



St. Luke's Nampa Community Health Needs Assessment 2022



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Introduction

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

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

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

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

- In-depth interviews with a diverse group of dedicated community leaders representing medically under-resourced, low-income, and minority populations.
- An extensive set of national, state, and local health indicators collected from governmental and other authoritative sources.
- Input from St. Luke's Health System health professionals.
- Availability of evidence-based interventions as identified by Healthy People 2030.¹

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

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



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

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

OUR STRATEGY
Quality, Access and Affordability

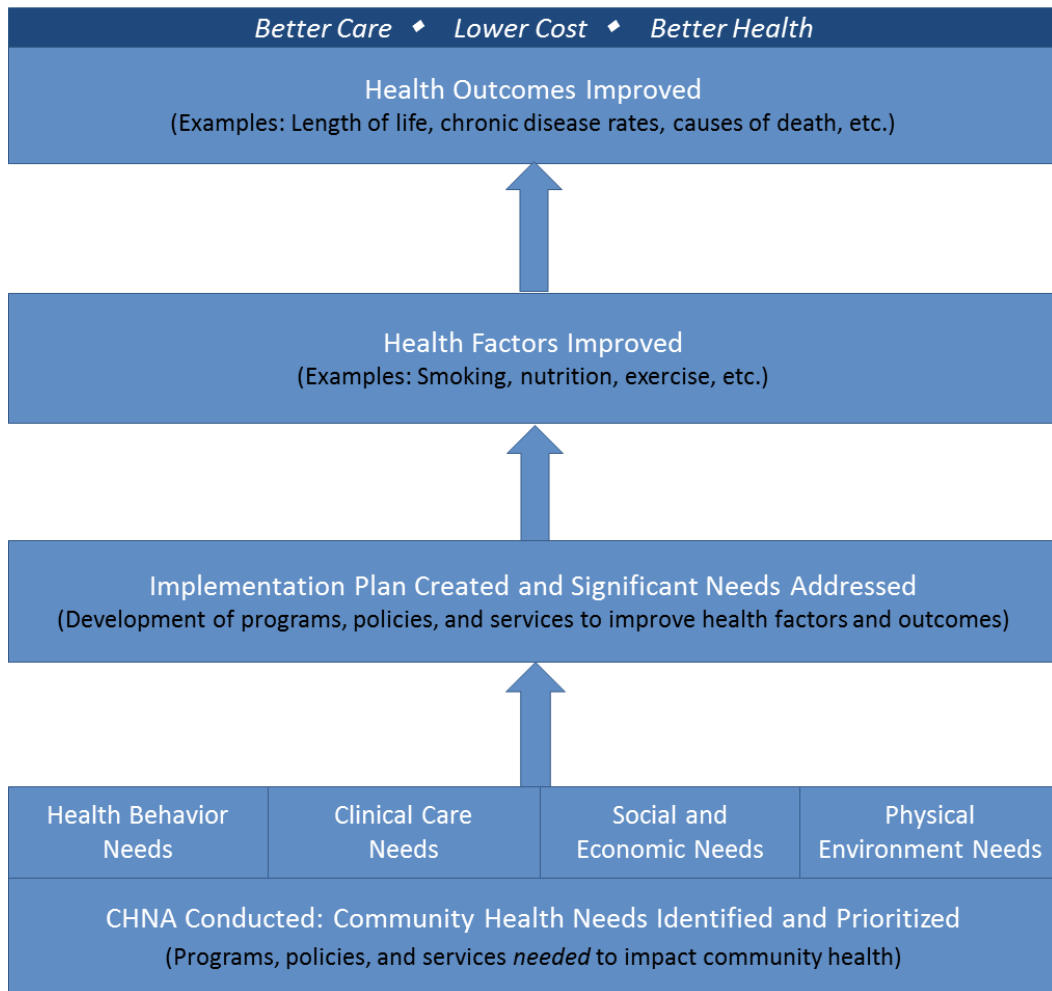
OUR GOAL FOR COMMUNITY HEALTH
In partnership with others, improve the health of people in the communities we serve by addressing social determinants of health.

<https://health.gov/healthypeople>

St. Luke's Process for Improving Community Health

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

St. Luke's Approach to Improving Community Health



2022 Community Health Needs Assessment Strategic Objectives

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

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

Community Health Needs Assessment Prioritization Criteria and Determination

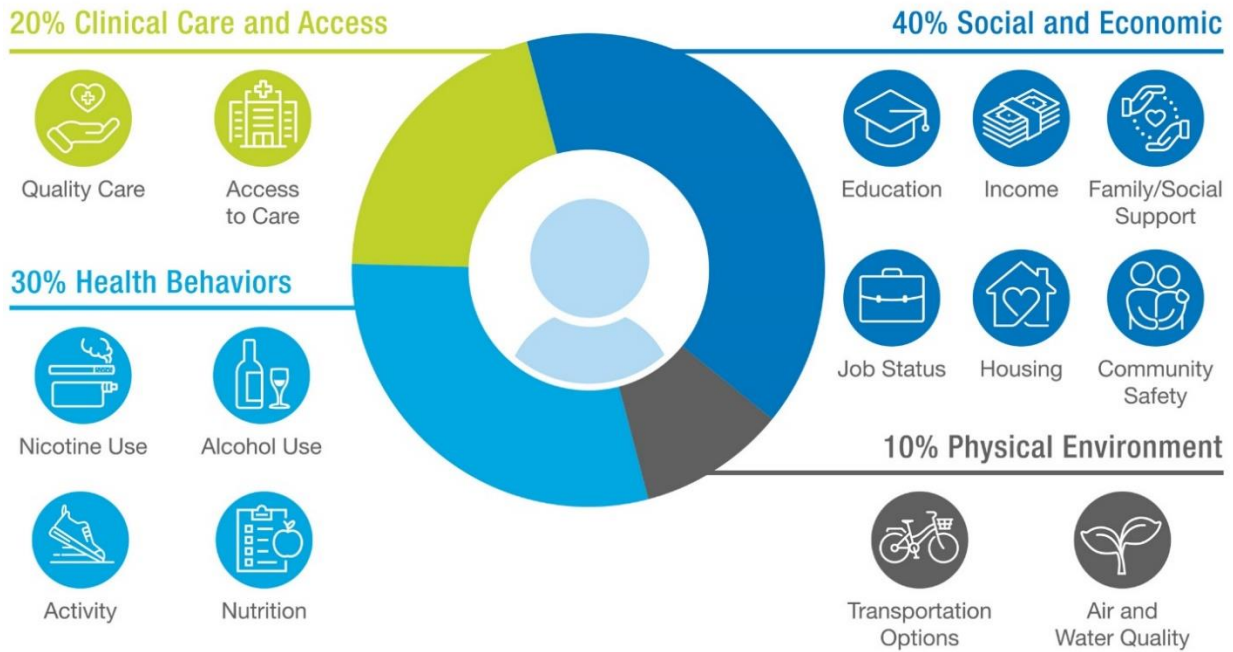
The first step in our CHNA process for defining community health needs is to understand the health status of our community.

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. Measuring health outcomes provides a picture of the health status of a service area. The key influencers of those health outcomes are referred to as determinants of health. Social determinants, as a subset of overall determinants of health, are the conditions in the environments where people are born, live, learn, work, play, worship, and age that affect a wide range of health, functioning, and quality-of-life outcomes and risks.²

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

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

Determinants of Health



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

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

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

Number of Interview Respondents Representing Each Population

Canyon County	
Children (0-4 years)	21
Children (5-12 years)	27
Children (13-18 years)	28
People with disabilities	20
Hispanic/Latino/Latina/Latinx	19
Those experiencing homelessness	19
LGBTQIA+ (lesbian, gay, bi-sexual, transgender, queer, intersex, asexual)	14
Low-income individuals and families	33
Migrant and seasonal farm workers	21
Populations with chronic conditions	27
Refugees	15
Rural communities	23
Senior citizens	25
Those with behavioral health issues	27
Veterans	16
Other	6

2. St. Luke’s Health Professionals: St. Luke’s staff have decades of cumulative experience working in the community. They have unique insight and experience that are valuable to the assessment process. Staff participated in an online survey to capture and quantify their experience to inform identified gaps. Staff reported their impressions of community health alignment with St. Luke’s priorities and ability to make an impact on the health needs.

3. Availability of evidence-based resources (EBR): Evidence-based resources provide proven approaches to address health needs. These approaches have strong ability to make an impact and can be replicable, scalable, and sustainable. The EBRs provide reviews of published evaluations or studies that have evidence of effectiveness, feasibility, reach, sustainability, and transferability of intervention. This measure will inform how to best support the prioritized health needs, while leveraging identified best practices to improve health.

4. National, state, and local databases: Building on the *County Health Rankings* measures, we gather a wide range of additional community health outcome and health determinants measures from national, state, and local perspectives. We include these supplemental measures in our CHNA to ensure a comprehensive appraisal of the underlying causes of our service area’s most pressing health issues.

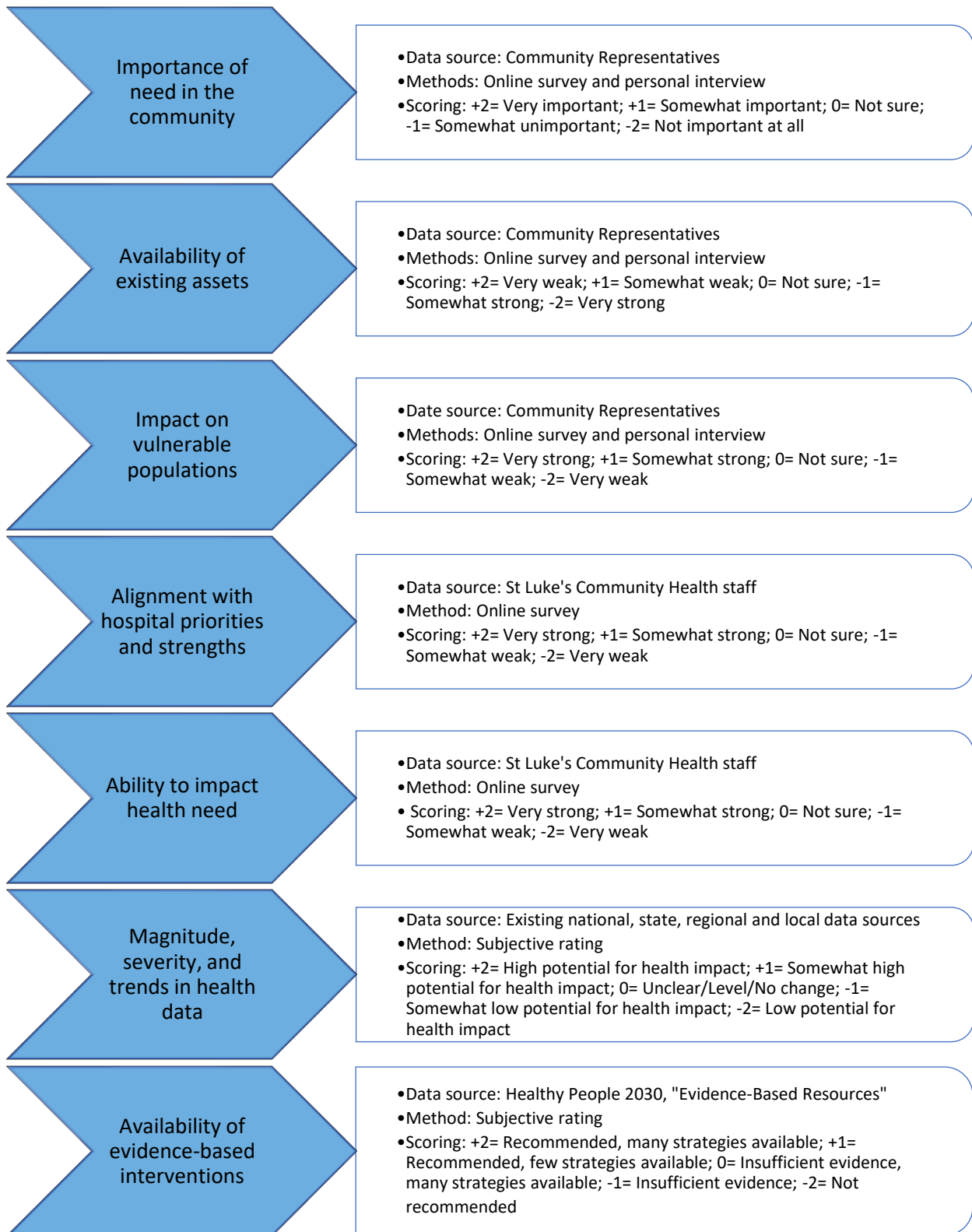
- Each health outcome or factor receives a **trend** score based on whether the measured value is getting better or worse compared to previous years. If the trend is getting worse, community health may be improved by understanding the underlying causes for the worsening trend and addressing those causes.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

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

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

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

Health Needs Prioritization System



St. Luke's Nampa Prioritized Community Health Needs

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

Significant Health Needs

- Health Behaviors - Substance Use Disorder Prevention and Treatment
- Clinical Care - Availability of Behavioral Health Services
- Social and Economic Factors - Services for Children and Families Experiencing Adversity
- Physical Environment - Accessible Modes of Transportation

Health Behaviors – Substance Use Disorder Prevention and Treatment



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

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

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

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

Clinical Care – Availability to Mental and Behavioral Health Services

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



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

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

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

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

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

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

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

Social and Economic Factors – Services for Children and Families Experiencing Adversity

Adverse Childhood Experiences (ACEs) are traumatic experiences in a child’s life from birth to 18 years-of-age that can have a lasting effect well into adulthood. ACEs are the leading public health issue of our time and can have profound health, social, and economic impacts if left unmitigated. ACEs typically fall into three categories: misuse, neglect, and severe household dysfunction, and they are associated with at least five of the top ten causes of death.

Only four states report a higher prevalence of children experiencing three or more ACEs than Idaho, and the 2018 Idaho Behavioral Risk Factor Surveillance System indicated 23% of Idaho adults report experiencing four or more ACEs as opposed to 15.8% for the other 23 reporting states.⁵

ACEs don’t have to be predictive with enough protective factors to mitigate the impact. Research shows that building resilience can be an antidote to adversity, and key protective factors such as connection to a trusted adult, concrete support in times of need, and a safe, stable, nurturing environment can significantly reduce potential harmful impacts of childhood adversity.



St. Luke’s Health System is investing significant financial and personnel resources to partner with community service providers to bolster supports for children and families experiencing and impacted by adversity.

⁵ [Mental Health and Substance Use State Fact Sheets | KFF](#). Accessed 12/3/21

Physical Environment – Accessible Modes of Transportation^{6 7 8 9}

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



marginalized, including lower income families, children, and older adults.

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

mass index (BMI), lower traffic injuries, and less exposure to air pollution. Ensuring access to safe, healthy, and affordable transportation for all people promotes an increase in health equity by increasing access to healthier food options, medical care, vital services, and employment.

⁶ Centers for Disease Control and Prevention Transportation and Health Tool [CDC - Healthy Places - Transportation and Health Tool](#). Accessed 12/3/21

⁷ www.aha.org/transportation, Health Research & Educational Trust. (2017, November). Social determinants of health series: Transportation and the role of hospitals. Accessed 12/3/21

⁸ [Health Policy Snapshot Series: How Does Transportation Impact Health?](#) October 25, 2012. Accessed 12/3/21

⁹ Public Transportation in the U.S.: A driver of Health and Equity July 29, 2021 Publisher: [Project Hope: The People-to-People Health Foundation, Inc./Robert Wood Johnson Foundation](#). Accessed 12/3/21

Complete Community Health Assessment Data

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

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

St. Luke's Nampa Community

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, youth experiencing homelessness, domestic violence, and other social indicators that impact the health and wellbeing of the community.

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

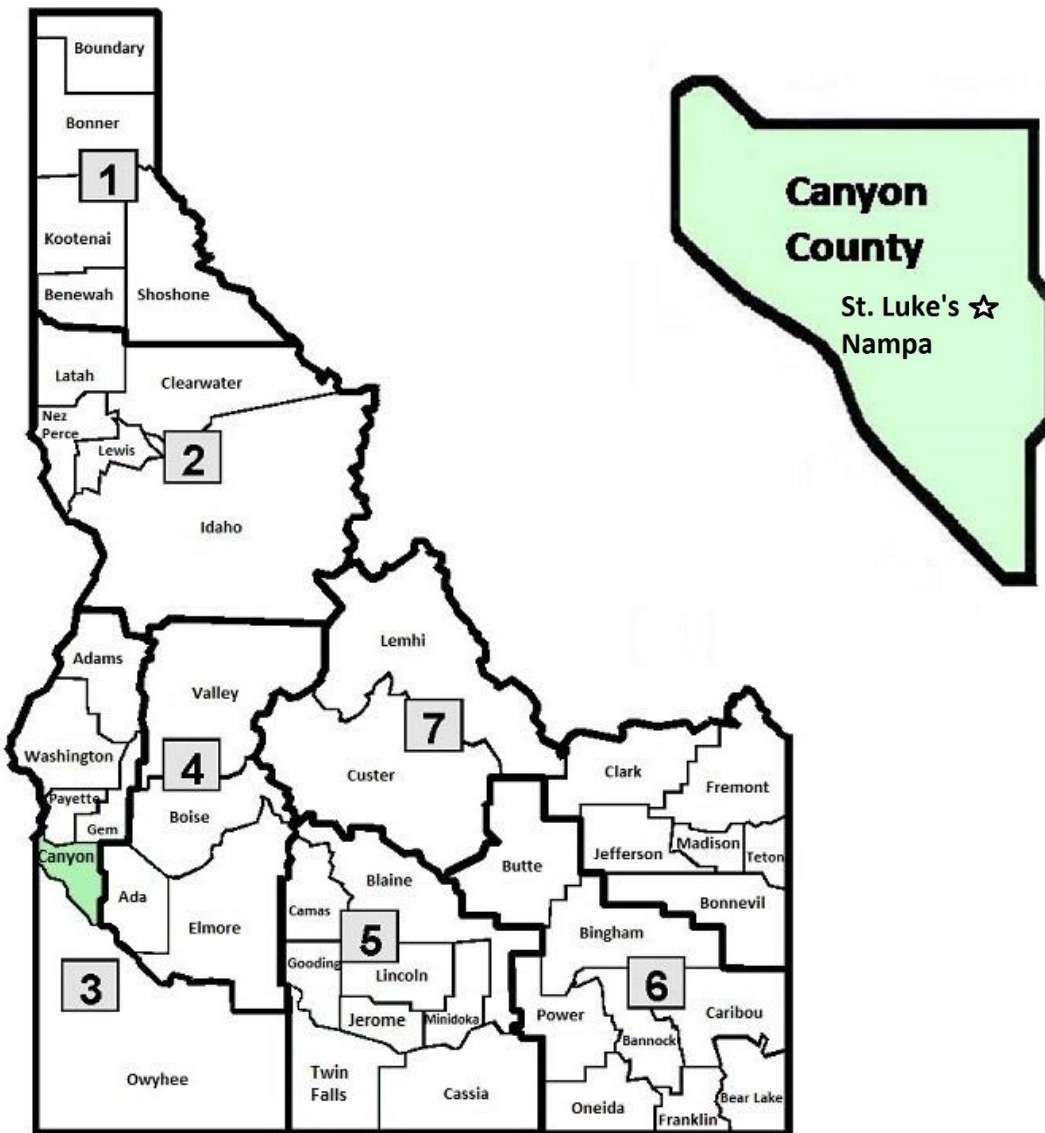


The Community We Serve

This section describes our service area in terms of its geography and demographics. Canyon County represents the geographic area used to define the community we serve, also referred to here as our primary service area or service area. The criteria we use in selecting the service area is the identification of what counties our hospitalized patients reside in. Those counties that make up 70% or greater of the inpatient hospitalizations are identified as our service area. The residents of Canyon County comprise over 75% 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 ¹⁰

Canyon County Map



¹⁰ Idaho Behavioral Risk Factor Surveillance System Annual Report 2019

Community Demographics

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

Both Idaho and our service area are comprised of about a 95% white population while the nation, as a whole, is 76% white. The Hispanic population in Idaho represents 13% of the overall population and about 26% of our service area.

Population by Race and Ethnicity 2019¹¹

Residence	Total Population	Race				Ethnicity	
		White	Black	American Indian or Alaska Native	Asian or Pacific Islander	Non-Hispanic	Hispanic
Canyon	229,849	218,323	2689	4736	4101	170,902	58,947
Idaho	1,787,065	1,691,082	23,148	36,276	36,559	1,557,575	229,490
National	328,239,523	250,522,190	44,075,068	4,188,092	19,504,862	267,667,286	60,572,237
Canyon		95%	1%	2%	2%	74%	26%
Idaho		95%	1%	2%	2%	87%	13%
National		76%	13%	1%	6%	82%	18%

¹¹ Bureau of Vital Records and Health Statistics, Idaho Department of Health and Welfare (3/2021). The bridged-race population estimates were produced by the Population Estimates Program of the U.S. Census Bureau in collaboration with the National Center for Health Statistics (NCHS). Internet release date June 25, 2020.

Population Growth 2010-2019

Idaho experienced a 14% increase in population from 2010 to 2019, ranking it as one of the fastest growing states in the country.¹² Canyon County has followed that trend, experiencing an even more rapid 22% increase in population within that timeframe.¹³

Region	Population April 2010	Population April 2019	Percent Change
Service Area	188,923	229,849	22%
Idaho	1,567,582	1,787,065	14%
United States	308,745,538	328,239,523	6%

Aging

Since the year 2000, the 45- to 64-year-old age group has been the fastest growing segment of our service area. Currently, about 14% of the people in our community are over the age of 65.¹⁴

Year	Canyon County 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%
2019	70,632	76,148	50,856	32,213
Percent of Total	31%	33%	22%	14%

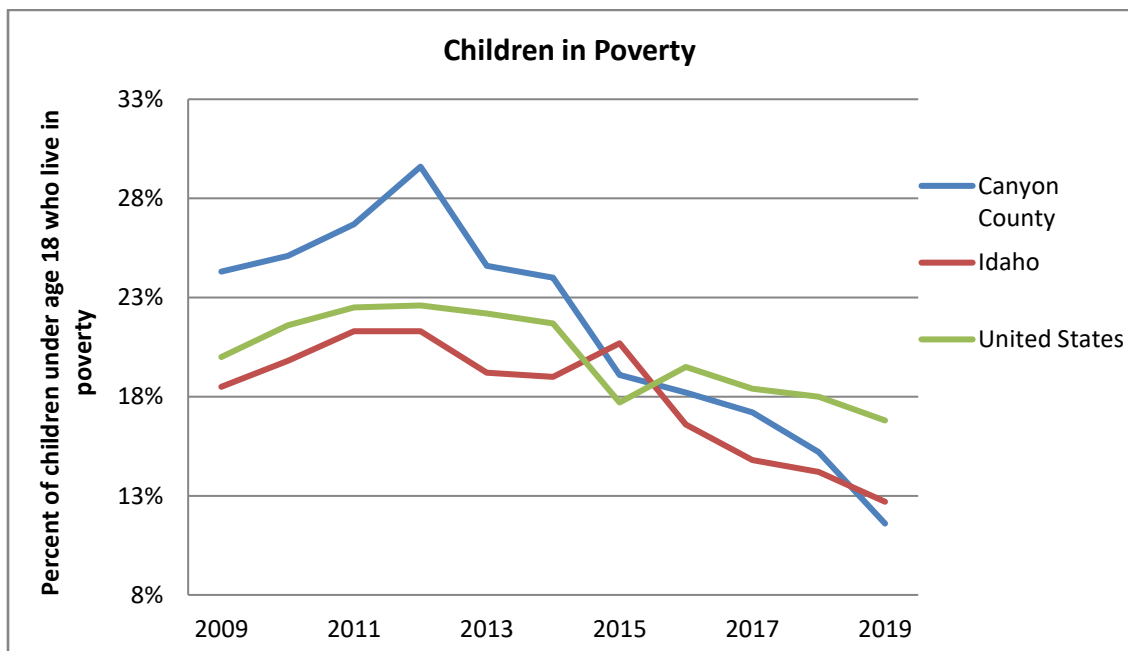
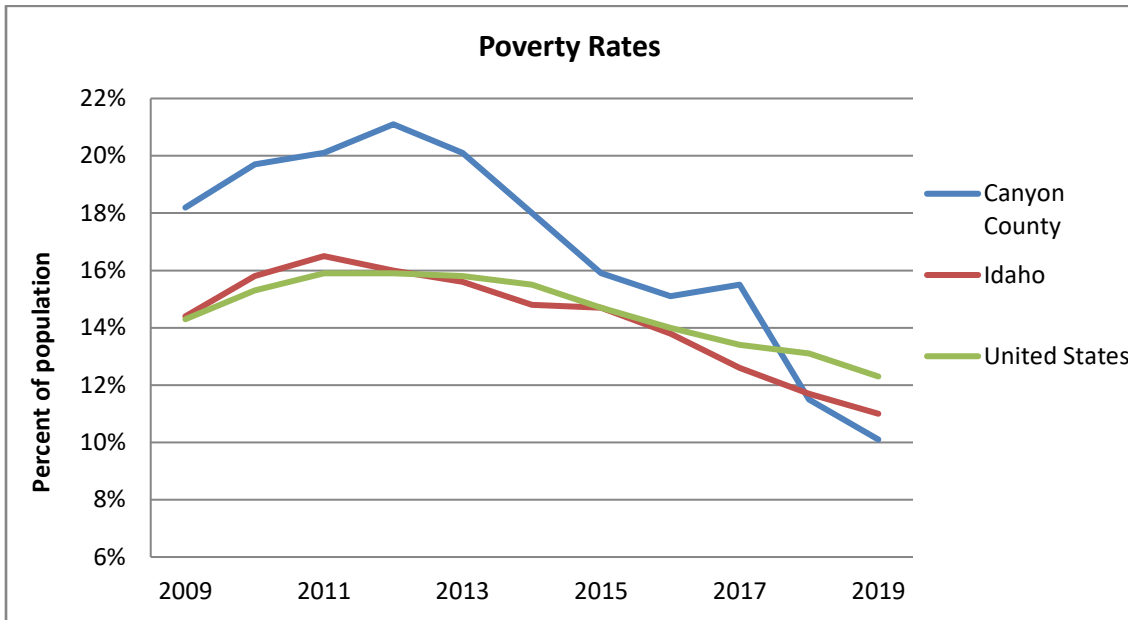
¹² U.S. Census Bureau: <http://quickfacts.census.gov/qfd/index.html> 2020

¹³ Idaho Vital Statistics County Profile 2019

¹⁴ Ibid

Poverty Levels

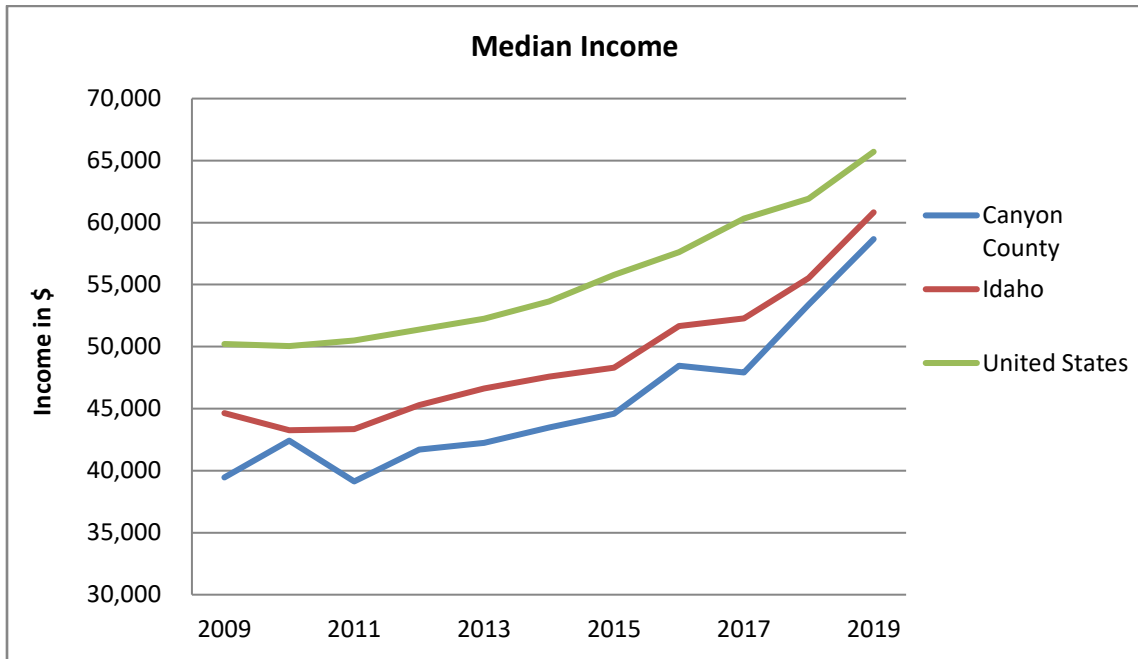
The official United States poverty rate has been decreasing since 2012. Poverty rate for Canyon County is slightly lower than the national average. The poverty rate in our service area for children under the age of 18 is also lower than the national average.¹⁵



¹⁵ Small Area Income and Poverty Estimates (SAIPE)
<https://www2.census.gov/programs-surveys/saipe/datasets/2019/2019-state-and-county/est19-id.txt>

Median Household Income

Median income in the United States has risen steadily since 2009. Median income in the United States and in Idaho has risen steadily since 2009. Median income in Canyon County is well below the national median and lower than Idaho's median income.¹⁶



¹⁶ Ibid

Our Neighboring Communities

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

St. Luke's Health System Regional Map



Health Outcome Measures and Findings

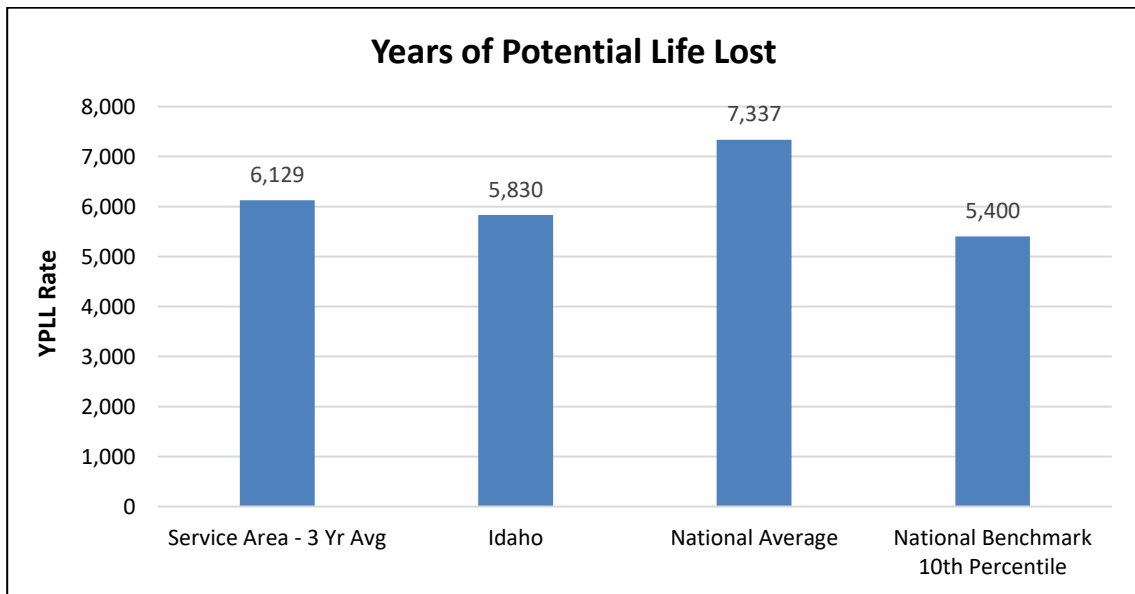
Health outcomes represent a set of key measures that describe the health status of a population. These measures allow us to compare our service area’s health to that of the nation as a whole and determine whether our health improvement programs are positively affecting our service area’s health over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

Mortality Measure

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

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

The chart below shows our service area YPLL is lower (better) than the national average.¹⁷ This is an excellent outcome, indicating that on average people in our service area are not dying prematurely.¹⁸



¹⁷ *County Health Rankings* 2019. Accessible at www.countyhealthrankings.org (used for national YPLL top 10% 2017 - 2019 average)

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

Morbidity Measures

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

Health Related Quality of Life (HRQL)

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

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

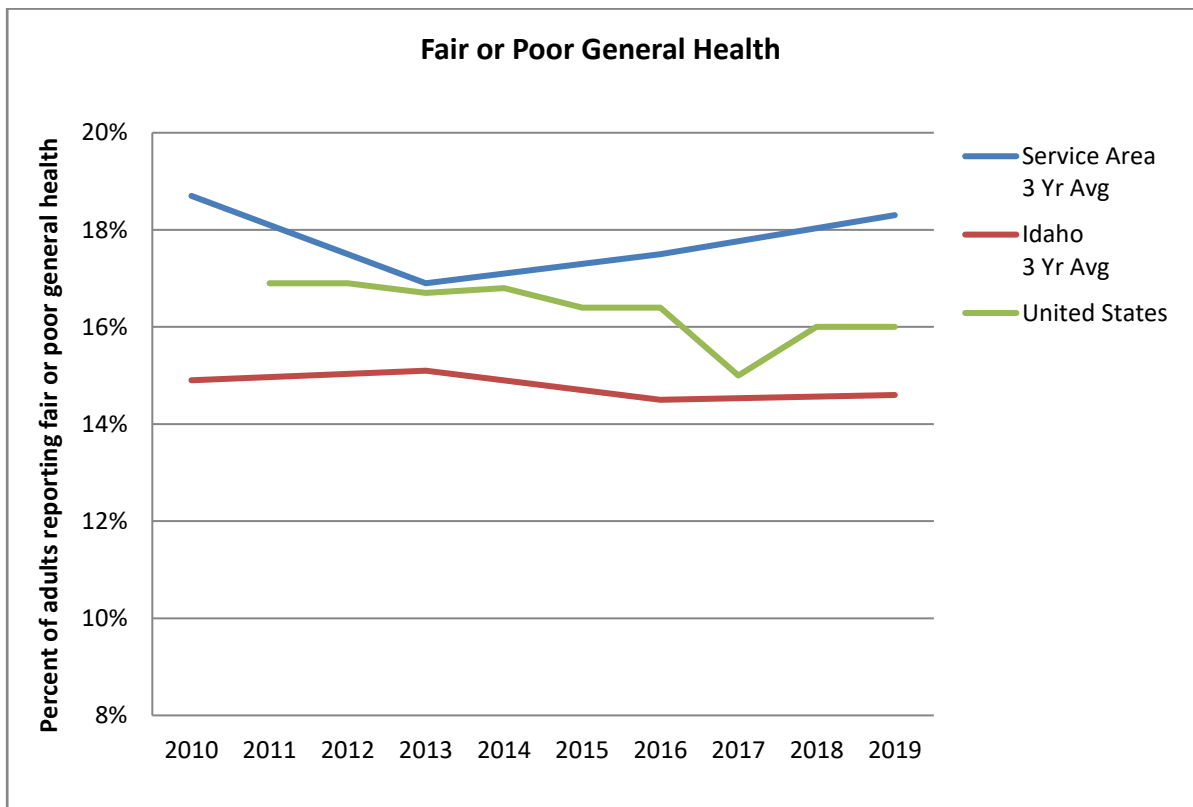
Researchers have consistently found self-reported general, physical, and mental health measures to be informative in determining overall health status. Analysis of the association between mortality and self-rated health found that people with “poor” self-rated health had a twofold higher mortality risk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

¹⁹ University of Wisconsin Population Health Institute. *County Health Rankings* 2018. Accessible at www.countyhealthrankings.org.

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

In 2019, 14.6% of Idaho adults reported their health status as fair or poor and the trend has been flat. For our service area, the percent of people reporting fair or poor health is 18.3%.²⁰ The national top 10th percentile is 14%.²¹

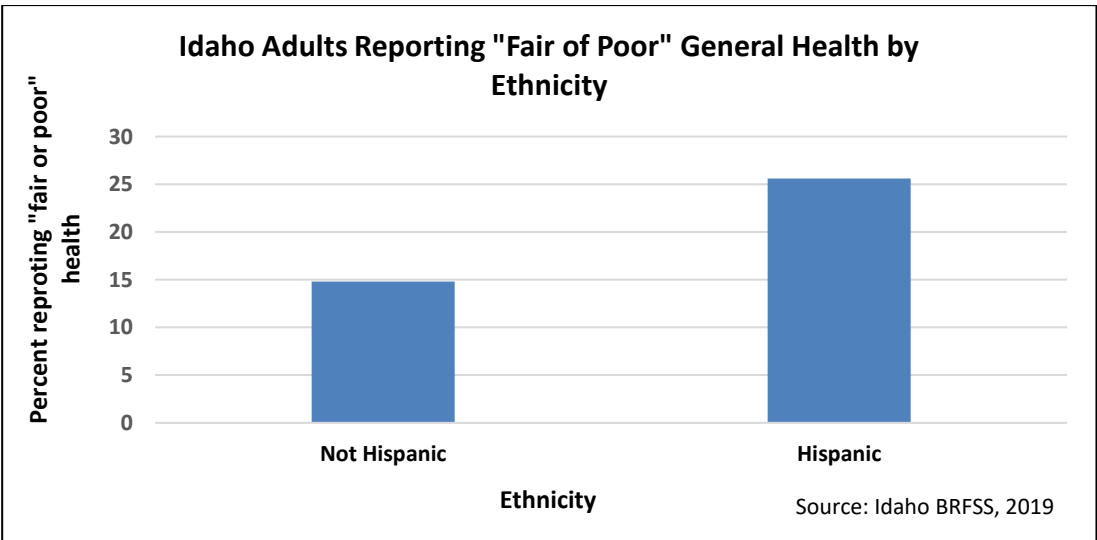
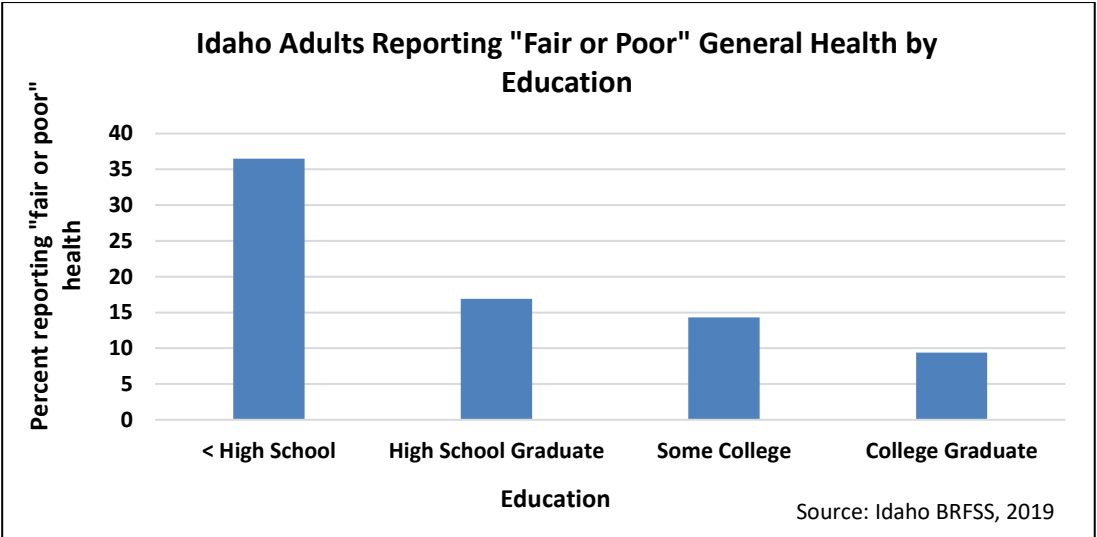
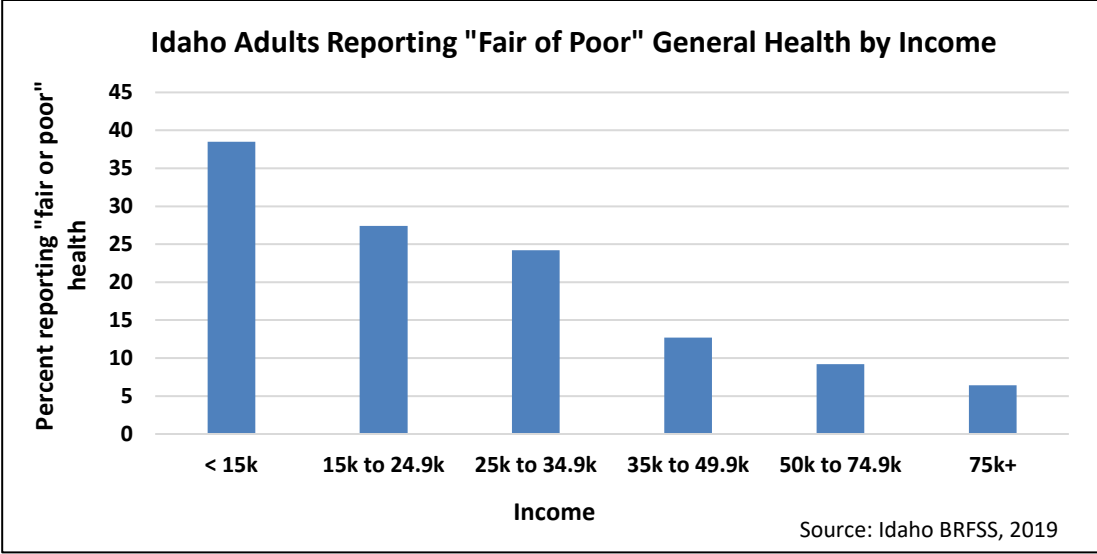
Income and education greatly affect the levels of reported fair or poor general health. People with incomes of less than \$15,000 are six times more likely to report fair or poor general health than those with incomes above \$75,000. Those who have not graduated high school are almost four times more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



²⁰ Idaho and National 2010 – 2019, Behavioral Risk Factor Surveillance System

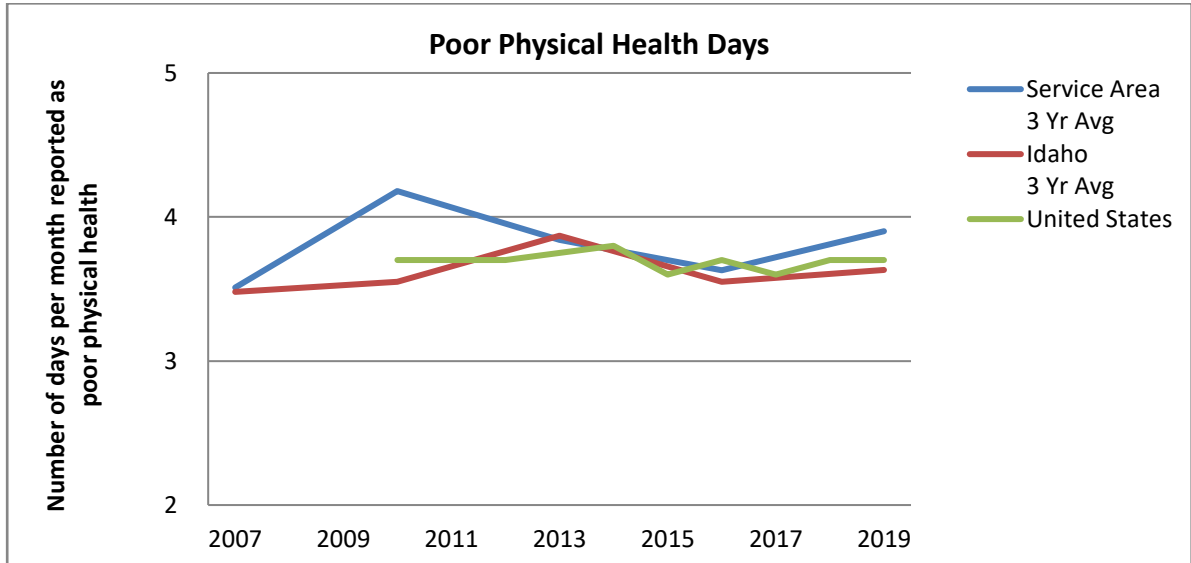
²¹ *County Health Rankings 2021*, www.countyhealthrankings.org

²² Idaho and National 2019 Behavioral Risk Factor Surveillance System



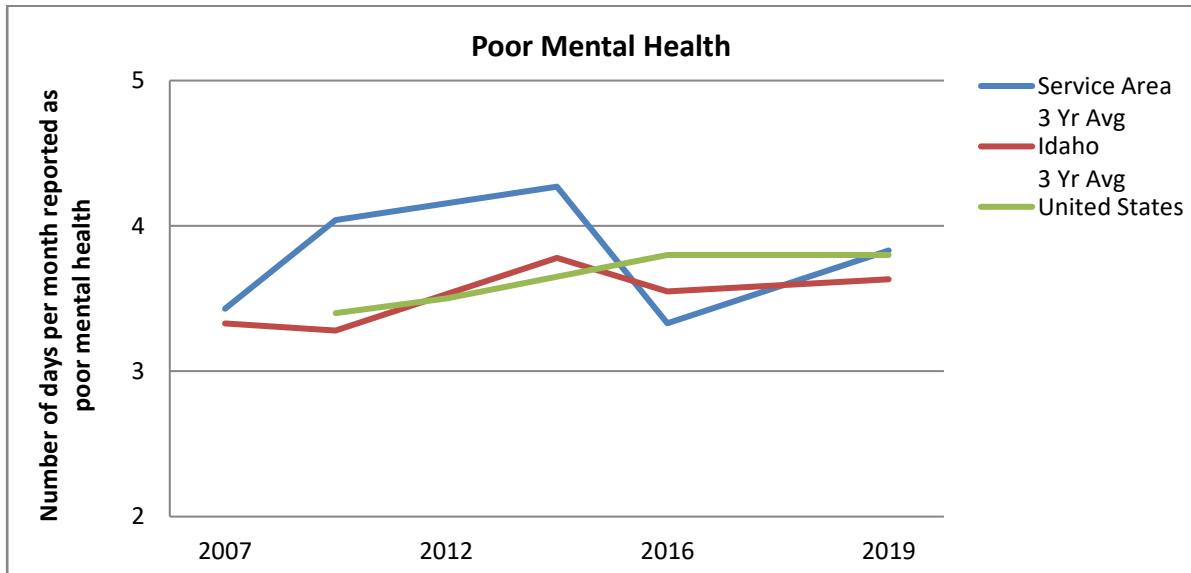
- **Poor Physical Health Days**

The number of reported poor physical health days for our service area is about the same as the national average.²³ The national top 10th percentile (best) is 3 days.²⁴



- **Poor Mental Health Days**

The number of poor mental health days is the same as the national average for our service area.²⁵ The national top 10th percentile is 3.8 days per month.²⁶



²³ Idaho 2019 Behavioral Risk Factor Surveillance System

²⁴ *County Health Rankings* 2218. Accessible at www.countyhealthrankings.org.

²⁵ Idaho 2019 Behavioral Risk Factor Surveillance System

²⁶ *County Health Rankings* 2021, Accessible at www.countyhealthrankings.org

Health Factor Measures and Findings

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

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

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

The *County Health Rankings* ranks the counties within each state on the health outcome measures described above. Canyon County's 2021 overall outcome rank is 19th out of a total of 43 ranked counties in Idaho.²⁸ Using the health factor and health needs information described later in our CHNA, programs will be developed to improve health outcome measures over the course of the next three years.

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

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

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

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

²⁸ University of Wisconsin Population Health Institute. *County Health Rankings* 2021. Accessible at www.countyhealthrankings.org

Health Behavior Factors

Physical Activity

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

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

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.³⁰

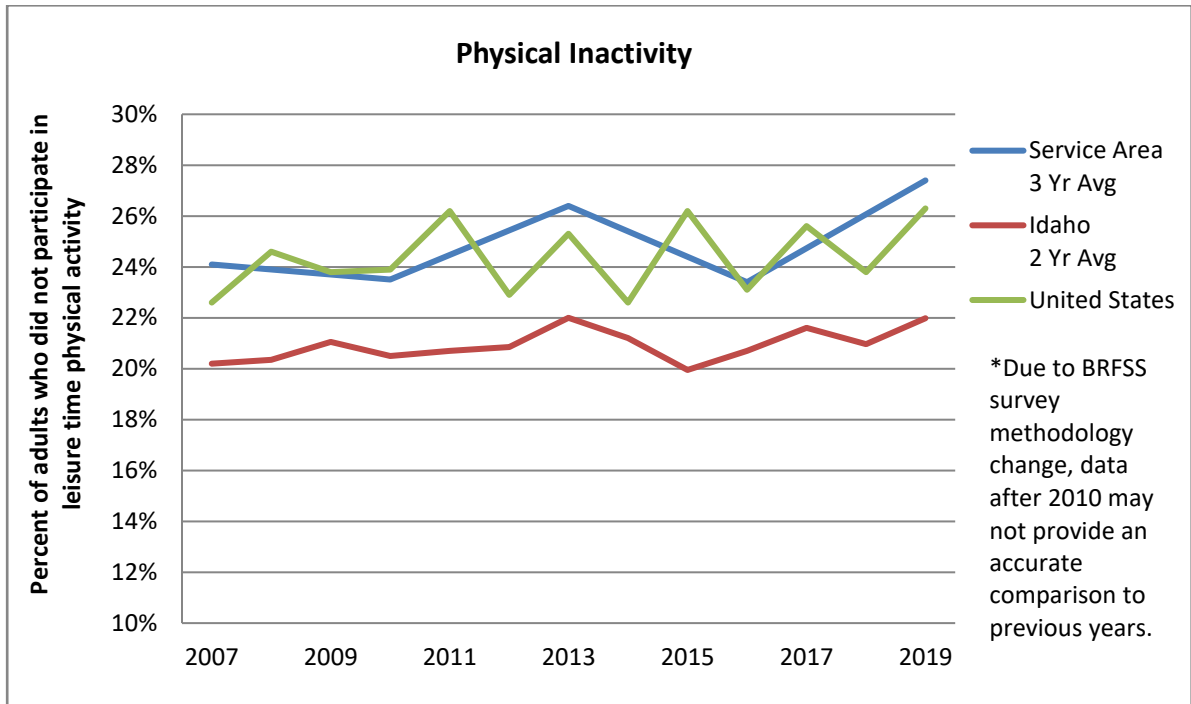
²⁹ Ibid

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

- **Physical Inactivity: Adults**

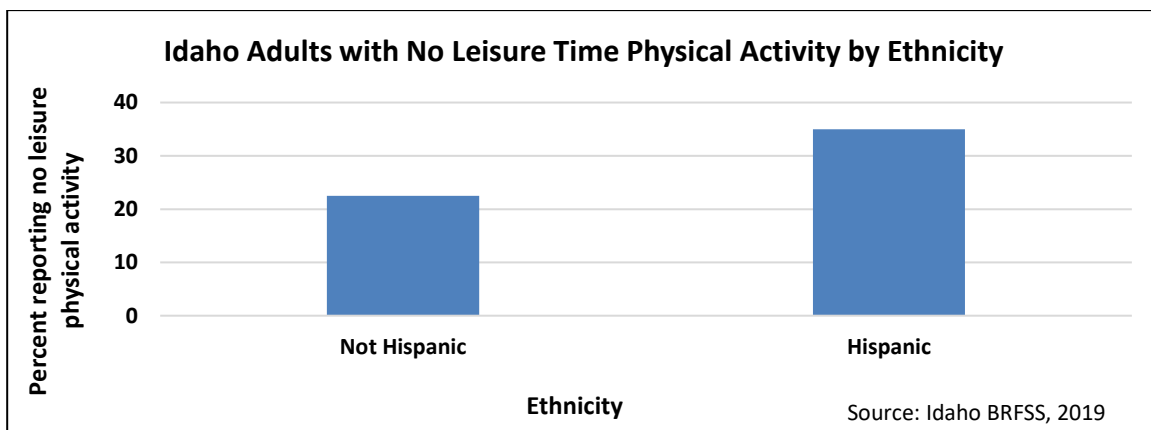
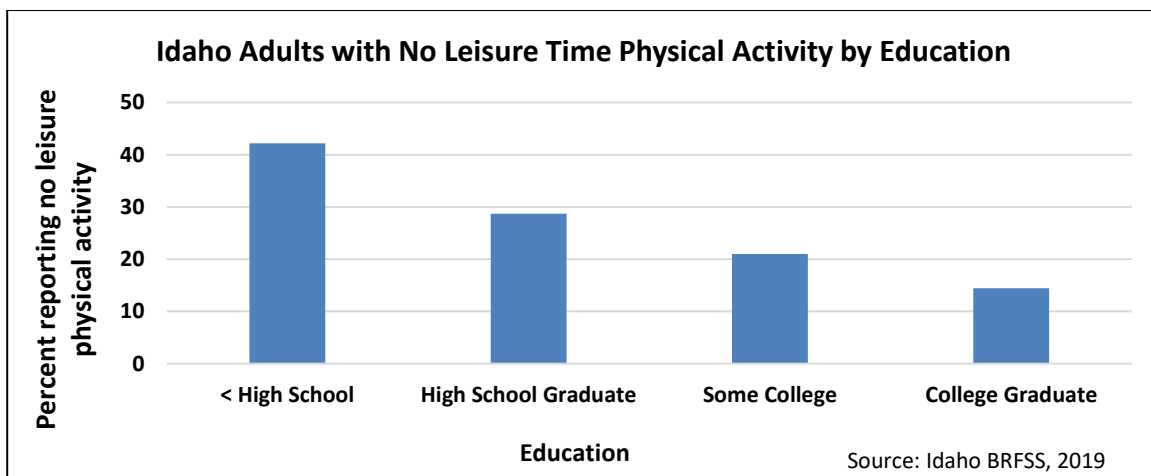
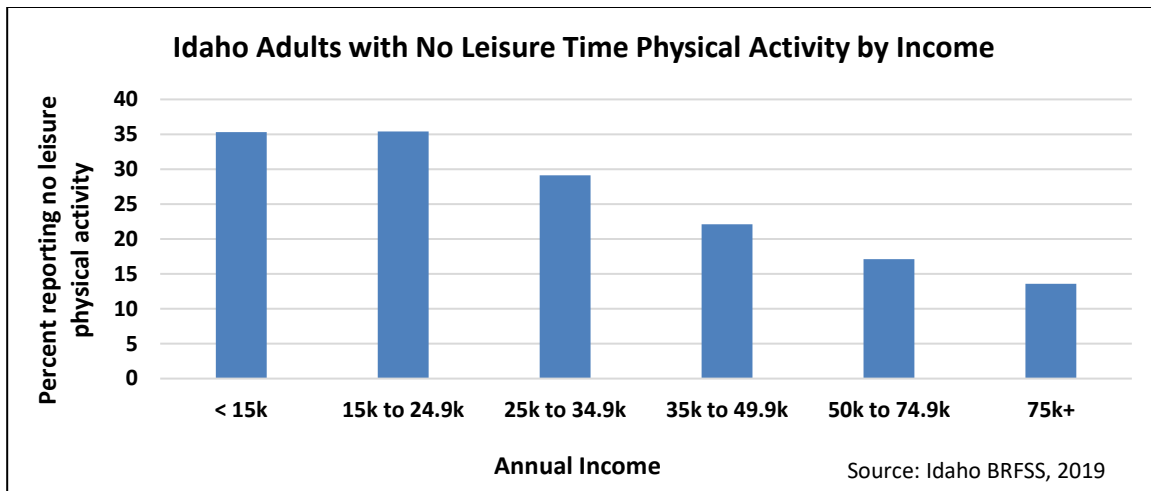
As shown in the chart below, physical inactivity in our service area is about the same as the national average. The top 10th percentile is 19%.³¹

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.³²



³¹ Idaho and National 2002 - 2016 Behavioral Risk Factor Surveillance System

³² Ibid.

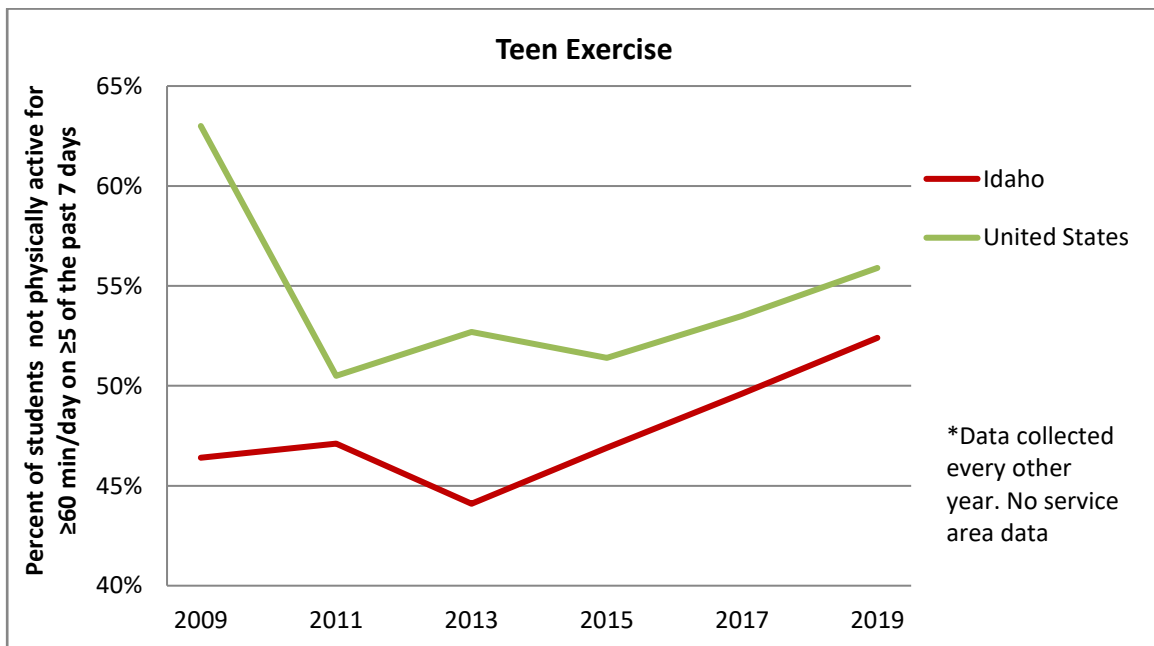


Health Factor Score				
Low score = Low potential for health impact		High score = High potential for health impact		
	Trend	Severity	Magnitude	Total Score
Physical Inactivity Adults	2	0	1	3

- **Teen Exercise**

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

The chart below shows about 52% of Idaho teens do not exercise as much as recommended, which is slightly better than the national average. The trend in Idaho has slightly increased over the past ten years.³⁴



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

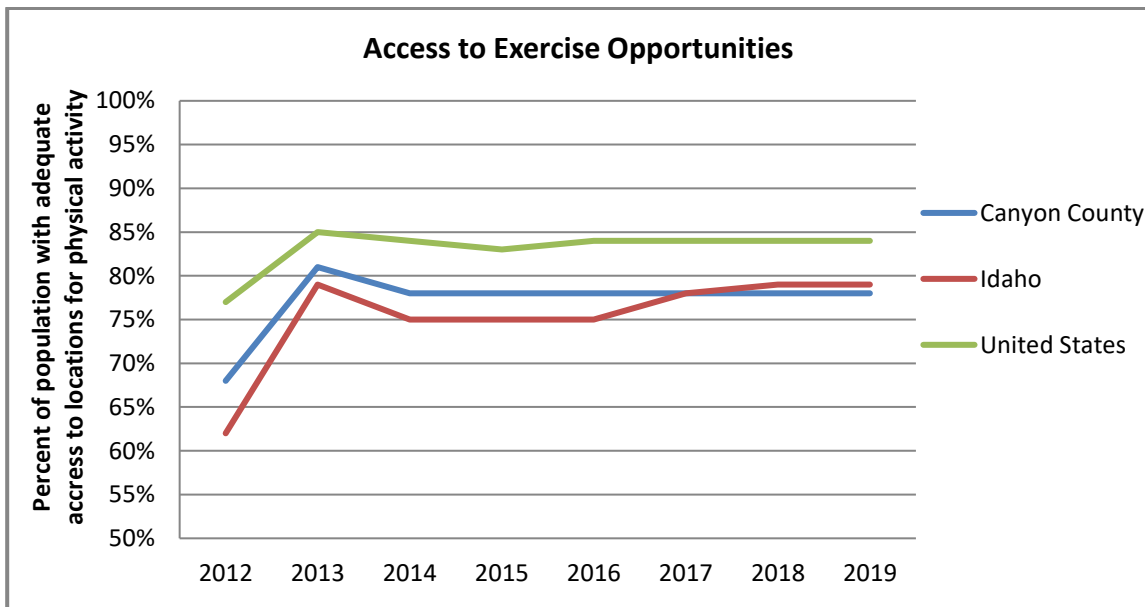
³³ American Heart Association, Understanding Childhood Obesity, 2011 Statistical Sourcebook, PDF

³⁴ Youth Risk Behavior Survey, United States, 2009 – 2019, www.cdc.gov/yrbs/

- **Access to Physical Activity Opportunities**

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

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



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

³⁵ University of Wisconsin Population Health Institute. *County Health Rankings 2012-2019*. Accessible at www.countyhealthrankings.org.

Nutrition

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

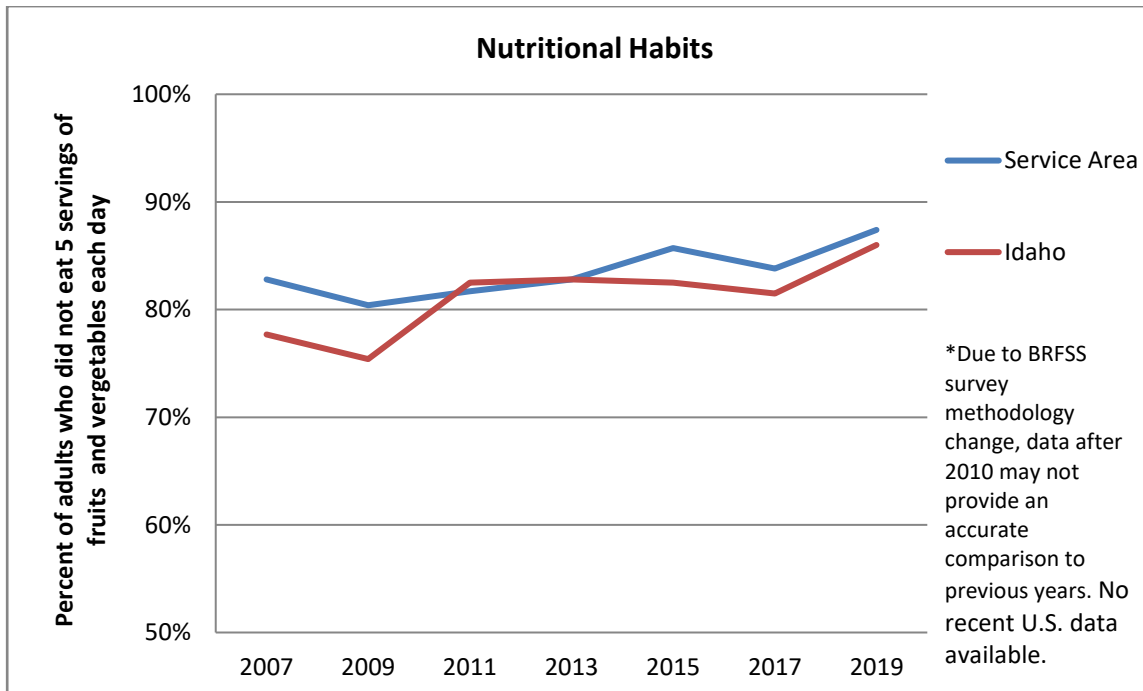
1. Follow a healthy dietary pattern at every life stage.
2. Customize and enjoy nutrient dense food and beverage choices to reflect personal preferences, cultural traditions, and budgetary considerations.
3. Focus on meeting food group needs with nutrient dense foods and beverages and stay within calorie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

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

³⁶ Dietary Guidelines for Americans, 2020-2025, https://www.dietaryguidelines.gov/sites/default/files/2020-12/Dietary_Guidelines_for_Americans_2020-2025.pdf#page=31

- **Nutritional Habits - Adults**

As shown in the chart below, about 86% of the people in our service area did not eat the recommended amounts of fruits and vegetables. The trend is relatively flat. There are no large differences in nutritional habits based on income or education.³⁷

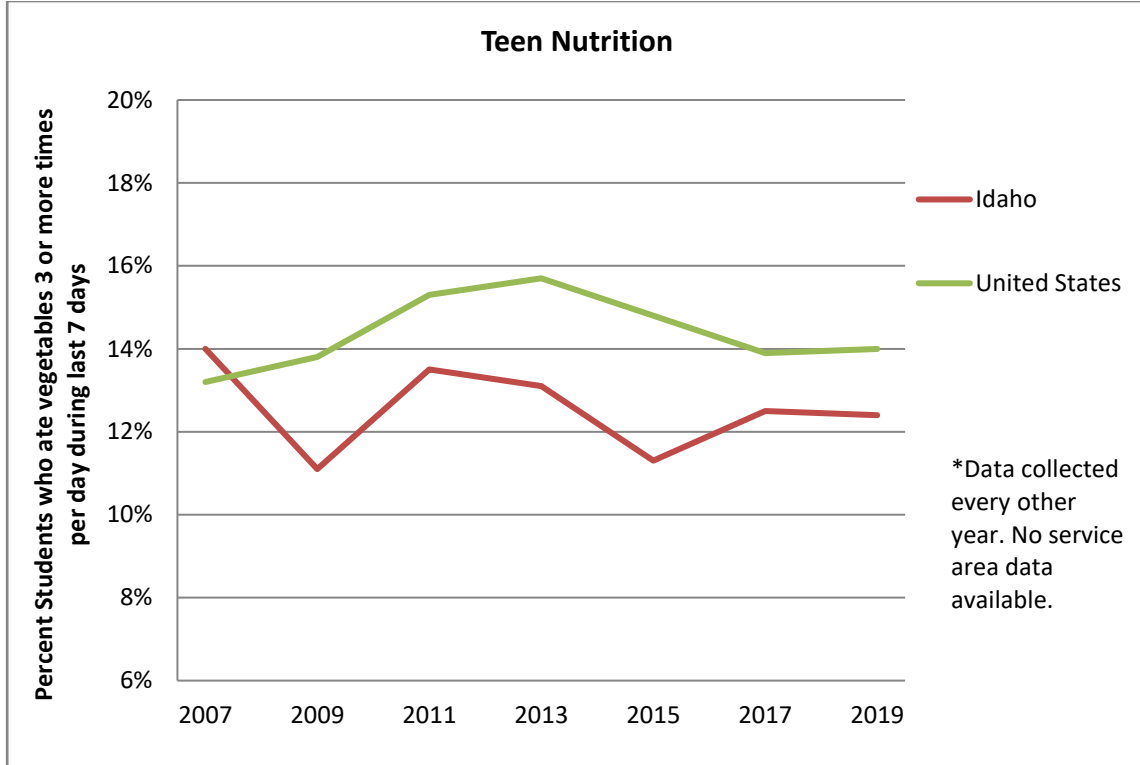


Health Factor Score				
Low score = Low potential for health impact		High score = High potential for health impact		
	Trend	Severity	Magnitude	Total Score
Nutritional Habits Adults	0	0	1	1

³⁷ Idaho and National 2009 – 2019 Behavioral Risk Factor Surveillance System

- **Nutritional Habits - Youth**

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



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

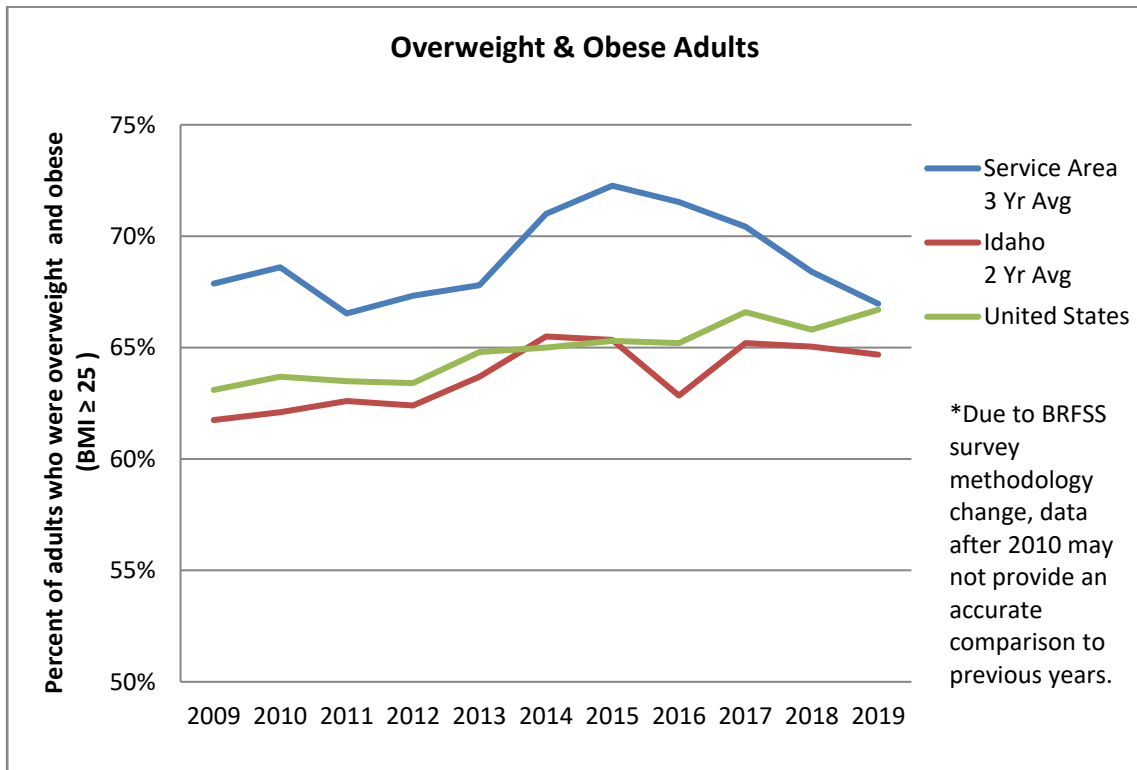
³⁸ Youth Risk Behavior Survey, Idaho and United States, 2008 – 2020, www.cdc.gov/yrbs/

Overweight and Obesity

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

- **Overweight and Obesity: Adults**

The trend for overweight and obese adults has been increasing steadily for the past 10 years in Idaho and nationally. There has been a slight decrease in our service area in recent years making it about the same as the national average.³⁹



Health Factor Score1				
Low score = Low potential for health impact		High score = High potential for health impact		
	Trend	Severity	Magnitude	Total Score
Sexually Transmitted Infections	0	1	1	2

³⁹ Idaho and National 2009 - 2019 Behavioral Risk Factor Surveillance System

- **Overweight and Obesity: Teens**

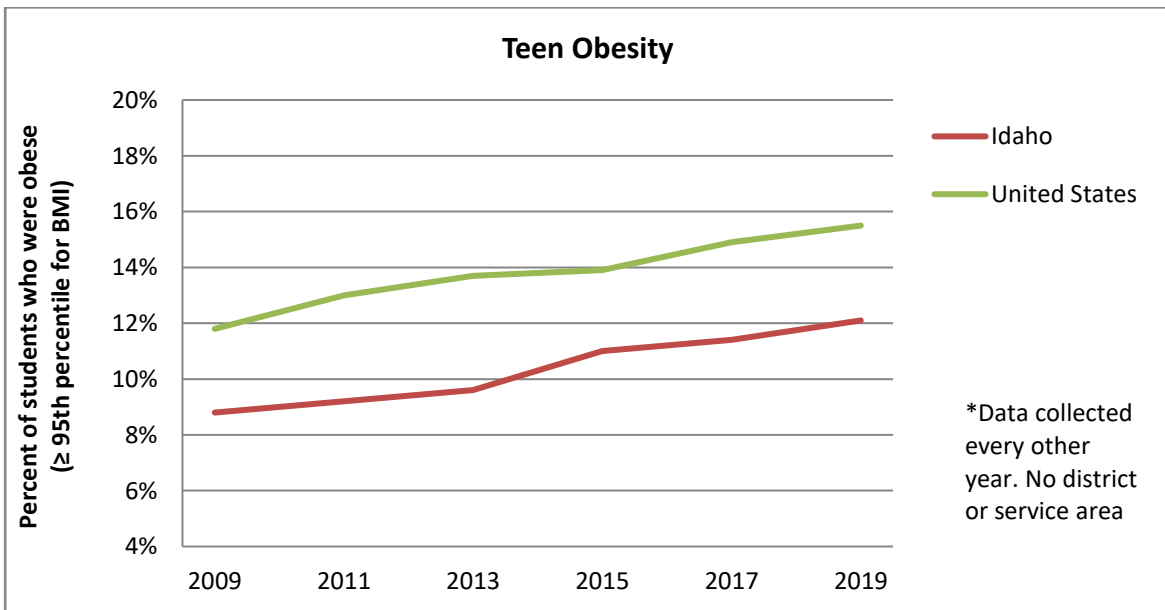
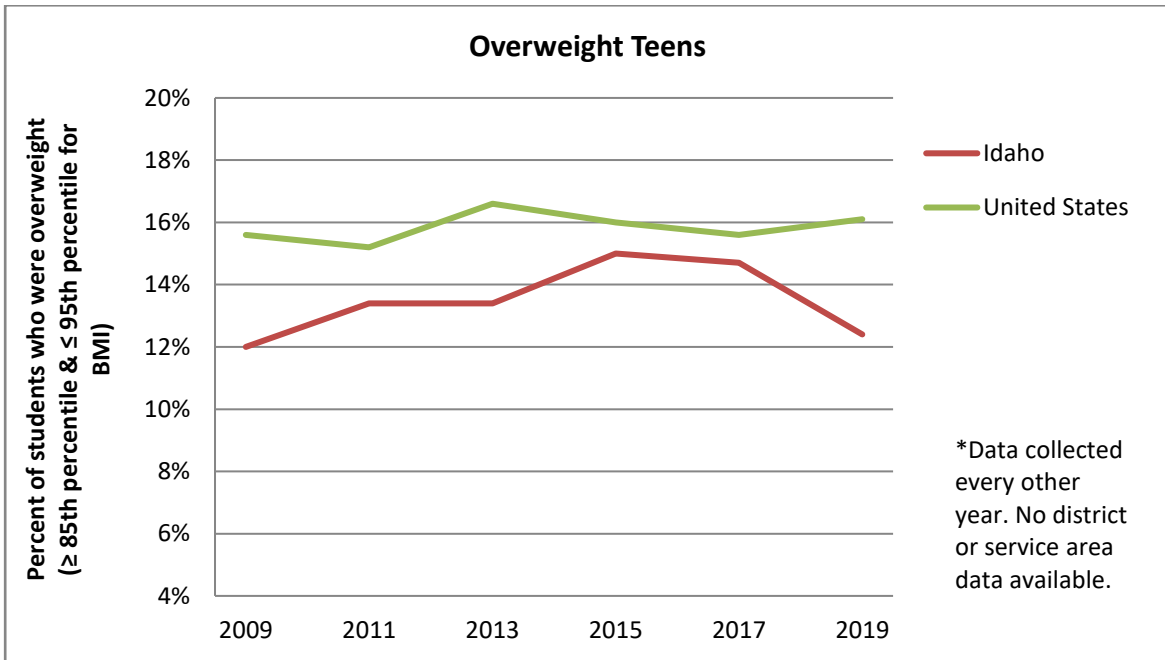
Teens who are obese and overweight:

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

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

⁴⁰ Youth Risk Behavior Survey, United States, 2009 – 2019, www.cdc.gov/yrbs/

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



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

⁴¹ Ibid

Safe Sex

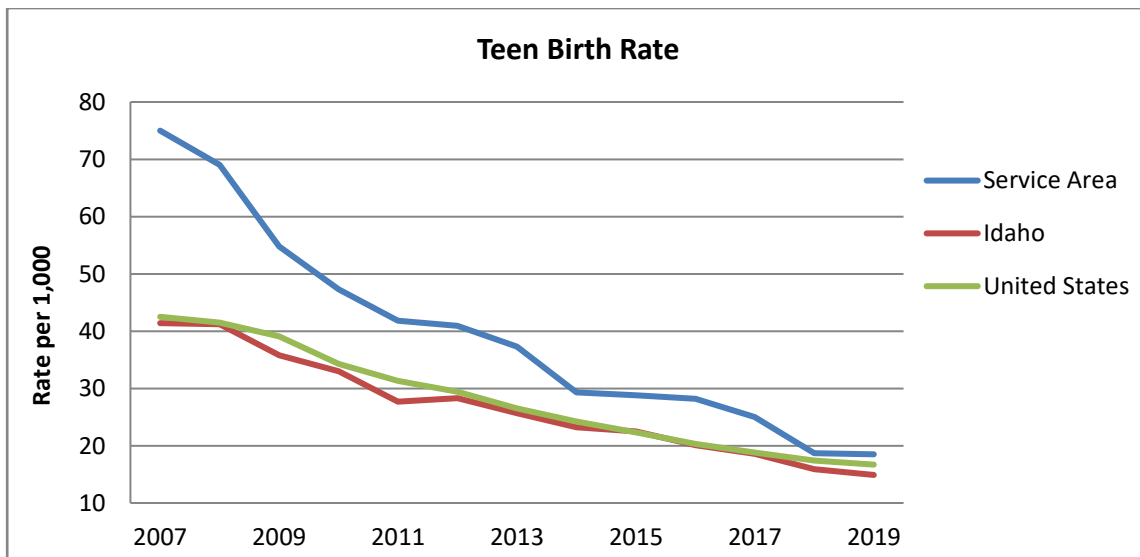
Two measures are used to represent the safe sex focus area: Teen birth rates and sexually transmitted infection incidence rates. First, the birth rate per 1,000 female population ages 15-19 as measured and provided by the National Center for Health Statistics (NCHS) is reported. Additionally, the chlamydia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

- **Teen Birth Rate**

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

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

The rate of teen pregnancy is decreasing in our service area and is slightly above Idaho and the national average. The national top 10th percentile rate is 12 per 1,000.⁴³



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

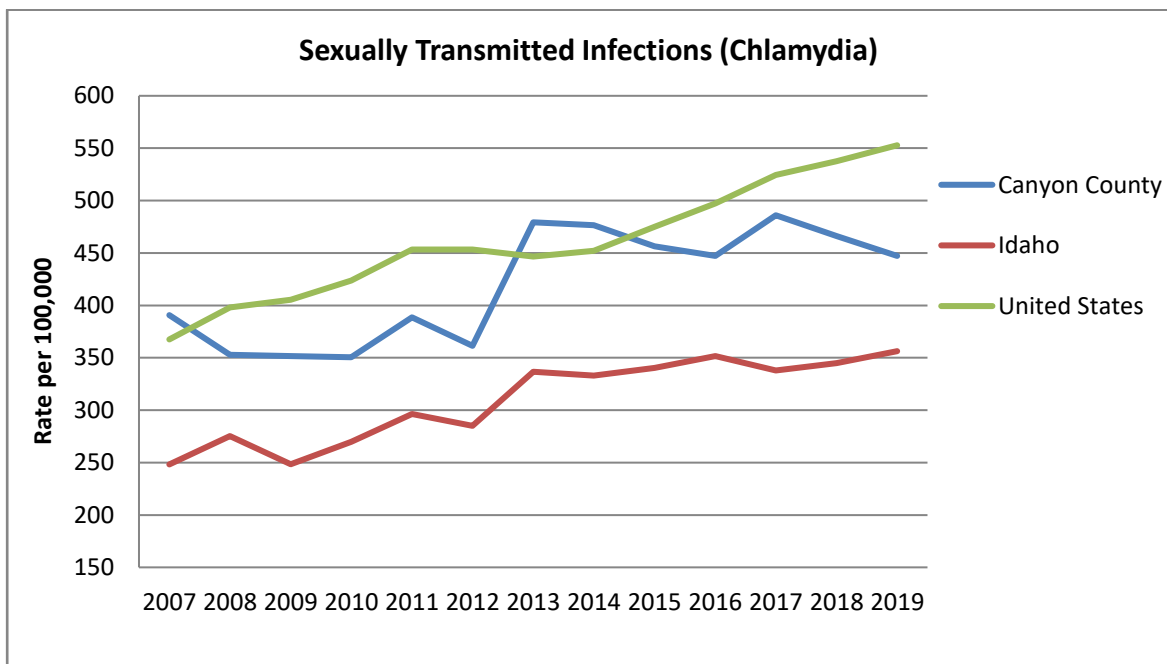
⁴² University of Wisconsin Population Health Institute. *County Health Rankings 2019*. Accessible at www.countyhealthrankings.org.

⁴³ Idaho Vital Statistics Annual Reports, Years 2009 - 2019

- **Sexually Transmitted Infections**

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

The rate of chlamydia infections has increased over the past ten years both in our service area, in Idaho, and nationally. Although our service area is below the national average, we are still higher than Idaho and the national top 10th percentile rate of 161.2 per 100,000.⁴⁵



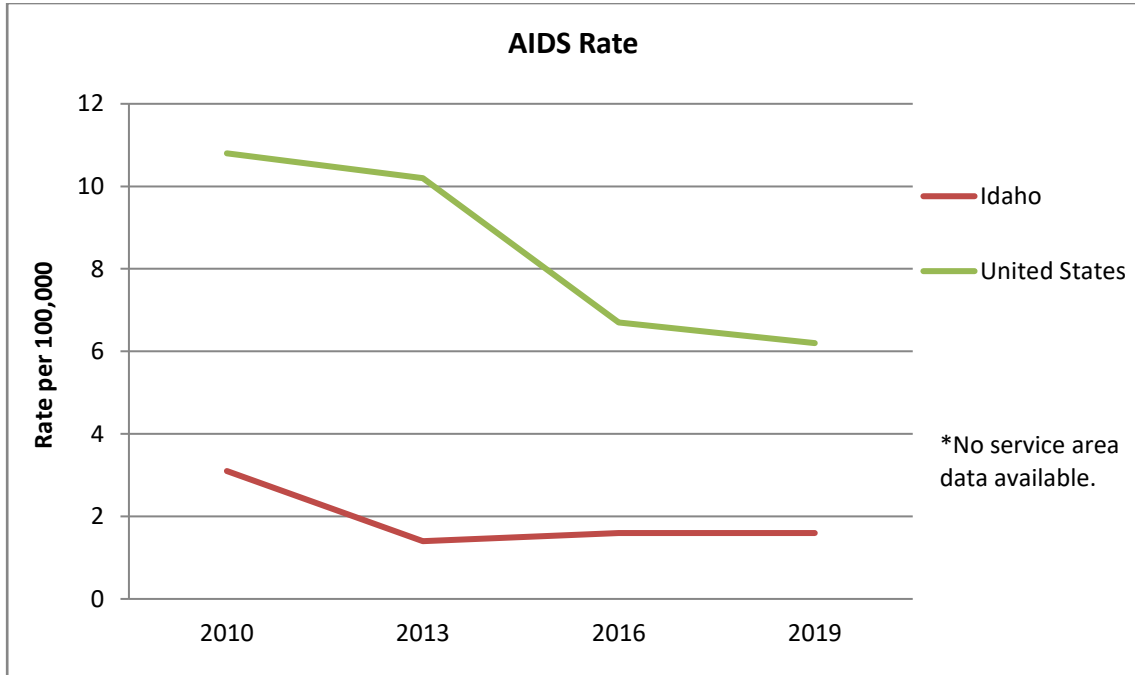
Health Factor Score1				
Low score = Low potential for health impact		High score = High potential for health impact		
	Trend	Severity	Magnitude	Total Score
Sexually Transmitted Infections	0	1	1	2

⁴⁴ County Health Rankings 2019. Accessible at www.countyhealthrankings.org.

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

- **AIDS**

The AIDS rate in Idaho is well below the national rate. The trend in Idaho and the U.S. has slightly declined since 2010.⁴⁶



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

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

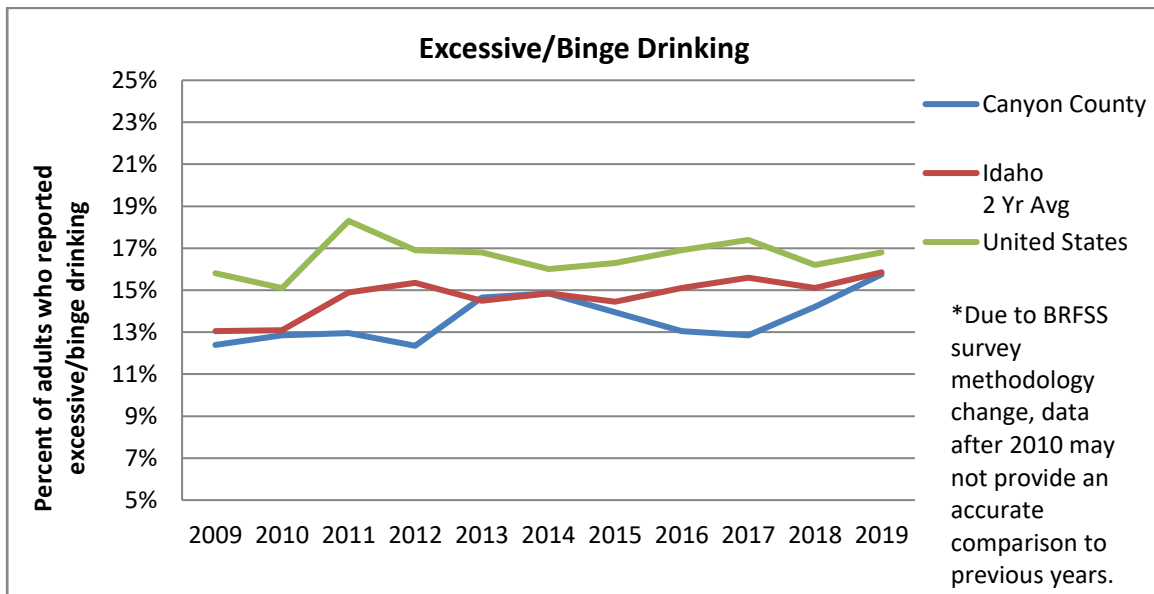
Substance Use Disorder

- **Excessive Drinking**

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

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

The percent of people engaging in excessive drinking in our service area is slightly below the national average. The trend is relatively flat. Our service area is slightly above the national top 10th percentile of 15%.⁴⁸



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

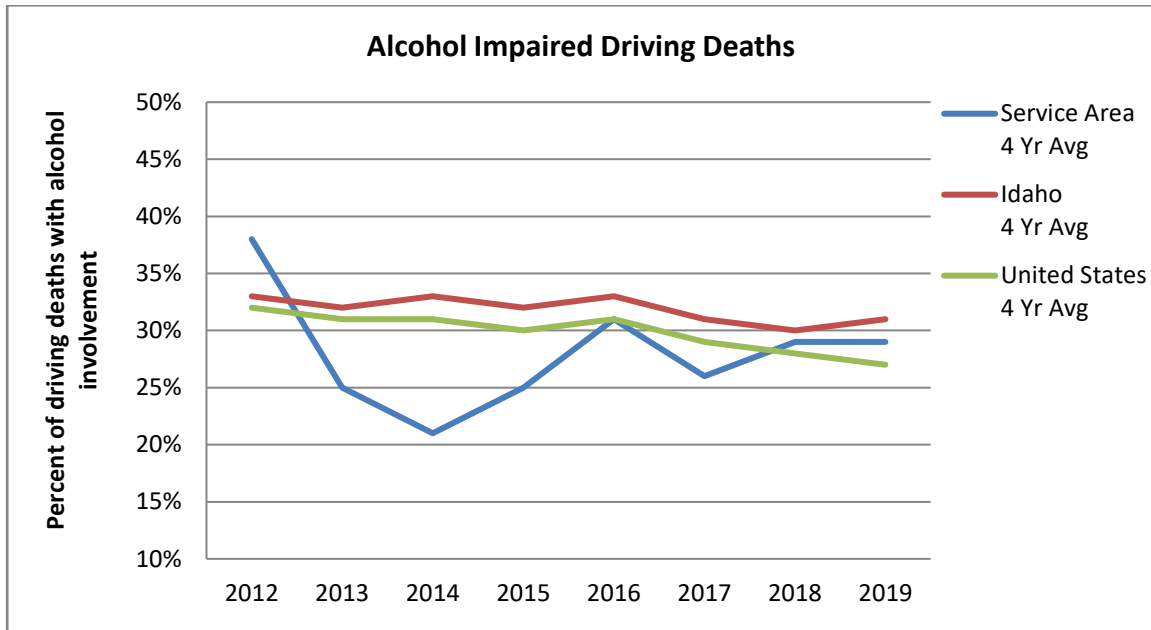
⁴⁷ University of Wisconsin Population Health Institute. *County Health Rankings 2019*, Accessible at www.countyhealthrankings.org

⁴⁸ Idaho and National 2009 – 2019 Behavioral Risk Factor Surveillance System

- **Alcohol Impaired Driving Deaths**

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

The alcohol-impaired driving death rate in our service area is slightly above the national level. The national top 10th percentile is 11%.⁴⁹



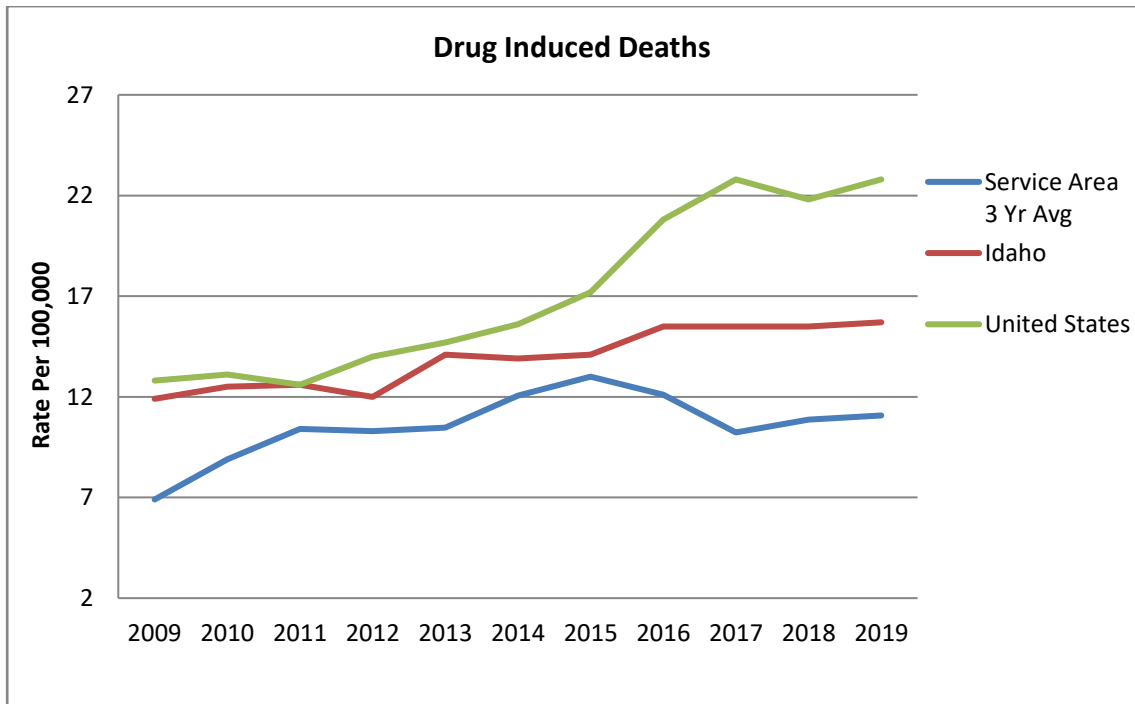
Health Factor Score				
Low score = Low potential for health impact		High score = High potential for health impact		
	Trend	Severity	Magnitude	Total Score
Alcohol Impaired Driving Deaths	0	2	-1	1

⁴⁹ University of Wisconsin Population Health Institute. *County Health Rankings 2012-2019*, www.countyhealthrankings.org

- **Drug Misuse and Abuse**

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

While the rate of drug induced deaths is not as high in our service area as it is in the nation as whole, the rate has been rising.⁵¹



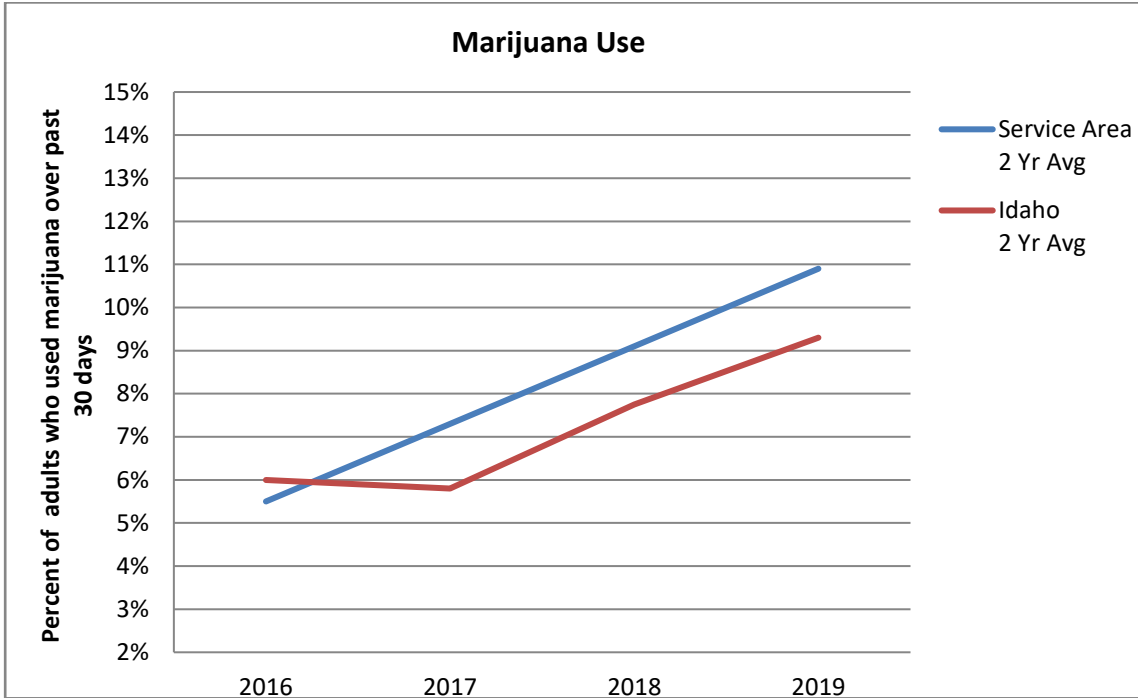
Health Factor Score				
Low score = Low potential for health impact		High score = High potential for health impact		
	Trend	Severity	Magnitude	Total Score
Drug Misuse	0	2	1	3

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

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

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

The percent of people who reported using marijuana in our service area is slightly higher than those who reported using it in Idaho as a whole and the trend is rising.⁵²

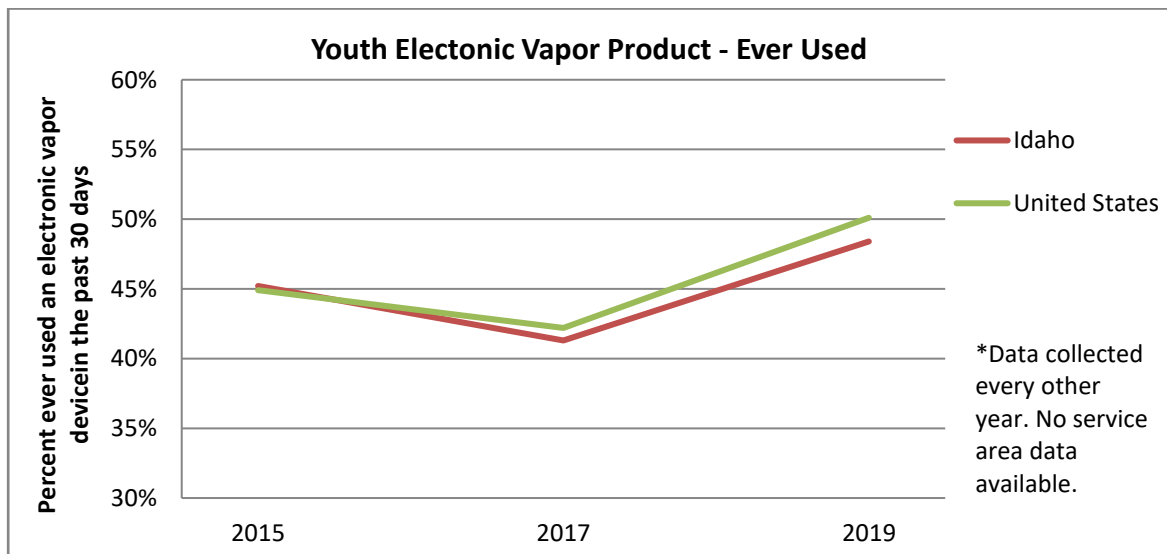
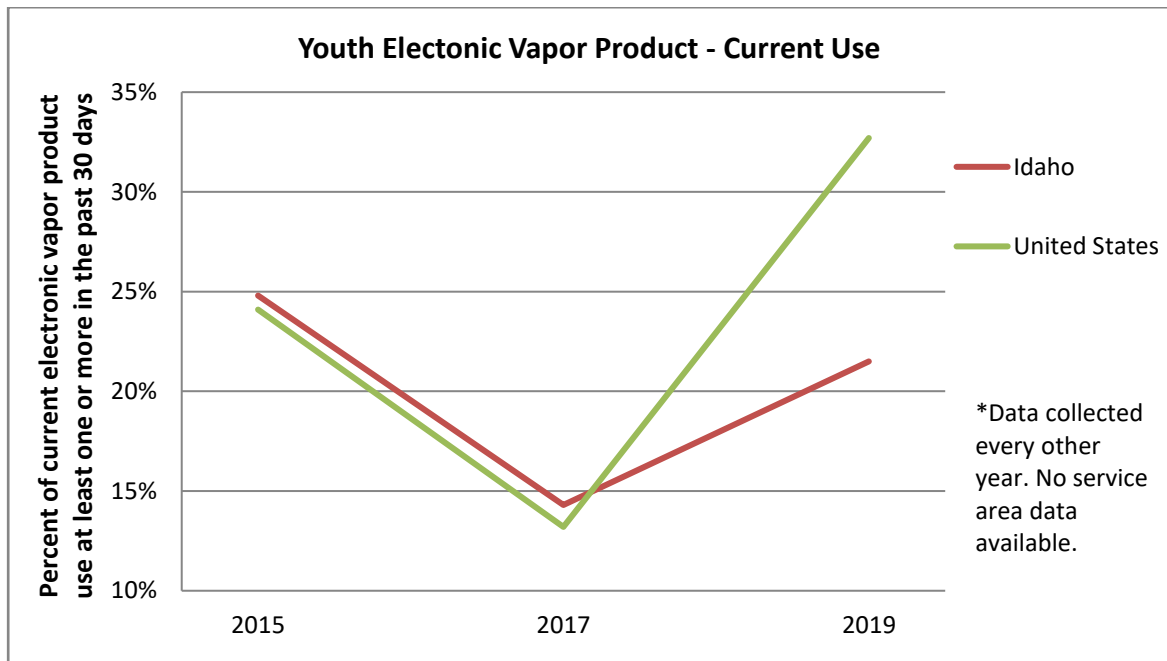


Health Factor Score				
Low score = Low potential for health impact		High score = High potential for health impact		
	Trend	Severity	Magnitude	Total Score
Marijuana Use	2	2	1	5

⁵² Idaho and National 2017 - 2019 Behavioral Risk Factor Surveillance System

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

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



⁵³ Idaho and National 2015 - 2019 Behavioral Risk Factor Surveillance System

Tobacco Prevention and Cessation

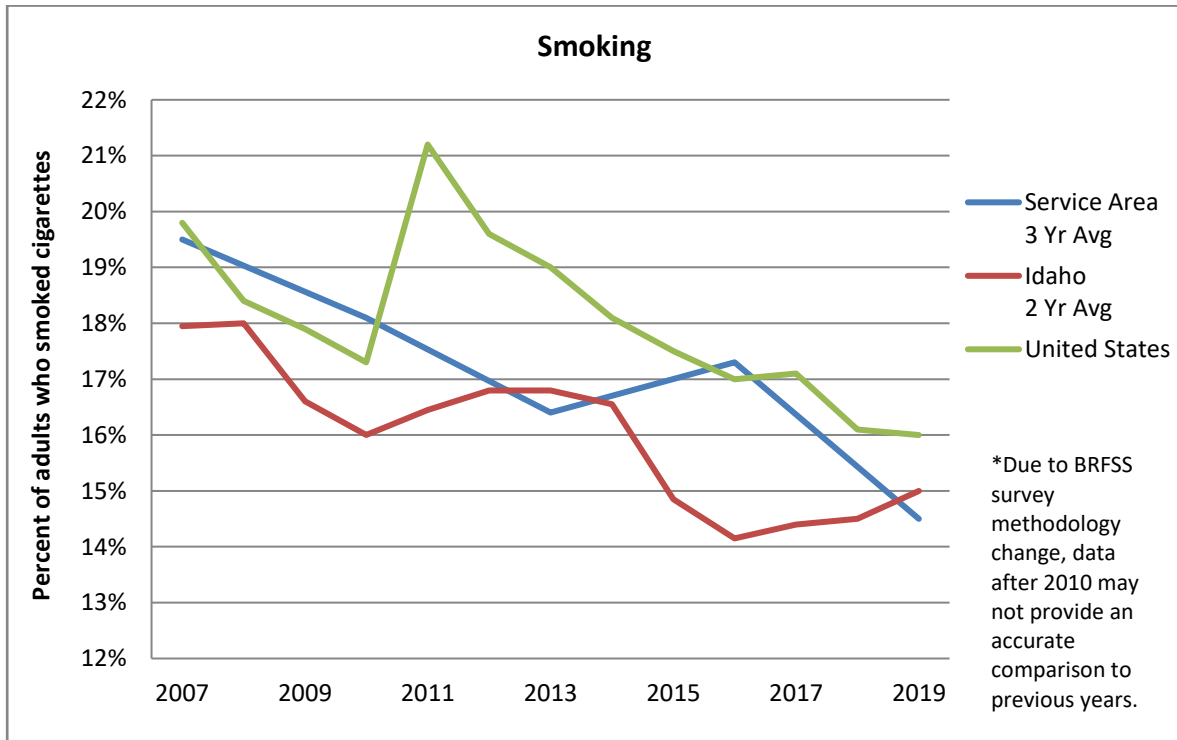
The relationship between tobacco use, particularly cigarette smoking, and adverse health outcomes is well known. Cigarette smoking is the leading cause of preventable death. Smoking causes or contributes to cancers of the lung, pancreas, kidney, and cervix as well as low birthweight.

- **Adult Smoking**

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

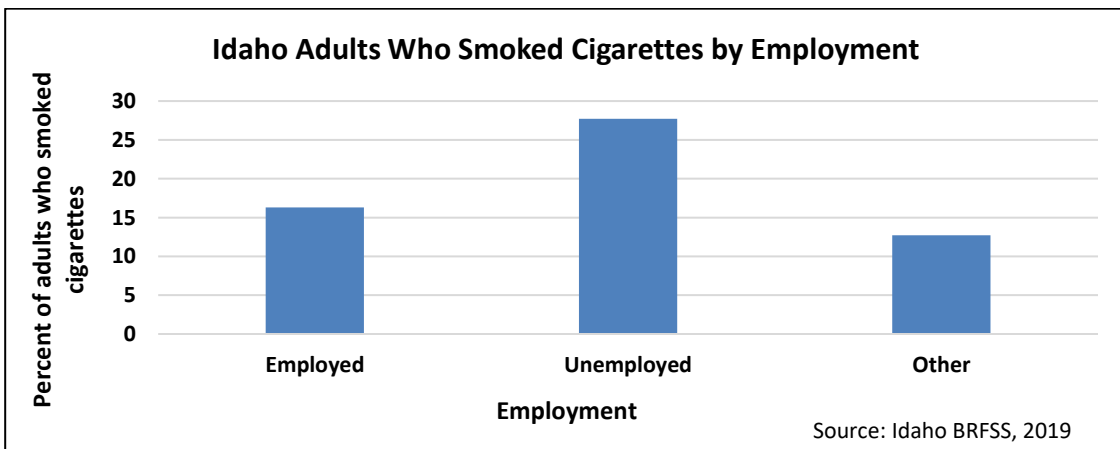
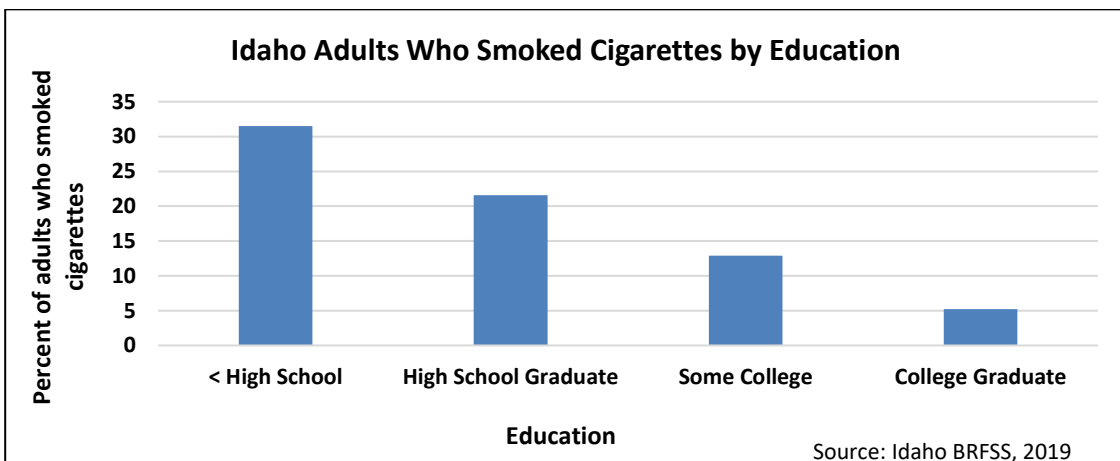
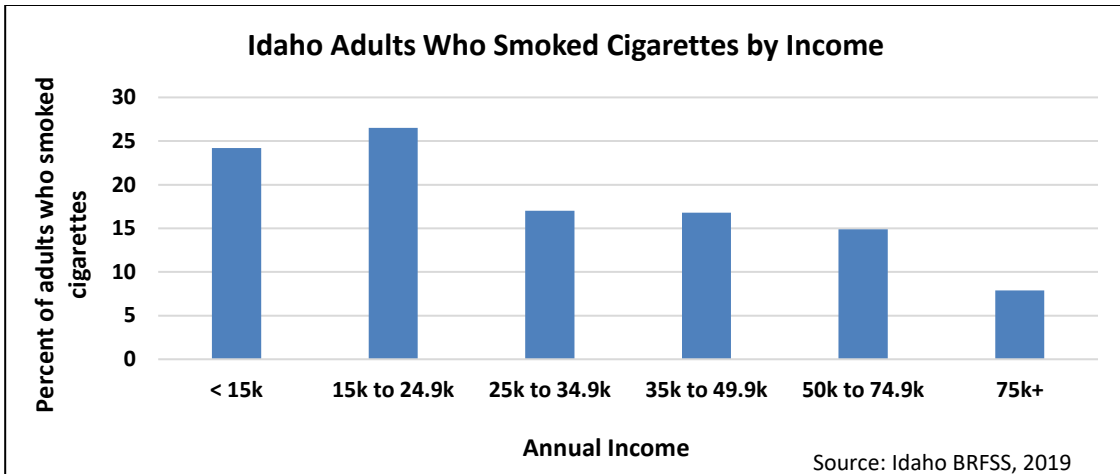
The percent of adults who smoked in our service area is below the national average. The trend is going down.⁵⁴

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



⁵⁴ Idaho and National 2007 - 2019 Behavioral Risk Factor Surveillance System University of Wisconsin Population Health Institute. County Health Rankings 2012-2019, Accessed at www.countyhealthrankings.org

⁵⁵ Ibid

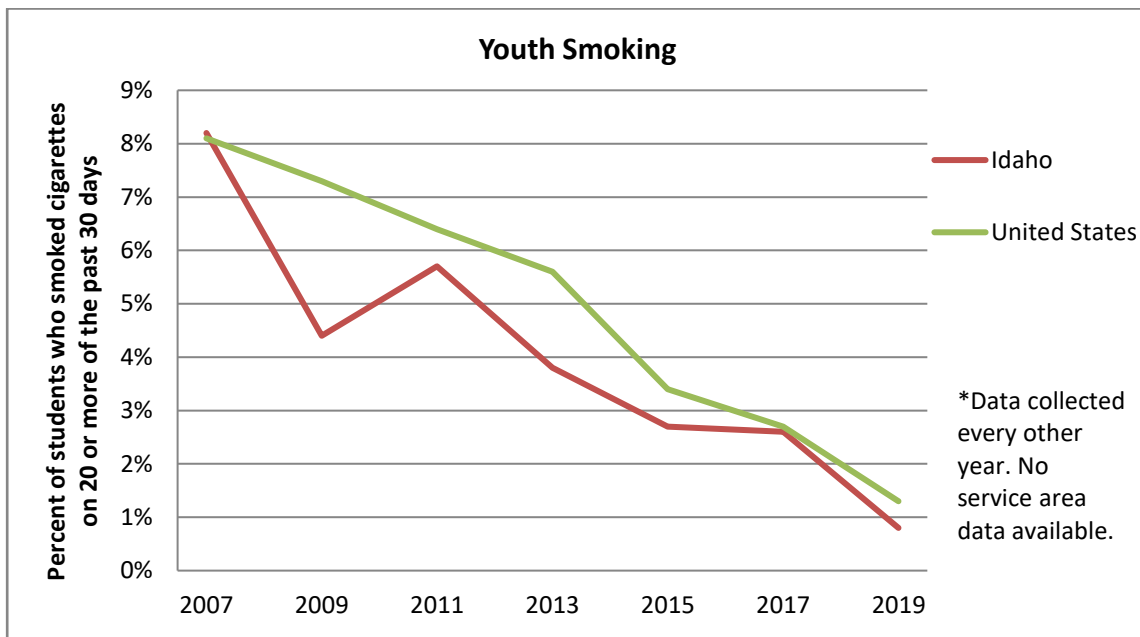


Health Factor Score				
Low score = Low potential for health impact		High score = High potential for health impact		
	Trend	Severity	Magnitude	Total Score
Adult Smoking	-2	2	-1	-1

- **Youth Smoking**

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

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



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

⁵⁶ Idaho and National Youth Risk Behavior Survey 2007 -2019

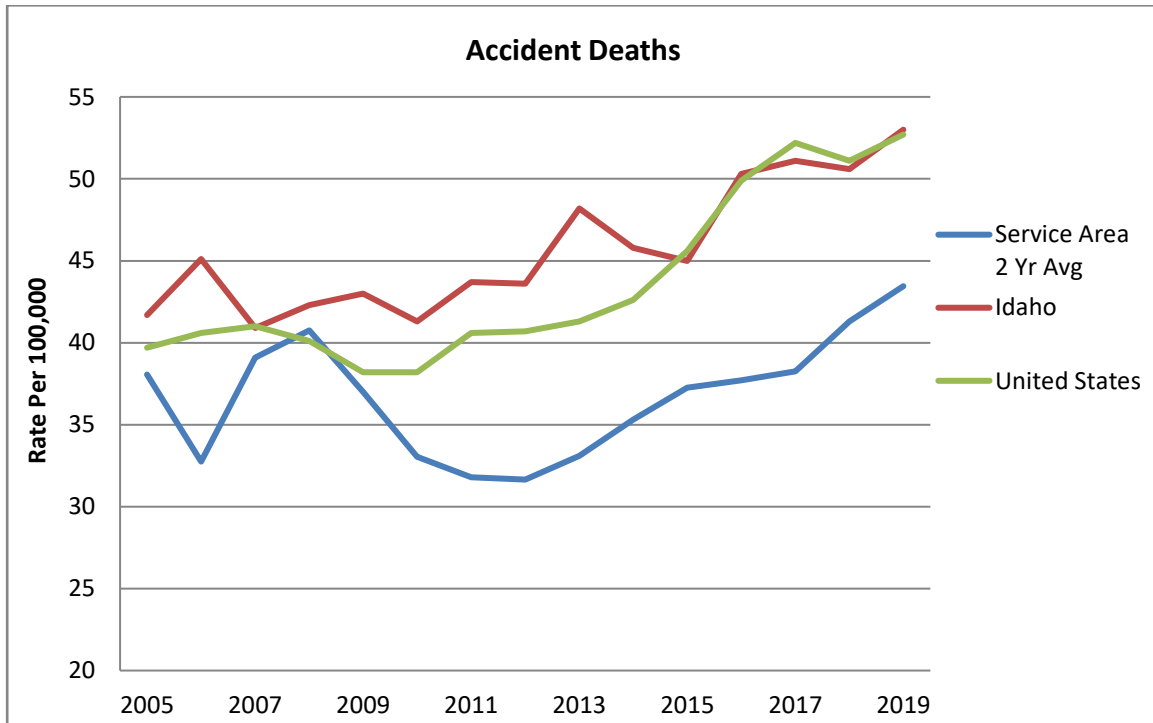
⁵⁷ <http://www.surgeongeneral.gov/library/reports/preventing-youth-tobacco-use/factsheet.html>

⁵⁸ Idaho and National 2007 - 2019 Behavioral Risk Factor Surveillance System

Wellness and Prevention Programs

- **Accidents**

Accidents are one of the top 10 causes of death in the nation. Accidents are the fourth leading cause of death in Idaho and include unintentional injuries, which comprise both motor vehicle and non-motor vehicle accidents. The accident death rate in our service area is well below the national average and the trend is flat.⁵⁹



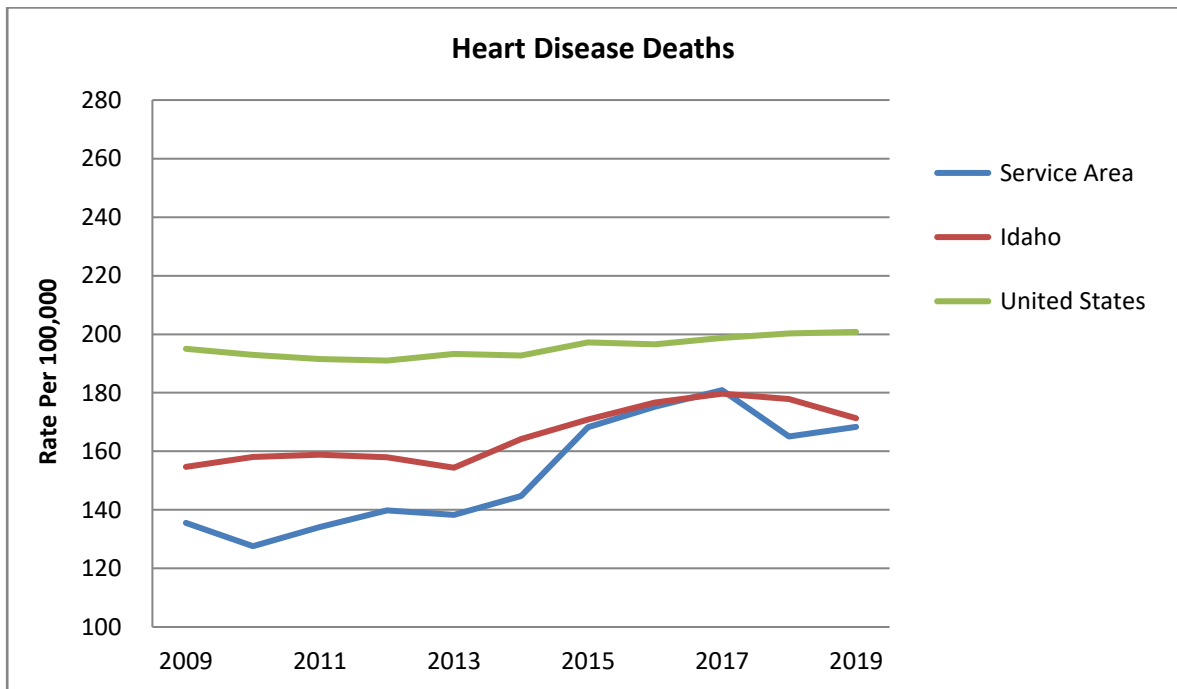
Health Factor Score				
Low score = Low potential for health impact		High score = High potential for health impact		
	Trend	Severity	Magnitude	Total Score
Accidental Deaths	-1	2	-2	-1

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

- **Diseases of the Heart**

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

Heart disease deaths in our service area have been increasing. However, it has remained well below the national average.⁶¹



Health Factor Score				
Low score = Low potential for health impact		High score = High potential for health impact		
	Trend	Severity	Magnitude	Total Score
Heart Disease Deaths	1	2	0	3

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

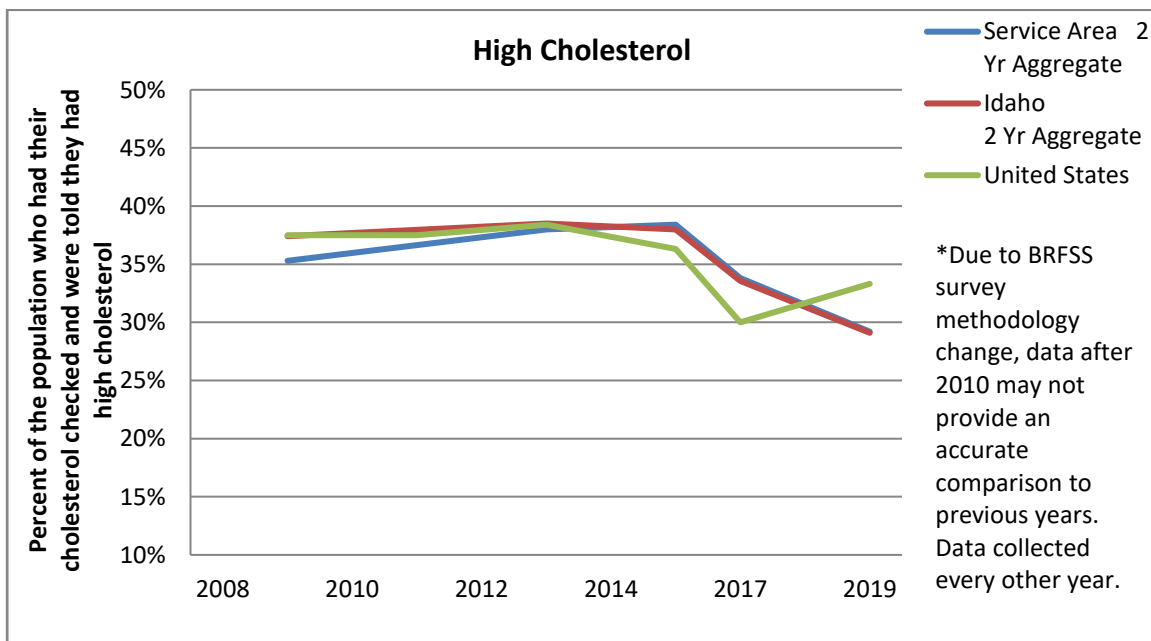
⁶¹ Idaho Vital Statistics Annual Reports, Years 2007 - 2019, National Vital Statistics Report - Deaths: Data 2019

- **High Cholesterol**

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

Among those who had ever been screened for cholesterol in our service area, about 29% reported that they were told their cholesterol was high in 2019, which is slightly less than the national average. The percentage of screened adults with high cholesterol has decreased in our service area, Idaho, and nationally.⁶³

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



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

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

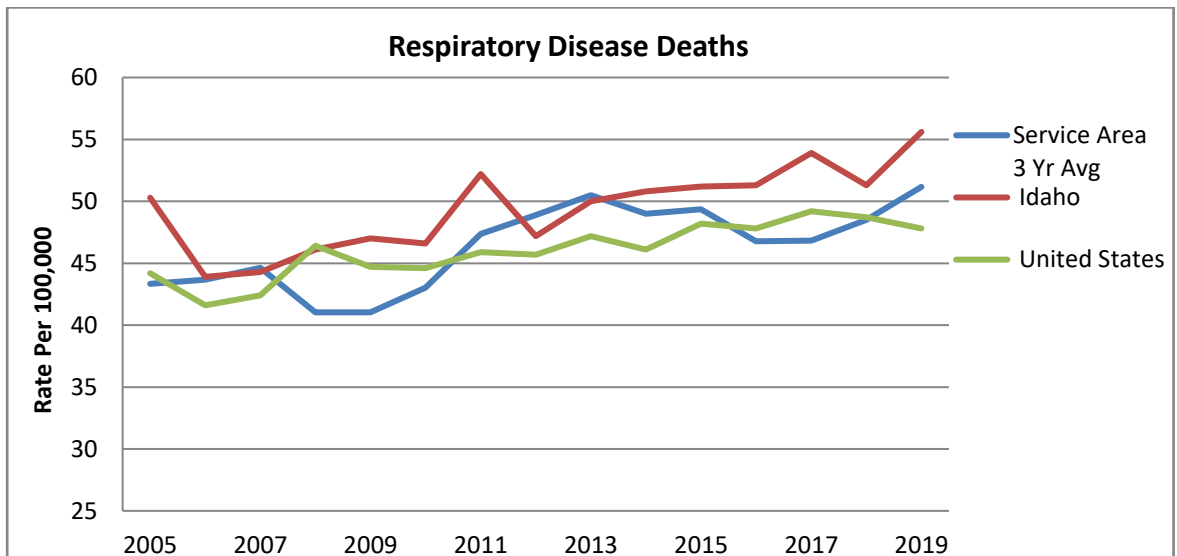
⁶³ Idaho 2005 - 2019 Behavioral Risk Factor Surveillance System

⁶⁴ Ibid

- **Chronic Lower Respiratory Diseases**

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

The chronic lower respiratory diseases death rate in our service area is higher than the national average and the trend has been slightly increasing.⁶⁶



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

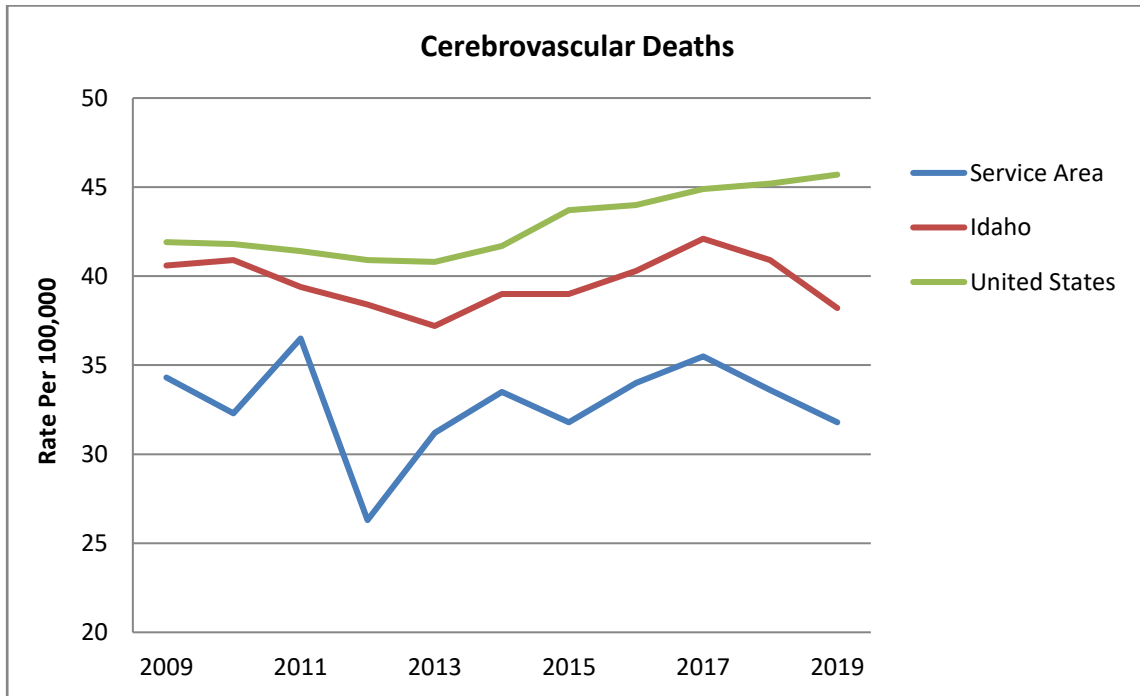
⁶⁵ CDC, <https://www.cdc.gov/copd/basics-about.html>

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

- **Cerebrovascular Diseases**

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

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



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

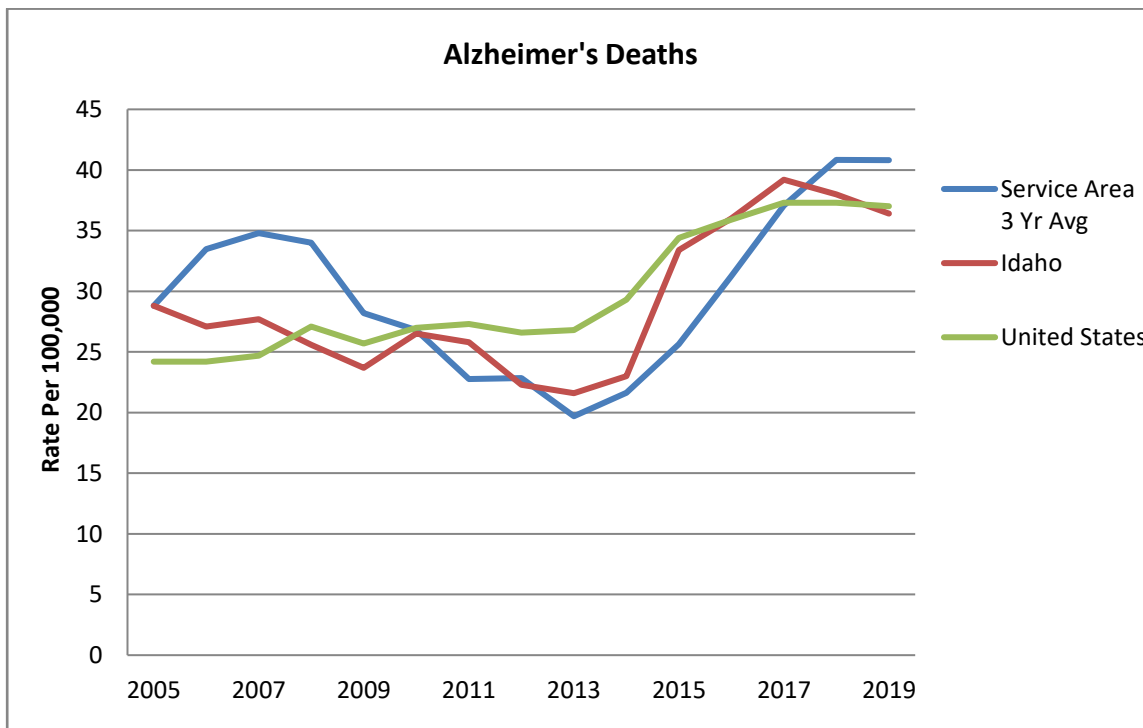
⁶⁷ America's Health Rankings analysis of CDC, Behavioral Risk Factor Surveillance System, United Health Foundation, AmericasHealthRankings.org, Accessed 2020

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

- **Alzheimer’s Disease**

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

The death rate from Alzheimer’s has increased over the past 10 years nationally, in Idaho, and in our service area.⁷⁰



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

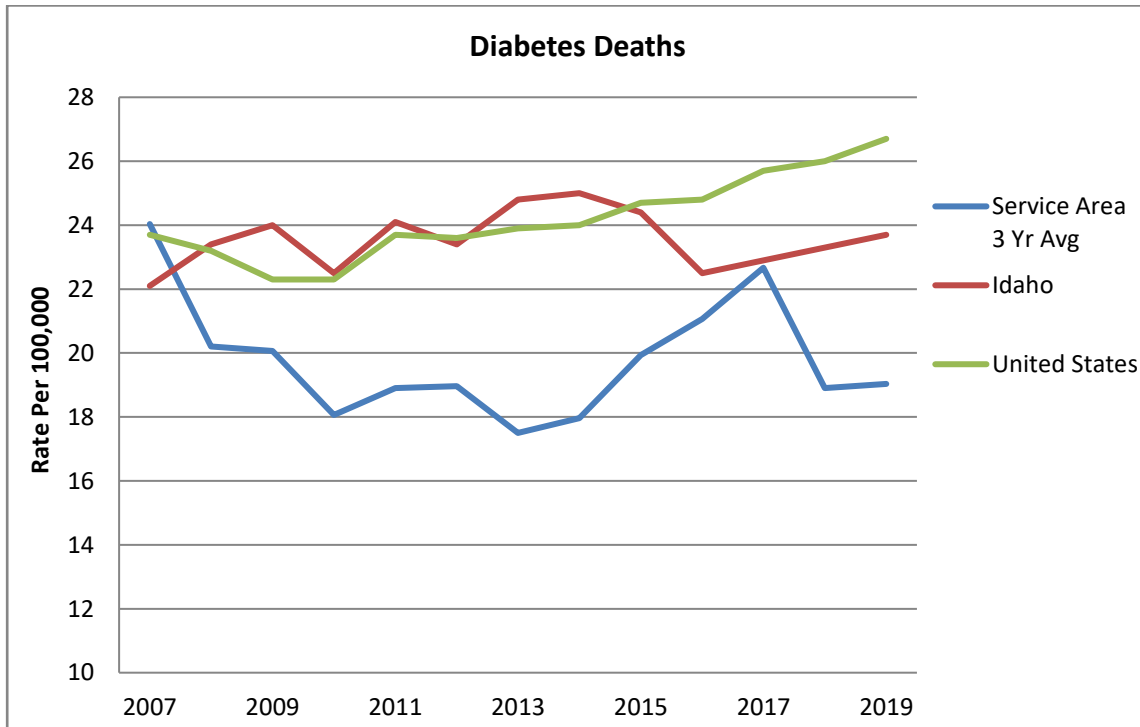
⁶⁹ Alzheimer’s Association, www.alz.org

⁷⁰ Vital Statistics Annual Reports, Years 2009 - 2019, National Vital Statistics Report - Deaths: Data 2019

- **Diabetes Mellitus**

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

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 decreasing, as noted in data found later in this report, the number of people living with diabetes is increasing.⁷²



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

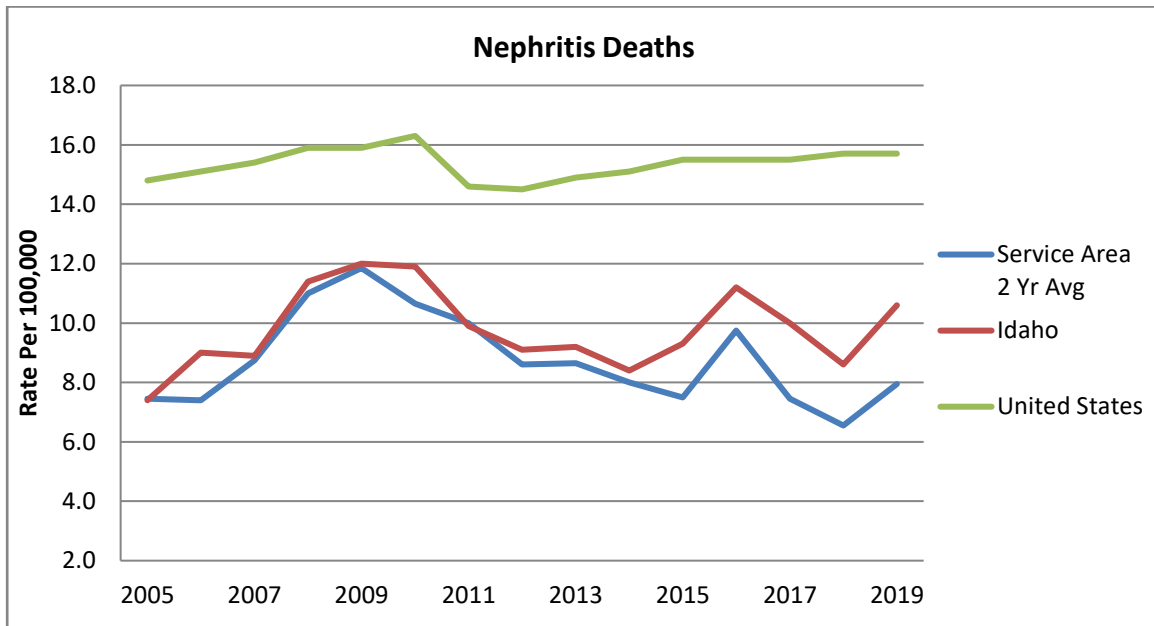
⁷¹ <https://www.cdc.gov/chronicdisease/resources/publications/factsheets/diabetes-prediabetes.htm>

⁷² Idaho Vital Statistics Annual Reports, Years 2007 - 2019, National Vital Statistics Report - Deaths: Data 2019

- **Nephritis**

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

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



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

⁷³ www.cdc.gov/Features/WorldKidneyDay/

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

Cancer

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

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

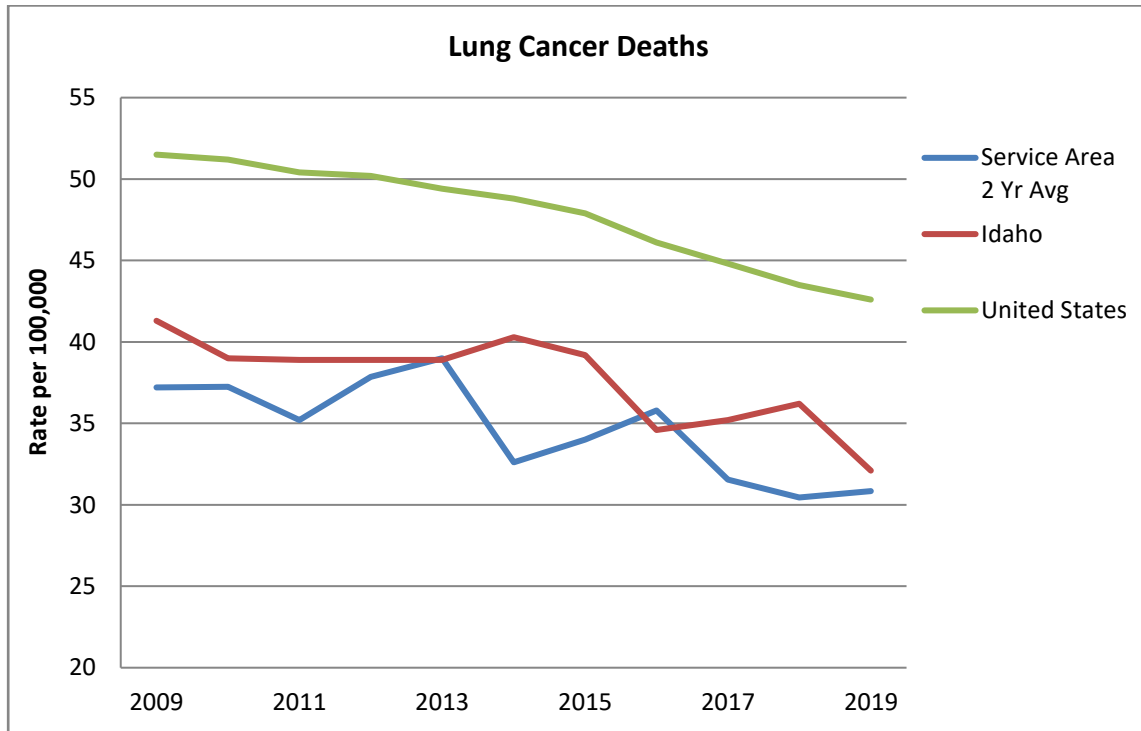
Although cancer may occur at any age, it is generally a disease of aging. Nearly 80% of cancers are diagnosed in persons 55 or older. Cancer is caused both by external factors such as tobacco use and exposure, chemicals, radiation, and infectious organisms, and by internal factors such as genetics, hormonal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

⁷⁵ Comprehensive Cancer Alliance for Idaho, www.ccaidaho.org

- **Lung Cancer**

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

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



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

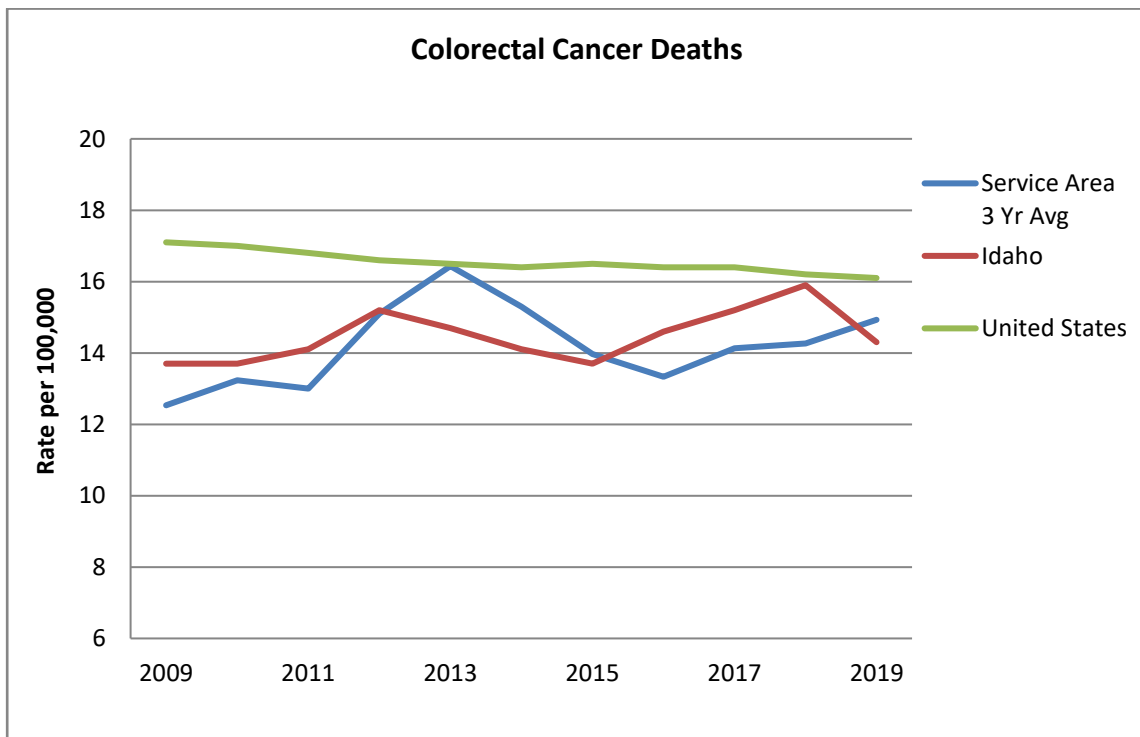
⁷⁶ Comprehensive Cancer Alliance for Idaho, Idaho Comprehensive Cancer Strategic Plan 2021-2025, www.ccaidaho.org

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

- **Colorectal Cancer**

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

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 slightly increasing, while the national trend is down. The death rate in our service area is slightly below the national average.⁸⁰



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

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

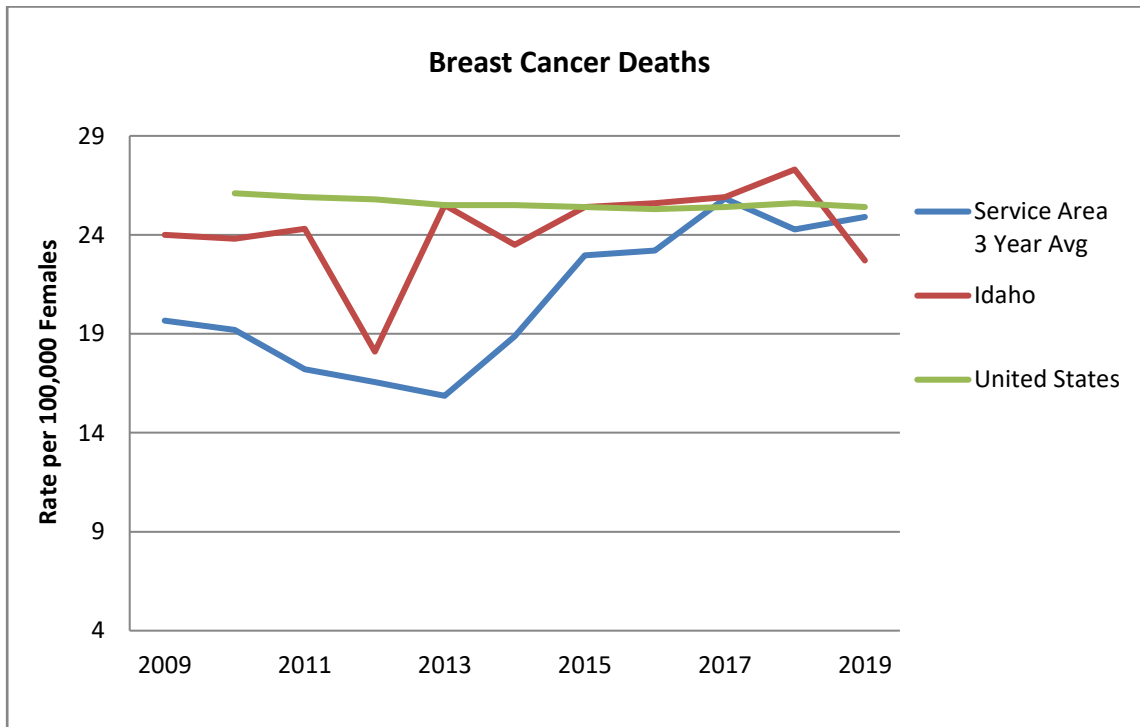
⁷⁹ <https://www.cancer.org/cancer/colon-rectal-cancer/causes-risks-prevention/prevention.html>

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

- **Breast Cancer**

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

Breast cancer is the second leading cause of cancer death, after lung cancer among Idaho women. The breast cancer death rate in Idaho is slightly lower than the national average. The breast cancer death rate in our service area is about the same as the national average. In our service area, the trend is up.⁸²



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

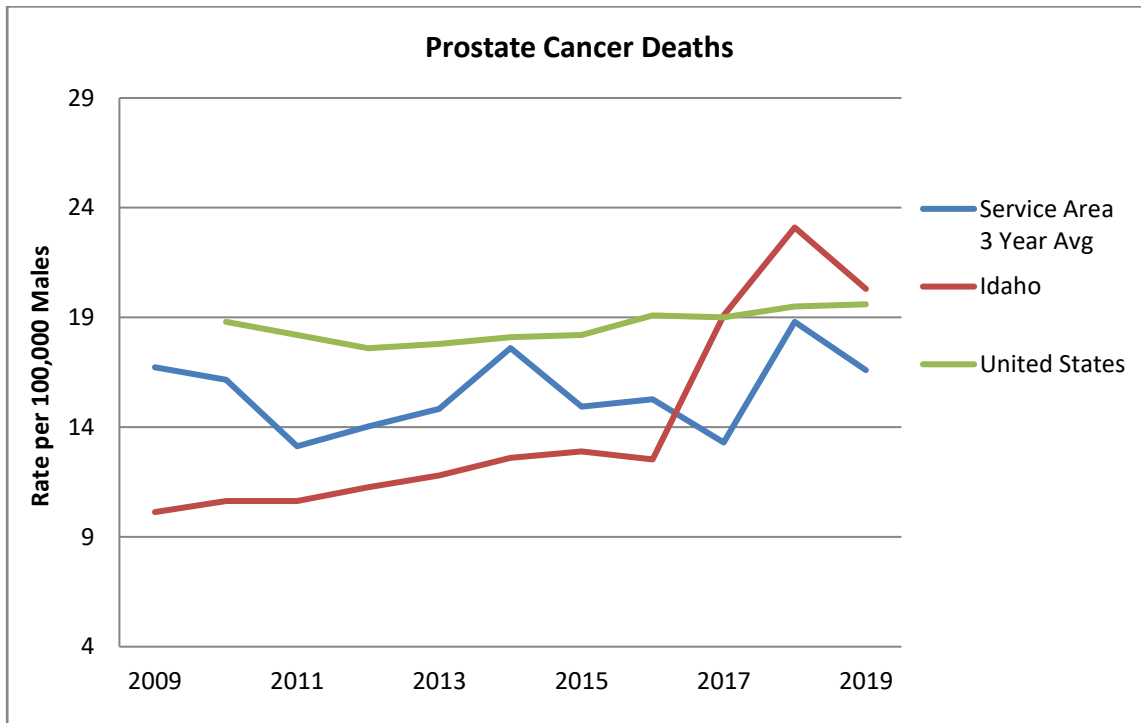
⁸¹ American Cancer Society, <https://www.cancer.org/cancer/breast-cancer/about/how-common-is-breast-cancer.html>

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

- **Prostate Cancer**

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

In our service area, the prostate cancer death rate is relatively flat and is slightly below the national average.⁸⁴



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

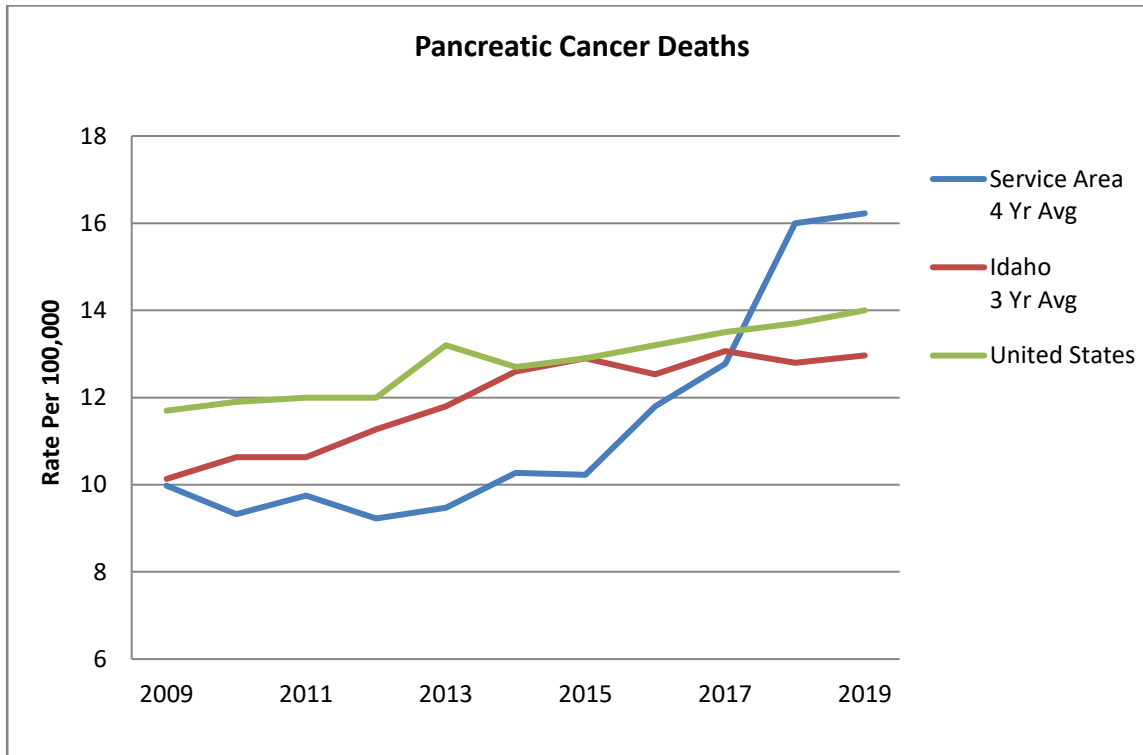
⁸³ American Cancer Society, <https://www.cancer.org/cancer/prostate-cancer/causes-risks-prevention/risk-factors.html>

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

- **Pancreatic Cancer**

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

In our service area, the pancreatic cancer death rate is higher than the national average and the trend is going up.⁸⁶



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

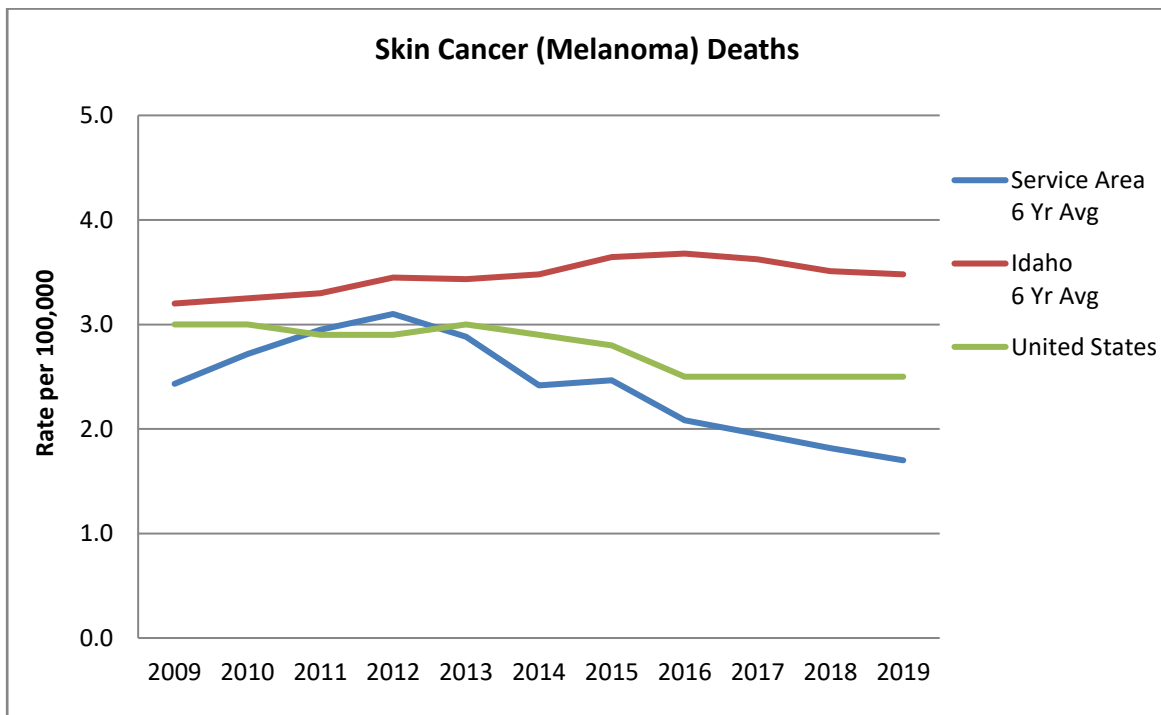
⁸⁵ American Cancer Society, <https://www.cancer.org/cancer/pancreatic-cancer/causes-risks-prevention/risk-factors.html>

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

- **Skin Cancer (Melanoma)**

More people are diagnosed with skin cancer each year in the U.S. than all other cancers combined. About 1 in 5 Americans will develop skin cancer during their lifetime. In the past decade (2012 – 2022) the number of new melanoma cases diagnosed annually has increased by 31%.⁸⁷ 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.⁸⁸

The melanoma death rate is higher in Idaho than in the nation, however, the trend is lower in our service area. The trend is slightly decreasing for our service area.⁸⁹



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

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

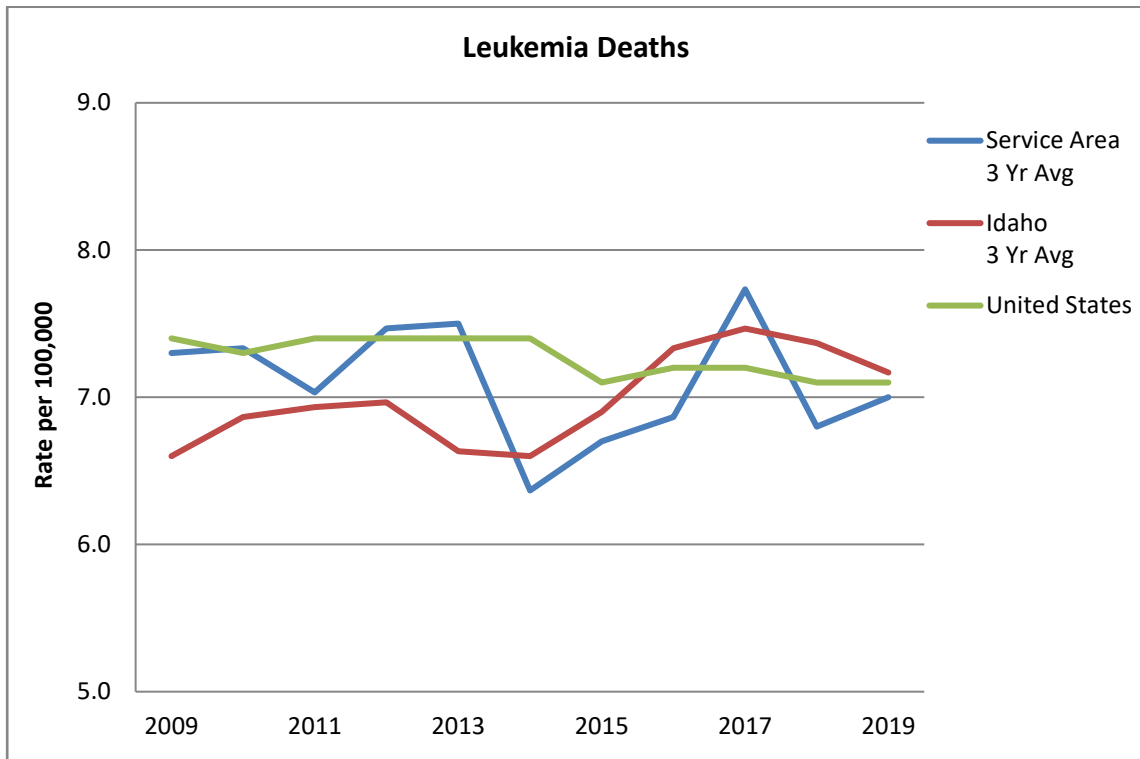
⁸⁸ <https://www.skincancer.org/skin-cancer-information/skin-cancer-facts>

⁸⁹ Idaho Vital Statistics Annual Reports, Years 2009 - 2019, National Vital Statistics Report - Deaths: Data 2019

- **Leukemia**

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

The leukemia death rate in our service area is about the same as the national average and the trend is flat.⁹¹



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

⁹⁰ <https://www.cdc.gov/nceh/radiation/phase2/mleukemi.pdf>

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

Clinical Care Access and Quality Factors

Affordability of Health Care

- **Uninsured Adults**

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

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.⁹³ This is often referred to as the “coverage gap.”⁹⁴ In November 2018, Idaho passed a proposition to expand Medicaid. In November 2018, Idaho passed a proposition to expand Medicaid.

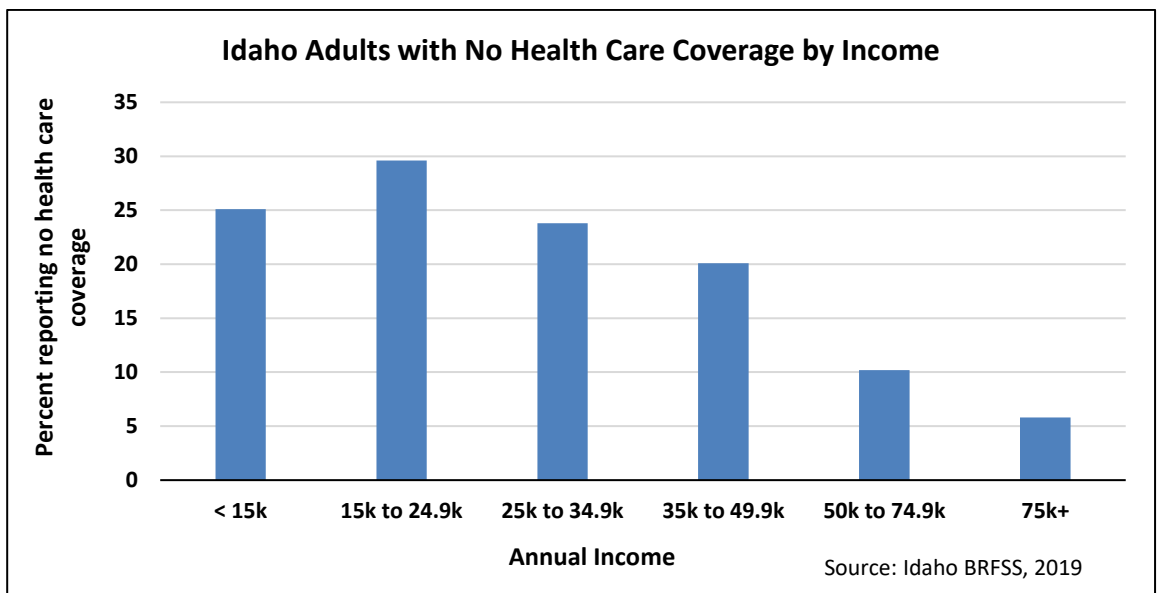
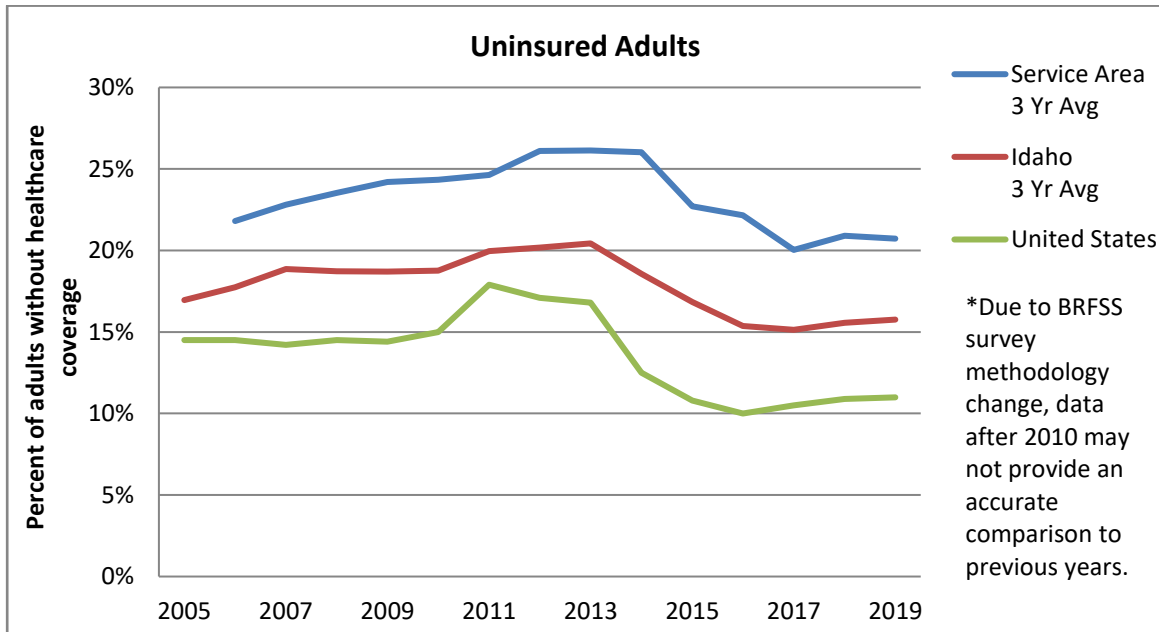
⁹² University of Wisconsin Population Health Institute. *County Health Rankings* 2021. Accessible at www.countyhealthrankings.org.

⁹³ 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

⁹⁴ Ibid

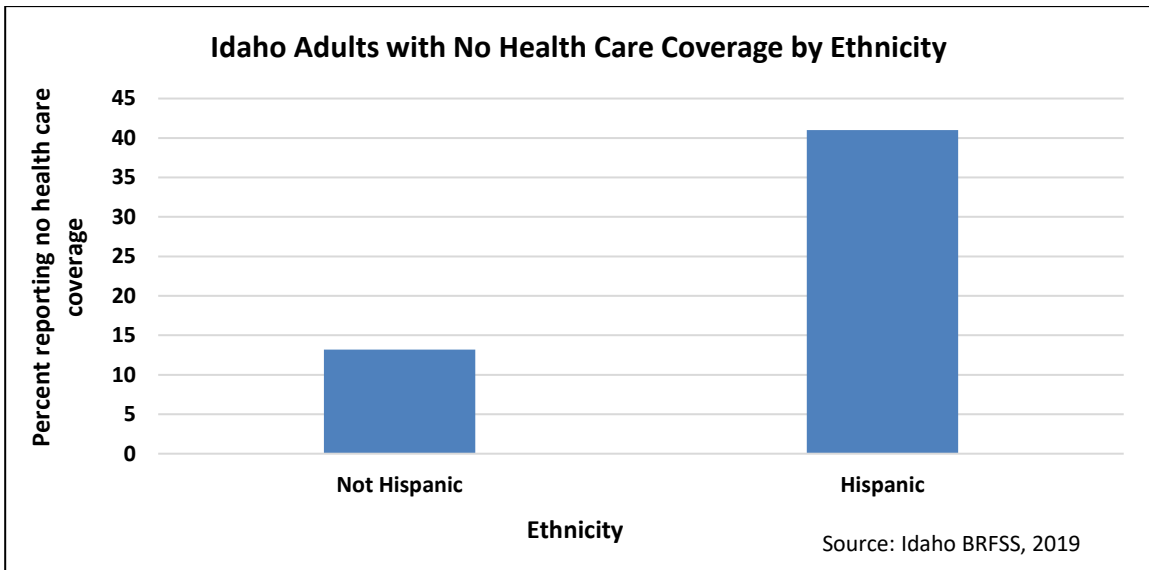
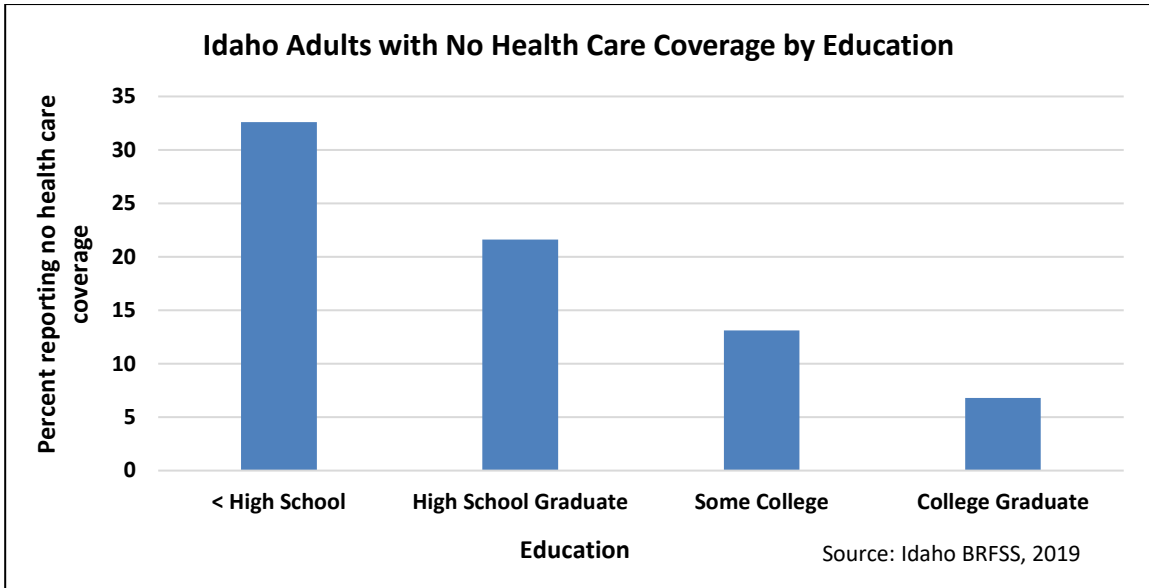
The number of adults without health care coverage has been trending flat in our service area. The percentage of uninsured in Idaho and our service area is higher than the national average.⁹⁵

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



⁹⁵ Idaho and National 2005 - 2019 Behavioral Risk Factor Surveillance System

⁹⁶ Idaho and National 2019 Behavioral Risk Factor Surveillance System

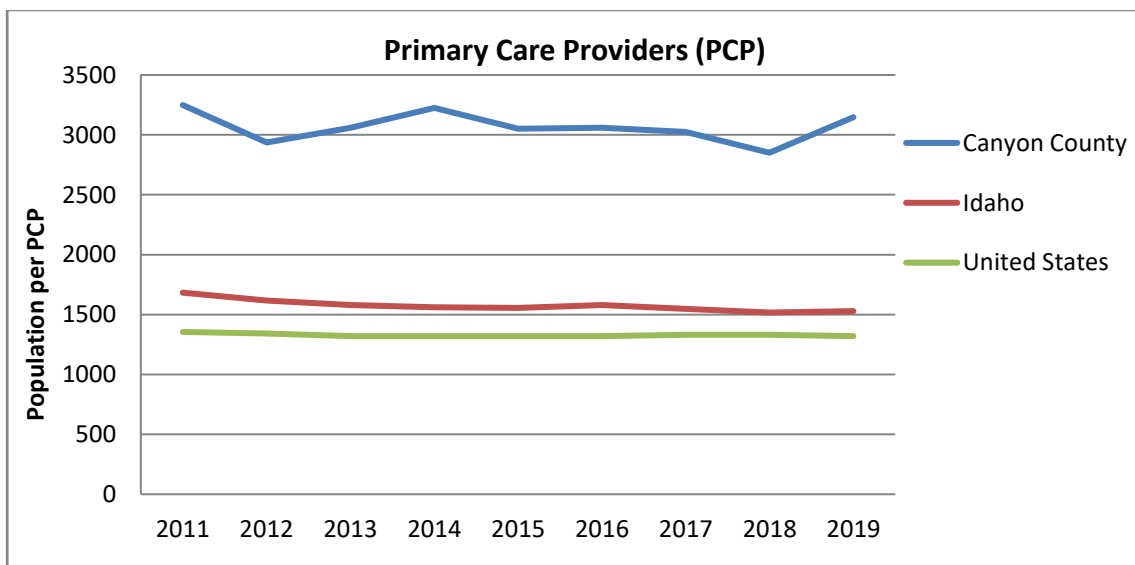


Health Factor Score				
Low score = Low potential for health impact		High score = High potential for health impact		
	Trend	Severity	Magnitude	Total Score
Uninsured Adults	0	2	1	3

- **Primary Care Providers**

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

The population to primary care provider ratio is significantly above (worse than) the national average in Canyon County and the trend is flat.⁹⁸



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

⁹⁷ University of Wisconsin Population Health Institute. *County Health Rankings* 2018. Accessible at www.countyhealthrankings.org.

⁹⁸ Idaho and National 2011 - 2019 Behavioral Risk Factor Surveillance System

Availability of Behavioral Health Services

- **Mental Health Service Providers**

Canyon County is listed as a mental health professional shortage area as of June 2017.⁹⁹ Our shortage of mental health professionals is especially concerning given the high suicide and mental illness rates in Idaho as documented in following sections of our CHNA.

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

- Lack of adequate insurance
- Lack of available treatment providers
- Lack of treatment types
- Insufficient finance to cover costs¹⁰⁰

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

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

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

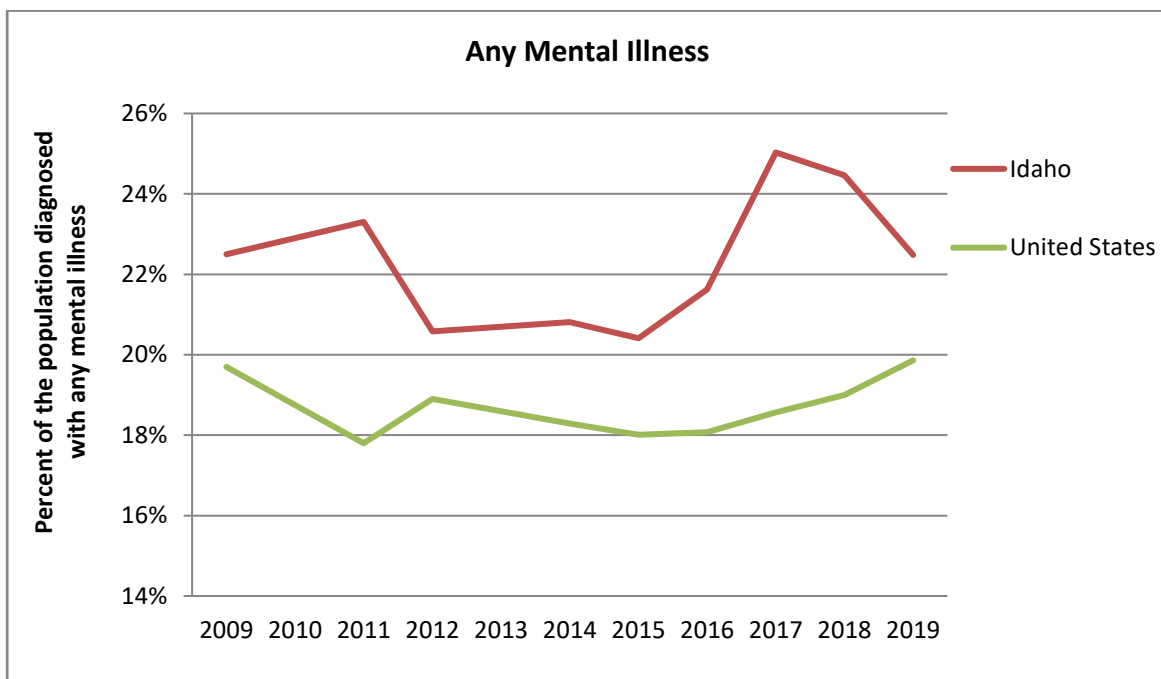
¹⁰⁰ <http://www.mentalhealthamerica.net/issues/mental-health-america-access-care-data>

- **Mental Illness**

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

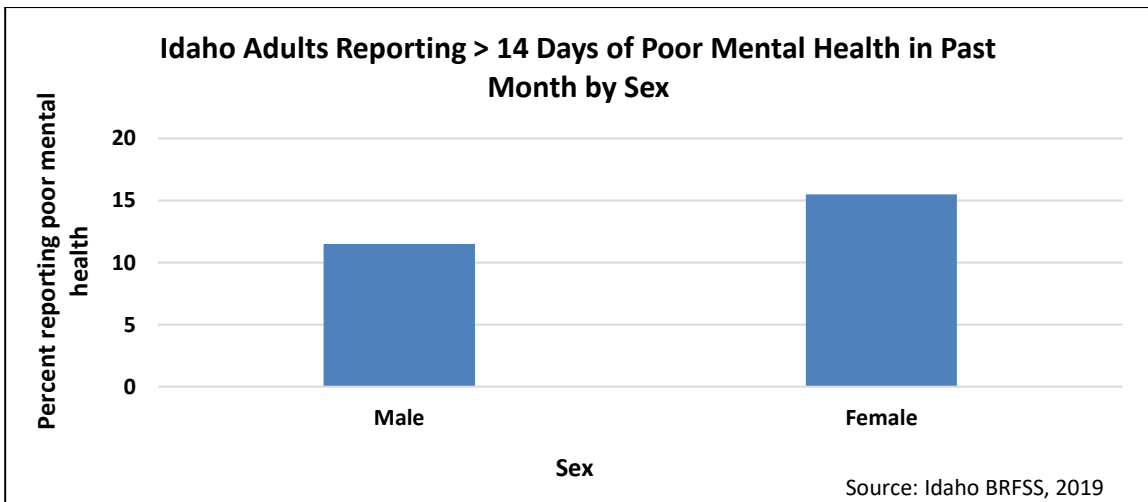
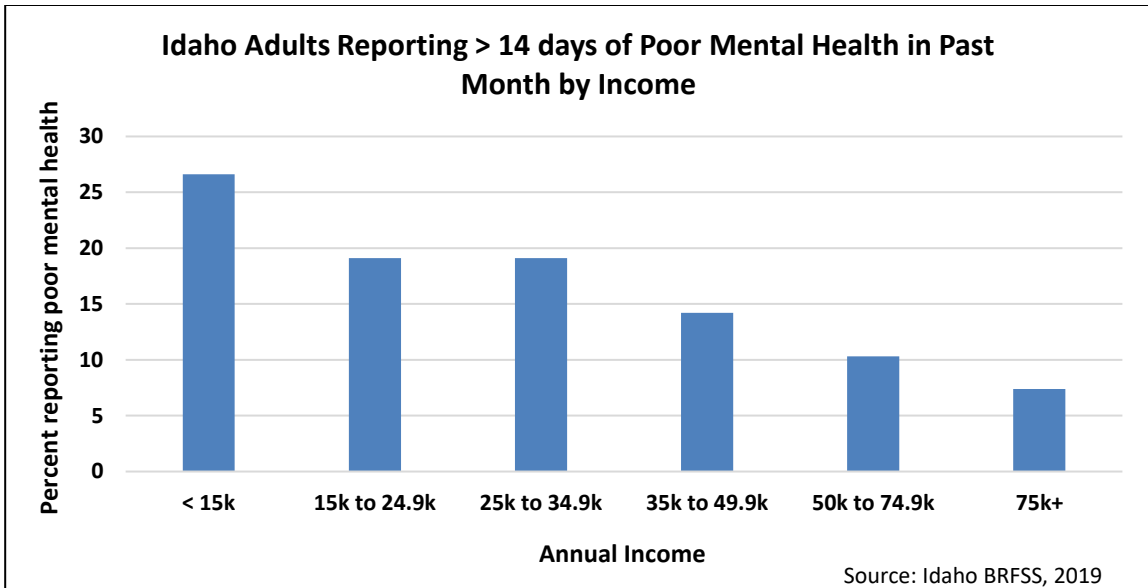
The percentage of people aged 18 or older having any mental illness (AMI) was 22.48% for Idaho in 2019. This was the fourth highest percentage of mental illness in the nation. The percentage of people having any mental illness for the United States was 19.86%.¹⁰¹

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.¹⁰²



¹⁰¹ Mental Health, United States, 2009 - 2019 Reports, SAMHSA, www.samhsa.gov

¹⁰² Idaho 2009 - 2019 Behavioral Risk Factor Surveillance System



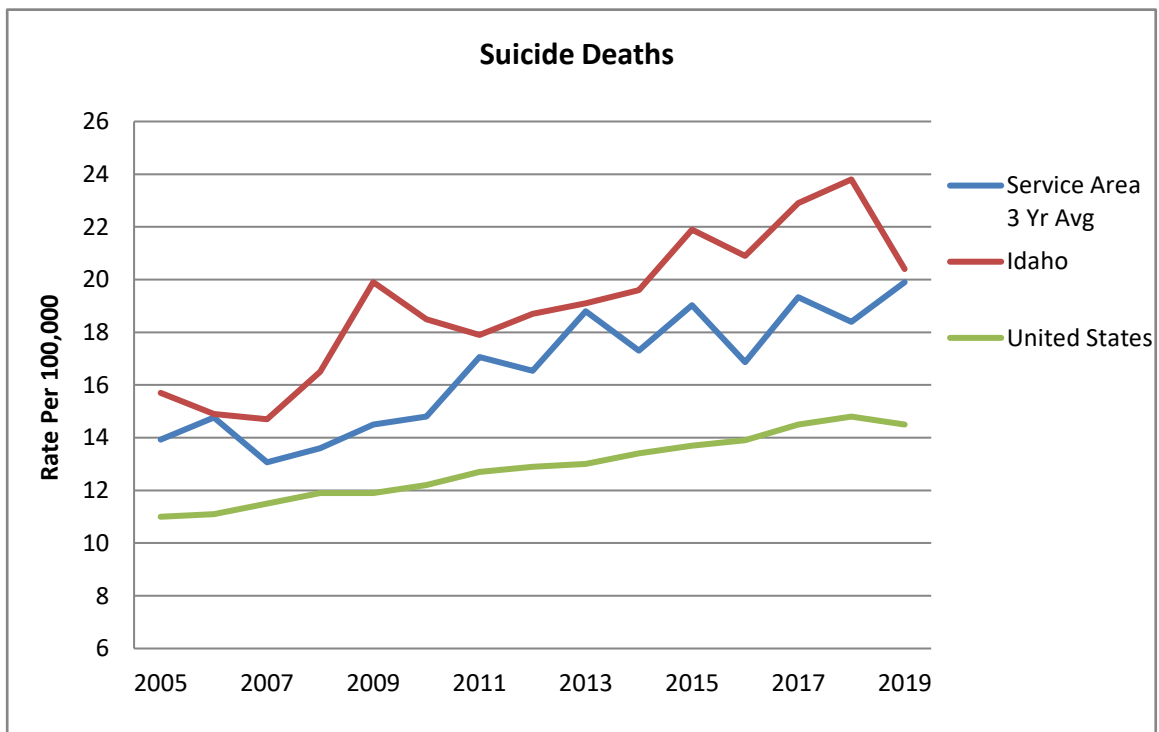
Health Factor Score				
Low score = Low potential for health impact		High score = High potential for health impact		
	Trend	Severity	Magnitude	Total Score
Mental Illness	-1	1	2	2

- **Deaths by Suicide**

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

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

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



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

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

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

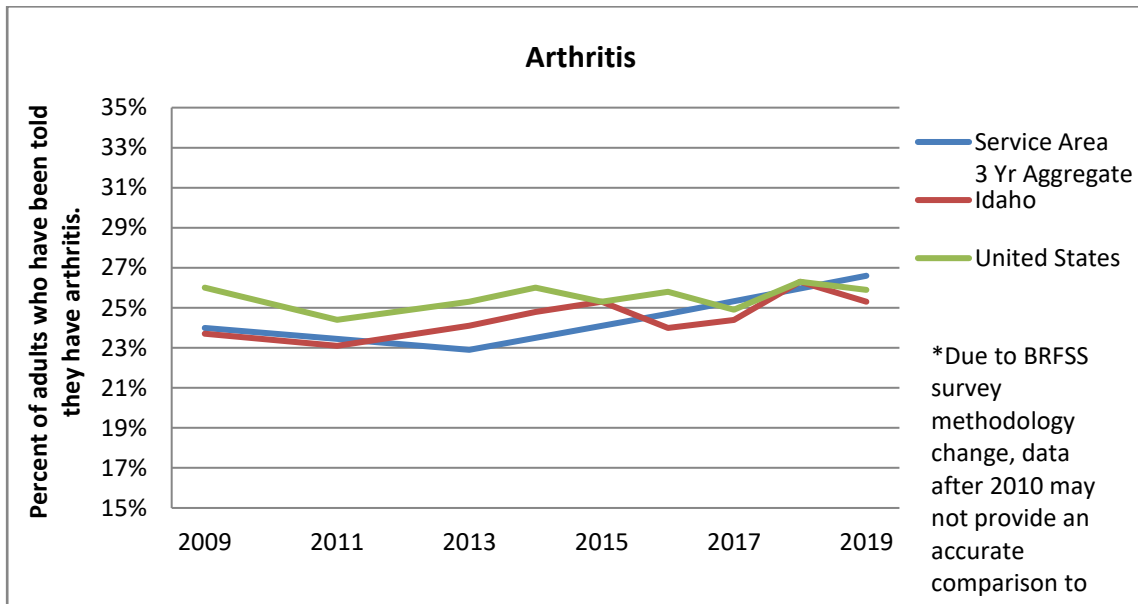
Chronic Disease Management

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

- **Arthritis**

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

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



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

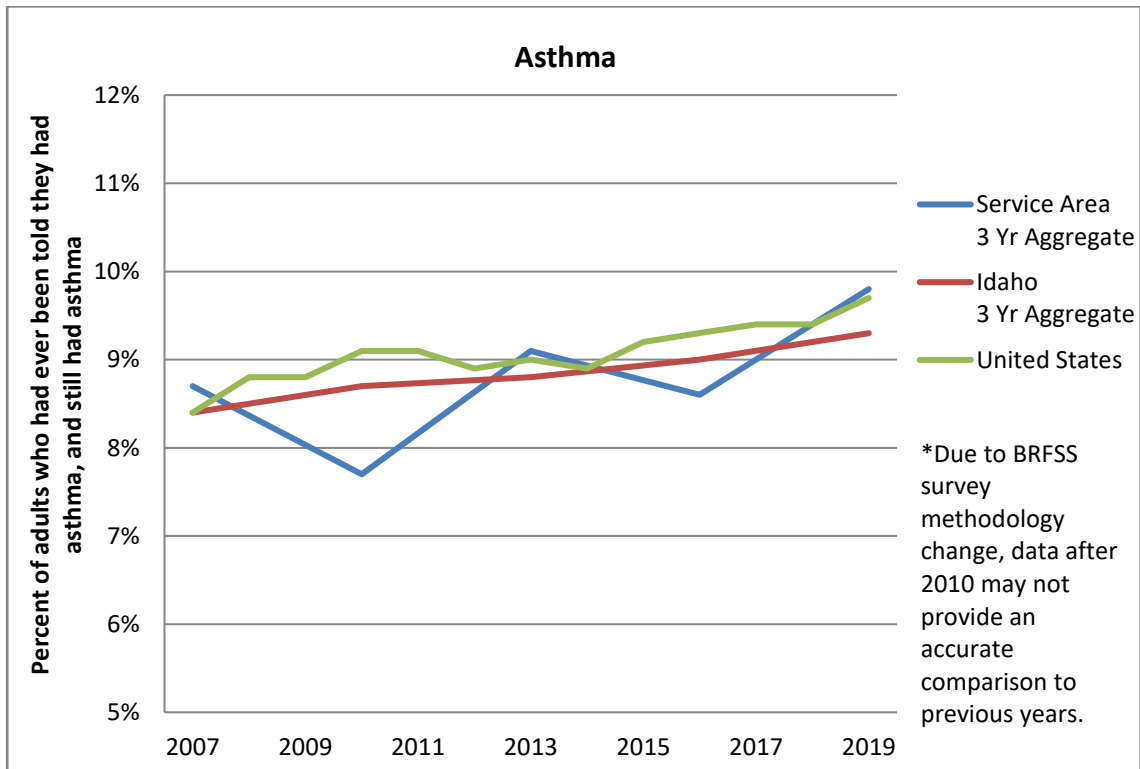
¹⁰⁵ Ibid

¹⁰⁶ Idaho and National 2011 - 2020 Behavioral Risk Factor Surveillance System

- **Asthma**

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

The percentage of people with asthma in our service area is about the same as the national average, however, the trend is slightly increasing.¹⁰⁸



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

¹⁰⁷ http://www.nhlbi.nih.gov/health//dci/Diseases/Asthma/Asthma_Treatments.html

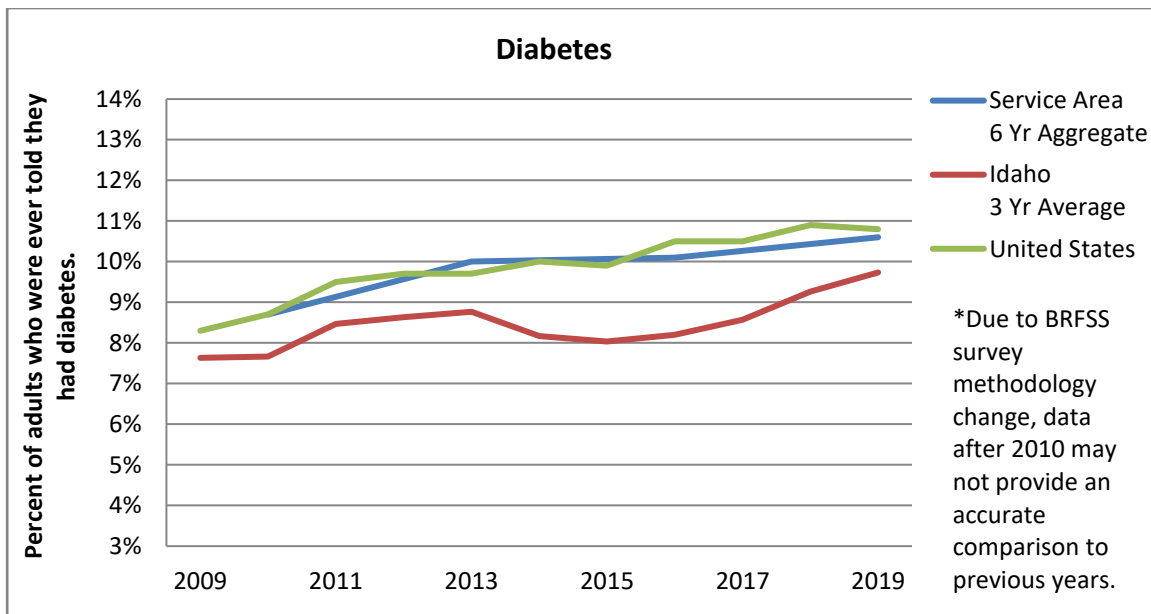
¹⁰⁸ Idaho and National 2011 - 2020 Behavioral Risk Factor Surveillance System

- **Diabetes**

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

About 10.8% of the people in our service area report that they have been told they have diabetes. The trend is slightly increasing¹¹⁰

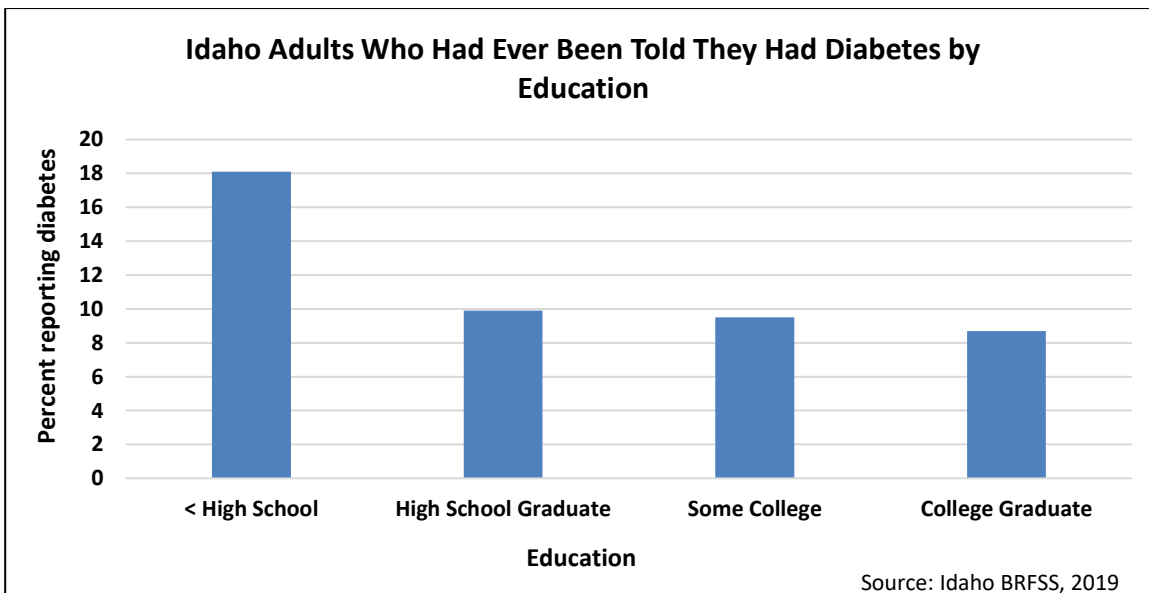
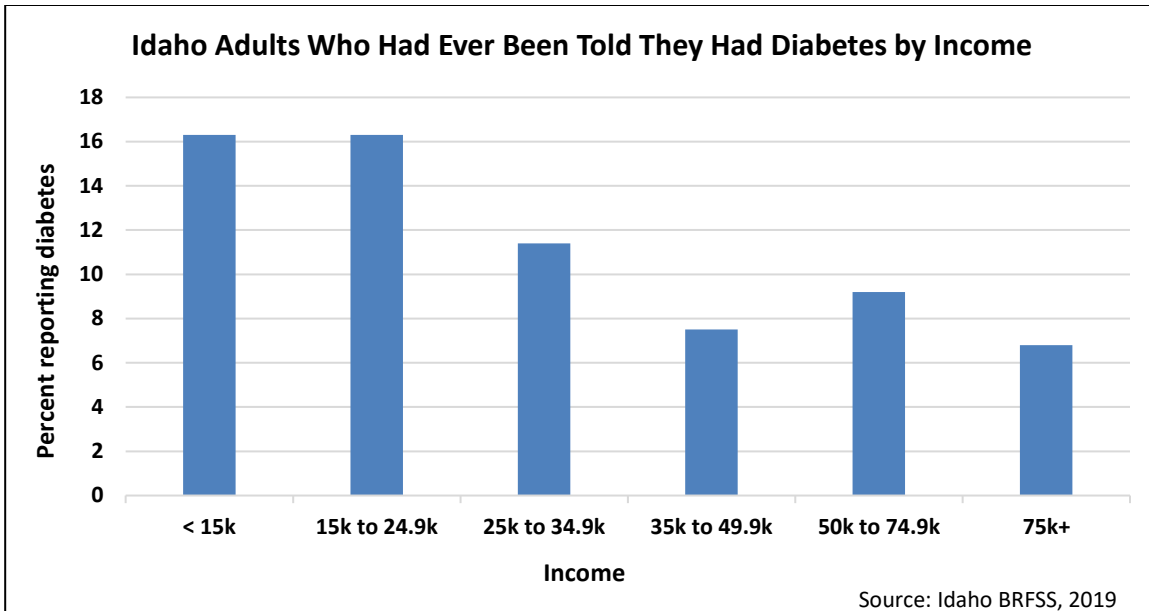
Those with lower income less than \$25,000 have higher rates of diabetes than those with higher income levels. Those with a high school diploma or less education were significantly more likely to have diabetes than college graduates. Seniors age 65+ have the highest rate of diabetes.¹¹¹



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

¹¹⁰ America's Health Rankings 2012 - 2018, www.americashealthrankings.org

¹¹¹ America's Health Rankings 2006 - 2020, www.americashealthrankings.org



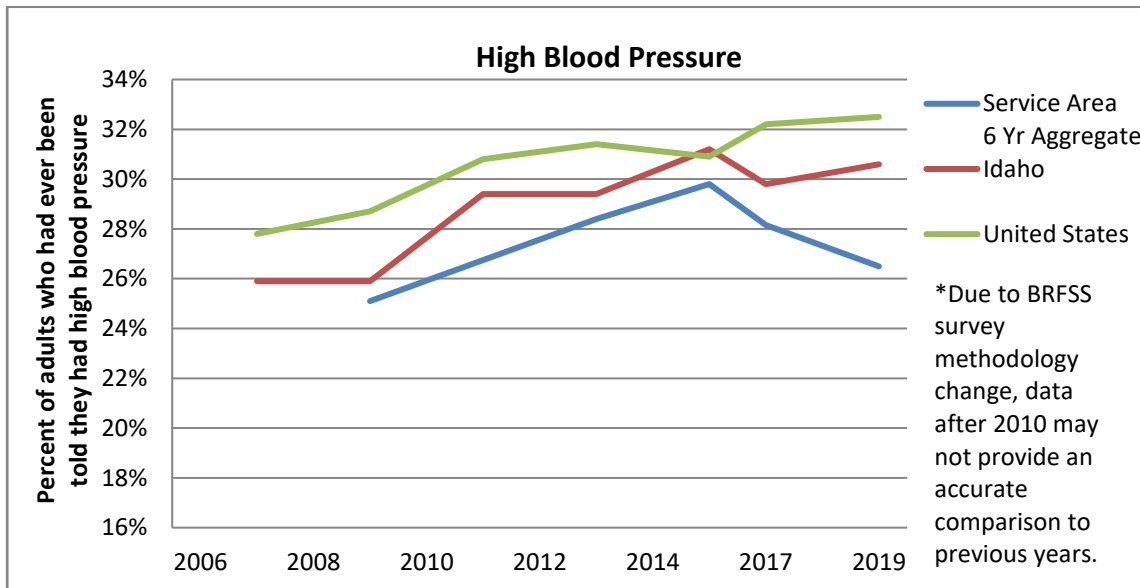
Health Factor Score				
Low score = Low potential for health impact		High score = High potential for health impact		
	Trend	Severity	Magnitude	Total Score
Diabetes	1	1	2	4

- **High Blood Pressure**

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

Blood pressure rates in our service area are below the national level and the trend is slightly decreasing.¹¹³

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



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

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

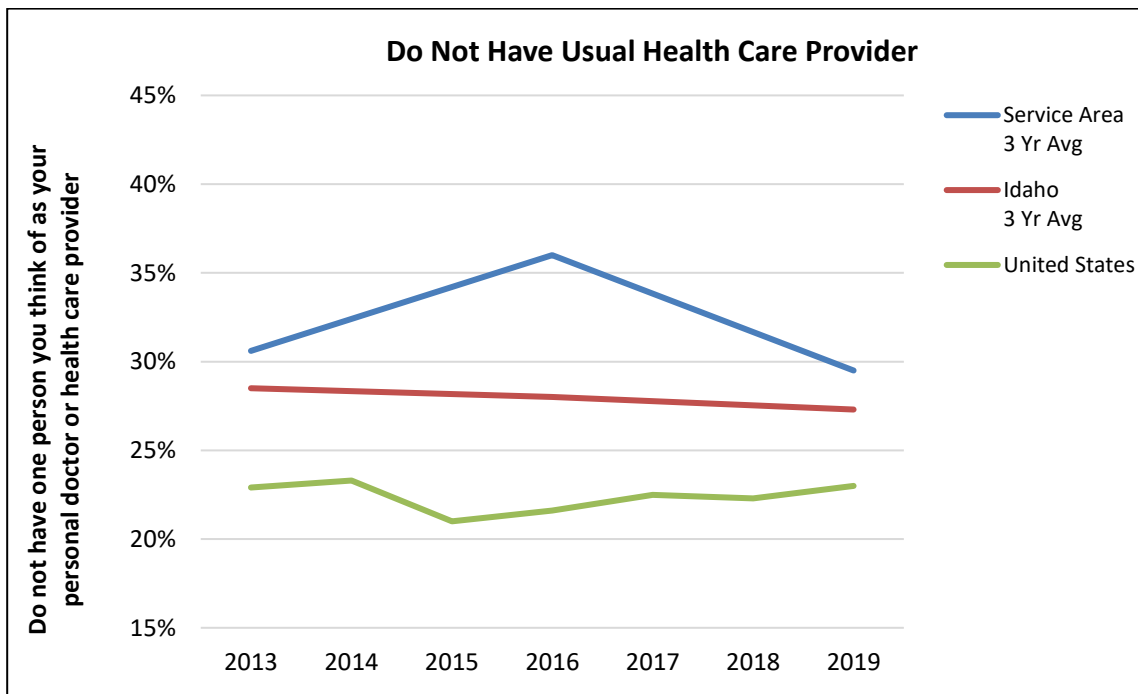
¹¹³ America's Health Rankings 2008 - 2020, www.americashealthrankings.org

¹¹⁴ Ibid

- **Medical Home**

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

The percentage of people in our service area without a usual health care provider is higher than it is in the nation and the trend is flat.¹¹⁶



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

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

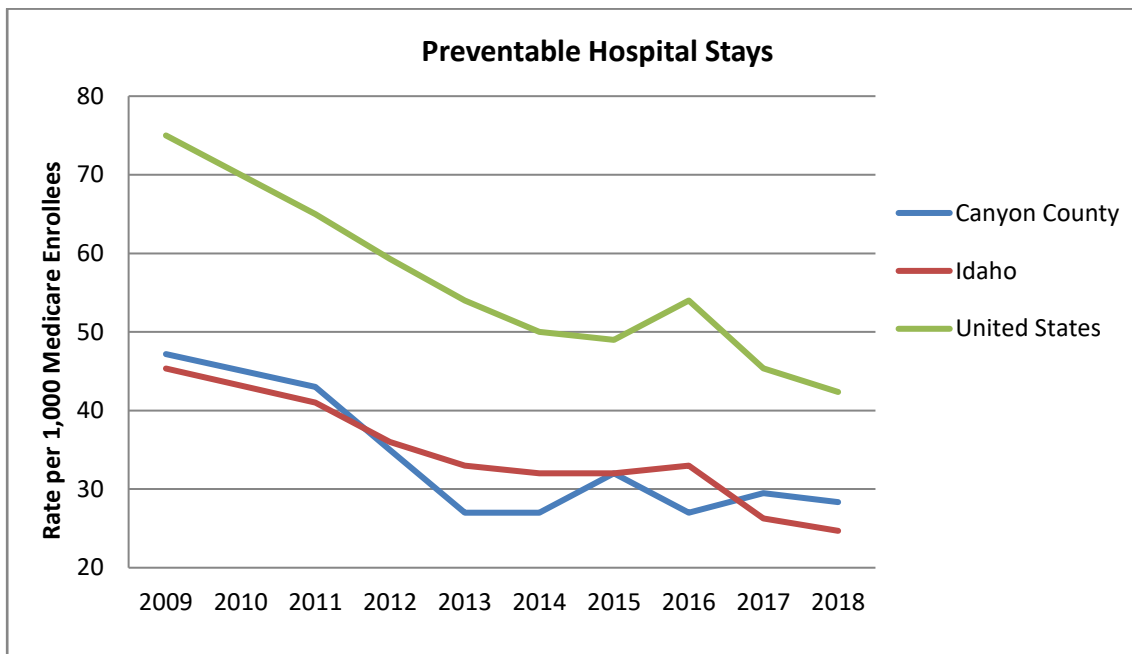
¹¹⁶ Idaho and National 2014 – 2020 Behavioral Risk Factor Surveillance System

Health Care Quality

- **Preventable Hospital Stays**

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

The rate of preventable hospital stays for our service area is significantly below (better than) the national average. This indicates a high level of health care quality in our service area. The national top 10th percentile rate is 26 per 100,000.¹¹⁷



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

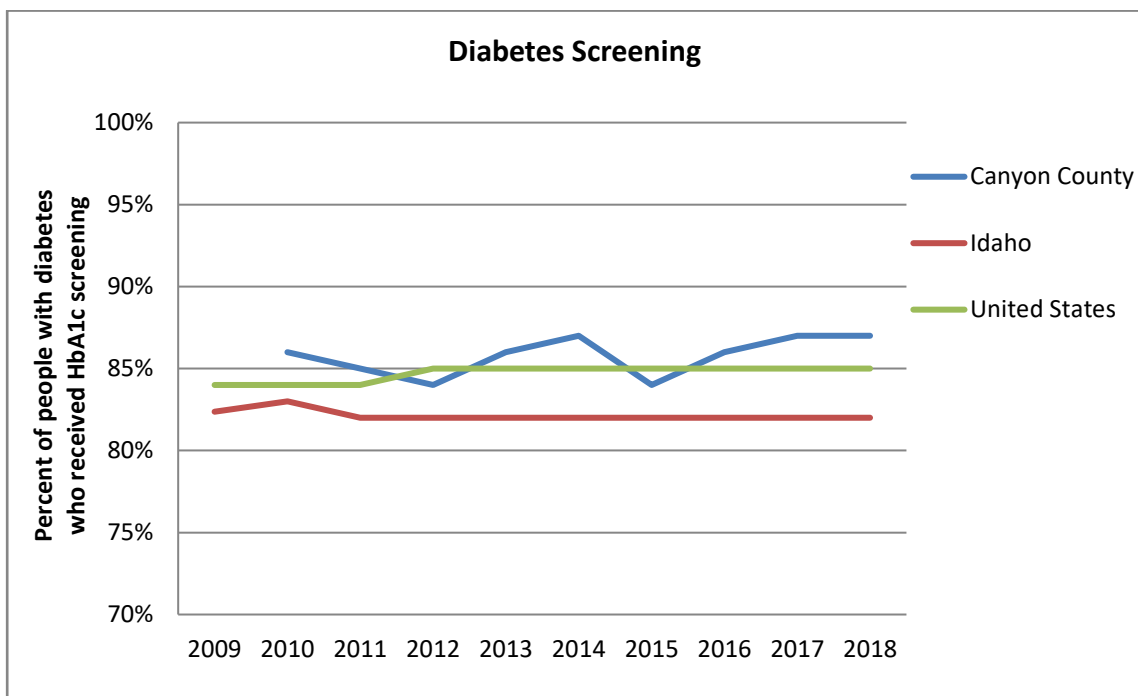
¹¹⁷ University of Wisconsin Population Health Institute. *County Health Rankings 2006-2018*. Accessible at www.countyhealthrankings.org.

Screening Programs

- **Diabetes Screening**

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

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



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

¹¹⁸ University of Wisconsin Population Health Institute. *County Health Rankings 2018*. Accessible at www.countyhealthrankings.org.

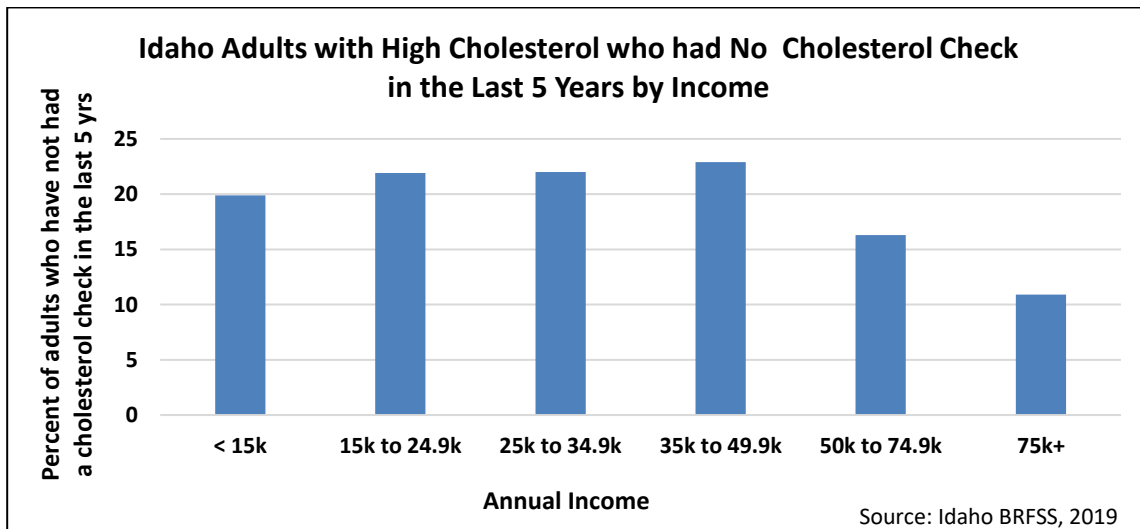
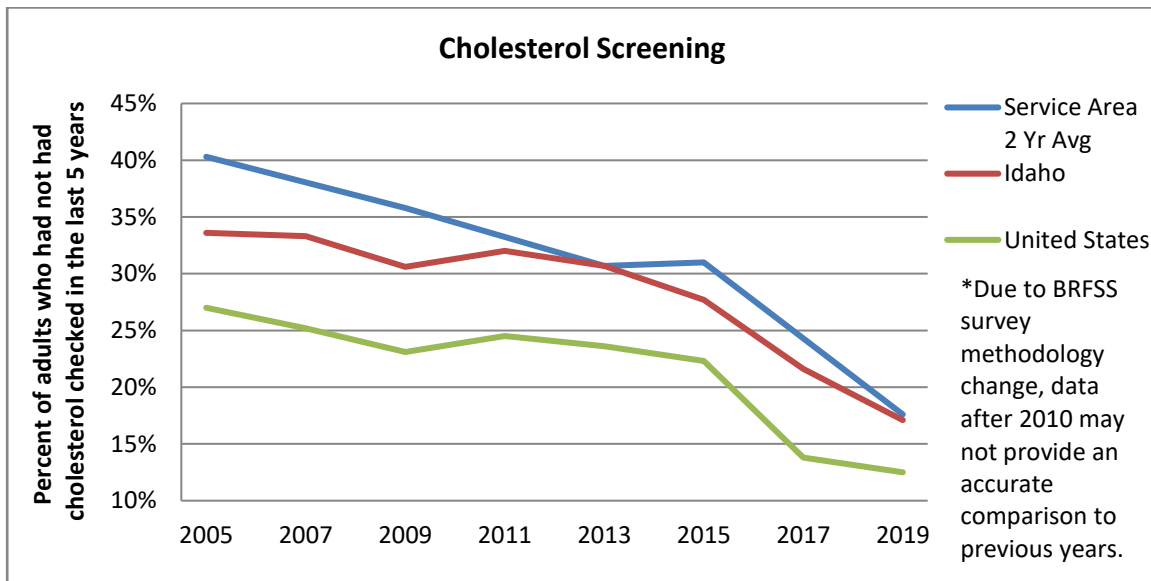
¹¹⁹ Idaho and National 2010 - 2018 Behavioral Risk Factor Surveillance System

- **Cholesterol Screening**

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

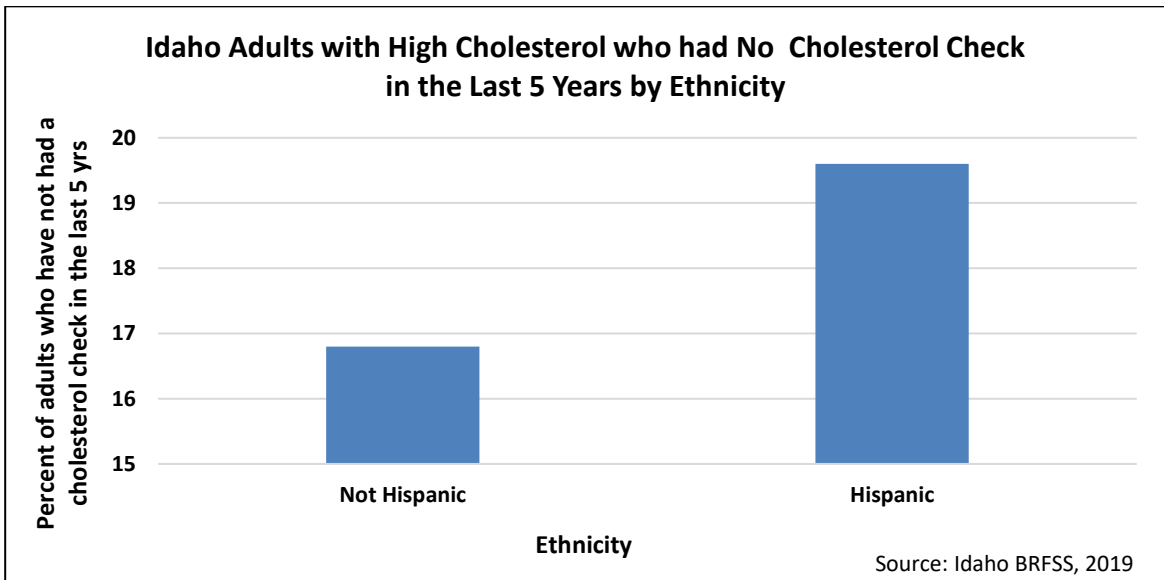
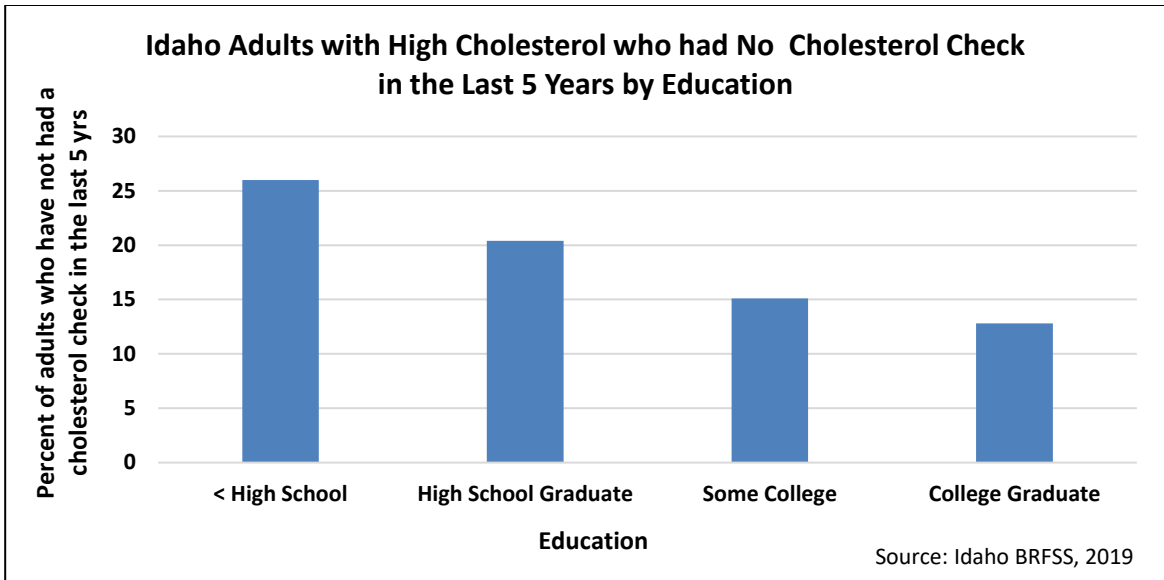
Our service area has a lower percent of people receiving cholesterol checks than the national average.¹²⁰

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



¹²⁰ Idaho and National 2009 - 2019 Behavioral Risk Factor Surveillance System

¹²¹ Ibid

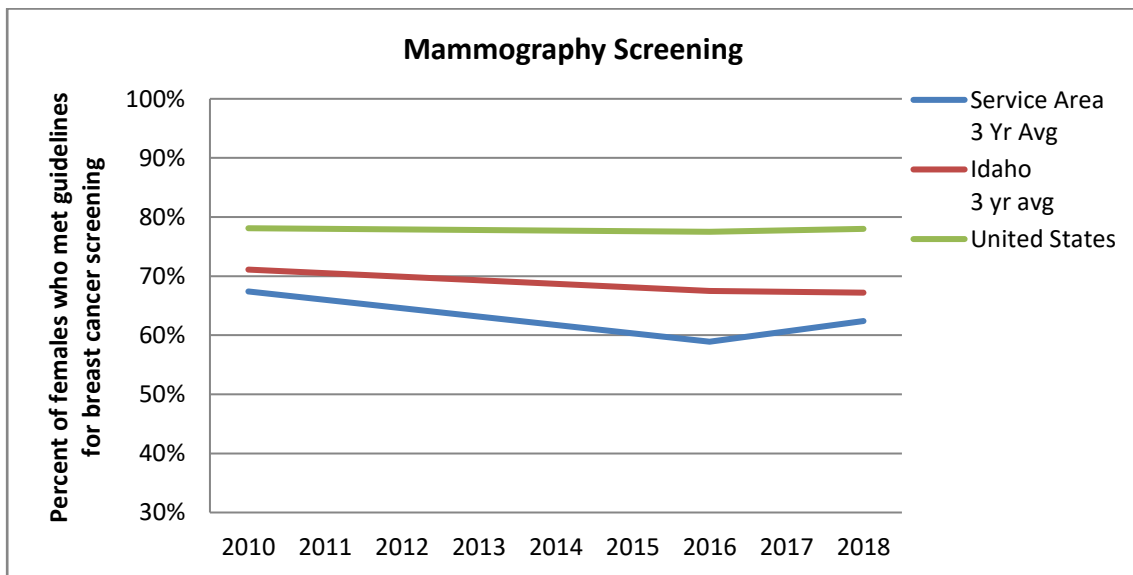


Health Factor Score				
Low score = Low potential for health impact		High score = High potential for health impact		
	Trend	Severity	Magnitude	Total Score
Cholesterol Screening	-2	1	0	-1

- **Mammography Screening**

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

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



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

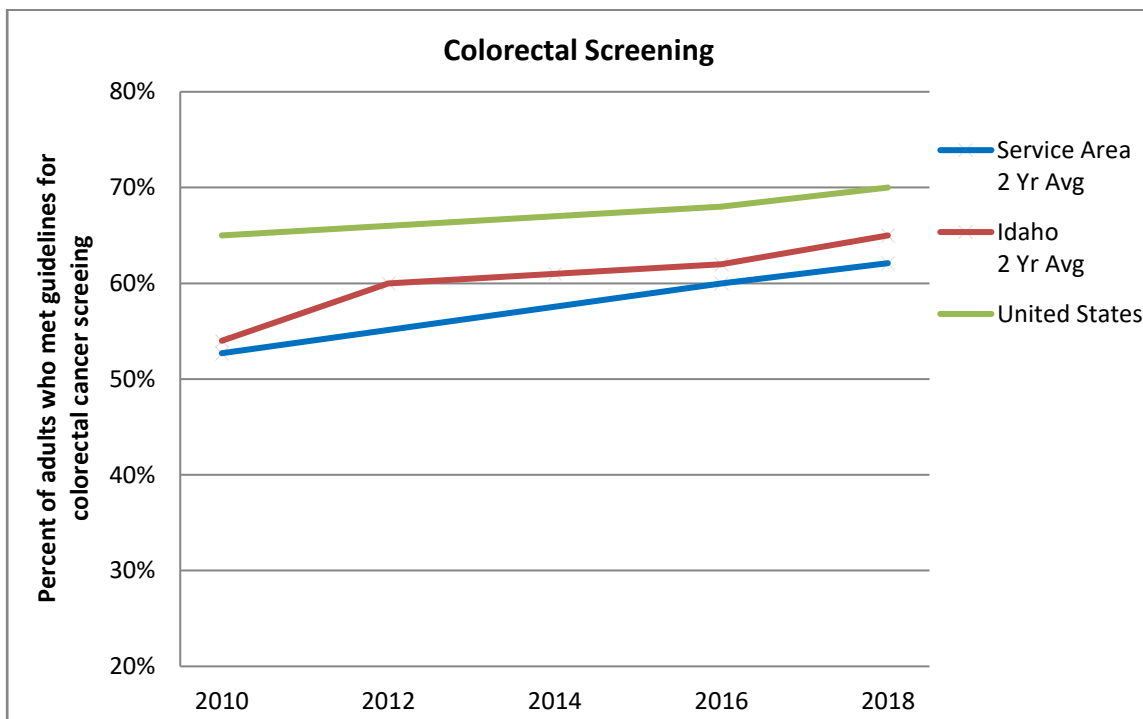
¹²² Idaho and National 2010 - 2018 Behavioral Risk Factor Surveillance System

- **Colorectal Screening**

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

The percent of people aged 50 or older receiving colorectal screening in our service area is lower than the nation. The trend has been improving.¹²⁴

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.¹²⁵



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

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

¹²⁴ Idaho and National 2010 - 2018 Behavioral Risk Factor Surveillance System

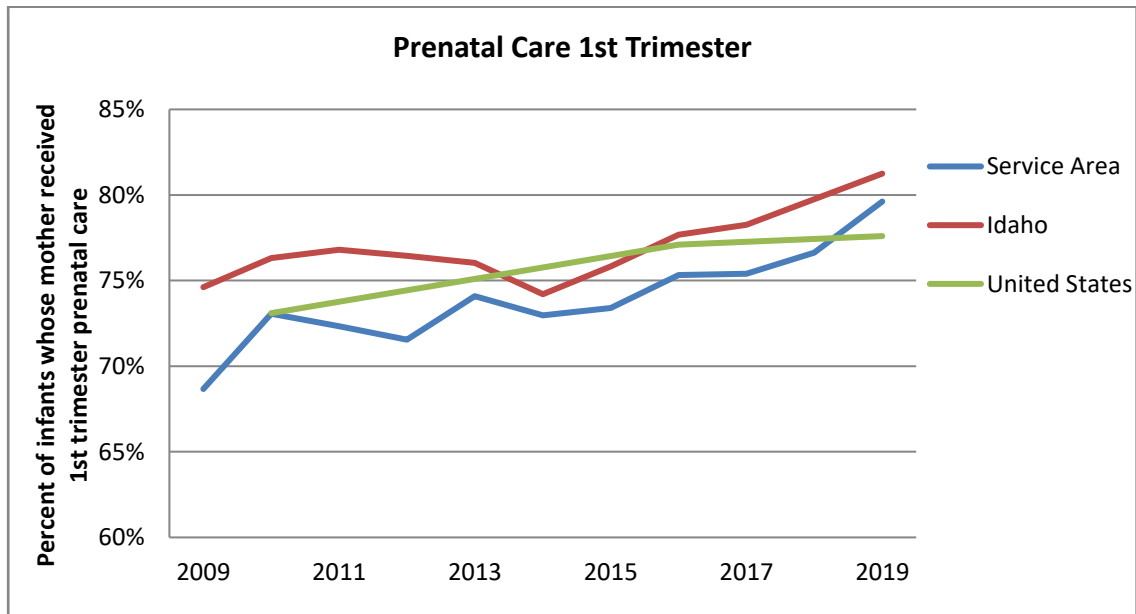
¹²⁵ Ibid.

Prenatal Care Program

- **Prenatal Care Begun in First Trimester**

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

The percent of women in our service area who receive early prenatal care is 79.6%, which is slightly higher than in the nation. The trend in our service area has been increasing.¹²⁷



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

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

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

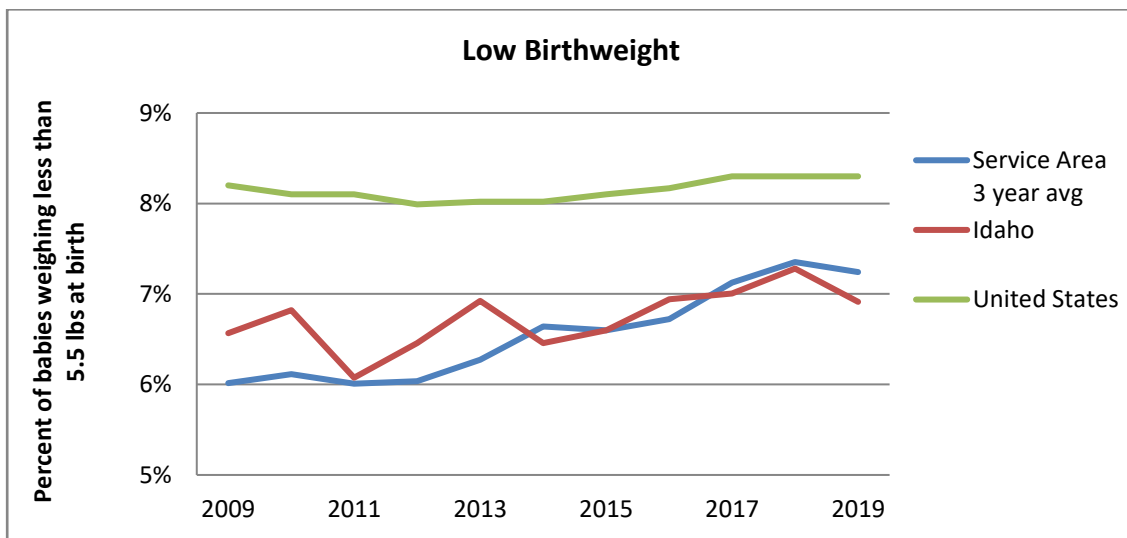
- **Low Birthweight**

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

The percent of low birthweight babies in our service area is 7.2%, which is below (better than) the national average. This is a key indicator of future health. The national top 10th percentile for low birthweight is 6%.¹²⁹

Low birthweight can be addressed in multiple ways, including:¹³⁰

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



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

¹²⁸ University of Wisconsin Population Health Institute. *County Health Rankings* 2019. Accessible at www.countyhealthrankings.org.

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

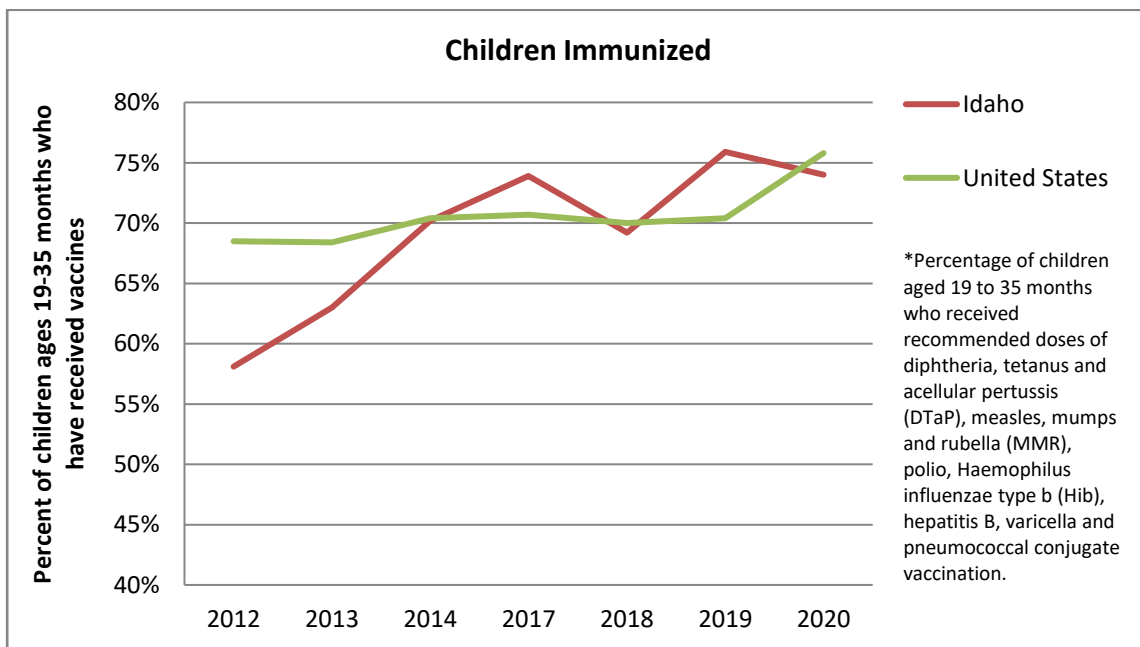
¹³⁰ America’s Health Rankings 2015-2018, www.americashealthrankings.org

Immunizations

- **Childhood Immunizations**

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

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



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

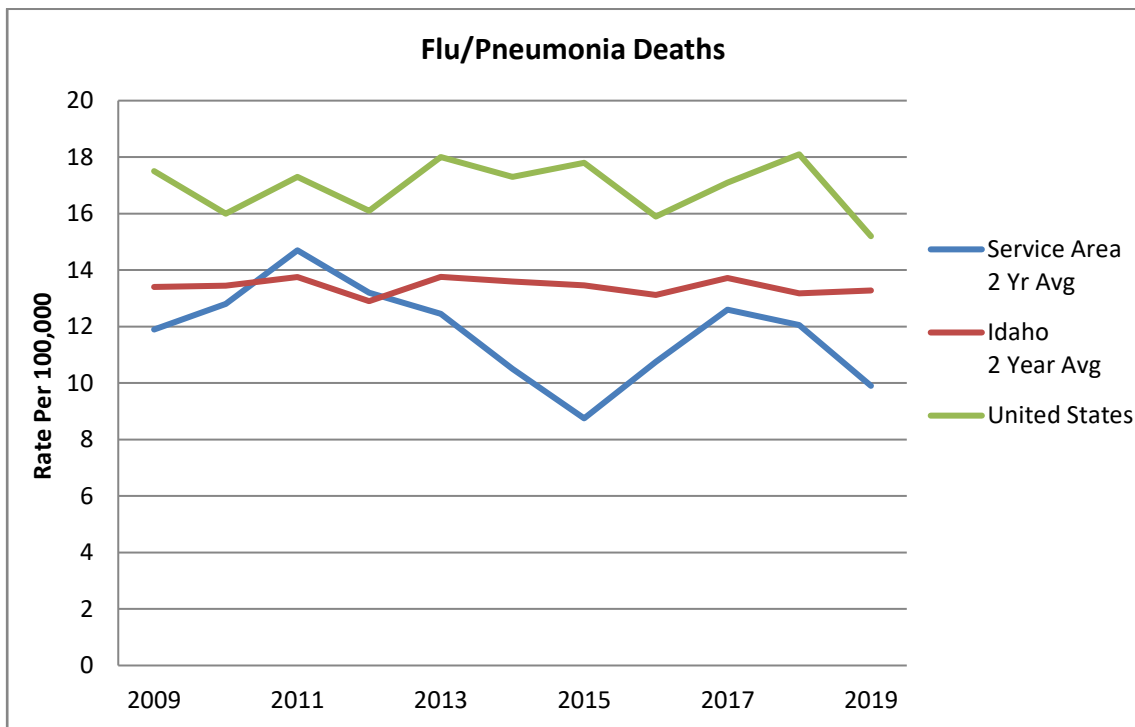
¹³¹ America's Health Rankings 2015-2018, www.americashealthrankings.org

- **Influenza and Pneumonia**

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

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.¹³³

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



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

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

¹³³ <https://www.cdc.gov/pneumonia/>

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

Social and Economic Factors

Academic Achievement

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

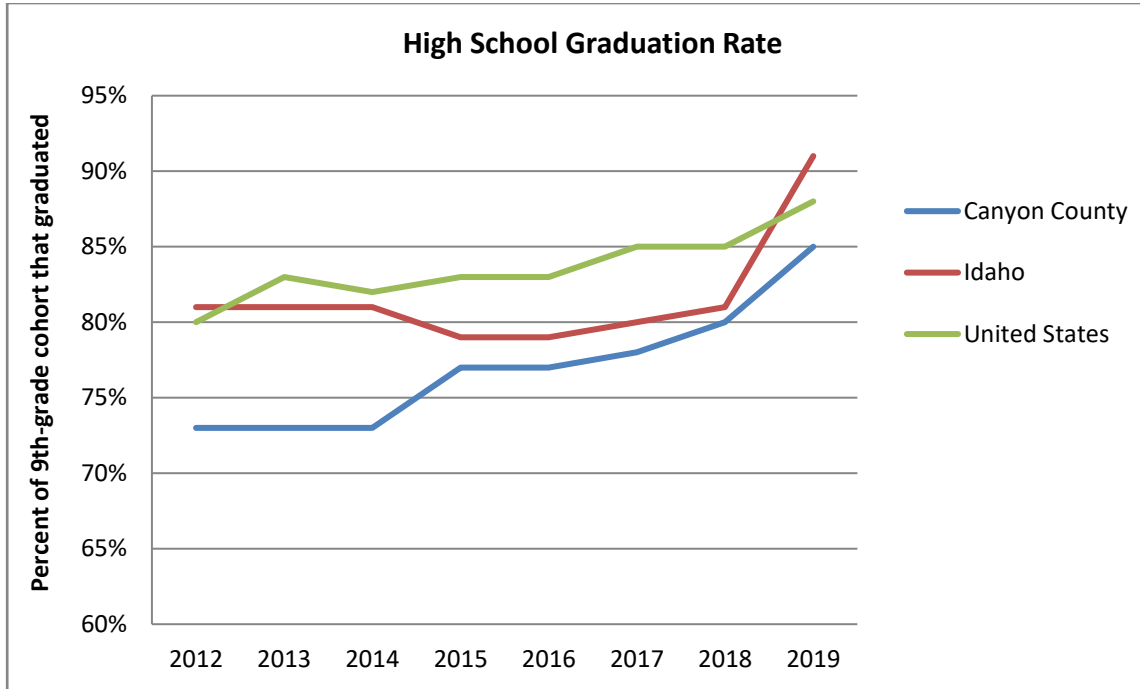
Third grade reading proficiency is often linked to high school graduation attainment, post-secondary education or career readiness programs, and lifetime earning potential. Those reading below proficiency by the end of third grade are much more likely not to graduate from high school, not pursue post-secondary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

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

¹³⁵ Idaho's Early Childhood Care and Education Strategic Plan, 2020

- **High School Graduation Rate**

The high school graduation rate for our service area is below the national average, however, the trend has been increasing.¹³⁶

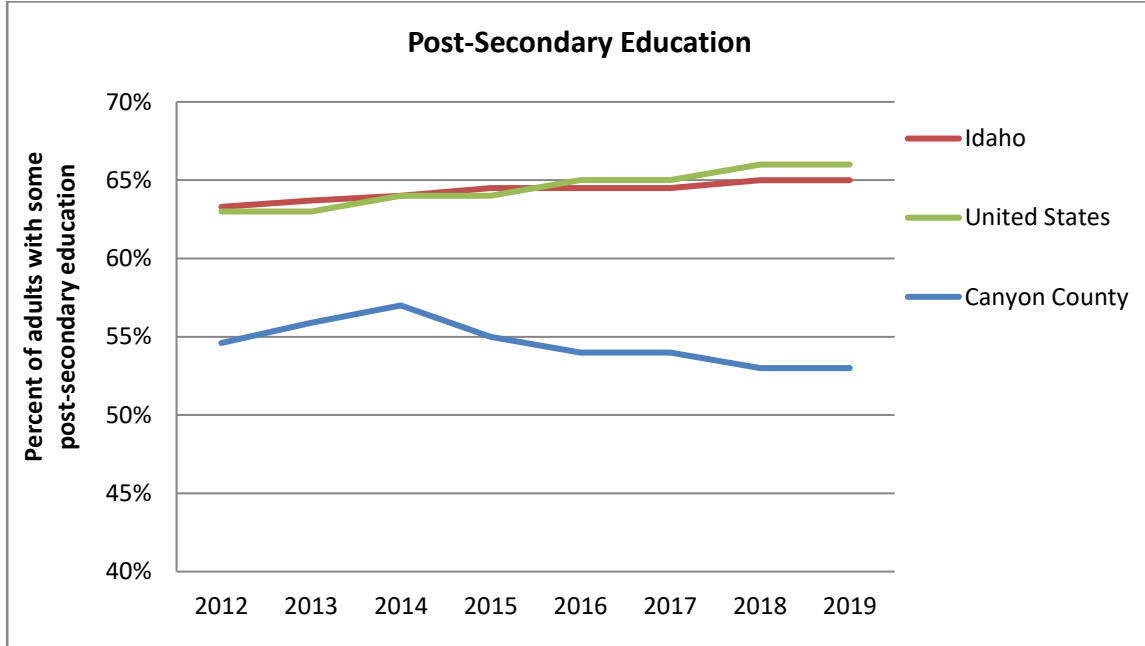


Health Factor Score				
Low score = Low potential for health impact		High score = High potential for health impact		
	Trend	Severity	Magnitude	Total Score
High School Graduation Rate	-2	0	1	-1

¹³⁶ University of Wisconsin Population Health Institute. *County Health Rankings 2012-2019*. Accessible at www.countyhealthrankings.org.

- **Some College**

Post-secondary education for our service area is well below the national average and the trend is flat.¹³⁷



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

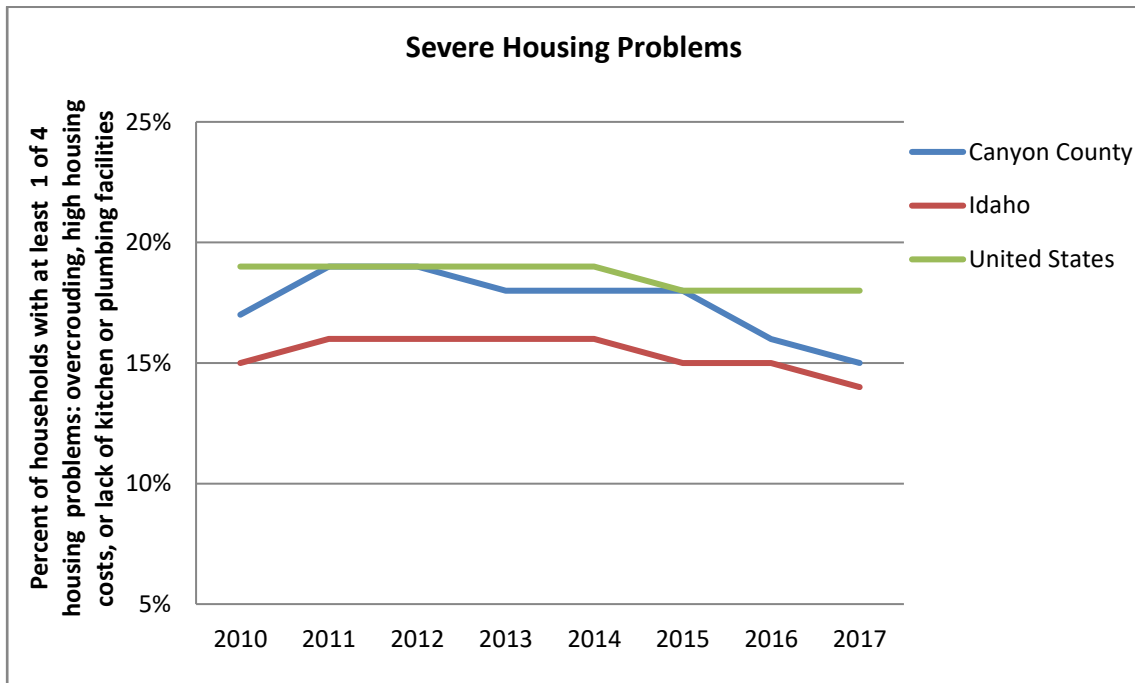
¹³⁷ Ibid

Housing Stability

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

- **Severe Housing Problems**

Idaho and our service area have a lower percentage of housing problems than the national average.¹³⁹



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

¹³⁸ Office of Policy Development and Research (PD&R). https://www.huduser.gov/portal/datasets/cp/CHAS/bg_chas.html

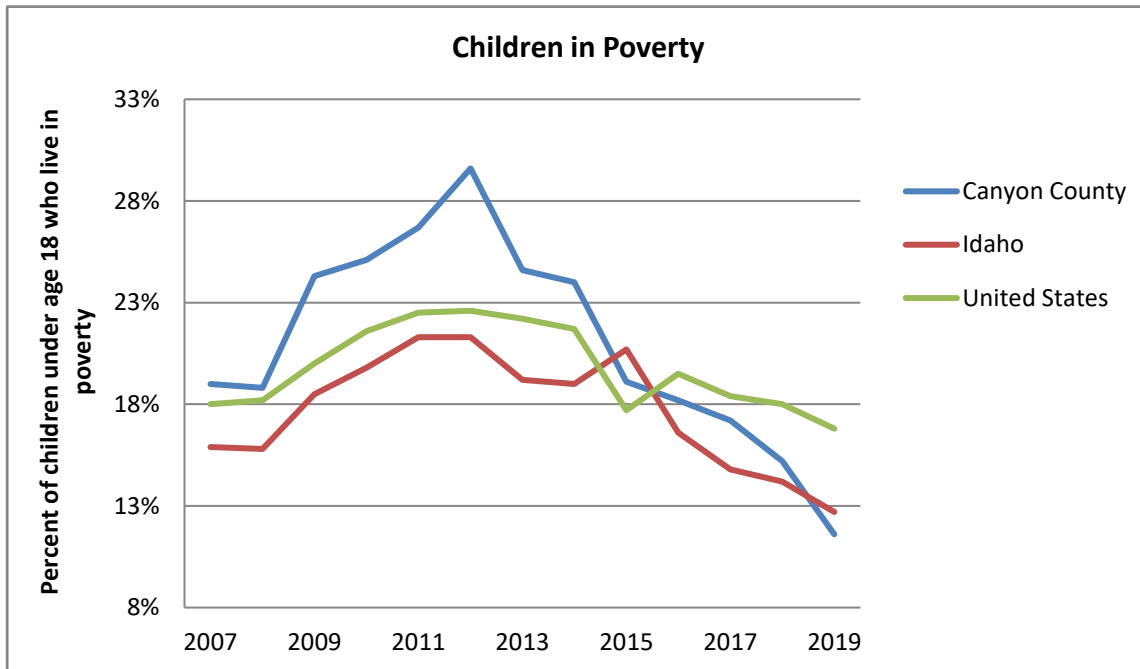
¹³⁹ University of Wisconsin Population Health Institute. *County Health Rankings 2009-2019*. Accessible at www.countyhealthrankings.org.

Services for Children and Families Experiencing Adversity

- **Children in Poverty**

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

The prevalence of children in poverty in our service area is well below the national average. The trend is decreasing both nationally and in our service area.¹⁴¹



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

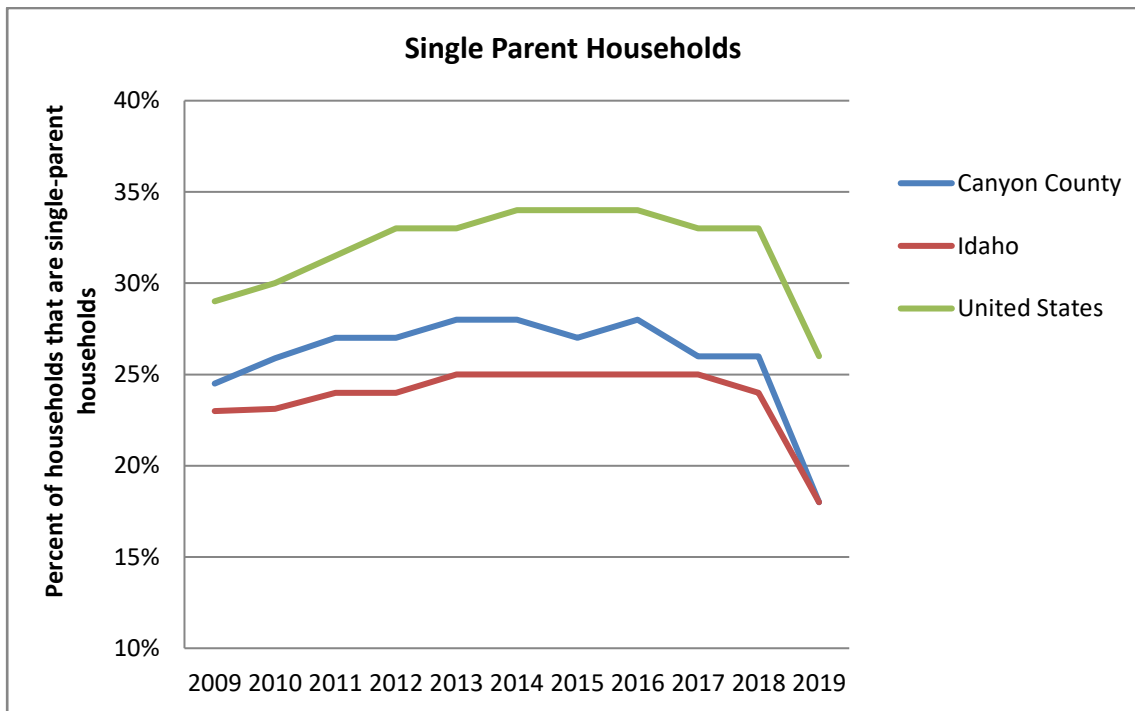
¹⁴⁰ Small Area Income and Poverty Estimates (SAIPE). https://www.census.gov/data-tools/demo/saie/#/?map_geoSelector=aa_c&s_state=16&s_year=2019.

¹⁴¹ University of Wisconsin Population Health Institute. *County Health Rankings 2009-2019*. Accessible at www.countyhealthrankings.org.

- **Children in Single Parent Household**

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

The percent of people living in single parent households is well below the national average for Canyon County.¹⁴³



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

¹⁴² Ibid

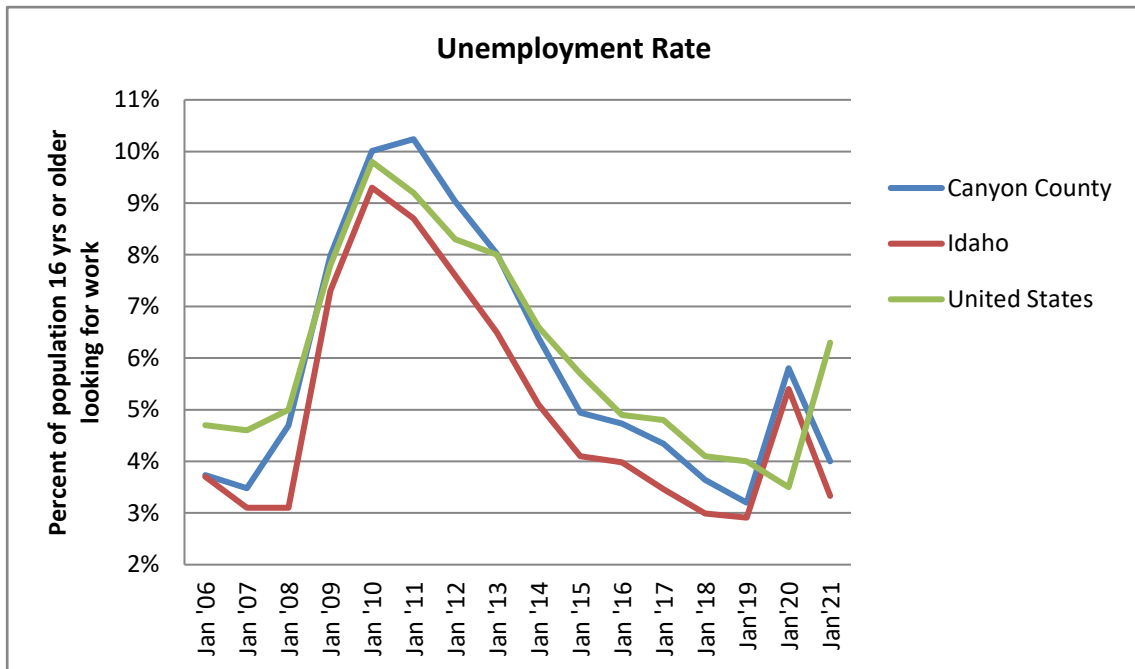
¹⁴³ Ibid

Individual Economic Stability

- **Unemployment**

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

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



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

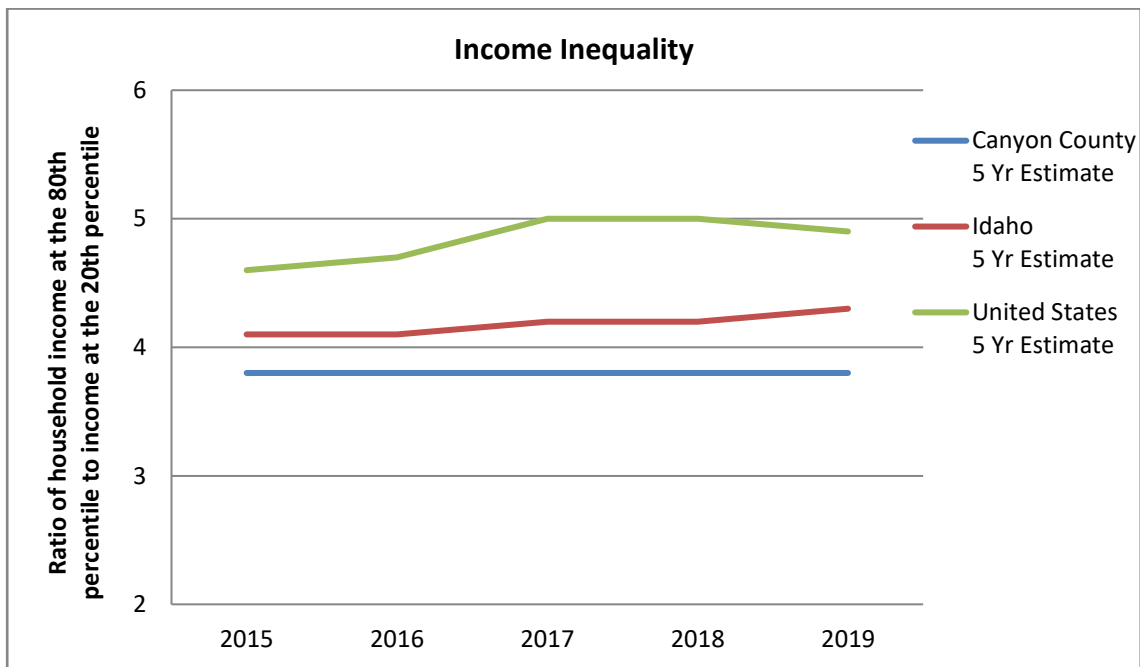
¹⁴⁴National Source: National Bureau of Labor Statistics, www.bls.gov. Idaho Source: Idaho Department of Labor www.bls.gov

¹⁴⁵ University of Wisconsin Population Health Institute. *County Health Rankings 2002-2021*. Accessible at www.countyhealthrankings.org.

- **Income Inequality**

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

The rate of income inequality is below (better than) the national average for our service area. The trend is flat for our service area and Idaho.¹⁴⁷



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

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

¹⁴⁷ University of Wisconsin Population Health Institute. *County Health Rankings 2015-2019*. Accessible at www.countyhealthrankings.org.

Food/Nutrition Security

- **Food Environment Index**

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

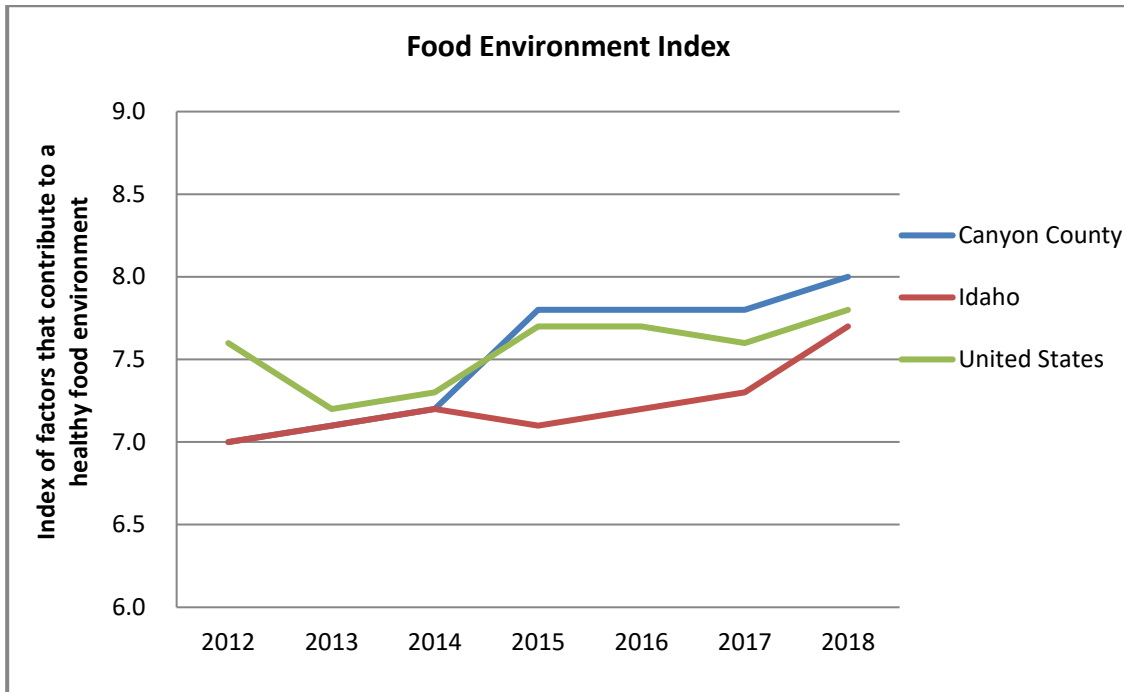
1. Limited access to healthy foods estimates the proportion of the population who are low-income and do not live close to a grocery store. Living close to a grocery store is defined differently in rural and non-rural areas; in rural areas, it means living less than 10 miles from a grocery store whereas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

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

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

¹⁴⁸ University of Wisconsin Population Health Institute. *County Health Rankings 2012-2018*. Accessible at www.countyhealthrankings.org.

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



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

¹⁴⁹ University of Wisconsin Population Health Institute. *County Health Rankings 2012-2018*. Accessible at www.countyhealthrankings.org.

Social Support

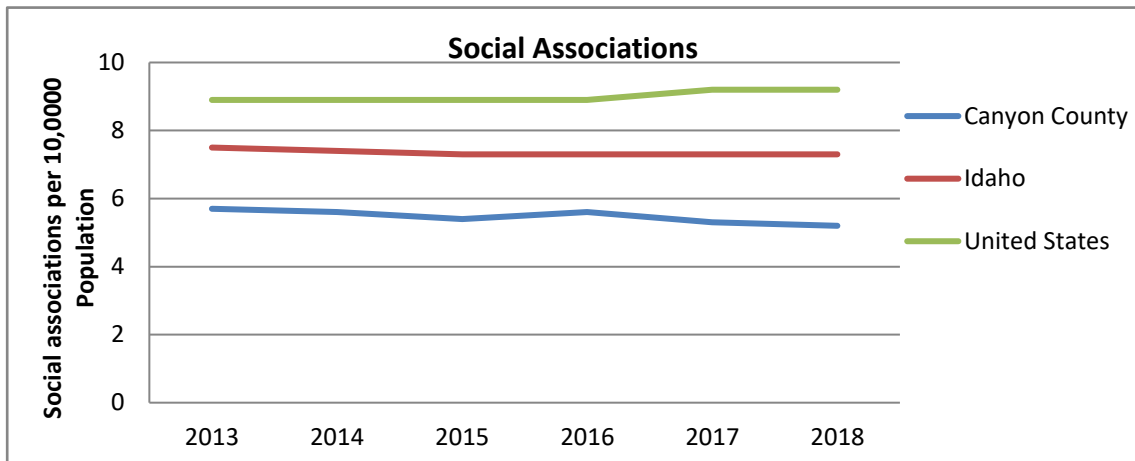
- **Inadequate Social Support**

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

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

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

Social associations per 10,000 population in Canyon County is below the national average and the trend is flat.¹⁵¹



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

¹⁵⁰ University of Wisconsin Population Health Institute. *County Health Rankings 2013-2018*. Accessible at www.countyhealthrankings.org.

¹⁵¹ Ibid

Community Safety

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

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

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

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

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

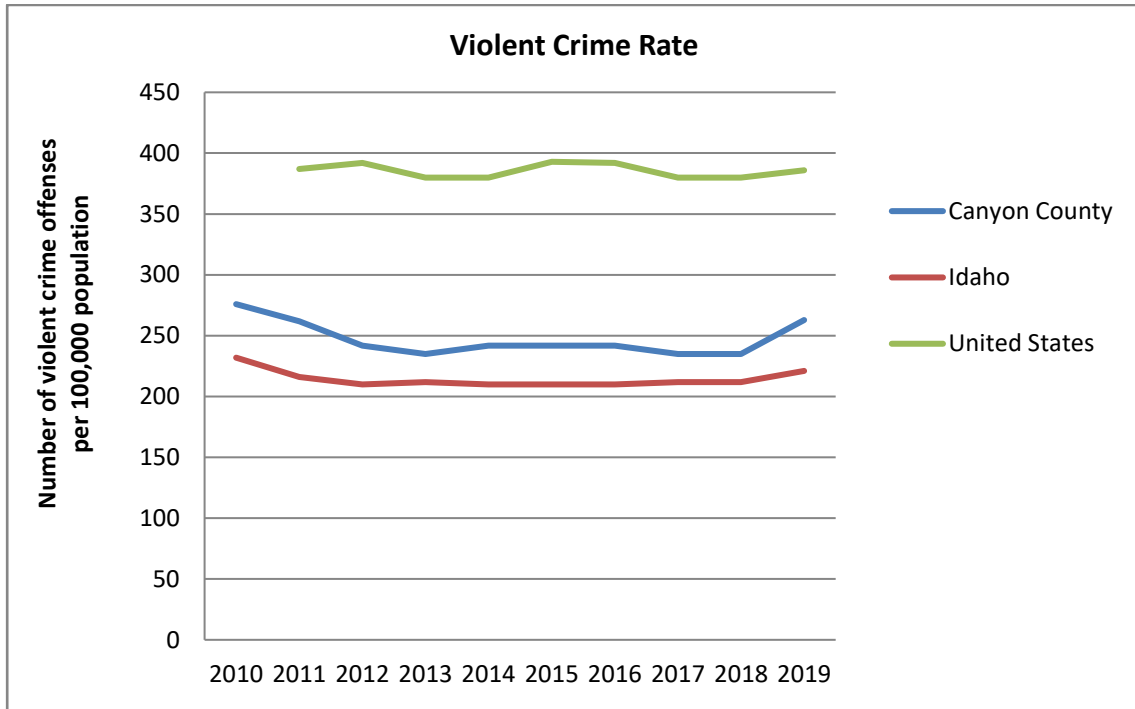
Injuries generate \$794 billion in lifetime medical costs and lost productivity every year. Communities can help protect their residents by adopting and implementing policies and programs to prevent accidents and violence.¹⁵²

¹⁵² University of Wisconsin Population Health Institute. *County Health Rankings 2019*. Accessed at www.countyhealthrankings.org.

- **Violent Crime**

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

Violent crime rates in Idaho and our service area are significantly lower (better) than the national average and the trend is flat.¹⁵³

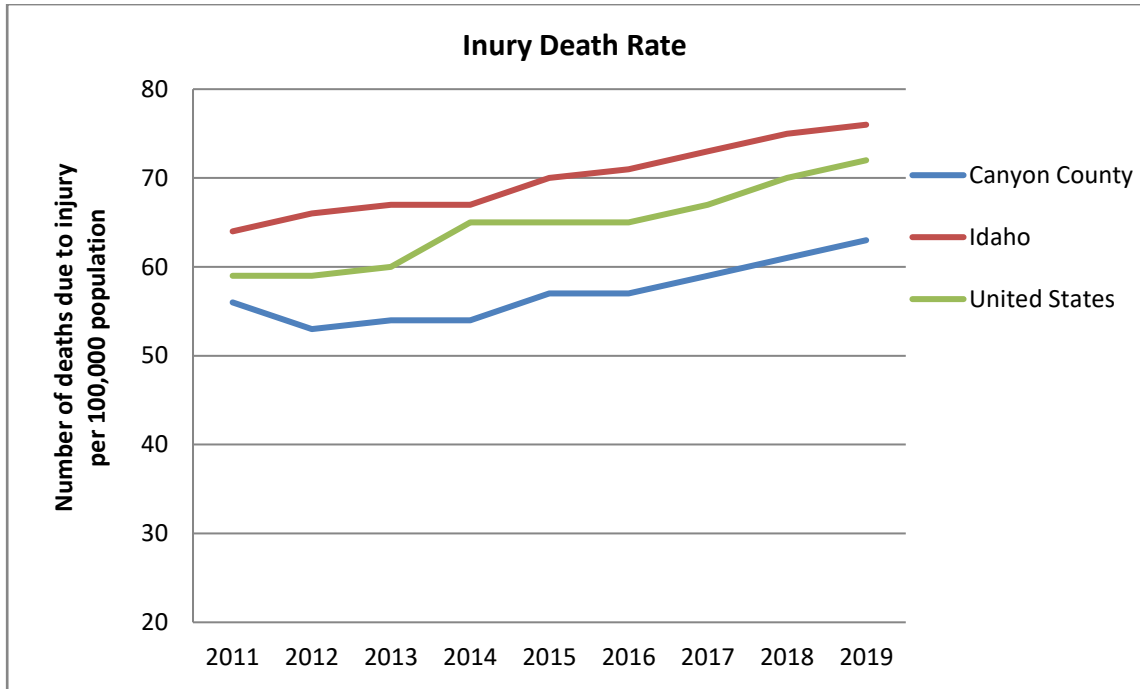


Health Factor Score				
Low score = Low potential for health impact		High score = High potential for health impact		
	Trend	Severity	Magnitude	Total Score
Violent Crime	0	0	0	0

¹⁵³ University of Wisconsin Population Health Institute. *County Health Rankings 2010-2019*. Accessed at www.countyhealthrankings.org.

- **Injury Deaths**

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



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

¹⁵⁴ Ibid

Physical Environment Factors

Air and Water Quality

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

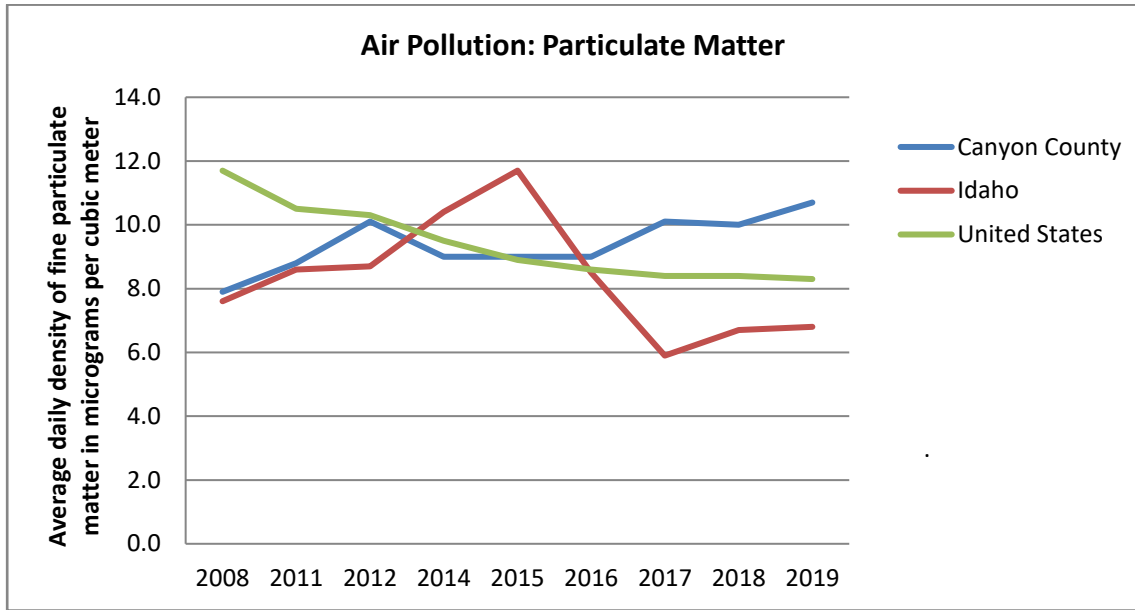
In 2016 more than 1 in 8 had been diagnosed with asthma. Air pollution is associated with increased asthma rates and can aggravate asthma, emphysema, chronic bronchitis, and other lung diseases, damage airways and lungs, and increase the risk of premature death from heart or lung disease. Using 2009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

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

¹⁵⁵ University of Wisconsin Population Health Institute. *County Health Rankings* 2019. Accessed at www.countyhealthrankings.org.

- **Air Pollution Particulate Matter**

Air pollution-particulate matter is defined as the average daily measure of fine particulate matter in micrograms per cubic meter (PM2.5) in a county. Our service area air pollution-particulate matter levels are higher than the national average and the trend is slightly increasing.¹⁵⁶



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

¹⁵⁶ Ibid

- **Drinking Water Violations**

The EPA’s Safe Drinking Water Information System was utilized to estimate the percentage of the population getting drinking water from public water systems with at least one health-based violation. Our service area had annual drinking water violations as shown in the graph below.¹⁵⁷

Drinking Water Violations						
	2014	2015	2016	2017	2018	2019
Canyon County	Y	Y	Y	Y	Y	Y

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

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

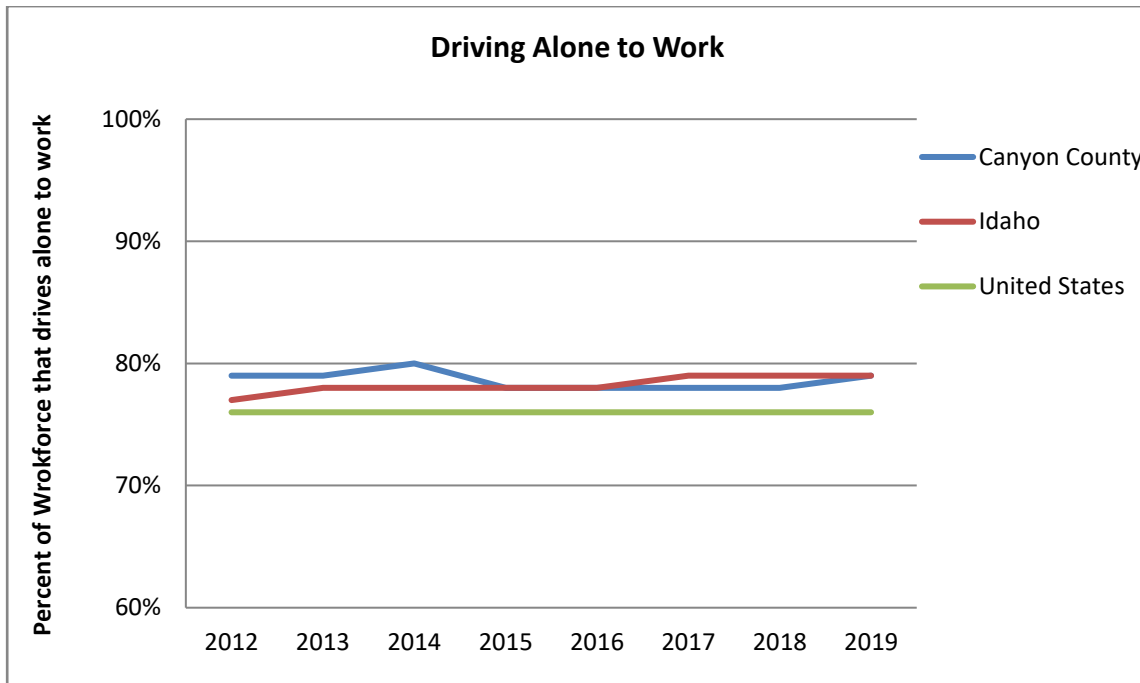
¹⁵⁷ University of Wisconsin Population Health Institute. County Health Rankings 2014-2019. www.countyhealthrankings.org.

Healthy Transportation

- **Driving Alone to Work**

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

Our service area has a slightly higher percentage of people driving to work alone than the national average and the trend is flat.¹⁵⁸



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

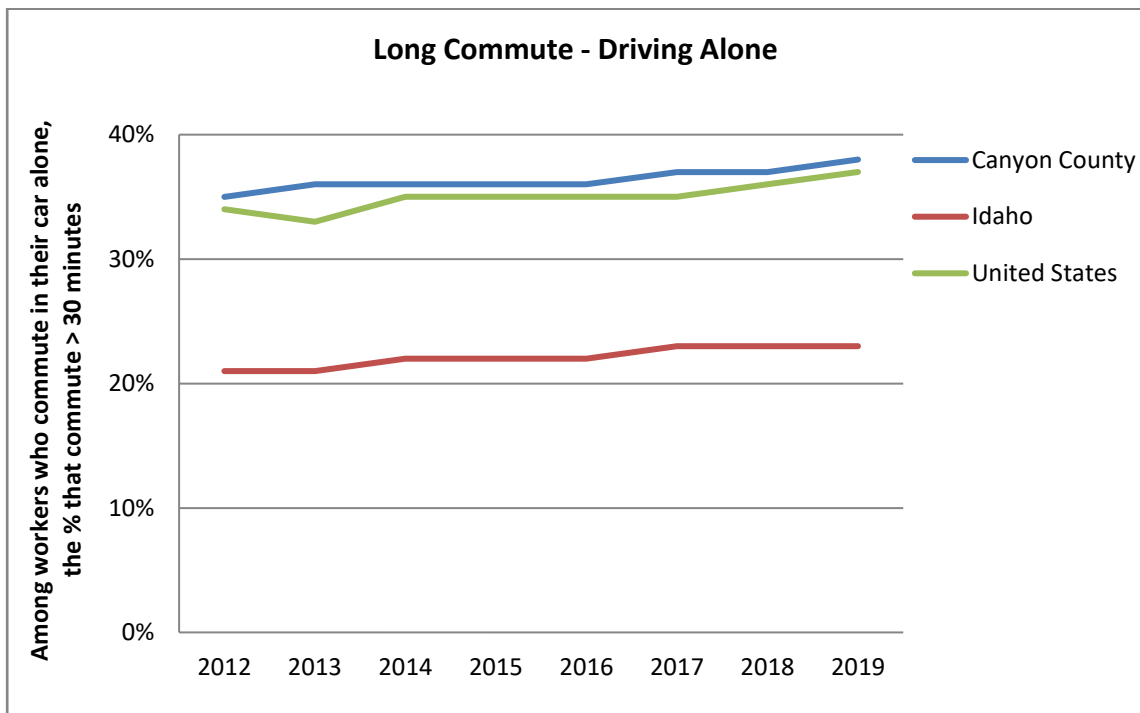
¹⁵⁸ University of Wisconsin Population Health Institute. County Health Rankings 2012-2019. www.countyhealthrankings.org.

- **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% increase in the likelihood of obesity.¹⁵⁹

The percent of people in our service area with a long commute to work is higher than in Idaho but about the same as the national average and the trend is flat.¹⁶⁰



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

¹⁵⁹ Robert Wood Johnson Foundation. County Health Rankings 2012. www.countyhealthrankings.org.

¹⁶⁰ University of Wisconsin Population Health Institute. County Health Rankings 2012-2019.

www.countyhealthrankings.org.

Community Input

Community input for the CHNA is obtained through two methods:

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

Community Representative Interviews

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

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

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

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

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

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

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

Interview Findings

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

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

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

Health Behavior Needs	
Potential Health Needs	Community Representative Score
Substance abuse services and programs	3.63
Nutrition programs/education/opportunities	3.25
Exercise programs/education/ opportunities	2.8
Wellness & prevention programs (for conditions such as high blood pressure, etc.)	3.18
Tobacco prevention & cessation	1.8
Safe sex education programs	2.28

Clinical Care and Access Needs	
Potential Health Needs	Community Representative Score
Availability of behavioral health services (providers, suicide hotline, etc.)	4.33
Chronic disease management programs (for diabetes, asthma, arthritis, etc.)	2.93
Prenatal Care program	2.83
Screening programs (cholesterol, diabetes, mammography, colorectal, etc.)	2.43

Immunization programs	2.78
Improved health care quality	2.35
Affordable health care for low-income individuals	3.85

Social and Economic Needs	
Potential Health Needs	Community Representative Score
Services for children and families experiencing adversity	3.93
Academic achievement from early learning through post-secondary education	3.45
Housing stability	4.6
Community safety (injury, violence, abuse, etc.)	3.1
Individual economic stability	3.93
Food/Nutrition security	3.13
Social support for Seniors	2.5
Social support for Veterans	2.2

Physical Environment Needs	
Potential Health Needs	Community Representative Score
Accessible modes of transportation (sidewalks, bike paths, etc.)	3.58
Healthy air and water quality	1.85

Utilizing Community Representative Input

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

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

Community Health Needs Prioritization

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

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

Health Behavior Category Summary

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

Health Behavior Needs					
Identified Community Health Need	Community Representative Score	Professional Score (includes evidence-base scoring)	Related Health Factors and Outcomes	Health Factor Score	Total Score
Substance abuse services and programs	3.63	4.6	Excessive drinking	2.75	10.98
			Alcohol impaired driving deaths		
			Drug Misuse=Drug Induced death		
			Marijuana use		
Nutrition programs/education /opportunities	3.25	4.6	Nutritional habits, adults	2.75	10.6
			Teen nutritional habits		
			Overweight & obese adults		
			Overweight & obese teens		
Exercise Programs/education /opportunities	2.8	4.6	Adult physical inactivity	1.667	9.067
			Teen exercise		
			Access to exercise opportunities		
Wellness & Prevention programs	3.18	5	Accident deaths	0.667	8.847
			Alzheimer's deaths		
			Breast cancer deaths		
			Cerebrovascular disease deaths		
			Colorectal cancer deaths		
			Diabetes Mellitus deaths		
			Heart disease deaths		
			High cholesterol, incidence		
			Leukemia deaths		
			Lung cancer deaths		
			Nephritis deaths		
			Pancreatic cancer deaths		
			Prostate cancer deaths		
Respiratory disease deaths					
Skin cancer (melanoma) deaths					
Tobacco prevention & cessation	1.8	4	Adult smoking rates	0.5	6.3
			Teen smoking rates		
Safe sex education programs	2.28	2.8	Sexually transmitted infection rate	0.667	5.747
			Teen birth rate		
			AIDS rate		

Clinical Care Category Summary

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

Clinical Care and Access Needs					
Identified Community Health Need	Community Representative Score	Professional Score (includes evidence-base scoring)	Related Health Factors and Outcomes	Health Factor Score	Total Score
Availability of behavioral health services	4.33	4	Mental health service providers	2.667	10.997
			Mental illness, any		
			Suicide deaths		
Chronic disease management programs	2.93	5.6	Arthritis, incidence	0.8	9.33
			Asthma, incidence		
			Diabetes, incidence		
			High blood pressure		
			Do not have usual PCP, Medical home		
Prenatal care program	2.83	5	Prenatal care in 1st trimester	1	8.83
			Low birth weight babies		
Screening programs	2.43	5.8	Cholesterol	0.25	8.48
			Colorectal cancer		
			Diabetes screening/monitoring		
			Mammography		
Immunization programs	2.78	5.4	Children immunized	0	8.18
			Flu/pneumonia deaths		
Improved health care quality	2.35	3.8	Preventable hospital stays	2	8.15
Affordability of health care for low income	3.85	2.2	Uninsured Adults	2	8.05
			Primary care physicians/providers		

Social and Economic Factors Category Summary

Services for children and families experiencing adversity ranked as the top social and economic need in our service area, followed closely by academic achievement.

Social and Economic Needs					
Identified Community Health Need	Community Representative Score	Professional Score (includes evidence-base scoring)	Related Health Factors and Outcomes	Health Factor Score	Total Score
Services for children and families experiencing adversity	3.93	2.467	Social associations	1.33	7.72
			Children in poverty		
			Children in single parent household		
Academic achievement (early learning-post secondary education)	3.45	4.2	High school graduation rate	0	7.65
			Some college		
Housing stability	4.6	1.4	Severe housing problems	1.5	7.5
Community safety	3.1	2.8	Violent crime rate	0.5	6.4
			Injury deaths		
Individual economic stability	3.93	1.8	Unemployment rate	0	5.73
			Children in poverty		
			Income inequality		
Food/nutrition security	3.13	3.4	Food environment index	-1	5.53
Social support for seniors	2.5	1.4	Social associations	1	4.9
Social support for veterans	2.2	0.6	Social associations	1	3.8

Physical Environment Category Summary

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

Physical Environment Needs					
Identified Community Health Need	Community Representative Score	Professional Score (includes evidence-base scoring)	Related Health Factors and Outcomes	Health Factor Score	Total Score
Healthy Transportation Options	3.58	1.2	Driving alone to work	-1	3.78
			Long commute		
Healthy air and water quality	1.85	-1.2	Air pollution particulate matter	1.5	2.15
			Drinking water violations		

Implementation Plan Overview

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

Future Community Health Needs Assessments

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

History of Community Health Needs Assessments and Impact of Actions Taken

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

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

Priority Need 2: Improve Mental Health and Reduce Suicide

Priority Need 3: Reduce Drug Misuse

Priority Need 3: Improve Access to Affordable Health Insurance

COVID-19

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

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

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

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

Two of the highest-ranking health needs in our 2016 CHNA were prevention and management of obesity and diabetes for children and adults, with over 70% of the adults in our community and more than 25% of the children in our state either overweight or obese.

Over the past three years, St. Luke’s Nampa has engaged in efforts to support increased physical activity and improved nutrition for our impact area. Specifically, we have partnered with and supported area schools.

St. Luke’s makes an annual financial commitment through Community Health Improvement Fund (CHIF) grants to support community partners and organizations that are helping address our high priority health needs as identified in the 2019 CHNA. St. Luke’s provided more than \$200,000 in CHIF grants to community partners in the West Treasure Valley from 2019-2022. Of those, several were addressing our Priority Need 1 to improve the prevention, detection and treatment of diabetes and obesity, including the following:

Organization	Program Name	Program Description	Awareness/Outcomes	Participants
Nampa Boys and Girls Club	Triple Play Wellness and Fitness Program	Provided \$5,000 to support a wellness program that addresses obesity	All club members access the program, and it reinforces healthy habits	368 participants
Caldwell School District	Sensory Hallway	Provided \$5,000 for three elementary schools to install sensory elements in hallways	Allows students to reduce overstimulation through intentional physical activity	1,856 students
Destination Caldwell	Student Skating	Partnered to provide access to ice skating for Caldwell students	More than 550 children were able to participate in the program and take lessons	550 students
Nampa Housing Authority	Community Wellness and Development	Provided \$2,500 to support programming to decrease obesity and diabetes	Hosted three events with collaborative partners	90 participants

The Hill

The COVID-19 pandemic had a significant impact on program operations during this timeframe. Both the YMCA and our St. Luke’s Lifestyle Medicine Clinic paused in-person operations mid-2020. For our St. Luke’s clinic, this prompted pivoting of our services to exclusively virtual. Transition to virtual services did allow to expand our program to any patients served across the St. Luke’s service area. During this time, we were also able to

transition our Nicotine Dependence Program to a free fully telephonic service also available to any patient in the St. Luke's service area.

All our other services at this St. Luke's clinic, including the Complete Health Improvement Program and Cognitive Behavioral Therapy for Insomnia also were transitioned to virtual services expanding access to patients in the St. Luke's service area. In January 2021, we were able to resume in-person operation, primarily with the resumption of individual exercise assessments and individual and group exercise sessions. We plan to continue to provide virtual services to make all of our services accessible for patients across our health system.

The St. Luke's Children's clinic was, unfortunately, only open for a short period of time before closing in late 2019/early 2020.

Collaboration between St. Luke's and the YMCA include:

- Referral to the YMCA Enhanced Fitness Program from St. Luke's for patients graduating from Phase II cardiopulmonary rehab (approximately 60 patients referred Jan-April 2022).
- St. Luke's led cooking classes for YMCA members in the Delay the Disease program.
- Use of St. Luke's meeting space by YMCA youth members to provide tutoring and on-line learning support during school closures.
- Continued sharing of St. Luke's meeting space by the YMCA to support youth and adult programming.
- Collaboration between St. Luke's Lifestyle Medicine and St. Luke's Family Medicine-Hillsdale on encouraging referral to the variety of YMCA Healthy Living programs.
- Support the YMCA Delay the Disease program through book club discussion led by a St. Luke's physician regarding healthy lifestyle.
- St. Luke's physician referrals to variety of YMCA Healthy Living Center programs.
- YMCA members self-referring to St. Luke's Lifestyle Medicine program and vice versa.
- Pre-pandemic in-person St. Luke's led cooking classes including participation by YMCA members.
- Collaboration on referrals from St. Luke's to YMCA Diabetes Prevention Program. This program was stopped by the YMCA in early 2020.

School-Based Resilience Programming

Many of our implementation plan efforts were forced to pivot due to the COVID-19 pandemic, but we have modified efforts to continue to support and fund efforts that build resilience among school-aged students.

The pandemic impacted every school partner we have in a significant way with the death of staff members, student parents, or family members. St. Luke's team members served as

experts to assist in discussions around school closures, masking, and the impacts of mental health due to isolation. This work was ongoing from early 2020 through 2021.

The site-based resilience work we intended to support instead shifted to fund crisis intervention support teams, staff trainings, and community-based collaboratives to support the ongoing needs of school-aged children. Much of the efforts centered around supporting the community school resource centers to ensure kids and families had access to critical supports during times of uncertainty.

We provided an additional \$5,000 to the Nampa Salvation Army's family homeless shelter to keep unsheltered families safely housed. We also assisted with a county-wide taskforce that provided increased food supports to those impacted by the economic impacts posed by the pandemic. Identifying the exact number served is difficult due to the broad strategies to support the significant needs our community faced. These efforts were heavily concentrated in our schools.

The 2C Kids Succeed collaborative, supported by St. Luke's staff time and funding, encompasses Public Health District Region 3 with primary efforts impacting Nampa and Caldwell. The group has taken a very collaborative approach to ensure efforts are addressing reducing childhood trauma and increasing resilience in children and adults. The pandemic also caused shifts in our focus, but our efforts were able to align around mental health supports and suicide prevention. The group was able to coordinate *Kites for Hope* within our region's elementary schools, and resiliency building curriculum accompanied the effort.

In December of 2021, the Nampa School District experienced a cluster of youth suicides, and the collaborative convened a community conversation with adults to learn from an expert panel of school, clinical and law enforcement experts. There were 550 attendees at the event. As a follow-up, in March, the same group coordinated 2C Kids Week across our region. In partnership with Optum Idaho, 30,000 bracelets were distributed to students across the county with a message reinforcing, You Matter; You are Loved. The week was focused on activities that build protective and promoting factors, and the reach exceeded 50,000.

CATCH (Coordinated Approach to Child Health)

This evidence-based childhood obesity prevention program that was piloted by five schools in Boise, Nampa, and Caldwell. In 2019 we were able to provide site-based train-the-trainer workshops, purchase the curriculum for each school and assist in helping them identify their school impact teams. The COVID-19 pandemic and movement to remote and hybrid learning disrupted the ability to adequately implement CATCH in our partner schools.

We provided 1,500 water bottles to schools so they could encourage hydration, physical activity, and other healthy habits while they balanced varied school schedules. South Middle School was still able to use the web-based curriculum in their remote and hybrid wellness classes to support regular curriculum. We plan to reactivate efforts in the Fall of 2022 with partner schools as they hopefully enter a more normal schedule and routine with students.

St. Luke’s Health Coaching

Among key highlights for the St. Luke’s Health Coaching program in 2020-2021 with an increased interest in stress-mitigation in response to the pandemic. People reached out to us for help with stress reductions/management and exercising at home. The Carium platform allowed us to send out daily tips along with a virtual exercise and stress reduction program. During the first year of the pandemic, weight-loss waned while the focus was on mindfulness, sleep improvements and stress reduction. A renewed interest in weight-loss and a stronger focus on exercise goals occurred in 2021. Diabetes management was improved by utilizing Bluetooth connectivity with Carium. This allowed our diabetes educator to monitor and help patients identify opportunities to improve their blood sugar based on readings loaded into Carium. We converted group coaching into virtual formats and led a total of 12 sessions in 2020-2021. The group format done virtually was a new opportunity and we have maintained this format into 2022. Group coaching allows people to partner with others who want the support, encouragement, and connection from a group.

<u>Summary Outcomes</u>	<u>2020</u>	<u>2021</u>
Total Engaged	339	505
Diabetes – A1C drop	2.4 pt	1.6 pt
HTN – within healthy range at 3 months	76%	77%
Weight Loss - reduction in 3 months	1.00%	1.60%

Partnership with the Idaho Food Bank on their Hunger to Health Strategy

In 2020, St. Luke’s and The Idaho Foodbank entered into a three-year partnership in which St. Luke’s would fund The Idaho Foodbank’s Hunger to Health services in the St. Luke’s service area. The work falls under three pillars: Nutrition, Education, and Healthy Communities. During the timeframe of 2020-2022, the Hunger to Health partnership resulted in the following accomplishments:

- Pillar 1 – Nutrition
 - Completed the first edition of the Foodbank’s *Nourish* toolkit and was distributed for pilot use in Marsing.
 - Established a QR code for healthy recipes that could be made from food received at pantries and posted it at mobile pantry locations in Southwest Idaho.

- Held 13 partner coaching sessions covering topics such as health promotion, simple on-the-spot cooking demonstrations, and distribution of more culturally appropriate foods to better serve minority communities in southern Idaho.
- Pillar 2 – Education
 - 87 participants in a new, video-based *Cooking Matters at the Store* nutrition education program where 45.1% indicated they intend to purchase more fruits and vegetables, 53.5% intend to compare nutrition labels to make healthier choices, and 54.6% indicated they intend to use unit pricing to stretch their food budget.
 - 17 participants in the in-person Cooking Matters courses before needing to pause for COVID-19 cases in 2020.
- Pillar 3 – Healthy Communities
 - Posted several new resources, including findhelp.org on Idaho Food Bank website.
 - Shared health information, such as information about COVID-19 vaccines and pediatric dental services to partner network and Mobile pantry distribution sites.
 - Hired an Indigenous Community Liaison and a Latinx/Hispanic Community Liaison who both conducted focus groups with Latinx and Refugee community members to better understand how to best promote health in these communities.
 - Established a Hunger to Health Advisory Committee who has identified four focus areas to prioritize in the next years:
 - Pantry-based healthcare interventions through co-location of services (SNAP promotion and education).
 - Healthcare-based food insecurity interventions (community health worker engagement, promotion of hunger vital sign/health-related social needs screening).
 - Serving rural and marginalized populations (embracing diversity, equity and inclusion and activating neighbor-centered practices).
 - Building and leveraging partnerships and collaborations (address root causes of food insecurity through advocacy and continued community collaboration).

The YMCA's Healthy Living Center (Y-HLC) and Diabetes Prevention Program (DPP)

Weight Management/Diabetes Prevention Program (DPP):

- In 2019, DPP had a record number of participants, serving 100 people throughout the calendar year.

- In 2020, the YMCA was able to start 3 cohorts (2 in January and 1 in February) and serve a total of 18 participants prior to COVID-19 causing the closure of the Treasure Valley Family YMCA.
- We paused programming for a total of eight business days to put systems in place before restarting classes via distance learning.
- We served 64 participants via distance learning sessions; starting with 10 cohorts, 6 of which were able to complete their full-year program, 4 still active into 2021.
- Due to COVID-19 and restrictions on billing from CMS, we were not allowed to start new cohorts.

The Y-HLC again received Center of Disease Control Full Recognition in 2020—the highest recognition a provider can receive. In order to attain this recognition, the Y-HLC presently meets the Diabetes Prevention Recognition Program Standards for:

- Percentage of patients with qualifying blood sugar values.
- Percentage of patients with weight documentation during sessions.
- Percentage of patients with physical activity documentation.
- Session attendance in the first 6 months.
- Session attendance in the second 6 months.
- Average weight loss across all evaluated participants in a yearlong cohort must be a minimum of 5% of starting body weight.

The high infrastructure costs required to provide this program have long been a barrier to the Weight Management/Diabetes Prevention Program. In 2021, the Y-HLC started moving into a post-COVID-19 delivery model and created the goal of all Y-Healthy Living Center programs to broaden community outreach, maximize financial resources, and increase program impact. As a result, the Y-HLC made the decision to remove the Weight Management/Diabetes Prevention Program from their programming. They served all participants through February 2021, to ensure all existing cohorts could complete the full program.

Movement Disorders:

- Between shutdown in March and when classes resumed in July, we provided 83 virtual exercise classes to 105 participants.
- Delay the Disease began at the South YMCA in August of 2020, at the Caldwell YMCA in September 2020, and Artist in Residence began in September 2020 with both virtual and in-person options.

Moving into 2021, the Y-HLC began to shift their focus to the following goals:

1. Broaden Community Outreach within our community. Chronic disease is a vast category; therefore, we want to be selective in the programs we choose in having the biggest impact for those that are ready and motivated to change.

2. Maximizing Financial Resources. Taking the perspective of serving more individuals with the current financial resources we have.
3. Increasing Program Impact. Ability to serve more participants while being financial stewards of our funds.
4. Build up the 12-week YMCA Weight Loss Program and develop nutrition education.

Breastfeeding and Childhood Obesity

This effort provides education and support to expectant women and their families regarding breastfeeding and the benefits for mothers and babies. St. Luke's lactation consultants assist mothers with support from delivery through the postpartum period with a focus on continuation of breastfeeding. Evidence-based research shows that infants exclusively breastfed for six months to a year have a reduced risk of childhood obesity. From October 2019 through April 2022, we have had 1,203 attendees in our breastfeeding classes. This class was also forced to pause in-person lactation consultations due to pandemic restrictions for almost two years.

FitOne

This large community event was forced to become virtual during the pandemic, pivot efforts and reimagine how to engage participants in new and intentional ways.

FitOne Race:

Every year, the St Luke's FitOne 5K/10K/Half Marathon brings thousands of participants from the Treasure Valley and beyond together to raise money for St. Luke's Children's while running or walking and encouraging Healthy Living. Due to the situation with the COVID-19 pandemic, the FitOne race went virtual for 2020 and 2021. While the race was not in-person, it still drew thousands from around the community to walk and stay active while also staying healthy and safe. In 2020, FitOne had 4,780 virtual race participants, and in 2021 the race had 3,120 virtual participants and over 200 volunteer hours. These participants joined from locations around the state of Idaho and several surrounding states.

FitOne Challenges:

In the midst of the COVID-19 pandemic, the team at St Luke's FitOne sought creative ways to keep the community engaged, healthy and active throughout the winter months. Thus, the St Luke's FitOne virtual challenge was born. The St Luke's FitOne Challenge is a six-week challenge that encourages the community to stay healthy and active year-round. It is free and encourages movement, healthy eating, and positive mental energy. Participants log their healthy 'wins' through RunSignUp for a chance to earn some awesome prizes. Participants also received weekly emails with tips for staying active, recipes and mental health tips. In addition, they were given access to join an online challenge community where they could connect with other challenge participants, share their journey, and share ideas and tips! In 2021 the St Luke's FitOne Challenge had 415 participants and in 2022, the St Luke's FitOne Challenge had 514 participants.

Emerging Efforts

St. Luke's also supported emerging efforts necessitated as part of our COVID-19 response.

The Traveling Table Mobile Food Pantry expanded food distributions to support increased food insecurity, especially in food desert areas within our community. We provide \$5,000 annually to support the program, and the numbers served since October 2019 are as follows:

- Total Households since October 2019 = 4,953
- Total Individuals since October 2019 = 15,718
- Total Households for COVID-19 Special Distributions = 409
- Total Individuals for COVID-19 Special Distributions = 885

Additionally, senior food insecurity increased dramatically due to COVID-19, and the ability to access fresh fruits and vegetables was even more limited. To combat food access challenges and social isolation, St. Luke's provided \$5,000 to pilot the Senior Nutrition Program at the Caldwell Farmers Market, and \$2,500 for the fall Nampa Farmers Market. The program offered \$10 weekly vouchers to high-risk senior citizens, and served the following:

- Caldwell: 557 households served with an average user age between 60-74.
- Nampa: 409 households served during the six-week program with an average user age between 60-69.

Although we were forced to pivot and shift priority work due to the pandemic, one bright spot that emerged was more consistent and intentional partnering with our local health systems to address high priority health needs.

Priority Need 2: Improve Mental Health and Reduce Suicide

Programs to address mental illness and behavioral health challenges were identified as a high-priority community health needs. Idaho historically has one of the highest rates of death by suicide, but also faces a shortage of mental health service providers. Suicide prevention and substance abuse were ranked above the median, and because data lag, we have yet to understand the full impact COVID-19 has had and will continue to have on the broader mental health and well-being of our communities.

Through the Community Health Improvement Fund, partner organizations were provided financial support to help address the Priority Need 2 to improve mental health and reduce suicide. Those organizations supported are listed below.

Organization	Program Name	Program Description	Awareness/Outcomes	Participants
Advocates Against Family Violence	Light Up the Community	Provided \$3,000 to support training efforts to assist families in crisis.	Staff members trained in Stewards of Children Darkness to Light sexual abuse prevention.	3 trained staff
Jannus	Suicide Prevention Hotline	Suicide prevention hotline support training.	Provide Crisis intervention, emotional support, and resource referrals to all Idahoans to prevent death by suicide.	23 referrals from St. Luke's
Nampa Salvation Army	Community Family Shelter	Move families with children from homelessness to housing stability.	Provides wraparound supports for those in crisis, often with co-occurring mental health and substance abuse issues to achieve stability.	20 families
The Mentoring Network	Mentoring	Provided \$3,000 to support school-based adult to youth mentoring for high-risk youth.	99% of mentored youth have remained out of justice involvement and 99% have achieved graduation.	188 youth served
Nampa School District	Community Health and Educational Improvement Program	Provided \$5,000 to expand the community resource centers to offer medical, dental, and mental health services.	<ul style="list-style-type: none"> - Reduction in chronic absenteeism and chronic behaviors. - Housing and job readiness referrals, planning, and stabilization. - Healthy living conditions and homeless prevention (i.e., Shelter, utilities, etc.). 	School district-wide programming offered
Nampa Schools Foundation	TRIO Upward Bound	Provided \$10,000 to the Upward Bound Mental Health Project.	Hosting a district-wide mental health fair on 4/28 to bring awareness to youth mental health.	School-district wide

Psychiatry Residency Program Expansion

In July 2021, the University of Washington Idaho Advanced Clinician Track expanded from a 2 year to 4-year training program which represented a significant shift in FTE to our communities. Four categorical interns began their rotations in July and are currently in training on their medicine, emergency, neurology, and psychiatry rotations. Earlier this year, the program matched another 4 residents to begin July 2022 – all of them lifelong residents of Idaho, all of them voicing an ongoing commitment to serve in their communities upon completion of their training.

Our St. Luke's Behavioral Health service line is developing plans to train these residents in all the current modalities of care offered by St Luke's, with negotiations underway to consider elective and then required rotations in some of our ambulatory settings and potentially even Canyon View in Twin Falls. A future state partnership with St Luke's Health System and the YMCA expansion is being discussed as a rotation site for a community health experience.

Three St Luke's psychiatrists serve in formal training capacities in support of this program.

REACH Training Program-Delivering Evidence Based Behavioral Health Care in Primary Care

REACH Course Goals included: All participants received custom-designed toolkits with guides, assessment instruments, dosing and side effect charts, medication comparison tables, and handouts for patients and parents.

Participants learned how to effectively use medications for pediatric behavioral health problems:

- Correctly identify and differentiate among pediatric behavioral health problems such as childhood depression, ADHD, bipolar disorder, anxiety states (including PTSD), oppositional and conduct disorders, and psychosis.
- Effectively manage psychopharmacology: selecting medications, initiating and tapering dosages, monitoring improvements, and identifying and minimizing medication side effects.
- Create and implement a treatment plan by mobilizing existing resources like family members, school personnel, and other professional caregivers.

This was done by providing a three-day, 15-hour interactive course focused on building skills and confidence in diagnosing and treating pediatric behavioral health problems.

- Training occurred 11/6/2020, 11/17/2020 and 11/8/2020.
- First time it was held virtually because of COVID-19.

Program also included a six-month, case-based distance-learning program. Learners join 12 bi-monthly, one-hour group conference calls with national primary care and

child/adolescent psychiatry experts to learn how to manage pediatric mental health issues encountered in daily practice.

- Each participant presented at least one case presentation and then offered support/advice to their learning collaborative.
- The cost of the program was \$70,000 covered by the Children’s Mental & Behavioral Health Foundation Fund, given so generously by our community donors.
- Providers did not pay any portion of the cost of the training but could receive up to 27 CME credits if they participated in all training sessions, including the case presentation calls.
- Included 29 participants-all were SLHS providers, pediatrics, and family medicine. Included 4 of our Child and Adolescent Psychiatrists.

Results:

- 96.97% of attendees agreed with the statement “I am now more confident in my ability to treat pediatric behavioral health problems” as a result of this activity (training).
- 93.94% of attendees agreed that they will “change my practice” as a result of the activity.
- Testimonial from a provider “This was by far the best CME I have been able to attend. I have obtained so many take-aways that I am going to implement. My comfort level with SSRI, atypical antipsychotics, and the management of these is much improved. I felt the presentations and the group work was very streamlined and meaningful. You could definitely tell they have this program down to a fine art. Highly recommend anyone able to attend does so!”

Western Idaho Community Crisis Center (Region 3 Behavioral Health Community Crisis Center)

St. Luke’s contributes \$10,000 annually to support the Community Crisis Center to improve prevention, detection, and management of mental illness and substance misuse, and reduce suicide. The number of patients provided care from October to April of 2022 totaled 5,945, with 1,755 of those being unduplicated.

- 2019: 603 (390)
- 2020: 3,533 (730)
- 2021: 1,809 (635)

3-year average of monthly unduplicated admissions: 49 admissions per month:

- 2019 average: 33 admissions/month
- 2020 average: 61 admissions/month
- 2021 average: 53 admissions/month

The patient population served is 70% male, and 75% of those are between the ages of 25 and 55. About 60% of those presenting to the crisis center have Medicaid or Medicare as their insurance provider. Consistently, the top diagnosis for all three years has been a combined diagnosis of mental health with substance use disorder, but the chief presenting concern has shifted from "Behavioral Health" in 2019 to "housing" in 2020 and 2021.

The data also show that diversions from hospitals, jails, and law enforcement for years 2019 and 2021.

2019

Annual Diversions	Visits	Cost/Visit	Annual Total Cost
From Hospital	43	\$2,600	\$111,800
From Jail	15	\$82/day x 15 days	\$18,450
Law Enforcement	53	\$1,000	\$53,000
Annual Total:			\$183,250

Table 4: Estimated Cost Savings for FY 2019-2020

2021

Diversions	Visits	Cost/Visit	Total Cost
From Hospital	317	\$2,600	\$824,200
From Jail	57	\$82/day x 15 days	\$70,100
Law Enforcement	102	\$1,000	\$102,000
Total:			\$996,310

Figure 18: Estimated Cost Savings

Supportive Oncology at St. Luke’s Cancer Institute (formerly MSTI)

In December of 2020, Mountain States Tumor Institute (MSTI) changed its name to St Luke’s Cancer Institute (SLCI.) This recap will utilize SLCI to refer to all five Cancer Institute locations instead of MSTI.

The major accomplishments to be covered in this recap primarily include improvements in Distress Screening/Suicide Screening, Acupuncture practice, and Palliative Care.

Children’s Counseling Community Support Collaborative

The Community Support Project has been the central program at the Children’s Home Society and Warm Springs Counseling Center for 45 years. Their caring, professional staff offers first-rate emotional, behavioral, and mental health care, and uses a variety of

progressive, therapeutic approaches to recovery. Early identification and the right interventions help children develop emotionally, socially, and educationally.

- In 2019, CSHI served over 3,400 children and families.
- In 2019-2020 CSHI was able to provide 2,865 children and their family members counseling and therapy. That included 13,951 counseling, medication Management sessions, and psychological evaluations.
- In 2020-2021 CSHI was able to provide 2,640 children and their family members counseling and therapy through 12,505 counseling sessions, and psychological evaluations.

SHIP-Community Health EMS

The Community Health EMS program has been a strategic St. Luke's Health System initiative, and CHIF dollars helped support a successful pilot program, but COVID-19 paused the partnership efforts between St. Luke's and Canyon County Paramedics. Due to the increased rigor around infection prevention and volume of patient transports, this program was paused, but there is renewed interest in discussion.

Adverse Childhood Experiences (ACEs) and Resiliency Clinical Learning Collaborative

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

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

The cohort included:

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

Core Measures:

- 75% of patients received a service referral if the parent has four or more ACEs.
- 50% of participating providers indicated their understanding of ACEs and trauma-informed care had improved as an outcome of participation.

- 67% of participating providers indicated their community had the appropriate resources to serve those with elevated ACE scores.
- 80% of participating providers rated the collaborative as very good in the end-of-year evaluation.

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

The Idaho Resilience Project Adverse Childhood Experiences (ACEs) Collaborative

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

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

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

Idaho Association for the Education of Young Children (IAEYC) Ready! for Kindergarten Program

The Ready! for kindergarten program is an evidence-based curriculum engaging parents of children ages 0-5 on preparing their kids for kindergarten learning. The curriculum is founded on the principle that parents are their child’s first and most important teacher. Parents learn how to play with purpose with their children, and how to use everyday toys, games, books, and environments to meaningfully connect with their children, and teach them vital skills for kindergarten readiness. Parents who attend the classes also receive free toys and materials that are used in the Ready! for kindergarten lessons.

From 2019-2021, the IAEYC was able to serve 219 children with the sponsorship funds from St. Luke’s.

Idaho Association for the Education of Young Children (IAEYC) Preschool Learning Collaboratives

St. Luke's provided \$20,000 in total to support early learning collaboratives in both Kuna and Garden City over the 2019-2021 timeframe. These collaboratives focused on quality improvement, education impact and building family relationships. Both collaboratives were able to implement the Creative Gold Curriculum and Teaching Strategies Gold as their assessment tool. They are also offering continuous professional development opportunities through participation with IdahoSTARS, our state's quality rating improvement system. Some of St. Luke's funds were used to create cloud-based services in order to continue communication and engagement with parents during the COVID-19 pandemic. All new preschool seats, nearly 50, that were created through these early learning collaboratives were free, increasing accessibility to families in high need of quality programming.

Garden City Giraffe Laugh also experienced the following successes with their programming:

- 70% of children served had never had any sort of childcare prior to this program. Only 10% had ever attended a preschool. The others were in group care or familial care.
- 80% of families are females heading their own households.
- 80% are considered extremely low-income.
- 70% are persons of color.
- 100% of families use the food pantry every month including some of the Boys and Girls Club families.
- Four languages were spoken in the classroom, with two children that spoke zero English when they began.
- 100% of the preschool students were ready and prepared for kindergarten when they arrived for enrollment in the fall of 2021.

Get Ready to Learn Kuna used the St. Luke's funding to continue their operations of serving 16 students with quality preschool programming.

Older Adult Resilience Programming

Boise State University's Center for the Study on Aging was St. Luke's main partner in delivering older adult resilience programming from 2019-2021. The Center for the Study of Aging (CSA) was established in September 2004 as a joint project of the Colleges of Health Sciences and Social Sciences and Public Affairs at Boise State University. The mission of the Center is to serve as a catalyst for change with the goal of assuring that communities in Idaho are equipped to help people lead fulfilling lives. This effort requires research, education, and collaboration to produce and disseminate knowledge about how to improve quality of life as we age.

A primary initiative of the Center is the Idaho Caregiver Alliance. The Alliance or ICA is facilitated by the Center in collaboration with the Idaho Commission on Aging. The ICA is the

only caregiver-focused organization in Idaho and celebrates a membership of over 350 individuals and organizations across the state. In addition to engaging in a broad range of family caregiver initiatives the Alliance serves as the umbrella organization for the Family Caregiver Navigator (FCN) project.

The FCN project was implemented in June 2020 with funding for 2 years (May 2020 – May 2022) from the Idaho Home Choice program within the Bureau of Long-Term Care in the Department of Health and Welfare. It is designed to deliver and test the impact of a support program on the ability of a caregiver to maintain their caregiving capacity and health, while also postponing or alleviating the need for out of home placement of the care recipient.

The project is guided by a 30-person advisory committee and a Memorandum of Agreement between the Idaho Caregiver Alliance and Area 3 Senior Services Agency (A3SSA) is in place to facilitate implementation of the project. It operates collaboratively with other resource networks in the area but is unique in that it focuses exclusively on the caregiver.

The critical needs of caregivers from the Latino community in southwest Idaho were addressed through the expansion of the Family Caregiver Navigator (FCN) program, which was supported by St. Luke's funding of \$25,000. The FCN provides individuals and families with access to a free evidence-based telephonic caregiver intervention, T-Care, delivered by trained navigators. The program includes a comprehensive assessment of caregiver stress, burden, and identity discrepancy, development of a person-centered care plan, and identification of available resources. The navigators also help caregivers connect with needed support services and conduct ongoing follow-up through an automated text messaging system. More details about the FCN project are available at www.caregivernavigator.org.

T-Care offers a Spanish-language version of the assessment and accompanying material. Using existing project funds and resources provided by community partners (SLHS and others) two (2) part-time Spanish-speaking navigators with experience in case management and outreach to the Latino community were hired.

To our knowledge, this was the first Spanish language resource dedicated to family caregivers in Idaho. Community partners that serve the Latino populations, such as St Luke's Health System, the Mexican Consulate, Terry Reilly Health Services, and Family Medical Residency of Idaho, provided critical caregiver referrals and consulted in the design and implementation of outreach materials and care plan processes.

From 2020-2021, the FCN experienced the following outcomes:

- Approximately 175 referrals were made to the FCN from over 20 different entities
- Increased levels of caregiver confidence to identify actions to reduce stress, access resources identified from care plan, make positive changes in their role as a caregiver, communicate their needs as a caregiver, communicate via web-based tools, and continue home-based care (diversion from long term care).

- 133 one on one contacts with Spanish-speaking caregivers that led to 45 completed assessments.

Priority Need 3: Reduce Drug Misuse

Mental illness and drug use can often be co-occurring. Programs designed to serve these needs may be grouped together to demonstrate impact when they reinforce one another.

Tobacco/Vapor Product Prevention Education

Risky behaviors often begin during childhood years. Statistics show that nicotine use increases the risk of misusing alcohol and other drugs. Additionally, certain vape devices can be used to inhale other substances such as marijuana and alcohol, which increases the risk of youth use. While traditional tobacco use, such as cigarette smoking had declined, our community representatives commented on the concern of the increased rate of vaping among youth.

In early 2020, about 2,770 children received education on the negative health effects of vaping while raising awareness about the reasons people use the devices, and highlighting healthy options to cope with stress, peer pressure, and how to quit. Also, St. Luke's staff participated in a series of recorded vape education videos for Vallivue School District. The COVID-19 pandemic impact on schools prevented the ability to provide tobacco/vape education programs. We plan to reactivate efforts to assess and implement programs in 2022. St. Luke's shifted efforts and provided a comprehensive resource list and funds for schools to utilize the CATCH My Breath recorded versions on vape education.

St. Luke's Community Health staff participates on the 2C-Drug Free Coalition (2C-DFC), who also serves to expand vape prevention and awareness efforts. Staff assisted in the development of the newly launched 2C-DFC website, which incorporated vape awareness resources. The coalition also provides vape education materials at hosted events in the community.

Additional Efforts

St. Luke's Community Health staff participated in the Office of Drug Policy stakeholders meeting to help inform their strategy. Staff also assisted 2C-DFC with planning of general substance-use prevention and awareness efforts including the following:

- Community Forum presented by Prosecuting Attorney, Bryan Taylor.
- Participation in bi-annual National Drug Take Back Days.
- Alcohol awareness Sticker Shock Campaign events with mayor's teen council groups.
- Hosted a virtual suicide prevention training.

St. Luke’s Health System Pain Affinity Council

The St. Luke’s Health System Pain Affinity Council is a multi-disciplinary team of several St. Luke’s staff and leaders focused on pain management strategies both within our health system and in the community that support successful pain management and overall health, while decreasing risk for opioid misuse and addiction.

In Fall of 2019, the System Pain Affinity Council, in partnership with our IHT and Accreditation and Patient Experience team created opiate safety information. Beginning in October 2019, the information was added to every after-visit summary for patients discharging from a St. Luke’s clinic, emergency department, urgent care, ambulatory surgery area and/or hospital when an opioid prescription was given to the patient or when an opiate was listed on the patient’s medication list. The key messages for patients are to store and lock opioid prescriptions and dispose of medications that are not being used.

Unfortunately, the group was disbanded in March 2020 due to other system priorities and has not been resurrected since.

Priority Need 4: Improve Access to Affordable Health Insurance

Through the Community Health Improvement Fund, partner organizations were provided financial support to help address the Priority Need 4 to improve access to affordable health insurance. Those organizations supported are listed below.

Organization	Program Name	Program Description	Awareness/Outcomes	Participants
Valley Regional Transit	Rides to Wellness	Provide on-demand transportation to medical appointments.	The pilot program development paused with the COVID-19 pandemic.	4 participants
Snake River Stampede	Stampede for the Cure	Provided \$12,000 to support efforts to raise funds for free mammogram services for uninsured women.	Dollar value for services provided for free mammograms \$ 15,802.08.	147
Canyon County Ambulance District	Canyon County Paramedics CHEMS Program	Community Paramedic Program	Going by the national average Medicare allowable rate for ambulance transport and an ED visits, this represented over \$76,394.90 of total	Combined, our CHEMS program had a total of transports to the ER via ambulance

			cost. Post intervention, these patients have been transported to the ER via ambulance only 8 times. Going by the same average cost used to calculate pre intervention numbers, this represents a cost of only \$6,790.68. This represents a significant reduction in unnecessary ambulance transports and ER visits.	over 21 months.
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Ventanilla de Salud (Health Window)

The Health Window is a partnership between St. Luke’s and the Mexican Consulate to provide increased access to medical care, community resources, chronic disease management for the Hispanic and Latino population in Idaho and modified services to accommodate the changing healthcare landscape the COVID-19 pandemic presented. The Health Window provided reliable and accurate COVID-19 information and education to the Hispanic and Latino community through social media platforms, radio shows, and in collaboration with community health clinic partners and health care professionals. Additionally, the Health Window worked to educate and train Consulate staff on up-to-date information and education related to COVID-19 throughout the duration of the pandemic and assisted in modifying the Consulate’s services to enhance personnel and client safety. From 2019-2021, the Health Window grew a network of community partners to over 40 active organization to support a diverse and robust referral infrastructure for clients served throughout St. Luke’s footprint.

Outcomes in Numbers:

- Spanning the time of this CHNA, a total of 11,961 people were reached through the Health Window program via a combination of interactions including phone, virtual and in-person, health education as well as through preventive health opportunities such as vaccination clinics and preventive health screenings, and through navigation of health services and referrals.
 - January 2020-December 2020: 2,421
 - January 2021-December 2021: 7,427
 - January 2022-April 2022: 2,113

- A total of 7,805 health screenings were provided:
 - 1,594 Vaccinations
 - 443 Influenza vaccines
 - 1,082 COVID-19 Vaccines
 - 69 childhood vaccines
 - 1,898 HIV Tests
 - 1,960 Blood Glucose Tests
 - 1,945 Blood Pressure Screenings
 - 1,898 other screenings (Hep C, etc.)
 - 48 biometric screenings
 - 28 cholesterols
- Numerous sessions were held for groups such as families, farmworkers, and community partner staff on different health topics including degenerative illnesses, reproductive health, preventive care programs, substance abuse and violence, chronic disease prevention, mental health, and COVID-19.

Outcomes Narrative:

- The COVID-19 pandemic was a challenge in being able to provide access to medical services due to gathering restrictions. However, this led to a need to grow social media presence where in the absence of being able to interact with community members one-on-one, constant sharing of resources, education and information was provided. Additionally, the Health Window opened the phone line so that people could call in to obtain assistance based on their need. During this time, the Health Window became a consistent and reliable trusted source of information for COVID-19 prevention and vaccine education among the Idaho Latino and Hispanic community. This was accomplished by both an increase in virtual education and by providing in-person, one-on-one education at the Consulate once it was safe to do so. In these efforts the Health Window leveraged trusted partners (Consulate, Faith Based leaders) to help provide a space for subject matter experts like bilingual and bicultural physicians as well as other community partners and public health professionals to share important up to date COVID-19 prevention education in Spanish. The education that took place onsite contributed to dispelling myths around the vaccine and addressing some of the vaccine hesitancy some community members felt. This allowed for clients to feel empowered and make an informed decision on their choice to get the vaccine. Additionally, the Health Window established a radio presence as a subject matter expert based on the contribution to outreach and education efforts to decrease the disparities Latino and Hispanic communities faced and continue to face in obtaining their vaccine.
- Due to this increased need for a bilingual outreach coordinator to continue to serve the Latino and Hispanic Spanish speaking communities, the position was expanded from .5FTE to 1.0 FTE to meet the growing needs of the Hispanic/Latino community across the St. Luke's footprint.

- Additionally, in 2022 services increased at the Health Window from two times per week, to four times per week, to support community partners and their clinical teams during mobile COVID-19 vaccination clinics and other preventive health service clinics. This has resulted in an increase in the number of community members reached with health education, referral services for the establishment of medical homes.
- In the space of mental health, the lack of Spanish language mental health and emotional support resources was addressed by creating a bilingual mental health resource manual for the Treasure Valley, Help is Here! modeled after the Get Help! guide from Center for Community Health in Wood River. This manual has served as an educational and referral tool for community members expressing a mental health crisis, and or distress, with a subsequent need to have access to support, and counseling services. 1,691 printed copies of the manuals have been distributed throughout community partners and clients in the community.

SHIBA-Senior Health Insurance Benefits Advisors:

Unfortunately, while available on site, this service was not highly utilized prior to COVID-19. Our SHIBA representatives first had a booth set up on a regular basis, then moved to a monthly cadence. That monthly visit was still poorly attended and was discontinued with the SHIBA rep recommending to instead, send direct referrals if there were interested patients. This was the new process adopted and with the advent of COVID-19, referrals, as opposed to in-person visits, was the new adopted model.

St. Luke's Financial Care Program

Our Community Health Needs Assessment identified uninsured patients, affordable care, affordable insurance, and providers accepting public health insurance as high priority needs. To address these needs, St. Luke's provides care to all patients with emergent conditions regardless of their ability to pay and provides St. Luke's offers financial care to patients who are uninsured and underinsured to help cover the cost of non-elective treatment. Charity Care services are provided on a sliding scale adjustment based on income (based on the Federal Poverty Guideline), expenses and eligibility for private or public health coverage. St. Luke's provided the following assistance over the course of this impact statement period:

- 2019: \$301,945,678
- 2020: \$362,577,823
- 2021: \$281,838,373

Rides to Wellness

This effort serves to provide free, on-demand transportation to medical appointments for Nampa residents with transportation barriers. The program, operated by Valley Regional Transit, planned to launch the service in early 2020, but the pandemic precluded non-emergent care to be put on hold. COVID-19 also impacted the ability to hire drivers, thus the

project was stalled for the majority of 2020-2021. Just recently there has been renewed effort in a relaunch of the program, but to date, only four rides have been provided to St. Luke's appointments.

Your Health Idaho

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

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

Care House Partnerships

St. Luke's provided funding to support efforts to provide free medical and behavioral health care for those without the ability to pay. The clinic opened during the pandemic, so patient volumes were low due to very limited capacity and capability for medical professionals to volunteer.

2021-2022 Numbers:

- Total Clients Served: 33
- Total Volunteer hours: 132 hours
- Amount Paid for extended services – labs, imaging: \$346.59
- Estimated "value for service": \$13,343 in estimated value of services provided (33 appointments, 13 clients)

School-Based Mobile Care

In January of 2020, St. Luke's began providing bilingual, place-based pediatric services for high-barrier students within the Nampa School District. Due to the pandemic forcing remote

and hybrid learning, the services were suspended from March 2020 to October 2020, then phased back in from October 2020 to May 2021.

In late 2021, we were able to expand services to now provide care at six schools through the addition of a mobile unit. To date, 265 students have been provided school-based medical services.

The mobile unit is also paired with our Children at Risk Evaluation Services (CARES) to meet the needs of victims of child physical and sexual abuse with barriers to accessing care.

Services provided include:

- Well-child visits
- Strep throat
- Influenza (flu)
- Infectious mononucleosis (mono)
- Respiratory syncytial virus (RSV)
- Urinary infections
- Mild concussions
- Scrapes, strains, bruises
- Rapid COVID-19 testing
- Behavioral/mental health issues

Stampede for the Cure

This charity event is part of the Snake River Stampede Rodeo and raises funds to provide free mammograms for those unable to pay for services. The event raises awareness about the importance of early detection and treatment and St. Luke’s has been a financial supporter through our CHIF program.

Mammograms for uninsured: Nampa and Fruitland		Total number of patients served	Total Charges
	FY19	17	\$ 1,564.98
	FY20	38	\$ 3,907.99
	FY21	63	\$ 7,634.62
	FY22	29	\$ 2,694.49
		147	\$ 15,802.08

Resources Available to Meet Community Needs

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

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

Resources Available Across St. Luke's Health System Footprint

General Assistance and Referral Services

Idaho CareLine Information and Referral

Phone: 2-1-1

Toll Free Phone: 1-800-926-2588

Text 898211

<https://www.idahocareline.org>

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

Idaho COVID-19 Hotline

Toll Free Phone: 1-888-330-3010

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

Idaho Department of Health and Welfare

Phone: (208) 334-6700

<https://healthandwelfare.idaho.gov>

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

Findhelpidaho.org (Idaho based)

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

Findhelp.org (national)

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

Abuse/Violence Victim Advocacy & Services

Idaho Children's Trust Fund

P.O. Box 2015

Boise, Idaho 83701

Phone: (208) 386-9317

Fax: (208) 386-9955

<https://idahochildrenstrustfund.org>

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

Idaho Coalition Against Sexual and Domestic Violence

Linen Building

1402 W. Grove Street

Boise, Idaho 83702

Phone: (208) 384-0419

<https://idvsa.org/>

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

Idaho Council on Domestic Violence and Victim Assistance

Phone: (208) 332-1540

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

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

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

Idaho Department of Health and Welfare - Child Protection Services

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

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

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

Idaho Domestic Violence Hotline

Phone: 1-800-669-3176

Women's and Children's Alliance

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

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

<https://www.wcaboise.org>

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

Behavioral Health and Substance Misuse Services

Behavioral Health: Idaho Department of Health and Welfare

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

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

Drug Free Idaho, Inc.

<https://drugfreeidaho.org>

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

Empower Idaho

1607 W. Jefferson Street

Boise, Idaho 83702

Phone: (208) 947-4289

Fax: (208) 331-0267

<https://www.empoweridaho.org>

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

Idaho Substance Use Disorder Hotline

Toll Free Phone: 1-800-922-3406

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

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

Idaho Crisis and Suicide Hotline

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

Text: (208) 398-4357

www.idahocrisis.org

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

NAMI– National Alliance on Mental Illness, Idaho Chapter

P.O. Box 2256

Boise, Idaho 83701

Phone: (208) 520-4210

Toll Free Phone: 1-800 950-6264

Crisis Chat: text “NAMI” to 741741

National website: www.nami.org, Idaho Website: www.namiidaho.org

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

National Suicide Prevention Hotline

Dial: 988

<https://suicidepreventionlifeline.org/>

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

SAMHSA (Substance Abuse and Mental Health Services Administration)

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

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

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

Caregiver Support Services

Idaho Caregiver Alliance

<https://idahocaregiveralliance.com>

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

Idaho Commission on Aging

6305 W. Overland Road, Suite 110

Boise, Idaho 83709

Phone: (208) 334-3833

Toll Free Phone: 1-877-471-2777

Fax: (208) 334-3033

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

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

Children & Family Services

Idaho Department of Health and Welfare

Toll Free Phone: 1-877-456-1233

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

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

Youth Empowerment Services

<https://yes.idaho.gov>

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

Community Health Clinics and Other Medical Resources

Idaho Primary Care Association

1087 W. River Street, Suite 160

Boise, Idaho 83702

Phone: (208) 345-2335

www.idahopca.org

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

Dental Services

Idaho State Dental Association

1220 W. Hays Street

Boise, Idaho 83702

Phone: (208) 343-7543

<https://www.theisda.org>

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

Idaho Oral Health Alliance

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

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

Disability Services

Consumer Direct Care Network Idaho

280 E. Corporate Drive, Suite 150

Meridian, Idaho 83642

Phone: 208-898-0470

Toll-Free Phone: 888-898-0470

Email: InfoCDID@ConsumerDirectCare.com

<https://consumerdirectid.com/>

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

DisAbility Rights Idaho

4477 Emerald Street, Suite B-100

Boise, Idaho 83706

Phone: (208) 336-5353

Toll Free Phone: 1-866-295-3462

<https://disabilityrightsidaho.org>

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

Idaho Assistive Technology Project

121 W. Sweet Avenue

Moscow, Idaho 83843

Toll Free Phone: 1-800-432-8324

www.idahoat.org

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

Idaho Council on Developmental Disabilities

700 W. State, Suite 119

Boise, Idaho 83702

Phone: (208) 334-2178

Email: info@icdd.idaho.gov

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

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

Idaho Department of Labor, Disability Determination Services

1505 N. McKinney

Boise, Idaho 83704

Phone: (208) 327-7333

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

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

Idaho Department of Health and Welfare

Adult Developmental Disabilities Care Management

Children Developmental Disability Services

Infant Toddler Program

Phone: 2-1-1

Toll Free Phone: 1-800-926-2588

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

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

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

Idaho Parents Unlimited, Inc.

4619 Emerald, Suite E

Boise, Idaho 83706

Phone: (208) 342-5884

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

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

Educational Services**Homeschool Idaho**

<https://homeschoolidaho.org>

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

Idaho Association for the Education of Young Children (AEYC)

<https://idahoaeyc.org>

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

Idaho Head Start Association

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

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

Idaho School Counselor Association

P.O. Box 7342

Boise, Idaho 83707

Email: idahoschoolcounselorleadership@gmail.com

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

Food Assistance

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

Phone: (208) 334-6700

<https://healthandwelfare.idaho.gov>

Description: The Idaho Department of Health and Welfare oversees various food assistance programs, to include 1) the Supplemental Nutrition Assistance Program (SNAP) which helps low-income families buy food needed to stay healthy, 2) WIC, a federally funded nutrition program for Women, Infants and Children, and 3) emergency food programs.

The Idaho Foodbank

Main Warehouse and Administrative Offices

3630 E. Commercial Court

Meridian, Idaho 83642

Phone: (208) 336-9643

<https://idahofoodbank.org/>

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

School Lunch Programs

Idaho Department of Health and Welfare

Phone: (208) 334-6700

<https://healthandwelfare.idaho.gov>

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

Health Insurance

Your Health Idaho

P.O. Box 50143

Boise, Idaho 83705

Toll Free Phone: 1-855-944-3246

<https://www.yourhealthidaho.org>

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

Medicaid and Health Coverage Assistance

<https://idalink.idaho.gov>

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

Homeless Services

Idaho Housing and Finance Association

<https://www.idahohousing.com>

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

Hospice Care

Idaho Caregiver Alliance

<https://idahocaregiveralliance.com>

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

National Hospice and Palliative Care Organization

Toll Free Phone: 1-800-646-6460

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

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

Hospitals

Findhelp.org (national)

Description: An online website that houses a curated database of resources based on your zip code or service need. Categories include emergency food, housing, goods, transit, health, money, education, work legal and more. Findhelp has a compassion to

create community and the categories are created to connect people to the help they need with dignity and ease.

Housing

Idaho Housing and Finance Association

Rental Assistance

<https://www.idahohousing.com>

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

Legal Services

DisAbility Rights Idaho

4477 Emerald Street, Suite B-100

Boise, Idaho 83706

Phone: (208) 336-5353

Toll Free Phone: 1-800-632-5125

www.disabilityrightsidaho.org

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

Idaho Commission on Human Rights

317 W. Main Street

Boise, Idaho 83735

Phone: (208) 334-2873

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

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

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

525 W. Jefferson Street

Boise, Idaho 83702

Phone: (208) 334-4510

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

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

Idaho Legal Aid Services, Inc.

Boise

1447 S. Tyrell Lane
Boise, Idaho 83706
Phone: (208) 345-0106

Nampa

212 12th Road
Nampa, Idaho 83686
Phone: 208-746-7541

<https://www.idaholegalaid.org>

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

Public Health Resources

2-1-1 Idaho CareLine

Phone: 2-1-1
Toll Free Phone: 1-800-926-2588
www.211.idaho.gov

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

Idaho Department of Health and Welfare

Phone: (208) 334-6700
<https://healthandwelfare.idaho.gov>

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

Refugee/Immigration Services

Community Council of Idaho

317 Happy Day Boulevard

Caldwell, Idaho 83607

Phone: (208) 454-1652

Fax: (208) 459-0448

<https://communitycouncilofidaho.org/>

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

Idaho Office for Refugees

1607 W. Jefferson Street

Boise, Idaho 83702

Phone: (208) 336-4222

<https://www.idahorefugees.org>

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

USCIS – Application Support Center for Idaho

1185 S. Vinnell Way

Boise, Idaho 83709

Phone: (208) 685-6600

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

Residential Care/Assisted Living Facilities

Idaho Department of Health and Welfare

Phone: (208) 334-6700

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

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

Senior Services

Alzheimer's Idaho

13601 W. McMillan Road, #249

Boise, Idaho 83713

Phone: (208) 914-4719

www.alzid.org

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

Idaho Aging & Disability Resource Center (ADRC)

Phone: (208) 334-3833

Toll Free Phone: 1-877-471-2777

Fax: (208) 334-3033

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

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

Idaho Care Planning Council

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

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

Idaho Commission on Aging

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

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

Senior Health Insurance Benefits Advisors

Toll Free Phone: 1-800-247-4422

www.doi.idaho.gov

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

Transportation

Idaho Transportation Department

8150 W. Chinden Boulevard

P.O. Box 8028

Boise, Idaho 83714
Phone: (208) 334-8000
<http://itd.idaho.gov>

Non-Emergency Medical Transportation

Idaho Department of Health and Welfare
Phone: (208) 334-6700
<https://healthandwelfare.idaho.gov>

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

Veteran Services

Idaho Division of Veterans Services

Central Support Office
351 Collins Road
Boise, Idaho 83702
www.veterans.idaho.gov
Phone: (208) 780-1300 Fax: (208) 780-1301

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

Veterans Administration Medical Center

500 W. Fort Street
Boise, Idaho 83702
Phone: (208) 422-1000
<https://www.va.gov/boise-health-care/>

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

Veterans Crisis Line

Phone: 1-800-273-8255
Description: VA's Veterans Crisis Line connects veterans in crisis and their families and friends with qualified, caring responders through a confidential toll-free hotline, online chat, and text services 24 hours a day, 365 days a year.

Youth Programs

Idaho Department of Health and Welfare

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

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

Idaho School Counselor Association

P.O. Box 7342

Boise, Idaho 83707

idahoschoolcounselorleadership@gmail.com

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

Idaho Youth Ranch

Corporate Office

5465 W. Irving Street

Boise, Idaho 83706

Office Hours 8am–5pm, M–F

Phone: (208) 377-2613

Hotline: (208) 322-2308

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

Family Counseling:

7025 W. Emerald Street, Suite A

Boise, Idaho 83704

Phone: (208) 947-0863

info@youthranch.org

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

Youth Empowerment Services

<https://yes.idaho.gov>

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

Resources Available within our Service Area

Abuse/Violence Victim Advocacy and Services

Advocates Against Family Violence

720 N. 16th Avenue

Caldwell, Idaho 83605

Phone: (208) 459-6279

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.

Hope's Door Shelter

P.O. Box 1496

Caldwell, Idaho 83605

Phone: (208) 459-6279

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

Description: Hope's Door provides housing for women and children who are victims of domestic violence.

Love INC of Treasure Valley

16470 N. Franklin Boulevard

Nampa, Idaho 83687

Phone: 208-466-7810

<https://www.loveinctv.org/wp/>

Description: Call or apply online for Requests for help. Resources for furniture, bedding, adult, teen, and children's clothing. Mon – Fri 9:30am to 1:00pm available 24/7 for victims of sexual assault.

Nampa Family Justice Center

1305 3rd Street S.

Nampa, Idaho 83651

Phone: (208) 475-5700

<https://www.cityofnampa.us/474/Contact-Information>

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 Misuse Services

Acacia Wellness Center

217 W. Georgia Avenue

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 Boulevard, 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 to solve their common problems.

Alcoholics Anonymous – Treasure Valley Intergroup

1111 S. Orchard Street, Suite 180

Boise, Idaho 83705

Phone: (208) 344-6611

<https://tvico.net/>

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 Avenue

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 Boulevard, Suite 110

Caldwell, Idaho 83605

Phone: (208) 455-1143

<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.

Care House Partnerships Clinic

1511 7th Street South

Nampa, Idaho 83651

Phone: (208) 274-3152

<http://carehousepartnerships.org/>

Services: Care House Partnerships Clinic offers free medical and counseling services for uninsured individuals living at or below 200% of the Federal Poverty Level.

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 need mental health treatment.

Idaho Federation of Families for Children's Mental Health

704 N. 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.

Intermountain Hospital

303 N. Allumbaugh Street

Boise, Idaho 83704

Toll Free Phone: 1-800-321-5984

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 Avenue 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

Nampa

824 S. Diamond Street
Nampa, Idaho 83686
Phone: (208) 546-3046

Caldwell

2609 S. 10th Avenue, #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 (NAMITV)

4696 W. Overland Road, # 274
Boise, Idaho 83705
Phone: (208) 376-4304

<https://namitreasurevalley.org/>

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

Northpoint Recovery

10787 W. Ustick Road
Boise, Idaho 83713
Phone: (855) 548-3401

<https://www.northpointrecovery.com/>

Description: Northpoint Recovery offers integrated care at our highly specialized addiction treatment facility in Boise Idaho. Our 28-day drug and alcohol rehab programs teach patients how to avoid relapse and maintain long term sobriety.

Optum Idaho

205 E. Watertower Street
Meridian, Idaho 83642
Phone: (855) 202-0973

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

<https://pathwaysofida.com/>

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

Port of Hope

508 E. Florida Avenue

Nampa, Idaho 83686

Phone: (208) 463-0118

<http://portofhopecenters.org>

Description: Port of Hope has centers for alcohol and drug treatment in Nampa, ID, Boise, ID, and Coeur d'Alene, ID, and offers both inpatient and outpatient intensive treatment for a wide variety of substance abuse problems. We also offer screenings and assessments to determine the specific needs of yourself or your loved one.

Prevention Associates of Idaho

1909 S. 10th Avenue

Caldwell, Idaho 83605

Phone: (208) 87605

<https://www.preventionassociatesofida.com/>

Description: We are a group of professional educators and counselors dedicated to fostering meaningful relationships with youth

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.

Southwest District Health

13307 Miami Lane

Caldwell, Idaho 83607

Phone: (208) 455-5300

www.phd3.idaho.gov

Description: Public health district offers drug overdose prevention program and suicide prevention programming.

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 Avenue, 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

CASA of Southwest Idaho

304 N. Kimball Avenue
Caldwell, Idaho 83605
Phone: (208) 459-9969
www.casaofswidaho.org

Description: Advocate for the best interests of vulnerable children within the foster care system.

Casey Family Programs

6441 Emerald Street
Boise, Idaho 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.

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
<https://phd3.idaho.gov/>

Description: Our team is made up of dedicated medical, dental, environmental, and technical professionals, and support staff all working side-by-side as a team toward

one common goal: To prevent disease, disability, and premature death; To promote healthy lifestyles and protect and promote the health of people.

United Way of Treasure Valley

3100 S. Vista Avenue, 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 Boulevard, 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.

Care House Partnerships Clinic

1511 7th Street South

Nampa, Idaho 83651

Phone: (208) 274-3152

<http://carehousepartnerships.org/>

Services: Care House Partnerships Clinic offers free medical and counseling services for uninsured individuals living at or below 200% of the Federal Poverty Level.

Full Circle Health (formerly known as: Family Medicine Residency)

315 E. Elm Street, Suite 200

Caldwell, Idaho 83605

Phone: (208) 954-8742

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

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

Full Circle Health (formerly known as: Family Medicine Residency)

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

Nampa, Idaho 83687

Phone: (208) 954-8685

<https://www.fullcircleidaho.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.

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.

Terry Reilly Health Services

207 1st Street South
Nampa, Idaho 83651
Phone: (208) 466-7869
Fax: (208) 466-5359

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.

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

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.

College of Idaho

2112 Cleveland Boulevard

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 (CWI)

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.

Northwest Nazarene University

623 S. University Boulevard

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

Marsing School District: www.marsingschools.org

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

Middleton School District: www.msdl34.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.org

Treasure Valley Community College Caldwell Center

205 S. 6th Avenue

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 Street

Caldwell, Idaho 83605

Phone: (208) 454-0675

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

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://carehousepartnerships.org/nampa-care-house-food-bank/>

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

Good News Food Pantry

1203 7th Street North

Nampa, Idaho 83687

Phone: (208) 477-8600

Description: Operated by Good News Community Church. Distribution on the first & third Wednesday of every Month, 3:30 to 5:30pm

Oasis Food Center

506 W. Simplot Boulevard

Caldwell, Idaho 83605

Phone: (208) 459-6000

<https://oasiswc.org/oasis-food-center>

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

Salvation Army Food Pantry

403 12th Avenue South

Nampa, Idaho 83651

Phone: (208) 467-6586

<https://nampa.salvationarmy.org/nampa/cure-hunger/>

Description: The Salvation Army Food Pantry is a choice pantry offering food boxes with shelf-stable and fresh food items.

Seventh Day Adventist Community Services-Nampa

307 W. Iowa Avenue

Nampa, Idaho 83686

Phone: (208) 466-5758

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

Description: Food pantry service provider offering shelf-stable and fresh food options with operating hours on Wednesdays.

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

3719 Cleveland Boulevard

Caldwell, Idaho 83605

Email: garyev3@gmail.com

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

Our Lady of Guadalupe St. Vincent DePaul Food Pantry

2920 E. Railroad Street

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

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

City of Caldwell

411 Blaine Street

Caldwell, Idaho 83606

Phone: (208) 455-3000

www.cityofcaldwell.org

City of Greenleaf

20523 N. Whittier Drive

Greenleaf, Idaho 83626

Phone: (208) 454-0552

<http://greenleaf-idaho.us/contact-us>

City of Melba

401 Carrie Rex Avenue

Melba, Idaho 83641

Phone: (208) 495-2722
<http://www.cityofmelba.org/>

City of Middleton

1103 W. Main Street
Middleton, Idaho 83644
Phone: (208) 585-3133
<http://middleton.id.gov/>

City of Nampa

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

City of Notus

375 Notus Road
Notus, Idaho 83656
Phone: (208) 459-6212
notusidaho.org

City of Parma

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

City of Wilder

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

Homeless Services

Idaho Youth Ranch

5465 W. Irving Street
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.

Salvation Army – Nampa Community Family Shelter

1412 4th Street 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 Street

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

Heart 'n Home Hospice & Palliative Care

822 S. 10th Avenue

Caldwell, Idaho 83605

Phone: (208) 454-0262

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

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

Idaho Quality of Life Coalition

P.O. Box 496

Boise, Idaho 83701

Phone: (208) 841-1862

<https://aging.idaho.gov/partner/idaho-quality-of-life-coalition/>

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

St. Luke's Hospice

325 W. Idaho Street
Boise, Idaho 83702
Phone: (208) 381-2721

<https://www.stlukesonline.org/health-services/service-groups/hospice>

Description: Boise – serving Ada, Boise, Canyon, Gem, Owyhee, Payette, and Washington counties. St. Luke's Hospice offers a team of highly specialized professionals and volunteers trained to provide the care and support to help patients die peacefully, and live as fully as possible until the moment of death. St. Luke's Hospice allows people to die with dignity in their own homes, in familiar surroundings, with those they love by their side. St. Luke's hospice provide expert medical care, pain and symptom management, and emotional and spiritual support – offering stability and comfort when and where it's needed most.

Treasure Valley Hospice

8 6th Street 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 Street
Boise, Idaho 83704
Phone: (208) 377-8400
www.intermountainhospital.com

Saint Alphonsus Medical Center-Nampa

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

Saint Alphonsus Regional Medical Center-Boise

1055 N. Curtis Road
Boise, Idaho 83706
Phone: (208) 367-2121
<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
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 Avenue, 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 to 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 Avenue 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 Avenue 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 Street, Suite 334

Caldwell, Idaho 83605

<https://courtselfhelp.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 Street

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.

Canyon Legal Forms

1112 Caldwell Boulevard

Nampa, ID 83651

Phone: (208) 461-4981

<https://canyonlegalforms.org>

Description: Drug testing, legal form preparation, and DIY forms.

Catholic Charities

1703 3rd Street North
Nampa, Idaho 83687
Phone: (208) 466-9926
www.ccidaho.org

Public Health Resources**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/Immigration 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, Suite 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 Boulevard, 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.

International Rescue Committee

7188 W. Potomac Drive
Boise, Idaho 83704
Phone: (208) 344-1792

<https://www.rescue.org/united-states/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)

Toll Free Phone: 1-800-926-2588

<https://aging.idaho.gov/stay-informed/aging-disability-resource-center/>

Idaho State Veterans Home

320 N. Collins Road

Boise, Idaho 83702

Phone: (208) 334-5000

www.veterans.idaho.gov

Senior Services

Caldwell Senior Center

1009 Everett Street

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.

Nampa Senior Center

207 Constitution Way

Nampa, Idaho 83686

Phone: (208) 467-7266

<https://www.nampaparksandrecreation.org/179/Senior-Center>

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

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.

Metro Community Services

304 N. Kimball Avenue

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) Rides to Wellness

700 NE 2nd Street, Suite 100
Meridian, Idaho 83642

www.valleyride.org

Description: Bus transportation for Ada and Canyon counties and free on-demand transportation to medical appointments.

Veteran Services

Caldwell Veterans' Memorial Hall

1101 Cleveland Boulevard
Caldwell, Idaho 83605
Phone: (208) 899-5216

<https://cvmh-vets.org/>

Description: The new veterans center supports veteran's 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 S. Naclerio Lane
Boise, Idaho 83705
Phone: (208) 440-3939

<https://idvetnet.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.

VA Boise Healthcare System

500 W. Fort Street

Boise, Idaho 83702

Phone: (208) 422-1000

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

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

Youth Programs

4-H Youth Development – Canyon County Extension Office

501 Main Street

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.

Breaking Chains Academy of Development

1703 3rd Street North

Nampa, Idaho 83687

Phone: (208) 250-7959

www.breakingchainsacademy.com

Description: Provide at-risk youth tools and resources needed to deter them from criminal and gang activity while helping them successfully transition into adulthood through a focus on education, work skills training, and mentoring.

Caldwell Corps Community Center

1023 Chicago Street

Caldwell Idaho 83605

Phone: 208-459-2011

www.caldwell.salvationarmy.org/caldwell/youth-programs

Description: After school programs and summer camps for kids in need in the community. They provide safe ways for kids to participate in programs at low or no cost.

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.

Caldwell Parks & Recreation

Caldwell Recreation Department

618 Irving Street

Caldwell, Idaho 83605

Phone: (208) 455-3060

<https://www.cityofcaldwell.org/your-government/online-services/parks-rec>

Children's Home Society of Idaho

740 Warm Springs Avenue

Boise, Idaho 83712

Phone: (208) 343-7797

Fax: (208) 342-8268

www.childrenshomesociety.com

Description: The Children's Home Society accomplishes its mission by operating Warm Springs Counseling Center which provides superior emotional and behavioral health services to at-risk children and the families that care for them.

Idaho Youth Ranch

5465 W. Irving Street
Boise, Idaho 83706
Phone: (208) 377-2613
Fax: (208) 377-2819
Hotline: 1-877-817-8141
www.youthranch.org

Family Counseling:
7025 W. Emerald Street, Suite A
Boise, Idaho 83704
Phone: 208.947.0863
info@youthranch.org

Description: The Idaho Youth Ranch provides troubled children a bridge to a valued, responsible, and productive future.

Life's Kitchen

1025 S. Capitol Boulevard
Boise, Idaho 83706
Phone: (208) 331-0199
www.lifeskitchen.org

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

Nampa Parks and Recreation

c/o Nampa Recreation Center
131 Constitution Way
Nampa, Idaho 83686
Phone: (208) 468-5858
<https://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.

Salvation Army After School Program

403 12th Avenue South
Nampa, Idaho 83651
Phone: (208) 467-6586

www.nampa.salvationarmy.org

Description: After school program from 3:00-6:00 pm for Nampa School District students. Includes snacks, recreation, and homework support.

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 are encouraged to explore their unique interests and gifts. This helps to develop confident kids today and contribute to adults tomorrow. No one will be denied Y services due to inability to pay.

Appendix I: Community Representative Descriptions

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

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

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

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

Community Representatives Contacted

1. Affiliation: Blue Cross of Idaho Foundation

Date contacted: 9/8/2021

Interview method: Video conference interview & questionnaire

Health representative category: III

Populations represented:

- Children (0-4 years)
- Children (5-12 years)
- Children (13-18 years)
- Disabled
- Hispanic/Latino/Latina/Latinx
- Those experiencing homelessness
- LGBTQIA+ (lesbian, gay, bi-sexual, transgender, queer, intersex, asexual)
- Low-income individuals and families
- Migrant and seasonal farm workers
- Populations with chronic conditions
- Refugees
- Rural communities
- Senior citizens
- Those with behavioral health issues

- Veterans
- Other

2. Affiliation: Boys & Girls Club of Nampa

Date contacted: 9/1/2021

Interview method: Video conference interview & questionnaire

Health representative category: II, III

Populations represented:

- Children (0-4 years)
- Children (5-12 years)
- Children (13-18 years)
- Disabled
- Hispanic/Latino/Latina/Latinx
- Those experiencing homelessness
- LGBTQIA+ (lesbian, gay, bi-sexual, transgender, queer, intersex, asexual)
- Low-income individuals and families
- Migrant and seasonal farm workers
- Populations with chronic conditions
- Refugees
- Rural communities
- Senior citizens
- Those with behavioral health issues
- Veterans
- Other

3. Affiliation: Breaking Chains Academy of Development

Date contacted: 8/12/2021

Interview method: Video conference interview & questionnaire

Health representative category: II

Populations represented:

- Children (0-4 years)
- Children (5-12 years)
- Children (13-18 years)
- Disabled
- Hispanic/Latino/Latina/Latinx
- Those experiencing homelessness
- LGBTQIA+ (lesbian, gay, bi-sexual, transgender, queer, intersex, asexual)
- Low-income individuals and families
- Migrant and seasonal farm workers
- Populations with chronic conditions
- Refugees
- Rural communities
- Senior citizens
- Those with behavioral health issues

- Veterans
- Other

4. Affiliation: Caldwell School District #132

Date contacted: 8/23/2021

Interview method: Video conference interview & questionnaire

Health representative category: II, III

Populations represented:

- Children (0-4 years)
- Children (5-12 years)
- Children (13-18 years)
- Disabled
- Hispanic/Latino/Latina/Latinx
- Those experiencing homelessness
- LGBTQIA+ (lesbian, gay, bi-sexual, transgender, queer, intersex, asexual)
- Low-income individuals and families
- Migrant and seasonal farm workers
- Populations with chronic conditions
- Refugees
- Rural communities
- Senior citizens
- Those with behavioral health issues
- Veterans
- Other

5. Affiliation: Canyon County Commissioner

Date contacted: 8/16/2021

Interview method: Video conference interview & questionnaire

Health representative category: II, III

Populations represented:

- Children (0-4 years)
- Children (5-12 years)
- Children (13-18 years)
- Disabled
- Hispanic/Latino/Latina/Latinx
- Those experiencing homelessness
- LGBTQIA+ (lesbian, gay, bi-sexual, transgender, queer, intersex, asexual)
- Low-income individuals and families
- Migrant and seasonal farm workers
- Populations with chronic conditions
- Refugees
- Rural communities
- Senior citizens
- Those with behavioral health issues

- Veterans
- Other

6. Affiliation: Canyon County Paramedics

Date contacted: 8/30/2021

Interview method: Video conference interview & questionnaire

Health representative category: II, III

Populations represented:

- Children (0-4 years)
- Children (5-12 years)
- Children (13-18 years)
- Disabled
- Hispanic/Latino/Latina/Latinx
- Those experiencing homelessness
- LGBTQIA+ (lesbian, gay, bi-sexual, transgender, queer, intersex, asexual)
- Low-income individuals and families
- Migrant and seasonal farm workers
- Populations with chronic conditions
- Refugees
- Rural communities
- Senior citizens
- Those with behavioral health issues
- Veterans
- Other

7. Affiliation: Canyon County Prosecuting Attorney

Date contacted: 8/25/2021

Interview method: Video conference interview & questionnaire

Health representative category: II, III

Populations represented:

- Children (0-4 years)
- Children (5-12 years)
- Children (13-18 years)
- Disabled
- Hispanic/Latino/Latina/Latinx
- Those experiencing homelessness
- LGBTQIA+ (lesbian, gay, bi-sexual, transgender, queer, intersex, asexual)
- Low-income individuals and families
- Migrant and seasonal farm workers
- Populations with chronic conditions
- Refugees
- Rural communities
- Senior citizens
- Those with behavioral health issues

- Veterans
- Other

8. Affiliation: Care House Partnerships

Date contacted: 8/23/2021

Interview method: Video conference interview & questionnaire

Health representative category: III

Populations represented:

- Children (0-4 years)
- Children (5-12 years)
- Children (13-18 years)
- Disabled
- Hispanic/Latino/Latina/Latinx
- Those experiencing homelessness
- LGBTQIA+ (lesbian, gay, bi-sexual, transgender, queer, intersex, asexual)
- Low-income individuals and families
- Migrant and seasonal farm workers
- Populations with chronic conditions
- Refugees
- Rural communities
- Senior citizens
- Those with behavioral health issues
- Veterans
- Other

9. Affiliation: Central District Health Department and Western Idaho Community Health Collaborative

Date contacted: 9/16/2021

Interview method: Video conference interview & questionnaire

Health representative category: I, III

Populations represented:

- Children (0-4 years)
- Children (5-12 years)
- Children (13-18 years)
- Disabled
- Hispanic/Latino/Latina/Latinx
- Those experiencing homelessness
- LGBTQIA+ (lesbian, gay, bi-sexual, transgender, queer, intersex, asexual)
- Low-income individuals and families
- Migrant and seasonal farm workers
- Populations with chronic conditions
- Refugees
- Rural communities
- Senior citizens

- Those with behavioral health issues
- Veterans
- Other

10. Affiliation: City of Nampa

Date contacted: 9/22/2021

Interview method: Video conference interview & questionnaire

Health representative category: II, III

Populations represented:

- Children (0-4 years)
- Children (5-12 years)
- Children (13-18 years)
- Disabled
- Hispanic/Latino/Latina/Latinx
- Those experiencing homelessness
- LGBTQIA+ (lesbian, gay, bi-sexual, transgender, queer, intersex, asexual)
- Low-income individuals and families
- Migrant and seasonal farm workers
- Populations with chronic conditions
- Refugees
- Rural communities
- Senior citizens
- Those with behavioral health issues
- Veterans
- Other

11. Affiliation: College of Western Idaho

Date contacted: 8/16/2021

Interview method: Video conference interview & questionnaire

Health representative category: II, III

Populations represented:

- Children (0-4 years)
- Children (5-12 years)
- Children (13-18 years)
- Disabled
- Hispanic/Latino/Latina/Latinx
- Those experiencing homelessness
- LGBTQIA+ (lesbian, gay, bi-sexual, transgender, queer, intersex, asexual)
- Low-income individuals and families
- Migrant and seasonal farm workers
- Populations with chronic conditions
- Refugees
- Rural communities
- Senior citizens

- Those with behavioral health issues
- Veterans
- Other

12. Affiliation: Family Medical Residency of Idaho, Nampa

Date contacted: 9/2/2021

Interview method: Video conference interview & questionnaire

Health representative category: I, II

Populations represented:

- Children (0-4 years)
- Children (5-12 years)
- Children (13-18 years)
- Disabled
- Hispanic/Latino/Latina/Latinx
- Those experiencing homelessness
- LGBTQIA+ (lesbian, gay, bi-sexual, transgender, queer, intersex, asexual)
- Low-income individuals and families
- Migrant and seasonal farm workers
- Populations with chronic conditions
- Refugees
- Rural communities
- Senior citizens
- Those with behavioral health issues
- Veterans
- Other

13. Affiliation: Family Medical Residency of Idaho

Date contacted: 9/17/2021

Interview method: Video conference interview & questionnaire

Health representative category: II, III

Populations represented:

- Children (0-4 years)
- Children (5-12 years)
- Children (13-18 years)
- Disabled
- Hispanic/Latino/Latina/Latinx
- Those experiencing homelessness
- LGBTQIA+ (lesbian, gay, bi-sexual, transgender, queer, intersex, asexual)
- Low-income individuals and families
- Migrant and seasonal farm workers
- Populations with chronic conditions
- Refugees
- Rural communities
- Senior citizens

- Those with behavioral health issues
- Veterans
- Other

14. Affiliation: First Church of the Nazarene

Date contacted: 8/23/2021

Interview method: Video conference interview & questionnaire

Health representative category: II

Populations represented:

- Children (0-4 years)
- Children (5-12 years)
- Children (13-18 years)
- Disabled
- Hispanic/Latino/Latina/Latinx
- Those experiencing homelessness
- LGBTQIA+ (lesbian, gay, bi-sexual, transgender, queer, intersex, asexual)
- Low-income individuals and families
- Migrant and seasonal farm workers
- Populations with chronic conditions
- Refugees
- Rural communities
- Senior citizens
- Those with behavioral health issues
- Veterans
- Other

15. Affiliation: Genesis Community Health, Inc.

Date contacted: 8/27/2021

Interview method: Video conference interview & questionnaire

Health representative category: II, III

Populations represented:

- Children (0-4 years)
- Children (5-12 years)
- Children (13-18 years)
- Disabled
- Hispanic/Latino/Latina/Latinx
- Those experiencing homelessness
- LGBTQIA+ (lesbian, gay, bi-sexual, transgender, queer, intersex, asexual)
- Low-income individuals and families
- Migrant and seasonal farm workers
- Populations with chronic conditions
- Refugees
- Rural communities
- Senior citizens

- Those with behavioral health issues
- Veterans
- Other

16. Affiliation: Idaho Department of Health and Welfare

Date contacted: 9/2/2021

Interview method: Video conference interview & questionnaire

Health representative category: I

Populations represented:

- Children (0-4 years)
- Children (5-12 years)
- Children (13-18 years)
- Disabled
- Hispanic/Latino/Latina/Latinx
- Those experiencing homelessness
- LGBTQIA+ (lesbian, gay, bi-sexual, transgender, queer, intersex, asexual)
- Low-income individuals and families
- Migrant and seasonal farm workers
- Populations with chronic conditions
- Refugees
- Rural communities
- Senior citizens
- Those with behavioral health issues
- Veterans
- Other

17. Affiliation: Idaho Division of Public Health

Date contacted: 9/22/2021

Interview method: Video conference interview & questionnaire

Health representative category: I

Populations represented:

- Children (0-4 years)
- Children (5-12 years)
- Children (13-18 years)
- Disabled
- Hispanic/Latino/Latina/Latinx
- Those experiencing homelessness
- LGBTQIA+ (lesbian, gay, bi-sexual, transgender, queer, intersex, asexual)
- Low-income individuals and families
- Migrant and seasonal farm workers
- Populations with chronic conditions
- Refugees
- Rural communities
- Senior citizens

- Those with behavioral health issues
- Veterans
- Other

18. Affiliation: Idaho Food Bank

Date contacted: 8/28/2021

Interview method: Video conference interview & questionnaire

Health representative category: II, III

Populations represented:

- Children (0-4 years)
- Children (5-12 years)
- Children (13-18 years)
- Disabled
- Hispanic/Latino/Latina/Latinx
- Those experiencing homelessness
- LGBTQIA+ (lesbian, gay, bi-sexual, transgender, queer, intersex, asexual)
- Low-income individuals and families
- Migrant and seasonal farm workers
- Populations with chronic conditions
- Refugees
- Rural communities
- Senior citizens
- Those with behavioral health issues
- Veterans
- Other

19. Affiliation: Idaho Office of the Governor

Date contacted: 9/16/2021

Interview method: Video conference interview & questionnaire

Health representative category: III

Populations represented:

- Children (0-4 years)
- Children (5-12 years)
- Children (13-18 years)
- Disabled
- Hispanic/Latino/Latina/Latinx
- Those experiencing homelessness
- LGBTQIA+ (lesbian, gay, bi-sexual, transgender, queer, intersex, asexual)
- Low-income individuals and families
- Migrant and seasonal farm workers
- Populations with chronic conditions
- Refugees
- Rural communities
- Senior citizens

- Those with behavioral health issues
- Veterans
- Other

20. Affiliation: Nampa Chamber of Commerce

Date contacted: 8/16/2021

Interview method: Video conference interview & questionnaire

Health representative category: III

Populations represented:

- Children (0-4 years)
- Children (5-12 years)
- Children (13-18 years)
- Disabled
- Hispanic/Latino/Latina/Latinx
- Those experiencing homelessness
- LGBTQIA+ (lesbian, gay, bi-sexual, transgender, queer, intersex, asexual)
- Low-income individuals and families
- Migrant and seasonal farm workers
- Populations with chronic conditions
- Refugees
- Rural communities
- Senior citizens
- Those with behavioral health issues
- Veterans
- Other

21. Affiliation: Nampa Family Justice Center

Date contacted: 8/31/2021

Interview method: Video conference interview & questionnaire

Health representative category: II

Populations represented:

- Children (0-4 years)
- Children (5-12 years)
- Children (13-18 years)
- Disabled
- Hispanic/Latino/Latina/Latinx
- Those experiencing homelessness
- LGBTQIA+ (lesbian, gay, bi-sexual, transgender, queer, intersex, asexual)
- Low-income individuals and families
- Migrant and seasonal farm workers
- Populations with chronic conditions
- Refugees
- Rural communities
- Senior citizens

- Those with behavioral health issues
- Veterans
- Other

22. Affiliation: Nampa Housing Authority

Date contacted: 9/2/2021

Interview method: Video conference interview & questionnaire

Health representative category: II

Populations represented:

- Children (0-4 years)
- Children (5-12 years)
- Children (13-18 years)
- Disabled
- Hispanic/Latino/Latina/Latinx
- Those experiencing homelessness
- LGBTQIA+ (lesbian, gay, bi-sexual, transgender, queer, intersex, asexual)
- Low-income individuals and families
- Migrant and seasonal farm workers
- Populations with chronic conditions
- Refugees
- Rural communities
- Senior citizens
- Those with behavioral health issues
- Veterans
- Other

23. Affiliation: Nampa School District

Date contacted: 8/25/2021

Interview method: Video conference interview & questionnaire

Health representative category: II, III

Populations represented:

- Children (0-4 years)
- Children (5-12 years)
- Children (13-18 years)
- Disabled
- Hispanic/Latino/Latina/Latinx
- Those experiencing homelessness
- LGBTQIA+ (lesbian, gay, bi-sexual, transgender, queer, intersex, asexual)
- Low-income individuals and families
- Migrant and seasonal farm workers
- Populations with chronic conditions
- Refugees
- Rural communities
- Senior citizens

- Those with behavioral health issues
- Veterans
- Other

24. Affiliation: Southwest District Health

Date contacted: 9/2/2021

Interview method: Video conference interview & questionnaire

Health representative category: I

Populations represented:

- Children (0-4 years)
- Children (5-12 years)
- Children (13-18 years)
- Disabled
- Hispanic/Latino/Latina/Latinx
- Those experiencing homelessness
- LGBTQIA+ (lesbian, gay, bi-sexual, transgender, queer, intersex, asexual)
- Low-income individuals and families
- Migrant and seasonal farm workers
- Populations with chronic conditions
- Refugees
- Rural communities
- Senior citizens
- Those with behavioral health issues
- Veterans
- Other

25. Affiliation: Southwest Idaho Area Agency on Aging

Date contacted: 9/16/2021

Interview method: Video conference interview & questionnaire

Health representative category: II

Populations represented:

- Children (0-4 years)
- Children (5-12 years)
- Children (13-18 years)
- Disabled
- Hispanic/Latino/Latina/Latinx
- Those experiencing homelessness
- LGBTQIA+ (lesbian, gay, bi-sexual, transgender, queer, intersex, asexual)
- Low-income individuals and families
- Migrant and seasonal farm workers
- Populations with chronic conditions
- Refugees
- Rural communities
- Senior citizens

- Those with behavioral health issues
- Veterans
- Other

26. Affiliation: St. Luke's Health Partners

Date contacted: 8/19/2021

Interview method: Video conference interview & questionnaire

Health representative category: III

Populations represented:

- Children (0-4 years)
- Children (5-12 years)
- Children (13-18 years)
- Disabled
- Hispanic/Latino/Latina/Latinx
- Those experiencing homelessness
- LGBTQIA+ (lesbian, gay, bi-sexual, transgender, queer, intersex, asexual)
- Low-income individuals and families
- Migrant and seasonal farm workers
- Populations with chronic conditions
- Refugees
- Rural communities
- Senior citizens
- Those with behavioral health issues
- Veterans
- Other

27. Affiliation: St. Luke's Health System, Provider

Date contacted: 9/1/2021

Interview method: Video conference interview & questionnaire

Health representative category: I, II

Populations represented:

- Children (0-4 years)
- Children (5-12 years)
- Children (13-18 years)
- Disabled
- Hispanic/Latino/Latina/Latinx
- Those experiencing homelessness
- LGBTQIA+ (lesbian, gay, bi-sexual, transgender, queer, intersex, asexual)
- Low-income individuals and families
- Migrant and seasonal farm workers
- Populations with chronic conditions
- Refugees
- Rural communities
- Senior citizens

- Those with behavioral health issues
- Veterans
- Other

28. Affiliation: State of Idaho Legislature

Date contacted: 8/31/2021

Interview method: Video conference interview & questionnaire

Health representative category: II

Populations represented:

- Children (0-4 years)
- Children (5-12 years)
- Children (13-18 years)
- Disabled
- Hispanic/Latino/Latina/Latinx
- Those experiencing homelessness
- LGBTQIA+ (lesbian, gay, bi-sexual, transgender, queer, intersex, asexual)
- Low-income individuals and families
- Migrant and seasonal farm workers
- Populations with chronic conditions
- Refugees
- Rural communities
- Senior citizens
- Those with behavioral health issues
- Veterans
- Other

29. Affiliation: The Church of Jesus Christ of Latter-day Saints, Nampa West Stake President

Date contacted: 9/22/2021

Interview method: Video conference interview & questionnaire

Health representative category:

Populations represented:

- Children (0-4 years)
- Children (5-12 years)
- Children (13-18 years)
- Disabled
- Hispanic/Latino/Latina/Latinx
- Those experiencing homelessness
- LGBTQIA+ (lesbian, gay, bi-sexual, transgender, queer, intersex, asexual)
- Low-income individuals and families
- Migrant and seasonal farm workers
- Populations with chronic conditions
- Refugees
- Rural communities
- Senior citizens

- Those with behavioral health issues
- Veterans
- Other

30. Affiliation: The Mexican Consulate

Date contacted: 8/16/2021

Interview method: Video conference interview & questionnaire

Health representative category: II

Populations represented:

- Children (0-4 years)
- Children (5-12 years)
- Children (13-18 years)
- Disabled
- Hispanic/Latino/Latina/Latinx
- Those experiencing homelessness
- LGBTQIA+ (lesbian, gay, bi-sexual, transgender, queer, intersex, asexual)
- Low-income individuals and families
- Migrant and seasonal farm workers
- Populations with chronic conditions
- Refugees
- Rural communities
- Senior citizens
- Those with behavioral health issues
- Veterans
- Other

31. Affiliation: The Salvation Army Nampa Corps and Community Family Shelter

Date contacted: 8/30/2021

Interview method: Video conference interview & questionnaire

Health representative category: II

Populations represented:

- Children (0-4 years)
- Children (5-12 years)
- Children (13-18 years)
- Disabled
- Hispanic/Latino/Latina/Latinx
- Those experiencing homelessness
- LGBTQIA+ (lesbian, gay, bi-sexual, transgender, queer, intersex, asexual)
- Low-income individuals and families
- Migrant and seasonal farm workers
- Populations with chronic conditions
- Refugees
- Rural communities
- Senior citizens

- Those with behavioral health issues
- Veterans
- Other

32. Affiliation: The Speedy Foundation

Date contacted: 8/16/2021

Interview method: Video conference interview & questionnaire

Health representative category: III

Populations represented:

- Children (0-4 years)
- Children (5-12 years)
- Children (13-18 years)
- Disabled
- Hispanic/Latino/Latina/Latinx
- Those experiencing homelessness
- LGBTQIA+ (lesbian, gay, bi-sexual, transgender, queer, intersex, asexual)
- Low-income individuals and families
- Migrant and seasonal farm workers
- Populations with chronic conditions
- Refugees
- Rural communities
- Senior citizens
- Those with behavioral health issues
- Veterans
- Other

33. Affiliation: Third Judicial District

Date contacted: 8/10/2021

Interview method: Video conference interview & questionnaire

Health representative category: II

Populations represented:

- Children (0-4 years)
- Children (5-12 years)
- Children (13-18 years)
- Disabled
- Hispanic/Latino/Latina/Latinx
- Those experiencing homelessness
- LGBTQIA+ (lesbian, gay, bi-sexual, transgender, queer, intersex, asexual)
- Low-income individuals and families
- Migrant and seasonal farm workers
- Populations with chronic conditions
- Refugees
- Rural communities
- Senior citizens

- Those with behavioral health issues
- Veterans
- Other

34. Affiliation: Treasure Valley YMCA

Date contacted: 9/7/2021

Interview method: Video conference interview & questionnaire

Health representative category: III

Populations represented:

- Children (0-4 years)
- Children (5-12 years)
- Children (13-18 years)
- Disabled
- Hispanic/Latino/Latina/Latinx
- Those experiencing homelessness
- LGBTQIA+ (lesbian, gay, bi-sexual, transgender, queer, intersex, asexual)
- Low-income individuals and families
- Migrant and seasonal farm workers
- Populations with chronic conditions
- Refugees
- Rural communities
- Senior citizens
- Those with behavioral health issues
- Veterans
- Other

35. Affiliation: United Way of Treasure Valley

Date contacted: 8/13/2021

Interview method: Video conference interview & questionnaire

Health representative category: III

Populations represented:

- Children (0-4 years)
- Children (5-12 years)
- Children (13-18 years)
- Disabled
- Hispanic/Latino/Latina/Latinx
- Those experiencing homelessness
- LGBTQIA+ (lesbian, gay, bi-sexual, transgender, queer, intersex, asexual)
- Low-income individuals and families
- Migrant and seasonal farm workers
- Populations with chronic conditions
- Refugees
- Rural communities
- Senior citizens

- Those with behavioral health issues
- Veterans
- Other

36. Affiliation: Valley Regional Transit

Date contacted: 9/9/2021

Interview method: Video conference interview & questionnaire

Health representative category: III

Populations represented:

- Children (0-4 years)
- Children (5-12 years)
- Children (13-18 years)
- Disabled
- Hispanic/Latino/Latina/Latinx
- Those experiencing homelessness
- LGBTQIA+ (lesbian, gay, bi-sexual, transgender, queer, intersex, asexual)
- Low-income individuals and families
- Migrant and seasonal farm workers
- Populations with chronic conditions
- Refugees
- Rural communities
- Senior citizens
- Those with behavioral health issues
- Veterans
- Other

37. Affiliation: WITCO, Inc.

Date contacted: 8/30/2021

Interview method: Video conference interview & questionnaire

Health representative category: II

Populations represented:

- Children (0-4 years)
- Children (5-12 years)
- Children (13-18 years)
- Disabled
- Hispanic/Latino/Latina/Latinx
- Those experiencing homelessness
- LGBTQIA+ (lesbian, gay, bi-sexual, transgender, queer, intersex, asexual)
- Low-income individuals and families
- Migrant and seasonal farm workers
- Populations with chronic conditions
- Refugees
- Rural communities
- Senior citizens

- Those with behavioral health issues
- Veterans
- Other

Appendix II: St. Luke's Community Health Representative Questionnaire

Name:

Title:

Affiliation:

Please provide a brief description of your professional experience particularly as it relates to community health, social, or economic needs. (250 words or less.)

Please indicate which of the following population groups you feel you understand and can represent the health needs. Select all that apply.

- Children (0-4 years)
- Children (5-12 years)
- Children (13-18 years)
- People with disabilities
- Hispanic/Latino/Latina/Latinx
- Those experiencing homelessness
- LGBTQIA+ (lesbian, gay, bi-sexual, transgender, queer, intersex, asexual)
- Low-income individuals and families
- Migrant and seasonal farm workers
- Populations with chronic conditions
- Refugees
- Rural communities
- Senior citizens
- Those with behavioral health issues
- Veterans
- Other

What County(ies) does your expertise apply to?

Health Behaviors:

Please provide an answer in each column for every behavior listed in the rows. Health behaviors are actions individuals take that affect their health. They include actions that lead to improved health, such as eating well and being physically active, and actions that increase one's risk of disease, such as smoking, excessive alcohol intake, and risky sexual behavior.

OPTIONS:

Column 1: not important at all, somewhat unimportant, somewhat important, very important, not sure

Column 2 & 3: very weak, somewhat weak, somewhat strong, very strong, not sure

	Importance of the problem in _____ County (scale and urgency to livelihood)	Existing _____ County assets/partnerships	Potential for positive impact on vulnerable populations in _____ County
Exercise programs/education/opportunities			
Nutrition programs/education/opportunities			
Safe sex education programs			
Substance abuse services and programs			
Tobacco prevention & cessation			
Wellness & prevention programs (for conditions such as high blood pressure, high			

Clinical Care and Access:

Please provide an answer in each column for every clinical care service listed in the rows. Access to affordable, quality, and timely health care can help prevent diseases and detect issues sooner, enabling individuals to live longer, healthier lives. While part of a larger context, looking at clinical care helps us understand why some communities can be healthier than others.

OPTIONS:

Column 1: not important at all, somewhat unimportant, somewhat important, very important, not sure

Column 2 & 3: very weak, somewhat weak, somewhat strong, very strong, not sure

	Importance of the problem in _____ County (scale and urgency to livelihood)	Existing _____ County assets/partnerships	Potential for positive impact on vulnerable populations in _____ County
Affordable health care for low-income individuals			

Availability of behavioral health services (providers, suicide hotline, etc.)			
Chronic disease management programs (for diabetes, asthma, arthritis, etc.)			
Immunization Programs			
Improved health care quality			
Prenatal Care program			
Screening programs (cholesterol, diabetes, mammography, colorectal, etc.)			

Social and Economic:

Please provide an answer in each column for every social/economic factor listed in the rows. Social and economic factors, such as income, education, employment, community safety, and social supports can significantly affect how well and how long we live. These factors affect our ability to make healthy choices, afford medical care and housing, manage stress, and more.

OPTIONS:

Column 1: not important at all, somewhat unimportant, somewhat important, very important, not sure

Column 2 &3: very weak, somewhat weak, somewhat strong, very strong, not sure

	Importance of the problem in _____ County (scale and urgency to livelihood)	Existing _____ County assets/partnerships	Potential for positive impact on vulnerable populations in _____ County
Services for children and families experiencing adversity			
Food/Nutrition security			
Academic achievement from early learning through post-secondary education			

Housing stability			
Individual economic stability			
Social support for Seniors			
Social support for Veterans			
Community safety (injury, violence, abuse, etc.)			

Physical Environment:

Please provide an answer in each column for every physical environment condition listed in the rows. The physical environment is where individuals live, learn, work, and play. People interact with their physical environment through the air they breathe, water they drink, houses they live in, and the transportation they access to travel to work and school. Poor physical environment can affect our ability and that of our families and neighbors to live long and healthy lives.

OPTIONS:

Column 1: not important at all, somewhat unimportant, somewhat important, very important, not sure

Column 2 & 3: very weak, somewhat weak, somewhat strong, very strong, not sure

	Importance of the problem in _____ County (scale and urgency to livelihood)	Existing _____ County assets/partnerships	Potential for positive impact on vulnerable populations in _____ County
Healthy air and water quality			
Accessible modes of transportation (sidewalks, bike paths, etc.)			

Appendix III: Data Notes

A number of health factor and outcome data indicators utilized in this CHNA are based on information from the Behavioral Risk Factor Surveillance System (BRFSS). Starting in 2011, the BRFSS implemented a new weighting method known as raking. Raking improves the accuracy of BRFSS results by accounting for cell phone surveying and adjusting for a greater number of demographic differences between the survey sample and the statewide population. Raking replaced the previous weighting method known as post-stratification and is a primary reason why results from 2011 and later are not directly comparable to 2010 or earlier. BRFSS data is derived from population surveys. As such, the results have a margin of error associated with them that differs by indicator and by the population measured. For smaller populations, we aggregated data across two or more years to achieve a larger sample size and increase statistical significance. For margin of error information please refer to the CDC for national BRFSS data and to Idaho BRFSS for Idaho related data.