



St. Luke's Nampa Community Health Needs Assessment 2019



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Introduction

The St. Luke’s Nampa Community Health Needs Assessment (CHNA) is designed to help us better understand the most significant health challenges facing the individuals and families in our service area. St. Luke’s will use the information, conclusions, and health needs identified in our assessment to efficiently deploy our resources and engage with partners to achieve the following long term community health objectives:

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

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

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

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

For the purpose of sharing the results of this assessment with the community we serve, a complete copy of our 2019 CHNA is available on our public website.

Executive Summary

The St. Luke’s Nampa 2019 Community Health Needs Assessment (CHNA) provides a comprehensive analysis of our community’s most important health needs. Addressing our health needs is an essential opportunity to achieve improved population health, better patient care, and lower overall health care costs.

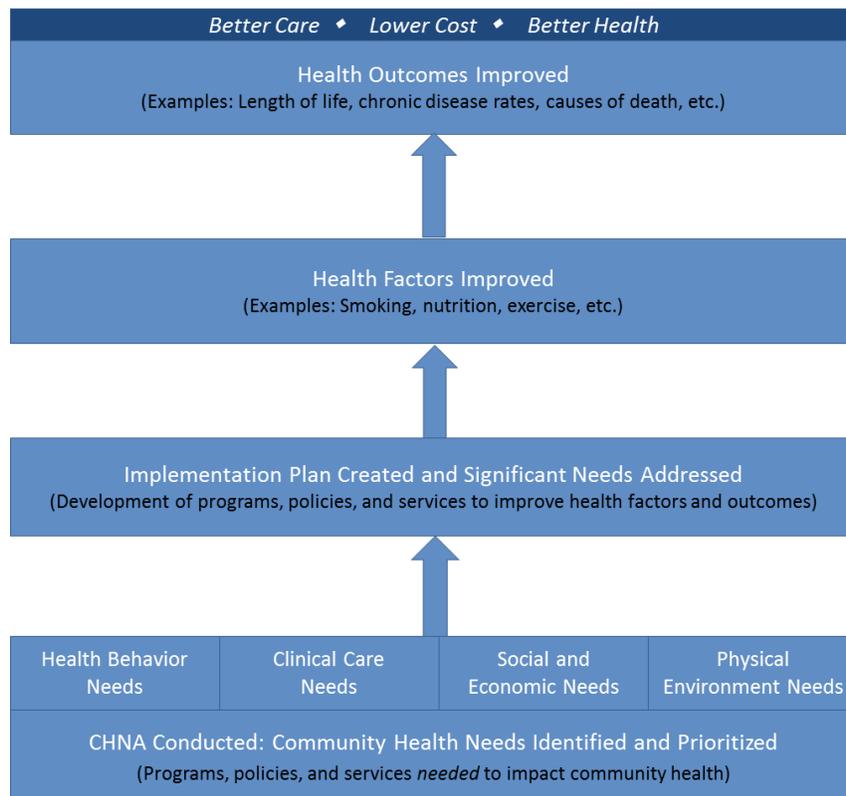
In our CHNA, we divide our health needs into four distinct categories: 1) health behaviors; 2) clinical care; 3) social and economic factors; and 4) physical environment. Each identified health need is included in one of these categories.

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

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

The chart, below, provides a summary of our approach to improving community health.

St. Luke’s Approach to Improving Community Health



Significant Community Health Needs

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

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

Group #2: Improve Mental Health and Reduce Suicide

Group #3: Reduce Drug Misuse

Group #4: Improve Access to Affordable Health Insurance

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

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

Obesity and diabetes are two of our community's most significant health needs. Over 70% of the adults in our community and more than 25% of the children in our state are either overweight or obese. Obesity and diabetes are serious concerns because they are associated with poorer mental health outcomes, reduced quality of life, and are leading causes of death in the U.S. and worldwide. ¹

Impact on Community

Obesity costs the United States about \$150 billion a year, or 10 percent of the national medical budget.² Besides excess health care expenditure, obesity also imposes costs in the form of lost productivity and foregone economic growth as a result of lost work days, lower productivity at work, mortality and permanent disability.³ Diabetes is also a serious health issue that can even result in death.⁴ Direct medical costs for type 2 diabetes accounts for nearly \$1 of every \$10 spent on medical care in the U.S. ⁵ Reducing obesity and diabetes will dramatically impact community health by providing an immediate and positive effect on many conditions including mental health; heart disease; some types of cancer; high blood pressure; dyslipidemia; kidney, liver and gallbladder disease; sleep apnea and respiratory problems; osteoarthritis; and gynecological problems.



¹ <https://www.cdc.gov/obesity/adult/causes.html>

² <http://www.cdc.gov/cdctv/diseaseandconditions/lifestyle/obesity-epidemic.html>

³ <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5409636/>

⁴ Idaho and National 2002 - 2016 Behavioral Risk Factor Surveillance System

⁵ America's Health Rankings 2015-2018, www.americashealthrankings.org

How to Address the Need

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

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

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

Affected Populations

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



⁶ <https://www.cdc.gov/obesity/adult/causes.html>

⁷ <http://www.cdc.gov/cdctv/diseaseandconditions/lifestyle/obesity-epidemic.html>

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

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

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

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

Affected Populations

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

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

¹¹ <https://www.nimh.nih.gov/health/statistics/mental-illness.shtml>

¹² <https://www.samhsa.gov/suicide-prevention/samhsas-efforts>

¹³ Substance Abuse and Mental Health Services Administration, Behavioral Health Report, United States, 2012 pages 29 - 30

¹⁴ Idaho Suicide Prevention Plan: An Action Guide, 2011, Page 9

¹⁵ <http://www.cdc.gov/healthypplaces/healthtopics/physactivity.htm>,
<http://www.cdc.gov/obesity/adult/causes.html>

¹⁶ Idaho 2011 - 2016 Behavioral Risk Factor Surveillance System

¹⁷ <https://www.samhsa.gov/suicide-prevention/at-risk-populations>

Significant Health Need #3: Reduce Drug Misuse

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



Impact on Community

Reducing drug misuse can have a positive impact on society on multiple levels. Directly or indirectly, every community is affected by drug misuse and addiction, as is every family. This includes health care expenditures, lost earnings, and costs associated with crime and accidents. This is an enormous burden that affects all of society - those who abuse these substances, and those who don't. 50% to 80% of all child abuse and neglect cases substantiated by child protective services involve some degree of substance abuse by the child's parents.¹⁹

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



¹⁸ <https://www.cdc.gov/media/releases/2018/p0329-drug-overdose-deaths.html>

¹⁹ <http://archives.drugabuse.gov/about/welcome/aboutdrugabuse/magnitude/>

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

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

How to Address the Need

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

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

Affected Populations

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

²⁰ <https://addiction.surgeongeneral.gov/executive-summary>

²¹ <https://www.drugabuse.gov/related-topics/health-consequences-drug-misuse>

²² <https://www.samhsa.gov/prescription-drug-misuse-abuse/specific-populations>

²³ <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3276339/>

²⁴ <https://www.denverpost.com/2017/08/02/trump-health-chief-tours-colorado-springs-gym/>

²⁵ Idaho 2011 - 2016 Behavioral Risk Factor Surveillance System

²⁶ <https://www.samhsa.gov/prescription-drug-misuse-abuse/specific-populations>

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

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



Impact on Community

Uninsured adults have less access to recommended care, receive poorer quality of care, and experience more adverse outcomes (physically, mentally, and financially) than insured individuals. The uninsured are less likely to receive preventive and diagnostic health care services, are more often diagnosed at a later disease stage, and on average receive less treatment for their condition compared to insured individuals. At the individual level, self-reported health status and overall productivity are lower for the uninsured. The Institute of Medicine reports that the uninsured population has a 25% higher mortality rate than the insured population.²⁷

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

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

²⁸ <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2881446/>

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

How to Address the Need:

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

Affected populations:

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

²⁹ <https://www.ncbi.nlm.nih.gov/pubmed/28574234>

³⁰ Ibid

Other Health Needs

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

Next Steps

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

St. Luke's Nampa Overview

Background

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

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

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

Mission, Vision, and Core Values

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

Our mission is “To improve the health of people in the communities we serve.”

Our vision is “To be the community’s trusted partner in providing exceptional, patient-centered care.”

Our core values are:



Integrity

Compassion

Accountability

Respect

Excellence

Governance Structure

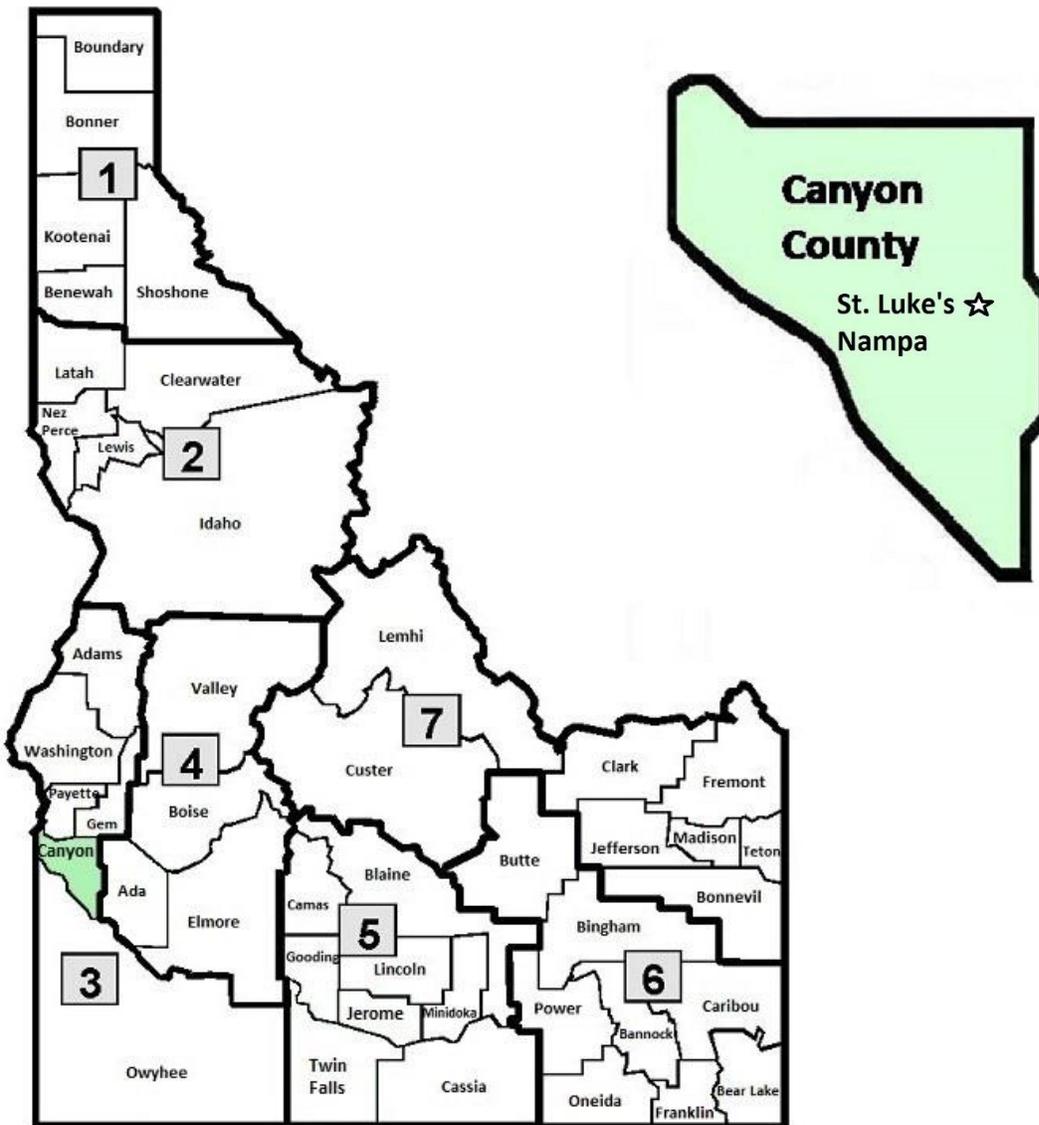
Each St. Luke’s medical center is responsive to the people it serves, providing a scope of service appropriate to community needs. Our volunteer boards include representatives from each St. Luke’s service area, helping to ensure local needs and interests are addressed.

The Community We Serve

This section describes our community in terms of its geography and demographics. Canyon County represents the geographic area used to define the community we serve also referred to here as our primary service area. The criteria we use in selecting this area as the community we serve is to include the entire population of the counties where at least 70% of our in-patients visits. The residents of Canyon County comprise over 70% of our in-patient visits. Canyon County is part of Idaho Health District Region 3, as shown in the map below.

Idaho Health District Map ³¹

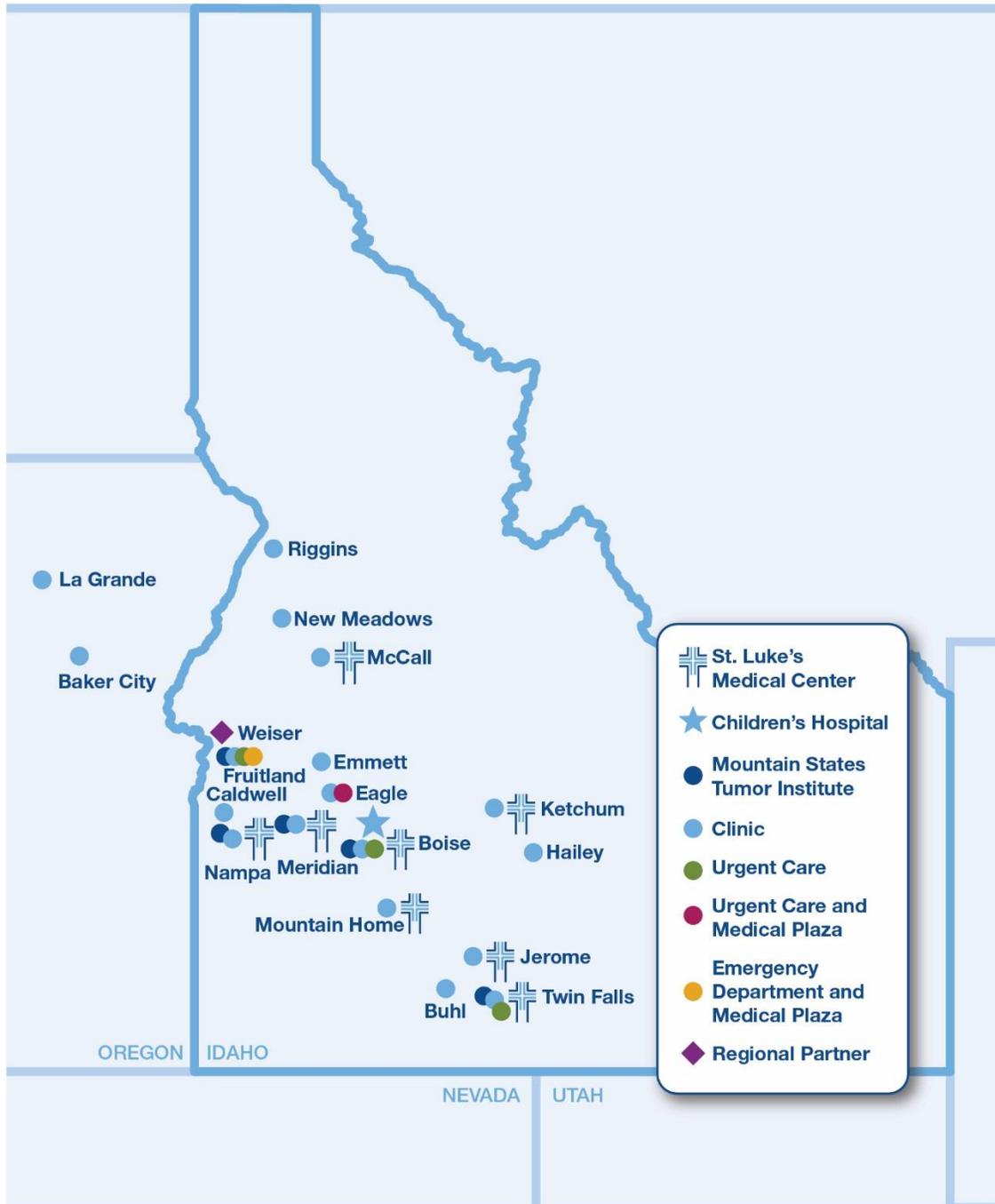
Canyon County Map



³¹ Idaho Behavioral Risk Factor Surveillance System Annual Report 2016

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

St. Luke's Regional Relationships Map



Community Demographics

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

Both Idaho and our service territory are comprised of about a 95% white population while the nation as a whole is 78% white. The Hispanic population in Idaho represents 12% of the overall population and about 25% of our community.

Population by Race and Ethnicity 2016³²

Residence	Total Population	Race				Ethnicity	
		White	Black	American Indian or Alaska Native	Asian or Pacific Islander	Non-Hispanic	Hispanic
Canyon	211,698	201,444	2,409	4,286	3,559	158,681	53,017
Idaho	1,683,140	1,596,443	20,021	34,218	32,458	1,475,397	207,743
National (000)	323,127	252,702	45,307	4,630	20,487	265,657	57,470
Canyon		95%	1%	2%	2%	75%	25%
Idaho		95%	1%	2%	2%	88%	12%
National		78%	14%	1%	6%	82%	18%

³² Bureau of Vital Records and Health Statistics, Idaho Department of Health and Welfare (1/2018). The bridged-race population estimates were produced by the Population Estimates Program of the U.S. Census Bureau in collaboration with the National Center for Health Statistics (NCHS). Internet release date March 17, 2018.

Population Growth 2000-2016

Idaho experienced a 30% increase in population from 2000 to 2016, ranking it as one of fastest growing states in the country.³³ Canyon County has followed that trend, experiencing an even more rapid 62% increase in population within that timeframe.³⁴

Region	Population April 2000	Population April 2016	Percent Change
Service Area	131,441	211,698	61%
Idaho	1,293,953	1,683,140	30%
United States	281,421,906	323,127,513	15%

Aging

Since the year 2000, the 45 to 64 year old age group was the fastest growing segment of our community. Currently, about 13% of the people in our community are over the age of 65.³⁵

Year	Population by Age			
	Age 0-19	Age 20-44	Age 45-64	Age 65+
2000	44,822	47,103	25,055	14,461
Percent of Total	34%	36%	19%	11%
2010	65,235	62,542	40,750	20,396
Percent of Total	35%	33%	22%	11%
2016	68,146	68,664	47,004	27,884
Percent of Total	32%	32%	22%	13%

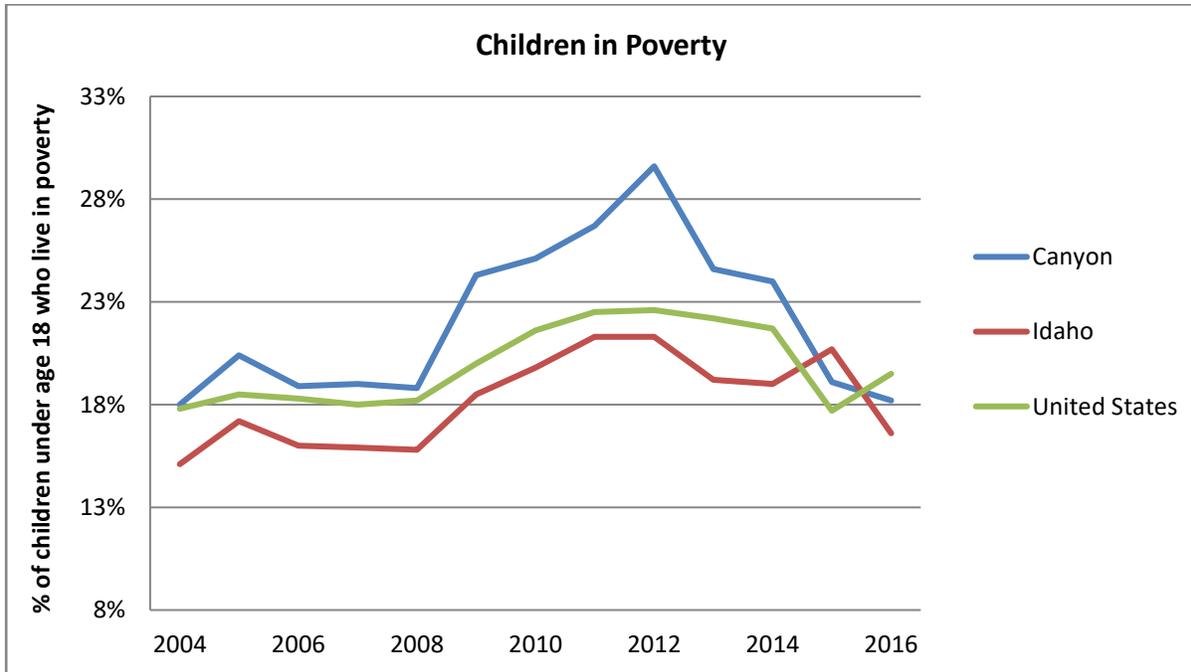
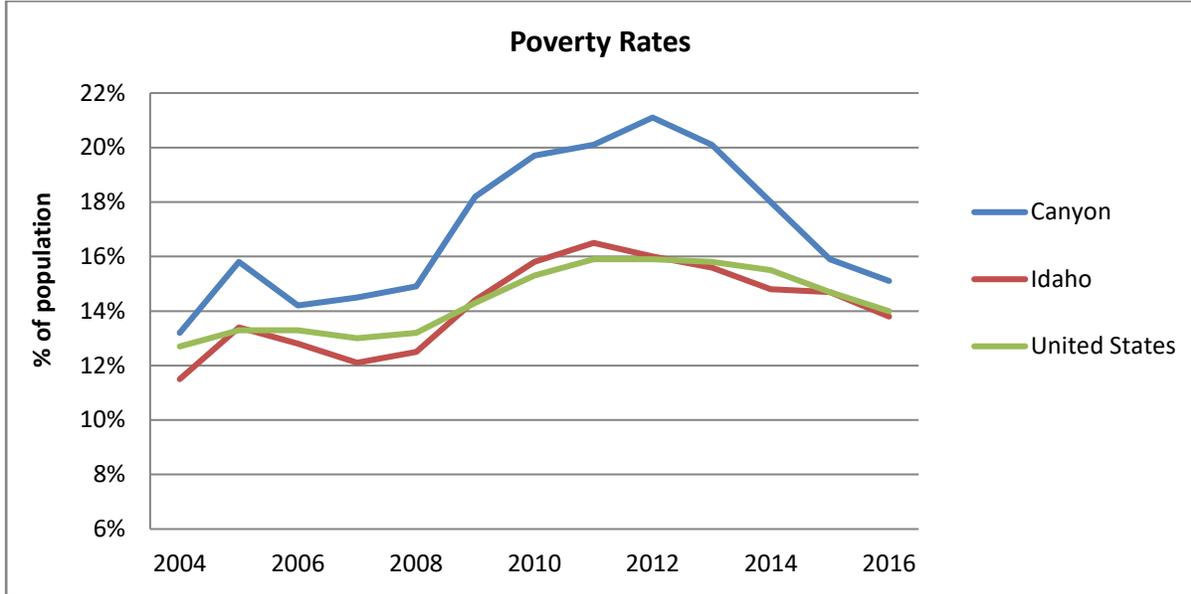
³³ U.S. Census Bureau: <http://quickfacts.census.gov/qfd/index.html> 2016

³⁴ Idaho Vital Statistics County Profile 2016

³⁵ Ibid

Poverty Levels

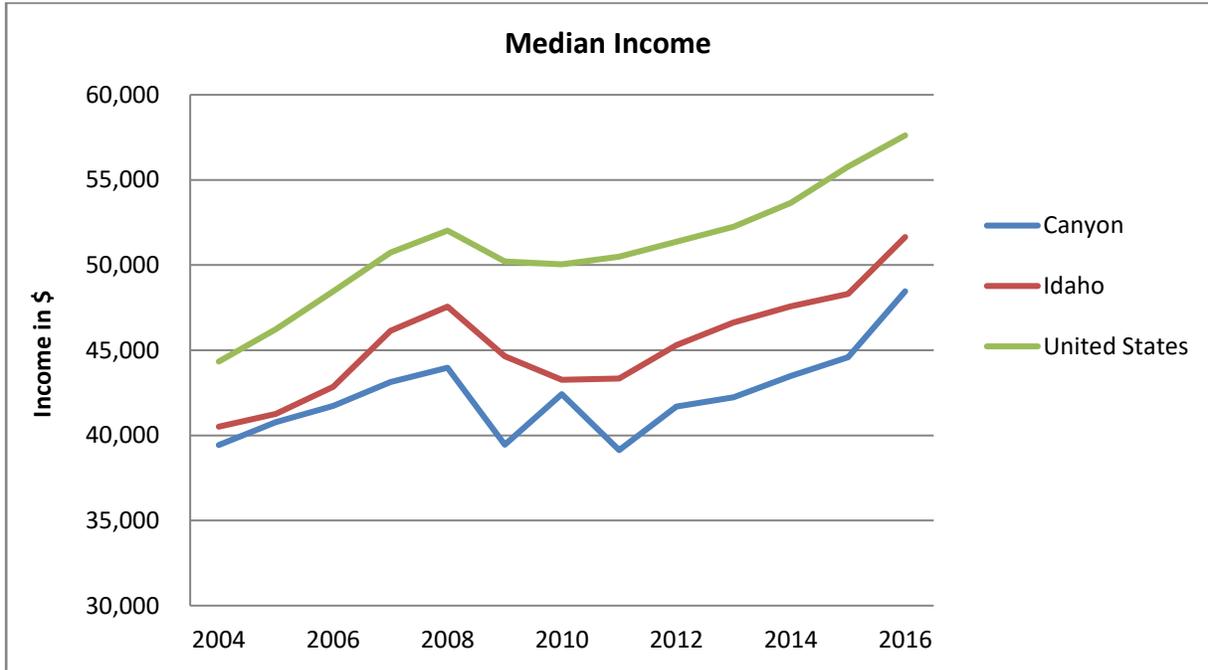
The official United States poverty rate increased from 12.5% in 2003 to 14% in 2016. Our service area poverty rate is slightly higher than the national average. The poverty rate in our community for children under the age of 18 is about the same as the national average.³⁶



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

Median Household Income

Median income in the United States has risen by 33% since 2004. However, growth in income was a slower 23% in Idaho and in our service area during that period. Median income in Canyon County is well below the national median and lower than Idaho's median income.³⁷



³⁷ Ibid

Community Health Needs Assessment Methodology

St. Luke's 2019 Community Health Needs Assessment (CHNA) is designed to help us better understand and meet our most significant community health challenges. The methodology used to accomplish this goal is described below.

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

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

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

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

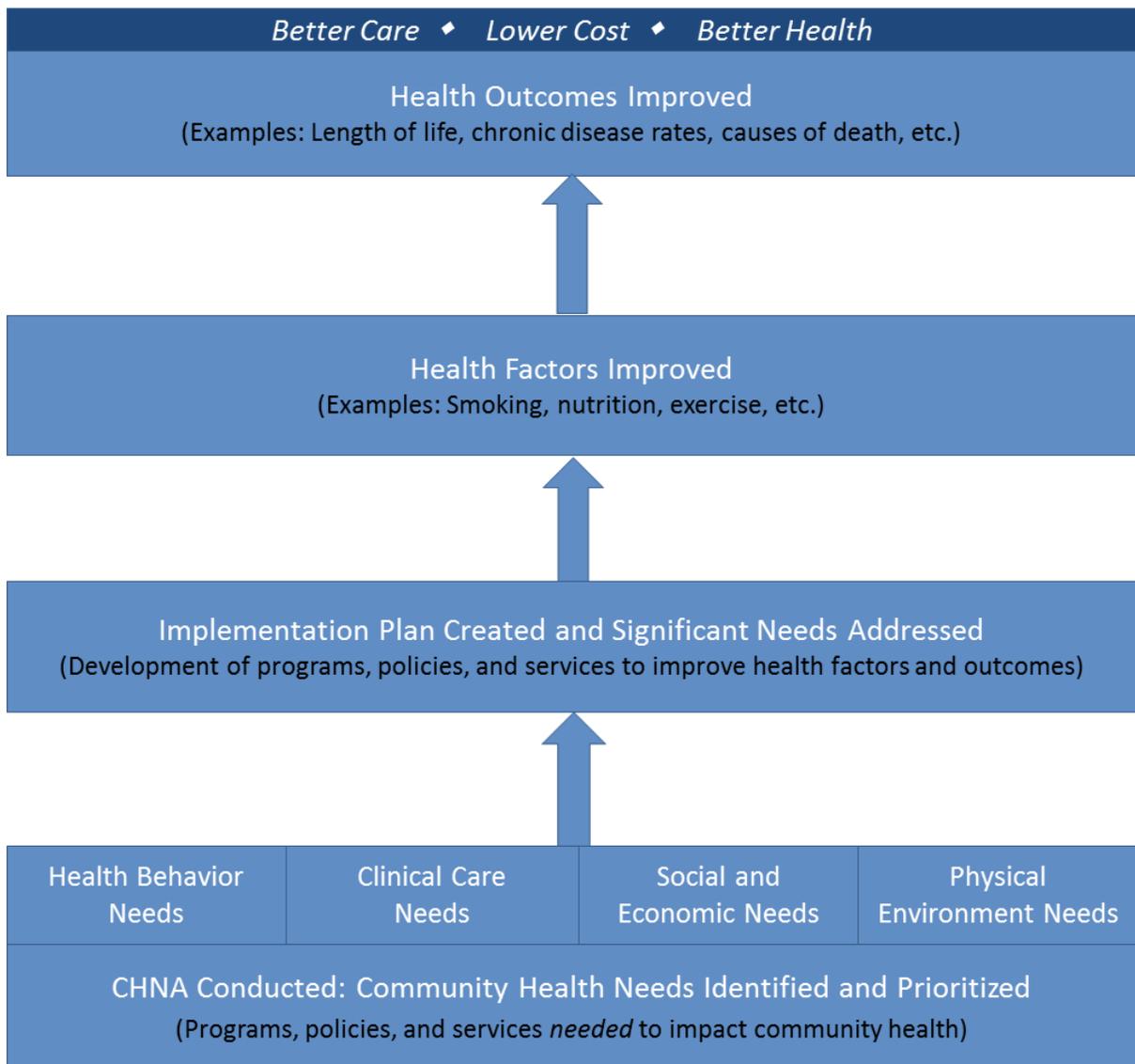
1. The **County Health Rankings** methodology for measuring community health. The University of Wisconsin Population Health Institute, in collaboration with the Robert Wood Johnson Foundation, developed the *County Health Rankings*. The *County Health Rankings* provides a thoroughly researched process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

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

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

The chart, below, provides a summary of our approach to improving community health.

St. Luke's Approach to Improving Community Health



Health Outcome and Health Factor Research Scoring System

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

- Each health outcome or factor receives a **trend** score from 0 to 4, based on whether the measured value is getting better or worse compared to previous years. If the trend is getting worse, community health may be improved by understanding the underlying causes for the worsening trend and addressing those causes.
- A **prevalence** score from 0 to 4 is assigned based on whether the community’s health outcome is better or worse than the national average. The worse the community health outcome is relative to the national average, the higher the assigned value because there is more room for improvement.
- The **severity** of the health outcome or factor is scored from 0 to 4 based on the direct influence it has on general health and whether it can be prevented. Therefore, leading causes of death or debilitating conditions receive high severity scores when the health problem is preventable. For example, there are few evidence-based ways to prevent pancreatic cancer. Since little can be done to prevent this health concern, its severity score potential is not as high as the severity score for a condition such as diabetes which has many evidence-based prevention programs available.
- The **magnitude** of the health outcome or factor is scored from 0 to 4 based on whether the problem is a root cause or contributing factor to other health problems. The magnitude score is the highest when the health outcome or factor is also manageable or can be controlled. For example, obesity is a root cause of a number of other health problems such as diabetes, heart disease, and high blood pressure. Obesity may also be controlled through diet and exercise. Consequently, obesity has the potential for a high point score for “magnitude.”

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

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

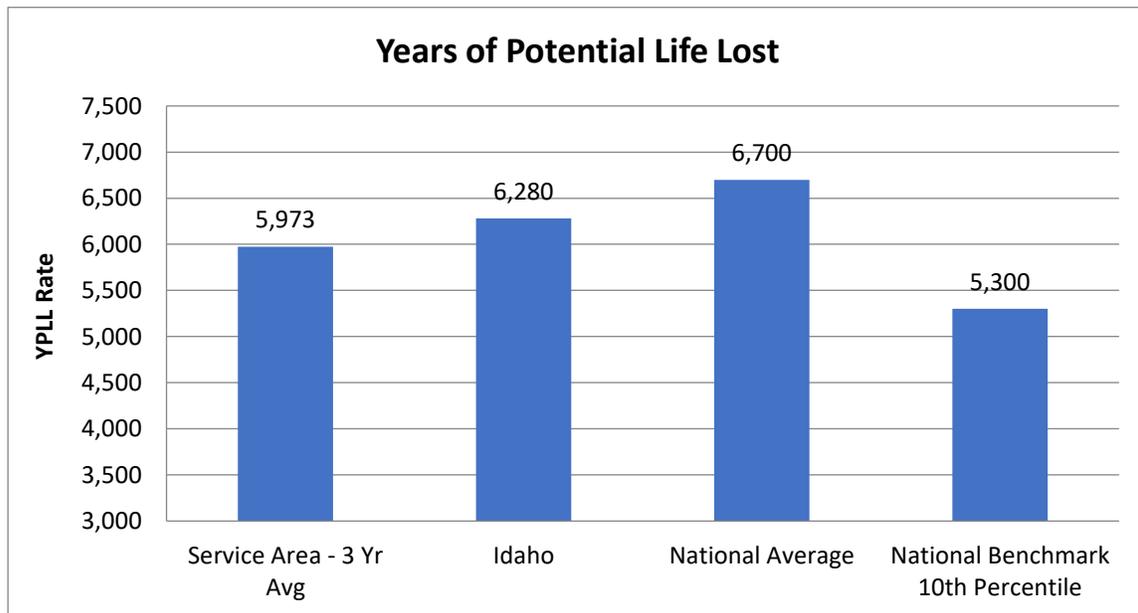
Health Outcome Measures and Findings

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

Mortality Measure

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

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



The chart above shows our service area YPLL for 2016 is significantly lower (better) than the national average.³⁸ This is an excellent outcome, indicating that on average people in our service area are not dying prematurely.³⁹

³⁸ *County Health Rankings* 2018. Accessible at www.countyhealthrankings.org (used for national YPLL top 10% 2010 - 2012 average)

³⁹ Bureau of Vital Records and Health Statistics, Idaho Department of Health and Welfare (1/2015) (Idaho and county data)

Morbidity Measures

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

Health Related Quality of Life (HRQOL)

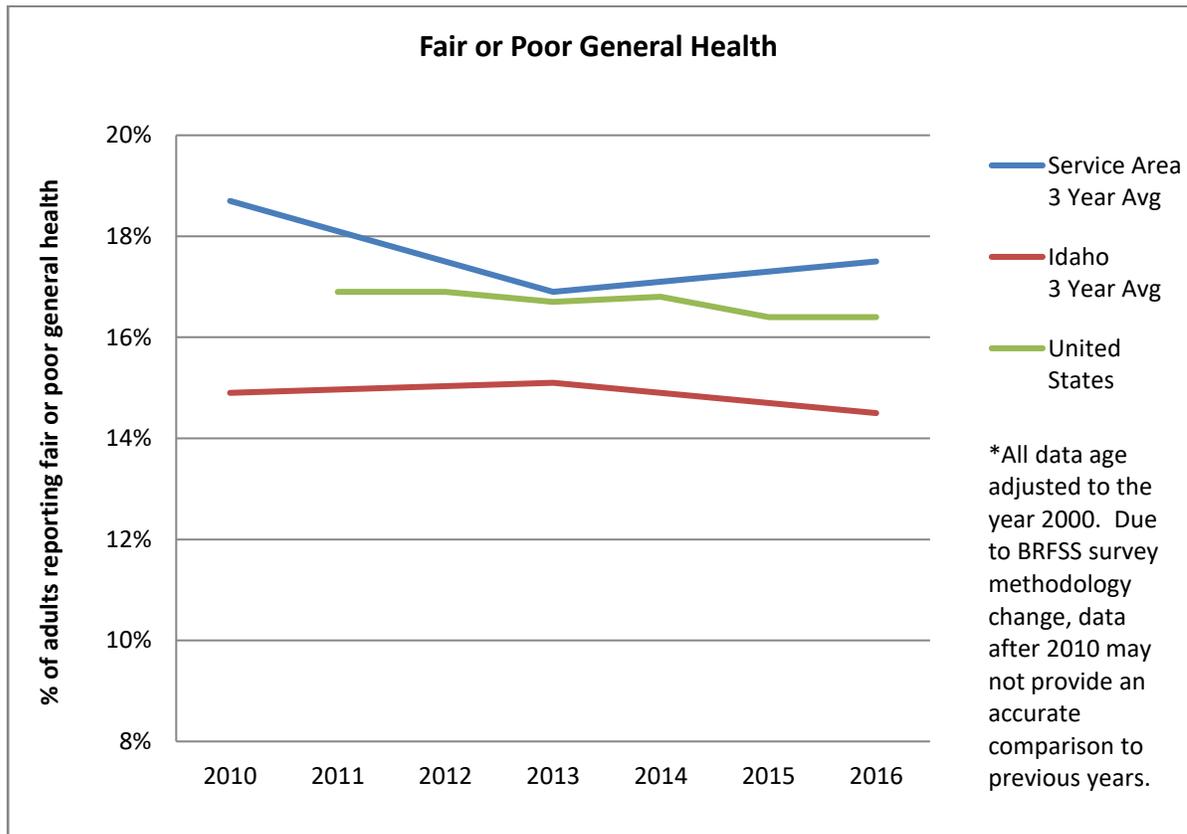
Understanding the health related quality of life of the population helps communities identify unmet health needs. Three measures from the CDC’s Behavioral Risk Factor Surveillance System (BRFSS) are used to define health-related quality of life: 1) The percent of adults reporting fair or poor health, 2) the average number of physically unhealthy days reported per month, and 3) the number of mentally unhealthy days reported per month.

Researchers have consistently found self-reported general, physical, and mental health measures to be informative in determining overall health status. Analysis of the association between mortality and self-rated health found that people with “poor” self-rated health had a twofold higher mortality risk compared with persons with “excellent” self-rated health. The analysis concludes that these measures are appropriate for measuring health among large populations.⁴⁰

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

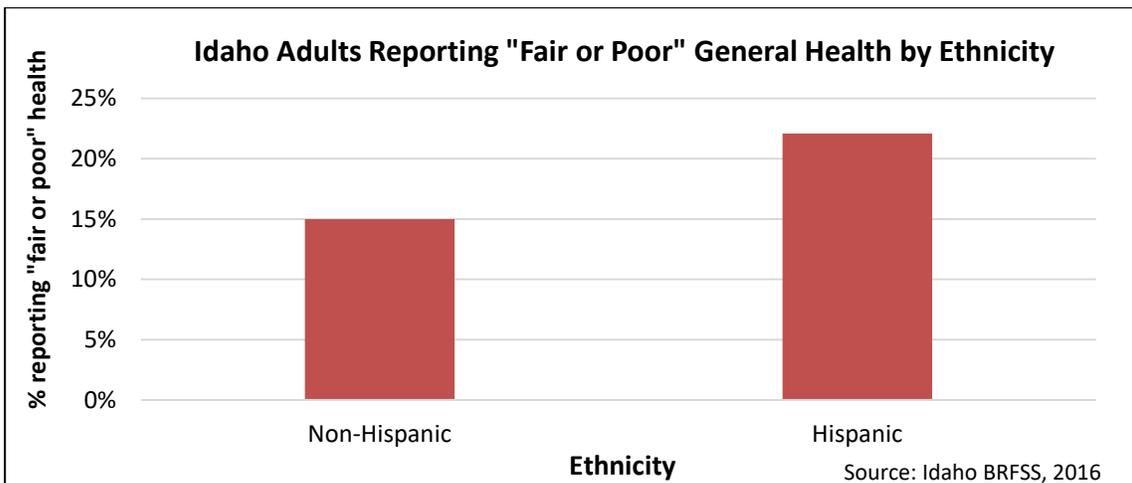
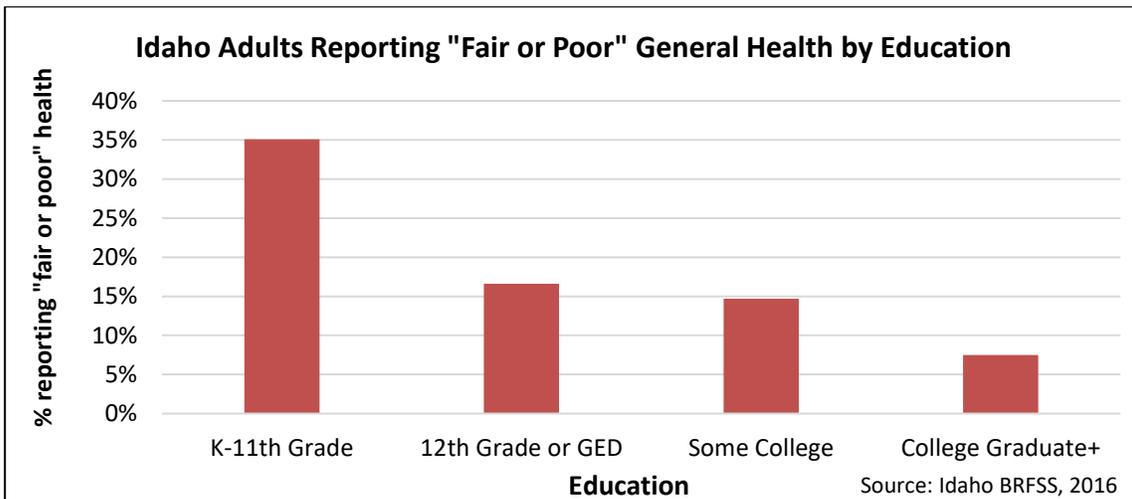
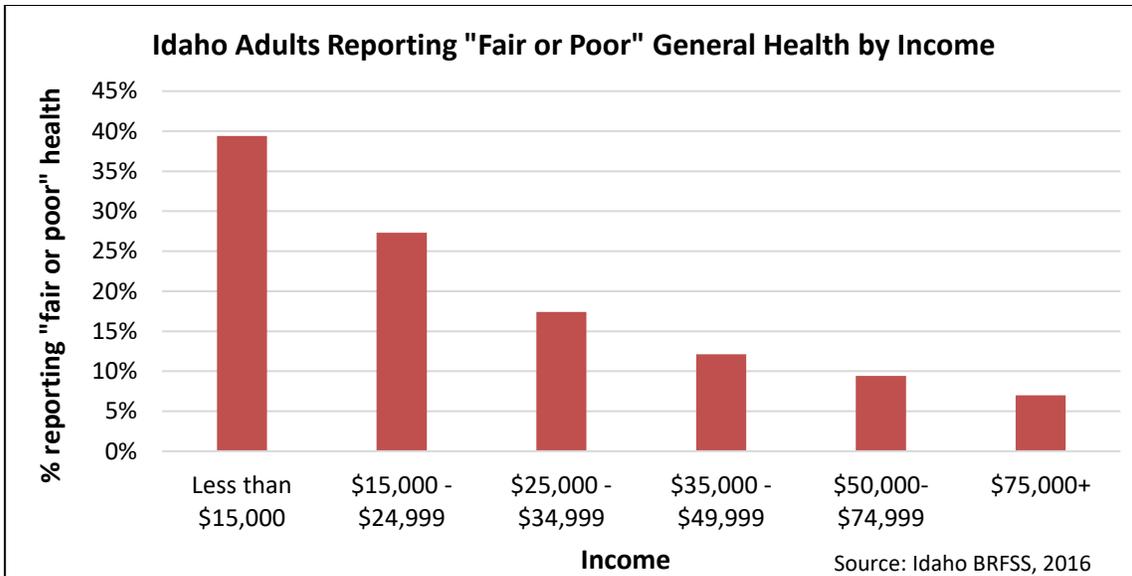
- **"Fair or Poor" General Health**

Fourteen point five percent (14.5%) of Idaho adults reported their health status as fair or poor in 2016, which is approximately the same as in 2010. For our service area, the percent of people reporting fair or poor health is lower than it was in 2010 and is at 17.5% in 2016.⁴¹



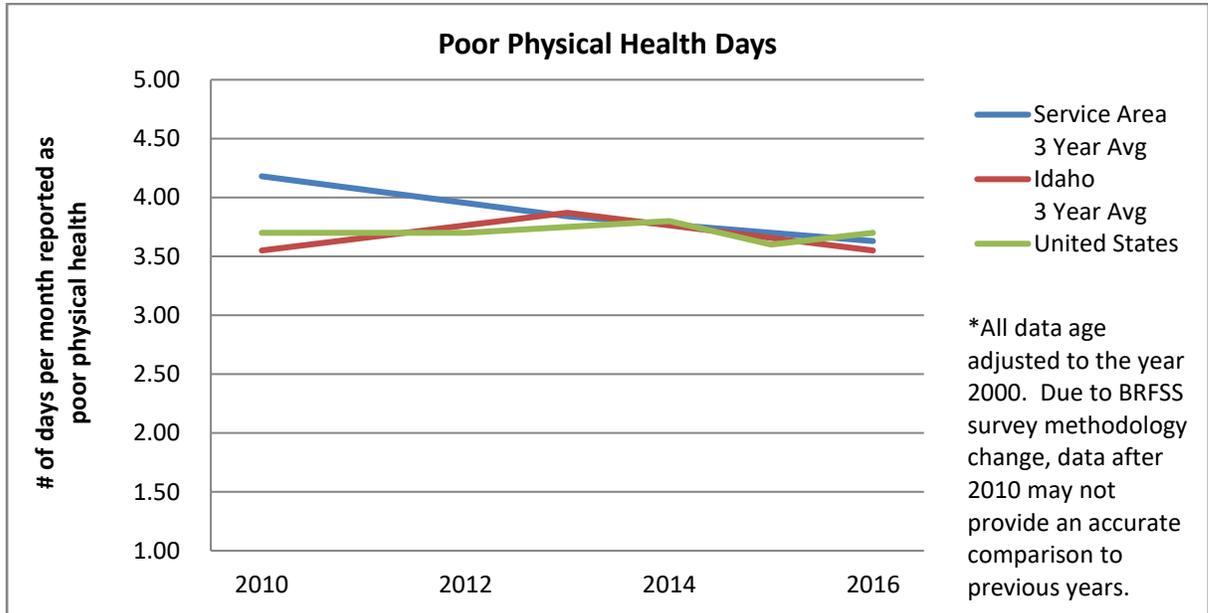
The charts below show that income and education greatly affect the levels of reported fair or poor general health. For example, people with incomes of less than \$15,000 are five times more likely to report fair or poor general health than those with incomes above \$75,000. In addition, Hispanics are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

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



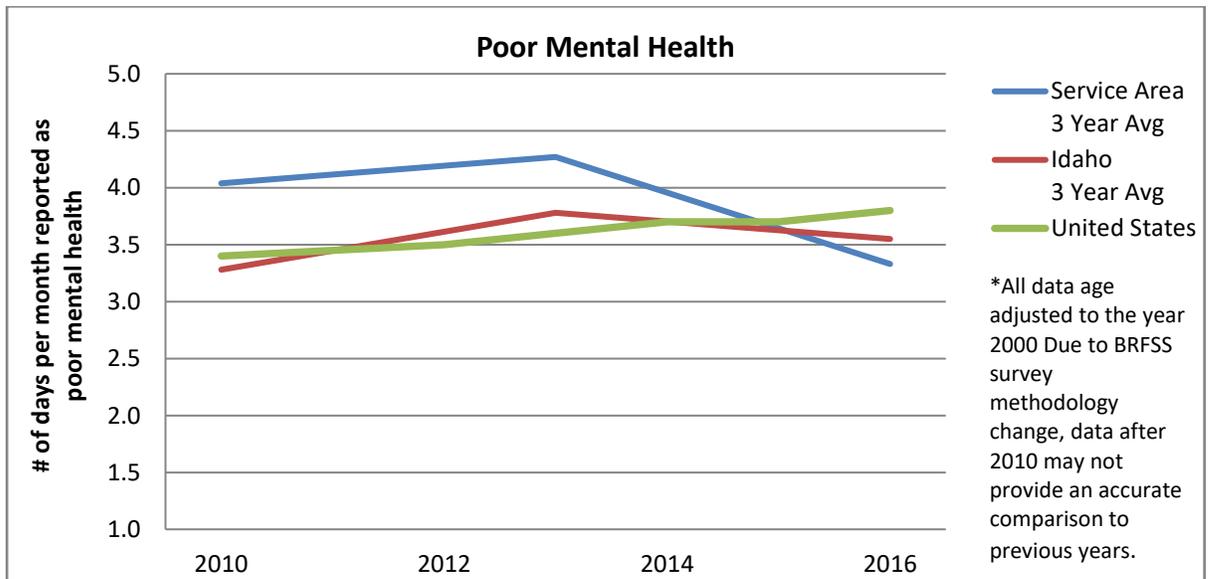
- **Poor Physical Health Days**

The number of reported poor physical health days for our service area is about the same as the national average.⁴² The national top 10th percentile (best) is 3 days.⁴³



- **Poor Mental Health Days**

The number of poor mental health days is slightly below the national average for our service area. The national top 10th percentile is 3.1 days per month.



⁴² Idaho 2016 Behavioral Risk Factor Surveillance System

⁴³ County Health Rankings 2018. Accessible at www.countyhealthrankings.org.

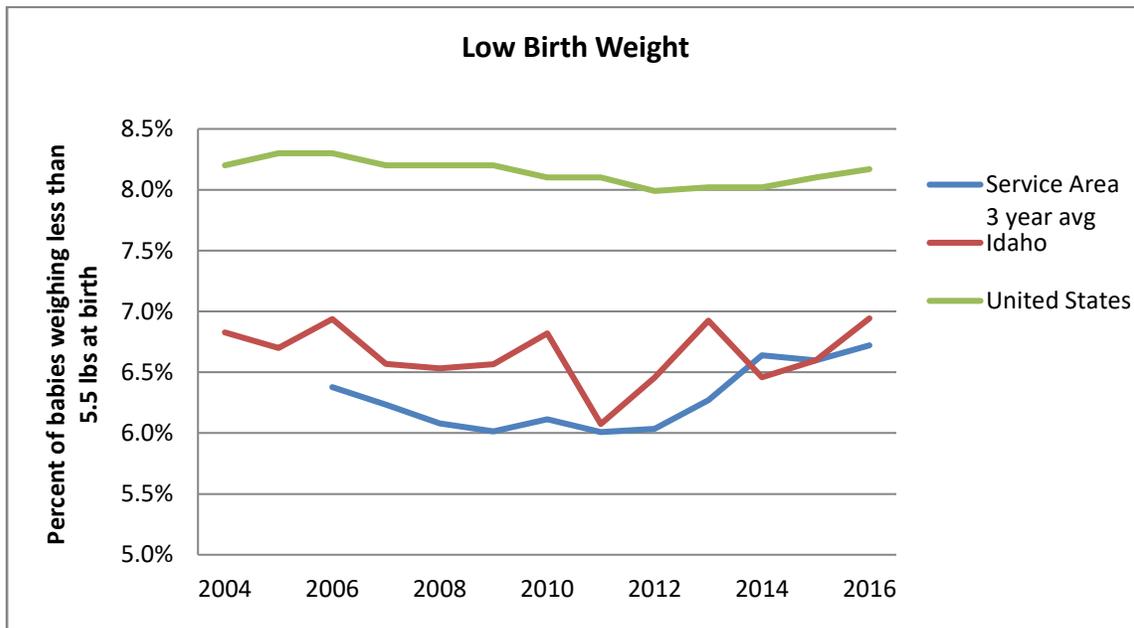
- **Low Birth Weight**

Low birth weight (LBW) is unique as a health outcome because it represents two factors: maternal exposure to health risks and the infant’s current and future morbidity, as well as premature mortality risk. The health associations and impacts of LBW are numerous.⁴⁴

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

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

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



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

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

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

⁴⁶ America’s Health Rankings 2015-2018, www.americashealthrankings.org

County Health Rankings Health Outcomes Ranking for Our Community

The *County Health Rankings* ranks the counties within each state on the health outcome measures described above. Canyon County's 2018 overall outcome rank is 22nd out of a total of 42 counties in Idaho.⁴⁷ Using the health factor and health needs information described later in our CHNA, programs will be developed to improve health outcome measures over the course of the next three years.

⁴⁷ University of Wisconsin Population Health Institute. *County Health Rankings* 2018. Accessible at www.countyhealthrankings.org

Additional Health Outcome Measures and Findings

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

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

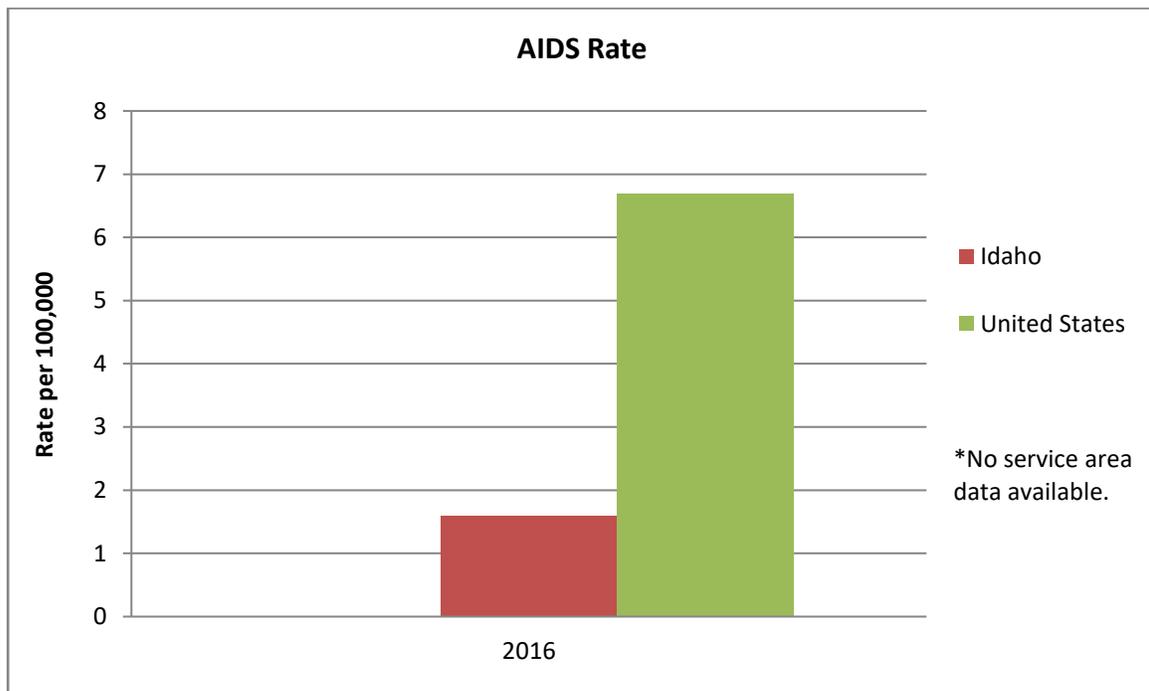
Chronic Disease Prevalence

Chronic disease prevalence provides insights into the underlying reasons for poor mental and physical health. Many of these diseases are preventable or can be treated more effectively if detected early. Consequently, we added measurement and trend data on the following chronic conditions: AIDS, arthritis, asthma, diabetes, high blood pressure, high cholesterol, and mental illness.

- **AIDS**

The AIDS rate in Idaho is well below the national rate.⁴⁸ The trend in Idaho has been relatively flat from 2004.⁴⁹

The risk of contracting HIV is particularly high for young, gay, bisexual, and other men who have sex with men (MSM). In 2014, gay and bisexual men accounted for an estimated 70% (26,200) of new HIV infections in the United States. African Americans are more likely to have HIV than any other racial/ethnic group in the United States (US). At the end of 2014, an estimated 471,500 African Americans were living with HIV (43% of everyone living with HIV in the United States).⁵⁰ Young people in the US are also more at risk for HIV infection accounting for 21% of all new HIV infections in 2016. HIV prevention programs, including education on abstinence and safe sex, will be helpful to younger people who did not benefit from the outreach conducted in the 1980s and 1990s.⁵¹



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

⁴⁸ www.statehealthfacts.org

⁴⁹ www.healthandwelfare.idaho.gov/Portals/0/Health/Disease/STD%20HIV/2016_Facts_Book_FINAL.pdf

⁵⁰ <http://www.cdc.gov/HIV/TOPICS/>

⁵¹ <http://www.cdc.gov/hiv/youth/>

- **Arthritis**

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

Other Highlights:

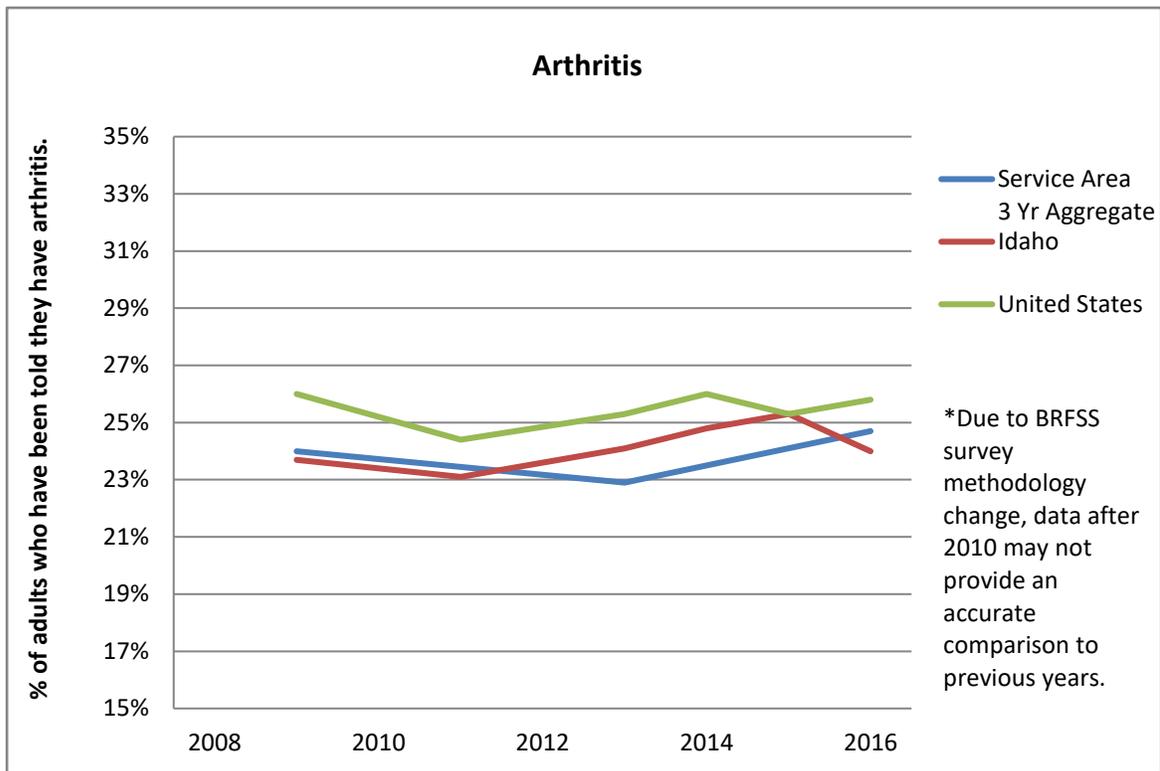
- Idaho residents with incomes below \$25,000 per year were more likely to have arthritis than those with incomes of \$25,000 or higher (34% compared with 31%).
- Hispanics were significantly less likely than non-Hispanics to have been diagnosed with arthritis (8.8% compared with 25.4%).
- Overweight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

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

- Maintain recommended weight. Women who are overweight have a higher risk of developing osteoarthritis in the knees.
- Regular exercise can help by strengthening muscles around joints and increasing bone density.
- Avoid smoking and limit alcohol consumption to help avoid osteoporosis. Both habits weaken the structure of bone increasing the risk of fractures.⁵³

⁵² Idaho and National 2002 - 2016 Behavioral Risk Factor Surveillance System

⁵³ Arthritis Foundation, <http://www.arthritis.org/preventing-arthritis.php>

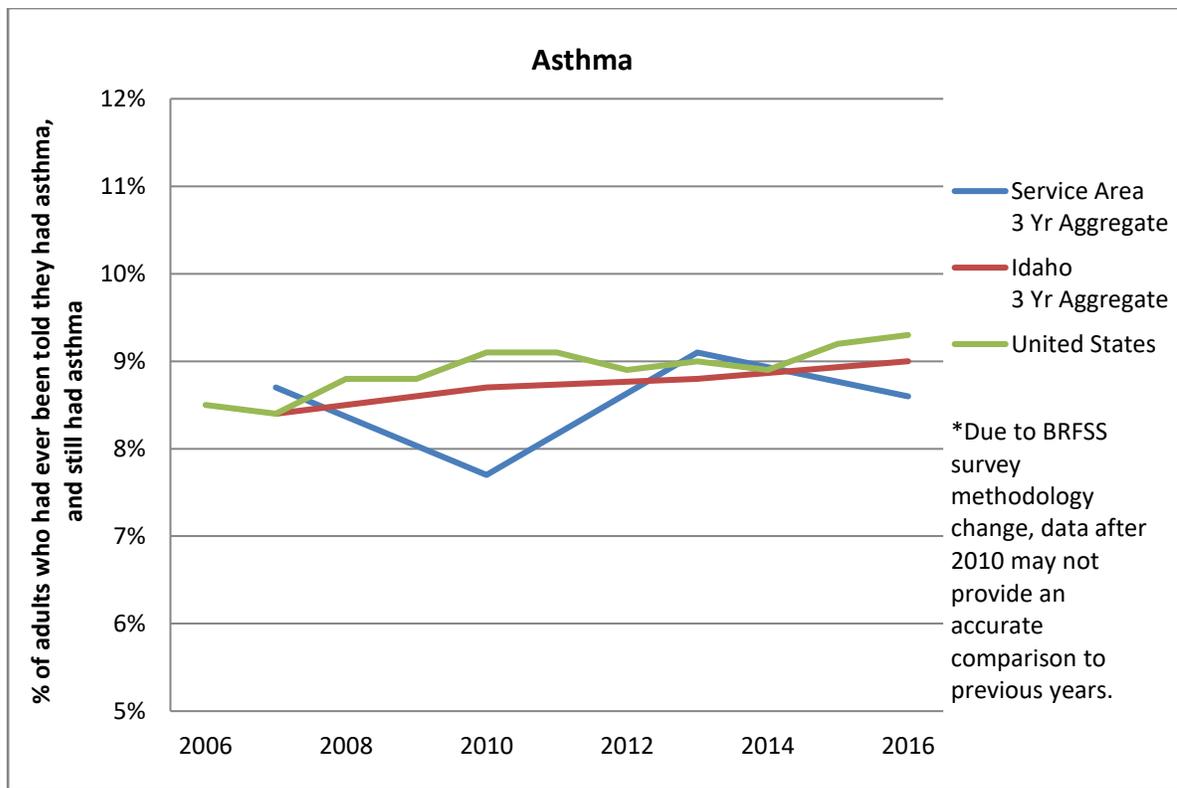


Health Factor Score					
Low score = Low potential for health impact			High score = High potential for health impact		
	Trend: Better/Worse	Prevalence versus U.S.	Severe/ Preventable	Magnitude: Root Cause	Total Score
Arthritis	2	2	2	0	6

- **Asthma**

The percentage of people with asthma in our service area has been essentially flat since 2005. Thirty percent (30%) of adults with current asthma reported their general health status as “fair” or “poor,” which is more than twice as high as people who did not have asthma (only 13.7% of people without asthma reported fair or poor health). Females, unemployed, and non-college graduates are more likely to have current asthma.⁵⁴

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



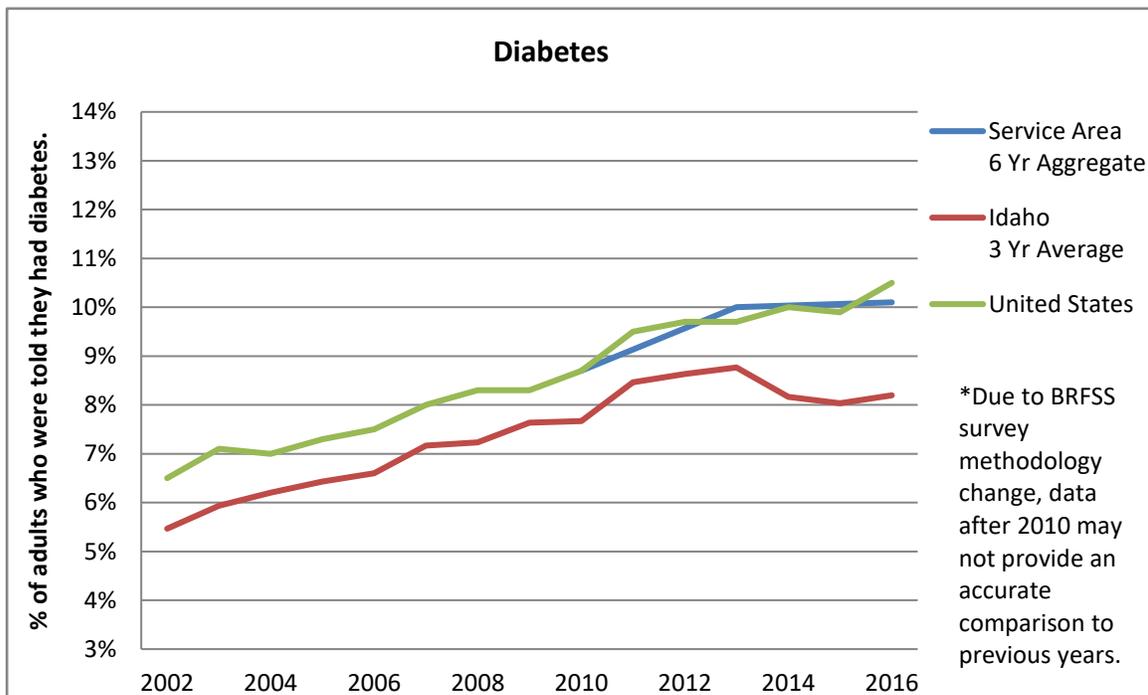
Health Factor Score					
Low score = Low potential for health impact			High score = High potential for health impact		
	Trend: Better/Worse	Prevalence versus U.S. Average	Severe/ Preventable	Magnitude: Root Cause	Total Score
Asthma	2	2	2	0	6

⁵⁴ Idaho and National 2002 - 2016 Behavioral Risk Factor Surveillance System

⁵⁵ http://www.nhlbi.nih.gov/health//dci/Diseases/Asthma/Asthma_Treatments.html

- **Diabetes**

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



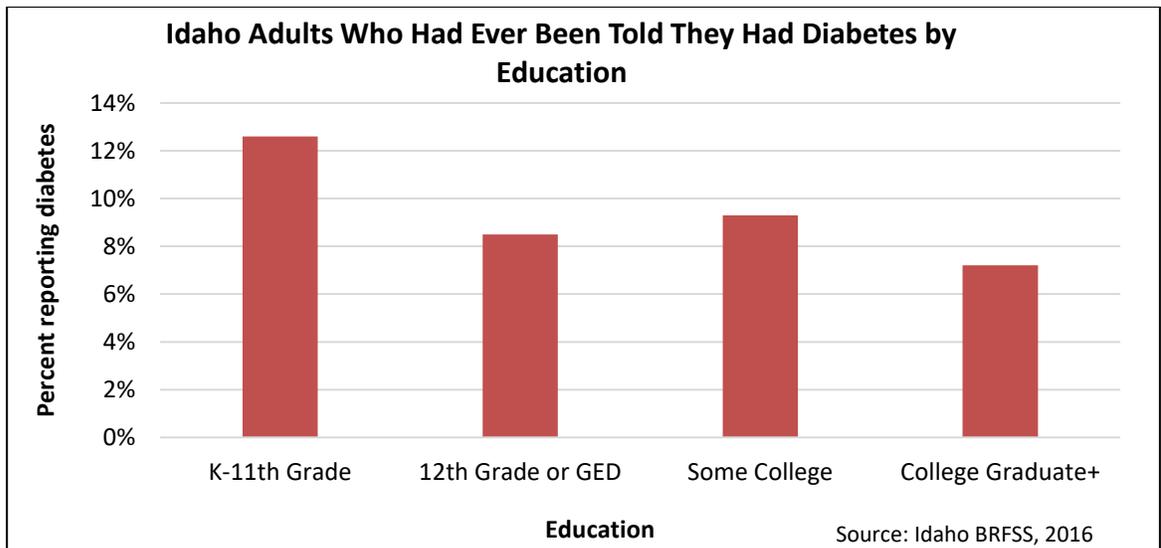
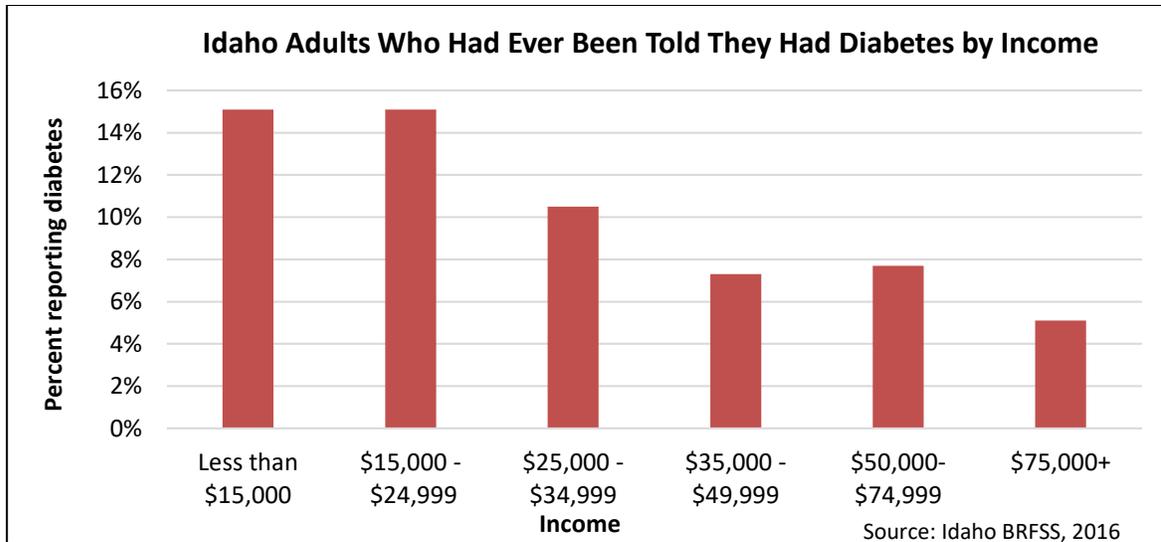
Other Highlights:

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

⁵⁶ Idaho and National 2002 - 2016 Behavioral Risk Factor Surveillance System

⁵⁷ America's Health Rankings 2015-2018, www.americashealthrankings.org

⁵⁸ Ibid.



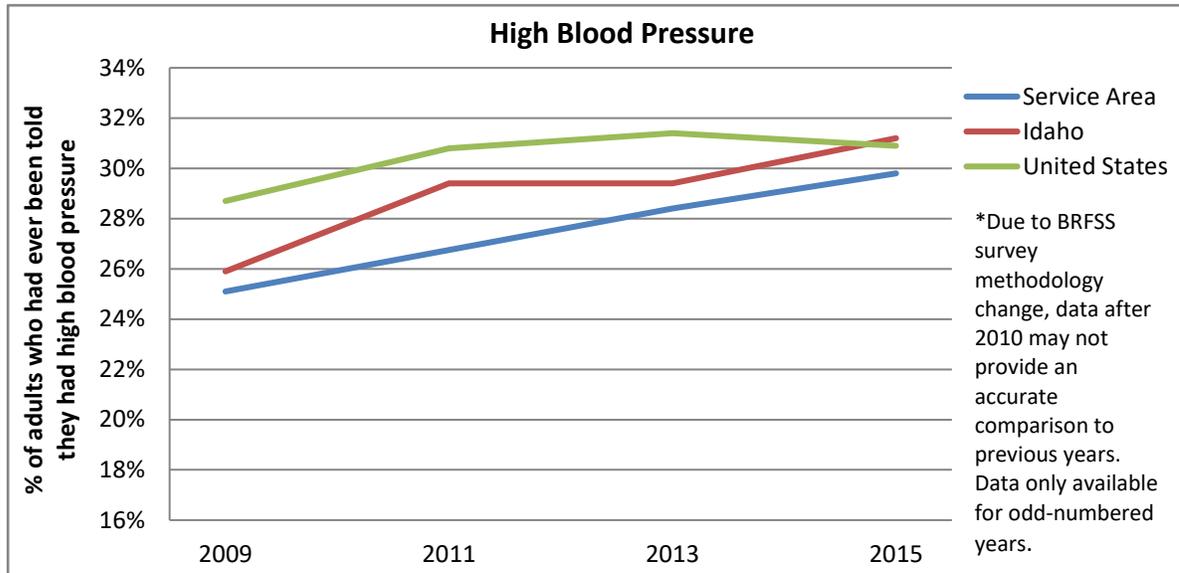
Studies indicate that the onset of type 2 diabetes can be prevented through weight loss, increased physical activity, and improving dietary choices. Diabetes can be managed through regular monitoring, following a physician-prescribed care regimen, adjusting diet, and maintaining a physically active lifestyle.⁵⁹

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

⁵⁹ America's Health Rankings 2015- 2018, www.americashealthrankings.org

- **High Blood Pressure**

The incidence of high blood pressure in the United States has continued to rise steadily over time. Currently, about one in every three Americans suffers from high blood pressure. Although blood pressure rates in our service area are slightly below the national level, the long-term trend is not improving. High blood pressure is a major risk factor for heart disease, stroke, congestive heart failure, and kidney disease.⁶⁰



- Those with incomes below \$35,000 per year were significantly more likely to have been told they had high blood pressure than those with annual incomes of \$50,000 or more.
- Those who were overweight (BMI > 25) reported having high blood pressure twice as often as those who were not overweight (BMI < 25).
- Adults who had been told they had high blood pressure were significantly more likely to have been told by a health professional that they also have angina or coronary heart disease.⁶¹

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

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

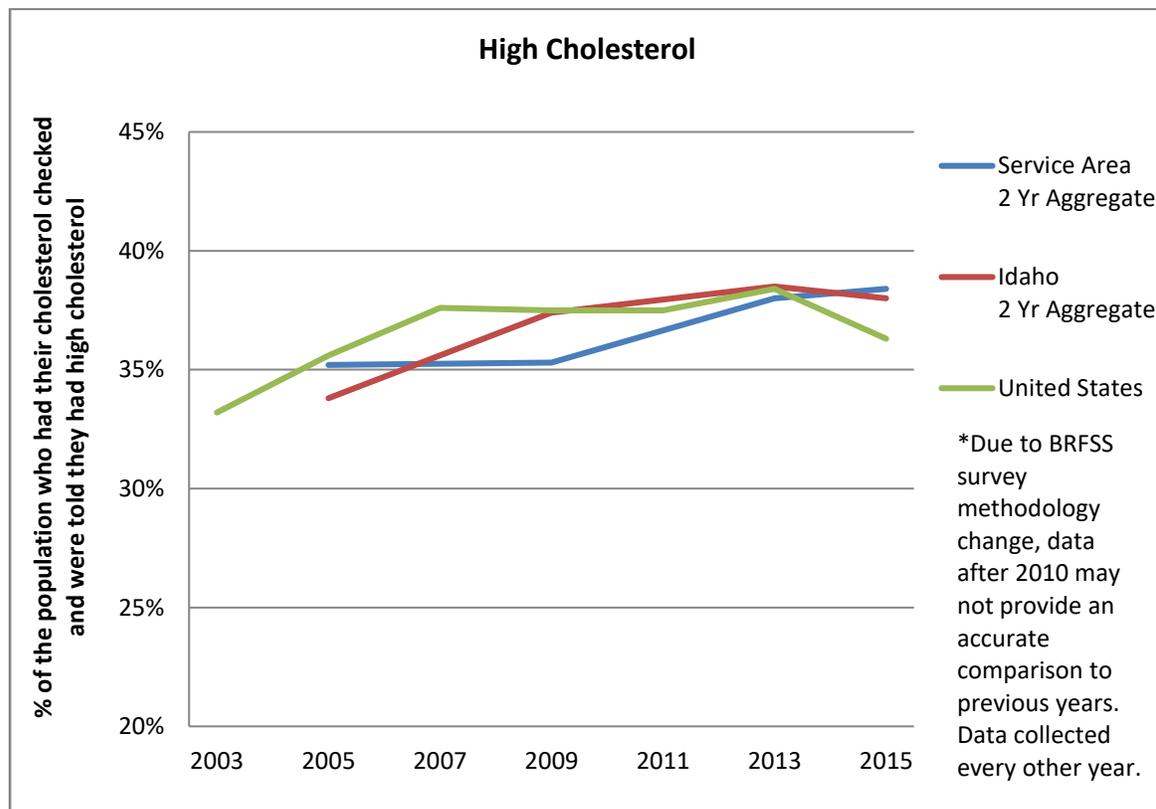
⁶⁰ Ibid

⁶¹ Idaho and National 2002 - 2016 Behavioral Risk Factor Surveillance System

⁶² America's Health Rankings 2015-2018, www.americashealthrankings.org

- **High Cholesterol**

Among those who had ever been screened for cholesterol in our service area, 36.4% reported that they were told their cholesterol was high in 2016, which is a little better than the national average. The percentage of screened adults with high cholesterol has increased in our service area and Idaho since 2005. Sustained, increased cholesterol levels can lead to heart disease, heart attack, and other circulatory problems.⁶³



Other Highlights:

- Prevalence of high cholesterol decreased with higher levels of education.
- Adults who had been screened and told they had high cholesterol reported their general health status as “fair” or “poor” significantly more often than those who had not been told they had high cholesterol.
- Those who were overweight were significantly more likely to have high cholesterol than those who were not overweight.
- Adults aged 55 and older were significantly more likely to have had high blood cholesterol levels as those under age 55.⁶⁴

⁶³ Ibid.

⁶⁴ Idaho 2011 - 2016 Behavioral Risk Factor Surveillance System

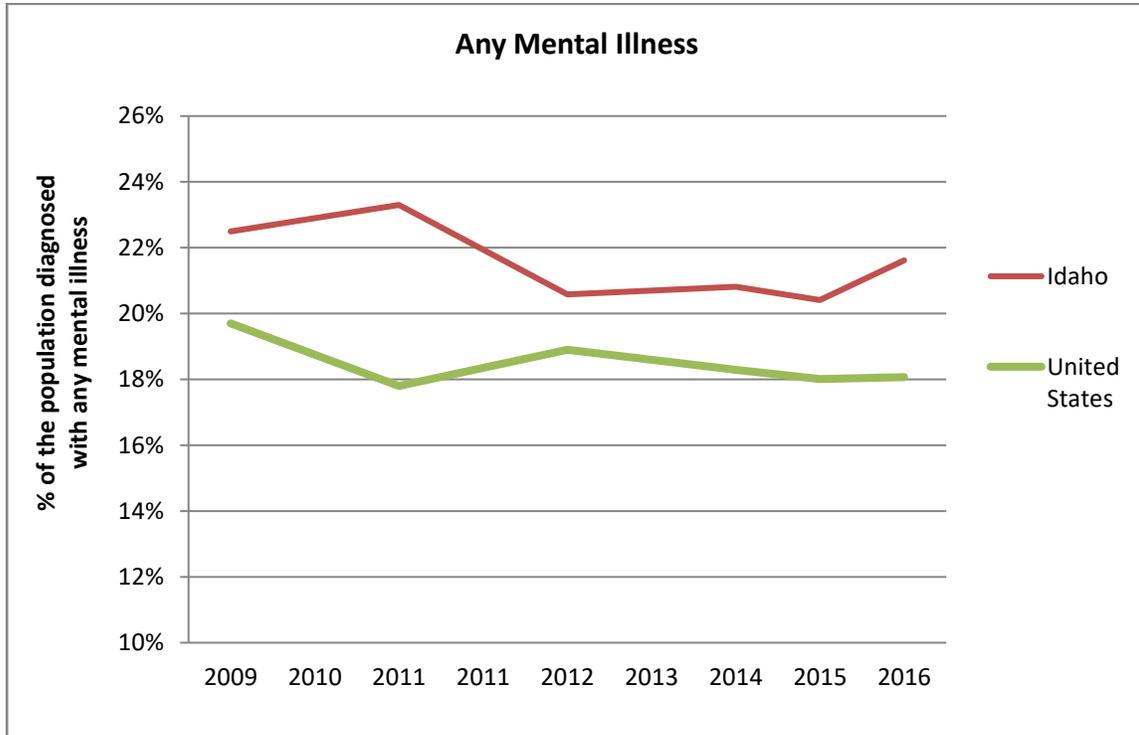
While some factors that contribute to high cholesterol are out of our control, like family history, there are many things a person can do to keep cholesterol in check, such as following a healthy diet, maintaining a healthy weight, and being physically active. For some individuals, a physician-recommended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

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

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

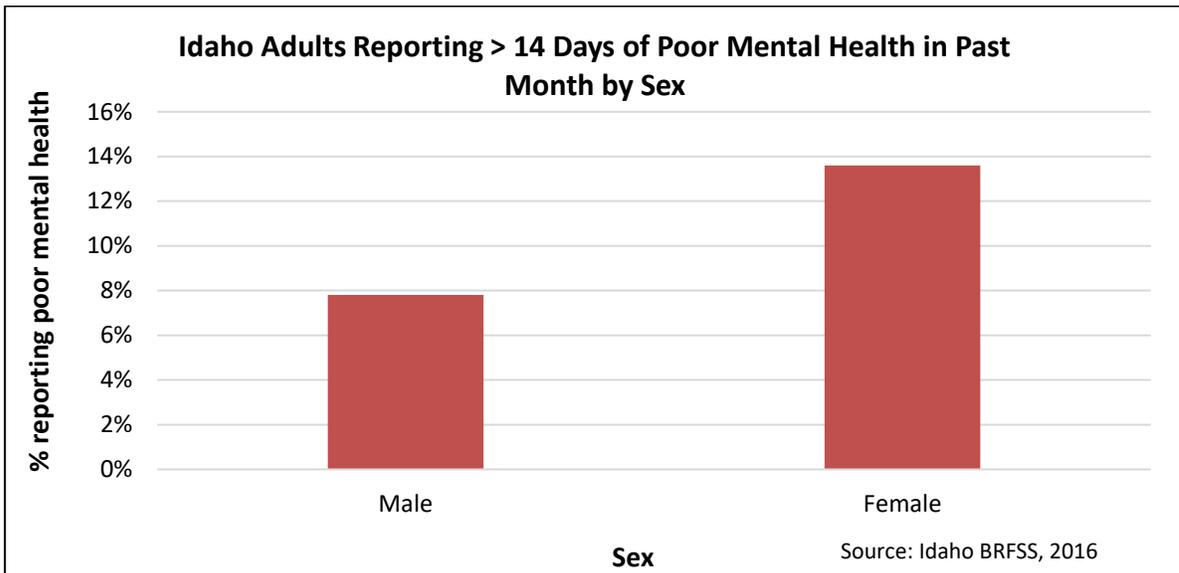
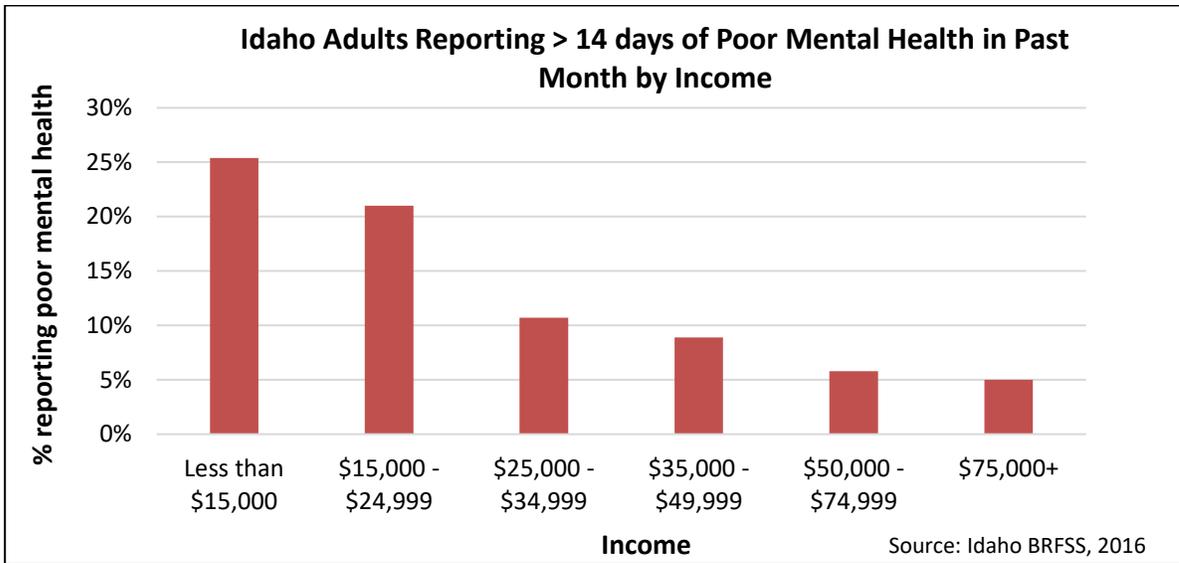
- **Mental Illness**

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



⁶⁶ Mental Health, United States, 2009 - 2016 Reports, SAMHSA, www.samhsa.gov

The charts below show that people with lower incomes are about three and a half times more likely to have depressive disorders, and women are more likely than men to be diagnosed with a depressive disorder.⁶⁷



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

⁶⁷ Idaho 2011 - 2016 Behavioral Risk Factor Surveillance System

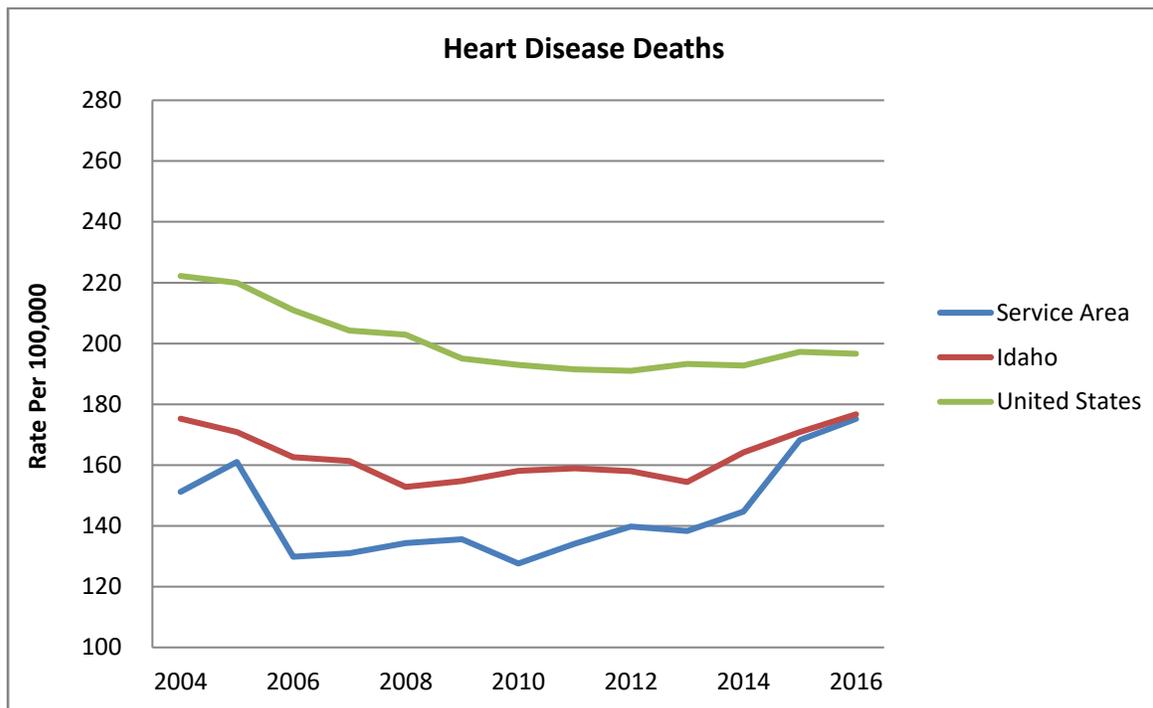
Top 10 Causes of Death

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

- **Diseases of the Heart**

The long, steady decline in heart disease death rates since 2000 shows signs of reversing.⁶⁸ It's also important to note that many individuals are living with chronic cardiac disease as new procedures prolong their lives.

Heart disease remains the leading cause of death in the United States for both men and women and is now the leading cause of death in Idaho as well.⁶⁹ The death rate from heart disease in our service area is approximately 10% below the national average.



Heart disease is a long-term illness that many individuals can manage through lifestyle changes and healthcare interventions. However, many interventions place a burden on affected individuals by constraining options and activities available to them and can result in costly and ongoing expenditures for health care. It's important to keep cholesterol levels and blood pressure in check to prevent heart disease.⁷⁰

⁶⁸ Idaho Vital Statistics Annual Reports, Years 2000 - 2016, National Vital Statistics Report - Deaths: Data 2016

⁶⁹ America's Health Rankings 2015-2018, www.americashealthrankings.org

⁷⁰ Ibid.

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

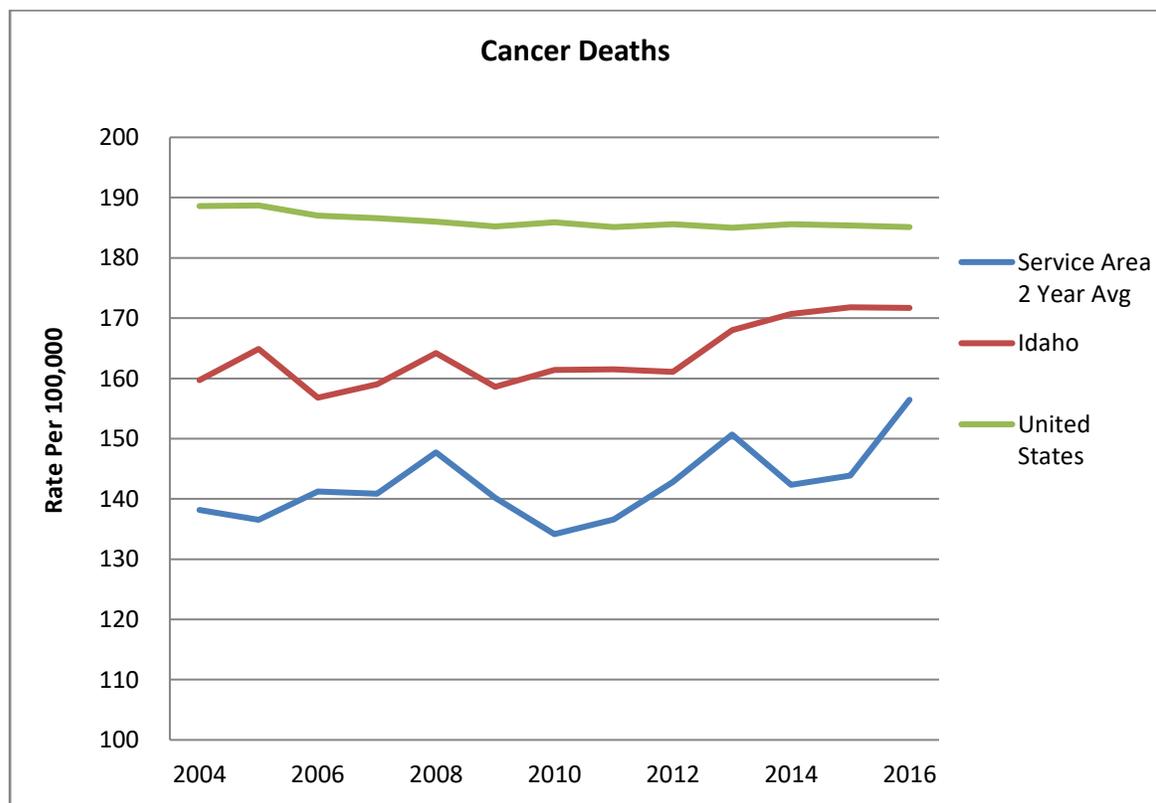
- **Cancer (malignant neoplasms)**

Cancer is the second leading cause of death in Idaho and in the United States. In Idaho, about one in two men and one in three women will be diagnosed with cancer sometime in their lives. Over 20% of all deaths in Idaho each year are from cancer.

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

Cancer is among the most expensive conditions to treat. Many individuals face financial challenges because of lack of insurance or underinsurance, resulting in high out-of-pocket expenses.⁷¹

The chart below shows the cancer death rate in our service area is 20% below the national average. The trend for cancer deaths is down nationally and has been flat in our service area for the past ten years.⁷²



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

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

If tobacco use, poor diet, and physical inactivity were eliminated, the CDC estimates that 40% of cancers would be prevented. Therefore, opportunities exist to reduce the risk of developing some cancers.⁷³

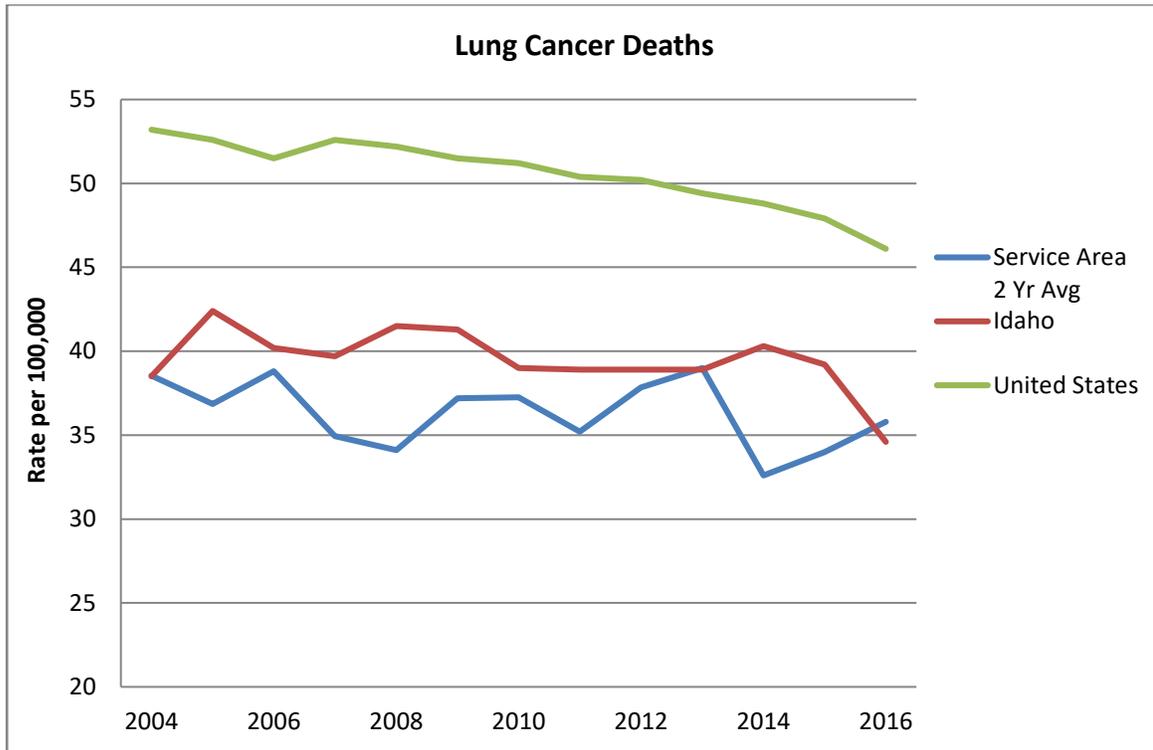
Health Factor Score					
Low score = Low potential for health impact			High score = High potential for health impact		
	Trend: Better/Worse	Prevalence versus U.S. Average	Severe/ Preventable	Magnitude: Root Cause	Total Score
Cancer	3	0	3	1	7

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

⁷³ America’s Health Rankings 2015-2018, www.americashealthrankings.org

- **Lung Cancer**

Lung cancer is the leading cause of cancer death in Idaho. However, the lung cancer death rate in our service area is below the national average.⁷⁴ Current science does not support population-based efforts to screen for lung cancer. More than 80% of lung cancers are a result of tobacco smoking.⁷⁵



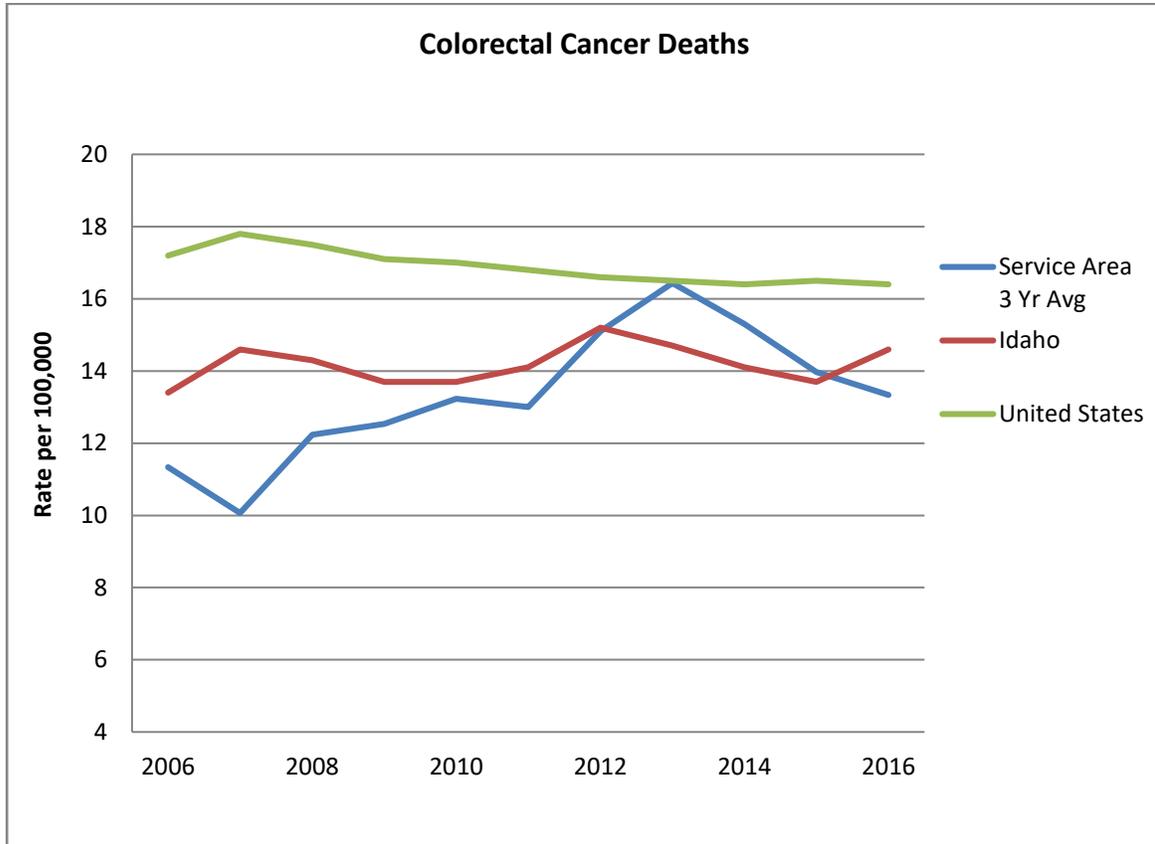
Health Factor Score					
Low score = Low potential for health impact			High score = High potential for health impact		
	Trend: Better/Worse	Prevalence versus U.S. Average	Severe/ Preventable	Magnitude: Root Cause	Total Score
Lung Cancer	2	0	4	1	7

⁷⁴ Idaho Vital Statistics Annual Reports, Years 2000 - 2016, National Vital Statistics Report - Deaths: Data 2016

⁷⁵ Comprehensive Cancer Alliance for Idaho, Idaho Comprehensive Cancer Strategic Plan 2004-2010, www.ccaidaho.org

- **Colorectal Cancer**

In Idaho, colorectal cancer is the second most common cancer-related cause of death among males and females combined. The trend for colorectal cancer deaths in our service area is beginning to rise, while the national trend is down. The death rate is now about the same as the national average.⁷⁶ There is evidence that cancers of the colon are associated with obesity and that preventing weight gain can reduce the risk. Early detection is effective in reducing colorectal cancer death rate.⁷⁷



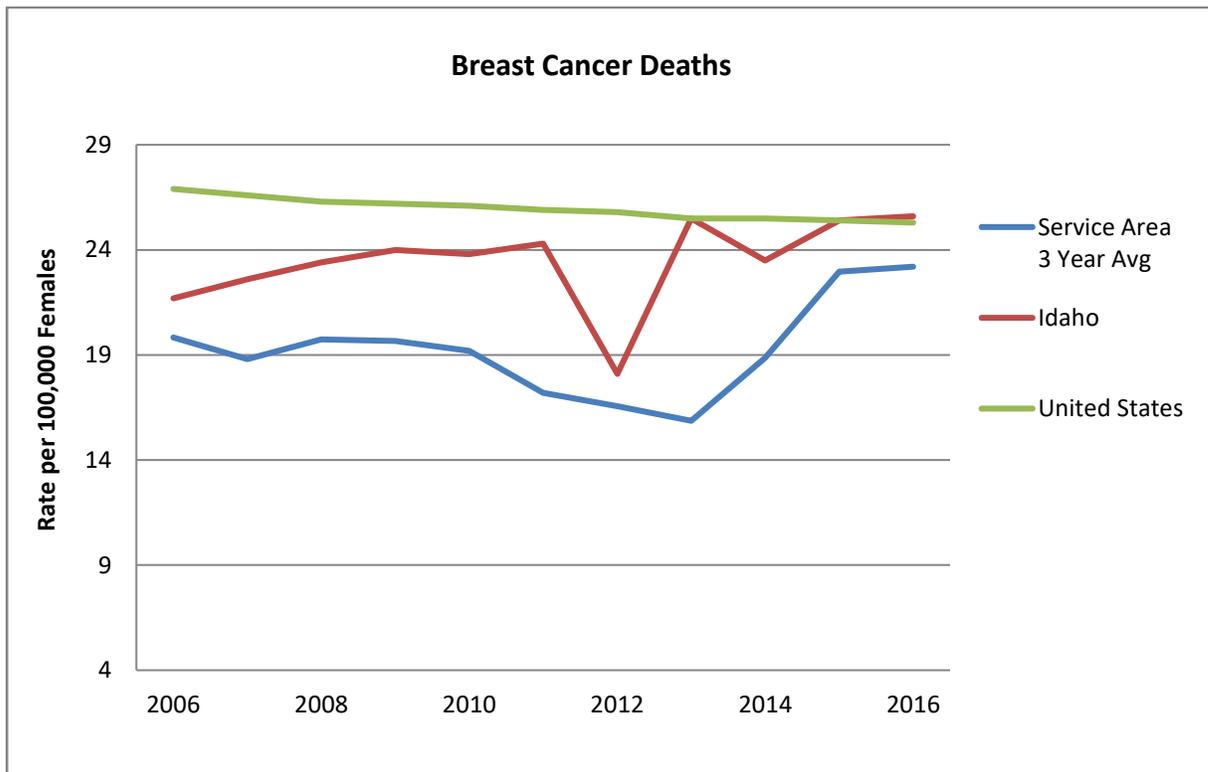
Health Factor Score					
Low score = Low potential for health impact			High score = High potential for health impact		
	Trend	Prevalence versus U.S. Average	Severe/ Preventable	Magnitude	Total Score
Colorectal Cancer	3	1	4	0	8

⁷⁶ Idaho Vital Statistics Annual Reports, Years 2000 - 2016, National Vital Statistics Report - Deaths: Data 2016

⁷⁷ America's Health Rankings 2015-2018, www.americashealthrankings.org

- **Breast Cancer**

Breast cancer is the second leading cause of cancer death, after lung cancer among Idaho women. The breast cancer death rate in Idaho and our community is about the same as the national average. In our service area, the trend is up.⁷⁸ Although nationally breast cancer rates have continued to rise since 1980, there has been a decline in the death rate from breast cancer. Survival rates differ significantly by stage of diagnosis. For women under age 65, uninsured women have the highest rates of more advanced stages of breast cancer (48%) compared to those with private insurance (33%), Medicare (25%), and Medicaid (43%).⁷⁹



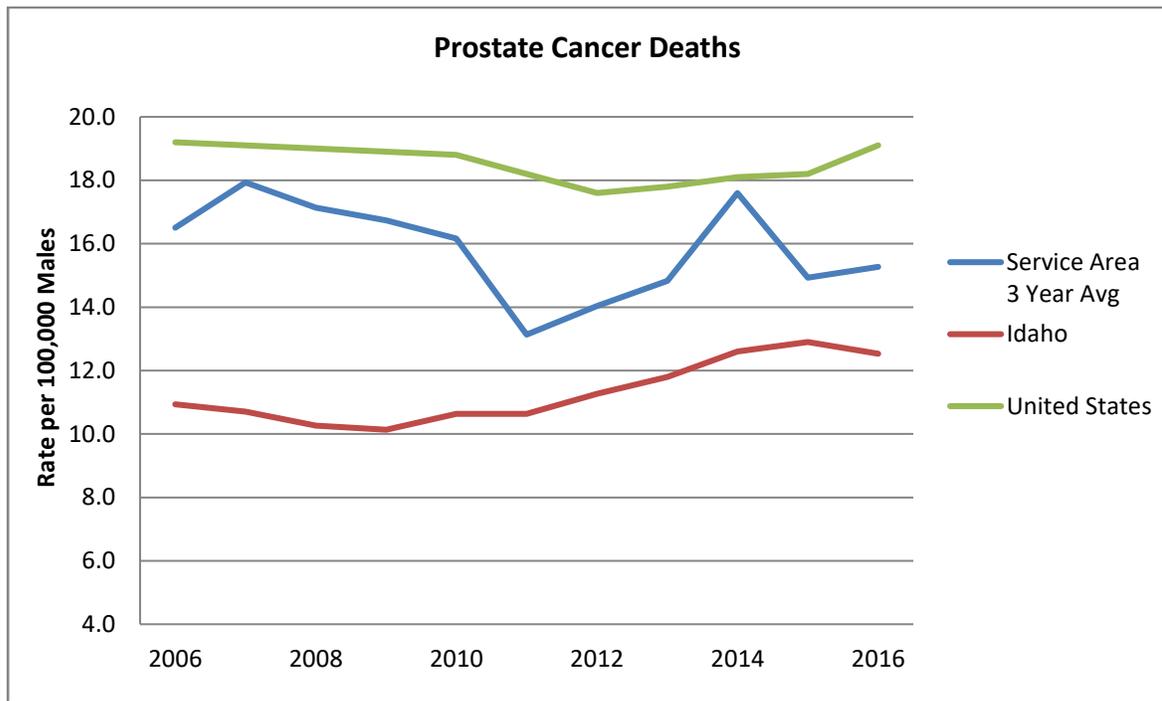
Health Factor Score					
Low score = Low potential for health impact			High score = High potential for health impact		
	Trend: Better/Worse	Prevalence versus U.S. Average	Severe/ Preventable	Magnitude: Root Cause	Total Score
Breast Cancer	3	2	4	1	10

⁷⁸ Idaho Vital Statistics Annual Reports, Years 2000 - 2016, National Vital Statistics Report - Deaths: Data 2016

⁷⁹ America's Health Rankings 2015-2018, www.americashealthrankings.org

- **Prostate Cancer**

Prostate cancer is the second overall cause of death in Idaho men and is the most common cancer among males. In our service area, the prostate cancer death rate has been flat and is below the national average.⁸⁰ Known risk factors for prostate cancer that are not modifiable include age, ethnicity, and family history. One modifiable risk factor is a diet high in saturated fat and low in vegetable and fruit consumption. While good evidence exists that prostate-specific antigen (PSA) screening along with digital rectal exam can detect early-stage prostate cancer, the evidence is inconclusive that early detection improves health outcomes.⁸¹



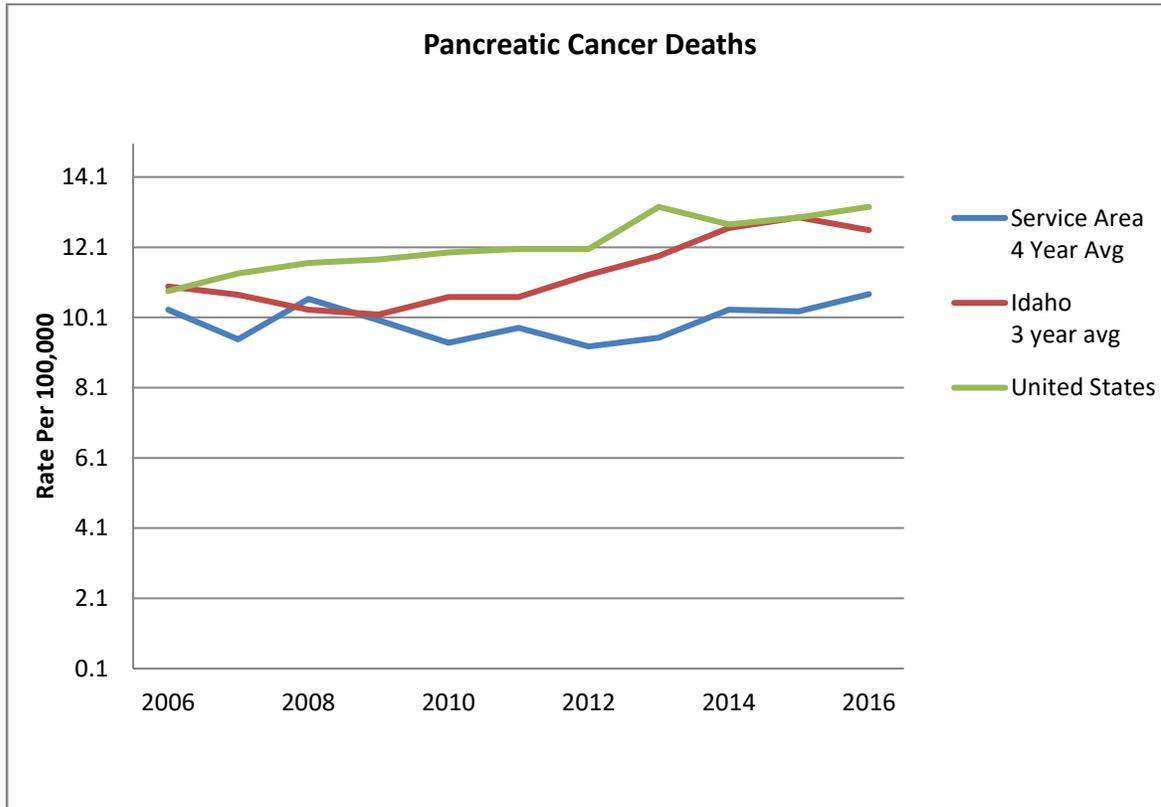
Health Factor Score					
Low score = Low potential for health impact			High score = High potential for health impact		
	Trend: Better/Worse	Prevalence versus U.S. Average	Severe/ Preventable	Magnitude: Root Cause	Total Score
Prostate Cancer	2	1	3	0	6

⁸⁰ Idaho Vital Statistics Annual Reports, Years 2000 - 2016, National Vital Statistics Report - Deaths: Data 2016

⁸¹ Comprehensive Cancer Alliance for Idaho, Idaho Comprehensive Cancer Strategic Plan 2004-2010, www.ccaidaho.org

- **Pancreatic Cancer**

In our service area, the pancreatic cancer death rate is below the national average.⁸² There are no established guidelines for preventing pancreatic cancer and the survival rate is low. Possible factors increasing the risk of pancreatic cancer include smoking and type 2 diabetes, which is associated with obesity.⁸³



Health Factor Score					
Low score = Low potential for health impact			High score = High potential for health impact		
	Trend	Prevalence versus U.S. Average	Severe/ Preventable	Magnitude	Total Score
Pancreatic Cancer	2	1	1	0	4

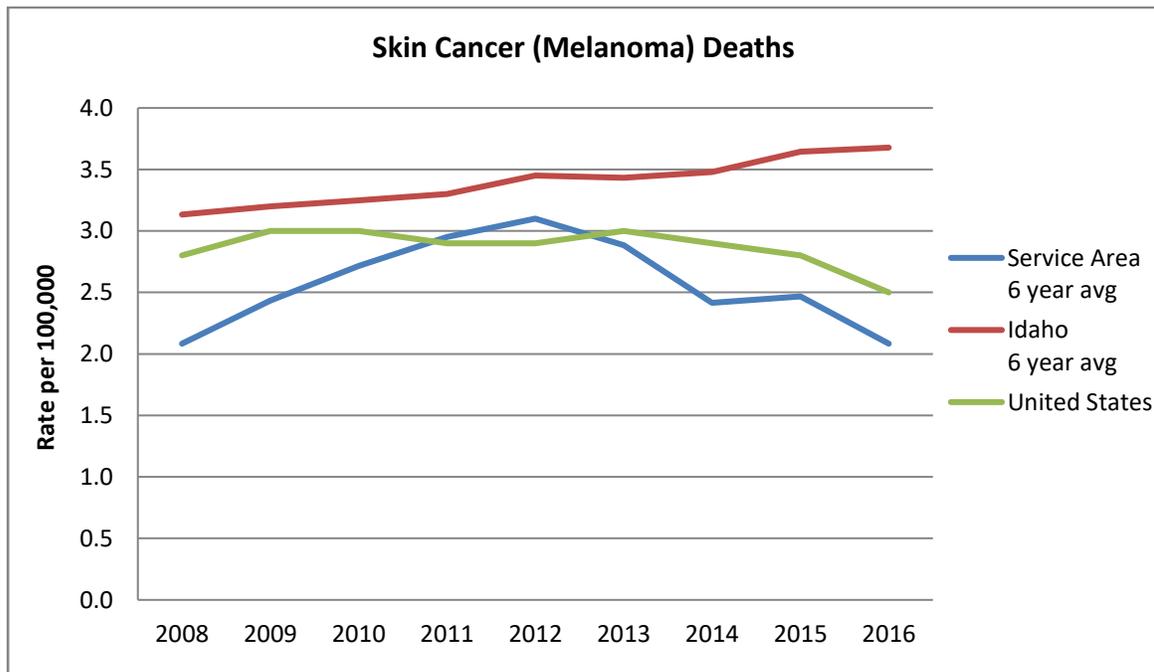
⁸² Idaho Vital Statistics Annual Reports, Years 2000 - 2016, National Vital Statistics Report - Deaths: Data 2016

⁸³ Comprehensive Cancer Alliance for Idaho, Idaho Comprehensive Cancer Strategic Plan 2004-2010, www.ccaidaho.org

- **Skin Cancer (melanoma)**

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

The chart shows that melanoma death rates are lower in our community than in the rest of the nation and the death rates have been flat over time.⁸⁵



Exposure to ultraviolet (UV) radiation appears to be the most significant factor in the development of skin cancer. Skin cancer is largely preventable when sun protection measures are used consistently. These results highlight the need for effective interventions that reduce harmful UV light exposure.⁸⁶

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

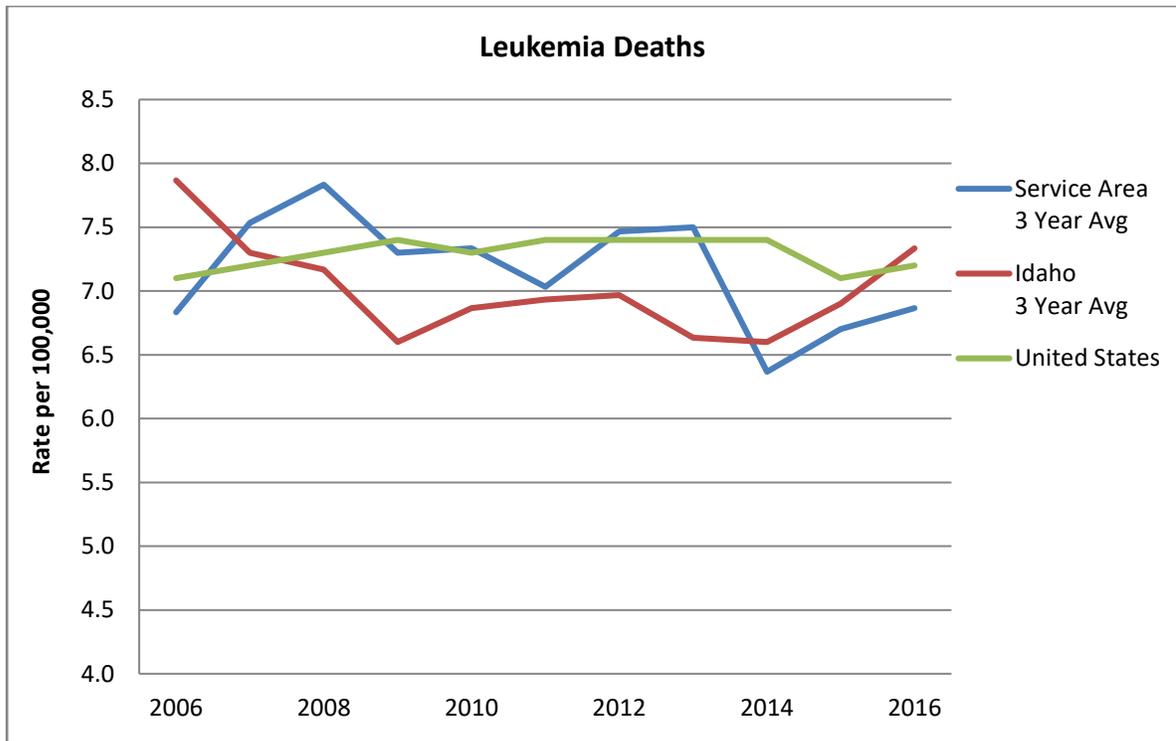
⁸⁴ <https://www.skincancer.org/skin-cancer-information/skin-cancer-facts>

⁸⁵ Idaho Vital Statistics Annual Reports, Years 2000 - 2016, National Vital Statistics Report - Deaths: Data 2016

⁸⁶ <https://www.skincancer.org/skin-cancer-information/skin-cancer-facts>

- **Leukemia**

The leukemia death rate in our service area is about the same as the national average and the trend is flat.⁸⁷ Leukemia is a cancer of the bone marrow and blood. Scientists do not fully understand the causes of leukemia, although researchers have found some associations. Chronic exposure to benzene at work, large doses of radiation, and smoking tobacco all are risk factors associated with some forms of leukemia.⁸⁸ Because the causes are not well understood, evidence-based preventive programs are not available (other than avoiding the risk factors described above).



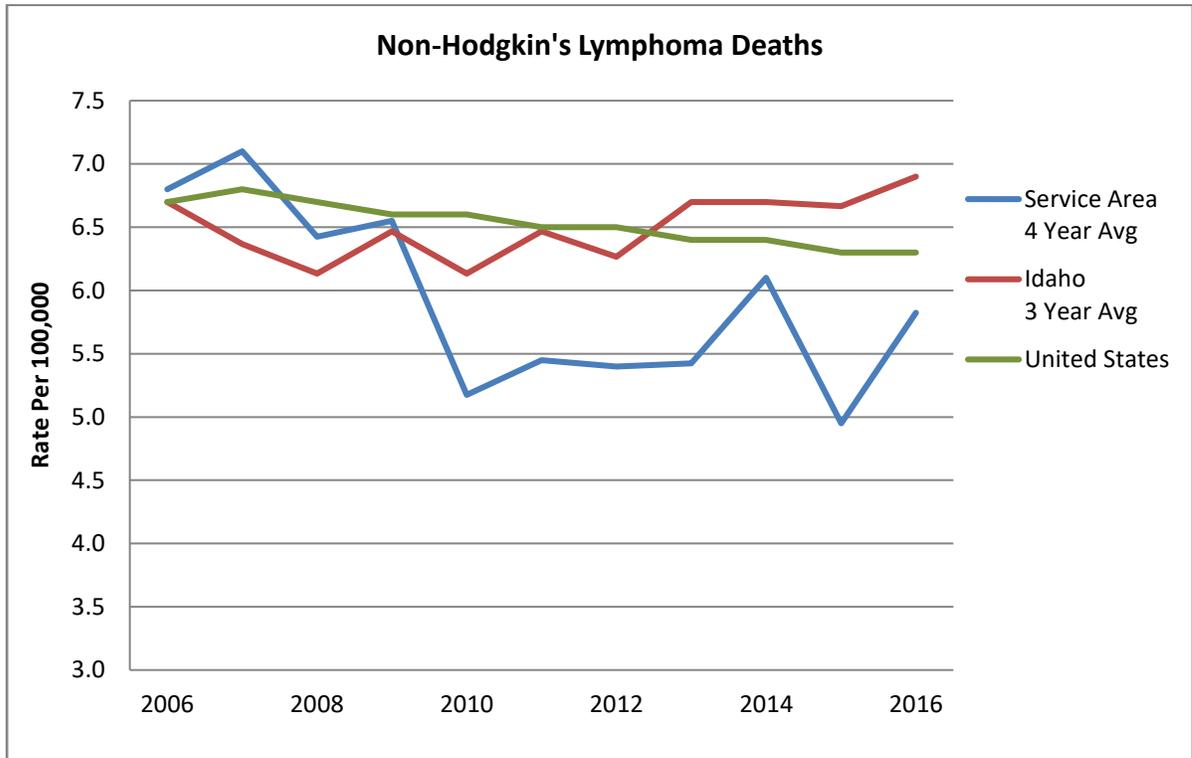
Health Factor Score					
Low score = Low potential for health impact			High score = High potential for health impact		
	Trend: Better/Worse	Prevalence versus U.S. Average	Severe/ Preventable	Magnitude: Root Cause	Total Score
Leukemia	2	2	1	0	5

⁸⁷ Idaho Vital Statistics Annual Reports, Years 2000 - 2016, National Vital Statistics Report - Deaths: Data 2016

⁸⁸ www.cdc.gov/Features/HematologicCancers/

- **Non-Hodgkin’s Lymphoma**

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



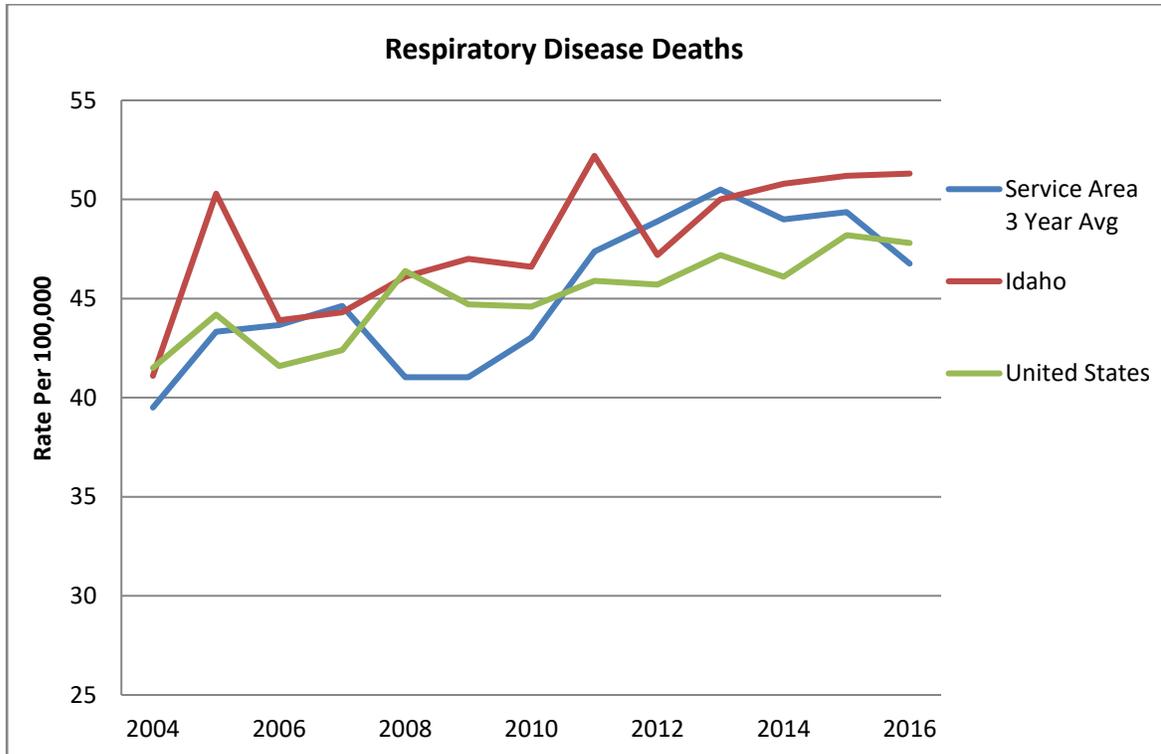
Health Factor Score					
Low score = Low potential for health impact			High score = High potential for health impact		
	Trend: Better/Worse	Prevalence versus U.S. Average	Severe/ Preventable	Magnitude: Root Cause	Total Score
Non-Hodgkin’s lymphoma	2	2	1	0	5

⁸⁹ Idaho Vital Statistics Annual Reports, Years 2000 - 2016, National Vital Statistics Report - Deaths: Data 2016

⁹⁰ www.cdc.gov/Features/HematologicCancers/

- **Chronic Lower Respiratory Diseases**

The chronic lower respiratory diseases death rate in our service area is about the same as the national average and the trend has been rising slowly since 2000. Chronic lower respiratory diseases are the third leading cause of death in Idaho.⁹¹ Of the diseases included in the data, chronic bronchitis and emphysema account for the majority of the deaths. The main risk factors for these diseases are smoking, repeated exposure to harsh chemicals or fumes, air pollution, or other lung irritants.⁹²



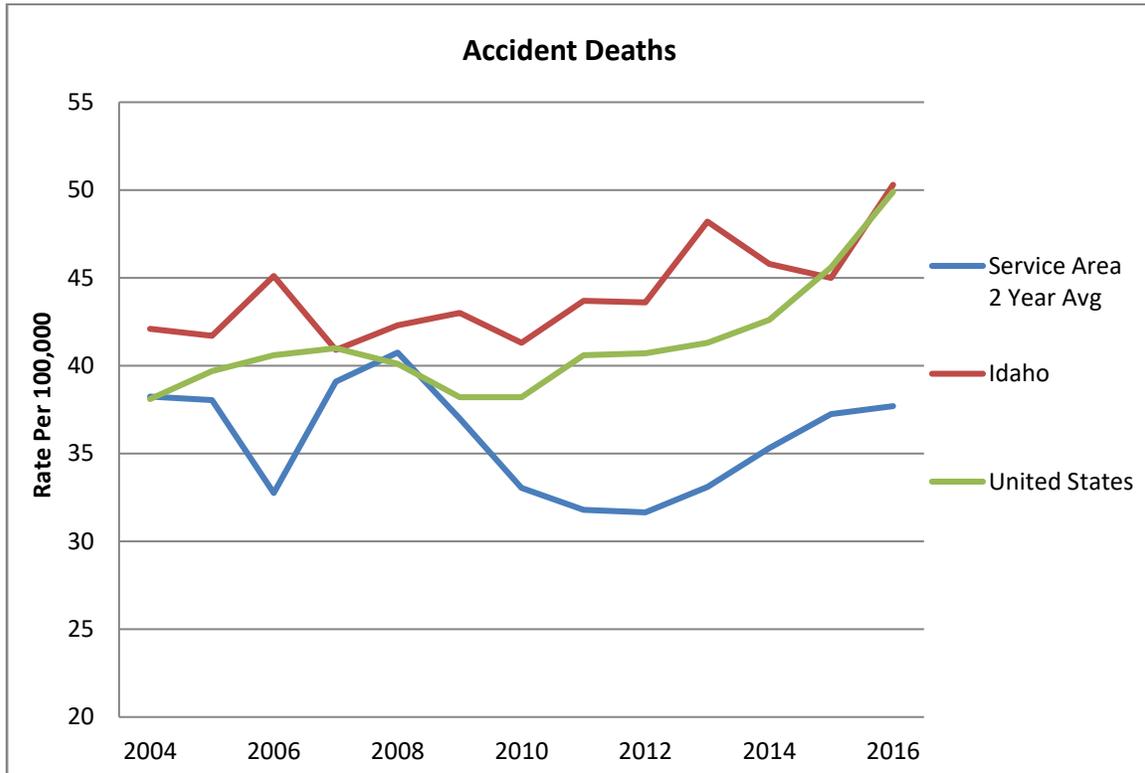
Health Factor Score					
Low score = Low potential for health impact			High score = High potential for health impact		
	Trend: Better/Worse	Prevalence versus U.S. Average	Severe/ Preventable	Magnitude: Root Cause	Total Score
Respiratory disease deaths	3	2	4	0	9

⁹¹ Idaho Vital Statistics Annual Reports, Years 2000 - 2016, National Vital Statistics Report - Deaths: Data 2016

⁹² www.lung.org/associations/states/wisconsin/news/chronic-lower-respiratory.html

- **Accidents**

Accidents are the fourth leading cause of death in Idaho and include unintentional injuries, which comprise both motor vehicle and non-motor vehicle accidents. The accident death rate in our service area is well below the national average and the trend is flat.⁹³



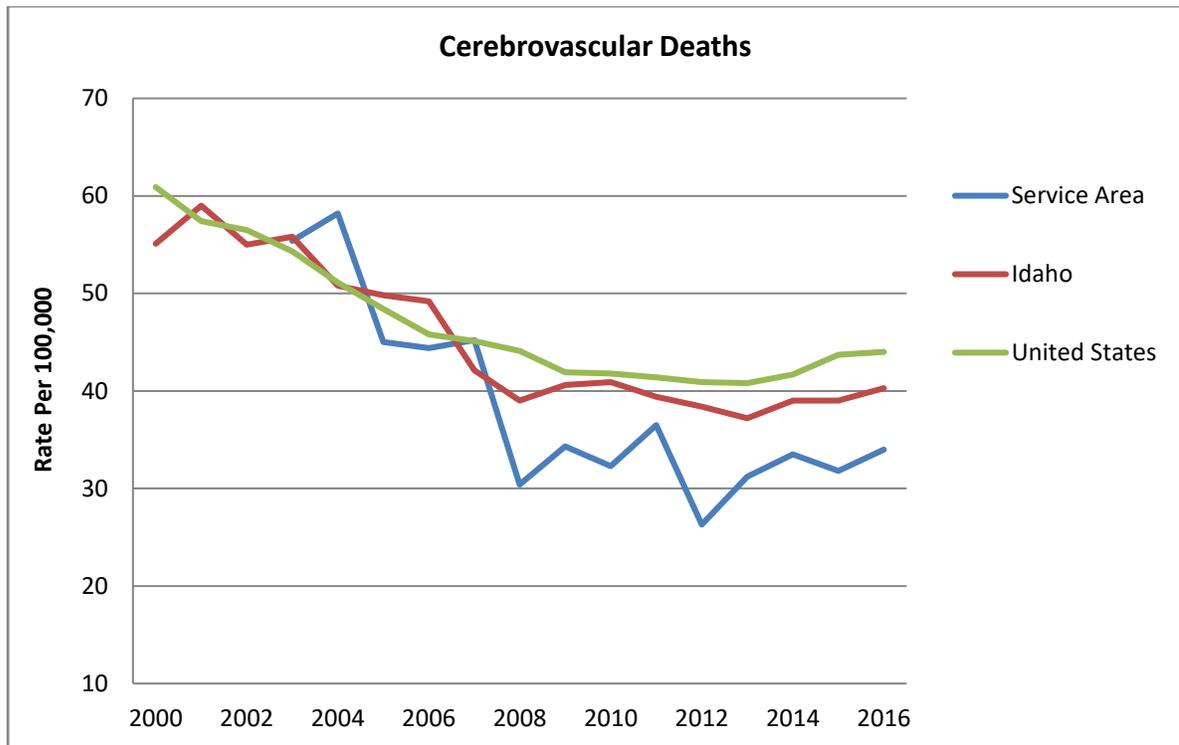
Health Factor Score					
Low score = Low potential for health impact			High score = High potential for health impact		
	Trend	Prevalence versus U.S. Average	Severe/ Preventable	Magnitude	Total Score
Accidental deaths	2	0	4	0	6

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

- **Cerebrovascular Diseases**

The number of deaths due to cerebrovascular diseases has decreased substantially over the past 10 years. However, they are still the fifth leading cause of death in Idaho and the nation. In our service area, the cerebrovascular diseases death rate is down by 40% since the year 2000 and is significantly lower than the national average.⁹⁴

Cerebrovascular diseases include a number of serious disorders, including stroke and cerebrovascular anomalies such as aneurysms. Cerebrovascular diseases can be reduced when people lead a healthy lifestyle that includes being physically active, maintaining a healthy weight, eating well, and not using tobacco.⁹⁵



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

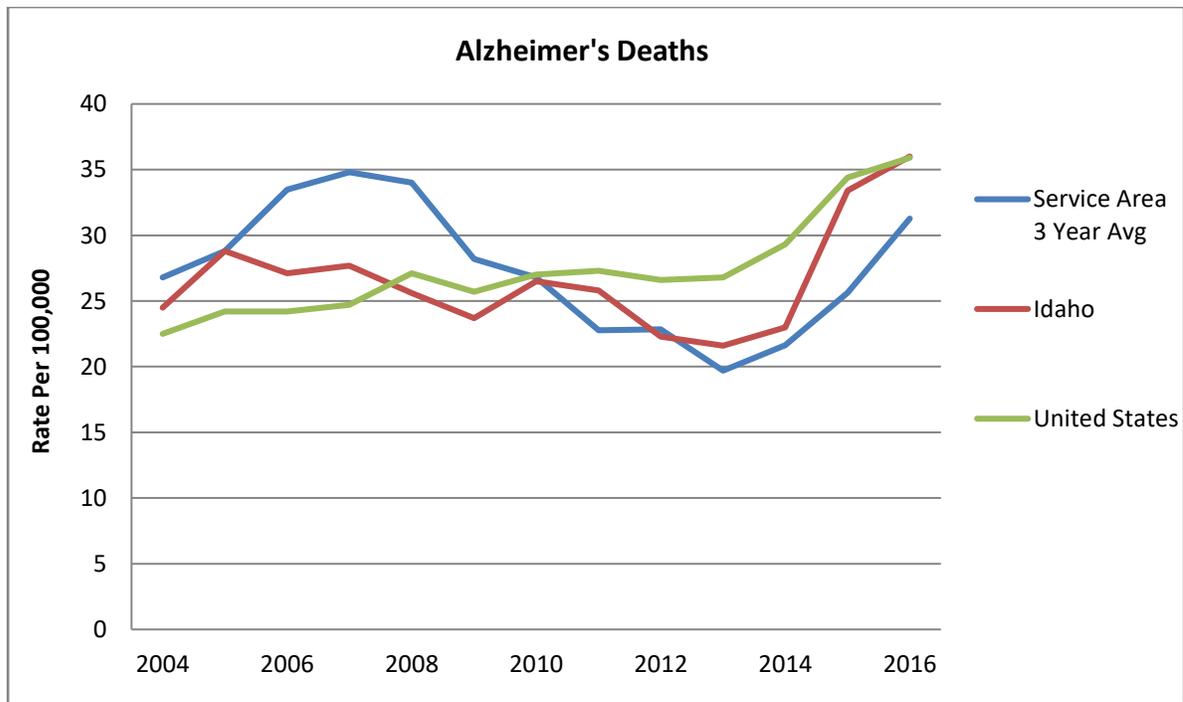
⁹⁴ Idaho Vital Statistics Annual Reports, Years 2000 - 2016, National Vital Statistics Report - Deaths: Data 2016

⁹⁵ America's Health Rankings 2015-2018, www.americashealthrankings.org

- **Alzheimer’s disease**

Alzheimer’s is the sixth leading cause of death in Idaho. Nationally, the death rate from Alzheimer’s has increased over the past 10 years. However, the death rate in our service area has been flat since 2008 and is a little below the national rate.⁹⁶

Alzheimer's is the most common form of dementia, a general term for serious loss of memory and other intellectual abilities. Alzheimer's disease accounts for 50 to 80% of dementia cases. Alzheimer's is not a normal part of aging, although the greatest known risk factor is increasing age, and the majority of people with Alzheimer's are 65 and older. Although current treatments cannot stop Alzheimer's from progressing, they can temporarily slow the worsening of dementia symptoms and improve quality of life for those with Alzheimer's and their caregivers.⁹⁷



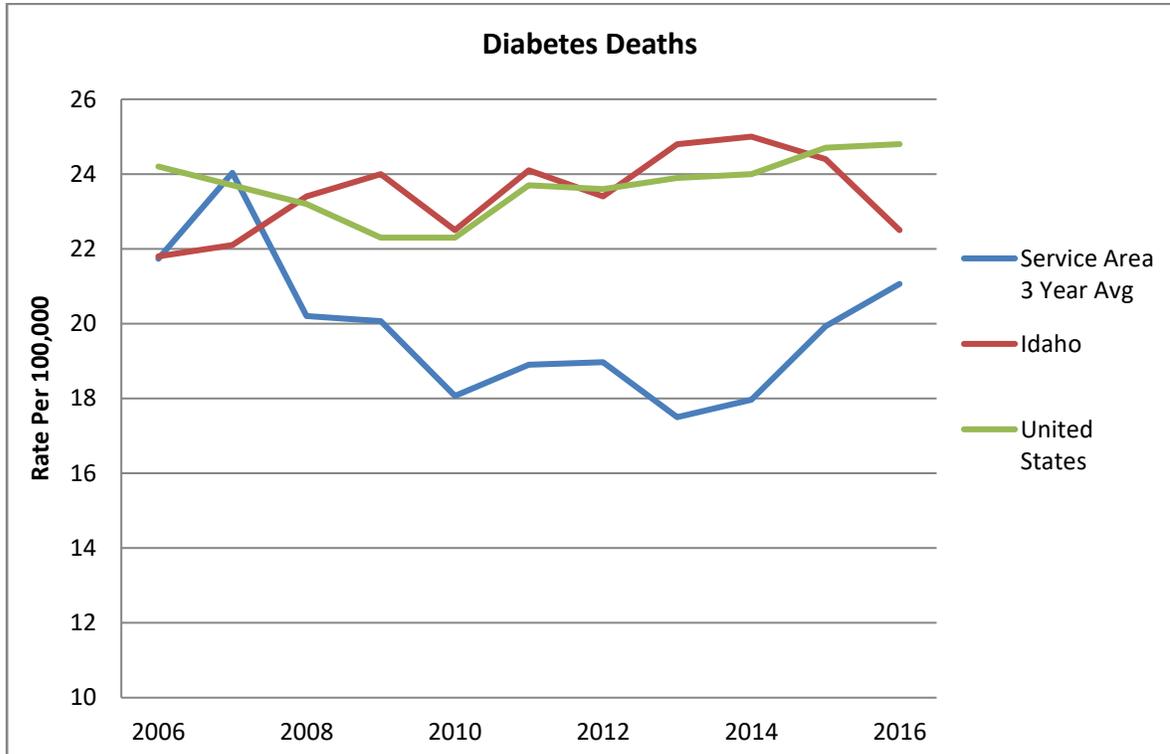
Health Factor Score					
Low score = Low potential for health impact			High score = High potential for health impact		
	Trend: Better/Worse	Prevalence versus U.S. Average	Severe/ Preventable	Magnitude: Root Cause	Total Score
Alzheimer’s Deaths	2	2	2	1	7

⁹⁶ Vital Statistics Annual Reports, Years 2000 - 2016, National Vital Statistics Report - Deaths: Data 2016

⁹⁷ Alzheimer’s Association, www.alz.org

- **Diabetes Mellitus**

Diabetes is the seventh leading cause of death in Idaho. The death rate from diabetes in our service area is significantly below the national average. While the rate of people dying from diabetes has been flat over the past 10 years, the number of people living with diabetes is increasing significantly as shown earlier in our CHNA. Diabetes is a serious health issue that can contribute to heart disease, stroke, high blood pressure, kidney disease, blindness and can even result in limb amputation or death.⁹⁸

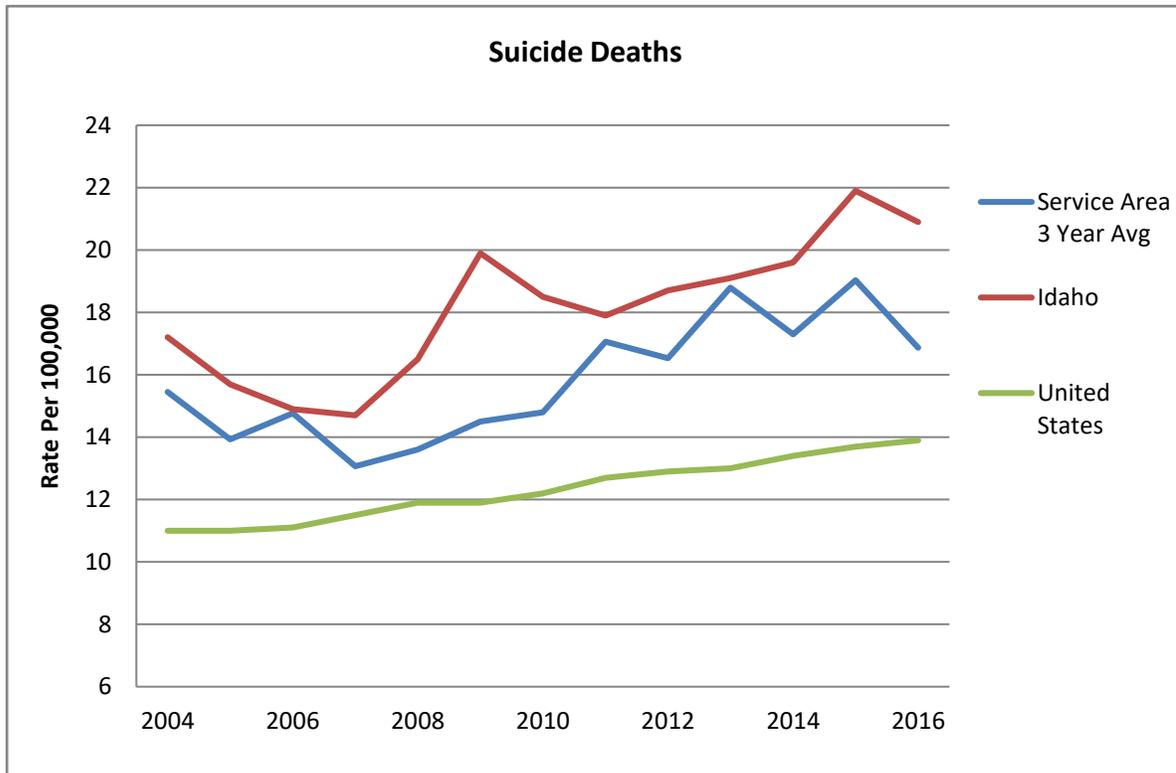


Health Factor Score					
Low score = Low potential for health impact			High score = High potential for health impact		
	Trend: Better/Worse	Prevalence versus U.S. Average	Severe/ Preventable	Magnitude: Root Cause	Total Score
Diabetes Deaths	2	1	3	4	10

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

- **Suicide**

Idaho consistently is listed in the top 10 states in the country for its rate of suicide. Suicide is the eighth leading cause of death in Idaho. The suicide death rate per 100,000 people in Idaho was 20.9 in 2016 which is about 50% higher than the national average rate of 13.9. The suicide rate in our service area was 16.9, which is 22% higher than the national average. As shown in the chart below, the suicide rate in our service area, Idaho, and the nation has been trending up.



The suicide rate for males is about four times higher than the rate for females.⁹⁹ U.S. male veterans are twice as likely to die by suicide as males without military service. Many suicides can be prevented by ensuring people are aware of warning signs, risk factors, and protective factors.¹⁰⁰

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

⁹⁹ Idaho Vital Statistics Annual Reports, Years 2000 - 2016, National Vital Statistics Report - Deaths: Data 2016

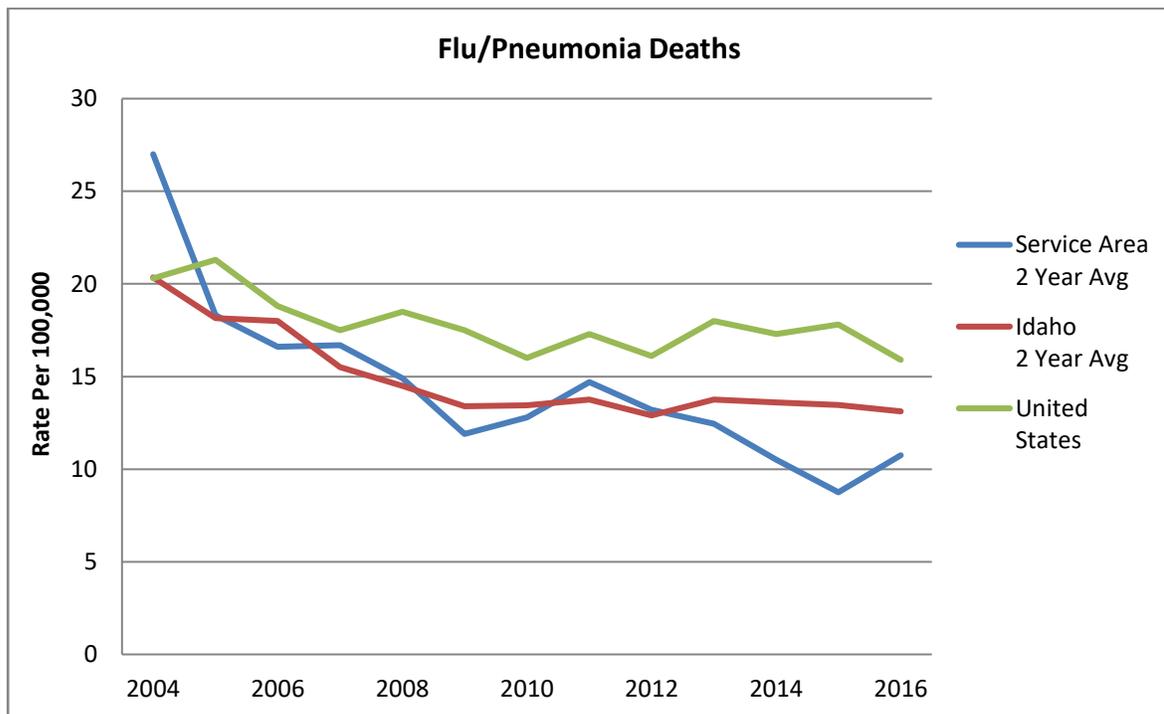
¹⁰⁰ Idaho Council on Suicide Prevention, Report to Governor C.L. Otter, November 2009

- **Influenza and Pneumonia**

The death rates from flu and pneumonia have been decreasing in our service area and are significantly lower than the national average.¹⁰¹

Influenza is a contagious respiratory illness caused by influenza viruses that infect the nose, throat, and lungs. It can cause mild to severe illness, and at times can lead to death. The best way to prevent the flu is by getting a flu vaccination each year.¹⁰²

Pneumonia is an infection of the lungs that is usually caused by bacteria or viruses. Globally, pneumonia causes more deaths than any other infectious disease. However, it can often be prevented with vaccines and can usually be treated with antibiotics or antiviral drugs. People with health conditions, like diabetes and asthma, should be encouraged to get vaccinated against the flu and bacterial pneumonia.¹⁰³



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

¹⁰¹ Idaho Vital Statistics Annual Reports, Years 2000 - 2016, National Vital Statistics Report - Deaths: Data 2016

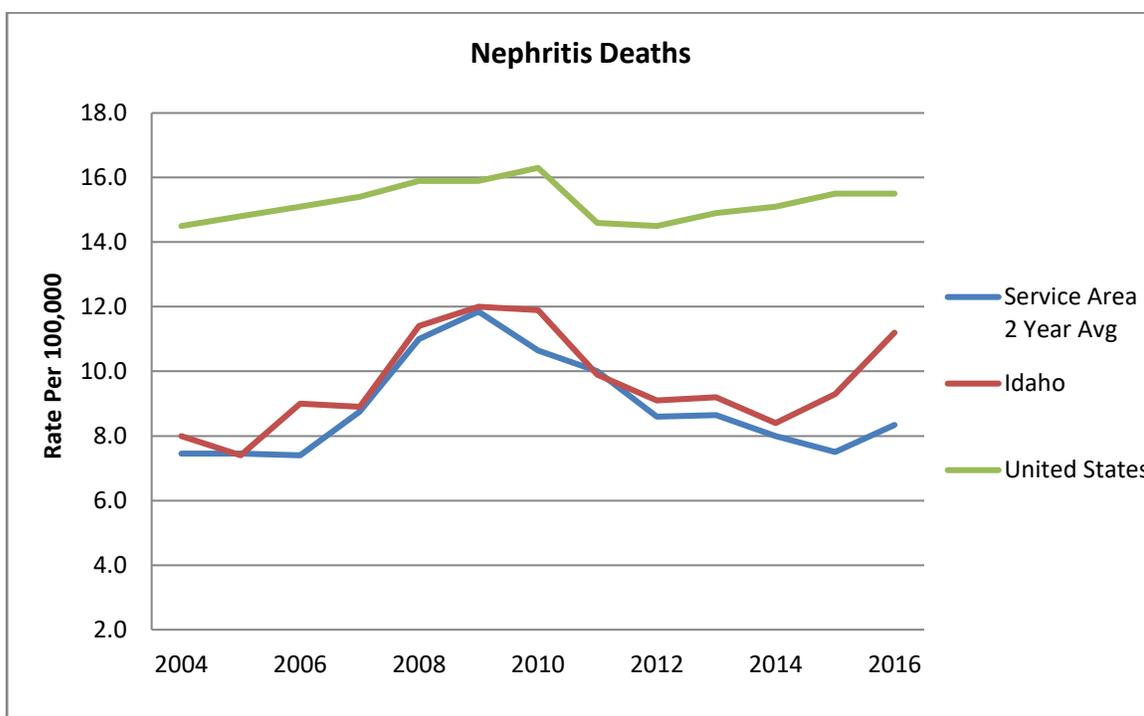
¹⁰² <http://www.cdc.gov/flu/keyfacts.htm>

¹⁰³ <http://www.cdc.gov/Features/Pneumonia/>

- **Nephritis**

The death rate for nephritis is much lower in our community than it is nationally. The nephritis death rate increases have started to level off both in the nation and our service area over the past ten years.¹⁰⁴

Nephritis is an inflammation of the kidney, which causes impaired kidney function. A variety of conditions can cause nephritis, including kidney disease, autoimmune disease, and infection. Treatment depends on the cause. Kidney disease damages kidneys, preventing them from cleaning blood effectively. Chronic kidney disease eventually can cause kidney failure if it is not treated.¹⁰⁵



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

¹⁰⁴ Idaho Vital Statistics Annual Reports, Years 2000 - 2016, National Vital Statistics Report - Deaths: Data 2016

¹⁰⁵ www.cdc.gov/Features/WorldKidneyDay/

Steps to help keep kidneys healthy include:

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

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

- Meet blood sugar targets.
- Have an A1c test at least twice a year, but ideally up to four times a year. An A1c test measures the average level of blood sugar over the past three months.¹⁰⁶

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

¹⁰⁶ www.cdc.gov/Features/WorldKidneyDay/

Health Factor Measures and Findings

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

Health factors represent key influencers of poor health that if addressed with effective, evidence-based programs and policies can improve health outcomes. Diet, exercise, educational attainment, environmental quality, employment opportunities, quality of health care, and individual behaviors all work together to shape community health outcomes and wellbeing.¹⁰⁷ The *County Health Rankings* uses four categories of health factors:

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

In addition to *County Health Ranking* measures, we collect community health factors from national, state, and local perspectives to create a broader set of health indicators and measures for our community. These additional indicators are determined by the Idaho Department of Health and Welfare, the Centers for Disease Control and Prevention (CDC), or other authoritative sources to represent important health risk factors.

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

Health Behavior Factors

County Health Rankings Health Behavior Factors

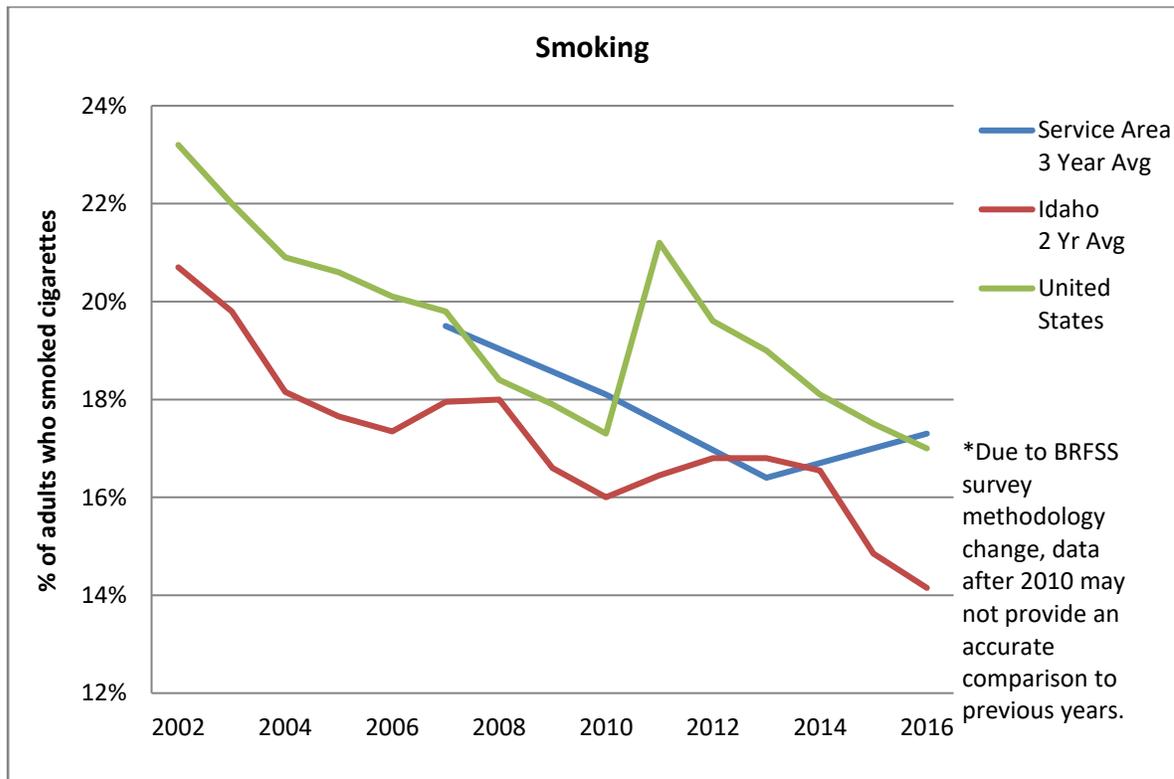
The *County Health Rankings* measures for community health behavior are described on the following pages. This next section also includes the trends for each indicator in our community and, when possible, compares our local data to state and national averages.

¹⁰⁷ University of Wisconsin Population Health Institute. *County Health Rankings* 2018. Accessible at www.countyhealthrankings.org.

- **Adult Smoking**

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

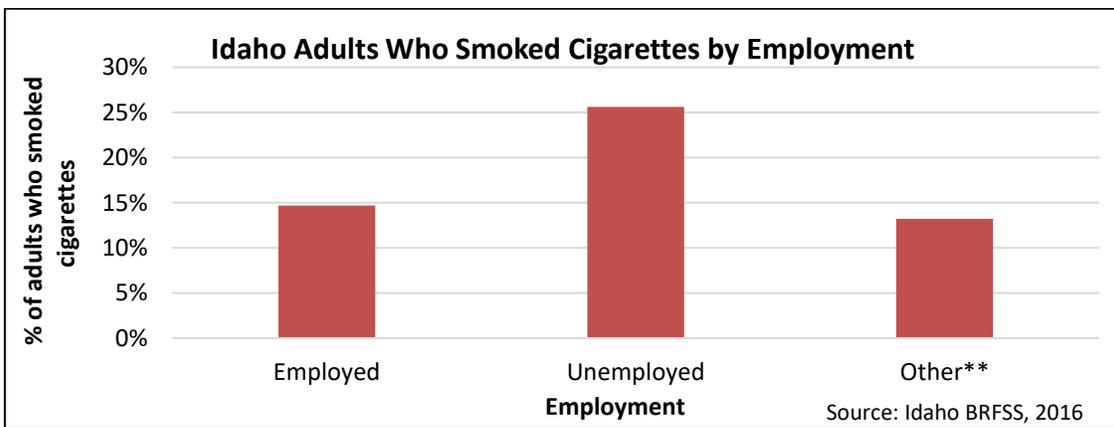
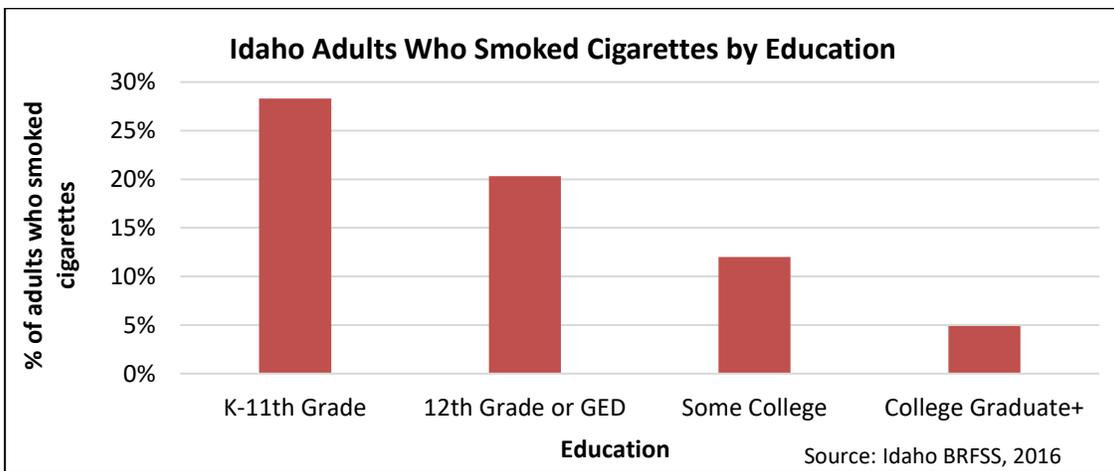
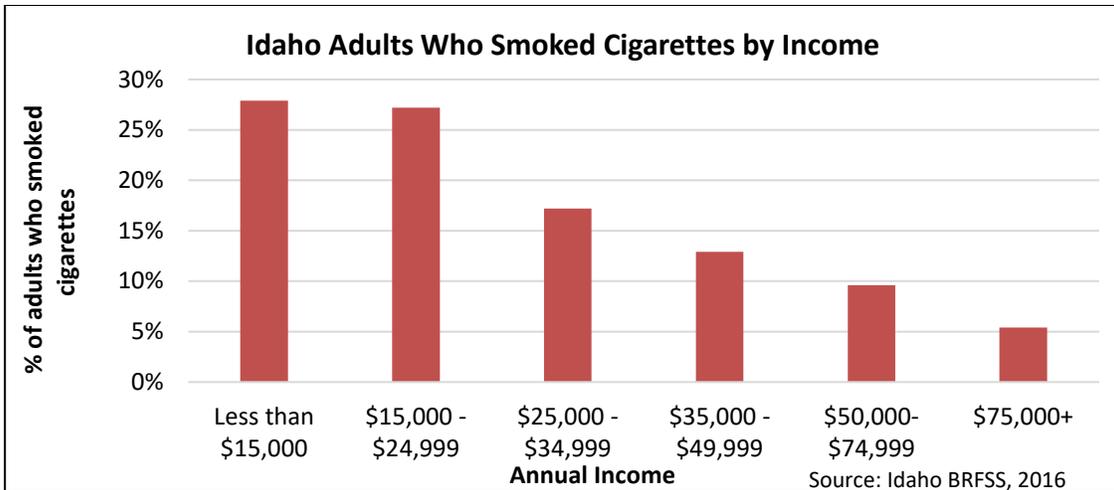
County-level measures from the Behavioral Risk Factor Surveillance System (BRFSS) provided by the CDC are used to obtain the number of current adult smokers who have smoked at least 100 cigarettes in their lifetime. The trend for smoking nationally and in Idaho is down. Nationally, looking at the last couple of years it appears as though the trend is flattening out or is rising; however, this is more likely due to a change in the BRFSS survey methodology starting in 2011. The percent of adults who smoked in our service area is about the same as the national average.¹⁰⁹



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

¹⁰⁸ Comprehensive Cancer Alliance for Idaho, Idaho Comprehensive Cancer Strategic Plan 2004-2010, www.ccaidaho.org

¹⁰⁹ Idaho and National 2002 - 2016 Behavioral Risk Factor Surveillance System



Health Factor Score					
Low score = Low potential for health impact			High score = High potential for health impact		
	Trend: Better/Worse	Prevalence versus U.S. Average	Severe/ Preventable	Magnitude: Root Cause	Total Score
Smoking	1	2	4	4	11

Diet and Exercise

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

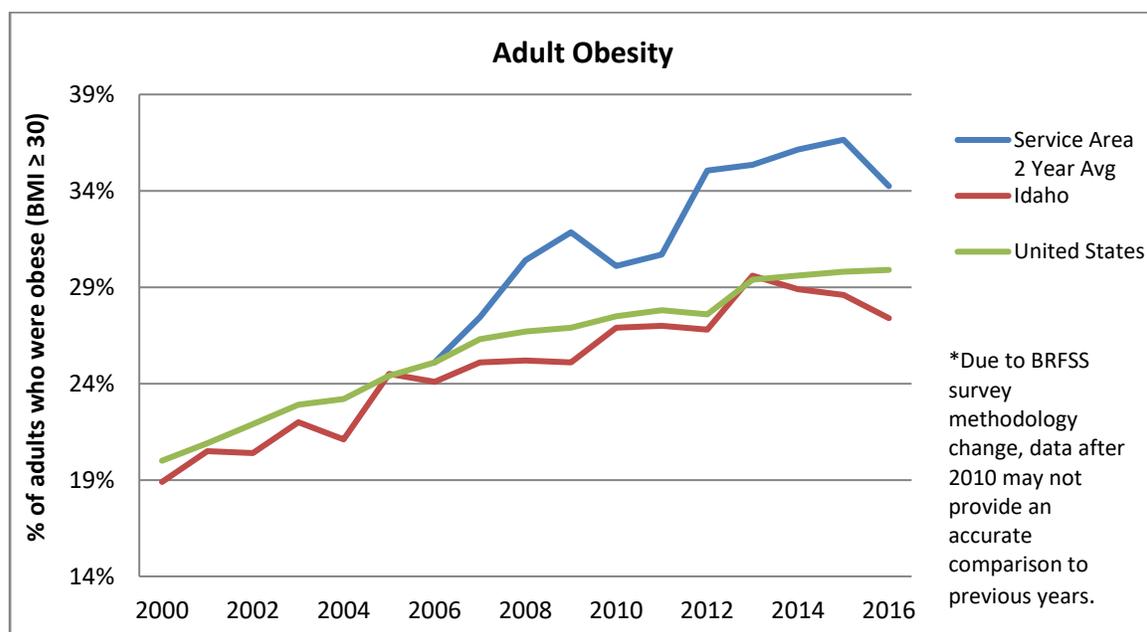
Four measures are recommended by the *County Health Rankings* to assess diet and exercise: Adult obesity, food environment index, physical inactivity, and access to exercise opportunities. Each of these measures are described in the following pages.

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

- **Adult Obesity**

The obesity measure represents the percent of the adult population that has a body mass index greater than or equal to 30. Obesity is used as a key health factor because it is an issue that can be addressed within communities by changing unhealthy conditions that contribute to poor diet and exercise. Being overweight or obese increases the risk for a number of health conditions: Coronary heart disease, type 2 diabetes, cancer, hypertension, dyslipidemia, stroke, liver and gallbladder disease, sleep apnea and respiratory problems, osteoarthritis, gynecological problems (infertility and abnormal menses), and poor health status.¹¹¹ It has many long-term negative health effects, many of which can start in adolescence as 70 percent of obese adolescents already have at least one risk factor for cardiovascular disease. Obesity is one of the greatest health threats to the United States.¹¹² By one estimate, the U.S. spent \$190 billion on obesity-related health care expenses in 2005 accounting for 21% of all medical spending.¹¹³

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



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

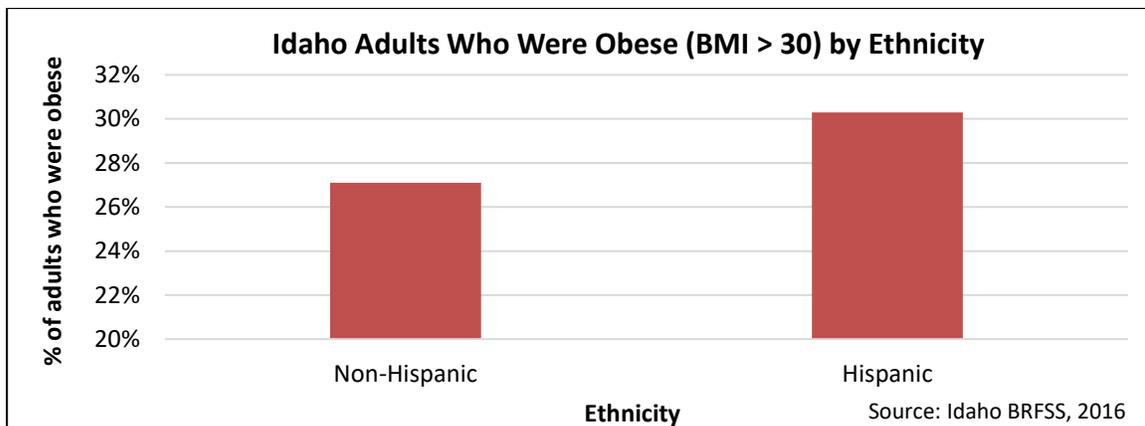
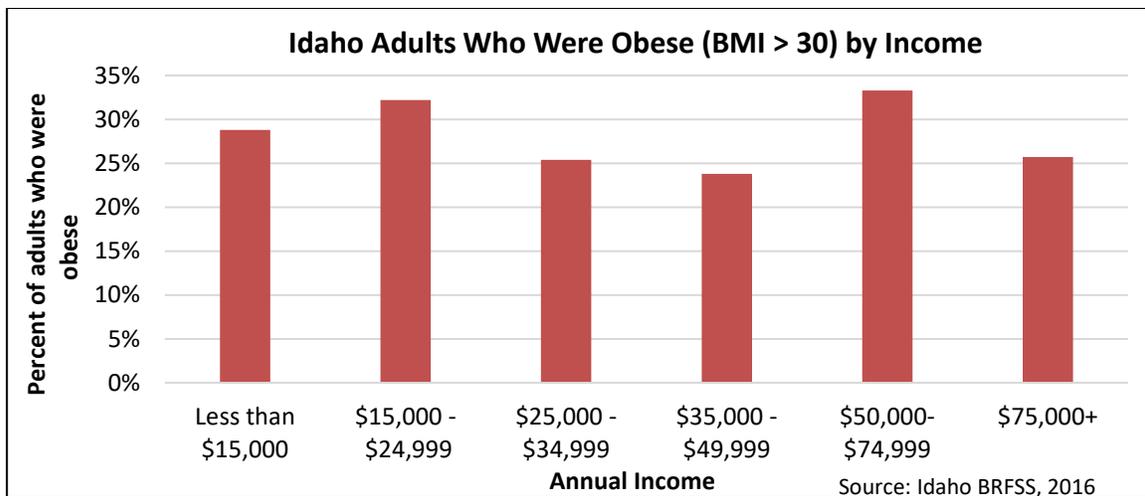
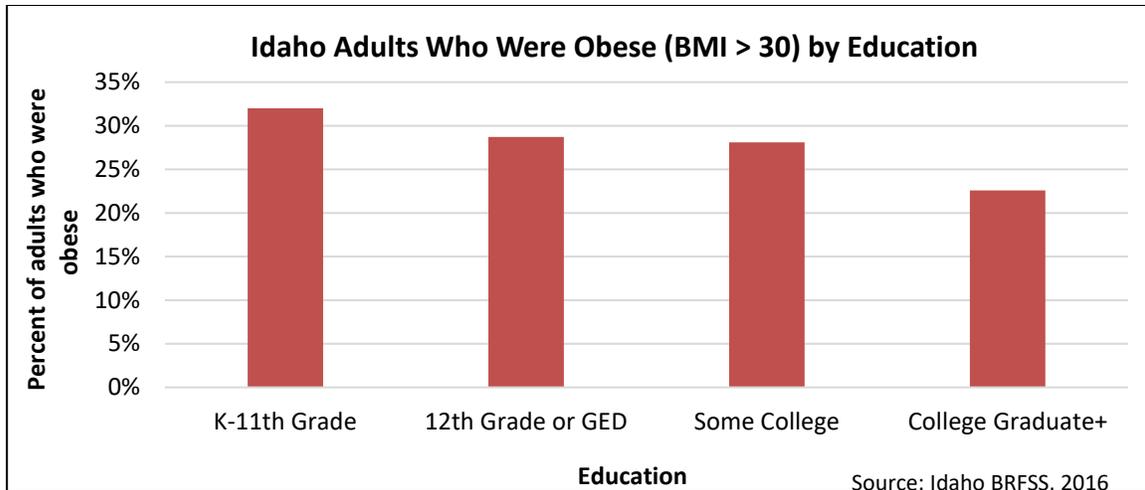
¹¹¹ University of Wisconsin Population Health Institute. *County Health Rankings* 2015. Accessible at www.countyhealthrankings.org.

¹¹² America's Health Rankings 2018, www.americashealthrankings.org

¹¹³ <http://www.hsph.harvard.edu/obesity-prevention-source/obesity-consequences/economic/>

¹¹⁴ Idaho and National 2002 - 2016 Behavioral Risk Factor Surveillance System

¹¹⁵ Idaho and National 2002 - 2016 Behavioral Risk Factor Surveillance System



Health Factor Score					
	Trend: Better/Worse	Prevalence versus U.S.	Severe/ Preventable	Magnitude: Root Cause	Total Score
Obese Adults	4	4	4	4	16

- **Food Environment Index**

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

1) Limited access to healthy foods estimates the proportion of the population who are low income and do not live close to a grocery store. Living close to a grocery store is defined differently in rural and non-rural areas; in rural areas, it means living less than 10 miles from a grocery store whereas in non-rural areas, it means less than 1 mile. Low income is defined as having an annual family income of less than or equal to 200 percent of the federal poverty threshold for the family size.

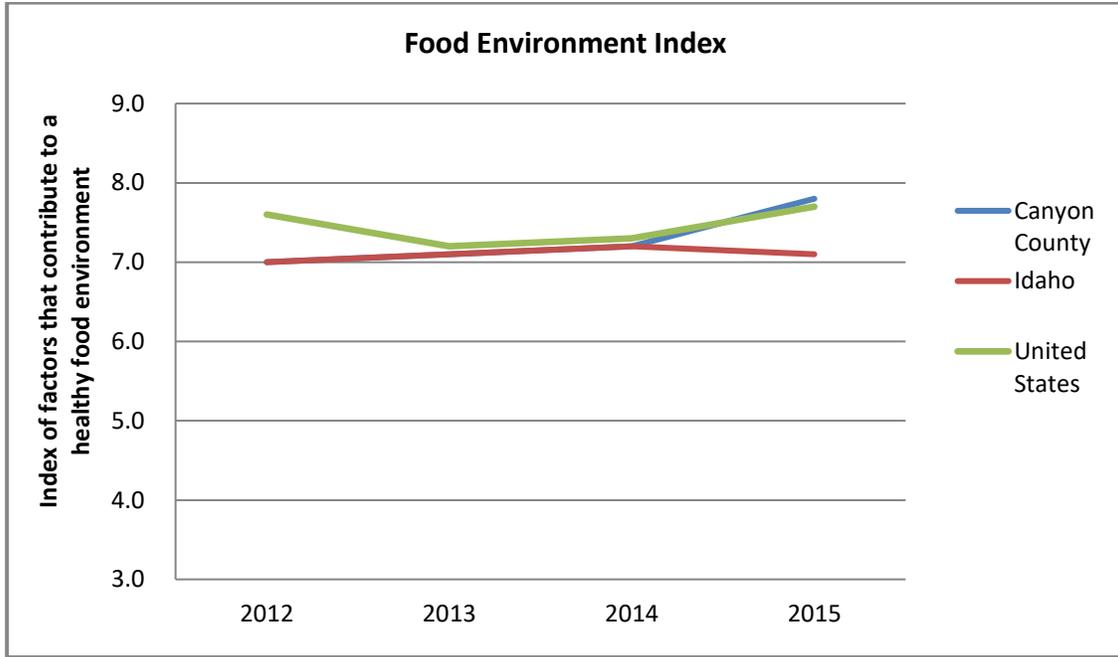
2) Food insecurity estimates the percentage of the population who did not have access to a reliable source of food during the past year. A 2-stage fixed effect model was created using information from the Community Population Survey, Bureau of Labor Statistics, and American Community Survey.

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

Additionally, low income can be another barrier to healthy food access. Food insecurity, the other food environment measure included in the index, attempts to capture the access issue by gaining a better understanding of the barrier of cost. Lacking constant access to food is related to negative health outcomes such as weight-gain and premature mortality. In addition to asking about having a constant food supply in the past year, the module also addresses the ability of individuals and families to provide balanced meals further addressing barriers to healthy eating. The consumption of fruits and vegetables is important but it may be equally important to have adequate access to a constant food supply.¹¹⁶

¹¹⁶ University of Wisconsin Population Health Institute. *County Health Rankings 2018*. Accessible at www.countyhealthrankings.org.

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

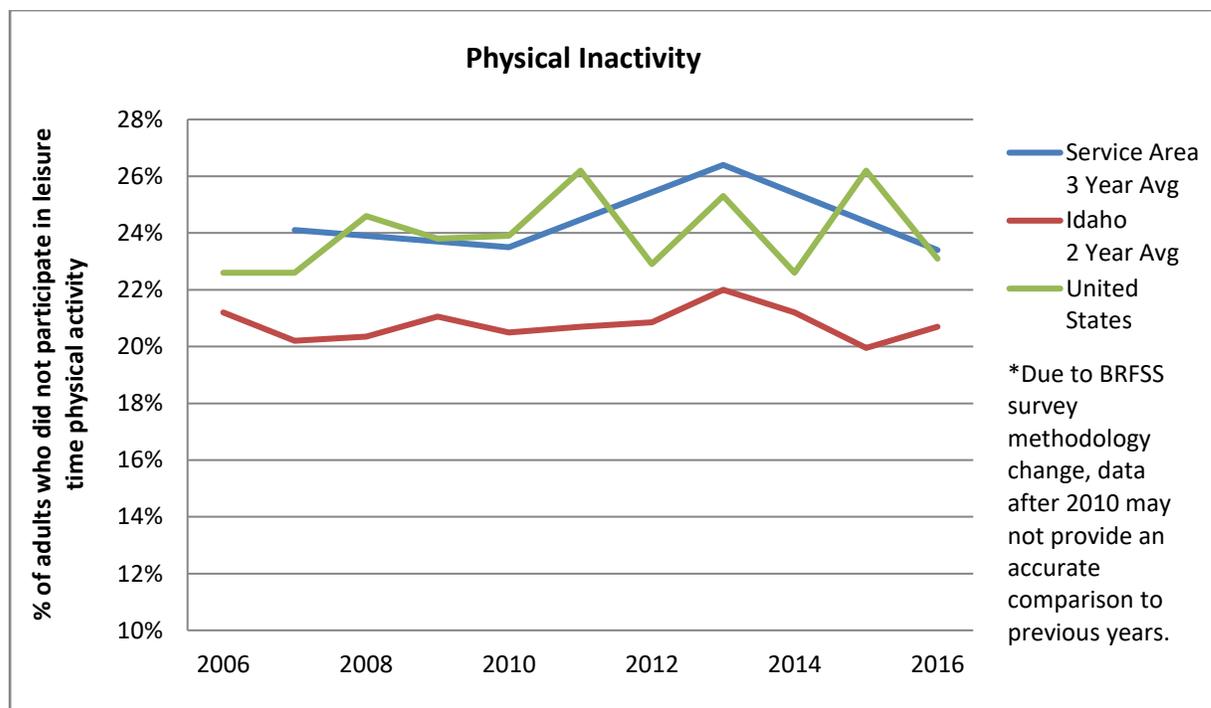


Health Factor Score					
	Trend: Better/Worse	Prevalence versus U.S.	Severe/ Preventable	Magnitude: Root Cause	Total Score
Food Environment Index	2	2	2	3	9

- **Physical Inactivity: Adults**

Increased physical activity is associated with lower risks of type 2 diabetes, cancer, stroke, hypertension, cardiovascular disease, and premature mortality. A person is considered physically inactive if during the past month, other than a regular job, they did not participate in any physical activities or exercises such as running, calisthenics, golf, gardening, or walking for exercise. Half of adults and nearly 72% of high school students in the US do not meet the CDC’s recommended physical activity levels, and American adults walk less than adults in any other industrialized country. ¹¹⁷

As shown in the chart below, physical inactivity in our community is about the same as the national average. The top 10th percentile (best) is 20%.¹¹⁸

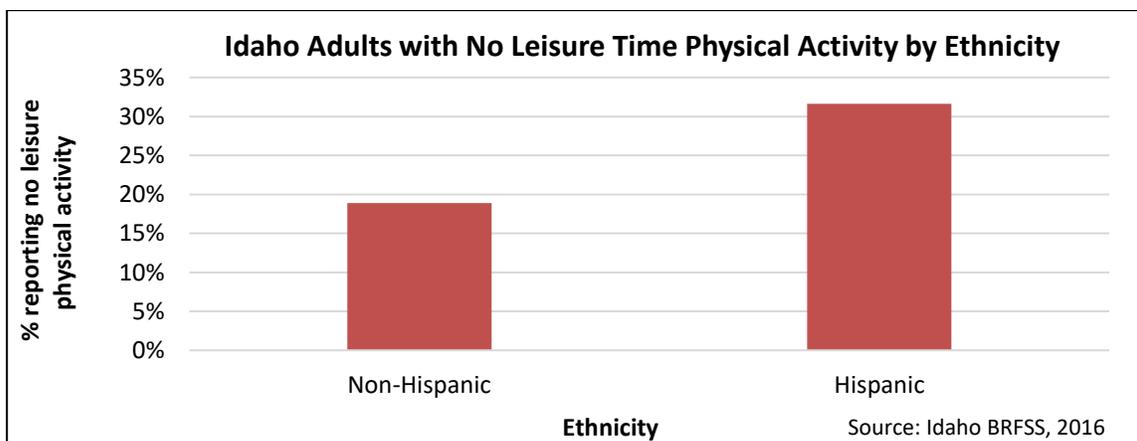
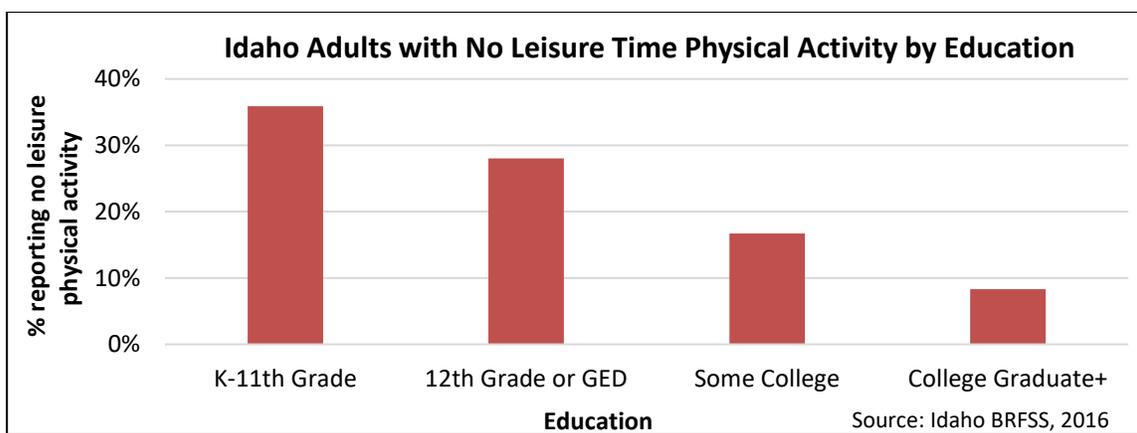
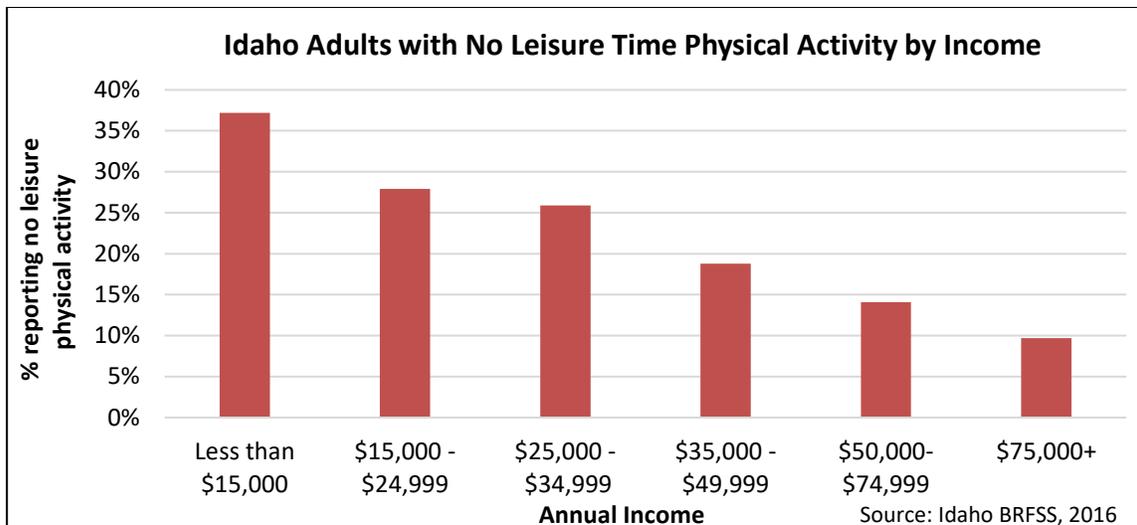


Physical inactivity is significantly higher among people with annual incomes below \$50,000, those without a college degree, and among Hispanics, as shown in the charts below. ¹¹⁹

¹¹⁷ University of Wisconsin Population Health Institute. *County Health Rankings* 2018. Accessible at www.countyhealthrankings.org.

¹¹⁸ Idaho and National 2002 - 2016 Behavioral Risk Factor Surveillance System

¹¹⁹ Ibid.



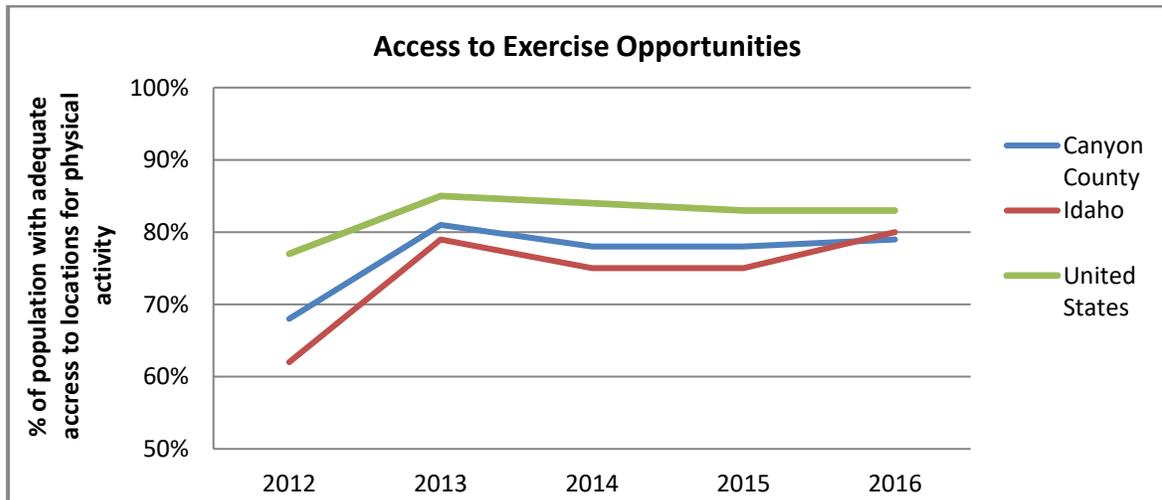
Health Factor Scoring					
	Trend: Better/Worse	Prevalence versus U.S.	Severe/ Preventable	Magnitude: Root Cause	Total Score
Physical inactivity Adults	2	2	2	3	9

- **Access to Exercise Opportunities**

The role of the built environment is important for encouraging physical activity. Individuals who live closer to sidewalks, parks, and gyms are more likely to exercise. Access to exercise opportunities measures the percentage of individuals in a county who live reasonably close to a location for physical activity. Locations for physical activity are defined as parks or recreational facilities. Parks include local, state, and national parks. Recreational facilities include businesses identified by the NAICS code 713940, and include a wide variety of facilities including gyms, community centers, YMCAs, dance studios and pools.

This is the first national measure created which captures the many places where individuals have the opportunity to participate in physical activity outside of their homes. It is not without several limitations. First, no dataset accurately captures all the possible locations for physical activity within a county. For example, sidewalks, which serve as common locations for running or walking, are not included in this measure. Additionally, not all locations for physical activity are identified by their primary or secondary business code.¹²⁰

The chart, below, shows access to exercise opportunities in our community is about the same as the national average. The top ten percent nationally is 92%.



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

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

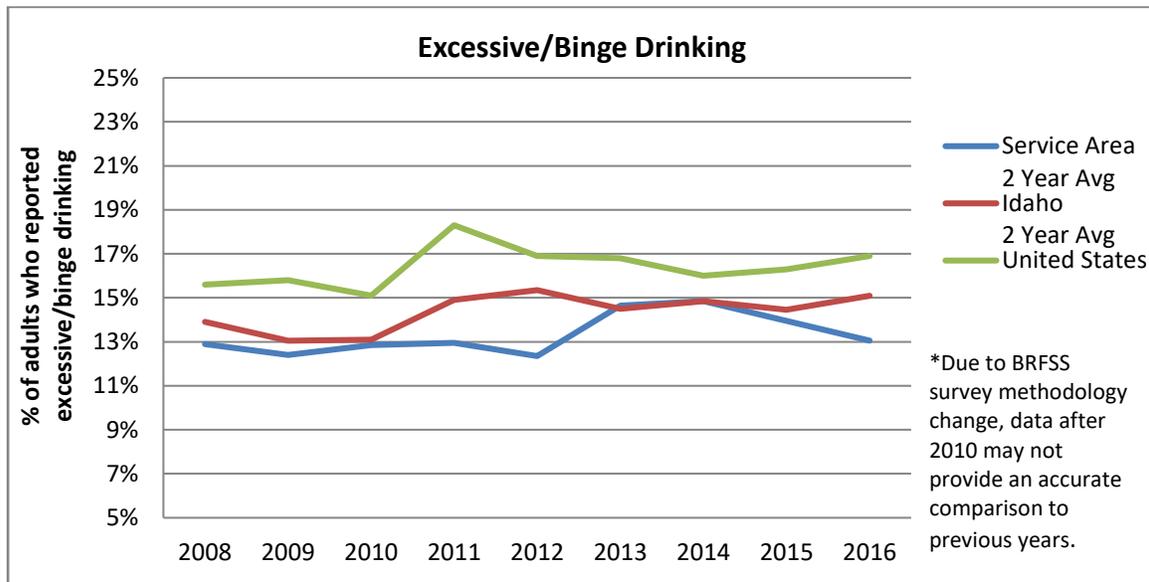
Alcohol Use

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

- **Excessive Drinking**

The excessive drinking statistic comes from the Behavioral Risk Factor Surveillance System (BRFSS). The measure aims to quantify the percentage of females that consume four or more and males who consume five or more alcoholic beverages in one day at least once a month. Excessive drinking is a risk factor for a number of adverse health outcomes. These include alcohol poisoning, hypertension, acute myocardial infarction, sexually transmitted infections, unintended pregnancy, fetal alcohol syndrome, sudden infant death syndrome, suicide, interpersonal violence, and motor vehicle crashes. It is the third leading lifestyle-related cause of death for people in the US.¹²¹

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



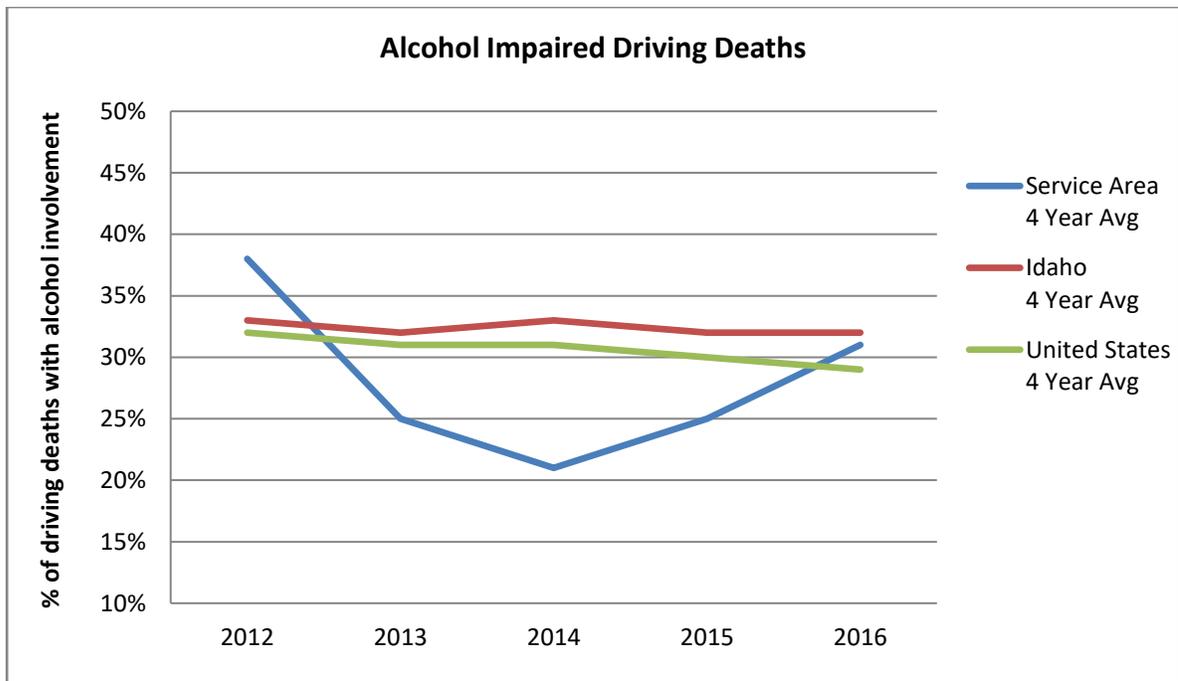
Health Factor Scoring					
	Trend: Better/Worse	Prevalence versus U.S.	Severe/ Preventable	Magnitude: Root Cause	Total Score
Excessive Drinking	2	1	3	2	8

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

¹²² Idaho and National 2002 - 2016 Behavioral Risk Factor Surveillance System

- **Alcohol Impaired Driving Deaths**

Alcohol-impaired driving deaths is the percentage of motor vehicle crash deaths with alcohol involvement. Alcohol-impaired driving deaths directly measures the relationship between alcohol and motor vehicle crash deaths. One limitation of this measure is that not all fatal motor vehicle traffic accidents have a valid blood alcohol test, so these data are likely an undercount of actual alcohol involvement. Another potential limitation is that even though alcohol is involved in all cases of alcohol-impaired driving, there can be a large difference in the degree to which it was responsible for the crash (i.e. someone with a 0.01 BAC vs. 0.35 BAC). The data source is the Fatality Analysis Reporting System (FARS), which is a census of fatal motor vehicle crashes. Our alcohol-impaired driving death rate is slightly above the national level. The top 10th percentile (best) is 14% nationally.¹²³



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

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

Unsafe Sex

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

- **Teen Birth Rate**

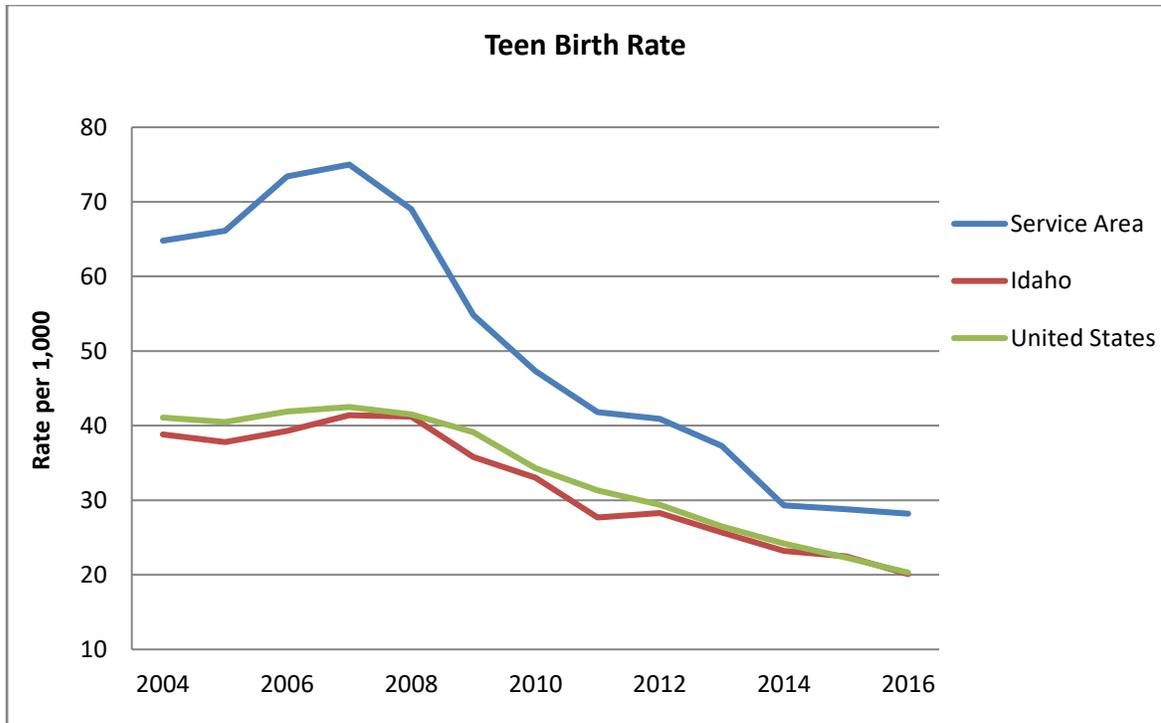
Evidence suggests teen pregnancy significantly increases the risks for repeat pregnancy and for contracting a sexually transmitted infection (STI), both of which can result in adverse health outcomes for mother and child as well as for the families and community. A systematic review of the sexual risk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

Teen pregnancy is associated with poor prenatal care and pre-term delivery. Pregnant teens are more likely than older women to receive late or no prenatal care, have gestational hypertension and anemia, and achieve poor maternal weight gain. They are also more likely to have a pre-term delivery and low birth weight, increasing the risk of child developmental delay, illness, and mortality.¹²⁴

Although our rate of teen pregnancy is decreasing, it is well above the national average. The national top 10th percentile rate of 15.¹²⁵

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

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

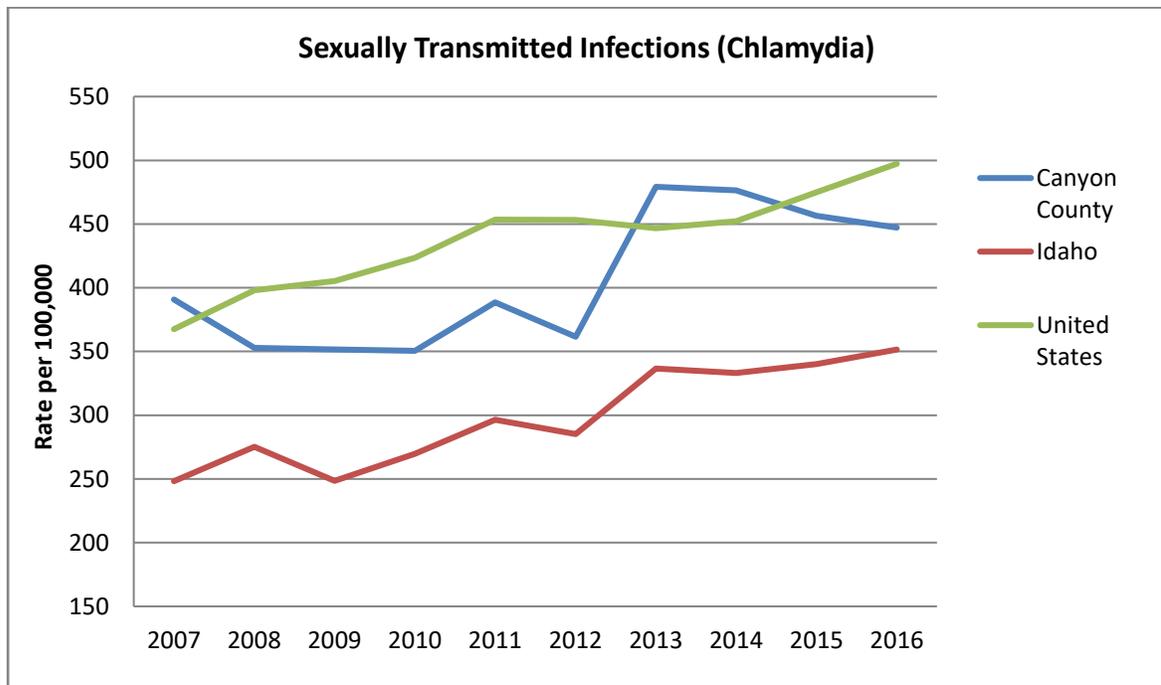


Health Factor Score					
Low score = Low potential for health impact			High score = High potential for health impact		
	Trend: Better/Worse	Prevalence versus U.S. Average	Severe/ Preventable	Magnitude: Root Cause	Total Score
Teen birth rate	0	4	2	3	9

- **Sexually Transmitted Infections**

Sexually transmitted infections (STI) data are important for communities because the burden of STIs is not only on individual sufferers, but on society as a whole. Chlamydia, in particular, is the most common bacterial STI in North America and is one of the major causes of tubal infertility, ectopic pregnancy, pelvic inflammatory disease, and chronic pelvic pain. Additionally, STIs in general are associated with significantly increased risk of morbidity and mortality, including increased risk of cervical cancer, pelvic inflammatory disease, involuntary infertility, and premature death.¹²⁶

The rate of chlamydia infections has increased over the past ten years both in our community and nationally. Although our community is below the national average, we are still well above the national top 10th percentile rate of 145.1.¹²⁷



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

¹²⁶ County Health Rankings 2018. Accessible at www.countyhealthrankings.org.

¹²⁷ National data source: 2015 Sexually Transmitted Diseases Surveillance, table 1 <http://www.cdc.gov/std/>.

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

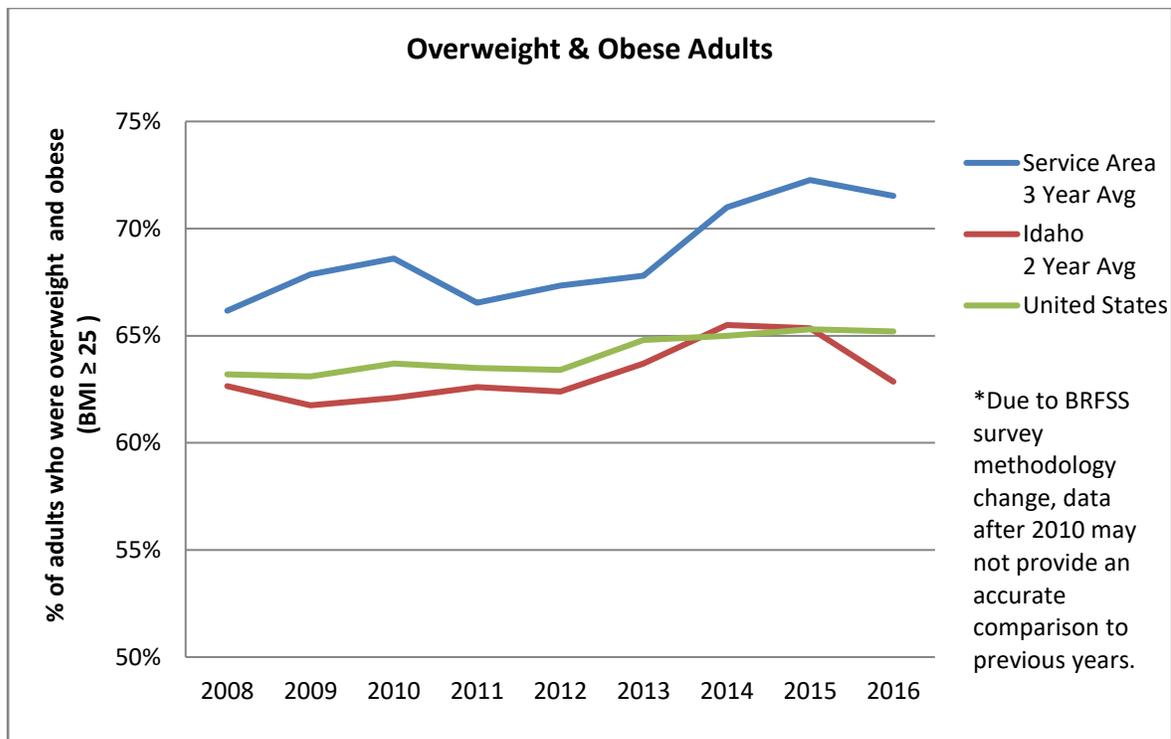
http://www.healthandwelfare.idaho.gov/Portals/0/Health/Disease/STD%20HIV/2010_Facts_Book_FINAL.pdf

Additional Health Behavior Factors

- Overweight and Obese Adults**

In addition to the percent of obese adults included as part of our *County Health Rankings* factors, we added the percentage of overweight and obese adults. Being overweight or obese increases the risk for a number of health conditions: Coronary heart disease, type 2 diabetes, cancer, hypertension, dyslipidemia, stroke, liver and gallbladder disease, sleep apnea and respiratory problems, osteoarthritis, gynecological problems (infertility and abnormal menses), and poor health status.

The trend for overweight and obese adults has been increasing steadily for the past 10 years, nationally and especially in our community.¹²⁸



Health Factor Score					
Low score = Low potential for health impact			High score = High potential for health impact		
	Trend: Better/Worse	Prevalence versus U.S. Average	Severe/ Preventable	Magnitude: Root Cause	Total Score
Overweight or Obese Adults	4	4	4	4	16

¹²⁸ Idaho and National 2002 - 2016 Behavioral Risk Factor Surveillance System

- **Overweight and Obese Teens**

We included the percentage of obese and overweight teenagers in our community to ensure an understanding of youth health behavior risks. People who were already overweight in adolescence (14-19 years old) have an increased mortality rate from a range of chronic diseases as adults: endocrine, nutritional and metabolic diseases, cardiovascular diseases, colon cancer, and respiratory diseases. There were also many cases of sudden death in this group.¹²⁹ Overweight children and adolescents:

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

Some methods of preventing and treating overweight children are:

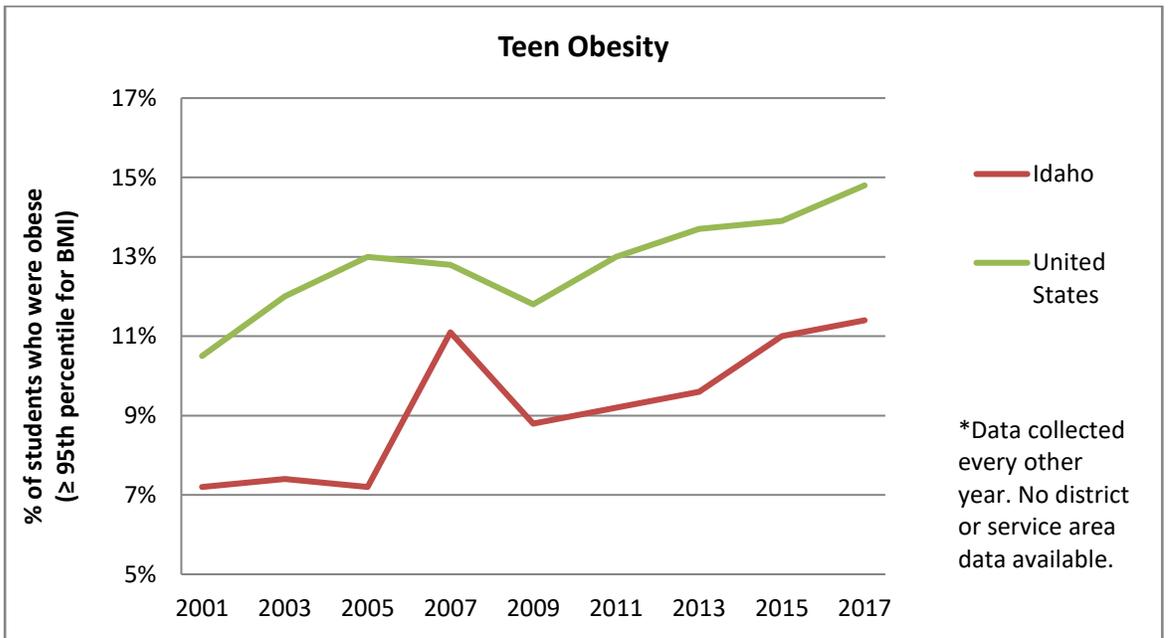
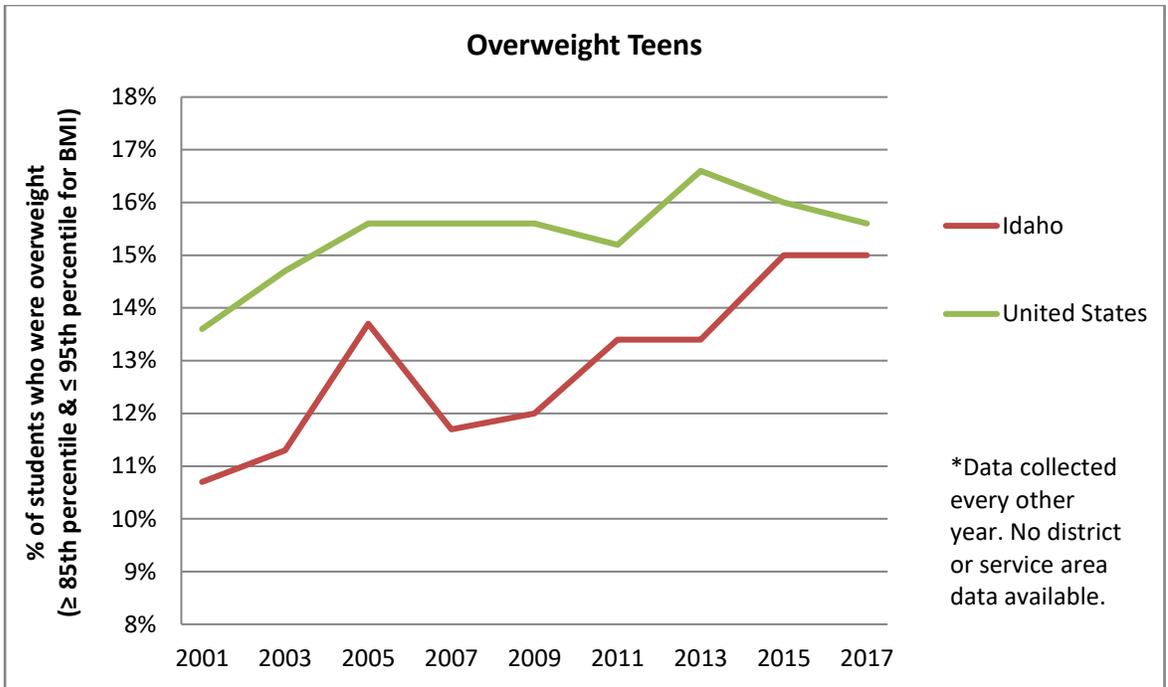
- Reducing caloric intake is the easiest change. Highly restrictive diets that forbid favorite foods are likely to fail. They should be limited to rare patients with severe complications who must lose weight quickly.
- Becoming more active is widely recommended. Increased physical activity is common in all studies of successful weight reduction. Create an environment that fosters physical activity.
- Parents' involvement in modifying overweight children's behavior is important. Parents who model healthy eating and physical activity can positively influence their children's health.¹³⁰

The percent of overweight or obese teens in Idaho is lower than the national average. However, the trend for obesity and overweight youth is increasing both in Idaho and across the United States. Overweight youth are defined as being ≥85th percentile but <95th percentile for body mass index, based on sex- and age-specific reference data from the 2000 CDC growth charts. Obese youth are defined by the CDC as being ≥95th percentile for body mass index, based on sex- and age-specific reference data from the 2000 CDC growth charts.¹³¹

¹²⁹ Overweight In Adolescence Gives Increased Mortality Rate, ScienceDaily (May 20, 2008)

¹³⁰ American Heart Association, Understanding Childhood Obesity, 2011 Statistical Sourcebook, PDF

¹³¹ Youth Risk Behavior Survey , United States, 2001 – 2017, www.cdc.gov/yrbs/

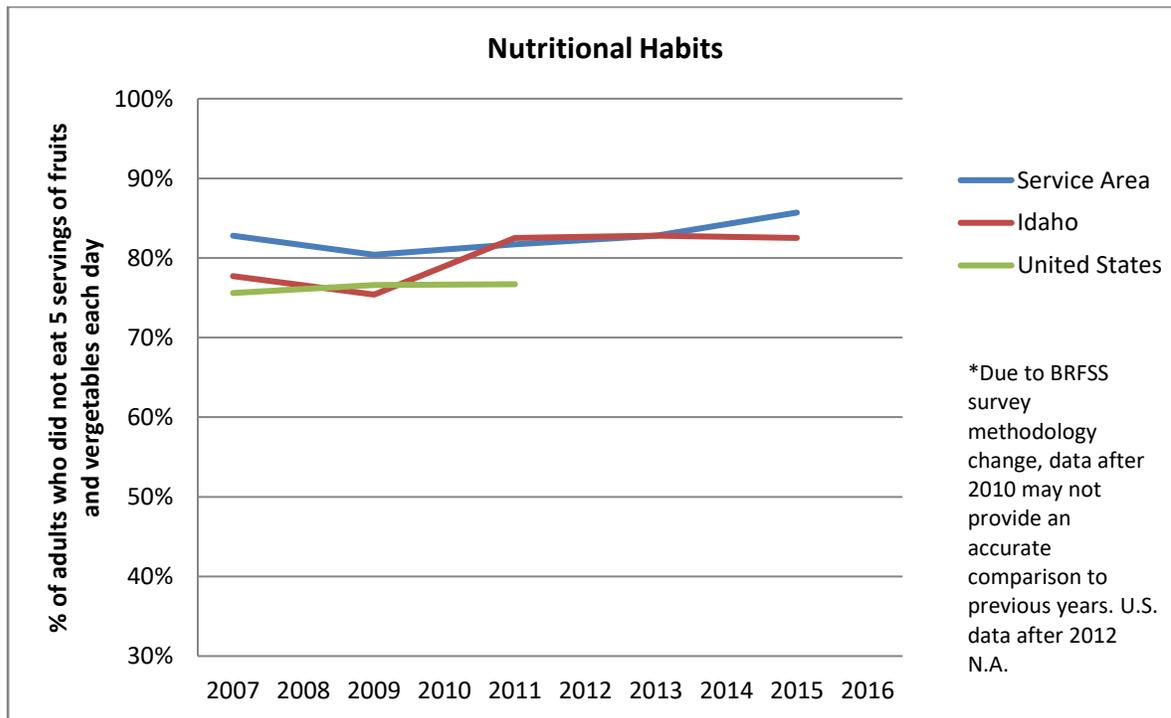


Health Factor Score					
Low score = Low potential for health impact			High score = High potential for health impact		
	Trend: Better/Worse	Prevalence versus U.S. Average	Severe/ Preventable	Magnitude: Root Cause	Total Score
Obese Teens	4	1	4	4	13

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

Eating a diet high in fruits and vegetables is important to overall health, because these foods contain essential vitamins, minerals, and fiber that may help protect from chronic diseases. Dietary guidelines recommend that at least half of your plate consist of fruit and vegetables and that half of your grains be whole grains. This combined with reduced sodium intake, fat-free or low-fat milk and reduced portion sizes lead to a healthier life. Data collected for this measure focus on the consumption of vegetables and fruits at the recommended five portions per day.¹³² These data are collected through the Behavioral Risk Factor Surveillance System.

As shown in the chart below, about 86% of the people in our service area did not eat the recommended amounts of fruits and vegetables. The national average was about 77%. The trend appears has been flat. There are no large differences in nutritional habits based on income or education.¹³³



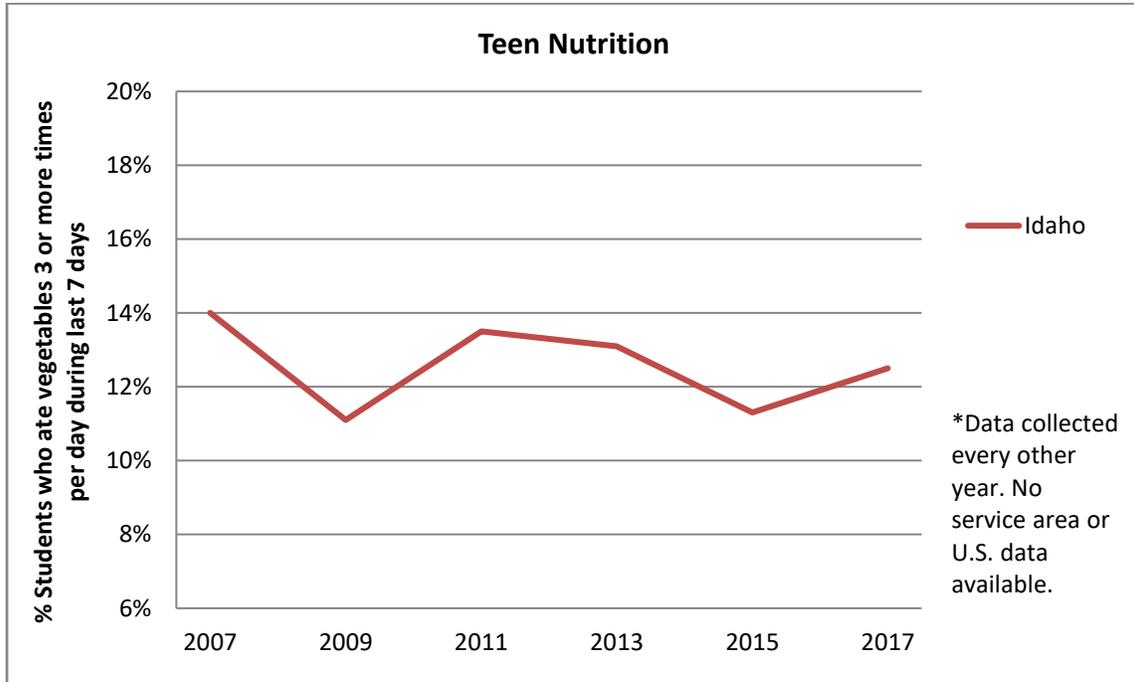
Health Factor Scoring					
	Trend: Better/Worse	Prevalence versus U.S. Average	Severe/ Preventable	Magnitude: Root Cause	Total Score
Nutritional habits adults	2	3	2	3	10

¹³² America’s Health Rankings 2015-2018, www.americashealthrankings.org

¹³³ Idaho and National 2002 – 2016 Behavioral Risk Factor Surveillance System

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

More than 80% of Idaho youth do not eat the recommended amount of fruits and vegetables.¹³⁴



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

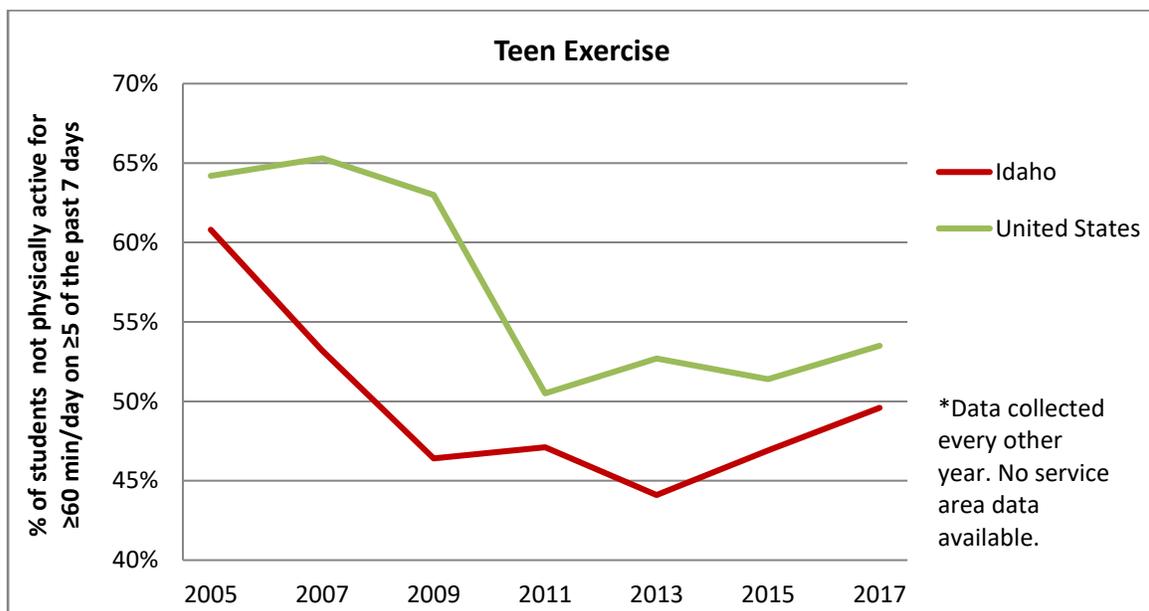
¹³⁴ Youth Risk Behavior Survey, Idaho and United States, 2001 – 2017, www.cdc.gov/yrbs/

- **Physical Activity: Youth**

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

As children age, their physical activity levels tend to decline. As a result, it's important to establish good physical activity habits as early as possible. A recent study suggests that teens who participate in organized sports during early adolescence maintain higher levels of physical activity in late adolescence compared to their peers, although their activity levels do decline. And youth who are physically fit are much less likely to be obese or have high blood pressure in their 20s and early 30s.¹³⁵

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



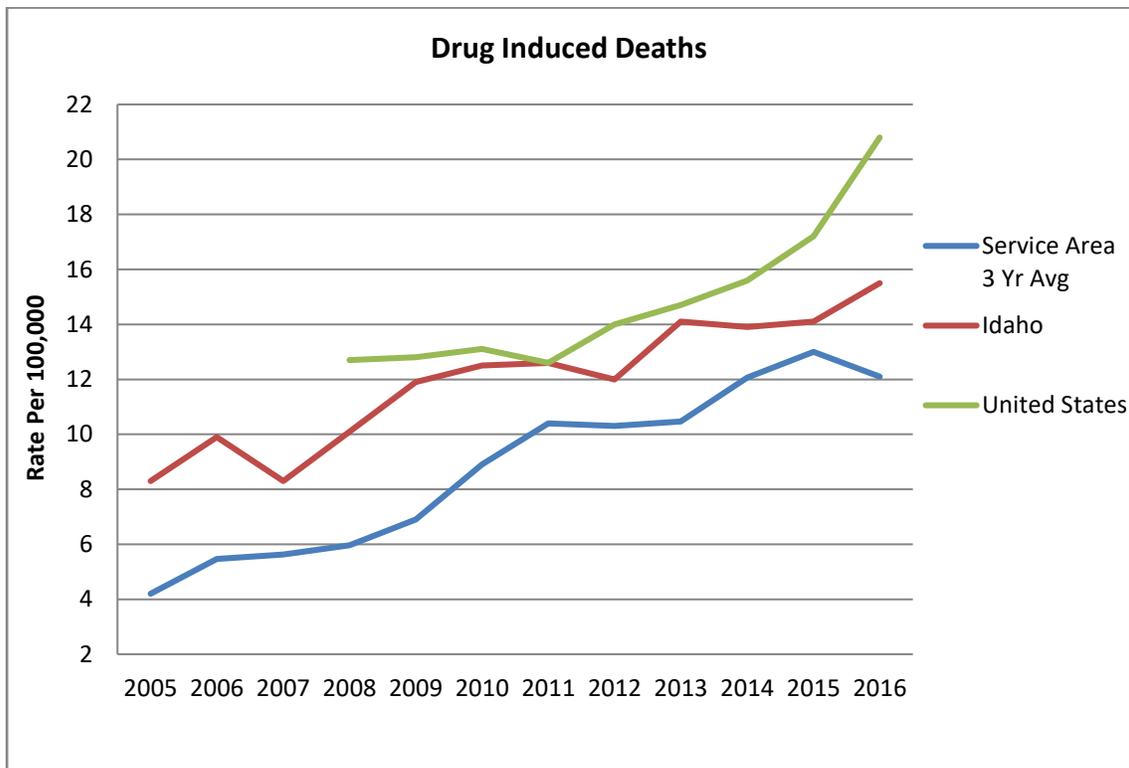
Health Factor Score					
Low score = Low potential for health impact			High score = High potential for health impact		
	Trend: Better/Worse	Prevalence versus U.S. Average	Severe/ Preventable	Magnitude: Root Cause	Total Score
Teen exercise	2	2	2	4	10

¹³⁵ American Heart Association, Understanding Childhood Obesity, 2011 Statistical Sourcebook, PDF

¹³⁶ Youth Risk Behavior Survey, United States, 2001 – 2017, www.cdc.gov/yrbs/

- **Drug Misuse**

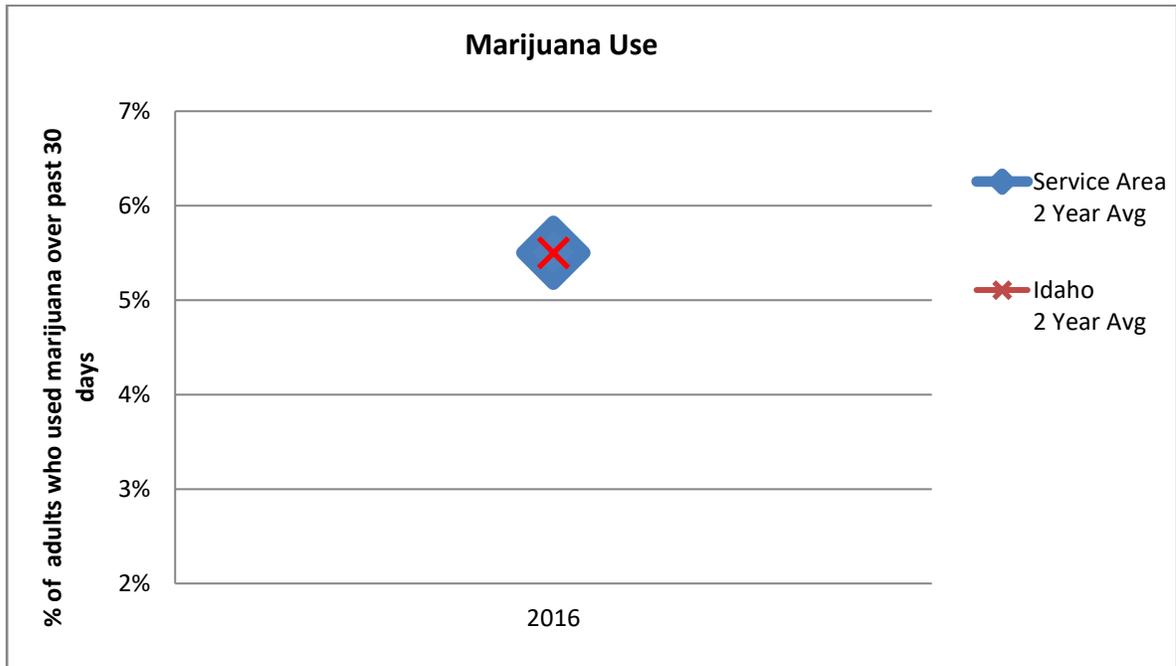
Drug abuse or misuse has harmful and sometimes devastating effects on individuals, families, and society. Negative outcomes that may result from drug misuse include overdose and death, falls and fractures, and, for some, initiating injection drug use with resulting risk for infections such as hepatitis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



¹³⁷ <https://www.samhsa.gov/topics/prescription-drug-misuse-abuse>

¹³⁸ Idaho Vital Statistics Annual Reports, Years 2005 - 2016, National Vital Statistics Report - Deaths: Data 2016

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



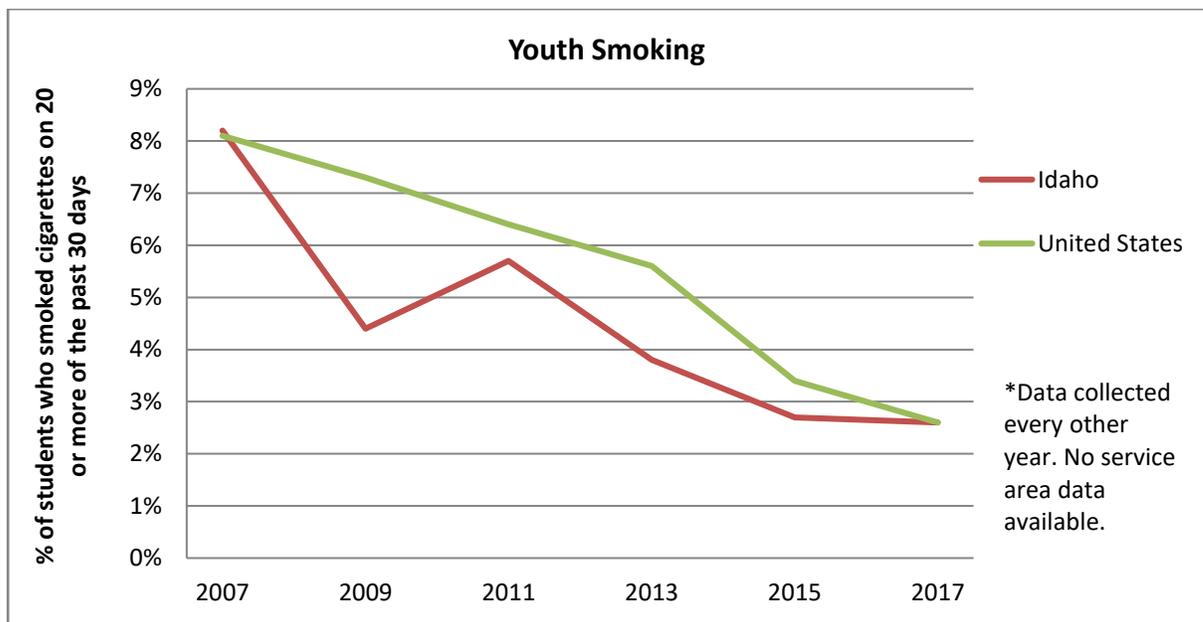
Health Factor Score					
Low score = Low potential for health impact			High score = High potential for health impact		
	Trend: Better/Worse	Prevalence versus U.S. Average	Severe/ Preventable	Magnitude: Root Cause	Total Score
Drug misuse	4	2	4	3	13

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

- **Youth Smoking**

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

Prevention efforts must focus on young adults ages 18 through 25, too. Almost no one starts smoking after age 25. Nearly 9 out of 10 smokers started smoking by age 18, and 99% started by age 26. Progression from occasional to daily smoking almost always occurs by age 26. This is why prevention is critical. Successful multi-component programs prevent young people from starting to use tobacco in the first place and more than pay for themselves in lives and health care dollars saved. Strategies that comprise successful comprehensive tobacco control programs include mass media campaigns, higher tobacco prices, smoke-free laws and policies, evidence-based school programs, and sustained community-wide efforts.¹⁴¹



Health Factor Score					
Low score = Low potential for health impact			High score = High potential for health impact		
	Trend: Better/Worse	Prevalence versus U.S. Avg.	Severe/ Preventable	Magnitude: Root Cause	Total Score
Youth Smoking	0	2	4	4	10

¹⁴⁰ Idaho and Nation Youth Risk Behavior Survey 2001 -2017

¹⁴¹ <http://www.surgeongeneral.gov/library/reports/preventing-youth-tobacco-use/factsheet.html>

Clinical Care Factors

County Health Rankings Clinical Care Factors

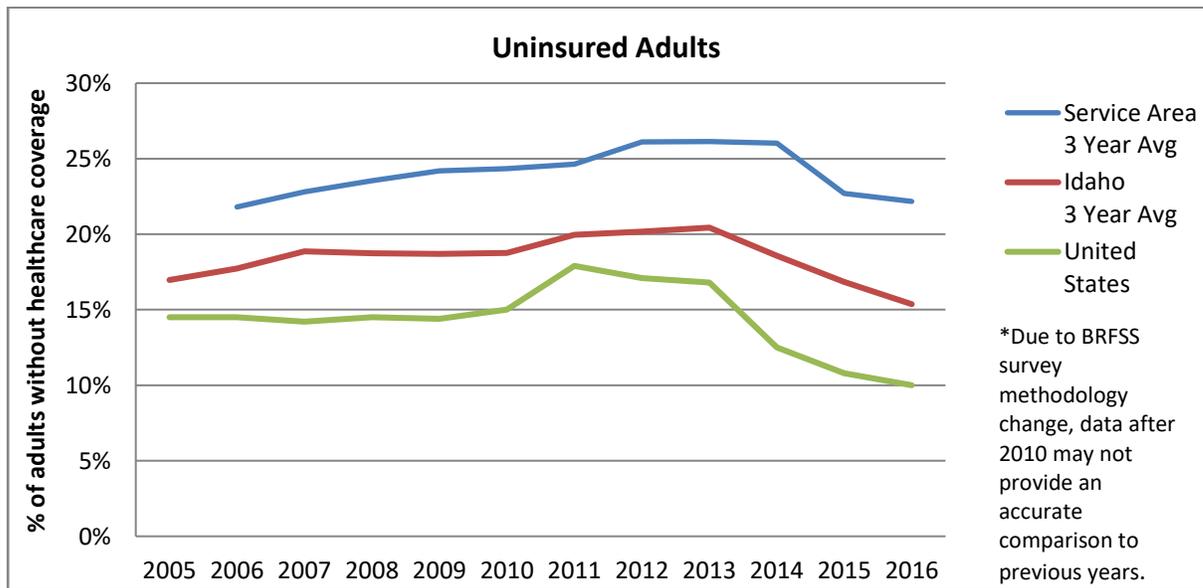
Health Care Access

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

- **Uninsured Adults**

Evidence shows that uninsured individuals experience more adverse outcomes (physically, mentally, and financially) than insured individuals. The uninsured are less likely to receive preventive and diagnostic health care services, are more often diagnosed at a later disease stage, and on average receive less treatment for their condition compared to insured individuals. At the individual level, self-reported health status and overall productivity are lower for the uninsured. The Institute of Medicine reports that the uninsured population has a 25% higher mortality rate than the insured population.¹⁴²

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

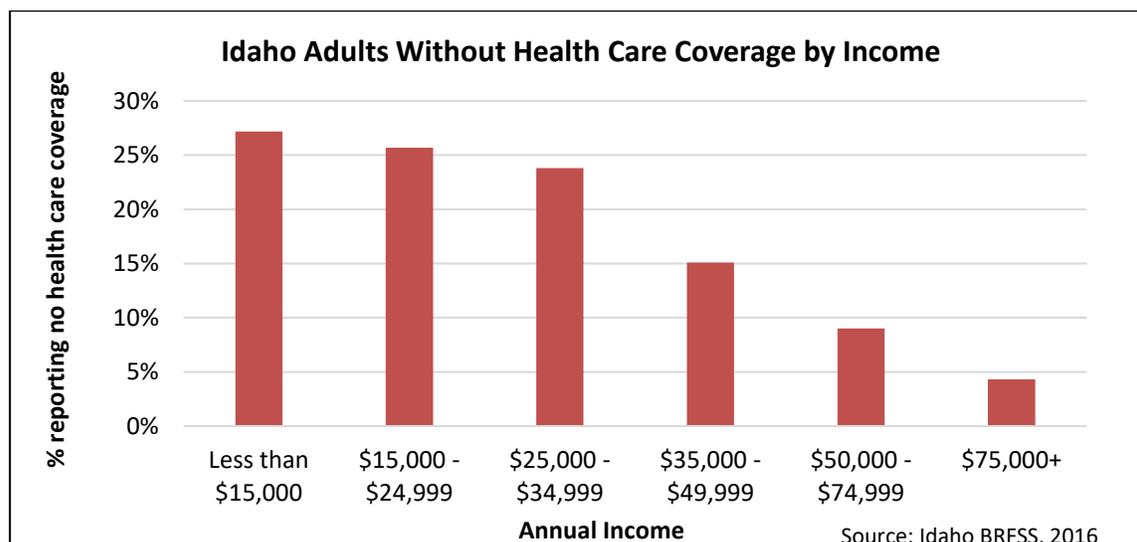


¹⁴² University of Wisconsin Population Health Institute. *County Health Rankings 2010-2018*. Accessible at www.countyhealthrankings.org.

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

The chart above shows that on a national basis the 2010 Affordable Care Act (ACA) lowered the percentage of uninsured adults starting in 2014. The goal of the ACA is to improve health outcomes and eventually lower health care costs through insuring a greater proportion of the population. One of the major provisions of the ACA is the expansion of Medicaid eligibility to nearly all low-income individuals with incomes at or below 138 percent of poverty. However, over 20 states chose not to expand their programs. The ACA did not make provisions for low income people not receiving Medicaid and does not provide assistance for people below poverty for other coverage options.¹⁴⁴ This is often referred to as the “coverage gap.”¹⁴⁵ In November 2018, Idaho passed a proposition to expand Medicaid. In the coming years, we will see how much the resulting legislation increases the percentage of people who have health insurance and the positive impact it has on health.

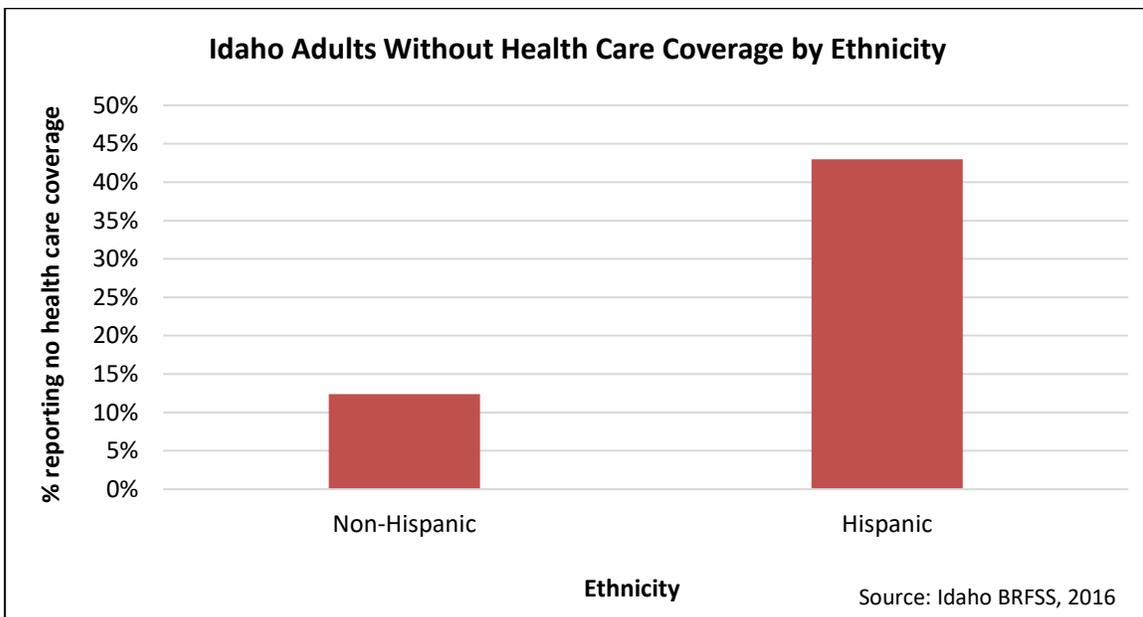
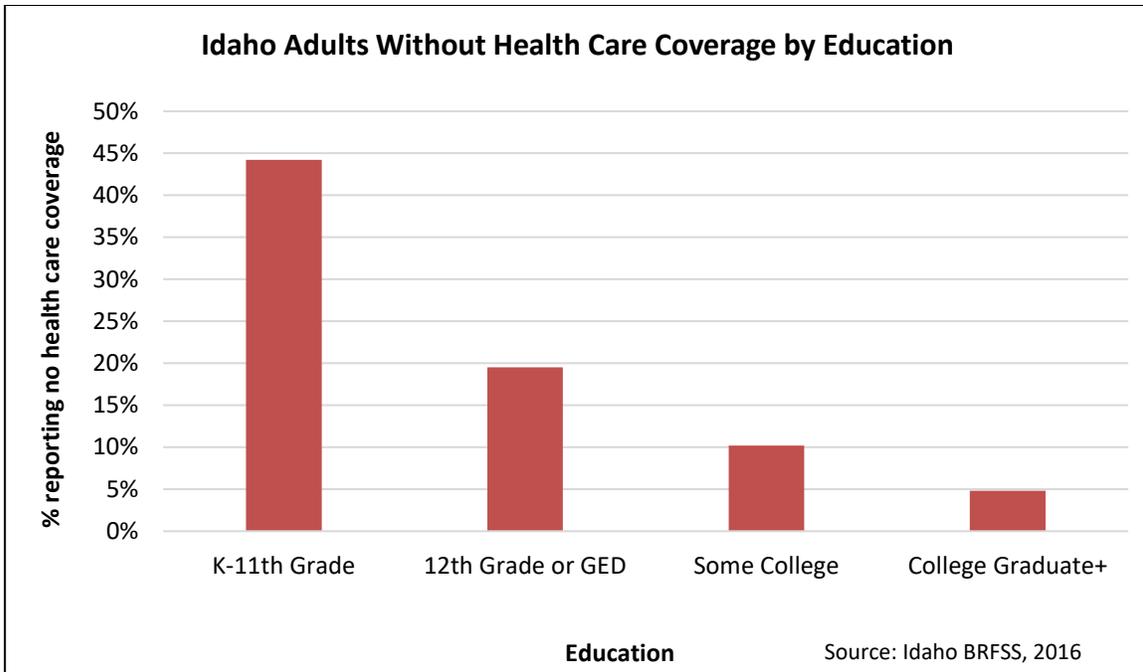
The charts below show that income and education greatly affect the likelihood of people having health insurance. For example, those with incomes of less than \$25,000 are about 10 times more likely to report being without health care coverage than those with incomes above \$75,000. In addition, Hispanics are more than twice as likely to not have health insurance coverage as non-Hispanics.¹⁴⁶



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

¹⁴⁵ The Coverage Gap: Uninsured Poor Adults in States the do not Expand Medicaid, April 2015, The Kaiser Commission on Medicaid and the Uninsured, Rachel Garfield

¹⁴⁶ Idaho and National 2002 - 2016 Behavioral Risk Factor Surveillance System

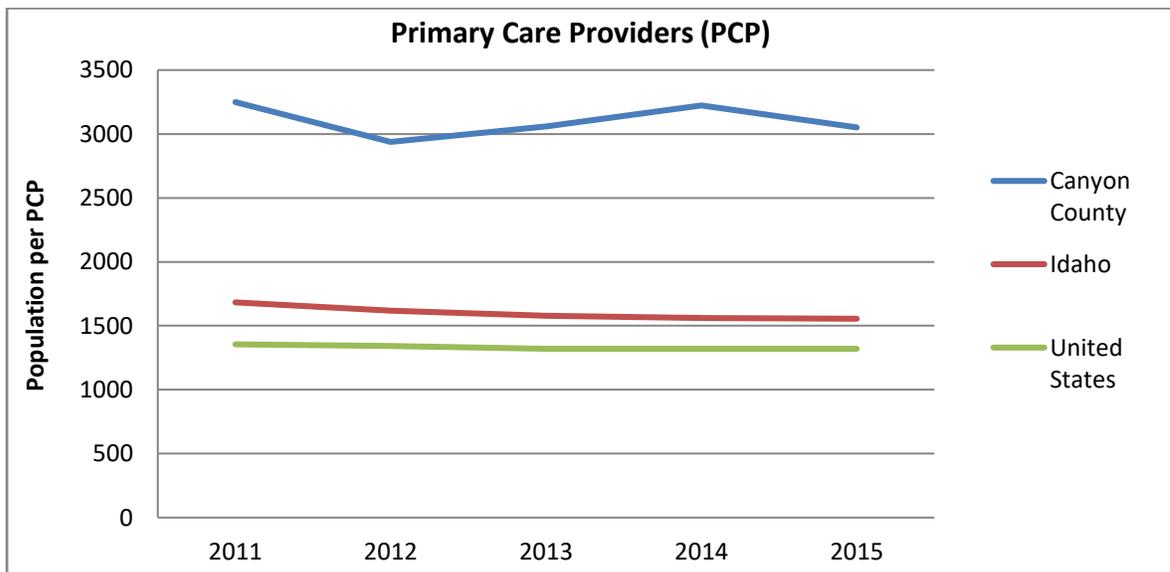


Health Factor Score					
Low score = Low potential for health impact			High score = High potential for health impact		
	Trend: Better/Worse	Prevalence versus U.S. Average	Severe/ Preventable	Magnitude: Root Cause	Total Score
Uninsured adults	2	4	4	3	13

- **Primary Care Providers**

The second measure of health care access reports the ratio of population in a county to primary care providers (i.e., the number of people per primary care provider). The measure is based on data obtained from the Health Resources and Services Administration (HRSA) through the County Health Rankings. While having health insurance is a crucial step toward accessing the different aspects of the health care system, health insurance by itself does not ensure access. In addition, evidence suggests that access to effective and timely primary care has the potential to improve the overall quality of care and help reduce costs. One analysis found that primary care physician supply was associated with improved health outcomes including reduced all-cause cancer, heart disease, stroke, and infant mortality; a lower prevalence of low birth weight; greater life expectancy; and improved self-rated health. The same analysis also found that each increase of one primary care physician per 10,000 people is associated with a reduction in the average mortality by 5.3%.¹⁴⁷

The chart below shows the population to primary care provider ratio is significantly above (worse than) the national average in Canyon County.



Health Factor Score					
	Trend: Better/Worse	Prevalence versus U.S.	Severe/ Preventable	Magnitude: Root Cause	Total Score
Primary care physicians	2	4	2	3	11

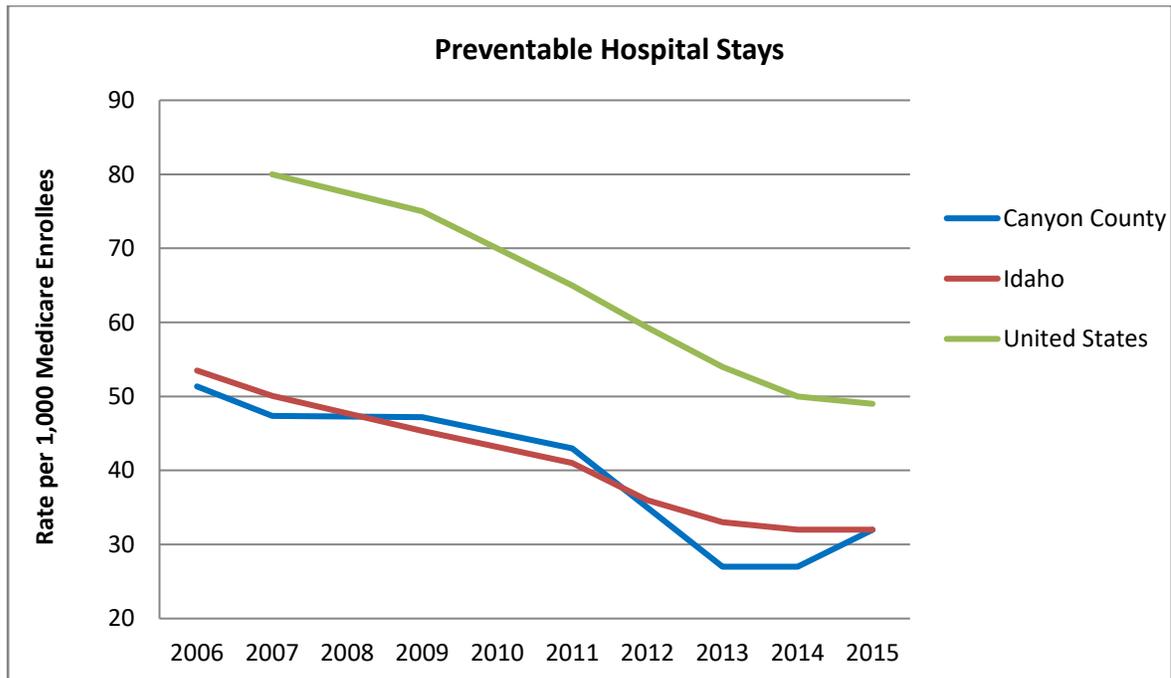
¹⁴⁷ University of Wisconsin Population Health Institute. *County Health Rankings* 2018. Accessible at www.countyhealthrankings.org.

Health Care Quality

- Preventable Hospital Stays**

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

The rate of preventable hospital stays for our service area is significantly below (better than) the national average and is even below (better than) the national top 10th percentile (top 10th percentile rate is 35). The trend is also improving over time in our service area and nationally. This indicates a high level of health care quality in our service area.¹⁴⁸



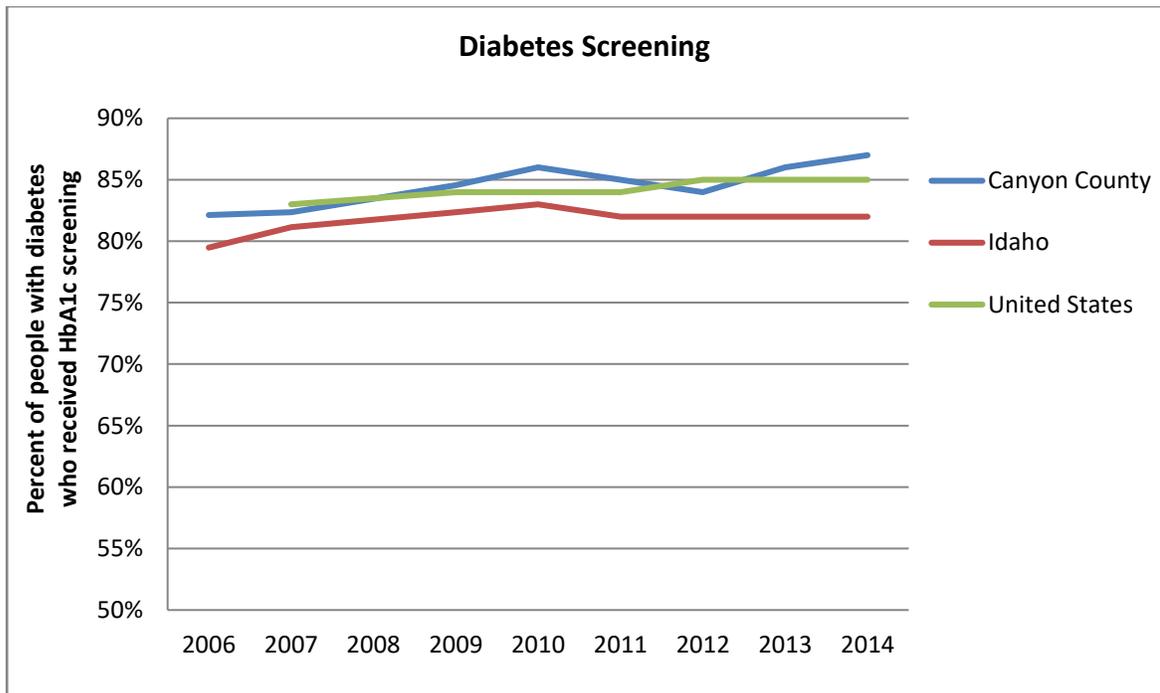
Health Factor Score					
Low score = Low potential for health impact			High score = High potential for health impact		
	Trend: Better/Worse	Prevalence versus U.S.	Severe/ Preventable	Magnitude: Root Cause	Total Score
Preventable Hospital Stays	0	0	2	4	6

¹⁴⁸ Ibid.

- **Diabetes Screening**

The second measure of health care quality, diabetes screening, encompasses the percent of diabetic Medicare enrollees receiving HbA1c screening. Regular HbA1c screening among diabetic patients is considered the standard of care. When high blood sugar, or hyperglycemia, is addressed and controlled, complications from diabetes can be delayed or prevented.¹⁴⁹

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



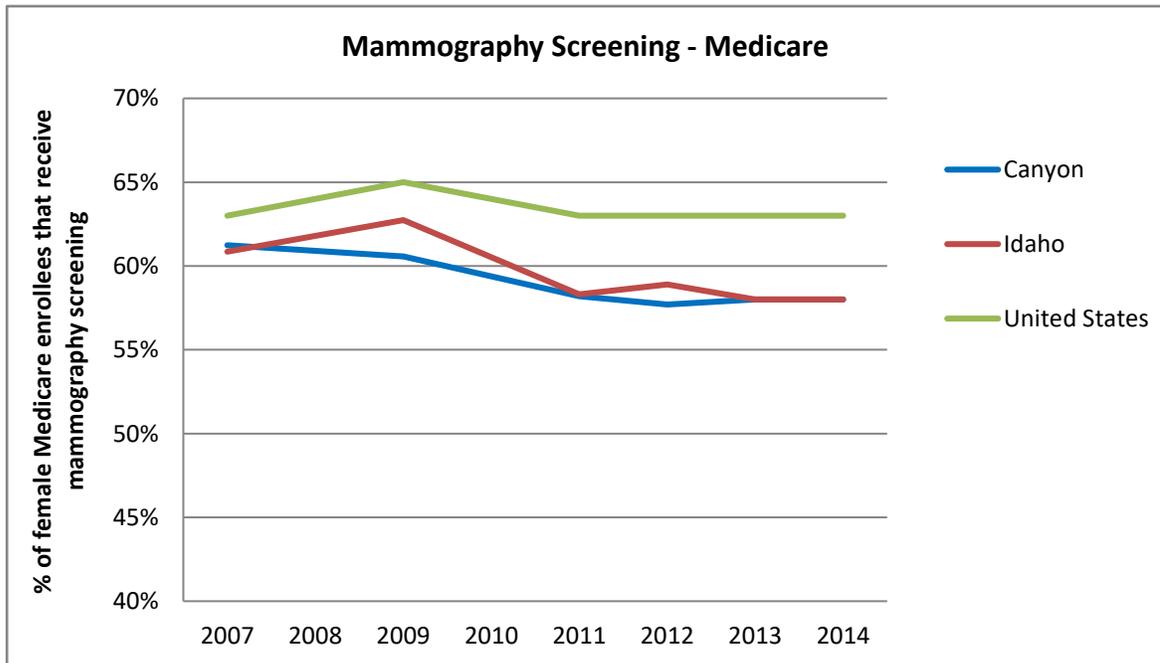
Health Factor Score					
Low score = Low potential for health impact			High score = High potential for health impact		
	Trend: Better/Worse	Prevalence versus U.S. Average	Severe/ Preventable	Magnitude: Root Cause	Total Score
Diabetes screening	2	2	3	3	10

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

- **Mammography Screening**

The third measure of health care quality, mammography screening, is the percent of female Medicare enrollees age 67-69 having at least one mammogram over a two-year period. Evidence suggests that screening reduces breast cancer mortality, especially among older women. A physician’s recommendation or referral—and satisfaction with physicians—are major facilitating factors among women who obtain mammograms.

The trend for the overall percent of women aged 67 to 69 receiving mammography screenings has decreased for the past several years. Canyon County’s percent screened is also lower than the national average.¹⁵⁰

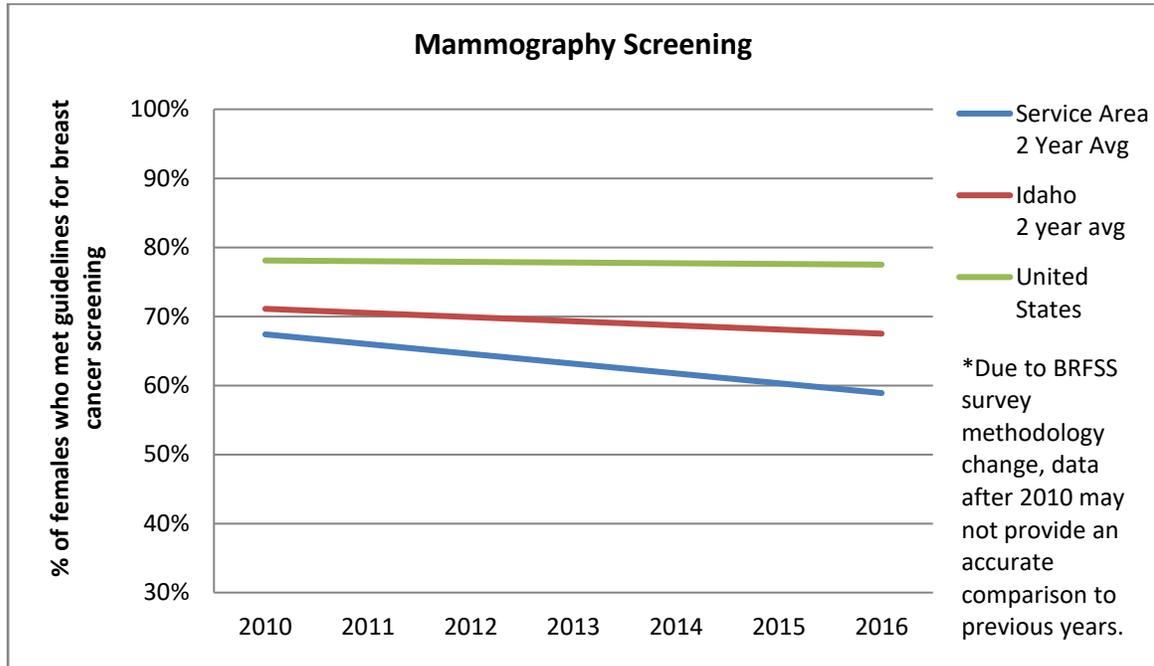


The data underlying this measure comes from the Dartmouth Atlas, a project that documents variations in health care throughout the country through use of Medicare claims data.

The National Cancer Institute has guidelines for mammography screening. To obtain the percentage of Idaho women who met the guidelines, we use data from BRFSS. As shown in the chart on the following page, the percentage has decreased over the past two years and overall is consistent with the percentage of women ages 65 to 67 receiving breast

¹⁵⁰ University of Wisconsin Population Health Institute. *County Health Rankings* 2018. Accessible at www.countyhealthrankings.org.

cancer screenings. Women with annual incomes of less than \$25,000 are significantly less likely to have had a mammogram and breast exam in the last two years.¹⁵¹



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

Additional Clinical Health Factors

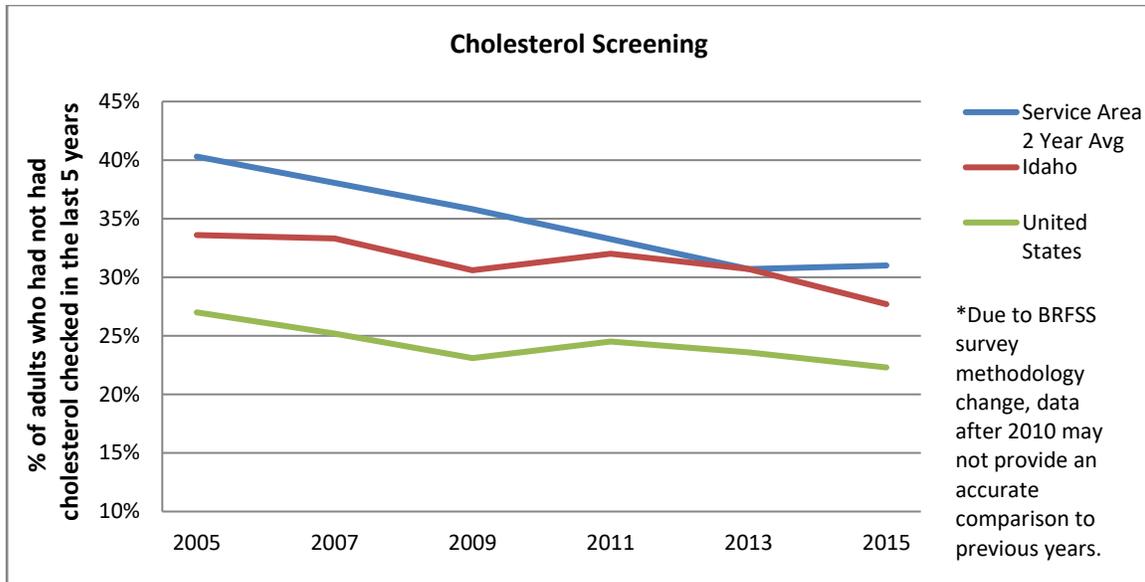
In this section, we include a number of additional preventive and screening measures as quality of care health factors influencing community health.

- **Cholesterol Screening**

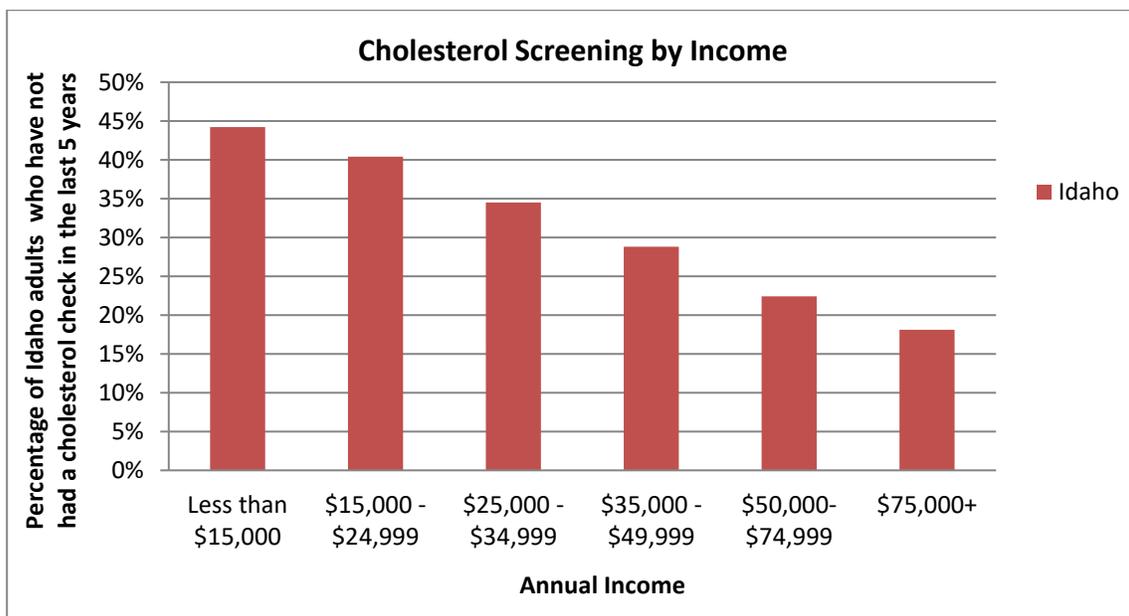
Cholesterol screening is important for good health because knowing cholesterol levels can spur actions to control it. Our service area has a lower percent of people receiving cholesterol checks than the national average.¹⁵²

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

¹⁵² Idaho and National 2002 - 2016 Behavioral Risk Factor Surveillance System



Lower income people, those without college educations, and Hispanics are significantly less likely to have their cholesterol checked.¹⁵³



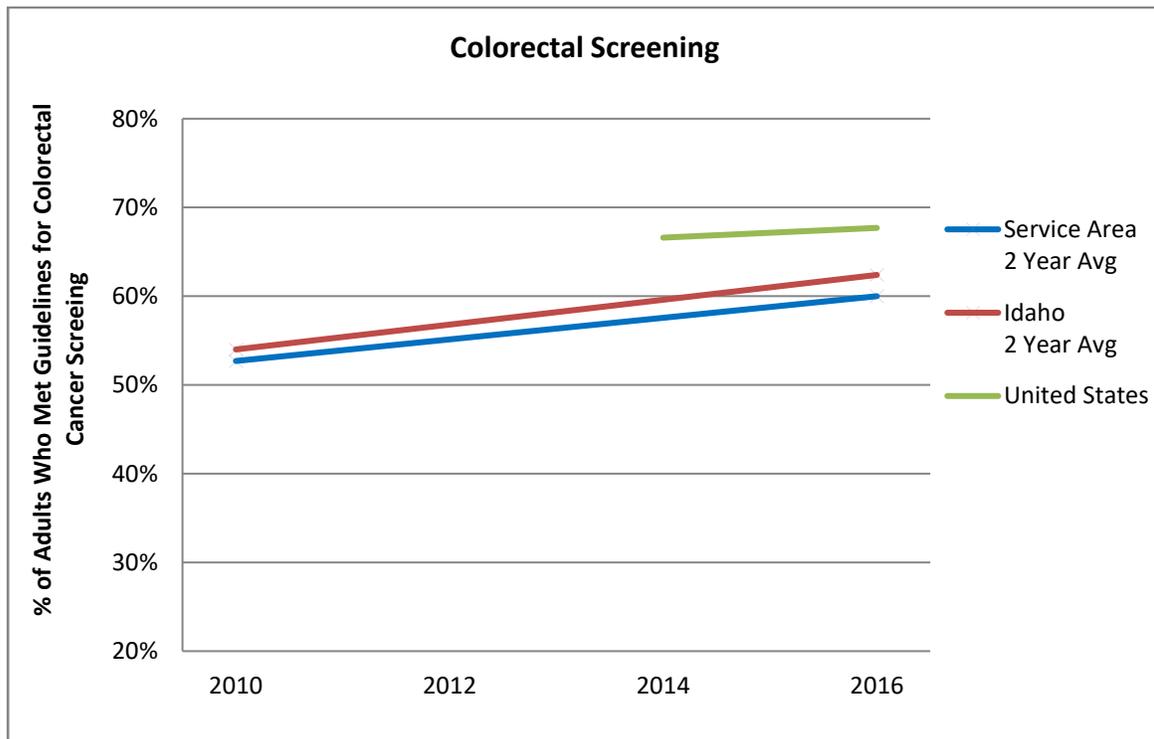
Health Factor Score					
Low score = Low potential for health impact			High score = High potential for health impact		
	Trend: Better/Worse	Prevalence versus U.S. Average	Severe/ Preventable	Magnitude: Root Cause	Total Score
Cholesterol Screening	1	4	3	2	10

¹⁵³ Idaho and National 2002 - 2016 Behavioral Risk Factor Surveillance System

- **Colorectal Screening**

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

The trend for people receiving colorectal screening has been improving over the past 10 years. The percent of people age 50 or older receiving colorectal screening in our service area is lower than it is for the nation as a whole.¹⁵⁴



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.¹⁵⁵

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

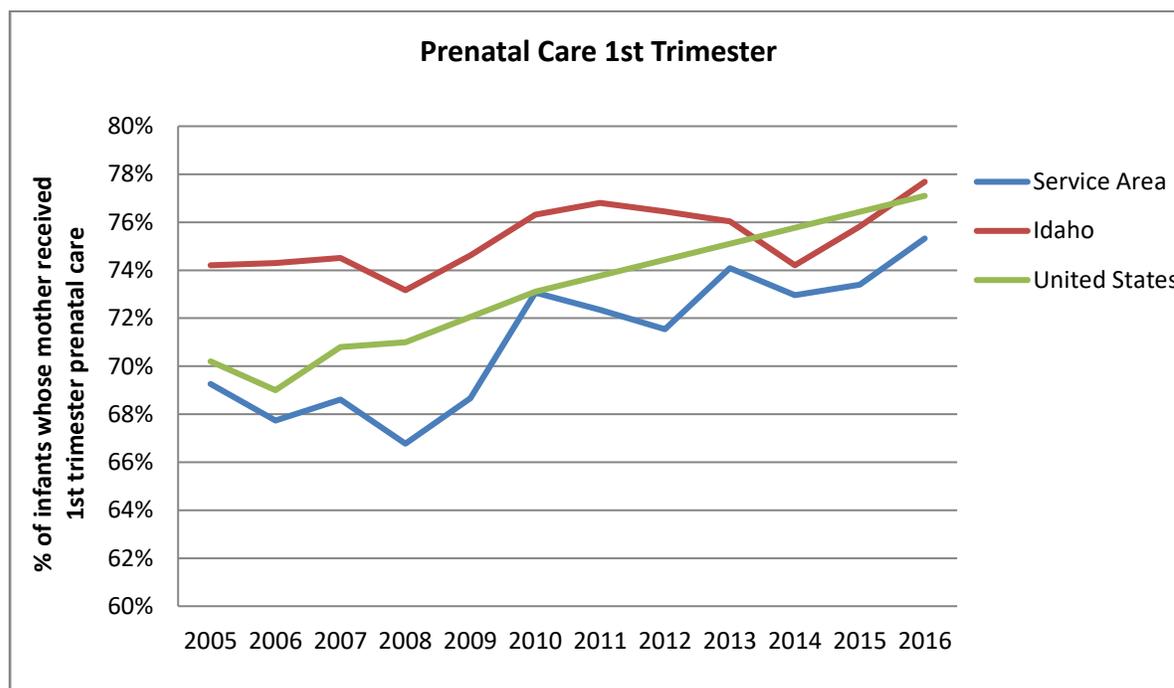
¹⁵⁴ Idaho and National 2002 - 2016 Behavioral Risk Factor Surveillance System

¹⁵⁵ Ibid.

- **Prenatal Care Begun in First Trimester**

Prenatal care measures how early women are receiving the care they require for a healthy pregnancy and development of the fetus. Mothers who do not receive prenatal care are three times more likely to deliver a low birth weight baby than mothers who received prenatal care, and babies are five times more likely to die without that care. Early prenatal care allows health care providers to identify and address health conditions and behaviors that may reduce the likelihood of a healthy birth, such as smoking and drug and alcohol abuse.¹⁵⁶

As shown in the chart below, more women in our community have historically been receiving early prenatal care than in the nation as a whole. The trend in our service area for receiving early prenatal care has increased from 2007 through 2016. Approximately 75% of women in our service area received early prenatal care in 2016.¹⁵⁷



Health Factor Score					
Low score = Low potential for health impact			High score = High potential for health impact		
	Trend: Better/Worse	Prevalence versus U.S. Average	Severe/ Preventable	Magnitude: Root Cause	Total Score
Prenatal care 1 st Trimester	1	2	3	3	9

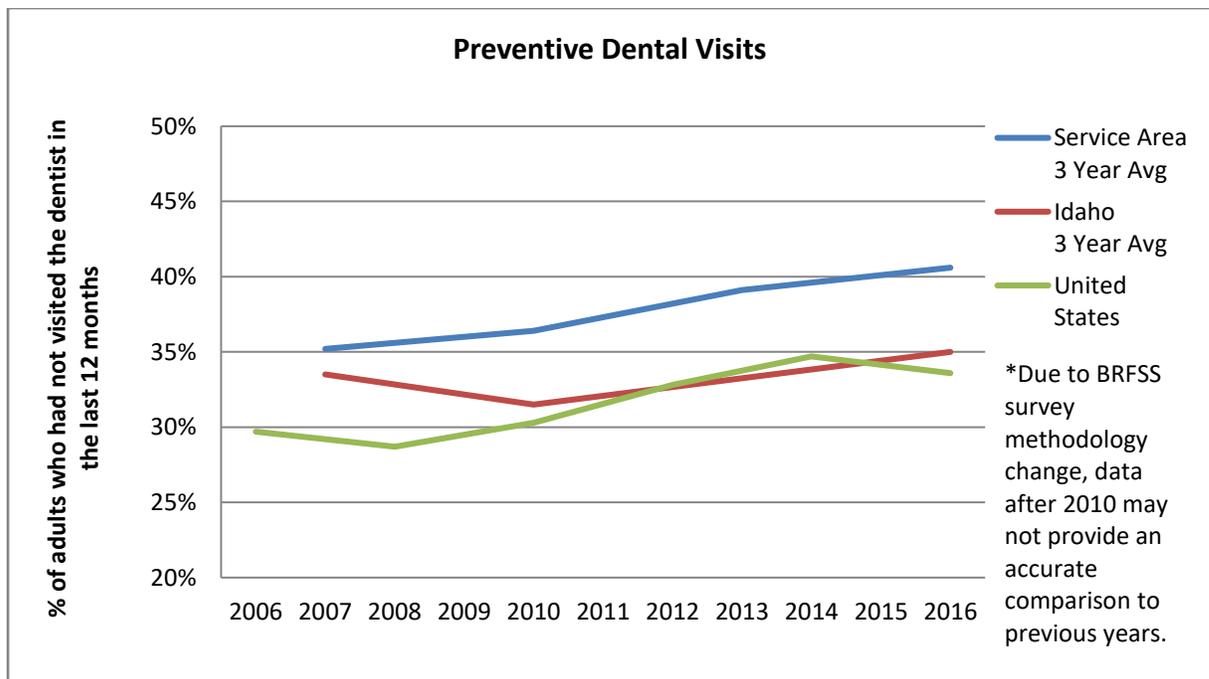
¹⁵⁶ America’s Health Rankings 2015-2018, www.americashealthrankings.org

¹⁵⁷ Idaho Vital Statistics Annual Reports, Years 2000 - 2016, National Vital Statistics Report - Deaths: Data 2016

- **Dental Visits**

Oral health is vital to a comprehensive preventive health program. Nearly one-third of all adults in the U.S. have untreated tooth decay, while one in seven adults aged 35 to 44 years has gum disease. This increases to one in every four adults aged 65 years and older. Oral cancers, if caught early, are more responsive to treatment. Annual dental visits are one part of a healthy regimen of oral care.¹⁵⁸

According to the Behavioral Risk Factor Surveillance System surveys, the percentage of people not receiving preventive dental visits in our service area is higher than the nation as a whole. The trend appears to have been worsening over the past ten years in our service area.¹⁵⁹

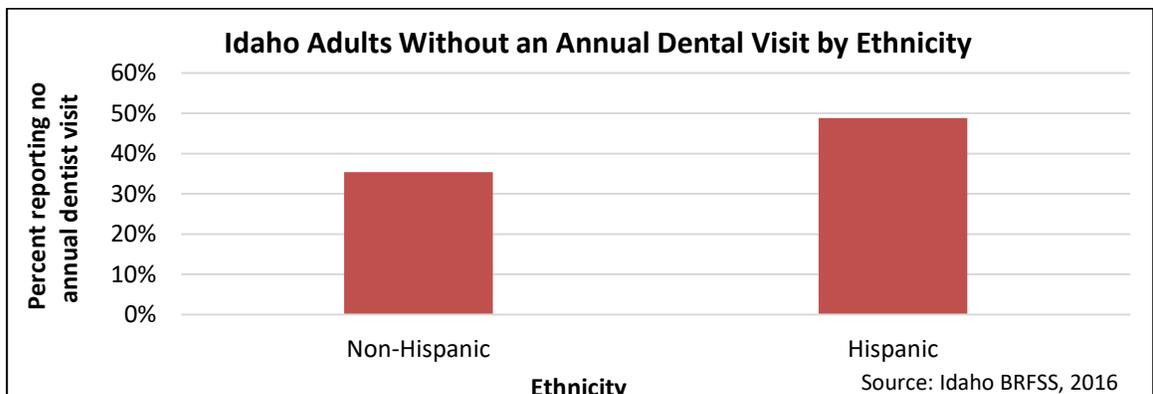
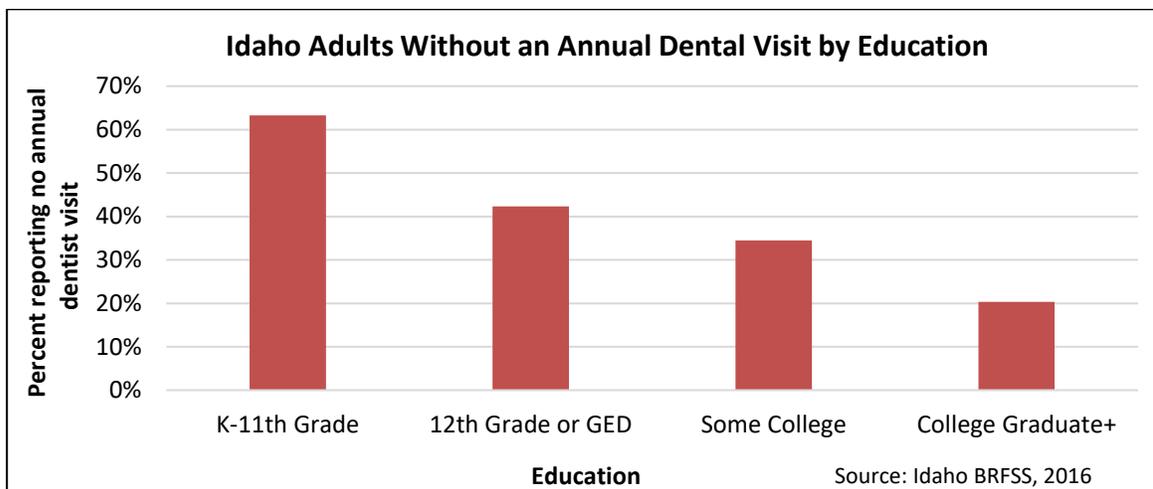
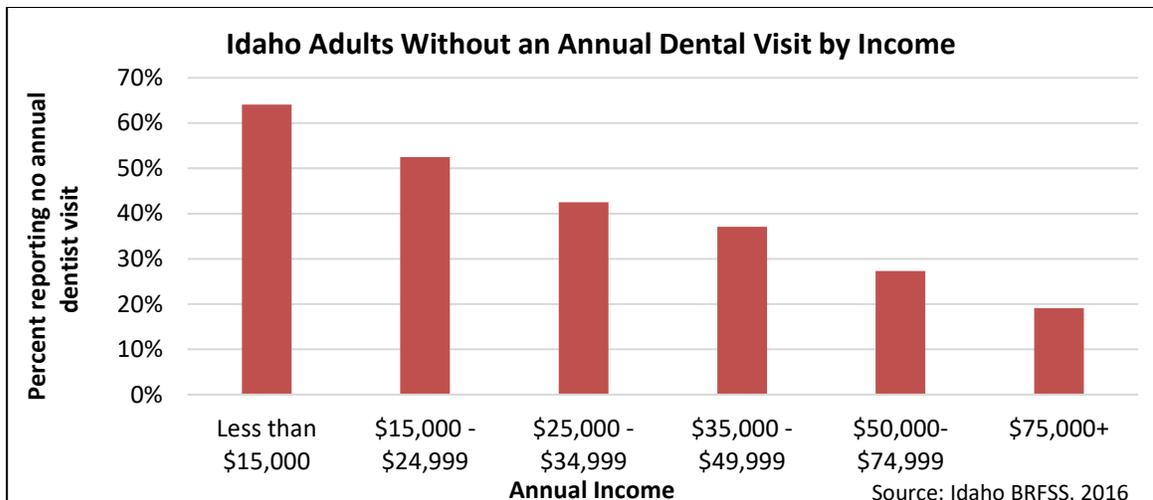


Those with incomes below \$25,000 are significantly less likely to have preventive dental visits than those with higher incomes. In addition, those with less than a college degree are significantly less likely to have preventive dental visits.¹⁶⁰

¹⁵⁸ America's Health Rankings 2015-2018, www.americashealthrankings.org

¹⁵⁹ Idaho and National 2002 – 2016 Behavioral Risk Factor Surveillance System

¹⁶⁰ Ibid.

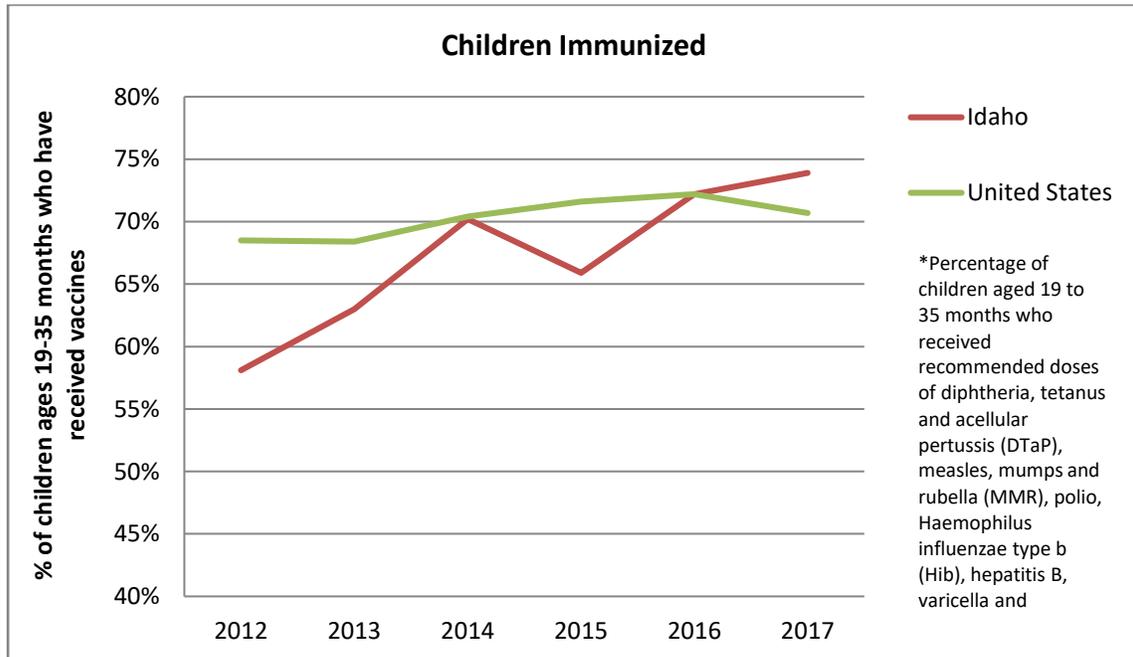


Health Factor Score					
Low score = Low potential for health impact			High score = High potential for health impact		
	Trend: Better/Worse	Prevalence versus U.S. Average	Severe/ Preventable	Magnitude: Root Cause	Total Score
Dental Visits	3	3	3	2	11

- **Childhood Immunizations**

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

The immunization coverage measure used here is the average of the percentage of children ages 19 to 35 months who have received the following vaccinations: DTaP, polio, MMR, Hib, hepatitis B, varicella, and PCV. The immunization rate in Idaho has been improving over the past five years and is now higher than the national average.¹⁶¹



There are proven methods to increase the rate of vaccinations that include ways to increase demand or improve access through provider-based innovations.¹⁶²

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

¹⁶¹ America's Health Rankings 2015-2018, www.americashealthrankings.org

¹⁶² Ibid

- **Mental Health Service Providers**

Canyon County is listed as a mental health professional shortage area as of June 2017.¹⁶³ Our shortage of mental health professionals is especially concerning given the high suicide and mental illness rates in Idaho as documented in previous sections of our CHNA.

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

- Lack of adequate insurance
- Lack of available treatment providers
- Lack of treatment types
- Insufficient finance to cover costs¹⁶⁴

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

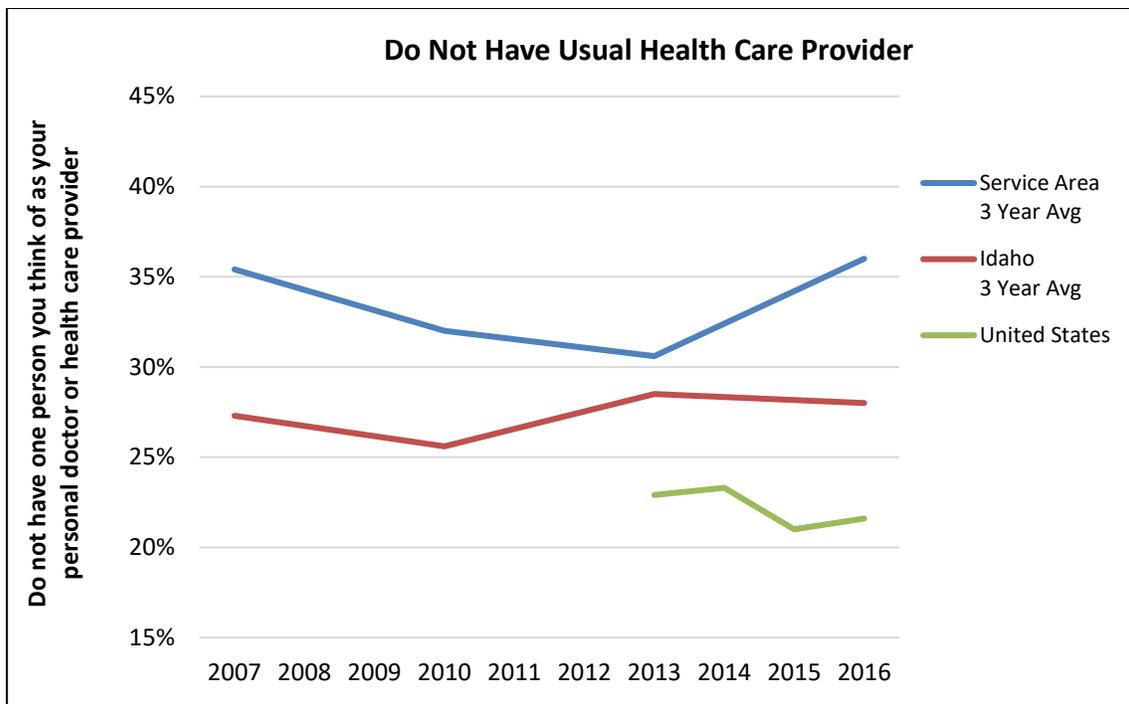
¹⁶³ Health Services and Resource Administration Data Warehouse, Mental Health Care HPSAs PDF <http://datawarehouse.hrsa.gov/hpsadetail.aspx#table>

¹⁶⁴ <http://www.mentalhealthamerica.net/issues/mental-health-america-access-care-data>

- **Medical Home**

Today's medical home is a cultivated partnership between the patient, family, and primary provider in cooperation with specialists and support from the community. The patient/family is the focal point of this model, and the medical home is built around this center. Care under the medical home model must be accessible, family-centered, continuous, comprehensive, coordinated, compassionate, and culturally effective.¹⁶⁵

One way to measure progress in the development of the medical home model is to study the percentage of people who do not have one person they think of as their personal doctor. The graph below shows the percentage of people in our service area without a usual health care provider is higher than it is in the nation as a whole.¹⁶⁶



Health Factor Score					
Low score = Low potential for health impact			High score = High potential for health impact		
	Trend: Better/Worse	Prevalence versus U.S. Average	Severe/ Preventable	Magnitude: Root Cause	Total Score
No usual health care provider	2	4	2	3	11

¹⁶⁵ <http://www.hrsa.gov/healthit/toolbox/Childrenstoolbox/BuildingMedicalHome/whyimportant.html>

¹⁶⁶ Idaho and National 2002 – 2016 Behavioral Risk Factor Surveillance System

Social and Economic Factors

County Health Rankings Social and Economic Factors

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

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

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

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

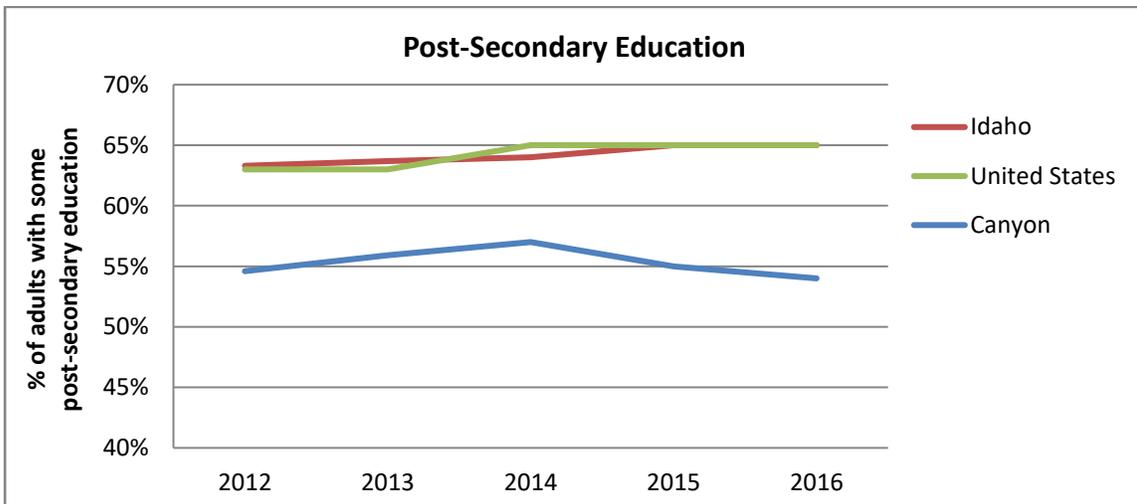
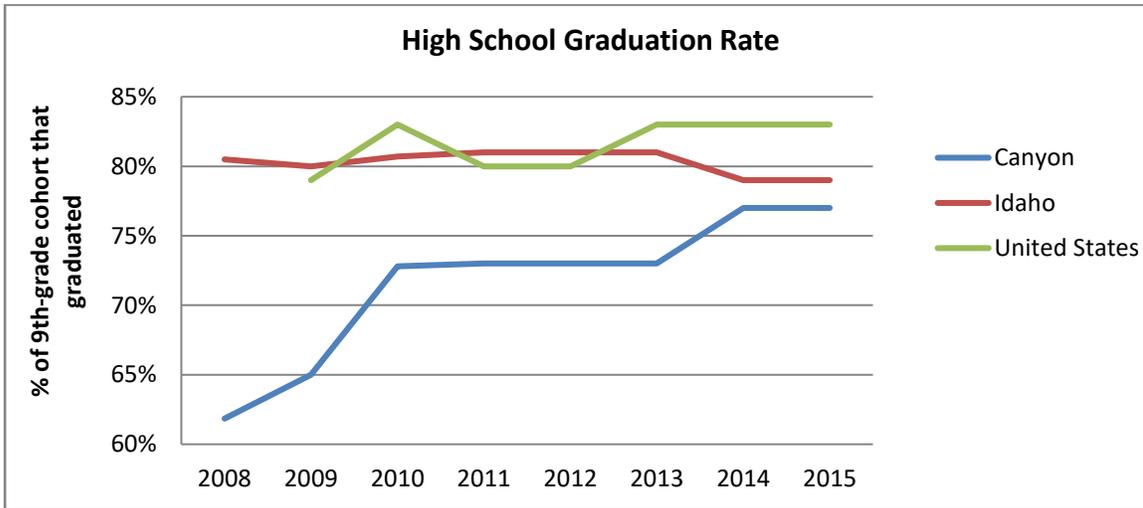
One's education level affects not only his or her health, but education can have multigenerational implications that make it an important measure for the health of future generations. Evidence links maternal education with the health of her children. The education of parents affects their children's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

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

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

the population ages 25-44 with some post-secondary education. These data sets are provided by the American Community Survey (ACS).¹⁶⁷

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



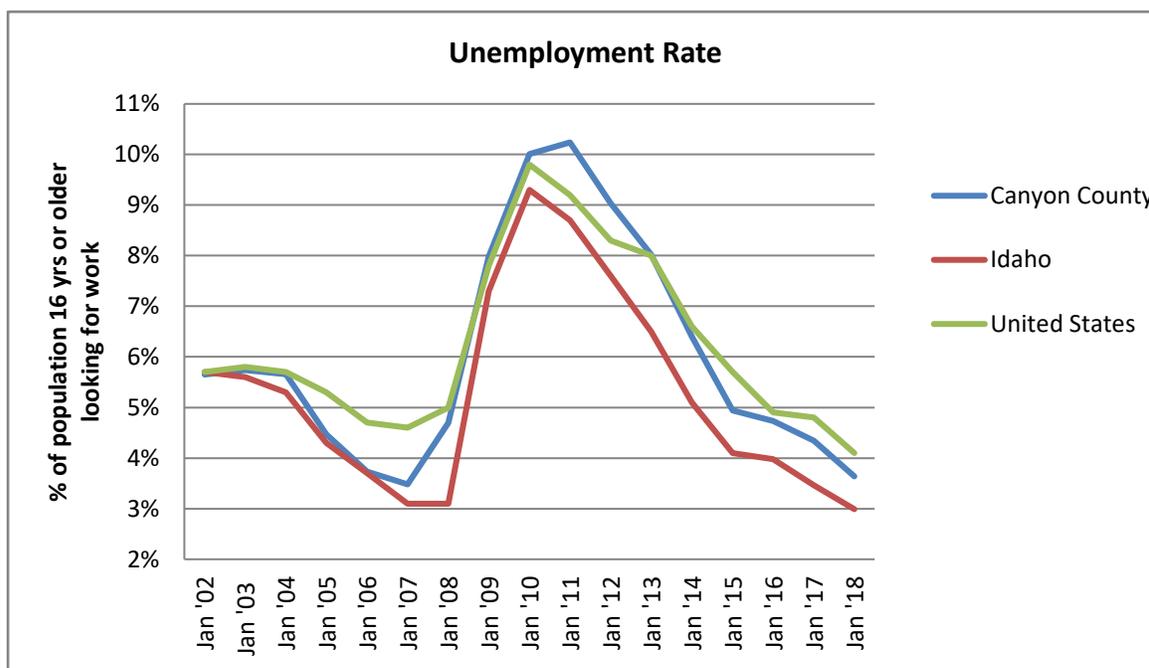
Health Factor Score					
Low score = Low potential for health impact			High score = High potential for health impact		
	Trend: Better/Worse	Prevalence versus U.S. Average	Severe/ Preventable	Magnitude: Root Cause	Total Score
Education	0	4	2	3	9

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

- **Unemployment**

For the majority of people, employers are their source of health insurance and employment is the way they earn income for sustaining a healthy life and for accessing healthcare. Numerous studies have documented an association between employment and health. Unemployment may lead to physical health responses ranging from self-reported physical illness to mortality, especially suicide. It has also been shown to lead to an increase in unhealthy behaviors related to alcohol and tobacco consumption, diet, exercise, and other health-related behaviors, which in turn can lead to increased risk for disease or mortality.¹⁶⁸

The unemployment rate in Idaho and our service area has been trending down since 2011 and is approaching the longer term, healthier rates for our area.¹⁶⁹



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

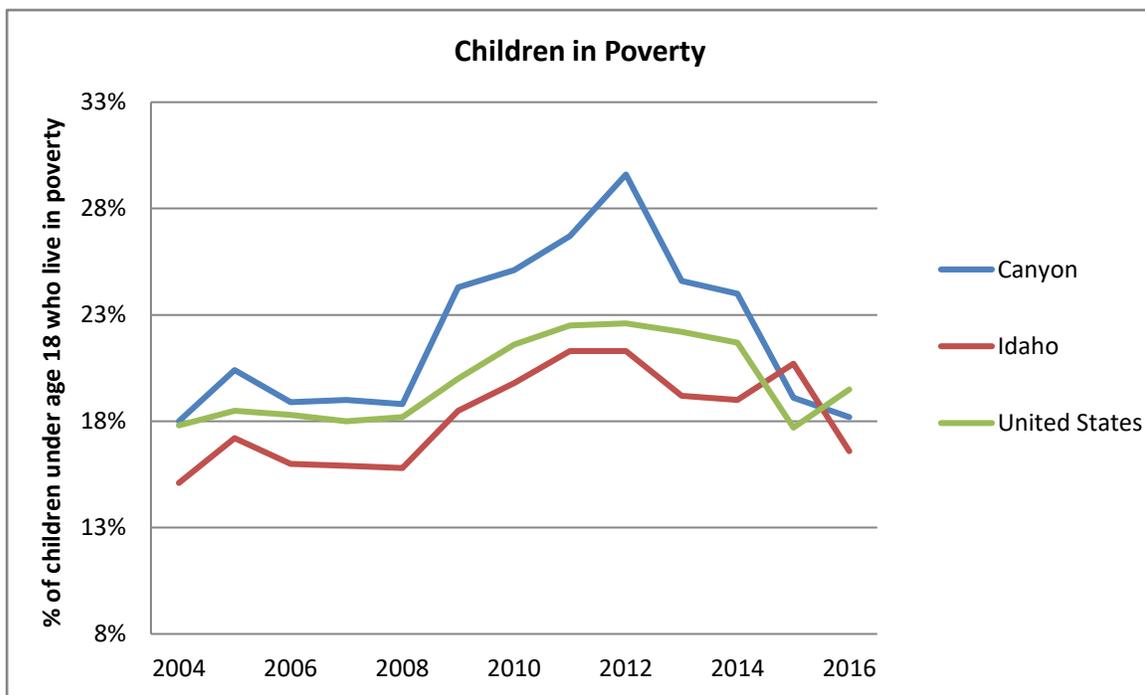
¹⁶⁸ University of Wisconsin Population Health Institute. *County Health Rankings 2012-2018*. Accessible at www.countyhealthrankings.org.

¹⁶⁹ National Source: National Bureau of Labor Statistics, www.bls.gov. Idaho Source: Idaho Department of Labor www.bls.gov

- **Children in Poverty**

Income and financial resources enable individuals to obtain health insurance, pay for medical care, afford healthy food, safe housing, and access other basic goods. A 1990s study showed that if poverty were considered a cause of death in the United States, it would have ranked among the top 10. Data on children in poverty is used from the Census' Current Population Survey (CPS) Small Area Income and Poverty Estimates (SAIPE).¹⁷⁰

The trend for children in poverty has improved, and is flat both nationally and in our service area since 2008. The prevalence of children in poverty for Canyon County is about the same as the national average.¹⁷¹



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

¹⁷⁰ University of Wisconsin Population Health Institute. *County Health Rankings 2012-2018*. Accessible at www.countyhealthrankings.org.

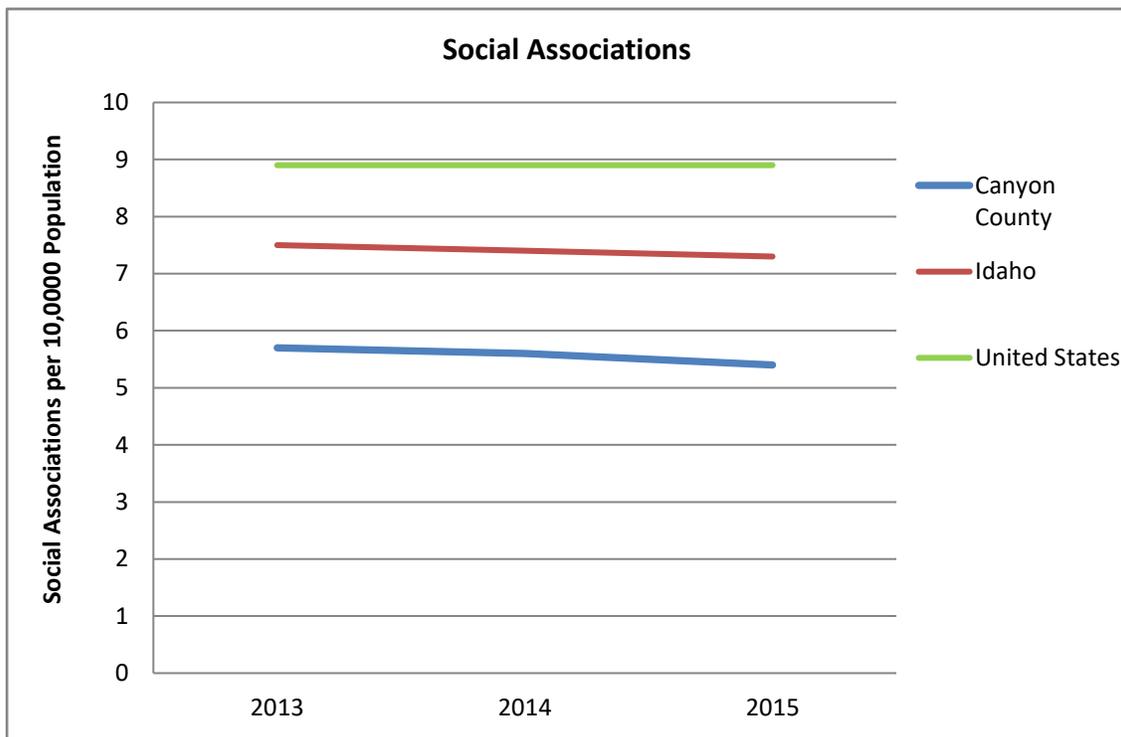
¹⁷¹ Source: Small Area Income and Poverty Estimates (SAIPE). <http://www.census.gov/did/www/saibe/data/statecounty/data/index.html>

- **Inadequate Social Support**

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

The association between socially isolated individuals and poor health outcomes has been well-established in the literature. One study found that the magnitude of risk associated with social isolation is similar to the risk of cigarette smoking for adverse health outcomes.¹⁷²

Adopting and implementing policies and programs that support relationships between individuals and across entire communities can benefit health. The greatest health improvements may be made by emphasizing efforts to support disadvantaged families and neighborhoods, where small improvements can have the greatest impacts. Social associations per 10,000 population in Canyon County is well below the national average.¹⁷³

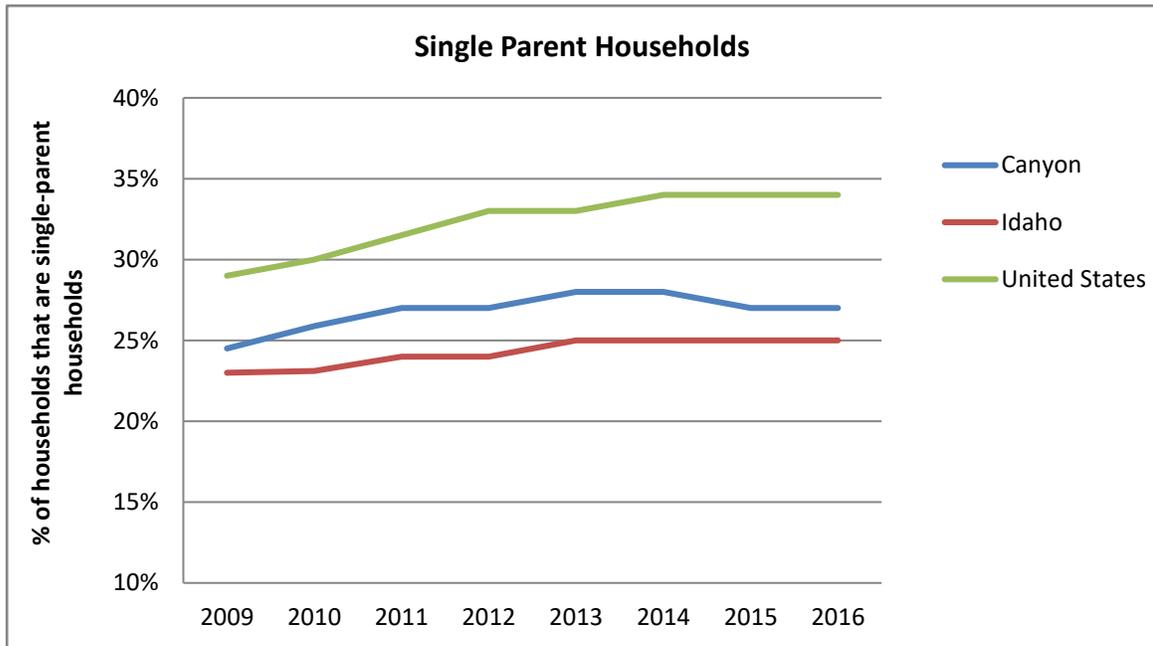


¹⁷² University of Wisconsin Population Health Institute. *County Health Rankings* 2018. Accessible at www.countyhealthrankings.org.

¹⁷³ Ibid

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

The percent of people living in single parent households is well below the national average for Canyon county.¹⁷⁴



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

¹⁷⁴ Ibid

Community Safety

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

Community safety reflects not only violent acts in neighborhoods and homes, but also injuries caused unintentionally through accidents. Many injuries are predictable and preventable; yet about 50 million Americans receive medical treatment for injuries each year, and more than 180,000 die from these injuries.

Car accidents are the leading cause of death for those ages five to 34, and result in over 2 million emergency department visits for adults annually. Poisoning, suicide, falls, and fires are also leading causes of death and injury. Suffocation is the leading cause of death for infants, and drowning is the leading cause for young children.

In 2012, more than 6.8 million violent crimes such as assault, robbery, and rape were committed in the nation. Each year, 18,000 children and adults are victims of homicide and more than 1,700 children die from abuse or neglect. The chronic stress associated with living in unsafe neighborhoods can accelerate aging and harm health. Unsafe neighborhoods can cause anxiety, depression, and stress, and are linked to higher rates of pre-term births and low birth-weight babies, even when income is accounted for. Fear of violence can keep people indoors, away from neighbors, exercise, and healthy foods. Businesses may be less willing to invest in unsafe neighborhoods, making jobs harder to find.

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

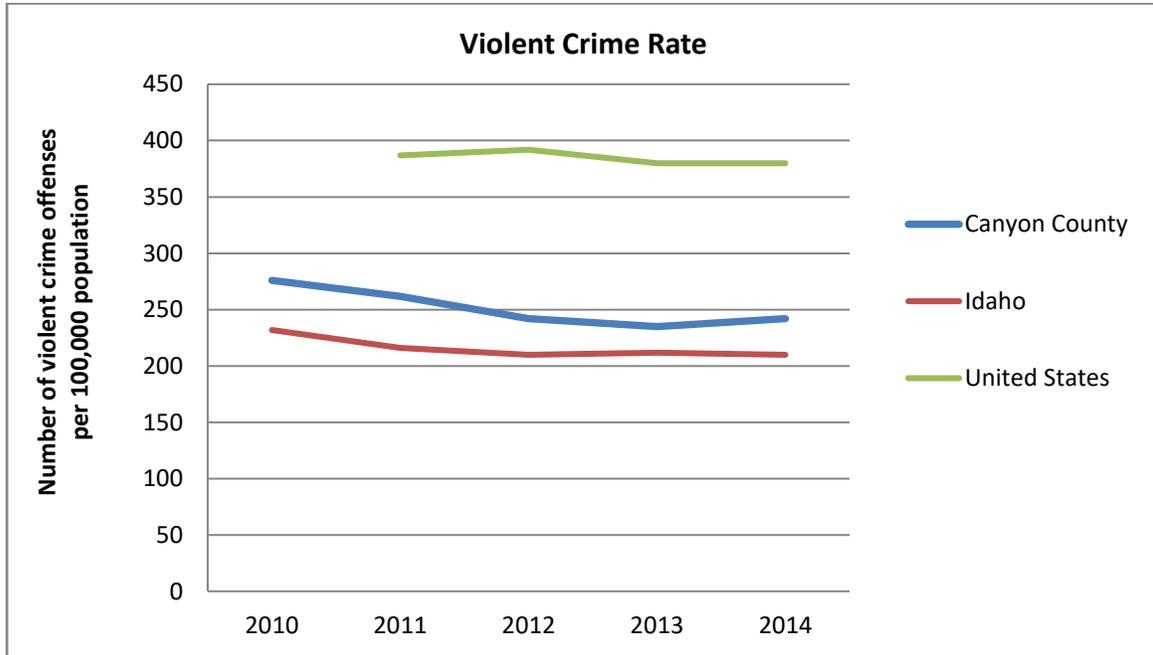
Injuries generate \$406 billion in lifetime medical costs and lost productivity every year, \$37 billion of which are from violence. Communities can help protect their residents by adopting and implementing policies and programs to prevent accidents and violence.¹⁷⁵

¹⁷⁵ Ibid.

- **Violent Crime**

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

Violent crime rates in Idaho and our community are significantly better than the national average.¹⁷⁶



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

¹⁷⁶ Ibid

Physical Environment Factors

County Health Rankings Physical Environment Factors

Air and Water Quality

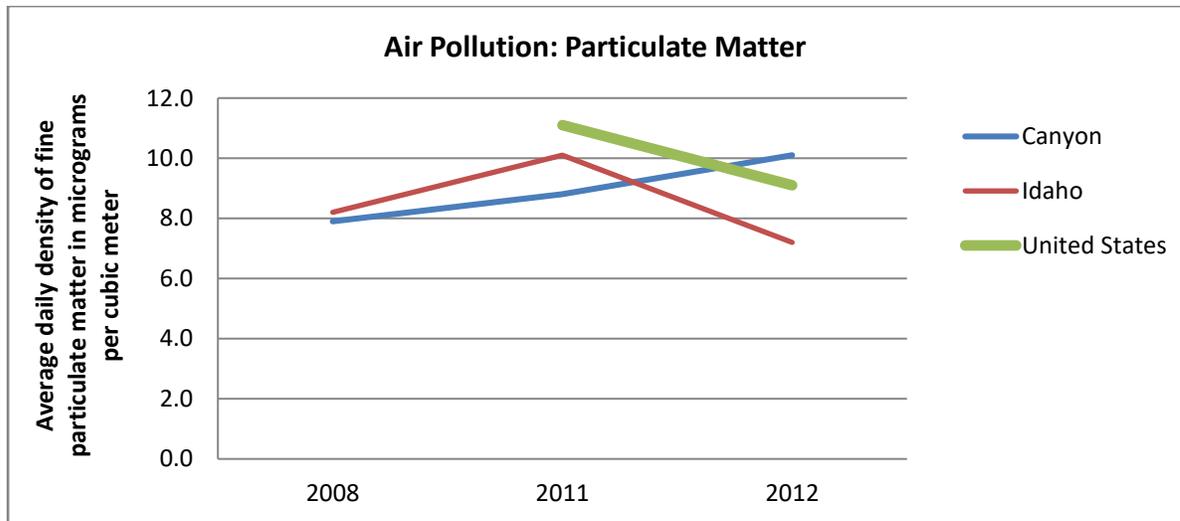
Clean air and water support healthy brain and body function, growth, and development. Air pollutants such as fine particulate matter can harm our health and the environment. Air pollution is associated with increased asthma rates and can aggravate asthma, emphysema, chronic bronchitis, and other lung diseases, damage airways and lungs, and increase the risk of premature death from heart or lung disease. Using 2009 data, the CDC's Tracking Network calculates that a 10% reduction in fine particulate matter could prevent over 13,000 deaths in the US.

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

Communities can adopt and implement various strategies to improve and protect the quality of their air and water, supporting healthy people and environments.¹⁷⁷

- **Air Pollution Particulate Matter**

Air pollution-particulate matter is defined as the average daily measure of fine particulate matter in micrograms per cubic meter (PM2.5) in a county. Our service area has air pollution-particulate matter levels about the same as national average.¹⁷⁸



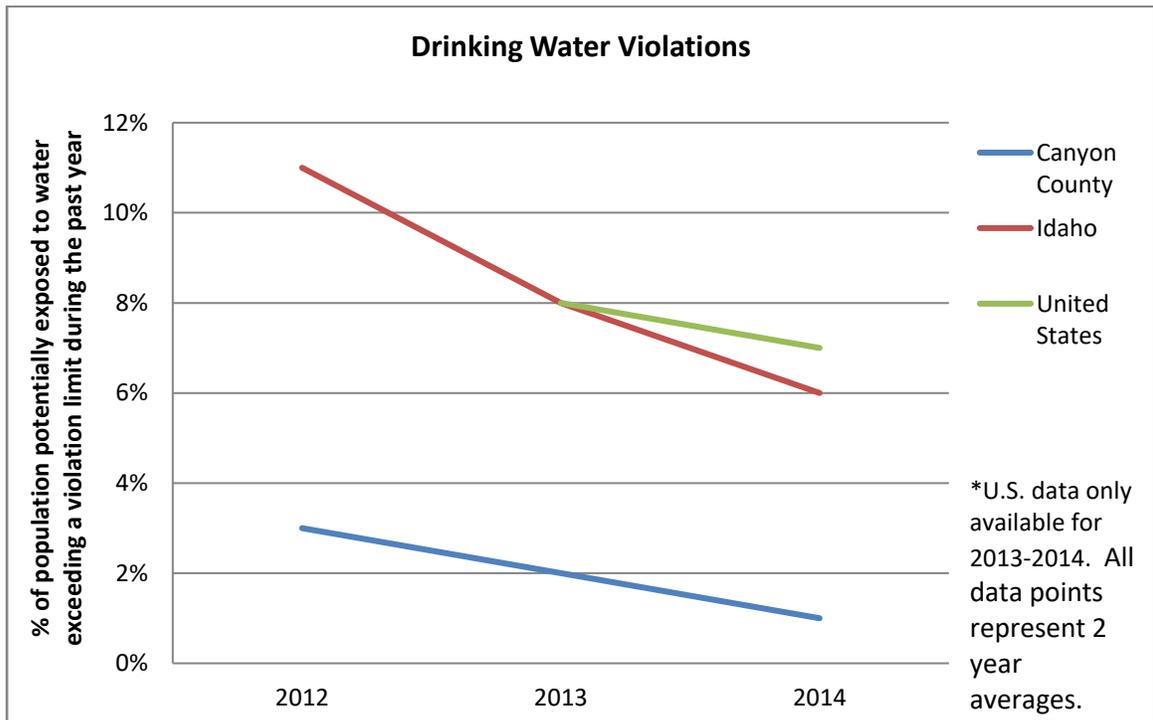
¹⁷⁷ Ibid

¹⁷⁸ Ibid

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

- Drinking Water Violations**

The EPA's Safe Drinking Water Information System was utilized to estimate the percentage of the population getting drinking water from public water systems with at least one health-based violation. Our service area has drinking water violation rates that are significantly below the national average.¹⁷⁹



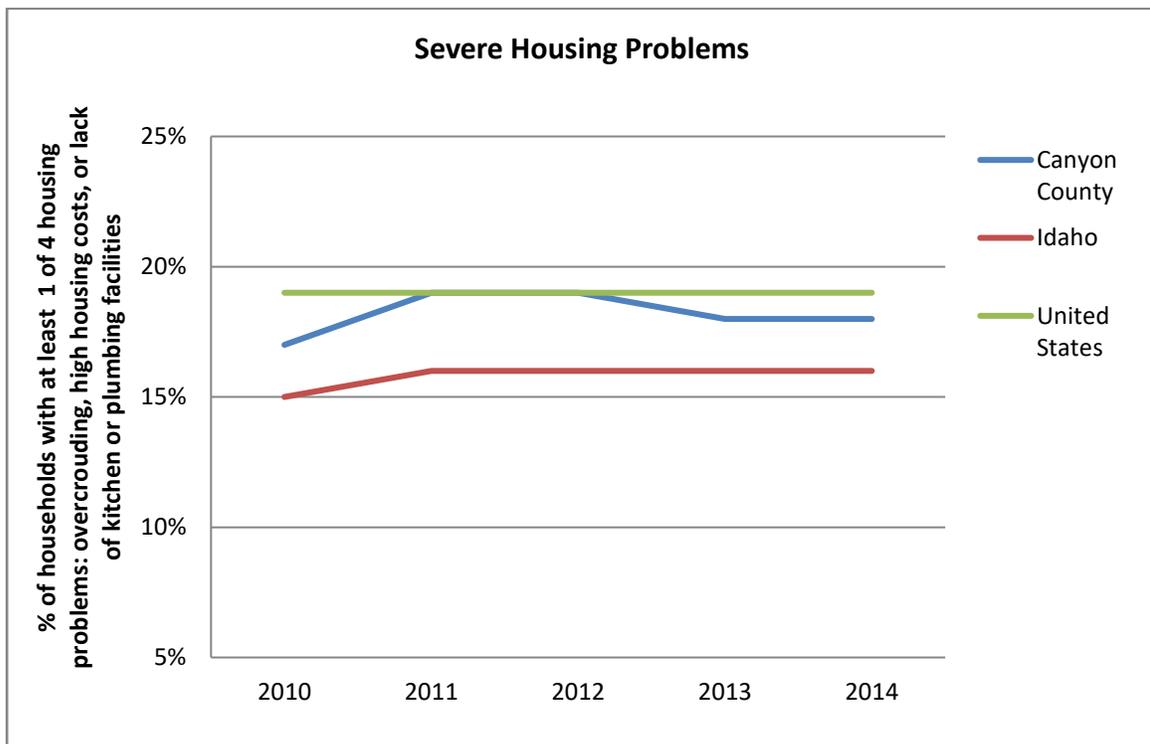
Health Factor Score					
Low score = Low potential for health impact			High score = High potential for health impact		
	Trend: Better/Worse	Prevalence versus U.S. Average	Severe/ Preventable	Magnitude: Root Cause	Total Score
Drinking Water Violations	2	0	2	2	6

¹⁷⁹ Ibid

- **Severe Housing Problems**

The U.S. Census Bureau "CHAS" data (Comprehensive Housing Affordability Strategy), demonstrate the extent of housing problems and housing needs, particularly for low income households. There are four housing problems that are tracked in the CHAS data: 1) housing unit lacks complete kitchen facilities; 2) housing unit lacks complete plumbing facilities; 3) household is severely overcrowded; and 4) household is severely cost burdened. A household is said to have a severe housing problem if they have 1 or more of these 4 problems. Severe overcrowding is defined as more than 1.5 persons per room. Severe cost burden is defined as monthly housing costs (including utilities) that exceed 50% of monthly income.¹⁸⁰

Idaho has a lower percentage of housing problems than the national average. However, Canyon County has approximately the same percent as the national average.



Health Factor Score					
Low score = Low potential for health impact			High score = High potential for health impact		
	Trend: Better/Worse	Prevalence versus U.S. Average	Severe/ Preventable	Magnitude: Root Cause	Total Score
Severe Housing Problems	2	2	1.5	3	8.5

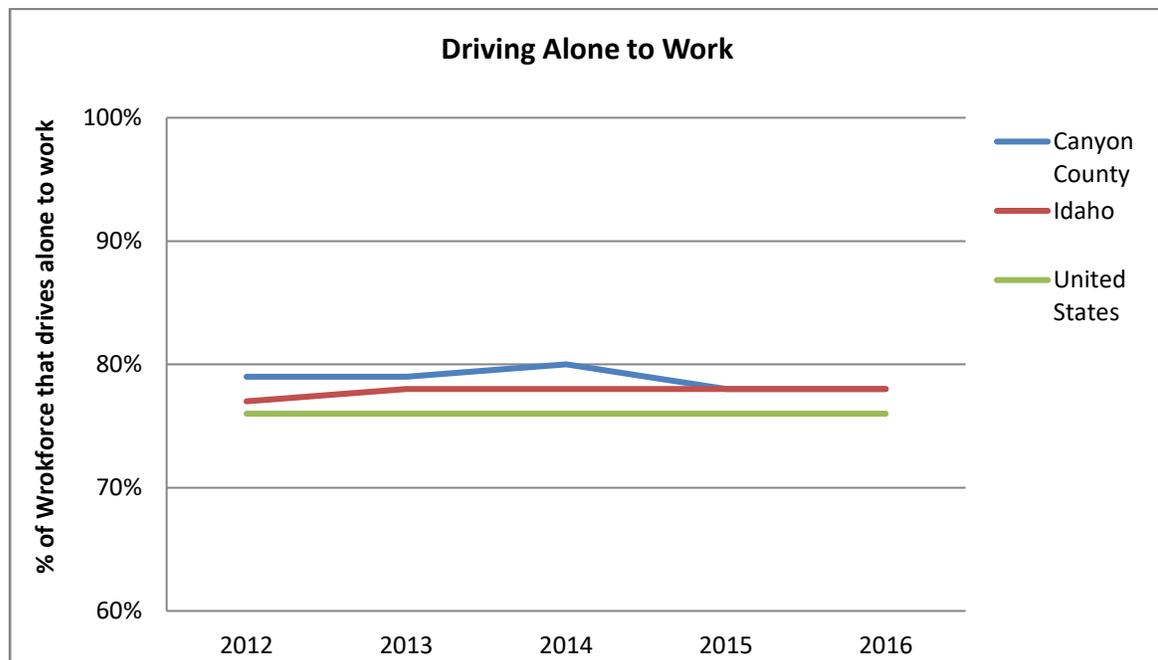
¹⁸⁰ Ibid

- **Driving Alone to Work**

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

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

Our service area has approximately the same percent of people driving to work alone as the national average.¹⁸¹



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

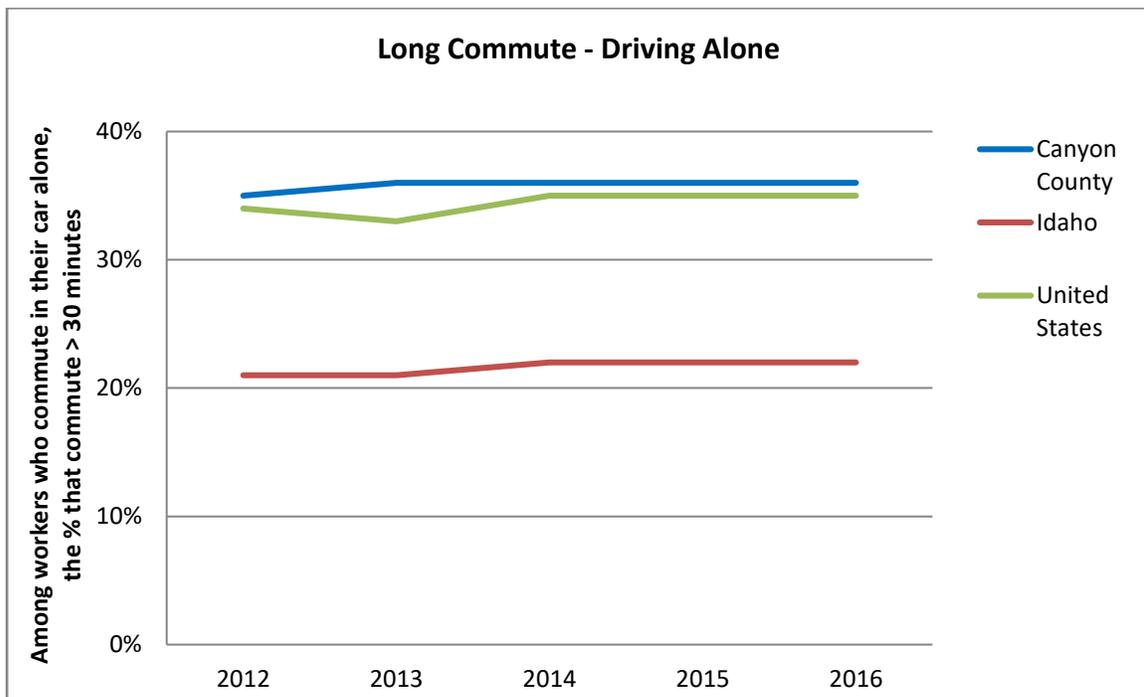
¹⁸¹ Ibid

- **Long Commute - Driving Alone**

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

Our current transportation system also contributes to physical inactivity—each additional hour spent in a car per day is associated with a 6 percent increase in the likelihood of obesity.

The percent of people with a long commute to work is slightly higher than the national average in Canyon County.



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

Community Input

Community input for the CHNA is obtained through two methods:

- First, we conduct in-depth interviews with community representatives possessing extensive knowledge of health and affected populations in our community.
- Second, feedback is collected from community members regarding the 2016 CHNA and the corresponding implementation plan. We use this input to compile and develop the 2019 CHNA. Community members have an opportunity to view our CHNA and provide feedback utilizing the St. Luke's public website.

Community Representative Interviews

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

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

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

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

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

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

Interview Findings

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

The table below summarizes the list of potential health needs identified through our secondary research and by our community representatives during the interview process. Each potential need is scored by the community representatives on a scale from 1 to 10. A high score signifies the representative believes the health need is both important and needs to be addressed with additional resources. Lower scores typically mean the representative believes the need is relatively less important or that it is already being addressed effectively with the current set of programs and services available.

The community representatives' scores are added together and an average is calculated. The average representative score is shown in the second column of the table below. Finally, the representatives' comments as well as suggested solutions regarding each need are summarized in the third column of the table.

Canyon County Health Behavior Needs		
Potential Health Needs	Average Score	Summary of Community Representatives' Comments
Access to healthy foods	7.8	The high cost of healthy food, paired with limited transportation options, creates a barrier to accessing healthy foods for many people in Canyon County. Food deserts exist in several communities. Healthy food is available in the schools and through the Idaho Foodbank, Oasis programs in parks, faith-based food pantries, Meals on Wheels and other programs. A grocery store pilot program launched in Nampa without sustainable, ongoing funding. However, more access is needed, especially with the availability of fast food, which is often high in fat and sugar. Making the 'healthy choice the easy choice' is paramount to improving the overall health of our community.

		<p>“Most of the time people run out of money by the 13th of the month. They are buying hot dogs and ramen noodle,” one community representative stated.</p>
Cancer prevention/education programs	6.2	<p>Many people across our community believe that cancer prevention programs and education are important to helping people understand the risks of cancer and lifestyle behaviors. However, most also believe that resources related to cancer prevention programs and education are adequate but not always accessible. “We need more services close to home,” one representative stated. Cultural barriers exist in the Hispanic population. “We need more education for 1st generation migrants,” one representative said.</p>
Exercise programs/education/opportunities	7.5	<p>Exercise and physical activity are vital dynamics of a healthy lifestyle. Many people in our community believe increased resources related to exercise programs are needed to help people understand the importance of physical activity. Schools serve an important role in educating children about the benefits of physical activity; however, many people believe the resources are too limited. “We don’t have enough for children,” one community representative stated. Some believe more exercise programs and education are needed for low-income individuals and families. “There are not enough facilities for free exercise,” said one community representative.</p>
Nutrition Education	7.4	<p>Many people in our community believe nutrition education is an important element of overall health and wellbeing. Many also believe that more resources are needed that are devoted to nutrition education, particularly in the schools. “When the Boys & Girls</p>

		<p>Club of Nampa presents programs about fresh veggies families have no idea what to do with zucchini squash,” stated one community representative. Additionally, cultural barriers can affect people’s nutrition. “We need more education about what to purchase and how to make a healthy dinner,” said one community representative.</p>
<p>Safe sex education programs</p>	<p>6.8</p>	<p>For many people in our community, safe sex education programs play an important role in teaching youth the importance of safe sex practices and behaviors. Some people believe schools are providing adequate resources, however, others are concerned about teen pregnancies in teens and young women.” Abstinence-based programs don’t work. People need to be educated,” stated a community representative. Some resources are devoted to safe sex education programs in our community, but many also believe this is still an important issue for youth moving forward. “We don’t talk about it enough,” one community representative said. Another said: “STD rates are sky high in Canyon County.”</p>
<p>Substance abuse services and programs</p>	<p>8.9</p>	<p>As substance abuse continues to take its toll on families and communities, substance abuse programs and services are needed to address this issue. “We need more resources and education in prevention,” said one community representative. The burgeoning opioid crisis, matched with the fact that Idaho ranks near the bottom of states in number of providers per capita, has catapulted this issue to warrant additional community and state resources. ““There are not enough resources for education, rehabilitation and recidivism,” stated one community representative. Canyon County’s</p>

		<p>proximity to the Oregon border is seen as a problem. “With neighboring states allowing marijuana, that creates a bigger challenge,” stated one community representative. Substance abuse is perceived as more pervasive with Latinos. “There is a substance abuse problem in the Hispanic culture,” said one community representative.</p>
Tobacco prevention and cessation programs	6.0	<p>Tobacco use is known to cause myriad health issues. Many people across Canyon County recognize the importance of decreasing tobacco use. However, some representatives argue that the tobacco cessation campaigns have eased up in recent years. “Alcohol and drug prevention programs have increased, but tobacco prevention has not. Schools are not doing as much as they used to,” said one community representative. Many argue that the messaging shared through mass media anti-tobacco use campaigns, such as Project Filter, are effective. However, some believe that increasing the age of tobacco use to 21 years old could be effective in curbing young adults from starting to use tobacco. Smokeless tobacco and vaping have also become critical issues in the minds of many community representatives. “Vaping is all the rage for kids. It makes sense to them because it tastes good and smells good. It’s like candy to them,” one representative stated. “Currently there are no prevention efforts.”</p>
Weight management programs	8.3	<p>Since 2000, obesity rates have risen substantially. Canyon County has one of the highest rates in the state. This has bolstered the need for services to provide help with weight management for children and adults who are overweight. Stressing the importance of</p>

		<p>healthy eating and nutrition while increasing weight management services to low-income populations are needed to address this issue. Multiple stakeholders are needed to work collectively and collaboratively. “This is probably one of the most prevalent causes of deteriorating health in the minority population,” stated one community representative. Many respondents argued that schools should take more responsibility for providing education for children. “Teachers and coaches need to get kids stronger and teach them how to move. Electronics are inhibiting play and creating an inactive population,” stated one community representative. Another said: “We don’t do enough for the kids. This is the first generation that has a lower life expectancy than others.”</p>
<p>Wellness and prevention programs (for conditions such as high blood pressure, skin cancer, depression, etc.)</p>	<p>8.0</p>	<p>More resources devoted to wellness and prevention programs are needed across the area, particularly for low-income, many local representatives believe. ““This is an access to care issue. It would be great to have once people have access to general health care. But it is not effective offered in isolation,” said one community representative.” Several people said low-income residents lack access to preventive programs. “Canyon County historically falls behind wages in the Boise MSA; we have a lot of people who don’t have access to prevention programs, particularly diabetes,” said one community representative. Cultural barriers are also a deterrent for wellness and prevention programs. “The Hispanic population is tougher to educate because of trust issues. They won’t get treatment until it is a chronic condition. Undocumented aliens are</p>

		afraid of getting turned in,” another representative stated.
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Clinical Care Access and Quality Needs		
Potential Health Needs	Average Score	Summary of Community Representatives' Comments
Affordable care for low income individuals	9.0	Affordable health care continues to be a major issue across our community. Despite multiple free and sliding-scale clinics and charity care by the hospitals and health systems, health care is often inaccessible to low-income households due to high costs and a lack of health care providers. “Affordable health care is important, particularly for people with chronic diseases who have no money,” one local expert stated. Vulnerable children are among the groups lacking access to care. “Unless an arm is falling off, some kids go without.”
Affordable dental care for low income individuals	7.9	While our community features a variety of dental care providers, few are available to low-income individuals without dental insurance. Many posit that this is a critical issue. The few low-income options for dental care often have long waiting periods for patients.
Affordable health insurance	9.3	Affordable health insurance was ranked as the most critical issue related to clinical care access and quality. It continues to be an oft-discussed topic nationwide and in our community. “Access is not equitable,” one expert said. This sentiment is widely echoed, as many consider affordable health insurance a major issue. The issue has significant impacts for “working poor” as well as low-income people who are

		<p>unemployed or under-employed. “Aging adults and working poor have issues with access to health care,” said one community representative.</p>
<p>Availability of behavioral health services (providers, suicide hotline, etc)</p>	<p>9.1</p>	<p>Mental and behavioral health continue to be serious issues across Canyon County, according to many local experts and research. The lack of available behavioral health services is viewed as a critical issue for many across our community. One local expert stated, “Idaho is ranked 49th out of 51 states/territories in per capita spending on mental health. Peer and family support programs are in tremendously high demand, but supply is virtually non-existent.” Some resources are available. Many other experts and community representatives agreed that more education and resources are needed to address behavioral health, particularly for the Hispanic community. “Mental illness is a taboo discussion in the Hispanic culture,” said one community representative. Schools can play a pivotal role in helping to create awareness about the need for suicide prevention. “We need an increase in education in the schools similar to PE to help address the high suicide rates,” said one community representative.</p>
<p>Availability of primary care providers</p>	<p>7.1</p>	<p>The state of Idaho continues to rank near the bottom in terms of number of primary care providers per capita. While Nampa and Caldwell have more resources than more rural communities, Canyon County is still experiencing a shortage of PCPs. “We need more primary care providers in Canyon County,” one local representative stated. More clinicians and personalized attention will help improve the health of the community.</p>

		“We need more support for community health workers, navigators and people who can connect 1:1,” another community representative said.
Chronic disease management programs	7.8	Chronic diseases and conditions, ranging from diabetes to hypertension, can be detrimental to population health. Many local experts believe that more community programs to help those living with such diseases are needed in our community. In addition, people with chronic conditions need help with lifestyle changes to enhance their quality of life. “Education will help people manage their conditions and prevent costly hospital visits,” one community expert stated.
Immunization programs	5.5	Most people agree that immunizations are a vital dynamic of health care, helping to prevent and eradicate diseases. Despite an enormous body of research to the contrary, there still seems to be lingering views of the stigma of immunizations and vaccinations. “We need to educate parents about the need. More families are opting out,” said one expert. Most community representatives believe more resources are needed to increase access to immunizations, especially for adults. “There are programs for children but not low-income adults. Flu shots and shingles shots are cost-prohibitive,” said one community representative.
Improved health care quality	5.8	Most people across our community believe local health care options are high quality. “The care we have is good. It is more a question of affordability and access,” said one community expert. According to some, however, there is a need for more culturally appropriate

		health care, as the local population continues to diversify. “Older people are relying on massage therapy providing care in the community,” said one community representative.
Integrated, coordinated care (less fragmented care)	7.4	While the health care sector nationwide continues to make advancements toward integrated, coordinated care, more work needs to be done, according to many in our community. “There is a need for a one-stop shop in a single visit,” one community representative said. This was a common view, as others stated that the health care seem is ‘fragmented’ and the need for more coordinated care is serious. “If you can start with your family practice provider rather than urgent care the referrals and experience will be better,” said one community representative
Prenatal care programs	6.1	Prenatal care programs can help a family establish a healthy foundation for a newborn. Most representatives agree that prenatal care programs are vital. “We need preconception programs to help women become healthier before the baby is conceived,” one expert stated. While many local representatives believe there are adequate prenatal care programs available, they thought that many expectant mothers and families do not access such services. This is a particularly acute issue for the Hispanic population. “There are high incidences of infant and maternal mortality for Hispanic population,” said one local expert.
Screening programs (cholesterol, diabetic, mammography, etc)	6.1	Screening programs can help detect early signs of a variety of health issues, from colon cancer to diabetes. Many in our community believe screenings play

		<p>a vital role in helping people manage their health. Several community representatives said that additional screening programs and resources are needed for various cancers, such as colorectal, while also increasing availability of screenings for low-income people. Cultural barriers prevent some Latinos from accessing available services. “There is a cultural bias with male Latinos who don’t want to go to the doctor because they are fearful that the doctor might find something,” said one community members.</p>
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Social and Economic Needs		
Potential Health Needs	Average Score	Summary of Community Representatives' Comments
Children and family services	7.5	<p>Many representatives expressed the need to increase services and resources to children and families, ultimately addressing the social determinants of health. While it was noted that the ‘community schools’ model has increased some services, more services are needed, especially for low-income households. “We need more services in schools, low-income families can’t access services. If they have a need do they know where to go,” stated one community expert.</p>
Disabled services	7.1	<p>Most people across the Treasure Valley believe that there is a need to continue integrating people with all abilities and disabilities into our community. While some state that this population has access to good care models locally, others asserted that more funding is needed to enhance programs and resources for people with disabilities, particularly in rural areas. “There is a huge need for behavior interventions; there is a</p>

		shortage of special ed teachers,” stated one community representative.
Early learning before kindergarten (such as a Head Start type program)	8.0	Most community experts and representatives strongly assert the value of early learning and pre-kindergarten programs for children, families and the community. Many also noted that Idaho ranks near the bottom of the 50 states in funding for early learning opportunities, and young students are entering kindergarten without social skills and unprepared to learn. Several community members stressed the need for children to receive free preschool and all-day kindergarten. “If we are going to fix education we have to start there. Let’s run a marathon, but you are going to start two miles behind,” noted one local expert.
Education: Assistance in gaining good grades in kindergarten through high school	8.0	The majority of community representatives stated that increased educational support for children is needed, from early learning opportunities to post-secondary education. Some noted that the ‘community school’ model that is being embraced by multiple area school districts has helped provide more services to children. However, more resources are needed across the Treasure Valley. “Kids who are struggling can’t get additional support.”
Education: College education support and assistance programs	6.8	A variety of support and assistance programs are made available to Idaho’s high school students who plan to attend post-secondary education. The rising cost of a college education, however, has caused the need to increase for such programs and supports. “The cost of a college education is going up beyond what people can afford.”
Elder care assistance (help in taking care of older adults)	7.8	Many representatives said that there is a need to increase elder care assistance, as the Treasure Valley population continues to age. “The aging population at large is creating a lot of stress on family caretakers, as people are trying to take care of aging parents and family

		members at home for as long as they can,” stated one representative.
End of life care or counseling (care for those with advanced, incurable illness)	5.7	Many people believe that our community offers good end-of-life care and counseling services. However, some believe that such low-income people have limited access to such services related to palliative care.
Homeless services	7.5	Many community representatives stated that our community has some services available for those experiencing homelessness, but there are not enough shelters for families. Most noted that more services are needed, especially in the less populated and more rural areas in the county.
Job training services	7.0	Some services are available at local high schools, but more job training is need. Language barriers can hinder Hispanic job-seeking adults. A reorganization Department of Labor is seen as detrimental to job training services. Transportation challenges can prevent some from accessing such job training services, while language barriers can hinder job-seeking refugees.
Legal Assistance	6.3	Canyon County representatives believe that there are some local legal assistance services but that access is difficult and attorneys are overwhelmed. Many people noted the need to increase services for Hispanic populations and those impacted by domestic violence.
Senior services	6.5	Local representatives stated that there are some senior services available in Nampa and Caldwell, but more services are needed in rural Canyon County. However, it was noted that the aging population is causing strain on these services, and more programs are needed for Latino and Spanish-speaking seniors.
Veterans’ services	6.2	Many in the community believe that there are some services available in Canyon County. Caldwell is home to a satellite center of Boise’s VA Medical Center, which provides services to many veterans. Though, it was

		noted that more services and support, especially in mental health, are needed for veterans.
Violence and abuse services	8.0	Interviewees noted that organizations such as the Nampa Family Justice Center and Advocates Against Family Violence are providing violence and abuse services. However, many people noted that more services related to prevention are needed. “We have no focus on prevention. We have some things after the fact. But at that point the damage is done. We need to work on seeing why it is happening so much now and take some preventative measures,” stated one local expert. It was also noted that more services and resources are needed on rural parts of Canyon County.

Physical Environment Needs		
Potential Health Needs	Average Score	Summary of Community Representatives' Comments
Affordable housing	8.7	Affordable housing has become a critical issue across the Treasure Valley, but the lack of apartments and low-income housing is particularly acute in Canyon County, according to several community experts. Many low-income families often resort to sharing living quarters with other families.
Healthier air quality, water quality, etc.	4.8	Many agree that our area has relatively healthy water and air quality. Compromised air quality can have harsh effects on the elderly as well as those with asthma and other chronic conditions. There is a need to continue to monitor the air and water quality, especially as the population continues to increase.

Healthy transportation options (sidewalk, bike paths, public transportation)	7.8	Transportation is a serious issue all across the Treasure Valley. While organizations such as Valley Regional Transit provide services to help those with limited transportation options, more services for mass transit are in dire need. “We need to increase availability and access.”
Transportation to and from appointments	7.9	More healthy transportation options are needed, according to many community representatives. Mass transit options, sidewalks, bike paths and safe routes to school are needed for a more conducive built environment. It was also highlighted that transportation needs to be a fundamental part of land-use discussions, especially with the ongoing growth across the Treasure Valley.

Utilizing community representative input

The community representative interviews are used in a number of ways. First, our representatives’ input ensures a comprehensive list of potential health needs is developed. Second, the scores provided are an important component of the overall prioritization process. The community representative need score is weighted with more than twice as many points (10 points) as the individual health factor data scores for magnitude, severity, prevalence, or trend. Therefore, the representative input has significant influence on the overall prioritization of the health needs.

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

- While numerous community representatives praise the quality of health care available in our community, they believe accessing such care remains a significant challenge. They believe the best way to improve the health of the people in our community is to offer more social programs such as affordable universal health insurance and/or offering more clinics that charge based on the ability for a person to pay. Many representatives want the State of Idaho to expand Medicaid to address the ‘gap’ population. They also feel affordable dental care and availability of behavioral health services are among the most important needs. They rank affordable housing and transportation to and from appointments as serious needs. These representatives highlight the role of the social determinates of health. Canyon County was forced to increase its indigency fund by nearly \$1 million in 2017, largely due to involuntary hospital holds and related expenses

for law enforcement.

These representatives often state that our community features an adequate number of programs related to encouraging healthier behavior. They believe getting individuals to adopt lifestyle change remains a challenge. There are deep concerns for the effectiveness of health behavioral change due to cultural barriers in the Latino community, particularly men. Some people believe we need to create programs to educate the Hispanic community about the need for and availability of screening and testing.

- Nampa has the highest crime rate in the Treasure Valley. Representatives believe the ripple effect of crime have a widespread impact on health, legal services, domestic violence programs and other areas.
- Many representatives feel that generational poverty has a profound impact in Canyon County that defies the community's ability to improve the health of the community through access to health care, healthy foods, and other social determinants of health.
- Several representatives are concerned that without adequate funding sources the government will not be able to improve affordable housing, transportation, jail and other services. These representatives believe a local option tax was a necessary tool for infrastructure improvements needed by the municipal and county governments in Canyon County.

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

- Improving social programs may be the most effective way to ensure a safety net for those who have special needs and where health behavior change is not effective.
- We need more effective ways to motivate people to adopt healthy behaviors. We could innovate around behavioral change, such as employers offering incentives to encourage health and wellness. This could also be replicated and tailored to families and households, as the eating and exercise habits learned as children last a lifetime. Could parents be motivated to change their behavior out of a desire to help their children?
- Finally, our health care system needs to be more efficient. There is evidence that medical homes and population health management programs are effective in providing better health at a lower cost for the chronically ill portion of our population, who are the largest consumers of health care resources. The need to lower costs while still providing high quality health care underscores the need to adjust the fee-for-service model that is still prevalent across much of the health care industry.

Community Health Needs Prioritization

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

1. Matching Health Needs to Related Health Factors

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

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

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

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

Out of the over 60 health needs and factors we analyze in our CHNA, six have scores of 20 or higher. These health needs represent **the top 10th percentile and are considered to be our significant, high priority health needs**. These high priority needs are highlighted in dark orange in the summary tables found on the following pages. A total of ten health needs have scores of 18.9 or higher representing the top 15th percentile. We highlighted these in the lighter shade of orange to make it easy to identify the next level of high ranking needs.

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

Health Behavior Category Summary

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

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

Health Behavior Needs Summary Table

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

Identified Community Health Needs	Related Health Factors and Outcomes	Populations Affected Most*	Total Score
Weight management programs	Obese/Overweight adults	No college degree, Hispanic	24.3
	Obese/Overweight teenagers	Income <\$35,000, Hispanic	21.3
Wellness and prevention programs	Obesity	No college degree, Hispanic	24
	Diabetes	Income < \$50,000, No high school diploma	21
	Mental illness		21
	Suicide		21
Substance abuse services and programs	Drug misuse	Unemployed, incomes <\$50,000, males < 34 years old	21.9
Wellness and prevention	High blood pressure	Income < \$35,000, No college, Overweight, Age 65 +	19

Health Behavior Needs Summary Table, Continued

Identified Community Health Needs	Related Health Factors and Outcomes	Populations Affected Most*	Total Score
Access to healthy foods	Food environment		16.8
Exercise programs/education/opportunities	Exercise opportunity		16.5
	Adult physical activity	Income < \$50,000, Hispanic, No college	16.5
	Teen exercise		17.5
Nutrition education	Adult nutrition	No college	17.4
	Teen nutrition		16.4
Safe sex education programs	STDs		17.8
	Teen birth rate		15.8
Substance abuse services and programs	Excessive drinking	Income <\$35,000, No high school diploma, Males 18-34	16.9
	Alcohol impaired driving deaths		17.9
Tobacco prevention and cessation programs	Smoking adult	Income < \$35,000, No high school diploma	17
	Smoking teen		16
Wellness, prevention, and education programs for cancer	Cancer - all		13.2
	Breast cancer	Female, Age 40+	16.2
	Colorectal cancer		14.2
	Leukemia		11.2
	Lung cancer	Income < \$35,000, No high school diploma	13.2
	Non-Hodgkin's lymphoma		11.2
	Pancreatic cancer		10.2
	Prostate cancer	Male age 60+	12.2
	Skin cancer		13.2

Health Behavior Needs Summary Table, Continued

Identified Community Health Needs	Related Health Factors and Outcomes	Populations Affected Most*	Total Score
Wellness and prevention programs	Accidents		14
	AIDS	African American, Males <24	15
	Alzheimer's	Age 65 +	15
	Arthritis	Income < \$35,000, Non- Hispanic, No college, Overweight, Age 65 +	14
	Asthma	Income < \$35,000	14
	Cerebrovascular diseases		13
	Flu/pneumonia		12
	Heart disease		18
	High cholesterol	Income < \$35,000, No high school diploma, Age 55+	18
	Nephritis		14
	Respiratory disease		17

* Information on affected populations included in table when known.

Clinical Care Category Summary

High priority clinical care needs include: Affordable health insurance; increased availability of behavioral health services; and chronic disease management for diabetes. Affordable health insurance and the availability of behavioral health services were scored as top health needs by our community health representatives. In addition, affordable health insurance ranks as a top priority need because our service area has a relatively high percentage of people who are uninsured compared to the nation as a whole. Availability of behavioral health services also ranked as a top priority because Idaho has a shortage of behavioral health professionals. Diabetes chronic disease management ranks high because the percentage of people with diabetes is trending higher, and it is a contributing factor to a number of other health concerns.

As shown in the table below, high priority clinical care needs are often experienced most by people with lower incomes and those who have not attended college.

Clinical Care Needs Summary Table

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

Identified Community Health Needs	Related Health Factors and Outcomes	Populations Affected Most*	Total Score
Affordable health insurance	Uninsured adults	Income < \$50,000, Hispanic, No college	22.3
Availability of behavioral health services (providers, suicide hotline, etc)	Mental health service providers	Income < \$50,000	21.1
Chronic disease management programs	Diabetes	Income < \$50,000, No high school diploma	20.3
Affordable care for low income individuals	Children in poverty	Income < \$50,000, Age < 19	19
Affordable dental care for low income individuals	Preventative dental visits		18.9
Screening programs	Mammography screening		19.1

Clinical Care Needs Summary Table, Continued

Identified Community Health Needs	Related Health Factors and Outcomes	Populations Affected Most*	Total Score
Availability of primary care providers	Primary care providers		18.1
Chronic disease management programs	Arthritis	Income < \$35,000, Non-Hispanic, No college, Overweight, Age 65 +	13.8
	Asthma	Income < \$35,000	13.8
	High blood pressure		20.8
Immunization programs	Children immunized		18.8
	Flu/pneumonia		13.5
Improved health care quality	Preventable hospital stays		13.5
Integrated, coordinated care (less fragmented care)	No usual health care provider		18.4
	Preventable hospital stays	Refugees, Hispanics, Age 65 +	13.4
Prenatal care programs	Prenatal care 1st trimester	Hispanic, No high school diploma	15.1
	Low birth weight		14.1
Screening programs (cholesterol, diabetic, mammography, etc)	Cholesterol screening	Income < \$35,000, No high school diploma, Age 55 +	16.1
	Colorectal screening	Income < \$35,000, No college, Age 50 +	14.1
	Diabetic screening		16.1

* Information on affected populations included in table when known.

Social and Economic Factors Category Summary

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

Social and Economic Needs Summary Table

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

Identified Community Health Needs	Related Health Factors and Outcomes	Populations Affected Most*	Total Score
Children and family services	Children in poverty	Income < \$35,000	17.5
	Inadequate social support		16.5
Disabled services *			15.1
Early learning before kindergarten (such as a Head Start type program)	High school graduation rate		17
Education: Assistance in achieving good grades in kindergarten through high school	High school and college education rates		17
Education: College education support and assistance programs	High school and college education rates		15.8
Elder care assistance (help in taking care of older adults)			15.8
End of life care or counseling (care for those with advanced, incurable illness)			13.7

Social and Economic Needs Summary Table, Continued

Identified Community Health Needs	Related Health Factors and Outcomes	Populations Affected Most*	Total Score
Homeless services	Unemployment rate		17.2
Job training services	Unemployment rate		12.8
Legal assistance			12.8
Senior services	Inadequate social support	Age 65 +	14.8
Veterans' services	Inadequate social support		14.8
Violence and abuse services	Violent crime rate		15.9

* Information on affected populations included in table when known.

Physical Environment Category Summary

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

Physical Environment Needs Summary Table

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

Identified Community Health Needs	Related Health Factors and Outcomes	Populations Affected Most*	Total Score
Affordable housing	Severe housing problems	Income < \$50,000	17.5
Healthier air quality, water quality, etc	Air pollution particulate matter		13.1
	Drinking water violations		11.1
Healthy transportation options (sidewalk, bike paths, public transportation)	Long commute		14.9
	Driving alone to work		14.9
Transportation to and from appointments		Income < \$35,000, Rural populations, Age 65 +	15.9

* Information on affected populations included in table when known.

Significant Health Needs

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

- Prevention and management of obesity for children and adults
- Prevention and management of diabetes
- Improve mental health
- Reduce suicide
- Availability of behavioral health services
- Affordable health insurance

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

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

Group #2: Improve Mental Health and Reduce Suicide

Group #3: Reduce Drug Misuse

Group #4: Improve Access to Affordable Health Insurance

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

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

Obesity and diabetes are two of our community's most significant health needs. Over 70% of the adults in our community and more than 25% of the children in our state are either overweight or obese. Obesity and diabetes are serious concerns because they are associated with poorer mental health outcomes, reduced quality of life, and are leading causes of death in the U.S. and worldwide.¹⁸²

Impact on Community

Obesity costs the United States about \$150 billion a year, or 10 percent of the national medical budget.¹⁸³ Besides excess health care expenditure, obesity also imposes costs in the form of lost productivity and foregone economic growth as a result of lost work days, lower productivity at work, mortality and permanent disability.¹⁸⁴ Diabetes is also a serious health issue that can even result in death.¹⁸⁵ Direct medical costs for type 2 diabetes accounts for nearly \$1 of every \$10 spent on medical care in the U.S.¹⁸⁶ Reducing obesity and diabetes will dramatically impact community health by providing an immediate and positive effect on many conditions including mental health; heart disease; some types of cancer; high blood pressure; dyslipidemia; kidney, liver and gallbladder disease; sleep apnea and respiratory problems; osteoarthritis; and gynecological problems (infertility and abnormal menses).

How to Address the Need

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

Obesity and type 2 diabetes can be prevented and managed through healthy behaviors. Healthy behaviors include a healthy diet pattern and regular physical activity. The goal is to achieve a balance between the number of calories consumed from foods with the number of calories the body uses for activity. According to the U.S. Department of Health & Human Services Dietary Guidelines for Americans, a healthy diet consists of eating whole grains, fruits, vegetables, lean protein, low-fat and fat-free dairy products and drinking water. The Physical Activity Guidelines for Americans recommends adults do at least 150 minutes of moderate intensity activity or 75 minutes of vigorous intensity activity, or a combination of both, along with 2 days of strength training per week.¹⁸⁷

¹⁸² <https://www.cdc.gov/obesity/adult/causes.html>

¹⁸³ <http://www.cdc.gov/cdctv/diseaseandconditions/lifestyle/obesity-epidemic.html>

¹⁸⁴ <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5409636/>

¹⁸⁵ Idaho and National 2002 - 2016 Behavioral Risk Factor Surveillance System

¹⁸⁶ America's Health Rankings 2015-2018, www.americashealthrankings.org

¹⁸⁷ <https://www.cdc.gov/obesity/adult/causes.html>

St. Luke's intends to engage our community in developing services and policies designed to encourage proper nutrition and healthy exercise habits. Echoing this approach, the CDC states that "we need to change our communities into places that strongly support healthy eating and active living."¹⁸⁸ These health needs can also be improved through evidence-based clinical programs.¹⁸⁹

Affected Populations

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

¹⁸⁸ <http://www.cdc.gov/cdctv/diseaseandconditions/lifestyle/obesity-epidemic.html>

¹⁸⁹ America's Health Rankings 2015-2018, www.americashealthrankings.org

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

Improving mental health and reducing suicide rank among our community's most significant health needs. Idaho has one of the highest percentages (21.6%) of any mental illness (AMI) in the nation, shortages of mental health professionals in all counties across the state, and suicide rates that are consistently higher than the national average.¹⁹⁰ Although the terms are often used interchangeably, poor mental health and mental illness are not the same things. Mental health includes our emotional, psychological, and social well-being. It affects how we think, feel, and act. It also helps determine how we handle stress, relate to others, and make healthy choices. A person can experience poor mental health and not be diagnosed with a mental illness. We will address the need of improving mental health, which is inclusive of times when a person is experiencing a mental illness.

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

- More than 50% of Americans will be diagnosed with a mental illness or disorder at some point in their lifetime.
- One in five will experience a mental illness in a given year.
- One in five children, either currently or at some point during their life, have had a seriously debilitating mental illness.
- One in twenty-five Americans lives with a serious mental illness, such as schizophrenia, bipolar disorder, or major depression.¹⁹¹

Impact on Community

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

How to Address the Need

Mental illness often strikes early in life. Young adults aged 18-25 years have the highest prevalence of mental illness. Symptoms for approximately 50 percent of lifetime cases appear by age 14 and 75 percent by age 24. Not only have one in five children struggled with a serious mental illness, suicide is the third leading cause of death for young adults.¹⁹²

Fortunately, there are programs proven to be effective in lowering suicide rates and improving mental health.¹⁹³ The majority of adults who live with a mental health problem do not get corresponding treatment.¹⁹⁴ Stigma surrounding the receipt of mental health

¹⁹⁰ Mental Health, United States, 2009 - 2016 Reports, SAMHSA, www.samhsa.gov

¹⁹¹ <https://www.cdc.gov/mentalhealth/learn/index.htm>

¹⁹² <https://www.nimh.nih.gov/health/statistics/mental-illness.shtml>

¹⁹³ <https://www.samhsa.gov/suicide-prevention/samhsas-efforts>

¹⁹⁴ Substance Abuse and Mental Health Services Administration, Behavioral Health Report, United States, 2012 pages 29 - 30

care is among the many barriers that discourage people from seeking treatment.¹⁹⁵ Increasing physical activity and reducing obesity are also known to improve mental health.¹⁹⁶

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

Affected Populations

Data shows that people with lower incomes are about three and a half times more likely to have depressive disorders.¹⁹⁷ Suicide is a complex human behavior, with no single determining cause. The following groups have demonstrated a higher risk for suicide or suicide attempts than the general population:¹⁹⁸

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

¹⁹⁵ Idaho Suicide Prevention Plan: An Action Guide, 2011, Page 9

¹⁹⁶ <http://www.cdc.gov/healthypplaces/healthtopics/physactivity.htm>,
<http://www.cdc.gov/obesity/adult/causes.html>

¹⁹⁷ Idaho 2011 - 2016 Behavioral Risk Factor Surveillance System

¹⁹⁸ <https://www.samhsa.gov/suicide-prevention/at-risk-populations>

Significant Health Need #3: Reduce Drug Misuse

Reducing drug misuse ranks among our community's most significant health needs. Our community representatives provided drug misuse with one of their highest scores. The rate of deaths due to drug misuse has been climbing in our community and across the nation. An in-depth analysis of 2016 U.S. drug overdose data shows that America's overdose epidemic is spreading geographically and increasing across demographic groups. Drug overdoses killed 63,632 Americans in 2016. Nearly two-thirds of these deaths (66%) involved a prescription or illicit opioid.¹⁹⁹

Impact on Community

Reducing drug misuse can have a positive impact on society on multiple levels. Directly or indirectly, every community is affected by drug misuse and addiction, as is every family. This includes health care expenditures, lost earnings, and costs associated with crime and accidents. This is an enormous burden that affects all of society - those who abuse these substances, and those who don't. 50% to 80% of all child abuse and neglect cases substantiated by child protective services involve some degree of substance abuse by the child's parents.²⁰⁰

In 2015, over 27 million people in the United States reported current use of illicit drugs or misuse of prescription drugs, and over 66 million people (nearly a quarter of the adult and adolescent population) reported binge drinking in the past month. Alcohol and drug misuse and related disorders are major public health challenges that are taking an enormous toll on individuals, families, and society. Neighborhoods and communities as a whole are also suffering as a result of alcohol- and drug-related crime and violence, abuse and neglect of children, and the increased costs of health care associated with substance misuse. It is estimated that the yearly economic impact of substance misuse is \$249 billion for alcohol misuse and \$193 billion for illicit drug use.²⁰¹

Drug addiction is a brain disorder. Not everyone who uses drugs will become addicted, but for some, drug use can change how certain brain circuits work. These changes make it more difficult for someone to stop taking the drug even when it's having negative effects on their life and they want to quit.²⁰²

How to Address the Need

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

¹⁹⁹ <https://www.cdc.gov/media/releases/2018/p0329-drug-overdose-deaths.html>

²⁰⁰ <http://archives.drugabuse.gov/about/welcome/aboutdrugabuse/magnitude/>

²⁰¹ <https://addiction.surgeongeneral.gov/executive-summary>

²⁰² <https://www.drugabuse.gov/related-topics/health-consequences-drug-misuse>

Treatment can incorporate several components, including withdrawal management (detoxification), counseling, and the use of FDA-approved addiction pharmacotherapies. Research has shown that a combined approach of medication, counseling, and recovery services works best.²⁰³ In addition, recent studies reveal that individuals who engage in regular aerobic exercise are less likely to use and abuse illicit drugs. These studies have provided convincing evidence to support the development of exercise-based interventions to reduce compulsive patterns of drug intake.²⁰⁴ Organizations, such as the Phoenix Gym in Colorado, have shown they can help people addicted to drugs and alcohol recover. In 2017, Health and Human Services Secretary, Tom Price, praised the Phoenix Gym for its ability to help participants remain sober.²⁰⁵

Affected Populations

Data shows that males under the age of 34 and people with lower incomes are more likely to have substance abuse problems.²⁰⁶ Prescription drug misuse is growing most rapidly among our youth/young adults, adults older than age 50, and our veterans.²⁰⁷

²⁰³ <https://www.samhsa.gov/prescription-drug-misuse-abuse/specific-populations>

²⁰⁴ <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3276339/>

²⁰⁵ <https://www.denverpost.com/2017/08/02/trump-health-chief-tours-colorado-springs-gym/>

²⁰⁶ Idaho 2011 - 2016 Behavioral Risk Factor Surveillance System

²⁰⁷ <https://www.samhsa.gov/prescription-drug-misuse-abuse/specific-populations>

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

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

Impact on Community

Uninsured adults have less access to recommended care, receive poorer quality of care, and experience more adverse outcomes (physically, mentally, and financially) than insured individuals. The uninsured are less likely to receive preventive and diagnostic health care services, are more often diagnosed at a later disease stage, and on average receive less treatment for their condition compared to insured individuals. At the individual level, self-reported health status and overall productivity are lower for the uninsured. The Institute of Medicine reports that the uninsured population has a 25% higher mortality rate than the insured population.²⁰⁸

Based on the evidence to date, the health consequences of the uninsured are real.²⁰⁹ Improving access to affordable health insurance makes a remarkable difference to community health. Research studies have shown that gaining insurance coverage through the Affordable Care Act (ACA) decreased the probability of not receiving medical care by well over 20 percent. Gaining insurance coverage also increased the probability of having a usual place of care by between 47.1 percent and 86.5 percent. These findings suggest that not only has the ACA decreased the number of uninsured Americans, but has substantially improved access to care for those who gained coverage.²¹⁰

How to Address the Need:

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

Affected populations:

Statistics show that people with lower income and education levels and Hispanic populations are much more likely not to have health insurance.²¹¹

²⁰⁸ University of Wisconsin Population Health Institute. *County Health Rankings* 2010-2018. Accessible at www.countyhealthrankings.org.

²⁰⁹ <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2881446/>

²¹⁰ <https://www.ncbi.nlm.nih.gov/pubmed/28574234>

²¹¹ Ibid

Implementation Plan Overview

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

Future Community Health Needs Assessments

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

History of Community Health Needs Assessments and Impact of Actions Taken

St. Luke's Nampa opened in October 2017; therefore, this is the first community health needs assessment we have conducted. When we release our next CHNA in 2022, this section will include a description of the programs we used to address our significant health needs along with the impact we have had on addressing these needs over the prior three years.

Resources Available to Meet Community Needs

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

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

Abuse/Violence Victim Advocacy and Services

Advocates Against Family Violence

PO Box 1496

Caldwell, Idaho 83605

Phone: (208) 459-6330

24-hour crisis line: (208) 459-4779

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

Description: AAFV offers immediate aid, mental health, court advocacy & housing resources, and prevention education.

Idaho Coalition Against Sexual and Domestic Violence

E. Mallard Drive, Suite 130

Boise, Idaho 83706

Phone: (208) 384-0419

info@engagingvoices.org

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

Idaho Council on Domestic Violence and Victim Assistance

Phone: (208) 332-1540

Toll-Free: 1-800-291-0463

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

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

Idaho Domestic Violence Hotline

Phone: 1-800-669-3176

<https://www.idaholegalaid.org>

Nampa Family Justice Center

1305 3rd St S

Nampa, Idaho 83651

Phone: 1-800-621-4673

<http://id-nampa.civicplus.com/190/Family-Justice-Center>

Description: The Nampa Family Justice Center is a partnership of agencies dedicated to ending family violence and sexual assault through prevention and response by providing comprehensive, client-centered services in a single location.

Behavioral Health and Substance Abuse Services

Acacia Wellness Center

217 W. Georgia Ave.

Nampa, Idaho 83686

Phone: (208) 498-1760

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

Description: Acacia Wellness Center offers mental health, primary care, drug & alcohol treatment, counseling, therapeutic groups and community-based services, including case management, peer and family support services.

Access Behavioral Health Services

3307 Caldwell Blvd. Suite 104

Nampa, Idaho 83651

Phone: (208) 465-4833

<http://accessbhs.com/>

Description: Access is an outpatient behavioral health clinic serving people from locations in Boise and in Nampa.

Al-anon - District 3 & District 7

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

www.al-anon-idaho.org

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

Alcoholics Anonymous – Treasure Valley Intergroup

1111 S. Orchard, Suite 180

Boise, Idaho 83705

Phone: (208) 344-6611

<http://www.tvico.info/>

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

Brighter Future Health

316 12th Ave.

Nampa, Idaho 83686

Phone: (208) 461-3100

<http://brighterfuturehealth.com/>

Description: Brighter Future Health offers mental health services, including individual, group and family counseling, diagnostic services, community-based rehabilitation, peer support, case management, refugee services, anger management and other group sessions.

Canyon County Community Clinic

524 Cleveland Blvd., Suite 140

Caldwell, Idaho 83605

Phone: (208) 453-5151

<http://www.canyon-clinic.org/>

Services: Canyon County Community Clinic offers counseling appointments three days a week and peer-based recovery support services such as substance/alcohol abuse, tobacco cessation, and lifestyle education.

Drug Free Idaho, Inc.

333 N Mark Stall Place

Boise, Idaho 83704

Phone: (208) 570-6406

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

Idaho Department of Health & Welfare – Canyon County

Behavioral Health Services

Mental Health Services / Adult & Children

Phone: (208) 459-0092

Description: Services for adults, children and families who are in need of mental health treatment.

Idaho Federation of Families for Children's Mental Health

704 North 7th Street

Boise, Idaho 83702

Phone: (208) 433-8845

Description: The Idaho Federation of Families works to develop a coalition of groups and individuals to educate policy makers, professional organizations, legislators, educators, and the public about the needs of children with emotional, behavioral, and mental disorders and their families.

Idaho Suicide Prevention Hotline

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

Intermountain Hospital

303 N. Allumbaugh

Boise, Idaho 83704

Phone: (800) 321-5984

www.intermountainhospital.com

Description: Psychiatric crisis interventions for those with symptoms such as grief, depression, loss of independence, social isolation, mood disorders, psychiatric illnesses, substance abuse and more.

Life Counseling Center

112 12th Ave. Road

Nampa, Idaho 83686

Phone: (208) 465-5433

<http://www.lccidaho.com/>

Description: LIFE provides Community Based Rehabilitation Services, behavioral health case management, peer support services, Substance Use Disorder Services, professional development and community education.

Lifeways

824 S. Diamond St.

Nampa, Idaho 83686

Phone: (208) 546-3046

2609 S. 10th Ave. #102

Caldwell, Idaho 83605 Phone: (208) 454-2771

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

Description: Lifeways is a behavioral health care provider licensed to provide services in Idaho and certified to provide mental health and addiction services by the State of Oregon.

National Alliance on Mental Illness Treasure Valley

4696 W Overland Rd # 274

Boise, Idaho 83705

Phone: (208) 376-4304

<https://tvnami.org/>

Description: The National Alliance on Mental Illness (NAMI) Treasure Valley affiliate is the area's largest grassroots mental health organization

Southern Idaho Region of Narcotics Anonymous

Phone: Nampa – (208) 442-2220

Treasure Valley Help Line: (208) 391-3823

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

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

Optum Idaho

205 East Water Tower Lane

Meridian, Idaho 83642

Phone: (855) 202-0973

www.optumidaho.com

Description: Since Optum began managing the Idaho Behavioral Health Plan in September 2013, the organization has been working closely with consumers, families, providers, and other stakeholders to enhance the behavioral health system and help Idahoans get the right care at the right time and place.

Pathways by Molina

Phone: Caldwell -- (208) 459-1039

Phone: Nampa -- (208) 466-2229

<http://www.pathways.com/pathways-of-idaho/>

Description: Pathways offers social service and behavioral health solutions, including youth, family, adult and prevention services.

SAMHSA (Substance Abuse and Mental Health Services Administration)

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

Description: The Substance Abuse and Mental Health Services Administration (SAMHSA) is the agency within the U.S. Department of Health and Human Services that leads public health efforts to advance the behavioral health of the nation. SAMHSA's mission is to reduce the impact of substance abuse and mental illness on America's communities.

St. Luke's Nampa Clinic – Psychiatric Wellness Services

9850 W. St. Luke's Drive, Suite 329

Nampa, Idaho 83687

Phone: (208) 706-6375

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

Supportive Housing and Innovative Partnerships

1843 S Broadway Ave Suite 101B

Boise, Idaho 83706

Phone: (208) 331-0900

Fax: (208) 331-0904

www.shipinc.org

Description: Supportive Housing and Innovative Partnerships, Inc. (SHIP) is a private non-profit organization dedicated to developing a holistic system to serve the needs of persons working in recovery from alcohol, drug addiction, and substance abuse. Through innovative and inclusive partnerships SHIP helps those in recovery to develop skills, find jobs, and rebuild lives.

Children & Family Services

Casey Family Programs

6441 Emerald Street

Boise, ID 83704-8735

Phone: (208) 377-1771

<http://www.casey.org/idaho/>

Description: The Casey Family Programs Idaho Field Office provides clinical case management for youth and families who need help attaining or maintaining permanency, and for young adults transitioning from foster care.

Idaho Department of Health and Welfare - Child Protection Services

Phone: Statewide - 1-855-552-KIDS

Phone: Caldwell – (208) 455-7000

Phone: Nampa – (208) 465-8452

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

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

Idaho Department of Health and Welfare - Children & Family Services

Phone: (208) 334-6800

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

Description: Child Protection, Foster Care Licensing, Adoptions

Idaho Department of Health and Welfare - Idaho CareLine Information and Referral

Phone: 800-926-2588

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

Description: (Health and Human Services Community Resources, DHW Information Clearinghouse, Fraud Reporting, Medicaid Service Providers, Foster Care/Adoptions, Child Care System, Fingerprinting/Criminal History, and all other services not listed)

Southwest District Health Department

13307 Miami Lane

Caldwell, Idaho 83607

Phone: (208) 455-5300

Environmental Health Family Health Services Phone: (208) 455-5400

Women, Infants and Children (WIC) - Phone: (208) 455-5300

Family Health Services – Phone: (208) 455-5345

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

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

United Way of Treasure Valley

3100 S Vista Ave. Suite 100

Boise, Idaho 83705

Phone: (208) 336-1070

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

Description: United Way of Treasure Valley seeks to improve the health, education and financial stability of people in the community.

Community Health Clinics and Other Medical Resources**Canyon County Community Clinic**

524 Cleveland Blvd., Suite 140

Caldwell, Idaho 83605

Phone: (208) 453-5151

<http://www.canyon-clinic.org/>

Description: Canyon County Community Clinic medical services include acute non-emergent illnesses; limited chronic care and medications, and referrals for x-rays, laboratory tests and specialists.

Family Medicine Residency – Caldwell Rural Training Track

315 East Elm St.

Caldwell, Idaho 83605

Phone: (208) 954-8742

www.fmridaho.org

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

Family Medicine Residency of Nampa

215 E. Hawaii Ave.

Nampa, Idaho 83686

Phone: (208) 954-8742

www.fmridaho.org

Description: Faculty members are seeing patients in a Nampa clinic. The first class of family medicine residents begins in July 2019. This program is designed to prepare residents for practice in any setting, but particularly for the full-spectrum care needed in rural and underserved communities.

Partnership for Prescription Assistance - Idaho

<https://id.pparx.org/>

Description: PPA helps low income, uninsured Idaho residents gain access to patient assistance programs where they qualify for free or nearly free prescription medicines.

Terry Reilly Health Services

211 16th Avenue North

Nampa, Idaho 83653

Phone: (208) 467-4431

Fax: (208) 467-7684

www.trhs.org

Description: Terry Reilly Health Services (TRHS) is a private not-for-profit organization that provides medical, dental, and behavioral health care to all, based on their ability to pay.

Veterans Affairs Caldwell Community Based Outpatient Clinic

4521 Thomas Jefferson Drive

Caldwell, Idaho 83605

Phone: (208) 454-4820

<https://www.boise.va.gov>

Description: The Boise Veterans Medical Center provides primary, secondary, and specialty care to Canyon County at a clinic in Caldwell.

Dental Services**Southwest District Health Clinic**

13307 Miami Lane

Phone: Caldwell, Idaho 83607

Phone: (208) 455-5345

<http://www.swdh.org/clinical-services.asp>

Description: Provides educational and preventative dental hygiene services such as dental screenings, dental cleanings and fluoride varnish treatments to uninsured children, CHIP and Medicaid-eligible children.

Terry Reilly Dental

Phone: Nampa/Canyon Dental -- (208) 466-0515

Phone: Nampa/1st Street -- (208) 466-7869

Phone: Homedale – (208) 337-6101

Phone: Marsing – (208) 896-4159

Phone: Melba -- (208) 495-1011

Phone: Middleton – (208) 585-0048

<http://www.trhs.org/services/dental/>

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

Disability Services

The Arc of Idaho

4402 Albion Street
Boise, Idaho 83705
Phone: (208) 343-5583
www.thearcinc.org

Description: The Arc is committed to securing the opportunity to choose and realize their goals of where and how to learn, live, work and play for all people with intellectual and developmental disabilities. The Arc works to ensure that people with intellectual and developmental disabilities and their families have the support they need to live an ordinary and decent life.

DisAbility Rights Idaho

4477 Emerald Street, Suite B-100
Boise, Idaho 83706-2066
Phone: (208) 336-5353
<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
Phone: (800) 432-8324
www.idahoat.org

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

Idaho Department of Labor -- Caldwell

4514 Thomas Jefferson St.
Caldwell, Idaho 83605
Phone: (208) 364-7781
<https://labor.idaho.gov/dnn>

Idaho Department of Health and Welfare

823 Park Centre Way
Nampa, Idaho 83651
Phone: (208) 465-8460
3402 Franklin Road
Caldwell, Idaho 83605

Phone: (208) 454-0421

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

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

Idaho Parents Unlimited, Inc.

4619 Emerald, Ste. E

Boise, Idaho 83706

Phone: (208) 342-5884

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

Description: Founded in 1985, Idaho Parents Unlimited, Inc. (IPUL) is a statewide organization which houses the Idaho Parent Training and Information Center, the Family to Family Health Information Center, Idaho Family Voices and VSA Idaho, the State Organization on Arts and Disability. Idaho Parents Unlimited's programs fulfill a mission to educate, empower, support and advocate for individuals with disabilities and their families.

WITCO

3919 E. Ustick Road

Caldwell, Idaho 83605

208-454-3051

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

Description: Witco provides training opportunities, residential and developmental services. Training opportunities are available for individuals who are currently unable to obtain and maintain employment in the community. Residential services are available for adults with disabilities living within our outreach area, including Nampa, Caldwell, Fruitland, Ontario, and surrounding communities. Developmental services include assistance with money management, transportation and interpersonal skills.

Educational Services

College of Idaho

2112 Cleveland Blvd.

Caldwell, Idaho 83605

Phone: (208) 459-5011

<https://www.collegeofidaho.edu/>

Description: Founded in 1891, The College of Idaho is the state's first private liberal arts college.

College of Western Idaho

5500 E Opportunity Drive

Nampa, Idaho 83687

Phone: (208) 562-3000

<http://cwidaho.cc/>

Description: College of Western Idaho (CWI) is a comprehensive community college providing higher education programs to residents of Western Idaho.

Centennial Job Corps Civilian Conservation Center

3201 Ridgecrest Drive

Nampa, Idaho 83687

Phone: (208) 442-4500

<https://centennial.jobcorps.gov/>

Description: The Centennial Job Corps Civilian Conservation Center teaches eligible young people the skills they need to become employable and independent and place them in meaningful jobs or further education.

Northwest Nazarene University

623 S. University Blvd.

Nampa, Idaho 83686

Phone: (208) 467-8011

<https://www.nnu.edu/>

Description: Northwest Nazarene University is a private Christian liberal arts college

Public Schools

Caldwell School District: www.caldwellschools.org

Melba School District: <http://melbaschools.org/>

Middleton School District: www.msd134.org

Nampa School District: www.nsd131.org

Notus School District: www.notusschools.org

Parma School District: www.parmaschools.org

Vallivue School District: <https://www.vallivue.org/>

Wilder School District: www.wilderschools.oorg

Treasure Valley Community College Caldwell Center

205 S. 6th Ave.

Caldwell, Idaho 83605

Phone: (208) 454-9911

http://www.tvcc.cc/about/locations_maps/caldwell/

Description: The Treasure Valley Community College Caldwell Center offers college preparation, college transfer, and professional-technical classes.

Western Idaho Community Action Partnership (WICAP)

502 Main St

Caldwell, Idaho 83606

Phone: (208) 454-0675

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

Description: Located in Caldwell, WICAP provides education, emergency services, employment, housing, income management, nutrition, partnerships and family development services throughout Canyon County.

Food Assistance**Care House Food Bank**

1524 6th Street South

Nampa, Idaho 83651

Phone: (208) 466-3549

<http://www.nampafirst.org>

Description: Operated by the Nampa First Church of the Nazarene, the Care House Food Bank serves more than 500 food-insecure families per month.

Idaho Foodbank

3562 South TK Avenue

Boise, Idaho 83705

Phone: (208) 336-9643

www.idahofoodbank.org

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

Idaho Health and Welfare - Idaho Food Stamp Program

3402 Franklin Road

Caldwell, Idaho 83605

Phone: (208) 455-7200

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

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

St. Clare's Our Lady of the Valley St. Vincent DePaul Food Pantry

3719 Cleveland Blvd.

Caldwell, Idaho 83605

Email: garyev3@gmail.com

<http://www.svdpid.org/food-pantries-caldwell-st-clares/>

Oasis Food Center

506 W. Simplot Blvd.

Caldwell, Idaho 83605

Phone: (208) 459-6000

<http://www.oasiswc.org/oasis-food-center.html>

Description: Oasis Food Center is a choice food pantry offering hot meals and food boxes. A Weekend Feeding Program is for children who have a food deficiencies and insecurities.

Our Lady of Guadalupe St. Vincent DePaul Food Pantry

2920 E. Railroad St.

Nampa, Idaho 83687

Phone: (208) 442-4452

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

Government Contacts

Canyon County

1115 Albany Street

Caldwell, Idaho 83605

Phone: (208) 454-7300

www.canyoncounty.org

City of Caldwell

411 Blaine Street

Caldwell, Idaho 83606

Phone: (208) 455-3000

www.cityofcaldwell.org

City of Nampa

411 3rd Street South

Nampa, Idaho 83651

Phone: (208) 468-4413

www.cityofnampa.us

City of Middleton

1103 W. Main St.

Middleton, Idaho 83644
Phone : (208) 585-3133
<http://middleton.id.gov/>

City of Parma
305 N. 3rd St.
Parma, Idaho 83660
(208) 772-5138
<http://www.cityofparma.org/>

City of Greenleaf
20523 N. Whittier Drive
Greenleaf, Idaho 83626
Phone: (208) 454-0552
<http://greenleaf-idaho.us/contact-us>

City of Notus
375 Notus Road
Notus, Idaho 83656
Phone: (208) 459-6212
<http://notusidaho.org/city-contact-info.html>

City of Melba
401 Carrie Rex Ave.
Melba, Idaho 83641
Phone: (208) 495-2722
<http://www.cityofmelba.org/>

City of Wilder
107 4th St.
Wilder, Idaho 83676
Phone: (208) 482-6204
<http://cityofwilder.org/>

Homeless Services

Idaho Youth Ranch
5465 W. Irving St.
Boise, Idaho 83706
Phone: (208) 377-2613
<https://www.youthranch.org/>
Treasure Valley Youth 24-hour emergency help line (208) 322-2308.

Description: The Idaho Youth Ranch offers emergency shelter, residential care, youth and family therapy, job readiness training, adoption services and more for at-risk kids and their families. IYR is building a new ranch to provide youth services in Middleton.

Lighthouse Men’s Shelter

304 16th Ave. North

Nampa, Idaho 83687

Phone: 208-461-5030

<https://boiserm.org/facilities/lighthouse/>

Description: Operated by the Boise Rescue Mission, the Lighthouse offers meals to community members and shelter for homeless, addicted and struggling men. Additional services for homeless men include education, work-search assistance, mental health counseling and addiction recovery.

Salvation Army – Nampa Community Family Shelter

1412 4th St. S.

Nampa, Idaho 83651

Phone: (208) 461-3733

<https://nampa.salvationarmy.org/>

Description: Salvation Army of Nampa offers food assistance, energy bill assistance, emergency shelter and transitional housing assistance amongst other services.

Salvation Army —Caldwell

1015 E. Chicago St.

Caldwell, Idaho 83605

Phone: (208) 459-2011

<https://caldwell.salvationarmy.org/>

Description: The Salvation Army of Caldwell offers youth programs, food boxes, music and arts programs for children, and Baby Haven, an incentive-based program for low-income families who are expecting a child or have a child under 24 months.

Valley Women & Children’s Shelter

869 W. Corporate Lane

Nampa, Idaho 83651

Phone: (208) 475-0725

<https://boiserm.org/facilities/valley/>

Description: Operated by the Boise Rescue Mission, the Valley Women & Children’s Shelter operated by the Boise Rescue Mission seeks to provide a safe place for women and children to recover from homelessness. Opened in 2014, the shelter has 60 beds. The shelter offers clothing, meals, and case management.

Hospice Care

Idaho Quality of Life Coalition

PO Box 496

Boise, Idaho 83701

Phone: (208) 841-1862

www.idqol.org

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

Heart 'n Home Hospice & Palliative Care

822 S. 10th Ave.

Caldwell, Idaho 83605

Phone: [\(208\) 454-0262](tel:(208)454-0262)

<https://www.gohospice.com/caldwell/>

Description: Heart 'n Home Caldwell serves seriously ill individuals in Canyon and Owyhee counties.

National Hospice and Palliative Care Organization

Phone: 1-800-646-6460

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

St. Luke's Hospice

Boise – serving Ada, Boise, Canyon, Gem, Owyhee, Payette, and Washington counties

325 W. Idaho Street

Boise, Idaho 83702

Phone: (208) 381-2721

http://www.stlukesonline.org/boise/specialties_and_services/hospice/

Treasure Valley Hospice

8 6th St N, Nampa, ID 83687

Phone: (208) 467-7423

<http://www.treasurevalleyhospice.com/>

Description: Treasure Valley Hospice's professionally trained health care providers serve patients and their families in Nampa, Caldwell and other Treasure Valley communities.

Hospitals

Intermountain Hospital

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

Saint Alphonsus Medical Center-Boise

1055 N. Curtis Road
Boise, Idaho 83706
Phone: (208) 367-2121
<https://www.saintalphonsus.org>

Saint Alphonsus Medical Center-Nampa

4300 E Flamingo Ave.
Nampa, Idaho 83687
Phone: (208) 205-1000
<https://www.saintalphonsus.org>

Southwest Idaho Advanced Care Hospital

6651 West Franklin Road
Boise, Idaho 83709
Phone: (208) 685-2400
<https://www.ernesthealth.com>

St. Luke's Boise Medical Center

190 E. Bannock Street
Boise, Idaho 83712
Phone: (208) 381-2222
<https://www.stlukesonline.org>

St. Luke's Children's Hospital

190 E. Bannock Street
Boise, Idaho 83702
Phone: (208) 381-2804
<https://www.stlukesonline.org>

St. Luke's Nampa Medical Center

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

St. Luke's Meridian Medical Center

520 S. Eagle Road
Meridian, Idaho 83642
Phone: (208) 381-9000
www.stlukesonline.org/meridian

St. Luke's Elks Rehabilitation Hospital

600 N. Robbins Road
Boise, Idaho 83702
Phone: (208) 489-4444
<https://www.stlukesonline.org>

Treasure Valley Hospital

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

West Valley Medical Center

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

Veterans Administration Medical Center

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

Housing

Caldwell Housing Authority

22730 Farmway Road
Caldwell, Idaho 83607
Phone: (208) 459-2232
<http://chaidaho.org/>

Description: The Caldwell Housing Authority offers 243 units of decent, safe and affordable housing for approximately 1,500 people. Amenities provided by CHA include a grocery store, Laundromat, health clinic operated by Terry Reilly Health

Services and Southwest District Health, community center, Canyon County Sheriff's Office substation and Head Start program run by the Community Council of Idaho.

CATCH of Canyon County

16 12th Ave., Suite 103
Nampa, Idaho 83651
Phone: (208) 442-5300
www.catchprogram.org

Description: Charitable Assistance to Community's Homeless (CATCH) is a community, collaborative effort focused on ending homelessness for families by inspiring stable housing, financial independence, and resilience. Families are referred from local shelters including Hope's Door, The Salvation Army Community Family Shelter, The Lighthouse Rescue Mission, and the Nampa School District.

Jesse Tree of Idaho – Canyon County Office

16 12th Ave. South, Suite 114
Nampa, Idaho 83651
Phone: (208) 941-3188
www.jesstreeidaho.org

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

Nampa Housing Authority

211 19th Ave. North
Nampa, Idaho 83687
Phone: (208) 466-2601
<http://nampahousing.com/>

Description: Nampa Housing Authority's mission is to provide safe, decent, and affordable housing in good repair.

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

Canyon County Courthouse – Court Assistance Office

1115 Albany St., Suite 334

Caldwell, Idaho 83605

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

Description: The Court Assistance Office provides legal forms workshops and tools and information for people who want to represent themselves in court, or who are unable to afford an attorney and would otherwise be unable to get their day in court.

3rd District Guardian Ad Litem Program

1104 Blaine St.

Caldwell, Idaho 83606

Phone: (208) 459-9969

Description: The 3rd District Guardian ad Litem Program focuses on helping children in dependency care in Adams, Canyon, Gem, Owyhee, Payette, and Washington counties

Catholic Charities

1703 3rd St North

Nampa, ID 83687

Phone: (208) 466-9926

www.ccidaho.org

Disability Rights Idaho

4477 Emerald St, Suite B-100

Boise, Idaho 83706

Phone: (208) 336-5353

www.disabilityrightsidaho.org

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

Idaho Commission on Human Rights

1109 Main St, Ste. 450

Boise, Idaho 83702

Phone: (208) 334-2873

www.humanrights.idaho.gov

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

Idaho Law Foundation - Idaho Volunteer Lawyers Program & Lawyer Referral

Service

525 W. Jefferson Street

Boise, Idaho 83702

Phone: (208) 334-4510

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

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

Idaho Legal Aid Services

1104 Blaine Street

Caldwell, Idaho 83605

Phone: 208-454-2591

www.idaholegalaid.org

Description: Idaho Legal Aid Services, Inc. (ILAS) provides free legal services to low income Idahoans. Every year, ILAs helps thousands of Idahoans with critical legal problems such as escaping domestic violence and sexual assault, housing (including wrongful evictions, illegal foreclosures, and homelessness), guardianships for abused/neglected children, legal issues facing seniors (such as Medicaid for seniors who need long term care and Social Security), and discrimination issues. Our Indian Law Unit provides specialized services to Idaho's Native Americans. The Migrant Farmworker Law Unit provides legal services to Idaho's migrant population.

Public Health Resources

2-1-1 Idaho CareLine

Phone: Dial 2-1-1 or (800) 926-2588

www.211.idaho.gov

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

Idaho Department of Health and Welfare, Region 3

Caldwell Office

3402 Franklin Road

Caldwell, Idaho 83605

Phone: (208) 455-7088

Nampa Office

823 Park Centre Way

Nampa, Idaho 83651

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

Idaho Department of Health and Welfare, Region 4

1720 Westgate Drive

Boise, Idaho 83704

Phone: (208) 334-6801

Description: Idaho State Department of Health and Welfare Region 4 oversees Medicaid, food stamps, child welfare, mental health, and other programs for Ada, Boise, Elmore, and Valley counties.

Southwest District Health (SWDH), Idaho District 3

13307 Miami Lane

Caldwell, Idaho 83607

Phone: (208) 455-5300

www.publichealthidaho.com

Description: Southwest District Health is made up of dedicated medical, dental, environmental, and technical professionals, and support staff all working side-by-side as a team toward one common goal: To prevent disease, disability and premature death; To promote healthy lifestyles and protect and promote the health of people. SWDH provides community health programs including Women, Infants, and Children (WIC), prevention for a range of health conditions, as well as immunization programs. District 3 provides services for Adams, Canyon, Gem, Owyhee, Payette, and Washington counties.

Refugee Services

Agency for New Americans

1614 W. Jefferson Street

Boise, Idaho 83702

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

Description: The Agency for New Americans (ANA) is here to help refugees achieve self-sufficiency in their new lives by providing the skills, education, and support necessary during their resettlement period.

Create Common Good

2513 S. Federal Way, Ste. 104

Boise, Idaho 83705

Phone: (208) 258-6800

www.createcommongood.org

Description: Create Common Good (CCG) is a 501(c)3 non-profit offering opportunities to achieve self-sufficiency and financial independence by providing

foodservice job training and job placement assistance to people with barriers to employment.

College of Western Idaho – Nampa & Caldwell English as a Second Language Program

Canyon County Center
2407 Caldwell Blvd., Room 106
Nampa, Idaho 83651
Phone: (208) 562-2068
www.cwidaho.cc/esl

Description: Free English as a second language classes for adults are offered twice a week in the morning and evening in Nampa.

Idaho Office for Refugees

1607 W. Jefferson Street
Boise, Idaho 83702
Phone: (208) 336-4222
www.idahorefugees.org

Description: The Idaho Office for Refugees (IOR) has statewide responsibility for the provision of assistance and services to refugees. The IOR is a private sector initiative, replacing the traditional State-administered program for refugee assistance and services. Under agreement with the federal Office of Refugee Resettlement, the IOR endeavors to ease the difficult transition refugees experience as they adjust to life in the United States. The IOR supports, through contracts and cooperative agreements, the provision of interim financial assistance, English language training, employment services, immigration assistance, language assistance, case management, and social adjustment services in the communities where refugees are resettled.

International Rescue Committee

7188 W. Potomac Drive
Boise, Idaho 38704
Phone: (208) 344-1792
<http://www.rescue.org/us-program/us-boise-id>

Description: IRC teams provide health care, infrastructure, learning and economic support to people in 40 countries, with special programs designed for women and children. Every year, the IRC resettles thousands of refugees in 22 U.S. cities.

Residential Care/ Assisted Living Facility

Idaho Aging & Disability Resource Center (ADRC)

Phone: 1-800-926-2588
<http://aging.idaho.gov/adrc/>

Idaho Department of Health & Welfare

Residential Care or Assisted Living

3232 Elder St.

Boise ID 83705

Phone: (208) 364-1962

www.assistedliving.dhw.idaho.gov

Idaho State Veterans Home

320 N. Collins Road

Boise, Idaho 83702

Phone: (208) 334-5000

www.veterans.idaho.gov

Senior Services**Alzheimer's Association -- Greater Idaho Chapter**

2995 N. Cole Road, Suite 120

Boise, Idaho 83704

Phone: (208) 206-0041

<https://www.alz.org/idaho/>

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

Caldwell Senior Center

1009 Everett St.

Caldwell, Idaho 83605

Phone: (208) 459-0132

<http://www.cityofcaldwell.org/live/senior-center>

Description: the Caldwell Senior Center is a non-profit organization dedicated to enriching the lives of seniors in the Caldwell area. The center offers education, recreation, and assistance to all seniors.

Idaho Commission on Aging (ICOA)

341 W. Washington

Boise, Idaho 83702

Phone: (208) 334-3833

701 S. Allen Ste. 100

Meridian, Idaho 83642

Phone: (208) 332-1769

<http://www.idahoaging.com/>

Idaho Aging & Disability Resource Center (ADRC)

Phone: 1-800-926-2588

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

Nampa Senior Center

207 Constitution Way

Nampa, Idaho 83686

Phone: (208) 467-7266

http://www.nampaparksandrecreation.org/RecCenter/amenities_seniorcenter.aspx

Description: The Nampa Senior Center offers an affordable lunch weekdays, a gift and thrift shop, computer lab, billiards table, dances, fitness classes and educational workshops.

Senior Health Insurance Benefits Advisors

Phone: (800) 247-4422

www.doi.idaho.gov

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

Transportation

COMPASS (Community Planning Association of Southwest Idaho)

700 NE 2nd Street, Suite 200

Meridian, Idaho 83642

Phone: (208) 855-2558

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

Description: The Community Planning Association of Southwest Idaho (COMPASS) is a forum for regional collaboration that helps maintain a healthy and economically vibrant region, offering people choices in how and where they live, work, play, and travel. COMPASS serves as the metropolitan planning organization (MPO) for Ada and Canyon Counties, Idaho.

Idaho Transportation Department

8150 Chinden

P.O. Box 8028

Boise, Idaho 83714

Phone: (208) 334-8300

<http://itd.idaho.gov>

Metro Community Services

304 N. Kimball Ave.

Caldwell, Idaho 83605

Phone: (208) 459-0063

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

Description: Metro Community Services is a non-profit human services agency offering assistance to elderly, disabled, and financially limited individuals through transportation, community living and in-home services, weatherization, and the Metro Meals on Wheels program.

Treasure Valley Transit

1136 W. Finch Drive
Nampa, Idaho 83651
Phone: (208) 463-9111

www.treasurevalleytransit.com

Description: Treasure Valley Transit is a private, non-profit public transportation company operating in rural southwestern Idaho. TVT provides non-emergency medical transportation through a contract with the Idaho Medicaid Brokerage program in Canyon, Owyhee and Payette Counties.

Valley Ride (Valley Regional Transit)

700 N.E. 2nd Street, Ste. 100
Meridian, Idaho 83642
www.valleyride.org

Description: Bus transportation for Ada and Canyon counties.

Veteran Services

Caldwell Veterans' Memorial Hall

1101 Cleveland Blvd.
Caldwell, Idaho 83605
Phone: (208) 899-5216
<https://cvmh-vets.org/>

Description: The new veterans center supports veterans organizations in partnership with the City of Caldwell, Mission 43, VET Center, Boise Rescue Mission, Idaho Department of Veteran Services and other organizations.

Idaho Veterans Network

2333 Naclerio Lane
Boise, Idaho 83705
Phone: (208) 440-3939
www.idahoveteransnetwork.org

Description: Idaho Veterans Network is an all-volunteer group comprised mostly of Iraq and Afghanistan combat veterans who assist other younger veterans who are in crisis, mostly from PTSD, Traumatic Brain Injury, and combat related injuries by

providing mentoring, advocacy, referral, and ongoing support and friendship to the veterans and their families.

Idaho Veterans Services

www.veterans.idaho.gov

Veterans Administration Medical Center

500 Fort Street

Boise, Idaho 83702

Phone: (208) 422-1000

www.boise.va.gov

Description: The Boise VA Medical Center delivers care to Canyon County veterans at its main facility in Boise as well as an outpatient clinic in Caldwell.

Veterans Crisis Line

Phone: 1-800-273-8255

Youth Programs – After School/ Mentorship/Recreation

4-H Youth Development – Canyon County Extension Office

501 Main St

Caldwell, Idaho 83605

Phone: (208) 459-6003

Fax: (208) 454-6349

canyon@uidaho.edu

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

Big Brothers Big Sisters

110 N. 27th Street

Boise, Idaho 83702

Phone: (208) 377-2552

Fax: (208) 375-6577

www.bbbsidaho.org

Description: Big Brothers Big Sisters makes meaningful, monitored matches between adult volunteers (“Bigs”) and children (“Littles”), ages 6 through 18, in communities across the country. We develop positive relationships that have a direct and lasting effect on the lives of young people.

Boys and Girls Club of Nampa

316 Stampede Drive

Nampa, Idaho 83687

Phone: (208) 461-7203

Fax: (208) 466-4032

www.bgclubnampa.org

Description: Boys & Girls Club of Nampa is to enable all young people, especially those who need us most, to reach their full potential as productive, caring, responsible citizens.

Caldwell Family YMCA

3720 S. Indiana Avenue

Caldwell, Idaho 83605

Phone: (208) 454-9622

<http://www.ymcatvidaho.org>

Description: The Y offers developmentally appropriate, curriculum-based programs that help children grow personally, learn values, improve personal relationships, appreciate diversity, become better leaders and supporters, and develop specific skills and assets.

Parks & Recreation - Caldwell

Caldwell Recreation Department

618 Irving Street

Caldwell, Idaho 83605

Phone: (208) 455-3060

caldwellrec@cityofcaldwell.org

Nampa Parks and Recreation

c/o Nampa Recreation Center

131 Constitution Way

Nampa, Idaho 83686

Phone: (208) 468-5858

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

Description: Nampa Parks and Recreation adds value to the community as we promote conservation of open space, health and wellness in the community, and community recreation and education.

Treasure Valley Family YMCA

1050 W. State Street

Boise, Idaho 83702

Phone: (208) 344-5502

www.ymcatvidaho.org

Description: At the Y, children and teens learn values and positive behaviors as they're encouraged to explore their unique interests and gifts. This helps to develop confident kids today and contributing adults tomorrow. No one will be denied Y services due to inability to pay.

Youth Programs - At-Risk Youth Services

Children's Home Society of Idaho

740 Warm Springs Avenue

Boise, Idaho 83712

Phone: (208) 343-7813

Fax: (208) 342-8268

www.childrenshomesociety.com

Description: The Children's Home Society accomplishes its mission by operating Warm Springs Counseling Center which provides superior emotional and behavioral health services to at-risk children and the families that care for them.

Life's Kitchen

1025 S. Capitol Boulevard

Boise, Idaho 83706

Phone: (208) 331-0199

www.lifeskitchen.org

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

Idaho Youth Ranch

5465 W. Irving Street

Boise, Idaho 83706

Phone: (208) 377-2613

Fax: (208) 377-2819

Hotline: 1-877-817-8141

www.youthranch.org

Family Counseling:

7025 W. Emerald St. Suite A

Boise, Idaho 83704

Phone: 208.947.0863

info@youthranch.org

Description: The Idaho Youth Ranch provides troubled children a bridge to a valued, responsible, and productive future.

Appendix I: Community Representative Descriptions

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

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

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

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

Community Representatives Contacted

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

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

3. **Affiliation:** Idaho Department of Labor
Date contacted: June 2018 through August 2018
How input was obtained: Phone and email
Health representative category: Categories III

4. **Affiliation:** Idaho Health and Welfare
Date contacted: September 2017 through April 2018
How input was obtained: Phone conversations, emails
Health representative category: Category I

5. **Affiliation:** Idaho Health and Welfare
Date contacted: September 2017 through April 2018
How input was obtained: Phone conversations, emails
Health representative category: Category I

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

7. **Affiliation:** St. Luke's Greenhurst/Midland Clinics, Nampa
Date contacted: 4/25/2018
How input was obtained: Phone interview and questionnaire
Health representative category: Category III

Populations represented:

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

8. Affiliation: Nampa Housing Authority

Date contacted: 4/30/2018

How input was obtained: Phone interview and questionnaire

Health representative category: Category II and III

Populations represented:

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

9. Affiliation: Boys and Girls Club of Nampa

Date contacted: 5/15/2018

How input was obtained: Phone interview and questionnaire

Health representative category: Category III

Populations represented:

- Children
- Disabled
- Hispanic population
- Homeless
- Low income individuals and families
- Those with behavioral health issues

10. Affiliation: NW Sales & Distribution/ St. Luke's Health Partners

Date contacted: 5/7/2018

How input was obtained: Phone interview and questionnaire

Health representative category: Category II and III

Populations represented:

- Children
- Disabled
- Hispanic population
- Homeless
- Low income individuals and families
- Migrant and seasonal farm workers
- Those with behavioral health issues

11. Affiliation: Nampa Family Justice Center

Date contacted: 5/1/2018

How input was obtained: Phone interview and questionnaire

Health representative category: Category II and III

Populations represented:

- Children
- Disabled
- Hispanic population
- Homeless
- Low income individuals and families
- Migrant and seasonal farm workers
- Those with behavioral health issues

12. Affiliation: Treasure Valley YMCA

Date contacted: 4/6//2018

How input was obtained: Phone interview and questionnaire

Health representative category: Category II and III

Populations represented:

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

13. Affiliation: City of Nampa

Date contacted: 4/25/2018

How input was obtained: Phone interview and questionnaire

Health representative category: Category II and III

Populations represented:

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

14. Affiliation: City of Caldwell

Date contacted: 5/23/2018

How input was obtained: Phone interview and questionnaire

Health representative category: Categories II and II

Populations represented:

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

15. Affiliation: Idaho Department of Labor

Date contacted: 4/27/2018

How input was obtained: Phone interview and questionnaire

Health representative category: Category III

Populations represented:

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

16. Affiliation: Middleton School District

Date contacted: 5/7/2018

How input was obtained: Phone interview and questionnaire

Health representative category: Category III

Populations represented:

- Children
- Disabled
- Hispanic population
- Homeless
- Low income individuals and families
- Migrant and seasonal farm workers
- Those with behavioral health issues

17. Affiliation: Salvation Army of Nampa

Date contacted: 5/8/2018

How input was obtained: Phone interview and questionnaire

Health representative category: Category II and III

Populations represented:

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

18. Affiliation: Caldwell Housing Authority

Date contacted: 4/13/2018

How input was obtained: Phone interview and questionnaire

Health representative category: Category III

Populations represented:

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

19. Affiliation: WITCO

Date contacted: 5/14/2018

How input was obtained: Phone interview and questionnaire

Health representative category: II and III

Populations represented:

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

20. Affiliation: St. Luke's Nampa

Date contacted: 5/14/2018

How input was obtained: Phone interview and questionnaire

Health representative category: Category III

Populations represented:

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

21. Affiliation: Vallivue School District

Date contacted: 4/13/2018

How input was obtained: Phone interview and questionnaire

Health representative category: Category III

Populations represented:

- Children
- Disabled
- Hispanic population
- Homeless
- Low income individuals and families
- Migrant and seasonal farm workers
- Those with behavioral health issues

22. Affiliation: Nampa School District

Date contacted: 5/1/2018

How input was obtained: Phone interview and questionnaire

Health representative category: Category III

Populations represented:

- Children
- Disabled

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

23. Affiliation: SunWest Bank

Date contacted: 4/30/2018

How input was obtained: Phone interview and questionnaire

Health representative category: Category III

Populations represented:

- Low income individuals and families
- Those with behavioral health issues
- Veterans

24. Affiliation: Caldwell School District

Date contacted: 5/10/2018

How input was obtained: Phone interview and questionnaire

Health representative category: Category III

Populations represented:

- Children
- Disabled
- Hispanic population
- Homeless
- Low income individuals and families
- Migrant and seasonal farm workers
- Those with behavioral health issues

25. Affiliation: Canyon County

Date contacted: 4/27/2018

How input was obtained: Phone interview and questionnaire

Health representative category: Category III

Populations represented:

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

26. Affiliation: Canyon County Community Clinic

Date contacted: 5/8/2018

How input was obtained: Phone interview and questionnaire

Health representative category: Category II and III

Populations represented:

Hispanic populations

Low income individuals and families

Migrant and seasonal farm workers

Populations with chronic conditions

Thos with behavioral health issues

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

_____ Children

_____ Disabled

_____ Hispanic population

_____ Homeless

_____ Low income individuals and families

_____ Migrant and seasonal farm workers

_____ Populations with chronic conditions

_____ Refugees

_____ Senior citizens

_____ Those with behavioral health issues

_____ Veterans

_____ Other, please specify _____

_____ Other, please specify _____

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

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

Health behavior (potential needs)

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

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

Notes on programs, legislation, organizations, and resources:

Clinical care access and quality (potential needs)

- _____ Affordable health insurance
- _____ Affordable health care for low income individuals
- _____ Availability of primary care providers
- _____ Affordable dental care for low income individuals
- _____ Availability of behavioral health services (providers, suicide hotline, etc.)
- _____ Chronic disease management programs (for diabetes, asthma, arthritis, etc.)
- _____ Immunization programs
- _____ Improved health care quality
- _____ Integrated, coordinated care (less fragmented care)
- _____ Prenatal care programs
- _____ Screening programs (cholesterol, diabetes, mammography, colorectal, etc.)

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

Notes on programs, legislation, organizations, and resources:

Social and economic (potential needs)

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

Please describe and score any additional social/economic needs:

Notes on programs, legislation, organizations, and resources:

Physical environment (potential needs)

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

Please describe and score any additional physical environment needs:

Notes on programs, legislation, organizations, and resources:

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

Health Behavior Category

Community Identified Needs	Rep. Score	Related Health Factors and Outcomes	Health Factor Score	Total Combined Score
Access to healthy foods	7.8	Food environment	9	16.8
Exercise programs/education	7.5	Access to exercise opportunities	9	16.5
		Adult physical activity	9	16.5
		Teen exercise	10	17.5
Nutrition education	7.4	Adult nutrition	10	17.4
		Teen nutrition	9	16.4
Safe-sex education programs	6.8	Sexually transmitted infections	11	17.8
		Teen birth rate	9	15.8
Substance abuse services and programs	8.9	Excessive drinking	8	16.9
		Drug misuse	13	21.9
		Alcohol Impaired driving deaths	9	17.9
Tobacco prevention and cessation programs	6	Smoking adult	11	17
		Smoking teen	10	16
Weight management programs	8.3	Obese/Overweight adults	16	24.3
		Obese/Overweight teenagers	13	21.3

Wellness, prevention, and education programs for cancer	6.2	Cancer - all	7	13.2
		Breast cancer	10	16.2
		Colorectal cancer	8	14.2
		Leukemia	5	11.2
		Lung cancer	7	13.2
		Non-Hodgkin's lymphoma	5	11.2
		Pancreatic cancer	4	10.2
		Prostate cancer	6	12.2
		Skin cancer (melanoma)	7	13.2
Wellness and prevention programs	8	Accidents	6	14
		AIDS	7	15
		Alzheimer's	7	15
		Arthritis	6	14
		Asthma	6	14
		Cerebrovascular diseases	5	13
		Diabetes	13	21
		Flu/pneumonia	4	12
		Heart disease	10	18
		High blood pressure	11	19
		High cholesterol	10	18
		Mental illness	13	21
		Nephritis	6	14
		Obese/overweight adults	16	24
		Respiratory disease	9	17
Suicide	13	21		

Clinical Care Category

Community Identified Needs	Rep. Score	Related Health Factors and Outcomes	Health Factor Score	Combined Score
Affordable care for low income individuals	9	Children in poverty	10	19
Affordable dental care for low income individuals	7.9	Dental visits, preventative	11	18.9
Affordable health insurance	9.3	Uninsured adults	13	22.3
Availability of behavioral health services (providers, suicide hotline, etc)	9.1	Mental health service providers	12	21.1
Availability of primary care providers	7.1	Primary care providers	11	18.1
Chronic disease management programs	7.8	Arthritis	6	13.8
		Asthma	6	13.8
		Diabetes	13	20.8
		High blood pressure	11	18.8
Immunization programs	5.5	Children immunized	8	13.5
		Flu/pneumonia	8	13.5
Improved health care quality	5.8	Preventable hospital stays	6	11.8
Integrated, coordinated care (less fragmented care)	7.4	No usual health care provider	11	18.4
		Preventable hospital stays	6	13.4
Prenatal care programs	6.1	Prenatal care 1st trimester	9	15.1
		Low birth weight	8	14.1
Screening programs (cholesterol, diabetic, mammography, etc)	6.1	Cholesterol screening	10	16.1
		Colorectal screening	8	14.1
		Diabetic screening	10	16.1
		Mammography screening	13	19.1

Social and Economic Category

Community Identified Needs	Rep. Score	Related Health Factors and Outcomes	Health Factor Score	Combined Score
Children and family services	7.5	Children in poverty	10	17.5
		Inadequate Social Support	9	16.5
Disabled services *	7.1	* See note below	8	15.1
Early learning before kindergarten (such as a Head Start type program)	8	High school graduation rate	9	17
Education: Assistance in achieving good grades in kindergarten through high school	8	High school and college education rate	9	17
Education: College education support and assistance programs	6.8	High school and college education rate	9	15.8
Elder care assistance (help in taking care of older adults) *	7.8	* See note below	8	15.8
End of life care or counseling (care for those with advanced, incurable illness) *	5.7	* See note below	8	13.7
Homeless services	7.5	Unemployment rate	7	14.5
Job training services	7	Unemployment rate	7	14
Legal assistance *	6.3	* See note below		6.3
Senior services	6.5	Inadequate Social Support	9	15.5
Veterans' services	6.2	Inadequate Social Support	9	15.2
Violence and abuse services	8	Violent crime rate	6	14

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

Physical Environment Category

Community Identified Needs	Rep. Score	Related Health Factors and Outcomes	Health Factor Score	Combined Score
Affordable housing	8.7	Severe housing problems	8.5	17.2
Healthier air quality, water quality, etc	4.8	Air pollution particulate matter	8	12.8
		Drinking Water	8	12.8
Healthy transportation options (sidewalk, bike paths, public transportation)	7.8	Long commute	7	14.8
		Driving to work alone	7	14.8
Transportation to and from appointments *	7.9	* See note below	8	15.9

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

Appendix IV: Data Notes

A number of health factor and outcome data indicators utilized in this CHNA are based on information from the Behavioral Risk Factor Surveillance System (BRFSS). Starting in 2011, the BRFSS implemented a new weighting method known as raking. Raking improves the accuracy of BRFSS results by accounting for cell phone surveying and adjusting for a greater number of demographic differences between the survey sample and the statewide population. Raking replaced the previous weighting method known as post-stratification and is a primary reason why results from 2011 and later are not directly comparable to 2010 or earlier. BRFSS data is derived from population surveys. As such, the results have a margin of error associated with them that differs by indicator and by the population measured. For smaller populations, we aggregated data across two or more years to achieve a larger sample size and increase statistical significance. For margin of error information please refer to the CDC for national BRFSS data and to Idaho BRFSS for Idaho related data.