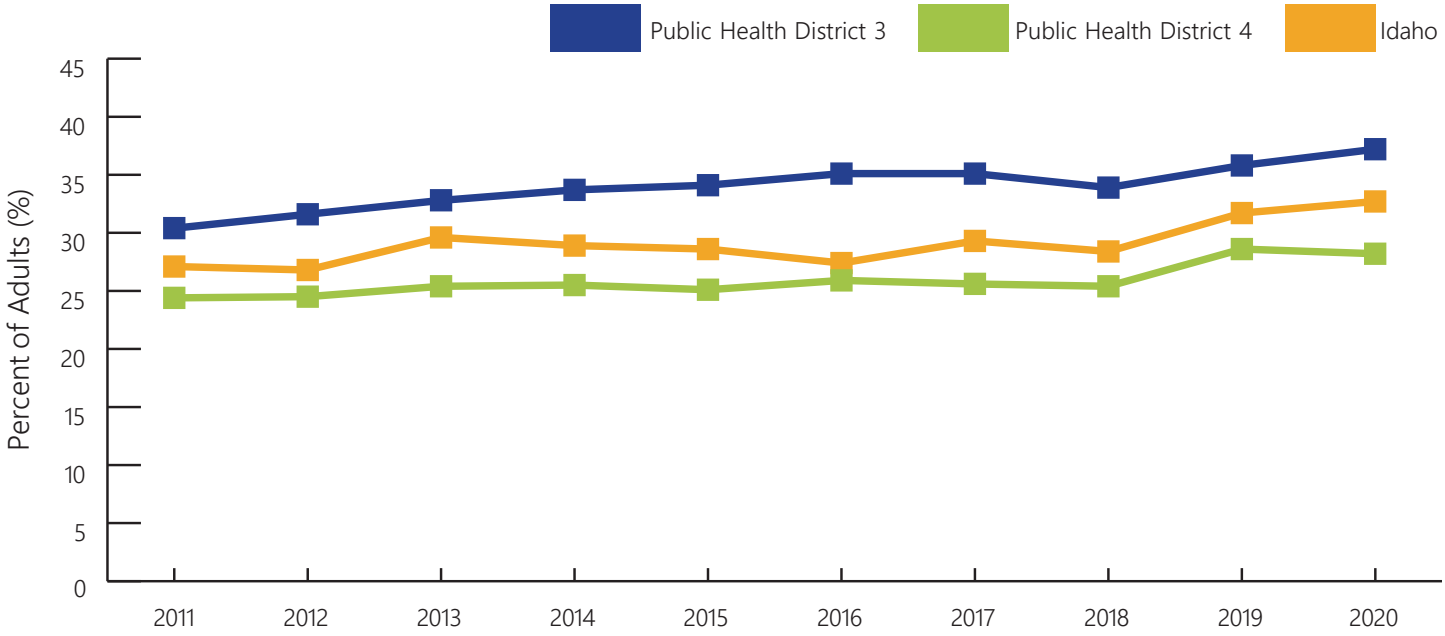
Source: Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System, 2011-2013; Centers for Disease Control and Prevention, PLACES, 2014-2020, aggregated by Metopio

Note: Data was not available for the Public Health Districs for the years 2013-2016

HEALTHY BEHAVIORS

Healthy behaviors can include fruit and vegetable consumption, receiving flu vaccines, and participating in cancer screenings or other preventative health care services in addition to physical activity. Public data on fruit and vegetable consumption, as well as vaccination data have each not been updated in over a decade, so they are not included in this report. Conversely, screening data is too robust to include but all data can be found on the Idaho Oregon Community Health Atlas. Body weight can be impacted by genetic, behavioral, and hormonal influences, and obesity is a complex medical condition. Rates of individuals who are affected by obesity have continued to rise across the Greater Treasure Valley.

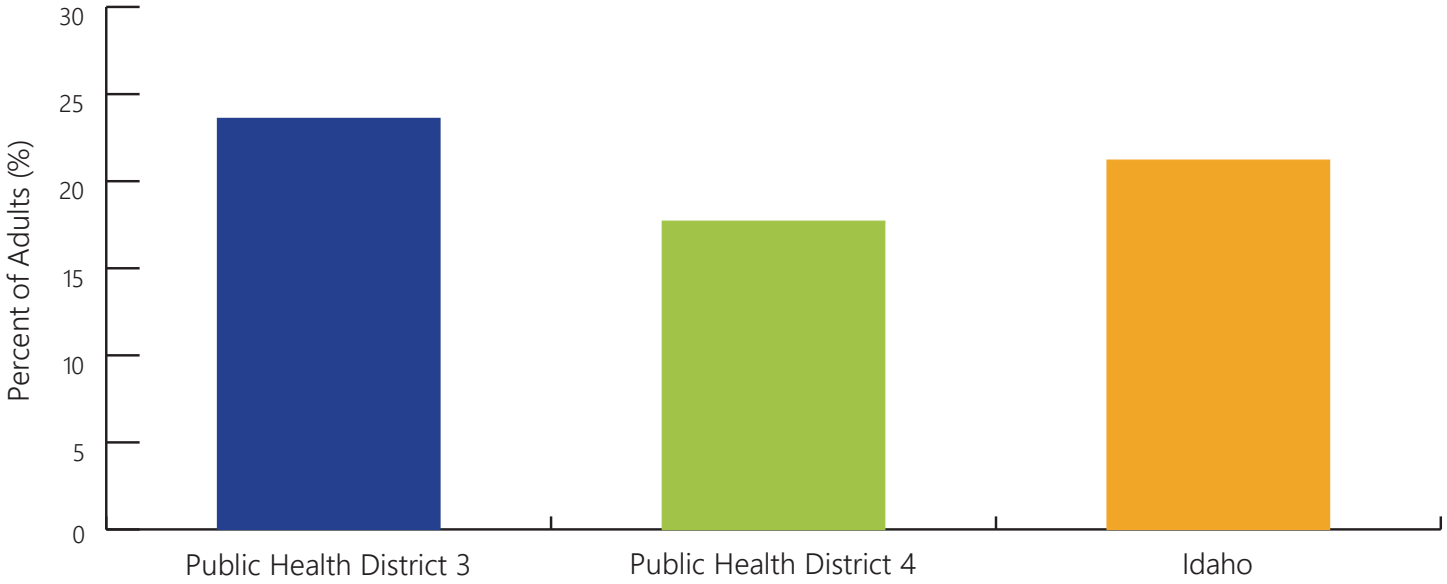
FIGURE 28: ADULT OBESITY



Source: Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System, aggregated by Metopio

Public Health District 3 has considerably higher rates of obesity in adults than the Idaho average and Public Health District 4 tends to be lower than the Idaho average.

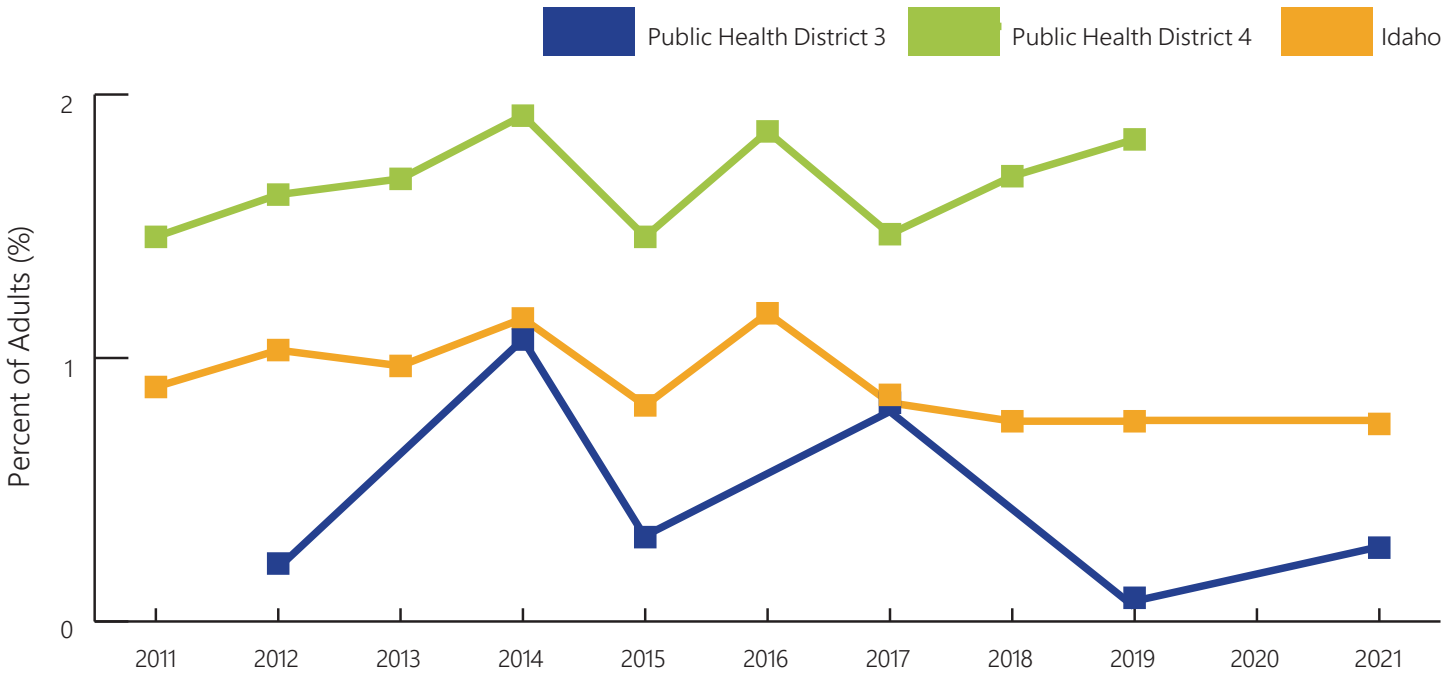
FIGURE 29: ADULTS WITHOUT EXERCISE, 2020



Source: Centers for Disease Control and Prevention, United States Diabetes Surveillance System, aggregated by Metopio

Overall, adults in Public Health District 3 report lower levels of exercise outside of work obligations compared to Public Health District 4. Biking to work is more common in Public Health District 4, though data is not available for 2020-2021.

FIGURE 30: ADULTS BIKING TO WORK



Source: U.S. Census Bureau, American Community Survey 5-Year Estimates, aggregated by Metopio

In order for community members to use alternative methods of active transport, communities need to promote safe, well-maintained, connected travel routes. Walkability and bikeability is not only useful for recreation, but also provides access to critical resources and services in communities such as public transportation, food retail outlets, schools and employment centers. Within the Greater Treasure Valley there have been many efforts to improve opportunities for active transportation.

SOCIAL DETERMINANTS OF HEALTH

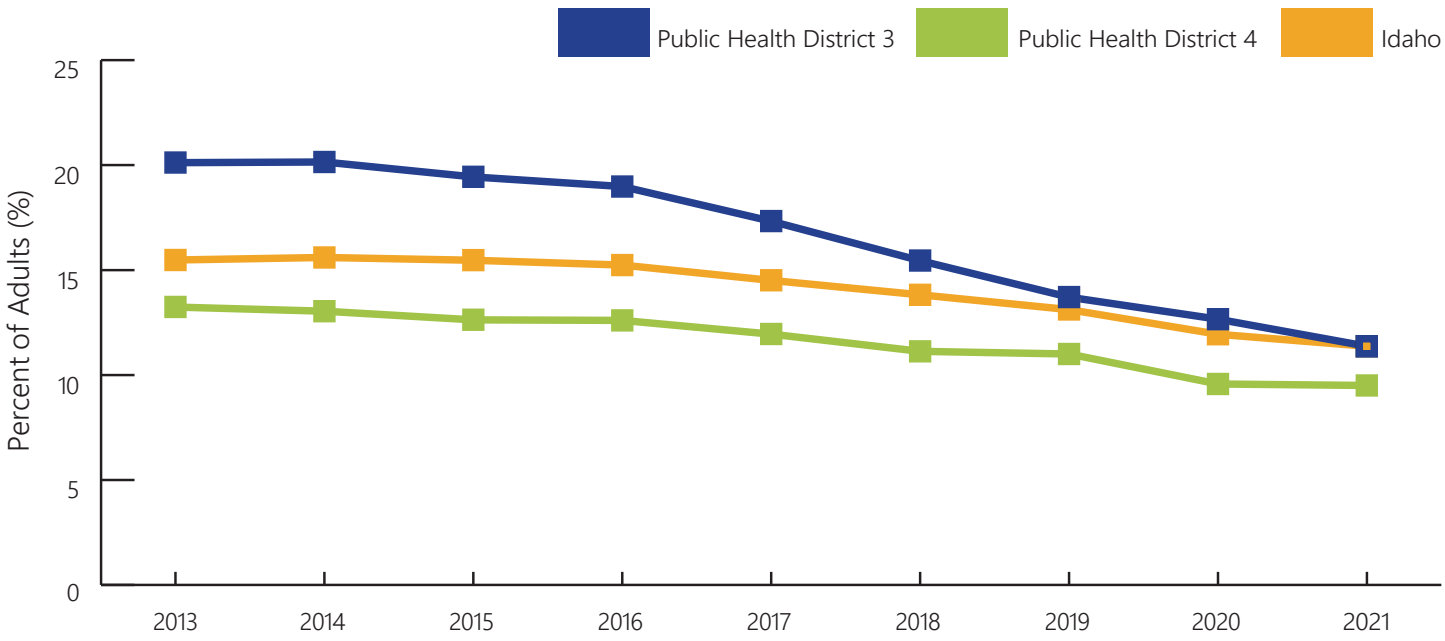
FINANCIAL STABILITY

Financial stability reflects a person's ability to find stability through resources requiring money, including housing, food, childcare, education, and health care. The following section discusses the financial stability of residents in the Greater Treasure Valley.

POVERTY

The Federal Poverty Level (FPL) is a measure of income issued annually by the Department of Health and Human Services used to determine eligibility for programs and benefits.[18] Although the FPL is used to measure a resident's ability to financially meet basic needs, it is not an exclusive measure of financial struggle. The FPL is also calculated for the entire 48 contiguous states grouped together and it cannot account for variation across states, counties, or cities. This means that a region such as the Greater Treasure Valley may have a much different cost of living than the national average the FPL was based on. In the Greater Treasure Valley, many low-income households fall above the FPL and still struggle to make ends meet.

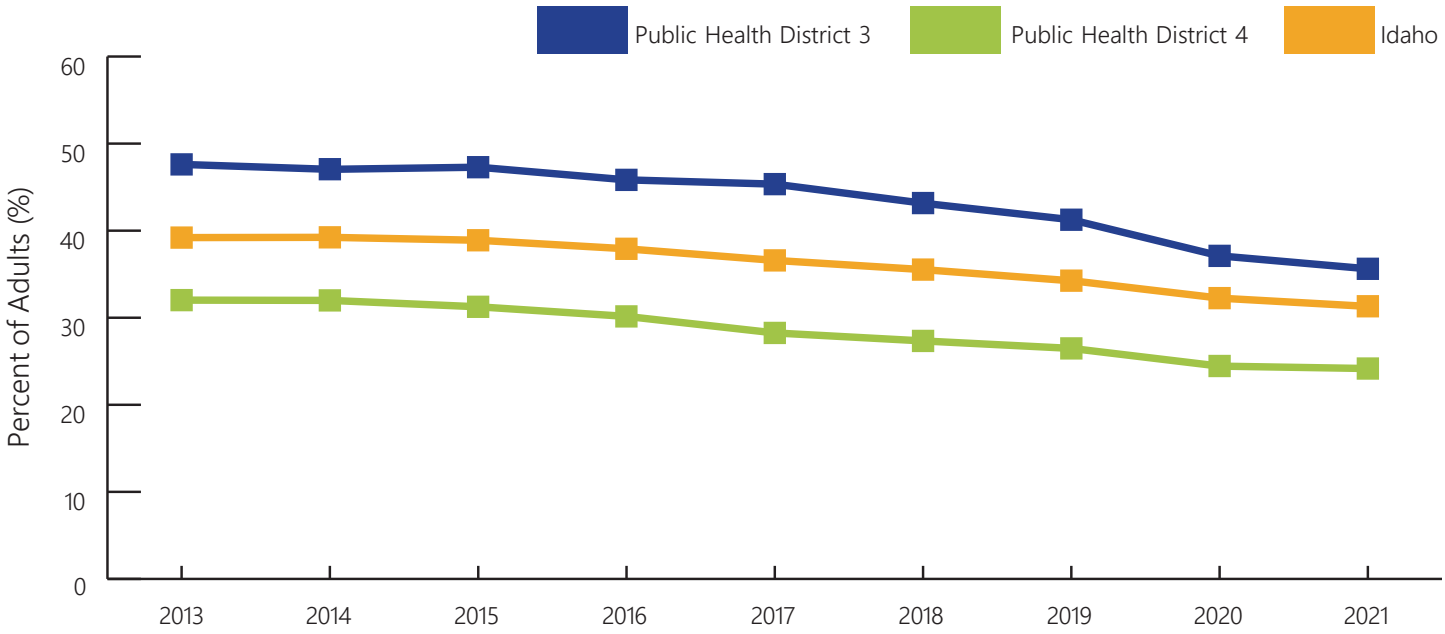
FIGURE 31: ADULT POVERTY RATE



Source: U.S. Census Bureau, American Community Survey 5-Year Estimates, aggregated by Metopio

Living with an income below two times (200%) the FPL is another less severe indicator of financial stress. The percentage of residents living below 200% of FPL has also continued to decline in Districts 3 and 4, although Public Health District 3 still has higher percentages of residents living with incomes below 200% of the FPL than the state as a whole. Washington County has the highest percentage of residents living below 200% of the FPL (46%), while Ada County has the lowest (23%).

FIGURE 32: ADULTS BELOW 200% OF POVERTY OF LEVEL

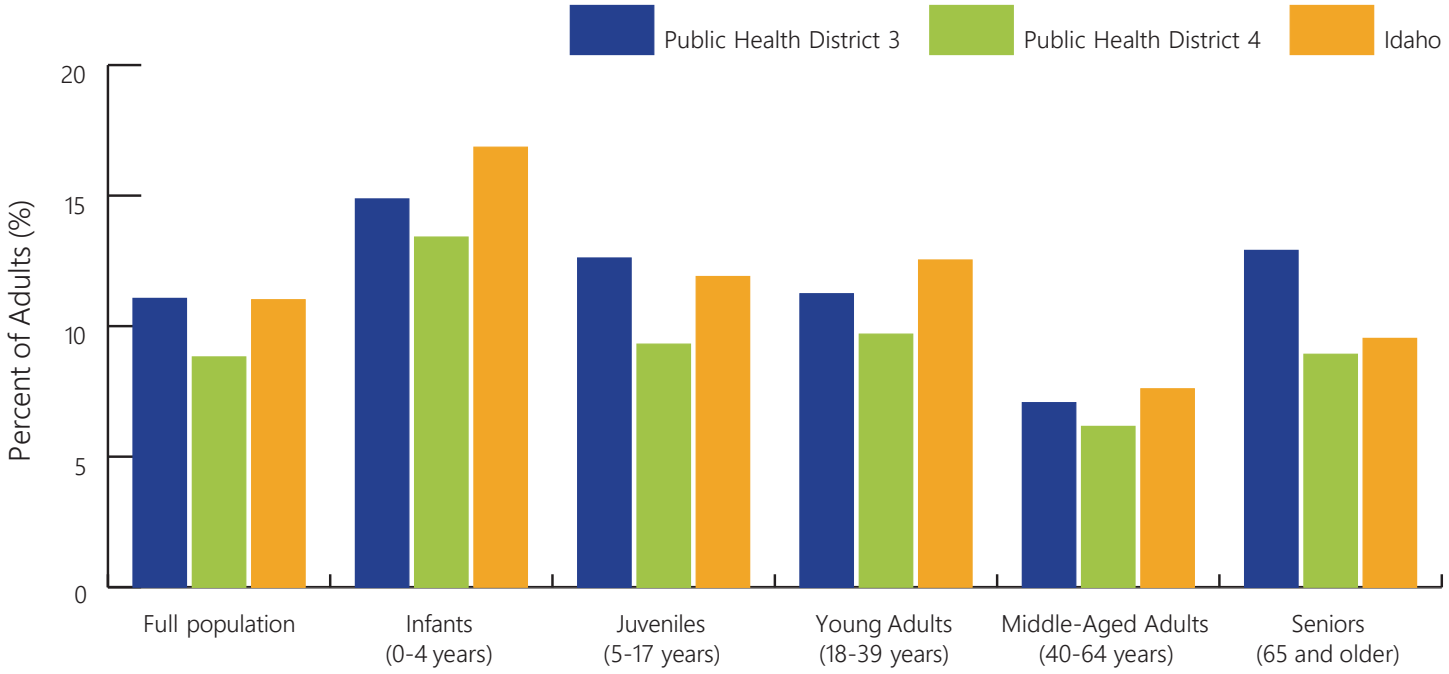


Source: U.S. Census Bureau, American Community Survey 5-Year Estimates, aggregated by Metopio

The number of all residents living under the FPL has been steadily declining in Idaho and the Greater Treasure Valley for many years, although Public Health District 3 saw an upward spike between 2019 and 2021. Adams and Owyhee Counties both had more than 15% of residents living below the FPL, while Ada County was the only county in the region with fewer than 10% of residents living below the FPL.

Public Health District 3 also has higher than state average poverty rates among seniors and youth, indicating that families with children and older adults may be more vulnerable to financial instability. CHNA respondents commonly mentioned youth and seniors as being vulnerable populations disproportionately affected by financial challenges, such as housing burden, food insecurity, and trouble paying for health care.

FIGURE 33: POVERTY RATE BY AGE, 2021



Source: U.S. Census Bureau, American Community Survey 5-Year Estimates, 2021, aggregated by Metopio

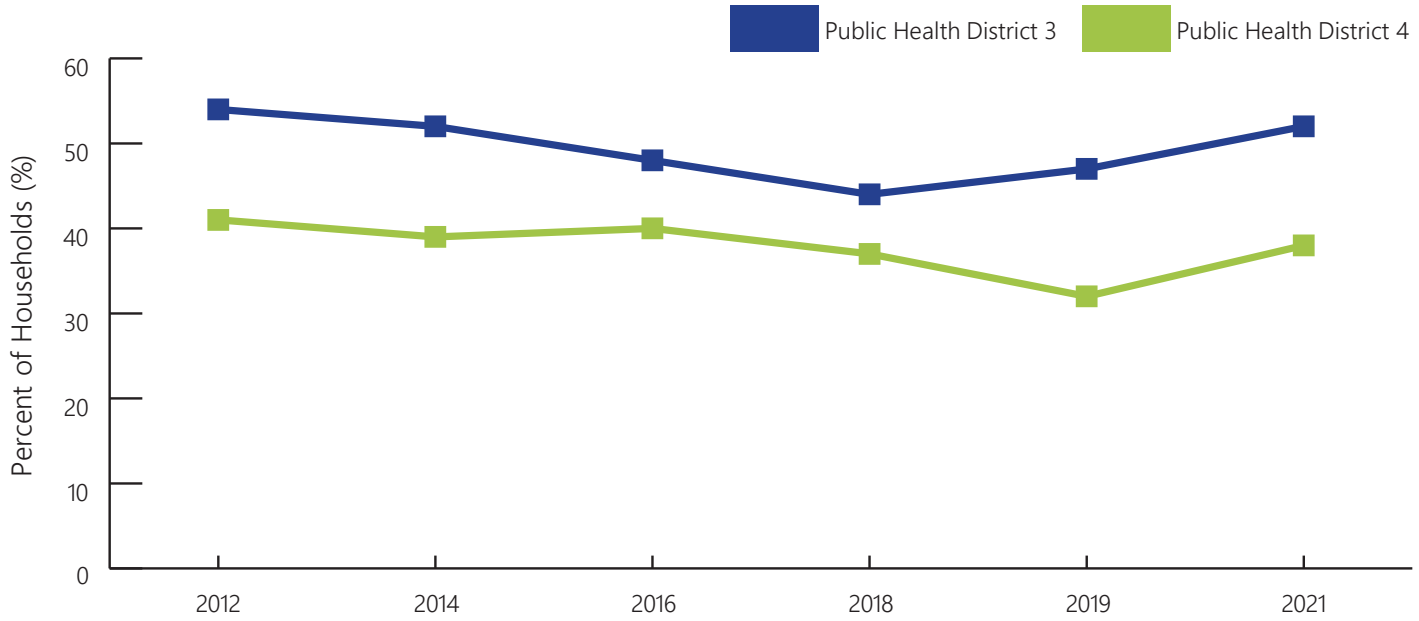
ALICE

Nationally, United Way coined the term "ALICE" to refer to Asset Limited, Income Constrained, Employed individuals. The calculation of ALICE levels (last updated for 2018) considers the localized costs for a variety of household necessities and the amount of income required for a bare minimum "survival budget" for each census tract.[19]

As of 2018, nearly one in two households in both Districts 3 and 4 was struggling to meet basic needs. Since then, both Districts have seen an increase in households below the ALICE threshold. District 3 has been hit the hardest, with nearly a 10% increase in households below the threshold since 2018.

In District 4, Ada and Boise counties have lower percentages of households (35-40%) below the ALICE threshold, while in District 3, Washington County has a higher percentage of households below the ALICE threshold (58%) than other counties in the Greater Treasure Valley. Elmore County saw the most notable increase in households below the ALICE threshold, from 41% in 2018 to 51% in 2021.

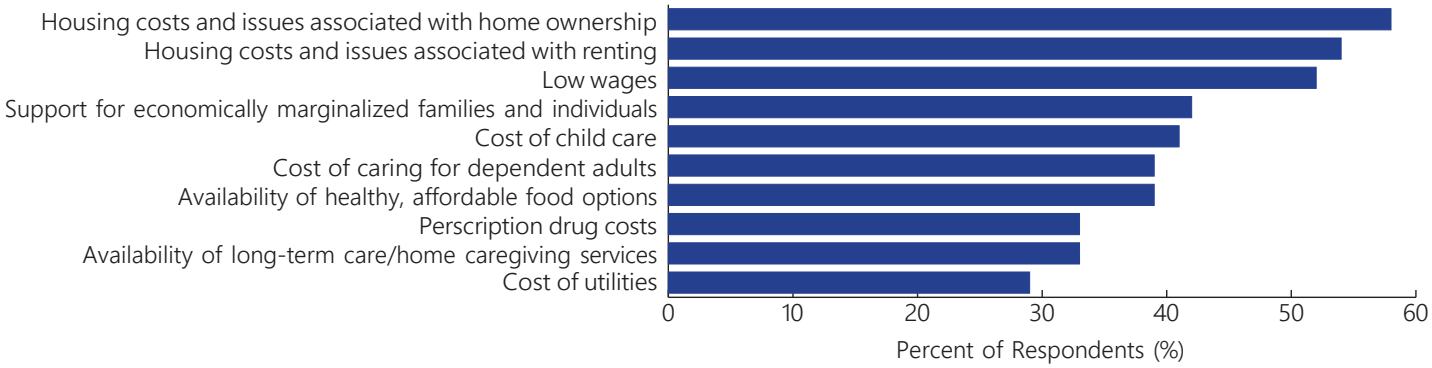
FIGURE 34: HOUSEHOLDS BELOW ALICE THRESHOLD



Source: United for Alice, ALICE State and County Demographics, 2021

When asked about their greatest cost of living concerns, Treasure Valley survey respondents ranked housing costs associated with ownership and renting as their top concerns, followed by low wages.

FIGURE 35: CHNA REGIONAL SURVEY, COST OF LIVING - ISSUES LISTED AS 'HIGH CONCERN'



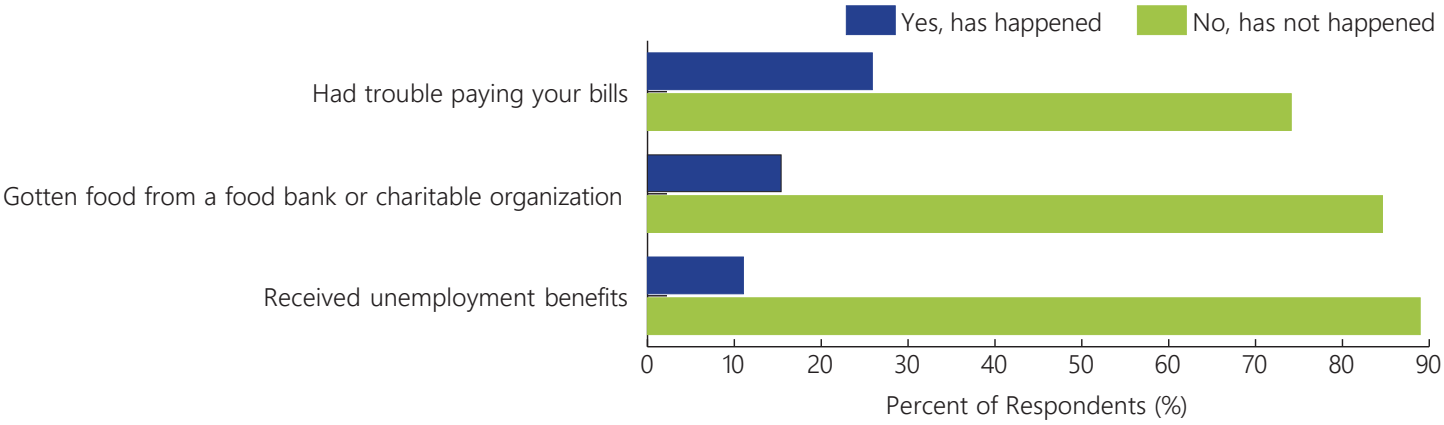
Source: CHNA Community Data, 2022

These responses are interconnected to the other response options as housing costs and low wages may have spillover effects, making it more difficult for households, especially low-income households, to allocate funds toward dependent care, food, and health care.

IMPACTS OF THE COVID-19 PANDEMIC

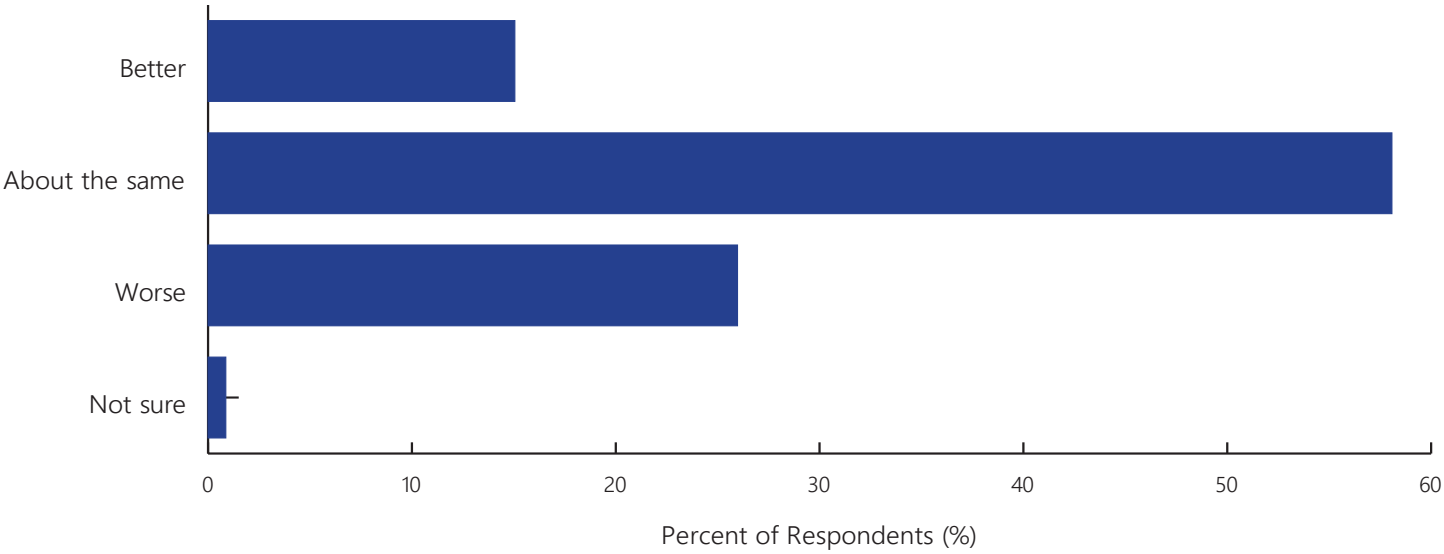
For some, the pandemic may have worsened cost of living challenges. According to a 2021 statewide survey,[20] many Idahoans faced increased financial challenges following the COVID-19 pandemic, including trouble paying bills, food insecurity, and unemployment. Additionally, more than a quarter of Idahoans reported that their financial situation has gotten worse since the start of the pandemic.

FIGURE 36: FOR EACH OF THE FOLLOWING, PLEASE TELL ME WHETHER IT IS SOMETHING THAT HAS HAPPENED TO YOU AS A RESULT OF THE COVID PANDEMIC?



Source: May, M., McGinnis-Brown, L., & Fry, V. (2022). Seventh annual Idaho public policy survey. Idaho Policy Institute, Boise State University.

FIGURE 37: SINCE THE START OF THE PANDEMIC, IS THE FINANCIAL SITUATION OF YOU AND YOUR FAMILY NOW BETTER, WORSE, OR IS IT ABOUT THE SAME?



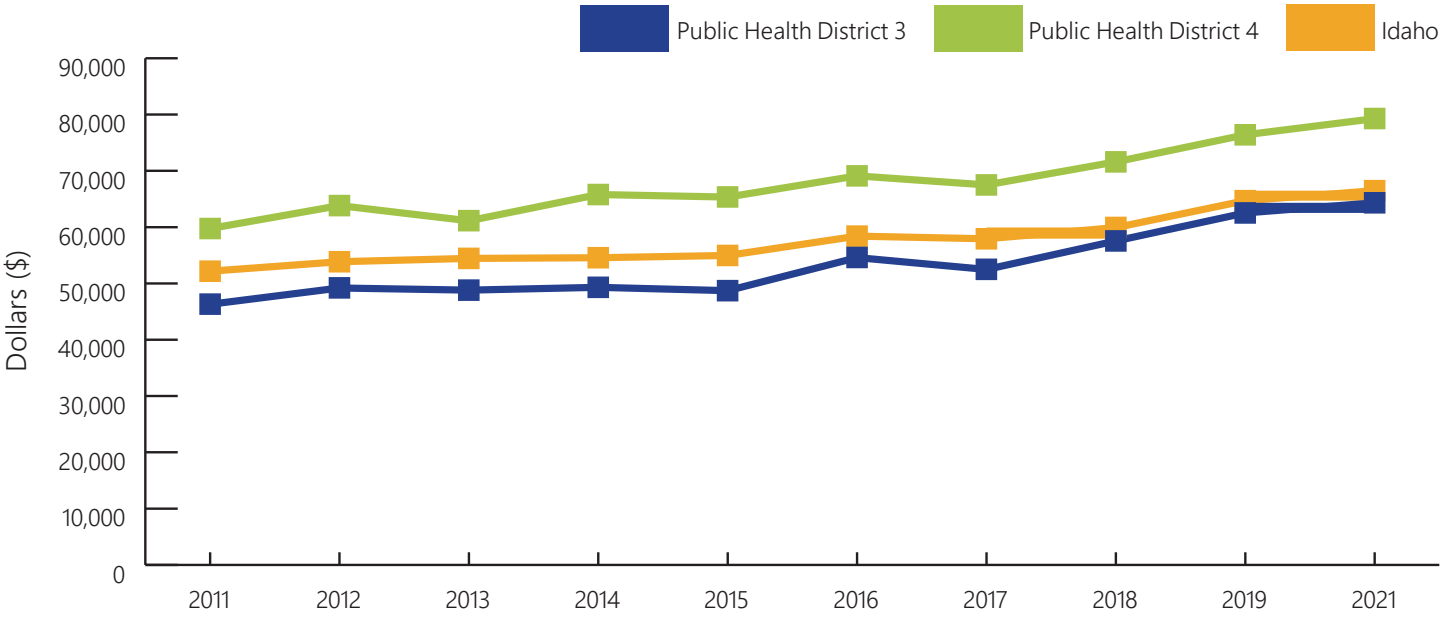
Source: May, M., McGinnis-Brown, L., & Fry, V. (2022). Seventh annual Idaho public policy survey. Idaho Policy Institute, Boise State University.

INCOME

Wages in the Greater Treasure Valley have risen steadily over the past several years. The median household income in the region has grown faster than that of the state as a whole. Public Health District 4 has gotten even farther ahead of the state median, while Public Health District 3 is closing the gap to catch up to the state median. The survival budget required for a typical household is also increasing. A survival budget refers to the level of income required to afford a two-bedroom rental home, and that budget has sharply risen in Public Health District 3 and 4, widening the already-present gap above the Idaho average. This means that wage increases may not lead to increased financial stability for households that are seeing all costs increase at similar or even greater rates.

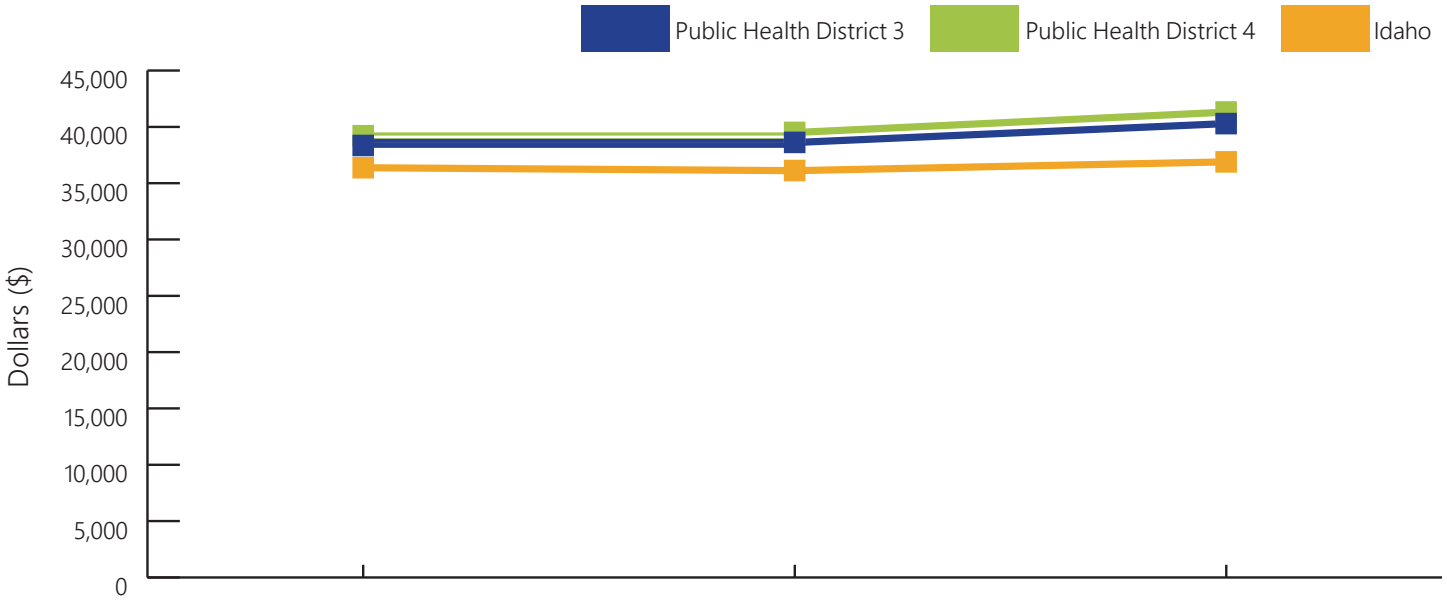
As of most recent data, Ada County had the highest median household income in the Greater Treasure Valley ($75,115), while Washington County had the lowest ($43,481).

FIGURE 38: MEDIAN HOUSEHOLD INCOME



Source: U.S. Census Bureau, American Community Survey 5-Year Estimates, aggregated by Metopio

FIGURE 39: ANNUAL INCOME NEEDED TO AFFORD 2 BEDROOM AT FAIR MARKET RENT

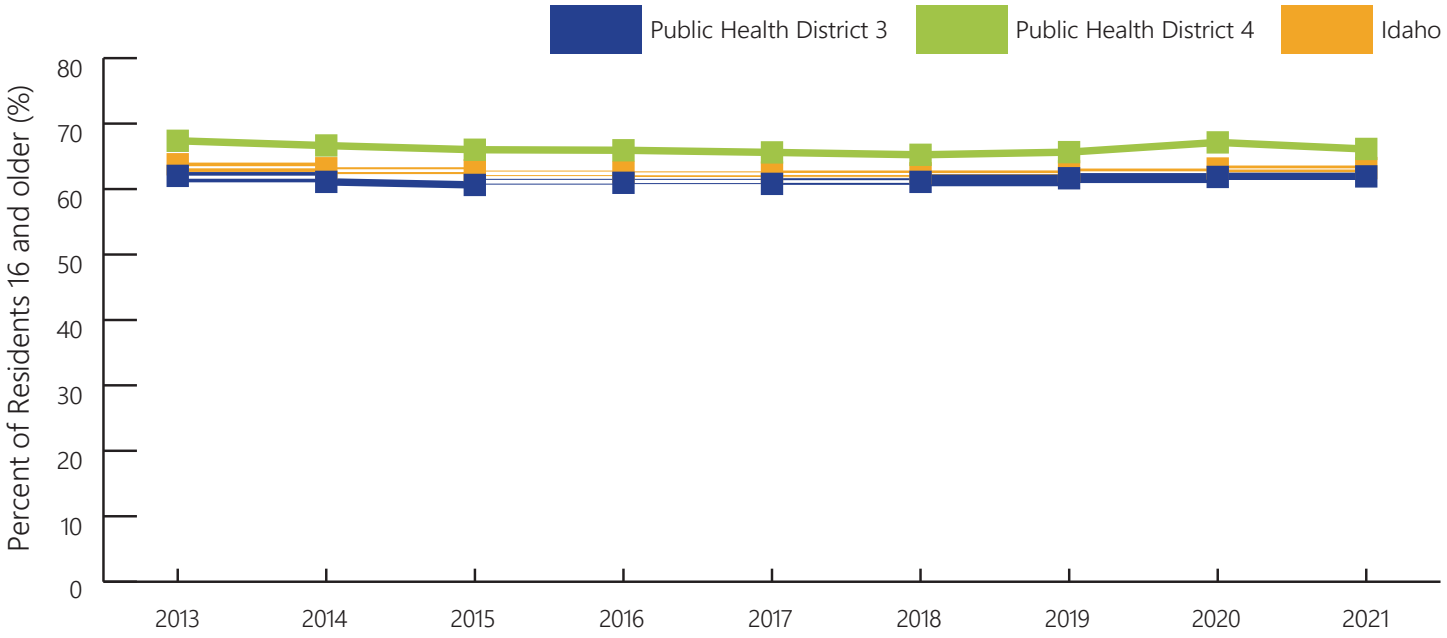


Source: National Low Income Housing Coalition, Housing Needs by State, aggregated by Metopio

EMPLOYMENT

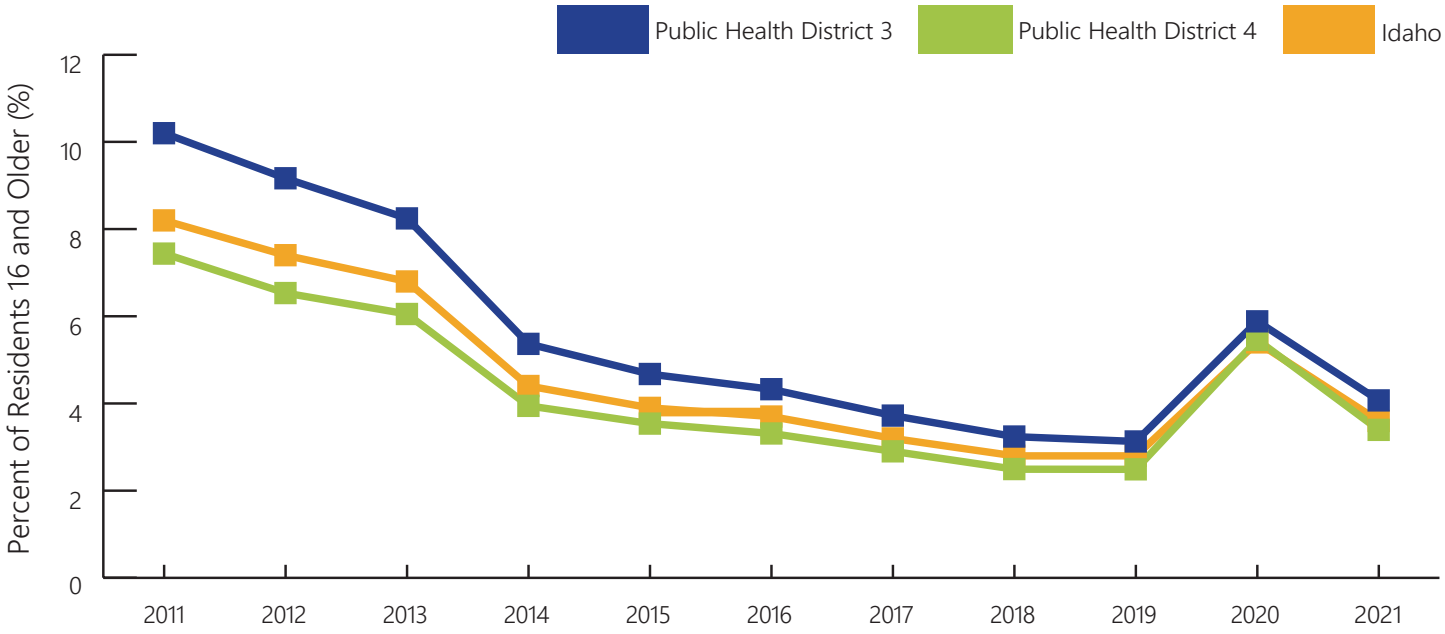
Labor force participation, defined as the percent of residents 16 and older who are currently employed, enlisted in the armed forces, or actively seeking employment, is higher in Public Health District 4 than in Public Health District 3. Both districts, and the state as a whole, saw a decrease in labor force participation following the pandemic. CHNA respondents often spoke of workforce shortages creating barriers to service access by reducing hours of operation or causing delays in service availability.

FIGURE 40: LABOR FORCE PARTICIPATION



Source: U.S. Census Bureau, American Community Survey 5-Year Estimates, aggregated by Metopio

FIGURE 41: UNEMPLOYMENT RATE OF RESIDENTS 16 AND OLDER



Source: U.S. Bureau of Labor Statistics, Local Area Unemployment Statistics, aggregated by Metopio

Unemployment rates in both districts and the state spiked significantly at the beginning of the pandemic but have declined since 2020. The unemployment rate typically does not capture people who have left the workforce and are not actively looking for jobs, nor does it count people who are underemployed and unable to find full-time employment. These populations are reflected in the gap between the labor participation and unemployment rates, which are similar across the Greater Treasure Valley region and the state.

"There is a perception people don't want to work, but people CAN'T work if transportation and childcare cost more than a person's take home pay"

- Ada County Nonprofit Leader

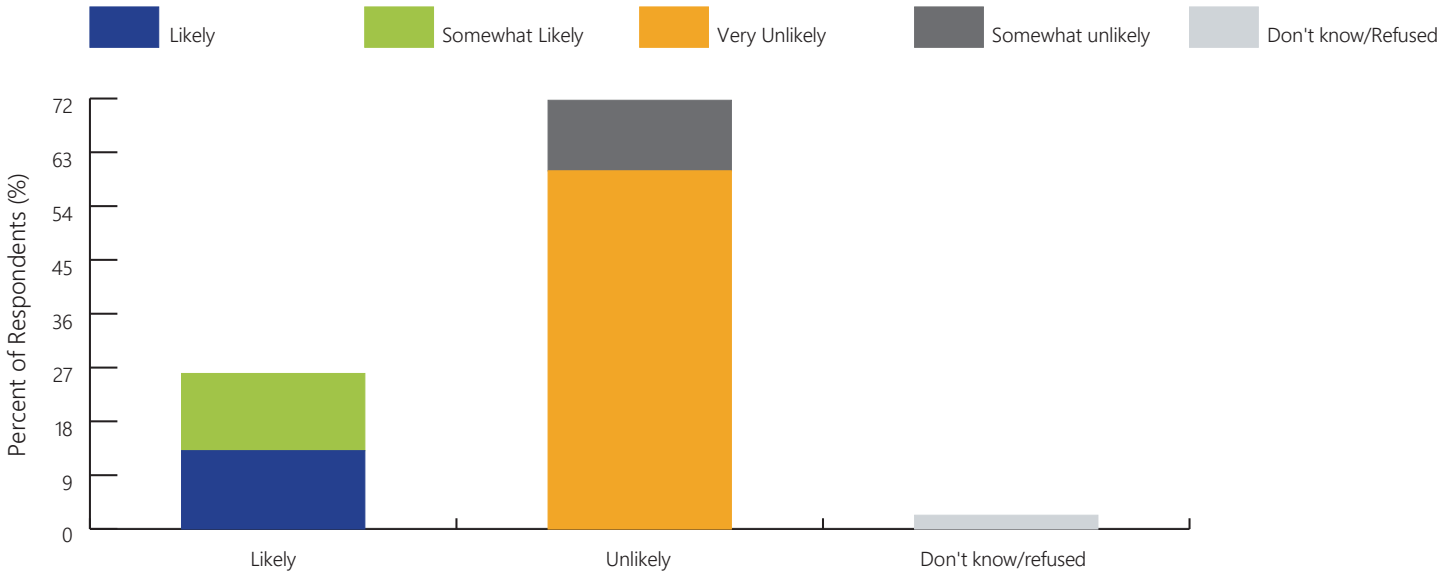
HOUSING AND HOMELESSNESS

"Housing is just out of control and it eats into people's budget and impacts mental health, impacts the ability to have care delivery services; it's so comprehensive in its negative impact."

- Multi-county Treasure Valley Nonprofit Leader

CHNA respondents throughout the region point to housing as a primary concern. When a 2021 survey asked Idahoans across the state if they would be able to find a new home for a similar cost if they had to move, the vast majority said that they would not be able to.[21]

FIGURE 42: IF YOU HAD TO MOVE OUT OF YOUR HOME TODAY FOR WHATEVER REASON, HOW LIKELY IS IT THAT YOU WOULD BE ABLE TO PURCHASE OR RENT A SIMILAR HOME FOR THE SAME AMOUNT?

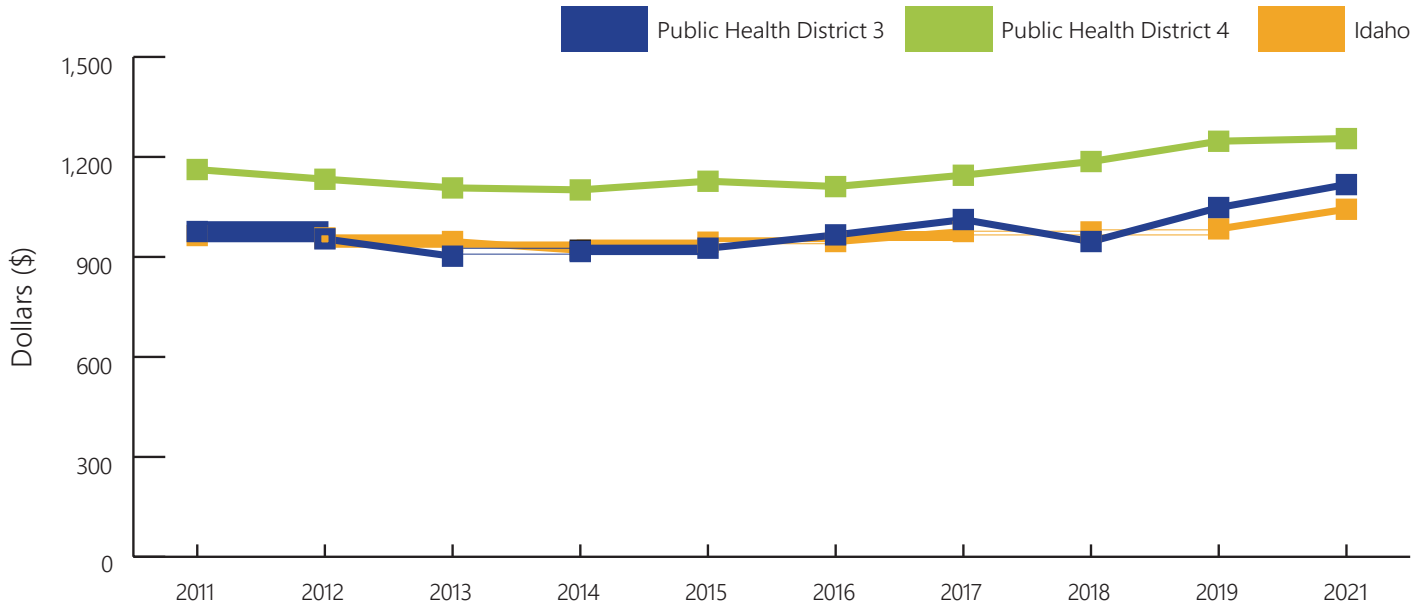


Source: May, M., McGinnis-Brown, L., & Fry, V. (2022, p.7). Seventh annual Idaho public policy survey. Idaho Policy Institute, Boise State University.

"I bought my home when it was $90,000 many years ago. But if I were to buy my home now, I could not afford it. For people who are just starting out, or maybe someone who's done a career choice or moved; they're having a really hard time."

- Washington County Resident

FIGURE 43: MEDIAN MONTHLY HOUSING COSTS

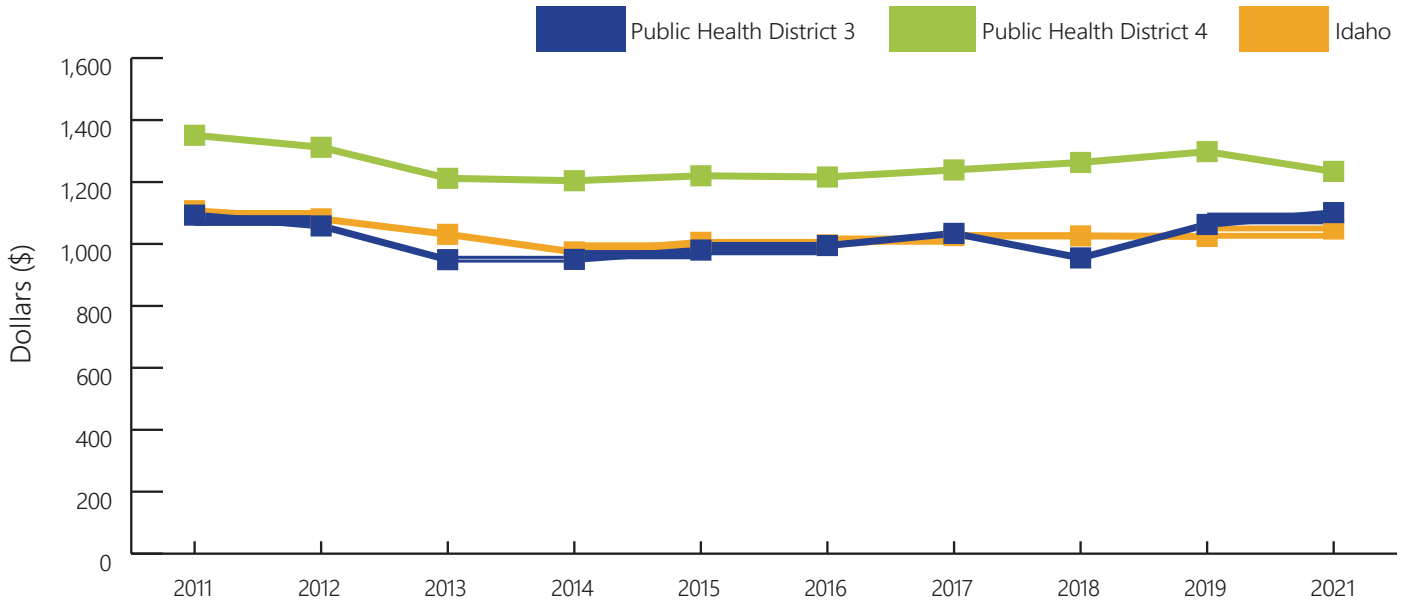


Source: U.S. Census Bureau, American Community Survey 5-Year Estimates, aggregated by Metopio

As of 2021, housing costs in Public Health District 4 have leveled off somewhat but remain much higher than the state average. Housing costs in Public Health District 3 continue to increase rapidly and have also jumped above the state average in recent years. Ada and Canyon counties both lead their districts in housing costs and were the only two counties in the Greater Treasure Valley with median monthly housing costs for owners and renters upward of $1,000 ($1,204 in Ada County in 2021, $1,041 in Canyon County).

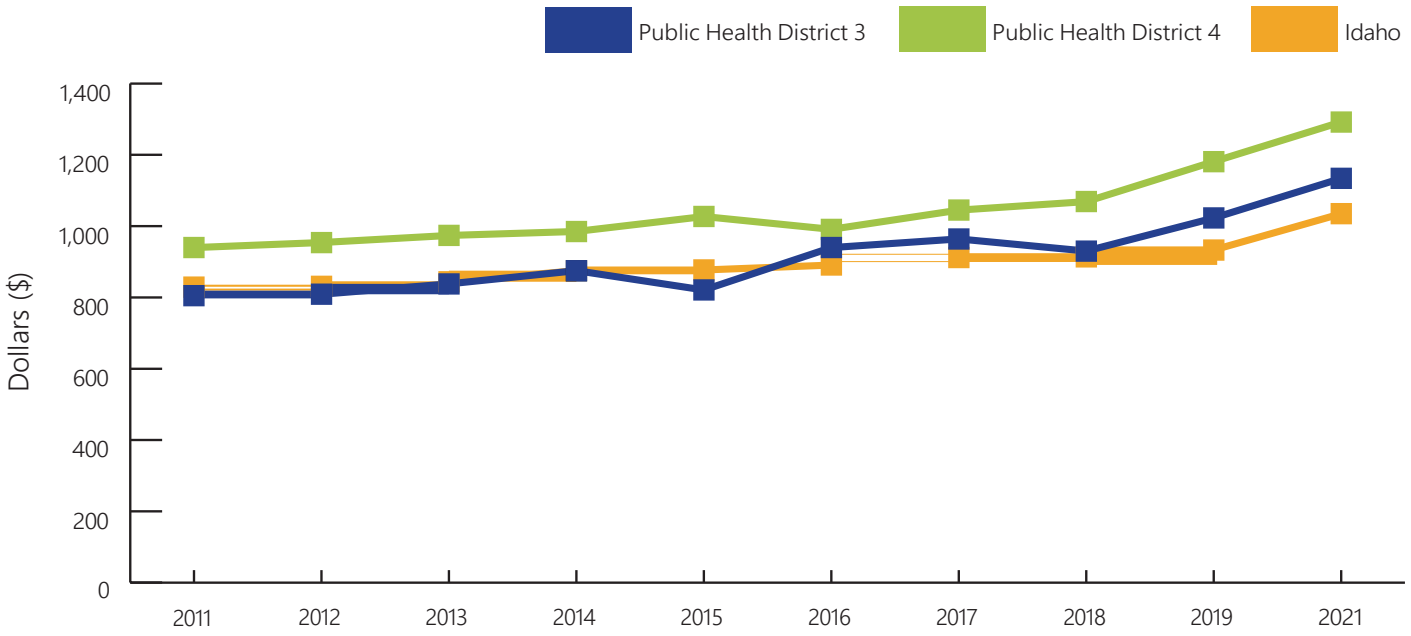
Select monthly housing costs include rent or mortgage, utilities, maintenance, and taxes. Upon further review, it appears that renter costs may be contributing to these increases more than owner costs—rent and fees in both Public Health Districts have risen sharply, while owner costs have decreased in Public Health District 4 and increased less sharply than rental costs in Public Health District 3.

FIGURE 44: MEDIAN MONTHLY HOME OWNER COSTS



Source: U.S. Census Bureau, American Community Survey 5-Year Estimates, aggregated by Metopio

FIGURE 45: MEDIAN MONTHLY GROSS RENT

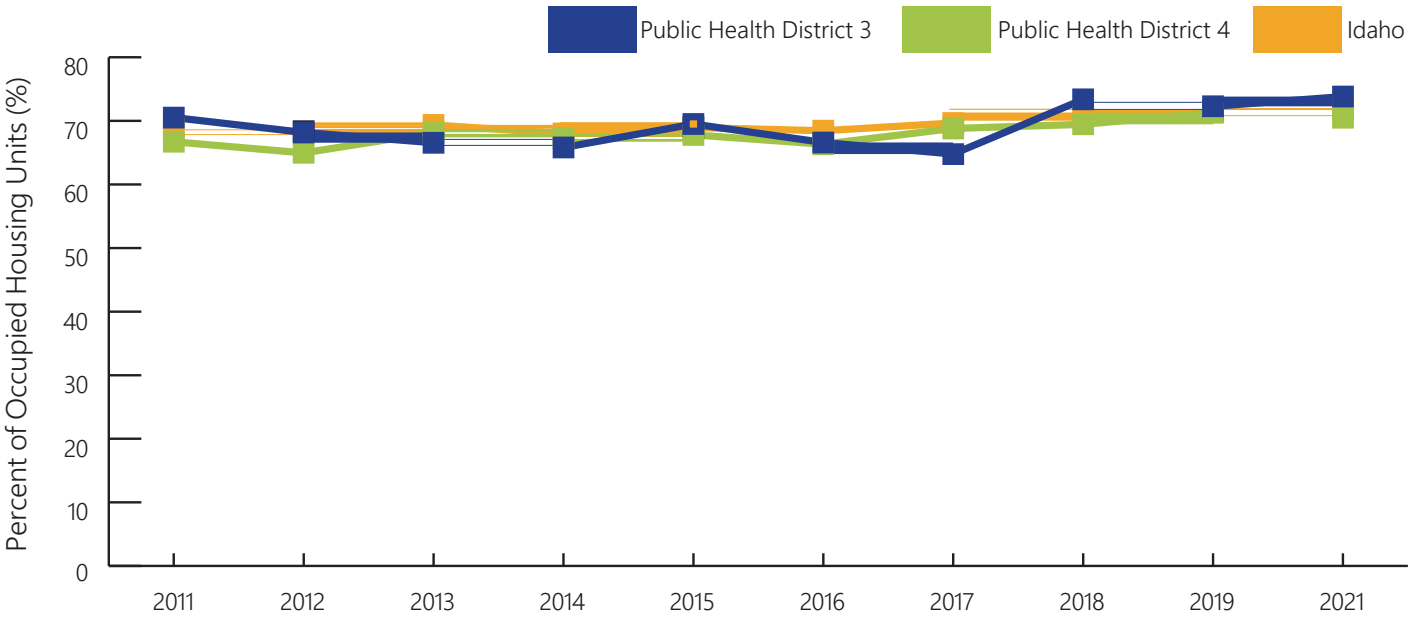


Source: U.S. Census Bureau, American Community Survey 5-Year Estimates, aggregated by Metopio

RENTER/OWNER OCCUPIED

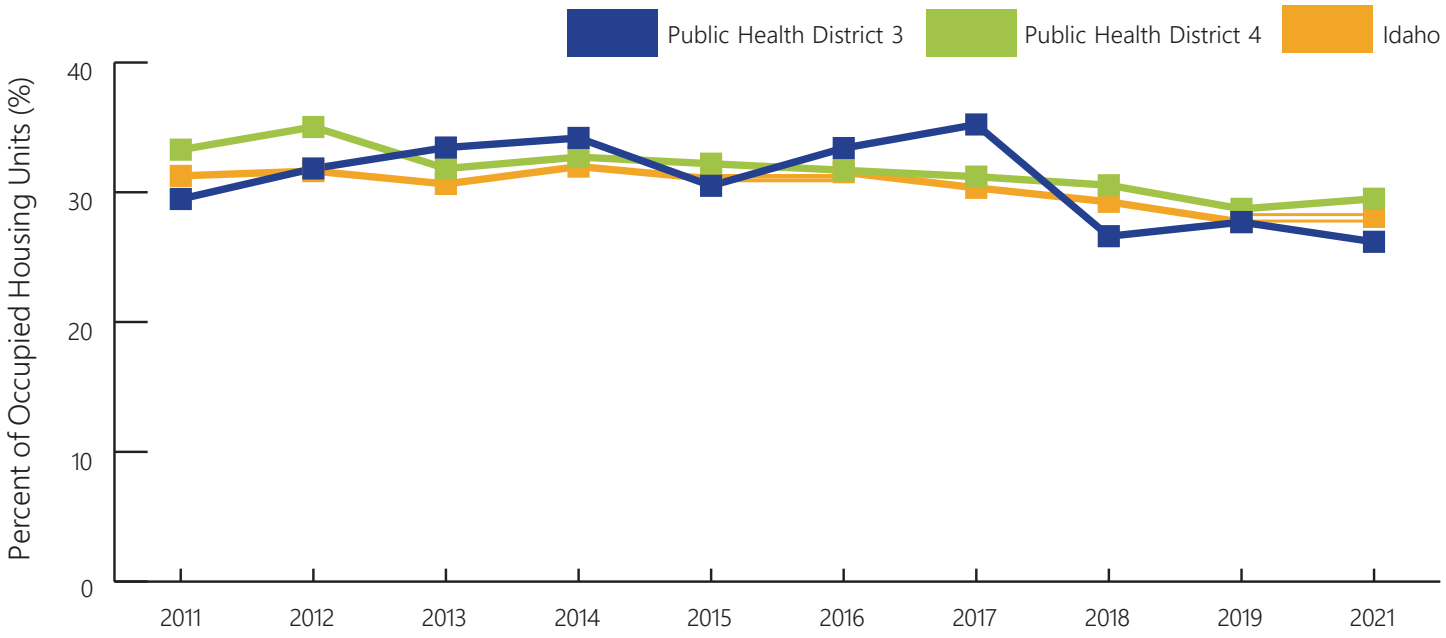
The sharp increase in rental costs relative to owner costs may help to explain why both districts have seen a sharp decrease in their percentages of renting households, as former renters may be buying or leaving the region to avoid this trend. Public Health District 3 saw a major shift from having a higher percentage of renters than the state average in 2017 to a lower percentage than the state average from 2018 onward while Public Health District 4 saw more people shifting from owning to renting homes during the same time period. Elmore County has the highest percentage of renting households in the Greater Treasure Valley, at 37%.

FIGURE 46: OWNER OCCUPIED HOUSING UNITS



Source: U.S. Census Bureau, American Community Survey 5-Year Estimates, aggregated by Metopio

FIGURE 47: RENTER OCCUPIED HOUSING UNITS



Source: U.S. Census Bureau, American Community Survey 5-Year Estimates, aggregated by Metopio

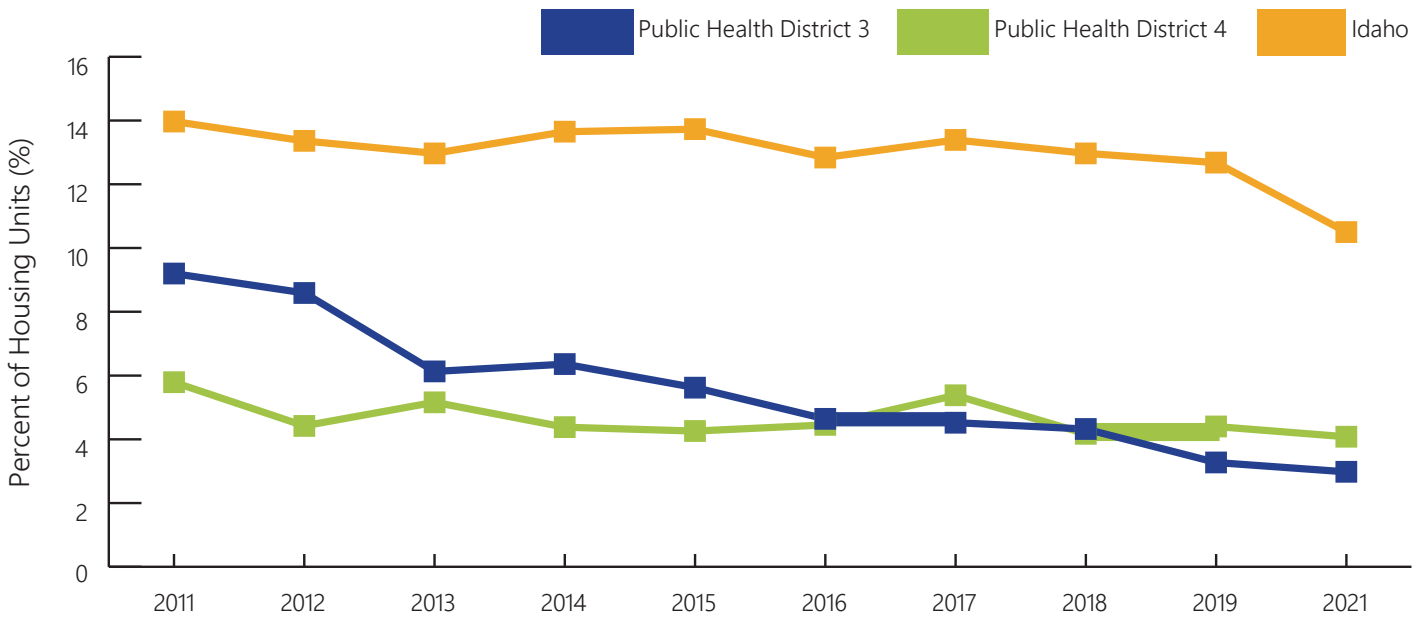
AFFORDABLE AND AVAILABLE HOMES

The vacancy rates in Public Health District 3 and 4 have steadily decreased for many years, making it more difficult for many households, especially low-income households, to obtain housing. The National Low Income Housing Coalition estimated in 2021 that Idaho has a shortage of 24,710 affordable and available rental units for extremely low-income households.[22]

A vacancy rate of 4% or less is dangerously low,[23] and each district falls at or below that level. Ada, Canyon, and Payette Counties specifically all fall below 4%. Valley County has an opposite trend, with vacancy rates close to 70%. However, when accounting for units that are vacant but not available for long-term rent/purchase (such as vacation homes, and short-term rentals), Valley County's homeowner vacancy rate also drops to only 1.7%, while its rental vacancy rate drops to 11.1%.[24]

UNADJUSTED VACANCY RATE

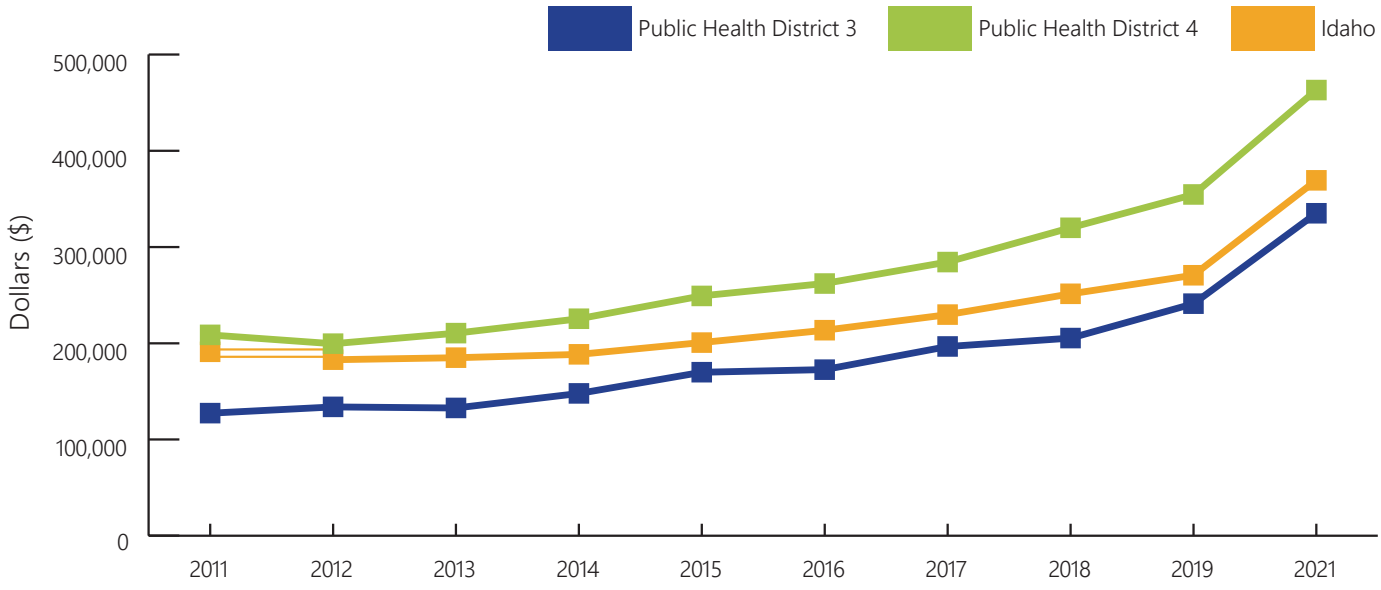
FIGURE 48: VACANT HOUSING UNITS



Source: U.S. Census Bureau, American Community Survey 5-Year Estimates, aggregated by Metopio

A dwindling housing supply can drive up home prices, especially in areas experiencing as much growth as the Greater Treasure Valley. Each district, as well as the state of Idaho and the nation, have seen median home values skyrocket in the last decade. Ada and Valley counties have seen the most dramatic rise in median home values, each increasing by more than $100,000 since 2015.

FIGURE 49: MEDIAN HOME VALUE



Source: U.S. Census Bureau, American Community Survey 5-Year Estimates, aggregated by Metopio

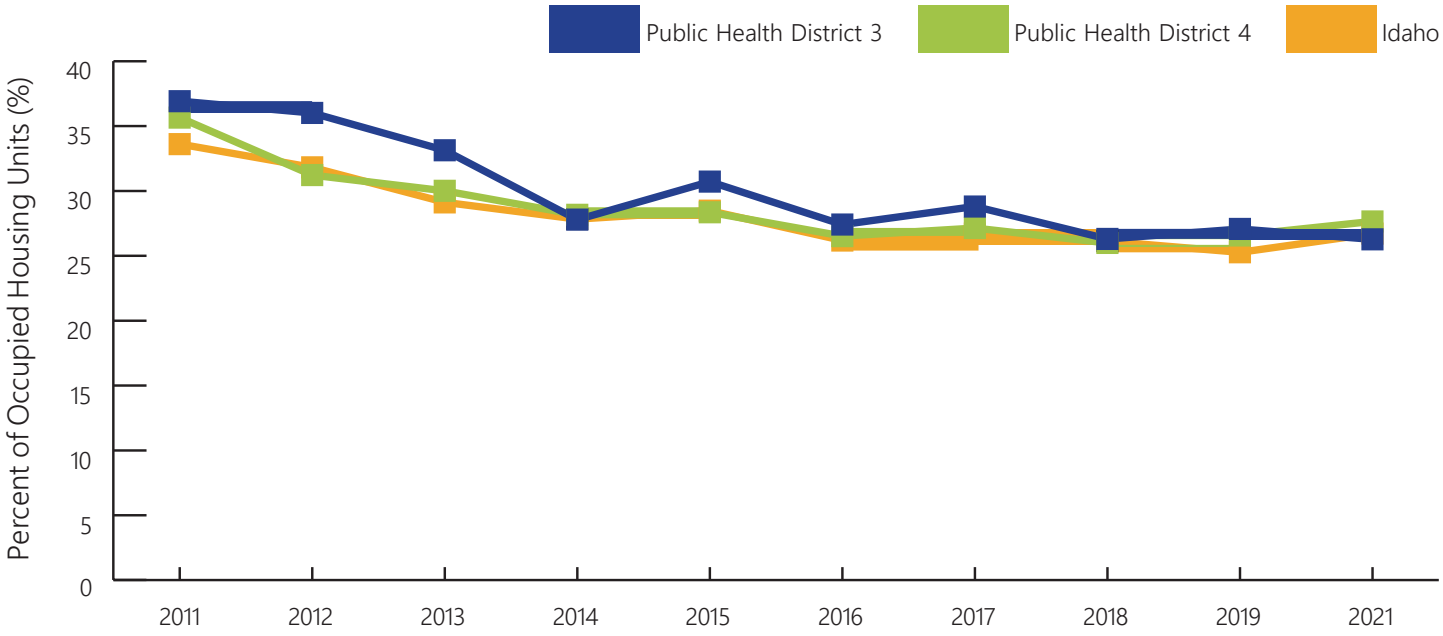
COST BURDEN

Despite rising housing costs, housing cost burden, the percentage of occupied housing units where households are spending 30% or more of their incomes on housing costs, went down in both districts, and in Idaho remained relatively stable since 2018. Public Health District 4 saw somewhat of an increase in housing cost burden from 2018 to 2021. This leveling off could be the result of many factors, including a decrease in renting households and/or rising household incomes.

This trend may not be representative of the experiences of populations who are disproportionately impacted by housing costs such as those who are low-income, older adults, and non-white residents. More than 1 in 4 residents of the Greater Treasure Valley still faces a housing cost burden. CHNA respondents in the Greater Treasure Valley also consistently mentioned housing as one of the most pressing challenges facing the region, especially for low-income groups.

Elmore, Valley, and Washington counties all have higher rates of housing cost burden than other counties in the Greater Treasure Valley and have not seen a decline like other counties.

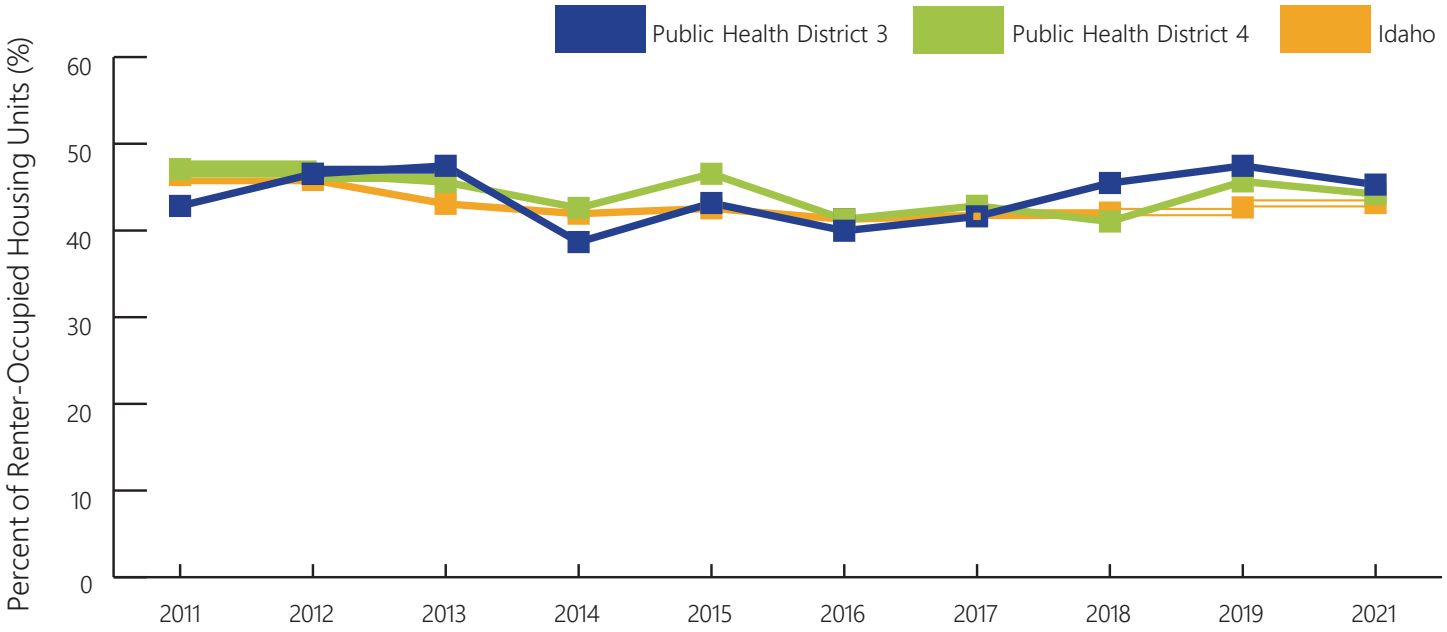
FIGURE 50: HOUSING COST BURDEN - ALL OCCUPIED UNITS



Source: U.S. Census Bureau, American Community Survey 5-Year Estimates, aggregated by Metopio

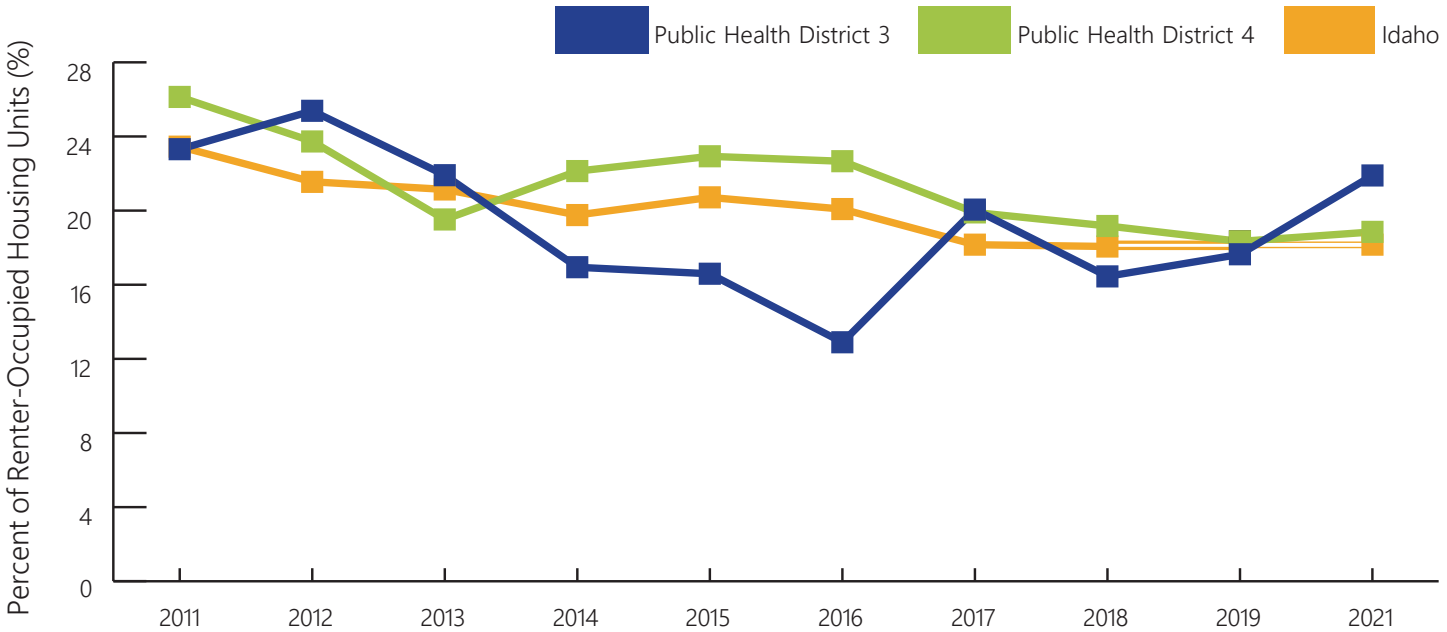
Rent burden has also remained relatively stable, although Public Health District 3 has seen an increase in severely rent burdened households, or those paying 50% or more of their incomes on rent. Housing burden is more common among renters—almost half of all renters in the Greater Treasure Valley are rent-burdened, and one in five are severely rent burdened.

FIGURE 51: PERCENT RENT-BURDENED UNITS



Source: U.S. Census Bureau, American Community Survey 5-Year Estimates, aggregated by Metopio

FIGURE 52: PERCENT SEVERELY RENT-BURDENED UNITS



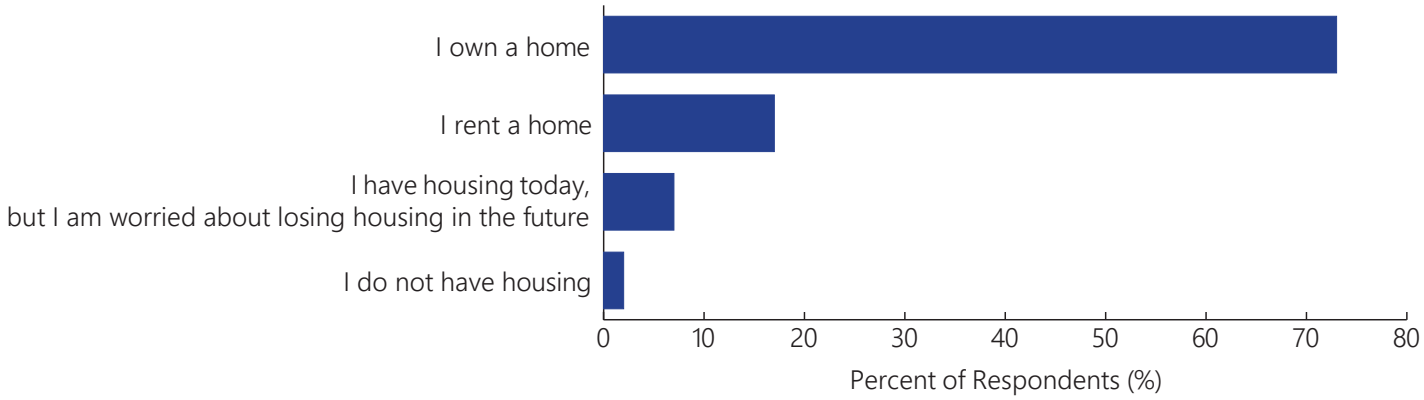
Source: U.S. Census Bureau, American Community Survey 5-Year Estimates, aggregated by Metopio

Valley (51%) and Washington (58%) counties both have higher rates of rental burden than other counties in the Greater Treasure Valley.

HOUSING STATUS

A significant majority of survey respondents were homeowners, while only 17% were renters, meaning that renters were underrepresented by about 10%, compared to the actual percentage of renters: 26-30%.

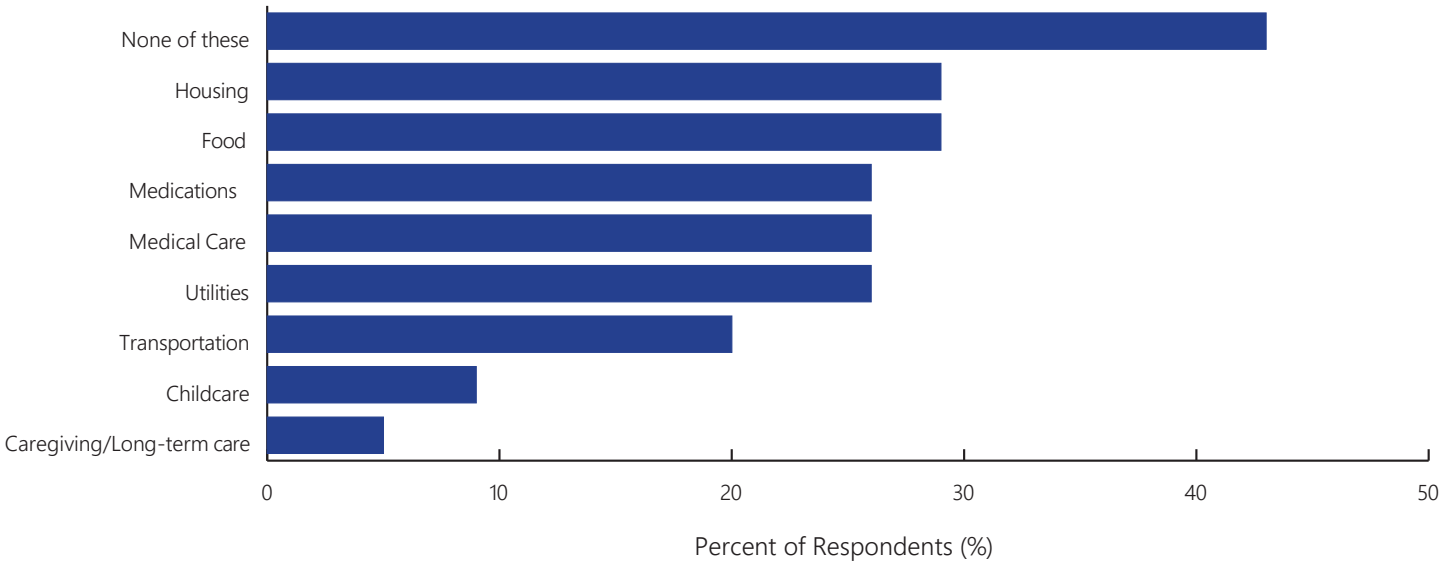
FIGURE 53: CHNA REGIONAL SURVEY "WHAT IS YOUR HOUSING SITUATION TODAY?"



Source: CHNA Community Data, 2022

When asked if they had trouble paying for various living expenses, more than one in four survey respondents with incomes less than $50,000 a year reported having trouble paying for housing, food, medications/medical care, and utilities, reflecting the variety of financial challenges that households face.

FIGURE 54: CHNA REGIONAL SURVEY, TROUBLE PAYING FOR ANY OF THE FOLLOWING (AMONG RESPONDENTS WITH AN INCOME LESS THAN $50,000 A YEAR)



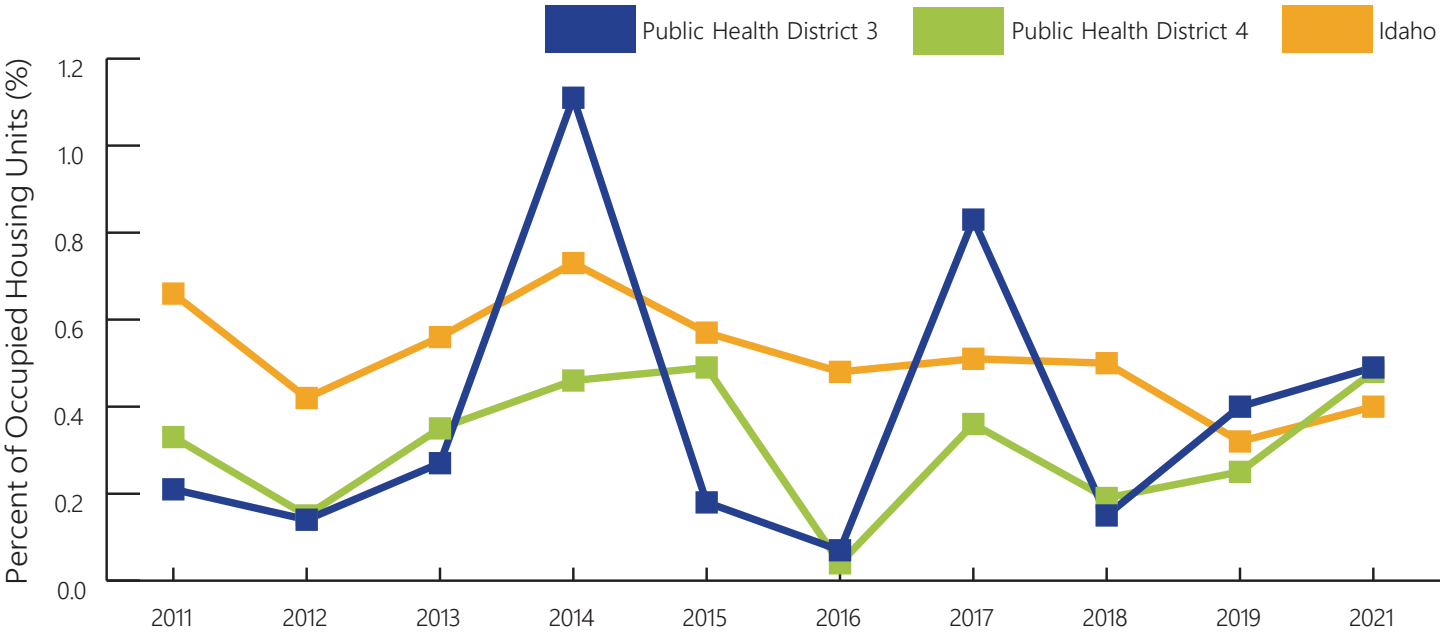
Source: CHNA Community Data, 2022

SUBSTANDARD HOUSING

Substandard housing is defined as housing that has one or more of the following conditions: dilapidation, inadequate light, air, sanitation, open spaces, overcrowding, unsanitary or unsafe conditions- such as lack of heat, poor water quality, lead paint or pipes, etc. Substandard housing impacts the health of residents by exacerbating chronic diseases such as asthma, increasing need for health care services, and increase risk for the spread of communicable diseases. Public Health District 3 and 4 both saw small increases in their percentages of occupied housing units lacking kitchen facilities and complete plumbing. As of most recent data, Valley County is the only county in the Greater Treasure Valley with more than 1% of housing units lacking complete plumbing and more than 1% of units lacking kitchen facilities.

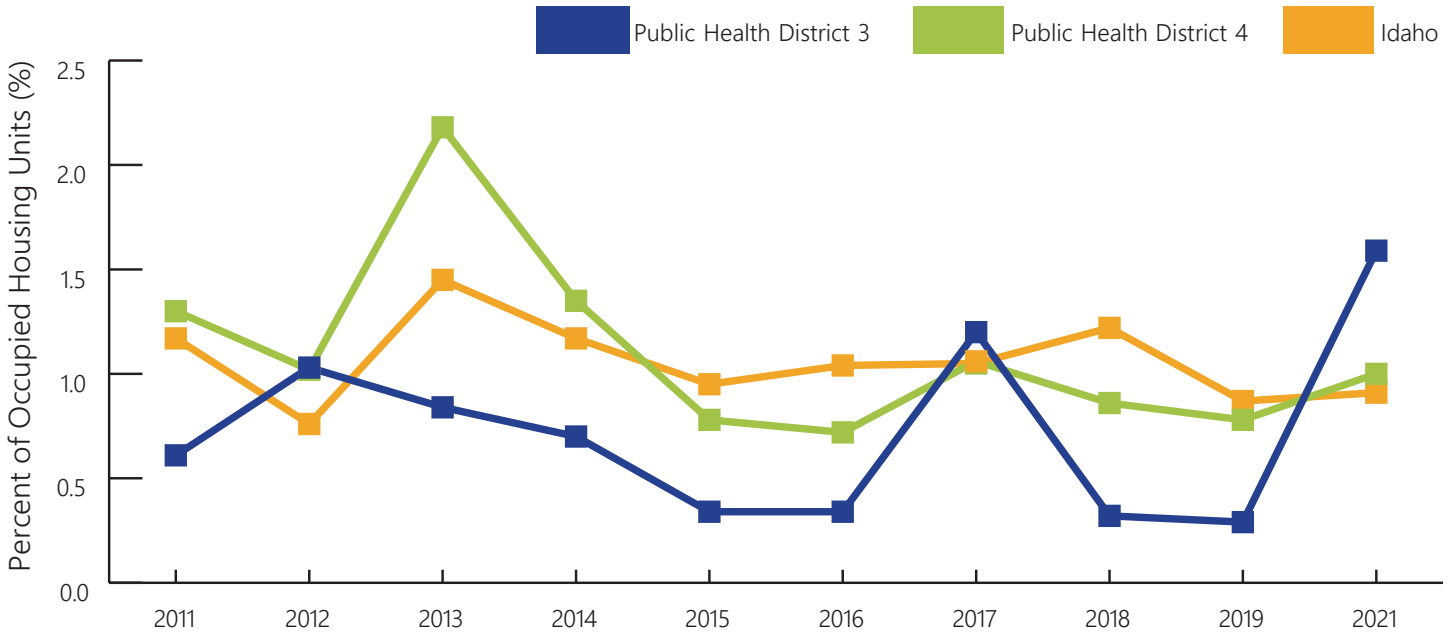
Individuals in Idaho living with disabilities are more likely to live in crowded, substandard housing.[25] Considering the median year when housing units were built, both Public Health District 3 and 4 have relatively new housing unit stocks relative to the state. Generally, rural counties in the Greater Treasure Valley have older housing than more urban counties.

FIGURE 55: PERCENT UNITS LACKING COMPLETE PLUMBING



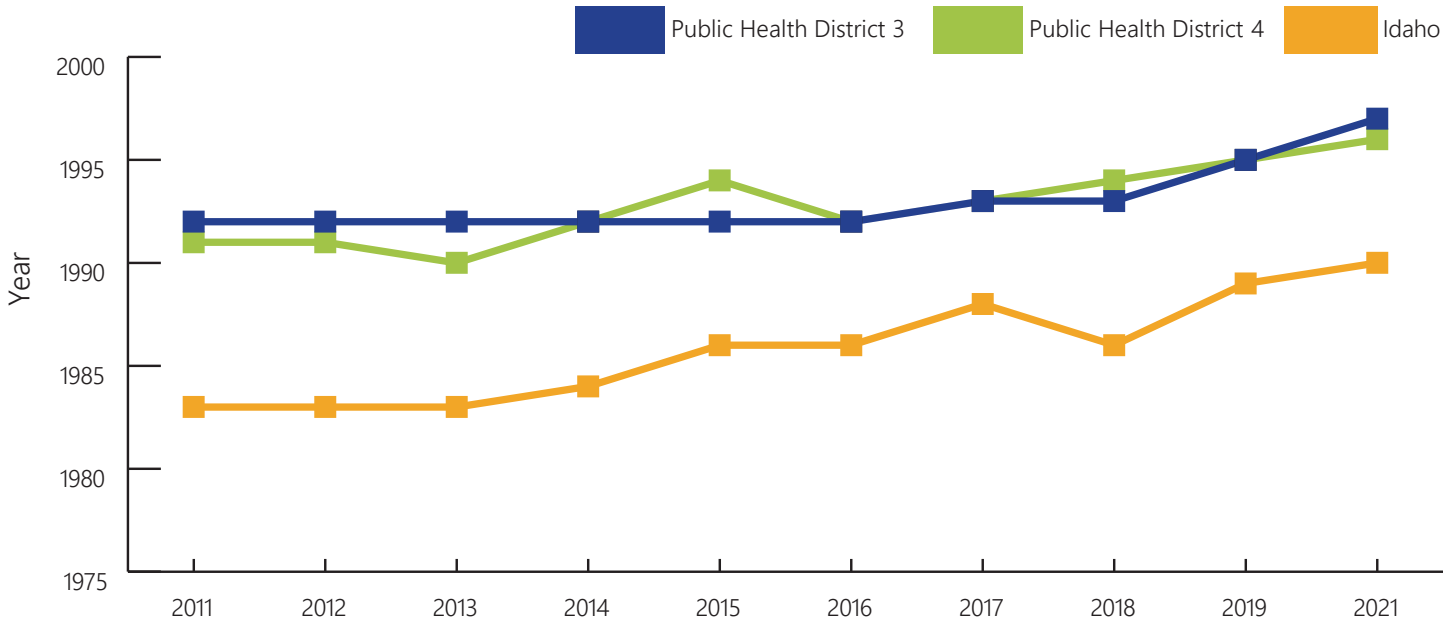
Source: U.S. Census Bureau, American Community Survey 5-Year Estimates, aggregated by Metopio

FIGURE 56: PERCENT UNITS LACKING KITCHEN FACILITIES



Source: U.S. Census Bureau, American Community Survey 5-Year Estimates, aggregated by Metopio

FIGURE 57: MEDIAN YEAR STRUCTURE BUILT

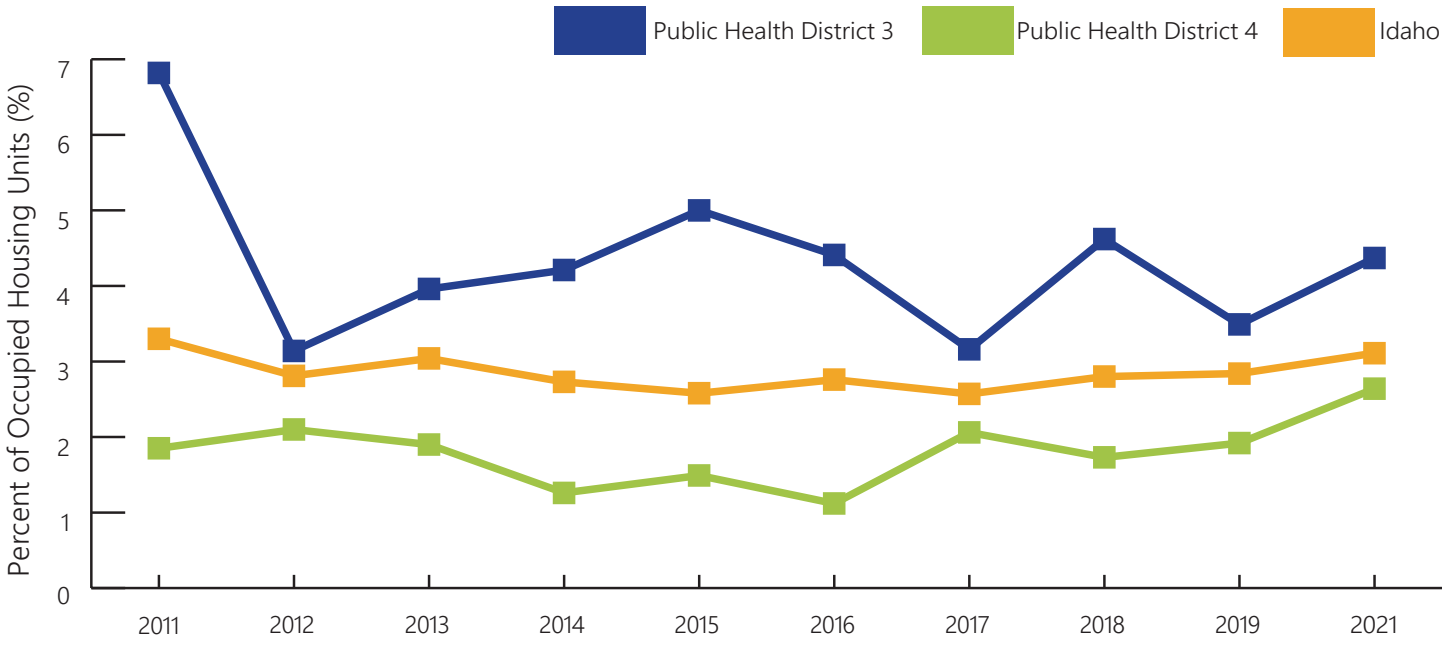


Source: U.S. Census Bureau, American Community Survey 5-Year Estimates, aggregated by Metopio

OVERCROWDED HOUSING

Crowded housing, the percentage of occupied housing units with more than one occupant per room can be an outcome of rising housing costs pushing households to combine and share costs. Living in crowded housing can lead to increased infectious disease rates, mental health problems, and may harm educational attainment.[26] Public Health District 3 and 4 both saw increases in crowded housing between 2019 and 2021. Public Health District 4 still has a smaller percentage of crowded homes than the state average, while Public Health District 3's percentage of crowded homes remains above the state average.

FIGURE 58: PERCENT HOUSING UNITS CROWDED



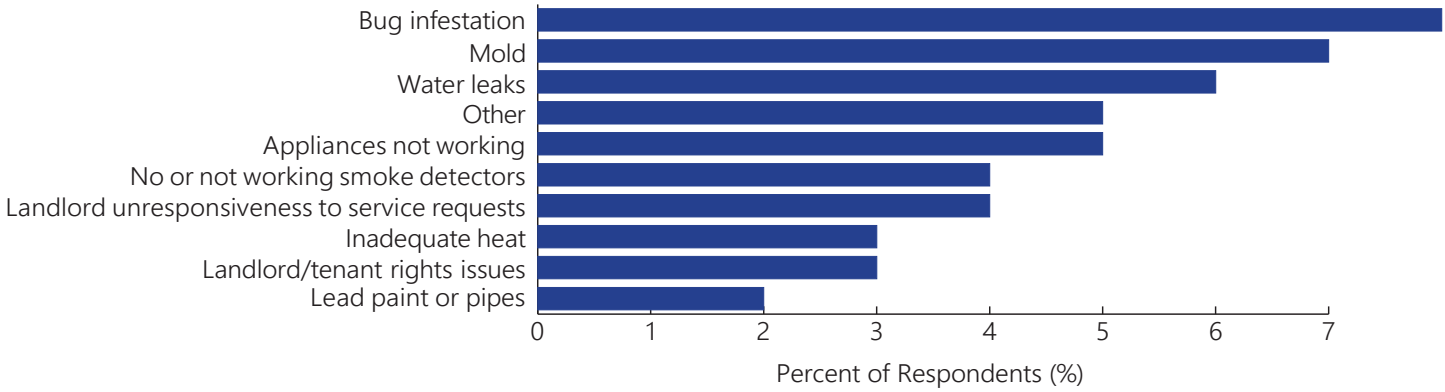
Source: U.S. Census Bureau, American Community Survey 5-Year Estimates, aggregated by Metopio

Gem, Owyhee, and Payette counties have higher rates of crowding than other counties in the Greater Treasure Valley.

ADDITIONAL HOUSING CONCERNS

When asked about problems residents experienced with their housing, owning and renting Greater Treasure Valley survey respondents most commonly noted bug infestation, mold, and water leaks in their homes.

FIGURE 59: CHNA REGIONAL SURVEY, PROBLEMS WITH HOUSING



Source: CHNA Community Data, 2022

Additional housing information can be accessed at the Idaho Policy Institute's online Statewide Housing Analysis Dashboard.[27]

POINT IN TIME COUNT

According to the Point-In-Time (PIT) count data,[28] the number of people experiencing homelessness in the Greater Treasure Valley increased in 2019 and 2020, except in Ada County,[29] which saw a decreasing trend over those same years. Ada County's decreasing numbers could be due to two new apartment complexes intended to provide housing and services to individuals experiencing chronic homelessness, New Path Community Housing (2018), and Valor Pointe (2020.)

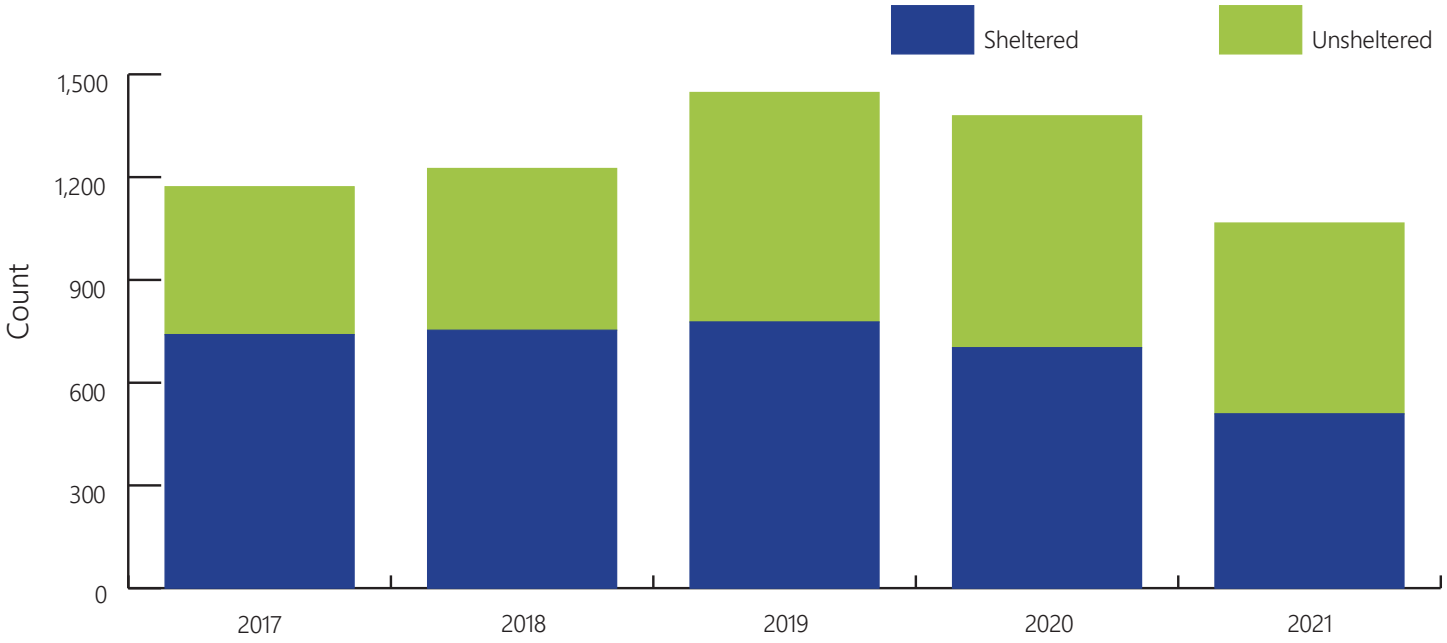
The PIT count only attempts to measure individuals who are staying in emergency/transitional shelter or who are seen during street counts on a particular day. In addition to missing folks who cannot be found, this approach can undercount folks who are precariously housed, which may include many families and youths.

The Idaho Housing and Finance Association's 2022 State of Homelessness in Idaho report finds that 11,051 individuals across the state received homelessness support services, and estimates that there are upwards of 6,400 individuals experiencing homelessness in the report region, with 4,500 of those individuals living in Ada County – these numbers show an increase from 2021.[30] The same report finds that the length of time that households experience homelessness has increased across the state, which may illustrate that barriers such as decreasing housing availability and affordability are making exit from homelessness more difficult.

"There is no quality of life if a person doesn't have access to housing."

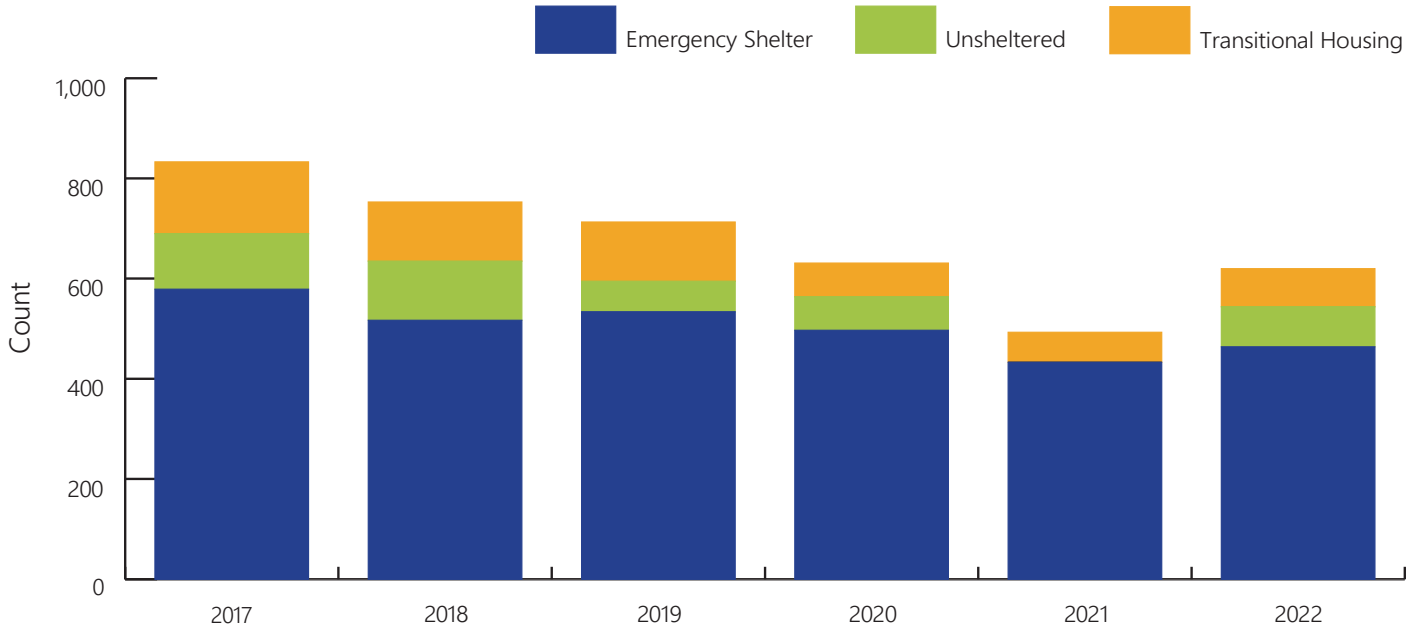
- Multi-county Treasure Valley Nonprofit Leader

FIGURE 60: DISTRICT 3 AND DISTRICT 4 POINT-IN-TIME COUNT



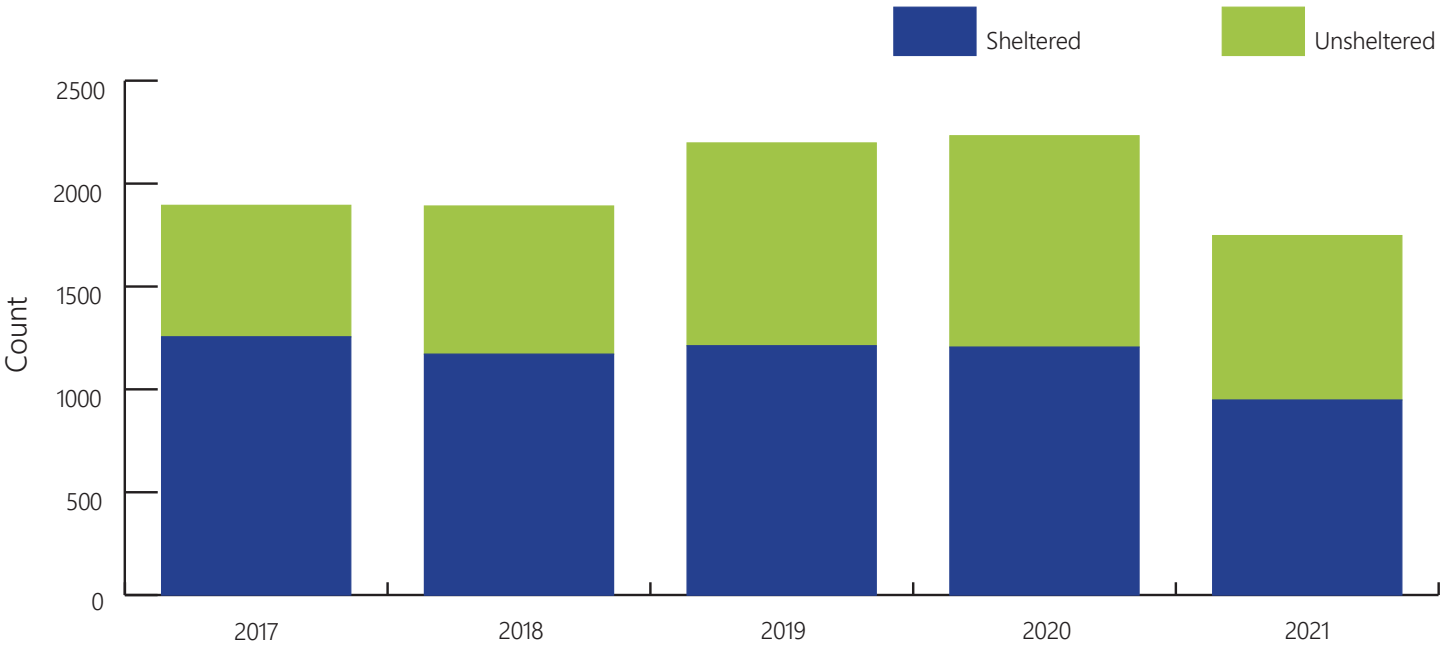
Source: Idaho Housing and Finance Association, Point-In-Time Count Report: Idaho Balance of State CoC, 2021

FIGURE 61: ADA COUNTY POINT-IN-TIME COUNT



Source: Boise City/Ada County Housing Authority, PIT & HIC Counts Year to Year, 2022

FIGURE 62: IDAHO POINT-IN-TIME COUNT



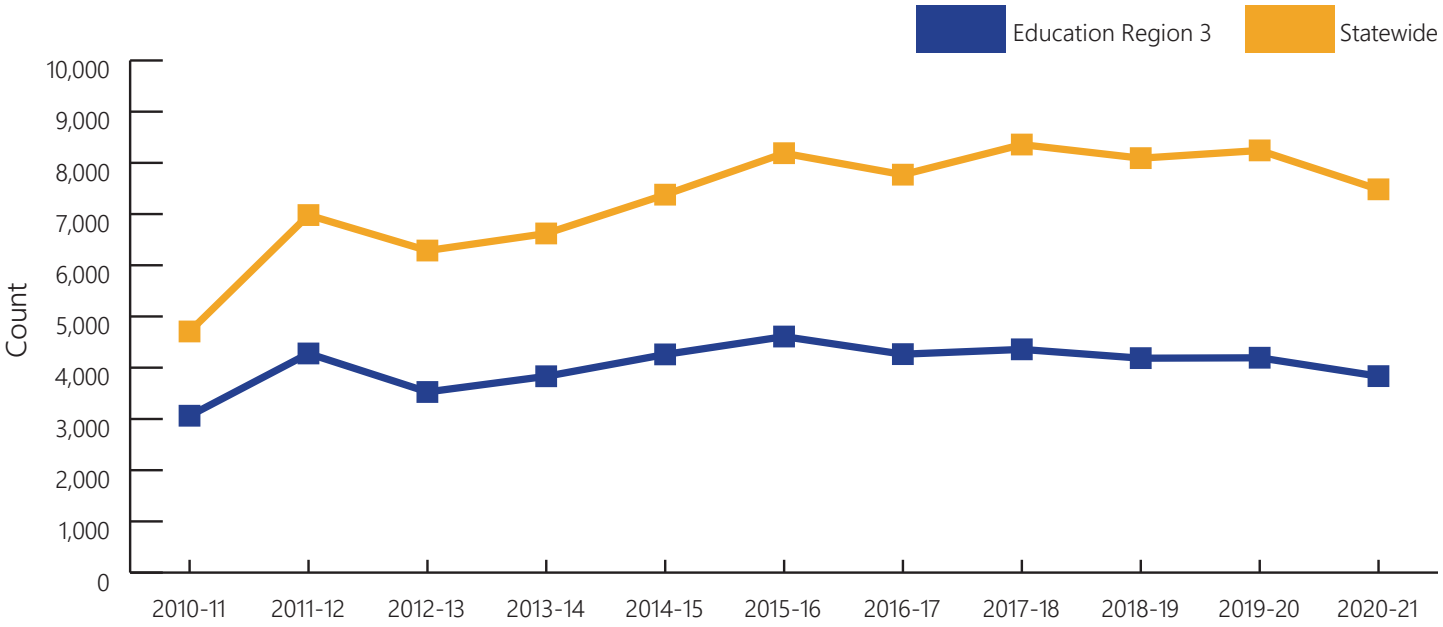
Source: Idaho Housing and Finance Association, Point-In-Time Count Report: Idaho Balance of State CoC, 2021

STUDENTS EXPERIENCING HOMELESSNESS

Even when overall homelessness increased, the number of K-12 students experiencing homelessness across the Greater Treasure Valley remained flat.[31] However, there are still thousands of students within the Greater Treasure Valley who are experiencing homelessness. The stress and instability of homelessness can be an obstacle to academic achievement and student well-being.[32]

Student homelessness is measured according to the definitions provided in the McKinney-Vento Act, which count a youth as "homeless" if they are staying overnight in a place not intended for permanent human habitation (a car, public spaces, hotels/motels, campgrounds, etc.), if they are doubling-up housing or "couch-surfing" with other people due to loss of housing or economic hardship, or if they staying in an emergency or transitional shelter.

FIGURE 63: NUMBER OF STUDENTS EXPERIENCING HOMELESSNESS



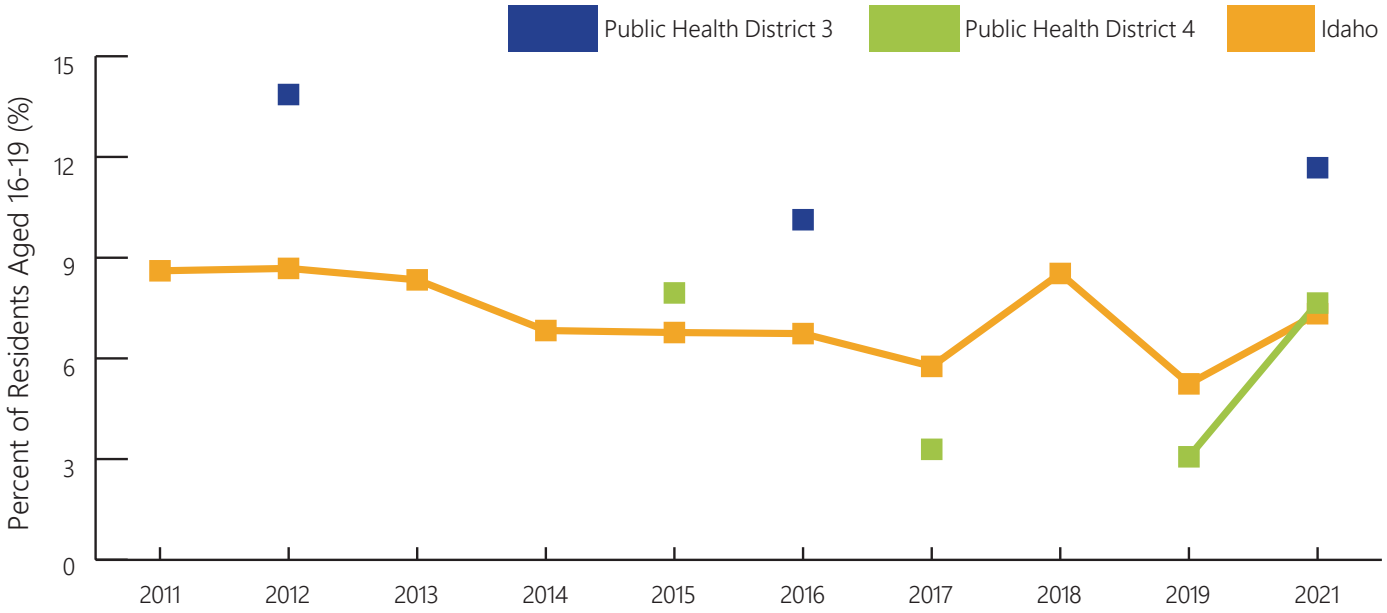
Source: Educational Region 3 is an Idaho Board of Education area that includes Public Health Districts 3 & 4

OUT OF SCHOOL YOUTH

Out of school youth, or disconnected youth, measures youth who are not employed and not enrolled in school. The US Department of Labor includes those in this population aged 14-24 while the US Census only accounts for those in this population age 16-19. Out of school youth are eligible for education and employment training programs through the Idaho Department of Labor. Idaho Department of Labor is committed to seeking out this population and engages with multiple community organization to recruit this population.[33]

The percentage of out of school youth increased in Public Health District 4 between 2019 and 2021, while remaining similar to the Idaho state average. Rates of disconnected youth in Public Health District 3 also increased somewhat, in addition to being higher than the state average. Adams County has significantly higher rates of disconnected youth (33%) than other counties in the report region. Elmore County also has higher rates (18%) than most. The COVID-19 pandemic may have contributed to this region-wide increase, as more youth spent time in isolation and job opportunities diminished. However, future data will be needed to tell if this trend moves downward again or remains stable, especially as unemployment numbers drop.

FIGURE 64: PERCENT DISCONNECTED YOUTH



Source: U.S. Census Bureau, American Community Survey 5-Year Estimates, aggregated by Metopio

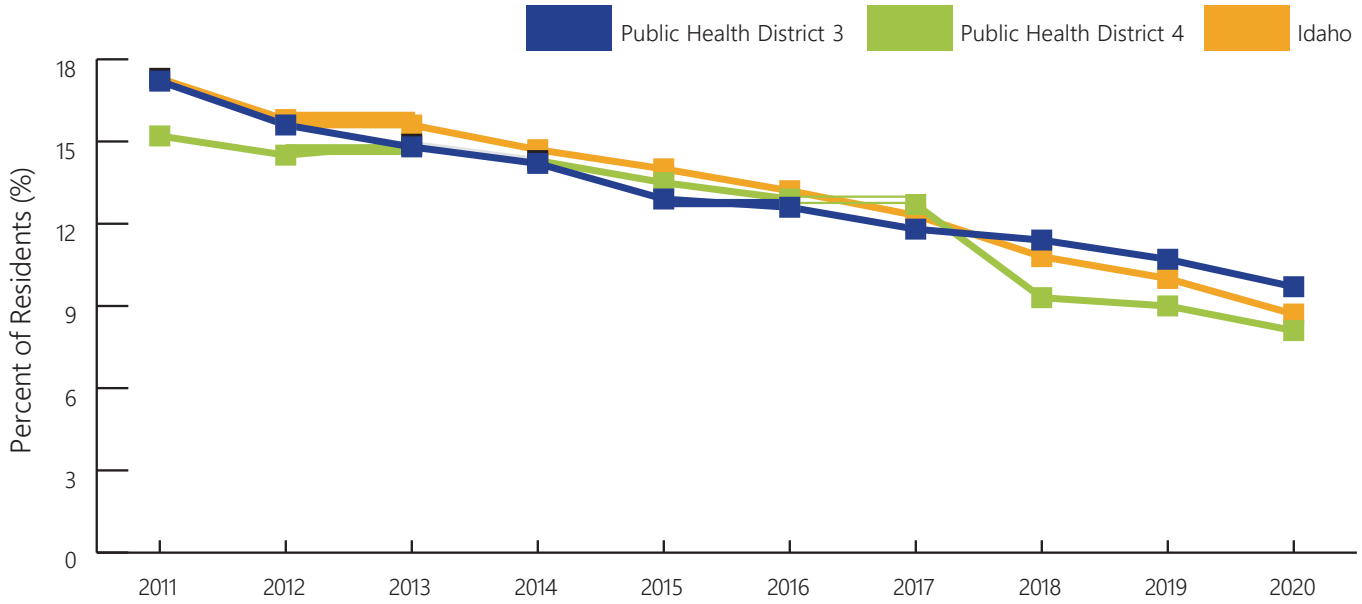
FOOD INSECURITY

Food insecurity is defined as an inability to obtain a diet with enough variety and quality to live an active, healthy life.[34] Food insecurity in the region has been on the decline for many years, although Public Health District 3 has not decreased at the same rate as Public Health District 4 or the state as a whole. This lagging progress has put Public Health District 3 behind the state average. Adams County had the highest rate of food insecurity in the region, at nearly 14% of all residents. CHNA respondents anecdotally reported increases in food insecurity for many families, and rises in the use of foodbank and pantry resources as food prices have risen steeply since the onset of the COVID-19 pandemic.

"Numbers in the food pantry went up a lot, we had boosts when COVID wasn't as prominent in the community. Now the numbers are going up due to the rising cost of living."

- Owyhee County Health Provider

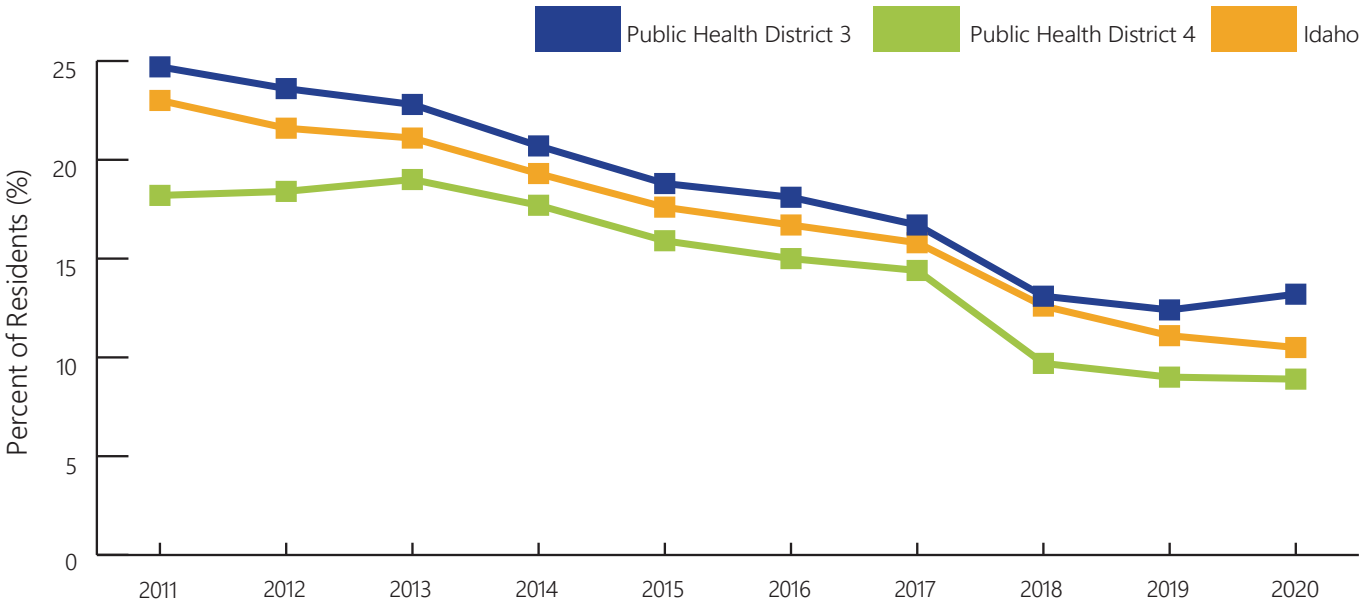
FIGURE 65: FOOD INSECURITY



Source: Feeding America, Map the Meal Gap, aggregated by Metopio, 2020

Looking at youth (0-17 years of age) food insecurity specifically, Public Health District 3 actually saw an increase from 2019 to 2020, which may be tied to higher-than-average rates of youth poverty in the region. Adams County also has the highest rate of youth food insecurity, at nearly 19%.

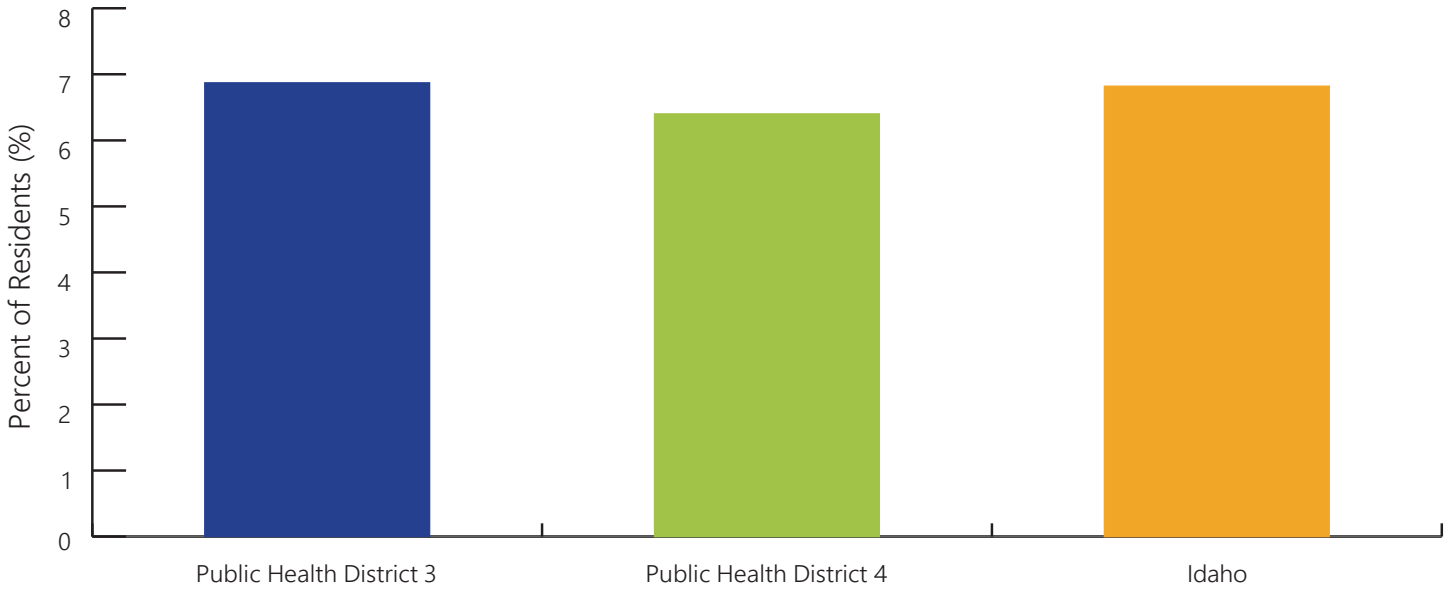
FIGURE 67: FOOD INSECURE CHILDREN 0-17 YEARS OF AGE



Source: Feeding America, Map the Meal Gap, aggregated by Metopio, 2020

The availability of healthy, affordable foods in a community is a significant driver of food security. A food desert is a geographic area where residents have little to no convenient access to healthy, affordable foods like fruits, vegetables, and whole grains. The percent of residents living in food deserts in Public Health Districts 3 and 4 was comparable to the state percentage in 2019. Elmore County is a notable exception, with nearly double the rate (11%) of residents living in a food desert compared to the district and state averages.

FIGURE 67: PERCENT OF RESIDENTS LIVING IN FOOD DESERTS, 2019



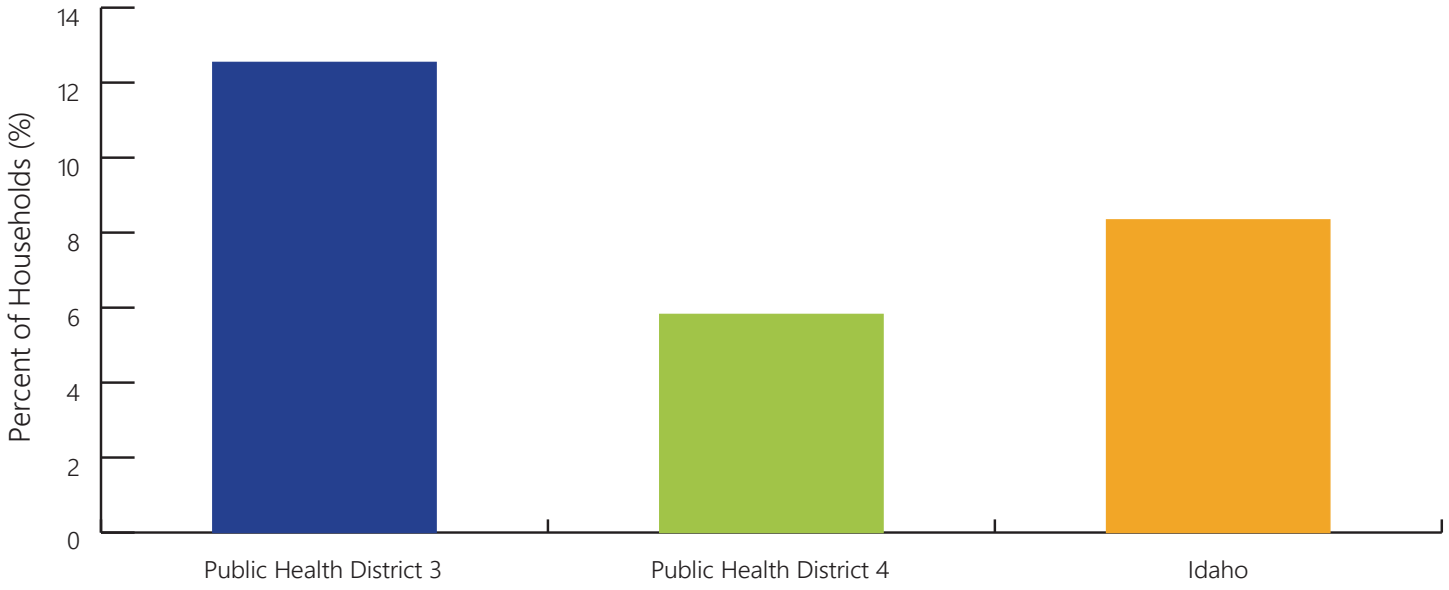
Source: U.S. Department of Agriculture, Food Access Research Atlas, 2019

While the rate of households participating in the Supplemental Nutrition Assistance Program (SNAP), also known as food stamps, in Public Health District 4 was lower than the state, Public Health District 3 had a notably higher percentage of households participating in SNAP than the state as a whole.

"Access to healthy foods is limited. It's treacherous to drive sometimes in the winter to neighboring communities to get to a grocery store."

- Adams County Resident

FIGURE 69: PERCENT OF HOUSEHOLD PARTICIPATING IN SNAP, 2019



Source: U.S. Census Bureau, American Community Survey 1-Year Estimates, aggregated by Metopio, 2019

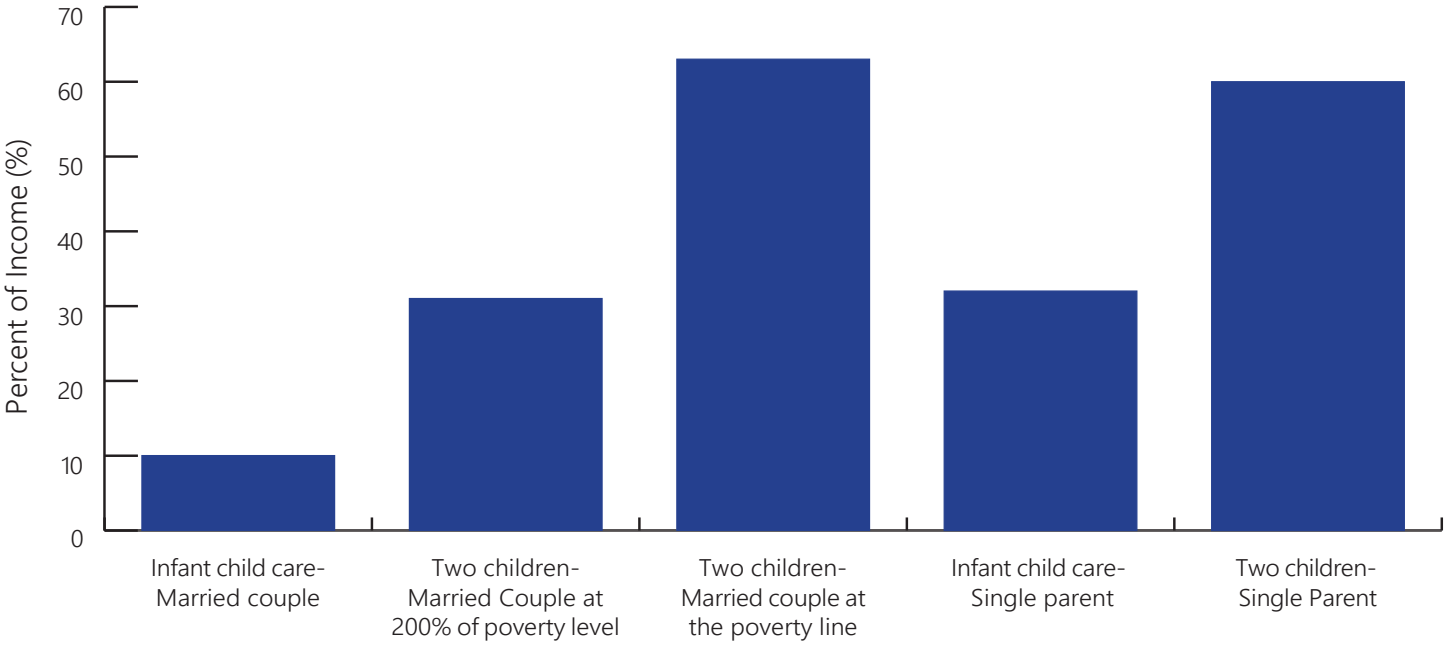
CHILDCARE EXPENSES

Childcare is required for many Idaho parents to maintain their employment. Statewide, childcare expenses went down slightly as a percent of household income from 2020 to 2021, possibly as a result of federal assistance for childcare facilities and workers, increasing wages, and a decline in the use of childcare over the pandemic. However, childcare remains cost prohibitive for many families, especially for families close to the poverty line and single parents. Childcare availability and affordability were both commonly mentioned by CHNA respondents as challenges facing residents of the region, making it more difficult for households to meet other costs. It was reported that childcare is particularly difficult to find and afford for infants and toddlers, and in rural areas across the region.

"It costs a lot of money to run (childcare) centers and if you raise wages, you price families out of being able to afford childcare."

- Statewide Nonprofit Leader

FIGURE 69: 2021 CHILD CARE COST AS A PERCENTAGE OF INCOME

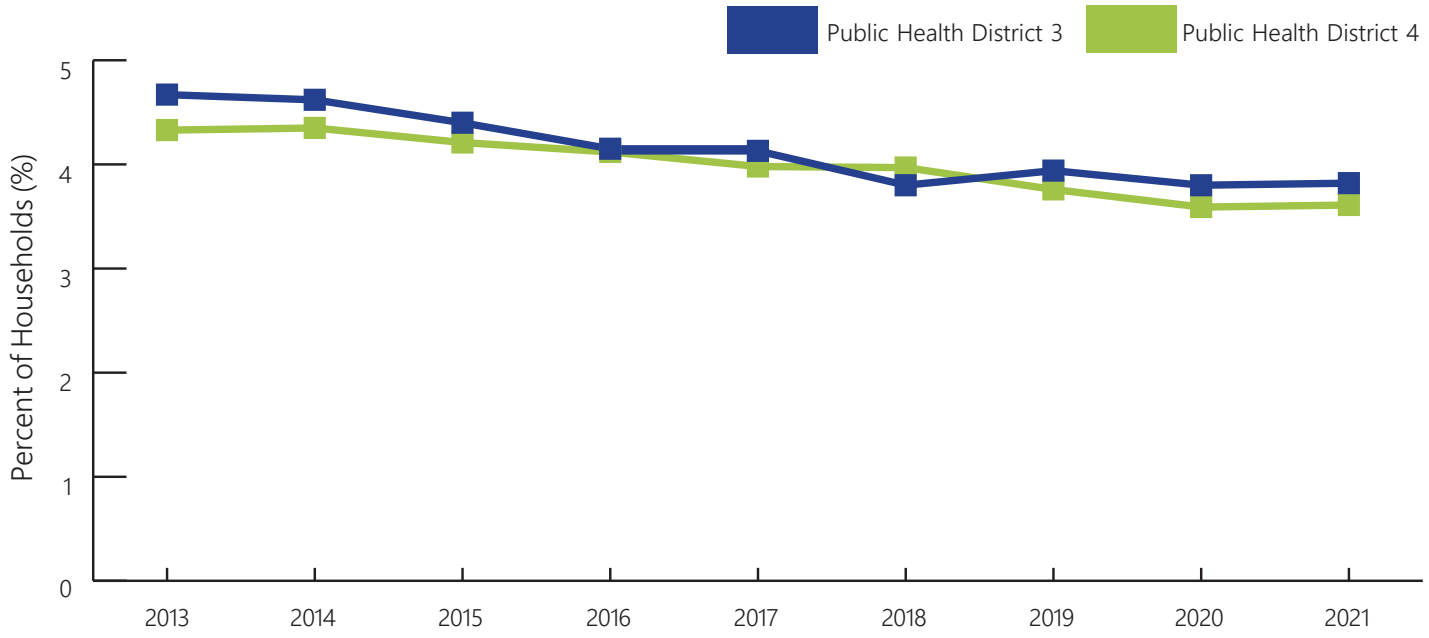


Source: Child Care Aware of America, Childcare Affordability Analysis, 2021

TRANSPORTATION

The percentage of households with no motor vehicle in the Greater Treasure Valley has been steadily decreasing over the past decade. While it is helpful for individuals and families to access the goods and services they need with their own vehicle, personal transportation does add increased costs to the household budget for gas, maintenance, and repairs. Some rural survey respondents in the region noted that transportation to health care and other social services is lacking, especially for seniors with limited ability to drive. Travel to specialty care can be burdensome for rural residents, especially among the senior population, as they have to leave their areas to access it and travel is difficult for aging populations.

FIGURE 70: PERCENT OF HOUSEHOLDS WITHOUT A VEHICLE

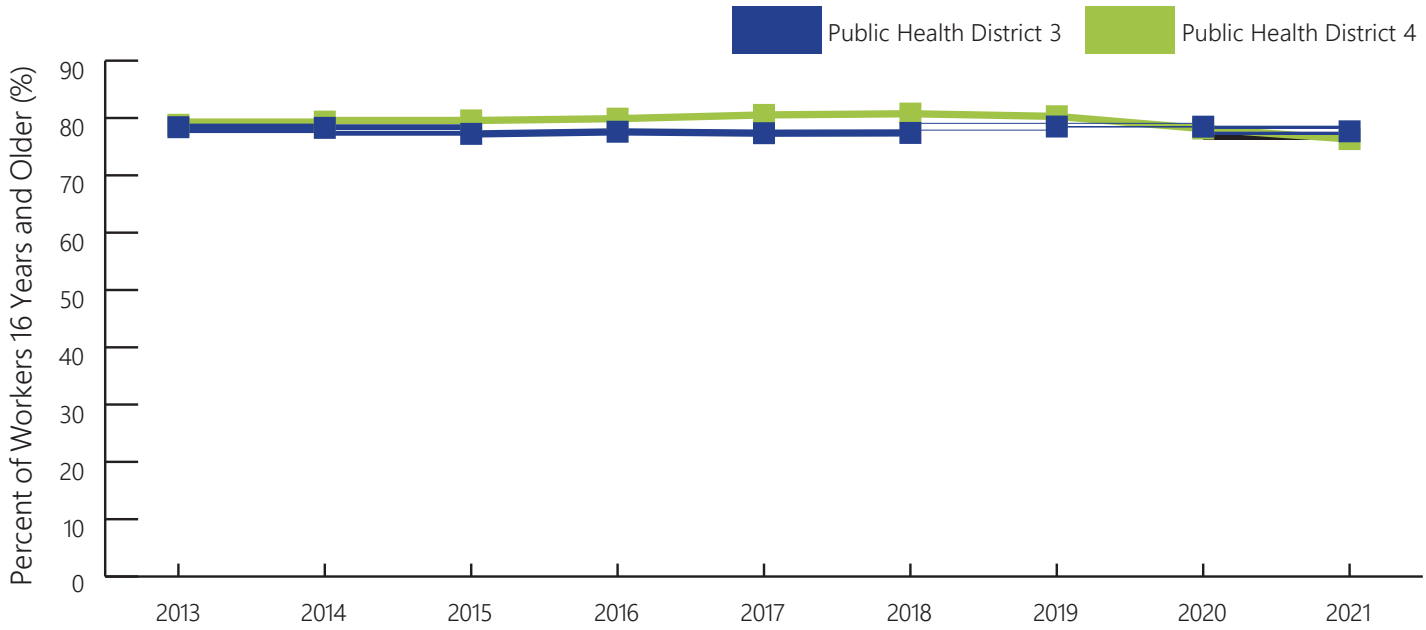


Source: U.S. Census Bureau, American Community Survey 5-Year Estimates, aggregated by Metopio

COMMUTING ALONE

Public Health District 4 has seen a decrease in the percentage of drivers commuting alone to work in recent years, which may reflect shifting modes of work over the COVID-19 pandemic. Public Health District 3, however, remained stable over the same time period.

FIGURE 71: PERCENT OF WORKERS DRIVING ALONE TO WORK

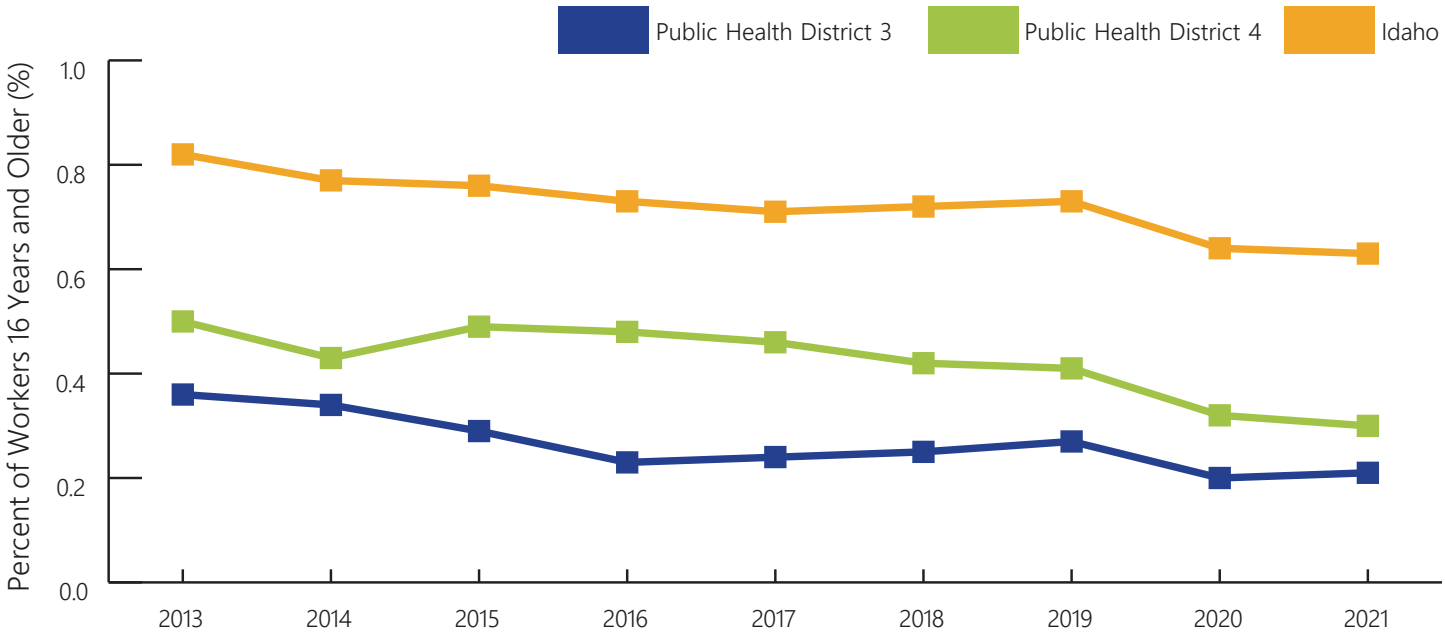


Source: U.S. Census Bureau, American Community Survey 5-Year Estimates, aggregated by Metopio

TRANSIT USE

The percentage of workers using public transit has declined in recent years in the report region and across Idaho. This decline could reflect the impact of the COVID-19 pandemic, both from people working from home and from people limiting public transit use due to risk of exposure. Additionally, CHNA respondents indicated they don't use public transportation due to its lack of availability in rural areas, and the limited hours and location of operations in urban and suburban areas. Data from forthcoming years will help to better understand whether the downward trend of use was temporary or reflects longer term impacts.

FIGURE 72: PERCENT OF WORKERS TAKING PUBLIC TRANSPORTATION TO WORK



Source: U.S. Census Bureau, American Community Survey 5-Year Estimates, aggregated by Metopio

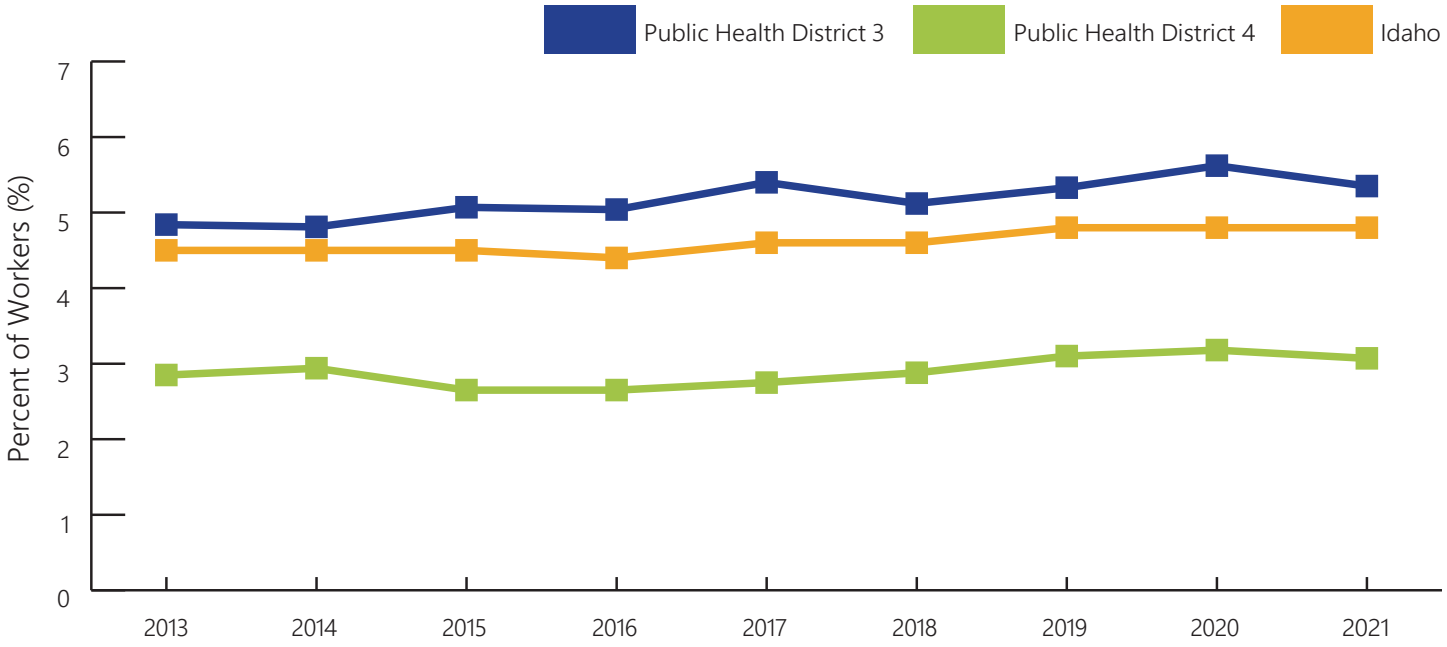
LENGTH OF COMMUTE

A higher percentage of workers in Public Health District 3 than in Idaho as a whole have a travel time to work of over one hour. This may reflect that many workers in Public Health District 3 have jobs in the urban areas of Public Health District 4. Public Health District 4, on the other hand, has a lower percentage of workers with a one-hour commute than the state average.

Public Health District 4 has seen an increase in workers' average travel time to work, which is comparable to trends in the state average. Public Health District 3 already had a higher average travel time to work, which is continuing to increase. Boise County had the highest average travel time to work in the Greater Treasure Valley at 35 minutes, suggesting that many people in this rural county may travel to other areas for work.

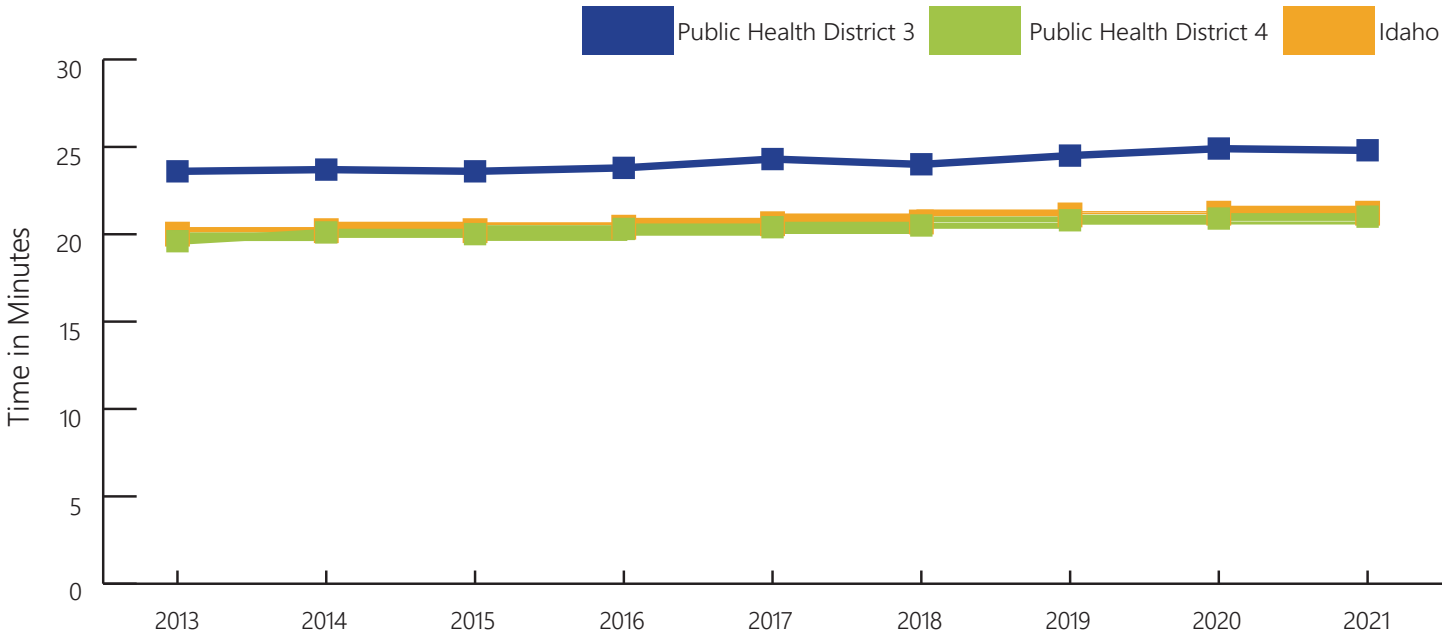
CHNA respondents commonly mentioned growth as a major disruptor in the region, including its impacts stressing the existing transportation infrastructure and commute times. Longer commute times may increase transportation costs, offsetting the benefit of moving farther away from urban centers for more affordable housing.

FIGURE 73: PERCENTS OF WORKERS WITH TRAVEL TIME OVER ONE HOUR



Source: U.S. Census Bureau, American Community Survey 5-Year Estimates, aggregated by Metopio

FIGURE 74: MEAN TRAVEL TIME TO WORK

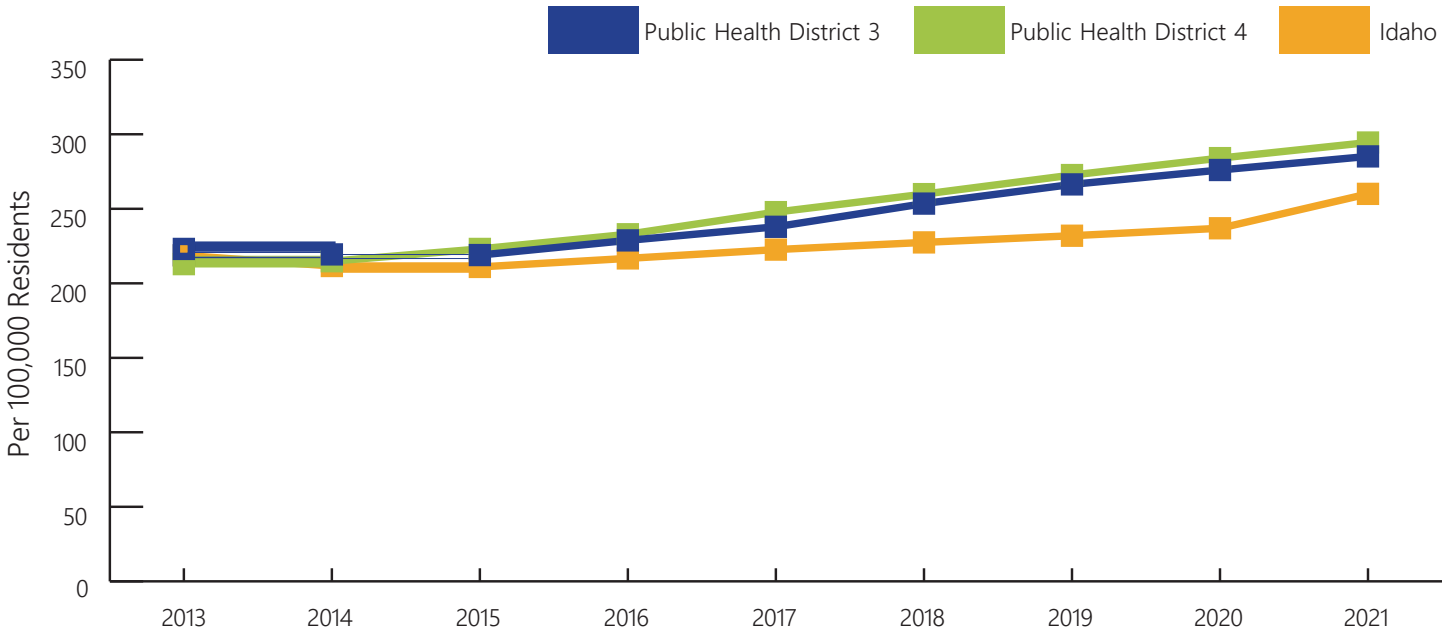


Source: U.S. Census Bureau, American Community Survey 5-Year Estimates, aggregated by Metopio

SAFETY

Violent crime rates, including homicide, assault, sexual assault, and robbery, in Public Health District 3 and 4 have been on the rise since 2011, outpacing a slower statewide increase. The cause of this increase is unknown as violent crime is complex and cannot be contributed to any one factor.[35]

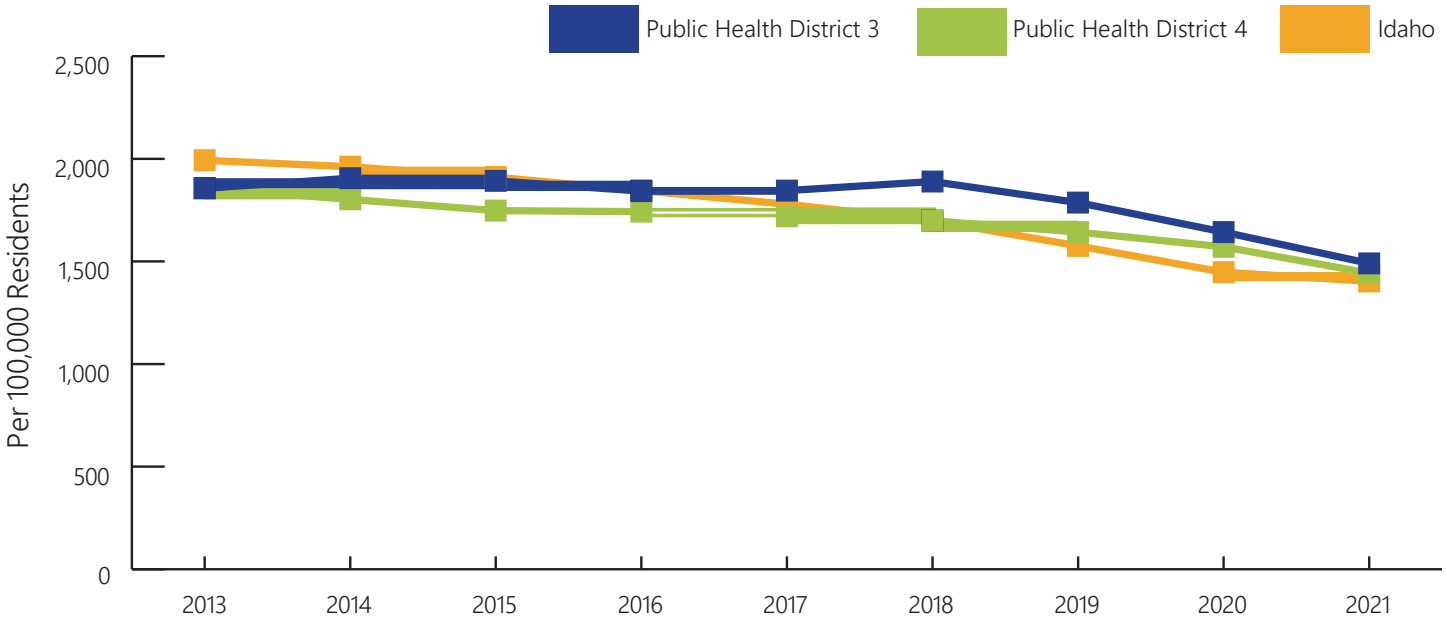
FIGURE 75: VIOLENT CRIME RATE



Source: Federal Bureau of Investigation, FBI Crime Data Explorer, aggregated by Metopio

Property crime rates, including burglary, larceny, arson, and motor vehicle theft, have been steadily declining in both districts and the state for many years.

FIGURE 76: PROPERTY CRIME RATE



Source: Federal Bureau of Investigation, FBI Crime Data Explorer, aggregated by Metopio

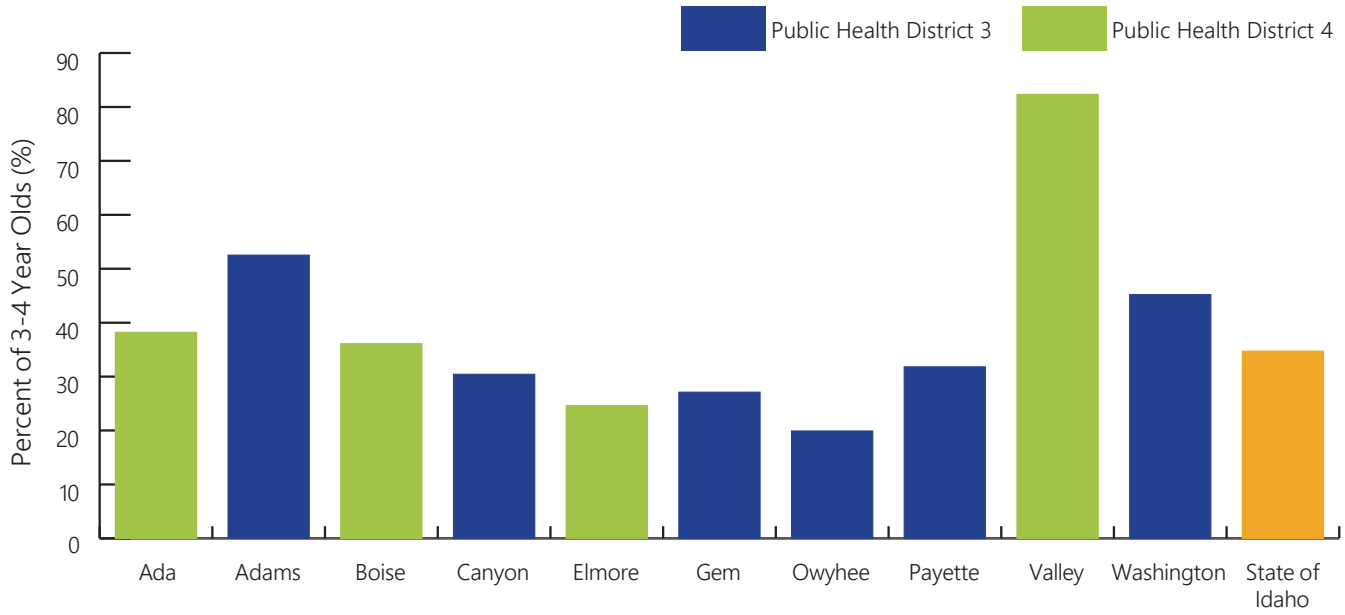
EDUCATION

Education is considered a SDoH as it is associated with life expectancy and overall health behaviors.[36] Education at all levels is a concern for Idaho residents[37] and survey respondents ranked education among the top three health issues in their communities.

EARLY CHILDHOOD EDUCATION AND SCHOOL READINESS

Early childhood education was mentioned as a major challenge by survey and focus group participants. Idaho does not fund any public preschool programs, leaving residents with limited options, especially affordable ones. Though most children enrolled in preschool are in a private program, some school districts are able to provide preschool programs using grant funds and community-led collaboratives such as Boise, Basin, Caldwell, and Marsing school districts.

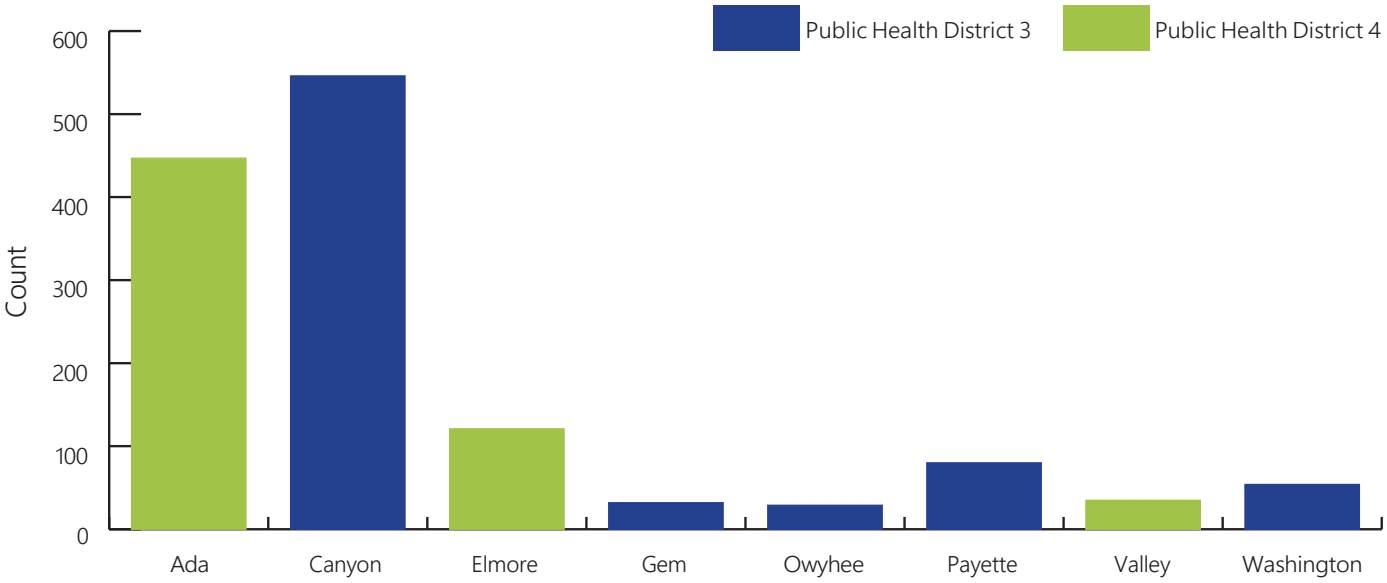
FIGURE 77: PERCENT OF CHILDREN 3–4-YEAR-OLD CHILDREN ENROLLED IN SCHOOL



Source: U.S. Census Bureau, American Community Survey 5-Year Estimates, 2017-2021

Head Start and Early Head Start are federally funded education programs for children ages 0 to 5 from extremely low-income families. In the Greater Treasure Valley, Head Start Programs are provided through Friends of Children and Families, Western Idaho Community Action Partnership (WICAP), and Community Council of Idaho Migrant and Seasonal Head Start across 27 center-based locations and 11 at-home programs. In the 2020-21 school year, 1,344 Greater Treasure Valley children were enrolled in Head Start, with the smaller counties of the region accounting for 26% of enrollment while Ada County accounts for 33% and Canyon County accounts for 41%.

FIGURE 78: ENROLLMENT IN HEAD START



Source: Idaho Head Start Association, Southwest Idaho Programs, 2022
Note: Data is limited to Idaho counties and enrollment may include children from a neighboring county enrolled in the program

K-12 EDUCATION

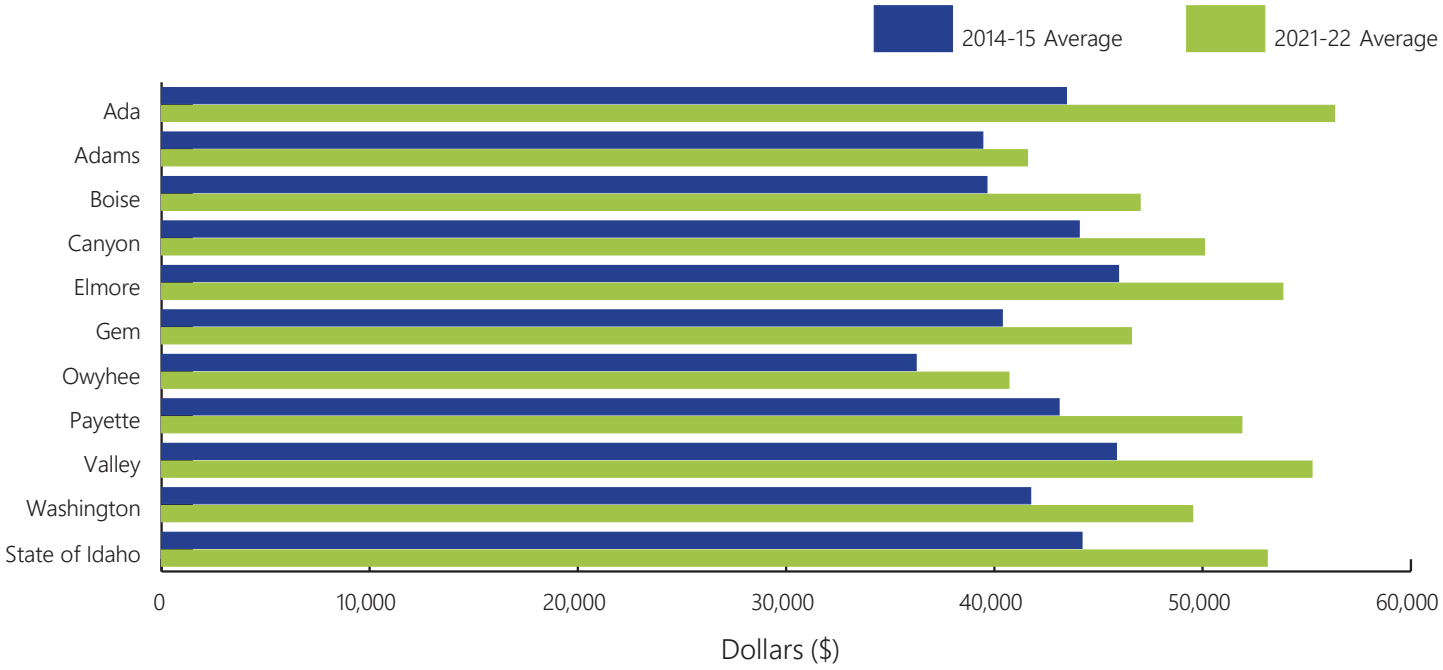
The report region is home to 31 traditional public school districts and 33 public charter schools. Traditional public schools account for most of the enrollment (88.8%), while 11.2% of students enroll in public charter schools. In a statewide representative survey of 1,000 Idahoans, 44.7% of respondents view the quality of school districts in their community as either good or excellent.[38] CHNA respondents shared that challenges with K-12 education include poor attendance, students not engaged with learning, serving high need students, and issues related to teacher recruitment and retention.

FUNDING FOR EDUCATION

The State of Idaho allocated nearly half of its 2020-2021 general fund budget to K-12 public education. A majority of those funds (63%) went to salaries and benefits of education staff and almost a quarter (22%) were for discretionary use.[39] Although Idaho education funds have increased at the same rate as the overall state budget since 2016, Idaho often ranks as 50th or 51st in the country for spending per pupil. In 2020, Idaho spent $8,272 per student compared to the $13,494 per pupil national average.[40] Most Idaho school districts (80%) rely on supplemental levy funding to make needed upgrades and fill in funding gaps.[41]

Recruiting and retaining teachers in rural areas of Idaho has long been a challenge. One solution the state implemented was the Career Ladder Program in the 2015-16 school year. In five years, this program increased the minimum teacher salary to $40,000 and increased the average statewide teacher salary from $44,000 to $50,794 (+17%).[42]

FIGURE 79: AVERAGE TEACHER SALARIES (2014-2015 & 2021-2022)



Source: Data from Idaho State Department of Education and Idaho EdNews

All Treasure Valley counties saw an increase in average teacher salaries. Ada and Valley counties had the largest increases, these counties also have high housing costs and elevated costs of living. The smallest teacher salary increases were in Adams and Owyhee counties, which are both very rural.

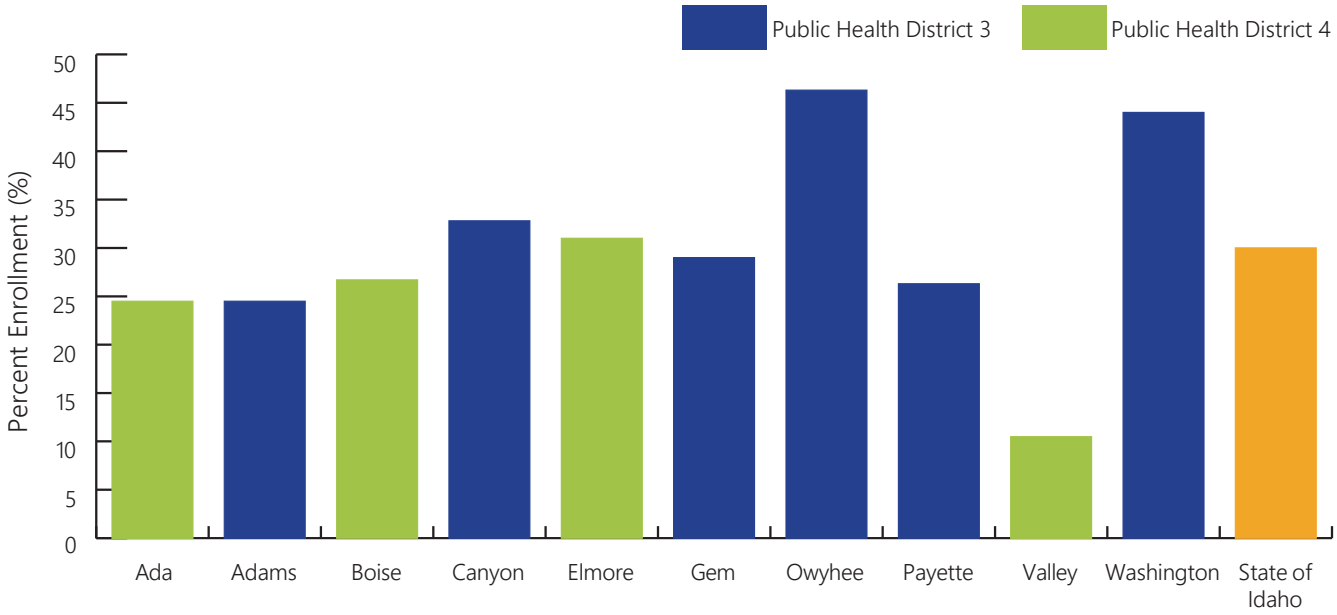
The impact of increasing teacher pay on retention is not immediately clear, though since 2018, the statewide average retention rate has remained around 90%.[43]

POVERTY AND EDUCATION

A family's income is a stronger influence on student performance than race or ethnicity.[44] In Idaho, students whose families have lower incomes are classified as economically disadvantaged. Students in this category meet at least one of the following criteria: qualify for free or reduced lunch, live with a family receiving Temporary Assistance for Needy Families (TANF), are eligible for Medicaid, or are considered homeless.[45]

In Idaho, 30% of students are economically disadvantaged; this is similar to the average of districts in the report region. Schools in Owyhee and Washington counties had higher averages than the Greater Treasure Valley average.

FIGURE 80: AVERAGE PERCENT OF ECONOMICALLY DISADVANTAGE STUDENTS



Source: Idaho State Department of Education, 2021-2022
Note: Data represents the average of the percent of students in each district

CHRONIC ABSENTEEISM

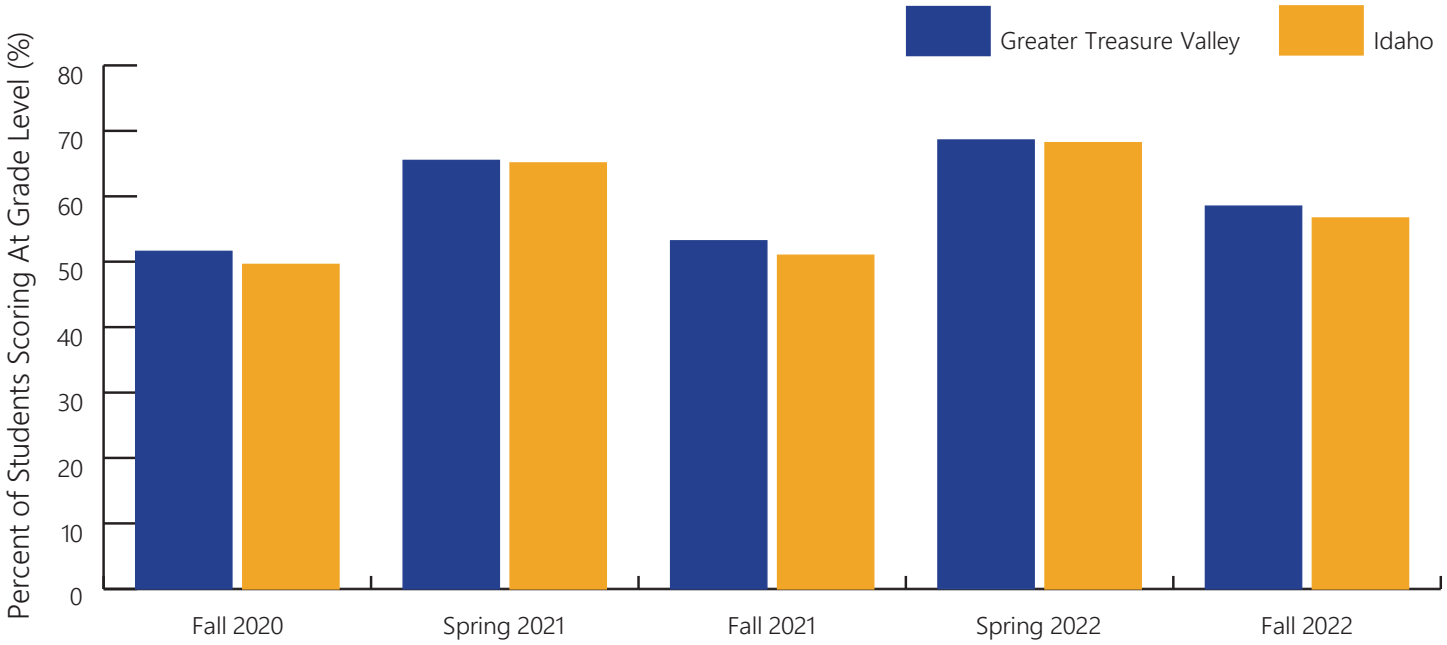
Of all Greater Treasure Valley students, 14.9% missed at least 15 days of school in 2020-21 school year.46 Among CHNA respondents, surveyed teachers and administrators reported difficulty with attendance, specifically among high school students. One principal found that teenagers held jobs occurring during school hours when schools were using virtual or hybrid learning models because of the COVID-19 pandemic. When school went back to in-person, these students did not want to lose their well-paying jobs and began chronically missing school. Many schools have rules that make it difficult for students who miss too much school to progress to the next grade.

READING AND MATH PROFICIENCY

Students in Idaho take at least one standardized test each year to assess reading or math skills. K-3 students take the Idaho Reading Indicator (IRI) in the fall and the spring. The fall test acts as a benchmark and the spring measures growth as well as overall literacy. As part of the Every Student Succeeds Act, the Idaho State Department of Education has a goal for 100% of third grade students reach reading proficiency[47] as research shows that third grade reading level is predictive of later life outcomes.[48]

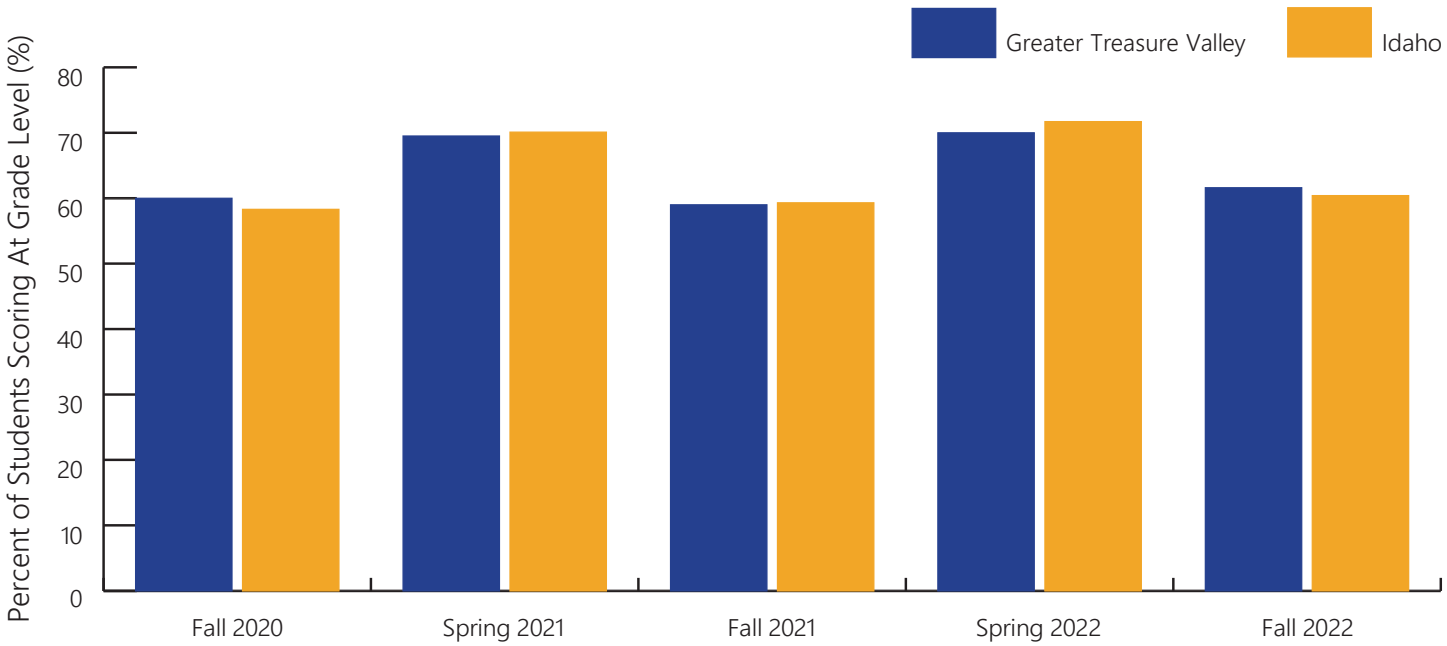
As a whole, Greater Treasure Valley school districts have similar percentages of students scoring at grade level compared to the state average when looking at all K-3 students and third grade specifically. Shifts in achievement between spring and fall tests are expected as learning loss often occurs over summer breaks.

FIGURE 81: AVERAGE DISTRICT PERCENTAGE OF K-3 STUDENTS SCORING "AT GRADE LEVEL" ON THE IRI



Source: Idaho State Department of Education, 2021-2022
Note: Data represents the average of the percent of students in each district at grade level

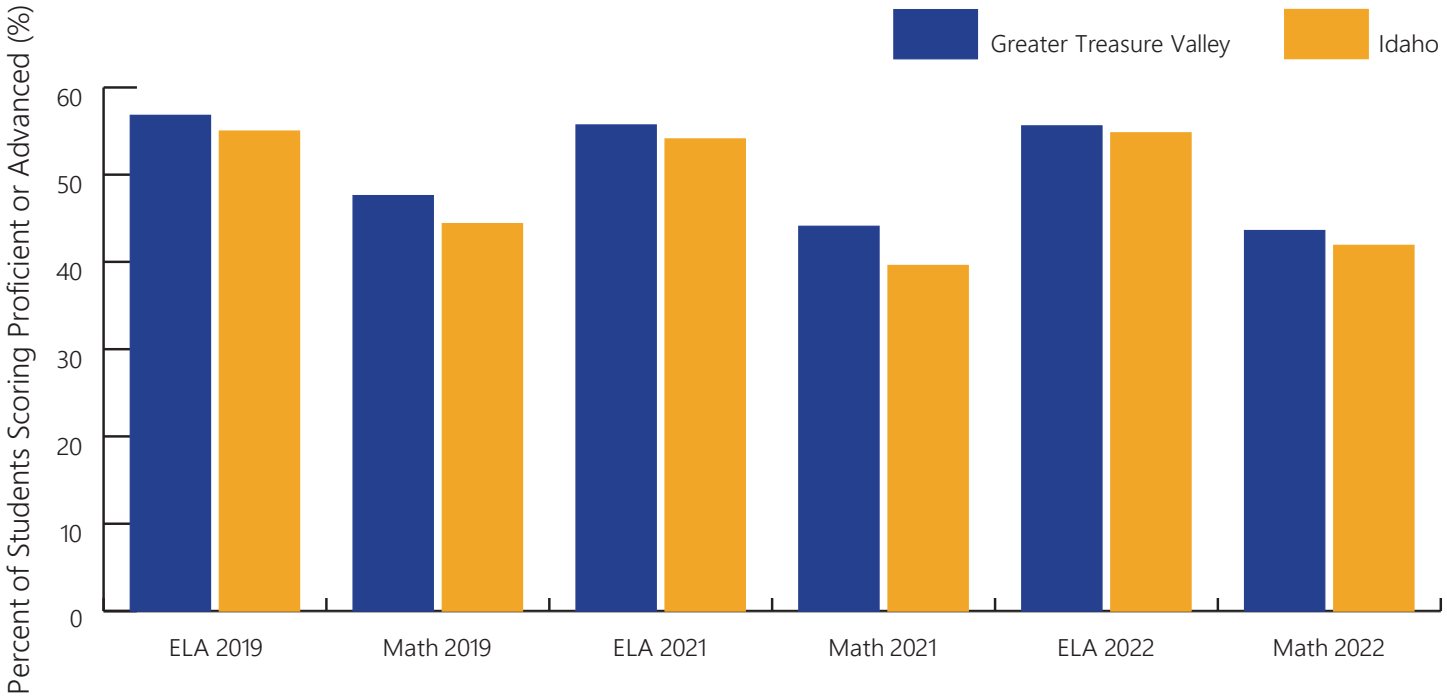
FIGURE 82: AVERAGE DISTRICT PERCENTAGE OF GRADE 3 STUDENTS SCORING "AT GRADE LEVEL" ON THE IRI



Source: Idaho State Department of Education, 2021-2022
Note: Data represents the average of the percent of students in each district at grade level

Students in grades 3 through 10 take the Idaho Standardized Achievement Test (ISAT) every spring. This test measures achievement in science, math, and English Language Arts (ELA). Districts in the Greater Treasure Valley tend to have slightly higher averages of proficient or advanced students across the state. When schools shut down due to the COVID-19 pandemic, experts expected to see a marked drop in test scores in the following years. Though both the Greater Treasure Valley and Idaho saw some decreased averages, they were marginal. The largest loss was seen in math a 4.8% decrease statewide.

FIGURE 83: STUDENTS SCORING PROFICIENT OR ADVANCED ON THE ISAT

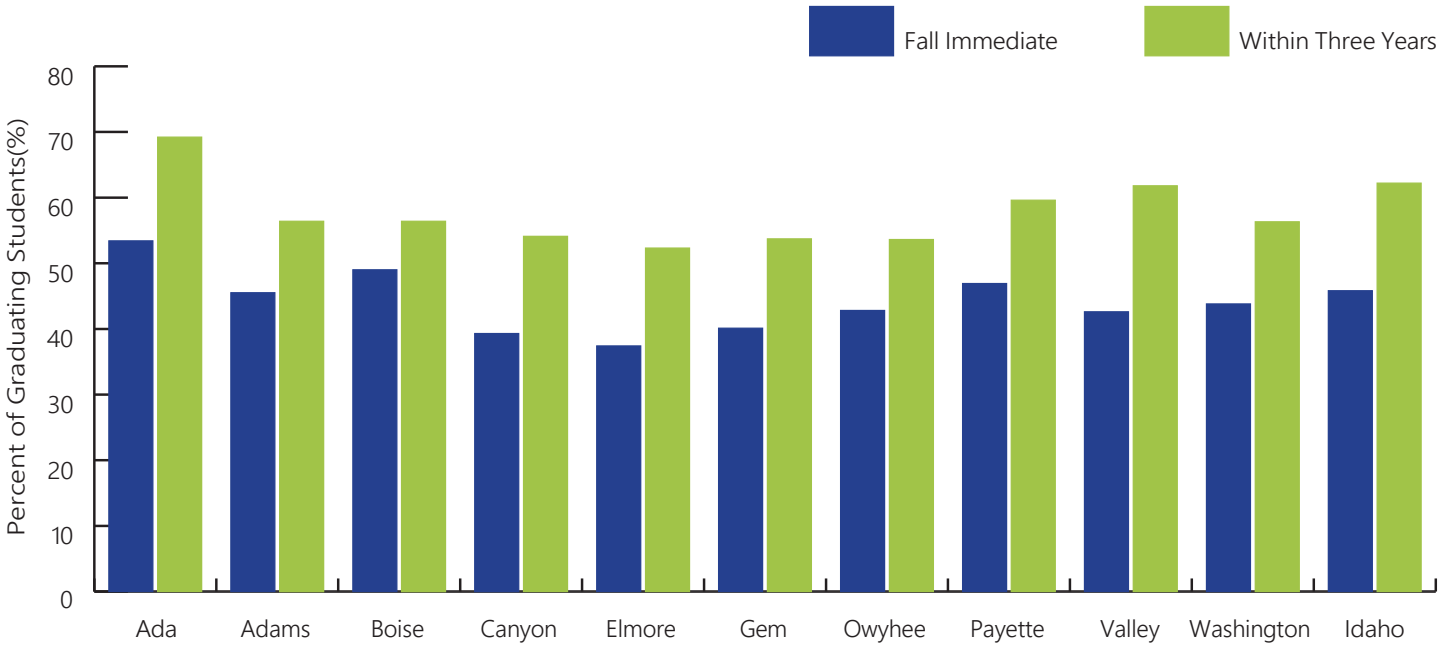


Source: Idaho State Department of Education, 2021-2022
Note: Data represents the average of the percent of students in each district at grade level

POSTSECONDARY EDUCATION

Approximately 40% of Idahoans aged 25-64 have a college or technical degree, and this number increases to 46.5% when including industry-recognized certifications. At 46.5%, Idaho has one of the lowest rates in the country falling below the 51.9% national average.[49] Idaho leadership has invested more the $133 million to reach their goal of 60% of Idaho adults aged 25-34 obtaining a degree or certificate. This investment was made to help Idaho residents prepare for the modern job market and help Idaho compete in a changing economy [50]

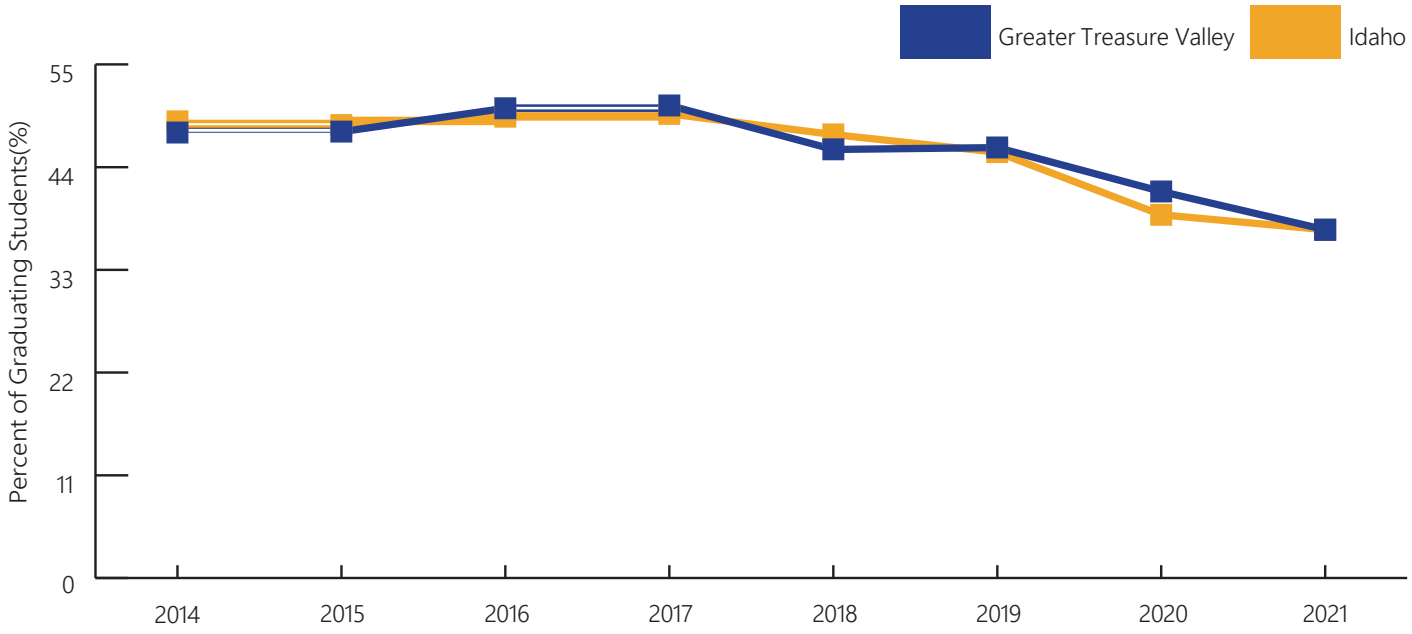
FIGURE 84: GO-ON RATES BY COUNTY



Source: Idaho State Department of Education, 2021-2022

A large part of the State legislature's goal is to increase the number of students going on after high school. Go-on rates measure students who enroll in both two- and four-year universities both in and outside of Idaho. The State measures students who enroll in the fall immediately following high school graduation, within the first year after graduation, and within three years of graduation. The go-on rate does not account for students who join the military.

FIGURE 85: FIRST YEAR GO-ON RATE OVER TIME



Source: Idaho State Department of Education, 2021-2022

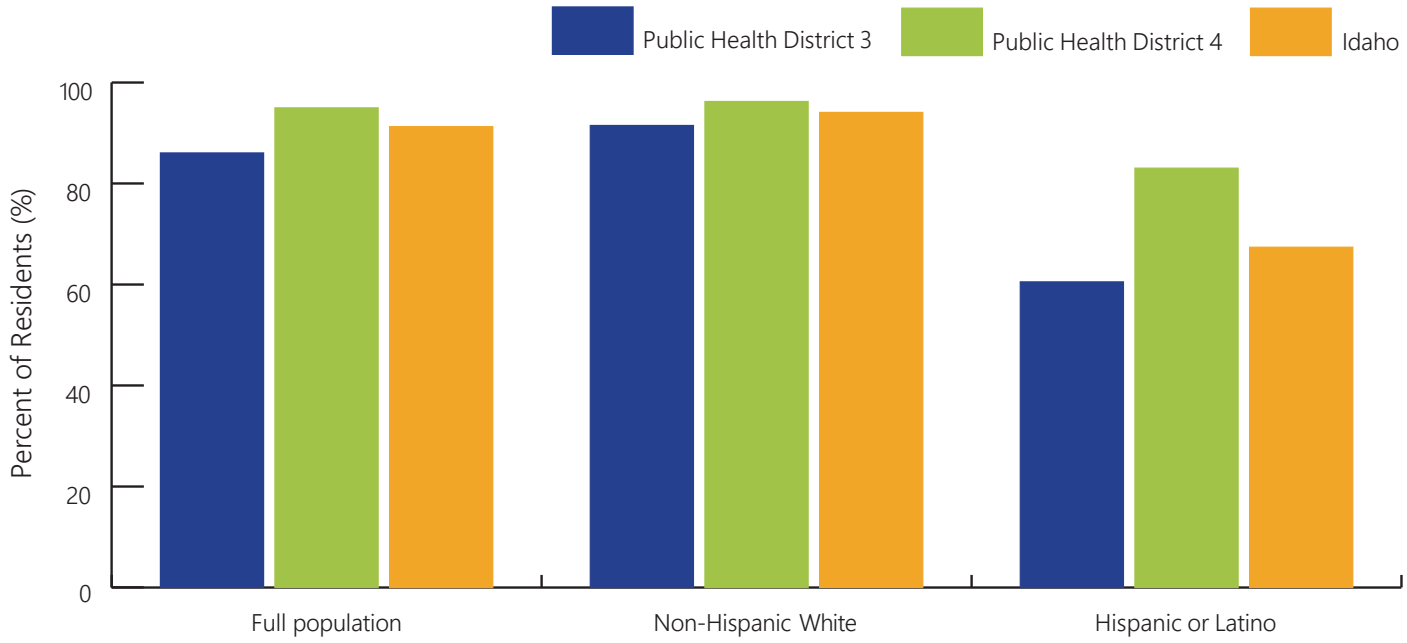
The first year go-on rate improved in 2016 and 2017, but the numbers dropped significantly in 2020 and 2021. This decrease is likely because of the COVID-19 pandemic. Many students did not want to attend their first year of college virtually and opted to take a gap year before enrolling. If this is the case, three-year numbers may show a marked increase. Enrollment in Idaho institutions experienced a 5% drop as well in 2020 but returned to near pre-pandemic levels in 2021. However, the increase in enrollment was mostly seen in nonresident students.[51]

Retention rates in Idaho colleges have remained fairly constant for some time. Since 2015, four-year institutions retained about 75% of new students each year. Both University of Idaho and Boise State saw increases in retention rates while Idaho State University and Lewis-Clark State College saw decreases. All two-year colleges have increased retention rates from 54% to 58% since 2015.[52] In turn, about 49.7% of all students enrolled in four-year colleges graduate within six years while only 28.9% of students enrolled in two-year colleges graduate in 150% of the time (four years).[53]

EDUCATION BY RACE/ETHNICITY

Education connects to financial stability by creating better job opportunities with better earnings. Districts 3 and 4 both have high school graduation rates similar to the state average, although Owyhee County has a notably lower rate (75%) than the state and other counties in the region. Owyhee County also has the lowest college graduation rate (13%) in the region.

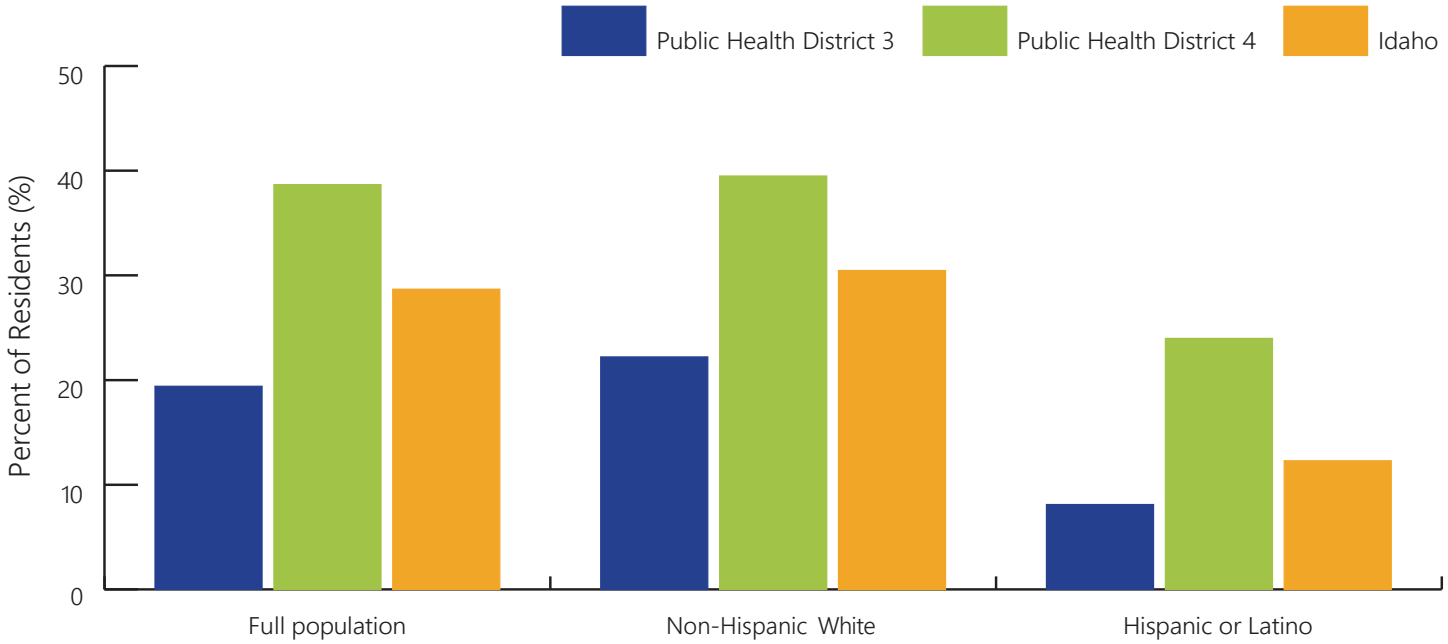
FIGURE 86: HIGH SCHOOL GRADUATION RATE BY RACE/ETHNICITY



Source: U.S. Census Bureau, American Community Survey 1-Year Estimates, aggregated by Metopio, 2021

A notable education gap shows up at the college level. While Public Health District 4 has higher college graduation rates than the state average for both non-Hispanic whites and Hispanics/Latinos, non-Hispanic whites still graduate at a significantly higher rate than Hispanics/Latinos. Public Health District 3 has the same gap, in addition to lower-than-average college graduate rates across ethnic groups. These gaps may contribute to inequitable economic outcomes between the two districts and between ethnic groups within those districts. CHNA respondents, especially in more racially/ethnically diverse rural areas, pointed out that Hispanic/Latino populations are more likely to be economically vulnerable (across the report region, Hispanic/Latino median household income is $61,000, while Non-Hispanic White median household income is $78,000)[54], and may have trouble accessing the same resources and opportunities as others due to discrimination, cultural, or language barriers.

FIGURE 87: COLLEGE GRADUATION BY RACE/ETHNICITY



Source: U.S. Census Bureau, American Community Survey 1-Year Estimates, aggregated by Metopio, 2021

SIGNIFICANT HEALTH NEEDS

DESCRIPTION

Upon analyzing and discussing the primary data, secondary data, and community feedback, a clear set of top priorities emerged for the Greater Treasure Valley region. The top three priorities identified by key stakeholders include:

Safe, affordable housing and homelessness

Behavioral health, including mental health and well-being, and substance misuse

Access to affordable health care, including oral and vision health

PROCESS TO IDENTIFY NEEDS

Leaders and community members from throughout the Greater Treasure Valley were invited to participate in a prioritization meeting in December 2022. In the meeting, Boise State University's Idaho Policy Institute presented primary data from 32 focus groups, 62 interviews, and 2,700 survey responses, as well as secondary data from publicly available national datasets. Data was organized using the criteria listed below. Participants discussed surprising, expected, and missing themes in the data. The group then participated in nominal voting to select the top priorities for the CHNA partners to address. A recording of the meeting was sent out to those unable to attend. These community members all had the opportunity to contribute to the voting process.

CRITERIA TO IDENTIFY NEEDS

The project lead team identified six criteria to better understand emergent themes in the data. The criteria aim to organize the themes based on the CHNA partners' values for prioritization of needs.

1. Availability of community resources: perception of the sufficiency of resources
2. Equity/impact on vulnerable populations: populations identified as at risk of inadequate access to resources and disparities in experiences
3. Availability of evidence-based interventions: based on Healthy People 2030 evidence-based resources
4. Impact/value/consequence of inaction: quantifiable need demonstrated by trend over time indicating immediate action could prevent further poor outcomes and promote health and well-being
5. Importance to community: need is identified as important amongst community members
6. Severity/magnitude of health-related need: prevalence of need compared to state and national benchmarks

RESOURCES AVAILABLE TO ADDRESS NEEDS

Hospital systems and the Western Idaho Community Health Collaborative (WICHC) will develop and publish implementation strategies upon publication of the report. Community resources to address these and other SDoH needs can be found at findhelpidaho.org.

COMMUNITY INPUT PROCESS

INCORPORATION OF COMMUNITY INPUT

Community leaders, state and local public health departments and organizations, people who represent and/or serve the medically underserved, low-income and minority populations, and additional people located in or serving our community had three opportunities to provide input. Leaders were invited to participate in the CHNA Steering Committee process. The Steering Committee was involved in developing and implementing community engagement strategies, including how to ensure participation from typically underrepresented groups. Steering Committee members also had the opportunity to facilitate focus groups with community members.

Community leaders also had an opportunity to participate in key informant interviews. These interviews were designed to better understand the people the leaders serve as well as their own feelings on health equity in the community. Those participating in the focus group and interview process are listed in the Acknowledgments section of this report.

Once all primary data was collected, community leaders were invited to attend a prioritization meeting. In this meeting they had the opportunity to discuss the needs of their communities and help in the process of prioritizing which needs the CHNA partners should focus on addressing representing the broad interest of the community.

Community members including those who are medically underserved, low-income, and or/ minority populations, had two opportunities to provide input. A survey was available in both paper and digital forms as well as in multiple languages (including Spanish, Somali, Russian, Swahili, and Arabic). The survey asked respondents about their health, their community, and experienced discrimination. Community members were also invited to participate in focus groups. Focus groups asked respondents about health in their community, general challenges, and needed services (See Appendix C). The table below represents each partner group and where they participated in the CHNA process.

TABLE 5: CHNA COLLABORATIVE ROLES

Partner	CHNA Strategy	Survey, Focus Group, and Interview Design	Survey Deployment	Focus Group and Interview Facilitation	External Data Review	Data Prioritization	CHNA Draft Review	Community Health Atlas Creation
WICHC	✓		✓	✓			✓	✓
Lead Team	✓	✓	✓	✓	✓	✓	✓	✓
Steering Committee	✓	✓	✓	✓	✓	✓	✓	✓
Idaho Policy Institute		✓			✓	✓	✓	
Metopio								✓

APPENDIX A: SAINT ALPHONSUS HEALTH SYSTEM

Saint Alphonsus

As a Catholic health system, Saint Alphonsus is committed to advocacy for and service to individuals who are underserved and underrepresented in our communities. We are called to minister to those who are vulnerable, to address health disparities and inequities, and to ensure the dignity of all people.

Our Mission calls us to serve together with Trinity Health, in the spirit of the Gospel as a compassionate and transforming healing presence within our communities. The Community Health Needs Assessments (CHNA) allow Saint Alphonsus to be responsible stewards of our resources and target our efforts and financial investments to where there is the greatest need and increased potential for effectiveness.

A Community Health Needs Assessment provides the opportunity to:

- Gain insights into the needs and assets of the communities served,
- Identify and address the needs of vulnerable populations and those experiencing health disparities and inequities within the community,
- Enhance relationships and opportunities for collaborative community action, and
- Provide information for community outreach planning, evaluation, and assessment.

HOSPITAL OVERVIEW

Saint Alphonsus Regional Medical Center (SARMC) in Boise, Idaho is dedicated to delivering advanced medical services in a spiritual, healing environment throughout southwest Idaho, eastern Oregon and northern Nevada. Through innovative technologies, compassionate staff, and warm, healing environments, Saint Alphonsus strives to provide care that is focused on patients. Founded in 1894 by the Sisters of the Holy Cross, SARMC was the first hospital established in Boise, bringing health care to the poor and underserved. Now referred to as Saint Alphonsus Regional Medical Center, our licensed medical-surgical/acute care 381-bed facility serves as the center for advanced medicine and is poised to support the community well into the future. Saint Alphonsus also has an intricate system of health and wellness services that extend into the communities around our region.

The Saint Alphonsus Regional Rehabilitation Hospital (SARRH), an affiliate of Encompass Health, is committed to helping patients regain independence after a life-changing illness or injury. SARRH is a 40-bed rehabilitation hospital that opened in July 2019 across the street from the SARMC campus. It serves the Boise area as a leading provider of inpatient rehabilitation for stroke, spinal cord injury, brain injury, and other complex neurological and orthopedic conditions. SARRH uses an interdisciplinary team approach that includes physical, speech and occupational therapists, rehabilitation physicians, rehabilitation nurses, case managers, dietitians and more, combined with our advanced technology and expertise, to help patients achieve their goals. Patients receive at least three hours of therapy five days per week while under the constant care of registered nurses, many of whom specialize in rehabilitation, and frequent independent private practice physician visits.

The Saint Alphonsus Medical Center (SAMC-N) in Nampa, located at the corner of I-84 and Garrity Boulevard, offers state-of-the-art, best-in-class health care to residents of Canyon County. This 100-bed hospital that spans more than 240,000 square feet, features a complete diagnostic center, six-suite surgical operating theatre, pre/post-operative holding and recovery rooms, 10-bed short stay observation unit, spacious and private patient rooms, and an 18-bed intensive care unit. Built with preventive and ambulatory health in mind, the facility accommodates the latest information technology, updated diagnostic and treatment technology, and an environment proved to reduce patient stress and recovery times.

Saint Alphonsus is a proud affiliate of Trinity Health, one of the largest multi-institutional Catholic health care delivery systems in the nation. Trinity Health serves people and communities in 25 states from coast to coast with 88 hospitals and 131 continuing care facilities, home health and hospice programs, 125 urgent care centers, and the second largest Program of All-Inclusive Care for the Elderly (PACE) program in the country. For more information, please visit www.saintalphonsus.org, and www.Trinity-Health.org.

MISSION STATEMENT

We, Saint Alphonsus and Trinity Health, serve together in the spirit of the Gospel as a compassionate and transforming healing presence within our communities.

CORE VALUES

Reverence: We honor the sacredness and dignity of every person.

Commitment to Those Who are Poor: We stand with and serve those who are poor, especially those most vulnerable.

Justice: We foster right relationships to promote the common good, including sustainability of Earth.

Stewardship: We honor our heritage and hold ourselves accountable for the human, financial and natural resources entrusted to our care.

Integrity: We are faithful to who we say we are.

Safety: We embrace a culture that prevents harm and nurtures a healing, safe environment for all.

SERVICES PROVIDED

Services offered by SARMC, SARRH, and SAMC-N include, but are not limited to: brain injury program, breast care, cardiology and vascular care, cancer care, diabetes care and education, emergency and trauma, endoscopy, hospitalists, infusion clinic, laboratory, Mako Robotic-Arm® Assisted Joint Replacement, maternity services, neuroscience, nutrition, orthopedics, pain management, palliative care, pharmacy, physical therapy and rehabilitation, pulmonary diagnostics, radiology and medical imaging, research, sleep disorders, spine care, stroke center, surgical services, including Treasure Valley Surgery Center, telestroke, women's and children's services, and wound and hyperbaric.

CONDUCTING THE 2023 COMMUNITY NEEDS ASSESSMENT

Saint Alphonsus Regional Medical Center (SARMC) and the Saint Alphonsus Regional Rehabilitation Hospital (SARRH) in Boise, Idaho, and Saint Alphonsus Medical Center (SAMC-N) in Nampa, Idaho, participated a coordinated comprehensive Community Health Needs Assessment that was reviewed by the Boise, SARRH, and Nampa Community Hospital Advisory Boards, and approved by the Saint Alphonsus Health System Board on June 5, 2023 and the SARRH Board on June 5, 2023. SARMC, SARRH, and SAMC-N performed the CHNA in adherence with certain federal requirements for not-for-profit hospitals set forth in the Affordable Care Act and by the Internal Revenue Service. The

assessment took into account input from representatives of the community, community members, and various community organizations. It is available publicly online at https://www.saintalphonsus.org/about-us/communitybenefit/community-needs-assessment/, or by request from the Saint Alphonsus Health System Community Health and Well-Being Department.

The collaborative 2023 Community Health Needs Assessment was led by Saint Alphonsus Health System, St. Luke's Health System, Intermountain Health System and Saltzer Health, Central District Health Department (CDH), Southwest District Health Department (SWDH), the Western Idaho Community Health Collaborative (WICHC), and United Way of Treasure Valley (UWTV) with Boise State University's Idaho Policy Institute (IPI) and Metopio as research partners using the same tools and protocols used in the 2023 Malheur and Baker County CHNAs. Ten counties: Ada, Canyon, Boise, Valley, Canyon, Adams, Owyhee, Payette, Washington, and Gem were the primary service areas studied, with analysis and comparison of county/health district, state, and national data wherever available. These communities were selected for review as they comprise the WICHC, CDH, and SWDH services areas, which is also where the majority of SARMC, SARRH, and SAMC-N patients draw from. The Trinity Health Data Hub and Idaho Oregon Community Health Atlas were utilized as the primary sources for secondary data, in addition to localized data sources provided by the Treasure Valley Steering Committee members. Additional duties of the Steering Committee, whose members are listed in the Acknowledgments, included selecting secondary data indicators, developing the community survey and focus group/interview instruments, disseminating community surveys, conducting and participating in focus groups and key informant interviews, selecting significant health needs, providing review and revision to the draft assessment report, and drafting the plan for communications and dissemination of the completed assessment. The detail processes for conducting community surveys, focus groups, and key informant interviews is listed in the 2023 Community Health Needs Assessment document, as are the methods for prioritizing the key health needs for 2023.

The 2023 Community Health Needs Assessment processes and drafts were presented to the SARMC and SAMC-Nampa Community Hospital Advisory Boards on January 24, 2023 and January 20, 2023 respectively. Their input was reviewed by the Saint Alphonsus Health System Board on May 16, 2023, and approved by Toni L. Nielsen, Vice Chair, on June 5, 2023. The SARRH CEO, Deanna Martin, approved the CHNA on behalf of the SARRH/Encompass Health Board on June 5, 2023.

SUMMARY OF PREVIOUS CHNA

The 2020 Community Health Needs Assessment utilized a Treasure Valley Steering Committee, as convened by the United Way of Treasure Valley (UWTV) and Saint Alphonsus Health System, as the primary method of gathering public input on the draft reports between January and May 2020. The community organizations that made up the 2020 Committee were provided with drafts of the assessment report and provided comments back to SAHS and UWTV for inclusion in the final document. Additionally, the SARMC Mission Committee as well as the SARMC, SARRH, and SAMC-N Community Hospital Boards were provided with drafts of the Community Assessment and provided input the 2020 CHNA priorities.

The 2020 SARMC, SARRH, and SAMC-N Community Health Needs Assessments can be found online at: https://www.saintalphonsus.org/about-us/community-benefit/community-needsassessment/ and at https://encompasshealth.com/locations/boiserehab .

The prior CHNA, completed in June 2020, identified significant health needs within the SARMC, SARRH, and SAMC-N community:

1. Affordable, safe housing and homelessness

2. Wages and job availability
3. Cost of living
4. Mental health and well-being and substance use
5. Access to affordable health care, including behavioral and dental health
6. Education, including access to high quality early childhood education

The 2020 Community Health Needs Assessment was reviewed in detail within the Saint Alphonsus Health System Community Health and Well-Being Department in partnership with St. Luke's, Intermountain and Saltzer, CDH, SWDH, WICHC, UWTV, and BSU IPI in summer and fall 2022, prior to the development of the 2023 Community Health Needs Assessment processes and tools.

IMPACT OF HEALTH NEEDS

SARMC, SARRH, and SAMC-N acknowledged the wide range of priority health issues that emerged from the 2020 CHNA process and determined that it could effectively focus on only those health needs which it deemed most pressing, under-addressed, and within its ability to influence. SARMC, SARRH, and SAMC-N developed and/or supported initiatives to improve the health needs of affordable, safe housing and homelessness, cost of living, mental health and well-being and substance use, and access to affordable health care, including behavioral and dental health care.

It should be noted that the COVID-19 pandemic began at the beginning of the 2020 CHNA Implementation Strategy period, and some tactics were prioritized over others to address the immediate needs of patients and communities. A number of community programs and initiatives were either paused, discontinued, or amended in their operations to account for public health and safety and the need to divert health system resources to the pandemic response.

AFFORDABLE, SAFE HOUSING AND HOMELESSNESS

SARMC and SAMC-N were committed to addressing the increasing costs of housing and the decreasing availability of affordable housing units by striving the increase the amount of affordable housing stock in Ada and Canyon Counties.

In FY20, SARMC embarked on a signature project to address affordable housing in Boise by investing $240,000 in the development of Idaho's first land trust. The initial investment, made in partnership with LEAP Housing, purchased the land for 6 of 14 single family homes for those making 80% or less of the area median income. The land trust, which leveraged other investors to a tune of more than $2M total, reduced the purchase price of the homes for buyers while holding the land and homes in an affordability range in perpetuity. By December 2022, all 14 homes in the Caritas Commons development have been purchased, and the land trust has grown to include two additional developments in Boise and Mountain Home, Idaho- creating more than 40 units of affordable housing leveraged from Saint Alphonsus' initial investment.

SAMC-Nampa also developed a signature project to address affordable housing in FY20. CHWB team members partnered with Idaho Housing and Finance, The Housing Company, and Nampa School District to plan for an affordable housing development with 82 units of affordable housing for individuals and families making 60% or less of the area median income. Of these, 15 units were set aside for students and families experiencing homelessness from the Nampa School District. SAMC-Nampa assisted The Housing Company in securing a $1M social impact investment loan from Trinity Health toward the capital costs of the development. CHWB team members shared data, consulted on the design of the units and community center, and provided Community Health Worker info to the Resident Services Coordinator. In August 2022, Canyon Terrace construction was complete and as of

December 2022, all 82 units are leased.

Additionally, SARMC and SAMC-Nampa have made significant community contributions to community partners engaged in housing and homelessness work. Between FY21-23, SAMC-Nampa contributed $2000 toward homelessness prevention. In FY21, SARMC contributed $8,010; in FY22, SARMC contributed $196,518 and From July-Dec 2022 (FY23), SARMC contributed $10,000 in direct contributions to community organizations such as CATCH, Jesse Tree, New Path Permanent Supportive Housing, Good Samaritan Home, Habitat for Humanity, and others. SAMC-Nampa contributed an additional $7,631 in in-kind time through colleague participation in boards, work groups, and policy, systems, and environmental change work specifically to address housing and homelessness between FY21-23. SARMC contributed an additional $188,279 in in-kind support through colleague participation in boards, work groups, and policy, systems, and environmental change work specifically to address housing and homelessness between FY21-23.

Saint Alphonsus began assessing the housing needs of patients in FY21 with the establishment of the Community Health Worker (CHW) Hub. Metrics can be found on the CHW Hub in the Cost of Living section below. CHWs follow up with patients with housing needs by helping patients navigate to community partners through the Saint Alphonsus Community Resource Directory.

Between FY21-23, the State Director of Advocacy and CHWB Director also participated in a number of advocacy activities to support the need for affordable housing and supports for individuals and families experiencing homelessness. They have participated in the Idaho Housing Work group, conduct no fewer than three meetings with Idaho congressional members to discuss housing needs in the region using CHNA and CHW Hub data, and provide additional data and information to members of the Idaho legislature around housing and homelessness.

COST OF LIVING

SAHS sought to increase patient access to basic needs services and resources by providing community-based services through the health system and increasing referrals to community-based resources provided by other organizations.

In FY21, Saint Alphonsus launched the Community Health Worker (CHW) Hub. During the beginning of the pandemic, SARMC CHWs began by screening patients who were seeking or awaiting COVID-19 test results for their social care needs using a standardized 11-question screening tool developed by Trinity Health System. CHWs would follow up with patients who demonstrated needs or desired to further address their needs- such as housing, food, help applying for financial assistance, etc.- to connect them to relevant community resources/partners through the Community Resource Directory (findhelpidaho.org). Concurrently, a CHW Hotline was established with CHWs available from 8am-5pm Mon-Fri) for patients, colleagues, and community members to call free of charge for social care needs.

Because the CHW Hub was not yet a standardized practice, data is not available from FY21 to demonstrate how many patients were assessed and received referrals for social care needs.

FY22: 1,447 encounters made between CHWs and patients in the SARMC and SAMC-Nampa service area

313 referrals made from a CHW to a community resource/partner

375 calls made to the CHW Hotline

FY23 (July-Dec 2022):2,279 encounters made between CHWs and patients across the SAHS Idaho and Oregon service area

652 referrals made from a CHW to a community resource/partner

455 calls made to the CHW Hotline

As of December 2022, 31.7% of patients in Saint Alphonsus EDs, primary care practices, and specialty care settings are screened for social care needs.

MENTAL HEALTH AND WELL-BEING AND SUBSTANCE USE

SARMC aimed to increase tobacco and vape cessation and increase behavioral health services in Ada County.

Specifically, the CHWB department conducted Question, Persuade, Refer suicide prevention curriculum for colleagues across the Saint Alphonsus Health System.

FY21: 17 classes provided for 77 attendees

FY22: 2 classes provided for 4 attendees- then paused due to COVID-19

FY23: 9 classes provided for 58 attendees so far between July-Dec 2022

SARMC and SAMC-Nampa colleagues participated in the Idaho Suicide Prevention Action Collective monthly meetings, Suicide Prevention Resource Center Community of Practice, and the Veterans Suicide Group between FY21-23.

SARMC continued to provide financial contributions annually to Allumbaugh House and the Idaho Crisis and Suicide Hotline. Between FY21-23, SARMC contributed $311,500 to community partners and programs to address mental health and substance use.

Saint Alphonsus Health System (SAHS) employed two Tobacco Treatment Specialists (TTS), who provided tobacco cessation counseling to patients admitted to the hospitals and continued to offer free tobacco cessation classes for patients and community members through the SAHS Tobacco Free Living Program, though class availability and participation were impacted by COVID-19 limitations. Additionally, Saint Alphonsus adopted a new electronic health record in January 2022 that made data collection much easier than before. Patients reported were from across the health system service area in Idaho and Oregon.

FY21 and FY22: 438 patients seen by TTS

41 average number of referrals to TTS per month, with a monthly high of 62 patients

FY23: 693 patients seen by TTS

204 referrals made to TTS between June-December 2022

HEALTH CARE ACCESS

SARMC and SAMC-Nampa sought to improve access to health care, including mental and oral health, by identifying and removing access barriers, and providing equitable services to those who are underserved.

Specifically, SARMC and SAMC-Nampa provided patient transportation to and from health care appointments for those experiencing financial barriers to transport by contracting with Valley Regional Transit to provide Rides to Wellness for patients.

FY21: 170 trips

FY22: 238 trips

FY23 (July-Dec 22): 274 trips

SARMC also facilitated dental partnership and funding to provide dental services to patients. SARMC established a fund for Terry Reilly Health System patients needing assistance with paying for dental services due to a financial need. SARMC also paid for a dentist to provide dental services at Genesis Community Health one day a week.

SARMC contributed $20,000 for a CHW to assess patients in the Boise ED for dental needs, which was not spent due to the onset of COVID-19, $60,000 for Genesis to employ a dentist and $20,000 for Terry Reilly patient financial assistance. With those funds, a total of 2581 dental patients received dental services. Of those 902 had a significant dental condition that could have resulted in an Emergency Department (ED) visit. Of the 902 noted as potentially emergent, 264 were deemed to have been ED patients that were serviced and therefor did not go to the ED. This alleviated a burden on the ED (especially during COVID) with an estimated cost /write off per visit of $1389.00. If we calculate that out, $80,000 reduced from $366,969 in cost, the true calculated savings was $286,696 during the two years of this program. It has also reduced the stress upon the resources in the hospital that would be engaged (Oral/Maxillofacial Surgeons for consults) as well as provided the proper site of care for many members that do not have access to dental health care. During the funding period, Saint Alphonsus made 1906 referrals for patients to dental providers, including Genesis, Terry Reilly, and others.

SARRH addressed health care access by providing patients with access to a monthly stroke support group in partnership with American Heart Association and American Stroke Association local chapters.

SARRH case managers accessed SARRH patient social care needs prior to discharge/transfer from the hospital.

FY 21: 988 patient discharges from SARRH

FY22: 989 patient discharges from SARRH

FY23 (July-Dec 2022) 495 patient discharges from SARRH

One unanticipated need that SARMC and SAMC-Nampa fulfilled was the need for mobile COVID-19 vaccines. The CHWB Department led the development of mobile vaccine clinics in February 2021 that traveled across Idaho and Oregon to provide vaccines and education to people who would otherwise not have had access to them. The team did community-based vaccine clinics as well as clinics for those who were homebound. Saint Alphonsus also stood up and operated Idaho's only FEMA trailers to deliver COVID-19 vaccines in rural communities without clinic or pharmacy access.

FY21: 2000+ COVID-19 vaccines administered

FY22: 152 COVID-19 vaccine clinics held

1698 COVID-19 vaccines administered

629 individuals educated about COVID-19 vaccines

FY23: 11 vaccine clinics held

112 COVID-19 vaccines administered

COMMENTS

Saint Alphonsus did not receive any comments from the public on the 2020 CHNA beyond the contributions of the Treasure Valley Steering Committee and qualitative data collection methods between January and June 2020.

Any additional comments on this report may be submitted to Rebecca Lemmons, Saint Alphonsus Health System Regional Director of Community Health and Well-Being at Rebecca.Lemmons@saintalphonsus.org.

DATE ADOPTED BY BOARD

June 5, 2023

APPENDIX B: ST. LUKE'S HEALTH SYSTEM

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.

HOSPITAL OVERVIEW

This section describes our service area in terms of its geography and demographics. 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.

ST. LUKE'S REGIONAL MEDICAL CENTER - BOISE AND MERIDIAN HOPSITALS

St. Luke's Regional Medical Center - Boise and Meridian Hospitals has been committed to serving the needs of a growing region for over 100 years. Founded in 1902 as a six-bed frontier hospital in downtown Boise, St. Luke's Regional Medical Center is recognized today as the region's leader in heart, cancer, and women's and children's health care. Other major services include inpatient and outpatient surgery, 24-hour emergency services, diagnostic imaging, epilepsy care, and minimally invasive surgery. Our Boise campus is also home to St. Luke's oncology services and St. Luke's Children's Hospital, Idaho's only children's hospital. Our Meridian campus is home to Idaho's busiest emergency department and the state's most advanced cardiac and pulmonary rehabilitation center.

Known for our clinical excellence, St. Luke's Regional Medical Center is nationally recognized for patient safety and quality patient care, and we are proud to be designated a Magnet hospital, the gold standard for nursing care.

St. Luke's Regional Medical Center is 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

Ada and Canyon counties represent the geographic area used to define the community we serve, also referred to here as our primary service area or service area. The residents of Ada and Canyon counties comprise about 79% of our inpatients with approximately 63% of our inpatients living in Ada County and 15% in Canyon County. Ada and Canyon counties are part of Idaho Public Health Districts 3 and 4.

ELMORE

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.

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 residents of Elmore County comprise about 91% of our inpatient visits. Elmore County is part of Idaho Public Health District 4.

MCCALL

St. Luke's McCall (SLM) has been committed to serving the needs of a growing region for over 62 years. Founded in 1956 as a community hospital called McCall City Hospital, the hospital has evolved

through various management and funding structures to its current non-profit status and membership in St. Luke's Health System (SLHS).

SLM is a 15-bed critical access hospital with physician clinics for family medicine, general surgery, internal medicine, and orthopedic surgery. The medical staff is comprised of 16 local physicians and 24 visiting specialist physicians providing local services in cardiology, oncology, nephrology, and other medical specialties.

Hospital services include laboratory, medical imaging, cardiopulmonary, emergency department, maternal and childbirth services, pharmacy, physical therapy, sleep laboratory, social services, and surgery.

SLM has 290 full- and part-time employees, 62 hospital volunteers, and a 16-member community board. On average, St. Luke's McCall sees 6,500 emergency room patients annually, and an additional 56,000 patients for all other outpatient services. Our average daily in-patient census is 4.4.

St. Luke's McCall 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.

Valley and Adams Counties represent the geographic area used to define the service area we serve also referred to here as our primary service area or service area. The residents of Adams and Valley counties comprise about 80% of our inpatients with approximately 61% of our inpatients living in Valley County and 19% in Adams County. Valley County is part of Idaho Public Health District 4 and Adams County is part of Idaho Public Health District 3.

NAMPA

St. Luke's Nampa was designed to meet the needs of Canyon County families by providing more health care services closer to home. Opened in October 2017, St. Luke's Nampa includes a fully equipped emergency department, lab and imaging, and a new $114 million, 87-bed full-service community hospital.

Accredited by The Joint Commission, St. Luke's Nampa Medical Center is known for clinical excellence, patient safety, and quality patient care. Hospital services include obstetrics and women's services, surgical services, family suites for new mothers and their babies, Newborn Intensive Care Unit, Intensive Care Unit, orthopedic services, 3-D mammography, interventional radiology, and a wide range of primary and specialty physician clinics, screening mammography, lab services, and medical imaging.

Our governing board and employees actively support non-profit partners who work to address Canyon County's high rates of child poverty, youth experiencing homelessness, domestic violence, and other social indicators that impact the health and well-being of the community.

St. Luke's Nampa 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.

Canyon 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 residents of Canyon County comprise over 75% of our inpatient visits. Canyon County is part of Idaho Health District 3.

OUR NEIGHBORING COMMUNITIES

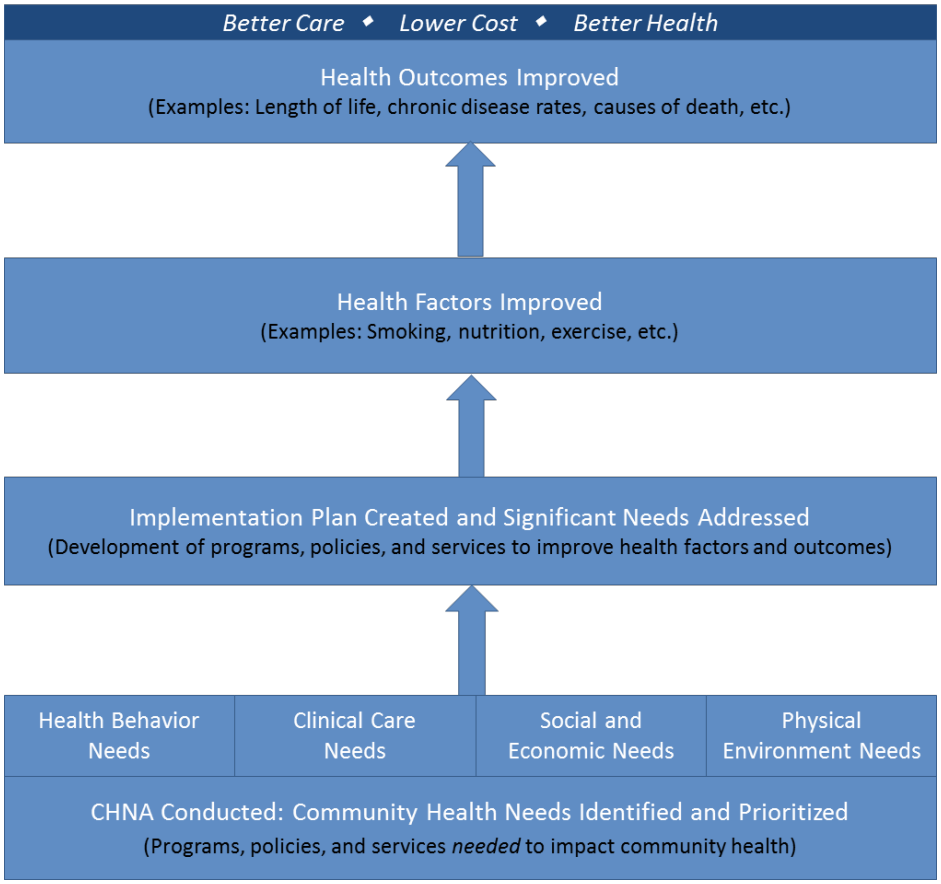
Our patients in the surrounding counties of Southwestern Idaho and Eastern Oregon are important to us as well. To help us serve our patients, we have built positive, collaborative relationships with regional providers where appropriate. A philosophy of shared responsibility for the patient has been instrumental 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

APPROACH FOR IMPROVING COMMUNITY HEALTH

St. Luke's Health System 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



2023 COMMUNITY HEALTH NEEDS ASSESSMENT STRATEGIC OBJECTIVES

The St. Luke's Health System 2023 CHNAs are designed to help us better understand the most significant health challenges facing the community members in our service areas. 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.

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 2026.

HISTORY OF COMMUNITY HEALTH NEEDS ASSESSMENTS AND IMPACT OF ACTIONS

St. Luke's McCall Prioritized Community Health Needs

In our 2022 Community Health Needs Assessment (CHNA), 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

Impact Statement Timeline

In accordance with our IRS timeline, St. Luke's Health System conducted and published Community Health Needs Assessments in 2022. Moving forward, St. Luke's Health System will conduct and publish its next CHNAs across all service areas, including St. Luke's McCall, in 2023. The intent behind this accelerated timeline is to align our assessment efforts with other health partners in our shared geography who also conduct needs assessments in order to maximize resources, extend community reach, broaden our data collection and foster more solidified partnerships for implementation plans.

Because of this new timeline, our 2022-2023 impact statements addressing the high priority health needs identified in the 2022 CHNA only cover the timeframe of October 1, 2022 – April 1, 2023 and the outcomes will reflect those achieved during the 6 month window.

Health Behaviors – Nutrition Programs/Education/Opportunities

<table>
<tr><th colspan="4">Priority Area Need 1: Nutrition Programs, Education and Opportunities</th></tr>
<tr><td colspan="2">Service Area Statistics:
Rate of overweight and obese adults: 63%
Idaho rate of overweight and obese teens: 24.2%
More than 80% of Idaho teens did not eat recommended amount of fruits and vegetables
86% adults did not eat recommended amounts of fruits and vegetables
Food environment index*: 8.3</td><td colspan="2">Anticipated Impact:
Decrease food insecurity
Improve consumption of healthy foods
Reduce incidence of chronic disease associated with poor diet</td></tr>
<tr><th colspan="4">Strategy 1: Improve Availability and Access to Healthy Foods</th></tr>
<tr><th>Activities</th><th>Community Partners</th><th>St. Luke's Resources</th><th>Actual Outcomes</th></tr>
<tr><td>Support community health workers and cultural liaisons within local foodbanks</td><td>Idaho Food Bank (IFB)
Local Food Banks
Idaho State University
Local Farmers Markets</td><td>Financial support to Idaho Food Bank and local food pantries
Convening and connecting partners
Financial and staff support to local farmers markets</td><td>Provided funding to IFB to support Hunger to Health Strategy: 2 focuses include Culturally Relevant Foods and Community Health Workers. IFB contracted with cultural liaison in S. Idaho and created a food security module to be included for all future ISU trained Community Health Workers across the state.
In-the-Bag program at the Donnelly Food Pantry provides recipes for nutritious</td></tr>
</table>

			meals patrons to make utilizing the available foods in the pantry that week. They also provide health recipe books provided through the Idaho Farmers Market Association.
SNAP and WIC promotion and outreach	• Idaho Department of Health and Welfare • Idaho Farmers Market Association (IFMA) • Local Farmers Markets • Central District Health • Local Libraries	• Convening and connecting partners • Developing internal messaging and promotional tools • Participation on IFMA board	• Began conversations with the marketing department to utilize CRM tool for direct outreach. • In St. Luke's FFV Rx program, 39% participated in SNAP. All others that qualified but were not on SNAP were provided information for enrollment if interested. • Idaho Farmers Market Association is working with all markets in Idaho to improve SNAP matching funds and provide free electronic processing machines to make sure recipients have access to SNAP dollars at the markets. • Donnelly Farmers Market offers SNAP during the summer market months. Also working with additional regional markets to begin accepting as well. Market volunteers are trained to help patrons sign up for SNAP. • Working with the local library to train staff to help library patrons sign up for SNAP who may need internet access

			or help with the forms. • Grayt Perks Senior Nutrition program offering coupons for produce at the Donnelly Farmers Market (DFM) to increase availability and access for those residents 60 and over.
Strategy 2: Improve Understanding, Education, and Skills to Utilize Healthy Foods			
Activities	Community Partners	St. Luke's Resources	Actual Outcomes
St. Luke's Health Talks	• Health Talk flyers are shared with community partners to promote participation	• St. Luke's subject matter experts • Technology tools • Planning, delivering, and promoting virtual education • Sharing Health Talks on St. Luke's YouTube channel as a playlist titled "Community Health" as continued access to our community members	• 3 virtual, live Health Talks were provided by St. Luke's experts on nutrition and healthy eating with 117 + attendees. • Titles: Lifestyle as Medicine, Prevent and Reverse Diabetes, and Eating Well on Less Dough. • Recorded Health Talks are available on St. Luke's YouTube channel for public access at any time with 111+ views of the videos promoting healthy eating. • Teach people how to reduce their risk of chronic disease with their food choices.
Cooking Matters and Food Smarts classes	• Idaho Food Bank • Local food panties • Local Church	• Financial support to Idaho Food Bank • Convening and connecting partners • Program promotion • Internal partners teaching classes locally	• Program was changed from Cooking Matters to the Food Smarts curriculum for the winter series. Partnership with St. Luke's, Heartland Hunger Food Pantry, and Catholic Church. 12 participants • Increase number of participants in cooking education courses from under-resourced populations • Participants learned

			how to improve eating behaviors through plan balanced and nourishing meals; strategies for eating healthy; food demonstrations.
Healthy Eating/Nutrition Education	• Various community partners	• Clinical nutrition department subject matter expertise • Technology tools • Planning, delivering, and promoting education	• Living Well with Diabetes for prevention and/or treatment of diabetes were taught underlying causes, factors which contribute, and lifestyle interventions. Cooking demonstrations offered. 7 participants • Education Stations at the Donnelly Farmers Market to educate on nutrition, health information, community connections/volunteering • Veg Ed program planning efforts by staff to offer educational sessions with a dietitian or nutrition professional available at each market for the upcoming 2023 season.
Strategy 3: Support Sustainability of Systems to Lower the Instance, Recurrence and Duration of Food Insecurity			
Activities	Community Partners	St. Luke's Resources	Actual Outcomes
Identify and implement advocacy opportunities to address food/nutrition security	• Idaho Hunger Relief Task Force • Local food pantries • Idaho Farmers Market Association	• Letters of support	• Provided a letter of support to Idaho Hunger Relief Task Force in pursuit of a GUSNIP grant that will hopefully build the breadth of FFVRx programs within our state and thus data to advocate for payment models.
Explore value-based care payment models and benefits design for	• Idaho Hunger Relief Task Force	• Letter of support	• Provided a letter of support to Idaho

nutrition supports			Hunger Relief Task Force in pursuit of a GUSNIP grant that will hopefully build the breadth of FFVRx programs within our state and thus data to advocate for payment models.

Clinical Care – Availability to Mental and Behavioral Health Services

Priority Area Need 2: Availability to Mental and Behavioral Health Services	
Service Area Statistics: • *Designated mental health professional shortage area* • *Idaho rate of people aged 18 or older having any mental illness: 22.48%* • *Rate of deaths by suicide: approximately 20%* • *Rate of drug-induced deaths: approximately 15%* • *Excessive drinking rate: 17%*	*Anticipated Impact:* • *Increase availability of mental health services* • *Decrease suicide rates* • *Decrease rates of serious mental illness without access to treatment* • *Reduce substance use disorder*

Strategy 1: Awareness, Education and Skill-building			
Activities	Community Partners	St. Luke's Resources	Actual Outcomes
Mental and Behavioral Health education and virtual Health Talks	• Various community partners • Health Talk flyers are shared with community partners to promote participation • Department of Health and Welfare	• Subject matter expertise speakers • Technology tools • Planning, delivering, and promoting virtual education	• A virtual, live Health Talk titled "Know the 5 Signs" to teach people about suicide prevention was provided by St. Luke's expert reaching 44+ people. Increase awareness of suicide signs and how to help. Reduce stigma of suicide. Increase number of community members with knowledge and skills addressing mental and behavioral health topics. Reduce stigma for mental and behavioral health

			• Through a COVID Health Disparities grant from the Idaho Department of Health and Welfare, St. Luke's McCall was able to host a fall of 2022 and spring of 2023 mental health support series. Events were held both in person and virtually to offer education and support to parents, youth, and the community on youth mental health. 7 events were held in the fall of 2022 supporting suicide prevention and 9 events are planned for the spring of 2023 supporting mental health awareness and resilience. The topics range from youth mindfulness, community resilience, crucial conversations, suicide prevention, parenting, first responder resilience, youth mental health, and well-being. There was an average of 20-40+ people in attendance at each event with an additional 100-200 views on the recorded virtual sessions. • Hosted Hiding in Plain Sight screening event for both community partners and community members at large to provide awareness and education to youth mental health in our communities.

			The events were facilitated by Tyler Norris, a national expert on mental health. Approximately 35 people attended. • Created an Adams/Valley County Mental Health resource guide in both English and Spanish. Distributed 350+ at various events and community partners.
Support delivery of gatekeeper trainings	• Project Aware • Idaho Resilience Project • Local Health Districts • Department of Health and Welfare • Regional Suicide Prevention resources: NAMI, Optum, etc	• Promoting, convening, and connecting key audiences to trainings	• Promoted gatekeeper training series offered for free to community members by Central District Health Department. Trainings included: QPR, Youth Mental Health First Aid, LivingWorks Faith, LivingWorks and the Suicide Prevention Resource Center
Aging in Place survey recommendation implementation	• Cascade Medical Center • City of Cascade • Central District Health • Other key community partners	• Staff participation on workgroup	• A workgroup has been formed and meets quarterly to discuss the gaps and needs highlighted from the survey. City of Cascade has become an AARP Age-Friendly community.
Strategy 2: Population Identification and Intervention			
Activities	Community Partners	St. Luke's Resources	Actual Outcomes
Support and expansion of community school model	• United Way of Treasure Valley • Blue Cross of Idaho Foundation for Health • State Department of Education • Local School Districts	• Financial support to statewide community school fund and coalition • Local support of community school programming and services	• Increase community-based mechanisms for identifying academic success needs of families • Increase academic support services for students and families • Increase protective factors for under

			resourced families • Increased coordination of community-based support for students and families as a planning and funding partner in the Idaho Coalition for Community Schools. There are currently 12 participating schools in the cohort receiving technical assistance and funding support. St. Luke's contributed $30,000 to impact cohort schools across our footprint. There are now 35 community schools across Idaho and applications are open to onboard a new cohort in April.
Strategy 3: Increase Access to Mental and Behavioral Health Services			
Activities	Community Partners	St. Luke's Resources	Actual Outcomes
Participate and appropriately contribute to Governor's Behavioral Health Council	• Behavioral Health Council partners	• Participation in council committees and taskforces to develop, plan and implement strategic priorities	Objective: Improve access to mental and behavioral health prevention, treatment, and management services. • Southwest District Health provided training and education on referring appropriate patients to the Safe Teen Assessment Centers. • Continued bi-monthly engagement with Idaho Behavioral Health Council Resilient Youth subcommittee to advance systems work.
Support implementation of Community Health Worker (CHW), Community Health EMS (CHEMS) and Center for Community Health (CCH)	• Idaho State University • Idaho Department of	• Financial contributions • Participation in collaborations to	• St. Luke's McCall (SLM) is continuing to work to establish a local CHEMS

models	Health and Welfare • EMS services	develop, plan and implement CHW, CHEMS and CCH models	crew. Staffing continues to be the biggest barrier. • Discussions of a Center for Community Health model at SLM.
St. Luke's Suicide Collaborative	•	• St. Luke's employees – cross section of departments including Employee Wellness, Social Work, Nursing, Patient Safety, Quality, Behavioral Health, Community Health & Engagement, Provider Well-Being	• Launched SLHS Suicide Collaborative to advance suicide prevention practices across the health system informed by local, state, and national best practices. • Collaborative consists of two-tiers: (1) a Core Team to drive strategy and prioritization and (2) standing and ad-hoc workgroups to drive project planning and implementation. • Ad hoc work groups formed and active: • Strategy Group: currently working on 5 year strategic plan • Postvention Group: currently developing an intentional response aimed at caring for affected SLHS staff/providers after a suicide death and to prevent additional harm and loss. • Gatekeeping Training Group focused on PAS Connect/Centralized Triage staff: reviewed existing resources for PAS and provided recommendations for additional training/resources to support staff with the Mental Health

			Red Flag Workflow. Offered QPR training to staff first quarter.

Social and Economic Factors – Housing Stability

Priority Area Need 3: Housing Stability			
Service Area Statistics: • *Severe housing problems*: 14%* • *Rate of children in poverty: 11%* • *Unemployment rate: 4%* • *Income inequality**: 4.2		*Anticipated Impact:* • *Decrease incidence, recurrence and length of homelessness* • *Increase affordable housing options* • *Decrease rates of community members who are severely cost-burdened*	
Strategy 1: Prevention, Identification and Outreach			
Activities	Community Partners	St. Luke's Resources	Actual Outcomes
Support development and implementation of social determinants of health (SDoH) screening tool in EPIC electronic medical record to assess for housing needs of patients	• EPIC • FindHelpIdaho.org	• St. Luke's employees • St. Luke's operational resources	• SDoH screening tool in development as of April 1, 2023 with desired pilot site deployment in June 2023. • Collaborated with FindHelpIdaho.org partners to build out community-resource referral guide as accurately and comprehensively as possible for all resources, including housing. FindHelpIdaho.org went live as an Idaho-specific database.
Participate in local housing discussions	• Key community partners	• Staff time on local housing collaborative discussions and local partner conversations	• Participated in City of McCall Housing conversations. • Conversations explored with local organizations who are also exploring employee housing • Purchase of the 3rd Street building in McCall to provide 8 apartment style housing units for hospital staff with

			additional established retail space below with potential for future services.
Strategy 2: Increase Housing Availability Across the HUD Continuum of Care, including Shelters, Transitional Housing, and Permanent Housing			
Activities	Community Partners	St. Luke's Resources	Desired Outcomes
Identify and implement advocacy opportunities to address housing stability	• Idaho Voices for Children	• $83,000 to Jannus, the parent organization of Idaho Voices for Children	• Idaho Voices for Children provided advocacy leadership on local and state level policies to improve housing stability during the 2023 Idaho legislative session
Strategy 3: Increase Support Services to Help People Secure and Maintain Safe, Stable Housing			
Activities	Community Partners	St. Luke's Resources	Desired Outcomes
Quality early learning programs	• Idaho Association for the Education of Young Children (IAEYC) • School Districts • Local ELAC • Libraries • Local childcare providers	• Participation in IAEYC regional and local collaborations to develop, plan and implement strategic priorities • Financial contributions	• Support of local school district's new childcare facility which will open in the Fall of 2023. Will provide funding when the project is further developed to reserve childcare spots for SLM staff members.

Physical Environment – Accessible Modes of Transportation

Priority Area Need 4: Accessible Modes of Transportation	
Service Area Statistics: • ***Rate of those driving alone to work: approximately 79-83%*** • ***Rate of those with a long commute: approximately 15-17%*** • ***Rate of adults who are physically inactive: 27%***	*Anticipated Impact:* • *Decrease commuting time and single occupancy vehicle miles* • *Improve air quality* • *Increase physical activity*
Strategy 1: Create and Maintain Safe Walking and Bike Paths/Programs	

Activities	Community Partners	St. Luke's Resources	Actual Outcomes
Support local healthy transportation opportunities	• Valley County Pathways • Valley County • Parks and Recreation • Other open space and trails partners	• Collaboration with workgroups • Staff participation on Valley County Pathways board	• Valley County was awarded a $190,000 Children Pedestrian Safety Program from the State of Idaho to create a safe non-motorize walking/bike route which would connect a family dense neighborhood to the middle/elementary school and existing bike route in town. Engineering plans have been created, next steps involve community education and construction to be finished before the end of 2023.
Strategy 2: Support Infrastructure for Public Transportation and Shared Ridership Models			
Activities	Community Partners	St. Luke's Resources	Desired Outcomes
Connect U: Riggins bus	• Salmon River Community Center	• Financial contributions	• St. Luke's provides $13,000 in annual funding for this bus to run from Riggins to McCall on fridays to access care, pick up prescriptions, grocery shop. This bus also takes residents to specialists when they need services when they are unable to receive the needed care locally.
Local transportation discussions to expand Mountain Valley Transit route	• City of New Meadows • Regional Business • Mountain Valley Transit	• Financial contributions • Staff time	• Conversations to pilot a bus route between New Meadows and McCall for residents to

			access jobs, groceries, services, and medical care. A 2-day per week pilot program will begin June of 2023 with a financial contribution of $3500 from St. Luke's and others to the project. Surveys will be distributed to determine the increased level of access to care.

COMMENTS

St. Luke's did not receive any written comments on the hospital facility's most recently conducted CHNA and most recently adopted implementation strategy on their 2022 CHNAs.

Together, we can address our communities' most significant health needs. If you have questions, comments, thoughts, or ideas on our CHNA or action plans, please contact us at slrmcchna@slhs.org.

DATE ADOPTED BY BOARD

St. Luke's Boise/Meridian: June 28, 2023

St. Luke's Nampa: June 29, 2023

St. Luke's Elmore: June 28, 2023

St. Luke's McCall: June 29, 2023

APPENDIX C: QUALITATIVE DATA COLLECTION

SURVEY QUESTIONS

2023 COMMUNITY HEALTH NEEDS ASSESSMENT SURVEY

Local health systems, public health departments, and community partners have partnered with Boise State University's Idaho Policy Institute to conduct an assessment to better understand the health needs of community members. We are asking community members to give us your thoughts about concerns and services in your region. The assessment will inform future regional community improvement activities.

This survey will take approximately 10–15 minutes to complete. Participation is voluntary, all responses are completely anonymous, and you can skip questions or end the survey at any time. By continuing this survey, you are consenting to share your responses with [hospital system or partners] and Boise State researchers.

If you have questions or concerns about this survey, you can contact Vanessa Fry at vanessafry@boisestate.edu or 208-426-2848, or the Boise State University Institutional Review Board at humansubjects@boisestate.edu or (208) 426-5401.

You can complete this survey online in English, Arabic, Spanish, Russian, Somali, and Swahili at: [INSERT LINK]

Or return it by mail to: [Address]

Your input is valuable, and we appreciate your participation!

What county do you live in?

- ☐ Ada
- ☐ Adams
- ☐ Baker
- ☐ Blaine
- ☐ Boise
- ☐ Canyon
- ☐ Elmore
- ☐ Gem
- ☐ Jerome
- ☐ Malheur
- ☐ Owyhee
- ☐ Payette
- ☐ Twin Falls
- ☐ Valley
- ☐ Washington

☐ Other _____

First, we would like to ask a few questions about the general level of services available within your community:

Which of the following *health* services are currently <u>insufficient</u> in your community? (Select all that apply)

☐ Substance use services

☐ Mental health care services

☐ Health care services (including primary care, specialty care, hospital services)

☐ Oral health care services

☐ Exercise and physical activity opportunities

☐ Family Planning Services (including birth control and pregnancy counseling services)

☐ I don't know

☐ Other (please specify):

Which of the following *social* services are currently <u>insufficient</u> in your community? (Select all that apply)

☐ Services for older adults

☐ Services for people with disabilities

☐ Services for veterans

☐ Services for new immigrants

☐ Services for youth (including out of school time)

☐ Educational support services (including language services)

☐ Transportation services

☐ Affordable housing

☐ Affordable child care services

☐ Employment services (including job training and readiness)

☐ Financial assistance services

☐ Family planning services (including birth control and pregnancy counseling services)

☐ Housing services (including services for people experiencing homelessness or who are housing insecure)

☐ Food services (including food assistance, food pantries, nutrition education and support)

☐ Older adult care/Long term care/caregiver supports

☐ I don't know

☐ Other (please specify):

_____

Now, we would like to know about your specific experiences with attaining health and/or social services:

Have any of the following challenges ever made it more difficult for you to get the health or social services you needed? (Select all that apply)

- ☐ Lack of transportation
- ☐ Have no regular doctor/source of health care
- ☐ Cost of services
- ☐ Inconvenient operating hours
- ☐ Insurance problems/complications
- ☐ Lack of insurance coverage/not enough coverage
- ☐ Language barriers or could not communicate with provider or office staff
- ☐ Discrimination (race-based/size-based/income-based/gender-based, etc.)
- ☐ Unfriendliness of provider or office staff
- ☐ Afraid to seek services, in general
- ☐ Afraid due to my immigration status
- ☐ Don't know what type of services are available
- ☐ No available providers near me
- ☐ Long waits for appointments
- ☐ I have never experienced any difficulties getting services
- ☐ Other (please specify): _____

What is your housing situation today? (Select all that apply)

- ☐ I do not have housing (I am staying with others, in a hotel, in a shelter, living outside on the street, on a beach, in a car, abandoned building, bus or train station, or in a park)
- ☐ I have housing today, but I am worried about losing housing in the future.
- ☐ I rent a home
- ☐ I own a home

Think about the space you live in. Do you have problems with any of the following? (Select all that apply)

- ☐ Bug infestation
- ☐ Mold
- ☐ Lead paint or pipes
- ☐ Inadequate heat
- ☐ Appliances not working
- ☐ No or not working smoke detectors

- ☐ Water leaks
- ☐ Landlord/tenant rights issues
- ☐ Landlord unresponsiveness to service requests
- ☐ None of the above
- ☐ Other [space for description]

In the past 12 months, has lack of reliable transportation kept you from medical appointments, meetings, work or from getting things needed for daily living?

- ☐ Yes
- ☐ No

Within the past 12 months, have you or anyone in your household had trouble paying for any of the following? (Please check all that apply)

- ☐ Childcare
- ☐ Transportation
- ☐ Food
- ☐ Housing
- ☐ Medical Care
- ☐ Medications
- ☐ Utilities
- ☐ Caregiving/Long term care
- ☐ None of these

Since the COVID-19 pandemic began (March 2020), have you had trouble getting or accessing any of the following? (Please check all that apply)

- ☐ Childcare
- ☐ Transportation
- ☐ Food
- ☐ Housing
- ☐ Medical Care
- ☐ Medications
- ☐ Mental Health
- ☐ Spiritual/Religious support
- ☐ Time with Family/Friends
- ☐ Other (please specify)

Since the COVID-19 pandemic began (March 2020), have you felt an increase of depression, anxiety, isolation, or other issues?

- ☐ All of the time
- ☐ Most of the time
- ☐ About half the time
- ☐ Less than half the time
- ☐ Not at all

Now we would like to know your thoughts on discrimination in your community in the past 12 months

Please indicate your level of concern with racism/discrimination in your community.

- ☐ Not a concern
- ☐ Slight concern
- ☐ Moderate concern
- ☐ High concern
- ☐ Don't know

Have you ever felt discriminated against in any of the following ways because of your race, ethnicity, gender identity, age, religion, physical appearance, sexual orientation, or other characteristics? (Please select all that apply)

- ☐ I was discouraged by a teacher or advisor from seeking higher education
- ☐ I was denied a scholarship
- ☐ I was not hired for a job
- ☐ I was not given a promotion
- ☐ I was fired
- ☐ I was prevented from renting or buying a home in the neighborhood I wanted
- ☐ I was prevented from remaining in a neighborhood because neighbors made life so uncomfortable
- ☐ I was harassed by the police
- ☐ I was denied a bank loan
- ☐ I was denied or provided inferior medical care
- ☐ I was denied or provided inferior service by a service provider
- ☐ Other: _____

We'd like to understand how you feel you're treated by others. For each of the following statements, please say whether the statement applies to you always, sometimes, almost never or never.

	Never	Almost Never	Sometimes	Always
I am treated with less courtesy than other people.				
I receive poorer service than other people at restaurants or stores.				
People act as if they think I am not smart.				
People act as if they are afraid of me.				
People act as if they think I am dishonest.				
People act as if they think I am not as good as they are.				
I am called names or insulted.				
I feel threatened or harassed.				
People make an effort to avoid me in public spaces				

Now we would like to know more about your concerns regarding specific community issues.

Please select up to <u>THE TOP 5 HEALTH ISSUES</u> that have the largest impact on you and/or your family or support system, and your community as a whole in the past 12 months. You can select the same or different issues.

	You	Your Family/ Support System	Your Community
Access to contraceptives (birth control)			
Aging health concerns (Alzheimer's, arthritis, dementia, falls, etc.)			
Air quality			
Asthma			
Cancer			
COVID-19			
Dental/oral health			
Diabetes			
Disabilities (including lack of services for individuals with disabilities)			
Education (including early childhood education)			
Access to health care (transportation, health insurance, cost, etc.)			
Heart disease/heart attacks			
High blood pressure/hypertension			
Homelessness			

Infectious/contagious diseases (tuberculosis, pneumonia, flu, etc.)			
Obesity/overweight			
Physical activity opportunities			
Sexually transmitted infections (STIs, Chlamydia, Gonorrhea, etc.)			
Teenage pregnancy			
Other (please specify): _____			

As a community member, please indicate your level of concern for each of the following topics:

Cost of Living	Not a Concern	Slight Concern	Moderate Concern	High Concern	I don't know
Availability of healthy, affordable food options	☐	☐	☐	☐	☐
Availability of high-speed internet access	☐	☐	☐	☐	☐
Availability of long-term care/home caregiving services					
Availability of jobs	☐	☐	☐	☐	☐
Cost of child care (e.g., in-home, center based, or after school care)	☐	☐	☐	☐	☐
Cost of caring for dependent adults (adult daycare, in-home care, etc.)	☐	☐	☐	☐	☐
Cost of utilities (e.g., heat, electricity, water, etc.)	☐	☐	☐	☐	☐
Housing costs and issues associated with home ownership (e.g., mortgage payments, property taxes)	☐	☐	☐	☐	☐
Housing costs and issues associated with renting (e.g., rent payments, evictions, housing conditions)	☐	☐	☐	☐	☐
Prescription drug costs	☐	☐	☐	☐	☐
Support for economically marginalized families and individuals	☐	☐	☐	☐	☐
Low wages	☐	☐	☐	☐	☐

Mental Health and Stress	Not a Concern	Slight Concern	Moderate Concern	High Concern	I don't know
Ability to get mental health care services (e.g., affordable, timely, proximity, etc.)	☐	☐	☐	☐	☐
Mental health and stress related to experiencing homelessness	☐	☐	☐	☐	☐
Mental health and stress related to immigration	☐	☐	☐	☐	☐
Mental health and stress related to low income	☐	☐	☐	☐	☐
Mental health and stress among middle and high school aged youth	☐	☐	☐	☐	☐
Mental health and stress among veterans	☐	☐	☐	☐	☐
Real or perceived stigma associated with seeking mental health care	☐	☐	☐	☐	☐
Suicide	☐	☐	☐	☐	☐

Transportation	Not a Concern	Slight Concern	Moderate Concern	High Concern	I don't know
Accessibility of transportation for those of all abilities (e.g., accessible ramps, lack of assistance, reader boards,)	☐	☐	☐	☐	☐
Availability of public transportation (e.g., regional bus)	☐	☐	☐	☐	☐
Cost of transportation	☐	☐	☐	☐	☐
Length of commute	☐	☐	☐	☐	☐
Motor vehicle safety	☐	☐	☐	☐	☐
Pedestrian and/or bike safety	☐	☐	☐	☐	☐
Transportation to activities other than work (e.g., grocery shopping, medical appointments, etc.)	☐	☐	☐	☐	☐
Transportation to work or school	☐	☐	☐	☐	☐

Substance Use	Not a Concern	Slight Concern	Moderate Concern	High Concern	I don't know
Ability to get substance use services (e.g., affordable, timely, proximity, etc.)	☐	☐	☐	☐	☐
Alcohol use among adults	☐	☐	☐	☐	☐
Alcohol use among youth	☐	☐	☐	☐	☐

Drug use among youth (including misuse of prescriptions, use of other illicit drugs)	☐	☐	☐	☐	☐
Marijuana use among youth	☐	☐	☐	☐	☐
Methamphetamine use	☐	☐	☐	☐	☐
Drug use among adults (including misuse of prescriptions, use of other illicit drugs)	☐	☐	☐	☐	☐
Other substance misuse	☐	☐	☐	☐	☐
Real or perceived stigma associated with seeking substance use services	☐	☐	☐	☐	☐
Recreational marijuana use among adults	☐	☐	☐	☐	☐
Tobacco use among adults (smoking, chewing, etc.)	☐	☐	☐	☐	☐
Tobacco use among youth (smoking, chewing, etc.)	☐	☐	☐	☐	☐
Vaping among adults	☐	☐	☐	☐	☐
Vaping among youth	☐	☐	☐	☐	☐

Personal and Public Safety	Not a Concern	Slight Concern	Moderate Concern	High Concern	I don't know
Adequate law enforcement system	☐	☐	☐	☐	☐
Domestic violence	☐	☐	☐	☐	☐
Drug trafficking	☐	☐	☐	☐	☐
Gun safety	☐	☐	☐	☐	☐
Human trafficking	☐	☐	☐	☐	☐
Neighborhood safety	☐	☐	☐	☐	☐
Property crime	☐	☐	☐	☐	☐
Sexual assault	☐	☐	☐	☐	☐
Sexual harassment	☐	☐	☐	☐	☐
Other violent crime	☐	☐	☐	☐	☐

Are there any other issues of concern – not listed previously – that are of high concern to you as a community member?

☐ No

☐ Yes, please specify: _____

The following items are related to your own demographic characteristics. We are asking these questions in order to make sure this survey has reached all population groups that live in [REGION].

Are you a health or social service provider?

- ☐ Yes
- ☐ No

What is your zip code? _____

How old are you?

- ☐ Under 18 years old
- ☐ 18-24 years old
- ☐ 25-34 years old
- ☐ 35-44 years old
- ☐ 45-64 years old
- ☐ 65+ years old

What is your gender identity?

- ☐ Male
- ☐ Female
- ☐ Gender expansive/gender queer
- ☐ Gender questioning
- ☐ Gender fluid
- ☐ Intersex
- ☐ Non-binary
- ☐ Transmasculine
- ☐ Transfeminine
- ☐ Two-spirit
- ☐ Prefer not to answer
- ☐ Prefer to self-describe (please specify) _____

What is your sexual orientation?

- ☐ Asexual
- ☐ Bisexual
- ☐ Heterosexual/straight
- ☐ Gay
- ☐ Fluid
- ☐ Lesbian

- ☐ Pansexual
- ☐ Queer
- ☐ Prefer to self-describe (please specify) _____

How would you describe your ethnic/racial background? (Please check all that apply)

- ☐ African American or Black
- ☐ American Indian or Alaskan Native
- ☐ Asian
- ☐ Hispanic/Latinx
- ☐ Native Hawaiian or Other Pacific Islander
- ☐ Caucasian/White
- ☐ Middle Eastern
- ☐ Other (please specify) _____

What language do you speak most often at home? (Please choose one)

- ☐ English
- ☐ Spanish
- ☐ Arabic
- ☐ Swahili
- ☐ Somali
- ☐ Russian
- ☐ Other (please specify) _____

What is the highest level of education that you have completed?

- ☐ Less than high school
- ☐ High school graduate or GED
- ☐ Some college
- ☐ Associate or technical degree/certification
- ☐ Bachelor's degree
- ☐ Graduate or professional degree

What is your household income?

- ☐ Less than $25,000
- ☐ $25,000 to $49,999
- ☐ $50,000 to $74,999
- ☐ $75,000 to $99,999
- ☐ $100,000 or more

Have you or someone in your family experienced housing insecurity/homelessness in the last 12 months?

- ☐ Yes
- ☐ No

Are you impacted by any of the below? (Please select all that apply)

- ☐ Hearing difficulty (deaf or having serious difficulty hearing)
- ☐ Vision difficulty (blind or having serious difficulty seeing, even when wearing glasses)
- ☐ Cognitive difficulty (because of a physical, mental, or emotional reasoning, having difficulty remembering, concentrating, or making decisions)
- ☐ Ambulatory difficulty (having serious difficulty walking or climbing stairs)
- ☐ Difficulty with activities of daily living (having difficulty bathing or dressing)
- ☐ Independent living difficulty (because of a physical, mental, or emotional reasoning, having difficulty doing errands alone such as visiting a doctor's office or shopping)
- ☐ None of the above
- ☐ Prefer not to say
- ☐ Other (please write): _____

FOCUS GROUP PROTOCOL

2023 Community Health Needs Assessment

Focus Group Guide

Goals of the focus groups:

• To identify the perceived health needs and assets in your community (describe geography to participants)

• To gain an understanding of people's barriers to health and how these barriers can be addressed

• To identify areas of opportunity to address needs

[NOTE: THE QUESTIONS IN THE FOCUS GROUP GUIDE ARE INTENDED TO SERVE AS A GUIDE, BUT NOT A SCRIPT.]

[NOTE: GUIDE WILL BE TAILORED FOR EACH GROUP.]

I. BACKGROUND (5-10 MINUTES)

Welcome everyone. My name is _____, and I am with _____.

We're going to be having a focus group today. You are here because we want to hear your perspective. I want everyone to know there are no right or wrong answers during our discussion. We want to know your opinions, and those opinions might differ. This is fine. Please feel free to share your opinions, both positive and negative.

The local health systems, public health departments and community partners are conducting a community health needs assessment with Boise State University's Idaho Policy Institute to gain a greater understanding of the issues facing residents, how those needs are currently being addressed, and where there are opportunities to address these needs in the future. We want to hear from you about all the things that affects the health of a community, which can include not just health care but also other things related to where people live, work, and play. The information you provide is a valuable part of this assessment and improving health in our community.

General themes that emerge during the discussions will be written into a summary report for the public. The report will not include any names or identifying information of participants. All names and responses will remain anonymous. Anything sensitive that you say here will not be connected directly to you in our report. Your participation is voluntary and you are not required to respond to every question.

As you can see, I have a colleague with me today, [NAME], who is taking notes during our discussion. They work with me on this project. I want to give you my full attention, so they are helping me out by taking notes during the group and they do not want to distract from our discussion.

I have a series of questions I'm going to use to guide our discussion. I want to let you know that if it seems like I cut a conversation short to move on to the next question, please don't be offended. I want to make sure we cover a number of different topics during our discussion.

Lastly, please turn off your cell phones or put them on silent or vibrate mode. Our group will last about 45-60 minutes. If you need to go to the restroom during the discussion, please feel free to leave, but we'd appreciate it if you would go one at a time.

By continuing to participate in the focus group, you are consenting to share your responses with local health systems, public health departments, community partners and Boise State researchers. If you have questions or concerns about this focus group, you can contact Vanessa Fry at vanessafry@

boisestate.edu or 208-426-2848, or the Boise State University Institutional Review Board at humansubjects@boisestate.edu or (208) 426-5401. Any questions before we begin our introductions and discussion?

II. INTRODUCTION AND WARM-UP (5-10 MINUTES)

1. Now, first let's spend a little time getting to know one another. Let's go around the table and introduce ourselves. Please tell me: 1) Your first name and 2) what communities you are representing today. [AFTER ALL PARTICIPANTS INTRODUCE THEMSELVES, MODERATOR TO ANSWER INTRO QUESTIONS]

III. COMMUNITY PERCEPTIONS (20-30 MINUTES)

2. Today, we're going to be talking a lot about the community that you represent. How would you describe your community?
    a. If someone were to join your community, what would you say are some of its biggest strengths or the most positive things about it?

3. What are some of the biggest problems or concerns in your community? [i.e. – transportation, affordable housing; education; childcare; financial stress; food security; violence; employment, etc.]
    a. How have these issues affected your community?
    b. How has the COVID-19 epidemic impacted your community?
    c. Just thinking about day-to-day life –working, getting your kids to school, things like that – what are some of the challenges or struggles <u>you</u> deal with on a day-to-day basis?
    d. What populations, or groups of people, do you think struggle the most with challenges in your community?

4. What do you think are the most pressing <u>health</u> concerns in your community? [PROBE ON SPECIFIC ISSUES IF NEEDED, E.G. CHRONIC DISEASES/CONDITIONS, MENTAL HEALTH, SUBSTANCE USE, ETC.; ENSURE ADEQUATE DISCUSSION TIME; PROBE ON HEALTH CARE ACCESS IF MENTIONED]
        i. How have these health concerns affected your community?

5. Thinking about health and wellness in general, what helps keep you healthy?
    a. What makes it <u>easier</u> to be healthy in your community?
        i. What supports your health and wellness?
    b. What makes it <u>harder</u> to be healthy in your community?

IV. PERCEPTIONS OF SERVICE ENVIRONMENT (15 minutes)

6. Let's talk about a few of the issues you mentioned. [SELECT TOP CONCERNS DISCUSSED] What programs, services, or policies are you aware of in the community that currently focus on these issues?
    a. What's missing? What programs, services, or policies are currently not available that you think should be?
    b. What do you think the community should do to address these issues?

V. VISION OF COMMUNITY (5 minutes)

7. I'd like you to think ahead about the future of your community. When you think about the community 3 years from now, what would you like to see? What is your vision for the future?

    a. What do you think needs to happen in the community to make this vision a reality?

VI. CLOSING (5 MINUTES)

Thank you so much for your time and sharing your opinions. Before we end the discussion, is there anything that you wanted to add that you didn't get a chance to bring up earlier?

I want to thank you again for your time. And we'd like to express our thanks to you.

As I mentioned before, we are conducting these groups around the [REGION], and we're also talking to people who work at organizations. After all this is over, we're going to be writing a report. The local health systems, public health departments, and community partners will post this report on their website.

Thank you again. Your feedback is extremely valuable, and we greatly appreciate your time and thank you for sharing your opinion.

Key Informant Interview Protocol

2023 Community Health Needs Assessment

Key Informant Interview Guide

Goals of the Key Informant Interview

- To gather perceptions of the health strengths and needs in your community (describe geography to participant)
- To identify health-related gaps, challenges, and assets
- To explore opportunities for addressing community health needs more effectively

[NOTE: QUESTIONS FOR THE INTERVIEW GUIDE ARE INTENDED TO SERVE AS A GUIDE, NOT A SCRIPT.]

BACKGROUND (5 minutes)

Hi, my name is _____ and I am with _____.

As you may know, local health systems, public health departments, and community partners are conducting a community health needs assessment in partnership with Boise State University's Idaho Policy Institute to gain a greater understanding of the issues facing the community of [REGION], how those needs are being addressed, and whether there might be opportunities to address these issues more effectively.

As part of this process, we are conducting interviews with leaders in the community and focus groups with residents and other stakeholders to understand the community's perspectives on these issues. We greatly appreciate your feedback, insight, and honesty.

Our interview will last about 45 – 60 minutes. General themes that emerge during the discussions will be written into a summary report for the public. The report will not include any names or identifying

information of participants. All names and responses will remain anonymous. Anything sensitive that you say here will not be connected to you in our report.

Your participation is voluntary and you are not required to respond to every question. By continuing the interview, you are consenting to share your responses with the local health systems, public health departments, community partners, and Boise State researchers. If you have questions or concerns about this interview, you can contact Vanessa Fry at vanessafry@boisestate.edu or 208-426-2848, or the Boise State University Institutional Review Board at humansubjects@boisestate.edu or (208) 426-5401.

Do you have any questions before we begin our introductions and discussion?

THEIR AGENCY / ORGANIZATION (5 minutes)

[SKIP THIS SECTION FOR ELECTED OFFICIALS]

Can you tell me a bit about your organization/agency?

a. What are some of the biggest challenges your organization faces in conducting your work in the community?

b. Do you currently partner with any other organizations or institutions in any of your work?

COMMUNITY OF ORGANIZATION SERVED (10 minutes)

How would you describe the community served by your organization/ that you serve as [INSERT TITLE]?

c. What do you consider to be the community's strongest assets/strengths?

TOP ISSUES OF THE GENERAL COMMUNITY (10 minutes)

8. What do you think are the most pressing concerns in the general community (i.e. health/education/ housing/education/economic/transportation)?

   a. Why are these concerns?

   b. How has the COVID-19 epidemic affected the community?

   c. Who do you consider to be the populations (geography, age, race, gender, income, education) in the community most vulnerable or at risk for health disparities?

   d. From your experience, what are the community's biggest challenges to addressing these issues?

PROGRAM / SERVICE ENVIRONMENT (10 minutes)

9. Let's talk about a few of the issues you mentioned previously. [SELECT TOP CONCERNS] What programs, services, or policies are you aware of in the community that address some of these issues?

   a. In your opinion, how effective have these programs, services, or policies been at addressing these issues? Why?

   b. How coordinated are these programs or services, if at all?

   c. Where are the gaps? What program, services, or policies are currently not available that you think should be?

   d. What do you think needs to be done to address these issues?

      i. Do you see opportunities currently out there that can be seized upon to address these issues?

For example, are there some “low hanging fruit” – current collaborations or initiatives that can be strengthened or expanded?

10. [IF HEALTH NOT YET MENTIONED/DISCUSSED] Thinking about your community, what do you see as the strengths of the health services there? What do you see as its limitations?

    a. What challenges do residents in your community face in accessing health services? [PROBE IN DEPTH FOR BARRIERS TO CARE: LACK OF TRANSPORTATION, INSURANCE ISSUES, LANGUAGE BARRIERS, CHILD CARE, ETC.]

    b. Who do you consider to be the populations (geography, age, race, gender, income, education) in the community most vulnerable or at risk for disparities in accessing health services?

    c. What do you think needs to happen in your community to help all residents overcome or address these challenges?

VISION OF THE FUTURE (10 minutes)

11. I’d like you to think ahead about the future of your community. When you think about the community 3-5 years from now, what would you like to see? What is your vision for the future?

    a. What is your vision specifically related to people’s <u>health</u> in the community?

        i. What do you think needs to happen in the community to make this vision a reality?

        ii. Who should be involved in this effort?

CLOSING (2 minutes)

Thank you so much for your time. That’s it for my questions. Is there anything else that you would like to mention that we didn’t discuss today?

As I mentioned before, we are conducting discussions all around the region. After collecting all the data and completing these interviews, we’re going to be writing up a report which will be posted online.

Thank you again. Have a good day.

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