

St. Luke's Boise/Meridian Community Health Needs Assessment 2016



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Introduction

The St. Luke's Boise/Meridian Community Health Needs Assessment (CHNA)* is designed to help us better understand the most significant health challenges facing the individuals and families in our service area. The information, conclusions, and needs identified in our assessment will assist us in:

- Developing health improvement programs for our community
- Providing better care at lower cost
- Defining our operational and strategic plans
- Fulfilling our mission: "To improve the health of people in our region"

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 is available on our public website.

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

Executive Summary

The St. Luke’s Boise/Meridian 2016 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.

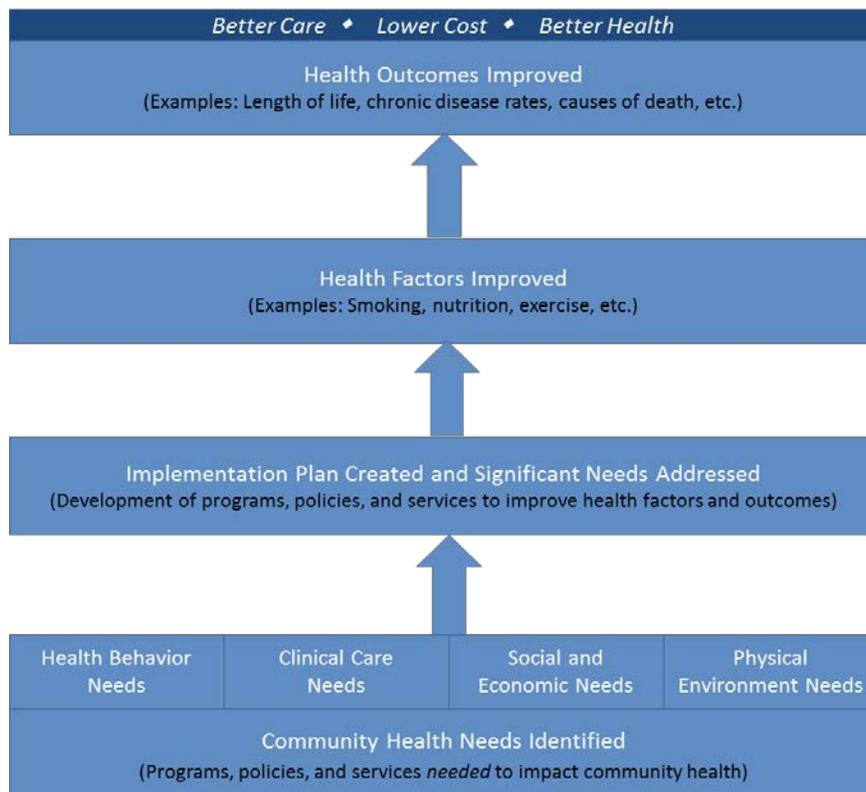
In our CHNA, we divide our health needs into four distinct categories: 1) health behaviors; 2) clinical care; 3) social and economic factors; and 4) physical environment. Each identified health need is included in one of these categories.

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 graphical summary of the approach used to develop our CHNA.

St. Luke’s Approach to Improving Community Health



Significant Community Health Needs

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

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

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

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

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

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

Our CHNA prioritization process identified obesity and diabetes as two of our community's most significant health needs. About 30% of the adults in our community and one in ten children in our state are obese. According to the Centers for Disease Control (CDC): "Obesity is a national epidemic and a major contributor to some of the leading causes of death in the United States." Obesity costs the United States about \$150 billion a year, or 10 percent of the national medical budget.¹ Diabetes is also a serious health issue that can contribute to heart, kidney and many other diseases and can even result in death.² Direct medical costs for type 2 diabetes accounts for nearly \$1 of every \$10 spent on medical care in the U.S.³



Impact on Community

Reducing obesity and diabetes will dramatically impact community health by providing an immediate and positive effect on many conditions including mental health; heart disease; some types of cancer; high blood pressure; dyslipidemia; kidney, liver and gallbladder disease; sleep apnea and respiratory problems; osteoarthritis; and gynecological problems (infertility and abnormal menses).



¹ <http://www.cdc.gov/cdctv/diseaseandconditions/lifestyle/obesity-epidemic.html>

² Idaho and National 2002 - 2013 Behavioral Risk Factor Surveillance System

³ America's Health Rankings 2015, www.americashealthrankings.org

How to Address the Need

Obesity and diabetes can be prevented and managed by engaging our community in developing services and policies designed to encourage proper nutrition and healthy exercise habits. These needs can also be improved through evidence-based clinical programs.⁴

Extremely promising outcomes are now being reported in some communities. Remarkably, from 2011 through 2014, Lee County, Florida, reduced adult obesity levels from 29.3% to 24.8% and childhood obesity dropped from 31.6% to 20.7%. These results were accomplished through extensive community leadership and involvement. A Lee Memorial Hospital representative commented: “We believe these improvements can be sustained and improved further.”⁵ Echoing this approach, the CDC states that “we need to change our communities into places that strongly support healthy eating and active living.”⁶

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.

⁴ America’s Health Rankings 2015, www.americashealthrankings.org

⁵ http://www.naplesnews.com/community/bonita-banner/lee-memorial-healthy-lee-earns-prestigious-national-award_58687398

⁶ <http://www.cdc.gov/cdctv/diseaseandconditions/lifestyle/obesity-epidemic.html>

Significant Health Need #2: Improve the Prevention, Detection, and Management of Mental Illness and Reduce Suicide

Prevention and management of mental illness and suicide rank among our most significant health needs. This is because our community representatives scored mental health and the availability of behavioral health providers as some of our most significant health needs. In



addition, Idaho has one of the highest percentages (23.3%) 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. Depression is the most common type of mental illness, affecting more than 26% of the U.S. adult population. It has been estimated that by the year 2020, depression will be the second leading cause of disability throughout the world.

Impact on Community

Good mental health is “a state of well-being in which the individual realizes his or her own abilities, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to his or her community.” It is estimated that only about 17% of U.S. adults are considered to be in a state of optimal mental health.⁷



⁷ <http://www.cdc.gov/mentalhealth/basics.htm>

How to Address the Need

The majority of adults who live with a mental health disorder do not get corresponding treatment. Furthermore, less than one-third of adults get minimally adequate care.⁸ Stigma surrounding the receipt of mental health care is among the many barriers that discourage people from seeking treatment.⁹ In addition, increasing physical activity and reducing obesity are also known to improve mental health.¹⁰

Therefore, 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.

Affected Populations

Data shows that people with lower incomes are about three and a half times more likely to have depressive disorders.¹¹

⁸Substance Abuse and Mental Health Services Administration, Behavioral Health Report, United States, 2012 pages 29 - 30

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

¹⁰ <http://www.cdc.gov/healthyplaces/healthtopics/physactivity.htm>,
<http://www.cdc.gov/obesity/adult/causes.html>

¹¹ Idaho 2011 - 2013 Behavioral Risk Factor Surveillance System

Significant Health Need #3: Improve Access to Affordable Health Care and Affordable Health Insurance

Barriers to access are issues that prevent people from receiving timely medical care. They include things such as the lack of transportation to doctors' appointments, the availability of health care providers, and the cost of care. Our CHNA process identified the following two high ranking barriers to access:

- Affordable health care
- Affordable health insurance



The health indicator data and community representative scores in our CHNA served to rank these barriers to access as some of our community's most significant health needs. A recent study showed that nearly 19 percent of U.S. adults do not receive medical care or delay medical care because they are concerned about the cost or worried that their health insurance would not pay for treatment.¹²

Impact on Community

Improving access to affordable health insurance and health care can make a remarkable difference to community health. According to the Gallup-Healthways Well-Being Index, Americans in poverty are significantly more likely than those who are not to struggle with a wide array of chronic mental and physical health problems.¹³ Further, 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

¹² Kullgren JT, et al. Nonfinancial barriers and access to care for US adults. *Health Serv Res* online, 2011.

¹³ <http://www.gallup.com/poll/158417/poverty-comes-depression-illness.aspx>

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.¹⁴

How to Address the Need:

We will work with our community to improve access to comprehensive, high-quality health care services especially for the most affected populations.

Affected populations:

Statistics show that people with lower income and education levels and Hispanic populations are much more likely not to have health insurance.¹⁵

¹⁴ University of Wisconsin Population Health Institute. *County Health Rankings* 2010-2015. Accessible at www.countyhealthrankings.org.

¹⁵ Ibid

Other Health Needs

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

Next Steps

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

St. Luke's Boise/Meridian Overview

Background

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

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

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

Mission, Vision, and Core Values

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

Our mission is “To improve the health of people in our region.”

Our vision is to “Transform health care by aligning with physicians and other providers to deliver integrated, seamless, and patient-centered quality care across all St. Luke’s settings.”

Our core values are:



Integrity

Compassion

Accountability

Respect

Excellence

Governance Structure

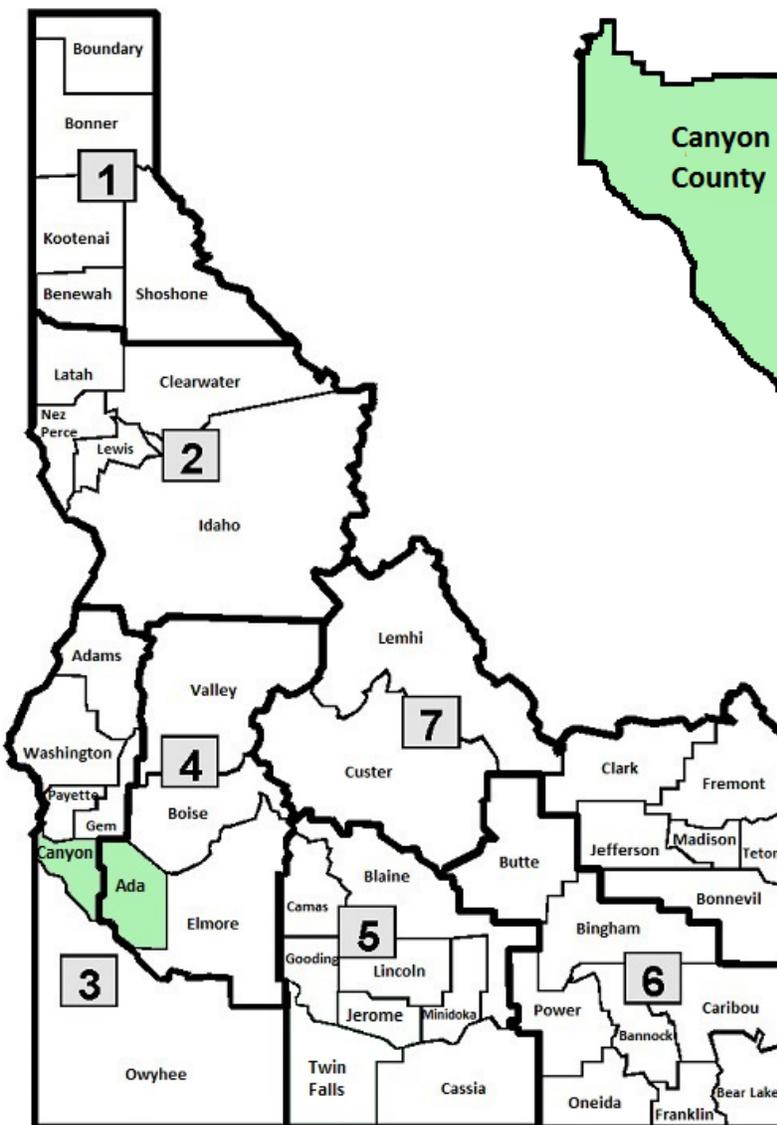
Each St. Luke’s medical center is responsive to the people it serves, providing a scope of service appropriate to community needs. Because leaders from within the community have the best insight into the needs of their own families, friends, and neighbors, local control is one of the tenets of St. Luke’s.

Local boards have oversight over their business affairs and have decision-making authority. Our volunteer boards include representatives from each St. Luke’s service area, helping to ensure local needs and interests are addressed.

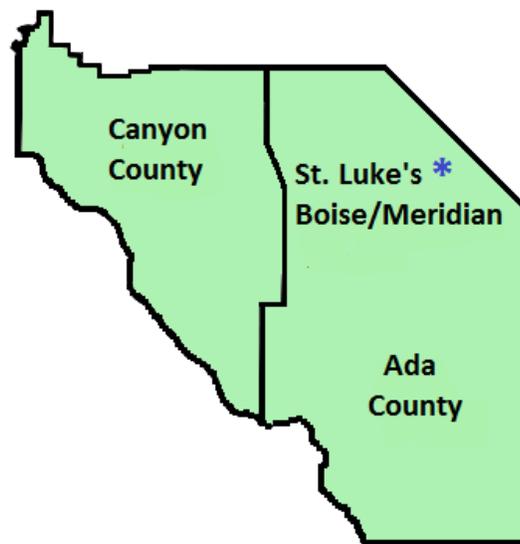
The Community We Serve

This section describes our community in terms of its geography and demographics. Ada and Canyon counties represent the geographic area used to define the community we serve also referred to here as our primary service area or service area. The criteria we use in selecting this area as the community we serve is to include the entire population of the counties where at least 70% of our inpatients reside. The residents of these counties comprise about 82% of our inpatients with approximately 62% of our inpatients living in Ada County and 20% in Canyon County. Ada and Canyon counties are part of Idaho Health Districts 3 and 4, as shown in the maps below.

Idaho Health District Map ¹⁶



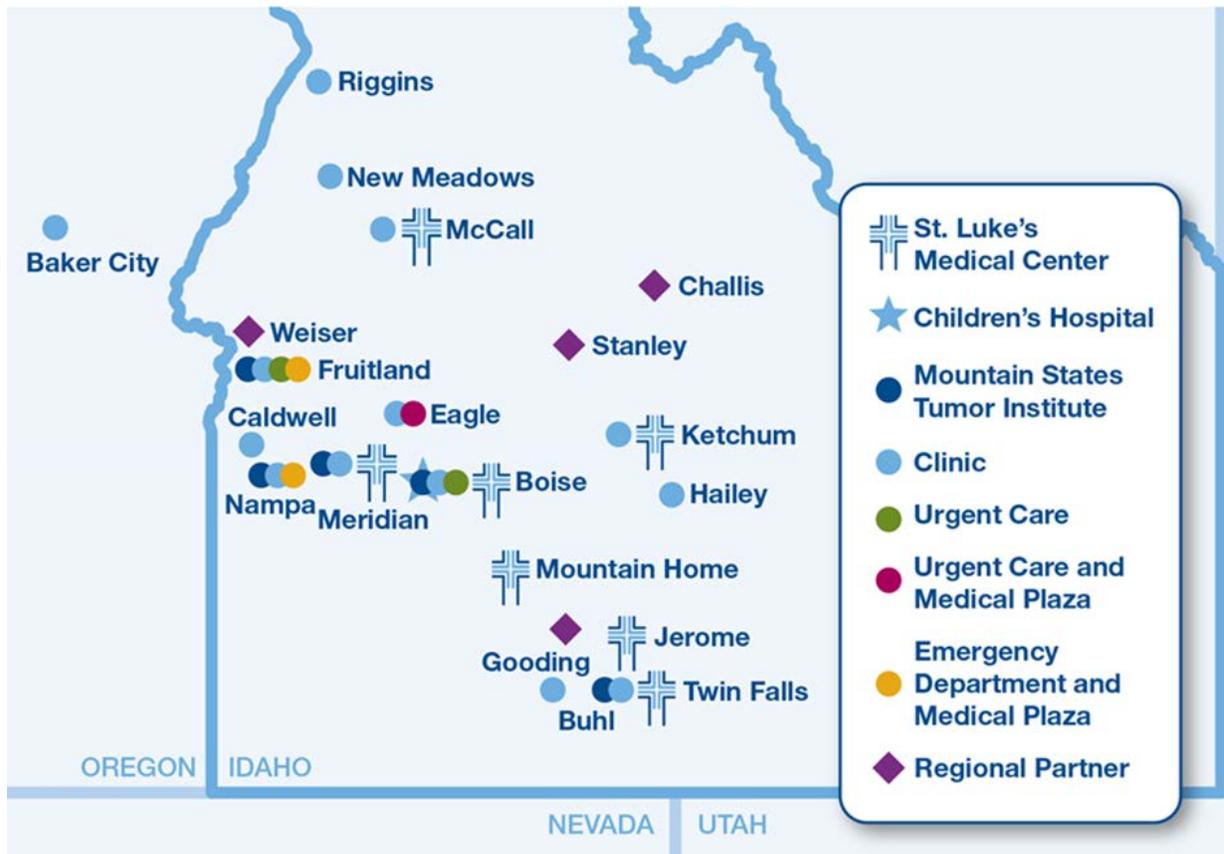
Ada and Canyon County Map



¹⁶ Idaho Behavioral Risk Factor Surveillance System Annual Report 2012

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

St. Luke's Regional Relationships Map



Community Demographics

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

Both Idaho and our service territory are comprised of about a 95% white population while the nation as a whole is 78% white. The Hispanic population in Idaho represents 12% of the overall population and about 13% of our defined service area. Canyon County is approximately 24% Hispanic, and Ada County is 8% Hispanic.

Population by Race and Ethnicity 2013¹⁷

Residence	Total Population	Race				Ethnicity	
		White	Black	American Indian	Asian or Pacific Islander	Not Hispanic or Latino	Hispanic or Latino
Community/Service Area	615,335	581,509	9,078	7,994	16,754	535,451	79,884
		95%	1%	1%	3%	87%	13%
Ada County	416,464	391,739	6,928	4,107	13,690	385,144	31,320
		94%	2%	1%	3%	92%	8%
Canyon County	198,871	189,770	2,150	3,887	3,064	150,307	48,564
		95%	1%	2%	2%	76%	24%
Idaho	1,612,136	1,533,351	18,002	31,792	28,991	1,421,886	190,250
		95%	1%	2%	2%	88%	12%
National (000)	316,129	245,499	41,624	3,910	17,354	262,057	54,071
		78%	13%	1%	5%	83%	17%

¹⁷ Bureau of Vital Records and Health Statistics, Idaho Department of Health and Welfare (1/2015). 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, 2015.

Population Growth 2000-2013

Idaho experienced a 25% increase in population from 2000 to 2013, ranking it as one of the fastest growing states in the country.¹⁸ Ada and Canyon Counties have followed that trend, experiencing an even more rapid 42% increase in population within that timeframe.¹⁹ Plans are already underway to expand St. Luke's Boise and Meridian to manage the volume and scope of services in order to meet the needs of an increasing population.

Region	Population April 2000	Population April 2013	Percent Change
Service Area	432,345	615,335	42%
Idaho	1,293,953	1,612,136	25%
United States	281,421,906	316,129,839	12%

Aging

Over the past ten years the 45 to 64 year old age group was the fastest growing segment of our community. Currently, about 11% of the people in our community are over the age of 65.²⁰

Year	Population by Age			
	Age 0-19	Age 20-44	Age 45-64	Age 65+
2000	133,534	166,867	92,869	42,849
Percent of total	31%	38%	21%	10%
2013	179,434	205,440	142,904	66,048
Percent of total	30%	35%	24%	11%

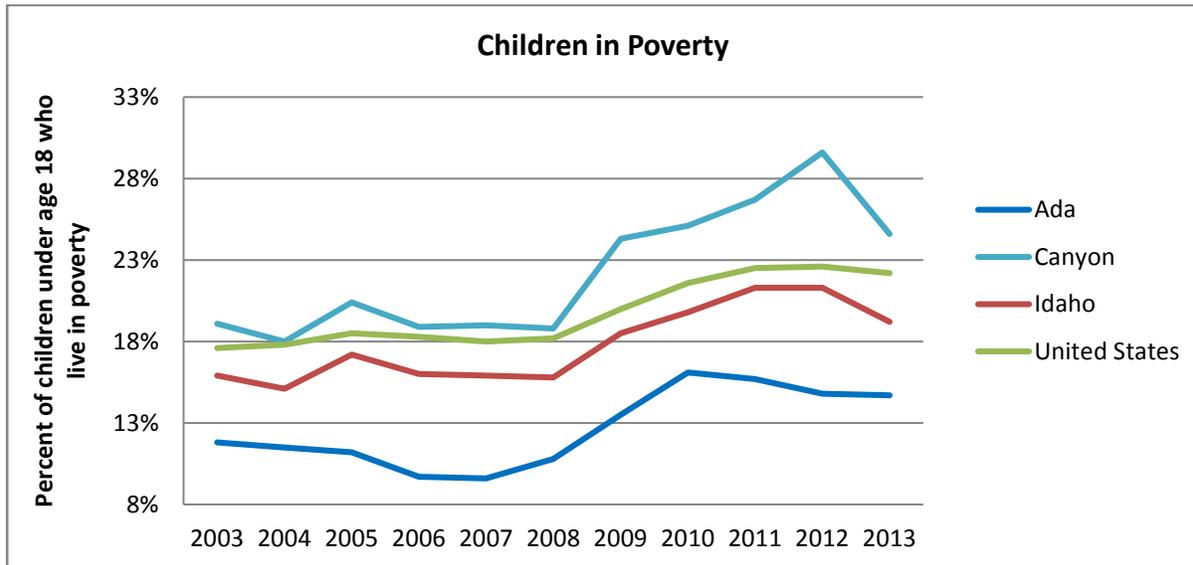
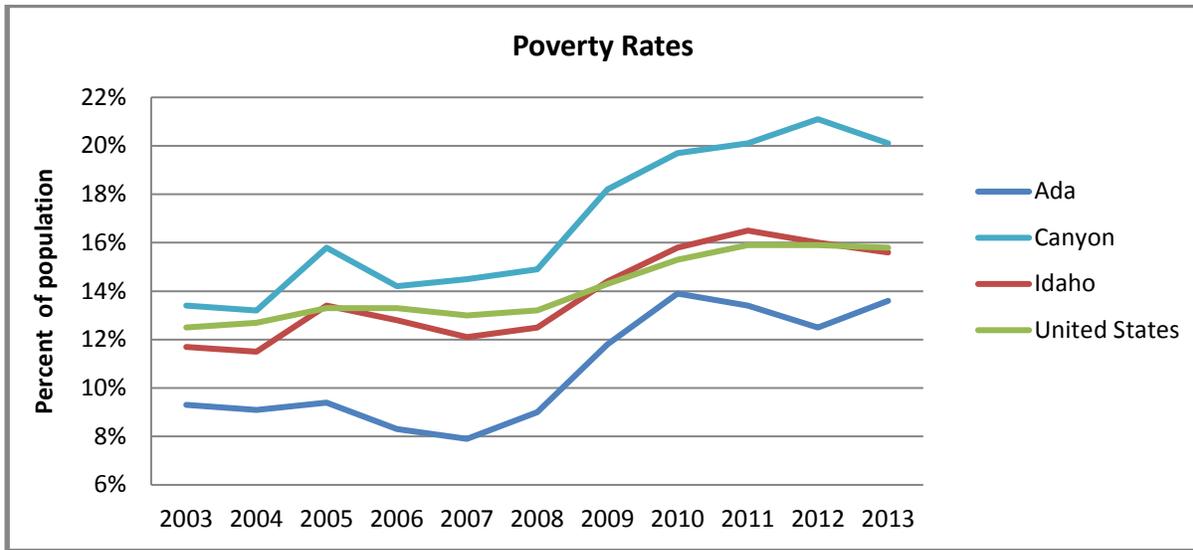
¹⁸ U.S. Census Bureau: <http://quickfacts.census.gov/qfd/index.html> 2013

¹⁹ Idaho Vital Statistics County Profile 2013

²⁰ Ibid

Poverty Levels

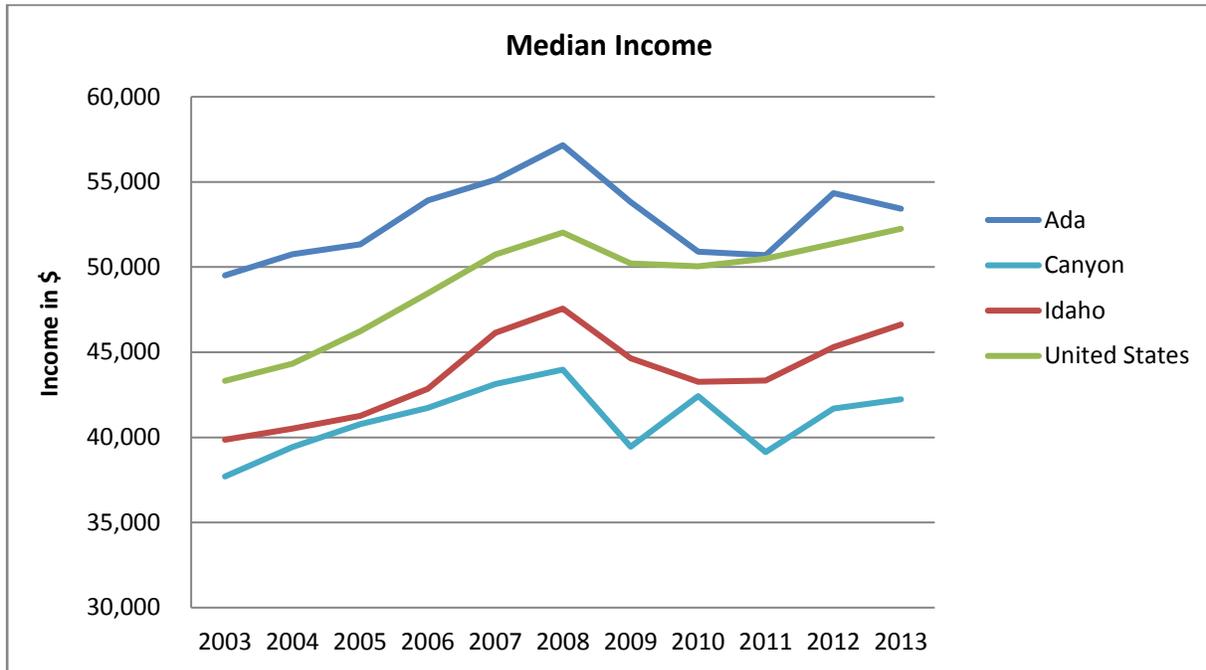
The official United States poverty rate increased from 12.5% in 2003 to 15.6% in 2013. Our service area poverty rate has increased more rapidly than the national average since 2003 especially in Canyon County. The poverty rate in Canyon County is currently over 20%. The poverty rate in our community for children under the age of 18 is well below the national average for Ada County and slightly above the national average for Canyon County. Although both Ada and Canyon County poverty rates have started to level out, they are still well above where they were prior to the recession in 2008.²¹



²¹ 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 20% since 2003. However, growth in income was slower in Idaho and in our service area during that period. Median income in Canyon County is well below the national median and lower than Idaho's median income. Median income in Ada County is still slightly higher than the national median income.²²



²² Ibid

Community Health Needs Assessment Methodology

St. Luke's 2016 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:

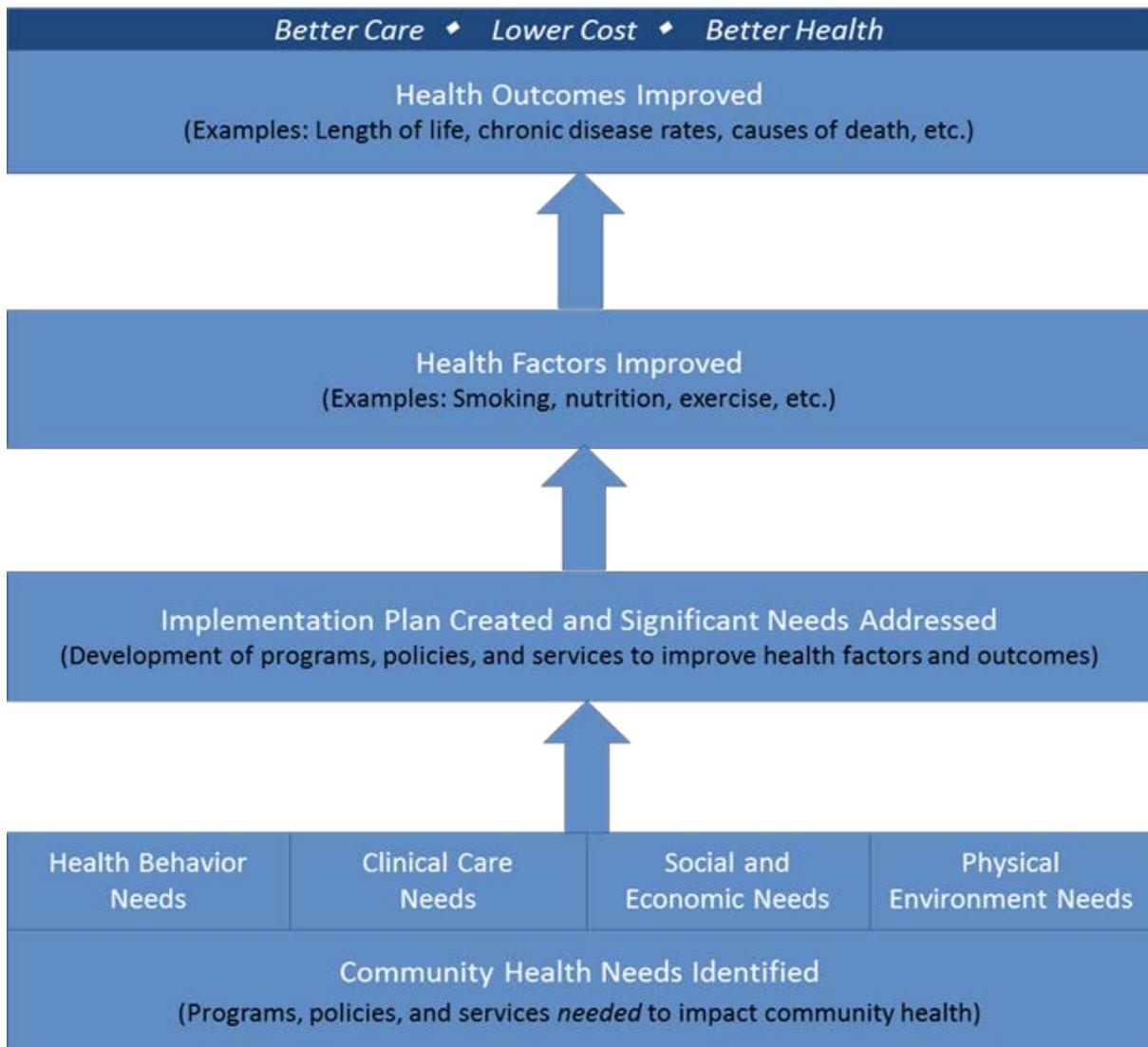
1. The **County Health Rankings** methodology for measuring community health. The University of Wisconsin Population Health Institute, in collaboration with the Robert Wood Johnson Foundation, developed the *County Health Rankings*. The *County Health Rankings* provides a thoroughly researched process 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 graphical summary of the approach used to develop our CHNA.

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

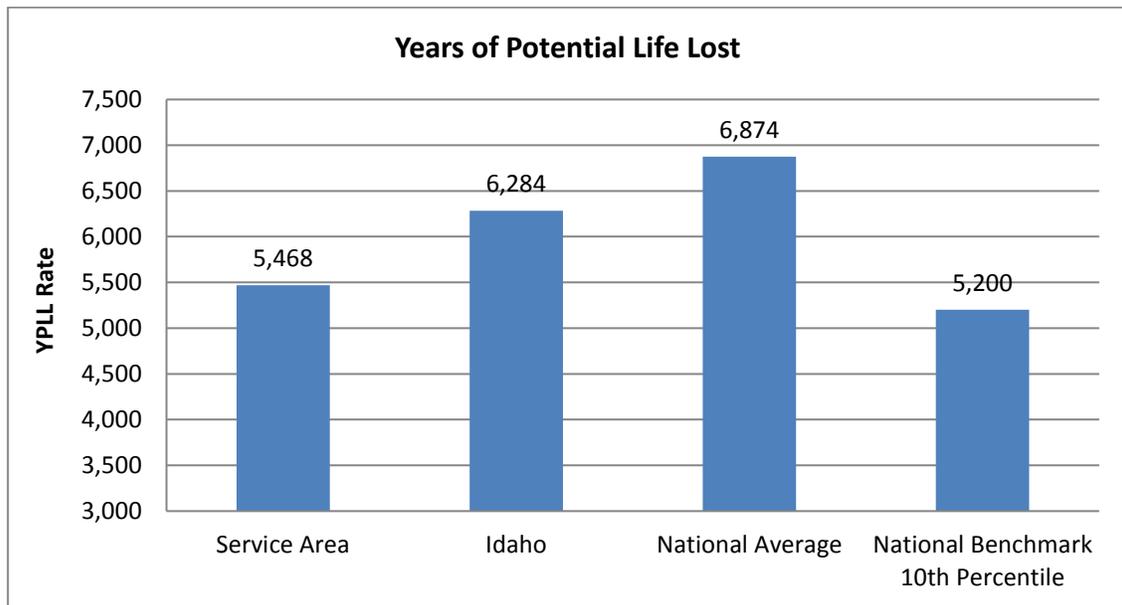
Health Outcome Measures and Findings

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 2013 is significantly lower (better) than the national average, and ranks close to the national top 10th percentile.²³ This is an excellent outcome, indicating that on average people in our service area are not dying prematurely.²⁴

²³ *County Health Rankings* 2015. Accessible at www.countyhealthrankings.org (used for national YPLL top 10% 2010 - 2012 average)

²⁴ Bureau of Vital Records and Health Statistics, Idaho Department of Health and Welfare (1/2015) (Idaho and county data)

Morbidity Measures

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

Health Related Quality of Life (HRQOL)

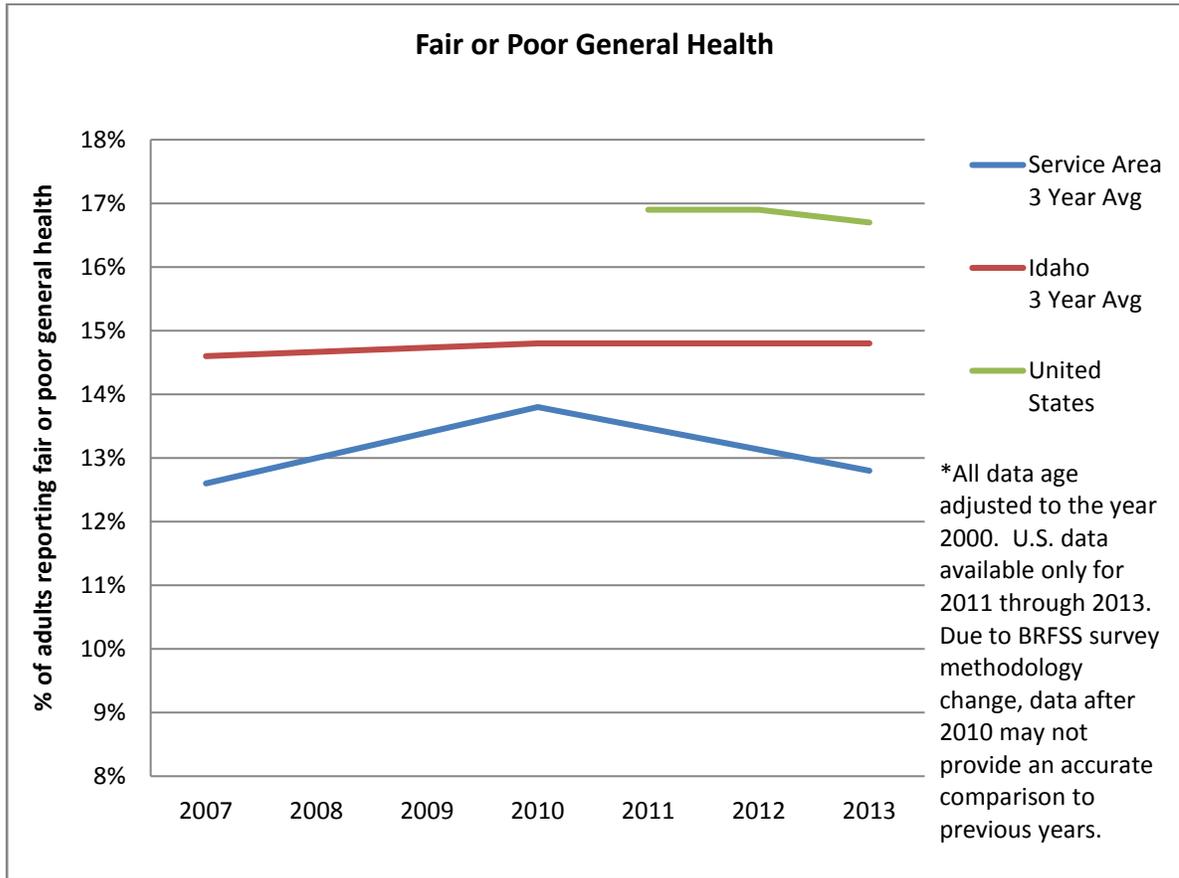
Understanding the health related quality of life of the population helps communities identify unmet health needs. Three measures from the CDC’s Behavioral Risk Factor Surveillance System (BRFSS) are used to define health-related quality of life: 1) The percent of adults reporting fair or poor health,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

Researchers have consistently found self-reported general, physical, and mental health measures to be informative in determining overall health status. Analysis of the association between mortality and self-rated health found that people with “poor” self-rated health had a twofold higher mortality risk compared with persons with “excellent” self-rated health. The analysis concludes that these measures are appropriate for measuring health among large populations.²⁵

²⁵ University of Wisconsin Population Health Institute. *County Health Rankings* 2015. Accessible at www.countyhealthrankings.org.

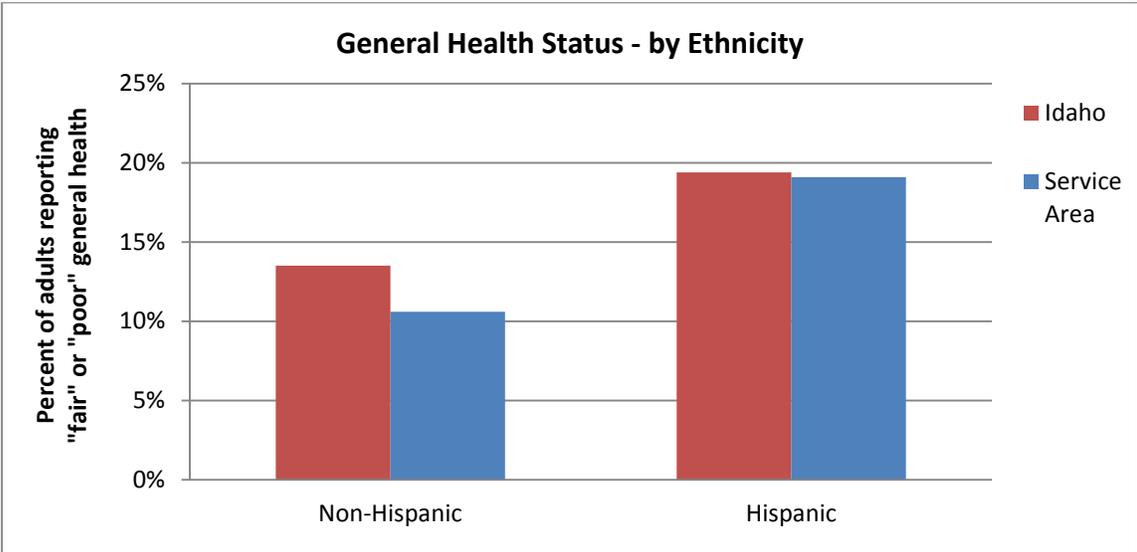
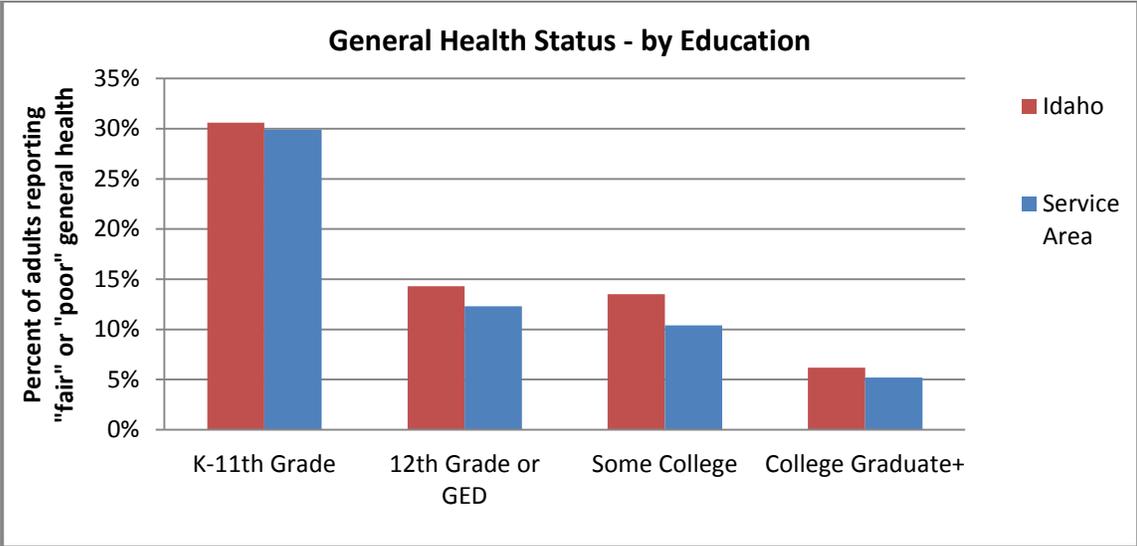
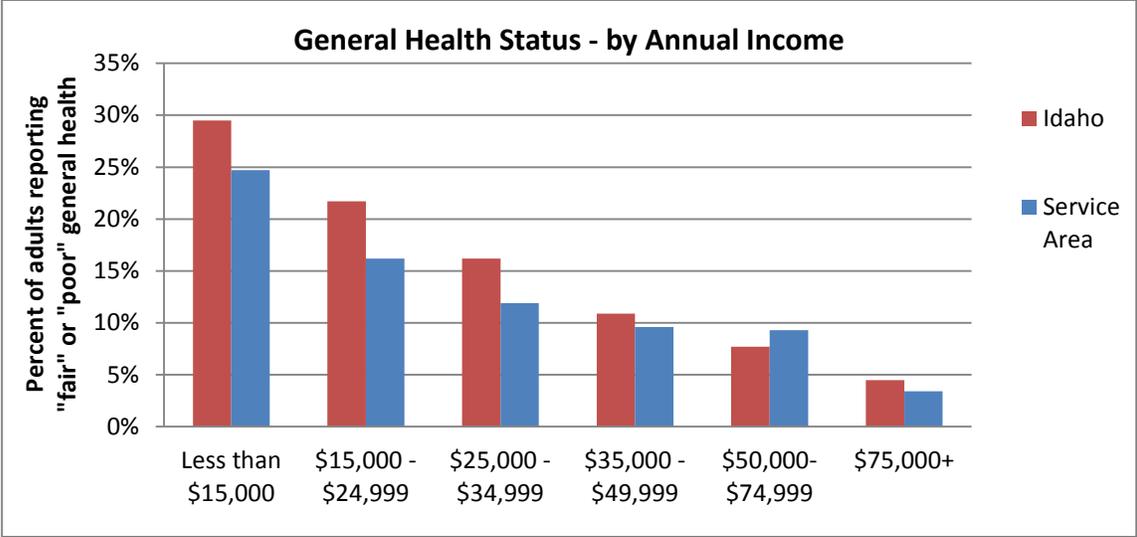
- **"Fair or Poor" General Health**

Fourteen point eight percent (14.8%) of Idaho adults reported their health status as fair or poor in 2013, which is approximately the same as in 2007. For our service area, the percent of people reporting fair or poor health has also remained about the same being 12.6% in 2007 and 12.8% in 2013, which is well below the national average of 16.8%.²⁶



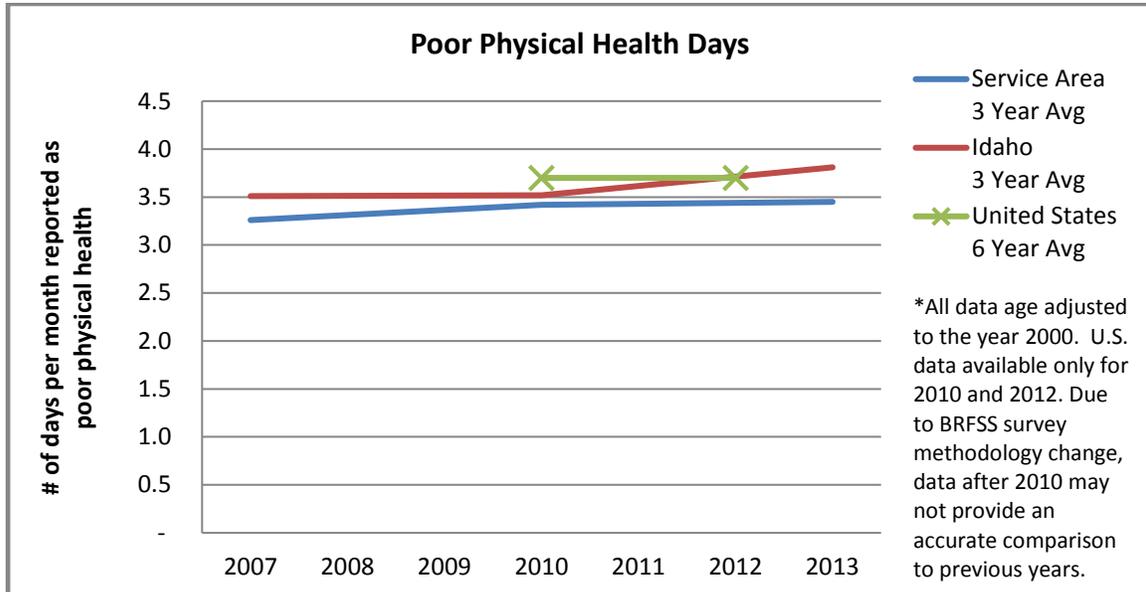
The charts below show that income and education greatly affect the levels of reported fair or poor general health. For example, people with incomes of less than \$15,000 are seven times more likely to report fair or poor general health than those with incomes above \$75,000. In addition, Hispanics are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

²⁶ Idaho and National 2004 - 2013 Behavioral Risk Factor Surveillance System



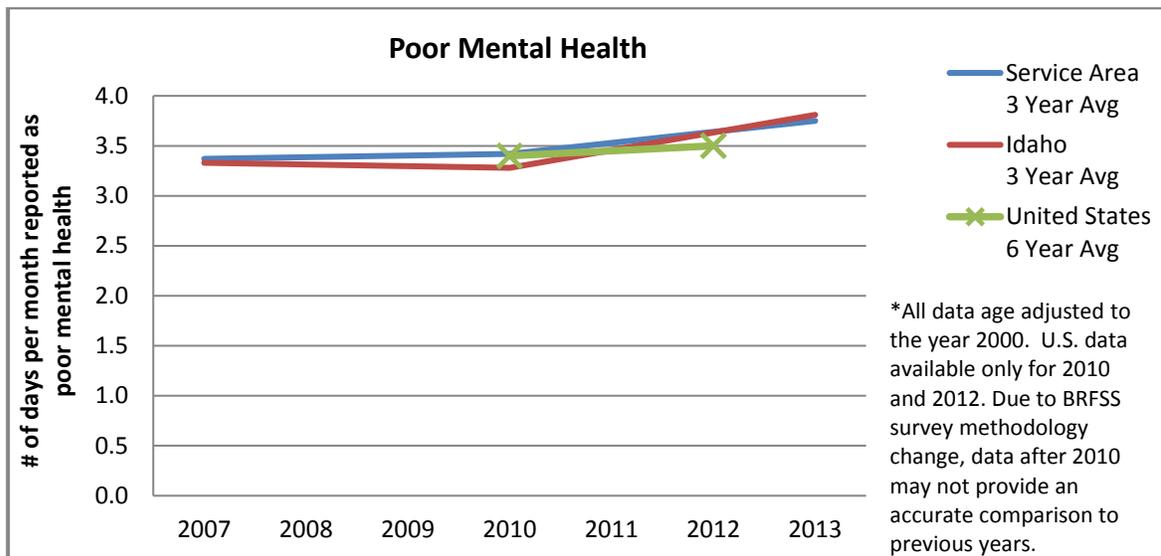
- **Poor Physical Health Days**

The number of reported poor physical health days for our service area is below the national average.²⁷ The national top 10th percentile (best) is 2.5 days.²⁸



- **Poor Mental Health Days**

The number of poor mental health days is above the national average for our service area. The national top 10th percentile is 2.3 days per month.



²⁷ Idaho 2013 Behavioral Risk Factor Surveillance System

²⁸ County Health Rankings 2015. Accessible at www.countyhealthrankings.org.

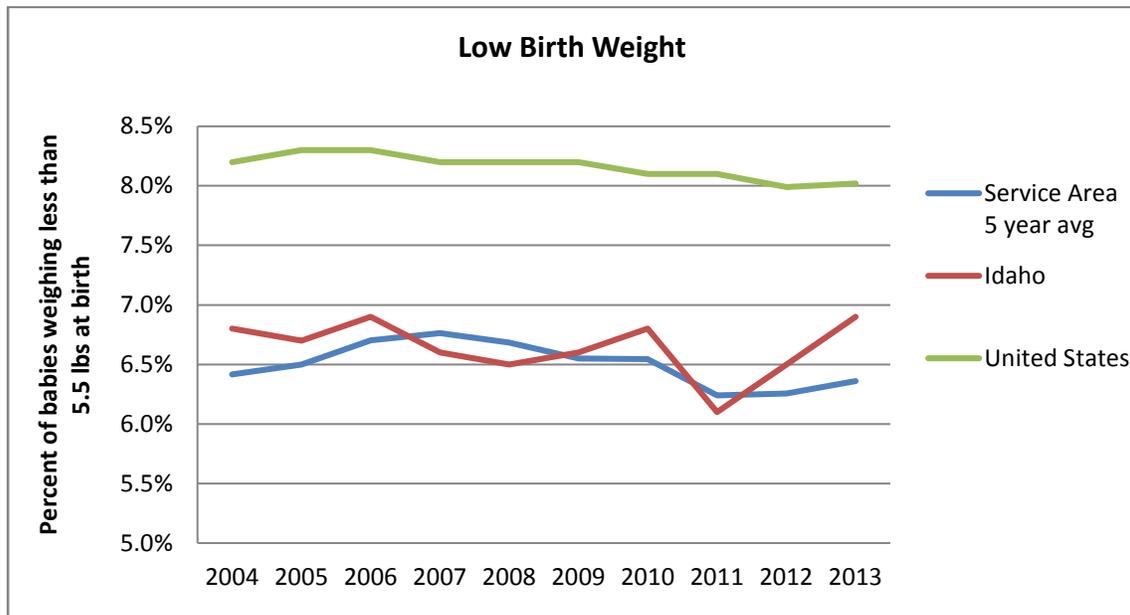
- **Low Birth Weight**

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.²⁹

The percent of LBW babies in our service area and in Idaho is significantly below (better than) the national average.³⁰ This is a key indicator of future health. The national top 10th percentile for LBW is 6.0% and our service area is only slightly above that level.

Low birth weight can be addressed in multiple ways, including:³¹

- 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

²⁹ University of Wisconsin Population Health Institute. *County Health Rankings 2015*. Accessible at www.countyhealthrankings.org.

³⁰ Idaho Vital Statistics Annual Reports, Years 2000 - 2015, National Vital Statistics Report - Births: Data 2004 - 2015

³¹ America’s Health Rankings 2015, www.americashealthrankings.org

County Health Rankings Health Outcomes Ranking for Our Community

The *County Health Rankings* ranks the counties within each state on the health outcome measures described above. Ada County's 2015 overall outcome rank is 7th and Canyon County's rank is 19th out of a total of 42 counties in Idaho.³² 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.

³² University of Wisconsin Population Health Institute. *County Health Rankings* 2015. 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.

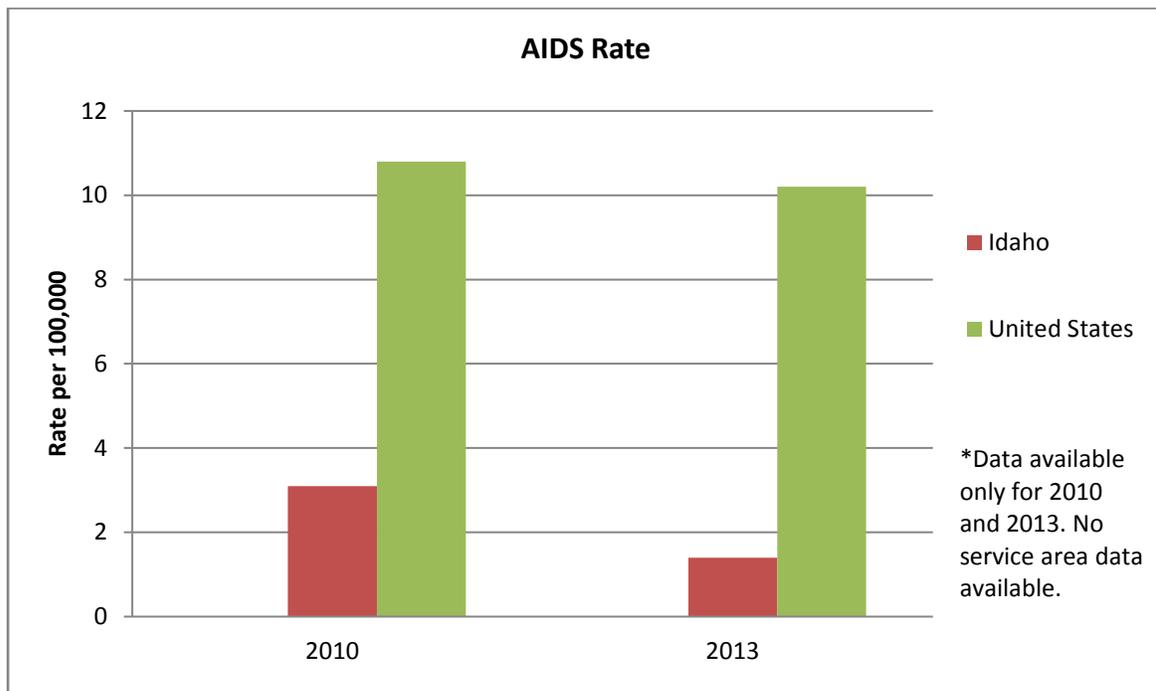
Chronic Disease Prevalence

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.³³ The trend in Idaho has been relatively flat from 2004 to 2013.³⁴

African Americans are more likely to have HIV than any other racial/ethnic group in the United States (US). In 2010, African Americans accounted for 44% of new HIV infections while representing only 12% of the population. In 2010, African American men accounted for 70% of the estimated new HIV infections among all African Americans.³⁵ Young people in the US are also more at risk for HIV infection accounting for 26% of all new HIV infections in 2010. This risk is particularly high for young, gay, bisexual, and other men who have sex with men (MSM). 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.³⁶



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

³³ www.statehealthfacts.org

³⁴ www.healthandwelfare.idaho.gov/Portals/0/Health/Disease/STD%20HIV/2013_Facts_Book_FINAL.pdf

³⁵ <http://www.cdc.gov/HIV/TOPICS/>

³⁶ <http://www.cdc.gov/hiv/youth/>

- **Arthritis**

In 2010, 24.1 % of Idaho adults had ever been told by a medical professional that they had arthritis. The prevalence of arthritis in our service area is below the national average and has not changed significantly since 2005.

The majority of those with arthritis (54.5%) reported that their activities were limited due to health problems. 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:

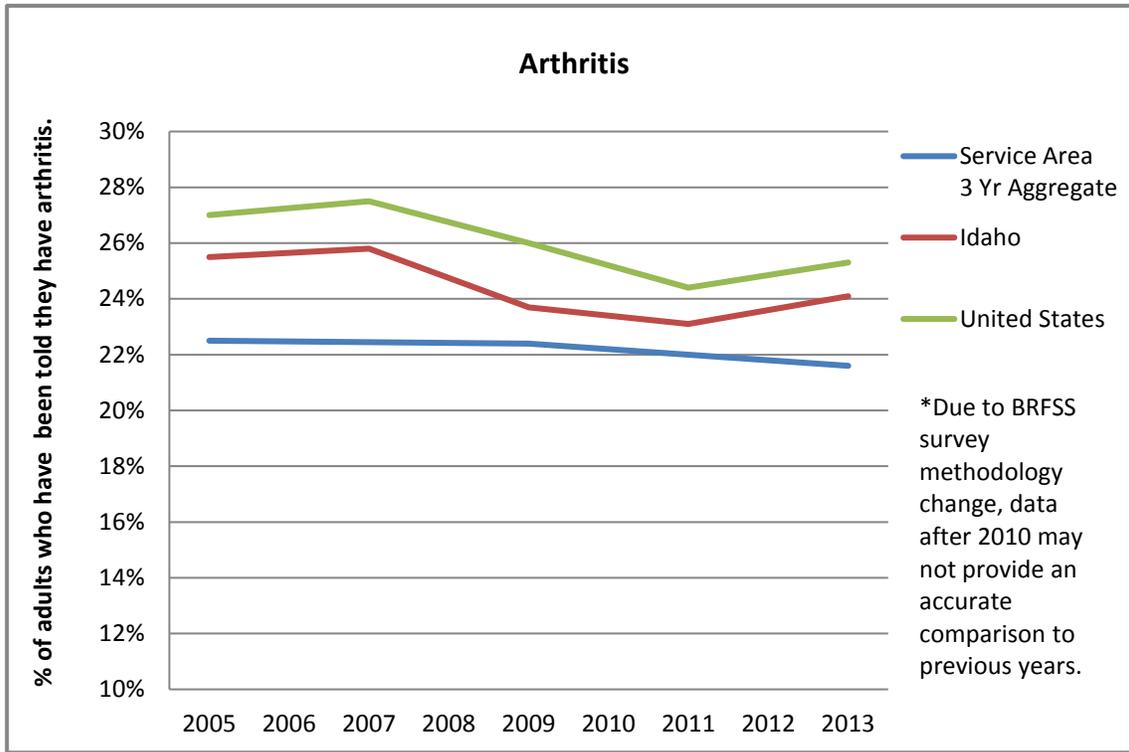
- Idaho residents with incomes below \$50,000 per year were more likely to have arthritis than those with incomes of \$50,000 or higher (25% compared with 18.7%).
- Hispanics were significantly less likely than non-Hispanics to have been diagnosed with arthritis (14.5% compared with 23.8%).
- Overweight adults (BMI \geq 25) were more likely to have arthritis compared to those who were not overweight.³⁷

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.³⁸

³⁷ Idaho and National 2002 - 2013 Behavioral Risk Factor Surveillance System

³⁸ Arthritis Foundation, <http://www.arthritis.org/preventing-arthritis.php>

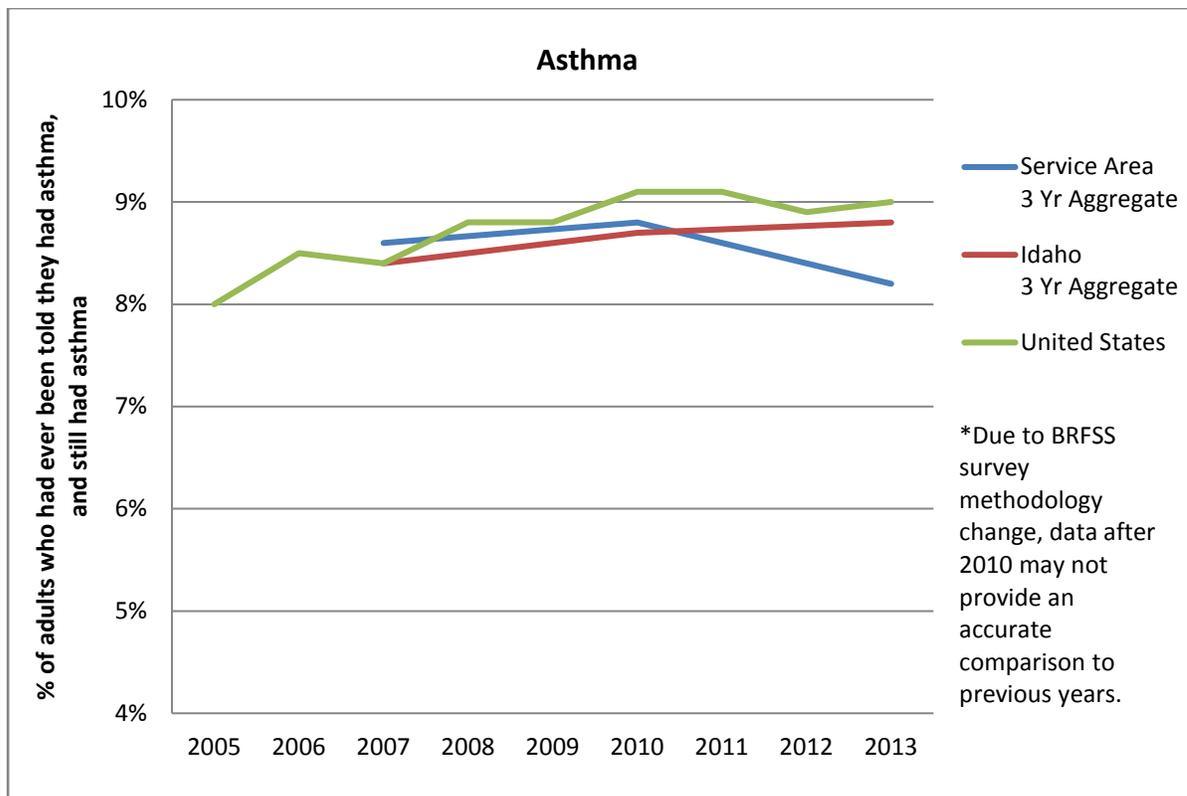


Health Factor Score					
Low score = Low potential for health impact			High score = High potential for health impact		
	Trend: Better/Worse	Prevalence versus U.S.	Severe/ Preventable	Magnitude: Root Cause	Total Score
Arthritis	2	1	2	0	5

- **Asthma**

The percentage of people with asthma in our service area has been essentially flat since 2005. Thirty percent (30%) of adults with current asthma reported their general health status as “fair” or “poor,” which is more than twice as high as people who did not have asthma (only 13.7% of people without asthma reported fair or poor health). Females, unemployed, and non-college graduates are more likely to have current asthma.³⁹

Asthma is a long-term disease that can't be cured or prevented. The goal of asthma treatment is to control the disease. To control asthma, it is recommended that people partner with their provider to create an action plan that avoids asthma triggers and includes guidance on when to take medications or to seek emergency care.⁴⁰



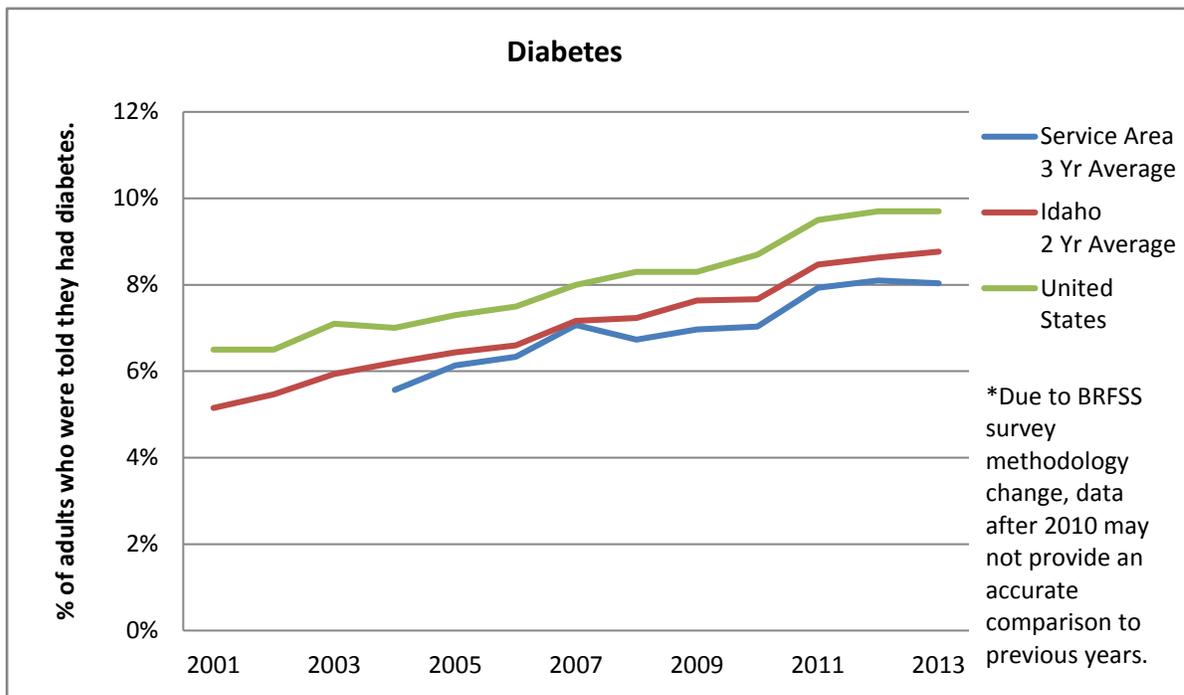
Health Factor Score					
Low score = Low potential for health impact			High score = High potential for health impact		
	Trend: Better/Worse	Prevalence versus U.S. Average	Severe/ Preventable	Magnitude: Root Cause	Total Score
Asthma	2	2	2	0	6

³⁹ Idaho and National 2002 - 2013 Behavioral Risk Factor Surveillance System

⁴⁰ http://www.nhlbi.nih.gov/health//dci/Diseases/Asthma/Asthma_Treatments.html

- **Diabetes**

About 8% of the people in our community report that they have been told they have diabetes. The percent of people living with diabetes in our service area and in the United States is up by about 50% 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.⁴¹ Direct medical costs for type 2 diabetes exceed \$100 billion and account for \$1 of every \$10 spent on medical care in the U.S.⁴²



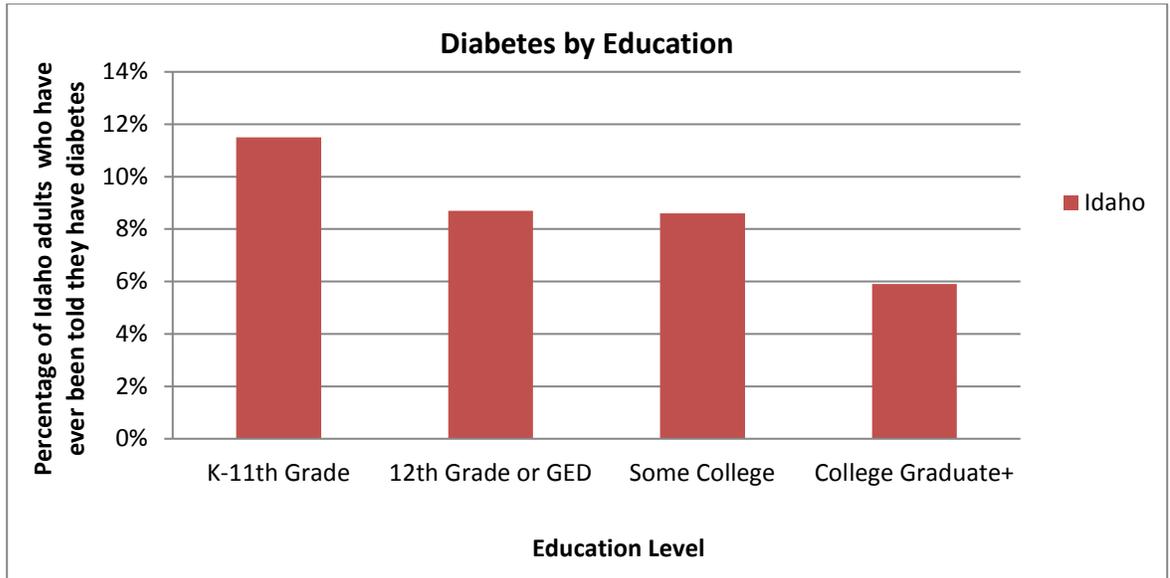
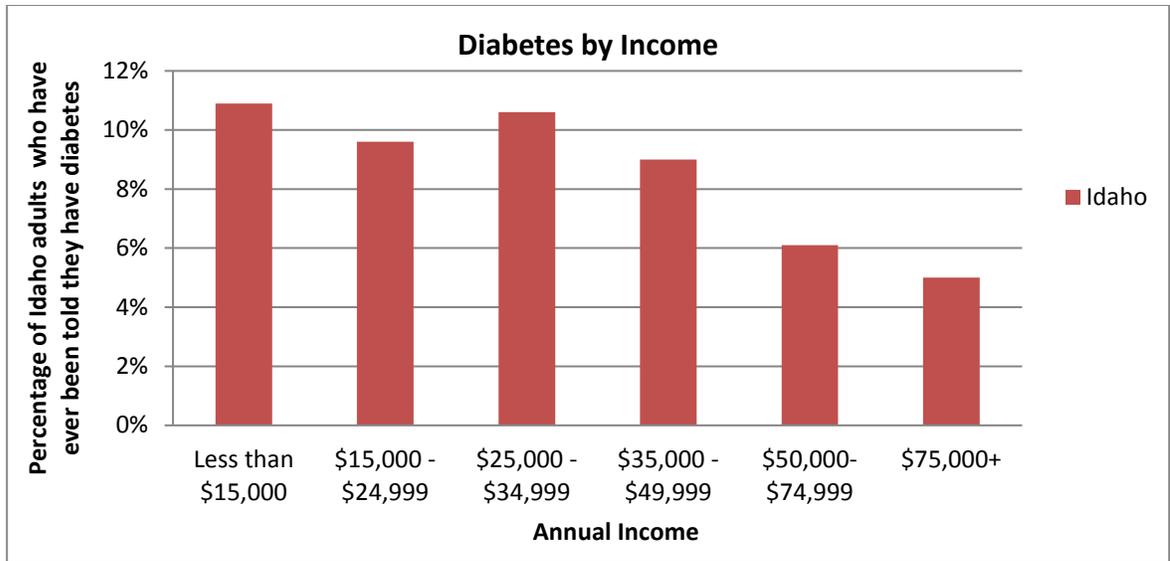
Other Highlights:

- Overweight (BMI \geq 25) adults reported diabetes more than three times as often as those who were not overweight. Among overweight adults, 10.6% had diabetes compared with 3.4% of those who were not overweight or obese.
- Those who did not engage in leisure time physical activity reported diabetes more than twice as often as those who did have leisure time physical activity.
- Those with a high school diploma or less education were significantly more likely to have diabetes than college graduates.
- Those with lower incomes were more likely to have diabetes than those with mid-level or high incomes.⁴³

⁴¹ Idaho and National 2002 - 2013 Behavioral Risk Factor Surveillance System

⁴² America's Health Rankings 2015, www.americashealthrankings.org

⁴³ Ibid.



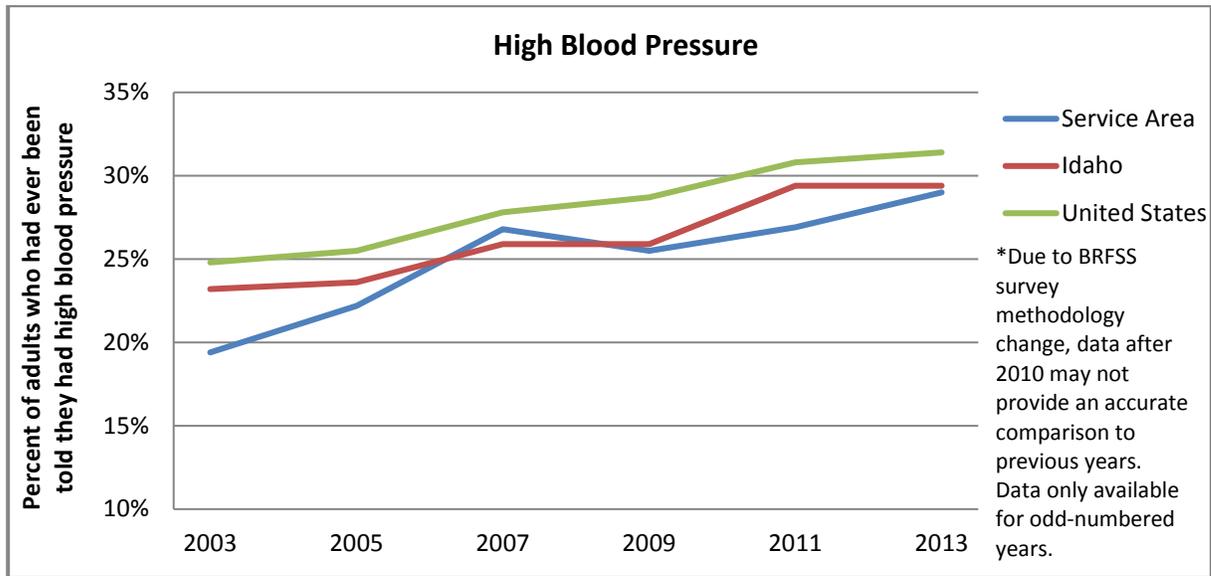
Studies indicate that the onset of type 2 diabetes can be prevented through weight loss, increased physical activity, and improving dietary choices. Diabetes can be managed through regular monitoring, following a physician-prescribed care regiment, adjusting diet, and maintaining a physically active lifestyle.⁴⁴

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

⁴⁴ America's Health Rankings 2015, www.americashealthrankings.org

- **High Blood Pressure**

The incidence of high blood pressure in the United States has continued to rise steadily over time. Currently, about one in every three Americans suffers from high blood pressure. Although blood pressure rates in our service area are below the national level, the long-term trend is not improving. High blood pressure is a major risk factor for heart disease, stroke, congestive heart failure, and kidney disease.⁴⁵



- 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.⁴⁶

Healthy blood pressure may be maintained by changing lifestyle or combining lifestyle changes with prescribed medications.⁴⁷

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

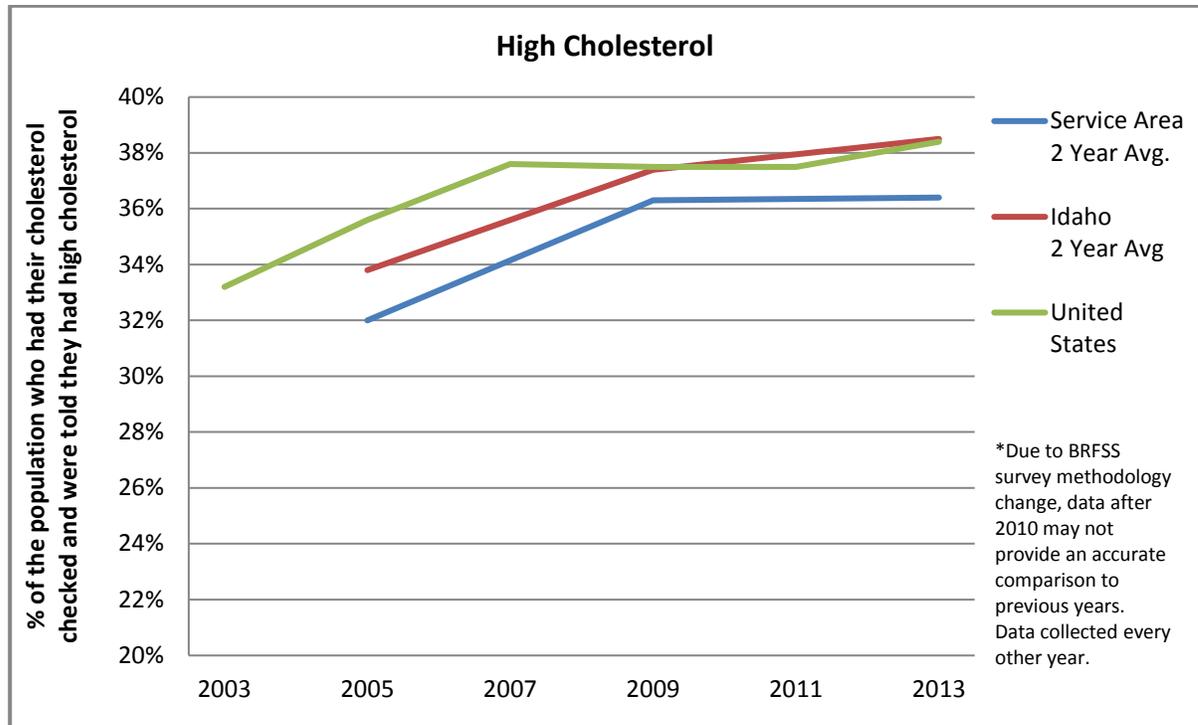
⁴⁵ Ibid

⁴⁶ Idaho and National 2002 - 2013 Behavioral Risk Factor Surveillance System

⁴⁷ America's Health Rankings 2015, www.americashealthrankings.org

- **High Cholesterol**

Among those who had ever been screened for cholesterol in our service area, 36.4% reported that they were told their cholesterol was high in 2013, which is a little better 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.⁴⁸



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 almost twice as likely to have had high blood cholesterol levels as those under age 55.⁴⁹

While some factors that contribute to high cholesterol are out of our control, like family

⁴⁸ Ibid.

⁴⁹ Idaho 2011 - 2013 Behavioral Risk Factor Surveillance System

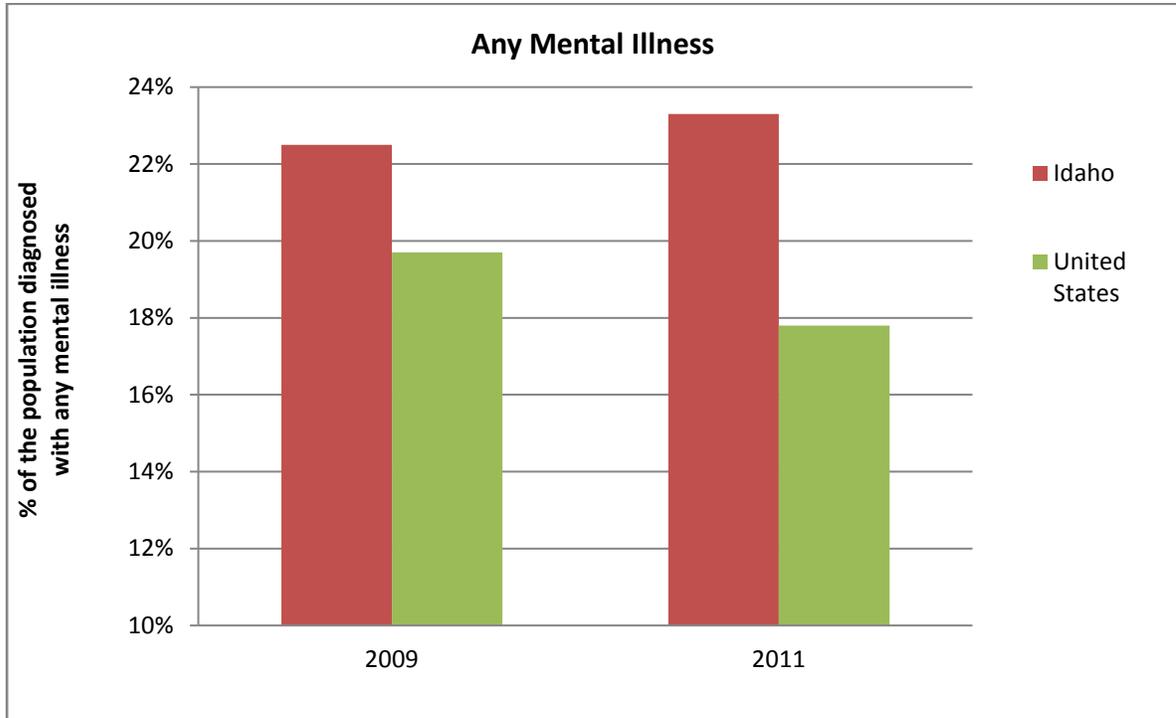
history, there are many things a person can do to keep cholesterol in check, such as following a healthy diet, maintaining a healthy weight, and being physically active. For some individuals, a physician-recommended pharmacological intervention may be necessary.⁵⁰

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
High Cholesterol	3	2	3	2	10

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

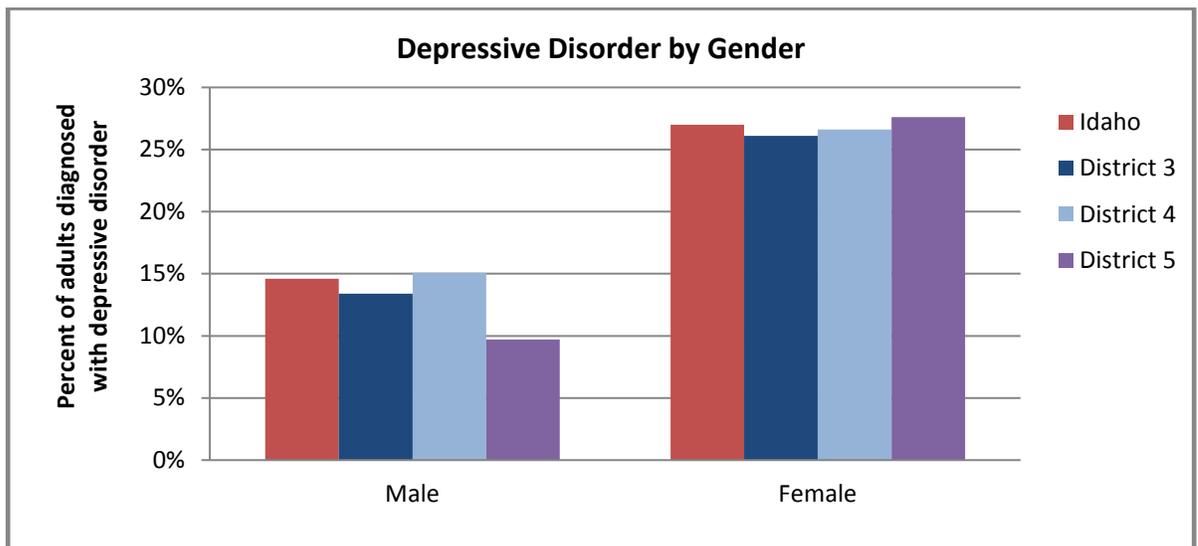
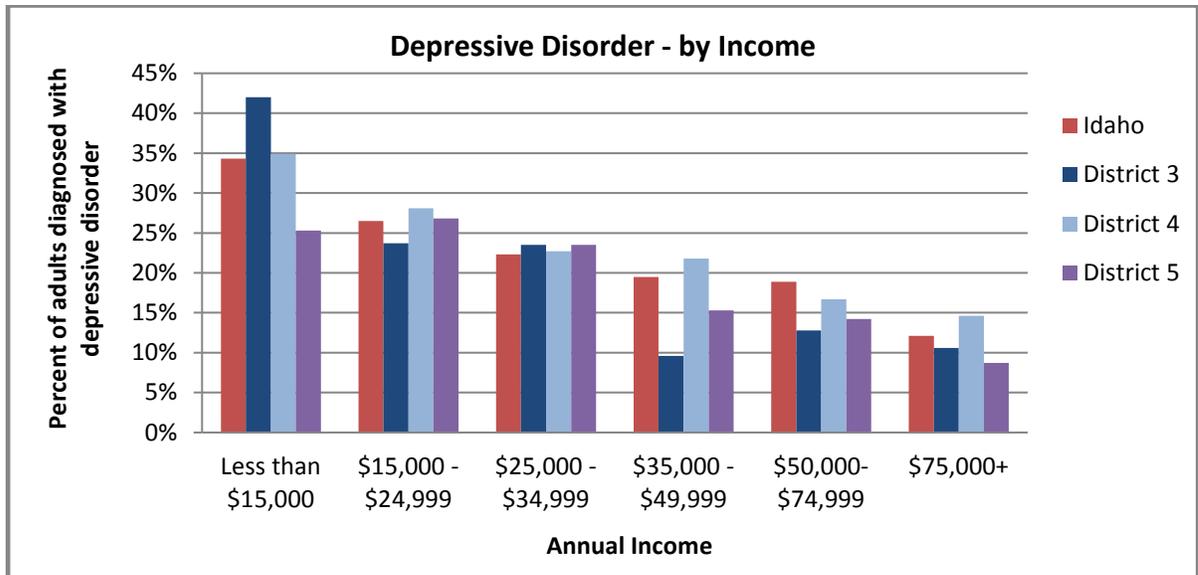
- **Mental Illness**

Community mental health status can help explain suicide rates as well as help us understand the need for mental health professionals in our service area. The percentage of people age 18 or older having any mental illness (AMI) (2009-2011 latest years available) was 23.3% for Idaho. This was the third highest percentage of mental illness in the nation. The percentage of people having any mental illness for the United States as a whole was 17.8%.⁵¹



⁵¹ Mental Health, United States, 2012 Report, 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.⁵²



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	3	4	3	3	13

⁵² Idaho 2011 - 2013 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.

- **Cancer (malignant neoplasms)**

Cancer is the leading cause of death in Idaho and the second leading cause of death 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. About 22% of all deaths in Idaho each year are from cancer.

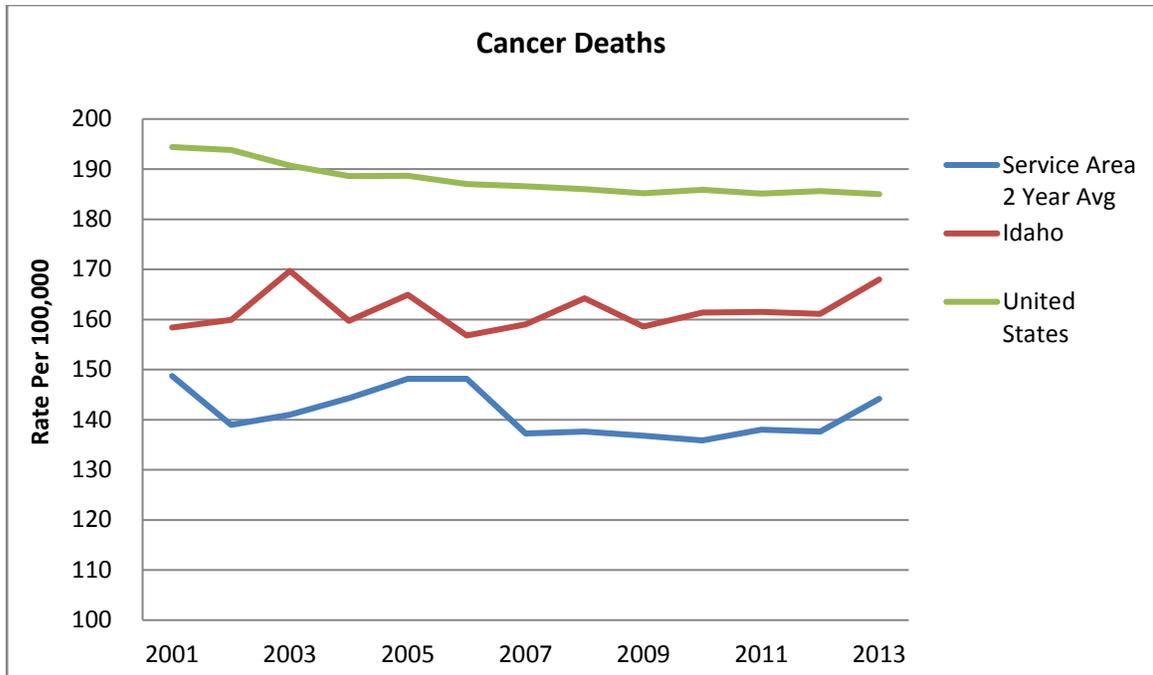
Although cancer may occur at any age, it is generally a disease of aging. Nearly 80% of cancers are diagnosed in persons 55 or older. Cancer is caused both by external factors such as tobacco use and exposure, chemicals, radiation and infectious organisms, and by internal factors such as genetics, hormonal 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.⁵³

The chart below shows the cancer death rate in our service area is 20% below the national average. The trend for cancer deaths is down nationally and has been flat in our service area for the past ten years.⁵⁴

⁵³ Comprehensive Cancer Alliance for Idaho, Idaho Comprehensive Cancer Strategic Plan 2004-2010, www.ccaidaho.org

⁵⁴ Idaho Vital Statistics Annual Reports, Years 2003 - 2013, National Vital Statistics Report - Deaths: Data 2013



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.⁵⁵

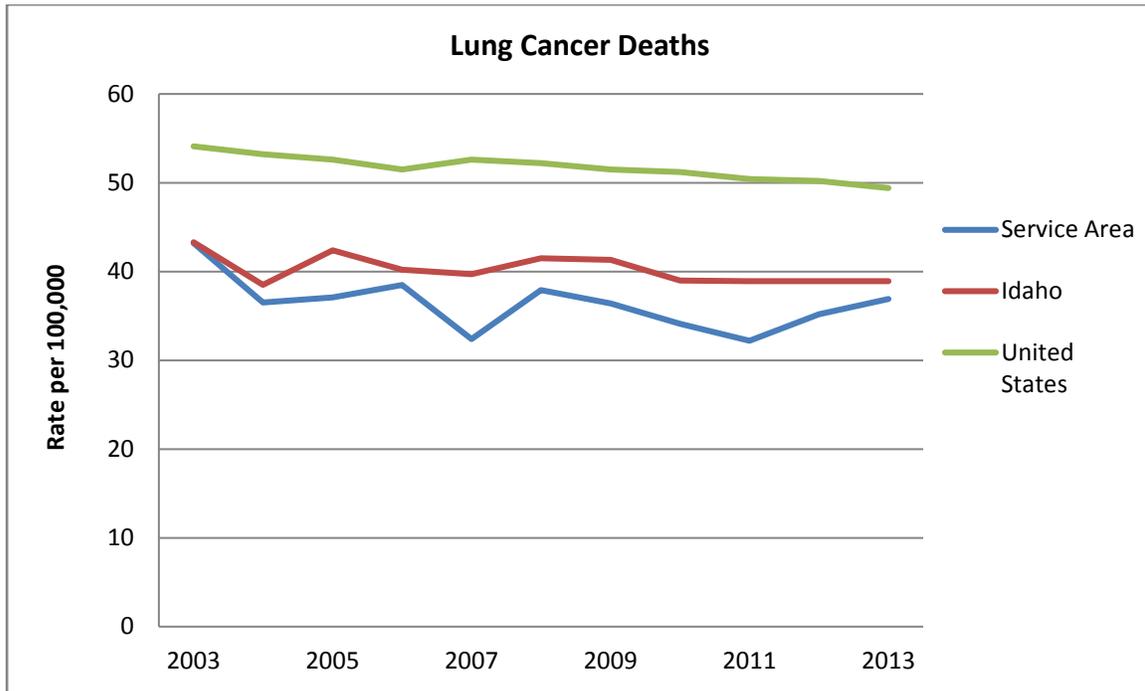
Health Factor Score					
Low score = Low potential for health impact			High score = High potential for health impact		
	Trend: Better/Worse	Prevalence versus U.S. Average	Severe/ Preventable	Magnitude: Root Cause	Total Score
Cancer	2	0	3	1	6

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

⁵⁵ America’s Health Rankings 2011, www.americashealthrankings.org

- **Lung Cancer**

Lung cancer is the leading cause of cancer death in Idaho. However, the lung cancer death rate in our service area is below the national average.⁵⁶ 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.⁵⁷



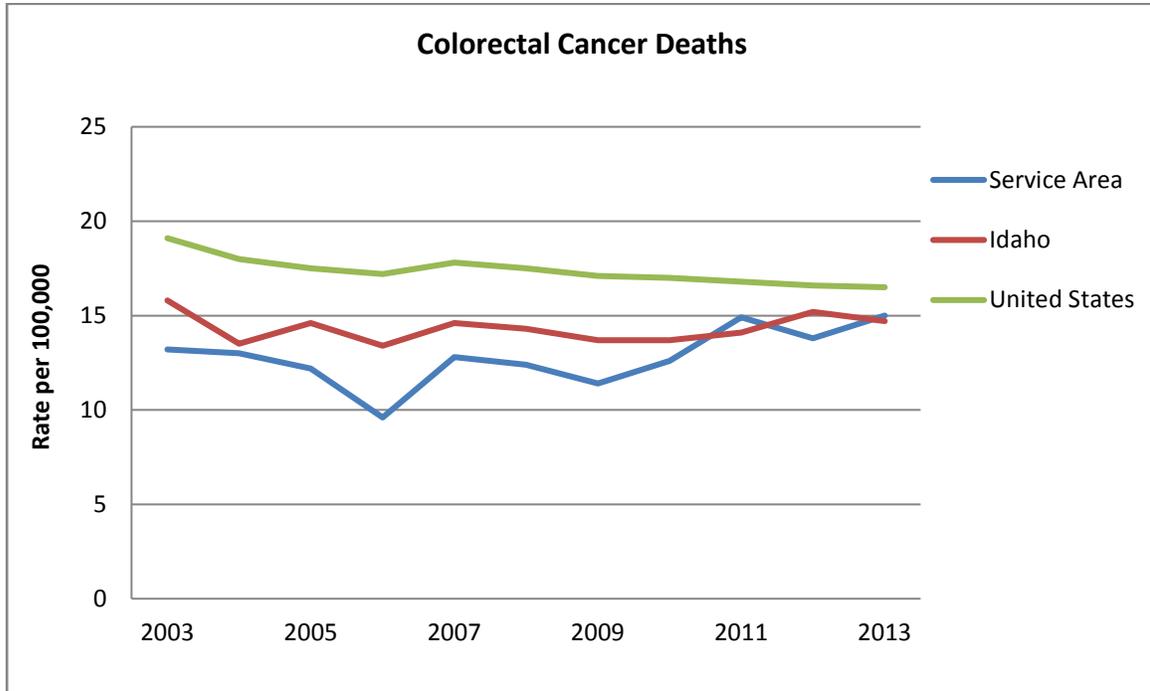
Health Factor Score					
Low score = Low potential for health impact			High score = High potential for health impact		
	Trend: Better/Worse	Prevalence versus U.S. Average	Severe/ Preventable	Magnitude: Root Cause	Total Score
Lung Cancer	2	1	4	1	8

⁵⁶ Idaho Vital Statistics Annual Reports, Years 2000 - 2013, National Vital Statistics Report - Deaths: Data 2012

⁵⁷ Comprehensive Cancer Alliance for Idaho, Idaho Comprehensive Cancer Strategic Plan 2004-2010, www.ccaidaho.org

- **Colorectal Cancer**

In Idaho, colorectal cancer is the second most common cancer-related cause of death among males and females combined. The trend for colorectal cancer deaths in our service area is beginning to rise, while the national trend is down. The death rate is now about the same as the national average.⁵⁸ 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.⁵⁹



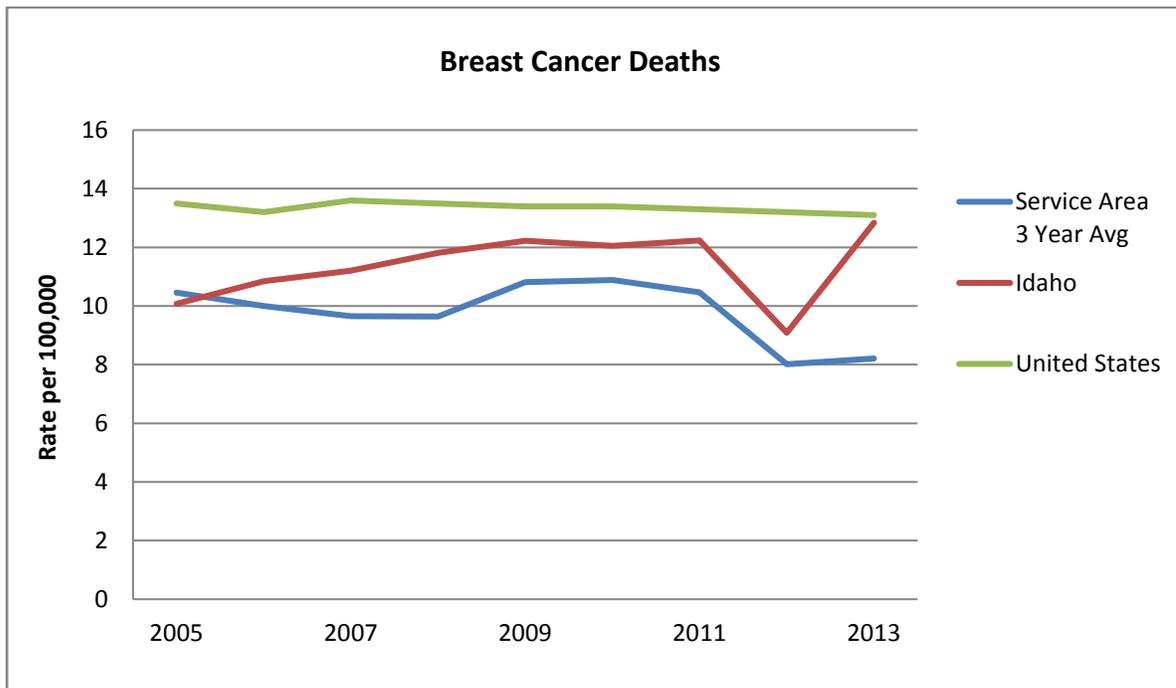
Health Factor Score					
Low score = Low potential for health impact			High score = High potential for health impact		
	Trend	Prevalence versus U.S. Average	Severe/ Preventable	Magnitude	Total Score
Colorectal Cancer	3	2	4	0	9

⁵⁸ Idaho Vital Statistics Annual Reports, Years 2000 - 2013, National Vital Statistics Report - Deaths: Data 2012

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

- **Breast Cancer**

Breast cancer is the second leading cause of cancer death, after lung cancer among Idaho women. The breast cancer death rate in Idaho is about the same as the national average. In our service area, it is well below the national average and trending lower.⁶⁰ 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%).⁶¹



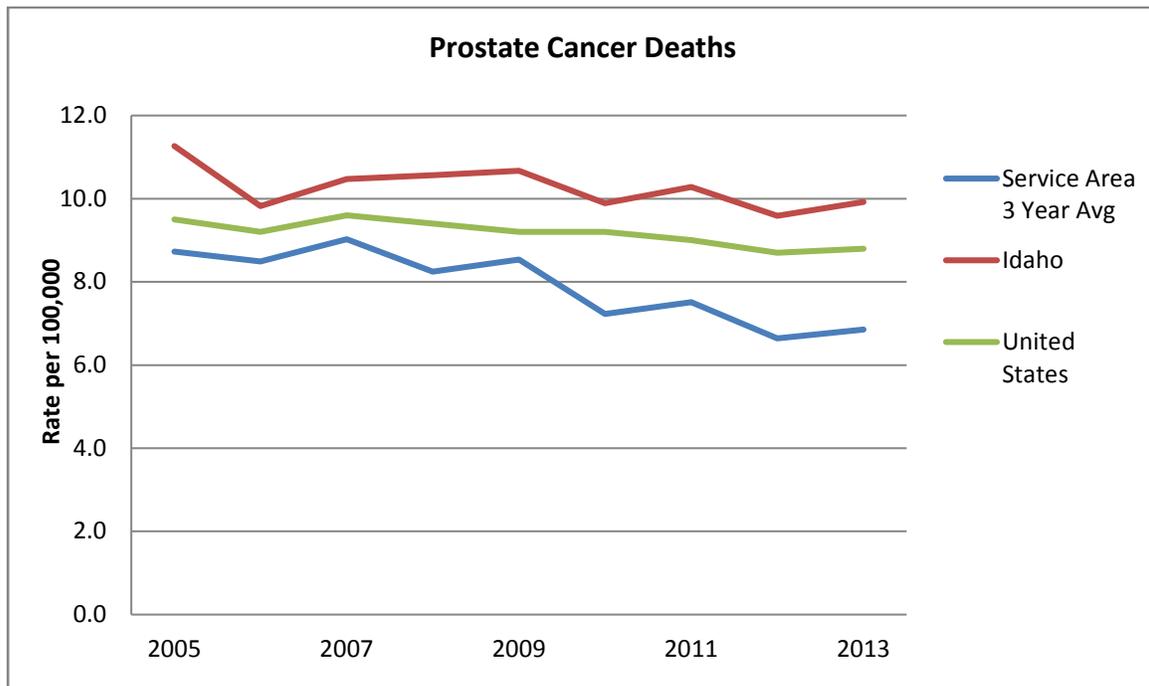
Health Factor Score					
Low score = Low potential for health impact			High score = High potential for health impact		
	Trend: Better/Worse	Prevalence versus U.S. Average	Severe/ Preventable	Magnitude: Root Cause	Total Score
Breast Cancer	1	0	4	1	6

⁶⁰ Idaho Vital Statistics Annual Reports, Years 2000 - 2013, National Vital Statistics Report - Deaths: Data 2012

⁶¹ America's Health Rankings 2015, www.americashealthrankings.org

- **Prostate Cancer**

Prostate cancer is the second overall cause of death in Idaho men and is the most common cancer among males. In our service area, the prostate cancer death rate has been decreasing and is slightly below the national average.⁶² 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.⁶³



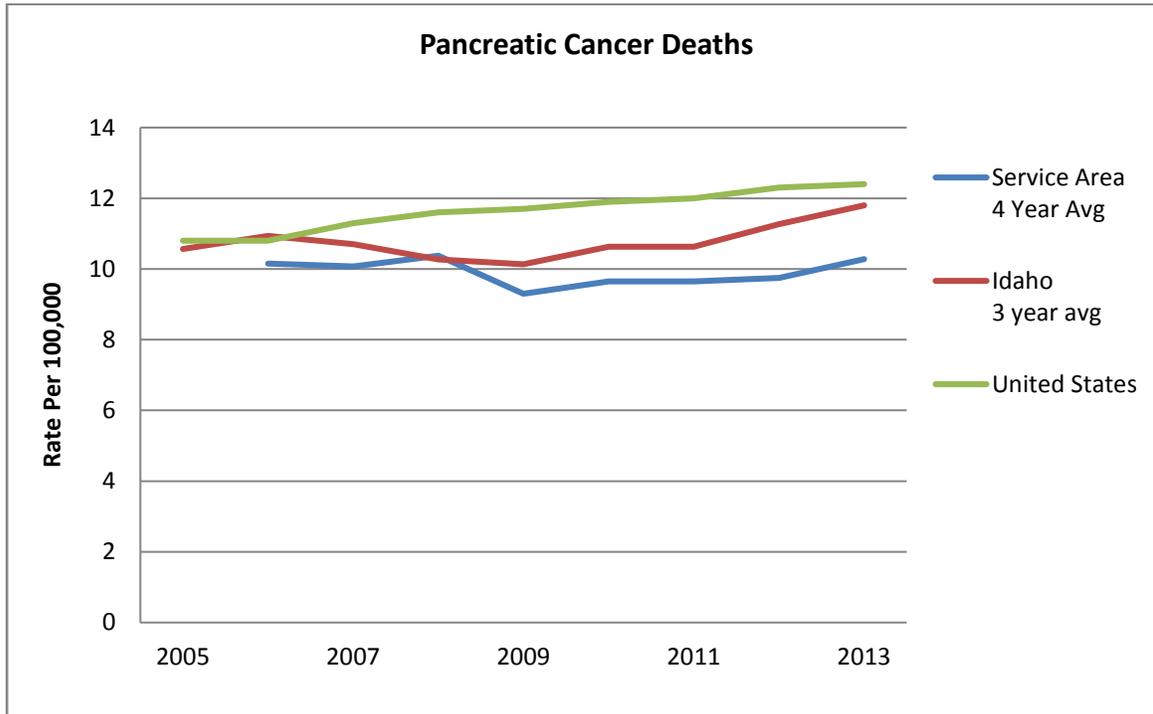
Health Factor Score					
Low score = Low potential for health impact			High score = High potential for health impact		
	Trend: Better/Worse	Prevalence versus U.S. Average	Severe/ Preventable	Magnitude: Root Cause	Total Score
Prostate Cancer	1	1	3	0	5

⁶² Idaho Vital Statistics Annual Reports, Years 2000 - 2013, National Vital Statistics Report - Deaths: Data 2012

⁶³ 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 about the same as the national average.⁶⁴ 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.⁶⁵



Health Factor Score					
Low score = Low potential for health impact			High score = High potential for health impact		
	Trend	Prevalence versus U.S. Average	Severe/ Preventable	Magnitude	Total Score
Pancreatic Cancer	2	2	1	0	5

⁶⁴ Idaho Vital Statistics Annual Reports, Years 2000 - 2010, National Vital Statistics Report - Deaths: Data 2010

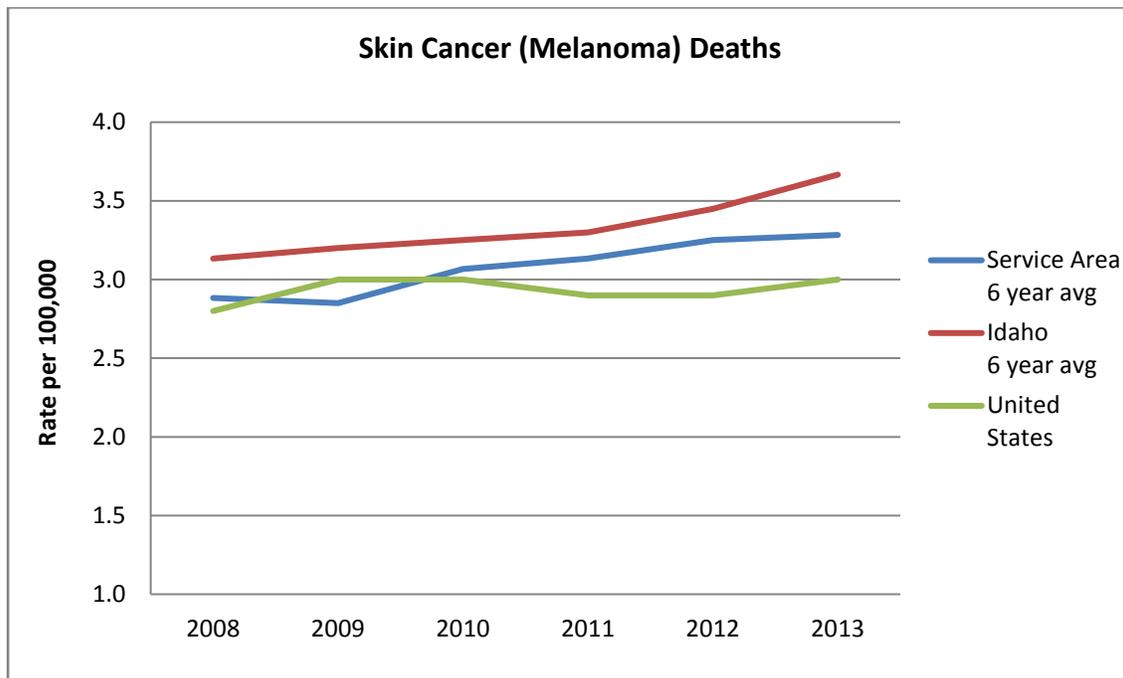
⁶⁵ Comprehensive Cancer Alliance for Idaho, Idaho Comprehensive Cancer Strategic Plan 2004-2010, www.ccaidaho.org

- **Skin Cancer (Melanoma)**

In 2008, more than 1 million people were diagnosed with skin cancer, making it the most common of all cancers. More people were diagnosed with skin cancer in 2008 than with breast, prostate, lung, and colon cancer combined. About 1 in 5 Americans will develop skin cancer during their lifetime. For people born in 2005, 1 in 55 will be diagnosed with melanoma— nearly 30 times the rate for people born in 1930.⁶⁶

Idaho had the highest melanoma death rate nationally from 2001-2005—26% higher than the U.S. average. About 50 people in the state die of melanoma every year. New diagnoses of melanoma increased at a rate of about 3.6% per year in Idaho from 1975 to 2006. The rate of increase was higher for males (4.2% per year) than for females (2.8% per year).

The chart shows that melanoma death rates are higher in Idaho and our service area than in the rest of the nation and the death rates have been increasing over time.⁶⁷



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.⁶⁸

⁶⁶ www.epa.gov/sunwise/statefacts.html

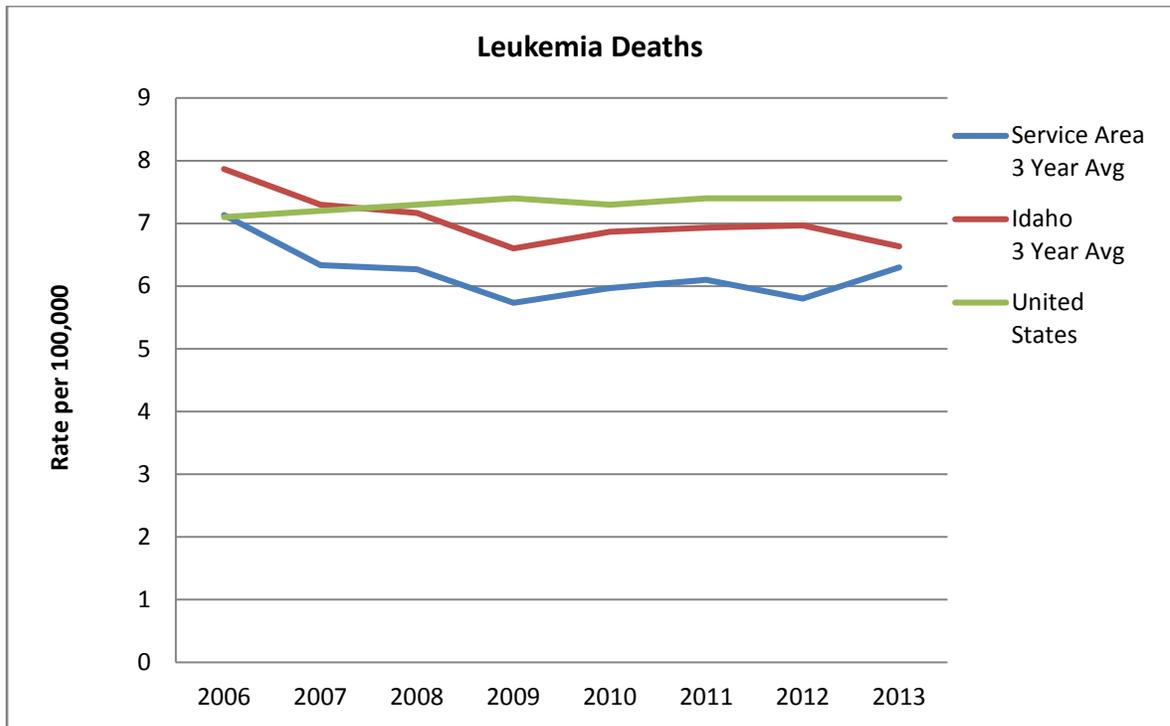
⁶⁷ Idaho Vital Statistics Annual Reports, Years 2000 - 2013, National Vital Statistics Report - Deaths: Data 2012

⁶⁸ Comprehensive Cancer Alliance for Idaho, Idaho Comprehensive Cancer Strategic Plan 2004-2010, www.ccaidaho.org

Health Factor Score					
Low score = Low potential for health impact			High score = High potential for health impact		
	Trend: Better/Worse	Prevalence versus U.S. Average	Severe/ Preventable	Magnitude: Root Cause	Total Score
Skin Cancer Death Rate	3	3	4	0	10

- **Leukemia**

The leukemia death rate in our service area is about the same as the national average and the trend is flat.⁶⁹ 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.⁷⁰ Because the causes are not well understood, evidence-based preventive programs are not available (other than avoiding the risk factors described above).



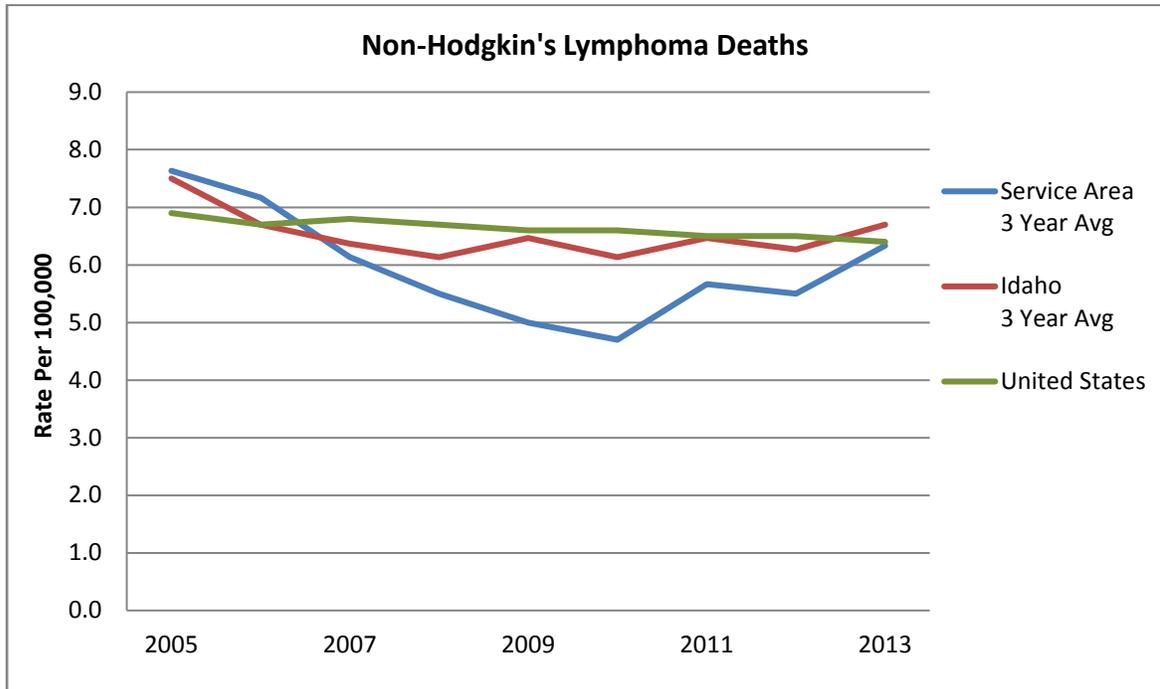
Health Factor Score					
Low score = Low potential for health impact			High score = High potential for health impact		
	Trend: Better/Worse	Prevalence versus U.S. Average	Severe/ Preventable	Magnitude: Root Cause	Total Score
Leukemia	2	2	1	0	5

⁶⁹ Idaho Vital Statistics Annual Reports, Years 2000 - 2013, National Vital Statistics Report - Deaths: Data 2012

⁷⁰ www.cdc.gov/Features/HematologicCancers/

- **Non-Hodgkin's Lymphoma**

The non-Hodgkin's lymphoma death rate in our service area is about the same as the national average, but the trend may be getting worse.⁷¹ Lymphoma is a general term for cancers that start in the lymph system; mainly the lymph nodes. The causes of lymphoma are unknown.⁷² 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	3	2	1	0	6

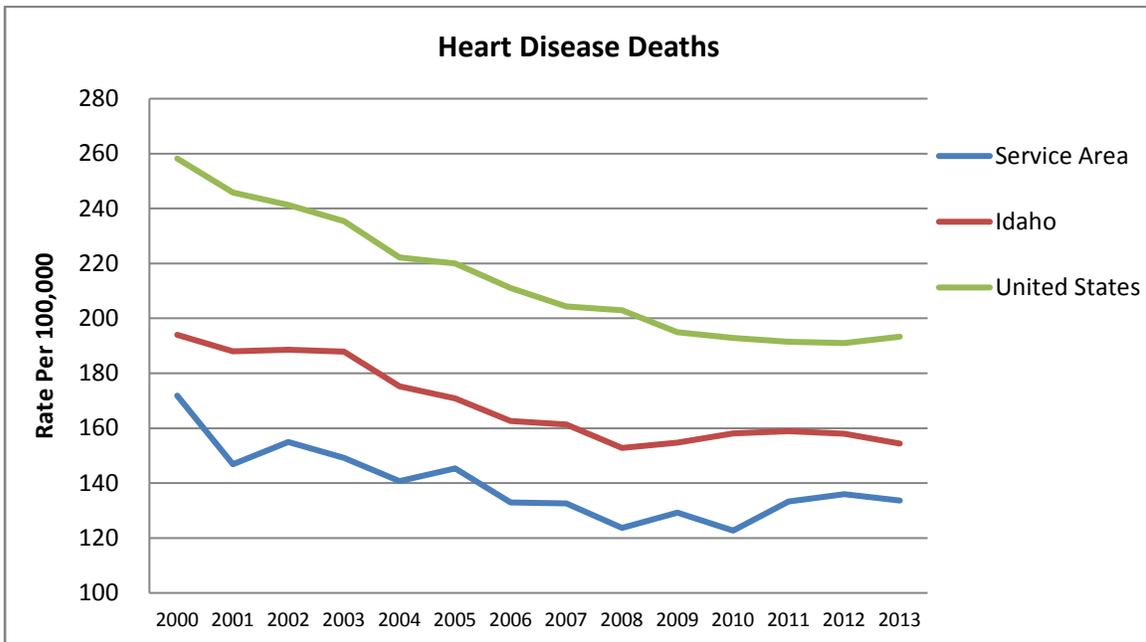
⁷¹ Idaho Vital Statistics Annual Reports, Years 2000 - 2010, National Vital Statistics Report - Deaths: Data 2010

⁷² www.cdc.gov/Features/HematologicCancers/

- **Diseases of the Heart**

The heart disease death rate has been in steady decline over the past 10 years.⁷³ It's important to note that even though mortality rates are declining, 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. It is the second leading cause of death in Idaho.⁷⁴ The death rate from heart disease in our service area is approximately 30% 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.⁷⁵

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

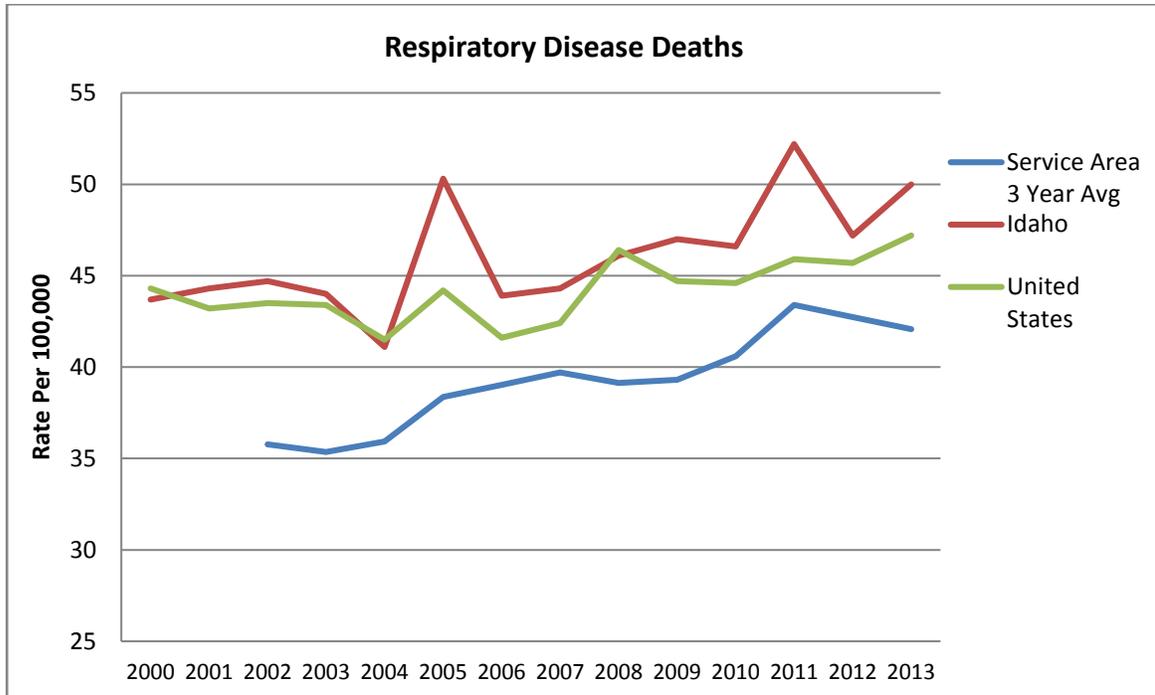
⁷³ Idaho Vital Statistics Annual Reports, Years 2000 - 2013, National Vital Statistics Report - Deaths: Data 2012

⁷⁴ America's Health Rankings 2011, www.americashealthrankings.org

⁷⁵ Ibid.

- **Chronic Lower Respiratory Diseases**

The chronic lower respiratory diseases death rate in our service area is about the same as the national average and the trend has been rising slowly since 2000. Chronic lower respiratory diseases are the third leading cause of death in Idaho.⁷⁶ 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.⁷⁷



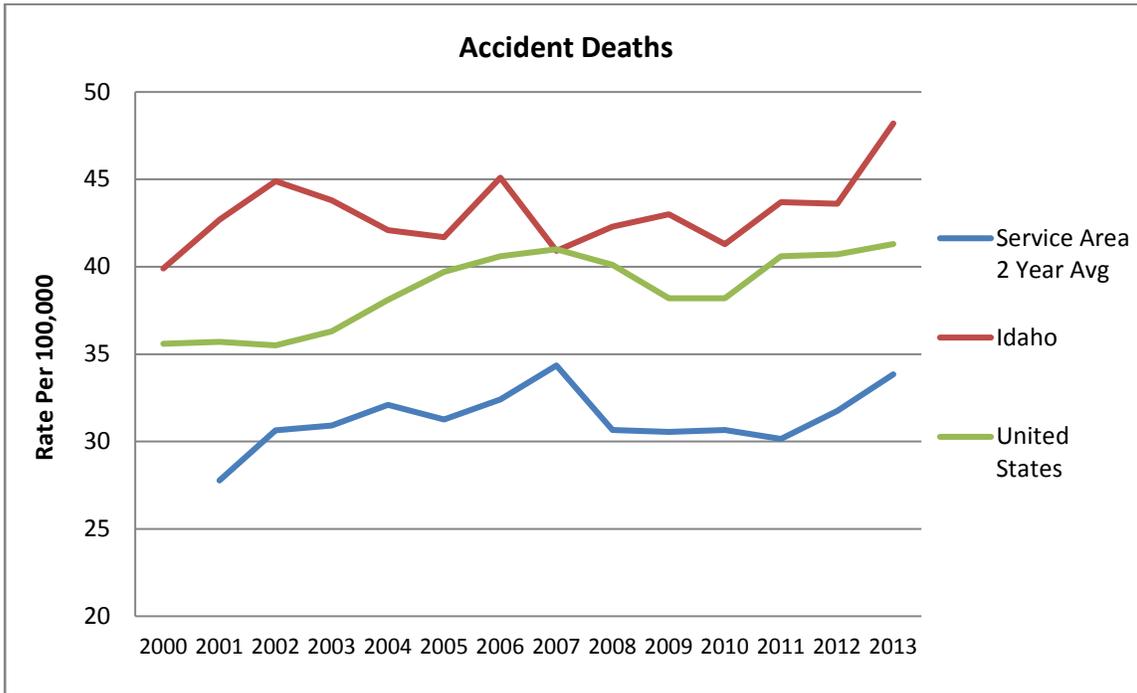
Health Factor Score					
Low score = Low potential for health impact			High score = High potential for health impact		
	Trend: Better/Worse	Prevalence versus U.S. Average	Severe/ Preventable	Magnitude: Root Cause	Total Score
Respiratory disease deaths	3	2	4	0	9

⁷⁶ Idaho Vital Statistics Annual Reports, Years 2000 - 2013, National Vital Statistics Report - Deaths: Data 2012

⁷⁷ www.lung.org/associations/states/wisconsin/news/chronic-lower-respiratory.html

- **Accidents**

Accidents are the fourth leading cause of death in Idaho and include unintentional injuries, which comprise both motor vehicle and non-motor vehicle accidents. The accident death rate in our service area is well below the national average and the trend is flat.⁷⁸



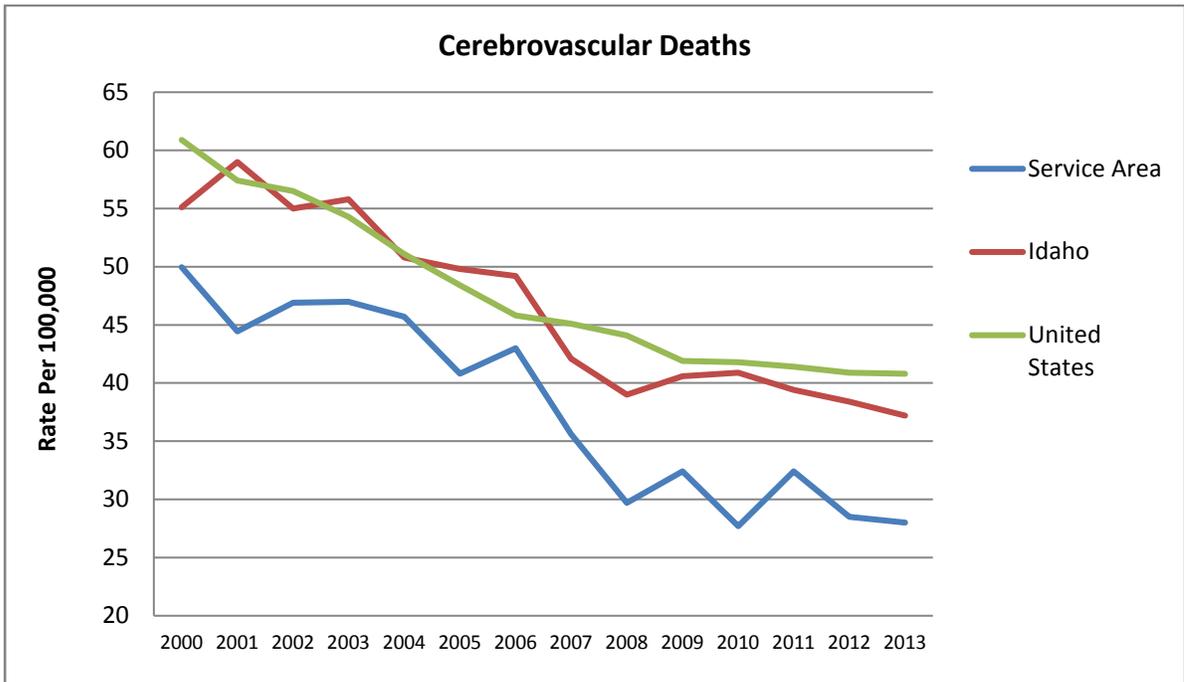
Health Factor Score					
Low score = Low potential for health impact			High score = High potential for health impact		
	Trend	Prevalence versus U.S. Average	Severe/ Preventable	Magnitude	Total Score
Accidental deaths	2	0	4	0	6

⁷⁸ Idaho Vital Statistics Annual Reports, Years 2000 - 2010, National Vital Statistics Report - Deaths: Data 2010

- **Cerebrovascular Diseases**

The number of deaths due to cerebrovascular diseases has decreased substantially over the past 10 years. However, they are still the fifth leading cause of death in Idaho and the nation. In our service area, the cerebrovascular diseases death rate is down by over 40% since the year 2000 and is significantly lower than the national average.⁷⁹

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.⁸⁰



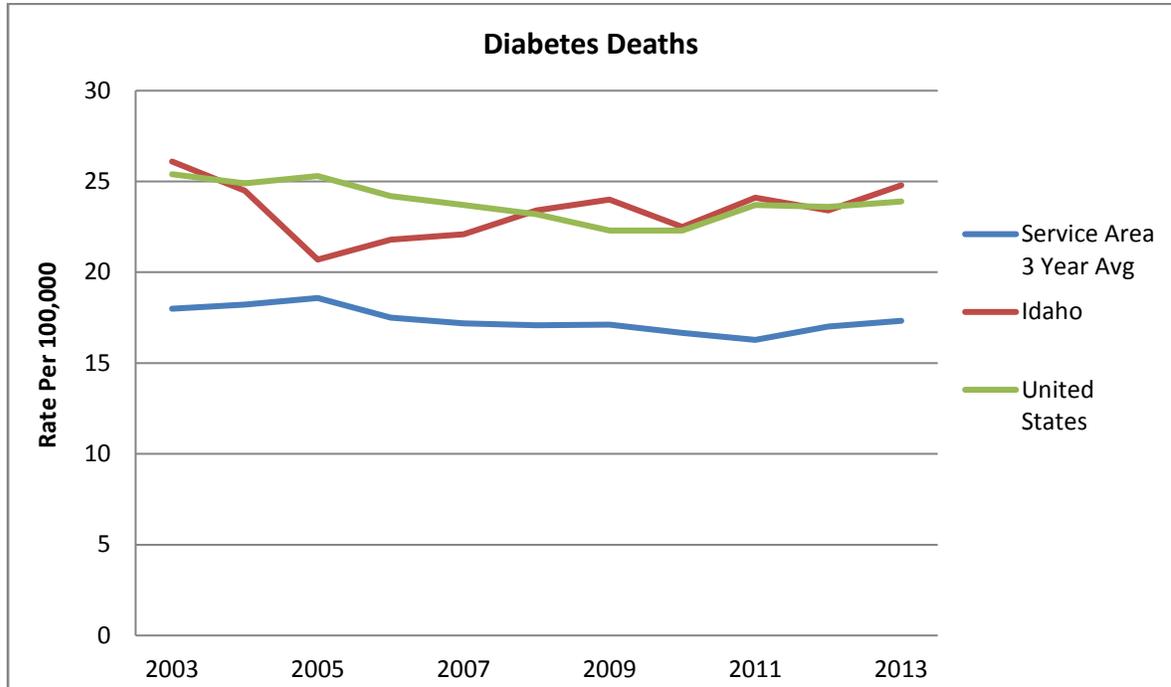
Health Factor Score					
Low score = Low potential for health impact			High score = High potential for health impact		
	Trend: Better/Worse	Prevalence versus U.S. Average	Severe/ Preventable	Magnitude: Root Cause	Total Score
Cerebrovascular Deaths	1	0	4	1	6

⁷⁹ Idaho Vital Statistics Annual Reports, Years 2000 - 2013, National Vital Statistics Report - Deaths: Data 2012

⁸⁰ America's Health Rankings 2015, www.americashealthrankings.org

- **Diabetes Mellitus**

Diabetes is the sixth leading cause of death in Idaho. The death rate from diabetes in our service area is significantly below the national average. While the rate of people dying from diabetes has been flat over the past 10 years, the number of people living with diabetes is increasing significantly as shown earlier in our CHNA. Diabetes is a serious health issue that can contribute to heart disease, stroke, high blood pressure, kidney disease, blindness and can even result in limb amputation or death.⁸¹



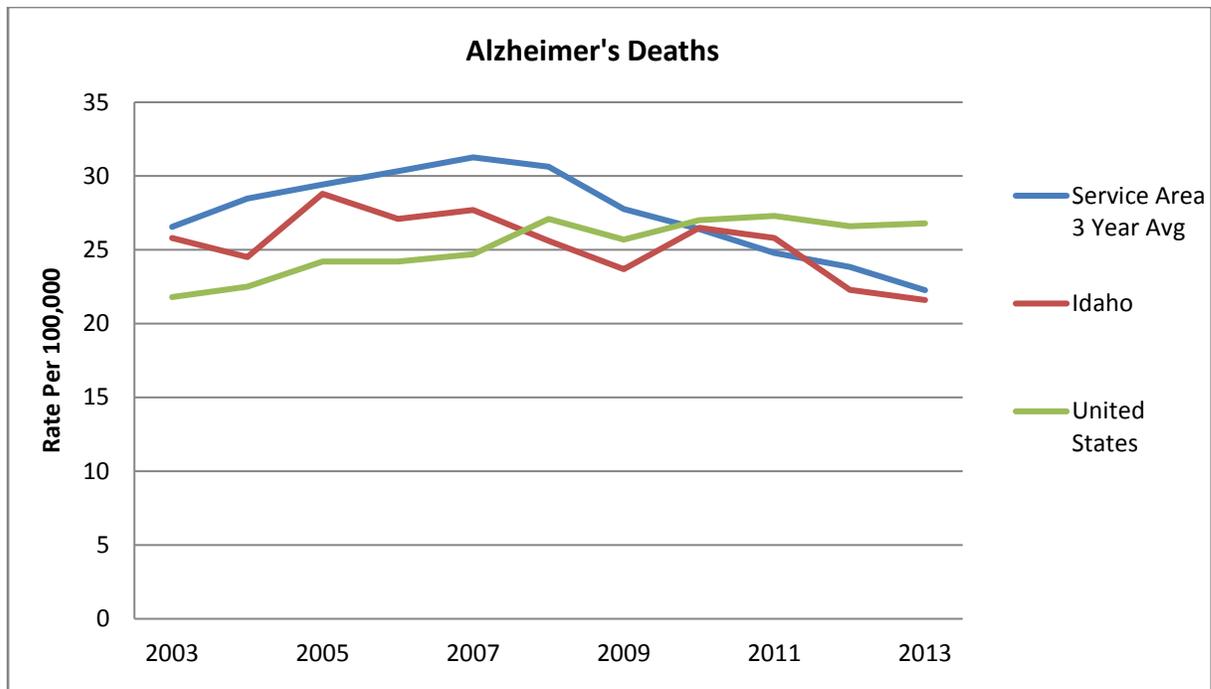
Health Factor Score					
Low score = Low potential for health impact			High score = High potential for health impact		
	Trend: Better/Worse	Prevalence versus U.S. Average	Severe/ Preventable	Magnitude: Root Cause	Total Score
Diabetes Deaths	2	1	3	4	10

⁸¹ Idaho Vital Statistics Annual Reports, Years 2000 - 2013, National Vital Statistics Report - Deaths: Data 2012

- **Alzheimer’s disease**

Alzheimer’s is the seventh leading cause of death in Idaho. Nationally, the death rate from Alzheimer’s has increased over the past 10 years. However, the death rate in our service area has been decreasing recently and is now a little below the national rate.⁸²

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.⁸³



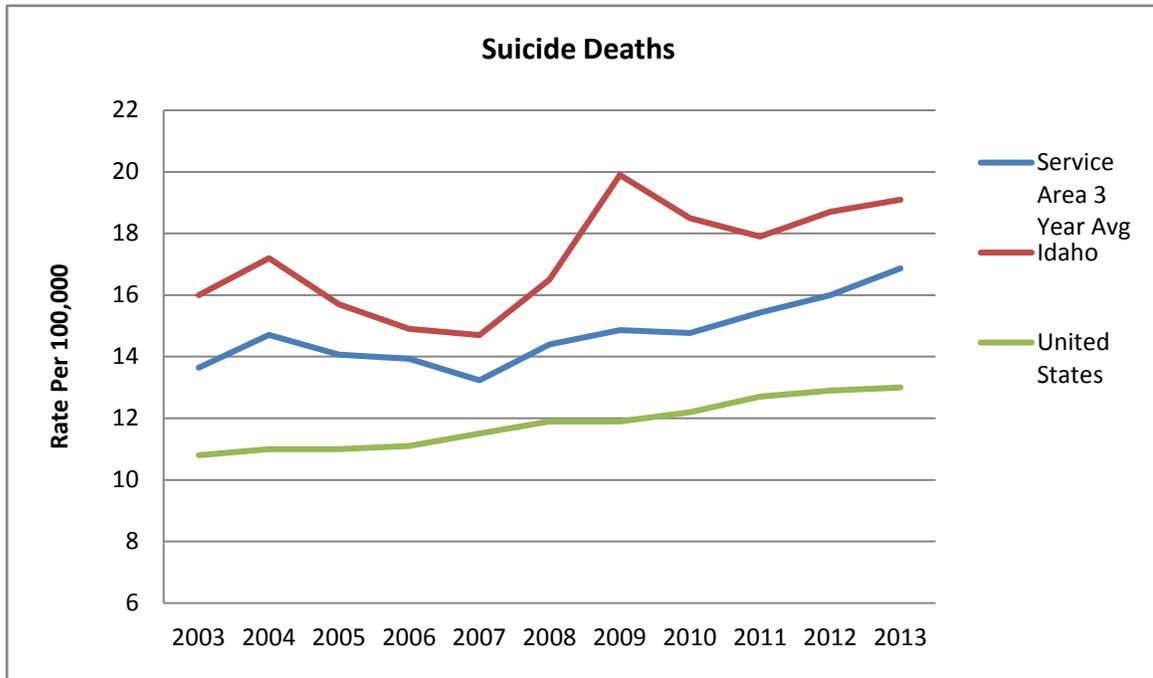
Health Factor Score					
Low score = Low potential for health impact			High score = High potential for health impact		
	Trend: Better/Worse	Prevalence versus U.S. Average	Severe/ Preventable	Magnitude: Root Cause	Total Score
Alzheimer's Deaths	2	2	2	1	7

⁸² Vital Statistics Annual Reports, Years 2000 - 2013, National Vital Statistics Report - Deaths: Data 2012

⁸³ Alzheimer’s Association, www.alz.org

- **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 19.1 in 2013 which is about 50% higher than the national average rate of 12.9. The suicide rate in our service area was 16.9, which is 31% 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.⁸⁴ 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.⁸⁵

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

⁸⁴ Idaho Vital Statistics Annual Reports, Years 2000 - 2013, National Vital Statistics Report - Deaths: Data 2013

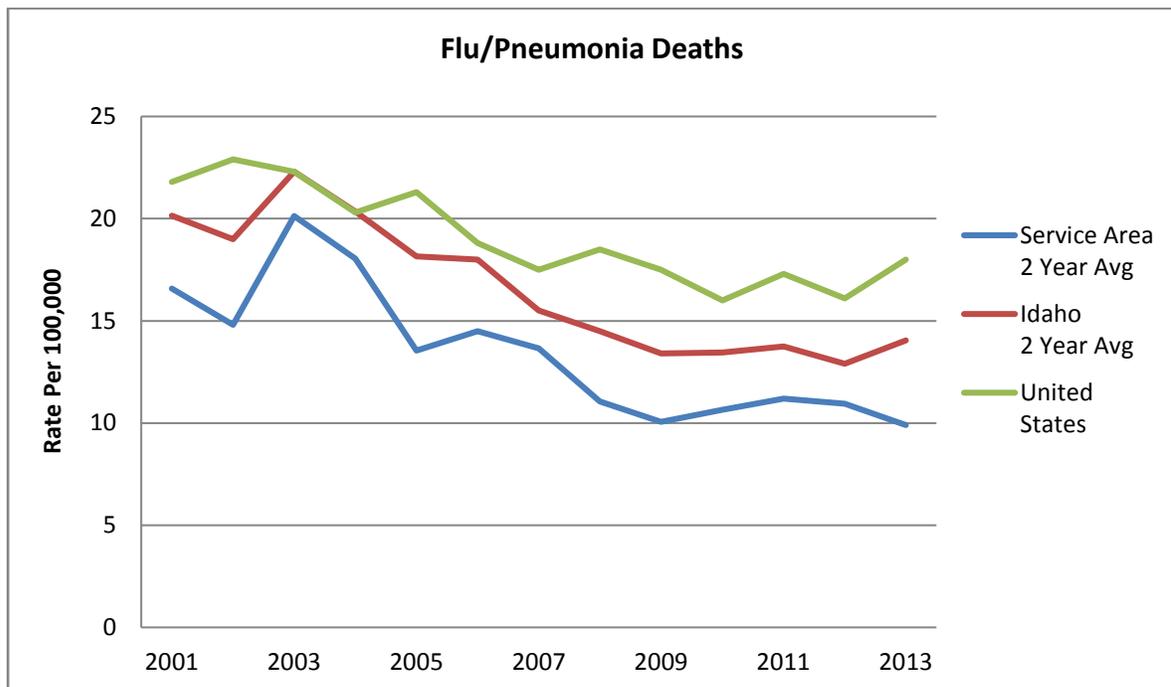
⁸⁵ Idaho Council on Suicide Prevention, Report to Governor C.L. Otter, November 2009

- **Influenza and Pneumonia**

The death rates from flu and pneumonia have been decreasing in our service area and are significantly lower than the national average.⁸⁶

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.⁸⁷

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.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
Flu/ Pneumonia	0	0	4	0	4

⁸⁶ Idaho Vital Statistics Annual Reports, Years 2000 - 2013, National Vital Statistics Report - Deaths: Data 2012

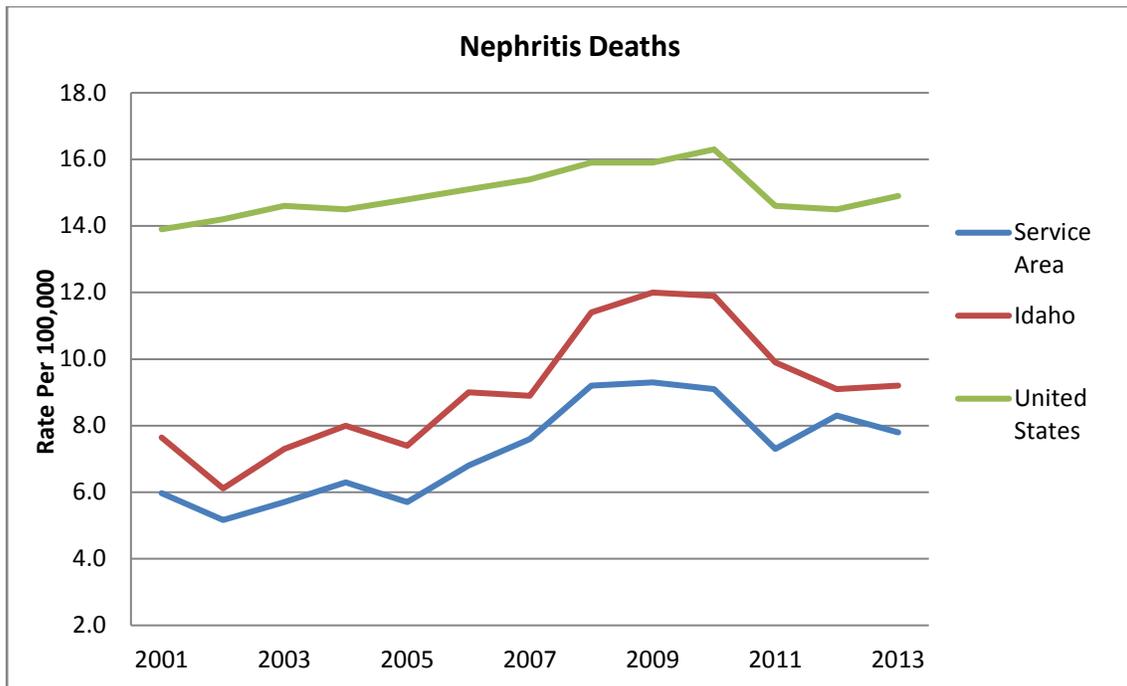
⁸⁷ <http://www.cdc.gov/flu/keyfacts.htm>

⁸⁸ <http://www.cdc.gov/Features/Pneumonia/>

- **Nephritis**

The death rate for nephritis is much lower in our community than it is nationally. The nephritis death rate increases have started to level off both in the nation and our service area over the past four years.⁸⁹

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.⁹⁰



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.

⁸⁹ Idaho Vital Statistics Annual Reports, Years 2000 - 2013, National Vital Statistics Report - Deaths: Data 2012

⁹⁰ 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.⁹¹

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

⁹¹ 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.⁹² 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**

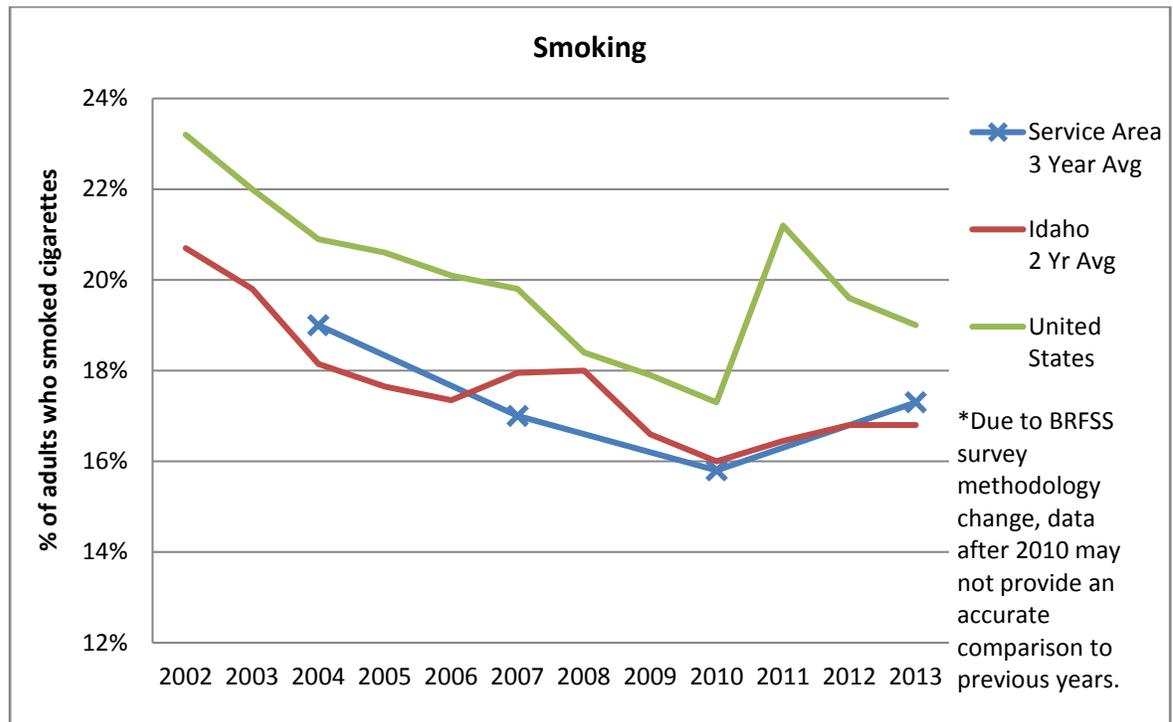
The *County Health Rankings* measures for community health behavior are described on the following pages. This next section also includes the trends for each indicator in our community and, when possible, compares our local data to state and national averages.

⁹² University of Wisconsin Population Health Institute. *County Health Rankings* 2015. Accessible at www.countyhealthrankings.org.

- **Adult Smoking**

The relationship between tobacco use, particularly cigarette smoking, and adverse health outcomes is well known. In fact, cigarette smoking is the leading cause of preventable death. Smoking causes or contributes to cancers of the lung, pancreas, kidney, and cervix. An average of 1,500 people die each year in Idaho as a direct result of tobacco use.⁹³

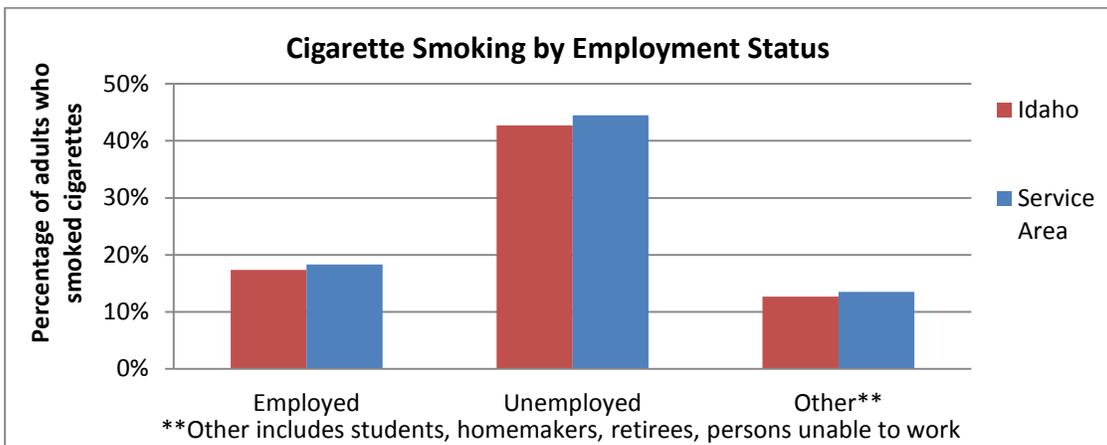
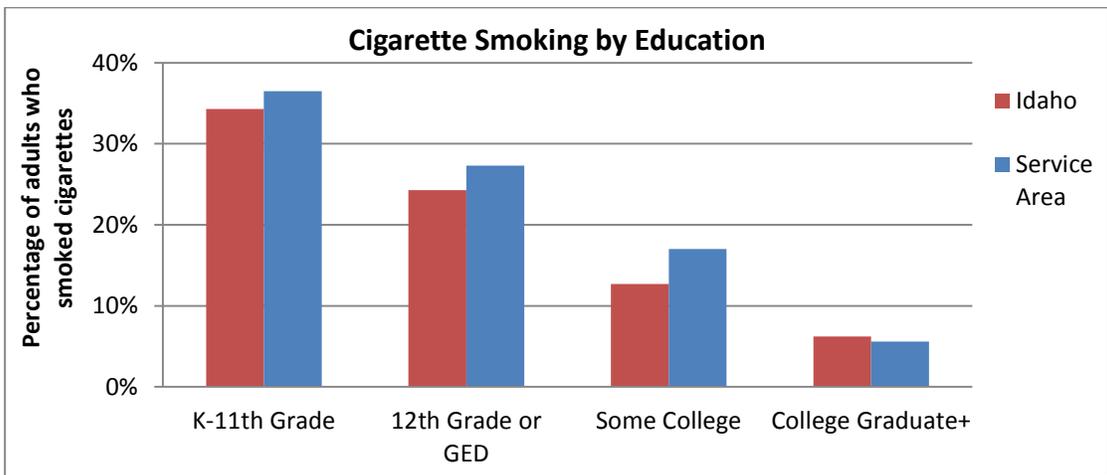
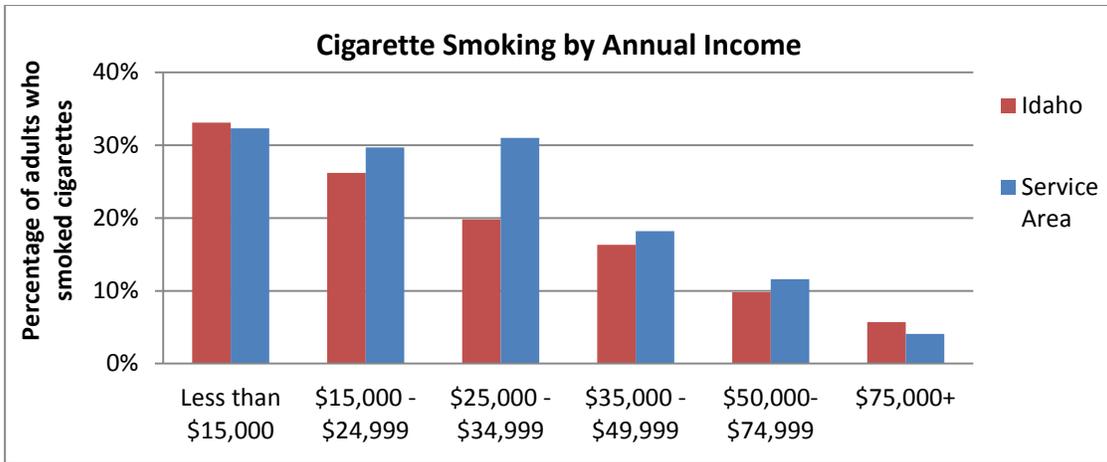
County-level measures from the Behavioral Risk Factor Surveillance System (BRFSS) provided by the CDC are used to obtain the number of current adult smokers who have smoked at least 100 cigarettes in their lifetime. The trend for smoking nationally and in Idaho is down. Looking at the last couple of years it appears as though the trend is flattening out or is rising; however, this is more likely due to a change in the BRFSS survey methodology starting in 2011. The percent of adults who smoked in our service area is below the national average.⁹⁴



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.

⁹³ Comprehensive Cancer Alliance for Idaho, Idaho Comprehensive Cancer Strategic Plan 2004-2010, www.ccaidaho.org

⁹⁴ Idaho and National 2002 - 2013 Behavioral Risk Factor Surveillance System



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

Diet and Exercise

Unhealthy food intake and insufficient exercise have economic impacts for individuals and communities. Current 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.⁹⁵

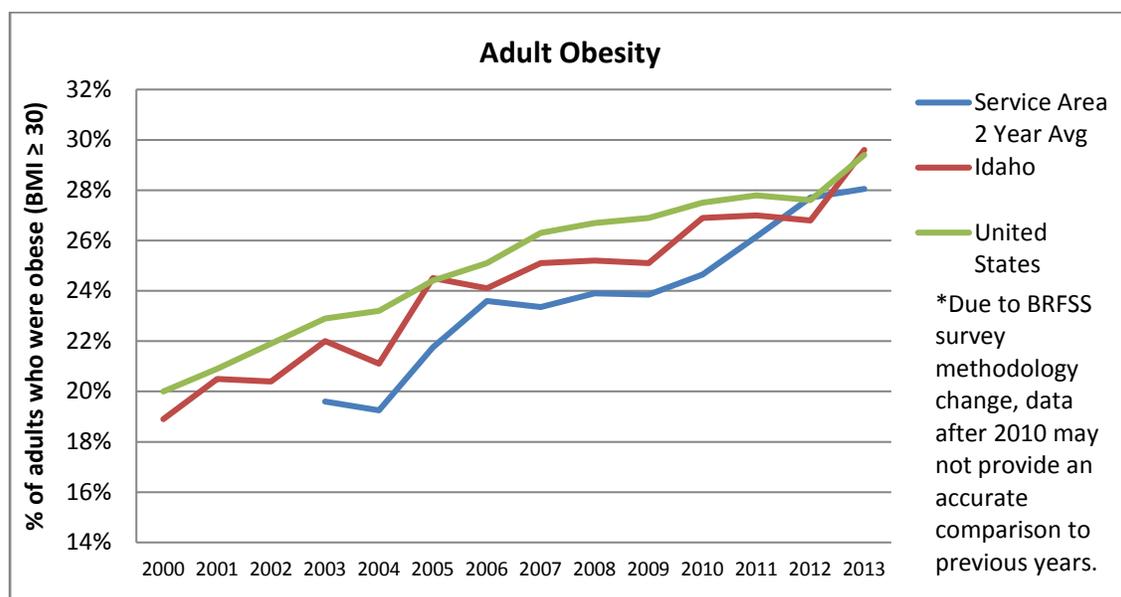
Four measures are recommended by the *County Health Rankings* to assess diet and exercise: Adult obesity, food environment index, physical inactivity, and access to exercise opportunities. Each of these measures are described in the following pages.

⁹⁵ University of Wisconsin Population Health Institute. *County Health Rankings* 2015. 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.⁹⁶ 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.⁹⁷ By one estimate, the U.S. spent \$190 billion on obesity-related health care expenses in 2005 accounting for 21% of all medical spending.⁹⁸

The trend for obesity has been increasing steadily for the past 10 years, nationally and in our community. Obesity in our community is now approaching the national average. The top 10th percentile (best) communities nationally have obesity rates at or below 25%.⁹⁹



In Idaho, those without a college degree, with incomes below \$75,000, and Hispanic populations are more likely to be obese.¹⁰⁰

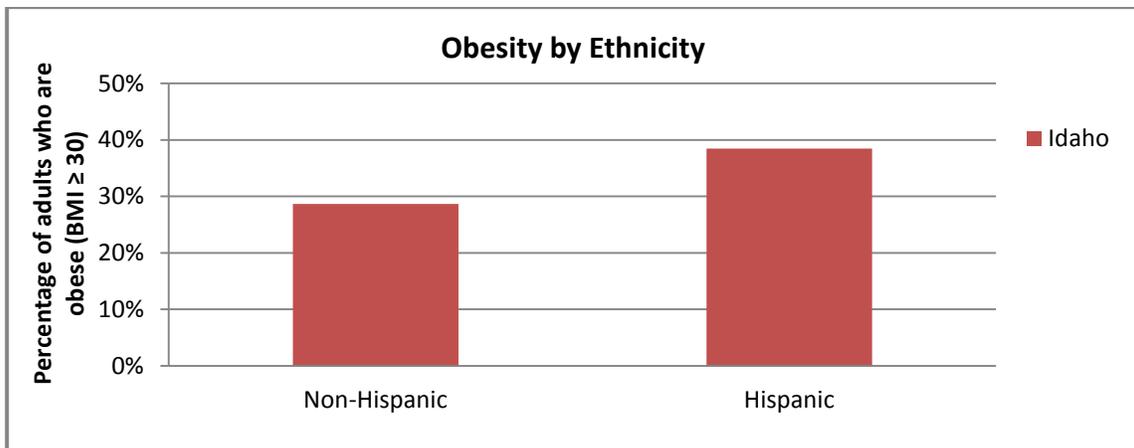
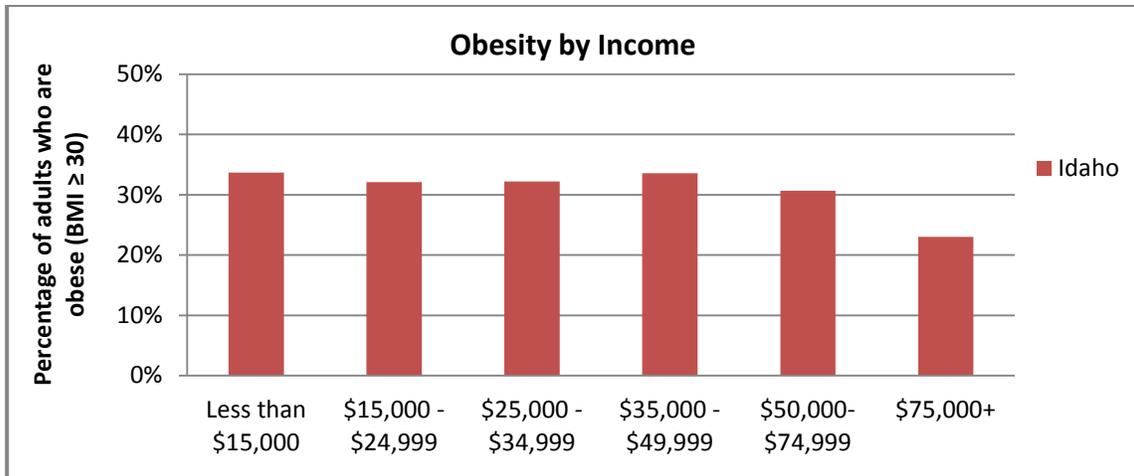
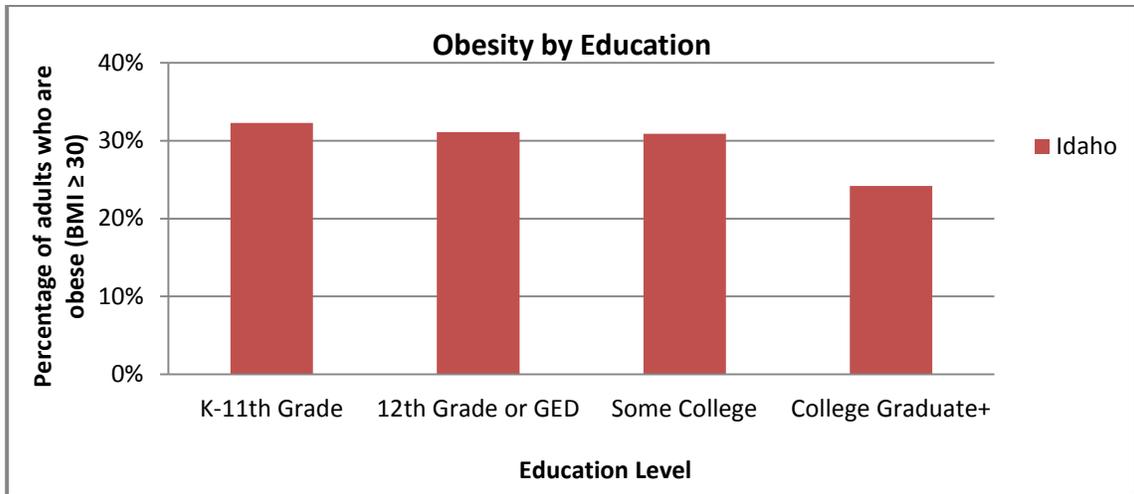
⁹⁶ University of Wisconsin Population Health Institute. *County Health Rankings 2015*. Accessible at www.countyhealthrankings.org.

⁹⁷ America's Health Rankings 2015, www.americashealthrankings.org

⁹⁸ <http://www.hsph.harvard.edu/obesity-prevention-source/obesity-consequences/economic/>

⁹⁹ Idaho and National 2002 - 2013 Behavioral Risk Factor Surveillance System

¹⁰⁰ Idaho and National 2002 - 2013 Behavioral Risk Factor Surveillance System



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

- **Food Environment Index**

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

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

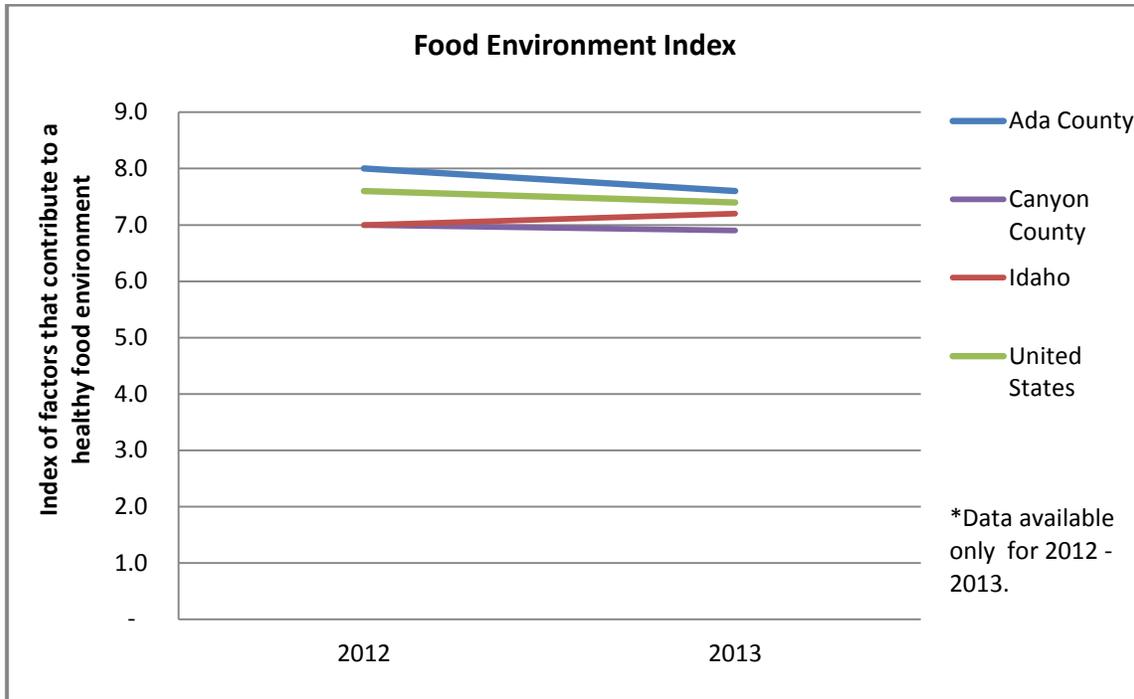
2) Food insecurity estimates the percentage of the population who did not have access to a reliable source of food during the past year. A 2-stage fixed effect model was created using information from the Community Population Survey, Bureau of Labor Statistics, and American Community Survey.

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

Additionally, low income can be another barrier to healthy food access. Food insecurity, the other food environment measure included in the index, attempts to capture the access issue by gaining a better understanding of the barrier of cost. Lacking constant access to food is related to negative health outcomes such as weight-gain and premature mortality. In addition to asking about having a constant food supply in the past year, the module also addresses the ability of individuals and families to provide balanced meals further addressing barriers to healthy eating. The consumption of fruits and vegetables is important but it may be equally important to have adequate access to a constant food supply.¹⁰¹

¹⁰¹ University of Wisconsin Population Health Institute. *County Health Rankings 2015*. Accessible at www.countyhealthrankings.org.

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

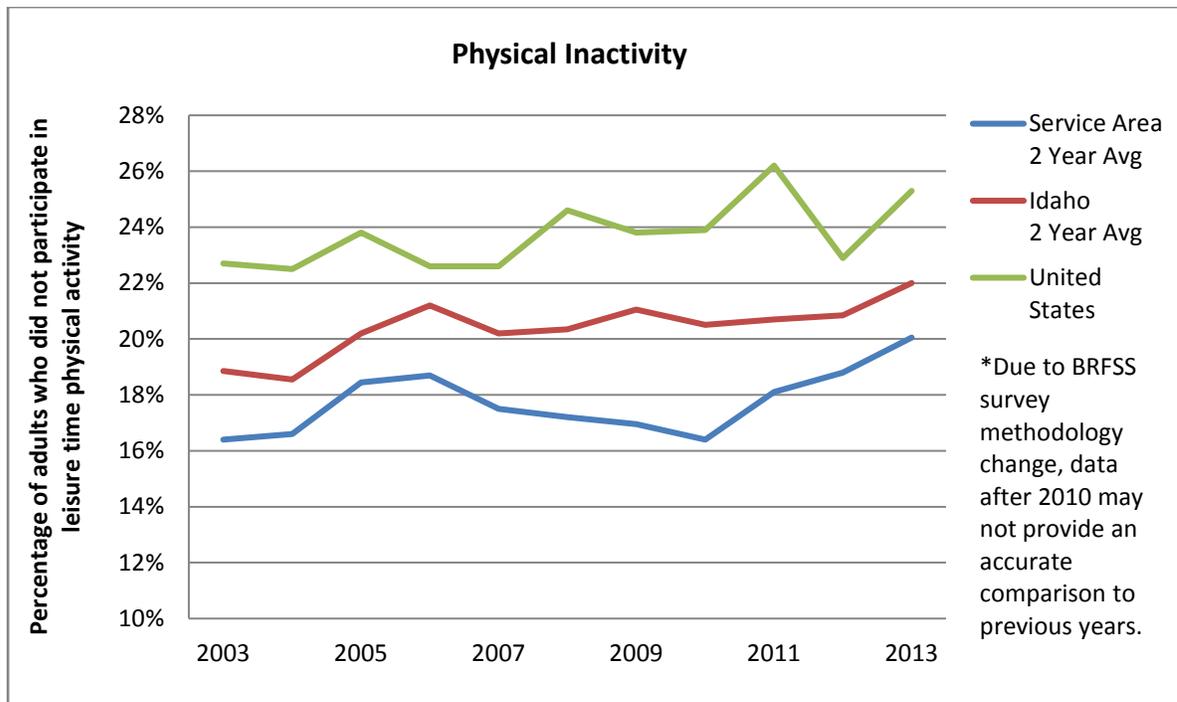


Health Factor Score					
	Trend: Better/Worse	Prevalence versus U.S.	Severe/ Preventable	Magnitude: Root Cause	Total Score
Food Environment Index	2	2	2	3	9

- **Physical Inactivity: Adults**

Increased physical activity is associated with lower risks of type 2 diabetes, cancer, stroke, hypertension, cardiovascular disease, and premature mortality. A person is considered physically inactive if during the past month, other than a regular job, they did not participate in any physical activities or exercises such as running, calisthenics, golf, gardening, or walking for exercise. Half of adults and nearly 72% of high school students in the US do not meet the CDC’s recommended physical activity levels, and American adults walk less than adults in any other industrialized country.¹⁰²

As shown in the chart below, physical inactivity in our community is significantly lower (better) than the national average, but has risen from about 16% to 20% since 2003. The top 10th percentile (best) is 20%.¹⁰³

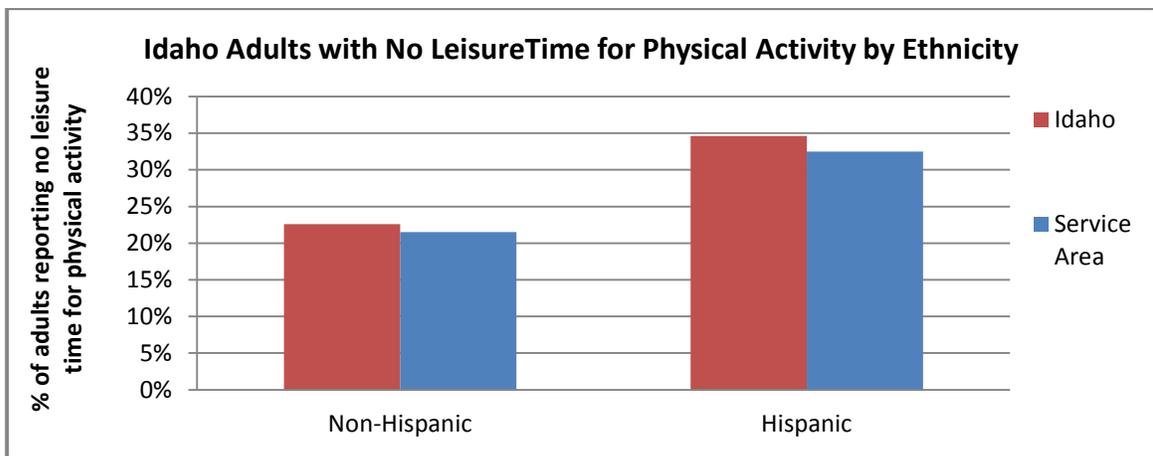
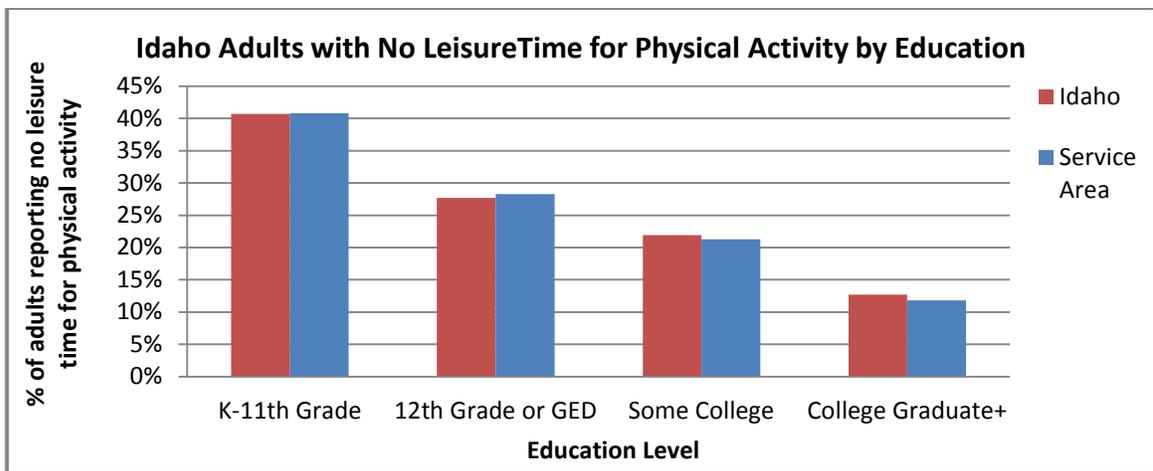
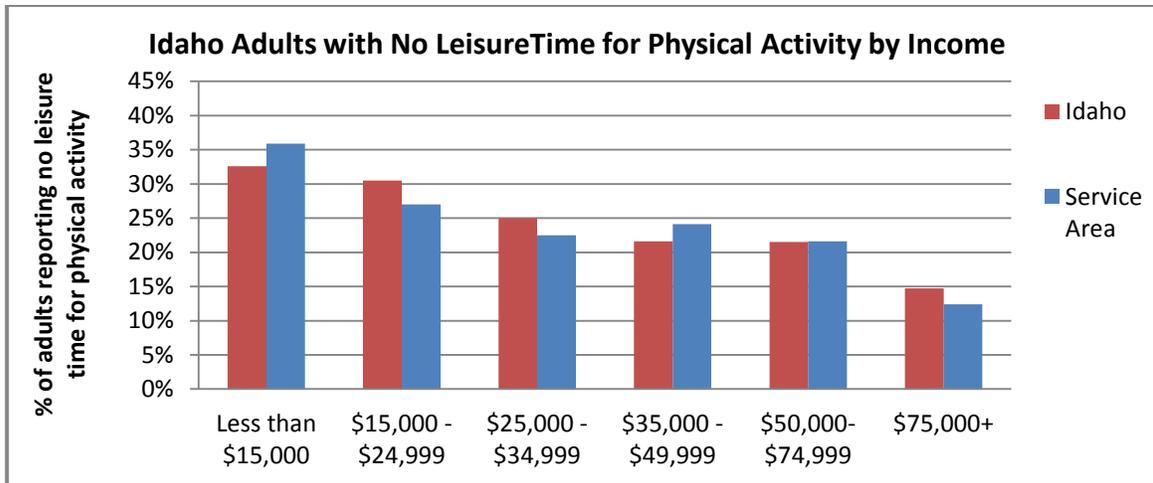


Physical inactivity is significantly higher among people with annual incomes below \$50,000, those without a college degree, and among Hispanics, as shown in the charts below.¹⁰⁴

¹⁰² University of Wisconsin Population Health Institute. *County Health Rankings* 2015. Accessible at www.countyhealthrankings.org.

¹⁰³ Idaho and National 2002 - 2013 Behavioral Risk Factor Surveillance System

¹⁰⁴ Ibid.



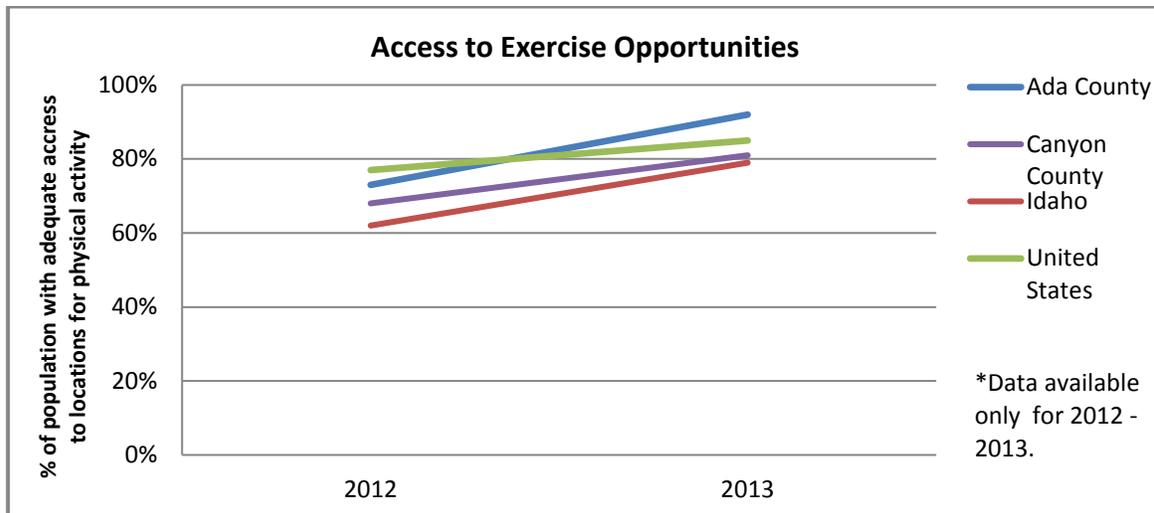
Health Factor Scoring					
	Trend: Better/Worse	Prevalence versus U.S.	Severe/ Preventable	Magnitude: Root Cause	Total Score
Physical inactivity Adults	3	0	2	3	8

- **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.¹⁰⁵

The chart, below, shows access to exercise opportunities in our community is about the same as the national average. It is slightly below the national average for Canyon County and above the national average for Ada County. The top ten percent nationally is 92%.



Health Factor Scoring					
	Trend: Better/Worse	Prevalence versus U.S.	Severe/ Preventable	Magnitude: Root Cause	Total Score
Access to Exercise Opportunities	2	2	2	3	8

¹⁰⁵ University of Wisconsin Population Health Institute. *County Health Rankings 2015*. Accessible at www.countyhealthrankings.org.

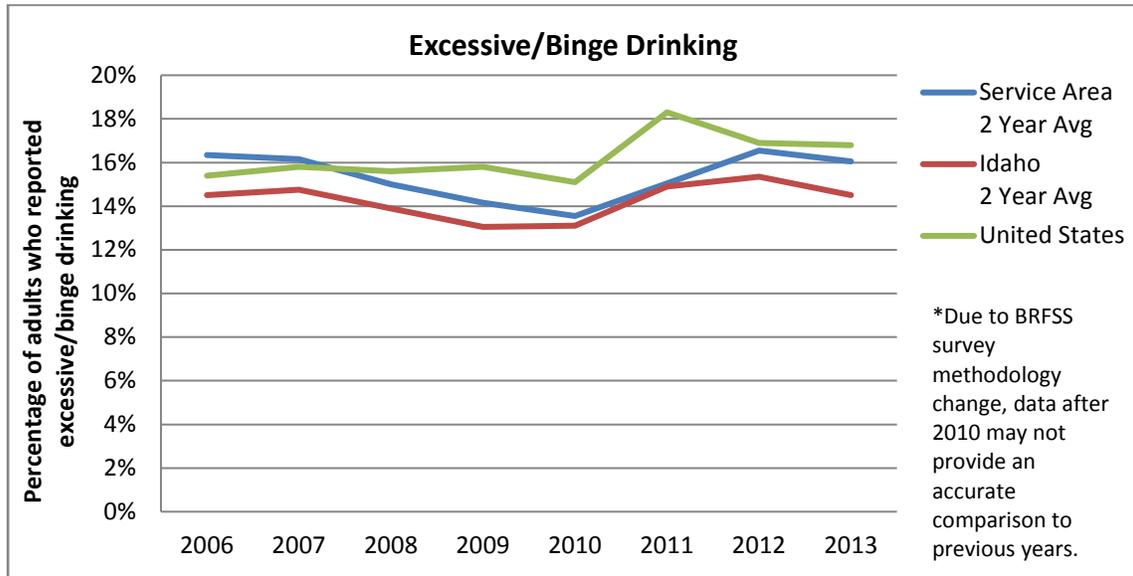
Alcohol Use

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.¹⁰⁶

The percent of people engaging in excessive drinking in our service area is slightly below the national average with the trend being flat over the past ten years. The top 10th percentile (best) is 10% nationally. Our community is well above that level.¹⁰⁷



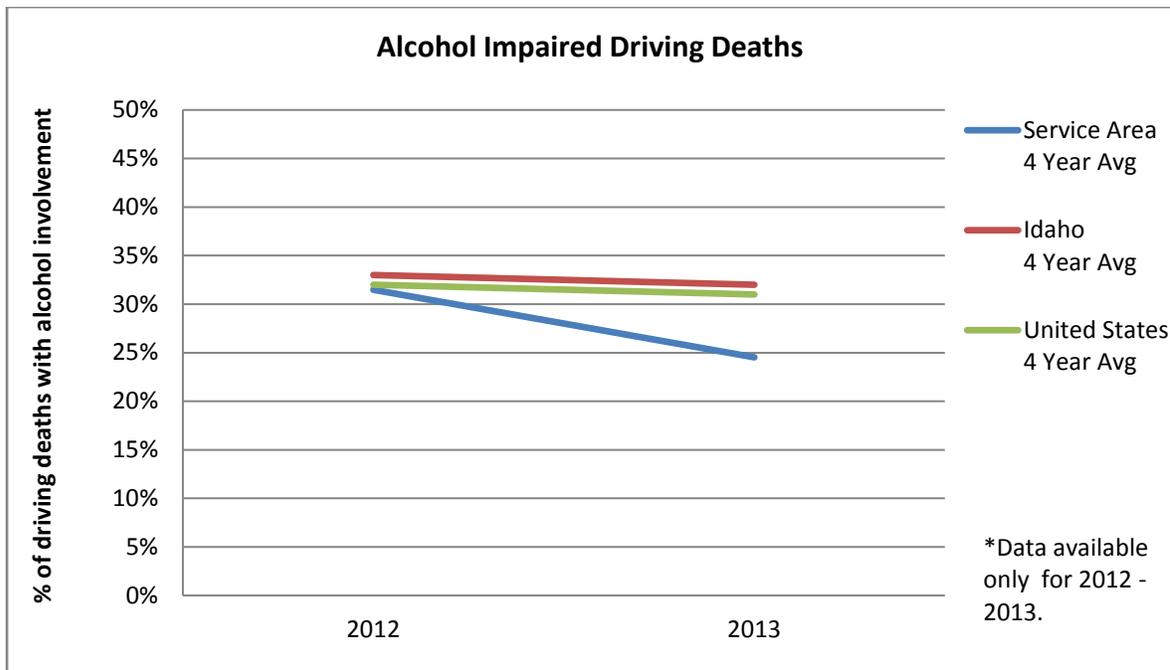
Health Factor Scoring					
	Trend: Better/Worse	Prevalence versus U.S.	Severe/ Preventable	Magnitude: Root Cause	Total Score
Excessive Drinking	2	2	3	2	9

¹⁰⁶ University of Wisconsin Population Health Institute. *County Health Rankings 2012-2015*. Accessible at www.countyhealthrankings.org.

¹⁰⁷ Idaho and National 2002 - 2013 Behavioral Risk Factor Surveillance System

- **Alcohol Impaired Driving Deaths**

Alcohol-impaired driving deaths is the percentage of motor vehicle crash deaths with alcohol involvement. Alcohol-impaired driving deaths directly measures the relationship between alcohol and motor vehicle crash deaths. One limitation of this measure is that not all fatal motor vehicle traffic accidents have a valid blood alcohol test, so these data are likely an undercount of actual alcohol involvement. Another potential limitation is that even though alcohol is involved in all cases of alcohol-impaired driving, there can be a large difference in the degree to which it was responsible for the crash (i.e. someone with a 0.01 BAC vs. 0.35 BAC). The data source is the Fatality Analysis Reporting System (FARS), which is a census of fatal motor vehicle crashes. Our alcohol-impaired driving death rate is slightly below the national level. The top 10th percentile (best) is 14% nationally.¹⁰⁸



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

¹⁰⁸ Idaho Vital Statistics Annual Reports, Years 2000 - 2013, National Vital Statistics Report - Deaths: Data 2013

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**

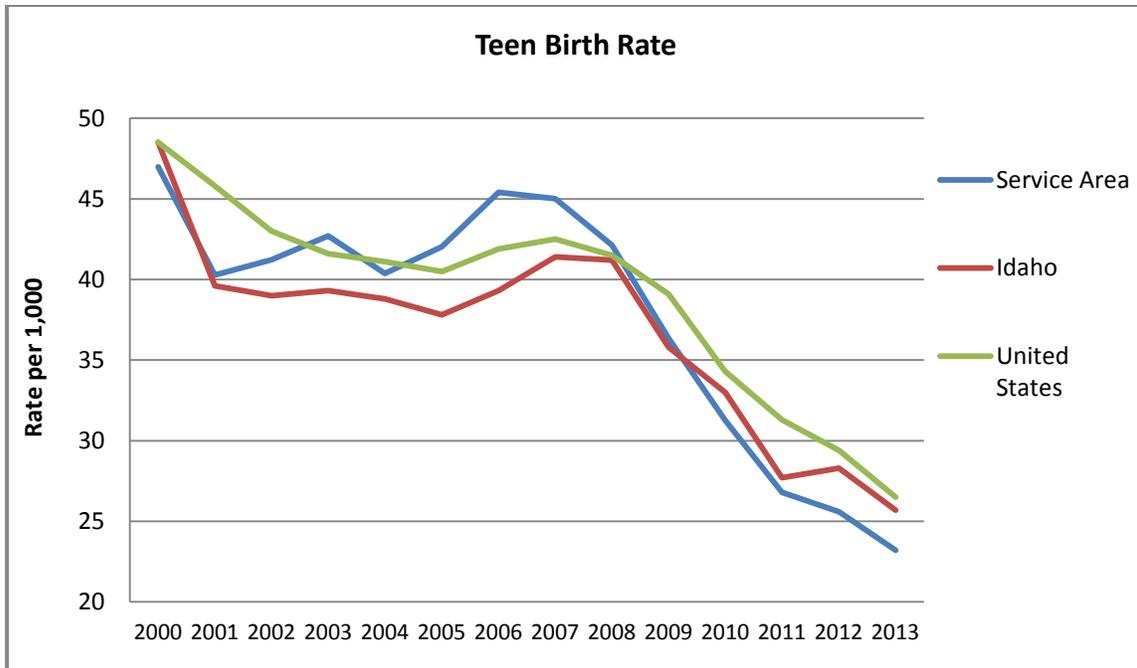
Evidence suggests teen pregnancy significantly increases the risks for repeat pregnancy and for contracting a sexually transmitted infection (STI), both of which can result in adverse health outcomes for mother and child as well as for the families and community. A systematic review of the sexual risk 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.¹⁰⁹

Although our rate of teen pregnancy is decreasing and below (better than) the national average, our community's rate is still well above the national top 10th percentile rate of 19.5.¹¹⁰

¹⁰⁹ University of Wisconsin Population Health Institute. *County Health Rankings* 2015. Accessible at www.countyhealthrankings.org.

¹¹⁰ Idaho Vital Statistics Annual Reports, Years 2000 - 2013, National Vital Statistics Report - Deaths: Data 2013

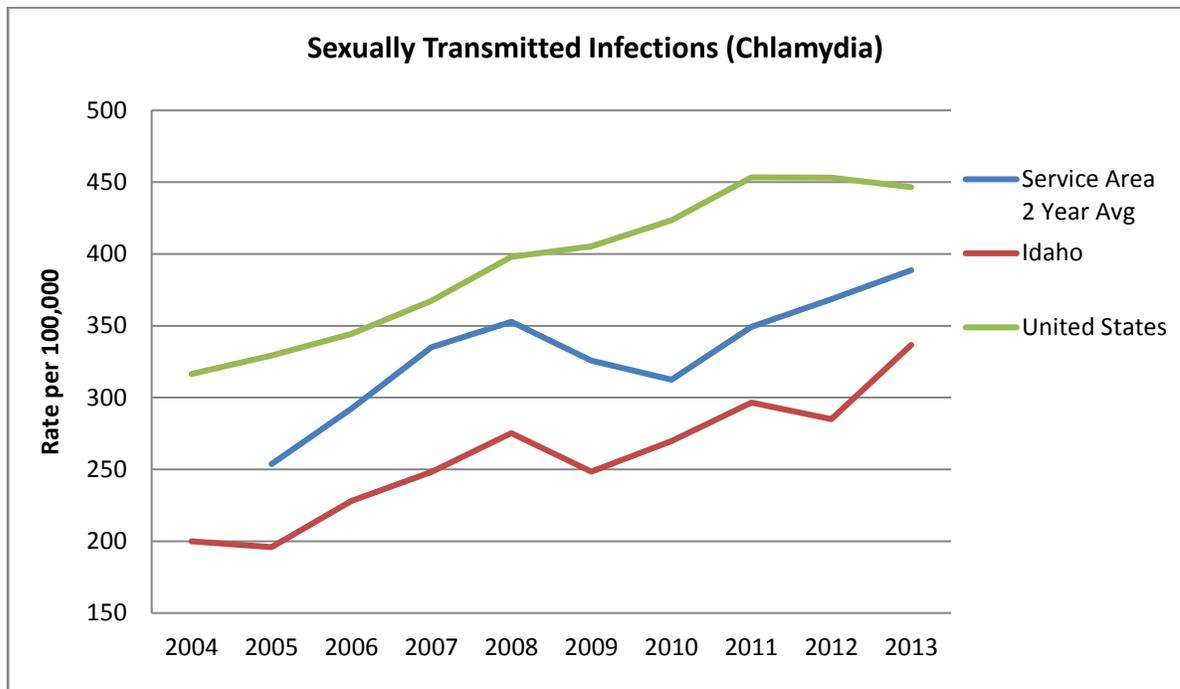


Health Factor Score					
Low score = Low potential for health impact			High score = High potential for health impact		
	Trend: Better/Worse	Prevalence versus U.S. Average	Severe/ Preventable	Magnitude: Root Cause	Total Score
Teen birth rate	0	2	2	3	7

- **Sexually Transmitted Infections**

Sexually transmitted infections (STI) data are important for communities because the burden of STIs is not only on individual sufferers, but on society as a whole. Chlamydia, in particular, is the most common bacterial STI in North America and is one of the major causes of tubal infertility, ectopic pregnancy, pelvic inflammatory disease, and chronic pelvic pain. Additionally, STIs in general are associated with significantly increased risk of morbidity and mortality, including increased risk of cervical cancer, pelvic inflammatory disease, involuntary infertility, and premature death.¹¹¹

The rate of chlamydia infections has increased significantly over the past ten years both in our community and nationally. Although our community is below the national average, we are still well above the national top 10th percentile rate of 138.2.¹¹²



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

¹¹¹ County Health Rankings 2015. Accessible at www.countyhealthrankings.org.

¹¹² National data source: 2015 Sexually Transmitted Diseases Surveillance, table 1 <http://www.cdc.gov/std/>.

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

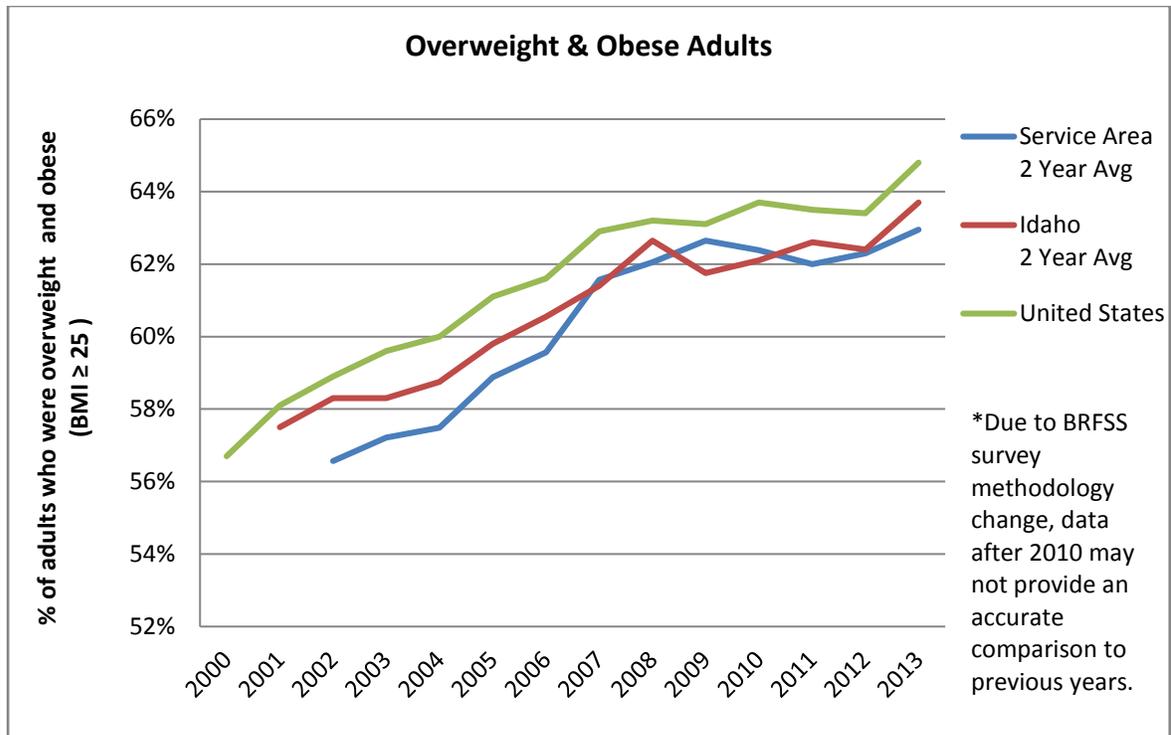
http://www.healthandwelfare.idaho.gov/Portals/0/Health/Disease/STD%20HIV/2010_Facts_Book_FINAL.pdf

Additional Health Behavior Factors

- Overweight and Obese Adults**

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

The trend for overweight and obese adults has been increasing steadily for the past 10 years, nationally and in our community.¹¹³



Health Factor Score					
Low score = Low potential for health impact			High score = High potential for health impact		
	Trend: Better/Worse	Prevalence versus U.S. Average	Severe/ Preventable	Magnitude: Root Cause	Total Score
Overweight or Obese Adults	4	2	4	4	14

¹¹³ Idaho and National 2002 - 2010 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.¹¹⁴ 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:

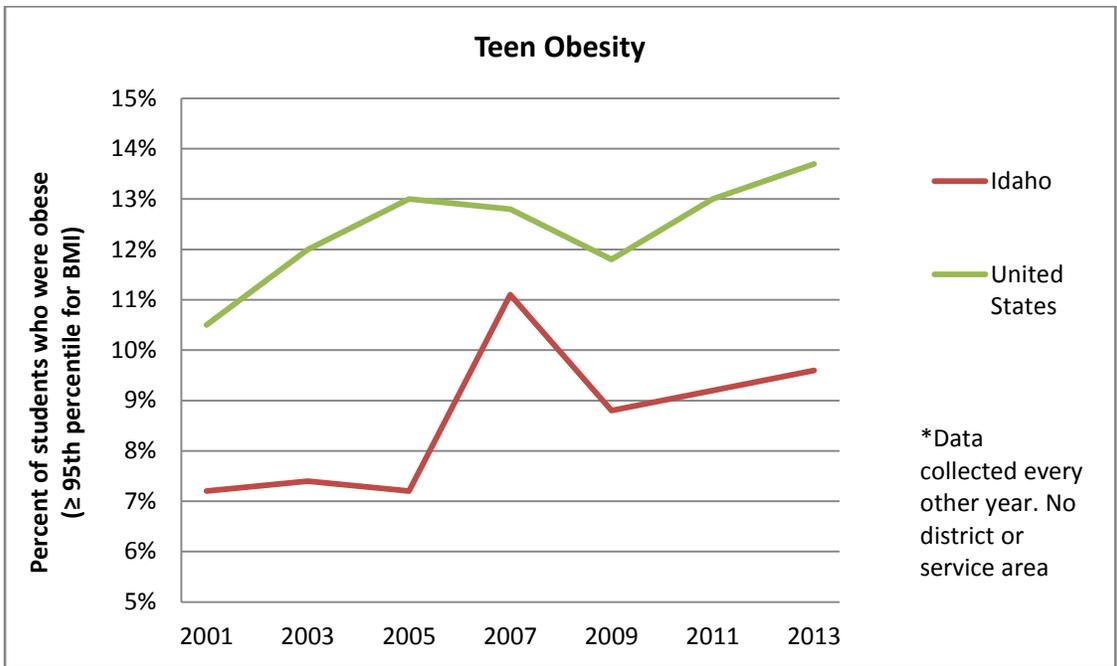
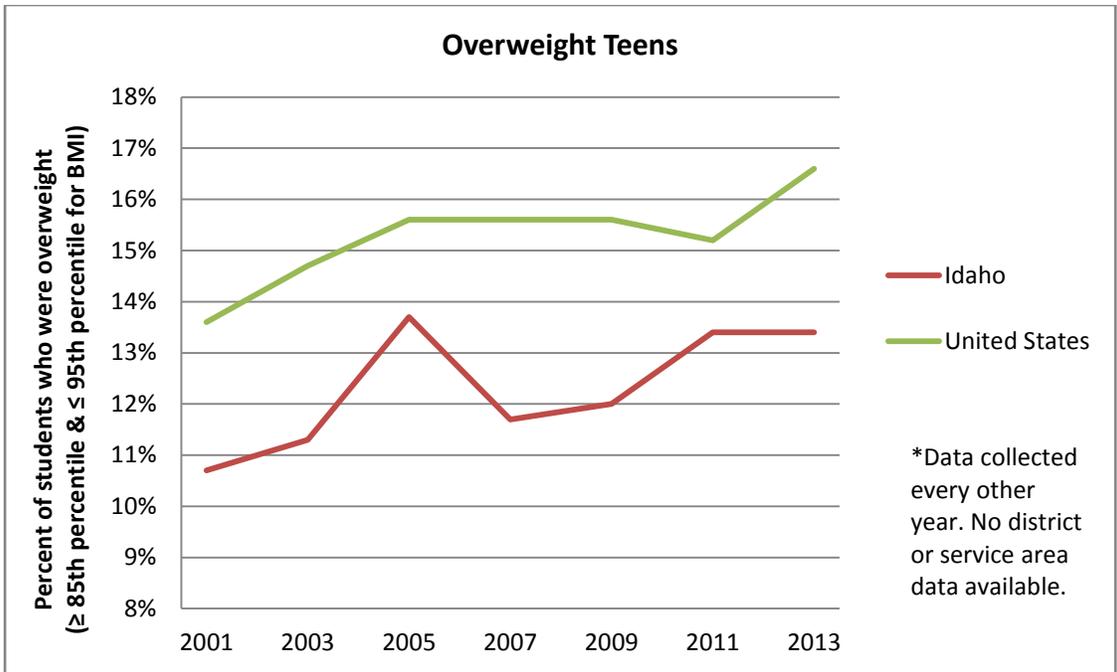
- Reducing caloric intake is the easiest change. Highly restrictive diets that forbid favorite foods are likely to fail. They should be limited to rare patients with severe complications who must lose weight quickly.
- Becoming more active is widely recommended. Increased physical activity is common 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.¹¹⁵

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.¹¹⁶

¹¹⁴ Overweight In Adolescence Gives Increased Mortality Rate, ScienceDaily (May 20, 2008)

¹¹⁵ American Heart Association, Understanding Childhood Obesity, 2011 Statistical Sourcebook, PDF

¹¹⁶ Youth Risk Behavior Surveillance , United States, 2001 – 2013, www.cdc.gov/yrbs/

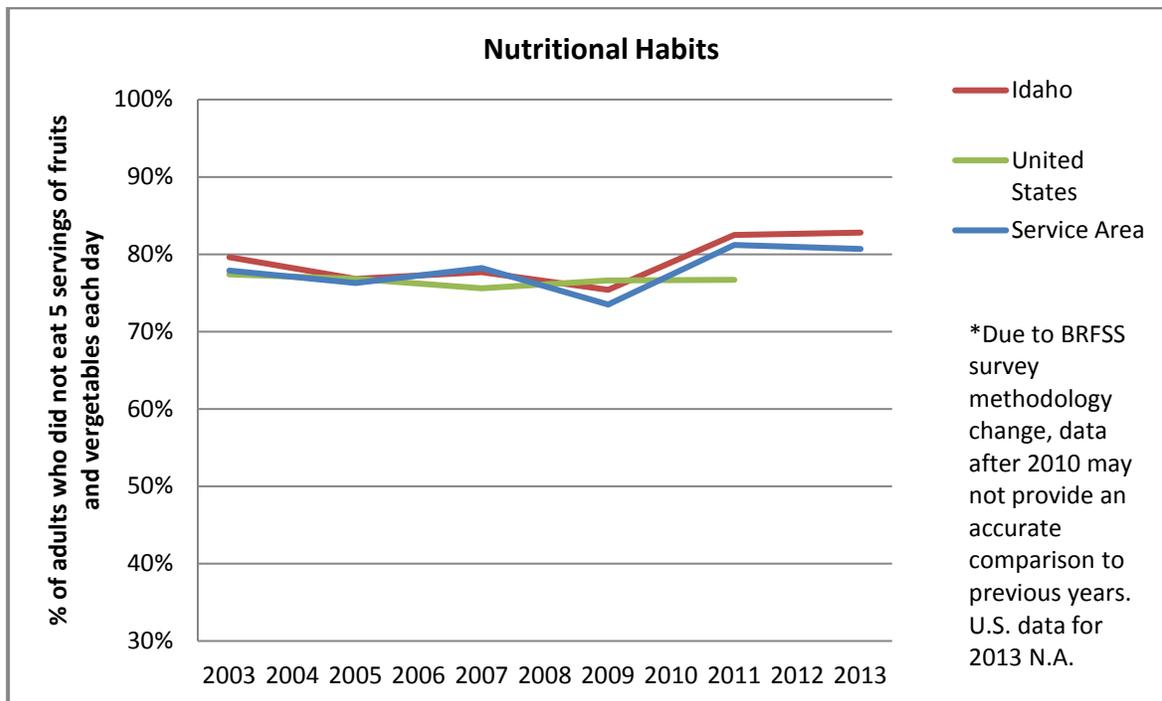


Health Factor Score					
Low score = Low potential for health impact			High score = High potential for health impact		
	Trend: Better/Worse	Prevalence versus U.S. Average	Severe/ Preventable	Magnitude: Root Cause	Total Score
Obese Teens	4	1	4	4	13

- **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.¹¹⁷ These data are collected through the Behavioral Risk Factor Surveillance System.

As shown in the chart below, about 81% 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.¹¹⁸



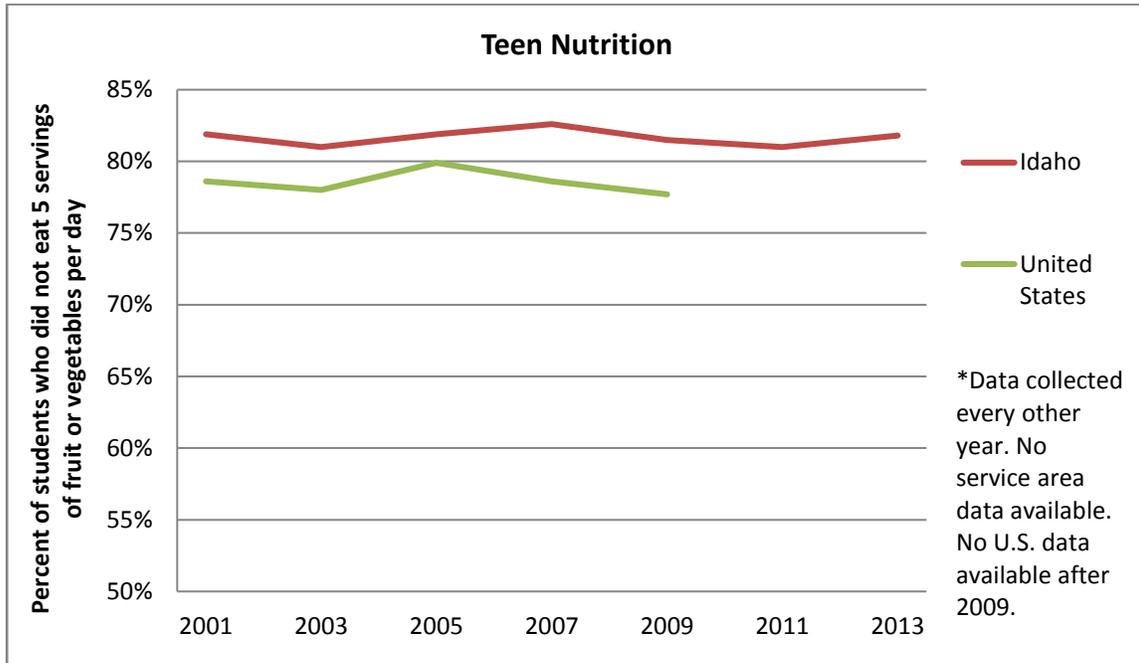
Health Factor Scoring					
	Trend: Better/Worse	Prevalence versus U.S. Average	Severe/ Preventable	Magnitude: Root Cause	Total Score
Nutritional habits adults	2	2	2	3	9

¹¹⁷ America’s Health Rankings 2011-2015, www.americashealthrankings.org

¹¹⁸ Idaho and National 2002 – 2013 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. This is slightly worse than the national average and has been relatively flat for the past 10 years.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
Nutritional habits youth	2	3	2	3	10

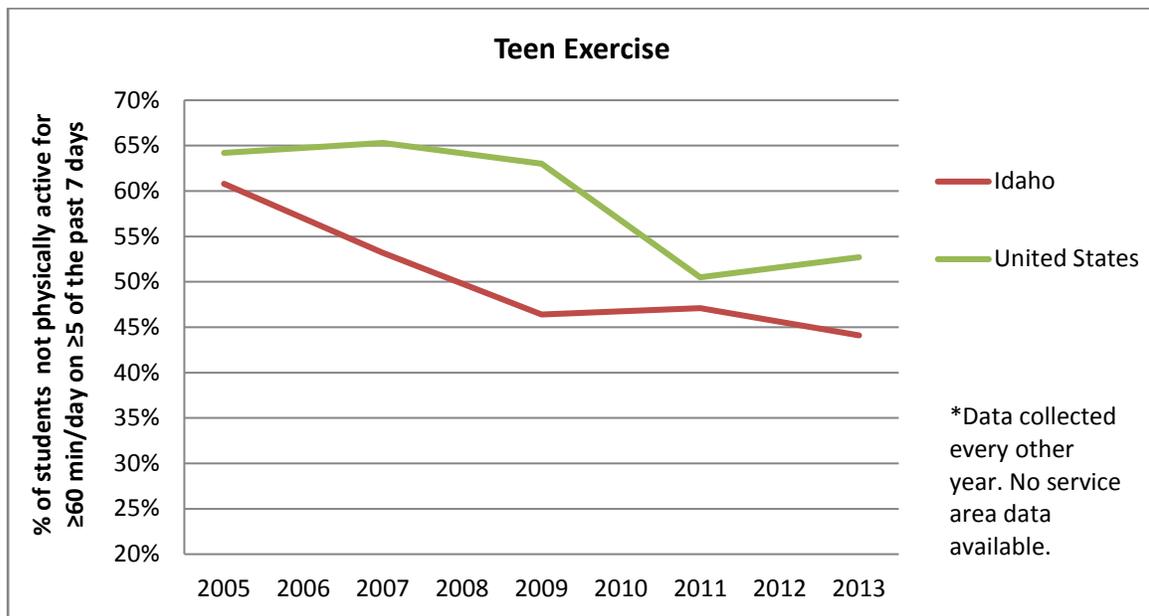
¹¹⁹ Youth Risk Behavior Surveillance, Idaho and United States, 2001 – 2013, www.cdc.gov/yrbs/

- **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.¹²⁰

The chart below shows that about 45% 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 four years.¹²¹



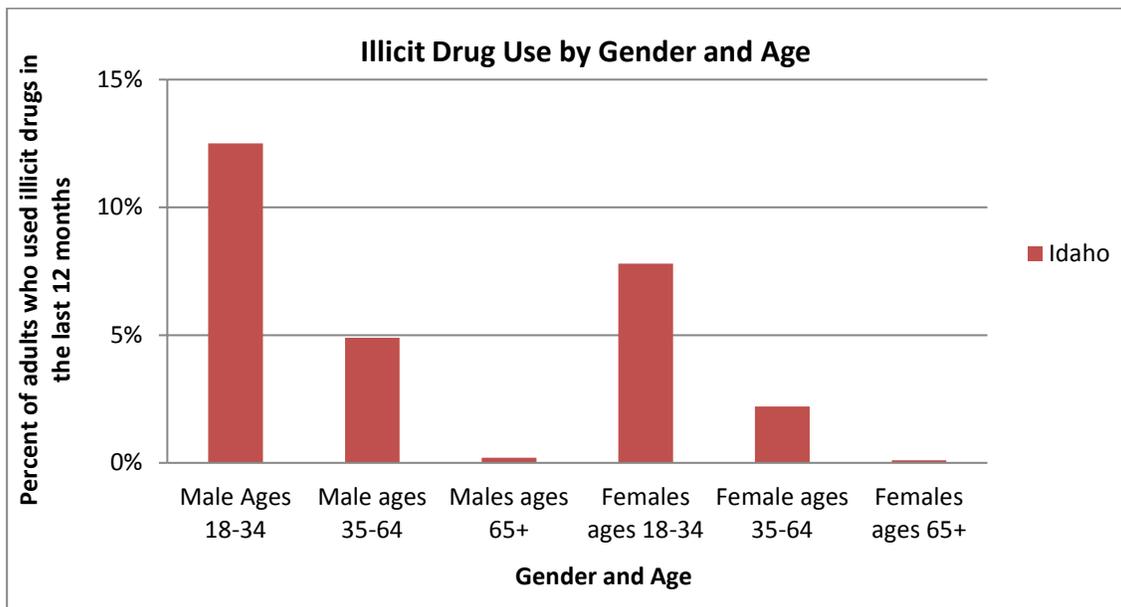
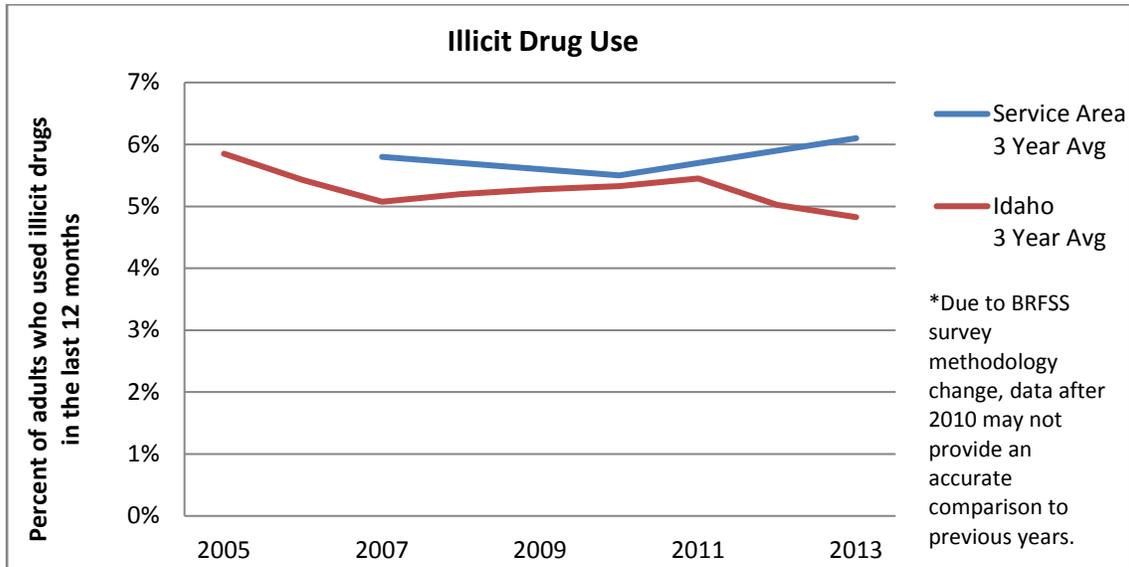
Health Factor Score					
Low score = Low potential for health impact			High score = High potential for health impact		
	Trend: Better/Worse	Prevalence versus U.S. Average	Severe/ Preventable	Magnitude: Root Cause	Total Score
Teen exercise	2	1	2	4	9

¹²⁰ American Heart Association, Understanding Childhood Obesity, 2011 Statistical Sourcebook, PDF

¹²¹ Youth Risk Behavior Surveillance , United States, 2001 – 2013, www.cdc.gov/yrbs/

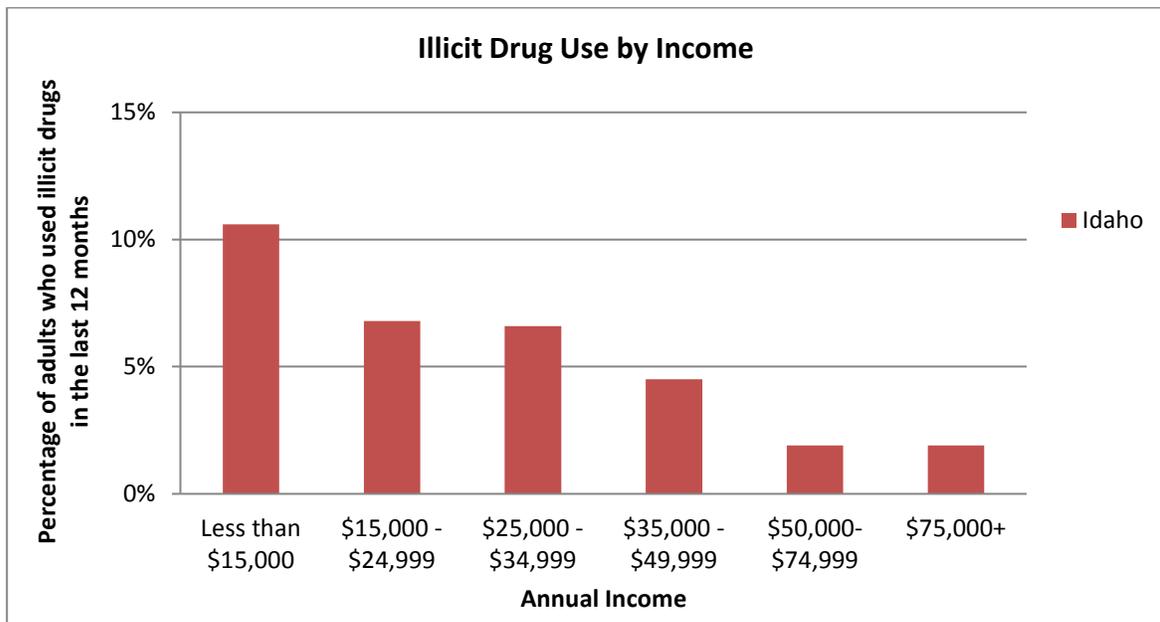
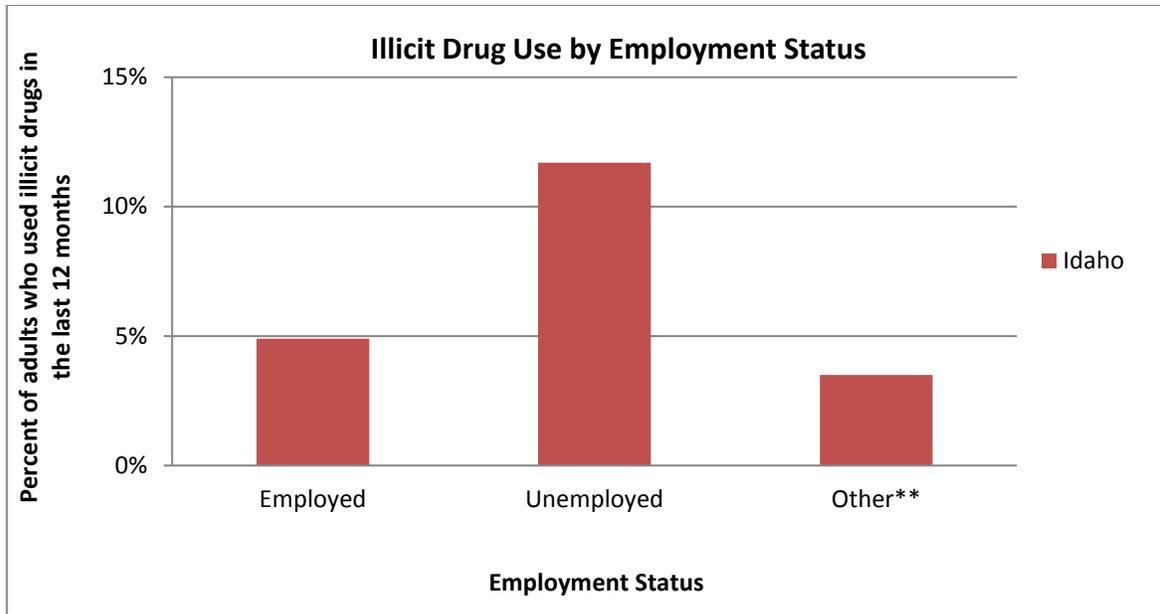
- **Illicit Drug Use**

The use of illicit drugs has harmful and sometimes devastating effects on individuals, families, and society.¹²² The percent of people who reported using illicit drugs in our service area is about the same as in Idaho. Illicit drug use is significantly higher among males less than 34 years old, the unemployed, and those with incomes of less than \$50,000 annually.¹²³



¹²² www.samhsa.gov/newsroom/advisories/1109075503.aspx

¹²³ Idaho and National 2002 - 2013 Behavioral Risk Factor Surveillance System

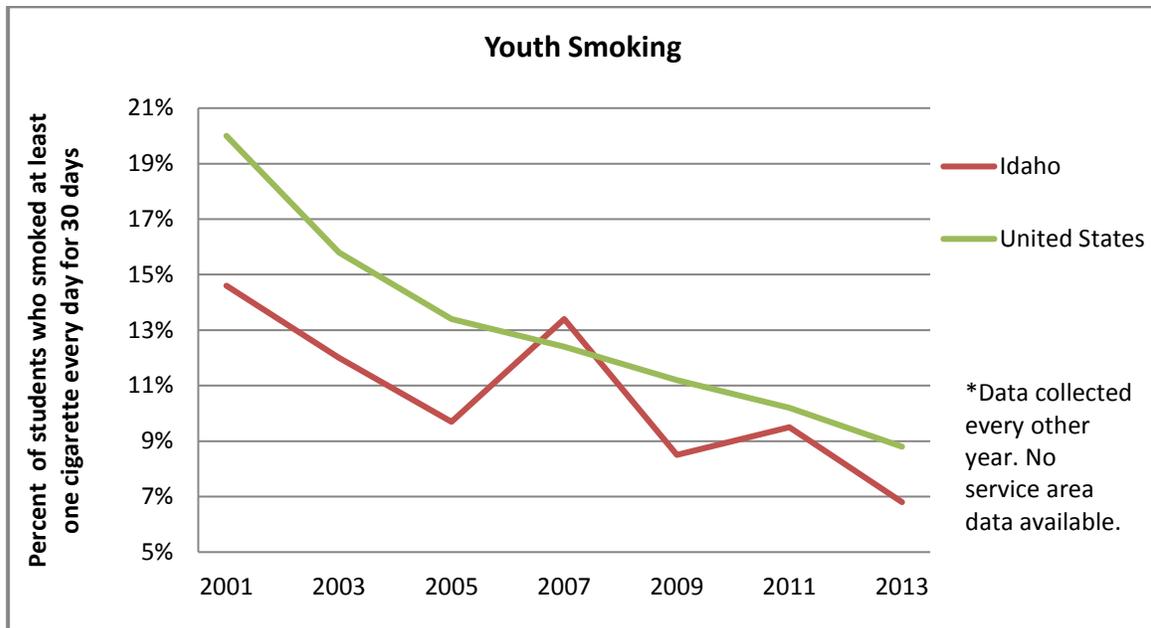


Health Factor Score					
Low score = Low potential for health impact			High score = High potential for health impact		
	Trend: Better/Worse	Prevalence versus U.S. Average	Severe/ Preventable	Magnitude: Root Cause	Total Score
Illicit drug use	2	2	4	3	11

- **Youth Smoking**

In 2013, approximately 6.8 percent of Idaho Youth reported smoking at least one cigarette every day for 30 days. This is well below the national rate of 8.8%. During 1997–2013, a significant linear decrease occurred overall in the prevalence of current tobacco use among Idaho and our nation’s youth. However, the progress has been slowing over the past ten years.¹²⁴

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.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
Youth Smoking	1	1	4	4	10

¹²⁴ Idaho and Nation Youth Risk Behavior Surveillance 2001 -2013

¹²⁵ <http://www.surgeongeneral.gov/library/reports/preventing-youth-tobacco-use/factsheet.html>

Clinical Care Factors

County Health Rankings Clinical Care Factors

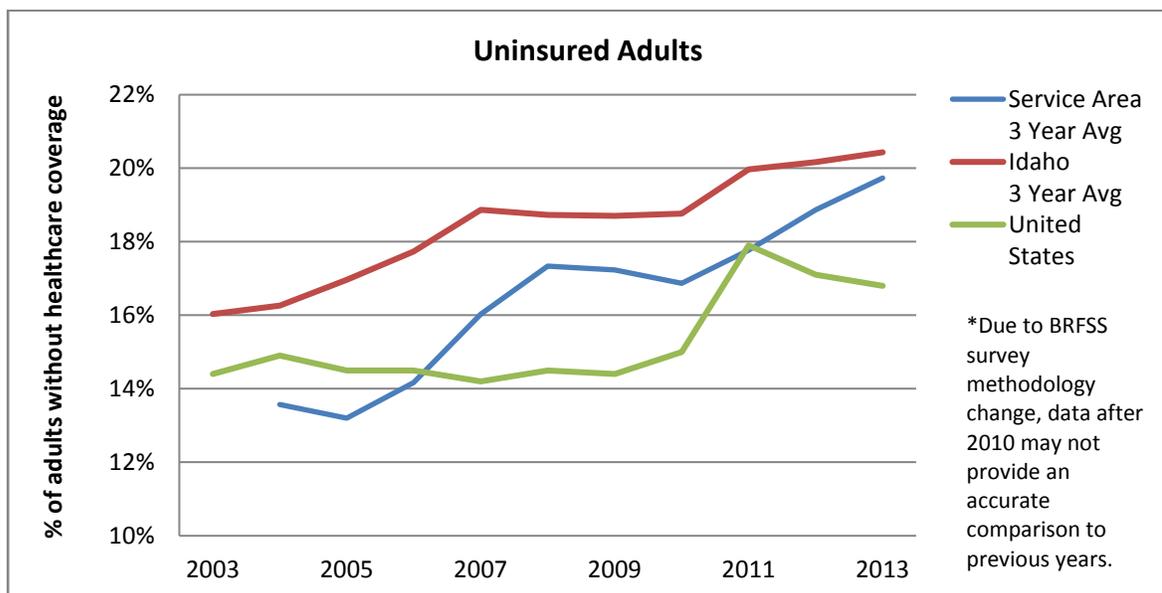
Health Care Access

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.¹²⁶

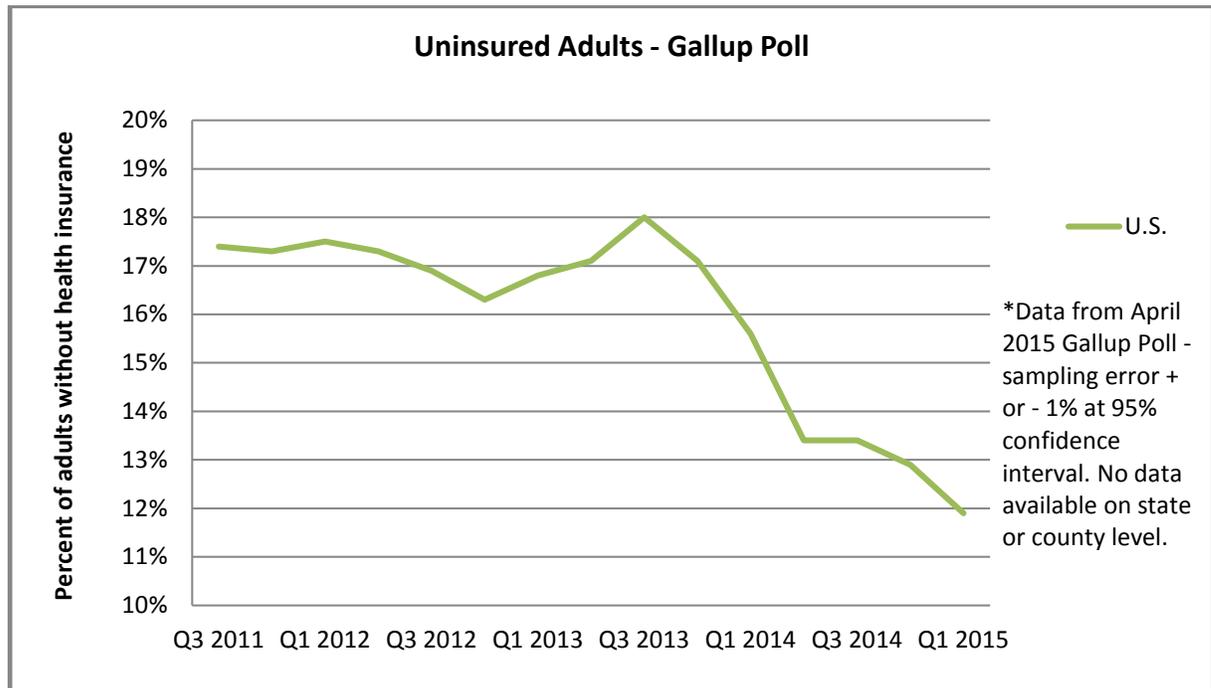
The chart below shows the number of adults without health care coverage has been trending up for the past ten years nationally and in our service area. The percentage of uninsured in Idaho and our service area is higher than the national average.¹²⁷



¹²⁶ University of Wisconsin Population Health Institute. *County Health Rankings 2010-2015*. Accessible at www.countyhealthrankings.org.

¹²⁷ Idaho and National 2002 - 2013 Behavioral Risk Factor Surveillance System

A Gallup Poll administered quarterly provides more recent data on uninsured adults. The graph below shows that on a national basis the 2010 Affordable Care Act (ACA) dramatically lowered the percentage of uninsured adults starting in 2014. 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, as of March 2015, 22 states had not expanded 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.¹²⁸ As of June 2015, Idaho is one of the states that opted not to expand Medicaid. Consequently, many adults in Idaho fall into a “coverage gap.”

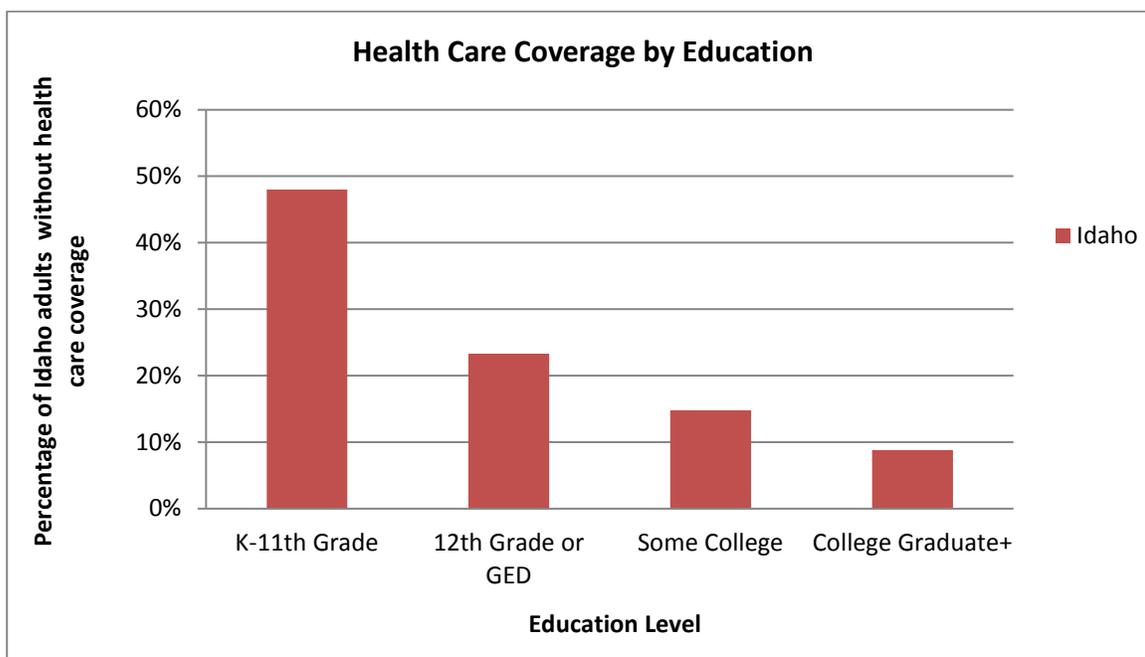
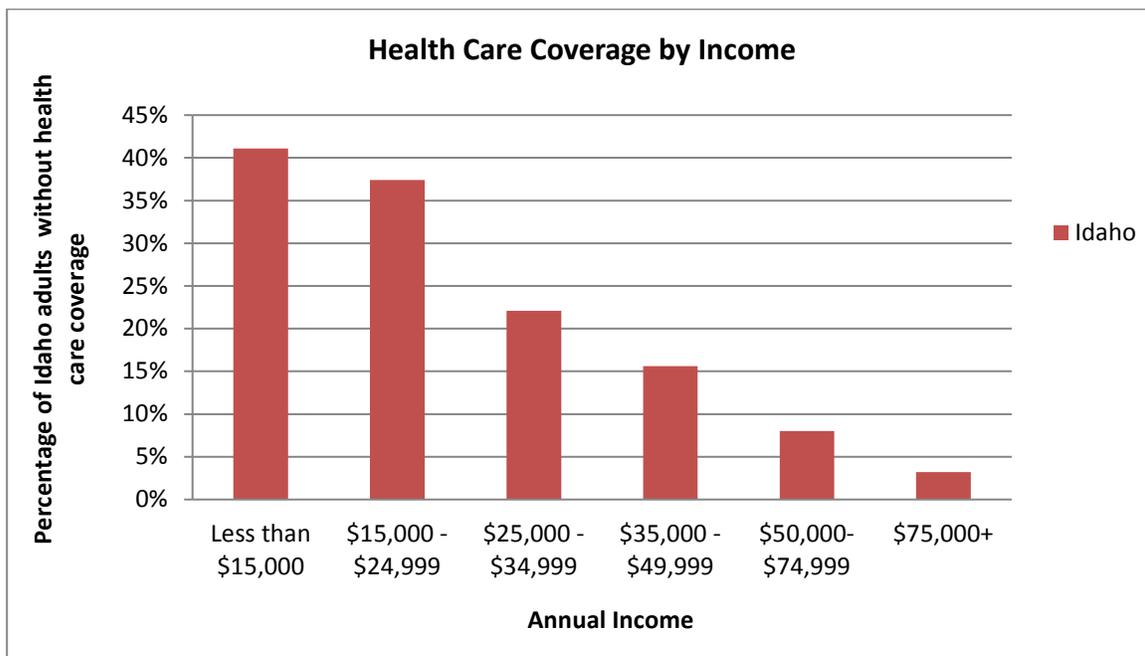


The goal of the ACA is to improve health outcomes and eventually lower health care costs through insuring a greater proportion of the population. *24/7 Wall St.* conducted a study showing the percentage point decline in uninsured rates for each state from 2012 through 2015. In Idaho, the percent of uninsured people declined 6.6 percentage points, which is a larger improvement than the nation as a whole. The percentage of all Americans without health insurance declined 5.7 percentage points.¹²⁹

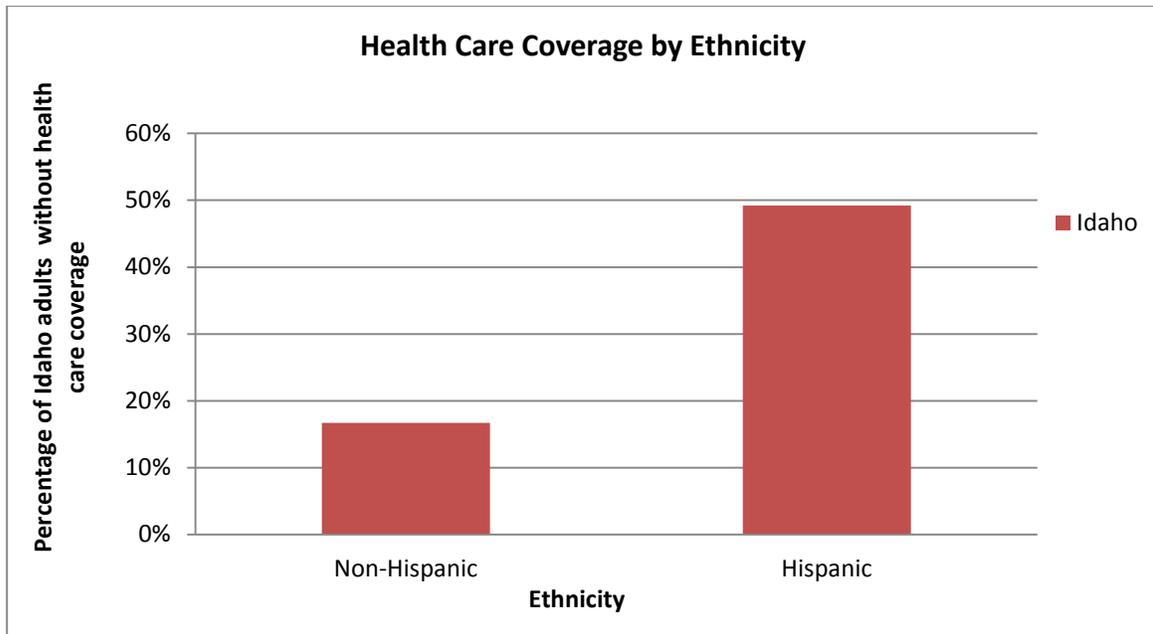
¹²⁸ The Coverage Gap: Uninsured Poor Adults in States the do not Expand Medicaid, April 2015, The Kaiser Commission on Medicaid and the Uninsured, Rachel Garfield

¹²⁹ 24/7 Wallst.com

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.¹³⁰



¹³⁰ Idaho and National 2002 - 2013 Behavioral Risk Factor Surveillance System

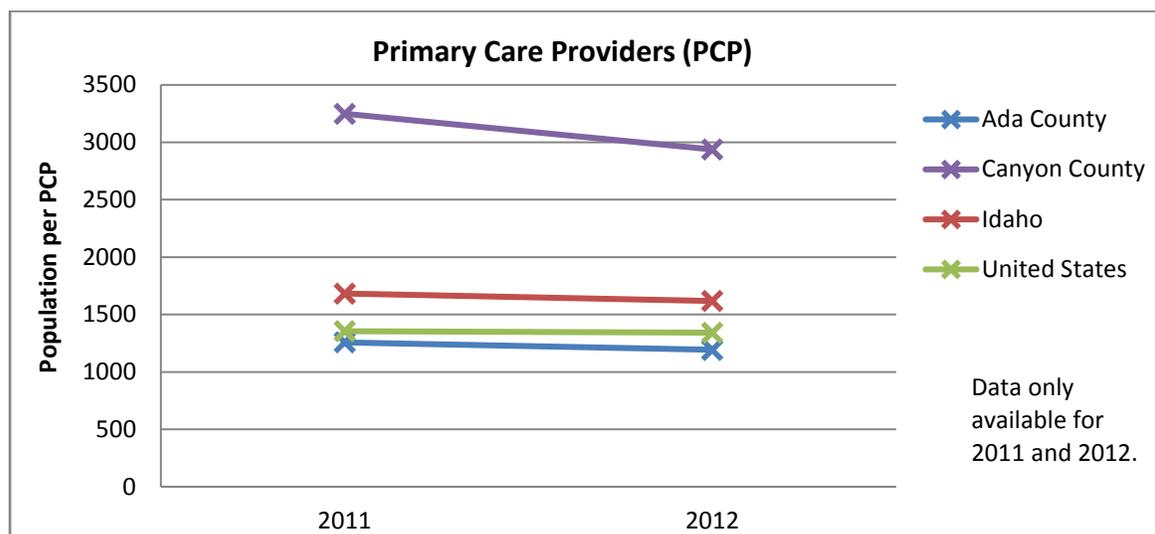


Health Factor Score					
Low score = Low potential for health impact			High score = High potential for health impact		
	Trend: Better/Worse	Prevalence versus U.S. Average	Severe/ Preventable	Magnitude: Root Cause	Total Score
Uninsured adults	1	4	4	3	12

- **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%.¹³¹

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



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

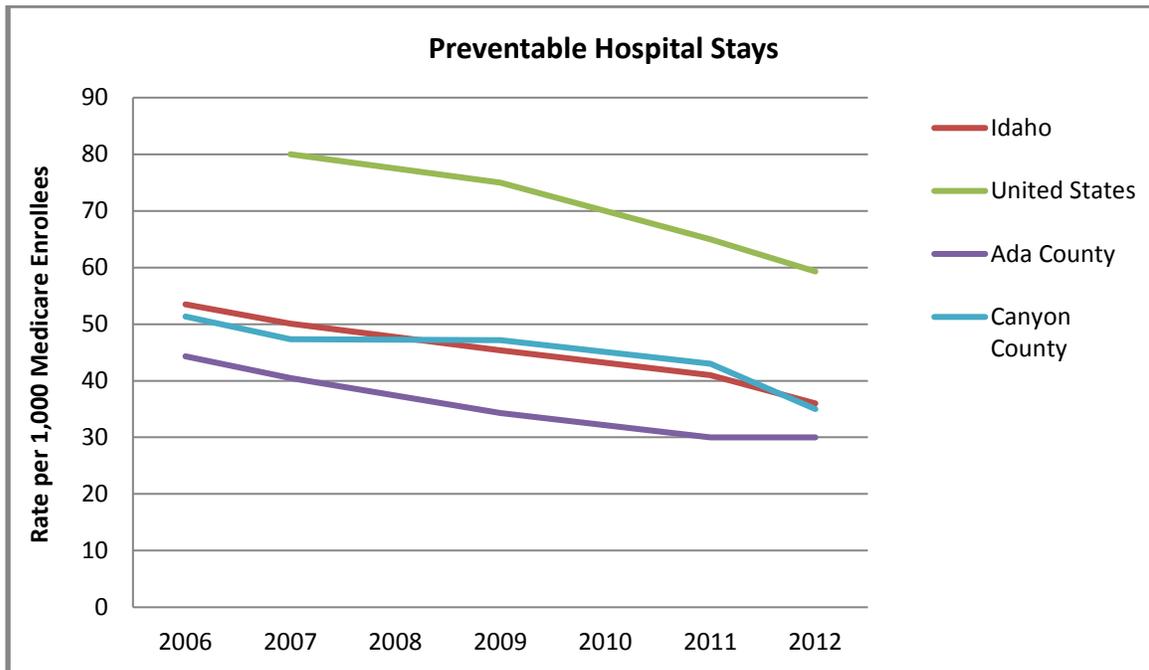
¹³¹ University of Wisconsin Population Health Institute. *County Health Rankings* 2015. Accessible at www.countyhealthrankings.org.

Health Care Quality

- Preventable Hospital Stays**

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

The rate of preventable hospital stays for our service area is significantly below (better than) the national average and is even well below (better than) the national top 10th percentile (top 10th percentile rate is 41.2). The trend is also improving over time in our service area and nationally. This indicates a high level of health care quality in our service area.¹³²



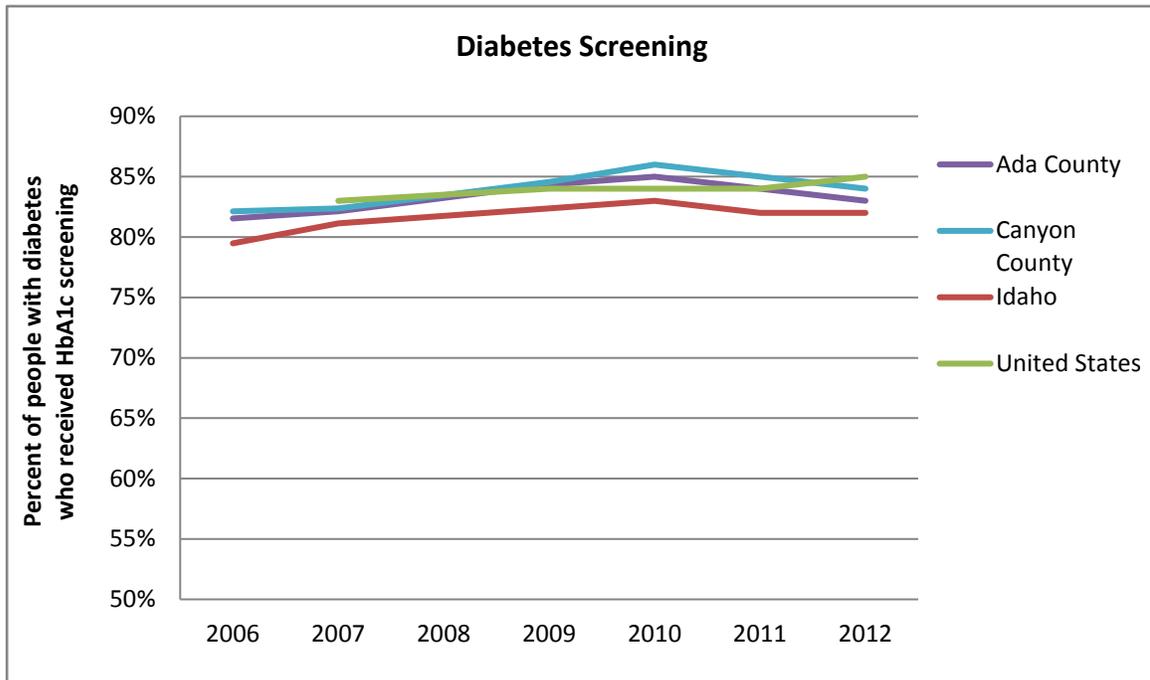
Health Factor Score					
Low score = Low potential for health impact			High score = High potential for health impact		
	Trend: Better/Worse	Prevalence versus U.S.	Severe/ Preventable	Magnitude: Root Cause	Total Score
Preventable Hospital Stays	0	0	2	4	6

¹³² 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.¹³³¹³⁴

The chart shows the trend for diabetes screening is improving slightly nationally and in our service area. The percent of people receiving A1c screening is about the same in our service area as in the nation.¹³⁵



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	1	2	3	3	9

¹³³ University of Wisconsin Population Health Institute. *County Health Rankings* 2015. Accessible at www.countyhealthrankings.org.

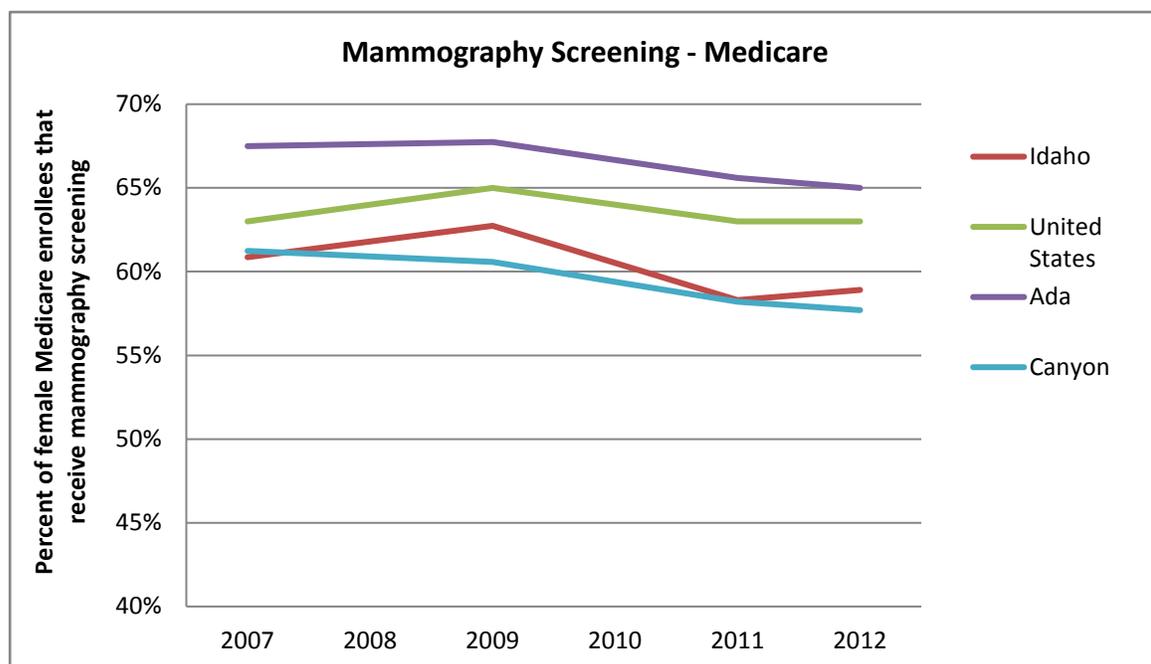
¹³⁴ University of Wisconsin Population Health Institute. *County Health Rankings* 2015. Accessible at www.countyhealthrankings.org.

¹³⁵ Idaho and National 2002 - 2013 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.

The trend for the overall percent of women aged 67 to 69 receiving mammography screenings has been flat for the past several years. The percent for Ada County is about the same as the national average but Canyon County’s percent is lower than the national average.¹³⁶

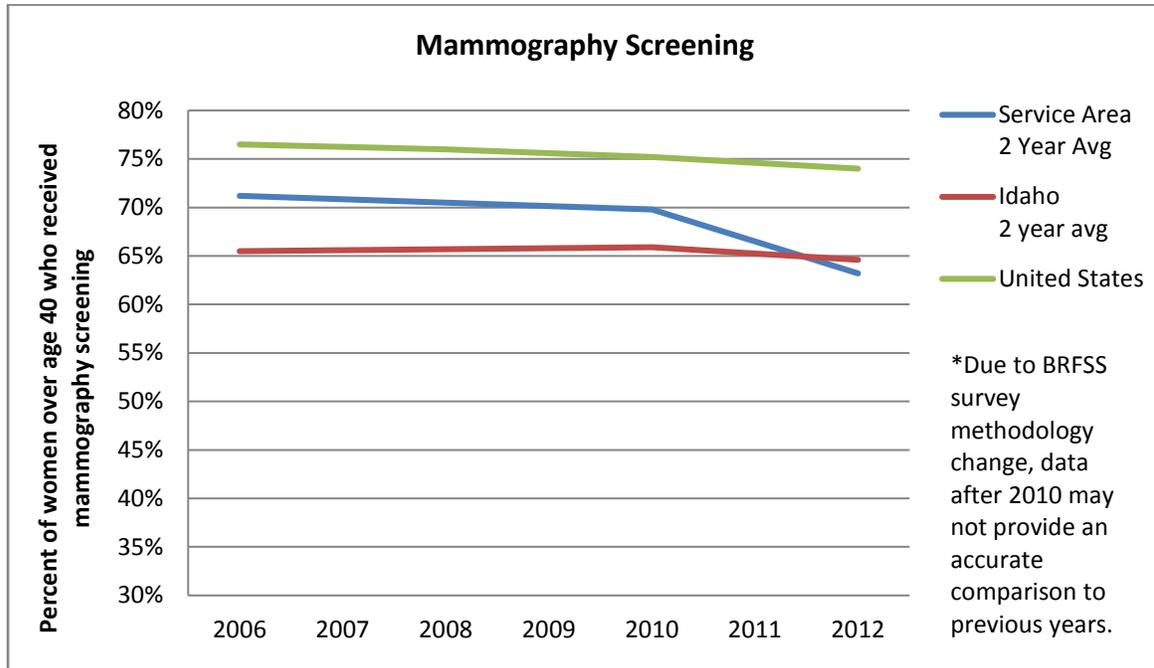


The data underlying this measure comes from the Dartmouth Atlas, a project that documents variations in health care throughout the country through use of Medicare claims data.

The National Cancer Institute recommends that women age 40 and older receive screening for breast cancer with mammography every one to two years. To obtain the percentage of Idaho women age 40 and older who received this breast cancer screening, we used data from BRFSS. As shown in the chart on the following page, the percentage has decreased slightly over the past two years and overall is consistent with the

¹³⁶ University of Wisconsin Population Health Institute. *County Health Rankings* 2015. Accessible at www.countyhealthrankings.org.

percentage of women ages 65 to 67 receiving breast cancer screenings. Women with annual incomes of less than \$25,000 are significantly less likely to have had a mammogram and breast exam in the last two years.¹³⁷



Health Factor Score					
Low score = Low potential for health impact			High score = High potential for health impact		
	Trend: Better/Worse	Prevalence versus U.S. Average	Severe/ Preventable	Magnitude: Root Cause	Total Score
Mammography screening	3	3	4	1	11

Additional Clinical Health Factors

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

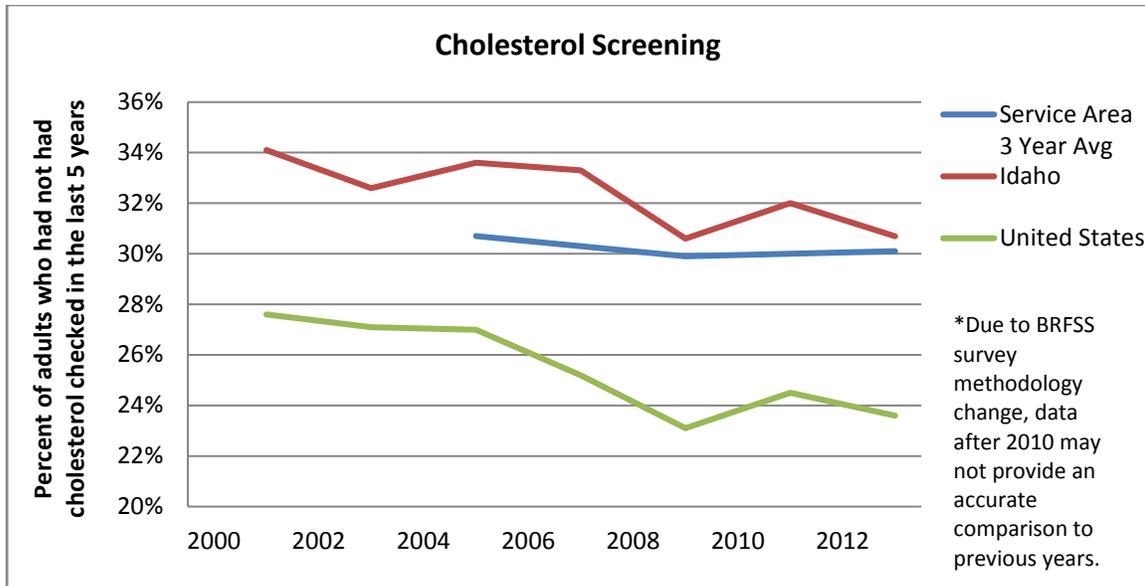
- **Cholesterol Screening**

Cholesterol screening is important for good health because knowing cholesterol levels can spur actions to control it. Idaho is ranked 49th in the nation for cholesterol screening.¹³⁸ Our service area also has a lower percent of people receiving cholesterol checks than the national average.¹³⁹

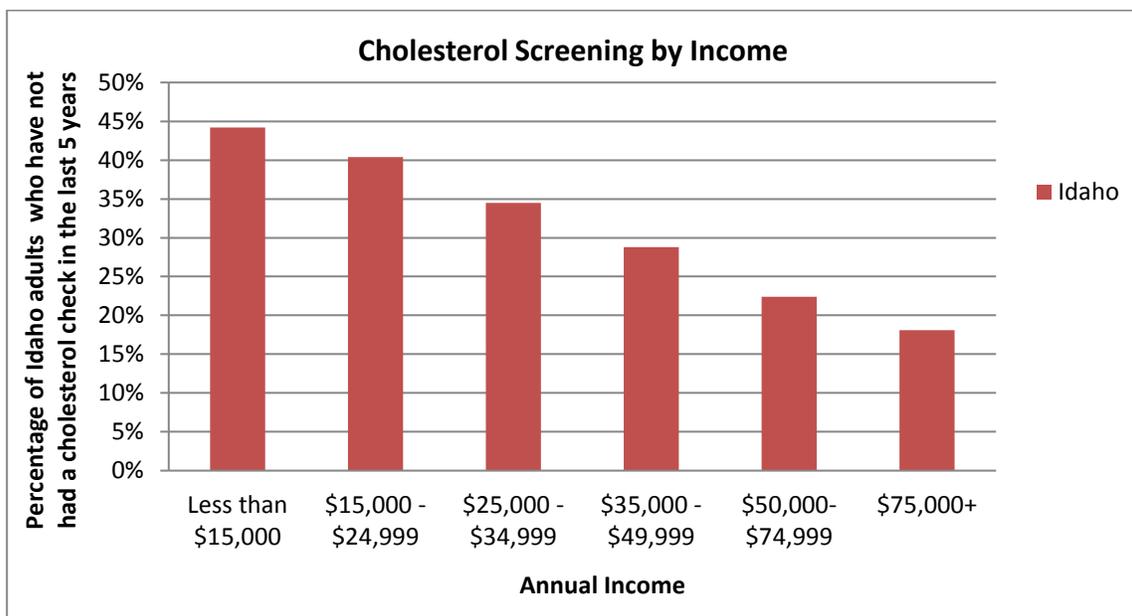
¹³⁷ Idaho and National 2002 - 2013 Behavioral Risk Factor Surveillance System

¹³⁸ America's Health Rankings 2015, www.americashealthrankings.org

¹³⁹ Idaho and National 2002 - 2013 Behavioral Risk Factor Surveillance System



Lower income people, those without college educations, and Hispanics are significantly less likely to have their cholesterol checked.¹⁴⁰



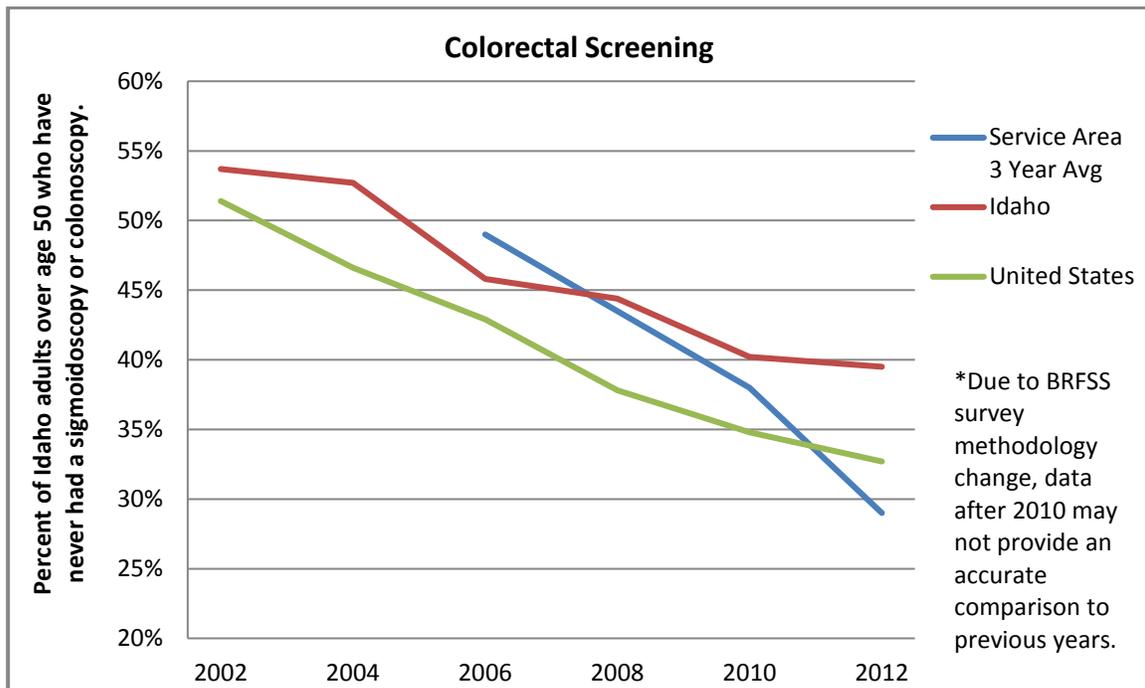
Health Factor Score					
Low score = Low potential for health impact			High score = High potential for health impact		
	Trend: Better/Worse	Prevalence versus U.S. Average	Severe/ Preventable	Magnitude: Root Cause	Total Score
Cholesterol Screening	2	4	3	2	11

¹⁴⁰ Idaho and National 2002 - 2013 Behavioral Risk Factor Surveillance System

- **Colorectal Screening**

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

The trend for people receiving colorectal screening has been improving over the past 10 years. The percent of people age 50 or older receiving colorectal screening in our service area is about the same as it is for the nation as a whole.¹⁴¹



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.¹⁴²

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	0	2	4	0	6

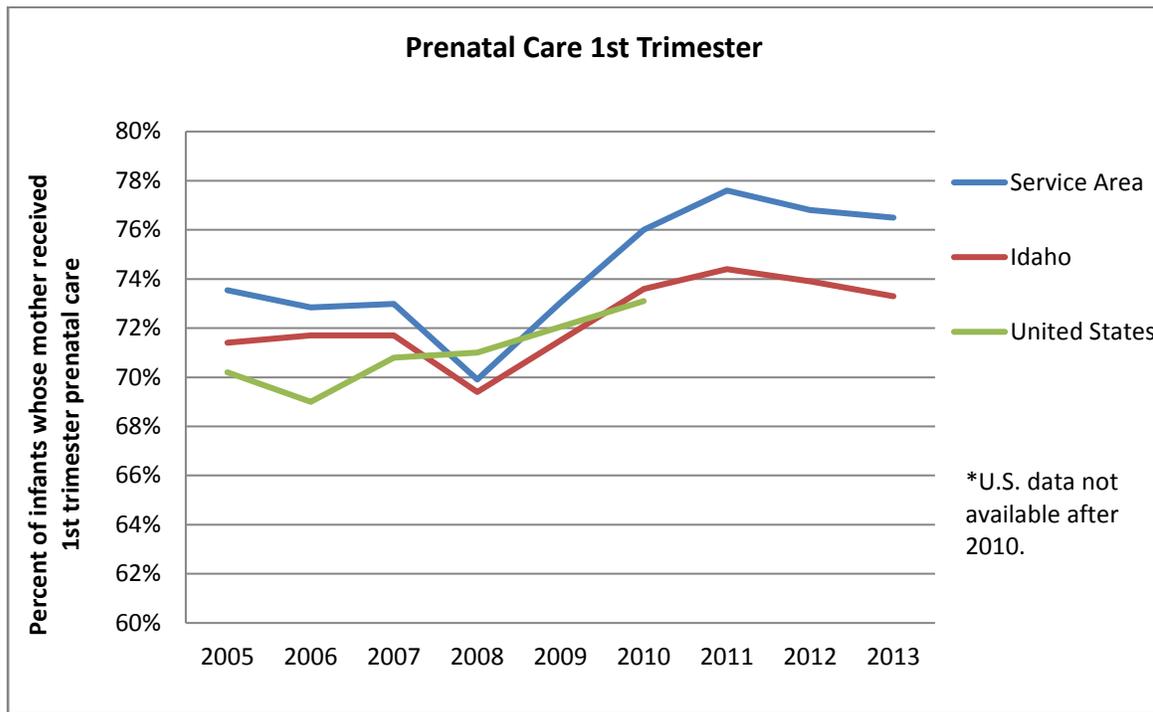
¹⁴¹ Idaho and National 2002 - 2013 Behavioral Risk Factor Surveillance System

¹⁴² 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.¹⁴³

As shown in the chart below, more women in our community have historically been receiving early prenatal care than in the nation as a whole. The trend in our service area for receiving early prenatal care had been decreasing from 2004 to 2008 but has increased from 2009 through 2011. Approximately 77% of women in our service area received early prenatal care in 2013.¹⁴⁴



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	2	1	3	3	9

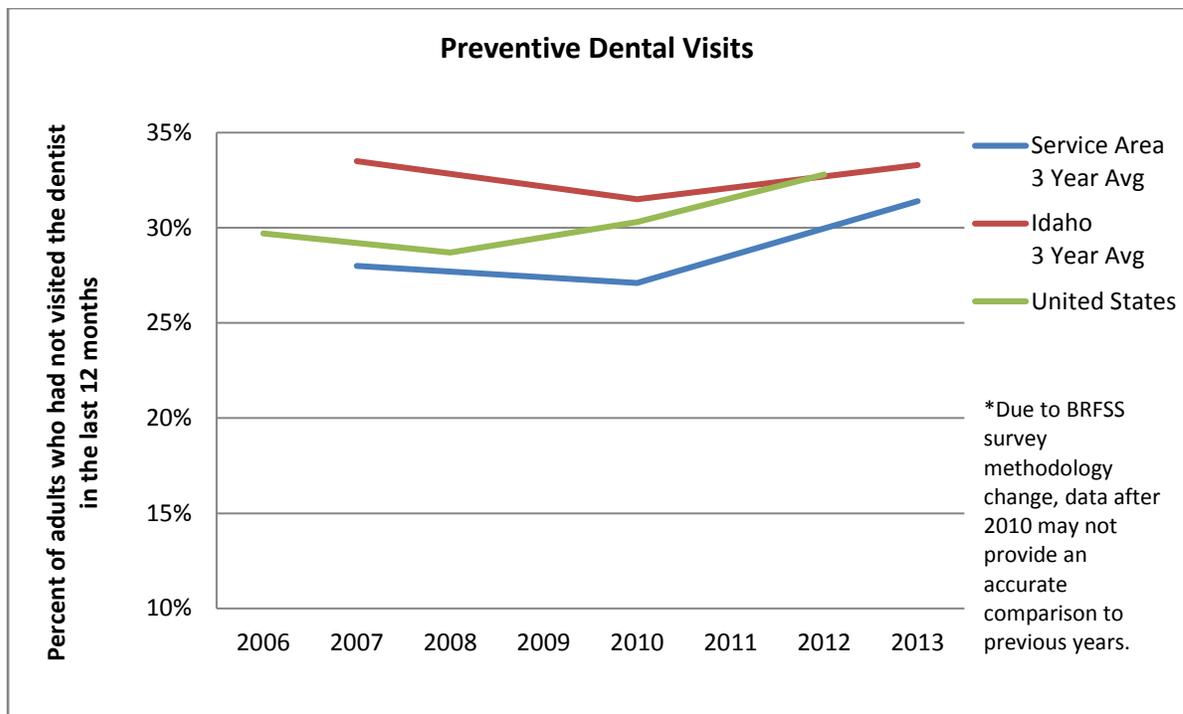
¹⁴³ America's Health Rankings 2012, www.americashealthrankings.org

¹⁴⁴ Idaho Vital Statistics Annual Reports, Years 2000 - 2013, National Vital Statistics Report - Deaths: Data 2013

- **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.¹⁴⁵

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.¹⁴⁶

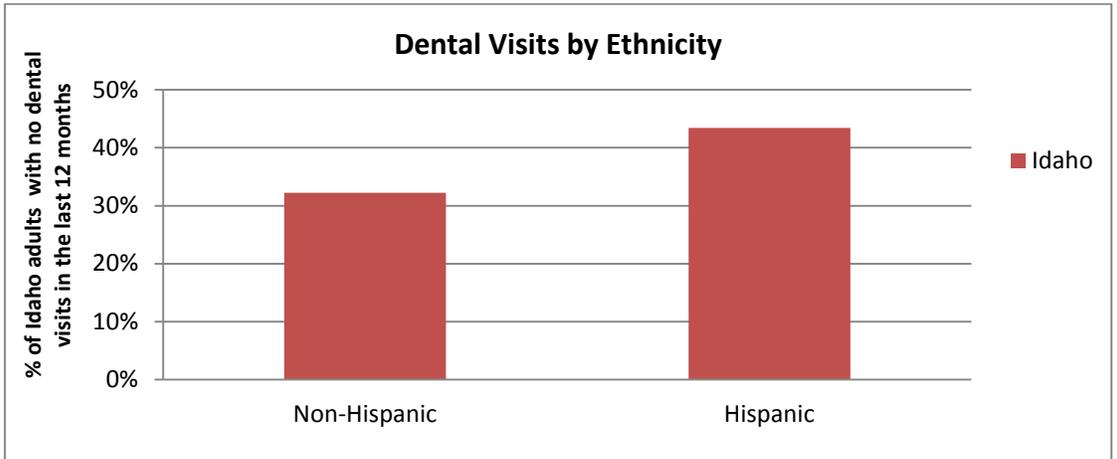
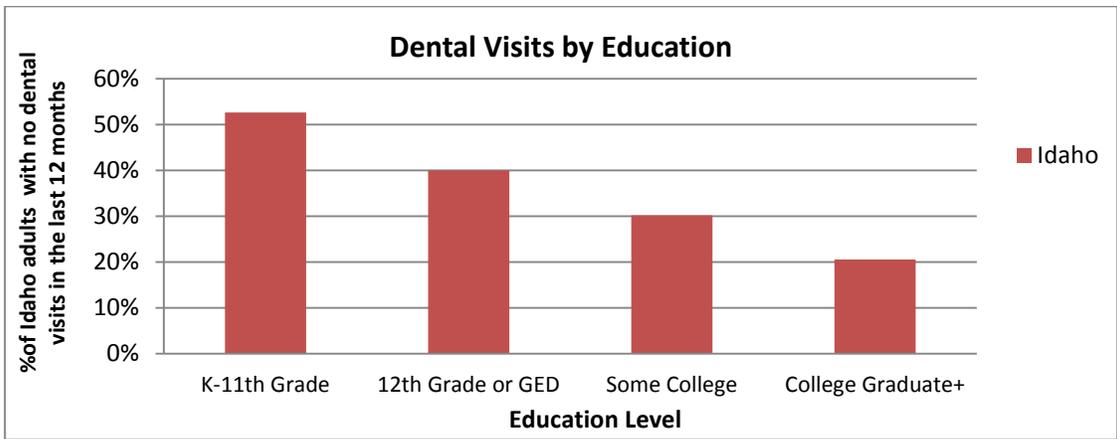
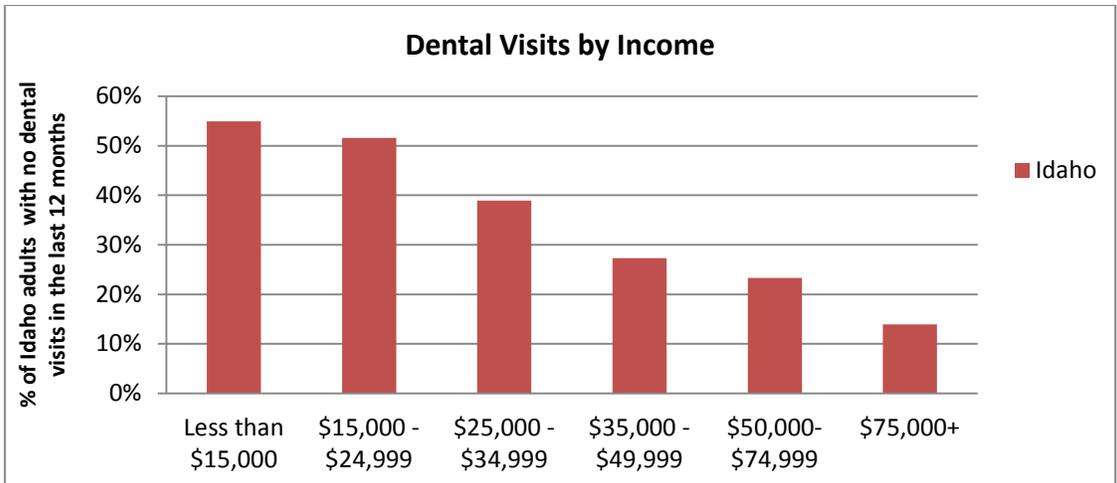


Those with incomes below \$25,000 are significantly less likely to have preventive dental visits than those with higher incomes. In addition, those with less than a college degree are significantly less likely to have preventive dental visits.¹⁴⁷

¹⁴⁵ America's Health Rankings 2015, www.americashealthrankings.org

¹⁴⁶ Idaho and National 2002 – 2013 Behavioral Risk Factor Surveillance System

¹⁴⁷ Ibid.

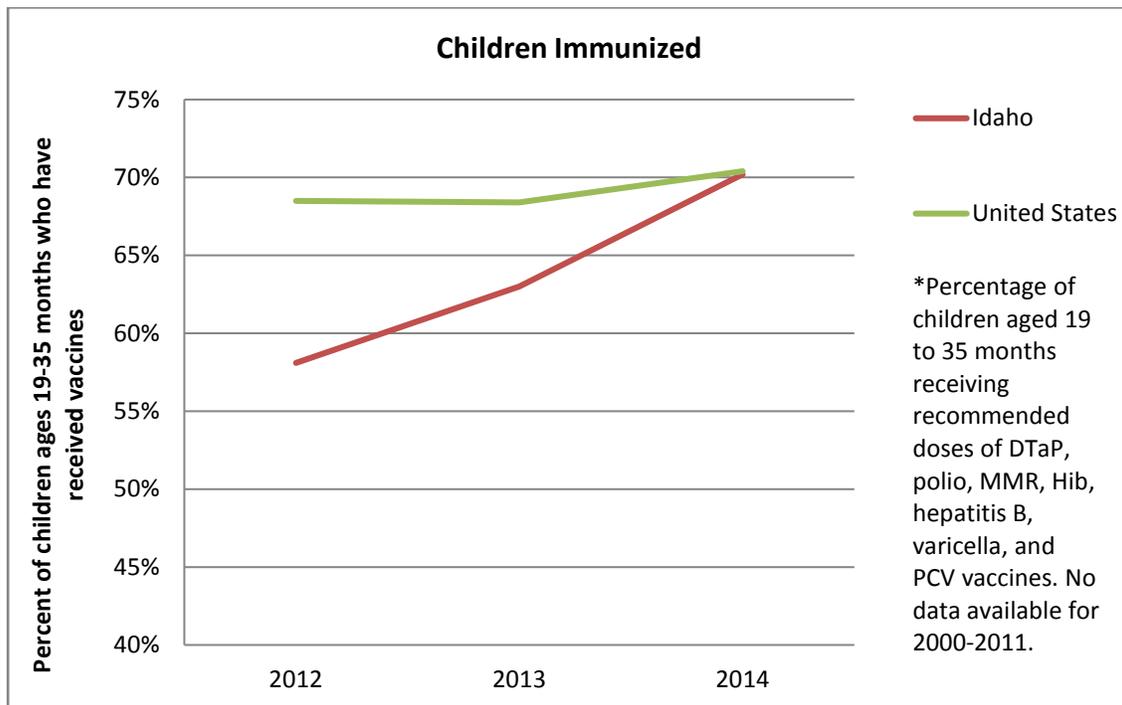


Health Factor Score					
Low score = Low potential for health impact			High score = High potential for health impact		
	Trend: Better/Worse	Prevalence versus U.S. Average	Severe/ Preventable	Magnitude: Root Cause	Total Score
Dental Visits	2	2	3	2	9

- **Childhood and Adolescent Immunizations**

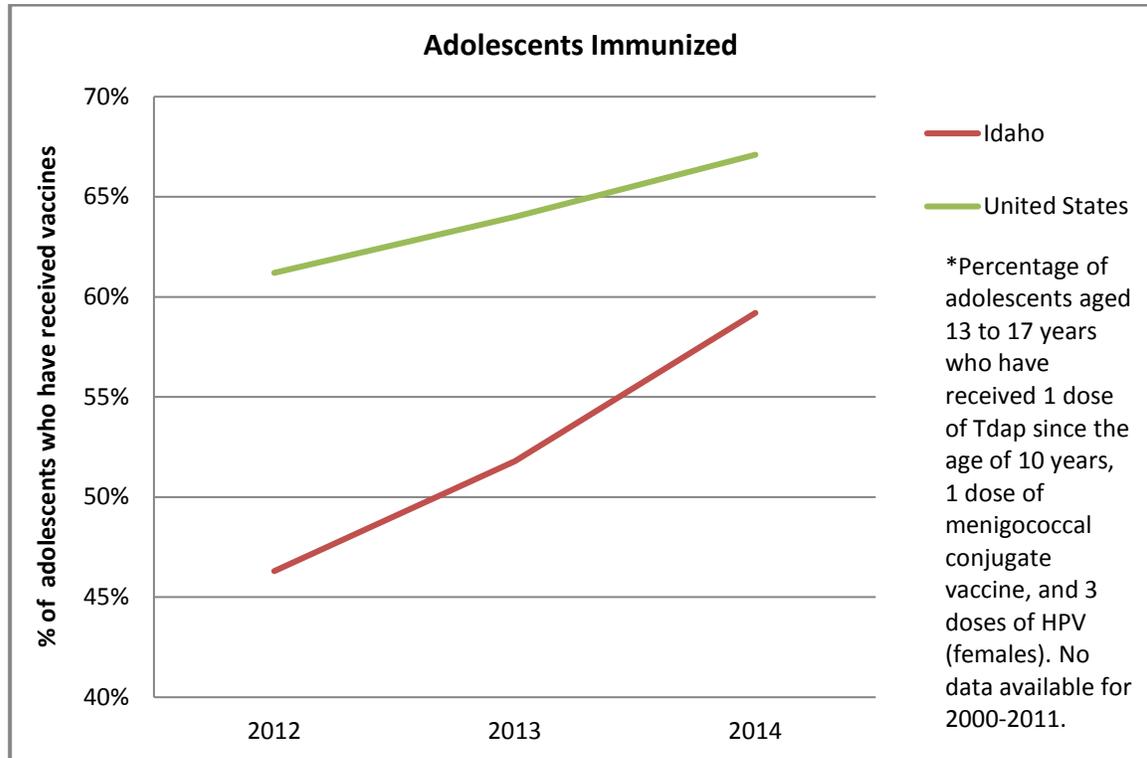
In the U.S., vaccines have reduced or eliminated many infectious diseases that once routinely killed or harmed many infants, children, and adults. However, the viruses and bacteria that cause vaccine-preventable disease and death still exist and can be passed on to people who are not protected by vaccines. 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 two years and in 2014 was about the same as the national average. In the past, Idaho's immunization rates have often been among the worst in the nation.¹⁴⁸



¹⁴⁸ America's Health Rankings 2015, www.americashealthrankings.org

The chart, below, shows the percentage of adolescents aged 13 to 17 years who have received 1 dose of Tdap since the age of 10 years, 1 dose of meningococcal conjugate vaccine, and 3 doses of HPV (females).



While Idaho immunization rates are approximately the same as the national average for children, we are below the national average for adolescents. As children age, immunity from the childhood vaccine DTaP diminishes, and a Tdap booster is needed at age 11 or 12 years to maintain protection against tetanus, diphtheria, and pertussis. This booster provides protection for the immunized teen, as well as those that they come into contact with, which is especially important for infants and the elderly.

There are proven methods to increase the rate of vaccinations that include ways to increase demand or improve access through provider-based innovations.¹⁴⁹

Health Factor Scoring					
	Trend: Better/Worse	Prevalence versus U.S.	Severe/ Preventable	Magnitude: Root Cause	Total Score
Childhood immunizations	1	3	3	2	9

¹⁴⁹ Ibid

- **Mental Health Service Providers**

Ada and Canyon counties both are listed as mental health professional shortage areas as of March 2012.¹⁵⁰ 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.

Specifically, the rate of psychiatrists per 100,000 people in Idaho was 5.2 in 2009. This remains the lowest rate of psychiatrists in the nation and less than half of the national average of 11 psychiatrists per 100,000 people. Idaho’s rate of psychologists was 10.7 per 100,000 in 2011, which represented only about one third of the national average of 30.7. The rate of family therapy counselors in Idaho was also below the national average. However, the rate of general counselors and licensed clinical social workers were both above the national average in 2011.¹⁵¹

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

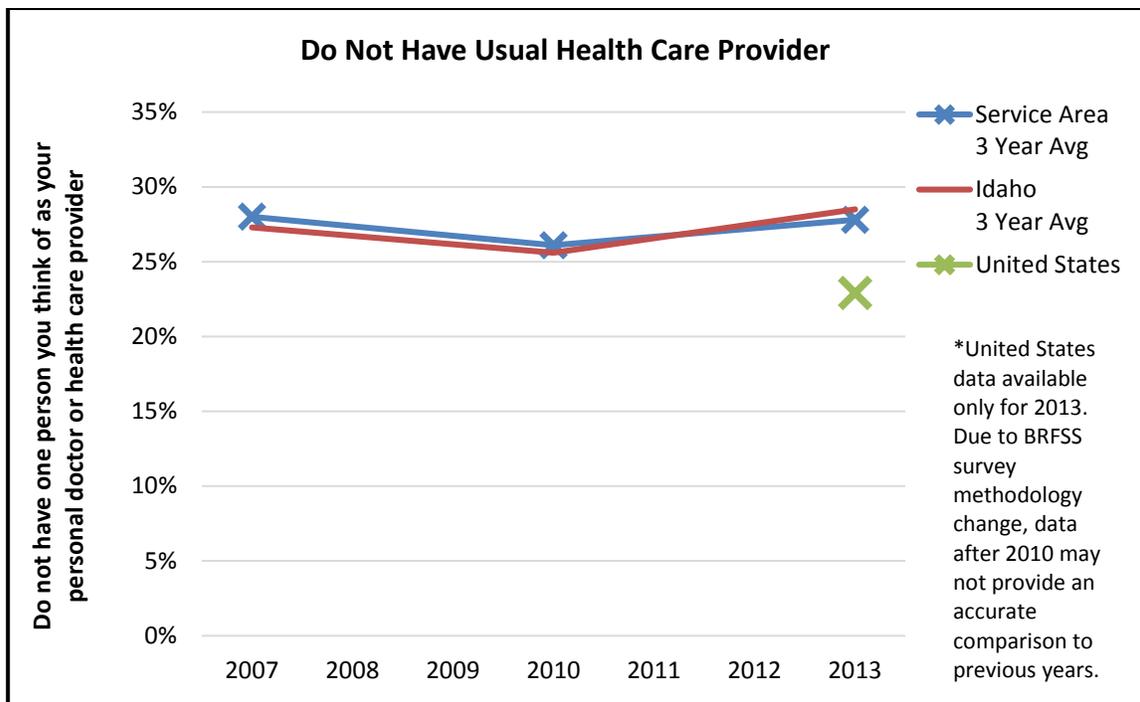
¹⁵⁰ Health Services and Resource Administration Data Warehouse, Mental Health Care HPSAs PDF <http://datawarehouse.hrsa.gov/hpsadetail.aspx#table>

¹⁵¹ Mental Health, United States, 2012 Report SAMHSA www.samhsa.gov

- **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.¹⁵²

One way to measure progress in the development of the medical home model is to study the percentage of people who do not have one person they think of as their personal doctor. The graph below shows the percentage of people in our service area without a usual health care provider is higher than it is in the nation as a whole.¹⁵³



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

¹⁵² <http://www.hrsa.gov/healthit/toolbox/Childrenstoolbox/BuildingMedicalHome/whyimportant.html>

¹⁵³ Idaho and National 2002 – 2013 Behavioral Risk Factor Surveillance System

Social and Economic Factors

County Health Rankings Social and Economic Factors

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

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

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

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

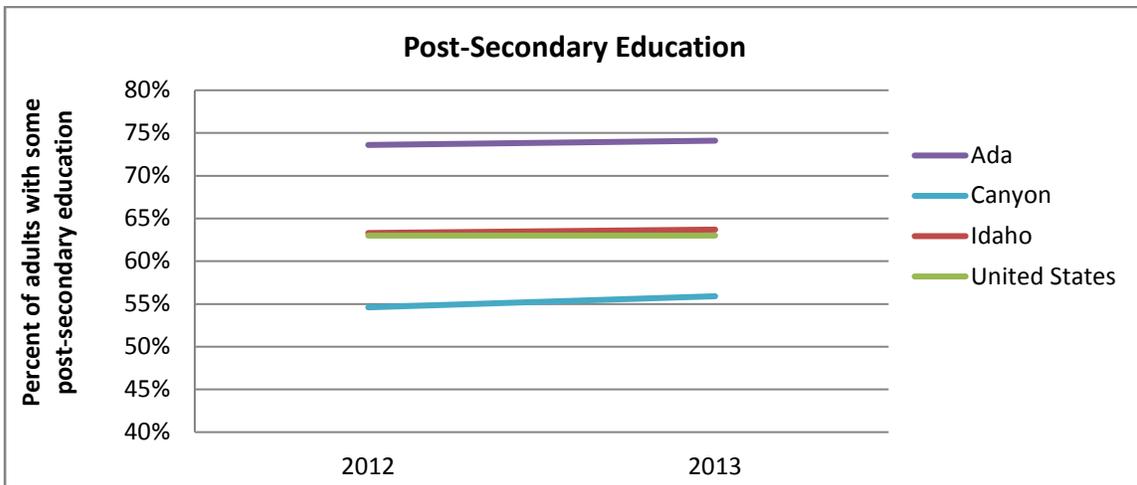
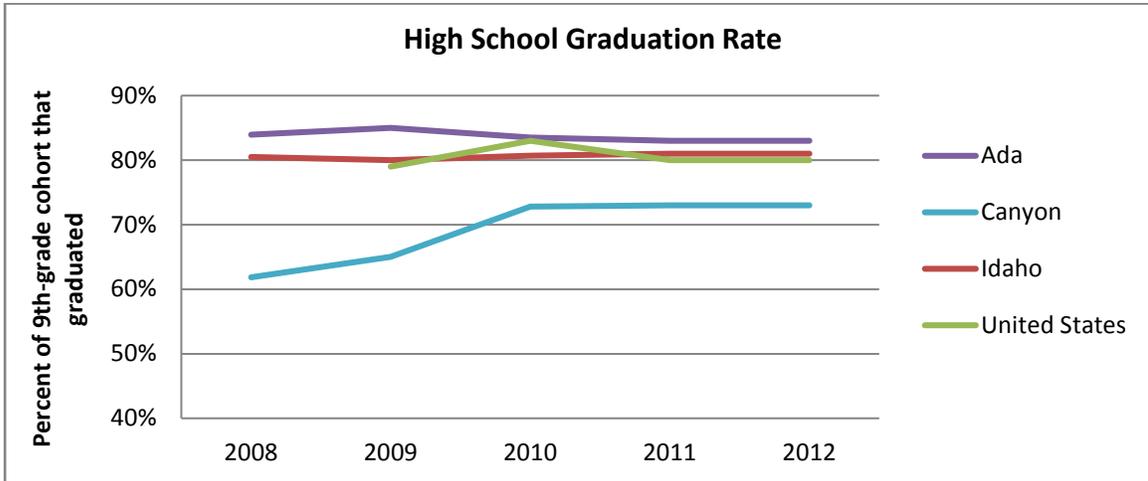
One's education level affects not only his or her health, but education can have multigenerational implications that make it an important measure for the health of future generations. Evidence links maternal education with the health of her children. The education of parents affects their children's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

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

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

the population ages 25-44 with some post-secondary education. These data sets are provided by the American Community Survey (ACS).¹⁵⁴

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



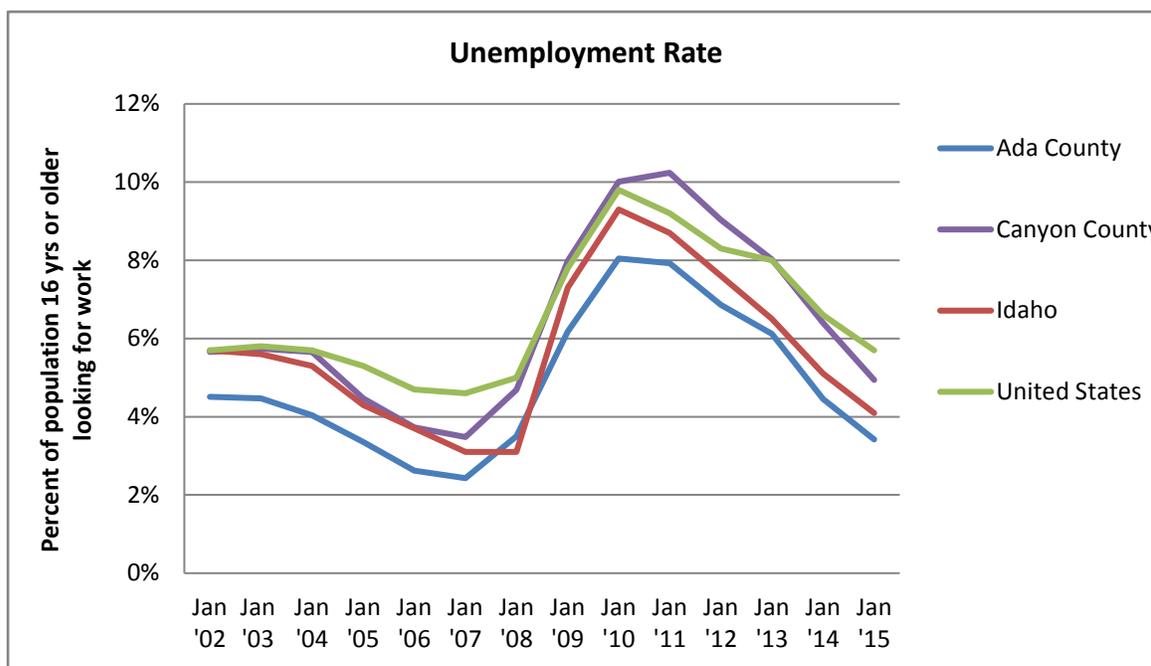
Health Factor Score					
Low score = Low potential for health impact			High score = High potential for health impact		
	Trend: Better/Worse	Prevalence versus U.S. Average	Severe/ Preventable	Magnitude: Root Cause	Total Score
Education	2	2	2	3	9

¹⁵⁴ University of Wisconsin Population Health Institute. *County Health Rankings 2012-2015*. Accessible at www.countyhealthrankings.org.

- **Unemployment**

For the majority of people, employers are their source of health insurance and employment is the way they earn income for sustaining a healthy life and for accessing healthcare. Numerous studies have documented an association between employment and health. Unemployment may lead to physical health responses ranging from self-reported physical illness to mortality, especially suicide. It has also been shown to lead to an increase in unhealthy behaviors related to alcohol and tobacco consumption, diet, exercise, and other health-related behaviors, which in turn can lead to increased risk for disease or mortality.¹⁵⁵

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.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
Unemployment	1	2	1	4	8

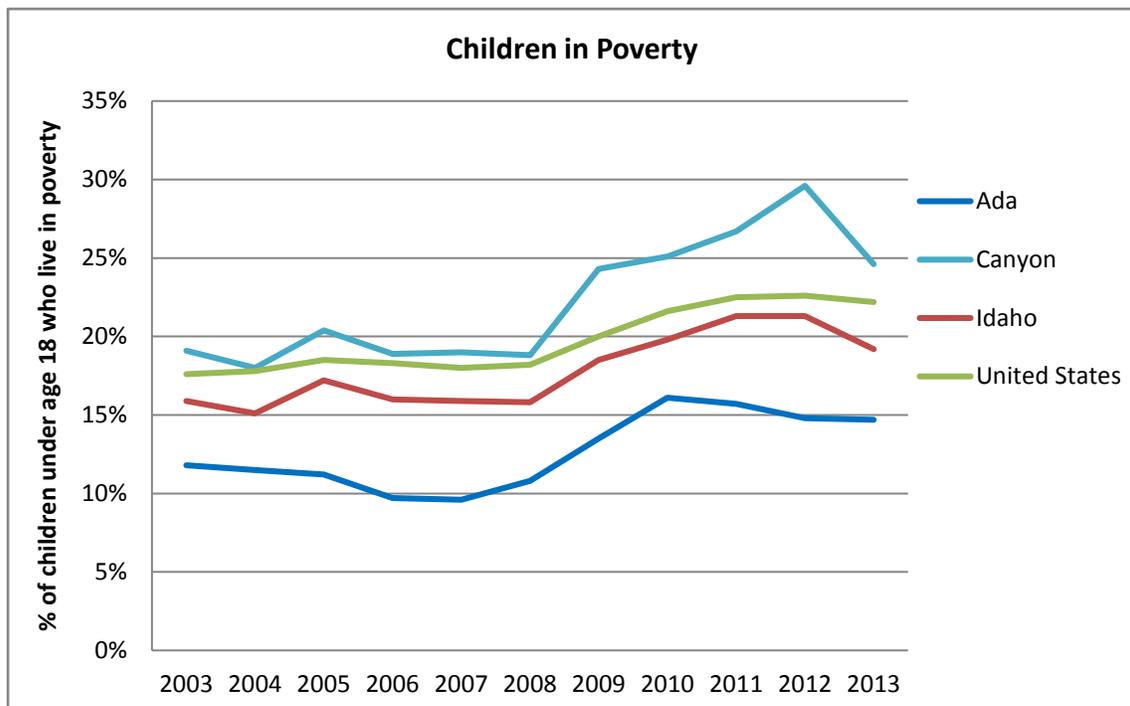
¹⁵⁵ University of Wisconsin Population Health Institute. *County Health Rankings 2012-2015*. Accessible at www.countyhealthrankings.org.

¹⁵⁶ 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).¹⁵⁷

Although the trend has started to improve, the percent of children in poverty increased substantially since 2008 both nationally and in our service area. The prevalence of children in poverty in Ada County is well below the national average, but for Canyon County the percent of children in poverty is slightly above the national average.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
Children in Poverty	3	2	3	3	11

¹⁵⁷ University of Wisconsin Population Health Institute. *County Health Rankings 2012-2015*. Accessible at www.countyhealthrankings.org.

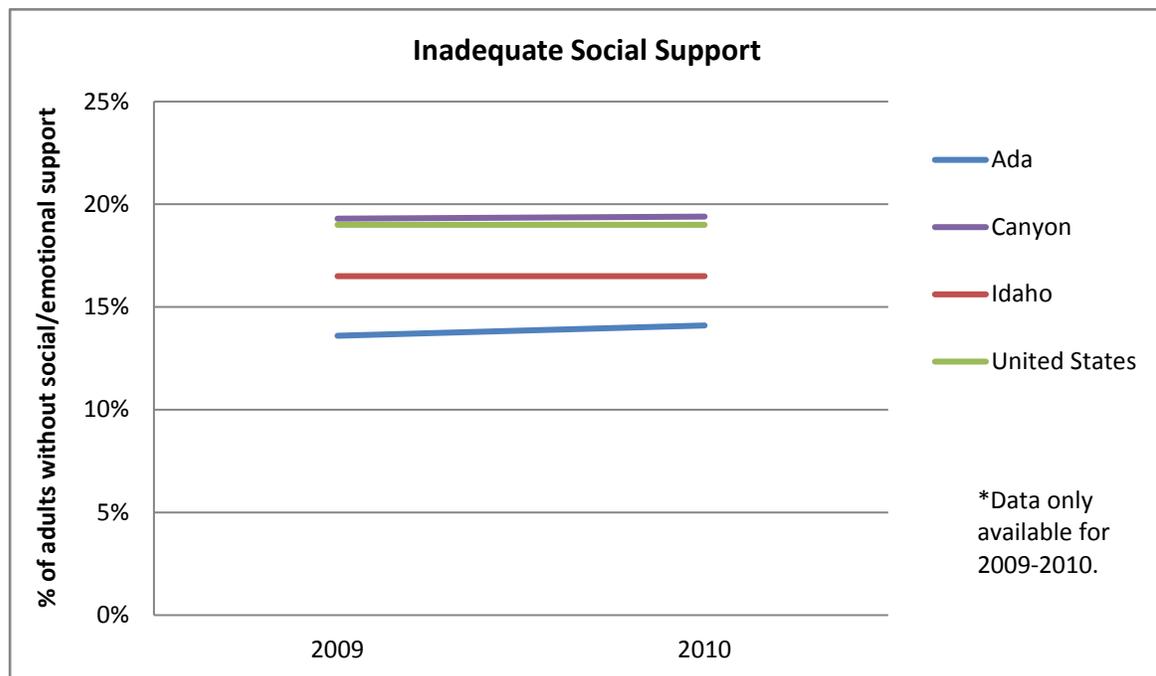
¹⁵⁸ Source: Small Area Income and Poverty Estimates (SAIPE). <http://www.census.gov/did/www/saibe/data/statecounty/data/index.html>

- **Inadequate Social Support and Single-Parent Households**

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) percent of adults reporting that they do not receive the social and emotional support they need 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. The social isolation measure reports the percentage of adults without social/emotional support.¹⁵⁹

The percent of people with inadequate social support in Ada County is well below the national average. Canyon County's is about the same as the national average.¹⁶⁰



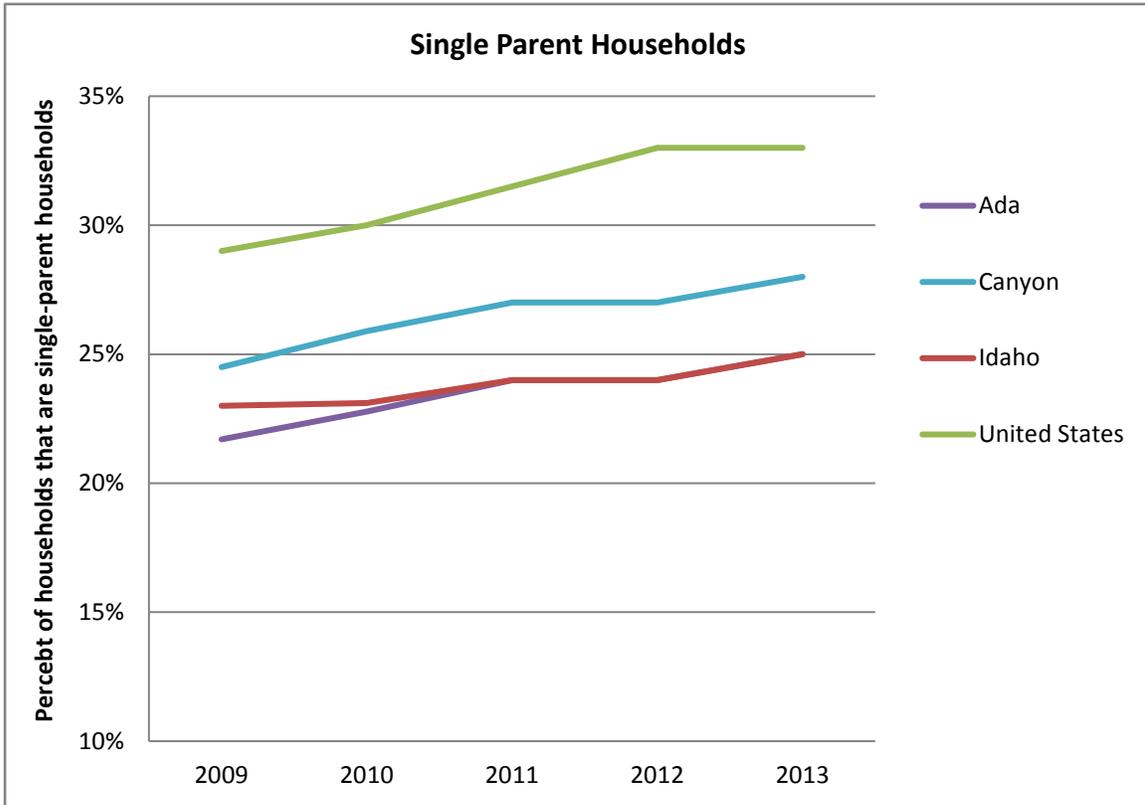
Similar to socially isolated individuals, adults and children in single-parent households are at risk for both adverse health outcomes such as mental health problems (including substance abuse, depression, and suicide) and unhealthy behaviors (including smoking and excessive alcohol use). Not only is self-reported health worse among single parents,

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

¹⁶⁰ Ibid

but mortality risk also is higher. Likewise, children in these households also experience increased risk of severe morbidity and all-cause mortality.

The percent of people living in single parent households is well below the national average for both Ada and Canyon counties; however, the trend has been getting worse since 2009.¹⁶¹



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
Inadequate social support	3	1	2	3	9

¹⁶¹ 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.

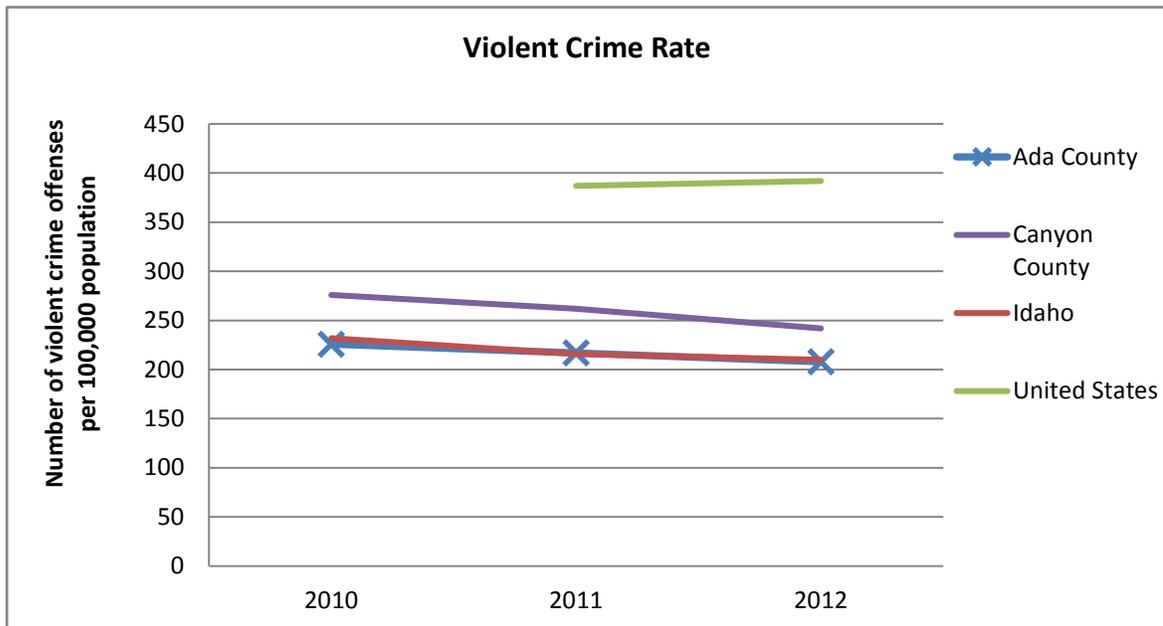
Injuries generate \$406 billion in lifetime medical costs and lost productivity every year, \$37 billion of which are from violence. Communities can help protect their residents by adopting and implementing policies and programs to prevent accidents and violence. ¹⁶²

¹⁶² 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.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
Violent Crime	2	0	2	2	6

¹⁶³ Ibid

Physical Environment Factors

County Health Rankings Physical Environment Factors

Air and Water Quality

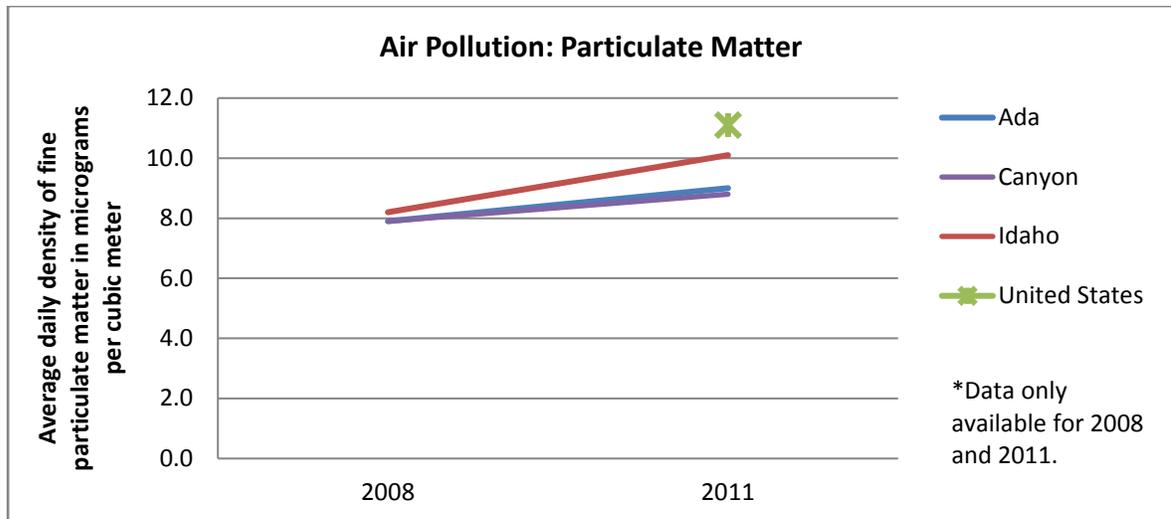
Clean air and water support healthy brain and body function, growth, and development. Air pollutants such as fine particulate matter can harm our health and the environment. Air pollution is associated with increased asthma rates and can aggravate asthma, emphysema, chronic bronchitis, and other lung 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.¹⁶⁴

- **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.¹⁶⁵



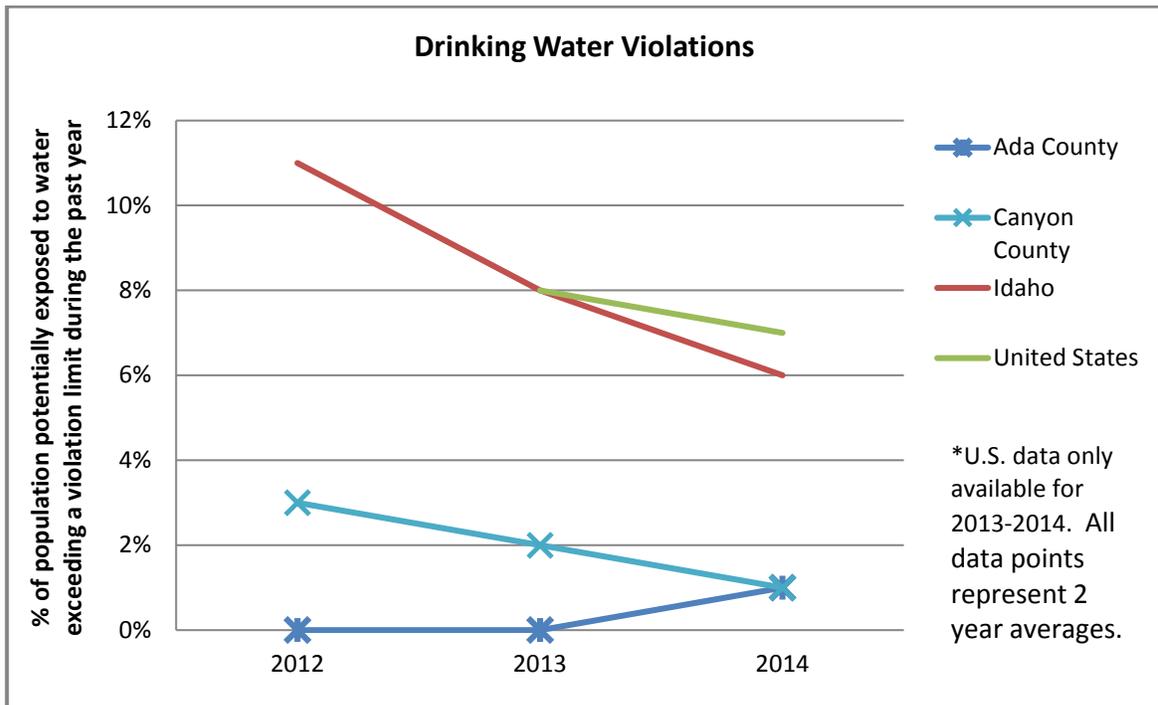
¹⁶⁴ Ibid

¹⁶⁵ Ibid

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

- Drinking Water Violations**

The EPA's Safe Drinking Water Information System was utilized to estimate the percentage of the population getting drinking water from public water systems with at least one health-based violation. Our service area has drinking water violation rates that are significantly below the national average.¹⁶⁶



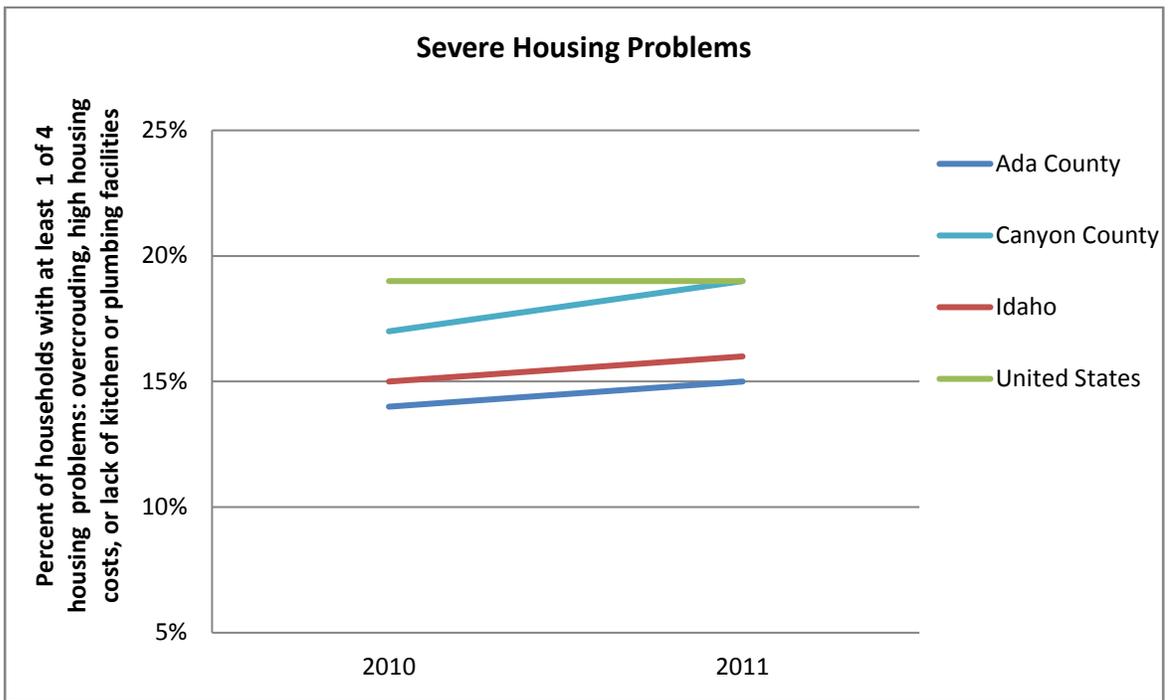
Health Factor Score					
Low score = Low potential for health impact			High score = High potential for health impact		
	Trend: Better/Worse	Prevalence versus U.S. Average	Severe/ Preventable	Magnitude: Root Cause	Total Score
Drinking Water Violations	2	0	2	2	6

¹⁶⁶ Ibid

- **Severe Housing Problems**

The U.S. Census Bureau "CHAS" data (Comprehensive Housing Affordability Strategy), demonstrate the extent of housing problems and housing needs, particularly for low income households. There are four housing problems that are tracked in the CHAS data: 1) housing unit lacks complete kitchen facilities; 2) housing unit lacks complete plumbing facilities; 3) household is severely overcrowded; and 4) household is severely cost burdened. A household is said to have a severe housing problem if they have 1 or more of these 4 problems. Severe overcrowding is defined as more than 1.5 persons per room. Severe cost burden is defined as monthly housing costs (including utilities) that exceed 50% of monthly income. ¹⁶⁷

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



Health Factor Score					
Low score = Low potential for health impact			High score = High potential for health impact		
	Trend: Better/Worse	Prevalence versus U.S. Average	Severe/ Preventable	Magnitude: Root Cause	Total Score
Severe Housing Problems	2	2	1.5	3	9.5

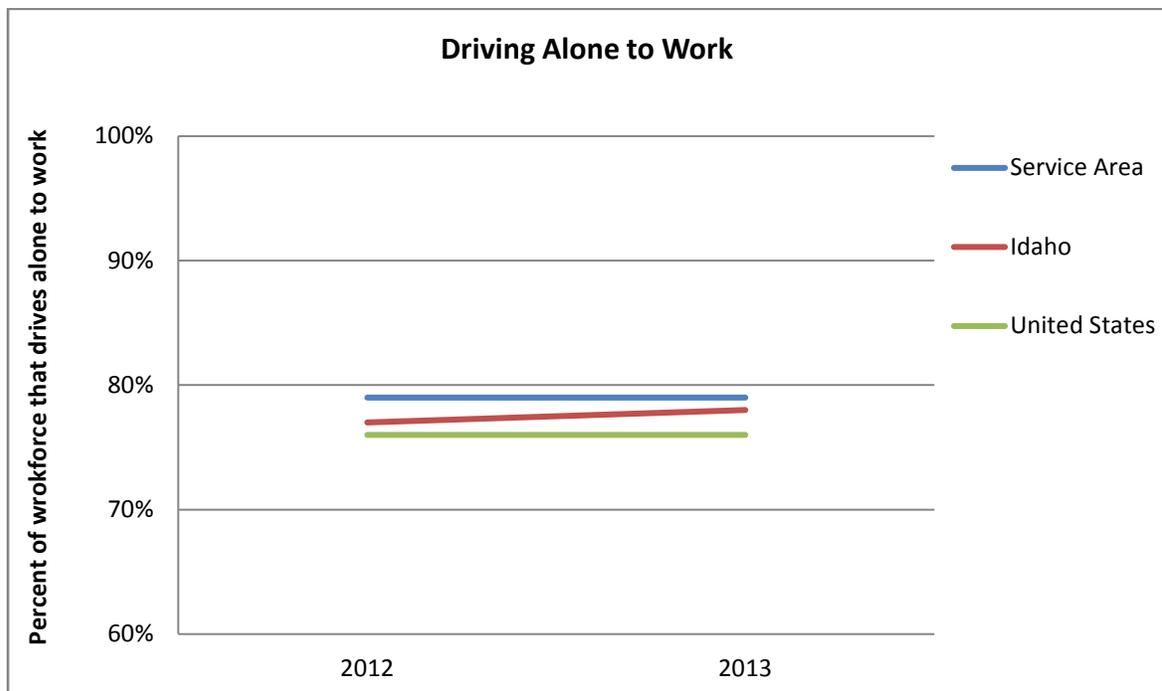
¹⁶⁷ Ibid

- **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.¹⁶⁸



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

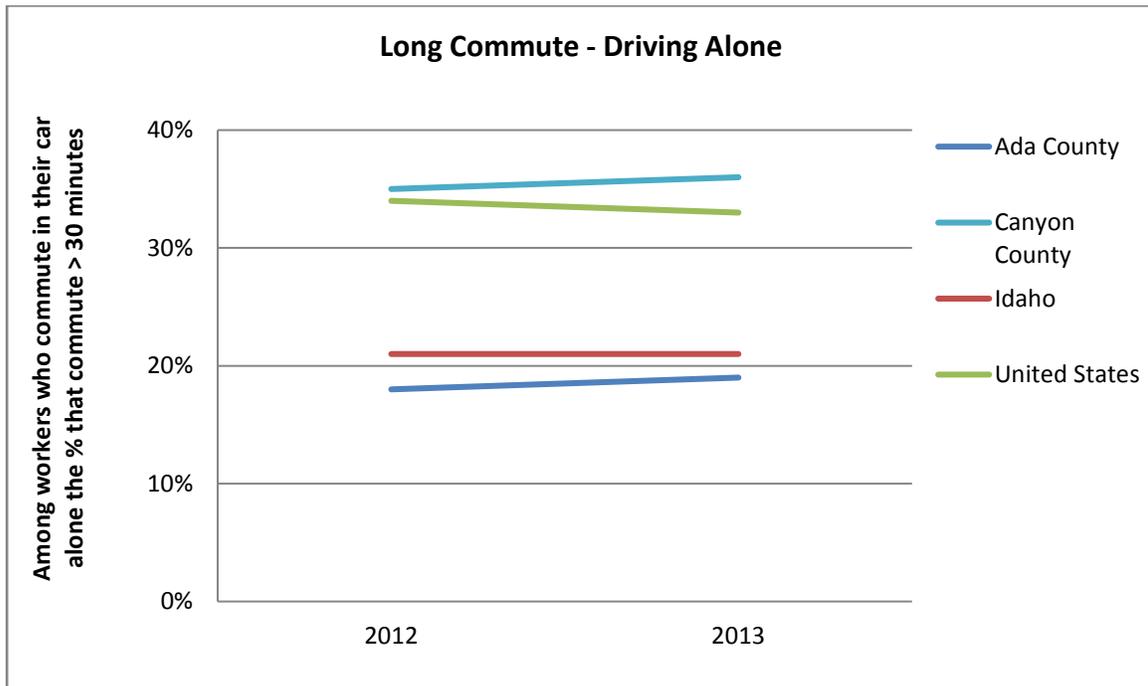
¹⁶⁸ Ibid

- **Long Commute - Driving Alone**

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

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

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



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

Community Input

Community input for the CHNA is obtained through two methods:

- First, we conduct in-depth interviews with community representatives possessing extensive knowledge of health and affected populations in our community.
- Second, feedback is collected from community members regarding the 2013 CHNA and the corresponding implementation plan. We use this input to compile and develop the 2016 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 Representatives' Comments
Access to healthy foods	7.0	<p>Many representatives believe the high cost of healthy foods and lack of transportation create barriers to access. However, others believe that access is not the issue at all. To them, it simply comes down to personal choice and taking the initiative to eat well. Some representatives mention that fast foods (typically high in salt, sugar and fat) are too convenient. "There is an abundance of fast food places competing with eating at home."</p> <p>Suggestions:</p> <ul style="list-style-type: none"> • Start young by providing a healthy food selection in the schools. Continue to expand upon existing school programs

		that provide daily fresh produce for snacks.
Exercise programs/education/opportunities	6.9	<p>Community members agree that exercise is foundational to good health. Ideas vary as to which approach will lead to the greatest increase in exercise. Most believe that an effective approach should incorporate the built environment close to home. “There is a need for more parks, trails, accessible exercise in neighborhoods and subdivisions, not necessarily a gym or a program that requires one to get in a car. It’s more of an organic approach to exercise.” One participant notes that the built environment is not effective enough. People need greater access to organized exercise.</p> <p>Suggestions:</p> <ul style="list-style-type: none"> • Employers would benefit from promoting exercise and making it easily accessible at the workplace. • “Every single person needs a pedometer and to be walking 10,000 steps a day. We have to engage people.”
Nutrition Education	7.3	<p>Nutrition education is important and needed to achieve improved health and wellness in the community. There is a need for nutrition education particularly in our refugee community.</p> <p>Suggestion:</p> <ul style="list-style-type: none"> • Provide nutrition education through our school systems. “This [nutrition education] should be embedded into school curriculum to teach healthy habits young.”

Safe sex education programs	5.3	There are programs offered in the schools and resources available through other organizations. Many note the need for greater parental involvement to empower our kids with both sex education and relationship education.
Substance abuse services and programs	8.2	<p>“There is a huge unmet need here. Idaho does not have the infrastructure to treat people.” Community members recognize that substance abuse is pervasive and counselors and facilities are very limited. Representatives acknowledge that there are a few very good programs made available to those seeking help. For example, The Boise Rescue Mission offers a comprehensive, long-term program.</p> <p>Suggestion:</p> <ul style="list-style-type: none"> • Gain support from the Idaho legislature to prioritize substance abuse treatment options.
Tobacco prevention and cessation programs	6.7	<p>Numerous participants recognize the abundance of tobacco prevention and cessation programs available. “There are no shortage of opportunities.” One person notes how difficult it is to stop tobacco use. Many believe that our efforts and focus should be placed primarily on prevention. “There are a lot of programs. We can get the best bang for our buck if we focus on children and prevention.”</p> <p>Suggestions:</p> <ul style="list-style-type: none"> • Provide a one-credit course in junior high or high schools regarding tobacco use. • “The age for buying cigarettes should be increased to 21 years old. If people are able to make it through adolescent years maintaining good habits, they are much

		less apt to start in on an unhealthy habit in their adulthood.”
Weight management	6.9	<p>“Weight management via healthy diets and exercise is critical and foundational to our overall health. We need a long term plan to tackle and prevent obesity.”</p> <p>There are numerous programs and resources available in the Treasure Valley. Multiple representatives note that it is up to each individual to take advantage of the opportunities.</p> <p>Suggestion:</p> <ul style="list-style-type: none"> • Focus on prevention by continuing to encourage and work with our kids.
Wellness and prevention programs (for conditions such as high blood pressure, skin cancer, depression, etc.)	7.0	<p>There are many wellness and prevention believers in our community. “There is a need for continued support for prevention programs. These help to boost one’s health and self-image.”</p> <p>Interviewees that represent major Idaho employers express the great benefit of providing wellness programs on the work campus. “These programs are important to create greater ownership of health and wellness.”</p> <p>Suggestions:</p> <ul style="list-style-type: none"> • More focus and offerings around depression and mental health. • More focus and offerings around stress management and reduction. • Bring wellness and prevention programs directly to populations of people who have greater barriers to access. For example, pair wellness programs with food distribution or at shelters. • Transfer the approach to wellness and prevention from clinic centric to community centric.

Clinical Care Access and Quality Needs		
Potential Health Needs	Average Score	Summary of Representatives' Comments
Affordable care for low income individuals	9.1	Many community representatives note the need for affordable health insurance and the need for affordable care go hand-in-hand. Specialty care and prescription medication is particularly expensive and is a critical need for many. The significant portion of uninsured or under-insured cannot afford appropriate treatment and are forced to opt out of care.
Affordable dental care for low income individuals	8.3	There are a few very good clinics/programs that offer services on a sliding scale – e.g. Terry Reilly, Genesis World Mission and Idaho Smiles. Clinics and dentists offering pro-bono care are over capacity and patients are experiencing very long waits. “The status of your mouth is a sign of one’s socio economic status. It’s a direct sign of the ‘haves and have nots. There needs to be an even playing field and affordable access to dental care. “
Affordable health insurance	9.0	Numerous interviewees express their disappointment and note the devastation created by not expanding Medicaid. A couple of community representatives observe that the Affordable Care Act is not sustainable and in need of vast improvement. Those who do not qualify for Medicaid, but are still low-income and not receiving health insurance subsidies make up the ‘coverage gap’. This gap has resulted in a significant amount of people

		who are uninsured and invariably not receiving care.
Availability of behavioral health services (providers, suicide hotline, etc.)	9.1	<p>“This is a glaring deficiency for Idaho.” The vast majority of representatives express a desperate need for additional behavioral health services and facilities. There is an overwhelming amount of requests for more psychiatrists. If one does not qualify for free or reduced services or does not carry health insurance, it is extremely difficult to attain care. There is a specific need for child psychologists that focus on mental illness and developmental needs.</p> <p>Suggestion:</p> <ul style="list-style-type: none"> • Offer Crisis Intervention Training (CIT) for all law enforcement.
Availability of primary care providers	6.9	<p>Receivers of care from a primary care provider (PCP) are generally satisfied with the availability, especially in Ada County. Providers of care however are reporting difficulty keeping up with demand and express the need for more medical professionals. As we experience an increase in the amount of people carrying health insurance, we will need more primary care physicians. “We need a model to recruit for sustainability.”</p>
Chronic disease management programs	7.6	<p>“This is one of the most important needs and ways St. Luke’s can positively affect the community they serve. Chronic disease management is how we get to the heart of the individual and their health.” Many interviewees recognize the value and express the need for additional diabetes programs. “Type II diabetes will potentially bankrupt the country. It is preventable.” Lack of insurance and transportation limit access to chronic</p>

		<p>health management.</p> <p>Suggestions:</p> <ul style="list-style-type: none"> • Provide affordable or free programs specifically for diabetes, chronic obstructive pulmonary disease (COPD), congestive heart failure and hypertension. Lives and money will be saved in the long term. • Lobby for the Affordable Care Act to cover chronic disease management.
Immunization programs	6.0	Immunization programs are important and readily accessible. There is a need to continue to provide education and awareness around the choice to be immunized.
Improved health care quality	4.8	<p>Community representatives express that the quality of care one receives in the Treasure Valley is good, if not excellent. As a follow up, many note that there is always room for improvement.</p> <p>For those who are uninsured, access is limited and quality can be compromised. There is a need to create a welcoming and trusting environment to Medicaid patients or those receiving care on a sliding scale.</p>
Integrated, coordinated care (less fragmented care)	8.2	<p>“Patients are required to be pro-active in regards to coordinating their own care. Specialists are working in silos and not communicating as effectively as possible for the patient.” Multiple representatives note the need for improved coordination between health clinics that offer free/subsidized care and the specialty care providers they refer the patient out to. There is a need to improve the management of varying and multiple prescription drugs.</p>

		<p>Suggestions:</p> <ul style="list-style-type: none"> • Create a healthcare navigator/advocate program for those with additional needs • “Mental health and dental care should be integrated into general care instead of referred out.”
Prenatal care programs	5.7	<p>“Prenatal care is one of the bright spots in the health system.” Most believe that there are multiple good programs available. We can improve by creating more awareness and access to the subsidized prenatal care programs available.</p> <p>Suggestion:</p> <ul style="list-style-type: none"> • Offer programs to parents that focus on the first days after birth.
Screening programs (cholesterol, diabetic, mammography, etc.)	6.5	<p>Most community members acknowledge that there are numerous strong screening opportunities available. However, for those without insurance, most cannot pay for the screenings out of pocket. “People without insurance have to choose between a colonoscopy and rent.” Another challenge to note, is how to address follow-up care for the uninsured or under-insured.</p>

Social and Economic Needs		
Summary of Community Representatives' Comments	Average Score	Summary of Representatives' Comments
Children and family services	7.0	Representatives commonly express the need for providing greater resources and support to young parents. “The Nurse Family Partnership” is being developed to further address the needs of young parents in Canyon County. Numerous representatives express the need for expansion of literacy and English education opportunities. Other needs include personal financial management courses and a 24-7 childcare service for care givers who work night and swing shifts.
Disabled services	5.9	There is a need to focus on integrating people with different abilities into our community. Some believe that this population has access to good care models in the Treasure Valley. Suggestion: <ul style="list-style-type: none"> • Create respite programs for families.
Early learning before kindergarten (such as a Head Start type program)	7.7	The majority of representatives feel strongly that early learning/pre-kindergarten programs provide great long-term value to students, families and to the community at large. There is a need for more programs and that they be made affordable to all. Suggestion: <ul style="list-style-type: none"> • Gain support from the Idaho legislature. “Idaho is one of a handful of states that does not recognize the value of early learning. It’s like building a house with no foundation.”

Education: Assistance in gaining good grades in kindergarten through high school	6.2	<p>“The schools are doing a lot of good things. Academic ratings are not as important as simply graduating and the life skills one gets by going to school.”</p> <p>The focus needs to be on grit, esteem, curiosity and finishing what one set out to do by graduating high school.</p> <p>Representatives note the need for greater parental involvement in their child’s academic pursuits.</p>
Education: College education support and assistance programs	7.1	<p>“We have a pretty robust system getting students into school what we are chronically missing is seeing them through to graduation.” There are numerous quality options for further education made available to Idahoans. While there are some generous grants and scholarships available, many struggle to afford the higher education long term. “Affordability is a barrier to completing college and obtaining a degree.”</p>
Elder care assistance (help in taking care of older adults)	7.3	<p>With the growth of the senior population, representatives are acknowledging a need for services. “We need to get out in front of this now, before we have too many people and too little infrastructure.” Some note that the market is robust with competition, but affordable options are limited.</p> <p>Suggestion:</p> <ul style="list-style-type: none"> • Provide a mobile dental unit for nursing homes.
End of life care or counseling (care for those with advanced, incurable illness)	6.3	<p>Some community representatives are passionate about making changes and taking a different approach to end of life care and counseling. A disproportionate</p>

		amount of one’s health care costs are incurred in the very last weeks of life. Interviewees note a need for a long-term usual source of care, continued assistance with living wills, greater conversation around death and requiring advance directives. Other representatives express their satisfaction with hospice and the current system.
Homeless services	7.4	There are resources and shelters available in Boise. Surrounding areas may offer support via a hotel voucher for 1 to 2 nights, but generally send people to Boise. Community representatives express the need to understand the underlying issues of homelessness. It is reported that approximately two children in every classroom in the Nampa School District are living with another family or in a multi-family housing situation. One representative responded, “The community does a really good job of supporting the homeless. There is no reason for anyone to be homeless in Boise. The real issues are mental illness and substance abuse.”
Job training services	6.8	Overall, representatives report that the Department of Labor, College of Western Idaho and the Veteran’s Compensated Work Therapy program are all doing a good job of offering services. Transportation can oftentimes prohibit obtaining these services.
Legal Assistance	5.7	Services in the Treasure Valley are very good, but limited and overcapacity. The Veteran’s Justice Program, Legal Aid and the County Public Defender Office all offer services to those in need. Specific needs to mention include assistance to

		our refugee population and for immigration legal assistance.
Senior services	6.8	“This [seniors] is a growing population and growing need.” Representatives note that they have seen an increasing number seniors at the food bank and at free meal offerings. There is a need for bilingual and bi-cultural senior services.
Veterans’ services	5.8	Interviewees express how highly they value our veterans and stress the importance of offering excellent care. People are seeing improvements to some of the logistical challenges. “The VA covers a broad geography, much of which is very rural. There are clinics, but the outreach and coverage is a challenge.” Overall, community representatives are satisfied with the services and quality provided.
Violence and abuse services	7.0	<p>“Violence and abuse is endemic in Idaho.” The community recognizes that there are very good services and assistance programs available. However, the recession prompted an increase of violence and abuse cases and facilities are “overflowing.” There is a need for more funding and more facilities to address the need.</p> <p>Suggestions:</p> <ul style="list-style-type: none"> • Create programs specific to the refugee population. “There are some pervasive cultural beliefs that are difficult to work through.” • Educate the public on how to quickly and appropriately respond to incidences of violence and abuse.

Physical Environment Needs		
Potential Health Needs	Average Score	Summary of Representatives' Comments
Affordable housing	8.0	Most representatives express a pressing need for affordable and healthy housing environments. In addition to people of low-income, certain populations (veterans, refugees, people recently released from the state hospital or prison system) have an especially challenging time finding housing. It is an increasing problem and challenge. One representative disagreed and stated that there is a sufficient amount of affordable housing available.
Healthier air quality, water quality, etc.	5.1	The air and water quality is relatively good in the Treasure Valley. We need to continue to be diligent about monitoring and caring for our environment. Air quality is at particular risk during the summer months. We need to be cognizant of the effects that compromised air quality has on those with asthma, the chronically ill and the elderly.
Healthy Transportation options (sidewalk, bike paths, public transportation)	7.9	Healthy transportation options, with an emphasis on public transportation, is one of the greatest needs expressed by community leaders. "Public transportation is one of our biggest needs. It's one of the largest barriers to health and employment." Many express the need for improved bus routes and extended hours into the night. A couple representatives question if we have the critical mass to justify expanding public transportation routes and hours.

		The community appreciates the Boise River Greenbelt and sidewalks in Boise, but note the need for improvement in other areas of Ada and Canyon County. “Build an infrastructure that promotes easy and convenient, active living. This is the lowest cost way to improve all around community health.”
Transportation to and from appointments	7.9	<p>“This [transportation] is a high need that prohibits low income families from progress.” The elderly and low-income population in outlying areas especially struggle to gain access to care. There are a few services available for people who qualify for specific programs, but transportation remains a great need for the remaining population.</p> <p>Suggestion:</p> <ul style="list-style-type: none"> • Explore other options for offering care – e.g. in-home care or telemedicine.

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 a number of 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.

Emphasis on prevention vs. disease management

Many of the community representatives strongly believe that prevention is the most effective approach to improving community health and wellness. For items such as obesity, tobacco use and substance abuse, they recommend allocating resources to youth education and other prevention oriented programs. In contrast, many representatives see great value

in helping people stabilize their current chronic condition(s) in order to improve health. They believe providing chronic disease management resources is the most effective route to improved health for the community at large.

The impact of added community resources vs. behavioral choice

Numerous representatives believe that added social services, medical resources and/or improved physical environment are the best ways to address people in need. For example, they believe low-cost children’s services, greater access to exercise opportunities, additional psychiatrists and an improved transportation system would help raise the level of health and wellness in the community. However, there are a significant number of people who believe that regardless of how many opportunities are made available, improving health often comes down to personal choice. Added programs provide little benefit unless individuals are ready to make healthy choices and invest in their own health.

Hub vs. rural locations

Not surprisingly, residents who live near a hospital and other major facilities respond differently than those who live in rural areas and have to make considerable efforts to seek care. Some residents who live in rural areas expect and advocate for more resources to improve and grow their communities. Others believe that limited services are inherent to living in a relatively smaller town.

These perspectives demonstrate the complexity and intricacies of community health. There is wisdom to be gained by listening and carefully reviewing each of the philosophies and experiences shared in the interviews. We invite further input from community members by visiting the St. Luke’s public web page and submitting your thoughts. St. Luke’s highly values your feedback and will consider the insights provided to shape and implement future change.

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 18.0 or higher representing the top 15th percentile. We highlighted these in the lighter shade of orange to make it easy to identify the next level of high ranking needs.

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

Health Behavior Category Summary

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

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

Health Behavior Needs Summary Table

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

Identified Community Health Needs	Related Health Factors and Outcomes	Populations Affected Most*	Total Score
Weight management programs	Obese/Overweight adults	Income <\$75,000, Hispanic, No college degree	20.9
	Obese/Overweight teenagers	Income <\$35,000, Hispanic	19.9
Wellness and prevention programs	Obesity	Income <\$75,000, Hispanic, No college degree	21
	Diabetes	Income < \$50,000, No high school diploma	19.6
	Mental illness		20
	Suicide		20
Substance abuse services and programs	Illicit drug use	Unemployed, incomes <\$50,000, males < 34 years old	19.2
Wellness and prevention	High blood pressure	Income < \$35,000, No college, Overweight, Age 65 +	18
Exercise programs/education/opportunities	Exercise opportunity		14.9
	Adult physical activity	Income < \$50,000, Hispanic, No college	14.9
	Teen exercise		15.9

Health Behavior Needs Summary Table, Continued

Identified Community Health Needs	Related Health Factors and Outcomes	Populations Affected Most*	Total Score
Access to healthy foods	Food environment		16
Nutrition education	Adult nutrition	No college	16.3
	Teen nutrition		17.3
Safe sex education programs	STDs		15.3
	Teen birth rate		12.3
Substance abuse services and programs	Excessive drinking	Income <\$35,000, No high school diploma, Males 18-34	17.2
	Alcohol impaired driving deaths		17.2
Tobacco prevention and cessation programs	Smoking adult	Income < \$35,000, No high school diploma	16.7
	Smoking teen		16.7
Wellness and prevention programs	Accidents		13
	AIDS	African American, Males <24	14
	Alzheimer's	Age 65 +	14
	Arthritis	Income < \$35,000, Non- Hispanic, No college, Overweight, Age 65 +	12
	Asthma	Income < \$35,000	13
	Breast cancer	Female, Age 40+	13
	Cerebrovascular diseases		13
	Colorectal cancer		16
	Flu/pneumonia		11

Health Behavior Needs Summary Table, Continued

Identified Community Health Needs	Related Health Factors and Outcomes	Populations Affected Most*	Total Score
Wellness and prevention programs	Heart disease		15
	High cholesterol	Income < \$35,000, No high school diploma, Age 55+	17
	Leukemia		12
	Lung cancer	Income < \$35,000, No high school diploma	15
	Nephritis		13
	Non-Hodgkin's lymphoma		13
	Pancreatic cancer		12
	Prostate cancer	Male age 60+	12
	Respiratory disease		16
	Skin cancer		17

* Information on affected populations included in table when known.

Clinical Care Category Summary

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

As shown in the table below, high priority clinical care needs are often experienced most by people with lower incomes and those who have not attended college. In addition, a number of our community leaders expressed concern about people just above the poverty level who are left without health insurance because they don't qualify for Medicaid.

Clinical Care Needs Summary Table

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

Identified Community Health Needs	Related Health Factors and Outcomes	Populations Affected Most*	Total Score
Affordable care for low income individuals	Children in poverty	Income < \$50,000, Age < 19	20.1
Affordable health insurance	Uninsured adults	Income < \$50,000, Hispanic, No college	21
Availability of behavioral health services (providers, suicide hotline, etc)	Mental health service providers	Income < \$50,000	21.1
Chronic disease management programs	Diabetes	Income < \$50,000, No high school diploma	20.6
Chronic disease management programs	High blood pressure	Income < \$35,000, No college, Overweight, Age 65 +	18.6
Integrated, coordinated care (less fragmented care)	No usual health care provider		18.2

Clinical Care Needs Summary Table, Continued

Identified Community Health Needs	Related Health Factors and Outcomes	Populations Affected Most*	Total Score
Affordable dental care for low income individuals	Preventative dental visits		17.3
Availability of primary care providers	Primary care providers		16.9
Chronic disease management programs	Arthritis	Income < \$35,000, Non-Hispanic, No college, Overweight, Age 65 +	12.6
Chronic disease management programs	Asthma	Income < \$35,000	13.6
Immunization programs	Children immunized		15
	Adolescents immunized		15
	Flu/pneumonia		10
Improved health care quality	Preventable hospital stays		10.8
Integrated, coordinated care (less fragmented care)	Preventable hospital stays	Refugees, Hispanics, Age 65 +	14.2
Prenatal care programs	Prenatal care 1st trimester	Hispanic, No high school diploma	14.7
	Low birth weight		12.7
Screening programs (cholesterol, diabetic, mammography, etc)	Cholesterol screening	Income < \$35,000, No high school diploma, Age 55 +	17.5
	Colorectal screening	Income < \$35,000, No college, Age 50 +	12.5
	Diabetic screening		15.5
	Mammography screening	Income < \$50,000	17.5

* Information on affected populations included in table when known.

Social and Economic Factors Category Summary

Children and family services for low-income populations is the only social and economic factors health need scoring above the 15th percentile. The number of children living in poverty in our service area drives this need.

Social and Economic Needs Summary Table

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

Identified Community Health Needs	Related Health Factors and Outcomes	Populations Affected Most*	Total Score
Children and family services	Children in poverty	Income < \$35,000	18
	Inadequate social support		13
Disabled services *			13.9
Early learning before kindergarten (such as a Head Start type program)	High school graduation rate		16.7
Education: Assistance in achieving good grades in kindergarten through high school	High school and college education rates		15.2
Education: College education support and assistance programs	High school and college education rates		16.1
Elder care assistance (help in taking care of older adults)			15.3
End of life care or counseling (care for those with advanced, incurable illness)			14.3

Social and Economic Needs Summary Table, Continued

Identified Community Health Needs	Related Health Factors and Outcomes	Populations Affected Most*	Total Score
Homeless services	Unemployment rate		15.4
Job training services	Unemployment rate		14.8
Legal assistance			13.7
Senior services	Inadequate social support	Age 65 +	15.8
Veterans' services	Inadequate social support		14.8
Violence and abuse services	Violent crime rate		13

* Information on affected populations included in table when known.

Physical Environment Category Summary

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

Physical Environment Needs Summary Table

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

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

* Information on affected populations included in table when known.

Significant Health Needs

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

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

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

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

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

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

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

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

Our CHNA prioritization process identified obesity and diabetes as two of our community's most significant health needs. About 30% of the adults in our community and one in ten children in our state are obese. According to the Centers for Disease Control (CDC): "Obesity is a national epidemic and a major contributor to some of the leading causes of death in the United States." Obesity costs the United States about \$150 billion a year, or 10 percent of the national medical budget.¹⁶⁹ Diabetes is also a serious health issue that can contribute to heart, kidney and many other diseases and can even result in death.¹⁷⁰ Direct medical costs for type 2 diabetes accounts for nearly \$1 of every \$10 spent on medical care in the U.S.¹⁷¹

Impact on Community

Reducing obesity and diabetes will dramatically impact community health by providing an immediate and positive effect on many conditions including mental health; heart disease; some types of cancer; high blood pressure; dyslipidemia; kidney, liver and gallbladder disease; sleep apnea and respiratory problems; osteoarthritis; and gynecological problems (infertility and abnormal menses).

How to Address the Need

Obesity and diabetes can be prevented and managed by engaging our community in developing services and policies designed to encourage proper nutrition and healthy exercise habits. These needs can also be improved through evidence-based clinical programs.¹⁷²

Extremely promising outcomes are now being reported in some communities. Remarkably, from 2011 through 2014, Lee County, Florida, reduced adult obesity levels from 29.3% to 24.8% and childhood obesity dropped from 31.6% to 20.7%. These results were accomplished through extensive community leadership and involvement. A Lee Memorial Hospital representative commented: "We believe these improvements can be sustained and improved further."¹⁷³ Echoing this approach, the CDC states that "we need to change our communities into places that strongly support healthy eating and active living."¹⁷⁴

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.

¹⁶⁹ <http://www.cdc.gov/cdctv/diseaseandconditions/lifestyle/obesity-epidemic.html>

¹⁷⁰ Idaho and National 2002 - 2013 Behavioral Risk Factor Surveillance System

¹⁷¹ America's Health Rankings 2015, www.americashealthrankings.org

¹⁷² America's Health Rankings 2015, www.americashealthrankings.org

¹⁷³ http://www.naplesnews.com/community/bonita-banner/lee-memorial-healthy-lee-earns-prestigious-national-award_58687398

¹⁷⁴ <http://www.cdc.gov/cdctv/diseaseandconditions/lifestyle/obesity-epidemic.html>

Significant Health Need #2: Improve the Prevention, Detection, and Management of Mental Illness and Reduce Suicide

Prevention and management of mental illness and suicide rank among our most significant health needs. This is because our community representatives scored mental health and the availability of behavioral health providers as some of our most significant health needs. In addition, Idaho has one of the highest percentages (23.3%) 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. Depression is the most common type of mental illness, affecting more than 26% of the U.S. adult population. It has been estimated that by the year 2020, depression will be the second leading cause of disability throughout the world.

Impact on Community

Good mental health is “a state of well-being in which the individual realizes his or her own abilities, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to his or her community.” It is estimated that only about 17% of U.S. adults are considered to be in a state of optimal mental health.¹⁷⁵

How to Address the Need

The majority of adults who live with a mental health disorder do not get corresponding treatment. Furthermore, less than one-third of adults get minimally adequate care.¹⁷⁶ Stigma surrounding the receipt of mental health care is among the many barriers that discourage people from seeking treatment.¹⁷⁷ In addition, increasing physical activity and reducing obesity are also known to improve mental health.¹⁷⁸

Therefore, 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.

Affected Populations

Data shows that people with lower incomes are about three and a half times more likely to have depressive disorders.¹⁷⁹

¹⁷⁵ <http://www.cdc.gov/mentalhealth/basics.htm>

¹⁷⁶ Substance Abuse and Mental Health Services Administration, Behavioral Health Report, United States, 2012 pages 29 - 30

¹⁷⁷ Idaho Suicide Prevention Plan: An Action Guide, 2011, Page 9

¹⁷⁸ <http://www.cdc.gov/healthyplaces/healthtopics/physactivity.htm>,
<http://www.cdc.gov/obesity/adult/causes.html>

¹⁷⁹ Idaho 2011 - 2013 Behavioral Risk Factor Surveillance System

Significant Health Need #3: Improve Access to Affordable Health Care and Affordable Health Insurance

Barriers to access are issues that prevent people from receiving timely medical care. They include things such as the lack of transportation to doctors' appointments, the availability of health care providers, and the cost of care. Our CHNA process identified the following two high ranking barriers to access:

- Affordable health care
- Affordable health insurance

The health indicator data and community representative scores in our CHNA served to rank these barriers to access as some of our community's most significant health needs. A recent study showed that nearly 19 percent of U.S. adults do not receive medical care or delay medical care because they are concerned about the cost or worried that their health insurance would not pay for treatment.¹⁸⁰

Impact on community:

Improving access to affordable health insurance and health care can make a remarkable difference to community health. According to the Gallup-Healthways Well-Being Index, Americans in poverty are significantly more likely than those who are not to struggle with a wide array of chronic mental and physical health problems.¹⁸¹ Further, 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.¹⁸²

How to Address the Need:

We will work with our community to improve access to comprehensive, high-quality health care services especially for the most affected populations.

Affected populations:

Statistics show that people with lower income and education levels and Hispanic populations are much more likely not to have health insurance.¹⁸³

¹⁸⁰ Kullgren JT, et al. Nonfinancial barriers and access to care for US adults. *Health Serv Res* online, 2011.

¹⁸¹ <http://www.gallup.com/poll/158417/poverty-comes-depression-illness.aspx>

¹⁸² University of Wisconsin Population Health Institute. *County Health Rankings* 2010-2015. Accessible at www.countyhealthrankings.org.

¹⁸³ Ibid

Implementation Plan Overview

St. Luke's will continue to collaborate with the people, leaders, and organizations in our community to carry out an implementation plan designed to address many of the most pressing community health needs identified in this assessment. Utilizing effective, evidence-based programs and policies, we will work together 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 2019.

History of Community Health Needs Assessments and Impact of Actions Taken

In our 2013 CHNA, St. Luke's Boise/Meridian identified five groups of significant health needs facing individuals and families in our community. Each of these groups is shown below, along with a description of the impact we have had on addressing these needs over the past three years.

Group 1: Weight Management, Nutrition, and Fitness Programs

One of the highest ranking health needs in our 2013 CHNA was weight management for obese children and adults. Nutrition and fitness programs were also ranked above the median. Because these needs reinforce one another, we grouped them together.

Over the last three years, St. Luke's Boise/Meridian has engaged thousands of individuals in weight loss, nutrition, and fitness programs. These programs range from CHOICE (Childhood Obesity Initiative Council Education), which provides an annual conference on the prevention and treatment of childhood obesity and free wellness festival for children and parents; to YEAH!, a wellness program that helps participating children and their families to create healthier lifestyles; to FitOne, a community health and fitness initiative; to Healthy U, a program tailored to incentivize St. Luke's employees to improve or maintain their health.

Lowering the incidence of childhood obesity is a collective effort on the part of healthcare providers, educators, school nurses, and community members to gain the most current and accurate information regarding the prevention and treatment of obesity in children, and the CHOICE conference has provided this important forum. To actively encourage children and their families to move for fun and health, CHOICE funds have also been used to build seven

outdoor tracks in rural communities that are lacking infrastructure. Additionally, the 2014 Child Wellness Festival and Boise State University Spring Game provided the opportunity for more than 4,000 children and their families to focus on healthy lifestyle choices. The Festival became the Creating Healthy Communities Summit, hosted by St. Luke's and other community partners in 2014 and 2015. The partners agreed to focus on Active Transportation, Healthy Active Kids, Access to Healthy Food, and Access to Care.

The YEAH! (Youth Engaged in Activities for Health) program addresses the community needs of childhood obesity, and teen exercise and nutrition through multi-disciplinary clinical programs, community programs, and an Explore Camp. The program is having a positive impact: In 2015, 94% of YEAH! kids showed improvement in at least one area of weight--waist circumference or BMI. And over the years, the program has grown; in FY 2015, youth and family member participants totaled 724 and we expect that number to reach 800 in FY 2016.

Also proving to be effective when it comes to motivating people to lose weight and maintain their weight loss is a program provided free of charge to our employees—St. Luke's Healthy U. Engagement in the program is high; in 2015, 96% of benefits-eligible employees (compared to 92% in 2014) and 83% of spouses (compared to 76% in 2014) enrolled in the health plan. And from 2014 to 2015, health measures for both the areas of obesity and waist circumference improved by 17% and 38%, respectively, among St. Luke's Boise/Meridian employees.

Beyond our own “family,” St. Luke's is engaging the entire community to “move for fun and get fit for life” through FitOne, a community health and fitness initiative that includes a health and fitness-focused event in September of each year. In In 2014, FitOne had 10,000 participants in the 5K/10K/Half Marathon run/walk events, and in 2015, the participation numbers exceeded our goal, with nearly 13,000 people running, walking, and strolling their way to better health! Registration has just opened for the 2016 event.

Held in conjunction with the FitOne walk/run events is a Healthy Living Expo that drew more than 10,000 people last year. Over the past two years, thousands have benefited from individual health screenings that included blood pressure and BMI.

Through these and a variety of other tactics tailored to children and adults, we are making a difference for our community when it comes to making lifestyle choices that support good health, and a strong commitment to our CHNA goals is helping us to continue down this important path.

Group 2: Diabetes

Within our CHNA, we have grouped together diabetes wellness and prevention, chronic condition management, and screening, because we believe coordination of these programs will produce the best results.

Diabetes is a chronic disease that requires self-management by the patient on a day-to-day basis. With a goal to improve access to and coordination of care for adults and children with diabetes, St. Luke's Humphreys Diabetes Center is transitioning to include a specialty clinic

with physicians, physician assistants, and/or nurse practitioners to provide clinical management of diabetes patients in the same location where they receive diabetes education—with a goal to lower our patients' A1c values.

As of fall 2014, 100 patients had been seen in the in-clinic setting and the clinic was gaining momentum. The FY 2015 goal of 357 patient encounters was surpassed, with 531 patient encounters. The FY 2016 goal is to have 3 providers and 3 medical assistants on board by January 2016; we estimate this will enable us to increase our patient encounters to 1,100.

Emotional, behavioral, and mental health issues can impede diabetes care. This is where Behavioral Health Services at St. Luke's Humphreys Diabetes Center comes into play. Through individual and family therapy, presentations for community groups and professional organizations, and support groups, we are helping to improve diabetes management, weight loss, A1c, and fewer diabetes-related complications.

To date, the program has served more than 1,500 people, and in 2015 80% or more of patients reported moderate to significant improvement in 2 or more of these areas: medical plan, healthy eating, physical activity, mood, and stress. The FY 2016 goals have been increased to 550 patient encounters with 90% or more of patients reporting moderate to significant improvement, and we are on track to meet this goal.

Education is the key to type 2 diabetes prevention, and our free Nutrition Program for Diabetes Prevention is addressing this need for adults and children alike. This 30-minute community presentation (delivered at schools, businesses, and civic groups) covers the basics of good nutrition and the necessity of activity on a daily basis to help decrease the risk for developing type 2 diabetes. Program representatives also attend local health fairs to disseminate information on good nutrition and healthy meal planning to help prevent type 2 diabetes.

In FY 2014, the program reached 2,165 community members. The FY 2015 goal to reach 2,300 community members with nutrition and diabetes prevention information was surpassed, as we reached 2,602 community members. As a result, we increased the FY 2016 goal to reach 2,800 community members and we are on track to achieve this.

Children with diabetes are in particular need of support, and the Don Scott Diabetes Family Camp offers a unique opportunity for wellness and prevention services coupled with outdoor activities at a mountain resort. In FY 2014, a total of 42 family members attended the camp, and that number was surpassed in 2015 with 53 participants. Our goal is to reach 75 family members in FY 2016.

We are pleased with the support we making available to people with diabetes in our community. The data shows high engagement and positive improvement, and we will continue to create new programs and adjust current programs to help meet this critical health need.

Group 3: Behavioral Health Programs

Programs to address mental illness and availability of mental health services providers were identified as high-priority community health needs. Suicide prevention and substance abuse were ranked above the median. Programs designed to serve these needs have been grouped together because we believe they reinforce one another.

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

St. Luke's financial support of Allumbaugh House—a regional facility that offers medically-managed detoxification and residential mental health crisis services—strengthens this vital safety net service and helps to reduce emergency department visits. In FY 2014, the latest year for which we have data, Allumbaugh House received 1,602 inquiries, performed 940 assessments, and admitted 741 people.

Over the past two years, we are pleased to have been able to donate a total of \$330,206 to Allumbaugh House, with a goal to provide another \$164,000 in FY 2016.

St. Luke's is also addressing this critical community health need through its Psychiatric Wellness Services clinic, which focuses on mental illness and suicide prevention, and creates greater access to mental health providers. We have expanded this service to 4 days a week for a medication provider and 5 days a week of mental health therapist coverage at a primary care clinic in Nampa.

Our primary goal of increasing the number of adults co-managed by a psychiatrist and primary care physician from 480 to 900 in fiscal year 2015 was difficult to determine; however, our medication providers served 1,149 total patients and of those, 1,117 were identified with a primary care provider. To further support this critical service, in FY 2016 we added another full-time psychiatrist and an additional psychiatric mental health nurse practitioner. And, our FY 2016 goal to develop "open access or walk-in clinic hours 1 hour per therapist, 5 days a week," will improve access to care for people in crisis situations.

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

Using a collaborative care and population management model, over the past 3 years we have been increasing access to child and adolescent developmental pediatricians and psychiatrists for patients and their primary care providers. In October 2014, we incorporated

the Children's Mental Health Rehab Clinic, and in April 2015 we developed a co-located integrated model at our Eagle, Idaho Pediatric Clinic.

We are furthering our commitment to address the greatest needs identified in our CHNA by increasing capacity through added staff and clinics and the continued development of a suicide prevention program. And, we are heartened to see the difference we are making for children and their families, as demonstrated by positive numbers when it comes to Outcome Indicators: Meaningful and Reliable Improvement (60% improvement), Number of Severe Impairments (54% improvement), and Pervasive Behavioral Impairment (61% improvement).

Group 4: Barriers to Access

A number of barriers to access were ranked above the median, including: Unaffordable health care, dental care, and health insurance; lack of services for low-income children and families; inadequate numbers of primary care providers; and transportation to and from appointments. We are looking at these as a group so that we can provide a more comprehensive approach to the programs we have implemented to address these challenges.

To help ensure that everyone in our community can access the care they need when they need it, St. Luke's provides care to all patients with emergent conditions, regardless of their ability to pay—and St. Luke's Financial Care Program supports our not-for-profit mission. In FY 2015, the impact from the program in helping patients to use Medicare or Medicaid or who have low incomes amounted to \$236,636,306 in Ada County alone. In FY 2016, we are continuing to promote financially accessible healthcare and individualized support for our patients.

St. Luke's is facilitating even greater access to care through substantial donations to the Family Medicine Residency of Idaho (FMRI), the University of Washington/Boise VA Internal Medicine and Psychiatry & Behavioral Sciences residencies, and the Idaho/University of Washington Advanced Clinician Psychiatry Program. In fiscal years 2016 and 2017, St. Luke's Boise/Meridian plans to donate approximately \$1.4 million to FMRI; \$600,000 to UW/Boise VA; and \$134,000 to ID/UW.

And, over the past three years, we have further supported access to care by decreasing transportation barriers and implementing an electronic health records system.

We are on target to achieve our FY 2016 goal to "go live" with *myStLuke's*, our integrated electronic health records (EHR) system by October 1, 2016. Across the St. Luke's Health System, we will invest approximately \$175 million on this platform allowing providers from the outpatient and inpatient environments to collaboratively treat patients across the continuum. This will introduce increased standardization on several fronts, such as order sets and workflows. This investment will help improve patient outcomes and lower costs by reducing avoidable errors and average length-of-stay, remediating medication conflicts, reducing adverse drug events, and reducing duplicate testing. Plus, an associated portal will allow patients to make appointments electronically and view diagnostic results and other

parts of their medical record—all of which helps to provide access to care when and where it is needed.

On a much smaller—yet perhaps more personally meaningful to individual patients—scale, our Transportation Assistance fund is assisting people in need with transportation to and from appointments by providing gas cards, taxi vouchers, and bus passes. In fiscal years 2014 and 2015, a total of \$74,000 was budgeted for this purpose, to assist with 1,600 trips to and from medical appointments. Our goal for FY 2016 remains the same, and we are on track to fully support this important program.

Program Group 5: Additional Health Screening and Education Programs Ranking Above the Median

We recognize the importance of affordable screenings for early detection and preventable health issues. St. Luke's Boise/Meridian is actively addressing these health needs through:

- *Employer Health Risk Assessments*, a program in which biometric data is collected, in conjunction with a health-risk questionnaire, with a goal to incentivize participating employees to improve their health and well-being. Between April 1, 2014 and March 31, 2015, we screened 12,614 employees and their spouses, representing 12 different employer groups. Individuals identified as being at risk were referred to healthcare providers, community clinics, or appropriate programs for follow-up. In FY 2016, we expect to screen more than 14,000 employees/spouses.
- In partnership with the Mexican Consulate in Boise, St. Luke's Boise/Meridian is meeting the needs of our Latino community through the *Health Window* program, where individuals identified as being at risk are referred to community clinics and programs. Between April 1, 2014 and March 31, 2015, we screened 1,380 individuals for blood pressure, fasting blood glucose, cholesterol, body mass index (BMI), HIV, and/or vision. Of these individuals, 603 were identified with borderline or abnormal results and referred for follow-up. In FY 2016, our goal is to conduct 1,400 screenings.
- We are also addressing drug use/abuse among our preteen/teenage population through our *Prescription Drugs: Let's Talk about It* program. This program provides education opportunities in the form of a toolkit, community outreach during school registration, and social media. Additionally, St. Luke's serves as a drop-off point for community members to leave outdated and no-longer-needed prescription drugs to remove them from homes and away from teens. We are making great progress with this initiative: from January – September 2015, in partnership with the Meridian Police Department, we removed 2,100 lbs. of drugs from the Meridian community. And, in July 2015, we learned that we have been awarded a grant of nearly \$100,000 each year for 3 years from the Office of Drug Policy, which will allow us to extend this program for youth in the rural areas of Fruitland, Payette, and Weiser, Idaho.

Resources Available to Meet Community Needs

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

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

Abuse/Violence Victim Advocacy and Services

Advocates Against Family Violence

PO BOX 1496

Caldwell, ID 83605

Phone: (208) 459-6330

24-hour crisis line: 208-459-4779

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

Idaho Coalition Against Sexual and Domestic Violence

E. Mallard Drive, Suite 130

Boise, Idaho 83706

Phone: (208) 384-0419

info@engagingvoices.org

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

Idaho Council on Domestic Violence and Victim Assistance

Phone: (208) 332-1540

Toll-Free: 1-800-291-0463

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

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

Idaho Domestic Violence Hotline

Phone: 1-800-669-3176

Nampa Family Justice Center

1305 3rd St S,

Nampa, ID 83651

Phone: 1-800-621-4673

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

Women's and Children's Alliance

720 W. Washington Street

Boise, Idaho 83702

Phone: (208) 343-3688

www.wcaboise.org

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

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

Description: The WCA provides services to women and children victimized by domestic and sexual violence.

Behavioral Health and Substance Abuse Services

Al-anon - District 3 & District 7

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

www.al-anon-idaho.org

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

Alcoholics Anonymous – Treasure Valley Intergroup

1111 S. Orchard, Suite 180

Boise, Idaho 83705

Phone: 208-344-6611

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

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

Allumbaugh House – Terry Reilly Health Services

400 N. Allumbaugh Road

Boise, ID 83704

Phone: (208) 377-9669

Description: Allumbaugh House provides medically-monitored detoxification and residential mental health crises services.

Ascent Behavioral Health Services

411 N. Allumbaugh St.

Boise, ID 83704

Phone: 208 -376-3200

366 SW 5th Avenue, Suite 100

Meridian, Idaho 83642

Phone: (208) 898-9755

Drug Free Idaho, Inc.

333 N Mark Stall Place

Boise, ID 83704

Phone: 208-570-6406

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

Idaho Department of Health & Welfare – Ada County

Behavioral Health Services
Mental Health Services / Adult & Children
Phone: 208-334-0808
Substance Use Services
Contact our contract provider BPA at 1-800-922-3406

Idaho Department of Health & Welfare – Canyon County

Behavioral Health Services
Mental Health Services / Adult & Children
Phone: 208-459-0092
Substance Use Services
Contact our contract provider BPA at 1-800-922-3406

Idaho Federation of Families for Children's Mental Health

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

Idaho Suicide Prevention Hotline

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

Intermountain Hospital

303 N. Allumbaugh
Boise, Idaho 83704
Phone: (800) 321-5984
www.intermountainhospital.com

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

NAMI – National Alliance on Mental Illness

4696 W Overland Rd # 274, Boise, ID 83705

Phone: (208) 376-4304

www.Namiboise.org

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

Narcotics Anonymous

Treasure Valley Help Line: 208-391-3823

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

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

Optum Idaho

205 East Water Tower Lane

Meridian, ID 83642

Phone: (855) 202-0973

www.optumidaho.com

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

Regional Mental Health Services

Phone: 208-344-0808

24-hour crisis line: 1-800-600-6474

SAMHSA (Substance Abuse and Mental Health Services Administration)

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

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

St. Luke's Clinic – Psychiatric Wellness Services

Psychiatric Wellness Services

703 S. Americana Blvd.

Suite 150 Boise, Idaho 83702

Phone: (208) 706-6375

Support Housing and Innovative Partnerships

1843 S Broadway Ave Suite 101B

Boise, ID 83706

Phone: (208) 331-0900

Fax: (208) 331-0904

www.shipinc.org

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

Children & Family Services

Casey Family Programs

6441 Emerald Street

Boise, ID 83704-8735

Phone: 208.377.1771

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

Description: Casey Family Programs is the nation's largest operating foundation focused on safely reducing the need for foster care and building Communities of Hope for children and families across America.

Central District Health Department

707 N. Armstrong Place

Boise, Idaho 83704

Phone: 208-375-5211

Women, Infants and Children (WIC) - Phone: 208-327-7488

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

Description: With a vision of Healthy People in Healthy Communities, CDHD's emphasis is on decreasing risk factors for chronic disease, improving quality of life and increasing the years of healthy life among residents.

Family Advocate Program

3010 W. State Street, Suite 104

Boise, Idaho 83703

Phone: (208) 345-3344

www.strongandsafe.org

Description: Family Advocates works to strengthen families and keep kids safe by empowering everyday people to protect and enrich the lives of youth.

Idaho Department of Health and Welfare - Child Protection Services

Phone: Statewide - 1-855-552-KIDS

Phone: Treasure Valley – 208-334-KIDS

Phone: Caldwell – 208-455-7000

Phone: Nampa – 208-465-8452

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

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

Idaho Department of Health and Welfare - Children & Family Services

Phone: 208-334-6800

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

Description: Child Protection, Foster Care Licensing, Adoptions

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

Phone: 800-926-2588

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

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

Southwest District Health Department

13307 Miami Lane

Caldwell, Idaho 83607

Phone: (208) 455-5300

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

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

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

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

United Way of Treasure Valley

3100 S Vista Ave. Suite 100

Boise, Idaho 83705

Phone: 208-336-1070

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

Description: United Way strives to build change that lasts for generations. The United Way helps children and youth achieve their potential through education. They improve people's health through preventive action and access to care and promote financial independence.

Community Health Clinics and Other Medical Resources

Family Medicine Residency of Idaho

777 N. Raymond Street

Boise, Idaho 83704

Phone: 208-954-8742

www.fmridaho.org

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

The Friendship Clinic

704 South Latah

Boise, Idaho 83705

208.429.6678 Phone/Fax

www.friendshipclinic.com

Garden City Community Clinic - Genesis World Mission

215 W. 35th Street

Boise, Idaho 83714

Phone: (208) 384-5200

Fax: (208) 384-5205

www.genesisworldmission.org

Description: Garden City Community Clinic (GCCC) provides medical services to low income, uninsured patients by utilizing volunteer health care professionals. On site basic dental services, social work consultations, patient medical education, and mental health counseling are also available.

Partnership for Prescription Assistance - Idaho

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

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

Terry Reilly Health Services

211 16th Avenue North

Nampa, Idaho 83653

Phone: (208) 467-4431

Fax: (208) 467-7684

www.trhs.org

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

Vineyard Clinic

4950 N. Bradley

Garden City, Idaho

Phone: (208) 954-2059

<http://vineyardboise.org/local-outreach/>

Description: Vineyard Boise's free medical clinic is one of the few free clinics serving Boise and the surrounding Treasure Valley. The clinic was created in the year 2000, and remains completely staffed by volunteers. Our mission is to provide quality Christ-centered health care to those in need and never to have to turn away people in need because of a lack of finances or insurance.

Dental Services**Boise Schools Dental Clinic**

1609 S. Owyhee Street

Boise, Idaho 83705

Phone: (208) 854-6627

Description: The clinic is open to children attending a school in the Boise School District, who are not receiving dental care or whose families cannot afford it.

Central District Health Boise, Ada County Clinic

707 North Armstrong Place

Boise, ID

Phone : (208) 375-5211

www.cdhd.idaho.gov/CHEC/Dental/dental.htm

Garden City Community Clinic (Genesis Clinic)

215 West 35th Street

Boise, ID

Phone: (208) 384-5200

www.genesisworldmission.org/dental.htm

Southwest District Health Clinic

920 Main Street

Phone: Caldwell, ID

(208) 455-5345

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

Terry Reilly Dental Clinic Boise

2301 N. 36th, Suite 102

Boise, Idaho 83703

Phone: (208) 336-8801

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

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

Terry Reilly Dental Clinic Canyon

11136 Moss Lane

Nampa, Idaho 83651

Phone: (208) 466-0515

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

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

Disability Services**The Arc**

4402 Albion Street

Boise, Idaho 83705

Phone: 208-343-5583

www.thearcinc.org

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

Disability Rights Idaho

4477 Emerald Street, Suite B-100

Boise, Idaho 83706-2066

Phone: 208-336-5353

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

Idaho Assistive Technology Project

121 W. Sweet Avenue
Moscow, Idaho 83843
Phone: (800) 432-8324
www.idahoat.org

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

Idaho Department of Labor

1505 N. McKinney
Boise, Idaho 83704-8533
Phone: (208) 327-7333
<http://labor.idaho.gov/dnn/idl/DisabilityDetermination.aspx>

Idaho Department of Health and Welfare

Children Developmental Disability Services
Adult Developmental Disabilities Care Management
Phone: (208) 364-1825
<http://healthandwelfare.idaho.gov/Medical/DevelopmentalDisabilities>

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

Idaho Parents Unlimited, Inc.

4619 Emerald, Ste. E
Boise, ID 83706
Phone: (208) 342-5884
<http://www.ipulidaho.org/>

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

Educational Services

Learning Lab

308 E. 36th Street
Garden City, Idaho 83714
Phone: (208) 344-1335
www.learninglabinc.org

Description: Learning Lab teaches and encourages adults who struggle with literacy; helps families discover the joy of learning so all children start kindergarten ready to read; creates hope for brighter futures; builds stronger, more self-sufficient students; and engages the community for all of us.

Lee Pesky Learning Center

3324 Elder Street
Boise, Idaho 83705
Phone: 208-333-0008
www.lplearningcenter.org

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

Public Schools

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

Food Assistance

Community Action Partnership of Idaho (CAPAI) – The Emergency Food Assistance Program

701 East 44th Street #1
Garden City, Idaho 83714
Phone: 208-377-0700

Description: The Emergency Food Assistance Program (TEFAP) is a federally funded program that helps improve the diets of low-income Americans, regardless of age, by providing them with emergency food and nutrition assistance at no cost.

Idaho Foodbank

3562 South TK Avenue

Boise, ID 83705-5278

Phone: 208-336-9643

www.idahofoodbank.org

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

Idaho Health and Welfare - Idaho Food Stamp Program

1720 Westgate Drive

Boise, Idaho 83704

Phone: 1-877-456-1233

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

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

St. Vincent DePaul

3209 W. Overland Rd.

Boise, ID 83705

6300 N Meridian Rd.

Meridian, ID 83642

1203 7th St. N.

Nampa, ID 83651

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

Government Contacts**Ada County**

190 E. Front Street

Boise, Idaho 83702

Phone: 208-287-7080

<https://adacounty.id.gov/>

Canyon County

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

City of Boise, Idaho

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

City of Caldwell, Idaho

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

City of Eagle

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

City of Kuna, Idaho

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

City of Meridian, Idaho

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

City of Nampa, Idaho

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

City of Star

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

Garden City

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

Homeless Services**Boise Rescue Mission**

575 S. 13th Street
Boise, Idaho 83702
Phone: (208) 343-2389
Fax: (208) 343-7607
www.boiserm.org

Description: Boise Rescue Mission Ministries has been reaching out to the community by teaching the word of God and providing food, shelter, clothing, counseling and education for those in need. The Rescue Mission also implemented education and counseling programs to provide opportunities for healing, growth, and employment for the homeless population.

CATCH

503 S. Americana
Boise, Idaho 83702
Phone: 208-246-8830
306 2nd Street South
Nampa, Idaho 83651
Phone: 208-442-5300
www.catchprogram.org

Description: CATCH is a community, collaborative effort designed to assist homeless families with children.

City of Light Home for Women & Children – Boise Rescue Mission

1404 W Jefferson St
Boise, Idaho 83702
Phone: (208) 368-9901
869 W. Corporate Ln.
Nampa, ID 83651
Phone: 208-475-0725

Description: Boise Rescue Mission is committed to caring for women through a variety of services catered to their needs and the needs of their children alike. Through overnight shelter, work-search assistance, GED completion, counseling, and addiction recovery, the Rescue Mission has helped hundreds of women in our community find faith, hope and family in a safe, nurturing environment. Children's programs include homework club, summer children's program, after-school activities and college road trip.

Corpus Christi House

525 Americana Blvd
Boise, Idaho 83702
Phone: 208.426.0039 (office/fax)
<http://www.corpuschristiboise.org/#>

Interfaith Sanctuary

1620 W. River Street
Boise, Idaho 83702
Phone: 208-343-2630
<http://interfaithsanctuary.org/>

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

Salvation Army – Treasure Valley

Family Services Office
4306 W State Street
Boise, ID 83703
Phone: (208) 343-5429
Nampa Corps Community Centers
403 12th Avenue S
Nampa, ID 83653

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

Community Family Shelter

1412 4th St. S.
Nampa, Idaho 83651
Phone: 208-461-3733

Idaho Youth Ranch

Phone: 208-322-2308
Treasure Valley Youth 24-hour emergency help line 208-322-2308.

Description: Hays Shelter Home gives kids a safe, supportive, caring, stable place to live while we help them find their way forward. Our support services include life-skills

classes, strength-based family and individual counseling from a master's level clinician, structured education, and community-based recreation.

Hospice Care

Idaho Quality of Life Coalition

PO Box 496

Boise, ID 83701

Phone: 208-841-1862

www.idqol.org

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

National Hospice and Palliative Care Organization

Phone: 1-800-646-6460

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

St. Luke's Hospice

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

325 W. Idaho Street

Boise, ID 83702

Phone: (208) 381-2721

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

Hospitals

Intermountain Hospital

303 N. Allumbaugh

Boise, Idaho 83704

208-377-8400

www.intermountainhospital.com

Saint Alphonsus Regional Medical Center - Boise

1055 N. Curtis Road

Boise, Idaho 83706

Phone: (208) 367-2121

www.saintalphonsus.org

Saint Alphonsus Medical Center-Nampa

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

Southwest Idaho Advanced Care Hospital

6651 West Franklin Road
Boise, ID 83709
Phone: 208.376.5700
www.siach.ernesthealth.com

St. Luke's Boise Medical Center

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

St. Luke's Children's Hospital

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

St. Luke's Rehabilitation

600 N. Robbins Rd. #101
Boise, Idaho 83702
Phone: 208-489-4040
<http://www.stlukeselksrehab.org>

St. Luke's Meridian Medical Center

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

Treasure Valley Hospital

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

West Valley Medical Center

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

Veterans Administration Medical Center

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

Housing

Boise City/ Ada County Housing Authority

1276 W. River Street, Suite 300
Boise, Idaho 83702
Phone: 208-345-4907
<http://www.bcacha.org/>

Description: Provides housing options for low and moderate income residents in Ada County.

Caldwell Housing Authority

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

Description: Provides housing options for low and moderate income residents.

Jesse Tree of Idaho

1121 Miller Street
Boise, Idaho 83702
Phone: (208) 383-9486
www.jessetreeidaho.org

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

Nampa Housing Authority

211 19th Avenue North

Nampa, Idaho 83687

208-466-2601

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

Description: Provides housing options for low and moderate income residents.

Southwestern Idaho Cooperative Housing Authority

Phone: (208) 585-9325

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

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

Legal Services**Catholic Charities**

1703 3rd St North Nampa, ID 83687

Phone: (208) 466-9926

www.ccidaho.org

Disability Rights Idaho

4477 Emerald St, Suite B-100

Boise, ID 83706

Phone: (208) 336-5353

www.disabilityrightsidaho.org

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

Idaho Commission on Human Rights

1109 Main St, Ste. 450

Boise, ID 83702

Phone: (208) 334-2873

www.humanrights.idaho.gov

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

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

525 W. Jefferson Street

Boise, Idaho 83702

Phone: (208) 334-4510

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

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

Idaho Legal Aid Services

1447 S. Tyrell Lane

Boise, Idaho 83706

Phone: 208-345-0106

1104 Blaine Street

Caldwell, Idaho 83605

Phone: 208-454-2591

www.idaholegalaid.org

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

Public Health Resources

2-1-1 Idaho CareLine

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

www.211.idaho.gov

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

Central District Health Department (CDHD), Idaho District 4

707 N. Armstrong Place

Boise, Idaho 83704

Phone: (208) 375-5211

www.cdhd.org

Description: With a vision of Healthy People in Healthy Communities, CDHD's emphasis is on decreasing risk factors for chronic disease, improving quality of life and increasing the years of healthy life among residents. CDHD provides community health programs including Women, Infants, and Children (WIC), prevention for a range of health conditions, as well as immunization programs. District 4 provides services for Ada, Boise, Elmore, and Valley counties.

Family Medicine Residency of Idaho

Administration Office
777 N. Raymond Street
Boise, Idaho 83704
Phone: 208-954-8742
www.fmridaho.org

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

Idaho Department of Health and Welfare, Region 3

Caldwell Office
3402 Franklin Road
Caldwell, Idaho 83605
Phone: (208) 455-7088
Nampa Office
823 Park Centre Way
Nampa, Idaho 83651

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

Idaho Department of Health and Welfare, Region 4

1720 Westgate Drive
Boise, Idaho 83704
Phone: (208) 334-6801

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

Southwest District Health (SWDH), Idaho District 3

13307 Miami Lane
Caldwell, Idaho 83607
Phone: (208) 455-5300
www.publichealthidaho.com

Description: Southwest District Health is made up of dedicated medical, dental, environmental, and technical professionals, and support staff all working side-by-side

as a team toward one common goal: To prevent disease, disability and premature death; To promote healthy lifestyles and protect and promote the health of people. SWDH provides community health programs including Women, Infants, and Children (WIC), prevention for a range of health conditions, as well as immunization programs. District 3 provides services for Adams, Canyon, Gem, Owyhee, Payette, and Washington counties.

Refugee Services

Agency for New Americans

1614 W. Jefferson Street

Boise, Idaho 83702

www.anaidaho.org

Description: Assists refugees resettling in the Treasure Valley.

Create Common Good

2513 S. Federal Way, Ste. 104

Boise, Idaho 83705

Phone: 208-258-6800

www.createcommongood.org

Description: Create Common Good (CCG) is a 501(c)3 non-profit social enterprise offering opportunities to achieve self-sufficiency and financial independence by providing foodservice job training and job placement assistance to people with barriers to employment.

English Language Center

2323 S. Vista Ave.

Boise, Idaho 83705

Phone: 208-338-2696

www.elcboise.org

Description: To develop skills necessary for social interdependency and lifelong learning through English language and training within an emotionally, spiritually and physically safe environment for refugees and other language learners.

Idaho Office for Refugees

1607 W. Jefferson Street

Boise, Idaho 83702

Phone: (208) 336-4222

www.idahorefugees.org

Description: The Idaho Office for Refugees (IOR) has statewide responsibility for the provision of assistance and services to refugees. The IOR is a private sector initiative, replacing the traditional State-administered program for refugee assistance and services. Under agreement with the federal Office of Refugee Resettlement, the IOR endeavors to ease the difficult transition refugees experience as they adjust to life in

the United States. The IOR supports, through contracts and cooperative agreements, the provision of interim financial assistance, English language training, employment services, immigration assistance, language assistance, case management, and social adjustment services in the communities where refugees are resettled.

International Rescue Committee

7188 W. Potomac Drive
Boise, Idaho 38704
Phone: 208-344-1792

<http://www.rescue.org/us-program/us-boise-id>

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

USCIS – Application Support Center for Idaho

1185 S. Vinnell Way
Boise, ID 83709
Phone: 208-685-6600
<https://egov.uscis.gov/>

World Relief

6702 W. Fairview
Boise, Idaho 83708
Phone: 208-323-4964

www.worldreliefboise.org

Description: World Relief assists hurting refugees from war-torn and oppressive communities who are finding peace and security in the heart of Idaho.

Residential Care/ Assisted Living Facility

Good Samaritan Society – Boise Village

3115 Sycamore Drive
Boise, Idaho 83703
Phone: 208-343-7726

Idaho Aging & Disability Resource Center (ADRC)

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

Idaho Department of Health & Welfare

Residential Care or Assisted Living
3232 Elder St.

Boise ID 83705
Phone: 208-364-1962
www.assistedliving.dhw.idaho.gov

Idaho State Veterans Home

320 N. Collins Road
Boise, Idaho 83702
(208) 334-5000
www.veterans.idaho.gov

Senior Services

Alzheimer's Idaho

13601 W. McMillan Road, #249
Boise, Idaho 83713
Phone: (208) 914-4719
www.alzid.org

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

Boise Senior Center

690 Robbins Road
Boise, ID 83702
Phone: 208-345-9921

Caldwell Senior Center

1009 Everett
Caldwell, Idaho 83605
Phone: 208-459-0132

Center at the Park – Meridian Senior Center

1920 North Records Way
Meridian, Idaho 83642
Phone: 208-888-5555

Eagle Senior Citizen Center

312 E. State Street
Eagle, Idaho 83616
Phone: 208-939-0475

Friends in Action

1607 W. Jefferson Street

Boise, Idaho 83702

Phone: (208) 333-1363

<http://www.fiaboise.org>

Description: Friends in Action is a nonprofit, collaborative organization dedicated to sustaining quality of life, dignity, and independence for older persons and their families through education and volunteerism.

Garden City Senior Center

3858 Reed Street

Garden City, Idaho 83714

Phone: 208-336-8122

Idaho Commission on Aging (ICOA)

341 W. Washington

Boise, Idaho 83702

Phone: (208) 334-3833

701 S. Allen Ste. 100

Meridian, Idaho 83642

Phone: (208) 332-1769

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

Idaho Aging & Disability Resource Center (ADRC)

Phone: 1-800-926-2588

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

Kuna Senior Center

229 N. Ave, A

Kuna, Idaho 83634

Phone: 208-92-9714

Meridian Senior Center

1920 North Records Way

Meridian, Idaho 83642

208-888-5555

www.meridianseniorcenter.com

Nampa Senior Center

207 Constitution Way

Nampa, ID 83686

Phone: (208) 467-7266

Senior Health Insurance Benefits Advisors

Phone: (800) 247-4422

www.doi.idaho.gov

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

Senior Solutions

690 Robbins Road

Boise, Idaho 83702

Phone: 208-345-7777

<http://www.seniorsolutions.bz>

Description: Senior Solutions is a nonprofit agency that provides services for senior citizens primarily in the City of Boise and Ada County, Idaho, to help them live independently as long as possible.

Transportation**ACHD Commuteride**

5714 Fairview Avenue

Boise, Idaho 83706

Phone: 2088-345-7665

COMPASS (Community Planning Association of Southwest Idaho)

700 NE 2nd Street, Suite 200

Meridian, Idaho 83642

Phone: 208-855-2558

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

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

Idaho Transportation Department

8150 Chinden

P.O. Box 8028

Boise, Idaho 83714

Phone: 208-334-8300

<http://itd.idaho.gov>

Treasure Valley Transit

1136 W. Finch Drive
Nampa, Idaho 83651
Phone: 208-463-9111
www.treasurevalleytransit.com

Valley Ride (Valley Regional Transit)

700 N.E. 2nd Street, Ste. 100
Meridian, Idaho 83642
www.valleyride.org
Description: Bus transportation for Ada and Canyon counties.

Veteran Services**Boise Vet Center**

2424 Bank Drive
Boise, Idaho 83705
Phone: 208-342-3612

Idaho Veterans Network

2333 Naclerio Lane
Boise, Idaho 83705
Phone: 208-440-3939
www.idahoveteransnetwork.org

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

Idaho Veterans Services

www.veterans.idaho.gov

Veterans Administration Medical Center

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

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

Veterans Crisis Line

Phone: 1-800-273-8255

Youth Programs – After School/ Mentorship/Recreation

4-H Youth Development - Ada County Extension Office

5880 Glenwood St.

Boise, ID 83714-1342

Phone: (208) 287-5900

Fax: (208) 287-5909

Email: ada@uidaho.edu

Description: 4-H programs provide hands-on activities in science and technology; visual, cultural and theater arts; crafts; financial literacy; nutrition; food preparation; health and physical activity.

4-H Youth Development – Canyon County Extension Office

501 Main St

Caldwell, ID 83605

Phone: (208) 459-6003

Fax: (208) 454-6349

canyon@uidaho.edu

Description: 4-H programs provide hands-on activities in science and technology; visual, cultural and theater arts; crafts; financial literacy; nutrition; food preparation; health and physical activity.

Big Brothers Big Sisters

110 N. 27th Street

Boise, Idaho 83702

Phone: (208) 377-2552

Fax: (208) 375-6577

www.bbbsidaho.org

Description: Big Brothers Big Sisters makes meaningful, monitored matches between adult volunteers (“Bigs”) and children (“Littles”), ages 6 through 18, in communities across the country. We develop positive relationships that have a direct and lasting effect on the lives of young people.

Boys and Girls Club of Ada County

Moseley Center Club

610 E. 42nd Street, Garden City, ID 83714

Phone: (208) 321-9157

Meridian Club

911 N. Meridian Road, Meridian, ID 83642

Phone: (208) 888-5392

Kuna Summer Program

Phone: (208) 954-5034

www.mybgclub.org

Description: Boys & Girls Clubs of Ada County have provided fun and engaging after school and summer programs to thousands of the community's most vulnerable youth.

Boys and Girls Club of Nampa

316 Stampede Drive

Nampa, Idaho 83687

Phone: (208) 461-7203

Fax: (208) 466-4032

www.bgclubnampa.org

Description: Boys & Girls Club of Nampa is to enable all young people, especially those who need us most, to reach their full potential as productive, caring, responsible citizens.

Caldwell Family YMCA

3720 S. Indiana Avenue

Caldwell, Idaho 83605

(208) 454-9622

<http://www.ymcatvidaho.org>

Description: The Y offers developmentally appropriate, curriculum-based programs that help children grow personally, learn values, improve personal relationships, appreciate diversity, become better leaders and supporters, and develop specific skills and assets.

Parks & Recreation - Boise

1104 Royal Blvd.

Boise ID 83706

Phone: 208-608-7600

parks.cityofboise.org

Description: Boise Parks & Recreation enhances the quality of life in Boise by providing safe, healthy recreational opportunities for children and adults.

Parks & Recreation - Caldwell

Caldwell Recreation Department

618 Irving Street

Caldwell, Idaho 83605

Phone: (208) 455-3060

caldwellrec@cityofcaldwell.org

Parks & Recreation - Kuna

City of Kuna Parks Department
329 Main St.
Kuna, ID 83634
Phone: 208-573-7668

Parks & Recreation - Meridian

33 E Broadway Ave # 206
Meridian, ID
Phone: (208) 888-3579

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

Parks and Recreation – Nampa

c/o Nampa Recreation Center
131 Constitution Way
Nampa, Idaho 83686
Phone: (208) 468-5858

Description: Nampa Parks and Recreation adds value to the community as we promote conservation of open space, health and wellness in the community, and community recreation and education.

Treasure Valley Family YMCA

1050 W. State Street
Boise, Idaho 83702
Phone: (208) 344-5502

www.ymcatvidaho.org

Description: At the Y, children and teens learn values and positive behaviors as they're encouraged to explore their unique interests and gifts. This helps to develop confident kids today and contributing adults tomorrow. No one will be denied Y services due to inability to pay.

Youth Programs - At-Risk Youth Services

Children's Home Society of Idaho

Boise Office

740 Warm Springs Avenue

Boise, Idaho 83712

Phone: (208) 343-7813

Fax: (208) 342-8268

www.childrenshomesociety.com

Description: The Children's Home Society accomplishes its mission by operating Warm Springs Counseling Center which provides superior emotional and behavioral health services to at-risk children and the families that care for them.

Idaho Youth Ranch

5465 W. Irving Street

Boise, Idaho 83706

Phone: (208) 377-2613

Fax: (208) 377-2819

Hotline: 1-877-817-8141

www.youthranch.org

Family Counseling:

7025 W. Emerald St. Suite A

Boise, Idaho 83704

Phone: 208.947.0863

info@youthranch.org

Description: The Idaho Youth Ranch provides troubled children a bridge to a valued, responsible, and productive future.

Life's Kitchen

1025 S. Capitol Boulevard

Boise, Idaho 83706

Phone: (208) 331-0199

www.lifeskitchen.org

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

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:** U.S. Department of Veterans Affairs – Boise VA Medical Center

Date contacted: April 8, 2015

How input was obtained: Phone interview and questionnaire

Health representative category: Category I & II

Populations represented:

Veterans

2. **Affiliation:** Family Medicine Residency of Idaho

Date contacted: March 31, 2015

How input was obtained: Phone interview & questionnaire

Health representative category: Category II & 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

3. Affiliation: Idaho Department of Health and Welfare

Date contacted: April 7, 2015

How input was obtained: Phone interview and questionnaire

Health representative category: Category I & II

Populations represented:

- Children
- Disabled
- Low income individuals and families
- Populations with chronic conditions
- Refugees
- Those with behavioral health issues

4. Affiliation: Idaho Office of Refugees

Date contacted: April 23, 2015

How input was obtained: Phone interview and questionnaire

Health representative category: Category II & III

Populations represented:

- Children
- Disabled
- Low income individuals and families
- Populations with chronic conditions
- Refugees
- Senior Citizens
- Those with behavioral health issues

5. Affiliation: Community Council of Idaho

Date contacted: May 14, 2015

How input was obtained: Phone interview and questionnaire

Health representative category: Category II & III

Populations represented:

- Children
- Hispanic Population
- Low income individuals and families
- Migrant and seasonal farm workers

6. Affiliation: Idaho Central District Health, District 4
Date contacted: March 19, 2015
How input was obtained: Phone interview and questionnaire
Health representative category: Category I & II
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

7. Affiliation: Southwest District Health, Idaho District 3
Date contacted: April 3, 2015
How input was obtained: Phone interview and questionnaire
Health representative category: Categories I & II
Populations represented:
 Children
 Disabled
 Hispanic population
 Low income individuals and families
 Migrant and seasonal farm workers
 Populations with chronic conditions
 Senior citizens

8. Affiliation: Idaho Department of Labor
Date contacted: February 2015 – May 2015
How input was obtained: Phone and email
Health representative category: Category III

9. Affiliation: Idaho Health and Welfare
Date contacted: Numerous times between October 2014 and January 2015
How input was obtained: Phone conversations, emails, in person meeting
Health representative category: Category I

- 10. Affiliation:** Idaho Health and Welfare
Date contacted: Numerous times between October 2014 and January 2015
How input was obtained: Phone conversations, emails, in person meeting
Health representative category: Category I
- 11. Affiliation:** Learning Lab
Date contacted: April 21, 2015
How input was obtained: Phone interview and questionnaire
Health representative category: Category II & III
Populations represented:
 Low income individuals and families
 Refugees
 Senior citizens
 Individuals with limited English
- 12. Affiliation:** Boise Rescue Mission
Date contacted: May 21, 2015
How input was obtained: Phone interview and questionnaire
Health representative category: Category II & III
Populations represented:
 Children
 Disabled
 Homeless
 Low income individuals and families
 Populations with chronic conditions
 Senior citizens
 Those with behavioral health issues
 Veterans
- 13. Affiliation:** Garden City Community Clinic – A Project of Genesis World Mission
Date contacted: April 29, 2015
How input was obtained: Phone interview and questionnaire
Health representative category: Category II & III
Populations represented:
 Hispanic population
 Homeless
 Low income individuals and families
 Populations with chronic conditions
 Refugees
 Those with behavioral health issues
 Veterans

14. **Affiliation:** Canyon County Community Council
Date contacted: April 20, 2015
How input was obtained: Phone interview and questionnaire
Health representative category: Category II & III
Populations represented:
 Hispanic population
 Homeless
 Migrant and seasonal farm workeres
15. **Affiliation:** Idaho Office for Refugees
Date contacted: April 23, 2015
How input was obtained: Phone interview and questionnaire
Health representative category: Category II & III
Populations represented:
 Children
 Disabled
 Low income individuals and families
 Populations with chronic conditions
 Refugees
 Senior citizens
 Those with behavioral health issues
16. **Affiliation:** Terry Reilly Health Services
Date contacted: May 20, 2015
How input was obtained: Phone interview and questionnaire
Health representative category: Category II & III
Populations represented:
 Children
 Hispanic population
 Homeless
 Low income individuals and families
 Migrant and seasonal farm workers
 Populations with chronic conditions
 Those with behavioral health issues
17. **Affiliation:** Treasure Valley Family YMCA
Date contacted: May 6, 2015
How input was obtained: Phone interview and questionnaire
Health representative category: Category II & 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

- 18. Affiliation:** United Way of Treasure Valley
Date: May 21, 2015
How input was obtained: Phone interview and questionnaire
Health representative category: Category II & III
Populations represented:
- Children
 - Low income individuals and families
 - Refugees
 - Those with behavioral health issues
 - Veterans
 - Working poor

- 19. Affiliation:** IDACORP & Idaho Power
Date contacted: April 24, 2015
How input was obtained: Phone interview and questionnaire
Health representative category: Category III
Populations represented:
- Employees
 - Domestic violence victims

- 20. Affiliation:** Valley Regional Transit or Compass
Date contacted: May 7, 2015
How input was obtained: Phone interview and questionnaire
Health representative category: Category II & III
Populations represented:
- 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

Low-income working population

21. Affiliation: Community Planning Association (COMPASS)

Date contacted: June 1, 2015

How input was obtained: Phone interview and questionnaire

Health representative category: Category III

Populations represented:

Disabled

Populations with chronic conditions

22. Affiliation: Meridian School District

Date contacted: May 26, 2015

How input was obtained: Phone interview and questionnaire

Health representative category: Category II & III

Populations represented:

Childrean

Homeless

Low income individuals and families

Populations with chronic conditions

Refugees

Senior citizens

23. Affiliation: Nampa School District

Date: June 9, 2015

How input was obtained: Phone interview and questionnaire

Health representative category: Category II & III

Populations represented:

Children

Disabled

Homeless

Low income individuals and families

Those with behavioral health issues

24. Affiliation: City of Nampa

Date contacted: May 27, 2015

How input was obtained: Phone interview and questionnaire

Health representative category: Category II & III

Populations represented:

Senior Citizens

25. Affiliation: Idaho Foodbank

Date: May 6, 2015

How input was obtained: Phone interview and questionnaire

Health representative category: Category II & III

Populations represented:

- Children
- Hispanic population
- Homeless
- Low income individuals and families
- Migrant and seasonal farm workers
- Populations with chronic conditions
- Refugees
- Senior citizens

26. Affiliation: MWI Veterinary Supply

Date: May 4, 2015

How input was obtained: Phone interview and questionnaire

Health representative category: Category III

Populations represented:

- Children
- Low income individuals and families
- Migrant and seasonal farm workers

27. Affiliation: ClickBank

Date: April 24, 2015

How input was obtained: Phone interview and questionnaire

Health representative category: Category III

Populations represented:

- Children
- Employees

28. Affiliation: Micron Technology

Date: April 24, 2015

How input was obtained: Phone interview and questionnaire

Health representative category: Category III

Populations represented:

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

29. Affiliation: NAMI – National Alliance on Mental Illness - Boise

Date: June 8, 2015

How input was obtained: Phone interview and questionnaire

Health representative category: Category II & III

Populations represented:

- Those with behavioral health issues
- Veterans

- 30. Affiliation:** Women’s and Children’s Alliance (WCA)
Date contacted: April 24, 2015
How input was obtained: Phone interview and questionnaire
Health representative category: Category II & III
Populations represented:
 Children
 Hispanic population
 Low income individuals and families
 Refugees
 Trauma sufferers
- 31. Affiliation:** St. Luke's Health System
Date contacted: April 28, 2015
How input was obtained: Phone interview and questionnaire
Health representative category: Category II & III
Populations represented:
 Children
 Disabled
 Hispanic population
 Low income individuals and families
 Migrant and seasonal farm workers
 Populations with chronic conditions
 Refugees
 Senior citizens
 Those with behavioral health issues
 Veterans
 Uninsured and under-insured patients
- 32. Affiliation:** St. Luke's Health System
Date contacted: May 5, 2015
How input was obtained: Phone interview and questionnaire
Health representative category: Category II & III
Populations represented:
 Low income individuals and families
 Populations with chronic conditions
 Senior citizens
 Those with behavioral health issues

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

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

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

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

Health behavior (potential needs)

- _____ Greater access to healthy foods
- _____ Exercise programs/education/opportunities
- _____ 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 care health 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
- _____ Healthy transportation options (sidewalks, bike paths, public transportation)

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

Identified Community Health Needs	Representative Score	Related Health Factors and Outcomes	Health Factor Score	Total Combined Score
Access to healthy foods	7.0	Food environment	9	16
Exercise programs/ education/opportunities	6.9	Access to exercise opportunities	8	14.9
		Adult physical activity	8	14.9
		Teen exercise	9	15.9
Nutrition education	7.3	Adult nutrition	9	16.3
		Teen nutrition	10	17.3
Safe sex education programs	5.3	Sexually transmitted infections	10	15.3
		Teen birth rate	7	12.3
Substance abuse services and programs	8.2	Excessive drinking	9	17.2
		Illicit drug use	11	19.2
		Alcohol impaired driving deaths	9	17.2
Tobacco prevention and cessation programs	6.7	Smoking adult	10	16.7
		Smoking teen	10	16.7
Weight management programs	6.9	Obese/Overweight adults	14	20.9
		Obese/Overweight teenagers	13	19.9

Wellness and prevention programs	7.0	Accidents	6	13
		AIDS	7	14
		Alzheimer's	7	14
		Arthritis	5	12
		Asthma	6	13
		Breast cancer	6	13
		Cerebrovascular diseases	6	13
		Colorectal cancer	9	16
		Diabetes	12	19
		Flu/pneumonia	4	11
		Heart disease	8	15
		High blood pressure	11	18
		High cholesterol	10	17
		Leukemia	5	12
		Lung cancer	8	15
		Mental illness	13	20
		Nephritis	6	13
		Non-Hodgkin's lymphoma	6	13
		Obesity	14	21
		Pancreatic cancer	5	12
		Prostate cancer	5	12
		Respiratory disease	9	16
		Skin cancer (melanoma)	10	17
Suicide	13	20		

Clinical Care Category

Identified Community Health Needs	Representative Score	Related Health Factors and Outcomes	Health Factor Score	Combined Score
Affordable care for low income individuals	9.1	Children in poverty	11	20.1
Affordable dental care for low income individuals	8.3	Dental visits, preventative	9	17.3
Affordable health insurance	9.0	Uninsured adults	12	21
Availability of behavioral health services (providers, suicide hotline, etc)	9.1	Mental health service providers	12	21.1
Availability of primary care providers	6.9	Primary care providers	10	16.9
Chronic disease management programs	7.6	Arthritis	5	12.6
		Asthma	6	13.6
		Diabetes	12	19.6
		High blood pressure	11	18.6
Immunization programs	6.0	Children immunized	9	15
		Adolescents immunized	9	15
		Flu/pneumonia	4	10
Improved health care quality	4.8	Preventable hospital stays	6	10.8
Integrated, coordinated care (less fragmented care)	8.2	No usual health care provider	10	18.2
		Preventable hospital stays	6	14.2
Prenatal care programs	5.7	Prenatal care 1st trimester	9	14.7
		Low birth weight	7	12.7
Screening programs (cholesterol, diabetic, mammography, etc)	6.5	Cholesterol screening	11	17.5
		Colorectal screening	6	12.5
		Diabetic screening	9	15.5
		Mammography screening	11	17.5

Social and Economic Category

Identified Community Health Needs	Representative Score	Related Health Factors and Outcomes	Health Factor Score	Combined Score
Children and family services	7.0	Children in poverty	11	18
		Inadequate social support	6	13
Disabled services *	5.9	* See note below	8	13.9
Early learning before kindergarten (such as a Head Start type program)	7.7	High school graduation rate	9	16.7
Education: Assistance in achieving good grades in kindergarten through high school	6.2	High school and college education rates	9	15.2
Education: College education support and assistance programs	7.1	High school and college education rates	9	16.1
Elder care assistance (help in taking care of older adults) *	7.3	* See note below	8	15.3
End of life care or counseling (care for those with advanced, incurable illness) *	6.3	* See note below	8	14.3
Homeless services	7.4	Unemployment rate	8	15.4
Job training services	6.8	Unemployment rate	8	14.8
Legal assistance *	5.7	* See note below	8	13.7
Senior services	6.8	Inadequate social support	9	15.8
Veterans' services	5.8	Inadequate social support	9	14.8
Violence and abuse services	7.0	Violent crime rate	6	13

* 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

Identified Community Health Needs	Representative Score	Related Health Factors and Outcomes	Health Factor Score	Combined Score
Affordable housing	8.0	Severe housing problems	9.5	17.5
Healthier air quality, water quality, etc	5.1	Air pollution particulate matter	8	13.1
		Drinking water violations	6	11.1
Healthy transportation options (sidewalk, bike paths, public transportation)	7.9	Long commute	7	14.9
		Driving alone to work	7	14.9
Transportation to and from appointments *	7.9	* See note below	8	15.9

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

Appendix IV: Data Notes

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