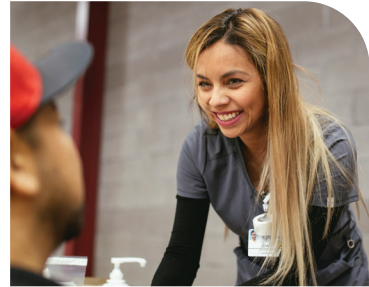




# St. Luke's McCall Community Health Needs Assessment 2022



# Table of Contents

- Introduction..... 5**
- St. Luke’s Health System’s Commitment to Improve Community Health ..... 5**
  - St. Luke’s Process for Improving Community Health ..... 6**
- 2022 Community Health Needs Assessment Strategic Objectives ..... 7**
  - Community Health Needs Assessment Prioritization Criteria and Determination ..... 7**
- St. Luke’s McCall Prioritized Community Health Needs ..... 12**
  - Significant Health Needs ..... 12**
- Complete Community Health Assessment Data ..... 16**
- St. Luke’s McCall Community..... 17**
- The Community We Serve ..... 18**
  - Community Demographics ..... 19**
  - Our Neighboring Communiites ..... 23**
- Health Outcome Measures and Findings..... 24**
  - Mortality Measure..... 24**
    - Length of Life Measure: Years of Potential Life Lost ..... 24
  - Morbidity Measures ..... 25**
    - "Fair or Poor" General Health..... 26
    - Poor Physical Health Days..... 28
    - Poor Mental Health Days..... 28
- Health Factor Measures and Findings ..... 29**
  - Health Behavior Factors ..... 30**
    - Physical Activity..... 30
      - Physical Inactivity: Adults ..... 31
      - Teen Exercise ..... 33
      - Access to Physical Activity Opportunities..... 34
    - Nutrition ..... 35

- Nutritional Habits - Adults ..... 36
- Nutritional Habits - Youth ..... 37
- Overweight and Obesity..... 38
  - Overweight and Obesity: Adults..... 38
  - Overweight and Obesity: Teens..... 39
- Safe Sex ..... 41
  - Teen Birth Rate ..... 42
  - Sexually Transmitted Infections..... 43
  - AIDS..... 44
- Substance Use Disorder ..... 45
  - Excessive Drinking..... 45
  - Alcohol Impaired Driving Deaths ..... 46
  - Drug Misuse and Abuse ..... 47
- Tobacco Prevention and Cessation ..... 50
  - Adult Smoking..... 50
  - Youth Smoking ..... 52
- Wellness and Prevention Programs ..... 53
  - Accidents..... 53
  - Diseases of the Heart..... 54
  - High Cholesterol..... 55
  - Chronic Lower Respiratory Diseases..... 56
  - Cerebrovascular Diseases ..... 57
  - Alzheimer’s Disease ..... 58
  - Diabetes Mellitus ..... 59
  - Nephritis..... 60
  - Lung Cancer..... 62
  - Colorectal Cancer..... 63
  - Breast Cancer ..... 64
  - Prostate Cancer..... 65
  - Pancreatic Cancer ..... 66
  - Skin Cancer (Melanoma)..... 67
  - Leukemia ..... 68
- Clinical Care Access and Quality Factors ..... 69**
  - Affordability of Health Care ..... 69
    - Uninsured Adults ..... 69
    - Primary Care Providers ..... 72
  - Availability of Behavioral Health Services..... 73
    - Mental Health Service Providers ..... 73
    - Mental Illness..... 74
    - Deaths by Suicide..... 76
  - Chronic Disease Management ..... 77

• Arthritis .....	77
• Asthma .....	78
• Diabetes .....	79
• High Blood Pressure.....	81
• Medical Home.....	82
Health Care Quality .....	83
• Preventable Hospital Stays .....	83
Screening Programs .....	84
• Diabetes Screening .....	84
• Cholesterol Screening .....	85
• Mammography Screening.....	87
• Colorectal Screening .....	88
Prenatal Care Program .....	89
• Prenatal Care Begun in First Trimester .....	89
• Low Birthweight.....	90
Immunization Program .....	91
• Childhood Immunizations .....	91
• Influenza and Pneumonia .....	92
<b>Social and Economic Factors .....</b>	<b>93</b>
Academic Achievement.....	93
• High School Graduation Rate.....	94
• Some College .....	95
Housing Stability.....	96
• Severe Housing Problems .....	96
Services for Children and Families Experiencing Adversity .....	97
• Children in Poverty .....	97
• Children in Single Parent Household .....	98
Individual Economic Stability .....	99
• Unemployment .....	99
• Income Inequality .....	100
Food/Nutrition Security .....	101
• Food Environment Index.....	101
Social Support.....	103
• Inadequate Social Support.....	103
Community Safety .....	104
• Violent Crime .....	105
• Injury Deaths.....	106
<b>Physical Environment Factors.....</b>	<b>107</b>
Air and Water Quality .....	107
• Air Pollution Particulate Matter.....	108

- Drinking Water Violations..... 109
- Healthy Transportation ..... 110
- Driving Alone to Work ..... 110
- Long Commute..... 111

**Community Input ..... 112**

**Community Health Needs Prioritization ..... 115**

**Implementation Plan Overview ..... 119**

**Future Community Health Needs Assessments ..... 119**

**History of Community Health Needs Assessments and Impact of Actions Taken ..... 120**

- COVID-19..... 120**
- Priority Need 1: Improve the Prevention and Management of Obesity ..... 120**
- Priority Need 2: Improve Mental Health..... 123**
- Priority Need 3: Reduce Substance Abuse: Drug Misuse and Excessive Drinking..... 128**
- Priority Need 4: Improve Access to Affordable Dental Care ..... 129**
- Priority Need 5: Improve Access to Affordable Health Insurance ..... 129**

**Resources Available to Meet Community Needs ..... 133**

**Appendix I: Community Representative Descriptions..... 166**

**Appendix II: St. Luke’s Community Health Representative Questionnaire ..... 179**

**Appendix III: Data Notes..... 183**

## Introduction

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

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

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

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

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

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

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



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

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

**OUR STRATEGY**  
Quality, Access and Affordability

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

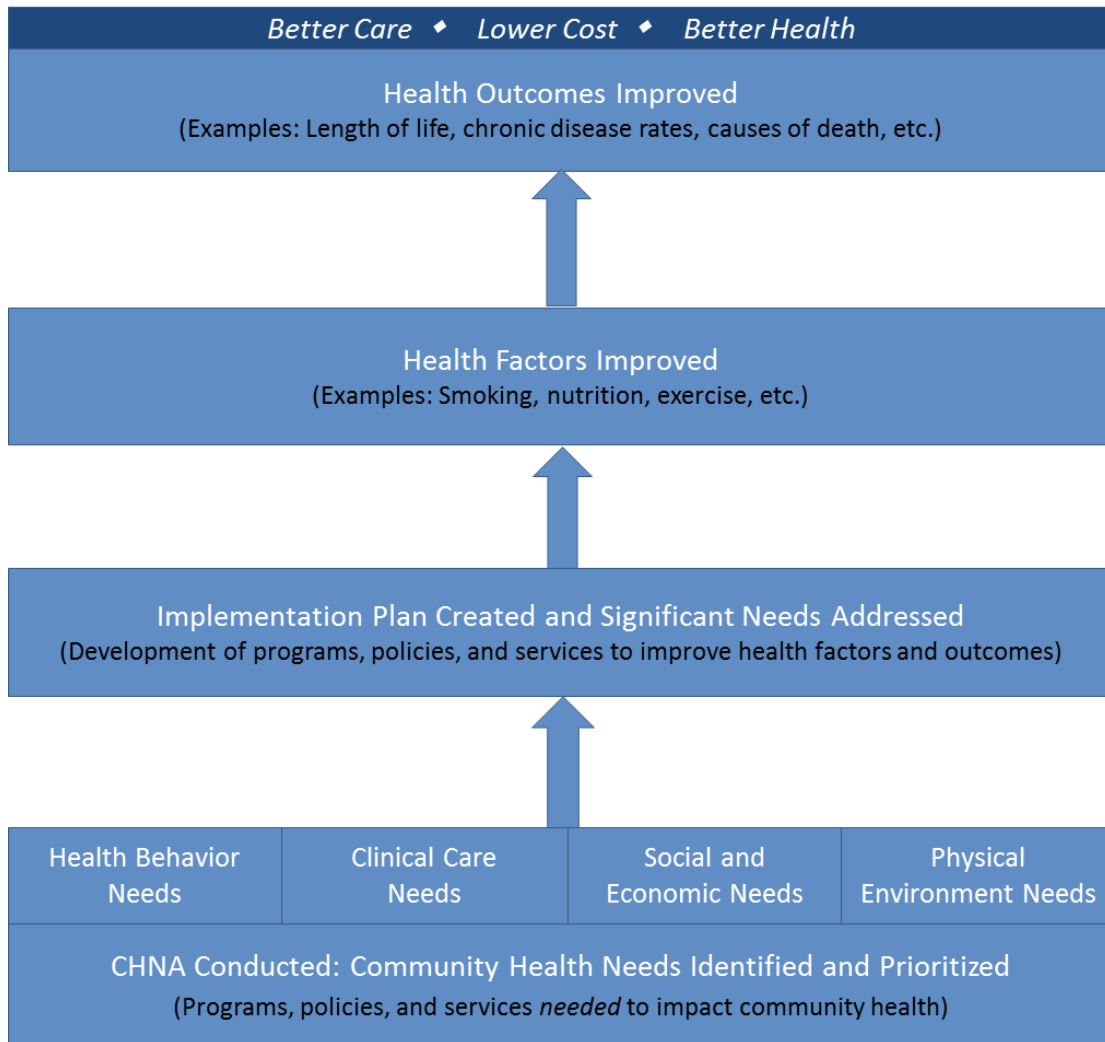
---

<https://health.gov/healthypeople>

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

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

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



## 2022 Community Health Needs Assessment Strategic Objectives

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

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

### Community Health Needs Assessment Prioritization Criteria and Determination

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

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

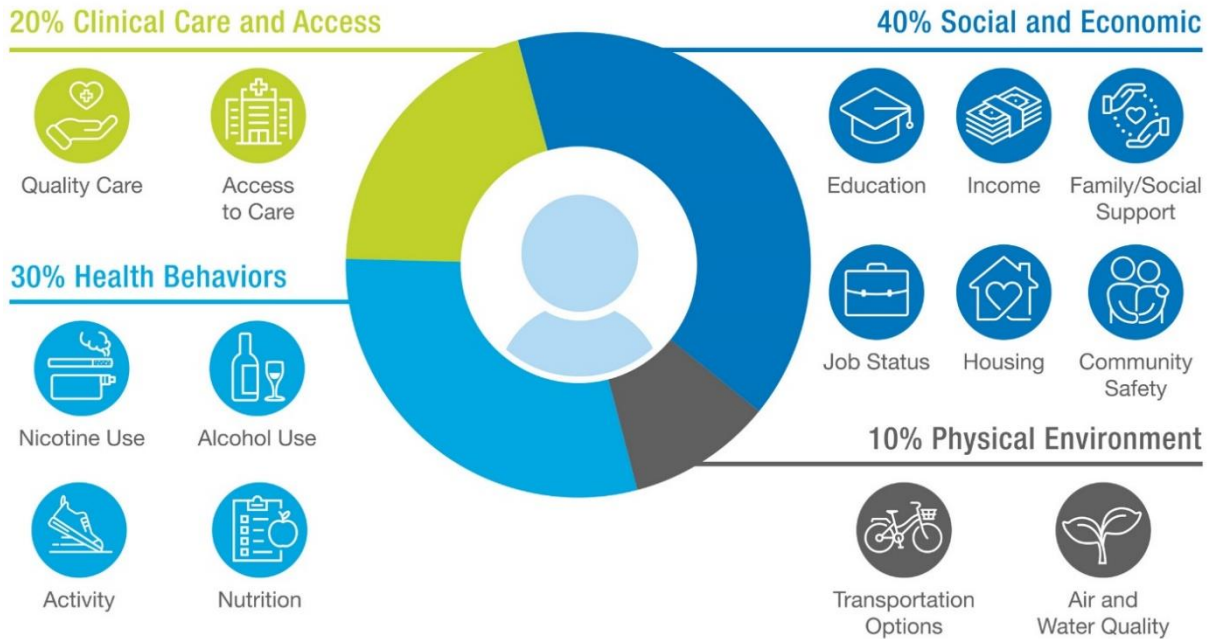
In our CHNA, we divide health needs into four distinct determinants of health categories—with the percentage of how much each impacts overall health—as shown in the figure below. St. Luke’s McCall will designate one need from each of these categories to be a highest priority need.

---

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



# Determinants of Health



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

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

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

**Number of Interview Respondents Representing Each Population**

<b>Adams/Valley County</b>	
Children (0-4 years)	19
Children (5-12 years)	22
Children (13-18 years)	20
People with disabilities	14
Hispanic/Latino/Latina/Latinx	12
Those experiencing homelessness	13
LGBTQIA+ (lesbian, gay, bi-sexual, transgender, queer, intersex, asexual)	10
Low-income individuals and families	21
Migrant and seasonal farm workers	11
Populations with chronic conditions	20
Refugees	12
Rural communities	23
Senior citizens	19
Those with behavioral health issues	16
Veterans	12
Other	6

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

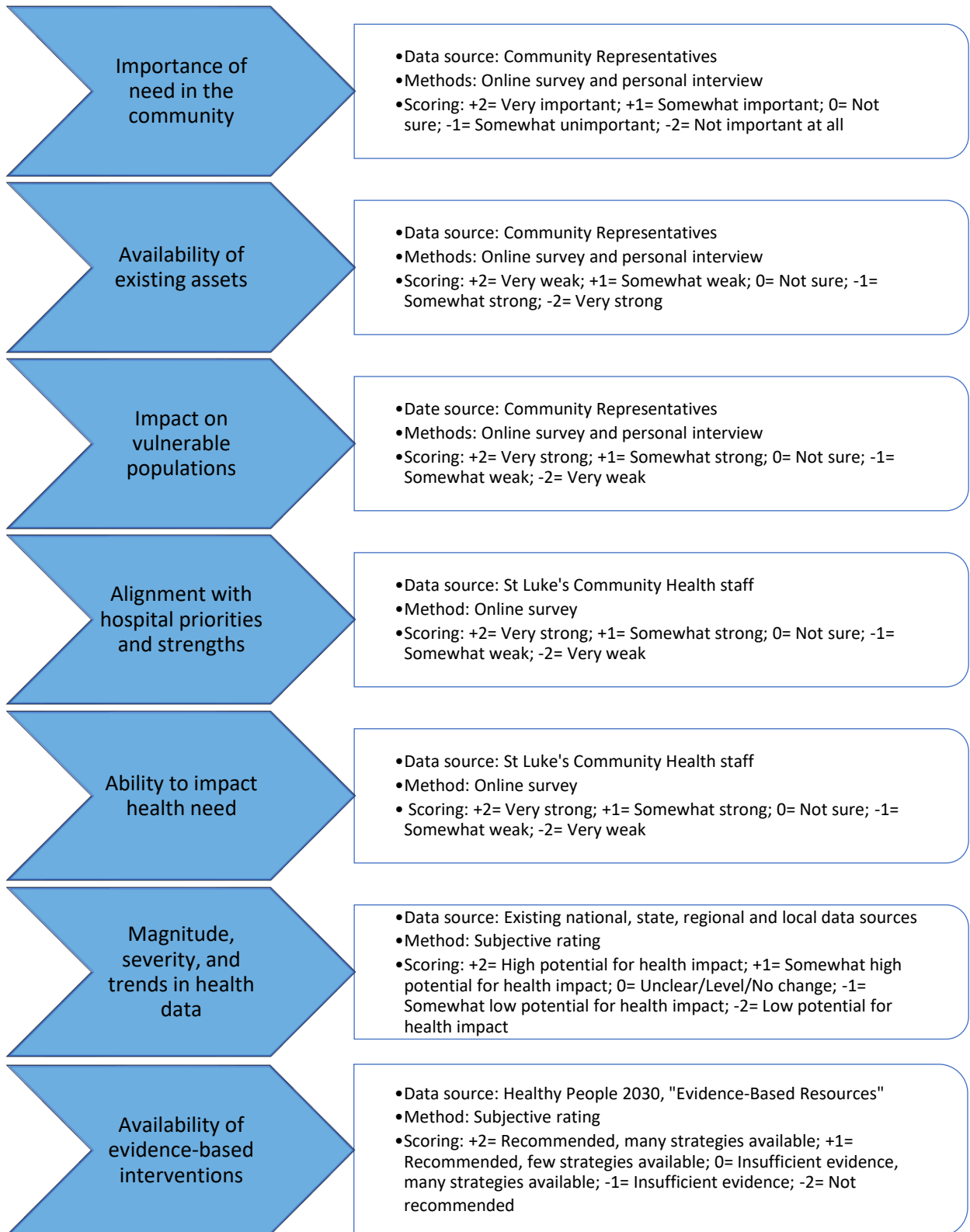
- Each health outcome or factor receives a **trend** score based on whether the measured value is getting better or worse compared to previous years. If the trend is getting worse, community health may be improved by understanding the underlying causes for the worsening trend and addressing those causes.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

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

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

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

## Health Needs Prioritization System



## St. Luke's McCall Prioritized Community Health Needs

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

### Significant Health Needs

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

#### Health Behaviors – Nutrition Programs/Education/Opportunities

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

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



---

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

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

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

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



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

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

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

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

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

---

<sup>5</sup> [The State of Mental Health in America | Mental Health America \(mhanational.org\)](#). Accessed 12/3/21

<sup>6</sup> [Mental Health and Substance Use State Fact Sheets | KFF](#). Accessed 12/3/21

## Social and Economic Factors – Housing Stability

Stable housing is a key social determinant of health that can drive health status and quality of life. Access to a safe, quality, affordable home leads to better physical and mental health outcomes for all, and in addition for youth, higher academic achievement. There are a variety of reasons that create limited access to affordable homes in our communities. High housing costs can make it even harder for individuals and families to meet other important needs such as medications, transportation costs, utilities, food, etc. When rent and mortgage increases outstrip wage growth, as has happened in Idaho over recent decades, people are forced to make tradeoffs when meeting other life needs, and/or are forced to move frequently. This brings instability that can result in social and academic challenges. In Idaho, an hourly Housing Wage of \$17.36 is needed to afford a two-bedroom apartment at the Fair Market Rent of \$903 without paying more than 30% of income on housing. However, according to the National Low Income Housing Coalition, the average renter wage is only \$13.62.<sup>7</sup>

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



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

---

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

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

## Physical Environment – Accessible Modes of Transportation<sup>9 10 11 12</sup>

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



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

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

---

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

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

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

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



## **Complete Community Health Assessment Data**

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

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

## St. Luke's McCall Community

### Background

St. Luke's McCall (SLM) has been committed to serving the needs of a growing region for over 62 years. Founded in 1956 as a community hospital called McCall City Hospital, the hospital has evolved through various management and funding structures to its current non-profit status and membership in St. Luke's Health System (SLHS).

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

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

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

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

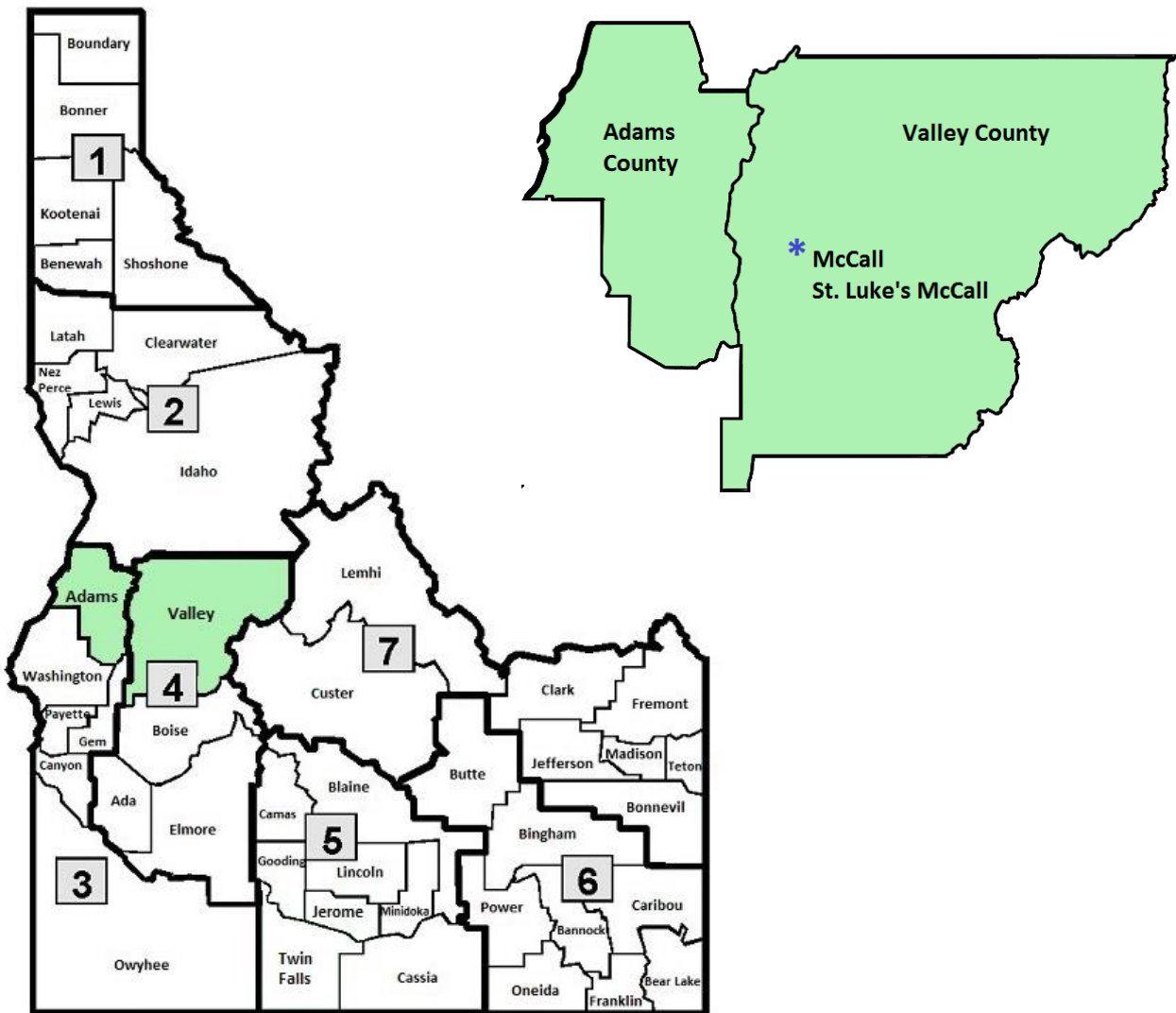


## The Community We Serve

This section describes our service area in terms of its geography and demographics. Adams and Valley counties represent the geographic area used to define the community we serve, also referred to here as our primary service area or service area. The criteria we use in selecting the service area is the identification of what counties our hospitalized patients reside in. Those counties that make up 70% or greater of the inpatient hospitalizations are identified as our service area. The residents of Adams and Valley counties comprise about 80% of our inpatients with approximately 61% of our inpatients living in Valley County and 19% in Adams County. Adams and Valley counties are part of Idaho Health Districts 3 and 4, as shown in the maps below.

Idaho Health District Map <sup>13</sup>

Adams and Valley County Map



<sup>13</sup> Idaho Behavioral Risk Factor Surveillance System Annual Report 2019

## Community Demographics

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

Both Idaho and our service area territory are comprised of about a 97% white population while the nation, as a whole, is 76% white. The Hispanic population in Idaho represents 13% of the overall population and about 4% of our defined service area. Adams County is approximately 4% Hispanic, and Valley County is 5% Hispanic.

### Population by Race and Ethnicity 2019<sup>14</sup>

Residence	Total Population	Race				Ethnicity	
		White	Black	American Indian or Alaska Native	Asian or Pacific Islander	Non-Hispanic	Hispanic
<b>Service Area</b>	15,686	15,196	123	224	143	14,999	687
<b>Adams</b>	4,294	4,124	37	77	56	4,139	155
<b>Valley</b>	11,392	11,072	86	147	87	10,860	532
<b>Idaho</b>	1,787,065	1,691,082	23,148	36,276	36,559	1,557,575	229,490
<b>National</b>	328,239,523	250,522,190	44,075,086	4,188,092	20,311,799	267,667,286	60,572,237
<b>Service Area</b>		97%	1%	1%	1%	96%	4%
<b>Adams</b>		96%	1%	2%	1%	96%	4%
<b>Valley</b>		97%	1%	1%	1%	95%	5%
<b>Idaho</b>		95%	1%	2%	2%	87%	13%
<b>National</b>		76%	13%	1%	6%	82%	18%

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

## Population Growth 2000-2019

Idaho experienced a 14% increase in population from 2010 to 2019, ranking it as one of fastest growing states in the country.<sup>15</sup> Adams and Valley Counties have followed that trend, experiencing a 13% increase in population within that timeframe.<sup>16</sup> St. Luke’s McCall is working to manage the volume and scope of services to meet the needs of a growing population.

Region	Population April 2010	Population April 2019	Percent Change
Service Area	13,838	15,686	13%
Idaho	1,567,582	1,787,065	14%
United States	308,745,538	328,239,523	6%

## Aging

Over the past 10 years the 65 plus year old age group has been the fastest growing segment of our service area. Currently, about 27% of the people in our service area are over the age of 65.<sup>17</sup> According to the U.S. Census, about 16% of the people in the U.S. are over age 65.<sup>18</sup>

Adams and Valley County Population by Age				
Year	Age 0-19	Age 20-44	Age 45-64	Age 65+
2000	2,851	2,979	3,602	1,695
Percent of Total	26%	27%	32%	15%
2010	2,937	3,433	4,981	2,487
Percent of Total	21%	25%	36%	18%
2019	3034	3867	4545	4279
Percent of Total	19%	25%	29%	27%

<sup>15</sup> [1] U.S. Census Bureau: <http://quickfacts.census.gov/qfd/index.html> 2020

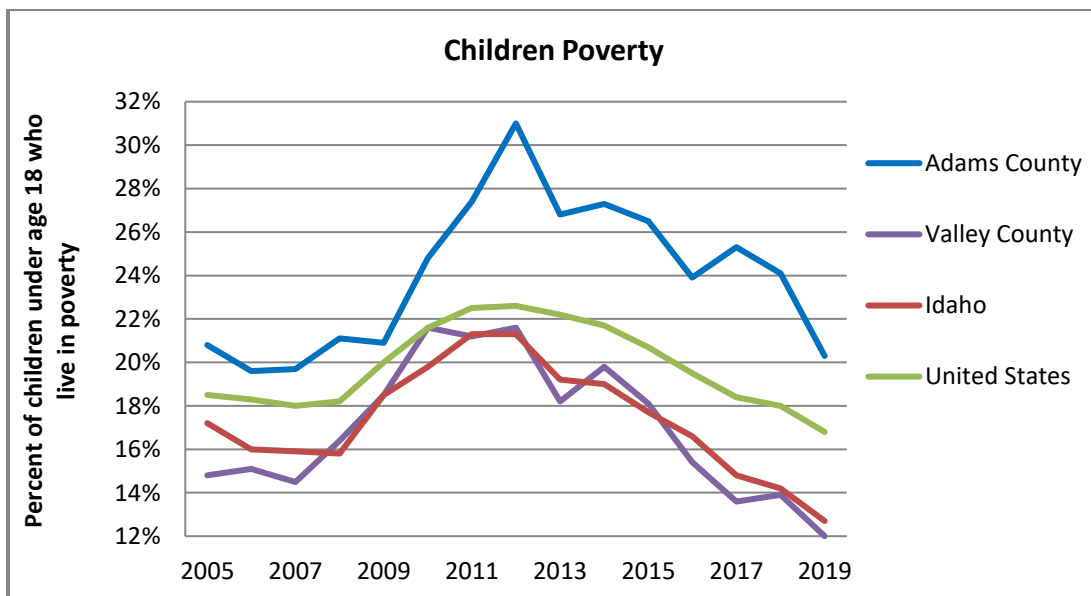
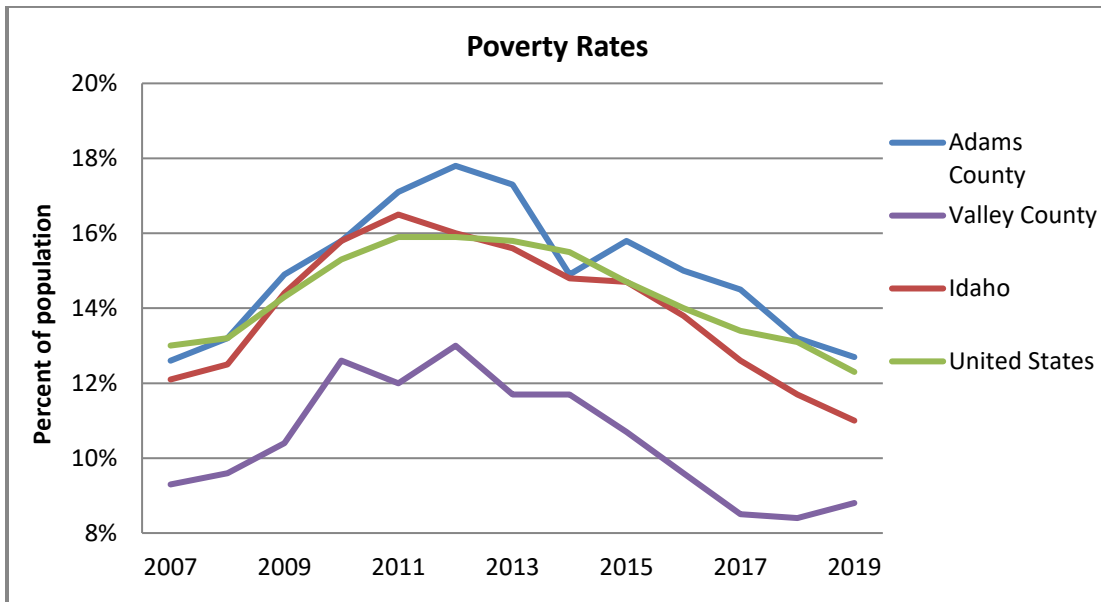
<sup>16</sup> Idaho Vital Statistics County Profile 2019

<sup>17</sup> Ibid

<sup>18</sup> <http://www.census.gov/acs/www/data/data-tables-and-tools/index.php>

## Poverty Levels

The official United States poverty rate has been decreasing since 2012. The poverty rate in Valley County is currently well below the national average at 9% but above the national average in Adams County at 13%. The poverty rate in our service area for children under the age of 18 is again below the national average for Valley County at 12% and above the national average for Adams County at 20%.<sup>19</sup>

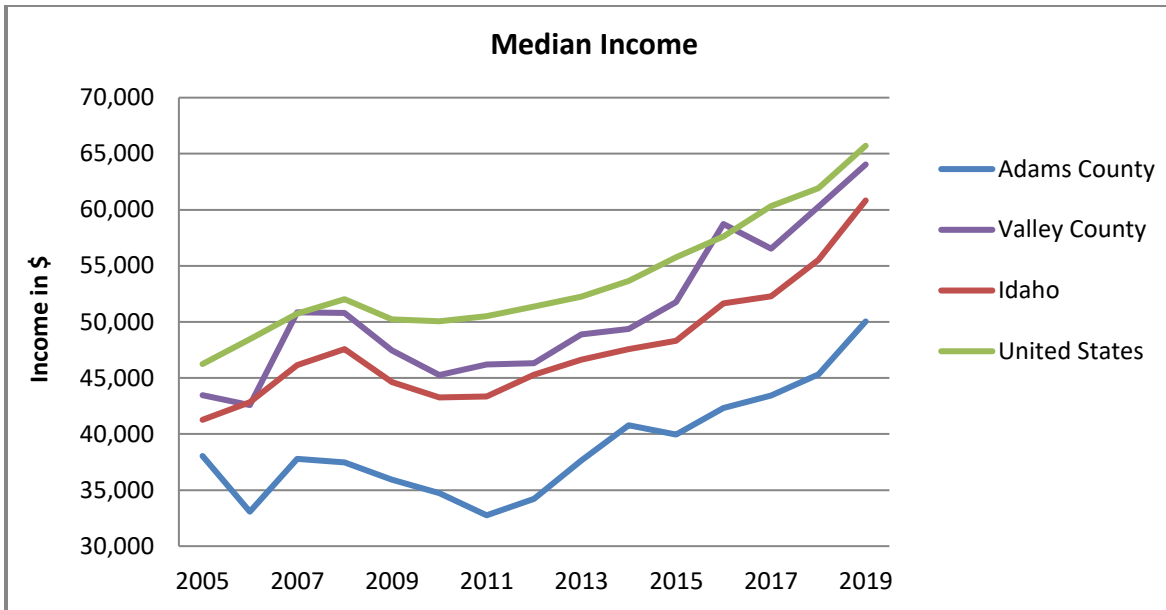


<sup>19</sup> Small Area Income and Poverty Estimates (SAIPE)

<https://www2.census.gov/programs-surveys/saipe/datasets/2019/2019-state-and-county/est19-id.txt>

## Median Household Income

Median income in the United States has risen steadily since 2009. Median income in Idaho remains below the national average but continues to grow. Median income in Adams County is well below the national median and lower than Idaho's median income. Median income in Valley County is slightly below than the national median income.<sup>20</sup>



<sup>20</sup> Ibid

## Our Neighboring Communiites

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

### St. Luke's Regional Relationships Map





## Health Outcome Measures and Findings

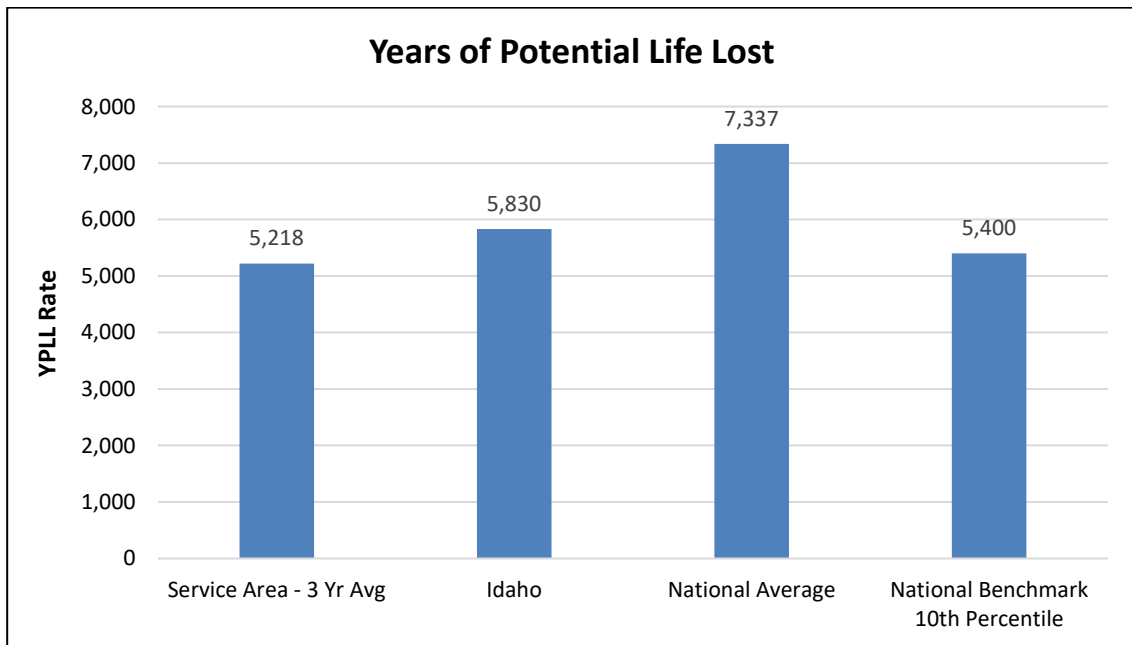
Health outcomes represent a set of key measures that describe the health status of a population. These measures allow us to compare our service area’s health to that of the nation as a whole and determine whether our health improvement programs are positively affecting our service area’s health over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

### Mortality Measure

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

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

The chart below shows our service area YPLL is lower (better) than the national average.<sup>21</sup> This indicates that on average people in our service area are not dying prematurely.<sup>22</sup>



<sup>21</sup> *County Health Rankings* 2021. Accessible at [www.countyhealthrankings.org](http://www.countyhealthrankings.org) (used for national YPLL top 10% 2017 - 2019 average)

<sup>22</sup> Bureau of Vital Records and Health Statistics, Idaho Department of Health and Welfare (1/2019) (Idaho and county data)

## Morbidity Measures

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

### Health Related Quality of Life (HRQL)

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

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

Researchers have consistently found self-reported general, physical, and mental health measures to be informative in determining overall health status. Analysis of the association between mortality and self-rated health found that people with “poor” self-rated health had a twofold higher mortality risk compared with persons with “excellent” self-rated health. The analysis concludes that these measures are appropriate for measuring health among large populations.<sup>23</sup>

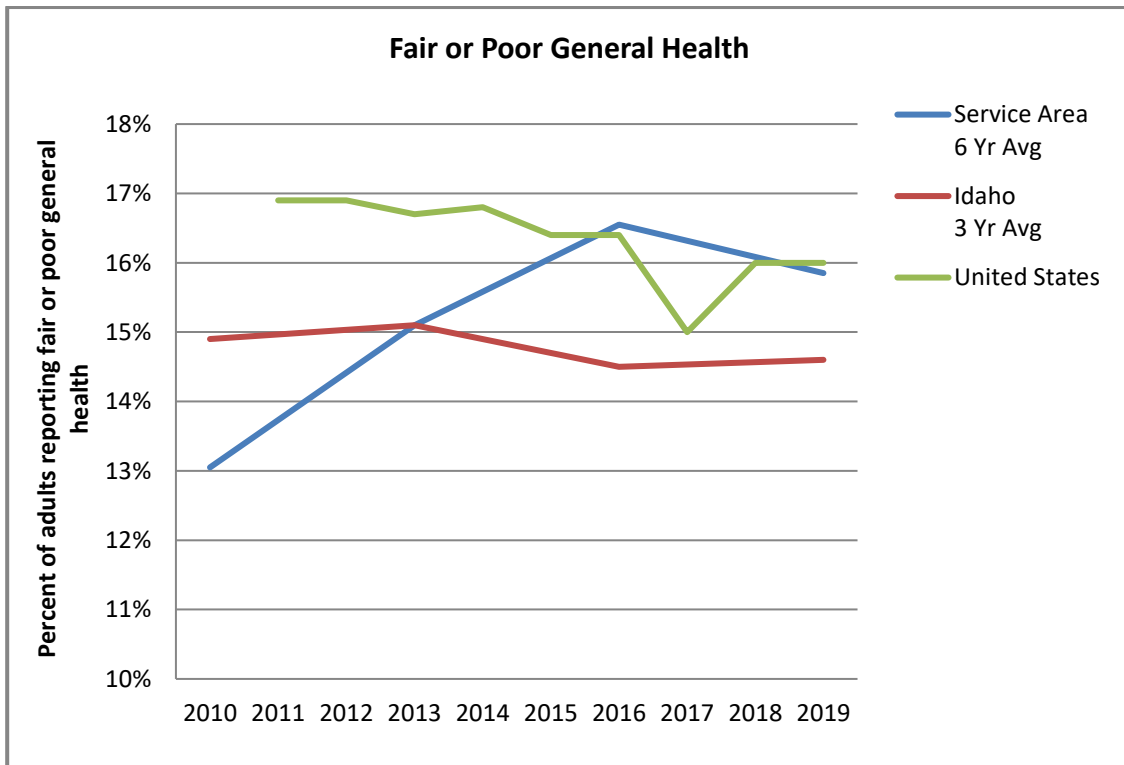
---

<sup>23</sup> University of Wisconsin Population Health Institute. *County Health Rankings* 2018. Accessible at [www.countyhealthrankings.org](http://www.countyhealthrankings.org).

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

In 2019, 14.6% of Idaho adults reported their health status as fair or poor and the trend has been flat. For our service area, the percent of people reporting fair or poor general health is 16%, which is the same as the national average.<sup>24</sup> The national top 10<sup>th</sup> percentile is 14%.<sup>25</sup>

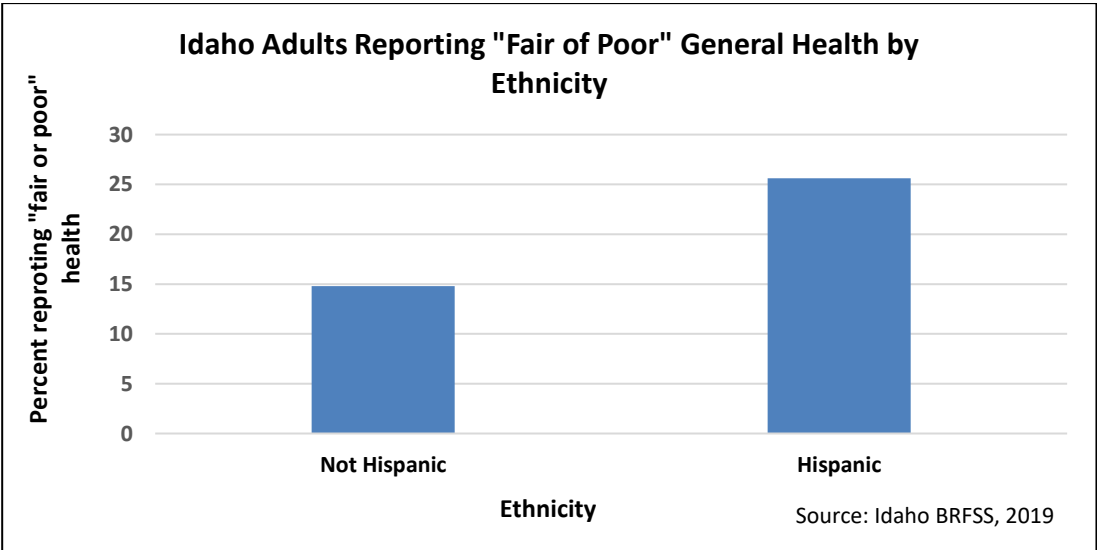
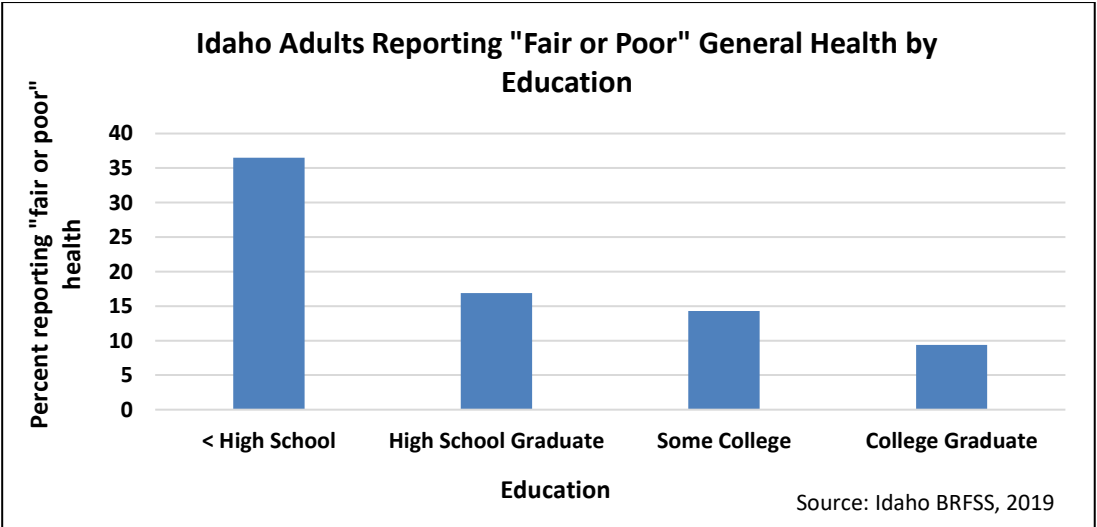
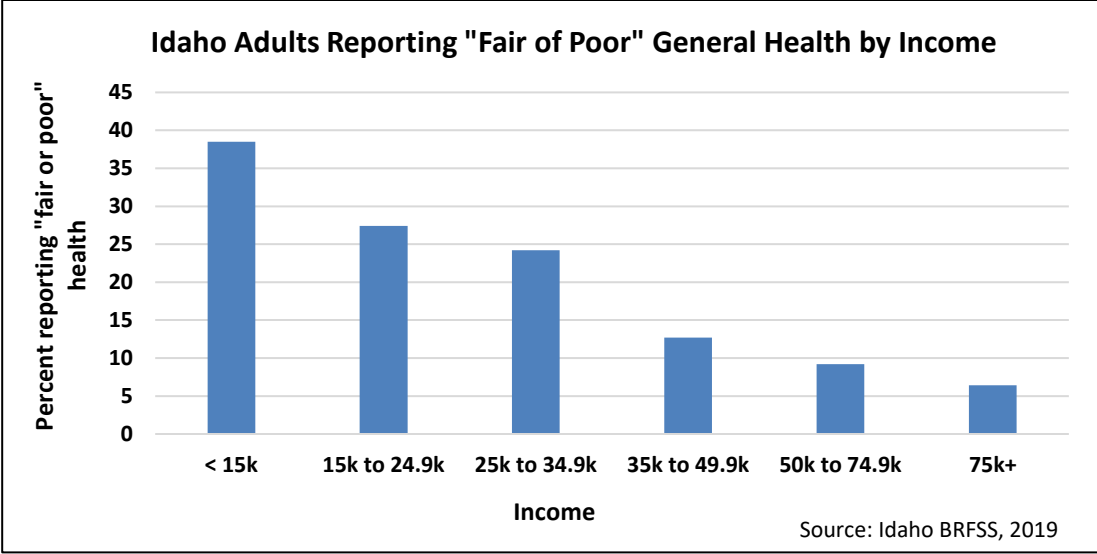
Income and education greatly affect the levels of reported fair or poor general health. People with incomes of less than \$15,000 are six times more likely to report fair or poor general health than those with incomes above \$75,000. Those who have not graduated high school are almost four times more likely to report fair or poor general health than those who have graduated from college. In addition, Hispanics are significantly more likely to report fair or poor health than non-Hispanics.<sup>26</sup>



<sup>24</sup> Idaho and National 2010 – 2019, Behavioral Risk Factor Surveillance System

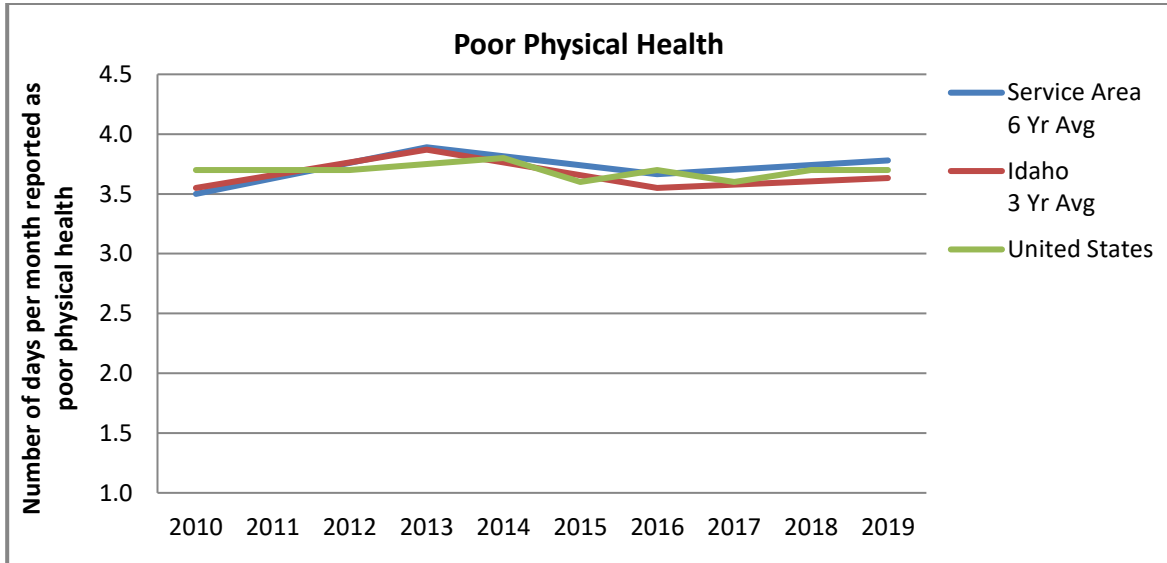
<sup>25</sup> *County Health Rankings 2021*, [www.countyhealthrankings.org](http://www.countyhealthrankings.org)

<sup>26</sup> Idaho and National 2019 Behavioral Risk Factor Surveillance System



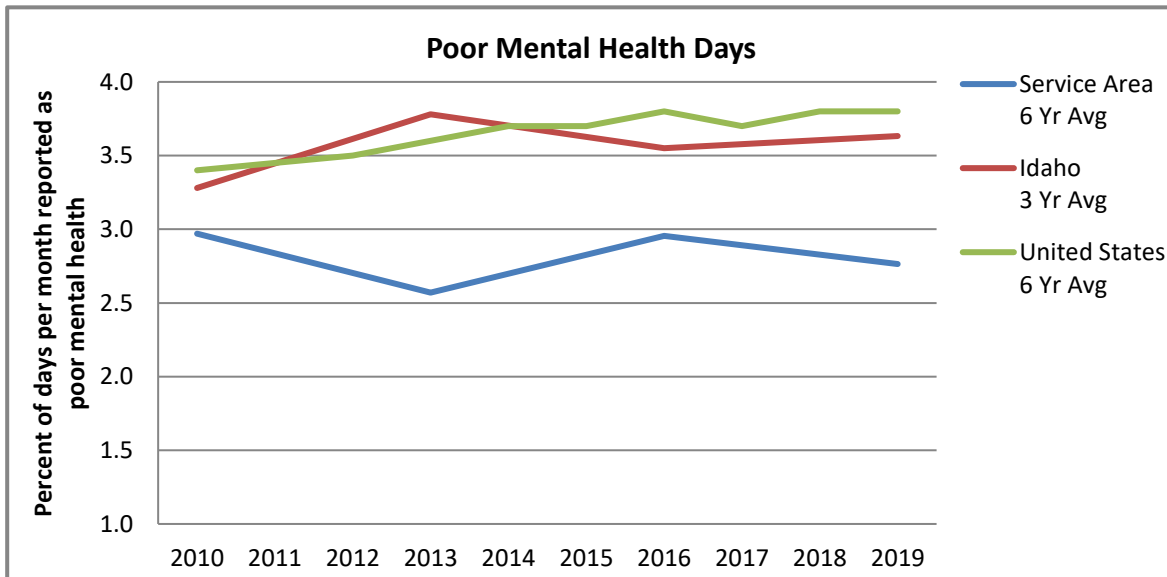
- **Poor Physical Health Days**

The number of reported poor physical health days for our service area is about the same as the national average.<sup>27</sup> The national top 10<sup>th</sup> percentile (best) is 3 days.<sup>28</sup>



- **Poor Mental Health Days**

People in our service area reported less poor mental health days than the national average.<sup>29</sup> The national top 10<sup>th</sup> percentile is 3.8 days per month.<sup>30</sup>



<sup>27</sup> Idaho 2019 Behavioral Risk Factor Surveillance System

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

<sup>29</sup> Idaho 2019 Behavioral Risk Factor Surveillance System

<sup>30</sup> *County Health Rankings* 2021, Accessible at [www.countyhealthrankings.org](http://www.countyhealthrankings.org)

## Health Factor Measures and Findings

Health factors represent key influencers of poor health that can improve health outcomes if addressed with effective, evidence-based programs and policies. Diet, exercise, educational attainment, environmental quality, employment opportunities, quality of health care, and individual behaviors all work together to shape community health outcomes and wellbeing.<sup>31</sup> The *County Health Rankings* uses four categories of health factors:

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

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

The *County Health Rankings* ranks the counties within each state on the health outcome measures described above. Adam County's 2021 overall outcome rank is 39th and Valley County's rank is 1st out of a total of 43 ranked counties in Idaho.<sup>32</sup> Using the health factor and health needs information described later in our CHNA, programs will be developed to improve health outcome measures over the course of the next three years.

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

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

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

---

<sup>31</sup> University of Wisconsin Population Health Institute. *County Health Rankings* 2019. Accessible at [www.countyhealthrankings.org](http://www.countyhealthrankings.org).

<sup>32</sup> University of Wisconsin Population Health Institute. *County Health Rankings* 2021. Accessible at [www.countyhealthrankings.org](http://www.countyhealthrankings.org)

## Health Behavior Factors

### Physical Activity

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

Increased physical activity is associated with lower risks of type 2 diabetes, cancer, stroke, hypertension, cardiovascular disease, and premature mortality. A person is considered physically inactive if during the past month, other than a regular job, they did not participate in any physical activities or exercises such as running, calisthenics, golf, gardening, or walking for exercise. Physical activity improves sleep, cognitive ability, and bone and musculoskeletal health, as well as reduces risks of dementia.<sup>33</sup>

Physical activity helps build and maintain healthy bones and muscles, control weight, build lean muscle, reduce fat, and improve mental health (including mood and cognitive function). It also helps prevent sudden heart attack, cardiovascular disease, stroke, some forms of cancer, type 2 diabetes, and osteoporosis. Additionally, regular physical activity can reduce other risk factors like high blood pressure and cholesterol.<sup>34</sup>

---

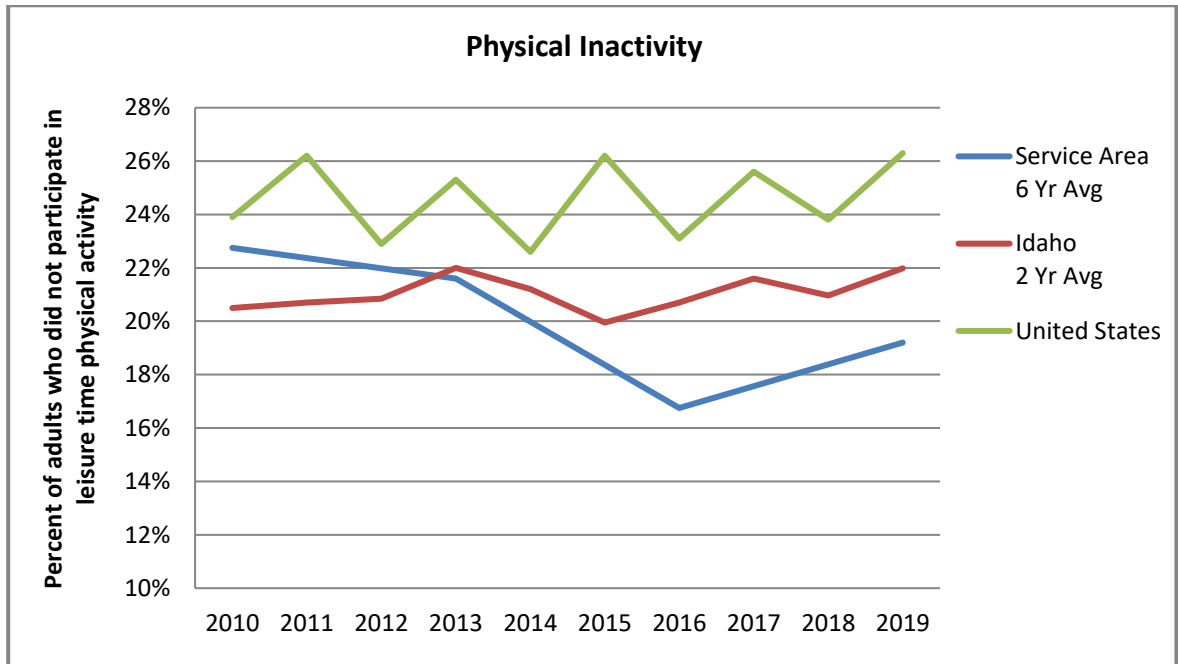
<sup>33</sup>Ibid

<sup>34</sup> University of Wisconsin Population Health Institute. *County Health Rankings* Accessed 2021, [www.countyhealthrankings.org](http://www.countyhealthrankings.org)

- **Physical Inactivity: Adults**

As shown in the chart below, physical inactivity in our service area is lower (better) than the national average and in the top 10<sup>th</sup> percentile. The top 10<sup>th</sup> percentile is 19%.<sup>35</sup>

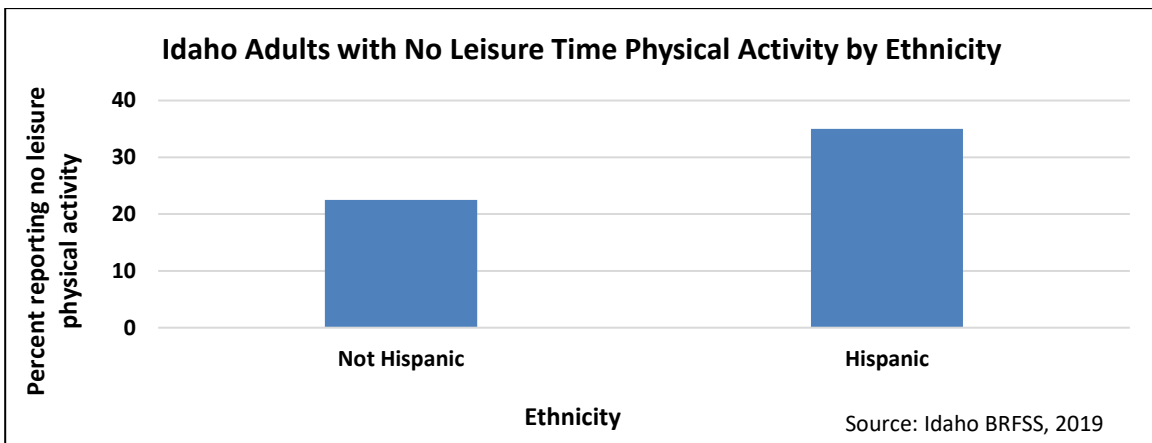
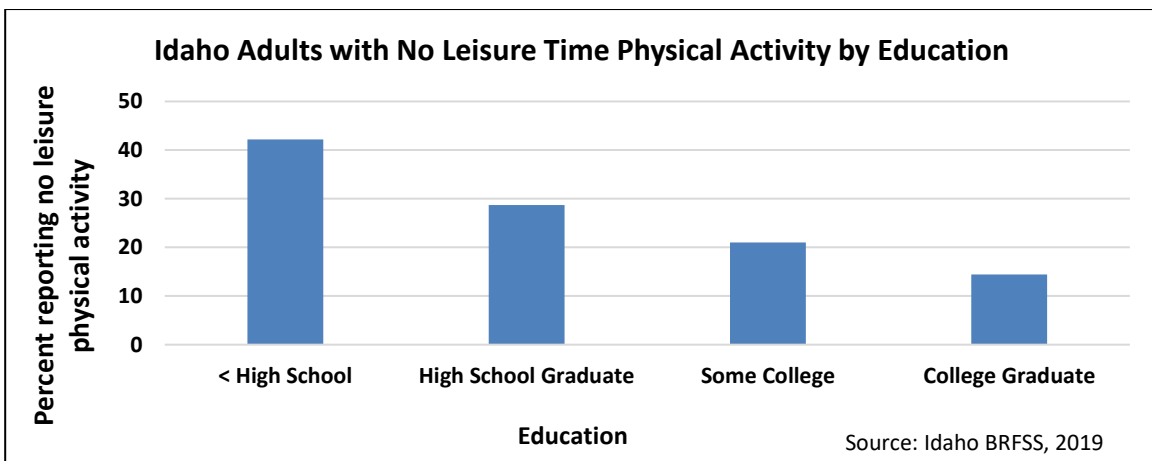
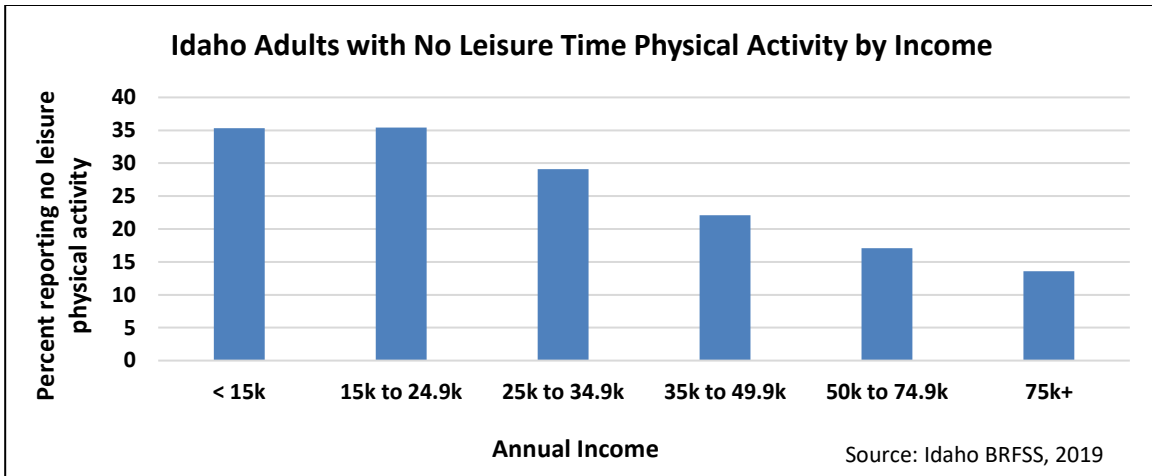
Physical inactivity is significantly higher among people with annual incomes below \$50,000, those without a college degree, and among Hispanics, as shown in the charts below.<sup>36</sup>



<sup>35</sup> Idaho and National 2010 - 2019 Behavioral Risk Factor Surveillance System

<sup>36</sup> Ibid.



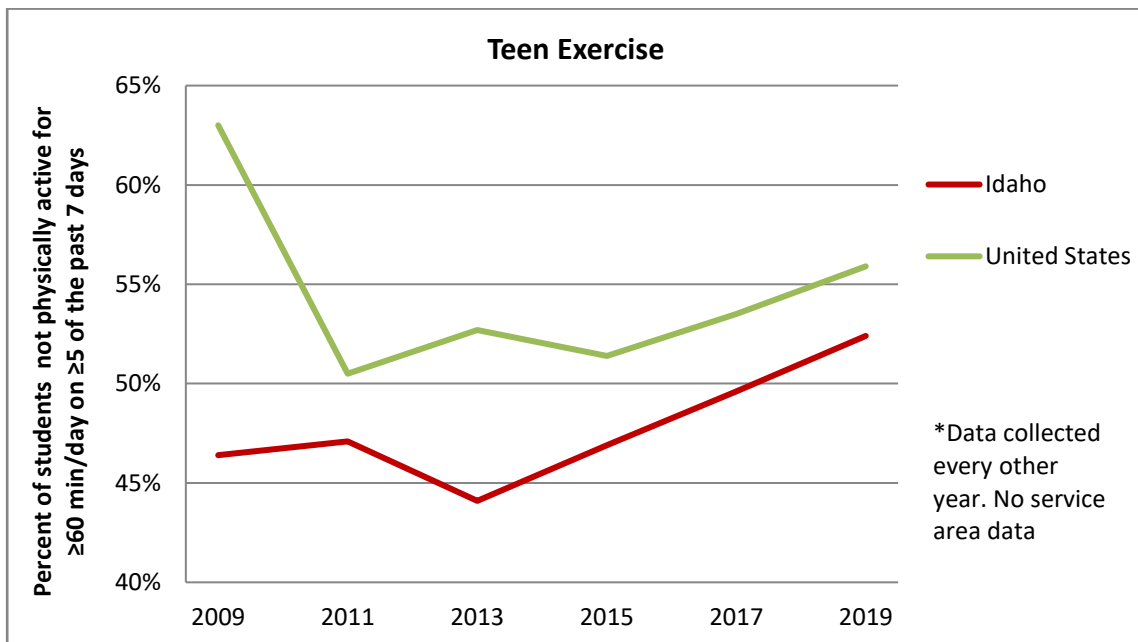


Health Factor Score				
Low score = Low potential for health impact		High score = High potential for health impact		
	Trend	Severity	Magnitude	Total Score
Physical Inactivity Adults	1	0	1	2

- **Teen Exercise**

As children age, their physical activity levels tend to decline. As a result, it's important to establish good physical activity habits as early as possible. A recent study suggests teens who participate in organized sports during early adolescence maintain higher levels of physical activity in late adolescence compared to their peers, although their activity levels do decline over time. And youth who are physically fit are much less likely to be obese or have high blood pressure in their 20s and early 30s.<sup>37</sup>

The chart below shows about 52% of Idaho teens do not exercise as much as recommended, which is slightly better than the national average. The trend in Idaho has slightly increased over the past ten years.<sup>38</sup>



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

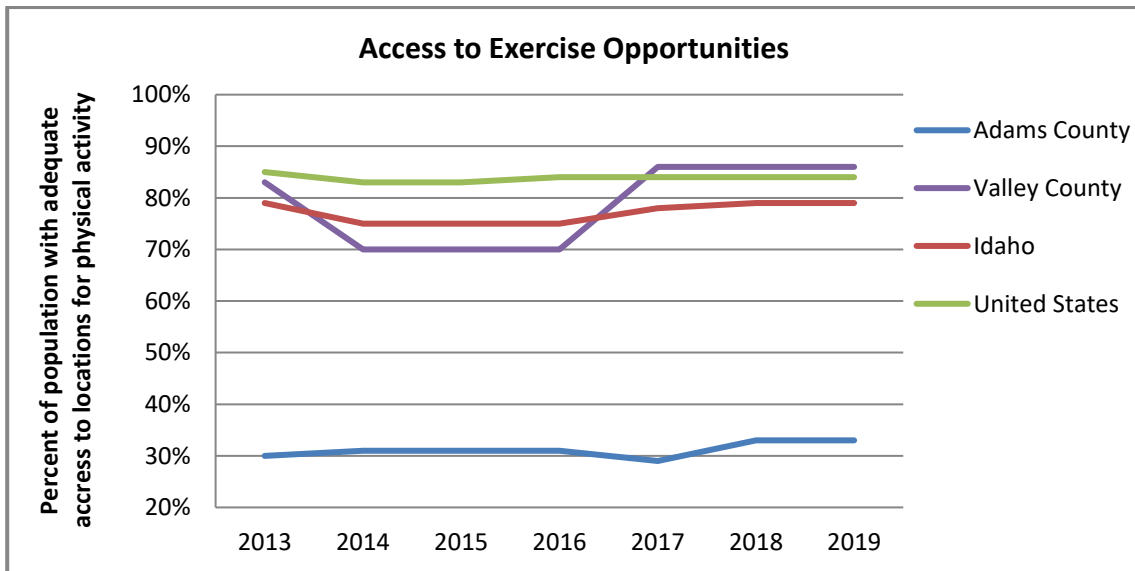
<sup>37</sup> American Heart Association, Understanding Childhood Obesity, 2011 Statistical Sourcebook, PDF

<sup>38</sup> Youth Risk Behavior Survey, United States, 2009 – 2019, [www.cdc.gov/yrbs/](http://www.cdc.gov/yrbs/)

- **Access to Physical Activity Opportunities**

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

The chart below shows access to exercise opportunities in our service area is about the same as the national average for Valley County but significantly below the national average for Adams County at just 33%. The top ten percent nationally is 91%.<sup>39</sup>



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

<sup>39</sup> University of Wisconsin Population Health Institute. *County Health Rankings 2013-2018*. Accessible at [www.countyhealthrankings.org](http://www.countyhealthrankings.org).

## Nutrition

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

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

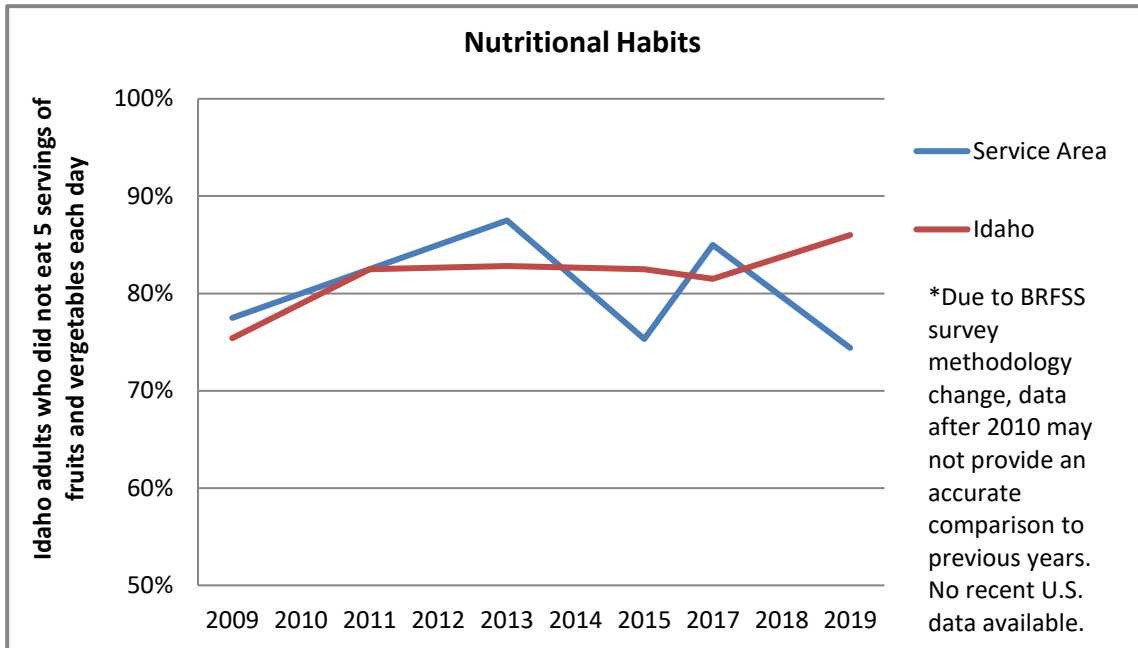
Eating a diet high in fruits and vegetables is important to overall health because these foods contain essential vitamins, minerals, and fiber that may help protect from chronic diseases. Dietary guidelines recommend that at least half of your plate consist of fruit and vegetables and that half of your grains be whole grains. This combined with reduced sodium intake, fat-free or low-fat milk and reduced portion sizes lead to a healthier life. Data collected for this measure focus on the consumption of a variety of vegetables and fruits with a goal of consuming at least 2.5 cups and 2 cups respectively per day.<sup>40</sup> These data are collected through the Behavioral Risk Factor Surveillance System.

---

<sup>40</sup> Dietary Guidelines for Americans, 2020-2025, [https://www.dietaryguidelines.gov/sites/default/files/2020-12/Dietary\\_Guidelines\\_for\\_Americans\\_2020-2025.pdf#page=31](https://www.dietaryguidelines.gov/sites/default/files/2020-12/Dietary_Guidelines_for_Americans_2020-2025.pdf#page=31)

- **Nutritional Habits - Adults**

As shown in the chart below, about 74% of the people in our service area did not eat the recommended amounts of fruits and vegetables. The trend has fluctuated but gone down (better) in recent years. There are no large differences in nutritional habits based on income or education.<sup>41</sup>

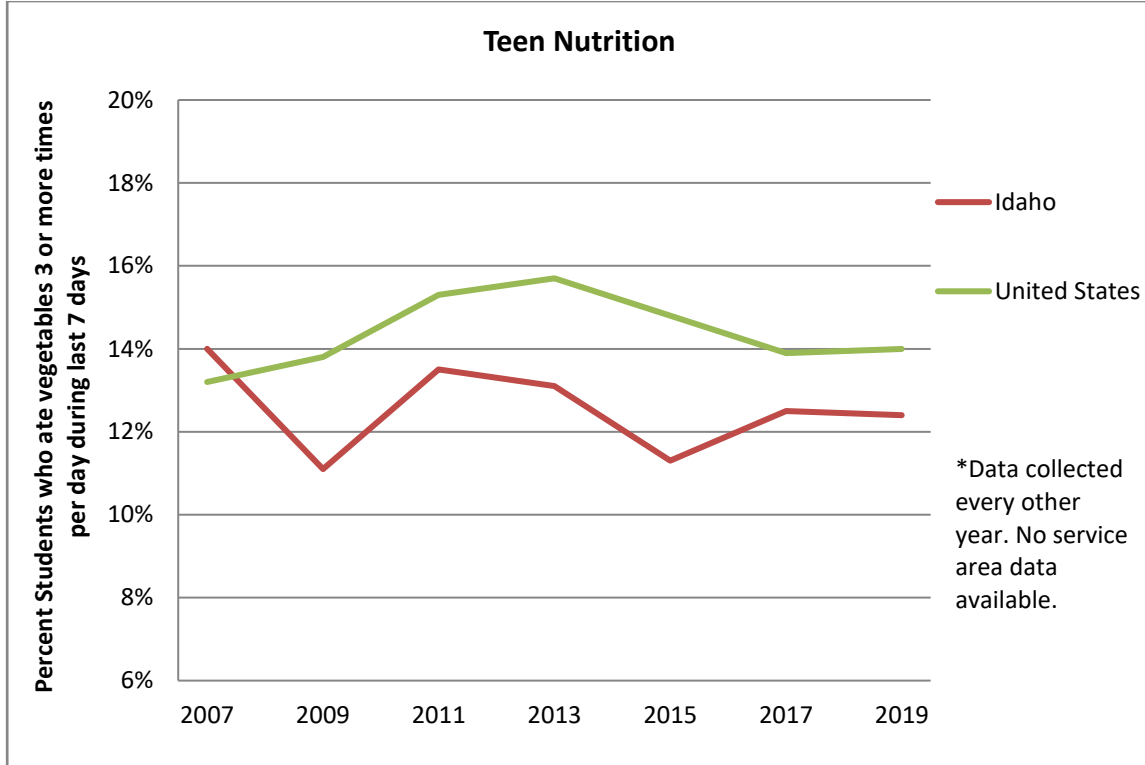


Health Factor Score				
Low score = Low potential for health impact		High score = High potential for health impact		
	Trend	Severity	Magnitude	Total Score
Nutritional Habits Adults	-1	0	1	0

<sup>41</sup> Idaho and National 2009 – 2019 Behavioral Risk Factor Surveillance System

- **Nutritional Habits - Youth**

More than 80% of Idaho youth do not eat the recommended amount of fruits and vegetables.<sup>42</sup>



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

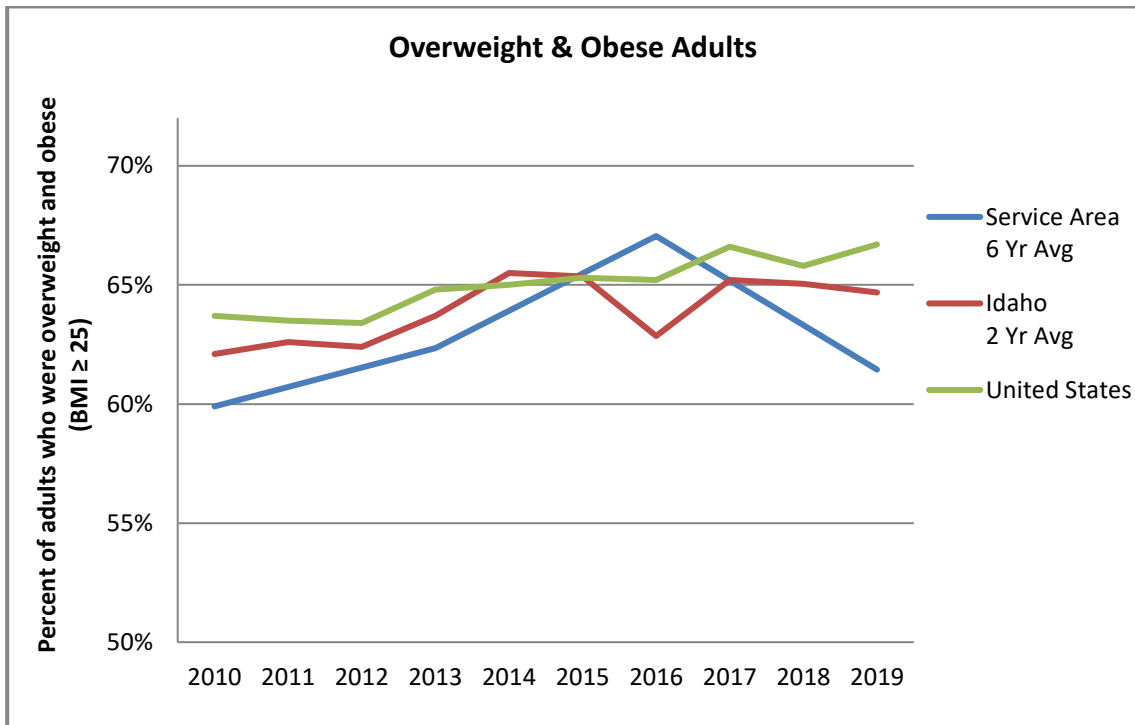
<sup>42</sup> Youth Risk Behavior Survey, Idaho and United States, 2008 – 2020, [www.cdc.gov/yrbs/](http://www.cdc.gov/yrbs/)

## Overweight and Obesity

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

- **Overweight and Obesity: Adults**

The trend for overweight and obese adults has been increasing steadily for the past 10 years, nationally, and in our service area.<sup>43</sup>



Health Factor Score				
Low score = Low potential for health impact		High score = High potential for health impact		
	Trend	Severity	Magnitude	Total Score
Overweight & Obese Adults	-1	2	2	3

<sup>43</sup> Idaho and National 2010 – 2019, Behavioral Risk Factor Surveillance System

- **Overweight and Obesity: Teens**

Teens who are obese and overweight:

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

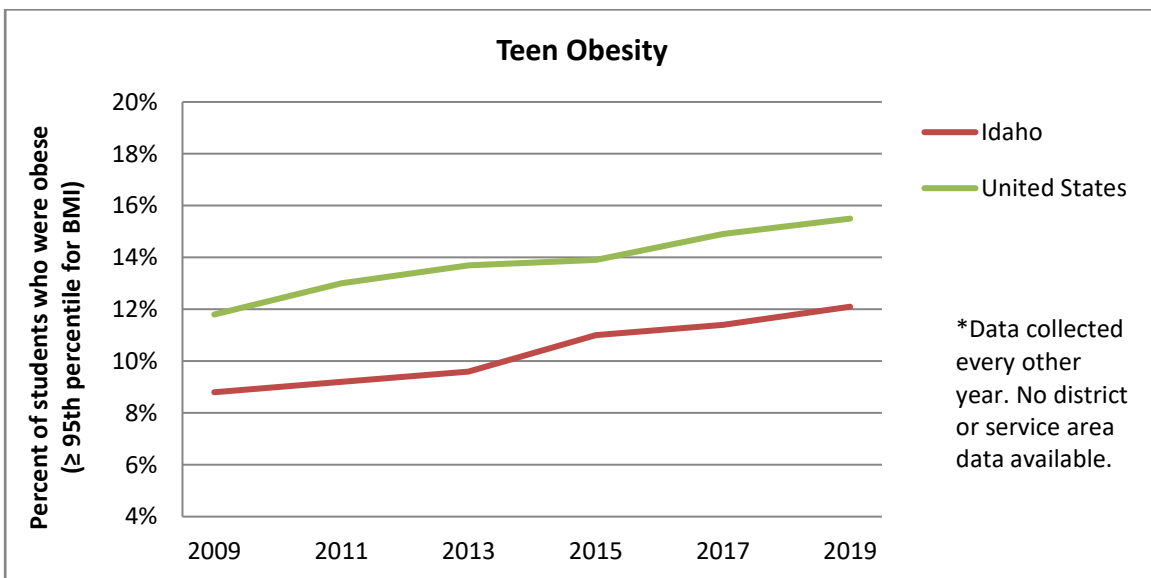
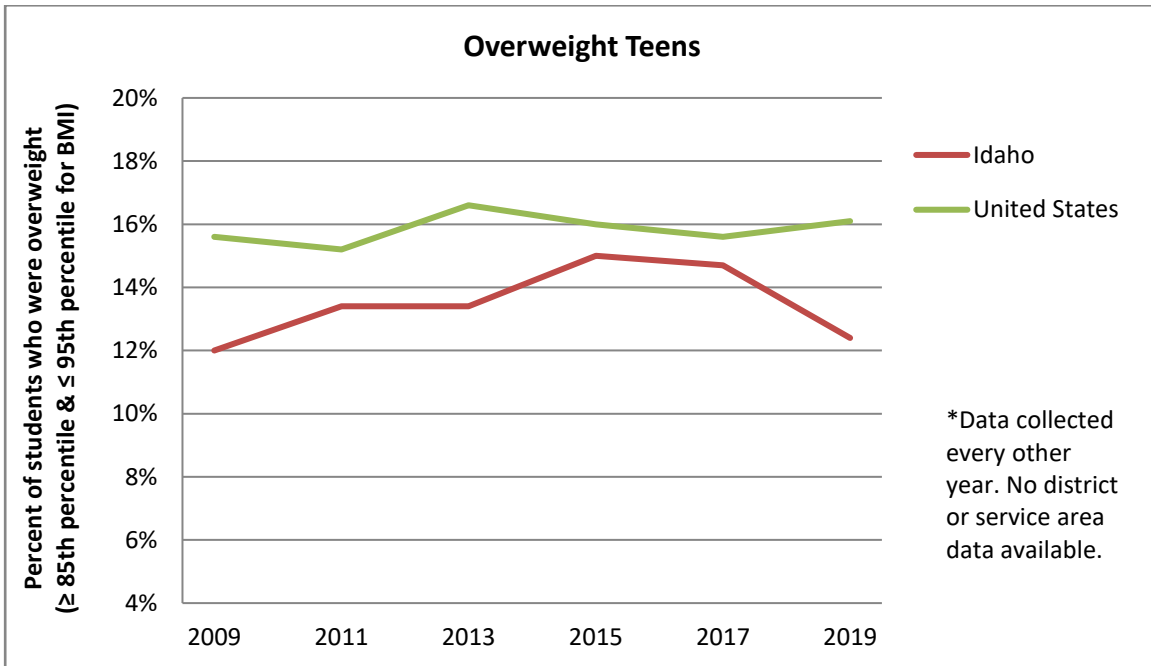
Teens who are overweight are defined as being  $\geq 85$ th percentile but  $< 95$ th percentile for body mass index, based on sex- and age-specific reference data from the 2000 CDC growth charts. Teens who are obese are defined by the CDC as being  $\geq 95$ th percentile for body mass index, based on sex- and age-specific reference data from the 2000 CDC growth charts.<sup>44</sup>

---

<sup>44</sup> Youth Risk Behavior Survey, United States, 2009 – 2019, [www.cdc.gov/yrbs/](http://www.cdc.gov/yrbs/)



The percent of teens who are obese and overweight in Idaho is lower than the national average. However, the trend for teen obesity is increasing both in Idaho and across the nation.<sup>45</sup>



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

<sup>45</sup> Ibid

## **Safe Sex**

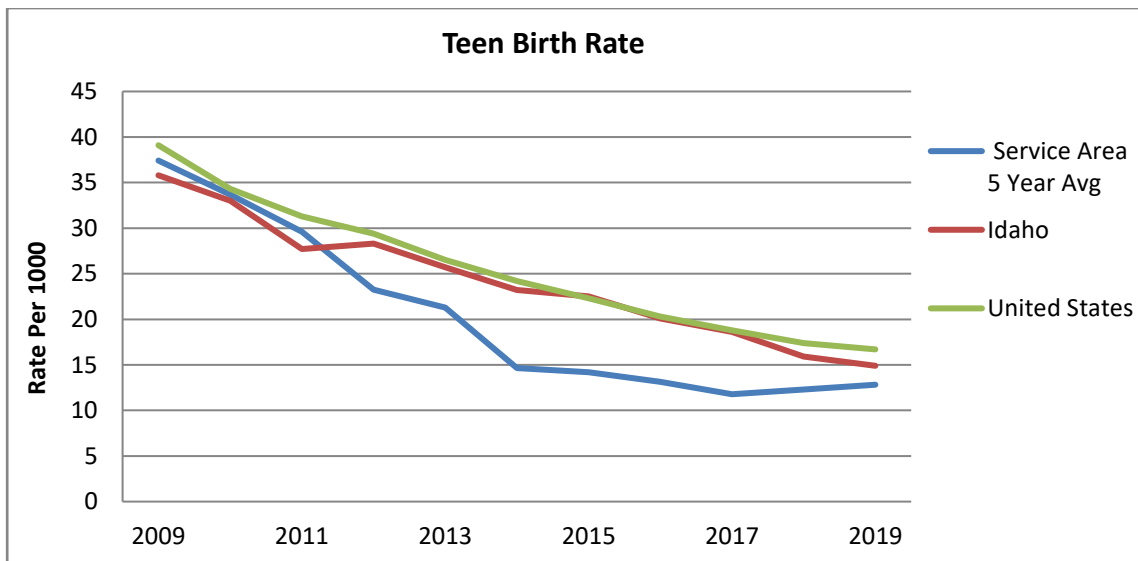
Two measures are used to represent the safe sex focus area: Teen birth rates and sexually transmitted infection incidence rates. First, the birth rate per 1,000 female population ages 15-19 as measured and provided by the National Center for Health Statistics (NCHS) is reported. Additionally, the chlamydia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

- **Teen Birth Rate**

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

Teen pregnancy is associated with poor prenatal care and pre-term delivery. Pregnant teens are more likely than older women to receive late or no prenatal care, have gestational hypertension and anemia, and achieve poor maternal weight gain. They are also more likely to have a pre-term delivery and low birthweight, increasing the risk of child developmental delay, illness, and mortality.<sup>46</sup>

Our rate of teen pregnancy is decreasing and slightly below Idaho and the national average. The national top 10<sup>th</sup> percentile rate is 12 per 1,000.<sup>47</sup>



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

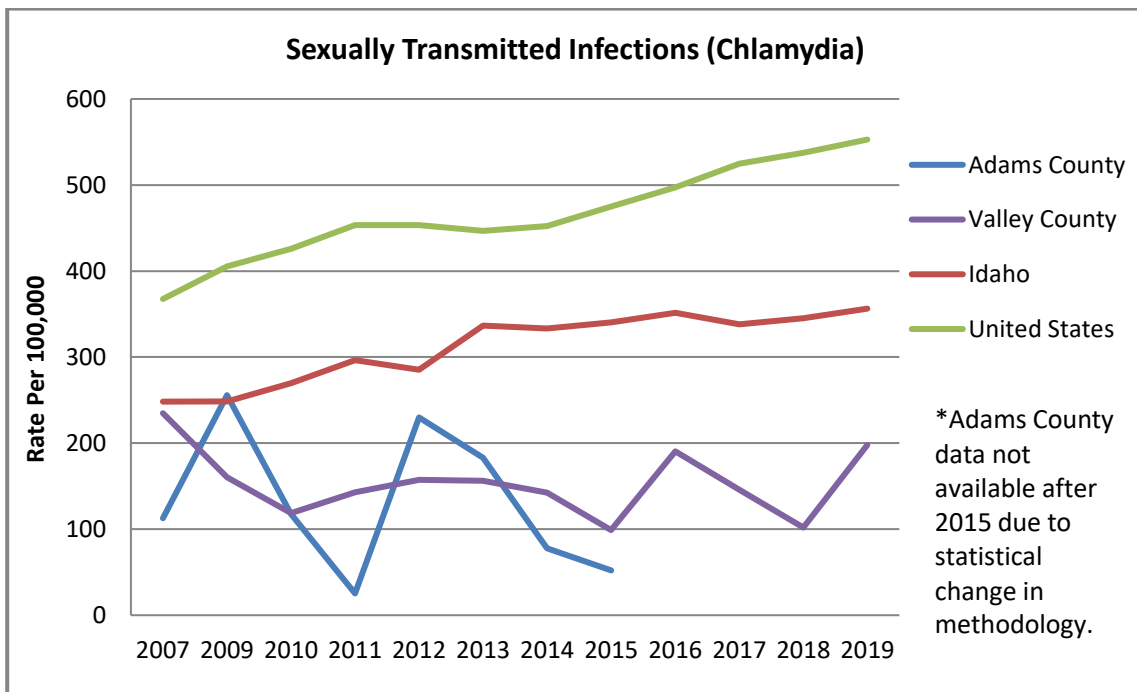
<sup>46</sup> University of Wisconsin Population Health Institute. *County Health Rankings 2019*. Accessible at [www.countyhealthrankings.org](http://www.countyhealthrankings.org).

<sup>47</sup> Idaho Vital Statistics Annual Reports, Years 2009 - 2019

- **Sexually Transmitted Infections**

Sexually transmitted infections (STI) data are important for communities because the burden of STIs is not only on individual sufferers, but on society as a whole. Chlamydia, in particular, is the most common bacterial STI in North America and is one of the major causes of tubal infertility, ectopic pregnancy, pelvic inflammatory disease, and chronic pelvic pain. Additionally, STIs in general are associated with significantly increased risk of morbidity and mortality, including increased risk of cervical cancer, pelvic inflammatory disease, involuntary infertility, and premature death.<sup>48</sup>

The rate of chlamydia infections has increased significantly over the past ten years both in Idaho and nationally. However, the rate in our service area is well below the national average. The national top 10<sup>th</sup> percentile rate is 161.2 per 100,000.<sup>49</sup>



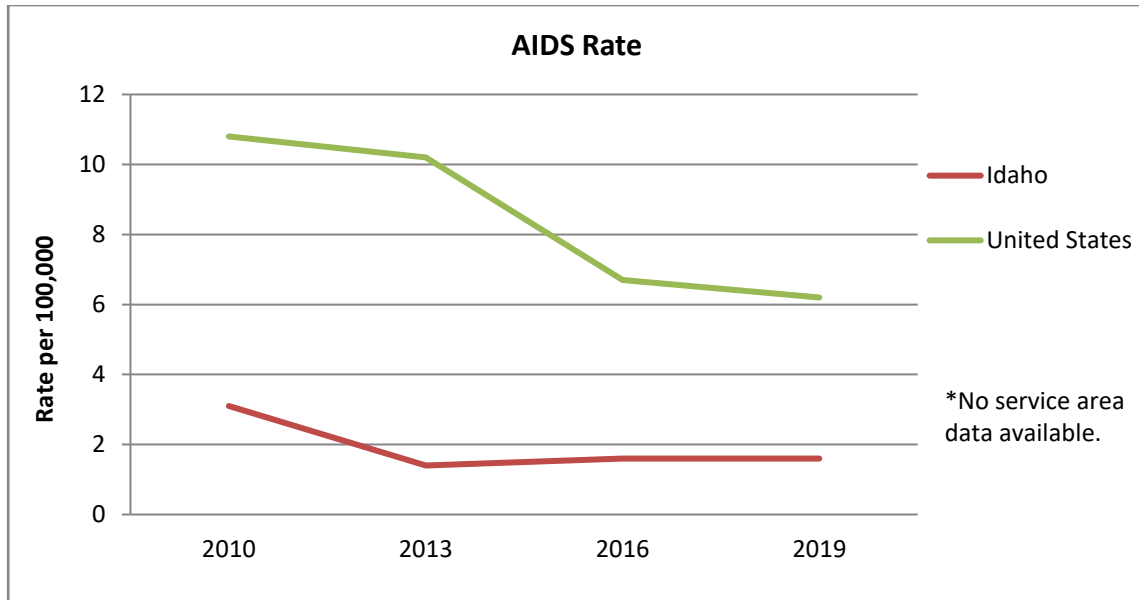
Health Factor Score				
	Low score = Low potential for health impact		High score = High potential for health impact	
	Trend	Severity	Magnitude	Total Score
Sexually Transmitted Infections	0	1	1	2

<sup>48</sup> County Health Rankings 2019. Accessible at [www.countyhealthrankings.org](http://www.countyhealthrankings.org).

<sup>49</sup> National data source: 2019 Sexually Transmitted Diseases Surveillance, table 1: <http://www.cdc.gov/std/statistics/2019/tables>. Idaho and Service Area Source: 2019 Reported Sexually Transmitted Disease Facts Book: <https://publicdocuments.dhw.idaho.gov/WebLink/DocView.aspx?id=19262&dbid=0&repo=PUBLIC-DOCUMENTS>

- **AIDS**

The AIDS rate in Idaho is well below the national rate. The trend in Idaho and the U.S. has slightly declined since 2010.<sup>50</sup>



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

<sup>50</sup> CDC; NCHHSTP AtlasPlus; National Center for HIV, Viral Hepatitis, STD, and TB Prevention: <https://gis.cdc.gov/grasp/nchhstpatlas/charts.html>

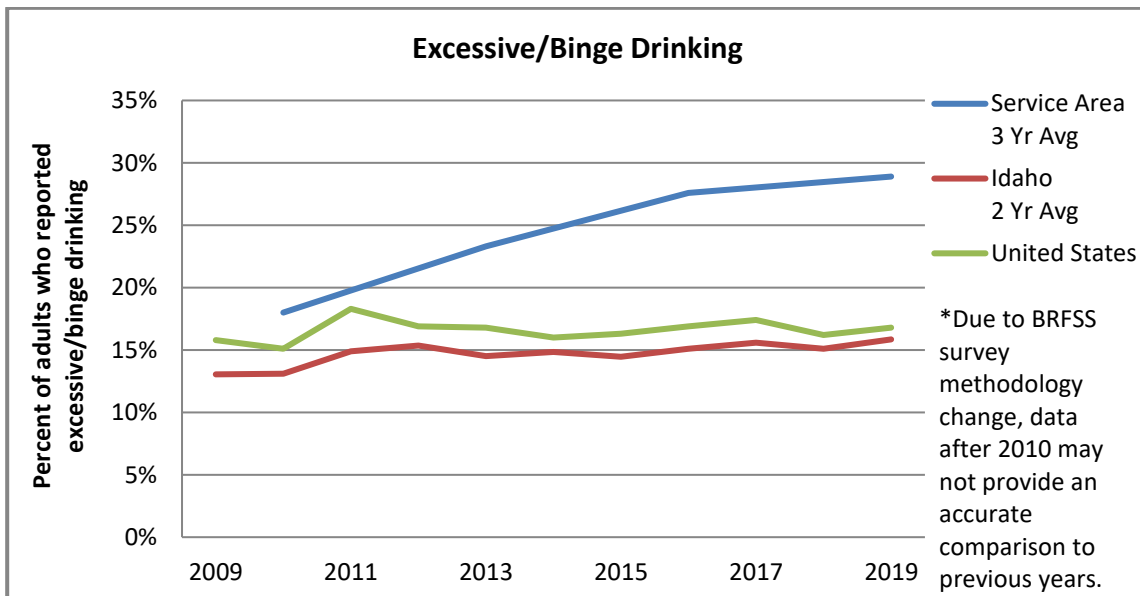
## Substance Use Disorder

- **Excessive Drinking**

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

Excessive drinking is a risk factor for a number of adverse health outcomes. These include alcohol poisoning, hypertension, acute myocardial infarction, sexually transmitted infections, unintended pregnancy, fetal alcohol syndrome, sudden infant death syndrome, suicide, interpersonal violence, and motor vehicle crashes.<sup>51</sup>

The percent of people engaging in excessive drinking in our service area is significantly above the national average. The trend is rising for our service area and is significantly above Idaho and the national top 10<sup>th</sup> percentile of 15%.<sup>52</sup>



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

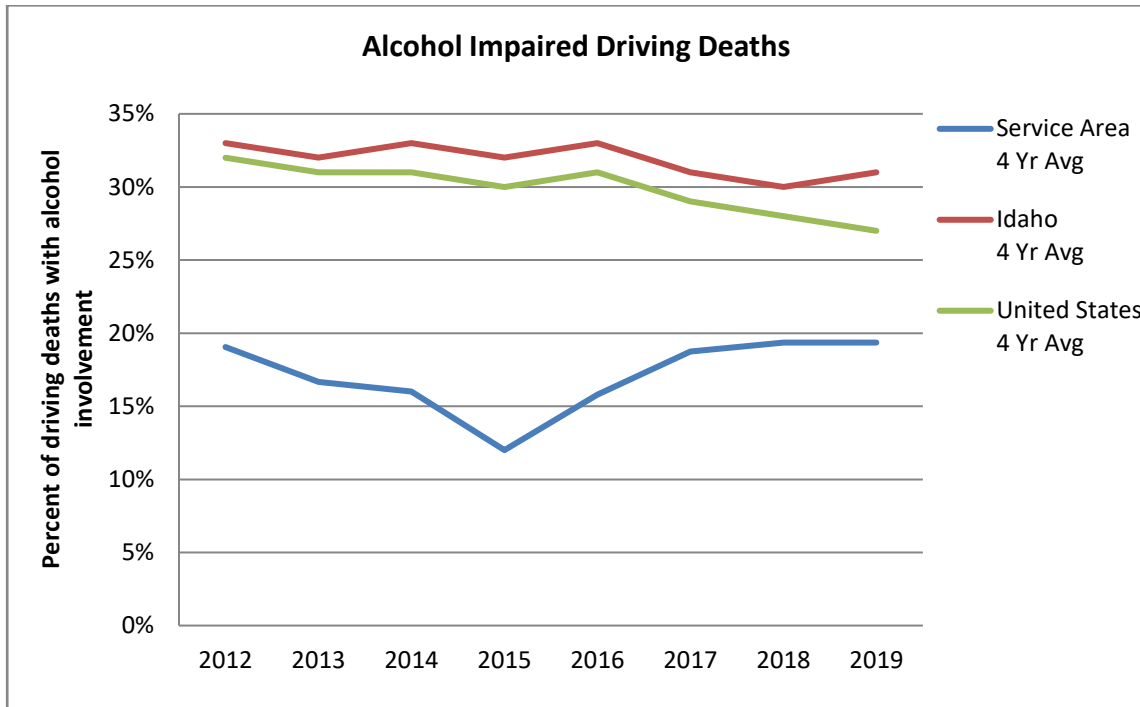
<sup>51</sup> University of Wisconsin Population Health Institute. *County Health Rankings 2019*, [www.countyhealthrankings.org](http://www.countyhealthrankings.org)

<sup>52</sup> Idaho and National 2009 – 2019 Behavioral Risk Factor Surveillance System

- **Alcohol Impaired Driving Deaths**

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

Our alcohol-impaired driving death rate is below the national level. The national top 10<sup>th</sup> percentile is 11%.<sup>53</sup>



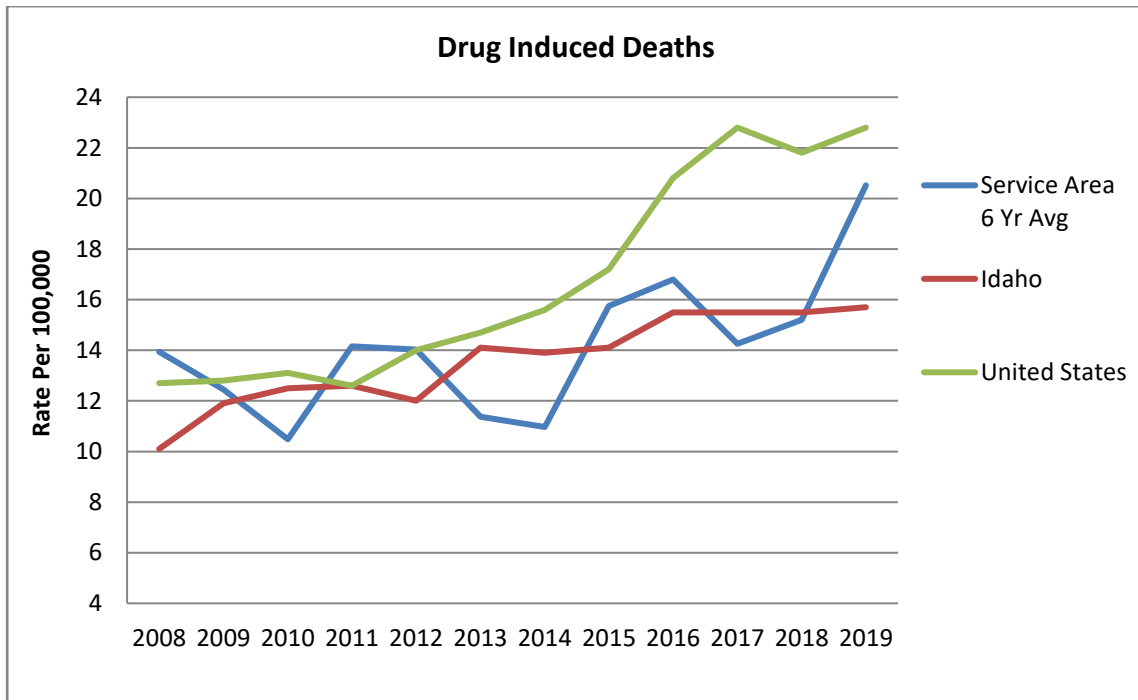
Health Factor Score				
Low score = Low potential for health impact		High score = High potential for health impact		
	Trend	Severity	Magnitude	Total Score
Alcohol Impaired Driving Deaths	0	2	-1	1

<sup>53</sup> University of Wisconsin Population Health Institute. *County Health Rankings 2012-2019*, [www.countyhealthrankings.org](http://www.countyhealthrankings.org)

- **Drug Misuse and Abuse**

Drug misuse and abuse can have harmful and sometimes devastating effects on individuals, families, and society. Negative outcomes that may result from drug misuse or abuse include overdose and death, falls and fractures, and, for some, injection drug use may bring risk for infections such as hepatitis C and HIV. This issue is a growing national problem in the United States. Prescription drugs are misused more often than any other drug, except marijuana and alcohol. This growth is fueled by misperceptions about prescription drug safety and increasing availability.<sup>54</sup> One way to measure the size of the problem is to look at the rate of drug induced deaths over time.

While the rate of drug induced deaths is not as high in our service area as it is in the nation as whole, however, the rate has been rising.<sup>55</sup>



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

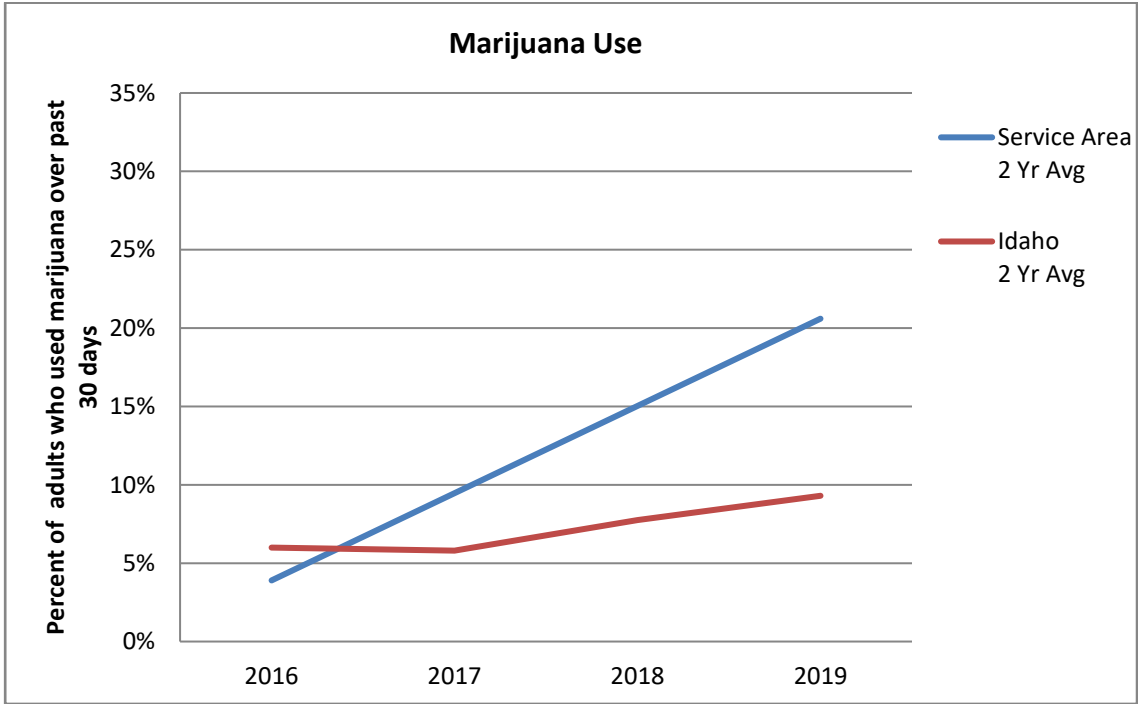
<sup>54</sup> <https://www.samhsa.gov/topics/prescription-drug-misuse-abuse>

<sup>55</sup> Idaho Vital Statistics Annual Reports, Years 2008 - 2019, National Vital Statistics Report - Deaths: Data 2019



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

The percent of people who reported using marijuana in our service area is significantly higher than those who reported using it in Idaho as a whole and the trend is rising.<sup>56</sup>

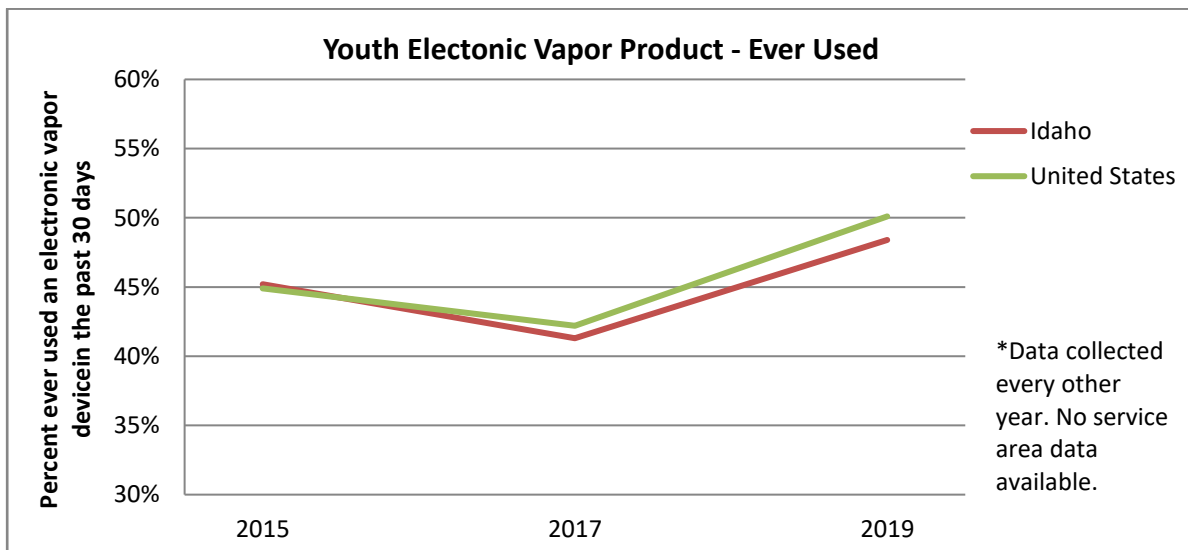
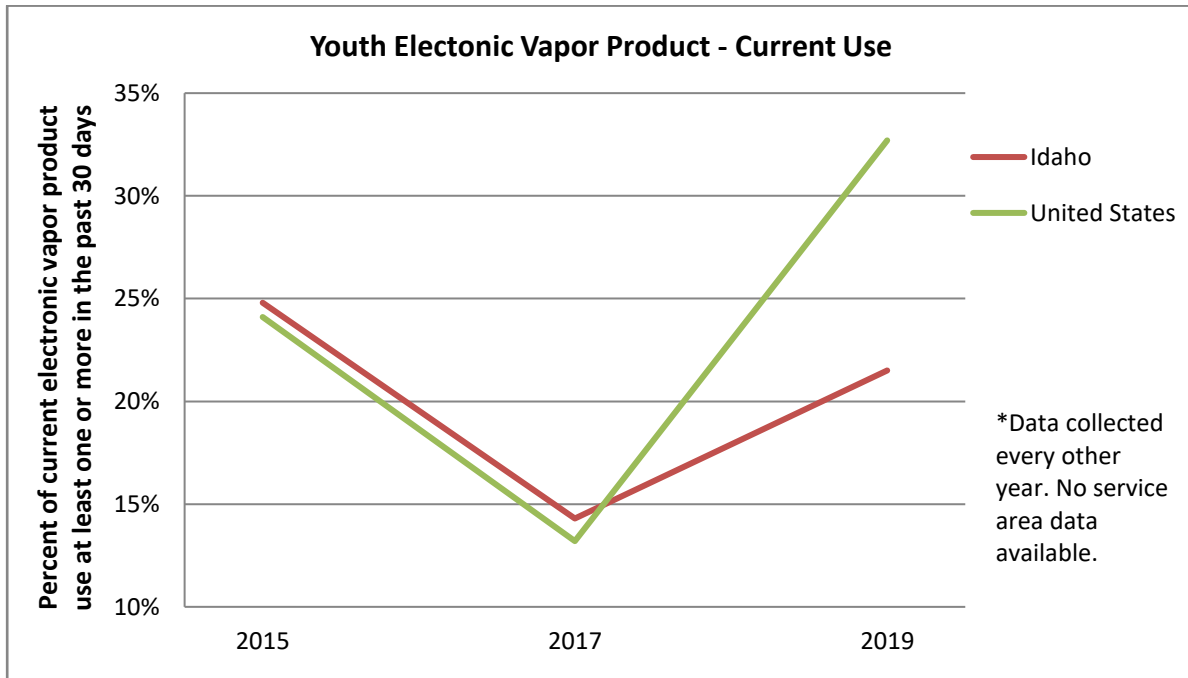


Health Factor Score				
Low score = Low potential for health impact		High score = High potential for health impact		
	Trend	Severity	Magnitude	Total Score
Marijuana Use	2	2	1	5

<sup>56</sup> Idaho and National 2016 - 2019 Behavioral Risk Factor Surveillance System

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

Current use is higher nationally than in Idaho, while vapor products ever used is about the same.<sup>57</sup>



<sup>57</sup> Idaho and National 2015 - 2019 Behavioral Risk Factor Surveillance System

## Tobacco Prevention and Cessation

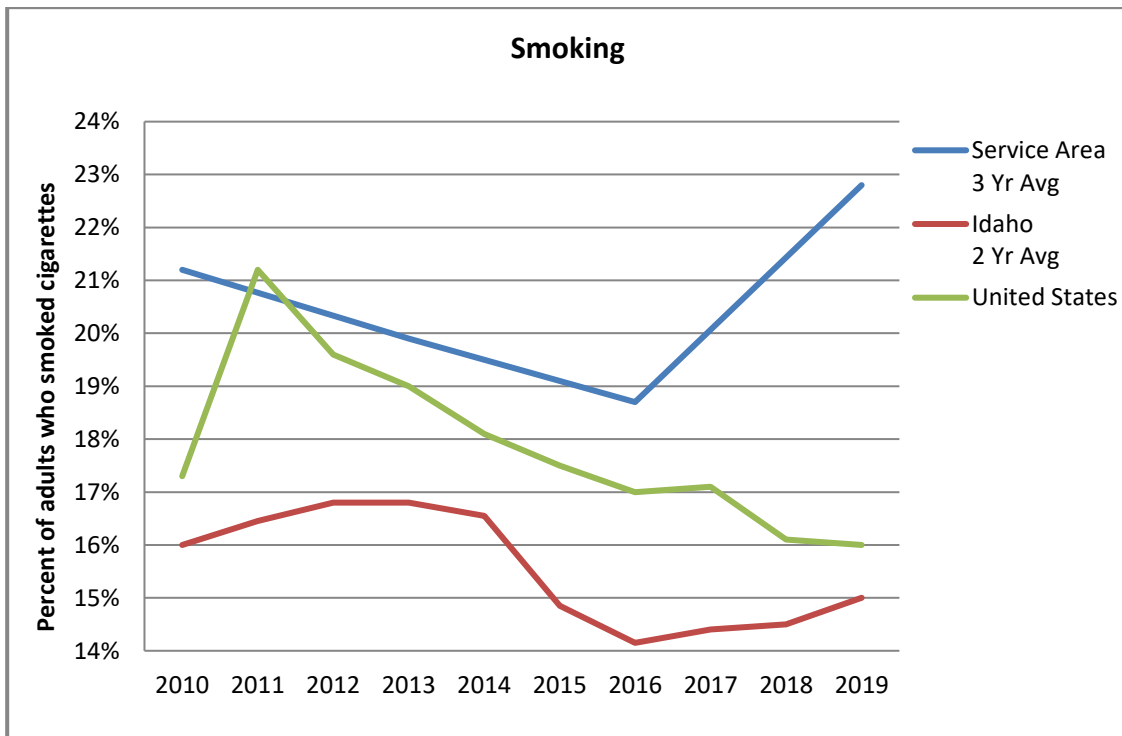
The relationship between tobacco use, particularly cigarette smoking, and adverse health outcomes is well known. Cigarette smoking is the leading cause of preventable death. Smoking causes or contributes to cancers of the lung, pancreas, kidney, and cervix as well as low birthweight.

- **Adult Smoking**

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

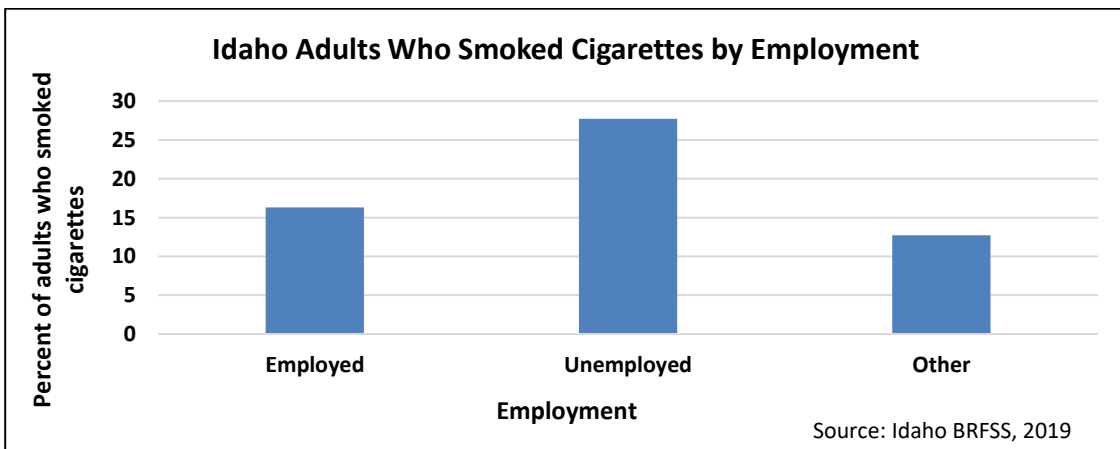
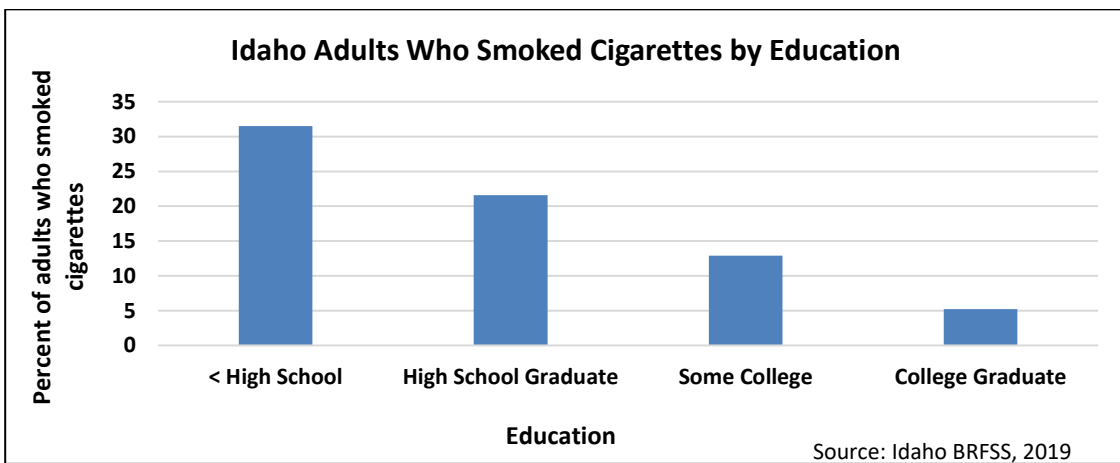
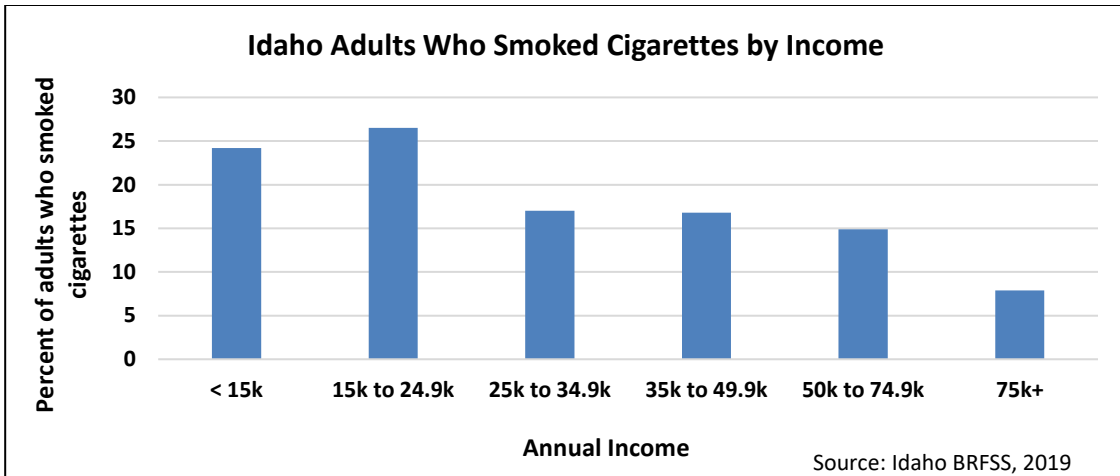
The percent of adults who smoked in our service area is significantly above the national average and well above the average for Idaho, while the trend for Idaho and the nation is going down.<sup>58</sup>

The percent of people who smoke declines significantly with higher levels of income and education as well as for those who are employed.<sup>59</sup>



<sup>58</sup> Idaho and National 2010 - 2019 Behavioral Risk Factor Surveillance System University of Wisconsin Population Health Institute. County Health Rankings 2012-2019, Accessed at [www.countyhealthrankings.org](http://www.countyhealthrankings.org)

<sup>59</sup> Ibid

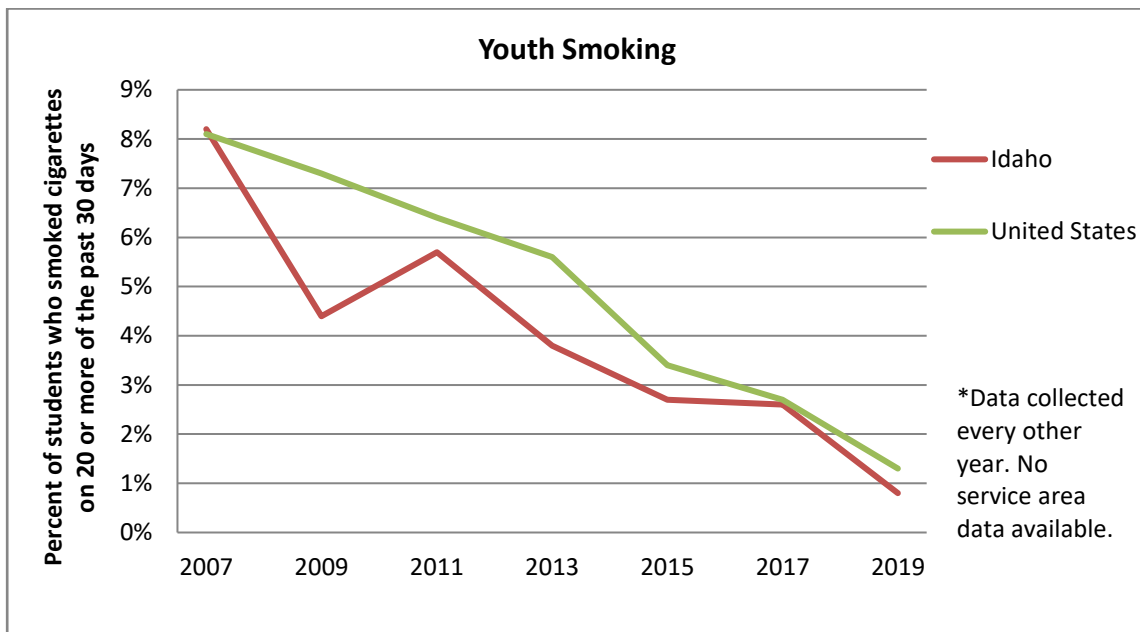


Health Factor Score				
Low score = Low potential for health impact		High score = High potential for health impact		
	Trend	Severity	Magnitude	Total Score
Adult Smoking	2	2	-1	3

- **Youth Smoking**

During 1997–2017, a significant decrease occurred overall in the prevalence of current tobacco use among Idaho and our nation’s youth.<sup>60</sup> Prevention efforts must focus on young adults ages 18 through 25, too. Almost no one starts smoking after age 25. Nearly 9 out of 10 smokers started smoking by age 18, and 99% started by age 26. Progression from occasional to daily smoking almost always occurs by age 26. Therefore, prevention is critical.<sup>61</sup>

In 2019, less than 1% of Idaho youth reported smoking 20 or more of the past 30 days, which is slightly below the national rate.<sup>62</sup>



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

<sup>60</sup> Idaho and National Youth Risk Behavior Survey 2007 -2019

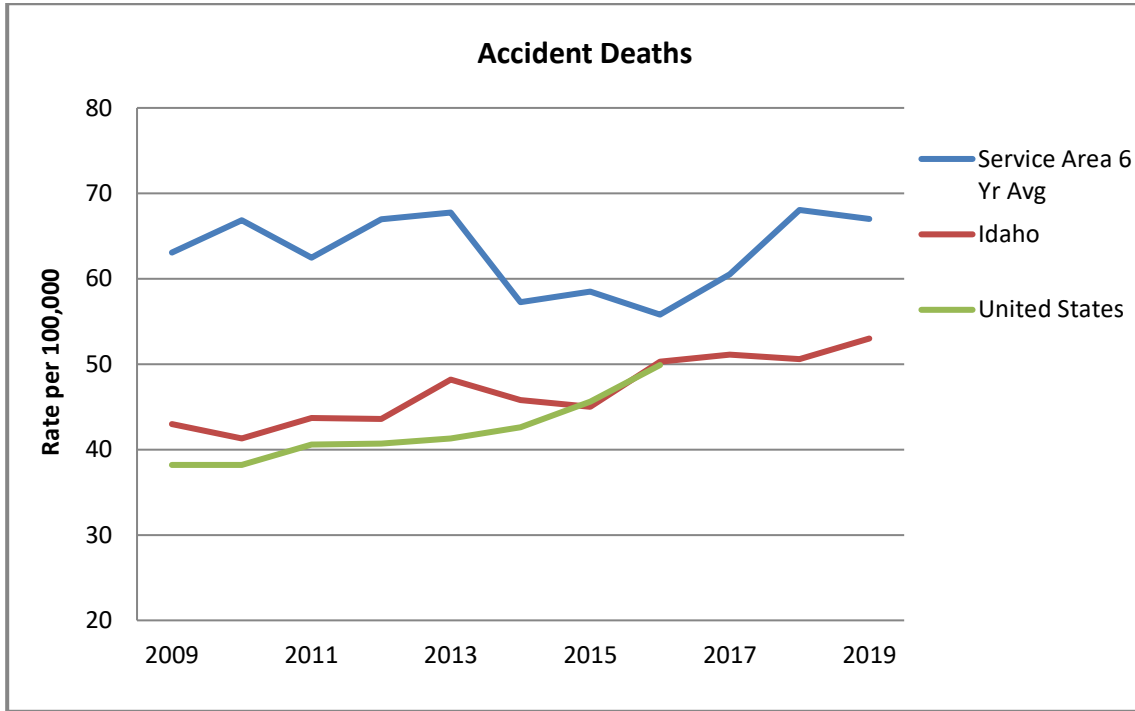
<sup>61</sup> <http://www.surgeongeneral.gov/library/reports/preventing-youth-tobacco-use/factsheet.html>

<sup>62</sup> Idaho and National 2007 - 2019 Behavioral Risk Factor Surveillance System

## Wellness and Prevention Programs

- **Accidents**

Accidents are one of the top 10 causes of death in the nation. Accidents are the fourth leading cause of death in Idaho and include unintentional injuries, which comprise both motor vehicle and non-motor vehicle accidents. The accident death rate in our service area is above the national average and the trend is increasing slightly.<sup>63</sup>



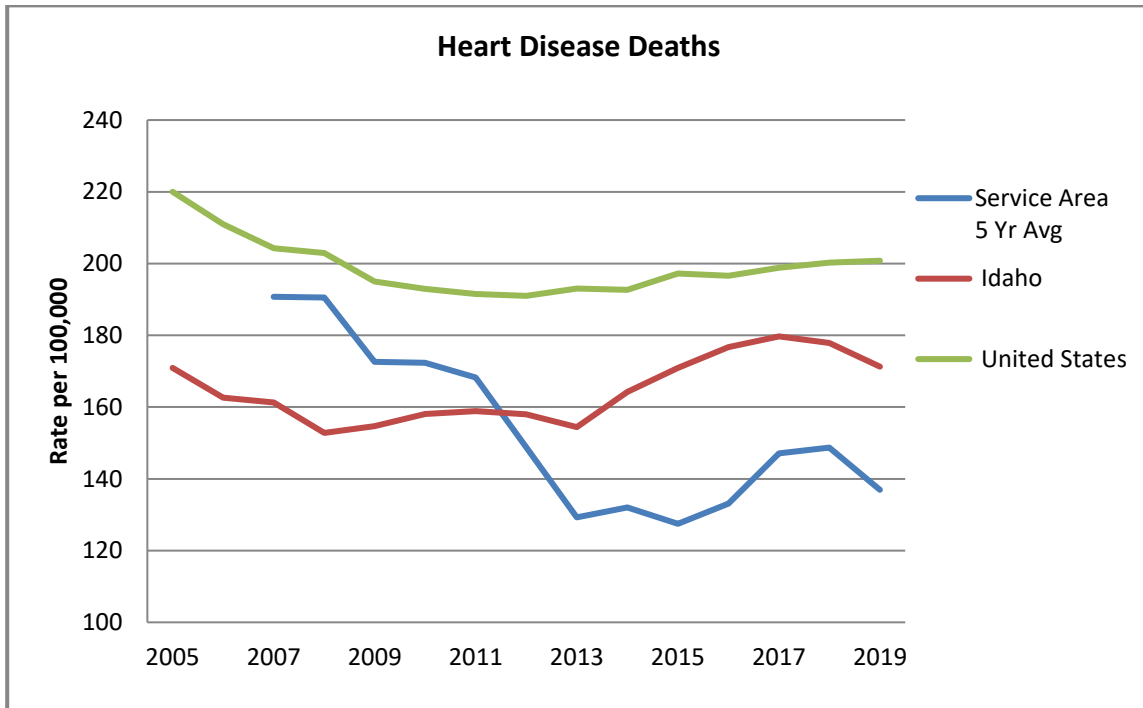
Health Factor Score				
Low score = Low potential for health impact		High score = High potential for health impact		
	Trend	Severity	Magnitude	Total Score
Accidental Deaths	1	2	-2	1

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

- **Diseases of the Heart**

Heart disease remains the leading cause of death in the U.S. for both men and women and is now the leading cause of death in Idaho as well. Heart disease is a long-term illness that many individuals can manage through lifestyle changes and healthcare interventions. It is important to keep cholesterol levels and blood pressure in check to prevent heart disease.<sup>64</sup>

Heart disease death in our service area has been decreasing and has remained well below the national average.<sup>65</sup>



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

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

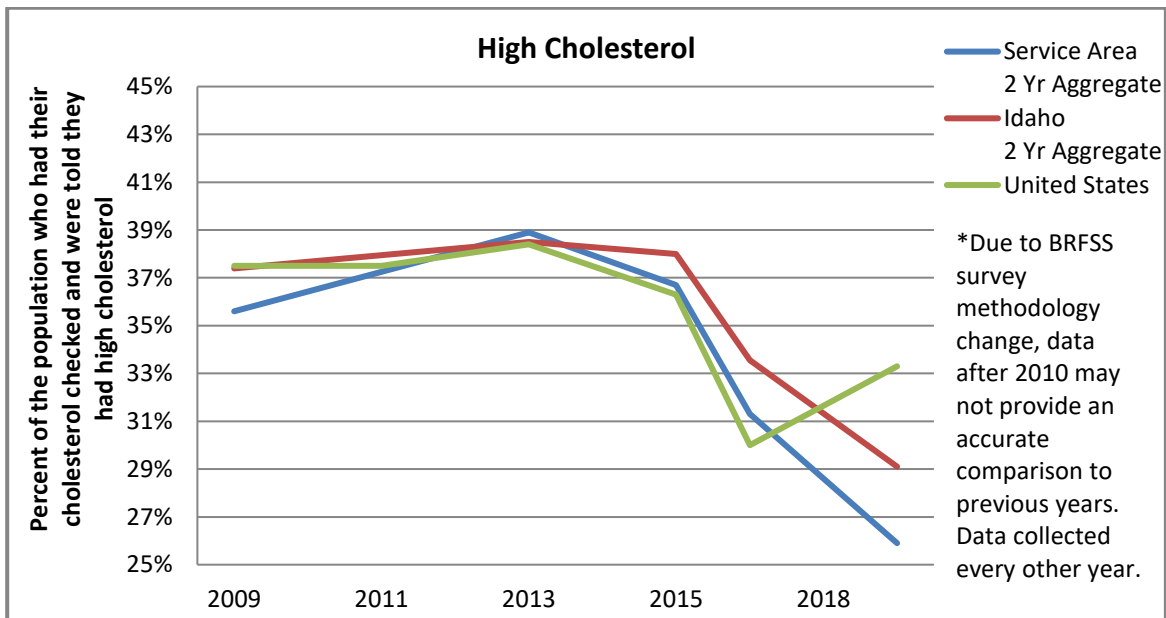
<sup>65</sup> Idaho Vital Statistics Annual Reports, Years 2007 - 2019, National Vital Statistics Report - Deaths: Data 2019

- **High Cholesterol**

Sustained, high cholesterol can lead to heart disease, heart attack, and other circulatory problems. While some factors that contribute to high cholesterol are out of our control, like family history, there are many things a person can do to keep cholesterol in check, such as following a healthy diet, maintaining a healthy weight, and being physically active. For some individuals, a pharmacological intervention may be necessary.<sup>66</sup>

Among those who had ever been screened for cholesterol in our service area, about 26% reported that they were told their cholesterol was high in 2019, which is less than the national average. The percentage of screened adults with high cholesterol has decreased in our service area, Idaho, and nationally.<sup>67</sup>

Prevalence of high cholesterol decreased with higher levels of education above the 11<sup>th</sup> grade. Those who were unemployed, overweight, and adults aged 55+ were more likely to have had high cholesterol.<sup>68</sup>



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

<sup>66</sup> America's Health Rankings analysis of CDC, Behavioral Risk Factor Surveillance System, United Health Foundation, AmericasHealthRankings.org, Accessed 2020

<sup>67</sup> Idaho 2009 - 2019 Behavioral Risk Factor Surveillance System

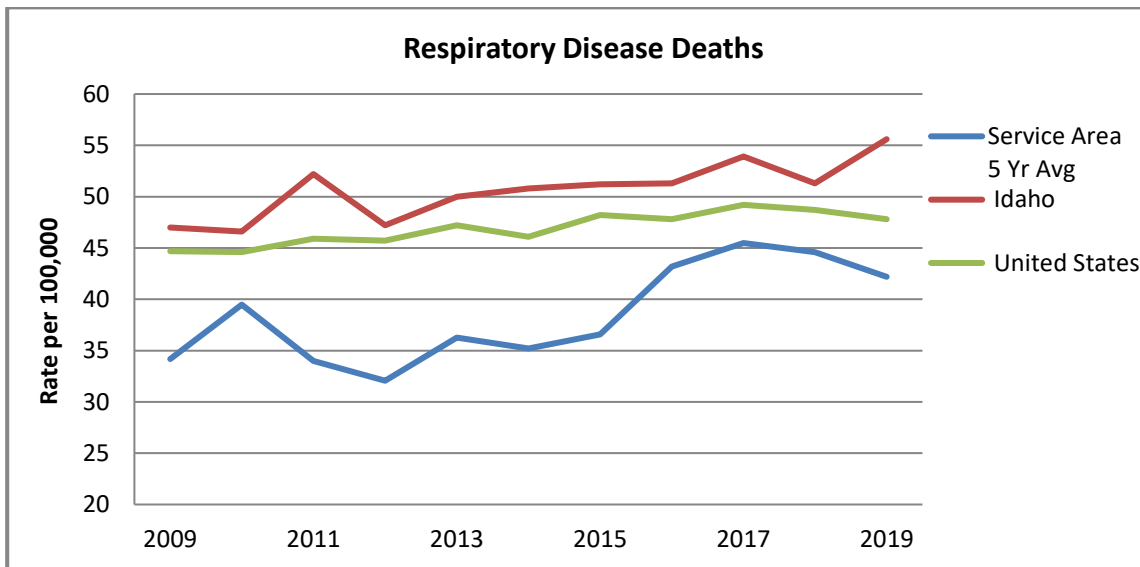
<sup>68</sup> Ibid



- **Chronic Lower Respiratory Diseases**

Chronic lower respiratory diseases, mainly COPD, are the fourth leading cause of death in the U.S. in 2019. Chronic lower respiratory diseases include asthma, chronic obstructive pulmonary disease (COPD), chronic bronchitis, and emphysema. The main risk factors for these diseases are smoking, repeated exposure to harsh chemicals or fumes, air pollution, or other lung irritants.<sup>69</sup>

The chronic lower respiratory diseases death rate in our service area is lower than the national average and the trend has been slightly increasing.<sup>70</sup>



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

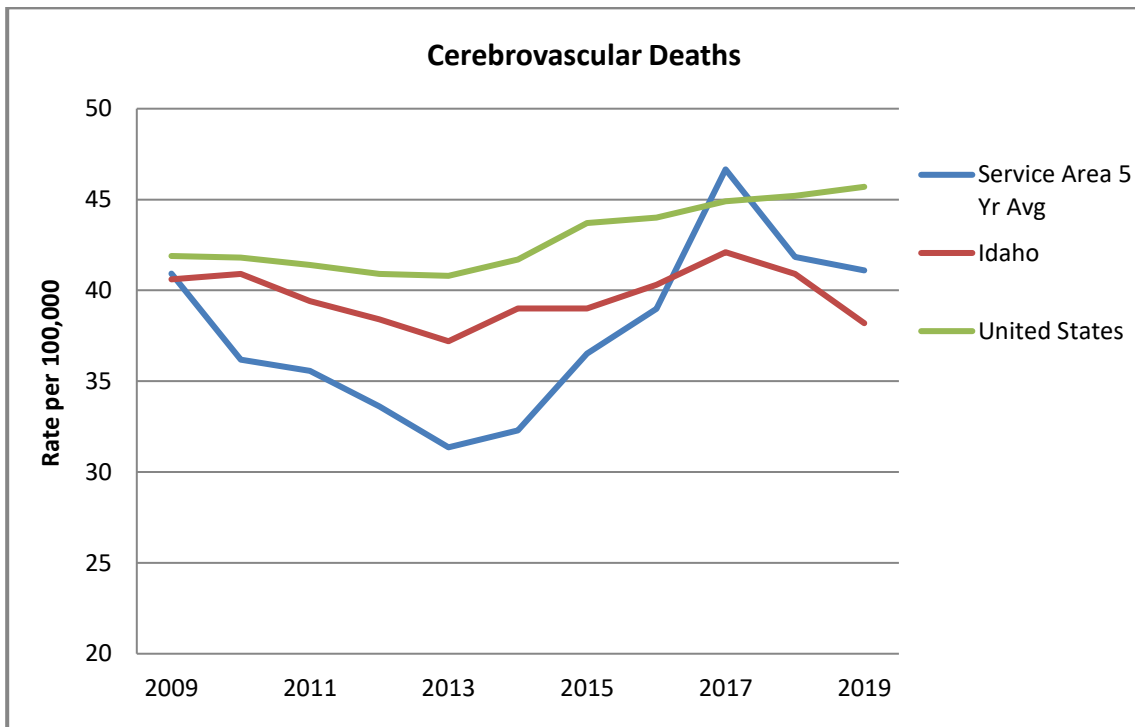
<sup>69</sup> CDC, <https://www.cdc.gov/copd/basics-about.html>

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

- **Cerebrovascular Diseases**

Cerebrovascular diseases are the fifth leading cause of death in Idaho and the nation. Cerebrovascular diseases include several serious disorders, including stroke and cerebrovascular anomalies such as aneurysms. Cerebrovascular diseases can be reduced when people lead a healthy lifestyle that includes being physically active, maintaining a healthy weight, eating well, and not using tobacco.<sup>71</sup>

The cerebrovascular diseases death rate in our service area is significantly lower than the national average and the trend is flat.<sup>72</sup>



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

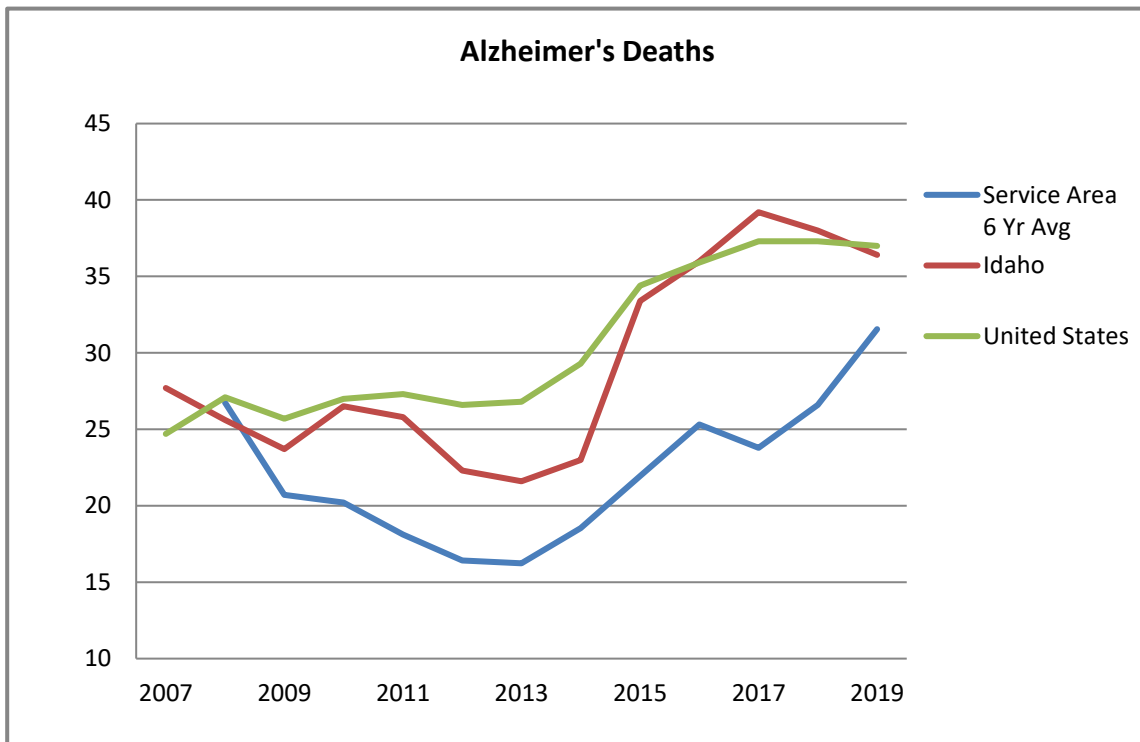
<sup>71</sup> America's Health Rankings analysis of CDC, Behavioral Risk Factor Surveillance System, United Health Foundation, AmericasHealthRankings.org, Accessed 2020

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

- **Alzheimer’s Disease**

Alzheimer’s is one of the top 10 causes of death in the nation. Alzheimer’s is the sixth leading cause of death in Idaho. Alzheimer’s is the most common form of dementia, a general term for serious loss of memory and other intellectual abilities. Alzheimer’s disease accounts for 50 to 80% of dementia cases. Alzheimer’s is not a normal part of aging, although the greatest known risk factor is increasing age, and most people with Alzheimer’s are 65 and older. Although current treatments cannot stop Alzheimer’s from progressing, they can temporarily slow the worsening of dementia symptoms and improve quality of life for those with Alzheimer’s and their caregivers.<sup>73</sup>

The death rate from Alzheimer’s has increased over the past 10 years both nationally and in our service area.<sup>74</sup>



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

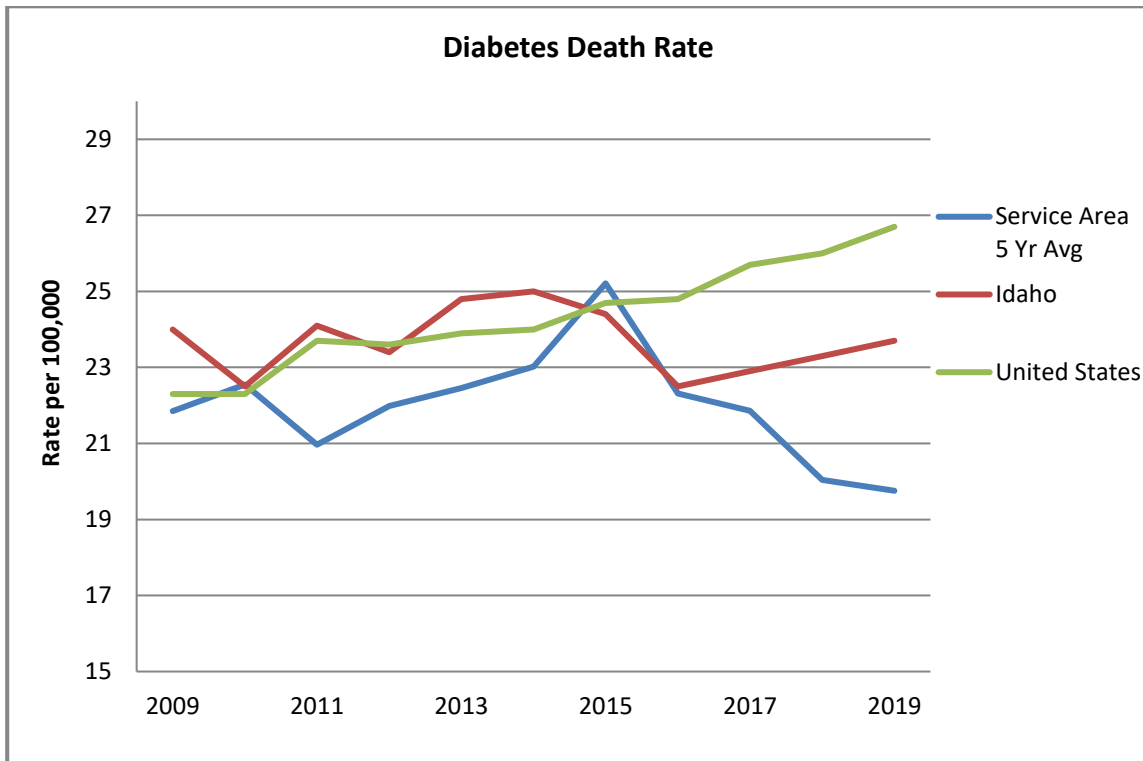
<sup>73</sup> Alzheimer’s Association, www.alz.org

<sup>74</sup> Vital Statistics Annual Reports, Years 2009 - 2019, National Vital Statistics Report - Deaths: Data 2019

- **Diabetes Mellitus**

Diabetes is one of the top 10 causes of death in the nation. Diabetes is the seventh leading cause of death in Idaho. Diabetes is a serious health issue that can contribute to heart disease, stroke, high blood pressure, kidney disease, blindness and can even result in limb amputation or death.<sup>75</sup>

The death rate from diabetes in our service area is significantly below the national average.<sup>76</sup>



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

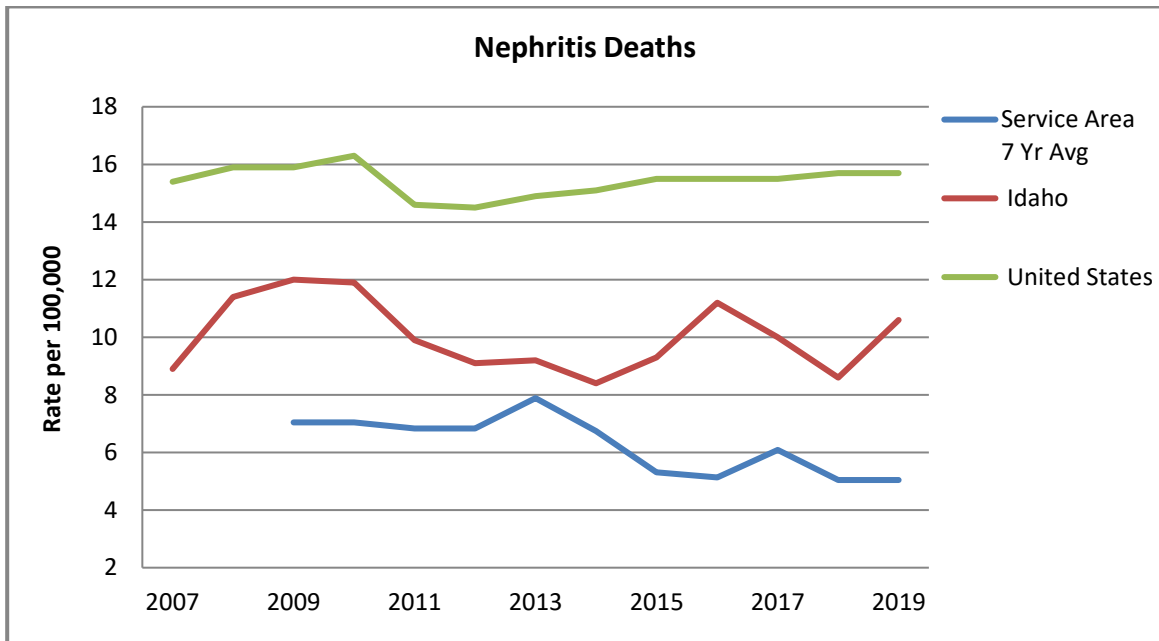
<sup>75</sup> <https://www.cdc.gov/chronicdisease/resources/publications/factsheets/diabetes-prediabetes.htm>

<sup>76</sup> Idaho Vital Statistics Annual Reports, Years 2009 - 2019, National Vital Statistics Report - Deaths: Data 2019

- **Nephritis**

Nephritis is one of the top 10 causes of death in the nation. Nephritis is an inflammation of the kidney, which causes impaired kidney function. A variety of conditions can cause nephritis, including kidney disease, autoimmune disease, and infection. Treatment depends on the cause. Kidney disease damages kidneys, preventing them from cleaning blood effectively. Chronic kidney disease eventually can cause kidney failure if it is not treated.<sup>77</sup>

The death rate for nephritis is significantly lower in our service area than it is nationally. The trend is flat both in the nation and our service area.<sup>78</sup>



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

<sup>77</sup> [www.cdc.gov/Features/WorldKidneyDay/](http://www.cdc.gov/Features/WorldKidneyDay/)

<sup>78</sup> Idaho Vital Statistics Annual Reports, Years 2003 - 2019, National Vital Statistics Report - Deaths: Data 2019

## Cancer

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

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

Although cancer may occur at any age, it is generally a disease of aging. Nearly 80% of cancers are diagnosed in persons 55 or older. Cancer is caused both by external factors such as tobacco use and exposure, chemicals, radiation, and infectious organisms, and by internal factors such as genetics, hormonal factors, and immune conditions. Some cancers can be prevented by choosing a healthy lifestyle and being screened.<sup>79</sup>

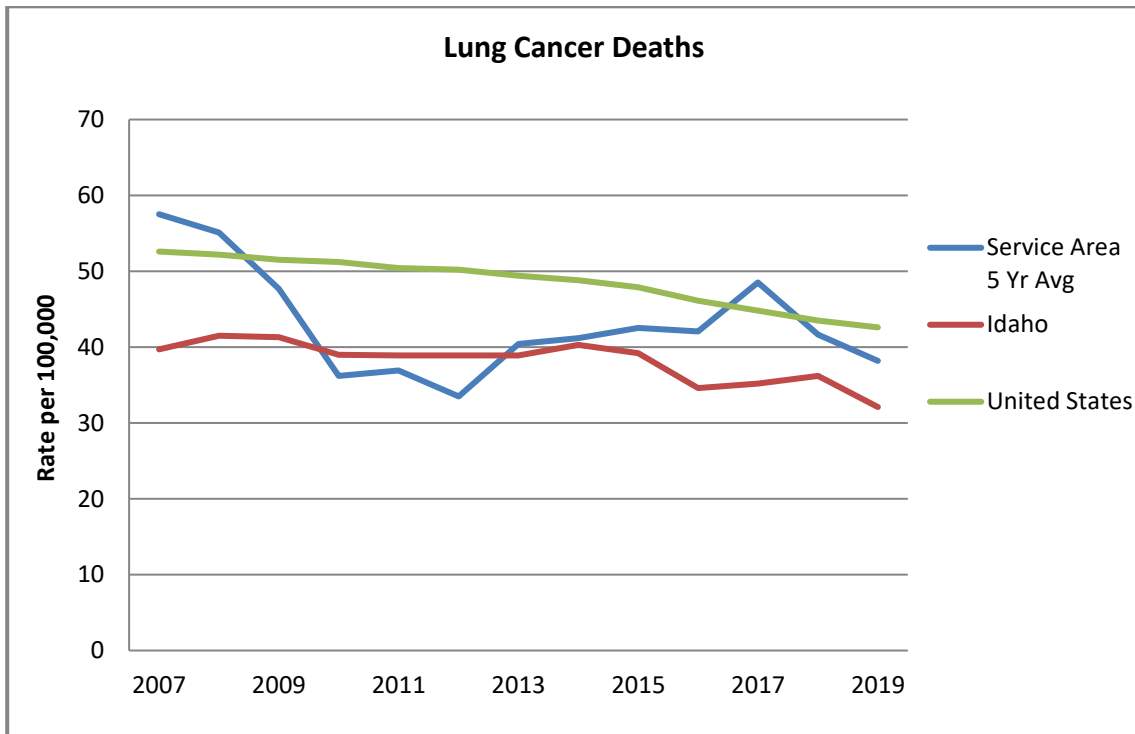
---

<sup>79</sup> Comprehensive Cancer Alliance for Idaho, [www.ccaidaho.org](http://www.ccaidaho.org)

- **Lung Cancer**

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

Lung cancer is the leading cause of cancer death in Idaho and the nation. However, the lung cancer death rate in our service area is slightly lower than the national average.<sup>81</sup>



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

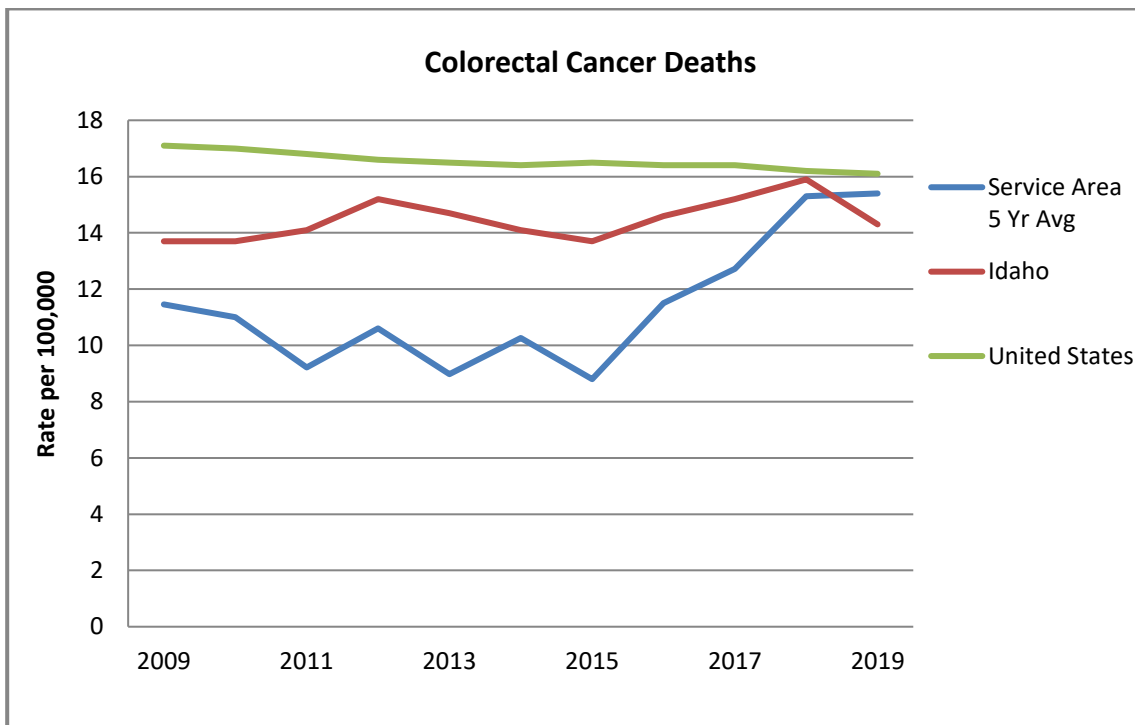
<sup>80</sup> Comprehensive Cancer Alliance for Idaho, Idaho Comprehensive Cancer Strategic Plan 2021-2025, [www.ccaidaho.org](http://www.ccaidaho.org)

<sup>81</sup> Idaho Vital Statistics Annual Reports, Years 2007 - 2019, National Vital Statistics Report - Deaths: Data 2019

- **Colorectal Cancer**

Overall, the lifetime risk of developing colorectal cancer is about 1 in 23 for men and 1 in 25 for women.<sup>82</sup> Maintaining a healthy weight, increasing vigorous activity, limiting sitting and laying down, limiting alcohol intake, limiting red meat, and increasing vegetables, fruits, and whole grains may lower the risk of developing colorectal cancer. Early detection is effective in reducing colorectal cancer death rate.<sup>83</sup>

In Idaho, colorectal cancer is the second most common cancer-related cause of death among males and females combined. The trend for colorectal cancer deaths in our service area is increasing, and the death rate is slightly below the national average.<sup>84</sup>



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

<sup>82</sup> <https://www.cancer.org/cancer/colon-rectal-cancer/about/key-statistics.html>

<sup>83</sup> <https://www.cancer.org/cancer/colon-rectal-cancer/causes-risks-prevention/prevention.html>

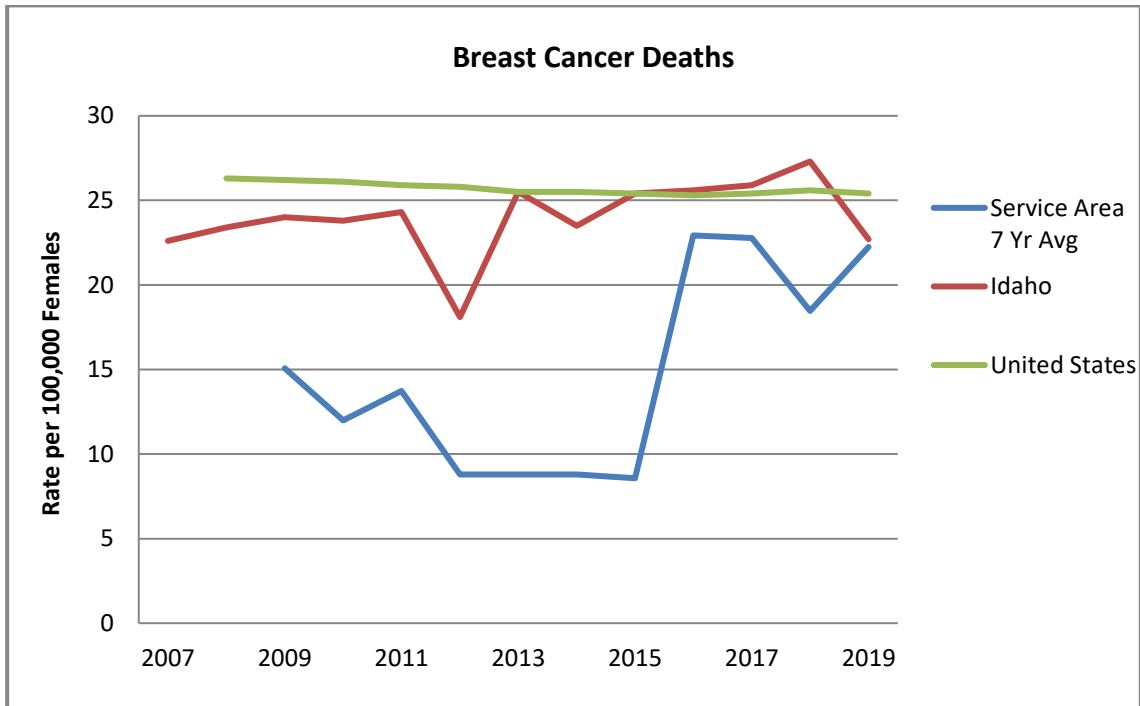
<sup>84</sup> Idaho Vital Statistics Annual Reports, Years 2009 - 2019, National Vital Statistics Report - Deaths: Data 2019



- **Breast Cancer**

Breast cancer is the most common cancer (about 30% or 1 in 3 of all new female cancers) in women in the U.S. except for skin cancers. Breast cancer mainly occurs in middle-aged and older women. The median age at the time of breast cancer diagnosis is 62. Females have a 1 in 8 chance of developing breast cancer in their lifetime.<sup>85</sup>

Breast cancer is the second leading cause of cancer death, after lung cancer among Idaho women. The breast cancer death rate in Idaho and our service area is slightly below the national average. However, the trend is up.<sup>86</sup>



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

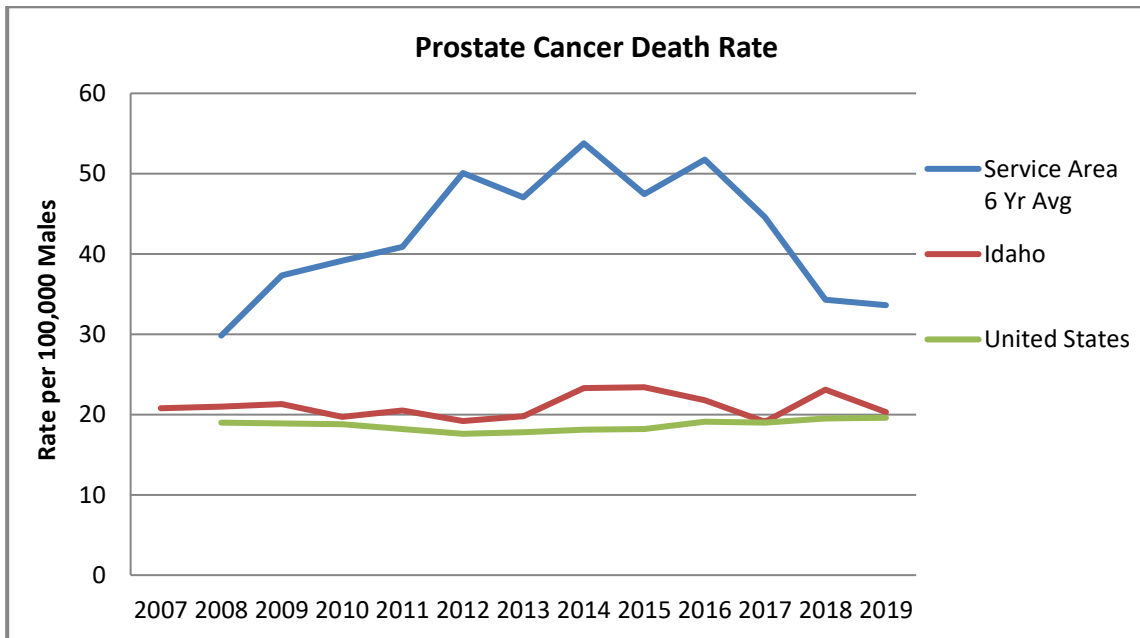
<sup>85</sup> American Cancer Society, <https://www.cancer.org/cancer/breast-cancer/about/how-common-is-breast-cancer.html>

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

- **Prostate Cancer**

Prostate cancer is the second overall cause of death in Idaho men and is the most common cancer among males. Known risk factors for prostate cancer that are not modifiable include age, ethnicity, and family history. One modifiable risk factor is a diet high in saturated fat and low in vegetable and fruit consumption.<sup>87</sup>

In our service area, the prostate cancer death rate has been decreasing but is higher than the national average.<sup>88</sup>



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

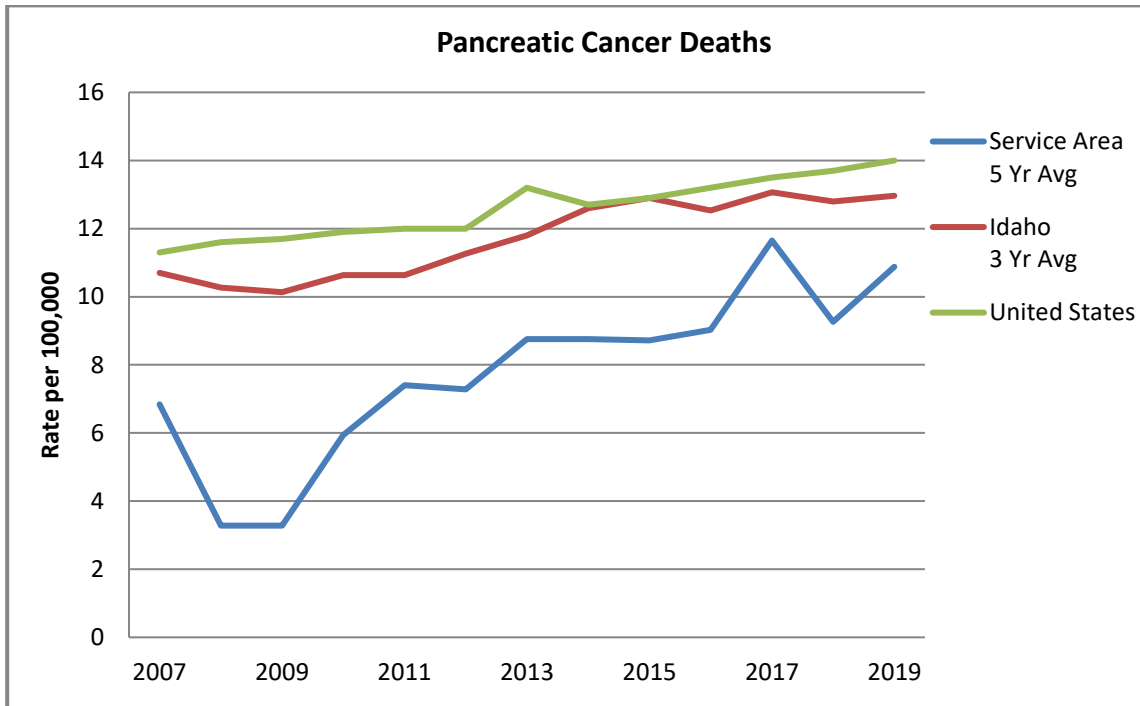
<sup>87</sup> American Cancer Society, <https://www.cancer.org/cancer/prostate-cancer/causes-risks-prevention/risk-factors.html>

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

- **Pancreatic Cancer**

The survival rate for pancreatic cancer is low. Possible factors increasing the risk of pancreatic cancer include smoking, and type 2 diabetes, which is associated with obesity. There are no established guidelines for preventing pancreatic cancer but some things that may lower risk are not smoking, maintaining a healthy weight, and getting regular physical activity.<sup>89</sup>

In our service area, the pancreatic cancer death rate is below the national average, however, is trending up.<sup>90</sup>



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

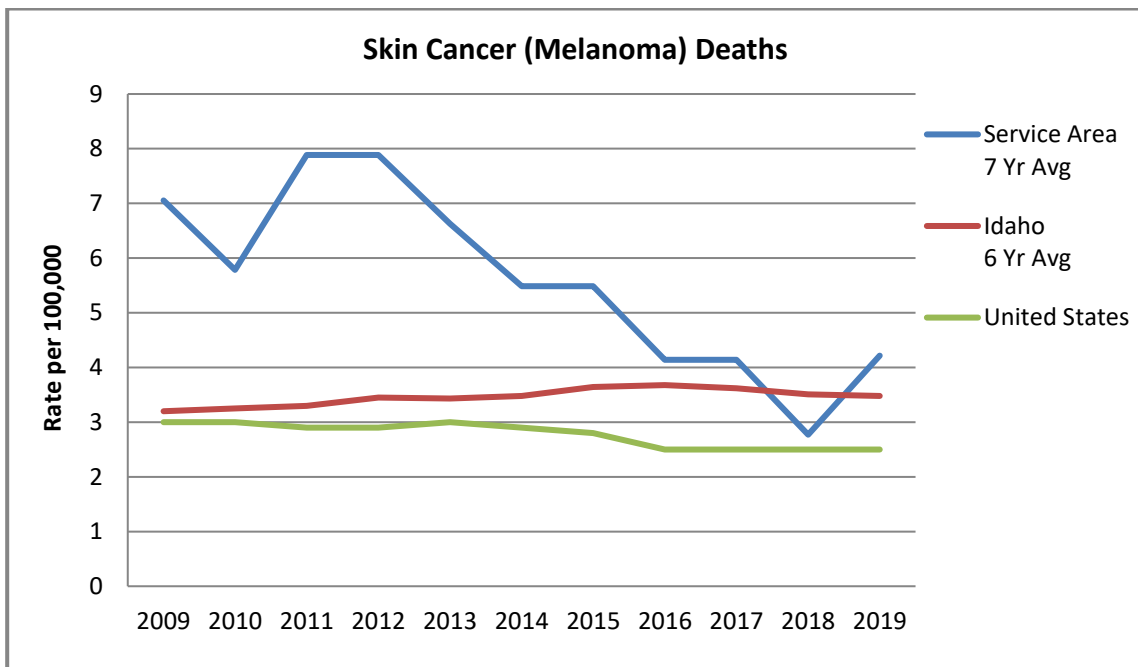
<sup>89</sup> American Cancer Society, <https://www.cancer.org/cancer/pancreatic-cancer/causes-risks-prevention/risk-factors.html>

<sup>90</sup> Idaho Vital Statistics Annual Reports, Years 2007 - 2019, National Vital Statistics Report - Deaths: Data 2019

- **Skin Cancer (Melanoma)**

More people are diagnosed with skin cancer each year in the U.S. than all other cancers combined. About 1 in 5 Americans will develop skin cancer during their lifetime. In the past decade (2012 – 2022) the number of new melanoma cases diagnosed annually has increased by 31%.<sup>91</sup> Exposure to ultraviolet (UV) radiation appears to be the most significant factor in the development of skin cancer. Skin cancer is largely preventable when sun protection measures are used consistently. These results highlight the need for effective interventions that reduce harmful UV light exposure.<sup>92</sup>

The melanoma death rate is slightly higher in Idaho and our service area than in the nation and the trend is decreasing.<sup>93</sup>



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

<sup>91</sup> <https://www.skincancer.org/skin-cancer-information/skin-cancer-facts>

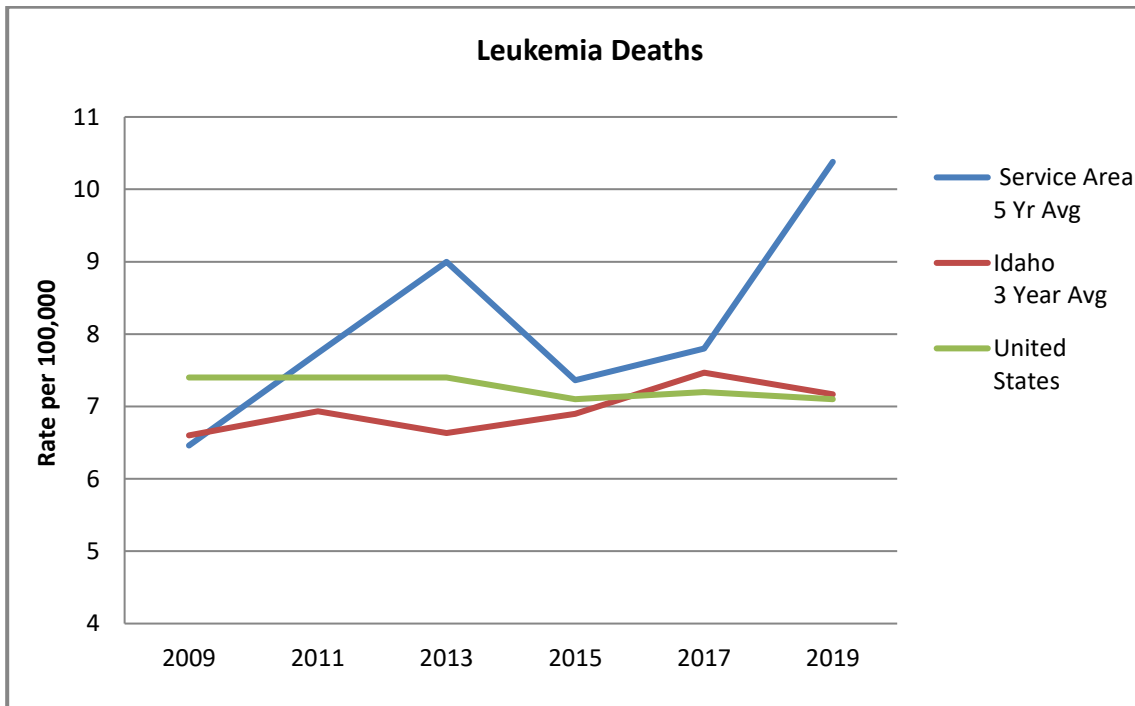
<sup>92</sup> <https://www.skincancer.org/skin-cancer-information/skin-cancer-facts>

<sup>93</sup> Idaho Vital Statistics Annual Reports, Years 2009 - 2019, National Vital Statistics Report - Deaths: Data 2019

- **Leukemia**

Leukemia is a cancer of the bone marrow and blood. Scientists do not fully understand the causes of leukemia, although researchers have found some associations with chronic exposure to benzene, large doses of radiation, and smoking tobacco.<sup>94</sup> Because the causes are not well understood, evidence-based preventive programs are not available other than avoiding the risk factors described above.

The leukemia death rate in our service area is higher than the national average and the trend is increasing.<sup>95</sup>



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

<sup>94</sup> <https://www.cdc.gov/nceh/radiation/phase2/mleukemi.pdf>

<sup>95</sup> Idaho Vital Statistics Annual Reports, Years 2009 - 2019, National Vital Statistics Report - Deaths: Data 2019

## Clinical Care Access and Quality Factors

### Affordability of Health Care

- **Uninsured Adults**

Evidence shows that uninsured individuals experience barriers to health care access and maintaining financial security. Kaiser Family Foundation reports that the uninsured receive less preventative care and delayed care results in more serious health outcomes compared to insured individuals. The uninsured may be unable to pay their medical bills, resulting in medical debt.<sup>96</sup>

On a national basis, the 2010 Affordable Care Act (ACA) lowered the percentage of uninsured adults starting in 2014. The goal of the ACA is to improve health outcomes and eventually lower health care costs through insuring a greater proportion of the population. One of the major provisions of the ACA is the expansion of Medicaid eligibility to nearly all low-income individuals with incomes at or below 138 percent of poverty. However, over 20 states chose not to expand their programs. The ACA did not make provisions for low-income people not receiving Medicaid and does not provide assistance for people below poverty for other coverage options.<sup>97</sup> This is often referred to as the “coverage gap.”<sup>98</sup> In November 2018, Idaho passed a proposition to expand Medicaid. In November 2018, Idaho passed a proposition to expand Medicaid.

---

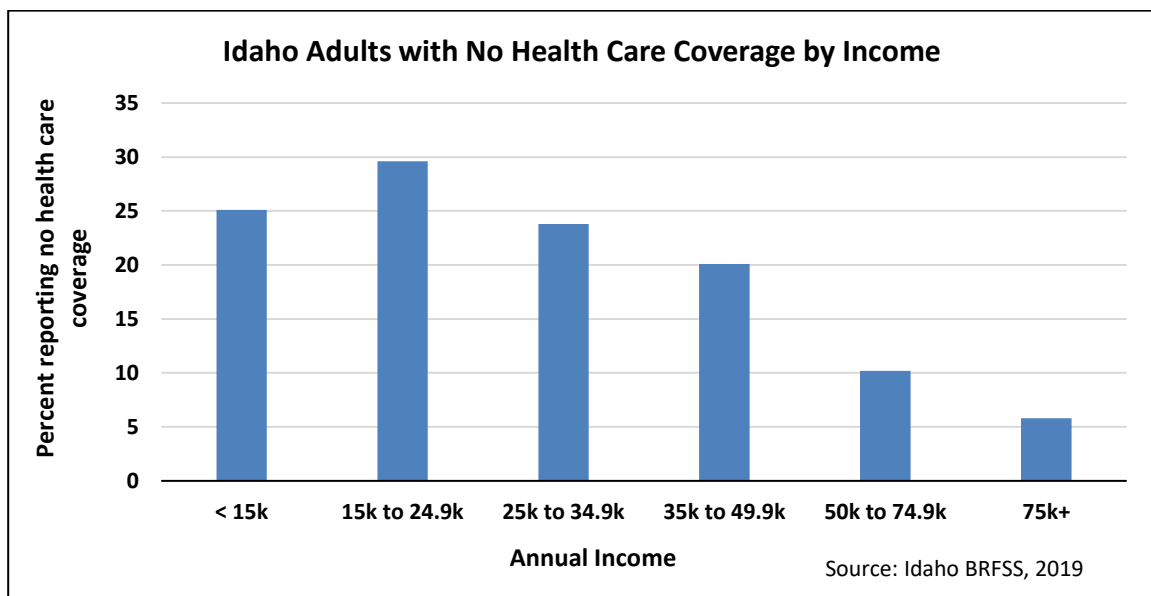
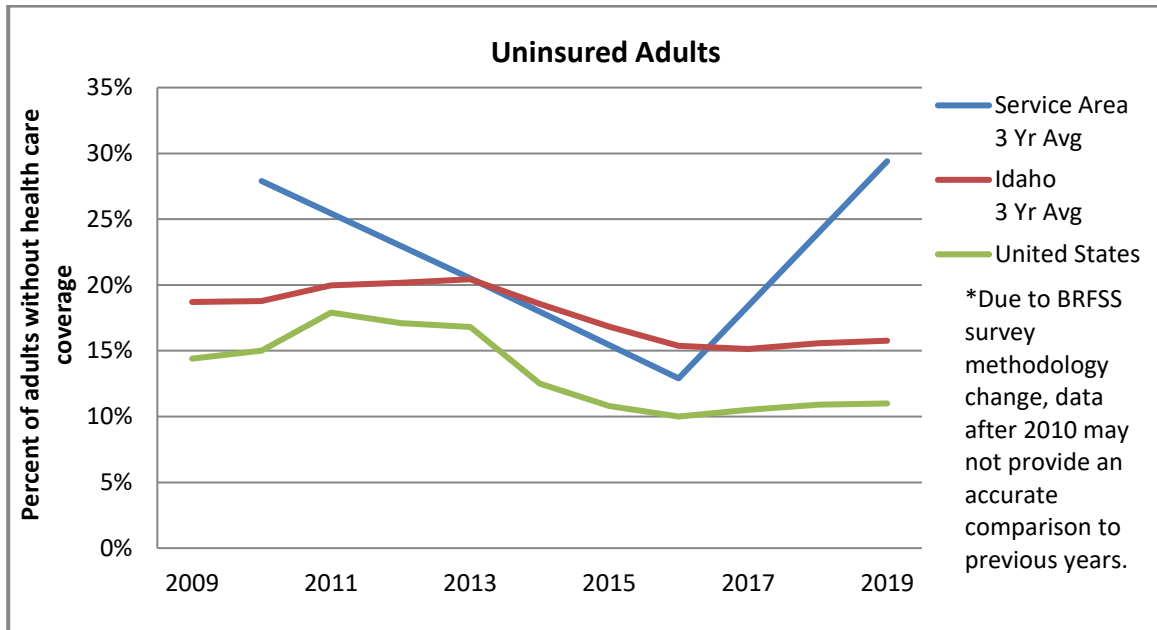
<sup>96</sup> University of Wisconsin Population Health Institute. *County Health Rankings 2021*. Accessible at [www.countyhealthrankings.org](http://www.countyhealthrankings.org).

<sup>97</sup> The Coverage Gap: Uninsured Poor Adults in States that do not Expand Medicaid, April 2015, The Kaiser Commission on Medicaid and the Uninsured, Rachel Garfield

<sup>98</sup> Ibid

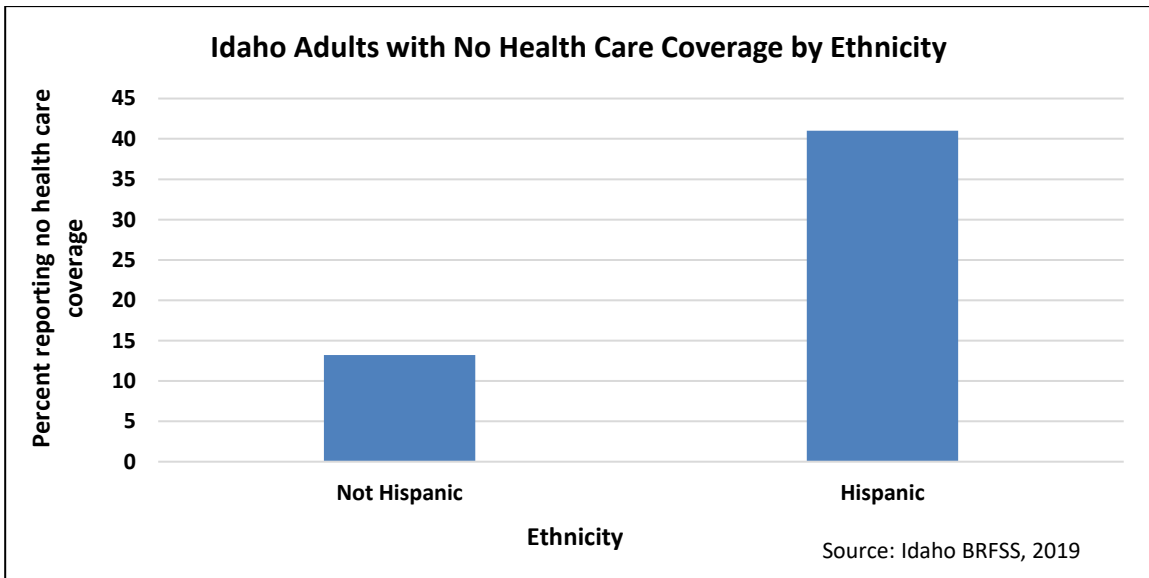
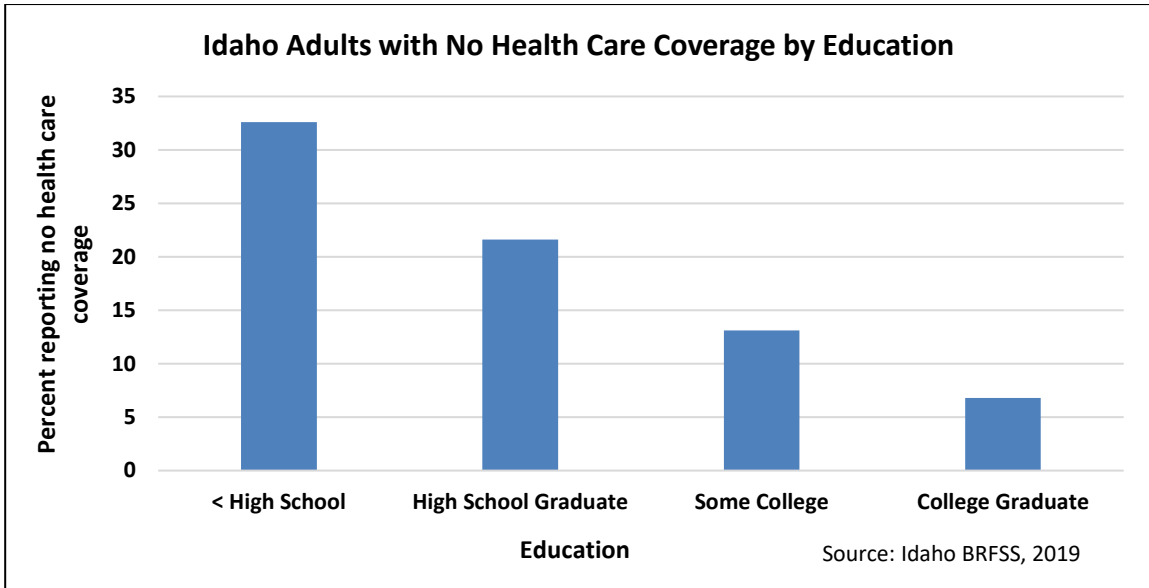
The number of adults without health care coverage has been trending up in our service area. The percentage of uninsured in Idaho and our service area is higher than the national average.<sup>99</sup>

Those with incomes less than \$25,000 are about 10 times more likely to report being without health care coverage than those with incomes above \$75,000. In addition, Hispanics are more than twice as likely to not have health insurance coverage than non-Hispanics.<sup>100</sup>



<sup>99</sup> Idaho and National 2009 - 2019 Behavioral Risk Factor Surveillance System

<sup>100</sup> Idaho and National 2019 Behavioral Risk Factor Surveillance System



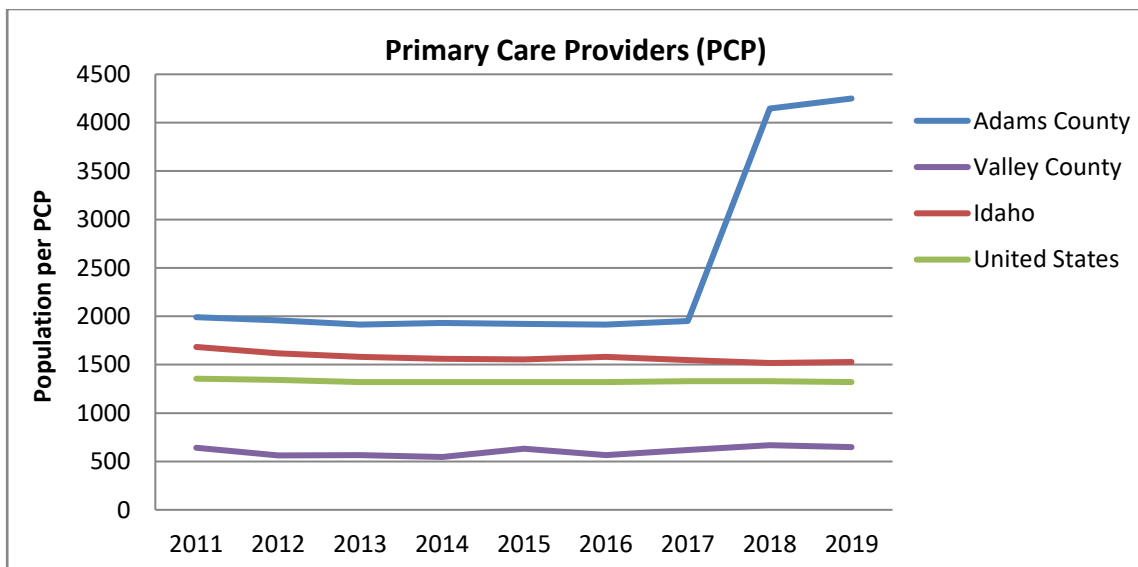
Health Factor Score				
Low score = Low potential for health impact		High score = High potential for health impact		
	Trend	Severity	Magnitude	Total Score
Uninsured Adults	2	2	1	5



- **Primary Care Providers**

Our primary care provider metric reports the ratio of population in a county to primary care providers (i.e., the number of people per primary care provider). The measure is based on data obtained from the Health Resources and Services Administration (HRSA) through the *County Health Rankings*. While having health insurance is a crucial step toward accessing the different aspects of the health care system, health insurance by itself does not ensure access. In addition, evidence suggests that access to effective and timely primary care has the potential to improve the overall quality of care and help reduce costs. One analysis found that primary care physician supply was associated with improved health outcomes including reduced all-cause cancer, heart disease, stroke, and infant mortality; a lower prevalence of low birthweight; greater life expectancy; and improved self-rated health. The same analysis also found that each increase of one primary care physician per 10,000 people is associated with a reduction in the average mortality by 5.3%.<sup>101</sup>

The population to primary care provider ratio is better than the national average for Valley County, but it is significantly above (worse than) the national average in Adams County and the trend is increasing.<sup>102</sup>



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

<sup>101</sup> University of Wisconsin Population Health Institute. *County Health Rankings* 2018. Accessible at [www.countyhealthrankings.org](http://www.countyhealthrankings.org).

<sup>102</sup> Idaho and National 2011 - 2019 Behavioral Risk Factor Surveillance System

## Availability of Behavioral Health Services

- **Mental Health Service Providers**

Adams and Valley counties both are listed as mental health professional shortage areas as of June 2017.<sup>103</sup> Our shortage of mental health professionals is especially concerning given the high suicide and mental illness rates in Idaho as documented in following sections of our CHNA.

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

- Lack of adequate insurance
- Lack of available treatment providers
- Lack of treatment types
- Insufficient finance to cover costs<sup>104</sup>

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

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

---

<sup>103</sup> Health Services and Resource Administration Data Warehouse, Mental Health Care HPSAs PDF  
<http://datawarehouse.hrsa.gov/hpsadetail.aspx#table>

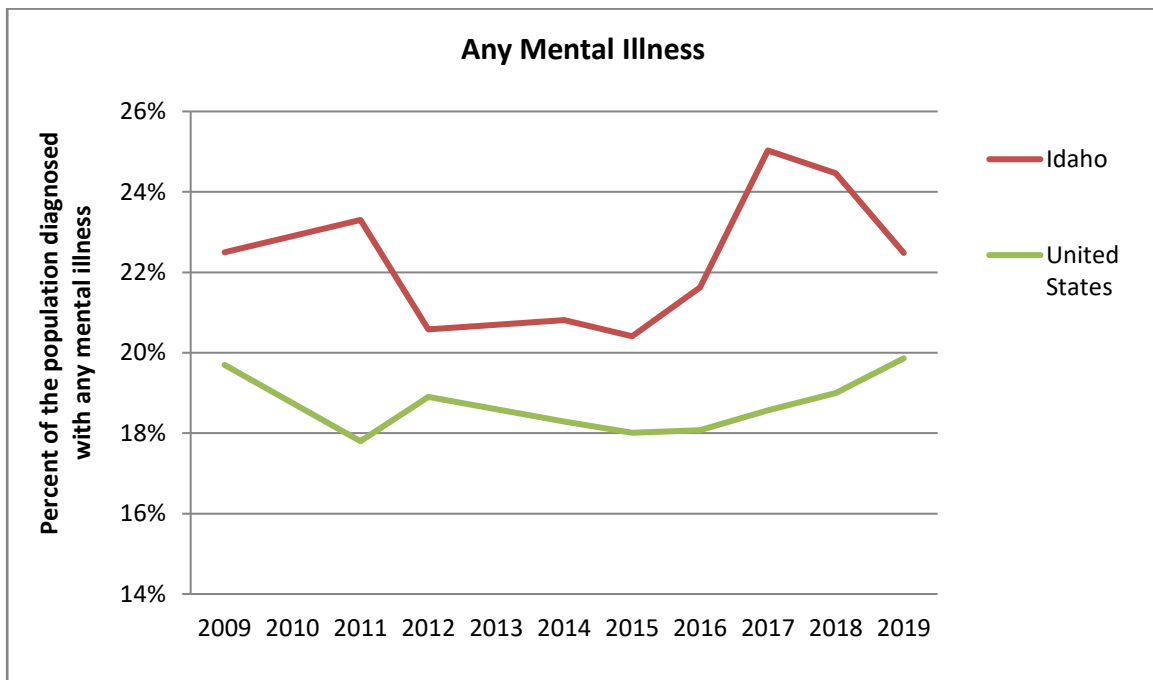
<sup>104</sup> <http://www.mentalhealthamerica.net/issues/mental-health-america-access-care-data>

- **Mental Illness**

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

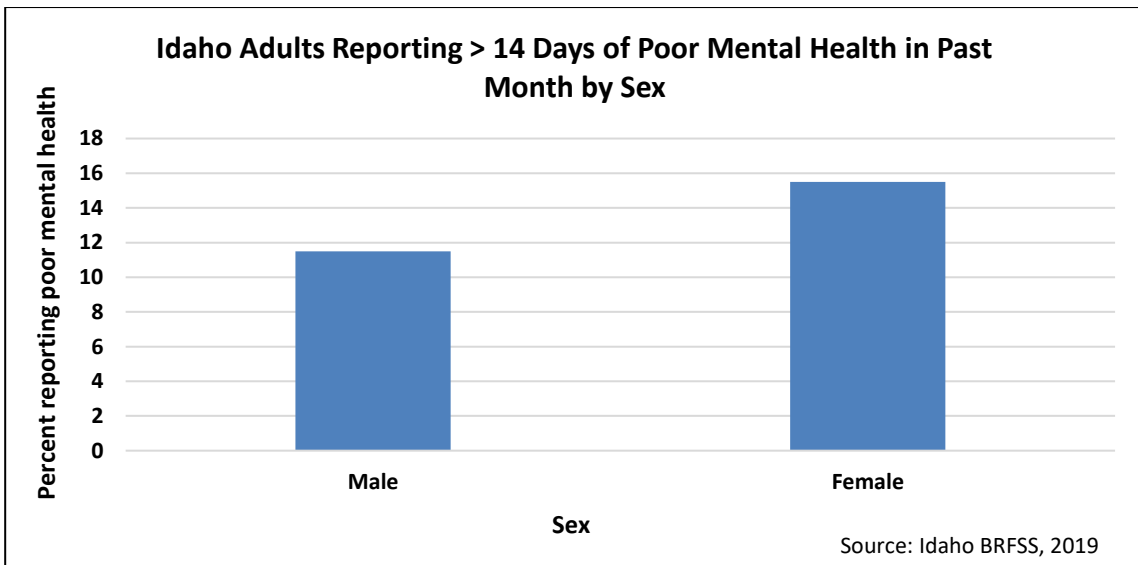
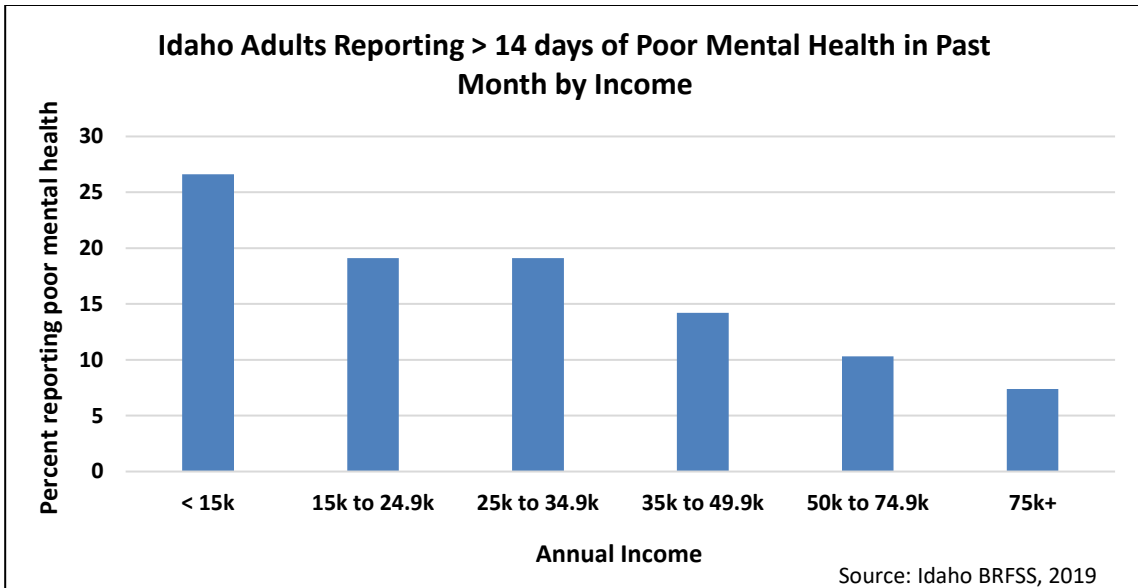
The percentage of people aged 18 or older having any mental illness (AMI) was 22.48% for Idaho in 2019. This was the fourth highest percentage of mental illness in the nation. The percentage of people having any mental illness for the United States was 19.86%.<sup>105</sup>

People with lower incomes are about three and a half times more likely to have depressive disorders, and women are more likely than men to be diagnosed with a depressive disorder.<sup>106</sup>



<sup>105</sup> Mental Health, United States, 2009 - 2019 Reports, SAMHSA, [www.samhsa.gov](http://www.samhsa.gov)

<sup>106</sup> Idaho 2009 - 2019 Behavioral Risk Factor Surveillance System



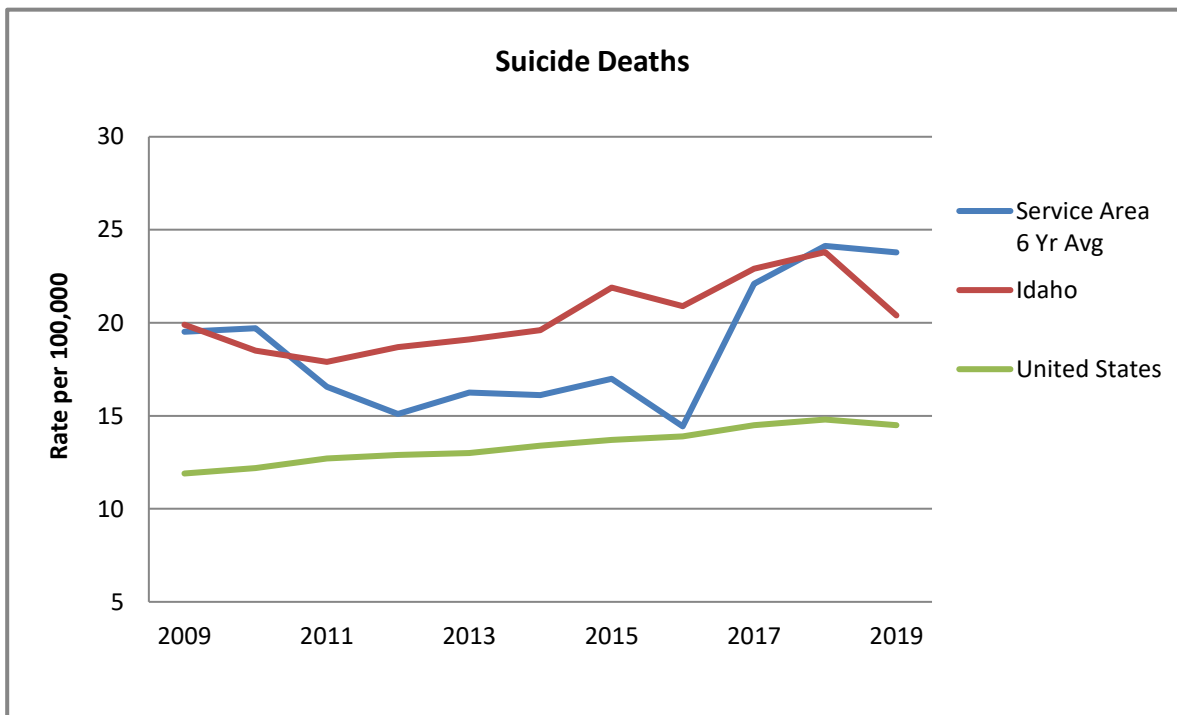
Health Factor Score				
Low score = Low potential for health impact		High score = High potential for health impact		
	Trend	Severity	Magnitude	Total Score
Mental Illness	-1	1	2	2

- **Deaths by Suicide**

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

The national suicide rate for males is about four times higher than the rate for females. U.S. male veterans are twice as likely to die by suicide as males without military service. Many suicides can be prevented by ensuring people are aware of warning signs, risk factors, and protective factors.<sup>107</sup>

The suicide death rate per 100,000 people in Idaho was 20.4 in 2019 which is about 30% higher than the national average rate of 14.5. The suicide rate in our service area, Idaho, and the nation has been trending up slightly.<sup>108</sup>



Health Factor Score				
Low score = Low potential for health impact		High score = High potential for health impact		
	Trend	Severity	Magnitude	Total Score
<b>Suicide Deaths</b>	<b>2</b>	<b>2</b>	<b>-1</b>	<b>3</b>

<sup>107</sup> CDC, <https://www.cdc.gov/suicide/suicide-data-statistics.html>

<sup>108</sup> Idaho Vital Statistics Annual Reports, Years 2009 - 2019, National Vital Statistics Report - Deaths: Data 2019

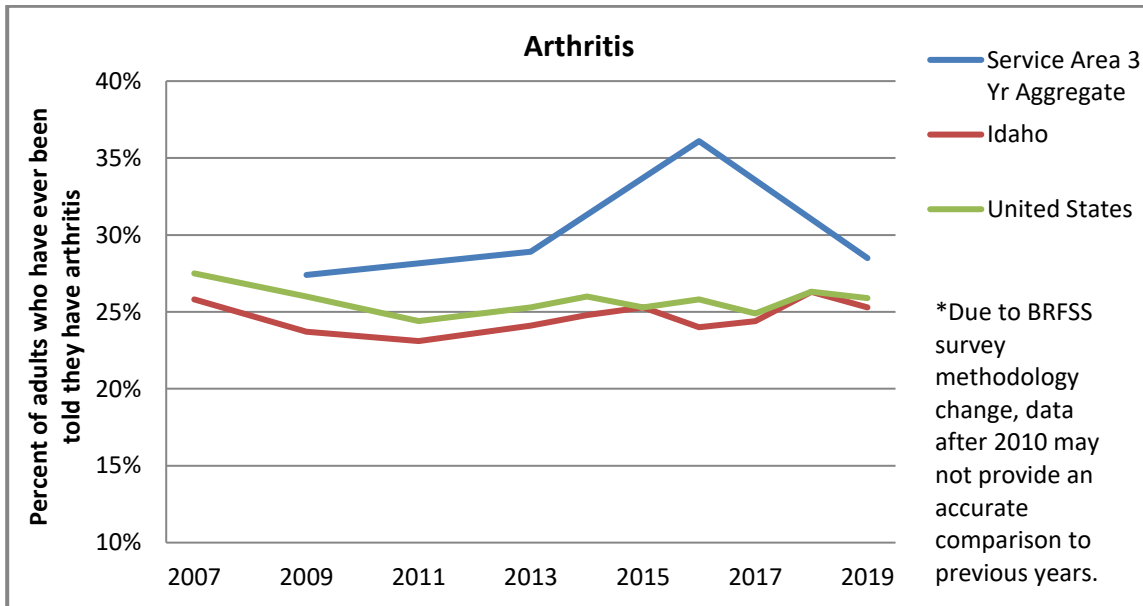
## Chronic Disease Management

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

- **Arthritis**

Idaho residents with incomes below \$35,000 per year were more likely to have arthritis than those with incomes of \$35,000 or higher (32% compared with 20%). Hispanics were significantly less likely than non-Hispanics to have been diagnosed with arthritis (10.8% compared with 24.5%). Females 65+ were more likely to have arthritis compared to males 65+ (52.8% compared with 41.6%).<sup>109</sup>

In 2019, about 26% of Idaho adults had ever been told by a medical professional that they had arthritis. The prevalence of arthritis in our service area is slightly above the national average and the trend is slightly increasing.<sup>110</sup>



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

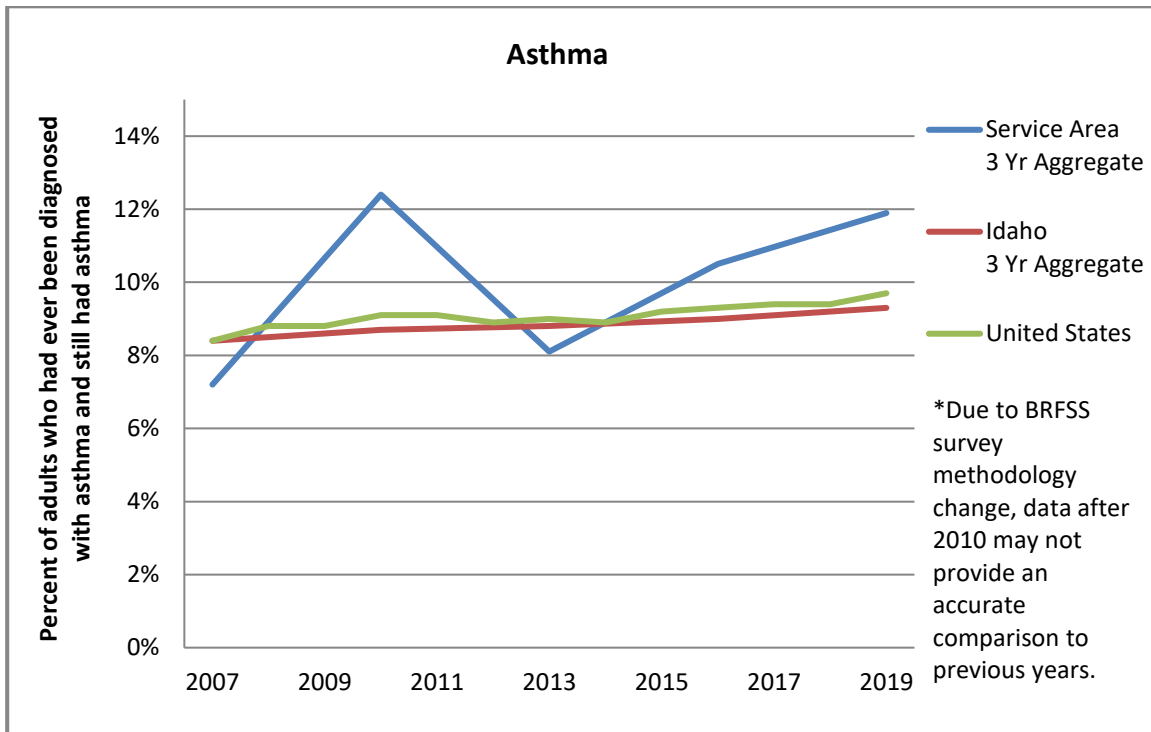
<sup>109</sup> Ibid

<sup>110</sup> Idaho and National 2011 - 2020 Behavioral Risk Factor Surveillance System

- **Asthma**

Asthma is a long-term disease that cannot be cured. The goal of asthma treatment is to control the disease. To control asthma, it is recommended people partner with their provider to create an action plan that avoids asthma triggers and includes guidance on when to take medications or to seek emergency care.<sup>111</sup>

The percentage of people with asthma in our service area is above the national average and the trend is increasing.<sup>112</sup>



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

<sup>111</sup> [http://www.nhlbi.nih.gov/health//dci/Diseases/Asthma/Asthma\\_Treatments.html](http://www.nhlbi.nih.gov/health//dci/Diseases/Asthma/Asthma_Treatments.html)

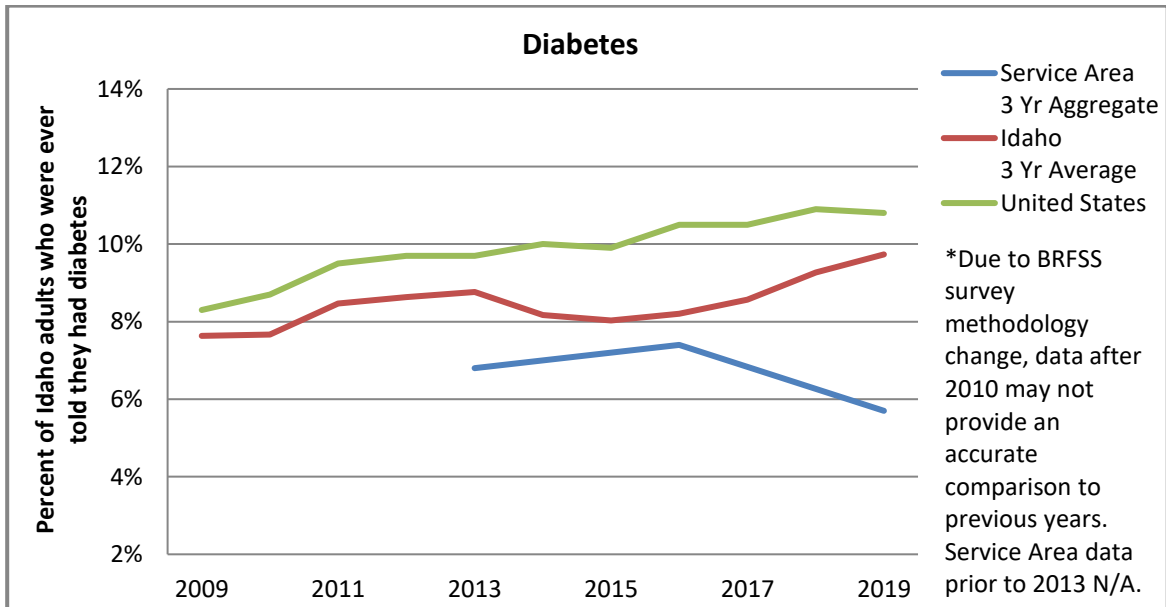
<sup>112</sup> Idaho and National 2011 - 2020 Behavioral Risk Factor Surveillance System

- **Diabetes**

Diabetes was the nation’s seventh-leading cause of death in 2019. Those with diabetes are twice as likely to have heart disease or a stroke than those without diabetes. Diabetes can also contribute to high blood pressure, kidney disease, blindness, and can result in limb amputation or death. Direct medical costs for type 2 diabetes were estimated to exceed \$327 billion in 2017 in the U.S. Studies indicate that the onset of type 2 diabetes can be prevented through maintaining a healthy weight, increased physical activity, and improving dietary choices. Diabetes can be managed through regular monitoring, following a physician-prescribed care regimen and healthy lifestyle such as not smoking, healthy diet, maintaining a healthy weight and participating in regular physically activity.<sup>113</sup>

About 5.7% of the people in our service area report that they have been told they have diabetes, which is well below the national average. The trend is flat.<sup>114</sup>

Those with lower income less than \$25,000 have higher rates of diabetes than those with higher income levels. Those with a high school diploma or less education were significantly more likely to have diabetes than college graduates. Seniors age 65+ have the highest rate of diabetes.<sup>115</sup>

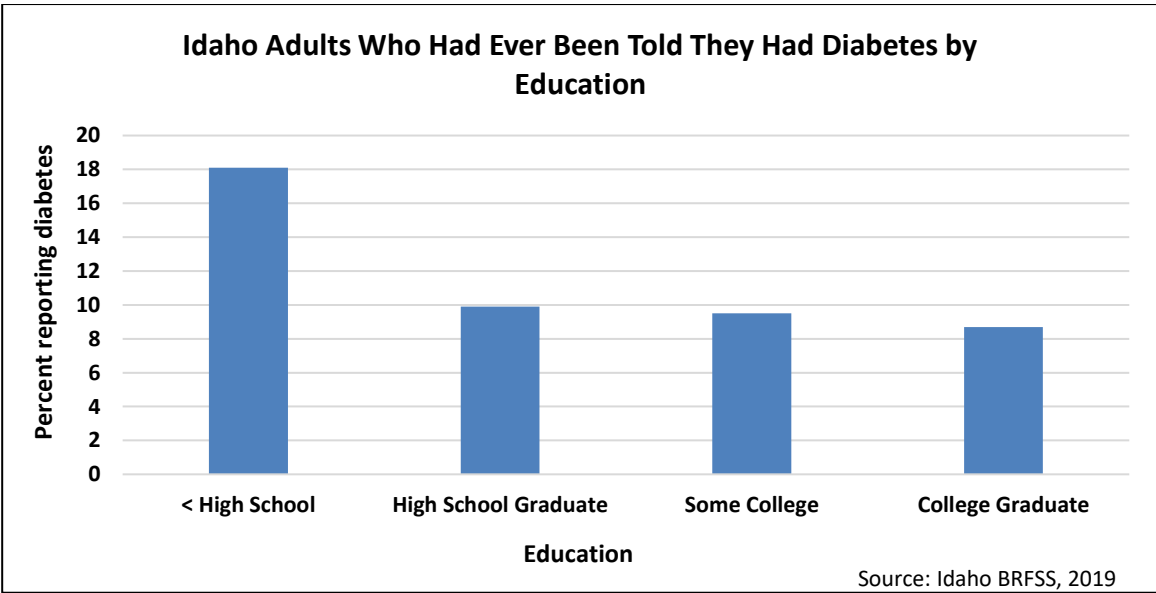
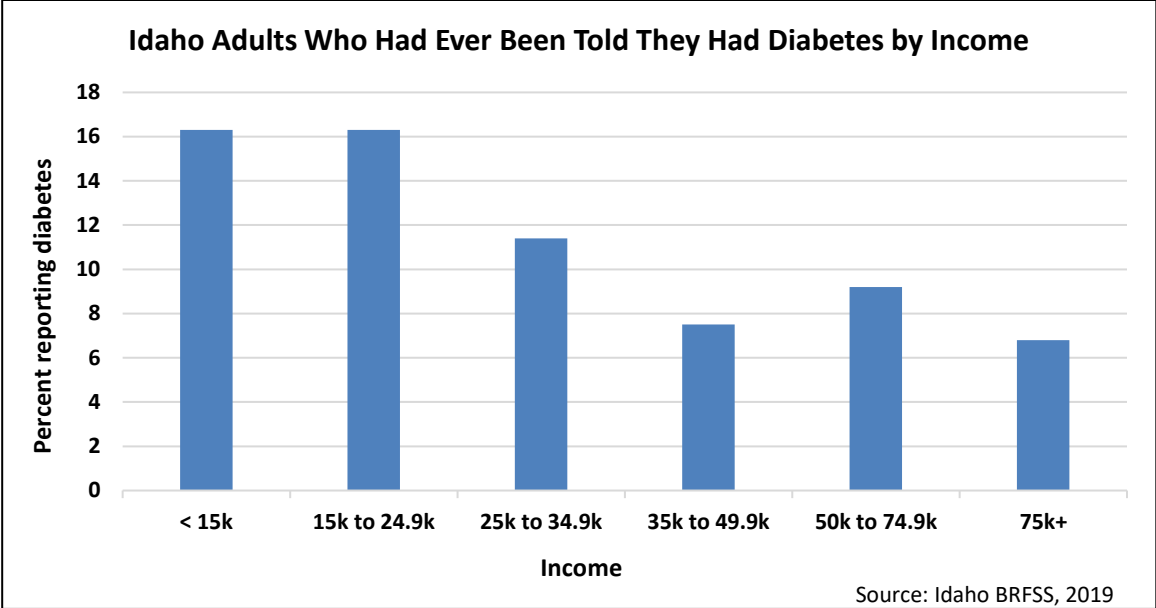


<sup>113</sup> America's Health Rankings analysis of CDC, Behavioral Risk Factor Surveillance System, United Health Foundation, AmericasHealthRankings.org, Accessed 2020

<sup>114</sup> America's Health Rankings 2012 - 2020, www.americashealthrankings.org

<sup>115</sup> America's Health Rankings 2006 - 2020, www.americashealthrankings.org





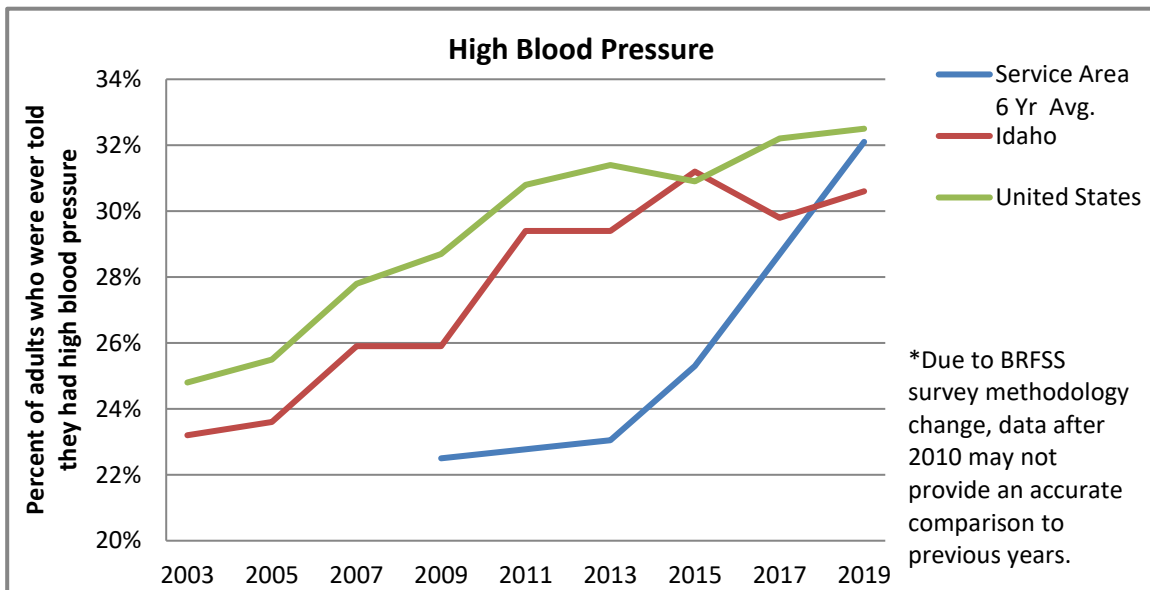
Health Factor Score				
Low score = Low potential for health impact		High score = High potential for health impact		
	Trend	Severity	Magnitude	Total Score
Diabetes	-2	1	2	1

- **High Blood Pressure**

The incidence of high blood pressure in the U.S. has continued to rise steadily over time. Currently, about one in every three Americans suffers from high blood pressure. High blood pressure is a major risk factor for heart disease, stroke, congestive heart failure, and kidney disease. Healthy blood pressure may be maintained by combining lifestyle changes, such as diet and exercise, with prescribed medications.<sup>116</sup>

Blood pressure rates in our service area are about the same as the national level. The trend is significantly increasing.<sup>117</sup>

Those with incomes below \$50,000 per year were significantly more likely to have been told they had high blood pressure than those with annual incomes of \$50,000 or more. Males and those 65+ reported significantly higher blood pressure than females and other age groups.<sup>118</sup>



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

<sup>116</sup> America's Health Rankings analysis of CDC, Behavioral Risk Factor Surveillance System, United Health Foundation, AmericasHealthRankings.org, Accessed 2020

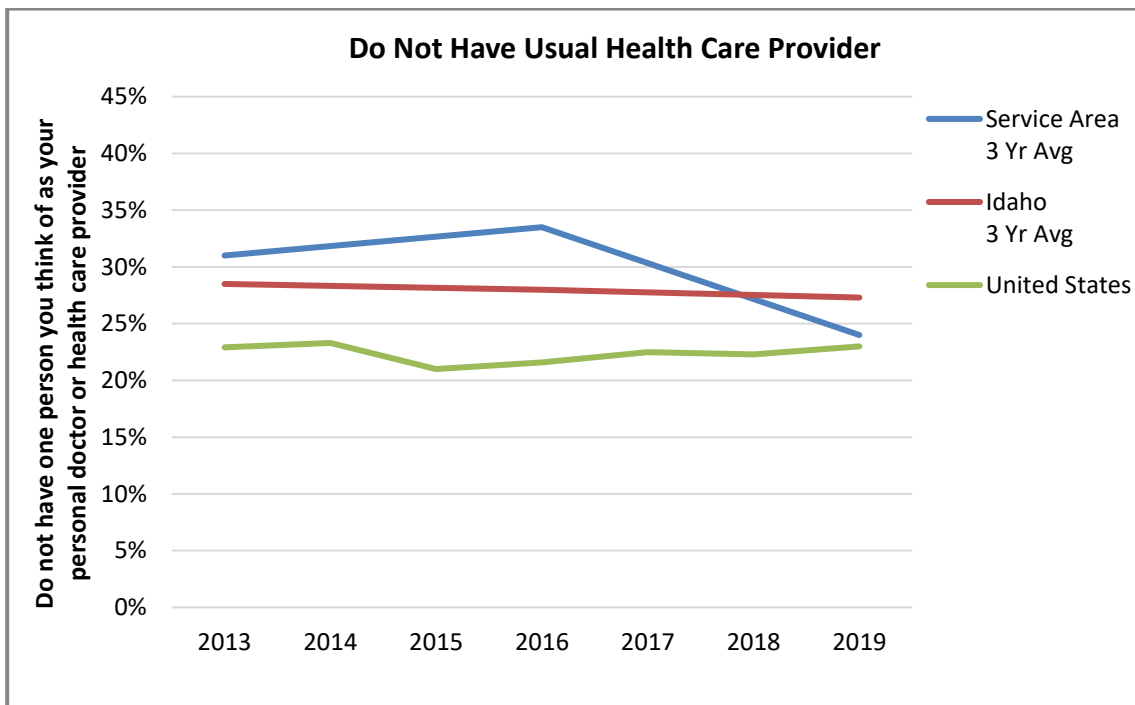
<sup>117</sup> America's Health Rankings 2008 - 2020, www.americashealthrankings.org

<sup>118</sup> Ibid

- **Medical Home**

Today's medical home is a cultivated partnership between the patient, family, and primary provider in cooperation with specialists and support from the community. The patient/family is the focal point of this model, and the medical home is built around this center. Care under the medical home model must be accessible, family-centered, continuous, comprehensive, coordinated, compassionate, and culturally effective.<sup>119</sup> One way to measure progress in the development of the medical home model is to study the percentage of people who do not have one person they think of as their personal doctor.

The percentage of people in our service area without a usual health care provider is about the same as it is in the nation and the trend is decreasing.<sup>120</sup>



Health Factor Score				
Low score = Low potential for health impact		High score = High potential for health impact		
	Trend	Severity	Magnitude	Total Score
No Usual Health Care Provider	-2	1	1	0

<sup>119</sup> <http://www.hrsa.gov/healthit/toolbox/Childrenstoolbox/BuildingMedicalHome/whyimportant.html>

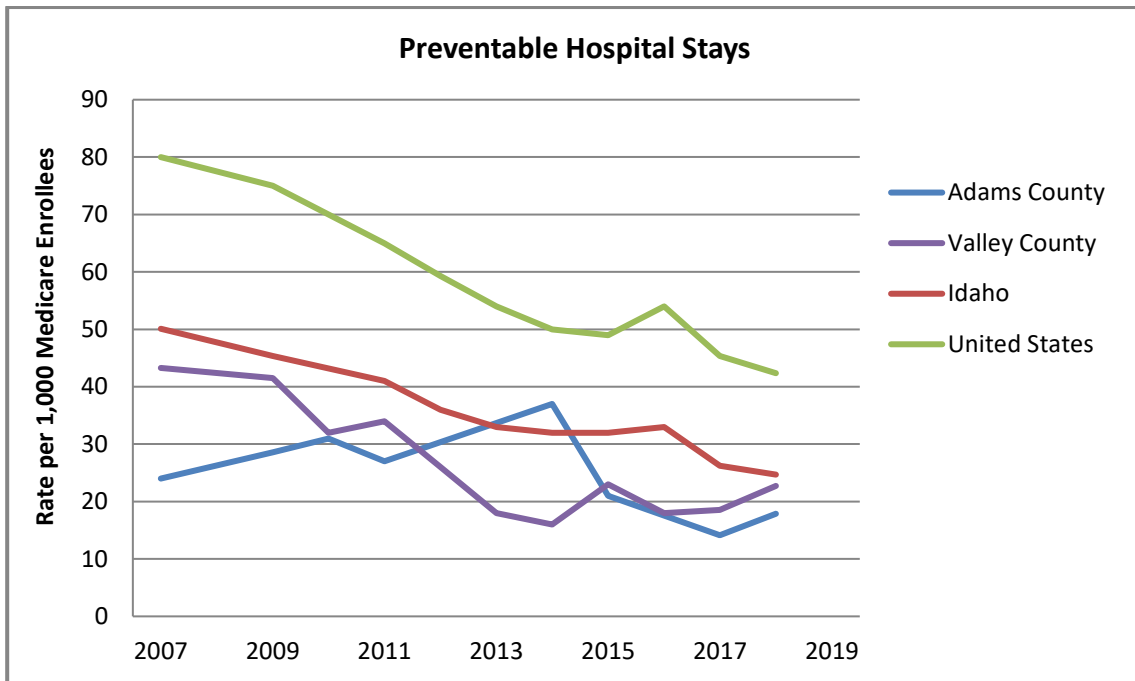
<sup>120</sup> Idaho and National 2014 – 2020 Behavioral Risk Factor Surveillance System

## Health Care Quality

- **Preventable Hospital Stays**

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

The rate of preventable hospital stays for our service area is significantly below (better than) the national average. The trend is also improving in our service area and nationally. This indicates a high level of health care quality in our service area. The national top 10<sup>th</sup> percentile rate is 26 per 100,000.<sup>121</sup>



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

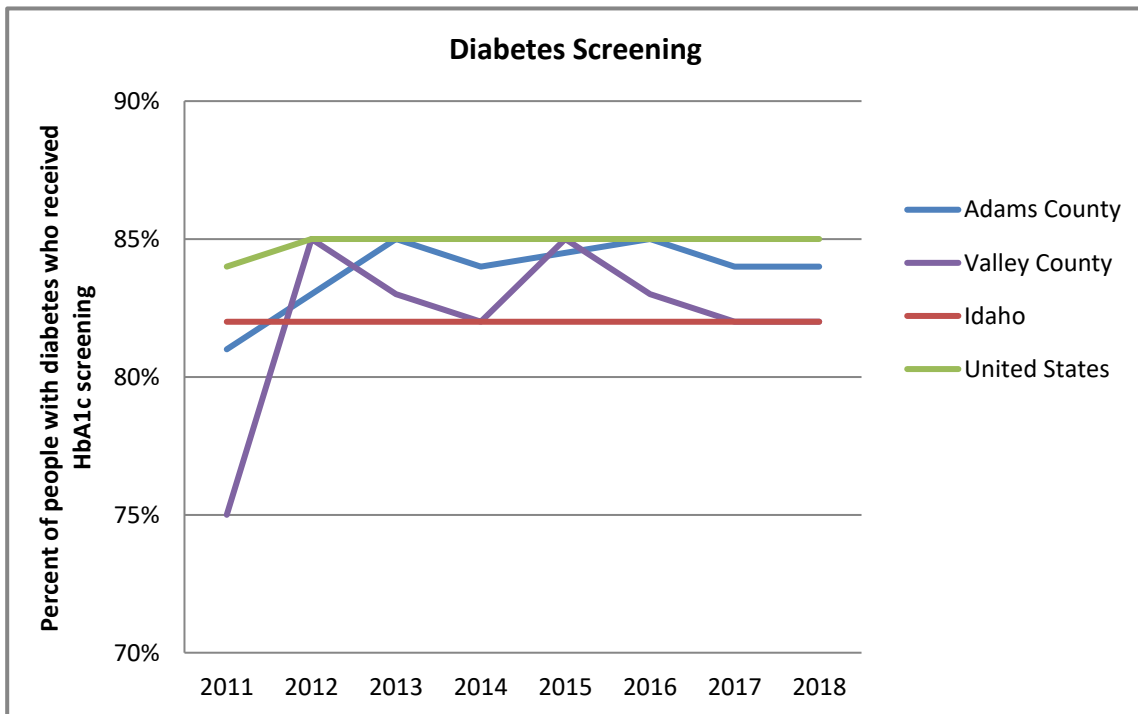
<sup>121</sup> University of Wisconsin Population Health Institute. *County Health Rankings 2006-2018*. Accessible at [www.countyhealthrankings.org](http://www.countyhealthrankings.org).

## Screening Programs

- **Diabetes Screening**

Diabetes screening encompasses the percent of diabetic Medicare enrollees receiving HbA1c screening. Regular HbA1c screening among diabetic patients is considered the standard of care. When high blood sugar, or hyperglycemia, is addressed and controlled, complications from diabetes can be delayed or prevented.<sup>122</sup>

The percent of people receiving HbA1c screening is slightly lower in our service area than in the nation. The trend for diabetes screening is flat nationally and in our service area.<sup>123</sup>



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

<sup>122</sup> University of Wisconsin Population Health Institute. *County Health Rankings 2018*. Accessible at [www.countyhealthrankings.org](http://www.countyhealthrankings.org).

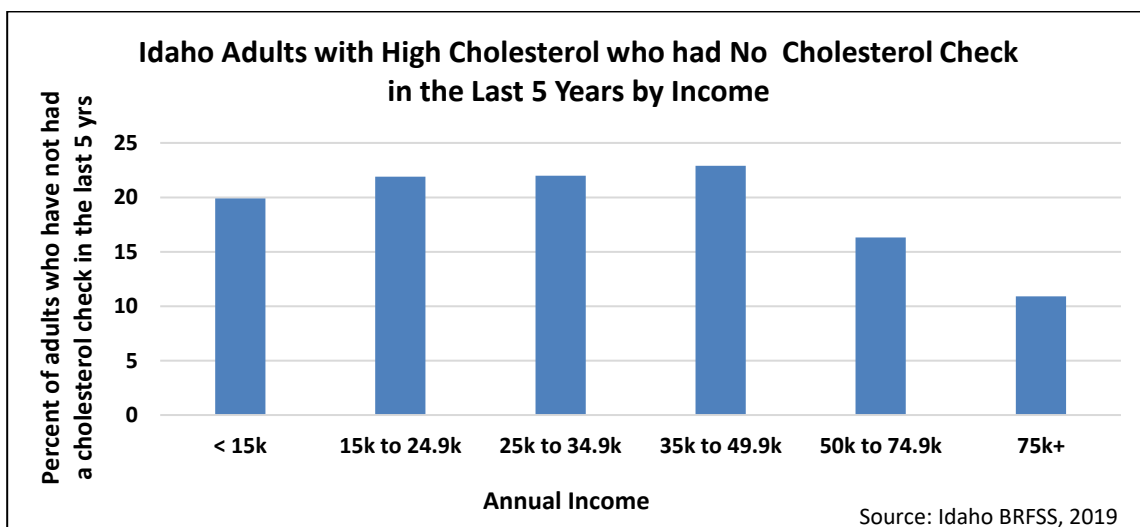
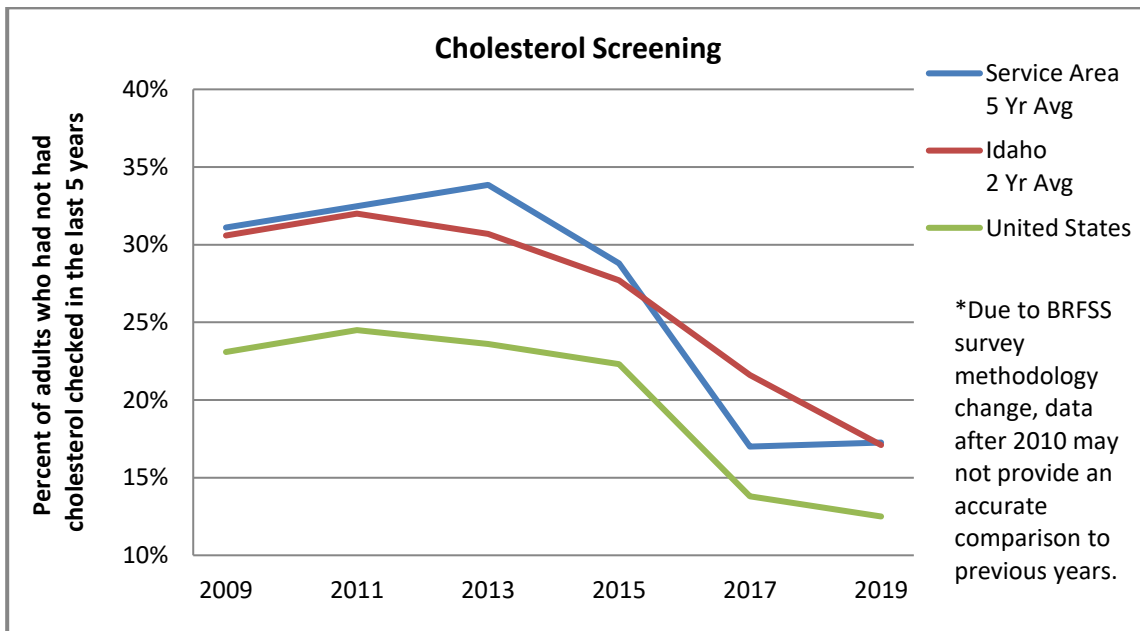
<sup>123</sup> Idaho and National 2010 - 2018 Behavioral Risk Factor Surveillance System

- **Cholesterol Screening**

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

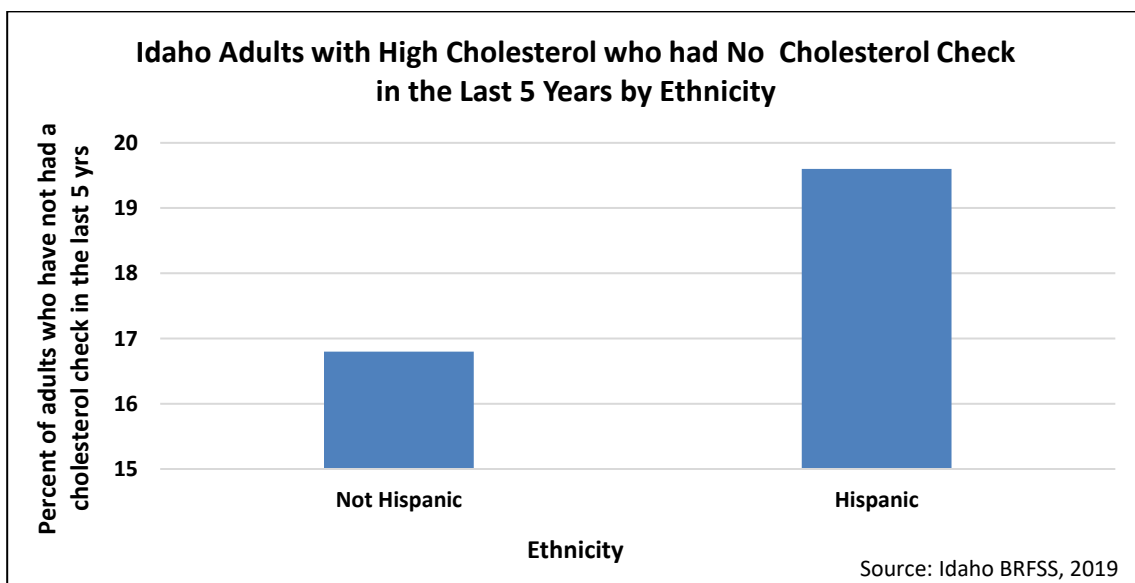
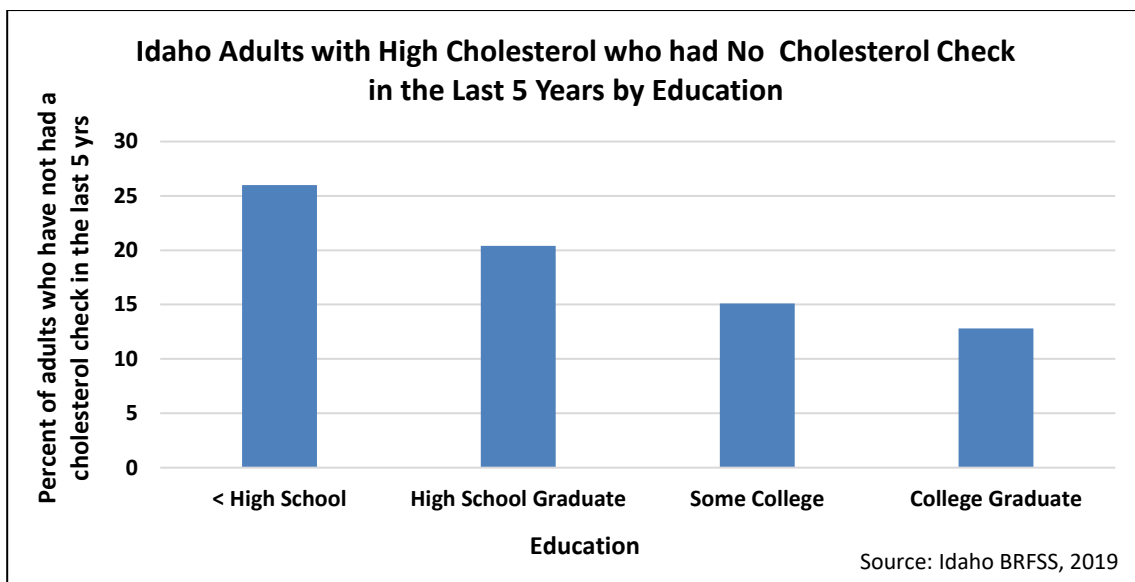
Our service area has a lower percent of people receiving cholesterol checks than the national average.<sup>124</sup>

People with lower incomes, those without college educations, and Hispanics are significantly less likely to have their cholesterol checked.<sup>125</sup>



<sup>124</sup> Idaho and National 2009 - 2019 Behavioral Risk Factor Surveillance System

<sup>125</sup> Ibid

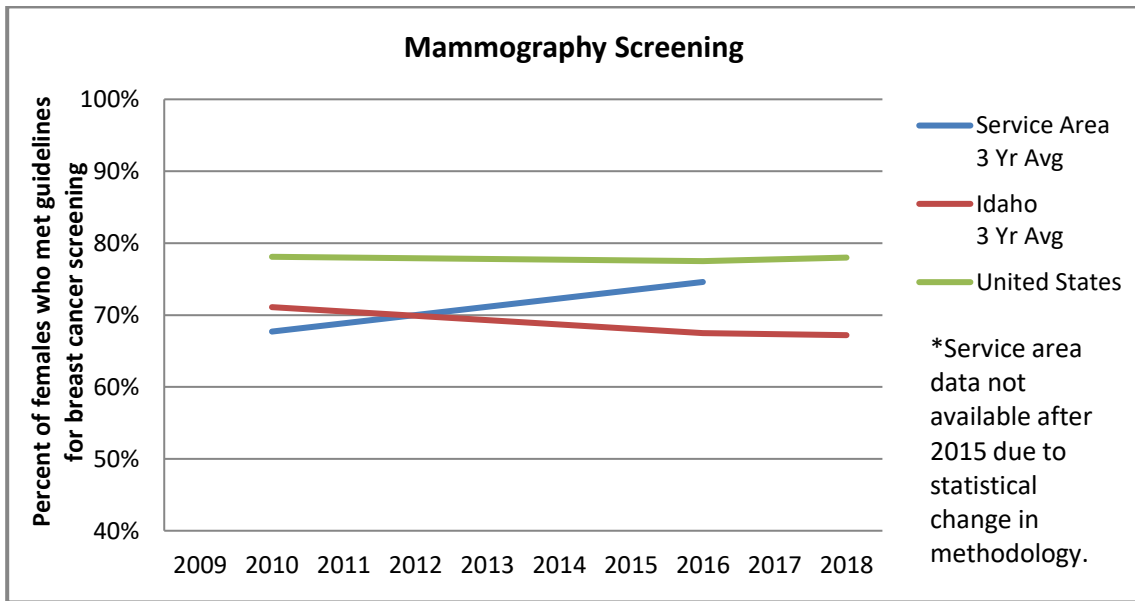


Health Factor Score				
Low score = Low potential for health impact		High score = High potential for health impact		
	Trend	Severity	Magnitude	Total Score
Cholesterol Screening	-2	1	-2	-3

- **Mammography Screening**

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

The percentage of women who were screened in our service area was lower than in the nation and has trended flat. Women with annual incomes of less than \$25,000 are significantly less likely to have had a mammogram.<sup>126</sup>



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

<sup>126</sup> Idaho and National 2010 - 2018 Behavioral Risk Factor Surveillance System

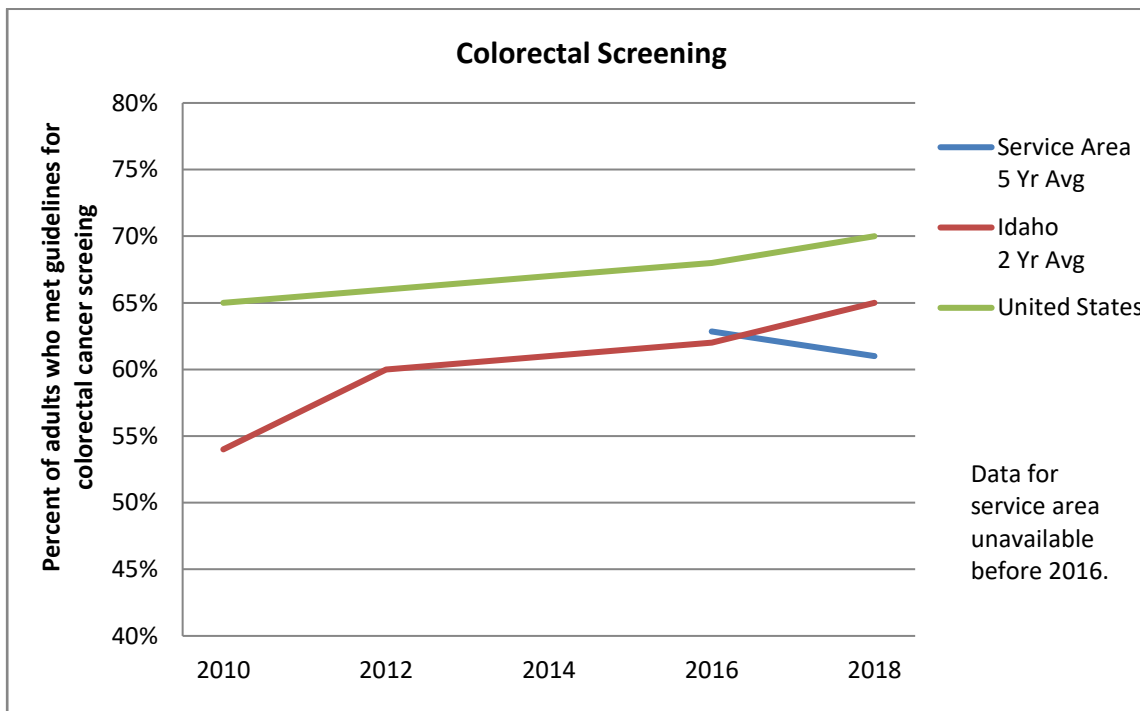


- **Colorectal Screening**

Colorectal cancer is the second-leading cause of cancer deaths and the third most common cancer in both men and women in the U.S. There is strong evidence that colorectal cancer screening reduces mortality by detecting cancer early when treatments are more effective. It is estimated that 20 to 24 colorectal cancer deaths can be averted for every 1,000 adults screened.<sup>127</sup>

The percent of people aged 50 or older receiving colorectal screening in our service area is below the nation. The trend has been improving for Idaho but is flat for our service area.<sup>128</sup>

People with annual incomes of less than \$25,000 are significantly less likely to have ever had a colonoscopy when compared to people with higher incomes or with a college education.<sup>129</sup>



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

<sup>127</sup> America's Health Rankings analysis of CDC, Behavioral Risk Factor Surveillance System, United Health Foundation, AmericasHealthRankings.org, Accessed 2020

<sup>128</sup> Idaho and National 2010 - 2018 Behavioral Risk Factor Surveillance System

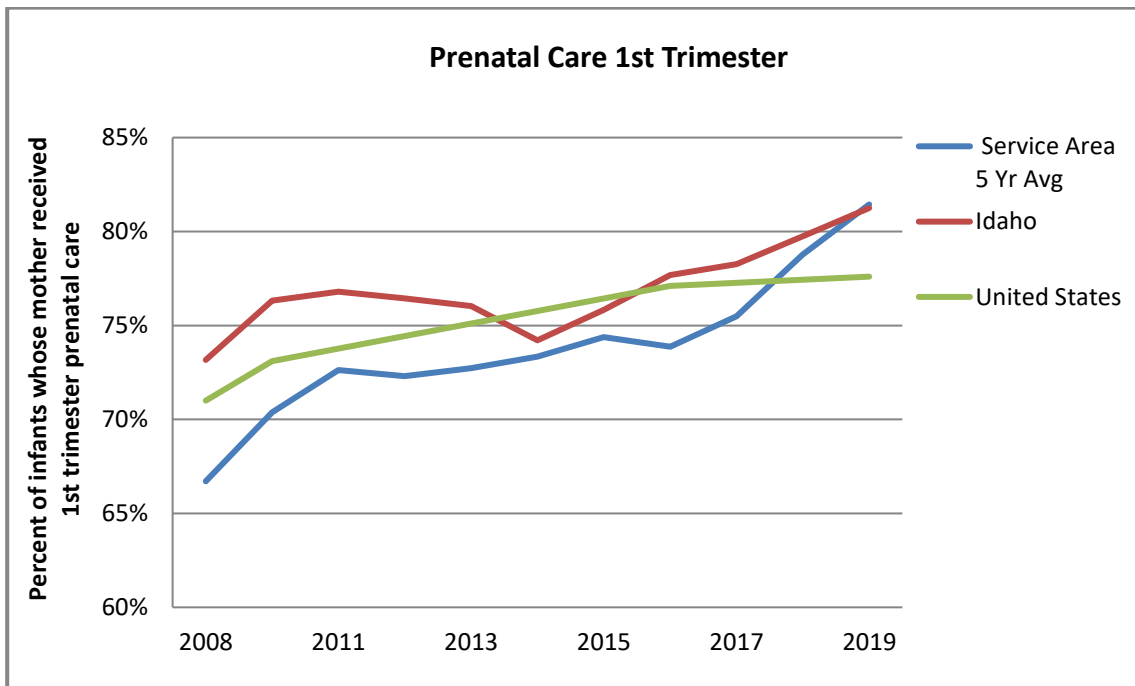
<sup>129</sup> Ibid.

## Prenatal Care Program

- **Prenatal Care Begun in First Trimester**

Prenatal care measures how early women are receiving the care they require for a healthy pregnancy and development of the fetus. Mothers who do not receive prenatal care are three times more likely to deliver a low birthweight baby than mothers who received prenatal care, and babies are five times more likely to die without that care. Early prenatal care allows health care providers to identify and address health conditions and behaviors that may reduce the likelihood of a healthy birth, such as smoking and drug and alcohol abuse.<sup>130</sup>

The percent of women in our service area who receive early prenatal care is 81.3%, which is higher than in the nation. The trend in our service area has been increasing.<sup>131</sup>



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

<sup>130</sup> America's Health Rankings analysis of CDC WONDER, Natality Public Use Files, United Health Foundation, AmericasHealthRankings.org, Accessed 2022.

<sup>131</sup> Idaho Vital Statistics Annual Reports, Years 2006 - 2019, National Vital Statistics Report - Deaths: Data 2019

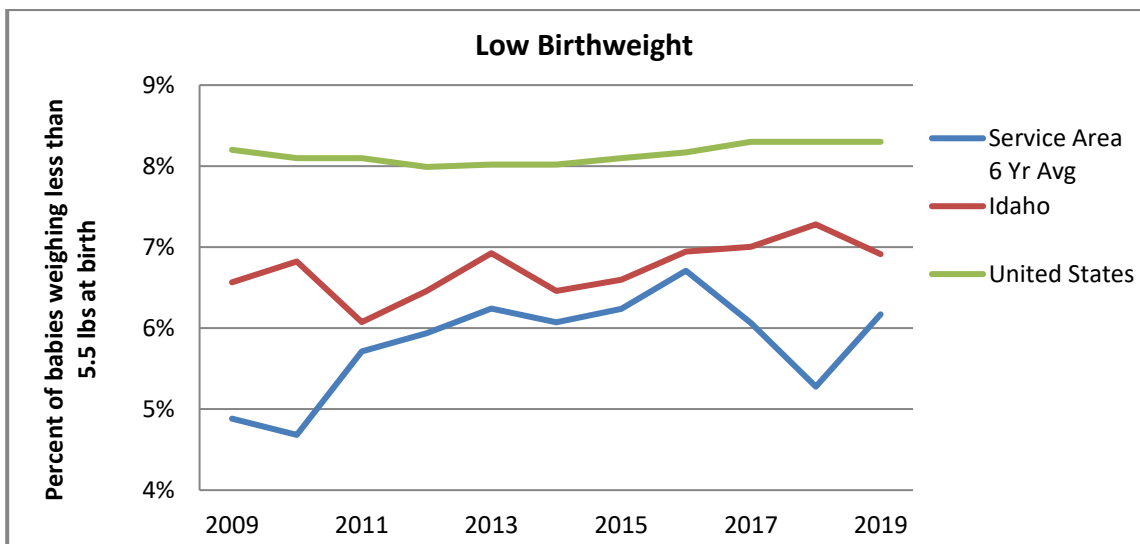
- **Low Birthweight**

Low birthweight is unique as a health outcome because it represents multiple factors: maternal exposure to health risks and the infant’s current and future morbidity, as well as premature mortality risk. The health associations and impacts of low birthweight on the child are numerous, including higher mortality, lower IQ, impaired language development, and chronic conditions during adulthood, i.e., obesity, diabetes, and cardiovascular disease.<sup>132</sup>

The percent of low birthweight babies in our service area is 6.2%, which is below (better than) the national average. This is a key indicator of future health. The national top 10<sup>th</sup> percentile for low birthweight is 6%.<sup>133</sup>

Low birthweight can be addressed in multiple ways, including:<sup>134</sup>

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



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

<sup>132</sup> University of Wisconsin Population Health Institute. *County Health Rankings 2019*. Accessible at [www.countyhealthrankings.org](http://www.countyhealthrankings.org).

<sup>133</sup> Idaho Vital Statistics Annual Reports, National Vital Statistics Report - Births: Data 2009 - 2019

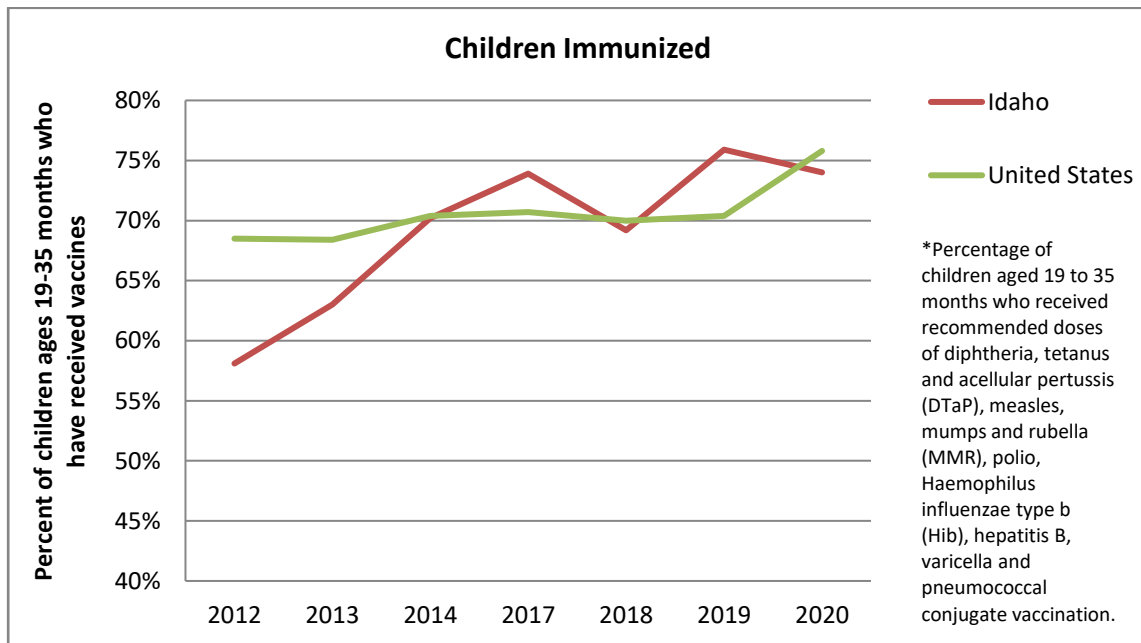
<sup>134</sup> America’s Health Rankings 2015-2018, [www.americashealthrankings.org](http://www.americashealthrankings.org)

## Immunization Program

- **Childhood Immunizations**

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

The immunization coverage measure used here is the average of the percentage of children ages 19 to 35 months who have received the following vaccinations: DTaP, polio, MMR, Hib, hepatitis B, varicella, and PCV. The immunization rate in Idaho has been improving and is about the same as the nation.<sup>135</sup>



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

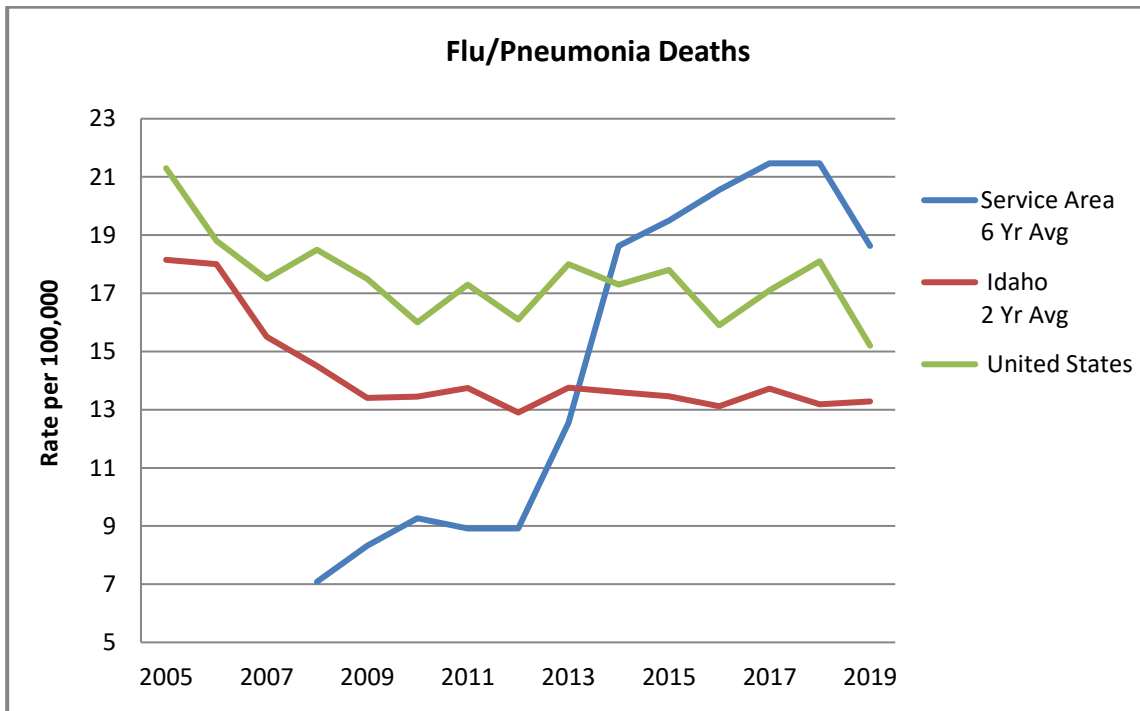
<sup>135</sup> America's Health Rankings 2015-2018, [www.americashealthrankings.org](http://www.americashealthrankings.org)

- **Influenza and Pneumonia**

Influenza is a contagious respiratory illness caused by influenza viruses that infect the nose, throat, and lungs. It can cause mild to severe illness, and at times can lead to death. The best way to prevent the flu is by getting a flu vaccination each year.<sup>136</sup>

Pneumonia is an infection of the lungs that is usually caused by bacteria or viruses. Globally, pneumonia causes more deaths than any other infectious disease. However, it can often be prevented with vaccines and can usually be treated with antibiotics or antiviral drugs. People with health conditions, like diabetes and asthma, should be encouraged to get vaccinated against the flu and bacterial pneumonia.<sup>137</sup>

Influenza and Pneumonia are one of the top 10 causes of death in the nation and Idaho. The death rate from flu and pneumonia have been increasing in our service area and is higher than the national average.<sup>138</sup>



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

<sup>136</sup> <https://www.cdc.gov/flu/prevent/keyfacts.htm>

<sup>137</sup> <https://www.cdc.gov/pneumonia/>

<sup>138</sup> Idaho Vital Statistics Annual Reports, Years 2000 - 2016, National Vital Statistics Report - Deaths: Data 2016

## Social and Economic Factors

### Academic Achievement

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

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

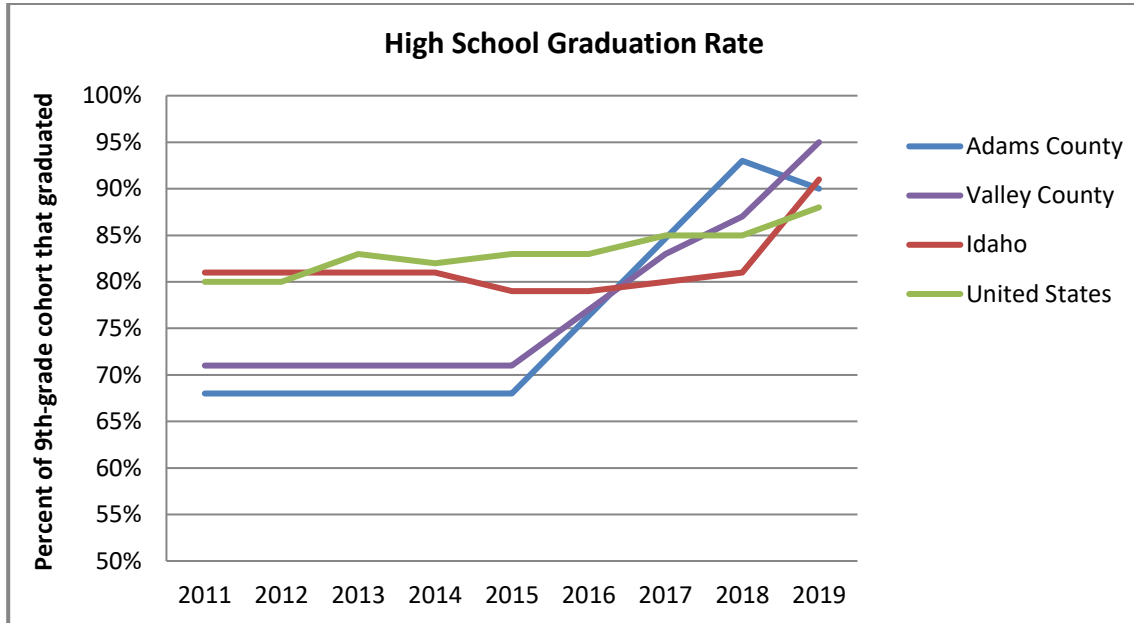
Equitable access to early learning opportunities is a key social determinant of health and foundational to individual and community wellbeing. Poverty, lack of healthcare, and food and housing insecurity create significant challenges for families to afford pre-school and full-day kindergarten.<sup>139</sup>

---

<sup>139</sup> Idaho's Early Childhood Care and Education Strategic Plan, 2020

- **High School Graduation Rate**

The high school graduation rate for our service area is slightly above the national average and the trend is increasing.<sup>140</sup>

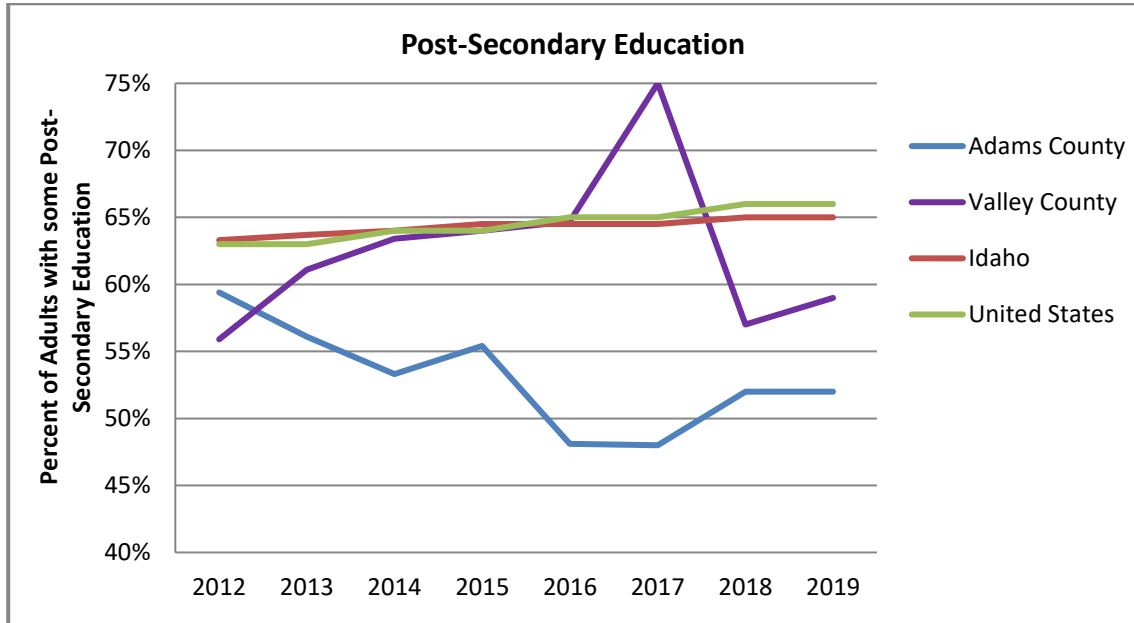


Health Factor Score				
	Low score = Low potential for health impact	High score = High potential for health impact		
	Trend	Severity	Magnitude	Total Score
High School Graduation Rate	-1	0	1	0

<sup>140</sup> University of Wisconsin Population Health Institute. *County Health Rankings 2011-2019*. Accessible at [www.countyhealthrankings.org](http://www.countyhealthrankings.org).

- **Some College**

Post-secondary education for our service area is below the national average and the trend is decreasing.<sup>141</sup>



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

<sup>141</sup> Ibid

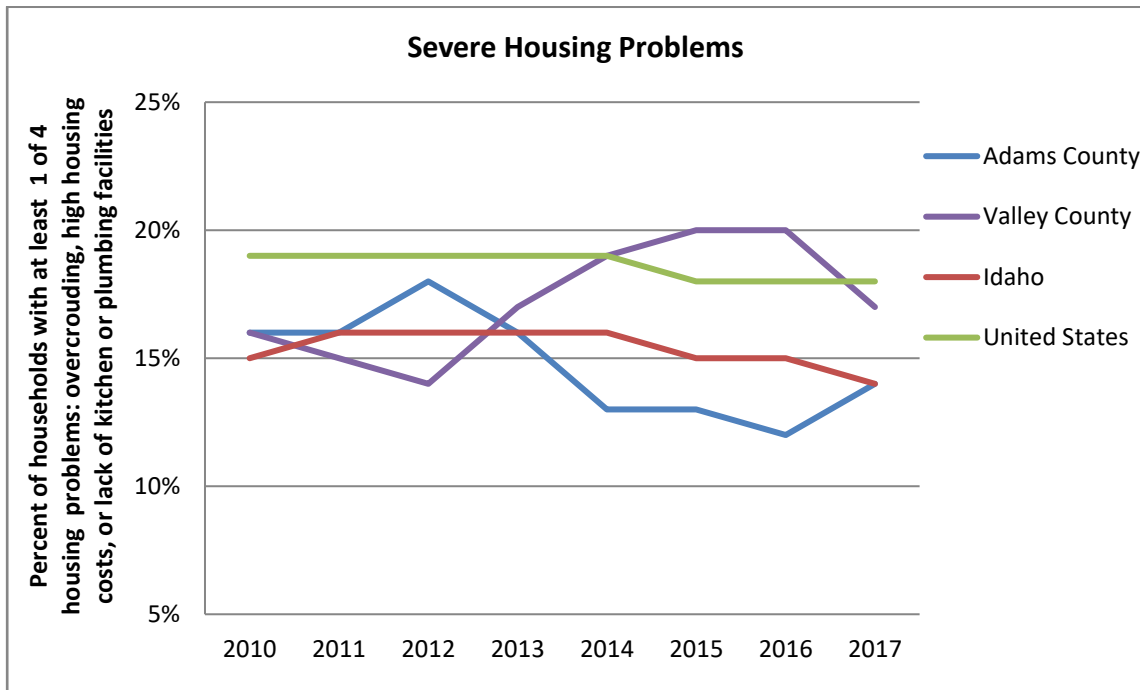


## Housing Stability

The U.S. Census Bureau "CHAS" data (Comprehensive Housing Affordability Strategy), demonstrate the extent of housing problems and housing needs, particularly for low-income households. There are four housing problems tracked in the CHAS data: 1) housing unit lacks complete kitchen facilities; 2) housing unit lacks complete plumbing facilities; 3) household is severely overcrowded; and 4) household is severely cost burdened. A household is said to have a severe housing problem if they have 1 or more of these 4 problems. Severe overcrowding is defined as more than 1.5 persons per room. Severe cost burden is defined as monthly housing costs (including utilities) that exceed 50% of monthly income.<sup>142</sup>

- **Severe Housing Problems**

Idaho and our service area have a slightly lower percentage of housing problems than the national average.<sup>143</sup>



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

<sup>142</sup> Office of Policy Development and Research (PD&R). [https://www.huduser.gov/portal/datasets/cp/CHAS/bg\\_chas.html](https://www.huduser.gov/portal/datasets/cp/CHAS/bg_chas.html)

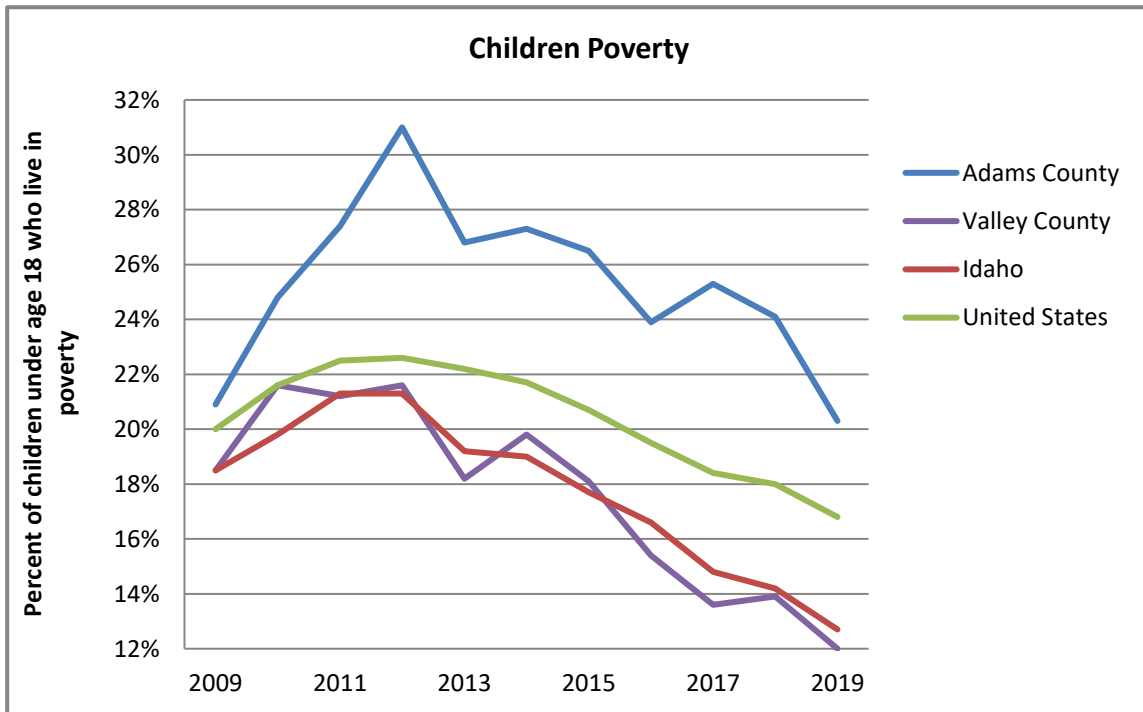
<sup>143</sup> University of Wisconsin Population Health Institute. *County Health Rankings 2009-2019*. Accessible at [www.countyhealthrankings.org](http://www.countyhealthrankings.org).

## Services for Children and Families Experiencing Adversity

- **Children in Poverty**

Income and financial resources enable individuals to obtain health insurance, pay for medical care, afford healthy food, safe housing, and access other basic goods. A 1990s study showed that if poverty were considered a cause of death in the United States, it would have ranked among the top 10. Data on children in poverty is used from the Census' Current Population Survey (CPS) Small Area Income and Poverty Estimates (SAIPE).<sup>144</sup>

The prevalence of children in poverty in Valley County is well below the national average, but for Adams County it is above the national average. The trend is decreasing both nationally and in our service area.<sup>145</sup>



Health Factor Score				
Low score = Low potential for health impact		High score = High potential for health impact		
	Trend	Severity	Magnitude	Total Score
Children in Poverty	1	1	1	3

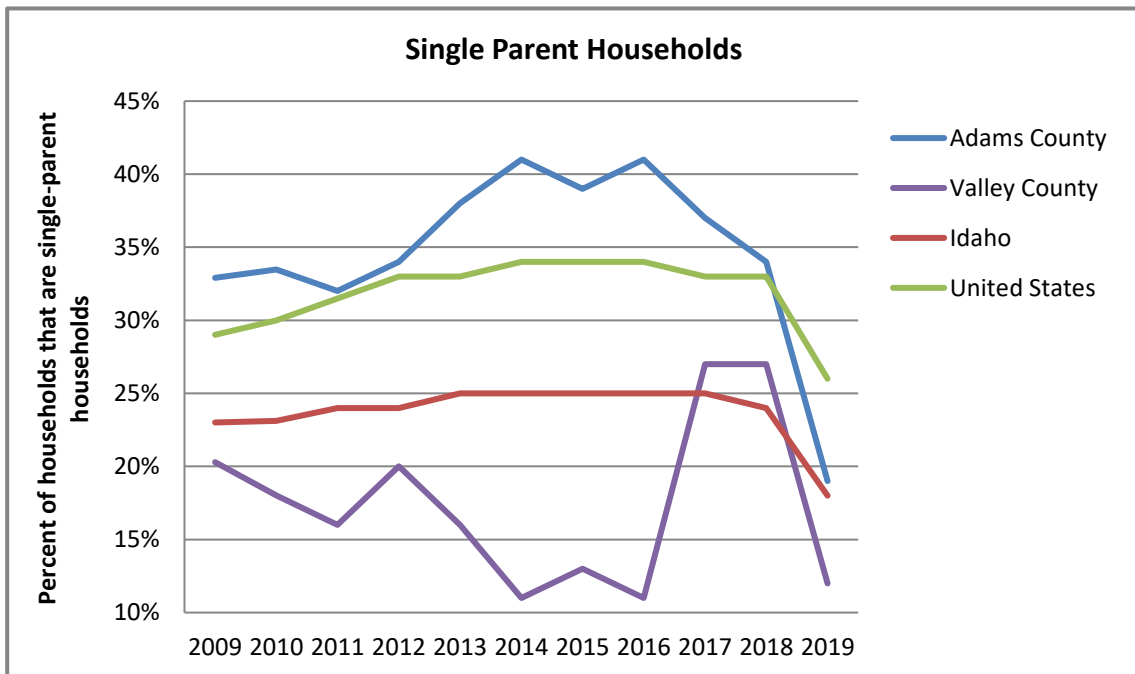
<sup>144</sup>Small Area Income and Poverty Estimates (SAIPE). [https://www.census.gov/data-tools/demo/saie/#/?map\\_geoSelector=aa\\_c&s\\_state=16&s\\_year=2019](https://www.census.gov/data-tools/demo/saie/#/?map_geoSelector=aa_c&s_state=16&s_year=2019).

<sup>145</sup> University of Wisconsin Population Health Institute. *County Health Rankings 2012-2018*. Accessible at [www.countyhealthrankings.org](http://www.countyhealthrankings.org).

- **Children in Single Parent Household**

Adults and children in single-parent households are at risk for both adverse health outcomes such as mental health problems (including substance use disorder, depression, and suicide) and unhealthy behaviors (including smoking and excessive alcohol use). Not only is self-reported health worse among single parents, but mortality risk also is higher. Likewise, children in these households also experience increased risk of severe morbidity and all-cause mortality.<sup>146</sup>

The percent of people living in single parent households is well below the national average for Valley and Adams counties.<sup>147</sup>



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

<sup>146</sup> Ibid

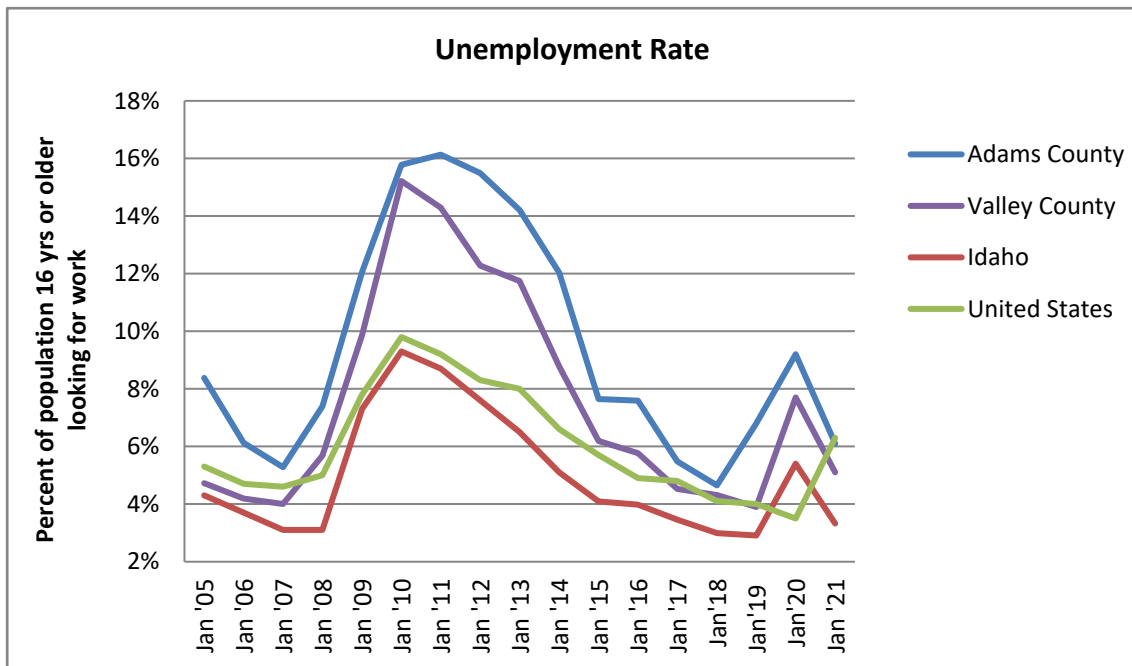
<sup>147</sup> Ibid

## Individual Economic Stability

- **Unemployment**

For the majority of people, employers are their source of health insurance and employment is the way they earn income for sustaining a healthy life and for accessing healthcare. Numerous studies have documented an association between employment and health. Unemployment may lead to physical health responses ranging from self-reported physical illness to mortality, especially deaths by suicide. It has also been shown to lead to an increase in unhealthy behaviors related to alcohol and tobacco consumption, diet, exercise, and other health-related behaviors, which in turn can lead to increased risk for disease or mortality.<sup>148</sup>

The unemployment rate in Idaho and our service area has been trending down since 2011 and is about the same as the national rate for Adams County and slightly below for Valley County.<sup>149</sup>



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

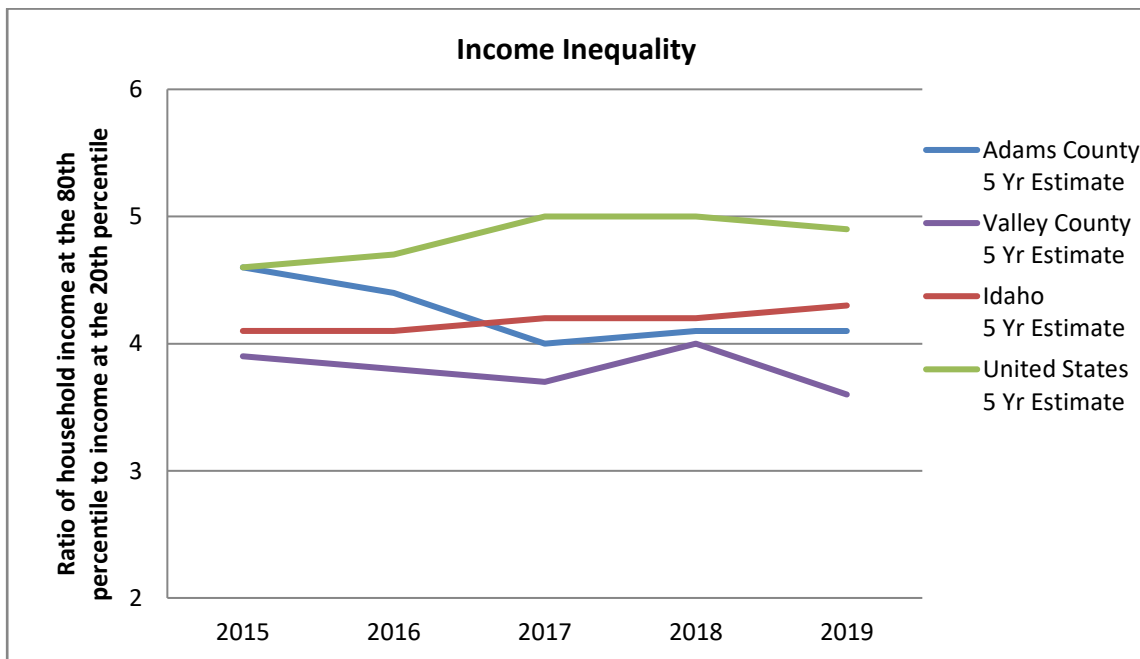
<sup>148</sup> National Source: National Bureau of Labor Statistics, [www.bls.gov](http://www.bls.gov). Idaho Source: Idaho Department of Labor [www.bls.gov](http://www.bls.gov)

<sup>149</sup> University of Wisconsin Population Health Institute. *County Health Rankings 2002-2021*. Accessible at [www.countyhealthrankings.org](http://www.countyhealthrankings.org).

- **Income Inequality**

Income inequality can have broad health impacts, including increased risk of mortality, poor health, and increased cardiovascular disease risks.<sup>150</sup> When the incomes of all households in a county are listed from highest to lowest, the 80th percentile is the level of income at which only 20% of households have higher incomes, and the 20th percentile is the level of income at which only 20% of households have lower incomes. A higher inequality ratio indicates greater division between the top and bottom ends of the income spectrum.

The rate of income inequality is below (better than) the national average for our service area. The trend is flat for our service area and Idaho.<sup>151</sup>



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

<sup>150</sup> Pickett KE, Wilkinson RG. Income inequality and health: a causal review. *Social Science & Medicine*. 2015; 128: 316-326.

<sup>151</sup> University of Wisconsin Population Health Institute. *County Health Rankings 2015-2019*. Accessible at [www.countyhealthrankings.org](http://www.countyhealthrankings.org).

## Food/Nutrition Security

- **Food Environment Index**

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

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

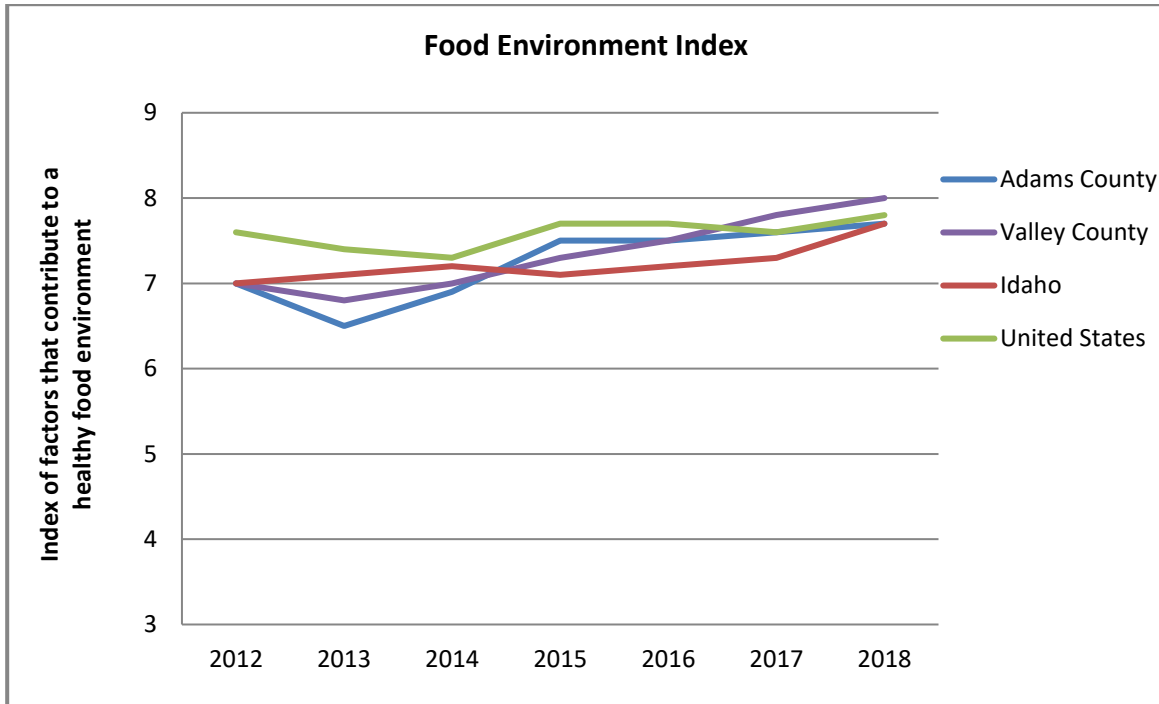
There are many facets to a healthy food environment. This measure considers both the community and consumer nutrition environments. It includes access in terms of the distance an individual lives from a grocery store or supermarket. There is strong evidence that residing in a “food desert” is correlated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

Additionally, low income can be another barrier to healthy food access. Food insecurity, the other food environment measure included in the index, attempts to capture the access issue by gaining a better understanding of the barrier of cost. Lacking constant access to food is related to negative health outcomes such as weight-gain and premature mortality. In addition to asking about having a constant food supply in the past year, the module also addresses the ability of individuals and families to provide balanced meals further addressing barriers to healthy eating. The consumption of fruits and vegetables is important, but it may be equally important to have adequate access to a constant food supply.<sup>152</sup>

---

<sup>152</sup> University of Wisconsin Population Health Institute. *County Health Rankings 2012-2018*. Accessible at [www.countyhealthrankings.org](http://www.countyhealthrankings.org).

The food environment index level for our service area and Idaho are about the same as the national average. An index level of 8.7 or above is the top 10% nationally.<sup>153</sup>



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

<sup>153</sup> University of Wisconsin Population Health Institute. *County Health Rankings 2012-2018*. Accessible at [www.countyhealthrankings.org](http://www.countyhealthrankings.org).

## Social Support

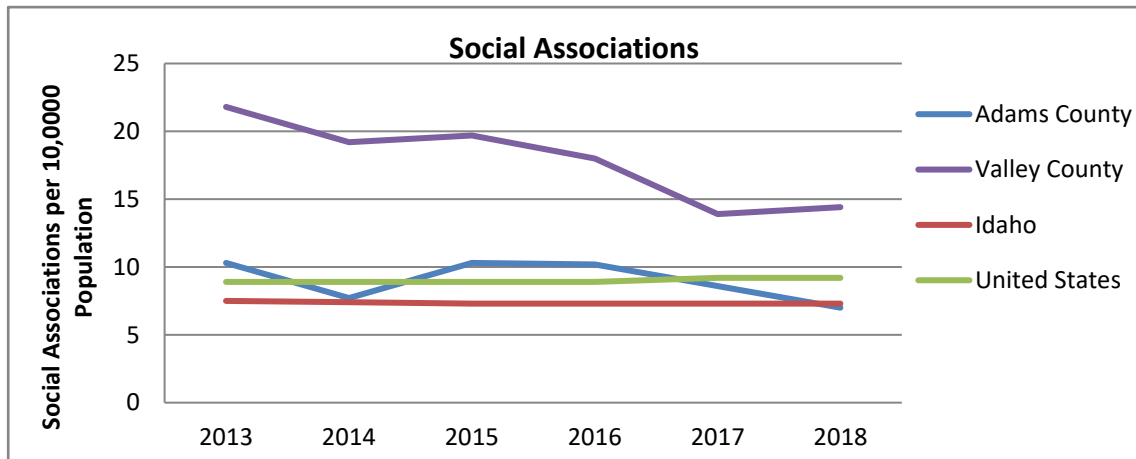
- **Inadequate Social Support**

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

The association between socially isolated individuals and poor health outcomes has been well-established in the literature. One study found that the magnitude of risk associated with social isolation is similar to the risk of cigarette smoking for adverse health outcomes.<sup>154</sup>

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

Social associations per 10,000 population in Valley County is above the national average and slightly below the national average in Adams County.<sup>155</sup>



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

<sup>154</sup> University of Wisconsin Population Health Institute. *County Health Rankings 2013-2018*. Accessible at [www.countyhealthrankings.org](http://www.countyhealthrankings.org).

<sup>155</sup> Ibid



## Community Safety

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

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

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

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

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

Injuries generate \$794 billion in lifetime medical costs and lost productivity every year. Communities can help protect their residents by adopting and implementing policies and programs to prevent accidents and violence.<sup>156</sup>

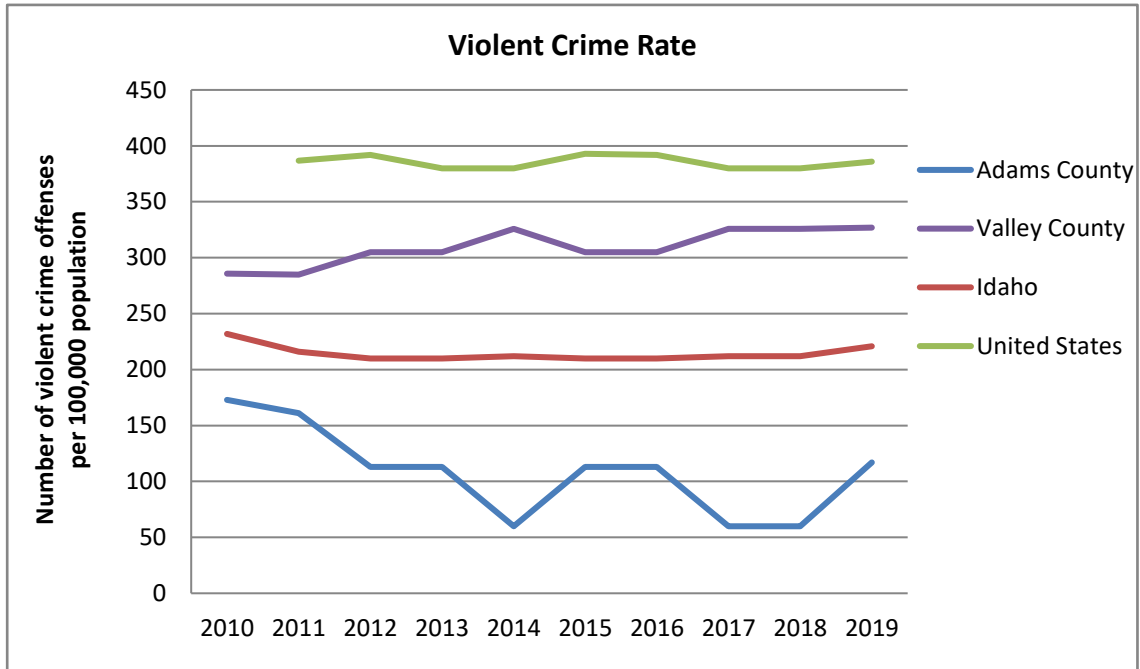
---

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

- **Violent Crime**

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

Violent crime rates in Idaho and our service area are lower (better) than the national average.<sup>157</sup>

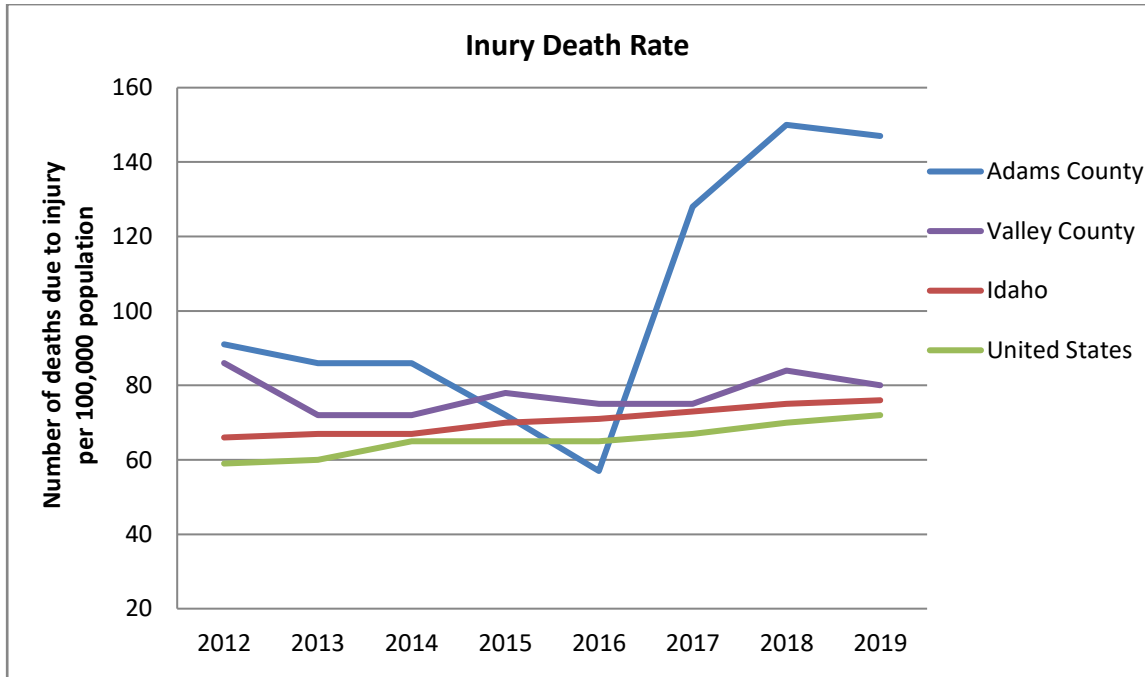


Health Factor Score				
	Low score = Low potential for health impact	High score = High potential for health impact		
	Trend	Severity	Magnitude	Total Score
<b>Violent Crime</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>

<sup>157</sup> University of Wisconsin Population Health Institute. *County Health Rankings 2010-2019*. Accessed at [www.countyhealthrankings.org](http://www.countyhealthrankings.org).

- **Injury Deaths**

The injury death rate for Adams County is significantly higher than the nation. The overall injury death rate for Valley County and Idaho is slightly higher than the nation. The overall trend is increasing.<sup>158</sup>



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

<sup>158</sup> Ibid

## Physical Environment Factors

### Air and Water Quality

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

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

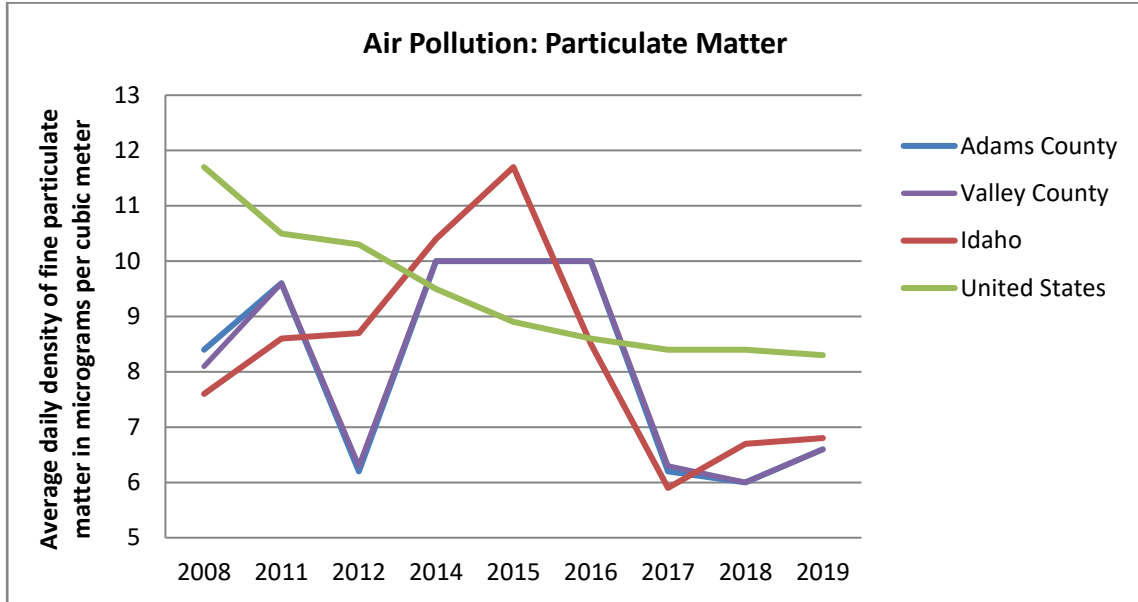
Studies estimates that contaminants in drinking water sicken up to 1.1 million people a year. Improper medicine disposal, chemical, pesticide, and microbiological contaminants in water can lead to poisoning, gastro-intestinal illnesses, eye infections, increased cancer risk, and many other health problems. Water pollution also threatens wildlife habitats.<sup>159</sup>

---

<sup>159</sup> University of Wisconsin Population Health Institute. *County Health Rankings 2019*. Accessed at [www.countyhealthrankings.org](http://www.countyhealthrankings.org).

- **Air Pollution Particulate Matter**

Air pollution-particulate matter is defined as the average daily measure of fine particulate matter in micrograms per cubic meter (PM2.5) in a county. Idaho and our service area have air pollution-particulate matter levels below the national average.<sup>160</sup>



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

<sup>160</sup> University of Wisconsin Population Health Institute. County Health Rankings 2008-2019. [www.countyhealthrankings.org](http://www.countyhealthrankings.org).

- **Drinking Water Violations**

The EPA’s Safe Drinking Water Information System was utilized to estimate the percentage of the population getting drinking water from public water systems with at least one health-based violation. Our service area had annual drinking water violations as shown in the graph below.<sup>161</sup>

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

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

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

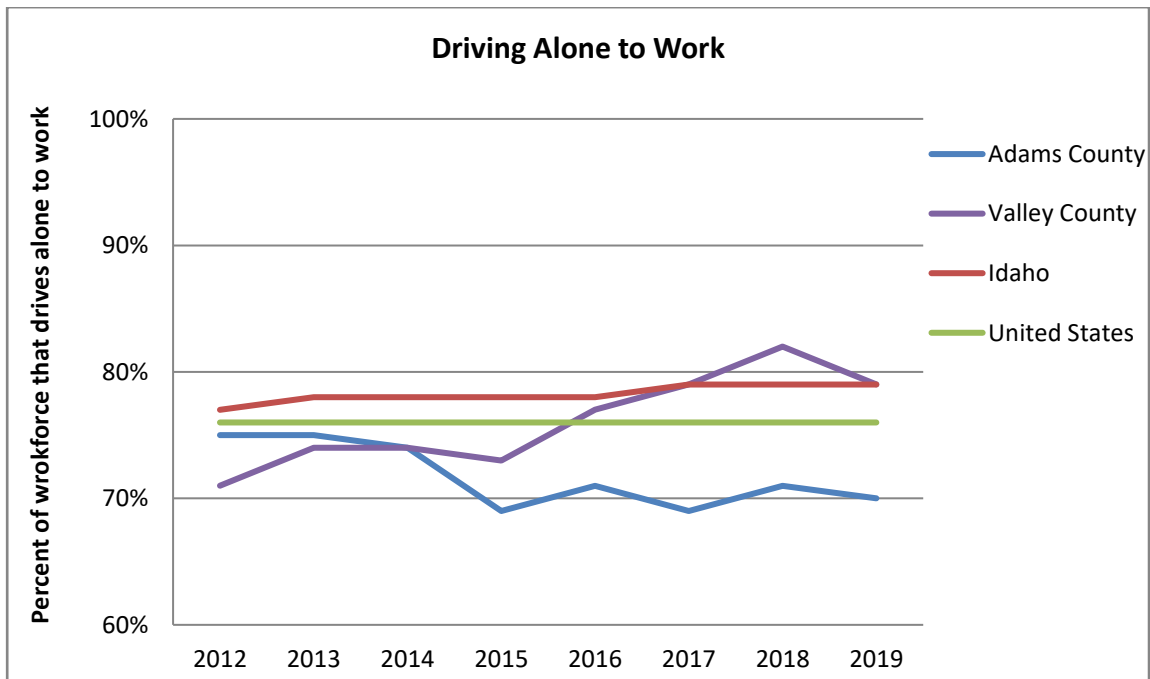
<sup>161</sup> University of Wisconsin Population Health Institute. County Health Rankings 2014-2019. [www.countyhealthrankings.org](http://www.countyhealthrankings.org).

## Healthy Transportation

- **Driving Alone to Work**

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

Valley County has a higher percentage of people driving to work alone than the national average while Adams County has a lower percentage of people driving to work alone than the national average.<sup>162</sup>



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

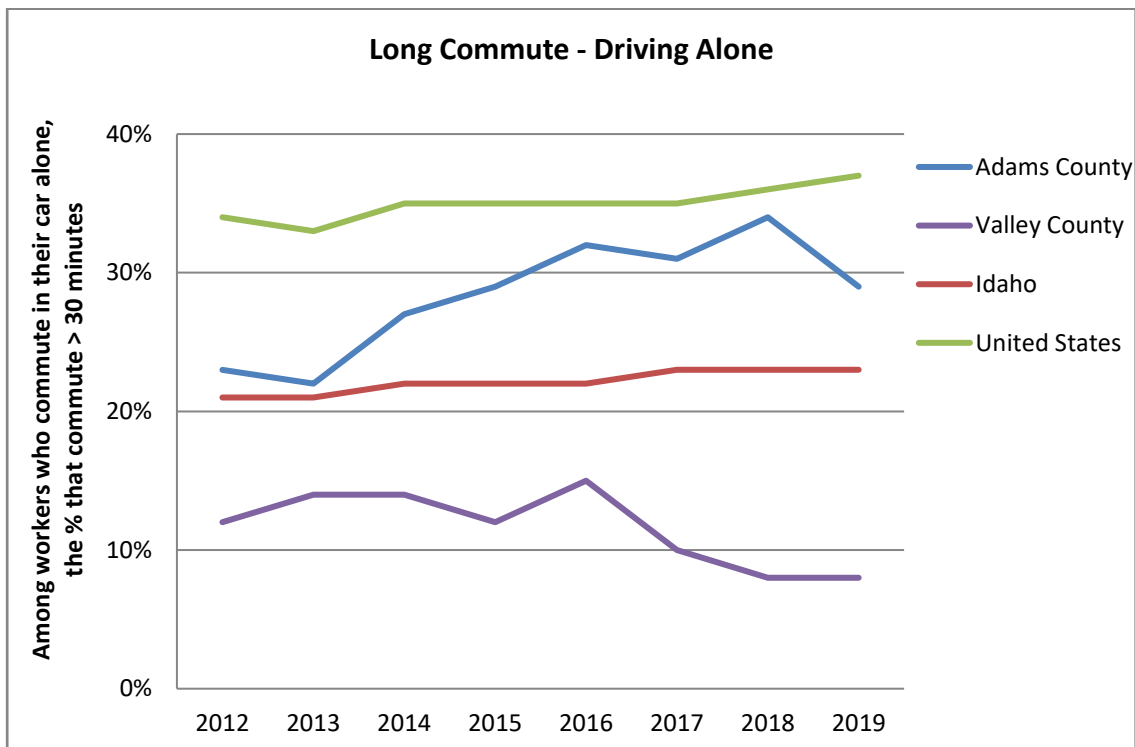
<sup>162</sup> University of Wisconsin Population Health Institute. County Health Rankings 2012-2019. [www.countyhealthrankings.org](http://www.countyhealthrankings.org).

- **Long Commute**

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

Our current transportation system also contributes to physical inactivity. Each additional hour spent in a car per day is associated with a 6% increase in the likelihood of obesity.<sup>163</sup>

The percent of people with a long commute to work is lower in our service area than the national average.<sup>164</sup>



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

<sup>163</sup> Robert Wood Johnson Foundation. County Health Rankings 2012. [www.countyhealthrankings.org](http://www.countyhealthrankings.org).

<sup>164</sup> University of Wisconsin Population Health Institute. County Health Rankings 2012-2019. [www.countyhealthrankings.org](http://www.countyhealthrankings.org).



## Community Input

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

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

### **Community Representative Interviews**

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

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

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

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

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

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

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

## Interview Findings

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

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

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

Health Behavior Needs	
Potential Health Needs	Community Representative Score
Nutrition programs/education/opportunities	3.08
Substance abuse services and programs	3.38
Wellness & prevention programs (for conditions such as high blood pressure, etc.)	3.15
Tobacco prevention & cessation	2.08
Exercise programs/education/ opportunities	2.04
Safe sex education programs	2.08

Clinical Care and Access Needs	
Potential Health Needs	Community Representative Score
Availability of behavioral health services (providers, suicide hotline, etc.)	3.85
Prenatal Care program	1.85
Affordable health care for low-income individuals	3.04
Immunization programs	2.65

Improved health care quality	1.31
Chronic disease management programs (for diabetes, asthma, arthritis, etc.)	3.08
Screening programs (cholesterol, diabetes, mammography, colorectal, etc.)	2.31

<b>Social and Economic Needs</b>	
<b>Potential Health Needs</b>	<b>Community Representative Score</b>
Housing stability	4.73
Food/Nutrition security	2.5
Social support for Seniors	2.77
Academic achievement from early learning through post-secondary education	3.35
Individual economic stability	4.08
Social support for Veterans	2.19
Community safety (injury, violence, abuse, etc.)	2.92
Services for children and families experiencing adversity	3.96

<b>Physical Environment Needs</b>	
<b>Potential Health Needs</b>	<b>Community Representative Score</b>
Accessible modes of transportation (sidewalks, bike paths, etc.)	2.81
Healthy air and water quality	1.15

### **Utilizing Community Representative Input**

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

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

## **Community Health Needs Prioritization**

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

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

## Health Behavior Category Summary

Our service area’s highest priority health behavior need is nutrition programs/education/opportunities with substance use disorder ranking a close second.

Health Behavior Needs					
Identified Community Health Need	Community Representative Score	Professional Score (includes evidence-base scoring)	Related Health Factors and Outcomes	Health Factor Score	Total Score
Nutrition programs/education /opportunities	3.8	5	Nutritional habits, adults	2.5	10.58
			Teen nutritional habits		
			Overweight & obese adults		
			Overweight & obese teens		
Substance abuse services and programs	3.38	3.5	Excessive drinking	3.5	10.38
			Alcohol impaired driving deaths		
			Drug Misuse=Drug Induced death		
			Marijuana use		
Wellness & Prevention programs	3.15	4.75	Accident deaths	0.33	8.23
			Alzheimer's deaths		
			Breast cancer deaths		
			Cerebrovascular disease deaths		
			Colorectal cancer deaths		
			Diabetes Mellitus deaths		
			Heart disease deaths		
			High cholesterol, incidence		
			Leukemia deaths		
			Lung cancer deaths		
			Nephritis deaths		
			Pancreatic cancer deaths		
			Prostate cancer deaths		
Respiratory disease deaths					
Skin cancer (melanoma) deaths					
Tobacco prevention & cessation	2.08	3	Adult smoking rates	2.5	7.58
			Teen smoking rates		
Exercise Programs/education /opportunities	2.04	4	Adult physical inactivity	1.33	7.37
			Teen exercise		
			Access to exercise opportunities		
Safe sex education programs	2.08	3.75	Sexually transmitted infection rate	1.33	7.16
			Teen birth rate		
			AIDS rate		

## Clinical Care Category Summary

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

Clinical Care and Access Needs					
Identified Community Health Need	Community Representative Score	Professional Score (includes evidence-base scoring)	Related Health Factors and Outcomes	Health Factor Score	Total Score
Availability of behavioral health services	3.85	2.5	Mental health service providers	3	9.35
			Mental illness, any		
			Suicide deaths		
Prenatal care program	1.85	5	Prenatal care in 1st trimester	3	8.85
			Low birth weight babies		
Affordability of health care for low income	3.04	2.75	Uninsured Adults	3	8.79
			Primary care physicians/providers		
Immunization programs	2.65	5	Children immunized	0.5	8.15
			Flu/pneumonia deaths		
Improved health care quality	1.31	4.25	Preventable hospital stays	2	7.56
Chronic disease management programs	3.08	3.75	Arthritis, incidence	0.6	7.43
			Asthma, incidence		
			Diabetes, incidence		
			High blood pressure		
			Do not have usual PCP, Medical home		
Screening programs	2.31	4	Cholesterol	1	7.31
			Colorectal cancer		
			Diabetes screening/monitoring		
			Mammography		

## Social and Economic Factors Category Summary

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

Social and Economic Needs					
Identified Community Health Need	Community Representative Score	Professional Score (includes evidence-base scoring)	Related Health Factors and Outcomes	Health Factor Score	Total Score
Housing stability	4.73	2.75	Severe housing problems	1.5	<b>8.98</b>
Food/nutrition security	2.5	3	Food environment index	2.33	<b>7.83</b>
Social support for seniors	2.77	1.25	Social associations	3	<b>7.02</b>
Academic achievement (early learning-post secondary education)	3.35	2.5	High school graduation rate	1	<b>6.85</b>
			Some college		
Individual economic stability	4.08	2	Unemployment rate	0.33	<b>6.08</b>
			Children in poverty		
			Income inequality		
Social support for veterans	2.16	0	Social associations	3	<b>5.19</b>
Community safety	2.92	1.25	Violent crime rate	1	<b>5.17</b>
			Injury deaths		
Services for children and families experiencing adversity	3.96	0.25	Social associations	0	<b>4.21</b>
			Children in poverty		
			Children in single parent household		

## Physical Environment Category Summary

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

Physical Environment Needs					
Identified Community Health Need	Community Representative Score	Professional Score (includes evidence-base scoring)	Related Health Factors and Outcomes	Health Factor Score	Total Score
Healthy Transportation Options	2.81	3	Driving alone to work	-1	4.81
			Long commute		
Healthy air and water quality	1.15	-1.5	Air pollution particulate matter	-1.5	-1.85
			Drinking water violations		

## Implementation Plan Overview

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

## Future Community Health Needs Assessments

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



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

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

Priority Need 1: Improve the Prevention and Management of Obesity

Priority Need 2: Improve Mental Health; Reduce Substance Abuse: Drug Misuse and Excessive Drinking

Priority Need 3: Improve Access to Affordable Dental Care

Priority Need 4: Improve Access to Affordable Health Care and Affordable Health Insurance

### COVID-19

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

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

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

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

Addressing obesity is one of our community's most significant health needs. Over 67% of adults in our community and more than 25% of children in our state are either overweight or obese. The percent of overweight/obese individuals is now higher in our community than in

the nation as a whole and is increasing at a faster rate. Obesity is a serious concern because it is associated with poorer mental health outcomes, reduced quality of life, and is a leading cause of death in the U.S. and worldwide.

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

### **Develop a Region-Wide Plan to Promote Walking and Biking**

St. Luke's McCall participates in the Valley County Pathways as well as the West Central Mountains Trails Coalition. These groups are working together to develop a long-term plan to create a walking/biking environment, trail system and culture to support walking, hiking, and biking across our geographic region. During this reporting period many in-person events were difficult to hold, but meetings and fundraising continued to take place virtually. One area of success was the development of the Heinrich Single Track pathway, which is an extension of the North Valley Trail. No St. Luke's funds were contributed directly to the project, but volunteer hours and board representation were involved. There are continued efforts between the coalition partners to establish more robust community education, accessibility, and fundraising plans going forward. The focus of the plan will be on improving access to pedestrian pathways; education on the benefits of pathways for physical and mental health; physicians providing "exercise prescription" for patients, and improved signage and motivational messages along routes. Promoting movement will be included in all community health education and activities conducted by St. Luke's McCall.

Other areas of promotion for physical activity included St. Luke's Community Health Improvement Fund grants. Several examples included grant funding for the City of Cascade in the development of a walking path with outdoor exercise stations and their Yellow Bike Project providing free bikes to be used by community members for exercise and commuting around town. We also partnered with the City of McCall's Parks and Recreation department on their Walking with Ease program for seniors, the expansion of the Nordic Ski program for youth, the Free Ski Day at Ponderosa Park, and the virtual FitOne race.

### **Promote a Healthy Food Culture**

St. Luke's McCall collaborates with community partners and nutrition experts to develop a long-term plan to create a healthier community food culture. We model successful interventions from other communities. We also work with surrounding communities to help replicate successful programs. Our St. Luke's McCall Foundation sponsored funds for supplies for a mobile kitchen to teach Cooking Matters at McCall's Heartland Hunger food pantry and at the McCall-Donnelly alternative high school program at Heartland High School. We work closely with the local food pantries supporting health recipe distribution with the available food, food pantry makeovers to provide more nutritious selections for their patrons, and gardening classes at the Cascade Food Pantry's raised bed program. We also

provide administration of the Donnelly Farmers Market which not only provides nutritious food in a food desert but has also created programs such as the Power of 10 punch cards for free produce, education stations to promote health in youth, blood pressure checks with the local first responders for adults, challenges for youth for free fruit and vegetables, and GrayT Perks providing free coupons to seniors for produce.

### **Complete Health Improvement Program (CHIP)**

The COVID-19 pandemic had a significant impact on program operations during this reporting period. Our St. Luke's Lifestyle Medicine Clinic paused in-person operations mid-2020 which prompted a pivot to exclusively virtual services. The transition to virtual services did allow us to expand our program to all patients served across the St. Luke's service area. During this time, we were also able to transition our Nicotine Dependence Program to a free, fully telephonic service also available to any patient in the St. Luke's service area. In January 2021, St. Luke's Lifestyle Medicine Clinic was able to resume in-person operations; however, they do plan to continue to provide virtual services to make all our services accessible to patients across the health system.

### **Education Classes on Various Nutrition, Weight Management, and Exercise Topics**

St. Luke's McCall runs approximately 20-30 classes each year pertaining to nutrition, weight management, and exercise. Due to the COVID-19 pandemic, the number offered during the 2019-2022 period fell to about 12 per year. Most classes were either cancelled or transferred to a virtual format. We offered cooking classes open to all but focused on lower-income populations for both children and their families. Attendance numbers were reduced to accommodate for spacing requirements for COVID-19 precautions. Many were held outside, weather permitting. Low bandwidth internet posed a significant challenge in presenting online programs in some local communities. Partners included Horizon's Lifestyle and Education Team and area food pantries.

In conjunction with University of Idaho Master Gardeners, we co-presented a 6-class series in 2019 on healthy food growing and storing that averaged 40 attendees per class. The class series is offered annually but was abbreviated during 2020 -2021 due to COVID-19. A short series was presented in the spring, rather than winter, so we could hold classes outside. We also partnered with the Horizon's Lifestyle and Education team for a series of COVID-19 safe nutrition classes for community groups.

Among key highlights for the St. Luke's Health Coaching program in 2020-2021 was an increased interest in stress-mitigation in response to the pandemic. People reached out to us for help with stress reduction/management and exercising at home. The Carium platform allowed us to send out daily tips along with a virtual exercise and stress reduction program. During the first year of the pandemic, weight-loss waned while the focus was on mindfulness, sleep improvements and stress reduction. A renewed interest in weight-loss and a stronger focus on exercise goals occurred in 2021. Diabetes management was improved by utilizing Bluetooth connectivity with Carium. This allowed our diabetes

educator to monitor and help patients identify opportunities to improve their blood sugar levels based on readings loaded into Carius. We converted group coaching into virtual formats and led a total of 12 sessions in 2020-2021. The group format done virtually was a new opportunity and we have maintained this format into 2022. Group coaching allows people to partner with others who want the support, encouragement, and connection from a group.

### **Nutrition, Fitness, and Resiliency Programs for School/After School Programs**

St. Luke's McCall's community health team frequently provides education and activities for after-school programs (grade schools) including nutrition, exercise, and gardening. There are 20 programs per year averaging 30 attendees. The programs were held outdoors during 2019-2021 to comply with COVID-19 restrictions and recommendations.

VeggieMights is a free program for kids that offers a free piece of fruit or healthy after-school snacks at schools and the Donnelly Farmers Market. This program is sponsored by both St. Luke's McCall and local grant funding.

The Girls Wellness Series in May of 2022 was a partnership with the McCall Parks and Recreation department and Mountain Mobile Medicine to provide a 4-week yoga series for girls ages 8-12. The class size was limited to 10 girls and was free for attendees. St. Luke's McCall purchased the yoga mats and journals for the students.

### **Workforce Wellness Programs (Walking, Nutrition, and Mental Resilience)**

Due to COVID-19 we were not able to facilitate any in-person classes for our local businesses during the last three years. We did provide virtual townhall meetings to educate the public about COVID-19, vaccinations, and wellness recommendations. We participated in Chamber of Commerce After Hours discussions, as well as different local organization meetings to provide similar topics for education.

### **Priority Need 2: Improve Mental Health**

Programs to address mental illness and behavioral health challenges were identified as a high-priority health need. Idaho historically has one of the highest rates of death by suicide, but also faces a shortage of mental health service providers. We have yet to understand the full impact COVID-19 has had and will continue to have on the broader mental health and well-being of our communities.

Many of our mental health and substance abuse programs are grouped together because they frequently co-occur and share causative factors. Our mental health interventions are designed to cover a broad assortment of mental health disorders and levels of severity, ranging from mild depression and anxiety to conditions requiring clinical diagnosis and intervention. A significant part of our successes in addressing this priority health need

resulted from the large amount of dedicated annual grants St. Luke's McCall Foundation generated for these purposes.

### **Providing Alternative Healthcare Stress Reduction and Mindfulness Modalities (Yoga, Meditation, Ear Acupuncture)**

The COVID-19 pandemic had a significant impact on program operations during the reporting period and locally we were unable to hold yoga, meditation, and ear acupuncture out of precaution for those in attendance who are historically at risk and for our vulnerable populations. The St. Luke's Integrative Medicine team temporarily shut down for several months due to COVID-19 concerns. But after determining proper infection prevention measures, it was able to continue offering acupuncture services through the Cancer Institute.

#### **Integrative Medicine, Acupuncture**

When we constructed goals to better serve our communities in 2019, we knew there was a need to expand acupuncture services at the Cancer Institute, but we did not have a solid plan. At that time, we provided acupuncture in individual private sessions, with one acupuncturist providing service for about 8 patients per day. As noted above, the COVID-19 in 2020 halted our original plans for expansion.

We took the opportunity during the pandemic to reevaluate and retool the program and developed 2 new modes to deliver treatment to patients.

- 1) We started providing acupuncture in the chemo suite while patients received chemotherapy. This service benefited patients by preventing possible side effects, lowering blood pressure, and treating anxiety.
- 2) We created acupuncture group options that could be conducted with safe social distancing and was more affordable for individual patients.

Patient feedback has been overwhelmingly positive for group and Chemo Suite acupuncture.

### **Hope and Healing**

St. Luke's McCall Foundation provides approximately \$50,000 annually to approximately 20 patients diagnosed with a life-threatening condition. These funds help to provide access to integrative support services including massage, acupuncture, counseling, travel assistance, housecleaning, home health care, nutrition counseling, foot clinic services, and food delivery.

## **Classes and Support Groups for Various Mental Health Topics and Health Conditions**

St. Luke's McCall traditionally organizes around four classes each year focusing on a specific aspect of mental health such as stress, depression, anxiety, and grief management. Due to the impacts of COVID-19, these classes were held virtually for our community in the form of Community Townhall events, Chamber of Commerce After Hours meetings, Ponderosa Center virtual presentations, and small group conversations that met COVID-19 protocols. Our Parkinson's Support group went to virtual sessions, but the virtual platform was not ideal for this population due to difficulties with speaking and listening via computer. Attendance dropped dramatically over the duration of the pandemic from low to no participation.

## **Youth- and Senior-Focused Community Listening Sessions**

### **Senior-Focused Community Listening Sessions**

In partnership with Cascade Medical, the City of Cascade, St. Luke's McCall, and Boise State University's Center for the Study of Aging, we conducted a Valley County-specific Aging in Place survey in 2022 for full and part-time residents 55 and older based on the AARP Age-Friendly Community Survey. Virtual and paper surveys were collected from across Valley County as well as focus group conversations and Key Informant interviews. There was a Cascade-specific report created for Cascade Medical's geographic service region and a Valley County report for St. Luke's McCall's geographic service region. Seniors' greatest service needs concern health care, communication about available services, and affordable home repair. St. Luke's McCall's final report will be available in May 2022.

### **Youth-Focused Listening Sessions**

See West Central Mountains Icelandic Prevention Approach Coalition (WCM-IPA), under the Priority Need 3 section below.

### **School-Based Resilience Programming**

Resilience initiatives that support the ability to thrive in the midst of trauma and adversity, and promote overall healthy behaviors, are upstream prevention efforts that address our significant health needs for all populations. Schools are a significant setting for successful resilience programming.

In 2019 and 2020, St. Luke's provided financial support to the Idaho Youth for Change Summit. This summit is an ongoing initiative to unite students across Idaho for trainings and workshops targeting youth empowerment, health equity and social change. It engages and empowers Idaho students to strengthen skills, build relationships and inspire action towards equitable, healthy and thriving communities. Youth leaders and adult allies plan and execute the summit in full partnership. St. Luke's staff participated as adult allies on the planning

committee and provided funding for both hosting the summit and providing stipends to youth planning committee participants.

St. Luke's also provided financial funds to the Idaho Federation of Families youth MOVE youth leadership development program. This program serves youth through programs that focus on peer support and advocacy.

**Adverse Childhood Experiences (ACEs) and Resiliency Clinical Learning Collaborative:**

This program provided education to providers and families on adverse childhood experiences and building resiliency utilizing the learning collaborative model for quality improvement within the primary care setting. The learning collaborative consisted of a conference, webinars, site visits, continual coaching, data collection and feedback, and Plan-Do-Study-Acts.

ACEs can impact long-term health outcomes, the collaborative's objective was to develop a patient-centered approach to improve ACEs and resiliency screening, to increase appropriate referrals for services for families experiencing four or more ACEs.

The cohort included:

- 34 pediatricians.
- 6 family practice physicians.
- 5 advanced care practitioners.
- 12 cities represented by more than 20 individual sites.

Core Measures:

- 75% of patients received a service referral if the parent has four or more ACEs.
- 50% of participating providers indicated their understanding of ACEs and trauma-informed care had improved as an outcome of participation.
- 67% of participating providers indicated their community had the appropriate resources to serve those with elevated ACE scores.
- 80% of participating providers rated the collaborative as "very good" in the end-of-year evaluation.

This work is ongoing through the Idaho Children's Trust Fund, and St. Luke's remains a strategic partner.

## **The Idaho Resilience Project Adverse Childhood Experiences (ACEs) Collaborative**

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

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

- The collaborative has expanded its reach to all seven public health districts in Idaho.
- St. Luke's staff provided testimony during the 2021-2022 Idaho legislative session in support of House Concurrent Resolution 29. With its passage, state officers, agencies, and employees are encouraged to identify and treat child and adult survivors of severe emotional trauma and other adverse childhood experiences using interventions proven to help and develop resiliency.
- The Governor's Behavioral Health Council has adopted nine key strategies. They include the establishment of a subcommittee to promote building resilient youth.
- Idaho Public Television produced a statewide documentary addressing trauma and resilience that featured multiple St. Luke's employees as subject matter experts.

## **Western Idaho Community Health Collaborative (WICHC)**

No single organization has the ability to solve any major social problem at scale by itself. Collective impact is a powerful new approach to cross-sector collaboration that is achieving measurable effects on major social issues. WICHC is the backbone of a collective impact initiative bringing together our most valuable community institutions – hospitals, public health, schools, public safety agencies, parks, and local businesses – along with local residents. The WICHC vision is creating a health system that is capable of fundamentally changing health outcomes by aligning interventions for maximum impact, promoting prevention, and organizing resources to focus on the most effective strategies. Through this effort, we can move closer to making health equity among all community members a reality in our 10-county region that includes Ada, Adams, Boise, Canyon, Elmore, Gem, Owyhee, Payette, Valley, and Washington counties. WICHC is the only private-public partnership of this scale and mission in Idaho.

From 2019-2021, WICHC, with support and participation from St. Luke's, has achieved the following outcomes:

- Secured funding from numerous public and private entities, including the state legislature.
- Created a policy, systems and environmental menu of best practice recommendations for communities to improve healthcare access for their residents.



- Orchestrated a collaborative Community Health Needs Assessment process with six organizations, including St. Luke's, for publication in 2023.
- Started mapping out mobile health programs, plans, and data collection to collaborate with and optimize services among WICHC partners, to better serve our region.

### **Priority Need 3: Reduce Substance Abuse: Drug Misuse and Excessive Drinking**

#### **School-Based Vaping and Nicotine Prevention and Treatment Education**

Due to COVID-19, we were not able to conduct our typical programming within schools. St. Luke's McCall continued to sponsor the Club Ed Stations at the Donnelly Farmers Market. These are children's educational booths offering various health topic lessons and games at each Donnelly Farmers Market. St. Luke's creates the programming and provides initial funding. Outside funding from community partners helps to sustain them over the long term. Topics at the booths included tobacco prevention, vaccinations, mental health, drug abuse prevention, and wellness. We also partner with Central District Health for tobacco cessation at our local food pantries.

#### **Valley County Opioid Response Project Consortium (VCORP)**

St. Luke's Community Health also participates in the Valley County Opioid Response Project (VCORP) consortium. Through a Health Resources and Services (HRSA) Rural Communities Opioid Response Program (RCORP) grant funding over the last two years, VCORP has established The ROC (Recovery Oriented Community) Center, The ROC which provides activities throughout the week for individual families to be active with a sober community. These activities range from fly fishing lessons, racquetball at the gym, painting, pool tournaments, and holiday parties. They also offer support groups to the general community looking for support with substance use, as well as within the jail system. They also offer Recovery Coach services to inmates to help ease interested people to begin their recovery while incarcerated. St. Luke's and The ROC are currently working on agreements to provide Recovery Coach services to patients in the Emergency Department who express interest in help with substance use issues.

#### **West Central Mountains Icelandic Prevention Approach Coalition (WCM-IPA)**

St. Luke's McCall support our local Youth Advocacy Coalition (YAC) financially and through board representation. YAC focuses on cultivating and strengthening supportive community partnerships to encourage and foster the physical and mental wellbeing of youth and families, and to prevent substance misuse among youth. YAC started working with several local schools to begin implementation of the Icelandic Prevention Approach program/Planet Youth organization to reduce drug and alcohol use and promote good mental and physical health in youth. YAC was able to hold two listening sessions, one in the west region and one

in the east region of our footprint. They were also able to survey two school districts in our service area, Cascade, and New Meadows. Following the surveys, Planet Youth compiled data and reports that were school specific. After the reports were completed, a school/parent/community group was formed to help support programming based on student surveys. These groups are still in development and have yet to complete plans in response to the student reports. Our work with YAC will be utilized in other school-based projects St. Luke's is collaborating on with Boise State University.

## **Priority Need 4: Improve Access to Affordable Dental Care**

### **Brighter Smiles**

Brighter Smiles: Approximately \$8,000 spent annually toward grants to provide 80 people with free or reduced dental care.

Personal Hygiene Station at Donnelly Food Pantry: St. Luke's and Central District Health provided the pantry with dental hygiene products and literature focused on dental health and tobacco cessation for distribution to their visitors.

## **Priority Need 5: Improve Access to Affordable Health Insurance**

### **St. Luke's Unreimbursed Care/Financial Care Program**

St. Luke's provides care to all patients with emergent conditions regardless of their ability to pay.

### **Insurance/Payer Inclusion**

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

### **Financial Screening and Assistance**

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

## **Financial Care and Charity**

St. Luke's is committed to caring for the health and well-being of all patients, regardless of their ability to pay for all or part of the care provided. Therefore, St. Luke's offers financial care to patients who are uninsured and underinsured to help cover the cost of non-elective treatment. Charity Care services are provided on a sliding scale adjustment based on income (using the Federal Poverty Guideline), expenses and eligibility for private or public health coverage.

St. Luke's McCall provided \$4,918,939 in FY 2019, \$9,343,645 in FY 2020, and \$3,371,449 in FY 2021 for unreimbursed services (charity care at cost, bad debt at cost, Medicaid, and Medicare). In future years, we plan to continue to promote financially accessible healthcare and individualized support for our patients.

## **Your Health Idaho**

The premise of the SLHS financial advocate team is to help break down the financial barriers to healthcare for members of our community. In screening both patients and community members for all available coverage options, it is important that advocates are well versed and trained in available programs and coverages. In 2013, when the Affordable Care Act was implemented, Patient Access took the initiative to partner with the state's insurance exchange, Your Health Idaho (YHI), and become an enrollment entity. It was determined that SLHS financial advocates were well suited to become certified YHI enrollment counselors who could assist community members in obtaining insurance coverage with premium cost savings. SLHS has been an ongoing enrollment entity for YHI since 2013. Our goal is to decrease the number of uninsured Idahoans, regardless of where they seek healthcare. In 2019, 2020, and 2021, SLHS enrollment counselors assisted nearly 2,400 uninsured community members in YHI. The number of uninsured Idahoans further decreased in 2020 when the state expanded Medicaid.

The pandemic hindered the team's ability to engage with community members. Therefore, it is difficult to measure the exact impact COVID-19 had in our ability to assist the community with access to the insurance exchange. However, the team of enrollment counselors remained accessible to community members via telephone and email as their contact information remained advertised on the YHI website.

## **Senior Foot Clinics**

Foot care clinics are conducted in Council, McCall, New Meadows, Cascade and Riggins each month for all interested people; a vast majority are seniors. Trained RNs perform nail clippings and inspect feet for dermatological and circulatory problems. Since most attendees are seniors, information on nutrition and exercise for seniors is distributed. Most clinics are held at local community senior centers and St. Luke's clinics. We believe this program also has a beneficial impact on mental health because it increases social interaction for seniors.

The foot care clinic nurses refer attendees with serious foot/skin conditions to a physician and follow up to ensure an appointment is made. Attendees are requested to pay \$15 at the time of service, although we stress that payment is not required if it creates financial hardship. We serve approximately 125 seniors monthly.

### **Encourage and Support Partners in Grant Writing for Health Improvement Programs**

The Director for St. Luke's McCall Foundation and Community Health staff research grant opportunities matching our community health needs and assist in the preparation of the grant application process for both community partners and our own hospital. The Foundation raises approximately \$150,000 annually through grants. The St. Luke's McCall Auxiliary grants approximately \$80,000 to \$100,000 annually to local health-minded non-profit organizations. While the St. Luke's McCall Auxiliary grants are not funding directly from the hospital, it is money from within the greater St. Luke's umbrella. Staff from the SLM Foundation and the SLM Community Health department contribute considerable time to this effort.

### **Skin Cancer Screenings**

St. Luke's McCall was unable to conduct annual free skin cancer screenings during this reporting period due to COVID-19. Both safety restrictions and staff burden were considered in making this decision. In place of the screenings, we worked on more education for local community partners about sun-safety, providing free sunscreen and sunscreen dispensers to organizations like the ski resorts, City Parks and Recreation department, local state parks, and farmers market which have people recreating outdoors. Sponsored Mile High Swim with the City Parks and Recreation Department. St. Luke's McCall provide the sunscreen and SPF ChapStick.

### **Childbirth Education**

St. Luke's McCall in-person childbirth education classes were cancelled due to safety concerns during COVID-19. Instead, classes were moved to the virtual platform. By utilizing the St. Luke's virtual class menu, local expecting parents were able to have access to more educational offerings than we can host in our smaller town in-person. For first-time parents, local staff was also available to offer one-on-one conversations with expecting parents to walk them through what to expect at our local hospital.

### **Child Car Seat Installation**

Our car seat installation checks were moved to the McCall Fire Department in 2019 due to infection prevention and staffing needs. The Fire/EMS crew has a larger trained staff and was able to absorb the service.

## Free Community Health Improvement Services Offered at Clinic

St. Luke's clinics see many people who cannot easily access community services or self-manage their medical problems. Clinic programs include patient navigation services, reading promotion and books for young children, depression screening, health coaching, and free behavioral health consultations from counselors embedded in the primary care clinics.

Free Community Health Improvement Services Offered from 2019:

- Extended hours for family medicine clinic. Extended from 8:00am to 5:00pm on weekdays to 8:00am to 7:00pm on weekdays. The clinic is also open from 9:00am to 2:00pm Saturdays for day-of and walk-in appointments. Added 50 clinic visits weekly on weekdays and 12 clinic visits on Saturdays.
- Embedded behavioral health providers in the clinics. In comparison with the previous model for providing mental and behavioral health services, this model added 20 new clinic visits per week.
- Increased visiting physician services. As a convenience to the people we serve, and not as a source of net revenue, St. Luke's McCall began providing the following visiting physician specialists: cardiology, pediatric cardiology, oncology, dermatology, psychiatric, pediatric psychiatric, audiology, and OBGYN.
- Complex Care Coordination. In 2014, St. Luke's McCall absorbed the entire patient population of McCall's previous free clinic (community Care Clinic) and continued providing services to this high care, low-income cohort. Our charity care increased substantially as a result, but as was our intent, patient care improved.
- Patient Navigators in clinics and hospital. During this three-year period, we have 2 patient coordinators and one financial advocate to help people navigate their way to the care they need. Much of the navigation is getting people rides, encouraging them to attend appointments, connecting them with financial aid and social services, and processing their Medicare and Medicaid application. In some cases, we recover greater revenues from having these patient navigators, but the real bottom line is that a large cohort of health needing individuals receives the care they need.

## Resources Available to Meet Community Needs

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

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

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

### General Assistance and Referral Services

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

Phone: 2-1-1

Toll Free Phone: 1-800-926-2588

Text 898211

<https://www.idahocareline.org>

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

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

Toll Free Phone: 1-888-330-3010

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

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

Phone: (208) 334-6700

<https://healthandwelfare.idaho.gov>

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

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

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

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

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

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

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

P.O. Box 2015

Boise, Idaho 83701

Phone: (208) 386-9317

Fax: (208) 386-9955

<https://idahochildrenstrustfund.org>

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

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

Linen Building

1402 W. Grove Street

Boise, Idaho 83702

Phone: (208) 384-0419

<https://idvsa.org/>

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

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

Phone: (208) 332-1540

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

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

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

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

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

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

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

### **Idaho Domestic Violence Hotline**

Phone: 1-800-669-3176

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

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

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

<https://www.wcaboise.org>



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

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

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

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

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

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

<https://drugfreeidaho.org>

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

### **Empower Idaho**

1607 W. Jefferson Street

Boise, Idaho 83702

Phone: (208) 947-4289

Fax: (208) 331-0267

<https://www.empoweridaho.org>

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

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

Toll Free Phone: 1-800-922-3406

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

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

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

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

Text: (208) 398-4357

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

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

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

P.O. Box 2256

Boise, Idaho 83701

Phone: (208) 520-4210

Toll Free Phone: 1-800 950-6264

Crisis Chat: text “NAMI” to 741741

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

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

### **National Suicide Prevention Hotline**

Dial: 988

<https://suicidepreventionlifeline.org/>

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

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

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

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

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

## **Caregiver Support Services**

### **Idaho Caregiver Alliance**

<https://idahocaregiveralliance.com>

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

### **Idaho Commission on Aging**

6305 W. Overland Road, Suite 110

Boise, Idaho 83709

Phone: (208) 334-3833

Toll Free Phone: 1-877-471-2777

Fax: (208) 334-3033

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

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

## **Children & Family Services**

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

Toll Free Phone: 1-877-456-1233

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

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

### **Youth Empowerment Services**

<https://yes.idaho.gov>

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

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

### **Idaho Primary Care Association**

1087 W. River Street, Suite 160

Boise, Idaho 83702

Phone: (208) 345-2335

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

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

## **Dental Services**

### **Idaho State Dental Association**

1220 W. Hays Street

Boise, Idaho 83702

Phone: (208) 343-7543

<https://www.theisda.org>

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

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

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

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

### **Disability Services**

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

280 E. Corporate Drive, Suite 150

Meridian, Idaho 83642

Phone: 208-898-0470

Toll-Free Phone: 888-898-0470

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

<https://consumerdirectid.com/>

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

#### **DisAbility Rights Idaho**

4477 Emerald Street, Suite B-100

Boise, Idaho 83706

Phone: (208) 336-5353

Toll Free Phone: 1-866-295-3462

<https://disabilityrightsidaho.org>

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

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

121 W. Sweet Avenue

Moscow, Idaho 83843

Toll Free Phone: 1-800-432-8324

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

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

**Idaho Council on Developmental Disabilities**

700 W. State, Suite 119

Boise, Idaho 83702

Phone: (208) 334-2178

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

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

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

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

1505 N. McKinney

Boise, Idaho 83704

Phone: (208) 327-7333

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

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

**Idaho Department of Health and Welfare**

Adult Developmental Disabilities Care Management

Children Developmental Disability Services

Infant Toddler Program

Phone: 2-1-1

Toll Free Phone: 1-800-926-2588

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

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

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

**Idaho Parents Unlimited, Inc.**

4619 Emerald, Suite E

Boise, Idaho 83706

Phone: (208) 342-5884

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

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

## **Educational Services**

### **Homeschool Idaho**

<https://homeschoolidaho.org>

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

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

<https://idahoaeyc.org>

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

### **Idaho Head Start Association**

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

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

### **Idaho School Counselor Association**

P.O. Box 7342

Boise, Idaho 83707

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

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

## **Food Assistance**

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

Phone: (208) 334-6700

<https://healthandwelfare.idaho.gov>

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

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

### **The Idaho Foodbank**

Main Warehouse and Administrative Offices

3630 E. Commercial Court

Meridian, Idaho 83642

Phone: (208) 336-9643

<https://idahofoodbank.org/>

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

### **School Lunch Programs**

Idaho Department of Health and Welfare

Phone: (208) 334-6700

<https://healthandwelfare.idaho.gov>

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

## **Health Insurance**

### **Your Health Idaho**

P.O. Box 50143

Boise, Idaho 83705

Toll Free Phone: 1-855-944-3246

<https://www.yourhealthidaho.org>

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

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

<https://idalink.idaho.gov>

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

## Homeless Services

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

<https://www.idahohousing.com>

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

## Hospice Care

### **Idaho Caregiver Alliance**

<https://idahocaregiveralliance.com>

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

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

Toll Free Phone: 1-800-646-6460

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

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

## Hospitals

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

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

## Housing

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

#### **Rental Assistance**

<https://www.idahohousing.com>

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



## Legal Services

### **DisAbility Rights Idaho**

4477 Emerald Street, Suite B-100

Boise, Idaho 83706

Phone: (208) 336-5353

Toll Free Phone: 1-800-632-5125

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

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

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

317 W. Main Street

Boise, Idaho 83735

Phone: (208) 334-2873

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

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

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

525 W. Jefferson Street

Boise, Idaho 83702

Phone: (208) 334-4510

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

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

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

#### **Boise**

1447 S. Tyrell Lane

Boise, Idaho 83706

Phone: (208) 345-0106

#### **Nampa**

212 12<sup>th</sup> Road

Nampa, Idaho 83686

Phone: 208-746-7541

<https://www.idaholegalaid.org>

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

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

## **Public Health Resources**

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

Phone: 2-1-1

Toll Free Phone: 1-800-926-2588

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

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

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

Phone: (208) 334-6700

<https://healthandwelfare.idaho.gov>

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

## **Refugee/Immigration Services**

### **Community Council of Idaho**

317 Happy Day Boulevard

Caldwell, Idaho 83607

Phone: (208) 454-1652

Fax: (208) 459-0448

<https://communitycouncilofidaho.org/>

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

### **Idaho Office for Refugees**

1607 W. Jefferson Street

Boise, Idaho 83702

Phone: (208) 336-4222

<https://www.idahorefugees.org>

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

### **USCIS – Application Support Center for Idaho**

1185 S. Vinnell Way

Boise, Idaho 83709

Phone: (208) 685-6600

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

## **Residential Care/Assisted Living Facilities**

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

Phone: (208) 334-6700

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

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

## **Senior Services**

### **Alzheimer's Idaho**

13601 W. McMillan Road, #249

Boise, Idaho 83713

Phone: (208) 914-4719

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

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

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

Phone: (208) 334-3833

Toll Free Phone: 1-877-471-2777

Fax: (208) 334-3033

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

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

#### **Idaho Care Planning Council**

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

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

#### **Idaho Commission on Aging**

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

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

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

Toll Free Phone: 1-800-247-4422

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

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

## **Transportation**

#### **Idaho Transportation Department**

8150 W. Chinden Boulevard

P.O. Box 8028

Boise, Idaho 83714

Phone: (208) 334-8000

<http://itd.idaho.gov>

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

Idaho Department of Health and Welfare

Phone: (208) 334-6700

<https://healthandwelfare.idaho.gov>

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

## **Veteran Services**

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

Central Support Office

351 Collins Road

Boise, Idaho 83702

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

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

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

### **Veterans Administration Medical Center**

500 W. Fort Street

Boise, Idaho 83702

Phone: (208) 422-1000

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

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

### **Veterans Crisis Line**

Phone: 1-800-273-8255

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

## **Youth Programs**

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

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

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

### **Idaho School Counselor Association**

P.O. Box 7342

Boise, Idaho 83707

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

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

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

### **Idaho Youth Ranch**

#### **Corporate Office**

5465 W. Irving Street

Boise, Idaho 83706

Office Hours 8am–5pm, M–F

Phone: (208) 377-2613

Hotline: (208) 322-2308

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

Family Counseling:

7025 W. Emerald Street, Suite A

Boise, Idaho 83704

Phone: (208) 947-0863

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

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

### **Youth Empowerment Services**

<https://yes.idaho.gov>

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

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

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

#### **Rose Advocates (Adams County)**

204 Council Avenue

Council, Idaho 83612

24-HOUR CRISIS HOTLINE: (208) 414-0740

Phone: (208) 253-4949

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

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

**Rose Advocates (Valley County)**

**McCall**

106 Park Street, # 204  
McCall, Idaho 83638  
Phone: (208) 630-6321

**Cascade**

211 N. Idaho Street  
Cascade, Idaho 83611  
Phone: (208) 382-5310

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

**Southwest Idaho Area Agency on Aging**

Adult Protection Services  
1505 South Eagle Road, Suite 120  
Meridian, Idaho 83642  
Phone: (208) 898-7060  
Toll Free Phone: 1-844-850-2883

[https://www.a3ssa.com/programs\\_and\\_services/stay-safe/](https://www.a3ssa.com/programs_and_services/stay-safe/)

Description: Adult Protective Services programs provide for the safety and protection of vulnerable adults that are, or are suspected to be, victims of abuse, neglect, self-neglect or exploitation

**Behavioral Health and Substance Abuse Services**

**Adams County Health Center**

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

<https://achcid.org/behavioral-health>

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

**Al-anon - District 3**

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

[www.al-anon-idaho.org](http://www.al-anon-idaho.org)

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

**Alcoholics Anonymous – Idaho Area 18**

Phone: Boise/Treasure Valley Intergroup Answering Service/Central Office - (208) 344-6611

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

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

**Cascade Medical Center**

402 Lake Cascade Parkway

Cascade, Idaho 83611

Phone: (208) 382-4242

<http://www.cmchd.org>

Description: Cascade Medical Center is a 10-bed licensed hospital with 24x7 Emergency Room services and outpatient lab, radiology, and physical therapy. CMC also has a Family Practice clinic providing scheduled wellness, chronic disease management, walk-in acute care, and related clinic services to all ages.

**Central District Health – McCall Office**

703 1<sup>st</sup> Street

McCall, Idaho 83638

Phone: (208) 634-7194

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

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

**Narcotics Anonymous**

Help Line: (208) 391-3823

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

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

**The ROC (Recovery Oriented Community Center)**

106 E. Park Street, Suite 227

McCall, Idaho 83638

Phone: (208) 278-7977

<https://www.theroc.center>

Description: Recovery community center that exists to advocate for and support individuals seeking to initiate or maintain Recovery from behavioral health and/or substance use issues.



## Children & Family Services

### **Central District Health – McCall Office**

703 1<sup>st</sup> Street  
McCall, Idaho 83638  
Phone: (208) 634-7194  
[www.cdhd.idaho.gov](http://www.cdhd.idaho.gov)

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

### **Shepherd’s Home**

260 N. Mission  
McCall, Idaho 83638  
Phone: (208) 634-1152  
[www.shepherds-home.org](http://www.shepherds-home.org)

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

### **Western Idaho Community Action Partnership (WICAP)– serving Valley & Adams County**

#### **Valley County**

315 N. J Corbett Lane  
Donnelly, Idaho 83615  
Phone: (208) 325-8512  
<https://www.wicap.org/>

#### **Adams County**

110 Moser Avenue  
Council, Idaho 83612  
Phone: (208) 253-4300

Description: Programs funded by federal grants and charitable contributions include early childhood education, childcare, and mental health support for the entire family as well as those who educate them. Serving the broader community, offering elderly citizen aid, emergency services, family development, health, nutritional, employment, and financial stability resources.

### **Southwest District Health**

13307 Miami Lane  
Caldwell, Idaho 83607  
Phone: (208) 455-5300  
[www.publichealthidaho.com](http://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.

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

### **Adams County Health Center**

205 North Berkley  
Council, Idaho 83612  
Phone: (208) 253-4242  
<https://achcid.org/>

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

### **Cascade Medical Center**

402 Lake Cascade Parkway  
Cascade, Idaho 83611  
Phone: (208) 382-4242  
<http://www.cmchd.org>

Description: Cascade Medical Center is a 10-bed licensed hospital with 24x7 Emergency Room services and outpatient lab, radiology, and physical therapy. CMC also has a Family Practice clinic providing scheduled wellness, chronic disease management, walk-in acute care, and related clinic services to all ages.

### **Central District Health – McCall Office**

703 1<sup>st</sup> Street  
McCall, Idaho 83638  
Phone: (208) 634-7194  
[www.cdhd.idaho.gov](http://www.cdhd.idaho.gov)

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

### **Idaho Department of Health & Welfare**

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

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

**St. Luke's McCall Medical Center**

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

**Dental Services**

**Adams County Health Center**

205 North Berkley  
Council, Idaho 83612  
Phone: (208) 253-4242  
<https://achcid.org/dental>

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

**Central District Health – McCall Office**

703 1<sup>st</sup> Street  
McCall, Idaho 83638  
Phone: (208) 634-7194  
<https://www.cdhd.idaho.gov/hl-oralhealth.php>

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

**Disability Services**

**Toby's Place, Inc.**

506 Pine Street  
McCall, Idaho 83638  
Phone: (208) 630-6583  
<https://www.tobysplace.org>

**Educational Services**

**McCall College**

106 E. Park Street, #220  
McCall, Idaho 83638  
Phone: (208) 634-3456  
<http://mccallcollege.org/>

Description: Providing meaningful post-secondary education for students of all ages

## **Public Libraries**

### Cascade

105 N. Front Street  
Cascade, Idaho 83611  
Phone: (208) 382-4757  
<https://cascade.lili.org/>

### Council

104 California Avenue  
Council, Idaho 83612  
Phone: (208) 253-6004  
<https://council.lili.org/>

### Donnelly

150 East State Street  
Donnelly, Idaho 83615  
Phone: (208) 325-8237  
<https://donnelly.lili.org/>

### McCall

218 E. Park Street  
McCall, Idaho 83638  
Phone: (208) 634-5522  
<https://www.mccall.id.us/library>

### New Meadows

400 Virginia  
New Meadows, Idaho 83654  
Phone: (208) 347-3147  
<https://meadowsvalley.lili.org/>

## **School Districts**

### Cascade

209 N. School Street  
Cascade, Idaho 83611  
Phone: (208) 630-6057  
<https://www.cascadesd.org/>

### Council School District

101 E. Bleeker Street  
Council, Idaho, 83638  
Phone: 208-253-4217  
<https://csd13.org/>

McCall-Donnelly  
120 Idaho Street  
McCall, Idaho 83638  
Phone: (208) 634-2161  
<https://www.mdsd.org/>

Meadows Valley School District  
500 N. Miller Avenue  
New Meadows, Idaho 83654  
Phone: (208) 347-2411  
<https://mvsd11.org/>

**Shepherd's Home – Tutor Mobile**

Phone: (208) 634-1152  
<http://shepherds-home.org/tutor-mobile.html>

Description: Free mobile learning lab equipped with tutors, STEAM kits, wifi, and more.

## **Food Assistance**

**Cascade Food Pantry**  
1470 S. Main (Hwy 55)  
Cascade, Idaho 83611  
Phone: (208) 630-4760

**Donnelly Food Pantry**  
370 Main Street  
Donnelly, Idaho 83615  
Phone: (208) 325-8301

**Heartland Hunger Resource Center**  
556 Deinhard Lane  
McCall, Idaho 8363  
Phone: (208) 634-3037

**New Meadows Food Pantry**  
201 N. Heigho Avenue  
New Meadows, Idaho 83654  
Phone: (208) 347-4944

**Western Idaho Community Action Partnership (WICAP)– serving Valley & Adams County**

**Adams County**

110 Moser Avenue  
Council, Idaho 83612  
Phone: (208) 253-4300

**Valley County**

315 N J Corbett Lane  
Donnelly, Idaho 83615  
Phone: (208) 325-8512

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

Description: Programs funded by federal grants and charitable contributions include early childhood education, childcare, and mental health support for the entire family as well as those who educate them. Serving the broader community, offering elderly citizen aid, emergency services, family development, health, nutritional, employment, and financial stability resources.

**Government Contacts**

**Adams County**

Adams County Courthouse  
201 Industrial Avenue  
Council, Idaho 83612  
Phone: (208) 253-4561  
<https://www.co.adams.id.us/>

**City of Cascade**

105 S. Main Street  
Cascade, Idaho 83611  
Phone: (208) 382-4279  
<https://cascadeid.us/>

**City of Council**

501 N. Galena  
Council, Idaho 83612  
Phone: (208) 253-4201  
<https://www.cityofcouncilidaho.org/>

**City of Donnelly**

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

**City of McCall**

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

**City of New Meadows**

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

**Valley County**

219 N. Main Street  
Cascade, Idaho 83611  
Phone: (208) 382-7100  
<https://www.co.valley.id.us/>

**Homeless Services****Western Idaho Community Action Partnership (WICAP)– serving Valley & Adams County****Adams County**

110 Moser Avenue  
Council, Idaho 83612  
Phone: (208) 253-4300

**Valley County**

315 N J Corbett Lane  
Donnelly, Idaho 83615  
Phone: (208) 325-8512  
<https://www.wicap.org/>

Description: Programs funded by federal grants and charitable contributions include early childhood education, childcare, and mental health support for the entire family as well as those who educate them. Serving the broader community, offering elderly citizen aid, emergency services, family development, health, nutritional, employment, and financial stability resources.

**Hospice Care****Idaho Quality of Life Coalition**

P.O. Box 496  
Boise, Idaho 83701  
Phone: (208) 841-1862

<https://aging.idaho.gov/partner/idaho-quality-of-life-coalition/>

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

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

301 Deinhard Lane

McCall, Idaho 83636

Phone: (208) 630-2440

Description: Skilled home health and hospice services

## Hospitals

**Cascade Medical Center**

402 Lake Cascade Parkway

Cascade, Idaho 83611

Phone: (208) 382-4242

<http://www.cmchd.org>

Description: Cascade Medical Center is a 10-bed licensed hospital with 24x7 Emergency Room services and outpatient lab, radiology, and physical therapy. CMC also has a Family Practice clinic providing scheduled wellness, chronic disease management, walk-in acute care, and related clinic services to all ages.

**St. Luke's McCall Medical Center**

1000 State Street

McCall, Idaho 83638

Phone: (208) 634-2221

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

## Housing

**Cascade Senior Housing**

13 E. Spring Street

Cascade, Idaho 83611

**Council Senior Housing**

201 N. Hornet Creek Street

Council, Idaho 83612

Phone: (208) 566-4462

Description: Council Senior Housing is near an active senior center that offers meals year-round, activities and events, and transportation for our seniors and disabled.



**McCall Senior Housing**

430 Floyde St  
McCall, Idaho 83638

**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****3rd District Guardian ad Litem Program**

1104 Blaine Street

Caldwell, Idaho 83605

Phone: (208) 459-9969

<https://www.alignable.com/caldwell-id/3rd-district-guardian-ad-litem-program>

<https://www.casaofswidaho.org/contact>

Description: The Third District Guardian ad Litem Program is an independent non-profit organization committed to representing the best interests of abused and neglected children in the Third Judicial District of Idaho. We recruit, train, and supervise volunteers who advocate for this vulnerable population in our communities. The Third District Guardian ad Litem Program's primary goal is to ensure that each and every child in the Third Judicial District is able to thrive in a safe, nurturing, and permanent home (Adams Co).

**4<sup>th</sup> Judicial District Guardian ad Litem Program-Family Advocates**

3010 W. State Street

Boise, Idaho 83703

Phone: (208) 345-3344

<https://familyadvocates.org/casa/>

Description: Show us bravery by investigating cases of child abuse, neglect, and abandonment and then advocating for those children in court to make sure the child's voice is heard. We recruit, train, and support volunteer child advocates, called Guardians ad Litem, as well as pro-bono attorneys to represent these volunteers, in the Fourth Judicial District (Valley Co).

**Idaho Legal Aid Services**

1447 S. Tyrell Lane

Boise, Idaho 83706

Phone: (208) 746-7541

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

Description: Idaho Legal Aid Services, Inc. is a nonprofit statewide organization dedicated to providing equal access to justice for low-income people through quality advocacy and education.

**Idaho Volunteer Lawyers Program**

525 W. Jefferson Street

Boise, Idaho 83702

Phone: (208) 334-4500

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

Description: The Idaho Volunteer Lawyers Program assists Idahoans with civil legal issues. Qualifying for help is based on the income and assets of all people living in your home. It is also based on the kind of legal problem you have. To determine qualification, please complete the application to our program below. IVLP cannot assist with criminal issues.

**Public Health Resources**

**Central District Health – McCall Office**

703 1st Street

McCall, Idaho 83638

Phone: (208) 634-7194

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

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

**Residential Care/ Assisted Living Facilities**

**Idaho Health and Welfare – Regional Medicaid Services**

Phone: (208) 334-0940

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

**McCall Rehabilitation and Care Center**

418 Floyde Street,

McCall, Idaho 83638

Phone: (208) 634-2112

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

## Senior Services

### **Senior Center-Cascade**

409 N. School Street  
Cascade, Idaho 83611  
Phone: (208) 382-4256

### **Senior Center-Council**

103 S. Mosher Street  
Council, Idaho 83612  
Phone: (208) 253-4282

### **Senior Center-McCall**

701 1<sup>st</sup> Street  
McCall, Idaho 83638  
Phone: (208) 634-5408

### **Senior Center-New Meadows**

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

### **Southwest District Health**

Council Office - WIC Services only in Council

102 E. Exeter Street  
Council, Idaho 83612

Emmett Office

1008 E. Locust Street  
Emmett, Idaho 8317

Phone: (208) 365-6371

<https://phd3.idaho.gov>

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

### **Western Idaho Community Action Partnership (WICAP)– serving Valley & Adams County**

Adams County

110 Moser Avenue  
Council, Idaho 83612  
Phone: (208) 253-4300

Valley County

315 N J Corbett Lane  
Donnelly, Idaho 83615  
Phone: (208) 325-8512  
<https://www.wicap.org/>

Description: Programs funded by federal grants and charitable contributions include early childhood education, childcare, and mental health support for the entire family as well as those who educate them. Serving the broader community, offering elderly citizen aid, emergency services, family development, health, nutritional, employment, and financial stability resources.

## **Transportation**

### **Treasure Valley Transit – Mountain Community Transit**

Phone: (208) 634-0003  
<http://www.treasurevalleytransit.com/service-areas/mountain-community-transit/>  
Description: The City Route serves the City of McCall, Idaho. The Commuter Express Route connects the communities of McCall, Lake Fork, Donnelly, and Cascade. The Brundage Express is an employee/general public route from McCall to the Brundage Mountain Ski Resort.

## **Veteran Services**

### **American Legion – Post 60**

105 E. Mille Street  
Cascade, Idaho 83611  
Phone: (208) 382-3694  
[www.idaholegion.com](http://www.idaholegion.com)

### **Idaho Veterans Network**

2333 Naclerio Lane  
Boise, Idaho 83705  
Phone: (208) 440-3939  
[www.idvetnet.org](http://www.idvetnet.org)

Description: Idaho Veterans Network assist distressed veterans and their families through families through intervention, advocacy, mentoring, peer-to-peer groups, and ongoing support and friendship, ensuring that our veteran population is capable, confident, and committed to its community.

### **Veterans Administration Medical Center**

500 West Fort Street  
Boise, Idaho 83702  
Main Phone: (208) 422-1000  
Mental Health Clinic: (208) 422-1108  
[www.boise.va.gov](http://www.boise.va.gov)

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

**Veteran Services Officer Adams County**

Phone: (208) 257-3418

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

**Veteran Services Officer Valley County**

Phone: (208) 880-8727

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

## **Youth Programs**

**4-H Youth Development - Valley County Extension Office**

Mill Street Building

501 Kelly's Parkway

Cascade, Idaho 83611

Phone: (208) 382-7190

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

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

**4-H Youth Development – Adams County Extension Office**

203 S. Galena

Council, Idaho 83612

Phone: (208) 253-4279

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

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

**Because KIDS Grieve**

P.O. Box 5533

Twin Falls, Idaho 83301

Phone: (208) 352-2994

<http://becausekidsgrieve.org>

Description: Support organization for children, teens, ages 6-17 and their families who grieve the loss of someone they love because of death. Camp Erin located in Cascade Idaho

**McCall Parks and Recreation**

3336 Deinhard Lane

McCall, Idaho 83638

<https://www.mccall.id.us/parksrecreation>

Description: Enhancing the quality of life for youth and adults, residents, and visitors through recreation programs. Provide safe, clean, and well-maintained parks, pathways and open spaces which represent the City of McCall, "Idaho's Outdoor Playground"

**Payette Lakes Community Association**

P.O. Box 1118

McCall, Idaho 83638

Phone: (208) 315-0933

<http://PLCA4kids.org>

Description: Payette Lakes Community Association (PLCA) is a non-profit 501(c)(3) corporation operating in McCall, Idaho. PLCA provides a safe environment after school which promotes education, social enrichment, and character development of youth.

**Southern Valley County Recreation District**

333 Kelly's Parkway

Cascade, Idaho 83611

Phone: (208) 382-5136

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

## Appendix I: Community Representative Descriptions

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

**Category I: Persons with special knowledge of public health.** This includes people 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:

- Affiliation:** Blue Cross of Idaho Foundation  
**Date contacted:** 9/8/2021  
**Interview method:** Video conference interview & questionnaire  
**Health representative category:** III  
**Populations represented:**
  - Children (0-4 years)
  - Children (5-12 years)
  - Children (13-18 years)
  - Disabled
  - Hispanic/Latino/Latina/Latinx
  - Those experiencing homelessness
  - LGBTQIA+ (lesbian, gay, bi-sexual, transgender, queer, intersex, asexual)
  - Low-income individuals and families
  - Migrant and seasonal farm workers
  - Populations with chronic conditions
  - Refugees
  - Rural communities
  - Senior citizens

- Those with behavioral health issues
- Veterans
- Other

2. **Affiliation:** Cascade Medical Center

**Date contacted:** 8/10/2021

**Interview method:** Video conference interview & questionnaire

**Health representative category:** II

**Populations represented:**

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

3. **Affiliation:** Central District Health

**Date contacted:** 8/18/2021

**Interview method:** Video conference interview & questionnaire

**Health representative category:** I, II

**Populations represented:**

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



- Those with behavioral health issues
- Veterans
- Other

4. **Affiliation:** Central District Health – Community Partner

**Date contacted:** 8/31/2021

**Interview method:** Video conference interview & questionnaire

**Health representative category:** I

**Populations represented:**

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

5. **Affiliation:** Council Area (Trident Holdings employee)

**Date contacted:** 8/31/2021

**Interview method:** Video conference interview & questionnaire

**Health representative category:** I, II

**Populations represented:**

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

- Those with behavioral health issues
- Veterans
- Other

6. **Affiliation:** Idaho Department of Health and Welfare

**Date contacted:** 8/18/2021

**Interview method:** Video conference interview & questionnaire

**Health representative category:** I

**Populations represented:**

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

7. **Affiliation:** Idaho Department of Health and Welfare, Region IV Mental Health

**Date contacted:** 8/17/2021

**Interview method:** Video conference interview & questionnaire

**Health representative category:** I, II

**Populations represented:**

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

- Those with behavioral health issues
- Veterans
- Other

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

**Date contacted:** 9/22/2021

**Interview method:** Video conference interview & questionnaire

**Health representative category:** I

**Populations represented:**

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

9. **Affiliation:** Idaho Food Bank

**Date contacted:** 8/28/2021

**Interview method:** Video conference interview & questionnaire

**Health representative category:** III

**Populations represented:**

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

- Those with behavioral health issues
- Veterans
- Other

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

**Date contacted:** 9/16/2021

**Interview method:** Video conference interview & questionnaire

**Health representative category:** I

**Populations represented:**

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

**11. Affiliation:** Local Government

**Date contacted:** 8/13/2021

**Interview method:** Video conference interview & questionnaire

**Health representative category:** III

**Populations represented:**

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

- Those with behavioral health issues
- Veterans
- Other

**12. Affiliation:** McCall Donnelly School District

**Date contacted:** 9/13/2021

**Interview method:** Video conference interview & questionnaire

**Health representative category:** III

**Populations represented:**

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

**13. Affiliation:** McCall Fire & EMS

**Date contacted:** 8/20/2021

**Interview method:** Video conference interview & questionnaire

**Health representative category:** III

**Populations represented:**

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

- Those with behavioral health issues
- Veterans
- Other

14. **Affiliation:** Southwest District Health

**Date contacted:** 9/2/2021

**Interview method:** Video conference interview & questionnaire

**Health representative category:** I, II

**Populations represented:**

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

15. **Affiliation:** Southwest Idaho Area Agency on Aging

**Date contacted:** 9/16/2021

**Interview method:** Video conference interview & questionnaire

**Health representative category:** I, II

**Populations represented:**

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

- Those with behavioral health issues
- Veterans
- Other

**16. Affiliation:** St. Luke's Health Partners

**Date contacted:** 8/19/2021

**Interview method:** Video conference interview & questionnaire

**Health representative category:** III

**Populations represented:**

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

**17. Affiliation:** St. Luke's Health System

**Date contacted:** 9/8/2021

**Interview method:** Video conference interview & questionnaire

**Health representative category:** II

**Populations represented:**

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

- Those with behavioral health issues
- Veterans
- Other

**18. Affiliation:** St. Luke's Health System

**Date contacted:** 9/8/2021

**Interview method:** Video conference interview & questionnaire

**Health representative category:** II

**Populations represented:**

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

**19. Affiliation:** St. Luke's McCall

**Date contacted:** 8/20/2021

**Interview method:** Video conference interview & questionnaire

**Health representative category:** II

**Populations represented:**

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



- Those with behavioral health issues
- Veterans
- Other

**20. Affiliation:** The Speedy Foundation

**Date contacted:** 8/16/2021

**Interview method:** Video conference interview & questionnaire

**Health representative category:** III

**Populations represented:**

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

**21. Affiliation:** Treasure Valley YMCA

**Date contacted:** 9/7/2021

**Interview method:** Video conference interview & questionnaire

**Health representative category:** III

**Populations represented:**

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

- Those with behavioral health issues
- Veterans
- Other

22. **Affiliation:** United Way of Treasure Valley

**Date contacted:** 8/14/2021

**Interview method:** Video conference interview & questionnaire

**Health representative category:** III

**Populations represented:**

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

23. **Affiliation:** WICAP Head Start

**Date contacted:** 8/10/2021

**Interview method:** Video conference interview & questionnaire

**Health representative category:** III

**Populations represented:**

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

- Those with behavioral health issues
- Veterans
- Other

## Appendix II: St. Luke's Community Health Representative Questionnaire

**Name:**

**Title:**

**Affiliation:**

Please provide a brief description of your professional experience particularly as it relates to community health, social, or economic needs. (250 words or less.)

Please indicate which of the following population groups you feel you understand and can represent the health needs. Select all that apply.

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

What County(ies) does your expertise apply to?

### **Health Behaviors:**

Please provide an answer in each column for every behavior listed in the rows. Health behaviors are actions individuals take that affect their health. They include actions that lead to improved health, such as eating well and being physically active, and actions that increase one's risk of disease, such as smoking, excessive alcohol intake, and risky sexual behavior.

### **OPTIONS:**

Column 1: not important at all, somewhat unimportant, somewhat important, very important, not sure

Column 2 & 3: very weak, somewhat weak, somewhat strong, very strong, not sure

	Importance of the problem in _____ County (scale and urgency to livelihood)	Existing _____ County assets/partnerships	Potential for positive impact on vulnerable populations in _____ County
Exercise programs/education/opportunities			
Nutrition programs/education/opportunities			
Safe sex education programs			
Substance abuse services and programs			
Tobacco prevention & cessation			
Wellness & prevention programs (for conditions such as high blood pressure, high			

**Clinical Care and Access:**

Please provide an answer in each column for every clinical care service listed in the rows. Access to affordable, quality, and timely health care can help prevent diseases and detect issues sooner, enabling individuals to live longer, healthier lives. While part of a larger context, looking at clinical care helps us understand why some communities can be healthier than others.

**OPTIONS:**

Column 1: not important at all, somewhat unimportant, somewhat important, very important, not sure

Column 2 &3: very weak, somewhat weak, somewhat strong, very strong, not sure

	Importance of the problem in _____ County (scale and urgency to livelihood)	Existing _____ County assets/partnerships	Potential for positive impact on vulnerable populations in _____ County
Affordable health care for low-income individuals			

Availability of behavioral health services (providers, suicide hotline, etc.)			
Chronic disease management programs (for diabetes, asthma, arthritis, etc.)			
Immunization Programs			
Improved health care quality			
Prenatal Care program			
Screening programs (cholesterol, diabetes, mammography, colorectal, etc.)			

**Social and Economic:**

Please provide an answer in each column for every social/economic factor listed in the rows. Social and economic factors, such as income, education, employment, community safety, and social supports can significantly affect how well and how long we live. These factors affect our ability to make healthy choices, afford medical care and housing, manage stress, and more.

**OPTIONS:**

Column 1: not important at all, somewhat unimportant, somewhat important, very important, not sure

Column 2 &3: very weak, somewhat weak, somewhat strong, very strong, not sure

	Importance of the problem in _____ County (scale and urgency to livelihood)	Existing _____ County assets/partnerships	Potential for positive impact on vulnerable populations in _____ County
Services for children and families experiencing adversity			
Food/Nutrition security			
Academic achievement from early learning through post-secondary education			

Housing stability			
Individual economic stability			
Social support for Seniors			
Social support for Veterans			
Community safety (injury, violence, abuse, etc.)			

**Physical Environment:**

Please provide an answer in each column for every physical environment condition listed in the rows. The physical environment is where individuals live, learn, work, and play. People interact with their physical environment through the air they breathe, water they drink, houses they live in, and the transportation they access to travel to work and school. Poor physical environment can affect our ability and that of our families and neighbors to live long and healthy lives.

**OPTIONS:**

Column 1: not important at all, somewhat unimportant, somewhat important, very important, not sure

Column 2 &3: very weak, somewhat weak, somewhat strong, very strong, not sure

	Importance of the problem in _____ County (scale and urgency to livelihood)	Existing _____ County assets/partnerships	Potential for positive impact on vulnerable populations in _____ County
Healthy air and water quality			
Accessible modes of transportation (sidewalks, bike paths, etc.)			

## Appendix III: Data Notes

A number of health factor and outcome data indicators utilized in this CHNA are based on information from the Behavioral Risk Factor Surveillance System (BRFSS). Starting in 2011, the BRFSS implemented a new weighting method known as raking. Raking improves the accuracy of BRFSS results by accounting for cell phone surveying and adjusting for a greater number of demographic differences between the survey sample and the statewide population. Raking replaced the previous weighting method known as post-stratification and is a primary reason why results from 2011 and later are not directly comparable to 2010 or earlier. BRFSS data is derived from population surveys. As such, the results have a margin of error associated with them that differs by indicator and by the population measured. For smaller populations, we aggregated data across two or more years to achieve a larger sample size and increase statistical significance. For margin of error information please refer to the CDC for national BRFSS data and to Idaho BRFSS for Idaho related data.