



St. Luke's Elmore Community Health Needs Assessment 2019



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Introduction

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

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

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

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

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

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

Executive Summary

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

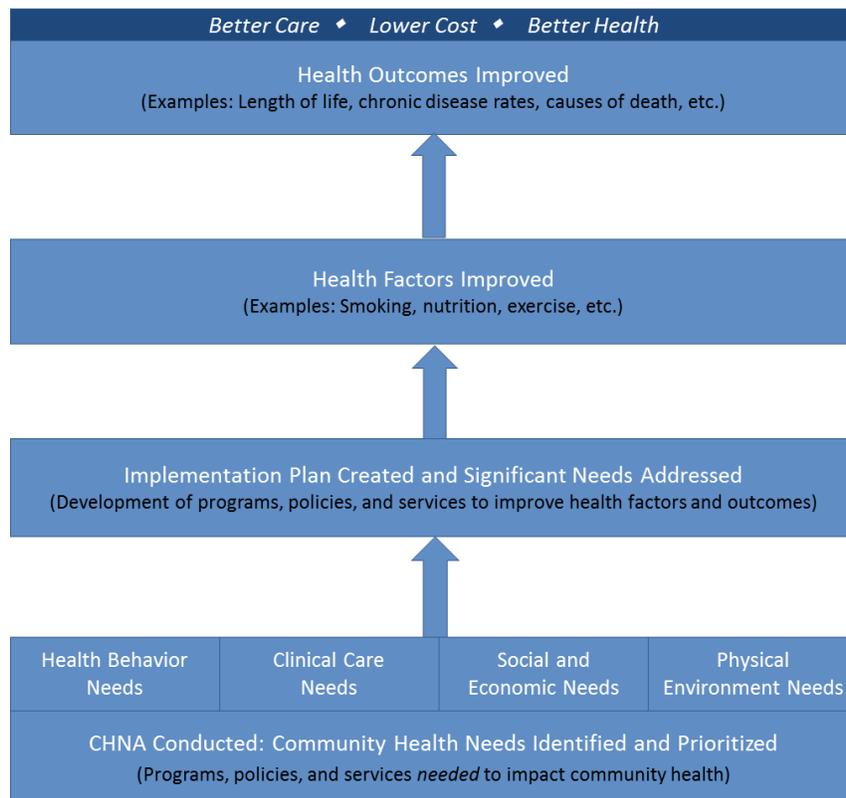
In our CHNA, we divide our health needs into four distinct categories: 1) health behaviors; 2) clinical care; 3) social and economic factors; and 4) physical environment. Each identified health need is included in one of these categories.

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

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

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

St. Luke’s Approach to Improving Community Health



Significant Community Health Needs

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

Group #1: Improve the Prevention and Management of Obesity and Diabetes

Group #2: Improve Mental Health and Reduce Suicide

Group #3: Prevent and Reduce Tobacco Use

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

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

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

Impact on Community

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



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

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

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

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

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

How to Address the Need

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

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



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

Affected Populations

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

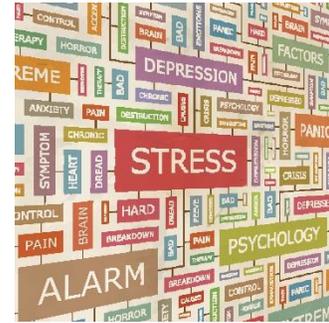
⁶ <https://www.cdc.gov/obesity/adult/causes.html>

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

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

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

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



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

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

Impact on Community

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

How to Address the Need

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



⁹ Mental Health, United States, 2009 - 2016 Reports, SAMHSA, www.samhsa.gov

¹⁰ <https://www.cdc.gov/mentalhealth/learn/index.htm>

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

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

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

Affected Populations

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

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

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

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

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

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

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

¹⁶ Idaho 2011 - 2016 Behavioral Risk Factor Surveillance System

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

Significant Health Need #3: Prevent and Reduce Tobacco Use

Tobacco prevention and cessation rank as a high priority health need because the percent of adults who smoke in our service area is well above the national average and because the relationship between tobacco use, particularly cigarette smoking, and adverse health outcomes is well known.

Impact on community:

Cigarette smoking is the leading cause of preventable death in our nation. Cigarette smoking is responsible for more than 480,000 deaths per year in the United States, including more than 41,000 deaths resulting from secondhand smoke exposure. This is about one in five deaths annually. On average, smokers die ten years earlier than nonsmokers. Smoking leads to disease and disability and harms nearly every organ of the body. The total economic cost of smoking is more than \$300 billion a year, including:

- Nearly \$170 billion in direct medical care for adults
- More than \$156 billion in lost productivity due to premature death and exposure to secondhand smoke¹⁸

How to Address the Need:

Regular use of tobacco products leads to addiction in many users. Anyone who starts using tobacco can become addicted to nicotine making it difficult to stop. In 2015, nearly 7 in 10 (68.0%) adult cigarette smokers wanted to stop smoking. More than 5 in 10 (55.4%) adult cigarette smokers had made a quit attempt in the past year.¹⁹ Of every three young smokers, only one will quit, and one of those remaining smokers will die from tobacco-related causes. Therefore, to reduce the use of tobacco products, it is important to prevent people from smoking to begin with.

Studies show smoking is most likely to become a habit during the teen years. The younger a person is when they begin to smoke, the more likely they are to become addicted to nicotine. According to the 2014 Surgeon General's Report, nearly nine out of ten adult smokers started before age 18, and nearly all started by age 26. The report estimates about three out of four high school smokers will become adult smokers.²⁰



¹⁸ https://www.cdc.gov/tobacco/data_statistics/fact_sheets/fast_facts/index.htm

¹⁹ Ibid

²⁰ <https://www.cancer.org/cancer/cancer-causes/tobacco-and-cancer/why-people-start-using-tobacco.html>

In order to reduce the use of tobacco, we will work with our community partners using evidence-based programs that have been effective in the prevention and cessation of tobacco use.

Affected populations:

People with lower incomes and without a high school diploma are more likely to smoke.²¹ In 2016, 15.5% of all U.S. adults (37.8 million people) smoke: 17.5% of males, 13.5% of females:²²

- Nearly 32 of every 100 non-Hispanic American Indians/Alaska Natives (31.8%)
- About 25 of every 100 non-Hispanic multiple race individuals (25.2%)
- Nearly 17 of every 100 non-Hispanic Blacks (16.5%)
- Nearly 17 of every 100 non-Hispanic Whites (16.6%)
- Nearly 11 of every 100 Hispanics (10.7%)
- 9 of every 100 non-Hispanic Asians (9.0%)

²¹ Comprehensive Cancer Alliance for Idaho, Idaho Comprehensive Cancer Strategic Plan 2004-2010, www.ccaidaho.org

²² https://www.cdc.gov/tobacco/data_statistics/fact_sheets/fast_facts/index.htm

Other Health Needs

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

Next Steps

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

St. Luke's Elmore Overview

Background

St. Luke's Elmore has been committed to serving the needs of our community for over 63 years. Founded in 1955, we strive to provide the best health care for the entire family.

St. Luke's Elmore offers a wide range of services from primary care and wellness and prevention programs to surgery, obstetrics, geriatrics, transitional care, skilled long term care, diagnostics, and an emergency department. St. Luke's Elmore partners with Elmore County to operate Elmore Ambulance Service (EAS) to provide emergency ground transports.

We care about our patients, their health, and what's best for individuals and families. St. Luke's Elmore partners with our patients to provide excellent and compassionate care.

St. Luke's Elmore is part of St. Luke's Health System (SLHS). Today, SLHS is the only locally governed, Idaho-based, not-for-profit health system, with a network of seven licensed full service medical centers and more than 100 outpatient centers and clinics serving people throughout southern Idaho, eastern Oregon, and northern Nevada.

St. Luke's Elmore is fortunate to have caring and committed volunteers, dedicated physicians on the medical staff, and an engaged community council comprised of independent civic leaders who volunteer their time to serve.

Mission, Vision, and Core Values

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

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

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

Our core values are:



Integrity

Compassion

Accountability

Respect

Excellence

Governance Structure

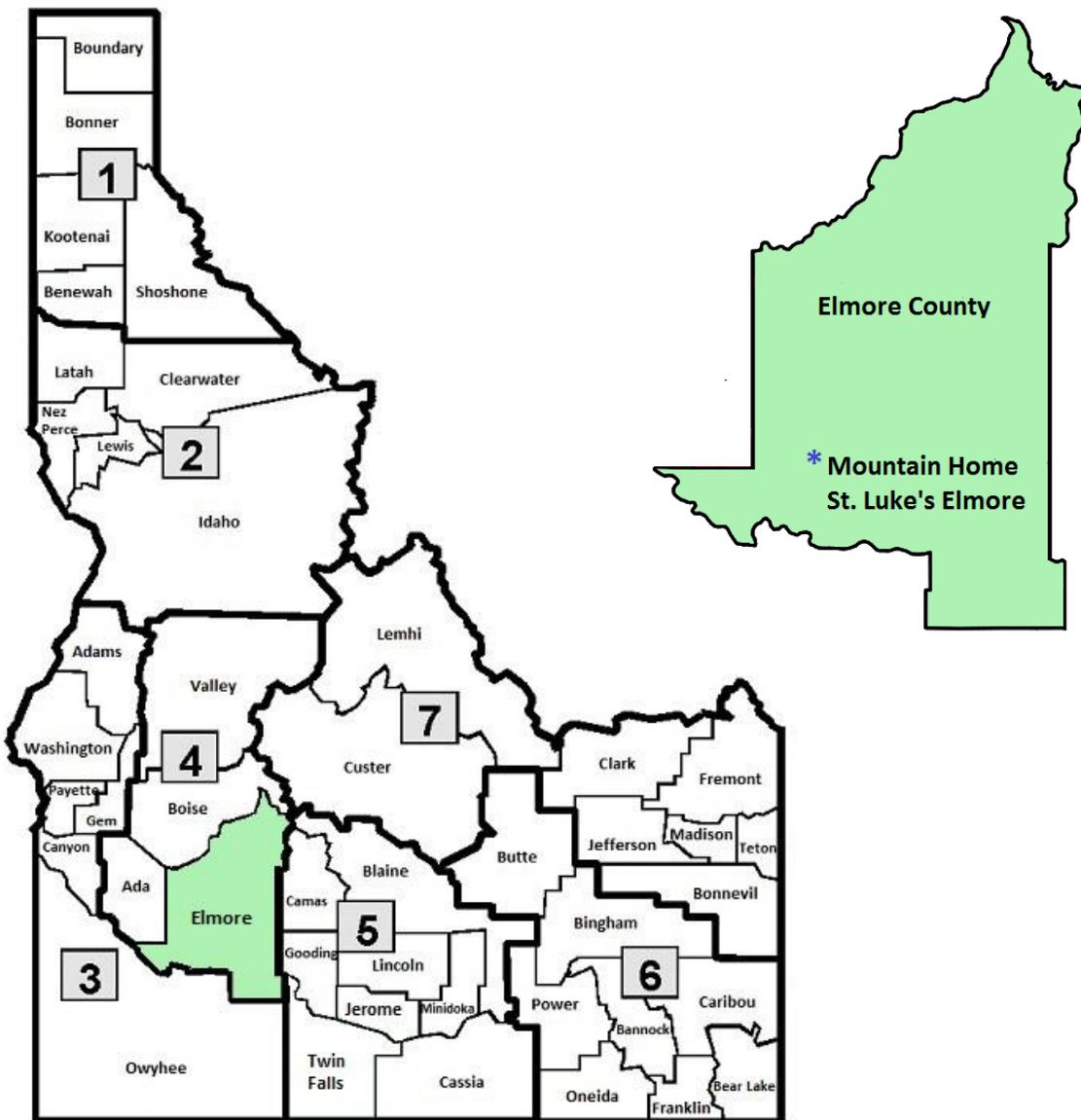
Each St. Luke’s medical center is responsive to the people it serves, providing a scope of service appropriate to community needs. Our volunteer boards include representatives from each St. Luke’s service area, helping to ensure local needs and interests are addressed.

The Community We Serve

This section describes our community in terms of its geography and demographics. Elmore County represents the geographic area used to define the community we serve also referred to in this document as our primary service area or service area. The criteria we use in selecting this area as the community we serve is to include the entire population of the counties where at least 75% of our inpatients reside. The residents of Elmore County comprise about 84% of our inpatients visits. Elmore County is part of Idaho Health District 4, as shown in the maps below.

Idaho Health District Map ²³

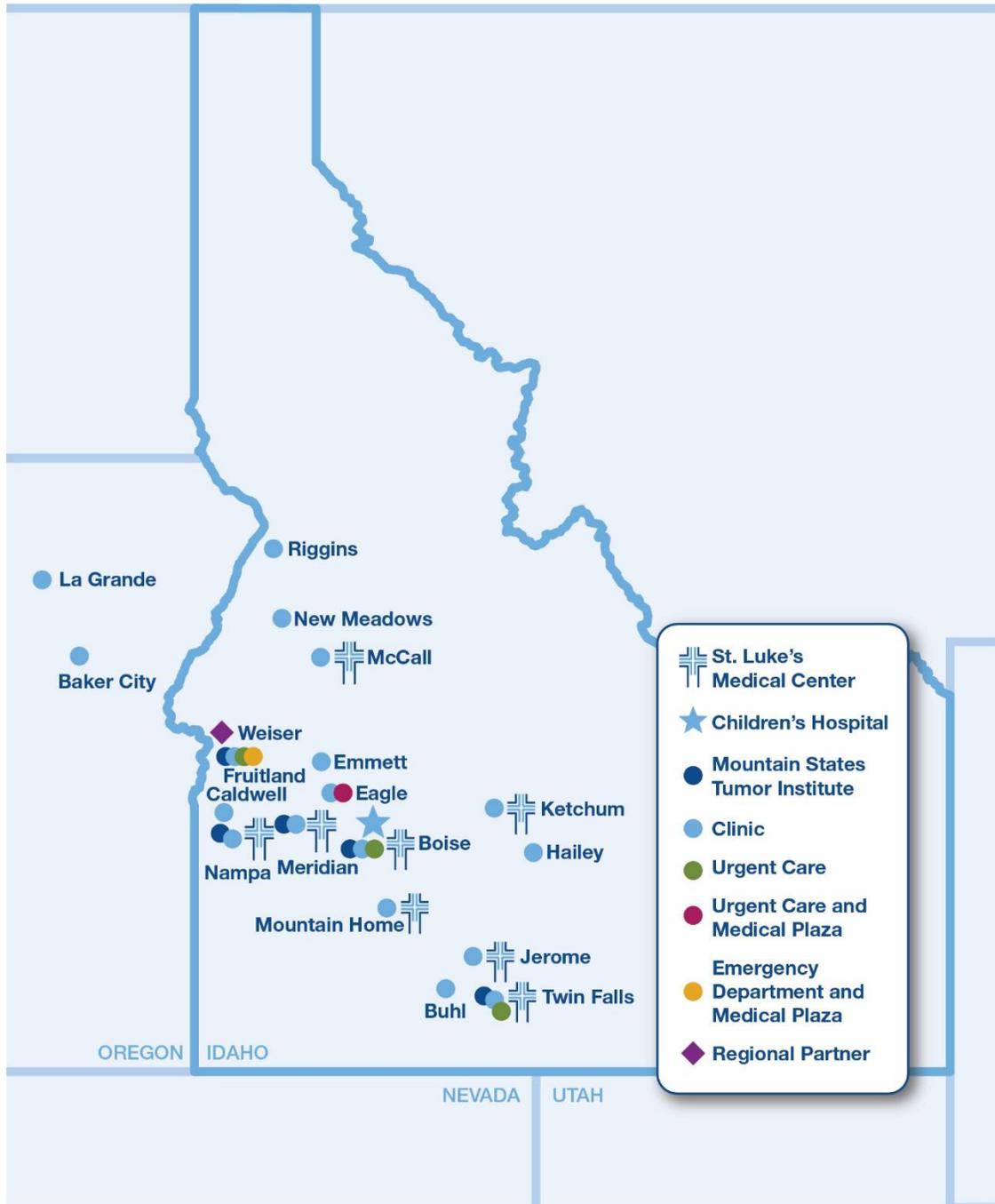
Elmore County Map



²³ Idaho Behavioral Risk Factor Surveillance System Annual Report 2016

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

St. Luke's Regional Relationships Map



Community Demographics

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

Both Idaho and our service territory are comprised of over a 90% white population while the nation as a whole is 78% white. The Hispanic population in Idaho represents 12% of the overall population and about 16% of our defined service area.

Population by Race and Ethnicity 2016²⁴

Residence	Total Population	Race				Ethnicity	
		White	Black	American Indian or Alaska Native	Asian or Pacific Islander	Non-Hispanic	Hispanic
Elmore	26,018	23,408	1,039	510	1,061	21,757	4,261
Idaho	1,683,140	1,596,443	20,021	34,218	32,458	1,475,397	207,743
National (000)	323,127	252,702	45,307	4,630	20,487	265,657	57,470
Elmore		90%	4%	2%	4%	84%	16%
Idaho		95%	1%	2%	2%	88%	12%
National		78%	14%	1%	6%	82%	18%

²⁴ Bureau of Vital Records and Health Statistics, Idaho Department of Health and Welfare (1/2018). The bridged-race population estimates were produced by the Population Estimates Program of the U.S. Census Bureau in collaboration with the National Center for Health Statistics (NCHS). Internet release date March 17, 2018.

Population Growth 2000-2016

Idaho experienced a 30% increase in population from 2000 to 2016, ranking it as one of fastest growing states in the country.²⁵ However, our service area experienced an 11% decrease in population within that timeframe.²⁶ St. Luke's Elmore is working to manage the volume and scope of services in order to meet the needs of our population.

Region	Population April 2000	Population April 2016	Percent Change
Service Area	29,130	26,018	-11%
Idaho	1,293,953	1,683,140	30%
United States	281,421,906	323,127,513	15%

Aging

Over the past ten years the over 45 age group was the fastest growing segment of our community. Currently, about 13% of the people in our community are over the age of 65.²⁷

Year	Population by Age			
	Age 0-19	Age 20-44	Age 45-64	Age 65+
2000	8,994	13,691	4,366	2,079
Percent of Total	31%	47%	15%	7%
2010	8,396	10,126	5,800	2,716
Percent of Total	31%	37%	21%	10%
2016	7,240	9,709	5,738	3,331
Percent of Total	28%	37%	22%	13%

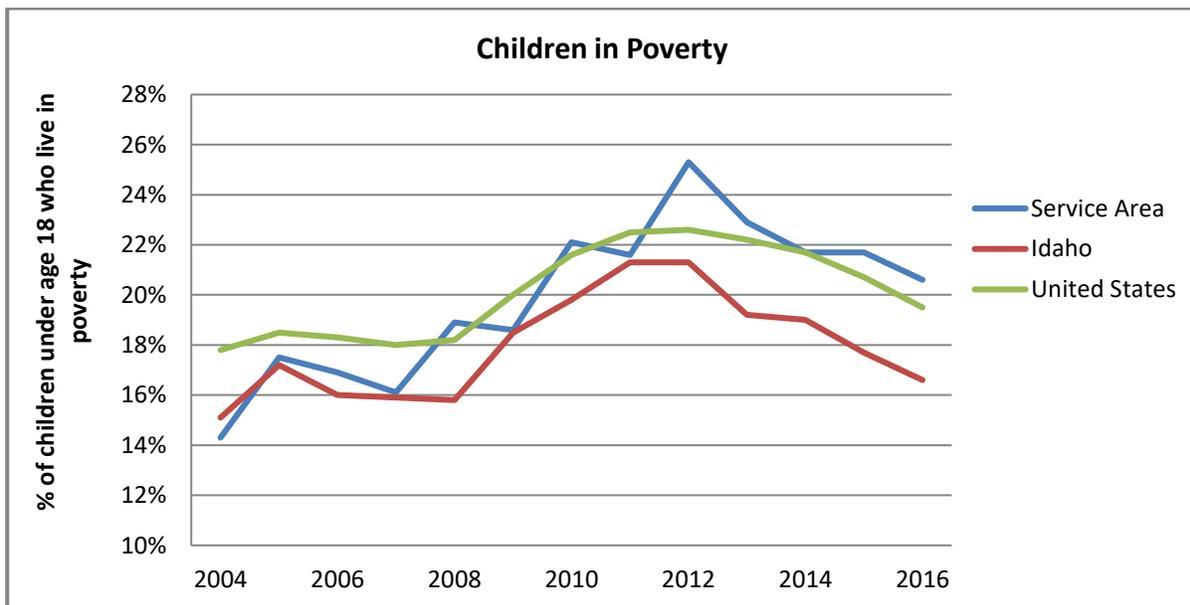
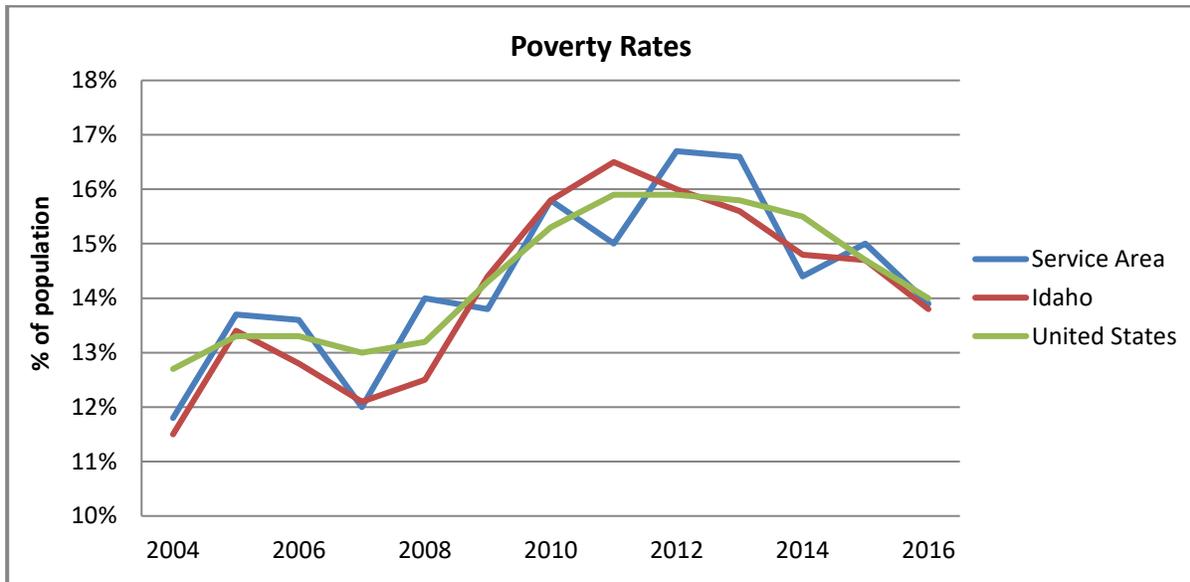
²⁵ U.S. Census Bureau: <http://quickfacts.census.gov/qfd/index.html> 2016

²⁶ Idaho Vital Statistics County Profile 2016

²⁷ Ibid

Poverty Levels

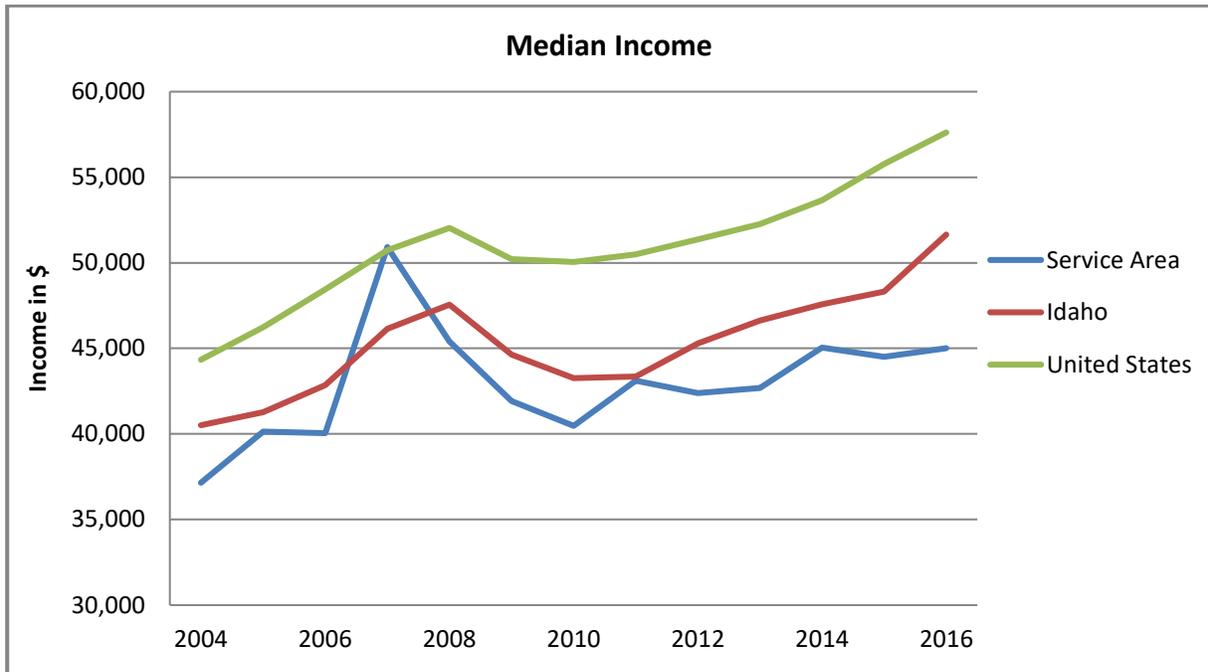
The official United States poverty rate increased from 12.5% in 2003 to 14% in 2016. Our service area poverty rate is about the same as the national average. The poverty rate in our community for children under the age of 18 is also about the same as the national average. Although poverty has started declining in our service area, poverty rates are still well above the levels they were at prior to the recession in 2008.²⁸



²⁸ Small Area Income and Poverty Estimates (SAIPE)
<http://www.census.gov/did/www/saibe/data/statecounty/data/index.html>

Median Household Income

Median income in the United States has risen by 33% since 2004 but by only 21% in our service area. The median income in our service area is well below the national median and lower than Idaho's median income.²⁹



²⁹ Ibid

Community Health Needs Assessment Methodology

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

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

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

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

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

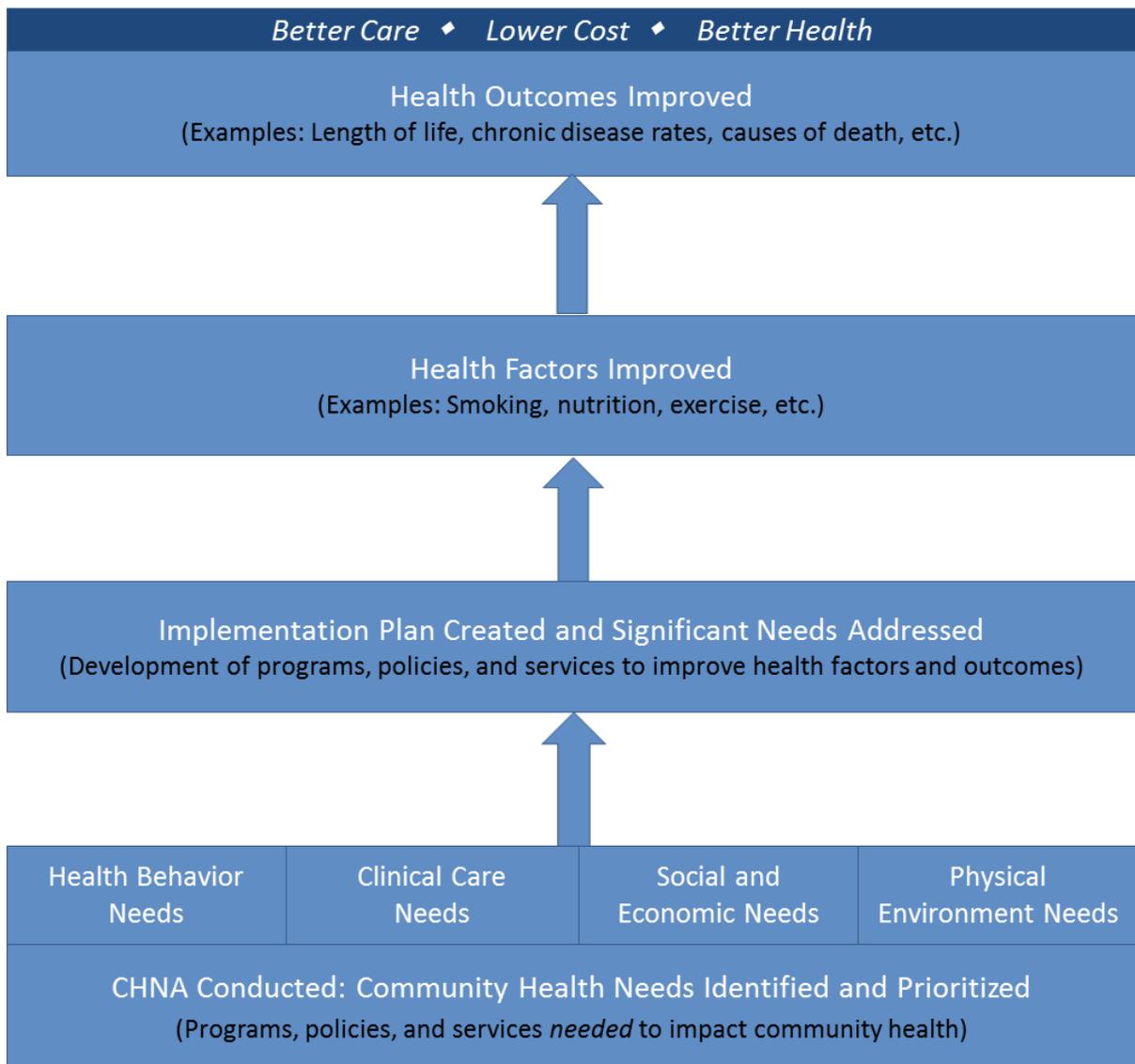
1. The **County Health Rankings** methodology for measuring community health. The University of Wisconsin Population Health Institute, in collaboration with the Robert Wood Johnson Foundation, developed the *County Health Rankings*. The *County Health Rankings* provides a thoroughly researched process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

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

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

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

St. Luke's Approach to Improving Community Health



Health Outcome and Health Factor Research Scoring System

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

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

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

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

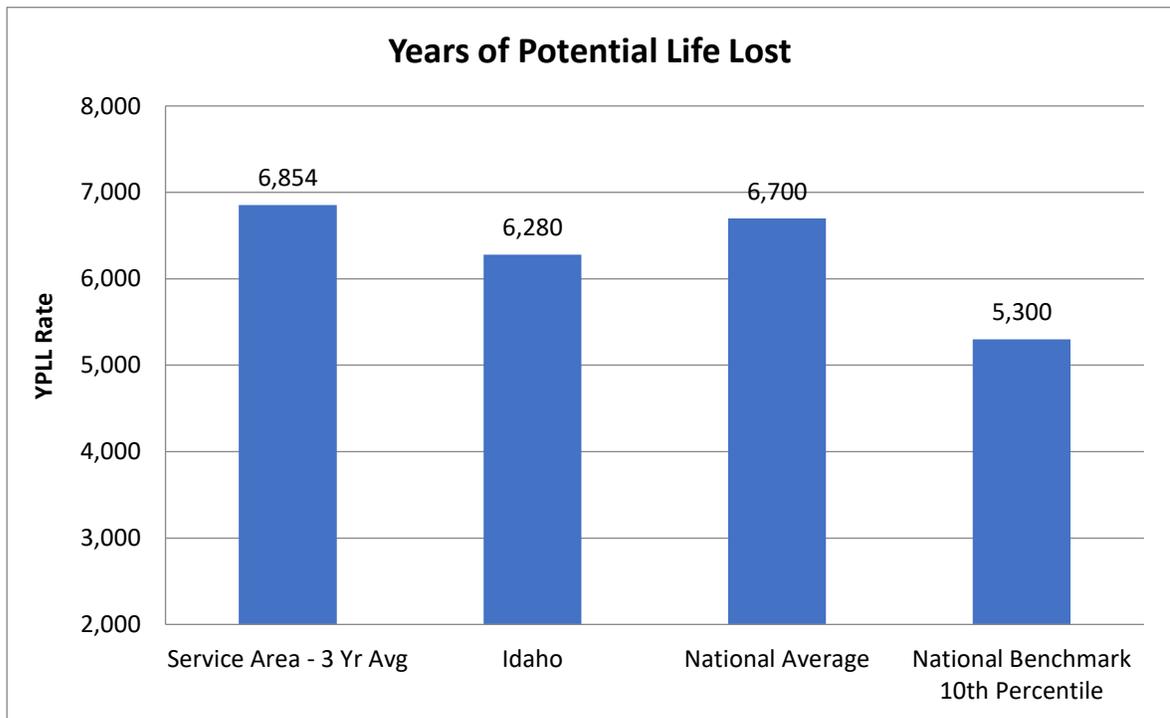
Health Outcome Measures and Findings

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

Mortality Measure

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

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



The chart above shows our service area YPLL for 2016 is about the same as the national average, indicating that on average people in our service area are not dying prematurely.³⁰

³⁰ Bureau of Vital Records and Health Statistics, Idaho Department of Health and Welfare (1/2016) (Idaho and county data)

Morbidity Measures

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

Health Related Quality of Life (HRQOL)

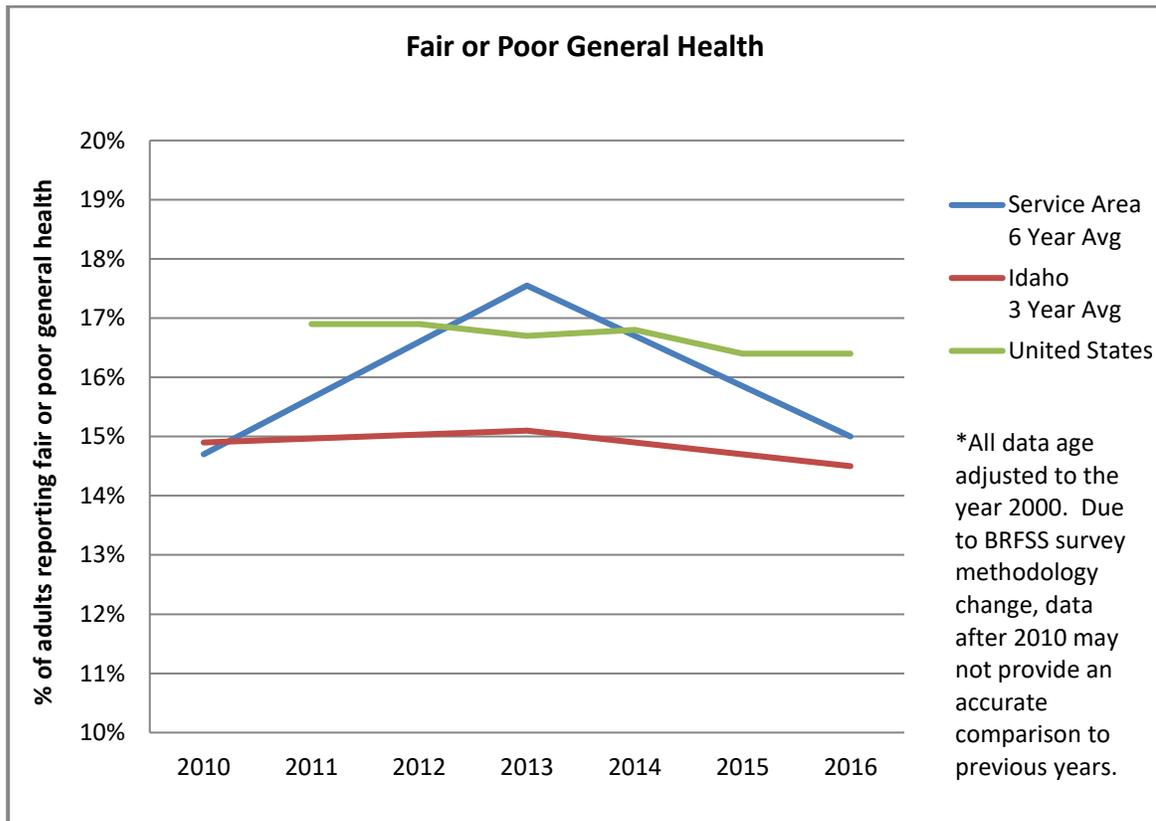
Understanding the health related quality of life of the population helps communities identify unmet health needs. Three measures from the CDC’s Behavioral Risk Factor Surveillance System (BRFSS) are used to define health-related quality of life: 1) The percent of adults reporting fair or poor health,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

Researchers have consistently found self-reported general, physical, and mental health measures to be informative in determining overall health status. Analysis of the association between mortality and self-rated health found that people with “poor” self-rated health had a twofold higher mortality risk compared with persons with “excellent” self-rated health. The analysis concludes that these measures are appropriate for measuring health among large populations.³¹

³¹ University of Wisconsin Population Health Institute. *County Health Rankings* 2018. Accessible at www.countyhealthrankings.org.

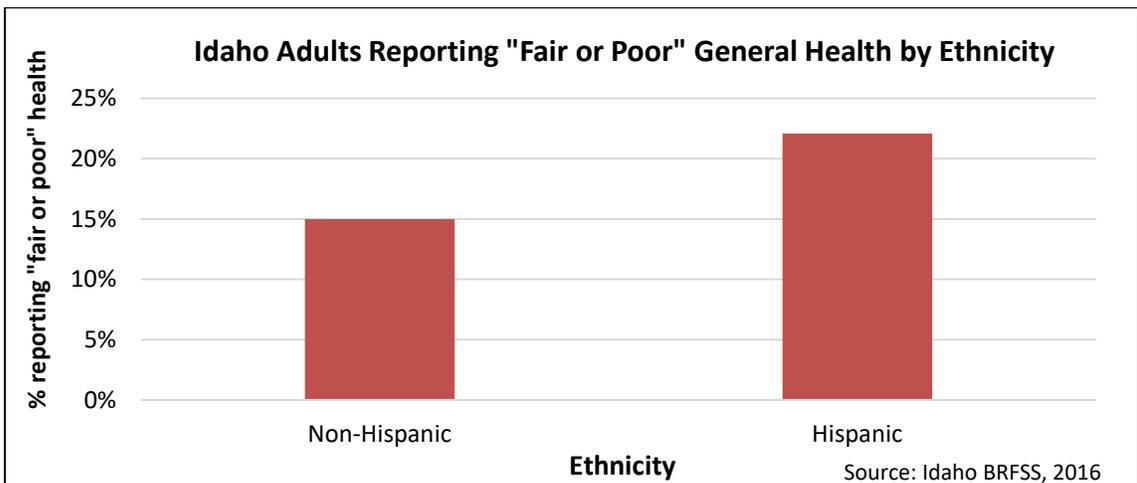
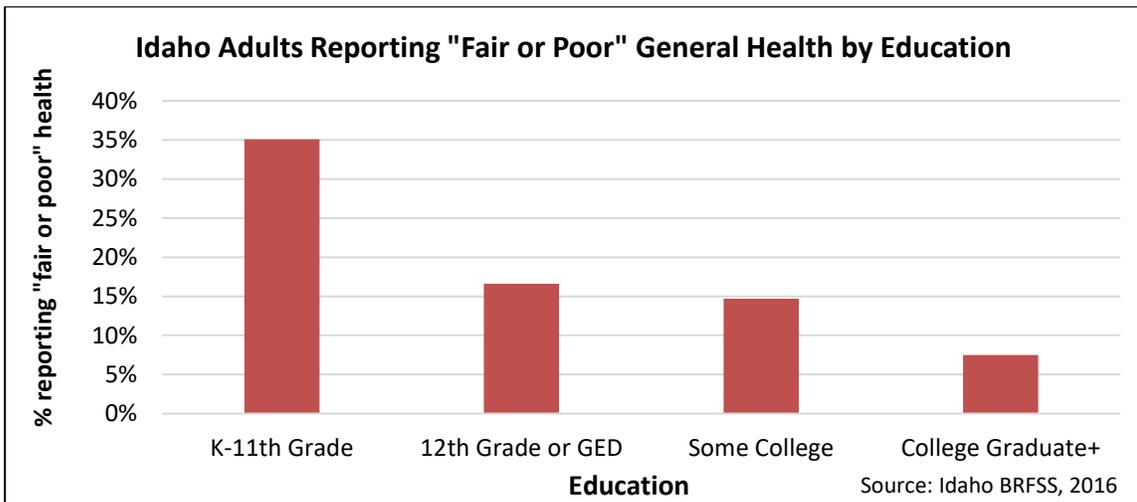
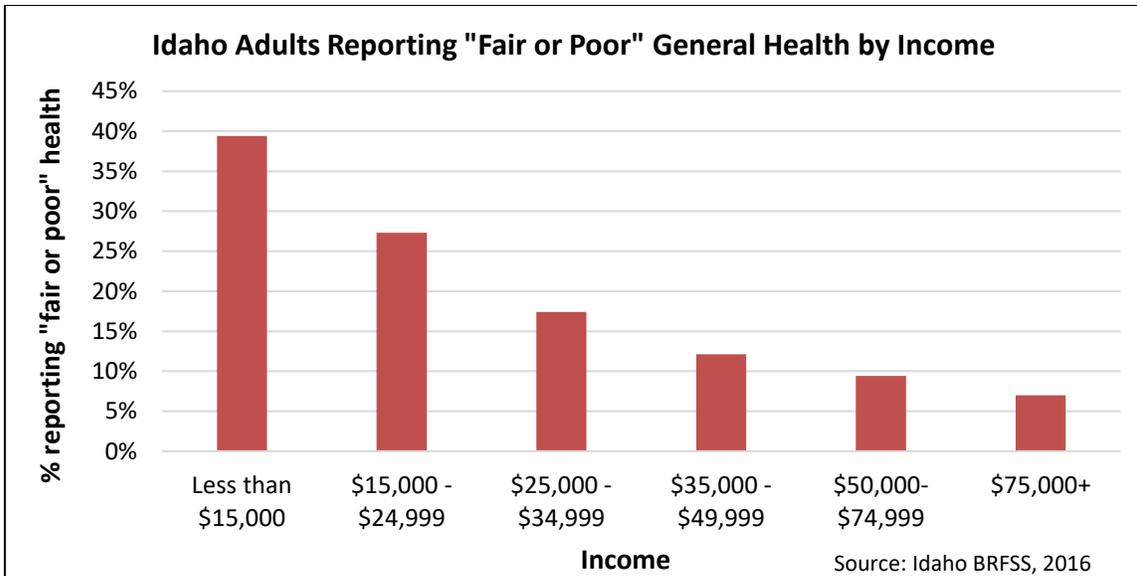
- **"Fair or Poor" General Health**

Fourteen and a half percent (14.5%) of Idaho adults reported their health status as fair or poor in 2016, which is approximately the same as in 2010. For our service area, the percent of people reporting fair or poor health is about 15% in 2016, which is below the national average of 16.4%.³²



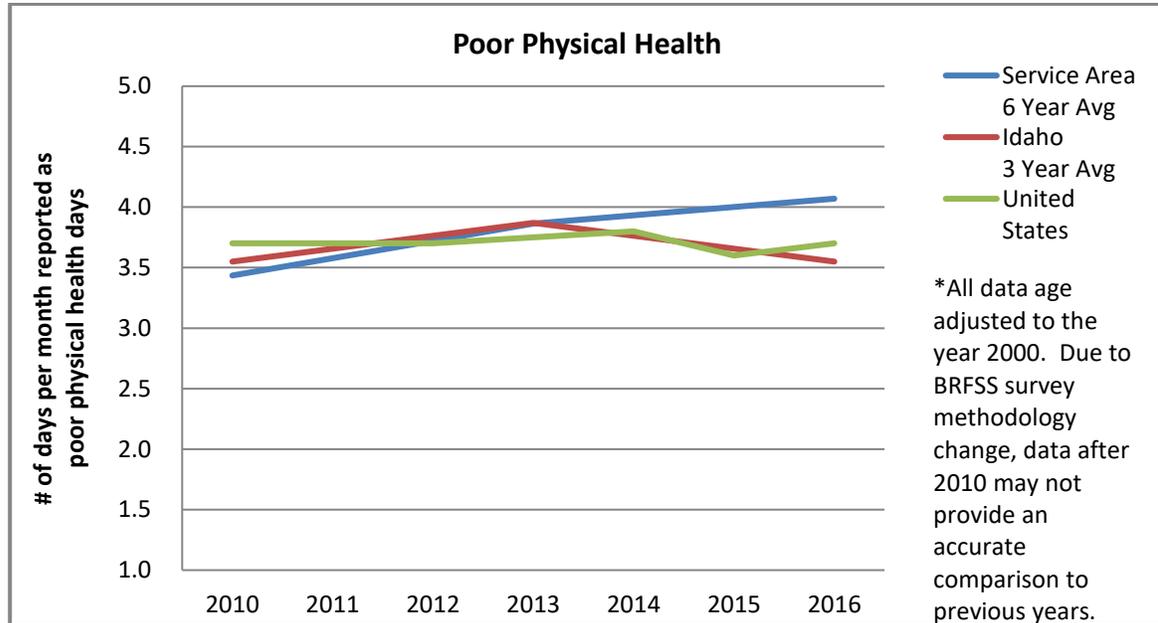
The charts below show that income and education greatly affect the levels of reported fair or poor general health. For example, people with incomes of less than \$15,000 are five times more likely to report fair or poor general health than those with incomes above \$75,000. In addition, Hispanics are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

³² Idaho and National 2004 - 2016 Behavioral Risk Factor Surveillance System



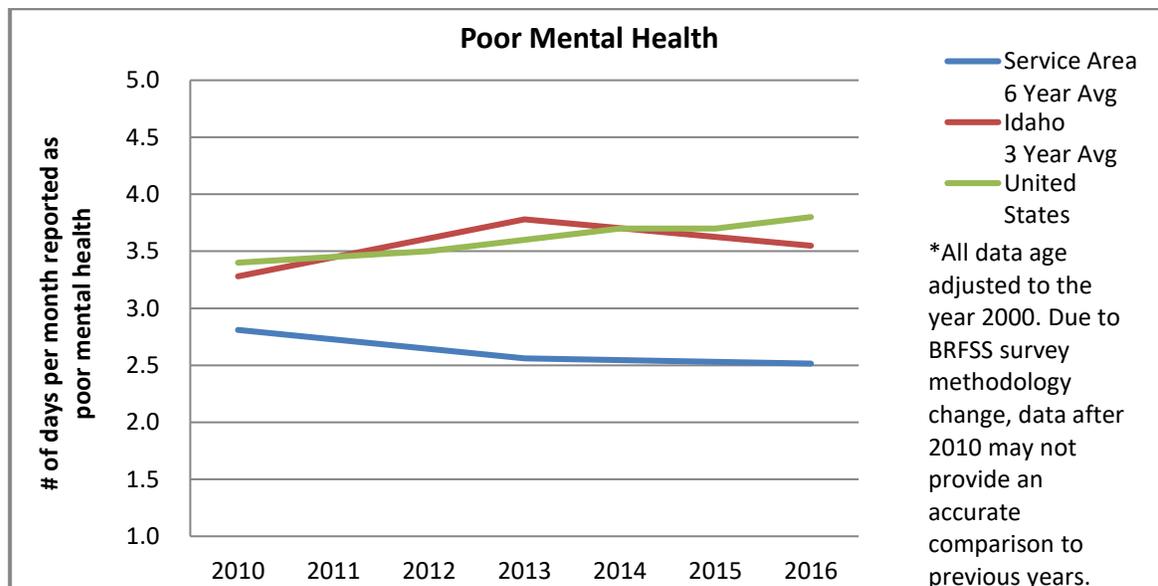
- **Poor Physical Health Days**

The number of reported poor physical health days for our service area is about the same as the national average.³³ The national top 10th percentile (best) is 3 days.³⁴



- **Poor Mental Health Days**

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



³³ Idaho 2016 Behavioral Risk Factor Surveillance System

³⁴ County Health Rankings 2018. Accessible at www.countyhealthrankings.org.

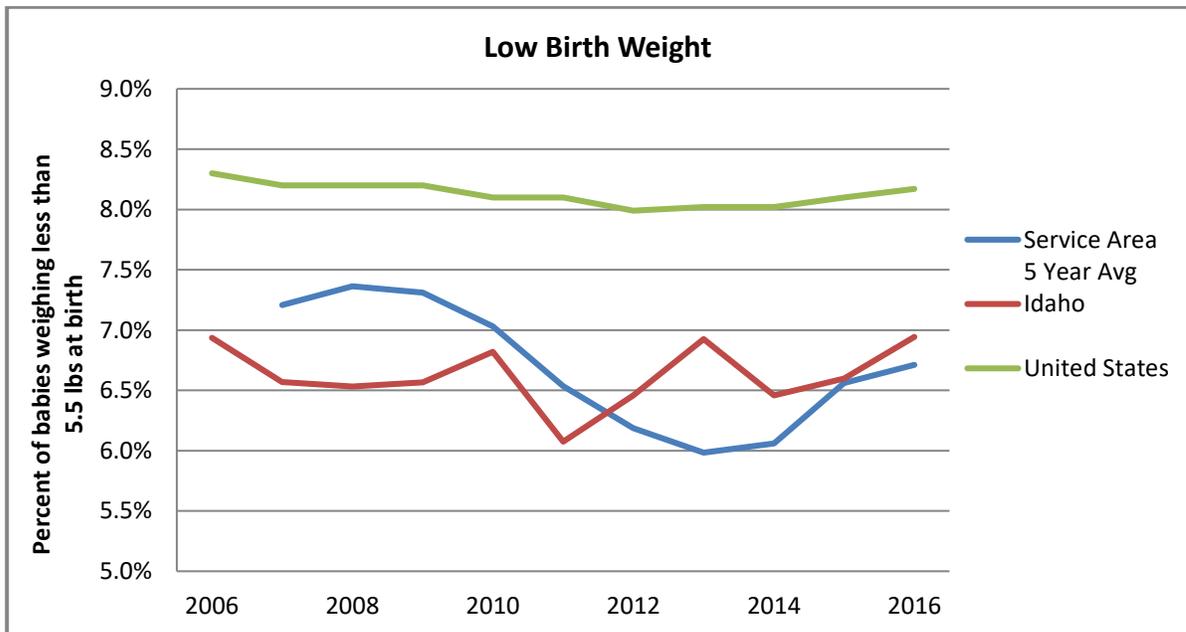
- **Low Birth Weight**

Low birth weight (LBW) is unique as a health outcome because it represents two factors: maternal exposure to health risks and the infant’s current and future morbidity, as well as premature mortality risk. The health associations and impacts of LBW are numerous.³⁵

The percent of LBW babies in our service area is 6.7%, which is significantly below (better than) the national average.³⁶ This is a key indicator of future health. The national top 10th percentile for LBW is 6.0%.

Low birth weight can be addressed in multiple ways, including:³⁷

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



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

³⁵ University of Wisconsin Population Health Institute. *County Health Rankings 2018*. Accessible at www.countyhealthrankings.org.

³⁶ Idaho Vital Statistics Annual Reports, Years 2000 - 2016, National Vital Statistics Report - Births: Data 2004 - 2016

³⁷ America’s Health Rankings 2015-2018, www.americashealthrankings.org

County Health Rankings Health Outcomes Ranking for Our Community

The *County Health Rankings* ranks the counties within each state on the health outcome measures described above. Elmore County's 2018 overall outcome rank is 20th out of a total of 42 counties in Idaho.³⁸ 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.

³⁸ University of Wisconsin Population Health Institute. *County Health Rankings* 2018. Accessible at www.countyhealthrankings.org

Additional Health Outcome Measures and Findings

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

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

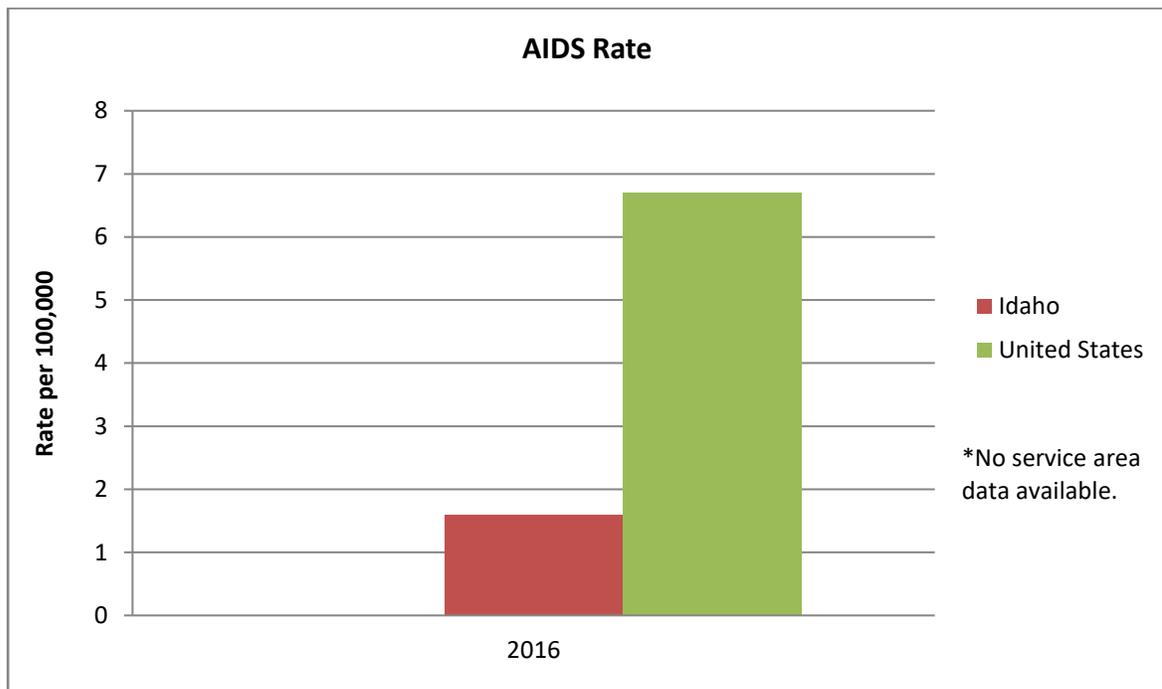
Chronic Disease Prevalence

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

- **AIDS**

The AIDS rate in Idaho is well below the national rate.³⁹ The trend in Idaho has been relatively flat from 2004.⁴⁰

The risk of contracting HIV is particularly high for young, gay, bisexual, and other men who have sex with men (MSM). In 2014, gay and bisexual men accounted for an estimated 70% (26,200) of new HIV infections in the United States. African Americans are more likely to have HIV than any other racial/ethnic group in the United States (US). At the end of 2014, an estimated 471,500 African Americans were living with HIV (43% of everyone living with HIV in the United States).⁴¹ Young people in the US are also more at risk for HIV infection accounting for 21% of all new HIV infections in 2016. HIV prevention programs, including education on abstinence and safe sex, will be helpful to younger people who did not benefit from the outreach conducted in the 1980s and 1990s.⁴²



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

³⁹ www.statehealthfacts.org

⁴⁰ www.healthandwelfare.idaho.gov/Portals/0/Health/Disease/STD%20HIV/2016_Facts_Book_FINAL.pdf

⁴¹ <http://www.cdc.gov/HIV/TOPICS/>

⁴² <http://www.cdc.gov/hiv/youth/>

- **Arthritis**

In 2016, 22% of Idaho adults had ever been told by a medical professional that they had arthritis. The prevalence of arthritis in our service area is higher than the national average and the trend is increasing. The likelihood of having arthritis increases with age. More than half of those surveyed ages 65 and older had been diagnosed with arthritis.

Other Highlights:

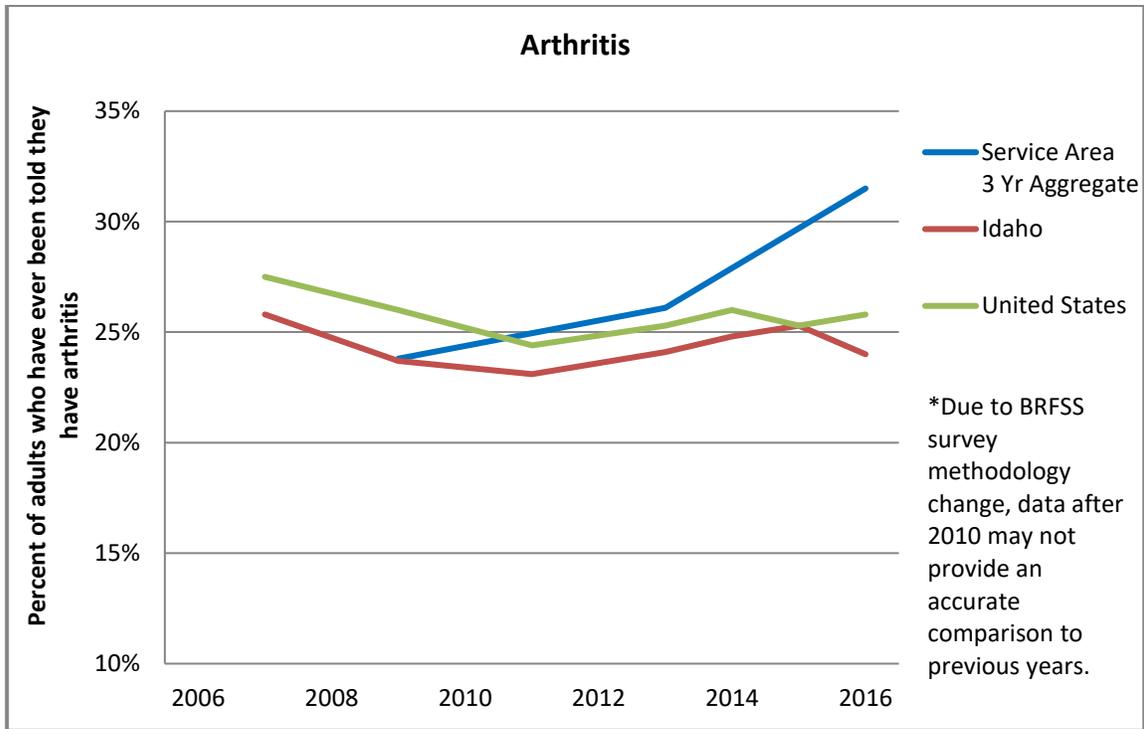
- Idaho residents with incomes below \$25,000 per year were more likely to have arthritis than those with incomes of \$25,000 or higher (34% compared with 31%).
- Hispanics were significantly less likely than non-Hispanics to have been diagnosed with arthritis (8.8% compared with 25.4%).
- Overweight adults (BMI \geq 25) were more likely to have arthritis compared to those who were not overweight.⁴³

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

- Maintain recommended weight. Women who are overweight have a higher risk of developing osteoarthritis in the knees.
- Regular exercise can help by strengthening muscles around joints and increasing bone density.
- Avoid smoking and limit alcohol consumption to help avoid osteoporosis. Both habits weaken the structure of bone increasing the risk of fractures.⁴⁴

⁴³ Idaho and National 2002 - 2016 Behavioral Risk Factor Surveillance System

⁴⁴ Arthritis Foundation, <http://www.arthritis.org/preventing-arthritis.php>

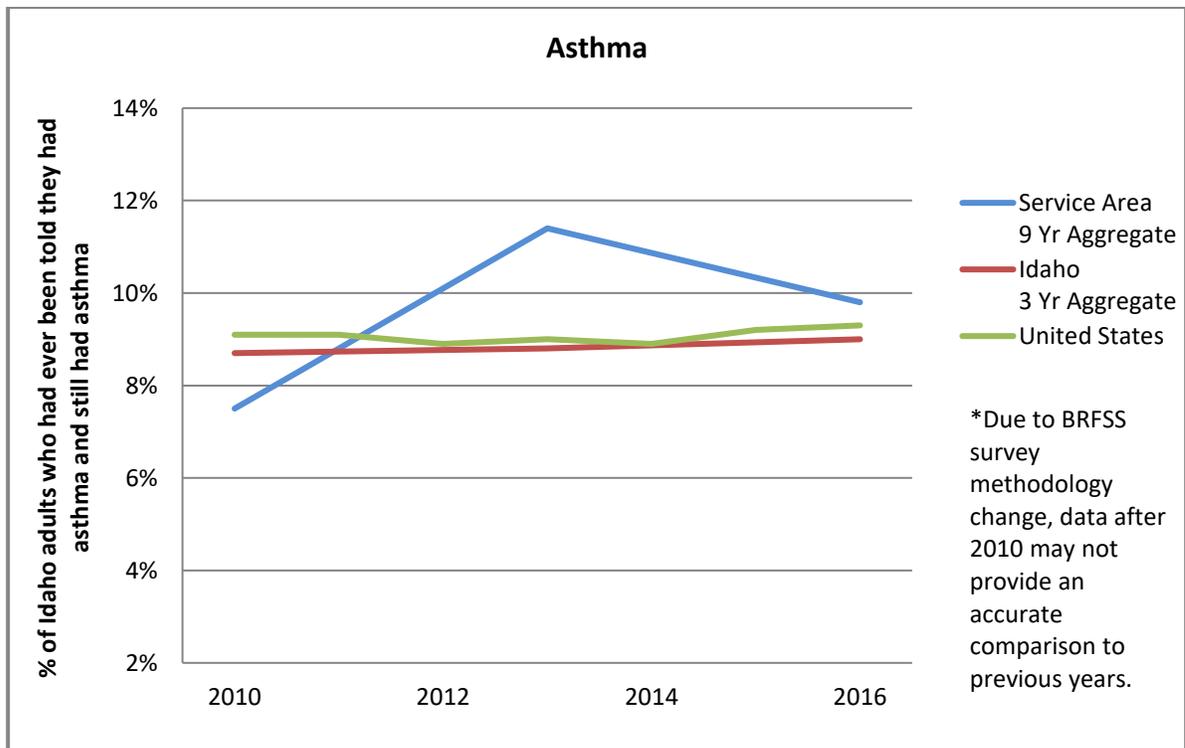


Health Factor Score					
Low score = Low potential for health impact			High score = High potential for health impact		
	Trend: Better/Worse	Prevalence versus U.S.	Severe/ Preventable	Magnitude: Root Cause	Total Score
Arthritis	3	4	2	0	9

- Asthma**

The percentage of people with asthma in our service area is about the same as the national average. Thirty percent (30%) of adults with current asthma reported their general health status as “fair” or “poor,” which is more than twice as high as people who did not have asthma (only 13.7% of people without asthma reported fair or poor health). Females, unemployed, and non-college graduates are more likely to have current asthma.⁴⁵

Asthma is a long-term disease that can't be cured. The goal of asthma treatment is to control the disease. To control asthma, it is recommended that people partner with their provider to create an action plan that avoids asthma triggers and includes guidance on when to take medications or to seek emergency care.⁴⁶



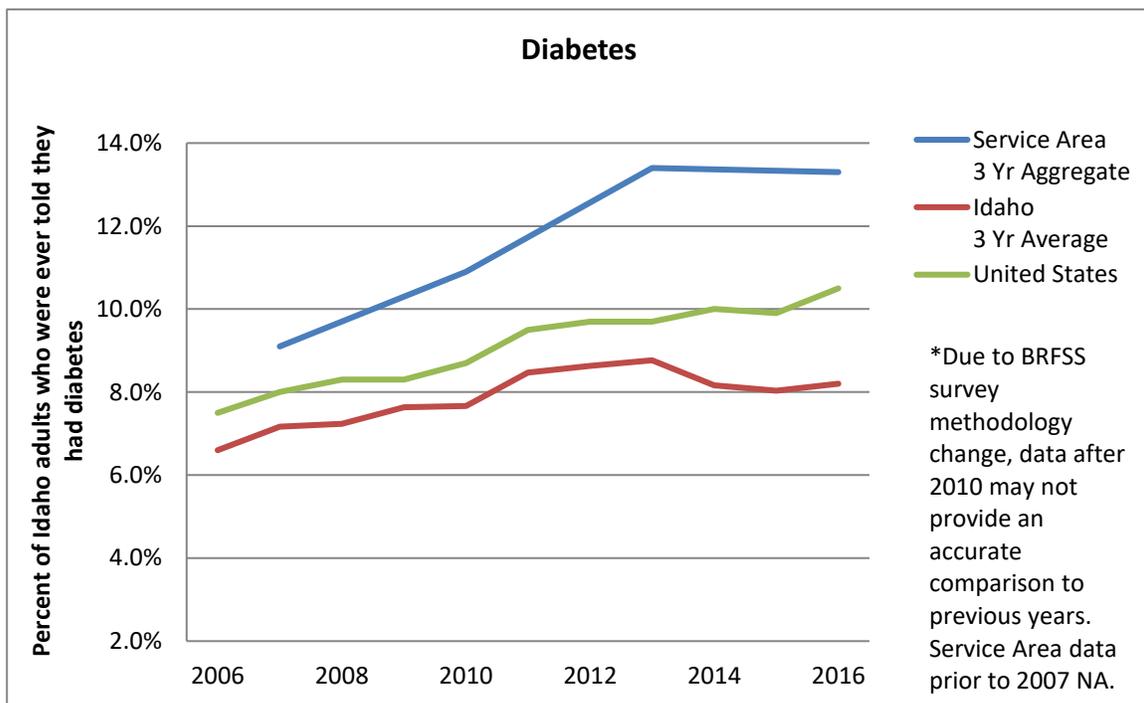
Health Factor Score					
Low score = Low potential for health impact			High score = High potential for health impact		
	Trend: Better/Worse	Prevalence versus U.S. Average	Severe/ Preventable	Magnitude: Root Cause	Total Score
Asthma	2	2	2	0	6

⁴⁵ Idaho and National 2002 - 2016 Behavioral Risk Factor Surveillance System

⁴⁶ http://www.nhlbi.nih.gov/health//dci/Diseases/Asthma/Asthma_Treatments.html

- **Diabetes**

About 13.3% of the people in our community report that they have been told they have diabetes. This is significantly above the national average and the trend is increasing. The percent of people living with diabetes in the United States is up by about 40% over the past ten years, indicating an opportunity for greater focus on prevention. Diabetes is a serious health issue that can contribute to heart disease, stroke, high blood pressure, kidney disease, blindness and can even result in limb amputation or death.⁴⁷ Direct medical costs for type 2 diabetes exceed \$200 billion and account for \$1 of every \$10 spent on medical care in the U.S. ⁴⁸



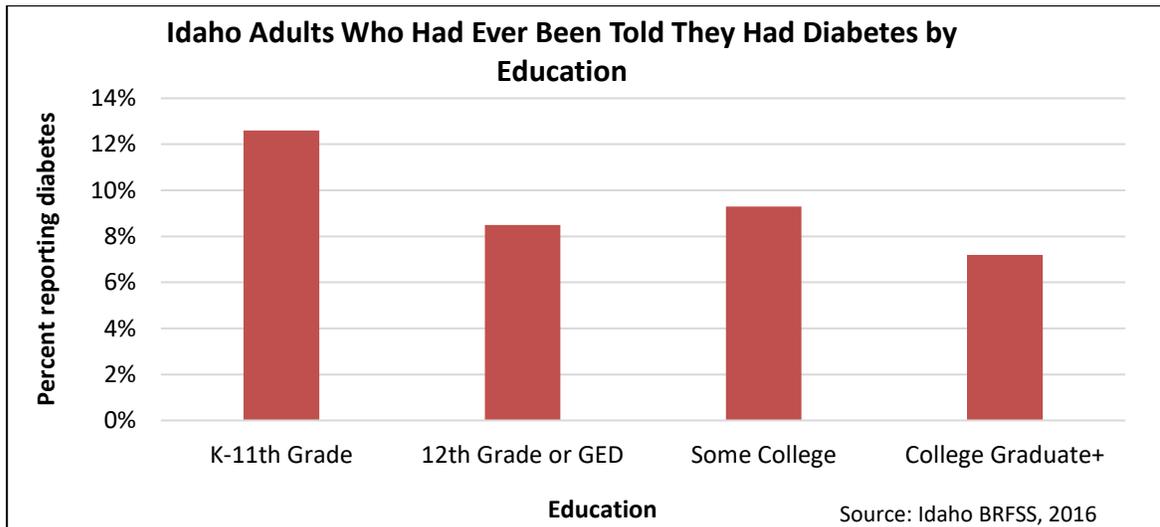
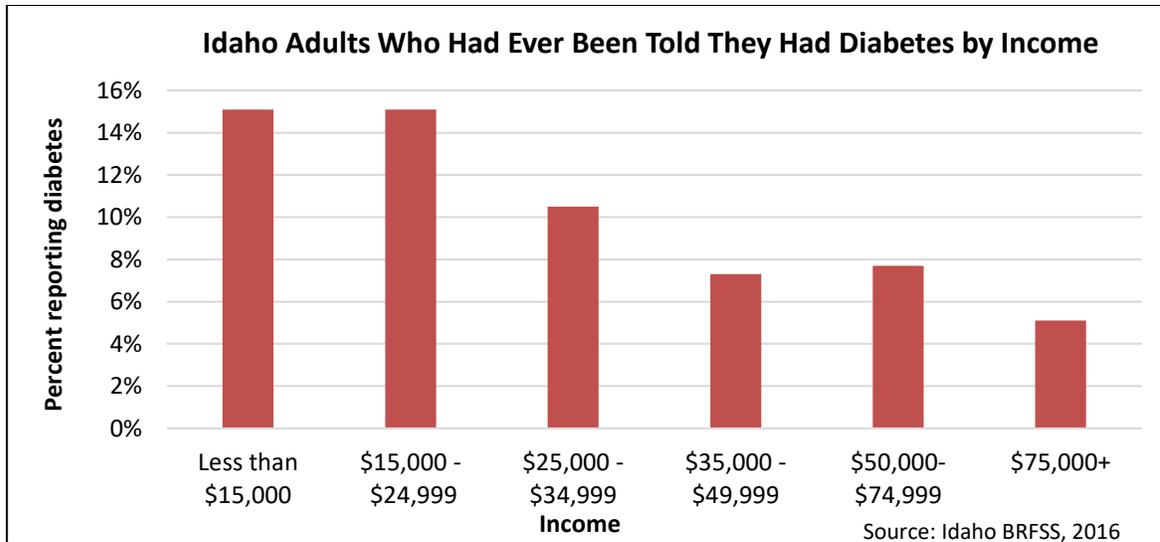
Other Highlights:

- Overweight (BMI ≥ 25) adults reported diabetes about three times as often as those who were not overweight.
- Approximately 59 percent of all diabetes health care expenditures are attributable to seniors. Educating older adults on diabetes management throughout the aging process and implementing physician guidelines tailored for older adults can minimize the health impact of diabetes.
- Those with a high school diploma or less education were significantly more likely to have diabetes than college graduates.⁴⁹

⁴⁷ Idaho and National 2002 - 2016 Behavioral Risk Factor Surveillance System

⁴⁸ America's Health Rankings 2015-2018, www.americashealthrankings.org

⁴⁹ Ibid.



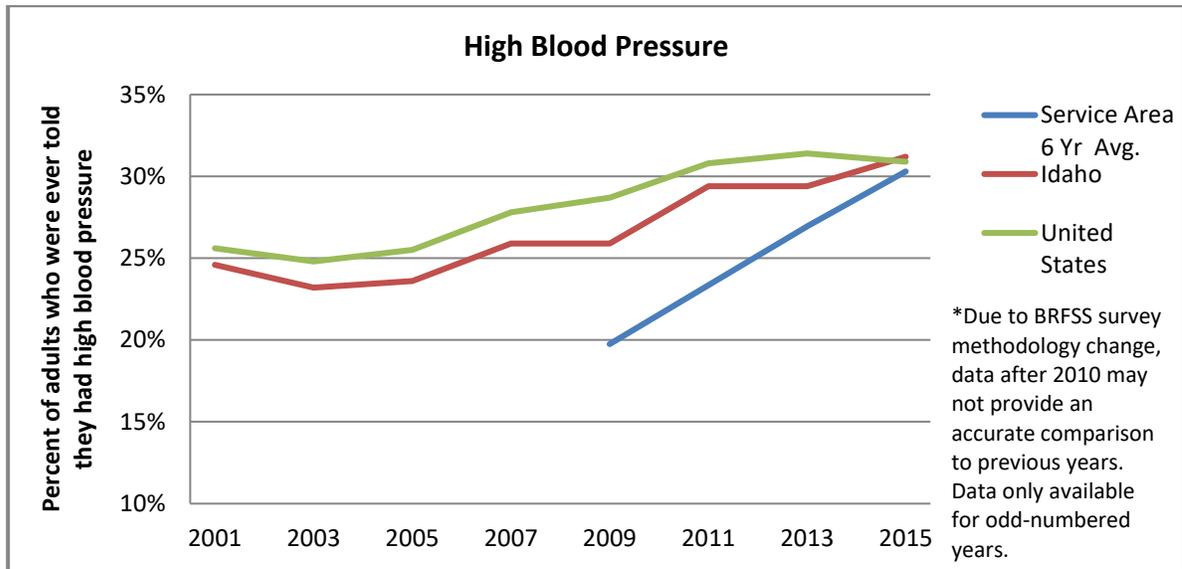
Studies indicate that the onset of type 2 diabetes can be prevented through weight loss, increased physical activity, and improving dietary choices. Diabetes can be managed through regular monitoring, following a physician-prescribed care regiment, adjusting diet, and maintaining a physically active lifestyle.⁵⁰

Health Factor Score					
Low score = Low potential for health impact			High score = High potential for health impact		
	Trend: Better/Worse	Prevalence versus U.S. Average	Severe/ Preventable	Magnitude: Root Cause	Total Score
Diabetes	4	4	3	4	15

⁵⁰ America's Health Rankings 2015-2018, www.americashealthrankings.org

- **High Blood Pressure**

The incidence of high blood pressure in the United States has continued to rise steadily over time. Currently, about one in every three Americans suffers from high blood pressure. Blood pressure rates in our service area is about the same as the national average and the long-term trend is increasing. High blood pressure is a major risk factor for heart disease, stroke, congestive heart failure, and kidney disease.⁵¹



- Those with incomes below \$35,000 per year were significantly more likely to have been told they had high blood pressure than those with annual incomes of \$50,000 or more.
- Those who were overweight (BMI > 25) reported having high blood pressure twice as often as those who were not overweight (BMI < 25).
- Adults who had been told they had high blood pressure were significantly more likely to have been told by a health professional that they also have angina or coronary heart disease.⁵²

Healthy blood pressure may be maintained by changing lifestyle or combining lifestyle changes with prescribed medications.⁵³

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

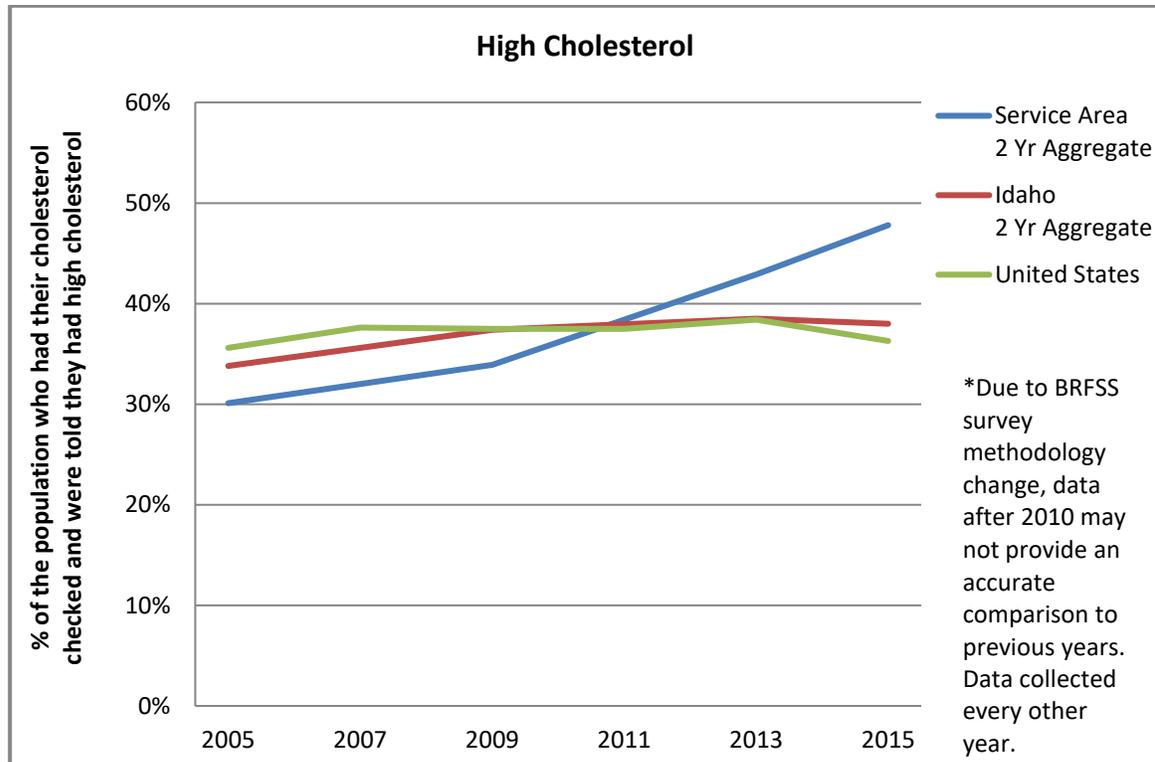
⁵¹ Ibid

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

⁵³ America's Health Rankings 2015-2018, www.americashealthrankings.org

- **High Cholesterol**

Among those who had ever been screened for cholesterol in our service area, approximately 48% reported that they were told their cholesterol was high in 2016, which is much higher than the national average. The percentage of screened adults with high cholesterol has increased in our service area, Idaho, and nationally since 2005. Sustained, increased cholesterol levels can lead to heart disease, heart attack, and other circulatory problems.⁵⁴



Other Highlights:

- Prevalence of high cholesterol decreased with higher levels of education.
- Adults who had been screened and told they had high cholesterol reported their general health status as “fair” or “poor” significantly more often than those who had not been told they had high cholesterol.
- Those who were overweight were significantly more likely to have high cholesterol than those who were not overweight.
- Adults aged 55 and older were significantly more likely to have had high blood cholesterol levels as those under age 55.⁵⁵

⁵⁴ Ibid.

⁵⁵ Idaho 2011 - 2016 Behavioral Risk Factor Surveillance System

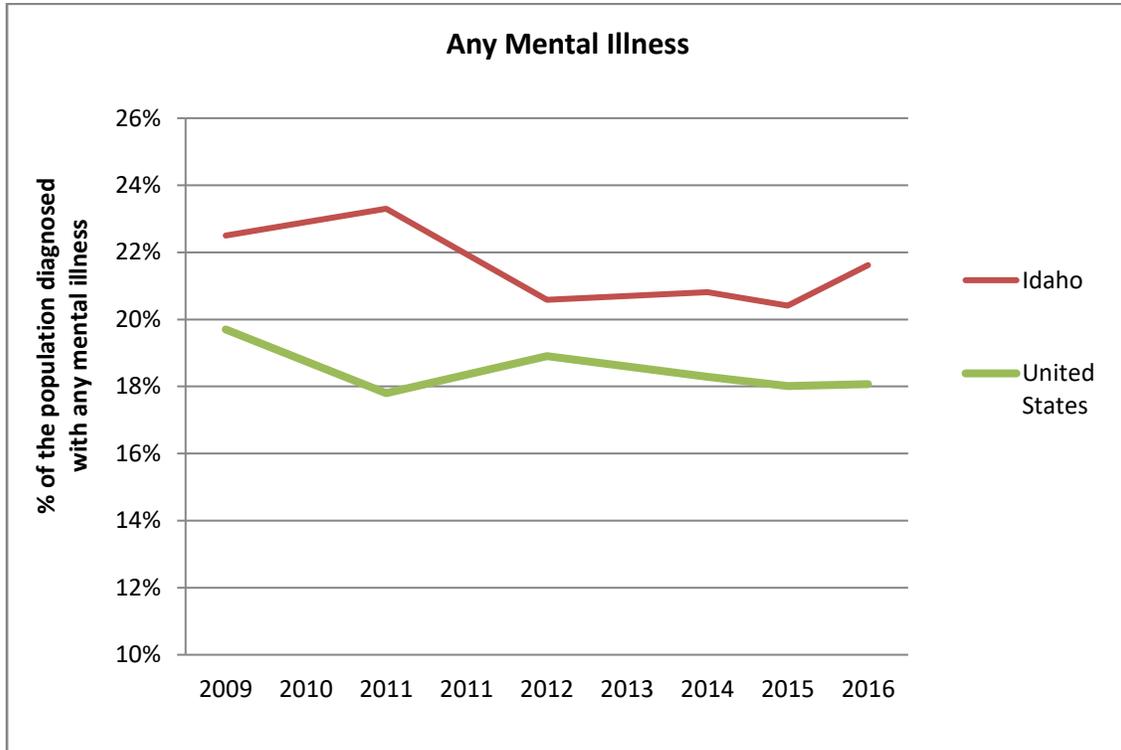
While some factors that contribute to high cholesterol are out of our control, like family history, there are many things a person can do to keep cholesterol in check, such as following a healthy diet, maintaining a healthy weight, and being physically active. For some individuals, a physician-recommended pharmacological intervention may be necessary.⁵⁶

Health Factor Score					
Low score = Low potential for health impact			High score = High potential for health impact		
	Trend: Better/Worse	Prevalence versus U.S. Average	Severe/ Preventable	Magnitude: Root Cause	Total Score
High Cholesterol	4	3	3	2	12

⁵⁶ America's Health Rankings 2015- 2018, www.americashealthrankings.org

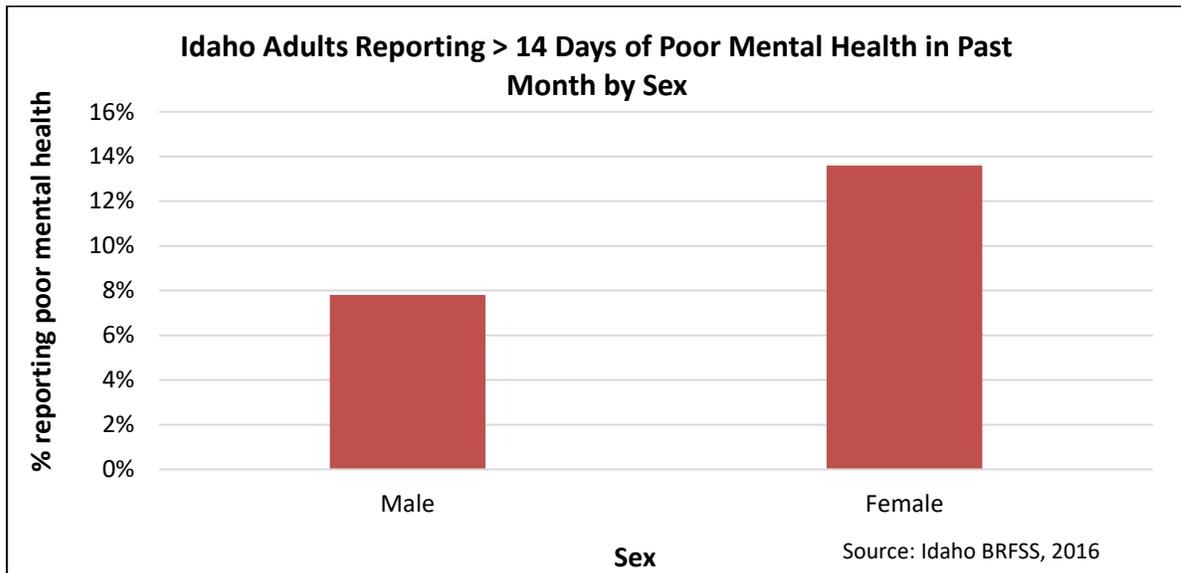
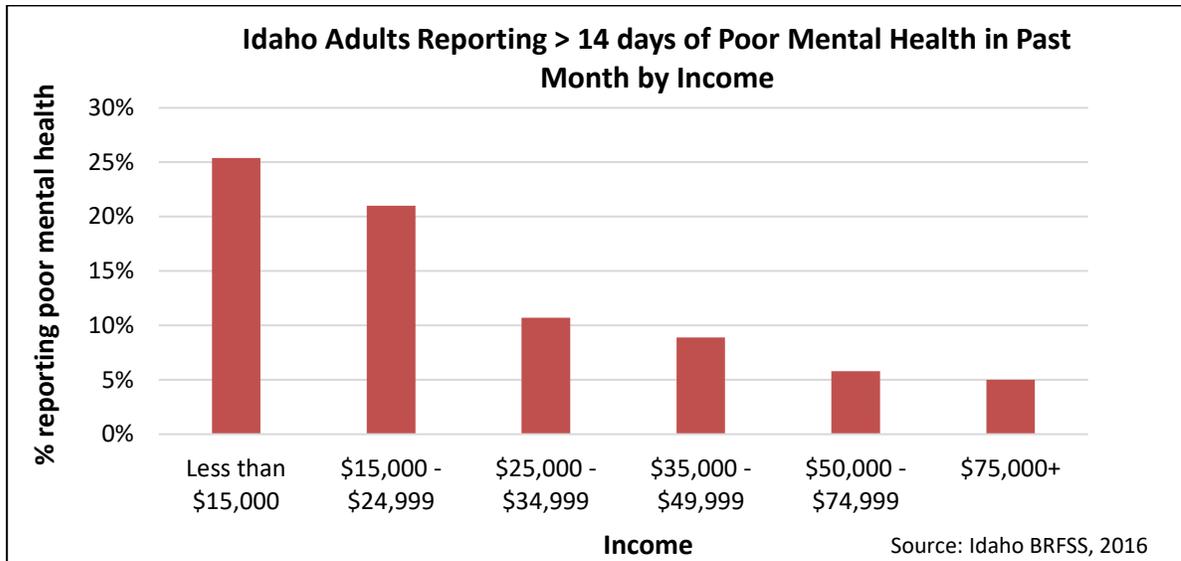
- **Mental Illness**

Community mental health status can help explain suicide rates as well as aid us in understanding the need for mental health professionals in our service area. The percentage of people age 18 or older having any mental illness (AMI) was 21.62% for Idaho in 2016. This was the fourth highest percentage of mental illness in the nation. The percentage of people having any mental illness for the United States as a whole was 18.07%.⁵⁷



⁵⁷ Mental Health, United States, 2009 - 2016 Reports, SAMHSA, www.samhsa.gov

The charts below show that people with lower incomes are about three and a half times more likely to have depressive disorders, and women are more likely than men to be diagnosed with a depressive disorder.⁵⁸



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

⁵⁸ Idaho 2011 - 2016 Behavioral Risk Factor Surveillance System

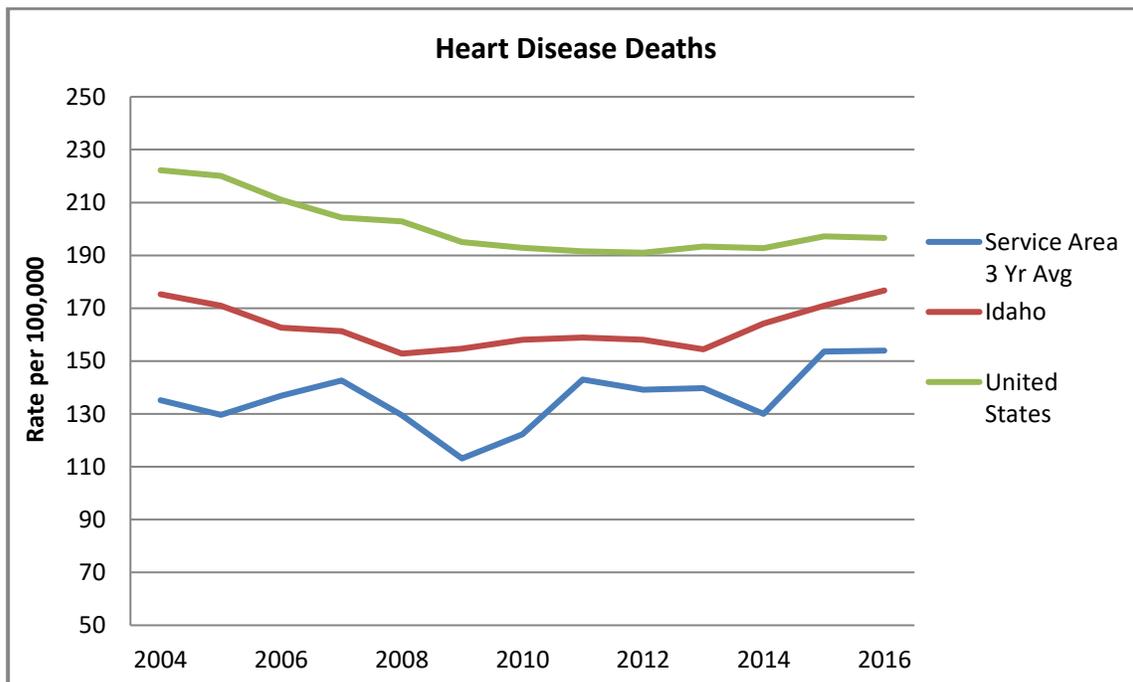
Top 10 Causes of Death

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

- **Diseases of the Heart**

The long, steady decline in heart disease death rates since 2000 shows signs of reversing.⁵⁹ It's also important to note that many individuals are living with chronic cardiac disease as new procedures prolong their lives.

Heart disease remains the leading cause of death in the United States for both men and women and is now the leading cause of death in Idaho as well.⁶⁰ The death rate from heart disease in our service area is well below the national average.



Heart disease is a long-term illness that many individuals can manage through lifestyle changes and healthcare interventions. However, many interventions place a burden on affected individuals by constraining options and activities available to them and can result in costly and ongoing expenditures for health care. It's important to keep cholesterol levels and blood pressure in check to prevent heart disease.⁶¹

⁵⁹ Idaho Vital Statistics Annual Reports, Years 2000 - 2016, National Vital Statistics Report - Deaths: Data 2016

⁶⁰ America's Health Rankings 2015-2018, www.americashealthrankings.org

⁶¹ Ibid.

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

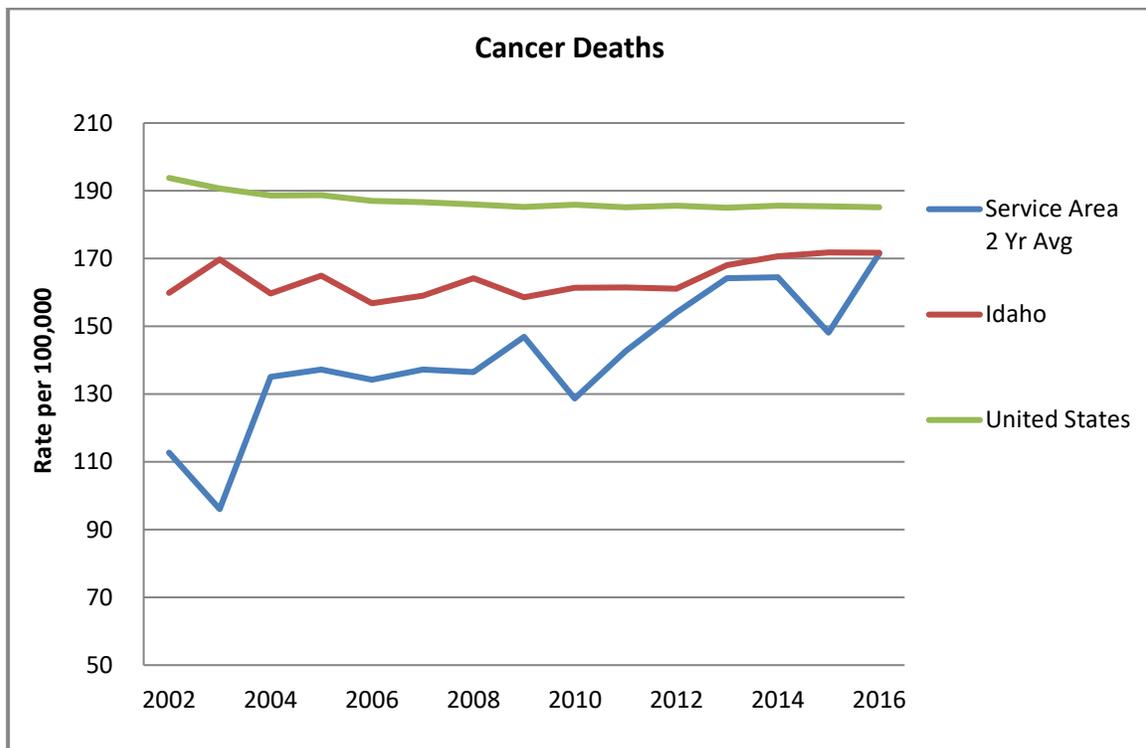
- **Cancer (malignant neoplasms)**

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

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

Cancer is among the most expensive conditions to treat. Many individuals face financial challenges because of lack of insurance or underinsurance, resulting in high out-of-pocket expenses.⁶²

The chart below shows the cancer death rate in our service area is below the national average. The trend for cancer deaths is down nationally but has been going up in our service area for a number of years.⁶³



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

⁶³ Idaho Vital Statistics Annual Reports, Years 2003 - 2016, National Vital Statistics Report - Deaths: Data 2016

If tobacco use, poor diet, and physical inactivity were eliminated, the CDC estimates that 40% of cancers would be prevented. Therefore, opportunities exist to reduce the risk of developing some cancers.⁶⁴

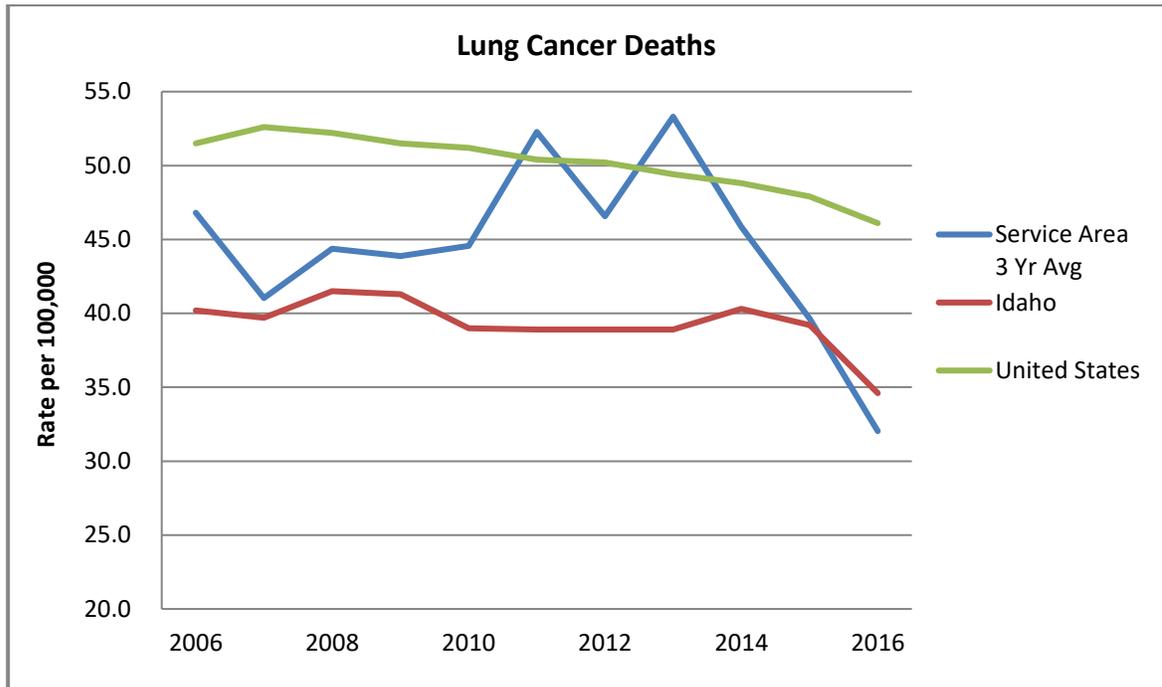
Health Factor Score					
Low score = Low potential for health impact			High score = High potential for health impact		
	Trend: Better/Worse	Prevalence versus U.S. Average	Severe/ Preventable	Magnitude: Root Cause	Total Score
Cancer	4	1	3	1	9

Although our service area’s cancer rate is below the national average, cancer is a term that includes more than 100 different diseases. Some cancer death rates may be relatively high in our service area, so we collected data on the most common forms of cancer on the following pages.

⁶⁴ America’s Health Rankings 2015-2018, www.americashealthrankings.org

- **Lung Cancer**

Lung cancer is the leading cause of cancer death in Idaho. The lung cancer death rate in our service area is below the national average and has been trending down since 2013.⁶⁵ Current science does not support population-based efforts to screen for lung cancer. More than 80% of lung cancers are a result of tobacco smoking.⁶⁶



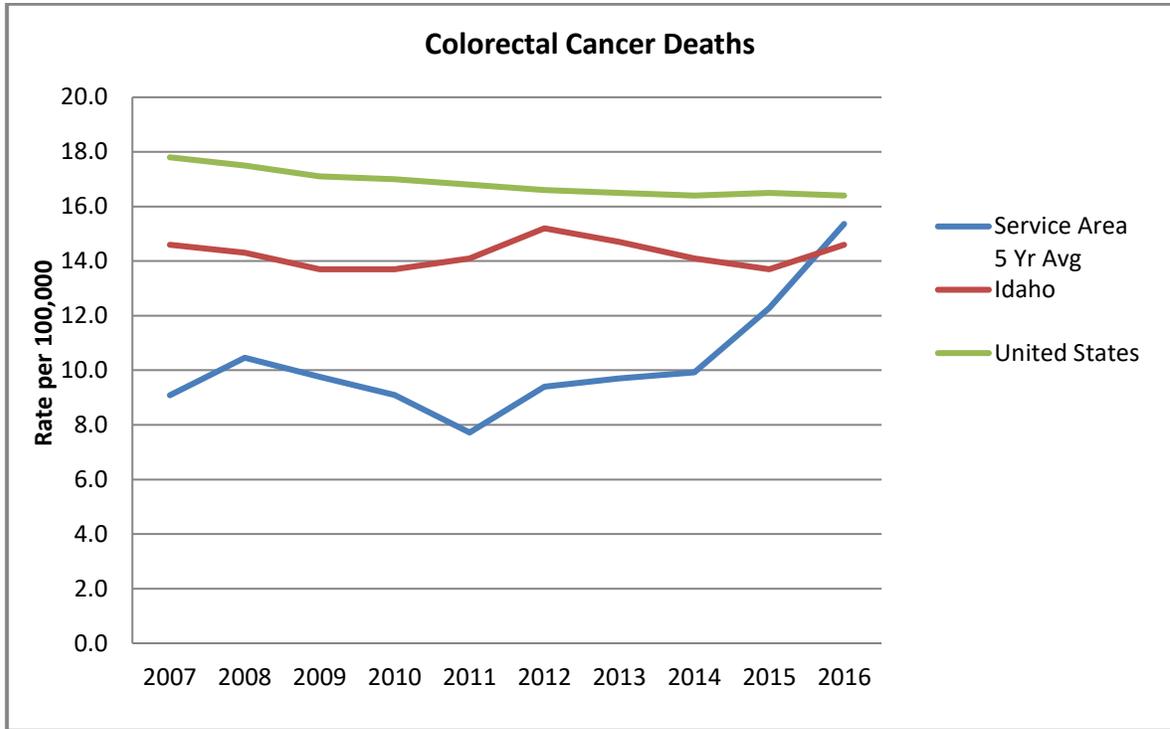
Health Factor Score					
Low score = Low potential for health impact			High score = High potential for health impact		
	Trend: Better/Worse	Prevalence versus U.S. Average	Severe/ Preventable	Magnitude: Root Cause	Total Score
Lung Cancer	1	0	4	1	6

⁶⁵ Idaho Vital Statistics Annual Reports, Years 2000 - 2016, National Vital Statistics Report - Deaths: Data 2016

⁶⁶ Comprehensive Cancer Alliance for Idaho, Idaho Comprehensive Cancer Strategic Plan 2004-2010, www.ccaidaho.org

- **Colorectal Cancer**

In Idaho, colorectal cancer is the second most common cancer-related cause of death among males and females combined. The trend for colorectal cancer deaths in our service area is increasing and the death rate is now about the same national average.⁶⁷ There is evidence that cancers of the colon are associated with obesity and that preventing weight gain can reduce the risk. Early detection is effective in reducing colorectal cancer death rate.⁶⁸



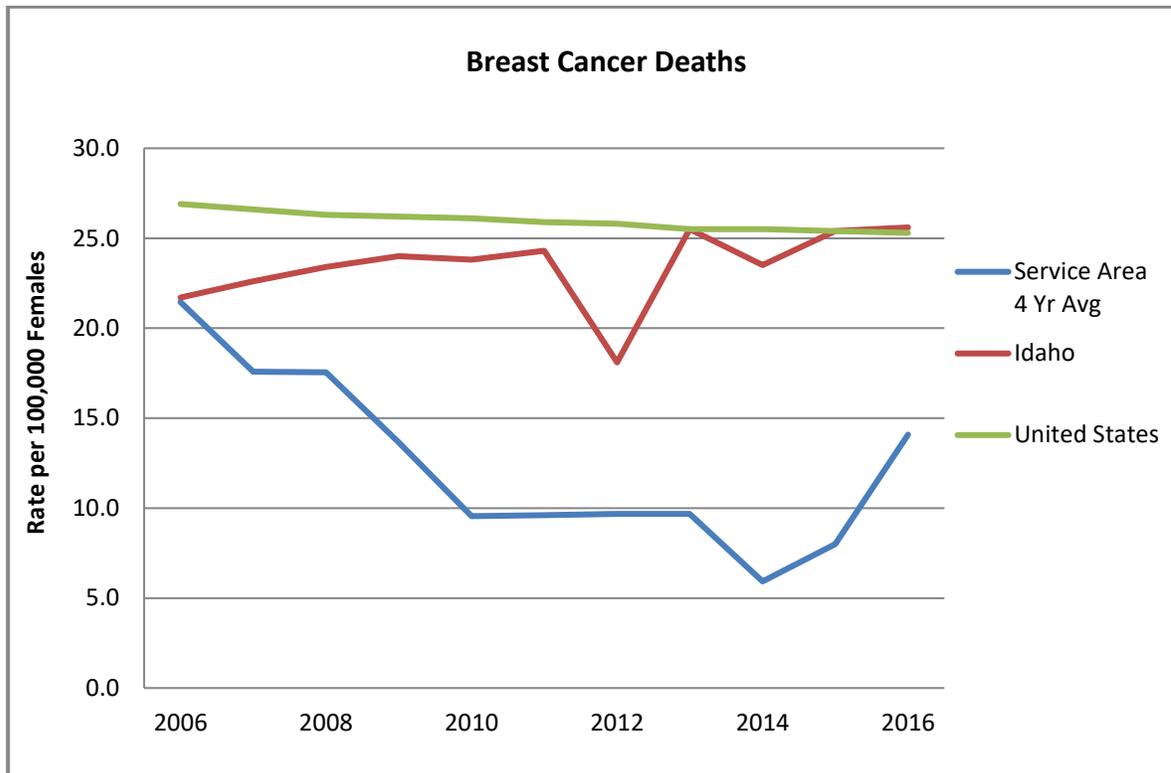
Health Factor Score					
Low score = Low potential for health impact			High score = High potential for health impact		
	Trend	Prevalence versus U.S. Average	Severe/ Preventable	Magnitude	Total Score
Colorectal Cancer	4	2	4	0	10

⁶⁷ Idaho Vital Statistics Annual Reports, Years 2000 - 2016, National Vital Statistics Report - Deaths: Data 2016

⁶⁸ America's Health Rankings 2015- 2018, www.americashealthrankings.org

- **Breast Cancer**

Breast cancer is the second leading cause of cancer death, after lung cancer among Idaho women. The breast cancer death rate in our service area is well below national average.⁶⁹ Although nationally breast cancer rates have continued to rise since 1980, there has been a decline in the death rate from breast cancer. Survival rates differ significantly by stage of diagnosis. For women under age 65, uninsured women have the highest rates of more advanced stages of breast cancer (48%) compared to those with private insurance (33%), Medicare (25%), and Medicaid (43%).⁷⁰



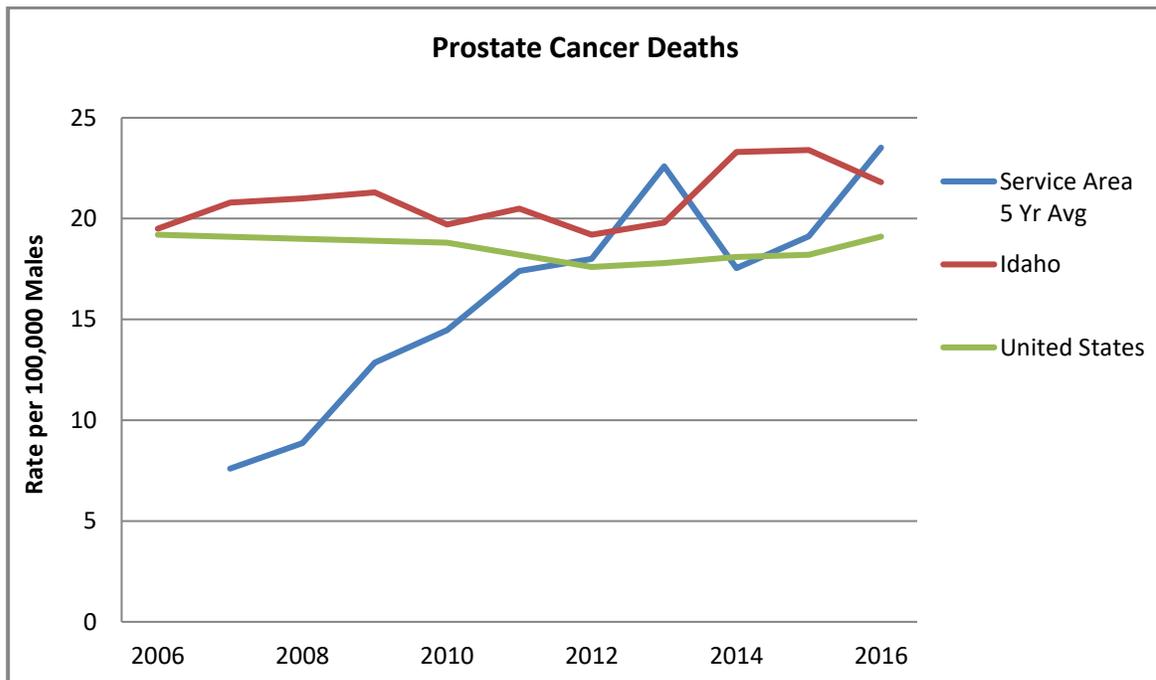
Health Factor Score					
Low score = Low potential for health impact			High score = High potential for health impact		
	Trend: Better/Worse	Prevalence versus U.S. Average	Severe/ Preventable	Magnitude: Root Cause	Total Score
Breast Cancer	2	0	4	1	7

⁶⁹ Idaho Vital Statistics Annual Reports, Years 2000 - 2016, National Vital Statistics Report - Deaths: Data 2016

⁷⁰ America's Health Rankings 2018, www.americashealthrankings.org

- **Prostate Cancer**

Prostate cancer is the second overall cause of death in Idaho men and is the most common cancer among males. In our service area, the trend for the prostate cancer deaths is increasing rapidly, and the death rate is higher than the national average.⁷¹ Known risk factors for prostate cancer that are not modifiable include age, ethnicity, and family history. One modifiable risk factor is a diet high in saturated fat and low in vegetable and fruit consumption. While good evidence exists that prostate-specific antigen (PSA) screening along with digital rectal exam can detect early-stage prostate cancer, the evidence is inconclusive that early detection improves health outcomes.⁷²



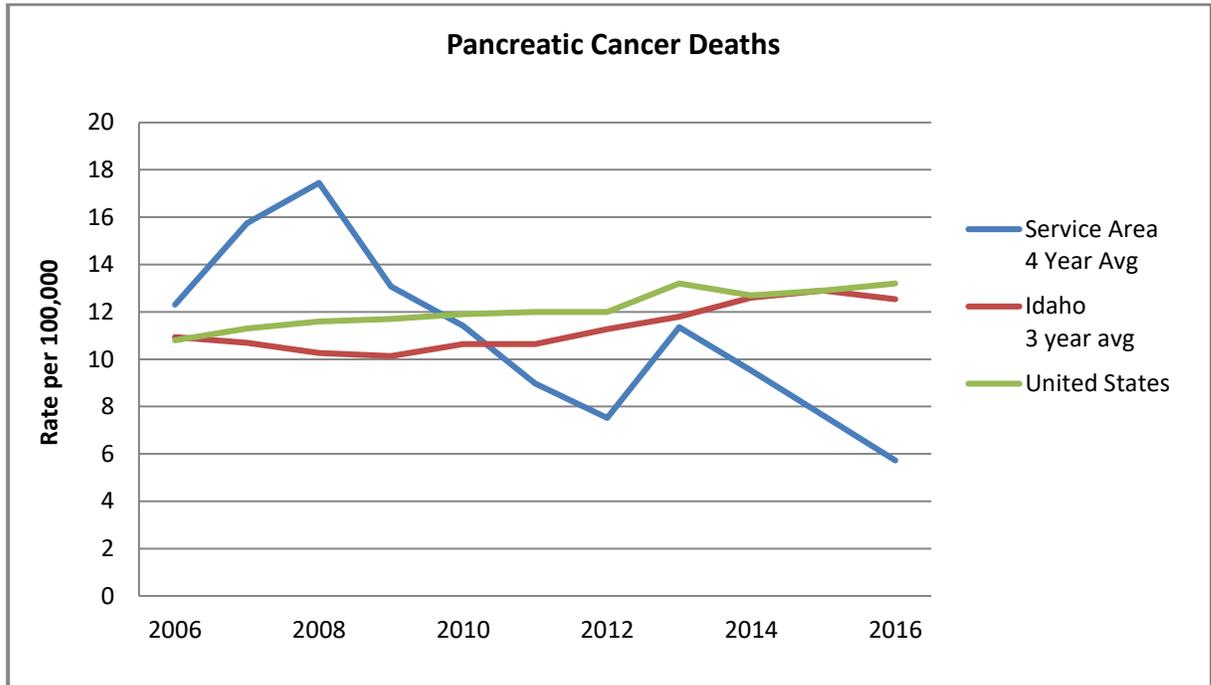
Health Factor Score					
Low score = Low potential for health impact			High score = High potential for health impact		
	Trend: Better/Worse	Prevalence versus U.S. Average	Severe/ Preventable	Magnitude: Root Cause	Total Score
Prostate Cancer	4	4	3	0	11

⁷¹ Idaho Vital Statistics Annual Reports, Years 2000 - 2016, National Vital Statistics Report - Deaths: Data 2016

⁷² Comprehensive Cancer Alliance for Idaho, Idaho Comprehensive Cancer Strategic Plan 2004-2010, www.ccaidaho.org

- **Pancreatic Cancer**

In our service area, the pancreatic cancer death rate is lower than the national average.⁷³ There are no established guidelines for preventing pancreatic cancer and the survival rate is low. Possible factors increasing the risk of pancreatic cancer include smoking and type 2 diabetes, which is associated with obesity.⁷⁴



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

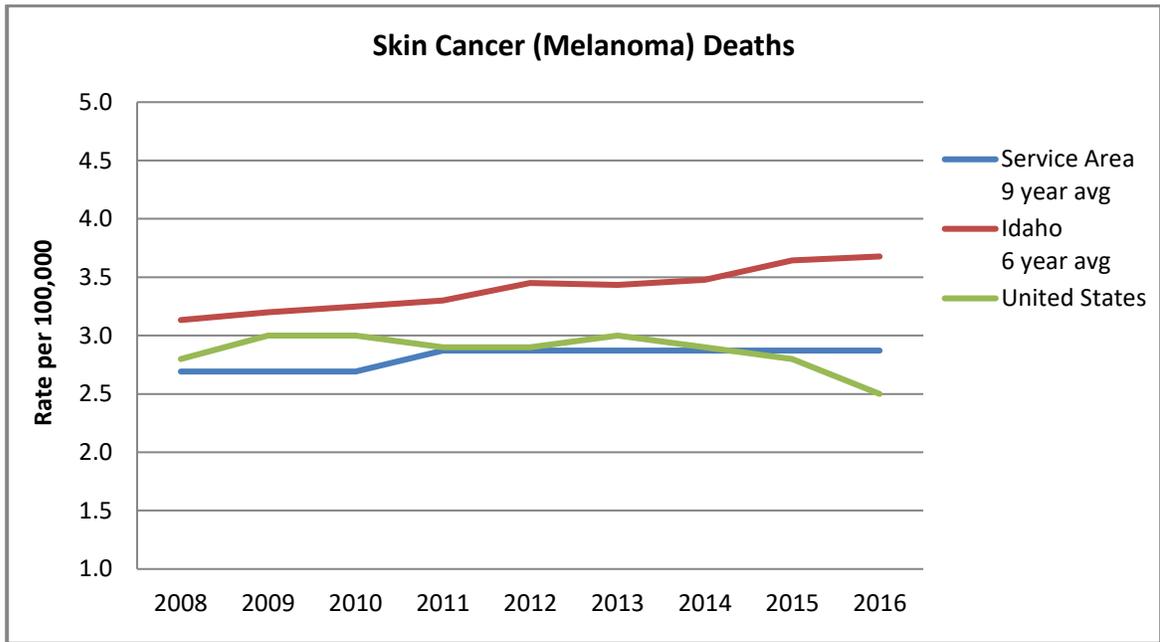
⁷³ Idaho Vital Statistics Annual Reports, Years 2000 - 2016, National Vital Statistics Report - Deaths: Data 2016

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

- **Skin Cancer (melanoma)**

More people are diagnosed with skin cancer each year in the U.S. than all other cancers combined. In 2012, more than three million people in the U.S. were treated for skin cancer, the most recent year new statistics were available. About 1 in 5 Americans will develop skin cancer during their lifetime. In the past decade (2008 – 2018) the number of new melanoma cases diagnosed annually has increased by 53 percent.⁷⁵

The chart shows that melanoma death rates are about the same in our service area as in the rest of the nation.⁷⁶



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.⁷⁷

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

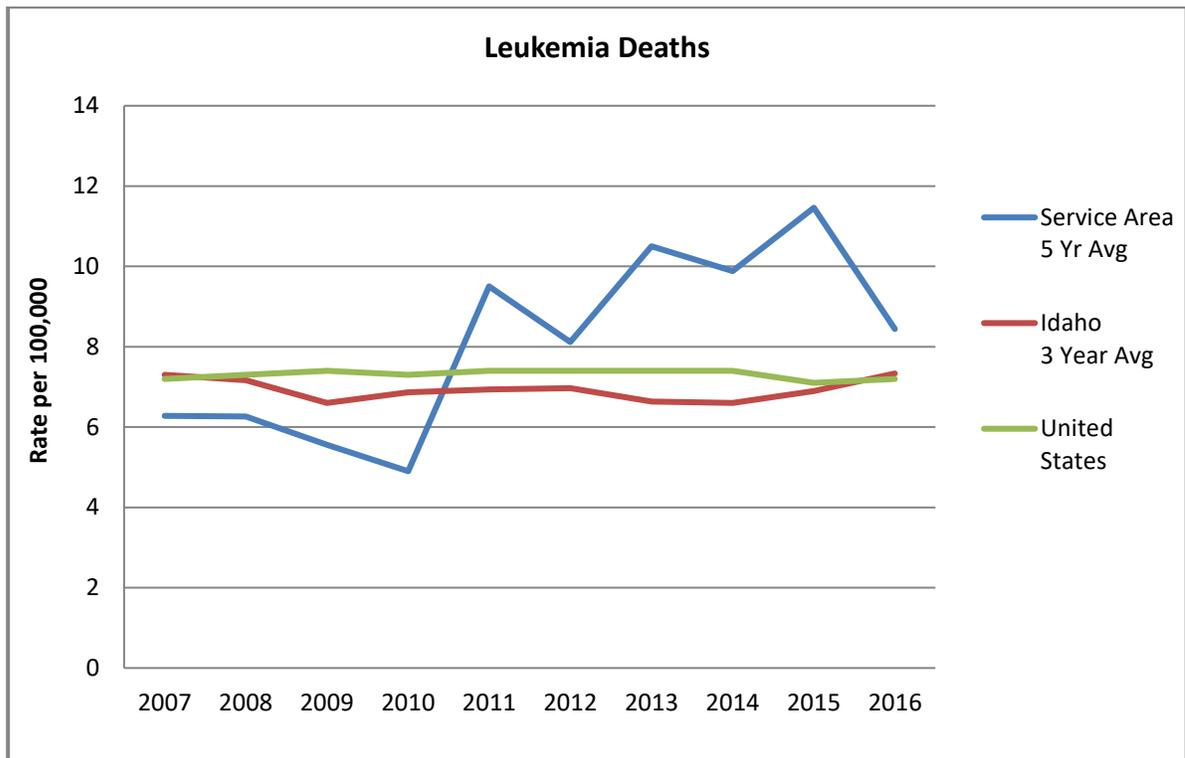
⁷⁵ <https://www.skincancer.org/skin-cancer-information/skin-cancer-facts>

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

⁷⁷ <https://www.skincancer.org/skin-cancer-information/skin-cancer-facts>

- **Leukemia**

The leukemia death rate in our service area is about the same as the national average and the trend has flattened out over the past six years.⁷⁸ Leukemia is a cancer of the bone marrow and blood. Scientists do not fully understand the causes of leukemia, although researchers have found some associations. Chronic exposure to benzene at work, large doses of radiation, and smoking tobacco all are risk factors associated with some forms of leukemia.⁷⁹ Because the causes are not well understood, evidence-based preventive programs are not available (other than avoiding the risk factors described above).



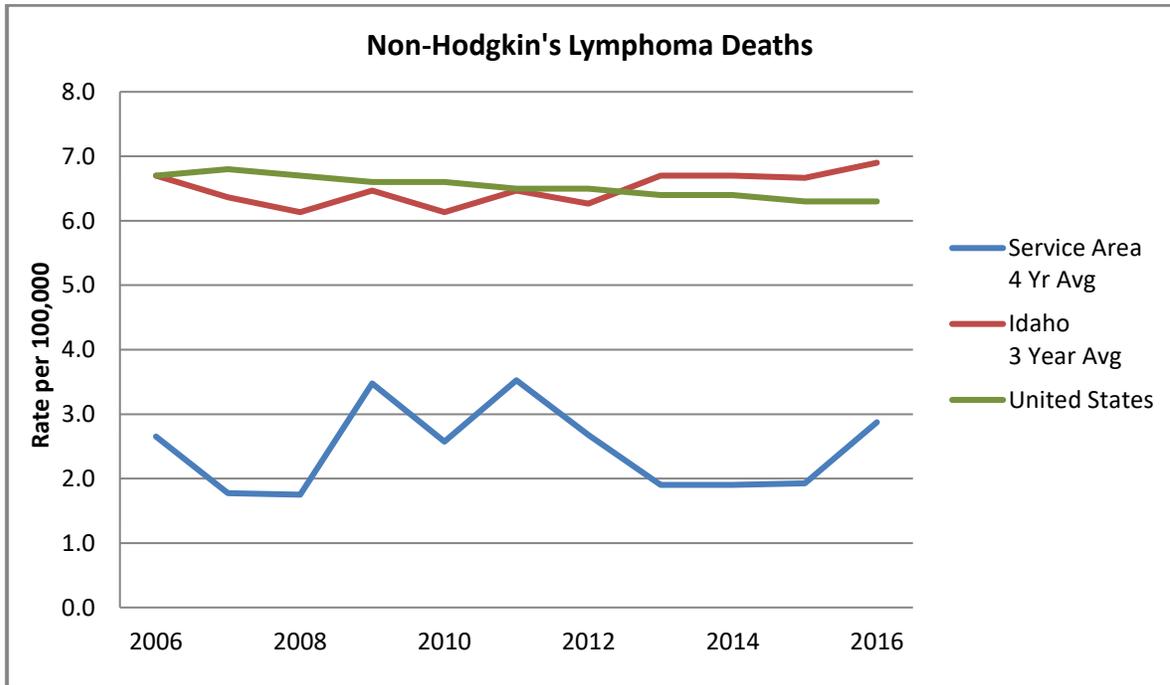
Health Factor Score					
Low score = Low potential for health impact			High score = High potential for health impact		
	Trend: Better/Worse	Prevalence versus U.S. Average	Severe/ Preventable	Magnitude: Root Cause	Total Score
Leukemia	2	2	1	0	5

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

⁷⁹ www.cdc.gov/Features/HematologicCancers/

- **Non-Hodgkin's Lymphoma**

The non-Hodgkin's lymphoma death rate in our service area is much lower than the national average, and the trend is flat.⁸⁰ Lymphoma is a general term for cancers that start in the lymph system; mainly the lymph nodes. The causes of lymphoma are unknown.⁸¹ Because the causes are not understood, evidence-based preventive programs are not available.



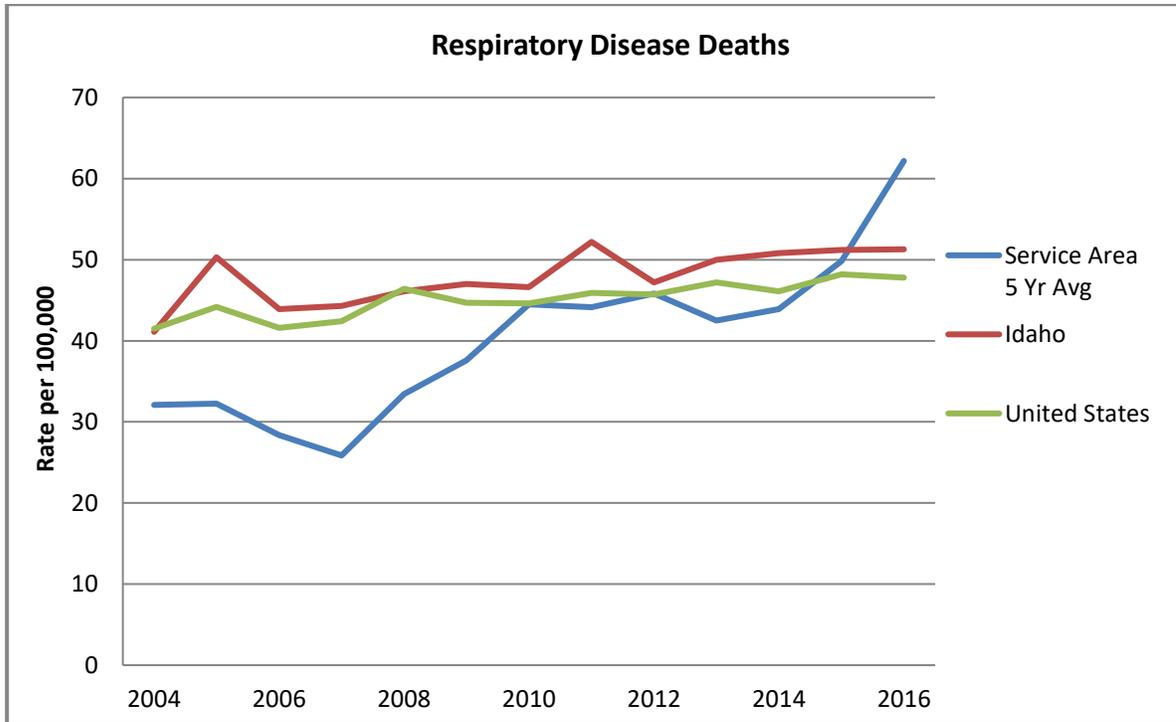
Health Factor Score					
Low score = Low potential for health impact			High score = High potential for health impact		
	Trend: Better/Worse	Prevalence versus U.S. Average	Severe/ Preventable	Magnitude: Root Cause	Total Score
Non-Hodgkin's lymphoma	2	0	1	0	3

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

⁸¹ www.cdc.gov/Features/HematologicCancers/

- **Chronic Lower Respiratory Diseases**

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



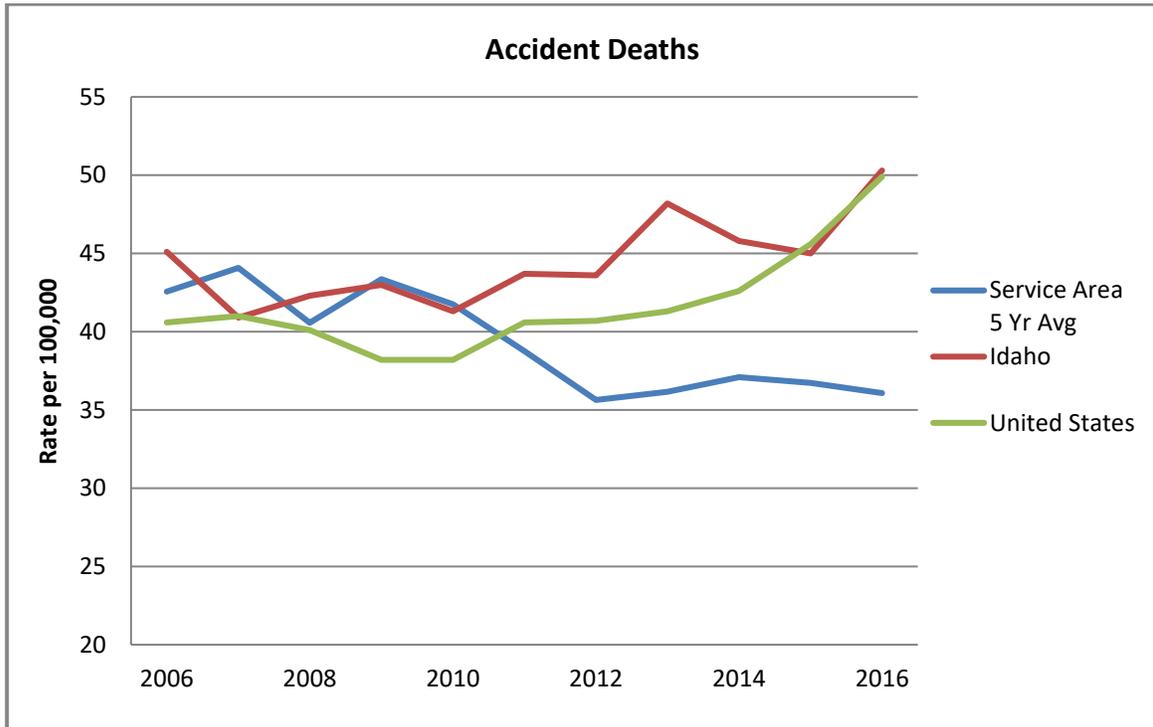
Health Factor Score					
Low score = Low potential for health impact			High score = High potential for health impact		
	Trend: Better/Worse	Prevalence versus U.S. Average	Severe/ Preventable	Magnitude: Root Cause	Total Score
Respiratory disease deaths	4	4	4	0	12

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

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

- **Accidents**

Accidents are the fourth leading cause of death in Idaho and include unintentional injuries, which comprise both motor vehicle and non-motor vehicle accidents. The accident death rate in our service area is below the national average and the trend is down.⁸⁴

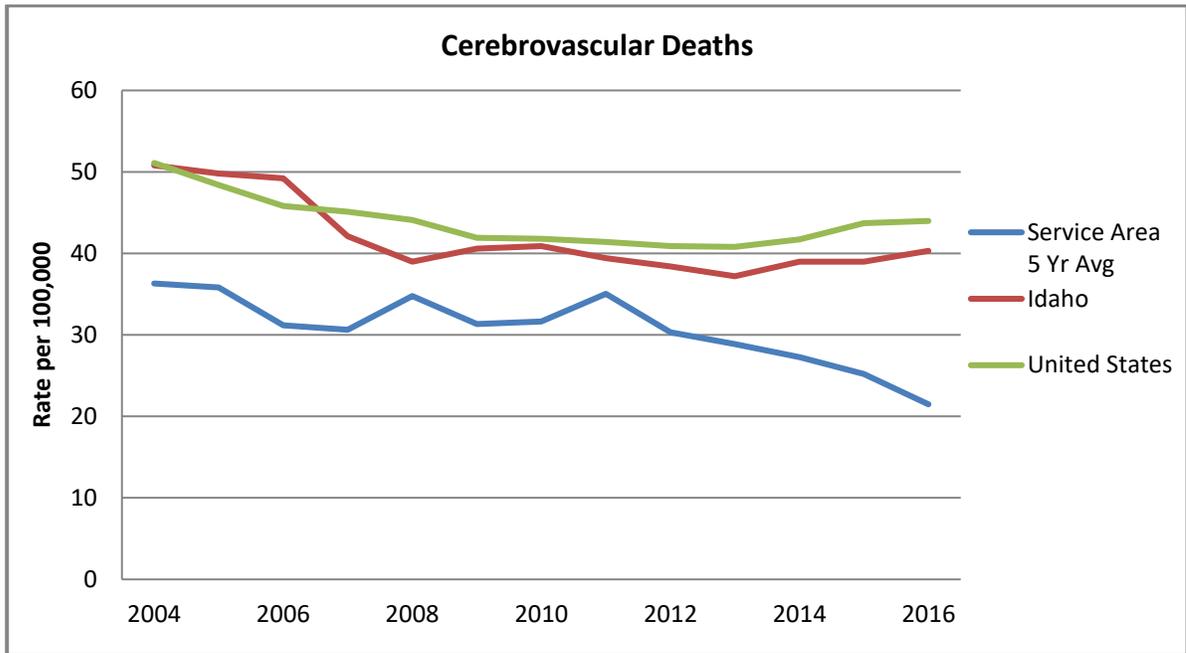


Health Factor Score					
Low score = Low potential for health impact			High score = High potential for health impact		
	Trend	Prevalence versus U.S. Average	Severe/ Preventable	Magnitude	Total Score
Accidental deaths	1	0	4	0	5

⁸⁴ Idaho Vital Statistics Annual Reports, Years 2000 - 2016, National Vital Statistics Report - Deaths: Data 2016

- **Cerebrovascular Diseases**

The number of deaths due to cerebrovascular diseases has decreased substantially over the past 10 years. However, they are still the fifth leading cause of death in Idaho and the nation. In our service area, the cerebrovascular diseases death rate is down since the year 2003 and is significantly lower than the national average.⁸⁵ Cerebrovascular diseases include a number of serious disorders, including stroke and cerebrovascular anomalies such as aneurysms. Cerebrovascular diseases can be reduced when people lead a healthy lifestyle that includes being physically active, maintaining a healthy weight, eating well, and not using tobacco.⁸⁶



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

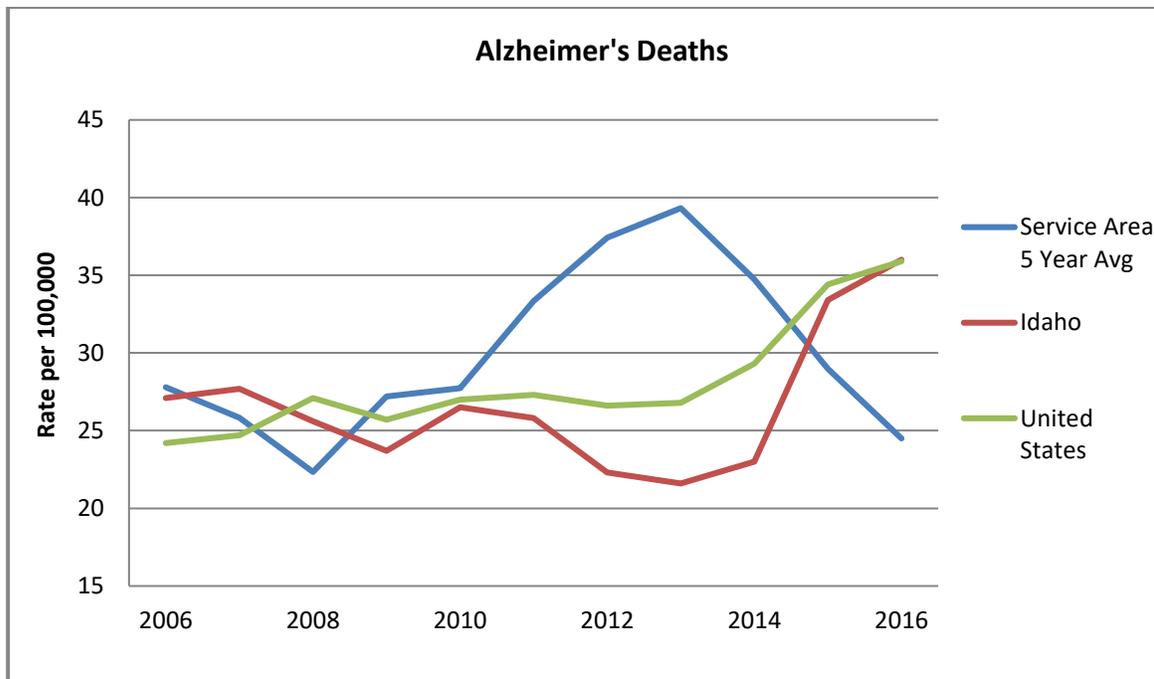
⁸⁵ Idaho Vital Statistics Annual Reports, Years 2000 - 2016, National Vital Statistics Report - Deaths: Data 2016

⁸⁶ America's Health Rankings 2015-2018, www.americashealthrankings.org

- **Alzheimer’s disease**

Alzheimer’s is the sixth leading cause of death in Idaho. Nationally, the death rate from Alzheimer’s has increased over the past 10 years. The death rate in our service area is now below the national rate and about the same as it was in 2008.⁸⁷

Alzheimer's is the most common form of dementia, a general term for serious loss of memory and other intellectual abilities. Alzheimer's disease accounts for 50 to 80% of dementia cases. Alzheimer's is not a normal part of aging, although the greatest known risk factor is increasing age, and the majority of people with Alzheimer's are 65 and older. Although current treatments cannot stop Alzheimer's from progressing, they can temporarily slow the worsening of dementia symptoms and improve quality of life for those with Alzheimer's and their caregivers.⁸⁸



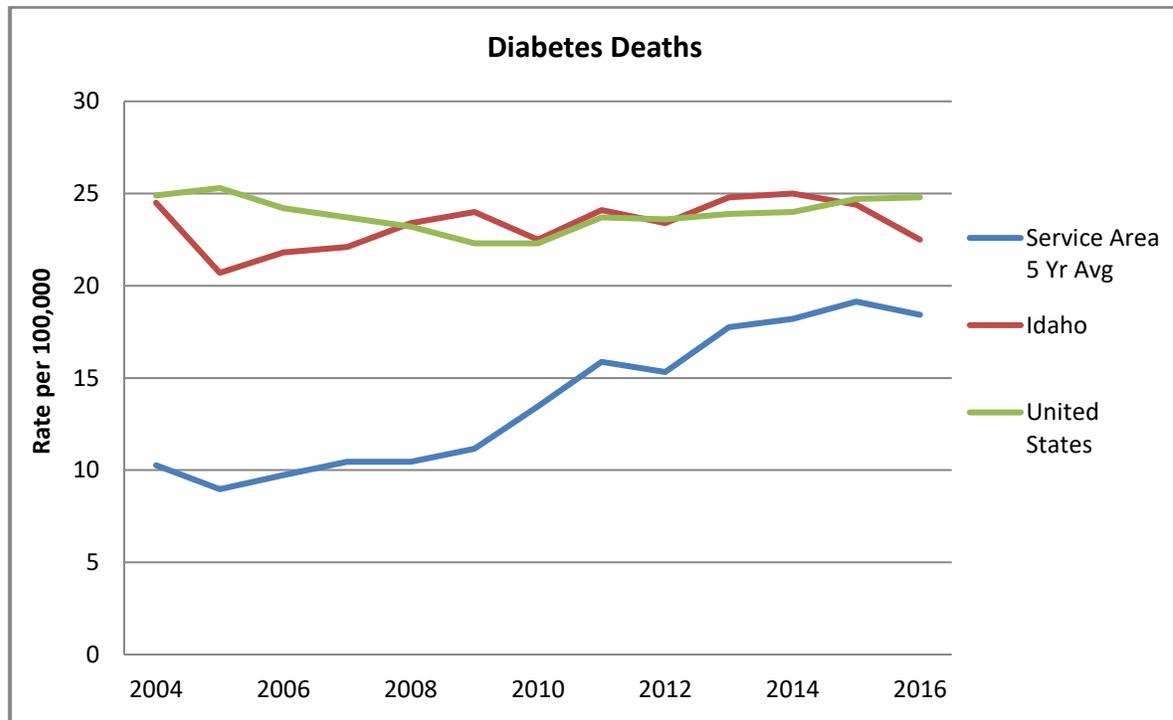
Health Factor Score					
Low score = Low potential for health impact			High score = High potential for health impact		
	Trend: Better/Worse	Prevalence versus U.S. Average	Severe/ Preventable	Magnitude: Root Cause	Total Score
Alzheimer’s Deaths	2	1	2	1	6

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

⁸⁸ Alzheimer’s Association, www.alz.org

- **Diabetes Mellitus**

Diabetes is the seventh leading cause of death in Idaho. The death rate from diabetes in our service area is lower than the national average but has been trending up over the last 10 years. 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.⁸⁹

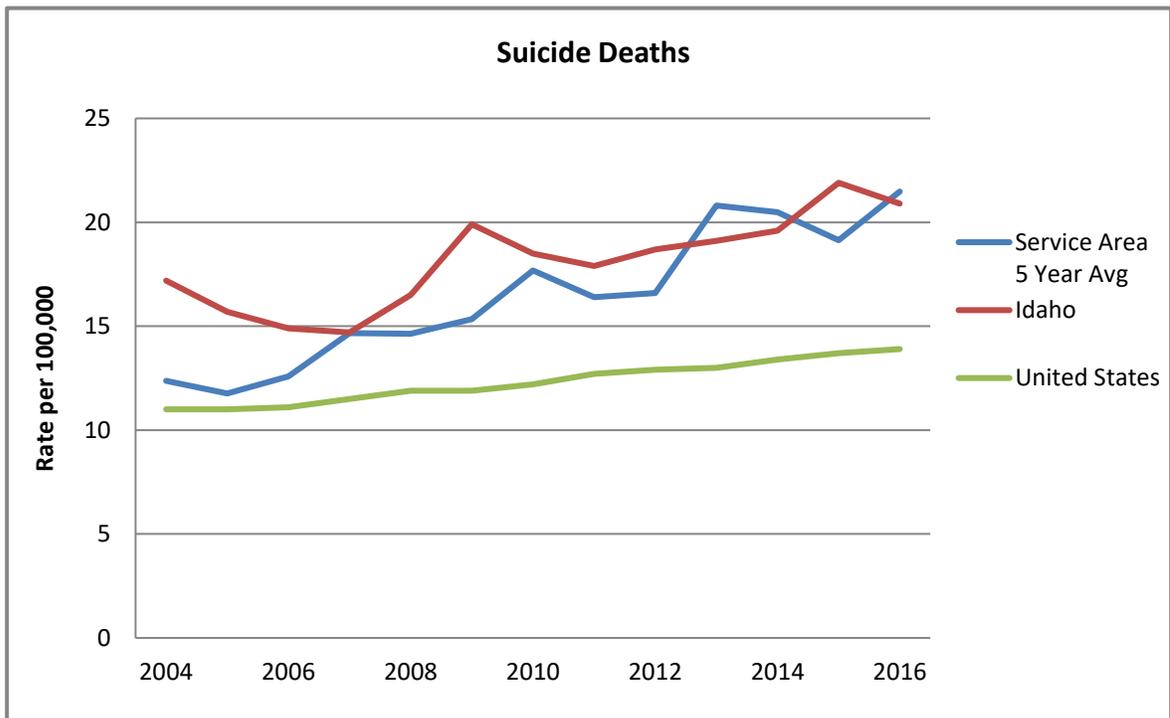


Health Factor Score					
Low score = Low potential for health impact			High score = High potential for health impact		
	Trend: Better/Worse	Prevalence versus U.S. Average	Severe/ Preventable	Magnitude: Root Cause	Total Score
Diabetes Deaths	4	1	3	4	12

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

- **Suicide**

Idaho consistently is listed in the top 10 states in the country for its rate of suicide. Suicide is the eighth leading cause of death in Idaho. The suicide death rate per 100,000 people in Idaho was 20.9 in 2016 which is about 50% higher than the national average rate of 13.9. The suicide rate in our service area was 21.5, which is 54% higher than the national average. As shown in the chart below, the suicide rate in our service area, Idaho, and the nation has been trending up.



The suicide rate for males is about four times higher than the rate for females.⁹⁰ U.S. male veterans are twice as likely to die by suicide as males without military service. Many suicides can be prevented by ensuring people are aware of warning signs, risk factors, and protective factors.⁹¹

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

⁹⁰ Idaho Vital Statistics Annual Reports, Years 2000 - 2016, National Vital Statistics Report - Deaths: Data 2016

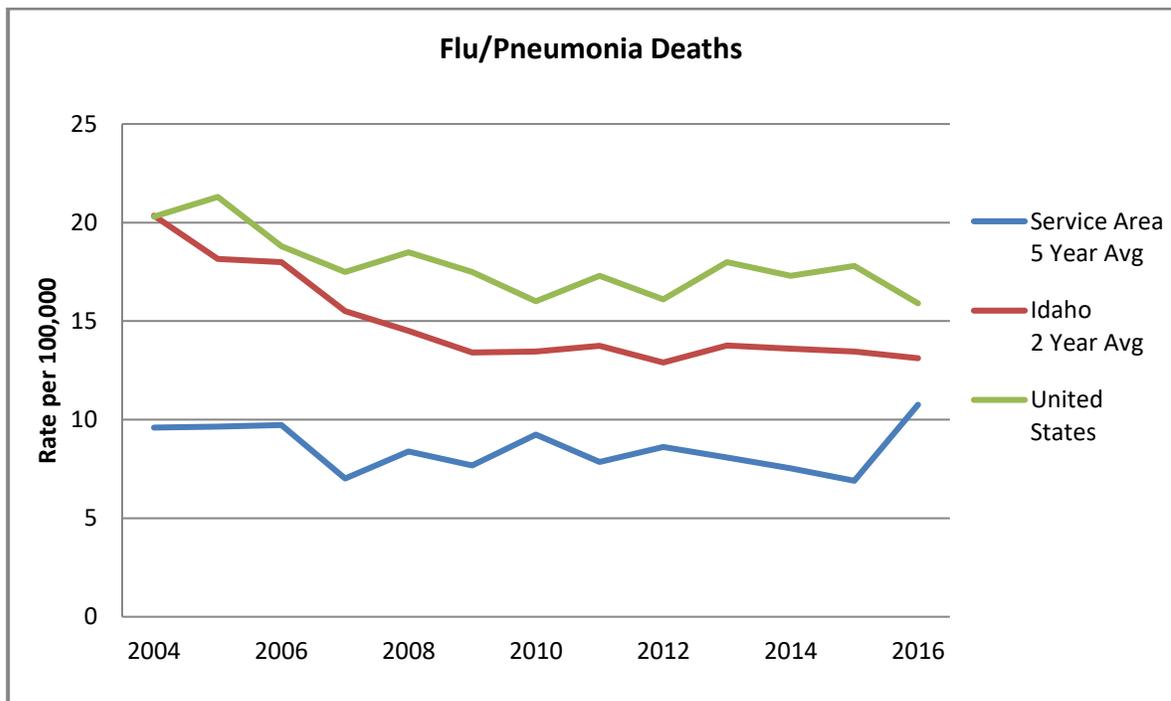
⁹¹ Idaho Council on Suicide Prevention, Report to Governor C.L. Otter, November 2009

- **Influenza and Pneumonia**

The death rate from flu and pneumonia has been flat in our service area and is lower than the national average.⁹²

Influenza is a contagious respiratory illness caused by influenza viruses that infect the nose, throat, and lungs. It can cause mild to severe illness, and at times can lead to death. The best way to prevent the flu is by getting a flu vaccination each year.⁹³

Pneumonia is an infection of the lungs that is usually caused by bacteria or viruses. Globally, pneumonia causes more deaths than any other infectious disease. However, it can often be prevented with vaccines and can usually be treated with antibiotics or antiviral drugs. People with health conditions, like diabetes and asthma, should be encouraged to get vaccinated against the flu and bacterial pneumonia.⁹⁴



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

⁹² Idaho Vital Statistics Annual Reports, Years 2000 - 2016, National Vital Statistics Report - Deaths: Data 2016

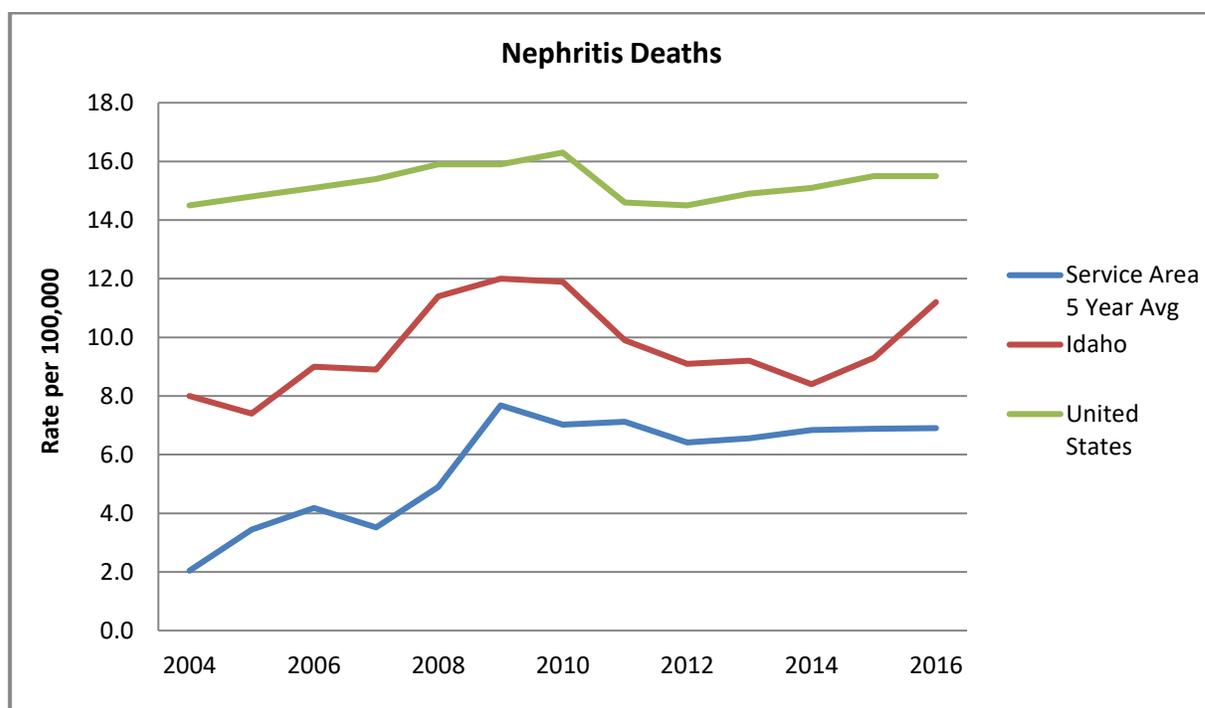
⁹³ <http://www.cdc.gov/flu/keyfacts.htm>

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

- **Nephritis**

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

Nephritis is an inflammation of the kidney, which causes impaired kidney function. A variety of conditions can cause nephritis, including kidney disease, autoimmune disease, and infection. Treatment depends on the cause. Kidney disease damages kidneys, preventing them from cleaning blood effectively. Chronic kidney disease eventually can cause kidney failure if it is not treated.⁹⁶



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

⁹⁵ Idaho Vital Statistics Annual Reports, Years 2000 - 2016, National Vital Statistics Report - Deaths: Data 2016

⁹⁶ www.cdc.gov/Features/WorldKidneyDay/

Steps to help keep kidneys healthy include:

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

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

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

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

⁹⁷ www.cdc.gov/Features/WorldKidneyDay/

Health Factor Measures and Findings

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

Health factors represent key influencers of poor health that if addressed with effective, evidence-based programs and policies can improve health outcomes. Diet, exercise, educational attainment, environmental quality, employment opportunities, quality of health care, and individual behaviors all work together to shape community health outcomes and wellbeing.⁹⁸ The *County Health Rankings* uses four categories of health factors:

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

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

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

Health Behavior Factors

County Health Rankings Health Behavior Factors

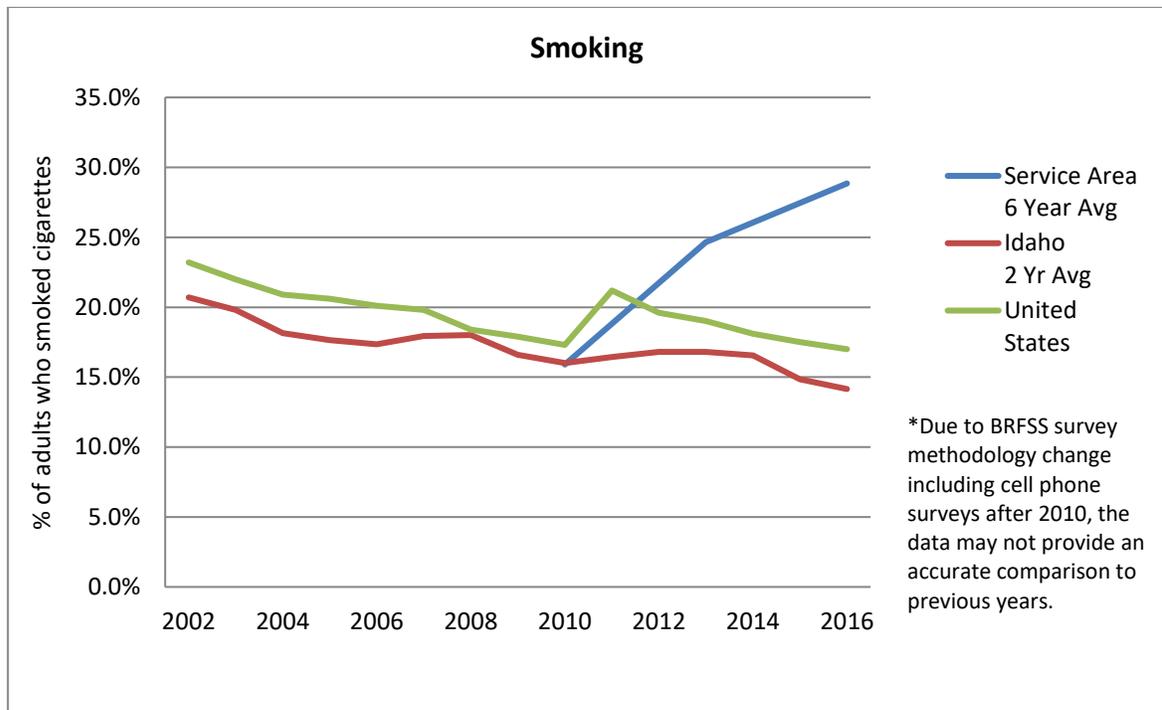
The *County Health Rankings* measures for community health behavior are described on the following pages. This next section also includes the trends for each indicator in our community and, when possible, compares our local data to state and national averages.

⁹⁸ University of Wisconsin Population Health Institute. *County Health Rankings* 2018. Accessible at www.countyhealthrankings.org.

- **Adult Smoking**

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

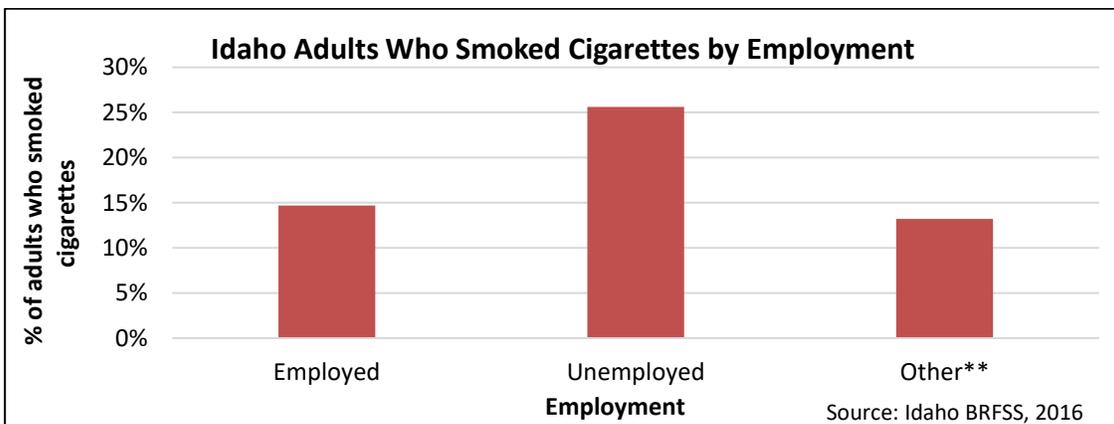
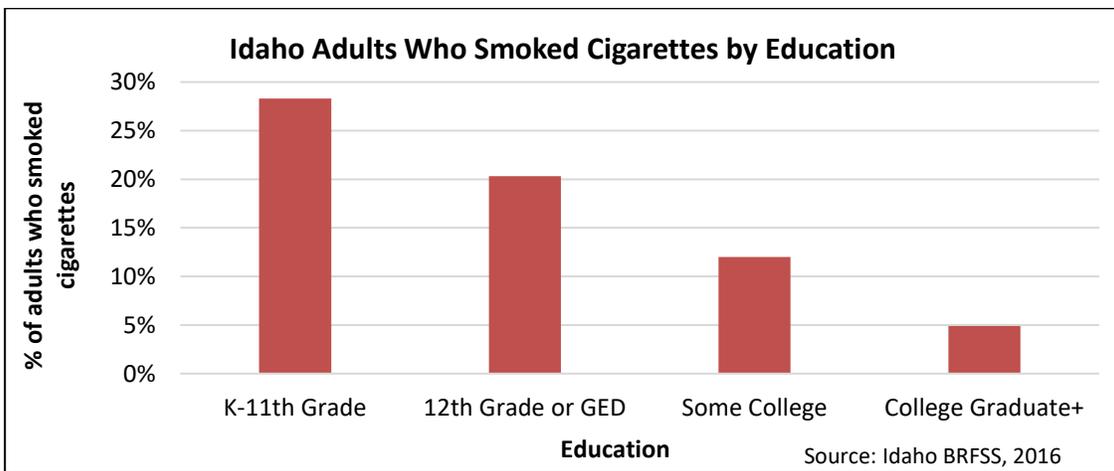
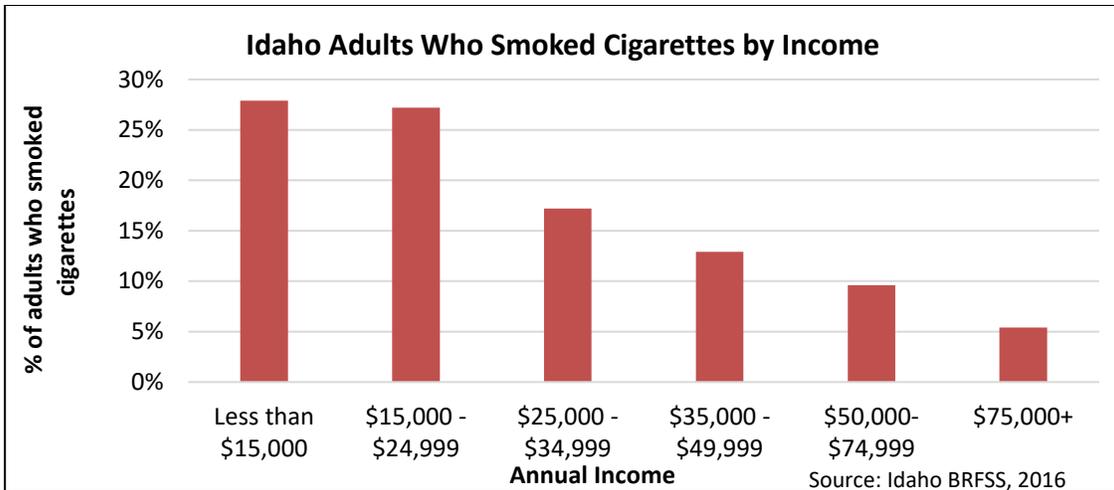
County-level measures from the Behavioral Risk Factor Surveillance System (BRFSS) provided by the CDC are used to obtain the number of current adult smokers who have smoked at least 100 cigarettes in their lifetime. Looking at the last six years it appears the trend is rising in our community. The percent of adults who smoke in our service area is well above the national average.¹⁰⁰



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

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

¹⁰⁰ Idaho and National 2002 - 2016 Behavioral Risk Factor Surveillance System



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

Diet and Exercise

Unhealthy food intake and insufficient exercise have economic impacts for individuals and communities. Estimates for obesity-related health care costs in the US range from \$147 billion to nearly \$210 billion annually, and productivity losses due to job absenteeism cost an additional \$4 billion each year. Increasing opportunities for exercise and access to healthy foods in neighborhoods, schools, and workplaces can help children and adults eat healthy meals and reach recommended daily physical activity levels.¹⁰¹

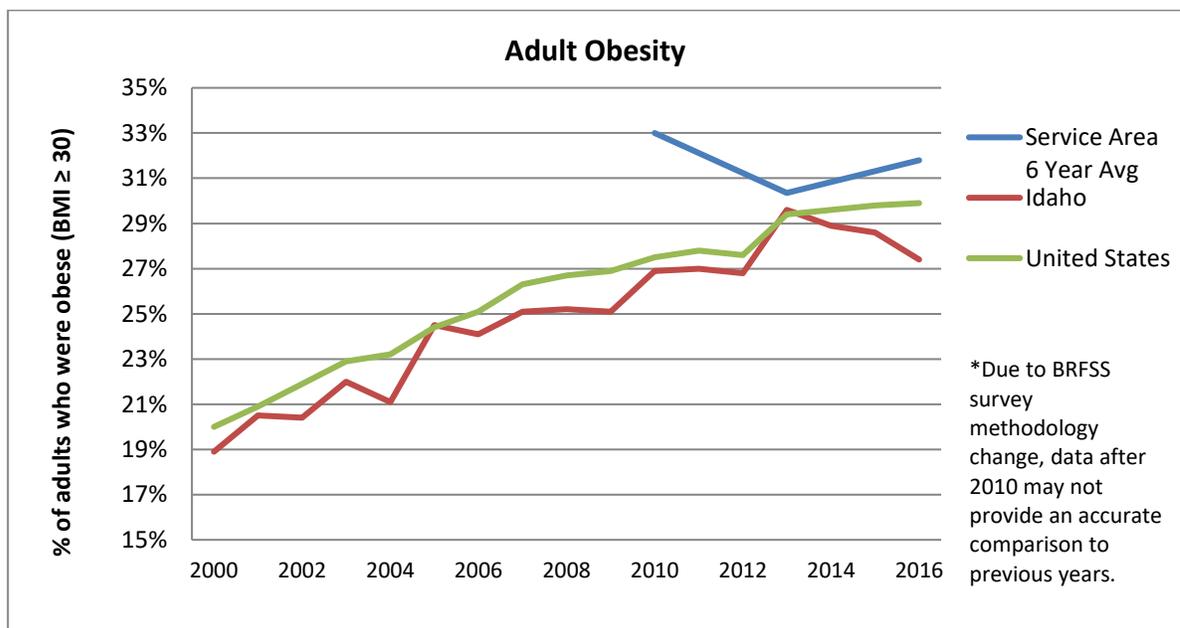
Four measures are recommended by the *County Health Rankings* to assess diet and exercise: Adult obesity, food environment index, physical inactivity, and access to exercise opportunities. Each of these measures are described in the following pages.

¹⁰¹ University of Wisconsin Population Health Institute. *County Health Rankings* 2018. Accessible at www.countyhealthrankings.org.

- **Adult Obesity**

The obesity measure represents the percent of the adult population that has a body mass index greater than or equal to 30. Obesity is used as a key health factor because it is an issue that can be addressed within communities by changing unhealthy conditions that contribute to poor diet and exercise. Being overweight or obese increases the risk for a number of health conditions: Coronary heart disease, type 2 diabetes, cancer, hypertension, dyslipidemia, stroke, liver and gallbladder disease, sleep apnea and respiratory problems, osteoarthritis, gynecological problems (infertility and abnormal menses), and poor health status.¹⁰² It has many long-term negative health effects, many of which can start in adolescence as 70 percent of obese adolescents already have at least one risk factor for cardiovascular disease. Obesity is one of the greatest health threats to the United States.¹⁰³ By one estimate, the U.S. spent \$190 billion on obesity-related health care expenses in 2005 accounting for 21% of all medical spending.¹⁰⁴

The trend for obesity has been increasing steadily for the past 10 years. Obesity in our community is above the national average. The top 10th percentile (best) communities nationally have obesity rates at or below 26%.¹⁰⁵



In Idaho, those without a college degree and Hispanic populations are somewhat more likely to be obese.¹⁰⁶

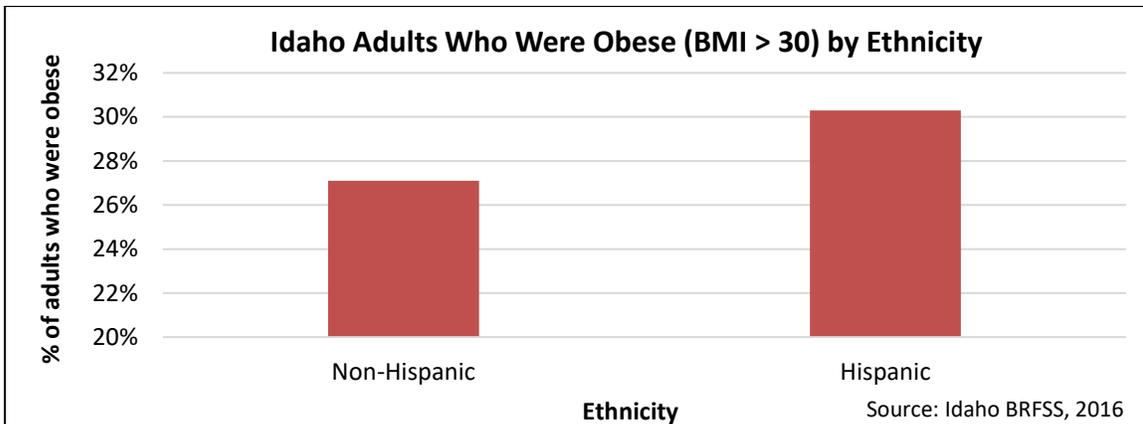
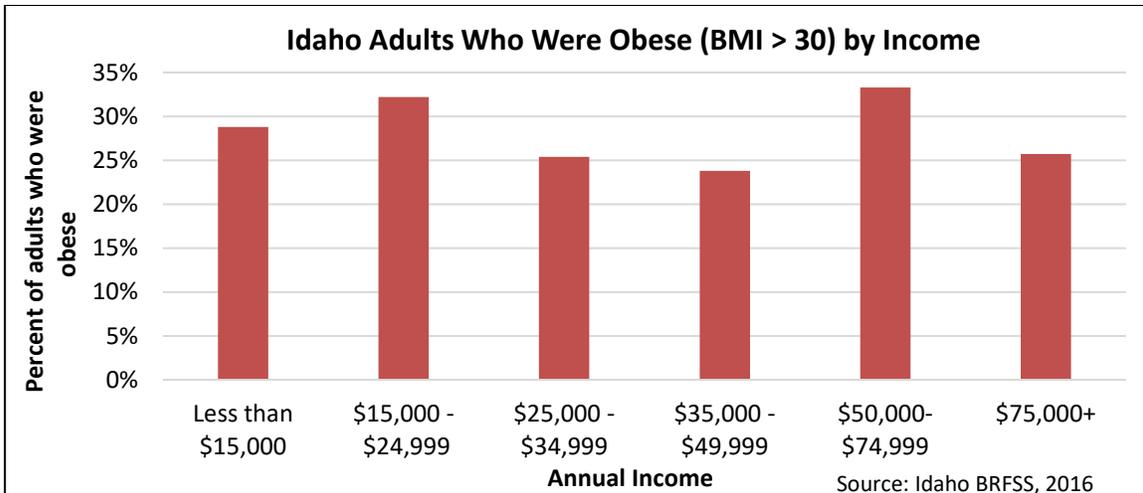
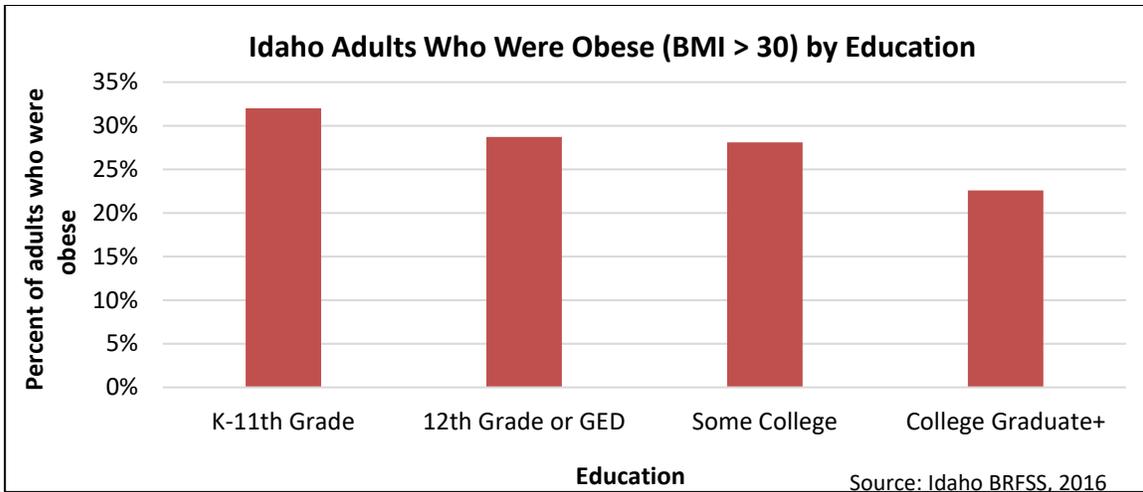
¹⁰² University of Wisconsin Population Health Institute. *County Health Rankings* 2018. Accessible at www.countyhealthrankings.org.

¹⁰³ America's Health Rankings 2015-2018, www.americashealthrankings.org

¹⁰⁴ <http://www.hsph.harvard.edu/obesity-prevention-source/obesity-consequences/economic/>

¹⁰⁵ Idaho and National 2002 - 2016 Behavioral Risk Factor Surveillance System

¹⁰⁶ Idaho and National 2002 - 2016 Behavioral Risk Factor Surveillance System



Health Factor Score					
	Trend: Better/Worse	Prevalence versus U.S.	Severe/ Preventable	Magnitude: Root Cause	Total Score
Obese Adults	2	3	4	4	13

- **Food Environment Index**

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

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

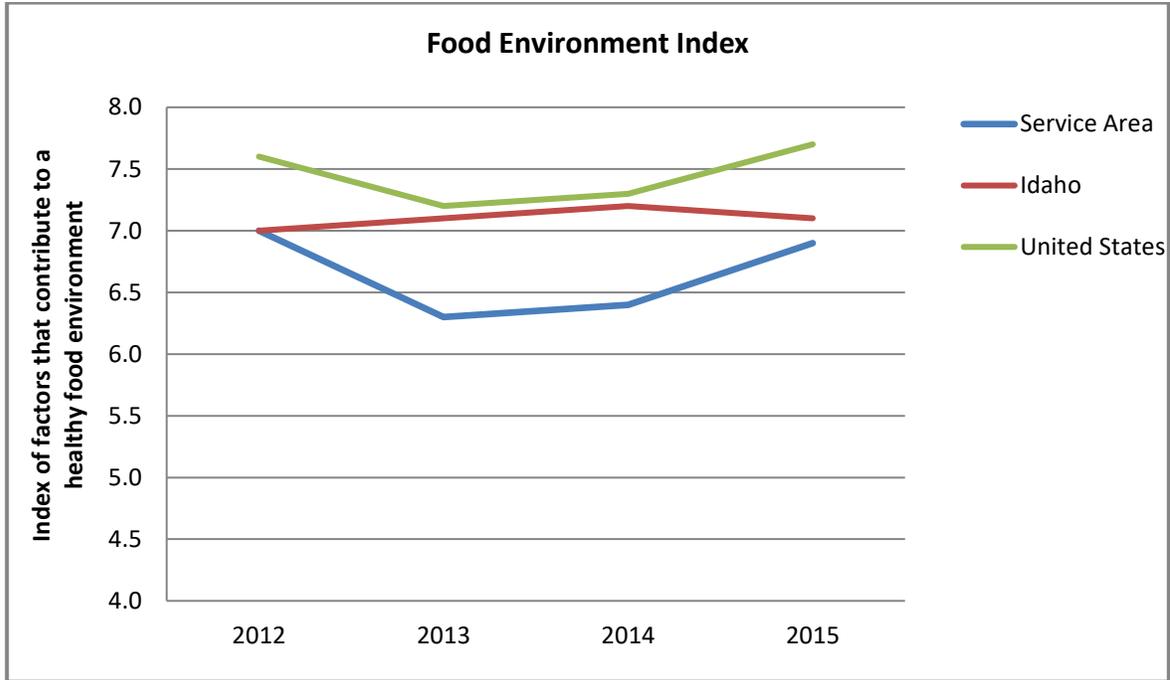
2) Food insecurity estimates the percentage of the population who did not have access to a reliable source of food during the past year. A 2-stage fixed effect model was created using information from the Community Population Survey, Bureau of Labor Statistics, and American Community Survey.

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

Additionally, low income can be another barrier to healthy food access. Food insecurity, the other food environment measure included in the index, attempts to capture the access issue by gaining a better understanding of the barrier of cost. Lacking constant access to food is related to negative health outcomes such as weight-gain and premature mortality. In addition to asking about having a constant food supply in the past year, the module also addresses the ability of individuals and families to provide balanced meals further addressing barriers to healthy eating. The consumption of fruits and vegetables is important but it may be equally important to have adequate access to a constant food supply.¹⁰⁷

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

The chart below shows that the food environment index levels for our community is lower than the national average and the trend is flat. An index level of 8.4 or above is the top 10% nationally.

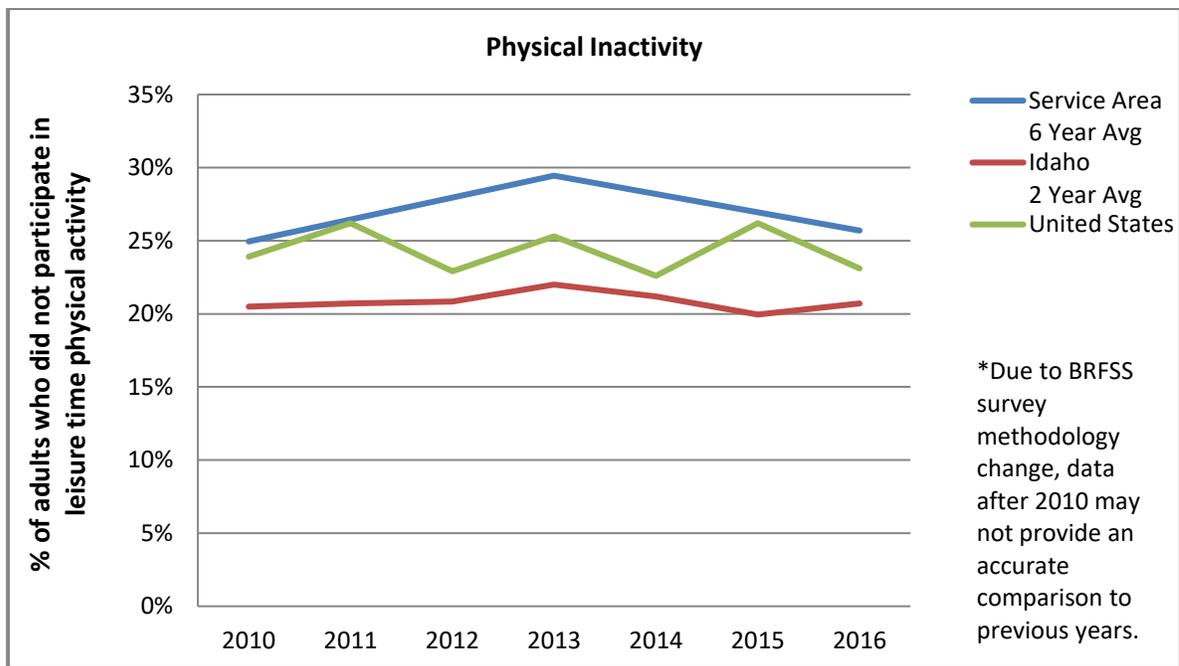


Health Factor Score					
	Trend: Better/Worse	Prevalence versus U.S.	Severe/ Preventable	Magnitude: Root Cause	Total Score
Food Environment Index	2	3	2	3	10

- **Physical Inactivity: Adults**

Increased physical activity is associated with lower risks of type 2 diabetes, cancer, stroke, hypertension, cardiovascular disease, and premature mortality. A person is considered physically inactive if during the past month, other than a regular job, they did not participate in any physical activities or exercises such as running, calisthenics, golf, gardening, or walking for exercise. Half of adults and nearly 72% of high school students in the US do not meet the CDC’s recommended physical activity levels, and American adults walk less than adults in any other industrialized country.¹⁰⁸

As shown in the chart below, physical inactivity in our community is about the same as national average. The top 10th percentile (best) is 20%.¹⁰⁹

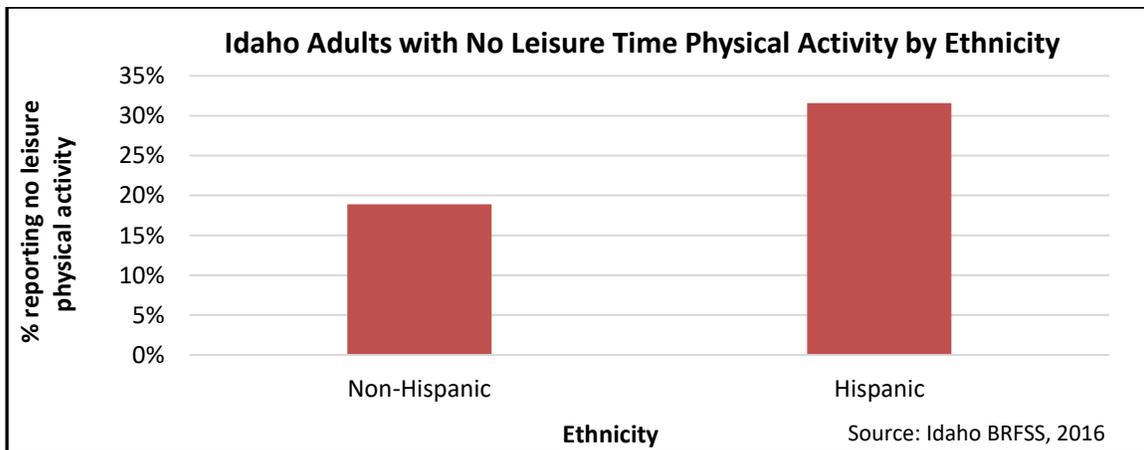
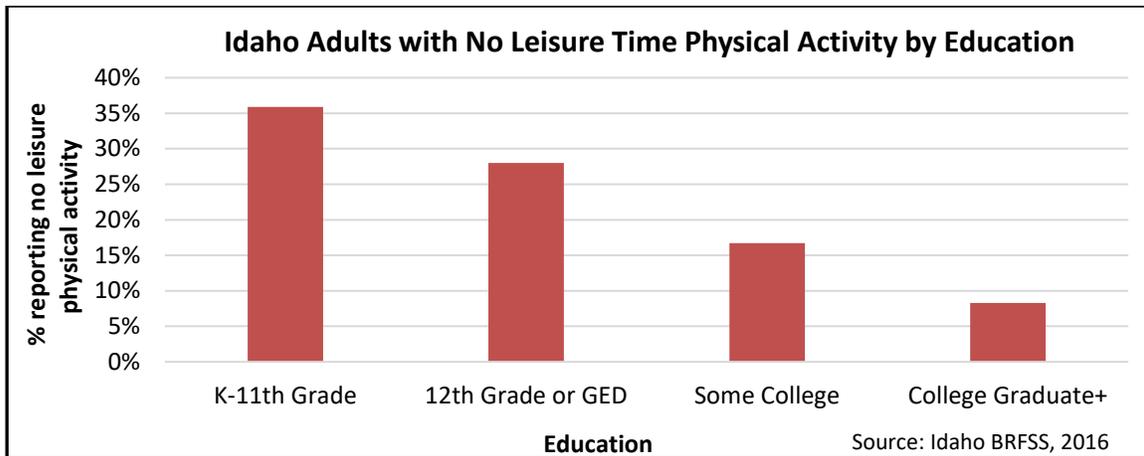
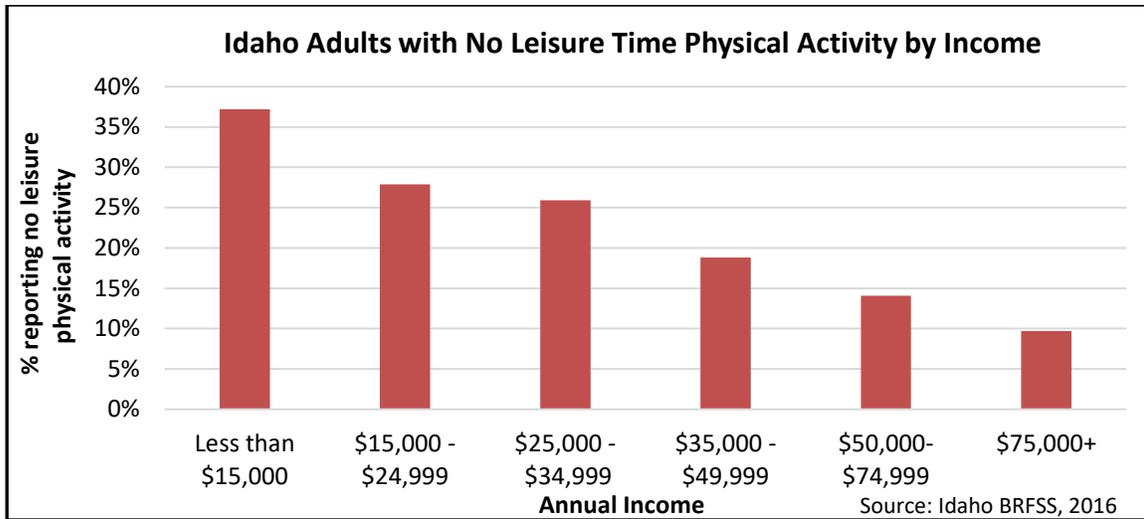


Physical inactivity is significantly higher among people with annual incomes below \$50,000, those without a college degree, and among Hispanics, as shown in the charts below.¹¹⁰

¹⁰⁸ University of Wisconsin Population Health Institute. *County Health Rankings* 2018. Accessible at www.countyhealthrankings.org.

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

¹¹⁰ Ibid.



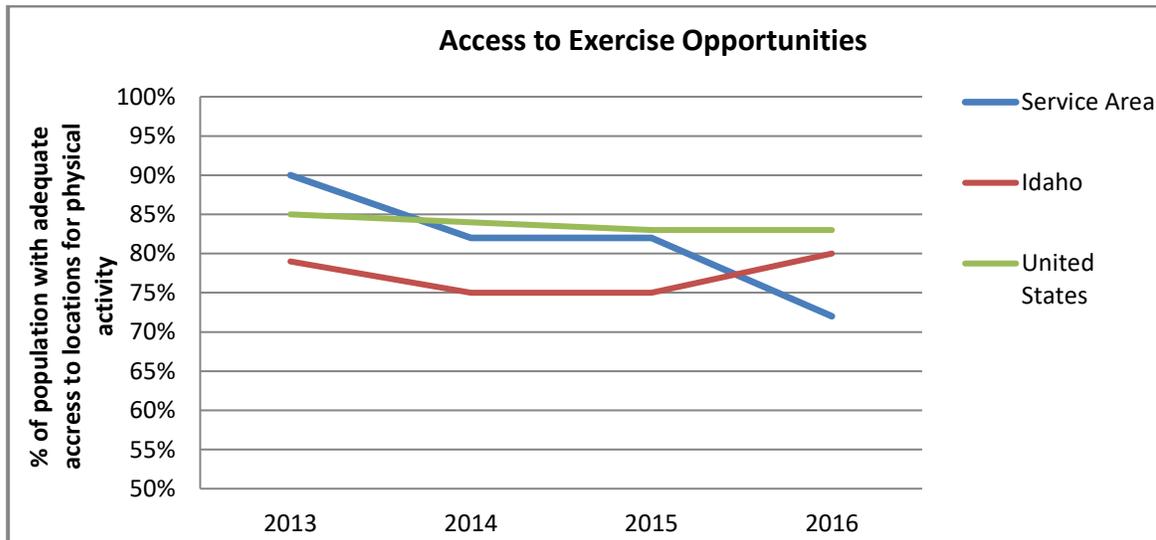
Health Factor Scoring					
	Trend: Better/Worse	Prevalence versus U.S.	Severe/ Preventable	Magnitude: Root Cause	Total Score
Physical inactivity Adults	2	2	2	3	9

- **Access to Exercise Opportunities**

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

This is the first national measure created which captures the many places where individuals have the opportunity to participate in physical activity outside of their homes. It is not without several limitations. First, no dataset accurately captures all the possible locations for physical activity within a county. One location for physical activity that is not included in this measure are sidewalks which serve as common locations for running or walking. Additionally, not all locations for physical activity are identified by their primary or secondary business code.¹¹¹

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



Health Factor Scoring					
	Trend: Better/Worse	Prevalence versus U.S.	Severe/ Preventable	Magnitude: Root Cause	Total Score
Access to Exercise Opportunities	2	3	2	3	10

¹¹¹ University of Wisconsin Population Health Institute. *County Health Rankings 2018*. Accessible at www.countyhealthrankings.org.

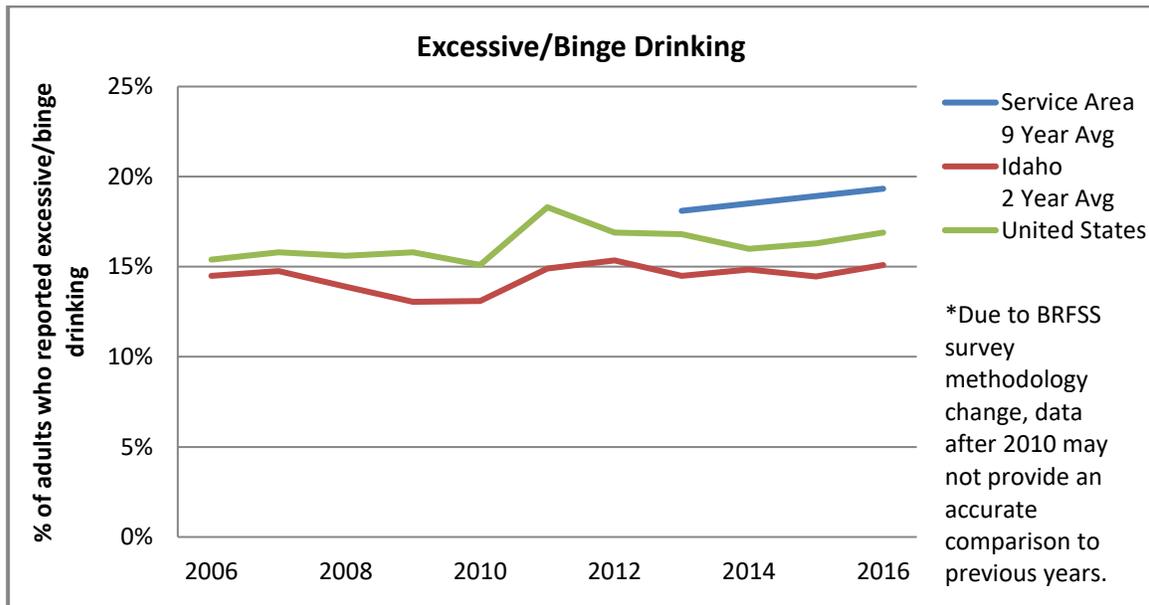
Alcohol Use

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

- **Excessive Drinking**

The excessive drinking statistic comes from the Behavioral Risk Factor Surveillance System (BRFSS). The measure aims to quantify the percentage of females that consume four or more and males who consume five or more alcoholic beverages in one day at least once a month. Excessive drinking is a risk factor for a number of adverse health outcomes. These include alcohol poisoning, hypertension, acute myocardial infarction, sexually transmitted infections, unintended pregnancy, fetal alcohol syndrome, sudden infant death syndrome, suicide, interpersonal violence, and motor vehicle crashes. It is the third leading lifestyle-related cause of death for people in the US.¹¹²

The percent of people engaging in excessive drinking in our service area is above the national average. The top 10th percentile (best) is 10% nationally.¹¹³



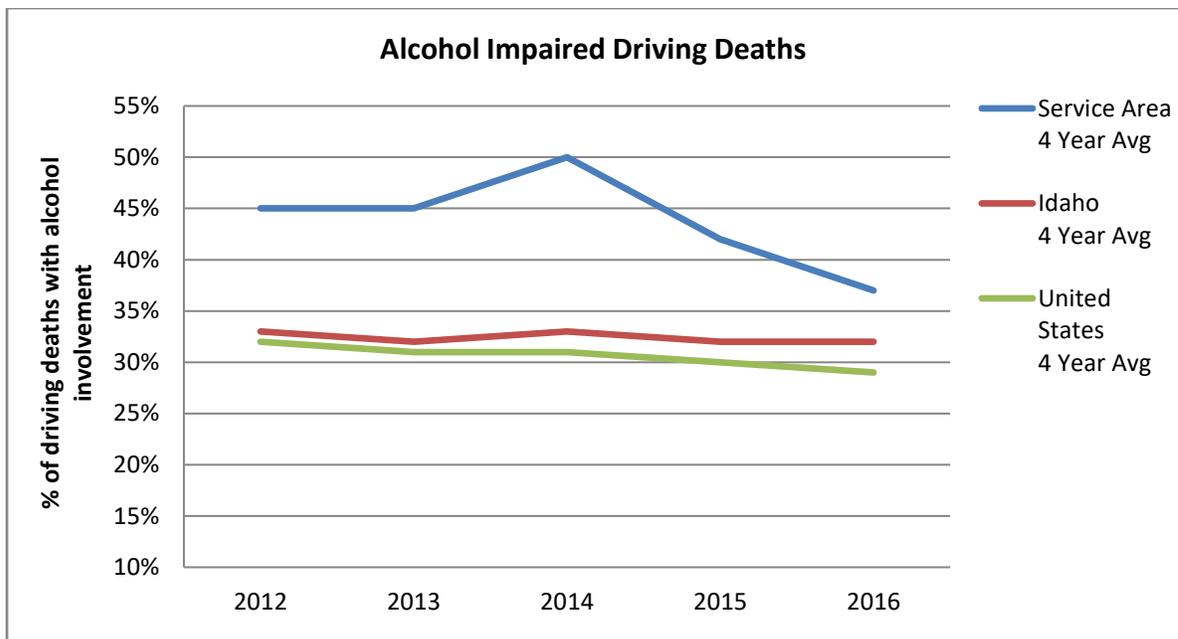
Health Factor Scoring					
	Trend: Better/Worse	Prevalence versus U.S.	Severe/ Preventable	Magnitude: Root Cause	Total Score
Excessive Drinking	2	3	3	2	10

¹¹² University of Wisconsin Population Health Institute. *County Health Rankings 2012-2018*. Accessible at www.countyhealthrankings.org.

¹¹³ Idaho and National 2002 - 2016 Behavioral Risk Factor Surveillance System

- **Alcohol Impaired Driving Deaths**

Alcohol-impaired driving deaths is the percentage of motor vehicle crash deaths with alcohol involvement. Alcohol-impaired driving deaths directly measures the relationship between alcohol and motor vehicle crash deaths. One limitation of this measure is that not all fatal motor vehicle traffic accidents have a valid blood alcohol test, so these data are likely an undercount of actual alcohol involvement. Another potential limitation is that even though alcohol is involved in all cases of alcohol-impaired driving, there can be a large difference in the degree to which it was responsible for the crash (i.e. someone with a 0.01 BAC vs. 0.35 BAC). The data source is the Fatality Analysis Reporting System (FARS), which is a census of fatal motor vehicle crashes. Our alcohol-impaired driving death rate is above the national level. The top 10th percentile (best) is 14% nationally.¹¹⁴



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

¹¹⁴ Idaho Vital Statistics Annual Reports, Years 2000 - 2016, National Vital Statistics Report - Deaths: Data 2016

Unsafe Sex

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

- **Teen Birth Rate**

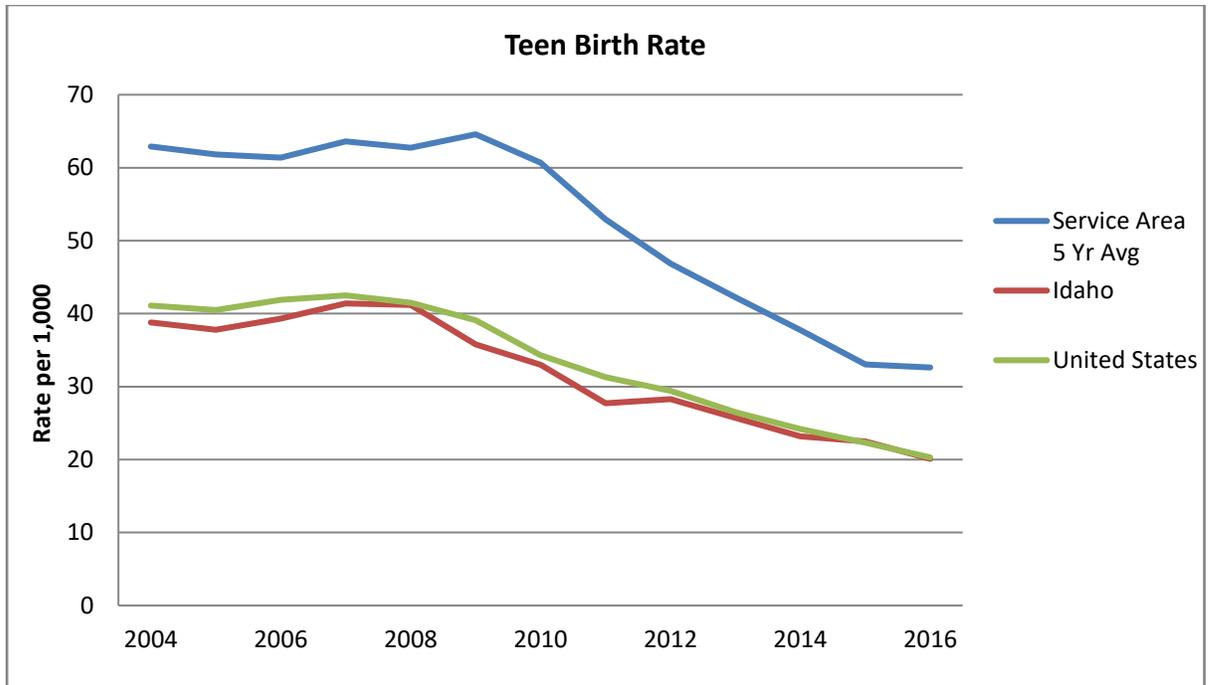
Evidence suggests teen pregnancy significantly increases the risks for repeat pregnancy and for contracting a sexually transmitted infection (STI), both of which can result in adverse health outcomes for mother and child as well as for the families and community. A systematic review of the sexual risk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

Teen pregnancy is associated with poor prenatal care and pre-term delivery. Pregnant teens are more likely than older women to receive late or no prenatal care, have gestational hypertension and anemia, and achieve poor maternal weight gain. They are also more likely to have a pre-term delivery and low birth weight, increasing the risk of child developmental delay, illness, and mortality.¹¹⁵

Although our rate of teen pregnancy is decreasing, it is still above the national average. The national top 10th percentile rate is 15.¹¹⁶

¹¹⁵ University of Wisconsin Population Health Institute. *County Health Rankings* 2018. Accessible at www.countyhealthrankings.org.

¹¹⁶ Idaho Vital Statistics Annual Reports, Years 2000 - 2016, National Vital Statistics Report - Deaths: Data 2016

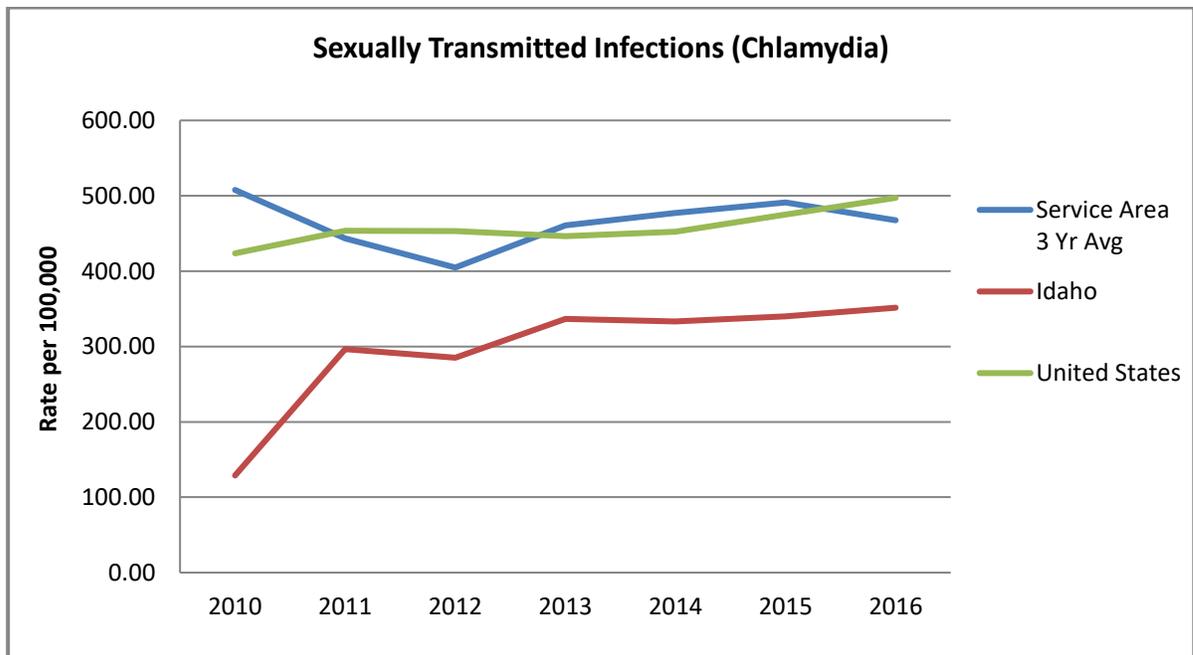


Health Factor Score					
Low score = Low potential for health impact			High score = High potential for health impact		
	Trend: Better/Worse	Prevalence versus U.S. Average	Severe/ Preventable	Magnitude: Root Cause	Total Score
Teen birth rate	0	4	2	3	9

- **Sexually Transmitted Infections**

Sexually transmitted infections (STI) data are important for communities because the burden of STIs is not only on individual sufferers, but on society as a whole. Chlamydia, in particular, is the most common bacterial STI in North America and is one of the major causes of tubal infertility, ectopic pregnancy, pelvic inflammatory disease, and chronic pelvic pain. Additionally, STIs in general are associated with significantly increased risk of morbidity and mortality, including increased risk of cervical cancer, pelvic inflammatory disease, involuntary infertility, and premature death.¹¹⁷

The rate of chlamydia infections has been flat over the past ten years in our community. Although our community is has rates slightly below the national average, we are still above the national top 10th percentile rate of 145.1.¹¹⁸



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

¹¹⁷ County Health Rankings 2018. Accessible at www.countyhealthrankings.org.

¹¹⁸ National data source: 2015 Sexually Transmitted Diseases Surveillance, table 1 <http://www.cdc.gov/std/>.

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

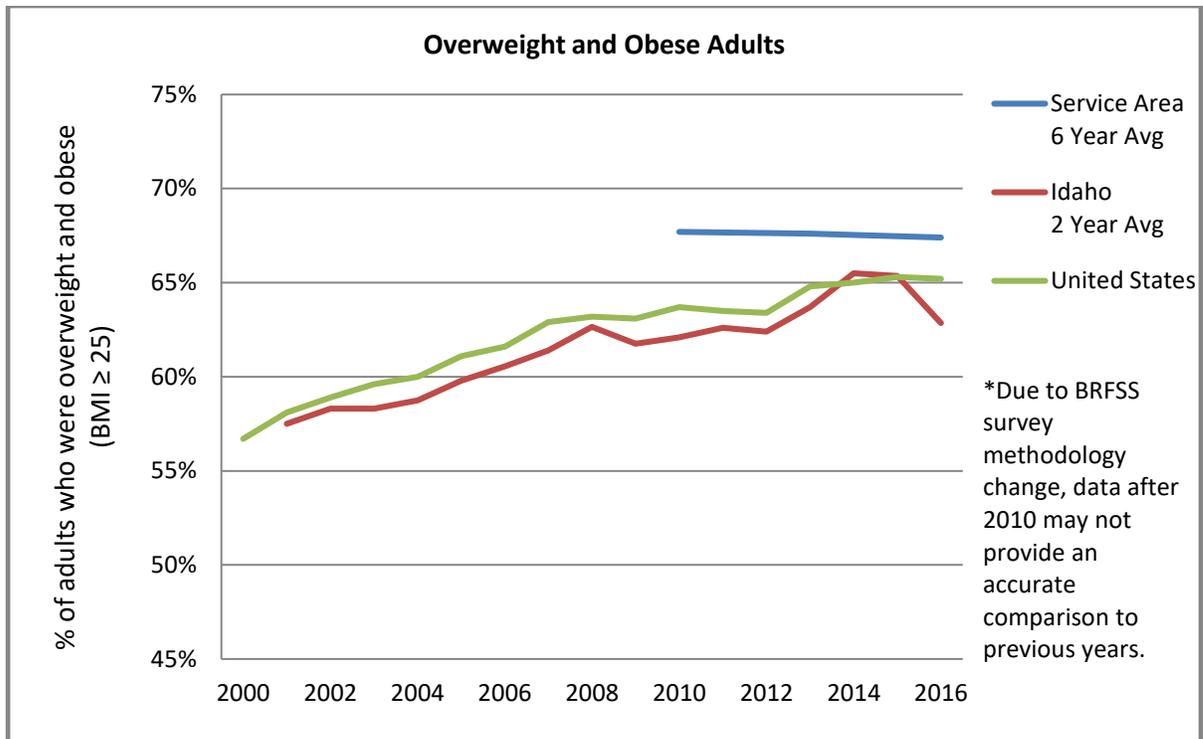
http://www.healthandwelfare.idaho.gov/Portals/0/Health/Disease/STD%20HIV/2010_Facts_Book_FINAL.pdf

Additional Health Behavior Factors

- Overweight and Obese Adults**

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

The trend for overweight and obese adults has been increasing steadily for the past 10 years, nationally.¹¹⁹



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

¹¹⁹ Idaho and National 2002 - 2016 Behavioral Risk Factor Surveillance System

- **Overweight and Obese Teens**

We included the percentage of obese and overweight teenagers in our community to ensure an understanding of youth health behavior risks. People who were already overweight in adolescence (14-19 years old) have an increased mortality rate from a range of chronic diseases as adults: endocrine, nutritional and metabolic diseases, cardiovascular diseases, colon cancer, and respiratory diseases. There were also many cases of sudden death in this group.¹²⁰ Overweight children and adolescents:

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

Some methods of preventing and treating overweight children are:

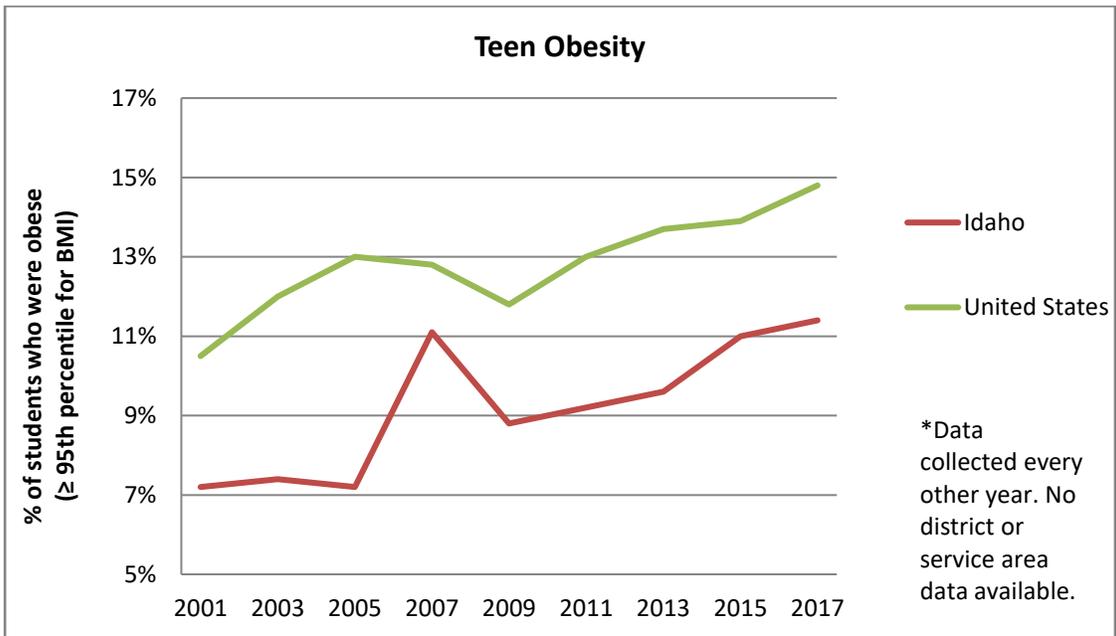
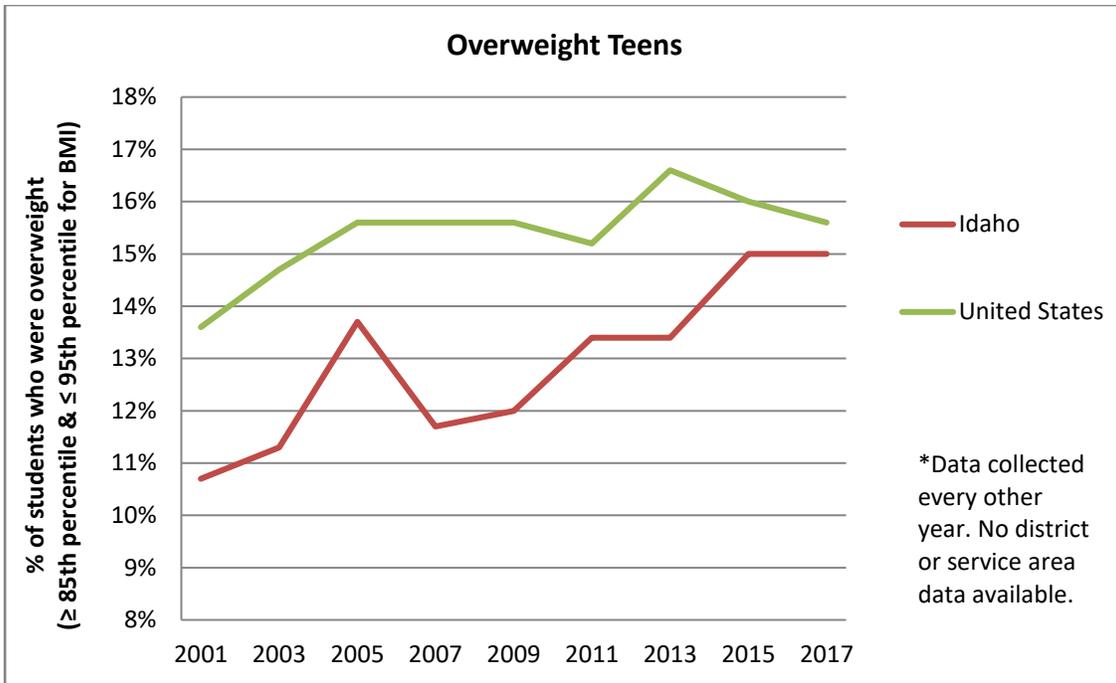
- Reducing caloric intake is the easiest change. Highly restrictive diets that forbid favorite foods are likely to fail. They should be limited to rare patients with severe complications who must lose weight quickly.
- Becoming more active is widely recommended. Increased physical activity is common in all studies of successful weight reduction. Create an environment that fosters physical activity.
- Parents' involvement in modifying overweight children's behavior is important. Parents who model healthy eating and physical activity can positively influence their children's health.¹²¹

The percent of overweight or obese teens in Idaho is lower than the national average. However, the trend for obesity and overweight youth is increasing both in Idaho and across the United States. Overweight youth are defined as being ≥85th percentile but <95th percentile for body mass index, based on sex- and age-specific reference data from the 2000 CDC growth charts. Obese youth are defined by the CDC as being ≥95th percentile for body mass index, based on sex- and age-specific reference data from the 2000 CDC growth charts.¹²²

¹²⁰ Overweight In Adolescence Gives Increased Mortality Rate, ScienceDaily (May 20, 2008)

¹²¹ American Heart Association, Understanding Childhood Obesity, 2011 Statistical Sourcebook, PDF

¹²² Youth Risk Behavior Survey , United States, 2001 – 2017, www.cdc.gov/yrbs/

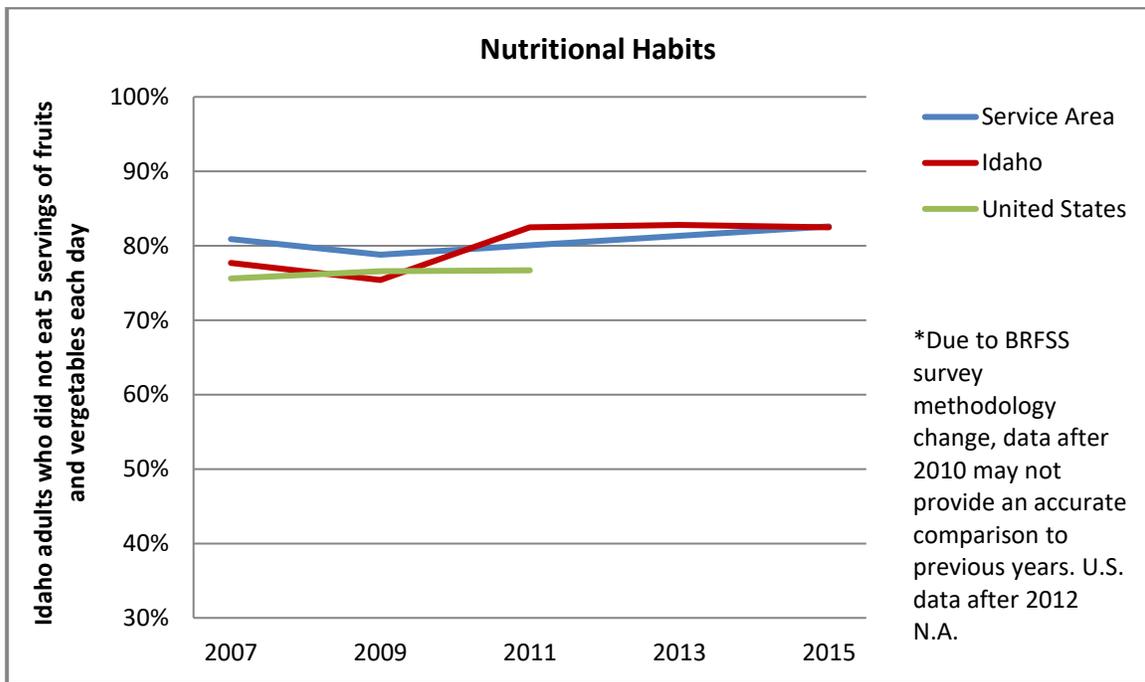


Health Factor Score					
Low score = Low potential for health impact			High score = High potential for health impact		
	Trend: Better/Worse	Prevalence versus U.S. Average	Severe/ Preventable	Magnitude: Root Cause	Total Score
Obese Teens	4	1	4	4	13

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

Eating a diet high in fruits and vegetables is important to overall health, because these foods contain essential vitamins, minerals, and fiber that may help protect from chronic diseases. Dietary guidelines recommend that at least half of your plate consist of fruit and vegetables and that half of your grains be whole grains. This combined with reduced sodium intake, fat-free or low-fat milk and reduced portion sizes lead to a healthier life. Data collected for this measure focus on the consumption of vegetables and fruits at the recommended five portions per day.¹²³ These data are collected through the Behavioral Risk Factor Surveillance System.

As shown in the chart below, about 83% of the people in our service area did not eat the recommended amounts of fruits and vegetables. The national average was about 77%. The trend appears to have changed marginally in recent years, but that may be due to a change in the BRFSS survey methodology starting in 2011. There are no large differences in nutritional habits based on income or education.¹²⁴



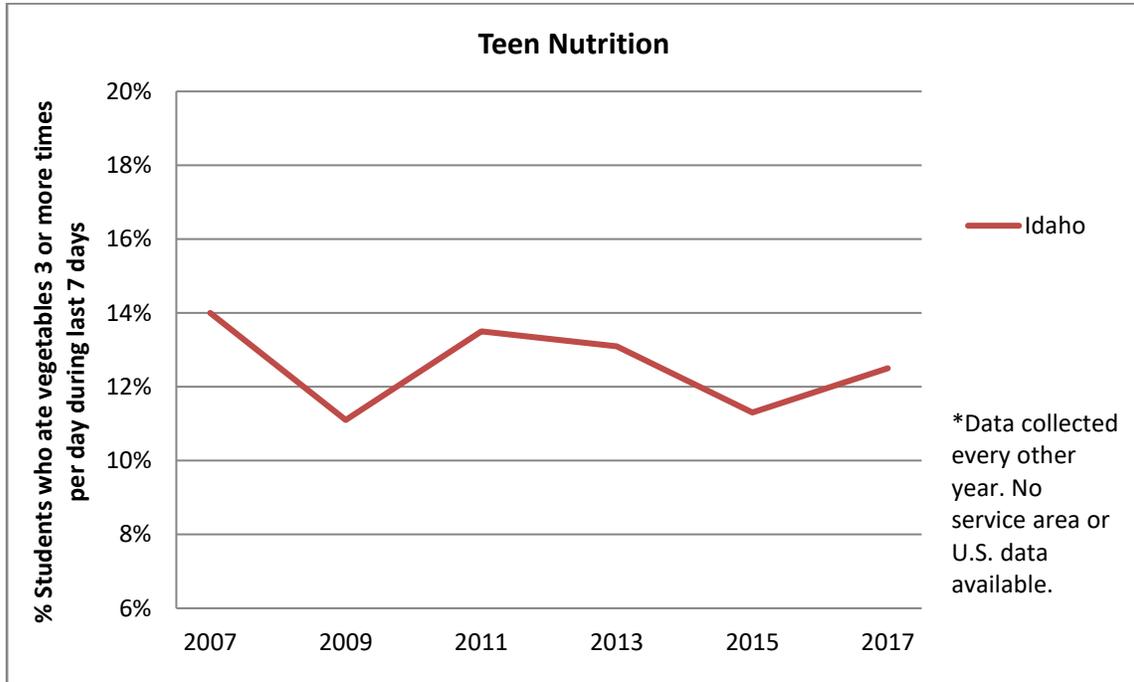
Health Factor Scoring					
	Trend: Better/Worse	Prevalence versus U.S. Average	Severe/ Preventable	Magnitude: Root Cause	Total Score
Nutritional habits adults	2	3	2	3	10

¹²³ America’s Health Rankings 2015-2018, www.americashealthrankings.org

¹²⁴ Idaho and National 2002 – 2016 Behavioral Risk Factor Surveillance System

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

More than 80% of Idaho youth do not eat the recommended amount of fruits and vegetables.¹²⁵



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

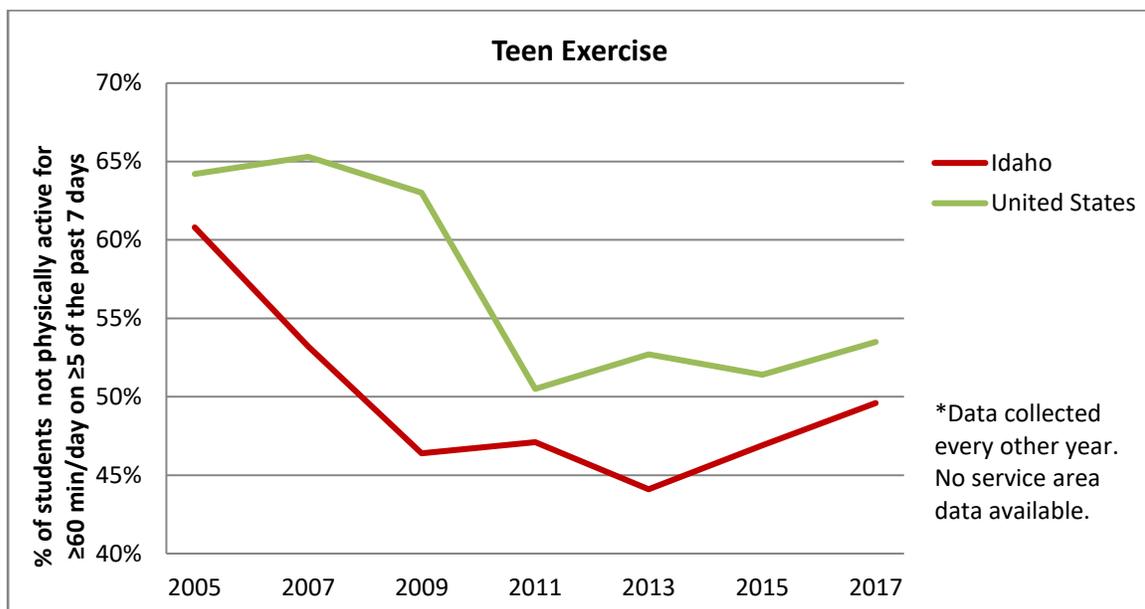
¹²⁵ Youth Risk Behavior Survey ,Idaho and United States, 2001 – 2017, www.cdc.gov/yrbs/

- **Physical Activity: Youth**

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

As children age, their physical activity levels tend to decline. As a result, it's important to establish good physical activity habits as early as possible. A recent study suggests that teens who participate in organized sports during early adolescence maintain higher levels of physical activity in late adolescence compared to their peers, although their activity levels do decline. And youth who are physically fit are much less likely to be obese or have high blood pressure in their 20s and early 30s.¹²⁶

The chart below shows that about 50% of Idaho teens do not exercise as much as recommended, which is better than the national average. The trend in Idaho has been relatively flat over the past ten years.¹²⁷



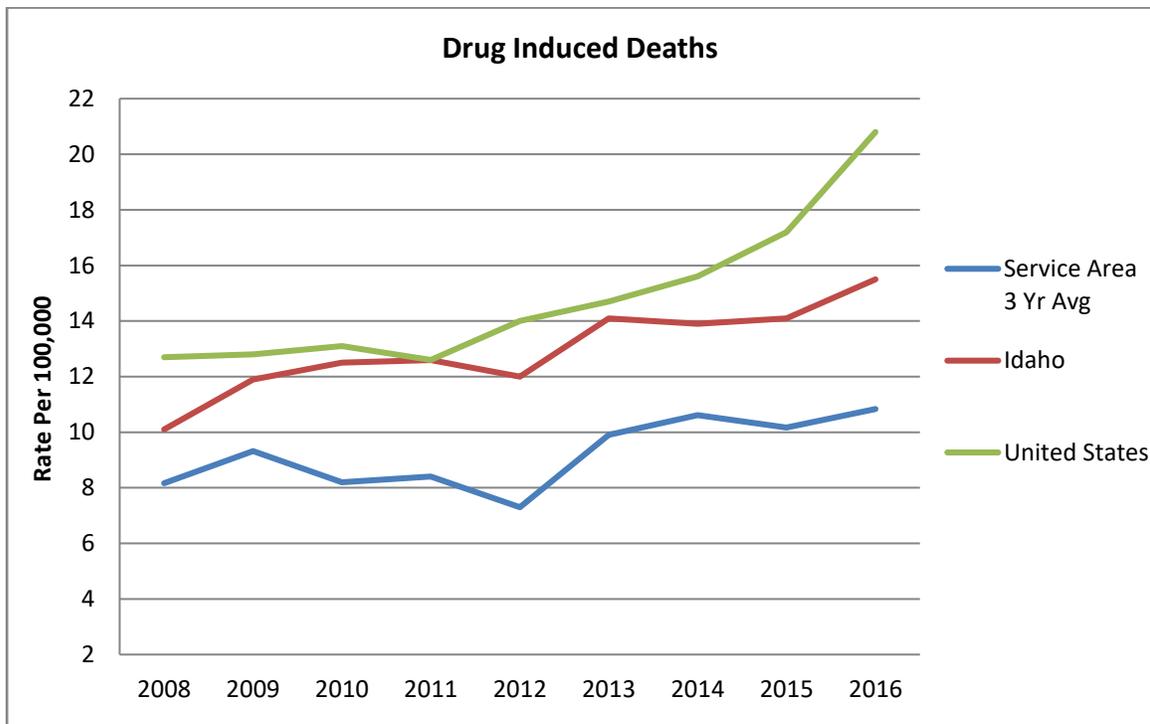
Health Factor Score					
Low score = Low potential for health impact			High score = High potential for health impact		
	Trend: Better/Worse	Prevalence versus U.S. Average	Severe/ Preventable	Magnitude: Root Cause	Total Score
Teen exercise	2	2	2	4	10

¹²⁶ American Heart Association, Understanding Childhood Obesity, 2011 Statistical Sourcebook, PDF

¹²⁷ Youth Risk Behavior Survey, United States, 2001 – 2017, www.cdc.gov/yrbs/

- **Drug Misuse**

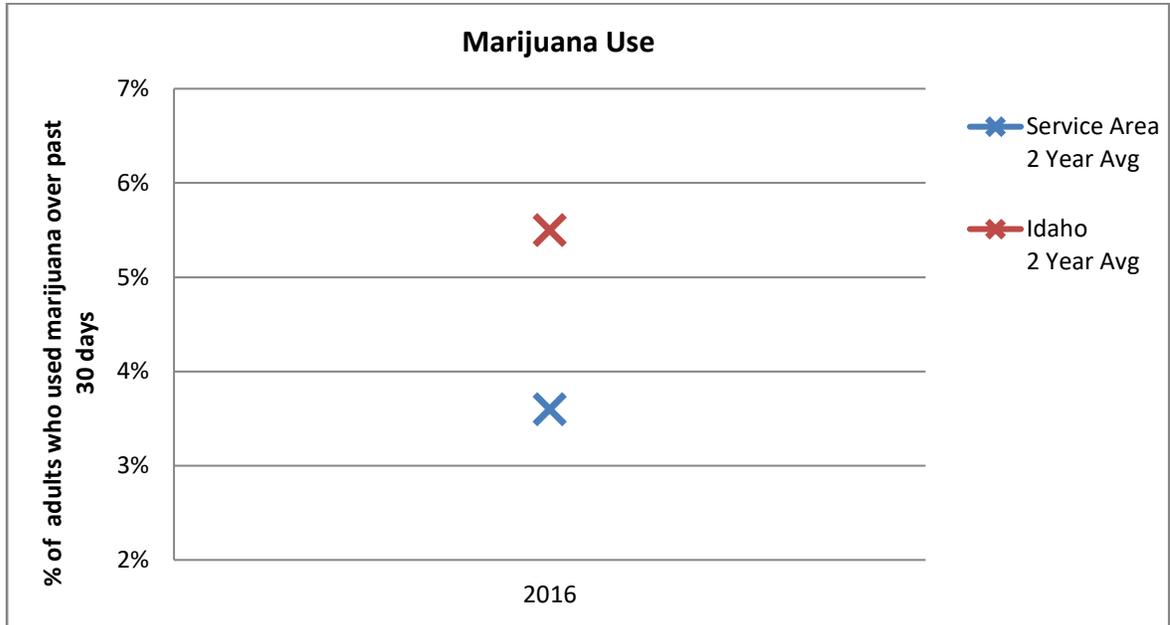
Drug abuse or misuse has harmful and sometimes devastating effects on individuals, families, and society. Negative outcomes that may result from drug misuse include overdose and death, falls and fractures, and, for some, initiating injection drug use with resulting risk for infections such as hepatitis C and HIV. This issue is a growing national problem in the United States. Prescription drugs are misused and abused more often than any other drug, except marijuana and alcohol. This growth is fueled by misperceptions about prescription drug safety, and increasing availability.¹²⁸ One way to measure the size of the problem is to look at the rate of drug induced deaths over time. While the rate of drug induced deaths is not as high in our community as it is in the nation as whole, the rate has been rising.¹²⁹



¹²⁸ <https://www.samhsa.gov/topics/prescription-drug-misuse-abuse>

¹²⁹ Idaho Vital Statistics Annual Reports, Years 2005 - 2016, National Vital Statistics Report - Deaths: Data 2016

Another way to gauge the extent of drug abuse in our community is to look at the percent of people who use marijuana. The percent of people who reported using marijuana in our service area is lower than those who reported using it in Idaho as a whole.¹³⁰



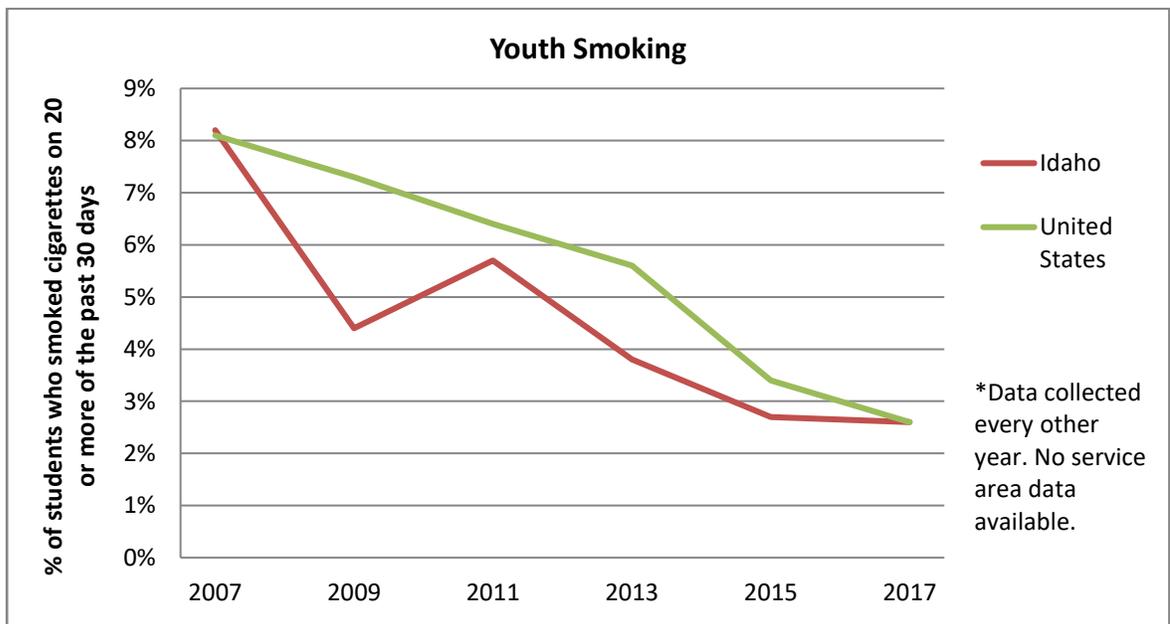
Health Factor Score					
Low score = Low potential for health impact			High score = High potential for health impact		
	Trend: Better/Worse	Prevalence versus U.S. Average	Severe/ Preventable	Magnitude: Root Cause	Total Score
Drug misuse	4	0	4	3	11

¹³⁰ Idaho and National 2002 - 2016 Behavioral Risk Factor Surveillance System

- **Youth Smoking**

In 2017, approximately 2.6 percent of Idaho Youth reported smoking 20 or more of the past 30 days. This is the same as the national rate. During 1997–2017, a significant decrease occurred overall in the prevalence of current tobacco use among Idaho and our nation’s youth. In addition, the percentage of Idaho students who used electronic vapor products on one or more of the past 30 days decreased from 24.8% in 2015 to 14.3% in 2017.¹³¹

Prevention efforts must focus on young adults ages 18 through 25, too. Almost no one starts smoking after age 25. Nearly 9 out of 10 smokers started smoking by age 18, and 99% started by age 26. Progression from occasional to daily smoking almost always occurs by age 26. This is why prevention is critical. Successful multi-component programs prevent young people from starting to use tobacco in the first place and more than pay for themselves in lives and health care dollars saved. Strategies that comprise successful comprehensive tobacco control programs include mass media campaigns, higher tobacco prices, smoke-free laws and policies, evidence-based school programs, and sustained community-wide efforts.¹³²



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

¹³¹ Idaho and Nation Youth Risk Behavior Survey 2001 -2017

¹³² <http://www.surgeongeneral.gov/library/reports/preventing-youth-tobacco-use/factsheet.html>

Clinical Care Factors

County Health Rankings Clinical Care Factors

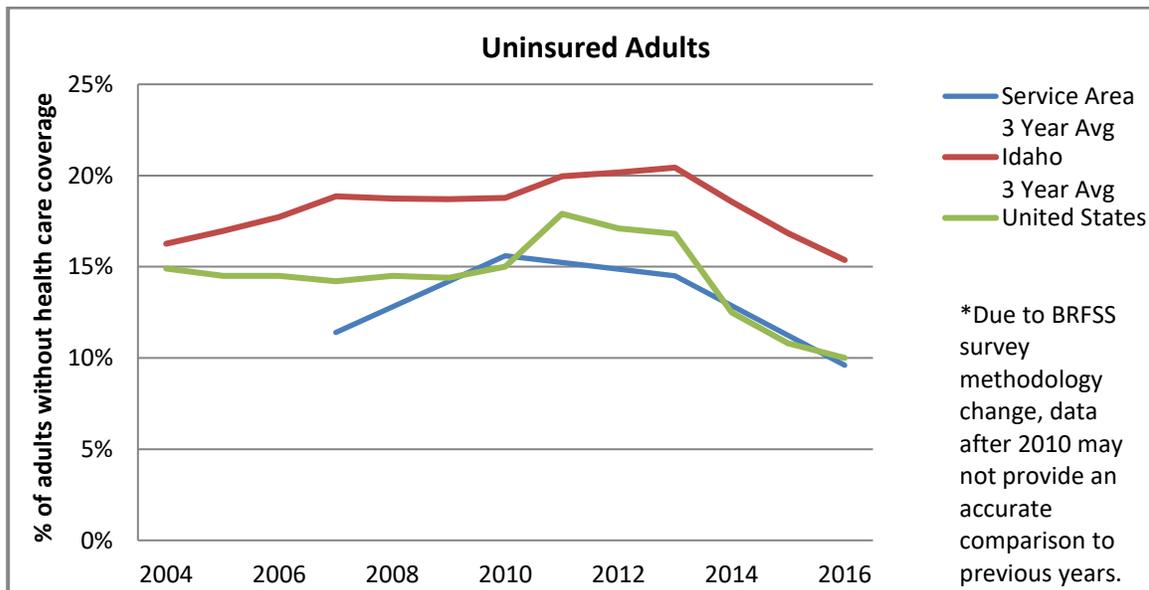
Health Care Access

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

- **Uninsured Adults**

Evidence shows that uninsured individuals experience more adverse outcomes (physically, mentally, and financially) than insured individuals. The uninsured are less likely to receive preventive and diagnostic health care services, are more often diagnosed at a later disease stage, and on average receive less treatment for their condition compared to insured individuals. At the individual level, self-reported health status and overall productivity are lower for the uninsured. The Institute of Medicine reports that the uninsured population has a 25% higher mortality rate than the insured population.¹³³

The chart below shows the number of adults without health care coverage has been trending down for the past few years nationally and in our service area. The percentage of uninsured in our service area is about the same as the national average.¹³⁴

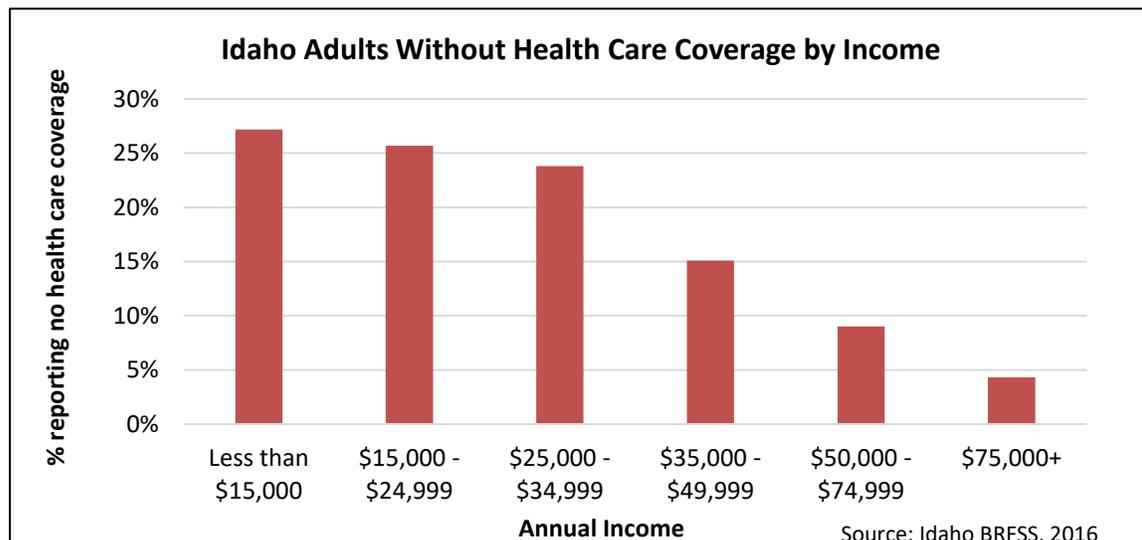


¹³³ University of Wisconsin Population Health Institute. *County Health Rankings 2010-2018*. Accessible at www.countyhealthrankings.org.

¹³⁴ Idaho and National 2002 - 2016 Behavioral Risk Factor Surveillance System

The chart above shows that on a national basis the 2010 Affordable Care Act (ACA) lowered the percentage of uninsured adults starting in 2014. The goal of the ACA is to improve health outcomes and eventually lower health care costs through insuring a greater proportion of the population. One of the major provisions of the ACA is the expansion of Medicaid eligibility to nearly all low-income individuals with incomes at or below 138 percent of poverty. However, over 20 states chose not to expand their programs. The ACA did not make provisions for low income people not receiving Medicaid and does not provide assistance for people below poverty for other coverage options.¹³⁵ This is often referred to as the “coverage gap.”¹³⁶ In November 2018, Idaho passed a proposition to expand Medicaid. In November 2018, Idaho passed a proposition to expand Medicaid. In the coming years, we will see how much the resulting legislation increases the percentage of people who have health insurance and the positive impact it has on health.

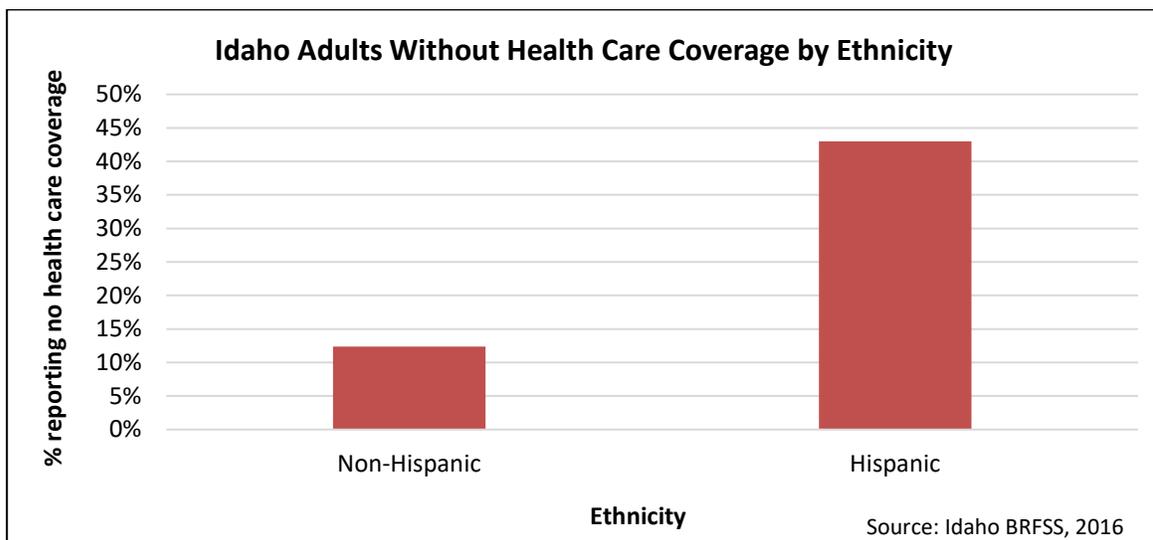
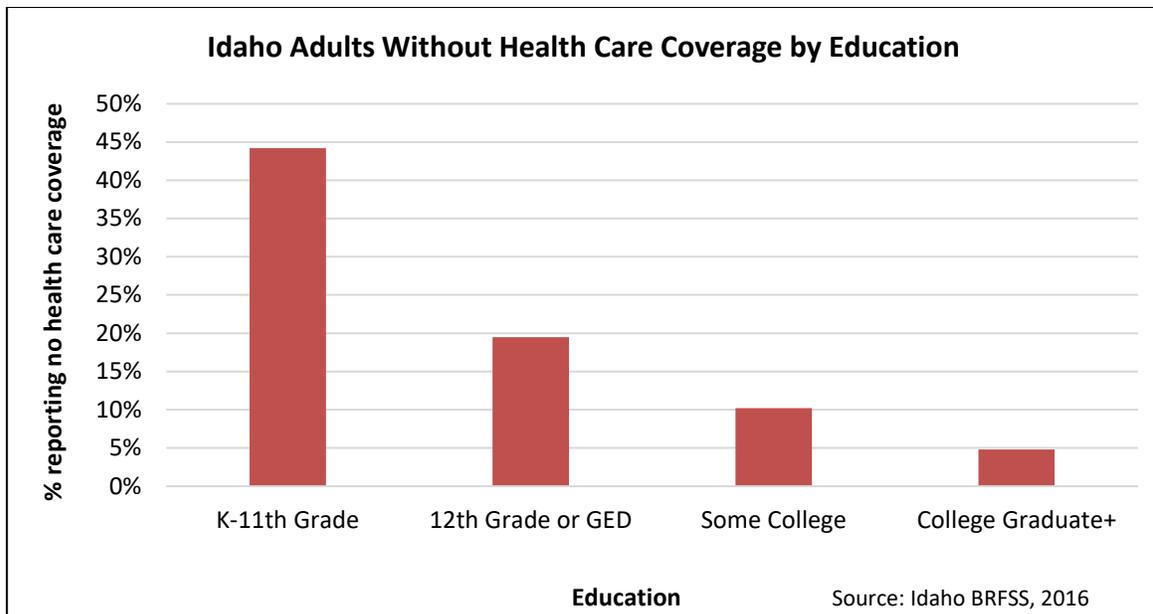
The charts below show that income and education greatly affect the likelihood of people having health insurance. For example, those with incomes of less than \$25,000 are about 10 times more likely to report being without health care coverage than those with incomes above \$75,000. In addition, Hispanics are more than twice as likely to not have health insurance coverage as non-Hispanics.¹³⁷



¹³⁵ 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

¹³⁶ The Coverage Gap: Uninsured Poor Adults in States the do not Expand Medicaid, April 2015, The Kaiser Commission on Medicaid and the Uninsured, Rachel Garfield

¹³⁷ Idaho and National 2002 - 2016 Behavioral Risk Factor Surveillance System

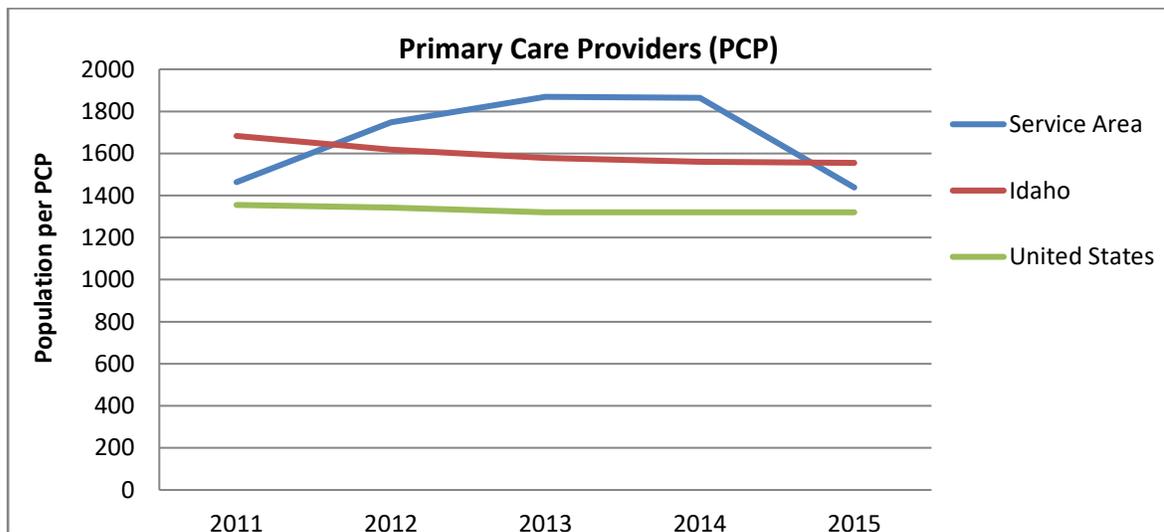


Health Factor Score					
Low score = Low potential for health impact			High score = High potential for health impact		
	Trend: Better/Worse	Prevalence versus U.S. Average	Severe/ Preventable	Magnitude: Root Cause	Total Score
Uninsured adults	2	2	4	3	11

- **Primary Care Providers**

The second measure of health care access reports the ratio of population in a county to primary care providers (i.e., the number of people per primary care provider). The measure is based on data obtained from the Health Resources and Services Administration (HRSA) through the County Health Rankings. While having health insurance is a crucial step toward accessing the different aspects of the health care system, health insurance by itself does not ensure access. In addition, evidence suggests that access to effective and timely primary care has the potential to improve the overall quality of care and help reduce costs. One analysis found that primary care physician supply was associated with improved health outcomes including reduced all-cause cancer, heart disease, stroke, and infant mortality; a lower prevalence of low birth weight; greater life expectancy; and improved self-rated health. The same analysis also found that each increase of one primary care physician per 10,000 people is associated with a reduction in the average mortality by 5.3%.¹³⁸

The chart below shows the population to primary care provider ratio was about the same as the national average in our community.



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

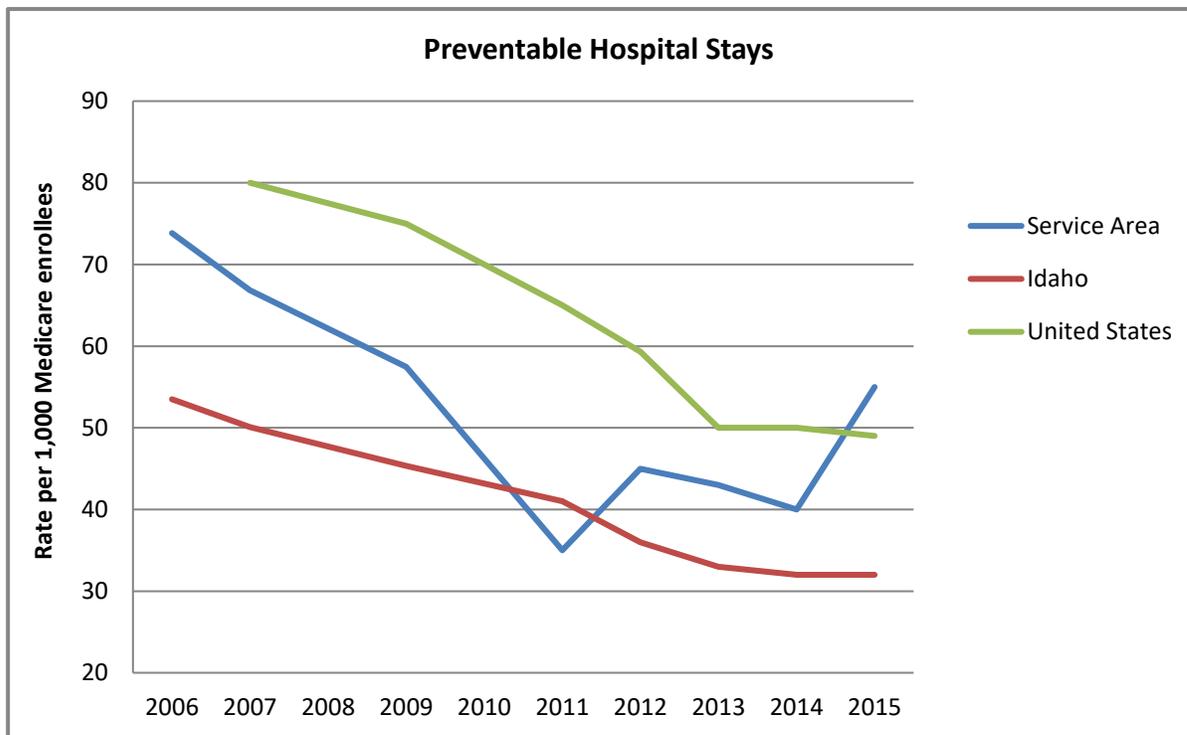
¹³⁸ University of Wisconsin Population Health Institute. *County Health Rankings* 2018. Accessible at www.countyhealthrankings.org.

Health Care Quality

- Preventable Hospital Stays**

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

The rate of preventable hospital stays for our service area is about the same as the national average. The national top 10th percentile (top 10th percentile rate is 35).¹³⁹



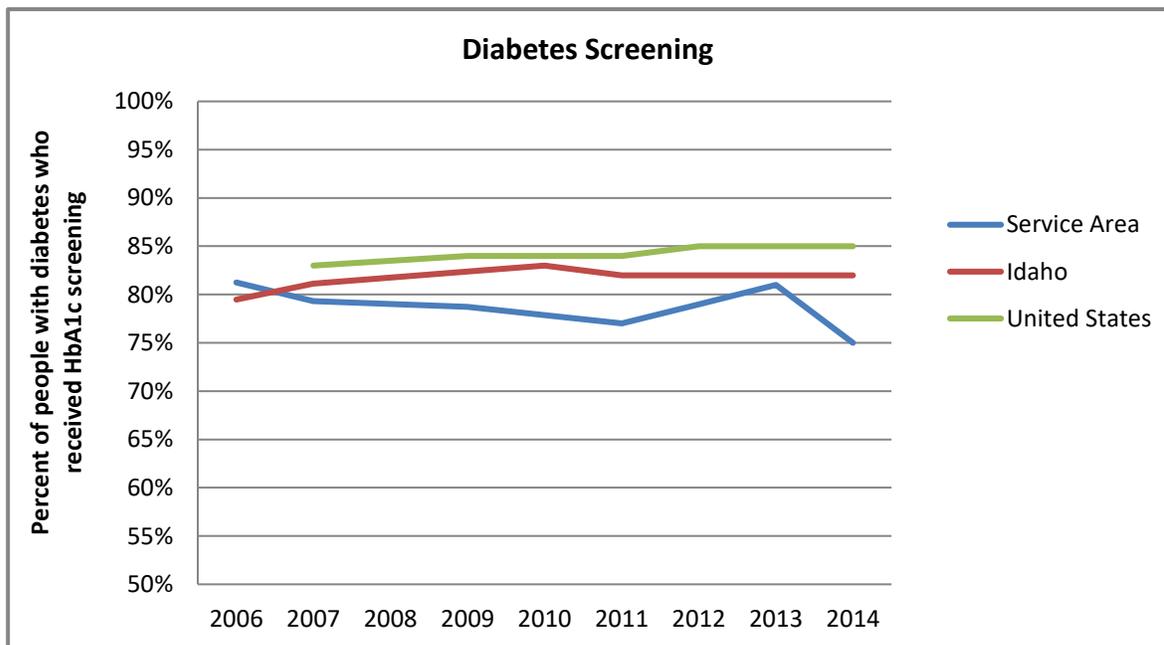
Health Factor Score					
Low score = Low potential for health impact			High score = High potential for health impact		
	Trend: Better/Worse	Prevalence versus U.S.	Severe/ Preventable	Magnitude: Root Cause	Total Score
Preventable Hospital Stays	2	2	2	4	10

¹³⁹ Ibid.

- **Diabetes Screening**

The second measure of health care quality, diabetes screening, encompasses the percent of diabetic Medicare enrollees receiving HbA1c screening. Regular HbA1c screening among diabetic patients is considered the standard of care. When high blood sugar, or hyperglycemia, is addressed and controlled, complications from diabetes can be delayed or prevented.¹⁴⁰

The chart shows the trend for diabetes screening is relatively flat in our service area. The percent of people receiving A1c screening is lower in our service area than in the nation.¹⁴¹



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

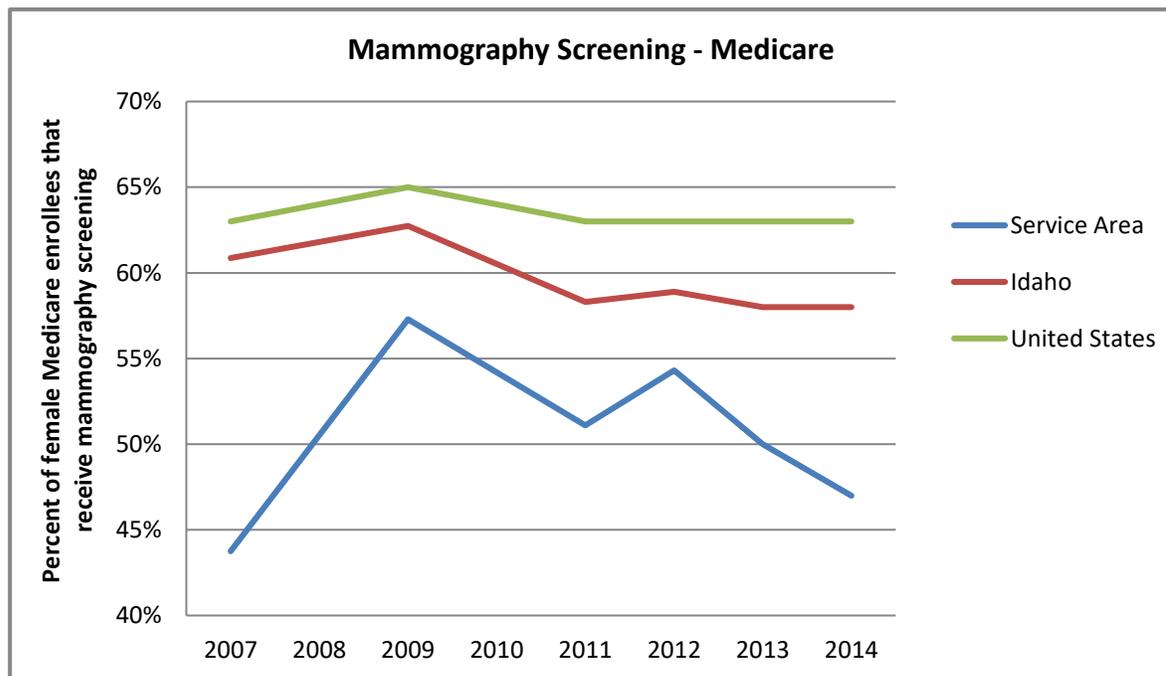
¹⁴⁰ University of Wisconsin Population Health Institute. *County Health Rankings* 2018. Accessible at www.countyhealthrankings.org.

¹⁴¹ Idaho and National 2002 - 2016 Behavioral Risk Factor Surveillance System

- **Mammography Screening**

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

In our community, the trend for the overall percent of women aged 67 to 69 receiving mammography screenings has been flat for the past several years. ¹⁴²

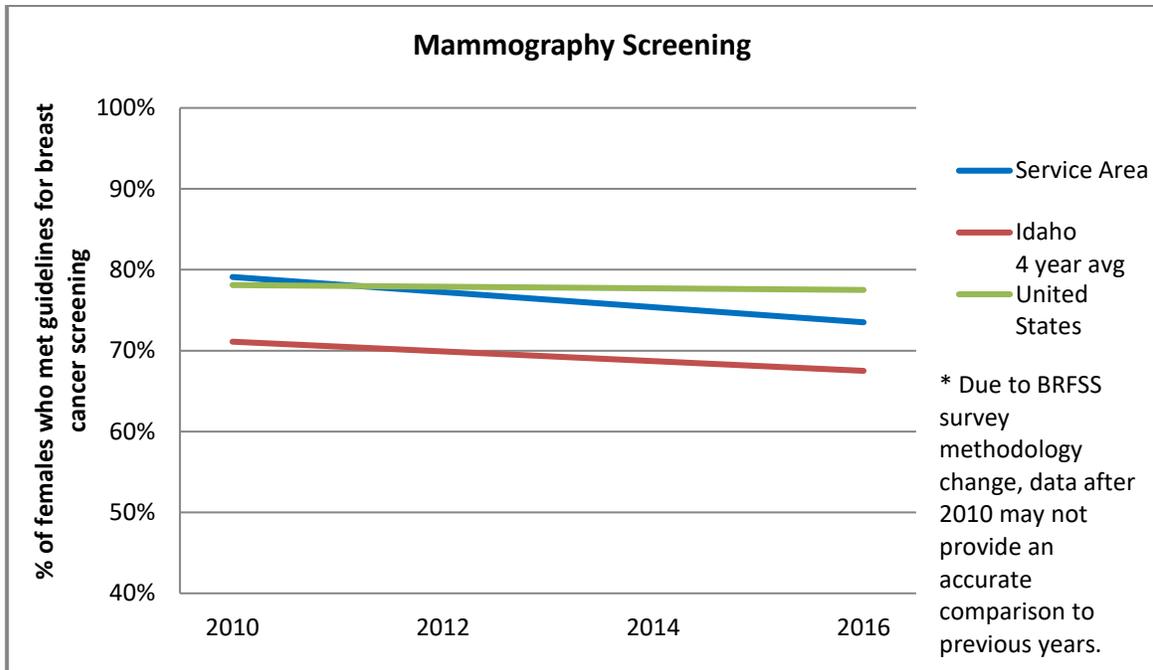


The data underlying this measure comes from the Dartmouth Atlas, a project that documents variations in health care throughout the country through use of Medicare claims data.

The National Cancer Institute has guidelines for mammography screening. To obtain the percentage of Idaho women who met the guidelines, we use data from BRFSS. As shown in the chart on the following page, the percentage has not changed significantly over the past decade. Women with annual incomes of less than \$25,000 are significantly less likely to have had a mammogram and breast exam in the last two years.¹⁴³

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

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



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

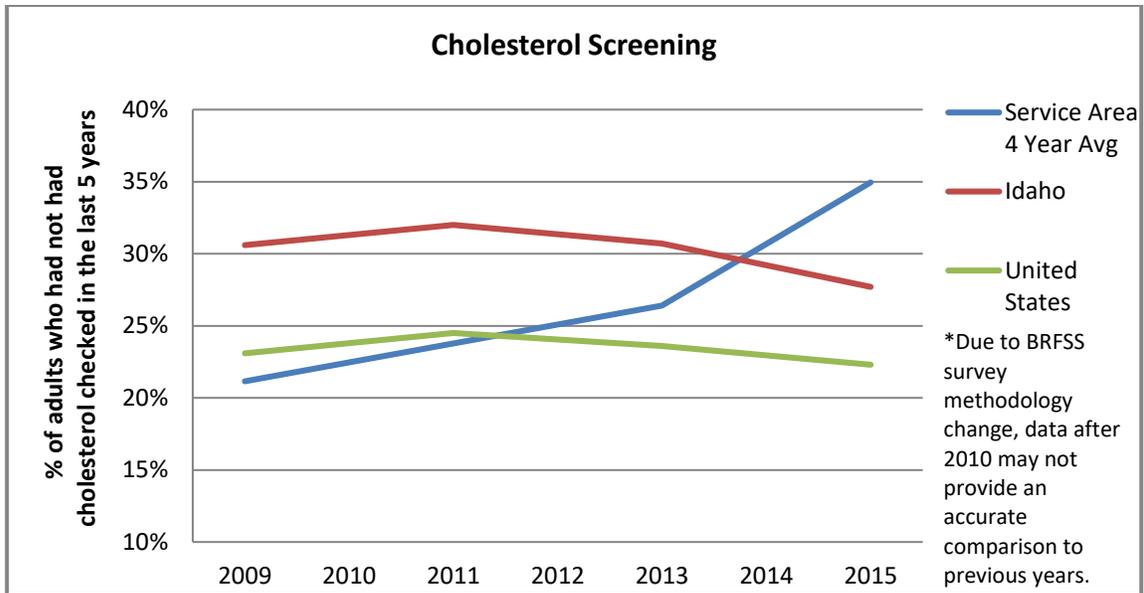
Additional Clinical Health Factors

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

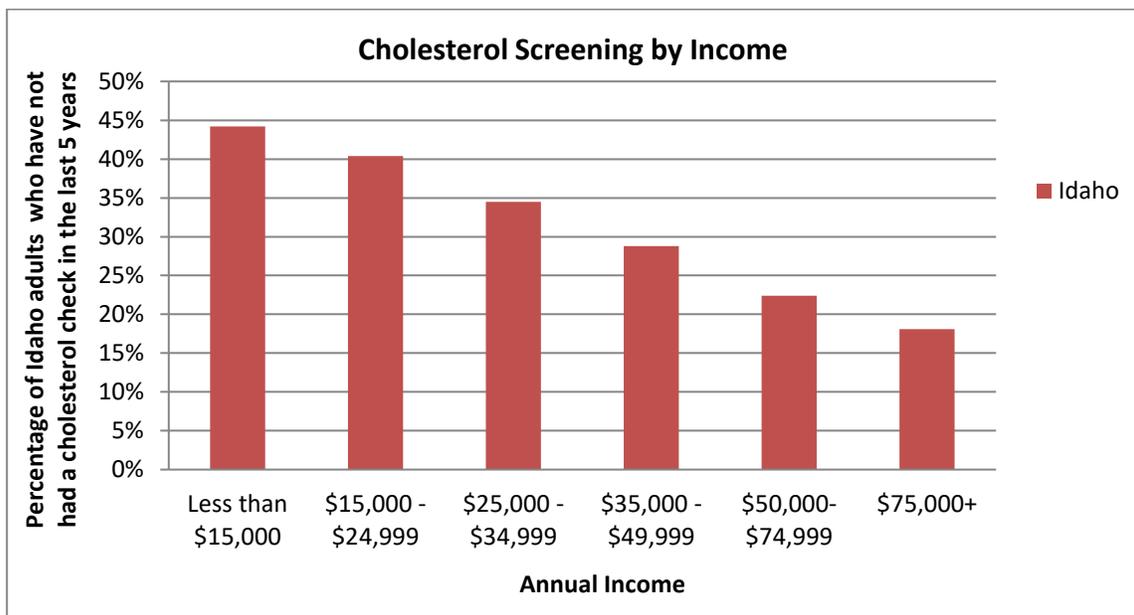
- **Cholesterol Screening**

Cholesterol screening is important for good health because knowing cholesterol levels can spur actions to control it. Our service area has a lower percent of people receiving cholesterol checks than the national average.¹⁴⁴

¹⁴⁴ Idaho and National 2002 - 2016 Behavioral Risk Factor Surveillance System



Lower income people, those without college educations, and Hispanics are significantly less likely to have their cholesterol checked.¹⁴⁵



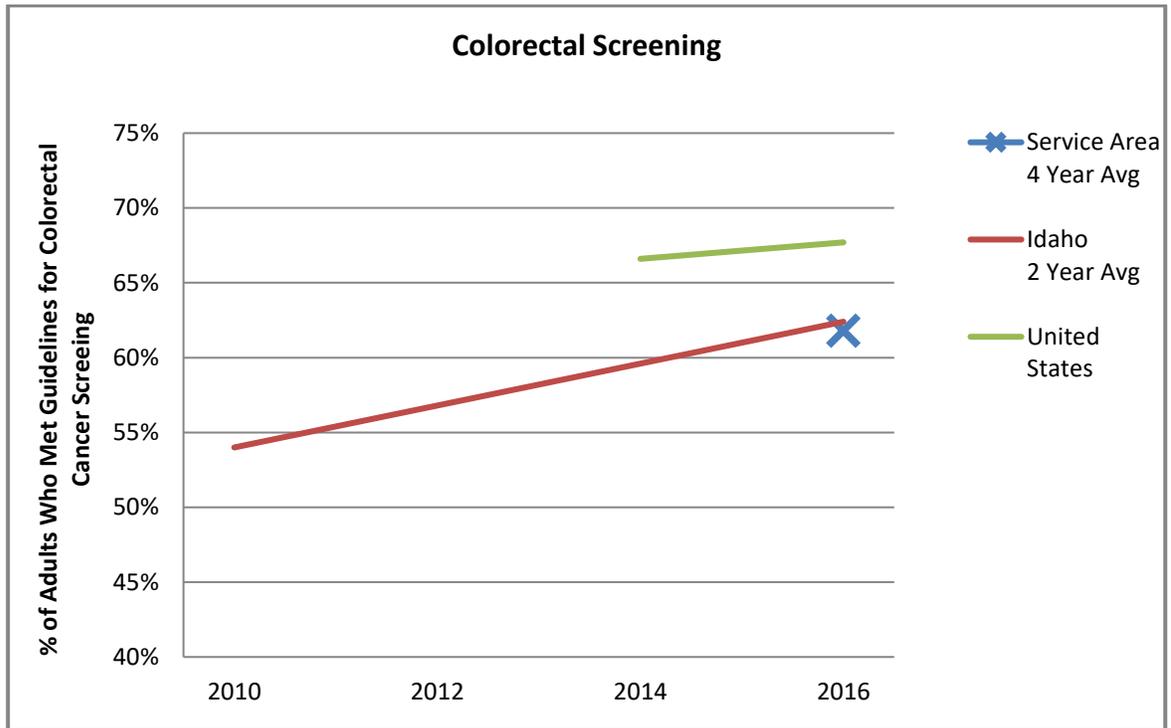
Health Factor Score					
Low score = Low potential for health impact			High score = High potential for health impact		
	Trend: Better/Worse	Prevalence versus U.S. Average	Severe/ Preventable	Magnitude: Root Cause	Total Score
Cholesterol Screening	4	4	3	2	13

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

- **Colorectal Screening**

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

The trend for people receiving colorectal screening has been improving over the past 10 years. The percent of people age 50 and older receiving colorectal screening in our service area is lower than the nation as a whole.¹⁴⁶



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.¹⁴⁷

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

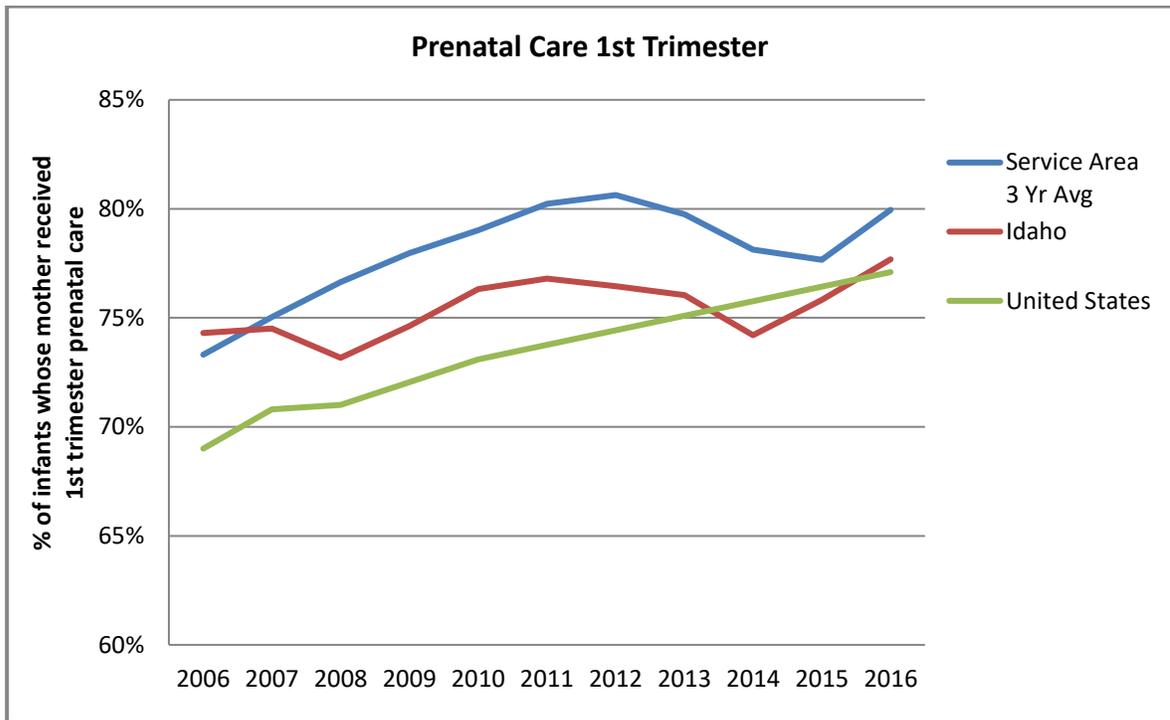
¹⁴⁶ Idaho and National 2002 - 2016 Behavioral Risk Factor Surveillance System

¹⁴⁷ Ibid.

- **Prenatal Care Begun in First Trimester**

Prenatal care measures how early women are receiving the care they require for a healthy pregnancy and development of the fetus. Mothers who do not receive prenatal care are three times more likely to deliver a low birth weight baby than mothers who received prenatal care, and babies are five times more likely to die without that care. Early prenatal care allows health care providers to identify and address health conditions and behaviors that may reduce the likelihood of a healthy birth, such as smoking and drug and alcohol abuse.¹⁴⁸

As shown in the chart below, slightly more women in our community have historically been receiving early prenatal care than in the nation as a whole. The trend in our service area for receiving early prenatal care has been increasing.¹⁴⁹



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

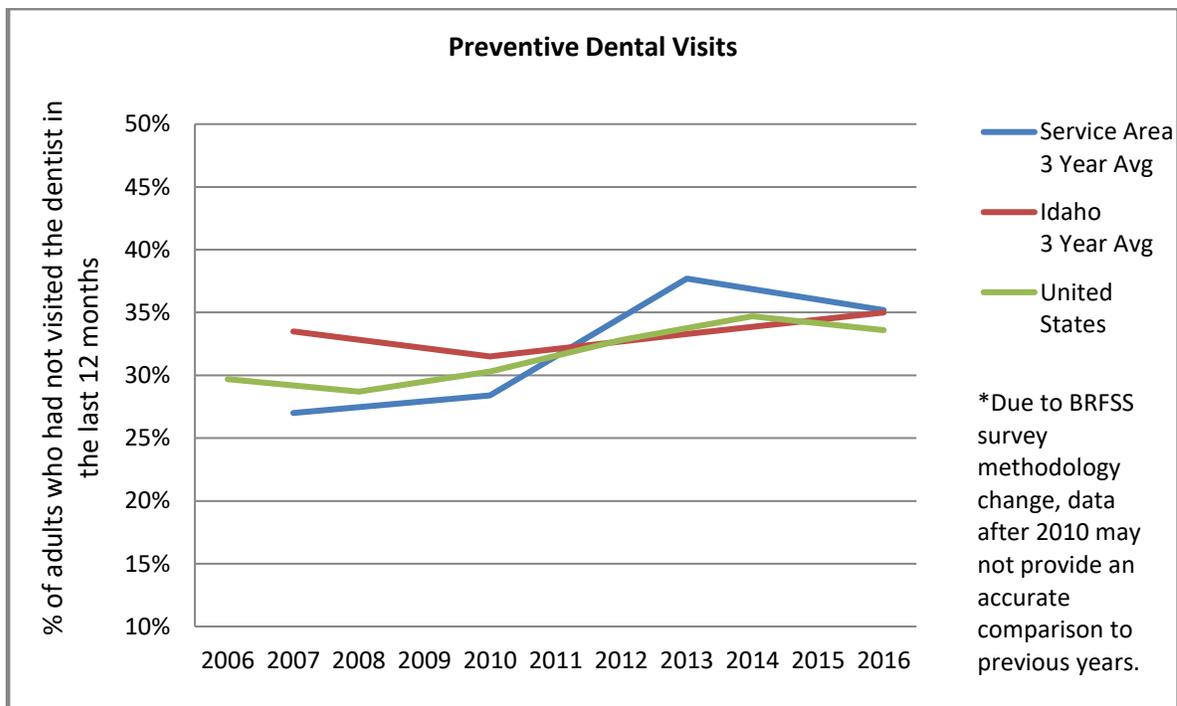
¹⁴⁸ America’s Health Rankings 2015- 2018, www.americashealthrankings.org

¹⁴⁹ Idaho Vital Statistics Annual Reports, Years 2000 - 2016, National Vital Statistics Report - Deaths: Data 2016

- **Dental Visits**

Oral health is vital to a comprehensive preventive health program. Nearly one-third of all adults in the U.S. have untreated tooth decay, while one in seven adults aged 35 to 44 years has gum disease. This increases to one in every four adults aged 65 years and older. Oral cancers, if caught early, are more responsive to treatment. Annual dental visits are one part of a healthy regimen of oral care.¹⁵⁰

According to the Behavioral Risk Factor Surveillance System surveys, the percentage of people not receiving preventive dental visits in our service area is about the same as it is in the nation as a whole. The trend appears to have been worsening slightly over the past ten years in our service area.¹⁵¹

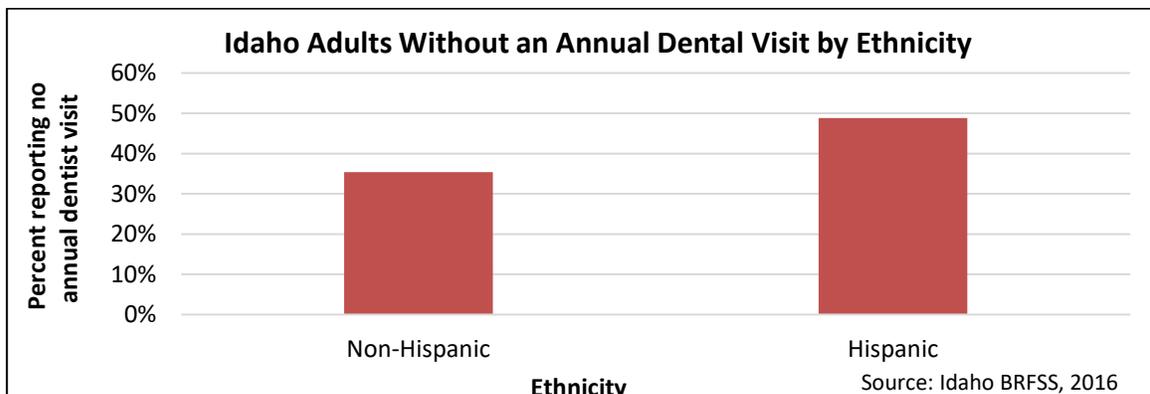
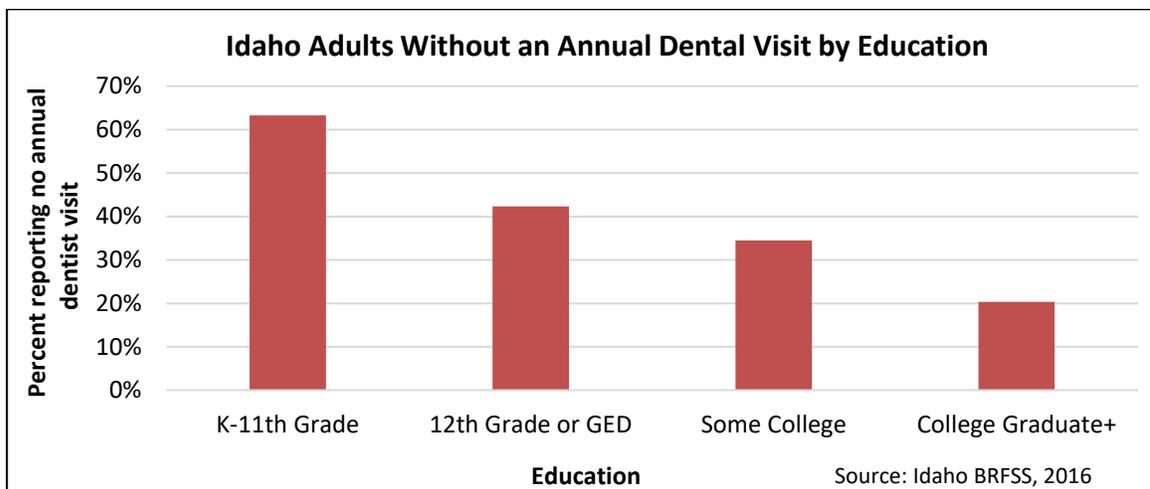
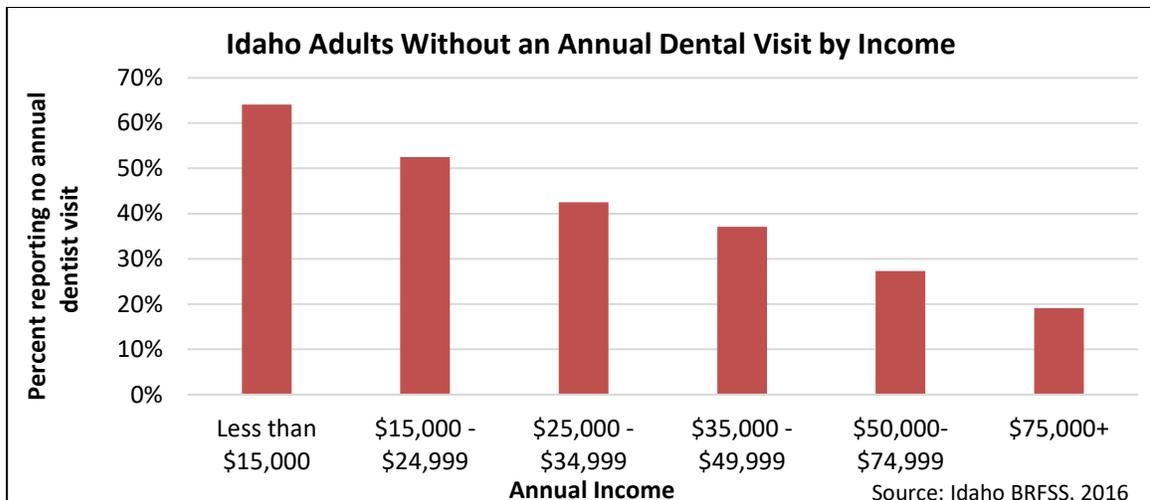


Those with incomes below \$25,000 are significantly less likely to have preventive dental visits than those with higher incomes. In addition, those with less than a college degree are significantly less likely to have preventive dental visits.¹⁵²

¹⁵⁰ America’s Health Rankings 2015- 2018, www.americashealthrankings.org

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

¹⁵² Ibid.

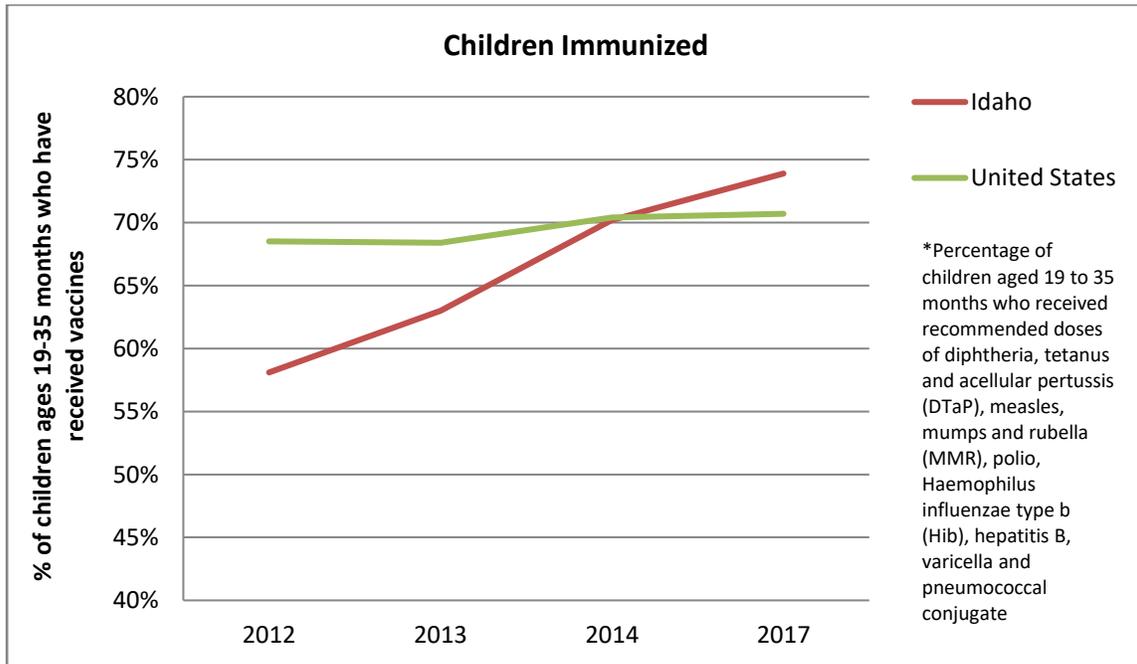


Health Factor Score					
Low score = Low potential for health impact			High score = High potential for health impact		
	Trend: Better/Worse	Prevalence versus U.S. Average	Severe/ Preventable	Magnitude: Root Cause	Total Score
Dental Visits	3	2	3	2	10

- **Childhood Immunizations**

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

The immunization coverage measure used here is the average of the percentage of children ages 19 to 35 months who have received the following vaccinations: DTaP, polio, MMR, Hib, hepatitis B, varicella, and PCV. The immunization rate in Idaho has been improving over the past five years and is now higher than the national average.¹⁵³



There are proven methods to increase the rate of vaccinations that include ways to increase demand or improve access through provider-based innovations.¹⁵⁴

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

¹⁵³ America's Health Rankings 2015-2018, www.americashealthrankings.org

¹⁵⁴ Ibid

- **Mental Health Service Providers**

Elmore County is listed as a mental health professional shortage area as of June 2017.¹⁵⁵ Our shortage of mental health professionals is especially concerning given the high suicide and mental illness rates in Idaho as documented in previous sections of our CHNA.

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

- Lack of adequate insurance
- Lack of available treatment providers
- Lack of treatment types
- Insufficient finance to cover costs ¹⁵⁶

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

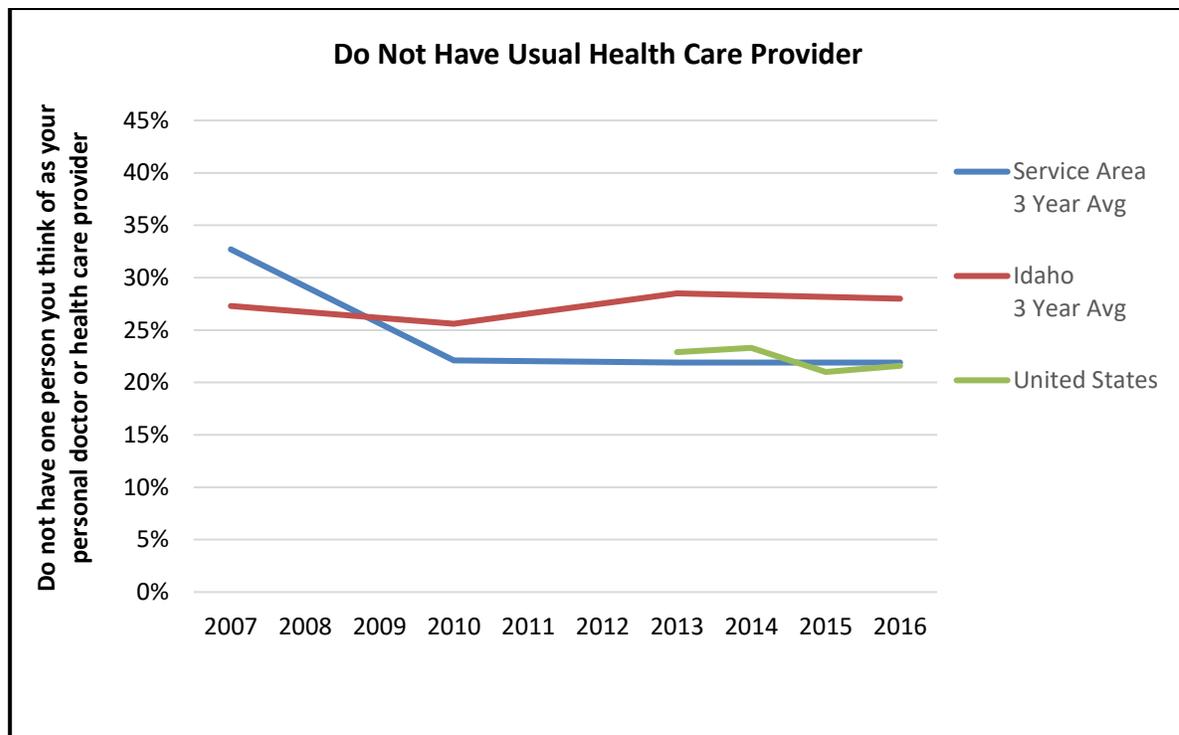
¹⁵⁵ Health Services and Resource Administration Data Warehouse, Mental Health Care HPSAs PDF <http://datawarehouse.hrsa.gov/hpsadetail.aspx#table>

¹⁵⁶ <http://www.mentalhealthamerica.net/issues/mental-health-america-access-care-data>

- **Medical Home**

Today's medical home is a cultivated partnership between the patient, family, and primary provider in cooperation with specialists and support from the community. The patient/family is the focal point of this model, and the medical home is built around this center. Care under the medical home model must be accessible, family-centered, continuous, comprehensive, coordinated, compassionate, and culturally effective.¹⁵⁷

One way to measure progress in the development of the medical home model is to study the percentage of people who do not have one person they think of as their personal doctor. The graph below shows the percentage of people in our service area without a usual health care provider is about the same as the nation as a whole.¹⁵⁸



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

¹⁵⁷ <http://www.hrsa.gov/healthit/toolbox/Childrenstoolbox/BuildingMedicalHome/whyimportant.html>

¹⁵⁸ Idaho and National 2002 – 2016 Behavioral Risk Factor Surveillance System

Social and Economic Factors

County Health Rankings Social and Economic Factors

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

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

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

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

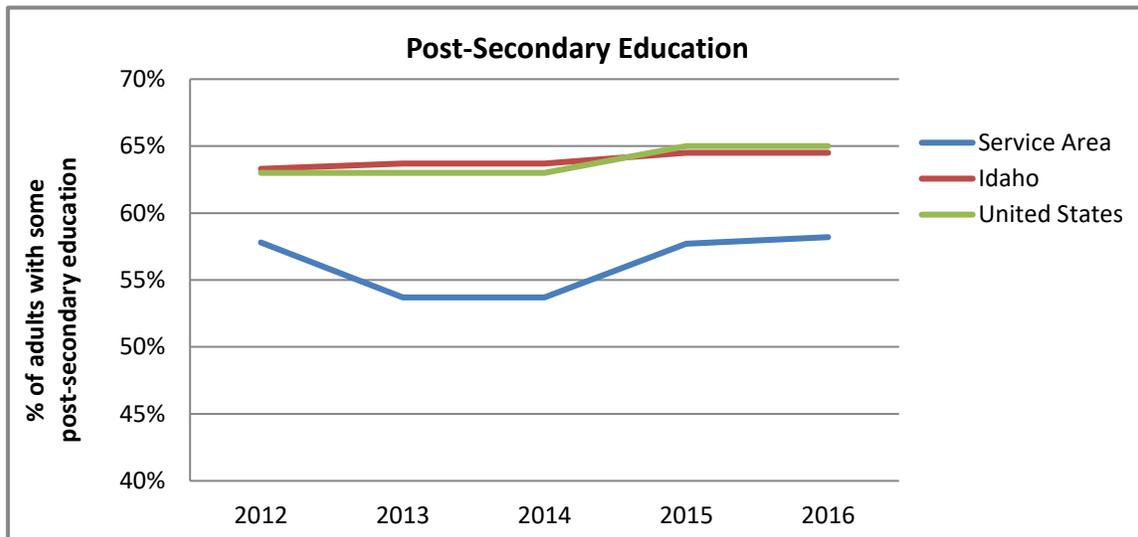
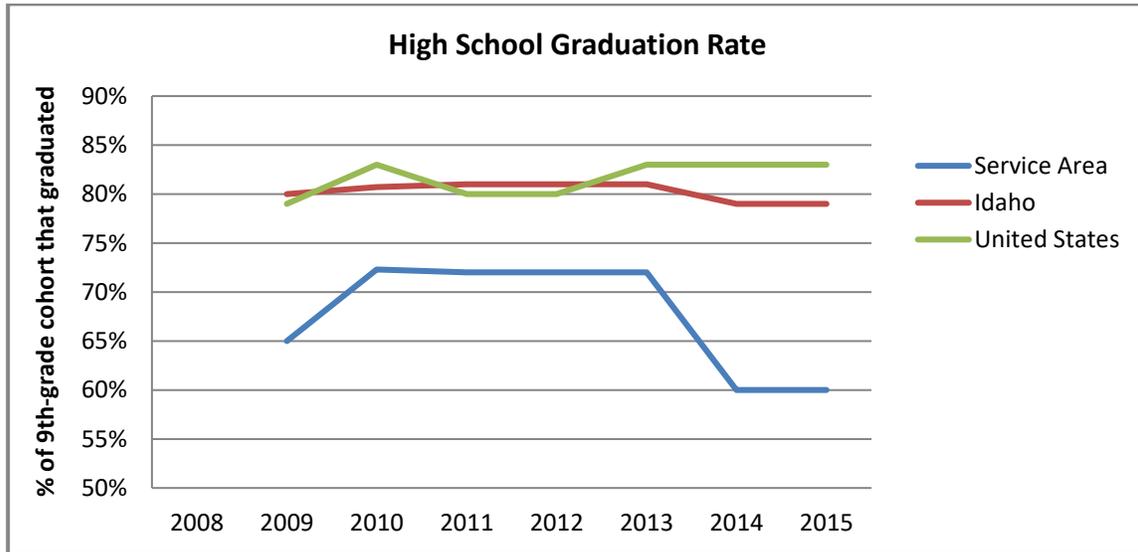
One's education level affects not only his or her health, but education can have multigenerational implications that make it an important measure for the health of future generations. Evidence links maternal education with the health of her children. The education of parents affects their children's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

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

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

the population ages 25-44 with some post-secondary education. These data sets are provided by the American Community Survey (ACS).¹⁵⁹

The high school graduation and post-secondary education rates for our community are below the national average.



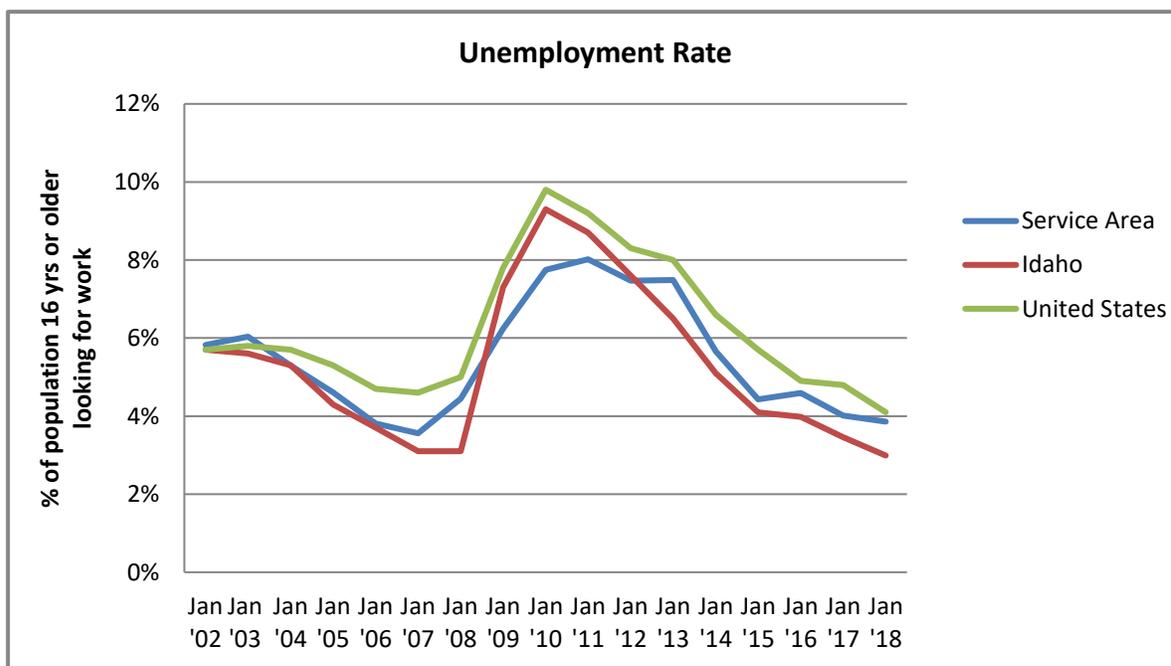
Health Factor Score					
Low score = Low potential for health impact			High score = High potential for health impact		
	Trend: Better/Worse	Prevalence versus U.S. Average	Severe/ Preventable	Magnitude: Root Cause	Total Score
Education	3	4	2	3	12

¹⁵⁹ University of Wisconsin Population Health Institute. *County Health Rankings 2012-2018*. Accessible at www.countyhealthrankings.org.

- **Unemployment**

For the majority of people, employers are their source of health insurance and employment is the way they earn income for sustaining a healthy life and accessing healthcare. Numerous studies have documented an association between employment and health. Unemployment may lead to physical health responses ranging from self-reported physical illness to mortality, especially suicide. It has also been shown to lead to an increase in unhealthy behaviors related to alcohol and tobacco consumption, diet, exercise, and other health-related behaviors, which in turn can lead to increased risk for disease or mortality.¹⁶⁰

The unemployment rate in Idaho and our service area has been trending down since 2011 and is approaching the longer term, healthier rates for our area.¹⁶¹



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

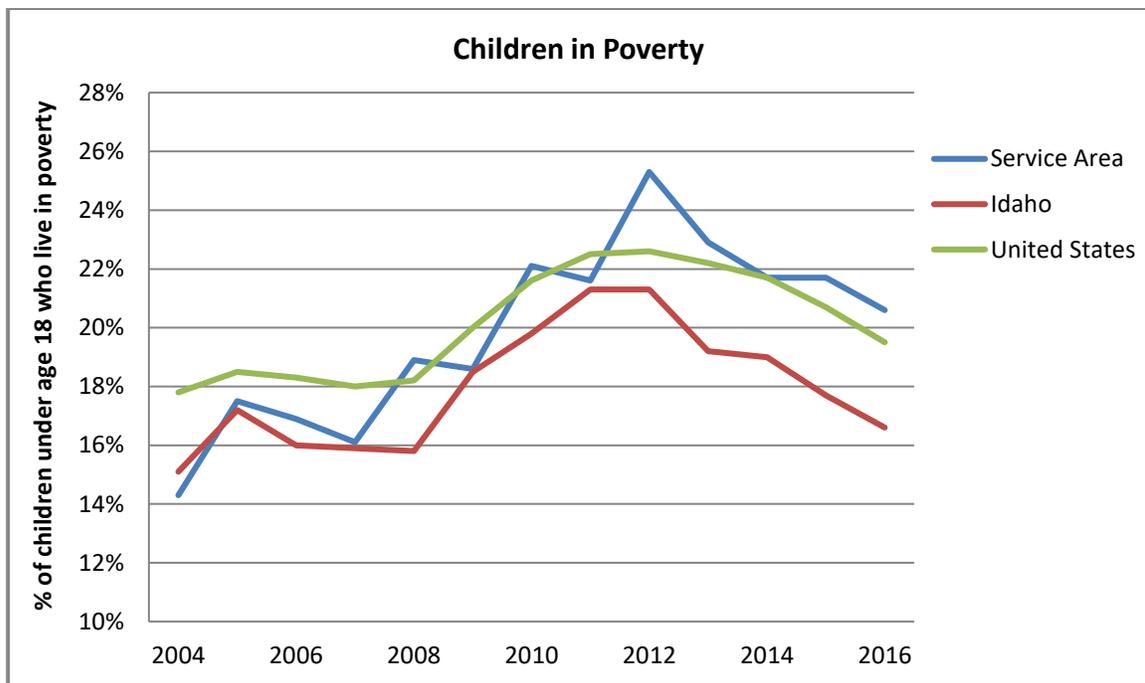
¹⁶⁰ University of Wisconsin Population Health Institute. *County Health Rankings 2012-2018*. Accessible at www.countyhealthrankings.org.

¹⁶¹ National Source: National Bureau of Labor Statistics, www.bls.gov. Idaho Source: Idaho Department of Labor www.bls.gov

- **Children in Poverty**

Income and financial resources enable individuals to obtain health insurance, pay for medical care, afford healthy food, safe housing, and access other basic goods. A 1990s study showed that if poverty were considered a cause of death in the United States, it would have ranked among the top 10. Data on children in poverty is used from the Census' Current Population Survey (CPS) Small Area Income and Poverty Estimates (SAIPE).¹⁶²

Although the trend may have started to flatten, the percent of children in poverty increased since 2008 both nationally and in our service area. The prevalence of children in poverty in our service area is now about the same as the national average.¹⁶³



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

¹⁶² University of Wisconsin Population Health Institute. *County Health Rankings 2012-2018*. Accessible at www.countyhealthrankings.org.

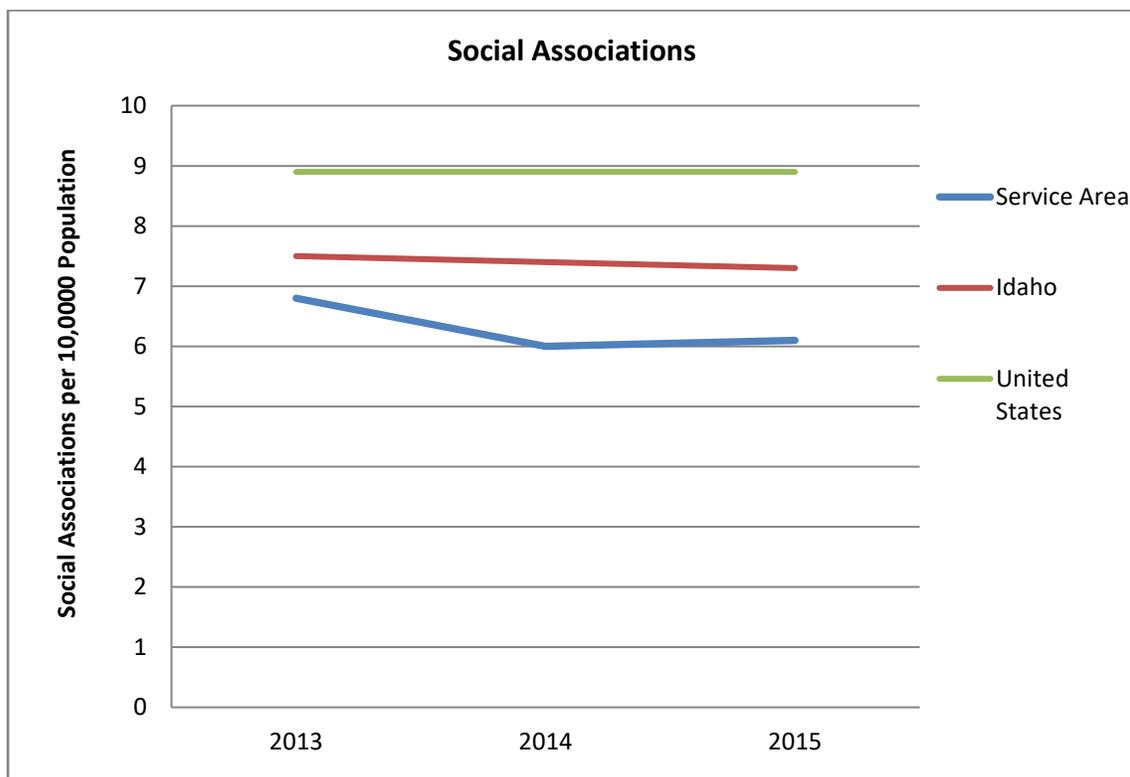
¹⁶³ Source: Small Area Income and Poverty Estimates (SAIPE). <http://www.census.gov/did/www/saibe/data/statecounty/data/index.html>

- **Inadequate Social Support**

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

The association between socially isolated individuals and poor health outcomes has been well-established in the literature. One study found that the magnitude of risk associated with social isolation is similar to the risk of cigarette smoking for adverse health outcomes.¹⁶⁴

Adopting and implementing policies and programs that support relationships between individuals and across entire communities can benefit health. The greatest health improvements may be made by emphasizing efforts to support disadvantaged families and neighborhoods, where small improvements can have the greatest impacts. Social associations per 10,000 population in Elmore County is below the national average.¹⁶⁵

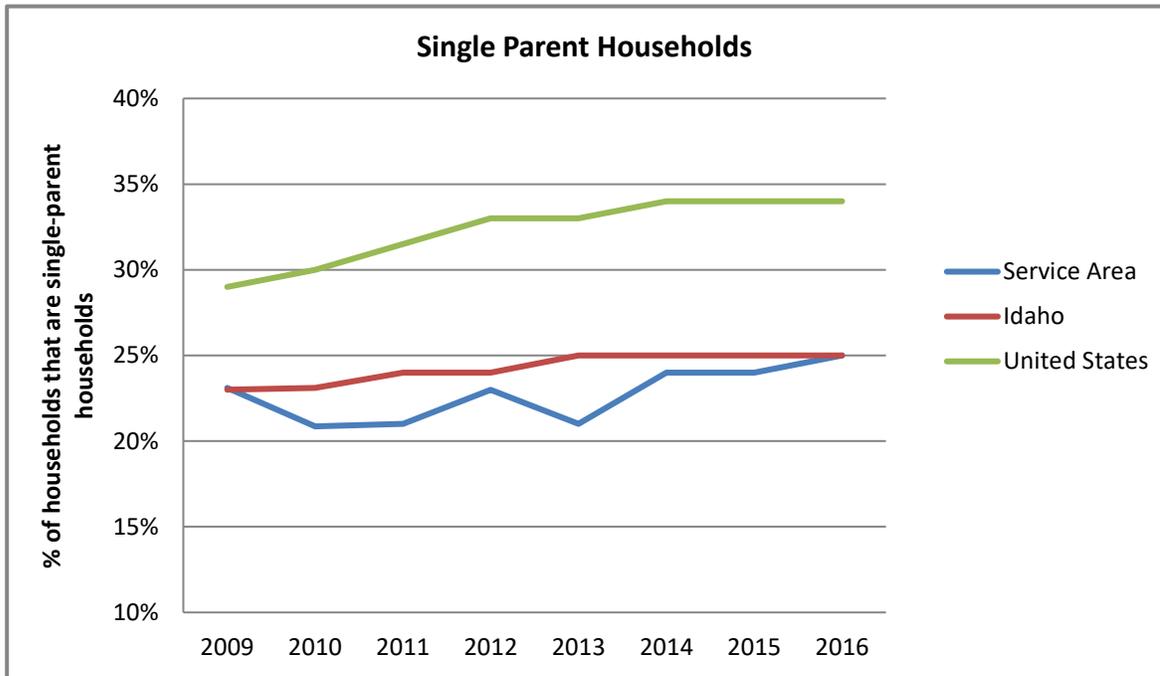


¹⁶⁴ University of Wisconsin Population Health Institute. *County Health Rankings* 2018. Accessible at www.countyhealthrankings.org.

¹⁶⁵ Ibid

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

The percent of people living in single parent households is well below the national average for our service area.¹⁶⁶



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

¹⁶⁶ Ibid

Community Safety

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

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

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

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

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

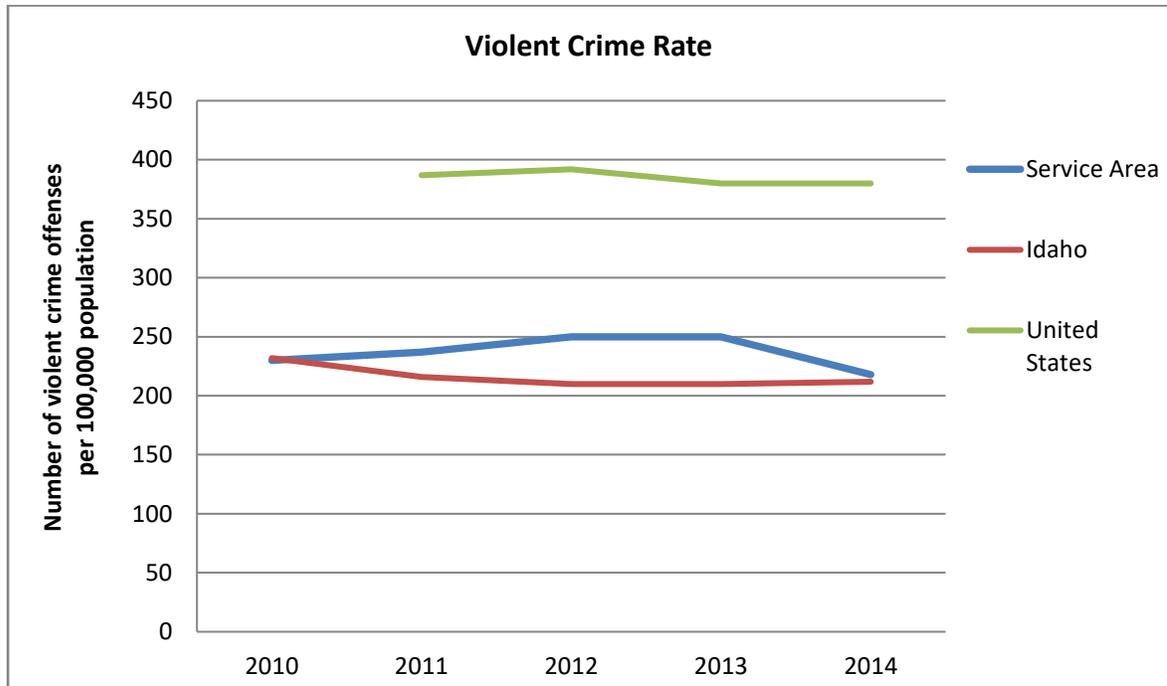
Injuries generate \$406 billion in lifetime medical costs and lost productivity every year, \$37 billion of which are from violence. Communities can help protect their residents by adopting and implementing policies and programs to prevent accidents and violence.¹⁶⁷

¹⁶⁷ Ibid.

- **Violent Crime**

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

Violent crime rates in Idaho and our community are significantly better than the national average.¹⁶⁸



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

¹⁶⁸ Ibid

Physical Environment Factors

County Health Rankings Physical Environment Factors

Air and Water Quality

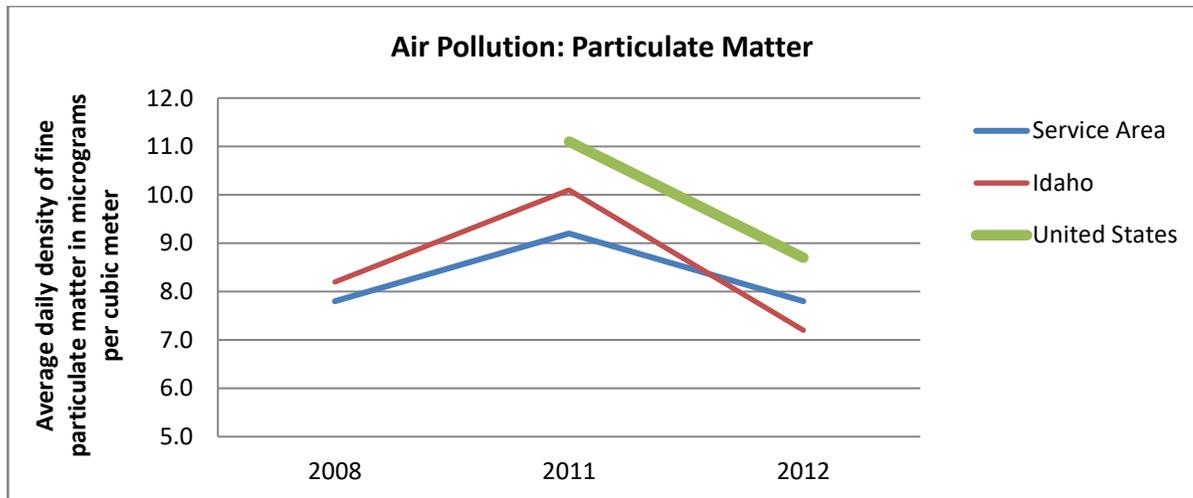
Clean air and water support healthy brain and body function, growth, and development. Air pollutants such as fine particulate matter can harm our health and the environment. Air pollution is associated with increased asthma rates and can aggravate asthma, emphysema, chronic bronchitis, and other lung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

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

Communities can adopt and implement various strategies to improve and protect the quality of their air and water, supporting healthy people and environments.¹⁶⁹

- **Air Pollution Particulate Matter**

Air pollution-particulate matter is defined as the average daily measure of fine particulate matter in micrograms per cubic meter (PM2.5) in a county. Idaho and our service area have air pollution-particulate matter levels below the national average.¹⁷⁰



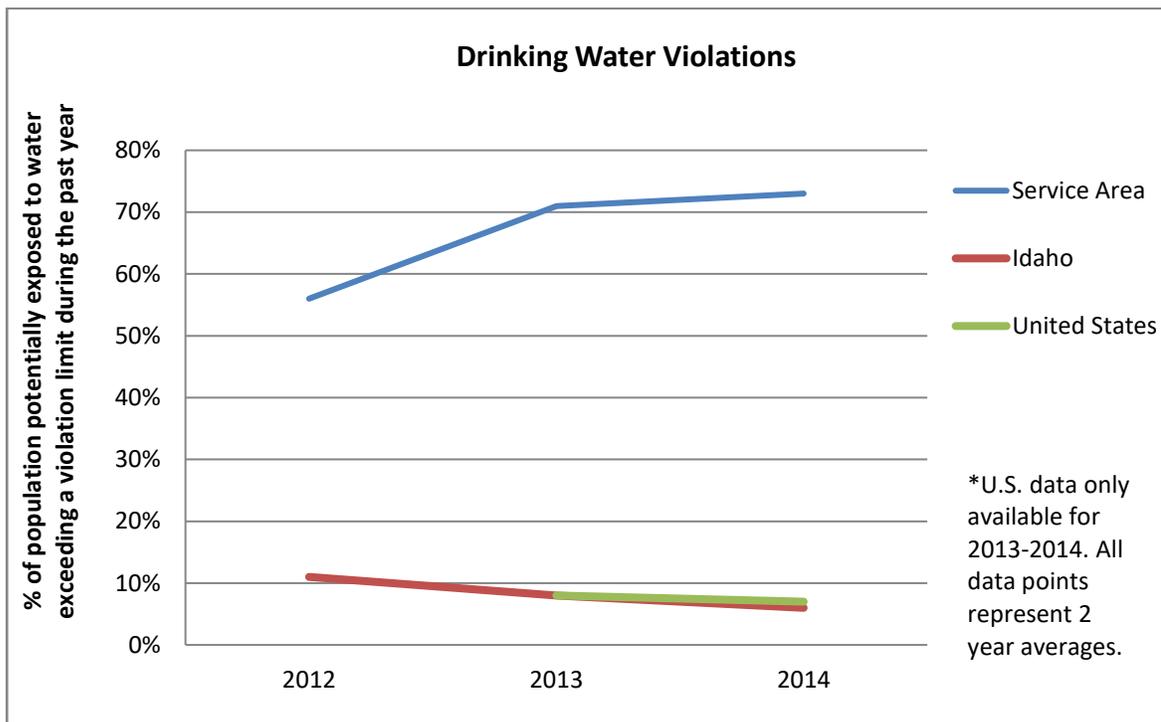
¹⁶⁹ Ibid

¹⁷⁰ Ibid

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

- Drinking Water Violations**

The EPA's Safe Drinking Water Information System was utilized to estimate the percentage of the population getting drinking water from public water systems with at least one health-based violation. Our service area has drinking water violation rates that are significantly above the national average.¹⁷¹



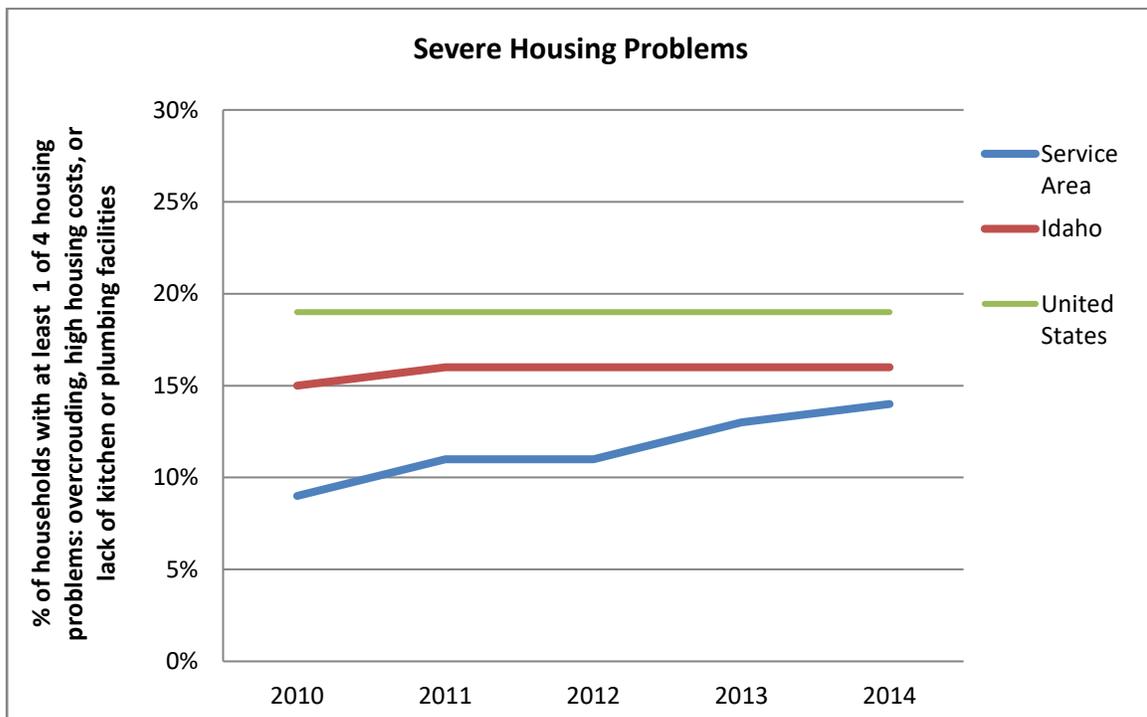
Health Factor Score					
Low score = Low potential for health impact			High score = High potential for health impact		
	Trend: Better/Worse	Prevalence versus U.S. Average	Severe/ Preventable	Magnitude: Root Cause	Total Score
Drinking Water Violations	3	4	2	2	11

¹⁷¹ Ibid

- **Severe Housing Problems**

The U.S. Census Bureau "CHAS" data (Comprehensive Housing Affordability Strategy), demonstrate the extent of housing problems and housing needs, particularly for low income households. There are four housing problems tracked in the CHAS data: 1) housing unit lacks complete kitchen facilities; 2) housing unit lacks complete plumbing facilities; 3) household is severely overcrowded; and 4) household is severely cost burdened. A household is said to have a severe housing problem if they have 1 or more of these 4 problems. Severe overcrowding is defined as more than 1.5 persons per room. Severe cost burden is defined as monthly housing costs (including utilities) that exceed 50% of monthly income.¹⁷²

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



Health Factor Score					
Low score = Low potential for health impact			High score = High potential for health impact		
	Trend: Better/Worse	Prevalence versus U.S. Average	Severe/ Preventable	Magnitude: Root Cause	Total Score
Severe Housing Problems	3	1	1.5	3	8.5

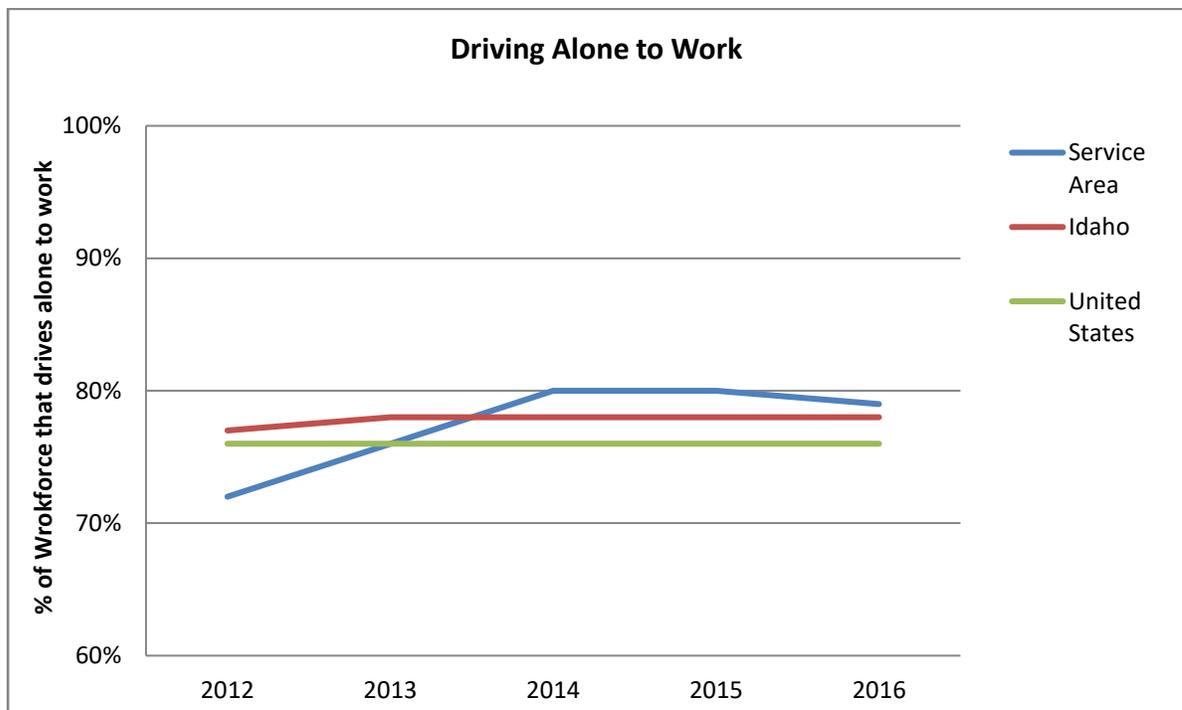
¹⁷² Ibid

- **Driving Alone to Work**

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

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

Our service area has approximately the same percent of people driving to work alone as the national average.¹⁷³



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

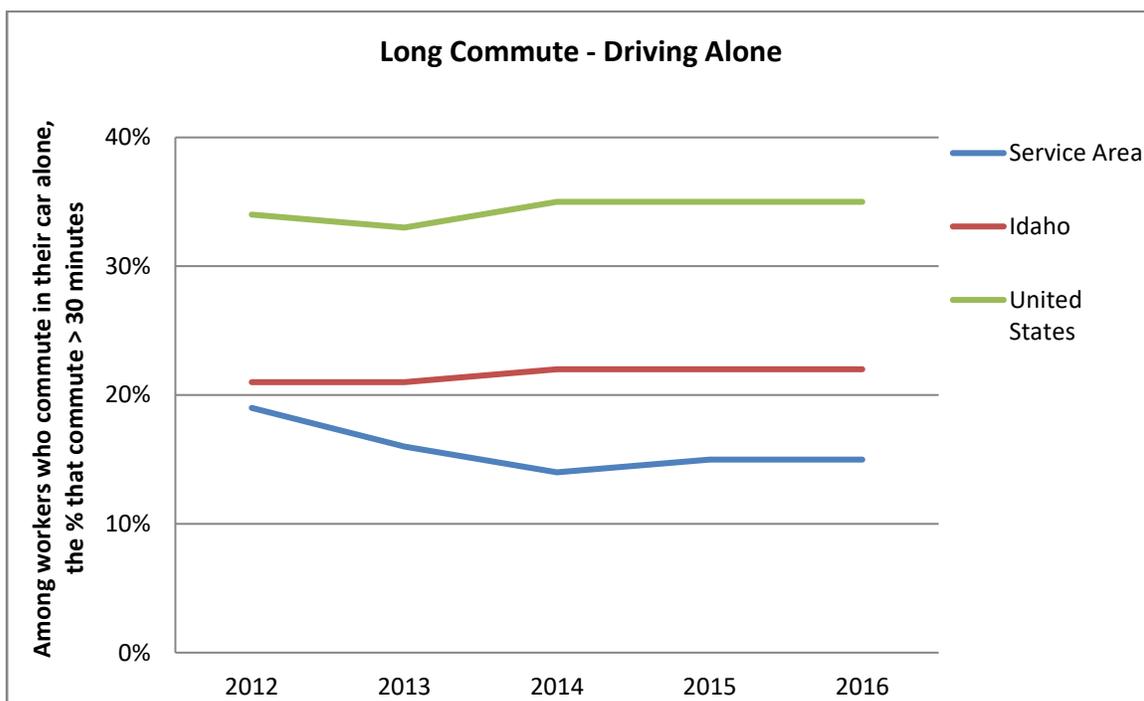
¹⁷³ Ibid

- **Long Commute**

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

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

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



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

Community Input

Community input for the CHNA is obtained through two methods:

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

Community Representative Interviews

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

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

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

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

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

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

Interview Findings

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

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

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

Health Behavior Needs		
Potential Health Needs	Average Score	Summary of Community Representatives' Comments
Access to healthy foods	6.1	Community representatives believe the community has access to healthy foods. "We have a great produce store and farmers market." It would be helpful if the farmers market accepted government electronic benefit transfer (EBT), so healthy foods could be more accessible for low income families "People need to choose to eat healthier." They also stated that there are too many fast food restaurants.
Cancer prevention/education programs	6.1	Cancer education and treatment will become more important over the coming years. "As society ages, cancer will become the most prominent cause of death in our communities." Most representatives currently believe we do

		a good job providing our community with cancer prevention and education information. It was noted that we need to be doing more for HPV.
Exercise programs/education/opportunities	5.4	“Exercise is the single most important thing a person can do for their health.” Community representatives acknowledge that we have exercise programs, education, and opportunities. The senior citizen and adult populations use these programs well. The younger generation needs to be educated on the importance of physical activity. Additionally, they shared that we need a culture shift. People need to want to get healthy. “We could create more programs, but it is difficult when people are not using the programs and facilities that are already in place.”
Nutrition Education	6.1	Based on how much obesity and diabetes we have in our county, representatives do not feel nutrition education is being delivered effectively. It was also recommended that food stamp recipients have nutrition education offered to them.
Safe sex education programs	6.6	Community Representatives expressed concern over the lack of sex education in Elmore County. Too many young kids are getting STD’s and having babies. “With the very limited programs we do have, they are not effective based on how many unexpected pregnancy’s we see in our younger population.” “Teachers should be making room for this topic as part of their curriculum.” It should be taught at a young age.
Substance abuse services and programs	7.8	Community representatives agree that substance abuse is a huge issue in Elmore County. Many think that we need

		more prevention education. “We need to be more aggressive with substance abuse prevention.”
Tobacco prevention and cessation programs	5.8	Overall, community representatives feel that we have good programs available to help people that want to quit using tobacco. However, some feel that people are replacing tobacco with electronic cigarettes. It is suggested that we have local support groups for those who are trying to quit.
Weight management programs	6.9	Help with weight management is a challenge according to community representatives. “Children do not have PE every day, and families do not use our parks enough.” We do not have the resources in our community to support people who need help with weight management. “Many people have to take this journey on their own. Support groups and more dietitians would be helpful.”
Wellness and prevention programs (for conditions such as high blood pressure, skin cancer, depression, etc.)	6.9	Community representatives recognize that there are some wellness prevention programs available in Elmore County. However, they feel there are not enough and the programs need to be promoted more effectively. It was also noted that people that do not have health insurance, often do not seek prevention services. They tend to only go to the doctor when there is a health issue.

Clinical Care Access and Quality Needs		
Potential Health Needs	Average Score	Summary of Community Representatives' Comments
Affordable care for low income individuals	6.1	Representatives acknowledge that there are sliding fee scales available when someone needs to see a doctor for a simple illness. However, if advance treatment is needed or an acute illness is diagnosed, there is not a lot available to financially assist with the cost of this type of care.
Affordable dental care for low income individuals	7.2	Dental care is an issue for many in Elmore. "There is affordable dental care programs for children, but nothing available for adults."
Affordable health insurance	8.7	Affordable health insurance is a huge problem. Representatives agreed that affordable health insurance is not available for many people who fall in the gap of making too much money to have Medicaid but not enough to pay for health insurance.
Availability of behavioral health services (providers, suicide hotline, etc)	7.8	Over all community representatives believe we do not have enough behavioral health services or providers. The providers we do have are booked out for up to three months. Many behavioral health providers do not stay in the community for a long time, so patients are not able to build a good relationship with their therapist. We have providers leaving. "We have debt incentives that keep providers but only long enough to get their debt paid. Providers don't stay long enough for patients to get consistent help. If a client has a great relationship with their therapist they are more likely to stay alive."

Availability of primary care providers	7.6	<p>Many representatives feel that we do not have enough providers to meet the need of the County. "Elmore County does not have enough providers. Patients are currently waiting 3-6 weeks to be seen by a provider." There are long wait times to see a provider, which then forces people to go to the emergency room or travel out of the area. Recruiting is an issue because we are rural. It is suggested that we come up with better incentives to attract more providers. Representatives also recommend that we bring an urgent care to the county.</p>
Chronic disease management programs	6.7	<p>Community representatives do not feel that Elmore County has an adequate number of chronic disease management programs. "Many people who need chronic disease management programs have to travel to Boise because we do not have them available in Elmore."</p>
Immunization programs	3.7	<p>Representatives feel that the County does well with immunization programs for the most part. It was noted that more "parents are opting out of vaccinating their children because they are not being educated on the importance."</p>
Improved health care quality	5.8	<p>Some community representatives say that improved health care quality is something we need to work on. "More often than not you have to go to multiple providers because the doctors are so busy. This makes it difficult to build a relationship with your provider and makes you wonder if they really understand your medical history." "It's hard to get quality time with your provider." "The providers are overwhelmed seeing too many patients."</p>

Integrated, coordinated care (less fragmented care)	6.0	Representatives acknowledge that work is being done on integrated, coordinated care but feel there is still a lot of work to do. It was also suggested that “behavioral health and primary care go hand in hand. Mental health and physical health should be assessed together. Screenings should be in place for primary care providers.”
Prenatal care programs	6.5	Community representatives agreed that Elmore County needs more prenatal care programs. “There are not enough providers or services. There isn’t really and emphasis on this and it is so important for prevention of a variety of things.” “There are not enough women services for the amount of patients we are serving.” “We are in transition now that the military base has closed the women’s health clinic. St. Luke’s is picking up the ball on this but we are not there yet.”
Screening programs (cholesterol, diabetic, mammography, etc)	5.3	Representatives recognize there are screening programs available through employers and our health fair. It is suggested that advertising be more robust to reach more populations and have more options for discounted lab draws. It was noted that access is an issue for low income families.

Social and Economic Needs		
Potential Health Needs	Average Score	Summary of Community Representatives' Comments
Children and family services	6.1	Many representatives believe we need more support for low-income children and families. "The services we have are not coordinated, and people are not aware of what is available and how it can help them." "We need more advocates in Elmore. Many people need help on how to parent."
Disabled services	6.0	Although some representatives believe this is being worked on, many feel there is a need for better services for our disabled population. "This is a challenge. There are not enough services, especially for young people with special needs. Once they graduate or drop out of school, there is nowhere for them to go. This often leads to drug abuse and criminal behavior."
Early learning before kindergarten (such as a Head Start type program)	6.1	Representatives agree there are resources available for early learning before kindergarten and the programs are good. The issue is access and cost for low-income families. "I am impressed with how things are progressing, but there still aren't enough low-income options. If you have money, we have good programs."
Education: Assistance in gaining good grades in kindergarten through high school	6.3	For the most part, representatives feel that Elmore County is trying to help students achieve good grades from kindergarten through high school. "Our teachers throughout the district do a fabulous job at this, almost to the point that it cuts into their personal time. "What little we do have is good but we need to do better." "We have implemented new programs. Positive

		Behavior Intervention Support (PBIS) and Advance via Individual Determination (AVID). There is still a lot of work to be done, but we are trying.” Some would like to see more tutors available for those struggling to read and do math.
Education: College education support and assistance programs	5.5	Many representatives recognize the importance of post-secondary education and would like to see more opportunity in this area for our youth. “We work hard in our schools to bring awareness to our students about the importance of post-secondary education. Not just degrees, but options they have with trade schools and vocational programs.” “There isn’t any type of satellite campus for higher education. Intellectual growth is very limited here and is so important.” “We lose our youth when they graduate, because we have no vocational programs. We are trying to get something going, but it is difficult.”
Elder care assistance (help in taking care of older adults)	6.8	Many representatives stated that there is a shortage of employees in the area of elder care assistance. It is very difficult to find someone to help families with their elderly family members. Resources are very limited.
End of life care or counseling (care for those with advanced, incurable illness)	6.0	Representatives acknowledge that Elmore County only has in-home hospice available. We do not have a hospice facility, this can be very difficult for families.
Homeless services	8.9	Elmore County does not have adequate homeless services. “We don’t have anything for homeless people, possibly because people don’t think we have a homeless population. However, there are more than people think.” “For the people that are homeless, we do not do well with providing them assistance.”
Job training services	6.4	Community representatives share, “I know there are job training programs

		<p>here, they are just not promoted well.”</p> <p>“It is very difficult to find qualified employees for low level positions. Finding someone with basic skills is a challenge.”</p>
Legal Assistance	7.0	<p>“We have a Court Assistance Office. They do great work but it is only one person. Also, not enough people are aware of where he is located.”</p>
Senior services	5.1	<p>Although there are some senior services available, representatives feel we could do better creating more activities and transportation assistance. Some representatives felt the services we do have are not promoted well.</p>
Veterans’ services	4.6	<p>Representatives agreed we have Veterans services available. “The Department of labor and the air force base do a great job with this. We have a VA here.” “We are improving this. The county recently turned their VA Coordinator position from a part time to a full time position.” However, some believed we still need to make improvements. “We have a large population of veterans, and the services are not proportionate to the number.”</p>
Violence and abuse services	7.8	<p>“We are trying hard to provide more violence and abuse services, but we are still behind. “We are capturing the severe corrosive controlling violence. But 90% of violence is situational. We don’t have any services for this. It is very ignored in our community. We need more couples therapy and anger management.” “We need to help both victims and perpetrators.” “There are no services or education for social abuse.” “We do not have enough programs to help the violent population get better.”</p>

Physical Environment Needs		
Potential Health Needs	Average Score	Summary of Community Representatives' Comments
Affordable housing	6.1	Community representatives feel there is not enough affordable housing in Elmore County. "The houses being built are not for the populations that already live here. It is not affordable for the incomes that many local folks bring in. The focus should be housing for residents with average income."
Healthier air quality, water quality, etc.	3.2	The majority of representatives believe we have healthy air and water quality.
Healthy transportation options (sidewalk, bike paths, public transportation)	6.1	Representatives report that the City is working on fixing many of the issues related to safety for healthy transportation. "The city has taken this on and it appears they are making some great changes. It takes time."
Transportation to and from appointments	6.4	Public transportation is very limited. Representatives are aware that there is a community bus, but the hours of operation and routes are very limited. Cab services are too expensive for most people.

Utilizing community representative input

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

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

- Many representatives feel the largest determining factor in community health is a person's social/economic status. These representatives hold the belief that the best way to improve the health of the people in our community is to offer more social programs such as affordable universal health insurance, expanding Medicaid, and/or offering more clinics that charge based on the ability for a person to pay. These representatives see a significant negative impact to community health when people are uninsured or underinsured. Some feel that programs related to changing health behaviors to help with needs such as weight loss, diabetes, and tobacco use, are not effective. They believe most uninsured/underinsured people only seek help for health issues after a health crisis has occurred. They do not believe there is good evidence that behavioral change programs are able to motivate most people to change. They feel that, unless people want to change, they won't. Leaders with this view tended to give low scores to potential health behavior needs.
- Many representatives feel the largest determining factor in community health is how people behave. These leaders believe social programs will remain unaffordable unless we hold people accountable to a central wellness component. They think that unless people take responsibility for their own wellness, we will continue to see rising health care costs and poor community health. In their view, the key to better community health is to provide prevention and youth education programs capable of influencing long term health behavior. Without accountability for healthy behavior, they feel social programs create unhealthy dependencies that could be passed on from generation to generation.
- Finally, some leaders feel that neither social programs nor health behavior programs will solve the health care crisis our nation faces. These leaders believe we need a profound reorganization of our health care system, making it more efficient and cost-effective. For example, these leaders think we needed a single health care advisor to coordinate each person's care using the patient centered medical home (PCMH) model. Others believe we need to do away with the fee-for-service model entirely.

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

- Improving social programs may be the most effective way to ensure a safety net for those who have special needs and where health behavior change is not effective.
- We need more effective ways to motivate people to adopt healthy behaviors. Our current programs are not turning the tide fast enough for unhealthy behaviors such as obesity and substance abuse. There is, therefore, a need to innovate around behavioral change.

For example, employers who offer benefit plan incentives encouraging health and wellness, such as St. Luke's Healthy U, may help pioneer more effective behavioral change. The eating and exercise habits learned as children often last a lifetime.

- Finally, our health care system needs to be more efficient. There is evidence that patient care medical homes and population health management programs are effective in providing better health at a lower cost for the chronically ill portion of our population, who are the largest consumers of health care resources.

Community Health Needs Prioritization

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

1. Matching Health Needs to Related Health Factors

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

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

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

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

Out of the over 60 health needs and factors we analyze in our CHNA, six have scores of 19.8 or higher. These health needs represent **the top 10th percentile and are considered to be our significant, high priority health needs**. These high priority needs are highlighted in dark orange in the summary tables found on the following pages. A total of ten health needs have scores of 18.8 or higher representing the top 15th percentile. We highlighted these in the lighter shade of orange to make it easy to identify the next level of high ranking needs.

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

Health Behavior Category Summary

Our community’s high priority needs in the health behavior category are diabetes, obesity, tobacco use, mental illness, and suicide. Our community health representatives provided relatively high scores for these needs. In addition, diabetes, and obesity rank as high priority needs because their trend is going up, they are more prevalent in our community than in the nation as a whole, and are contributing factors to a number of other health concerns. Mental illness ranks high because Idaho has one of the highest percentages of any mental illness (AMI) in the nation. Tobacco prevention is high due to a high percentage of people who smoke in our community.

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

Health Behavior Needs Summary Table

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

Identified Community Health Needs	Related Health Factors and Outcomes	Populations Affected Most*	Total Score
Wellness and prevention programs	Diabetes	Income < \$50,000, No high school diploma	21.9
Weight management, wellness, and prevention programs	Obese/Overweight adults	No college degree, Hispanic	19.9
	Obese/Overweight teenagers	Income <\$35,000, Hispanic	19.9
Tobacco prevention and cessation	Smoking adult	Income < \$35,000, No high school diploma	21.8
Wellness and prevention programs	Mental illness		19.9
	Suicide		19.9
Wellness and prevention programs	High cholesterol	Income < \$35,000, No high school diploma, Age 55+	18.9
	Respiratory Disease		18.9
Substance abuse	Drug Misuse		18.8

Health Behavior Needs Summary Table, Continued

Identified Community Health Needs	Related Health Factors and Outcomes	Populations Affected Most*	Total Score
Access to healthy food	Food environment		16.1
Exercise programs/education/opportunities	Exercise opportunity		15.4
	Adult physical activity	Income < \$50,000, Hispanic, No college	14.4
	Teen exercise		15.4
Nutrition education	Adult nutrition	No college	16.1
	Teen nutrition		15.1
Safe sex education programs	STDs		16.6
	Teen birth rate		15.6
Substance abuse services and programs	Excessive drinking	Income <\$35,000, No high school diploma, Males 18-34	17.8
	Alcohol impaired driving deaths		16.8
Tobacco prevention and cessation programs	Smoking adult	Income < \$35,000, No high school diploma	21.8
	Smoking teen		15.8
Wellness, prevention, and education programs for cancer	Cancer - all		15.1
	Breast cancer	Female, Age 40+	13.1
	Colorectal cancer		16.1
	Leukemia		11.1
	Lung cancer	Income < \$35,000, No high school diploma	12.1
	Non-Hodgkin's lymphoma		9.1
	Pancreatic cancer		8.1
	Prostate cancer	Male age 60+	17.1
	Skin cancer		14.1

Health Behavior Needs Summary Table, Continued

Identified Community Health Needs	Related Health Factors and Outcomes	Populations Affected Most*	Total Score
Wellness and prevention programs	Accidents		11.9
	AIDS	African American, Males <24	13.9
	Alzheimer's	Age 65 +	12.9
	Arthritis	Income < \$35,000, Non- Hispanic, No college, Overweight, Age 65 +	15.9
	Asthma	Income < \$35,000	12.9
	Cerebrovascular diseases		11.9
	Flu/pneumonia		12.9
	Heart disease		14.9
	Nephritis		13.9

* Information on affected populations included in table when known.

Clinical Care Category Summary

High priority clinical care needs include: Increased availability of behavioral health services and chronic disease management for diabetes. Our community health representatives gave high scores to these needs. In addition, the availability of behavioral health services ranked as a top priority because Idaho has a shortage of behavioral health professionals. Diabetes chronic disease management ranks high because the percentage of people with diabetes is trending higher, and the percent of people with diabetes in our community is well above the national average.

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

Clinical Care Needs Summary Table

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

Identified Community Health Needs	Related Health Factors and Outcomes	Populations Affected Most*	Total Score
Chronic disease management programs	Diabetes	Income < \$50,000, No high school diploma	21.7
Availability of behavioral health services (providers, suicide hotline, etc)	Mental health service providers	Income < \$50,000	19.8
Affordable health insurance	Uninsured adults	Income < \$50,000, Hispanic, No college	19.7

Clinical Care Needs Summary Table, Continued

Identified Community Health Needs	Related Health Factors and Outcomes	Populations Affected Most*	Total Score
Affordable care for low income individuals	Children in poverty	Income < \$50,000, Age < 19	17.1
Affordable dental care for low income individuals	Preventative dental visits		17.2
Availability of primary care providers	Primary care providers		16.6
Chronic disease management programs	Arthritis	Income < \$35,000, Non-Hispanic, No college, Overweight, Age 65 +	15.7
	Asthma	Income < \$35,000	12.7
	High blood pressure		17.7
Immunization programs	Children immunized		10.7
	Flu/pneumonia		9.7
Improved health care quality	Preventable hospital stays		15.8
Integrated, coordinated care (less fragmented care)	No usual health care provider		15
	Preventable hospital stays	Refugees, Hispanics, Age 65 +	16
Prenatal care programs	Prenatal care 1st trimester	Hispanic, No high school diploma	15.5
	Low birth weight		13.5
Screening programs (cholesterol, diabetic, mammography, etc)	Cholesterol screening	Income < \$35,000, No high school diploma, Age 55 +	18.3
	Colorectal screening	Income < \$35,000, No college, Age 50 +	13.3
	Diabetic screening		16.3
	Mammography screening	Income < \$50,000	15.3

* Information on affected populations included in table when known.

Social and Economic Factors Category Summary

Early learning before kindergarten and assistance in achieving good grades in kindergarten through high school are the highest ranking social and economic factors.

Social and Economic Needs Summary Table

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

Identified Community Health Needs	Related Health Factors and Outcomes	Populations Affected Most*	Total Score
Children and family services	Children in poverty	Income < \$35,000	17.1
	Inadequate social support		14.1
Disabled services *			14
Early learning before kindergarten (such as a Head Start type program)	High school graduation rate		18.1
Education: Assistance in achieving good grades in kindergarten through high school	High school and college education rates		18.3
Education: College education support and assistance programs	High school and college education rates		17.5
Elder care assistance (help in taking care of older adults)			14.8
End of life care or counseling (care for those with advanced, incurable illness)			14

Social and Economic Needs Summary Table, Continued

Identified Community Health Needs	Related Health Factors and Outcomes	Populations Affected Most*	Total Score
Homeless services	Unemployment rate		15.9
Job training services	Unemployment rate		13.4
Legal assistance			15
Senior services	Inadequate social support	Age 65 +	13.1
Veterans' services	Inadequate social support		12.6
Violence and abuse services	Violent crime rate		13.8

* Information on affected populations included in table when known.

Physical Environment Category Summary

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

Physical Environment Needs Summary Table

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

Identified Community Health Needs	Related Health Factors and Outcomes	Populations Affected Most*	Total Score
Affordable housing	Severe housing problems	Income < \$50,000	14.6
Healthier air quality, water quality, etc	Air pollution particulate matter		10.2
	Drinking water violations		10.2
Healthy transportation options (sidewalk, bike paths, public transportation)	Long commute		11.1
	Driving alone to work		13.1
Transportation to and from appointments		Income < \$35,000, Rural populations, Age 65 +	14.4

* Information on affected populations included in table when known.

Significant Health Needs

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

- Prevention and management of diabetes
- Prevention and management of obesity
- Tobacco prevention and cessation
- Prevention and management of mental illness
- Availability of behavioral health services
- Prevention of suicide

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

Group #1: Improve the Prevention and Management of Obesity and Diabetes

Group #2: Improve Mental Health and Reduce Suicide

Group #3: Prevent and Reduce Tobacco Use

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

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

Obesity and diabetes are two of our community's most significant health needs. Over 60% of the adults in our community and more than 25% of the children in our state are either overweight or obese. Obesity and diabetes are serious concerns because they are associated with poorer mental health outcomes, reduced quality of life, and are leading causes of death in the U.S. and worldwide.¹⁷⁴

Impact on Community

Obesity costs the United States about \$150 billion a year, or 10 percent of the national medical budget.¹⁷⁵ Besides excess health care expenditure, obesity also imposes costs in the form of lost productivity and foregone economic growth as a result of lost work days, lower productivity at work, mortality and permanent disability.¹⁷⁶ Diabetes is also a serious health issue that can even result in death.¹⁷⁷ Direct medical costs for type 2 diabetes accounts for nearly \$1 of every \$10 spent on medical care in the U.S.¹⁷⁸ Reducing obesity and diabetes will dramatically impact community health by providing an immediate and positive effect on many conditions including mental health; heart disease; some types of cancer; high blood pressure; dyslipidemia; kidney, liver and gallbladder disease; sleep apnea and respiratory problems; osteoarthritis; and gynecological problems.

How to Address the Need

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

Obesity and type 2 diabetes can be prevented and managed through healthy behaviors. Healthy behaviors include a healthy diet pattern and regular physical activity. The goal is to achieve a balance between the number of calories consumed from foods with the number of calories the body uses for activity. According to the U.S. Department of Health & Human Services Dietary Guidelines for Americans, a healthy diet consists of eating whole grains, fruits, vegetables, lean protein, low-fat and fat-free dairy products and drinking water. The Physical Activity Guidelines for Americans recommends adults do at least 150 minutes of moderate intensity activity or 75 minutes of vigorous intensity activity, or a combination of both, along with 2 days of strength training per week.¹⁷⁹

¹⁷⁴ <https://www.cdc.gov/obesity/adult/causes.html>

¹⁷⁵ <http://www.cdc.gov/cdctv/diseaseandconditions/lifestyle/obesity-epidemic.html>

¹⁷⁶ <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5409636/>

¹⁷⁷ Idaho and National 2002 - 2016 Behavioral Risk Factor Surveillance System

¹⁷⁸ America's Health Rankings 2015-2018, www.americashealthrankings.org

¹⁷⁹ <https://www.cdc.gov/obesity/adult/causes.html>

St. Luke's intends to engage our community in developing services and policies designed to encourage proper nutrition and healthy exercise habits. Echoing this approach, the CDC states that "we need to change our communities into places that strongly support healthy eating and active living."¹⁸⁰ These health needs can also be improved through evidence-based clinical programs.¹⁸¹

Affected Populations

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

¹⁸⁰ <http://www.cdc.gov/cdctv/diseaseandconditions/lifestyle/obesity-epidemic.html>

¹⁸¹ America's Health Rankings 2015-2018, www.americashealthrankings.org

do not get corresponding treatment.¹⁸⁶ Stigma surrounding the receipt of mental health care is among the many barriers that discourage people from seeking treatment.¹⁸⁷ Increasing physical activity and reducing obesity are also known to improve mental health.¹⁸⁸

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

Affected Populations

Data shows that people with lower incomes are about three and a half times more likely to have depressive disorders.¹⁸⁹ Suicide is a complex human behavior, with no single determining cause. The following groups have demonstrated a higher risk for suicide or suicide attempts than the general population:¹⁹⁰

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

¹⁸⁶Substance Abuse and Mental Health Services Administration, Behavioral Health Report, United States, 2012 pages 29 - 30

¹⁸⁷ Idaho Suicide Prevention Plan: An Action Guide, 2011, Page 9

¹⁸⁸ <http://www.cdc.gov/healthyplaces/healthtopics/physactivity.htm>,
<http://www.cdc.gov/obesity/adult/causes.html>

¹⁸⁹ Idaho 2011 - 2016 Behavioral Risk Factor Surveillance System

¹⁹⁰ <https://www.samhsa.gov/suicide-prevention/at-risk-populations>

Significant Health Need #3: Prevent and Reduce Tobacco Use

Tobacco prevention and cessation rank as a high priority health need because the percent of adults who smoke in our service area is well above the national average and because the relationship between tobacco use, particularly cigarette smoking, and adverse health outcomes is well known.

Impact on community:

Cigarette smoking is the leading cause of preventable death in our nation. Cigarette smoking is responsible for more than 480,000 deaths per year in the United States, including more than 41,000 deaths resulting from secondhand smoke exposure. This is about one in five deaths annually. On average, smokers die ten years earlier than nonsmokers. Smoking leads to disease and disability and harms nearly every organ of the body. The total economic cost of smoking is more than \$300 billion a year, including:

- Nearly \$170 billion in direct medical care for adults
- More than \$156 billion in lost productivity due to premature death and exposure to secondhand smoke¹⁹¹

How to Address the Need:

Regular use of tobacco products leads to addiction in many users. Anyone who starts using tobacco can become addicted to nicotine making it difficult to stop. In 2015, nearly 7 in 10 (68.0%) adult cigarette smokers wanted to stop smoking. More than 5 in 10 (55.4%) adult cigarette smokers had made a quit attempt in the past year.¹⁹² Of every three young smokers, only one will quit, and one of those remaining smokers will die from tobacco-related causes. Therefore, to reduce the use of tobacco products, it is important to prevent people from smoking to begin with.

Studies show that smoking is most likely to become a habit during the teen years. The younger a person is when they begin to smoke, the more likely they are to become addicted to nicotine. According to the 2014 Surgeon General's Report, nearly nine out of ten adult smokers started before age 18, and nearly all started by age 26. The report estimates that about three out of four high school smokers will become adult smokers.¹⁹³

In order to reduce the use of tobacco, we will work with our community partners using evidence-based programs that have been effective in the prevention and cessation of tobacco use.

Affected populations:

People with lower incomes and without a high school diploma are more likely to smoke.¹⁹⁴ In

¹⁹¹ https://www.cdc.gov/tobacco/data_statistics/fact_sheets/fast_facts/index.htm

¹⁹² Ibid

¹⁹³ <https://www.cancer.org/cancer/cancer-causes/tobacco-and-cancer/why-people-start-using-tobacco.html>

¹⁹⁴ Comprehensive Cancer Alliance for Idaho, Idaho Comprehensive Cancer Strategic Plan 2004-2010, www.ccaidaho.org

2016, 15.5% of all U.S. adults (37.8 million people) smoke: 17.5% of males, 13.5% of females:
¹⁹⁵

- Nearly 32 of every 100 non-Hispanic American Indians/Alaska Natives (31.8%)
- About 25 of every 100 non-Hispanic multiple race individuals (25.2%)
- Nearly 17 of every 100 non-Hispanic Blacks (16.5%)
- Nearly 17 of every 100 non-Hispanic Whites (16.6%)
- Nearly 11 of every 100 Hispanics (10.7%)
- 9 of every 100 non-Hispanic Asians (9.0%)

¹⁹⁵ https://www.cdc.gov/tobacco/data_statistics/fact_sheets/fast_facts/index.htm

Implementation Plan Overview

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

Future Community Health Needs Assessments

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

History of Community Health Needs Assessments and Impact of Actions Taken

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

Group 1: Improve the Prevention and Management of Obesity and Diabetes

One of the highest ranking health needs in our 2016 CHNA was weight management for obese and diabetic children and adults. Over the last three years, St. Luke's Elmore has engaged hundreds of individuals in weight loss, nutrition, and fitness programs. These programs ranged from body mass index (BMI) screenings in clinics and at health fairs, Mayor/School Walking Challenges, Diabetes Prevention programs, Healthy Cooking classes, organized walking groups, to hosting the Community Weight Loss Challenge. Also supporting youth weight management, is the annual Sports Physicals day, a partnership between St. Luke's Clinic- Trinity Mountain, St. Luke's Clinic – Family Medicine, Desert Sage Clinic and Central District Health Department. Free sports physicals are provided for middle school and high school students with the opportunity to receive reduced cost immunizations if needed.

St. Luke's Elmore hosts a Family Field day, coordinating with various partners such as the Mountain Home Fire and Police Department, Central District Health Department, Desert Sage Health Clinics and Mountain Home Parks and Recreation. This annual event allows families to participate in a one mile walk/run, then go through a variety of obstacles that promote fitness and family togetherness. This helps show families that you can be active at

no financial cost. Providing healthy snacks to introduce the ease of making healthy choices is also a priority. This event assists in addressing the challenges of obesity and obesity-related illness by promoting healthy lifestyles, strong exercise and eating habits, and healthcare education geared towards families with children.

St. Luke's Elmore collaborates with Mountain Home Parks and Rec Department on several programs promoting physical activity and healthy lifestyles. St. Luke's Elmore sponsors the H.E.R.O. Program provided by Mountain Home Parks and Recreation. The program is designed to work with overweight children to provide them with life skills that will allow them to make healthier choices. The participants are introduced to healthy eating, exercise, and self-esteem building education. Through our Community Health Improvement Fund program, St. Luke's was also able to support a Fitness Rx program, the Heighten Your Health program, and a Taste the Powder Ski bus providing transportation for seniors and families to a local ski hill in McCall, Idaho during their Winter Carnival.

St. Luke's provided funding for an afterschool program with Mountain Home School district during the 2018-2019 school year. This afterschool program provided various activities, including physical activity opportunities, for over 300 kindergarten-4th grade students, representing three different elementary schools in Mountain Home. This program provides a free, safe space for kids to engage in healthy activities and build healthy relationships in the afterschool hours.

St. Luke's Elmore also supports the continuation of meal delivery to Mountain Home older adults through the Mountain Home Senior Citizen Center. This program provides reliable, nutritious meals to older adults who may otherwise have limited access to regular healthy food.

St. Luke's Elmore also began participating in the Elmore County Health Coalition in 2018. This group of community partners represents various sectors and works to collaborate on health opportunities within Elmore County. Through this coalition, St. Luke's was able to provide both funding and volunteer support for an activity stencil project, creating safe, inviting, and motivational spaces for youth and families to engage in outdoor activity at schools, early child care centers, and community spaces such as parks and walking paths.

In addition, a program provided free of charge to our employees, St. Luke's Healthy U, has proved meaningful when it comes to motivating people to lose weight and maintain their weight loss. We engage our employees in afternoon walks, walking meetings, walking challenges and promote making health food options by offering free healthy cooking classes and providing healthy recipes in newsletters and other outlets on campus. From 2016 to 2019, health measures for both the areas of obesity and waist circumference improved among St. Luke's Elmore employees.

Through a variety of tactics and efforts tailored to children and adults, we are making a difference for our community when it comes to making lifestyle choices that support good health, and a strong commitment to our CHNA goals. By taking these measures we continue

to grow our community into making healthier choices that will benefit their overall wellbeing in the future.

Group 2: Improve Mental Health and Reduce Suicide

Programs to address mental illness and suicide were identified as high priority community health needs. Although the availability of behavioral health services are limited in Elmore County and this is not currently a strength of St. Luke's Elmore, we have strategized to make a difference in this area. St. Luke's Elmore's Community Health Advisory Committee and Center for Community Health compiled a very comprehensive detailed booklet on all mental health services available in our service area. These booklets are distributed throughout the county in various businesses, state, county and city entities.

We offer a free seminar through the Columbia Lighthouse Project to assist community members in identifying risk and preventing suicide. In addition we partner with Elmore County Domestic Violence Council to educate adults on the facts about sexual abuse using Darkness to Light, Steward of Our Children, so they have the tools to protect our youth.

Our partnership with Mountain Home Parks and Recreation, has allowed us to support programs offered that provide physical fitness, senior and family outings and healthy cooking that gives an opportunity to all populations to participate in activities that help maintain a sound mind and body. Because St. Luke's Elmore does not have the expert resources needed to address these needs directly, patients that are screened and considered in need of Behavioral Health services are referred to community partners including: Idaho Behavioral Health; Community Partners of Idaho; Desert Sage Clinic, which has a growing Behavioral Health program; or to resources in the Boise metropolitan area.

For our youth, we host a program called Extreme Challenge. This program has numerous topics that are presented by various partners. The presentations that are covered throughout the day include topics such as resilience, bullying, gossip, and how to identify when a friend is in need.

To help ensure that everyone in our community can access the care they need when they need it, St. Luke's provides care to all patients with emergent conditions, regardless of their ability to pay—and St. Luke's Financial Care Program supports our not-for-profit mission. St. Luke's Elmore provided \$5,560,000 in FY 2018 for unreimbursed services (charity care at cost, bad debt at cost, Medicaid, and Medicare. In future years, we plan to continue to promote financially accessible healthcare and individualized support for our patients.

Group: 3 Prevent and Reduce Tobacco Use

Tobacco use was identified as a high priority health need in our last CHNA. There are multiple entities in our County that support and promote stopping the use of tobacco.

Partnering with Central District Health Department to provide information on resources for support on quitting tobacco has been a priority. Together we deliver information throughout the community, so it is readily available for individuals ready to quit. St. Luke's Elmore also

supports free cessation programs by allowing groups to utilize our conference room to conduct support and education meeting. In addition, we distribute cards with information on the quit hotlines and websites throughout our clinics and hospital.

For our youth, we partner with Teens Against Tobacco Use (TATU) through our Extreme Challenge program. This presentation shows our youth the damage of using tobacco by showing them chemicals, lungs, tar and verbal communication to teach them to make the right choice and not use tobacco.

On site, for employees we have an Employee Health Nurse that is available to support and provide resources for people who want to stop using tobacco. Our campus is tobacco free, and we enforce this policy by reminding people and using signs that state no tobacco use. St. Luke's Healthy U also offers free health coaching to St. Luke's employees and spouses, which includes health coaching for tobacco cessation. These coaches are Mayo Clinic Certified Tobacco Treatment Specialists and have very successful outcomes for their patients quitting tobacco within one year.

Resources Available to Meet Community Needs

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

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

Abuse/Violence Victim Advocacy & Services

Elmore County Domestic Violence Council & Crisis Hotline

P.O. Box 1136

Mountain Home, Idaho 83647

Crisis Hotline: (208) 587-3300

www.ecdvc.org

Idaho Coalition Against Sexual and Domestic Violence

E. Mallard Drive, Suite 130

Boise, Idaho 83706

Phone: (208) 384-0419

info@engagingvoices.org

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

Idaho Council on Domestic Violence and Victim Assistance

Phone: (208) 332-1540

Toll-Free: 1-800-291-0463

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

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

Idaho Domestic Violence Hotline

Phone: 1-800-669-3176

Behavioral Health & Substance Abuse Services

Al-anon - District 3

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

www.al-anon-idaho.org

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

Alcoholics Anonymous – Idaho Area 18

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

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

All Seasons Mental Health

2390 American Legion Blvd
Mountain Home, Idaho 83647
Phone: (208) 587-2226
www.asmh.org

Central District Health – Mountain Home Office

520 E. 8th Street N.
Mountain Home, Idaho 83647
Phone: (208) 587-4407
www.cdhd.idaho.gov

Community Partnerships of Idaho

1993 East 8th North
Mountain Home, Idaho 83647
Phone: (208) 587-7626

Desert Sage Health Center

2280 American Legion Blvd.
Mountain Home, Idaho 83647
Phone: (208) 587-3988
<http://www.gfhcid.org/home>

Easter Seals Goodwill

Behavioral Health and Family Services

1140 American Legion Blvd.
Mountain Home, Idaho 83647
Phone: (208) 580-5431

Idaho Department of Health and Welfare – Mental Health Services

Phone: (208) 334-0808
<http://www.healthandwelfare.idaho.gov/>

Idaho Department of Health and Welfare – Substance Use Services

Phone: 1-800-922-3406
<http://www.healthandwelfare.idaho.gov/>

Idaho Suicide Prevention Hotline

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

Inspiring Change

140 E 2nd North,
Mountain Home, Idaho 83647 (P.O. Box 1083)
Phone: (208) 587-8095 | Fax: (208) 587-8025

Mountain Home Air Force Base – Mental Health

366 MSS/366 Gunfighter Ave.
Mountain Home AFB, Idaho 83648
Phone: (208) 828-7580

Narcotics Anonymous

Treasure Valley Help Line: (208) 391-3823
www.sirna.org

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

Regional Mental Health Services

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

SAMHSA (Substance Abuse and Mental Health Services Administration)

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

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

Sufficiency Advocates

235 N. 3rd E., P.O. Box 513
Mountain Home, Idaho 83647
Phone: (208) 587-2900

SHIP – Mountain Home House

225 S. 4th E.
Mountain Home, Idaho 83647
Phone: (208) 322-0474

Children & Family Services**Central District Health – Mountain Home Office**

520 E. 8th Street N.
Mountain Home, Idaho 83647
Phone: (208) 587-4407
www.cdhd.idaho.gov

Community Council of Idaho – Healthy Infants and Parents (HIP) & Head Start

315 Happy Day Blvd.
Caldwell, Idaho 83607
Phone: (208) 454-1652
<http://www.communitycouncilofidaho.org/>

Community Partnerships of Idaho

1993 East 8th North
Mountain Home, Idaho 83647
Phone: (208) 587-7626

Easter Seals Goodwill

Behavioral Health and Family Services

1140 American Legion Blvd.
Mountain Home, Idaho 83647
Phone: (208) 580-5431

El-Ada Inc.

585 N. 3rd E.
Mountain Home, Idaho 83647
Phone: (208) 587-8407
www.eladacap.org

Idaho Department of Health and Welfare - Child Protection Services

Phone: Statewide - 1-855-552-KIDS
<http://www.healthandwelfare.idaho.gov/>
Description: To report suspected child abuse, neglect or abandonment.

Idaho Department of Health and Welfare - Children & Family Services

Phone: (208) 587-9061
<http://www.healthandwelfare.idaho.gov/>
Description: Child Protection, Foster Care Licensing, Adoptions

Idaho Department of Health and Welfare – Self Reliance Benefits Program

Phone: 1-877-459-1566
<http://www.healthandwelfare.idaho.gov/>
Description: (Food Stamps, Family Medical/Medicaid Assistance, Idaho Child Care Program, Temporary Assistance for Families in Idaho (TAFI), Aid for the Aged, Blind & Disabled (AABD), Personal Care Services, Home and Community Based Services and Nursing Home Assistance)

Mountain Home Air Force Base - Family Advocacy Program

90 Hope Dr.

Mountain Home, Idaho 83648

Phone: (208) 828-7520

Community Health Clinics and Other Medical Resources

Central District Health Department

520 E. 8th N.

Mountain Home, Idaho 83647

Phone: (208) 587-4407

www.cdhd.idaho.gov

Description: Provides community health programs and basic services of public health education, physical health, environmental health, and health administration.

Desert Sage Health Center

2280 American Legion Blvd.

Mountain Home, Idaho 83647

Phone: (208) 587-3988

<http://www.gfhcid.org/services/dentalservices>

Doctors Clinic of Elmore County

2000 American Legion Blvd.

Mountain Home, Idaho 83647

Phone: (208) 587-1500

Glenns Ferry Health Center

486 W. 1st Ave.

Glenns Ferry, Idaho 83623

Phone: (208) 366-7416

<http://www.gfhcid.org/services/dentalservices>

Idaho Department of Health & Welfare

2420 American Legion Blvd.

Mountain Home, Idaho 83647

Phone: (208) 587-9061

www.healthandwelfare.idaho.gov

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

St. Luke's Elmore

895 N. 6th East
Mountain Home, Idaho 83647
Phone: (208) 587-8401
www.stlukesonline.org

Valley Health Center

350 Main Street
Grand View, Idaho 83624
Phone: (208) 834-2929
<http://www.gfhcid.org/services/dentalservices>

Dental Services

Desert Sage Health Center

2280 American Legion Blvd.
Mountain Home, Idaho 83647
Phone: (208) 587-3988
<http://www.gfhcid.org/services/dentalservices>

Glenns Ferry Health Center

486 W. 1st Ave.
Glenns Ferry, Idaho 83623
Phone: (208) 366-7416
<http://www.gfhcid.org/services/dentalservices>

Mountain Home Air Force Base – Dental Clinic

366 MSS/366 Gunfighter Ave.
Mountain Home AFB, Idaho 83648
Phone: (208) 828-7900

The Tooth Dome

450 Airbase Rd.
Mountain Home, Idaho 83647
Phone: (208) 587-3314
www.toothdome.com

Valley Health Center

350 Main Street
Grand View, Idaho 83624
Phone: (208) 834-2929
<http://www.gfhcid.org/services/dentalservices>

Food Assistance

El-Ada Inc.

585 N. 3rd E.

Mountain Home, Idaho 83647

Phone: (208) 587-8407

www.eladacap.org

Grace Lutheran Food Pantry

2422 American Legion Blvd

Mountain Home, Idaho 83647

Phone: (208) 587-4513

Description: Food pantry is open the 3rd Wednesday of every month from 5:00-7:00 PM

Idaho Food Bank – Southwestern Idaho

Phone: (208) 336-9643

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

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

Idaho Health and Welfare - Idaho Food Stamp Program

Phone: 1-877-456-1233

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

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

Our Lady of Good Council

Food Pantry

342 East Jackson Street

Mountain Home, Idaho 83647

Description: This food pantry is open the 4th Tuesday of each month from 5:30 -7:00 pm

Rimrock Community Food Bank

630 Idaho Street

Grand View, Idaho 83624

Phone: (208) 834-2639

Description: Food Pantry hours 2nd and 4th Saturday every month from 9:00-11:00 AM

Rimrock Senior Center

525 Main Street

Grand View, Idaho 83624

Phone: (208) 350-7359

Description: Pantry hours are Tuesday from 10:00 AM – 7:00 PM and Thursday from 9:00 Am – 2:00 PM

Three Island Senior Center**Food Pantry**

492 East Cleveland

Glenns Ferry, Idaho 83623

Phone: (208) 366-2051

Description: Open 2nd full week every month on Monday, Tuesday and Thursday 9:00 - 11:00 AM by appointment only. Please call for appointment.

Government Contacts**City of Glenns Ferry**

PO Box 910

Glenns Ferry, Idaho 83623

Phone: (208) 587-7418

www.glennsferryidaho.org

City of Grand View

425 Boise Ave., P.O. Box 69

Grand View, Idaho 83624

Phone: (208) 834-2700

www.grandviewidaho.us

City of Mountain Home

160 S. 3rd E., P.O. Box 10

Mountain Home, Idaho 83647

Phone: (208) 587-2104

www.mountain-home.us

Elmore County Courthouse

150 S. 4th East Ste 3
Mountain Home, Idaho 83647
Phone: (208) 587-2129 ext. 243
www.elmorecounty.org

Homeless Services**El-Ada Inc.**

585 N. 3rd E.
Mountain Home, Idaho 83647
Phone: (208) 587-8407
www.eladacap.org

Hospice Care**Horizon Home Health & Hospice**

560 N. 6th E.
Mountain Home, Idaho 83647
Phone: (208) 587-6854
www.horizonhh.com

St. Luke's Elmore – Palliative/Hospice Care

895 N. 6th E.
Mountain Home, Idaho 83647
Phone: (208) 587-8405
http://www.stlukesonline.org/elmore/specialties_and_services/long_term_care/index.php

Treasure Valley Hospice

285 East 4th North
Mountain Home, Idaho 83647
Phone: (208) 587-4739

Hospitals**Mountain Home Air Force Base Medical Group**

366 MDG/MDOS 90 Hope Dr.
Mountain Home, Idaho 83648
Phone: (208) 828-7452
www.mountainhome.af.mil

St. Luke's Elmore

895 N. 6th East
Mountain Home, Idaho 83647
Phone: (208) 587-8401
www.stlukesonline.org

Housing**Southwestern Idaho Cooperative Housing Authority**

Phone: (208) 585-9325
<http://www.sicha.org/>

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

Idaho Housing and Finance

Local Phone: (208) 331-4700
Toll Free: 855-505-4700
Email: about@ihfa.org

Description: The Home Partnership Foundation is an independent 501(c)(3) organization brought to you by Idaho Housing and Finance Association. The Foundation was created in 2005 and has invested nearly \$5 Million to help meet the needs for safe, stable and affordable housing throughout Idaho.

Legal Services**Disability Rights Idaho**

4477 Emerald St, Suite B-100
Boise, Idaho 83706
Phone: (208) 336-5353
www.disabilityrightsidaho.org

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

Elmore County Court Assistance Office

155 South 5th East
Mountain Home, Idaho 83647
Phone: (208) 587-2127 ext. 263

Office Hours: Monday, Wednesday, Thursday and Fridays 9:00 a.m. to 4:00 p.m. and Tuesdays by appointment only. Video conferencing and telephone consultations are available by appointment.

Description: The Court Assistance Office assists self-represented people in civil matters such as: Divorce, Custody, Child support, Paternity, Name change, Small claims, Landlord and tenant, and other civil matters.

The office provides court-approved forms, document reviews, legal information, referrals to legal assistance, and referrals to other services.

Idaho Commission on Human Rights

1109 Main St, Ste. 450

Boise, Idaho 83702

Phone: (208) 334-2873

www.humanrights.idaho.gov

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

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

P.O. Box 895

Boise, Idaho 83701

W. Jefferson Street

Boise, Idaho 83702

Phone: (208) 334-4510

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

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

Idaho Legal Aid Services

1447 S. Tyrell Lane

Boise, Idaho 83706

Phone: (208) 345-0106

1104 Blaine Street

Caldwell, Idaho 83605

Phone: (208) 454-2591

www.idaholegalaid.org

Description: Idaho Legal Aid Services, Inc. (ILAS) provides free legal services to low income Idahoans. Every year, thousands of Idahoans are helped 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. The Indian Law Unit provides specialized services to Idaho's Native Americans. The Migrant Farmworker Law Unit provides legal services to Idaho's migrant population.

Public Health Resources

2-1-1 Idaho CareLine

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

www.211.idaho.gov

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

Central District Health Department

520 E. 8th N.

Mountain Home, Idaho 83647

Phone: (208) 587-4407

www.cdhd.idaho.gov

Description: Provides community health programs and basic services of public health education, physical health, environmental health, and health administration.

Family Medicine Residency of Idaho

Administration Office

777 N. Raymond Street

Boise, Idaho 83704

Phone: (208) 954-8742

www.fmridaho.org

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

Idaho Department of Health and Welfare, Region 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 Adams, Canyon, Gem, Owyhee, Payette, and Washington counties.

Refugee/Migrant Services

Idaho Office for Refugees

1607 W. Jefferson Street

Boise, Idaho 83702

Phone: (208) 336-4222

www.idahorefugees.org

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

USCIS – Application Support Center for Idaho

1185 S. Vinnell Way

Boise, Idaho 83709

Phone: (208) 685-6600

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

Migrant Council Head Start

3505 Airbase Rd.

Mountain Home, Idaho 83647

Phone: (208) 587-9171

http://www.communitycouncilofidaho.org/head_start

Residential Care/ Assisted Living Facilities

Ashley Manor

Address: 940 W 8th S St,

Mountain Home, Idaho 83647

Phone: (208) 587-9968

Cedar Crest

Address: 1200 East 6th South

Mountain Home, Idaho 83647

Phone: (208) 587-9073

Grace Elizabeth (Independent Living Facility)

Address: 1320 East 6th South

Mountain Home, Idaho 83647

Phone: (208) 587 1320

Idaho Department of Health & Welfare

2420 American Legion Blvd.

Mountain Home, Idaho 83647

Phone: (208) 587-9061

www.healthandwelfare.idaho.gov

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

Idaho Aging & Disability Resource Center (ADRC)

Phone: 1-800-926-2588

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

St. Luke's Elmore – Long Term Care

895 N. 6th East

Mountain Home, Idaho 83647

Phone: (208) 587-8405

http://www.stlukesonline.org/elmore/specialties_and_services/long_term_care/index.php

The Cottages

Address: 735 S 5th W St.

Mountain Home, Idaho 83647

Phone: (208) 580-1121

Senior Services**Alzheimer's Idaho**

13601 W. McMillan Road, #249

Boise, Idaho 83713

Phone: (208) 914-4719

www.alzid.org

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

Idaho Care Planning Council

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

Idaho Commission on Aging (ICOA)

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

Mountain Home Senior Citizens Center

1000 N. 3rd E.
Mountain Home, Idaho 83647
Phone: (208) 587-4562
<http://mtnhmseniorcenter.com/>

Rimrock Senior Center

525 Main St., P.O. Box 453
Grand View, Idaho 83624
Phone: (208) 834-2808

Senior Health Insurance Benefits Advisors

Phone: (800) 247-4422
www.doi.idaho.gov

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

Three Island Senior Center

492 E. Cleveland Ave.
Glenns Ferry, Idaho 83623
Phone: (208) 366-2051
www.glennsferryidaho.org/three_island_senior_center.htm

Veteran Services**Idaho Department of Labor**

1150 American Legion Blvd
Mountain Home, Idaho 83647
Phone: (208) 364-7788
Description: Federal veteran employment information
Idaho Statute, Title 65, Chapter 5: Rights and Privileges of Veterans
Unemployment benefits for ex-service members

Idaho Veterans Network

2333 Naclerio Lane

Boise, Idaho 83705

Phone: (208) 440-3939

www.idahoveteransnetwork.org

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

Idaho Veterans Services

www.veterans.idaho.gov

VA Mountain Home Idaho Outpatient Clinic

815 N. 6th East

Mountain Home, Idaho 83647

Phone: (208) 580-2001

Veterans Administration Medical Center

500 Fort Street

Boise, Idaho 83702

Phone: (208) 422-1000

www.boise.va.gov

Description: The Boise VA Medical Center delivers care to the veteran 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 Service Officer

515 East 2nd South

Mountain Home, Idaho 83647

Phone: (208) 587-4909

Veterans Crisis Line

Phone: 1-800-273-8255

Youth Programs**4-H Youth Development Elmore County Extension Office**

535 E. Jackson

Mountain Home, Idaho 83647

Phone: (208) 587-2136

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

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.

Mountain Home Parks & Recreation

795 S. 5th West

Mountain Home, Idaho 83647

Phone: (208) 587-2112

www.pr.mountain-home.us

Description: Offering a wide range of activities including various sports and leisure programs to meet the diverse needs of the community.

Western Elmore County Recreation District

245 E. 6th S.

Mountain Home, Idaho 83647

Phone: (208) 580-2377

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

Appendix I: Community Representative Descriptions

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

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

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

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

Community Representatives Contacted

1. Affiliation: Family Medicine Residency of Idaho

Date contacted: 4/13/2018

Interview method: Phone interview and questionnaire

Health representative category: Category II and III

Populations represented:

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

- 2. Affiliation:** Idaho Department of Health and Welfare
Date contacted: 4/10/2018
Interview method: Phone interview and questionnaire
Health representative category: Categories I and II
Populations represented:
 Children
 Disabled
 Low income individuals and families
 Populations with chronic conditions
 Refugees
 Those with behavioral health issues
- 3. Affiliation:** Idaho Department of Labor
Date contacted: June 2018 through August 2018
How input was obtained: Phone and email
Health representative category: Category III
- 4. Affiliation:** Idaho Health and Welfare
Date contacted: September 2017 through April 2018
How input was obtained: Phone conversations, emails
Health representative category: Category I
- 5. Affiliation:** Idaho Health and Welfare
Date contacted: September 2017 through April 2018
How input was obtained: Phone conversations, emails
Health representative category: Category I
- 6. Affiliation:** Idaho Central District Health, District 4
Date contacted: 4/12/2018
How input was obtained: Phone interview and questionnaire
Health representative category: Categories I and II
Populations represented:
 Children
 Hispanic population
 Low income individuals and families
 Migrant and seasonal farm workers
 Refugees
 Those with behavioral health issues
- 7. Affiliation:** St. Luke's Elmore
Date contacted: 2/23/2018
How input was obtained: Phone interview and questionnaire
Health representative category: Category III
Populations represented:
 Children

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

8. Affiliation: Elmore County

Date contacted: 3/15/2018

How input was obtained: Phone interview and questionnaire

Health representative category: Category II and III

Populations represented:

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

9. Affiliation: City of Mountain Home

Date contacted: 4/5/2018

How input was obtained: Phone interview and questionnaire

Health representative category: Category II and III

Populations represented:

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

10. Affiliation: St. Luke's Elmore

Date contacted: 2/21/2018

How input was obtained: Phone interview and questionnaire

Health representative category: Category III

Populations represented:

- Children
- Disabled

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

11. Affiliation: Central District health

Date contacted: 2/26/2018

How input was obtained: Phone interview and questionnaire

Health representative category: Category I and II

Populations represented:

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

12. Affiliation: Mountain Home AFB Family Support Center

Date contacted: 2/23/2018

How input was obtained: Phone interview and questionnaire

Health representative category: Category III

Populations represented:

- Children
- Disabled
- Populations with chronic conditions
- Those with behavioral health issues
- Veterans

13. Affiliation: Mountain Home School District

Date contacted: 2/23/2018

How input was obtained: Phone interview and questionnaire

Health representative category: Category III

Populations represented:

- Children
- Disabled
- Hispanic population
- Homeless
- Low income individuals and families
- Migrant and seasonal farm workers

- Populations with chronic conditions
- Those with behavioral health issues

14. Affiliation: MHAFB Family Advocacy

Date contacted: 3/14/2018

How input was obtained: Phone interview and questionnaire

Health representative category: Category II

Populations represented:

- Children
- Hispanic population
- Homeless
- Those with behavioral health issues
- Veterans

15. Affiliation: Senior Citizen Center

Date contacted: 3/6/2018

How input was obtained: Phone interview and questionnaire

Health representative category: Category II and III

Populations represented:

- Disabled
- Low income individuals and families
- Populations with chronic conditions
- Senior citizens
- Veterans

16. Affiliation: St. Vincent DePaul

Date contacted: 2/26/2018

How input was obtained: Phone interview and questionnaire

Health representative category: Category II and III

Populations represented:

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

17. Affiliation: Mountain Home Parks & Recreation

Date contacted: 2/27/2018

How input was obtained: Phone interview and questionnaire

Health representative category: Category III

Populations represented:

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

18. Affiliation: Western Elmore County Recreation District

Date contacted: 3/9/2018

How input was obtained: Phone interview and questionnaire

Health representative category: Category III

Populations represented:

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

19. Affiliation: Eastern Elmore County Recreation District

Date contacted: 2/27/2018

How input was obtained: Phone interview and questionnaire

Health representative category: Category III

Populations represented:

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

20. Affiliation: Mountain Home School District

Date contacted: 4/11/2018

How input was obtained: Phone interview and questionnaire

Health representative category: Category III

Populations represented:

- Children
- Disabled
- Hispanic population
- Low income individuals and families
- Migrant and seasonal farm workers
- Those with behavioral health issues

21. Affiliation: Glenns Ferry Health Center, Inc.

Date contacted: 2/26/2018

How input was obtained: Phone interview and questionnaire

Health representative category: Category II and III

Populations represented:

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

22. Affiliation: Ministerial Representative

Date contacted: 2/22/2018

How input was obtained: Phone interview and questionnaire

Health representative category: Category II and III

Populations represented:

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

Appendix II: Community Representative Interview Questions

Representative Name:

Title:

Affiliation:

Date:

Thank you for agreeing to participate in St. Luke's 2019 Community Health Needs Assessment. We will utilize the information you provide to help us better understand and address the health needs of our community.

In our community health needs assessment, we will publish the names of the organizations that participated in our interviews, but we will not publish your name or title.

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

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

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

_____ Children

_____ Disabled

_____ Hispanic population

_____ Homeless

_____ Low income individuals and families

_____ Migrant and seasonal farm workers

_____ Populations with chronic conditions

_____ Refugees

_____ Senior citizens

_____ Those with behavioral health issues

_____ Veterans

_____ Other, please specify _____

_____ Other, please specify _____

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

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

Health behavior (potential needs)

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

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

Notes on programs, legislation, organizations, and resources:

Clinical care access and quality (potential needs)

- _____ Affordable health insurance
- _____ Affordable health care for low income individuals
- _____ Availability of primary care providers
- _____ Affordable dental care for low income individuals
- _____ Availability of behavioral health services (providers, suicide hotline, etc.)
- _____ Chronic disease management programs (for diabetes, asthma, arthritis, etc.)
- _____ Immunization programs
- _____ Improved health care quality
- _____ Integrated, coordinated care (less fragmented care)
- _____ Prenatal care programs
- _____ Screening programs (cholesterol, diabetes, mammography, colorectal, etc.)

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

Notes on programs, legislation, organizations, and resources:

Social and economic (potential needs)

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

Please describe and score any additional social/economic needs:

Notes on programs, legislation, organizations, and resources:

Physical environment (potential needs)

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

Please describe and score any additional physical environment needs:

Notes on programs, legislation, organizations, and resources:

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

Health Behavior Category

Community Identified Needs	Rep. Score	Related Health Factors and Outcomes	Health Factor Score	Total Combined Score
Access to healthy foods	6.1	Food environment	10	16.1
Exercise programs/education	5.4	Access to exercise opportunities	10	15.4
		Adult physical activity	9	14.4
		Teen exercise	10	15.4
Nutrition education	6.1	Adult nutrition	10	16.1
		Teen nutrition	9	15.1
Safe-sex education programs	6.6	Sexually transmitted infections	10	16.6
		Teen birth rate	9	15.6
Substance abuse services and programs	7.8	Excessive drinking	10	17.8
		Drug misuse	11	18.8
		Alcohol Impaired driving deaths	9	16.8
Tobacco prevention and cessation programs	5.8	Smoking adult	16	21.8
		Smoking teen	10	15.8
Weight management programs	6.9	Obese/Overweight adults	13	19.9
		Obese/Overweight teenagers	13	19.9

Wellness, prevention, and education programs for cancer	6.1	Cancer - all	9	15.1
		Breast cancer	7	13.1
		Colorectal cancer	10	16.1
		Leukemia	5	11.1
		Lung cancer	6	12.1
		Non-Hodgkin's lymphoma	3	9.1
		Pancreatic cancer	2	8.1
		Prostate cancer	11	17.1
		Skin cancer (melanoma)	8	14.1
Wellness and prevention programs	6.9	Accidents	5	11.9
		AIDS	7	13.9
		Alzheimer's	6	12.9
		Arthritis	9	15.9
		Asthma	6	12.9
		Cerebrovascular diseases	5	11.9
		Diabetes	15	21.9
		Flu/pneumonia	6	12.9
		Heart disease	8	14.9
		High blood pressure	11	17.9
		High cholesterol	12	18.9
		Mental illness	13	19.9
		Nephritis	7	13.9
		Obese/overweight adults	13	19.9
		Respiratory disease	12	18.9
Suicide	13	19.9		

Clinical Care Category

Community Identified Needs	Rep. Score	Related Health Factors and Outcomes	Health Factor Score	Combined Score
Affordable care for low income individuals	6.1	Children in poverty	11	17.1
Affordable dental care for low income individuals	7.2	Dental visits, preventative	10	17.2
Affordable health insurance	8.7	Uninsured adults	11	19.7
Availability of behavioral health services (providers, suicide hotline, etc)	7.8	Mental health service providers	12	19.8
Availability of primary care providers	7.6	Primary care providers	9	16.6
Chronic disease management programs	6.7	Arthritis	9	15.7
		Asthma	6	12.7
		Diabetes	15	21.7
		High blood pressure	11	17.7
Immunization programs	3.7	Children immunized	7	10.7
		Flu/pneumonia	6	9.7
Improved health care quality	5.8	Preventable hospital stays	10	15.8
Integrated, coordinated care (less fragmented care)	6	No usual health care provider	9	15
		Preventable hospital stays	10	16
Prenatal care programs	6.5	Prenatal care 1st trimester	9	15.5
		Low birth weight	7	13.5
Screening programs (cholesterol, diabetic, mammography, etc)	5.3	Cholesterol screening	13	18.3
		Colorectal screening	8	13.3
		Diabetic screening	11	16.3
		Mammography screening	10	15.3

Social and Economic Category

Community Identified Needs	Rep. Score	Related Health Factors and Outcomes	Health Factor Score	Combined Score
Children and family services	6.1	Children in poverty	11	17.1
		Inadequate Social Support	8	14.1
Disabled services *	6	* See note below	8	14
Early learning before kindergarten (such as a Head Start type program)	6.1	High school graduation rate	12	18.1
Education: Assistance in achieving good grades in kindergarten through high school	6.3	High school and college education rate	12	18.3
Education: College education support and assistance programs	5.5	High school and college education rate	12	17.5
Elder care assistance (help in taking care of older adults) *	6.8	* See note below	8	14.8
End of life care or counseling (care for those with advanced, incurable illness) *	6	* See note below	8	14
Homeless services	8.9	Unemployment rate	7	15.9
Job training services	6.4	Unemployment rate	7	13.4
Legal assistance *	7	* See note below	8	15
Senior services	5.1	Inadequate Social Support	8	13.1
Veterans' services	4.6	Inadequate Social Support	8	12.6
Violence and abuse services	7.8	Violent crime rate	6	13.8

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

Physical Environment Category

Community Identified Needs	Rep. Score	Related Health Factors and Outcomes	Health Factor Score	Combined Score
Affordable housing	6.1	Severe housing problems	8.5	14.6
Healthier air quality, water quality, etc	3.2	Air pollution particulate matter	7	10.2
		Drinking Water	7	10.2
Healthy transportation options (sidewalk, bike paths, public transportation)	6.1	Long commute	5	11.1
		Driving to work alone	7	13.1
Transportation to and from appointments *	6.4	* See note below	8	14.4

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

Appendix IV: Data Notes

A number of health factor and outcome data indicators utilized in this CHNA are based on information from the Behavioral Risk Factor Surveillance System (BRFSS). Starting in 2011, the BRFSS implemented a new weighting method known as raking. Raking improves the accuracy of BRFSS results by accounting for cell phone surveying and adjusting for a greater number of demographic differences between the survey sample and the statewide population. Raking replaced the previous weighting method known as post-stratification and is a primary reason why results from 2011 and later are not directly comparable to 2010 or earlier. BRFSS data is derived from population surveys. As such, the results have a margin of error associated with them that differs by indicator and by the population measured. For smaller populations, we aggregated data across two or more years to achieve a larger sample size and increase statistical significance. For margin of error information please refer to the CDC for national BRFSS data and to Idaho BRFSS for Idaho related data.