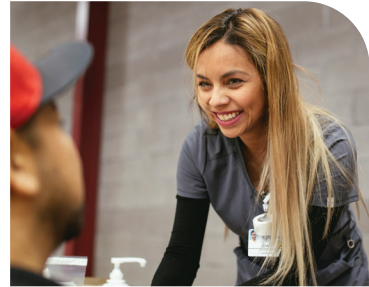




# St. Luke's Wood River Community Health Needs Assessment 2022



# Table of Contents

- Introduction..... 1**
- St. Luke’s Health System’s Commitment to Improve Community Health ..... 1**
  - St. Luke’s Process for Improving Community Health ..... 2**
- 2022 Community Health Needs Assessment Strategic Objectives ..... 3**
  - Community Health Needs Assessment Prioritization Criteria and Determination ..... 3**
- St. Luke’s Wood River Prioritized Community Health Needs..... 8**
  - Significant Health Needs ..... 8**
- Complete Community Health Assessment Data ..... 12**
- St. Luke’s Wood River Community ..... 13**
- The Community We Serve ..... 14**
  - Community Demographics ..... 15**
  - Our Neighboring Communities ..... 19**
- Health Outcome Measures and Findings ..... 20**
  - Mortality Measure..... 20**
    - Length of Life Measure: Years of Potential Life Lost ..... 20
  - Morbidity Measures ..... 21**
    - "Fair or Poor" General Health..... 22
    - Poor Physical Health Days..... 24
    - Poor Mental Health Days..... 24
- Health Factor Measures and Findings ..... 25**
  - Health Behavior Factors ..... 26**
    - Physical Activity..... 26
      - Physical Inactivity: Adults ..... 27
      - Teen Exercise ..... 29
      - Access to ..... 30
    - Nutrition ..... 31
      - Nutritional Habits - Adults ..... 32
      - Nutritional Habits - Youth ..... 33

Overweight and Obesity.....	34
• Overweight and Obesity: Adults.....	34
• Overweight and Obesity: Teens.....	35
Safe Sex .....	37
• Teen Birth Rate .....	38
• Sexually Transmitted Infections.....	39
• AIDS.....	40
Substance Use Disorder .....	41
• Excessive Drinking.....	41
• Alcohol Impaired Driving Deaths .....	42
• Drug Misuse and Abuse .....	43
Tobacco Prevention and Cessation .....	46
• Adult Smoking.....	46
• Youth Smoking.....	48
Wellness and Prevention Programs .....	49
• Accidents.....	49
• Diseases of the Heart.....	50
• High Cholesterol.....	51
• Chronic Lower Respiratory Diseases.....	52
• Cerebrovascular Diseases .....	53
• Alzheimer’s disease.....	54
• Diabetes Mellitus .....	55
• Nephritis.....	56
• Lung Cancer.....	58
• Colorectal Cancer.....	59
• Breast Cancer .....	60
• Prostate Cancer.....	61
• Pancreatic Cancer .....	62
• Skin Cancer (Melanoma).....	63
• Leukemia.....	64
<b>Clinical Care Access and Quality Factors .....</b>	<b>65</b>
Affordability of Health Care .....	65

- Uninsured Adults ..... 65
- Availability of Behavioral Health Services ..... 69
- Mental Health Service Providers ..... 69
- Chronic Disease Management ..... 73
- Medical Home ..... 78
- Health Care Quality ..... 79
- Preventable Hospital Stays ..... 79
- Screening Programs ..... 80
- Diabetes Screening ..... 80
- Cholesterol Screening ..... 81
- Mammography Screening ..... 83
- Colorectal Screening ..... 84
- Prenatal Care Program ..... 85
- Prenatal Care Begun in First Trimester ..... 85
- Low Birthweight ..... 86
- Immunizations ..... 87
- Childhood Immunizations ..... 87
- Influenza and Pneumonia ..... 88
- Social and Economic Factors ..... 89**
- Academic Achievement ..... 89
- High School Graduation Rate ..... 90
- Some College ..... 91
- Housing Stability ..... 92
- Severe Housing Problems ..... 92
- Services for Children and Families Experiencing Adversity ..... 93
- Children in Poverty ..... 93
- Children in Single Parent Household ..... 94
- Individual Economic Stability ..... 95
- Unemployment ..... 95
- Income Inequality ..... 96
- Food/Nutrition Security ..... 97
- Food Environment Index ..... 97

Social Support.....	99
• Inadequate Social Support.....	99
Community Safety.....	100
• Violent Crime .....	101
• Injury Deaths.....	102
<b>Physical Environment Factors.....</b>	<b>103</b>
Air and Water Quality .....	103
• Air Pollution Particulate Matter.....	104
• Drinking Water Violations.....	105
Healthy Transportation .....	106
• Driving Alone to Work .....	106
• Long Commute.....	107
<b>Community Input .....</b>	<b>108</b>
<b>Community Health Needs Prioritization.....</b>	<b>111</b>
<b>Implementation Plan Overview .....</b>	<b>115</b>
<b>Future Community Health Needs Assessments .....</b>	<b>115</b>
<b>History of Community Health Needs Assessments and Impact of Actions Taken.....</b>	<b>116</b>
<b>St. Luke’s Center for Community Health .....</b>	<b>116</b>
<b>COVID-19.....</b>	<b>117</b>
<b>Priority Need 1: Improve Mental Health.....</b>	<b>117</b>
<b>Priority Need 2: Reduce Substance Abuse: Drug Misuse and Excessive Drinking.....</b>	<b>119</b>
<b>Priority Need 3: Improve the Prevention and Management of Obesity .....</b>	<b>120</b>
<b>Priority Need 4: Improve Access to Affordable Health Insurance .....</b>	<b>122</b>
<b>Priority Need 5: Improve Access to Affordable Dental Care .....</b>	<b>126</b>
<b>Resources Available to Meet Community Needs .....</b>	<b>127</b>
<b>Appendix I: Community Representative Descriptions.....</b>	<b>152</b>
<b>Appendix II: St. Luke’s Community Health Representative Questionnaire .....</b>	<b>166</b>
<b>Appendix III: Data Notes.....</b>	<b>170</b>

## Introduction

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

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

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

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

- In-depth interviews with a diverse group of dedicated community leaders representing medically under-resourced, low-income, and minority populations.
- An extensive set of national, state, and local health indicators collected from governmental and other authoritative sources.
- Input from St. Luke's Health System health professionals.
- Availability of evidence-based interventions as identified by Healthy People 2030.<sup>1</sup>

## St. Luke's Health System's Commitment to Improve Community Health

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



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

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

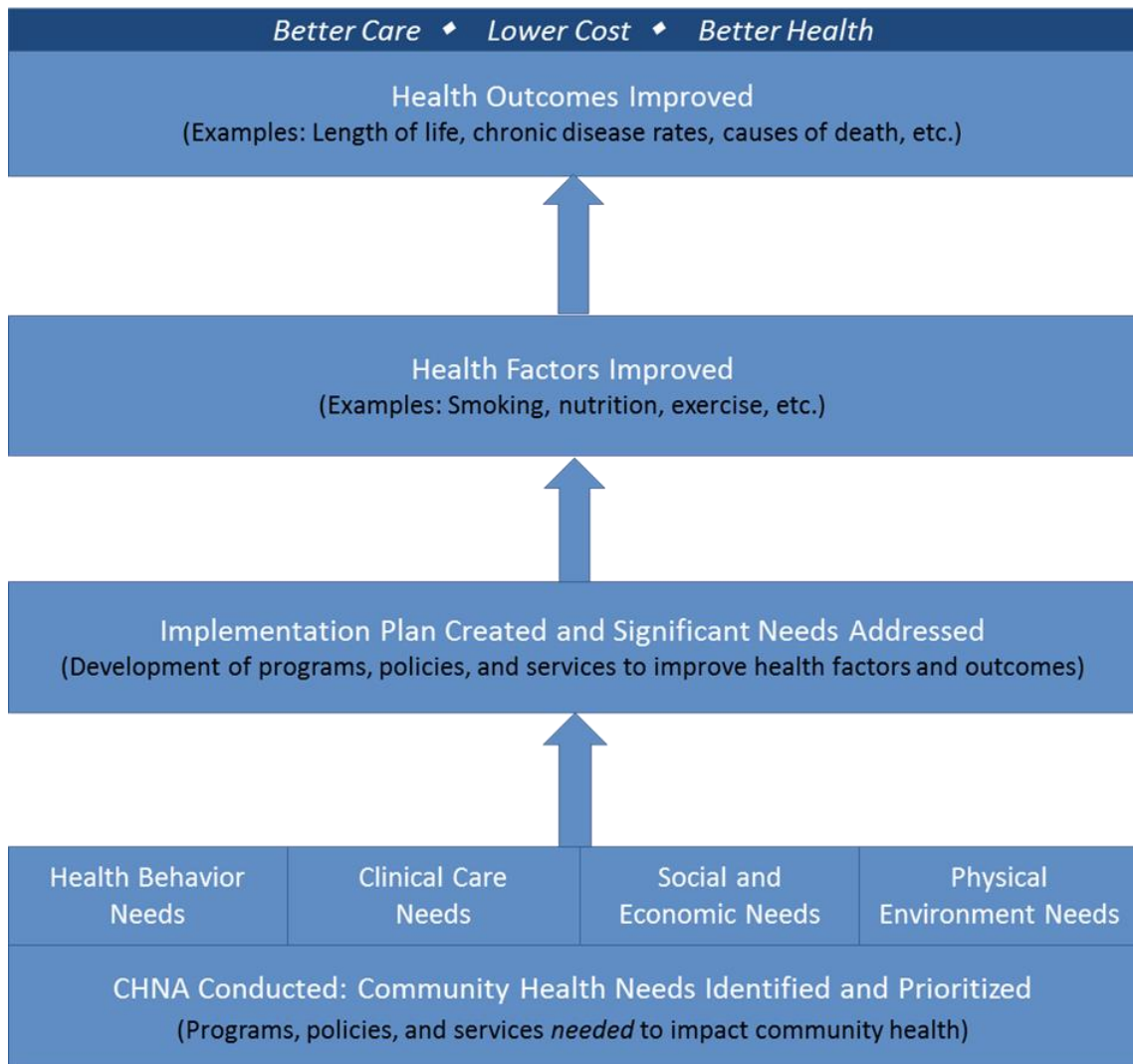
**OUR STRATEGY**  
Quality, Access and Affordability

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

## St. Luke's Process for Improving Community Health

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

### St. Luke's Approach to Improving Community Health



## 2022 Community Health Needs Assessment Strategic Objectives

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

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

### Community Health Needs Assessment Prioritization Criteria and Determination

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

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

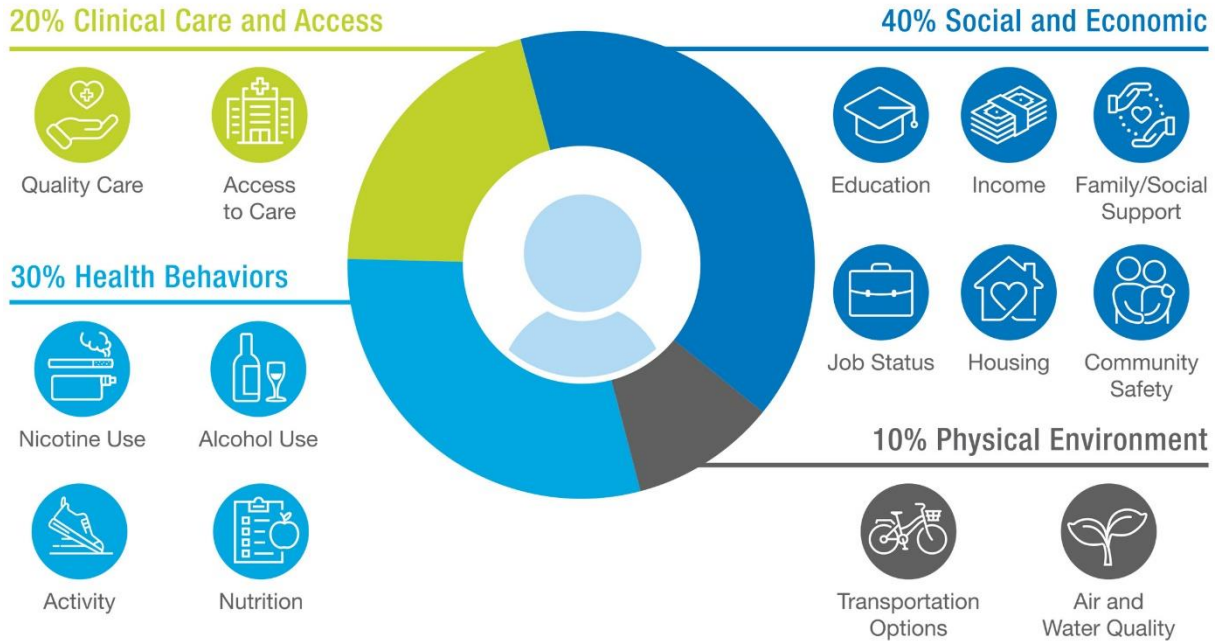
In our CHNA, we divide health needs into four distinct determinants of health categories—with the percentage of how much each impacts overall health—as shown in the figure below. St. Luke’s Wood River will designate one need from each of these categories to be a highest priority need.

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



# Determinants of Health



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

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

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

**Number of Interview Respondents Representing Each Population**

<b>Blaine County</b>	
Children (0-4 years)	16
Children (5-12 years)	20
Children (13-18 years)	23
People with disabilities	17
Hispanic/Latino/Latina/Latinx	21
Those experiencing homelessness	18
LGBTQIA+ (lesbian, gay, bi-sexual, transgender, queer, intersex, asexual)	13
Low-income individuals and families	26
Migrant and seasonal farm workers	14
Populations with chronic conditions	20
Refugees	11
Rural communities	20
Senior citizens	19
Those with behavioral health issues	18
Veterans	14
Other	6

2. St. Luke’s Health Professionals: St. Luke’s staff have decades of cumulative experience working in the community. They have unique insight and experience that are valuable to the assessment process. Staff participated in an online survey to capture and quantify their experience to inform identified gaps. Staff reported their impressions of community health alignment with St. Luke’s priorities and ability to make an impact on the health needs.
  
3. Availability of evidence-based resources (EBR): Evidence-based resources provide proven approaches to address health needs. These approaches have strong ability to make an impact and can be replicable, scalable, and sustainable. The EBRs provide reviews of published evaluations or studies that have evidence of effectiveness, feasibility, reach, sustainability, and transferability of intervention. This measure will inform how to best support the prioritized health needs, while leveraging identified best practices to improve health.
  
4. National, state, and local databases: Building on the *County Health Rankings* measures, we gather a wide range of additional community health outcome and health determinants measures from national, state, and local perspectives. We include these supplemental measures in our CHNA to ensure a comprehensive appraisal of the underlying causes of our service area’s most pressing health issues.
  - Each health outcome or factor receives a **trend** score based on whether the measured value is getting better or worse compared to previous years. If the

trend is getting worse, community health may be improved by understanding the underlying causes for the worsening trend and addressing those causes.

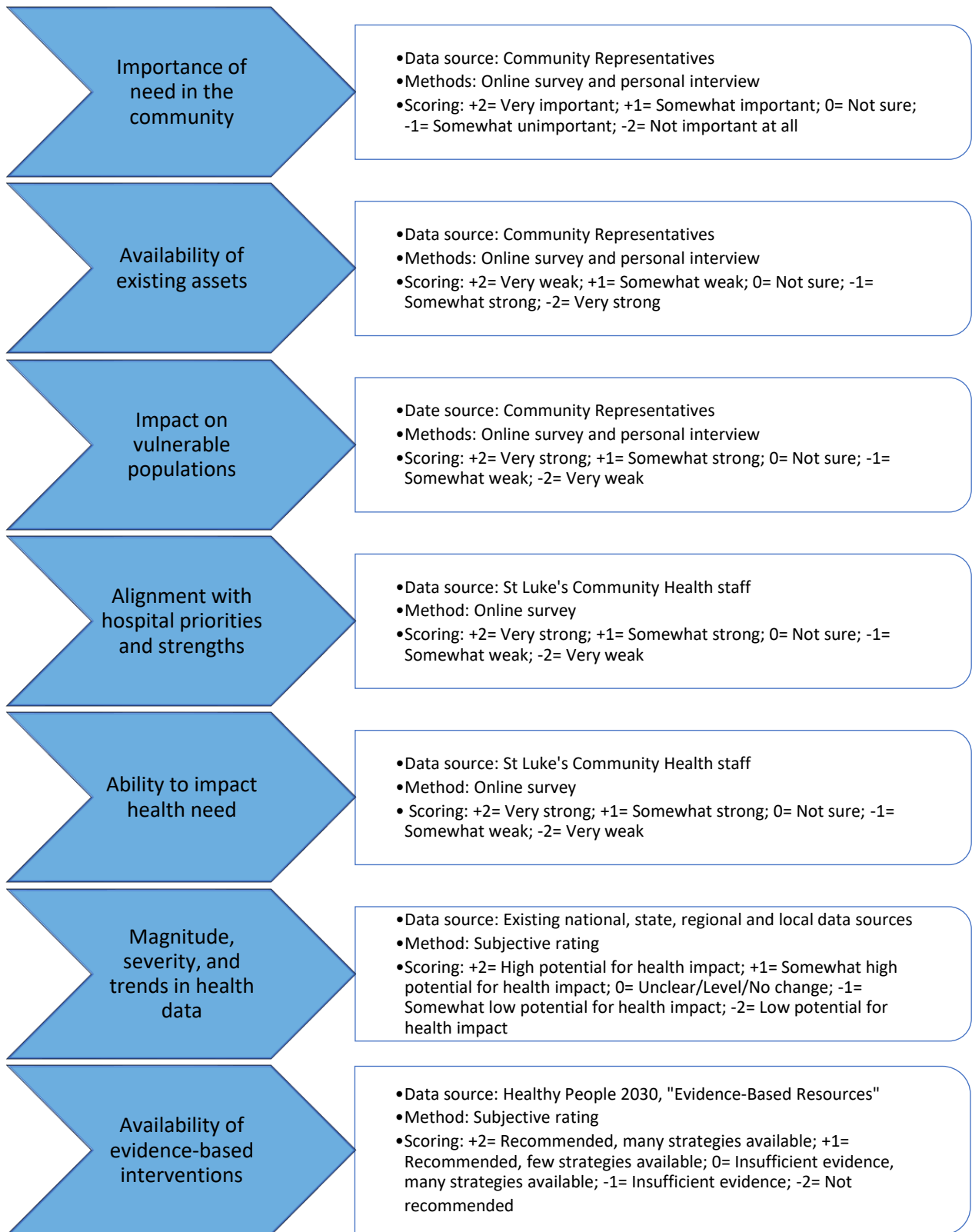
- The **severity** of the health outcome or factor is scored based on the direct influence it has on general health and whether it can be prevented. Therefore, leading causes of death or debilitating conditions receive high severity scores when the health problem is preventable. For example, there are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

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

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

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

## Health Needs Prioritization System



## St. Luke's Wood River Prioritized Community Health Needs

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

### Significant Health Needs

- Health Behaviors - Substance Use Disorder Prevention and Treatment
- Clinical Care - Availability of Behavioral Health Services
- Social and Economic Factors - Housing Stability
- Physical Environment - Accessible Modes of Transportation

#### Health Behaviors – Substance Use Disorder Prevention and Treatment



Substance use disorder is inclusive of all health outcomes associated with the problematic use of substances. Addressing substance use disorder includes preventing use of all substances among youth, prevention of misuse and abuse among adults, and assistance in treatment for those with addictions. Substance use disorder is a major public health concern that affects every level of society. Individuals, families, communities, and overall government

spending are impacted by the problematic use, misuse and abuse of alcohol, prescription drugs, and illicit substances. Substance use disorder remains prevalent across Idaho, and the issue has only been exacerbated by the COVID-19 pandemic. It often co-occurs with mental health challenges and can be impacted by traumatic experiences.

Substance use disorders are associated with a wide range of short and long-term health effects. They can vary depending on the type of substance, how much and how often it is taken, and the person's general health. Overall, the effects of problematic substance use can be far-reaching. They can impact almost every organ in the human body. In fact, more deaths, illnesses, and disabilities are associated with substance misuse and abuse than any other preventable health condition, including tobacco and poor diet/physical activity.

The availability of substance use disorder prevention and treatment programs and services is limited, but even more limited in rural areas of the state. It is imperative that St. Luke's works closely, and expediently, with our partners to begin developing effective and sustainable substance use disorder prevention and treatment programs to improve the overall well-being and safety of our communities.

## Clinical Care – Availability to Mental and Behavioral Health Services

Mental Health America (MHA), a leading community-based nonprofit dedicated to addressing America’s mental health, recently released its 2022 mental health report card with state-by-state rankings. For the third consecutive year, Idaho ranks 49th of 50 states on a composite score of 15 key mental health indicators for youth and adults.<sup>3</sup>



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

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

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

Throughout the COVID-19 pandemic, adults have reported 3 times the frequency of anxiety and/or depressive disorders than they did pre-pandemic, while 20% of school-aged children have experienced worsened mental or emotional health since the pandemic began. This increase in mental health conditions comes at a time when mental health resources are already strained, and people with mental health diagnoses often face barriers to care. In April 2021, 32.5% of adults in Idaho who reported symptoms of anxiety and/or depressive disorder also had an unmet need for counseling or therapy.<sup>4</sup>

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

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

<sup>4</sup> Mental Health and Substance Use State Fact Sheets | KFF. Accessed 12/3/21

## Social and Economic Factors – Housing Stability

Stable housing is a key social determinant of health that can drive health status and quality of life. Access to a safe, quality, affordable home leads to better physical and mental health outcomes for all, and in addition for youth, higher academic achievement. There are a variety of reasons that create limited access to affordable homes in our communities. High housing costs can make it even harder for individuals and families to meet other important needs such as medications, transportation costs, utilities, food, etc. When rent and mortgage increases outstrip wage growth, as has happened in Idaho over recent decades, people are forced to make tradeoffs when meeting other life needs, and/or are forced to move frequently. This brings instability that can result in social and academic challenges. In Idaho, an hourly Housing Wage of \$17.36 is needed to afford a two-bedroom apartment at the Fair Market Rent of \$903 without paying more than 30% of income on housing. However, according to the National Low Income Housing Coalition, the average renter wage is only \$13.62.<sup>5</sup>

Finding ways to increase and maintain the supply of affordable, stable housing within our community that is also near schools, jobs, transportation options and healthcare will have a great impact on the overall health of our community. According to the Idaho Asset Building Network Fall 2021 chartbook titled *Housing Affordability in Idaho*, “In communities with enough affordable homes, primary care visits go up by 20%, emergency room visits go down by 18%, and accumulated medical expenses go down by 12%.”<sup>6</sup> The presence of affordable homes also helps our economy by enhancing our workforce. The availability of affordable and stable housing enhances our employers' ability to recruit and retain talent and keep young talent entering the workforce employed in our local community.



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

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<sup>5</sup> <https://reports.nlihc.org/oor/idaho>. Accessed 12/16/21

<sup>6</sup> [Housing-Chartbook-REVISED-11-1-21.pdf \(idahoassetnetwork.org\)](#). Accessed 12/3/21

## Physical Environment – Accessible Modes of Transportation<sup>7 8 9 10</sup>

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



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

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

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<sup>7</sup> Centers for Disease Control and Prevention Transportation and Health Tool [CDC - Healthy Places - Transportation and Health Tool](#). Accessed 12/3/21

<sup>8</sup> [www.aha.org/transportation](http://www.aha.org/transportation), Health Research & Educational Trust. (2017, November). Social determinants of health series: Transportation and the role of hospitals. Accessed 12/3/21

<sup>9</sup> [Health Policy Snapshot Series: How Does Transportation Impact Health?](#) October 25, 2012. Accessed 12/3/21

<sup>10</sup> Public Transportation in the U.S.: A driver of Health and Equity July 29, 2021 Publisher: [Project Hope: The People-to-People Health Foundation, Inc./Robert Wood Johnson Foundation](#). Accessed 12/3/21



## **Complete Community Health Assessment Data**

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

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

## St. Luke's Wood River Community

### Background

In 1996, St. Luke's Medical Center of Boise was invited to oversee the construction and future operations of a new hospital in the Wood River Valley. Three years later, thanks to the overwhelming support of St. Luke's, registered voters, and community philanthropists, a new \$32 million, 110,000 square foot hospital was constructed.

In November 2000, St. Luke's Wood River Medical Center opened its doors to serve the health care needs of people living in the greater Blaine County area. During the design process, special care was taken to ensure a facility that would complement the surrounding terrain, with the hospital's exterior and interior reflecting the beauty of Idaho's world-renowned Sun Valley area. To best accommodate the needs of the people in this region, the hospital site was located immediately off Highway 75.

Services at Wood River Medical Center include a 24-hour emergency department, inpatient and outpatient surgery, diagnostics, maternity services, physical and occupational therapy, mammography, orthopedics, infusion services, and medical/surgical units. St. Luke's Center for Community Health's main office can be found in the Hailey Medical Clinic, in the neighboring town.

Known for our clinical excellence, St. Luke's Wood River has been nationally recognized for quality and patient safety. This fall, Press Ganey announced that St. Luke's Wood River Emergency Department and Inpatient Care Unit were named as a 2021 Guardian of Excellence Award® winner. The Guardian of Excellence Award recognizes top-performing health care organizations that have achieved the 95th percentile or above of performance in patient experience.

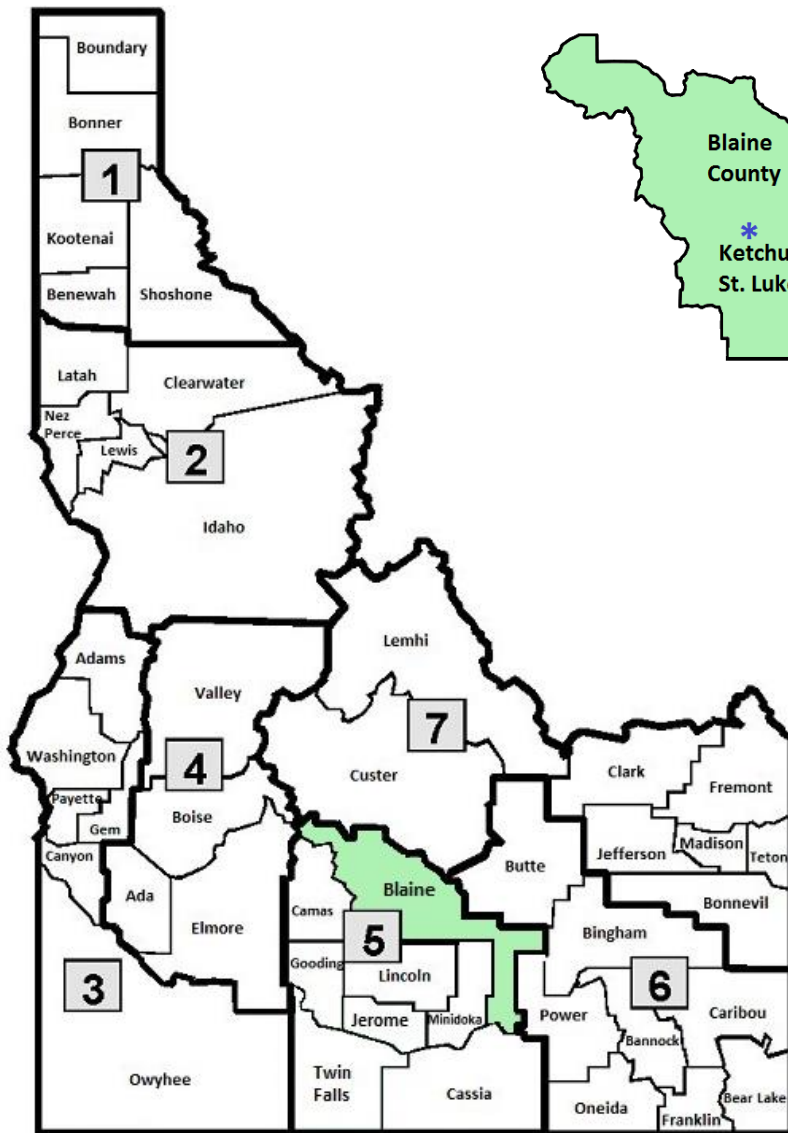


St. Luke's Wood River is fortunate to have over 50 physicians on the medical staff, and a dedicated governing board comprised of independent civic leaders who volunteer their time to serve.

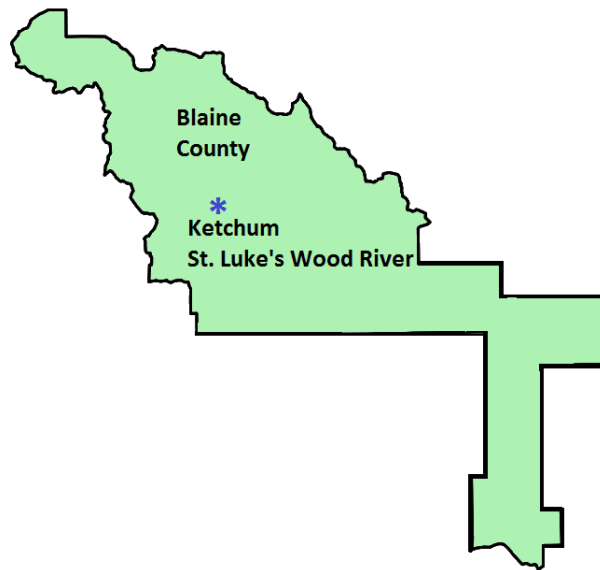
## The Community We Serve

This section describes our service area in terms of its geography and demographics. Blaine County represents the geographic area used to define the community we serve, also referred to here as our primary service area or service area. The criteria we use in selecting the service area is the identification of what counties our hospitalized patients reside in. Those counties that make up 70% or greater of the inpatient hospitalizations are identified as our service area. The residents of Blaine County comprise about 78% of our inpatients. Blaine County is part of Idaho Health District 5, as shown in the maps below.

Idaho Health District Map <sup>11</sup>



Blaine County Map



<sup>11</sup> Idaho Behavioral Risk Factor Surveillance System Annual Report 2019

## Community Demographics

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

Both Idaho and our service area are comprised 95% and 96% white population, respectively, while the nation, as a whole, is 76% white. The Hispanic population in Idaho represents 13% of the overall population and about 23% of our defined service area.

### Population by Race and Ethnicity 2019<sup>12</sup>

Residence	Total Population	Race				Ethnicity	
		White	Black	American Indian or Alaska Native	Asian or Pacific Islander	Non-Hispanic	Hispanic
<b>Blaine</b>	23,021	22,033	238	417	333	17,614	5,407
<b>Idaho</b>	1,787,065	1,691,082	23,148	36,276	36,559	1,557,575	229,490
<b>National</b>	328,239,523	250,522,190	44,075,068	4,188,092	19,504,862	267,667,286	60,572,237
<b>Blaine</b>		96%	1%	2%	1%	77%	23%
<b>Idaho</b>		95%	1%	2%	2%	87%	13%
<b>National</b>		76%	13%	1%	6%	82%	18%

<sup>12</sup> Bureau of Vital Records and Health Statistics, Idaho Department of Health and Welfare (3/2021). The bridged-race population estimates were produced by the Population Estimates Program of the U.S. Census Bureau in collaboration with the National Center for Health Statistics (NCHS). Internet release date June 20, 2020.

## Population Growth 2010-2019

Idaho experienced a 14% increase in population from 2010 to 2019, ranking it as one of fastest growing states in the country.<sup>13</sup> Blaine County's population increased by 8% during that timeframe, which is slightly higher population growth rate as the nation.<sup>14</sup> St. Luke's Wood River is working to manage the volume and scope of services in order to meet the needs of a growing population.

Region	Population April 2010	Population April 2019	Percent Change
Service Area	21,376	23,021	8%
Idaho	1,567,582	1,787,065	14%
United States	308,745,538	328,239,523	6%

## Aging

Over the past ten years the 65 year or older age group was the fastest growing segment of our service area. Currently, about 20% of the people in our service area are over the age of 65.<sup>15</sup>

Blaine County Population by Age				
Year	Age 0-19	Age 20-44	Age 45-64	Age 65+
2000	4,961	7,256	5,292	1,482
Percent of Total	26%	38%	28%	8%
2010	5,561	6,525	6,814	2,476
Percent of Total	26%	31%	32%	12%
2019	5,385	6,387	6,566	4,683
Percent of Total	23%	28%	29%	20%

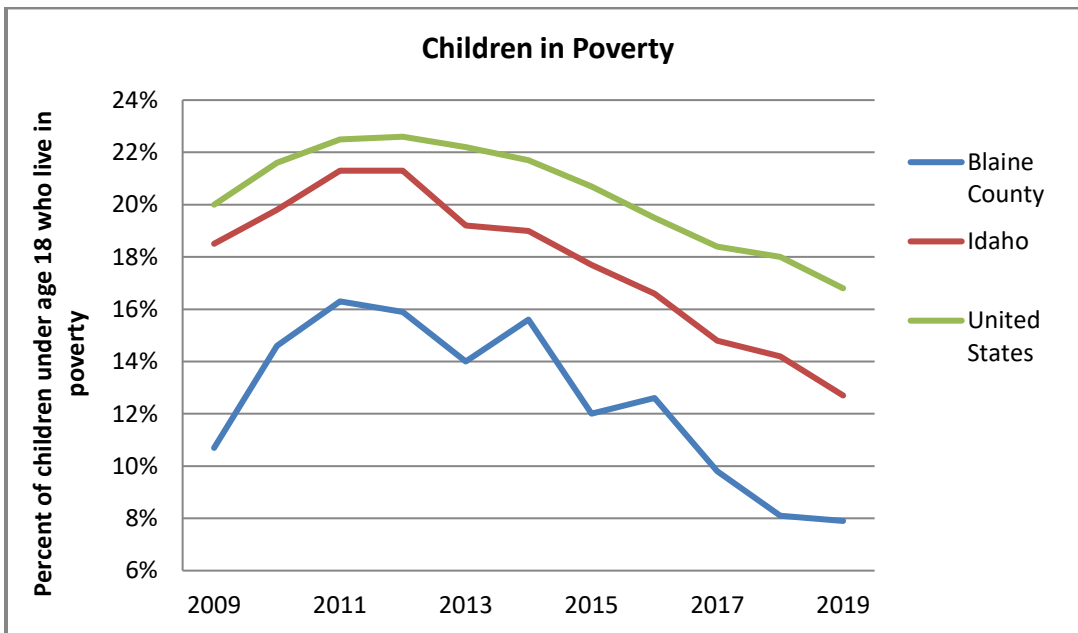
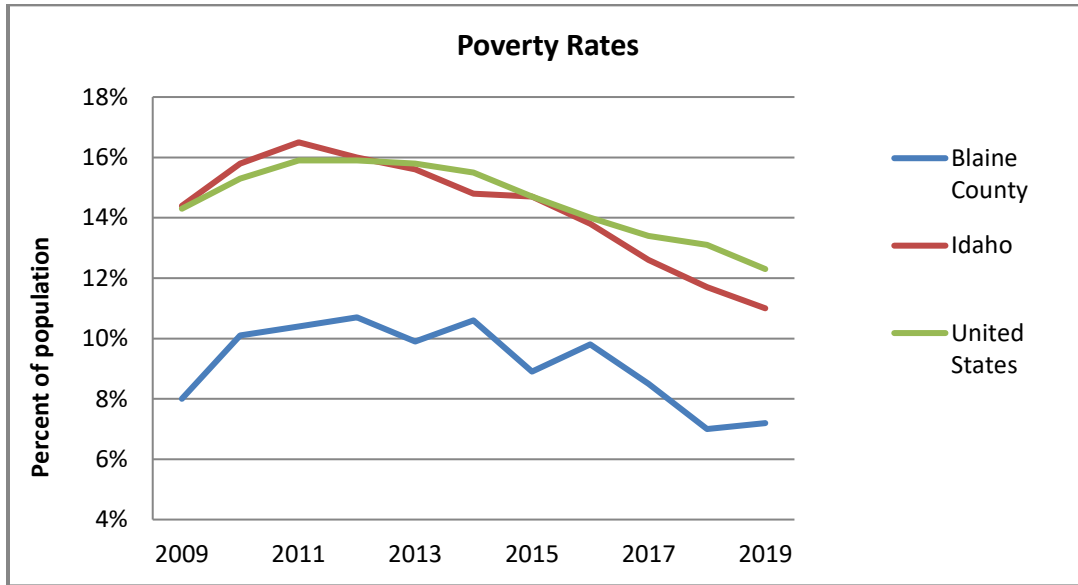
<sup>13</sup> U.S. Census Bureau: <http://quickfacts.census.gov/qfd/index.html> 2020

<sup>14</sup> Idaho Vital Statistics County Profile 2019

<sup>15</sup> Ibid

## Poverty Levels

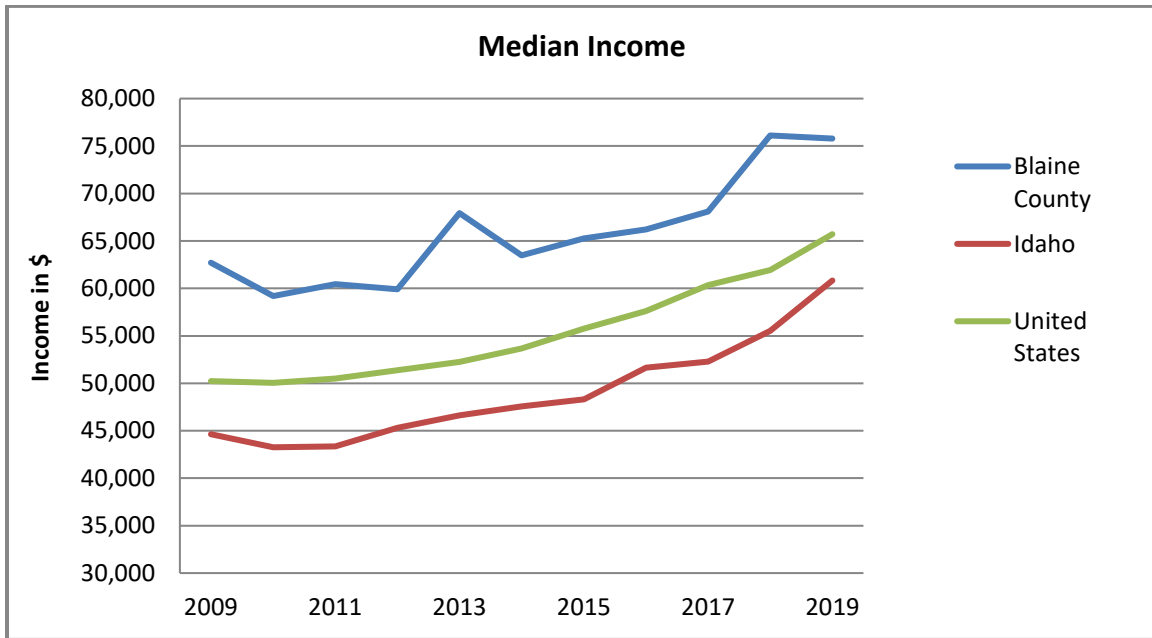
The official United States poverty rate has been decreasing since 2012. Our service area poverty rate is well below the national average and that of Idaho. The poverty rate in our service area for children under the age of 18 is also lower than the national average.<sup>16</sup>



<sup>16</sup> Small Area Income and Poverty Estimates (SAIPE)  
<https://www2.census.gov/programs-surveys/saie/datasets/2019/2019-state-and-county/est19-id.txt>

## Median Household Income

Median income in the United States has risen by 27% since 2009 and by 17% in our service area during that period. Median income in our service area remains well above national and Idaho median income levels.<sup>17</sup>

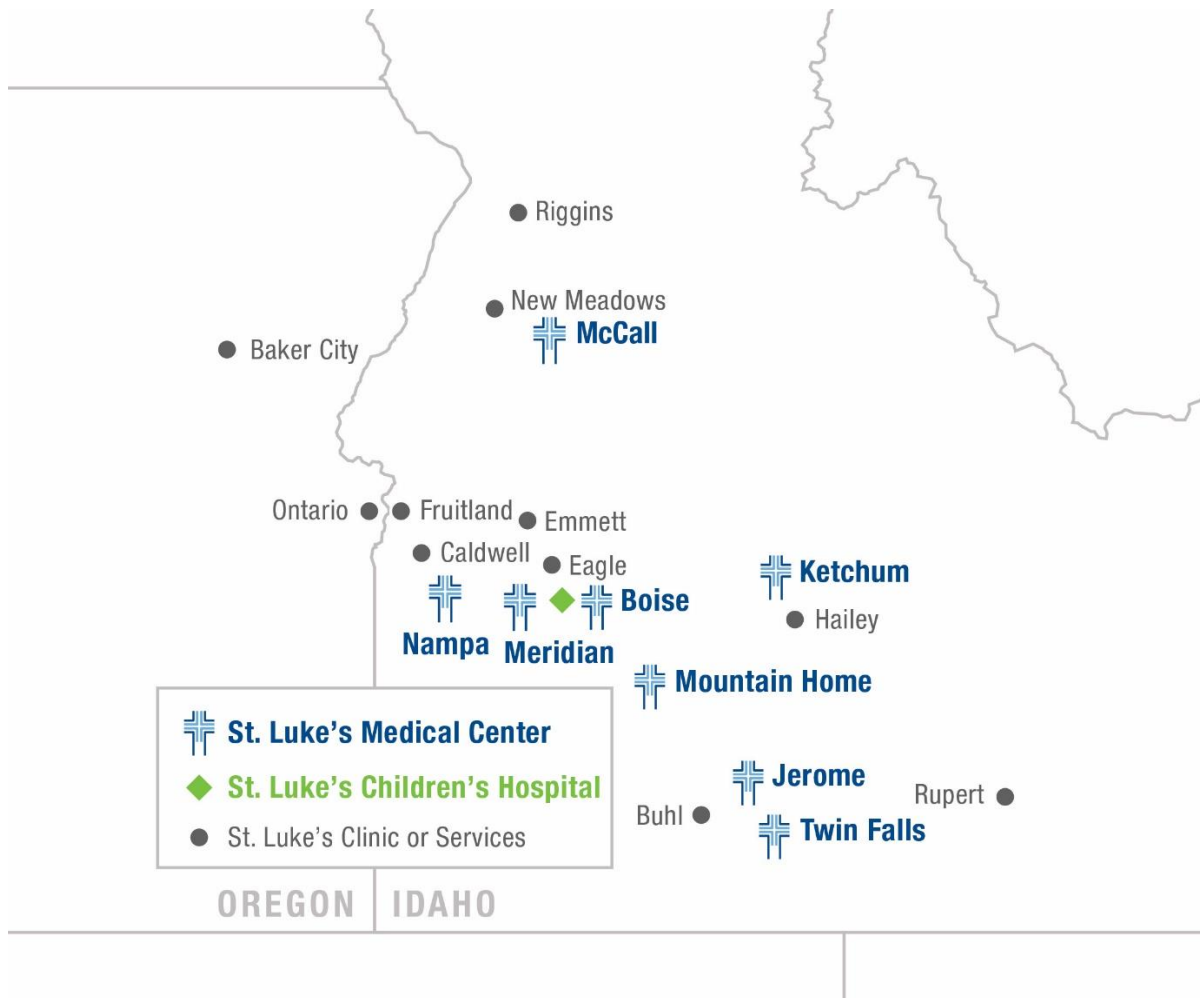


<sup>17</sup> Ibid

## Our Neighboring Communities

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

### St. Luke's Health System Regional Map





## Health Outcome Measures and Findings

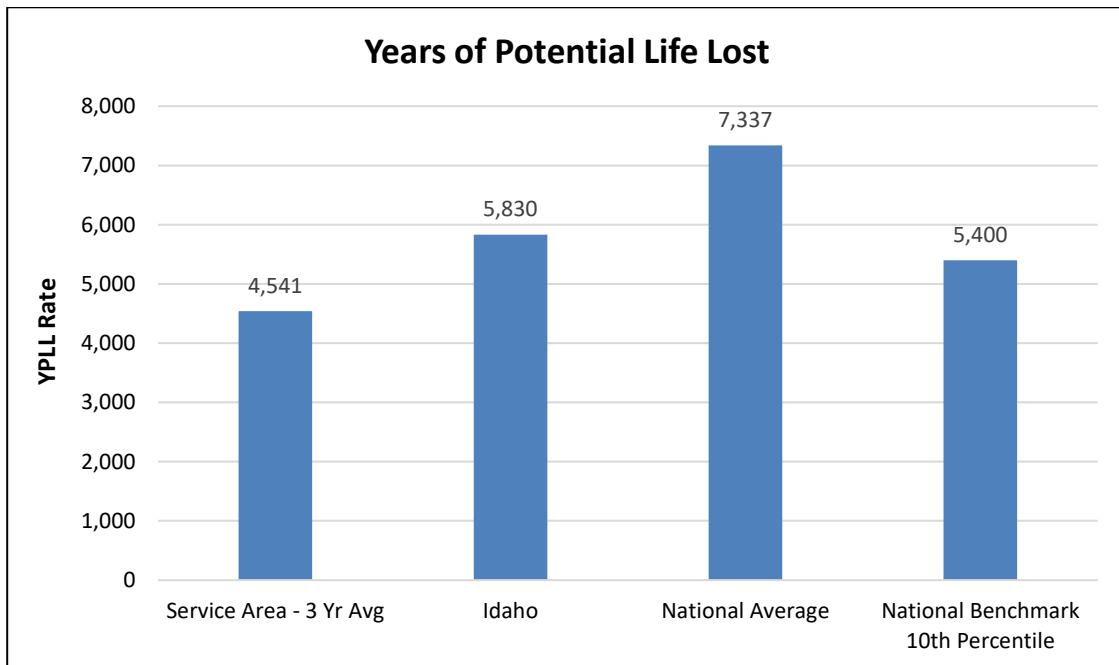
Health outcomes represent a set of key measures that describe the health status of a population. These measures allow us to compare our service area’s health to that of the nation as a whole and determine whether our health improvement programs are positively affecting our service area’s health over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

### Mortality Measure

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

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

The chart below shows our service area YPLL is much lower than the national average and in the top 10<sup>th</sup> percentile nationally. This is an excellent outcome indicating that on average people in our service area are not dying prematurely.<sup>18</sup>



<sup>18</sup> Bureau of Vital Records and Health Statistics, Idaho Department of Health and Welfare (1/2019) (Idaho and county data)

## Morbidity Measures

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

### Health Related Quality of Life (HRQL)

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

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

Researchers have consistently found self-reported general, physical, and mental health measures to be informative in determining overall health status. Analysis of the association between mortality and self-rated health found that people with “poor” self-rated health had a twofold higher mortality risk compared with persons with “excellent” self-rated health. The analysis concludes that these measures are appropriate for measuring health among large populations.<sup>19</sup>

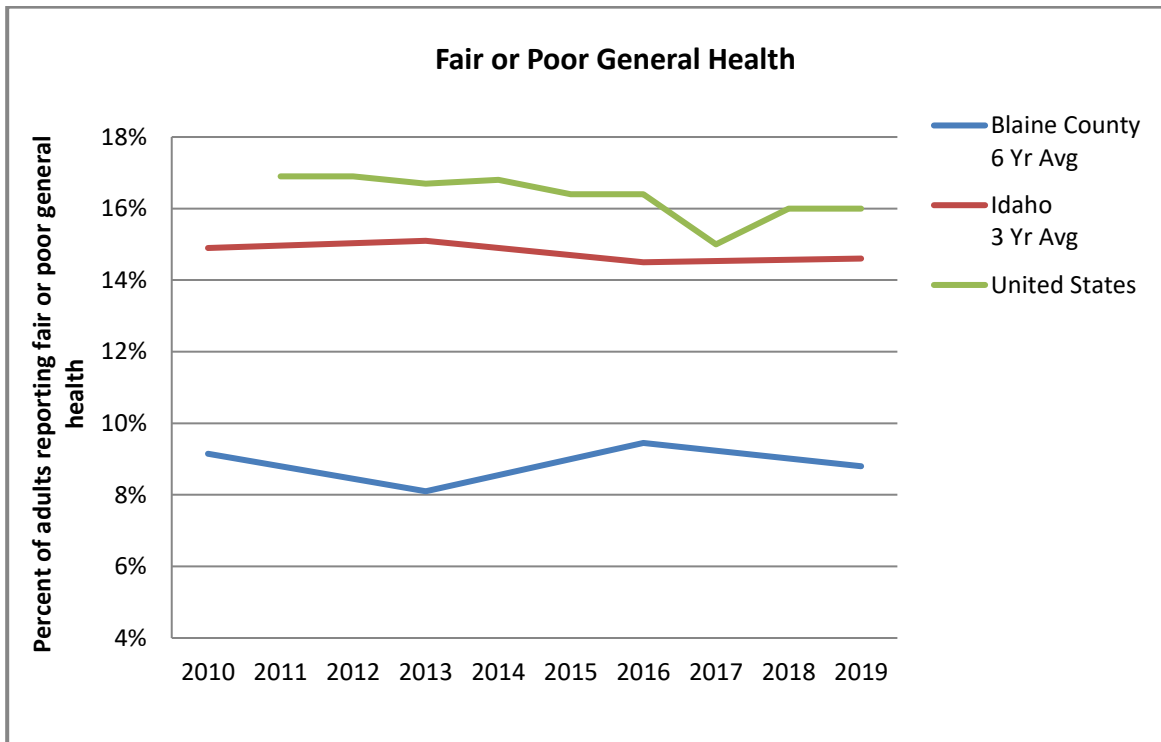
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<sup>19</sup> University of Wisconsin Population Health Institute. *County Health Rankings* 2018. Accessible at [www.countyhealthrankings.org](http://www.countyhealthrankings.org).

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

In 2019, 14.6% of Idaho adults reported their health status as fair or poor and the trend has been flat. For our service area, the percent of people reporting fair or poor health is about 8.8%, which is well below the national average of 16%. <sup>20</sup> The national top 10<sup>th</sup> percentile of 14%.<sup>21</sup>

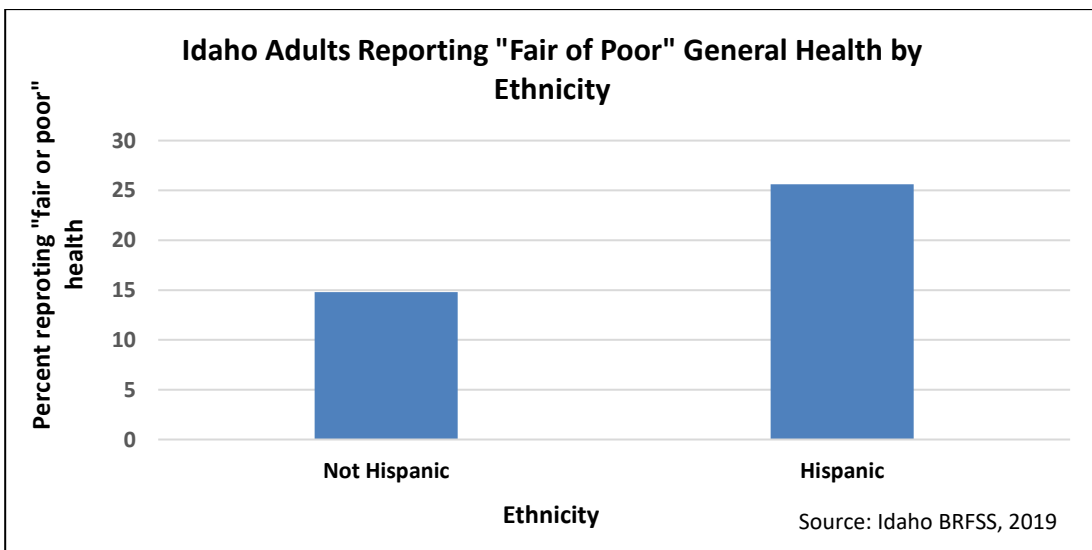
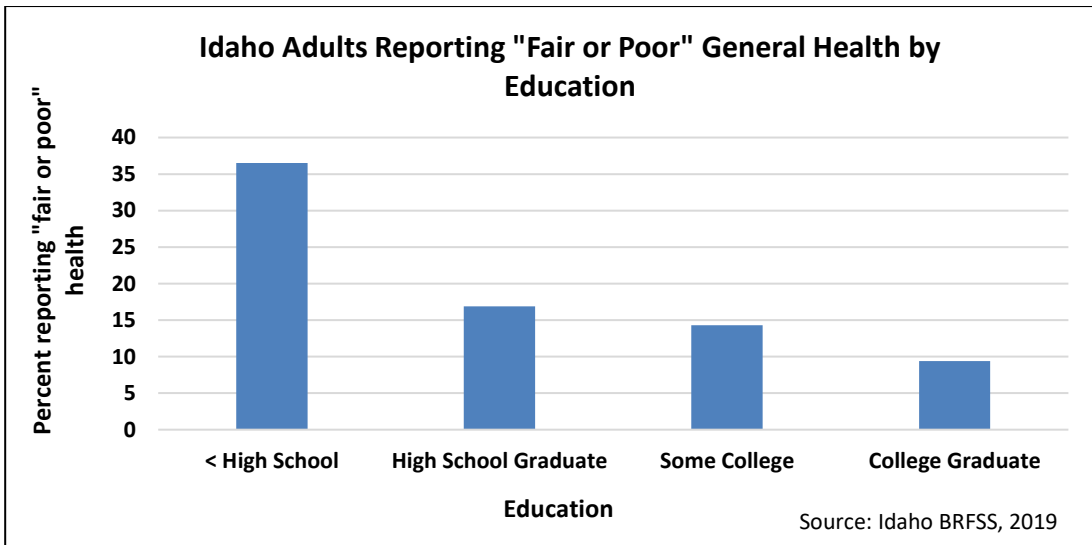
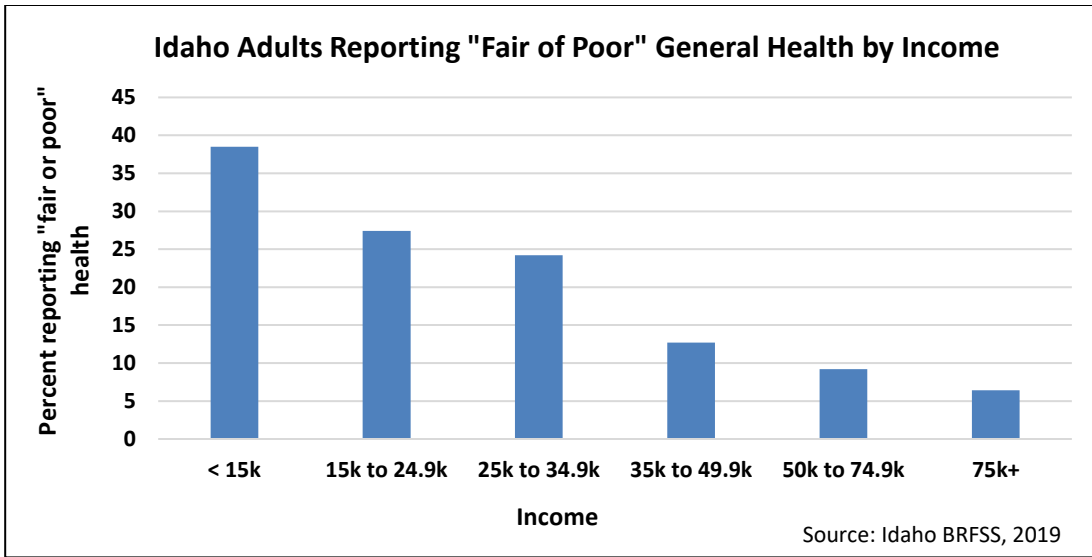
Income and education greatly affect the levels of reported fair or poor general health. People with incomes of less than \$15,000 are six times more likely to report fair or poor general health than those with incomes above \$75,000. Those who have not graduated high school are almost four times more likely to report fair or poor general health than those who have graduated from college. In addition, Hispanics are significantly more likely to report fair or poor health than non-Hispanics.<sup>22</sup>



<sup>20</sup> Idaho and National 2010 – 2019, Behavioral Risk Factor Surveillance System

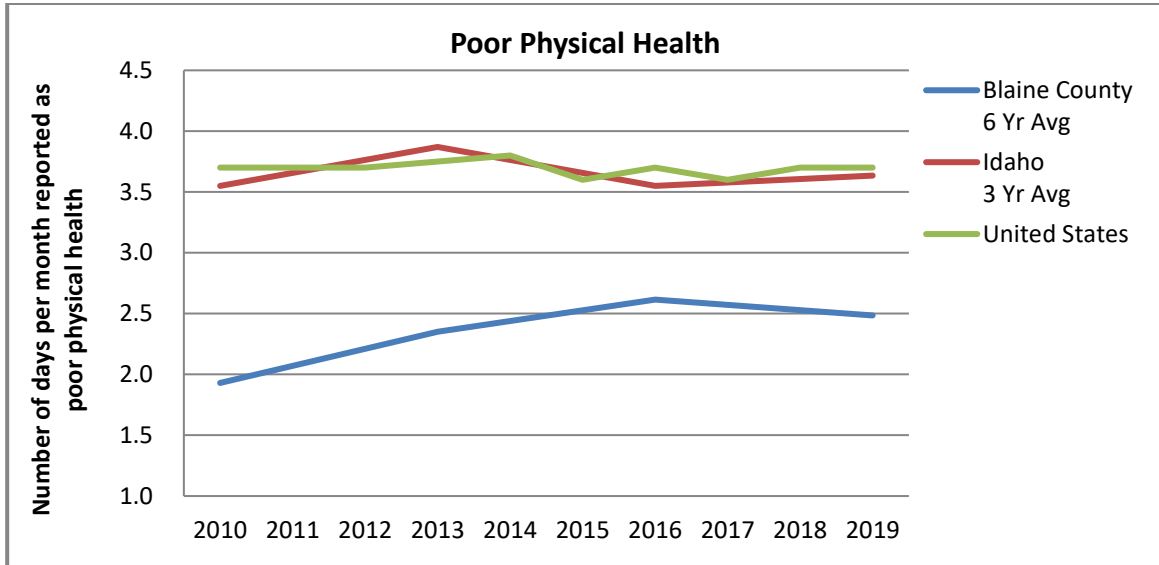
<sup>21</sup> *County Health Rankings* 2021. Accessible at [www.countyhealthrankings.org](http://www.countyhealthrankings.org).

<sup>22</sup> Idaho and National 2019 Behavioral Risk Factor Surveillance System



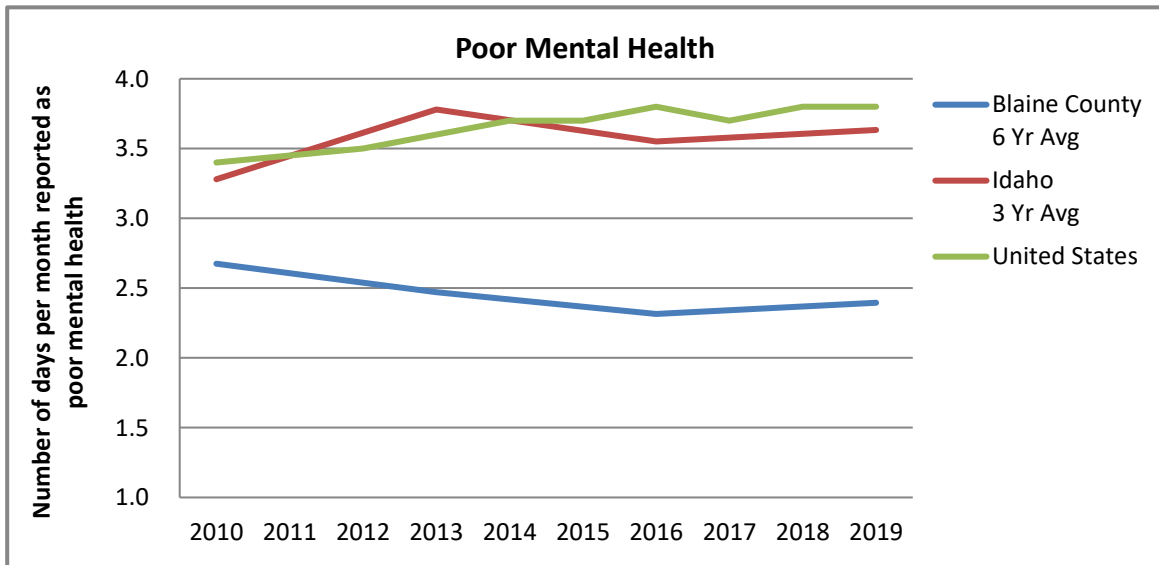
- **Poor Physical Health Days**

People in our service area reported less poor physical health days than the national average at 2.49 days.<sup>23</sup> The national top 10<sup>th</sup> percentile is 3 days.<sup>24</sup>



- **Poor Mental Health Days**

People in our service area reported less poor mental health days than the national average at 2.4 days.<sup>25</sup> The national top 10<sup>th</sup> percentile is 3.8 days per month.<sup>26</sup>



<sup>23</sup> Idaho 2019 Behavioral Risk Factor Surveillance System

<sup>24</sup> *County Health Rankings* 2021. Accessible at [www.countyhealthrankings.org](http://www.countyhealthrankings.org).

<sup>25</sup> Idaho 2019 Behavioral Risk Factor Surveillance System

<sup>26</sup> *County Health Rankings* 2021, Accessible at [www.countyhealthrankings.org](http://www.countyhealthrankings.org)

## Health Factor Measures and Findings

Health factors represent key influencers of poor health that can improve health outcomes if addressed with effective, evidence-based programs and policies. Diet, exercise, educational attainment, environmental quality, employment opportunities, quality of health care, and individual behaviors all work together to shape community health outcomes and wellbeing.<sup>27</sup> The *County Health Rankings* uses four categories of health factors:

- Health Behaviors
- Clinical Care
- Social and Economic Factors
- Physical Environment

### ***County Health Rankings* Health Outcomes Ranking for Our Community**

The *County Health Rankings* ranks the counties within each state on the health outcome measures described above. Blaine County's 2021 overall outcome rank is 5th out of a total of 43 ranked counties in Idaho.<sup>28</sup> Using the health factor and health needs information described later in our CHNA, programs will be developed to improve health outcome measures over the course of the next three years.

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

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

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

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<sup>27</sup> University of Wisconsin Population Health Institute. *County Health Rankings* 2019. Accessible at [www.countyhealthrankings.org](http://www.countyhealthrankings.org).

<sup>28</sup> University of Wisconsin Population Health Institute. *County Health Rankings* 2021. Accessible at [www.countyhealthrankings.org](http://www.countyhealthrankings.org)

## Health Behavior Factors

### Physical Activity

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

Increased physical activity is associated with lower risks of type 2 diabetes, cancer, stroke, hypertension, cardiovascular disease, and premature mortality. A person is considered physically inactive if during the past month, other than a regular job, they did not participate in any physical activities or exercises such as running, calisthenics, golf, gardening, or walking for exercise. Physical activity improves sleep, cognitive ability, and bone and musculoskeletal health, as well as reduces risks of dementia.<sup>29</sup>

Physical activity helps build and maintain healthy bones and muscles, control weight, build lean muscle, reduce fat, and improve mental health (including mood and cognitive function). It also helps prevent sudden heart attack, cardiovascular disease, stroke, some forms of cancer, type 2 diabetes, and osteoporosis. Additionally, regular physical activity can reduce other risk factors like high blood pressure and cholesterol.<sup>30</sup>

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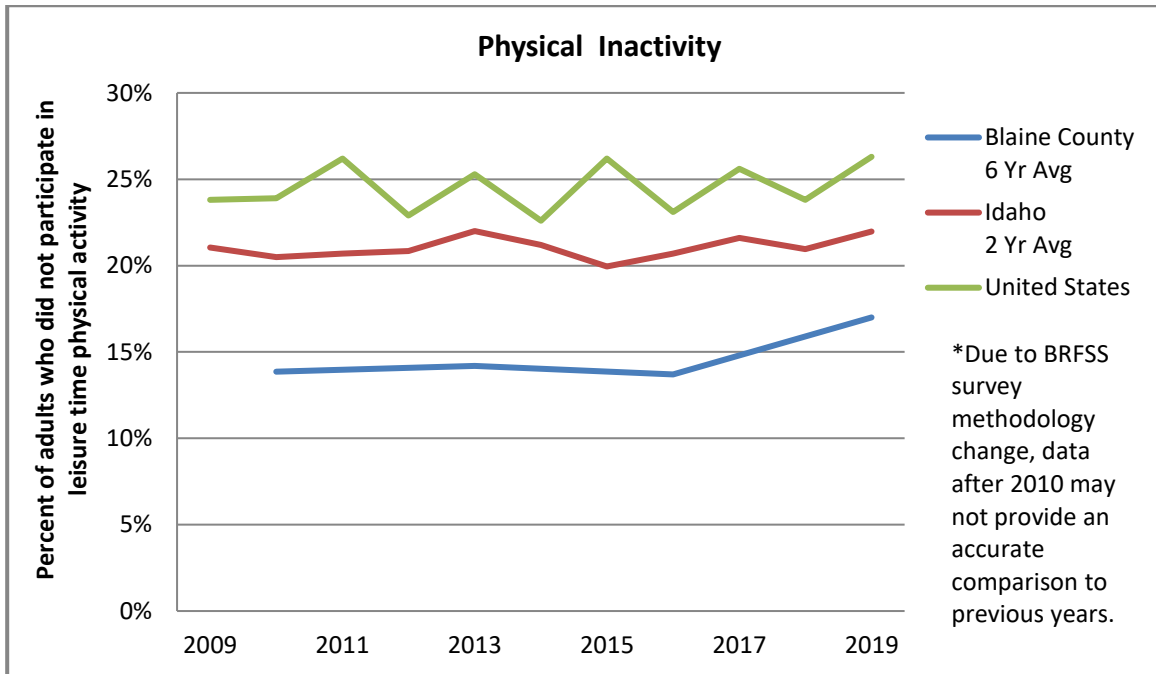
<sup>29</sup>Ibid

<sup>30</sup> University of Wisconsin Population Health Institute. *County Health Rankings* Accessed 2021. [www.countyhealthrankings.org](http://www.countyhealthrankings.org).

- **Physical Inactivity: Adults**

As shown in the chart below, physical inactivity in our service area is much lower (better) than the national average. The top 10<sup>th</sup> percentile is 19%.<sup>31</sup>

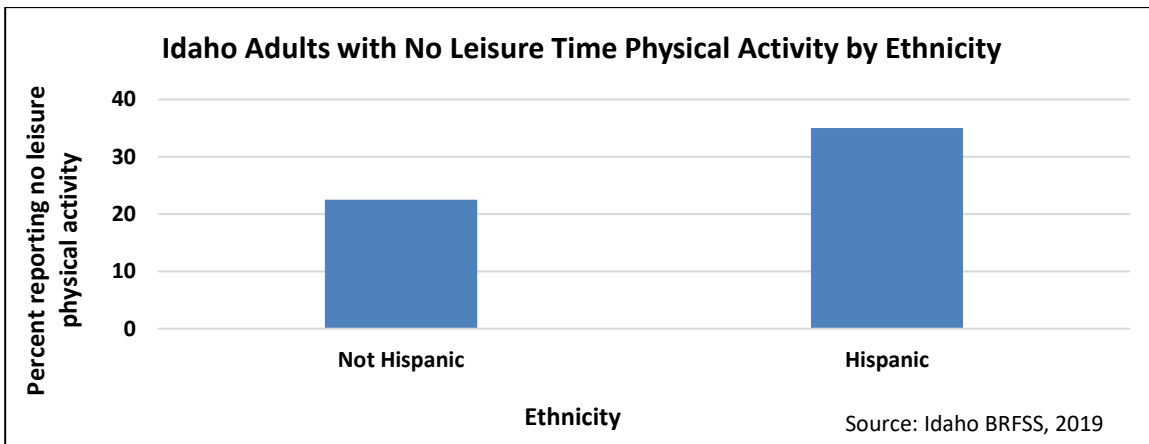
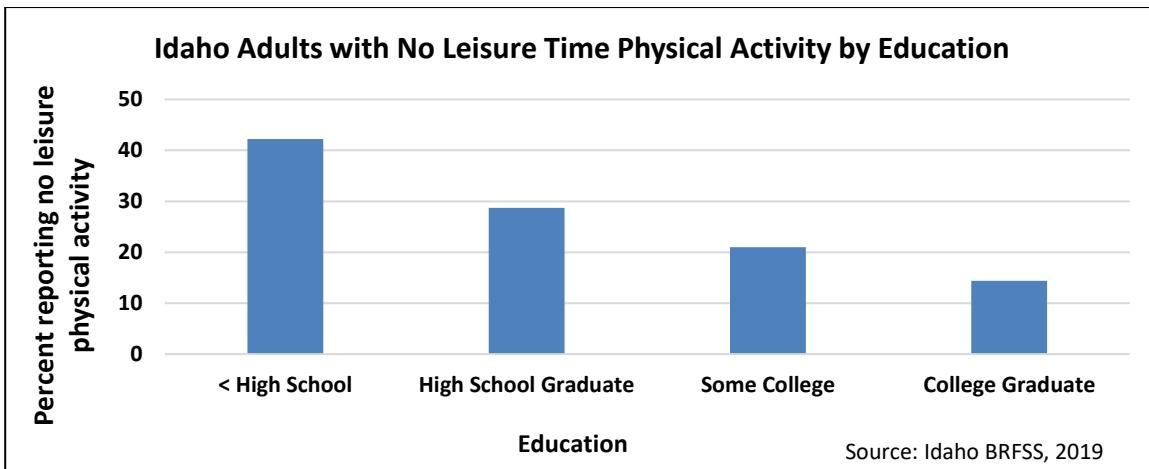
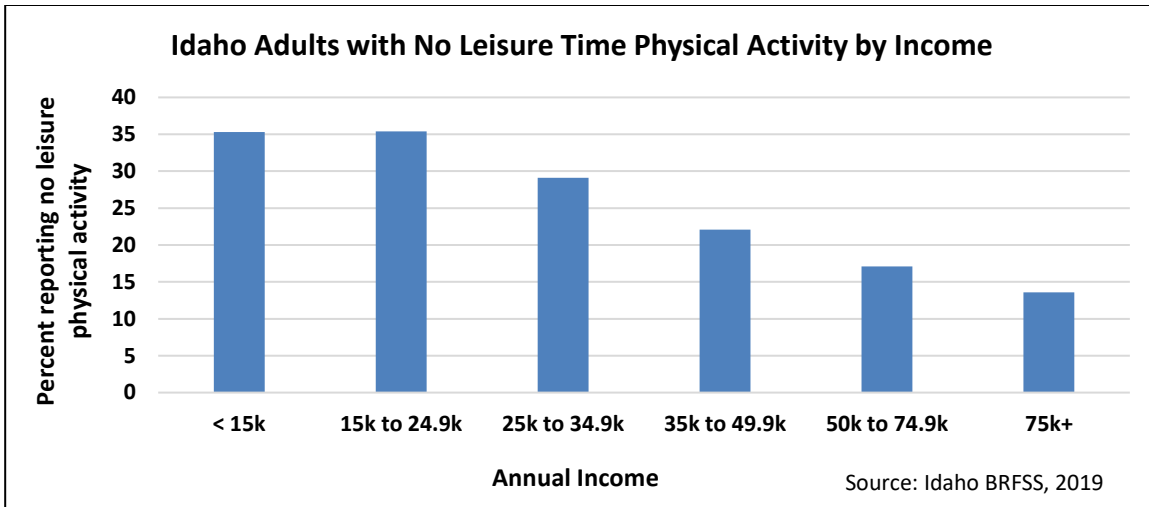
Physical inactivity is significantly higher among people with annual incomes below \$50,000, those without a college degree, and among Hispanics, as shown in the charts below.<sup>32</sup>



<sup>31</sup> Idaho and National 2009 - 2019 Behavioral Risk Factor Surveillance System

<sup>32</sup> Ibid.



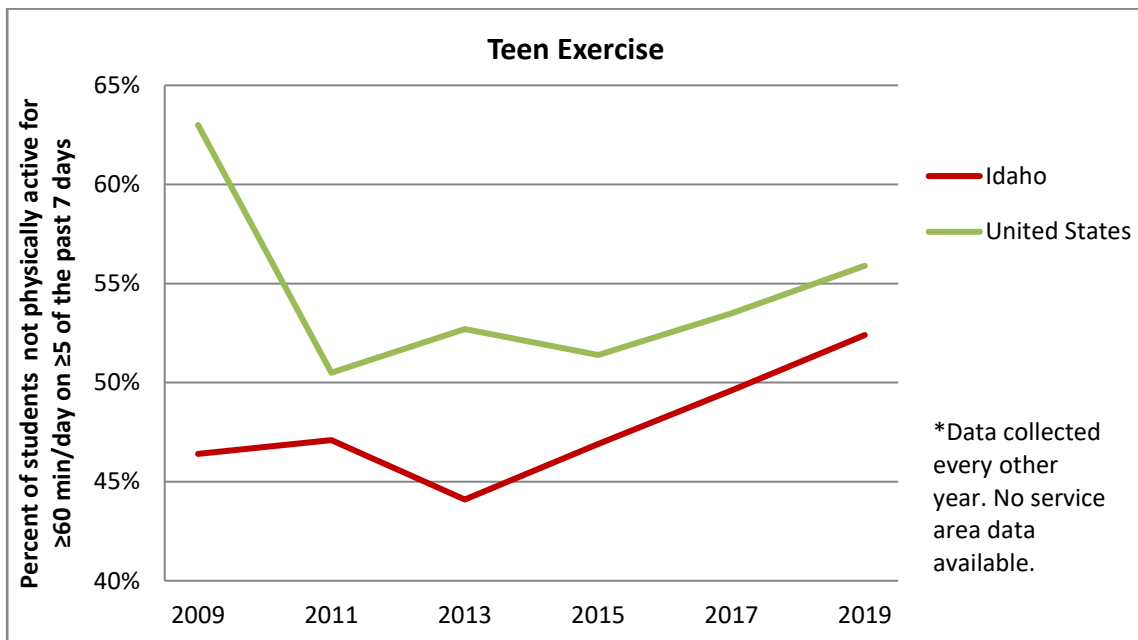


Health Factor Score				
Low score = Low potential for health impact		High score = High potential for health impact		
	Trend	Severity	Magnitude	Total Score
Physical Inactivity Adults	1	0	1	2

- **Teen Exercise**

As children age, their physical activity levels tend to decline. As a result, it's important to establish good physical activity habits as early as possible. A recent study suggests teens who participate in organized sports during early adolescence maintain higher levels of physical activity in late adolescence compared to their peers, although their activity levels do decline over time. And youth who are physically fit are much less likely to be obese or have high blood pressure in their 20s and early 30s.<sup>33</sup>

The chart below shows about 52% of Idaho teens do not exercise as much as recommended, which is better than the national average. The trend in Idaho has been relatively flat over the past ten years.<sup>34</sup>



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

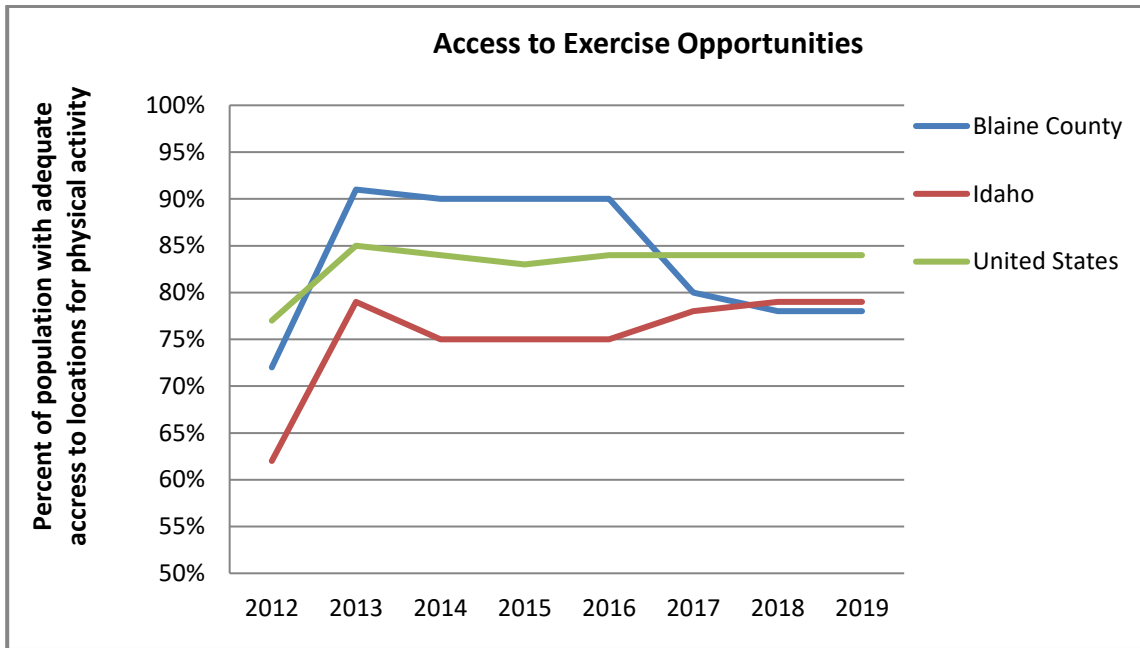
<sup>33</sup> American Heart Association, Understanding Childhood Obesity, 2011 Statistical Sourcebook, PDF

<sup>34</sup> Youth Risk Behavior Survey, United States, 2001 – 2017, www.cdc.gov/yrbs/

- **Access to Physical Activity Opportunities**

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

The chart below shows access to exercise opportunities in our service area is below the national average at 79%. The top ten percent nationally is 91%.<sup>35</sup>



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

<sup>35</sup> University of Wisconsin Population Health Institute. *County Health Rankings 2012-2019*. Accessible at [www.countyhealthrankings.org](http://www.countyhealthrankings.org).

## Nutrition

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

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

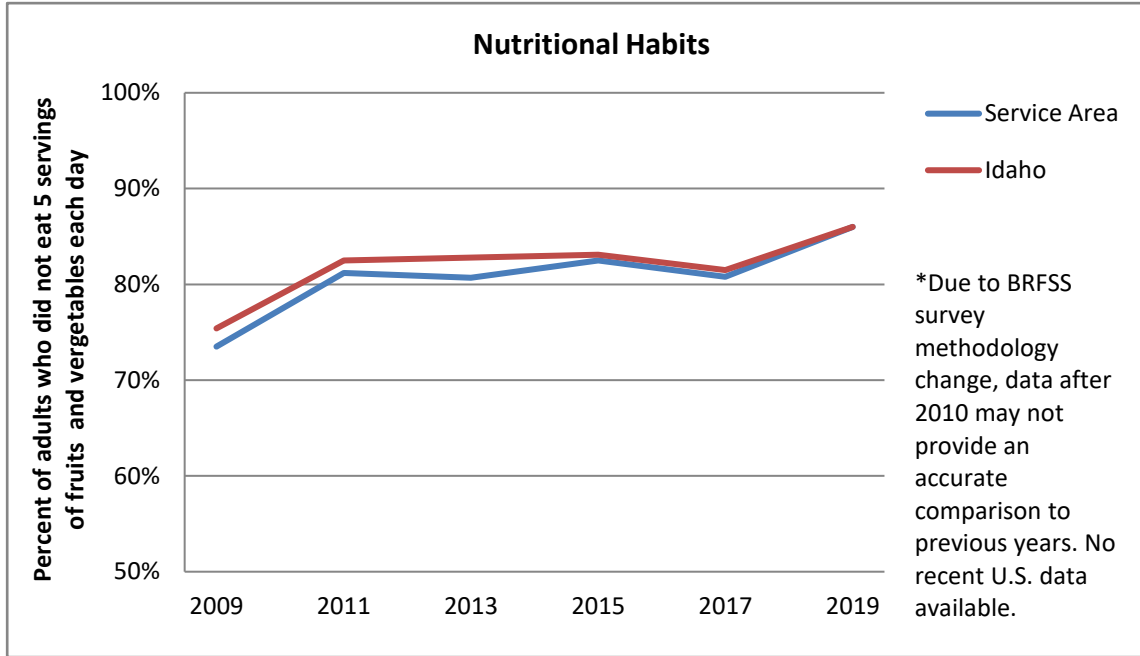
Eating a diet high in fruits and vegetables is important to overall health because these foods contain essential vitamins, minerals, and fiber that may help protect from chronic diseases. Dietary guidelines recommend that at least half of your plate consist of fruit and vegetables and that half of your grains be whole grains. This combined with reduced sodium intake, fat-free or low-fat milk and reduced portion sizes lead to a healthier life. Data collected for this measure focus on the consumption of a variety of vegetables and fruits with a goal of consuming at least 2.5 cups and 2 cups respectively per day.<sup>36</sup> These data are collected through the Behavioral Risk Factor Surveillance System.

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<sup>36</sup> Dietary Guidelines for Americans, 2020-2025, [https://www.dietaryguidelines.gov/sites/default/files/2020-12/Dietary\\_Guidelines\\_for\\_Americans\\_2020-2025.pdf#page=31](https://www.dietaryguidelines.gov/sites/default/files/2020-12/Dietary_Guidelines_for_Americans_2020-2025.pdf#page=31)

- **Nutritional Habits - Adults**

As shown in the chart below, about 86% of the people in our service area did not eat the recommended amounts of fruits and vegetables. The trend appears to have increased (worse) slightly in recent years. There are no large differences in nutritional habits based on income or education.<sup>37</sup>

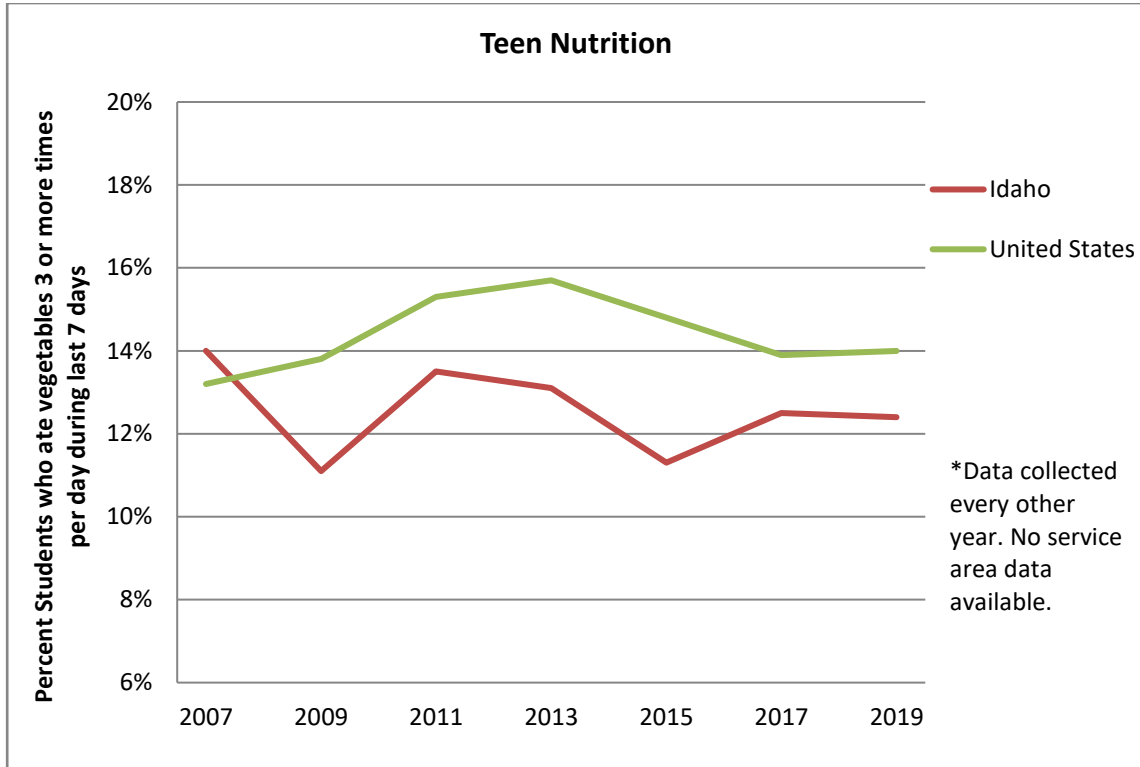


Health Factor Score				
Low score = Low potential for health impact		High score = High potential for health impact		
	Trend	Severity	Magnitude	Total Score
Nutritional Habits Adults	-1	0	1	0

<sup>37</sup> Idaho and National 2009 – 2019 Behavioral Risk Factor Surveillance System

- **Nutritional Habits - Youth**

More than 80% of Idaho youth do not eat the recommended amount of fruits and vegetables.<sup>38</sup>



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

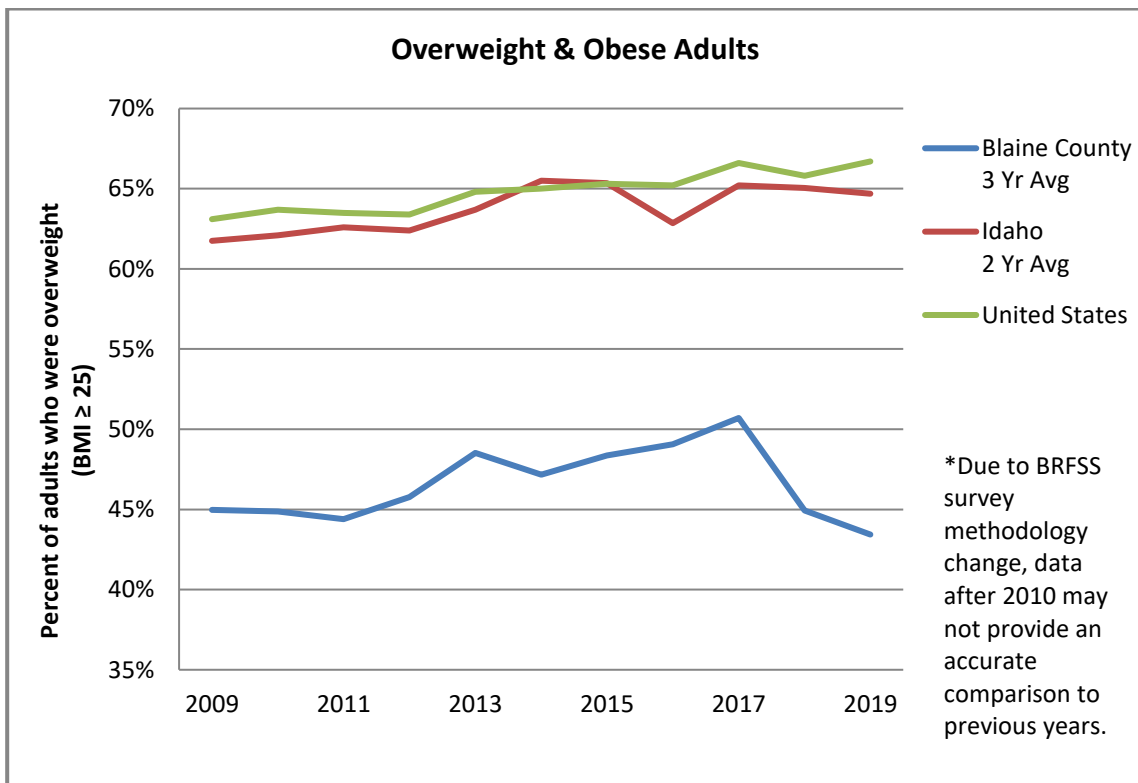
<sup>38</sup> Youth Risk Behavior Survey, Idaho and United States, 2008 – 2020, [www.cdc.gov/yrbs/](http://www.cdc.gov/yrbs/)

## Overweight and Obesity

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

- **Overweight and Obesity: Adults**

The trend for overweight and obese adults has been increasing steadily for the past 10 years, nationally, and has fluctuated in our service area. However, it is significantly lower in our service area.<sup>39</sup>



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

<sup>39</sup> Idaho and National 2009 - 2019 Behavioral Risk Factor Surveillance System

- **Overweight and Obesity: Teens**

Teens who are obese and overweight:

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

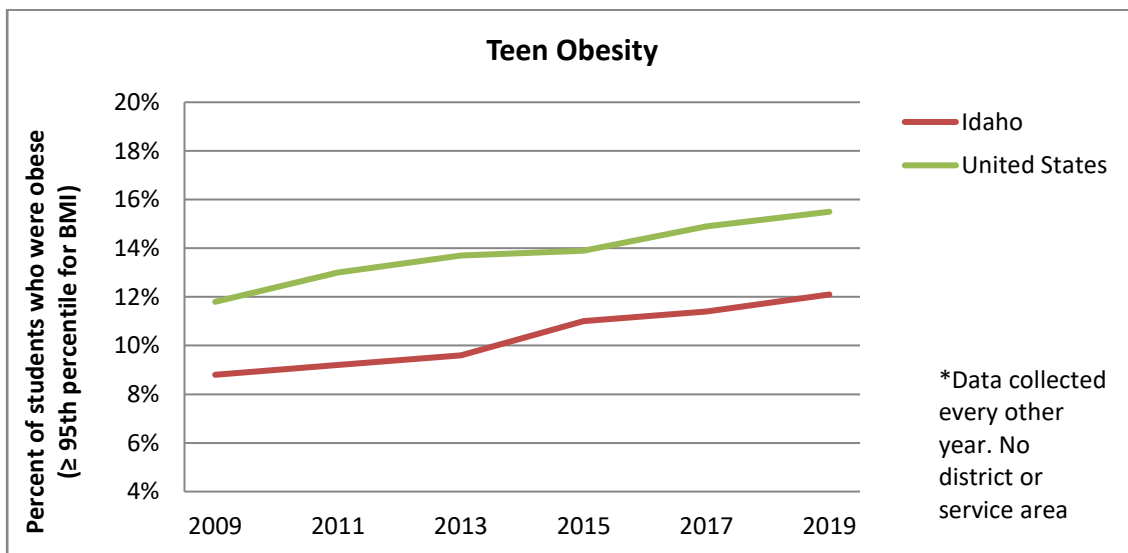
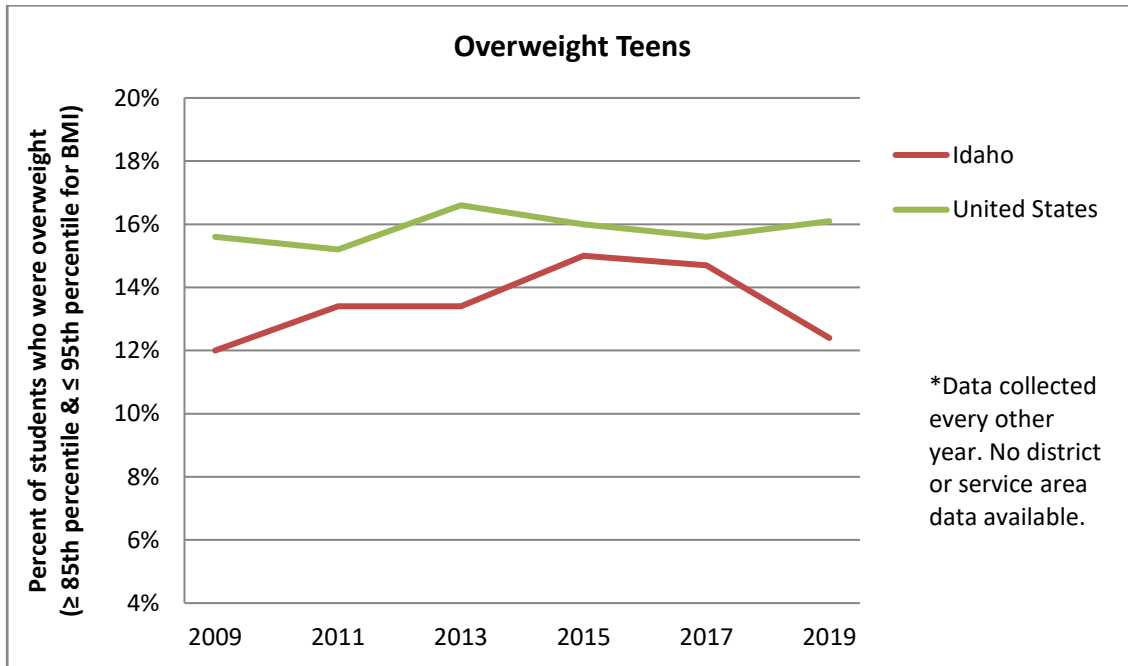
Teens who are overweight are defined as being  $\geq 85$ th percentile but  $< 95$ th percentile for body mass index, based on sex- and age-specific reference data from the 2000 CDC growth charts. Teens who are obese are defined by the CDC as being  $\geq 95$ th percentile for body mass index, based on sex- and age-specific reference data from the 2000 CDC growth charts.<sup>40</sup>

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<sup>40</sup> Youth Risk Behavior Survey, United States, 2009 – 2019, [www.cdc.gov/yrbs/](http://www.cdc.gov/yrbs/)



The percent of teens who are obese and overweight in Idaho is lower than the national average. However, the trend for teen obesity is increasing both in Idaho and across the nation.<sup>41</sup>



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

<sup>41</sup> Ibid

## **Safe Sex**

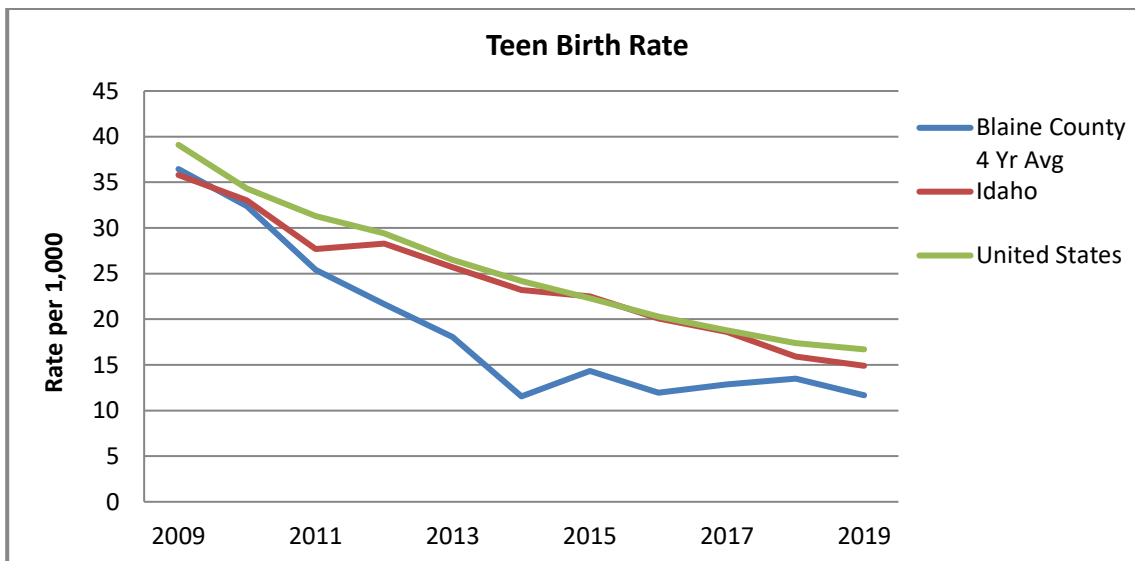
Two measures are used to represent the safe sex focus area: Teen birth rates and sexually transmitted infection incidence rates. First, the birth rate per 1,000 female population ages 15-19 as measured and provided by the National Center for Health Statistics (NCHS) is reported. Additionally, the chlamydia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

- **Teen Birth Rate**

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

Teen pregnancy is associated with poor prenatal care and pre-term delivery. Pregnant teens are more likely than older women to receive late or no prenatal care, have gestational hypertension and anemia, and achieve poor maternal weight gain. They are also more likely to have a pre-term delivery and low birthweight, increasing the risk of child developmental delay, illness, and mortality.<sup>42</sup>

Our rate of teen pregnancy is decreasing and slightly below Idaho and the national average. The national top 10<sup>th</sup> percentile rate is 12 per 1,000.<sup>43</sup>



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

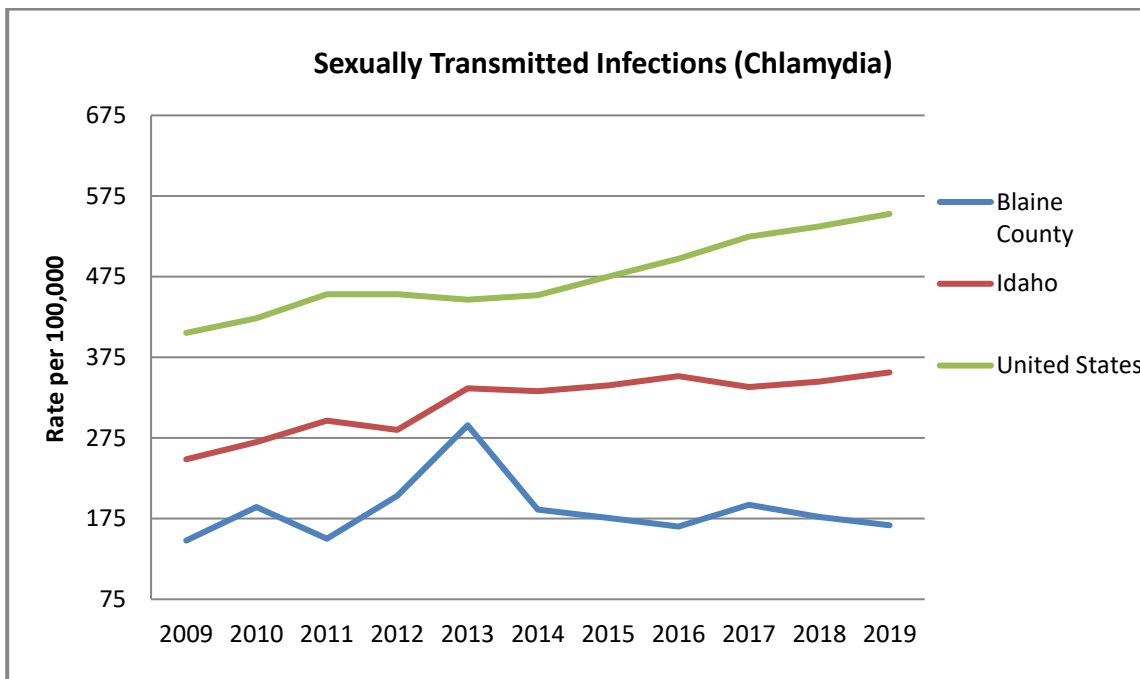
<sup>42</sup> University of Wisconsin Population Health Institute. *County Health Rankings* 2019. Accessible at [www.countyhealthrankings.org](http://www.countyhealthrankings.org).

<sup>43</sup> Idaho Vital Statistics Annual Reports, Years 2009 - 2019

- **Sexually Transmitted Infections**

Sexually transmitted infections (STI) data are important for communities because the burden of STIs is not only on individual sufferers, but on society as a whole. Chlamydia, in particular, is the most common bacterial STI in North America and is one of the major causes of tubal infertility, ectopic pregnancy, pelvic inflammatory disease, and chronic pelvic pain. Additionally, STIs in general are associated with significantly increased risk of morbidity and mortality, including increased risk of cervical cancer, pelvic inflammatory disease, involuntary infertility, and premature death.<sup>44</sup>

The rate of chlamydia infections has increased over the past ten years both in our service area and nationally. Although our service area is well below the national average, we are still above the national top 10<sup>th</sup> percentile rate of 161.2 per 100,000.<sup>45</sup>



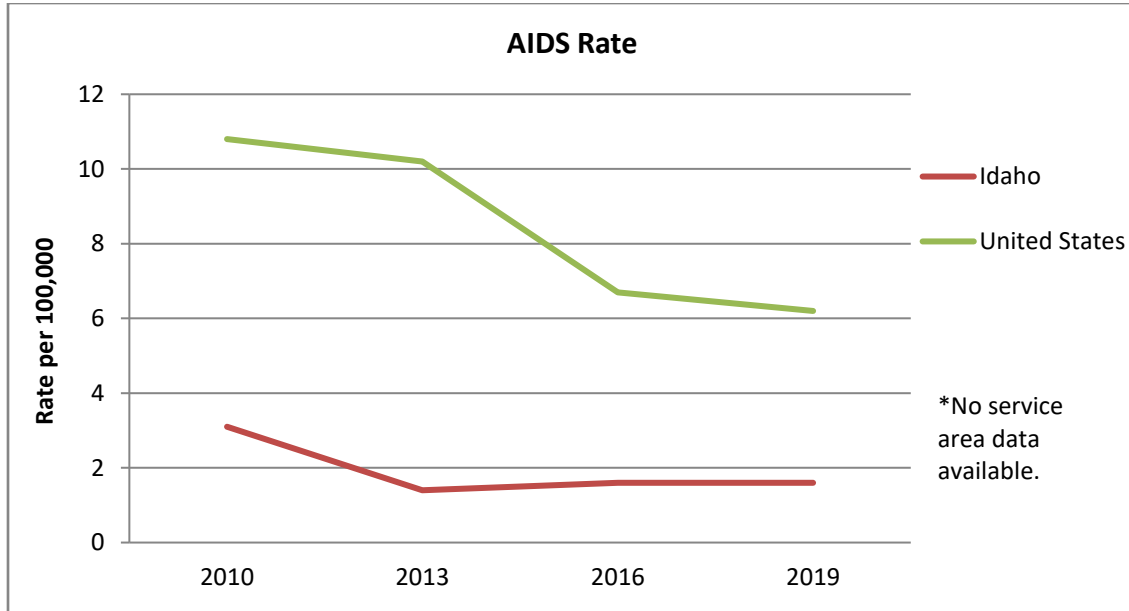
Health Factor Score				
Low score = Low potential for health impact		High score = High potential for health impact		
	Trend	Severity	Magnitude	Total Score
Sexually Transmitted Infections	0	1	1	2

<sup>44</sup> County Health Rankings 2019. Accessible at [www.countyhealthrankings.org](http://www.countyhealthrankings.org).

<sup>45</sup> National data source: 2019 Sexually Transmitted Diseases Surveillance, table 1: <http://www.cdc.gov/std/statistics/2019/tables>. Idaho and Service Area Source: 2019 Reported Sexually Transmitted Disease Facts Book: <https://publicdocuments.dhw.idaho.gov/WebLink/DocView.aspx?id=19262&dbid=0&repo=PUBLIC-DOCUMENTS>

- **AIDS**

The AIDS rate in Idaho is well below the national rate. The trend in Idaho and the U.S. has slightly declined since 2010.<sup>46</sup>



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

<sup>46</sup> CDC; NCHHSTP AtlasPlus; National Center for HIV, Viral Hepatitis, STD, and TB Prevention: <https://gis.cdc.gov/grasp/nchhstpatlas/charts.html>

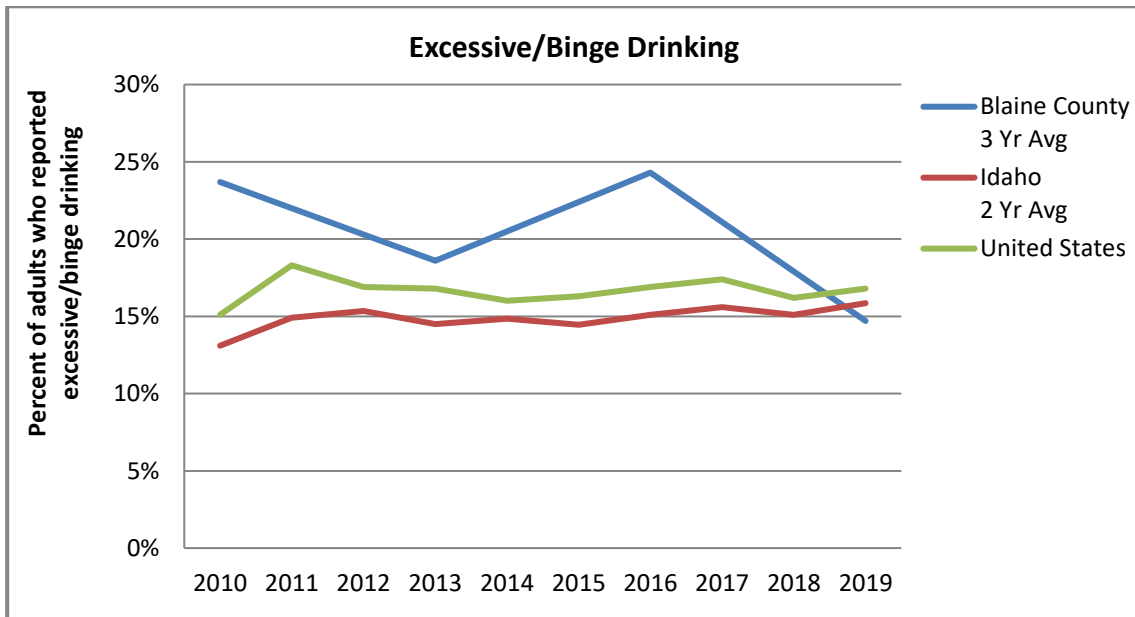
## Substance Use Disorder

- **Excessive Drinking**

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

Excessive drinking is a risk factor for a number of adverse health outcomes. These include alcohol poisoning, hypertension, acute myocardial infarction, sexually transmitted infections, unintended pregnancy, fetal alcohol syndrome, sudden infant death syndrome, suicide, interpersonal violence, and motor vehicle crashes.<sup>47</sup>

The percent of people engaging in excessive drinking in our service area is slightly below the national average. The trend has been sporadic but has recently decreased. Our service area is slightly below the national top 10<sup>th</sup> percentile of 15%.<sup>48</sup>



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

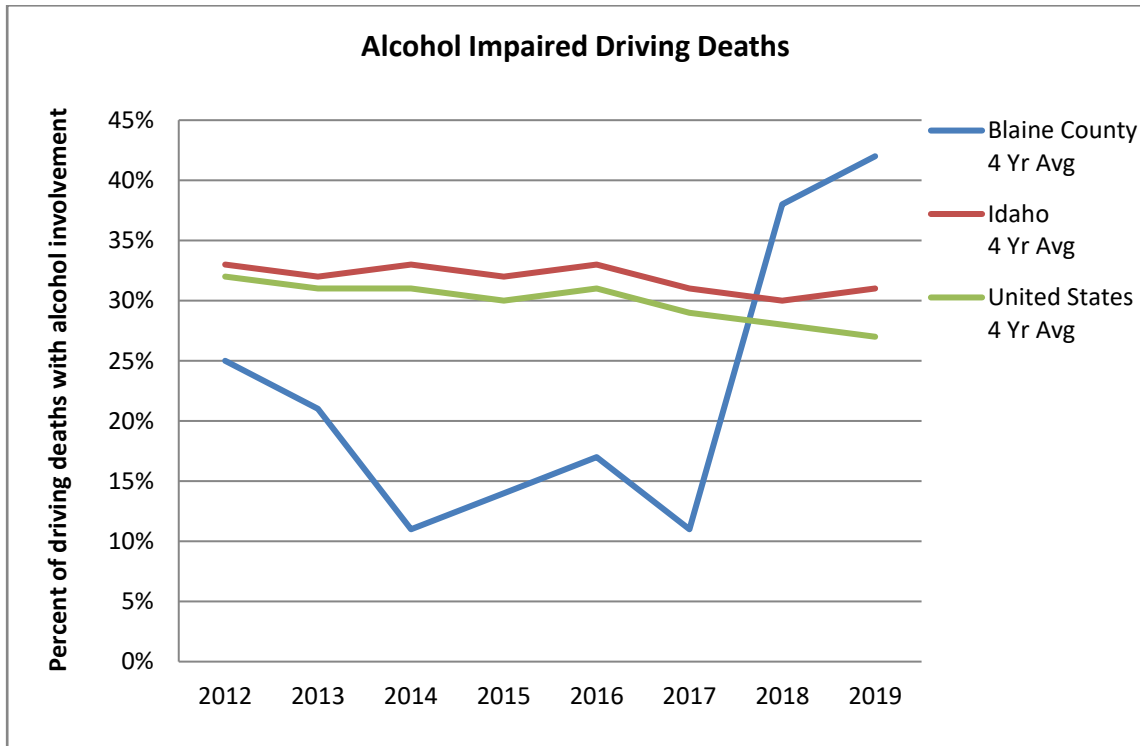
<sup>47</sup> University of Wisconsin Population Health Institute. *County Health Rankings 2019*, [www.countyhealthrankings.org](http://www.countyhealthrankings.org)

<sup>48</sup> Idaho and National 2010 – 2019 Behavioral Risk Factor Surveillance System

- **Alcohol Impaired Driving Deaths**

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

Our alcohol-impaired driving death rate has significantly increased and is above the national level. The national top 10<sup>th</sup> percentile is 11%.<sup>49</sup>



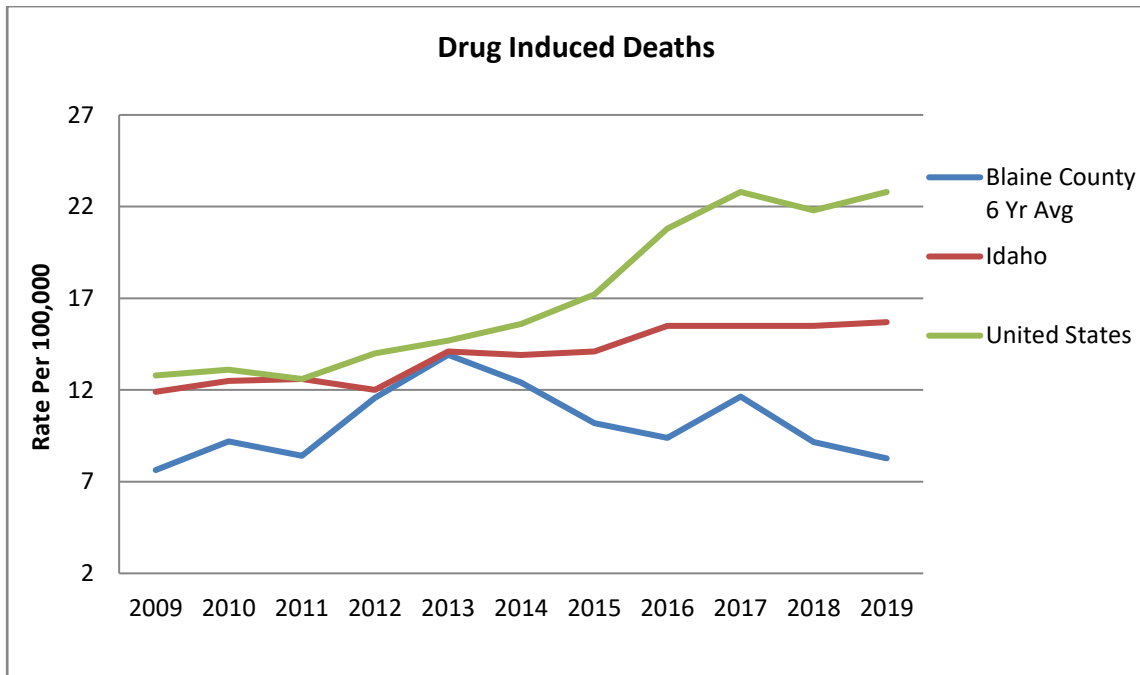
Health Factor Score				
Low score = Low potential for health impact		High score = High potential for health impact		
	Trend	Severity	Magnitude	Total Score
Alcohol Impaired Driving Deaths	2	2	-1	3

<sup>49</sup> University of Wisconsin Population Health Institute. *County Health Rankings 2012-2019*, [www.countyhealthrankings.org](http://www.countyhealthrankings.org)

- **Drug Misuse and Abuse**

Drug misuse and abuse can have harmful and sometimes devastating effects on individuals, families, and society. Negative outcomes that may result from drug misuse or abuse include overdose and death, falls and fractures, and, for some, injection drug use may bring risk for infections such as hepatitis C and HIV. This issue is a growing national problem in the United States. Prescription drugs are misused more often than any other drug, except marijuana and alcohol. This growth is fueled by misperceptions about prescription drug safety and increasing availability.<sup>50</sup> One way to measure the size of the problem is to look at the rate of drug induced deaths over time.

The rate of drug induced deaths is lower in our service area than the nation. The trend is generally flat.<sup>51</sup>



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

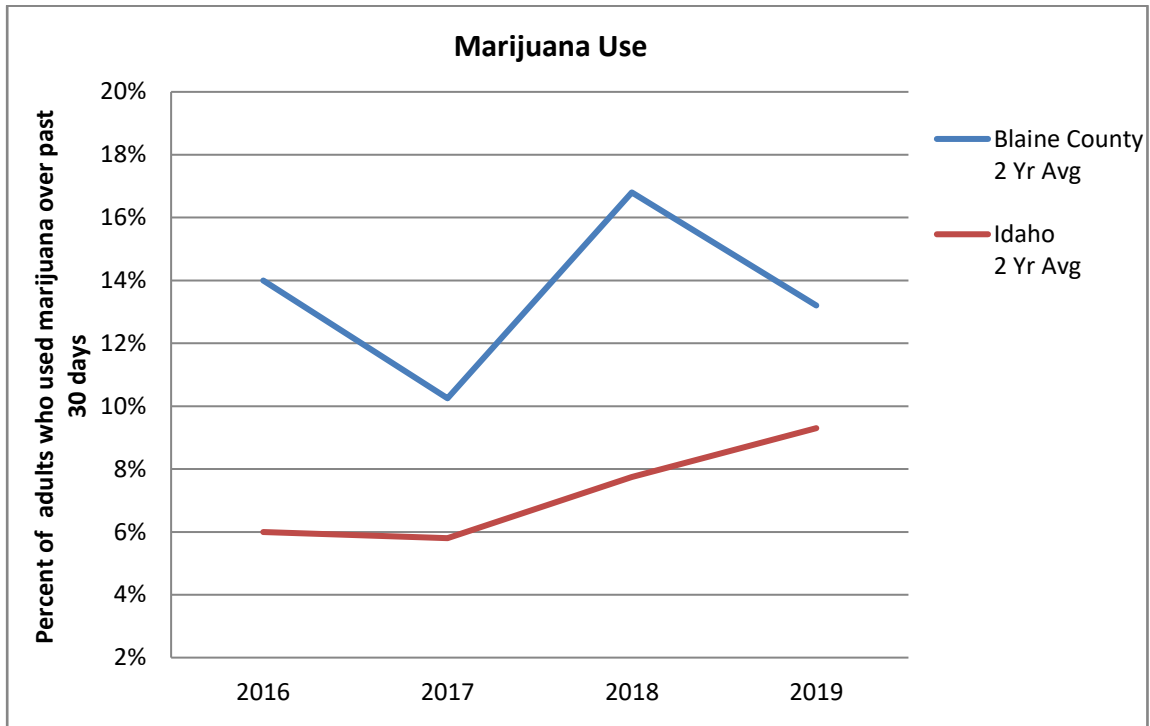
<sup>50</sup> <https://www.samhsa.gov/topics/prescription-drug-misuse-abuse>

<sup>51</sup> Idaho Vital Statistics Annual Reports, Years 2009 - 2019, National Vital Statistics Report - Deaths: Data 2019



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

The percent of people who reported using marijuana in our service area is higher than those who reported using it in Idaho as a whole.<sup>52</sup>

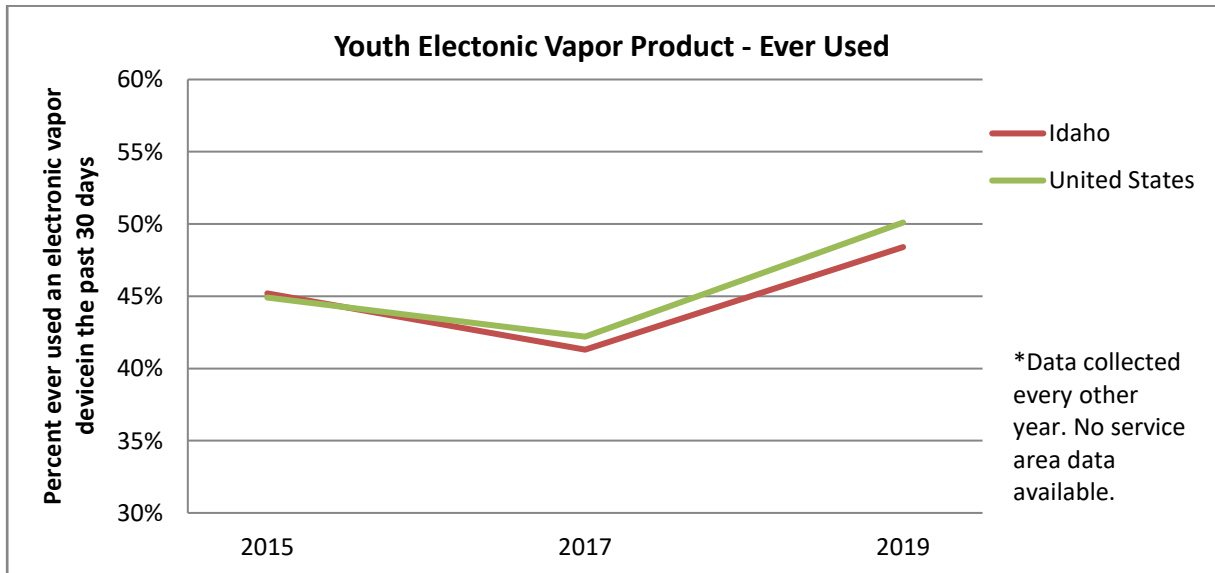
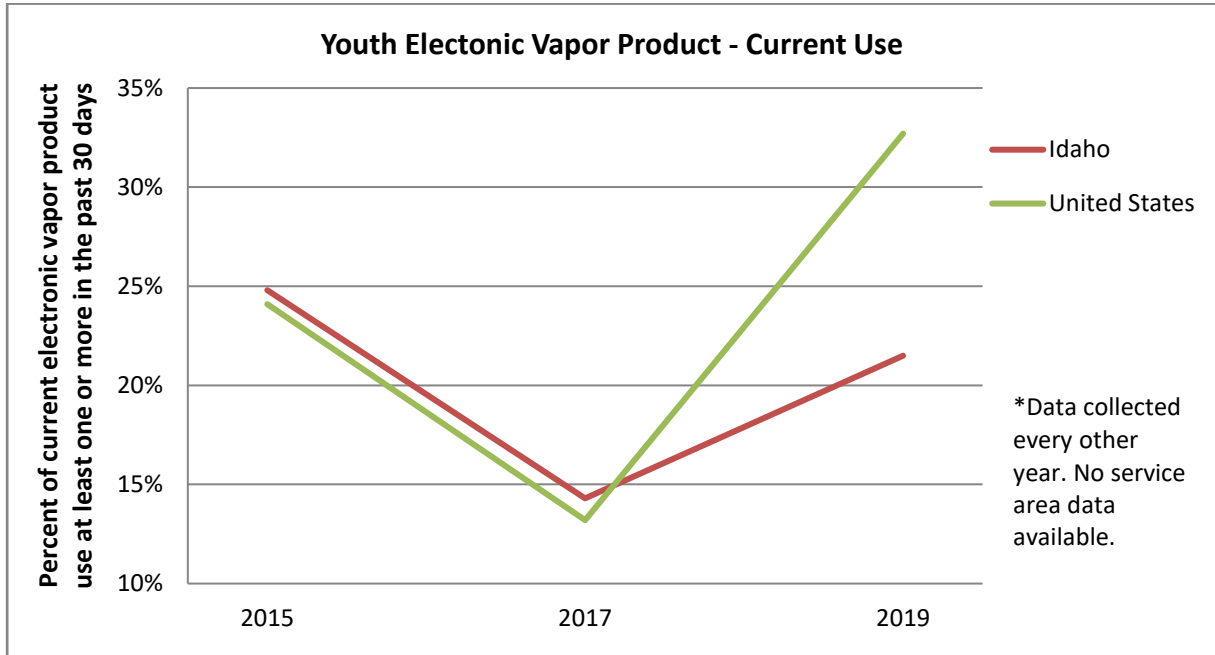


Health Factor Score				
Low score = Low potential for health impact		High score = High potential for health impact		
	Trend	Severity	Magnitude	Total Score
Marijuana Use	2	2	1	5

<sup>52</sup> Idaho and National 2016 - 2019 Behavioral Risk Factor Surveillance System

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

Current use is higher nationally than in Idaho, while vapor products ever used is about the same.<sup>53</sup>



<sup>53</sup> Idaho and National 2015 - 2019 Behavioral Risk Factor Surveillance System

## Tobacco Prevention and Cessation

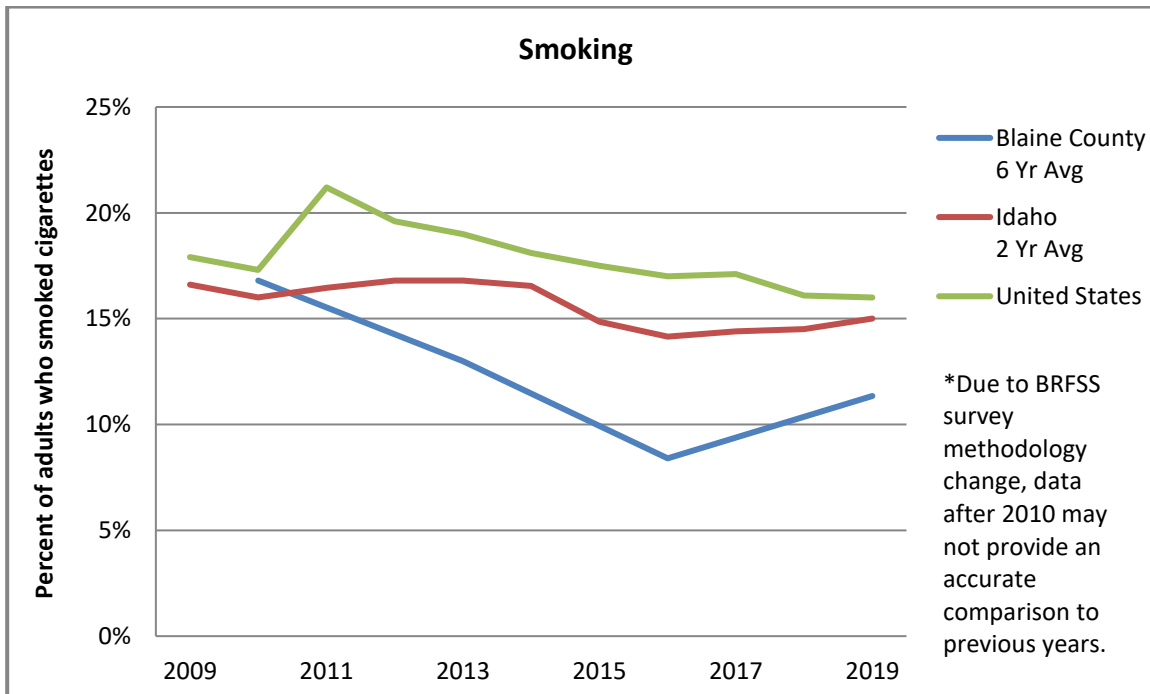
The relationship between tobacco use, particularly cigarette smoking, and adverse health outcomes is well known. Cigarette smoking is the leading cause of preventable death. Smoking causes or contributes to cancers of the lung, pancreas, kidney, and cervix as well as low birthweight.

- **Adult Smoking**

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

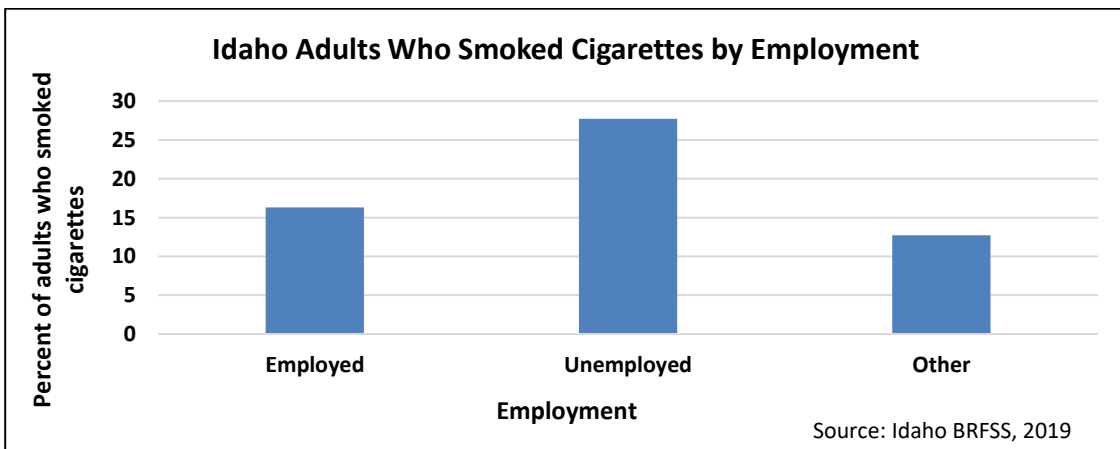
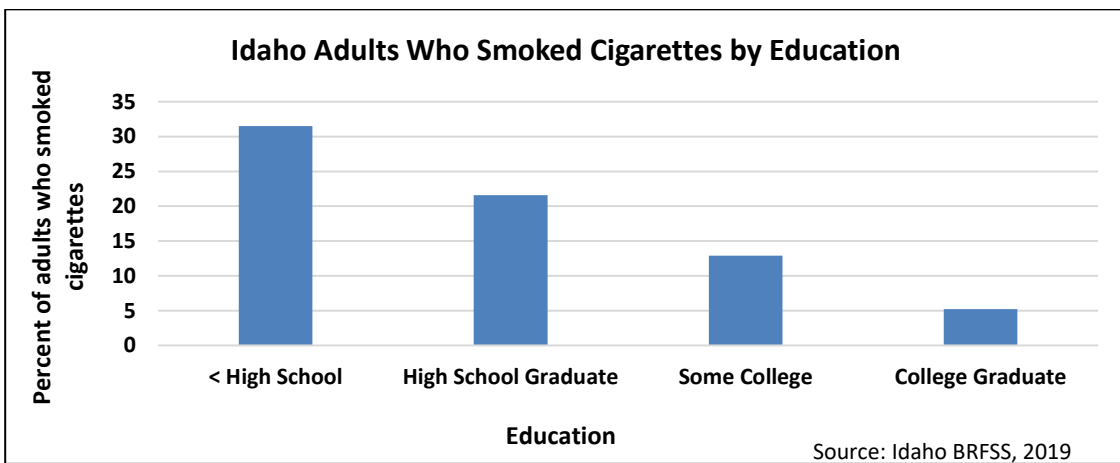
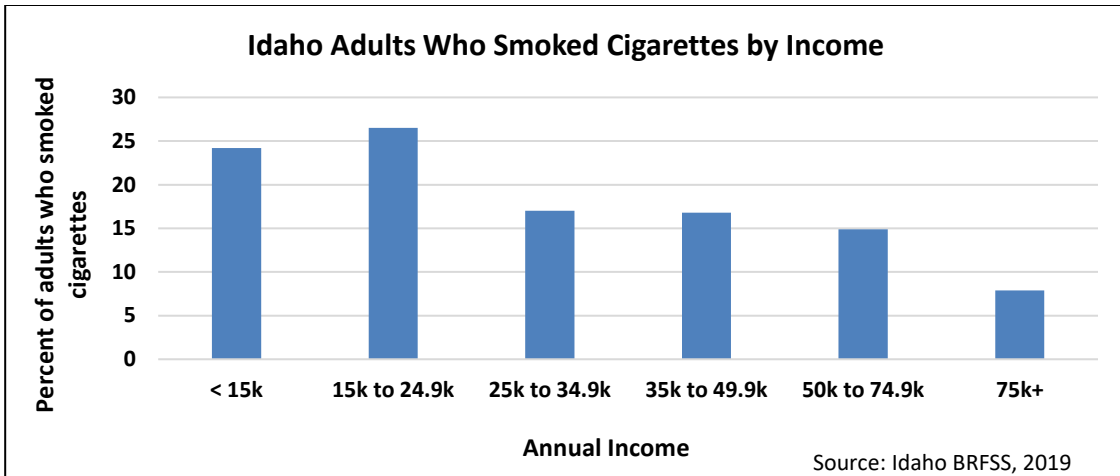
The percent of adults who smoked in our service area is below the national average. The trend is slightly increasing in recent years.<sup>54</sup>

The percent of people who smoke declines significantly with higher levels of income and education as well as for those who are employed.<sup>55</sup>



<sup>54</sup> Idaho and National 2007 - 2019 Behavioral Risk Factor Surveillance System University of Wisconsin Population Health Institute. County Health Rankings 2012-2019, Accessed at [www.countyhealthrankings.org](http://www.countyhealthrankings.org)

<sup>55</sup> Ibid

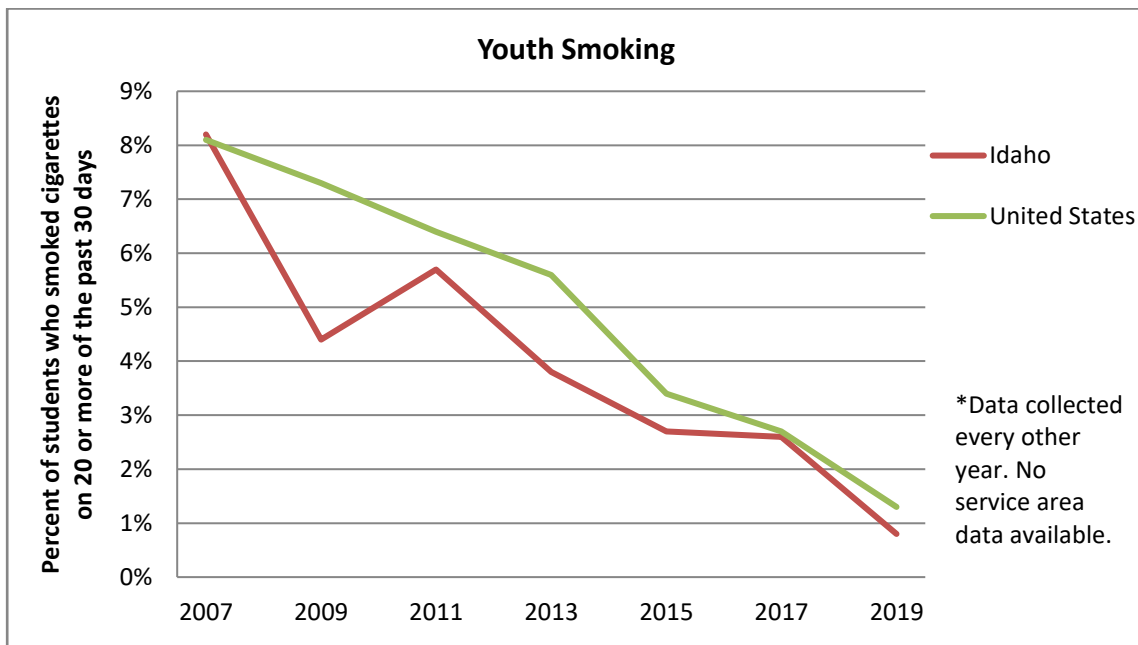


Health Factor Score				
Low score = Low potential for health impact		High score = High potential for health impact		
	Trend	Severity	Magnitude	Total Score
Adult Smoking	1	2	-1	2

- **Youth Smoking**

During 1997–2017, a significant decrease occurred overall in the prevalence of current tobacco use among Idaho and our nation’s youth.<sup>56</sup> Prevention efforts must focus on young adults ages 18 through 25, too. Almost no one starts smoking after age 25. Nearly 9 out of 10 smokers started smoking by age 18, and 99% started by age 26. Progression from occasional to daily smoking almost always occurs by age 26. Therefore, prevention is critical.<sup>57</sup>

In 2019, less than 1% of Idaho youth reported smoking 20 or more of the past 30 days, which is slightly below the national rate.<sup>58</sup>



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

<sup>56</sup> Idaho and National Youth Risk Behavior Survey 2007 -2019

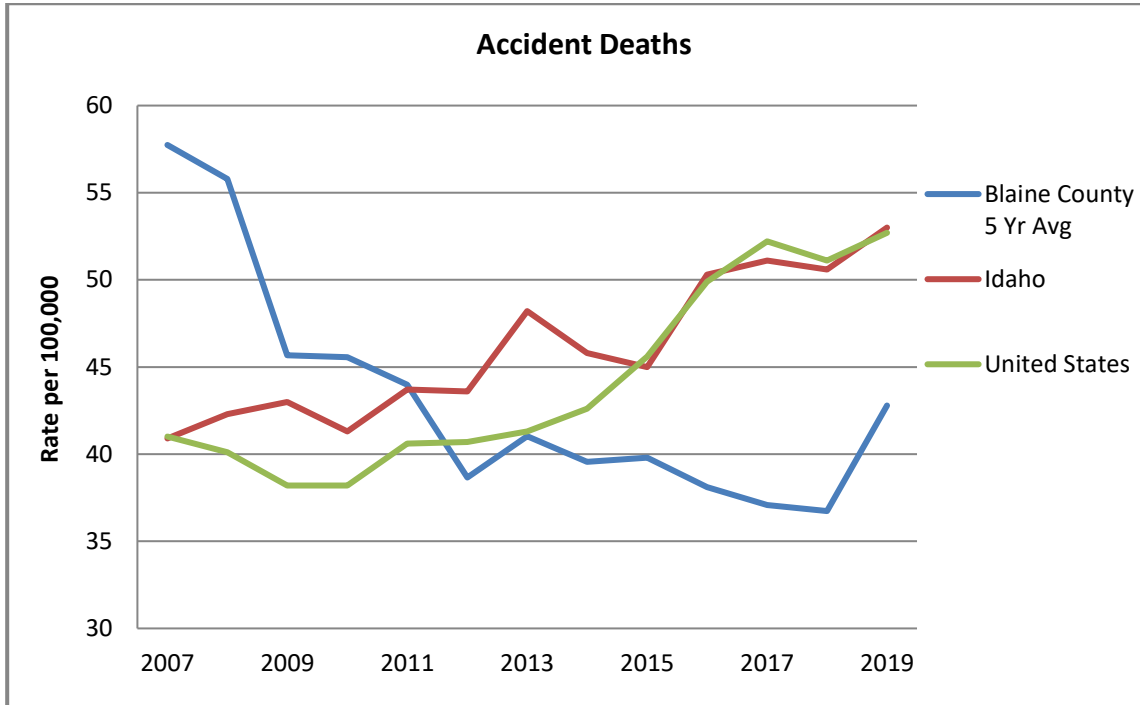
<sup>57</sup> <http://www.surgeongeneral.gov/library/reports/preventing-youth-tobacco-use/factsheet.html>

<sup>58</sup> Idaho and National 2007 - 2019 Behavioral Risk Factor Surveillance System

## Wellness and Prevention Programs

- **Accidents**

Accidents are one of the top 10 causes of death in the nation. Accidents are the fourth leading cause of death in Idaho and include unintentional injuries, which comprise both motor vehicle and non-motor vehicle accidents. The accident death rate in our service area is lower than the national average and the trend is decreasing overall.<sup>59</sup>



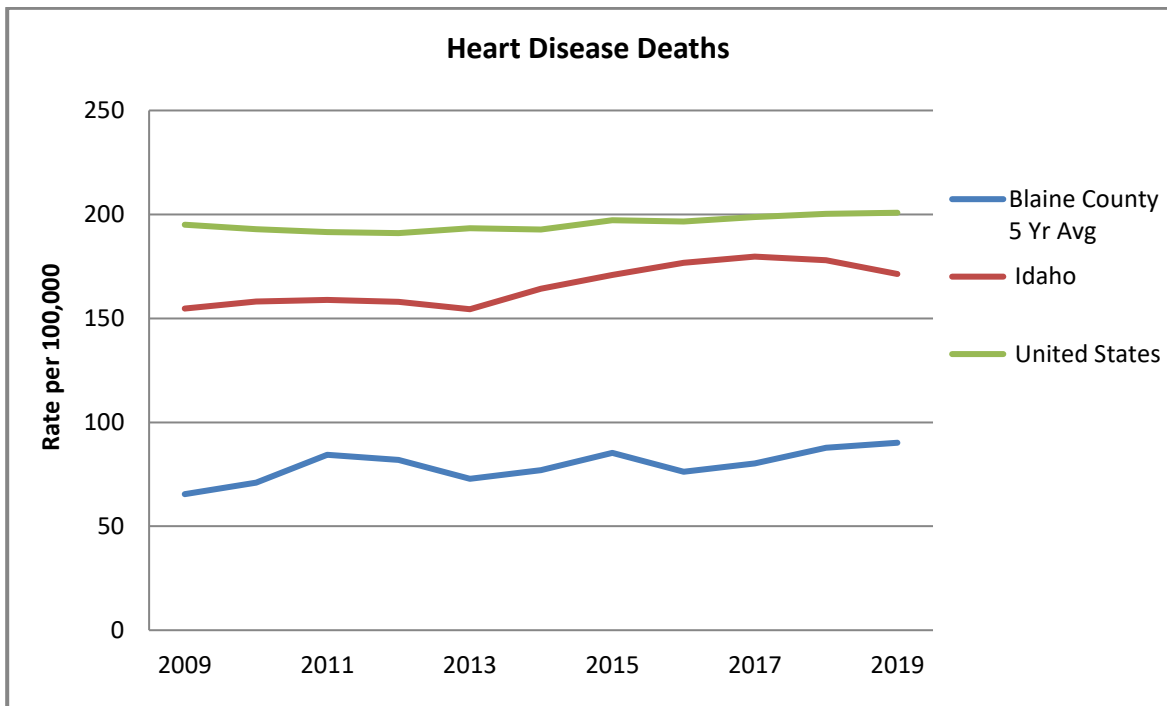
Health Factor Score				
Low score = Low potential for health impact		High score = High potential for health impact		
	Trend	Severity	Magnitude	Total Score
Accidental Deaths	-1	2	-2	-1

<sup>59</sup> Idaho Vital Statistics Annual Reports, Years 2007 - 2019, National Vital Statistics Report - Deaths: Data 2019

- **Diseases of the Heart**

Heart disease remains the leading cause of death in the U.S. for both men and women and is now the leading cause of death in Idaho as well. Heart disease is a long-term illness that many individuals can manage through lifestyle changes and healthcare interventions. It is important to keep cholesterol levels and blood pressure in check to prevent heart disease.<sup>60</sup>

Heart disease death in our service area has been increasing. However, it has remained well below the national average.<sup>61</sup>



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

<sup>60</sup> America's Health Rankings analysis of CDC, Behavioral Risk Factor Surveillance System, United Health Foundation, AmericasHealthRankings.org, Accessed 2020

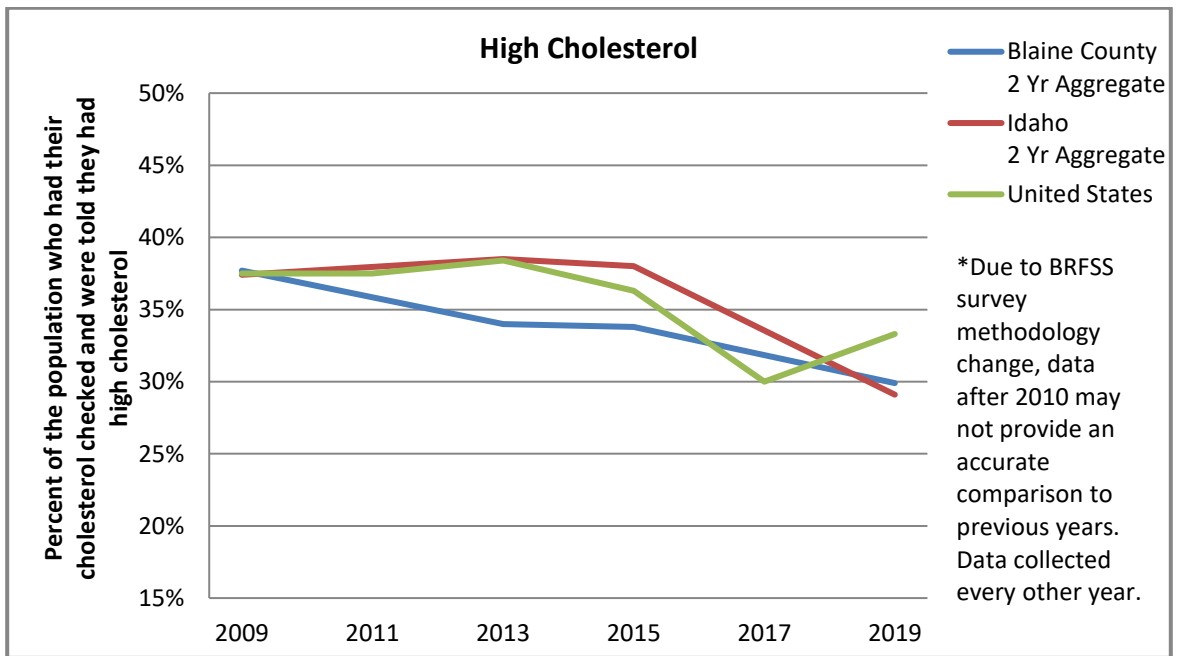
<sup>61</sup> Idaho Vital Statistics Annual Reports, Years 2007 - 2019, National Vital Statistics Report - Deaths: Data 2019

- **High Cholesterol**

Sustained, high cholesterol can lead to heart disease, heart attack, and other circulatory problems. While some factors that contribute to high cholesterol are out of our control, like family history, there are many things a person can do to keep cholesterol in check, such as following a healthy diet, maintaining a healthy weight, and being physically active. For some individuals, a pharmacological intervention may be necessary.<sup>62</sup>

Among those who had ever been screened for cholesterol in our service area, about 30% reported that they were told their cholesterol was high in 2019, which is slightly less than the national average. The percentage of screened adults with high cholesterol has decreased in our service area, Idaho, and nationally.<sup>63</sup>

Prevalence of high cholesterol decreased with higher levels of education above the 11<sup>th</sup> grade. Those who were unemployed, overweight, and adults aged 55+ were more likely to have had high cholesterol.<sup>64</sup>



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

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

<sup>63</sup> Idaho 2009 - 2019 Behavioral Risk Factor Surveillance System

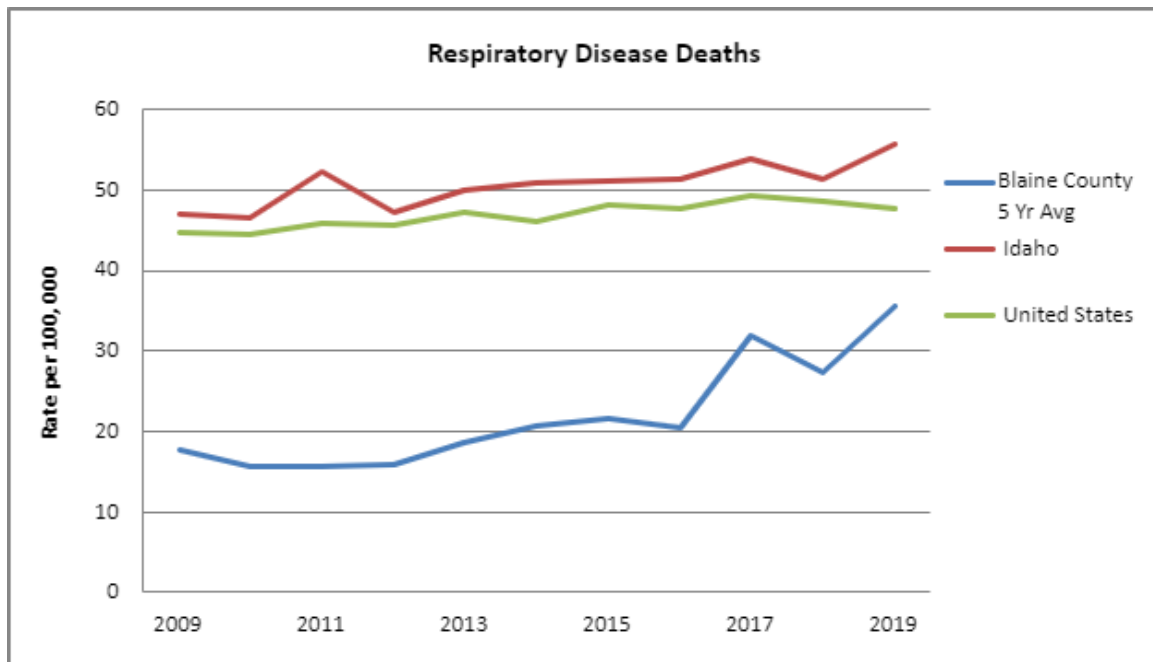
<sup>64</sup> Ibid



- **Chronic Lower Respiratory Diseases**

Chronic lower respiratory diseases, mainly COPD, are the fourth leading cause of death in the U.S. in 2019. Chronic lower respiratory diseases include asthma, chronic obstructive pulmonary disease (COPD), chronic bronchitis, and emphysema. The main risk factors for these diseases are smoking, repeated exposure to harsh chemicals or fumes, air pollution, or other lung irritants.<sup>65</sup>

The chronic lower respiratory diseases death rate in our service area is significantly lower than the national average, however the trend has been increasing.<sup>66</sup>



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

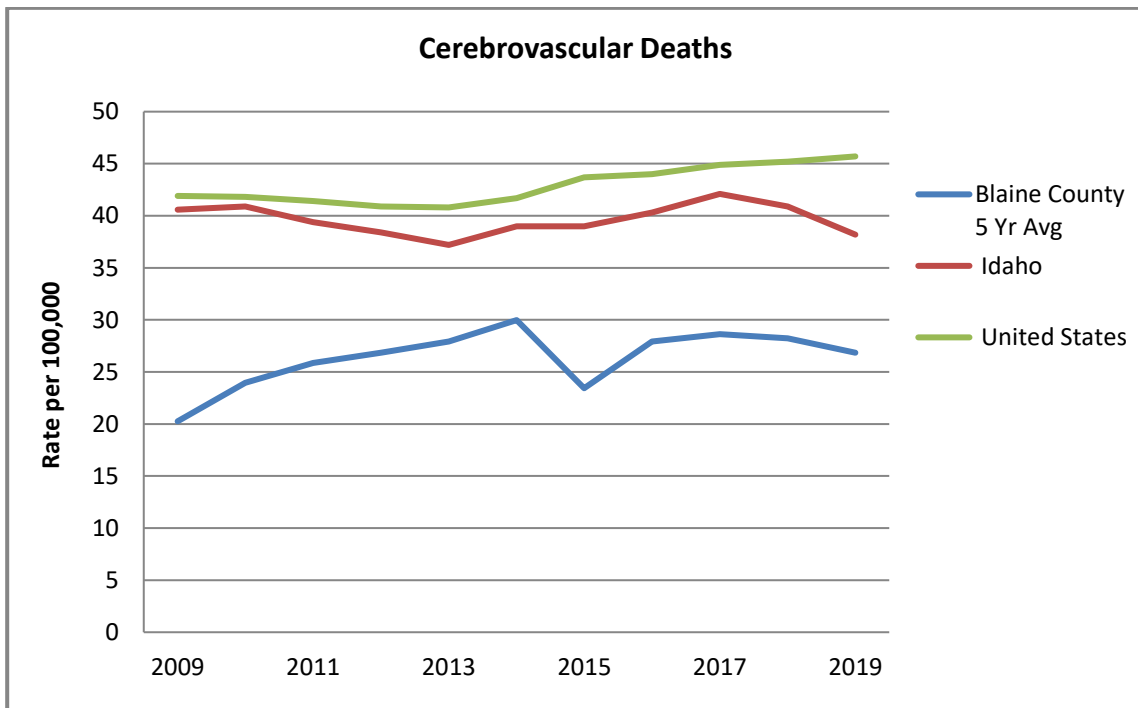
<sup>65</sup> CDC, <https://www.cdc.gov/copd/basics-about.html>

<sup>66</sup> Idaho Vital Statistics Annual Reports, Years 2009 - 2019, National Vital Statistics Report - Deaths: Data 2019

- **Cerebrovascular Diseases**

Cerebrovascular diseases are the fifth leading cause of death in Idaho and the nation. Cerebrovascular diseases include several serious disorders, including stroke and cerebrovascular anomalies such as aneurysms. Cerebrovascular diseases can be reduced when people lead a healthy lifestyle that includes being physically active, maintaining a healthy weight, eating well, and not using tobacco.<sup>67</sup>

The cerebrovascular diseases death rate in our service area is significantly lower than the national average and the trend is flat.<sup>68</sup>



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

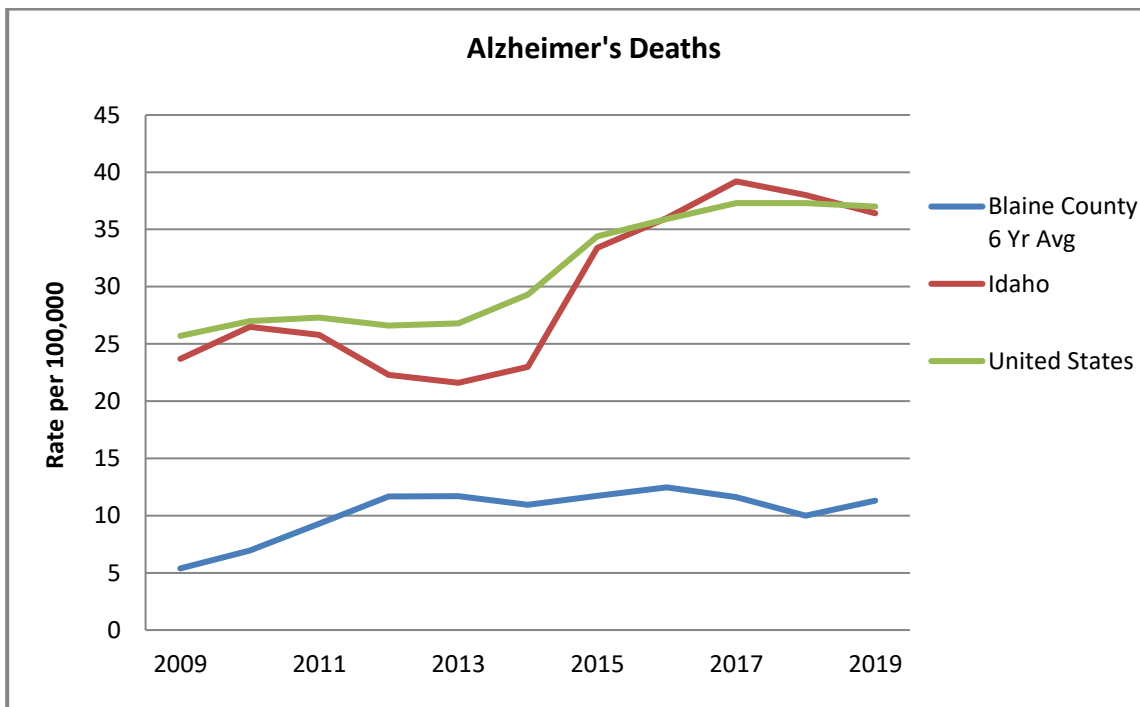
<sup>67</sup> America's Health Rankings analysis of CDC, Behavioral Risk Factor Surveillance System, United Health Foundation, AmericasHealthRankings.org, Accessed 2020

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

- **Alzheimer’s disease**

Alzheimer’s is one of the top 10 causes of death in the nation. Alzheimer’s is the sixth leading cause of death in Idaho. Alzheimer’s is the most common form of dementia, a general term for serious loss of memory and other intellectual abilities. Alzheimer’s disease accounts for 50 to 80% of dementia cases. Alzheimer’s is not a normal part of aging, although the greatest known risk factor is increasing age, and most people with Alzheimer’s are 65 and older. Although current treatments cannot stop Alzheimer’s from progressing, they can temporarily slow the worsening of dementia symptoms and improve quality of life for those with Alzheimer’s and their caregivers.<sup>69</sup>

The death rate from Alzheimer’s has increased over the past 10 years both nationally and Idaho, however, it is significantly lower in our service area.<sup>70</sup>



Health Factor Score				
Low score = Low potential for health impact		High score = High potential for health impact		
	Trend	Severity	Magnitude	Total Score
Alzheimer’s Deaths	-2	0	-1	-3

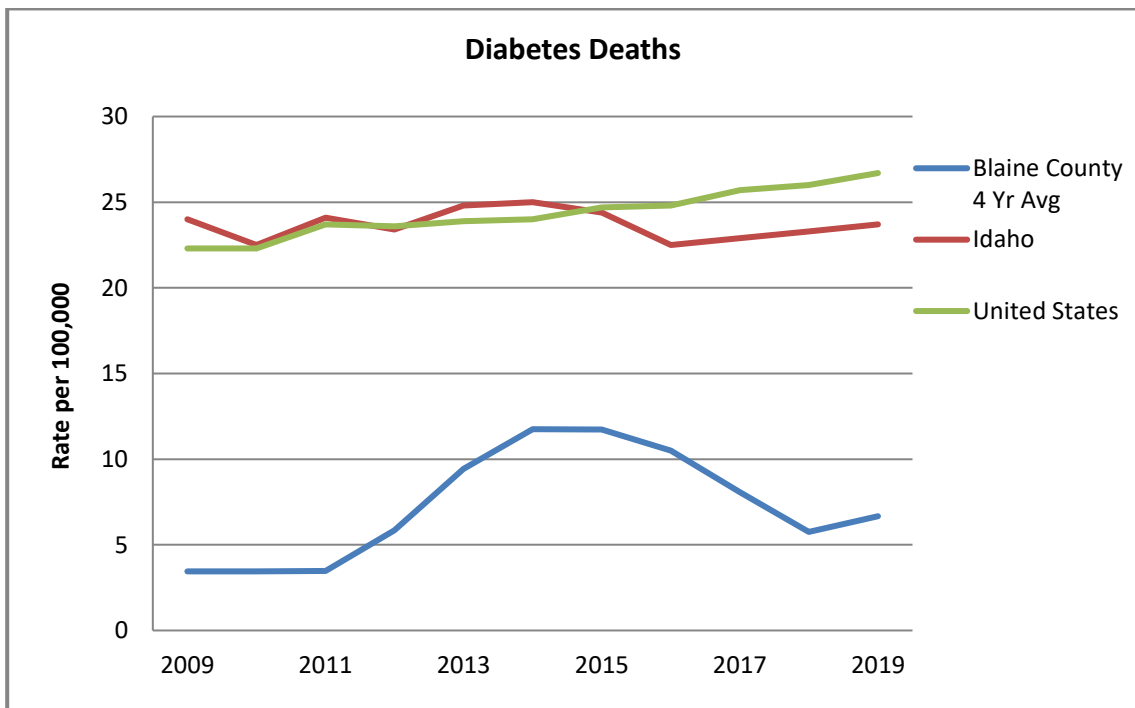
<sup>69</sup> Alzheimer’s Association, [www.alz.org](http://www.alz.org)

<sup>70</sup> Vital Statistics Annual Reports, Years 2009 - 2019, National Vital Statistics Report - Deaths: Data 2019

- **Diabetes Mellitus**

Diabetes is one of the top 10 causes of death in the nation. Diabetes is the seventh leading cause of death in Idaho. Diabetes is a serious health issue that can contribute to heart disease, stroke, high blood pressure, kidney disease, blindness and can even result in limb amputation or death.<sup>71</sup>

The death rate from diabetes in our service area is significantly below the national average. While the rate of people dying from diabetes has been flat, as noted in data found later in this report, the number of people living with diabetes is increasing significantly.<sup>72</sup>



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

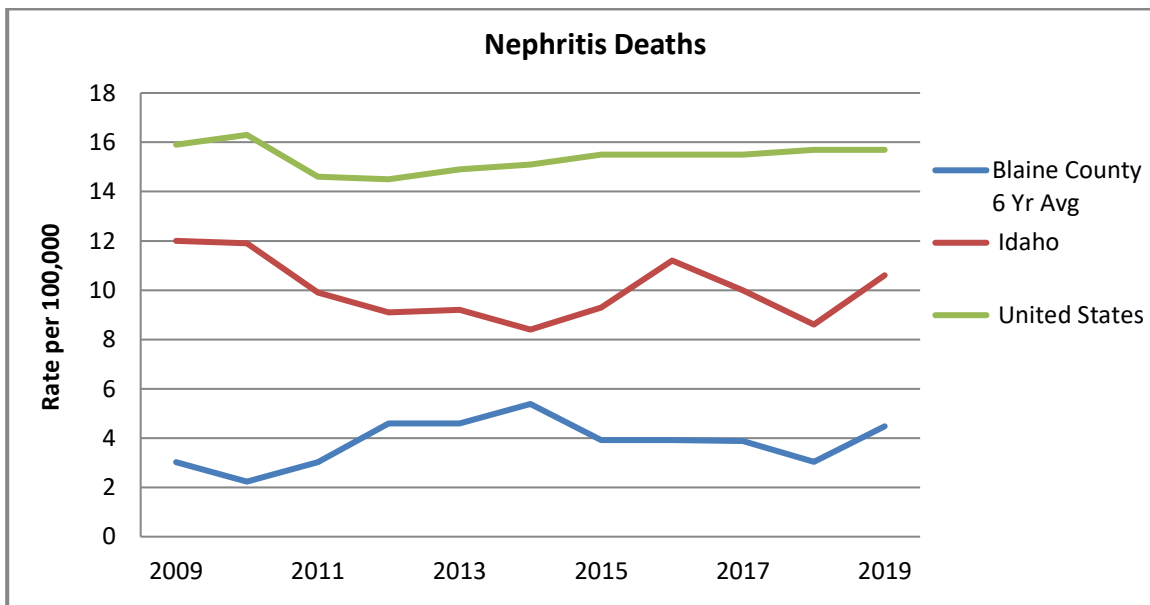
<sup>71</sup> <https://www.cdc.gov/chronicdisease/resources/publications/factsheets/diabetes-prediabetes.htm>

<sup>72</sup> Idaho Vital Statistics Annual Reports, Years 2009 - 2019, National Vital Statistics Report - Deaths: Data 2019

- **Nephritis**

Nephritis is one of the top 10 causes of death in the nation. Nephritis is an inflammation of the kidney, which causes impaired kidney function. A variety of conditions can cause nephritis, including kidney disease, autoimmune disease, and infection. Treatment depends on the cause. Kidney disease damages kidneys, preventing them from cleaning blood effectively. Chronic kidney disease eventually can cause kidney failure if it is not treated.<sup>73</sup>

The death rate for nephritis is significantly lower in our service area than it is nationally. The nephritis death rate is flat both in the nation and our service area.<sup>74</sup>



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

<sup>73</sup> [www.cdc.gov/Features/WorldKidneyDay/](http://www.cdc.gov/Features/WorldKidneyDay/)

<sup>74</sup> Idaho Vital Statistics Annual Reports, Years 2003 - 2019, National Vital Statistics Report - Deaths: Data 2019

## Cancer

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

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

Although cancer may occur at any age, it is generally a disease of aging. Nearly 80% of cancers are diagnosed in persons 55 or older. Cancer is caused both by external factors such as tobacco use and exposure, chemicals, radiation, and infectious organisms, and by internal factors such as genetics, hormonal factors, and immune conditions. Some cancers can be prevented by choosing a healthy lifestyle and being screened.<sup>75</sup>

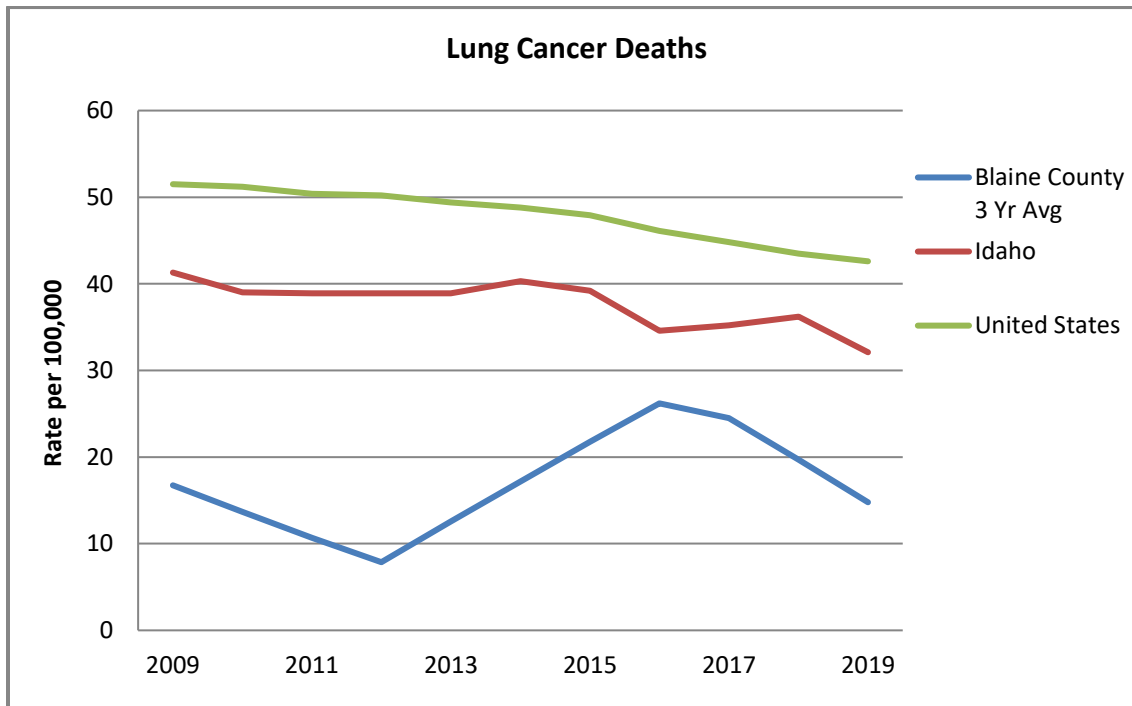
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<sup>75</sup> Comprehensive Cancer Alliance for Idaho, [www.ccaidaho.org](http://www.ccaidaho.org)

- **Lung Cancer**

The U.S. Preventive Services Task Force (USPSTF) recommends annual screening for lung cancer with low-dose computed tomography (LDCT) in adults aged 50 to 80 years who have a 20 pack-a-year smoking history and currently smoke or have quit within the past 15 years. Routine oral cancer screenings are also recommended.<sup>76</sup>

Lung cancer is the leading cause of cancer death in Idaho and the nation. However, the lung cancer death rate in our service area is significantly lower than the national average.<sup>77</sup>



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

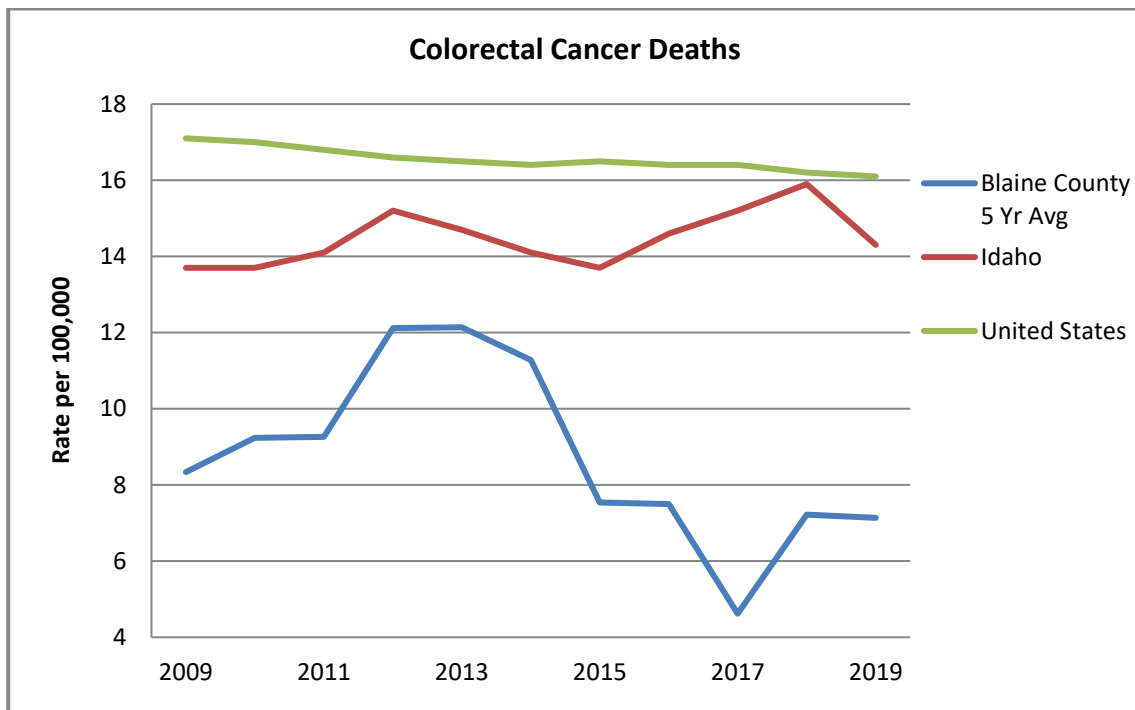
<sup>76</sup> Comprehensive Cancer Alliance for Idaho, Idaho Comprehensive Cancer Strategic Plan 2021-2025, [www.ccaidaho.org](http://www.ccaidaho.org)

<sup>77</sup> Idaho Vital Statistics Annual Reports, Years 2009 - 2019, National Vital Statistics Report - Deaths: Data 2019

- **Colorectal Cancer**

Overall, the lifetime risk of developing colorectal cancer is about 1 in 23 for men and 1 in 25 for women.<sup>78</sup> Maintaining a healthy weight, increasing vigorous activity, limiting sitting and laying down, limiting alcohol intake, limiting red meat, and increasing vegetables, fruits, and whole grains may lower the risk of developing colorectal cancer. Early detection is effective in reducing colorectal cancer death rate.<sup>79</sup>

In Idaho, colorectal cancer is the second most common cancer-related cause of death among males and females combined. The trend for colorectal cancer deaths in our service area is decreasing. The death rate is significantly below the national average.<sup>80</sup>



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

<sup>78</sup> <https://www.cancer.org/cancer/colon-rectal-cancer/about/key-statistics.html>

<sup>79</sup> <https://www.cancer.org/cancer/colon-rectal-cancer/causes-risks-prevention/prevention.html>

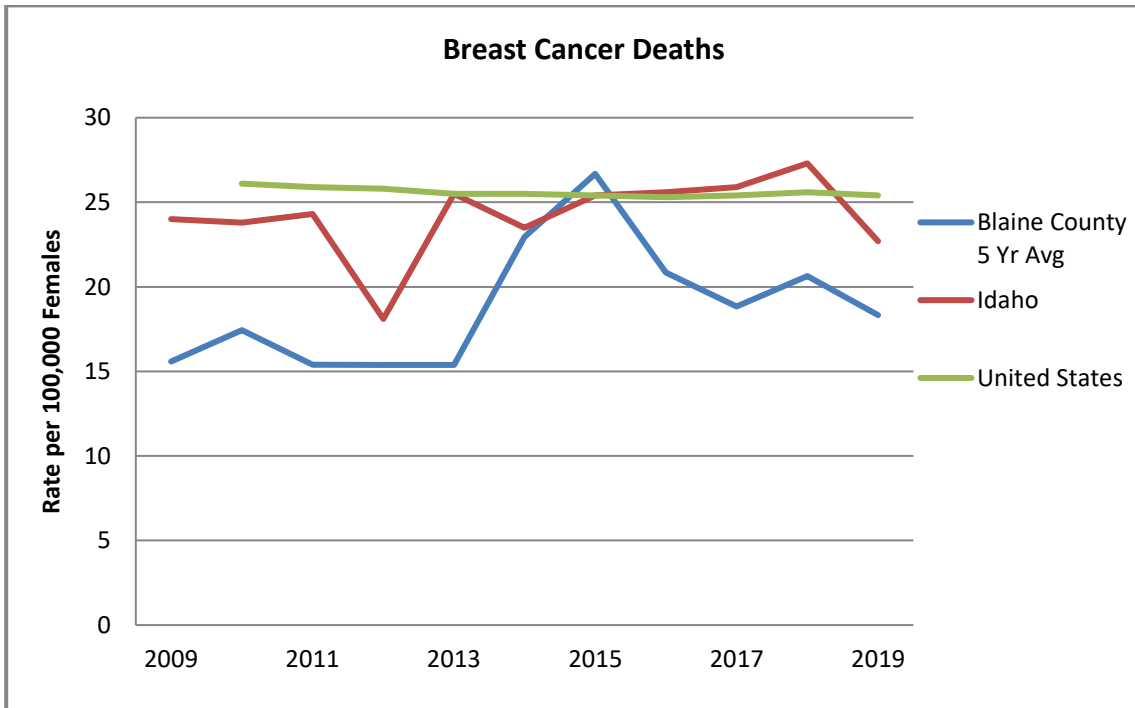
<sup>80</sup> Idaho Vital Statistics Annual Reports, Years 2009 - 2019, National Vital Statistics Report - Deaths: Data 2019



- **Breast Cancer**

Breast cancer is the most common cancer (about 30% or 1 in 3 of all new female cancers) in women in the U.S. except for skin cancers. Breast cancer mainly occurs in middle-aged and older women. The median age at the time of breast cancer diagnosis is 62. Females have a 1 in 8 chance of developing breast cancer in their lifetime.<sup>81</sup>

Breast cancer is the second leading cause of cancer death, after lung cancer among Idaho women. The breast cancer death rate in Idaho is slightly lower than the national average. The breast cancer death rate in our service area is lower than the national average.<sup>82</sup>



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

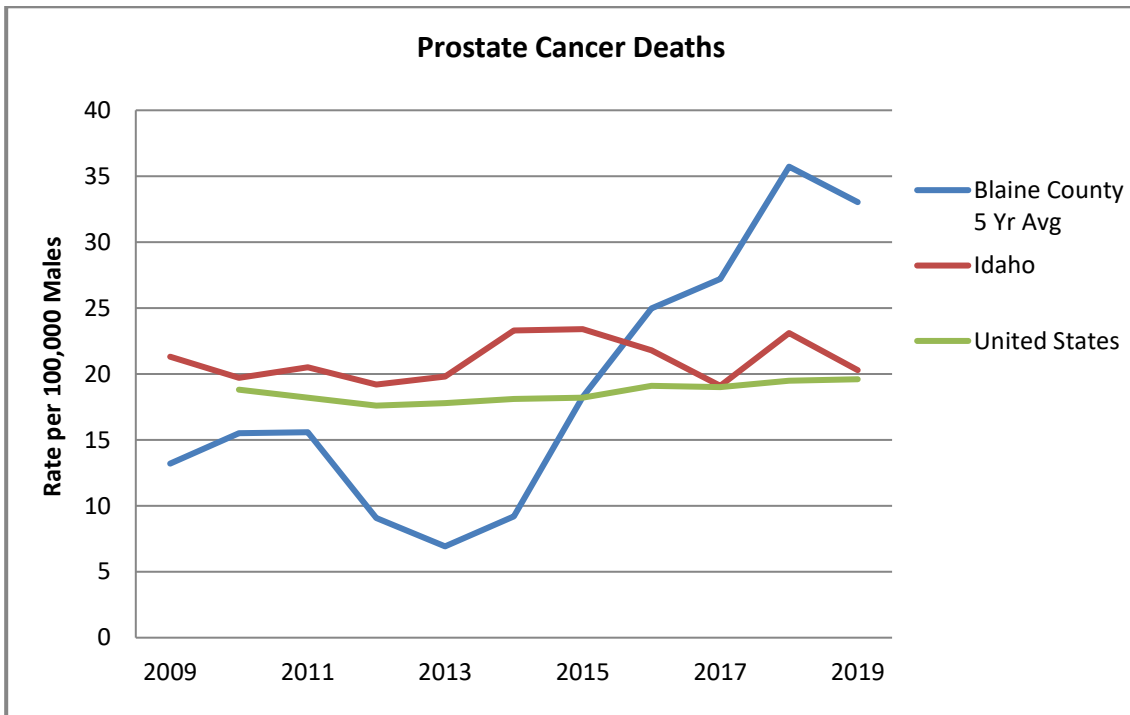
<sup>81</sup> American Cancer Society, <https://www.cancer.org/cancer/breast-cancer/about/how-common-is-breast-cancer.html>

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

- **Prostate Cancer**

Prostate cancer is the second overall cause of death in Idaho men and is the most common cancer among males. Known risk factors for prostate cancer that are not modifiable include age, ethnicity, and family history. One modifiable risk factor is a diet high in saturated fat and low in vegetable and fruit consumption.<sup>83</sup>

In our service area, the prostate cancer rate is significantly higher than the national average and is trending up.<sup>84</sup>



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

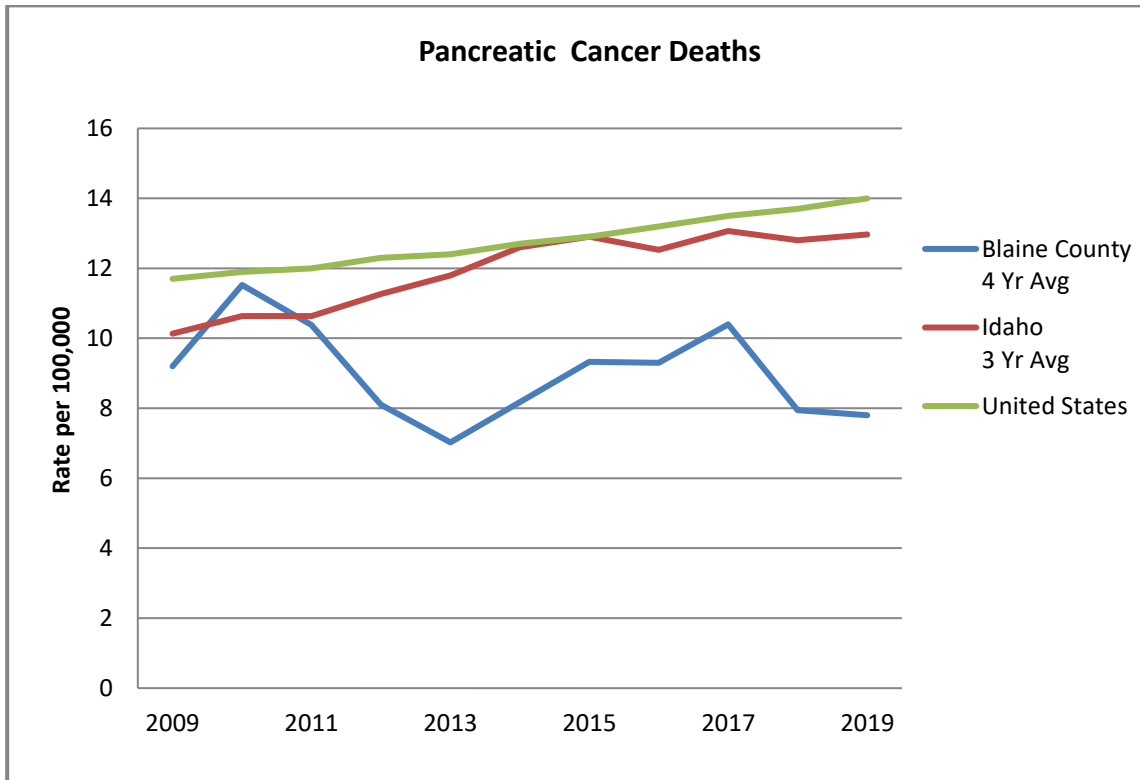
<sup>83</sup> American Cancer Society, <https://www.cancer.org/cancer/prostate-cancer/causes-risks-prevention/risk-factors.html>

<sup>84</sup> Idaho Vital Statistics Annual Reports, Years 2009 - 2019, National Vital Statistics Report - Deaths: Data 2019

- **Pancreatic Cancer**

The survival rate for pancreatic cancer is low. Possible factors increasing the risk of pancreatic cancer include smoking, and type 2 diabetes, which is associated with obesity. There are no established guidelines for preventing pancreatic cancer but some things that may lower risk are not smoking, maintaining a healthy weight, and getting regular physical activity.<sup>85</sup>

In our service area, the pancreatic cancer death rate is significantly lower than the national average and the trend is relatively flat.<sup>86</sup>



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

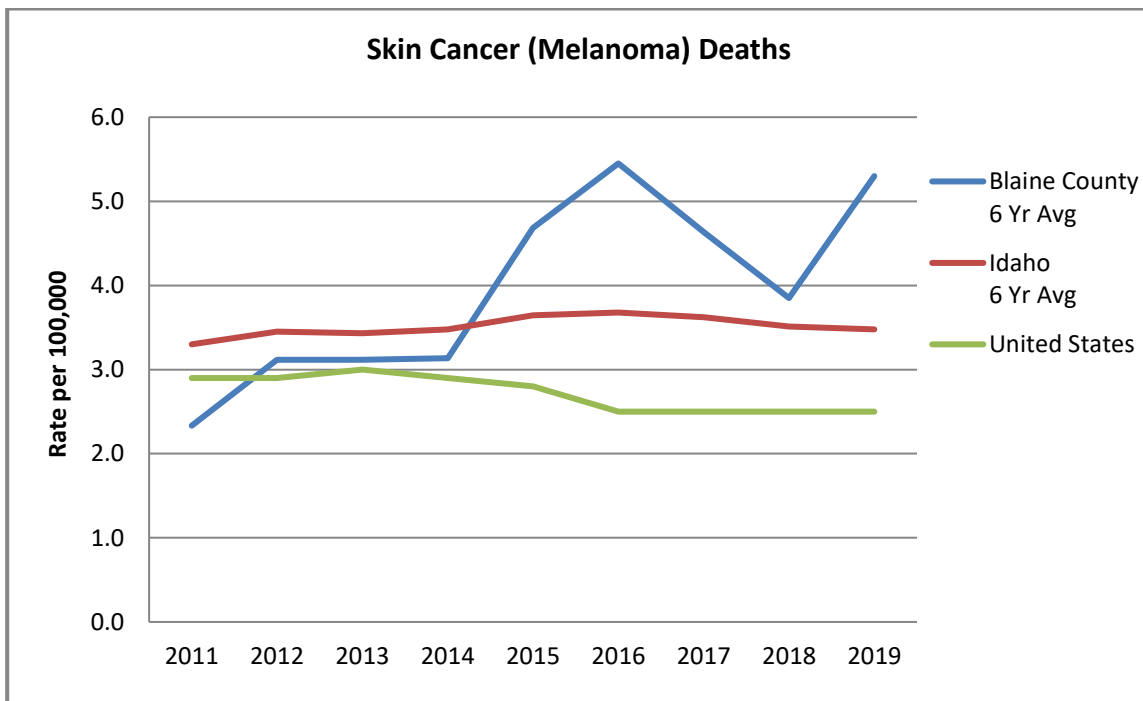
<sup>85</sup> American Cancer Society, <https://www.cancer.org/cancer/pancreatic-cancer/causes-risks-prevention/risk-factors.html>

<sup>86</sup> Idaho Vital Statistics Annual Reports, Years 2009 - 2016, National Vital Statistics Report - Deaths: Data 2019

- **Skin Cancer (Melanoma)**

More people are diagnosed with skin cancer each year in the U.S. than all other cancers combined. About 1 in 5 Americans will develop skin cancer during their lifetime. In the past decade (2012 – 2022) the number of new melanoma cases diagnosed annually has increased by 31%.<sup>87</sup> Exposure to ultraviolet (UV) radiation appears to be the most significant factor in the development of skin cancer. Skin cancer is largely preventable when sun protection measures are used consistently. These results highlight the need for effective interventions that reduce harmful UV light exposure.<sup>88</sup>

The melanoma death rate is higher in Idaho and our service area than in the nation. The trend is slightly increasing for our service area.<sup>89</sup>



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

<sup>87</sup> <https://www.skincancer.org/skin-cancer-information/skin-cancer-facts>

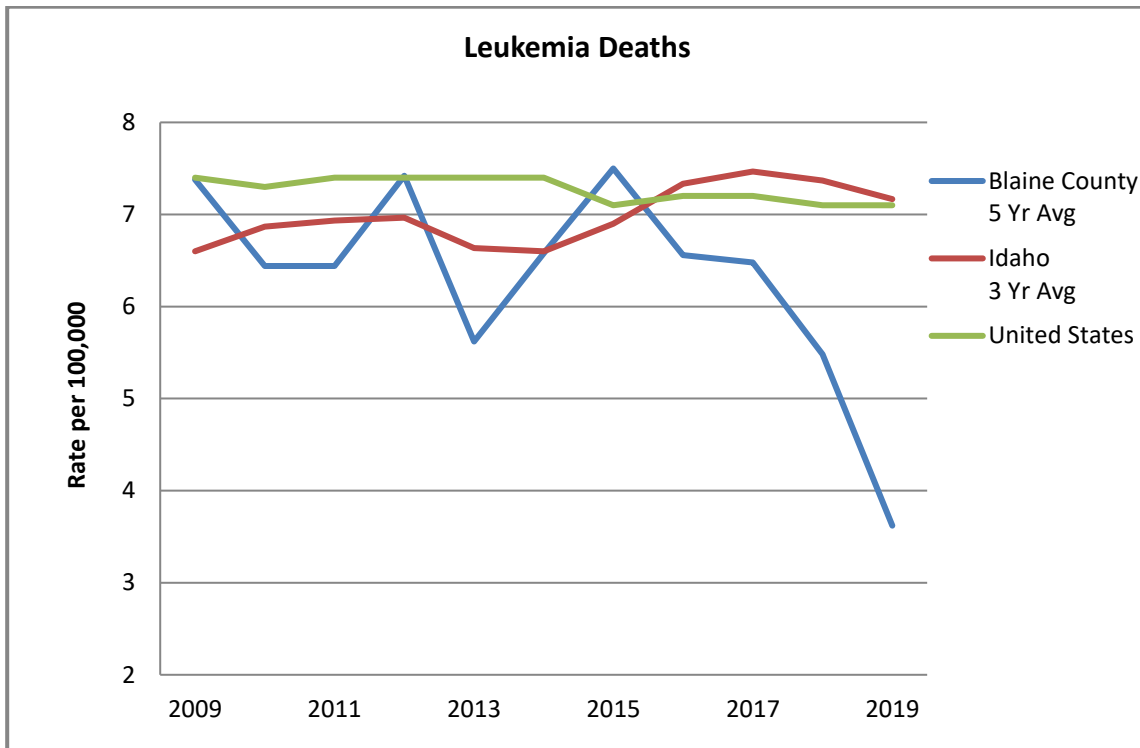
<sup>88</sup> <https://www.skincancer.org/skin-cancer-information/skin-cancer-facts>

<sup>89</sup> Idaho Vital Statistics Annual Reports, Years 2011 - 2019, National Vital Statistics Report - Deaths: Data 2019

- **Leukemia**

Leukemia is a cancer of the bone marrow and blood. Scientists do not fully understand the causes of leukemia, although researchers have found some associations with chronic exposure to benzene, large doses of radiation, and smoking tobacco.<sup>90</sup> Because the causes are not well understood, evidence-based preventive programs are not available other than avoiding the risk factors described above.

The leukemia death rate in our service area is lower than the national average and the trend is decreasing.<sup>91</sup>



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

<sup>90</sup>

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

<sup>91</sup> Idaho Vital Statistics Annual Reports, Years 2007 - 2019, National Vital Statistics Report - Deaths: Data 2019

## Clinical Care Access and Quality Factors

### Affordability of Health Care

- **Uninsured Adults**

Evidence shows that uninsured individuals experience barriers to health care access and maintaining financial security. Kaiser Family Foundation reports that the uninsured receive less preventative care and delayed care results in more serious health outcomes compared to insured individuals. The uninsured may be unable to pay their medical bills, resulting in medical debt.<sup>92</sup>

On a national basis, the 2010 Affordable Care Act (ACA) lowered the percentage of uninsured adults starting in 2014. The goal of the ACA is to improve health outcomes and eventually lower health care costs through insuring a greater proportion of the population. One of the major provisions of the ACA is the expansion of Medicaid eligibility to nearly all low-income individuals with incomes at or below 138 percent of poverty. However, over 20 states chose not to expand their programs. The ACA did not make provisions for low-income people not receiving Medicaid and does not provide assistance for people below poverty for other coverage options.<sup>93</sup> This is often referred to as the “coverage gap.”<sup>94</sup> In November 2018, Idaho passed a proposition to expand Medicaid.

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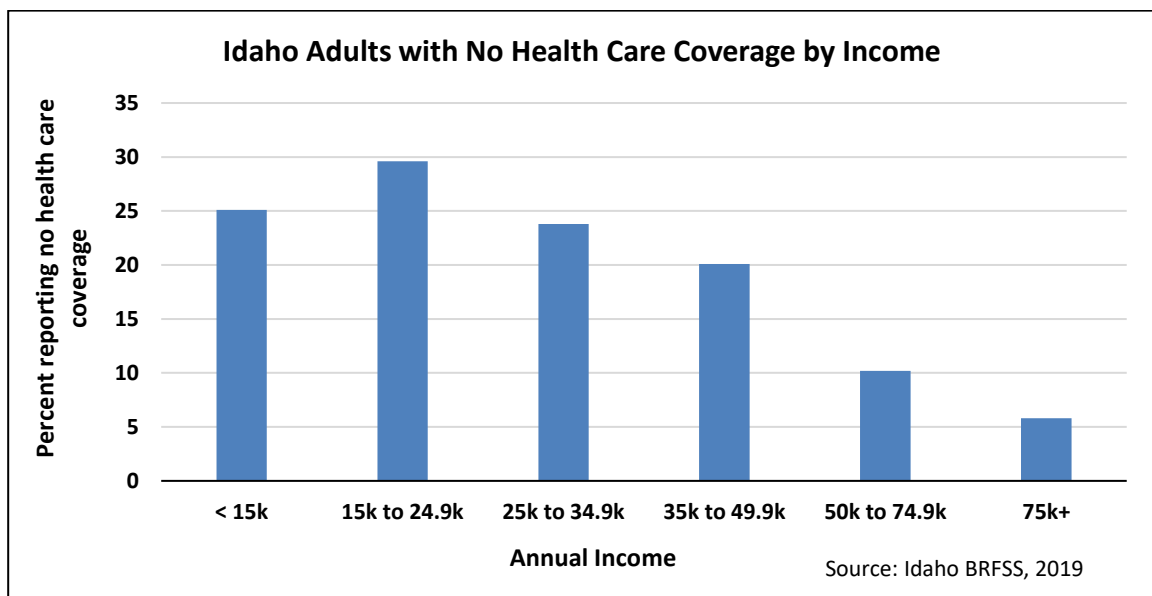
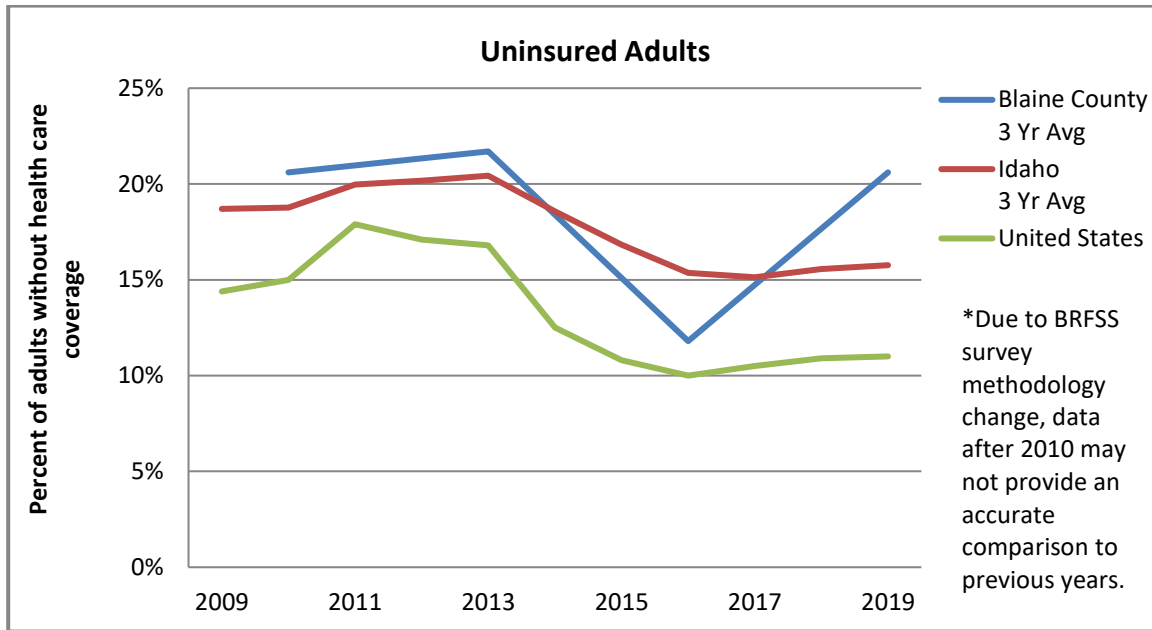
<sup>92</sup> University of Wisconsin Population Health Institute. *County Health Rankings* 2021. Accessible at [www.countyhealthrankings.org](http://www.countyhealthrankings.org).

<sup>93</sup> The Coverage Gap: Uninsured Poor Adults in States that do not Expand Medicaid, April 2015, The Kaiser Commission on Medicaid and the Uninsured, Rachel Garfield

<sup>94</sup> Ibid

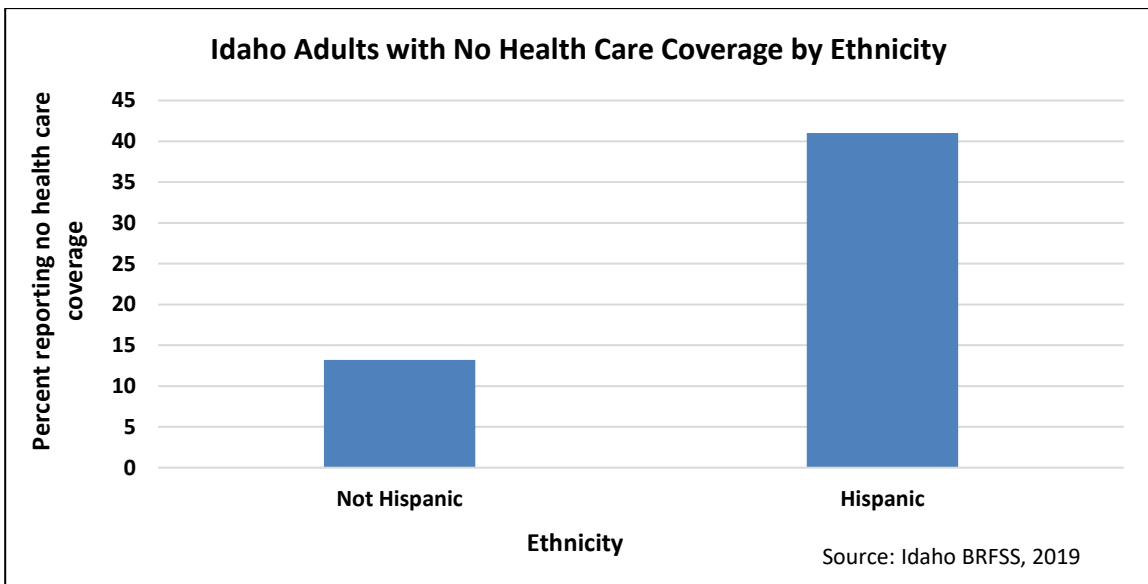
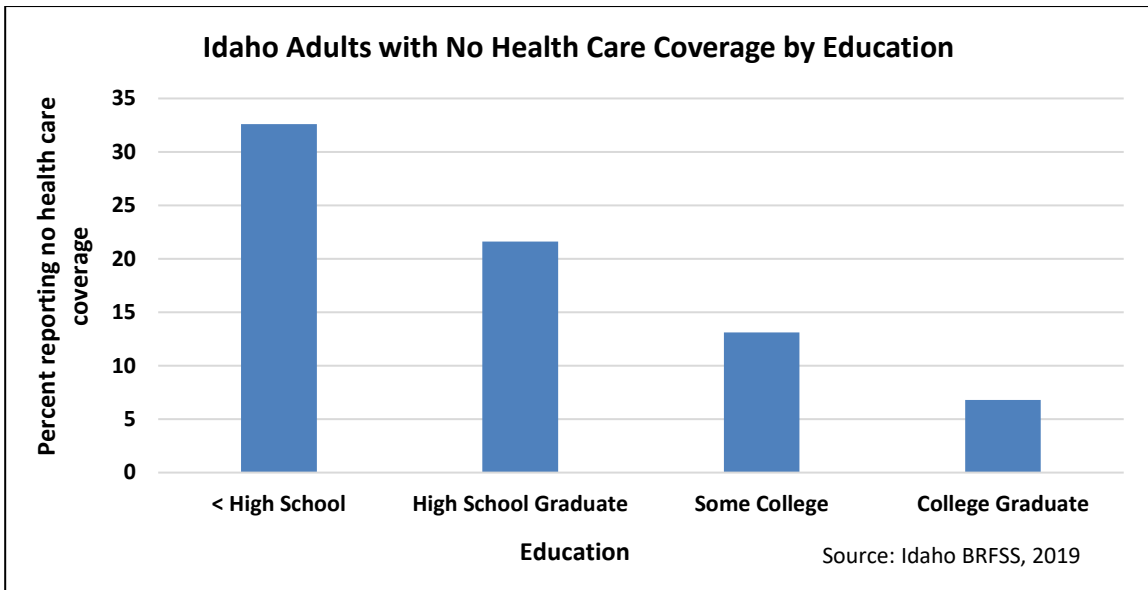
The number of adults without health care coverage has been trending up in our service area. The percentage of uninsured in Idaho and our service area is higher than the national average.<sup>95</sup>

Those with incomes less than \$25,000 are about 10 times more likely to report being without health care coverage than those with incomes above \$75,000. In addition, Hispanics are more than twice as likely to not have health insurance coverage than non-Hispanics.<sup>96</sup>



<sup>95</sup> Idaho and National 2019 Behavioral Risk Factor Surveillance System

<sup>96</sup> Idaho and National 2019 Behavioral Risk Factor Surveillance System



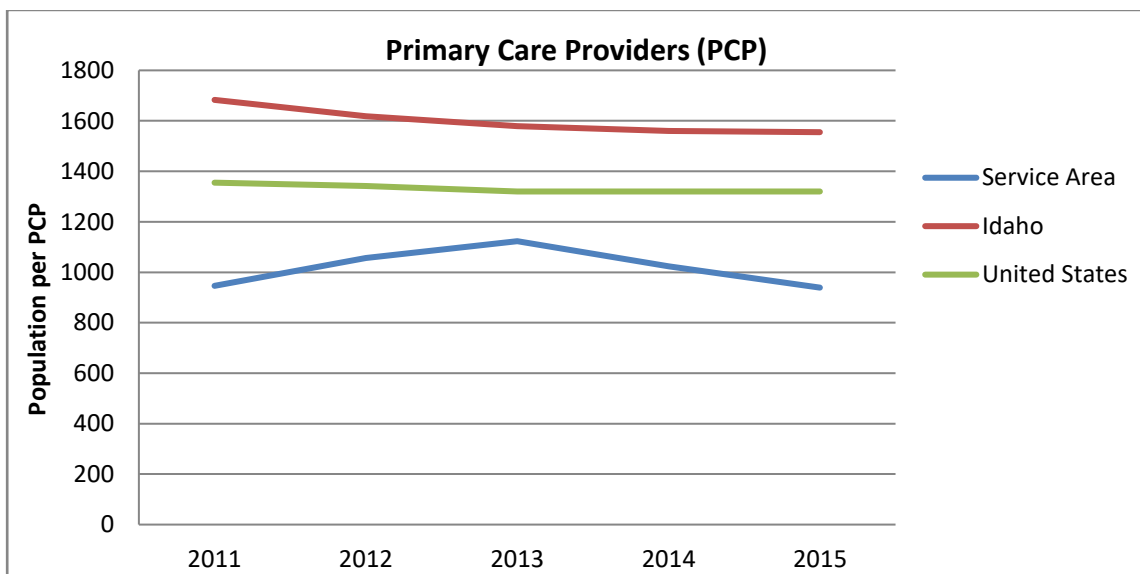
Health Factor Score				
Low score = Low potential for health impact		High score = High potential for health impact		
	Trend	Severity	Magnitude	Total Score
Uninsured Adults	2	2	1	5



- **Primary Care Providers**

Our primary care provider metric reports the ratio of population in a county to primary care providers (i.e., the number of people per primary care provider). The measure is based on data obtained from the Health Resources and Services Administration (HRSA) through the *County Health Rankings*. While having health insurance is a crucial step toward accessing the different aspects of the health care system, health insurance by itself does not ensure access. In addition, evidence suggests that access to effective and timely primary care has the potential to improve the overall quality of care and help reduce costs. One analysis found that primary care physician supply was associated with improved health outcomes including reduced all-cause cancer, heart disease, stroke, and infant mortality; a lower prevalence of low birthweight; greater life expectancy; and improved self-rated health. The same analysis also found that each increase of one primary care physician per 10,000 people is associated with a reduction in the average mortality by 5.3%.<sup>97</sup>

The population to primary care provider ratio is lower than the national average in our service area and the trend is flat.<sup>98</sup>



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

<sup>97</sup> University of Wisconsin Population Health Institute. *County Health Rankings* 2018. Accessible at [www.countyhealthrankings.org](http://www.countyhealthrankings.org).

<sup>98</sup> Idaho and National 2011 - 2019 Behavioral Risk Factor Surveillance System

## Availability of Behavioral Health Services

- **Mental Health Service Providers**

Blaine County is listed as a mental health professional shortage area as of June 2017.<sup>99</sup> Our shortage of mental health professionals is especially concerning given the high suicide and mental illness rates in Idaho as documented in following sections of our CHNA.

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

- Lack of adequate insurance
- Lack of available treatment providers
- Lack of treatment types
- Insufficient finance to cover costs<sup>100</sup>

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

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

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<sup>99</sup> Health Services and Resource Administration Data Warehouse, Mental Health Care HPSAs PDF <http://datawarehouse.hrsa.gov/hpsadetail.aspx#table>

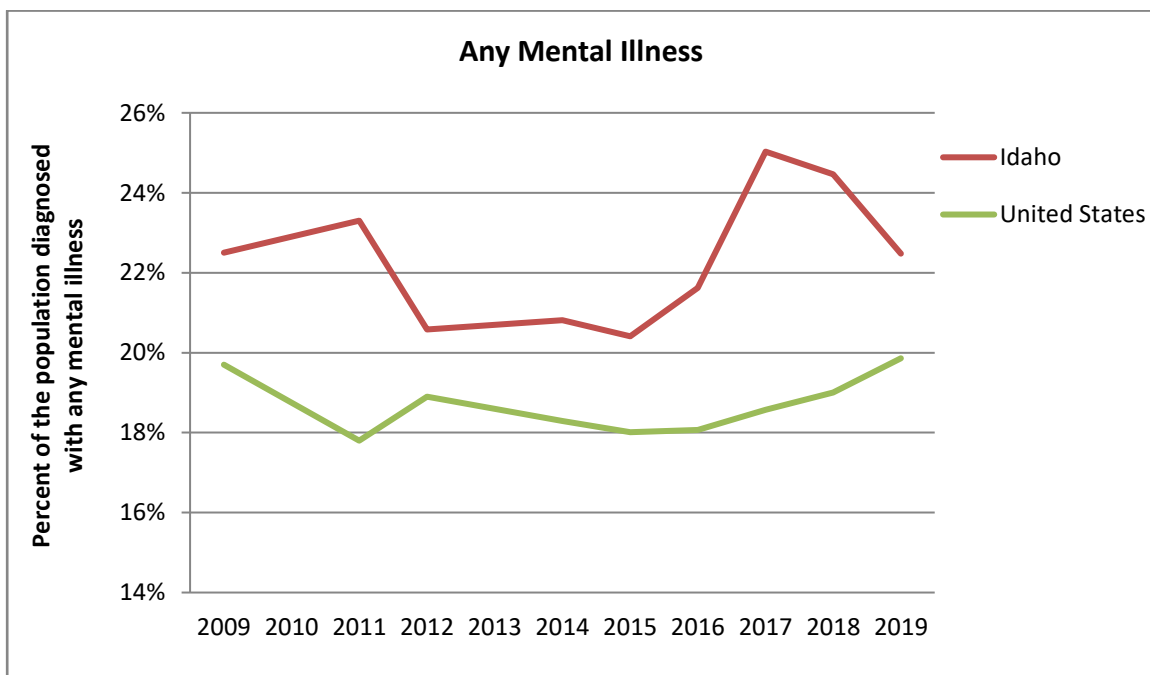
<sup>100</sup> <http://www.mentalhealthamerica.net/issues/mental-health-america-access-care-data>

- **Mental Illness**

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

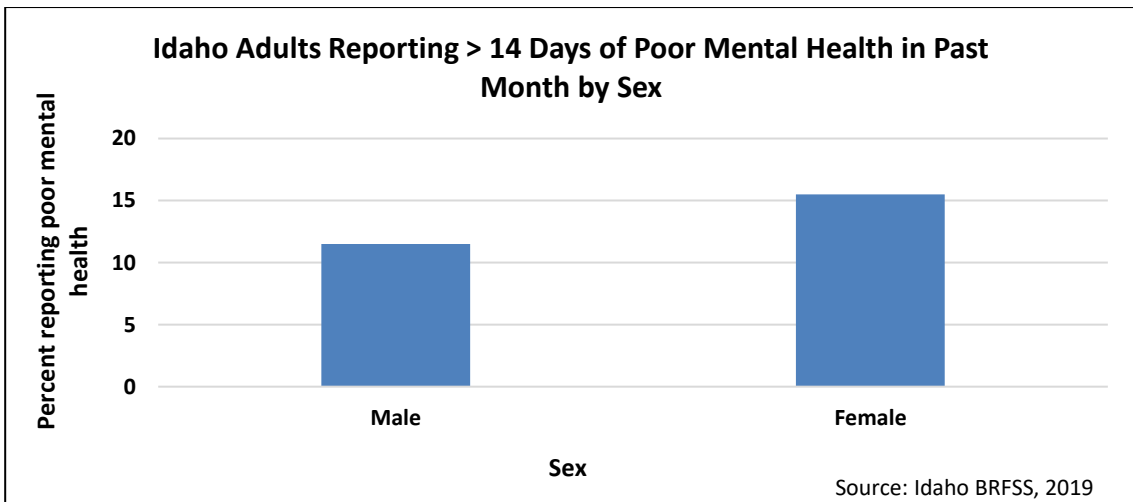
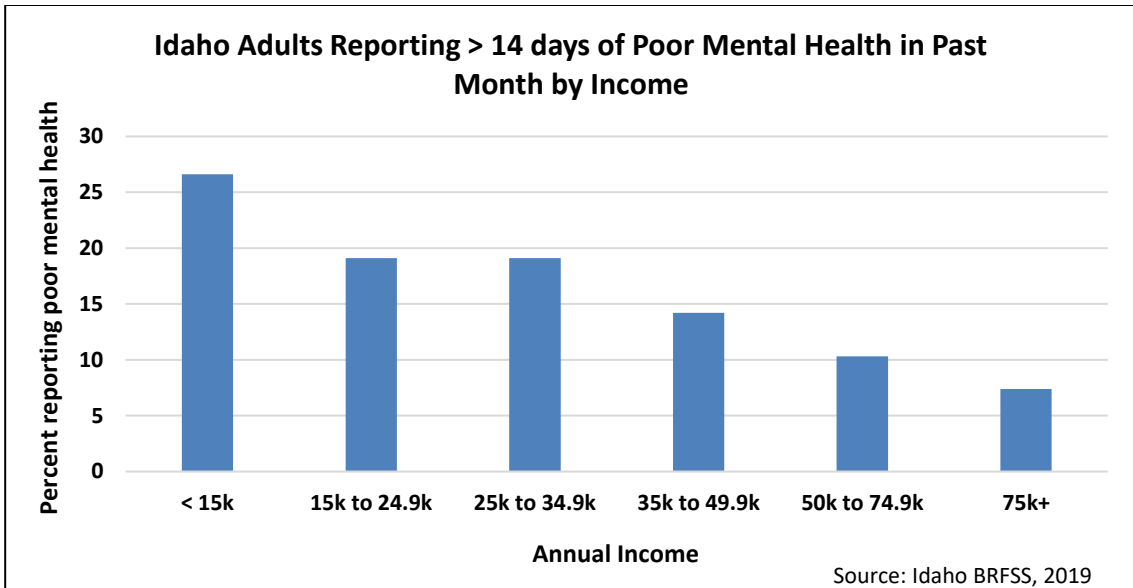
The percentage of people aged 18 or older having any mental illness (AMI) was 22.48% for Idaho in 2019. This was the fourth highest percentage of mental illness in the nation. The percentage of people having any mental illness for the United States was 19.86%.<sup>101</sup>

People with lower incomes are about three and a half times more likely to have depressive disorders, and women are more likely than men to be diagnosed with a depressive disorder.<sup>102</sup>



<sup>101</sup> Mental Health, United States, 2009 - 2019 Reports, SAMHSA, [www.samhsa.gov](http://www.samhsa.gov)

<sup>102</sup> Idaho 2009 - 2019 Behavioral Risk Factor Surveillance System



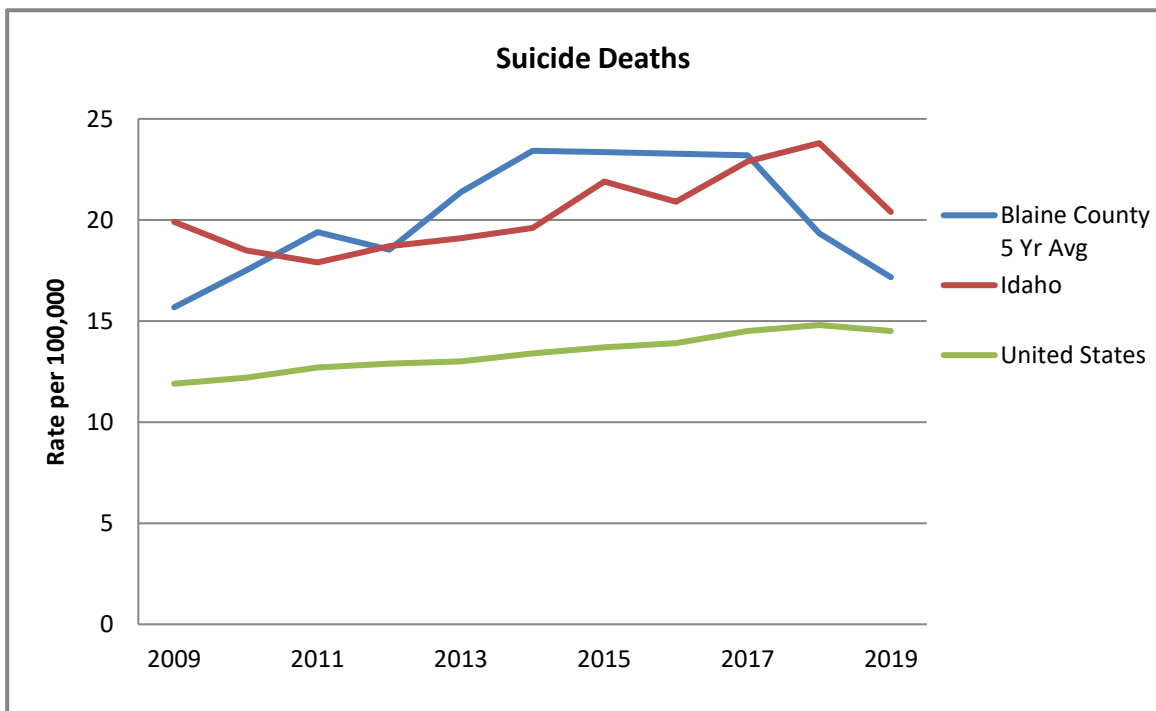
Health Factor Score				
Low score = Low potential for health impact		High score = High potential for health impact		
	Trend	Severity	Magnitude	Total Score
Mental Illness	-1	1	2	2

- **Deaths by Suicide**

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

The national suicide rate for males is about four times higher than the rate for females. U.S. male veterans are twice as likely to die by suicide as males without military service. Many suicides can be prevented by ensuring people are aware of warning signs, risk factors, and protective factors.<sup>103</sup>

The suicide death rate per 100,000 people in Idaho was 20.4 in 2019 which is about 30% higher than the national average rate of 14.5. The suicide rate in our service area, Idaho, and the nation has been trending up slightly.<sup>104</sup>



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

<sup>103</sup> CDC, <https://www.cdc.gov/suicide/suicide-data-statistics.html>

<sup>104</sup> Idaho Vital Statistics Annual Reports, Years 2009 - 2019, National Vital Statistics Report - Deaths: Data 2019

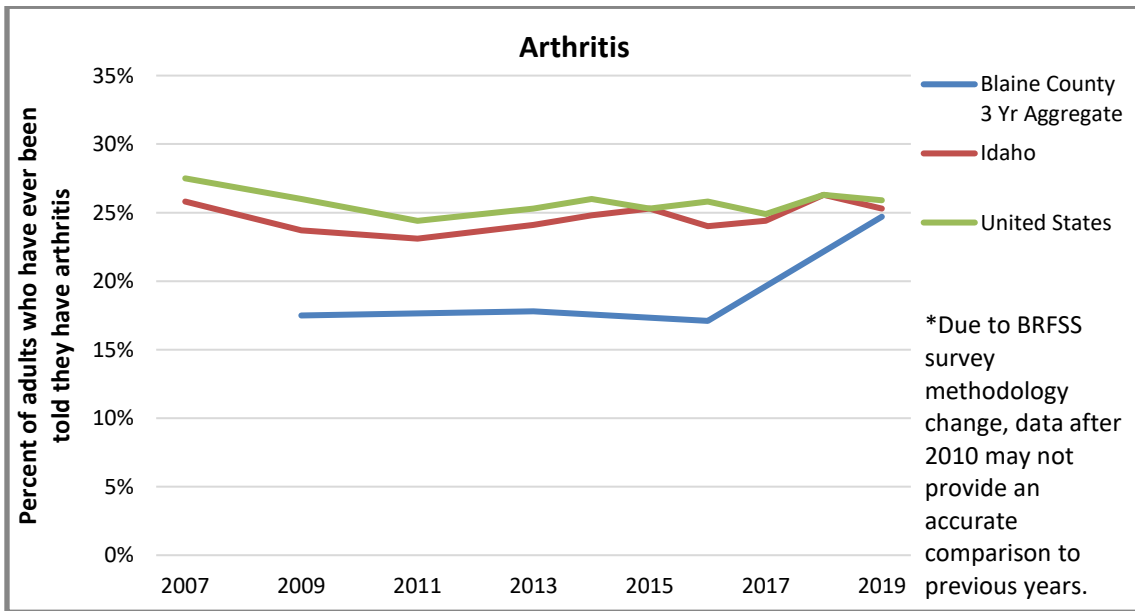
## Chronic Disease Management

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

- **Arthritis**

Idaho residents with incomes below \$35,000 per year were more likely to have arthritis than those with incomes of \$35,000 or higher (32% compared with 20%). Hispanics were significantly less likely than non-Hispanics to have been diagnosed with arthritis (10.8% compared with 24.5%). Females 65+ were more likely to have arthritis compared to males 65+ (52.8% compared with 41.6%).<sup>105</sup>

In 2019, about 26% of Idaho adults had ever been told by a medical professional that they had arthritis. The prevalence of arthritis in our service area is about the same as the national average and the trend is slightly increasing.<sup>106</sup>



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

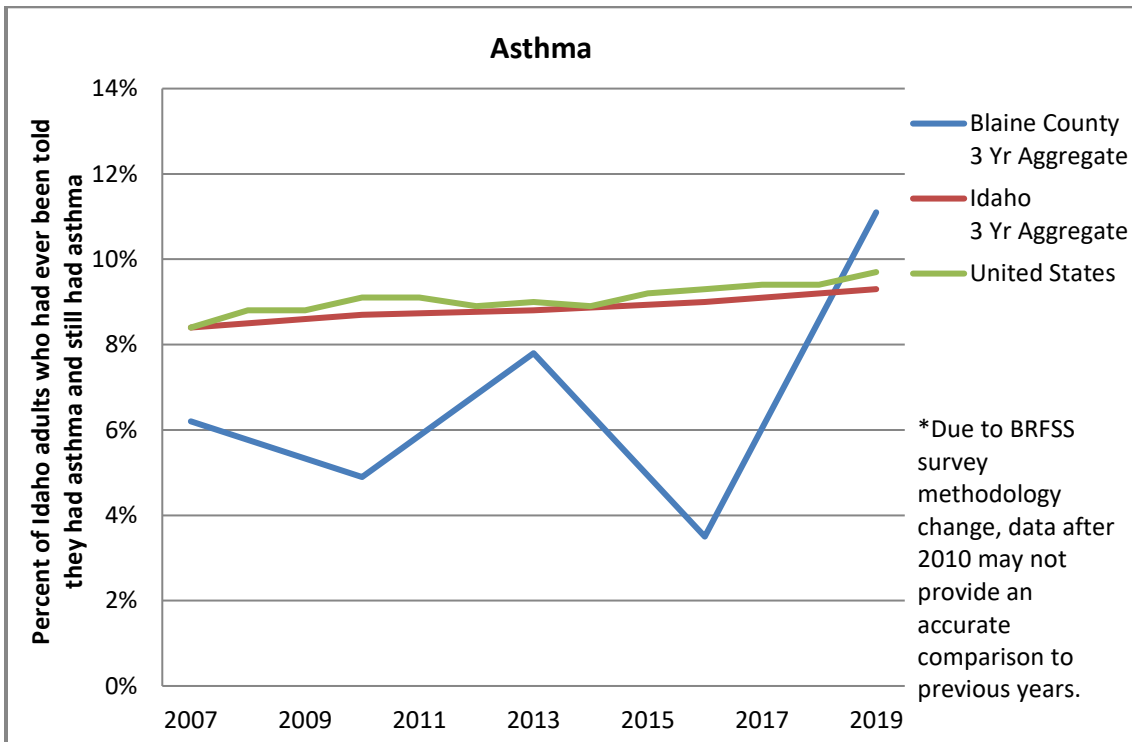
<sup>105</sup> Ibid

<sup>106</sup> Idaho and National 2011 - 2020 Behavioral Risk Factor Surveillance System

- **Asthma**

Asthma is a long-term disease that cannot be cured. The goal of asthma treatment is to control the disease. To control asthma, it is recommended people partner with their provider to create an action plan that avoids asthma triggers and includes guidance on when to take medications or to seek emergency care.<sup>107</sup>

The percentage of people with asthma in our service area is above the national average and the trend is increasing.<sup>108</sup>



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

<sup>107</sup> [http://www.nhlbi.nih.gov/health//dci/Diseases/Asthma/Asthma\\_Treatments.html](http://www.nhlbi.nih.gov/health//dci/Diseases/Asthma/Asthma_Treatments.html)

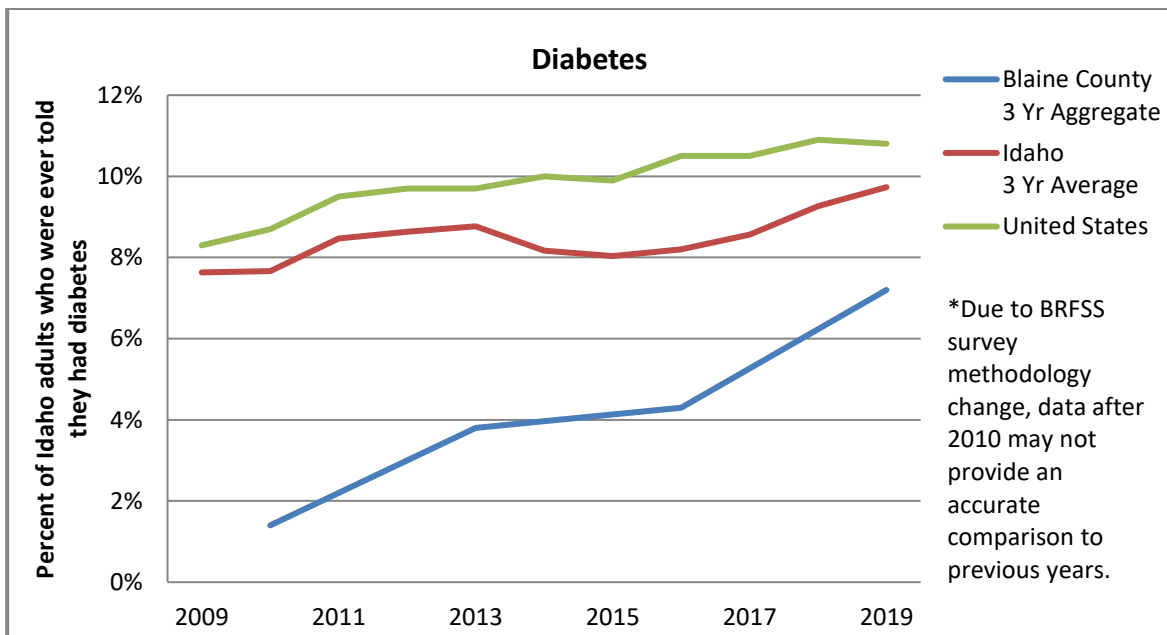
<sup>108</sup> Idaho and National 2011 - 2020 Behavioral Risk Factor Surveillance System

- **Diabetes**

Diabetes was the nation’s seventh-leading cause of death in 2019. Those with diabetes are twice as likely to have heart disease or a stroke than those without diabetes. Diabetes can also contribute to high blood pressure, kidney disease, blindness, and can result in limb amputation or death. Direct medical costs for type 2 diabetes were estimated to exceed \$327 billion in 2017 in the U.S. Studies indicate that the onset of type 2 diabetes can be prevented by maintaining a healthy weight, increased physical activity, and improving dietary choices. Diabetes can be managed through regular monitoring, following a physician-prescribed care regimen and healthy lifestyle such as not smoking, healthy diet, maintaining a healthy weight and participating in regular physically activity.<sup>109</sup>

About 7.2% of the people in our service area report that they have been told they have diabetes, which is below the national average, but the trend is significantly increasing.<sup>110</sup>

Those with lower income less than \$25,000 have higher rates of diabetes than those with higher income levels. Those with a high school diploma or less education were significantly more likely to have diabetes than college graduates. Seniors age 65+ have the highest rate of diabetes.<sup>111</sup>

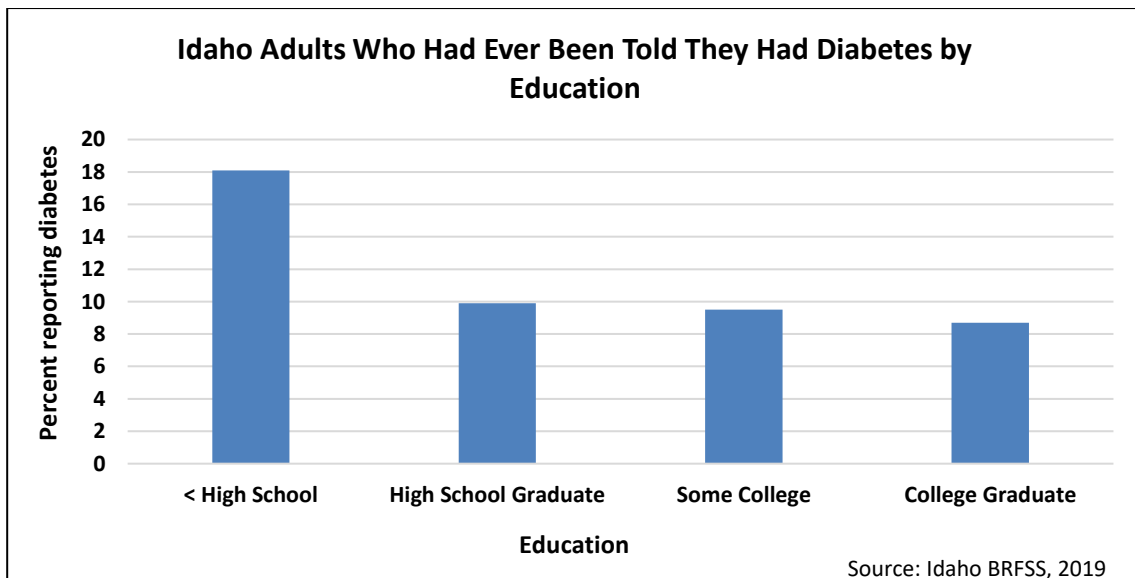
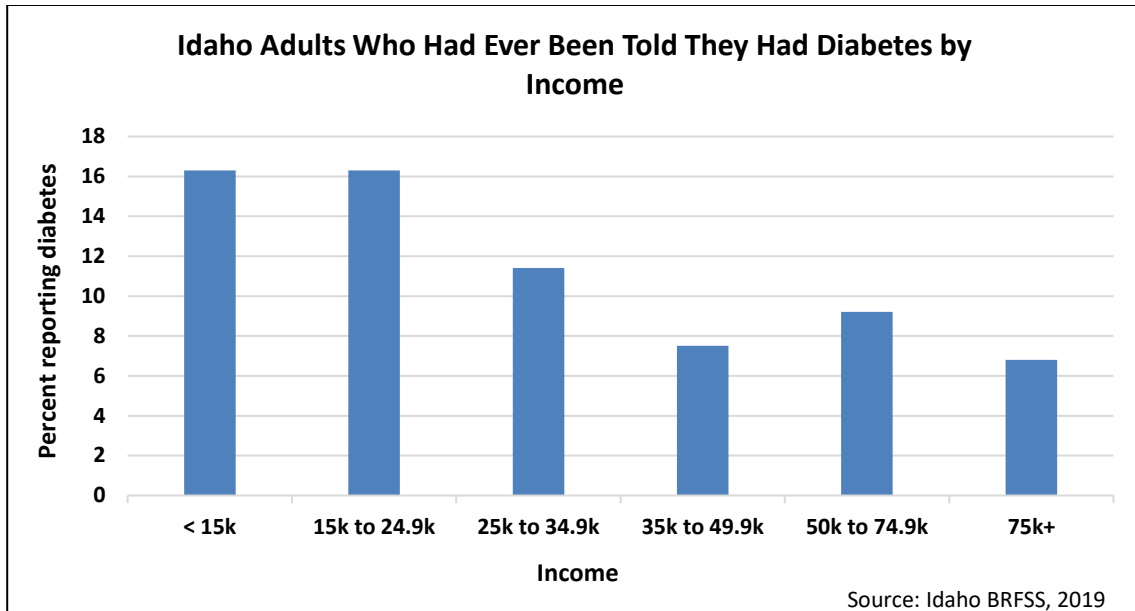


<sup>109</sup> America's Health Rankings analysis of CDC, Behavioral Risk Factor Surveillance System, United Health Foundation, AmericasHealthRankings.org, Accessed 2020

<sup>110</sup> America's Health Rankings 2012 - 2020, www.americashealthrankings.org

<sup>111</sup> America's Health Rankings 2006 - 2020, www.americashealthrankings.org





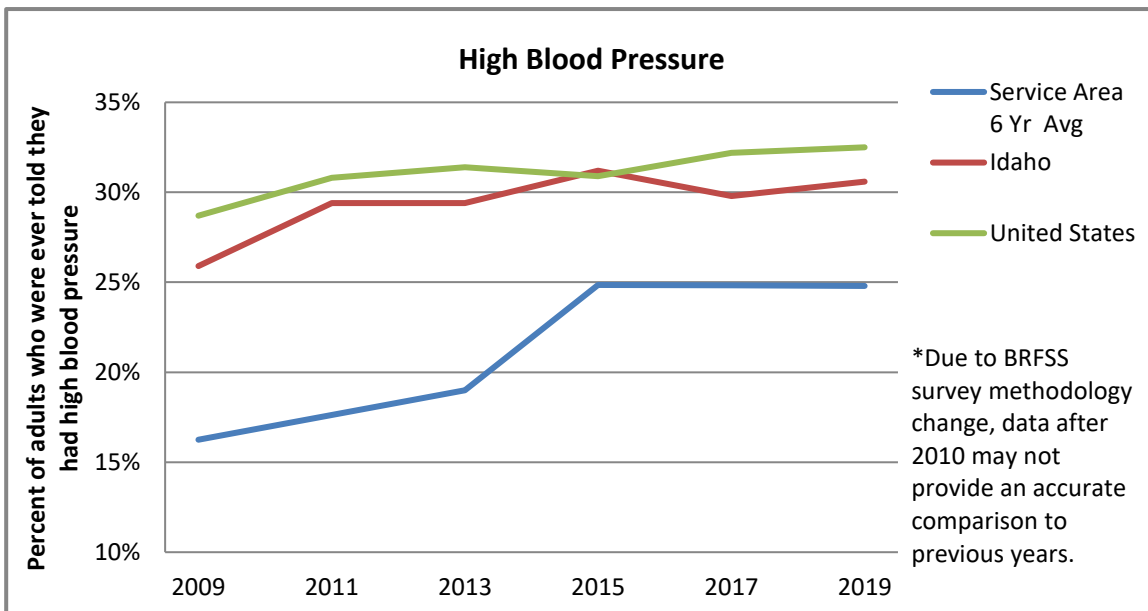
Health Factor Score				
Low score = Low potential for health impact		High score = High potential for health impact		
	Trend	Severity	Magnitude	Total Score
Diabetes	1	1	2	4

- **High Blood Pressure**

The incidence of high blood pressure in the U.S. has continued to rise steadily over time. Currently, about one in every three Americans suffers from high blood pressure. High blood pressure is a major risk factor for heart disease, stroke, congestive heart failure, and kidney disease. Healthy blood pressure may be maintained by combining lifestyle changes, such as diet and exercise, with prescribed medications.<sup>112</sup>

Blood pressure rates in our service area are below the national level and the trend is flat.<sup>113</sup>

Those with incomes below \$50,000 per year were significantly more likely to have been told they had high blood pressure than those with annual incomes of \$50,000 or more. Males and those 65+ reported significantly higher blood pressure than females and other age groups.<sup>114</sup>



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

<sup>112</sup> America's Health Rankings analysis of CDC, Behavioral Risk Factor Surveillance System, United Health Foundation, AmericasHealthRankings.org, Accessed 2020

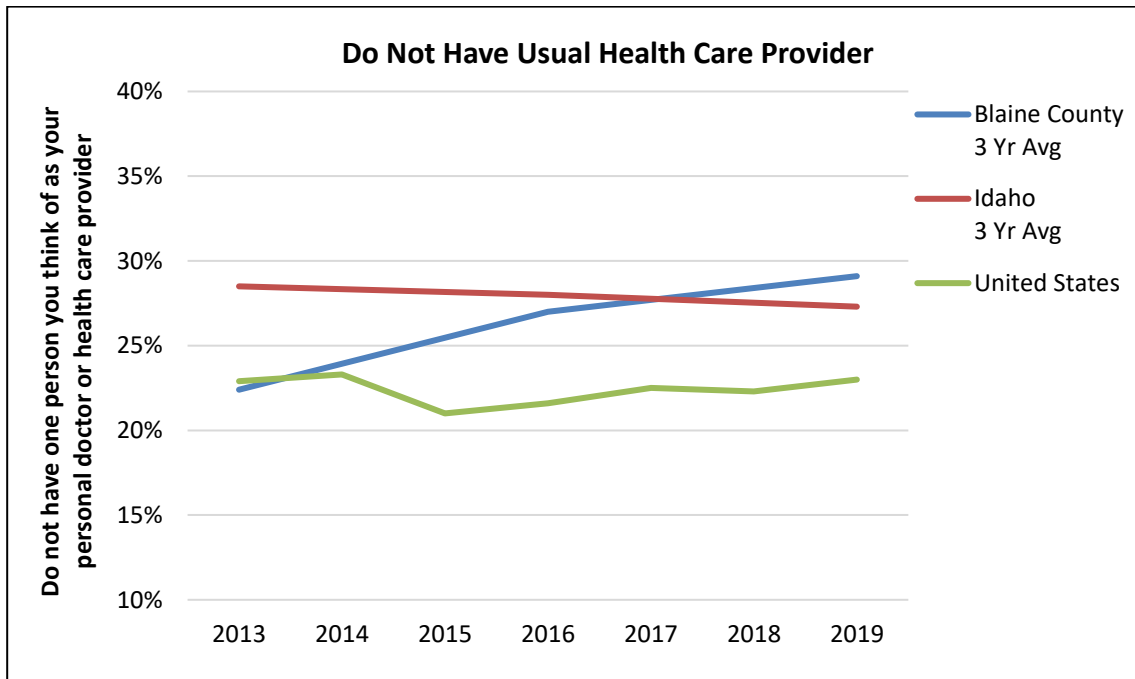
<sup>113</sup> America's Health Rankings 2008 - 2020, www.americashealthrankings.org

<sup>114</sup> Ibid

- **Medical Home**

Today's medical home is a cultivated partnership between the patient, family, and primary provider in cooperation with specialists and support from the community. The patient/family is the focal point of this model, and the medical home is built around this center. Care under the medical home model must be accessible, family-centered, continuous, comprehensive, coordinated, compassionate, and culturally effective.<sup>115</sup> One way to measure progress in the development of the medical home model is to study the percentage of people who do not have one person they think of as their personal doctor.

The percentage of people in our service area without a usual health care provider is slightly higher than it is in the nation and the trend is increasing.<sup>116</sup>



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

<sup>115</sup> <http://www.hrsa.gov/healthit/toolbox/Childrenstoolbox/BuildingMedicalHome/whyimportant.html>

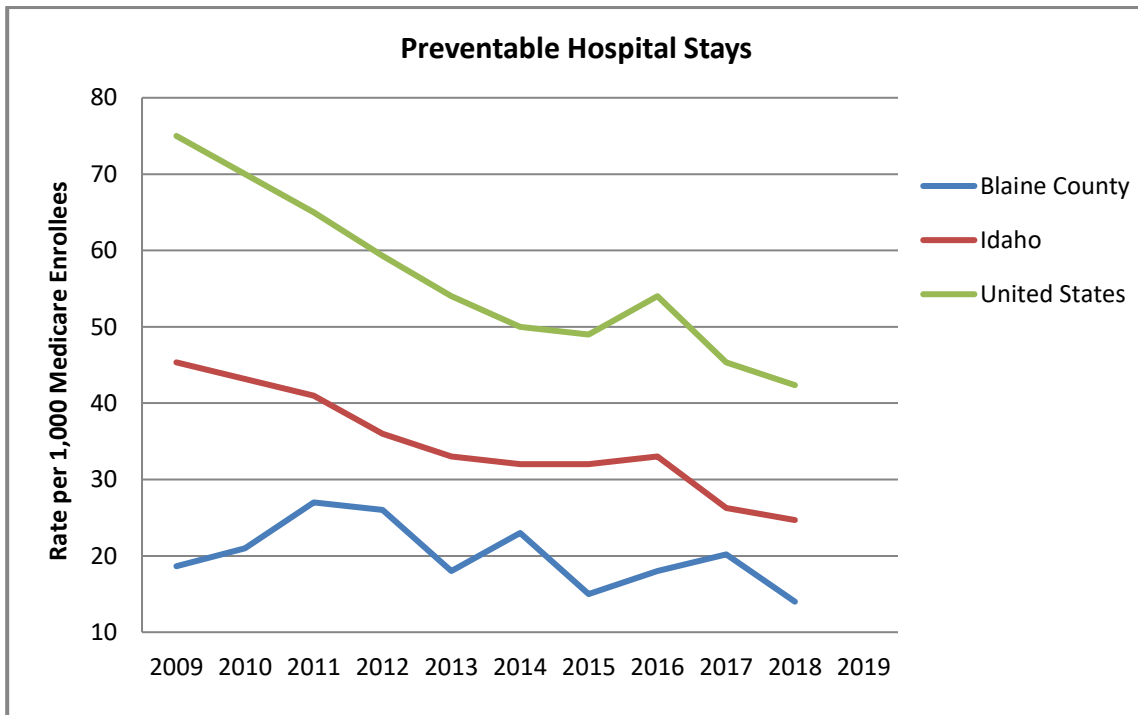
<sup>116</sup> Idaho and National 2014 – 2020 Behavioral Risk Factor Surveillance System

## Health Care Quality

- **Preventable Hospital Stays**

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

The rate of preventable hospital stays for our service area is significantly below (better than) the national average. The trend is also improving in our service area and nationally. This indicates a high level of health care quality in our service area. The national top 10<sup>th</sup> percentile rate is 26 per 100,000.<sup>117</sup>



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

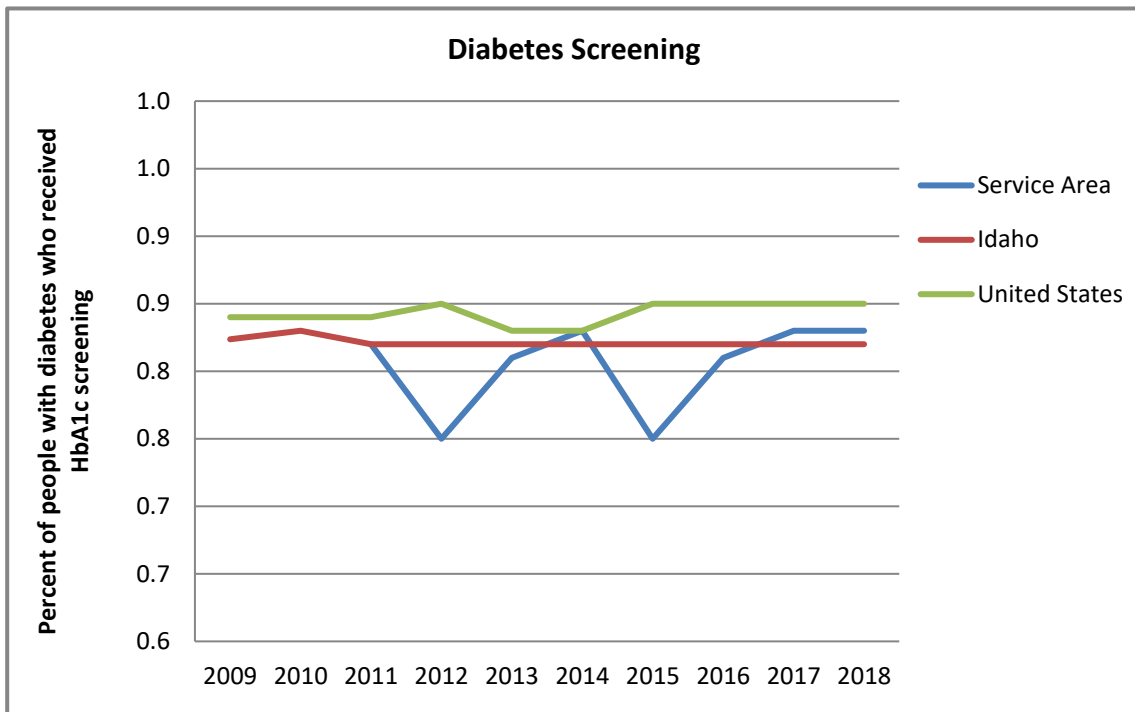
<sup>117</sup> University of Wisconsin Population Health Institute. *County Health Rankings 2006-2018*. Accessible at [www.countyhealthrankings.org](http://www.countyhealthrankings.org).

## Screening Programs

- **Diabetes Screening**

Diabetes screening encompasses the percent of diabetic Medicare enrollees receiving HbA1c screening. Regular HbA1c screening among diabetic patients is considered the standard of care. When high blood sugar, or hyperglycemia, is addressed and controlled, complications from diabetes can be delayed or prevented.<sup>118</sup>

The percent of people receiving HbA1c screening is slightly lower in our service area than in the nation. The trend for diabetes screening is flat nationally and in our service area.<sup>119</sup>



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

<sup>118</sup> University of Wisconsin Population Health Institute. *County Health Rankings 2018*. Accessible at [www.countyhealthrankings.org](http://www.countyhealthrankings.org).

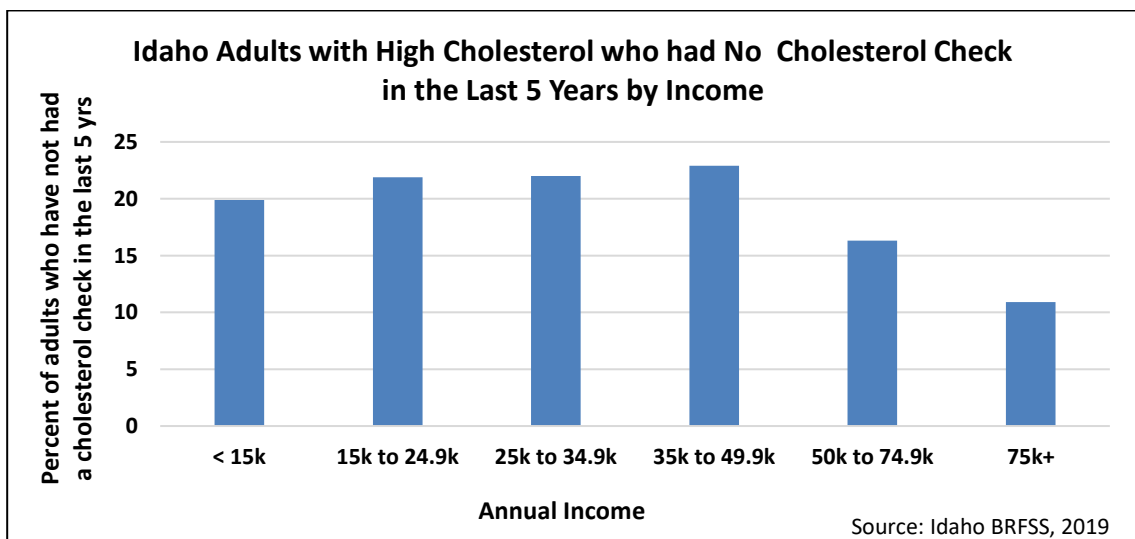
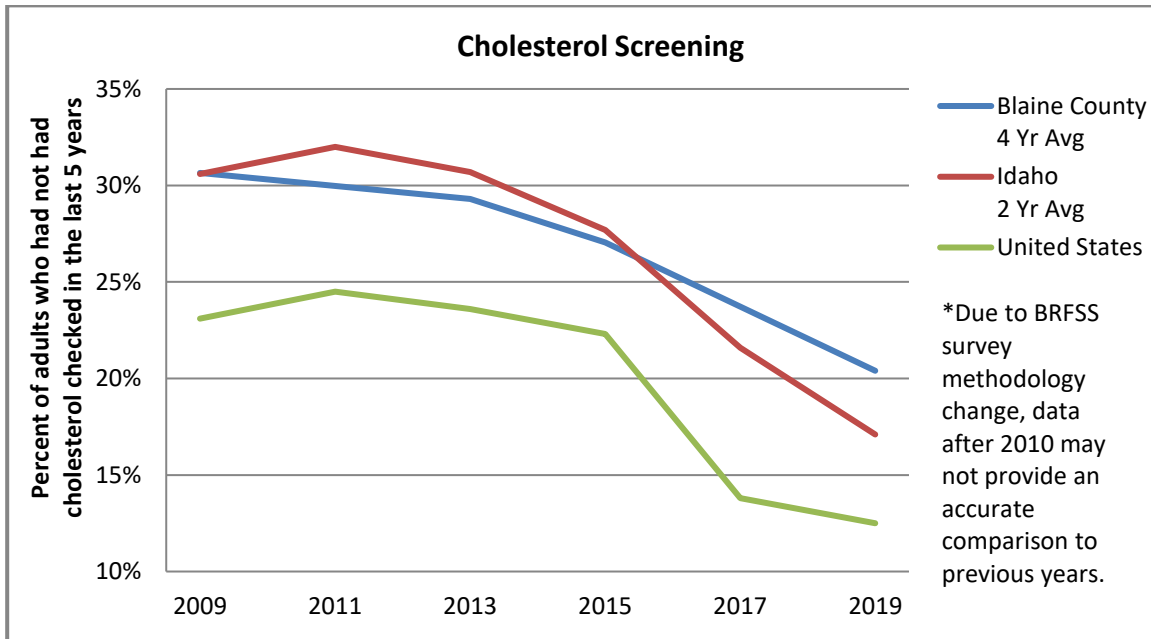
<sup>119</sup> Idaho and National 2010 - 2018 Behavioral Risk Factor Surveillance System

- **Cholesterol Screening**

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

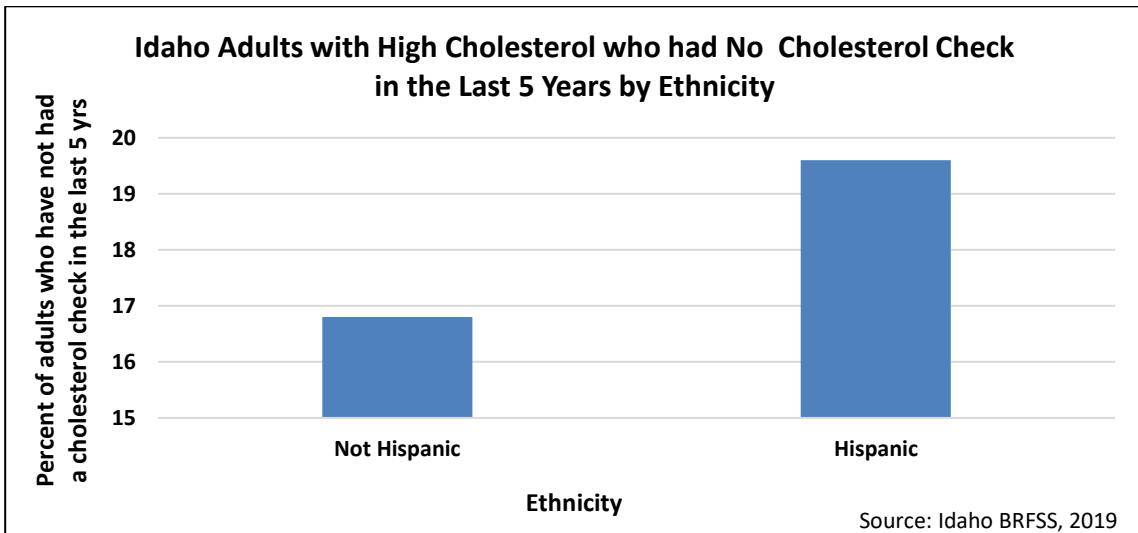
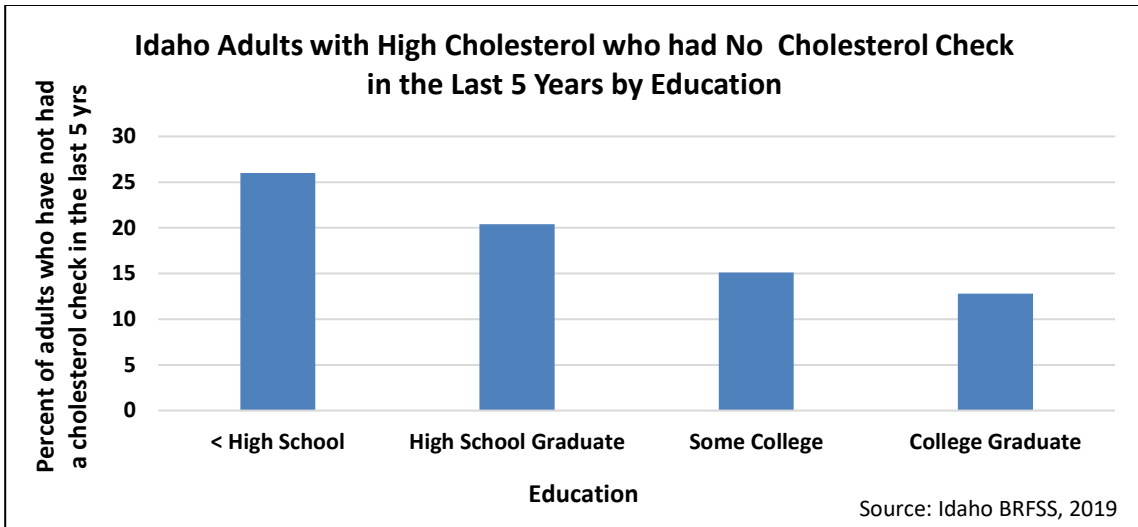
Our service area has a lower percent of people receiving cholesterol checks than the national average.<sup>120</sup>

People with lower incomes, those without college educations, and Hispanics are significantly less likely to have their cholesterol checked.<sup>121</sup>



<sup>120</sup> Idaho and National 2009 - 2019 Behavioral Risk Factor Surveillance System

<sup>121</sup> Ibid

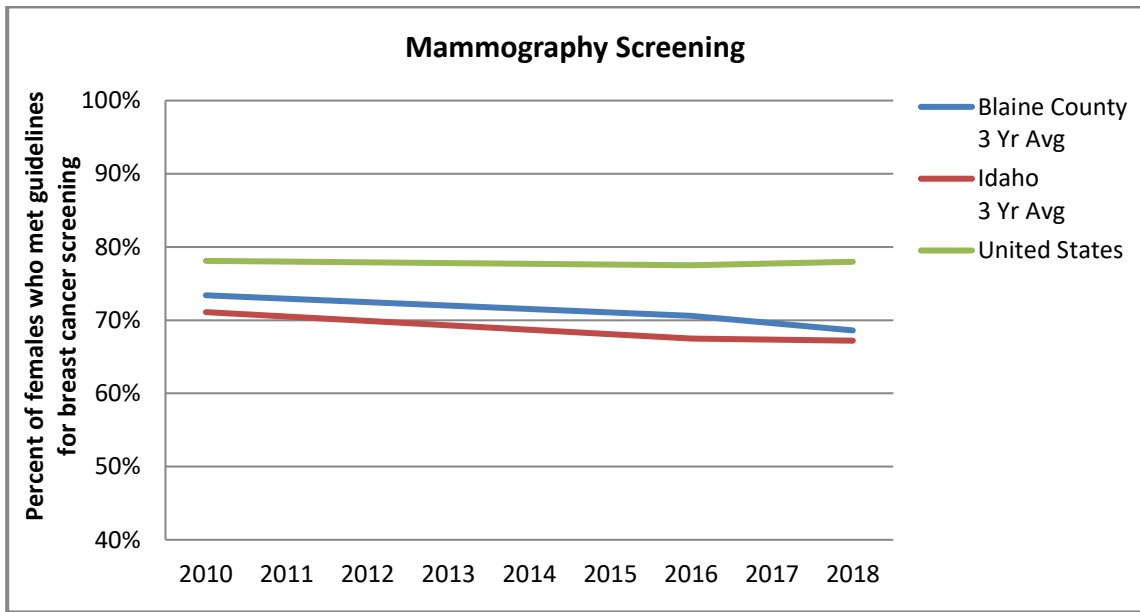


Health Factor Score				
Low score = Low potential for health impact		High score = High potential for health impact		
	Trend	Severity	Magnitude	Total Score
Cholesterol Screening	-1	1	0	0

- **Mammography Screening**

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

The percentage of women who were screened in our service area was lower than in the nation and has trended flat. Women with annual incomes of less than \$25,000 are significantly less likely to have had a mammogram.<sup>122</sup>



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

<sup>122</sup> Idaho and National 2010 - 2018 Behavioral Risk Factor Surveillance System

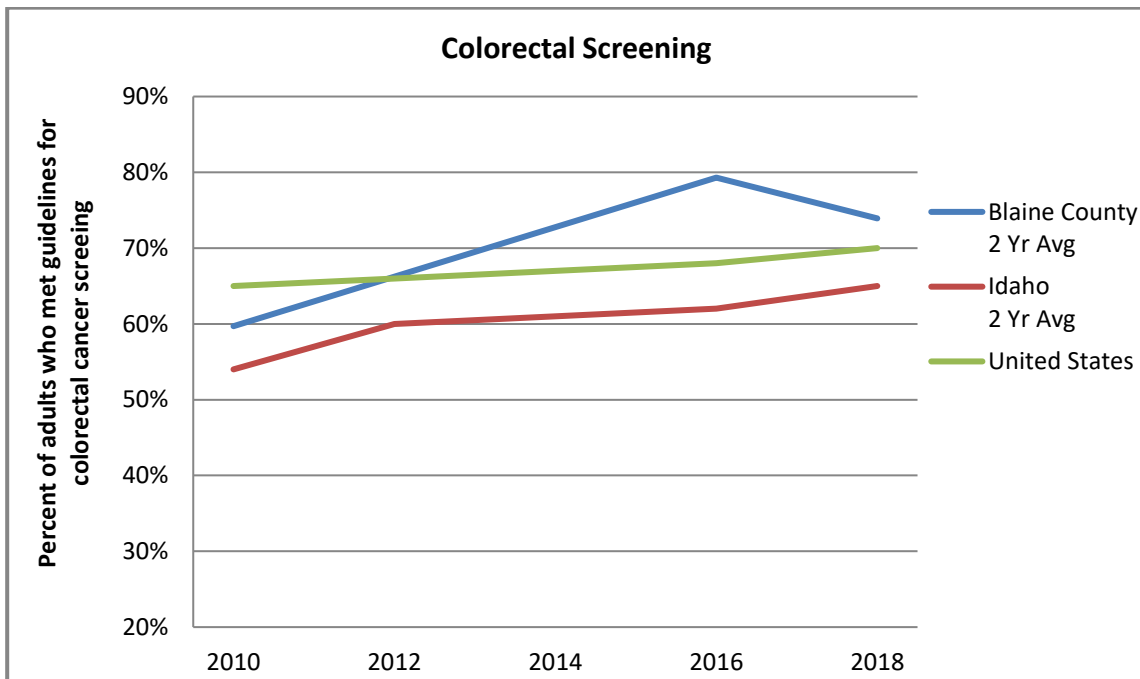


- **Colorectal Screening**

Colorectal cancer is the second-leading cause of cancer deaths and the third most common cancer in both men and women in the U.S. There is strong evidence that colorectal cancer screening reduces mortality by detecting cancer early when treatments are more effective. It is estimated that 20 to 24 colorectal cancer deaths can be averted for every 1,000 adults screened.<sup>123</sup>

The percent of people aged 50 or older receiving colorectal screening in our service area is higher than the nation. The trend has been improving overall.<sup>124</sup>

People with annual incomes of less than \$25,000 are significantly less likely to have ever had a colonoscopy when compared to people with higher incomes or with a college education.<sup>125</sup>



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

<sup>123</sup> America's Health Rankings analysis of CDC, Behavioral Risk Factor Surveillance System, United Health Foundation, AmericasHealthRankings.org, Accessed 2020

<sup>124</sup> Idaho and National 2010 - 2018 Behavioral Risk Factor Surveillance System

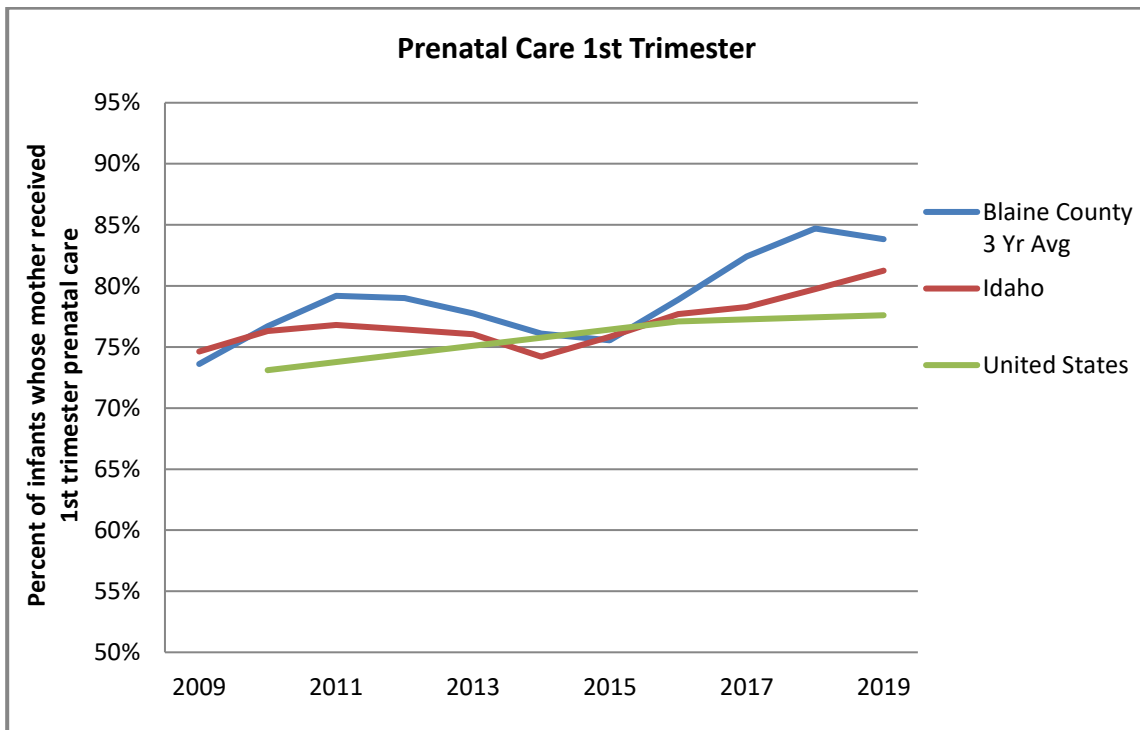
<sup>125</sup> Ibid.

## Prenatal Care Program

- **Prenatal Care Begun in First Trimester**

Prenatal care measures how early women are receiving the care they require for a healthy pregnancy and development of the fetus. Mothers who do not receive prenatal care are three times more likely to deliver a low birthweight baby than mothers who received prenatal care, and babies are five times more likely to die without that care. Early prenatal care allows health care providers to identify and address health conditions and behaviors that may reduce the likelihood of a healthy birth, such as smoking and drug and alcohol abuse.<sup>126</sup>

The percent of women in our service area who receive early prenatal care is 83.8%, which is higher than in the nation. The trend in our service area has been increasing.<sup>127</sup>



Health Factor Score				
Low score = Low potential for health impact		High score = High potential for health impact		
	Trend	Severity	Magnitude	Total Score
Prenatal Care 1 <sup>st</sup> Trimester	0	1	1	2

<sup>126</sup> America's Health Rankings analysis of CDC WONDER, Natality Public Use Files, United Health Foundation, AmericasHealthRankings.org, Accessed 2022.

<sup>127</sup> Idaho Vital Statistics Annual Reports, Years 2006 - 2019, National Vital Statistics Report - Deaths: Data 2019

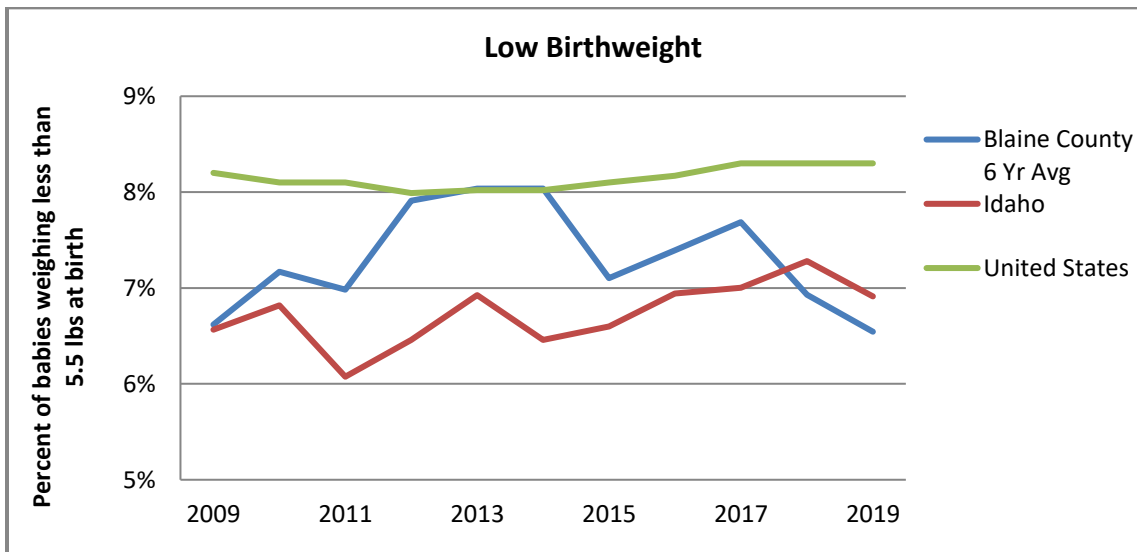
- **Low Birthweight**

Low birthweight is unique as a health outcome because it represents multiple factors: maternal exposure to health risks and the infant’s current and future morbidity, as well as premature mortality risk. The health associations and impacts of low birthweight on the child are numerous, including higher mortality, lower IQ, impaired language development, and chronic conditions during adulthood, i.e., obesity, diabetes, and cardiovascular disease.<sup>128</sup>

The percent of low birthweight babies in our service area is 6.5%, which is below (better than) the national average. This is a key indicator of future health. The national top 10<sup>th</sup> percentile for low birthweight is 6%.<sup>129</sup>

Low birthweight can be addressed in multiple ways, including:<sup>130</sup>

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



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

<sup>128</sup> University of Wisconsin Population Health Institute. *County Health Rankings* 2019. Accessible at [www.countyhealthrankings.org](http://www.countyhealthrankings.org).

<sup>129</sup> Idaho Vital Statistics Annual Reports, Years 2009 - 2019, National Vital Statistics Report - Births: Data 2009 - 2019

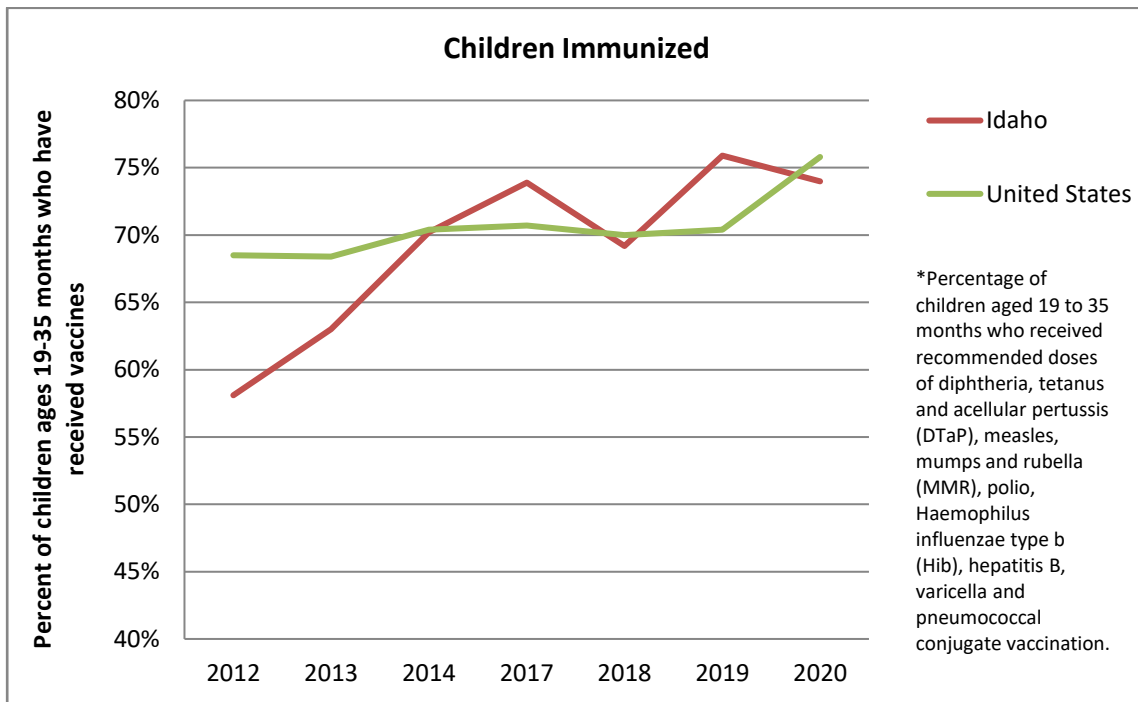
<sup>130</sup> America’s Health Rankings 2015-2018, [www.americashealthrankings.org](http://www.americashealthrankings.org)

## Immunizations

- **Childhood Immunizations**

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

The immunization coverage measure used here is the average of the percentage of children ages 19 to 35 months who have received the following vaccinations: DTaP, polio, MMR, Hib, hepatitis B, varicella, and PCV. The immunization rate in Idaho has been improving and is about the same as the nation.<sup>131</sup>



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

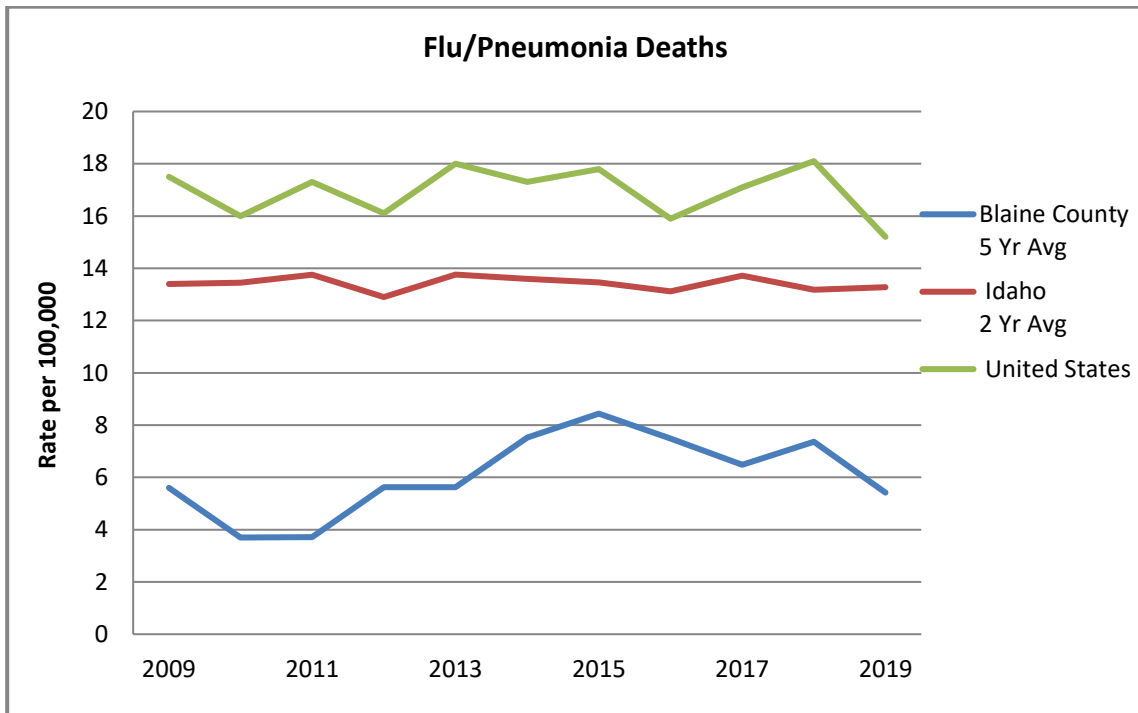
<sup>131</sup> America's Health Rankings 2015-2018, [www.americashealthrankings.org](http://www.americashealthrankings.org)

- **Influenza and Pneumonia**

Influenza is a contagious respiratory illness caused by influenza viruses that infect the nose, throat, and lungs. It can cause mild to severe illness, and at times can lead to death. The best way to prevent the flu is by getting a flu vaccination each year.<sup>132</sup>

Pneumonia is an infection of the lungs that is usually caused by bacteria or viruses. Globally, pneumonia causes more deaths than any other infectious disease. However, it can often be prevented with vaccines and can usually be treated with antibiotics or antiviral drugs. People with health conditions, like diabetes and asthma, should be encouraged to get vaccinated against the flu and bacterial pneumonia.<sup>133</sup>

Influenza and Pneumonia are one of the top 10 causes of death in the nation and Idaho. The death rate from flu and pneumonia is flat in our service area and is significantly lower than the national average.<sup>134</sup>



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

<sup>132</sup> <https://www.cdc.gov/flu/prevent/keyfacts.htm>

<sup>133</sup> <https://www.cdc.gov/pneumonia/>

<sup>134</sup> Idaho Vital Statistics Annual Reports, Years 2000 - 2016, National Vital Statistics Report - Deaths: Data 2016

## Social and Economic Factors

### Academic Achievement

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

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

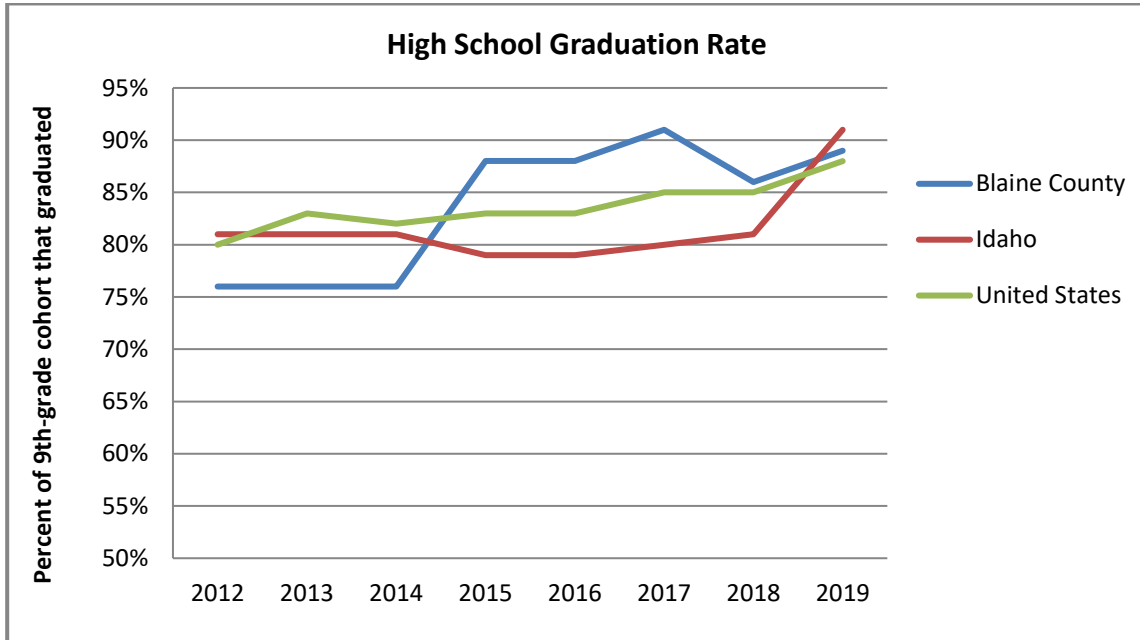
Equitable access to early learning opportunities is a key social determinant of health and foundational to individual and community wellbeing. Poverty, lack of healthcare, and food and housing insecurity create significant challenges for families to afford pre-school and full-day kindergarten.<sup>135</sup>

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<sup>135</sup> Idaho's Early Childhood Care and Education Strategic Plan, 2020

- **High School Graduation Rate**

The high school graduation rate for our service area is about the same as the national average and the trend is flat.<sup>136</sup>

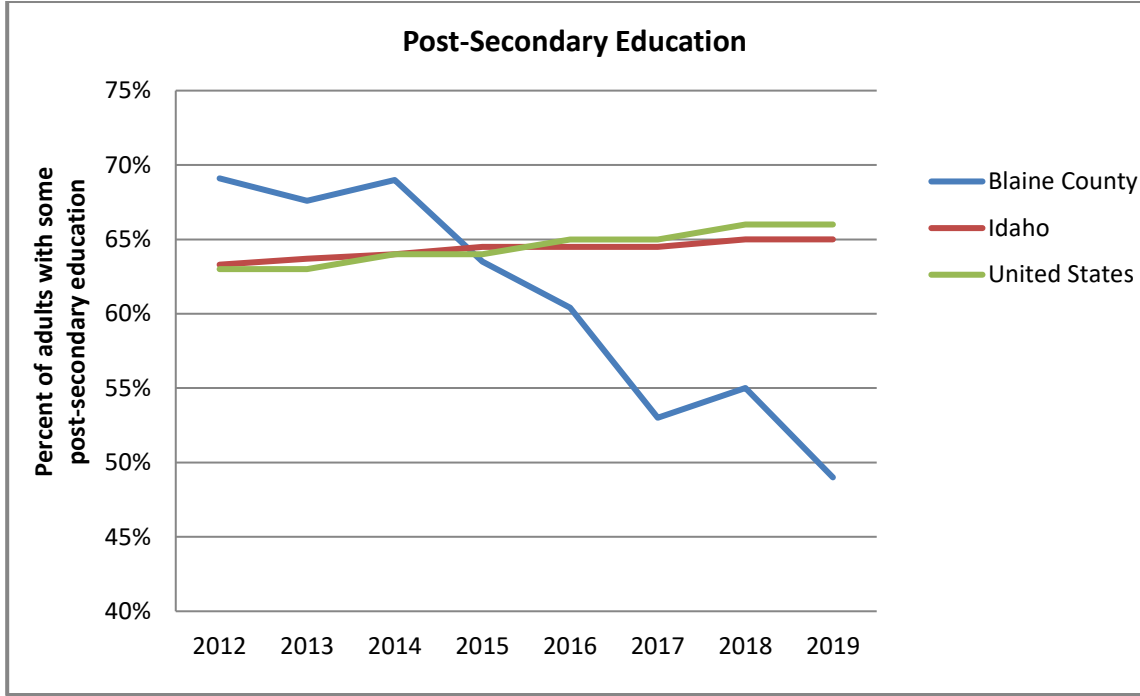


Health Factor Score				
Low score = Low potential for health impact		High score = High potential for health impact		
	Trend	Severity	Magnitude	Total Score
High School Graduation Rate	0	0	1	1

<sup>136</sup> University of Wisconsin Population Health Institute. *County Health Rankings 2012-2018*. Accessible at [www.countyhealthrankings.org](http://www.countyhealthrankings.org).

- **Some College**

Post-secondary education for our service area is significantly below the national average and the trend is decreasing.<sup>137</sup>



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

<sup>137</sup> University of Wisconsin Population Health Institute. *County Health Rankings 2012-2018*. Accessible at [www.countyhealthrankings.org](http://www.countyhealthrankings.org).

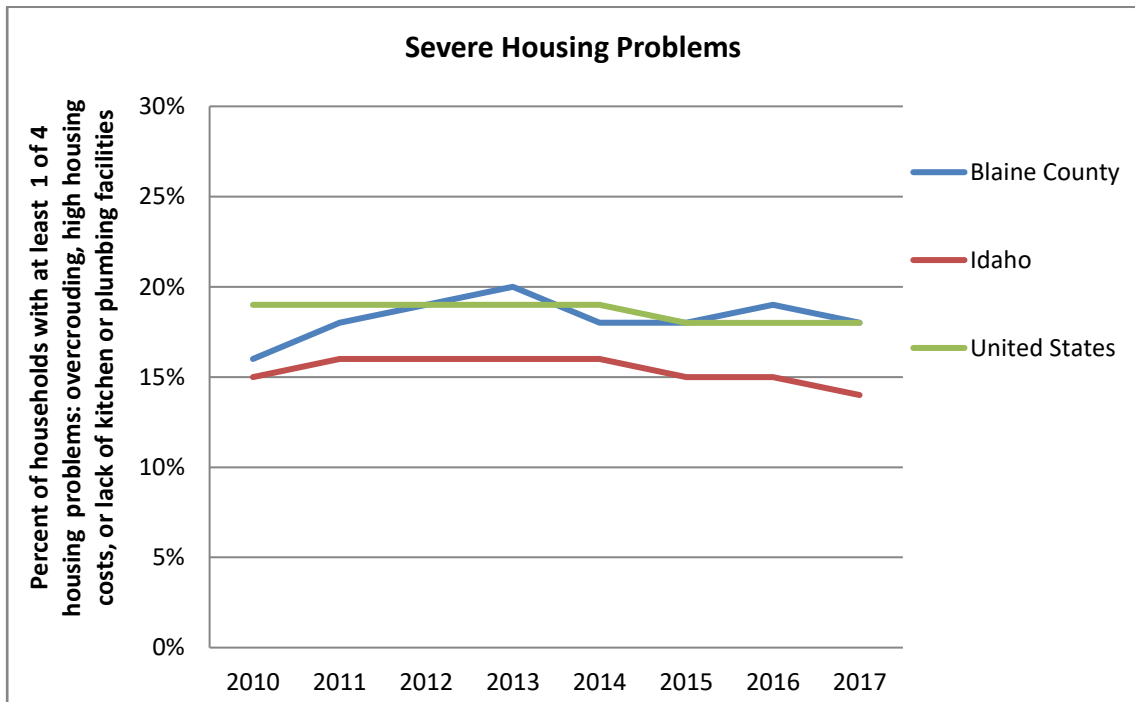


## Housing Stability

The U.S. Census Bureau "CHAS" data (Comprehensive Housing Affordability Strategy), demonstrate the extent of housing problems and housing needs, particularly for low-income households. There are four housing problems tracked in the CHAS data: 1) housing unit lacks complete kitchen facilities; 2) housing unit lacks complete plumbing facilities; 3) household is severely overcrowded; and 4) household is severely cost burdened. A household is said to have a severe housing problem if they have 1 or more of these 4 problems. Severe overcrowding is defined as more than 1.5 persons per room. Severe cost burden is defined as monthly housing costs (including utilities) that exceed 50% of monthly income.<sup>138</sup>

- **Severe Housing Problems**

Idaho has a slightly lower percentage of housing problems than the national average, however our service area is at the same rate as the nation.<sup>139</sup>



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

<sup>138</sup> Office of Policy Development and Research (PD&R). [https://www.huduser.gov/portal/datasets/cp/CHAS/bg\\_chas.html](https://www.huduser.gov/portal/datasets/cp/CHAS/bg_chas.html)

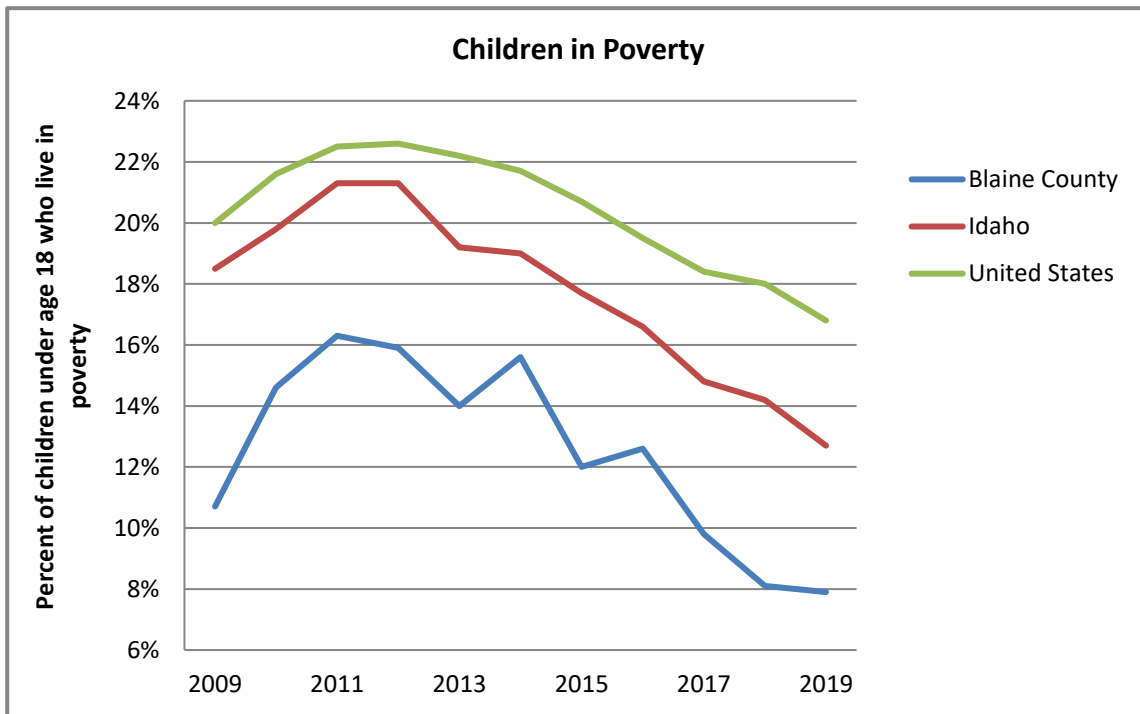
<sup>139</sup> University of Wisconsin Population Health Institute. *County Health Rankings 2009-2019*. Accessible at [www.countyhealthrankings.org](http://www.countyhealthrankings.org).

## Services for Children and Families Experiencing Adversity

- **Children in Poverty**

Income and financial resources enable individuals to obtain health insurance, pay for medical care, afford healthy food, safe housing, and access other basic goods. A 1990s study showed that if poverty were considered a cause of death in the United States, it would have ranked among the top 10. Data on children in poverty is used from the Census' Current Population Survey (CPS) Small Area Income and Poverty Estimates (SAIPE).<sup>140</sup>

The prevalence of children in poverty in Blaine County is well below the national average. The trend is decreasing both nationally and in our service area.<sup>141</sup>



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

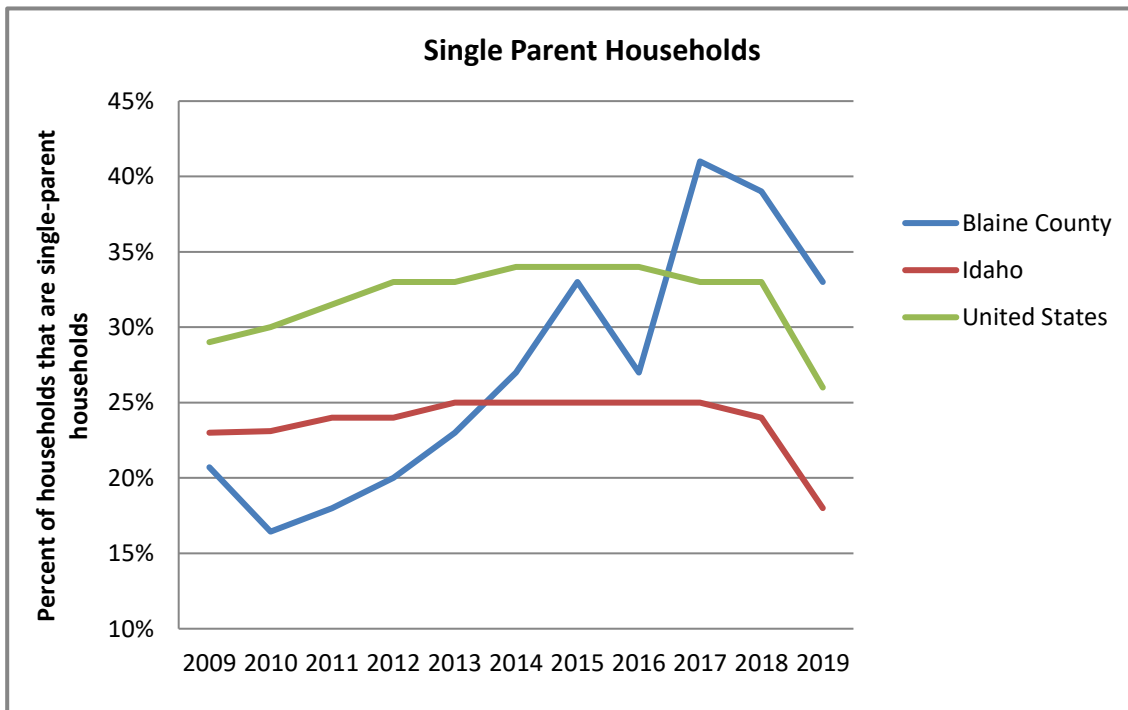
<sup>140</sup> Small Area Income and Poverty Estimates (SAIPE). [https://www.census.gov/data-tools/demo/saie/#/?map\\_geoSelector=aa\\_c&s\\_state=16&s\\_year=2019](https://www.census.gov/data-tools/demo/saie/#/?map_geoSelector=aa_c&s_state=16&s_year=2019).

<sup>141</sup> University of Wisconsin Population Health Institute. *County Health Rankings 2012-2018*. Accessible at [www.countyhealthrankings.org](http://www.countyhealthrankings.org).

- **Children in Single Parent Household**

Adults and children in single-parent households are at risk for both adverse health outcomes such as mental health problems (including substance use disorder, depression, and suicide) and unhealthy behaviors (including smoking and excessive alcohol use). Not only is self-reported health worse among single parents, but mortality risk also is higher. Likewise, children in these households also experience increased risk of severe morbidity and all-cause mortality.<sup>142</sup>

The percent of people living in single parent households is above the national average in our service area.<sup>143</sup>



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

<sup>142</sup> Ibid

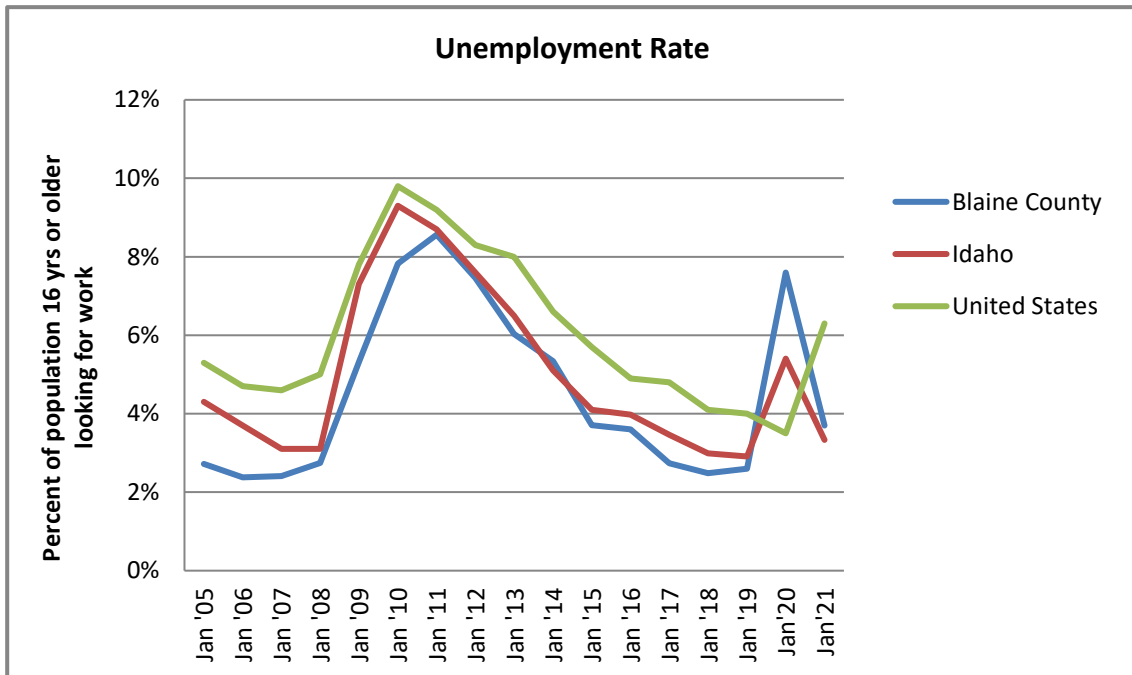
<sup>143</sup> Ibid

## Individual Economic Stability

- **Unemployment**

For the majority of people, employers are their source of health insurance and employment is the way they earn income for sustaining a healthy life and for accessing healthcare. Numerous studies have documented an association between employment and health. Unemployment may lead to physical health responses ranging from self-reported physical illness to mortality, especially deaths by suicide. It has also been shown to lead to an increase in unhealthy behaviors related to alcohol and tobacco consumption, diet, exercise, and other health-related behaviors, which in turn can lead to increased risk for disease or mortality.<sup>144</sup>

The unemployment rate in Idaho and our service area has been trending down since 2011 and is below the national rate.<sup>145</sup>



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

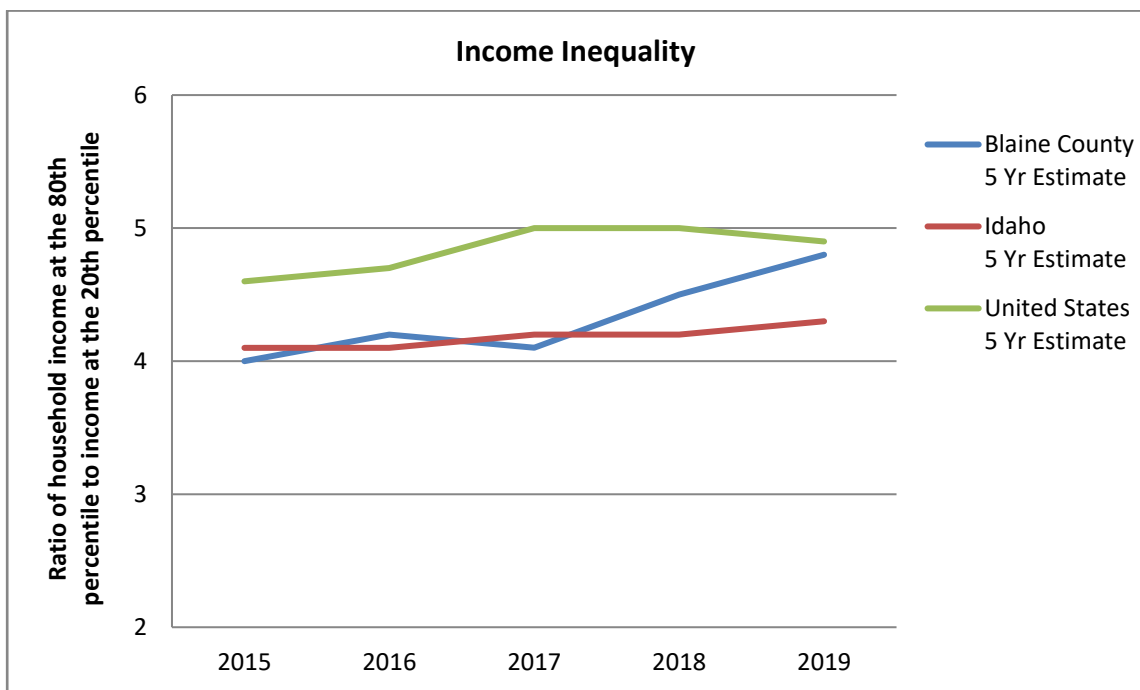
<sup>144</sup> University of Wisconsin Population Health Institute. *County Health Rankings 2012-2018*. Accessible at [www.countyhealthrankings.org](http://www.countyhealthrankings.org).

<sup>145</sup> University of Wisconsin Population Health Institute. *County Health Rankings 2002-2021*. Accessible at [www.countyhealthrankings.org](http://www.countyhealthrankings.org).

- **Income Inequality**

Income inequality can have broad health impacts, including increased risk of mortality, poor health, and increased cardiovascular disease risks.<sup>146</sup> When the incomes of all households in a county are listed from highest to lowest, the 80th percentile is the level of income at which only 20% of households have higher incomes, and the 20th percentile is the level of income at which only 20% of households have lower incomes. A higher inequality ratio indicates greater division between the top and bottom ends of the income spectrum.

The rate of income inequality is about the same as the national average for our service area. The trend is slightly increasing for our service area.<sup>147</sup>



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

<sup>146</sup> Pickett KE, Wilkinson RG. Income inequality and health: a causal review. *Social Science & Medicine*. 2015; 128: 316-326.

<sup>147</sup> University of Wisconsin Population Health Institute. *County Health Rankings 2015-2019*. Accessible at [www.countyhealthrankings.org](http://www.countyhealthrankings.org).

## Food/Nutrition Security

- **Food Environment Index**

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

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

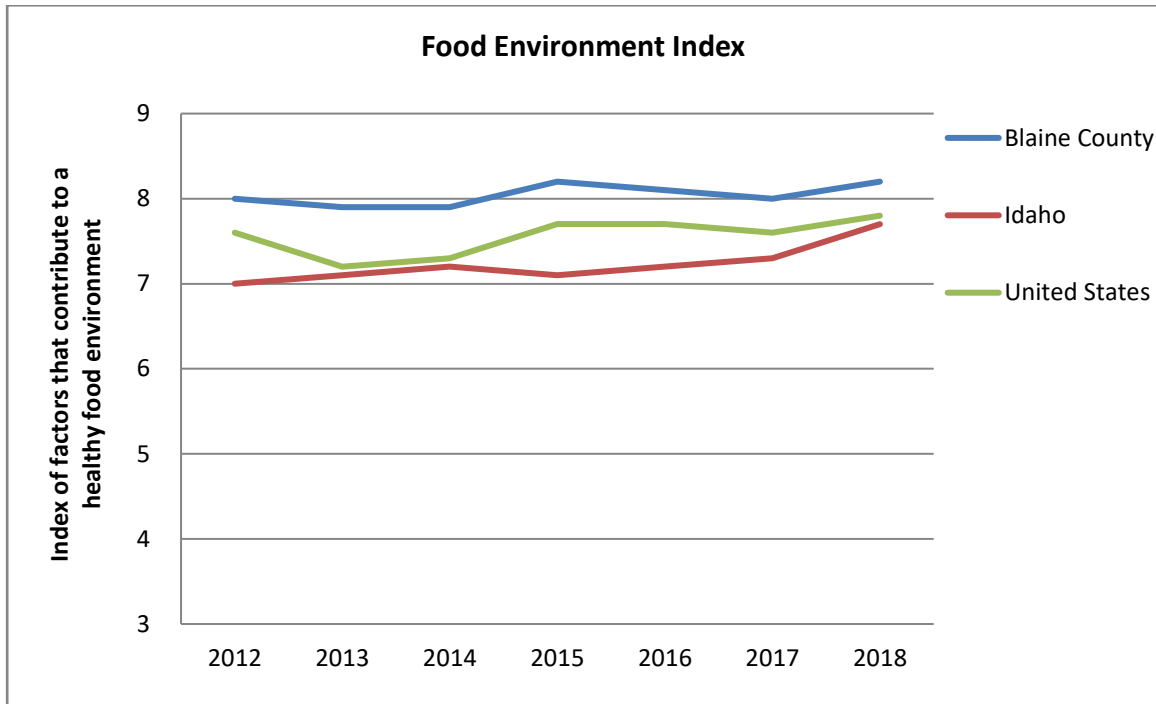
There are many facets to a healthy food environment. This measure considers both the community and consumer nutrition environments. It includes access in terms of the distance an individual lives from a grocery store or supermarket. There is strong evidence that residing in a “food desert” is correlated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

Additionally, low income can be another barrier to healthy food access. Food insecurity, the other food environment measure included in the index, attempts to capture the access issue by gaining a better understanding of the barrier of cost. Lacking constant access to food is related to negative health outcomes such as weight-gain and premature mortality. In addition to asking about having a constant food supply in the past year, the module also addresses the ability of individuals and families to provide balanced meals further addressing barriers to healthy eating. The consumption of fruits and vegetables is important, but it may be equally important to have adequate access to a constant food supply.<sup>148</sup>

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<sup>148</sup> University of Wisconsin Population Health Institute. *County Health Rankings 2012-2018*. Accessible at [www.countyhealthrankings.org](http://www.countyhealthrankings.org).

The food environment index level for our service area is slightly higher than the national average. Idaho is about the same as the national average. An index level of 8.7 or above is the top 10% nationally.<sup>149</sup>



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

<sup>149</sup> University of Wisconsin Population Health Institute. *County Health Rankings 2012-2018*. Accessible at [www.countyhealthrankings.org](http://www.countyhealthrankings.org).

## Social Support

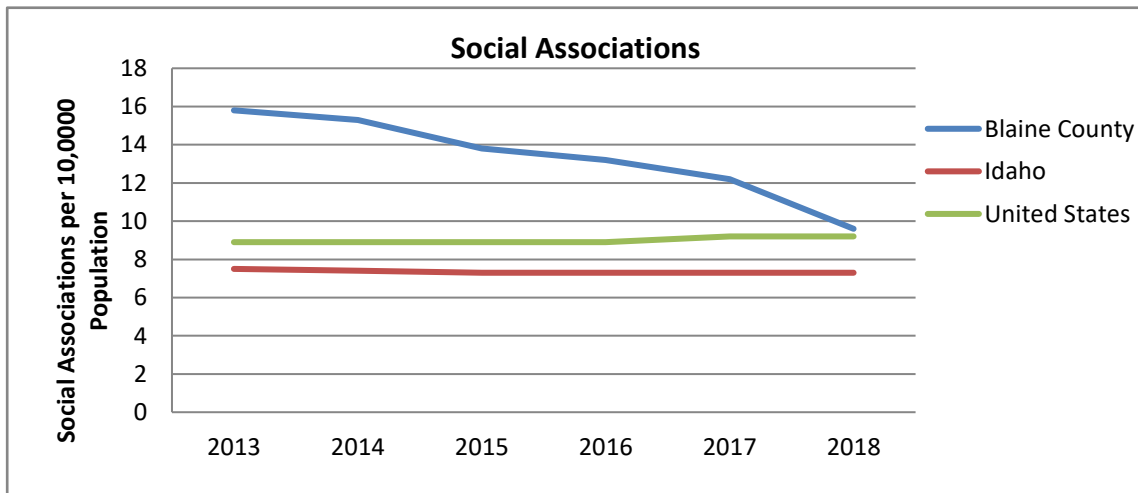
- **Inadequate Social Support**

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

The association between socially isolated individuals and poor health outcomes has been well-established in the literature. One study found that the magnitude of risk associated with social isolation is similar to the risk of cigarette smoking for adverse health outcomes.<sup>150</sup>

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

Social associations per 10,000 population in Blaine County is about the same as the national average.<sup>151</sup>



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

<sup>150</sup> University of Wisconsin Population Health Institute. *County Health Rankings 2013-2018*. Accessible at [www.countyhealthrankings.org](http://www.countyhealthrankings.org).

<sup>151</sup> Ibid



## Community Safety

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

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

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

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

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

Injuries generate \$794 billion in lifetime medical costs and lost productivity every year. Communities can help protect their residents by adopting and implementing policies and programs to prevent accidents and violence.<sup>152</sup>

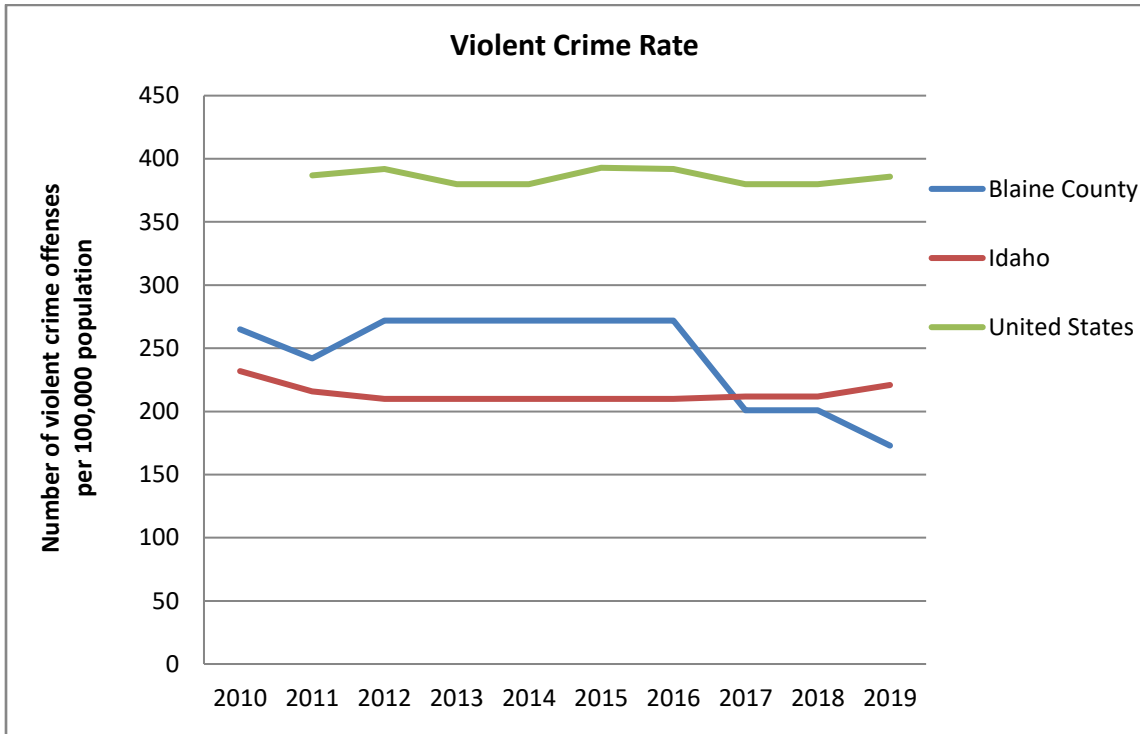
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<sup>152</sup> University of Wisconsin Population Health Institute. *County Health Rankings 2019*. Accessed at [www.countyhealthrankings.org](http://www.countyhealthrankings.org).

- **Violent Crime**

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

Violent crime rates in Idaho and our service area are significantly lower (better) than the national average.<sup>153</sup>

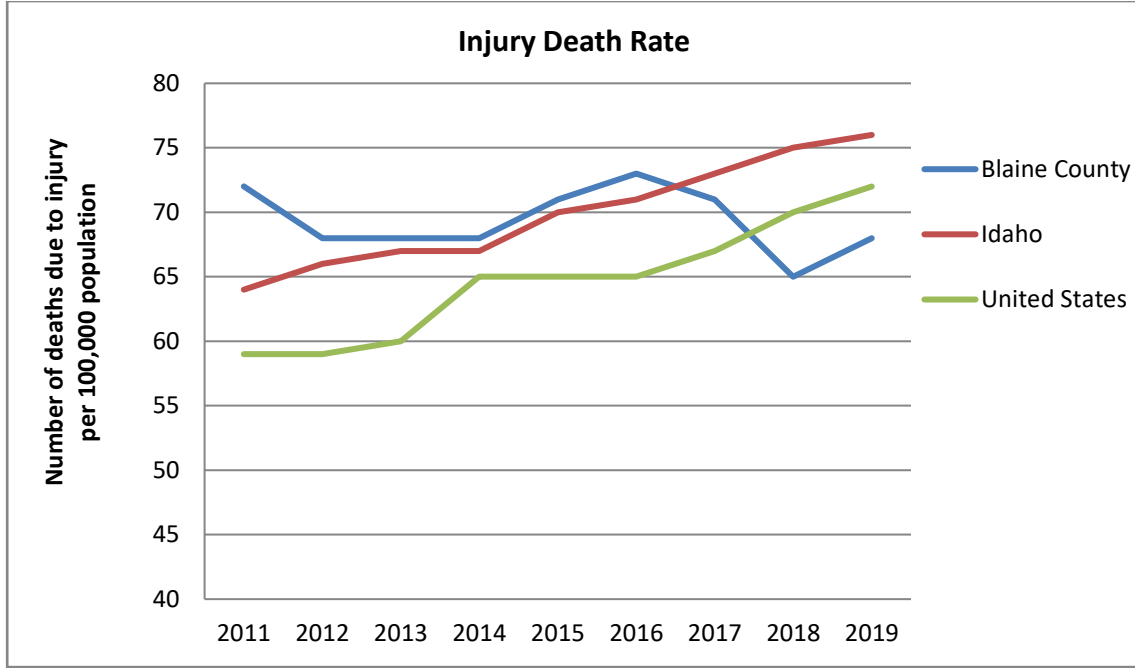


Health Factor Score				
Low score = Low potential for health impact		High score = High potential for health impact		
	Trend	Severity	Magnitude	Total Score
Violent Crime	-1	0	0	-1

<sup>153</sup> University of Wisconsin Population Health Institute. *County Health Rankings 2010-2019*. Accessed at [www.countyhealthrankings.org](http://www.countyhealthrankings.org).

- **Injury Deaths**

The injury death rate for our service area is lower than the nation. The overall injury death rate for Idaho is slightly higher than the nation. The overall trend is increasing.<sup>154</sup>



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

<sup>154</sup> Ibid

## Physical Environment Factors

### Air and Water Quality

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

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

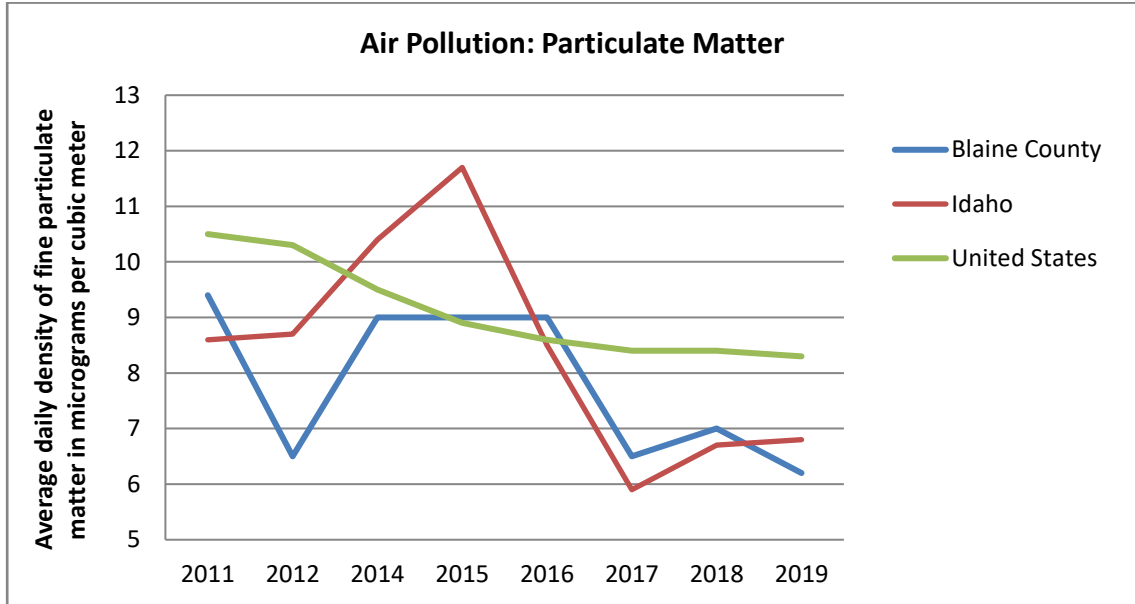
Studies estimates that contaminants in drinking water sicken up to 1.1 million people a year. Improper medicine disposal, chemical, pesticide, and microbiological contaminants in water can lead to poisoning, gastro-intestinal illnesses, eye infections, increased cancer risk, and many other health problems. Water pollution also threatens wildlife habitats.<sup>155</sup>

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<sup>155</sup> University of Wisconsin Population Health Institute. *County Health Rankings* 2019. Accessed at [www.countyhealthrankings.org](http://www.countyhealthrankings.org).

- **Air Pollution Particulate Matter**

Air pollution-particulate matter is defined as the average daily measure of fine particulate matter in micrograms per cubic meter (PM2.5) in a county. Idaho and our service area have air pollution-particulate matter levels below the national average.<sup>156</sup>



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

<sup>156</sup> University of Wisconsin Population Health Institute. County Health Rankings 2011-2019. [www.countyhealthrankings.org](http://www.countyhealthrankings.org).

- **Drinking Water Violations**

The EPA’s Safe Drinking Water Information System was utilized to estimate the percentage of the population getting drinking water from public water systems with at least one health-based violation. Our service area has drinking water violation rates that are significantly below the national average.<sup>157</sup>

<b>Drinking Water Violations</b>						
	<b>2014</b>	<b>2015</b>	<b>2016</b>	<b>2017</b>	<b>2018</b>	<b>2019</b>
<b>Blaine County</b>	Y	Y	Y	Y	Y	Y

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

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

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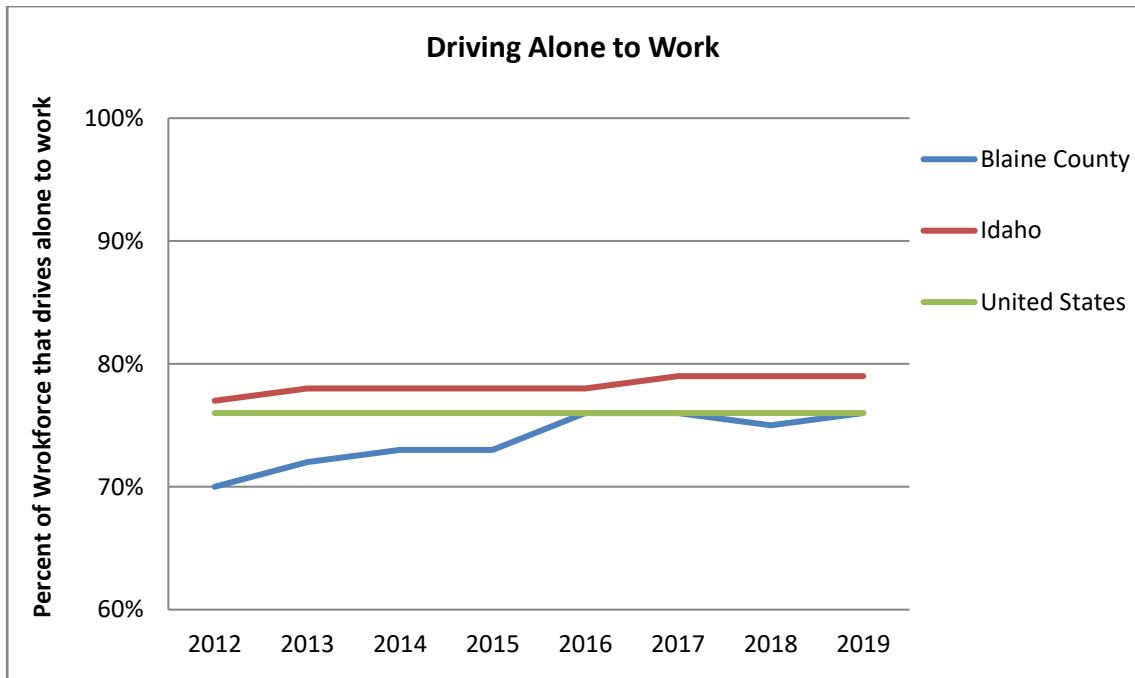
<sup>157</sup> University of Wisconsin Population Health Institute. County Health Rankings 2014-2019. [www.countyhealthrankings.org](http://www.countyhealthrankings.org).

## Healthy Transportation

- **Driving Alone to Work**

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

Our service area has approximately the same percent of people driving to work alone than the national average.<sup>158</sup>



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

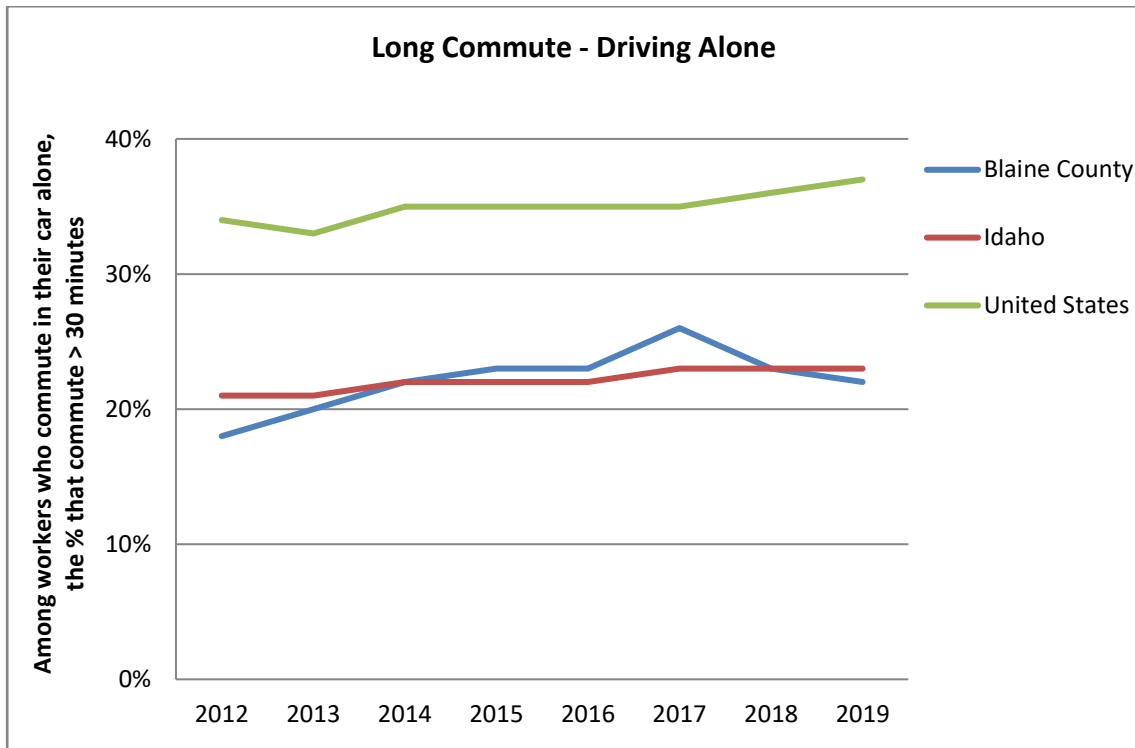
<sup>158</sup> University of Wisconsin Population Health Institute. County Health Rankings 2012-2019. [www.countyhealthrankings.org](http://www.countyhealthrankings.org).

- **Long Commute**

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

Our current transportation system also contributes to physical inactivity. Each additional hour spent in a car per day is associated with a 6% increase in the likelihood of obesity.<sup>159</sup>

The percent of people with a long commute to work is much lower in our service area than the national average.<sup>160</sup>



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

<sup>159</sup> Robert Wood Johnson Foundation. County Health Rankings 2012. [www.countyhealthrankings.org](http://www.countyhealthrankings.org).

<sup>160</sup> University of Wisconsin Population Health Institute. County Health Rankings 2012-2019. [www.countyhealthrankings.org](http://www.countyhealthrankings.org).



## Community Input

**Community input for the CHNA is obtained through two methods:**

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

### Community Representative Interviews

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

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

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

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

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

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

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

## Interview Findings

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

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

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

Health Behavior Needs	
Potential Health Needs	Community Representative Score
Substance abuse services and programs	3.75
Nutrition programs/education/opportunities	2.61
Tobacco prevention & cessation	1.46
Safe sex education programs	2.57
Exercise programs/education/ opportunities	1.61
Wellness & prevention programs (for conditions such as high blood pressure, etc.)	2.46

Clinical Care and Access Needs	
Potential Health Needs	Community Representative Score
Availability of behavioral health services (providers, suicide hotline, etc.)	3.82
Affordable health care for low income individuals	3.96
Chronic disease management programs (for diabetes, asthma, arthritis, etc.)	2.86
Screening programs (cholesterol, diabetes, mammography, colorectal, etc.)	2.25

Prenatal Care program	2.11
Immunization Programs	1.36
Improved health care quality	1.43

<b>Social and Economic Needs</b>	
<b>Potential Health Needs</b>	<b>Community Representative Score</b>
Housing stability	4.82
Academic achievement from early learning through post-secondary education	3.39
Social support for Seniors	2.29
Food/Nutrition security	2.21
Individual economic stability	3.82
Services for children and families experiencing adversity	3.5
Social support for Veterans	1.79
Community safety (injury, violence, abuse, etc.)	2.43

<b>Physical Environment Needs</b>	
<b>Potential Health Needs</b>	<b>Community Representative Score</b>
Accessible modes of transportation (sidewalks, bike paths, etc.)	1.96
Healthy air and water quality	1.61

### **Utilizing Community Representative Input**

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

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

## Community Health Needs Prioritization

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

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

## Health Behavior Category Summary

Our service area’s highest priority health behavior need is substance use disorder.

Health Behavior Needs					
Identified Community Health Need	Community Representative Score	Professional Score (includes evidence-base scoring)	Related Health Factors and Outcomes	Health Factor Score	Total Score
Substance abuse services and programs	3.75	4.4	Excessive drinking	2.25	10.4
			Alcohol impaired driving deaths		
			Drug Misuse=Drug Induced death		
			Marijuana use		
Nutrition programs/education /opportunities	2.61	4.6	Nutritional habits, adults	2.25	9.46
			Teen nutritional habits		
			Overweight & obese adults		
			Overweight & obese teens		
Tobacco prevention & cessation	1.46	3.6	Adult smoking rates	2	7.06
			Teen smoking rates		
Safe sex education programs	2.57	2.6	Sexually transmitted infection rate	1.33	6.5
			Teen birth rate		
			AIDS rate		
Exercise Programs/education /opportunities	1.61	4.2	Adult physical inactivity	0.667	6.477
			Teen exercise		
			Access to exercise opportunities		
Wellness & Prevention programs	2.46	4.6	Accident deaths	-1.4	5.66
			Alzheimer's deaths		
			Breast cancer deaths		
			Cerebrovascular disease deaths		
			Colorectal cancer deaths		
			Diabetes Mellitus deaths		
			Heart disease deaths		
			High cholesterol, incidence		
			Leukemia deaths		
			Lung cancer deaths		
			Nephritis deaths		
			Pancreatic cancer deaths		
			Prostate cancer deaths		
Respiratory disease deaths					
Skin cancer (melanoma) deaths					

## Clinical Care Category Summary

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

Clinical Care and Access Needs					
Identified Community Health Need	Community Representative Score	Professional Score (includes evidence-base scoring)	Related Health Factors and Outcomes	Health Factor Score	Total Score
Availability of behavioral health services	3.82	4	Mental health service providers	2.667	10.487
			Mental illness, any		
			Suicide deaths		
Affordability of health care for low income	3.96	3.6	Uninsured Adults	2	9.56
			Primary care physicians/providers		
Chronic disease management programs	2.86	4.4	Arthritis, incidence	1.6	8.86
			Asthma, incidence		
			Diabetes, incidence		
			High blood pressure		
			Do not have usual PCP, Medical home		
Screening programs	2.25	4.4	Cholesterol	1	7.65
			Colorectal cancer		
			Diabetes screening/monitoring		
			Mammography		
Prenatal care program	2.11	4.6	Prenatal care in 1st trimester	0.5	7.21
			Low birth weight babies		
Immunization programs	1.36	4.8	Children immunized	-1	5.16
			Flu/pneumonia deaths		
Improved health care quality	1.43	3.4	Preventable hospital stays	0	4.83

## Social and Economic Factors Category Summary

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

Social and Economic Needs					
Identified Community Health Need	Community Representative Score	Professional Score (includes evidence-base scoring)	Related Health Factors and Outcomes	Health Factor Score	Total Score
Housing stability	4.82	3.2	Severe housing problems	1.5	<b>9.52</b>
Academic achievement (early learning-post secondary education)	3.39	2.6	High school graduation rate	2	<b>7.99</b>
			Some college		
Social support for seniors	2.29	2	Social associations	3	<b>7.29</b>
Food/nutrition security	2.21	3.8	Food environment index	1	<b>7.01</b>
Individual economic stability	3.82	2.6	Unemployment rate	0.33	<b>6.75</b>
			Children in poverty		
			Income inequality		
Services for children and families experiencing adversity	3.5	0.6	Social associations	1.33	<b>5.43</b>
			Children in poverty		
			Children in single parent household		
Social support for veterans	1.79	0.4	Social associations	3	<b>5.19</b>
Community safety	2.43	1.8	Violent crime rate	-0.5	<b>3.73</b>
			Injury deaths		

## Physical Environment Category Summary

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

Physical Environment Needs					
Identified Community Health Need	Community Representative Score	Professional Score (includes evidence-base scoring)	Related Health Factors and Outcomes	Health Factor Score	Total Score
Healthy Transportation Options	1.96	3.6	Driving alone to work	-1	4.56
			Long commute		
Healthy air and water quality	1.61	0	Air pollution particulate matter	0	1.61
			Drinking water violations		

## Implementation Plan Overview

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

## Future Community Health Needs Assessments

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



## History of Community Health Needs Assessments and Impact of Actions Taken

In our 2019 CHNA, St. Luke's Wood River identified 5 groups of significant health needs facing individuals and families in our community. Each of these priority needs is shown below, followed by a description of the impact we have had on addressing these needs over the past three years.

Priority Need 1: Improve Mental Health

Priority Need 2: Reduce Substance Abuse: Drug Misuse and Excessive Drinking

Priority Need 3: Improve the Prevention and Management of Obesity

Priority Need 4: Improve Access to Affordable Health Insurance

Priority Need 5: Improve Access to Affordable Dental Care

### St. Luke's Center for Community Health

St. Luke's funds and manages the Center for Community Health serving the community through bilingual, comprehensive and coordinated health and wellness prevention services, including health promotion and education, health screenings, information and referral to local and regional health and social services, access to insurance and health care, emergency financial assistance, support groups, parent and family education, and community action.

St. Luke's approaches care through a value-based delivery model and our team at the Center addresses health determinants such as individual behavior, social, economic, and physical environments, and cultural contexts that impact one's ability to create optimal health. We work closely with internal and community partners to identify community needs and develop and deliver services in a coordinated, efficient way.

Individuals with limited or no resources seek our assistance in a variety of ways:

- Financial assistance for medical care, mental health services, prescriptions, transportation, rent, medical equipment, food, housing, etc.
- Government assistance such as Medicaid, Medicare, Social Security Disability, Veterans Benefits
- Understanding of complex medical or government systems such as Health and Welfare, and care coordination, help understanding & applying for insurance

A wide spectrum of individuals, regardless of their resources, interact with us through our multitude of health promotion and prevention services, such as:

- Health education talks
- Information and referral to health and social services
- CPR/First Aid classes
- Puberty classes
- Childbirth education

- Health screenings
- Discover Health Fair
- Fitness classes
- Breast cancer support group
- Car seat safety checks

Additionally, we partner with our clinical providers by referring to their services, being a resource to their patients who need additional support, promoting their expertise through our education programs and screenings, and providing office space for them to deliver services out of the Center.

## COVID-19

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

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

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

## Priority Need 1: Improve Mental Health

Programs to address mental illness and behavioral health challenges were identified as high-priority health need. Idaho historically has one of the highest rates of death by suicide, but also faces a shortage of mental health service providers.

By offering on-going free mental health screenings, financial assistance for therapy and psychiatry, and by being actively engaged in suicide prevention efforts through the 5B Suicide Prevention Alliance, St. Luke's Wood River is helping to provide much-needed access to care for people with mental and behavioral health needs in our community.

St. Luke's Wood River Family Medicine and our emergency department have continued to regularly screen its patients for depression and suicide risk, because early detection can result in decrease of acuity, patients can receive more appropriate and effective treatment, and ED visits and hospitalizations can be decreased. In addition, our primary care physicians are taking a more active role in the treatment of mental health conditions. Many of our primary care physicians have attended a REACH (Resources for Advancing Children's Health) course, which is a three-day, intensive, integrative training for primary care providers that covers assessment, diagnosis, treatment, and medication management for a variety of mental health conditions, including depression, anxiety, aggression, bi-polar and psychosis. Additionally, in 2020 we established a Collaborative Care program in our primary care clinic, embedding a social worker as a care team partner.

In 2017 St. Luke's developed and continues to be a lead partner the 5B Suicide Prevention Alliance, comprised of Blaine County citizens and organizations, is working to prevent suicide and educate our community about mental health. Its mission is to build a culture of awareness, understanding, acceptance, and action around our community's mental well-being. We have educated thousands of community members on Know the Five Signs, hired a part-time suicide prevention coordinator, and are currently developing a postvention strategy for our community.

Additionally, the Center for Community Health offers regular health talks, free to the community, and navigation of all mental health services in our community.

### **St. Luke's Clinic – Mental Health Services**

In October 2013, St. Luke's Wood River opened St. Luke's Clinic – Mental Health Services, providing a full spectrum of mental health services with a clinical team consisting of a full-time psychiatrist, 2 mental health therapists, and a nurse. We provide consultation, co-management, diagnostic, and multidisciplinary mental health services in close coordination with our primary care physicians and community-based therapists. The clinic continues to provide much needed clinical services to not only insured patients, but those who have Medicaid/Medicare or lack the financial resources to pay for services.

### **Counseling Scholarship Fund**

We continue to offer our Counseling Scholarship Fund, a program that provides funding and facilitates access to community-based mental health counseling for uninsured and underinsured individuals and families. This scholarship fund helps offset the high costs of community-based mental health counseling for people in need. These critical counseling sessions help address a wide range of mental health issues including suicide, parenting, anxiety, and depression. From October 2019 through April 2022, we have served 350 people for approximately \$90,000, an increase in monies contributed each year.

## **Mental Health Services Scholarship Fund**

Additionally, we have continued our Mental Health Services Scholarship Fund, a program that provides funding for patients seeking psychiatric or counseling services at St. Luke's Clinic – Mental Health Services who are uninsured and underinsured. We have patients who report reducing the number of visits to our therapists or psychiatrist for lack of ability to afford their services and some who have stopped coming for care for this reason. We hope to reduce the number of patients who chose to stop receiving services and help others maintain the recommended care plan from their provider by providing them the funds to do so. While the patient's mental health services are being covered, staff start the process of connecting the patient with St. Luke's Patient Financial Services to create a more long-term, sustainable funding source for the patient. This may include Medicaid, a St. Luke's Financial Care Plan, or Social Security Disability.

From October 2019 until September 2021, we served 39 patients, for 84 visits, at a cost of \$9,100.

## **5B Suicide Prevention Alliance**

In 2017 St. Luke's developed and continues to lead the 5B Suicide Prevention Alliance, comprised of Blaine County citizens and organizations is working to prevent suicide and educate our community about mental health. Its mission is to build a culture of awareness, understanding, acceptance, and action around our community's mental well-being. We have educated thousands of community members on Know the Five Signs, hired a part-time suicide prevention coordinator, and are currently developing a postvention strategy for our community. In 2022 St. Luke's provided \$5,000 in direct funding for the suicide prevention coordinator position.

## **Priority Need 2: Reduce Substance Abuse: Drug Misuse and Excessive Drinking**

Reducing substance abuse ranks among our community's most significant health needs. Approximately 25% of the people in our community participated in excessive/binge drinking in 2016 - a rate that is far higher than the national average. Our community representatives also provided substance abuse with one of their higher scores. The rate of deaths due to drug misuse has been climbing in our community and across the nation. An in-depth analysis of 2016 U.S. drug overdose data shows that America's overdose epidemic is spreading geographically and increasing across demographic groups. Drug overdoses killed 63,632 Americans in 2016. Nearly two-thirds of these deaths (66%) involved a prescription or illicit opioid.<sup>161</sup>

We have historically combined mental health and substance abuse into one priority community health need and thus have developed and sustained programs that address both needs together, as we know that substance abuse and mental health disorders are typically

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<sup>161</sup> <https://www.cdc.gov/media/releases/2018/p0329-drug-overdose-deaths.html>

co-occurring. We still believe the programs we support and facilitate that address mental health can have a positive impact on reducing substance use but will use the next year to assess the strengths and gaps in our community for specifically addressing substance use and determine areas in which we can strengthen existing partnerships or build new programs to address this critical need.

### **Priority Need 3: Improve the Prevention and Management of Obesity**

Obesity is one of our community's most significant health needs. Approximately 50% of the adults in our community and more than 25% of the children in our state are either overweight or obese. The percent of overweight/obese individuals is now higher in our community than it is in the nation as a whole and it is going up at a faster rate. Obesity is a serious concern because they it is associated with poorer mental health outcomes, reduced quality of life, and is a leading cause of death in the U.S. and worldwide.<sup>162</sup>

Obesity is a complex health issue to address. Obesity results from a combination of causes and contributing factors, including both behavior and genetics. Behavioral factors include dietary patterns, physical activity, inactivity, and medication use. Additional contributing social and economic factors include the food environment in our community, the availability of resources supporting physical activity, personal education, and food promotion. Therefore, St. Luke's has chosen to offer a number of weight loss programs designed to meet a wide variety patient circumstance.

COVID-19 had a significant impact on our ability to deliver on our strategies to improve the prevention and management of obesity as the majority of these programs rely on face-to-face interaction. As a result, we had limited engagement with our community through these programs. Overview and results of the impact are as follows:

#### **Bloom Truck Lunch Program**

The Hunger Coalition provides free lunches to the youth of Blaine County District. St. Luke's dietitians accompany the Hunger Coalition staff once a week, for 8 weeks, to the lunch distribution sites. They provide nutrition education for the families at these locations. Prior to summer, the Clinical Nutrition Department consults with The Hunger Coalition staff for healthful, cost-effective lunches. This past summer (2021) 389 children were served lunches through this program.

#### **Blaine County Recreation District Afterschool Nutrition Program**

Due to COVID-19 we were not able to facilitate this program with our partners.

#### **Veggie Rx**

This new program piloted in the spring of 2018 continued through the summer of 2021, with adjustments made to accommodate for the safety of participants. Staff in our diabetes

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<sup>162</sup> <https://www.cdc.gov/obesity/adult/causes.html>

education department and the Center for Community Health recruit participants by asking questions to assess for food insecurity. We expanded the program to include any patient with a chronic disease, not limited to diabetes. Once participants are identified to be good candidates, they are sent to a location to pick up approximately 7 pounds of fresh locally grown vegetables weekly for the duration of the growing season. They also receive nutrition education and cooking education materials and were offered cooking classes taught by a St. Luke's dietician. This program continues to prove the importance of providing a variety of stigma-free food access points for folks who would otherwise hesitate or refuse traditional assistance via the food pantry.

We had 11 people participate in 2020 and 13 in 2021, not all who completed the 12-week program. Additionally, more than 40 families were positively impacted by the program through their loved one participating. Work schedules, childcare, and illness were main contributing factors to not all participants completing the program, but overall, the participants shared stories of belonging, better access to fruits and vegetables, and a sense of the community caring for them.

### **Healthy Families Partnership**

St. Luke's Wood River has historically engaged hundreds of individuals in weight loss, nutrition, and fitness programs. These programs ranged from body mass index (BMI) screenings in clinics and at health fairs to YEAH!, a wellness program that helps participating children and their families to create healthier lifestyles. These programs have demonstrated positive changes in multiple aspects of our participants health, including blood pressure, weight, waist circumference, and quality of life.

Healthy Families Partnership is a program that promotes health by teaching exercise, nutrition, behavior management, and cooking classes. Participants and at least 1 parent meet once a week for 2 hours, for 12 consecutive weeks. In most instances, the entire family attends the classes.

Unfortunately, do to COVID-19 and the critical partnership with the schools and the YMCA, we were unable to host this program the past two summers, but do hope to do so during the summer 2022.

### **Cooking Matters**

Community members that utilize the foods provided by the food bank learn to cook whole food, healthy recipes from a culinary expert. In addition, a St. Luke's registered dietitian educates on healthy eating. The program runs for 6 weeks for 2 hours each week. We anticipate offering 3-4 class series this fiscal year. Each week we prepare and enjoy two dishes together as a group. By learning the tools needed to change the eating habits of the participants, the hope is that this population will prepare and consume more healthy whole foods and less processed foods. Participants receive a bag of groceries for one of the two recipes after each class with the challenge of preparing the same dish at home on their own.

We were only able to host two Cooking Matters classes in 2019, in partnership with The Hunger Coalition, before COVID-19 struck. These classes were hosted by Silver Creek Alternative School and with VOICES. Our partners who track the attendance and outcomes have been unable to provide us outcomes from those two classes.

### **Breastfeeding and Lactation Consultation**

Evidence-based research shows that infants that are exclusively breastfed for six months and then up through one year have a reduced risk of childhood obesity. Support throughout the breastfeeding period increases mothers' success rates and feelings of positive impact for their babies and themselves.

Evidence also demonstrates physical and mental health benefits to a mother who breastfeeds, such as sleep improvement, reduction of inflammation, improvement in bonding between the mother and baby, and stress relief.

Additionally, one natural effect of giving birth for many women is the arrival of various mood disorders, including postpartum depression. By improving access to a lactation consultant as another caring resource during these times we can help mothers and families find ways to overcome the challenge of postpartum depression and find local resources to help them.

The Center for Community Health provides education and support to expectant women and their families regarding breastfeeding and the benefits for mothers and babies through our Childbirth Education and Breastfeeding classes. After delivery, we continue that support in the postpartum period, focusing on continuation of breastfeeding through New Moms Support Group and through referrals for Lactation Consultation.

We were not able to hire for a part time lactation consultant as expected, but were still able to host, with COVID-19 pauses, New Moms support groups and Childbirth Education via a virtual format. The numbers served were: 83 people for Childbirth Education and 32 women for New Moms Support Group. Both programs were paused for several months due to COVID-19 until we transitioned to a virtual format.

### **Priority Need 4: Improve Access to Affordable Health Insurance**

The programs in this section address the needs that center around barriers to access, specifically, our high-ranking barrier of access to affordable health insurance. Barriers to access are issues that prevent people from receiving timely medical care and include things such as the lack of transportation to doctors' appointments, the availability of health care providers, and the cost of care. St. Luke's is committed to reducing these barriers by providing care to all patients with emergent conditions regardless of their ability to pay, offering a variety of programs and services that provide financial assistance to care, providing health education and prevention services, and assisting patients with navigating complex medical systems.

## **Insurance/Payer Inclusion**

All St. Luke's providers and facilities accept all insurances, including Medicare and Medicaid. It is the patient's responsibility to provide the hospital with accurate information regarding health insurance, address, and applicable financial resources to determine whether the patient is eligible for coverage through existing private insurance or through available public assistance programs.

## **Financial Screening and Assistance**

St. Luke's works with patients at financial risk to assist them in making financial arrangements through payment plans or by screening patients for enrollment into available government or privately sponsored programs that they are eligible for. These programs include, but are not limited to, various Medicaid programs, COBRA, and County Assistance. St. Luke's does not only screen for these programs, but they also help the patient navigate through the application process until a determination is made.

## **Financial Care and Charity**

To help ensure that everyone in our community can access the care they need when they need it, St. Luke's provides care to all patients with emergent conditions, regardless of their ability to pay—and St. Luke's Financial Care Program supports our not-for-profit mission. St. Luke's Wood River provided \$9,263,791 in FY 2019, \$11,523,169 in FY 2020, and \$4,767,738 in FY 2021 for unreimbursed services (charity care at cost, bad debt at cost, Medicaid, and Medicare). In future years, we plan to continue to promote financially accessible healthcare and individualized support for our patients.

## **Information and Referral Services through the St. Luke's Center for Community Health**

The St. Luke's Center for Community Health connects our community to local health and mental health providers, social service agencies, government agencies, emergency services, and other nonprofit organizations. The highly trained, bilingual staff meets one-on-one with those who are seeking information and referral services to fully understand all their health and social needs. We work closely with St. Luke's providers to assist their patients in getting connected to services they need to care for themselves and their families and we help them navigate our complex medical system and government services. From October 2019 through April 2022, we have had almost 21,000 client interactions with this service, a significant increase from the three years past, even with the impact of COVID-19 which paused our face-to-face engagement for quite a few months.

## **Compassionate Care Program**

St. Luke's recognizes that health crises and hospitalizations may create financial hardships for patients and their families. In the late fall of 2016, we began our Compassionate Care Program (CCP) in partnership with the St. Luke's Wood River Foundation, providing for emergent needs of patients and their immediate families, excluding hospital and professional fees normally assisted by Patient Financial Services. The CCP resources include,



but are not limited to, assistance with food, lodging, transportation, medications, medical supplies, dental services, and other items deemed necessary for improving a patient's health status. Assistance from the CCP is limited to the immediate family members and patients who have been admitted to, or have received services from, St. Luke's, are actively engaged in their health care, and meet financial eligibility requirements.

From fiscal year 2019 through fiscal year 2021 we served 579 people for over \$164,000, an increase in both number of people served, and funding provided than our previous 3 years. Our outcomes have shown meaningful reduction in readmission rates, emergency rooms visits, and improvement in A1c measurements. Additionally, recipients of the fund gain access to additional community resources.

### **Heart of the Matter Health Screening**

This screening has been offered regularly in our community since the mid-90s, providing an opportunity for the community to access a reduced cost glucose, triglycerides, cholesterol blood test with the addition of an A1c test for those diagnosed with diabetes.

The screening is available 5 days a week, in our primary care clinics and hospital lab, allowing for easy access for the community. Lab results can now be sent directly to a participant's MyChart account. The process also allows for a more personalized, direct experience with the patient. Our patient access staff have been trained to ask if the patient has a primary care provider and if they don't, they offer to schedule an appointment. Additionally, patient access staff are trained to register patients for MyChart if they are not yet registered.

We screened 321 people from October 2019 through March 2022.

### **Health Talks**

Through the Center for Community Health, we offer free one-hour health education talks to the community. These talks are held weekly using St. Luke's Wood River physicians, licensed health care professionals, and experts from some of our partner organizations. We provide this service to help educate our community on a multitude of health topics, especially those that address critical unmet health needs as indicated by our CHNA. It also gives our community an opportunity to engage with our clinical professionals, developing relationships outside of the clinic environment.

COVID-19 impacted our ability to hold in-person presentations, but we were able to transition by offering virtual talks. This pivot allowed for us to recruit providers from across our health system and to allow access to these educational talks across our whole system footprint. The result has led to greater participation and broader scope of topics.

From October 2019 through April 2022, we had 1005 people attend our talks.

## Breast Screening for the Uninsured and Underinsured Women Project

The goal of the St. Luke's Wood River Breast Screening for the Uninsured and Underinsured Women Project is to fund screening and/or diagnostic mammograms and/or breast ultrasound for women 25 years of age or older, thus removing cost as a barrier for women accessing breast health services, identifying cancer at an earlier stage when it is easier to treat, and ultimately increasing the survival rate of women receiving support from this project. The grant specifically works to encourage Hispanic women to access these funds. This project is funded through the Idaho Affiliate, Susan G. Komen for the Cure.

Recognizing the direct connection between access to mammography screening and decreased incidence of cancer and death, St. Luke's Wood River has made it a priority to provide the most advanced breast imaging technology available for all women in our rural service area.

Patients served in Wood River:

10/1/18-4/30/22	Patients Served	Amount	Patients Received Screening	Screening Mammogram Charges	Dx Patients Received Diagnostic	Diagnostic Mammogram Charges
<b>FY22</b>	57	\$ 2,349.08	43	\$ 1,119.11	14	\$ 1,229.97
<b>FY21</b>	108	\$ 3,098.95	81	\$ 1,794.91	27	\$ 1,304.04
<b>FY20</b>	93	\$ 2,372.82	65	\$ 988.98	28	\$ 1,383.84
<b>FY19</b>	95	\$ 5,704.48	69	\$ 2,688.48	26	\$ 3,016.00
<b>Total of all</b>	<b>353</b>	<b>\$ 13,525.33</b>	<b>258</b>	<b>\$ 6,591.48</b>	<b>95</b>	<b>\$ 6,933.85</b>

Of the people who received assistance for mammograms, there were no cancers detected. Some patients required additional services for abnormal mammograms that were suspicious for cancer:

- FY2020 - 2 patients
- FY2021 - 7 patients
- FY2022 - 8 patients

## Priority Need 5: Improve Access to Affordable Dental Care

Our community representatives provided one of their highest scores for improving access to affordable dental care. Backing up their assessment, in 2016, nearly 45% of the adults in our community did not have a dental visit over the last year according to a survey conducted by BRFSS.<sup>163</sup> These factors served to rank affordable dental care as one of our most important health issues.

New research is also pointing to associations between chronic oral infections and heart and lung diseases, stroke, low birthweight, and premature births. Associations between periodontal disease and diabetes have long been noted. Put simply, we cannot be healthy without oral health.

It is not within St. Luke's scope of service currently to deliver dental care to patients. The Center for Community Health actively refers to dental care providers, particularly those who serve under and non-insured patients.

This year (2022) Family Health Services, a federally qualified health center and non-profit, opened its doors offering medical, dental, behavioral health and pharmacy services in Bellevue to serve the uninsured and under-insured in Blaine County. A \$1 million grant from the St. Luke's Wood River Foundation made the clinic a reality, in addition to operational and advocacy support from St. Luke's Wood River.

For those who qualify for the discount based on income, an office visit with a doctor costs \$20 and medical procedures allow for a 60-90% discount. Dental work offers 50-80% discounts on all services. When fully operational, Family Health Services will be staffed with two full-time Nurse Practitioners, a full-time dentist, a dental hygienist, a pharmacist, and bilingual staff support, Family Health Services serves people of all ages, including patients who use Medicare and Medicaid programs.

Without the support of St. Luke's Wood River and St. Luke's Wood River Foundation Family Health Services would not have been able to open in our community.

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<sup>163</sup> Idaho and National 2002 – 2016 Behavioral Risk Factor Surveillance System

## Resources Available to Meet Community Needs

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

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

## Resources Available Across St. Luke's Health System Footprint

### General Assistance and Referral Services

#### **Idaho CareLine Information and Referral**

Phone: 2-1-1

Toll Free Phone: 1-800-926-2588

Text 898211

<https://www.idahocareline.org>

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

#### **Idaho COVID-19 Hotline**

Toll Free Phone: 1-888-330-3010

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

#### **Idaho Department of Health and Welfare**

Phone: (208) 334-6700

<https://healthandwelfare.idaho.gov>

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

#### **Findhelpidaho.org (Idaho based)**

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

#### **Findhelp.org (national)**

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

## **Abuse/Violence Victim Advocacy & Services**

### **Idaho Children's Trust Fund**

P.O. Box 2015

Boise, Idaho 83701

Phone: (208) 386-9317

Fax: (208) 386-9955

<https://idahochildrenstrustfund.org>

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

### **Idaho Coalition Against Sexual and Domestic Violence**

Linen Building

1402 W. Grove Street

Boise, Idaho 83702

Phone: (208) 384-0419

<https://idvsa.org/>

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

### **Idaho Council on Domestic Violence and Victim Assistance**

Phone: (208) 332-1540

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

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

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

### **Idaho Department of Health and Welfare - Child Protection Services**

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

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

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

### **Idaho Domestic Violence Hotline**

Phone: 1-800-669-3176

### **Women's and Children's Alliance**

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

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

<https://www.wcaboise.org>

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

## **Behavioral Health and Substance Misuse Services**

### **Behavioral Health: Idaho Department of Health and Welfare**

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

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

### **Drug Free Idaho, Inc.**

<https://drugfreeidaho.org>

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

### **Empower Idaho**

1607 W. Jefferson Street

Boise, Idaho 83702

Phone: (208) 947-4289

Fax: (208) 331-0267

<https://www.empoweridaho.org>

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

### **Idaho Substance Use Disorder Hotline**

Toll Free Phone: 1-800-922-3406

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

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

### **Idaho Crisis and Suicide Hotline**

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

Text: (208) 398-4357

[www.idahocrisis.org](http://www.idahocrisis.org)

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

**NAMI– National Alliance on Mental Illness, Idaho Chapter**

P.O. Box 2256

Boise, Idaho 83701

Phone: (208) 520-4210

Toll Free Phone: 1-800 950-6264

Crisis Chat: text “NAMI” to 741741

National website: [www.nami.org](http://www.nami.org), Idaho Website: [www.namiidaho.org](http://www.namiidaho.org)

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

**National Suicide Prevention Hotline**

Dial: 988

<https://suicidepreventionlifeline.org/>

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

**SAMHSA (Substance Abuse and Mental Health Services Administration)**

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

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

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

**Caregiver Support Services**

**Idaho Caregiver Alliance**

<https://idahocaregiveralliance.com>

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

**Idaho Commission on Aging**

6305 W. Overland Road, Suite 110

Boise, Idaho 83709

Phone: (208) 334-3833

Toll Free Phone: 1-877-471-2777

Fax: (208) 334-3033

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



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

## **Children & Family Services**

### **Idaho Department of Health and Welfare**

Toll Free Phone: 1-877-456-1233

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

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

### **Youth Empowerment Services**

<https://yes.idaho.gov>

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

## **Community Health Clinics and Other Medical Resources**

### **Idaho Primary Care Association**

1087 W. River Street, Suite 160

Boise, Idaho 83702

Phone: (208) 345-2335

[www.idahopca.org](http://www.idahopca.org)

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

## **Dental Services**

### **Idaho State Dental Association**

1220 W. Hays Street

Boise, Idaho 83702

Phone: (208) 343-7543

<https://www.theisda.org>

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

#### **Idaho Oral Health Alliance**

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

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

### **Disability Services**

#### **Consumer Direct Care Network Idaho**

280 E. Corporate Drive, Suite 150

Meridian, Idaho 83642

Phone: 208-898-0470

Toll-Free Phone: 888-898-0470

Email: [InfoCDID@ConsumerDirectCare.com](mailto:InfoCDID@ConsumerDirectCare.com)

<https://consumerdirectid.com/>

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

#### **DisAbility Rights Idaho**

4477 Emerald Street, Suite B-100

Boise, Idaho 83706

Phone: (208) 336-5353

Toll Free Phone: 1-866-295-3462

<https://disabilityrightsidaho.org>

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

#### **Idaho Assistive Technology Project**

121 W. Sweet Avenue

Moscow, Idaho 83843

Toll Free Phone: 1-800-432-8324

[www.idahoat.org](http://www.idahoat.org)

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

**Idaho Council on Developmental Disabilities**

700 W. State, Suite 119

Boise, Idaho 83702

Phone: (208) 334-2178

Email: [info@icdd.idaho.gov](mailto:info@icdd.idaho.gov)

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

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

**Idaho Department of Labor, Disability Determination Services**

1505 N. McKinney

Boise, Idaho 83704

Phone: (208) 327-7333

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

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

**Idaho Department of Health and Welfare**

Adult Developmental Disabilities Care Management

Children Developmental Disability Services

Infant Toddler Program

Phone: 2-1-1

Toll Free Phone: 1-800-926-2588

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

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

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

**Idaho Parents Unlimited, Inc.**

4619 Emerald, Suite E

Boise, Idaho 83706

Phone: (208) 342-5884

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

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

## **Educational Services**

### **Homeschool Idaho**

<https://homeschoolidaho.org>

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

### **Idaho Association for the Education of Young Children (AEYC)**

<https://idahoaeyc.org>

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

### **Idaho Head Start Association**

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

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

### **Idaho School Counselor Association**

P.O. Box 7342

Boise, Idaho 83707

Email: [idahoschoolcounselorleadership@gmail.com](mailto:idahoschoolcounselorleadership@gmail.com)

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

## **Food Assistance**

### **Idaho Department of Health and Welfare**

Phone: (208) 334-6700

<https://healthandwelfare.idaho.gov>

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

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

### **The Idaho Foodbank**

Main Warehouse and Administrative Offices

3630 E. Commercial Court

Meridian, Idaho 83642

Phone: (208) 336-9643

<https://idahofoodbank.org/>

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

### **School Lunch Programs**

Idaho Department of Health and Welfare

Phone: (208) 334-6700

<https://healthandwelfare.idaho.gov>

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

## **Health Insurance**

### **Your Health Idaho**

P.O. Box 50143

Boise, Idaho 83705

Toll Free Phone: 1-855-944-3246

<https://www.yourhealthidaho.org>

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

### **Medicaid and Health Coverage Assistance**

<https://idalink.idaho.gov>

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

## Homeless Services

### **Idaho Housing and Finance Association**

<https://www.idahohousing.com>

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

## Hospice Care

### **Idaho Caregiver Alliance**

<https://idahocaregiveralliance.com>

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

### **National Hospice and Palliative Care Organization**

Toll Free Phone: 1-800-646-6460

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

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

## Hospitals

### **Findhelp.org (national)**

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

## Housing

### **Idaho Housing and Finance Association**

#### **Rental Assistance**

<https://www.idahohousing.com>

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

## Legal Services

### **DisAbility Rights Idaho**

4477 Emerald Street, Suite B-100

Boise, Idaho 83706

Phone: (208) 336-5353

Toll Free Phone: 1-800-632-5125

[www.disabilityrightsidaho.org](http://www.disabilityrightsidaho.org)

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

### **Idaho Commission on Human Rights**

317 W. Main Street

Boise, Idaho 83735

Phone: (208) 334-2873

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

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

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

525 W. Jefferson Street

Boise, Idaho 83702

Phone: (208) 334-4510

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

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

### **Idaho Legal Aid Services, Inc.**

#### **Boise**

1447 S. Tyrell Lane

Boise, Idaho 83706

Phone: (208) 345-0106

#### **Nampa**

212 12<sup>th</sup> Road

Nampa, Idaho 83686

Phone: 208-746-7541

<https://www.idaholegalaid.org>

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

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

## **Public Health Resources**

### **2-1-1 Idaho CareLine**

Phone: 2-1-1

Toll Free Phone: 1-800-926-2588

[www.211.idaho.gov](http://www.211.idaho.gov)

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

### **Idaho Department of Health and Welfare**

Phone: (208) 334-6700

<https://healthandwelfare.idaho.gov>

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

## **Refugee/Immigration Services**

### **Community Council of Idaho**

317 Happy Day Boulevard

Caldwell, Idaho 83607

Phone: (208) 454-1652

Fax: (208) 459-0448

<https://communitycouncilofidaho.org/>

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



**Idaho Office for Refugees**

1607 W. Jefferson Street

Boise, Idaho 83702

Phone: (208) 336-4222

<https://www.idahorefugees.org>

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

**USCIS – Application Support Center for Idaho**

1185 S. Vinnell Way

Boise, Idaho 83709

Phone: (208) 685-6600

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

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

Phone: (208) 334-6700

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

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

**Senior Services****Alzheimer's Idaho**

13601 W. McMillan Road, #249

Boise, Idaho 83713

Phone: (208) 914-4719

[www.alzid.org](http://www.alzid.org)

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

**Idaho Aging & Disability Resource Center (ADRC)**

Phone: (208) 334-3833

Toll Free Phone: 1-877-471-2777

Fax: (208) 334-3033

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

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

### **Idaho Care Planning Council**

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

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

### **Idaho Commission on Aging**

6305 W. Overland Road, Suite 110

Boise, Idaho 83709

Phone: (208) 334-3833

Toll Free Phone: 1-877-471-2777

Fax: (208) 334-3033

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

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

### **Senior Health Insurance Benefits Advisors**

Toll Free Phone: 1-800-247-4422

[www.doi.idaho.gov](http://www.doi.idaho.gov)

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

## **Transportation**

### **Idaho Transportation Department**

8150 W. Chinden Boulevard

P.O. Box 8028

Boise, Idaho 83714

Phone: (208) 334-8000

<http://itd.idaho.gov>

### **Non-Emergency Medical Transportation**

#### **Idaho Department of Health and Welfare**

Phone: (208) 334-6700

<https://healthandwelfare.idaho.gov>

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

## **Veteran Services**

### **Idaho Division of Veterans Services**

Central Support Office

351 Collins Road

Boise, Idaho 83702

[www.veterans.idaho.gov](http://www.veterans.idaho.gov)

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

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

### **Veterans Administration Medical Center**

500 W. Fort Street

Boise, Idaho 83702

Phone: (208) 422-1000

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

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

### **Veterans Crisis Line**

Phone: 1-800-273-8255

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

## **Youth Programs**

### **Idaho Department of Health and Welfare**

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

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

### **Idaho School Counselor Association**

P.O. Box 7342

Boise, Idaho 83707

[idahoschoolcounselorleadership@gmail.com](mailto:idahoschoolcounselorleadership@gmail.com)

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

### **Idaho Youth Ranch**

Corporate Office

5465 W. Irving Street

Boise, Idaho 83706

Office Hours 8am–5pm, M–F

Phone: (208) 377-2613

Hotline: (208) 322-2308

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

Family Counseling:

7025 W. Emerald Street, Suite A

Boise, Idaho 83704

Phone: (208) 947-0863

[info@youthranch.org](mailto:info@youthranch.org)

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

### **Youth Empowerment Services**

<https://yes.idaho.gov>

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

## **Resources Available within our Service Area**

### **Abuse/Violence Victim Advocacy & Services**

#### **The Advocates for Survivors of Domestic Violence and Sexual Assault**

P.O. Box 3216

Hailey, Idaho 83333

Phone: (208) 788-4191

24-hour hotline: (208) 788-6070  
[www.theadvocatesorg.org](http://www.theadvocatesorg.org)

## **Behavioral Health and Substance Abuse Services**

### **Al-Anon - District 4**

Phone: 24 Hour Information and Answering Service - (208) 344-1661  
[www.al-anon-idaho.org](http://www.al-anon-idaho.org)

### **Alcoholics Anonymous – Idaho Area 18**

<https://idahoarea18aa.org/meetings>

### **Crisis Hotline**

24-hour hotline: (208) 788-3468

### **Idaho Department of Health and Welfare – Mental Health Services**

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

### **Idaho Department of Health and Welfare – Substance Use Services**

Phone: 1-800-922-3406  
<http://www.healthandwelfare.idaho.gov/>

### **National Alliance on Mental Illness (NAMI)**

Phone: (208) 481-0686  
<https://nami.org/Home>

### **Regional Mental Health Services**

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

### **South Central Public Health District**

1020 Washington Street North  
Twin Falls, Idaho 83301-3156  
Phone: (208) 737-5900  
<http://www.phd5.idaho.gov/>

### **St. Luke’s Clinic – Mental Health Services**

1450 Aviation Drive, Suite 202  
Hailey, Idaho 83333  
Phone: (208) 727-8970  
<https://www.stlukesonline.org/communities-and-locations/facilities/clinics/st-lukes-clinic--mental-health-services>

### **The Walker Center (Residential Treatment)**

605 11<sup>th</sup> Avenue East

Gooding, Idaho 83330  
Toll Free Phone: 1-800-227-4190  
<https://www.thewalkercenter.org/>

## **Children & Family Services**

### **Idaho Department of Health and Welfare – Region 5**

601 Pole Line Road  
Twin Falls, Idaho 83301  
Phone: (208) 734-4000  
<http://www.healthandwelfare.idaho.gov/>

### **South Central Public Health District**

1020 Washington Street North  
Twin Falls, Idaho 83301-3156  
Telephone: (208) 737-5900  
<http://www.phd5.idaho.gov/>

### **St. Luke’s Center for Community Health**

1450 Aviation Drive, Suite 200  
Hailey, Idaho 83333  
Phone: (208) 727-8733  
<https://www.stlukesonline.org/communities-and-locations/facilities/clinics/center-for-community-health-hailey>

## **Community Health Clinics and Other Medical Resources**

### **Family Health Services**

Medical/Dental/Behavioral/Pharmacy  
621 N. Main Street  
Bellevue, Idaho 83313  
Phone: (208) 725-3145  
<https://www.fhsid.org/>

### **South Central Public Health District**

1020 Washington Street North  
Twin Falls, Idaho 83301-3156  
Telephone: (208) 737-5900  
<http://www.phd5.idaho.gov/>

### **St. Luke’s Center for Community Health**

1450 Aviation Drive, Suite 200  
Hailey, Idaho  
Phone: (208) 727-8733

<https://www.stlukesonline.org/communities-and-locations/facilities/clinics/center-for-community-health-hailey>

**St. Luke's Family Medicine**

1450 Aviation Drive, Suite 100

Hailey, Idaho 83333

Phone: 208-788-3434

21 E. Maple

Hailey, Idaho 83333

[http://www.stlukesonline.org/wood\\_river/](http://www.stlukesonline.org/wood_river/)

**Ventanilla de Salud (Health Window)**

1450 Aviation Drive, Suite 200

Hailey, Idaho 83333

(208) 727-8733

<https://www.stlukesonline.org/en-espanol/ventanilla-de-salud>

Description: The Ventanilla de Salud program is designed to improve the health of individuals through screenings, education, disease prevention and referrals. The program is a partnership between the Consulate of Mexico and St. Luke's Health System, with the participation of other health organizations.

**Disability Services**

**Higher Ground Sun Valley**

160 7<sup>th</sup> Street W.

Ketchum, Idaho 83340

Phone: (208) 726-9298

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

**Swiftsure Ranch Therapeutic Equestrian Center**

114 Calypso Lane

Bellevue, Idaho 83313

Phone: (208) 578-9111

<http://swiftsureranch.org/>

**Educational Services**

**Blaine County School District**

118 W. Bullion Street

Hailey, Idaho 83333

Phone: (208) 578-5000

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

**College of Southern Idaho**

1050 Fox Acres Road

Hailey, Idaho 83333  
Phone: (208) 788-2033  
[http://offcampus.csi.edu/blaine/!](http://offcampus.csi.edu/blaine/)

**Lee Pesky Learning Center**  
3324 Elder Street  
Boise, Idaho 83705 (satellite office in Hailey)  
(208) 333-0008  
<https://www.lplearningcenter.org/>

## **Food Assistance**

**The Hunger Coalition**  
121 Honeysuckle Street  
Bellevue, Idaho 83313  
Phone: (208) 722-0121  
<http://thehungercoalition.org/>

**Idaho Health and Welfare - Supplemental Nutrition Assistance Program (SNAP)**  
601 Pole Line Road  
Twin Falls, Idaho 83301  
Phone: 1-877-456-1233  
<http://healthandwelfare.idaho.gov/>

**Meals on Wheels**  
Phone: (208) 736-2122  
<https://meals-on-wheels.com/>

## **Government Contacts**

**Blaine County Courthouse**  
206 1st Avenue South  
Hailey, Idaho 83333  
Phone: (208) 788-5500  
[www.co.blaine.id.us](http://www.co.blaine.id.us)

**City of Bellevue**  
P.O. Box 825  
Bellevue, Idaho 83313  
Phone: (208) 788-2128  
<http://www.bellevueidaho.us/>

**City of Carey**  
20482 N. Main Street



Carey, Idaho 83320  
Phone: (208) 823-4045  
(Website currently under construction)  
<http://cityofcarey.org/>

**City of Hailey**  
115 Main Street South, Suite H  
Hailey, Idaho 83333  
Phone: (208) 788-4221  
<http://www.haileycityhall.org/>

**City of Ketchum**  
P.O. Box 2315  
480 East Ave. N.  
Ketchum, Idaho 83340  
<http://www.ketchumidaho.org/>

**City of Sun Valley**  
81 Elkhorn Road  
Sun Valley, Idaho 83353  
<http://www.sunvalley.govoffice.com/>

## Hospice Care

**Hospice and Palliative Care of the Wood River Valley**  
507 1<sup>st</sup> Ave North  
Ketchum, Idaho 83340  
Phone: (208) 726-8464  
[www.hpcwrv.org](http://www.hpcwrv.org)

## Hospitals

**St. Luke's Wood River Medical Center**  
100 Hospital Drive  
Ketchum, Idaho 83340  
Phone: (208) 727-8800  
[http://www.stlukesonline.org/wood\\_river/](http://www.stlukesonline.org/wood_river/)

## Housing

**ARCH Community Housing Trust**  
P.O. Box 1292  
Ketchum, Idaho 83340  
(208) 726-4411

homeownership@archbc.org  
<https://archbc.org/>

**Blaine County Housing Authority**  
200 West River Street, Suite 103  
Ketchum, Idaho 83340  
Phone: (208) 788-6102  
[www.bcoha.org](http://www.bcoha.org)

## **Public Health Resources**

**2-1-1 Idaho CareLine**  
Phone: 2-1-1  
Toll Free Phone: 1-800-926-2588  
[www.211.idaho.gov](http://www.211.idaho.gov)

**Full Circle Health (formerly known as: Family Medicine Residency of Idaho)**  
Administration Office  
777 N. Raymond Street  
Boise, Idaho 83704  
Phone: (208) 954-8742  
<https://www.fullcircleidaho.org/>

**Idaho Department of Health and Welfare – Region 5**  
601 Pole Line Road  
Twin Falls, Idaho 83301  
Phone: (208) 734-4000  
<http://www.healthandwelfare.idaho.gov/>

**South Central Public Health District, District 5**  
1020 Washington Street North  
Twin Falls, Idaho 83301  
Phone: (208) 737-5900  
[www.phd5.idaho.gov](http://www.phd5.idaho.gov)

## **Residential Care/Assisted Living Facilities**

**Bell Mountain Village and Care Center**  
620 N. 6th Street  
Bellevue, Idaho 83313  
Phone: (208) 220-8606

**Safe Haven Health Care**  
314 S. 7<sup>th</sup> Street

Bellevue, Idaho 83313  
Phone: (208) 788-9698

## **Senior Services**

### **Office on Aging**

College of Southern Idaho  
315 Falls Avenue  
Twin Falls, Idaho 83301  
Phone: (208) 736-2122

### **The Senior Connection**

721 3<sup>rd</sup> Avenue South  
Hailey, Idaho 83333  
Phone: (208) 788-3468  
[www.seniorconnectionidaho.org](http://www.seniorconnectionidaho.org)

## **Transportation**

### **Mountain Rides Transportation Authority**

800 1st Ave. North  
Ketchum, Idaho 83340  
Phone: 208-788-7433  
<http://www.mountainrides.org/>

## **Veterans Services**

### **Blaine County Veterans Service Office**

206 First Ave. South, Suite 200  
Hailey, Idaho 83333  
Phone: (208) 788-5566

**See Higher Ground under Disability Services**

## **Youth Programs**

### **Blaine County Recreation District**

1050 Fox Acres Road, Suite 107  
Hailey, Idaho 83333  
Phone: (208) 578-2273  
[www.bcrd.org](http://www.bcrd.org)

**Ketchum Parks and Recreation Department**

Phone: (208) 726-7820

<https://www.ketchumidaho.org/recreation>

**St. Luke's Center for Community Health**

1450 Aviation Drive, Suite 200

Hailey, Idaho

Phone: (208) 727-8733

<https://www.stlukesonline.org/communities-and-locations/facilities/clinics/center-for-community-health-hailey>

**St. Luke's Center for Community Health – Youth Programs and Classes**

1450 Aviation Drive, Suite 200

Hailey, Idaho 83333

Phone: (208) 727-8733

<https://www.stlukesonline.org/communities-and-locations/find-classes-and-events>

**Wood River Community YMCA**

101 Saddle Road

Ketchum, Idaho 83340

Phone: (208) 727.9622

[www.woodriverymca.org](http://www.woodriverymca.org)

## Appendix I: Community Representative Descriptions

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

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

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

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

### Community Representatives Contacted:

1. **Affiliation:** Blaine County

**Date contacted:** 8/26/2021

**Interview method:** Video conference interview & questionnaire

**Health representative category:** II, III

**Populations represented:**

Children (0-4 years)

Children (5-12 years)

Children (13-18 years)

Disabled

Hispanic/Latino/Latina/Latinx

Those experiencing homelessness

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

Low income individuals and families

Migrant and seasonal farm workers

Populations with chronic conditions

Refugees

Rural communities

Senior citizens

- Those with behavioral health issues
- Veterans
- Other

2. **Affiliation:** Blaine County Recreation District

**Date contacted:** 8/18/2021

**Interview method:** Video conference interview & questionnaire

**Health representative category:** III

**Populations represented:**

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

3. **Affiliation:** Blaine County School District #61 (BCSD)

**Date contacted:** 8/15/2021

**Interview method:** Video conference interview & questionnaire

**Health representative category:** III

**Populations represented:**

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

- Those with behavioral health issues
- Veterans
- Other

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

**Date contacted:** 9/8/2021

**Interview method:** Video conference interview & questionnaire

**Health representative category:** III

**Populations represented:**

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

5. **Affiliation:** College of Southern Idaho

**Date contacted:** 8/31/2021

**Interview method:** Video conference interview & questionnaire

**Health representative category:** III

**Populations represented:**

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

- Those with behavioral health issues
- Veterans
- Other

6. **Affiliation:** Fifth Judicial District of the State of Idaho, Blaine County Magistrate

**Date contacted:**

**Interview method:** Video conference interview & questionnaire

**Health representative category:** III

**Populations represented:**

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

7. **Affiliation:** Hospice and Palliative Care of the Wood River Valley

**Date contacted:** 9/7/2021

**Interview method:** Video conference interview & questionnaire

**Health representative category:** III

**Populations represented:**

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



- Those with behavioral health issues
- Veterans
- Other

8. **Affiliation:** Idaho Department of Health and Welfare

**Date contacted:** 8/18/2021

**Interview method:** Video conference interview & questionnaire

**Health representative category:** I, II

**Populations represented:**

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

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

**Date contacted:** 9/22/2021

**Interview method:** Video conference interview & questionnaire

**Health representative category:** I

**Populations represented:**

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

- Those with behavioral health issues
- Veterans
- Other

**10. Affiliation:** Idaho Food Bank

**Date contacted:** 8/28/2021

**Interview method:** Video conference interview & questionnaire

**Health representative category:** III

**Populations represented:**

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

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

**Date contacted:** 9/16/2021

**Interview method:** Video conference interview & questionnaire

**Health representative category:** I

**Populations represented:**

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

- Those with behavioral health issues
- Veterans
- Other

**12. Affiliation:** Men's Second Chance Living

**Date contacted:** 8/17/2021

**Interview method:** Video conference interview & questionnaire

**Health representative category:** III

**Populations represented:**

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

**13. Affiliation: Senior Connection**

**Date contacted:** 8/23/2021

**Interview method:** Video conference interview & questionnaire

**Health representative category:** II, III

**Populations represented:**

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

- Those with behavioral health issues
- Veterans
- Other

**14. Affiliation:** South Central Public Health District

**Date contacted:** 8/26/2021

**Interview method:** Video conference interview & questionnaire

**Health representative category:** I

**Populations represented:**

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

**15. Affiliation:** St. Luke's Center for Community Health Employee

**Date contacted:** 9/7/2021

**Interview method:** Video conference interview & questionnaire

**Health representative category:** III

**Populations represented:**

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

- Those with behavioral health issues
- Veterans
- Other

**16. Affiliation:** St. Luke's Health Partners

**Date contacted:** 8/19/2021

**Interview method:** Video conference interview & questionnaire

**Health representative category:** III

**Populations represented:**

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

**17. Affiliation:** St. Luke's Health System-Wood River Family Medicine

**Date contacted:** 8/23/2021

**Interview method:** Video conference interview & questionnaire

**Health representative category:** III

**Populations represented:**

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

- Those with behavioral health issues
- Veterans
- Other

**18. Affiliation:** St. Luke's Wood River

**Date contacted:** 8/22/2021

**Interview method:** Video conference interview & questionnaire

**Health representative category:** III

**Populations represented:**

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

**19. Affiliation:** The Advocates

**Date contacted:** 9/2/2021

**Interview method:** Video conference interview & questionnaire

**Health representative category:** II, III

**Populations represented:**

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

- Those with behavioral health issues
- Veterans
- Other

**20. Affiliation:** The Crisis Hotline

**Date contacted:** 8/23/2021

**Interview method:** Video conference interview & questionnaire

**Health representative category:** I

**Populations represented:**

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

**21. Affiliation:** The Hunger Coalition

**Date contacted:** 8/24/2021

**Interview method:** Video conference interview & questionnaire

**Health representative category:** II, III

**Populations represented:**

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

- Those with behavioral health issues
- Veterans
- Other

**22. Affiliation:** The Speedy Foundation

**Date contacted:** 8/16/2021

**Interview method:** Video conference interview & questionnaire

**Health representative category:** III

**Populations represented:**

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

**23. Affiliation:** Treasure Valley YMCA

**Date contacted:** 9/7/2021

**Interview method:** Video conference interview & questionnaire

**Health representative category:** III

**Populations represented:**

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



- Those with behavioral health issues
- Veterans
- Other

**24. Affiliation:** United Way of South Central Idaho

**Date contacted:** 8/24/2021

**Interview method:** Video conference interview & questionnaire

**Health representative category:** III

**Populations represented:**

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

**25. Affiliation:** United Way of Treasure Valley

**Date contacted:** 8/14/2021

**Interview method:** Video conference interview & questionnaire

**Health representative category:** III

**Populations represented:**

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

- Those with behavioral health issues
- Veterans
- Other

26. **Affiliation:** Wood River Community YMCA

**Date contacted:** 8/19/2021

**Interview method:** Video conference interview & questionnaire

**Health representative category:** III

**Populations represented:**

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

## Appendix II: St. Luke's Community Health Representative Questionnaire

**Name:**

**Title:**

**Affiliation:**

Please provide a brief description of your professional experience particularly as it relates to community health, social, or economic needs. (250 words or less.)

Please indicate which of the following population groups you feel you understand and can represent the health needs. Select all that apply.

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

What County(ies) does your expertise apply to?

### Health Behaviors:

Please provide an answer in each column for every behavior listed in the rows. Health behaviors are actions individuals take that affect their health. They include actions that lead to improved health, such as eating well and being physically active, and actions that increase one's risk of disease, such as smoking, excessive alcohol intake, and risky sexual behavior.

### OPTIONS:

Column 1: not important at all, somewhat unimportant, somewhat important, very important, not sure

Column 2 & 3: very weak, somewhat weak, somewhat strong, very strong, not sure

	Importance of the problem in _____ County (scale and urgency to livelihood)	Existing _____ County assets/partnerships	Potential for positive impact on vulnerable populations in _____ County
Exercise programs/education/opportunities			
Nutrition programs/education/opportunities			
Safe sex education programs			
Substance abuse services and programs			
Tobacco prevention & cessation			
Wellness & prevention programs (for conditions such as high blood pressure, high			

**Clinical Care and Access:**

Please provide an answer in each column for every clinical care service listed in the rows. Access to affordable, quality, and timely health care can help prevent diseases and detect issues sooner, enabling individuals to live longer, healthier lives. While part of a larger context, looking at clinical care helps us understand why some communities can be healthier than others.

**OPTIONS:**

Column 1: not important at all, somewhat unimportant, somewhat important, very important, not sure

Column 2 &3: very weak, somewhat weak, somewhat strong, very strong, not sure

	Importance of the problem in _____ County (scale and urgency to livelihood)	Existing _____ County assets/partnerships	Potential for positive impact on vulnerable populations in _____ County
Affordable health care for low income individuals			

Availability of behavioral health services (providers, suicide hotline, etc.)			
Chronic disease management programs (for diabetes, asthma, arthritis, etc.)			
Immunization Programs			
Improved health care quality			
Prenatal Care program			
Screening programs (cholesterol, diabetes, mammography, colorectal, etc.)			

**Social and Economic:**

Please provide an answer in each column for every social/economic factor listed in the rows. Social and economic factors, such as income, education, employment, community safety, and social supports can significantly affect how well and how long we live. These factors affect our ability to make healthy choices, afford medical care and housing, manage stress, and more.

**OPTIONS:**

Column 1: not important at all, somewhat unimportant, somewhat important, very important, not sure

Column 2 &3: very weak, somewhat weak, somewhat strong, very strong, not sure

	Importance of the problem in _____ County (scale and urgency to livelihood)	Existing _____ County assets/partnerships	Potential for positive impact on vulnerable populations in _____ County
Services for children and families experiencing adversity			
Food/Nutrition security			
Academic achievement from early learning			

through post-secondary education			
Housing stability			
Individual economic stability			
Social support for Seniors			
Social support for Veterans			
Community safety (injury, violence, abuse, etc.)			

**Physical Environment:**

Please provide an answer in each column for every physical environment condition listed in the rows. The physical environment is where individuals live, learn, work, and play. People interact with their physical environment through the air they breathe, water they drink, houses they live in, and the transportation they access to travel to work and school. Poor physical environment can affect our ability and that of our families and neighbors to live long and healthy lives.

**OPTIONS:**

Column 1: not important at all, somewhat unimportant, somewhat important, very important, not sure

Column 2 & 3: very weak, somewhat weak, somewhat strong, very strong, not sure

	Importance of the problem in _____ County (scale and urgency to livelihood)	Existing _____ County assets/partnerships	Potential for positive impact on vulnerable populations in _____ County
Healthy air and water quality			
Accessible modes of transportation (sidewalks, bike paths, etc.)			

## Appendix III: Data Notes

A number of health factor and outcome data indicators utilized in this CHNA are based on information from the Behavioral Risk Factor Surveillance System (BRFSS). Starting in 2011, the BRFSS implemented a new weighting method known as raking. Raking improves the accuracy of BRFSS results by accounting for cell phone surveying and adjusting for a greater number of demographic differences between the survey sample and the statewide population. Raking replaced the previous weighting method known as post-stratification and is a primary reason why results from 2011 and later are not directly comparable to 2010 or earlier. BRFSS data is derived from population surveys. As such, the results have a margin of error associated with them that differs by indicator and by the population measured. For smaller populations, we aggregated data across two or more years to achieve a larger sample size and increase statistical significance. For margin of error information please refer to the CDC for national BRFSS data and to Idaho BRFSS for Idaho related data.