

St. Luke's McCall Community Health Needs Assessment 2016



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Introduction

The St. Luke's McCall Community Health Needs Assessment (CHNA)* is designed to help us better understand the most significant health challenges facing the individuals and families in our service area. The information, conclusions, and needs identified in our assessment will assist us in:

- Developing health improvement programs for our community
- Providing better care at lower cost
- Defining our operational and strategic plans
- Fulfilling our mission: "To improve the health of people in our region"

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.

For the purpose of sharing the results of this assessment with the community we serve, a complete copy is available on our public website.

Executive Summary

The St. Luke’s McCall 2016 Community Health Needs Assessment (CHNA) provides a comprehensive analysis of our community’s most important health needs. Addressing our health needs is an essential opportunity to achieve improved population health, better patient care, and lower overall health care costs.

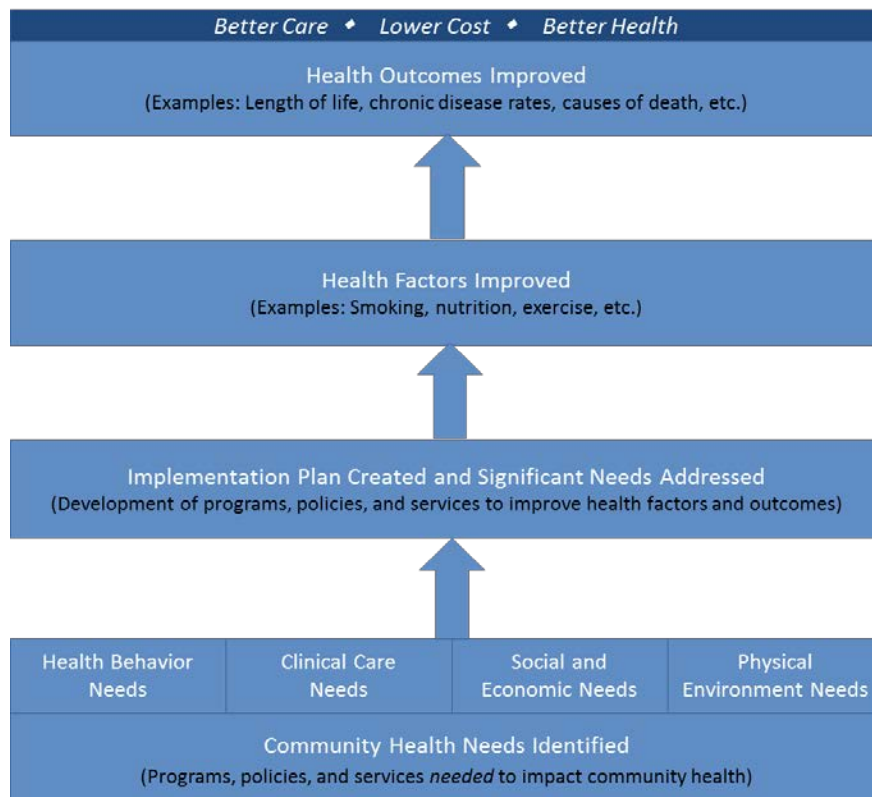
In our CHNA, we divide our health needs into four distinct categories: 1) health behaviors; 2) clinical care; 3) social and economic factors; and 4) physical environment. Each identified health need is included in one of these categories.

We employ a rigorous prioritization system designed to rank the health needs based on their potential to improve community health. Our health needs are identified and measured through the study of a broad range of data, including:

- In-depth interviews with a diverse group of dedicated community representatives
- An extensive set of national, state, and local health indicators collected from governmental and other authoritative sources

The chart, below, provides a graphical summary of the approach used to develop our CHNA.

St. Luke’s Approach to Improving Community Health



Significant Community Health Needs

Health needs with the highest potential to improve community health are those ranking in the top 10th percentile of our prioritization system. After identifying the top ranking health needs, we organize them into groups that will benefit by being addressed together as shown below:

Group #1: Improve the Prevention and Management of Obesity

Group #2: Improve Mental Health and Reduce Substance Abuse

Group #3: Improve Access to Affordable Health Care and Affordable Health Insurance

Group #4: Prevent and Reduce Tobacco Use

We call these high ranking needs our “significant health needs” and provide a summary of each of them next.

Significant Health Need #1: Improve the Prevention and Management of Obesity

Our CHNA prioritization process identified prevention and management of obesity as one of our community's most significant health needs. Over 60% of the adults in our community are now obese or overweight. According to the Centers for Disease Control (CDC): "Obesity is a national epidemic and a major contributor to some of the leading causes of death in the United States." Obesity costs the United States about \$150 billion a year, or 10 percent of the national medical budget.¹



Impact on Community

Reducing obesity will dramatically impact community health by providing an immediate and positive effect on many conditions including mental health; heart disease; some types of cancer; high blood pressure; dyslipidemia; kidney, liver and gallbladder disease; sleep apnea and respiratory problems; osteoarthritis; and gynecological problems (infertility and abnormal menses).



¹ <http://www.cdc.gov/cdctv/diseaseandconditions/lifestyle/obesity-epidemic.html>

How to Address the Need

Obesity can be prevented and managed by engaging our community in developing services and policies designed to encourage proper nutrition and healthy exercise habits. Obesity can also be managed through evidence-based clinical programs.²

Extremely promising outcomes are now being reported in some communities. Remarkably, from 2011 through 2014, Lee County, Florida, reduced adult obesity levels from 29.3% to 24.8% and childhood obesity dropped from 31.6% to 20.7%. These results were accomplished through extensive community leadership and involvement. A Lee Memorial Hospital representative commented: “We believe these improvements can be sustained and improved further.”³ Echoing this approach, the CDC states that “we need to change our communities into places that strongly support healthy eating and active living.”⁴

Affected Populations

Some populations are more affected by these health needs than others. For example, low income individuals and those without college degrees have significantly higher rates of obesity.

² America’s Health Rankings 2015, www.americashealthrankings.org

³ http://www.naplesnews.com/community/bonita-banner/lee-memorial-healthy-lee-earns-prestigious-national-award_58687398

⁴ <http://www.cdc.gov/cdctv/diseaseandconditions/lifestyle/obesity-epidemic.html>

Significant Health Need #2: Improve Mental Health and Reduce Substance Abuse

Improving mental health and reducing substance abuse rank among our most significant health needs. This is because our community representatives scored mental health, the availability of behavioral health providers, and substance abuse as some of our



most significant health needs. In addition, Idaho has one of the highest percentages (23.3%) of any mental illness (AMI) in the nation, shortages of mental health professionals in all counties across the state, and suicide rates that are consistently higher than the national average. Depression is the most common type of mental illness, affecting more than 26% of the U.S. adult population. It has been estimated that by the year 2020, depression will be the second leading cause of disability throughout the world. Further, the percent of people who report binge drinking in our service area is more than 50% higher than the national average.

Impact on Community

Good mental health is “a state of well-being in which the individual realizes his or her own abilities, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to his or her community.” It is estimated that only about 17% of U.S adults are considered to be in a state of optimal mental health.⁵

Reducing drug abuse can have a positive impact on society on multiple levels as well. Drug abuse is a major public health problem that impacts society on multiple levels. Directly or indirectly, every community is affected by drug abuse and addiction, as is every family. This includes health care expenditures, lost earnings, and costs associated with crime and accidents. This is an



⁵ <http://www.cdc.gov/mentalhealth/basics.htm>

enormous burden that affects all of society - those who abuse these substances, and those who don't. Families can be destroyed by drug abuse. Approximately 50% to 80% of all child abuse and neglect cases substantiated by child protective services involve some degree of substance abuse by the child's parents.⁶ It is estimated that in 2007 illicit drug use cost the U.S. economy more than \$193 billion. The cost of illegal drug use is similar to government estimates on the cost of diabetes.⁷

How to Address the Need:

There is a high prevalence of comorbidity between drug use disorders and other mental illnesses. The high rate of comorbidity argues for a comprehensive approach to intervention that identifies and evaluates each disorder concurrently, providing treatment as needed.⁸

The majority of adults who live with a mental health disorder do not get corresponding treatment. Furthermore, less than one-third of adults get minimally adequate care.⁹ Stigma surrounding the receipt of mental health care is among the many barriers that discourage people from seeking treatment.¹⁰ In addition, increasing physical activity and reducing obesity are also known to improve mental health.

Therefore, our aim is to work with our community to reduce the stigma around seeking mental health treatment, to improve access to behavioral health services, increase physical activity, and reduce obesity especially for our most affected populations.

Affected Populations:

People with lower incomes are about three and a half times more likely to have depressive disorders.¹¹ Illicit drug use is significantly higher among males less than 34 years old, the unemployed, and those with incomes of less than \$50,000 annually.¹²

⁶ <http://archives.drugabuse.gov/about/welcome/aboutdrugabuse/magnitude/>

⁷ The Economic Impact of Illicit Drug Use on American Society, Department of Justice's National Drug Intelligence Center (NDIC).

⁸ <http://www.drugabuse.gov/publications/research-reports/comorbidity-addiction-other-mental-illnesses/how-can-comorbidity-be-diagnosed>

⁹ Substance Abuse and Mental Health Services Administration, Behavioral Health Report, United States, 2012 pages 29 - 30

¹⁰ Idaho Suicide Prevention Plan: An Action Guide, 2011, Page 9

¹¹ Idaho 2011 - 2013 Behavioral Risk Factor Surveillance System

¹² Idaho and National 2002 - 2013 Behavioral Risk Factor Surveillance System

Significant Health Need #3: Improve Access to Affordable Health Care and Affordable Health Insurance

Barriers to access are issues that prevent people from receiving timely medical care. They include things such as the lack of transportation to doctors' appointments, the availability of health care providers, and the cost of care. Our CHNA process identified the following two high ranking barriers to access:

- Affordable health care
- Affordable health insurance



The health indicator data and community representative scores in our CHNA served to rank these barriers to access as some of our community's most significant health needs. A recent study showed that nearly 19 percent of U.S. adults do not receive medical care or delay medical care because they are concerned about the cost or worried that their health insurance would not pay for treatment.¹³

Impact on Community

Improving access to affordable health insurance and health care can make a remarkable difference to community health. According to the Gallup-Healthways Well-Being Index, Americans in poverty are significantly more likely than those who are not to struggle with a wide array of chronic mental and physical health problems.¹⁴ Further, evidence shows that uninsured individuals experience more adverse outcomes (physically, mentally, and financially) than insured individuals. The uninsured are less likely to receive preventive and diagnostic health care services, are more often diagnosed at a later disease stage, and on average receive less treatment for their condition compared to insured individuals. At the

¹³ Kullgren JT, et al. Nonfinancial barriers and access to care for US adults. *Health Serv Res* online, 2011.

¹⁴ <http://www.gallup.com/poll/158417/poverty-comes-depression-illness.aspx>

individual level, self-reported health status and overall productivity are lower for the uninsured. The Institute of Medicine reports that the uninsured population has a 25% higher mortality rate than the insured population.¹⁵

How to Address the Need:

We will work with our community to improve access to comprehensive, high-quality health care services especially for the most affected populations.

Affected populations:

Statistics show that people with lower income and education levels and Hispanic populations are much more likely not to have health insurance.¹⁶

¹⁵ University of Wisconsin Population Health Institute. *County Health Rankings* 2010-2015. Accessible at www.countyhealthrankings.org.

¹⁶ Ibid

Significant Health Need #4: Prevent and Reduce Tobacco Use



Tobacco prevention and cessation rank as a high priority health need because the percent of adults who smoke in our service area is well above the national average and because smoking is a leading cause of death in Idaho and the nation.¹⁷ The relationship between tobacco use, particularly cigarette smoking, and adverse health outcomes is well known. An average of 1,500 people die each year in Idaho as a direct result of tobacco use.

Impact on community:

Cigarette smoking is the leading cause of preventable death in our nation. Reducing tobacco use will result in a healthier community decreasing respiratory disease as well as cancers of the lung, pancreas, kidney, and cervix.¹⁸

How to Address the Need:

In order to reduce the use of tobacco, we will work with our community using evidence-based programs that have been effective in reducing tobacco use across the nation for the past 20 years.

Affected populations:

People with lower incomes and without a high school diploma are more likely to smoke.¹⁹

¹⁷ Idaho and National 2002 - 2013 Behavioral Risk Factor Surveillance System

¹⁸ Comprehensive Cancer Alliance for Idaho, Idaho Comprehensive Cancer Strategic Plan 2004-2010, www.ccaidaho.org

¹⁹ Ibid

Other Health Needs

Our full CHNA provides a ranked list of all the health needs we identified through our CHNA process along with representative feedback, trend, severity, and preventative information pertaining to the health needs.

Next Steps

The main body of this CHNA provides more in-depth information describing our community's health as well as how we can make improvements to it. 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.

St. Luke's McCall Overview

Background

St. Luke's McCall (SLM) has been committed to serving the needs of a growing region for over 56 years. Founded in 1956 as a community hospital called McCall Memorial Hospital, the hospital has evolved through various management and funding structures to its current 501(c)3 status and membership in St. Luke's Health System (SLHS).

SLHS is the only locally governed, Idaho-based, not-for-profit health system, with a network of six separately licensed full-service medical centers and more than 100 outpatient centers and clinics serving people throughout southern Idaho, eastern Oregon, and northern Nevada.

SLM is a 15-bed critical access hospital with physician clinics for family medicine, general surgery, internal medicine, integrative medicine, and orthopedic surgery. The medical staff is comprised of 16 local physicians and 24 visiting specialist physicians.

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

SLM has 290 full- and part-time employees, 62 hospital volunteers, and a 16-member governing board. On average, St. Luke's McCall sees 4,500 emergency room patients annually, and an additional 51,000 patients for all other outpatient services. Our average daily in-patient census is 3.0..

Mission, Vision, and Core Values

All St. Luke’s medical centers and clinics are committed to our overall mission, vision, and values.

Our mission is “To improve the health of people in our region.”

Our vision is to “Transform health care by aligning with physicians and other providers to deliver integrated, seamless, and patient-centered quality care across all St. Luke’s settings.”

Our core values are:



Integrity

Compassion

Accountability

Respect

Excellence

Governance Structure

Each St. Luke’s medical center is responsive to the people it serves, providing a scope of service appropriate to community needs. Because leaders from within the community have the best insight into the needs of their own families, friends, and neighbors, local control is one of the tenets of St. Luke’s.

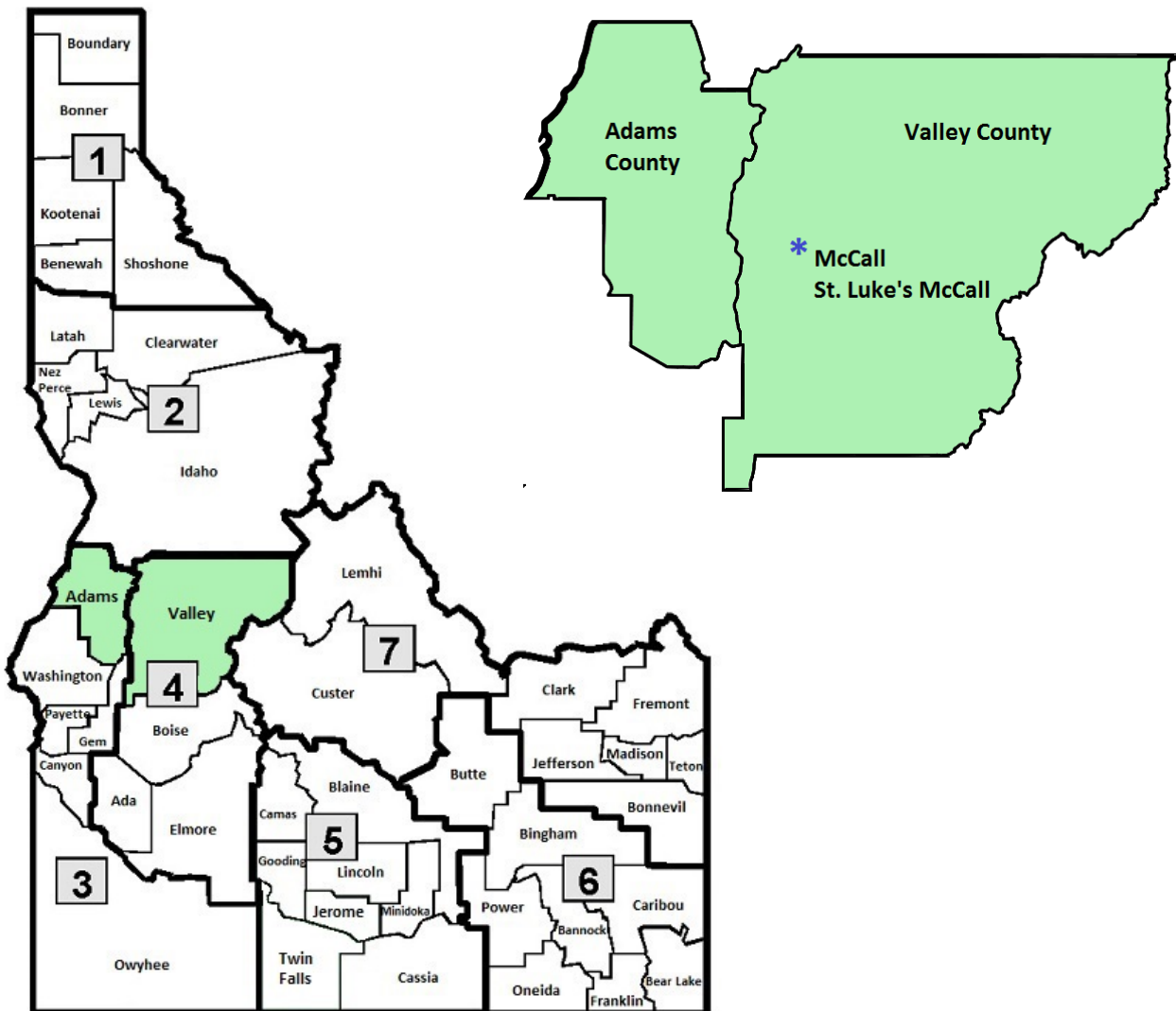
Local boards have oversight over their business affairs and have decision-making authority. Our volunteer boards include representatives from each St. Luke’s service area, helping to ensure local needs and interests are addressed.

The Community We Serve

This section describes our community in terms of its geography and demographics. Adams and Valley counties represent the geographic area used to define the community we serve also referred to here as our primary service area or service area. The criteria we use in selecting this area as the community we serve is to include the entire population of the counties where at least 70% of our inpatients reside. The residents of these counties comprise about 80% of our inpatients with approximately 62% of our inpatients living in Valley County and 18% in Adams County. Adams and Valley counties are part of Idaho Health Districts 3 and 4, as shown in the maps below.

Idaho Health District Map ²⁰

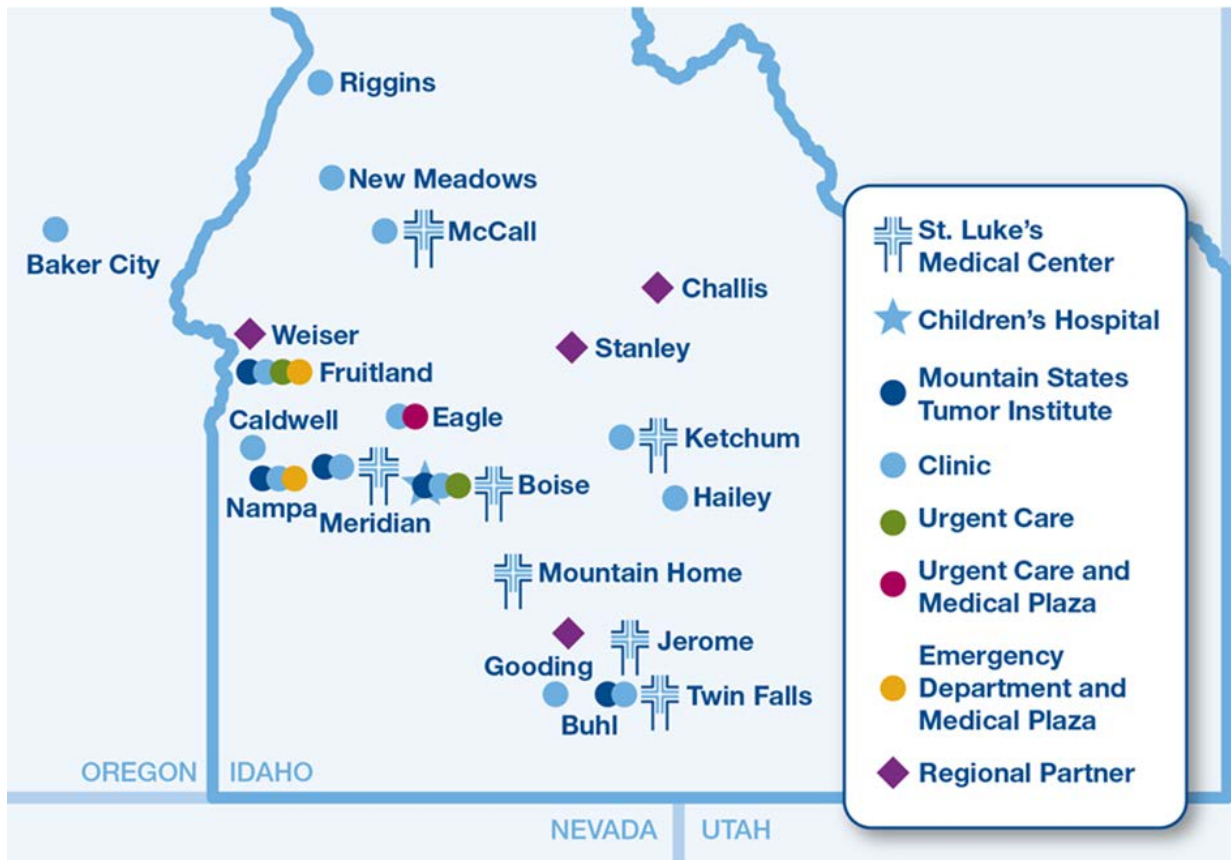
Adams and Valley County Map



²⁰ Idaho Behavioral Risk Factor Surveillance System Annual Report 2012

Our patients in the surrounding counties of southwestern Idaho and eastern Oregon are important to us as well. To help us serve these patients, we have built positive, collaborative relationships with regional providers where legal and 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, such as those shown below, allow us to meet patients' medical needs close to home and family.

St. Luke's Regional Relationships Map



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. Our goal is to reduce disparities in health care access and quality due to income, education, race, or ethnicity.

Both Idaho and our service territory are comprised of about a 95% white population while the nation as a whole is 78% white. The Hispanic population in Idaho represents 12% of the overall population and about 4% of our defined service area. Adams County is approximately 3% Hispanic, and Valley County is 4% Hispanic.

Population by Race and Ethnicity 2013²¹

Residence	Total Population	Race				Ethnicity	
		White	Black	American Indian	Asian or Pacific Islander	Not Hispanic or Latino	Hispanic or Latino
Community/Service Area	13,434	13,140	73	149	72	12,920	514
		98%	1%	1%	1%	96%	4%
Adams County	3,828	3,741	21	44	22	3,702	126
		98%	1%	1%	1%	97%	3%
Valley County	9,606	9,399	52	105	50	9,218	388
		98%	1%	1%	1%	96%	4%
Idaho	1,612,136	1,533,351	18,002	31,792	28,991	1,421,886	190,250
		95%	1%	2%	2%	88%	12%
National (000)	316,129	245,499	41,624	3,910	17,354	262,057	54,071
		78%	13%	1%	5%	83%	17%

²¹ Bureau of Vital Records and Health Statistics, Idaho Department of Health and Welfare (1/2015). 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 March 17, 2015.

Population Growth 2000-2013

Idaho experienced a 25% increase in population from 2000 to 2013, ranking it as one of the fastest growing states in the country.²² Adams and Valley Counties have followed that trend, experiencing a 21% increase in population within that timeframe.²³ St. Luke's McCall is working to manage the volume and scope of services in order to meet the needs of a growing population.

Region	Population 2000	April 2013	Percent Change
Service Area	11,127	13,434	21%
Idaho	1,293,953	1,612,136	25%
United States	281,421,906	316,129,839	12%

Aging

Over the past ten years the 45 plus year old age group was the fastest growing segment of our community. Currently, about 19% of the people in our community are over the age of 65.²⁴ According to the U.S. Census, about 14% of the people in the U.S. are over age 65.²⁵

Year	Population by Age			
	Age 0-19	Age 20-44	Age 45-64	Age 65+
2000	2,959	3,175	3,279	1,682
Percent of total	27%	29%	30%	15%
2013	3,087	3,125	4,813	2,610
Percent of total	23%	23%	35%	19%

²² U.S. Census Bureau: <http://quickfacts.census.gov/qfd/index.html> 2013

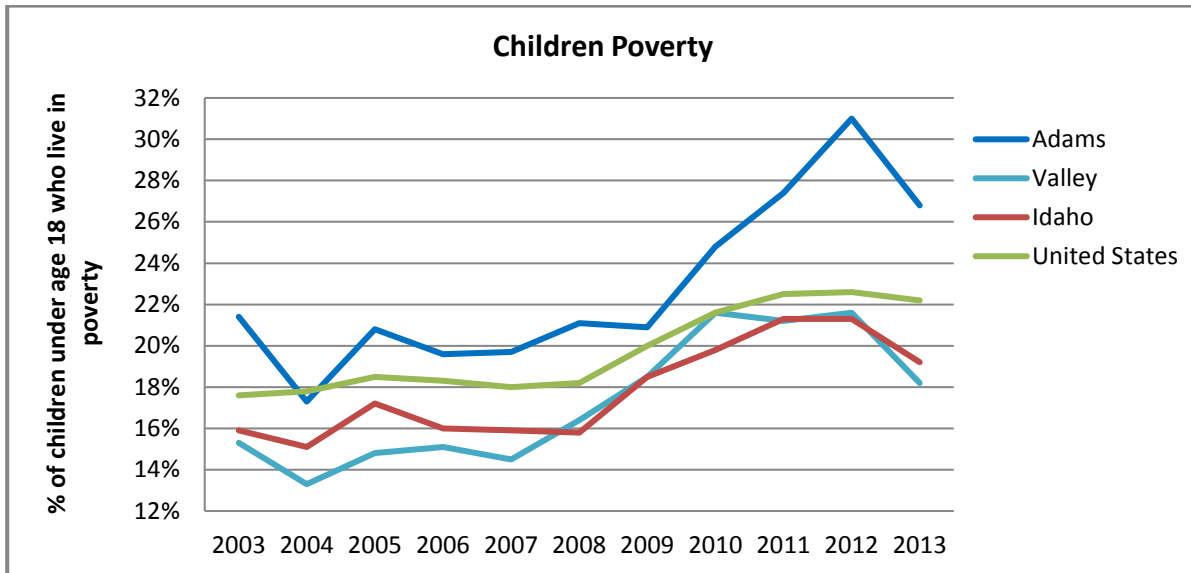
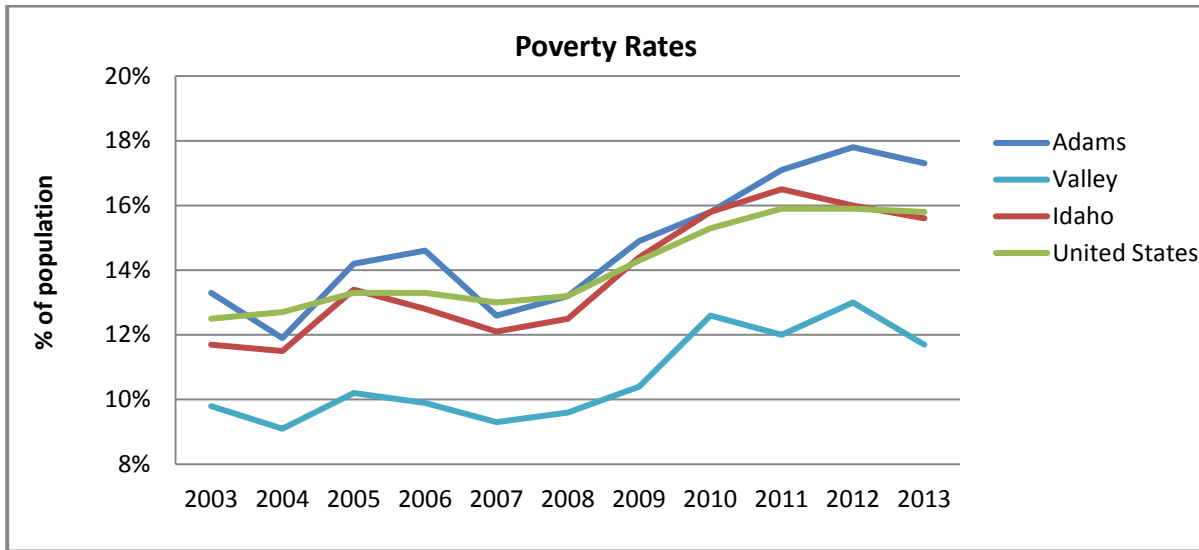
²³ Idaho Vital Statistics County Profile 2013

²⁴ Ibid

²⁵ <http://www.census.gov/acs/www/data/data-tables-and-tools/index.php>

Poverty Levels

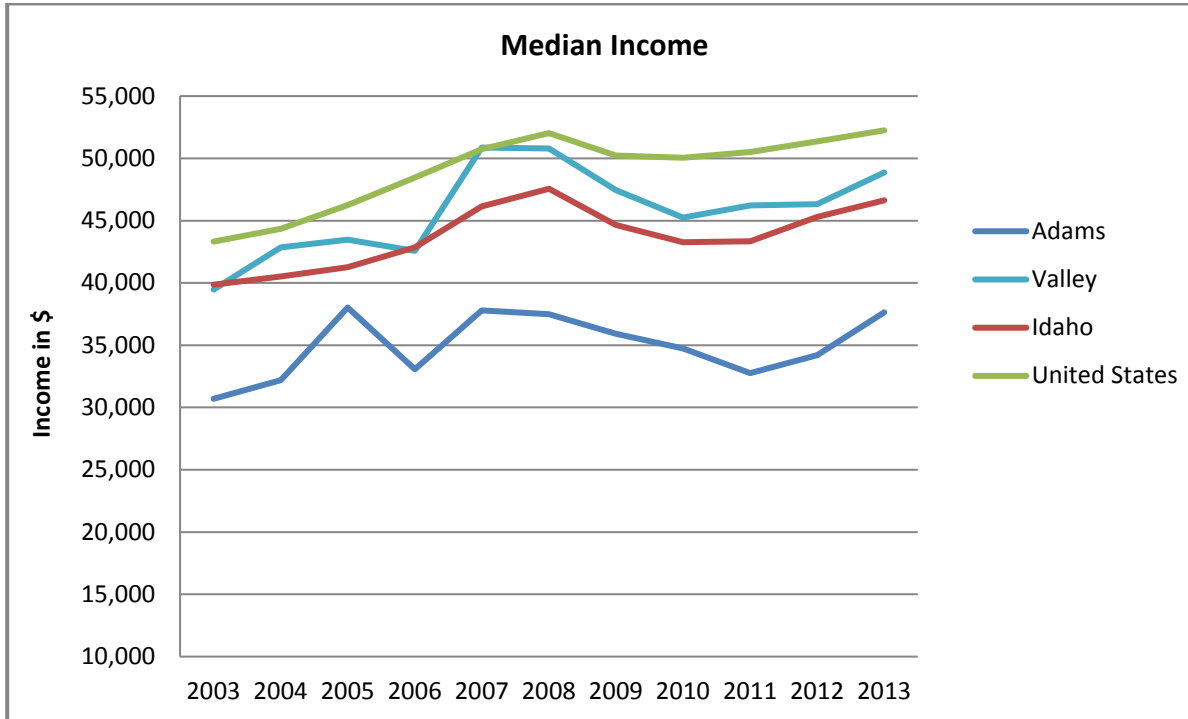
The official United States poverty rate increased from 12.5% in 2003 to 15.6% in 2013. Our service area poverty rate has also increased. The poverty rate in Valley County is currently well below the national average at 12% but above the national average in Adams County. The poverty rate in our community for children under the age of 18 is again below the national average for Valley County and above the national average for Adams County. Although both Adams and Valley county poverty rates have started to level out, they are still well above where they were prior to the recession in 2008.²⁶



²⁶ Small Area Income and Poverty Estimates (SAIPE)
<http://www.census.gov/did/www/saibe/data/statecounty/data/index.html>

Median Household Income

Median income in the United States has risen by 20% since 2003. However, growth in income was slower in Idaho and in our service area during that period. Median income in Adams County is well below the national median and lower than Idaho's median income. Median income in Valley County is slightly lower than the national median income.²⁷



²⁷ Ibid

Community Health Needs Assessment Methodology

St. Luke's 2016 Community Health Needs Assessment (CHNA) is designed to help us better understand and meet our most significant community health challenges. The methodology used to accomplish this goal is described below.

The first step in our process for defining community health needs is to understand the health status of our community. **Health outcomes** help us determine overall health status. Health outcomes include measures of how long people live, how healthy people feel, rates of chronic disease, and the top causes of death. While measuring health outcomes is critical to understanding health status, defining health factors is essential to improving health. **Health factors** are key influencers of health outcomes. Examples of health factors are nutritional habits, exercise, substance abuse, and childhood immunizations.

Once we understand our community health outcomes and the factors that influence them, we use this information to define our community health needs. **Community health needs** are the *programs, services, and policies needed to positively impact* health outcomes and their related health factors. St. Luke's views the fulfillment of our health needs as an essential opportunity to achieve improved population health, better patient care, and lower overall cost.

In our CHNA, we divide our health needs into four distinct categories: 1) health behaviors; 2) clinical care; 3) social and economic factors; and 4) physical environment. Each identified health need is included in one of these categories.

Our health needs, factors, and outcomes are identified and measured through the analysis of a broad range of research including:

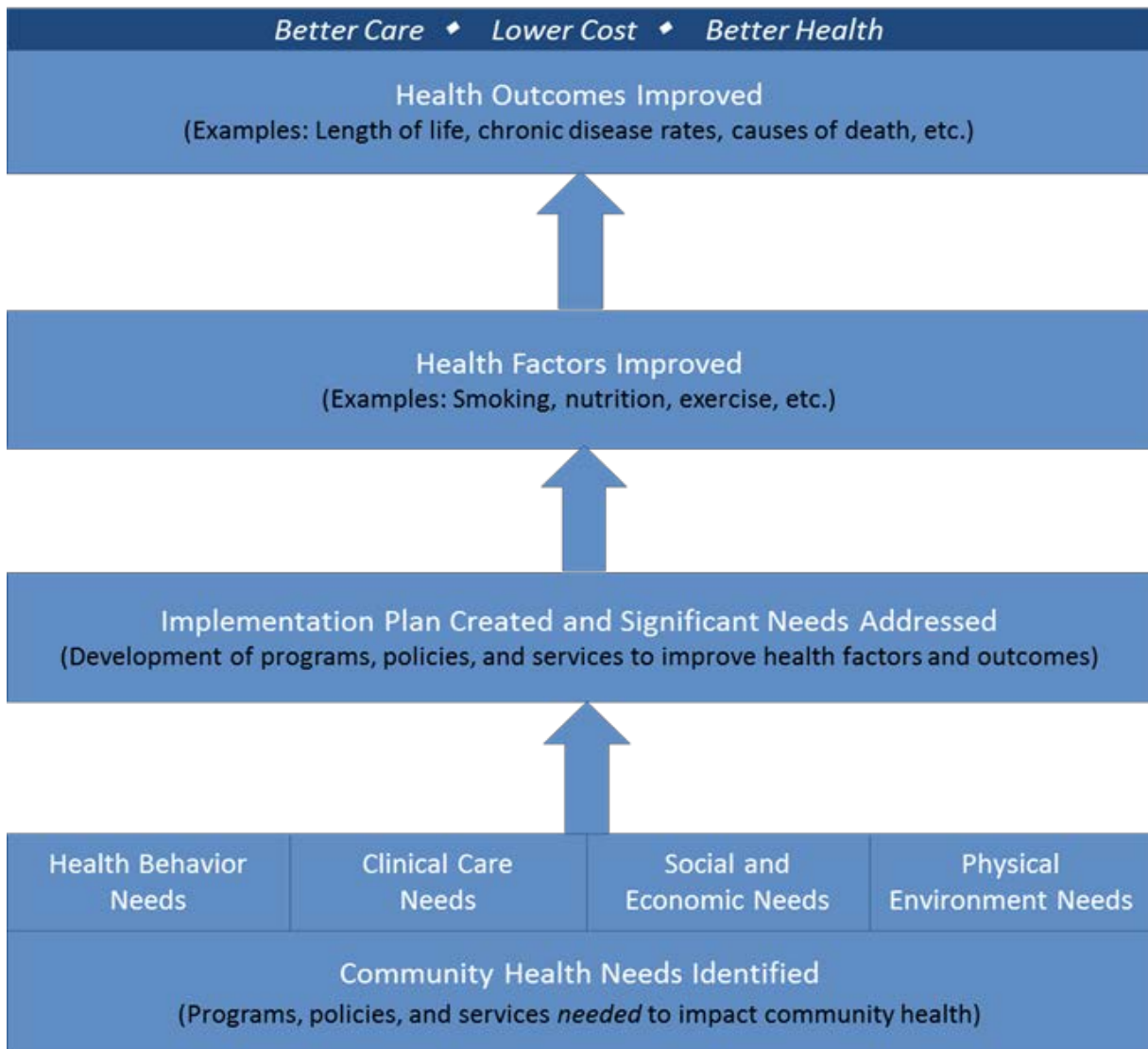
1. The **County Health Rankings** methodology for measuring community health. The University of Wisconsin Population Health Institute, in collaboration with the Robert Wood Johnson Foundation, developed the *County Health Rankings*. The *County Health Rankings* provides a thoroughly researched process for selecting health factors that, if improved, can help make our community a healthier place to live. A detailed description of their recommended health outcomes and factors is provided in the following sections of our CHNA.
2. Building on the *County Health Rankings* measures, **we gather a wide range of additional community health outcome and health factor 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 community's most pressing health issues.
3. Community input is at the center of our CHNA process. In-depth **interviews are conducted with a diverse group of representatives** possessing extensive knowledge of

community health and wellness. Our community representatives help us define our most important health needs and provide valuable input on programs and legislation they feel would be effective in addressing the needs.

4. Finally, we employ a rigorous prioritization system designed to identify and rank our most impactful health needs, incorporating input from our community health representatives as well as the secondary research data collected on each health outcome and factor.

The chart below provides a graphical summary of the approach used to develop our CHNA.

St. Luke's Approach to Improving Community Health



Health Outcome and Health Factor Research Scoring System

As described in the previous section, an important part of our CHNA methodology involves incorporating an objective way to measure each health outcome and factor’s potential to impact community health. This section provides additional detail on how we accomplish this.

- Each health outcome or factor receives a **trend** score from 0 to 4, 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.
- A **prevalence** score from 0 to 4 is assigned based on whether the community’s health outcome is better or worse than the national average. The worse the community health outcome is relative to the national average, the higher the assigned value because there is more room for improvement.
- The **severity** of the health outcome or factor is scored from 0 to 4 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 many evidence-based prevention programs available.
- The **magnitude** of the health outcome or factor is scored from 0 to 4 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.

Health Factor Score					
Low score = Low potential for health impact			High score = High potential for health impact		
Health Factor Name	Trend: Better/Worse	Prevalence versus U.S. Average	Severe/ Preventable	Magnitude: Root Cause	Total Score
Example factor	0 to 4 points	0 to 4 points	0 to 4 points	0 to 4 points	0 to 16 points

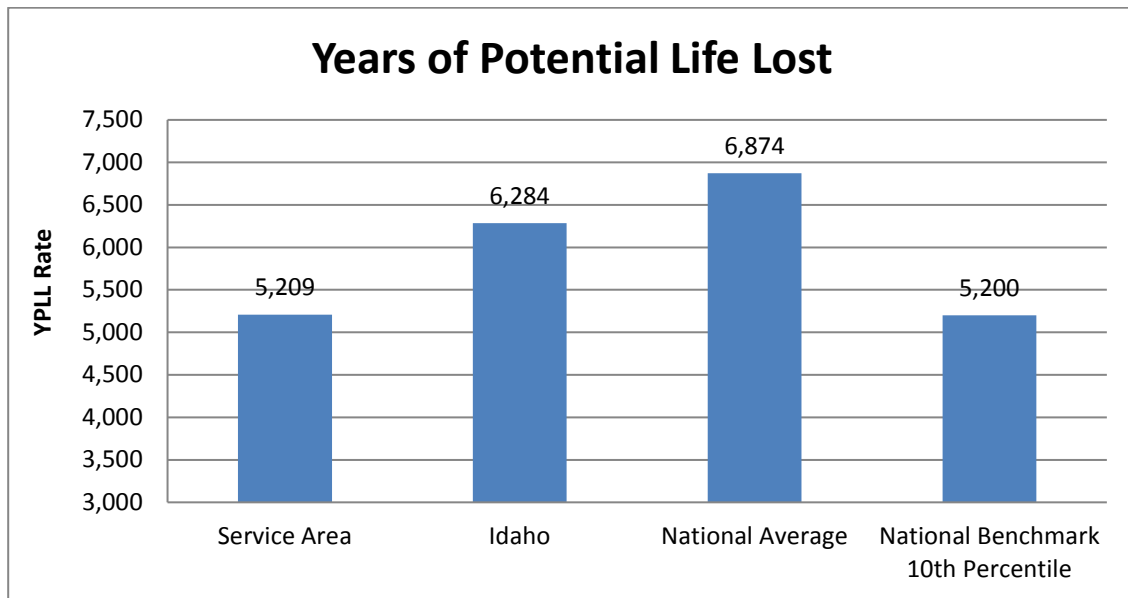
Health Outcome Measures and Findings

Health outcomes represent a set of key measures that describe the health status of a population. These measures allow us to compare our community's health to that of the nation as a whole and determine whether our health improvement programs are positively affecting our community'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 above shows our service area YPLL for 2013 is significantly lower (better) than the national average, and ranks close to the national top 10th percentile.²⁸ This is an excellent outcome, indicating that on average people in our service area are not dying prematurely.²⁹

²⁸ *County Health Rankings* 2015. Accessible at www.countyhealthrankings.org (used for national YPLL top 10% 2010 - 2012 average)

²⁹ Bureau of Vital Records and Health Statistics, Idaho Department of Health and Welfare (1/2015) (Idaho and county data)

Morbidity Measures

Morbidity is a term that refers to how healthy people feel while alive. 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 birth weight. The reasons for using these measures and the specific outcome data for our community are described below.

Health Related Quality of Life (HRQOL)

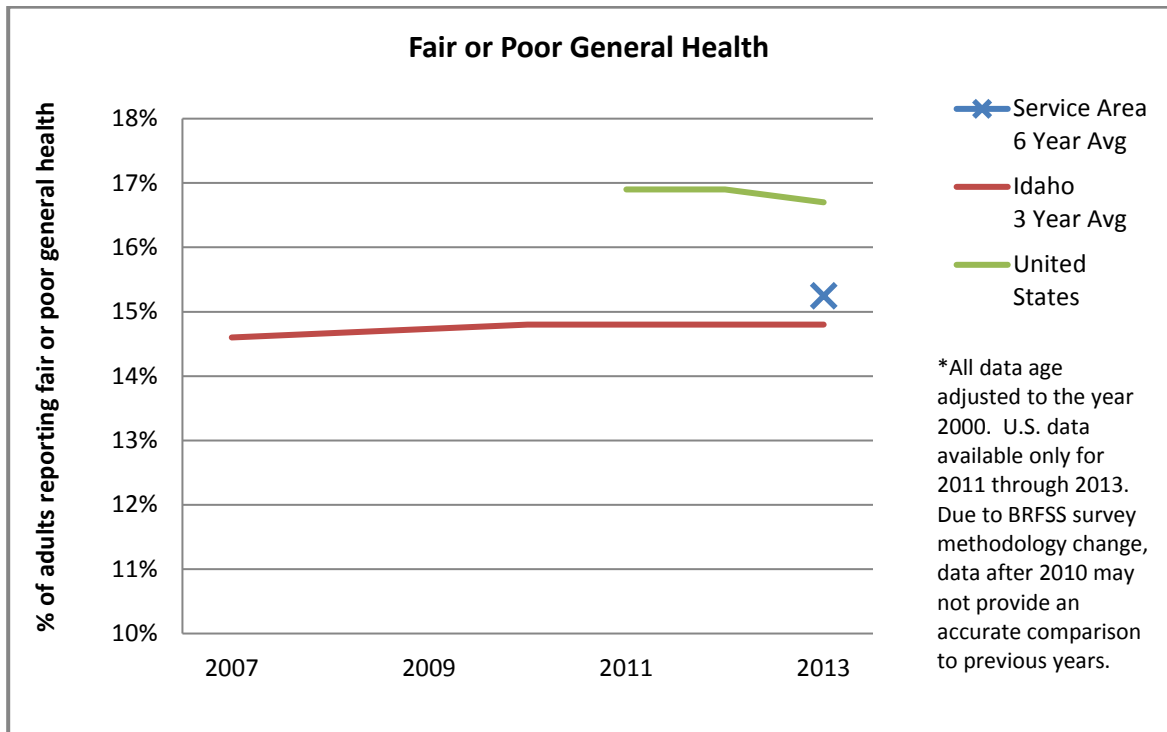
Understanding the health related quality of life of the population helps communities identify unmet health needs. Three measures from the CDC’s Behavioral Risk Factor Surveillance System (BRFSS) are used to define health-related quality of life: 1) The percent of adults reporting fair or poor health, 2) the average number of physically unhealthy days reported per month, and 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.³⁰

³⁰ University of Wisconsin Population Health Institute. *County Health Rankings* 2015. Accessible at www.countyhealthrankings.org.

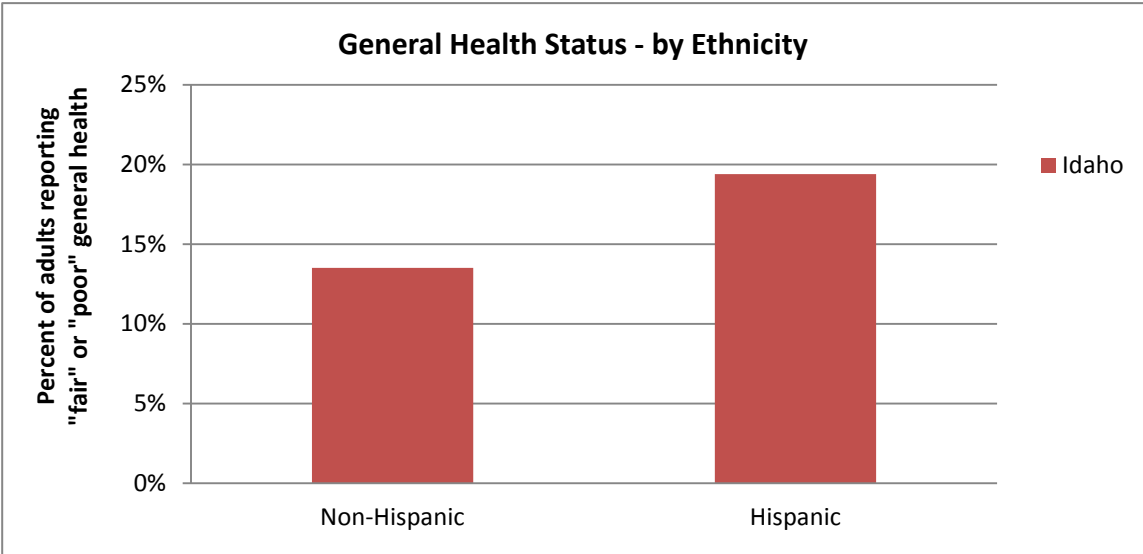
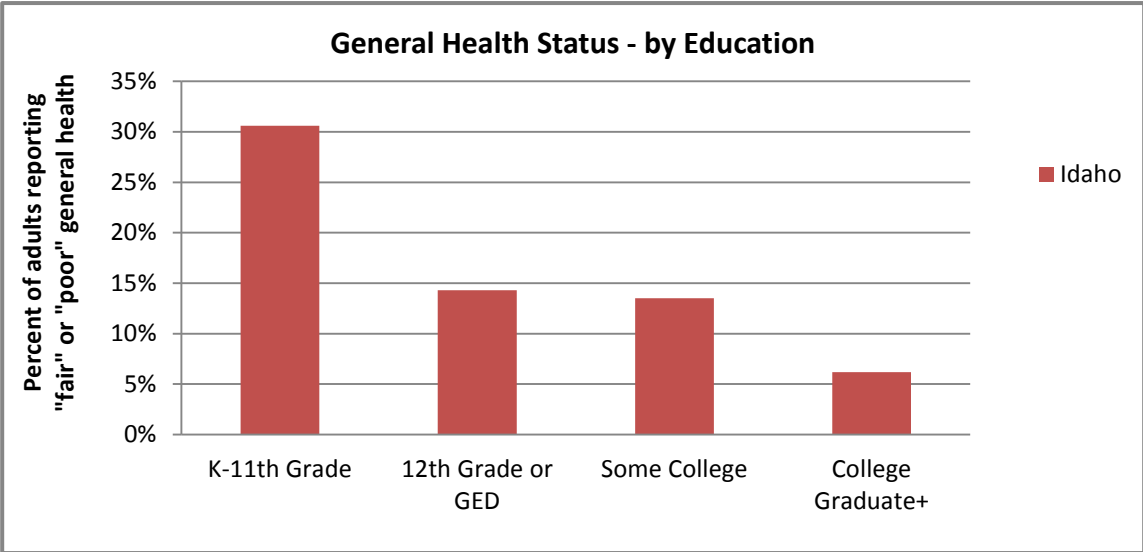
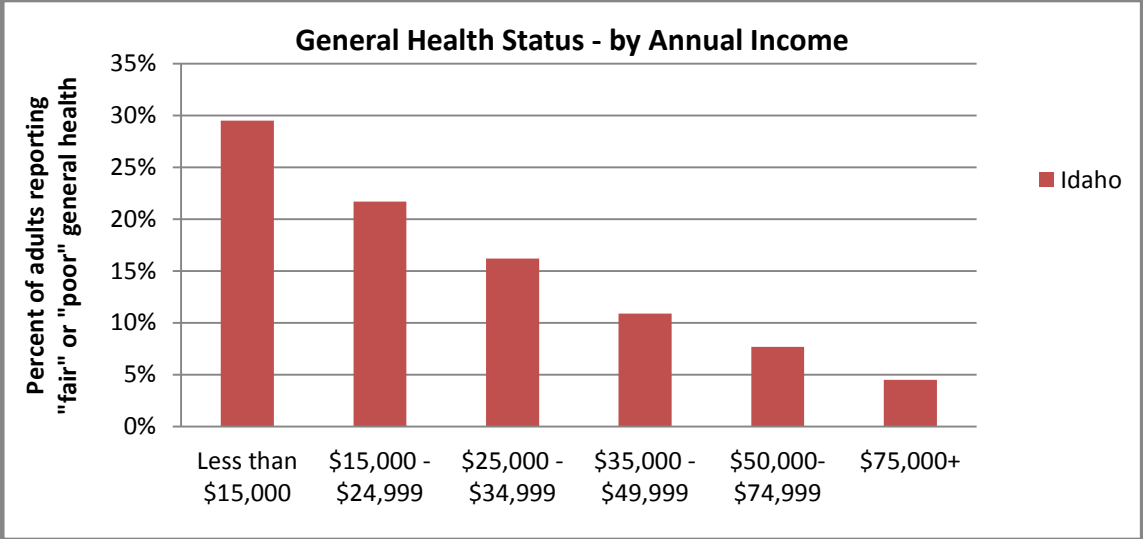
- **"Fair or Poor" General Health**

Fourteen point eight percent (14.8%) of Idaho adults reported their health status as fair or poor in 2013, which is approximately the same as in 2007. For our service area, the percent of people reporting fair or poor general health is 15.3% in 2013, which is better than the national average of 16.8%.³¹



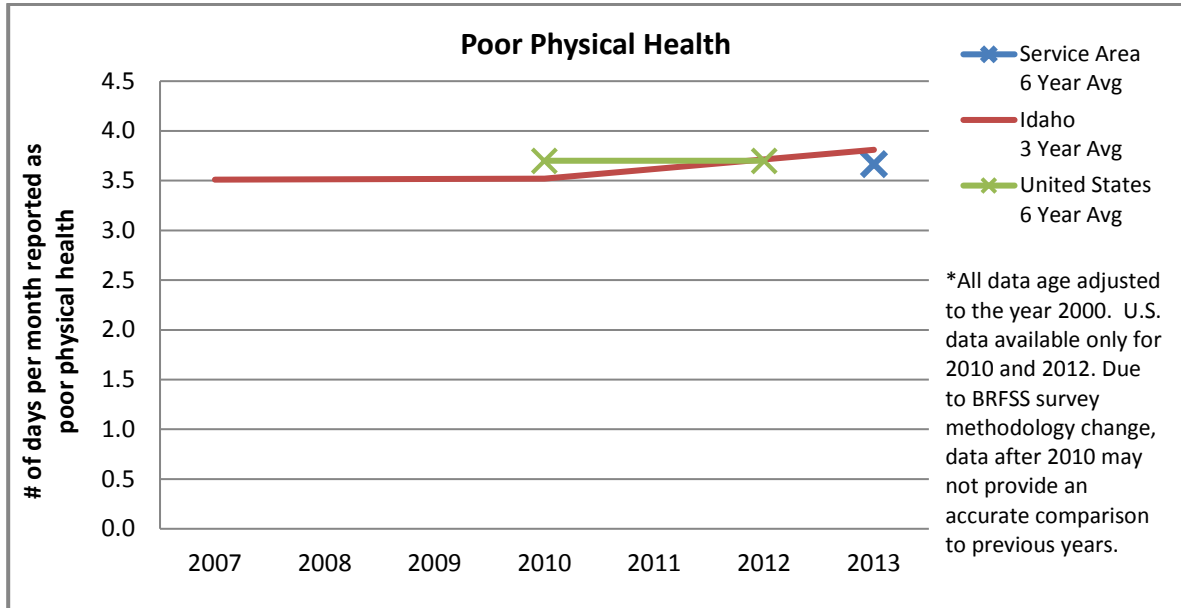
The charts below show that income and education greatly affect the levels of reported fair or poor general health. For example, people with incomes of less than \$15,000 are seven times more likely to report fair or poor general health than those with incomes above \$75,000. In addition, Hispanics are significantly more likely to report fair or poor health than non-Hispanics.

³¹ Idaho and National 2004 - 2013 Behavioral Risk Factor Surveillance System



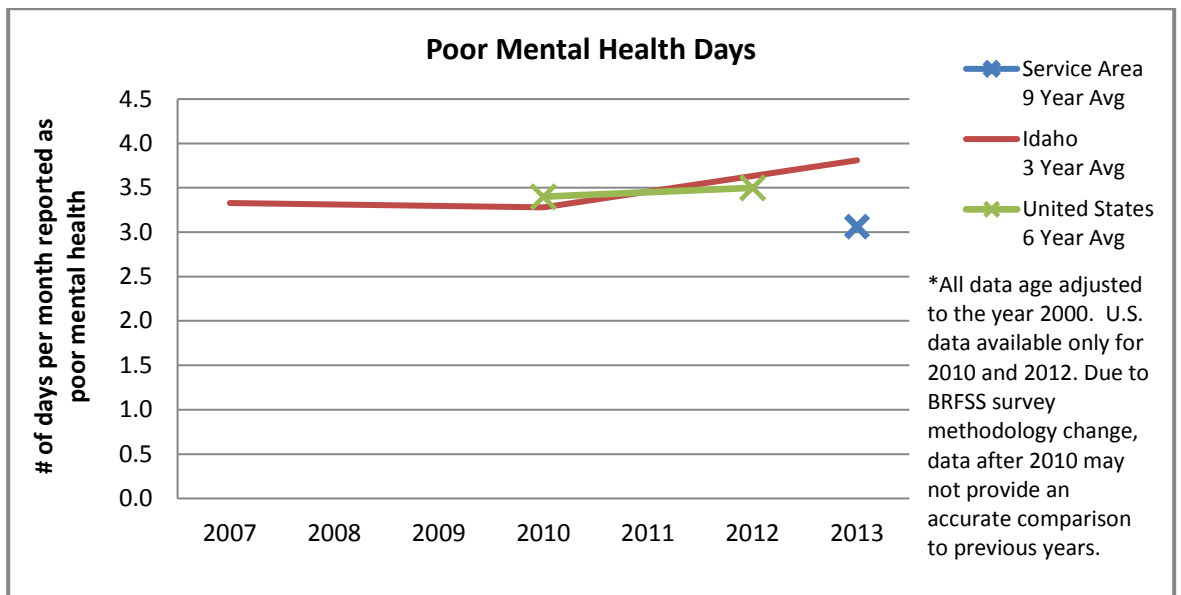
- **Poor Physical Health Days**

The number of reported poor physical health days for our service area is about the same as the national average.³² The national top 10th percentile (best) is 2.5 days.³³



- **Poor Mental Health Days**

The number of poor mental health days is below the national average for our service area. The national top 10th percentile is 2.3 days per month.



³² Idaho 2013 Behavioral Risk Factor Surveillance System

³³ County Health Rankings 2015. Accessible at www.countyhealthrankings.org.

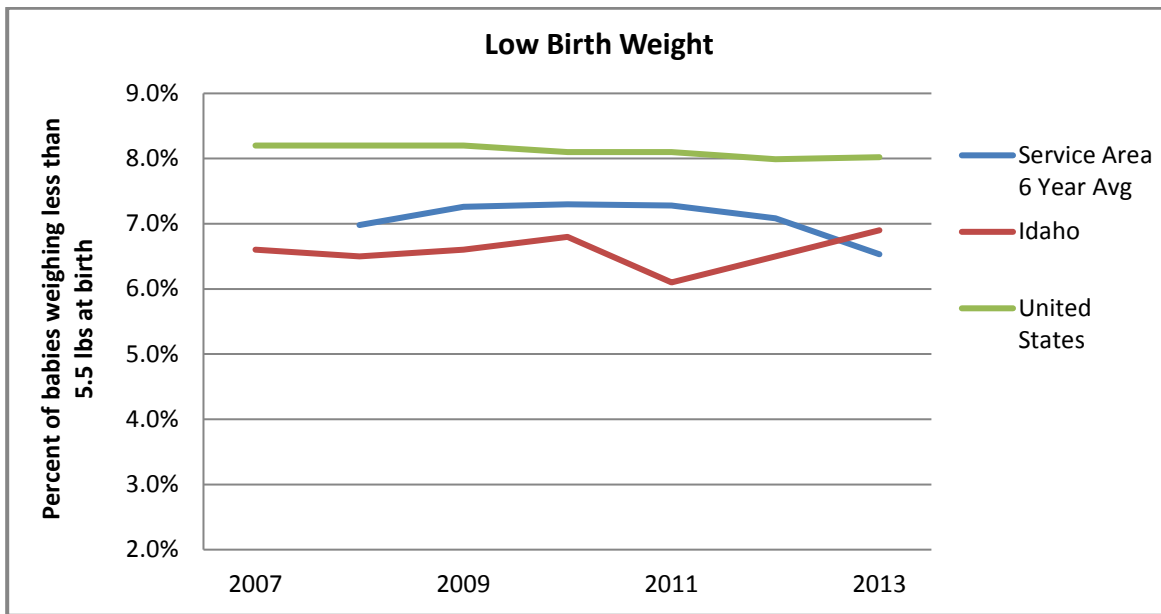
- **Low Birth Weight**

Low birth weight (LBW) is unique as a health outcome because it represents two 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 LBW are numerous.³⁴

The percent of LBW babies in our service area and in Idaho is significantly below (better than) the national average.³⁵ This is a key indicator of future health. The national top 10th percentile for LBW is 6.0% and our service area is getting close to that level.

Low birth weight can be addressed in multiple ways, including:³⁶

- 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: Better/Worse	Prevalence versus U.S.	Severe/ Preventable	Magnitude: Root Cause	Total Score
Low Birth Weight	1	0	2	3	6

³⁴ University of Wisconsin Population Health Institute. *County Health Rankings 2015*. Accessible at www.countyhealthrankings.org.

³⁵ Idaho Vital Statistics Annual Reports, Years 2000 - 2015, National Vital Statistics Report - Births: Data 2004 - 2015

³⁶ America’s Health Rankings 2015, www.americashealthrankings.org

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. Adam County's 2015 overall outcome rank is 5th and Valley County's rank is 6th out of a total of 42 counties in Idaho.³⁷ 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.

³⁷ University of Wisconsin Population Health Institute. *County Health Rankings* 2015. Accessible at www.countyhealthrankings.org

Additional Health Outcome Measures and Findings

In addition to the *County Health Ranking* general outcome measures, we collected a set of community health outcomes measures from national, state, and local perspectives to create a more specific set of health indicators and measures for our community.

The health outcome measures provided below include information on chronic disease prevalence and the top 10 causes of death. These outcomes help identify the underlying reasons why people in our community are dying or are in poor health. Knowing the trend, prevalence, severity, and magnitude of common chronic diseases and the top causes of death can assist us in determining what kind of preventive and early diagnosis programs are most needed or where adding health care providers would have the greatest impact on health.

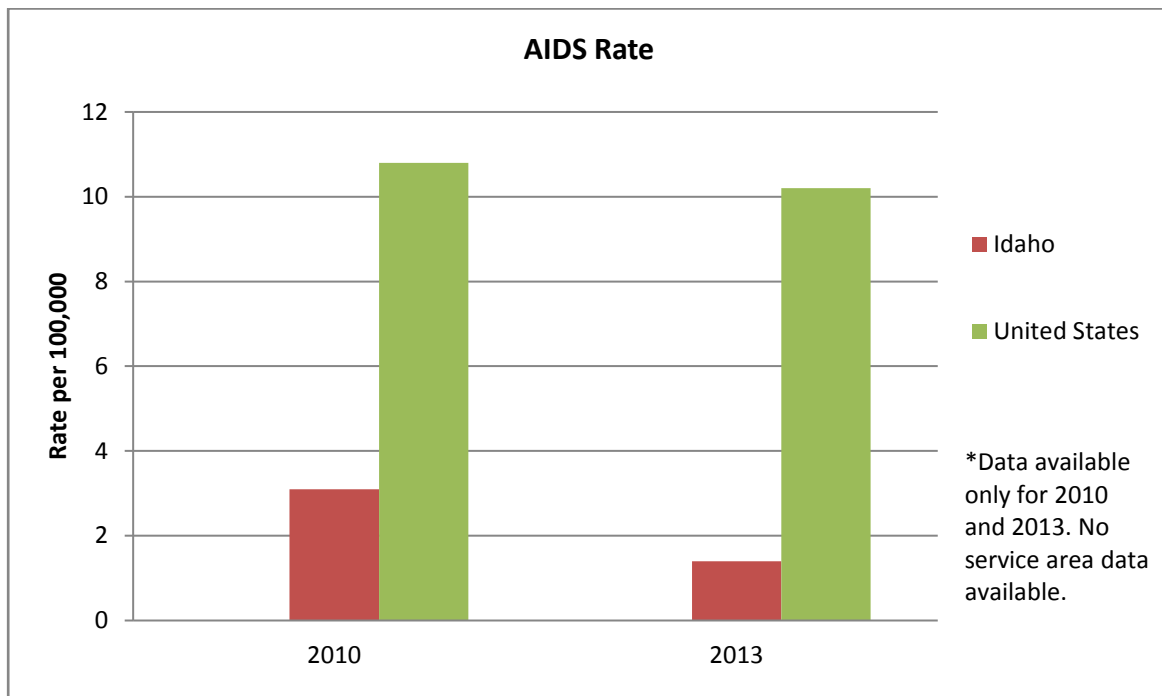
Chronic Disease Prevalence

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 more effectively if detected early. Consequently, we added measurement and trend data on the following chronic conditions: AIDS, arthritis, asthma, diabetes, high blood pressure, high cholesterol, and mental illness.

- **AIDS**

The AIDS rate in Idaho is well below the national rate.³⁸ The trend in Idaho has been relatively flat from 2004 to 2013.³⁹

African Americans are more likely to have HIV than any other racial/ethnic group in the United States (US). In 2010, African Americans accounted for 44% of new HIV infections while representing only 12% of the population. In 2010, African American men accounted for 70% of the estimated new HIV infections among all African Americans.⁴⁰ Young people in the US are also more at risk for HIV infection accounting for 26% of all new HIV infections in 2010. This risk is particularly high for young, gay, bisexual, and other men who have sex with men (MSM). HIV prevention programs, including education on abstinence and safe sex, will be helpful to younger people who did not benefit from the outreach conducted in the 1980s and 1990s.⁴¹



Health Factor Score					
Low score = Low potential for health impact			High score = High potential for health impact		
	Trend: Better/Worse	Prevalence versus U.S.	Severe/ Preventable	Magnitude: Root Cause	Total Score
Aids	2	0	3	2	7

³⁸ www.statehealthfacts.org

³⁹ www.healthandwelfare.idaho.gov/Portals/0/Health/Disease/STD%20HIV/2013_Facts_Book_FINAL.pdf

⁴⁰ <http://www.cdc.gov/HIV/TOPICS/>

⁴¹ <http://www.cdc.gov/hiv/youth/>

- **Arthritis**

In 2010, 24.1 % of Idaho adults had ever been told by a medical professional that they had arthritis. The prevalence of arthritis in our service area is above the national average and has not changed significantly since 2005.

The majority of those with arthritis (54.5%) reported that their activities were limited due to health problems. The likelihood of having arthritis increases with age. More than half of those surveyed ages 65 and older had been diagnosed with arthritis.

Other Highlights:

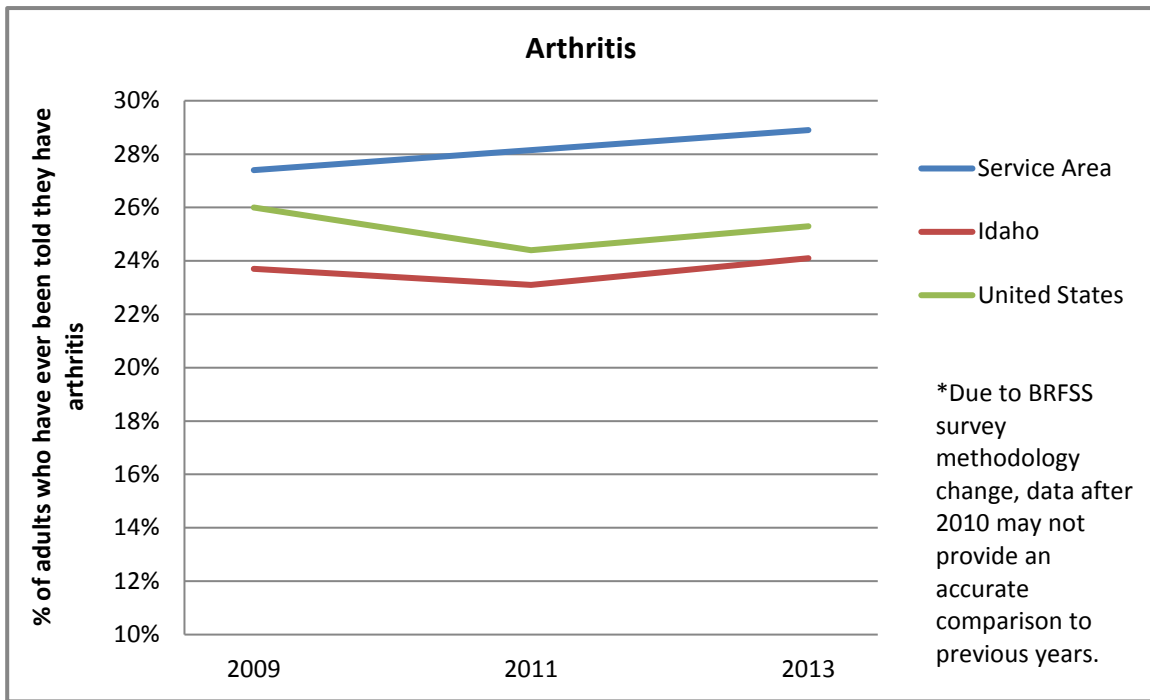
- Idaho residents with incomes below \$50,000 per year were more likely to have arthritis than those with incomes of \$50,000 or higher (25% compared with 18.7%).
- Hispanics were significantly less likely than non-Hispanics to have been diagnosed with arthritis (14.5% compared with 23.8%).
- Overweight adults (BMI \geq 25) were more likely to have arthritis compared to those who were not overweight.⁴²

Some types of arthritis can be treated and possibly prevented by making healthy lifestyle choices. Common tips for prevention and treatment include:

- Maintain recommended weight. Women who are overweight have a higher risk of developing osteoarthritis in the knees.
- Regular exercise can help by strengthening muscles around joints and increasing bone density.
- Avoid smoking and limit alcohol consumption to help avoid osteoporosis. Both habits weaken the structure of bone increasing the risk of fractures.⁴³

⁴² Idaho and National 2002 - 2013 Behavioral Risk Factor Surveillance System

⁴³ Arthritis Foundation, <http://www.arthritis.org/preventing-arthritis.php>

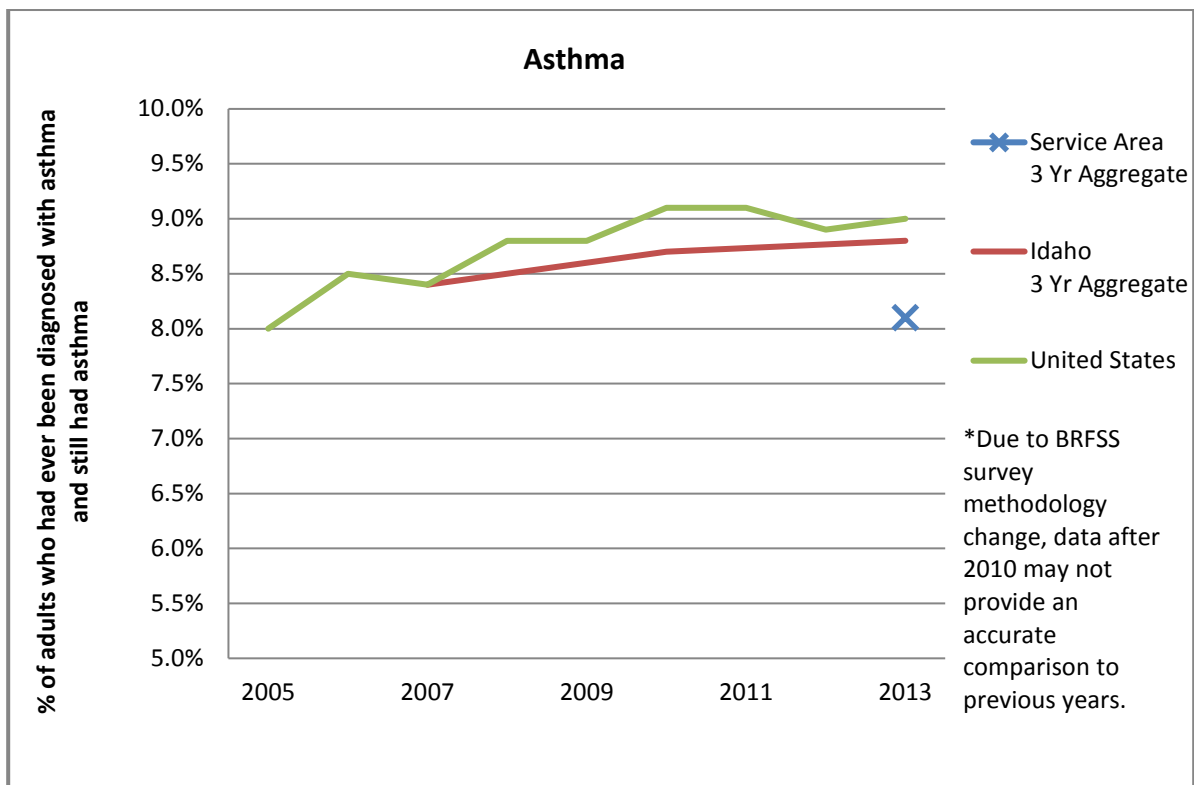


Health Factor Score					
Low score = Low potential for health impact			High score = High potential for health impact		
	Trend: Better/Worse	Prevalence versus U.S.	Severe/ Preventable	Magnitude: Root Cause	Total Score
Arthritis	2	3	2	0	7

- **Asthma**

The percentage of people with asthma in our service area is below the national average. Thirty percent (30%) of adults with current asthma reported their general health status as “fair” or “poor,” which is more than twice as high as people who did not have asthma (only 13.7% of people without asthma reported fair or poor health). Females, unemployed, and non-college graduates are more likely to have current asthma.⁴⁴

Asthma is a long-term disease that can't be cured or prevented. The goal of asthma treatment is to control the disease. To control asthma, it is recommended that 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.⁴⁵



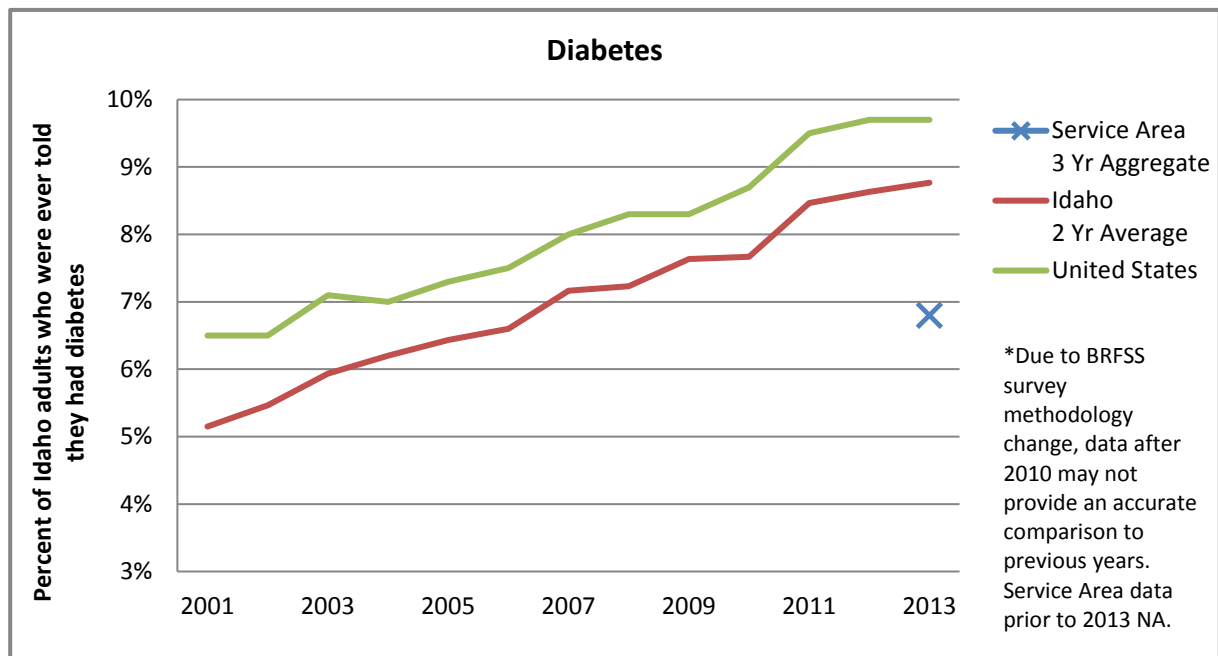
Health Factor Score					
Low score = Low potential for health impact			High score = High potential for health impact		
	Trend: Better/Worse	Prevalence versus U.S. Average	Severe/ Preventable	Magnitude: Root Cause	Total Score
Asthma	2	1	2	0	5

⁴⁴ Idaho and National 2002 - 2013 Behavioral Risk Factor Surveillance System

⁴⁵ http://www.nhlbi.nih.gov/health//dci/Diseases/Asthma/Asthma_Treatments.html

- **Diabetes**

About 7% of the people in our community report that they have been told they have diabetes, which is well below the national average. The percent of people living with diabetes in Idaho and in the United States is up by about 50% over the past ten years, indicating an opportunity for greater focus on prevention. 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.⁴⁶ Direct medical costs for type 2 diabetes exceed \$100 billion and account for \$1 of every \$10 spent on medical care in the U.S.⁴⁷



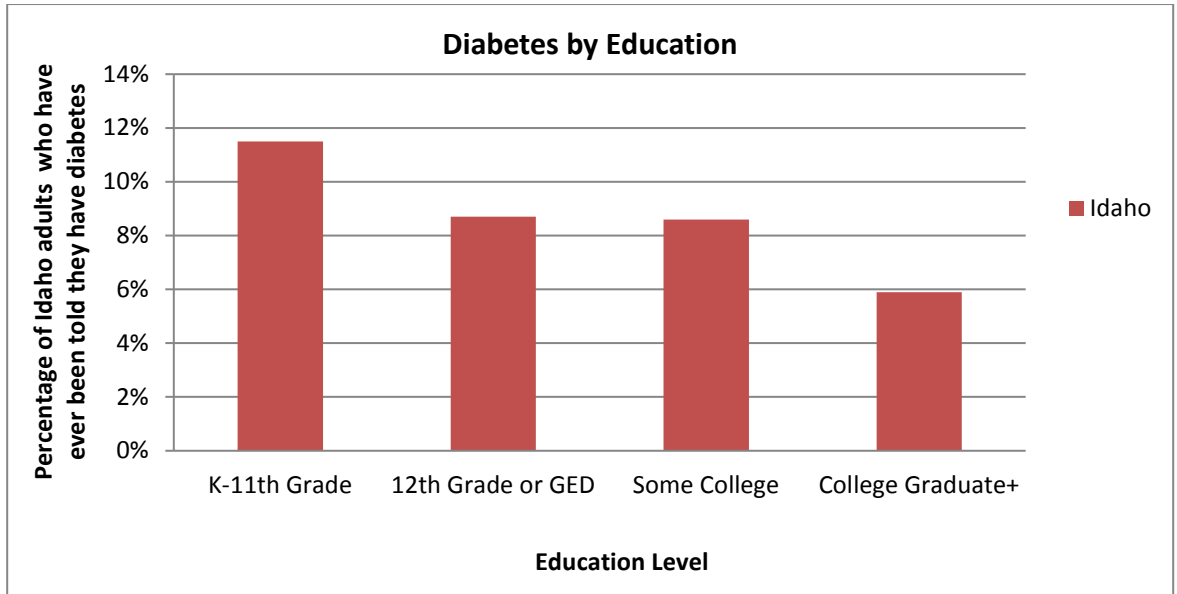
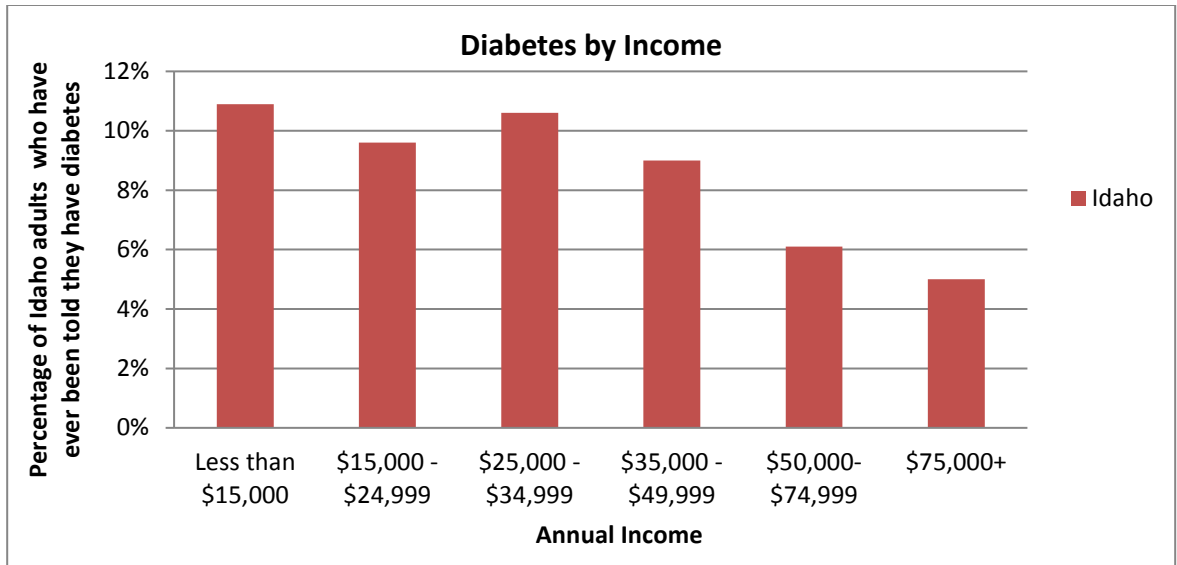
Other Highlights:

- Overweight (BMI \geq 25) adults reported diabetes more than three times as often as those who were not overweight. Among overweight adults, 10.6% had diabetes compared with 3.4% of those who were not overweight or obese.
- Those who did not engage in leisure time physical activity reported diabetes more than twice as often as those who did have leisure time physical activity.
- Those with a high school diploma or less education were significantly more likely to have diabetes than college graduates.
- Those with lower incomes were more likely to have diabetes than those with mid-level or high incomes.⁴⁸

⁴⁶ Idaho and National 2002 - 2013 Behavioral Risk Factor Surveillance System

⁴⁷ America's Health Rankings 2015, www.americashealthrankings.org

⁴⁸ Ibid.



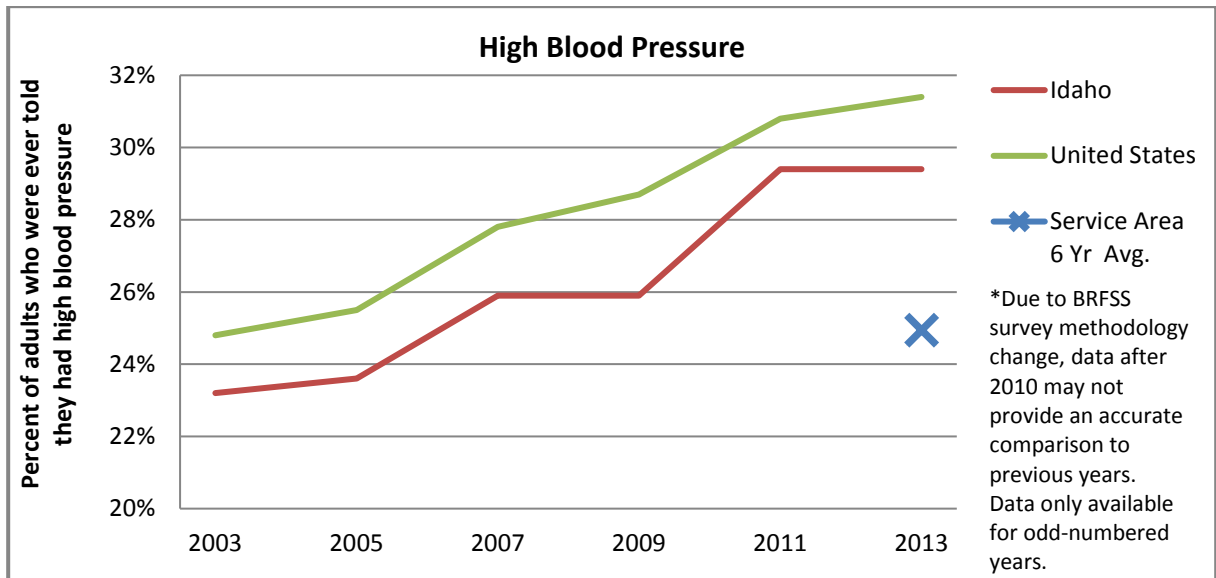
Studies indicate that the onset of type 2 diabetes can be prevented through weight loss, increased physical activity, and improving dietary choices. Diabetes can be managed through regular monitoring, following a physician-prescribed care regimen, adjusting diet, and maintaining a physically active lifestyle.⁴⁹

Health Factor Score					
Low score = Low potential for health impact			High score = High potential for health impact		
	Trend: Better/Worse	Prevalence versus U.S. Average	Severe/ Preventable	Magnitude: Root Cause	Total Score
Diabetes	3	0	3	4	10

⁴⁹ America's Health Rankings 2015, www.americashealthrankings.org

- **High Blood Pressure**

The incidence of high blood pressure in the United States has continued to rise steadily over time. Currently, about one in every three Americans suffers from high blood pressure. Blood pressure rates in our service area are well below the national national average. High blood pressure is a major risk factor for heart disease, stroke, congestive heart failure, and kidney disease.⁵⁰



- Those with incomes below \$35,000 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.
- Those who were overweight (BMI > 25) reported having high blood pressure twice as often as those who were not overweight (BMI < 25).
- Adults who had been told they had high blood pressure were significantly more likely to have been told by a health professional that they also have angina or coronary heart disease.⁵¹

Healthy blood pressure may be maintained by changing lifestyle or combining lifestyle changes with prescribed medications.⁵²

Health Factor Score					
Low score = Low potential for health impact			High score = High potential for health impact		
	Trend: Better/Worse	Prevalence versus U.S.	Severe/ Preventable	Magnitude: Root Cause	Total Score
High Blood Pressure	3	0	3	2	8

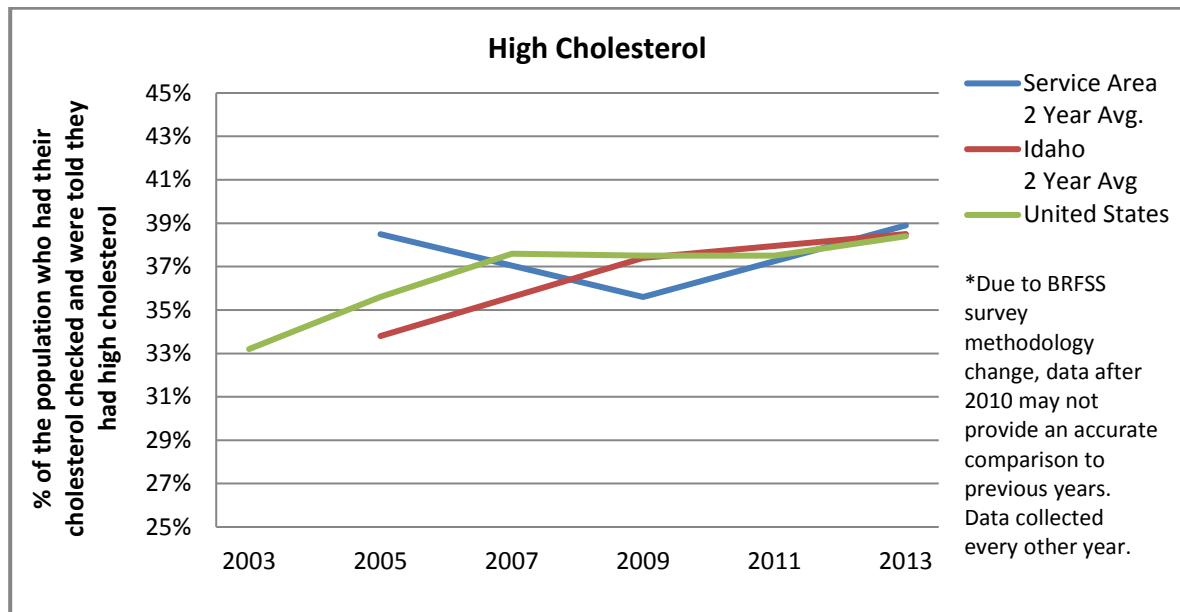
⁵⁰ Ibid

⁵¹ Idaho and National 2002 - 2013 Behavioral Risk Factor Surveillance System

⁵² America's Health Rankings 2015, www.americashealthrankings.org

- **High Cholesterol**

Among those who had ever been screened for cholesterol in our service area, 38.9% reported that they were told their cholesterol was high in 2013, which is about the same as the national average. The percentage of screened adults with high cholesterol has increased in Idaho and nationally since 2005. Sustained, increased cholesterol levels can lead to heart disease, heart attack, and other circulatory problems.⁵³



Other Highlights:

- Prevalence of high cholesterol decreased with higher levels of education.
- Adults who had been screened and told they had high cholesterol reported their general health status as “fair” or “poor” significantly more often than those who had not been told they had high cholesterol.
- Those who were overweight were significantly more likely to have high cholesterol than those who were not overweight.
- Adults aged 55 and older were almost twice as likely to have had high blood cholesterol levels as those under age 55.⁵⁴

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 physician-recommended pharmacological intervention may be necessary.⁵⁵

⁵³ Ibid.

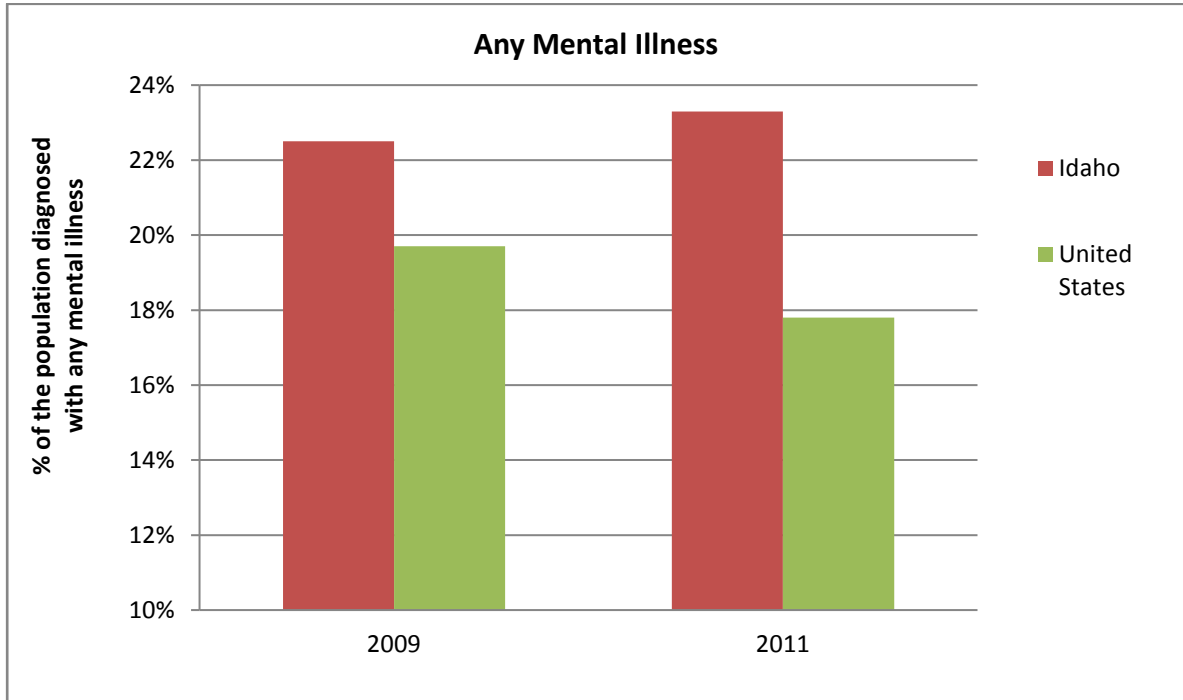
⁵⁴ Idaho 2011 - 2013 Behavioral Risk Factor Surveillance System

⁵⁵ America’s Health Rankings 2015, www.americashealthrankings.org

Health Factor Score					
Low score = Low potential for health impact			High score = High potential for health impact		
	Trend: Better/Worse	Prevalence versus U.S. Average	Severe/ Preventable	Magnitude: Root Cause	Total Score
High Cholesterol	2	2	3	2	9

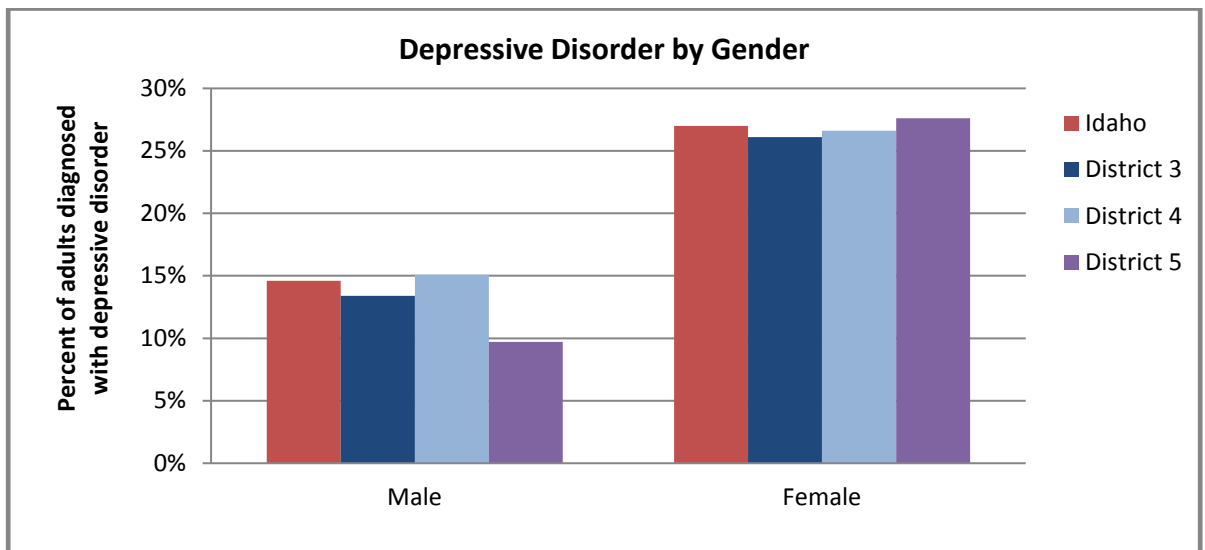
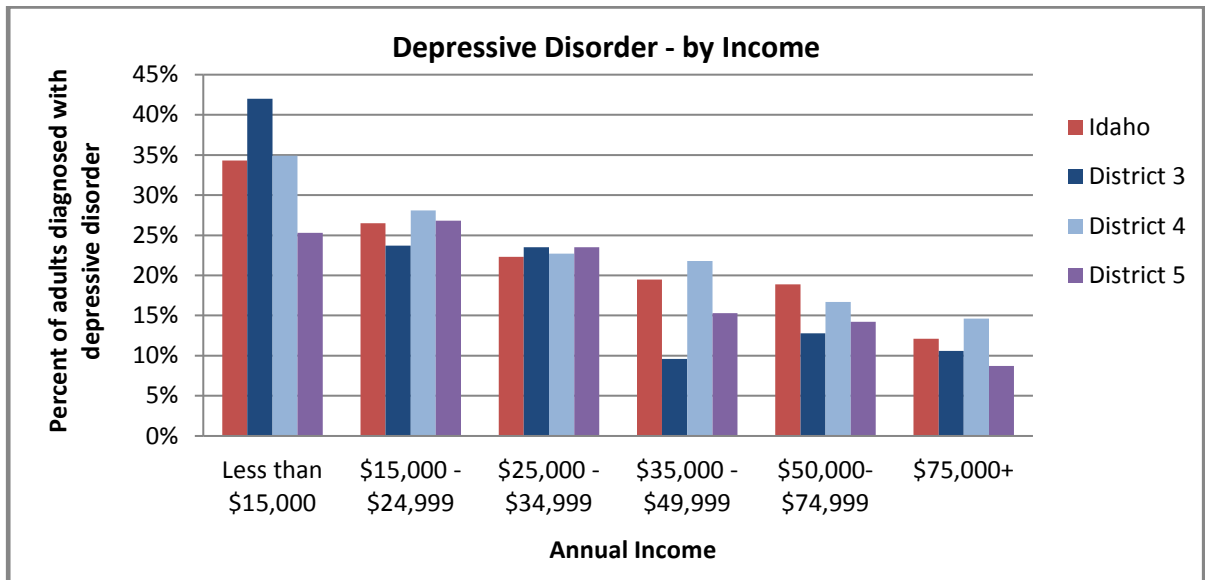
- **Mental Illness**

Community mental health status can help explain suicide rates as well as help us understand the need for mental health professionals in our service area. The percentage of people age 18 or older having any mental illness (AMI) (2009-2011 latest years available) was 23.3% for Idaho. This was the third highest percentage of mental illness in the nation. The percentage of people having any mental illness for the United States as a whole was 17.8%.⁵⁶



⁵⁶ Mental Health, United States, 2012 Report, SAMHSA, www.samhsa.gov

The charts below show that 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.⁵⁷



Health Factor Score					
Low score = Low potential for health impact			High score = High potential for health impact		
	Trend: Better/Worse	Prevalence versus U.S. Average	Severe/ Preventable	Magnitude: Root Cause	Total Score
Mental Illness	3	4	3	3	13

⁵⁷ Idaho 2011 - 2013 Behavioral Risk Factor Surveillance System

Top 10 Causes of Death

The top 10 causes of death can help identify opportunities to improve community health by comparing the local death rates and trends to the national average. The section below provides data and analysis for the top 10 causes of death for Idaho and our community.

- **Cancer (malignant neoplasms)**

Cancer is the leading cause of death in Idaho and the second leading cause of death in the United States. In Idaho, about one in two men and one in three women will be diagnosed with cancer sometime in their lives. About 22% of all deaths in Idaho each year are from cancer.

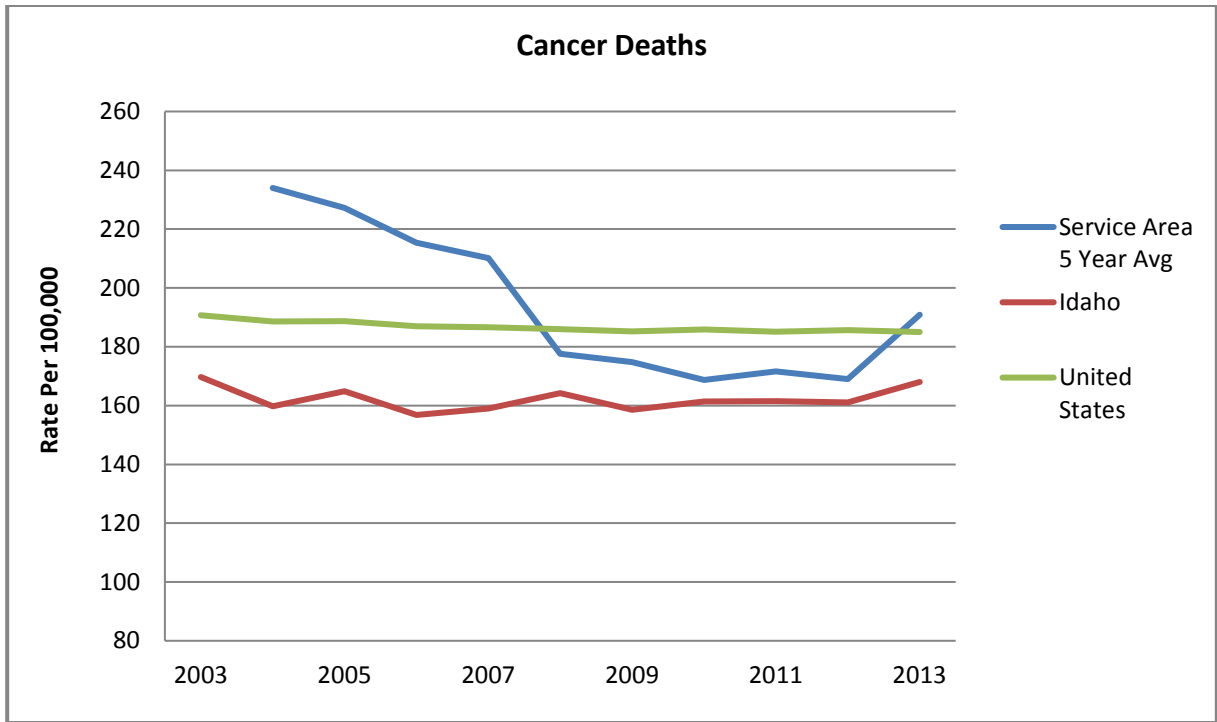
Although cancer may occur at any age, it is generally a disease of aging. Nearly 80% of cancers are diagnosed in persons 55 or older. Cancer is caused both by external factors such as tobacco use and exposure, chemicals, radiation and infectious organisms, and by internal factors such as genetics, hormonal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

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.⁵⁸

The chart below shows the cancer death rate in our service area is about the same as the national average. The trend for cancer deaths is down nationally and has been flat in our service area for the past ten years.⁵⁹

⁵⁸ Comprehensive Cancer Alliance for Idaho, Idaho Comprehensive Cancer Strategic Plan 2004-2010, www.ccaidaho.org

⁵⁹ Idaho Vital Statistics Annual Reports, Years 2003 - 2013, National Vital Statistics Report - Deaths: Data 2013



If tobacco use, poor diet, and physical inactivity were eliminated, the CDC estimates that 40% of cancers would be prevented. Therefore, opportunities exist to reduce the risk of developing some cancers.⁶⁰

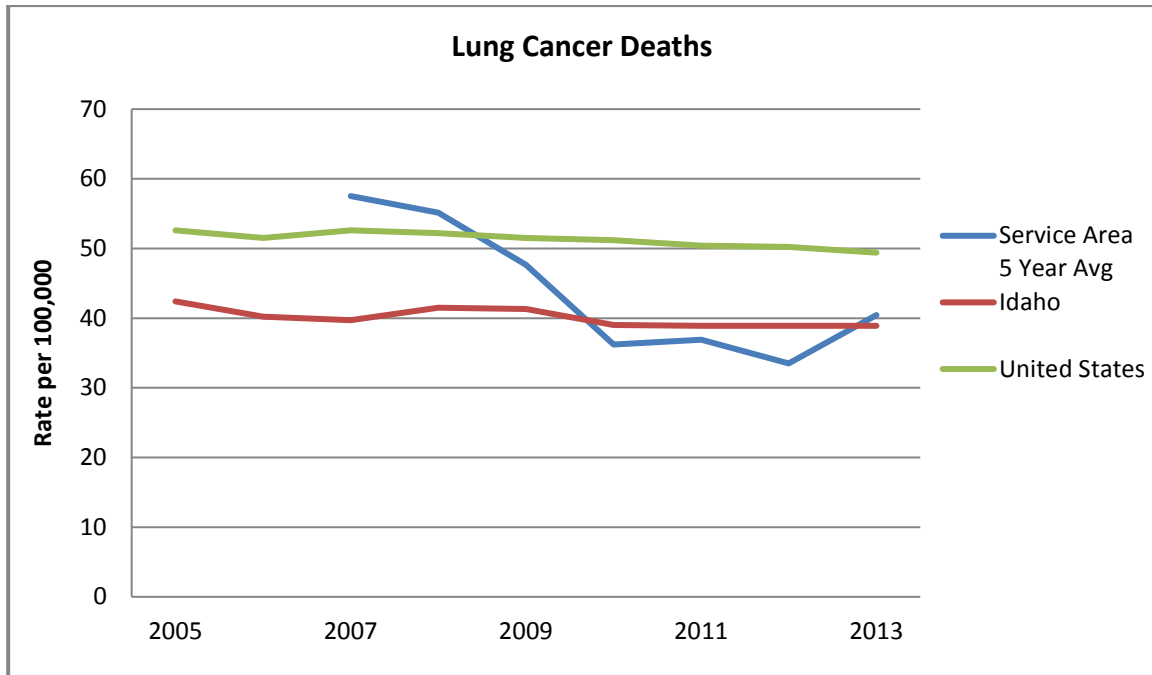
Health Factor Score					
Low score = Low potential for health impact			High score = High potential for health impact		
	Trend: Better/Worse	Prevalence versus U.S. Average	Severe/ Preventable	Magnitude: Root Cause	Total Score
Cancer	2	2	3	1	8

Although our service area's cancer rate is about the same compared to the nation, cancer is a term that includes more than 100 different diseases. Some cancer death rates may be relatively high in our service area, so we have collected data on the most common forms of cancer in Idaho below.

⁶⁰ America's Health Rankings 2011, www.americashealthrankings.org

- **Lung Cancer**

Lung cancer is the leading cause of cancer death in Idaho. The lung cancer death rate in our service area is slightly below the national average.⁶¹ Current science does not support population-based efforts to screen for lung cancer. More than 80% of lung cancers are a result of tobacco smoking.⁶²



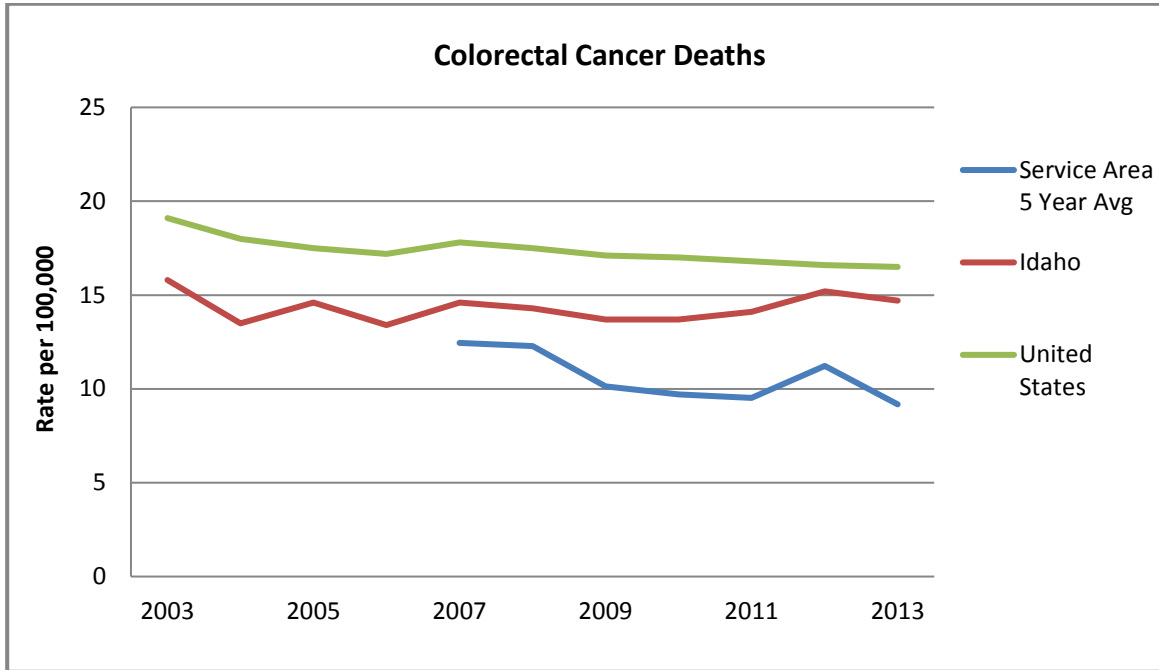
Health Factor Score					
Low score = Low potential for health impact			High score = High potential for health impact		
	Trend: Better/Worse	Prevalence versus U.S. Average	Severe/ Preventable	Magnitude: Root Cause	Total Score
Lung Cancer	2	2	4	1	9

⁶¹ Idaho Vital Statistics Annual Reports, Years 2000 - 2013, National Vital Statistics Report - Deaths: Data 2012

⁶² Comprehensive Cancer Alliance for Idaho, Idaho Comprehensive Cancer Strategic Plan 2004-2010, www.ccaidaho.org

- **Colorectal Cancer**

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 declining, and the death rate is below the national average.⁶³ There is evidence that cancers of the colon are associated with obesity and that preventing weight gain can reduce the risk. Early detection is effective in reducing colorectal cancer death rate.⁶⁴



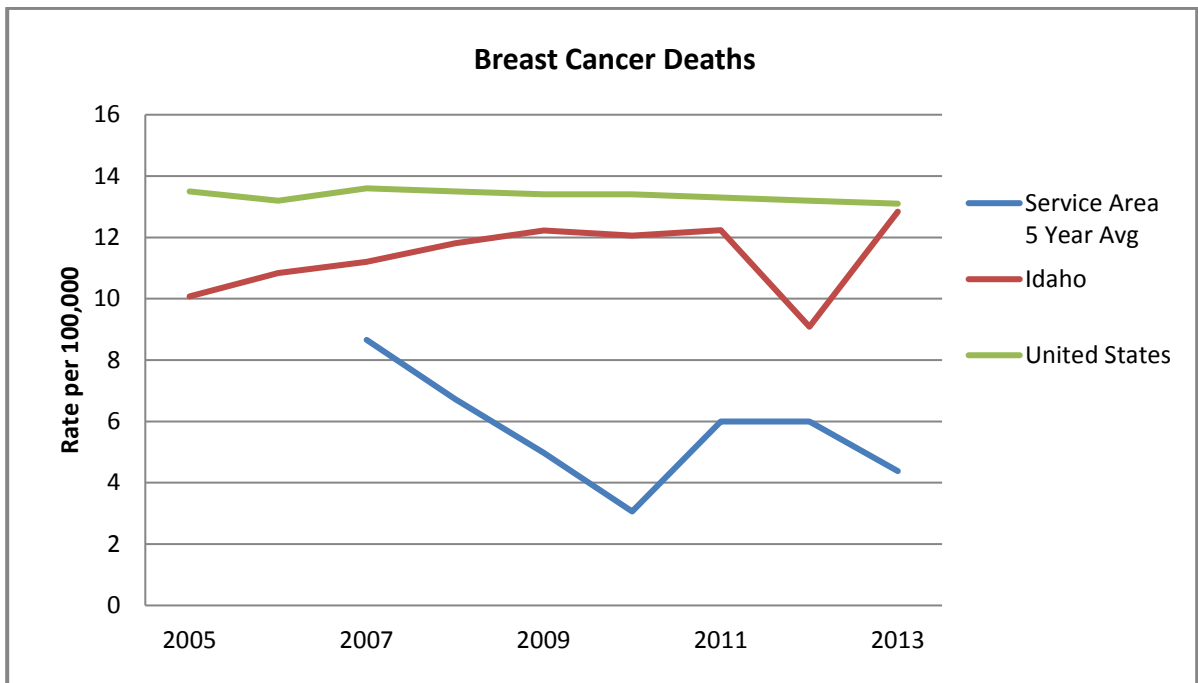
Health Factor Score					
Low score = Low potential for health impact			High score = High potential for health impact		
	Trend	Prevalence versus U.S. Average	Severe/ Preventable	Magnitude	Total Score
Colorectal Cancer	1	1	4	0	6

⁶³ Idaho Vital Statistics Annual Reports, Years 2000 - 2013, National Vital Statistics Report - Deaths: Data 2012

⁶⁴ America's Health Rankings 2015, www.americashealthrankings.org

- **Breast Cancer**

Breast cancer is the second leading cause of cancer death, after lung cancer among Idaho women. The breast cancer death rate in Idaho is about the same as the national average. In our service area, it is well below the national average.⁶⁵ Although nationally breast cancer rates have continued to rise since 1980, there has been a decline in the death rate from breast cancer. Survival rates differ significantly by stage of diagnosis. For women under age 65, uninsured women have the highest rates of more advanced stages of breast cancer (48%) compared to those with private insurance (33%), Medicare (25%), and Medicaid (43%).⁶⁶



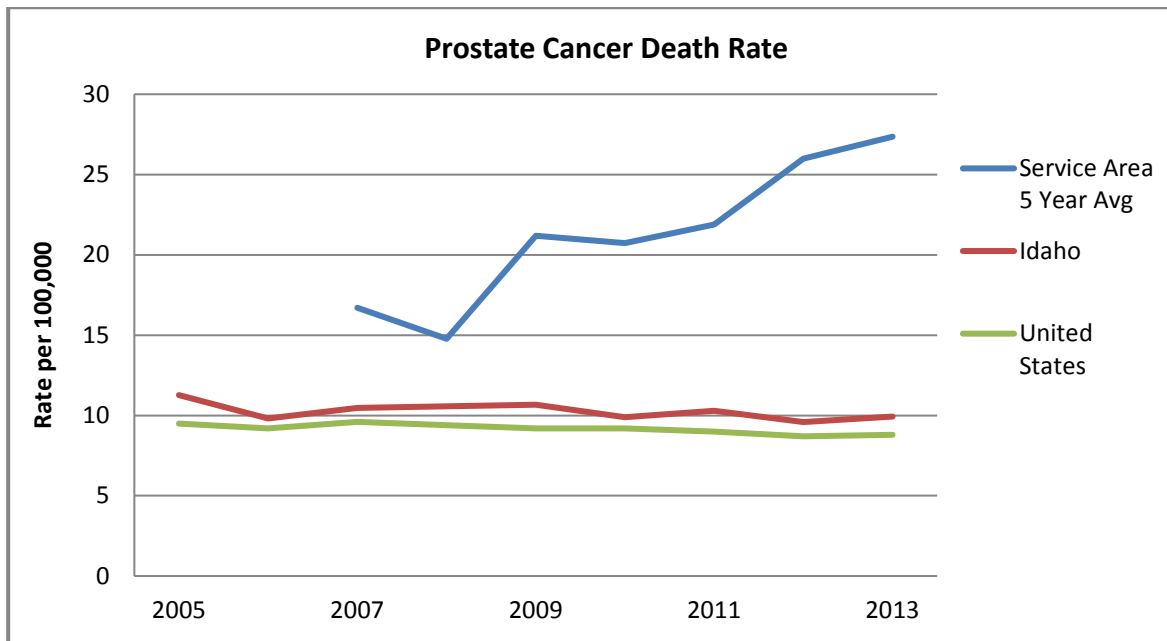
Health Factor Score					
Low score = Low potential for health impact			High score = High potential for health impact		
	Trend: Better/Worse	Prevalence versus U.S. Average	Severe/ Preventable	Magnitude: Root Cause	Total Score
Breast Cancer	2	0	4	1	7

⁶⁵ Idaho Vital Statistics Annual Reports, Years 2000 - 2013, National Vital Statistics Report - Deaths: Data 2012

⁶⁶ America's Health Rankings 2015, www.americashealthrankings.org

- **Prostate Cancer**

Prostate cancer is the second overall cause of death in Idaho men and is the most common cancer among males. In our service area, the prostate cancer death rate has been increasing rapidly and is now about three times the national average.⁶⁷ This may partly be caused by the aging population in our service area. The percentage of people age 65 or older in our service area is significantly higher than the national average and has been increasing over the past ten years. Currently, about 19% of the people in our community are over the age of 65.⁶⁸ According to the U.S. Census, about 14% of the people in the U.S. are over age 65. 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. While good evidence exists that prostate-specific antigen (PSA) screening along with digital rectal exam can detect early-stage prostate cancer, the evidence is inconclusive that early detection improves health outcomes.⁶⁹



Health Factor Score					
Low score = Low potential for health impact			High score = High potential for health impact		
	Trend: Better/Worse	Prevalence versus U.S. Average	Severe/ Preventable	Magnitude: Root Cause	Total Score
Prostate Cancer	4	4	3	0	11

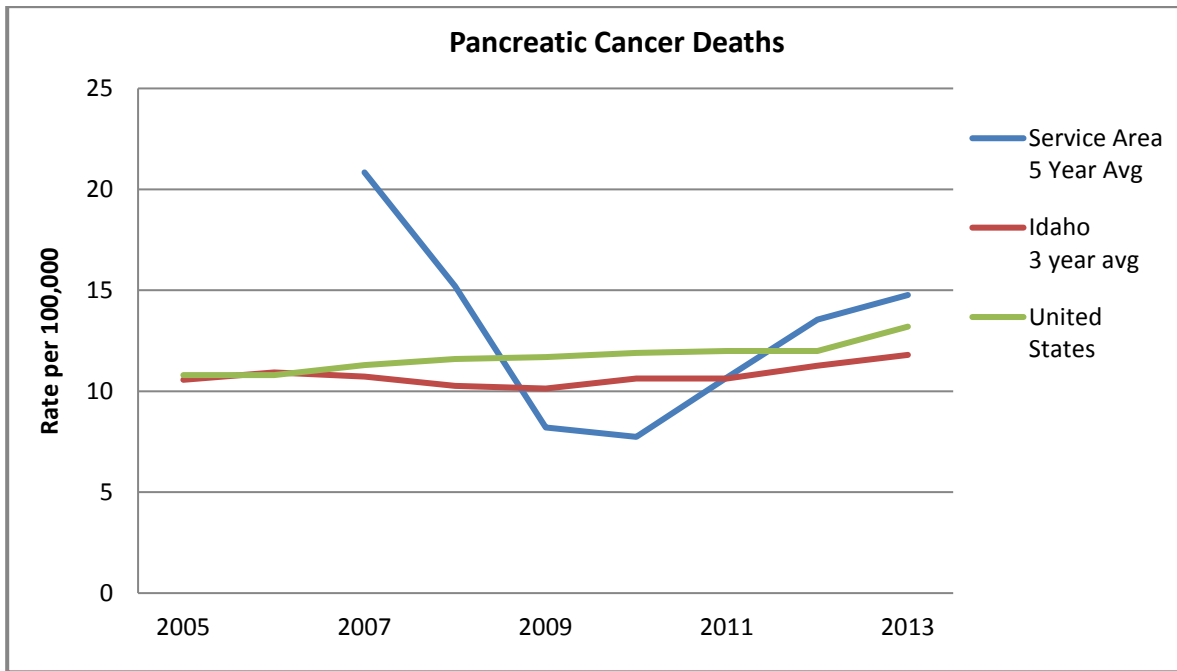
⁶⁷ Idaho Vital Statistics Annual Reports, Years 2000 - 2013, National Vital Statistics Report - Deaths: Data 2012

⁶⁸ Ibid

⁶⁹ Comprehensive Cancer Alliance for Idaho, Idaho Comprehensive Cancer Strategic Plan 2004-2010, www.ccaidaho.org

- **Pancreatic Cancer**

In our service area, the pancreatic cancer death rate is about the same as the national average.⁷⁰ There are no established guidelines for preventing pancreatic cancer and the survival rate is low. Possible factors increasing the risk of pancreatic cancer include smoking and type 2 diabetes, which is associated with obesity.⁷¹



Health Factor Score					
Low score = Low potential for health impact			High score = High potential for health impact		
	Trend	Prevalence versus U.S. Average	Severe/ Preventable	Magnitude	Total Score
Pancreatic Cancer	2	2	1	0	5

⁷⁰ Idaho Vital Statistics Annual Reports, Years 2000 - 2010, National Vital Statistics Report - Deaths: Data 2010

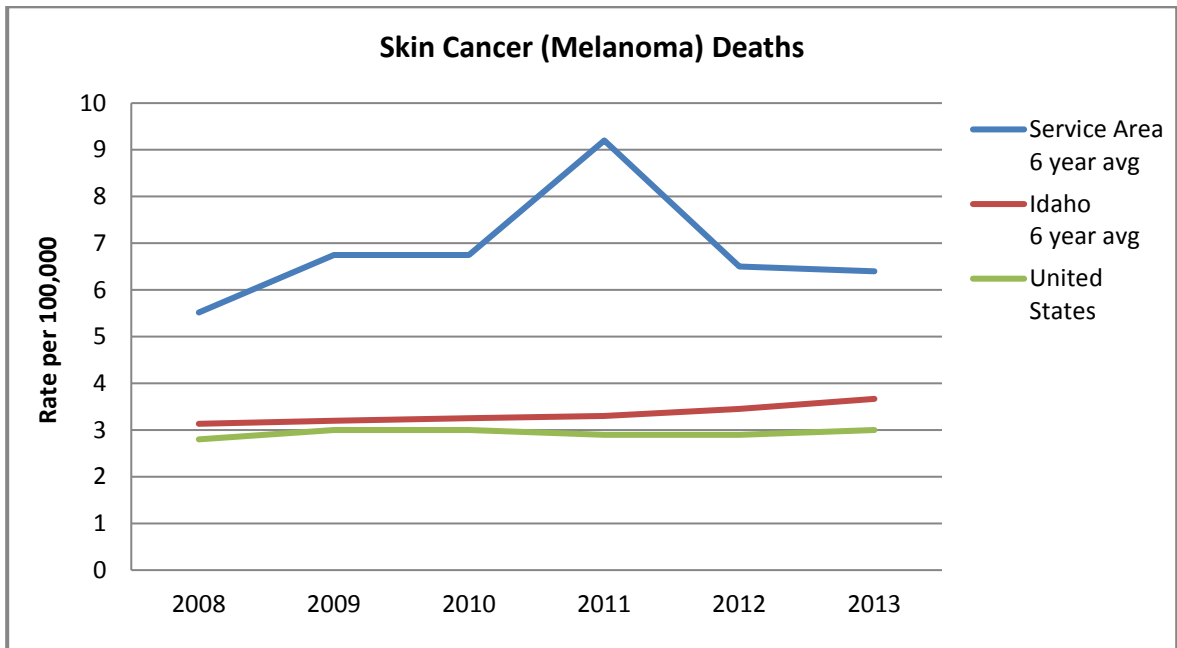
⁷¹ Comprehensive Cancer Alliance for Idaho, Idaho Comprehensive Cancer Strategic Plan 2004-2010, www.ccaidaho.org

- **Skin Cancer (Melanoma)**

In 2008, more than 1 million people were diagnosed with skin cancer, making it the most common of all cancers. More people were diagnosed with skin cancer in 2008 than with breast, prostate, lung, and colon cancer combined. About 1 in 5 Americans will develop skin cancer during their lifetime. For people born in 2005, 1 in 55 will be diagnosed with melanoma— nearly 30 times the rate for people born in 1930.⁷²

Idaho had the highest melanoma death rate nationally from 2001-2005—26% higher than the U.S. average. About 50 people in the state die of melanoma every year. New diagnoses of melanoma increased at a rate of about 3.6% per year in Idaho from 1975 to 2006. The rate of increase was higher for males (4.2% per year) than for females (2.8% per year).

The chart shows that melanoma death rates are higher in Idaho and particularly in our service area than in the rest of the nation. The death rate has been increasing slightly over time.⁷³



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.⁷⁴

⁷² www.epa.gov/sunwise/statefacts.html

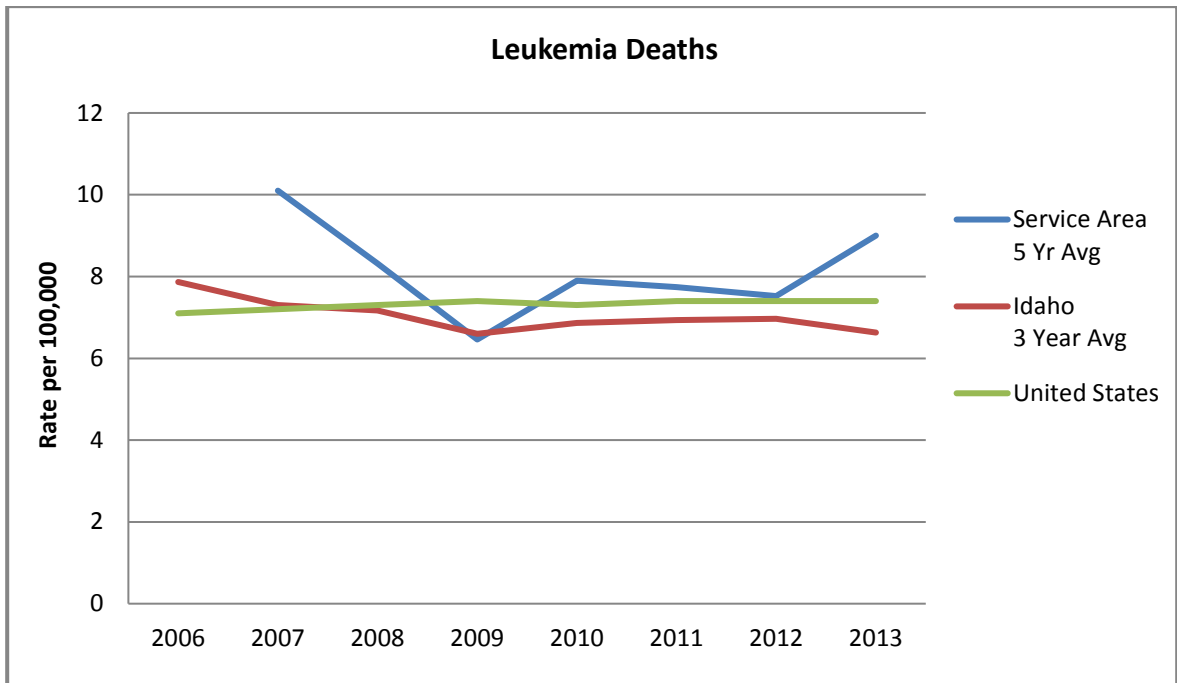
⁷³ Idaho Vital Statistics Annual Reports, Years 2000 - 2013, National Vital Statistics Report - Deaths: Data 2012

⁷⁴ Comprehensive Cancer Alliance for Idaho, Idaho Comprehensive Cancer Strategic Plan 2004-2010, www.ccaidaho.org

Health Factor Score					
Low score = Low potential for health impact			High score = High potential for health impact		
	Trend: Better/Worse	Prevalence versus U.S. Average	Severe/ Preventable	Magnitude: Root Cause	Total Score
Skin Cancer Death Rate	3	4	4	0	11

- **Leukemia**

The leukemia death rate in our service area is higher than the national average and the trend may be increasing.⁷⁵ 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. Chronic exposure to benzene at work, large doses of radiation, and smoking tobacco all are risk factors associated with some forms of leukemia.⁷⁶ Because the causes are not well understood, evidence-based preventive programs are not available (other than avoiding the risk factors described above).



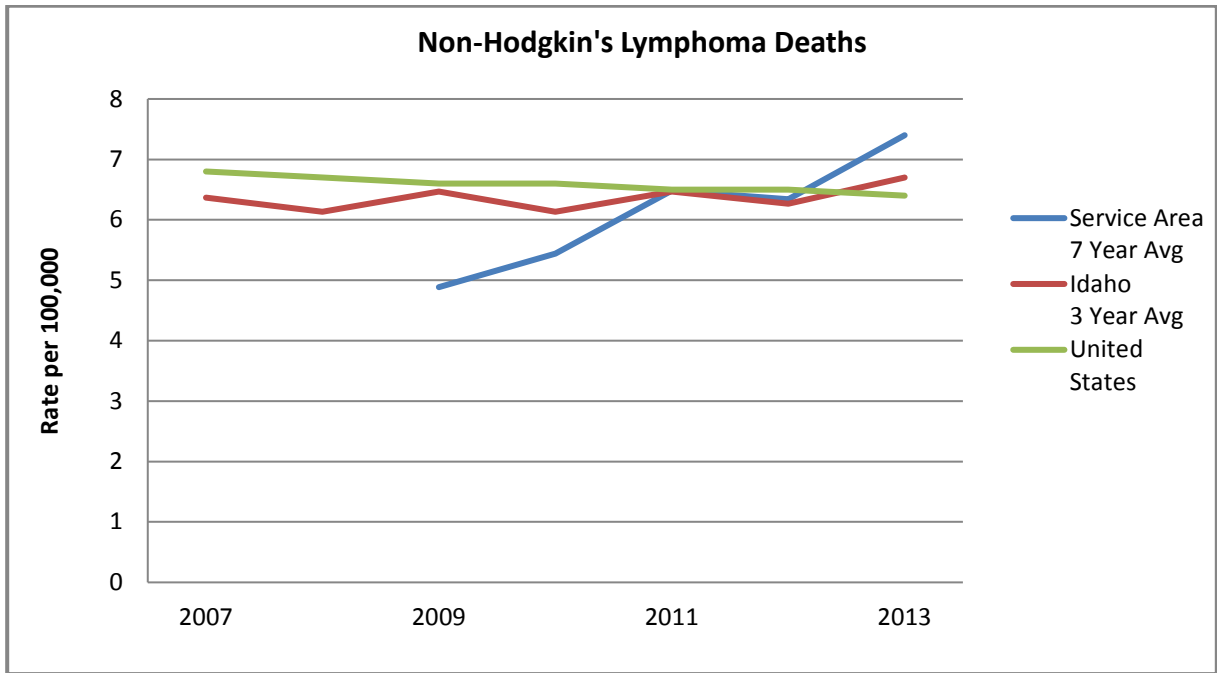
Health Factor Score					
Low score = Low potential for health impact			High score = High potential for health impact		
	Trend: Better/Worse	Prevalence versus U.S. Average	Severe/ Preventable	Magnitude: Root Cause	Total Score
Leukemia	2	3	1	0	6

⁷⁵ Idaho Vital Statistics Annual Reports, Years 2000 - 2013, National Vital Statistics Report - Deaths: Data 2012

⁷⁶ www.cdc.gov/Features/HematologicCancers/

- **Non-Hodgkin's Lymphoma**

The non-Hodgkin's lymphoma death rate in our service area is higher than the national average, and the trend is increasing.⁷⁷ Lymphoma is a general term for cancers that start in the lymph system; mainly the lymph nodes. The causes of lymphoma are unknown.⁷⁸ Because the causes are not understood, evidence-based preventive programs are not available.



Health Factor Score					
Low score = Low potential for health impact			High score = High potential for health impact		
	Trend: Better/Worse	Prevalence versus U.S. Average	Severe/ Preventable	Magnitude: Root Cause	Total Score
Non-Hodgkin's lymphoma	4	3	1	0	8

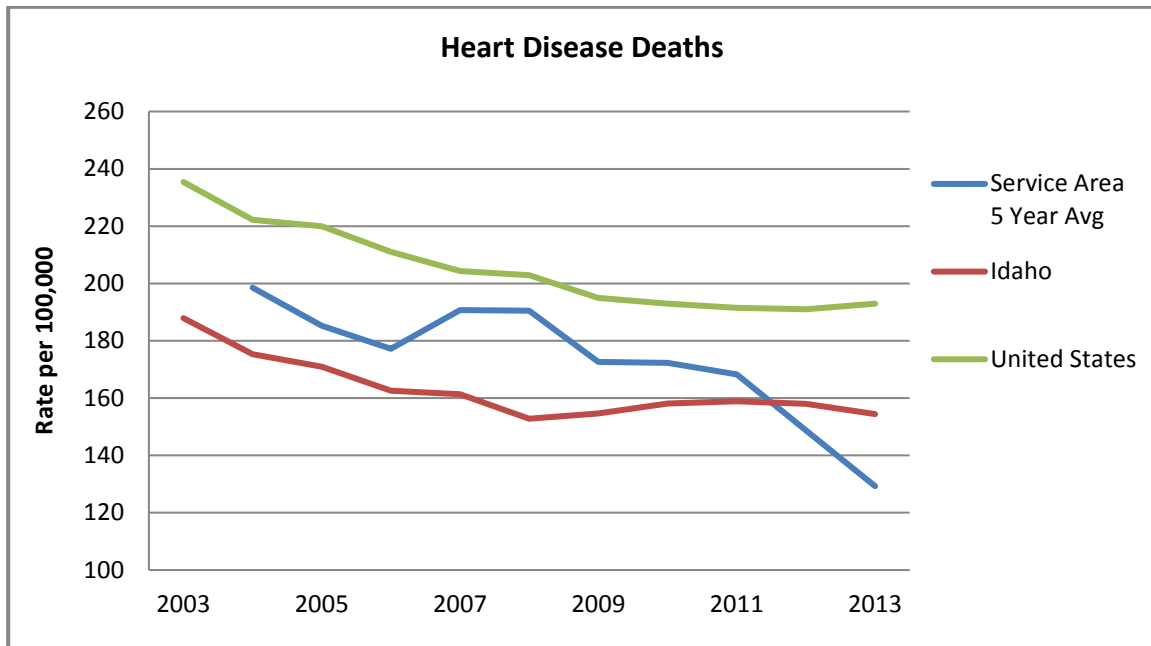
⁷⁷ Idaho Vital Statistics Annual Reports, Years 2000 - 2010, National Vital Statistics Report - Deaths: Data 2010

⁷⁸ www.cdc.gov/Features/HematologicCancers/

- **Diseases of the Heart**

The heart disease death rate has been in steady decline over the past 10 years.⁷⁹ It's important to note that even though mortality rates are declining, many individuals are living with chronic cardiac disease as new procedures prolong their lives.

Heart disease remains the leading cause of death in the United States for both men and women. It is the second leading cause of death in Idaho.⁸⁰ The death rate from heart disease in our service area is approximately 30% below the national average.



Heart disease is a long-term illness that many individuals can manage through lifestyle changes and healthcare interventions. However, many interventions place a burden on affected individuals by constraining options and activities available to them and can result in costly and ongoing expenditures for health care. It's important to keep cholesterol levels and blood pressure in check to prevent heart disease.⁸¹

Health Factor Score					
Low score = Low potential for health impact			High score = High potential for health impact		
	Trend: Better/Worse	Prevalence versus U.S. Average	Severe/ Preventable	Magnitude: Root Cause	Total Score
Heart disease deaths	0	0	4	2	6

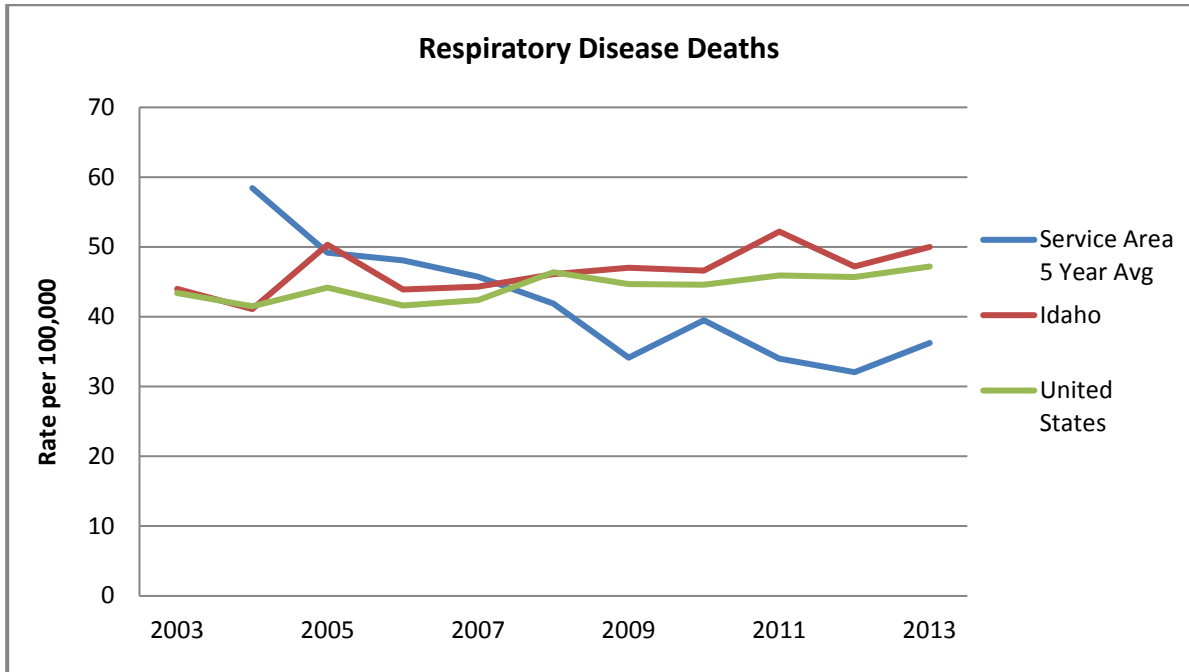
⁷⁹ Idaho Vital Statistics Annual Reports, Years 2000 - 2013, National Vital Statistics Report - Deaths: Data 2012

⁸⁰ America's Health Rankings 2011, www.americashealthrankings.org

⁸¹ Ibid.

- **Chronic Lower Respiratory Diseases**

The chronic lower respiratory diseases death rate in our service area is about the same as the national average and the trend has been rising slowly since 2000. Chronic lower respiratory diseases are the third leading cause of death in Idaho.⁸² Of the diseases included in the data, chronic bronchitis and emphysema account for the majority of the deaths. The main risk factors for these diseases are smoking, repeated exposure to harsh chemicals or fumes, air pollution, or other lung irritants.⁸³



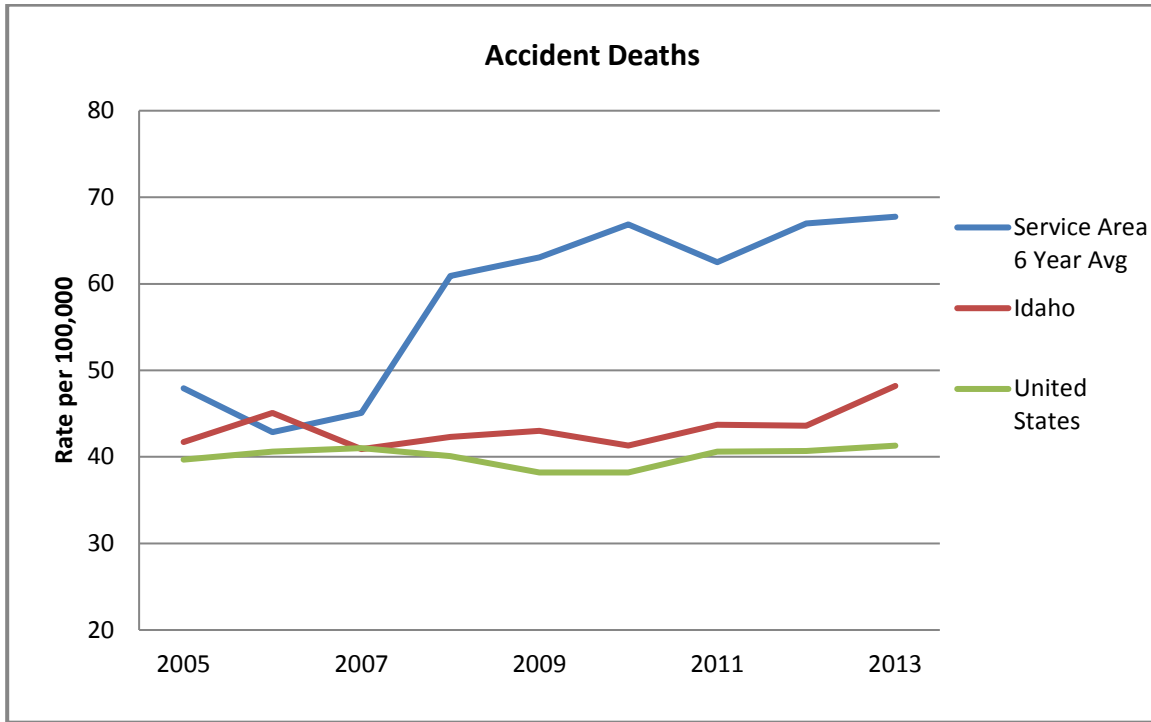
Health Factor Score					
Low score = Low potential for health impact			High score = High potential for health impact		
	Trend: Better/Worse	Prevalence versus U.S. Average	Severe/ Preventable	Magnitude: Root Cause	Total Score
Respiratory disease deaths	1	1	4	0	6

⁸² Idaho Vital Statistics Annual Reports, Years 2000 - 2013, National Vital Statistics Report - Deaths: Data 2012

⁸³ www.lung.org/associations/states/wisconsin/news/chronic-lower-respiratory.html

- **Accidents**

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 well above the national average, and the trend has been flat over the last several years.⁸⁴



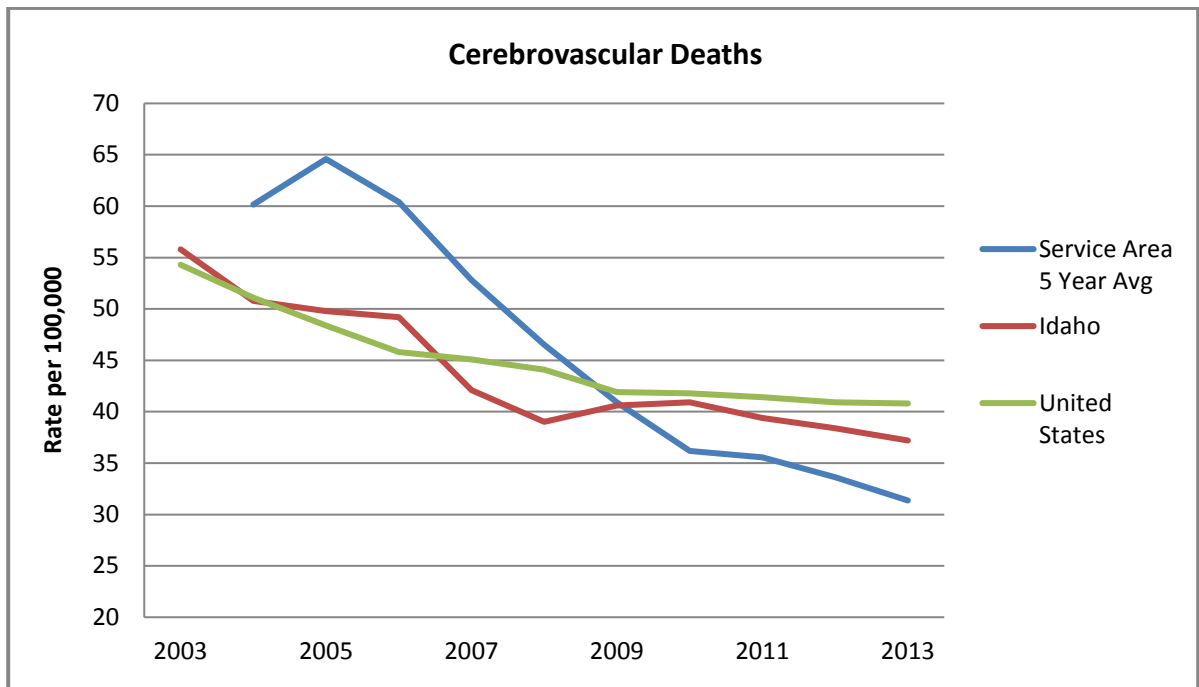
Health Factor Score					
Low score = Low potential for health impact			High score = High potential for health impact		
	Trend	Prevalence versus U.S. Average	Severe/ Preventable	Magnitude	Total Score
Accidental deaths	3	4	4	0	11

⁸⁴ Idaho Vital Statistics Annual Reports, Years 2000 - 2010, National Vital Statistics Report - Deaths: Data 2010

- **Cerebrovascular Diseases**

The number of deaths due to cerebrovascular diseases has decreased substantially over the past 10 years. However, they are still the fifth leading cause of death in Idaho and the nation. In our service area, the cerebrovascular diseases death rate is down by about 50% since the year 2000 and is significantly lower than the national average.⁸⁵

Cerebrovascular diseases include a number of 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.⁸⁶



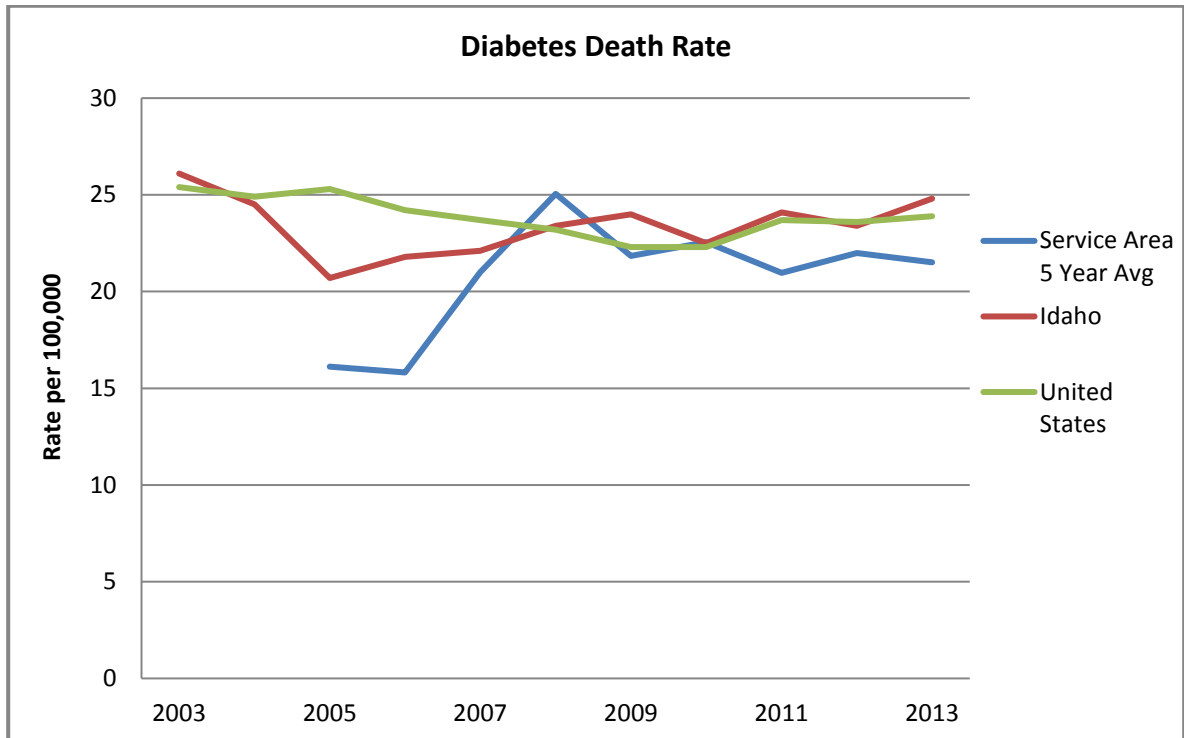
Health Factor Score					
Low score = Low potential for health impact			High score = High potential for health impact		
	Trend: Better/Worse	Prevalence versus U.S. Average	Severe/ Preventable	Magnitude: Root Cause	Total Score
Cerebrovascular Deaths	0	0	4	1	5

⁸⁵ Idaho Vital Statistics Annual Reports, Years 2000 - 2013, National Vital Statistics Report - Deaths: Data 2012

⁸⁶ America's Health Rankings 2015, www.americashealthrankings.org

- **Diabetes Mellitus**

Diabetes is the sixth leading cause of death in Idaho. The death rate from diabetes in our service area is about the same as the national average. While the rate of people dying from diabetes has been flat over the past 10 years, the number of people living with diabetes is increasing significantly as shown earlier in our CHNA. 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.⁸⁷



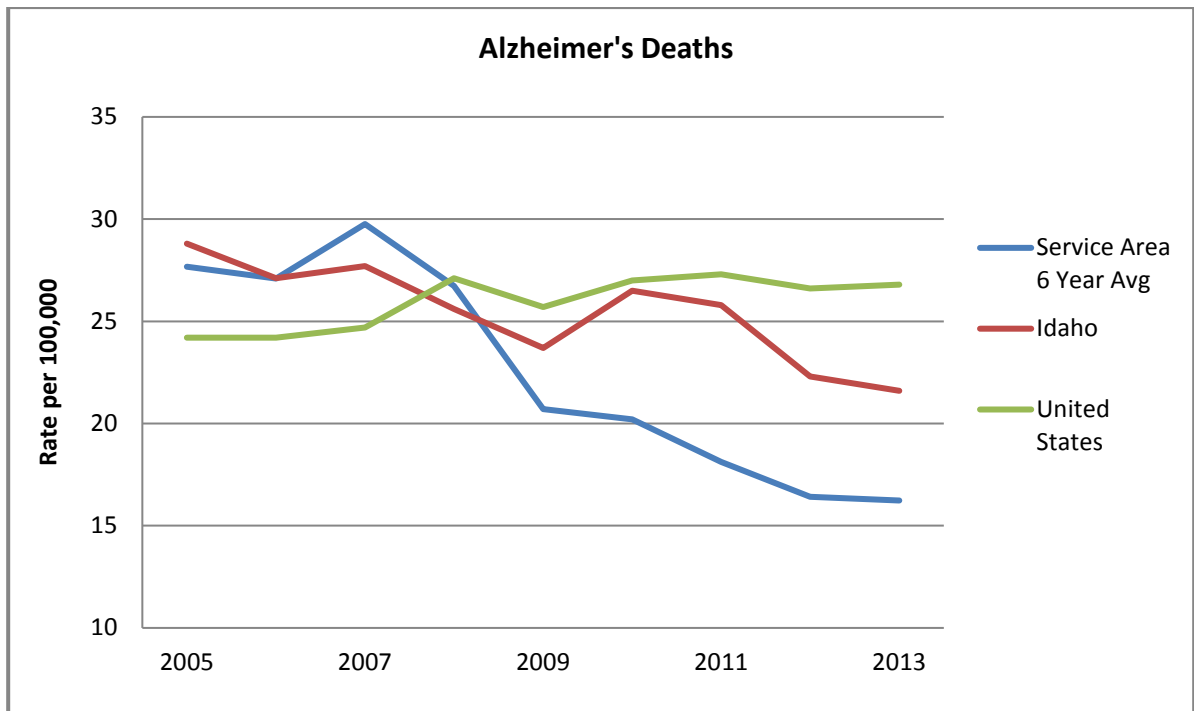
Health Factor Score					
Low score = Low potential for health impact			High score = High potential for health impact		
	Trend: Better/Worse	Prevalence versus U.S. Average	Severe/ Preventable	Magnitude: Root Cause	Total Score
Diabetes Deaths	2	2	3	4	11

⁸⁷ Idaho Vital Statistics Annual Reports, Years 2000 - 2013, National Vital Statistics Report - Deaths: Data 2012

- **Alzheimer’s disease**

Alzheimer’s is the seventh leading cause of death in Idaho. Nationally, the death rate from Alzheimer’s has increased over the past 10 years. However, the death rate in our service area has been decreasing and is well below the national rate.⁸⁸

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 the majority of 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.⁸⁹



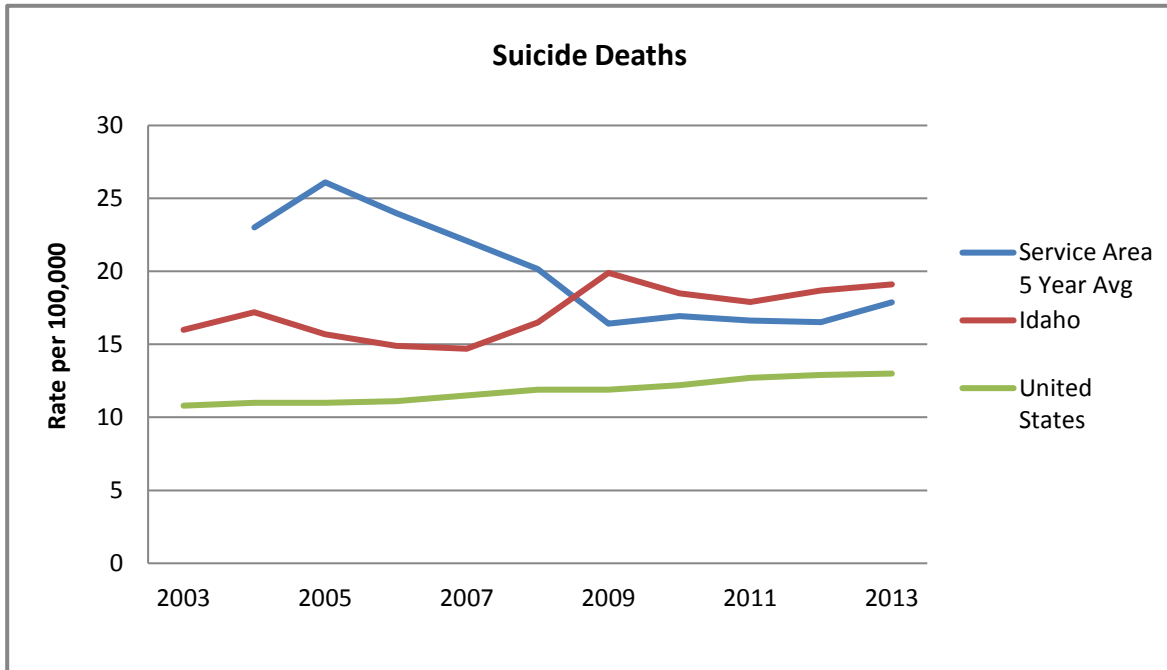
Health Factor Score					
Low score = Low potential for health impact			High score = High potential for health impact		
	Trend: Better/Worse	Prevalence versus U.S. Average	Severe/ Preventable	Magnitude: Root Cause	Total Score
Alzheimer’s Deaths	0	0	2	1	3

⁸⁸ Vital Statistics Annual Reports, Years 2000 - 2013, National Vital Statistics Report - Deaths: Data 2012

⁸⁹ Alzheimer’s Association, www.alz.org

- **Suicide**

Idaho consistently is 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 suicide death rate per 100,000 people in Idaho was 19.1 in 2013 which is about 50% higher than the national average rate of 12.9. The suicide rate in our service area was 17.9, which is about 40% higher than the national average. As shown in the chart below, the suicide rate in Idaho and the nation has been trending up. It has been relatively flat in our service area since 2009.



The suicide rate for males is about four times higher than the rate for females.⁹⁰ 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.⁹¹

Health Factor Score					
	Trend: Better/Worse	Prevalence versus U.S.	Severe/ Preventable	Magnitude: Root Cause	Total Score
Suicide	2	4	4	1	11

⁹⁰ Idaho Vital Statistics Annual Reports, Years 2000 - 2013, National Vital Statistics Report - Deaths: Data 2013

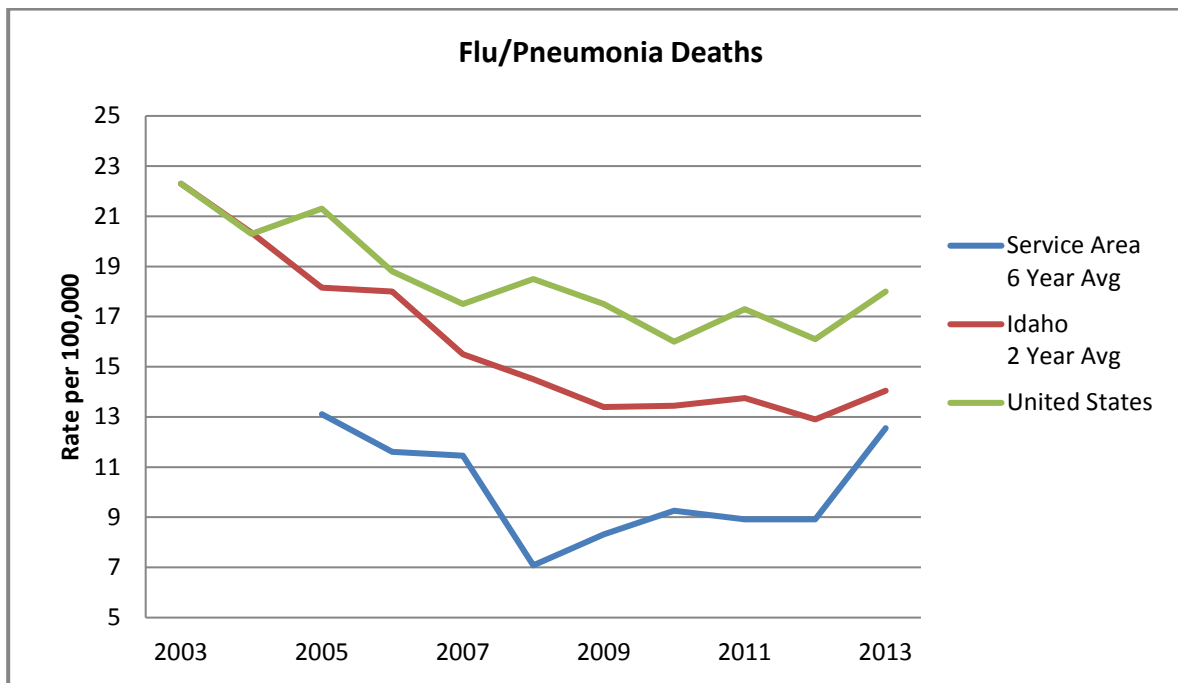
⁹¹ Idaho Council on Suicide Prevention, Report to Governor C.L. Otter, November 2009

- **Influenza and Pneumonia**

The death rates from flu and pneumonia have been increasing in our service area since 2008 but are still slightly lower than the national average.⁹²

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.⁹³

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.⁹⁴



Health Factor Score					
Low score = Low potential for health impact			High score = High potential for health impact		
	Trend: Better/Worse	Prevalence versus U.S. Average	Severe/ Preventable	Magnitude: Root Cause	Total Score
Flu/ Pneumonia	3	1	4	0	7

⁹² Idaho Vital Statistics Annual Reports, Years 2000 - 2013, National Vital Statistics Report - Deaths: Data 2012

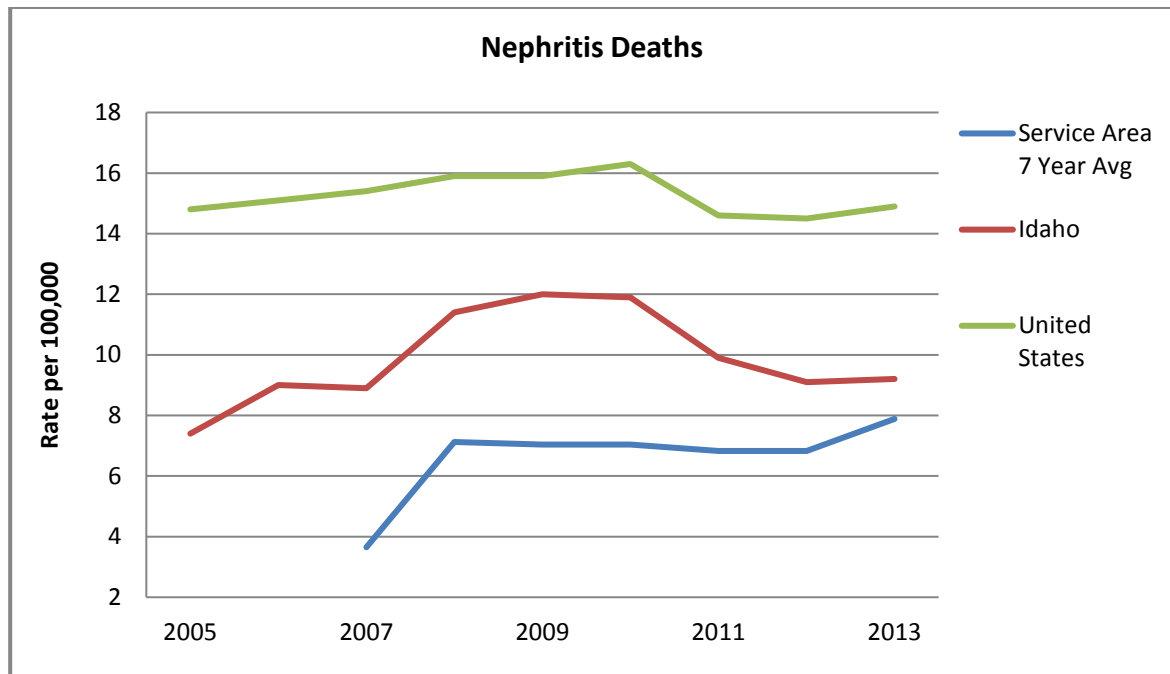
⁹³ <http://www.cdc.gov/flu/keyfacts.htm>

⁹⁴ <http://www.cdc.gov/Features/Pneumonia/>

- **Nephritis**

The death rate for nephritis is much lower in our community than it is nationally. The nephritis death rate increases have started to level off both in the nation and our service area over the past four years.⁹⁵

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.⁹⁶



Because chronic kidney disease often develops slowly and with few symptoms, many people aren't diagnosed until the disease is advanced and requires dialysis. Blood and urine tests are the only ways to determine if a person has chronic kidney disease. It's important to be diagnosed early. Treatment can slow down the disease, and prevent or delay kidney failure.

⁹⁵ Idaho Vital Statistics Annual Reports, Years 2000 - 2013, National Vital Statistics Report - Deaths: Data 2012

⁹⁶ www.cdc.gov/Features/WorldKidneyDay/

Steps to help keep kidneys healthy include:

- Keep blood pressure below 130/80 mm/Hg. If blood pressure is high, it should be checked regularly and brought under control through diet, exercise, or blood pressure medication.
- Stay in target cholesterol range.
- Eat less salt and salt substitutes.
- Eat healthy foods.
- Stay physically active.

If a person has diabetes, they should take these additional steps:

- Meet blood sugar targets.
- Have an A1c test at least twice a year, but ideally up to four times a year. An A1c test measures the average level of blood sugar over the past three months.⁹⁷

Health Factor Score					
Low score = Low potential for health impact			High score = High potential for health impact		
	Trend: Better/Worse	Prevalence versus U.S. Average	Severe/ Preventable	Magnitude: Root Cause	Total Score
Nephritis Deaths	2	0	4	0	6

⁹⁷ www.cdc.gov/Features/WorldKidneyDay/

Health Factor Measures and Findings

The health outcomes described in the previous section tell us how healthy we are now. Health factors give us clues about how healthy we are likely to be in the future.

Health factors represent key influencers of poor health that if addressed with effective, evidence-based programs and policies can improve health outcomes. 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.⁹⁸ The *County Health Rankings* uses four categories of health factors:

- Health behaviors
- Clinical care
- Social and economic factors
- Physical environment

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 community. 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.

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.

Health Behavior Factors

***County Health Rankings* Health Behavior Factors**

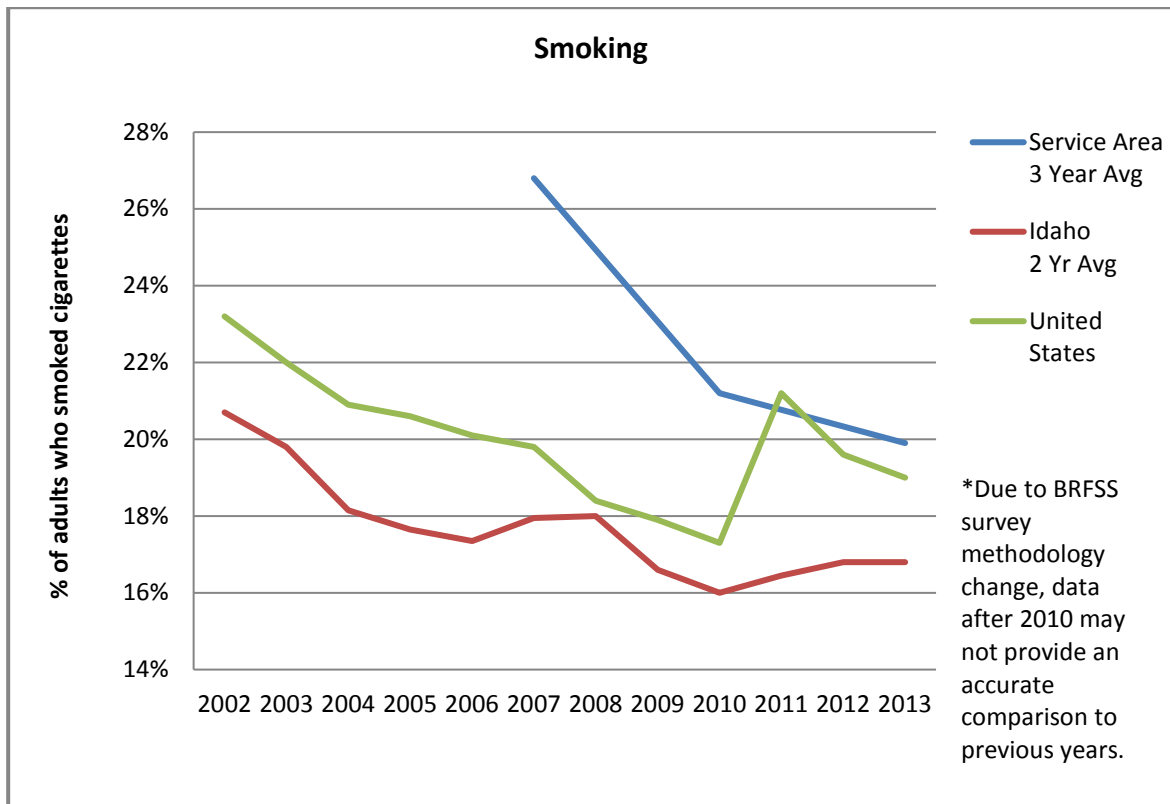
The *County Health Rankings* measures for community health behavior are described on the following pages. This next section also includes the trends for each indicator in our community and, when possible, compares our local data to state and national averages.

⁹⁸ University of Wisconsin Population Health Institute. *County Health Rankings* 2015. Accessible at www.countyhealthrankings.org.

- **Adult Smoking**

The relationship between tobacco use, particularly cigarette smoking, and adverse health outcomes is well known. In fact, cigarette smoking is the leading cause of preventable death. Smoking causes or contributes to cancers of the lung, pancreas, kidney, and cervix. An average of 1,500 people die each year in Idaho as a direct result of tobacco use.⁹⁹

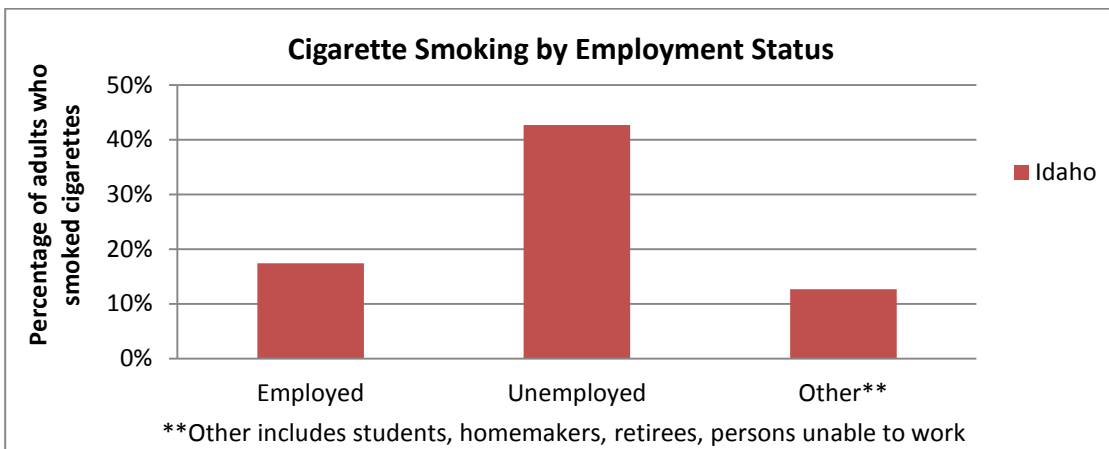
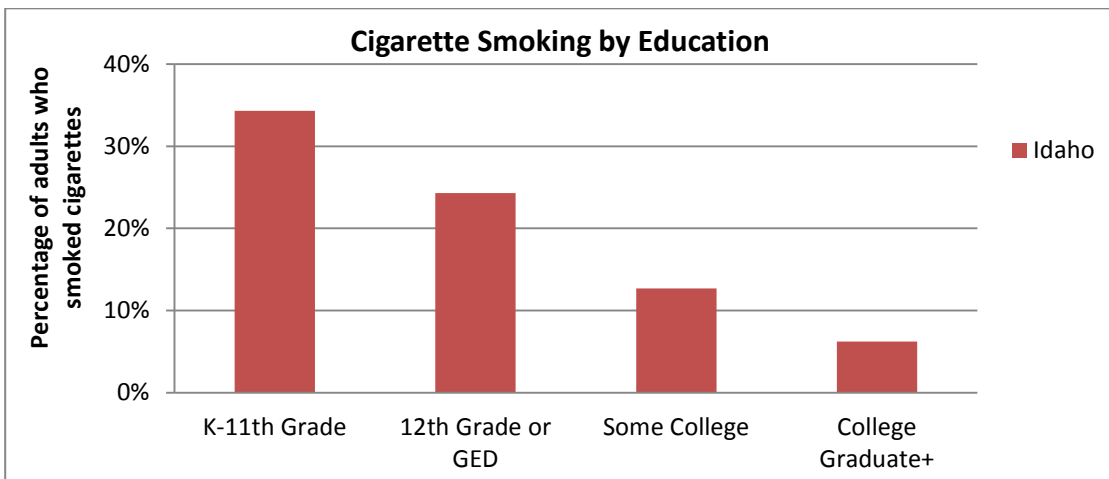
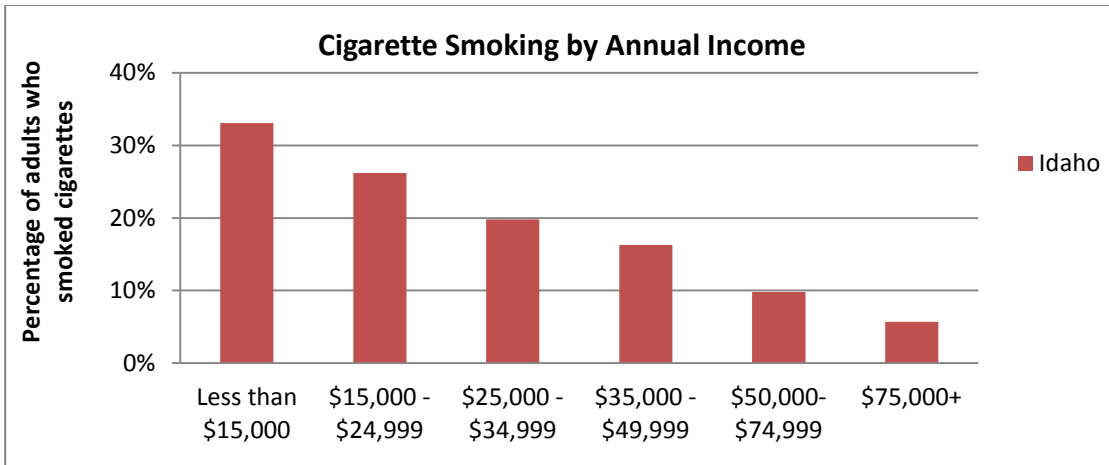
County-level measures from the Behavioral Risk Factor Surveillance System (BRFSS) provided by the CDC are used to obtain the number of current adult smokers who have smoked at least 100 cigarettes in their lifetime. The trend for smoking nationally and in Idaho is down. Looking at the last couple of years it appears as though the trend is flattening out or is rising; however, this is more likely due to a change in the BRFSS survey methodology starting in 2011. The percent of adults who smoked in our service area is slightly above the national average and well above the average for Idaho.¹⁰⁰



The percent of people who smoke declines significantly with higher levels of income and education as well as for those who are employed, as shown in the charts below.

⁹⁹ Comprehensive Cancer Alliance for Idaho, Idaho Comprehensive Cancer Strategic Plan 2004-2010, www.ccaidaho.org

¹⁰⁰ Idaho and National 2002 - 2013 Behavioral Risk Factor Surveillance System



Health Factor Score					
Low score = Low potential for health impact			High score = High potential for health impact		
	Trend: Better/Worse	Prevalence versus U.S. Average	Severe/ Preventable	Magnitude: Root Cause	Total Score
Smoking	1	3	4	4	12

Diet and Exercise

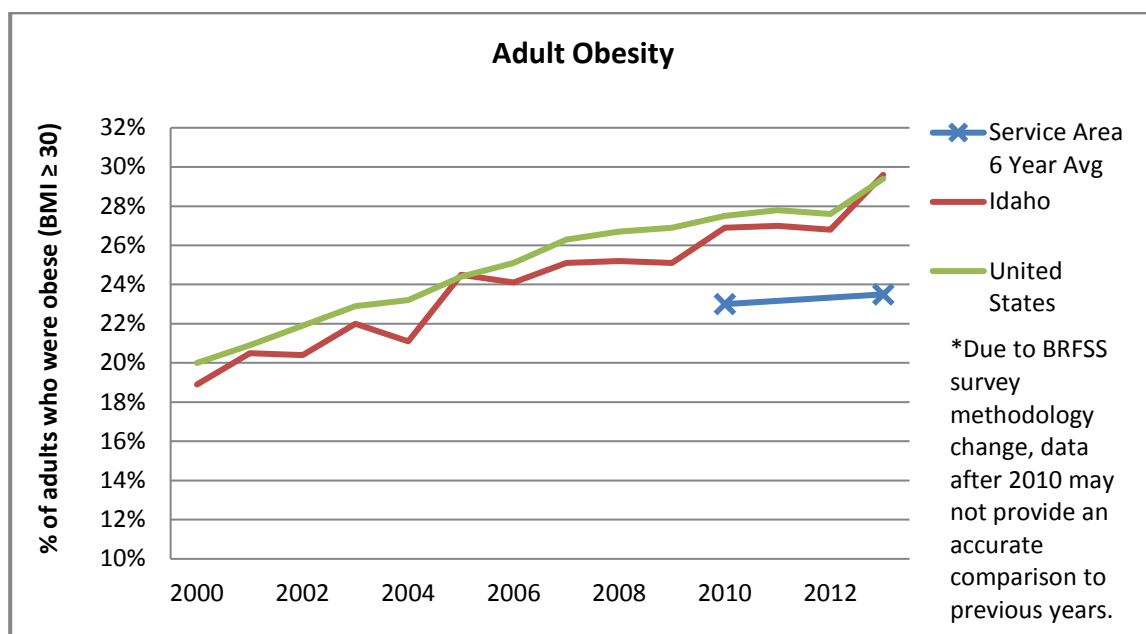
Unhealthy food intake and insufficient exercise have economic impacts for individuals and communities. Current estimates for obesity-related health care costs in the US range from \$147 billion to nearly \$210 billion annually, and productivity losses due to job absenteeism cost an additional \$4 billion 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.

Four measures are recommended by the *County Health Rankings* to assess diet and exercise: Adult obesity, food environment index, physical inactivity, and access to exercise opportunities. Each of these measures are described in the following pages.

- **Adult Obesity**

The obesity measure represents the percent of the adult population that has a body mass index greater than or equal to 30. Obesity is used as a key health factor because it is an issue that can be addressed within communities by changing unhealthy conditions that contribute to poor diet and exercise. 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.¹⁰¹ It has many long-term negative health effects, many of which can start in adolescence as 70 percent of obese adolescents already have at least one risk factor for cardiovascular disease. Obesity is one of the greatest health threats to the United States.¹⁰² By one estimate, the U.S. spent \$190 billion on obesity-related health care expenses in 2005 accounting for 21% of all medical spending.¹⁰³

The trend for obesity has been increasing steadily for the past 10 years, nationally and in Idaho. The obesity rate in our community is 23.5%. The top 10th percentile (best) communities nationally have obesity rates at or below 25%.¹⁰⁴



In Idaho, those without a college degree, with incomes below \$75,000, and Hispanic populations are more likely to be obese.¹⁰⁵

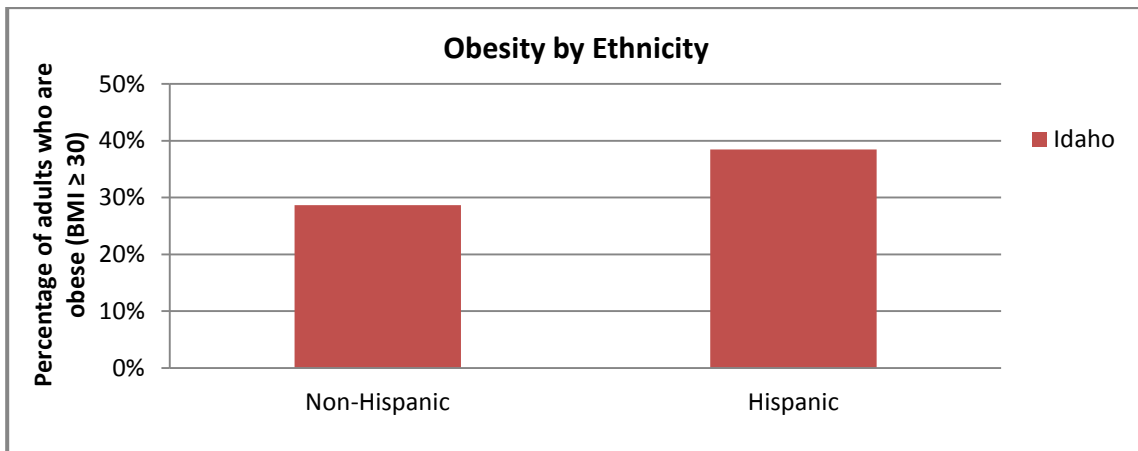
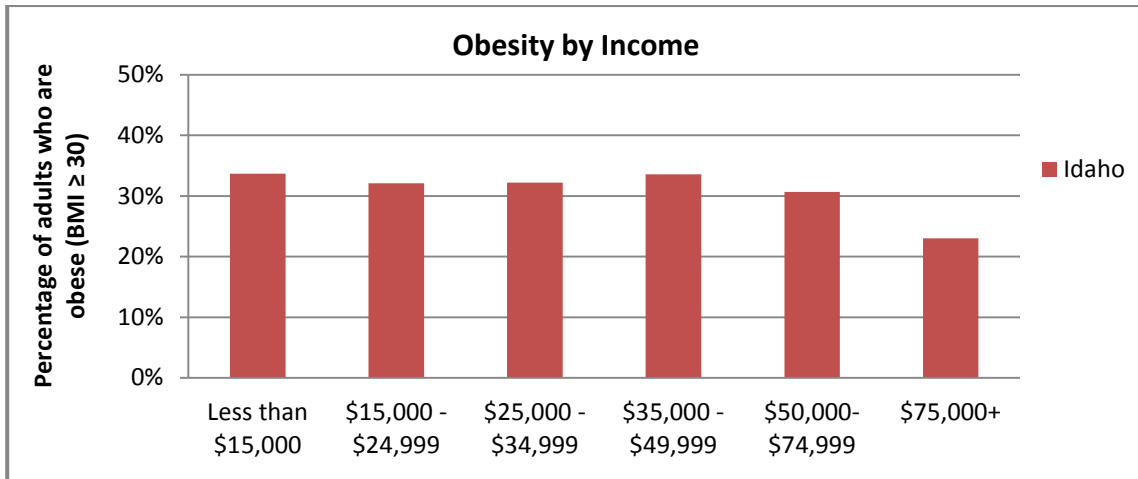
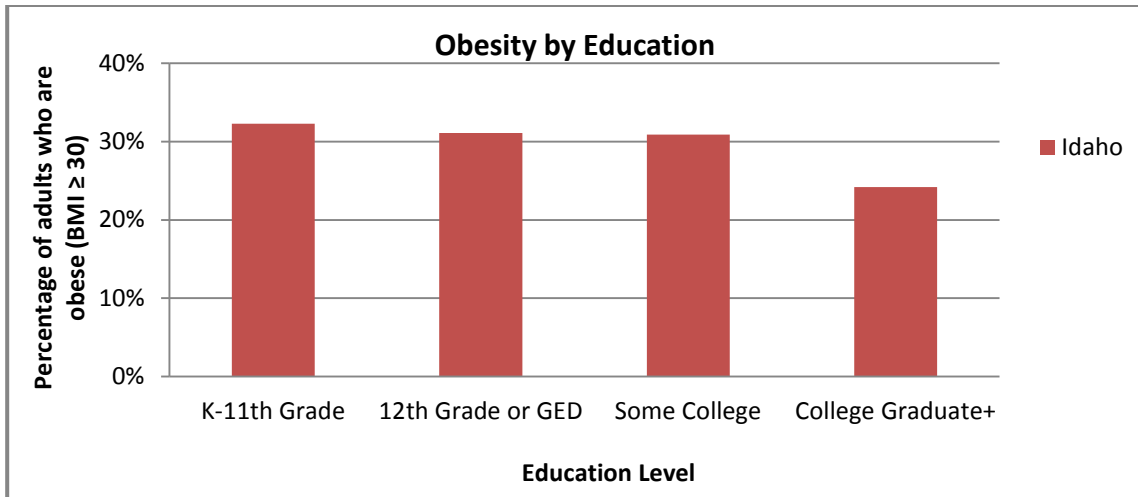
¹⁰¹ University of Wisconsin Population Health Institute. *County Health Rankings* 2015. Accessible at www.countyhealthrankings.org.

¹⁰² America's Health Rankings 2015, www.americashealthrankings.org

¹⁰³ <http://www.hsph.harvard.edu/obesity-prevention-source/obesity-consequences/economic/>

¹⁰⁴ Idaho and National 2002 - 2013 Behavioral Risk Factor Surveillance System

¹⁰⁵ Idaho and National 2002 - 2013 Behavioral Risk Factor Surveillance System



Health Factor Score					
	Trend: Better/Worse	Prevalence versus U.S.	Severe/ Preventable	Magnitude: Root Cause	Total Score
Obese Adults	3	0	4	4	11

- **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.

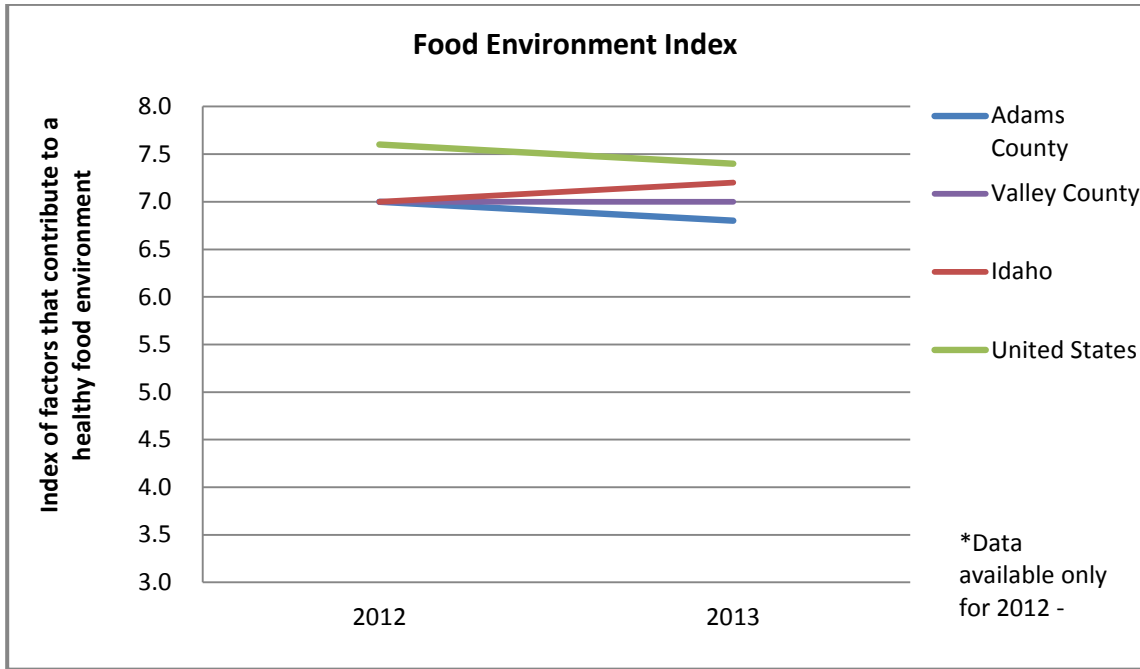
2) Food insecurity estimates the percentage of the population who did not have access to a reliable source of food during the past year. A 2-stage fixed effect model was created using information from the Community Population Survey, Bureau of Labor Statistics, and American Community Survey.

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. Supermarkets traditionally provide healthier options than convenience stores or smaller grocery stores. The additional measure, 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.¹⁰⁶

¹⁰⁶ University of Wisconsin Population Health Institute. *County Health Rankings* 2015. Accessible at www.countyhealthrankings.org.

The chart below shows that the food environment index levels for our community and Idaho are about the same as the national average. An index level of 8.4 or above is the top 10% nationally.

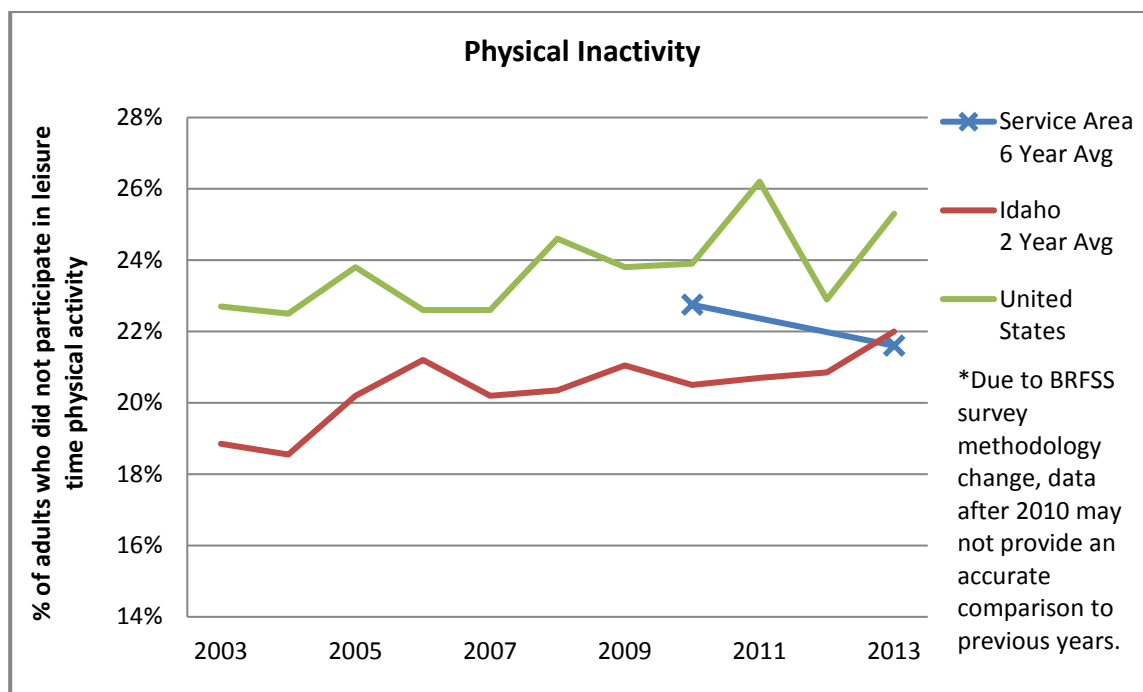


Health Factor Score					
	Trend: Better/Worse	Prevalence versus U.S.	Severe/ Preventable	Magnitude: Root Cause	Total Score
Food Environment Index	2	2	2	3	9

- **Physical Inactivity: Adults**

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. Half of adults and nearly 72% of high school students in the US do not meet the CDC’s recommended physical activity levels, and American adults walk less than adults in any other industrialized country.¹⁰⁷

As shown in the chart below, physical inactivity in our community is lower (better) than the national average. The top 10th percentile (best) is 20%.¹⁰⁸

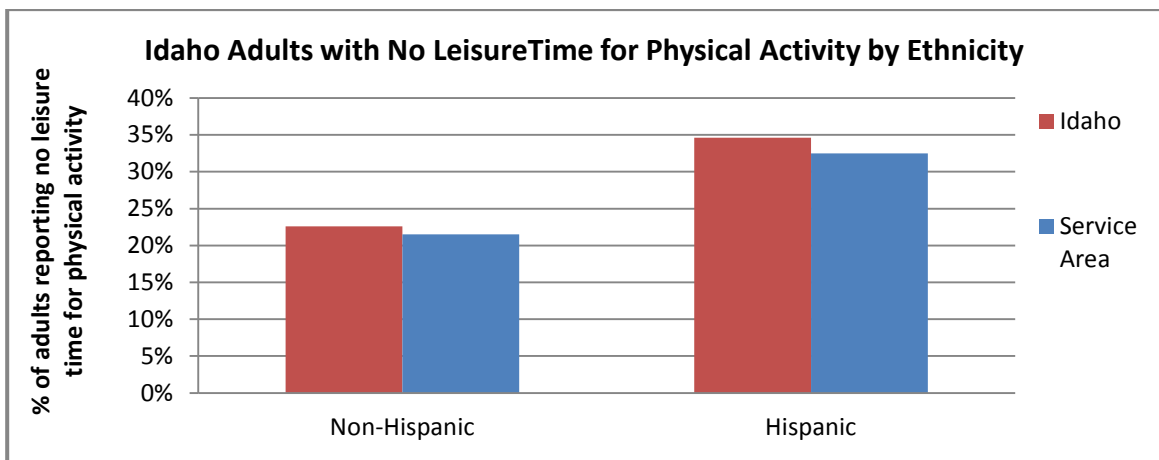
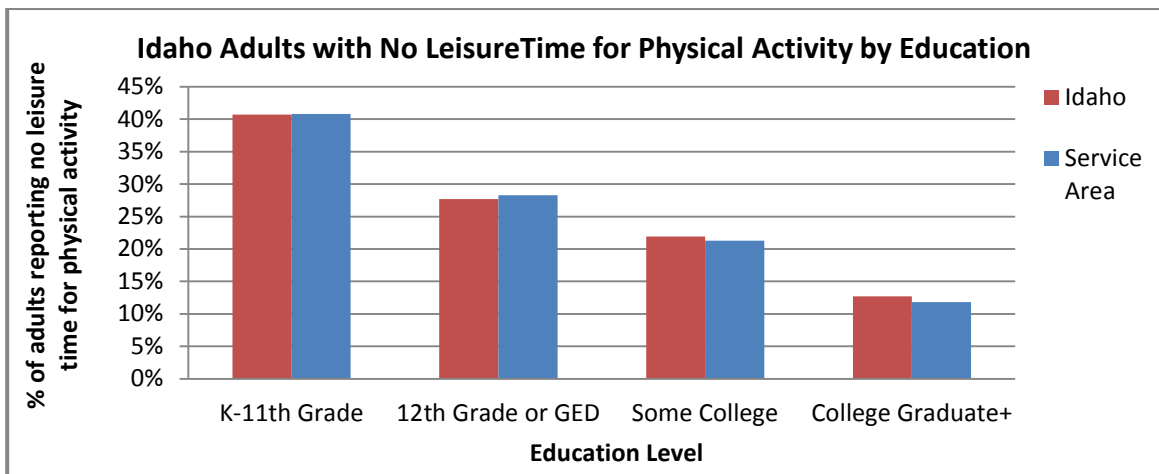
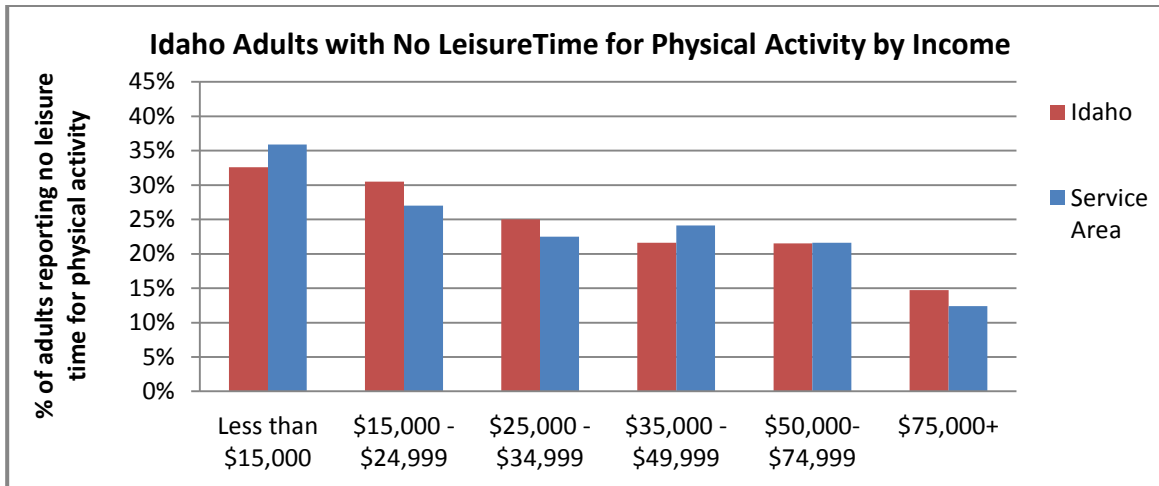


Physical inactivity is significantly higher among people with annual incomes below \$50,000, those without a college degree, and among Hispanics, as shown in the charts below.¹⁰⁹

¹⁰⁷ University of Wisconsin Population Health Institute. *County Health Rankings* 2015. Accessible at www.countyhealthrankings.org.

¹⁰⁸ Idaho and National 2002 - 2013 Behavioral Risk Factor Surveillance System

¹⁰⁹ Ibid.



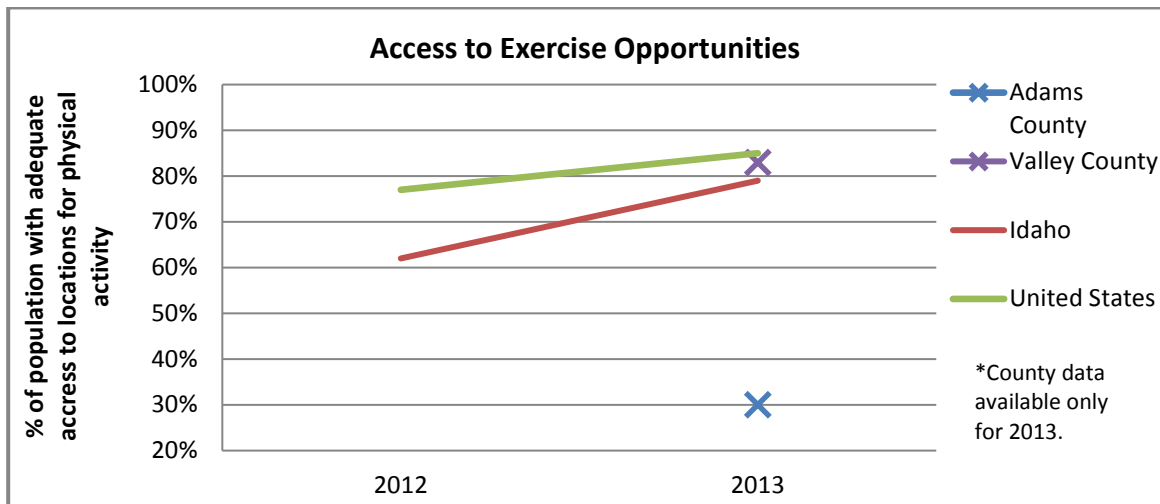
Health Factor Scoring					
	Trend: Better/Worse	Prevalence versus U.S.	Severe/ Preventable	Magnitude: Root Cause	Total Score
Physical inactivity Adults	2	1	2	3	8

- **Access to Exercise 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 are defined as parks or recreational facilities. Parks include local, state, and national parks. Recreational facilities include businesses identified by the NAICS code 713940, and include a wide variety of facilities including gyms, community centers, YMCAs, dance studios and pools.

This is the first national measure created which captures the many places where individuals have the opportunity to participate in physical activity outside of their homes. It is not without several limitations. First, no dataset accurately captures all the possible locations for physical activity within a county. One location for physical activity that is not included in this measure are sidewalks which serve as common locations for running or walking. Additionally, not all locations for physical activity are identified by their primary or secondary business code.¹¹⁰

The chart, below, shows access to exercise opportunities in our community is lower than the national average. It is about the same as the national average for Valley County and below the national average for Adams County. The top ten percent nationally is 92%.



Health Factor Scoring					
	Trend: Better/Worse	Prevalence versus U.S.	Severe/ Preventable	Magnitude: Root Cause	Total Score
Access to Exercise Opportunities	2	2	2	3	9

¹¹⁰ University of Wisconsin Population Health Institute. *County Health Rankings 2015*. Accessible at www.countyhealthrankings.org.

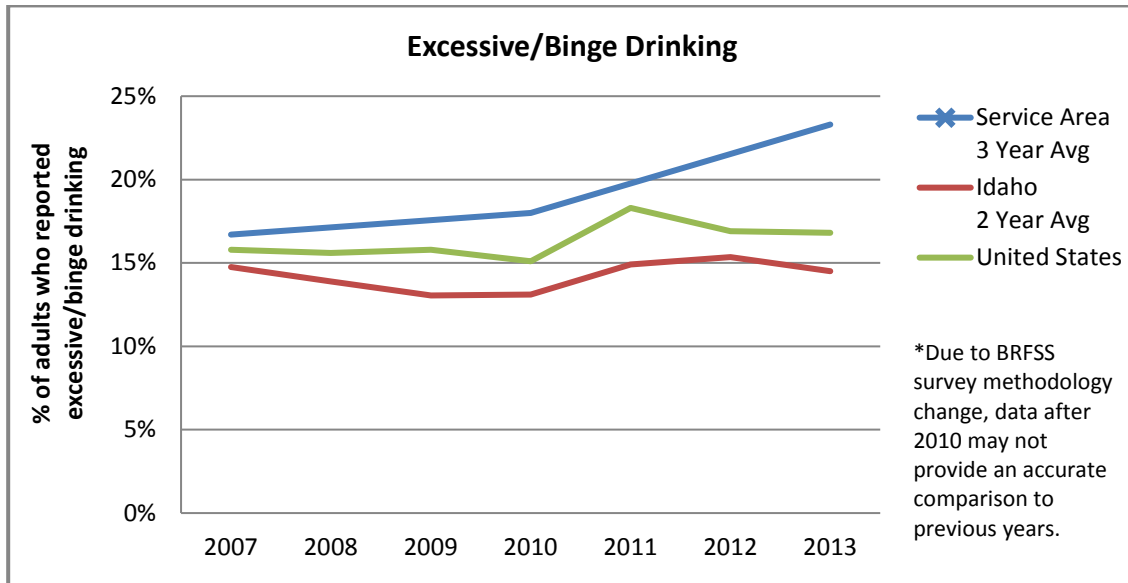
Alcohol Use

Two measures are combined to assess alcohol use in a county: Percent of excessive drinking in the adult population and the percentage of motor vehicle crash deaths with alcohol involvement.

- **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. It is the third leading lifestyle-related cause of death for people in the US.¹¹¹

The percent of people engaging in excessive drinking in our service area is above the national average with the trend increasing over the past ten years. The top 10th percentile (best) is 10% nationally. Our community is well above that level.¹¹²



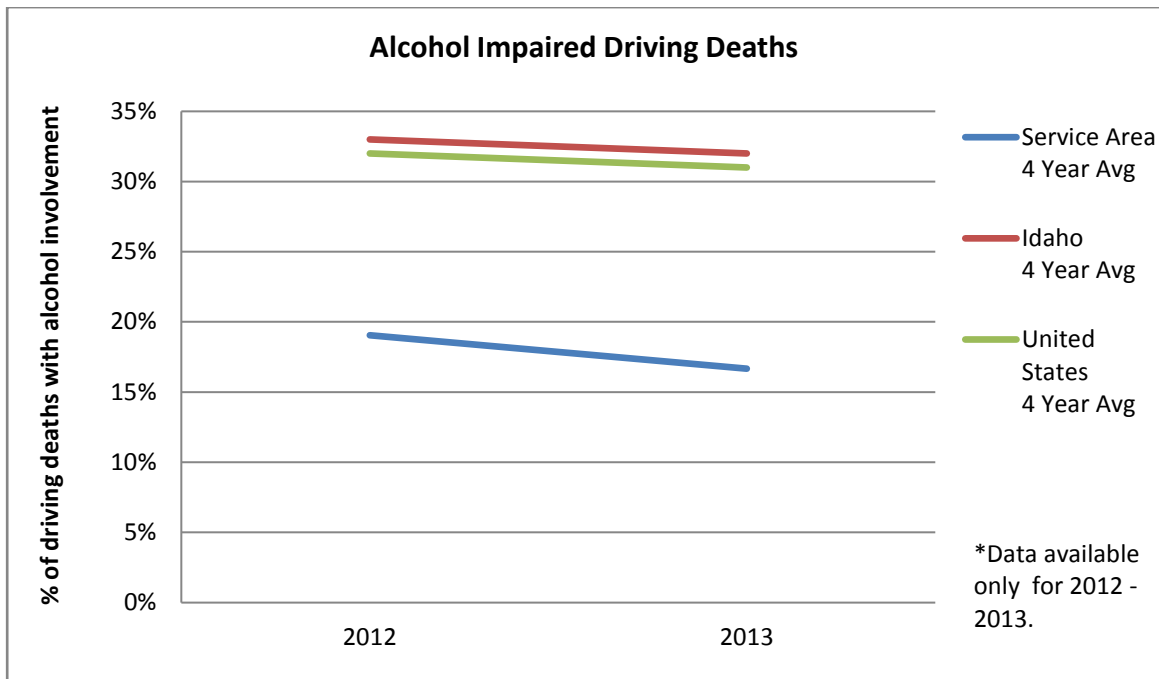
Health Factor Scoring					
	Trend: Better/Worse	Prevalence versus U.S.	Severe/ Preventable	Magnitude: Root Cause	Total Score
Excessive Drinking	3	4	3	2	12

¹¹¹ University of Wisconsin Population Health Institute. *County Health Rankings 2012-2015*. Accessible at www.countyhealthrankings.org.

¹¹² Idaho and National 2002 - 2013 Behavioral Risk Factor Surveillance System

- **Alcohol Impaired Driving Deaths**

Alcohol-impaired driving deaths is the percentage of motor vehicle crash deaths with alcohol involvement. Alcohol-impaired driving deaths directly measures the relationship between alcohol and motor vehicle crash deaths. One limitation of this measure is that not all fatal motor vehicle traffic accidents have a valid blood alcohol test, so these data are likely an undercount of actual alcohol involvement. Another potential limitation is that even though alcohol is involved in all cases of alcohol-impaired driving, there can be a large difference in the degree to which it was responsible for the crash (i.e. someone with a 0.01 BAC vs. 0.35 BAC). The data source is the Fatality Analysis Reporting System (FARS), which is a census of fatal motor vehicle crashes. Our alcohol-impaired driving death rate is slightly below the national level. The top 10th percentile (best) is 14% nationally.¹¹³



Health Factor Score					
Low score = Low potential for health impact			High score = High potential for health impact		
	Trend: Better/Worse	Prevalence versus U.S. Average	Severe/ Preventable	Magnitude: Root Cause	Total Score
Motor vehicle crash death rate	2	0	4	1	7

¹¹³ Idaho Vital Statistics Annual Reports, Years 2000 - 2013, National Vital Statistics Report - Deaths: Data 2013

Unsafe Sex

Two measures are used to represent the Unsafe 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**

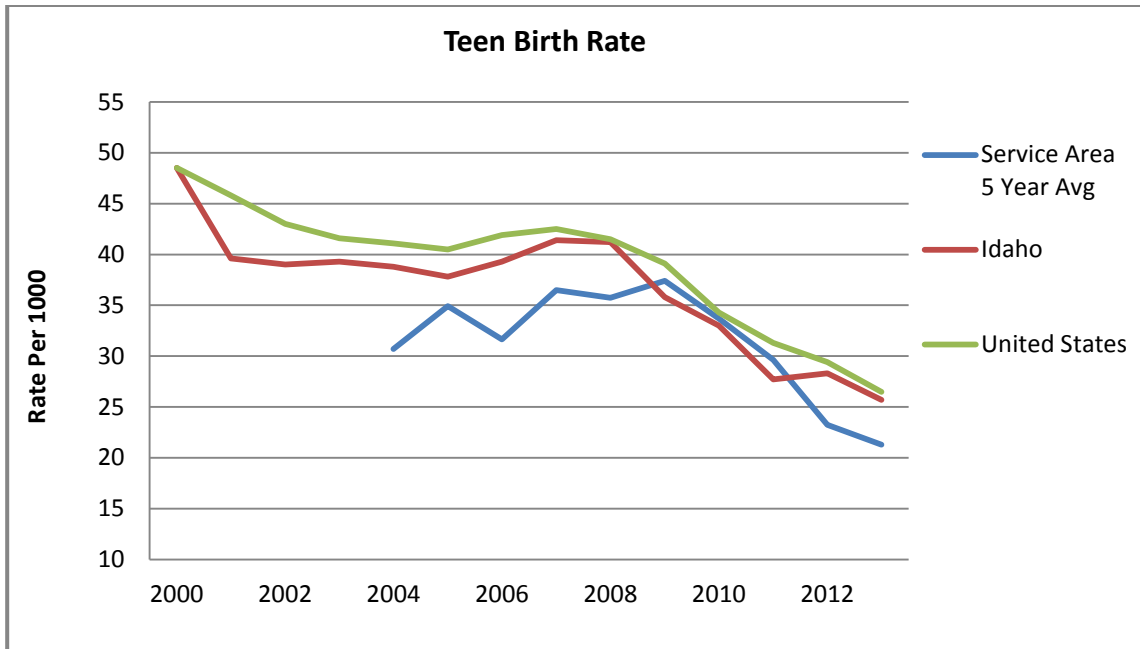
Evidence suggests teen pregnancy significantly increases the risks for repeat pregnancy and for contracting a sexually transmitted infection (STI), both of which can result in adverse health outcomes for mother and child as well as for the families and community. A systematic review of the sexual risk 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 birth weight, increasing the risk of child developmental delay, illness, and mortality.¹¹⁴

Although our rate of teen pregnancy is decreasing and below (better than) the national average, our community's rate is still above the national top 10th percentile rate of 19.5.¹¹⁵

¹¹⁴ University of Wisconsin Population Health Institute. *County Health Rankings* 2015. Accessible at www.countyhealthrankings.org.

¹¹⁵ Idaho Vital Statistics Annual Reports, Years 2000 - 2013, National Vital Statistics Report - Deaths: Data 2013

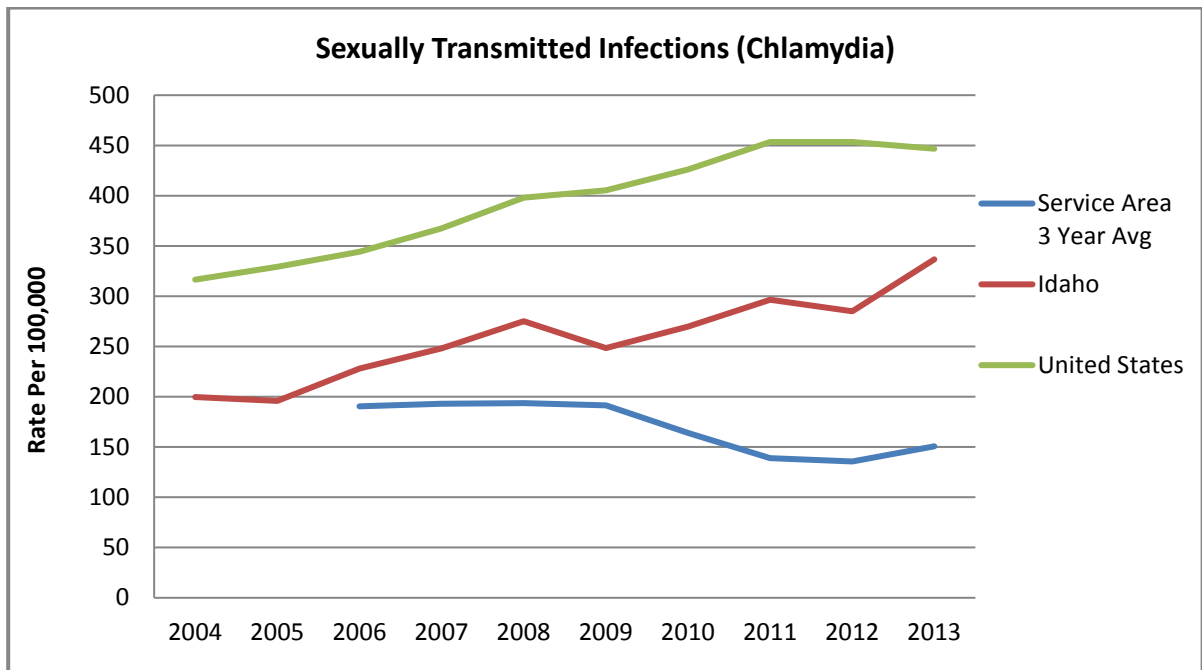


Health Factor Score					
Low score = Low potential for health impact			High score = High potential for health impact		
	Trend: Better/Worse	Prevalence versus U.S. Average	Severe/ Preventable	Magnitude: Root Cause	Total Score
Teen birth rate	0	1	2	3	6

- **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.¹¹⁶

The rate of chlamydia infections has increased significantly over the past ten years both in Idaho and nationally. However, the rate in our community has been and is below the national average. The national top 10th percentile rate is 138.2.¹¹⁷



Health Factor Score					
Low score = Low potential for health impact			High score = High potential for health impact		
	Trend: Better/Worse	Prevalence versus U.S. Average	Severe/ Preventable	Magnitude: Root Cause	Total Score
Sexually Transmitted Infections	2	0	3	3	8

¹¹⁶ County Health Rankings 2015. Accessible at www.countyhealthrankings.org.

¹¹⁷ National data source: 2015 Sexually Transmitted Diseases Surveillance, table 1 <http://www.cdc.gov/std/>.

Idaho and Service Area Source: Idaho Reported Sexually Transmitted Disease, 2004-2012

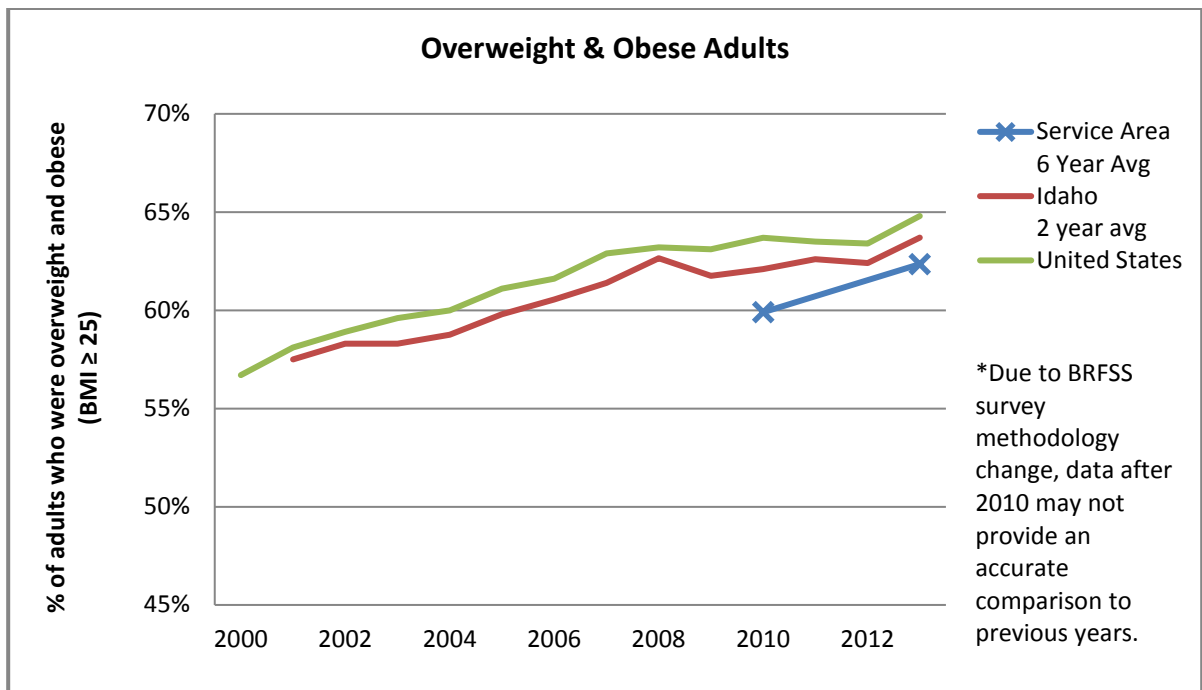
http://www.healthandwelfare.idaho.gov/Portals/0/Health/Disease/STD%20HIV/2010_Facts_Book_FINAL.pdf

Additional Health Behavior Factors

- Overweight and Obese Adults**

In addition to the percent of obese adults included as part of our *County Health Rankings* factors, we added the percentage of overweight and obese adults. 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.

The trend for overweight and obese adults is increasing and the rate in our community is now approaching the national average.¹¹⁸



Health Factor Score					
Low score = Low potential for health impact			High score = High potential for health impact		
	Trend: Better/Worse	Prevalence versus U.S. Average	Severe/ Preventable	Magnitude: Root Cause	Total Score
Overweight or Obese Adults	4	2	4	4	14

¹¹⁸ Idaho and National 2002 - 2010 Behavioral Risk Factor Surveillance System

- **Overweight and Obese Teens**

We included the percentage of obese and overweight teenagers in our community to ensure an understanding of youth health behavior risks. People who were already overweight in adolescence (14-19 years old) 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. There were also many cases of sudden death in this group.¹¹⁹ Overweight children and adolescents:

- 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.

Some methods of preventing and treating overweight children are:

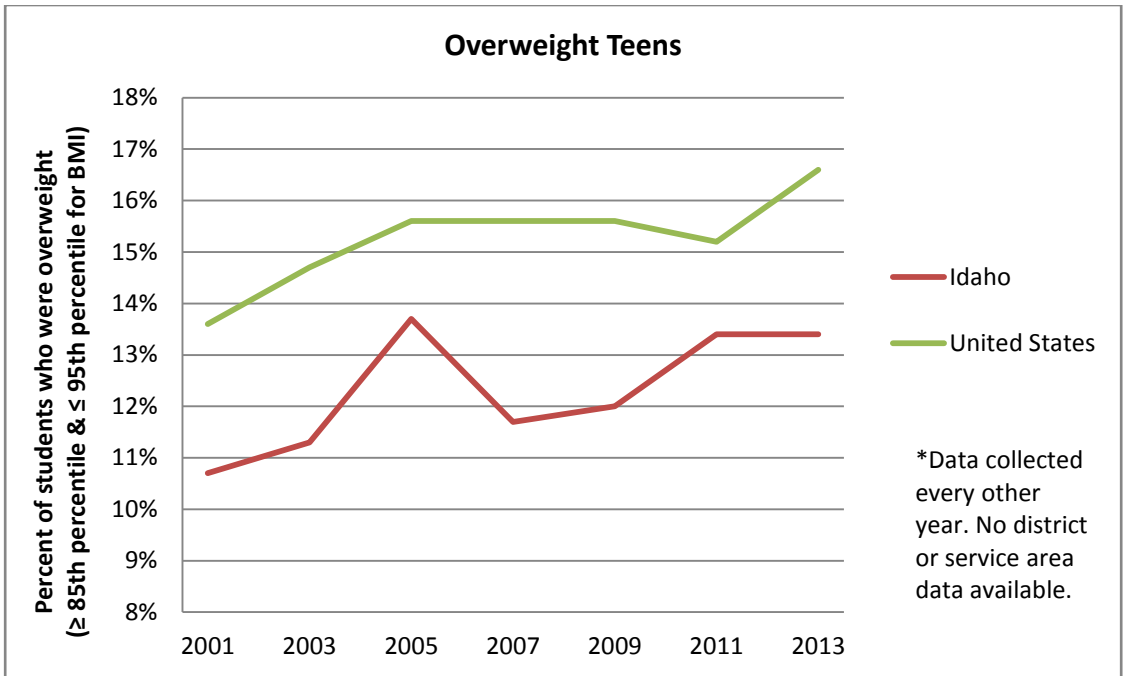
- Reducing caloric intake is the easiest change. Highly restrictive diets that forbid favorite foods are likely to fail. They should be limited to rare patients with severe complications who must lose weight quickly.
- Becoming more active is widely recommended. Increased physical activity is common in all studies of successful weight reduction. Create an environment that fosters physical activity.
- Parents' involvement in modifying overweight children's behavior is important. Parents who model healthy eating and physical activity can positively influence their children's health.¹²⁰

The percent of overweight or obese teens in Idaho is lower than the national average. However, the trend for obesity and overweight youth is increasing both in Idaho and across the United States. Overweight youth are defined as being ≥85th percentile but <95th percentile for body mass index, based on sex- and age-specific reference data from the 2000 CDC growth charts. Obese youth are defined by the CDC as being ≥95th percentile for body mass index, based on sex- and age-specific reference data from the 2000 CDC growth charts.¹²¹

¹¹⁹ Overweight In Adolescence Gives Increased Mortality Rate, ScienceDaily (May 20, 2008)

¹²⁰ American Heart Association, Understanding Childhood Obesity, 2011 Statistical Sourcebook, PDF

¹²¹ Youth Risk Behavior Surveillance , United States, 2001 – 2013, www.cdc.gov/yrbs/

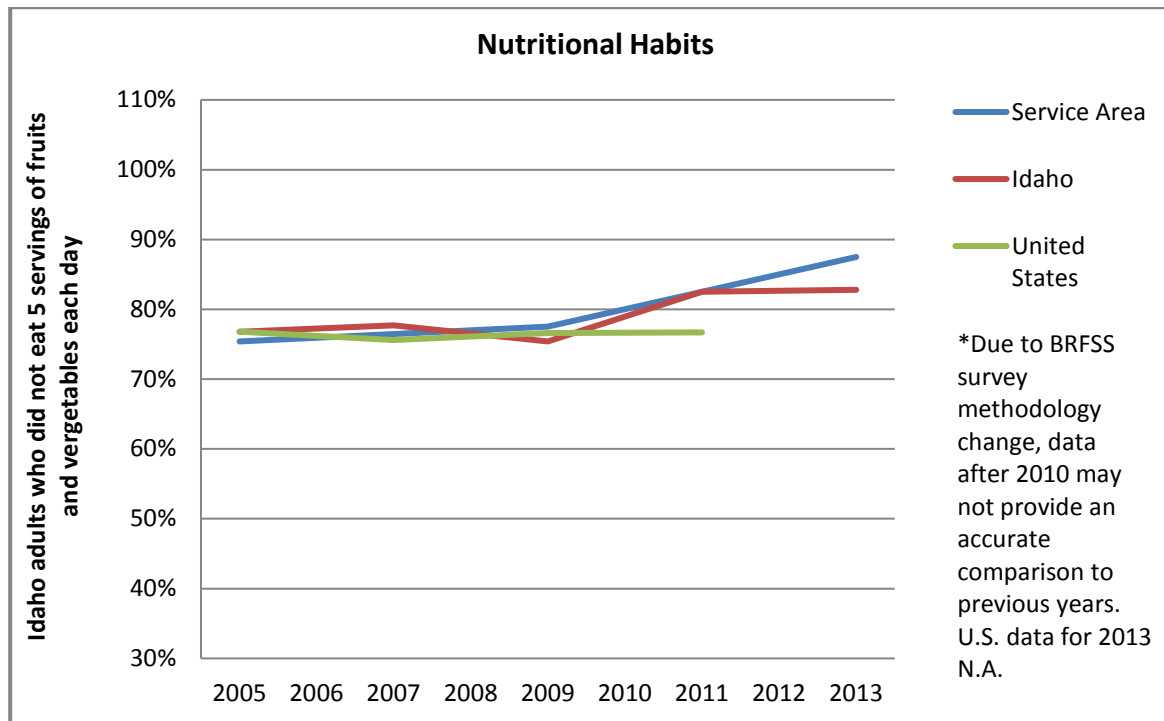


Health Factor Score					
Low score = Low potential for health impact			High score = High potential for health impact		
	Trend: Better/Worse	Prevalence versus U.S. Average	Severe/ Preventable	Magnitude: Root Cause	Total Score
Obese Teens	4	1	4	4	13

- **Nutritional Habits: Adults – Fruit and Vegetable Consumption**

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 vegetables and fruits at the recommended five portions per day.¹²² These data are collected through the Behavioral Risk Factor Surveillance System.

As shown in the chart below, about 81% of the people in our service area did not eat the recommended amounts of fruits and vegetables. The national average was about 77%. The trend appears to be worsening in our community. There are no large differences in nutritional habits based on income or education.¹²³



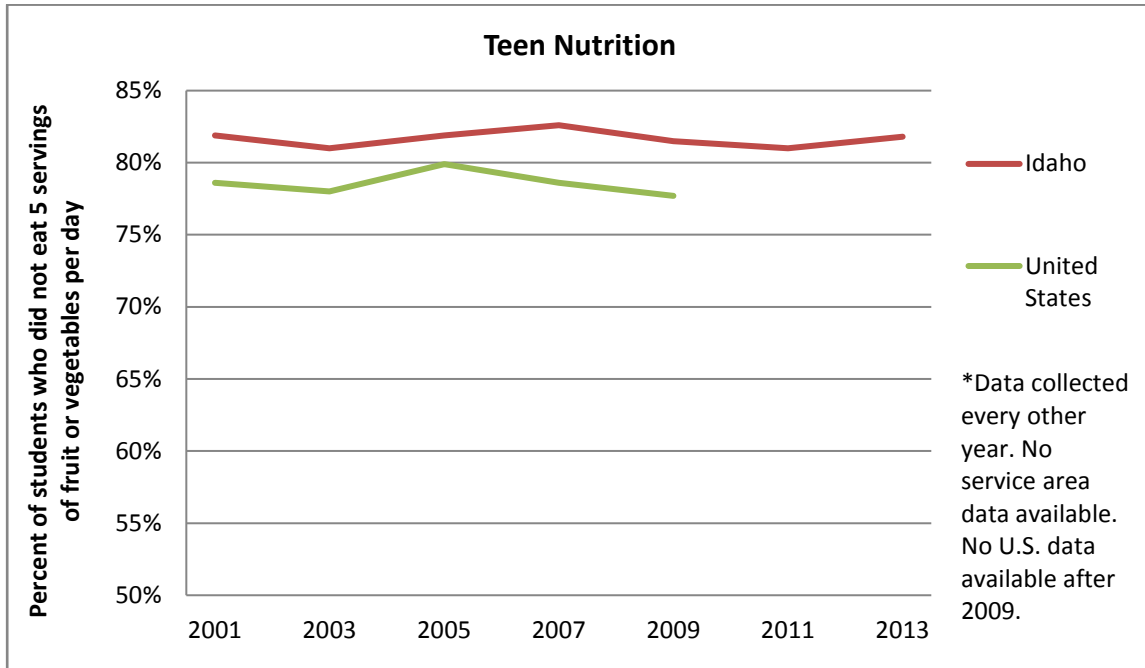
Health Factor Scoring					
	Trend: Better/Worse	Prevalence versus U.S. Average	Severe/ Preventable	Magnitude: Root Cause	Total Score
Nutritional habits adults	3	3	2	3	11

¹²² America’s Health Rankings 2011-2015, www.americashealthrankings.org

¹²³ Idaho and National 2002 – 2013 Behavioral Risk Factor Surveillance System

- **Nutritional Habits: Youth – Fruit and Vegetable Consumption**

More than 80% of Idaho youth do not eat the recommended amount of fruits and vegetables. This is slightly worse than the national average and has been relatively flat for the past 10 years.¹²⁴



Health Factor Score					
Low score = Low potential for health impact			High score = High potential for health impact		
	Trend: Better/Worse	Prevalence versus U.S. Average	Severe/ Preventable	Magnitude: Root Cause	Total Score
Nutritional habits youth	2	3	2	3	10

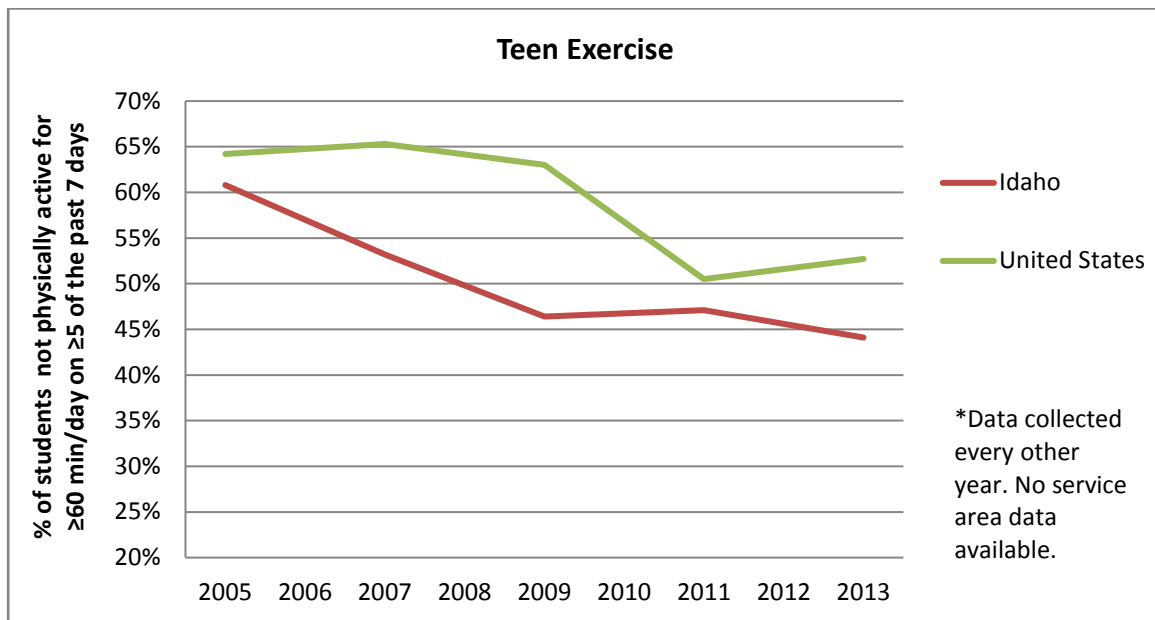
¹²⁴ Youth Risk Behavior Surveillance ,Idaho and United States, 2001 – 2013, www.cdc.gov/yrbs/

- **Physical Activity: Youth**

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.

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 that 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. And youth who are physically fit are much less likely to be obese or have high blood pressure in their 20s and early 30s.¹²⁵

The chart below shows that about 45% 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 four years.¹²⁶



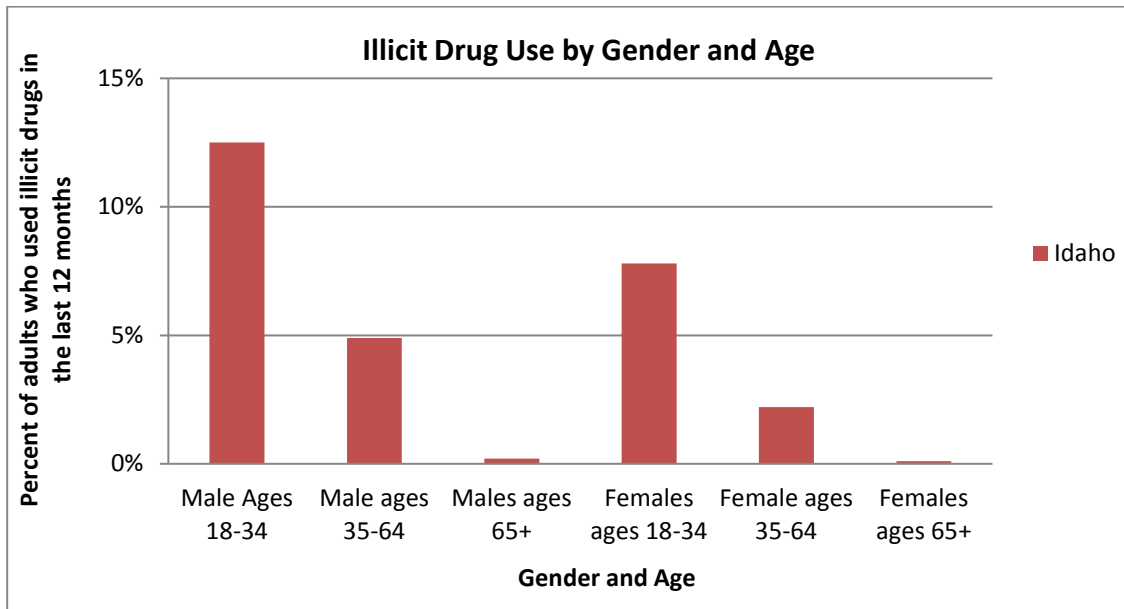
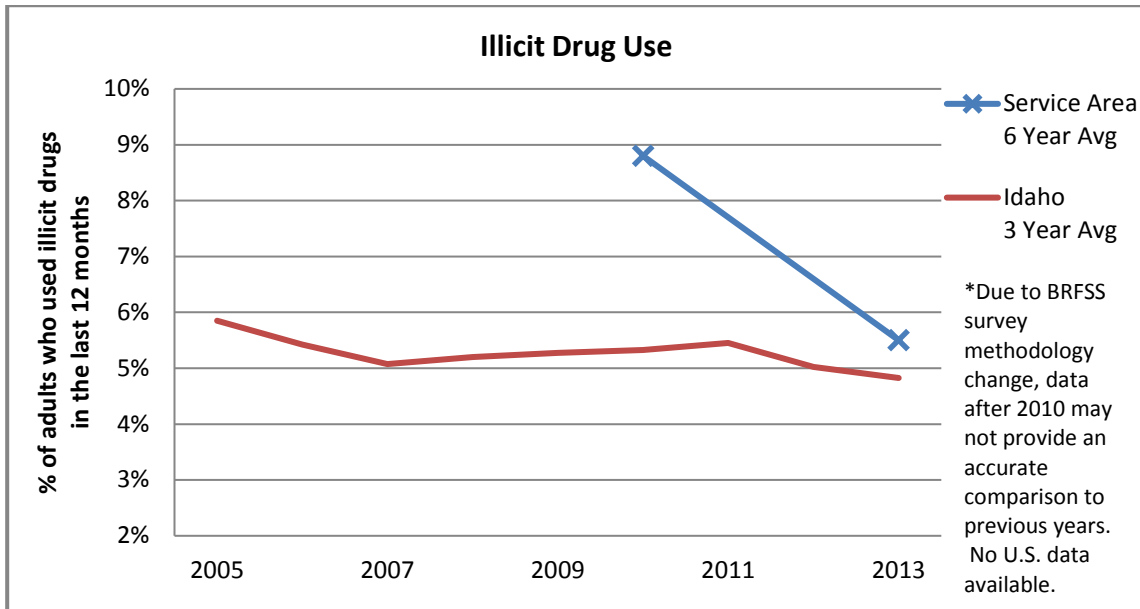
Health Factor Score					
Low score = Low potential for health impact			High score = High potential for health impact		
	Trend: Better/Worse	Prevalence versus U.S. Average	Severe/ Preventable	Magnitude: Root Cause	Total Score
Teen exercise	2	1	2	4	9

¹²⁵ American Heart Association, Understanding Childhood Obesity, 2011 Statistical Sourcebook, PDF

¹²⁶ Youth Risk Behavior Surveillance, United States, 2001 – 2013, www.cdc.gov/yrbs/

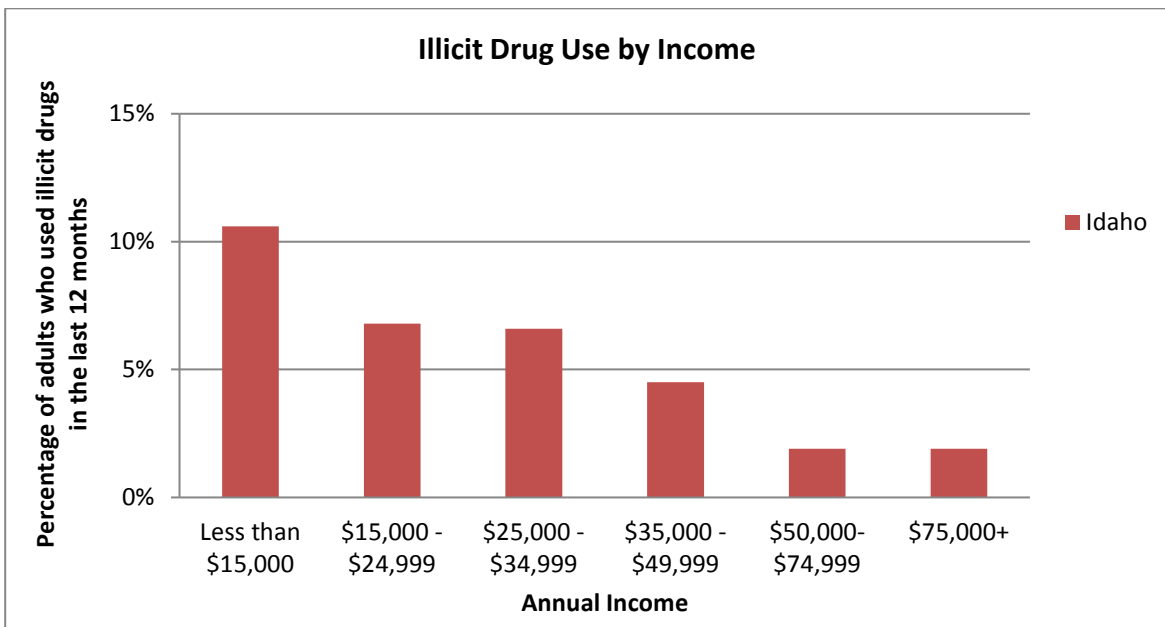
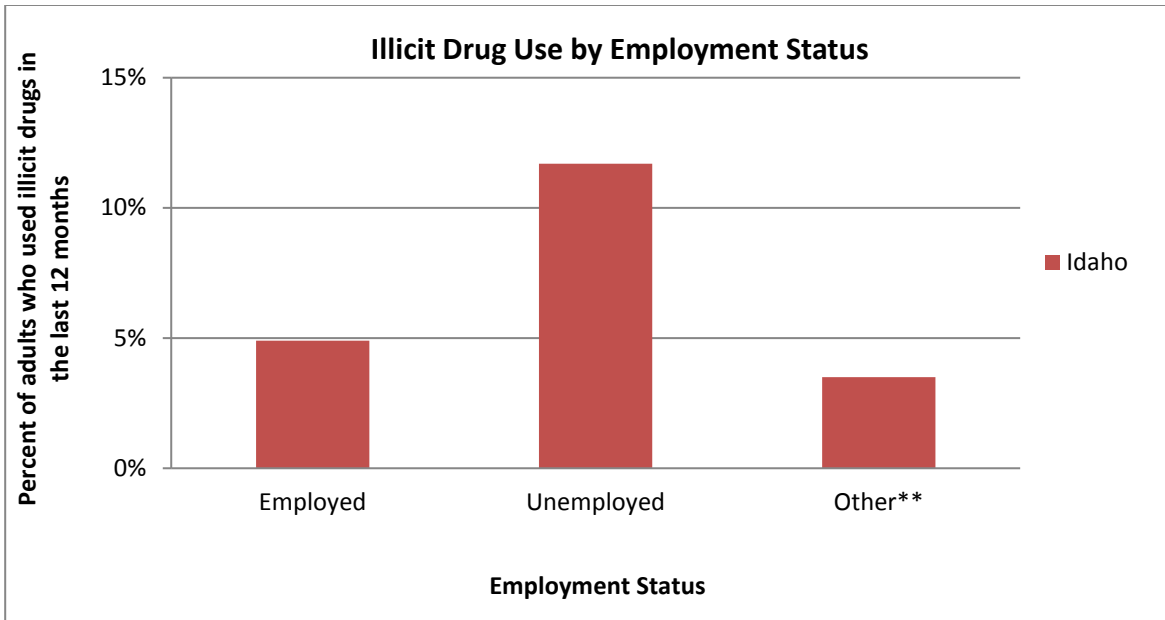
- **Illicit Drug Use**

The use of illicit drugs has harmful and sometimes devastating effects on individuals, families, and society.¹²⁷ The percent of people who reported using illicit drugs in our service area is about the same as in Idaho. Illicit drug use is significantly higher among males less than 34 years old, the unemployed, and those with incomes of less than \$50,000 annually.¹²⁸



¹²⁷ www.samhsa.gov/newsroom/advisories/1109075503.aspx

¹²⁸ Idaho and National 2002 - 2013 Behavioral Risk Factor Surveillance System

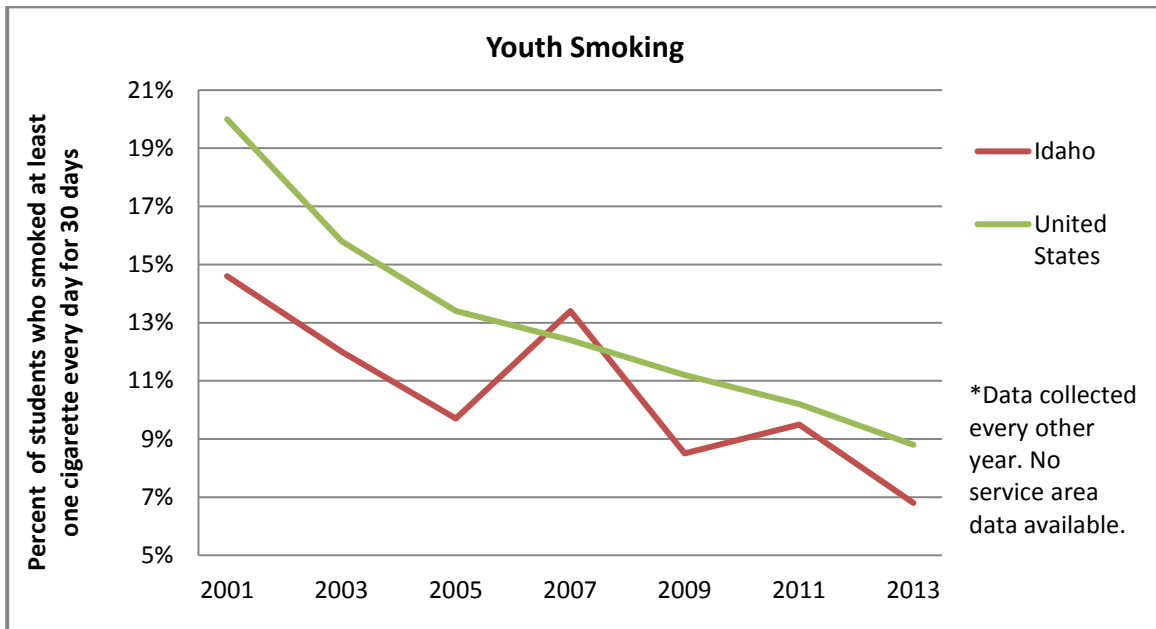


Health Factor Score					
Low score = Low potential for health impact			High score = High potential for health impact		
	Trend: Better/Worse	Prevalence versus U.S. Average	Severe/ Preventable	Magnitude: Root Cause	Total Score
Illicit drug use	1	2	4	3	10

- **Youth Smoking**

In 2013, approximately 6.8 percent of Idaho Youth reported smoking at least one cigarette every day for 30 days. This is well below the national rate of 8.8%. During 1997–2013, a significant linear decrease occurred overall in the prevalence of current tobacco use among Idaho and our nation’s youth. However, the progress has been slowing over the past ten years.¹²⁹

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. This is why prevention is critical. Successful multi-component programs prevent young people from starting to use tobacco in the first place and more than pay for themselves in lives and health care dollars saved. Strategies that comprise successful comprehensive tobacco control programs include mass media campaigns, higher tobacco prices, smoke-free laws and policies, evidence-based school programs, and sustained community-wide efforts.¹³⁰



Health Factor Score					
Low score = Low potential for health impact			High score = High potential for health impact		
	Trend: Better/Worse	Prevalence versus U.S. Average	Severe/ Preventable	Magnitude: Root Cause	Total Score
Youth Smoking	1	1	4	4	10

¹²⁹ Idaho and Nation Youth Risk Behavior Surveillance 2001 -2013

¹³⁰ <http://www.surgeongeneral.gov/library/reports/preventing-youth-tobacco-use/factsheet.html>

Clinical Care Factors

County Health Rankings Clinical Care Factors

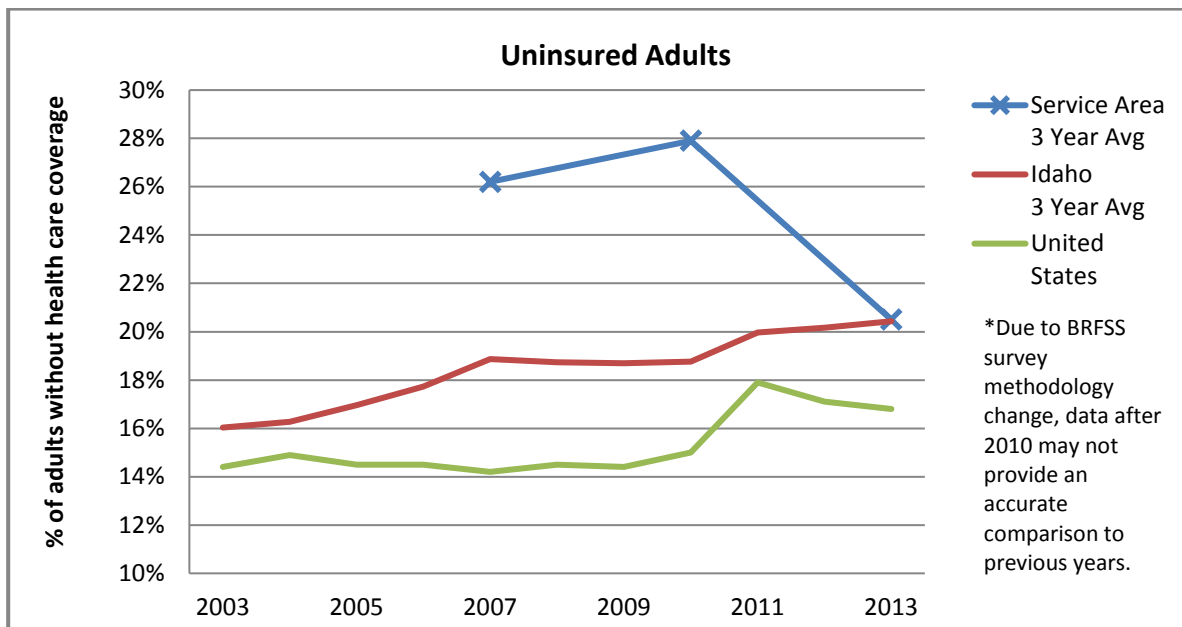
Health Care Access

Health care access is represented with two measures. The first measure is the adult population without health insurance and the second is primary care providers.

- **Uninsured Adults**

Evidence shows that uninsured individuals experience more adverse outcomes (physically, mentally, and financially) than insured individuals. The uninsured are less likely to receive preventive and diagnostic health care services, are more often diagnosed at a later disease stage, and on average receive less treatment for their condition compared to insured individuals. At the individual level, self-reported health status and overall productivity are lower for the uninsured. The Institute of Medicine reports that the uninsured population has a 25% higher mortality rate than the insured population.¹³¹

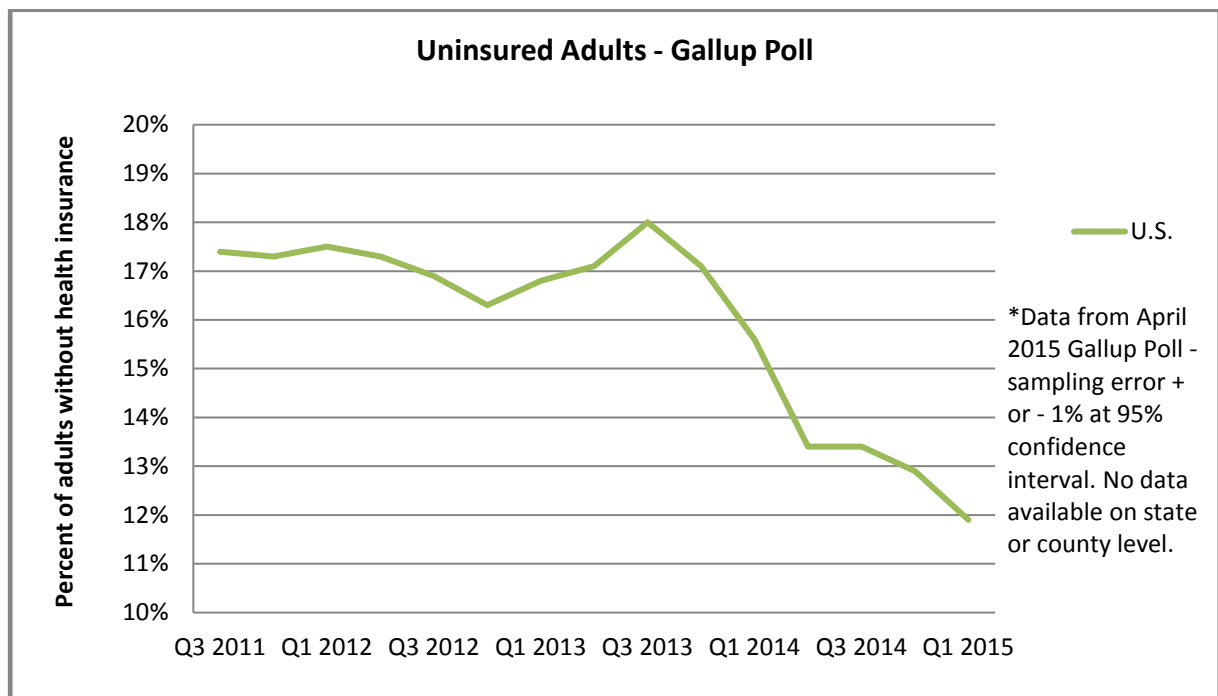
The chart below shows the number of adults without health care coverage is above the national average in our service area.¹³²



¹³¹ University of Wisconsin Population Health Institute. *County Health Rankings* 2010-2015. Accessible at www.countyhealthrankings.org.

¹³² Idaho and National 2002 - 2013 Behavioral Risk Factor Surveillance System

A Gallup Poll administered quarterly provides more recent data on uninsured adults. The graph below shows that on a national basis the 2010 Affordable Care Act (ACA) dramatically lowered the percentage of uninsured adults starting in 2014. 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, as of March 2015, 22 states had not expanded 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.¹³³ As of June 2015, Idaho is one of the states that opted not to expand Medicaid. Consequently, many adults in Idaho fall into a “coverage gap.”

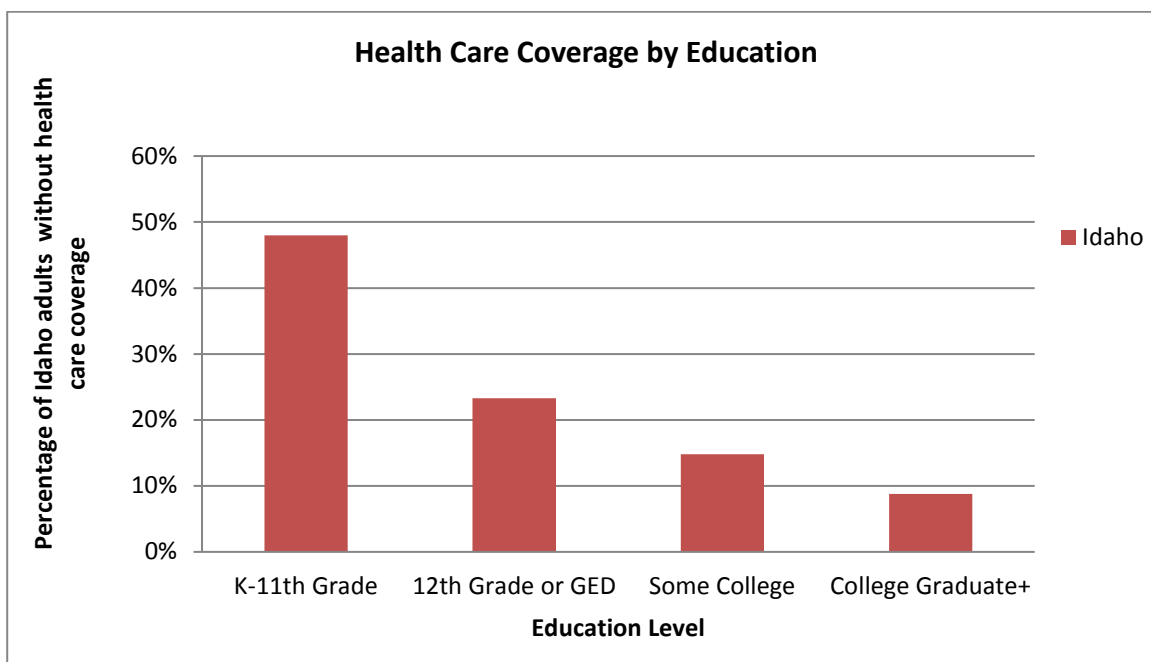
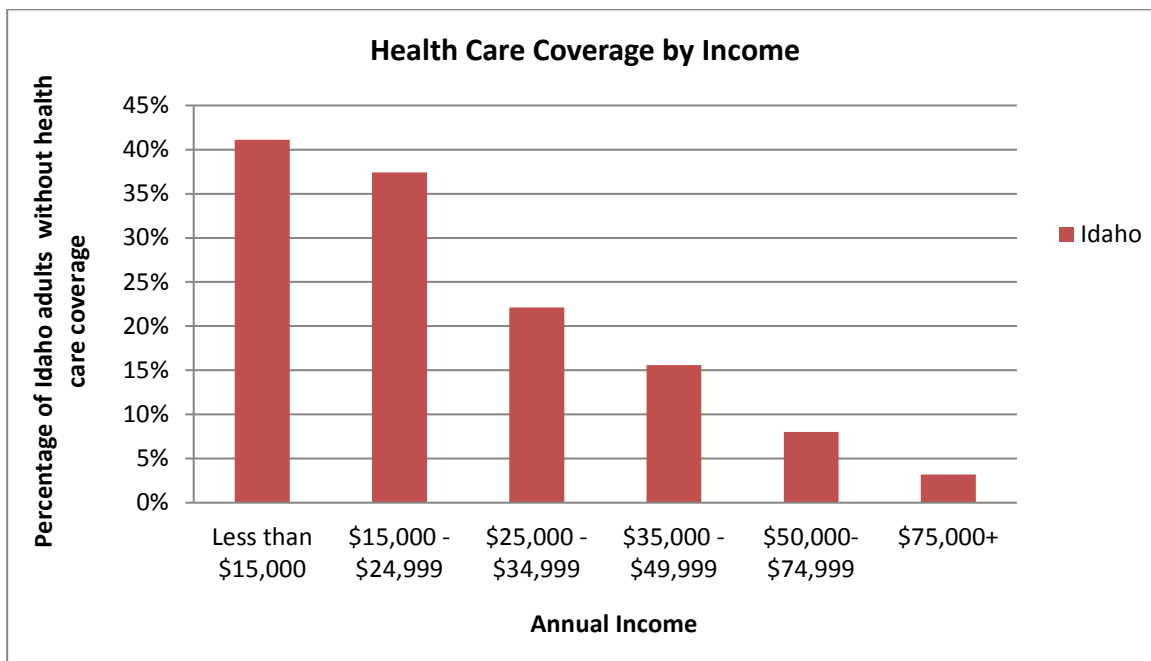


The goal of the ACA is to improve health outcomes and eventually lower health care costs through insuring a greater proportion of the population. *24/7 Wall St.* conducted a study showing the percentage point decline in uninsured rates for each state from 2012 through 2015. In Idaho, the percent of uninsured people declined 6.6 percentage points, which is a larger improvement than the nation as a whole. The percentage of all Americans without health insurance declined 5.7 percentage points.¹³⁴

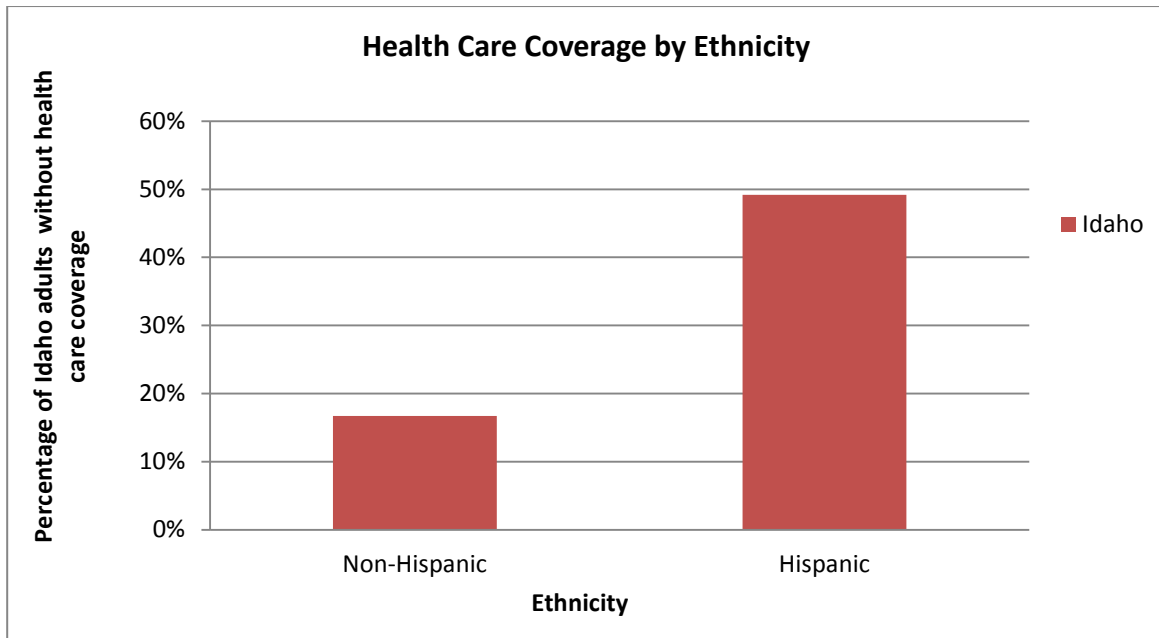
¹³³ The Coverage Gap: Uninsured Poor Adults in States the do not Expand Medicaid, April 2015, The Kaiser Commission on Medicaid and the Uninsured, Rachel Garfield

¹³⁴ 24/7 Wallst.com

The charts below show that income and education greatly affect the likelihood of people having health insurance. For example, those with incomes of 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 as non-Hispanics.¹³⁵



¹³⁵ Idaho and National 2002 - 2013 Behavioral Risk Factor Surveillance System

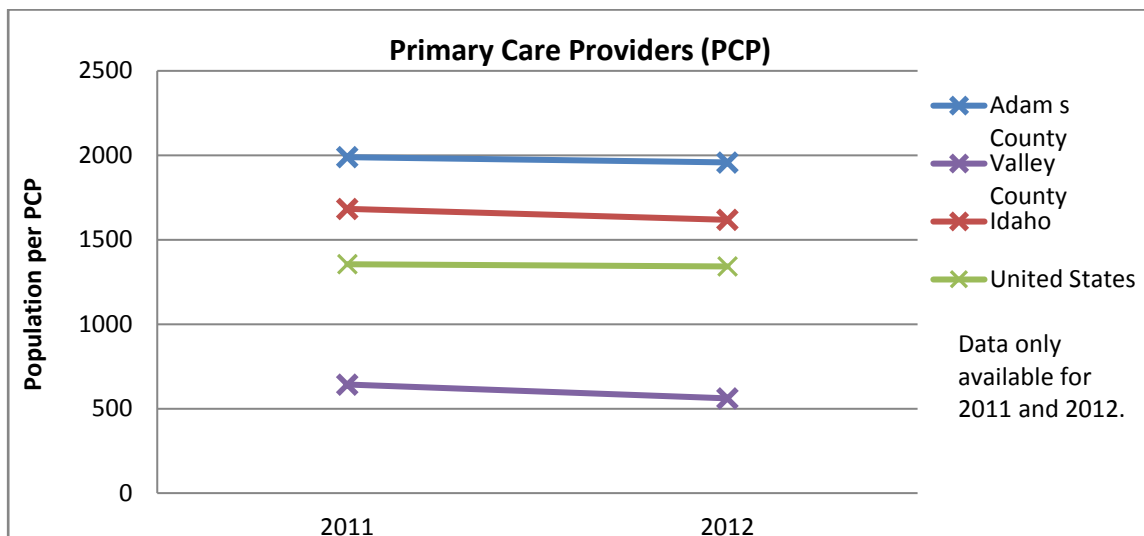


Health Factor Score					
Low score = Low potential for health impact			High score = High potential for health impact		
	Trend: Better/Worse	Prevalence versus U.S. Average	Severe/ Preventable	Magnitude: Root Cause	Total Score
Uninsured adults	1	4	4	3	12

- **Primary Care Providers**

The second measure of health care access 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 birth weight; 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%.¹³⁶

The chart below shows the population to primary care provider ratio was significantly better than the national average for Valley County, but it is above (worse than) the national average in Adams County.



Health Factor Score					
	Trend: Better/Worse	Prevalence versus U.S.	Severe/ Preventable	Magnitude: Root Cause	Total Score
Primary care physicians	2	2	2	3	9

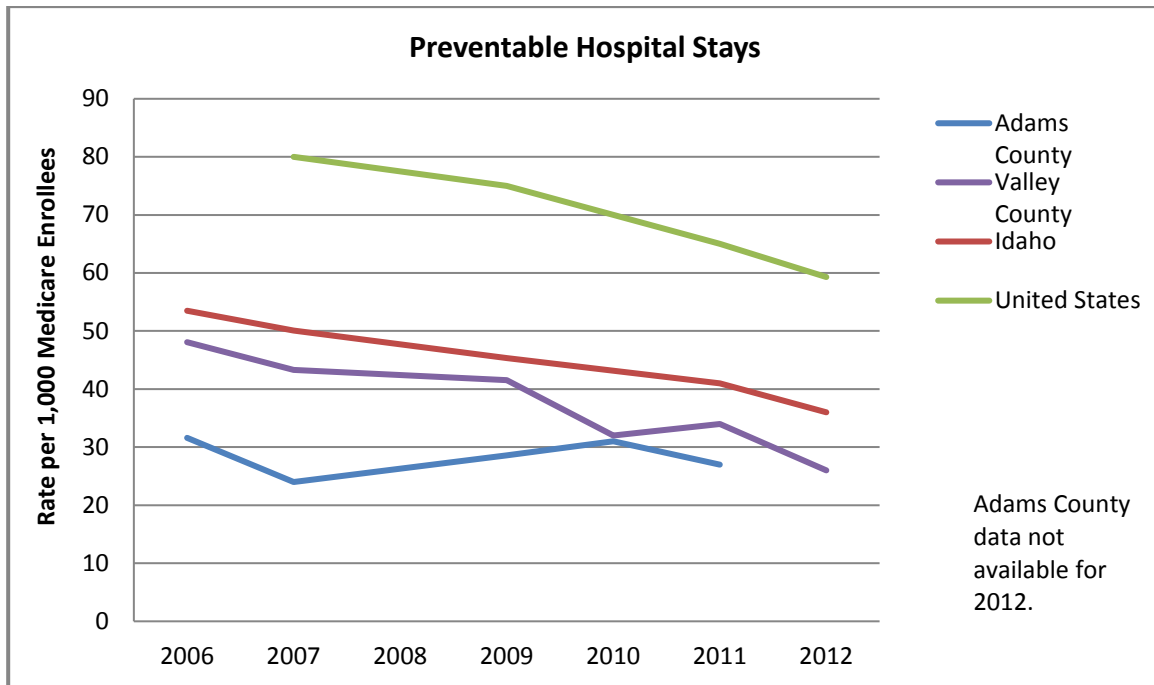
¹³⁶ University of Wisconsin Population Health Institute. *County Health Rankings* 2015. Accessible at www.countyhealthrankings.org.

Health Care Quality

- Preventable Hospital Stays**

Three separate measures are used to report health care quality. The first measure 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 and is even well below (better than) the national top 10th percentile (top 10th percentile rate is 41.2). The trend is also improving over time in our service area and nationally. This indicates a high level of health care quality in our service area.¹³⁷



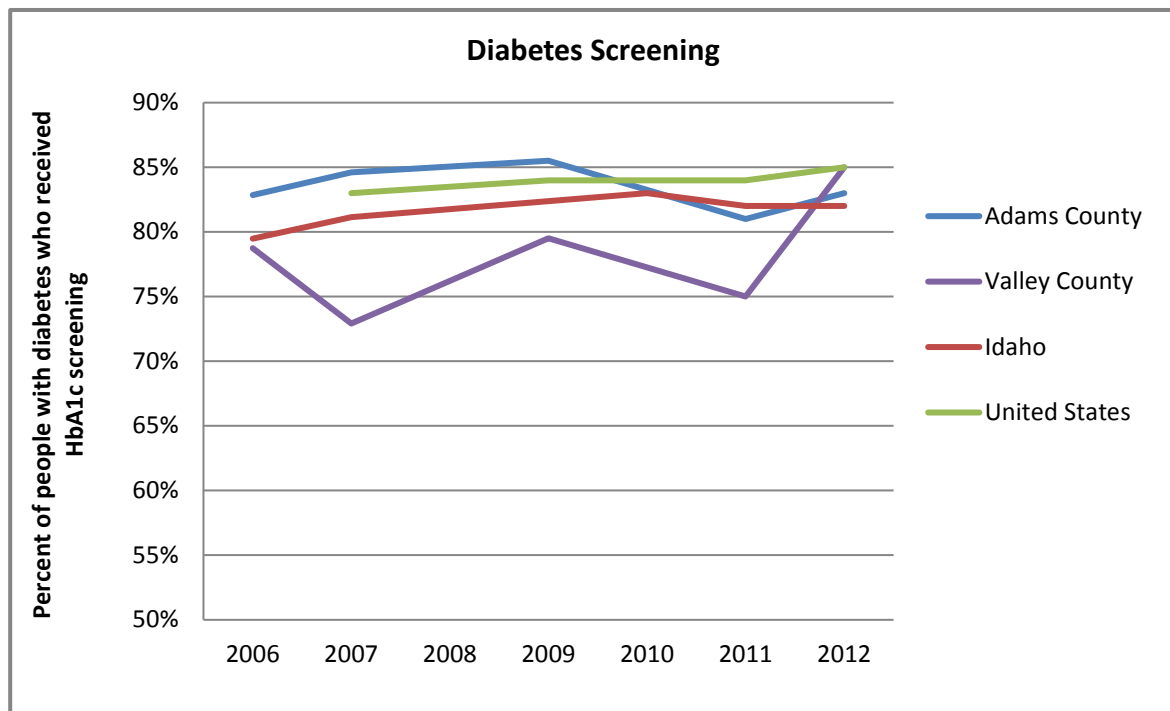
Health Factor Score					
Low score = Low potential for health impact			High score = High potential for health impact		
	Trend: Better/Worse	Prevalence versus U.S.	Severe/ Preventable	Magnitude: Root Cause	Total Score
Preventable Hospital Stays	1	0	2	4	7

¹³⁷ Ibid.

- **Diabetes Screening**

The second measure of health care quality, 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.¹³⁸

The chart shows the trend for diabetes screening may be improving slightly nationally and is essentially flat our service area. The percent of people receiving A1c screening is about the same in our service area as in the nation.¹³⁹



Health Factor Score					
Low score = Low potential for health impact			High score = High potential for health impact		
	Trend: Better/Worse	Prevalence versus U.S. Average	Severe/ Preventable	Magnitude: Root Cause	Total Score
Diabetes screening	2	2	3	3	9

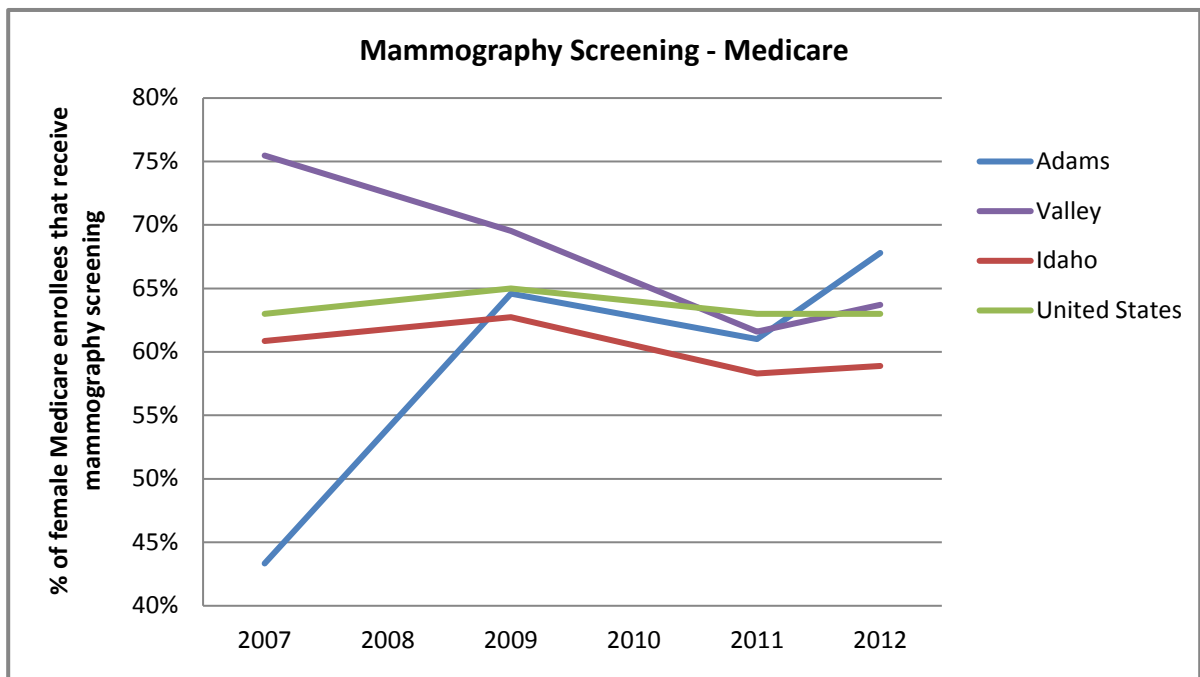
¹³⁸ University of Wisconsin Population Health Institute. *County Health Rankings* 2015. Accessible at www.countyhealthrankings.org.

¹³⁹ Idaho and National 2002 - 2013 Behavioral Risk Factor Surveillance System

- **Mammography Screening**

The third measure of health care quality, mammography screening, is the percent of female Medicare enrollees age 67-69 having at least one mammogram over a two-year period. Evidence suggests that 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 trend for the overall percent of women aged 67 to 69 receiving mammography screenings has been flat for the past several years. The percent for our community is about the same as the national average.¹⁴⁰

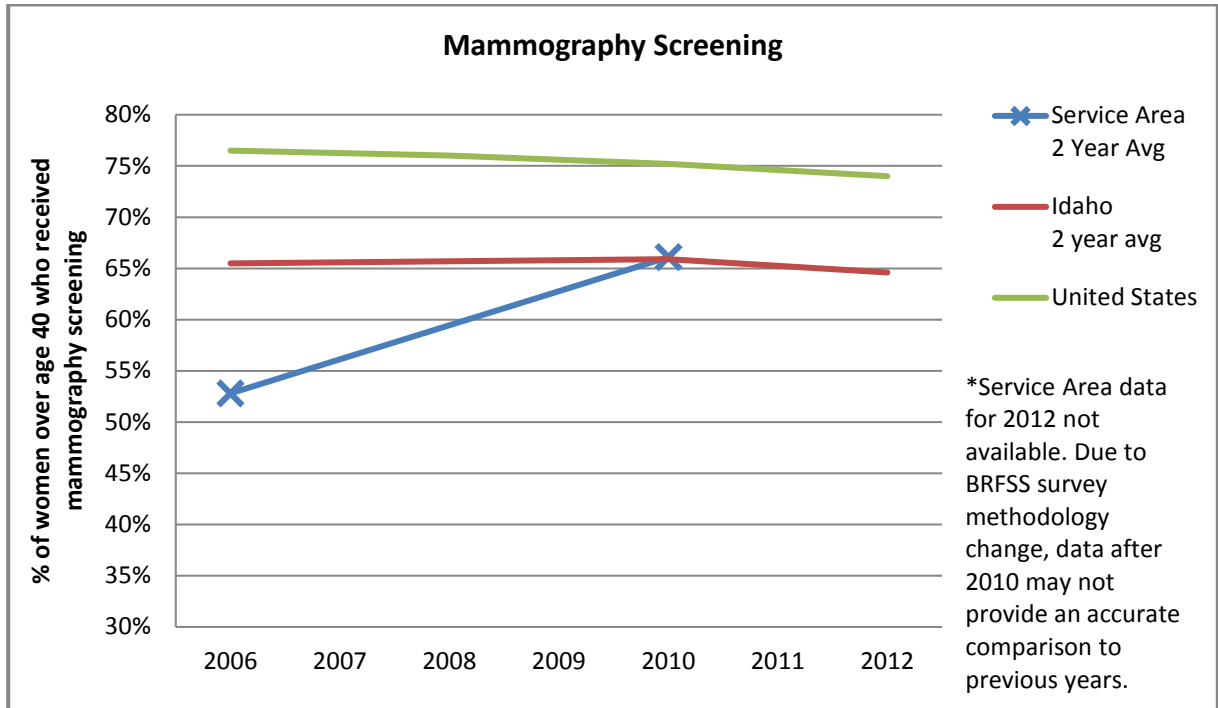


The data underlying this measure comes from the Dartmouth Atlas, a project that documents variations in health care throughout the country through use of Medicare claims data.

The National Cancer Institute recommends that women age 40 and older receive screening for breast cancer with mammography every one to two years. To obtain the percentage of Idaho women age 40 and older who received this breast cancer screening, we used data from BRFSS. As shown in the chart on the following page, the percentage has increased over the past two years and overall is consistent with the percentage of women ages 65 to 67 receiving breast cancer screenings. Women with annual incomes of

¹⁴⁰ University of Wisconsin Population Health Institute. *County Health Rankings* 2015. Accessible at www.countyhealthrankings.org.

less than \$25,000 are significantly less likely to have had a mammogram and breast exam in the last two years.¹⁴¹



Health Factor Score					
Low score = Low potential for health impact			High score = High potential for health impact		
	Trend: Better/Worse	Prevalence versus U.S. Average	Severe/ Preventable	Magnitude: Root Cause	Total Score
Mammography screening	1	3	4	1	9

Additional Clinical Health Factors

In this section, we include a number of additional preventive and screening measures as quality of care health factors influencing community health.

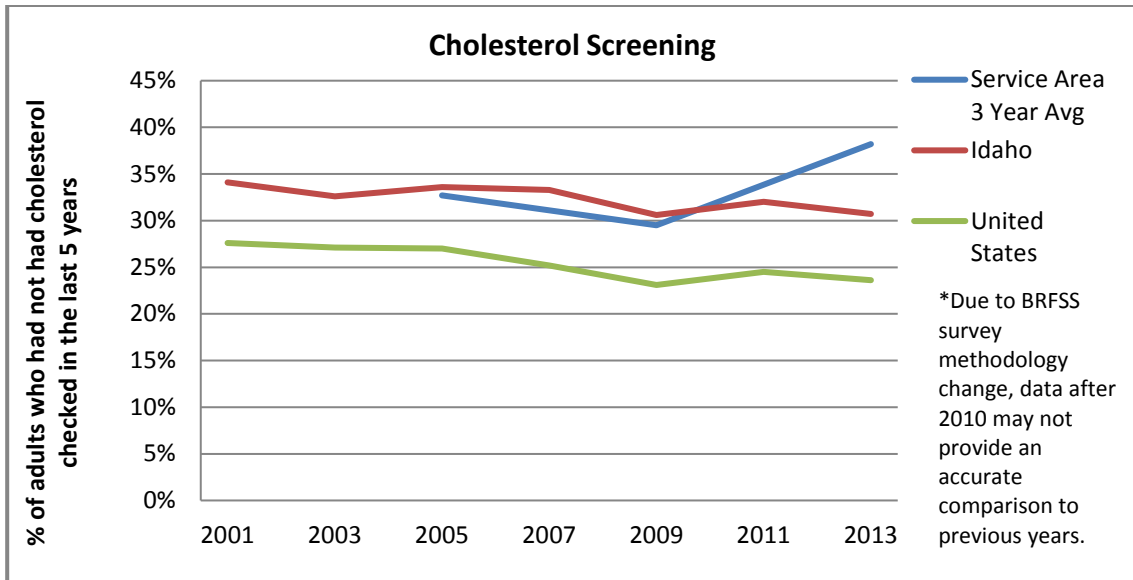
- **Cholesterol Screening**

Cholesterol screening is important for good health because knowing cholesterol levels can spur actions to control it. Idaho is ranked 49th in the nation for cholesterol screening.¹⁴² Our service area has a lower percent of people receiving cholesterol checks than the Idaho and national averages.¹⁴³

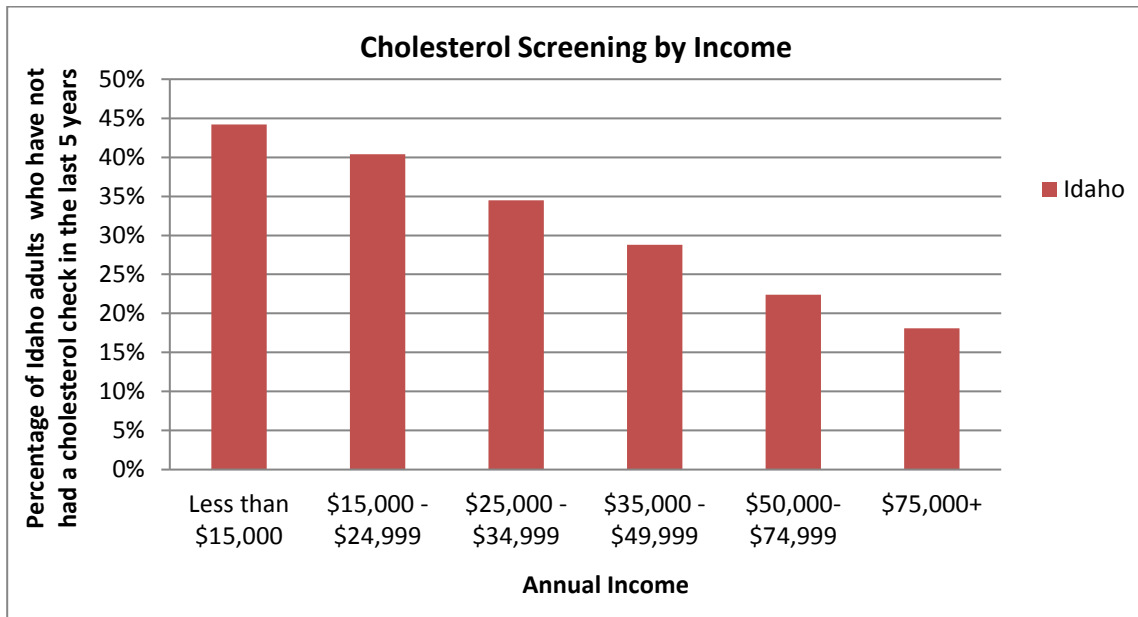
¹⁴¹ Idaho and National 2002 - 2013 Behavioral Risk Factor Surveillance System

¹⁴² America's Health Rankings 2015, www.americashealthrankings.org

¹⁴³ Idaho and National 2002 - 2013 Behavioral Risk Factor Surveillance System



Lower income people, those without college educations, and Hispanics are significantly less likely to have their cholesterol checked.¹⁴⁴



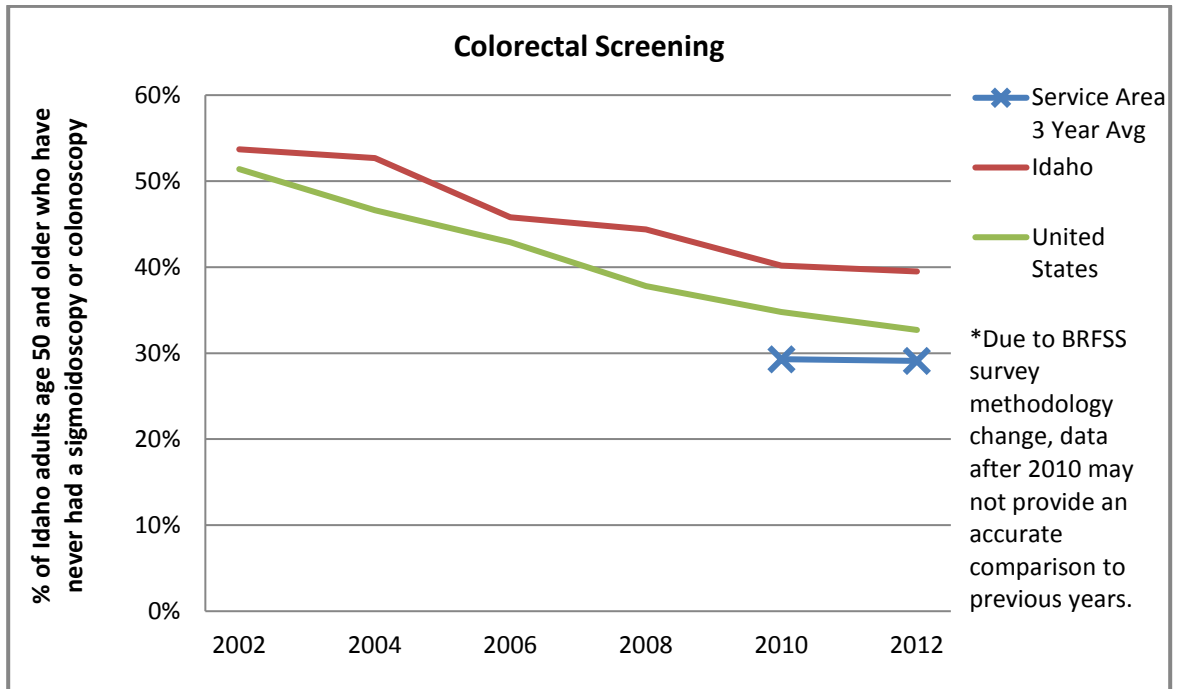
Health Factor Score					
Low score = Low potential for health impact			High score = High potential for health impact		
	Trend: Better/Worse	Prevalence versus U.S. Average	Severe/ Preventable	Magnitude: Root Cause	Total Score
Cholesterol Screening	2	3	3	2	10

¹⁴⁴ Idaho and National 2002 - 2013 Behavioral Risk Factor Surveillance System

- **Colorectal Screening**

The five-year survival rate of people diagnosed with early localized stage colorectal cancer is 90%. Only 35% of colorectal cancers are detected at the early localized stage. Many organizations are working to raise awareness about the importance of colorectal cancer screening and the serious nature of the disease.

The trend for people receiving colorectal screening has been improving nationally over the past 10 years. The percent of people 50 and older receiving colorectal screening in our service area is about the same as it is for the nation as a whole.¹⁴⁵



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.¹⁴⁶

Health Factor Score					
Low score = Low potential for health impact			High score = High potential for health impact		
	Trend: Better/Worse	Prevalence versus U.S. Average	Severe/ Preventable	Magnitude: Root Cause	Total Score
Colorectal Screening	2	2	4	0	8

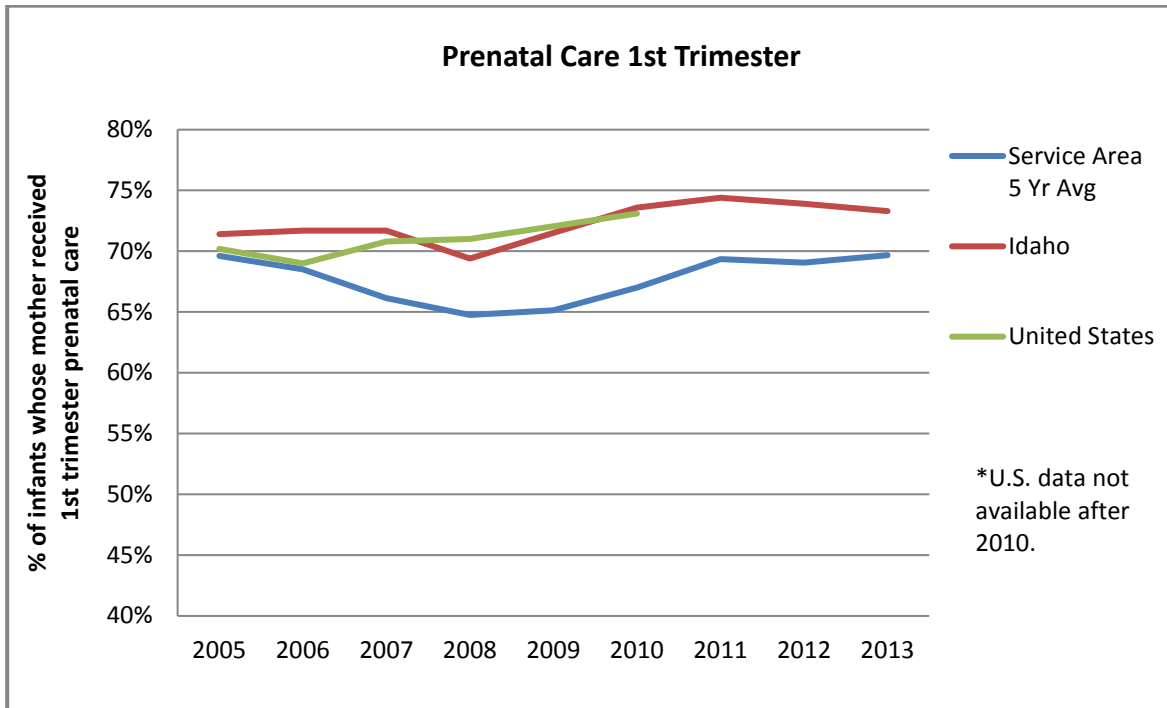
¹⁴⁵ Idaho and National 2002 - 2013 Behavioral Risk Factor Surveillance System

¹⁴⁶ Ibid.

- **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 birth weight 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.¹⁴⁷

As shown in the chart below, a slightly lower percentage of women in our community have received early prenatal care compared to the nation as a whole. The trend in our service area for receiving early prenatal care had been decreasing from 2004 to 2008 but has increased from 2009 through 2013. Approximately 70% of women in our service area received early prenatal care in 2013.¹⁴⁸



Health Factor Score					
Low score = Low potential for health impact			High score = High potential for health impact		
	Trend: Better/Worse	Prevalence versus U.S. Average	Severe/ Preventable	Magnitude: Root Cause	Total Score
Prenatal care 1 st Trimester	2	2	3	3	10

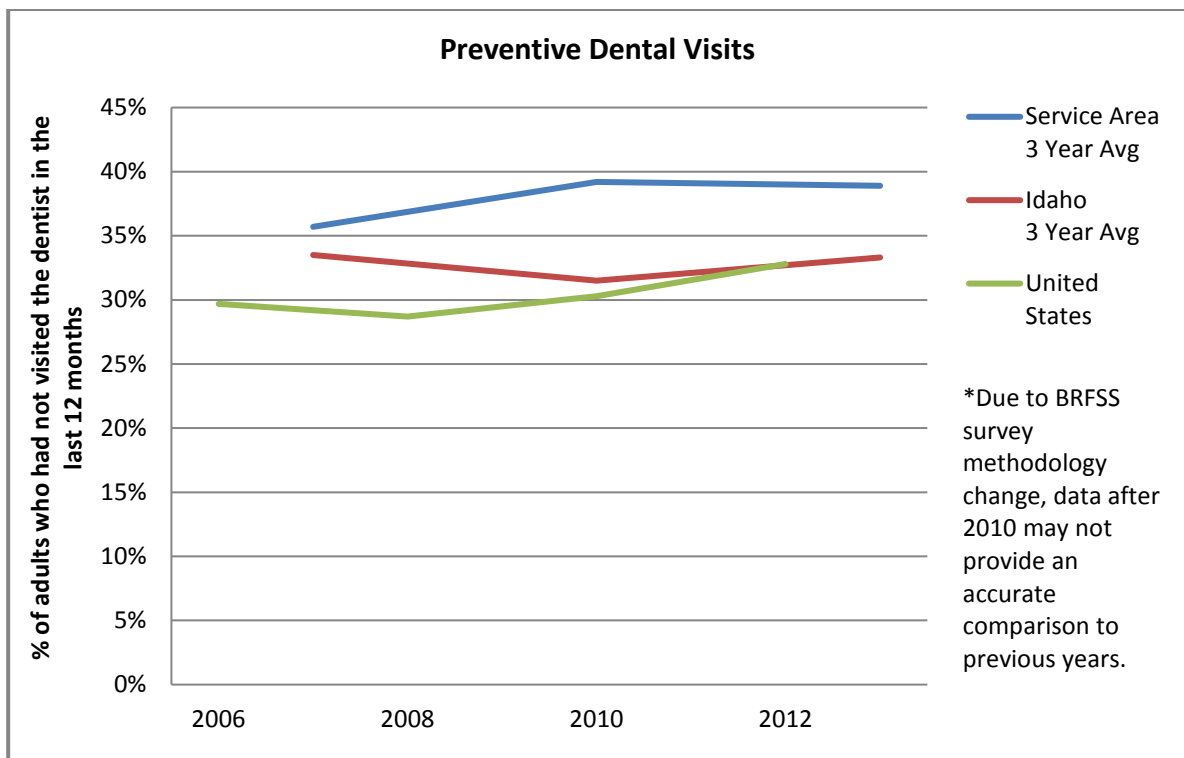
¹⁴⁷ America's Health Rankings 2012, www.americashealthrankings.org

¹⁴⁸ Idaho Vital Statistics Annual Reports, Years 2000 - 2013, National Vital Statistics Report - Deaths: Data 2013

- **Dental Visits**

Oral health is vital to a comprehensive preventive health program. Nearly one-third of all adults in the U.S. have untreated tooth decay, while one in seven adults aged 35 to 44 years has gum disease. This increases to one in every four adults aged 65 years and older. Oral cancers, if caught early, are more responsive to treatment. Annual dental visits are one part of a healthy regimen of oral care.¹⁴⁹

According to the Behavioral Risk Factor Surveillance System surveys, the percentage of people not receiving preventive dental visits in our service area is higher than it is in the nation as a whole. The trend appears to have been worsening slightly over the past ten years in our service area.¹⁵⁰

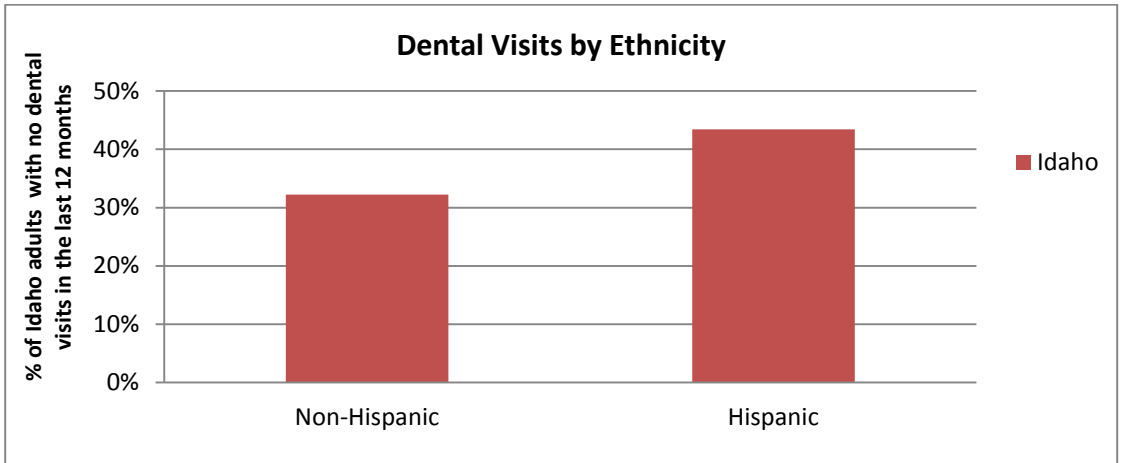
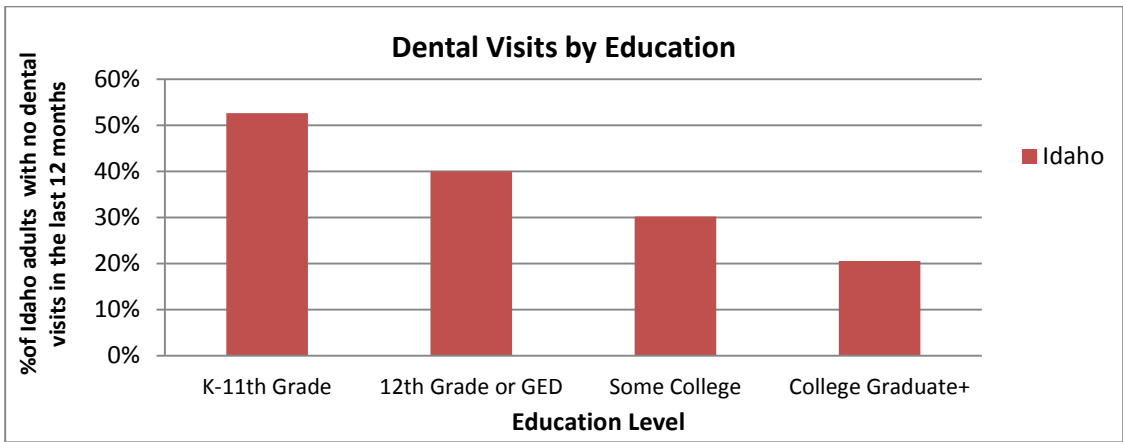
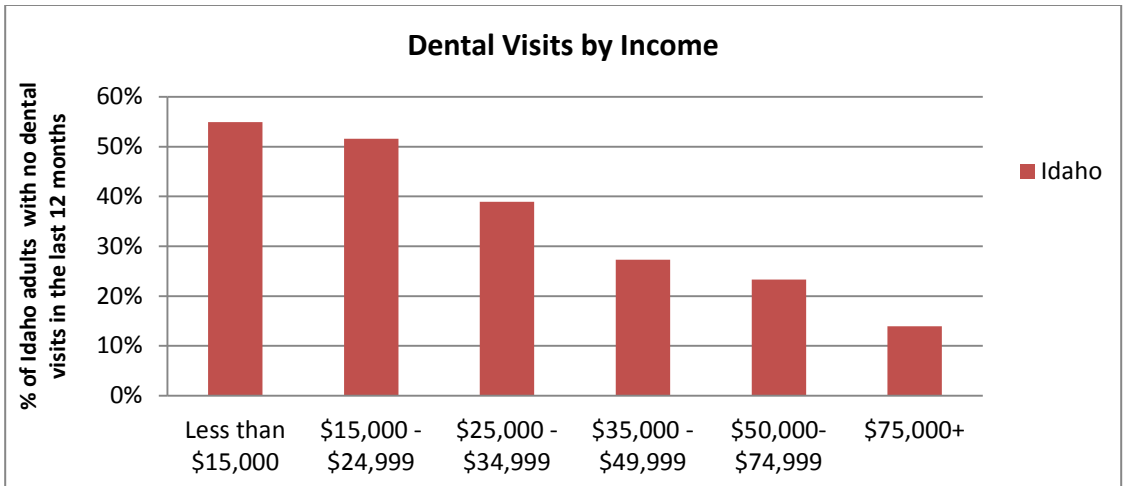


Those with incomes below \$25,000 are significantly less likely to have preventive dental visits than those with higher incomes. In addition, those with less than a college degree are significantly less likely to have preventive dental visits.¹⁵¹

¹⁴⁹ America's Health Rankings 2015, www.americashealthrankings.org

¹⁵⁰ Idaho and National 2002 – 2013 Behavioral Risk Factor Surveillance System

¹⁵¹ Ibid.

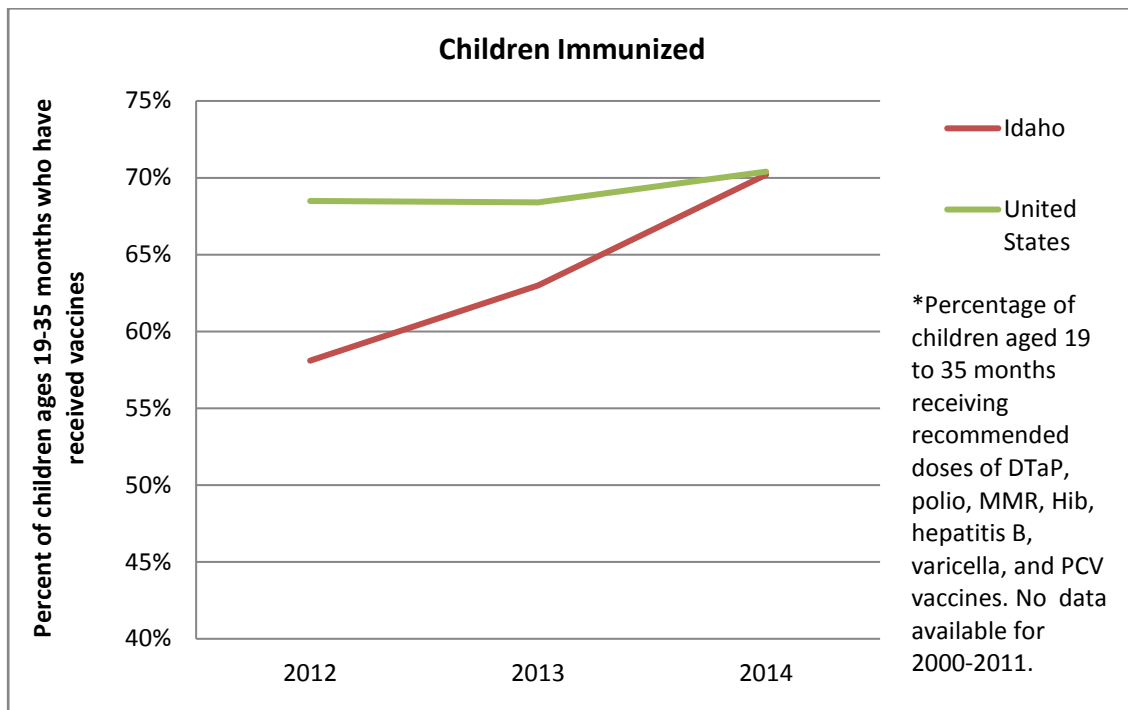


Health Factor Score					
Low score = Low potential for health impact			High score = High potential for health impact		
	Trend: Better/Worse	Prevalence versus U.S. Average	Severe/ Preventable	Magnitude: Root Cause	Total Score
Dental Visits	2	3	3	2	10

- **Childhood and Adolescent Immunizations**

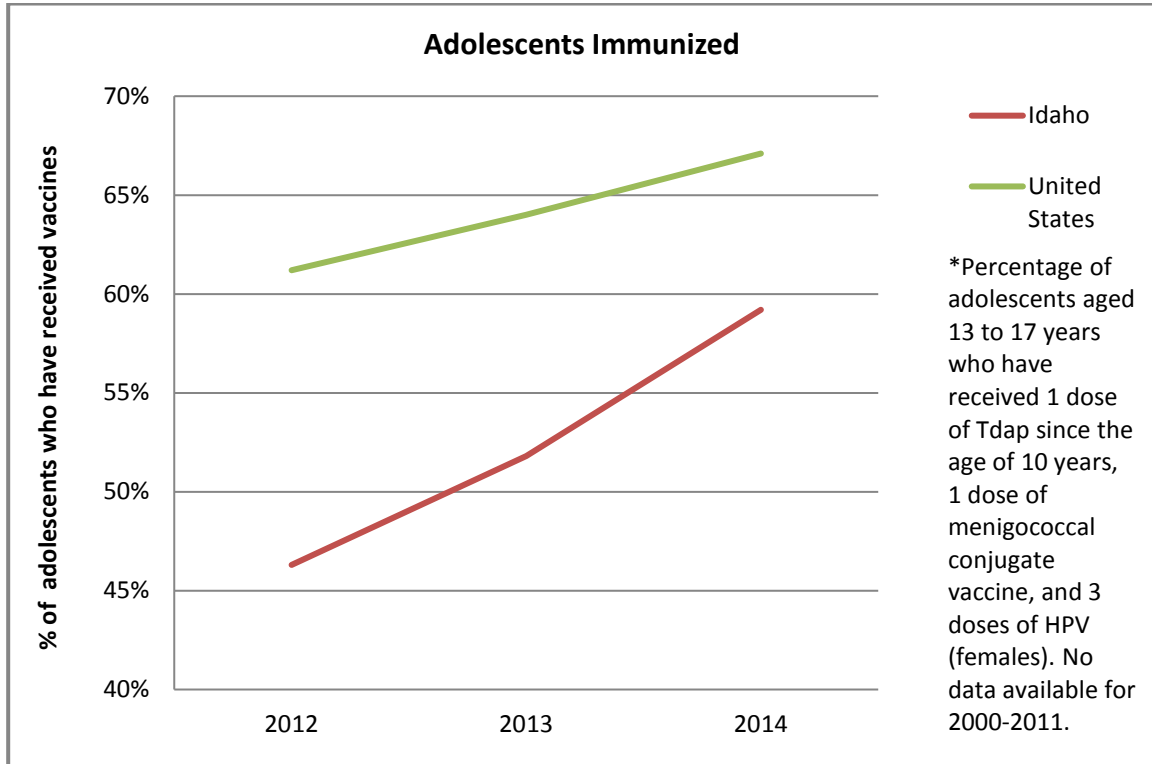
In the U.S., vaccines have reduced or eliminated many infectious diseases that once routinely killed or harmed many infants, children, and adults. However, the viruses and bacteria that cause vaccine-preventable disease and death still exist and can be passed on to people who are not protected by vaccines. 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 over the past two years and in 2014 was about the same as the national average. In the past, Idaho's immunization rates have often been among the worst in the nation.¹⁵²



¹⁵² America's Health Rankings 2015, www.americashealthrankings.org

The chart, below, shows the percentage of adolescents aged 13 to 17 years who have received 1 dose of Tdap since the age of 10 years, 1 dose of meningococcal conjugate vaccine, and 3 doses of HPV (females).



While Idaho immunization rates are approximately the same as the national average for children, we are below the national average for adolescents. As children age, immunity from the childhood vaccine DTaP diminishes, and a Tdap booster is needed at age 11 or 12 years to maintain protection against tetanus, diphtheria, and pertussis. This booster provides protection for the immunized teen, as well as those that they come into contact with, which is especially important for infants and the elderly.

There are proven methods to increase the rate of vaccinations that include ways to increase demand or improve access through provider-based innovations.¹⁵³

Health Factor Scoring					
	Trend: Better/Worse	Prevalence versus U.S.	Severe/ Preventable	Magnitude: Root Cause	Total Score
Childhood immunizations	1	3	3	2	9

¹⁵³ Ibid

- **Mental Health Service Providers**

Adams and Valley counties both are listed as mental health professional shortage areas as of March 2012.¹⁵⁴ Our shortage of mental health professionals is especially concerning given the high suicide and mental illness rates in Idaho as documented in previous sections of our CHNA.

Specifically, the rate of psychiatrists per 100,000 people in Idaho was 5.2 in 2009. This remains the lowest rate of psychiatrists in the nation and less than half of the national average of 11 psychiatrists per 100,000 people. Idaho’s rate of psychologists was 10.7 per 100,000 in 2011, which represented only about one third of the national average of 30.7. The rate of family therapy counselors in Idaho was also below the national average. However, the rate of general counselors and licensed clinical social workers were both above the national average in 2011.¹⁵⁵

Health Factor Score					
Low score = Low potential for health impact			High score = High potential for health impact		
	Trend: Better/Worse	Prevalence versus U.S. Average	Severe/ Preventable	Magnitude: Root Cause	Total Score
Mental health service providers	2	4	4	2	12

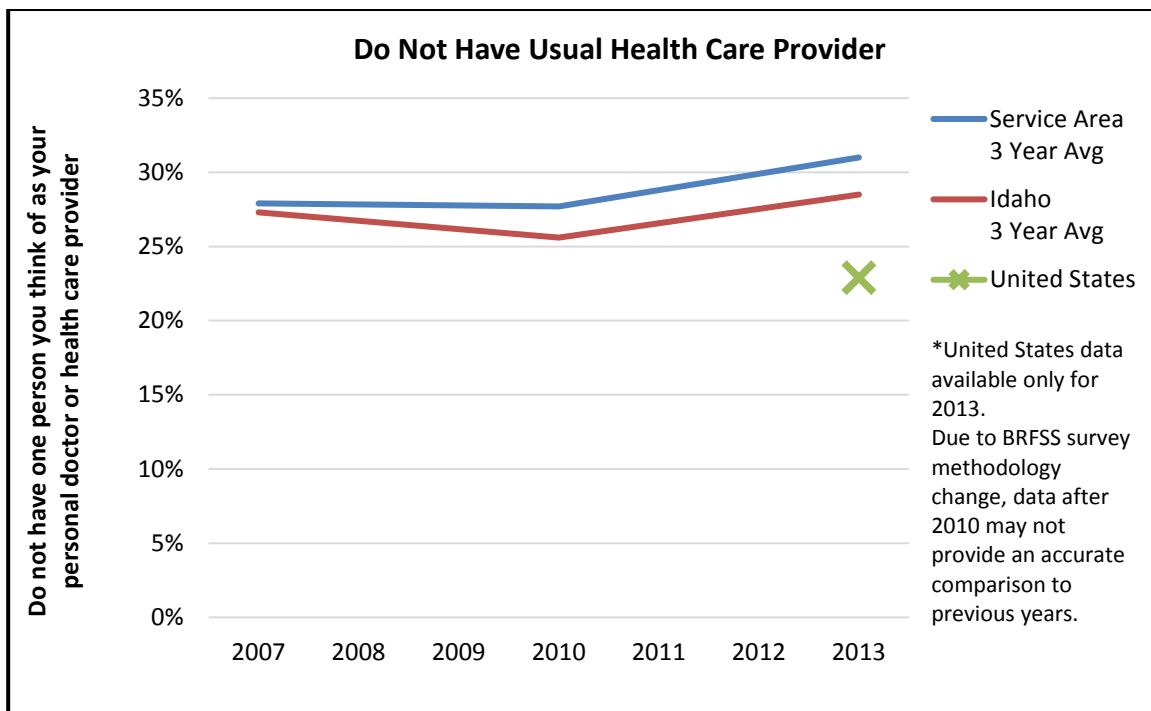
¹⁵⁴ Health Services and Resource Administration Data Warehouse, Mental Health Care HPSAs PDF <http://datawarehouse.hrsa.gov/hpsadetail.aspx#table>

¹⁵⁵ Mental Health, United States, 2012 Report SAMHSA www.samhsa.gov

- **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.¹⁵⁶

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 graph below shows the percentage of people in our service area without a usual health care provider is higher than it is in the nation as a whole.¹⁵⁷



Health Factor Score					
Low score = Low potential for health impact			High score = High potential for health impact		
	Trend: Better/Worse	Prevalence versus U.S. Average	Severe/ Preventable	Magnitude: Root Cause	Total Score
No usual health care provider	2	3	2	3	10

¹⁵⁶ <http://www.hrsa.gov/healthit/toolbox/Childrenstoolbox/BuildingMedicalHome/whyimportant.html>

¹⁵⁷ Idaho and National 2002 – 2013 Behavioral Risk Factor Surveillance System

Social and Economic Factors

County Health Rankings Social and Economic Factors

- **Education: High School Graduation and Some College**

Several theories attempt to explain how education affects health outcomes. First, education often results in jobs that pay higher incomes. Access to health care is a particularly important resource that is often linked to jobs requiring a certain level of educational attainment. However, when income and health care insurance are controlled for, the magnitude of education's effect on health outcomes remains substantive and statistically significant.

The labor market environment is also thought to contribute to health outcomes. People with lower educational attainment are more likely to be affected by variations in the job market. Unemployment rates are highest for individuals without a high school diploma compared with college graduates. Evidence shows that the unemployed population experiences worse health and higher mortality rates than the employed population.

Health literacy can help explain an individual's health behaviors and lifestyle choices. There is a striking difference between health literacy levels based on education. Only 3% of college graduates have below basic health literacy skills, while 15% of high school graduates and 49% of adults who have not completed high school have below basic health literacy skills. Adults with less than average health literacy are more likely to report their health status as poor.

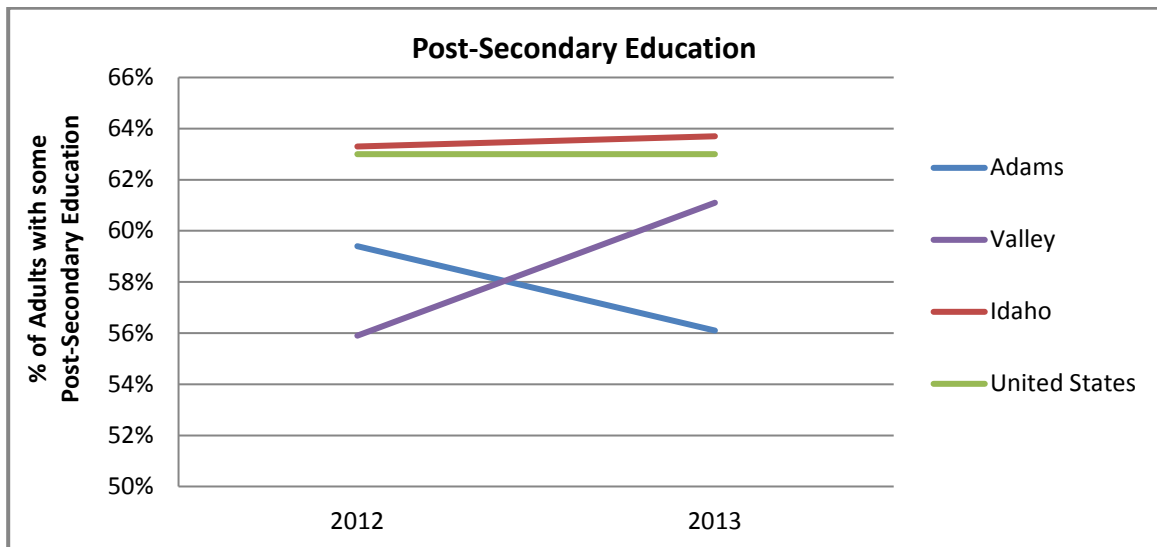
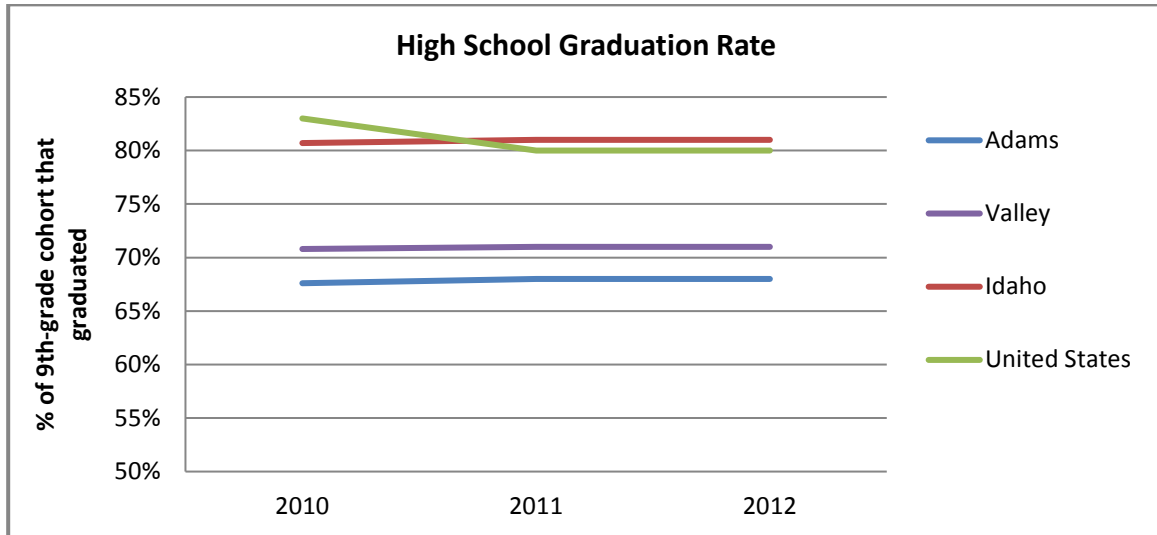
One's education level affects not only his or her health, but education can have multigenerational implications that make it an important measure for the health of future generations. Evidence links maternal education with the health of her children. The education of parents affects their children's health directly through resources available to the children, and also indirectly through the quality of schools that the children attend.

Finally, education influences a variety of social and psychological factors. Evidence shows the more education an individual has, the greater his or her sense of personal control. This is important to health because people who view themselves as possessing a high degree of personal control also report better health status and are at lower risk for chronic disease and physical impairment.

Two measures are used in an attempt to capture the formal years of education within the population. The first measure reports the percent of the ninth grade cohort that graduates high school in four years. The high school graduation data was collected from state Department of Education websites. The second measure reports the percentage of

the population ages 25-44 with some post-secondary education. These data sets are provided by the American Community Survey (ACS).¹⁵⁸

The high school graduation rate for our community is well below the national average. Community post-secondary education is also below the national average.



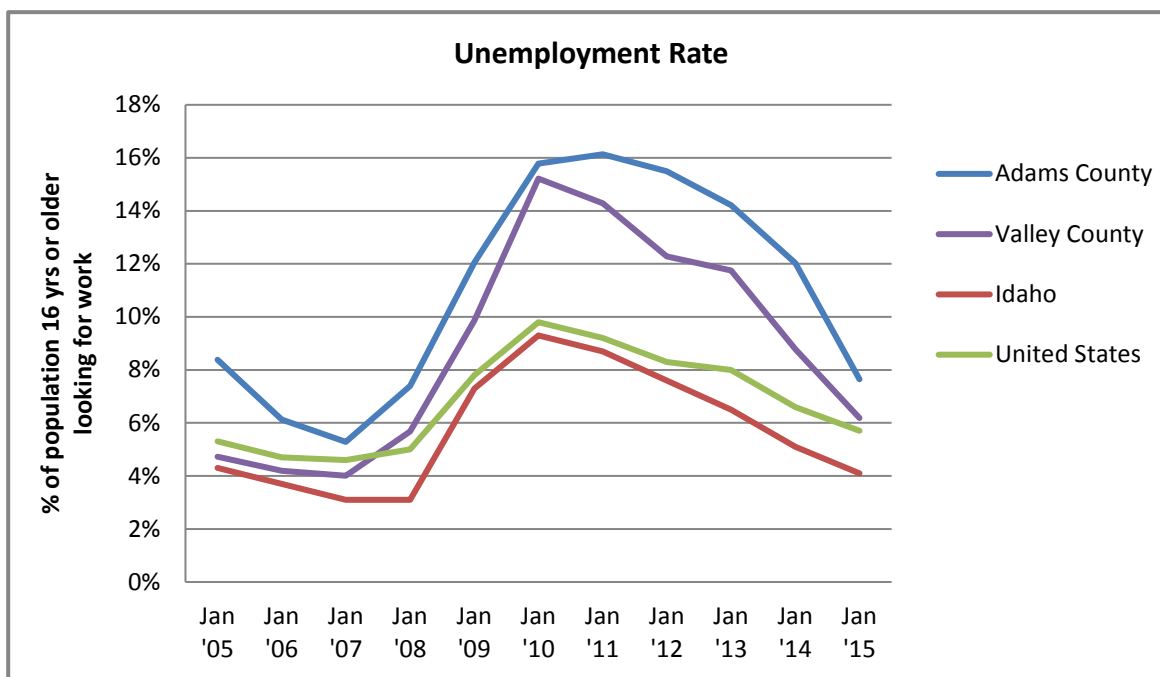
Health Factor Score					
Low score = Low potential for health impact			High score = High potential for health impact		
	Trend: Better/Worse	Prevalence versus U.S. Average	Severe/ Preventable	Magnitude: Root Cause	Total Score
Education	2	4	2	3	11

¹⁵⁸ University of Wisconsin Population Health Institute. *County Health Rankings 2012-2015*. Accessible at www.countyhealthrankings.org.

- **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 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.¹⁵⁹

The unemployment rate in Idaho and our service area has been trending down since 2011 and is approaching the longer term, healthier rates for our area.¹⁶⁰



Health Factor Score					
Low score = Low potential for health impact			High score = High potential for health impact		
	Trend: Better/Worse	Prevalence versus U.S. Average	Severe/ Preventable	Magnitude: Root Cause	Total Score
Unemployment	1	3	1	4	9

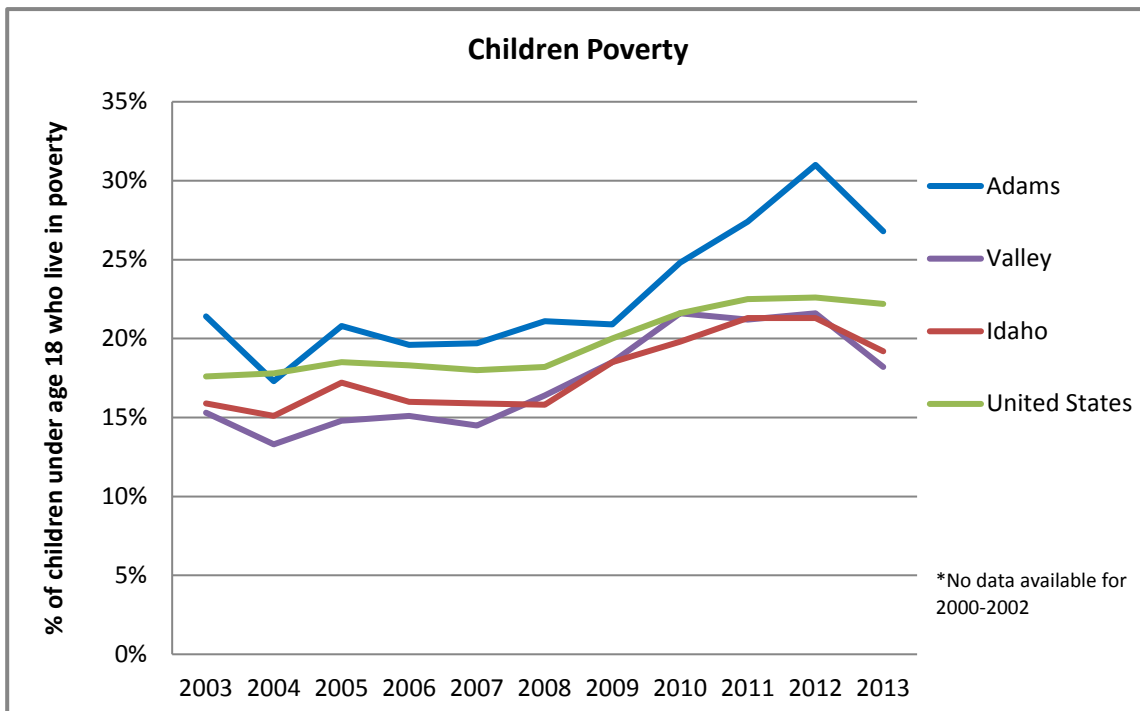
¹⁵⁹ University of Wisconsin Population Health Institute. *County Health Rankings 2012-2015*. Accessible at www.countyhealthrankings.org.

¹⁶⁰ National Source: National Bureau of Labor Statistics, www.bls.gov. Idaho Source: Idaho Department of Labor www.bls.gov

- **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).¹⁶¹

Although the trend has started to improve, the percent of children in poverty increased substantially since 2008 both nationally and in our service area. The prevalence of children in poverty in Valley County is well below the national average, but for Adams County the percent of children in poverty is above the national average.¹⁶²



Health Factor Score					
Low score = Low potential for health impact			High score = High potential for health impact		
	Trend: Better/Worse	Prevalence versus U.S. Average	Severe/ Preventable	Magnitude: Root Cause	Total Score
Children in Poverty	3	2	3	3	11

¹⁶¹ University of Wisconsin Population Health Institute. *County Health Rankings 2012-2015*. Accessible at www.countyhealthrankings.org.

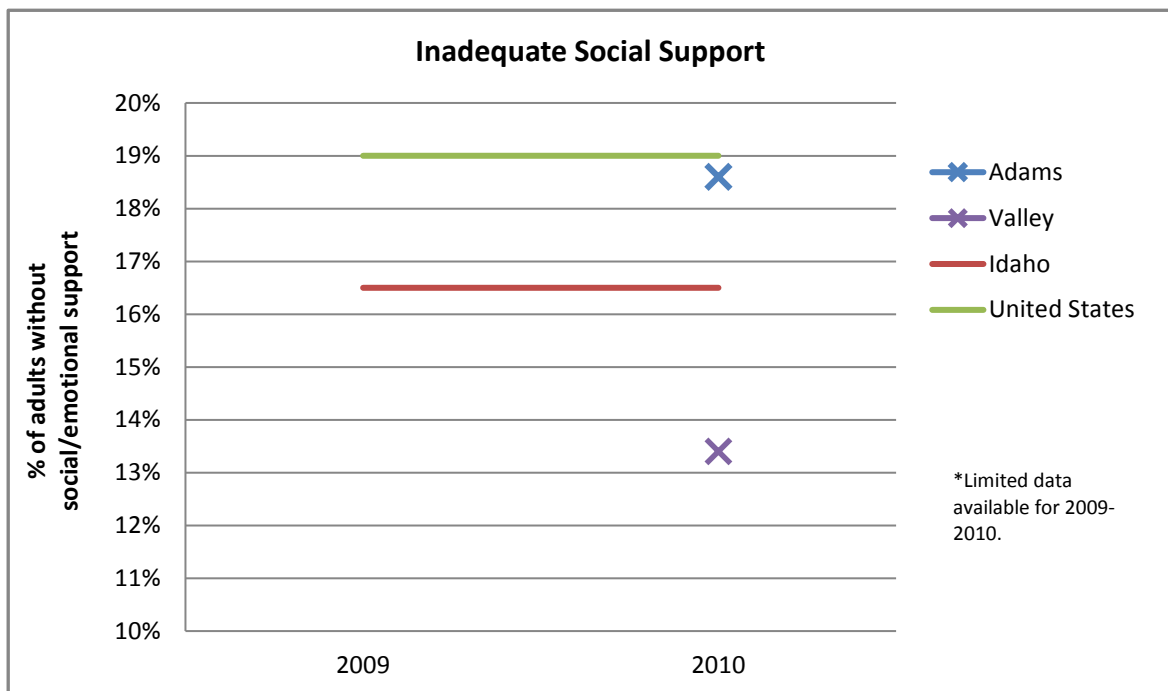
¹⁶² Source: Small Area Income and Poverty Estimates (SAIPE). <http://www.census.gov/did/www/saibe/data/statecounty/data/index.html>

- **Inadequate Social Support and Single-Parent Households**

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) percent of adults reporting that they do not receive the social and emotional support they need 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. The social isolation measure reports the percentage of adults without social/emotional support.¹⁶³

The percent of people with inadequate social support in in our community is below the national average.¹⁶⁴



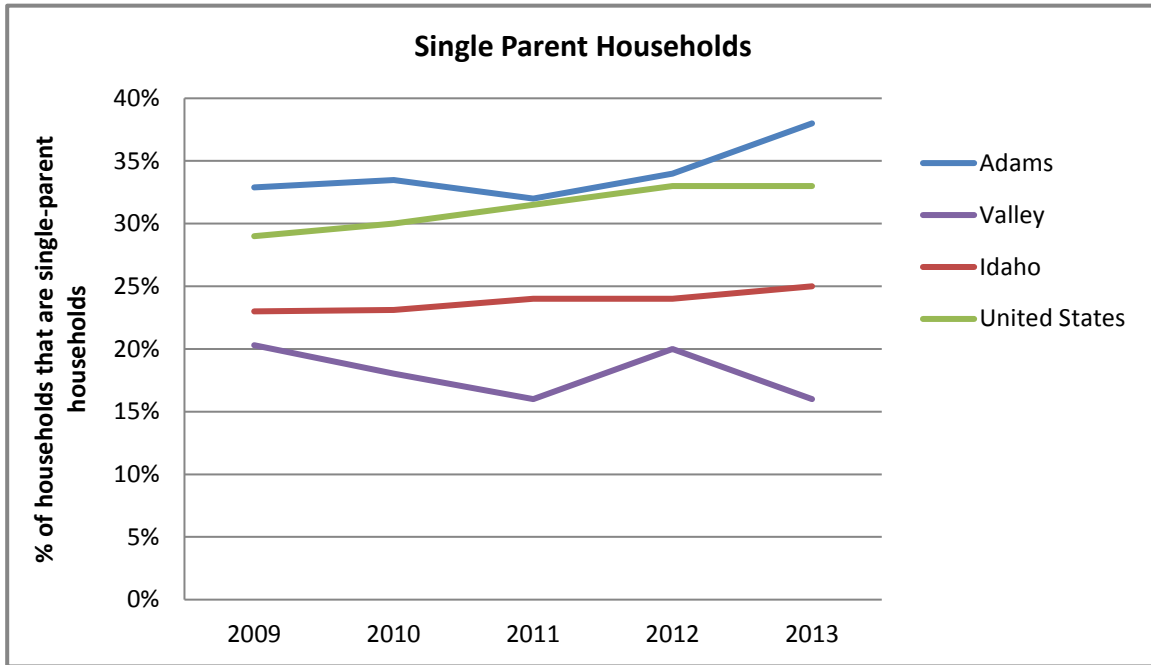
Similar to socially isolated individuals, adults and children in single-parent households are at risk for both adverse health outcomes such as mental health problems (including substance abuse, depression, and suicide) and unhealthy behaviors (including smoking and excessive alcohol use). Not only is self-reported health worse among single parents,

¹⁶³ University of Wisconsin Population Health Institute. *County Health Rankings* 2012. Accessible at www.countyhealthrankings.org.

¹⁶⁴ Ibid

but mortality risk also is higher. Likewise, children in these households also experience increased risk of severe morbidity and all-cause mortality.

The percent of people living in single parent households is well below the national average for Valley County and slightly above the national average for Adams County.¹⁶⁵



Health Factor Score					
Low score = Low potential for health impact			High score = High potential for health impact		
	Trend: Better/Worse	Prevalence versus U.S. Average	Severe/ Preventable	Magnitude: Root Cause	Total Score
Inadequate social support	2	2	2	3	9

¹⁶⁵ Ibid

Community Safety

Injuries through accidents or violence are the third leading cause of death in the United States, and the leading cause for those between the ages of one and 44. 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 50 million Americans receive medical treatment for injuries each year, and more than 180,000 die from these injuries.

Car accidents are the leading cause of death for those ages five to 34, and result in over 2 million emergency department visits for adults annually. 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 young children.

In 2012, more than 6.8 million violent crimes such as assault, robbery, and rape were committed in the nation. Each year, 18,000 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.

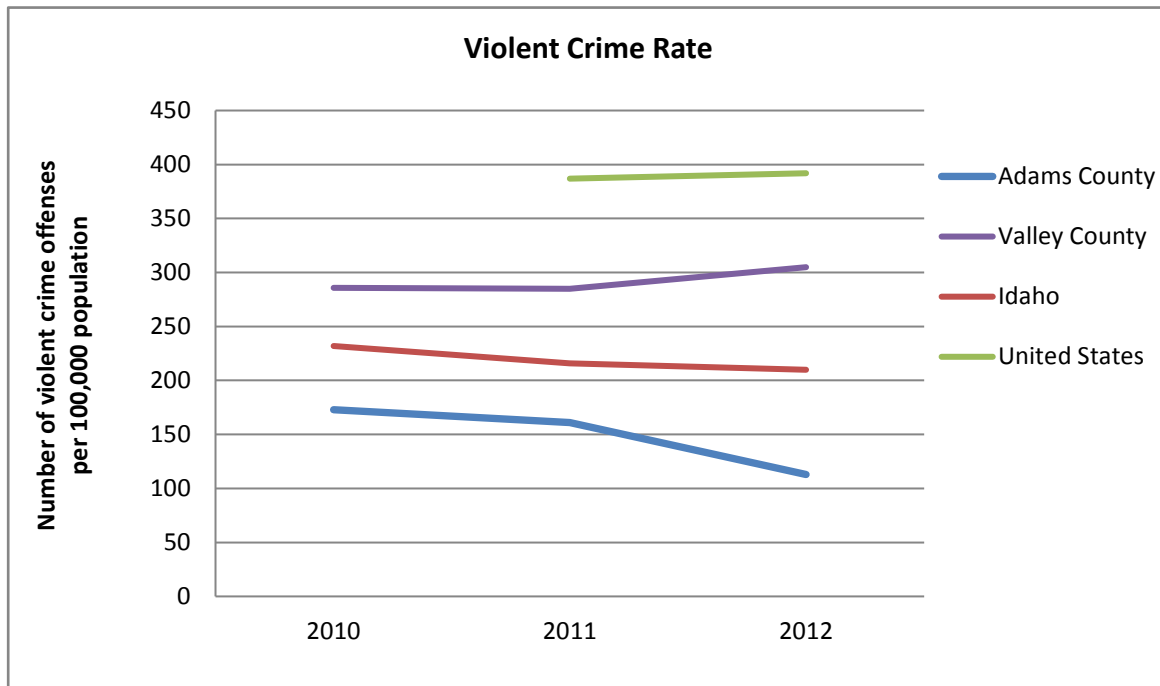
Injuries generate \$406 billion in lifetime medical costs and lost productivity every year, \$37 billion of which are from violence. Communities can help protect their residents by adopting and implementing policies and programs to prevent accidents and violence. ¹⁶⁶

¹⁶⁶ Ibid.

- **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 community are significantly better than the national average.¹⁶⁷



Health Factor Score					
Low score = Low potential for health impact			High score = High potential for health impact		
	Trend: Better/Worse	Prevalence versus U.S. Average	Severe/ Preventable	Magnitude: Root Cause	Total Score
Violent Crime	2	0	2	2	6

¹⁶⁷ Ibid

Physical Environment Factors

County Health Rankings Physical Environment Factors

Air and Water Quality

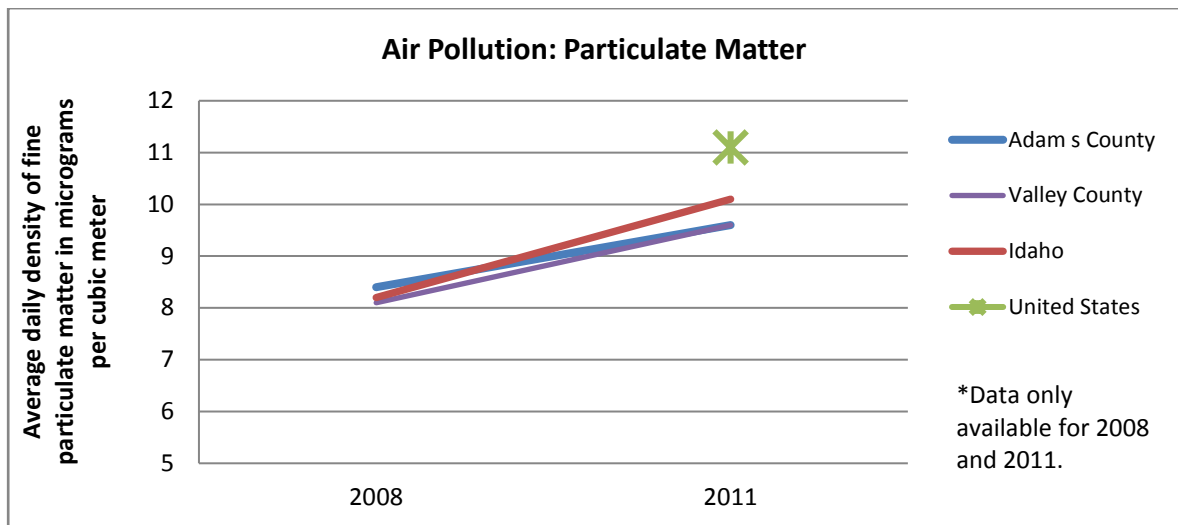
Clean air and water support healthy brain and body function, growth, and development. Air pollutants such as fine particulate matter can harm our health and the environment. Air pollution is associated with increased asthma rates and can aggravate asthma, emphysema, chronic bronchitis, and other lung 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 in the US.

A recent study 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.

Communities can adopt and implement various strategies to improve and protect the quality of their air and water, supporting healthy people and environments.¹⁶⁸

- **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.¹⁶⁹



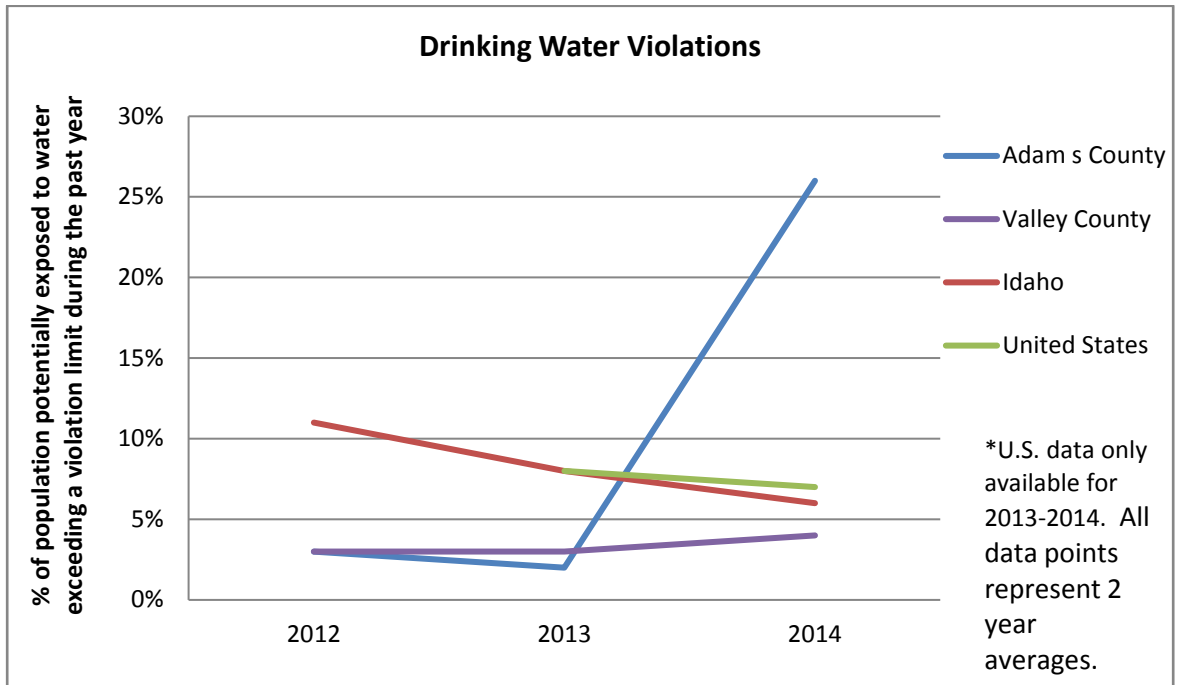
¹⁶⁸ Ibid

¹⁶⁹ Ibid

Health Factor Score					
Low score = Low potential for health impact			High score = High potential for health impact		
	Trend: Better/Worse	Prevalence versus U.S. Average	Severe/ Preventable	Magnitude: Root Cause	Total Score
Air pollution	2	2	2	2	8

- 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 normally below the national average, although Adams County had violations above the national average in 2014.¹⁷⁰



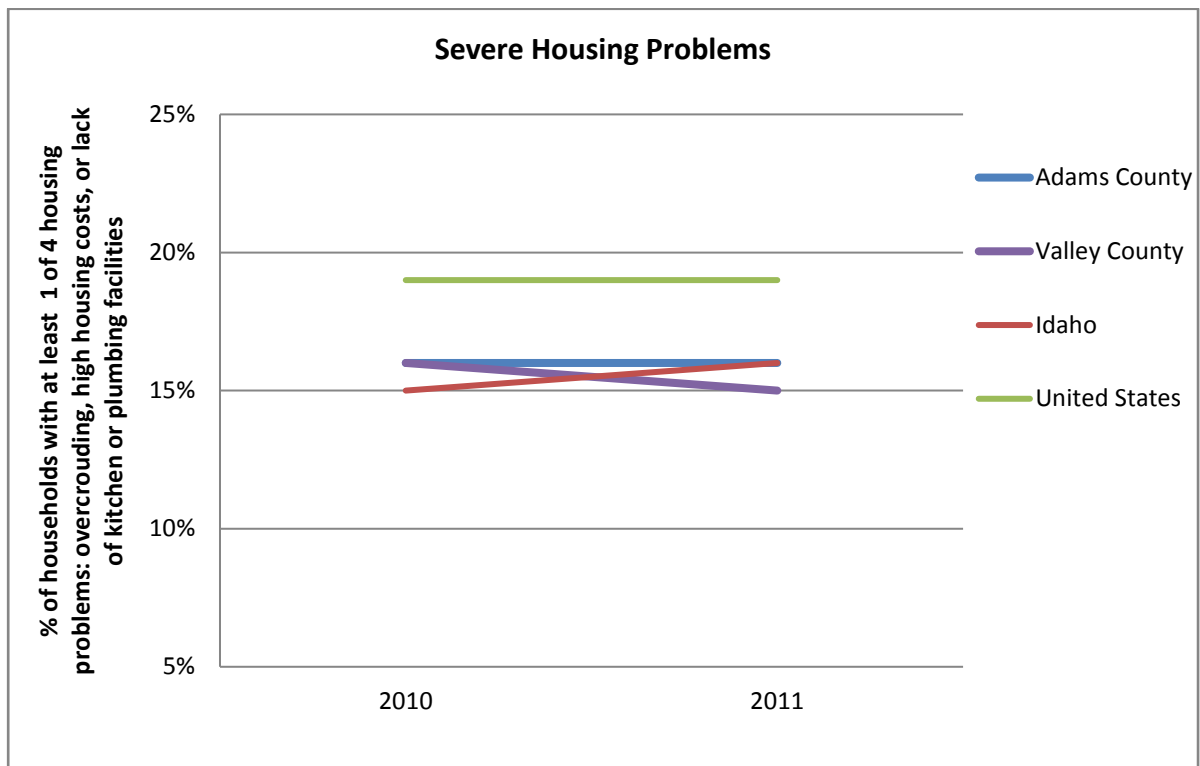
Health Factor Score					
Low score = Low potential for health impact			High score = High potential for health impact		
	Trend: Better/Worse	Prevalence versus U.S. Average	Severe/ Preventable	Magnitude: Root Cause	Total Score
Drinking Water Violations	2	2	2	2	8

¹⁷⁰ Ibid

- **Severe Housing Problems**

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 that are 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. ¹⁷¹

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



Health Factor Score					
Low score = Low potential for health impact			High score = High potential for health impact		
	Trend: Better/Worse	Prevalence versus U.S. Average	Severe/ Preventable	Magnitude: Root Cause	Total Score
Severe Housing Problems	2	2	1.5	3	9.5

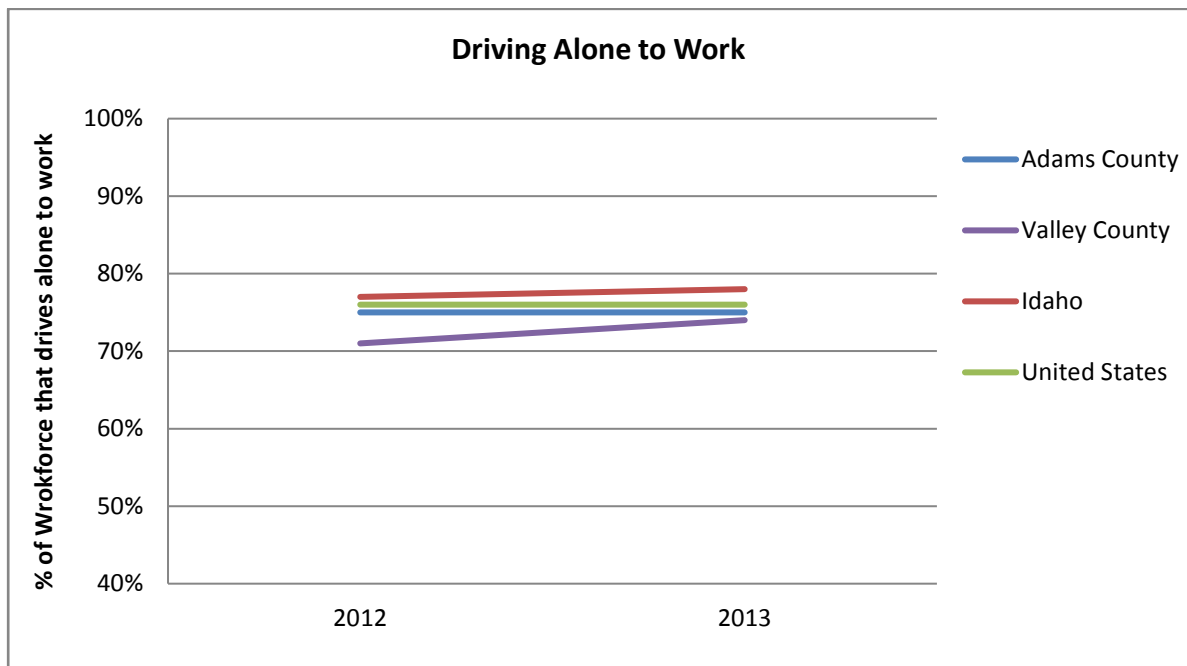
¹⁷¹ Ibid

- **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 walking, biking, taking public transit, or carpooling. The most damaging to the health of communities is individuals commuting alone. In most counties, this is the primary form of transportation to work.

The American Community Survey (ACS) is a critical element in the Census Bureau's reengineered decennial census program. The ACS collects and produces population and housing information every year instead of every ten years. The *County Health Rankings* use American Community Survey data to obtain measures of social and economic factors.

Our service area has approximately the same percent of people driving to work alone as the national average.¹⁷²



Health Factor Scoring					
	Trend: Better/Worse	Prevalence versus U.S. Average	Severe/ Preventable	Magnitude: Root Cause	Total Score
Driving Alone to Work	2	2	1	2	7

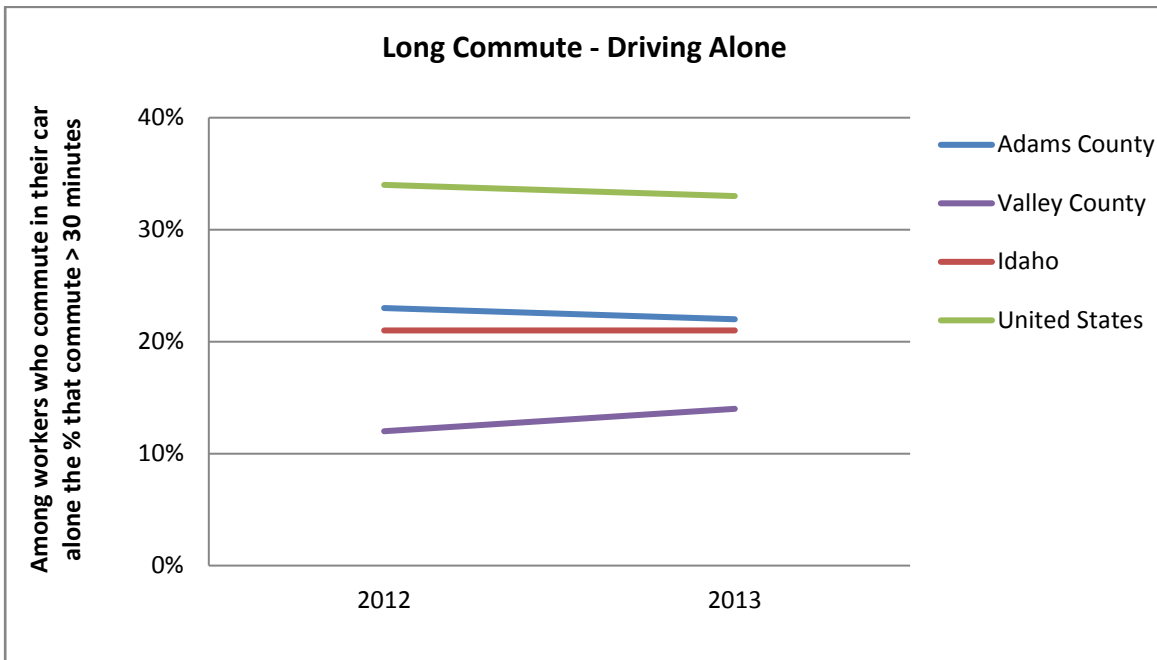
¹⁷² Ibid

- **Long Commute - Driving Alone**

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 percent increase in the likelihood of obesity.

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



Health Factor Scoring					
	Trend: Better/Worse	Prevalence versus U.S. Average	Severe/ Preventable	Magnitude: Root Cause	Total Score
Long Commute	2	0	1	2	5

Community Input

Community input for the CHNA is obtained through two methods:

- First, we conduct in-depth interviews with community representatives possessing extensive knowledge of health and affected populations in our community.
- Second, feedback is collected from community members regarding the 2013 CHNA and the corresponding implementation plan. We use this input to compile and develop the 2016 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, more independent 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 1 to 10. 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 second column of the table below. Finally, the representatives' comments as well as suggested solutions regarding each need are summarized in the third column of the table.

Health Behavior Needs		
Potential Health Needs	Average Score	Summary of Community Representatives' Comments
Access to healthy foods	6.2	Most community representatives agree that there are significant limitations to accessing healthy foods in Valley and Adams counties. Numerous people stress that affordability prohibits accessibility. In addition, the seasons affect availability. Obtaining fresh produce in winter months is especially difficult. Communities offer some successful programs that encourage healthy eating, including, but not limited to: A garden bed program in Cascade; a backpack program for kids to take food home over the weekend and healthy snacks in the school; and the senior center.

<p>Exercise programs/education/opportunities</p>	<p>6.1</p>	<p>Some interviewees believe that there are numerous opportunities for exercise, given the built environment. “This area is a winter/summer playground.” Others see a need for low-cost exercise programs or a recreation center for families and adults. Communities outside of McCall especially have a need for a small gym.</p>
<p>Nutrition Education</p>	<p>6.2</p>	<p>“Eating right is the foundation of wellbeing.” The community recognizes the value of healthy eating and programs are being developed to create more opportunities for nutrition education.</p> <p>Suggestions:</p> <ul style="list-style-type: none"> • Provide a stretching your dollar for buying healthy foods course. • The Affordable Care Act should encompass and provide coverage for nutrition education. • “The school has a garden, but there is no community garden for adults. There is a need for a program to educate people on growing a garden, canning and opening a commercial kitchen. People could learn how to can healthy produce for the long winter.” (New Meadows)
<p>Safe sex education programs</p>	<p>5.3</p>	<p>Sex education is well addressed via the Central Health District Department and in the schools. Community members express a need for greater parental involvement.</p> <p>Suggestion:</p> <ul style="list-style-type: none"> • Provide an opportunity for parents to gain more education and counseling. Empower parents and guardians to be able to better support their teens.

Substance abuse services and programs	8.2	<p>Members of the community recognize the need for more medical professionals, support groups and especially for a treatment facility. “There is nowhere for substance abusers to go, so they inappropriately go to the emergency room or jail.” People who have the means, travel to other parts of the state or even out of state to gain treatment. The community is working on applying for grants and is in need of legislative support.</p>
Tobacco prevention and cessation programs	6.6	<p>Representatives, especially outside of the city of McCall, observe heavy tobacco use and express a great need for prevention and cessation programs. Others note that the focus needs to be on prevention and schools and physicians do a good job of addressing the subject.</p> <p>Suggestions:</p> <ul style="list-style-type: none"> • “The age for buying cigarettes should be increased to 21 years old. If people are able to make it through adolescent years maintaining good habits, they are much less apt to start in on an unhealthy habit in their adulthood.” • Add the option to select “tobacco cessation programs” and corresponding details to the medical record system so medical professionals can easily refer patients.
Weight management programs	6.2	<p>People are recognizing that obesity related conditions are on the rise. They are seeing an increasing amount of overweight people, especially children. The hospital offers classes; however, interviewees note that the teaching could be more effective and classes need to be more affordable. The Adams County Health Center organizes a weight loss challenge that has been very effective.</p> <p>Suggestion:</p> <ul style="list-style-type: none"> • Provide free brown bag weight management sessions throughout the area.

<p>Wellness and prevention programs (for conditions such as high blood pressure, skin cancer, depression, etc.)</p>	<p>6.6</p>	<p>Community representatives recognize the health value and savings to gain by providing wellness and prevention programs. There is a need emphasize the importance of these opportunities and continue to build upon the current programs. Some note that there are programs available, but that self-motivation is the “biggest health deterrent.” Numerous interviewees express a need for mental wellness programs. “There is a need around teaching people how to cope with stress and take care of the brain.”</p> <p>Suggestion:</p> <ul style="list-style-type: none"> • “Provide a seasonal affective disorder program in the fall and winter. It is important not to label programs depression screening as it intimidates people from participating.”
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<p>Clinical Care Access and Quality Needs</p>		
<p>Potential Health Needs</p>	<p>Average Score</p>	<p>Summary of Community Representatives' Comments</p>
<p>Affordable care for low income individuals</p>	<p>8.0</p>	<p>There are many people in Adams and Valley counties that fall into the ‘coverage gap’ and cannot afford the high premiums. Community representatives report that members are forgoing care altogether or waiting until there is an emergency to seek care. More specifically, there is a need for affordable medication. “People are having to choose between [prescription] drugs and food.”</p>

Affordable dental care for low income individuals	6.9	Patients are having to travel to Council or Boise to receive free or subsidized dental care. There is a need for affordable dental care for specific procedures such root canals or receiving dentures. “The status of your mouth is a sign of one’s socio economic status. It’s a direct sign of the haves and have nots. There needs to be an even playing field and affordable access to dental care.”
Affordable health insurance	7.6	<p>Overall, interviewees report an increase in the amount of community members carrying health insurance, but note that there are still many who fall into the ‘coverage gap’ and are left without. “Those with insurance are over-resourced & over-doctored and those without, have nothing.” One representative shares that ambulance rides have significantly increased since the Affordable Care Act commenced.</p> <p>Suggestions:</p> <ul style="list-style-type: none"> • Provide education to the elderly population that addresses what Medicare covers and does not cover. “People do not know what they are paying for.” • Expand Medicaid.
Availability of behavioral health services (providers, suicide hotline, etc.)	8.4	<p>“This is a glaring deficiency for Idaho.” Community representatives express a desperate need for psychiatrists, behavioral health specialists and an inpatient treatment facility. “There is a need for mental health services and for support. Some people are solely dependent on family members for care and are not receiving any professional help at all since it is not available nearby.”</p> <p>Suggestion:</p> <ul style="list-style-type: none"> • Provide training opportunities to law enforcement, first responders, caregivers or anyone interested in how to best manage situations involving behavioral health challenges.

Availability of primary care providers	4.5	McCall has a strong team of primary care providers available. People in the surrounding rural communities typically have to travel into McCall for care.
Chronic disease management programs	6.4	Representatives express a need for greater education around managing chronic disease and awareness of the available programs. Added support groups around specific conditions would add value as well.
Immunization programs	5.2	<p>Overall, the opportunity to receive immunizations are readily available. There is a need to continue to provide education and awareness around the choice to be immunized. Adult immunizations also need to be made easy to access and affordable. Transportation may be a limitation to people in some areas of Valley and Adams counties.</p> <p>Suggestion:</p> <ul style="list-style-type: none"> • Provide a travel immunization clinic in the region. It was reported that people are traveling to Meridian to the Travel Medicine and Immunization Clinic to seek the needed immunizations.
Improved health care quality	4.5	Community members express gratitude and satisfaction in the level of care they are receiving. One specific need to note is for faster referrals from primary care physicians to specialty care providers.
Integrated, coordinated care (less fragmented care)	6.1	“There is a need to strive to be patient centered.” The electronic medical record has helped to improve integration and coordination. Patients are observing needs for greater coordination between the hospital and independent clinics and the hospital and behavioral health services.

Prenatal care programs	4.1	The vast majority of interviewees are satisfied with the prenatal care programs currently available and do not see additional needs. One representative would like to see more services made available by the Idaho Women, Infants and Children (WIC) Program in rural areas.
Screening programs (cholesterol, diabetic, mammography, etc.)	5.3	<p>“The free screening clinics that are offered make a big difference.” The challenge is affordability and accessibility, especially for those in rural areas.</p> <p>Suggestion:</p> <ul style="list-style-type: none"> • Create a one-page educational piece listing various screenings and to what populations they would apply to and how often the screening is recommended.

Social and Economic Needs		
Potential Health Needs	Average Score	Summary of Community Representatives' Comments
Children and family services	6.7	Community representatives note that certain areas in Adams and Valley counties are very economically depressed and families need additional assistance. The most commonly mentioned needs are for: 1) childcare and ongoing parenting courses particularly in small towns outside of McCall, 2) Child Protective Services and 3) an affordable family recreation center. Any affordable opportunities to support family unity is beneficial to the community. Western Idaho Community Action Partnership (WICAP) does a good job of addressing some of the need.

		<p>Suggestion:</p> <ul style="list-style-type: none"> • ‘CLIMB’ is an organization located in Jackson Hole, Wyoming that provides housing, parental support and an associate’s degree to young females raising children. They have a very high graduation/success rate.
Disabled services	5.9	<p>There are a couple of good services offered to people with a different ability in McCall – e.g. MYST Mentoring and The Yellow Lantern. However, there is a population that receives primarily in-home care that could be better integrated into the community. There are logistical challenges for those living outside of McCall and in different areas of Valley and Adams County. Integration opportunities and job training for the disabled population would be a benefit to the community.</p>
Early learning before kindergarten (such as a Head Start type program)	5.7	<p>Early learning education is of value to the community, but opportunities are limited. “<i>Head Start</i> is available in Donnelly and Council, but there is a need for expansion.” There tend to be long waiting lists and the programs are not necessarily affordable for most families.</p>
Education: Assistance in achieving good grades in kindergarten through high school	5.0	<p>There are a couple after-school and tutoring options available. Adding the opportunity for mentorships would enhance a student’s experience. Community representatives express the need for parental, family and church involvement to empower youth.</p> <p>Suggestion:</p> <ul style="list-style-type: none"> • Create a program for high school honors students to tutor younger students. The tutors could gain volunteer experience or earn money to help save for college.

<p>Education: College education support and assistance programs</p>	<p>5.1</p>	<p>Community representatives speak highly of the schools and the assistance they offer to help students attain further education. Counselors are supportive and some schools offer advanced courses for students to gain college credit. Additionally, there are local scholarships available. There is a need for further parental support.</p>
<p>Elder care assistance (help in taking care of older adults)</p>	<p>6.8</p>	<p>McCall offers a few services and facilities. There is an expressed need for improved quality and for affordable assisted living. People recognize the aging population is growing and there are many independent seniors who want to stay home and in their home town. This drives the need for more in-home caregivers. Other needs to note include: 1) a memory care clinic, 2) support groups for families and caregivers and 3) long term care options in towns outside of McCall.</p>
<p>End of life care or counseling (care for those with advanced, incurable illness)</p>	<p>5.6</p>	<p>Many report that hospice does a great job of tending to those in need of end of life care.</p>
<p>Homeless services</p>	<p>4.9</p>	<p>There are organizations that offer temporary assistance to those in need. Services include a 1-night hotel voucher, food and a bus ticket. There are not many visibly homeless people, but some suspect that there is a small hidden population of people living in cars or moving from house to house for temporary accommodations.</p>

Job training services	6.0	The Department of Labor offers job training services, but there are limited employment opportunities available, especially in smaller communities. “There are many people who previously worked in the timber industry, but due to a declining industry or injury, no longer do. If they could learn a new skill set it would change their lives.” There is a need for technical and vocational training.
Legal Assistance	5.6	Community members in need of subsidized legal services primarily travel to Boise to access Idaho Legal Aid Services. There are a few lawyers who provide pro-bono work. A couple of interviewees see a need for local services. Currently the counties absorbs a great deal of legal fees.
Senior services	5.8	Services are available, but participation rates are low in some areas. There is a need for greater promotion as to what is available. Meals on Wheels provides meals to seniors in the McCall area, but the organization had to limit their deliveries to once a week frozen meals. “Seniors need not only the meals, but the daily interaction.”
Veterans’ services	5.5	The veterans of Adams and Valley counties are very active and involved in the community. Historically, veterans have had to travel to Boise to seek care from the Veterans Affairs (VA) Medical Center. The <i>Veterans Choice Program</i> now allows eligible veterans the ability to receive care locally from non-VA facilities. There is a need for more education around this opportunity.

Violence and abuse services	6.6	Community representatives report that there are a relatively high number of domestic violence cases reported. There are limited services available – e.g. Rose Advocates and The Crisis Hotline. “This year counselors are especially flooded due to many struggling economically. “ There are also needs for treatment programs for perpetrators.
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Physical Environment Needs		
Potential Health Needs	Average Score	Summary of Community Representatives' Comments
Affordable housing	8.4	“This is a great need. It’s expensive to live here. The low-cost housing is overcapacity.” Rental costs are disproportionate to the wages earned and vacancy rates are dangerously low. There is also a need for quality construction to withstand winter weather conditions.
Healthier air quality, water quality, etc.	2.9	Overall, interviewees report that the air and water quality are exceptionally good. One community representative notes the need to continue to monitor air quality.
Healthy transportation options (sidewalk, bike paths, public transportation)	6.5	Treasure Valley Transit offers public transportation in Valley County. Community representatives express a need for sidewalk and bike path improvements as well as improved accessibility for those with physical disabilities. “The current sidewalks are not adequate for the disabled, children, exercisers, etc.”

Transportation to and from appointments	5.8	There are transportation options to get people to and from appointments. The public bus system caters to those with special needs and one can arrange to be picked up at the door. The Idaho Transportation Department offers van transportation for those with specialty appointments. St. Luke's now offers transportation between Riggins and McCall. There is a need for a commuter van between McCall and Boise.
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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. The community representative need score is weighted with more than twice as many points (10 points) as the individual health factor data scores for magnitude, severity, prevalence, or trend. Therefore, the representative input has significant influence on the overall prioritization of the health needs.

There are a number of reoccurring themes that frame the way community representatives believe we can improve community health. These themes act as some of the underlying drivers for the way representatives select and score each potential health need. A summary of some of these themes is provided below.

Emphasis on prevention vs. disease management

Many of the community representatives strongly believe that prevention is the most effective approach to improving community health and wellness. For items such as obesity, tobacco use and substance abuse, they recommend allocating resources to youth education and other prevention oriented programs. In contrast, many representatives see great value in helping people stabilize their current chronic condition(s) in order to improve health. They believe providing chronic disease management resources is the most effective route to improved health for the community at large.

The impact of added community resources vs. behavioral choice

Numerous representatives believe that added social services, medical resources and/or improved physical environment are the best ways to address people in need. For example, they believe low-cost children's services, greater access to exercise opportunities, additional psychiatrists and an improved transportation system would help raise the level of health and wellness in the community. However, there are a significant number of people who believe that regardless of how many opportunities are made available, improving health often

comes down to personal choice. Added programs provide little benefit unless individuals are ready to make healthy choices and invest in their own health.

Hub vs. rural locations

Not surprisingly, residents who live near a hospital and other major facilities respond differently than those who live in rural areas and have to make considerable efforts to seek care. Some residents who live in rural areas expect and advocate for more resources to improve and grow their communities. Others believe that limited services are inherent to living in a relatively smaller town.

These perspectives demonstrate the complexity and intricacies of community health. There is wisdom to be gained by listening and carefully reviewing each of the philosophies and experiences shared in the interviews. We invite further input from community members by visiting the St. Luke's public web page and submitting your thoughts. St. Luke's highly values your feedback and will consider the insights provided to shape and implement future change.

Community Health Needs Prioritization

This section combines the community representative need scores with the health factor scores to arrive at a single, ranked set of health needs and factors. The more points a combined health need and factor receive, the higher the overall priority. The process for combining the representative and health factor scores is described in the steps below.

1. Matching Health Needs to Related Health Factors

First, each health representative need is matched to one or more health factors or outcomes. For example, the health need “wellness and prevention programs” is matched to related health outcomes such as diabetes, heart disease, and high blood pressure.

2. Combining the Community Leader and Health Factor Scores to Rank the Needs

Next, the community representative score is added to its related health factor score to arrive at a combined total score. This process effectively utilizes both the community representative information and the secondary health factor data to create a transparent and balanced approach for prioritization. The community representative score represents insights based on direct community experience while the health factor score provides an objective way to measure the potential impact on population health.

The combined results offer information relevant to determining what specific kinds of programs have the greatest potential to improve population health. For instance, if the total score for wellness programs for diabetes is 21 and the total score for wellness programs for arthritis is only 12, it becomes clear that wellness and prevention programs for diabetes have a higher potential population health impact. Combining the representative and health factor scores can also help prioritize adult versus teen needs allowing us to build programs for the most affected population groups.

Out of the over 60 health needs and factors we analyze in our CHNA, eight have scores of 18 or higher. These health needs comprise **the top 10th percentile** and **are considered to be our significant, high priority health needs**. These high priority needs are highlighted in dark orange in the summary tables found on the following pages.

The summary tables provide each health need’s prioritization score as well as demographic information about the most affected populations. Demographic data defining affected populations is important because it tells us when people with low incomes, no college education, or ethnic minorities suffer disproportionately from specific health conditions or from barriers to health care access.

Health Behavior Category Summary

Our community’s high priority needs in the health behavior category are wellness and prevention programs for obesity, mental illness, substance abuse, and tobacco use. Our community health representatives provided relatively high scores for these needs. In addition, obesity ranks as high priority needs because it is trending higher and is a contributing factors to a number of other health concerns. Mental illness also ranks high because Idaho has one of the highest percentages of any mental illness (AMI) in the nation.

Some populations are more affected by these health needs than others. For example, people with lower income and educational levels in our community have higher rates of substance abuse and obesity.

Health Behavior Needs Summary Table

<i>Table Color Key</i>	
<i>Dark Orange = High priority (total score in the top 10th percentile)</i>	
<i>White = Total score below the 10^h percentile</i>	

Identified Community Health Needs	Related Health Factors and Outcomes	Populations Affected Most*	Total Score
Wellness and prevention programs	Obese/Overweight adults	Income <\$75,000, Hispanic, No college degree	20.6
Weight management programs	Obese/Overweight adults	Income <\$75,000, Hispanic, no college degree	20.2
	Obese/Overweight teenagers	Income <\$35,000, Hispanic	19.2
Wellness and prevention programs	Mental illness		19.6
Substance abuse services and programs	Excessive drinking	Income <\$35,000, No high school diploma, Males 18-34	20.2
Substance abuse services and programs	Illicit drug use	Unemployed, incomes <\$50,000, males < 34 years old	18.2
Tobacco prevention and cessation programs	Smoking adult	Income < \$35,000, No high school diploma	18.6

Health Behavior Needs Summary Table, Continued

Identified Community Health Needs	Related Health Factors and Outcomes	Populations Affected Most*	Total Score
Tobacco prevention and cessation programs	Smoking teen		16.6
Access to healthy foods	Food environment		15.2
Exercise programs/education/opportunities	Access to exercise opportunities		15.1
	Adult physical activity	Income < \$50,000, Hispanic, No college	14.1
	Teen exercise		15.1
Nutrition education	Adult nutrition	No college	17.2
	Teen nutrition		16.2
Safe sex education programs	Sexually transmitted infections		13.3
	Teen birth rate		11.3
Substance abuse services and programs	Alcohol impaired driving deaths		15.2

Health Behavior Needs Summary Table, Continued

Identified Community Health Needs	Related Health Factors and Outcomes	Populations Affected Most*	Total Score
Wellness and prevention programs	Accidents		17.6
	AIDS	African American, Males <24	13.6
	Alzheimer’s	Age 65 +	9.6
	Arthritis	Income < \$35,000, Non- Hispanic, No college, Overweight, Age 65 +	13.6
	Asthma	Income < \$35,000	11.6
	Breast cancer	Female, Age 40+	13.6
	Cerebrovascular diseases		11.6
	Colorectal cancer		12.6
	Diabetes	Income < \$50,000, No high school diploma	17.6
	Flu/pneumonia		13.6
	Heart disease		12.6
	High blood pressure	Income < \$35,000, No college, Overweight, Age 65 +	14.6
	High cholesterol	Income < \$35,000, No high school diploma, Age 55+	15.6
	Leukemia		12.6
	Lung cancer	Income < \$35,000, No high school diploma	15.6
	Nephritis		12.6
	Non-Hodgkin’s lymphoma		14.6
	Pancreatic cancer		11.6
	Prostate cancer	Male age 60+	17.6
	Respiratory disease		12.6
Skin cancer (melanoma)		17.6	
Suicide		17.6	

* Information on affected populations included in table when known.

Clinical Care Category Summary

High priority clinical care needs include: Affordable care for low income individuals, affordable health insurance, and increased availability of behavioral health services. All of these were ranked as top health needs by our community representatives. In addition, affordable health insurance ranks as a top priority need because our service area has a high percentage of people who are uninsured. Availability of behavioral health services also ranked as a top priority because Idaho has a shortage of behavioral health professionals.

As shown in the table below, high priority clinical care needs are often experienced most by people with lower incomes and those who have not attended college. In addition, a number of our community leaders expressed concern about people just above the poverty level who are left without health insurance because they don't qualify for Medicaid.

Clinical Care Needs Summary Table

<i>Table Color Key</i>	
<i>Dark Orange = High priority (total score in the top 10th percentile)</i>	
<i>White = Total score below the 10th percentile</i>	

Identified Community Health Needs	Related Health Factors and Outcomes	Populations Affected Most*	Total Score
Affordable care for low income individuals	Children in poverty	Income < \$50,000, Age < 19	19
Affordable health insurance	Uninsured adults	Income < \$50,000, Hispanic, No college	19.6
Availability of behavioral health services (providers, suicide hotline, etc)	Mental health service providers	Income < \$50,000	20.4
Affordable dental care for low income individuals	Preventative dental visits		16.9
Availability of primary care providers	Primary care providers		13.5

Clinical Care Needs Summary Table, Continued

Identified Community Health Needs	Related Health Factors and Outcomes	Populations Affected Most*	Total Score
Chronic disease management programs	Arthritis	Income < \$35,000, Non-Hispanic, No college, Overweight, Age 65 +	13.4
	Asthma	Income < \$35,000	11.4
	Diabetes	Income < \$50,000, No high school diploma	17.4
	High blood pressure	Income < \$35,000, No college, Overweight, Age 65 +	14.4
Immunization programs	Children immunized		14.2
	Adolescents immunized		14.2
	Flu/pneumonia		12.2
Improved health care quality	Preventable hospital stays		11.5
Integrated, coordinated care (less fragmented care)	No usual health care provider		16.1
	Preventable hospital stays	Refugees, Hispanics, Age 65 +	13.1
Prenatal care programs	Prenatal care 1st trimester	Hispanic, No high school diploma	14.1
	Low birth weight		10.1
Screening programs (cholesterol, diabetic, mammography, etc)	Cholesterol screening	Income < \$35,000, No high school diploma, Age 55 +	15.3
	Colorectal screening	Income < \$35,000, No college, Age 50 +	13.3
	Diabetic screening		14.3
	Mammography screening	Income < \$50,000	14.3

* Information on affected populations included in table when known.

Social and Economic Factors Category Summary

Children and family services for low-income populations is the highest ranking social and economic factor. The number of children living in poverty in our service area drives this need.

Social and Economic Needs Summary Table

<i>Table Color Key</i>
<i>Dark Orange = High priority (total score in the top 10th percentile)</i>
<i>White = Total score below the 10th percentile</i>

Identified Community Health Needs	Related Health Factors and Outcomes	Populations Affected Most*	Total Score
Children and family services	Children in poverty	Income < \$35,000	17.7
	Inadequate social support		15.7
Disabled services *			13.9
Early learning before kindergarten (such as a Head Start type program)	High school graduation rate		16.7
Education: Assistance in achieving good grades in kindergarten through high school	High school and college education rates		16
Education: College education support and assistance programs	High school and college education rates		16.1

Social and Economic Needs Summary Table, Continued

Identified Community Health Needs	Related Health Factors and Outcomes		Total Score
Elder care assistance (help in taking care of older adults)			14.8
End of life care or counseling (care for those with advanced, incurable illness)			13.6
Homeless services	Unemployment rate		13.9
Job training services	Unemployment rate		15
Legal assistance			13.6
Senior services	Inadequate social support	Age 65 +	14.8
Veterans' services	Inadequate social support		14.5
Violence and abuse services	Violent crime rate		12.6

* Information on affected populations included in table when known.

Physical Environment Category Summary

In the physical environment category, affordable housing had the highest ranking. Affordable housing received a high score from our community representatives.

Physical Environment Needs Summary Table

<i>Table Color Key</i>	
<i>Dark Orange = High priority (total score in the top 10th percentile)</i>	
<i>White = Total score below the 10th percentile</i>	

Identified Community Health Needs	Related Health Factors and Outcomes		Total Score
Affordable housing	Severe housing problems	Income < \$50,000	17.9
Healthier air quality, water quality, etc	Air pollution particulate matter		10.9
	Drinking water violations		10.9
Healthy transportation options (sidewalk, bike paths, public transportation)	Long commute		11.5
	Driving alone to work		13.5
Transportation to and from appointments		Income < \$35,000, Rural populations, Age 65 +	13.8

* Information on affected populations included in table when known.

Significant Health Needs

We analyze over 60 potential health needs and health factors during our CHNA process. Measurably improving even one of these health needs across our entire community's population requires a substantial investment in both time and resources. Therefore, we believe it is important to focus on the needs having the highest potential to positively impact community health. Using our CHNA process, health needs with the highest potential to improve community health are those needs ranking in the top 10th percentile of our scoring system. The following needs rank in the top 10th percentile:

- Prevention and management of obesity for children and adults
- Prevention and management of mental illness
- Availability of behavioral health services
- Prevention and management of substance abuse
- Affordable health care
- Affordable health insurance
- Reduce tobacco use

After identifying the top ranking health needs, we organize them into groups that will benefit by being addressed together as shown below:

Group #1: Improve the Prevention and Management of Obesity

Group #2: Improve Mental Health and Reduce Substance Abuse

Group #3: Improve Access to Affordable Health Care and Affordable Health Insurance

Group #4: Prevent and Reduce Tobacco Use

We call these groups of high ranking needs our “significant health needs” and provide a description of each of them next.

Significant Health Need #1: Improve the Prevention and Management of Obesity

Our CHNA prioritization process identified prevention and management of obesity as one of our community's most significant health needs. Over 60% of the adults in our community are now obese or overweight. According to the Centers for Disease Control (CDC): "Obesity is a national epidemic and a major contributor to some of the leading causes of death in the United States." Obesity costs the United States about \$150 billion a year, or 10 percent of the national medical budget.¹⁷³

Impact on Community

Reducing obesity will dramatically impact community health by providing an immediate and positive effect on many conditions including mental health; heart disease; some types of cancer; high blood pressure; dyslipidemia; kidney, liver and gallbladder disease; sleep apnea and respiratory problems; osteoarthritis; and gynecological problems (infertility and abnormal menses).

How to Address the Need

Obesity can be prevented and managed by engaging our community in developing services and policies designed to encourage proper nutrition and healthy exercise habits. Obesity can also be managed through evidence-based clinical programs.¹⁷⁴

Extremely promising outcomes are now being reported in some communities. Remarkably, from 2011 through 2014, Lee County, Florida, reduced adult obesity levels from 29.3% to 24.8% and childhood obesity dropped from 31.6% to 20.7%. These results were accomplished through extensive community leadership and involvement. A Lee Memorial Hospital representative commented: "We believe these improvements can be sustained and improved further."¹⁷⁵ Echoing this approach, the CDC states that "we need to change our communities into places that strongly support healthy eating and active living."¹⁷⁶

Affected Populations

Some populations are more affected by these health needs than others. For example, low income individuals and those without college degrees have significantly higher rates of obesity.

¹⁷³ <http://www.cdc.gov/cdctv/diseaseandconditions/lifestyle/obesity-epidemic.html>

¹⁷⁴ America's Health Rankings 2015, www.americashealthrankings.org

¹⁷⁵ http://www.naplesnews.com/community/bonita-banner/lee-memorial-healthy-lee-earns-prestigious-national-award_58687398

¹⁷⁶ <http://www.cdc.gov/cdctv/diseaseandconditions/lifestyle/obesity-epidemic.html>

Significant Health Need #2: Improve Mental Health and Reduce Substance Abuse

Improving mental health and reducing substance abuse rank among our most significant health needs. This is because our community representatives scored mental health, the availability of behavioral health providers, and substance abuse as some of our

most significant health needs. In addition, Idaho has one of the highest percentages (23.3%) of any mental illness (AMI) in the nation, shortages of mental health professionals in all counties across the state, and suicide rates that are consistently higher than the national average. Depression is the most common type of mental illness, affecting more than 26% of the U.S. adult population. It has been estimated that by the year 2020, depression will be the second leading cause of disability throughout the world. Further, the percent of people who report binge drinking in our service area is more than 50% higher than the national average.

Impact on Community

Good mental health is “a state of well-being in which the individual realizes his or her own abilities, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to his or her community.” It is estimated that only about 17% of U.S adults are considered to be in a state of optimal mental health.¹⁷⁷

Reducing drug abuse can have a positive impact on society on multiple levels as well. Directly or indirectly, every community is affected by drug abuse and addiction, as is every family. This includes health care expenditures, lost earnings, and costs associated with crime and accidents. This is an enormous burden that affects all of society - those who abuse these substances, and those who don't. Families can be destroyed by drug abuse. Approximately 50% to 80% of all child abuse and neglect cases substantiated by child protective services involve some degree of substance abuse by the child's parents.¹⁷⁸ It is estimated that in 2007 illicit drug use cost the U.S. economy more than \$193 billion. The cost of illegal drug use is similar to government estimates on the cost of diabetes.¹⁷⁹

How to Address the Need:

There is a high prevalence of comorbidity between drug use disorders and other mental illnesses. The high rate of comorbidity argues for a comprehensive approach to intervention that identifies and evaluates each disorder concurrently, providing treatment as needed.¹⁸⁰

¹⁷⁷ <http://www.cdc.gov/mentalhealth/basics.htm>

¹⁷⁸ <http://archives.drugabuse.gov/about/welcome/aboutdrugabuse/magnitude/>

¹⁷⁹ The Economic Impact of Illicit Drug Use on American Society, Department of Justice's National Drug Intelligence Center (NDIC).

¹⁸⁰ <http://www.drugabuse.gov/publications/research-reports/comorbidity-addiction-other-mental-illnesses/how-can-comorbidity-be-diagnosed>

The majority of adults who live with a mental health disorder do not get corresponding treatment. Furthermore, less than one-third of adults get minimally adequate care.¹⁸¹ Stigma surrounding the receipt of mental health care is among the many barriers that discourage people from seeking treatment.¹⁸² In addition, increasing physical activity and reducing obesity are also known to improve mental health.

Therefore, our aim is to work with our community to reduce the stigma around seeking mental health treatment, to improve access to behavioral health services, increase physical activity, and reduce obesity especially for our most affected populations.

Affected Populations:

People with lower incomes are about three and a half times more likely to have depressive disorders.¹⁸³ Illicit drug use is significantly higher among males less than 34 years old, the unemployed, and those with incomes of less than \$50,000 annually.¹⁸⁴

¹⁸¹Substance Abuse and Mental Health Services Administration, Behavioral Health Report, United States, 2012 pages 29 - 30

¹⁸² Idaho Suicide Prevention Plan: An Action Guide, 2011, Page 9

¹⁸³ Idaho 2011 - 2013 Behavioral Risk Factor Surveillance System

¹⁸⁴ Idaho and National 2002 - 2013 Behavioral Risk Factor Surveillance System

Significant Health Need #3: Improve Access to Affordable Health Care and Affordable Health Insurance

Barriers to access are issues that prevent people from receiving timely medical care. They include things such as the lack of transportation to doctors' appointments, the availability of health care providers, and the cost of care. Our CHNA process identified the following two high ranking barriers to access:

- Affordable health care
- Affordable health insurance

The health indicator data and community representative scores in our CHNA served to rank these barriers to access as some of our community's most significant health needs. A recent study showed that nearly 19 percent of U.S. adults do not receive medical care or delay medical care because they are concerned about the cost or worried that their health insurance would not pay for treatment.¹⁸⁵

Impact on Community

Improving access to affordable health insurance and health care can make a remarkable difference to community health. According to the Gallup-Healthways Well-Being Index, Americans in poverty are significantly more likely than those who are not to struggle with a wide array of chronic mental and physical health problems.¹⁸⁶ Further, evidence shows that uninsured individuals experience more adverse outcomes (physically, mentally, and financially) than insured individuals. The uninsured are less likely to receive preventive and diagnostic health care services, are more often diagnosed at a later disease stage, and on average receive less treatment for their condition compared to insured individuals. At the individual level, self-reported health status and overall productivity are lower for the uninsured. The Institute of Medicine reports that the uninsured population has a 25% higher mortality rate than the insured population.¹⁸⁷

How to Address the Need:

We will work with our community to improve access to comprehensive, high-quality health care services especially for the most affected populations.

Affected populations:

Statistics show that people with lower income and education levels and Hispanic populations are much more likely not to have health insurance.¹⁸⁸

¹⁸⁵ Kullgren JT, et al. Nonfinancial barriers and access to care for US adults. *Health Serv Res* online, 2011.

¹⁸⁶ <http://www.gallup.com/poll/158417/poverty-comes-depression-illness.aspx>

¹⁸⁷ University of Wisconsin Population Health Institute. *County Health Rankings* 2010-2015. Accessible at www.countyhealthrankings.org.

¹⁸⁸ Ibid

Significant Health Need #4: Prevent and Reduce Tobacco Use

Tobacco prevention and cessation rank as a high priority health need because the percent of adults who smoke in our service area is well above the national average and because smoking is a leading cause of death in Idaho and the nation.¹⁸⁹ The relationship between tobacco use, particularly cigarette smoking, and adverse health outcomes is well known. An average of 1,500 people die each year in Idaho as a direct result of tobacco use.

Impact on community:

Cigarette smoking is the leading cause of preventable death in our nation. Reducing tobacco use will result in a healthier community decreasing respiratory disease as well as cancers of the lung, pancreas, kidney, and cervix.¹⁹⁰

How to Address the Need:

In order to reduce the use of tobacco, we will work with our community using evidence-based programs that have been effective in reducing tobacco use across the nation for the past 20 years.

Affected populations:

People with lower incomes and without a high school diploma are more likely to smoke.¹⁹¹

¹⁸⁹ Idaho and National 2002 - 2013 Behavioral Risk Factor Surveillance System

¹⁹⁰ Comprehensive Cancer Alliance for Idaho, Idaho Comprehensive Cancer Strategic Plan 2004-2010, www.ccaidaho.org

¹⁹¹ Ibid

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 2019.

History of Community Health Needs Assessments and Impact of Actions Taken

In our 2013 CHNA, St. Luke's McCall identified five groups of priority health needs facing individuals and families in our two-county region. Each of these groups is shown below, along with a description of the programs and impact we have had on addressing these needs over the past three years.

The health impact in this report includes only outcomes from programs which St. Luke's McCall is the predominant or sole financial and administrative provider. A few programs are listed under two health need groupings. These programs are multi-faceted and designed to improve two or more sets of needs. In these cases the attendance numbers are not double counted.

Three-year aggregate impacts from 2014 to 2016

- 1. Participation: 33,000** distinct health improvement touches (total attendance at all classes, foot clinics, health fairs, fitness activities, screenings)
- 2. Financial:** St. Luke's McCall total allocations for community health Improvement **\$610,000*** for targeted health improvement programs: includes supplies, wages, promotions, travel. *Net expenses after subtracting program revenues **\$480,000** in outside grants that fund local health improvement initiatives (mental health services, youth substance abuse prevention, cancer support, dental care, breast care) **\$8,000,000** (estimated) equally split between Charity Care (medical services pre-approved to be provided for free) and bad debt (fees written off as uncollectable). **\$270,000** in community grants from St. Luke's McCall Auxiliary to community non-profits with a health improvement mission.

3. **Staffing.** St. Luke's McCall employees 2.8 full time equivalent employees dedicated to non-revenue-producing community health improvement initiatives.

Group 1: Weight Management/Fitness

Adult, adolescent and youth weight management programs were ranked as high priority health needs. According to the CDC, the key to achieving and maintaining a healthy weight is adopting a lifestyle centered on healthy eating, regular physical activity, and balancing the number of calories you consume with the number of calories your body uses. Therefore, our weight management programs include physical activity and nutrition components as well as behavior change education. There is great diversity in patient needs when it comes to weight management. No single program can address the entire range of patient medical needs, schedules, or preferences. Accordingly, St. Luke's McCall has chosen to offer a number of weight loss programs designed to meet the wide variety of patient circumstances. Excess stress is also shown to correlate with excess weight. We conducted numerous stress management programs but reported those programs and attendance under mental health programs.

Classes and activities:

- **Best U:** Three-month weight loss program. Conducted 2-3 times a year with 8 -12 participants. Open to employees and public.
- **School and after school nutrition and exercise programs.** 30 programs a year, average of 30 attending.
- **Youth weight loss and fitness camp.** One camp organized and presented solely by St. Luke's McCall. We now introduce weight loss and fitness into youth camps organized by other groups such as churches and youth camps.
- **Yoga classes.** Average 1,100 attendances per year for seniors and people with disabilities.
- **Walking Talking Tuesdays.** Getting people walking and socializing with short health topic presentations. 300 participants per year.
- **Nutrition and food preparation classes for high need demographics.** Women Infant Children (WIC), Western Idaho Community Action Partnership (WICAP), HeadStart. 10 group presentations per year.
- **Healthy recipe distribution at food pantries.** St. Luke's McCall's Community Health Coordinator learns what food items will be distributed the following week at the food pantry and then she prints and distributes healthy recipes utilizing available items. At times all the recipe items are included in a pre-packaged bag. 60 bags or recipes leave the pantries per week.
- **Nutrition and food preparation classes at community gardens.** In conjunction with Cascade Medical Center and Master Gardeners, we co-present a 6-class series on healthy food growing and storing. Average of 40 attendees per class
- **Sugar Sense and Intuitive Eating nutrition classes.** The St. Luke's McCall's dietitian presents nutrition classes in the workplace, schools and public gatherings. 200 participants annually.

Average annual attendance at all initiatives for weight management: 3,200 separate visits

Group 2: Mental Health and Substance Abuse Services and Programs

Programs for mental illness, the dearth of mental health providers, and substance abuse were identified as a high priority community health need. Idaho has one of the highest incidences of mental illnesses in the nation (22.5% of the population during a one year period), and Valley and Adams counties are no exception. To help address this challenge, St. Luke's McCall provides and funds various mental health services for adults and children and has increased the much needed access to care for people with mental and behavioral health needs.

We grouped mental health and substance abuse together because they frequently co-occur and share causative factors. Our mental health interventions are designed to cover a broad assortment of mental health disorders and levels of severity, ranging from mild depression and anxiety to conditions requiring clinical diagnosis and intervention. A significant part of our successes in this priority health need resulted from the large amount of dedicated annual grants St. Luke's McCall Foundation generated for these purposes.

Average annual attendance at mental health and substance abuse programs: 1,950

Classes and activities:

- **Mental Health and Social Services Resources Guide.** St. Luke's McCall Social Services generated an electronic list of all local and statewide mental health and behavioral health services. It is readily available and used by anyone in need and by all providers. St. Luke's McCall participates and helps organize the local resource fair designed to inform the public of local services to help people with social service needs.
- **Life 101.** Approximately 500 people have attended a Life 101 seminar or presentation designed to help people experience greater health, happiness and life fulfillment. The six topics presented are Life Purpose, Life Passion, Positivity, Perseverance (physical, mental, emotional) Life Planning, and sense of Place. Three prominent behavior change academicians help develop content. Participants universality say the program will enhance their lives. We are developing measurements to determine how and to what extend life changes are made.
- **Behavioral health providers embedded in primary care clinics.** Now in its second year, this has allowed St. Luke's McCall to see a demographic of patients that often avoid behavioral health issues and added 800 additional patient visits per year. When patients' medical conditions are compounded by coexisting mental or behavioral health conditions, the physician can hand-off patients to a licensed counsel during the same appointment with no additional costs to patients.
- **Hope and Healing.** Emotional and financial support for cancer patients and families. Now at \$10,000 annual support and assisting 20 people

- **Depression screenings.** All primary care patients take a two-question screening for depression during clinic appointments. Number of screenings performed in clinic visits not included in total health improvement visits.
- **Mental health subsidies for medications and psychiatric appointments.** \$15,000 annual grant used to help ER and clinic patients purchase essential psychotropic for initial psychiatric evaluations.
- **Pediatric developmental physician evaluations.** To increase services to parents, we arranged for visiting pediatric psychiatrists to see patients in McCall.
- **Life and Loss.** Grief management classes taught 3 times annually; 8 attendees per class.
- **Stress management and various mental health topic classes.** Average of 5 classes per year with 12 participants.
- **Patient navigation services.** Helping people without resources get the care they need. (Explained under Barriers to Access grouping below.)
- **Yoga and meditation classes.** 1,100 attendances per year for seniors and people with disabilities. There is a fee for these classes, but the primary purpose is to provide the service. It is slightly subsidized by St. Luke's McCall.
- **Ear Acupuncture.** Offered to and public for \$5 per session as a means of stress reduction. Cost to provide service is subsidized by St. Luke's McCall. 150 participants per year.
- **Freedom from Smoking.** All tobacco users can attend this 4-session program for free. 8 participants annually (cessation assistance also offered by LCSW counselors in clinics)

Group 3: Barriers to Access Programs

The programs in this section address the needs that center on barriers to access: affordable care; affordable health insurance; more local providers and services; and children and family services for low income individuals.

Classes and activities:

- **Extended hours for family medicine clinic.** Extended from 8:30 -5:00 weekdays to 8 to 7 weekdays. Clinic opened 9 to 2 Saturdays for day-of and walk-in appointments. Added 50 clinic visits weekly on weekdays and 12 clinic visits on Saturday.
- **Free flu shots.** Funding provided to Community Medical Fund to provide 100 free vaccinations without appointments in public places.
- **Free screenings for chronic conditions.** Diabetes, depression, skin cancer, hypertension, cardiopulmonary, colon cancer
- **Brighter Smiles.** Grant funding for 90 to 100 people annually to receive free or reduced dental care
- **Embedded behavioral health providers in the clinics.** In comparison with previous model of providing mental and behavioral health services, this model added 20 new clinic visits per week.

- **Charity care and bad debt.** Estimated \$8,000,000 in free medical services mostly to the uninsured and underinsured. For June 2015 through May 2016 the amounts were \$1.71 million for bad debt and \$1.45 million for charity care.
- **Breast Buddies.** Breast care nurse traveled to all our communities and hosted an ice cream social with women willing to become breast buddies who encourage all women to get recommended screenings. 21 women attended and became breast buddies.
- **Free mammograms.** Through grants, we are able to promote and provide free baseline (and some diagnostic mammograms) to every woman in our service area who has been avoiding recommended exams due to finances.
- **Increased visiting physician services.** As a convenience to the people we serve, and not as a source of net revenue, St. Luke's McCall began providing the following visiting physician specialists: pediatric cardiology, oncology, pediatric psychiatric and motor development, therapy services for youth speech and motor skills.
- **Complex Care Coordination.** In 2014, St. Luke's McCall absorbed the entire patient population of McCall's previous free clinic (community Care Clinic) and continued providing services to this high care, low income cohort. Our charity care increased substantially as a result, but, as was our intent, patient care improved.
- **Hope and Healing.** As explained above in Mental Health Programs
- **Auxiliary Community Health Grants.** St. Luke's McCall Auxiliary grants \$80,000 to \$100,000 annually to local health-minded non-profit organizations. This is not money from the hospital, but it is money from within the St. Luke's umbrella.
- **Behavioral health providers embedded in primary care clinics.** 800 new visits per year.
- **Connect U Riggins.** St. Luke's provides \$11,000 annually to sponsor weekly bus transportation between Riggins and McCall. Riders access medical appointments, pharmacy, fresh food sources, thrift store and experience social support.
- **Enrollment in Idaho Health Exchange.** St. Luke's McCall organized, advertised and staffed five public enrollment opportunities. Our efforts contributed to Valley County being the county in Idaho with the highest proportion of citizens signing up for insurance.
- **Patient Navigators in clinics and hospital.** During this three year period we added three financial navigators to help people navigate their way to the care they need (much of the navigation is getting people rides, encouraging them to attend appointments, encouraging them period, connecting them with financial aid and social services, processing their Medicare and Medicaid application. In some cases we recover greater revenues from having these patient navigators, but the real bottom line is that a large cohort of health needing individuals receives the care they need.

Group 4: Behavioral Health

In this report, the distinction between mental health needs and behavioral health needs is that behavioral health initiatives are programs provided to change the health factors such as

nutritional habits, exercise, smoking, excessive drinking, unsafe sex, physical inactivity, childhood immunizations and other key influencers of health outcomes. Also included in this category are the programs designed to change a community mindset to embrace a “culture of health.”

- **Hosted American Lung Association certification training for youth tobacco prevention.**
6 participants certified to lead adolescent tobacco training.
- **Extreme Challenge.** An all-day healthy lifestyle education for 350 students from Cascade, Donnelly, McCall, New meadows. Students could attend 5 classes from a slate of 13 classes and activities offered. Classes centered on safe and healthy behaviors. Highly inspirational and interactive.
- **After school programs.** St. Luke’s McCall’s wellness team frequently provides the education and activities for after school programs (grade schools) to include nutrition, emotional control, exercise, and gardening. Average of 20 programs per year.
- **Workplace wellness.** At the invitation of businesses, St. Luke’s McCall provides employee health educations at the workplace. School faculties, Forest Service and Brundage Mountain Resort are sights where we made multiple appearances. Total attendance at all sites was 450.
- **Freedom from Smoking.** Free cessation classes to anyone wanting tobacco cessation coaching. We also provide smoking cessation through the behavioral counselors embedded in family medicine.
- **Prescription Drug Prevention Workgroup.** This team of physicians, clinic manager, law enforcement, pharmacists, counselors, administrators working together to prevent prescription narcotics from being misused.
- **Car seat check and free installation.** A trained car seat installer from the hospital inspects infant car seats when mother and child leave the hospital and installs a free car seat if needed. We pay for the installer training which is three days..
- **Administration of Youth Advocacy Coalition** A .75 FTE St. Luke’s employee administers this highly active coalition which organizes 40 events for youth yearly. \$100,000 annual budget. Majority of funding is from a grant.
- **Administration of Valley Adams Health Improvement Coalition.** “The mission of the Valley Adams Health Improvement Coalition is to create a physical, social and economic environment that supports, encourages and educates regional residents and visitors to attain their optimal level of health, happiness, and quality of life, and to be a role model for other counties aspiring to improve public health and quality of life.” The coalition’s four priorities are domestic violence prevention, walkable environments, improved nutrition, and youth tobacco prevention. Approximately \$2,000 in annual expenses and \$4,000 in administrative support from hospital.
- **Participating in America’s Best Community contest (ABC).** St. Luke’s McCall helped fund (\$1,500) our region’s entry fee into this contest and a hospital senior leader

serves on ABC leadership committee. Our region, called the Idaho West Central Mountains, which is entirely in our service area, has received \$150,000 to implement its 22 community strengthening initiatives, all of which impact health and quality of life. We are in the final 8 entrants being considered to win \$3, \$2, or \$1 million dollars to further implement our initiatives.

- **West Central Mountains Leadership Academy.** St. Luke's McCall sponsored (\$1,000) and helped establish the West Central Mountains Leadership Academy which is a Chamber of Commerce activity convened to resolve community issues. A hospital senior leader serves on the leadership committee.
- **Grant writing.** St. Luke's McCall contributes \$20,000 annually in salaries to write grants for health-enhancing programs.
- **Change Tool.** With our key partner Central District Health Department, we implemented the CDC's Change Tool which involved interviewing 34 local businesses, schools and agencies to learn their recommendations for creating a healthier community and engaging them in solutions. We invited all the interview participants to a lunch presentation depicting their recommendations (25 of 35 interviewed attended). Hospital budget costs of \$900 in expenses and \$1,500 in salaries.
- **Pray and Poke.** The surprising consequence of testing for blood sugar following church services is that church members realized the paradox of having tables of dessert after church and then checking for blood sugar. Most churches asked members to bring healthier food to share.

Group 5: Diabetes Prevention, Detection and Management

All of our weight management, nutrition and physical activity programs have diabetes prevention and management as an underlying outcome. We adopted two strategies in detecting diabetes: 1) to identify elevated sugar levels in high risk populations, and 2) to educate high risk populations about the symptoms and risks of diabetes and encourage them to make physician appointments or attend the diabetes screening conducted at the hospital. These strategies were adopted following research indicating diabetes outcomes are best if detection and management are conducted in a clinical setting. Accordingly, we rely primarily on our clinics to detect and manage diabetes and each St. Luke's primary care physician is provided data on all their patients' AC1 results.

In combining all individual visits to programs that were promoted as distinctly diabetes prevention and detection, excluding clinic visits, the average annual attendance was 800* visits.

(*We did not offer Pray and Poke every year at every church.)

- **Pray and poke.** A nurse and health educator provided finger stick glucose testing for anyone wishing and diabetes education for 600+ parishioners.
- **Hospital diabetes screening.** 20-30 people annually attend the hospital diabetes screening. Typically 2 or 3 people are identified at this screening as having type 2

diabetes and being without physician management. These people are mainstreamed into clinic care.

- **Foot clinic screenings.** Information about diabetes is presented at foot clinics and providers check for foot neuropathy as a symptom of diabetes.
- **Diabetes specific nutrition classes.** Sugar Sense is our nutrition class tailored for youth and adults which focuses on diabetes prevention through nutrition. Presented 3 times a year with average attendance of 40.
- **\$10 a bag for produce at Ridley's grocery stores.** Our community health coordinator made arrangements with Ridley's grocery store and Central District Health Department whereby shoppers with food assistance purchasing programs could use their coupons in exchange for a large bag of mixed fresh produce.

Conclusion

St. Luke's McCall inherited a long history of commitment to community health from its former community-owned McCall Memorial Hospital and has continued that commitment to better health, lower costs, and better care. We are fortunate that for a geographic area our size and small population to have exceptional partners in community health. Our region has two hospitals and a Federally Qualified Health Center, a Central District Health Department office, a University of Idaho field campus that educates 3,000 K1 through K12 annually, numerous summer camp facilities and organizations, a larger proportion of wealthy residents who support community projects, communities and counties promoting and funding interconnected pathways, and a well-developed outdoor recreation industry. We should, and we do, expect to reach high levels of community health outcomes.

Resources Available to Meet Community Needs

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

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

Abuse/Violence Victim Advocacy & Services

Idaho Coalition Against Sexual and Domestic Violence

E. Mallard Drive, Suite 130

Boise, Idaho 83706

Phone: (208) 384-0419

info@engagingvoices.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: 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 Domestic Violence Hotline

Phone: 1-800-669-3176

Rose Advocates (Adams County)

204 Council Avenue

Council, Idaho 83612

Phone: (208) 253-4949

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

Description: Crisis intervention, emergency services, counseling and support for victims of sexual or domestic violence.

Rose Advocates (Valley County)

106 Park Street # 112

McCall, Idaho 83638

Phone: 208-630-5014

211 Idaho Street

Cascade, Idaho 83611

Phone: 208-382-5310

Description: Crisis intervention, emergency services, counseling and support for victims of sexual or domestic violence.

Behavioral Health and Substance Abuse Services

Adams County Health Center

205 North Berkley
Council, Idaho 83612
Phone: 208-253-4242

<https://www.achcid.org/mental-health.html>

Description: Adams County Health Center, Inc. is a Federally Qualified Health Center that seeks to provide high quality health care services to residents of Adams County and the surrounding area, regardless of social or economic status.

Al-anon - District 3

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

www.al-anon-idaho.org

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

Alcoholics Anonymous – Idaho Area 18

<http://www.idahoarea18aa.org/main/meetings.htm>

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

Cascade Medical Center

402 Lake Cascade Parkway
Cascade, Idaho 83611
Phone: 208-382-4242

<http://www.cascademedicalcenter.net/>

Central District Health – McCall Office

703 1st Street
McCall, Idaho 83638
Phone: 208-634-7194

www.cdhd.idaho.gov

Idaho Department of Health and Welfare – Mental Health Services

Phone: 208-334-0808

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

Idaho Department of Health and Welfare – Substance Use Services

Phone: 1-800-922-3406

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

Idaho Suicide Prevention Hotline

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

Narcotics Anonymous

Help Line: 208-391-3823

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

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

Regional Mental Health Services

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

SAMHSA (Substance Abuse and Mental Health Services Administration)

Phone: 24-hour hotline - 1-800-662-HELP

Description: The Substance Abuse and Mental Health Services Administration (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.

St. Luke's Clinic – Integrative Medicine

203 Hewitt Street

McCall, Idaho 83638

Phone: (208) 634-1400

http://www.stlukesonline.org/clinic/integrative_medicine/mccall/

Children & Family Services**Central District Health – McCall Office**

703 1st Street

McCall, Idaho 83638

Phone: 208-634-7194

www.cdhd.idaho.gov

Idaho Department of Health and Welfare - Child Protection Services

Phone: Statewide - 1-855-552-KIDS

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

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

Idaho Department of Health and Welfare - Children & Family Services

Phone: 208-587-6800

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

Description: Child Protection, Foster Care Licensing, Adoptions

Idaho Department of Health and Welfare – Cash assistance, Food Stamps, Medicaid

Phone: 1-877-456-1233

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

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

Shepherd’s Home

260 N. Mission

McCall, Idaho 83638

Phone: 208-634-1152

www.shepherds-home.org

Description: Residency at the Shepherd’s Home falls into three categories; Emergency Placement, Respite Care, and Long Term Care.

Western Idaho Community Action Partnership – serving Valley & Adams County

315 S. Main Street

Payette, Idaho 83661

Phone: 208-642-99086

<http://www.idahocommunityaction.org/partnerships/partnershipswicap/>

Southwest District Health

<http://www.swdh.org/default.asp>

Community Health Clinics and Other Medical Resources

Adams County Health Center

205 North Berkley

Council, Idaho 83612

Phone: 208-253-4242

<https://www.achcid.org/mental-health.html>

Description: Adams County Health Center, Inc. is a Federally Qualified Health Center that seeks to provide high quality health care services to residents of Adams County and the surrounding area, regardless of social or economic status.

Cascade Medical Center

402 Lake Cascade Parkway
Cascade, Idaho 83611
Phone: 208-382-4242
<http://www.cascademedicalcenter.net/>

Central District Health – McCall Office

703 1st Street
McCall, Idaho 83638
Phone: 208-634-7194
www.cdhd.idaho.gov

Idaho Department of Health & Welfare

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

St. Luke’s McCall Medical Center

1000 State Street
McCall, Idaho 83638
Phone: 208-634-2221
<http://www.stlukesonline.org/mccall/>

Dental Services

Adams County Health Center

205 North Berkley
Council, Idaho 83612
Phone: 208-253-4242
<https://www.achcid.org/mental-health.html>

Description: Adams County Health Center, Inc. is a Federally Qualified Health Center that seeks to provide high quality health care services to residents of Adams County and the surrounding area, regardless of social or economic status.

Central District Health – McCall Office

703 1st Street
McCall, Idaho 83638
Phone: 208-634-7194
www.cdhd.idaho.gov

Disability Services

Disability Rights Idaho

4477 Emerald Street, Suite B-100

Boise, Idaho 83706-2066

Phone: 208-336-5353

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

Phone: (800) 432-8324

www.idahoat.org

Description: The Idaho Assistive Technology Project (IATP) is a federally funded program administered by the [Center on Disabilities and Human Development](#) at the University of Idaho. The program goal is to increase the availability of assistive technology devices and services for older persons and Idahoans with disabilities.

Idaho Department of Labor

1505 N. McKinney

Boise, Idaho 83704-8533

Phone: (208) 327-7333

<http://labor.idaho.gov/dnn/idl/DisabilityDetermination.aspx>

Idaho Department of Health and Welfare

Children Developmental Disability Services

Adult Developmental Disabilities Care Management

Phone: (208) 364-1825

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

MYST (Mentoring Youth Supporting Teens) – Yellow Lantern

<http://mystmentoring.org/>

Educational Services

McCall College

106 E. Park Street #220

McCall, ID 83638

Phone: 208-634-3456

Food Assistance

Idaho Foodbank – Southwestern Idaho

Phone: 208-336-9643

<http://idahofoodbank.org/locations/southwestern-idaho/>

Description: The Idaho Foodbank is an independent, donor-supported, nonprofit organization founded in 1984, and is the largest distributor of free food assistance in Idaho. From warehouses in Boise, Lewiston and Pocatello, the Foodbank has distributed more than 135 million pounds of food to Idaho families through a network of more than 230 community-based partners. These include rescue missions, church pantries, emergency shelters and community kitchens. The Foodbank also operates direct-service programs that promote healthy families and communities through good nutrition.

Idaho Health and Welfare - Idaho Food Stamp Program

Phone: 1-877-456-1233

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

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

Western Idaho Community Action Partnership – Valley County Services

110 W. Pine

P.O. Box 129

Cascade, Idaho 83611

Phone: 208-382-4577

<http://www.wicap.org/ValleyCoCent.aspx>

Government Contacts

Adams County

Adams County Courthouse

201 Industrial

Council, ID 83612

www.co.adams.id.us.com

City of Cascade

105 S. Main Street

Cascade, ID 83611

(208)382-4279

www.cascade.id.us

City of Council

501 N. Galena
Council, Idaho 83612
Phone: 208-253-4201
www.councilidaho.net

City of Donnelly

169 Halferty Street
Donnelly, ID 83615
Phone 208-325-8859
<http://www.cityofdonnelly.org/>

City of McCall

City Hall
216 East Park St.
McCall, Idaho 83638
Phone: (208) 634-7142
www.mccall.id.us/

City of New Meadows

401 Virginia Street
New Meadows, Idaho 83654
Phone: 208-347-2171
<http://www.newmeadowsidaho.us/>

Valley County

219 N. Main St.
Cascade, Idaho 83611
Phone: (208) 382-7100
www.co.valley.id.us.com

Homeless Services**Western Idaho Community Action Partnership**

110 Moser/P.O. Box 337
Council, Idaho 83612
Phone: (208) 253-4300
110 W. Pine/P.O. Box 129
Cascade, Idaho 83611
Phone: (208) 382-4577
<http://www.idahocommunityaction.org/partnerships/partnershipswicap/>

Hospice Care

Idaho Quality of Life Coalition

PO Box 496

Boise, ID 83701

Phone: 208-841-1862

www.idqol.org

Description: Advocating for quality of life through advance planning education and excellence in hospice and palliative care.

National Hospice and Palliative Care Organization

Phone: 1-800-646-6460

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.

St. Luke's Homecare and Hospice - serving Adams, Idaho, Valley, and Washington counties

301 Deinhard Lane

McCall, Idaho 83636

Phone: (208) 630-2440

Description: Skilled home health and hospice services

Hospitals

Cascade Medical Center

402 Lake Cascade Parkway

Cascade, Idaho 83611

Phone: 208-382-4242

<http://www.cascademedicalcenter.net/>

St. Luke's McCall Medical Center

1000 State Street

McCall, Idaho 83638

Phone: (208) 634-2221

www.mccallhosp.org

Housing

Southwestern Idaho Cooperative Housing Authority

Phone: (208) 585-9325

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

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

Legal Services

Disability Rights Idaho

4477 Emerald St, Suite B-100

Boise, ID 83706

Phone: (208) 336-5353

www.disabilityrightsidaho.org

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

Idaho Commission on Human Rights

1109 Main St, Ste. 450

Boise, ID 83702

Phone: (208) 334-2873

www.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

www.isb.idaho.gov/ilf/ivlp/ivlp.html

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

1447 S. Tyrell Lane

Boise, Idaho 83706

Phone: 208-345-0106

1104 Blaine Street

Caldwell, Idaho 83605

Phone: 208-454-2591

www.idaholegalaid.org

Description: Idaho Legal Aid Services, Inc. (ILAS) provides free legal services to low income Idahoans. Every year, we help 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 or (800) 926-2588

www.211.idaho.gov

Description: 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, child care resources, emergency shelter, and more.

Central District Health – McCall Office

703 1st Street

McCall, Idaho 83638

Phone: 208-634-7194

www.cdhd.idaho.gov

Description: Idaho Central District Health provides community health programs including Women, Infants, and Children (WIC), prevention for a range of health conditions, as well as immunization programs. District 4 provides services for Ada, Boise, Elmore, and Valley counties.

Family Medicine Residency of Idaho

Administration Office

777 N. Raymond Street

Boise, Idaho 83704

Phone: 208-954-8742

www.fmridaho.org

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

Idaho Department of Health and Welfare, Region 3 & Region 4

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

Description: Idaho State Department of Health and Welfare Region 3 oversees Medicaid, food stamps, child welfare, mental health, and other programs for Adams, Canyon, Gem, Owyhee, Payette, and Washington counties.

Southwest District Health

www.swdh.org

Description: Our team is made up of dedicated medical, dental, environmental, and technical professionals, and support staff all working side-by-side as a team toward one common goal: To prevent disease, disability and premature death; To promote healthy lifestyles and protect and promote the health of people and their environment in Adams, Canyon, Gem, Owyhee, Payette, and Washington Counties.

Western Idaho Community Action Partnership

110 Moser/P.O. Box 337

Council, Idaho 83612

Phone: (208) 253-4300

110 W. Pine/P.O. Box 129

Cascade, Idaho 83611

Phone: (208) 382-4577

<http://www.idahocommunityaction.org/partnerships/partnershipswicap/>

Refugee Services

Idaho Office for Refugees

1607 W. Jefferson

Boise, Idaho 83702

Phone: (208) 336-4222

Fax: (208) 331-0267

www.idahorefugees.org

Description: The Idaho Office for Refugees (IOR) provides statewide assistance and services to refugees. IOR is a private sector initiative, replacing the traditional State-administered program for refugee assistance. IOR endeavors to ease the difficult transition refugees experience as they adjust to life in the USA. IOR supports the provision of interim financial assistance, English language training, employment services, immigration assistance, language assistance, case management, and social adjustment services in the communities where refugees are resettled.

Residential Care/Assisted Living Facilities

Cascade Medical Center

402 Lake Cascade Parkway

Cascade, Idaho 83611

Phone: 208-382-4242

Description: Cascade Medical Center is able to provide long term skilled and intermediate care through our critical access swing beds.

Idaho Aging & Disability Resource Center (ADRC)

Phone: 1-800-926-2588

<http://aging.idaho.gov/adrc/>

Idaho Health and Welfare – Regional Medicaid Services

Phone: 208-334-0940

www.healthandwelfare.idaho.gov

McCall Rehabilitation and Care Center

418 Floyde Street,

McCall, ID 83638

Phone: 208-634-2112

Description: The Center offers these specialized services to residents and customers who need them including: Alzheimer's care, hospice care, mental healthcare services, resident centered care and respite care.

Senior Services

Alzheimer's Idaho

13601 W. McMillan Road, #249

Boise, Idaho 83713

Phone: (208) 914-4719

www.alzid.org

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

Cascade Senior Center

409 N. School St.

Cascade, Idaho 83638

Phone: (208) 382-4256

Council Senior Center
103 S. Main
Council, Idaho 83612
Phone: (208) 253-4282

Idaho Care Planning Council
<http://www.careforidaho.org/index.htm>

Idaho Commission on Aging (ICOA)
341 W. Washington
Boise, Idaho 83702
Phone: (208) 334-3833
701 S. Allen Ste. 100
Meridian, Idaho 83642
Phone: (208) 332-1769
<http://www.idahoaging.com/>

McCall Senior Center
701 1st St.
McCall, Idaho 83638
Phone: (208) 634-5408

New Meadows Senior Center
102 N. Commercial
New Meadows, Idaho 83654
Phone: (208) 347-2363

Senior Health Insurance Benefits Advisors
Phone: (800) 247-4422
www.doi.idaho.gov

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

Transportation

Treasure Valley Transit – Mountain Community Transit
Phone: 208-634-0003
<http://www.treasurevalleytransit.com/mccall.php>

Veteran Services

Adams County Veteran Services Officer

Phone: (208) 257-3418

Description: Provides information on where and how to receive benefits for veterans.

American Legion – Post 60

105 E. Mille Street

Cascade, Idaho 83611

Phone: 208-382-3694

www.idaholegion.com

Idaho Veterans Network

2333 Naclerio Lane

Boise, Idaho 83705

Phone: 208-440-3939

www.idahoveteransnetwork.org

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

Idaho Veterans Services

www.veterans.idaho.gov

Veterans Administration Medical Center

500 Fort Street

Boise, Idaho 83702

Phone: (208) 422-1000

www.boise.va.gov

Description: The Boise VA Medical Center delivers care to the veterans 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

Valley County Veteran Services Officer

Phone: (208) 382-3842

Description: Provides information on where and how to receive benefits for veterans.

Youth Programs

4-H Youth Development - Valley County Extension Office

108 W Pine Street

Cascade, Idaho 83611

Phone: (208) 382-7190

<http://extension.uidaho.edu/valley/>

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

4-H Youth Development – Adams County Extension Office

203 S Galena

Council, Idaho 83612

Phone: (208) 253-4279

<http://extension.uidaho.edu/valley/>

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

McCall Parks and Recreation

3336 Deinhard Lane

McCall, Idaho 83638

<http://www.mccall.id.us/departments/parks-and-recreation.html>

MYST (Mentoring Youth Supporting Teens) – Yellow Couch Teen Center

302 N. Third Street

McCall, Idaho 83638

<http://mystmentoring.org/>

Description: MYST exists to *CONNECT* Junior High and High School students with responsible, caring adults, to *BUILD* positive mentoring relationships and *GUIDE* students to wise, constructive choices that will help them to be purposeful and positive *CONTRIBUTORS* in their communities. *CONNECT – BUILD – GUIDE – CONTRIBUTE – REPEAT*

Payette Lakes Community Association

PO Box 1118

McCall, ID 83638

Phone: 208-634-3418

<http://PLCA4Kids.org>

Description: Payette Lakes Community Association (PLCA) is a non-profit 501(c)(3) corporation operating in McCall, Idaho. PLCA provides a safe environment after

school which promotes education, social enrichment, and character development of youth.

Southern Valley County Recreation District

208 North Main Street

Cascade, Idaho 83611

Phone: 208-382-5136

<http://www.svcrec.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.

1. Affiliation: U.S. Department of Veterans Affairs – Boise VA Medical Center

Date contacted: April 8, 2015

How input was obtained: Phone interview and questionnaire

Health representative category: Category I and II

Populations represented:

Veterans

2. Affiliation: Family Medicine Residency of Idaho

Date contacted: March 31, 2015

How input was obtained: Phone interview and questionnaire

Health representative category: Category II and III

Populations represented:

Children

Disabled

Hispanic population

Homeless

Low income individuals and families

Migrant and seasonal farm workers

Populations with chronic conditions

Refugees

Senior citizens

- Those with behavioral health issues
- Veterans

3. Affiliation: Idaho Department of Health and Welfare

Date contacted: April 7, 2015

How input was obtained: Phone interview and questionnaire

Health representative category: Category I and II

Populations represented:

- Children
- Disabled
- Low income individuals and families
- Populations with chronic conditions
- Refugees
- Those with behavioral health issues

4. Affiliation: Idaho Central District Health, District 4

Date contacted: March 19, 2015

How input was obtained: Phone interview and questionnaire

Health representative category: Categories I and II

Populations represented:

- Children
- Disabled
- Hispanic population
- Homeless
- Low income individuals and families
- Migrant and seasonal farm workers
- Populations with chronic conditions
- Refugees
- Senior citizens
- Those with behavioral health issues
- Veterans

5. Affiliation: Southwest District Health, Idaho District 3

Date contacted: April 3, 2015

How input was obtained: Phone interview and questionnaire

Health representative category: Category I and II

Populations represented:

- Children
- Disabled
- Hispanic population
- Low income individuals and families
- Migrant and seasonal farm workers
- Populations with chronic conditions
- Senior citizens

6. **Affiliation:** Idaho Department of Labor
Date contacted: February 2015 – May 2015
How input was obtained: Phone and email
Health representative category: Category III
7. **Affiliation:** Idaho Health and Welfare
Date contacted: Numerous times between October 2014 and January 2015
How input was obtained: Phone conversations, emails, in person meeting
Health representative category: Category I
8. **Affiliation:** Idaho Health and Welfare
Date contacted: Numerous times between October 2014 and January 2015
How input was obtained: Phone conversations, emails, in person meeting
Health representative category: Category I
9. **Affiliation:** Cascade Medical Center
Date contacted: March 19, 2014
How input was obtained: Phone interview and questionnaire
Health representative category: Category II and III
Populations represented:
 Children
 Disabled
 Low income individuals and families
 Populations with chronic conditions
 Senior citizens
 Those with behavioral health issues
 Veterans
 Unemployed
 Uninsured
10. **Affiliation:** St. Luke’s Health System
Date contacted: April 3, 2015
How input was obtained: Phone interview and questionnaire
Health representative category: Category II and III
Populations represented:
 Populations with chronic conditions
 Senior citizens
11. **Affiliation:** McCall Donnelly School District
Date contacted: March 31, 2015
How input was obtained: Phone interview and questionnaire
Health representative category: Category II and III

Populations represented:

- Children
- Disabled
- Hispanic population
- Homeless
- Refugees

12. Affiliation: Adams County Health Center (FQHC)

Date contacted: March 17, 2015

How input was obtained: Phone interview and questionnaire

Health representative category: Category II and III

Populations represented:

- Low income individuals and families
- Populations with chronic conditions
- Senior citizens
- Those with behavioral health issues
- Veterans

13. Affiliation: The Community Care Clinic

Date contacted: April 8, 2015

How input was obtained: Phone interview and questionnaire

Health representative category: Category II and III

Populations represented:

- Disabled
- Hispanic population
- Homeless
- Low income individuals and families
- Migrant and seasonal farm workers
- Populations with chronic conditions
- Senior citizens
- Those with behavioral health issues
- Veterans

14. Affiliation: McCall Rehab and Care Center

Date contacted: April 7, 2015

How input was obtained: Phone interview and questionnaire

Health representative category: Category II and III

Populations represented:

- Disabled
- Low income individuals and families
- Populations with chronic conditions
- Senior citizens
- Those with behavioral health issues

- 15. Affiliation:** Valley County
Date contacted: March 18, 2015
How input was obtained: Phone interview and questionnaire
Health representative category: Category II and III
Populations represented:
 Children
 Disabled
 Hispanic population
 Low income individuals and families
 Senior citizens
 Those with behavioral health issues
 Veterans
- 16. Affiliation:** St. Luke's Health System
Date contacted: April 1, 2014
How input was obtained: Phone interview and questionnaire
Health representative category: Category II and III
Populations represented:
 Children
 Disabled
 Hispanic population
 Low income individuals and families
 Populations with chronic conditions
 Senior citizens
 Those with behavioral health issues
 Veterans
- 17. Affiliation:** McCall-Donnelly School District
Date contacted: March 16, 2015
How input was obtained: Phone interview and questionnaire
Health representative category: Category II and III
Populations represented:
 Children
 Disabled
 Low income individuals and families
 Senior citizens
 Those with behavioral health issues
- 18. Affiliation:** St. Luke's Health System and City of McCall
Date contacted: April 13, 2015
How input was obtained: Phone interview and questionnaire
Health representative category: Category II and III
Populations represented:
 Children

- Hispanic population
- Low income individuals and families
- Migrant and seasonal farm workers
- Populations with chronic conditions
- Senior citizens
- Those with behavioral health issues
- Veterans

19. Affiliation: Cascade Medical Center

Date contacted: April 15, 2015

How input was obtained: Phone interview and questionnaire

Health representative category: Category II and III

Populations represented:

- Children
- Disabled
- Hispanic population
- Low income individuals and families
- Populations with chronic conditions
- Senior citizens
- Those with behavioral health issues

20. Affiliation: Valley County

Date contacted: March 30, 2015

How input was obtained: Phone interview and questionnaire

Health representative category: Category II and III

Populations represented:

- Disabled
- Hispanic population
- Low income individuals and families
- Migrant and seasonal farm workers
- Senior citizens
- Those with behavioral health issues
- Veterans
- High schoolers

21. Affiliation: Hiking for Healthy Hooters Event

Date contacted: March 31, 2015

How input was obtained: Phone interview and questionnaire

Health representative category: Category II and III

Populations represented:

- Children
- Disabled
- Hispanic population
- Low income individuals and families

- Migrant and seasonal farm workers
- Senior citizens
- Veterans

22. Affiliation: Idaho Health and Welfare

Date contacted: April 1, 2015

How input was obtained: Phone interview and questionnaire

Health representative category: Category I and II

Populations represented:

- Children
- Disabled
- Low income individuals and families
- Populations with chronic conditions
- Those with behavioral health issues

23. Affiliation: McCall – Donnelly School District

Date contacted: April 16, 2015

How input was obtained: Phone interview and questionnaire

Health representative category: Category II and III

Populations represented:

- Children
- Disabled
- Low income individuals and families
- Populations with chronic conditions
- Those with behavioral health issues

24. Affiliation: Adams County Health Center

Date contacted: April 8, 2015

How input was obtained: Phone interview and questionnaire

Health representative category: Category II and III

Populations represented:

- Children
- Disabled
- Hispanic population
- Low income individuals and families
- Populations with chronic conditions
- Senior citizens
- Those with behavioral health issues
- Veterans

25. Affiliation: The Community Care Clinic

Date contacted: April 6, 2015

How input was obtained: Phone interview and questionnaire

Health representative category: Category II and III

Populations represented:

- Children
- Disabled
- Hispanic population
- Homeless
- Low income individuals and families
- Migrant and seasonal farm workers
- Populations with chronic conditions
- Senior citizens
- Those with behavioral health issues
- Veterans

26. Affiliation: Meadows Valley Ambulance

Date contacted: March 17, 2015

How input was obtained: Phone interview and questionnaire

Health representative category: Category II and III

Populations represented:

- Children
- Disabled
- Hispanic population
- Homeless
- Low income individuals and families
- Migrant and seasonal farm workers
- Populations with chronic conditions
- Senior citizens
- Those with behavioral health issues
- Veterans

27. Affiliation: Lamm and Company Certified Public Accountants

Date contacted: April 20, 2015

How input was obtained: Phone interview and questionnaire

Health representative category: Category II and III

Populations represented:

- Children
- Disabled
- Hispanic population
- Low income individuals and families
- Senior citizens
- Those with behavioral health issues
- Veterans

28. Affiliation: New Meadows Food Bank

Date contacted: March 6, 2015

How input was obtained: Phone interview and questionnaire

Health representative category: Category II and III

Populations represented:

- Children
- Hispanic population
- Low income individuals and families
- Migrant and seasonal farm workers
- Senior citizens
- Veterans

29. Affiliation: McCall Senior Center and Payette Lakes Community Association - After-School Programs

Date contacted: April 3, 2015

How input was obtained: Phone interview and questionnaire

Health representative category: Category II and III

Populations represented:

- Children
- Disabled
- Low income individuals and families
- Senior citizens
- Veterans

30. Affiliation: St. Luke's McCall Medical Center

Date contacted: March 16, 2015

How input was obtained: Phone interview and questionnaire

Health representative category: Category II and III

Populations represented:

- Children
- Disabled
- Hispanic population
- Homeless
- Low income individuals and families
- Migrant and seasonal farm workers
- Populations with chronic conditions
- Senior citizens
- Those with behavioral health issues
- Veterans

3) Through your experience, do you feel you understand and can represent the health needs of any of the following population groups?

- Children
- Disabled
- Hispanic population
- Homeless
- Low income individuals and families
- Migrant and seasonal farm workers
- Populations with chronic conditions
- Refugees
- Senior citizens
- Those with behavioral health issues
- Veterans
- Other, please specify _____
- Other, please specify _____

4) We have compiled a list of potential community health needs based on the results of health assessments and surveys conducted in our community and across the nation. We would like your feedback on the relative importance to our community of each of the potential health needs. As you review the list, please provide us with a score on a scale of 1 to 10 for each potential need. A score of 10 means you believe addressing this need with additional resources would make a large impact to the health of people in our community. A low score means that you believe this item is not an important health need or that it is already being addressed effectively with programs or services in our community.

As you score each need, please describe any programs, legislation, organizations, or other resources you believe are effective in helping us identify or address these health needs.

Health behavior (potential needs)

- _____ Greater access to healthy foods
- _____ Exercise programs/education/opportunities
- _____ Help with weight management (to reduce levels of obesity and diabetes)
- _____ Nutrition education
- _____ Safe sex education programs
- _____ Substance abuse services and programs
- _____ Tobacco prevention and cessation programs
- _____ Wellness and prevention programs (for conditions such as high blood pressure, skin cancer, depression, etc.)

Please describe and score any additional health behavior needs you believe are important:

Notes on programs, legislation, organizations, and resources:

Clinical care access and quality (potential needs)

- _____ Affordable health insurance
- _____ Affordable care health for low income individuals
- _____ Availability of primary care providers
- _____ Affordable dental 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
- _____ Integrated, coordinated care (less fragmented care)
- _____ Prenatal care programs
- _____ Screening programs (cholesterol, diabetes, mammography, colorectal, etc.)

Please describe and score any additional clinical care needs you believe are important:

Notes on programs, legislation, organizations, and resources:

Social and economic (potential needs)

- Children and family services
- Disabled services
- Early learning before kindergarten (such as a Head Start type program)
- Elder care assistance (help in taking care of older adults)
- End of life care or counseling (care for those with advanced, incurable illness)
- Help achieving good grades in kindergarten through high school
- College education support and assistance programs
- Homeless services
- Legal assistance
- Job training services
- Senior services
- Veterans' services
- Violence and abuse services

Please describe and score any additional social/economic needs:

Notes on programs, legislation, organizations, and resources:

Physical environment (potential needs)

- _____ Affordable housing
- _____ Healthier air quality, water quality, etc.
- _____ Transportation to and from appointments
- _____ Healthy transportation options (sidewalks, bike paths, public transportation)

Please describe and score any additional physical environment needs:

Notes on programs, legislation, organizations, and resources:

Appendix III: Summary Scoring Table: Representative Scores Combined with Related Health Outcomes and Factors

Health Behavior Category

Identified Community Health Needs	Representative Score	Related Health Factors and Outcomes	Health Factor Score	Total Combined Score
Access to healthy foods	6.2	Food environment	9	15.2
Exercise programs/education/opportunities	6.1	Access to exercise opportunities	9	15.1
		Adult physical activity	8	14.1
		Teen exercise	9	15.1
Nutrition education	6.2	Adult nutrition	11	17.2
		Teen nutrition	10	16.2
Safe sex education programs	5.3	Sexually transmitted infections	8	13.3
		Teen birth rate	6	11.3
Substance abuse services and programs	8.2	Excessive drinking	12	20.2
		Illicit drug use	10	18.2
		Alcohol impaired driving deaths	7	15.2
Tobacco prevention and cessation programs	6.6	Smoking adult	12	18.6
		Smoking teen	10	16.6
Weight management programs	6.2	Obese/Overweight adults	14	20.2
		Obese/Overweight teenagers	13	19.2

Wellness and prevention programs	6.6	Accidents	11	17.6
		AIDS	7	13.6
		Alzheimer's	3	9.6
		Arthritis	7	13.6
		Asthma	5	11.6
		Breast cancer	8	13.6
		Cerebrovascular diseases	5	11.6
		Colorectal cancer	6	12.6
		Diabetes	11	17.6
		Flu/pneumonia	7	13.6
		Heart disease	6	12.6
		High blood pressure	8	14.6
		High cholesterol	9	15.6
		Leukemia	6	12.6
		Lung cancer	9	15.6
		Mental illness	13	19.6
		Nephritis	6	12.6
		Non-Hodgkin's lymphoma	8	14.6
		Obese/Overweight adults	14	20.6
		Pancreatic cancer	5	11.6
		Prostate cancer	11	17.6
		Respiratory disease	6	12.6
		Skin cancer (melanoma)	11	17.6
Suicide	11	17.6		

Clinical Care Category

Identified Community Health Needs	Representative Score	Related Health Factors and Outcomes	Health Factor Score	Combined Score
Affordable care for low income individuals	8.0	Children in poverty	11	19
Affordable dental care for low income individuals	6.9	Dental visits, preventative	10	16.9
Affordable health insurance	7.6	Uninsured adults	12	19.6
Availability of behavioral health services (providers, suicide hotline, etc)	8.4	Mental health service providers	12	20.4
Availability of primary care providers	4.5	Primary care providers	9	13.5
Chronic disease management programs	6.4	Arthritis	7	13.4
		Asthma	5	11.4
		Diabetes	11	17.4
		High blood pressure	8	14.4
Immunization programs	5.2	Children immunized	9	14.2
		Adolescents immunized	9	14.2
		Flu/pneumonia	7	12.2
Improved health care quality	4.5	Preventable hospital stays	7	11.5
Integrated, coordinated care (less fragmented care)	6.1	No usual health care provider	10	16.1
		Preventable hospital stays	7	13.1
Prenatal care programs	4.1	Prenatal care 1st trimester	10	14.1
		Low birth weight	6	10.1
Screening programs (cholesterol, diabetic, mammography, etc)	5.3	Cholesterol screening	10	15.3
		Colorectal screening	8	13.3
		Diabetic screening	9	14.3
		Mammography screening	9	14.3

Social and Economic Category

Identified Community Health Needs	Representative Score	Related Health Factors and Outcomes	Health Factor Score	Combined Score
Children and family services	6.7	Children in poverty	11	17.7
		Inadequate social support	9	15.7
Disabled services *	5.9	* See note below	8	13.9
Early learning before kindergarten (such as a Head Start type program)	5.7	High school graduation rate	11	16.7
Education: Assistance in achieving good grades in kindergarten through high school	5.0	High school and college education rates	11	16
Education: College education support and assistance programs	5.1	High school and college education rates	11	16.1
Elder care assistance (help in taking care of older adults) *	6.8	* See note below	8	14.8
End of life care or counseling (care for those with advanced, incurable illness) *	5.6	* See note below	8	13.6
Homeless services	4.9	Unemployment rate	9	13.9
Job training services	6.0	Unemployment rate	9	15
Legal assistance *	5.6	* See note below	8	13.6
Senior services	5.8	Inadequate social support	9	14.8
Veterans' services	5.5	Inadequate social support	9	14.5
Violence and abuse services	6.6	Violent crime rate	6	12.6

* Disabled services, elder care, end of life care, and legal assistance did not have an objective health factor measure associated with it. Therefore, we used a health factor value equal to the middle range of scores.

Physical Environment Category

Identified Community Health Needs	Representative Score	Related Health Factors and Outcomes	Health Factor Score	Combined Score
Affordable housing	8.4	Severe housing problems	9.5	17.9
Healthier air quality, water quality, etc	2.9	Air pollution particulate matter	8	10.9
		Drinking water violations	8	10.9
Healthy transportation options (sidewalk, bike paths, public transportation)	6.5	Long commute	5	11.5
		Driving alone to work	7	13.5
Transportation to and from appointments *	5.8	* See note below	8	13.8

* Transportation to and from appointments did not have an objective health factor measure associated with it. Therefore, we used a health factor value equal to the middle range of scores.

Appendix IV: 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.