St. Luke's Boise/Meridian Community Health Needs Assessment 2019

St Luke's®

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Introduction

The St. Luke's Boise/Meridian 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. St. Luke's will use the information, conclusions, and health needs identified in our assessment to efficiently deploy our resources and engage with partners to achieve the following long term community health objectives:

- Address and improve high priority health needs in the communities we serve by collaborating with mission-aligned partners.
- Foster a culture of health resulting in reduced healthcare costs for patients, communities, and healthcare providers.
- Build a firm foundation for community health improvement within St. Luke's Health System that enables us to transform community health now and for future generations.
- Strengthen and expand the continuum of care and support throughout our communities: at schools, worksites, food banks, farmers markets, social service providers, etc. – ensuring people have access to the health resources they need.
- Support and strengthen the array of community resources, organizations and providers actively addressing community health issues by studying, advocating for, and deploying best practices and sharing what we learn.
- Build trust with our communities, partners, providers and other health care systems by collecting and promoting data and outcome metrics that substantiate the impact and value our community health investments provide.

We will achieve these objectives through the use of the following tools:

Analysis & Planning	Program Development	Community Partnership	Strategic Grant-making	Marketing & Social Media	Assessment & Reporting
Capacity Building	Service & Volunteerism	Policy & Advocacy	Education & Training	Community Engagement	Formative Research

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 of our 2019 CHNA is available on our public website.

**St. Luke's Boise/Meridian Medical Centers are licensed as St. Luke's Regional Medical Center.*

Executive Summary

The St. Luke's Boise/Meridian 2019 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.

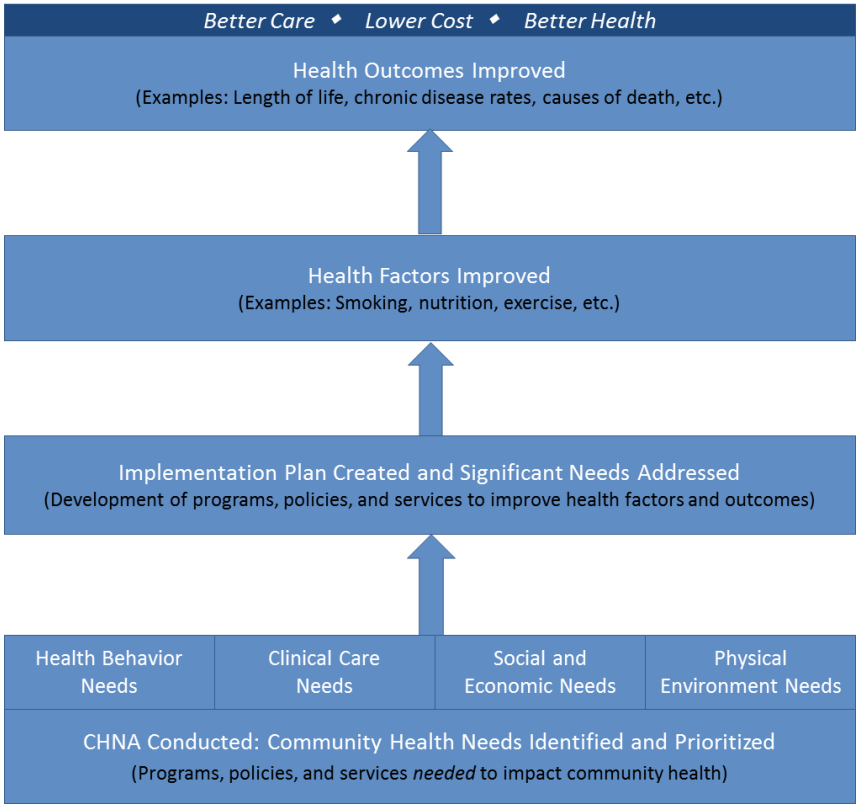
In our CHNA, we divide our health needs into four distinct categories: 1) health behaviors; 2) clinical care; 3) social and economic factors; and 4) physical environment. Each identified health need is included in one of these categories.

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 summary of our approach to improving community health.

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, Detection, and Treatment of Obesity and Diabetes

Group #2: Improve Mental Health and Reduce Suicide

Group #3: Reduce Drug Misuse

Group #4: Improve Access to Affordable Health Insurance

We call these high ranking groups of needs our "significant health needs" and provide a summary of each of them in the following section.

Significant Health Need #1: Improve the Prevention, Detection, and Treatment of Obesity and Diabetes

Obesity and diabetes are two of our community's most significant health needs. Over 60% of the adults in our community and more than 25% of the children in our state are either overweight or obese. Obesity and diabetes are serious concerns because they are associated with poorer mental health outcomes, reduced quality of life, and are leading causes of death in the U.S. and worldwide. [1]

Impact on Community

Obesity costs the United States about $150 billion per year, or 10 percent of the national medical budget.[2] Besides excess health care expenditure, obesity also imposes costs in the form of lost productivity and foregone economic growth as a result of lost work days, lower productivity at work, mortality and permanent disability. [3] Diabetes is also a serious health issue that can even result in death.[4] Direct medical costs for type 2 diabetes accounts for nearly $1 of every $10 spent on medical care in the U.S. [5] Reducing obesity and diabetes 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.

[1] https://www.cdc.gov/obesity/adult/causes.html
[2] http://www.cdc.gov/cdctv/diseaseandconditions/lifestyle/obesity-epidemic.html
[3] https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5409636/
[4] Idaho and National 2002 - 2016 Behavioral Risk Factor Surveillance System
[5] America's Health Rankings 2015-2018, www.americashealthrankings.org

How to Address the Need

Obesity is a complex health issue to address. Obesity results from a combination of causes and contributing factors, including both behavior and genetics. Behavioral factors include dietary patterns, physical activity, inactivity, and medication use. Additional contributing social and economic factors include the food environment in our community, the availability of resources supporting physical activity, personal education, and food promotion.

Obesity and type 2 diabetes can be prevented and managed through healthy behaviors. Healthy behaviors include a healthy diet pattern and regular physical activity. The goal is to achieve a balance between the number of calories consumed from foods with the number of calories the body uses for activity. According to the U.S. Department of Health & Human Services Dietary Guidelines for Americans, a healthy diet consists of eating whole grains, fruits, vegetables, lean protein, low-fat and fat-free dairy products and drinking water. The Physical Activity Guidelines for Americans recommends adults do at least 150 minutes of moderate intensity activity or 75 minutes of vigorous intensity activity, or a combination of both, along with 2 days of strength training per week. [6]

St. Luke's intends to engage our community in developing services and policies designed to encourage proper nutrition and healthy exercise habits. Echoing this approach, the CDC states that "we need to change our communities into places that strongly support healthy eating and active living." [7] These health needs can also be improved through evidence-based clinical programs.[8]

Affected Populations

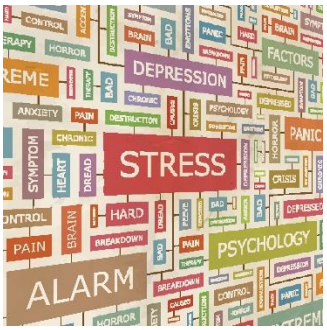
Some populations are more affected by these health needs than others. For example, low income individuals and those without college degrees have significantly higher rates of obesity and diabetes.

[6] https://www.cdc.gov/obesity/adult/causes.html

[7] http://www.cdc.gov/cdctv/diseaseandconditions/lifestyle/obesity-epidemic.html

[8] America's Health Rankings 2015-2018, www.americashealthrankings.org

Significant Health Need #2: Improve Mental Health and Reduce Suicide



Improving mental health and reducing suicide rank among our community's most significant health needs. Idaho has one of the highest percentages (21.6%) 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.[9] Although the terms are often used interchangeably, poor mental health and mental illness are not the same things. Mental health includes our emotional, psychological, and social well-being. It affects how we think, feel, and act. It also helps determine how we handle stress, relate to others, and make healthy choices. A person can experience poor mental health and not be diagnosed with a mental illness. We will address the need of improving mental health, which is inclusive of times when a person is experiencing a mental illness.

Mental illnesses are among the most common health conditions in the United States.

- More than 50% of Americans will be diagnosed with a mental illness or disorder at some point in their lifetime.
- One in five will experience a mental illness in a given year.
- One in five children, either currently or at some point during their life, have had a seriously debilitating mental illness.
- One in twenty-five Americans lives with a serious mental illness, such as schizophrenia, bipolar disorder, or major depression.[10]

Impact on Community

Mental and physical health are equally important components of overall health. Mental health is important at every stage of life, from childhood and adolescence through adulthood. Mental illness, especially depression, increases the risk for many types of physical health problems, particularly long-lasting conditions like stroke, type 2 diabetes, and heart disease.

How to Address the Need

Mental illness often strikes early in life. Young adults aged 18-25 years have the highest prevalence of mental illness. Symptoms for approximately 50 percent of lifetime cases appear by age 14 and 75 percent by age 24. Not only have one in five children struggled with a

[9] Mental Health, United States, 2009 - 2016 Reports, SAMHSA, www.samhsa.gov
[10] https://www.cdc.gov/mentalhealth/learn/index.htm

serious mental illness, suicide is the third leading cause of death for young adults.[11]

Fortunately, there are programs proven to be effective in lowering suicide rates and improving mental health. [12] The majority of adults who live with a mental health problem do not get corresponding treatment.[13] Stigma surrounding the receipt of mental health care is among the many barriers that discourage people from seeking treatment.[14] Increasing physical activity and reducing obesity are also known to improve mental health.[15]

Our aim is to work with our community to reduce the stigma around seeking mental health treatment, to improve access to mental health services, increase physical activity, and reduce obesity especially for our most affected populations**.** It is also critical that we focus on children and youth, especially those in low income families, who often face difficulty accessing mental health treatment. In addition, we will work to increase access to mental health providers for all ages.

Affected Populations

Data shows that people with lower incomes are about three and a half times more likely to have depressive disorders.[16] Suicide is a complex human behavior, with no single determining cause. The following groups have demonstrated a higher risk for suicide or suicide attempts than the general population: [17]

- American Indians and Alaska Natives
- People bereaved by suicide
- People in justice and child welfare settings
- People who intentionally hurt themselves (non-suicidal self-injury)
- People who have previously attempted suicide
- People with medical conditions
- People with mental and/or substance use disorders
- People who are lesbian, gay, bisexual, or transgender
- Members of the military and veterans
- Men in midlife and older men

[11] https://www.nimh.nih.gov/health/statistics/mental-illness.shtml
[12]https://www.samhsa.gov/suicide-prevention/samhsas-efforts
[13]Substance Abuse and Mental Health Services Administration, Behavioral Health Report, United States, 2012 pages 29 - 30
[14] Idaho Suicide Prevention Plan: An Action Guide, 2011, Page 9
[15] http://www.cdc.gov/healthyplaces/healthtopics/physactivity.htm, http://www.cdc.gov/obesity/adult/causes.html
[16] Idaho 2011 - 2016 Behavioral Risk Factor Surveillance System
[17] https://www.samhsa.gov/suicide-prevention/at-risk-populations

Significant Health Need #3: Reduce Drug Misuse

Reducing drug misuse ranks among our community's most significant health needs. Our community representatives provided drug misuse with one of their highest scores. The rate of deaths due to drug misuse has been climbing in our community and across the nation. An in-depth analysis of 2016 U.S. drug overdose data shows that America's overdose epidemic is spreading geographically and increasing across demographic groups. Drug overdoses killed 63,632 Americans in 2016. Nearly two-thirds of these deaths (66%) involved a prescription or illicit opioid. [18]

Impact on Community

Reducing drug misuse can have a positive impact on society on multiple levels. Directly or indirectly, every community is affected by drug misuse 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. 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.[19]

In 2015, over 27 million people in the United States reported current use of illicit drugs or misuse of prescription drugs, and over 66 million people (nearly a quarter of the adult and adolescent population) reported binge drinking in the past month. Alcohol and drug misuse and related disorders are major public health challenges that are taking an enormous toll on individuals, families, and society. Neighborhoods

[18] https://www.cdc.gov/media/releases/2018/p0329-drug-overdose-deaths.html
[19] http://archives.drugabuse.gov/about/welcome/aboutdrugabuse/magnitude/

and communities as a whole are also suffering as a result of alcohol- and drug-related crime and violence, abuse and neglect of children, and the increased costs of health care associated with substance misuse. It is estimated that the yearly economic impact of substance misuse is $249 billion for alcohol misuse and $193 billion for illicit drug use.[20]

Drug addiction is a brain disorder. Not everyone who uses drugs will become addicted, but for some, drug use can change how certain brain circuits work. These changes make it more difficult for someone to stop taking the drug even when it's having negative effects on their life and they want to quit. [21]

How to Address the Need

We can address drug misuse through both prevention and treatment. Health care practitioners, communities, workplaces, patients, and families all can contribute to preventing drug abuse. The Substance Abuse and Mental Health Services Administration's (SAMHSA) National Prevention Week Toolkit contains many valuable ideas.

Treatment can incorporate several components, including withdrawal management (detoxification), counseling, and the use of FDA-approved addiction pharmacotherapies. Research has shown that a combined approach of medication, counseling, and recovery services works best. [22] In addition, recent studies reveal that individuals who engage in regular aerobic exercise are less likely to use and abuse illicit drugs. These studies have provided convincing evidence to support the development of exercise-based interventions to reduce compulsive patterns of drug intake. [23] Organizations, such as the Phoenix Gym in Colorado, have shown they can help people addicted to drugs and alcohol recover. In 2017, Health and Human Services Secretary, Tom Price, praised the Phoenix Gym for its ability to help participants remain sober. [24]

Affected Populations

Data shows males under the age of 34 and people with lower incomes are more likely to have substance abuse problems. [25] Prescription drug misuse is growing most rapidly among our youth/young adults, adults older than age 50, and our veterans.[26]

[20] https://addiction.surgeongeneral.gov/executive-summary
[21] https://www.drugabuse.gov/related-topics/health-consequences-drug-misuse
[22] https://www.samhsa.gov/prescription-drug-misuse-abuse/specific-populations
[23] https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3276339/
[24] https://www.denverpost.com/2017/08/02/trump-health-chief-tours-colorado-springs-gym/
[25] Idaho 2011 - 2016 Behavioral Risk Factor Surveillance System
[26] https://www.samhsa.gov/prescription-drug-misuse-abuse/specific-populations

Significant Health Need #4: Improve Access to Affordable Health Insurance

Our CHNA process identified affordable health insurance as a significant community health need. The CHNA health indicator data and community representative scores served to rank access to health insurance as one of our most urgent health issues.

Impact on Community

Uninsured adults have less access to recommended care, receive poorer quality of care, and 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.[27]

Based on the evidence to date, the health consequences of the uninsured are real.[28] Improving access to affordable health insurance makes a remarkable difference to community health. Research studies have shown that gaining insurance coverage through the Affordable Care Act (ACA) decreased the probability of not receiving medical care by well over 20 percent. Gaining insurance coverage also increased the probability of having a usual place of care by between 47.1 percent and 86.5 percent. These findings suggest that not

[27] University of Wisconsin Population Health Institute. *County Health Rankings* 2010-2018. Accessible at www.countyhealthrankings.org.

[28] https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2881446/

only has the ACA decreased the number of uninsured Americans, but has substantially improved access to care for those who gained coverage. [29]

How to Address the Need:
We will work with our community partners to improve access to affordable health insurance especially for the most affected populations. In November 2018, Idaho passed a proposition to expand Medicaid. In the coming years, we will see how much the resulting legislation increases the percentage of people who have health insurance and the positive impact it has on health.

Affected populations:
Statistics show that people with lower income and education levels and Hispanic populations are much more likely not to have health insurance.[30]

[29] https://www.ncbi.nlm.nih.gov/pubmed/28574234
[30] 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 Boise/Meridian Overview

Background

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

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

St. Luke's Boise/Meridian Medical Centers are part of St. Luke's Health System, the only locally governed, Idaho-based, not-for-profit health system. We are a network of seven separately licensed full service medical centers and more than 100 outpatient centers and clinics serving people throughout southern Idaho, eastern Oregon, and northern Nevada.

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 the communities we serve."

Our vision is "To be the community's trusted partner in providing exceptional, patient-centered care."

Our core values are:

Integrity
Compassion
Accountability
Respect
Excellence

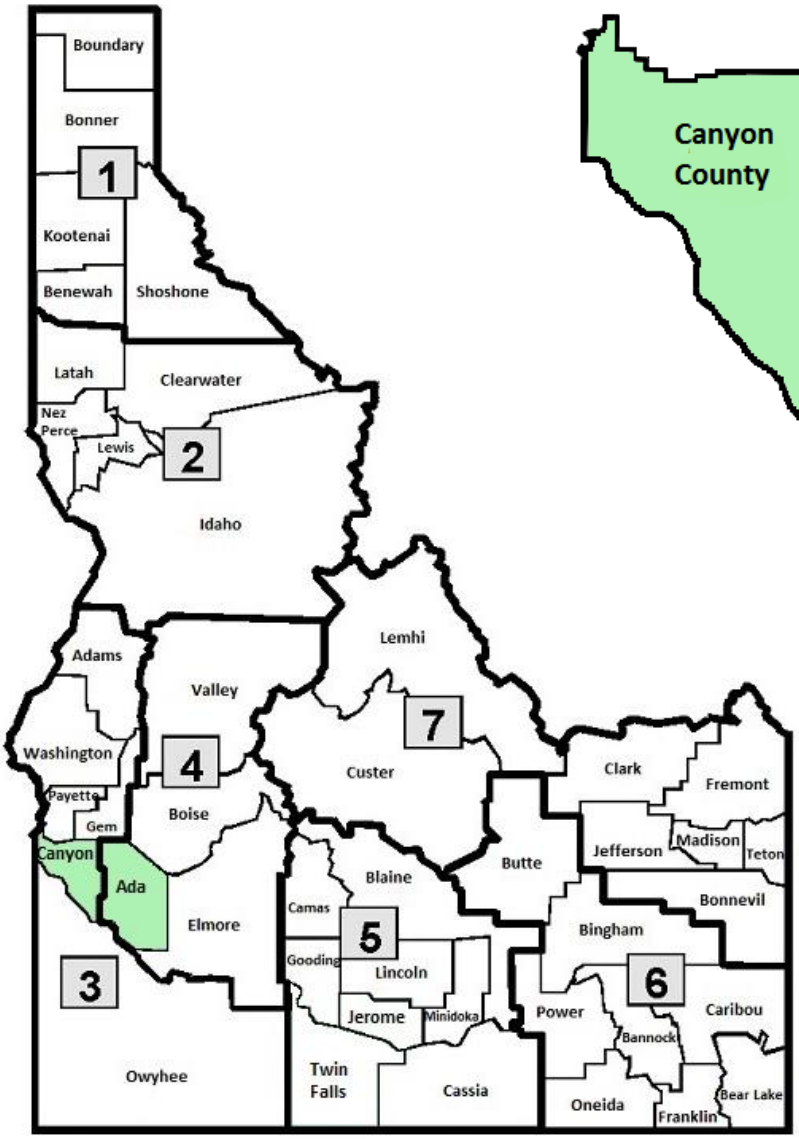
Governance Structure

Each St. Luke's medical center is responsive to the people it serves, providing a scope of service appropriate to community needs. Our volunteer boards include representatives from each St. Luke's service area, helping to ensure local needs and interests are addressed.

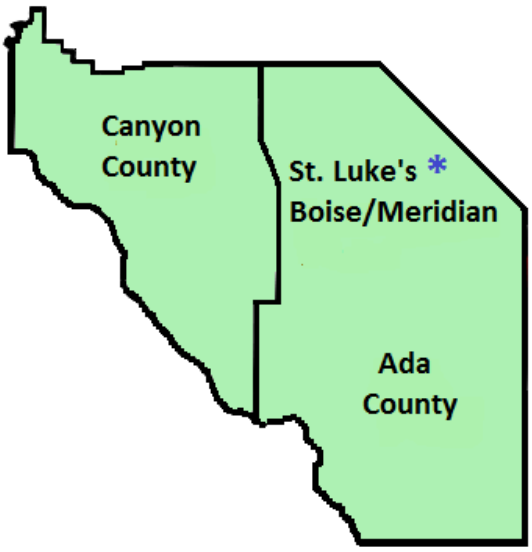
The Community We Serve

This section describes our community in terms of its geography and demographics. Ada and Canyon counties represent the geographic area used to define the community we serve also referred to in this document 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 60% of our inpatients living in Ada County and 20% in Canyon County. Ada and Canyon counties are part of Idaho Health Districts 3 and 4, as shown in the map below.

Idaho Health District Map [31]



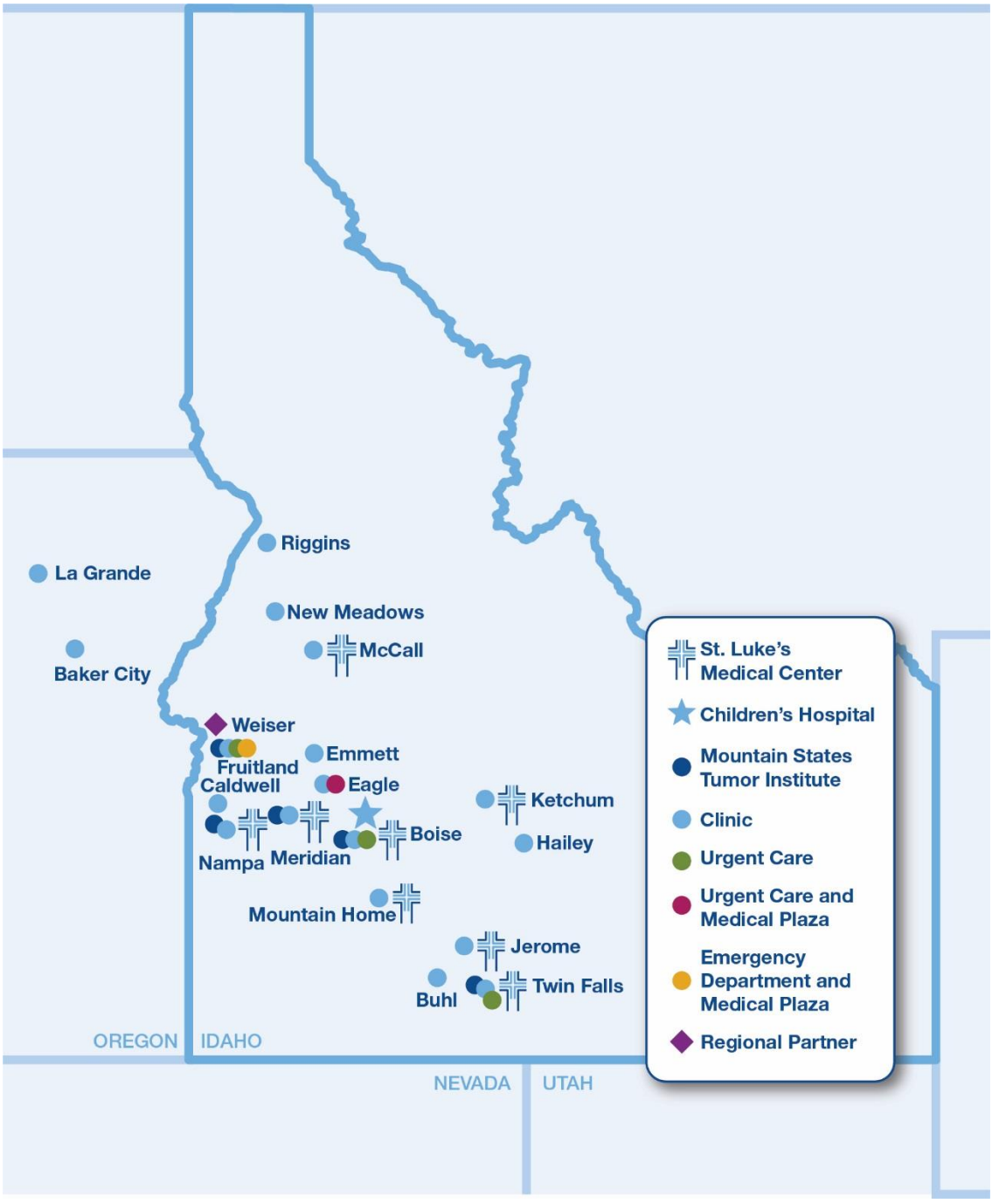
Ada and Canyon County Map



[31] Idaho Behavioral Risk Factor Surveillance System Annual Report 2016

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 94% white population while the nation as a whole is 78% white. The Hispanic population in Idaho represents 12% of the overall population and about 14% of our defined service area. Canyon County is approximately 25% Hispanic, and Ada County is 8% Hispanic.

Population by Race and Ethnicity 2016[32]

Residence	Total Population	Race				Ethnicity	
		White	Black	American Indian or Alaska Native	Asian or Pacific Islander	Non-Hispanic	Hispanic
Service Area	655,726	618,312	9,990	8,795	18,629	566,809	88,917
Ada	444,028	416,868	7,581	4,509	15,070	408,128	35,900
Canyon	211,698	201,444	2,409	4,286	3,559	158,681	53,017
Idaho	1,683,140	1,596,443	20,021	34,218	32,458	1,475,397	207,743
National (000)	323,127	252,702	45,307	4,630	20,487	265,657	57,470
Service Area		94%	2%	1%	3%	86%	14%
Ada		94%	2%	1%	3%	92%	8%
Canyon		95%	1%	2%	2%	75%	25%
Idaho		95%	1%	2%	2%	88%	12%
National		78%	14%	1%	6%	82%	18%

[32] Bureau of Vital Records and Health Statistics, Idaho Department of Health and Welfare (1/2018). 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, 2018.

Population Growth 2000-2016

Idaho experienced a 30% increase in population from 2000 to 2016, ranking it as one of fastest growing states in the country.[33] Ada and Canyon Counties have followed that trend, experiencing an even more rapid 52% increase in population within that timeframe.[34] Plans are already underway to expand St. Luke's Boise/Meridian to manage the volume and scope of services in order to meet the needs of an increasing population.

Region	Population April 2000	Population April 2016	Percent Change
Service Area	432,345	655,726	52%
Idaho Total	1,293,953	1,683,140	30%
United States	281,421,906	323,127,513	15%

Aging

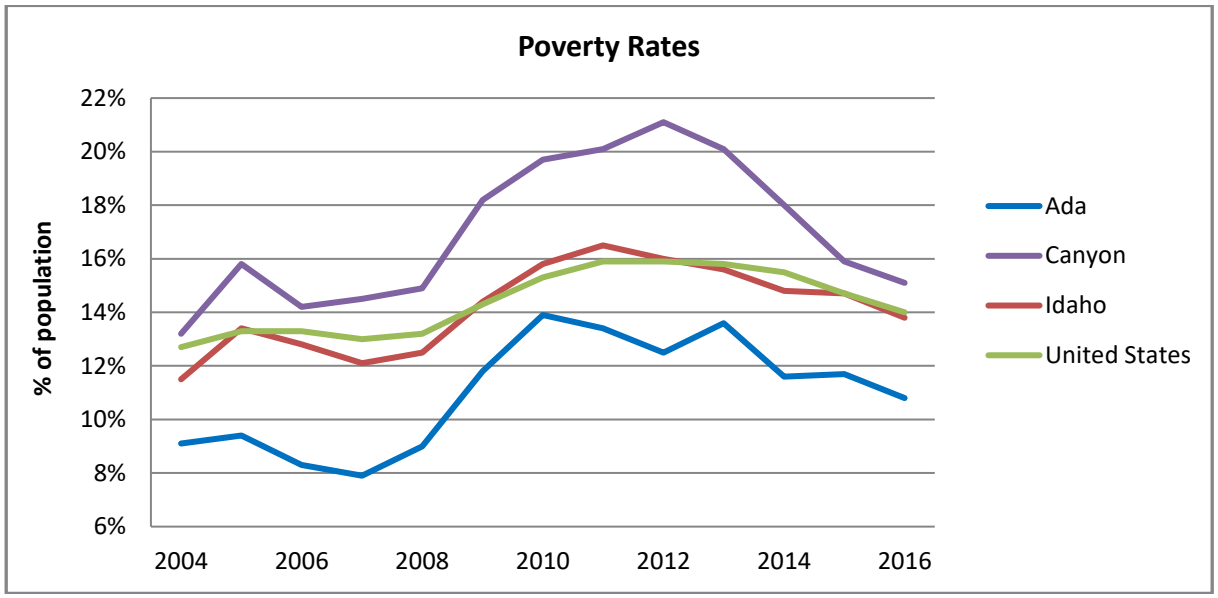
Over the past sixteen years the 45 to 64 year old age group was the fastest growing segment of our community. About 13% of the people in our community are over the age of 65. [35]

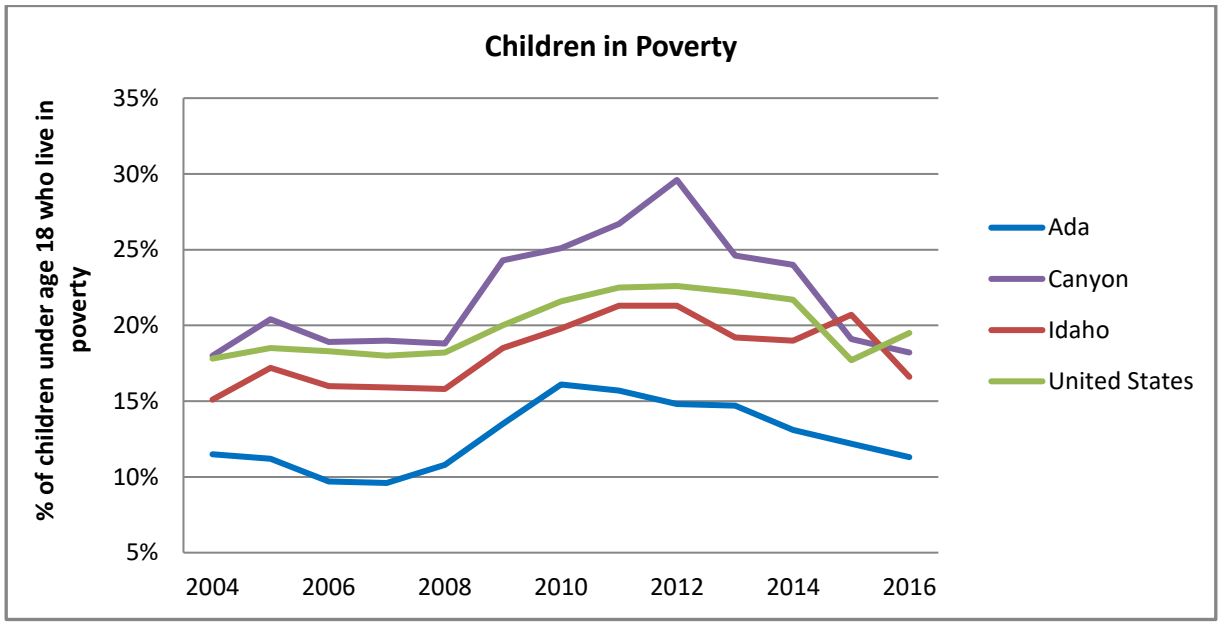
Year	Population by Age			
	Age 0-19	Age 20-44	Age 45-64	Age 65+
2000	135,525	167,286	87,772	41,762
Percent of Total	31%	39%	20%	10%
2010	179,005	201,692	139,147	61,444
Percent of Total	31%	35%	24%	11%
2016	187,405	221,151	158,906	88,264
Percent of Total	29%	34%	24%	13%

[33] U.S. Census Bureau: http://quickfacts.census.gov/qfd/index.html 2016
[34] Idaho Vital Statistics County Profile 2016
[35] Ibid

Poverty Levels

The official United States poverty rate has been decreasing since 2012, but is still higher than it was in 2003. Although both Ada and Canyon County poverty rates are decreasing, they are still above where they were prior to the recession in 2008. The poverty rate for children under the age of 18 is well below the national average for Ada County and slightly below the national average for Canyon County.[36]

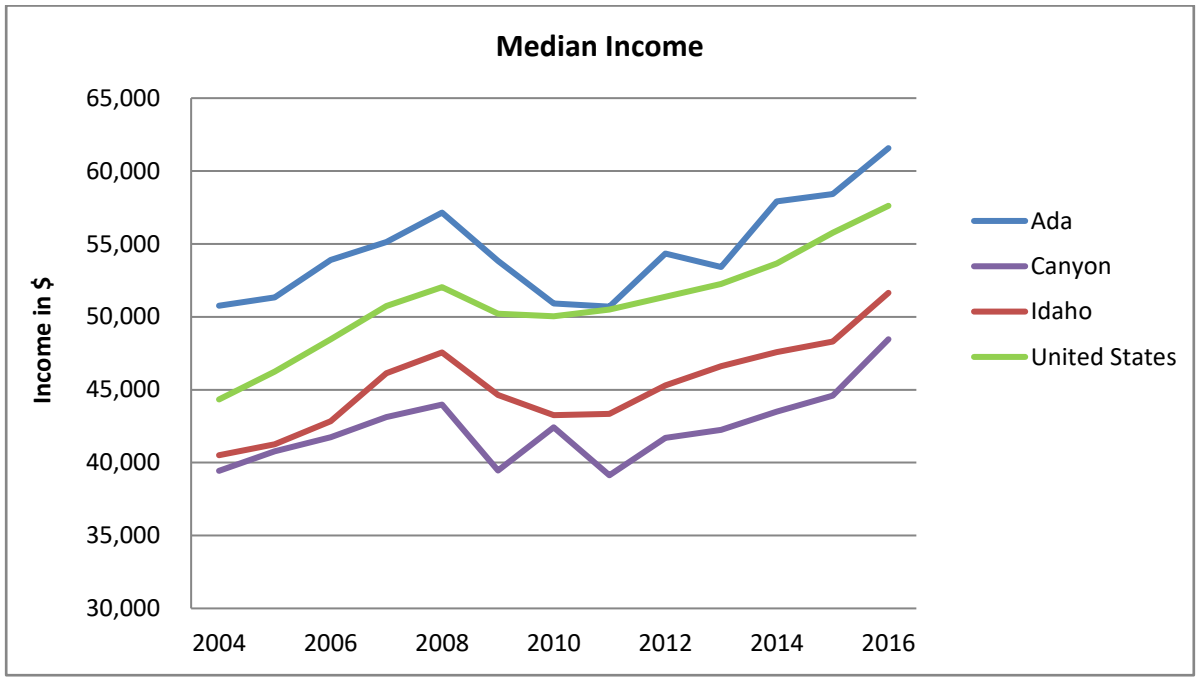




[36] Small Area Income and Poverty Estimates (SAIPE)
http://www.census.gov/did/www/saipe/data/statecounty/data/index.html

Median Household Income

Median income in the United States has risen by 33% since 2004. However, growth in income was slower in Idaho and in our service area during that period. For example, Ada County median income only grew by 24% during that same period. Median income in Canyon County is well below the national median and lower than Idaho's median income. Median income in Ada County is still slightly higher than the national median income.[37]



[37] Ibid

Community Health Needs Assessment Methodology

St. Luke's 2019 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.

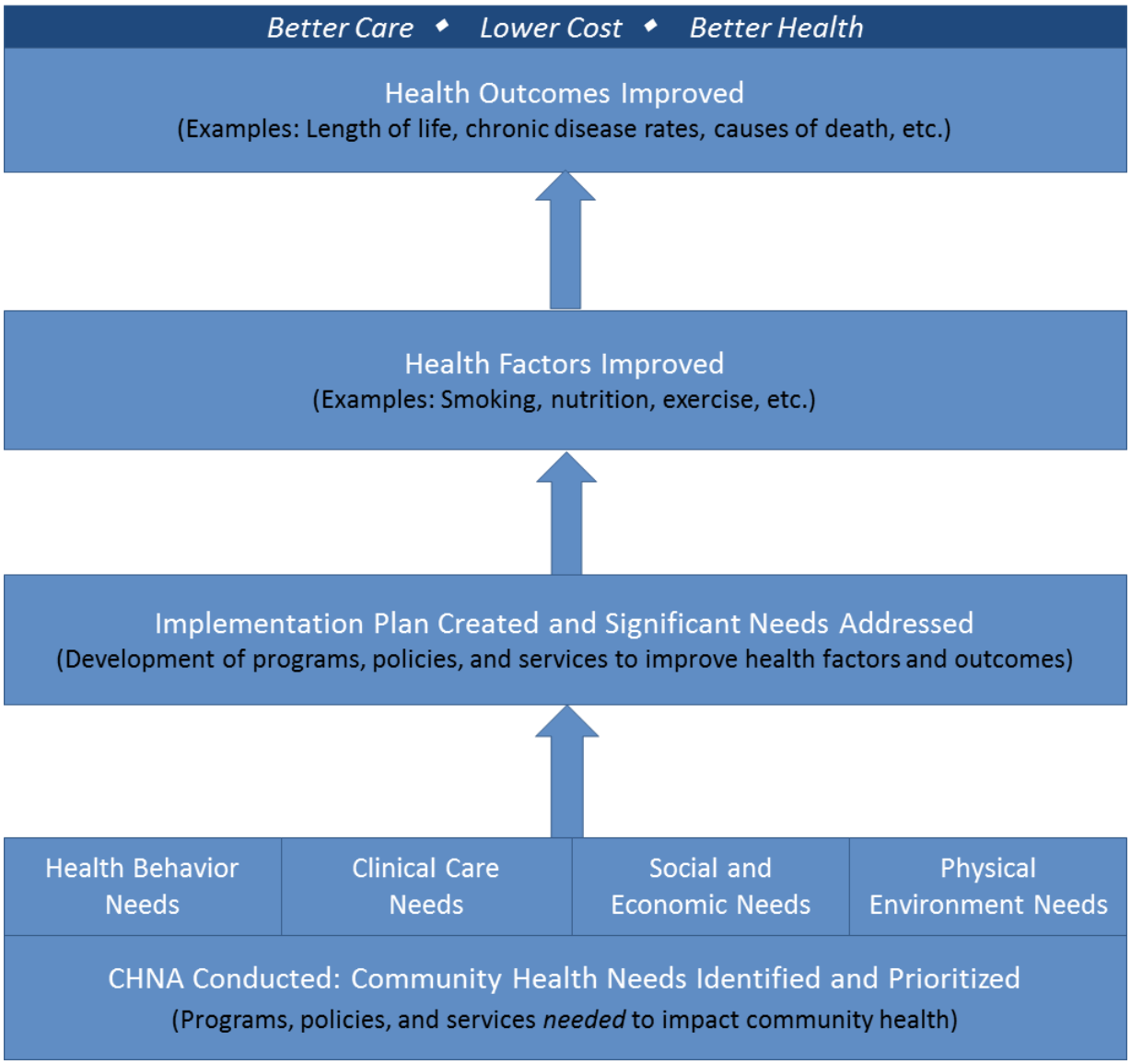
3. Community input is at the center of our CHNA process. In-depth **interviews are conducted with a diverse group of representatives** possessing extensive knowledge of

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 summary of our approach to improving community health.

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**

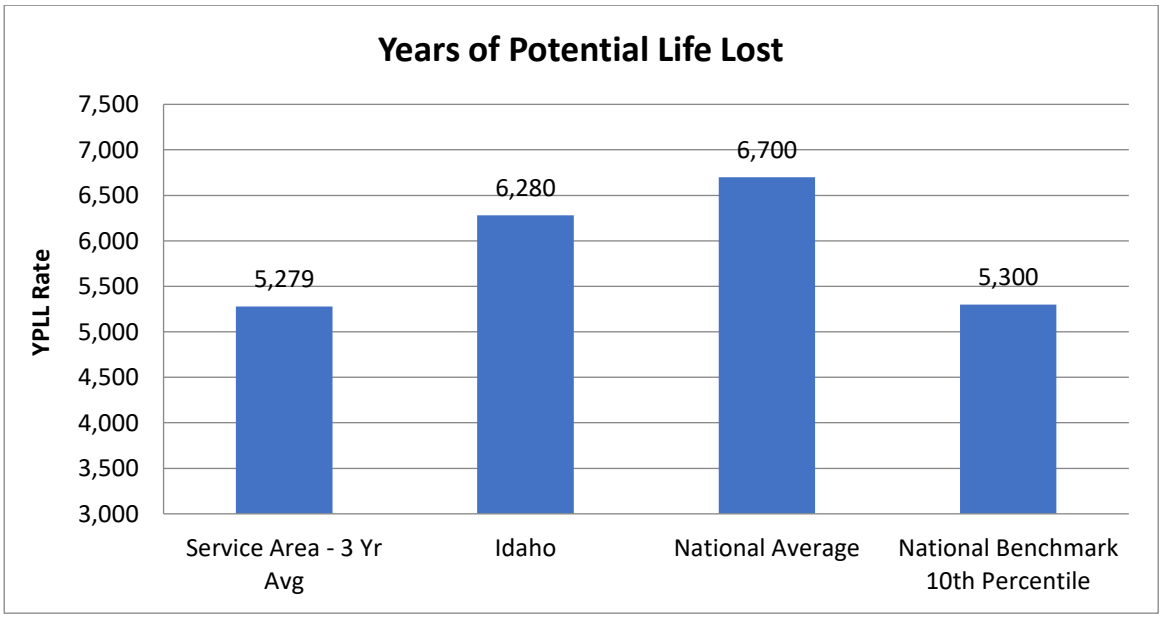
Health Outcome Measures and Findings

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 is significantly lower (better) than the national average and is in the national top 10th percentile.[38] This is an excellent outcome, indicating that on average people in our service area are not dying prematurely.[39]

[38] *County Health Rankings* 2018. Accessible at www.countyhealthrankings.org (used for national YPLL top 10% 2014 - 2016 average)

[39] Bureau of Vital Records and Health Statistics, Idaho Department of Health and Welfare (1/2018) (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)

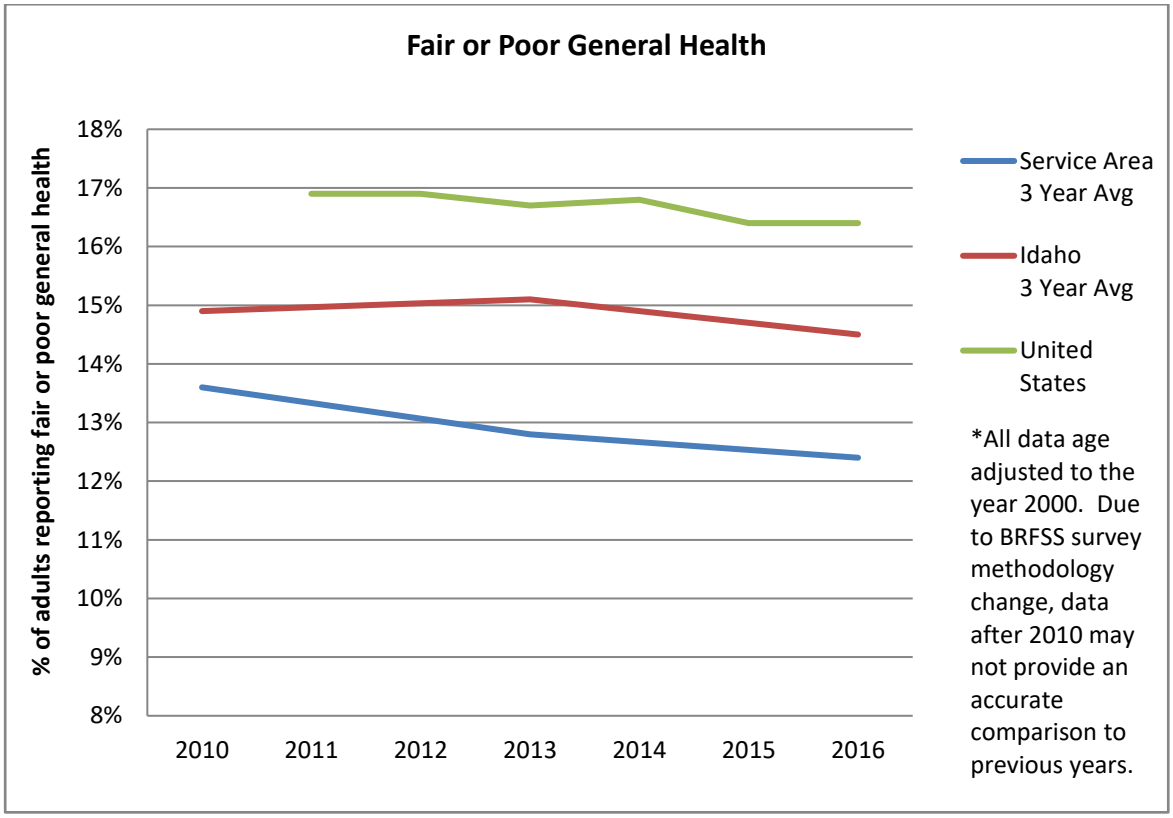
Understanding the health related quality of life of the population helps communities identify unmet health needs. Three measures from the CDC's Behavioral Risk Factor Surveillance System (BRFSS) are used to define health-related quality of life: 1) The percent of adults reporting fair or poor health, 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.[40]

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

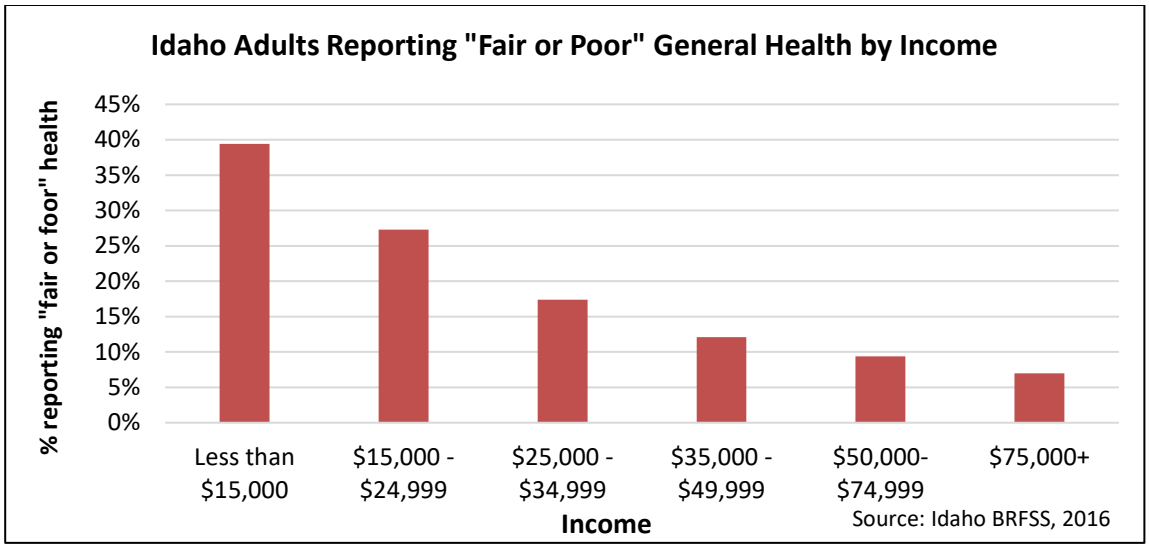
- **"Fair or Poor" General Health**

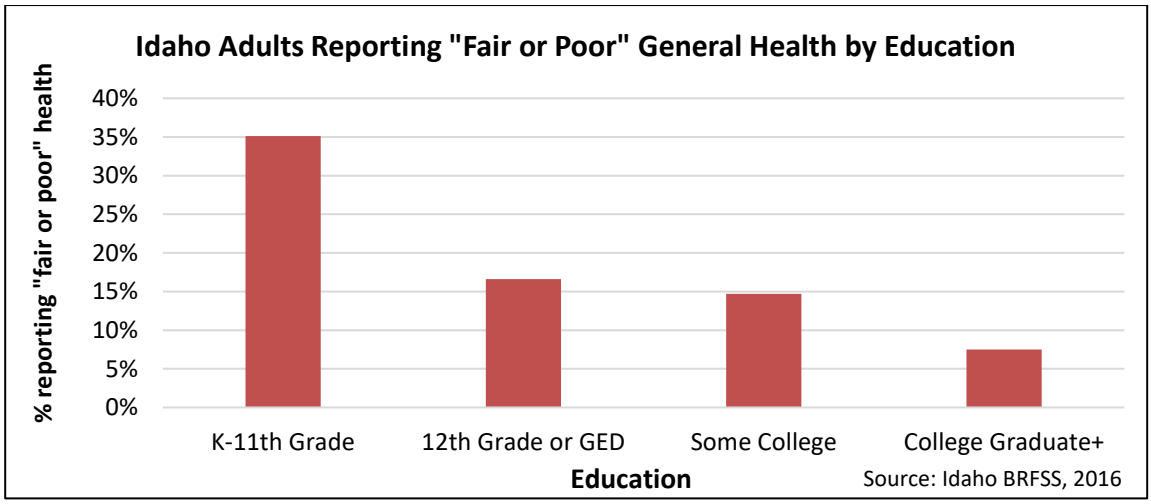
Fourteen and a half percent (14.5%) of Idaho adults reported their health status as fair or poor in 2016, which is approximately the same as in 2010. For our service area, the percent of people reporting fair or poor health has also remained about the same being 12.2% in 2007 and 12.4% in 2016, which is well below the national average of 16.4%. The national top 10th percentile is 12%.[41]

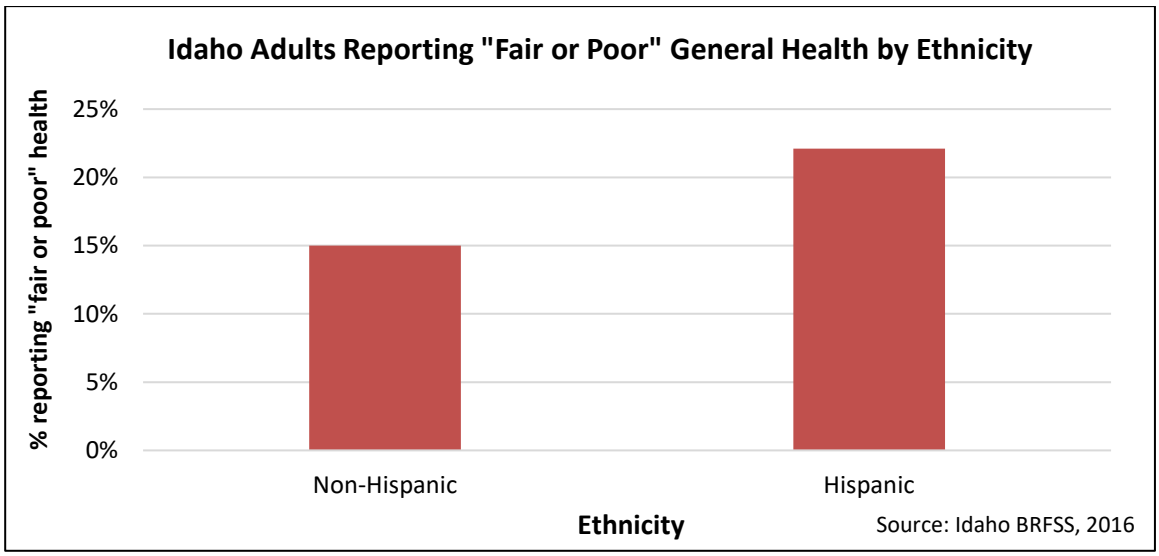


The charts below show that income and education greatly affect the levels of reported fair or poor general health. For example, people with incomes of less than $15,000 are five times more likely to report fair or poor general health than those with incomes above $75,000. In addition, Hispanics are significantly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

[41] Idaho and National 2004 - 2016 Behavioral Risk Factor Surveillance System

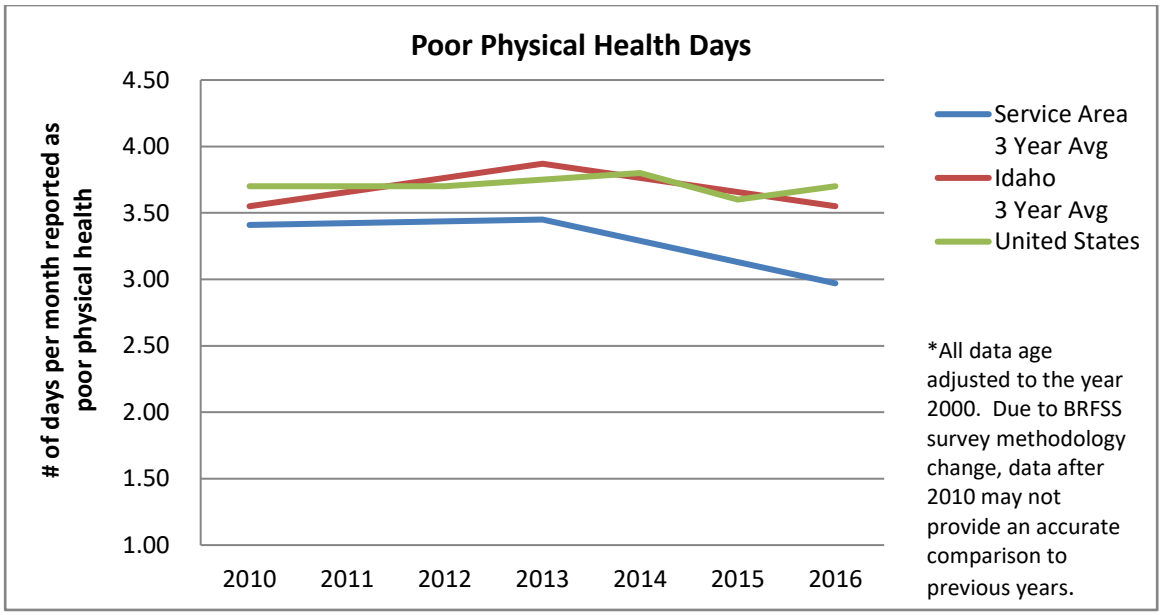

Idaho Adults Reporting "Fair or Poor" General Health by Income
% reporting "fair or foor" health
45%
40%
35%
30%
25%
20%
15%
10%
5%
0%
Less than $15,000
$15,000 - $24,999
$25,000 - $34,999
$35,000 - $49,999
$50,000- $74,999
$75,000+
Income
Source: Idaho BRFSS, 2016


Idaho Adults Reporting "Fair or Poor" General Health by Education
% reporting "fair or poor" health
40%
35%
30%
25%
20%
15%
10%
5%
0%
K-11th Grade
12th Grade or GED
Some College
College Graduate+
Education
Source: Idaho BRFSS, 2016


Idaho Adults Reporting "Fair or Poor" General Health by Ethnicity
% reporting "fair or poor" health
25%
20%
15%
10%
5%
0%
Non-Hispanic
Hispanic
Ethnicity
Source: Idaho BRFSS, 2016

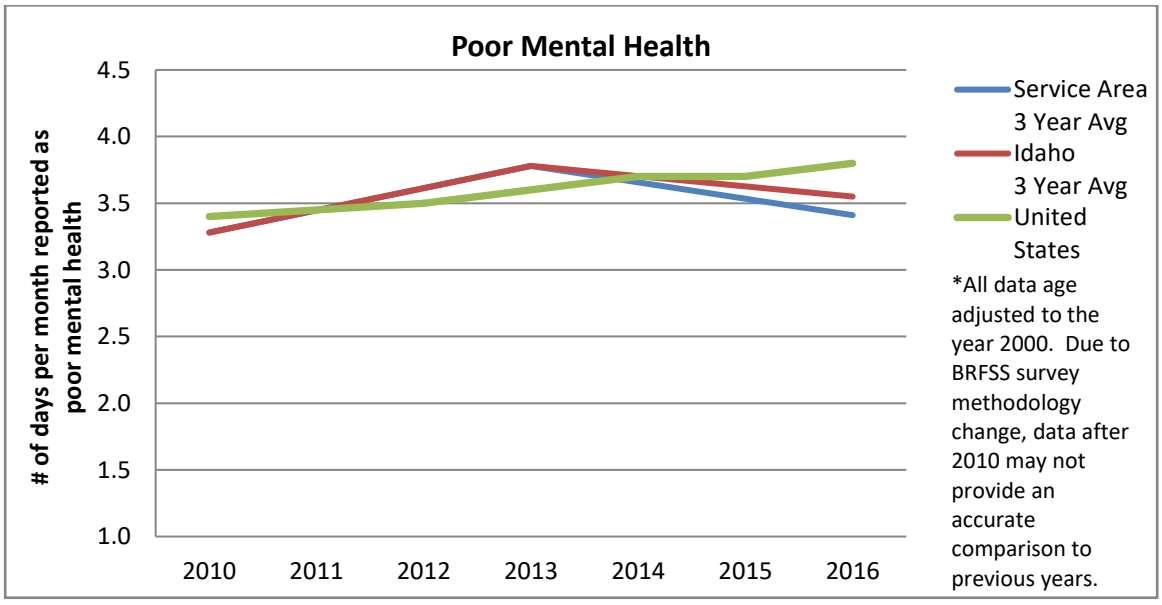
- **Poor Physical Health Days**

The number of reported poor physical health days for our service area is below the national average, [42] and is now in the national top 10th percentile (< 3 days).[43]



- **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 3.1 days per month.



[42] Idaho 2016 Behavioral Risk Factor Surveillance System
[43] *County Health Rankings* 2018. Accessible at www.countyhealthrankings.org.

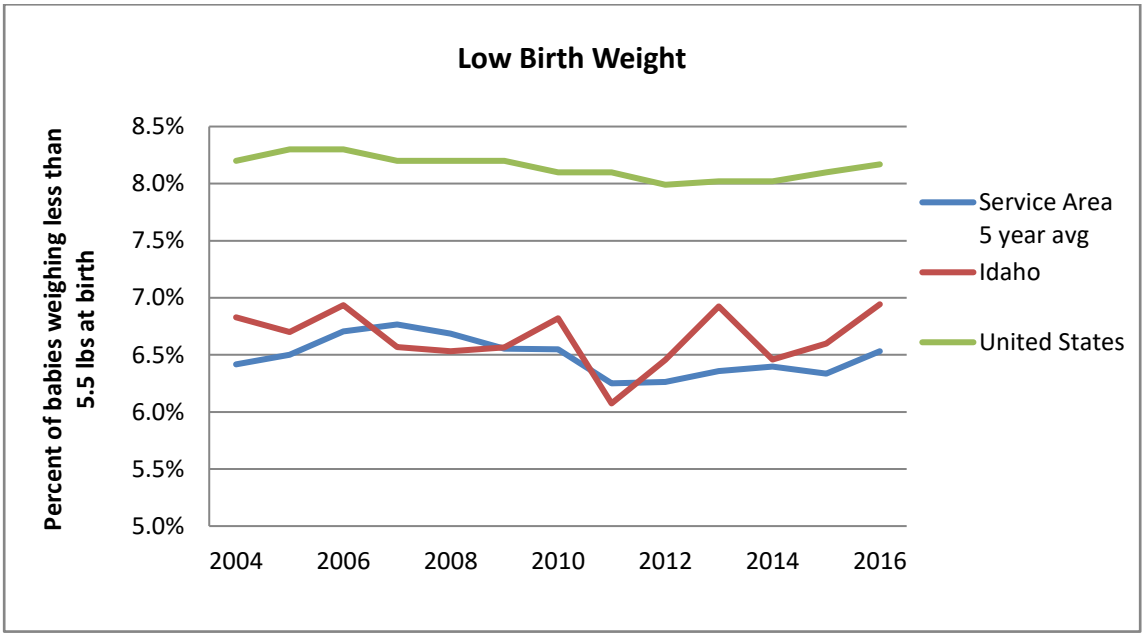
- **Low Birth Weight**

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.[44]

The percent of LBW babies in our service area and in Idaho is significantly below (better than) the national average.[45] This is a key indicator of future health. The national top 10th percentile for LBW is 6.0% and our service area is only slightly above that level.

Low birth weight can be addressed in multiple ways, including:[46]

- 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	**2**	**0**	**2**	**3**	**7**

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

[45] Idaho Vital Statistics Annual Reports, Years 2000 - 2016, National Vital Statistics Report - Births: Data 2004 - 2016

[46] America's Health Rankings 2015-2018, 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. Ada County's 2018 overall outcome rank is 1st and Canyon County's rank is 22nd out of a total of 42 counties in Idaho.[47] 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.

[47] University of Wisconsin Population Health Institute. *County Health Rankings* 2018. 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.

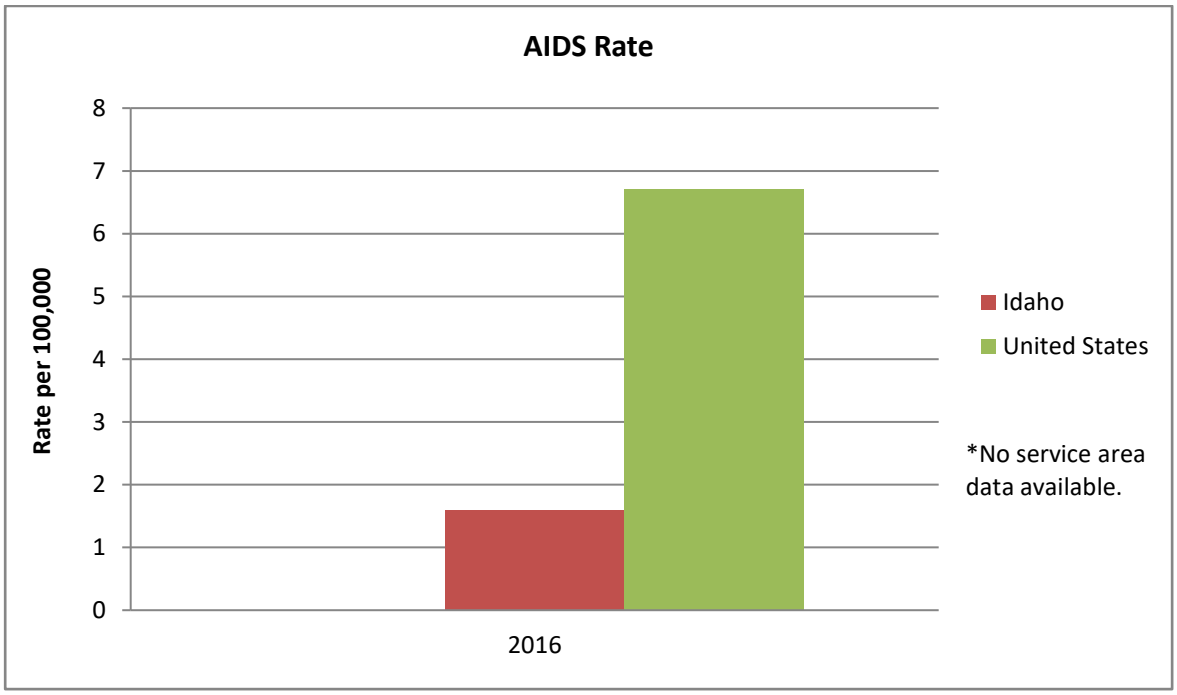
Chronic Disease Prevalence

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. [48] The trend in Idaho has been relatively flat from 2004.[49]

The risk of contracting HIV is particularly high for young, gay, bisexual, and other men who have sex with men (MSM). In 2014, gay and bisexual men accounted for an estimated 70% (26,200) of new HIV infections in the United States. African Americans are more likely to have HIV than any other racial/ethnic group in the United States (US). At the end of 2014, an estimated 471,500 African Americans were living with HIV (43% of everyone living with HIV in the United States).[50] Young people in the US are also more at risk for HIV infection accounting for 21% of all new HIV infections in 2016. 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.[51]



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**

[48] www.statehealthfacts.org
[49] www.healthandwelfare.idaho.gov/Portals/0/Health/Disease/STD%20HIV/2016_Facts_Book_FINAL.pdf
[50] http://www.cdc.gov/HIV/TOPICS/
[51] http://www.cdc.gov/hiv/youth/

- **Arthritis**

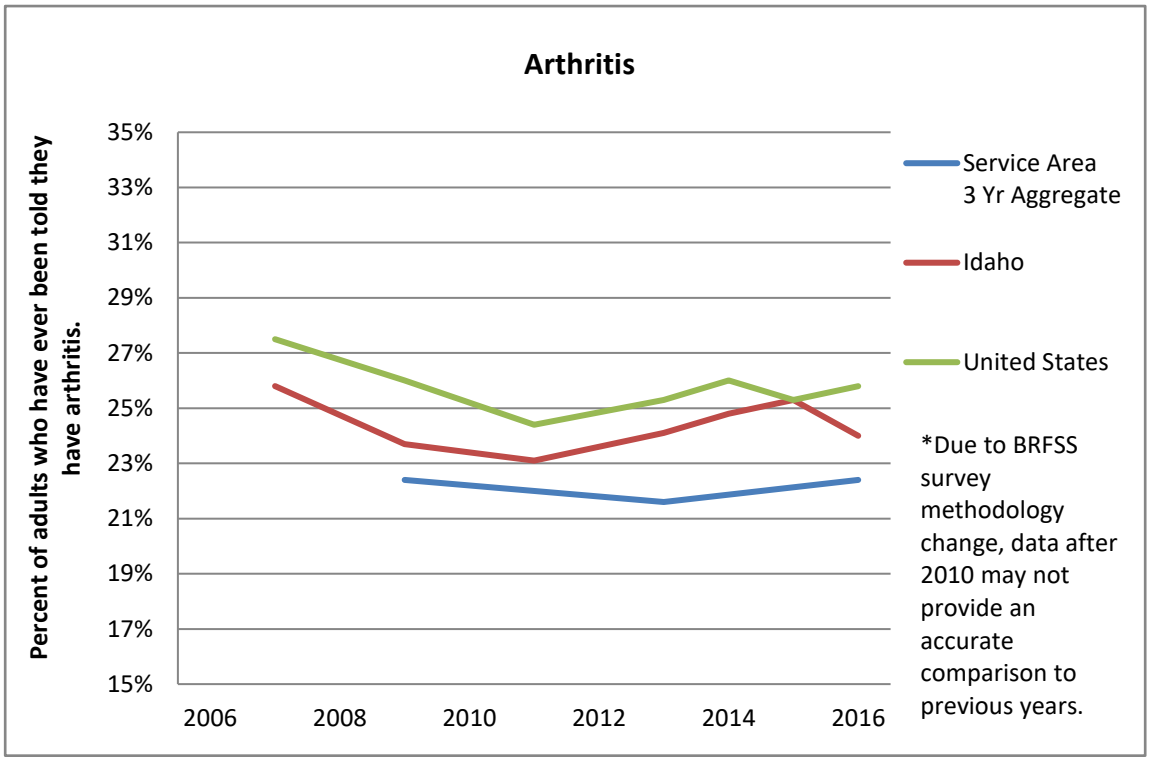
  In 2016, about 22% of Idaho adults had ever been told by a medical professional that they had arthritis. The prevalence of arthritis in our service area is below the national average and has not changed significantly since 2005. The likelihood of having arthritis increases with age. More than half of those surveyed ages 65 and older had been diagnosed with arthritis.

  Other Highlights:
  - Idaho residents with incomes below $25,000 per year were more likely to have arthritis than those with incomes of $25,000 or higher (34% compared with 31%).
  - Hispanics were significantly less likely than non-Hispanics to have been diagnosed with arthritis (8.8% compared with 25.4%).
  - Overweight adults (BMI ≥ 25) were more likely to have arthritis compared to those who were not overweight.[52]

  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.[53]

[52] Idaho and National 2002 - 2016 Behavioral Risk Factor Surveillance System
[53] Arthritis Foundation, http://www.arthritis.org/preventing-arthritis.php

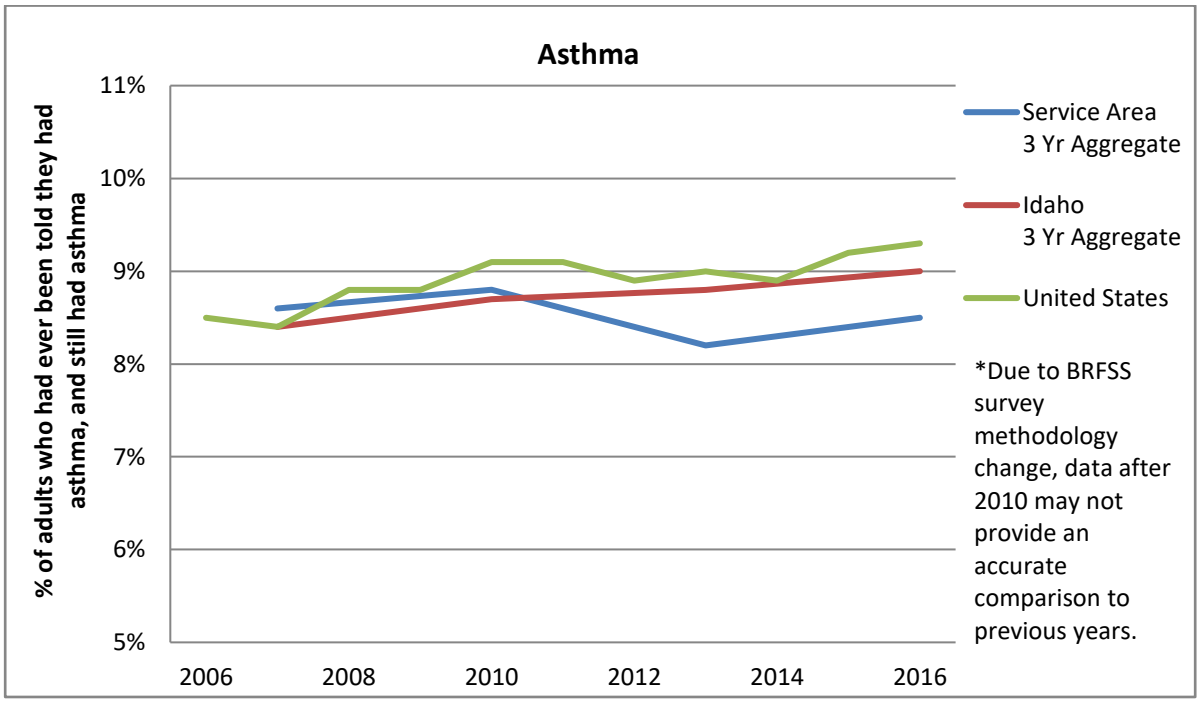


Health Factor Score Low score = Low potential for health impact High score = High potential for health impact					
	Trend: Better/Worse	**Prevalence versus U.S.**	**Severe/ Preventable**	**Magnitude: Root Cause**	**Total Score**
Arthritis	**2**	**1**	**2**	**0**	**5**

- **Asthma**

The percentage of people with asthma in our service area has been essentially flat since 2005. 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. [54]

Asthma is a long-term disease that can't be cured. The goal of asthma treatment is to control the disease. To control asthma, it is recommended people partner with their provider to create an action plan that avoids asthma triggers and includes guidance on when to take medications or to seek emergency care.[55]

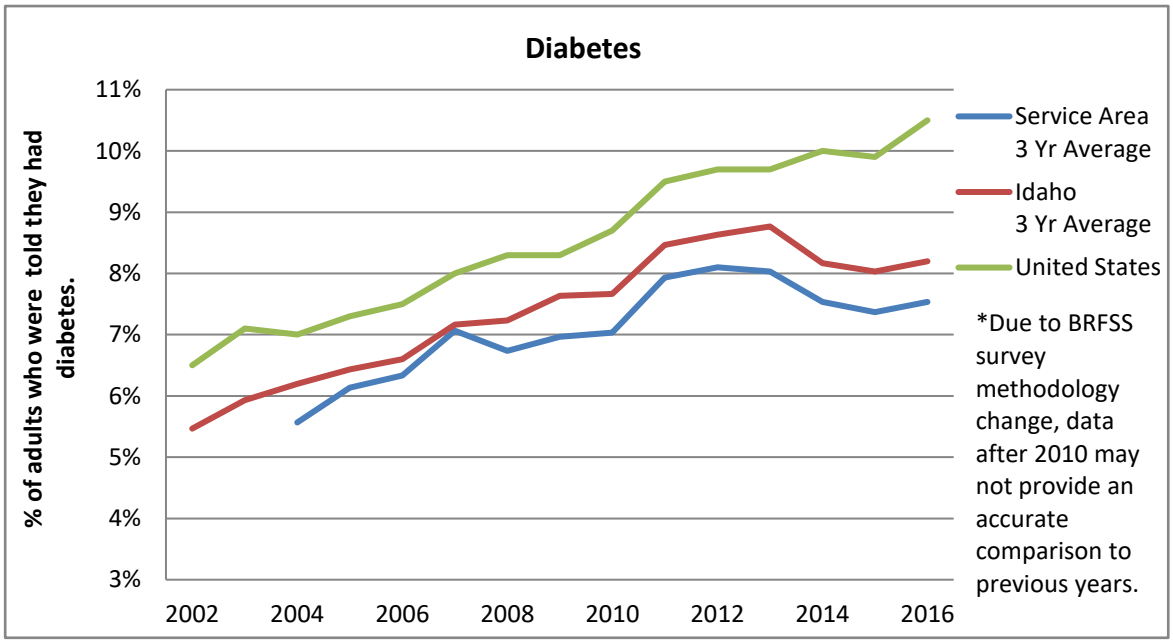


Health Factor Score Low score = Low potential for health impact High score = High potential for health impact					
	Trend: Better/Worse	**Prevalence versus U.S. Average**	**Severe/ Preventable**	**Magnitude: Root Cause**	**Total Score**
Asthma	**2**	**2**	**2**	**0**	**6**

[54] Idaho and National 2002 - 2016 Behavioral Risk Factor Surveillance System
[55] http://www.nhlbi.nih.gov/health//dci/Diseases/Asthma/Asthma_Treatments.html

- **Diabetes**

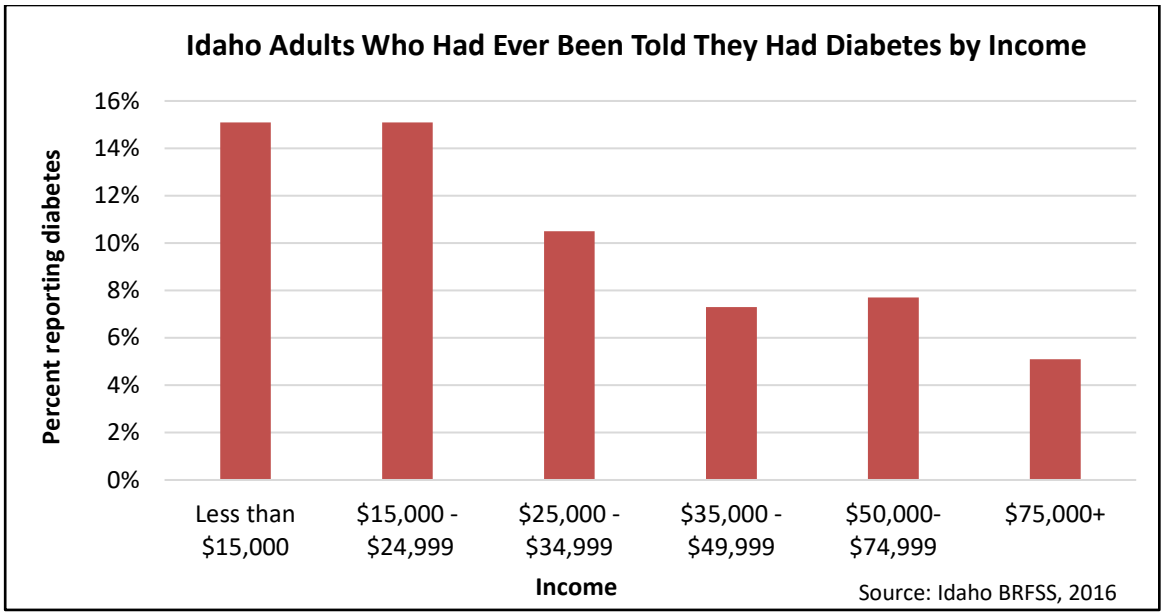
About 8% of the people in our community report that they have been told they have diabetes. The percent of people living with diabetes in our service area and in the United States is up by about 40% since 2002, indicating an opportunity for greater focus on prevention. Diabetes is a serious health issue that can contribute to heart disease, stroke, high blood pressure, kidney disease, blindness and can even result in limb amputation or death.[56] Direct medical costs for type 2 diabetes exceed $200 billion and account for more than $1 of every $10 spent on medical care in the U.S. [57]

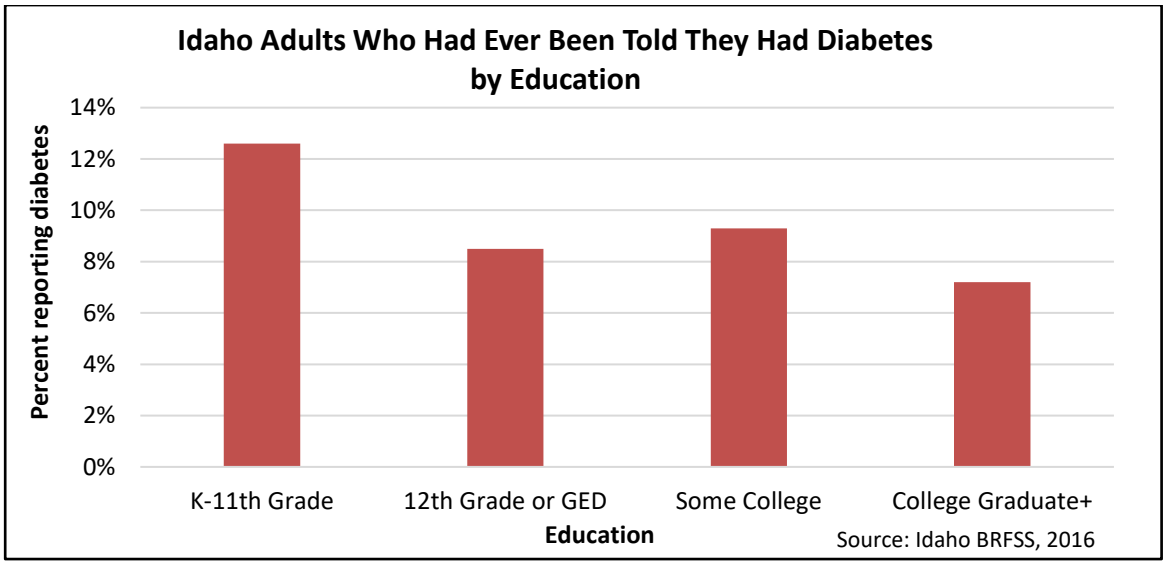


Other Highlights:

- Overweight (BMI ≥ 25) adults reported diabetes about three times as often as those who were not overweight.
- Approximately 59 percent of all diabetes health care expenditures are attributable to seniors. Educating older adults on diabetes management throughout the aging process and implementing physician guidelines tailored for older adults can minimize the health impact of diabetes.
- Those with a high school diploma or less education were significantly more likely to have diabetes than college graduates.[58]

[56] Idaho and National 2002 - 2016 Behavioral Risk Factor Surveillance System
[57] America's Health Rankings 2015-2018, www.americashealthrankings.org
[58] Ibid.





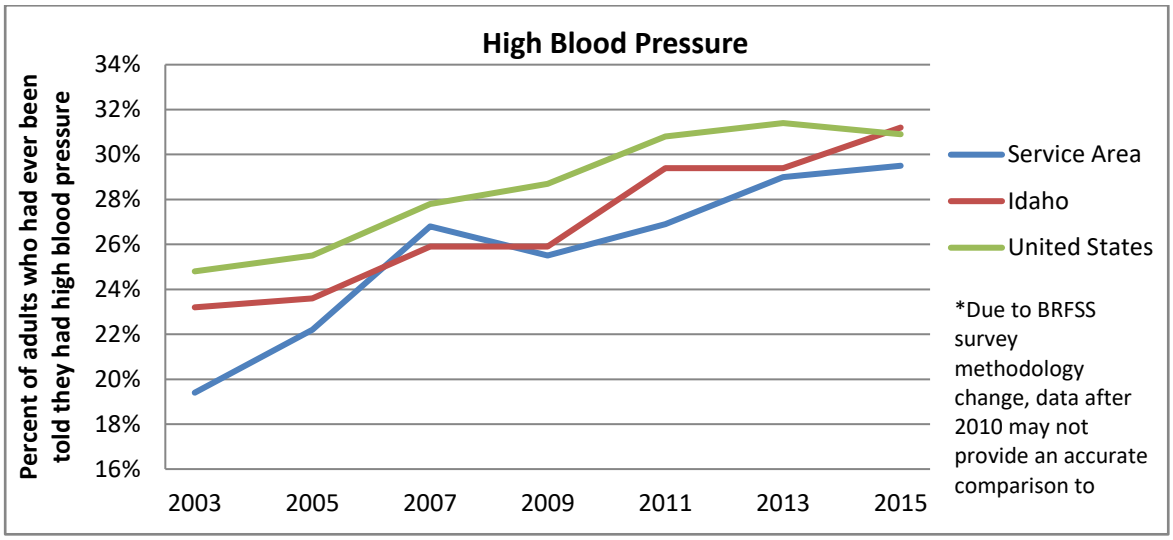
Studies indicate that the onset of type 2 diabetes can be prevented through weight loss, increased physical activity, and improving dietary choices. Diabetes can be managed through regular monitoring, following a physician-prescribed care regiment, adjusting diet, and maintaining a physically active lifestyle.[59]

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	**4**	**1**	**3**	**4**	**12**

[59] America's Health Rankings 2015-2018, 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. Although blood pressure rates in our service area are below the national level, the long-term trend is not improving. High blood pressure is a major risk factor for heart disease, stroke, congestive heart failure, and kidney disease.[60]



- 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.[61]

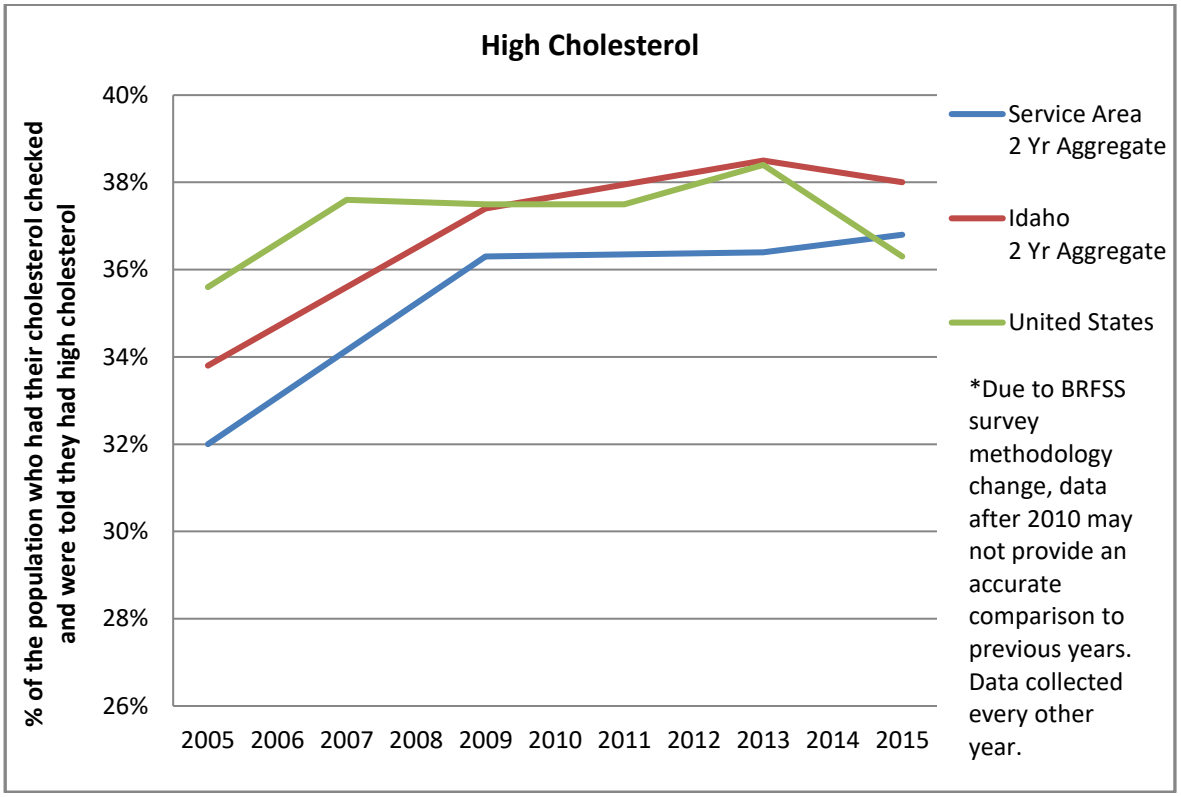
Healthy blood pressure may be maintained by changing lifestyle or combining lifestyle changes with prescribed medications.[62]

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

[60] Ibid
[61] Idaho and National 2002 - 2016 Behavioral Risk Factor Surveillance System
[62] America's Health Rankings 2015-2018, www.americashealthrankings.org

- **High Cholesterol**

Among those who had ever been screened for cholesterol in our service area, over 36% reported that they were told their cholesterol was high in 2016, which is about the same as the national average. The percentage of screened adults with high cholesterol has increased in our service area, Idaho, and nationally since 2005. Sustained, increased cholesterol levels can lead to heart disease, heart attack, and other circulatory problems.[63]



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 significantly more likely to have had high blood cholesterol levels as those under age 55.[64]

[63] Ibid.
[64] Idaho 2011 - 2016 Behavioral Risk Factor Surveillance System

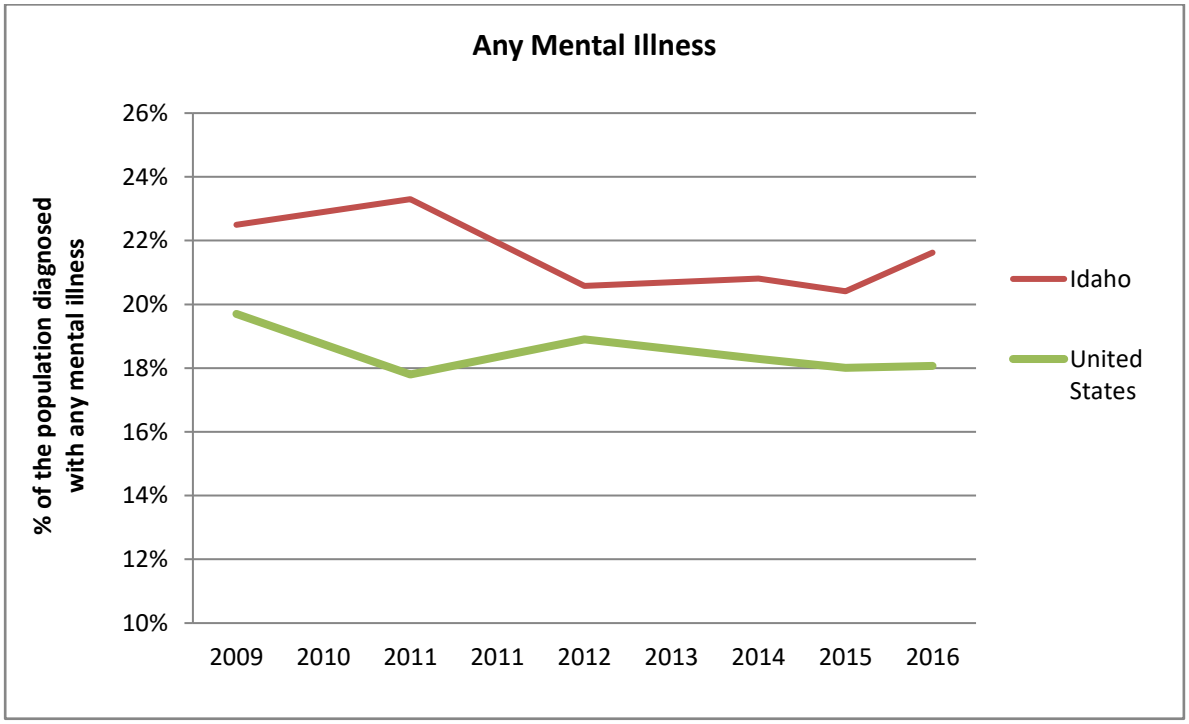
While some factors that contribute to high cholesterol are out of our control, like family history, there are many things a person can do to keep cholesterol in check, such as following a healthy diet, maintaining a healthy weight, and being physically active. For some individuals, a physician-recommended pharmacological intervention may be necessary.[65]

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	**3**	**2**	**3**	**2**	**10**

[65] America's Health Rankings 2015-2018, www.americashealthrankings.org

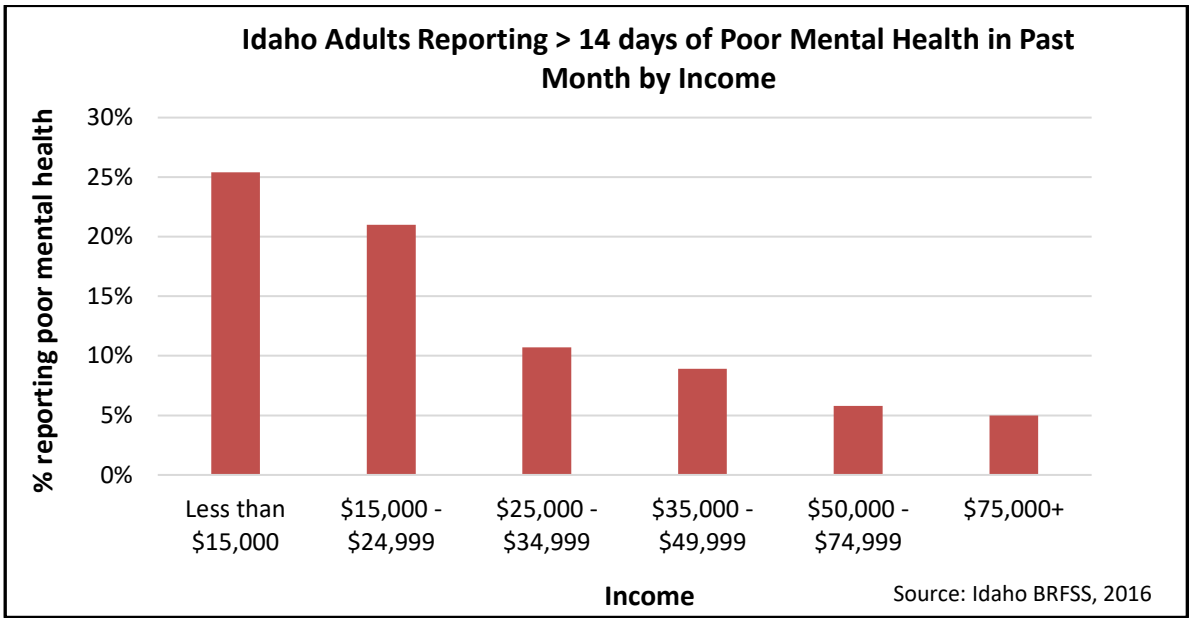
- **Mental Illness**

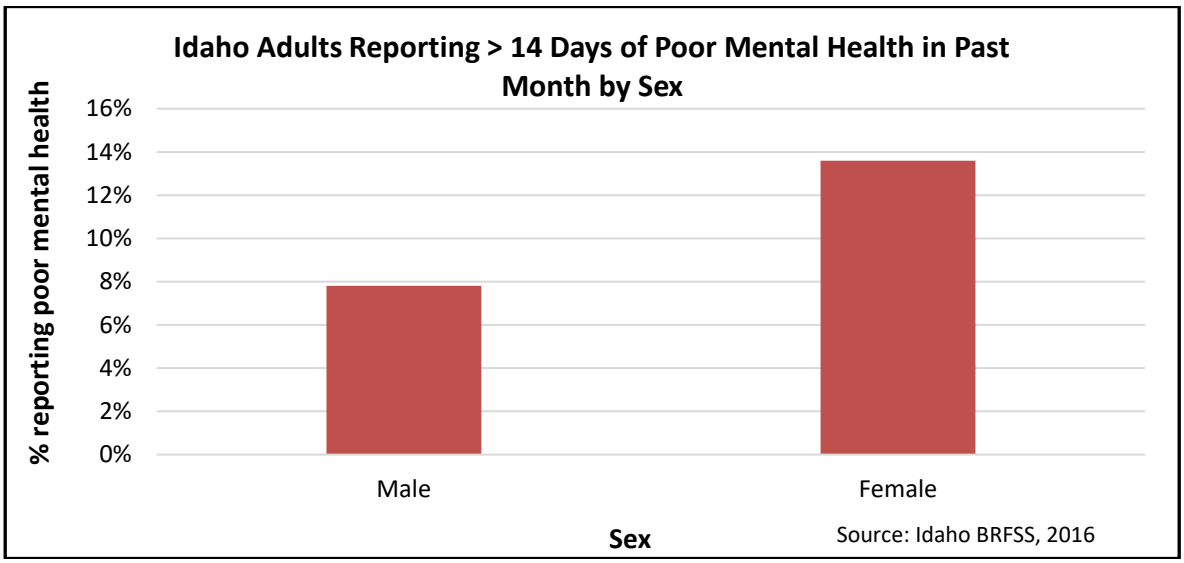
  Community mental health status can help explain suicide rates as well as aid us in understanding the need for mental health professionals in our service area. The percentage of people age 18 or older having any mental illness (AMI) was 21.62% for Idaho in 2016. This was the fourth highest percentage of mental illness in the nation. The percentage of people having any mental illness for the United States as a whole was 18.07%.[66]



[66] Mental Health, United States, 2009 - 2016 Reports, 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. [67]





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	**2**	**4**	**3**	**4**	**13**

[67] Idaho 2011 - 2016 Behavioral Risk Factor Surveillance System

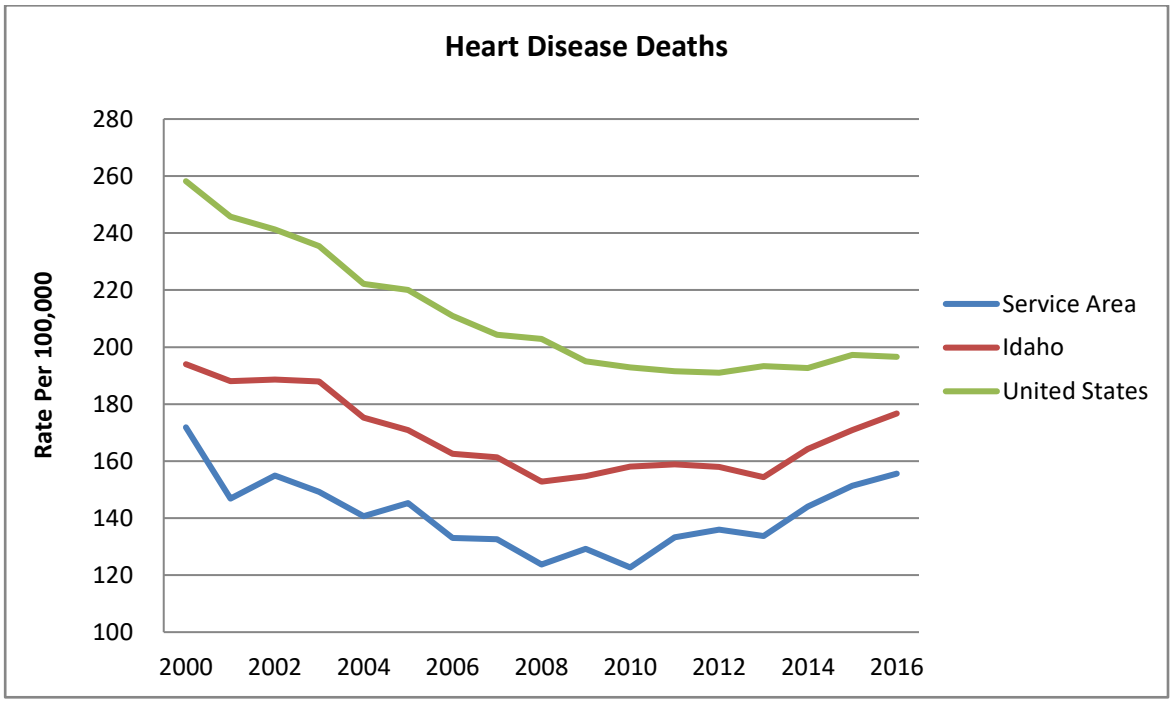
Top 10 Causes of Death

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.

- **Diseases of the Heart**

  The long, steady decline in heart disease death rates since 2000 shows signs of reversing.[68] It's also important to note that 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 and is now the leading cause of death in Idaho as well.[69] The death rate from heart disease in our service area is well 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.[70]

[68] Idaho Vital Statistics Annual Reports, Years 2000 - 2016, National Vital Statistics Report - Deaths: Data 2016
[69] America's Health Rankings 2015-2018, www.americashealthrankings.org
[70] 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**
Heart disease deaths	**3**	**0**	**4**	**2**	**9**

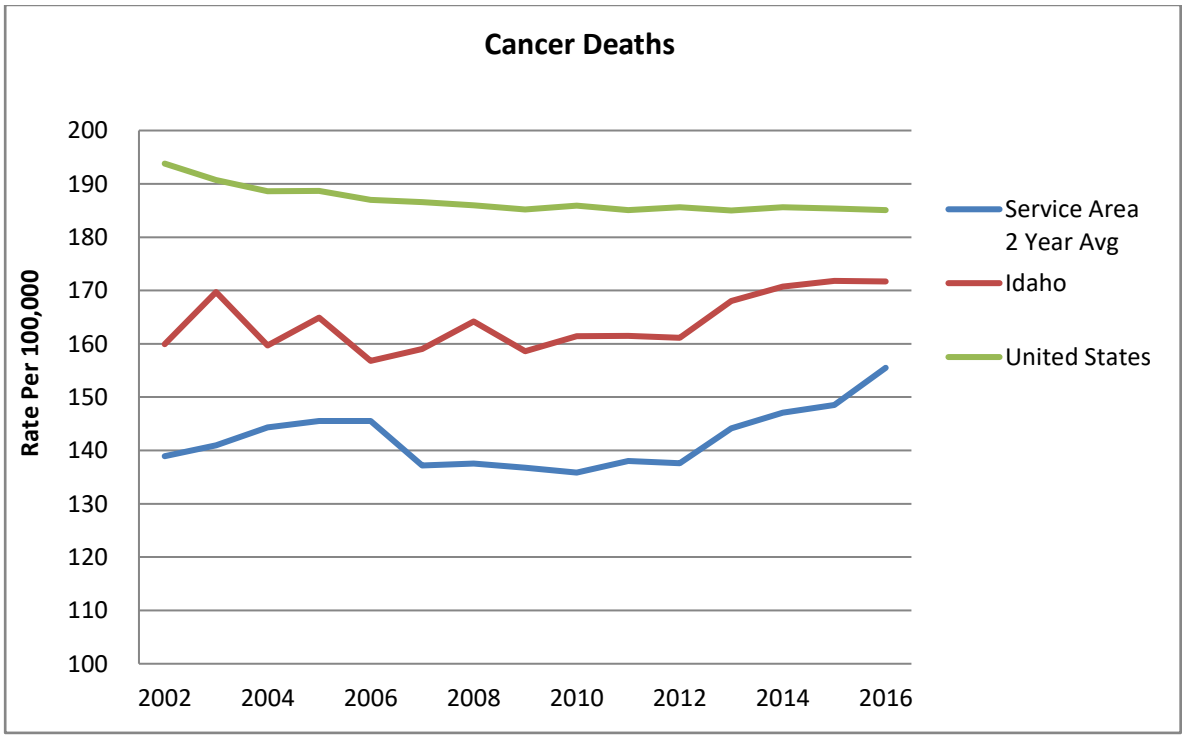
- **Cancer (malignant neoplasms)**

  Cancer is the second leading cause of death in Idaho and 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. Over 20% 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.[71]

  The chart below shows the cancer death rate in our service area is 15% below the national average. The trend for cancer deaths is down nationally but has started to rise in our service area.[72]



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

[72] Idaho Vital Statistics Annual Reports, Years 2003 - 2016, National Vital Statistics Report - Deaths: Data 2016

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.[73]

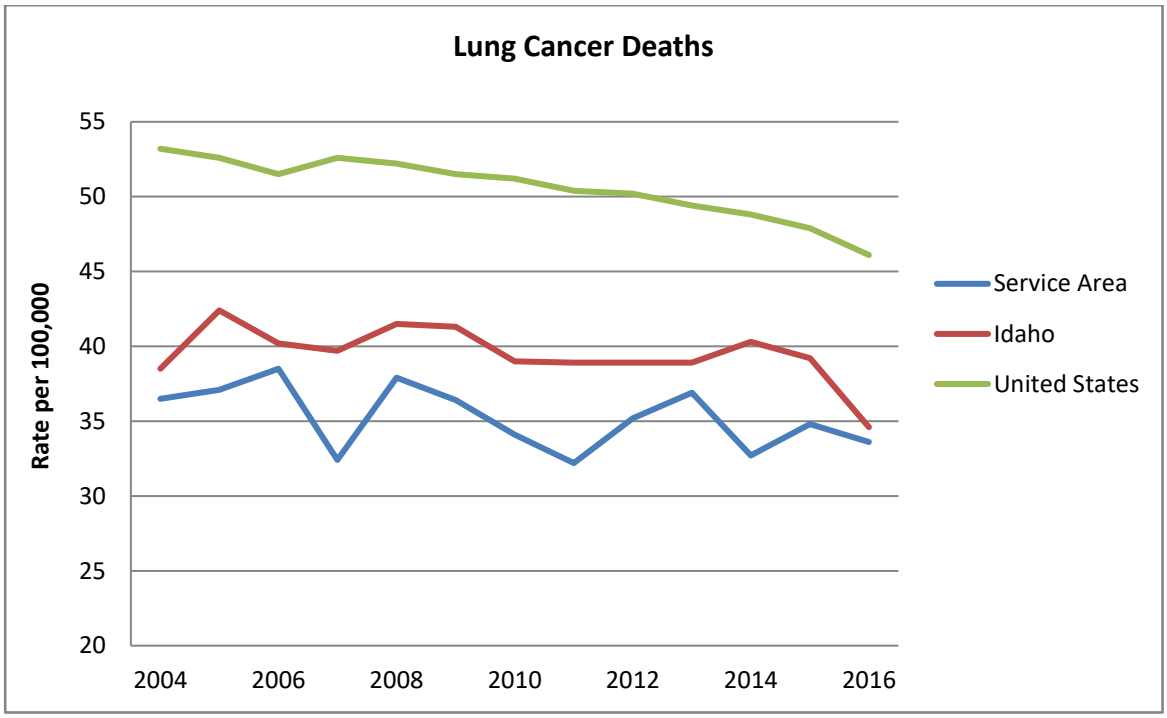
Health Factor Score Low score = Low potential for health impact High score = High potential for health impact					
	Trend: Better/Worse	**Prevalence versus U.S. Average**	**Severe/ Preventable**	**Magnitude: Root Cause**	**Total Score**
Cancer	**3**	**0**	**3**	**1**	**7**

Although our service area's cancer rate is low 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 collected data on the most common forms of cancer on the following pages.

[73] America's Health Rankings 2015-2018, www.americashealthrankings.org

- **Lung Cancer**

Lung cancer is the leading cause of cancer death in Idaho. However, the lung cancer death rate in our service area is below the national average.[74] 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.[75]

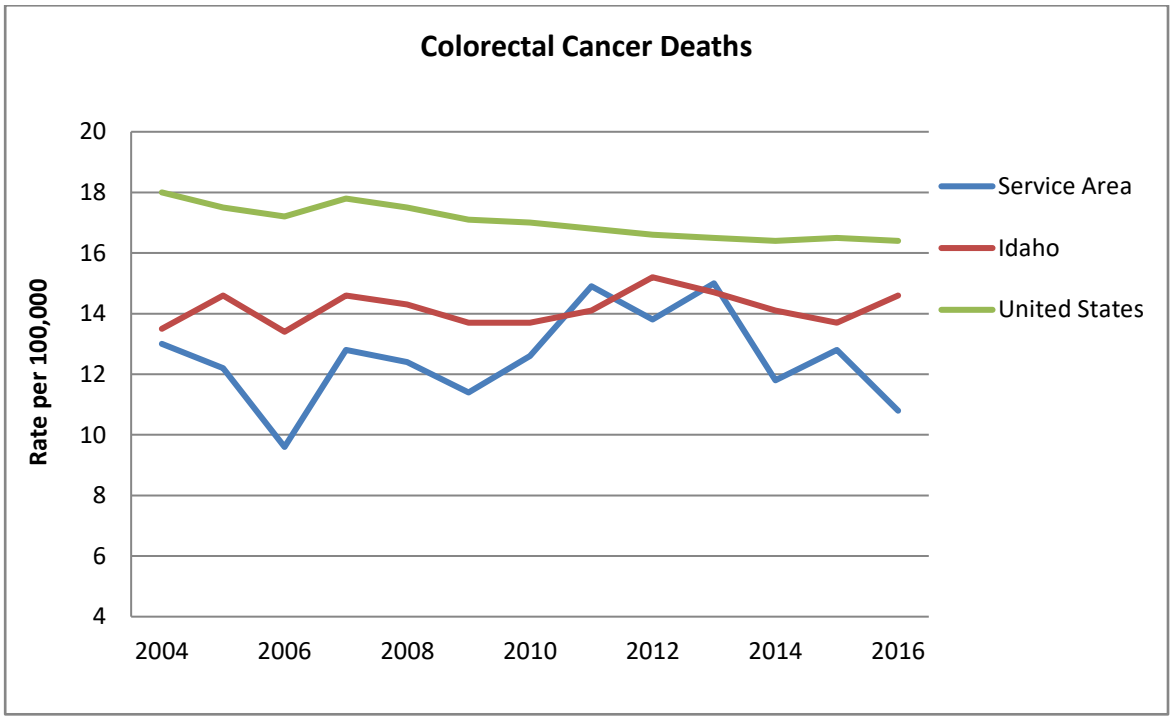


Health Factor Score Low score = Low potential for health impact High score = High potential for health impact					
	Trend: Better/Worse	**Prevalence versus U.S. Average**	**Severe/ Preventable**	**Magnitude: Root Cause**	**Total Score**
Lung Cancer	**2**	**0**	**4**	**1**	**7**

[74] Idaho Vital Statistics Annual Reports, Years 2000 - 2016, National Vital Statistics Report - Deaths: Data 2016
[75] 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 flat, while the national trend is down. The death rate in our service area is well below the national average.[76] 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.[77]

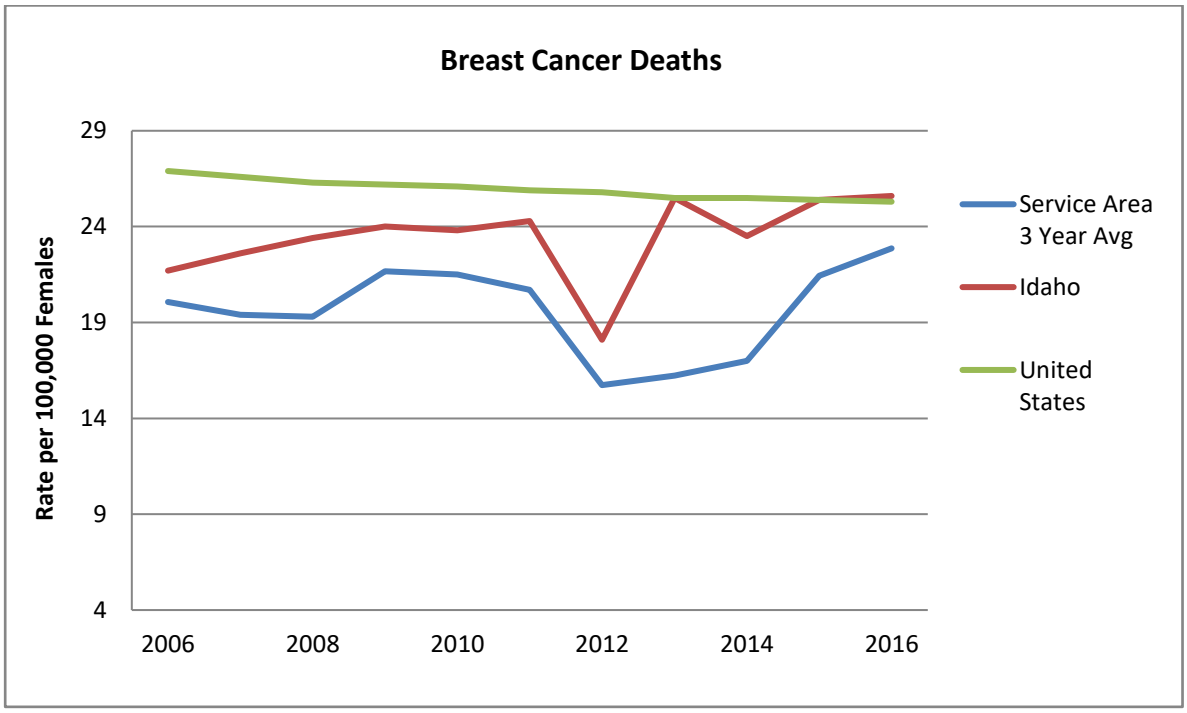


Health Factor Score Low score = Low potential for health impact High score = High potential for health impact					
	Trend	**Prevalence versus U.S. Average**	**Severe/ Preventable**	**Magnitude**	**Total Score**
Colorectal Cancer	**2**	**0**	**4**	**0**	**6**

[76] Idaho Vital Statistics Annual Reports, Years 2000 - 2016, National Vital Statistics Report - Deaths: Data 2016
[77] America's Health Rankings 2015-2018, 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 below the national average and the trend is flat. [78] 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%). [79]

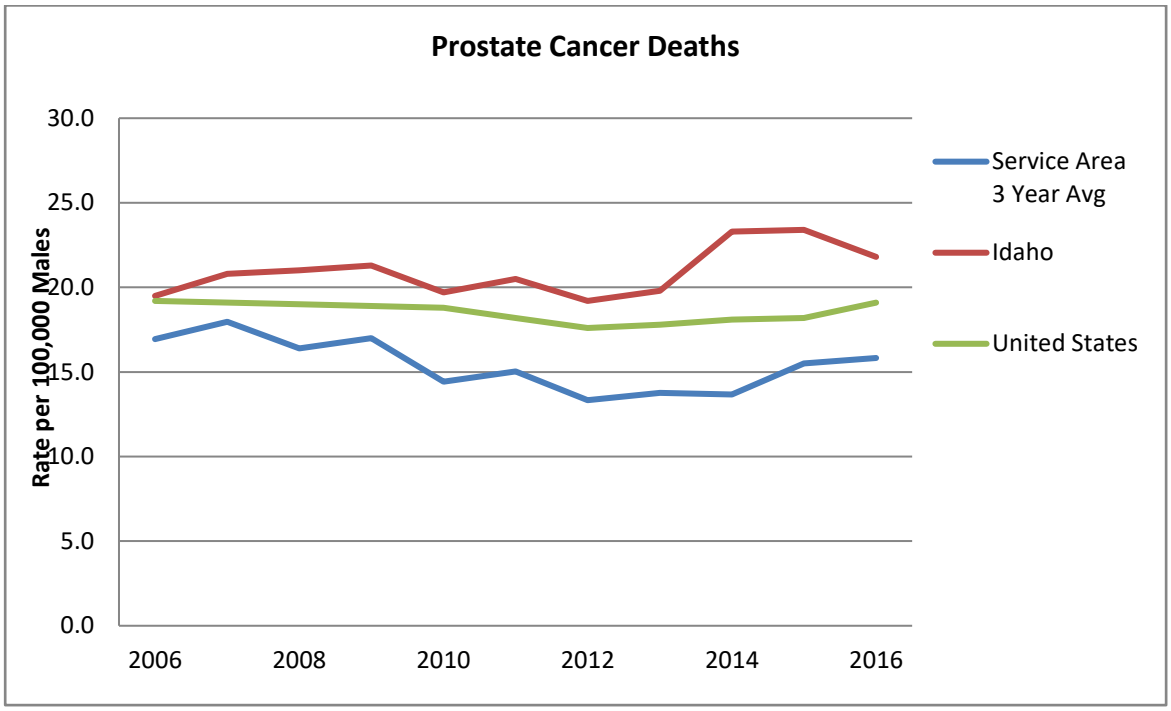


Health Factor Score Low score = Low potential for health impact High score = High potential for health impact					
	Trend: Better/Worse	**Prevalence versus U.S. Average**	**Severe/ Preventable**	**Magnitude: Root Cause**	**Total Score**
Breast Cancer	**2**	**1**	**4**	**1**	**8**

[78] Idaho Vital Statistics Annual Reports, Years 2000 - 2016, National Vital Statistics Report - Deaths: Data 2016
[79] America's Health Rankings 2015-2018, 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 flat and is slightly below the national average.[80] 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.[81]

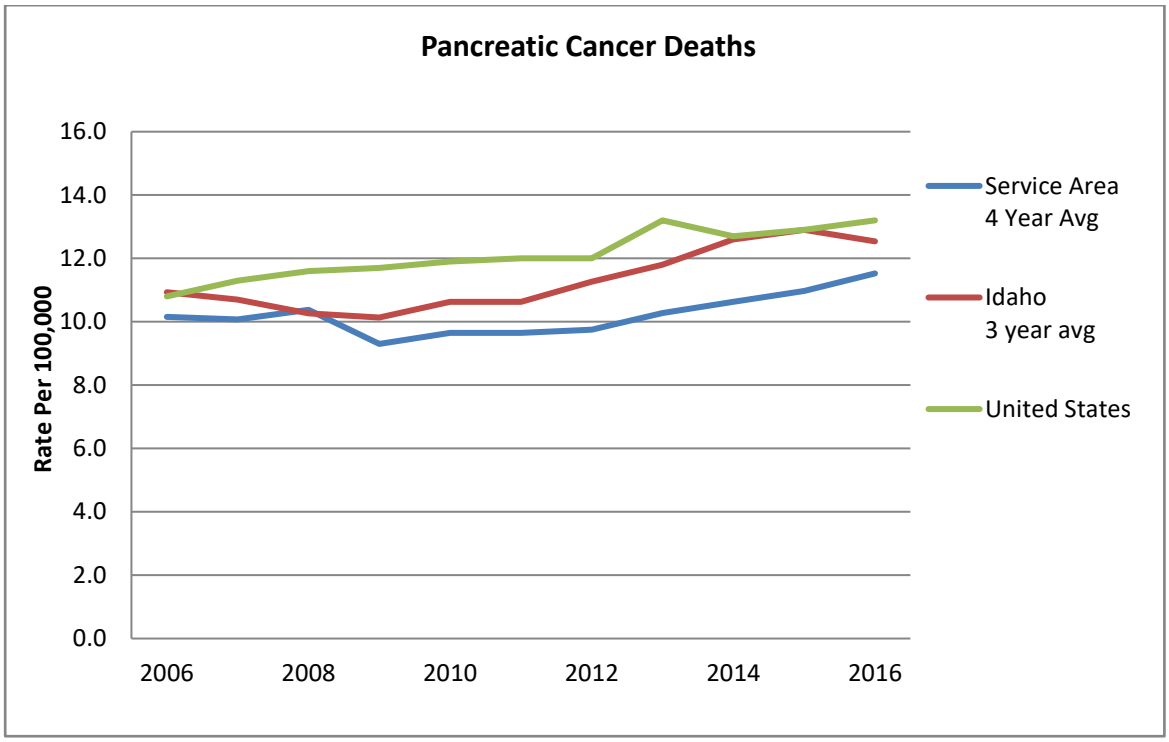


Health Factor Score Low score = Low potential for health impact High score = High potential for health impact					
	Trend: Better/Worse	**Prevalence versus U.S. Average**	**Severe/ Preventable**	**Magnitude: Root Cause**	**Total Score**
Prostate Cancer	**2**	**2**	**2**	**0**	**6**

[80] Idaho Vital Statistics Annual Reports, Years 2000 - 2016, National Vital Statistics Report - Deaths: Data 2016
[81] 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 slightly below the national average. [82] 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.[83]



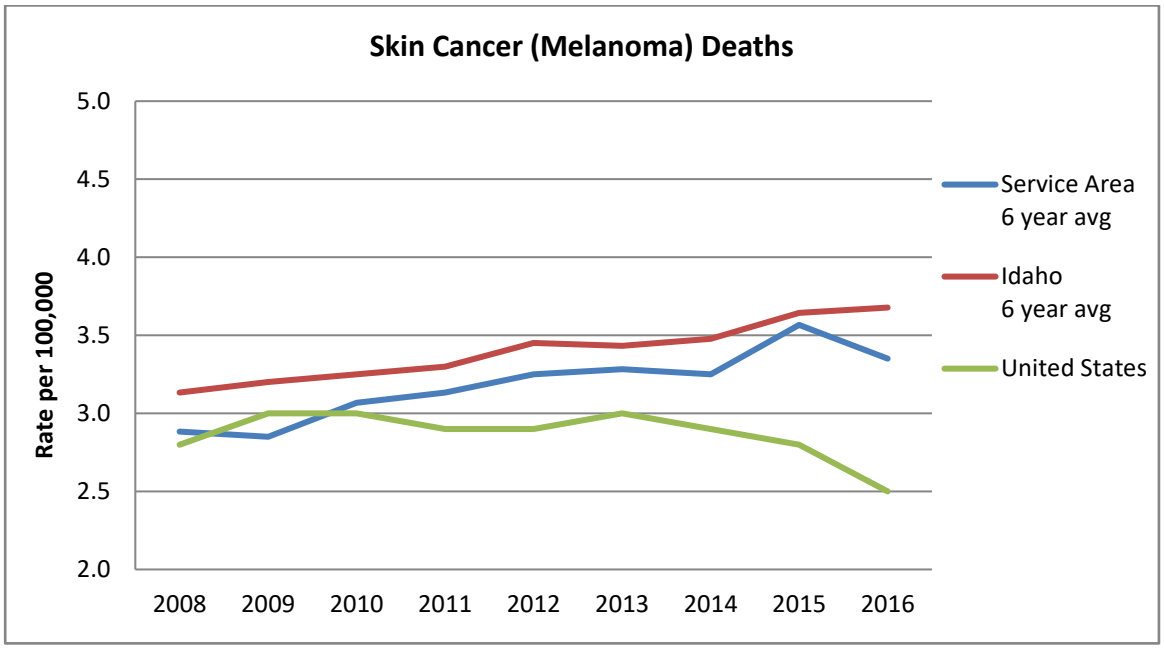
Health Factor Score Low score = Low potential for health impact High score = High potential for health impact					
	Trend	**Prevalence versus U.S. Average**	**Severe/ Preventable**	**Magnitude**	**Total Score**
Pancreatic Cancer	**3**	**2**	**1**	**0**	**6**

[82] Idaho Vital Statistics Annual Reports, Years 2000 - 2016, National Vital Statistics Report - Deaths: Data 2016
[83] Comprehensive Cancer Alliance for Idaho, Idaho Comprehensive Cancer Strategic Plan 2004-2010, www.ccaidaho.org

- **Skin Cancer (melanoma)**

More people are diagnosed with skin cancer each year in the U.S. than all other cancers combined. In 2012, more than three million people in the U.S. were treated for skin cancer, the most recent year new statistics were available. About 1 in 5 Americans will develop skin cancer during their lifetime. In the past decade (2008 – 2018) the number of new melanoma cases diagnosed annually has increased by 53 percent. [84]

The chart shows that melanoma death rates are higher in Idaho and our service area than in the rest of the nation and the death rates have been increasing over time.[85]



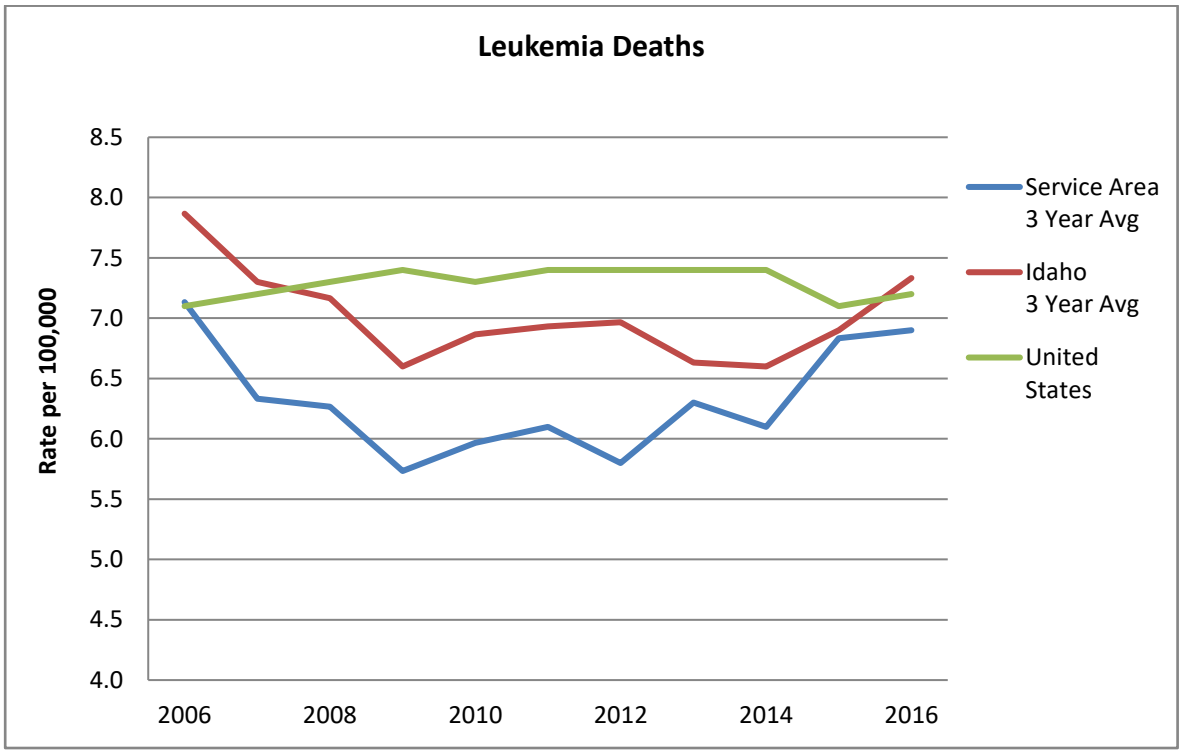
Exposure to ultraviolet (UV) radiation appears to be the most significant factor in the development of skin cancer. Skin cancer is largely preventable when sun protection measures are used consistently. These results highlight the need for effective interventions that reduce harmful UV light exposure. [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**
Skin Cancer Death Rate	**3**	**4**	**4**	**0**	**11**

[84] https://www.skincancer.org/skin-cancer-information/skin-cancer-facts
[85] Idaho Vital Statistics Annual Reports, Years 2000 - 2016, National Vital Statistics Report - Deaths: Data 2016
[86] https://www.skincancer.org/skin-cancer-information/skin-cancer-facts

- **Leukemia**

The leukemia death rate in our service area is about the same as the national average and the trend is flat over the past 10 years. [87] 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.[88] Because the causes are not well understood, evidence-based preventive programs are not available (other than avoiding the risk factors described above).

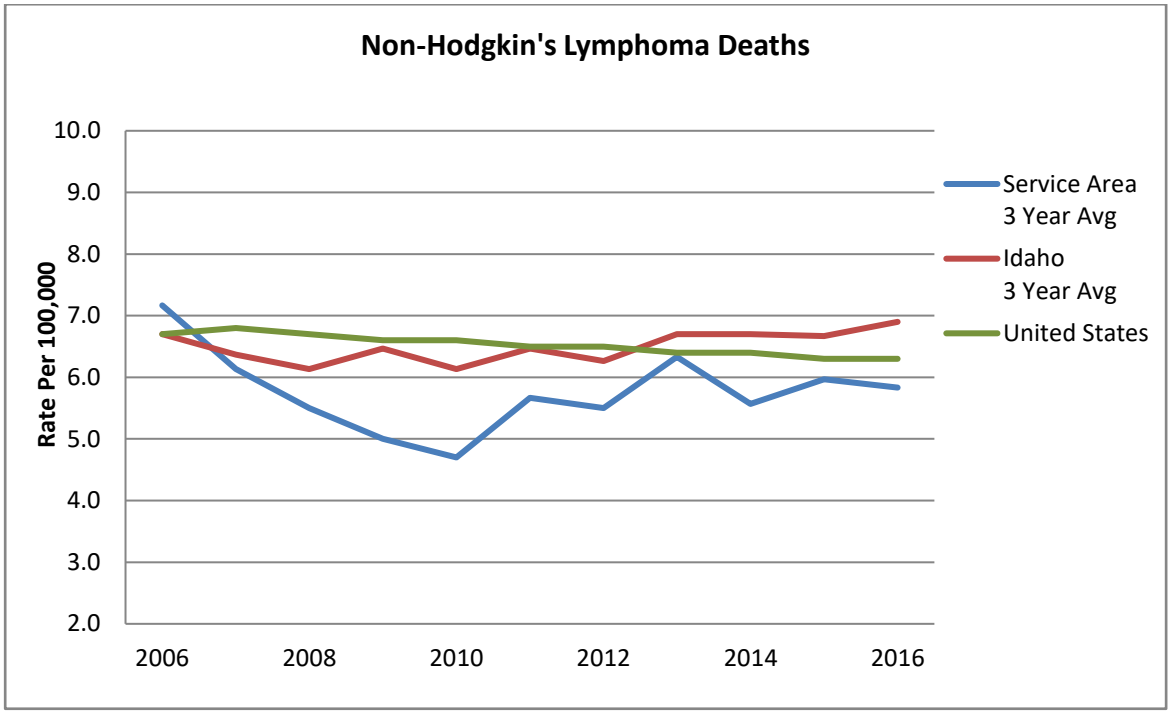


Health Factor Score Low score = Low potential for health impact High score = High potential for health impact					
	Trend: Better/Worse	**Prevalence versus U.S. Average**	**Severe/ Preventable**	**Magnitude: Root Cause**	**Total Score**
Leukemia	**2**	**2**	**1**	**0**	**5**

[87] Idaho Vital Statistics Annual Reports, Years 2000 - 2016, National Vital Statistics Report - Deaths: Data 2016
[88] www.cdc.gov/Features/HematologicCancers/

- **Non-Hodgkin's Lymphoma**

The non-Hodgkin's lymphoma death rate in our service area is about the same as the national average, and the trend is flat.[89] Lymphoma is a general term for cancers that start in the lymph system; mainly the lymph nodes. The causes of lymphoma are unknown.[90] Because the causes are not understood, evidence-based preventive programs are not available.

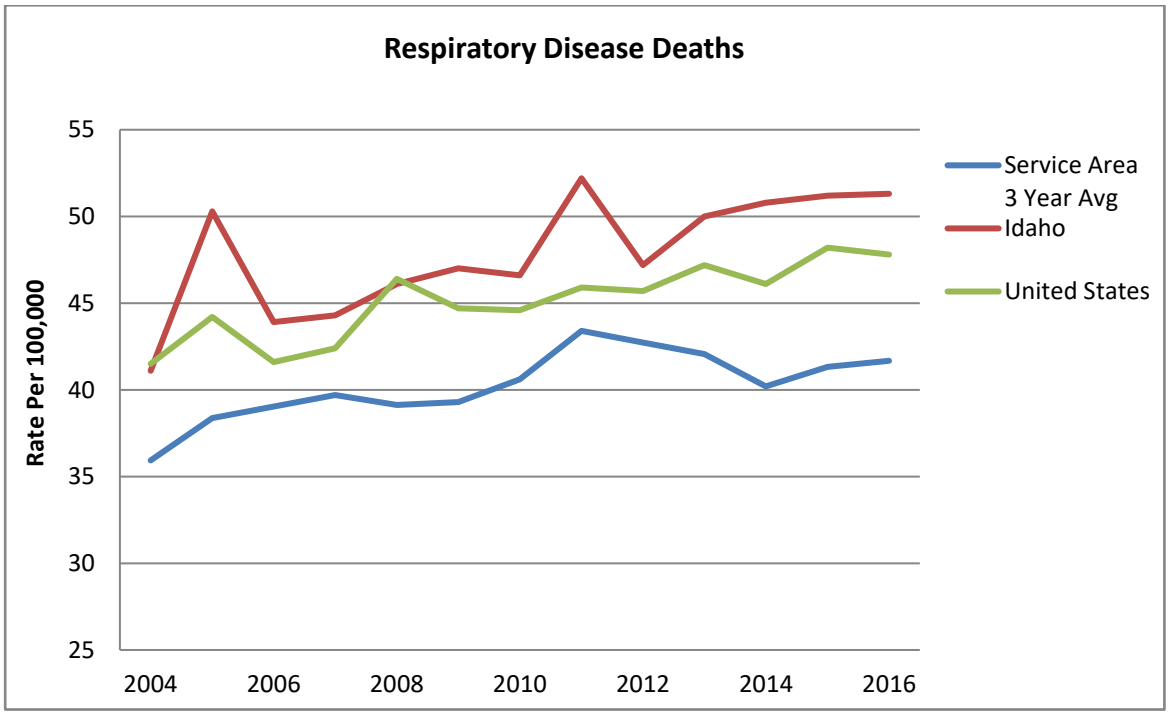


Health Factor Score Low score = Low potential for health impact High score = High potential for health impact					
	Trend: Better/Worse	**Prevalence versus U.S. Average**	**Severe/ Preventable**	**Magnitude: Root Cause**	**Total Score**
Non-Hodgkin's lymphoma	**2**	**2**	**1**	**0**	**5**

[89] Idaho Vital Statistics Annual Reports, Years 2000 - 2016, National Vital Statistics Report - Deaths: Data 2016
[90] www.cdc.gov/Features/HematologicCancers/

- **Chronic Lower Respiratory Diseases**

The chronic lower respiratory diseases death rate in our service area is lower than the the national average and the trend has been flat since 2008. Chronic lower respiratory diseases are the third leading cause of death in Idaho.[91] 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. [92]

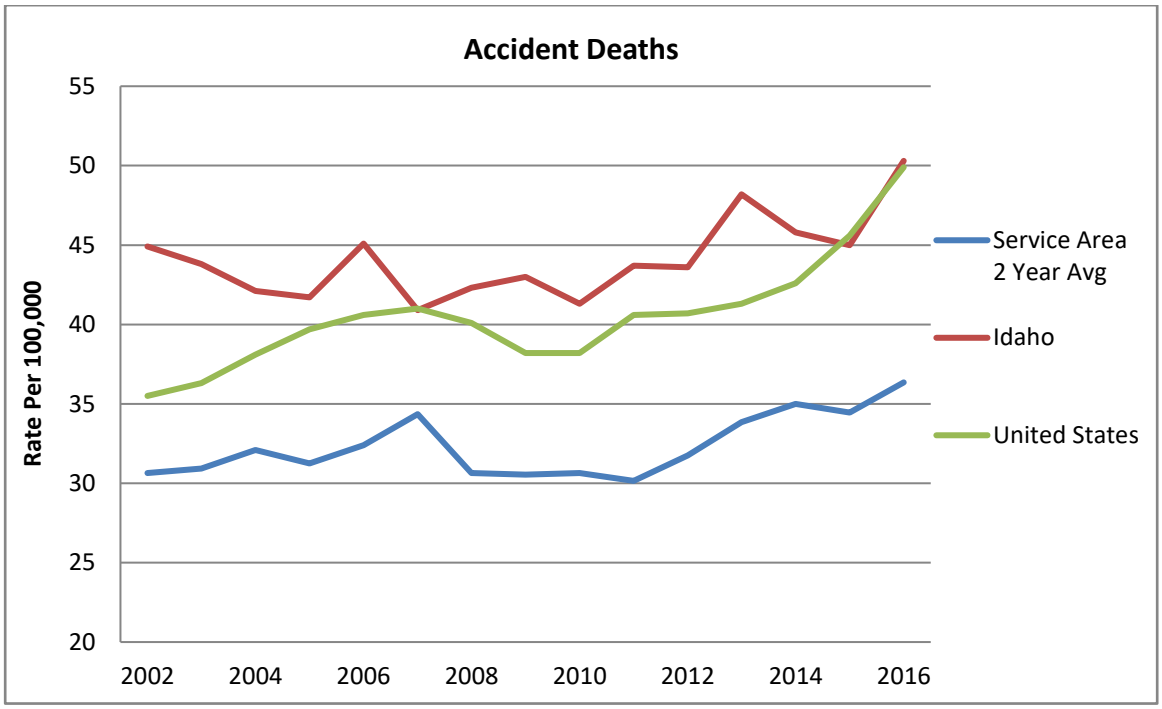


Health Factor Score Low score = Low potential for health impact High score = High potential for health impact					
	Trend: Better/Worse	**Prevalence versus U.S. Average**	**Severe/ Preventable**	**Magnitude: Root Cause**	**Total Score**
Respiratory disease deaths	**2**	**1**	**4**	**0**	**7**

[91] Idaho Vital Statistics Annual Reports, Years 2000 - 2016, National Vital Statistics Report - Deaths: Data 2016
[92] 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 below the national average and the trend is flat to up slightly.[93]

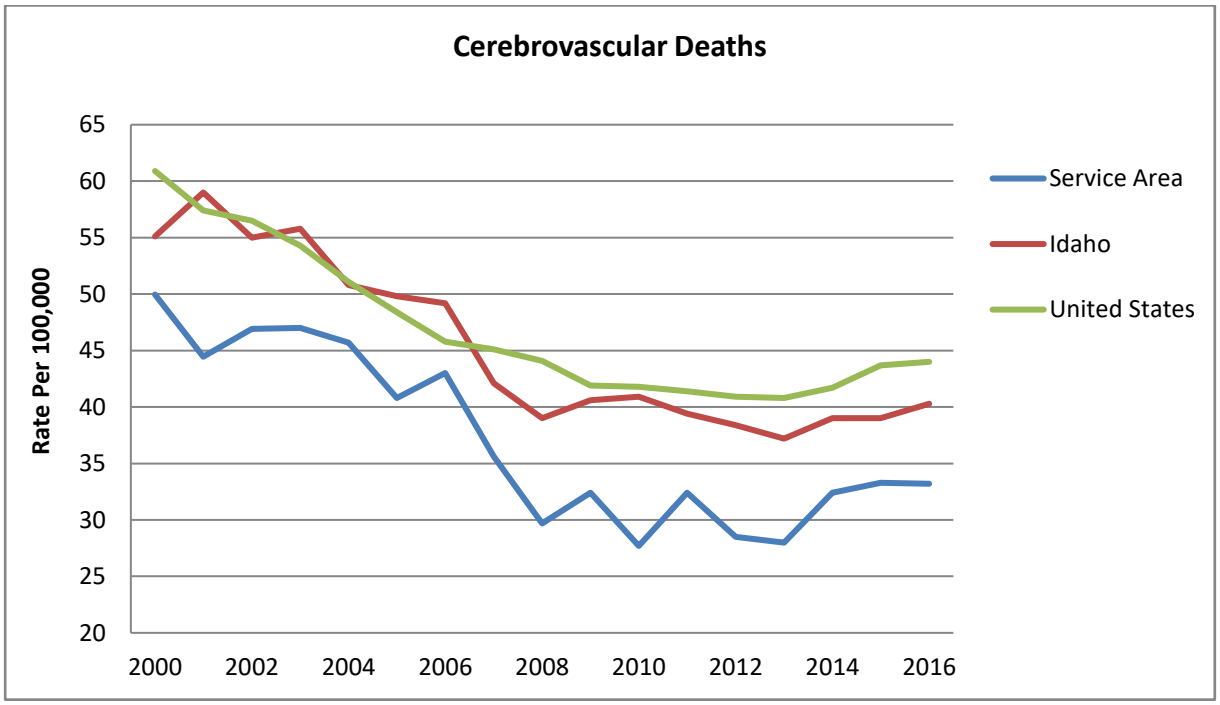


Health Factor Score Low score = Low potential for health impact High score = High potential for health impact					
	Trend	**Prevalence versus U.S. Average**	**Severe/ Preventable**	**Magnitude**	**Total Score**
Accidental deaths	**2**	**0**	**4**	**0**	**6**

[93] Idaho Vital Statistics Annual Reports, Years 2000 - 2016, National Vital Statistics Report - Deaths: Data 2016

- **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 over 35% since the year 2000 and is significantly lower than the national average.[94] 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. [95]



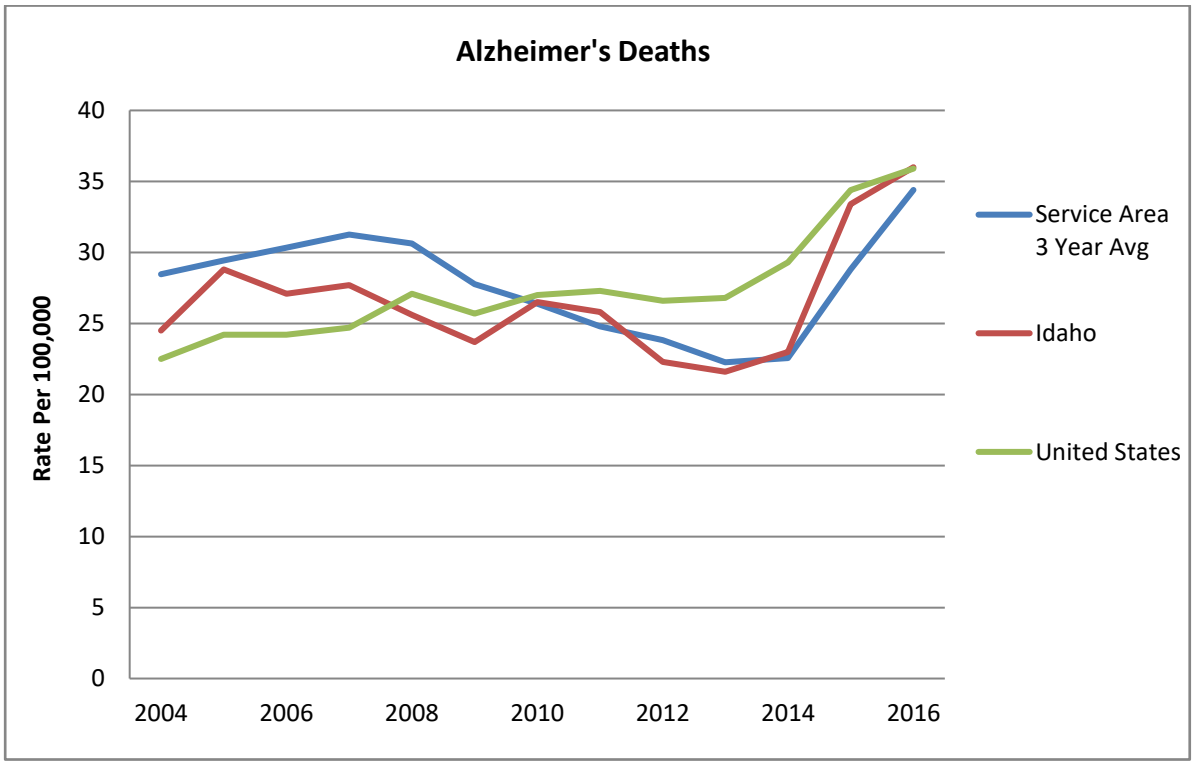
Health Factor Score Low score = Low potential for health impact High score = High potential for health impact					
	Trend: Better/Worse	**Prevalence versus U.S. Average**	**Severe/ Preventable**	**Magnitude: Root Cause**	**Total Score**
Cerebrovascular Deaths	**1**	**0**	**4**	**1**	**6**

[94] Idaho Vital Statistics Annual Reports, Years 2000 - 2016, National Vital Statistics Report - Deaths: Data 2016
[95] America's Health Rankings 2015-2018, www.americashealthrankings.org

- **Alzheimer's disease**

Alzheimer's is the sixth leading cause of death in Idaho. The death rate from Alzheimer's has increased over the past 10 years both nationally and in our service area.[96]

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.[97]

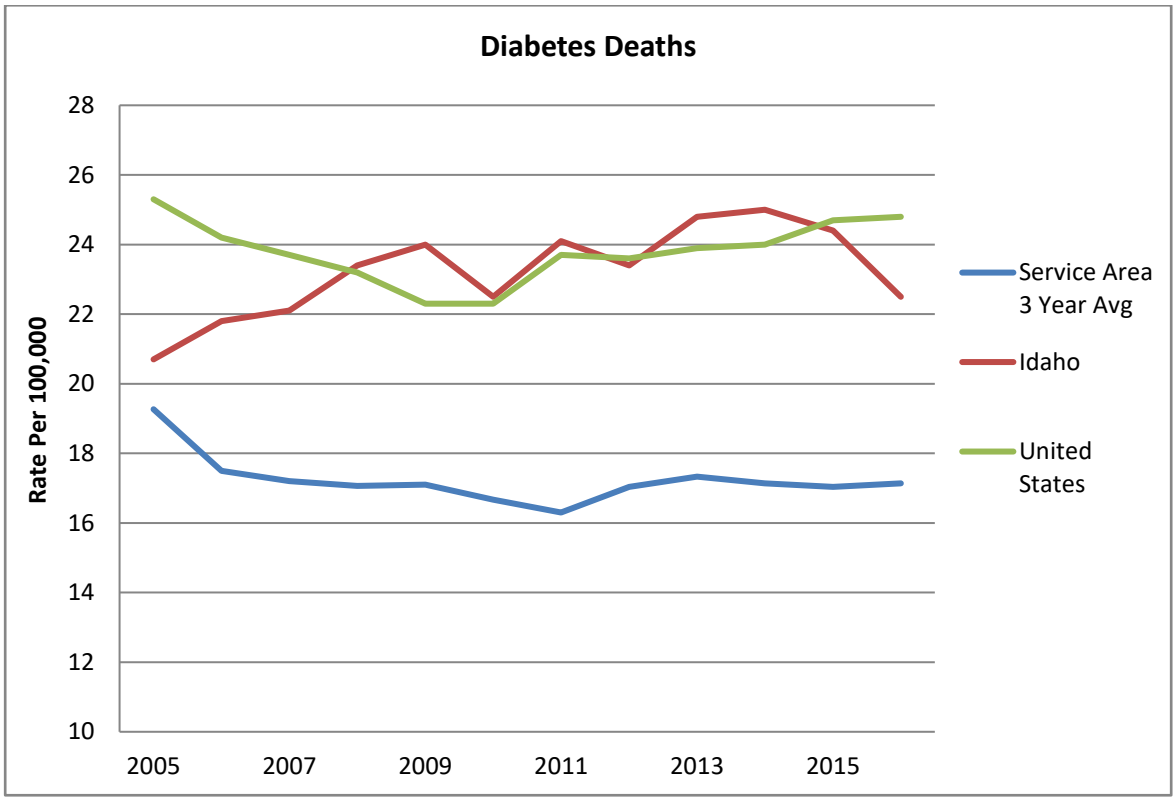


Health Factor Score Low score = Low potential for health impact High score = High potential for health impact					
	Trend: Better/Worse	**Prevalence versus U.S. Average**	**Severe/ Preventable**	**Magnitude: Root Cause**	**Total Score**
Alzheimer's Deaths	**3**	**2**	**2**	**1**	**8**

[96] Vital Statistics Annual Reports, Years 2000 - 2016, National Vital Statistics Report - Deaths: Data 2016
[97] Alzheimer's Association, www.alz.org

- **Diabetes Mellitus**

Diabetes is the seventh leading cause of death in Idaho. The death rate from diabetes in our service area is significantly below the national average. While the rate of people dying from diabetes has been flat 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.[98]

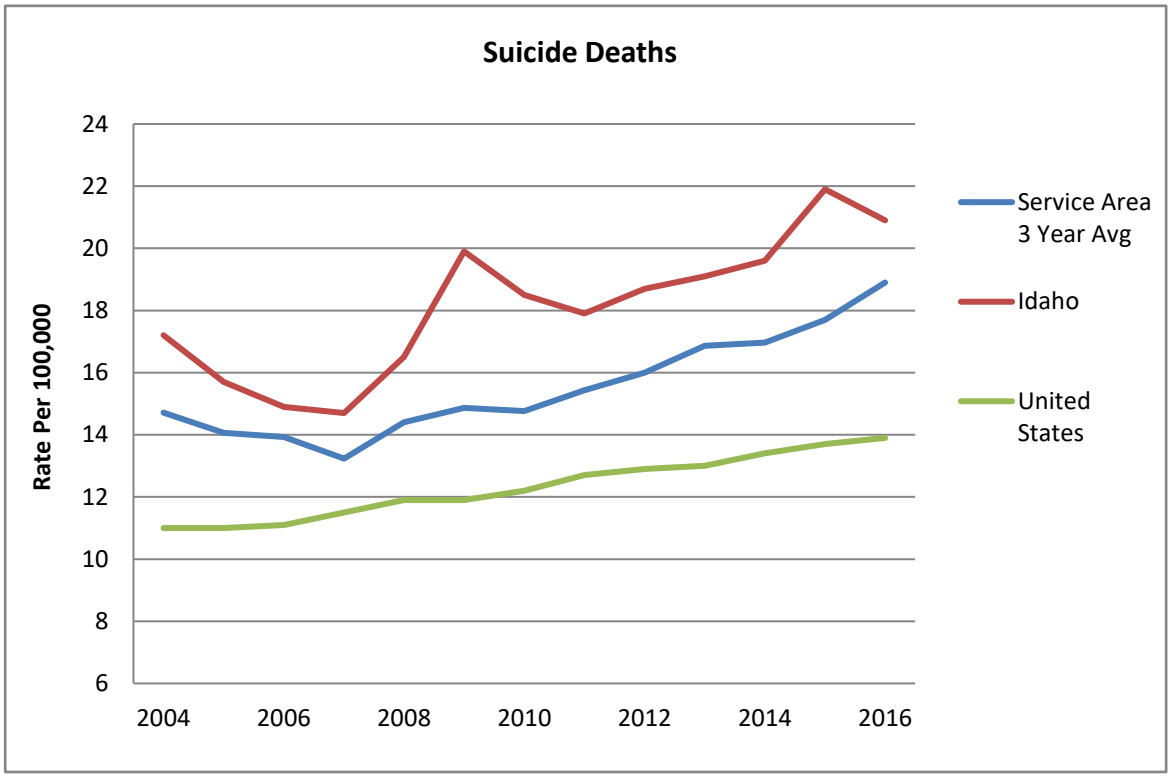


Health Factor Score Low score = Low potential for health impact High score = High potential for health impact					
	Trend: Better/Worse	**Prevalence versus U.S. Average**	**Severe/ Preventable**	**Magnitude: Root Cause**	**Total Score**
Diabetes Deaths	**2**	**0**	**3**	**4**	**9**

[98] Idaho Vital Statistics Annual Reports, Years 2000 - 2016, National Vital Statistics Report - Deaths: Data 2016

- **Suicide**

Idaho is consistently listed in the top 10 states in the country for its rate of suicide. Suicide is the eighth leading cause of death in Idaho. The suicide death rate per 100,000 people in Idaho was 20.9 in 2016 which is about 50% higher than the national average rate of 13.9. The suicide rate in our service area was 18.9, which is 35% higher than the national average. As shown in the chart below, the suicide rate in our service area, Idaho, and the nation has been trending up.



The suicide rate for males is about four times higher than the rate for females.[99] 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.[100]

	Health Factor Score				
	Trend: Better/Worse	**Prevalence versus U.S.**	**Severe/ Preventable**	**Magnitude: Root Cause**	**Total Score**
Suicide	**4**	**4**	**4**	**1**	**13**

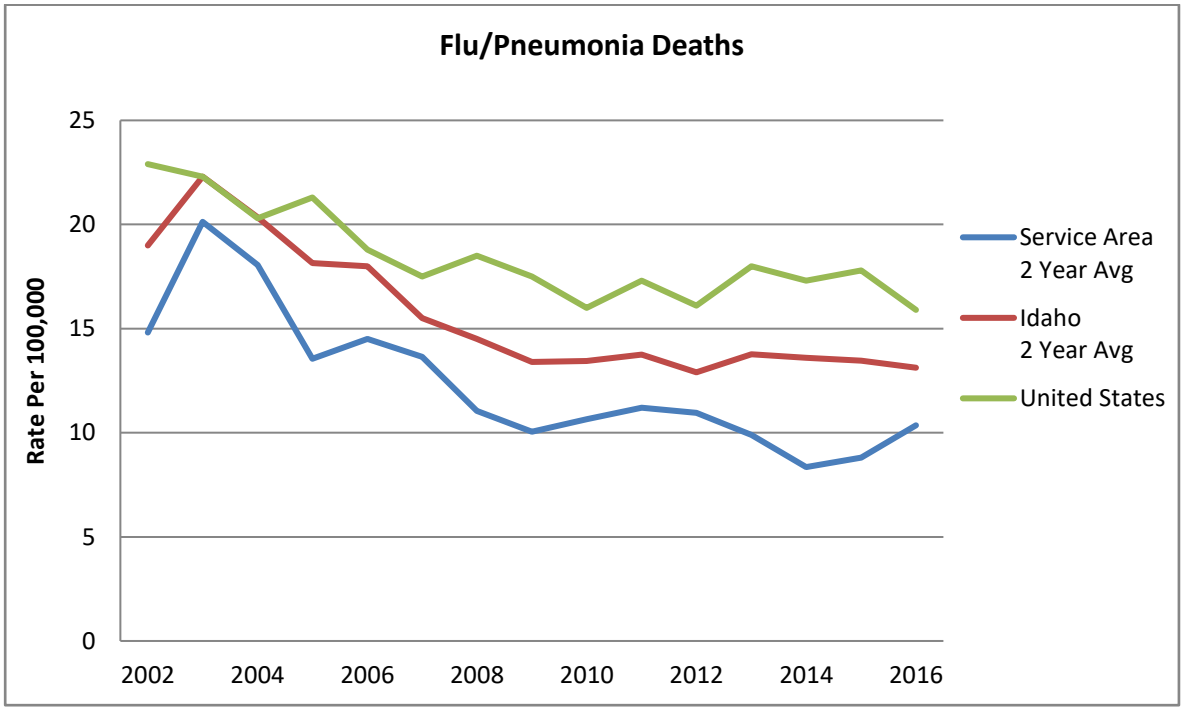
[99] Idaho Vital Statistics Annual Reports, Years 2000 - 2016, National Vital Statistics Report - Deaths: Data 2016
[100] Idaho Council on Suicide Prevention, Report to Governor C.L. Otter, November 2009

- **Influenza and Pneumonia**

The death rate from flu and pneumonia has been decreasing in our service area and are significantly lower than the national average.[101]

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.[102]

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.[103]



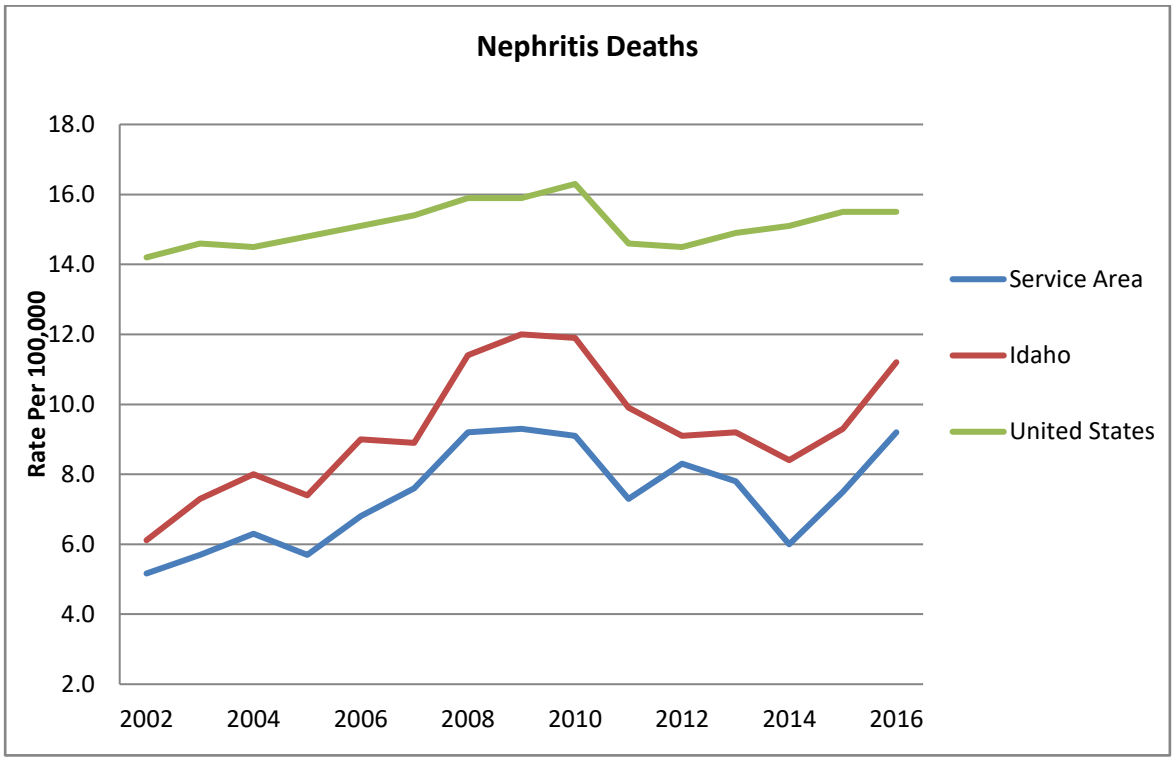
Health Factor Score Low score = Low potential for health impact High score = High potential for health impact					
	Trend: Better/Worse	**Prevalence versus U.S. Average**	**Severe/ Preventable**	**Magnitude: Root Cause**	**Total Score**
Flu/ Pneumonia	**0**	**0**	**4**	**0**	**4**

[101] Idaho Vital Statistics Annual Reports, Years 2000 - 2016, National Vital Statistics Report - Deaths: Data 2016
[102] http://www.cdc.gov/flu/keyfacts.htm
[103] 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 ten years.[104]

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.[105]



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.

[104] Idaho Vital Statistics Annual Reports, Years 2000 - 2016, National Vital Statistics Report - Deaths: Data 2016
[105] 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.[106]

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**

[106] 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.[107] 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

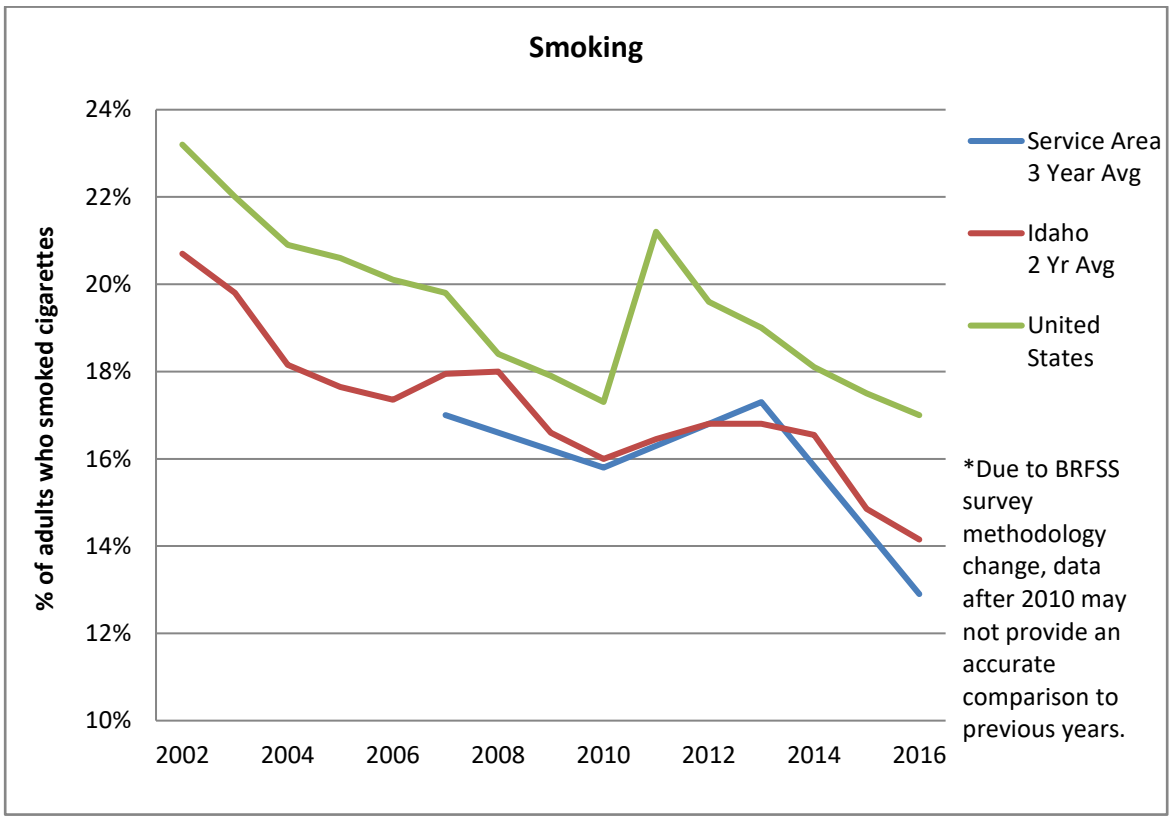
The *County Health Rankings* measures for community health behavior are described on the following pages. This next section also includes the trends for each indicator in our community and, when possible, compares our local data to state and national averages.

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

- **Adult Smoking**

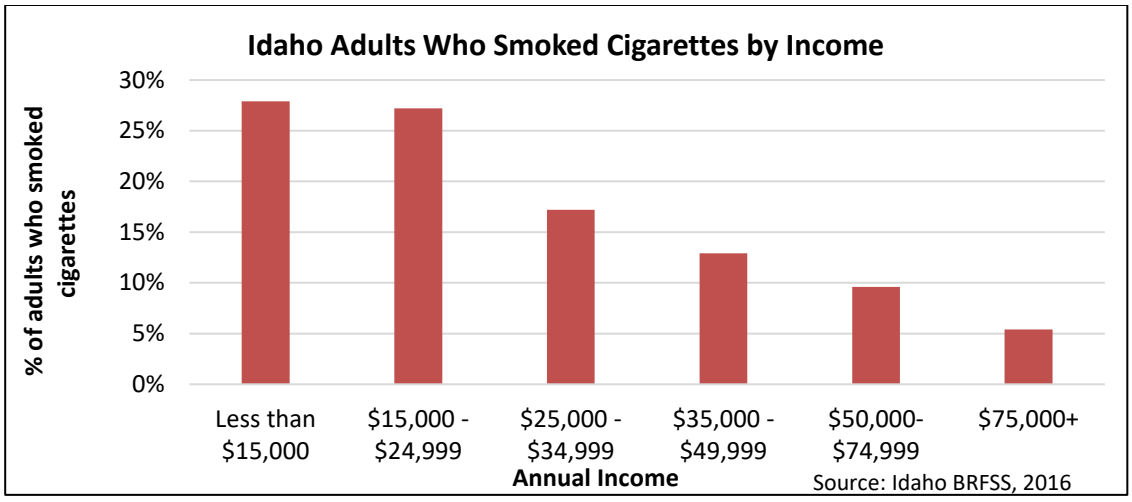
The relationship between tobacco use, particularly cigarette smoking, and adverse health outcomes is well known. In fact, cigarette smoking is the leading cause of preventable death. Smoking causes or contributes to cancers of the lung, pancreas, kidney, and cervix. An average of 1,500 people die each year in Idaho as a direct result of tobacco use.[108]

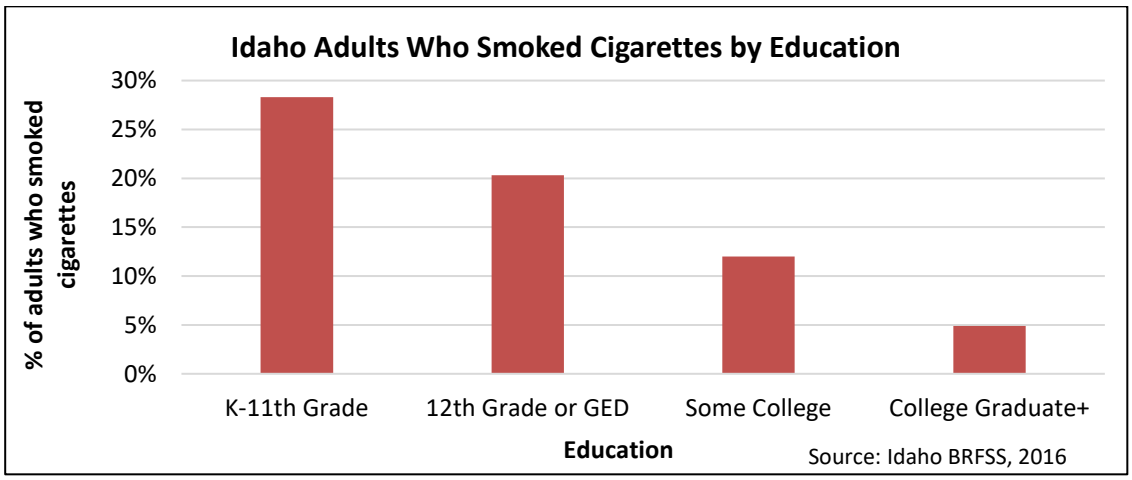
County-level measures from the Behavioral Risk Factor Surveillance System (BRFSS) provided by the CDC are used to obtain the number of current adult smokers who have smoked at least 100 cigarettes in their lifetime. The trend for smoking nationally and in Idaho is down. The percent of adults who smoked in our service area is well below the national average. [109]

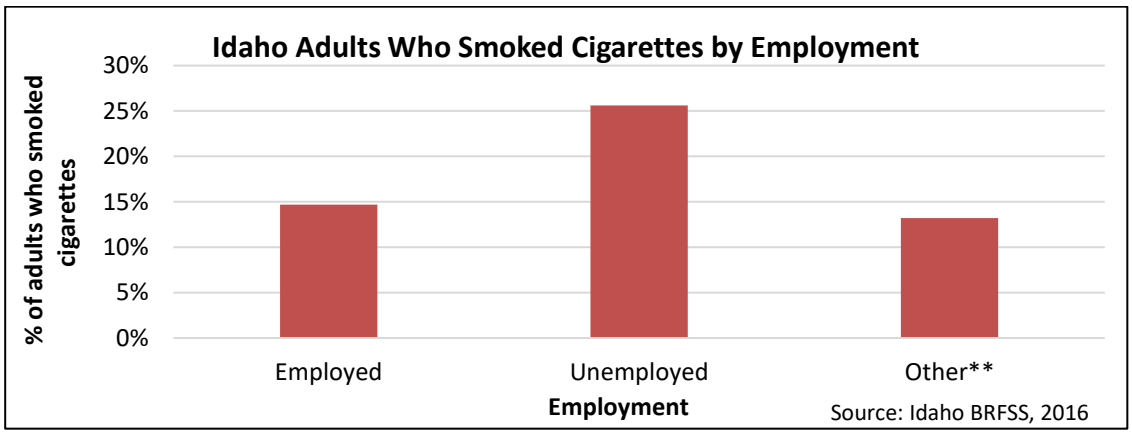


The percent of people who smoke declines significantly with higher levels of income and education as well as for those who are employed, as shown in the charts below.

[108] Comprehensive Cancer Alliance for Idaho, Idaho Comprehensive Cancer Strategic Plan 2004-2010, www.ccaidaho.org
[109] Idaho and National 2002 - 2016 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	**0**	**0**	**4**	**4**	**8**

Diet and Exercise

Unhealthy food intake and insufficient exercise have economic impacts for individuals and communities. Estimates for obesity-related health care costs in the US range from $147 billion to nearly $210 billion annually, and productivity losses due to job absenteeism cost an additional $4 billion each year. Increasing opportunities for exercise and access to healthy foods in neighborhoods, schools, and workplaces can help children and adults eat healthy meals and reach recommended daily physical activity levels. [110]

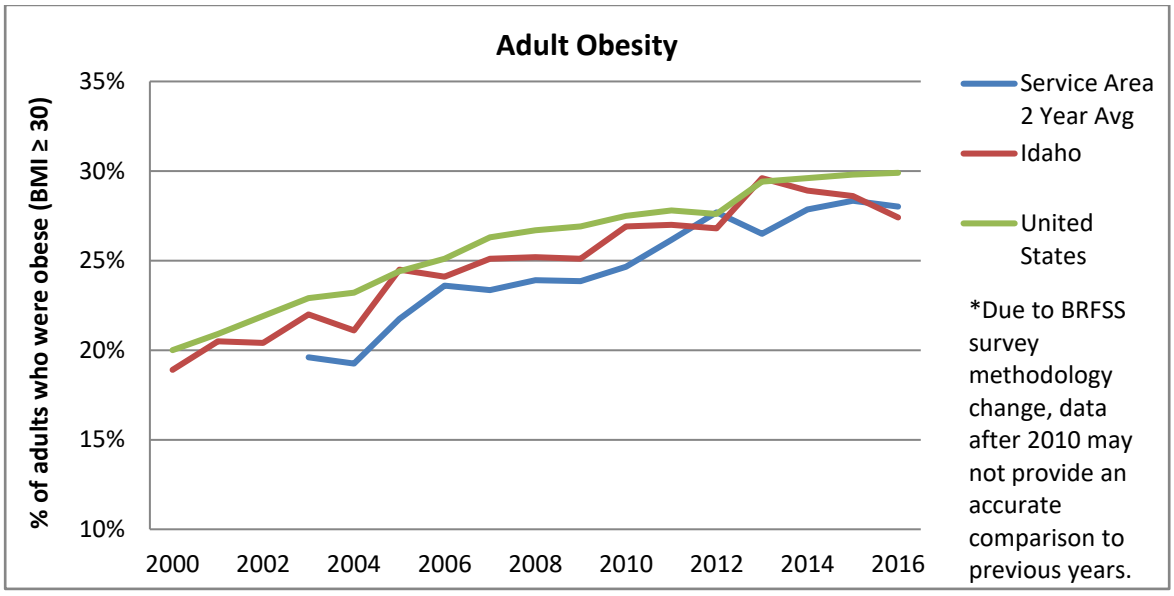
Four measures are recommended by the *County Health Rankings* to assess diet and exercise: Adult obesity, food environment index, physical inactivity, and access to exercise opportunities. Each of these measures are described in the following pages.

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

- **Adult Obesity**

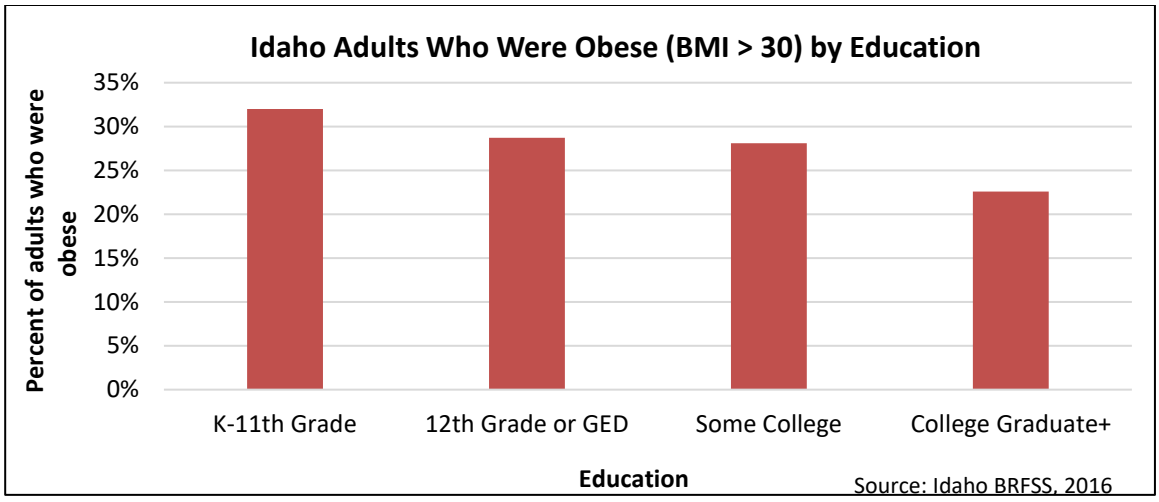
The obesity measure represents the percent of the adult population that has a body mass index greater than or equal to 30. Obesity is used as a key health factor because it is an issue that can be addressed within communities by changing unhealthy conditions that contribute to poor diet and exercise. 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.[111] 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. [112] By one estimate, the U.S. spent $190 billion on obesity-related health care expenses in 2005 accounting for 21% of all medical spending.[113]

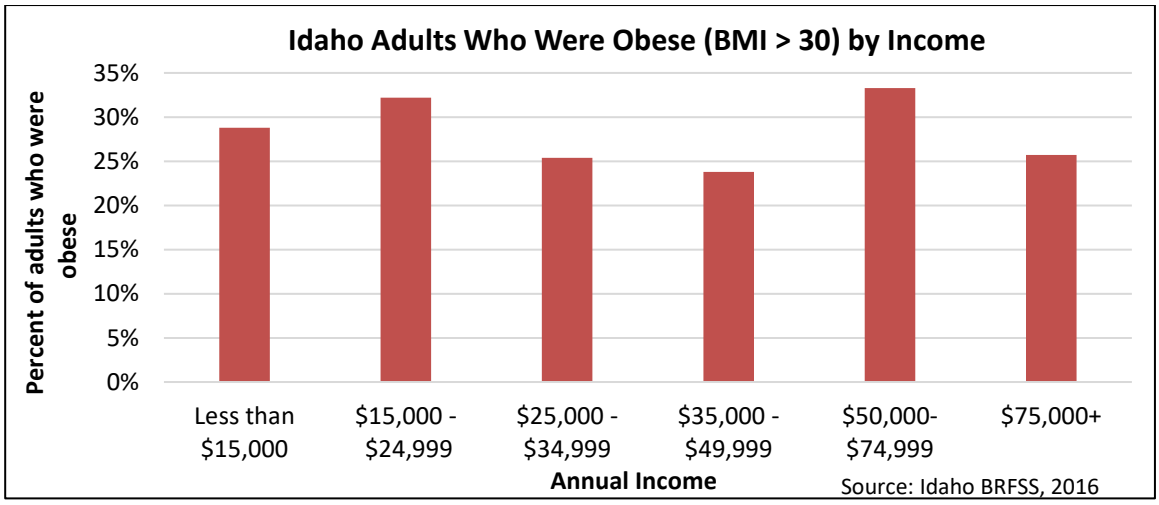
The trend for obesity has been increasing steadily for the past 10 years, nationally and in our community. Obesity in our community is now approaching the national average. The top 10th percentile (best) communities nationally have obesity rates at or below 26%.[114]

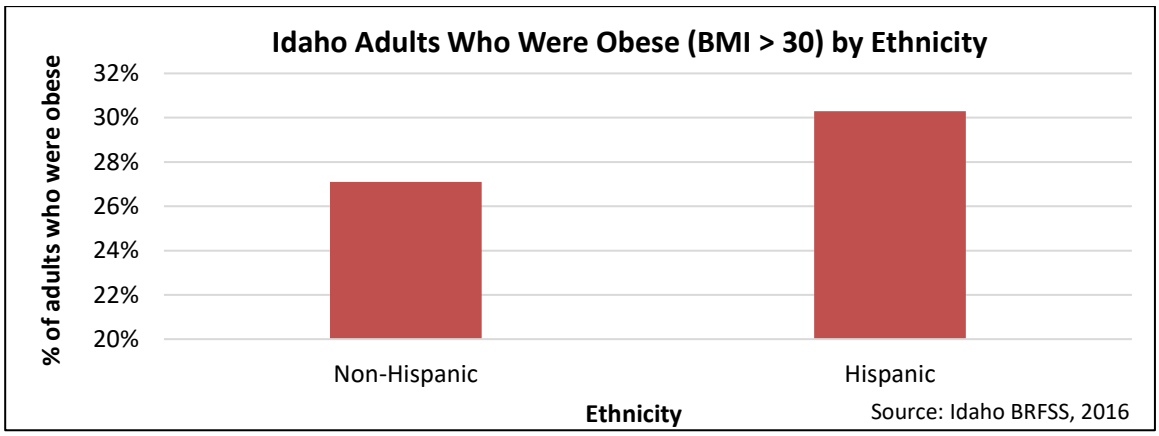


In Idaho, those without a college degree and Hispanic populations are somewhat more likely to be obese. [115]

[111] University of Wisconsin Population Health Institute. *County Health Rankings* 2018. Accessible at www.countyhealthrankings.org.
[112] America's Health Rankings 2015-2018, www.americashealthrankings.org
[113] http://www.hsph.harvard.edu/obesity-prevention-source/obesity-consequences/economic/
[114] Idaho and National 2002 - 2016 Behavioral Risk Factor Surveillance System
[115] Idaho and National 2002 - 2016 Behavioral Risk Factor Surveillance System







Health Factor Score					
	Trend: Better/Worse	Prevalence versus U.S.	Severe/ Preventable	Magnitude: Root Cause	Total Score
Obese Adults	**4**	**2**	**4**	**4**	**14**

- **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.

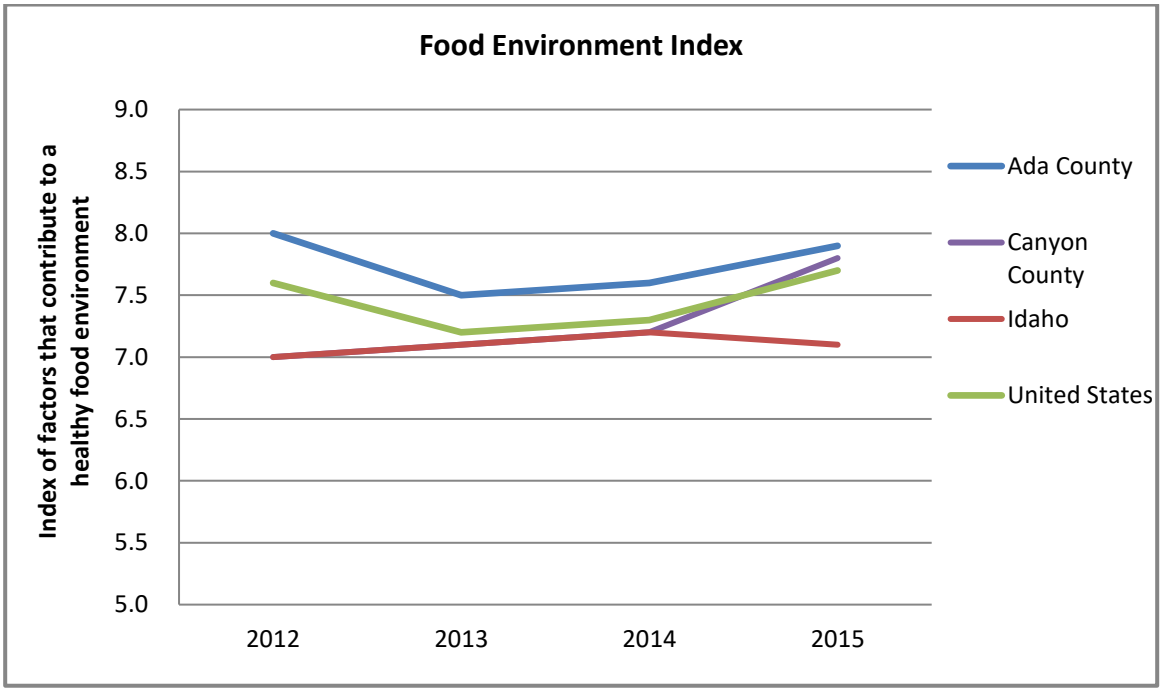
  2) Food insecurity estimates the percentage of the population who did not have access to a reliable source of food during the past year. A 2-stage fixed effect model was created using information from the Community Population Survey, Bureau of Labor Statistics, and American Community Survey.

  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.[116]

[116] University of Wisconsin Population Health Institute. *County Health Rankings* 2018. 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.

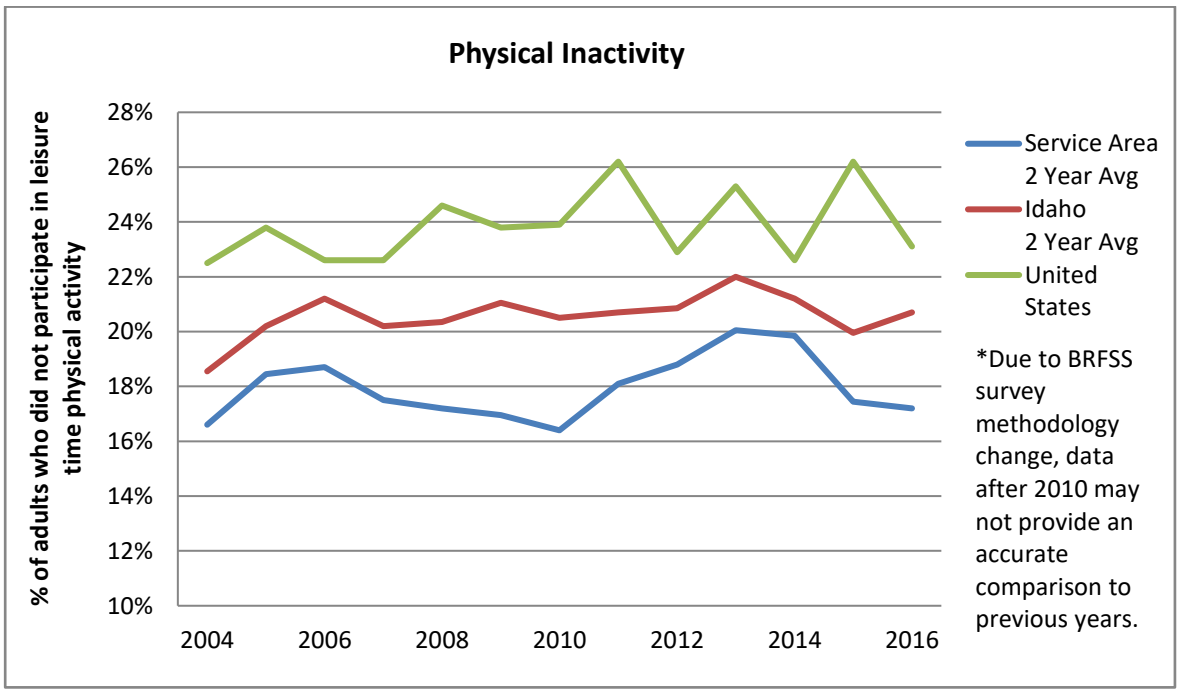


	Health Factor Score				
	Trend: Better/Worse	**Prevalence versus U.S.**	**Severe/ Preventable**	**Magnitude: Root Cause**	**Total Score**
Food Environment Index	**2**	**2**	**2**	**3**	**9**

- **Physical Inactivity: Adults**

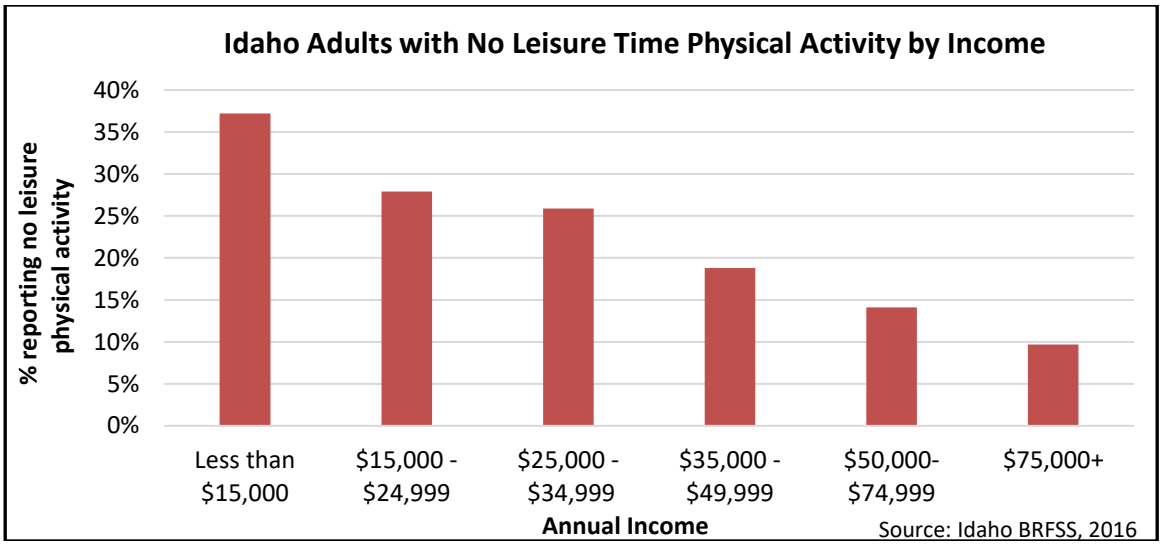
Increased physical activity is associated with lower risks of type 2 diabetes, cancer, stroke, hypertension, cardiovascular disease, and premature mortality. A person is considered physically inactive if during the past month, other than a regular job, they did not participate in any physical activities 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. [117]

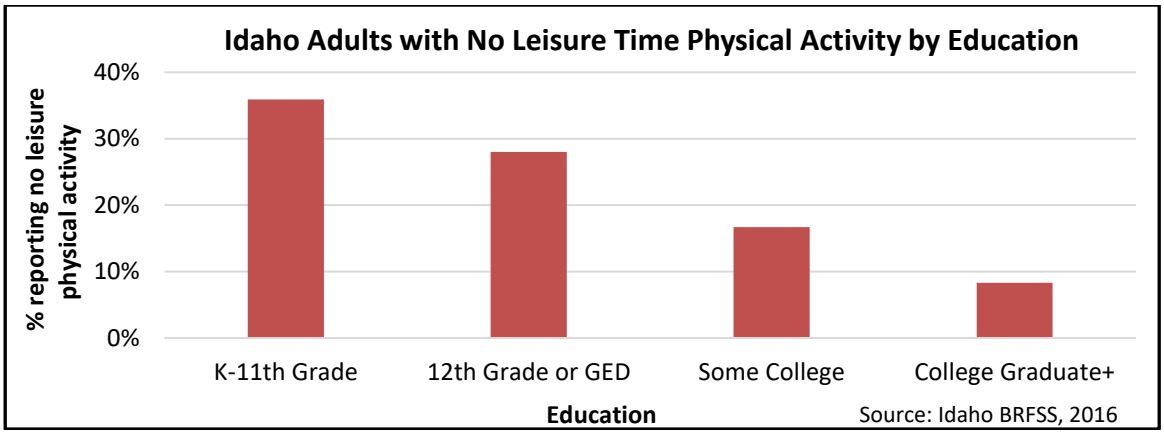
As shown in the chart below, physical inactivity in our community is significantly lower (better) than the national average, and the rend is flat since 2003. The top 10th percentile (best) is 20%.[118]

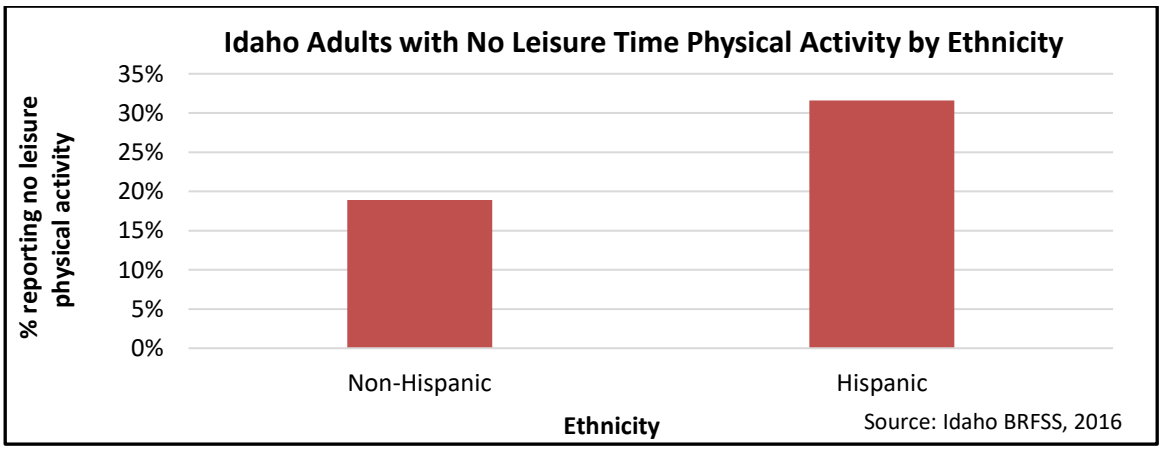


Physical inactivity is significantly higher among people with annual incomes below $50,000, those without a college degree, and among Hispanics, as shown in the charts below. [119]

[117] University of Wisconsin Population Health Institute. *County Health Rankings* 2018. Accessible at www.countyhealthrankings.org.
[118] Idaho and National 2002 - 2016 Behavioral Risk Factor Surveillance System
[119] Ibid.







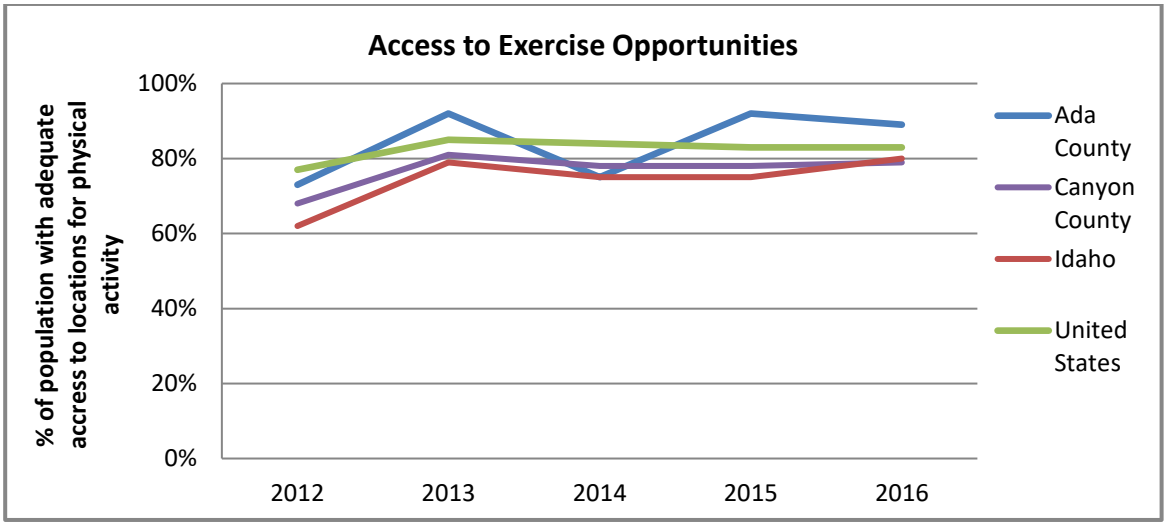
Health Factor Scoring					
	Trend: Better/Worse	**Prevalence versus U.S.**	**Severe/ Preventable**	**Magnitude: Root Cause**	**Total Score**
Physical inactivity Adults	**2**	**0**	**2**	**3**	**7**

- **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. [120]

The chart, below, shows access to exercise opportunities in our community is about the same as the national average. It is slightly below the national average for Canyon County and above the national average for Ada 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**

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

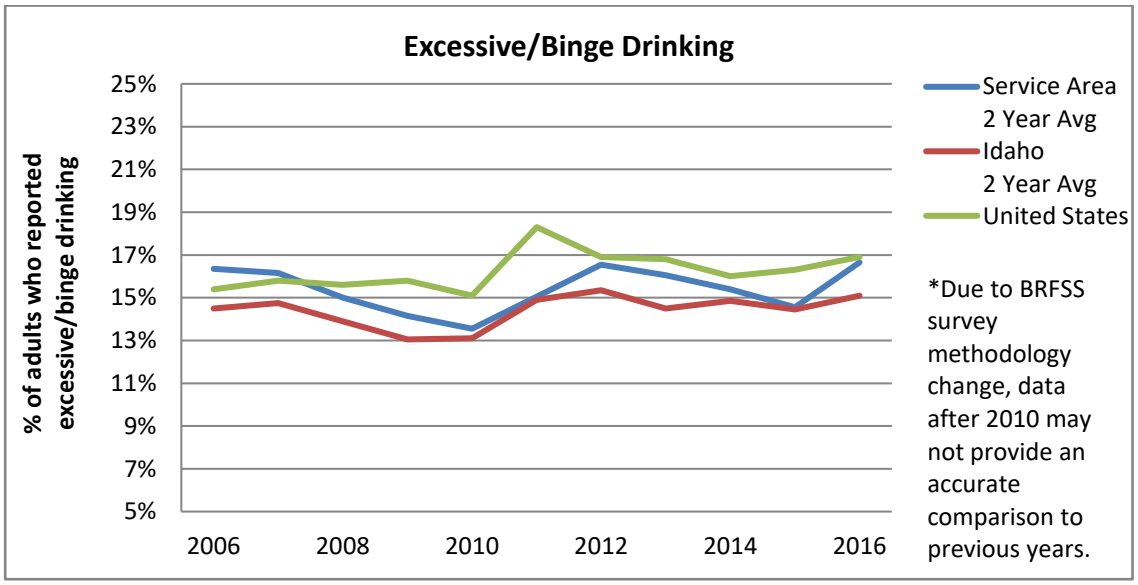
Alcohol Use

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.[121]

  The percent of people engaging in excessive drinking in our service area is slightly below the national average with the trend being flat over the past ten years. The top 10th percentile (best) is 10% nationally. Our community is well above that level.[122]



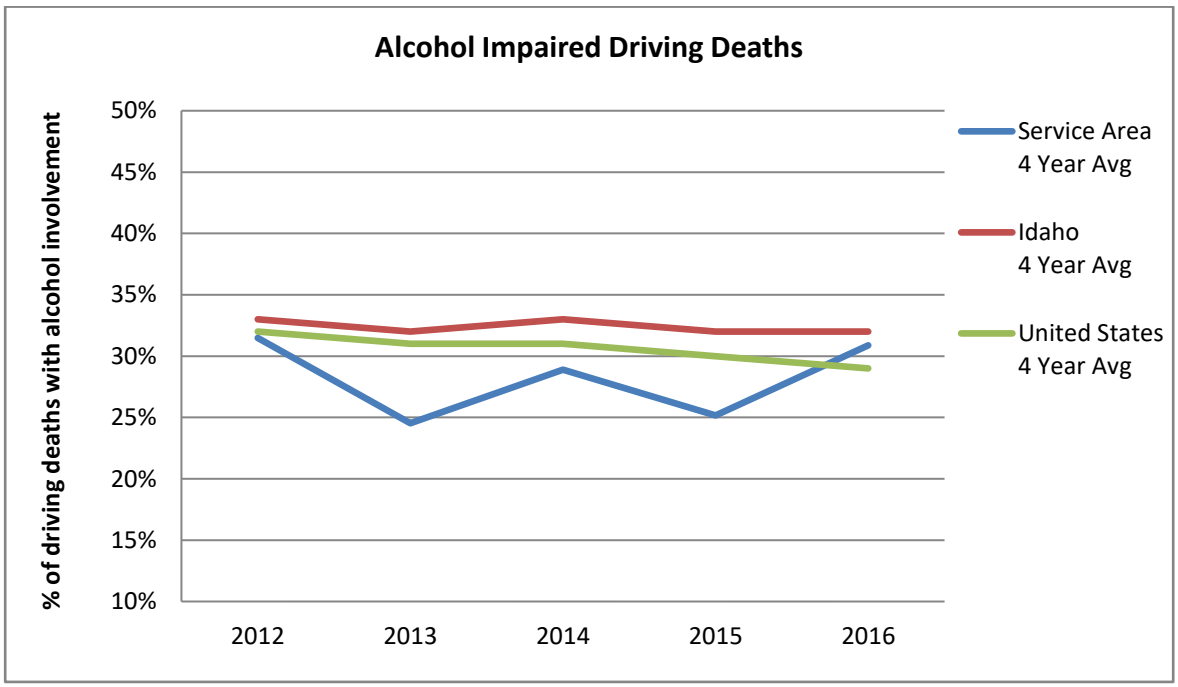
Health Factor Scoring					
	Trend: Better/Worse	Prevalence versus U.S.	Severe/ Preventable	Magnitude: Root Cause	Total Score
Excessive Drinking	**2**	**2**	**3**	**2**	**9**

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

[122] Idaho and National 2002 - 2016 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 above the national level. The top 10th percentile (best) is 14% nationally.[123]



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**	**2**	**4**	**1**	**9**

[123] Idaho Vital Statistics Annual Reports, Years 2000 - 2016, National Vital Statistics Report - Deaths: Data 2016

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**

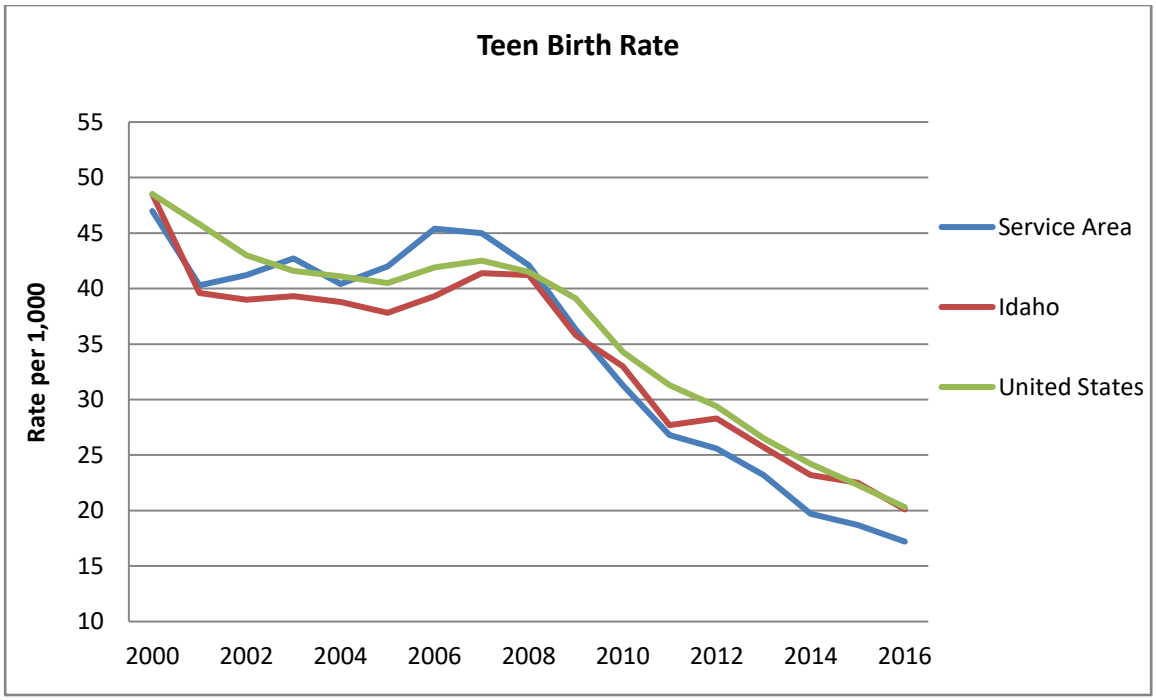
  Evidence suggests teen pregnancy significantly increases the risks for repeat pregnancy and for contracting a sexually transmitted infection (STI), both of which can result in adverse health outcomes for mother and child as well as for the families and community. A systematic review of the sexual risk 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.[124]

  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 15.[125]

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

[125] Idaho Vital Statistics Annual Reports, Years 2000 - 2016, National Vital Statistics Report - Deaths: Data 2016

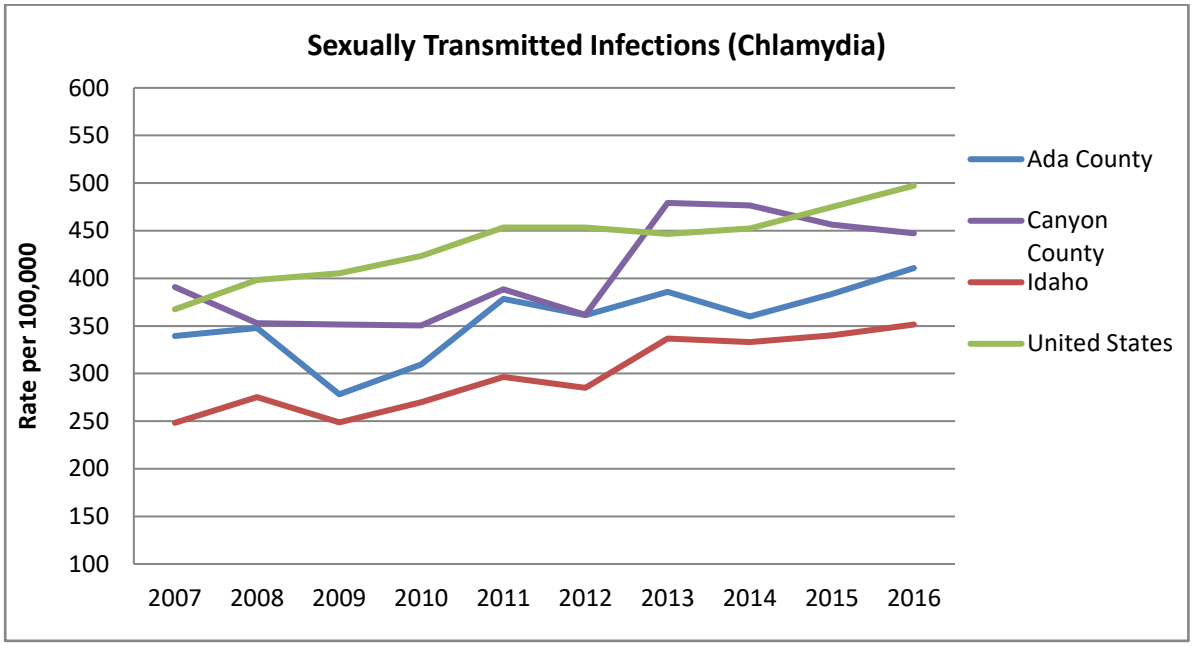


Health Factor Score Low score = Low potential for health impact High score = High potential for health impact					
	Trend: Better/Worse	**Prevalence versus U.S. Average**	**Severe/ Preventable**	**Magnitude: Root Cause**	**Total Score**
Teen birth rate	**0**	**2**	**2**	**3**	**7**

- **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.[126]

The rate of chlamydia infections has increased over the past ten years both in our community and nationally. Although our community is below the national average, we are still well above the national top 10th percentile rate of 145.1.[127]



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	**3**	**2**	**3**	**3**	**11**

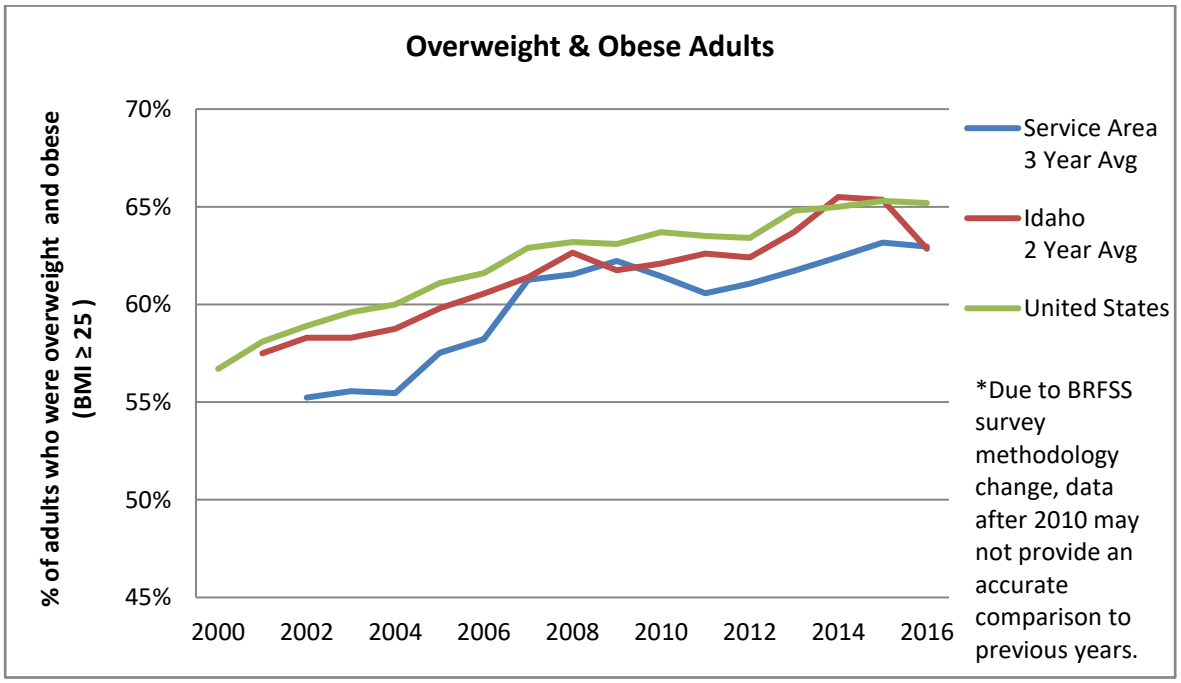
[126] *County Health Rankings* 2018. Accessible at www.countyhealthrankings.org.
[127] National data source: 2015 Sexually Transmitted Diseases Surveillance, table 1 http://www.cdc.gov/std/. Idaho and Service Area Source: Idaho Reported Sexually Transmitted Disease, 2004-2012 http://www.healthandwelfare.idaho.gov/Portals/0/Health/Disease/STD%20HIV/2010_Facts_Book_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 has been increasing steadily for the past 10 years, nationally and in our community.[128]



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**

[128] Idaho and National 2002 - 2016 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.[129] Overweight children and adolescents:

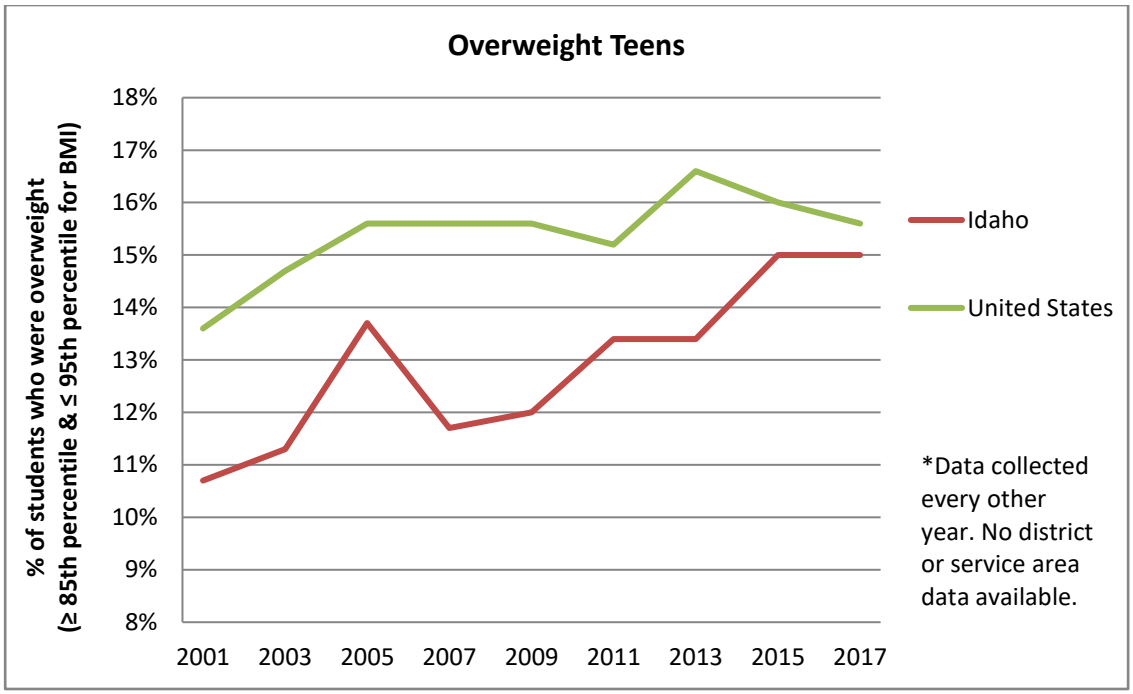
  - Are more likely than other children and adolescents to have risk factors associated with cardiovascular disease (e.g., high blood pressure, high cholesterol and type 2 diabetes).
  - Are more likely to be obese as adults.
  - Are more likely to experience other health conditions associated with increased 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.

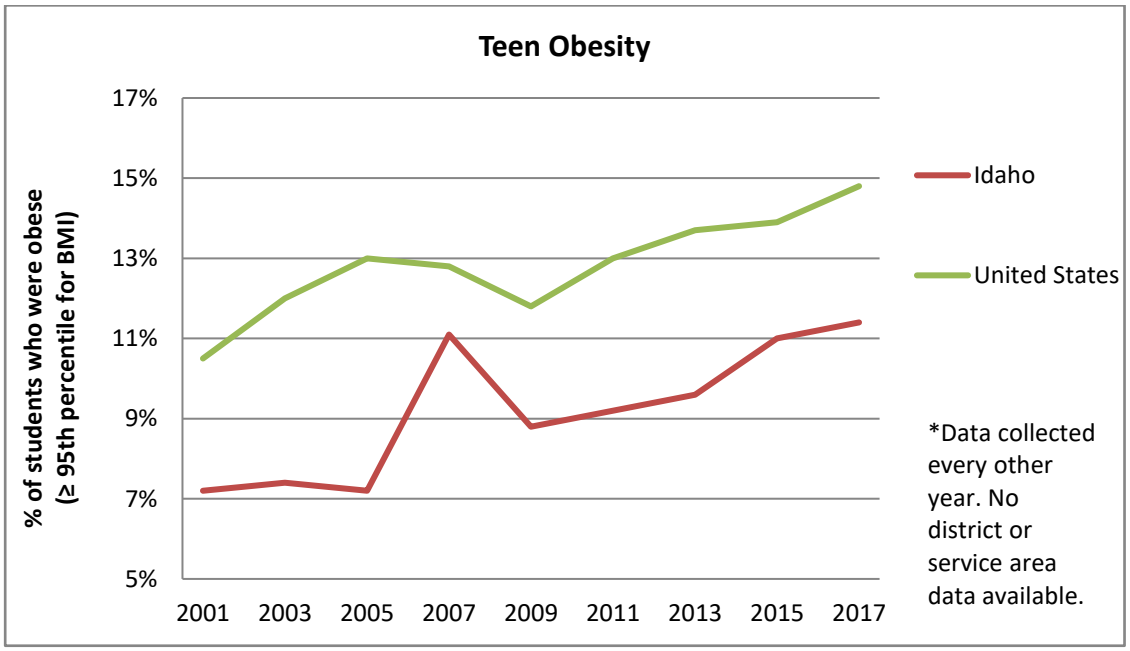
  Some methods of preventing and treating overweight children are:

  - Reducing caloric intake can be 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.[130]

  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.[131]

[129] Overweight In Adolescence Gives Increased Mortality Rate, ScienceDaily (May 20, 2008)
[130] American Heart Association, Understanding Childhood Obesity, 2011 Statistical Sourcebook, PDF
[131] Youth Risk Behavior Survey , United States, 2001 – 2017, www.cdc.gov/yrbs/



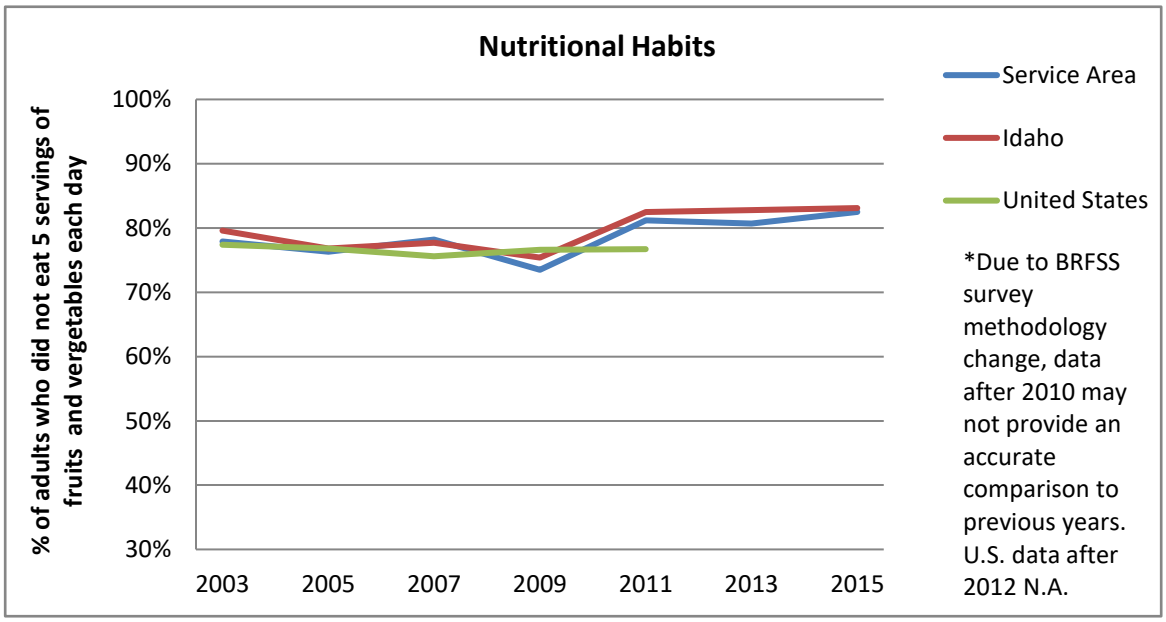


Health Factor Score Low score = Low potential for health impact High score = High potential for health impact					
	Trend: Better/Worse	**Prevalence versus U.S. Average**	**Severe/ Preventable**	**Magnitude: Root Cause**	**Total Score**
Obese Teens	**4**	**1**	**4**	**4**	**13**

- **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.[132] These data are collected through the Behavioral Risk Factor Surveillance System.

As shown in the chart below, about 83% 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 have changed marginally in recent years, but that may be due to a change in the BRFSS survey methodology starting in 2011. There are no large differences in nutritional habits based on income or education.[133]

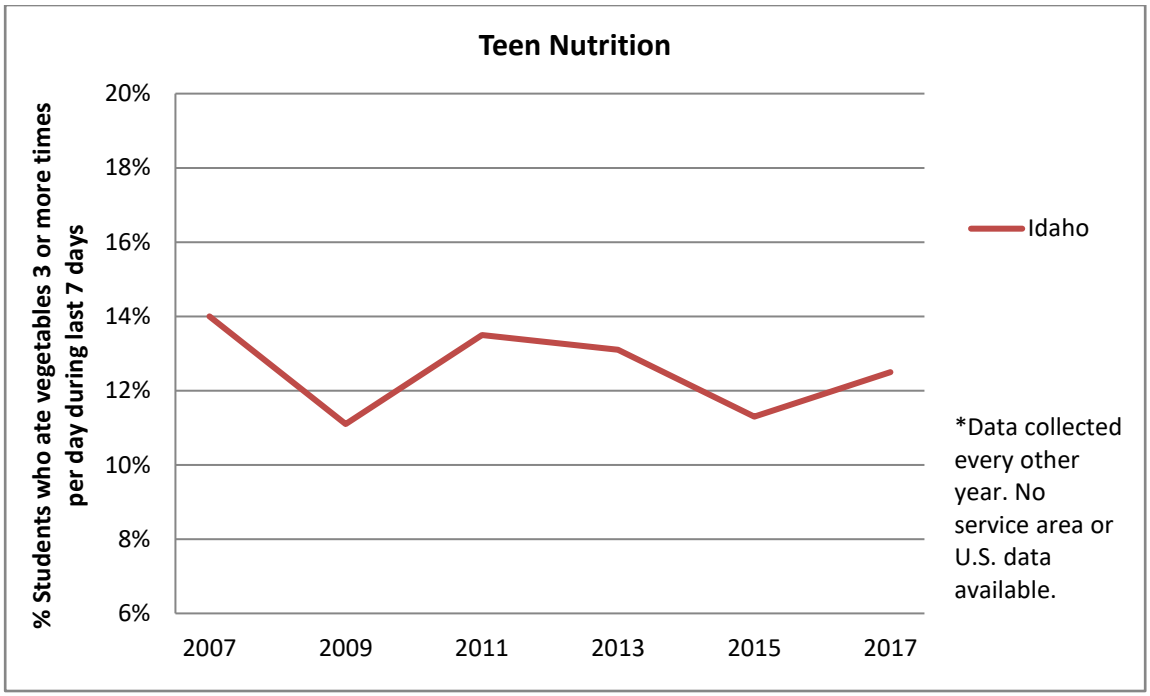


Health Factor Scoring					
	Trend: Better/Worse	**Prevalence versus U.S. Average**	**Severe/ Preventable**	**Magnitude: Root Cause**	**Total Score**
Nutritional habits adults	**2**	**2**	**2**	**3**	**9**

[132] America's Health Rankings 2015-2018, www.americashealthrankings.org
[133] Idaho and National 2002 – 2016 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.[134]



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**	**2**	**2**	**3**	**9**

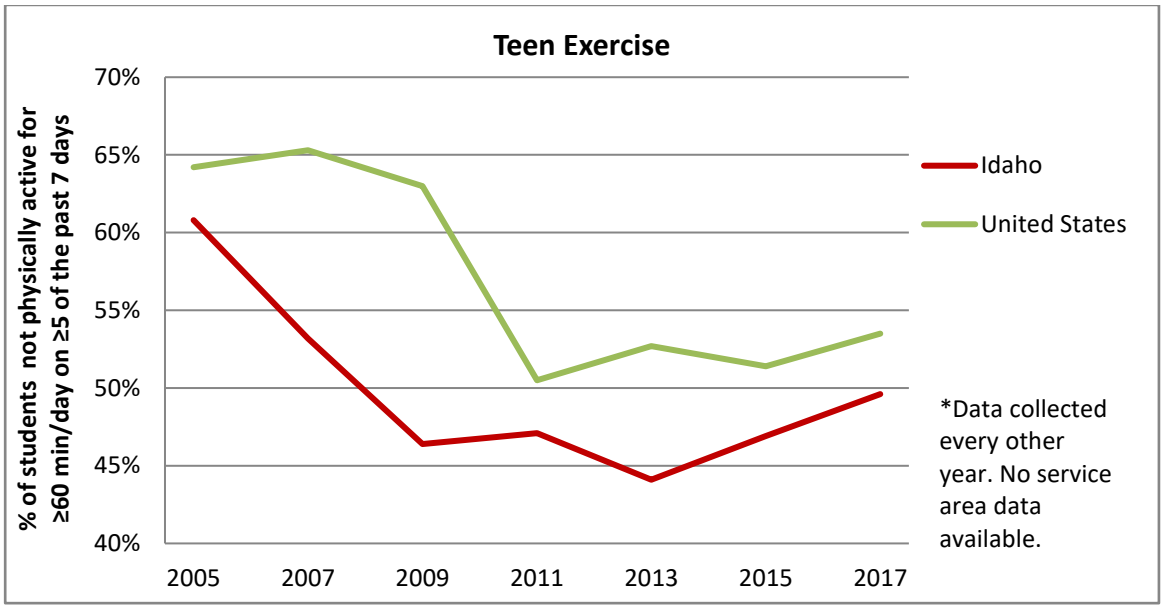
[134] Youth Risk Behavior Survey ,Idaho and United States, 2001 – 2017, www.cdc.gov/yrbs/

- **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.[135]

The chart below shows that about 50% of Idaho teens do not exercise as much as recommended, which is better than the national average. The trend in Idaho has been relatively flat over the past ten years.[136]

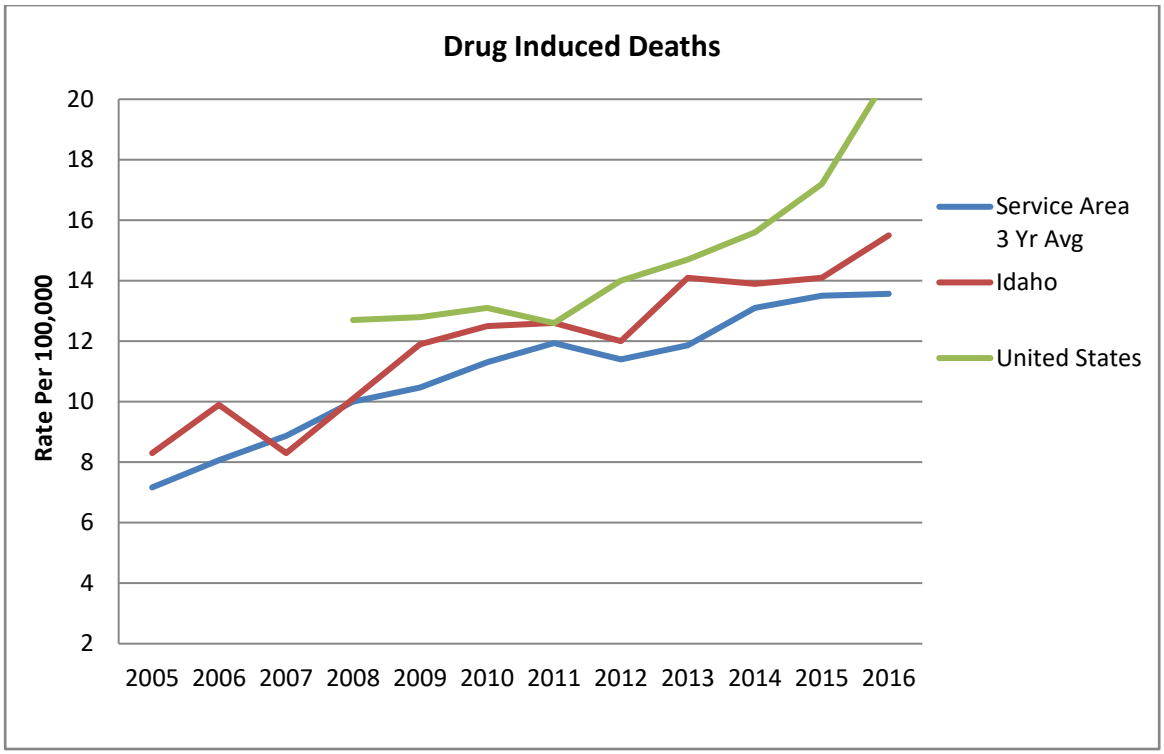


Health Factor Score Low score = Low potential for health impact High score = High potential for health impact					
	Trend: Better/Worse	**Prevalence versus U.S. Average**	**Severe/ Preventable**	**Magnitude: Root Cause**	**Total Score**
Teen exercise	**2**	**2**	**2**	**4**	**10**

[135] American Heart Association, Understanding Childhood Obesity, 2011 Statistical Sourcebook, PDF
[136] Youth Risk Behavior Survey , United States, 2001 – 2017, www.cdc.gov/yrbs/

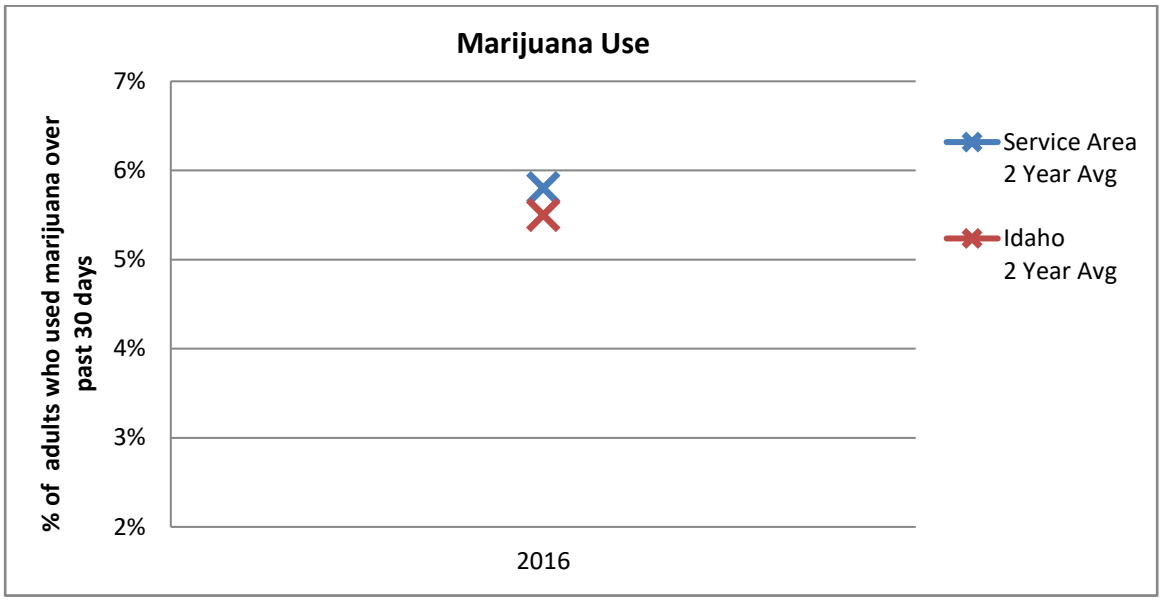
- **Drug Misuse**

Drug abuse or misuse has harmful and sometimes devastating effects on individuals, families, and society. Negative outcomes that may result from drug misuse include overdose and death, falls and fractures, and, for some, initiating injection drug use with resulting risk for infections such as hepatitis C and HIV. This issue is a growing national problem in the United States. Prescription drugs are misused and abused more often than any other drug, except marijuana and alcohol. This growth is fueled by misperceptions about prescription drug safety, and increasing availability.[137] One way to measure the size of the problem is to look at the rate of drug induced deaths over time. While the rate of drug induced deaths is not as high in our community as it is in the nation as whole, the rate has been rising dramatically. [138]



[137] https://www.samhsa.gov/topics/prescription-drug-misuse-abuse
[138] Idaho Vital Statistics Annual Reports, Years 2005 - 2016, National Vital Statistics Report - Deaths: Data 2016

Another way to gauge the extent of drug abuse in our community is to look at the percent of people who use marijuana. The percent of people who reported using marijuana in our service area is about the same as those who reported using it in Idaho as a whole.[139]



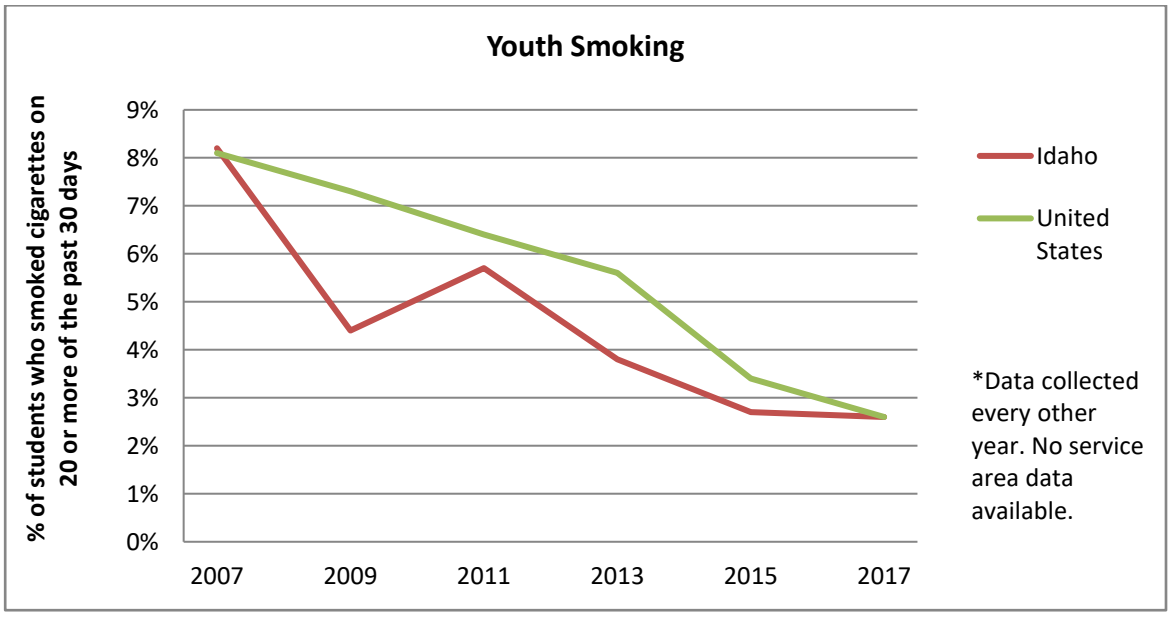
Health Factor Score Low score = Low potential for health impact High score = High potential for health impact					
	Trend: Better/Worse	**Prevalence versus U.S. Average**	**Severe/ Preventable**	**Magnitude: Root Cause**	**Total Score**
Drug misuse	**4**	**1**	**4**	**3**	**12**

[139] Idaho and National 2002 - 2016 Behavioral Risk Factor Surveillance System

- **Youth Smoking**

In 2017, approximately 2.6 percent of Idaho Youth reported smoking 20 or more of the past 30 days. This is the same as the national rate. During 1997–2017, a significant decrease occurred overall in the prevalence of current tobacco use among Idaho and our nation's youth. In addition, the percentage of Idaho students who used electronic vapor products on one or more of the past 30 days decreased from 24.8% in 2015 to 14.3% in 2017. [140]

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. [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**
Youth Smoking	**0**	**2**	**4**	**4**	**10**

[140] Idaho and Nation Youth Risk Behavior Survey 2001 -2017
[141] http://www.surgeongeneral.gov/library/reports/preventing-youth-tobacco-use/factsheet.html

Clinical Care Factors

County Health Rankings Clinical Care Factors

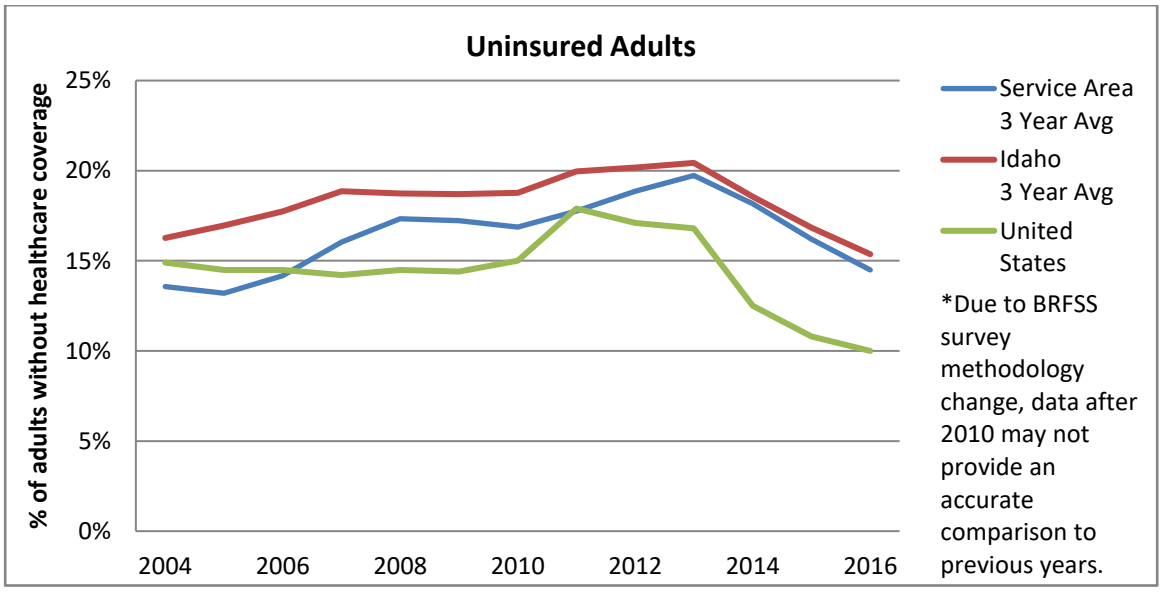
Health Care Access

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.[142]

  The chart below shows the number of adults without health care coverage has been trending down for the past few years nationally and in our service area. The percentage of uninsured in Idaho and our service area is higher than the national average.[143]

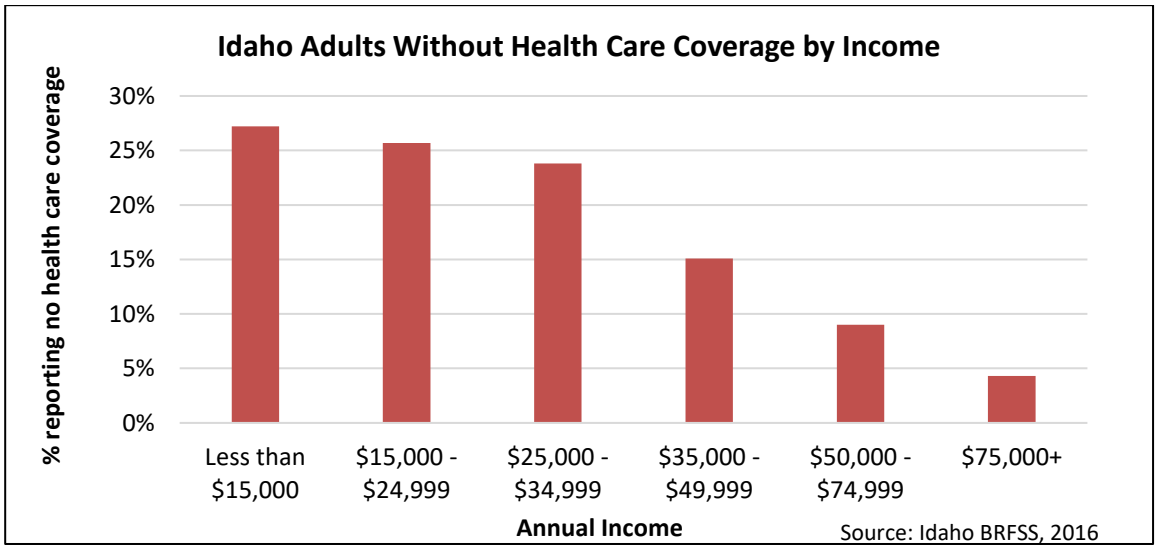


[142] University of Wisconsin Population Health Institute. *County Health Rankings* 2010-2018. Accessible at www.countyhealthrankings.org.

[143] Idaho and National 2002 - 2016 Behavioral Risk Factor Surveillance System

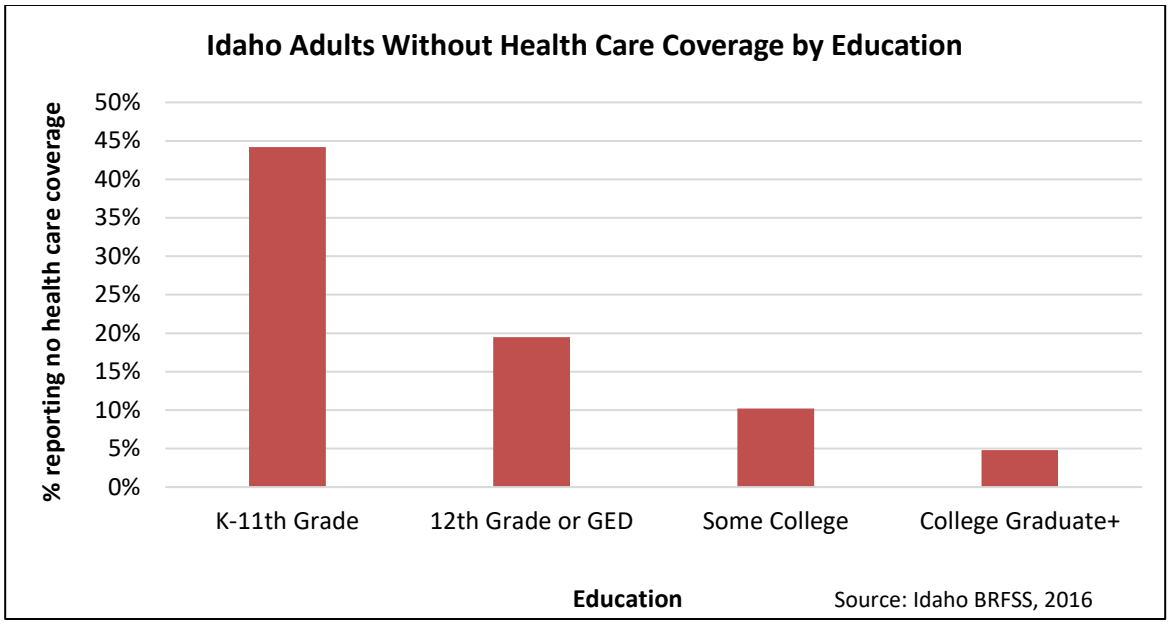
The chart above shows that on a national basis the 2010 Affordable Care Act (ACA) lowered the percentage of uninsured adults starting in 2014. The goal of the ACA is to improve health outcomes and eventually lower health care costs through insuring a greater proportion of the population. One of the major provisions of the ACA is the expansion of Medicaid eligibility to nearly all low-income individuals with incomes at or below 138 percent of poverty. However, over 20 states chose not to expand their programs. The ACA did not make provisions for low income people not receiving Medicaid and does not provide assistance for people below poverty for other coverage options. This is often referred to as the "coverage gap."[144] In November 2018, Idaho passed a proposition to expand Medicaid. In the coming years, we will see how much the resulting legislation increases the percentage of people who have health insurance and the positive impact it has on health.

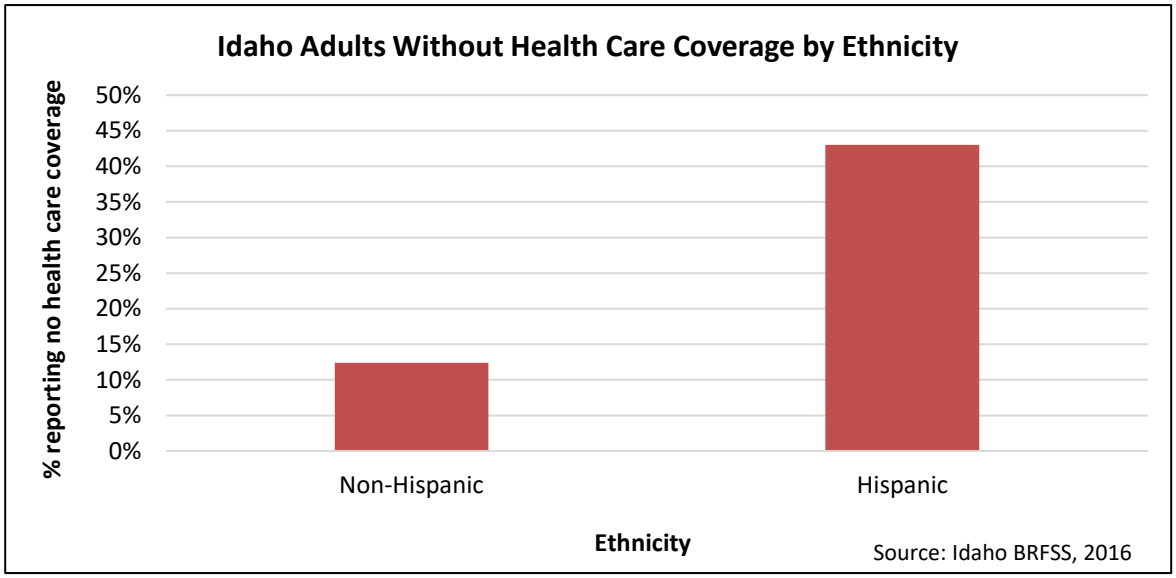
The charts below show that income and education greatly affect the likelihood of people having health insurance. For example, those with incomes of less than $25,000 are about 10 times more likely to report being without health care coverage than those with incomes above $75,000. In addition, Hispanics are more than twice as likely to not have health insurance coverage as non-Hispanics. [145]



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

[145] Idaho and National 2002 - 2016 Behavioral Risk Factor Surveillance System



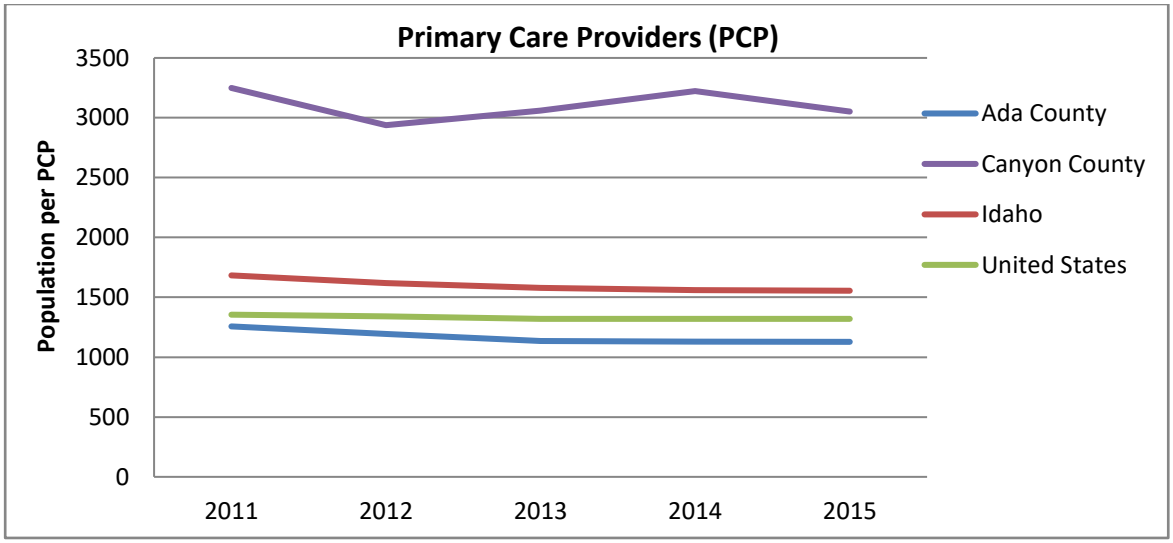


Health Factor Score Low score = Low potential for health impact High score = High potential for health impact					
	Trend: Better/Worse	**Prevalence versus U.S. Average**	**Severe/ Preventable**	**Magnitude: Root Cause**	**Total Score**
Uninsured adults	**2**	**4**	**4**	**3**	**13**

- **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%.[146]

The chart below shows the population to primary care provider ratio was about the same as the national average for Ada County, but it is significantly above (worse than) the national average in Canyon County.



	Health Factor Score				
	Trend: Better/Worse	**Prevalence versus U.S.**	**Severe/ Preventable**	**Magnitude: Root Cause**	**Total Score**
Primary care physicians	**2**	**3**	**2**	**3**	**10**

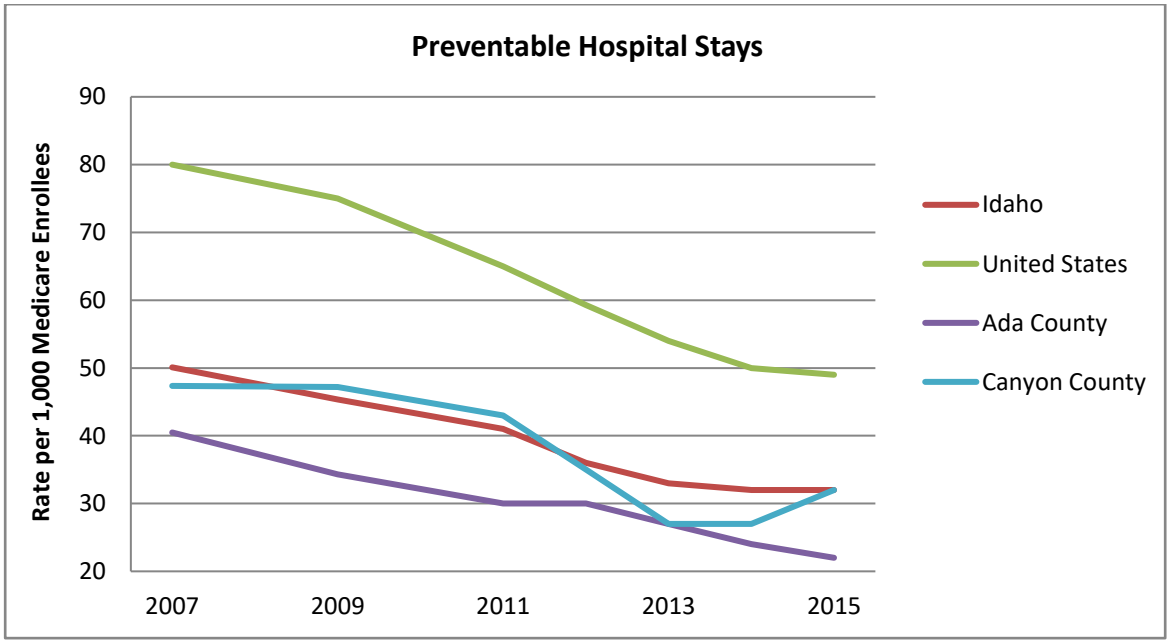
[146] University of Wisconsin Population Health Institute. *County Health Rankings* 2018. Accessible at www.countyhealthrankings.org.

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 35). The trend is also improving over time in our service area and nationally. This indicates a high level of health care quality in our community. [147]



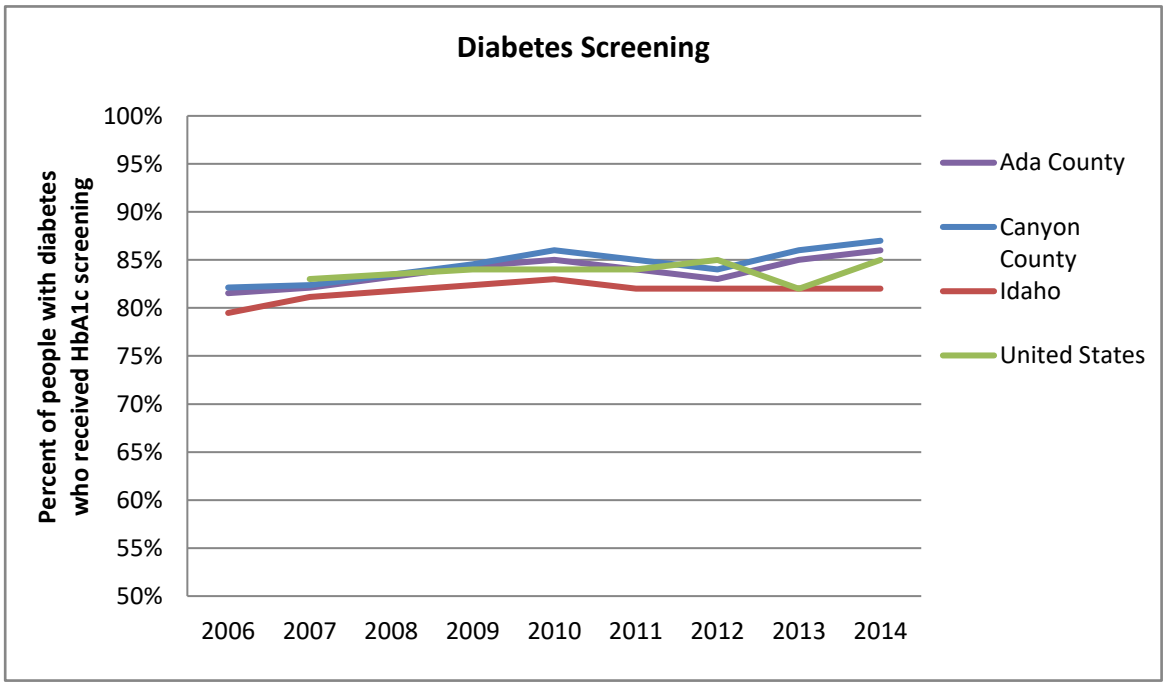
Health Factor Score Low score = Low potential for health impact — High score = High potential for health impact					
	Trend: Better/Worse	Prevalence versus U.S.	Severe/ Preventable	Magnitude: Root Cause	Total Score
Preventable Hospital Stays	**0**	**0**	**2**	**4**	**6**

[147] 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.[148]

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



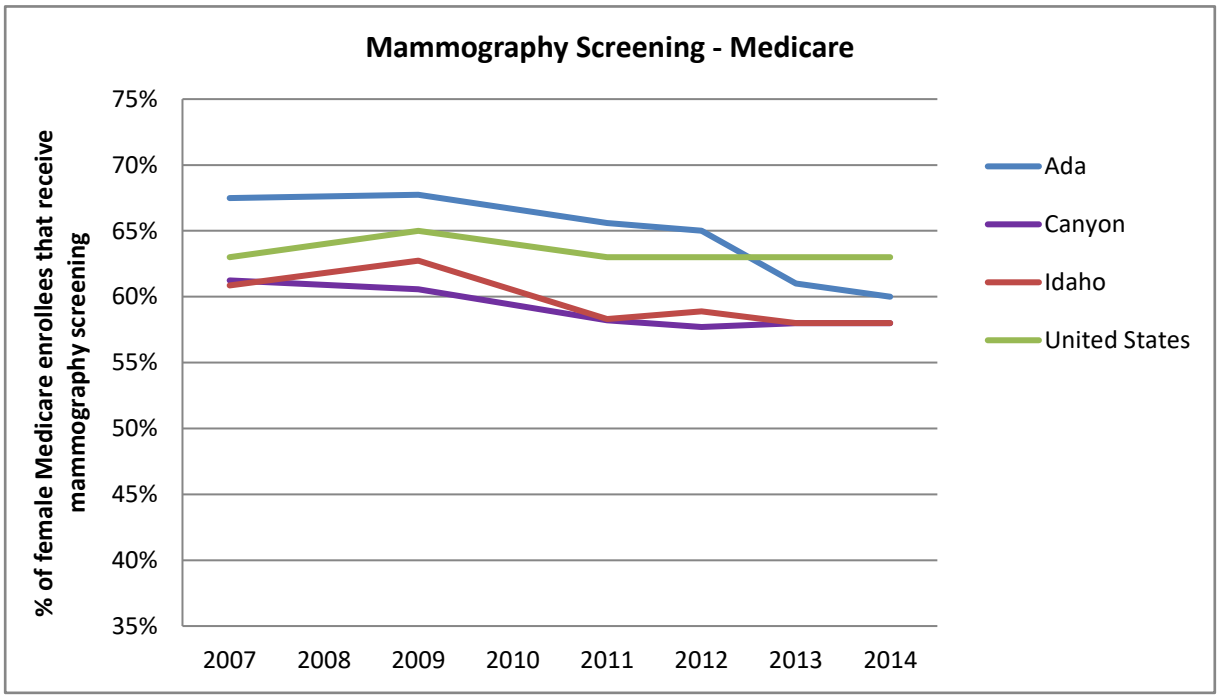
Health Factor Score Low score = Low potential for health impact High score = High potential for health impact					
	Trend: Better/Worse	**Prevalence versus U.S. Average**	**Severe/ Preventable**	**Magnitude: Root Cause**	**Total Score**
Diabetes screening	**2**	**2**	**3**	**3**	**10**

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

- **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 percent of women aged 67 to 69 in our community receiving mammography screenings has been trending down slightly for several years. The percent for our service area is below the national average. [149]

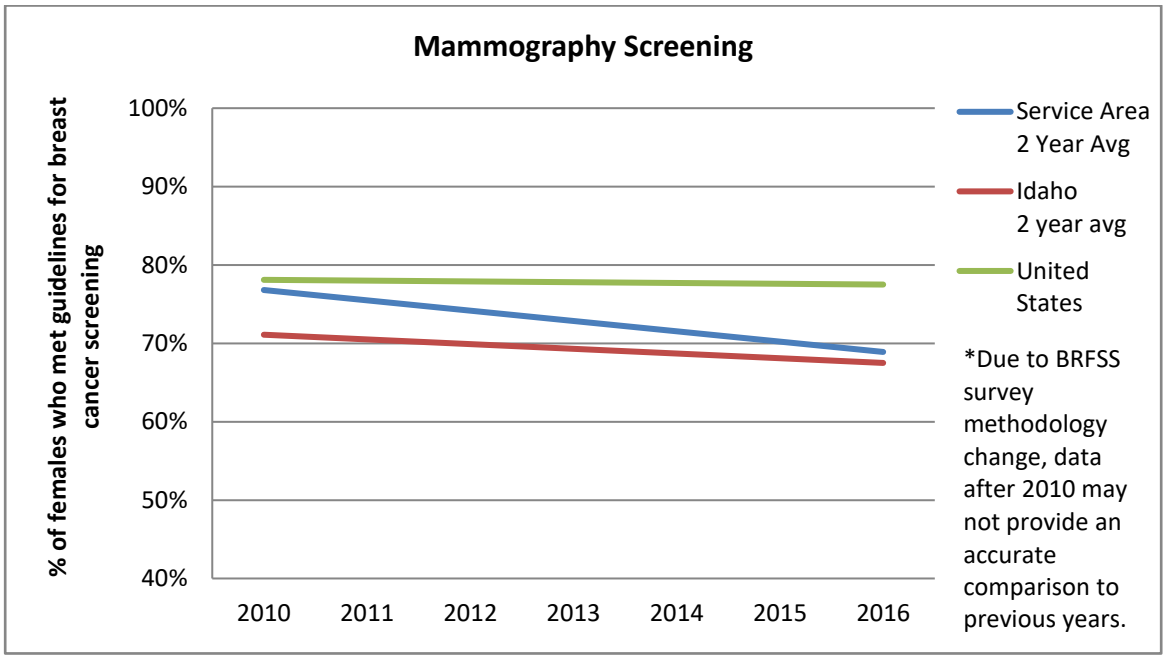


The data underlying this measure comes from the Dartmouth Atlas, a project that documents variations in health care throughout the country through use of Medicare claims data.

The National Cancer Institute has guidelines for mammography screening. To obtain the percentage of Idaho women who met the guidelines, we use data from BRFSS. As shown in the chart on the following page, the percentage has decreased slightly over the past several years and overall is consistent with the percentage of women ages 65 to 67 receiving breast cancer screenings. Women with annual incomes of less than $25,000 are

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

significantly less likely to have had a mammogram and breast exam in the last two years.[150]



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	**3**	**3**	**4**	**1**	**11**

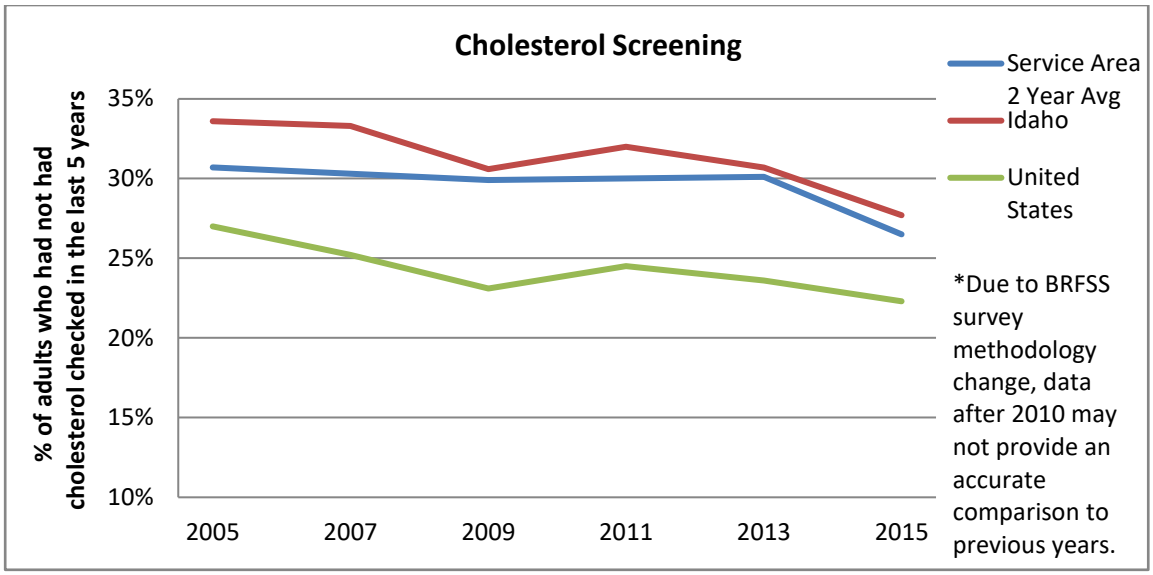
Additional Clinical Health Factors

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

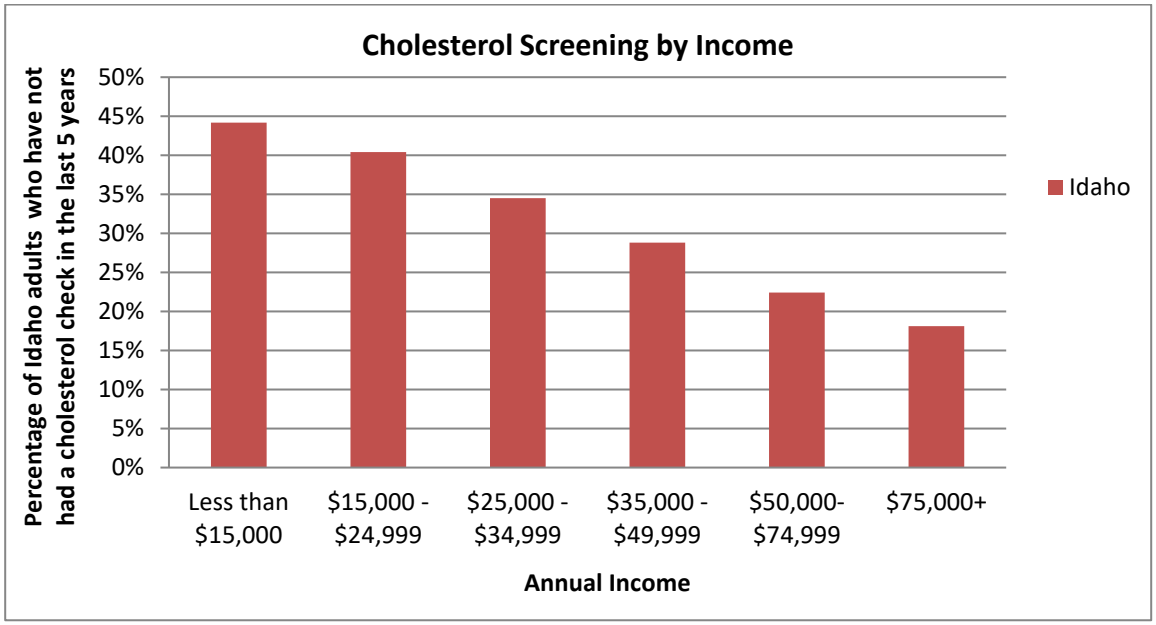
- **Cholesterol Screening**

  Cholesterol screening is important for good health because knowing cholesterol levels can spur actions to control it. Our service area has a lower percent of people receiving cholesterol checks than the national average.[151]

[150] Idaho and National 2002 - 2016 Behavioral Risk Factor Surveillance System
[151] Idaho and National 2002 - 2016 Behavioral Risk Factor Surveillance System



Lower income people, those without college educations, and Hispanics are significantly less likely to have their cholesterol checked. [152]



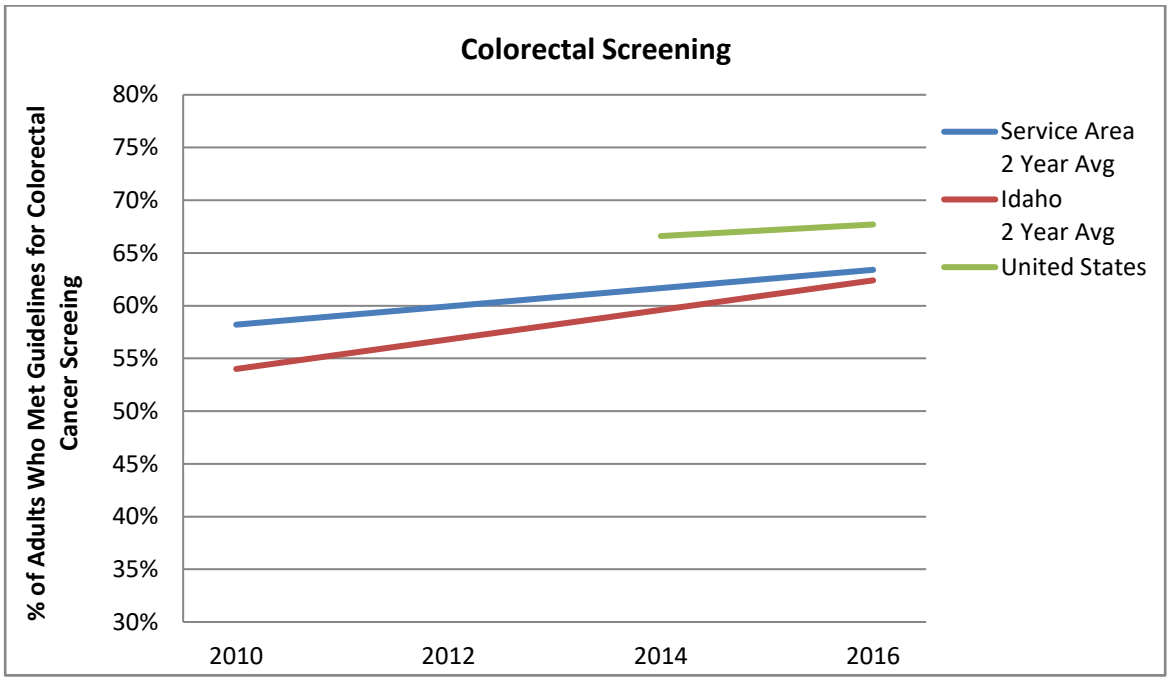
Health Factor Score Low score = Low potential for health impact High score = High potential for health impact					
	Trend: Better/Worse	**Prevalence versus U.S. Average**	**Severe/ Preventable**	**Magnitude: Root Cause**	**Total Score**
Cholesterol Screening	**2**	**3**	**3**	**2**	**10**

[152] Idaho and National 2002 - 2016 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 over the past 10 years. The percent of people age 50 or older receiving colorectal screening in our service area is about the same as it is for the nation as a whole.[153]



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. [154]

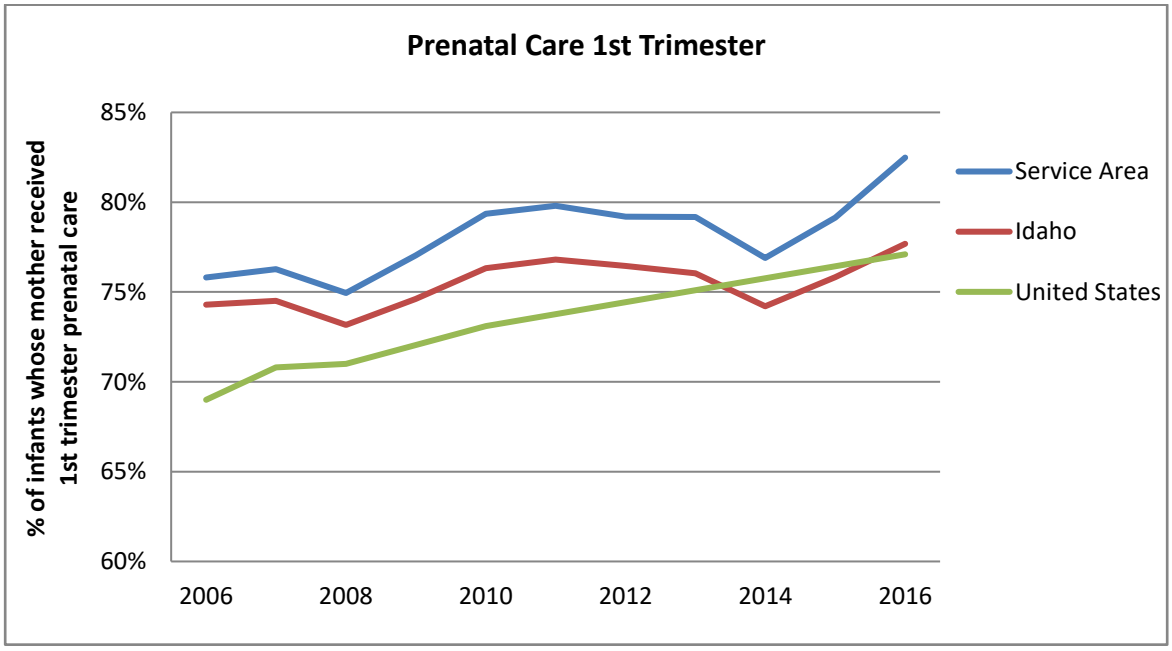
Health Factor Score Low score = Low potential for health impact High score = High potential for health impact					
	Trend: Better/Worse	**Prevalence versus U.S. Average**	**Severe/ Preventable**	**Magnitude: Root Cause**	**Total Score**
Colorectal Screening	**1**	**2**	**4**	**0**	**7**

[153] Idaho and National 2002 - 2016 Behavioral Risk Factor Surveillance System
[154] 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.[155]

As shown in the chart below, more women in our community have historically been receiving early prenatal care than in the nation as a whole. The trend in our service area for receiving early prenatal care has been increasing. Approximately 83% of women in our service area received early prenatal care in 2016. [156]



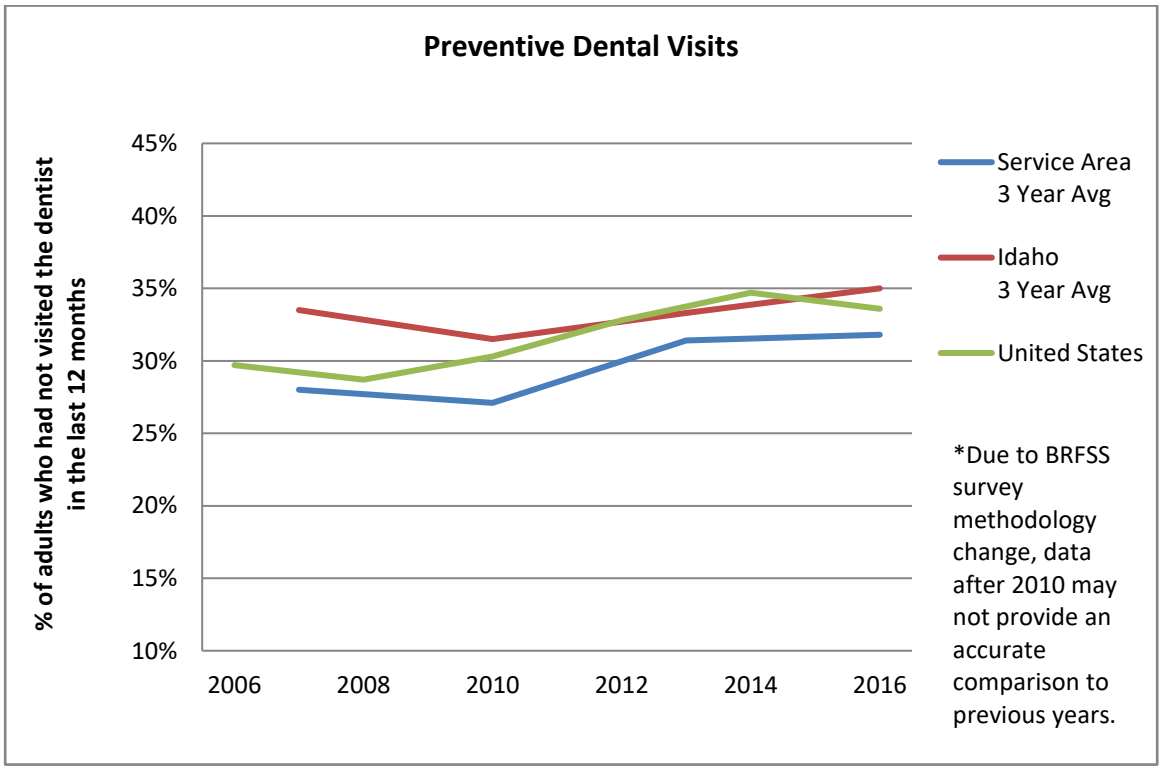
Health Factor Score Low score = Low potential for health impact High score = High potential for health impact					
	Trend: Better/Worse	**Prevalence versus U.S. Average**	**Severe/ Preventable**	**Magnitude: Root Cause**	**Total Score**
Prenatal care 1st Trimester	**1**	**1**	**3**	**3**	**8**

[155] America's Health Rankings 2015-2018, www.americashealthrankings.org
[156] Idaho Vital Statistics Annual Reports, Years 2000 - 2016, National Vital Statistics Report - Deaths: Data 2016

- **Dental Visits**

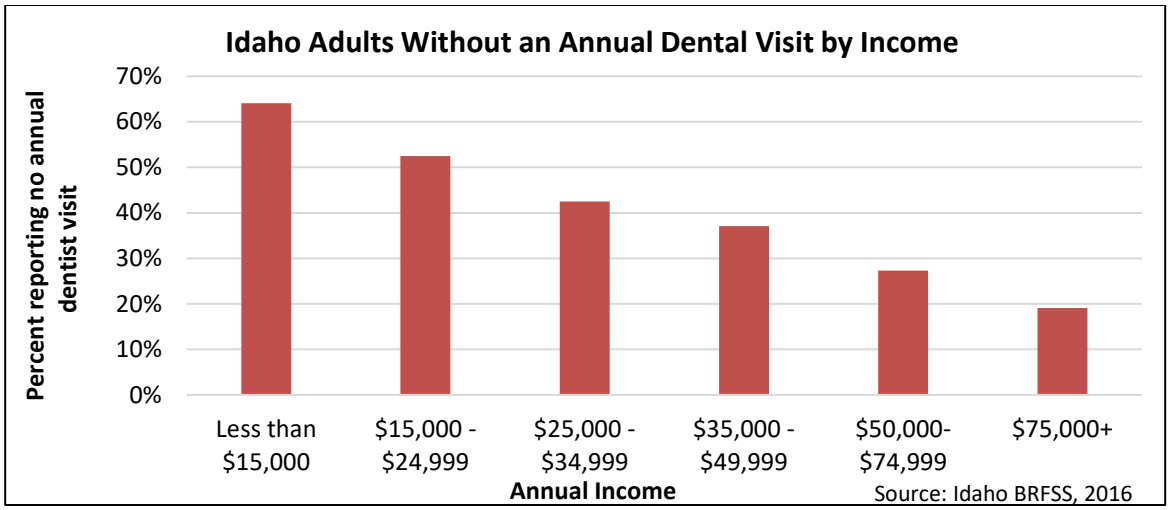
Oral health is vital to a comprehensive preventive health program. Nearly one-third of all adults in the U.S. have untreated tooth decay, while one in seven adults aged 35 to 44 years has gum disease. This increases to one in every four adults aged 65 years and older. Oral cancers, if caught early, are more responsive to treatment. Annual dental visits are one part of a healthy regimen of oral care.[157]

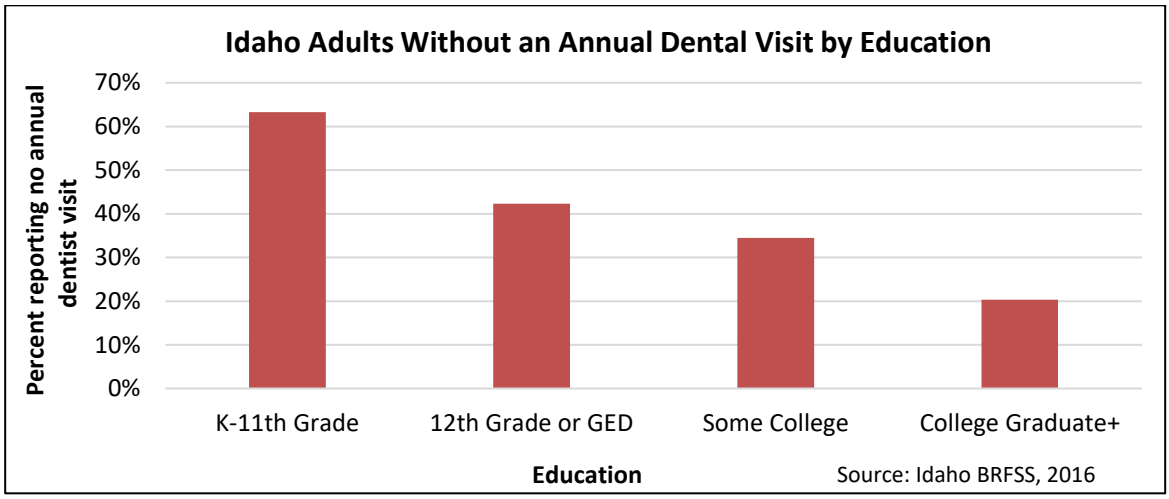
According to the Behavioral Risk Factor Surveillance System surveys, the percentage of people not receiving preventive dental visits in our service area is about the same as it is in the nation as a whole. The trend appears to have been worsening slightly over the past ten years in our service area.[158]

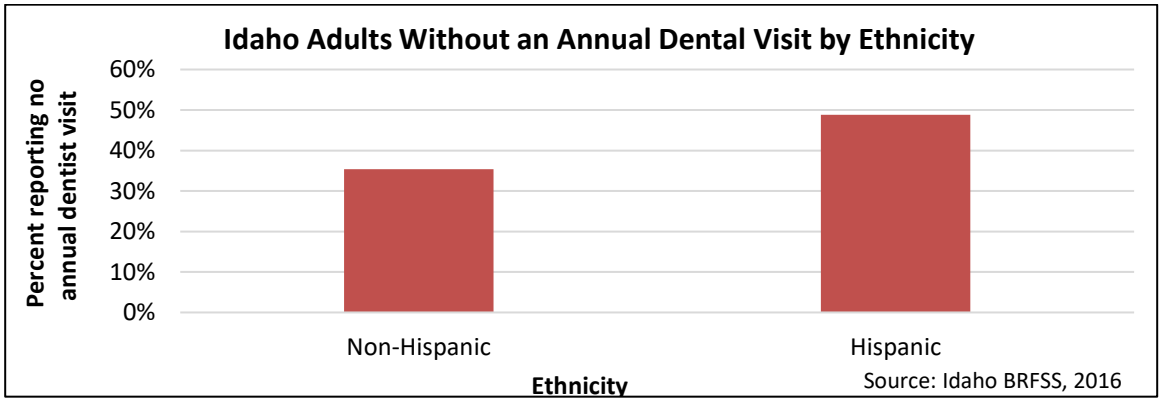


Those with incomes below $25,000 are significantly less likely to have preventive dental visits than those with higher incomes. In addition, those with less than a college degree are significantly less likely to have preventive dental visits. [159]

[157] America's Health Rankings 2015-2018, www.americashealthrankings.org
[158] Idaho and National 2002 – 2016 Behavioral Risk Factor Surveillance System
[159] Ibid.





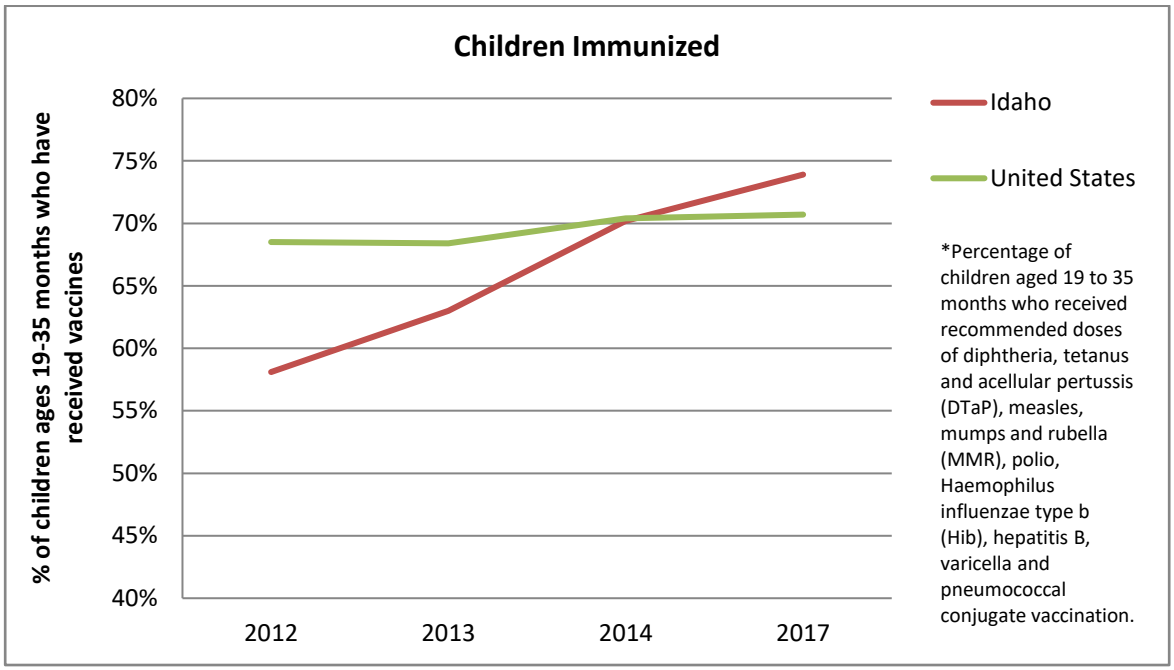


Health Factor Score Low score = Low potential for health impact High score = High potential for health impact					
	Trend: Better/Worse	**Prevalence versus U.S. Average**	**Severe/ Preventable**	**Magnitude: Root Cause**	**Total Score**
Dental Visits	**2**	**2**	**3**	**2**	**9**

- **Childhood Immunizations**

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

The immunization coverage measure used here is the average of the percentage of children ages 19 to 35 months who have received the following vaccinations: DTaP, polio, MMR, Hib, hepatitis B, varicella, and PCV. The immunization rate in Idaho has been improving over the past five years and is now higher than the national average.[160]



There are proven methods to increase the rate of vaccinations that include ways to increase demand or improve access through provider-based innovations.[161]

Health Factor Scoring					
	Trend: Better/Worse	**Prevalence versus U.S.**	**Severe/ Preventable**	**Magnitude: Root Cause**	**Total Score**
Childhood immunizations	**0**	**2**	**3**	**2**	**7**

[160] America's Health Rankings 2015-2018, www.americashealthrankings.org
[161] Ibid

- **Mental Health Service Providers**

  Ada and Canyon counties both are listed as mental health professional shortage areas as of June 2017.[162] 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.

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

  - Lack of adequate insurance
  - Lack of available treatment providers
  - Lack of treatment types
  - Insufficient finance to cover costs [163]

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**

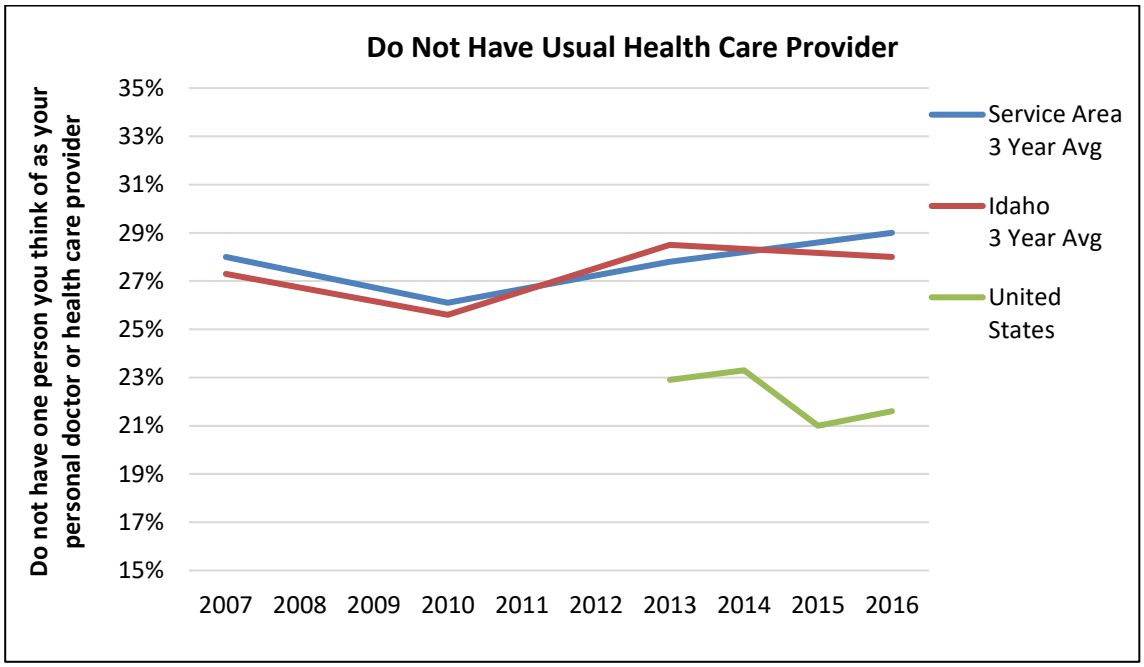
[162] Health Services and Resource Administration Data Warehouse, Mental Health Care HPSAs PDF http://datawarehouse.hrsa.gov/hpsadetail.aspx#table

[163] http://www.mentalhealthamerica.net/issues/mental-health-america-access-care-data

- **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. [164]

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.[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**
No usual health care provider	**2**	**4**	**3**	**3**	**12**

[164] http://www.hrsa.gov/healthit/toolbox/Childrenstoolbox/BuildingMedicalHome/whyimportant.html
[165] Idaho and National 2002 – 2016 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 insurance is a particularly important resource that is often linked to jobs requiring a certain level of educational attainment. However, even 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 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.

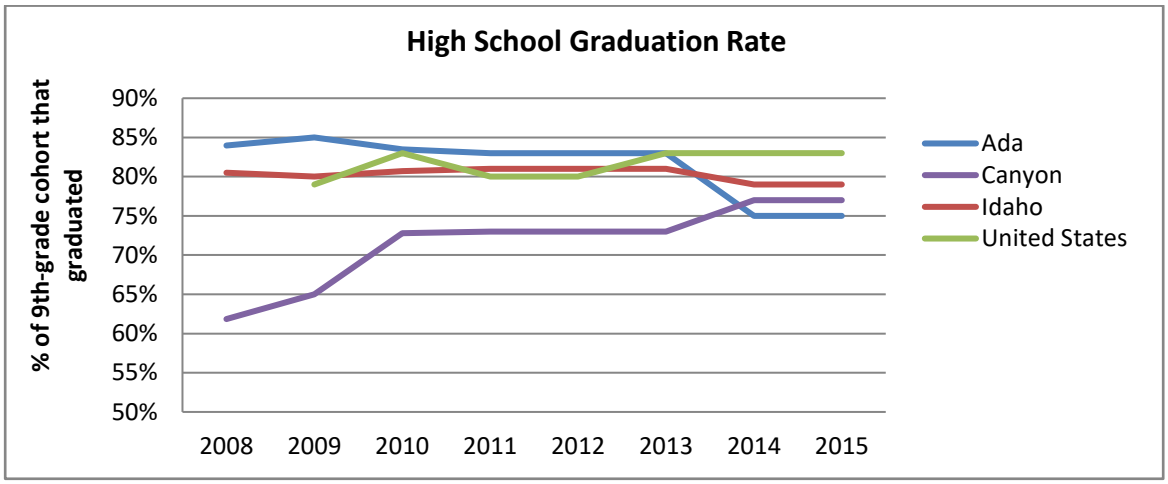
  One's education level affects not only his or her health, but education can have multigenerational implications that make it an important measure for the health of future generations. Evidence links maternal education with the health of her children. The education of parents affects their children's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

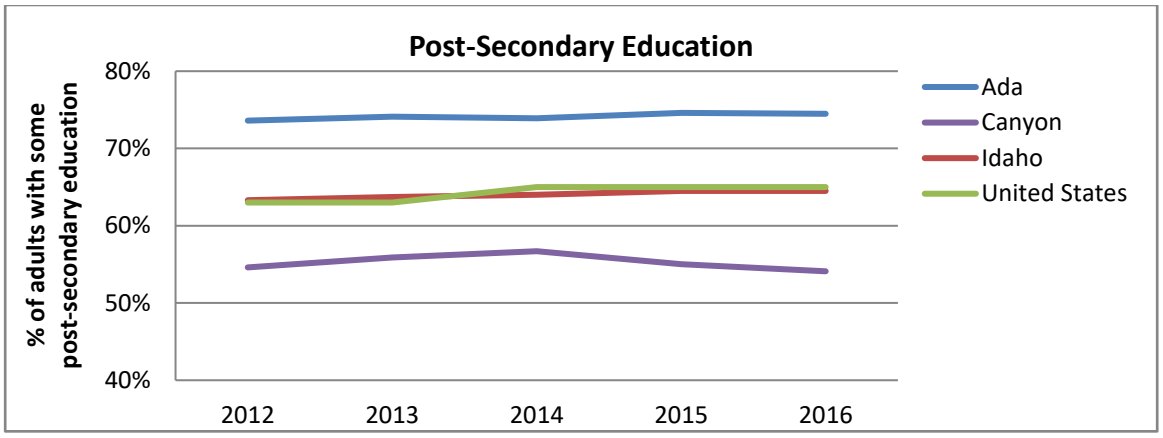
  Finally, education influences a variety of social and psychological factors. Evidence shows the more education an individual has, the greater his or her sense of personal control. This is important to health because people who view themselves as possessing a high degree of personal control also report 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).[166]

The high school graduation rate for Ada and Canyon counties are below the national average. Although Canyon County's high school graduation rate is below the national average, it has been trending up since 2008, while Ada County's rate has been trending down. Service area post-secondary education is well above the national average for Ada County and below the national average for Canyon County.





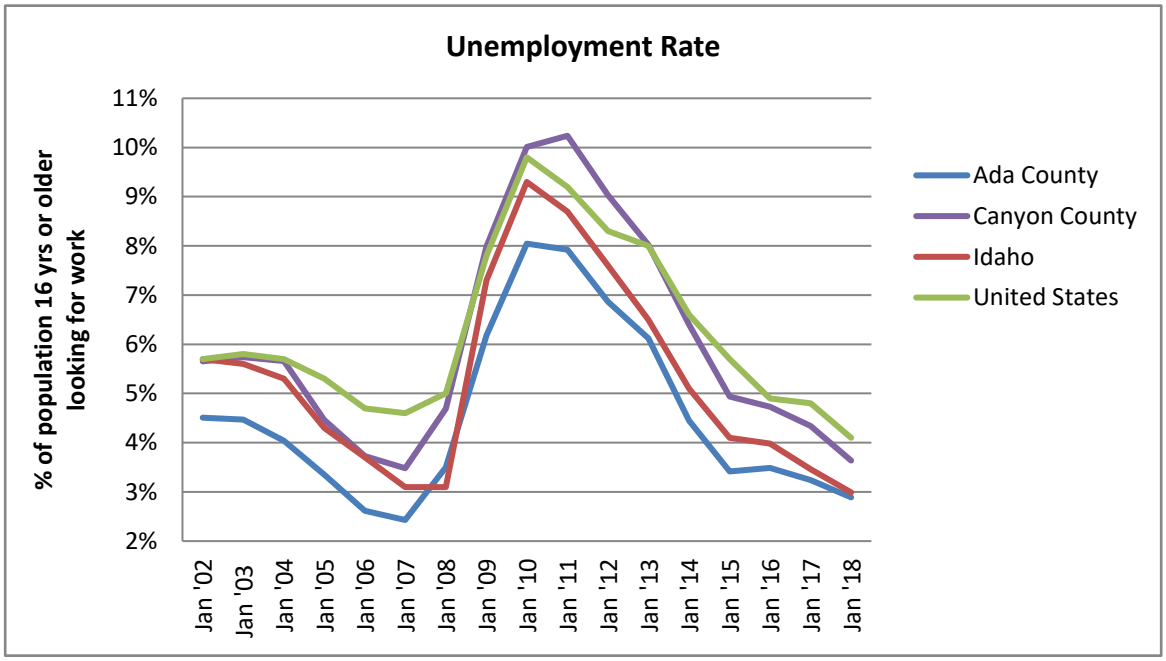
Health Factor Score Low score = Low potential for health impact High score = High potential for health impact					
	Trend: Better/Worse	**Prevalence versus U.S. Average**	**Severe/ Preventable**	**Magnitude: Root Cause**	**Total Score**
Education	**2**	**3**	**2**	**3**	**10**

[166] University of Wisconsin Population Health Institute. *County Health Rankings* 2012-2018. 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.[167]

The unemployment rate in Idaho and our service area has been trending down since 2011 and at the longer term, healthier rates for our area.[168]



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**	**1**	**1**	**4**	**7**

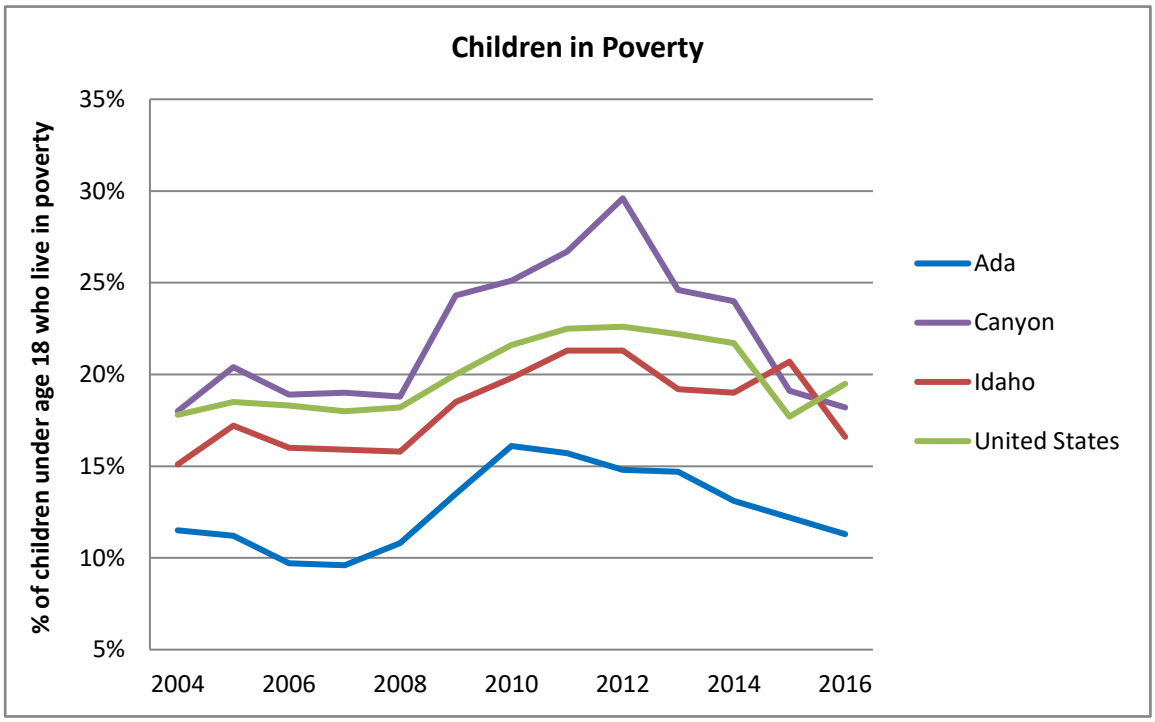
[167] University of Wisconsin Population Health Institute. *County Health Rankings* 2012-2018. Accessible at www.countyhealthrankings.org.

[168] 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).[169]

Although the trend has started to improve, the percent of children in poverty is slightly above where it was in 2008 both nationally and in our service area. The prevalence of children in poverty in Ada County is well below the national average, and for Canyon County the percent of children in poverty is about the same as the national average.[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**
Children in Poverty	**2**	**2**	**3**	**3**	**10**

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

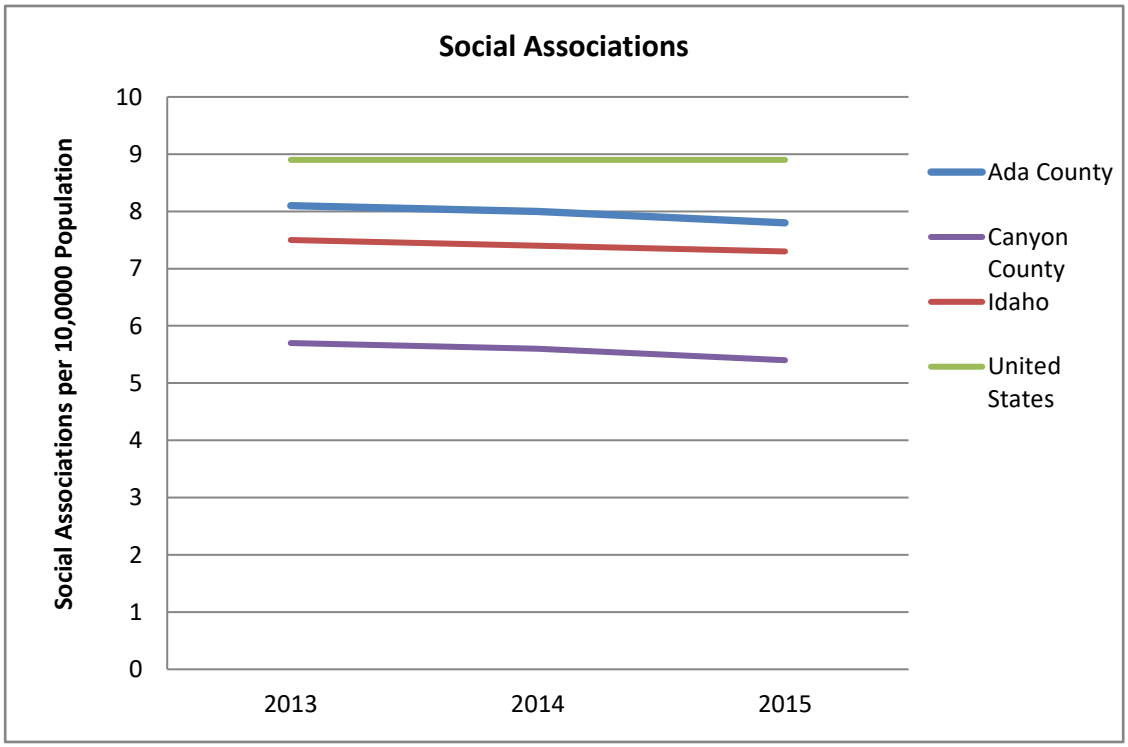
[170] Source: Small Area Income and Poverty Estimates (SAIPE. http://www.census.gov/did/www/saipe/data/statecounty/data/index.html

- **Inadequate Social Support**

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

  The association between socially isolated individuals and poor health outcomes has been well-established in the literature. One study found that the magnitude of risk associated with social isolation is similar to the risk of cigarette smoking for adverse health outcomes.[171]

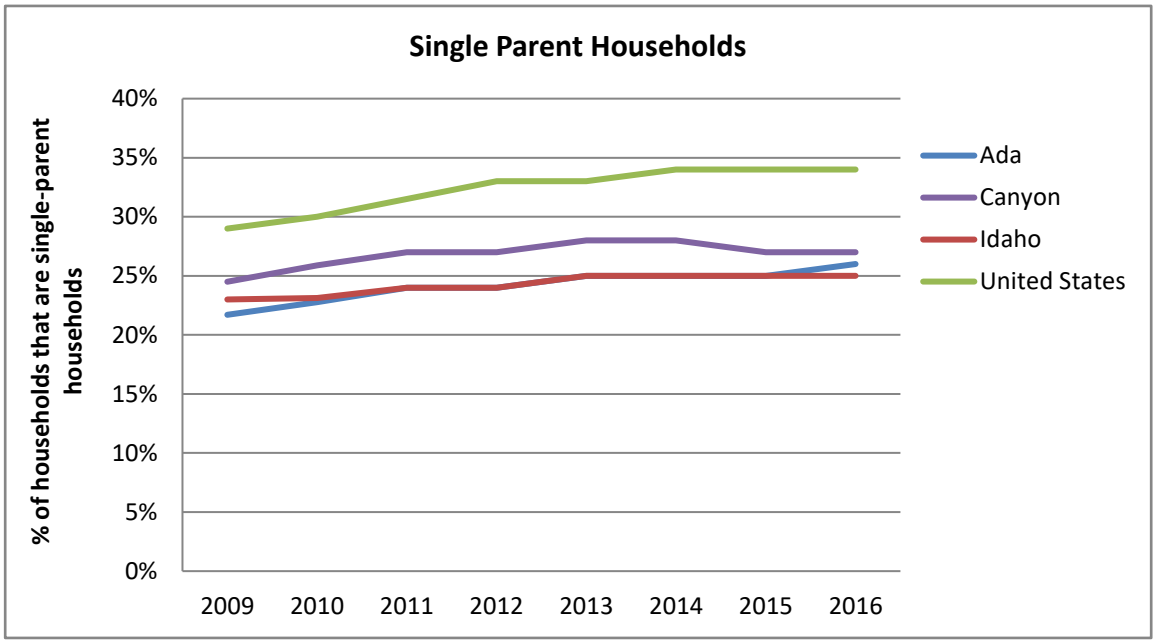
  Adopting and implementing policies and programs that support relationships between individuals and across entire communities can benefit health. The greatest health improvements may be made by emphasizing efforts to support disadvantaged families and neighborhoods, where small improvements can have the greatest impacts. Social associations per 10,000 population in Ada and Canyon counties are below the national average.[172]



[171] University of Wisconsin Population Health Institute. *County Health Rankings* 2018. Accessible at www.countyhealthrankings.org.
[172] Ibid

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, 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 both Ada and Canyon counties; however, the trend has been getting worse since 2009.[173]



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	**3**	**2**	**2**	**3**	**10**

[173] 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.

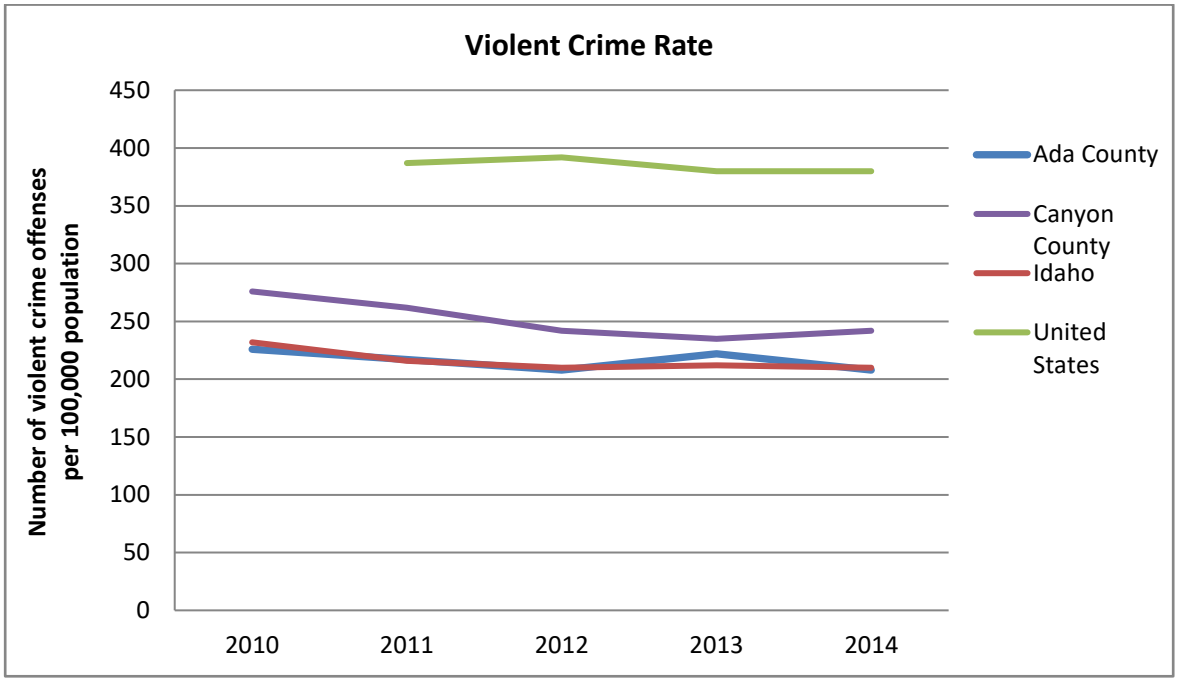
Injuries generate $406 billion in lifetime medical costs and lost productivity every year, $37 billion of which are from violence. Communities can help protect their residents by adopting and implementing policies and programs to prevent accidents and violence. [174]

[174] 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. [175]



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**

[175] Ibid

Physical Environment Factors

County Health Rankings Physical Environment Factors

Air and Water Quality

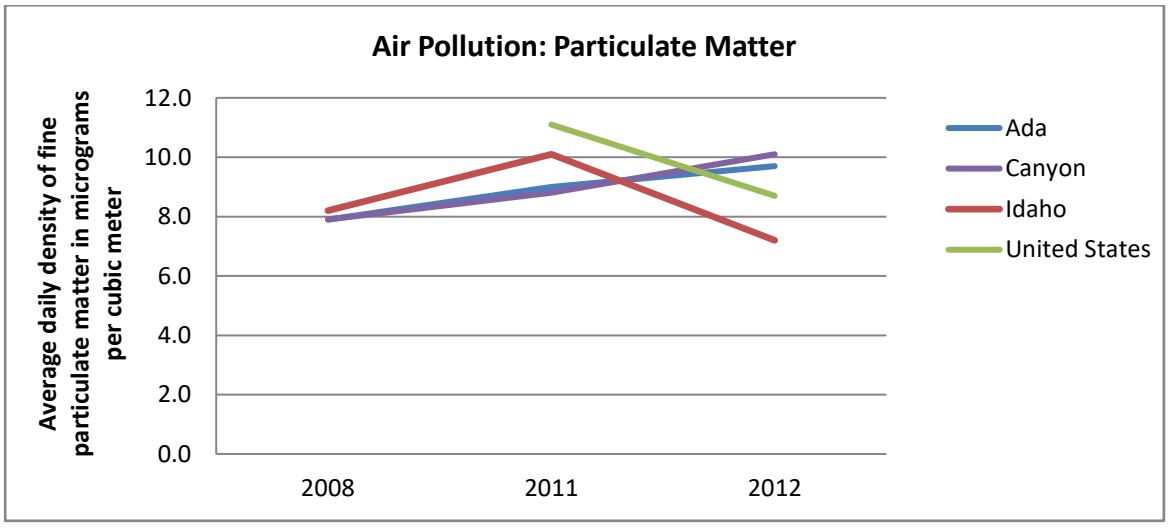
Clean air and water support healthy brain and body function, growth, and development. Air pollutants such as fine particulate matter can harm our health and the environment. Air pollution is associated with increased asthma rates and can aggravate asthma, emphysema, chronic bronchitis, and other lung 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.[176]

- **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. Our service area has air pollution-particulate matter levels about the same as the national average.[177]

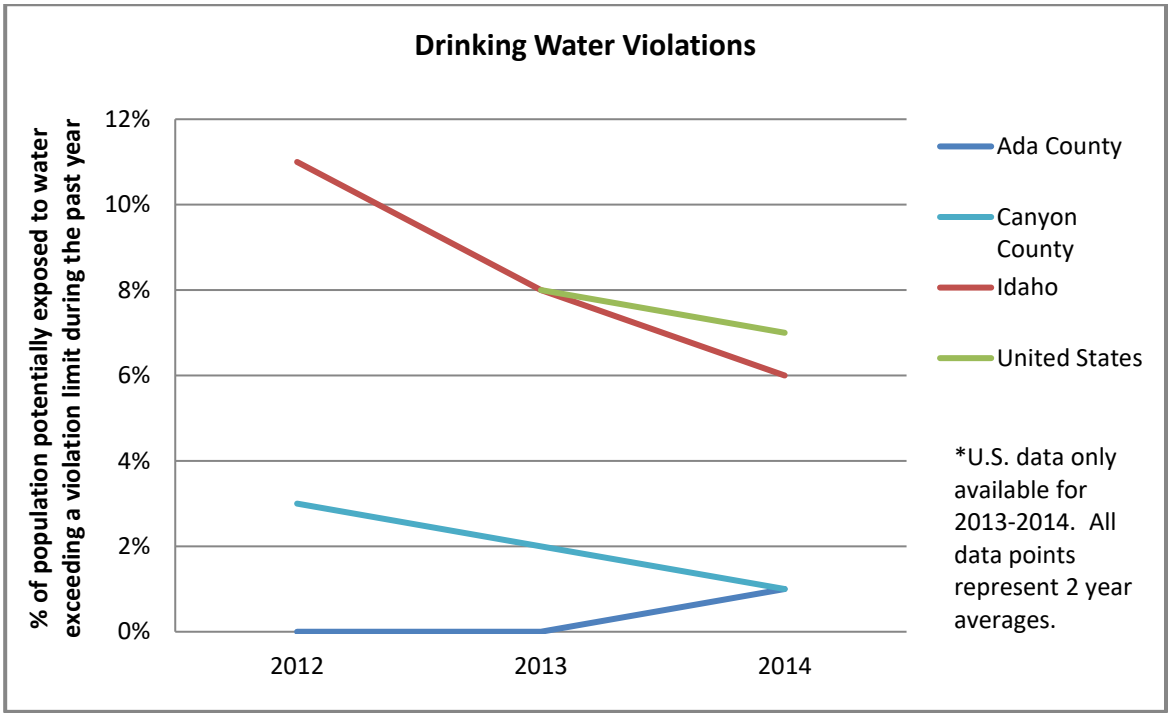


[176] Ibid
[177] Ibid

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	**3**	**2**	**2**	**2**	**9**

- **Drinking Water Violations**

The EPA's Safe Drinking Water Information System was utilized to estimate the percentage of the population getting drinking water from public water systems with at least one health-based violation. Our service area has drinking water violation rates that are significantly below the national average.[178]



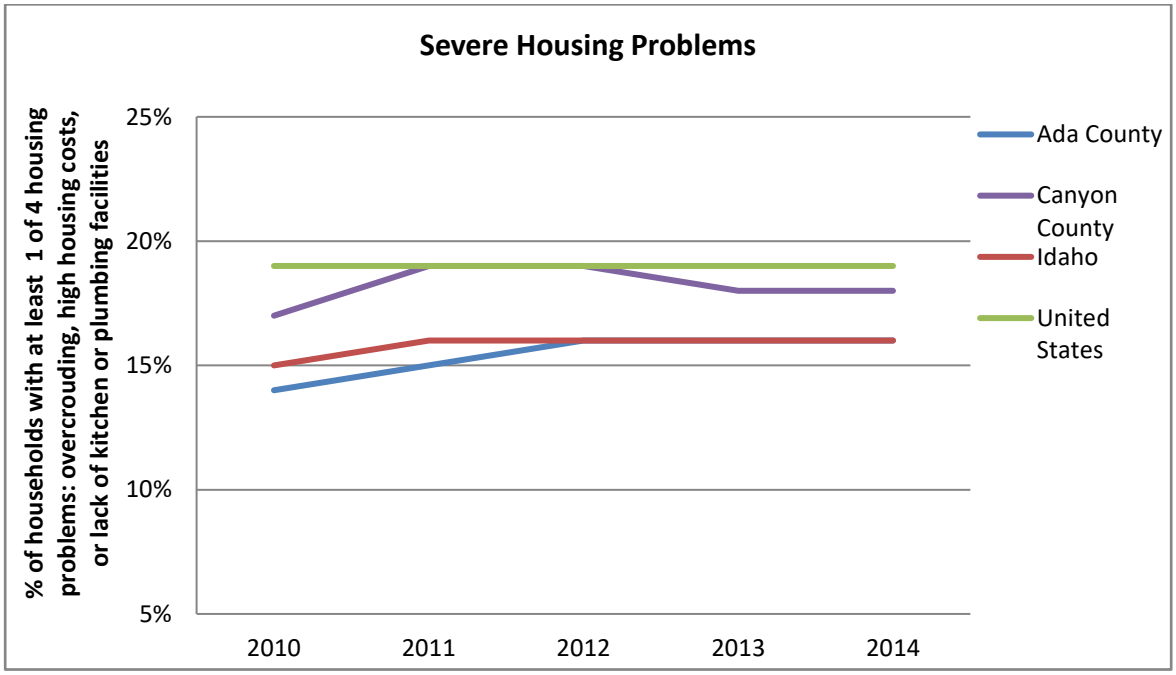
Health Factor Score Low score = Low potential for health impact High score = High potential for health impact					
	Trend: Better/Worse	Prevalence versus U.S. Average	Severe/ Preventable	Magnitude: Root Cause	Total Score
Drinking Water Violations	**2**	**0**	**2**	**2**	**6**

[178] 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 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. [179]

Idaho and our service area in general have a lower percentage of housing problems than the national average. However, Canyon County has approximately the same percent as 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**	**8.5**

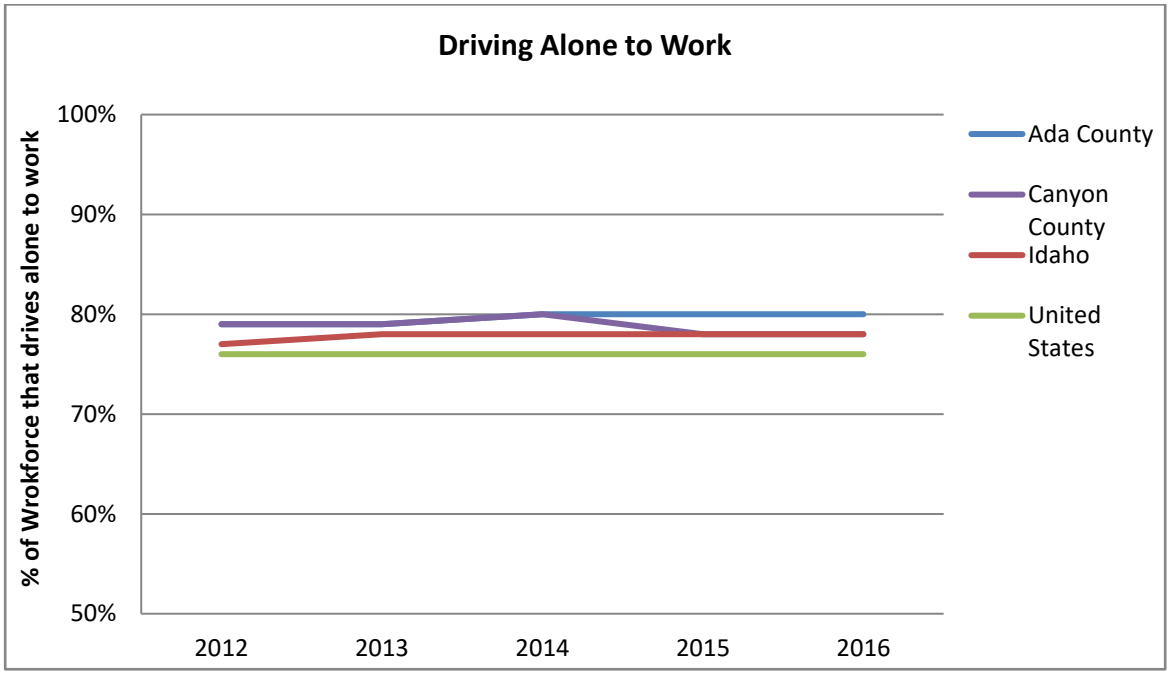
[179] Ibid

- **Driving Alone to Work**

This measure represents the percentage of the workforce that primarily drives alone to work. The transportation choices 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.[180]



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**

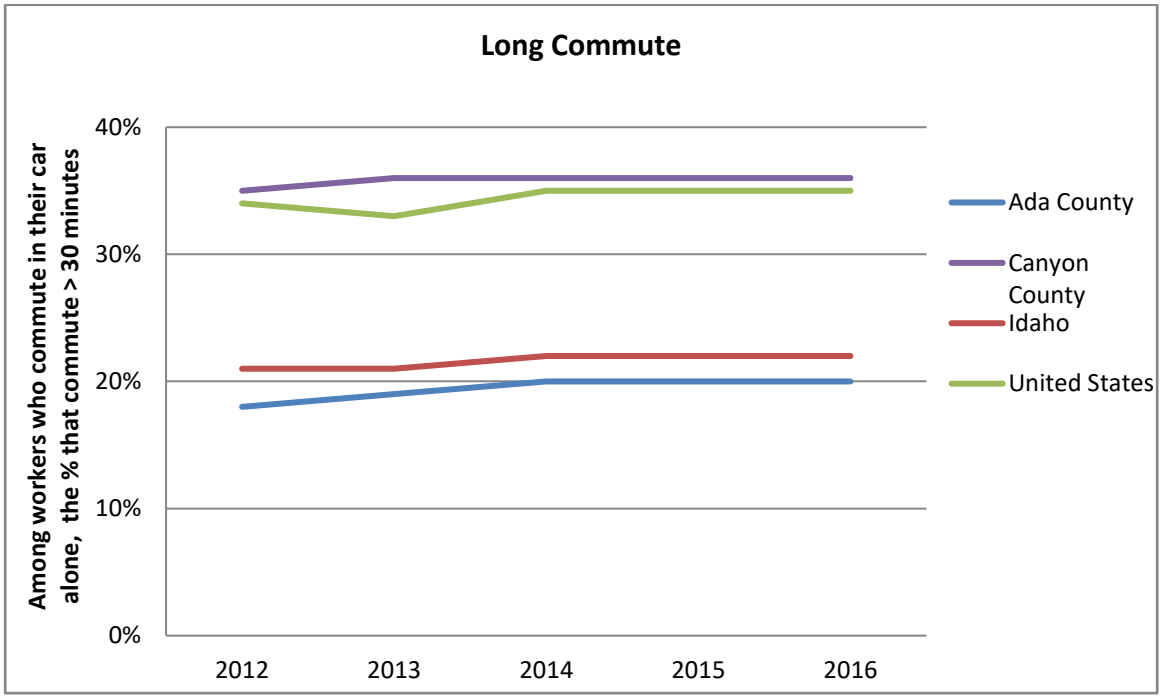
[180] Ibid

- **Long Commute**

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

  Our current transportation system also contributes to physical inactivity—each additional hour spent in a car per day is associated with a 6 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 Ada County and slightly higher than the national average in Canyon County.



Health Factor Scoring					
	Trend: Better/Worse	**Prevalence versus U.S. Average**	**Severe/ Preventable**	**Magnitude: Root Cause**	**Total Score**
Long Commute	**2**	**2**	**1**	**2**	**7**

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 2016 CHNA and the corresponding implementation plan. We use this input to compile and develop the 2019 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	**7.3**	The high cost of healthy food, paired with limited transportation options, can create a barrier to accessing healthy foods for many people in our community. The Treasure Valley has made strides in addressing this challenge, allowing subsidized, low-income populations to utilize their Supplemental Nutrition Assistance Program (SNAP) benefits on fresh, healthy foods at local farmers' markets. However, more access is needed, especially with the availability of fast food, which is often high in fat and sugar. Making the 'healthy choice the easy choice' is paramount to improving the overall health of our community. "With the prevalence and availability of junk food, we have to focus on the long-

		term benefits of eating healthy," one community representative stated. As others noted, access to healthy foods can be dictated by seasons.
Cancer prevention/education programs	**5.9**	Many people across our community believe that cancer prevention programs and education are important to helping people understand the risks of cancer and lifestyle behaviors. However, most also believe that resources related to cancer prevention programs and education are adequate, though additional programs and education may be helpful for low-income households.
Exercise programs/education/opportunities	**7.2**	Exercise and physical activity are vital dynamics of a healthy lifestyle. Many people in our community believe increased resources related to exercise programs and education are needed to help people understand the importance of physical activity. "With chronic diseases like diabetes, we can do a better job educating people on the importance of exercise programs," one community representative stated. Some believe more exercise programs and education are needed for low-income individuals and families.
Nutrition Education	**7.1**	Many people in our community believe nutrition education is an important element of overall health and wellbeing. Many also believe that more resources are needed that are devoted to nutrition education. With changes in school nutrition policies, and the prevalence of 'food deserts,' this has become a significant issue in our community. Additionally, low literacy rates can affect people's nutrition. "(Advertisements) tell us that you should drink Coca-Cola to be happy. People with low literacy rates

		struggle to understand nutrition labels. There is a need for more nutrition education," stated one community representative.
Safe sex education programs	**6.1**	For many people in our community, safe sex education programs play an important role in teaching young people the importance of safe sex practices and behaviors. While many people believe adequate resources are devoted to safe sex education programs in our community, many also believe this is an important issue for youth moving forward. "We need to talk about it and provide better education to kids," one community representative said.
Substance abuse services and programs	**8.8**	As substance abuse continues to take its toll on families and communities, substance abuse programs and services are needed to address this issue. "We are such a reactive society. Drugs and alcohol become coping mechanisms rather than social interaction." The burgeoning opioid crisis, matched with the fact that Idaho ranks near the bottom of states in number of providers per capita, has catapulted this issue to warrant additional community and state resources. "We are challenged in that there are not a lot of treatment options," one community representative stated. Another stated: "Based on poverty and income levels, access to services is limited. Low-income individuals and families don't have time or wheels or insurance to access services."
Tobacco prevention and cessation programs	**6.0**	Tobacco use is known to cause myriad health issues. Many people across the Treasure Valley recognize the importance of decreasing tobacco use. However, most representatives stated that tobacco

		cessation programs are adequate, available and accessible locally. Many argue that the messaging shared through mass media anti-tobacco use campaigns, such as Project Filter, are effective. However, some believe that increasing the age of tobacco use to 21 years old could be effective in curbing young adults from starting to use tobacco. The rise in popularity of vaping has also become a critical issue in the minds of many community representatives. "It is all the rage for kids," one representative stated. "Currently, there are no prevention efforts."
Weight management programs	**8.1**	Since 2000, obesity rates have risen substantially. This has bolstered the need for services to provide help with weight management for individuals who are overweight. Stressing the importance of healthy eating while increasing weight management services to low-income populations are needed to address this issue. Multiple stakeholders are needed to work collectively and collaboratively. "This is an epidemic. This is a really hard dial to move. It's going to take some community conversations about lifestyle changes," said one community representative.
Wellness and prevention programs (for conditions such as high blood pressure, skin cancer, depression, etc.)	**8.1**	More resources devoted to wellness and prevention programs are needed across the area, many local representatives believe. This aligns with the national health care shift to continue to address 'upstream issues' of health. "If we aren't working on wellness and prevention programs, we are just doing down-stream work," one representative stated. This was a common theme. "Anytime you can focus on prevention it pays dividends more than being reactive to problems."

		Affordable access to such programs can also pose a barrier. “There is limited access to wellness and prevention programs for low-income individuals,” another representative stated.

Clinical Care Access and Quality Needs		
Potential Health Needs	**Average Score**	**Summary of Community Representatives' Comments**
Affordable care for low income individuals	**9.3**	Affordable health care continues to be a major issue across our community. Despite multiple free and sliding-scale clinics and charity care by the hospitals and health systems, health care is often still inaccessible to low-income households due to high costs. “Having affordable health care is vital for our population as a whole,” one local expert stated. “Affordability is the problem. Premiums, co-pays and doctor visits add up,” another added.
Affordable dental care for low income individuals	**8.9**	While our community features a variety of dental care providers, few are available to low-income individuals without dental insurance. Many posit that this is a critical issue, noting that “dental care is key as an indicator of health.” The few low-income options for dental care often have long waiting periods for patients. One community expert stated, “There is a huge gap in dental care services (for low-income people). Your whole life is impacted when you have dental problems.”
Affordable health insurance	**9.7**	Affordable health insurance was ranked as the most critical issue related to clinical care access and quality. It

		continues to be an oft-discussed topic nationwide and in our community. "Across the board, regardless of the (Affordable Care Act), the low-middle class that make too much to qualify for subsidies can't afford to pay for health insurance," one representative said. This sentiment is widely echoed, as many consider affordable health insurance a major issue.
Availability of behavioral health services (providers, suicide hotline, etc.)	**9.1**	Mental and behavioral health continue to be serious issues across the Treasure Valley, according to many local experts and research. The lack of available behavioral health services is viewed as a critical issue for many across our community. One local expert stated, "Idaho is ranked 49th out of 51 states/territories in per capita spending on mental health. Peer and family support programs are in tremendously high demand, but supply is virtually non-existent." Many other experts and community representatives agreed that more resources and services are needed to address behavioral health.
Availability of primary care providers	**7.7**	The state of Idaho continues to rank near the bottom in terms of number of primary care providers per capita. While Ada County has more resources than more rural counties, the area is still experiencing a shortage of PCPs. "It's highly unlikely you will get access to primary care providers for anyone, especially low-income people, as a new patient," one local representative stated. "You have to wait a long time to get a PCP in the Treasure Valley, regardless of if you have insurance or not," another community representative said.

Chronic disease management programs	**7.2**	Chronic diseases and conditions, ranging from diabetes to hypertension, can be detrimental to population health. Many local experts believe that more community programs to help those living with such diseases are needed in our community. In addition, people with chronic conditions need help with lifestyle changes to enhance their quality of life. “There are resources. The biggest challenge is getting people into classes and then having them follow through with the recommendation of lifestyle change,” one community expert stated.
Immunization programs	**5.5**	Most people agree that immunizations are a vital dynamic of health care, helping to prevent and eradicate diseases. Despite an enormous body of research to the contrary, there still seems to be lingering views of the stigma of immunizations and vaccinations. “It seems like we have taken a step back in terms of immunizations for kids,” stated one community expert. Most community representatives believe more resources are needed to increase access to immunizations, especially for adults.
Improved health care quality	**5.5**	Most people across our community believe local health care options are high quality. “We have excellent health care quality,” said one community expert. Another stated, “Local providers do a really nice job of taking care of patients.” According to some, however, there is a need for more culturally appropriate health care, as the local population continues to diversify.
Integrated, coordinated care (less fragmented care)	**7.7**	While the health care sector nationwide continues to make advancements toward integrated, coordinated care, more work needs to be done, according to many in

		our community. “There needs to be a more coordinated effort and smooth transition for patients to go from one provider to another. This will lead to better care. We still put too pressure on patients to navigate the health care system on their own,” one community representative said. This was a common view, as others stated that the health care seem is ‘fragmented’ and the need for more coordinated care is serious.
Prenatal care programs	**5.8**	Prenatal care programs can help a family establish a healthy foundation for a newborn. Most of the representatives agree that prenatal care programs are vital. “This is very important basic care that starts at the very beginning,” one expert stated. While many local representatives believe there are adequate prenatal care programs available, they thought that many expectant mothers and families do not access such services.
Screening programs (cholesterol, diabetic, mammography, etc.)	**5.9**	Screening programs can help detect early signs of a variety of health issues, from colon cancer to diabetes. Many in our community believe screenings play a vital role in helping people manage their health. Several community representatives said additional screening programs and resources are needed for various cancers, such as colorectal, while also increasing availability of screenings for low-income people.

Social and Economic Needs		
Potential Health Needs	**Average Score**	**Summary of Community Representatives' Comments**
Children and family services	**7.5**	Many representatives expressed the need to increase services and resources to children and families, ultimately addressing the social determinants of health. While it was noted that the proliferation of the 'community schools' model has increased some services, more services are needed, especially for low-income households. "There are a ton of families who struggle... Even where there are resources people who need them can't access them," stated one community representative.
Disabled services	**7.2**	Most people across the Treasure Valley believe there is a need to continue integrating people with all abilities and disabilities into our community. While some state this population has access to good care models locally, others asserted that more funding is needed to enhance programs and resources for people with disabilities.
Early learning before kindergarten (such as a Head Start type program)	**8.2**	Most community experts and representatives strongly asserted the value of early learning and pre-kindergarten programs to children, families and the community. Many also noted that Idaho ranks near the bottom of the 50 states in funding for early learning opportunities, and young students are entering kindergarten without social skills and unprepared to learn. "We have to get our children learning at a young age. This will lead to healthier lives," noted one local expert.
Education: Assistance in gaining good grades in kindergarten through high school	**6.7**	The majority of community representatives stated that increased educational support for children is needed, from early learning opportunities to post-secondary education.

		"We need to continue to support young people growing up as they prepare to enter the workforce," one expert stated. Some noted the 'community school' model being embraced by multiple area school districts has helped provide more services to children. However, more resources are needed across the Treasure Valley. "Kids who are struggling can't get additional support."
Education: College education support and assistance programs	**6.6**	A variety of support and assistance programs are made available to Idaho's high school students who plan to attend post-secondary education. The rising cost of a college education, however, has caused the need to increase for such programs and supports. "The cost of a college education is going up beyond what people can afford."
Elder care assistance (help in taking care of older adults)	**8.3**	Many representatives said there is a need to increase elder care assistance, as the Treasure Valley population continues to age. "The aging population at large is creating a lot of stress on family caretakers, as people are trying to take care of aging parents and family members at home for as long as they can," stated one representative.
End of life care or counseling (care for those with advanced, incurable illness)	**6.3**	Many people believe our community offers good end-of-life care and counseling services. However, some believe low-income people have limited access to such services related to palliative care.
Job training services	**7.0**	From the local higher education institutions to the Department of Labor, many believe our community features effective job training services. Transportation challenges can prevent some from accessing such job training services, while language barriers can hinder job-seeking refugees.
Legal Assistance	**6.6**	Treasure Valley representatives believe local legal assistance services are very strong, but

		can also be limited and hard to access. Many people noted the need to increase services for the growing immigrant populations. “There is a big waiting list for legal assistance, especially with immigrants.”
Senior services	**6.9**	Local representatives stated we have very good senior services available across Ada County. However, it was noted that the aging population is causing strain on these services, and more programs are needed for Latino and Spanish-speaking seniors. “We have good services but we have a large aging population. We need more focus on this.”
Veterans’ services	**6.3**	Many in the community believe access to veterans’ services is strong, as Boise is home to a VA Medical Center, which provides services to many veterans. Though, it was noted that more services and support, especially in mental health, are needed for veterans. “We can’t have our veterans that come home hungry, alone and without proper mental health services.”
Violence and abuse services	**8.0**	Interviewees noted organizations such as the Women’s and Children’s Alliance and FACES of Hope Victim Center do an effective job of providing violence and abuse services. However, many people noted more services related to prevention are needed. “We have no focus on prevention. We have some things after the fact. But at that point the damage is done. We need to work on seeing why it is happening so much now and take some preventative measures,” stated one local expert. It was also noted more services and resources are needed in the western Treasure Valley.

Physical Environment Needs		
Potential Health Needs	**Average Score**	**Summary of Community Representatives' Comments**
Affordable housing	**9.3**	Affordable housing has become a critical issue across the Treasure Valley, according to several community experts. “The run-up in cost of housing in our community has put a strain on many, many folks. It is pricing a lot of folks out of the market, which is causing other financial issues.” Many low-income families often resort to sharing living quarters with other families. “We don’t have any inventory of housing and with the little we do have, virtually none of it is affordable for low-income populations.”
Healthier air quality, water quality, etc.	**4.5**	Many agree that our area has relatively healthy water and air quality, with the exception of summer forest fires. Compromised air quality can have harsh effects on the elderly as well as those with asthma and other chronic conditions. There is a need to continue to monitor the air and water quality, especially as the population continues to increase.
Healthy transportation options (sidewalk, bike paths, public transportation)	**8.6**	Transportation is a serious issue all across the Treasure Valley. While organizations such as Valley Regional Transit provide services to help those with limited transportation options, more services for mass transit are in dire need. “We need to increase availability and access.”
Transportation to and from appointments	**7**	More healthy transportation options are needed, according to many community representatives. Sidewalks, bike paths and mass transit options are needed for a more conducive built environment. “We need to continue to focus on interactivity of the built environment to move safely and easily to resources they need.” It was also highlighted that transportation needs to be a fundamental part of land-use discussions, especially with the ongoing growth across the Treasure Valley.

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 several 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.

- While numerous community representatives praise the quality of health care available in the Treasure Valley, they believe accessing such care remains a significant challenge. They believe the best way to improve the health of the people in our community is to offer more social programs such as affordable universal health insurance and/or offering more clinics that charge based on the ability for a person to pay. Many representatives want the State of Idaho to expand Medicaid to address the 'gap' population. They also feel affordable dental care and availability of behavioral health services are among the most important needs. They rank affordable housing and transportation to and from appointments as serious needs. These representatives highlight the role of the social determinants of health. They often state that our community features an adequate number of programs related to encouraging healthier behavior; however, they believe getting individuals to adopt lifestyle change remains a challenge.

- On the other hand, many representatives feel the largest determining factor in community health is how people care for themselves. These representatives believe health behaviors leading to obesity and drug abuse will cause our population to be unhealthy even if health care is free. These representatives state that people must take responsibility for helping with their own wellness, or we will continue to witness rising health care costs and poor community health. In their view, the key to better community health is to provide programs that are more effective in influencing health behavior. Many of these representatives believe that, unless we hold people accountable to a central wellness component, social programs will become increasingly unaffordable. Without accountability for healthy behavior, they feel social programs create unhealthy dependencies that are passed on from generation to generation.

- Some representatives assert that neither social programs nor health behavior programs will fully address the challenges across health care. These representatives believe we

need a profound reorganization of our health care system to improve efficiency and cost-effectiveness. These representatives assert there is a need for less fragmented, more integrated health care.

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

- Improving social programs may be the most effective way to ensure a safety net for those who have special needs and where health behavior change is not effective.

- We need more effective ways to motivate people to adopt healthy behaviors. We could innovate around behavioral change, such as employers offering incentives to encourage health and wellness. This could also be replicated and tailored to families and households, as the eating and exercise habits learned as children last a lifetime. Could parents be motivated to change their behavior out of a desire to help their children?

- Finally, our health care system needs to be more efficient. There is evidence that medical homes and population health management programs are effective in providing better health at a lower cost for the chronically ill portion of our population, who are the largest consumers of health care resources. The need to lower costs while still providing high quality health care underscores the need to adjust the fee-for-service model that is still prevalent across much of the health care industry.

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, six have scores of 20 or higher. These health needs represent **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. A total of ten health needs have scores of 19.1 or higher representing the top 15th percentile. We highlighted these in the lighter shade of orange to make it easy to identify the next level of high ranking needs.

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 identifies when certain populations, such as 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, diabetes, mental illness, suicide, and drug misuse. Diabetes and obesity rank as high priority needs because both are trending higher and are contributing factors to a number of other health concerns. Mental illness ranks high because Idaho has one of the highest percentages of any mental illness (AMI) in the nation. Drug misuse is trending higher in our community. Our community representatives provided high scores for these health needs as well.

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 diabetes and obesity.

Health Behavior Needs Summary Table

Table Color Key
Dark Orange = High priority: Total score in the top 10th percentile
Light Orange = Total score in the top 15th percentile
White = Total score below the 15th percentile

Identified Community Health Needs	Related Health Factors and Outcomes	Populations Affected Most*	Total Score
Weight management programs	Obese/Overweight adults	No college degree, Hispanic	22.1
	Obese/Overweight teenagers	Income <$35,000, Hispanic	21.1
Wellness and prevention programs	Obese/Overweight adults	No college degree, Hispanic	22.1
	Diabetes	Income < $50,000, No high school diploma	20.1
	Mental illness		21.1
	Suicide		21.1
Substance abuse services and programs	Drug misuse	Unemployed, incomes <$50,000, males < 34 years old	20.8
Wellness and prevention	High blood pressure	Income < $35,000, No college, Overweight, Age 65 +	19.1

Health Behavior Needs Summary Table, Continued

Identified Community Health Needs	Related Health Factors and Outcomes	Populations Affected Most*	Total Score
Access to healthy foods	Food environment		16.2
Exercise programs/education/ opportunities	Exercise opportunity		16.2
	Adult physical activity	Income < $50,000, Hispanic, No college	14.2
	Teen exercise		17.2
Nutrition education	Adult nutrition	No college	16.1
	Teen nutrition		16.1
Safe sex education programs	STDs		17.1
	Teen birth rate		13.1
Substance abuse services and programs	Excessive drinking	Income <$35,000, No high school diploma, Males 18-34	17.8
	Alcohol impaired driving deaths		17.8
Tobacco prevention and cessation programs	Smoking adult	Income < $35,000, No high school diploma	14
	Smoking teen		16
Wellness, prevention, and education programs for cancer	Cancer - all		13.9
	Breast cancer	Female, Age 40+	13.9
	Colorectal cancer		11.9
	Leukemia		10.9
	Lung cancer	Income < $35,000, No high school diploma	12.9
	Non-Hodgkin's lymphoma		10.9
	Pancreatic cancer		11.9
	Prostate cancer	Male age 60+	11.9
	Skin cancer		16.9

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		14.1
	AIDS	African American, Males <24	15.1
	Alzheimer's	Age 65 +	16.1
	Arthritis	Income < $35,000, Non- Hispanic, No college, Overweight, Age 65 +	13.1
	Asthma	Income < $35,000	14.1
	Cerebrovascular diseases		14.1
	Flu/pneumonia		12.1
	Heart disease		17.1
	High cholesterol	Income < $35,000, No high school diploma, Age 55+	18.1
	Nephritis		14.1
	Respiratory disease		15.1

* Information on affected populations included in table when known.

Clinical Care Category Summary

High priority clinical care needs include: Affordable health insurance and increased availability of behavioral health services. Affordable health insurance and the availability of behavioral health services were scored as top health needs by our community health representatives. In addition, affordable health insurance ranks as a top priority need because our service area has a relatively high percentage of people who are uninsured compared to the nation as a whole. 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.

Clinical Care Needs Summary Table

Table Color Key
Dark Orange = High priority: Total score in the top 10th percentile
Light Orange = Total score in the top 15th percentile
White = Total score below the 15th percentile

Identified Community Health Needs	Related Health Factors and Outcomes	Populations Affected Most*	Total Score
Affordable health insurance	Uninsured adults	Income < $50,000, Hispanic, No college	22.7
Availability of behavioral health services (providers, suicide hotline, etc)	Mental health service providers	Income < $50,000	21.1
Affordable care for low income individuals	Children in poverty	Income < $50,000, Age < 19	19.3
Chronic disease management programs	Diabetes	Income < $50,000, No high school diploma	19.2

Clinical Care Needs Summary Table, Continued

Identified Community Health Needs	Related Health Factors and Outcomes	Populations Affected Most*	Total Score
Affordable dental care for low income individuals	Preventative dental visits		17.9
Availability of primary care providers	Primary care providers		17.7
Chronic disease management programs	Arthritis	Income < $35,000, Non-Hispanic, No college, Overweight, Age 65 +	12.2
	Asthma	Income < $35,000	13.2
	High blood pressure		18.2
Immunization programs	Children immunized		12.5
	Flu/pneumonia		12.5
Improved health care quality	Preventable hospital stays		11.5
Integrated, coordinated care (less fragmented care)	No usual health care provider		17.7
	Preventable hospital stays	Refugees, Hispanics, Age 65 +	13.7
Prenatal care programs	Prenatal care 1st trimester	Hispanic, No high school diploma	13.8
	Low birth weight		12.8
Screening programs (cholesterol, diabetic, mammography, etc)	Cholesterol screening	Income < $35,000, No high school diploma, Age 55 +	15.9
	Colorectal screening	Income < $35,000, No college, Age 50 +	12.9
	Diabetic screening		15.9
	Mammography screening	Income < $50,000	16.9

* Information on affected populations included in table when known.

Social and Economic Factors Category Summary

Early learning before kindergarten is the highest ranking social and economic need in our community. The high school graduation rate and community representative scores drove this score higher.

Social and Economic Needs Summary Table

Table Color Key
Dark Orange = High priority: Total score in the top 10th percentile
Light Orange = Total score in the top 15th percentile
White = Total score below the 15th percentile

Identified Community Health Needs	Related Health Factors and Outcomes	Populations Affected Most*	Total Score
Children and family services	Children in poverty	Income < $35,000	17.5
	Inadequate social support		17.5
Disabled services			15.2
Early learning before kindergarten (such as a Head Start type program)	High school graduation rate		18.2
Education: Assistance in achieving good grades in kindergarten through high school	High school and college education rates		16.7
Education: College education support and assistance programs	High school and college education rates		16.6
Elder care assistance (help in taking care of older adults)			16.3
End of life care or counseling (care for those with advanced, incurable illness)			14.3

Social and Economic Needs Summary Table, Continued

Identified Community Health Needs	Related Health Factors and Outcomes	Populations Affected Most*	Total Score
Homeless services	Unemployment rate		14.7
Job training services	Unemployment rate		14
Legal assistance			14.6
Senior services	Inadequate social support	Age 65 +	16.9
Veterans' services	Inadequate social support		16.3
Violence and abuse services	Violent crime rate		14

* 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 relatively high score from our community representatives.

Physical Environment Needs Summary Table

Table Color Key
Dark Orange = High priority: Total score in the top 10th percentile
Light Orange = Total score in the top 15th percentile
White = Total score below the 15th percentile

Identified Community Health Needs	Related Health Factors and Outcomes	Populations Affected Most*	Total Score
Affordable housing	Severe housing problems	Income < $50,000	17.8
Healthier air quality, water quality, etc	Air pollution particulate matter		13.5
	Drinking water violations		13.5
Healthy transportation options (sidewalk, bike paths, public transportation)	Long commute		15.6
	Driving alone to work		15.6
Transportation to and from appointments		Income < $35,000, Rural populations, Age 65 +	15

* 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 diabetes
- Improve mental health
- Reduce suicide
- Availability of behavioral health services
- Affordable health insurance

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, Detection, and Treatment of Obesity and Diabetes

Group #2: Improve Mental Health and Reduce Suicide

Group #3: Reduce Drug Misuse

Group #4: Improve Access to Affordable Health Insurance

We call these groups of needs our "significant health needs" and provide a description of each of them next.

Significant Health Need # 1: Improve the Prevention, Detection, and Treatment of Obesity and Diabetes

Obesity and diabetes are two of our community's most significant health needs. Over 60% of the adults in our community and more than 25% of the children in our state are either overweight or obese. Obesity and diabetes are serious concerns because they are associated with poorer mental health outcomes, reduced quality of life, and are leading causes of death in the U.S. and worldwide. [181]

Impact on Community

Obesity costs the United States about $150 billion a year, or 10 percent of the national medical budget.[182] Besides excess health care expenditure, obesity also imposes costs in the form of lost productivity and foregone economic growth as a result of lost work days, lower productivity at work, mortality and permanent disability. [183] Diabetes is also a serious health issue that can even result in death.[184] Direct medical costs for type 2 diabetes accounts for nearly $1 of every $10 spent on medical care in the U.S. [185] Reducing obesity and diabetes 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 is a complex health issue to address. Obesity results from a combination of causes and contributing factors, including both behavior and genetics. Behavioral factors include dietary patterns, physical activity, inactivity, and medication use. Additional contributing social and economic factors include the food environment in our community, the availability of resources supporting physical activity, personal education, and food promotion.

Obesity and type 2 diabetes can be prevented and managed through healthy behaviors. Healthy behaviors include a healthy diet pattern and regular physical activity. The goal is to achieve a balance between the number of calories consumed from foods with the number of calories the body uses for activity. According to the U.S. Department of Health & Human Services Dietary Guidelines for Americans, a healthy diet consists of eating whole grains, fruits, vegetables, lean protein, low-fat and fat-free dairy products and drinking water. The Physical Activity Guidelines for Americans recommends adults do at least 150 minutes of moderate intensity activity or 75 minutes of vigorous intensity activity, or a combination of both, along with 2 days of strength training per week. [186]

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[181] https://www.cdc.gov/obesity/adult/causes.html
[182] http://www.cdc.gov/cdctv/diseaseandconditions/lifestyle/obesity-epidemic.html
[183] https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5409636/
[184] Idaho and National 2002 - 2016 Behavioral Risk Factor Surveillance System
[185] America's Health Rankings 2015-2018, www.americashealthrankings.org
[186] https://www.cdc.gov/obesity/adult/causes.html

St. Luke's intends to engage our community in developing services and policies designed to encourage proper nutrition and healthy exercise habits. Echoing this approach, the CDC states that "we need to change our communities into places that strongly support healthy eating and active living." [187] These health needs can also be improved through evidence-based clinical programs.[188]

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 and diabetes.

[187] http://www.cdc.gov/cdctv/diseaseandconditions/lifestyle/obesity-epidemic.html
[188] America's Health Rankings 2015-2018, www.americashealthrankings.org

Significant Health Need #2: Improve Mental Health and Reduce Suicide

Improving mental health and reducing suicide rank among our community's most significant health needs. Idaho has one of the highest percentages (21.6%) 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. [189] Although the terms are often used interchangeably, poor mental health and mental illness are not the same things. Mental health includes our emotional, psychological, and social well-being. It affects how we think, feel, and act. It also helps determine how we handle stress, relate to others, and make healthy choices. A person can experience poor mental health and not be diagnosed with a mental illness. We will address the need of improving mental health, which is inclusive of times when a person is experiencing a mental illness.

Mental illnesses are among the most common health conditions in the United States.

- More than 50% of Americans will be diagnosed with a mental illness or disorder at some point in their lifetime.
- One in five will experience a mental illness in a given year.
- One in five children, either currently or at some point during their life, have had a seriously debilitating mental illness.
- One in twenty-five Americans lives with a serious mental illness, such as schizophrenia, bipolar disorder, or major depression.[190]

Impact on Community

Mental and physical health are equally important components of overall health. Mental health is important at every stage of life, from childhood and adolescence through adulthood. Mental illness, especially depression, increases the risk for many types of physical health problems, particularly long-lasting conditions like stroke, type 2 diabetes, and heart disease.

How to Address the Need

Mental illness often strikes early in life. Young adults aged 18-25 years have the highest prevalence of mental illness. Symptoms for approximately 50 percent of lifetime cases appear by age 14 and 75 percent by age 24. Not only have one in five children struggled with a serious mental illness, suicide is the third leading cause of death for young adults.[191]

Fortunately, there are programs proven to be effective in lowering suicide rates and improving mental health. [192] The majority of adults who live with a mental health problem do not get corresponding treatment.[193] Stigma surrounding the receipt of mental health

[189] Mental Health, United States, 2009 - 2016 Reports, SAMHSA, www.samhsa.gov
[190] https://www.cdc.gov/mentalhealth/learn/index.htm
[191] https://www.nimh.nih.gov/health/statistics/mental-illness.shtml
[192]https://www.samhsa.gov/suicide-prevention/samhsas-efforts
[193]Substance Abuse and Mental Health Services Administration, Behavioral Health Report, United States, 2012 pages 29 - 30

care is among the many barriers that discourage people from seeking treatment.[194] Increasing physical activity and reducing obesity are also known to improve mental health.[195]

Our aim is to work with our community to reduce the stigma around seeking mental health treatment, to improve access to mental health services, increase physical activity, and reduce obesity especially for our most affected populations**.** It is also critical that we focus on children and youth, especially those in low income families, who often face difficulty accessing mental health treatment. In addition, we will work to increase access to mental health providers for all ages.

Affected Populations

Data shows that people with lower incomes are about three and a half times more likely to have depressive disorders.[196] Suicide is a complex human behavior, with no single determining cause. The following groups have demonstrated a higher risk for suicide or suicide attempts than the general population: [197]

- American Indians and Alaska Natives
- People bereaved by suicide
- People in justice and child welfare settings
- People who intentionally hurt themselves (non-suicidal self-injury)
- People who have previously attempted suicide
- People with medical conditions
- People with mental and/or substance use disorders
- People who are lesbian, gay, bisexual, or transgender
- Members of the military and veterans
- Men in midlife and older men

[194] Idaho Suicide Prevention Plan: An Action Guide, 2011, Page 9

[195] http://www.cdc.gov/healthyplaces/healthtopics/physactivity.htm, http://www.cdc.gov/obesity/adult/causes.html

[196] Idaho 2011 - 2016 Behavioral Risk Factor Surveillance System

[197] https://www.samhsa.gov/suicide-prevention/at-risk-populations

Significant Health Need #3: Reduce Drug Misuse

Reducing drug misuse ranks among our community's most significant health needs. Our community representatives provided drug misuse with one of their highest scores. The rate of deaths due to drug misuse has been climbing in our community and across the nation. An in-depth analysis of 2016 U.S. drug overdose data shows that America's overdose epidemic is spreading geographically and increasing across demographic groups. Drug overdoses killed 63,632 Americans in 2016. Nearly two-thirds of these deaths (66%) involved a prescription or illicit opioid. [198]

Impact on Community

Reducing drug misuse can have a positive impact on society on multiple levels. Directly or indirectly, every community is affected by drug misuse 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. 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.[199]

In 2015, over 27 million people in the United States reported current use of illicit drugs or misuse of prescription drugs, and over 66 million people (nearly a quarter of the adult and adolescent population) reported binge drinking in the past month. Alcohol and drug misuse and related disorders are major public health challenges that are taking an enormous toll on individuals, families, and society. Neighborhoods and communities as a whole are also suffering as a result of alcohol- and drug-related crime and violence, abuse and neglect of children, and the increased costs of health care associated with substance misuse. It is estimated that the yearly economic impact of substance misuse is $249 billion for alcohol misuse and $193 billion for illicit drug use.[200]

Drug addiction is a brain disorder. Not everyone who uses drugs will become addicted, but for some, drug use can change how certain brain circuits work. These changes make it more difficult for someone to stop taking the drug even when it's having negative effects on their life and they want to quit. [201]

How to Address the Need

We can address drug misuse through both prevention and treatment. Health care practitioners, communities, workplaces, patients, and families all can contribute to preventing drug abuse. The Substance Abuse and Mental Health Services Administration's (SAMHSA) National Prevention Week Toolkit contains many valuable ideas.

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[198] https://www.cdc.gov/media/releases/2018/p0329-drug-overdose-deaths.html
[199] http://archives.drugabuse.gov/about/welcome/aboutdrugabuse/magnitude/
[200] https://addiction.surgeongeneral.gov/executive-summary
[201] https://www.drugabuse.gov/related-topics/health-consequences-drug-misuse

Treatment can incorporate several components, including withdrawal management (detoxification), counseling, and the use of FDA-approved addiction pharmacotherapies. Research has shown that a combined approach of medication, counseling, and recovery services works best. [202] In addition, recent studies reveal that individuals who engage in regular aerobic exercise are less likely to use and abuse illicit drugs. These studies have provided convincing evidence to support the development of exercise-based interventions to reduce compulsive patterns of drug intake. [203] Organizations, such as the Phoenix Gym in Colorado, have shown they can help people addicted to drugs and alcohol recover. In 2017, Health and Human Services Secretary Tom Price praised the Phoenix Gym for its ability to help participants remain sober. [204]

Affected Populations

Data shows that males under the age of 34 and people with lower incomes are more likely to have substance abuse problems. [205] Prescription drug misuse is growing most rapidly among our youth/young adults, adults older than age 50, and our veterans.[206]

[202] https://www.samhsa.gov/prescription-drug-misuse-abuse/specific-populations
[203] https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3276339/
[204] https://www.denverpost.com/2017/08/02/trump-health-chief-tours-colorado-springs-gym/
[205] Idaho 2011 - 2016 Behavioral Risk Factor Surveillance System
[206] https://www.samhsa.gov/prescription-drug-misuse-abuse/specific-populations

Significant Health Need #4: Improve Access to Affordable Health Insurance

Our CHNA process identified affordable health insurance as a significant community health need. The CHNA health indicator data and community representative scores served to rank health insurance as one of our most urgent health issues.

Impact on Community
Uninsured adults have less access to recommended care, receive poorer quality of care, and 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.[207]

Based on the evidence to date, the health consequences of the uninsured are real. [208] Improving access to affordable health insurance makes a remarkable difference to community health. Research studies have shown that gaining insurance coverage through the Affordable Care Act (ACA) decreased the probability of not receiving medical care by well over 20 percent. Gaining insurance coverage also increased the probability of having a usual place of care by between 47.1 percent and 86.5 percent. These findings suggest that not only has the ACA decreased the number of uninsured Americans, but has substantially improved access to care for those who gained coverage. [209]

How to Address the Need:
We will work with our community partners to improve access to affordable health insurance especially for the most affected populations. In November 2018, Idaho passed a proposition to expand Medicaid. In November 2018, Idaho passed a proposition to expand Medicaid. In the coming years, we will see how much the resulting legislation increases the percentage of people who have health insurance and the positive impact it has on health.

Affected populations:
Statistics show that people with lower income and education levels and Hispanic populations are much more likely not to have health insurance.[210]

[207] University of Wisconsin Population Health Institute. *County Health Rankings* 2010-2018. Accessible at www.countyhealthrankings.org.

[208] https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2881446/
[209] https://www.ncbi.nlm.nih.gov/pubmed/28574234
[210] 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 with trusted partners to improve community health outcomes and well-being toward the goal of attaining the healthiest community possible.

Future Community Health Needs Assessments

We intend to reassess the health needs of our community on an ongoing basis and conduct a full community health needs assessment once every three years. St. Luke's next Community Health Needs Assessment is scheduled to be completed in 2022.

History of Community Health Needs Assessments and Impact of Actions Taken

In our 2016 CHNA, St. Luke's Boise/Meridian identified three groups of significant health needs facing individuals and families in our community. Each of these groups is shown below, along with a description of the impact we have had on addressing these needs over the past three years.

In our 2016 CHNA, St. Luke's Boise/Meridian identified three groups of significant health needs facing individuals and families in our community. Each of these groups is shown below, along with a description of the impact we have had on addressing these needs over the past three years.

Group 1: Improve the Prevention, Detection, and Treatment of Obesity and Diabetes

Two of the highest-ranking health needs in our 2016 CHNA were prevention, detection and treatment of obesity and prevention, detection and treatment of diabetes. Obesity and Type II Diabetes are closely linked, so it was logical for St. Luke's to combine strategies to address these needs into one program group. Healthy lifestyle behaviors, including physical activity, healthy eating, stress management, and medication adherence, all influence outcomes for both obesity and diabetes related outcomes, and therefore, because these needs reinforce one another, we grouped them together.

Over the last three years, St. Luke's Boise/Meridian has engaged thousands of individuals in weight loss, nutrition, and fitness programs. These programs range from the YMCA Healthy Living Center, which provides several adult chronic disease prevention and management programs including the YMCA Diabetes Prevention Program; to YEAH!, a wellness program

that helps participating children and their families to create healthier lifestyles; to FitOne, a community health and fitness initiative; to Healthy U, a program tailored to incentivize St. Luke's employees to improve or maintain their health.

St. Luke's provided $95,000 over three years to the Treasure Valley Family YMCA Healthy living Center.The YMCA Healthy Living Center focuses on promoting wellbeing, reducing the risk of disease and reclaiming health by changing the behavior of individuals, families, organizations and communities. Participants adopt healthier lifestyles to make significant and positive impact on individual quality of life while reducing incidence of chronic disease and the cost of health care. Programs include Livestrong, Enhance Fitness, Delay the Disease and the YMCA Diabetes Prevention Program. The YMCA Healthy Living Center has served hundreds of individuals in the Treasure Valley producing both physical and quality of life benefits for participants. There has also been a strong partnership established between the YMCA Healthy Living Center and a number of St. Luke's physicians, creating direct referral streams for patients into these community-based programs.

The YEAH! (Youth Engaged in Activities for Health) program addresses the community needs of childhood obesity, and teen exercise and nutrition through multi-disciplinary clinical programs and community programs. From 2016-2018, 221 Treasure Valley kids with significantly high obesity participated in the YEAH! Program.

Another strategy St. Luke's executed to address youth obesity prevention was Community Schools. Community Schools are part of a Promise Partnerships project started by the United Way in 2015. Through 2018, the Community School model was expanded to over 20 schools in the Treasure Valley. The focus of these Community Schools is to provide integrated support to students and families that attend the school. This support can include educational, social, and health services and resources such as food bank facilities, adult learning classes, physical activity programs, and counseling. The expanded hours and resources for these families and kids help support them in adopting healthy behaviors. St. Luke's provided a total of over $65,000 to support Community Schools in the Treasure Valley. These dollars were used to support the staff coordinating services, to provide healthy snacks to participating youth, and to remodel a closet space to be used as a private area for school-based counseling services.

St. Luke's Mountain States Tumor Institute (MSTI) partnered with the Boise School District and Boise State University to deliver a Healthy Habits, Healthy U curriculum in 12 elementary schools, 8 junior high schools, and 1 high school from 2016-2019. The Healthy Habits, Healthy U curriculum aims to reduce obesity with school-age appropriate education about healthy lifestyle behaviors (nutrition and physical activity). A total of 9,206 students received this beneficial health education over three years.

Also proving to be effective when it comes to motivating people to lose weight and maintain their weight loss is a program provided free of charge to identified at-risk patients, through —St. Luke's Healthy U. Healthy U offers Health Coaches at no cost to at-risk patients who desire support with their weight, blood pressure, and/or diabetes management. Through the use of technology, FitBit+, Healthy U Health Coaches are able to scale their services to a much larger audience.

St. Luke's is engaging the entire community to "move for fun and get fit for life" through FitOne, a community health initiative that includes a health and fitness-focused event in September of each year. In 2018, nearly 11,000 people participated, running, walking, and strolling their way to better health! Registration has just opened for the 2019 event. Held in conjunction with the FitOne walk/run events is a Healthy Living Expo. Over the past three years, thousands have attended the Expo to receive health education and resources from St. Luke's and participating community partners.

St. Luke's has also engaged in an innovative partnership with the West Ada School District, the Treasure Valley Family YMCA, West Ada Recreation District, and the Meridian Library District on a project called The Hill. The Hill is one facility, where an elementary school, city park, YMCA, St. Luke's Children's' Clinic, St. Luke's Department of Lifestyle Medicine, and a library are all co-located. This innovative model provides opportunities for partnerships on shared space, referrals, and availability of comprehensive wrap-around support for families and kids in the Meridian area. All entities in this partnership have healthy lifestyles as a priority and thus provide several opportunities for programming and participation in activities to address obesity and diabetes prevention and treatment. This partnership was in development in 2016-2017 and held a grand opening in 2018.

St. Luke's makes an annual financial commitment, through Community Health Improvement Fund (CHIF) grants to support community partners and organizations that are helping address our high priority health needs as identified in the 2016 CHNA. In 2018, St. Luke's provided nearly $300,000 in CHIF grants to community partners in the Treasure Valley. Of those, several were addressing our Group 1 health need to improve the prevention, detection and treatment of diabetes and obesity, including the following:

Organization	Program/Event Name	Description	Awareness/ Outcomes	Youth Participants	Community Participants
Advocates Against Family Violence	Prevention Education Program	To encourage healthy lifestyles, newborns to 18 YO	Youth attended Color Run; SPARK used with 20 kids/daily, provided healthy living education to Run for Respect 5K	170	40
Autism Society Treasure Valley		To support the only Run/Walk event offered	The Run For Autism is the primary fundraiser for all		750

		by an all-volunteer autism-focused organization in southern Idaho, and to enable St. Luke's Children's to participate as a Diamond-level sponsor	the free & low-cost autism-friendly programs offered by the Autism Society Treasure Valley		
Treasure Valley Food Coalition	Boise Farmers Mobile Market Expansion	To help fund the expansion of the Boise Farmers Mobile Market	Number of customer visits: 2,648 (47% increase over the 2017 figure of 1,800)		2648
Boise Public Schools Education Foundation	Boise Community Schools Healthy Snack Program	Provide healthy snacks through Create Common Good at Boise Schools five Community Schools	We were able to provide 8,100 healthy snacks to Frank Church students and 80 family style snacks/lunches at our elementary English language classes for parents	400	
Boys & Girls Clubs of Ada County	Triple Play: Mind, Body, and Soul Program	To increase the overall health and well-being of a population at higher risk for poor health, fitness and nutrition, as well as mental health and substance abuse issues	Total Children Registered to Athletic Programs: 350 children. Total Children in Sports or Recreation: 1,700 children	1700	
Boys & Girls Club of Nampa	Triple Play Wellness and Fitness Program	Obesity and Diabetes Prevention	During the 2017-2018 grant cycle, 337 youth ages 6-18 participated in the Triple Play	337	

			Program. These youths participated in daily physical activities and created healthy habits		
Boys & Girls Club of Western Treasure Valley	St. Luke's Triple Play: A Program for the Mind, body, & Spirit	To provide youth the tools they need to improve their health, reduce childhood obesity, and teach them the B&G Club values of Respect, Responsibility, and Integrity	Each of the 125 youth participants that graduated from Triple Play attended no less than 12 of the 16 program sessions, received a minimum of 40 minutes of Triple Play Healthy Habits instruction each week, participated in at least 60 minutes of physical activity each week, and benefitted from a minimum of 50 mentorship sessions	125	
Boise Urban Garden School (BUGS)	Expanded Nutrition Education	Nutrition education centered around fruits and vegetables	A nutrition series of 8 classes was slated to be developed and implemented during 2018 for 60 low income youth at three Boise Parks and Recreation community centers	60	
City of Boise – Parks and Recreation Department	Idaho Youth Adaptive Sports Camp	Co-sponsor the 31st Annual Idaho Youth Adaptive Sports Camp which provided a	The outcomes achieved were that 25 youth with physical disabilities and their parents became knowledgeable	25	

		four-day camp for youth with physical disabilities	about the recreation programs that are available to them in their community. They also expanded their knowledge of their abilities and their rights		
The Community Council of Idaho, Inc.	Migrant and Seasonal Head Start Questionnaire Analysis	To identify specific risk behaviors and to individualize nutrition education and referrals for Migrant and Seasonal Head Start (MSHS) parents to prevent the onset of obesity, which is highly un-retractable once a child is obese	To conduct in-depth analysis of MSHS child and adult health data employing multiple variable and correlation data methods to identify the risk associated with magnitude of obesity. The data is currently being analyzed by the U of I and outcomes will be shared by November 16, 2018		
Create Common Good	Nutritious Snack Program	To increase access to seasonal, nutritious snacks for low-income children	Total Healthy Snacks Distributed: 147,640 WCA: 12,000 Family Advocates: 12,000 Girls on the Run: 7,000 South Middle School: 4,500 Nampa schools: 100,000 Frank Church Community School: 10,800		

			Peace Village: 640		
Family Advocates	Strong Families	To increase their knowledge of the links between weight and health, establish a medical home for pre- and post-natal wellbeing, and knowledge about the long-term effects of behaviors in infancy and early childhood	439 Adults and 322 children participated in our Family Strengthening Program during the FY18 (7/1/2017 – 6/30/18)	322	439
Giraffe Laugh Early Learning Centers	Early Learning Centers Extra-Curricular Program	To provide access to extra-curricular activities to low-income children utilizing Giraffe Laugh's services	Children Served and activities: Swim lessons: 20 Ballet Idaho (sign ups starting now) Predicted 20 Gymnastics 41 Other (field trips to Bogus, Jump Time, etc.) 45	45	
Girl Scouts of Silver Sage Council	Outdoor Program	To improve the physical and mental health of girls	To date, 825 girls have been engaged in physical activity	825	

		in the council area	through outdoor program activities offered by Girl Scouts of Silver Sage Council		
Girls on the Run Idaho, Inc	2018 Spring and Fall Seasons	To provide healthy, nutrient dense snacks to girls in Girls on the Run	During our 10-week spring season, we provided 329 girls with snacks from Create Common Good for one day a week	329	
Good News Food Pantry	Good News Food Pantry	Food distribution pantry construction project	Serving 110+ families per month, up from 60-70		110
The Idaho Foodbank	School Pantry	Operate food pantries at public schools to relieve hunger among students and their families	Through our partnerships with 13 schools, we were able to distribute 92,065 pounds (76,720 meals) at School Pantries in the Treasure Valley over the past 12 months		
Idaho Hunger Relief Task Force	Food is Medicine	To improve the health of our community through better nutrition	16 families have been screened and placed in the program and have participated in and completed a pre-survey, mid-survey and will complete a post-survey during October 2018		16
Special Olympics Idaho	SO Fit Program	To improve the health and fitness for Idaho children and adults with	For 2017-2018, goals/objectives were to activate 125 additional athletes and recruit more SO FIT Coaches. SOID		127

		intellectual disabilities	is proud to report that an additional 127 athletes made SO FIT a part of their training program. SOID also had 23 coaches assist in implementing the SO FIT program in their local programs.		
Idaho Walk Bike Alliance	Idaho Walk Bike Summit 2018	To bring together advocates, health community leaders, city staff, planners, transportation departments, and other interested citizens from all over Idaho in a collaborative effort to better implement active transportation facilities and policy	109 people from all over Idaho attended the Summit; 27 communities, 4 states, 17 counites, and all six of Idaho Transportation Departments were represented.		109
Learning Lab, Inc.	Healthy Families Literacy Program	To support health nutrition classes for Learning Lab's Healthy Families Literacy Program	We partnered with the Idaho Foodbank to incorporate their Cooking Matter's program into our summer Family Literacy class. Six weekly nutrition classes were provided to adults in one of our		

			classes at our Garden City location		
Mercy Housing Northwest-Idaho	Resident Service Programs for Seniors	To continue our on-site senior resident service program with an emphasis on health and wellness at our 3 affordable housing developments.	Residents reported that they exercised an average of 4 days a week.		
Nampa Housing Authority	Diabetes/Obesity prevention and treatment	To improve the prevention and treatment of diabetes and obesity with our residents and the community	Dining with Diabetes is a cooking school and nutrition education program designed for people with diabetes and their family members or caregivers		100
Ridgevue High School	High School Walking Class	Promote healthy exercise habits and provide FitBits	April 2017: 15 days, 30 students, 774 miles. May 2017: 19 days, 30 students 1,127 miles	30	
Zoo Boise		Sponsorship of Zoo Boise's Run Wild, a kid's fun run that gets families active and helps improve the prevention of obesity and diabetes	This event met our goals by getting 201 kids ranging from 2-11 moving.. The race distance is from ¼ mile to 1 mile	201	

Through these and a variety of other tactics tailored to children and adults, we are making a difference for our community when it comes to making lifestyle choices that support good

health. We are pleased with the current successes of these programs and are also encouraged by the development and continued improvement of these services to even further enhance their reach and impact.

Group 2: Improve the Prevention, Detection, and Management of Mental Illness and Reduce Suicide

Programs to address mental illness and availability of mental health services providers were identified as high-priority community health needs. Suicide prevention also ranked in the top 10th percentile in our CHNA. Programs designed to serve these needs have been grouped together because we believe they reinforce one another.

Idaho has one of the highest percentages (22.5%) of any mental illness in the nation, and the Treasure Valley is no exception. To help address this challenge, St. Luke's Boise/Meridian provides and funds various mental and behavioral health services for adults and children in our community, providing much-needed access to care for people with mental and behavioral health needs.

St. Luke's financial support of Allumbaugh House—a regional facility that offers medically-managed detoxification and residential mental health crisis services—strengthens this vital safety net service and helps to reduce emergency department visits. Over the past three years, we are pleased to have been able to donate a total amount of $525,000 to Allumbaugh House.

St. Luke's is also addressing this critical community health need through its own internal service line operations. St. Luke's has a Behavioral Health Service line dedicated to providing behavioral and mental health services to our community. The Behavioral Health team has been working to integrate Behavioral Health into all St. Luke's clinics, including Primary Care. A first step in this direction was conducting REACH trainings. The REsource for Advancing Children's Health (REACH) Institute is a not-for-profit organization based out of New York City founded by Dr. Peter Jensen in 2006. REACH provides training platforms for providers and therapists to work with patients and their families struggling with mental illness. Originally designed to train pediatric providers, REACH has recently expanded to begin working with adult providers as well.

St. Luke's has been working with the REACH Institute since 2016 under the direction of Dr. Sam Pullen, who trained under Dr. Jensen while both were at Mayo Clinic. Over 70 pediatric providers have gone through the 6-month training program with excellent results. The REACH adult training program provides an excellent platform for helping to transform culture and practice behaviors as these clinics begin their journey toward integrated care.

Unfortunately, many children also struggle with mental and behavioral health challenges. In the U.S., 1 in 5 children has a diagnosable mental disorder and 1 in 10 youth have mental health problems severe enough to impair how they function at home, in school, or in the community. St. Luke's Children's Center for Neurobehavioral Medicine provides care for this underserved population and helps them gain access to needed school and community

services. Using a collaborative care and population management model, over the past 3 years we have been increasing access to child and adolescent developmental pediatricians and psychiatrists for patients and their primary care providers.

We are furthering our commitment to address the greatest needs identified in our CHNA by increasing capacity through both staff and technology modalities. St. Luke's has plans to embark on a largescale telehealth project that will provide behavioral health services through technology throughout our health system, in multiple patient locations, including Emergency Departments and Primary Care. This telehealth model will expand the resources available to our clinicians and patients at the moments they need it most.

St. Luke's also partnered with other community organizations and health systems to sponsor New Path, a housing first initiative providing safe, stable housing and onsite supportive services for up to 40 families/individuals experience chronic homelessness. Supportive services include health care, mental health counseling, case management, substance use treatment and financial counseling. New Path opened in 2018, and evaluation metrics for the success of the initiative will be soon coming, through partners at Boise State University.

St. Luke's makes an annual financial commitment, through Community Health Improvement Fund (CHIF) grants to support community partners and organizations that are helping address our high priority health needs as identified in the 2016 CHNA. In 2018, St. Luke's provided nearly $300,000 in CHIF grants to community partners in the Treasure Valley. Of those, several were addressing our Group 2 health need to improve the prevention, detection and management of mental illness and reduce suicide, including the following:

Organization	Program/ Event Name	Description	Awareness/ Outcomes	Youth Participants	Community Participants
Big Brothers Big Sisters of SW Idaho	Mentoring Matters	To provide one-to-one mentoring for at-risk children in the Treasure Valley	Funded 20 matches (228 kids served total)	228	
Children's Home Society	Community Support Program	To ensure access to mental and behavioral health services for children and families	24,233 counseling and therapy sessions provided to 2,796 children and families. St. Luke's CHIF helped fund 500 sessions	500	
Girl Scouts of Silver Sage Council	Outdoor Program	To improve the physical and mental	To date, 825 girls have been engaged in	825	

		health of girls in the council area	physical activity through outdoor program activities offered by Girl Scouts of Silver Sage Council		
Girl Scouts of Silver Sage Council	Visions Program in Canyon Co.	To improve the mental health of low-income, at-risk girls ages 9-12	The Visions program served 326 girls in 25 elementary schools, including 144 girls in 8 Canyon County schools: Central, Greenhurst, Iowa, Owyhee, Roosevelt, Sherman, Snake River and Wilson Elementary	326	
Idaho Youth Ranch	Youth and Family Therapy Expansion	Expand therapeutic services	Construction is underway and we expect to begin providing services in January 2019		
The Mentoring Network, Inc	The Mentoring Network, Inc	To provide a 50/50 match for 8 mentored students Caldwell, Vallivue, and Nampa school districts	137 youth have an adult who visits them weekly and is present in their lives helping ensure that suicidal tendencies and thought patterns as well as other ideas of self-harm are redirected into hope filled and positive outlooks	137	
Project Healing Waters Fly Fishing, Inc.	Project Healing Waters Fly Fishing	to help cover programmatic costs for the PHWFF Boise, ID Program in order to aid in the physical and emotional	In 2017, PHWFF Boise served approximately 28 disabled veterans, and as of June of 2018, we have served 35. Our program is provided at no		35

		rehabilitation of disabled active military service personnel and disabled veterans through fly fishing and associated activities	cost to participants, and the support from St. Luke's enables us to accommodate more participants		
Sacajawea Elementary	Building a Public-Private Partnership For Better Access to Mental and Behavioral Health	Partnering with community partnerships for better access to mental and behavioral health for our students and their families	Setup Mental/Behavioral Health Counseling partnership and center on campus: It was successfully setup in Winter/Spring 2018. This is continuing and appears to be growing. Decrease in excessive absences		
Southwest District Health		To help fund a community open house to increase community awareness of the services available and to promote the newly added co-location of behavioral health services	Approximately 30 guests were provided with an opportunity to meet staff and providers, and learn more about our services and community partnerships		30
Women's and Children's Alliance	Helping Children Heal	To provide free counseling to children who have suffered trauma	561 counseling sessions were provided to 84 children	84	

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

Barriers to access affordable health care and affordable health insurance were ranked in the top 10th percentile of health needs on our CHNA. We are looking at these two needs as one group so we can provide a more comprehensive approach to the programs we have implemented to address these challenges.

To help ensure that everyone in our community can access the care they need when they need it, St. Luke's provides care to all patients with emergent conditions, regardless of their ability to pay—and St. Luke's Financial Care Program supports our not-for-profit mission. St. Luke's Boise/Meridian provided $303,938,381 in FY 2016, $309,833,026 in FY 2017, and $268,607,673 in FY 2018 for unreimbursed services (charity care at cost, bad debt at cost, Medicaid, and Medicare. In future years, we plan to continue to promote financially accessible healthcare and individualized support for our patients.

In partnership with the Mexican Consulate in Boise, St. Luke's Boise/Meridian is meeting the needs of our Latino community through the Health Window program. Through the Health Window program St. Luke's provides a Bilingual Outreach Coordinator located at the Mexican Consulate to deliver culturally appropriate health information, health screenings, and referrals to healthcare and social service providers. The Bilingual Outreach Coordinator also attends community events largely supported and attended by the Hispanic population. From July 2018 – December 2018, the Health Window program reached approximately 950 people in this underserved community.

While affordable health insurance is not a core competency of St. Luke's Healthy System, we still addressed this need by collaborating with community partners who do have this area as a strength. St. Luke's Cardiac Rehab provided free space at their clinic for Senior Health Insurance Benefits Advisors (SHIBA) to use and provide health insurance education and advising to appropriate patients. This partnership identifies St. Luke's commitment to addressing our significant health needs even when it is not our core competency.

St. Luke's has also addressed an access barrier regarding transportation. St. Luke's financially supports, and refers patients to the Rides 2 Wellness Program, hosted by Valley Regional Transit. Rides 2 Wellness is designed to reduce missed appointments resulting in readmissions; to bridge the transportation barrier preventing patients from receiving critical follow-up medical care after hospitalization; and to foster sustainable relationships between healthcare and transportation providers to ensure ongoing collaboration directed toward improving healthcare access. In 2018, Rides 2 Wellness provided 9,249 rides to patients to clinics and hospitals throughout the Treasure Valley.

St. Luke's makes an annual financial commitment, through Community Health Improvement Fund (CHIF) grants to support community partners and organizations that are helping address our high priority health needs as identified in the 2016 CHNA. In 2018, St. Luke's provided nearly $300,000 in CHIF grants to community partners. Of those, several were

addressing our Group 3 health need to improve access to affordable care and affordable insurance, including the following:

Organization	Program/Event Name	Description	Awareness/ Outcomes	Youth Participants	Community Participants
American Lung Association in Idaho	Lung Health Early Intervention Partnership	To create a year-round collaboration between St. Luke's and American Lung Association in Idaho (ALA) that improves access to lung health resources	ALA staff worked with St. Luke's providers to increase participation in the Meridian BBC group by placing group recruitment cards in the Boise and Meridian hospitals		
Angel Wings Network, Inc	Wheels to Recovery	To provide transportation services to local cancer patients	As of September 29, 2018, Angel Wings Network Inc. has issued 164 gas cards in $25 increments for a total of $4,100 in 2018 so far. At the current rate of card distribution, approximately 18-20 cards per month, we estimate issuing over $5,500 worth of cards by year end		164

Assistance League of Boise	Baby Bundles	The Baby Bundles program provides newborn layettes to in-need mothers in coordination with local hospitals, thus providing immediate support of health care needs	During our fiscal year 2017-18, which ended May 31st, we delivered 309 bundles to the Ada County area hospitals. St. Luke's Downtown received 215, St. Luke's Meridian received 58 and St. Alphonsus received 36. This represents a 9.6% increase over the previous year		
Treasure Valley Food Coalition	Boise Farmers Mobile Market Expansion	To help fund the expansion of the Boise Farmers Mobile Market to meet at-risk participants in their own neighborhoods, removing access barriers to nutritious, affordable food	Number of customer visits: 2,648 (47% increase over the 2017 figure of 1,800)		2648
Canyon County Community Clinic	Quality Health Care	To provide quality healthcare to the uninsured in Canyon County	Funds allowed us to provide medications through one of our three resources. Our volunteer providers and medical staff provided care to our panel		500

			of 500 patients. Many of these patients have chronic diseases of which diabetes is a prominent malady		
Elderly Opportunity Agency, Inc	Gem Transportation	Improve Access to Health Care	During July, August and part of September we have registered 107 new passengers providing 748 trips and logging over 18,000 miles		107
Genesis Community Health	Improving Access to Affordable Health Services for Low-Income and Uninsured People	Improving Access to Affordable Health Services for Low-Income and Uninsured People	582 discrete patients received a combined total of 1,580 medical appointment through Genesis Community Clinic		582
Idaho Voices for Children	Idaho Voices for Children	Increase Access to Affordable Health Coverage in Idaho	Successfully advocated to preserve current health coverage for kids and their families. Congressional attempts to slash Medicaid funding were defeated multiple times, and in		

			January 2018, the Children's Health Insurance Program (CHIP) was reauthorized and funded for six years		
Metro Community Services	Metro Community Services Transportation	Provide no-cost curb to curb non MEDICAID quality of life transport serives to seniors and persins with disabilities through Canyon County	Ridership average: 1,718/month (9.7% increase)		1718
St. Michael's Cathedral	BabySteps	program of education and support as a primary prevention strategy to improve birth outcomes, improve the health of women and children, strengthen families and prevent child abuse and neglect, and optimize every child's developmental potential	52 pregnant women were newly enrolled in BabySteps from Jan 1 – Sept 25th; a total of 110 unique women and their families were served		52
Terry Reilly		Funds support the Patient Assistance Fund, which allows Terry Reilly Health Services to	Attendance was 216, around 35 more than last year. As stated above, we also		216

		provide vital health services to those who lack insurance, are underinsured or very low income	exceeded last year's revenue and this year's goal		

Resources Available to Meet Community Needs

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

Abuse/Violence Victim Advocacy and 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 and Services

Advocates Against Family Violence
PO BOX 1496
Caldwell, Idaho 83605
Phone: (208) 459-6330
24-hour crisis line: (208) 459-4779
Description**:** AAFV offers immediate aid, mental health, court advocacy & housing resources, and prevention education.

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

Nampa Family Justice Center
1305 3rd St S
Nampa, Idaho 83651
Phone: 1-800-621-4673
Description**:** The Nampa Family Justice Center is a partnership of agencies dedicated to ending family violence and sexual assault through prevention and response by providing comprehensive, client-centered services in a single location.

Women's and Children's Alliance
720 W. Washington Street
Boise, Idaho 83702
Phone: (208) 343-3688
www.wcaboise.org
24-hour Domestic Violence Hotline: (208) 343-7025

24-hour Sexual Assault Hotline: (208) 345-7273
Description**:** The WCA provides services to women and children victimized by domestic and sexual violence.

Behavioral Health and Substance Abuse Services

Al-anon - District 3 & District 7
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 – Treasure Valley Intergroup
1111 S. Orchard, Suite 180
Boise, Idaho 83705
Phone: (208) 344-6611
http://www.tvico.info/
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.

Allumbaugh House – Terry Reilly Health Services
400 N. Allumbaugh Road
Boise, Idaho 83704
Phone: (208) 377-9669
Description**:** Allumbaugh House provides medically-monitored detoxification and residential mental health crises services.

Ascent Behavioral Health Services
411 N. Allumbaugh St.
Boise, Idaho 83704
Phone: (208) 376-3200
366 SW 5th Avenue, Suite 100
Meridian, Idaho 83642
Phone: (208) 898-9755

Drug Free Idaho, Inc.
333 N Mark Stall Place
Boise, Idaho 83704
Phone: (208) 570-6406

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

Idaho Department of Health & Welfare – Ada County
Behavioral Health Services
Mental Health Services / Adult & Children
Phone: (208) 334-0808
Substance Use Services
Contact our contract provider BPA at 1-800-922-3406

Idaho Department of Health & Welfare – Canyon County
Behavioral Health Services
Mental Health Services / Adult & Children
Phone: (208) 459-0092
Substance Use Services
Contact our contract provider BPA at 1-800-922-3406

Idaho Federation of Families for Children's Mental Health
704 North 7th Street
Boise, Idaho 83702
Phone: (208) 433-8845
Description**:** The Idaho Federation of Families works to develop a coalition of groups and individuals to educate policy makers, professional organizations, legislators, educators, and the public about the needs of children with emotional, behavioral, and mental disorders and their families.

Idaho Suicide Prevention Hotline
24-hour hotline: 1-800-273-8255

Intermountain Hospital
303 N. Allumbaugh
Boise, Idaho 83704
Phone: (800) 321-5984
www.intermountainhospital.com
Description: Psychiatric crisis interventions for those with symptoms such as grief, depression, loss of independence, social isolation, mood disorders, psychiatric illnesses, substance abuse and more.

NAMI – National Alliance on Mental Illness
4696 W Overland Rd # 274
Boise, Idaho 83705
Phone: (208) 376-4304
www.Namiboise.org
Description**:** NAMI, the National Alliance on Mental Illness, is the nation's largest grassroots mental health organization dedicated to building better lives for the millions of Americans affected by mental illness.

Narcotics Anonymous
Treasure Valley 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.

Optum Idaho
205 East Water Tower Lane
Meridian, Idaho 83642
Phone: (855) 202-0973
www.optumidaho.com
Description**:** Since Optum began managing the Idaho Behavioral Health Plan in September 2013, the organization has been working closely with consumers, families, providers, and other stakeholders to enhance the behavioral health system and help Idahoans get the right care at the right time and place.

Regional Mental Health Services
Phone: (208) 344-0808
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 – Psychiatric Wellness Services
Psychiatric Wellness Services
703 S. Americana Blvd. Suite 150
Boise, Idaho 83702
Phone: (208) 706-6375

Support Housing and Innovative Partnerships
1843 S Broadway Ave Suite 101B
Boise, Idaho 83706
Phone: (208) 331-0900
Fax: (208) 331-0904
www.shipinc.org
Description: Supportive Housing and Innovative Partnerships, Inc. (SHIP) is a private non-profit organization dedicated to developing a holistic system to serve the needs of persons working in recovery from alcohol, drug addiction, and substance abuse. Through innovative and inclusive partnerships SHIP helps those in recovery to develop skills, find jobs, and rebuild lives.

Children & Family Services

Casey Family Programs
6441 Emerald Street
Boise, ID 83704-8735
Phone: (208) 377-1771
http://www.casey.org/idaho/
Description**:** Casey Family Programs is the nation's largest operating foundation focused on safely reducing the need for foster care and building Communities of Hope for children and families across America.

Central District Health Department
707 N. Armstrong Place
Boise, Idaho 83704
Phone: (208) 375-5211
Women, Infants and Children (WIC) - Phone: (208) 327-7488
http://www.cdhd.idaho.gov/
Description**:** With a vision of Healthy People in Healthy Communities, CDHD's emphasis is on decreasing risk factors for chronic disease, improving quality of life and increasing the years of healthy life among residents.

Family Advocate Program
3010 W. State Street, Suite 104
Boise, Idaho 83703
Phone: (208) 345-3344
www.strongandsafe.org
Description**:** Family Advocates works to strengthen families and keep kids safe by empowering everyday people to protect and enrich the lives of youth.

Idaho Department of Health and Welfare - Child Protection Services
Phone: Statewide - 1-855-552-KIDS
Phone: Treasure Valley – (208) 334-KIDS
Phone: Caldwell – (208) 455-7000
Phone: Nampa – (208) 465-8452
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) 334-6800
http://www.healthandwelfare.idaho.gov/
Description**:** Child Protection, Foster Care Licensing, Adoptions

I**daho Department of Health and Welfare - Idaho CareLine Information and Referral**
Phone: 800-926-2588
http://www.healthandwelfare.idaho.gov/
Description**:** (Health and Human Services Community Resources, DHW Information Clearinghouse, Fraud Reporting, Medicaid Service Providers, Foster Care/Adoptions, Child Care System, Fingerprinting/Criminal History, and all other services not listed)

Southwest District Health Department
13307 Miami Lane
Caldwell, Idaho 83607
Phone: (208) 455-5300
Environmental Health Family Health Services Phone: (208) 455-5400
Women, Infants and Children (WIC) - Phone: (208) 455-5300
http://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.

United Way of Treasure Valley
3100 S Vista Ave. Suite 100
Boise, Idaho 83705
Phone: (208) 336-1070
https://www.unitedwaytv.org/
Description: United Way strives to build change that lasts for generations. The United Way helps children and youth achieve their potential through education. They improve people's health through preventive action and access to care and promote financial independence.

Community Health Clinics and Other Medical Resources

Family Medicine Residency of Idaho
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.

The Friendship Clinic
704 South Latah
Boise, Idaho 83705
Phone: (208) 429-6678 Phone/Fax
www.friendshipclinic.com

Garden City Community Clinic - Genesis World Mission
215 W. 35th Street
Boise, Idaho 83714
Phone: (208) 384-5200
Fax: (208) 384-5205
www.genesisworldmission.org
Description: Garden City Community Clinic (GCCC) provides medical services to low income, uninsured patients by utilizing volunteer health care professionals. On site basic dental services, social work consultations, patient medical education, and mental health counseling are also available.

Partnership for Prescription Assistance - Idaho
https://id.pparx.org/
Description: PPA helps low income, uninsured Idaho residents gain access to patient assistance programs where they qualify for free or nearly free prescription medicines.

Terry Reilly Health Services
211 16th Avenue North
Nampa, Idaho 83653
Phone: (208) 467-4431
Fax: (208) 467-7684
www.trhs.org
Description: Terry Reilly Health Services (TRHS) is a private not-for-profit organization that provides medical, dental, and behavioral health care to all, based on their ability to pay.

Vineyard Clinic
4950 N. Bradley
Garden City, Idaho
Phone: (208) 954-2059
http://vineyardboise.org/local-outreach/
Description: Vineyard Boise's free medical clinic is one of the few free clinics serving Boise and the surrounding Treasure Valley. The clinic was created in the year 2000, and remains completely staffed by volunteers. Our mission is to provide quality Christ-centered health care to those in need and never to have to turn away people in need because of a lack of finances or insurance.

Dental Services

Boise Schools Dental Clinic
1609 S. Owyhee Street
Boise, Idaho 83705
Phone: (208) 854-6627
Description: The clinic is open to children attending a school in the Boise School District, who are not receiving dental care or whose families cannot afford it.

Central District Health Boise, Ada County Clinic
707 North Armstrong Place
Boise, Idaho 83703
Phone: (208) 375-5211
www.cdhd.idaho.gov/CHEC/Dental/dental.htm

Garden City Community Clinic (Genesis Clinic)
215 West 35th Street
Boise, Idaho 83703
Phone: (208) 384-5200
www.genesisworldmission.org/dental.htm

Southwest District Health Clinic
920 Main Street
Phone: Caldwell, Idaho 83703
Phone: (208) 455-5345
http://www.swdh.org/clinical-services.asp

Terry Reilly Dental Clinic Boise
2301 N. 36th, Suite 102
Boise, Idaho 83703
Phone: (208) 336-8801
http://www.trhs.org/services/dental/

Description: TRHS Dental is dedicated to providing quality, affordable dental care. A special program targets pregnant women, patients with diabetes and children, to eliminate or lessen the effect of dental disease.

Terry Reilly Dental Clinic Canyon
11136 Moss Lane
Nampa, Idaho 83651
Phone: (208) 466-0515
http://www.trhs.org/services/dental/
Description: TRHS Dental is dedicated to providing quality, affordable dental care. A special program targets pregnant women, patients with diabetes and children, to eliminate or lessen the effect of dental disease.

Disability Services

The Arc
4402 Albion Street
Boise, Idaho 83705
Phone: (208) 343-5583
www.thearcinc.org
Description: The Arc is committed to securing the opportunity to choose and realize their goals of where and how to learn, live, work and play for all people with intellectual and developmental disabilities. The Arc works to ensure that people with intellectual and developmental disabilities and their families have the support they need to live an ordinary and decent life.

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
Description**:** The Department of Health and Welfare can help provide a number of services to assist adults and children with developmental disabilities. Some of these services include: physical and occupational therapy, housing and living supports, chore services, employment support, environmental modifications, home delivered meals, nursing services, respite care, habilitative supports, family education, crisis intervention, and in-school supports, to name a few.

Idaho Parents Unlimited, Inc.
4619 Emerald, Ste. E
Boise, Idaho 83706
Phone: (208) 342-5884
http://www.ipulidaho.org/
Description**:** Idaho Parents Unlimited supports, empowers, educates and advocates to enhance the quality of life for Idahoans with disabilities and their families.

Educational Services

Learning Lab
308 E. 36th Street
Garden City, Idaho 83714
Phone: (208) 344-1335
www.learninglabinc.org
Description**:** Learning Lab teaches and encourages adults who struggle with literacy; helps families discover the joy of learning so all children start kindergarten ready to read; creates hope for brighter futures; builds stronger, more self-sufficient students; and engages the community for all of us.

Lee Pesky Learning Center
3324 Elder Street
Boise, Idaho 83705
Phone: (208) 333-0008
www.lplearningcenter.org

Description**:** Lee Pesky Learning Center (LPLC) works to improve the lives of people who learn differently through prevention, evaluation, treatment, and research.

Public Schools
Boise School District: www.boiseschools.org
Caldwell School District: www.caldwellschools.org
Kuna School District: www.kunaschools.org
Melba School District: www.melbaschools.org
Meridian School District: www.meridianschools.org
Middleton School District: www.msd134.org
Nampa School District: www.nsd131.org
Notus School District: www.notusschools.org
Parma School District: www.parmaschools.org
Wilder School District: www.wilderschools.oorg

Food Assistance

Community Action Partnership of Idaho (CAPAI) – The Emergency Food Assistance Program
701 East 44th Street #1
Garden City, Idaho 83714
Phone: (208) 377-0700
Description: The Emergency Food Assistance Program (TEFAP) is a federally funded program that helps improve the diets of low-income Americans, regardless of age, by providing them with emergency food and nutrition assistance at no cost.

Idaho Foodbank
3562 South TK Avenue
Boise, Idaho 83705
Phone: (208) 336-9643
www.idahofoodbank.org
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
1720 Westgate Drive
Boise, Idaho 83704

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.

St. Vincent DePaul
3209 W. Overland Rd.
Boise, Idaho 83705
6300 N Meridian Rd.
Meridian, Idaho 83642
1203 7th St. N.
Nampa, Idaho 83651
http://www.svdpid.org/

Government Contacts

Ada County
190 E. Front Street
Boise, Idaho 83702
Phone: (208) 287-7080
https://adacounty.id.gov/

Canyon County
1115 Albany Street
Caldwell, Idaho 83605
Phone: (208) 454-7300
www.canyoncounty.org

City of Boise, Idaho
150 N. Capitol Boulevard
Boise, Idaho 83702
Phone: (208) 384-4422
Fax: (208) 384-4420
www.cityofboise.org

City of Caldwell, Idaho
411 Blaine Street
Caldwell, Idaho 83606
Phone: (208) 455-3000
Fax: (208) 455-3003
www.cityofcaldwell.org

City of Eagle
660 E. Civic Ln
Eagle, Idaho 83616
Phone: (208)939-6813
www.cityofeagle.org

City of Kuna, Idaho
763 W. Avalon
Kuna, Idaho 83634
Phone: (208) 922-5546
http://kunacity.id.gov/

City of Meridian, Idaho
33 E. Broadway Avenue
Meridian, Idaho 83642
Phone: (208) 888-4433
www.meridiancity.org

City of Nampa, Idaho
411 3rd Street South
Nampa, Idaho 83651
Phone: (208) 468-4413
www.cityofnampa.us

City of Star
10769 West State Street
Star, Idaho 83669
Phone: (208) 286-7247
www.staridaho.org

Garden City
6015 N. Glenwood St.
Garden City, Idaho 83714
Phone: (208) 472-2900
www.gardencityidaho.org

Homeless Services

Boise Rescue Mission
575 S. 13th Street
Boise, Idaho 83702
Phone: (208) 343-2389

Fax: (208) 343-7607
www.boiserm.org
Description**:** Boise Rescue Mission Ministries has been reaching out to the community by teaching the word of God and providing food, shelter, clothing, counseling and education for those in need. The Rescue Mission also implemented education and counseling programs to provide opportunities for healing, growth, and employment for the homeless population.

CATCH
503 S. Americana
Boise, Idaho 83702
Phone: (208) 246-8830
306 2nd Street South
Nampa, Idaho 83651
Phone: (208) 442-5300
www.catchprogram.org
Description**:** CATCH is a community, collaborative effort designed to assist homeless families with children.

City of Light Home for Women & Children – Boise Rescue Mission
1404 W Jefferson St
Boise, Idaho 83702
Phone: (208) 368-9901
869 W. Corporate Ln.
Nampa, Idaho 83651
Phone: (208) 475-0725
Description**:** Boise Rescue Mission is committed to caring for women through a variety of services catered to their needs and the needs of their children alike. Through overnight shelter, work-search assistance, GED completion, counseling, and addiction recovery, the Rescue Mission has helped hundreds of women in our community find faith, hope and family in a safe, nurturing environment. Children's programs include homework club, summer children's program, after-school activities and college road trip.

Corpus Christi House
525 Americana Blvd
Boise, Idaho 83702
Phone: (208) 426-0039 (office/fax)
http://www.corpuschristiboise.org/#

Interfaith Sanctuary
1620 W. River Street
Boise, Idaho 83702
Phone: (208) 343-2630

http://interfaithsanctuary.org/
Description: Interfaith Sanctuary provides overnight shelter for men, women, and children, and provides supportive services that promote greater self-sufficiency, improved well-being, and permanent housing acquisition.

Salvation Army – Treasure Valley
Family Services Office
4306 W State Street
Boise, Idaho 83703
Phone: (208) 343-5429
Nampa Corps Community Centers
403 12th Avenue S
Nampa, Idaho 83653
Description: Salvation Army offers food assistance, energy bill assistance, emergency shelter, transitional housing assistance amongst other services.

Community Family Shelter
1412 4th St. S.
Nampa, Idaho 83651
Phone: (208) 461-3733

Idaho Youth Ranch
Phone: (208) 322-2308
Treasure Valley Youth 24-hour emergency help line (208) 322-2308.
Description: Hays Shelter Home gives kids a safe, supportive, caring, stable place to live while we help them find their way forward. Our support services include life-skills classes, strength-based family and individual counseling from a master's level clinician, structured education, and community-based recreation.

Hospice Care

Idaho Quality of Life Coalition
PO Box 496
Boise, Idaho 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 Hospice
Boise – serving Ada, Boise, Canyon, Gem, Owyhee, Payette, and Washington counties
325 W. Idaho Street
Boise, Idaho 83702
Phone: (208) 381-2721
http://www.stlukesonline.org/boise/specialties_and_services/hospice/

Hospitals

Intermountain Hospital
303 N. Allumbaugh
Boise, Idaho 83704
Phone: (208) 377-8400
www.intermountainhospital.com

Saint Alphonsus Regional Medical Center - Boise
1055 N. Curtis Road
Boise, Idaho 83706
Phone: (208) 367-2121
www.saintalphonsus.org

Saint Alphonsus Medical Center-Nampa
1512 12th Avenue
Nampa, Idaho 83686
Phone: (208) 463-5000
www.mercynampa.org

Southwest Idaho Advanced Care Hospital
6651 West Franklin Road
Boise, Idaho 83709
Phone: (208) 376-5700
www.siach.ernesthealth.com

St. Luke's Boise Medical Center
190 E. Bannock Street
Boise, Idaho 83712
Phone: (208) 381-2222
www.stlukesonline.org

St. Luke's Children's Hospital
190 E. Bannock Street
Boise, Idaho 83702
Phone: (208) 381-2804
www.stlukesonline.org/childrens_hospital

St. Luke's Rehabilitation
600 N. Robbins Rd. #101
Boise, Idaho 83702
Phone: (208) 489-4040
http://www.stlukeselksrehab.org

St. Luke's Meridian Medical Center
520 S. Eagle Road
Meridian, Idaho 83642
Phone: (208) 381-9000
www.stlukesonline.org/meridian

St. Luke's Nampa Medical Center
9850 W. St. Luke's Drive
Nampa, Idaho 83687
Phone: (208) 505-2000
https://www.stlukesonline.org

Treasure Valley Hospital
8800 W. Emerald Street
Boise, Idaho 83704
Phone: (208) 373-5000
www.treasurevalleyhospital.com

West Valley Medical Center
1717 Arlington Avenue
Caldwell, Idaho 83605
Phone: (208) 459-4641
www.westvalleymedctr.com

Veterans Administration Medical Center
500 Fort Street
Boise, Idaho 83702
Phone: (208) 422-1000
www.boise.va.gov

Housing

Boise City/ Ada County Housing Authority
1276 W. River Street, Suite 300
Boise, Idaho 83702
Phone: (208) 345-4907
http://www.bcacha.org/
Description**:** Provides housing options for low and moderate income residents in Ada County.

Caldwell Housing Authority
22730 Farmway Road
Caldwell, Idaho 83607
Phone: (208) 459-2232
http://chaidaho.org
Description**:** Provides housing options for low and moderate income residents.

Jesse Tree of Idaho
1121 Miller Street
Boise, Idaho 83702
Phone: (208) 383-9486
www.jessetreeidaho.org
Description**:** Jesse Tree of Idaho is dedicated to preventing homelessness through the Emergency Rent and Mercy Assistance (ERMA) program. Jesse Tree of Idaho serves as a "safety-net" by providing a one-time rent payment along with case management, which helps get families back on track and able to regain self-sufficiency and financial stability within a few short months.

Nampa Housing Authority
211 19th Avenue North
Nampa, Idaho 83687
Phone: (208) 466-2601
http://www.nampahousing.com/
Description: Provides housing options for low and moderate income residents.

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

Catholic Charities
1703 3rd St North
Nampa, ID 83687
Phone: (208) 466-9926
www.ccidaho.org

Disability Rights Idaho
4477 Emerald St, Suite B-100
Boise, Idaho 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, Idaho 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, ILAs helps thousands of Idahoans with critical legal problems such as escaping domestic violence and sexual assault, housing (including wrongful evictions, illegal foreclosures, and homelessness), guardianships for abused/neglected children, legal issues facing seniors (such as Medicaid for seniors who need long term care and Social Security), and discrimination issues. Our Indian Law Unit provides specialized services to Idaho's Native Americans. The Migrant Farmworker Law Unit provides legal services to Idaho's migrant population.

Public Health Resources

2-1-1 Idaho CareLine
Phone: Dial 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 Department (CDHD), Idaho District 4
707 N. Armstrong Place
Boise, Idaho 83704
Phone: (208) 375-5211
www.cdhd.org
Description: With a vision of Healthy People in Healthy Communities, CDHD's emphasis is on decreasing risk factors for chronic disease, improving quality of life and increasing the years of healthy life among residents. CDHD 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
Caldwell Office
3402 Franklin Road
Caldwell, Idaho 83605
Phone: (208) 455-7088
Nampa Office
823 Park Centre Way
Nampa, Idaho 83651
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.

Idaho Department of Health and Welfare, Region 4
1720 Westgate Drive
Boise, Idaho 83704
Phone: (208) 334-6801
Description: Idaho State Department of Health and Welfare Region 4 oversees Medicaid, food stamps, child welfare, mental health, and other programs for Ada, Boise, Elmore, and Valley counties.

Southwest District Health (SWDH), Idaho District 3
13307 Miami Lane
Caldwell, Idaho 83607
Phone: (208) 455-5300
www.publichealthidaho.com
Description: Southwest District Health 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. SWDH provides community health programs including Women, Infants, and Children (WIC), prevention for a range of health conditions, as well as immunization programs.

District 3 provides services for Adams, Canyon, Gem, Owyhee, Payette, and Washington counties.

Refugee Services

Agency for New Americans
1614 W. Jefferson Street
Boise, Idaho 83702
www.anaidaho.org
Description: Assists refuges resettling in the Treasure Valley.

Create Common Good
2513 S. Federal Way, Ste. 104
Boise, Idaho 83705
Phone: (208) 258-6800
www.createcommongood.org
Description: Create Common Good (CCG) is a 501(c)3 non-profit social enterprise offering opportunities to achieve self-sufficiency and financial independence by providing foodservice job training and job placement assistance to people with barriers to employment.

English Language Center
2323 S. Vista Ave.
Boise, Idaho 83705
Phone: (208) 338-2696
www.elcboise.org
Description: To develop skills necessary for social interdependency and lifelong learning through English language and training within an emotionally, spiritually and physically safe environment for refugees and other language learners.

Idaho Office for Refugees
1607 W. Jefferson Street
Boise, Idaho 83702
Phone: (208) 336-4222
www.idahorefugees.org
Description: The Idaho Office for Refugees (IOR) has statewide responsibility for the provision of assistance and services to refugees. The IOR is a private sector initiative, replacing the traditional State-administered program for refugee assistance and services. Under agreement with the federal Office of Refugee Resettlement, the IOR endeavors to ease the difficult transition refugees experience as they adjust to life in the United States. The IOR supports, through contracts and cooperative agreements,

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.

International Rescue Committee
7188 W. Potomac Drive
Boise, Idaho 38704
Phone: (208) 344-1792
http://www.rescue.org/us-program/us-boise-id
Description: IRC teams provide health care, infrastructure, learning and economic support to people in 40 countries, with special programs designed for women and children. Every year, the IRC resettles thousands of refugees in 22 U.S. cities.

USCIS – Application Support Center for Idaho
1185 S. Vinnell Way
Boise, Idaho 83709
Phone: (208) 685-6600
https://egov.uscis.gov/

Residential Care/ Assisted Living Facility

Good Samaritan Society – Boise Village
3115 Sycamore Drive
Boise, Idaho 83703
Phone: (208) 343-7726

Idaho Aging & Disability Resource Center (ADRC)
Phone: 1-800-926-2588
http://aging.idaho.gov/adrc/

Idaho Department of Health & Welfare
Residential Care or Assisted Living
3232 Elder St.
Boise ID 83705
Phone: (208) 364-1962
www.assistedliving.dhw.idaho.gov

Idaho State Veterans Home
320 N. Collins Road
Boise, Idaho *83702*
Phone: (208) 334-5000

www.veterans.idaho.gov

Senior Services

Alzheimer's Idaho
13601 W. McMillan Road, #249
Boise, Idaho 83713
Phone: (208) 914-4719
www.alzid.org
Description: Alzheimer's Idaho is a standalone nonprofit 501(c)3 organization providing a variety of services and support locally to our affected Alzheimer's population and their families and caregivers.

Boise Senior Center
690 Robbins Road
Boise, ID 83702
Phone: (208) 345-9921

Caldwell Senior Center
1009 Everett
Caldwell, Idaho 83605
Phone: (208) 459-0132

Center at the Park – Meridian Senior Center
1920 North Records Way
Meridian, Idaho 83642
Phone: (208) 888-5555

Eagle Senior Citizen Center
312 E. State Street
Eagle, Idaho 83616
Phone: (208) 939-0475

Friends in Action
1607 W. Jefferson Street
Boise, Idaho 83702
Phone: (208) 333-1363
http://www.fiaboise.org
Description**:** Friends in Action is a nonprofit, collaborative organization dedicated to

sustaining quality of life, dignity, and independence for older persons and their families through education and volunteerism.

Garden City Senior Center
3858 Reed Street
Garden City, Idaho 83714
Phone: (208) 336-8122

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/

Idaho Aging & Disability Resource Center (ADRC)
Phone: 1-800-926-2588
http://aging.idaho.gov/adrc/

Kuna Senior Center
229 N. Ave, A
Kuna, Idaho 83634
Phone: (208) 922-9714

Meridian Senior Center
1920 North Records Way
Meridian, Idaho 83642
Phone: (208) 888-5555
www.meridianseniorcenter.com

Nampa Senior Center
207 Constitution Way
Nampa, Idaho 83686
Phone: (208) 467-7266

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.

Senior Solutions
690 Robbins Road
Boise, Idaho 83702
Phone: (208) 345-7777
http://www.seniorsolutions.bz
Description: Senior Solutions is a nonprofit agency that provides services for senior citizens primarily in the City of Boise and Ada County, Idaho, to help them live independently as long as possible.

Transportation

ACHD Commuteride
5714 Fairview Avenue
Boise, Idaho 83706
Phone: (208) 345-7665

COMPASS (Community Planning Association of Southwest Idaho
700 NE 2nd Street, Suite 200
Meridian, Idaho 83642
Phone: (208) 855-2558
http://www.compassidaho.org/
Description: The Community Planning Association of Southwest Idaho (COMPASS) is a forum for regional collaboration that helps maintain a healthy and economically vibrant region, offering people choices in how and where they live, work, play, and travel. COMPASS serves as the metropolitan planning organization (MPO) for Ada and Canyon Counties, Idaho.

Idaho Transportation Department
8150 Chinden
P.O. Box 8028
Boise, Idaho 83714
Phone: (208) 334-8300
http://itd.idaho.gov

Treasure Valley Transit
1136 W. Finch Drive
Nampa, Idaho 83651
Phone: (208) 463-9111
www.treasurevalleytransit.com

Valley Ride (Valley Regional Transit)
700 N.E. 2nd Street, Ste. 100

Meridian, Idaho 83642
www.valleyride.org
Description: Bus transportation for Ada and Canyon counties.

Veteran Services

Boise Vet Center
2424 Bank Drive
Boise, Idaho 83705
Phone: (208) 342-3612

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 veteran's 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

Youth Programs – After School/ Mentorship/Recreation

4-H Youth Development - Ada County Extension Office
5880 Glenwood St.
Boise, Idaho 83714

Phone: (208) 287-5900
Fax: (208) 287-5909
Email: ada@uidaho.edu
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 – Canyon County Extension Office
501 Main St
Caldwell, Idaho 83605
Phone: (208) 459-6003
Fax: (208) 454-6349
canyon@uidaho.edu
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.

Big Brothers Big Sisters
110 N. 27th Street
Boise, Idaho 83702
Phone: (208) 377-2552
Fax: (208) 375-6577
www.bbbsidaho.org
Description**:** Big Brothers Big Sisters makes meaningful, monitored matches between adult volunteers ("Bigs") and children ("Littles"), ages 6 through 18, in communities across the country. We develop positive relationships that have a direct and lasting effect on the lives of young people.

Boys and Girls Club of Ada County
Moseley Center Club
610 E. 42nd Street, Garden City, ID 83714
Phone: (208) 321-9157
Meridian Club
911 N. Meridian Road
Meridian, Idaho 83642
Phone: (208) 888-5392
Kuna Summer Program
Phone: (208) 954-5034
www.mybgclub.org
Description**:** Boys & Girls Clubs of Ada County have provided fun and engaging after school and summer programs to thousands of the community's most vulnerable youth.

Boys and Girls Club of Nampa
316 Stampede Drive
Nampa, Idaho 83687
Phone: (208) 461-7203
Fax: (208) 466-4032
www.bgclubnampa.org
Description**:** Boys & Girls Club of Nampa is to enable all young people, especially those who need us most, to reach their full potential as productive, caring, responsible citizens.

Caldwell Family YMCA
3720 S. Indiana Avenue
Caldwell, Idaho 83605
Phone: (208) 454-9622
http://www.ymcatvidaho.org
Description: The Y offers developmentally appropriate, curriculum-based programs that help children grow personally, learn values, improve personal relationships, appreciate diversity, become better leaders and supporters, and develop specific skills and assets.

Parks & Recreation - Boise
1104 Royal Blvd.
Boise, Idaho 83706
Phone: (208) 608-7600
parks.cityofboise.org
Description: Boise Parks & Recreation enhances the quality of life in Boise by providing safe, healthy recreational opportunities for children and adults.

Parks & Recreation - Caldwell
Caldwell Recreation Department
618 Irving Street
Caldwell, Idaho 83605
Phone: (208) 455-3060
caldwellrec@cityofcaldwell.org

Parks & Recreation - Kuna
City of Kuna Parks Department
329 Main St.
Kuna, Idaho 83634
Phone: (208) 573-7668

Parks & Recreation - Meridian
33 E Broadway Ave # 206
Meridian, Idaho 83642

Phone: (208) 888-3579
Description: The Parks and Recreation Department's mission is to enhance the community's quality of life by providing innovatively designed parks, connected pathways, and diverse recreational opportunities for all citizens of Meridian that create lasting memories.

Parks and Recreation – Nampa
c/o Nampa Recreation Center
131 Constitution Way
Nampa, Idaho 83686
Phone: (208) 468-5858
Description: Nampa Parks and Recreation adds value to the community as we promote conservation of open space, health and wellness in the community, and community recreation and education.

Treasure Valley Family YMCA
1050 W. State Street
Boise, Idaho 83702
Phone: (208) 344-5502
www.ymcatvidaho.org
Description: At the Y, children and teens learn values and positive behaviors as they're encouraged to explore their unique interests and gifts. This helps to develop confident kids today and contributing adults tomorrow. No one will be denied Y services due to inability to pay.

Youth Programs - At-Risk Youth Services

Children's Home Society of Idaho
Boise Office
740 Warm Springs Avenue
Boise, Idaho 83712
Phone: (208) 343-7813
Fax: (208) 342-8268
www.childrenshomesociety.com
Description**:** The Children's Home Society accomplishes its mission by operating Warm Springs Counseling Center which provides superior emotional and behavioral health services to at-risk children and the families that care for them.

Idaho Youth Ranch
5465 W. Irving Street
Boise, Idaho 83706
Phone: (208) 377-2613
Fax: (208) 377-2819

Hotline: 1-877-817-8141
www.youthranch.org
Family Counseling:
7025 W. Emerald St. Suite A
Boise, Idaho 83704
Phone: (208) 947-0863
info@youthranch.org
Description**:** The Idaho Youth Ranch provides troubled children a bridge to a valued, responsible, and productive future.

Life's Kitchen
1025 S. Capitol Boulevard
Boise, Idaho 83706
Phone: (208) 331-0199
www.lifeskitchen.org
Description**:** Life's Kitchen is a free 16 week job and life skills training program for young adults between the ages of 16 and 20 who have significant barriers to employment. Trainees at Life's Kitchen gain the skills necessary to find and secure employment and to live as financially independent members of our community. More important, Life's Kitchen is about personal development. We want our trainees to develop a sense of direction and purpose in life; to be resilient, self-efficacious, and confident that they have the ability to bounce back from adversity and continue to move forward in life. Our ultimate goal is to put young people on a trajectory towards success.

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Appendix I: Community Representative Descriptions

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

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

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

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

Community Representatives Contacted

1. **Affiliation:** Family Medicine Residency of Idaho
   Date contacted: 4/13/2018
   Interview method: Phone interview & questionnaire
   Health representative category: Category II and III
   Populations represented:
   _X_ Children
   _X_ Disabled
   _X_ Hispanic population
   _X_ Homeless
   _X_ Low income individuals and families
   _X_ Migrant and seasonal farm workers
   _X_ Populations with chronic conditions
   _X_ Refugees
   _X_ Senior citizens
   _X_ Those with behavioral health issues
   _X_ Veterans

2. **Affiliation:** Idaho Department of Health and Welfare
   Date contacted: 4/10/2018
   Interview method: Phone interview and questionnaire
   Health representative category: Categories I and II
   Populations represented:
   _X_ Children
   _X_ Disabled
   _X_ Low income individuals and families
   _X_ Populations with chronic conditions
   _X_ Refugees
   _X_ Those with behavioral health issues

3. **Affiliation:** Community Council of Idaho
   Date contacted: 5/16/2018
   Interview method: Phone interview and questionnaire
   Health representative category: Category II and III
   Populations represented:
   _X_ Children
   _X_ Disabled
   _X_ Hispanic population
   _X_ Homeless
   _X_ Low income individuals and families
   _X_ Migrant and seasonal farm workers
   _X_ Populations with chronic conditions
   _X_ Senior citizens

4. **Affiliation:** Idaho Central District Health, District 4
   Date contacted: 4/12/2018
   How input was obtained: Phone interview and questionnaire
   Health representative category: Categories I and II
   Populations represented:
   _X_ Children
   _X_ Hispanic population
   _X_ Low income individuals and families
   _X_ Migrant and seasonal farm workers
   _X_ Refugees
   _X_ Those with behavioral health issues

5. **Affiliation:** Idaho Office of Refugees
   Date contacted: 4/6/2018
   Interview method: Phone interview and questionnaire
   Health representative category: Category II and III
   Populations represented:
   _X_ Children

_X_ Disabled
_X_ Low income individuals and families
_X_ Refugees
_X_ Those with behavioral health issues

6. **Affiliation:** Learning Lab
   Date contacted: 4/3/2018
   Interview method: Phone interview and questionnaire
   Health representative category: Category III
   Populations represented:
   _X_ Children
   _X_ Hispanic population
   _X_ Low income individuals and families
   _X_ Refugees
   _X_ Other – immigrants

7. **Affiliation:** Boise Rescue Mission
   Date contacted: 4/23/2018
   Interview method: Phone interview and questionnaire
   Health representative category: Category II and III
   Populations represented:
   _X_ Children
   _X_ Disabled
   _X_ Homeless
   _X_ Low income individuals and families
   _X_ Populations with chronic conditions
   _X_ Refugees
   _X_ Senior citizens
   _X_ Those with behavioral health issues
   _X_ Veterans

8. **Affiliation:** Garden City Community Clinic
   Date contacted: 4/23/2018
   Interview method: Phone interview and questionnaire
   Health representative category: Category II
   Populations represented:
   _X_ Hispanic population
   _X_ Homeless
   _X_ Low income individuals and families
   _X_ Populations with chronic conditions

9. **Affiliation:** Terry Reilly Health Services
   Date contacted: 4/10/2018
   Interview method: Phone interview and questionnaire

Health representative category: Category II
Populations represented:
_X_ Children
_X_ Disabled
_X_ Hispanic population
_X_ Homeless
_X_ Low income individuals and families
_X_ Populations with chronic conditions
_X_ Senior citizens
_X_ Those with behavioral health issues

10. **Affiliation:** Treasure Valley Family YMCA
Date contacted: 4/6/2018
Interview method: Phone interview and questionnaire
Health representative category: Category II and III
Populations represented:
_X_ Children
_X_ Disabled
_X_ Hispanic population
_X_ Homeless
_X_ Low income individuals and families
_X_ Migrant and seasonal farm workers
_X_ Populations with chronic conditions
_X_ Refugees
_X_ Senior citizens
_X_ Those with behavioral health issues
_X_ Veterans

11. **Affiliation:** United Way of Treasure Valley
Date contacted: 4/9/2018
Interview method: Phone interview and questionnaire
Health representative category: Category II and III
Populations represented:
_X_ Children
_X_ Low-income individuals and families
_X_ Those with behavioral health issues

12. **Affiliation:** IDACORP & Idaho Power
Date contacted: 4/26/2018
Interview method: Phone interview and questionnaire
Health representative category: Category II and III
Populations represented:
_X_ Children
_X_ Disabled

_X_ Hispanic population
_X_ Homeless
_X_ Low income individuals and families
_X_ Populations with chronic conditions
_X_ Refugees
_X_ Senior citizens
_X_ Those with behavioral health issues
_X_ Veterans

13. **Affiliation:** Valley Regional Transit
Date contacted: 5/2/2018
Interview method: Phone interview and questionnaire
Health representative category: Category II and III
Populations represented:
_X_ Disabled
_X_ Hispanic population
_X_ Homeless
_X_ Low income individuals and families
_X_ Refugees
_X_ Senior citizens
_X_ Those with behavioral health issues
_X_ Veterans
_X_ Other – commuters

14. **Affiliation:** Community Planning Association (COMPASS)
Date contacted: 4/11/2018
Interview method: Phone interview and questionnaire
Health representative category: Category III
Populations represented:
_X_ Children
_X_ Disabled
_X_ Hispanic population
_X_ Homeless
_X_ Low income individuals and families
_X_ Migrant and seasonal farm workers
_X_ Populations with chronic conditions
_X_ Refugees
_X_ Senior citizens
_X_ Those with behavioral health issues
_X_ Veterans

15. **Affiliation:** West Ada School District
Date contacted: 5/3/2018
Interview method: Phone interview and questionnaire

Health representative category: Category II
Populations represented:
_X_ Children
_X_ Disabled
_X_ Hispanic population
_X_ Homeless
_X_ Low income individuals and families
_X_ Populations with chronic conditions
_X_ Refugees
_X_ Those with behavioral health issues

16. **Affiliation:** The Idaho Foodbank
Date contacted: 4/5/2018
Interview method: Phone interview and questionnaire
Health representative category: Category II and III
Populations represented:
_X_ Children
_X_ Disabled
_X_ Hispanic population
_X_ Homeless
_X_ Low income individuals and families
_X_ Migrant and seasonal farm workers
_X_ Refugees
_X_ Senior citizens
_X_ Veterans

17. **Affiliation:** NAMI – National Alliance on Mental Illness – Treasure Valley
Date contacted: 4/5/2018
Interview method: Email questionnaire
Health representative category: Category II and III
Populations represented:
_X_ Those with behavioral health issues

18. **Affiliation:** Women's and Children's Alliance
Date contacted: 4/5/2018
Interview method: Phone interview and questionnaire
Health representative category: Category II and III
Populations represented:
_X_ Children
_X_ Disabled
_X_ Hispanic population
_X_ Homeless
_X_ Low income individuals and families
_X_ Populations with chronic conditions

_X_ Refugees
_X_ Senior citizens
_X_ Those with behavioral health issues
_X_ Veterans

19. **Affiliation:** St. Luke's Health System
Date contacted: 4/25/2018
Interview method: In-person interview
Health representative category: Category II
Populations represented:
_X_ Children
_X_ Disabled
_X_ Hispanic population
_X_ Low income individuals and families
_X_ Migrant and seasonal farm workers
_X_ Populations with chronic conditions
_X_ Refugees
_X_ Senior citizens
_X_ Those with behavioral health issues
_X_ Veterans

20. **Affiliation:** St. Luke's Health System
Date contacted: 4/25/2018
Interview method: Phone interview and questionnaire
Health representative category: Category II and III
Populations represented:
_X_ Disabled
_X_ Homeless
_X_ Low income individuals and families
_X_ Populations with chronic conditions
_X_ Refugees
_X_ Senior citizens
_X_ Those with behavioral health issues
_X_ Veterans

21. **Affiliation:** Nampa Family Justice Center
Date contacted: 5/1/2018
Interview method: In-person interview
Health representative category: Category II and III
Populations represented:
_X_ Children
_X_ Disabled
_X_ Hispanic population
_X_ Homeless

_X_ Low income individuals and families
_X_ Migrant and seasonal farm workers
_X_ Those with behaviroal health issues

22. **Affiliation:** Boys & Girls Club of Nampa
Date contacted: 5/15/2018
Interview method: In-person interview
Health representative category: Category II and III
Populations represented:
_X_ Children
_X_ Hispanic population
_X_ Homeless
_X_ Low income individuals and families
_X_ Those with behavoirla health issues

23. **Affiliation:** Idaho Department of Labor
Date contacted: June 2018 through August 2018
Interview Method: Phone and email
Health representative category: Categories III

24. **Affiliation:** Idaho Health and Welfare
Date contacted: September 2017 through April 2018
Interview Method: Phone conversations and emails
Health representative category: Category I

25. **Affiliation:** Idaho Health and Welfare
Date contacted September 2017 through April 2018
Interview Method: Phone conversations and emails
Health representative category: Category I

26. **Affiliation:** Southwest District Health
Date contacted: 4/9/2018
How input was obtained: Phone interview and questionnaire
Health representative category: Category I and II
Populations represented:
__X___ Children
__X___ Hispanic population
__X___ Homeless
__X___ Low income individuals and families
__X___ Migrant and seasonal farm workers
__X___ Populations with chronic conditions

Appendix II: Community Representative Interview Questions

Representative Name:

Title:

Affiliation:

Date:

Thank you for agreeing to participate in St. Luke's 2019 Community Health Needs Assessment. We will utilize the information you provide to help us better understand and address the health needs of our community.
In our community health needs assessment, we will publish the names of the organizations that participated in our interviews, but we will not publish your name or title.

1) Can you please provide us with a brief description of your professional experience particularly as it relates to community health, social, or economic needs?

2) What geography does your expertise apply to? (If your expertise pertains to more than one St. Luke's hospital location, we will ask you to note where your response differs by location).

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)

_____ Cancer prevention programs/education
_____ Exercise programs/education/opportunities
_____ Greater access to healthy foods
_____ 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 health care 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, grocery stores, etc.
_____ Healthy transportation options (sidewalks, bike paths, etc.)

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

Community Identified Needs	Rep. Score	Related Health Factors and Outcomes	Health Factor Score	Total Combined Score
Access to healthy foods	7.3	Food environment	9	16.3
Exercise programs/education	7.2	Access to exercise opportunities	9	16.2
		Adult physical activity	7	14.2
		Teen exercise	10	17.2
Nutrition education	7.1	Adult nutrition	9	16.1
		Teen nutrition	9	16.1
Safe-sex education programs	6.1	Sexually transmitted infections	11	17.1
		Teen birth rate	7	13.1
Substance abuse services and programs	8.8	Excessive drinking	9	17.8
		Drug misuse	12	20.8
		Alcohol Impaired driving deaths	9	17.8
Tobacco prevention and cessation programs	6	Smoking adult	8	14
		Smoking teen	10	16
Weight management programs	8.1	Obese/Overweight adults	14	22.1
		Obese/Overweight teenagers	13	21.1

Wellness, prevention, and education programs for cancer	5.9	Cancer - all	8	13.9
		Breast cancer	8	13.9
		Colorectal cancer	6	11.9
		Leukemia	5	10.9
		Lung cancer	7	12.9
		Non-Hodgkin's lymphoma	5	10.9
		Pancreatic cancer	6	11.9
		Prostate cancer	6	11.9
		Skin cancer (melanoma)	11	16.9
Wellness and prevention programs	8.1	Accidents	6	14.1
		AIDS	7	15.1
		Alzheimer's	8	16.1
		Arthritis	5	13.1
		Asthma	6	14.1
		Cerebrovascular diseases	6	14.1
		Diabetes	12	20.1
		Flu/pneumonia	4	12.1
		Heart disease	9	17.1
		High blood pressure	11	19.1
		High cholesterol	10	18.1
		Mental illness	13	21.1
		Nephritis	6	14.1
		Obese/overweight adults	14	22.1
		Respiratory disease	7	15.1
		Suicide	13	21.1

Clinical Care Category

Community Identified Needs	Rep. Score	Related Health Factors and Outcomes	Health Factor Score	Combined Score
Affordable care for low income individuals	9.3	Children in poverty	10	19.3
Affordable dental care for low income individuals	8.9	Dental visits, preventative	9	17.9
Affordable health insurance	9.7	Uninsured adults	13	22.7
Availability of behavioral health services (providers, suicide hotline, etc)	9.1	Mental health service providers	12	21.1
Availability of primary care providers	7.7	Primary care providers	10	17.7
Chronic disease management programs	7.2	Arthritis	5	12.2
		Asthma	6	13.2
		Diabetes	12	19.2
		High blood pressure	11	18.2
Immunization programs	5.5	Children immunized	7	12.5
		Flu/pneumonia	7	12.5
Improved health care quality	5.5	Preventable hospital stays	6	11.5
Integrated, coordinated care (less fragmented care)	7.7	No usual health care provider	10	17.7
		Preventable hospital stays	6	13.7
Prenatal care programs	5.8	Prenatal care 1st trimester	8	13.8
		Low birth weight	7	12.8
Screening programs (cholesterol, diabetic, mammography, etc)	5.9	Cholesterol screening	10	15.9
		Colorectal screening	7	12.9
		Diabetic screening	10	15.9
		Mammography screening	11	16.9

Social and Economic Category

Community Identified Needs	Rep. Score	Related Health Factors and Outcomes	Health Factor Score	Combined Score
Children and family services	7.5	Children in poverty	10	17.5
		Inadequate Social Support	10	17.5
Disabled services *	7.2	* See note below	8	15.2
Early learning before kindergarten (such as a Head Start type program)	8.2	High school graduation rate	10	18.2
Education: Assistance in achieving good grades in kindergarten through high school	6.7	High school and college education rate	10	16.7
Education: College education support and assistance programs	6.6	High school and college education rate	10	16.6
Elder care assistance (help in taking care of older adults) *	8.3	* See note below	8	16.3
End of life care or counseling (care for those with advanced, incurable illness) *	6.3	* See note below	8	14.3
Homeless services	7.7	Unemployment rate	7	14.7
Job training services	7	Unemployment rate	7	14
Legal assistance *	6.6	* See note below	8	14.6
Senior services	6.9	Inadequate Social Support	10	16.9
Veterans' services	6.3	Inadequate Social Support	10	16.3
Violence and abuse services	8	Violent crime rate	6	14

* 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

Community Identified Needs	Rep. Score	Related Health Factors and Outcomes	Health Factor Score	Combined Score
Affordable housing	9.3	Severe housing problems	8.5	17.8
Healthier air quality, water quality, etc	4.5	Air pollution particulate matter	9	13.5
		Drinking Water	9	13.5
Healthy transportation options (sidewalk, bike paths, public transportation)	8.6	Long commute	7	15.6
		Driving to work alone	7	15.6
Transportation to and from appointments *	7	* See note below	8	15

* 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.