



St. Luke's Magic Valley Community Health Needs Assessment 2022



Table of Contents

- Introduction..... 1**
- St. Luke’s Health System’s Commitment to Improve Community Health 1**
 - St. Luke’s Process for Improving Community Health 2**
- 2022 Community Health Needs Assessment Strategic Objectives 3**
 - Community Health Needs Assessment Prioritization Criteria and Determination 3**
- St. Luke’s Magic Valley Priority Community Health Needs..... 8**
 - Significant Health Needs 8**
- Complete Community Health Assessment Data 12**
- St. Luke’s Magic Valley Community 13**
- The Community We Serve 14**
 - Community Demographics 15**
 - Our Neighboring Communities 19**
- Health Outcome Measures and Findings..... 20**
 - Mortality Measure..... 20**
 - Length of Life Measure: Years of Potential Life Lost 20
 - Morbidity Measures 21**
 - "Fair or Poor" General Health..... 22
 - Poor Physical Health Days..... 24
 - Poor Mental Health Days..... 24
- Health Factor Measures and Findings 25**
 - Health Behavior Factors 26**
 - Physical Activity..... 26
 - Physical Inactivity: Adults 27
 - Teen Exercise 29
 - Access to Physical Activity Opportunities..... 30
 - Nutrition 31
 - Nutritional Habits - Adults 32
 - Nutritional Habits - Youth 33

| | |
|---|-----------|
| Overweight and Obesity..... | 34 |
| • Overweight and Obesity: Adults..... | 34 |
| • Overweight and Obesity: Teens..... | 35 |
| Safe Sex | 37 |
| • Teen Birth Rate | 38 |
| • Sexually Transmitted Infections..... | 39 |
| • AIDS..... | 40 |
| Substance Use Disorder | 41 |
| • Excessive Drinking..... | 41 |
| • Alcohol Impaired Driving Deaths | 42 |
| • Drug Misuse and Abuse | 43 |
| Tobacco Prevention and Cessation | 46 |
| • Adult Smoking..... | 46 |
| • Youth Smoking..... | 48 |
| Wellness and Prevention Programs | 49 |
| • Accidents..... | 49 |
| • Diseases of the Heart..... | 50 |
| • High Cholesterol..... | 51 |
| • Chronic Lower Respiratory Diseases..... | 52 |
| • Cerebrovascular Diseases | 53 |
| • Alzheimer’s Disease | 54 |
| • Diabetes Mellitus | 55 |
| • Nephritis..... | 56 |
| • Lung Cancer..... | 58 |
| • Colorectal Cancer..... | 59 |
| • Breast Cancer | 60 |
| • Prostate Cancer..... | 61 |
| • Pancreatic Cancer | 62 |
| • Skin Cancer (Melanoma)..... | 63 |
| • Leukemia..... | 64 |
| Clinical Care Access and Quality Factors | 65 |
| Affordability of Health Care | 65 |

- Uninsured Adults 65
- Primary Care Providers 68
- Availability of Behavioral Health Services..... 69
- Mental Health Service Providers 69
- Mental Illness..... 70
- Deaths by Suicide..... 72
- Chronic Disease Management 73
- Arthritis 73
- Asthma 74
- Diabetes 75
- High Blood Pressure..... 77
- Medical Home..... 78
- Health Care Quality 79
- Preventable Hospital Stays 79
- Screening Programs 80
- Diabetes Screening 80
- Cholesterol Screening 81
- Mammography Screening..... 83
- Colorectal Screening 84
- Prenatal Care Program 85
- Prenatal Care Begun in First Trimester 85
- Low Birthweight..... 86
- Immunizations..... 87
- Childhood Immunizations 87
- Influenza and Pneumonia 88
- Social and Economic Factors 89**
- Academic Achievement..... 89
- High School Graduation Rate..... 90
- Some College 91
- Housing Stability..... 92
- Severe Housing Problems 92
- Services for Children and Families Experiencing Adversity 93

| | |
|--|------------|
| • Children in Poverty | 93 |
| • Children in Single Parent Household | 94 |
| Individual Economic Stability | 95 |
| • Unemployment | 95 |
| • Income Inequality | 96 |
| Food/Nutrition Security | 97 |
| • Food Environment Index..... | 97 |
| Social Support..... | 99 |
| • Inadequate Social Support..... | 99 |
| Community Safety..... | 100 |
| • Violent Crime | 101 |
| • Injury Deaths..... | 102 |
| Physical Environment Factors..... | 103 |
| Air and Water Quality | 103 |
| • Air Pollution Particulate Matter..... | 104 |
| • Drinking Water Violations..... | 105 |
| Accessible Modes of Transportation..... | 106 |
| • Driving Alone to Work | 106 |
| • Long Commute..... | 107 |
| Community Input | 108 |
| Implementation Plan Overview | 115 |
| Future Community Health Needs Assessments | 115 |
| History of Community Health Needs Assessments and Impact of Actions Taken | 116 |
| COVID-19..... | 116 |
| Priority Need 1: Improve the Prevention and Management of Obesity and Diabetes .. | 116 |
| Priority Need 2: Improve Mental Health..... | 126 |
| Priority Need 3: Improve Access to Affordable Health Insurance | 140 |
| Resources Available to Meet Community Needs | 151 |
| Appendix I: Community Representative Descriptions..... | 193 |
| Appendix II: St. Luke’s Community Health Representative Questionnaire | 209 |
| Appendix III: Data Notes..... | 213 |

Introduction

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

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

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

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

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

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

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



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

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

OUR STRATEGY
Quality, Access and Affordability

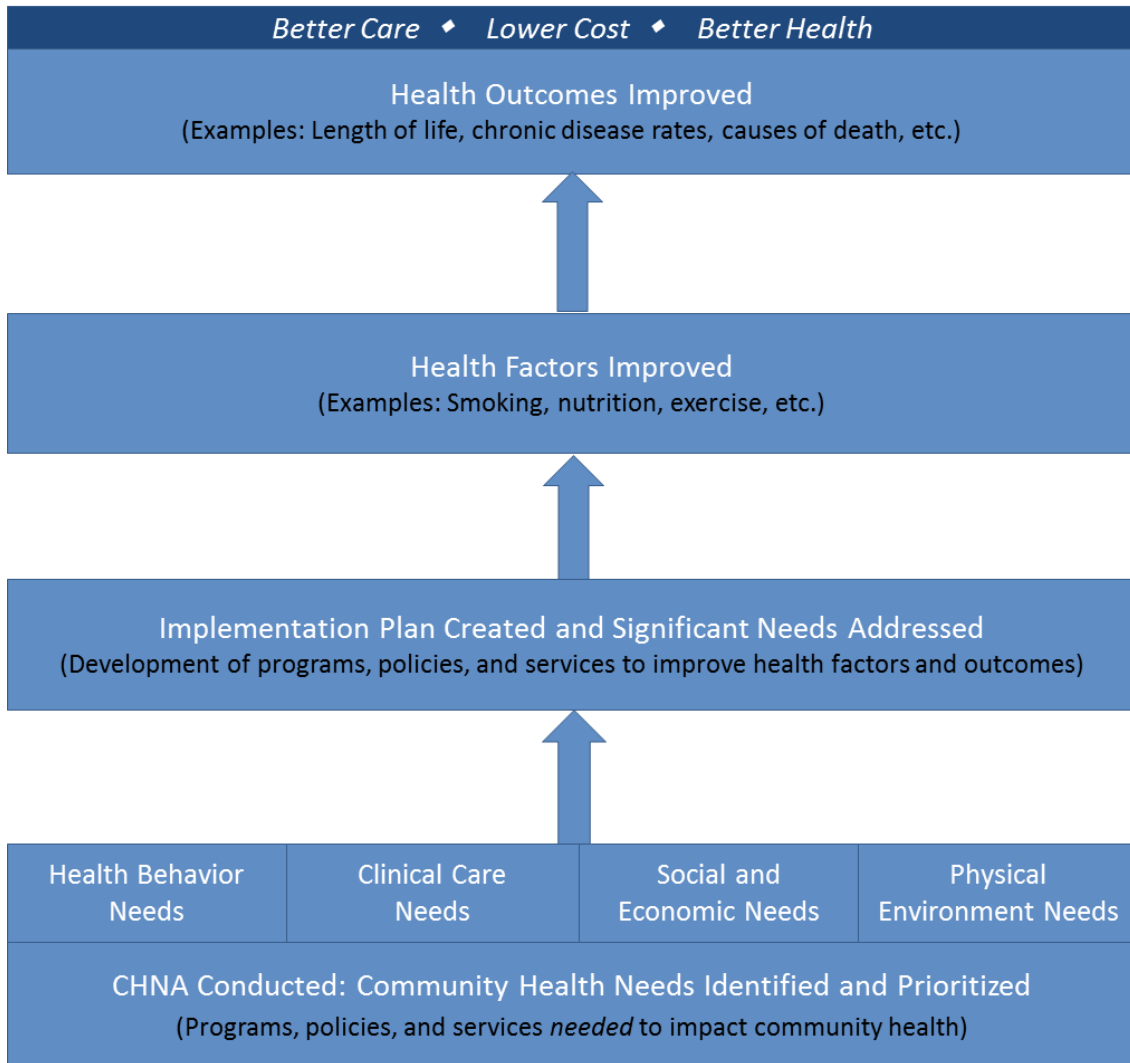
OUR GOAL FOR COMMUNITY HEALTH
In partnership with others, improve the health of people in the communities we serve by addressing social determinants of health.

<https://health.gov/healthypeople>

St. Luke's Process for Improving Community Health

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

St. Luke's Approach to Improving Community Health



2022 Community Health Needs Assessment Strategic Objectives

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

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

Community Health Needs Assessment Prioritization Criteria and Determination

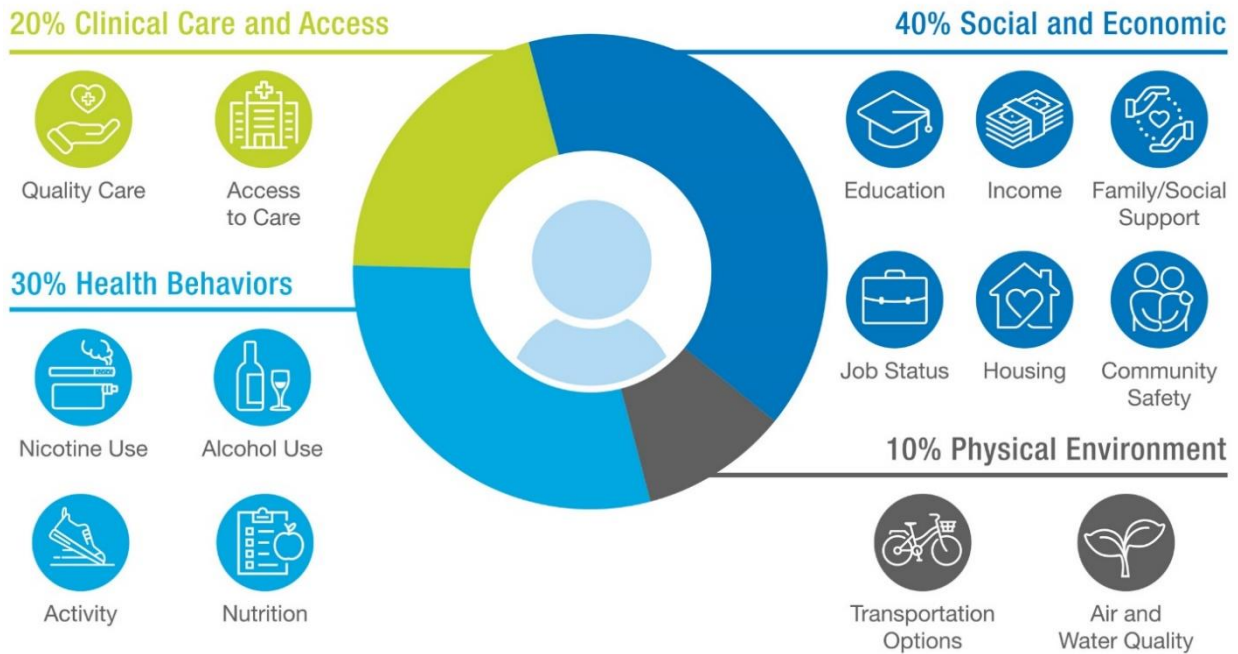
The first step in our CHNA process for defining community health needs is to understand the health status of our community.

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

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

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

Determinants of Health



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

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

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

Number of Interview Respondents Representing Each Population

| Magic Valley | |
|---|----|
| Children (0-4 years) | 21 |
| Children (5-12 years) | 24 |
| Children (13-18 years) | 26 |
| People with disabilities | 21 |
| Hispanic/Latino/Latina/Latinx | 25 |
| Those experiencing homelessness | 22 |
| LGBTQIA+ (lesbian, gay, bi-sexual, transgender, queer, intersex, asexual) | 12 |
| Low-income individuals and families | 32 |
| Migrant and seasonal farm workers | 23 |
| Populations with chronic conditions | 21 |
| Refugees | 23 |
| Rural communities | 27 |
| Senior citizens | 27 |
| Those with behavioral health issues | 24 |
| Veterans | 18 |
| Other | 6 |

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

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

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

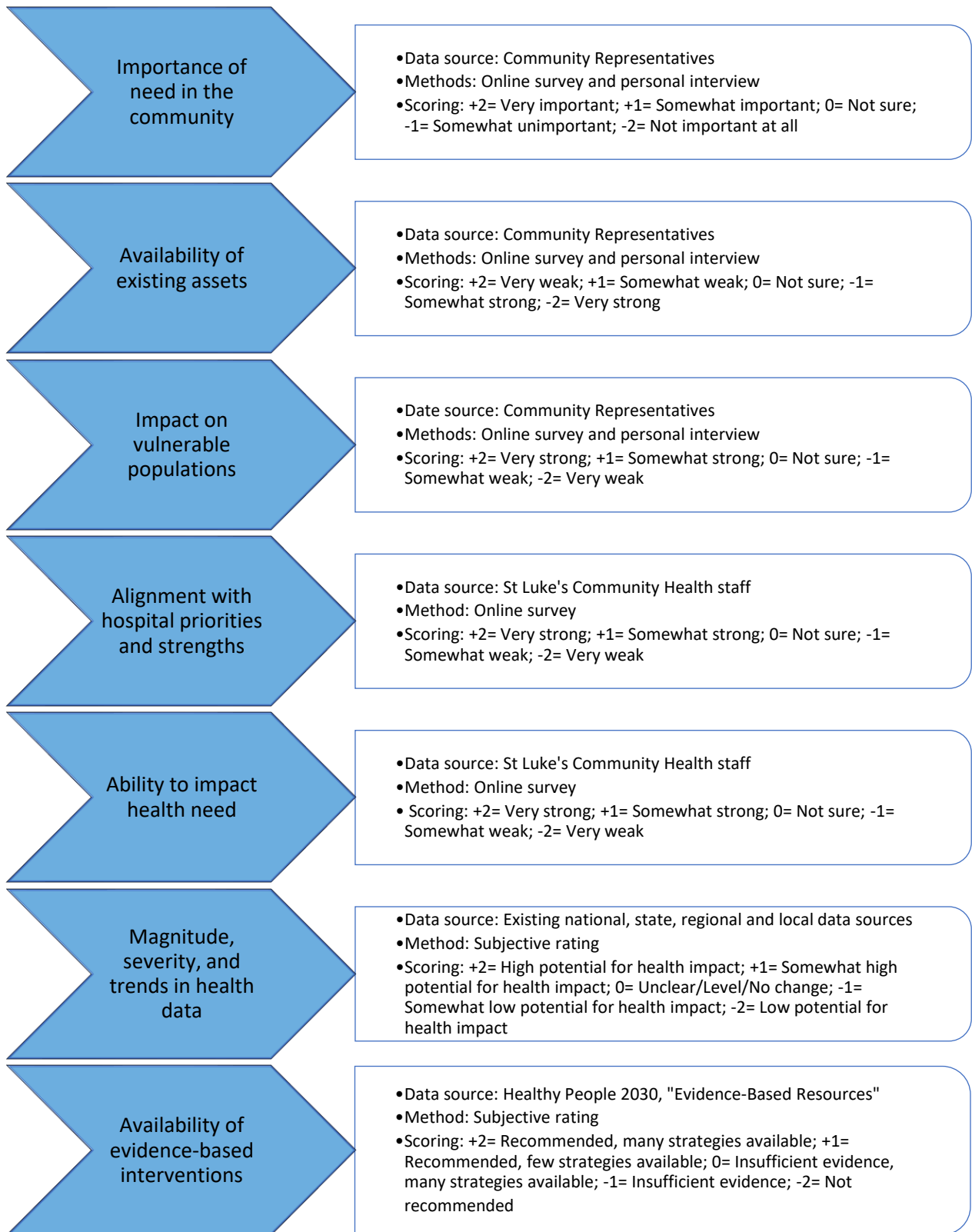
- Each health outcome or factor receives a **trend** score based on whether the measured value is getting better or worse compared to previous years. If the trend is getting worse, community health may be improved by understanding the underlying causes for the worsening trend and addressing those causes.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

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

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

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

Health Needs Prioritization System



St. Luke's Magic Valley Priority Community Health Needs

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

Significant Health Needs

- Health Behaviors - Nutrition Programs/Education/Opportunities
- Clinical Care - Availability of Behavioral Health Services
- Social and Economic Factors - Academic Achievement from Early Learning Through Post-Secondary Education
- Physical Environment - Accessible Modes of Transportation

Health Behaviors – Nutrition Programs/Education/Opportunities

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

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



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

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

Clinical Care – Availability to Mental and Behavioral Health Services

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



A critical component to improving mental health is access to mental health care, a deficit shared among our communities as one of our most significant health needs. According to the National Alliance on Mental Illness, nearly a quarter of Idahoans are living with a mental illness. According to Substance Abuse and Mental Health Services, all counties across the state have shortages of mental health professionals. Poor mental health affects

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

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

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

⁵ [The State of Mental Health in America | Mental Health America \(mhanational.org\)](https://www.mhanational.org/state-mental-health). Accessed 12/3/21

⁶ [Mental Health and Substance Use State Fact Sheets | KFF](https://www.kff.org/health-equity/state-fact-sheets/). Accessed 12/3/21

Social and Economic Factors – Academic Achievement from Early Learning Through Post-Secondary Education

Idaho consistently ranks in the bottom quartile for education, nationally, and is 1 of only 6 states that does not require school districts to offer kindergarten. Data shows that continuous access to high quality early childhood learning promotes positive interactions, enhanced social-emotional development, strong relationships, and advanced literacy, vocabulary, and math skills. The data also indicates that this is particularly true for children and families that have been socially and/or economically marginalized.⁷

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



Equitable access to early learning opportunities is a key social determinant of health and foundational to individual and community wellbeing. Poverty, lack of healthcare, and food and housing insecurity create significant challenges for families to afford pre-school and full-day kindergarten. St. Luke's is playing a key role in expanding and strengthening local collaboratives by investing financial and personnel resources to better coordinate equitable and affordable access to early childhood learning that spans elementary and secondary education and helps kids and families thrive.

⁷ Idaho's Early Childhood Care and Education Strategic Plan, 2020

Physical Environment – Accessible Modes of Transportation^{8 9 10 11}

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



Communities that work to develop easily accessible and reliable forms of transportation, including safe options for active transportation like bike-shares, sidewalks, trails, and bike paths, help boost both physical and mental health of community members. Studies show numerous benefits of those who live in communities which are more physically active, including, lower body mass index (BMI), lower traffic injuries, and less

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

⁸ Centers for Disease Control and Prevention Transportation and Health Tool [CDC - Healthy Places - Transportation and Health Tool](#). Accessed 12/3/21

⁹ www.aha.org/transportation, Health Research & Educational Trust. (2017, November). Social determinants of health series: Transportation and the role of hospitals. Accessed 12/3/21

¹⁰ [Health Policy Snapshot Series: How Does Transportation Impact Health?](#) October 25, 2012. Accessed 12/3/21

¹¹ Public Transportation in the U.S.: A driver of Health and Equity July 29, 2021 Publisher: [Project Hope: The People-to-People Health Foundation, Inc./Robert Wood Johnson Foundation](#). Accessed 12/3/21

Complete Community Health Assessment Data

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

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

St. Luke's Magic Valley Medical Center collaborated with St. Luke's Jerome in conducting this CHNA.

St. Luke's Magic Valley Community

Background

The St. Luke's Magic Valley Regional Medical Center (SLMVRMC) opened to the public in 2011, but our history dates back to 1918, when we opened our doors to serve the needs of early settlers. Like then, we still serve the needs of people from eight southern Idaho counties and parts of northern Nevada.

A new Magic Valley Medical Center facility was constructed in the early 1950s, followed by a \$27 million construction and renovation project in 1983.

In 2002, Magic Valley Medical Center purchased the Twin Falls Clinic and Hospital to bring improved medical care to south central Idaho. The new partnership expanded our medical staff to more than 160 multi-specialty physicians.

In 2006, the residents of Twin Falls County voted to partner Magic Valley Regional Medical Center with St. Luke's Boise, Meridian, and Wood River. Joining St. Luke's Health System (SLHS) and changing our name to St. Luke's Magic Valley Medical Center meant that patients would still receive the same high standard of care with the added backing of an Idaho-based, locally governed health system. It also led to the construction of a brand new, state-of-the-art hospital— the most technologically advanced hospital in the state.

Accredited by the Joint Commission on Accreditation of Healthcare Organizations, St. Luke's Magic Valley Medical Center serves a population of more than 180,000 and provides medical expertise and services to smaller hospitals as a referral center.



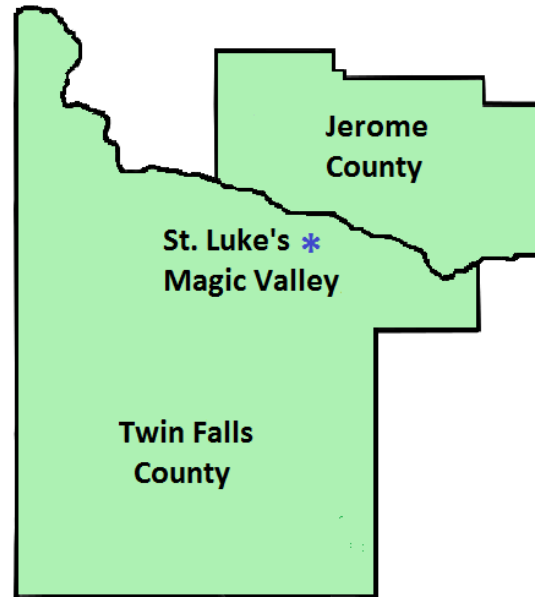
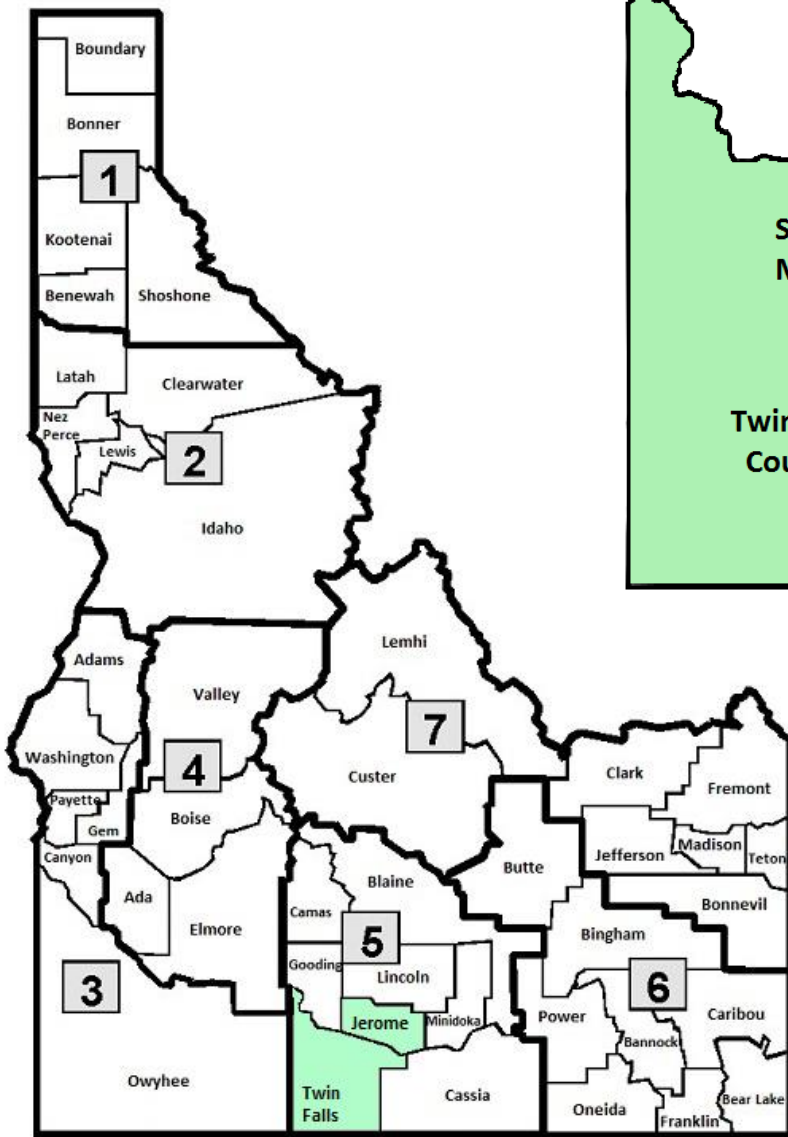
St. Luke's Magic Valley Medical Center is a part of St. Luke's Health System, the only locally governed, Idaho-based, not-for-profit health system. We are a network of seven separately licensed full-service medical centers and more than 100 outpatient centers and clinics serving people throughout Southern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

The Community We Serve

This section describes our service area in terms of its geography and demographics. Twin Falls and Jerome counties represent the geographic area used to define the community we serve, also referred to here as our primary service area or service area. The criteria we use in selecting the service area is the identification of what counties our hospitalized patients reside in. Those counties that make up 70% or greater of the inpatient hospitalizations are identified as our service area. The residents of Twin Falls and Jerome counties comprise about 75% of our inpatients with approximately 62% of our inpatients living in Twin Falls County and 12% in Jerome County. Twin Falls and Jerome counties are part of Idaho Health District 5, as shown in the maps below.

Idaho Health District Map ¹²

Jerome and Twin Falls County Map



¹² Idaho Behavioral Risk Factor Surveillance System Annual Report 2019

Community Demographics

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

Both Idaho and our service area are comprised of about a 96% white population while the nation, as a whole, is 76% white. The Hispanic population in Idaho represents 13% of the overall population and about 22% of our defined service area. Jerome County is approximately 37% Hispanic, and Twin Falls County is 17% Hispanic.

Population by Race and Ethnicity 2019¹³

| Residence | Total Population | Race | | | | Ethnicity | |
|---------------------|------------------|-------------|------------|----------------------------------|---------------------------|--------------|------------|
| | | White | Black | American Indian or Alaska Native | Asian or Pacific Islander | Non-Hispanic | Hispanic |
| Service Area | 111,290 | 105,910 | 1,259 | 2,017 | 2,104 | 87,333 | 23,957 |
| Jerome | 24,412 | 23,353 | 256 | 599 | 204 | 15,300 | 9,112 |
| Twin Falls | 86,878 | 82,557 | 1,003 | 1,418 | 1,900 | 72,033 | 14,845 |
| Idaho | 1,787,065 | 1,691,082 | 23,148 | 36,276 | 36,559 | 1,557,575 | 229,490 |
| National | 328,239,523 | 250,522,190 | 44,075,086 | 4,188,092 | 20,311,799 | 267,667,286 | 60,572,237 |
| | | | | | | | |
| Service Area | | 95% | 1% | 2% | 2% | 78% | 22% |
| Jerome | | 96% | 1% | 2% | 1% | 63% | 37% |
| Twin Falls | | 95% | 1% | 2% | 2% | 83% | 17% |
| Idaho | | 95% | 1% | 2% | 2% | 87% | 13% |
| National | | 76% | 13% | 1% | 6% | 82% | 18% |

¹³ Bureau of Vital Records and Health Statistics, Idaho Department of Health and Welfare (3/2021). The bridged-race population estimates were produced by the Population Estimates Program of the U.S. Census Bureau in collaboration with the National Center for Health Statistics (NCHS). Internet release date June 25, 2020.

Population Growth 2010-2019

Idaho experienced a 14% increase in population from 2010 to 2019, ranking it as one of fastest growing states in the country.¹⁴ Jerome and Twin Falls counties have followed that trend, experiencing a 12% increase in population within that timeframe.¹⁵ St. Luke's Magic Valley is working to manage the volume and scope of services in order to meet the needs of a growing population.

| Region | Population April 2010 | Population April 2019 | Percent Change |
|---------------|-----------------------|-----------------------|----------------|
| Service Area | 82,626 | 106,508 | 29% |
| Idaho | 1,293,953 | 1,683,140 | 30% |
| United States | 281,421,906 | 323,127,513 | 15% |

Aging

Over the past 10 years the population in all age groups has increased proportionately. Currently, about 15% of the people in our community are over the age of 65.¹⁶

| Year | Jerome and Twin Falls County Population by Age | | | |
|------------------|--|-----------|-----------|---------|
| | Age 0-19 | Age 20-44 | Age 45-64 | Age 65+ |
| 2000 | 26,476 | 27,228 | 17,499 | 11,423 |
| Percent of Total | 32% | 33% | 21% | 14% |
| 2010 | 31,057 | 31,645 | 23,689 | 13,213 |
| Percent of Total | 31% | 32% | 24% | 13% |
| 2019 | 33,935 | 36,219 | 24,315 | 16,821 |
| Percent of Total | 30% | 33% | 22% | 15% |

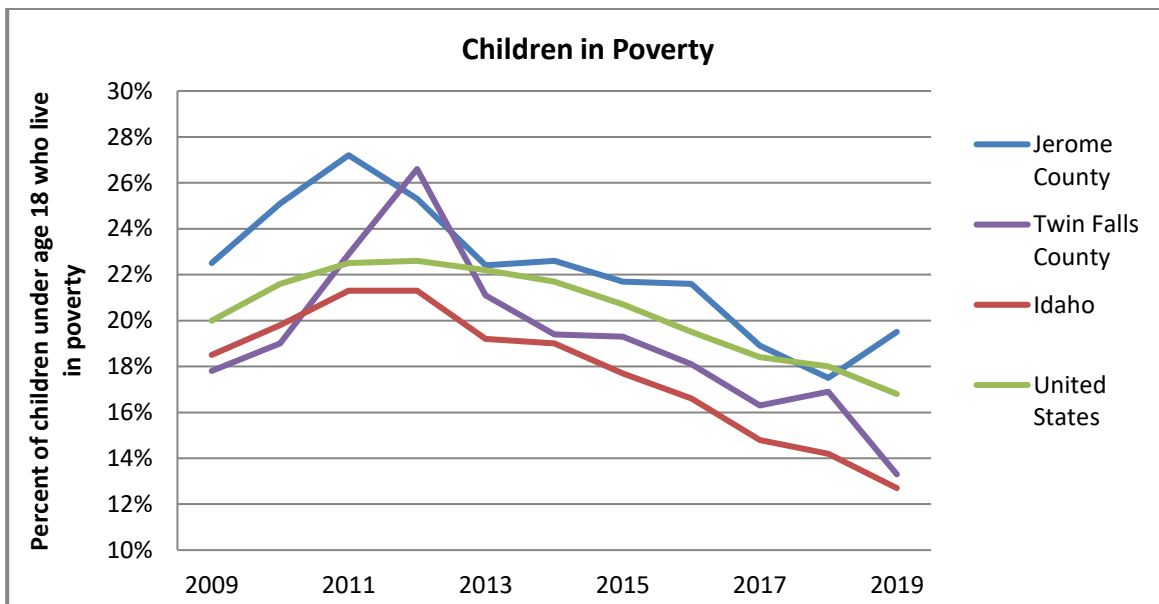
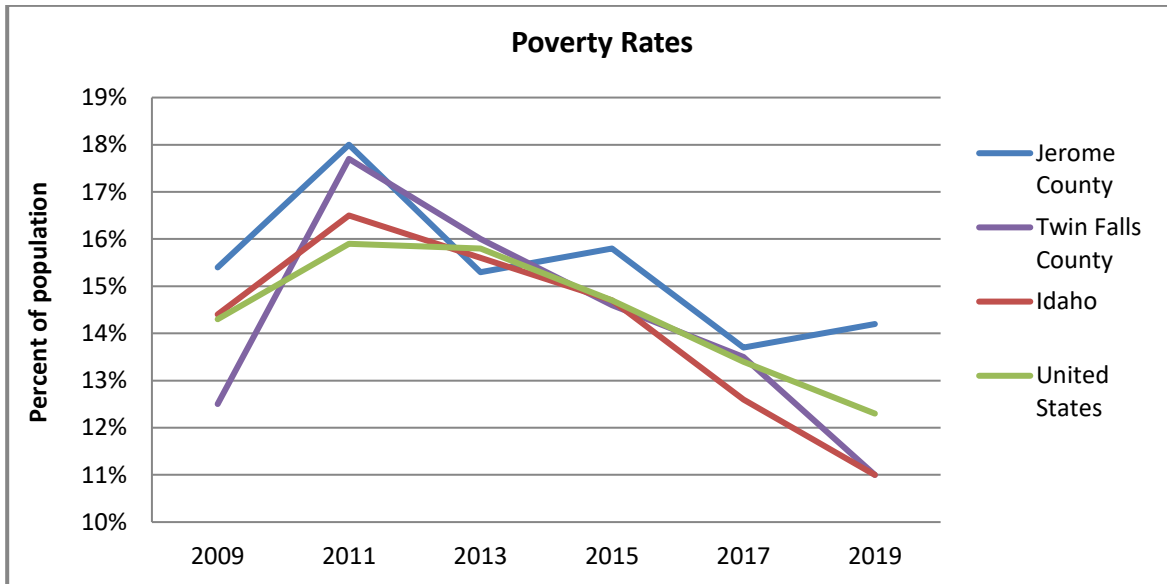
¹⁴ U.S. Census Bureau: <http://quickfacts.census.gov/qfd/index.html> 2020

¹⁵ Idaho Vital Statistics County Profile 2019

¹⁶ Ibid

Poverty Levels

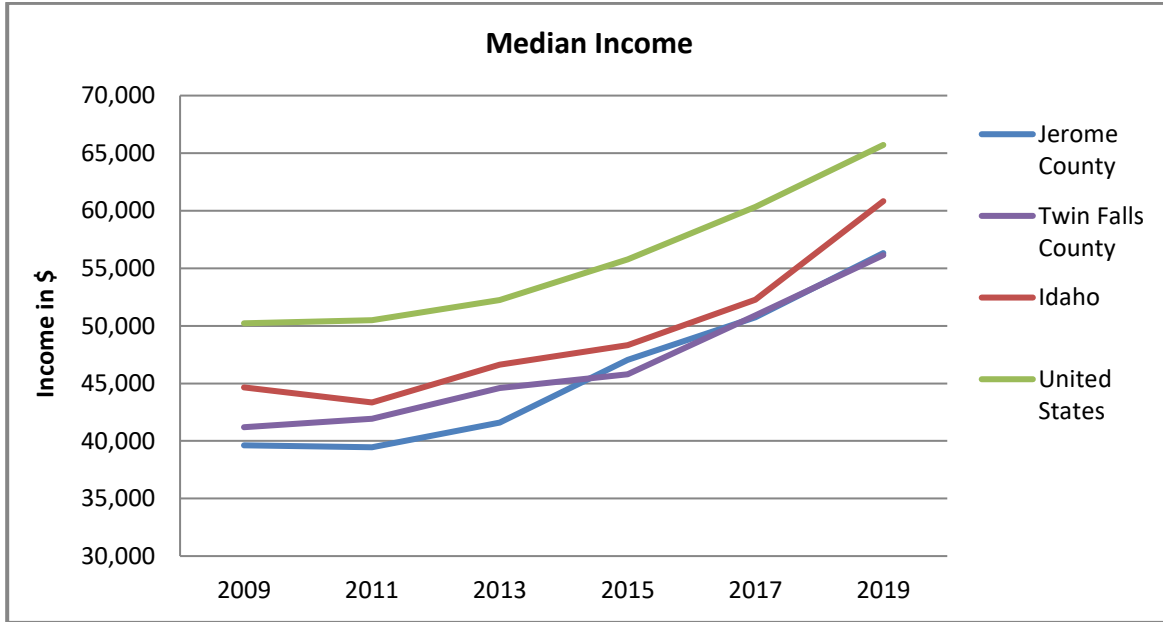
The official United States poverty rate has been decreasing since 2012. Our service area poverty rate is increasing and higher than the national average. The poverty rate in Jerome County, a part of our service area, has seen increasing poverty rates for adults and children since 2017, with a rate higher than the national average.¹⁷



¹⁷ Small Area Income and Poverty Estimates (SAIPE)
<https://www2.census.gov/programs-surveys/saie/datasets/2019/2019-state-and-county/est19-id.txt>

Median Household Income

Median income in the United States has risen steadily since 2009 and at approximately the same rate in our service area during that period. However, median income in our service area is well below the national median and lower than Idaho's median income.¹⁸

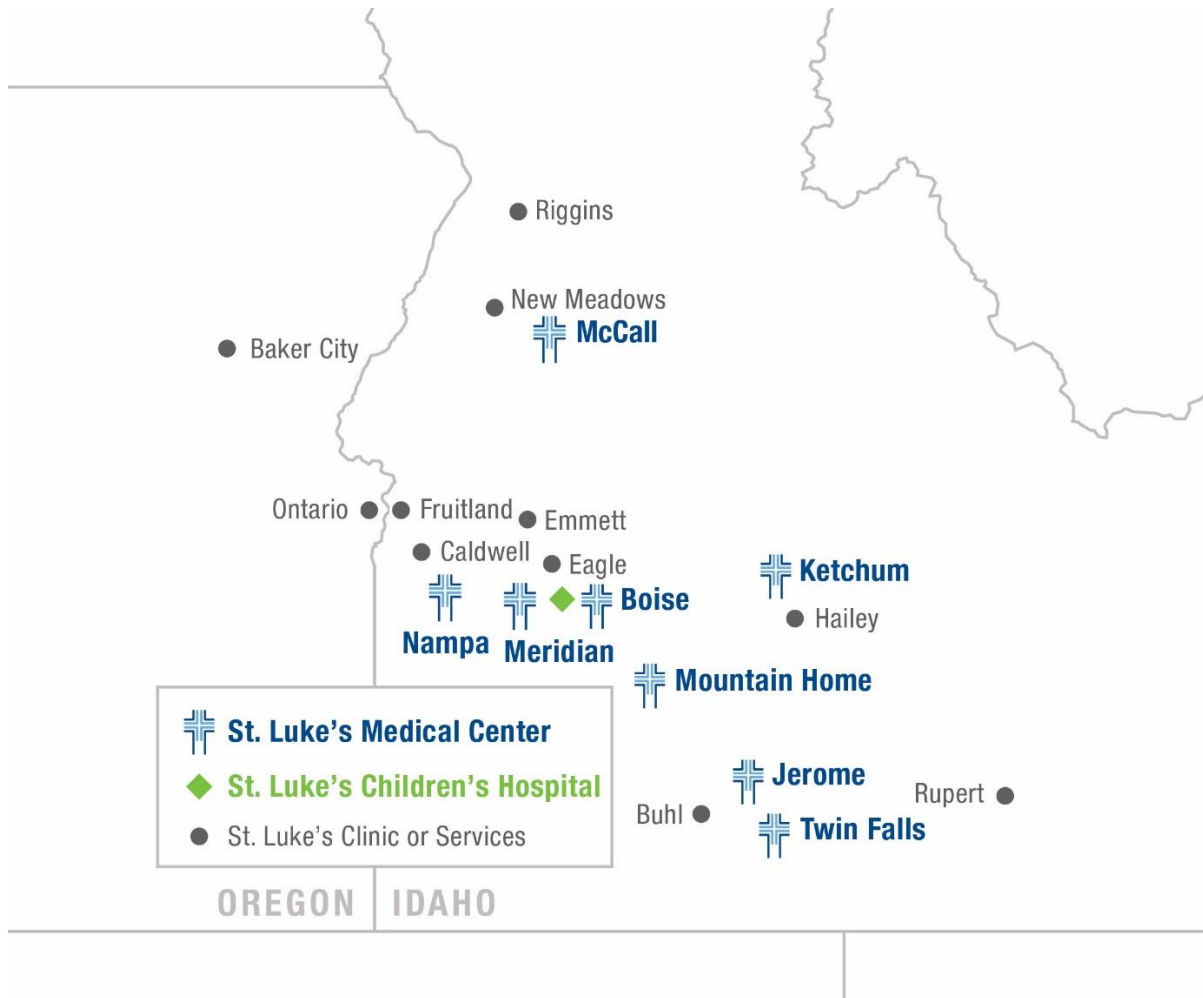


¹⁸ Ibid

Our Neighboring Communities

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

St. Luke's Health System Regional Map



Health Outcome Measures and Findings

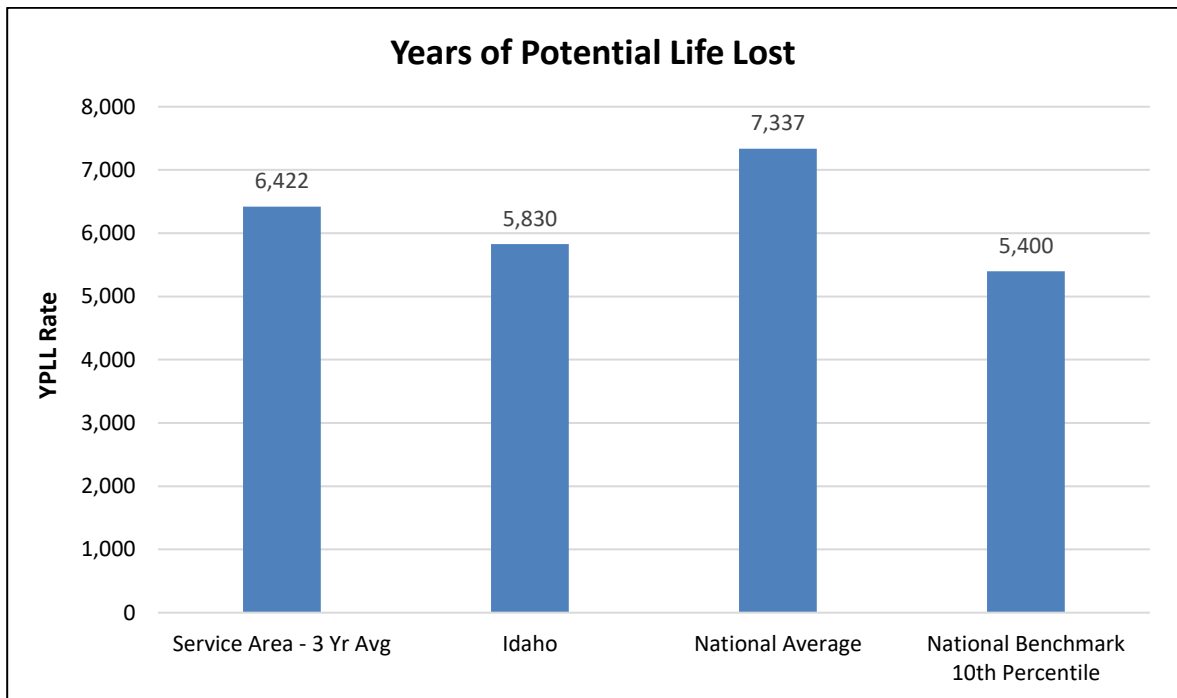
Health outcomes represent a set of key measures that describe the health status of a population. These measures allow us to compare our service area’s health to that of the nation as a whole and determine whether our health improvement programs are positively affecting our service area’s health over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

Mortality Measure

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

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

The chart below shows our service area YPLL for 2019 is slightly below the national average.¹⁹



¹⁹ Bureau of Vital Records and Health Statistics, Idaho Department of Health and Welfare (1/2019) (Idaho and county data)

Morbidity Measures

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

Health Related Quality of Life (HRQL)

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

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

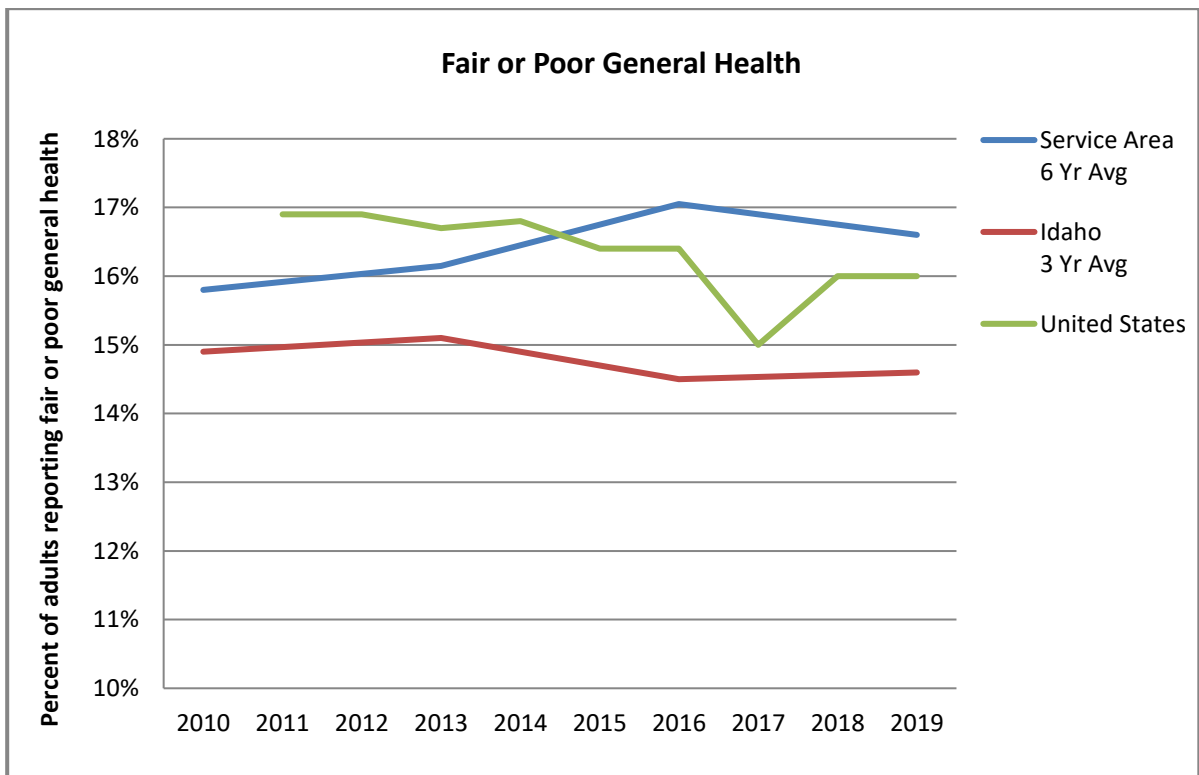
Researchers have consistently found self-reported general, physical, and mental health measures to be informative in determining overall health status. Analysis of the association between mortality and self-rated health found that people with “poor” self-rated health had a twofold higher mortality risk compared with persons with “excellent” self-rated health. The analysis concludes that these measures are appropriate for measuring health among large populations.²⁰

²⁰ University of Wisconsin Population Health Institute. *County Health Rankings* 2018. Accessible at www.countyhealthrankings.org.

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

In 2019, 14.6% of Idaho adults reported their health status as fair or poor and the trend has been flat. For our service area, the percent of people reporting fair or poor health is about 16.6%, which is slightly above the national average of 16%.²¹ The national top 10th percentile is 14%.²²

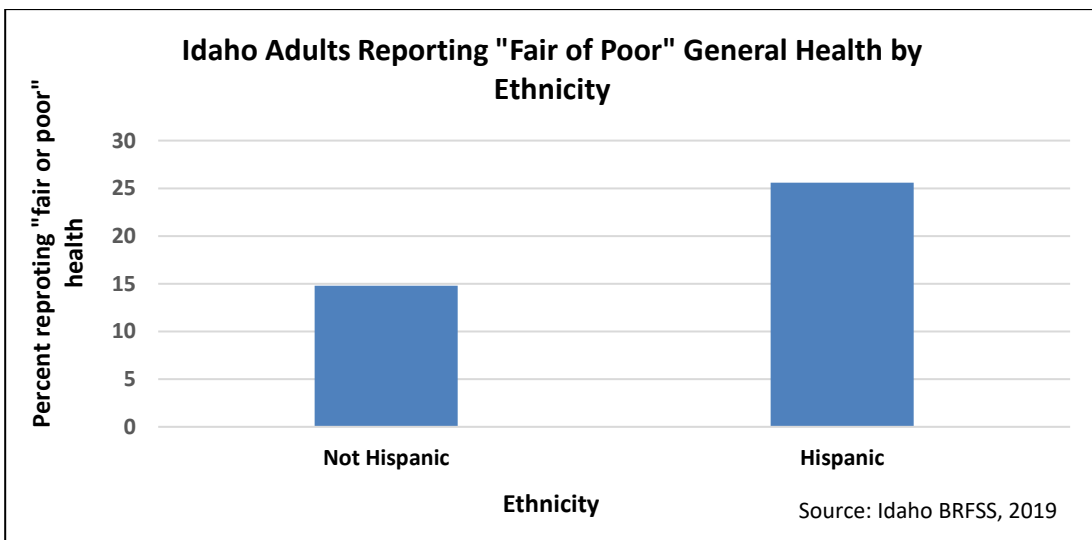
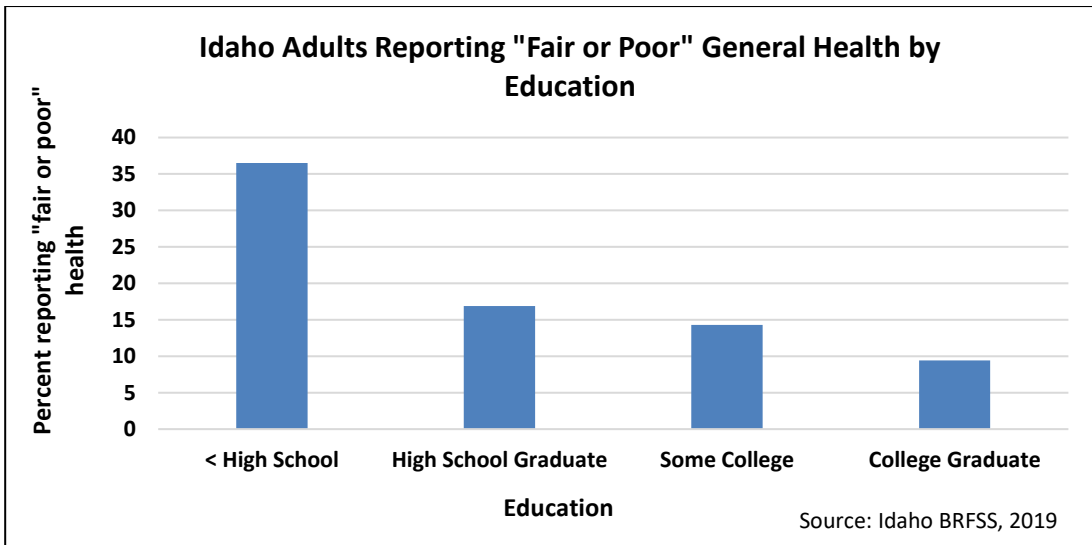
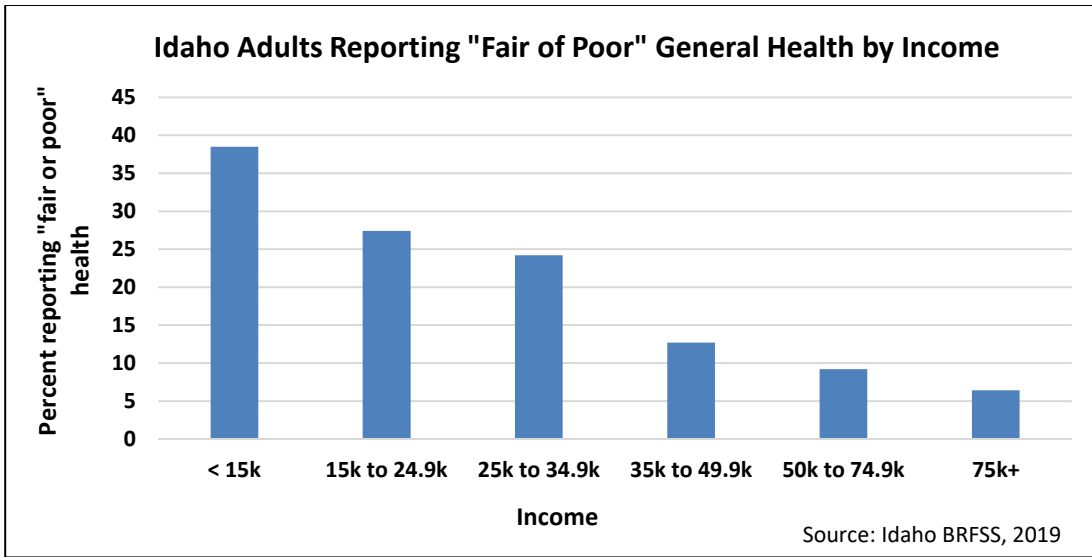
Income and education greatly affect the levels of reported fair or poor general health. People with incomes of less than \$15,000 are six times more likely to report fair or poor general health than those with incomes above \$75,000. Those who have not graduated high school are almost four times more likely to report fair or poor general health than those who have graduated from college. In addition, Hispanics are significantly more likely to report fair or poor health than non-Hispanics.²³



²¹ Idaho and National 2010 – 2019, Behavioral Risk Factor Surveillance System

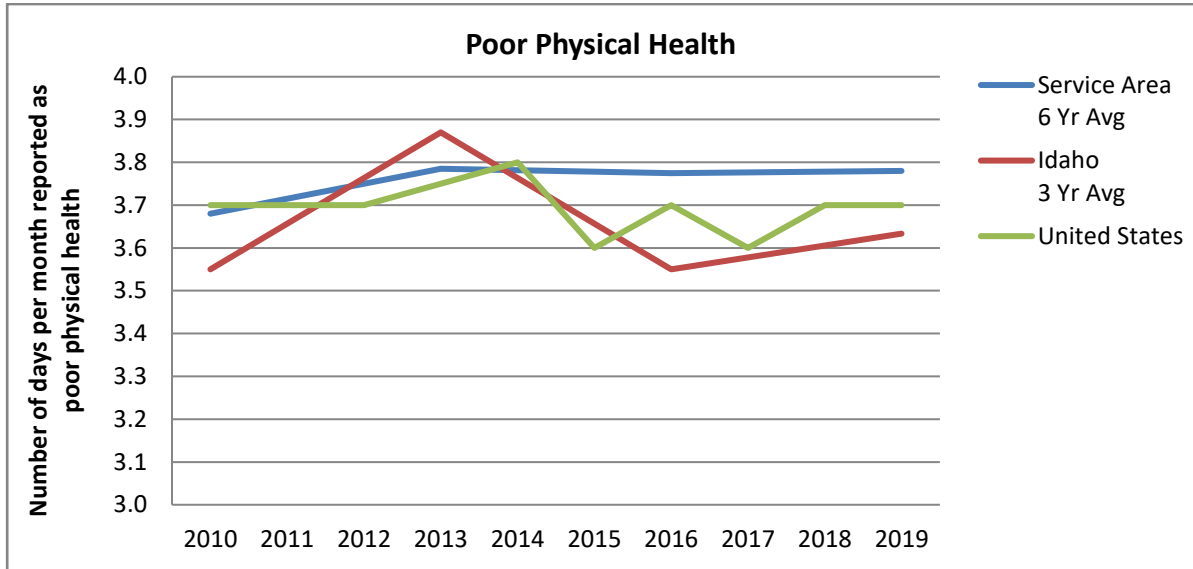
²² *County Health Rankings 2021*, www.countyhealthrankings.org

²³ Idaho and National 2019 Behavioral Risk Factor Surveillance System



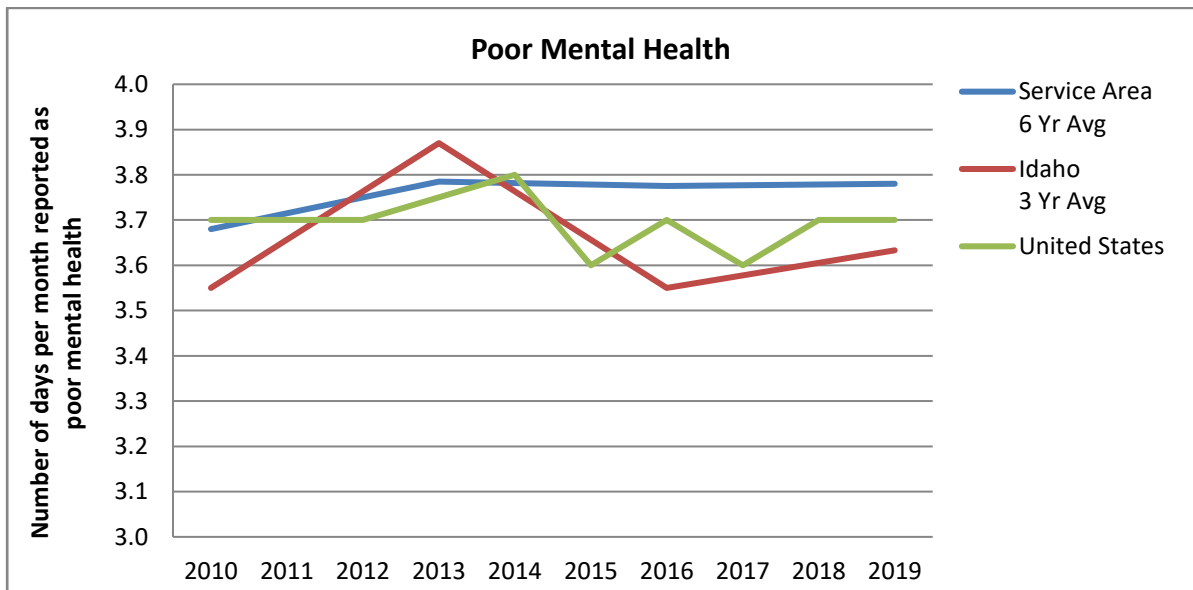
- **Poor Physical Health Days**

The number of reported poor physical health days for our service area is about the same as the national average.²⁴ The national top 10th percentile (best) is 3 days.²⁵



- **Poor Mental Health Days**

The number of poor mental health days is also about the same as the national average for our service area.²⁶ The national top 10th percentile is 3.8 days per month.²⁷



²⁴ Idaho 2019 Behavioral Risk Factor Surveillance System

²⁵ *County Health Rankings* 2021. Accessible at www.countyhealthrankings.org.

²⁶ Idaho 2019 Behavioral Risk Factor Surveillance System

²⁷ *County Health Rankings* 2021, Accessible at www.countyhealthrankings.org

Health Factor Measures and Findings

Health factors represent key influencers of poor health that can improve health outcomes if addressed with effective, evidence-based programs and policies. Diet, exercise, educational attainment, environmental quality, employment opportunities, quality of health care, and individual behaviors all work together to shape community health outcomes and wellbeing.²⁸ The *County Health Rankings* uses four categories of health factors:

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

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

The *County Health Rankings* ranks the counties within each state on the health outcome measures described above. Twin Falls County's 2021 overall outcome rank is 24th and Jerome County's rank is 23rd out of a total of 43 ranked counties in Idaho.²⁹ Using the health factor and health needs information described later in our CHNA, programs will be developed to improve health outcome measures over the course of the next three years.

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

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

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

²⁸ University of Wisconsin Population Health Institute. *County Health Rankings* 2019. Accessible at www.countyhealthrankings.org.

²⁹ University of Wisconsin Population Health Institute. *County Health Rankings* 2021. Accessible at www.countyhealthrankings.org

Health Behavior Factors

Physical Activity

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

Increased physical activity is associated with lower risks of type 2 diabetes, cancer, stroke, hypertension, cardiovascular disease, and premature mortality. A person is considered physically inactive if during the past month, other than a regular job, they did not participate in any physical activities or exercises such as running, calisthenics, golf, gardening, or walking for exercise. Physical activity improves sleep, cognitive ability, and bone and musculoskeletal health, as well as reduces risks of dementia.³⁰

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.³¹

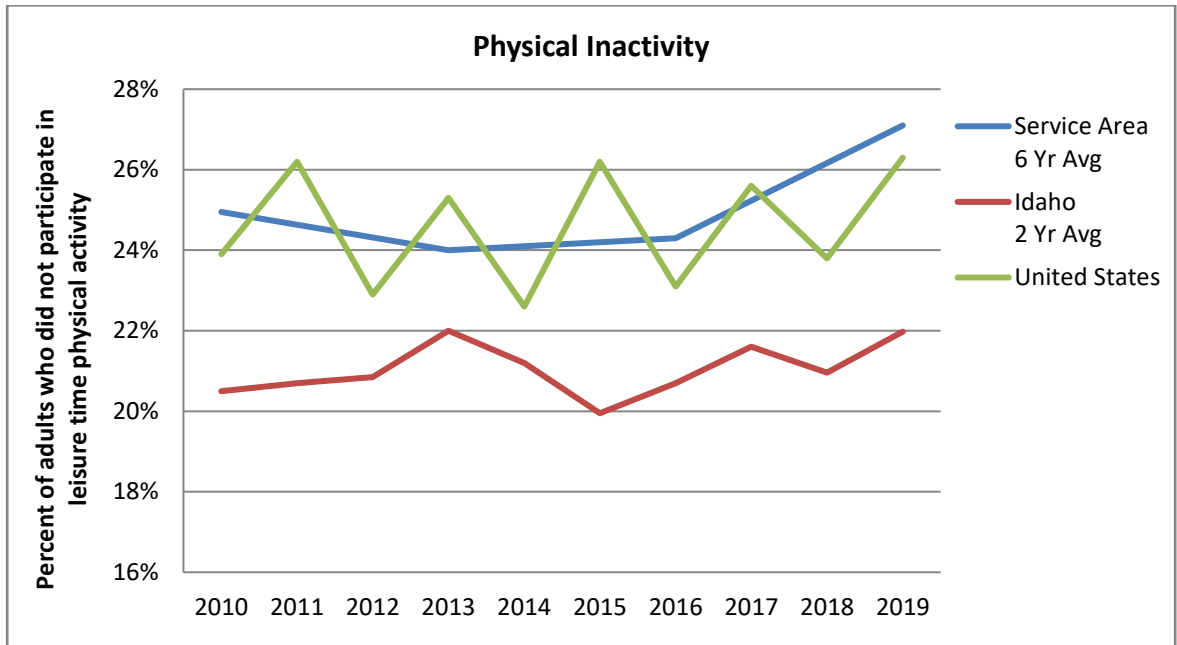
³⁰ Ibid

³¹ University of Wisconsin Population Health Institute. *County Health Rankings* Accessed 2021. Accessible at www.countyhealthrankings.org.

- **Physical Inactivity: Adults**

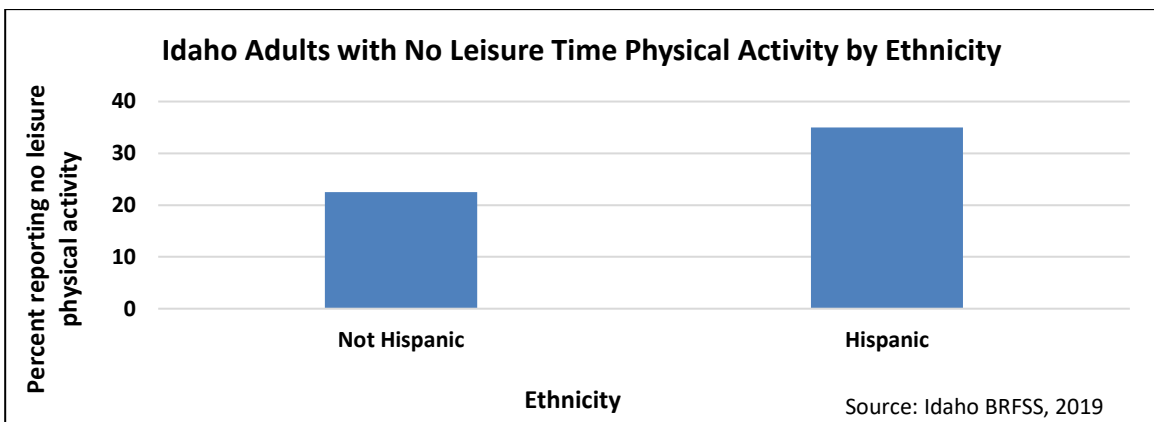
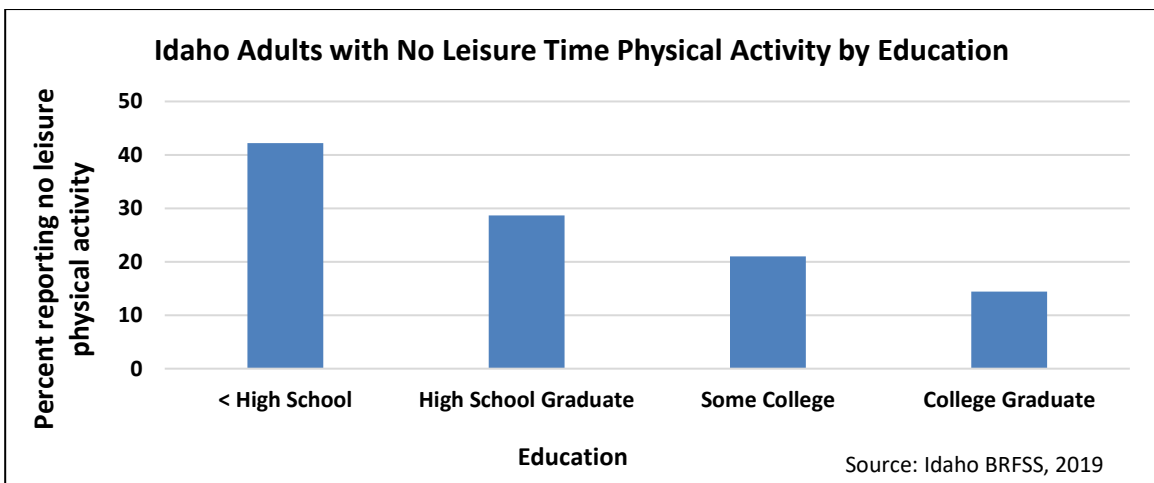
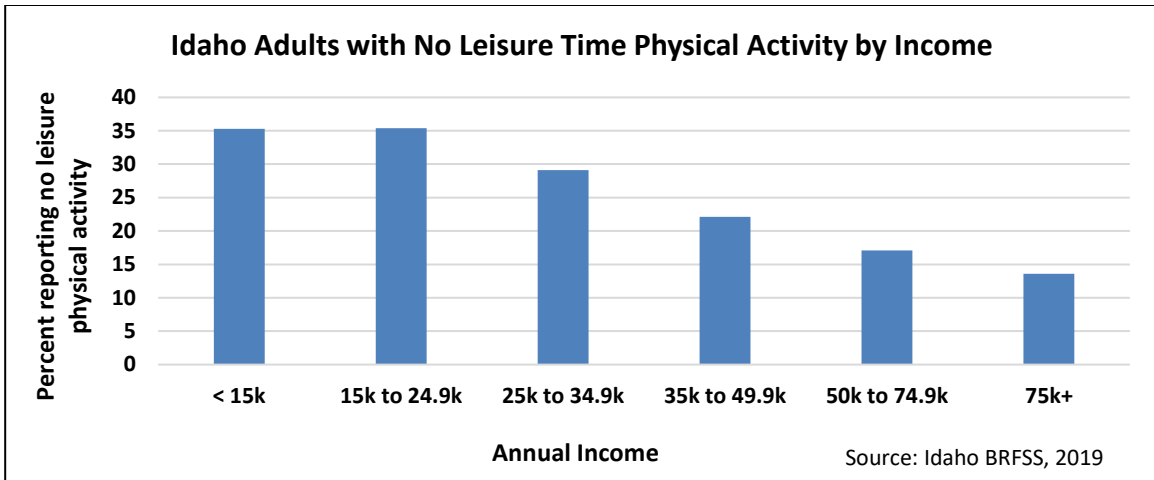
As shown in the chart below, physical inactivity in our service area is about the same as the national average. The top 10th percentile is 19%.³²

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.³³



³² Idaho and National 2010 - 2019 Behavioral Risk Factor Surveillance System

³³ Ibid.

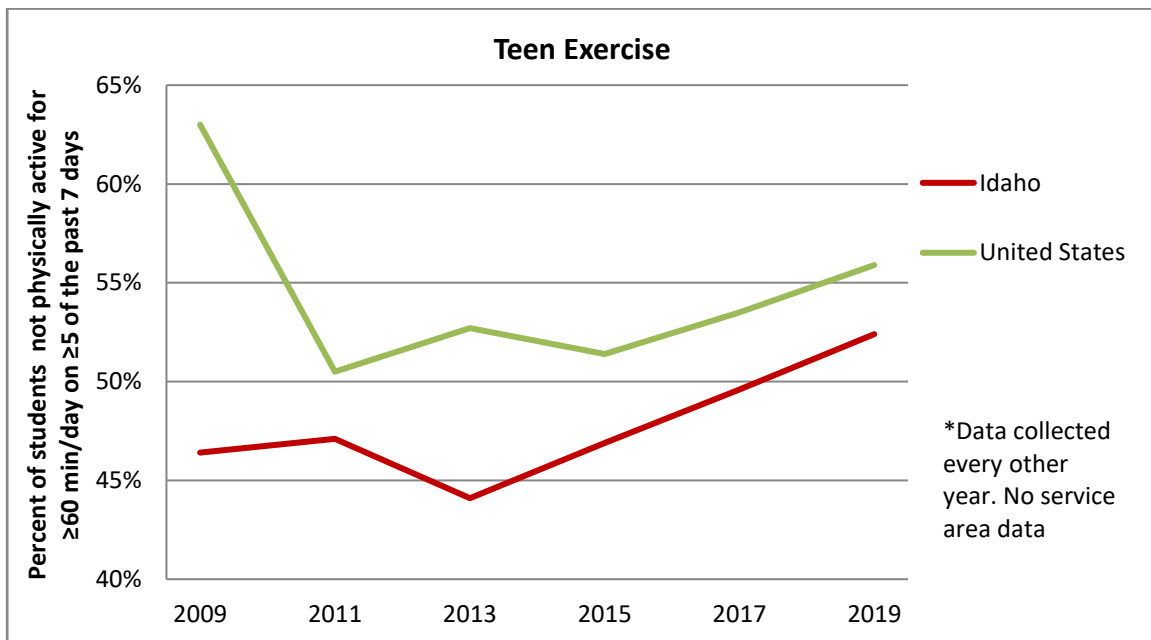


| Health Factor Score | | | | |
|---|-------|---|-----------|-------------|
| Low score = Low potential for health impact | | High score = High potential for health impact | | |
| | Trend | Severity | Magnitude | Total Score |
| Physical Inactivity Adults | 2 | 0 | 1 | 3 |

- **Teen Exercise**

As children age, their physical activity levels tend to decline. As a result, it's important to establish good physical activity habits as early as possible. A recent study suggests teens who participate in organized sports during early adolescence maintain higher levels of physical activity in late adolescence compared to their peers, although their activity levels do decline over time. And youth who are physically fit are much less likely to be obese or have high blood pressure in their 20s and early 30s.³⁴

The chart below shows about 52% of Idaho teens do not exercise as much as recommended, which is slightly better than the national average. The trend in Idaho has slightly increased over the past ten years.³⁵



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

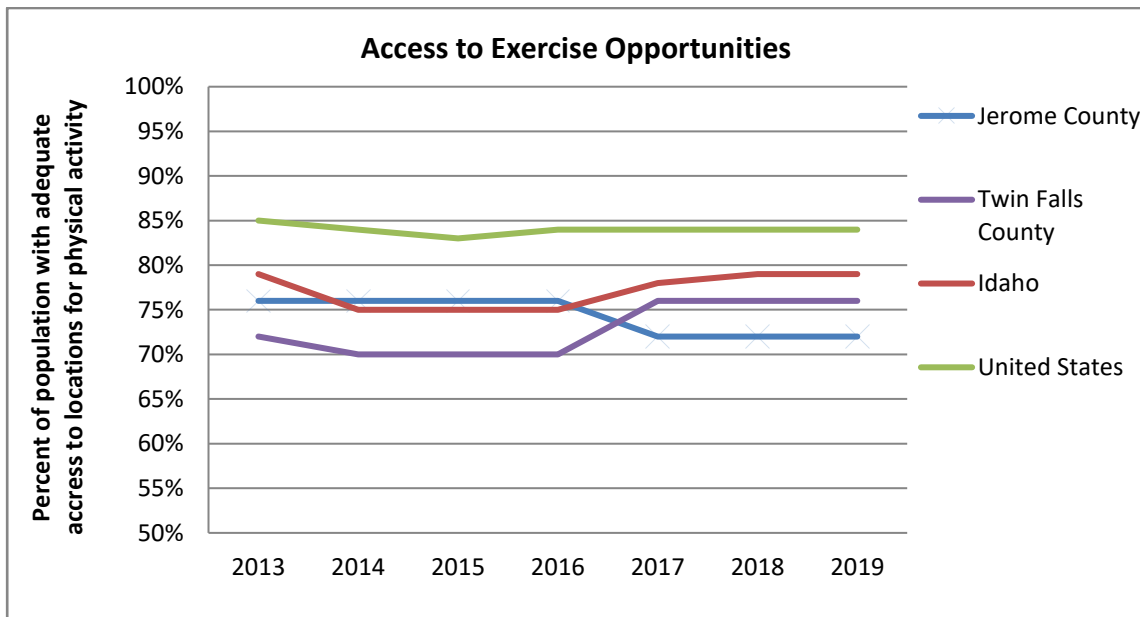
³⁴ American Heart Association, Understanding Childhood Obesity, 2011 Statistical Sourcebook, PDF

³⁵ Youth Risk Behavior Survey, United States, 2009 – 2019, www.cdc.gov/yrbs/

- **Access to Physical Activity Opportunities**

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

The chart below shows access to exercise opportunities in our service area is below the national average. The top ten percent nationally is 91%.³⁶



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

³⁶ University of Wisconsin Population Health Institute. *County Health Rankings 2013-2018*. Accessible at www.countyhealthrankings.org.

Nutrition

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

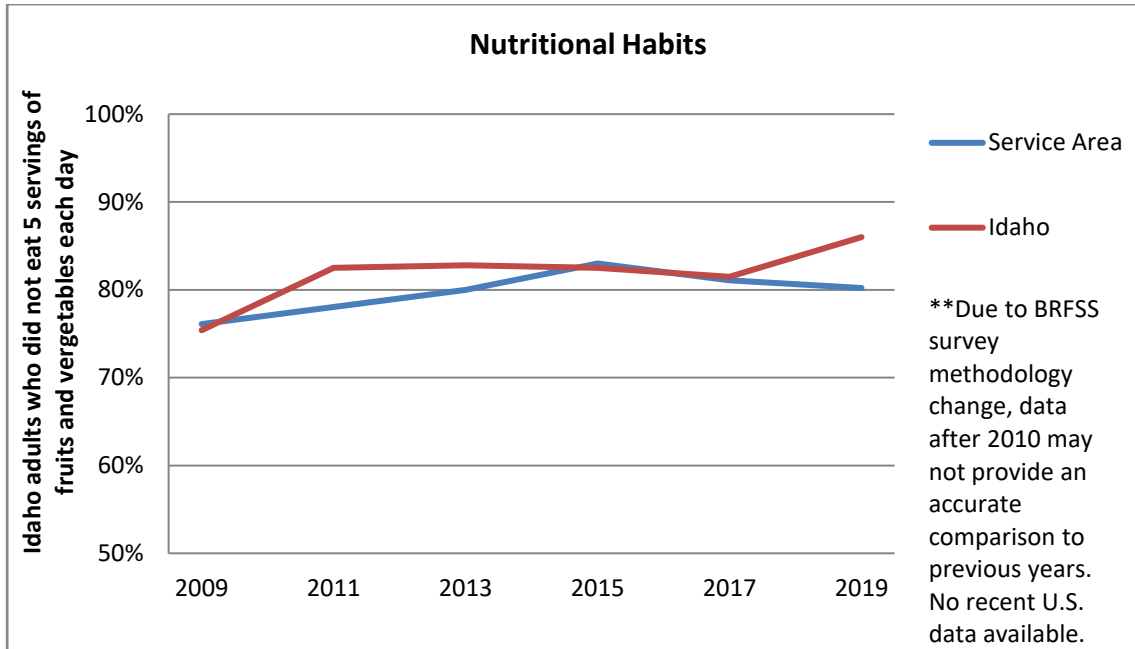
1. Follow a healthy dietary pattern at every life stage.
2. Customize and enjoy nutrient dense food and beverage choices to reflect personal preferences, cultural traditions, and budgetary considerations.
3. Focus on meeting food group needs with nutrient dense foods and beverages and stay within calorie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

Eating a diet high in fruits and vegetables is important to overall health because these foods contain essential vitamins, minerals, and fiber that may help protect from chronic diseases. Dietary guidelines recommend that at least half of your plate consist of fruit and vegetables and that half of your grains be whole grains. This combined with reduced sodium intake, fat-free or low-fat milk and reduced portion sizes lead to a healthier life. Data collected for this measure focus on the consumption of a variety of vegetables and fruits with a goal of consuming at least 2.5 cups and 2 cups respectively per day.³⁷ These data are collected through the Behavioral Risk Factor Surveillance System.

³⁷ Dietary Guidelines for Americans, 2020-2025, https://www.dietaryguidelines.gov/sites/default/files/2020-12/Dietary_Guidelines_for_Americans_2020-2025.pdf#page=31

- **Nutritional Habits - Adults**

As shown in the chart below, about 80% of the people in our service area did not eat the recommended amounts of fruits and vegetables. The trend is relatively flat. There are no large differences in nutritional habits based on income or education.³⁸

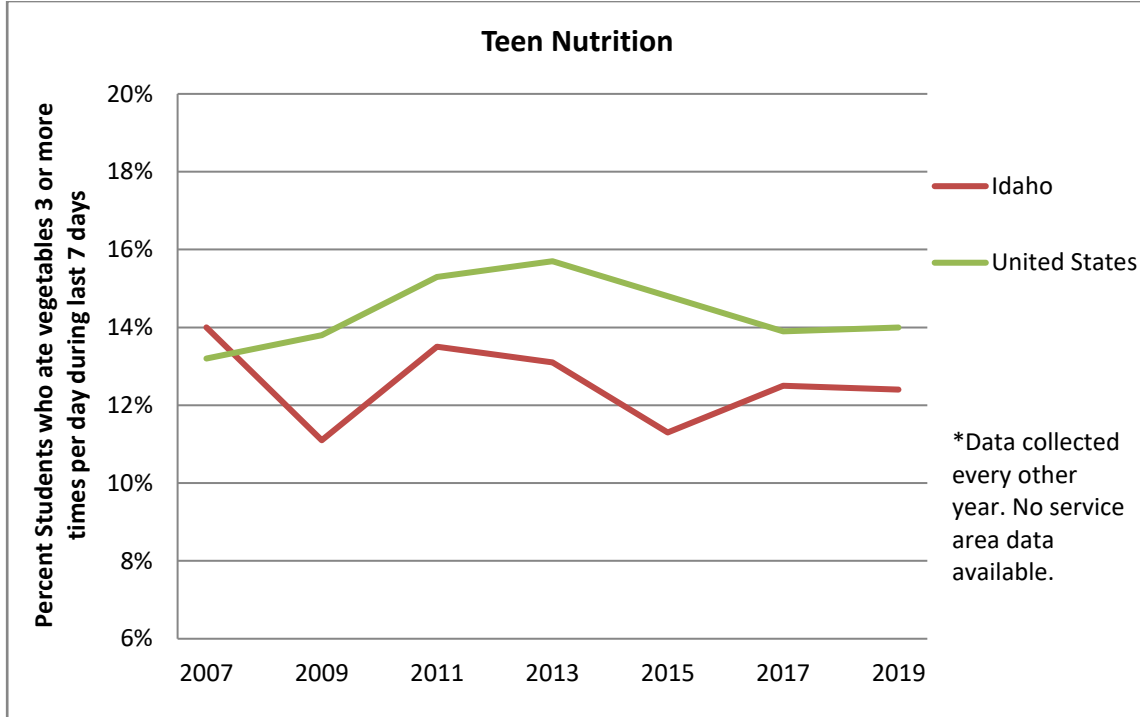


| Health Factor Score | | | | |
|---|-------|---|-----------|-------------|
| Low score = Low potential for health impact | | High score = High potential for health impact | | |
| | Trend | Severity | Magnitude | Total Score |
| Nutritional Habits Adults | 0 | 0 | 1 | 1 |

³⁸ Idaho and National 2002 – 2016 Behavioral Risk Factor Surveillance System

- **Nutritional Habits - Youth**

More than 80% of Idaho youth do not eat the recommended amount of fruits and vegetables.³⁹



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

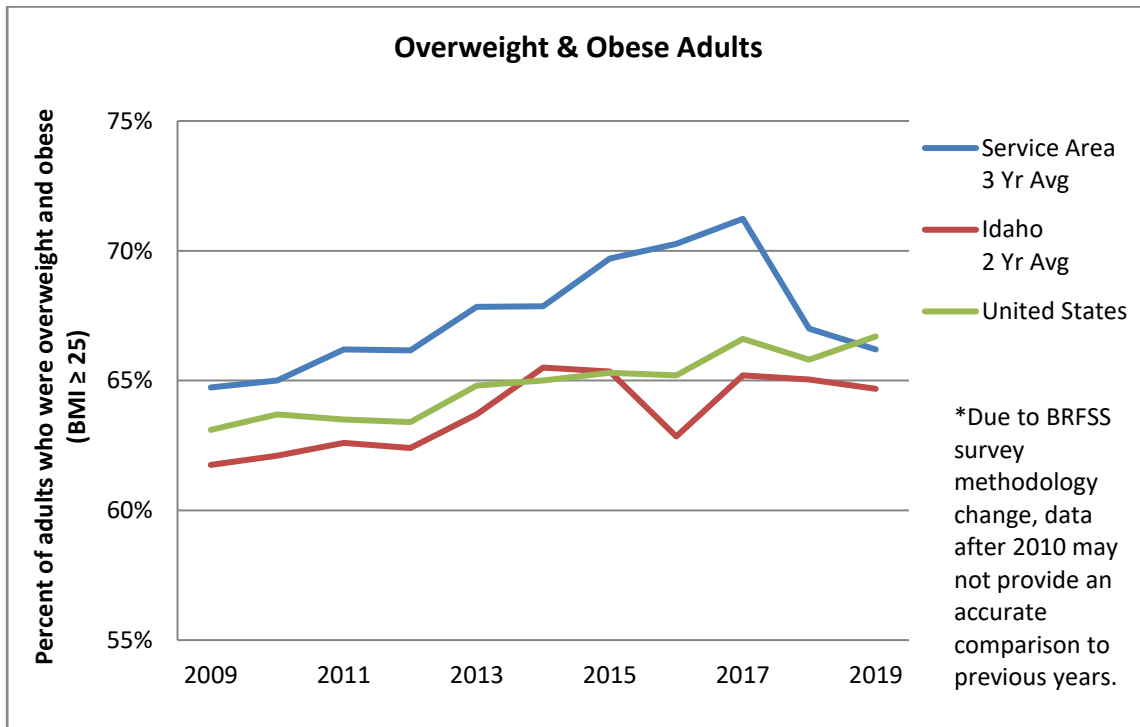
³⁹ Youth Risk Behavior Survey, Idaho and United States, 2008 – 2020, www.cdc.gov/yrbs/

Overweight and Obesity

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

- **Overweight and Obesity: Adults**

The trend for overweight and obese adults has been increasing steadily for the past 10 years, nationally, and in our service area.⁴⁰



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

⁴⁰ Idaho and National 2009 - 2019 Behavioral Risk Factor Surveillance System

- **Overweight and Obesity: Teens**

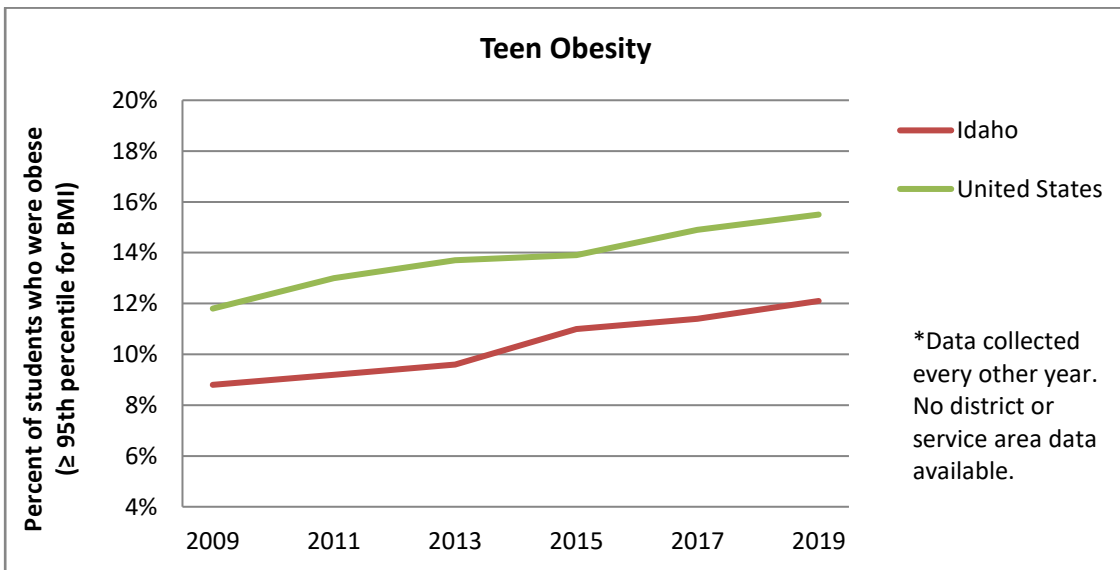
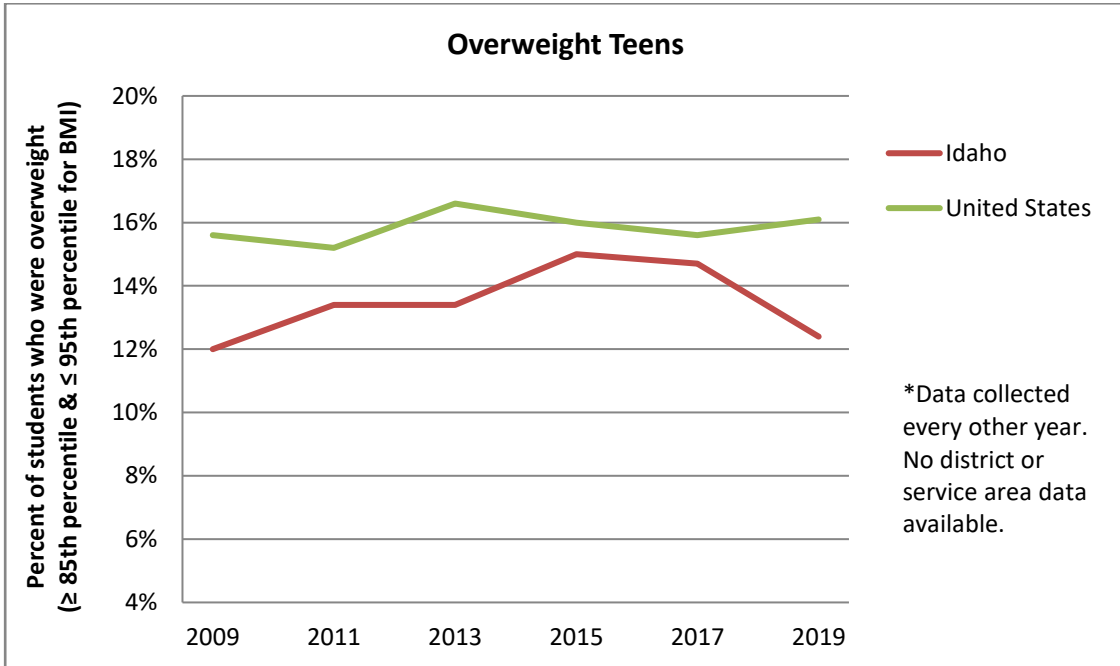
Teens who are obese and overweight:

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

Teens who are overweight are defined as being ≥ 85 th percentile but < 95 th percentile for body mass index, based on sex- and age-specific reference data from the 2000 CDC growth charts. Teens who are obese are defined by the CDC as being ≥ 95 th percentile for body mass index, based on sex- and age-specific reference data from the 2000 CDC growth charts.⁴¹

⁴¹ Youth Risk Behavior Survey, United States, 2009 – 2019, www.cdc.gov/yrbs/

The percent of teens who are obese and overweight in Idaho is lower than the national average. However, the trend for teen obesity is increasing both in Idaho and across the nation.⁴²



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

⁴² Ibid

Safe Sex

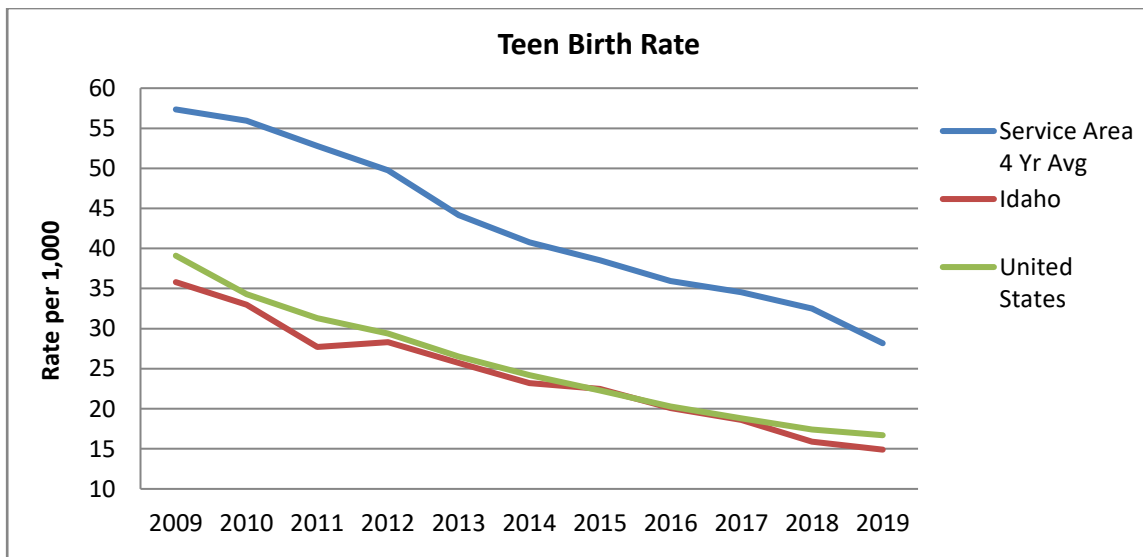
Two measures are used to represent the safe sex focus area: Teen birth rates and sexually transmitted infection incidence rates. First, the birth rate per 1,000 female population ages 15-19 as measured and provided by the National Center for Health Statistics (NCHS) is reported. Additionally, the chlamydia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

- **Teen Birth Rate**

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

Teen pregnancy is associated with poor prenatal care and pre-term delivery. Pregnant teens are more likely than older women to receive late or no prenatal care, have gestational hypertension and anemia, and achieve poor maternal weight gain. They are also more likely to have a pre-term delivery and low birthweight, increasing the risk of child developmental delay, illness, and mortality.⁴³

Although our rate of teen pregnancy is decreasing, it is significantly above the national average. The national top 10th percentile rate is 12 per 1,000.⁴⁴



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

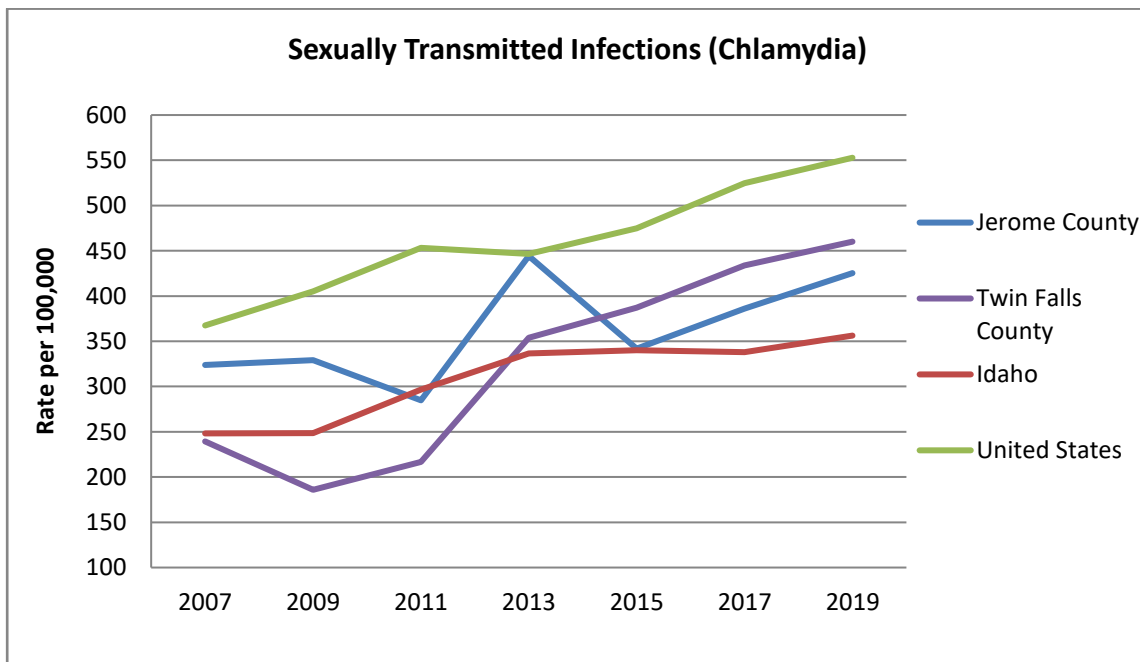
⁴³ University of Wisconsin Population Health Institute. *County Health Rankings 2019*. Accessible at www.countyhealthrankings.org.

⁴⁴ Idaho Vital Statistics Annual Reports, Years 2009 - 2019

- **Sexually Transmitted Infections**

Sexually transmitted infections (STI) data are important for communities because the burden of STIs is not only on individual sufferers, but on society as a whole. Chlamydia, in particular, is the most common bacterial STI in North America and is one of the major causes of tubal infertility, ectopic pregnancy, pelvic inflammatory disease, and chronic pelvic pain. Additionally, STIs in general are associated with significantly increased risk of morbidity and mortality, including increased risk of cervical cancer, pelvic inflammatory disease, involuntary infertility, and premature death.⁴⁵

The rate of chlamydia infections has increased over the past ten years both in our service area and nationally. Although our service area is below the national average, we are higher than Idaho and the national top 10th percentile rate of 161.2 per 100,000.⁴⁶



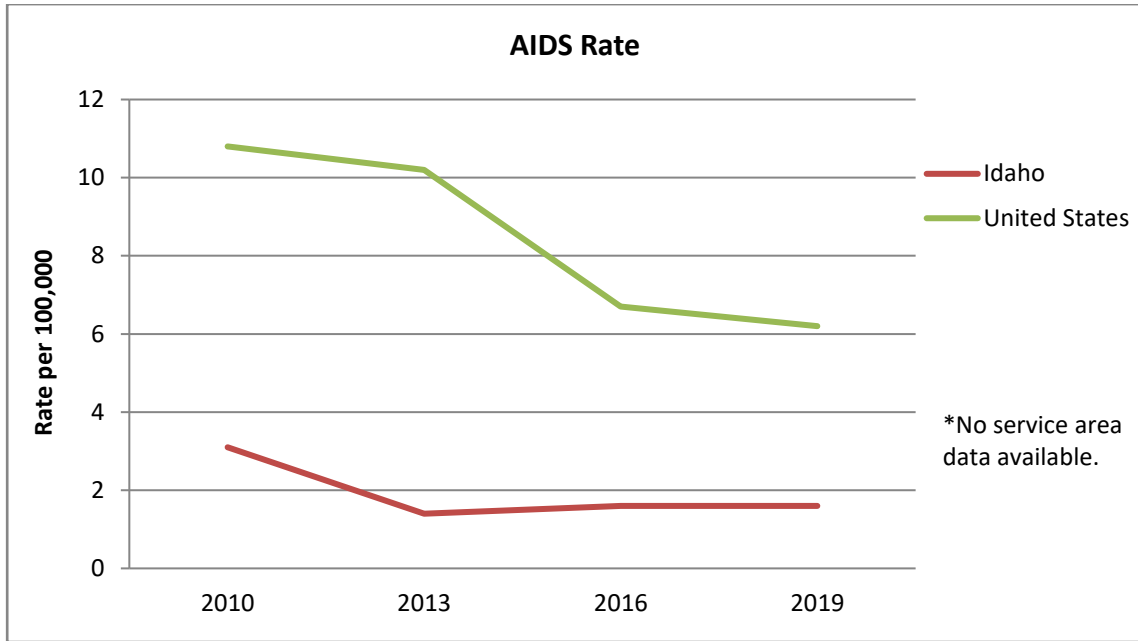
| Health Factor Score | | | | |
|---------------------------------|---|---|-----------|-------------|
| | Low score = Low potential for health impact | High score = High potential for health impact | | |
| | Trend | Severity | Magnitude | Total Score |
| Sexually Transmitted Infections | 2 | 1 | 1 | 4 |

⁴⁵ County Health Rankings 2019. Accessible at www.countyhealthrankings.org.

⁴⁶ National data source: 2019 Sexually Transmitted Diseases Surveillance, table 1: <http://www.cdc.gov/std/statistics/2019/tables>. Idaho and Service Area Source: 2019 Reported Sexually Transmitted Disease Facts Book: <https://publicdocuments.dhw.idaho.gov/WebLink/DocView.aspx?id=19262&dbid=0&repo=PUBLIC-DOCUMENTS>

- **AIDS**

The AIDS rate in Idaho is well below the national rate. The trend in Idaho and the U.S. has slightly declined since 2010.⁴⁷



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

⁴⁷ CDC; NCHHSTP AtlasPlus; National Center for HIV, Viral Hepatitis, STD, and TB Prevention: <https://gis.cdc.gov/grasp/nchhstpatlas/charts.html>

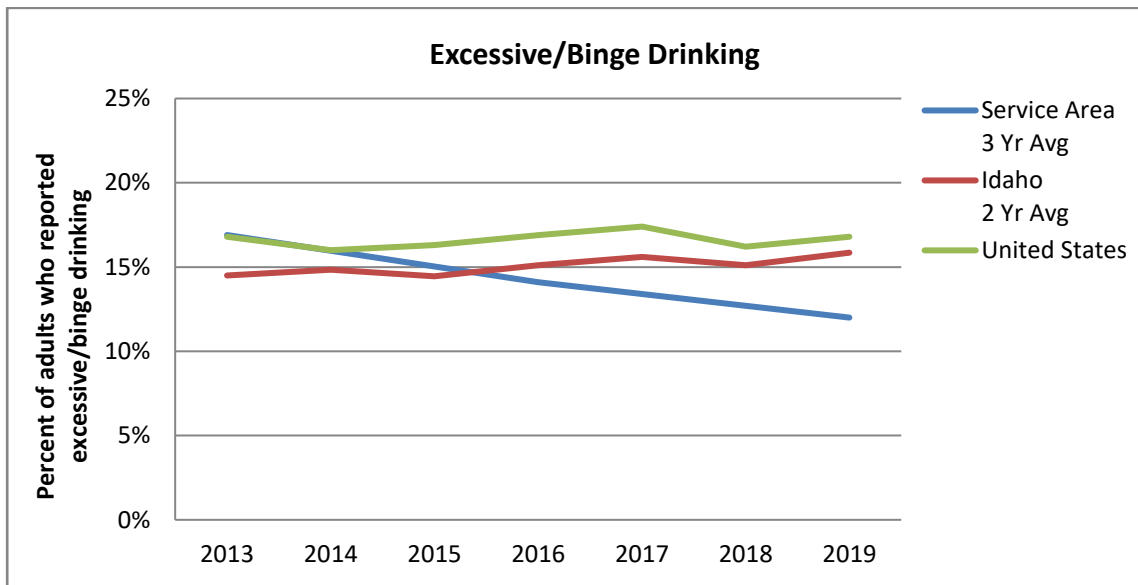
Substance Use Disorder

- **Excessive Drinking**

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

Excessive drinking is a risk factor for a number of adverse health outcomes. These include alcohol poisoning, hypertension, acute myocardial infarction, sexually transmitted infections, unintended pregnancy, fetal alcohol syndrome, sudden infant death syndrome, suicide, interpersonal violence, and motor vehicle crashes.⁴⁸

The percent of people engaging in excessive drinking in our service area is below the national average. The trend is decreasing in our service area and is slightly below Idaho and the national top 10th percentile of 15%.⁴⁹



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

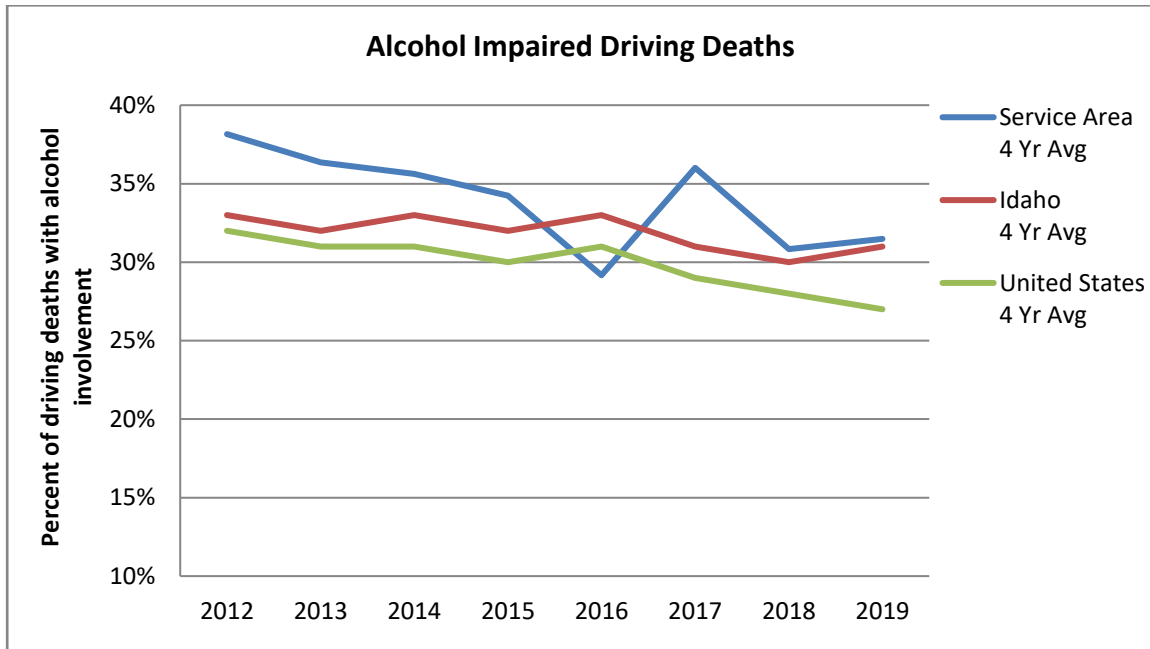
⁴⁸ University of Wisconsin Population Health Institute. *County Health Rankings 2019*, www.countyhealthrankings.org

⁴⁹ Idaho and National 2013 – 2019 Behavioral Risk Factor Surveillance System

- **Alcohol Impaired Driving Deaths**

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

Our alcohol-impaired driving death rate is above the national level. The national top 10th percentile is 11%.⁵⁰



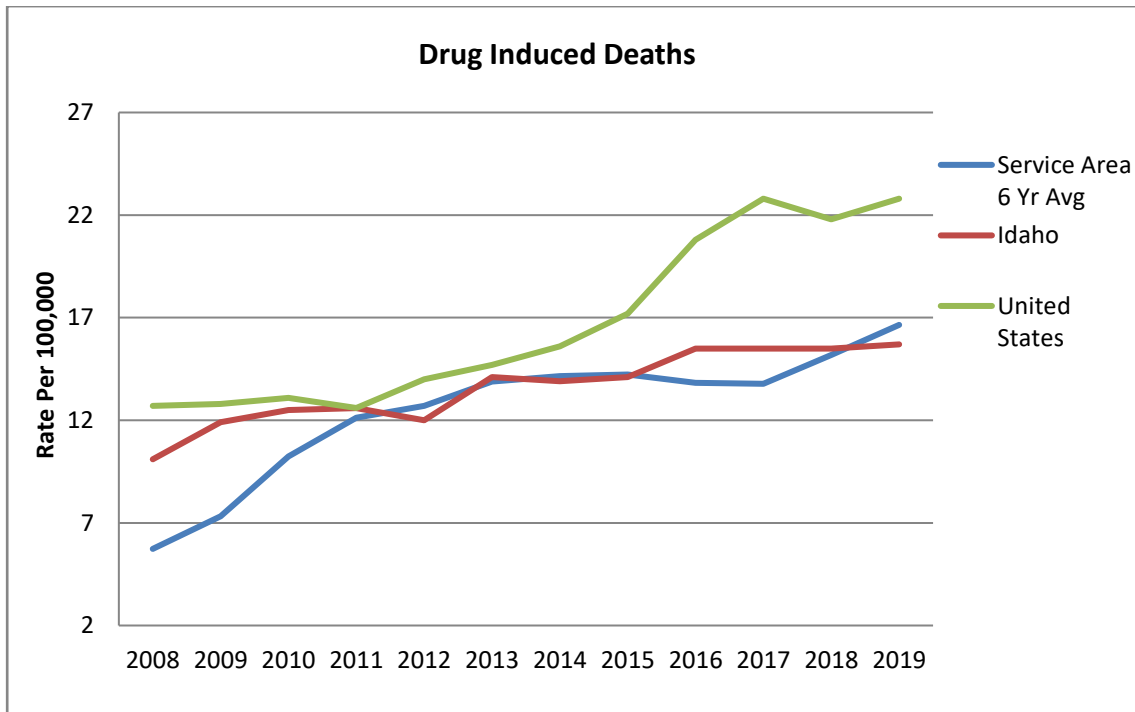
| Health Factor Score | | | | |
|---|-------|---|-----------|-------------|
| Low score = Low potential for health impact | | High score = High potential for health impact | | |
| | Trend | Severity | Magnitude | Total Score |
| Alcohol Impaired Driving Deaths | 0 | 2 | -1 | 1 |

⁵⁰ University of Wisconsin Population Health Institute. *County Health Rankings 2012-2019*, www.countyhealthrankings.org

- **Drug Misuse and Abuse**

Drug misuse and abuse can have harmful and sometimes devastating effects on individuals, families, and society. Negative outcomes that may result from drug misuse or abuse include overdose and death, falls and fractures, and, for some, injection drug use may bring risk for infections such as hepatitis C and HIV. This issue is a growing national problem in the United States. Prescription drugs are misused more often than any other drug, except marijuana and alcohol. This growth is fueled by misperceptions about prescription drug safety and increasing availability.⁵¹ One way to measure the size of the problem is to look at the rate of drug induced deaths over time.

While the rate of drug induced deaths is not as high in our service area as it is in the nation as whole, the rate has significantly increased.⁵²



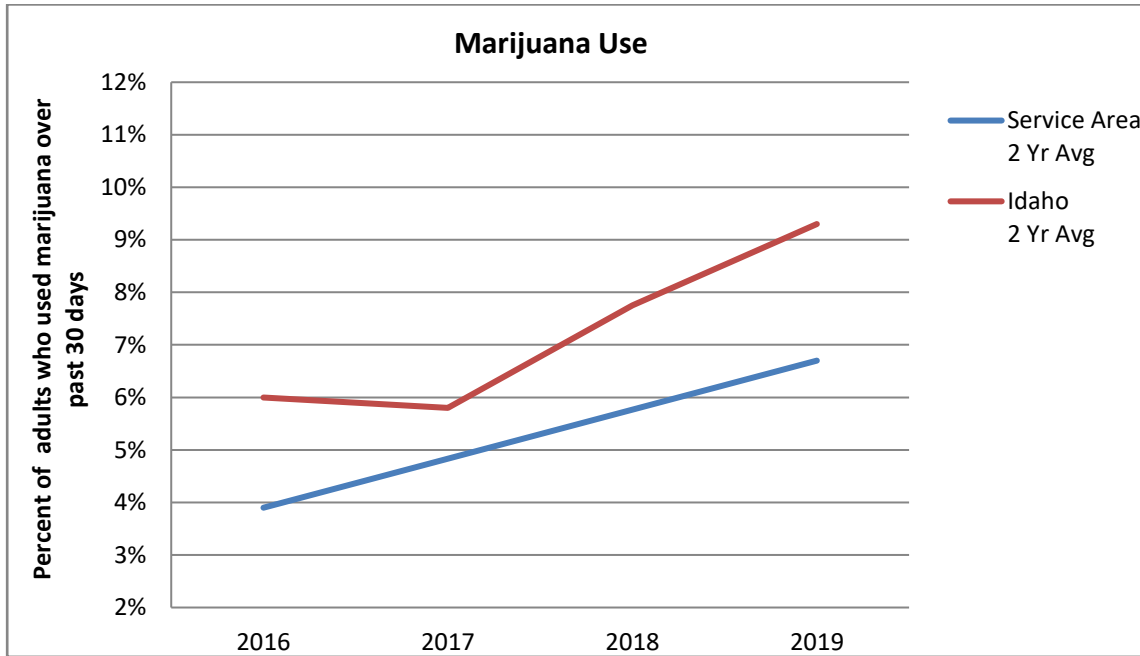
| Health Factor Score | | | | |
|---|-------|---|-----------|-------------|
| Low score = Low potential for health impact | | High score = High potential for health impact | | |
| | Trend | Severity | Magnitude | Total Score |
| Drug Misuse | 1 | 2 | 1 | 4 |

⁵¹ <https://www.samhsa.gov/topics/prescription-drug-misuse-abuse>

⁵² Idaho Vital Statistics Annual Reports, Years 2008 - 2019, National Vital Statistics Report - Deaths: Data 2019

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

The percent of people who reported using marijuana in our service area is lower than those who reported using it in Idaho as a whole and the trend is rising.⁵³

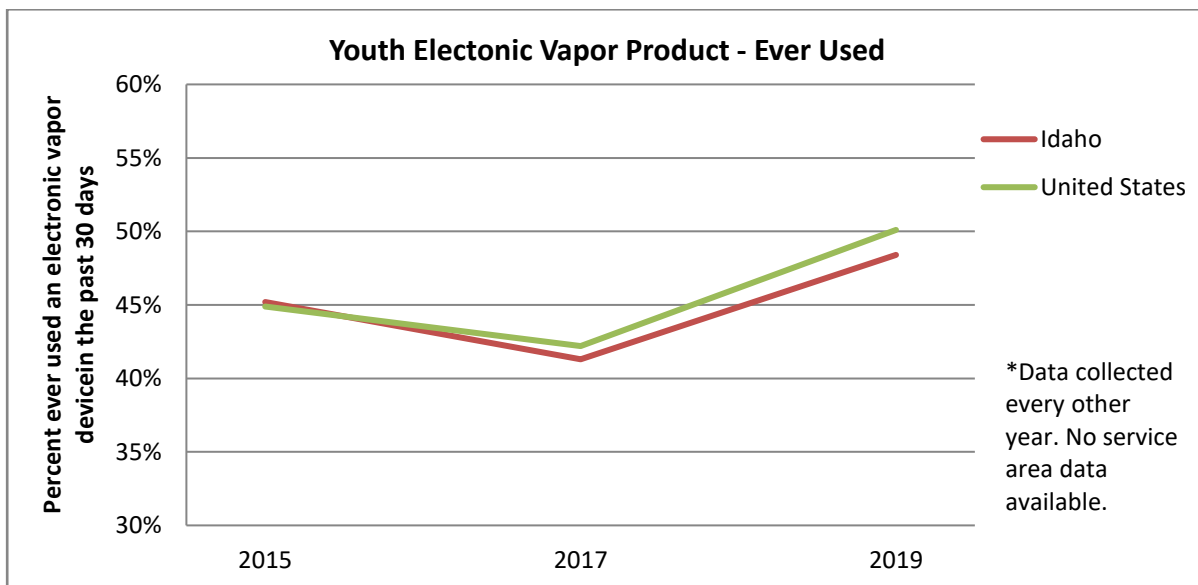
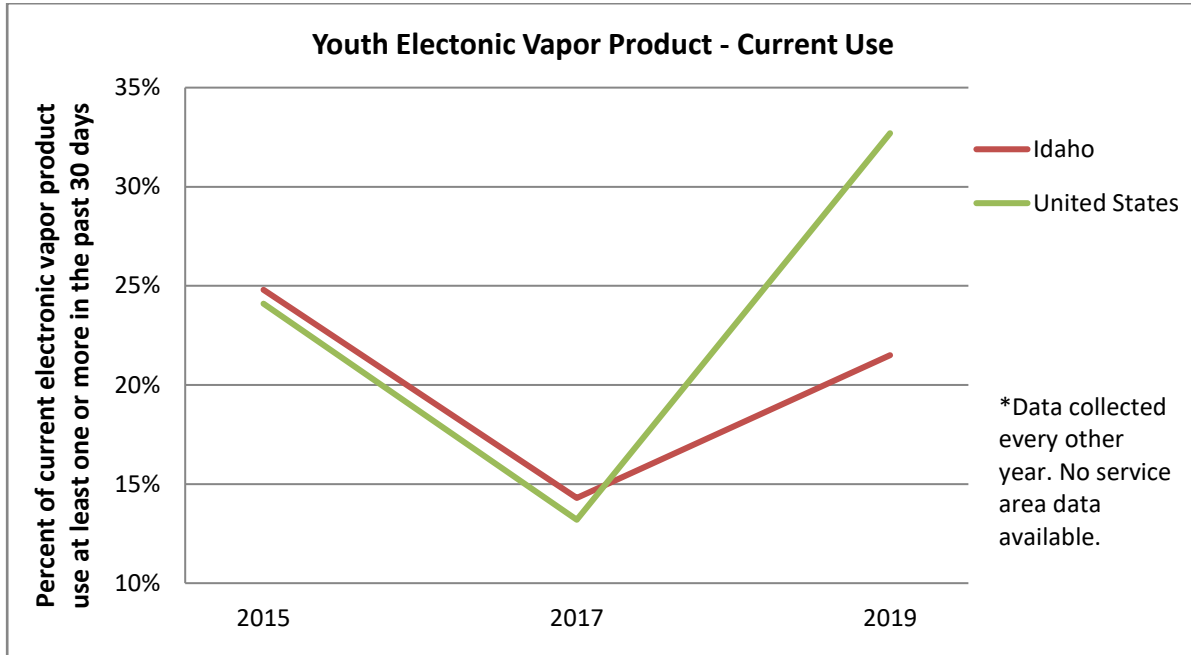


| Health Factor Score | | | | |
|---|-------|---|-----------|-------------|
| Low score = Low potential for health impact | | High score = High potential for health impact | | |
| | Trend | Severity | Magnitude | Total Score |
| Marijuana Use | 2 | 2 | 1 | 5 |

⁵³ Idaho and National 2016 - 2019 Behavioral Risk Factor Surveillance System

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

Current use is higher nationally than in Idaho, while vapor products ever used is about the same.⁵⁴



⁵⁴ Idaho and National 2015 - 2019 Behavioral Risk Factor Surveillance System

Tobacco Prevention and Cessation

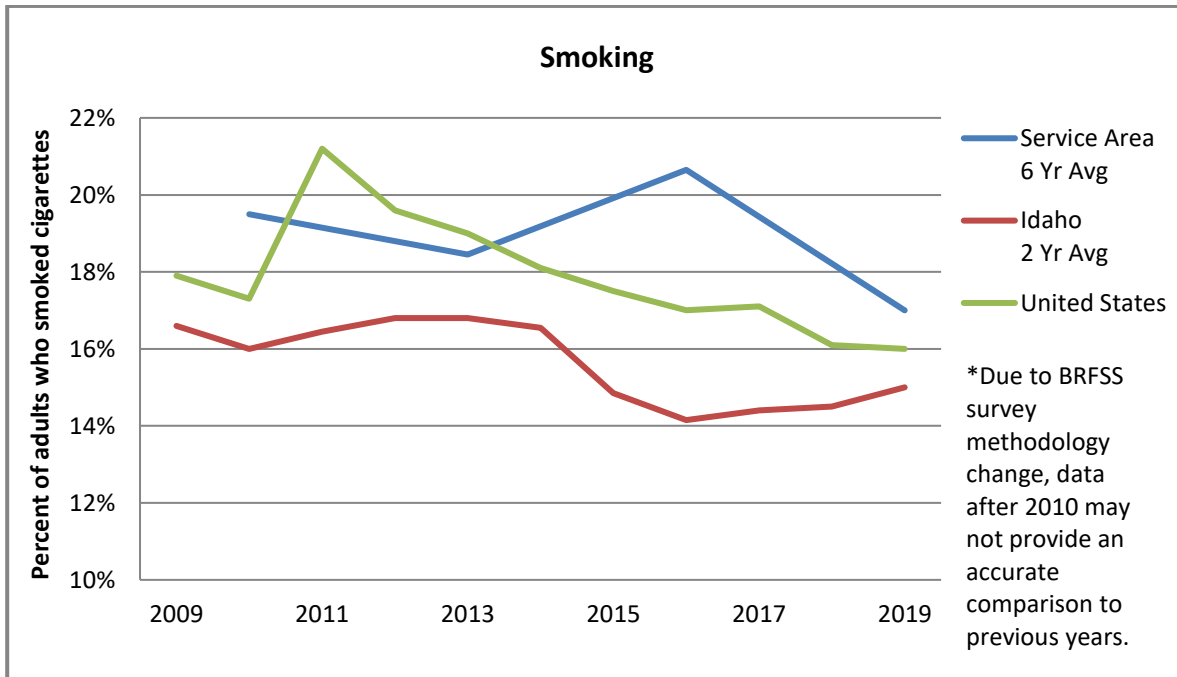
The relationship between tobacco use, particularly cigarette smoking, and adverse health outcomes is well known. Cigarette smoking is the leading cause of preventable death. Smoking causes or contributes to cancers of the lung, pancreas, kidney, and cervix as well as low birthweight.

- **Adult Smoking**

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

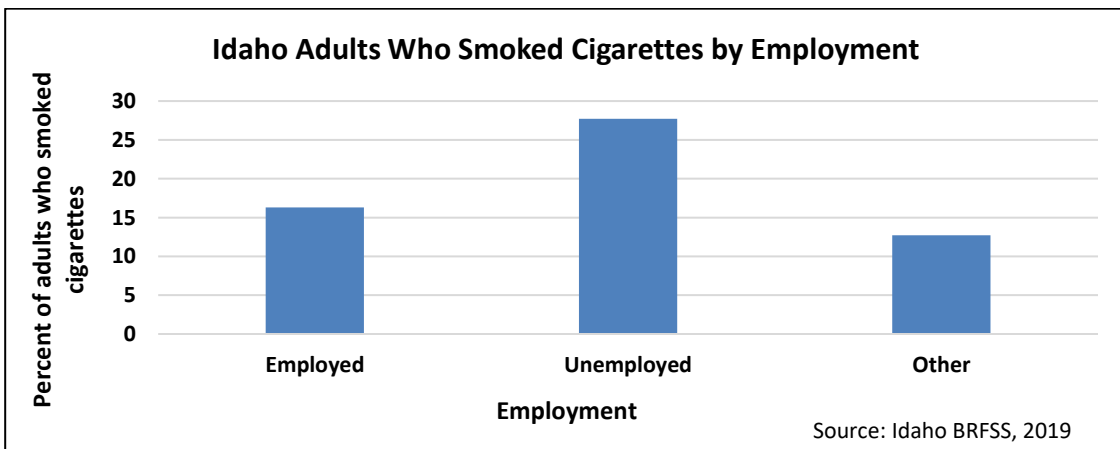
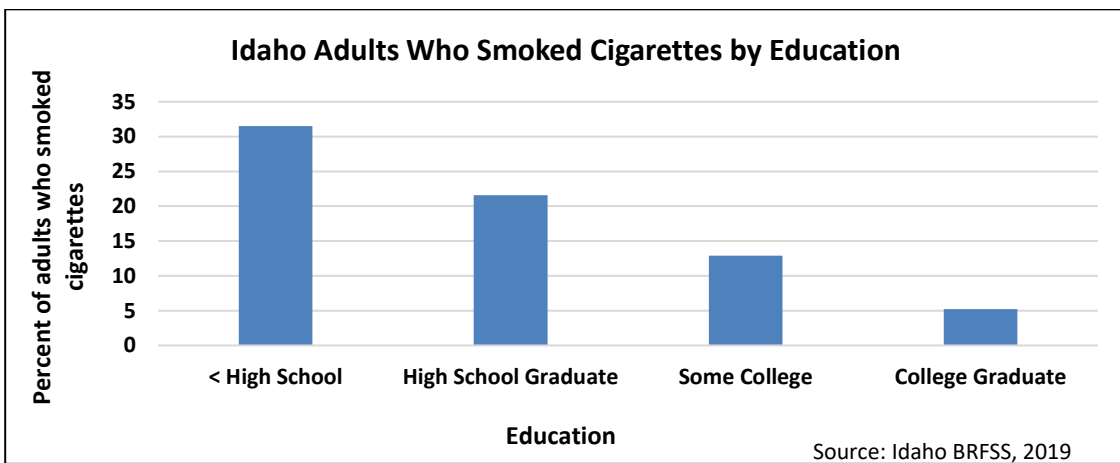
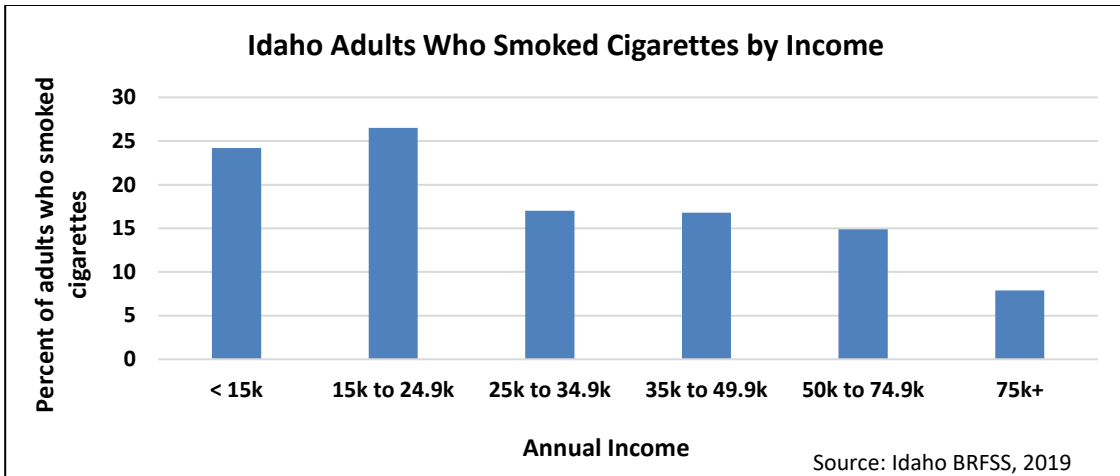
The percent of adults who smoked in our service area is above the national average. The trend is going down.⁵⁵

The percent of people who smoke declines significantly with higher levels of income and education as well as for those who are employed.⁵⁶



⁵⁵ Idaho and National 2009 - 2019 Behavioral Risk Factor Surveillance System University of Wisconsin Population Health Institute. County Health Rankings 2012-2019, Accessed at www.countyhealthrankings.org

⁵⁶ Ibid

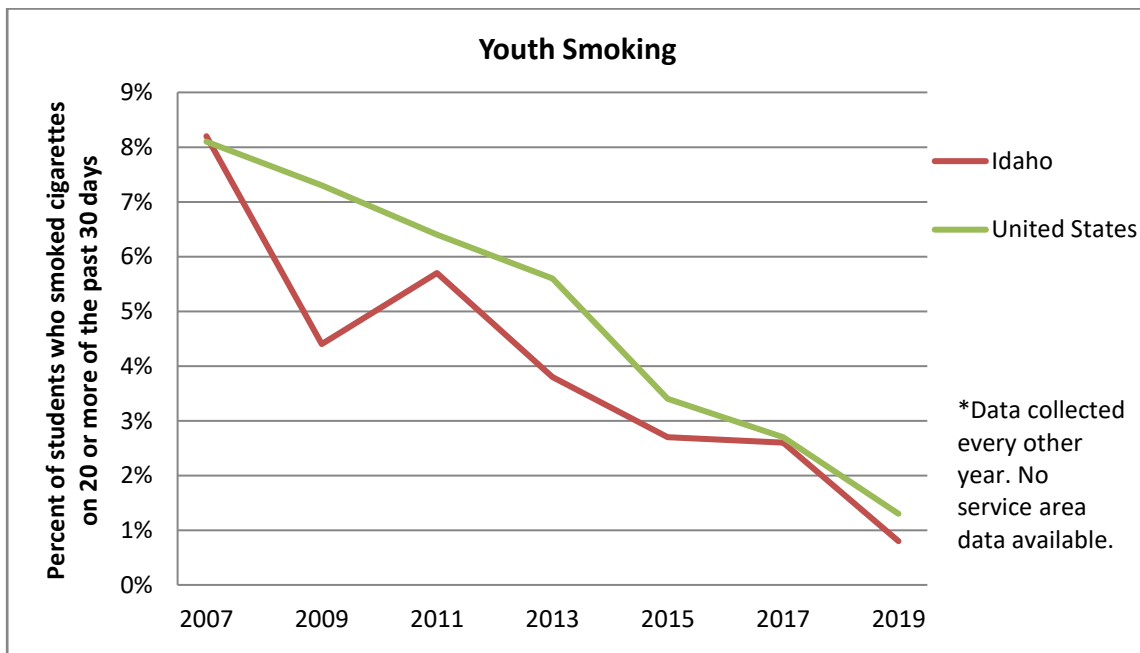


| Health Factor Score | | | | |
|---|-------|---|-----------|-------------|
| Low score = Low potential for health impact | | High score = High potential for health impact | | |
| | Trend | Severity | Magnitude | Total Score |
| Adult Smoking | -1 | 2 | -1 | 0 |

- **Youth Smoking**

During 1997–2017, a significant decrease occurred overall in the prevalence of current tobacco use among Idaho and our nation’s youth.⁵⁷ Prevention efforts must focus on young adults ages 18 through 25, too. Almost no one starts smoking after age 25. Nearly 9 out of 10 smokers started smoking by age 18, and 99% started by age 26. Progression from occasional to daily smoking almost always occurs by age 26. Therefore, prevention is critical.⁵⁸

In 2019, less than 1% of Idaho youth reported smoking 20 or more of the past 30 days, which is slightly below the national rate.⁵⁹



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

⁵⁷ Idaho and National Youth Risk Behavior Survey 2007 -2019

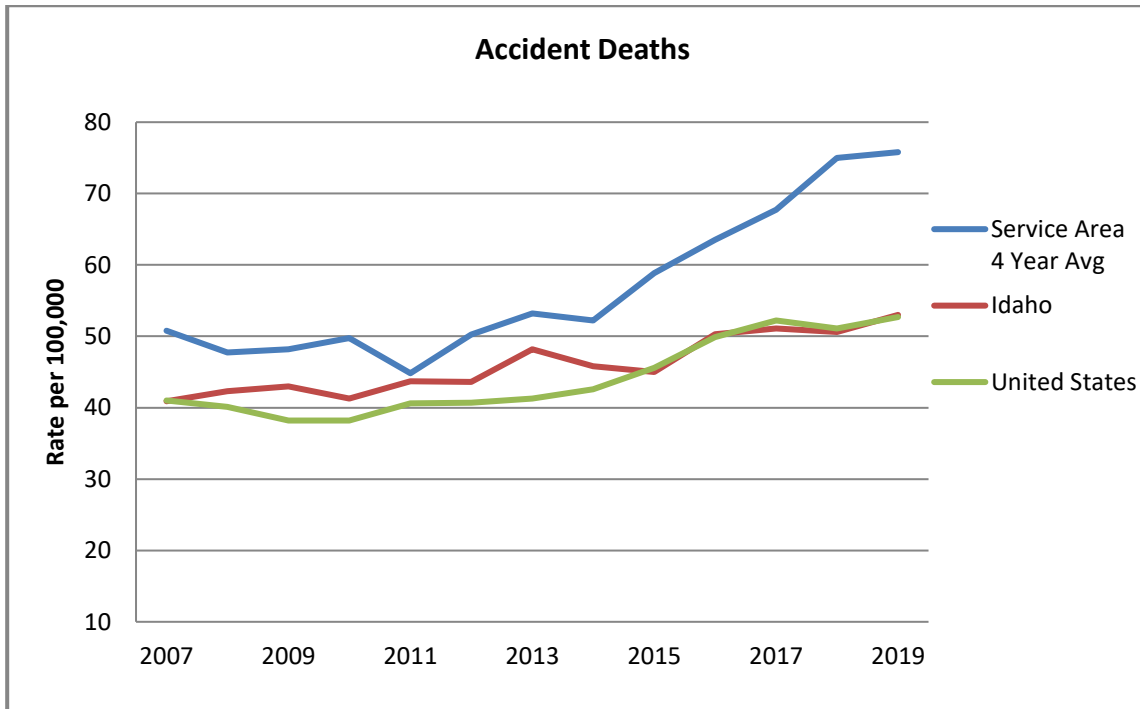
⁵⁸ <http://www.surgeongeneral.gov/library/reports/preventing-youth-tobacco-use/factsheet.html>

⁵⁹ Idaho and National 2007 - 2019 Behavioral Risk Factor Surveillance System

Wellness and Prevention Programs

- **Accidents**

Accidents are one of the top 10 causes of death in the nation. Accidents are the fourth leading cause of death in Idaho and include unintentional injuries, which comprise both motor vehicle and non-motor vehicle accidents. The accident death rate in our service area is well above the national average and the trend is increasing.⁶⁰



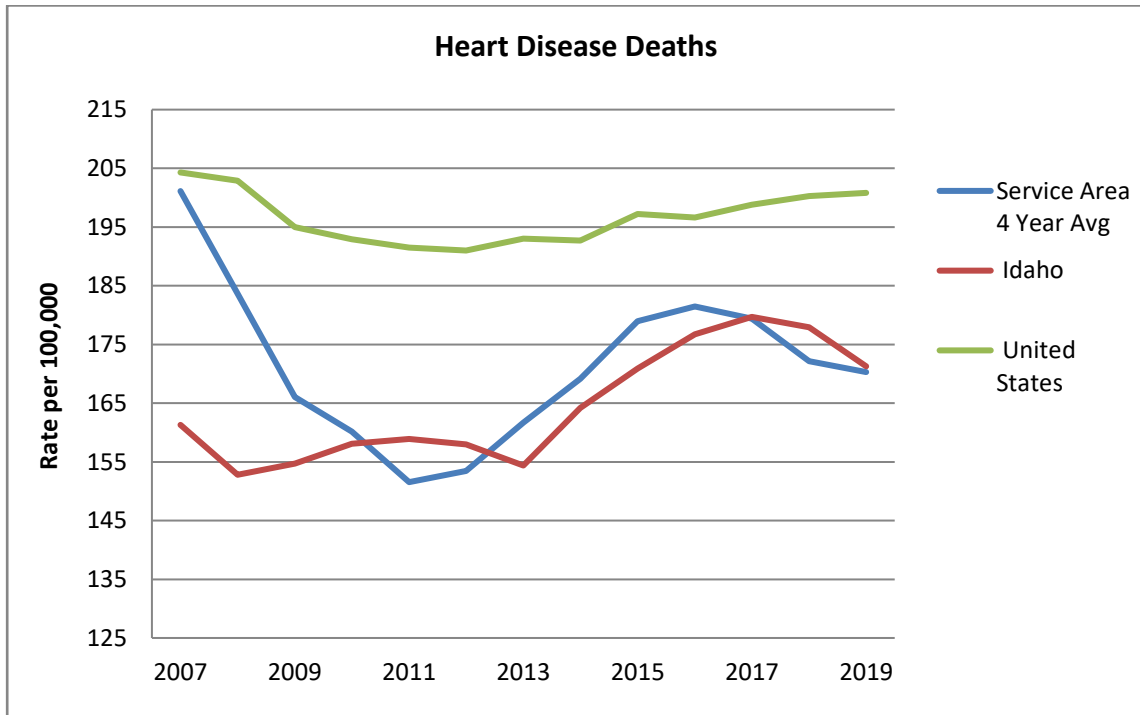
| Health Factor Score | | | | |
|---|-------|---|-----------|-------------|
| Low score = Low potential for health impact | | High score = High potential for health impact | | |
| | Trend | Severity | Magnitude | Total Score |
| Accidental Deaths | 2 | 2 | -2 | 2 |

⁶⁰ Idaho Vital Statistics Annual Reports, Years 2007 - 2019, National Vital Statistics Report - Deaths: Data 2019

- **Diseases of the Heart**

Heart disease remains the leading cause of death in the U.S. for both men and women and is now the leading cause of death in Idaho as well. Heart disease is a long-term illness that many individuals can manage through lifestyle changes and healthcare interventions. It is important to keep cholesterol levels and blood pressure in check to prevent heart disease.⁶¹

Heart disease death in our service area has been trending down in recent years and has remained well below the national average.⁶²



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

⁶¹ America's Health Rankings analysis of CDC, Behavioral Risk Factor Surveillance System, United Health Foundation, AmericasHealthRankings.org, Accessed 2020

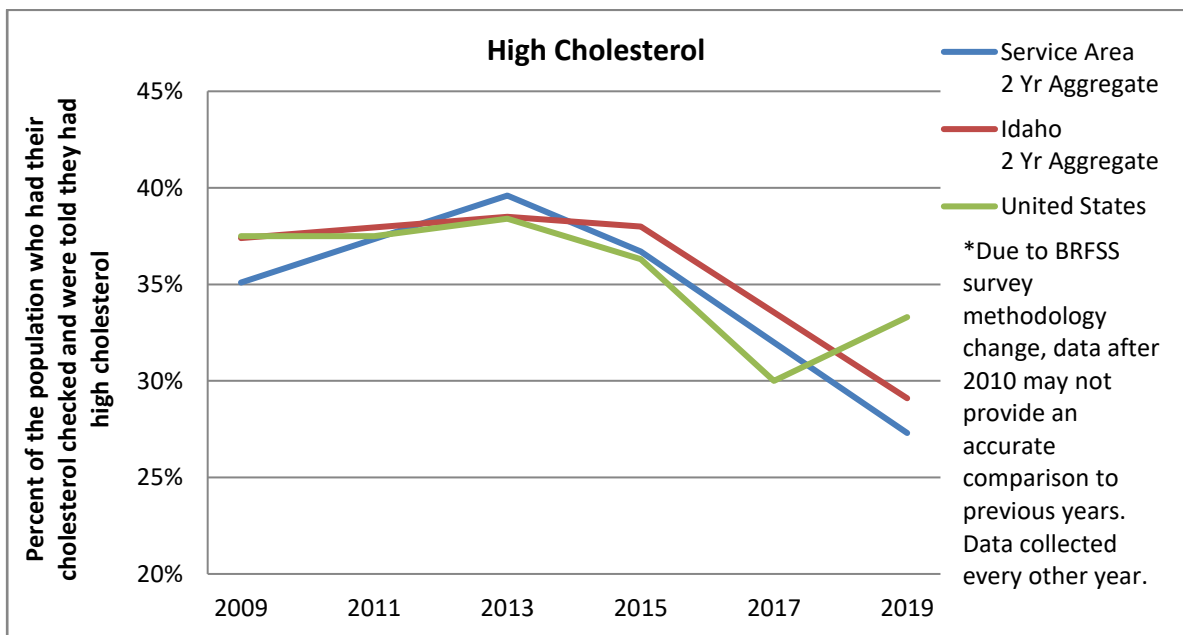
⁶² Idaho Vital Statistics Annual Reports, Years 2007 - 2019, National Vital Statistics Report - Deaths: Data 2019

- **High Cholesterol**

Sustained, high cholesterol can lead to heart disease, heart attack, and other circulatory problems. While some factors that contribute to high cholesterol are out of our control, like family history, there are many things a person can do to keep cholesterol in check, such as following a healthy diet, maintaining a healthy weight, and being physically active. For some individuals, a pharmacological intervention may be necessary.⁶³

Among those who had ever been screened for cholesterol in our service area, about 27% reported that they were told their cholesterol was high in 2019, which is slightly less than the national average. The percentage of screened adults with high cholesterol has decreased in our service area, Idaho, and nationally.⁶⁴

Prevalence of high cholesterol decreased with higher levels of education above the 11th grade. Those who were unemployed, overweight, and adults aged 55+ were more likely to have had high cholesterol.⁶⁵



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

⁶³ America's Health Rankings analysis of CDC, Behavioral Risk Factor Surveillance System, United Health Foundation, AmericasHealthRankings.org, Accessed 2020

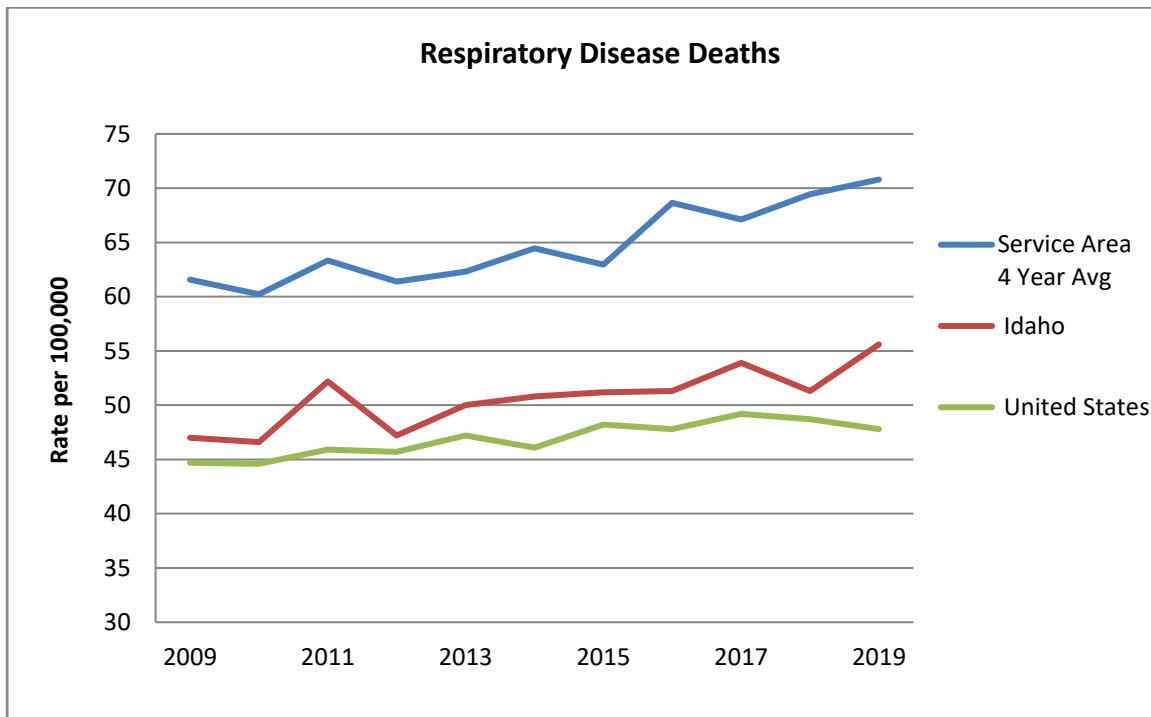
⁶⁴ Idaho 2009 - 2019 Behavioral Risk Factor Surveillance System

⁶⁵ Ibid

- **Chronic Lower Respiratory Diseases**

Chronic lower respiratory diseases, mainly COPD, are the fourth leading cause of death in the U.S. in 2019. Chronic lower respiratory diseases include asthma, chronic obstructive pulmonary disease (COPD), chronic bronchitis, and emphysema. The main risk factors for these diseases are smoking, repeated exposure to harsh chemicals or fumes, air pollution, or other lung irritants.⁶⁶

The chronic lower respiratory diseases death rate in our service area is significantly higher than the national average and the trend has been slightly increasing.⁶⁷



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

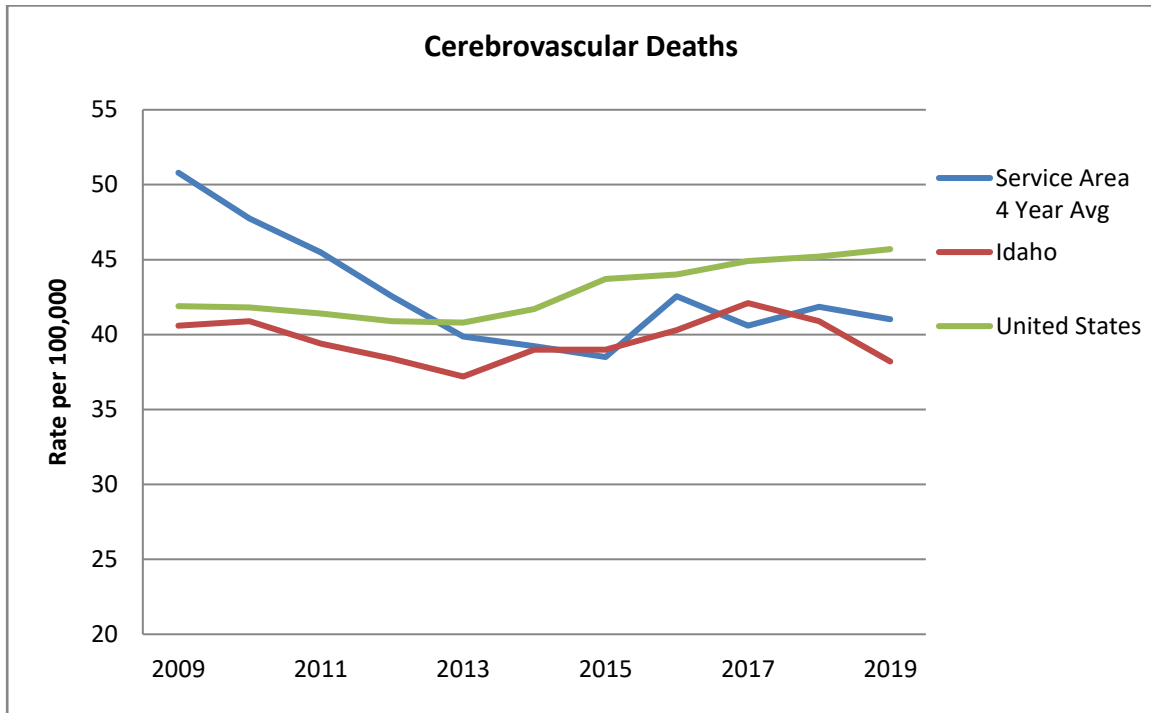
⁶⁶ CDC, <https://www.cdc.gov/copd/basics-about.html>

⁶⁷ Idaho Vital Statistics Annual Reports, Years 2009 - 2019, National Vital Statistics Report - Deaths: Data 2019

- **Cerebrovascular Diseases**

Cerebrovascular diseases are the fifth leading cause of death in Idaho and the nation. Cerebrovascular diseases include several serious disorders, including stroke and cerebrovascular anomalies such as aneurysms. Cerebrovascular diseases can be reduced when people lead a healthy lifestyle that includes being physically active, maintaining a healthy weight, eating well, and not using tobacco.⁶⁸

The cerebrovascular diseases death rate in our service area is lower than the national average and the trend is flat.⁶⁹



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

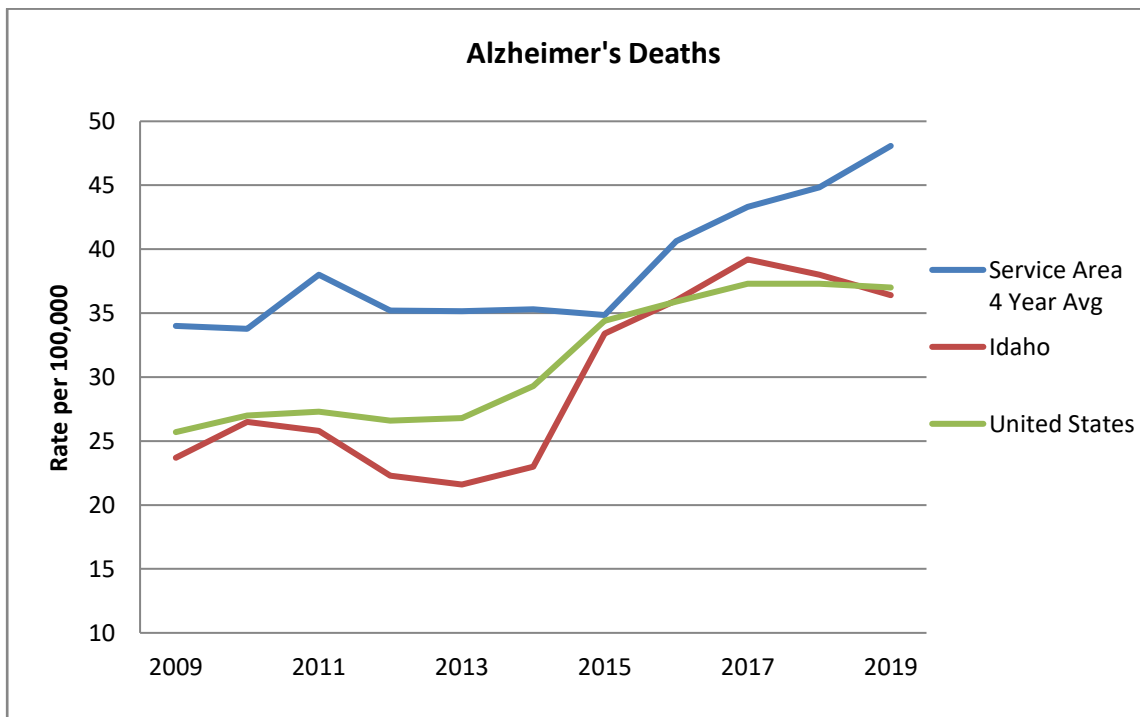
⁶⁸ America's Health Rankings analysis of CDC, Behavioral Risk Factor Surveillance System, United Health Foundation, AmericasHealthRankings.org, Accessed 2020

⁶⁹ Idaho Vital Statistics Annual Reports, Years 2009 - 2019, National Vital Statistics Report - Deaths: Data 2019

- **Alzheimer’s Disease**

Alzheimer’s is one of the top 10 causes of death in the nation. Alzheimer’s is the sixth leading cause of death in Idaho. Alzheimer’s is the most common form of dementia, a general term for serious loss of memory and other intellectual abilities. Alzheimer’s disease accounts for 50 to 80% of dementia cases. Alzheimer’s is not a normal part of aging, although the greatest known risk factor is increasing age, and most people with Alzheimer’s are 65 and older. Although current treatments cannot stop Alzheimer’s from progressing, they can temporarily slow the worsening of dementia symptoms and improve quality of life for those with Alzheimer’s and their caregivers.⁷⁰

The death rate from Alzheimer’s has increased over the past 10 years both nationally and in our service area.⁷¹



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

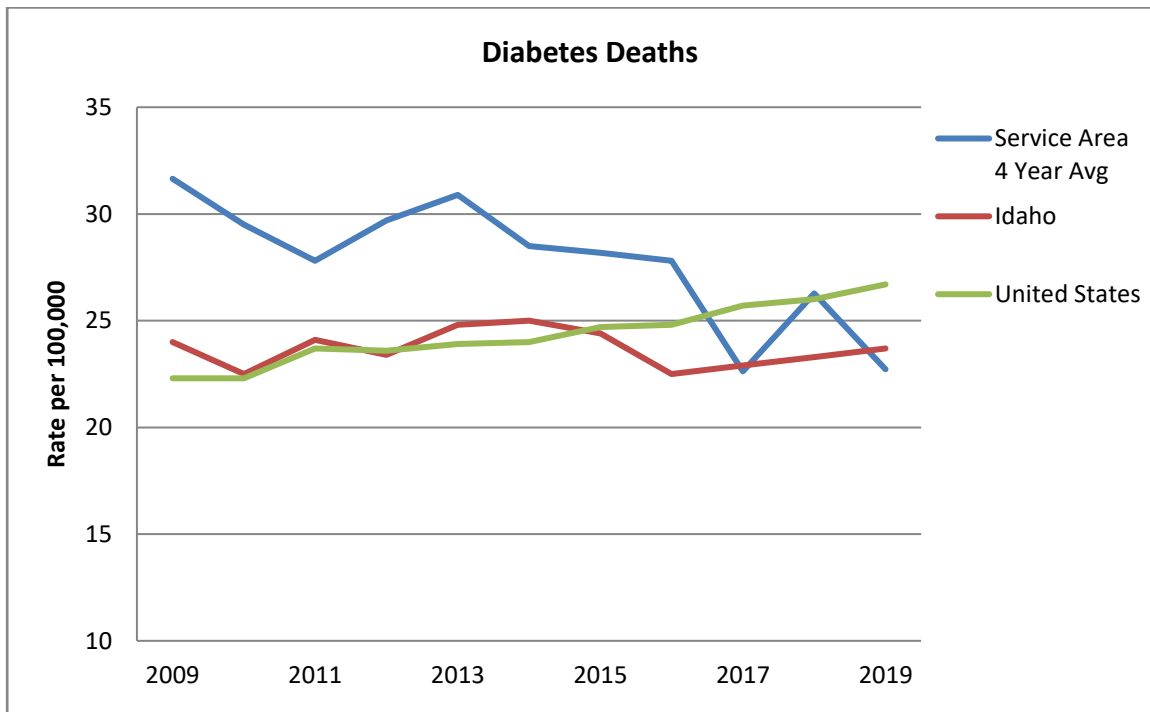
⁷⁰ Alzheimer’s Association, www.alz.org

⁷¹ Vital Statistics Annual Reports, Years 2009 - 2019, National Vital Statistics Report - Deaths: Data 2019

- **Diabetes Mellitus**

Diabetes is one of the top 10 causes of death in the nation. Diabetes is the seventh leading cause of death in Idaho. Diabetes is a serious health issue that can contribute to heart disease, stroke, high blood pressure, kidney disease, blindness and can even result in limb amputation or death.⁷²

The death rate from diabetes in our service area is below the national average. While the rate of people dying from diabetes has been decreasing, as noted in data found later in this report, the number of people living with diabetes is increasing.⁷³



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

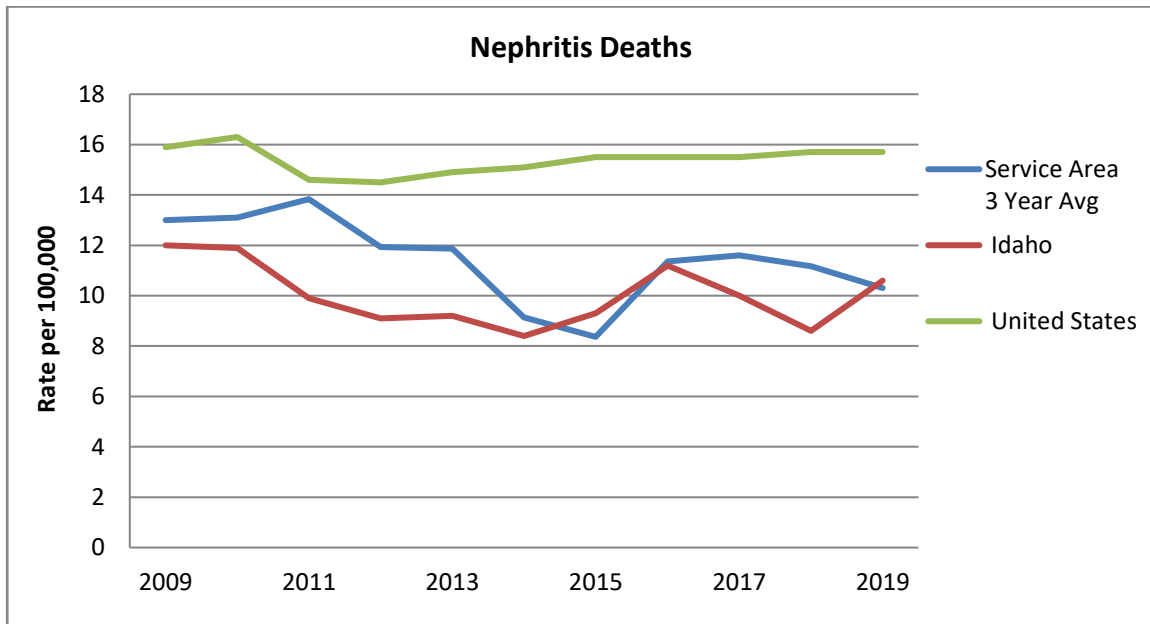
⁷² <https://www.cdc.gov/chronicdisease/resources/publications/factsheets/diabetes-prediabetes.htm>

⁷³ Idaho Vital Statistics Annual Reports, Years 2009 - 2019, National Vital Statistics Report - Deaths: Data 2019

- **Nephritis**

Nephritis is one of the top 10 causes of death in the nation. Nephritis is an inflammation of the kidney, which causes impaired kidney function. A variety of conditions can cause nephritis, including kidney disease, autoimmune disease, and infection. Treatment depends on the cause. Kidney disease damages kidneys, preventing them from cleaning blood effectively. Chronic kidney disease eventually can cause kidney failure if it is not treated.⁷⁴

The death rate for nephritis is lower in our service area than it is nationally. The nephritis death rate is flat both in the nation and our service area.⁷⁵



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

⁷⁴ www.cdc.gov/Features/WorldKidneyDay/

⁷⁵ Idaho Vital Statistics Annual Reports, Years 2009 - 2019, National Vital Statistics Report - Deaths: Data 2019

Cancer

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

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

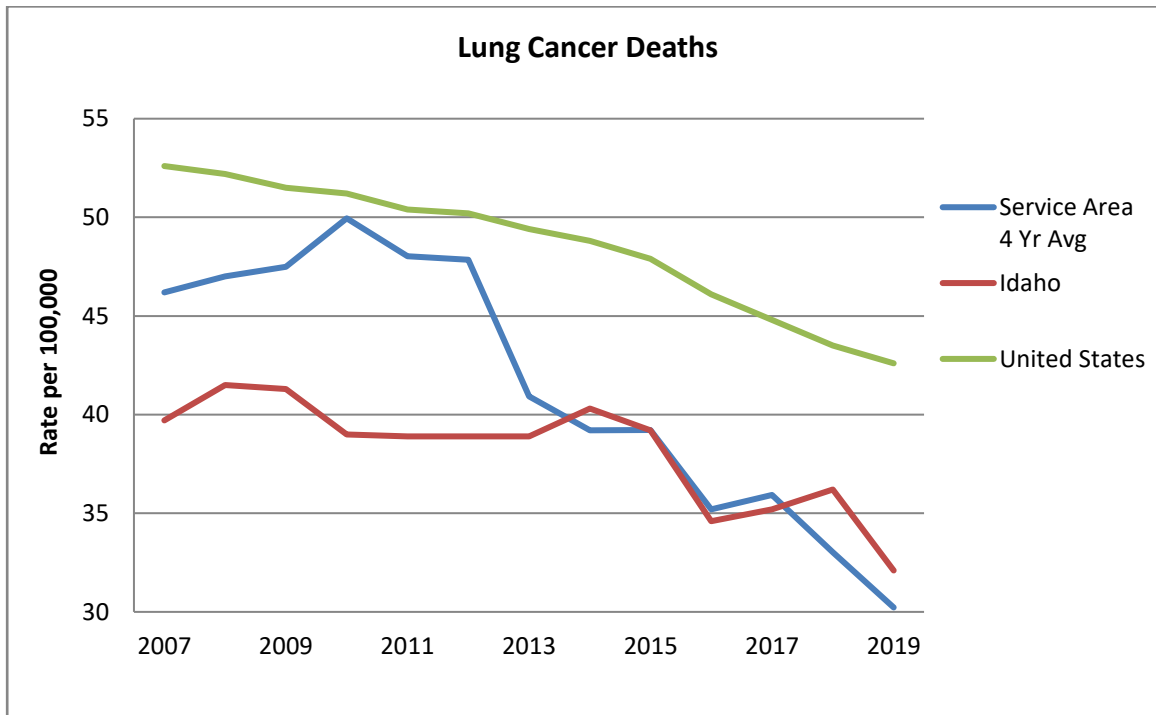
Although cancer may occur at any age, it is generally a disease of aging. Nearly 80% of cancers are diagnosed in persons 55 or older. Cancer is caused both by external factors such as tobacco use and exposure, chemicals, radiation, and infectious organisms, and by internal factors such as genetics, hormonal factors, and immune conditions. Some cancers can be prevented by choosing a healthy lifestyle and being screened.⁷⁶

⁷⁶ Comprehensive Cancer Alliance for Idaho, www.ccaidaho.org

- **Lung Cancer**

The U.S. Preventive Services Task Force (USPSTF) recommends annual screening for lung cancer with low-dose computed tomography (LDCT) in adults aged 50 to 80 years who have a 20 pack-a-year smoking history and currently smoke or have quit within the past 15 years. Routine oral cancer screenings are also recommended.⁷⁷

Lung cancer is the leading cause of cancer death in Idaho and the nation. However, the lung cancer death rate in our service area is lower than the national average.⁷⁸



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

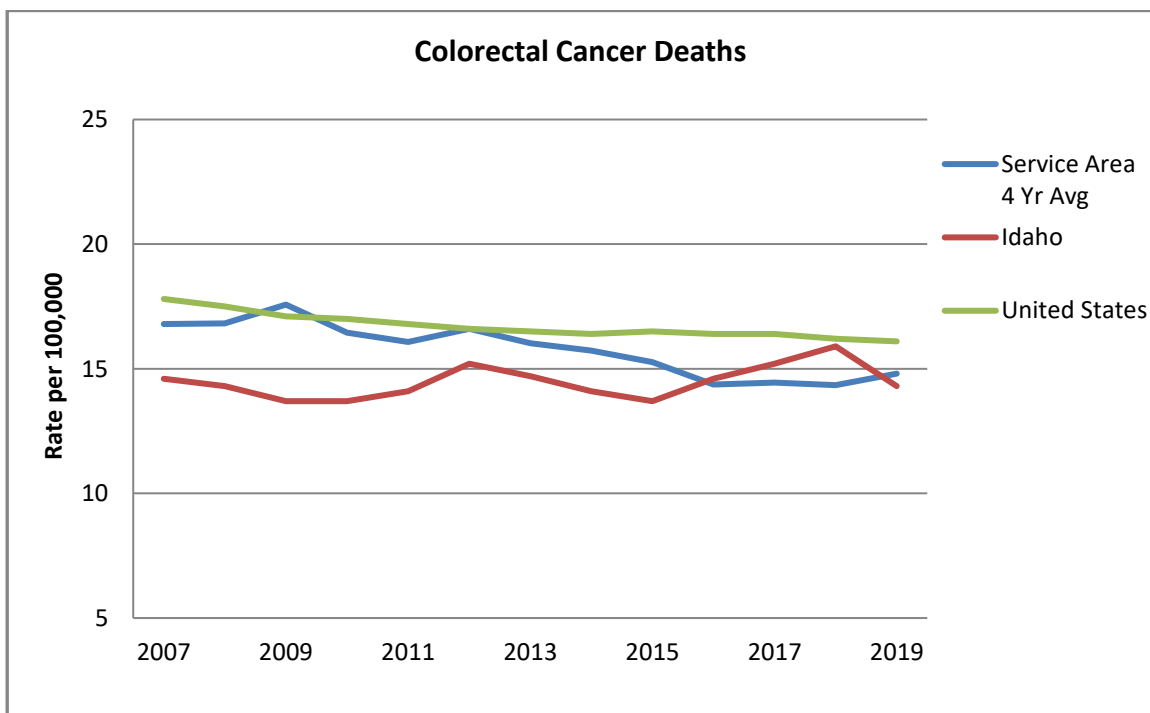
⁷⁷ Comprehensive Cancer Alliance for Idaho, Idaho Comprehensive Cancer Strategic Plan 2021-2025, www.ccaidaho.org

⁷⁸ Idaho Vital Statistics Annual Reports, Years 2007 - 2019, National Vital Statistics Report - Deaths: Data 2019

- **Colorectal Cancer**

Overall, the lifetime risk of developing colorectal cancer is about 1 in 23 for men and 1 in 25 for women.⁷⁹ Maintaining a healthy weight, increasing vigorous activity, limiting sitting and laying down, limiting alcohol intake, limiting red meat, and increasing vegetables, fruits, and whole grains may lower the risk of developing colorectal cancer. Early detection is effective in reducing colorectal cancer death rate.⁸⁰

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 and the national trend is down slightly. Our service area's death rate is slightly below the national average.⁸¹



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

⁷⁹ <https://www.cancer.org/cancer/colon-rectal-cancer/about/key-statistics.html>

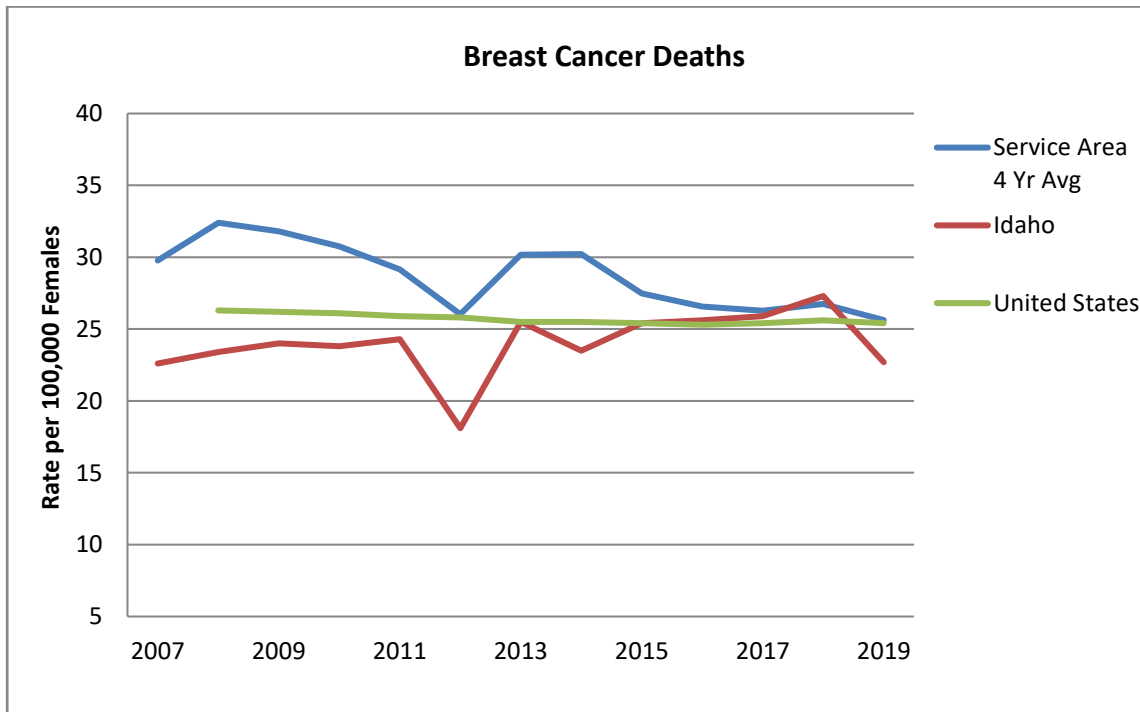
⁸⁰ <https://www.cancer.org/cancer/colon-rectal-cancer/causes-risks-prevention/prevention.html>

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

- **Breast Cancer**

Breast cancer is the most common cancer (about 30% or 1 in 3 of all new female cancers) in women in the U.S. except for skin cancers. Breast cancer mainly occurs in middle-aged and older women. The median age at the time of breast cancer diagnosis is 62. Females have a 1 in 8 chance of developing breast cancer in their lifetime.⁸²

Breast cancer is the second leading cause of cancer death, after lung cancer among Idaho women. The breast cancer death rate in Idaho is slightly lower than the national average. The breast cancer death rate in our service area is about the same as the national average.⁸³



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

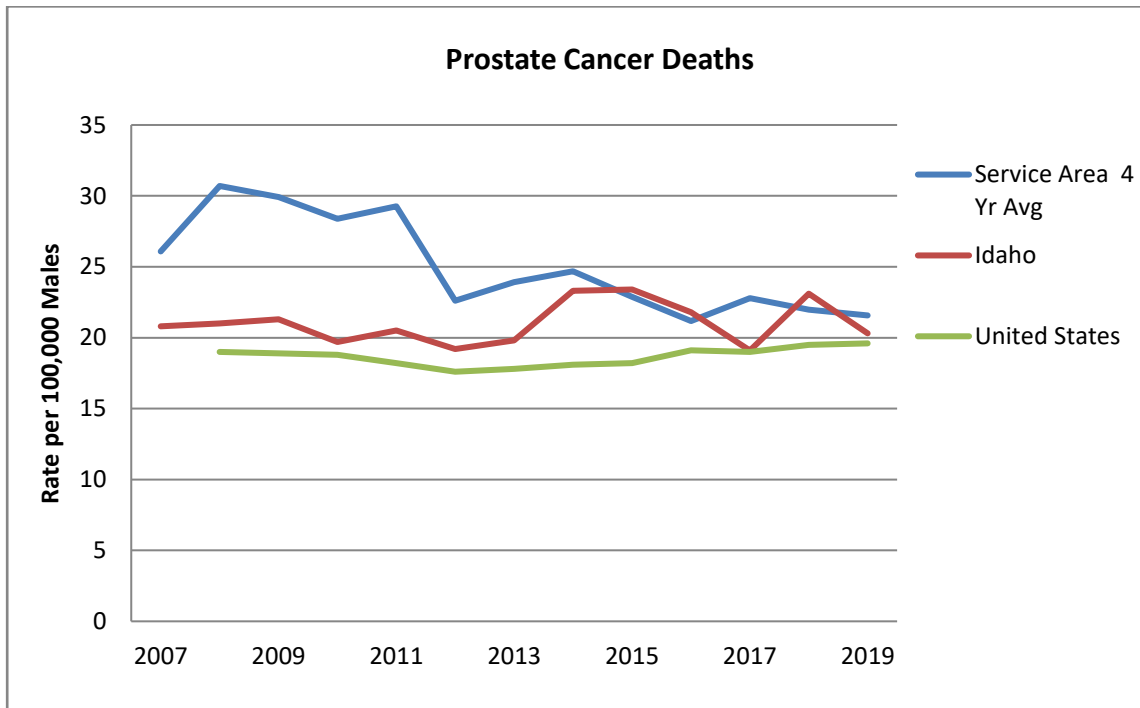
⁸² American Cancer Society, <https://www.cancer.org/cancer/breast-cancer/about/how-common-is-breast-cancer.html>

⁸³ Idaho Vital Statistics Annual Reports, Years 2007 - 2019, National Vital Statistics Report - Deaths: Data 2019

- **Prostate Cancer**

Prostate cancer is the second overall cause of death in Idaho men and is the most common cancer among males. Known risk factors for prostate cancer that are not modifiable include age, ethnicity, and family history. One modifiable risk factor is a diet high in saturated fat and low in vegetable and fruit consumption.⁸⁴

In our service area, the trend for the prostate cancer deaths is relatively flat, and the death rate is slightly above the national average.⁸⁵



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

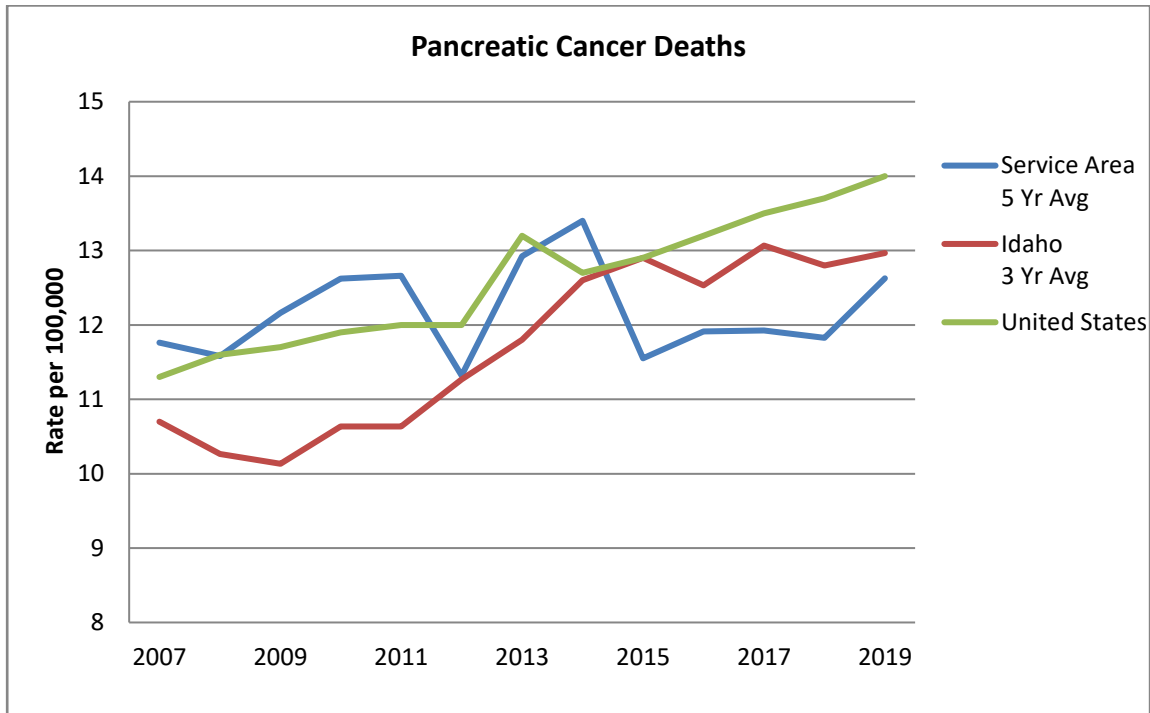
⁸⁴ American Cancer Society, <https://www.cancer.org/cancer/prostate-cancer/causes-risks-prevention/risk-factors.html>

⁸⁵ Idaho Vital Statistics Annual Reports, Years 2007 - 2019, National Vital Statistics Report - Deaths: Data 2019

- **Pancreatic Cancer**

The survival rate for pancreatic cancer is low. Possible factors increasing the risk of pancreatic cancer include smoking, and type 2 diabetes, which is associated with obesity. There are no established guidelines for preventing pancreatic cancer but some things you that may lower risk are not smoking, maintaining a healthy weight, and getting regular physical activity.⁸⁶

In our service area, the pancreatic cancer death rate is currently below the national average and the trend is relatively flat.⁸⁷



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

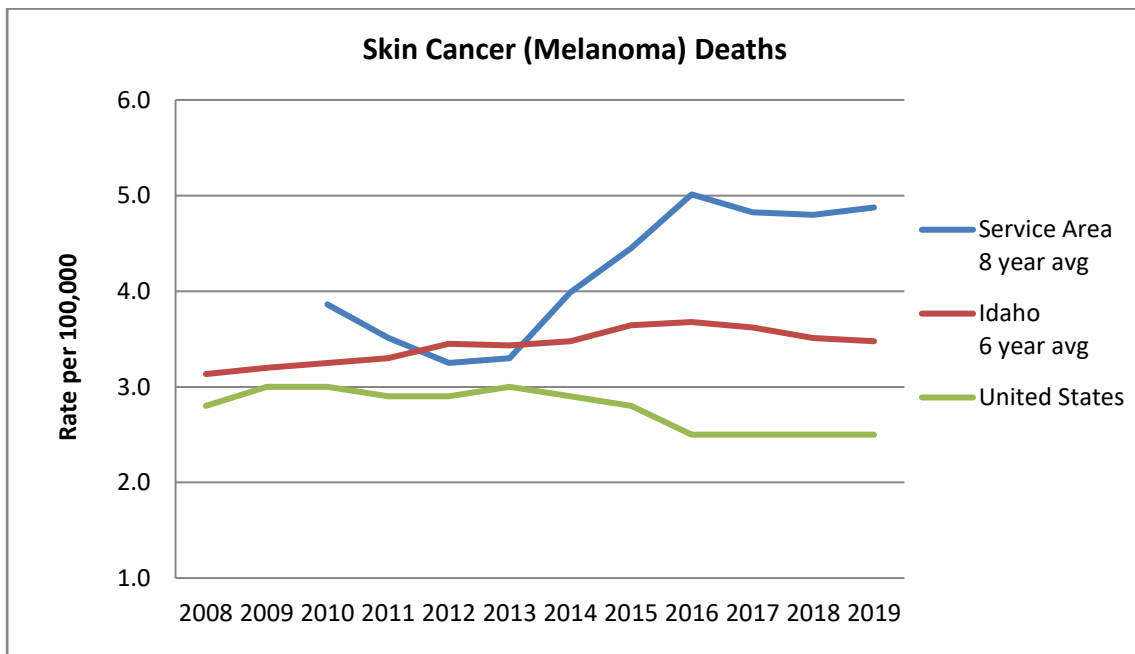
⁸⁶ American Cancer Society, <https://www.cancer.org/cancer/pancreatic-cancer/causes-risks-prevention/risk-factors.html>

⁸⁷ Idaho Vital Statistics Annual Reports, Years 2007 - 2019, National Vital Statistics Report - Deaths: Data 2019

- **Skin Cancer (Melanoma)**

More people are diagnosed with skin cancer each year in the U.S. than all other cancers combined. About 1 in 5 Americans will develop skin cancer during their lifetime. In the past decade (2012 – 2022) the number of new melanoma cases diagnosed annually has increased by 31%.⁸⁸ 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.⁸⁹

The melanoma death rate is higher in Idaho and our service area than in the nation and the trend is slightly increasing.⁹⁰



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

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

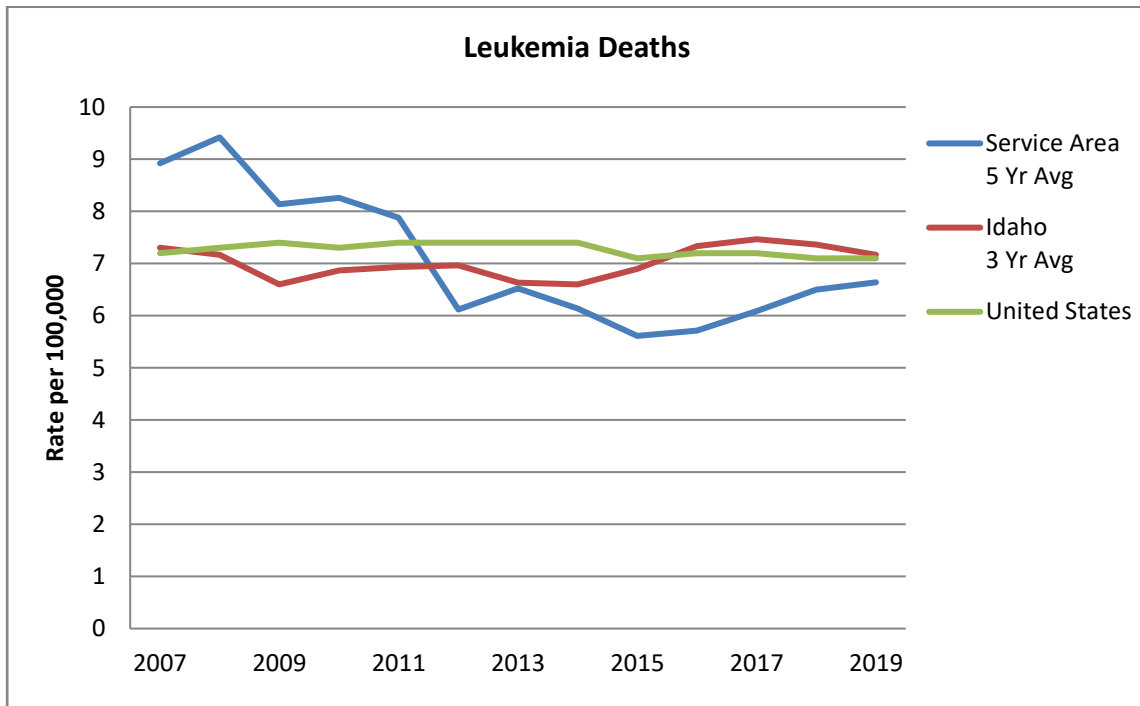
⁸⁹ <https://www.skincancer.org/skin-cancer-information/skin-cancer-facts>

⁹⁰ Idaho Vital Statistics Annual Reports, Years 2008 - 2019, National Vital Statistics Report - Deaths: Data 2019

- **Leukemia**

Leukemia is a cancer of the bone marrow and blood. Scientists do not fully understand the causes of leukemia, although researchers have found some associations with chronic exposure to benzene at work, large doses of radiation, and smoking tobacco.⁹¹ Because the causes are not well understood, evidence-based preventive programs are not available other than avoiding the risk factors described above.

The leukemia death rate in our service area is about the same as the national average and the trend is flat.⁹²



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

⁹¹ www.cdc.gov/Features/HematologicCancers/

⁹² Idaho Vital Statistics Annual Reports, Years 2007 - 2019, National Vital Statistics Report - Deaths: Data 2019

Clinical Care Access and Quality Factors

Affordability of Health Care

- **Uninsured Adults**

Evidence shows that uninsured individuals experience barriers to health care access and maintaining financial security. Kaiser Family Foundation reports that the uninsured receive less preventative care and delayed care results in more serious health outcomes compared to insured individuals. The uninsured may be unable to pay their medical bills, resulting in medical debt.⁹³

On a national basis, the 2010 Affordable Care Act (ACA) lowered the percentage of uninsured adults starting in 2014. The goal of the ACA is to improve health outcomes and eventually lower health care costs through insuring a greater proportion of the population. One of the major provisions of the ACA is the expansion of Medicaid eligibility to nearly all low-income individuals with incomes at or below 138 percent of poverty. However, over 20 states chose not to expand their programs. The ACA did not make provisions for low-income people not receiving Medicaid and does not provide assistance for people below poverty for other coverage options.⁹⁴ This is often referred to as the “coverage gap.”⁹⁵ In November 2018, Idaho passed a proposition to expand Medicaid. In November 2018, Idaho passed a proposition to expand Medicaid.

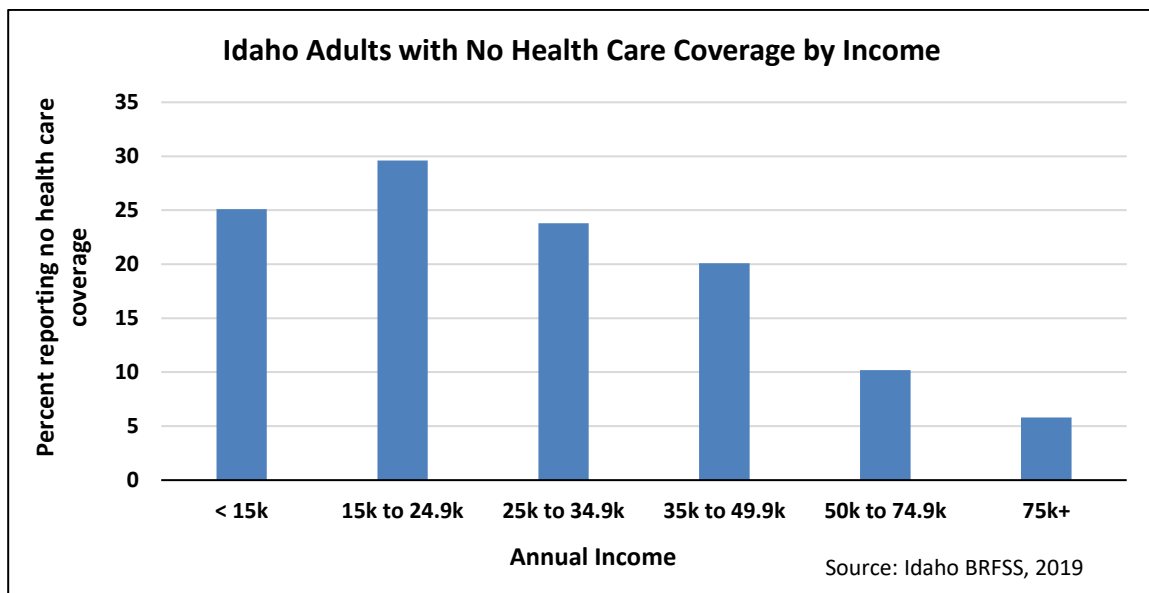
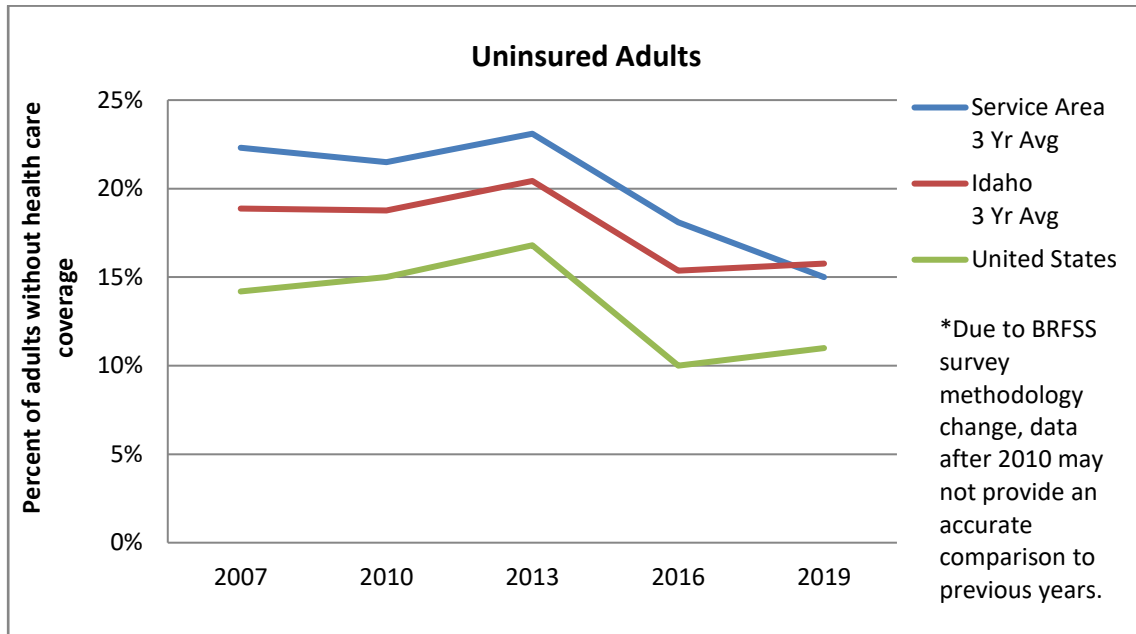
⁹³ University of Wisconsin Population Health Institute. *County Health Rankings* 2021. Accessible at www.countyhealthrankings.org.

⁹⁴ The Coverage Gap: Uninsured Poor Adults in States that do not Expand Medicaid, April 2015, The Kaiser Commission on Medicaid and the Uninsured, Rachel Garfield

⁹⁵ Ibid

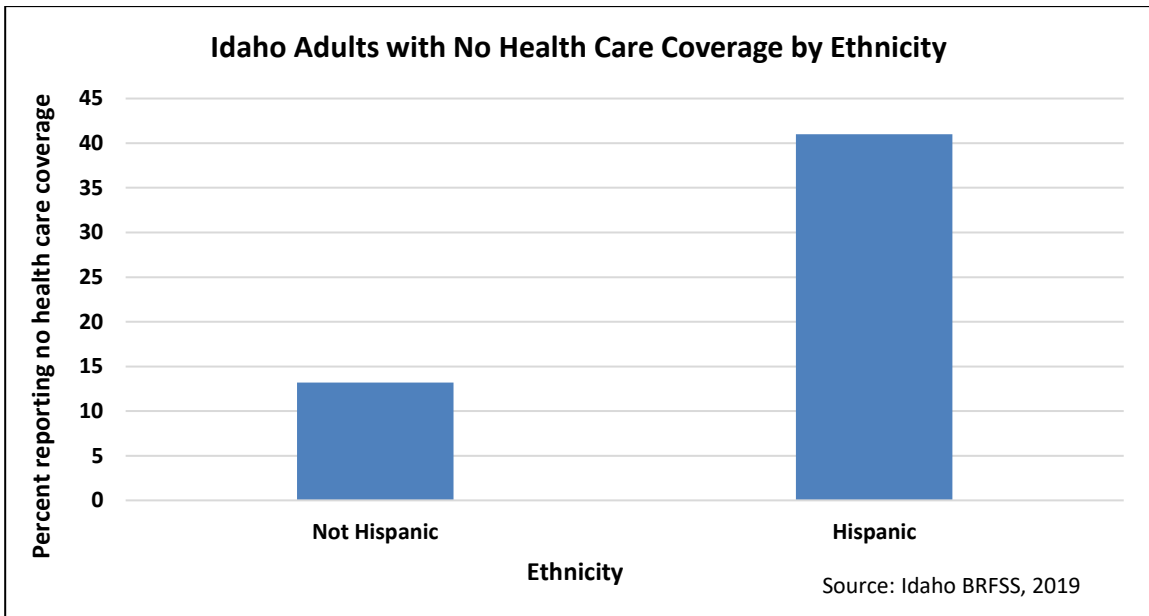
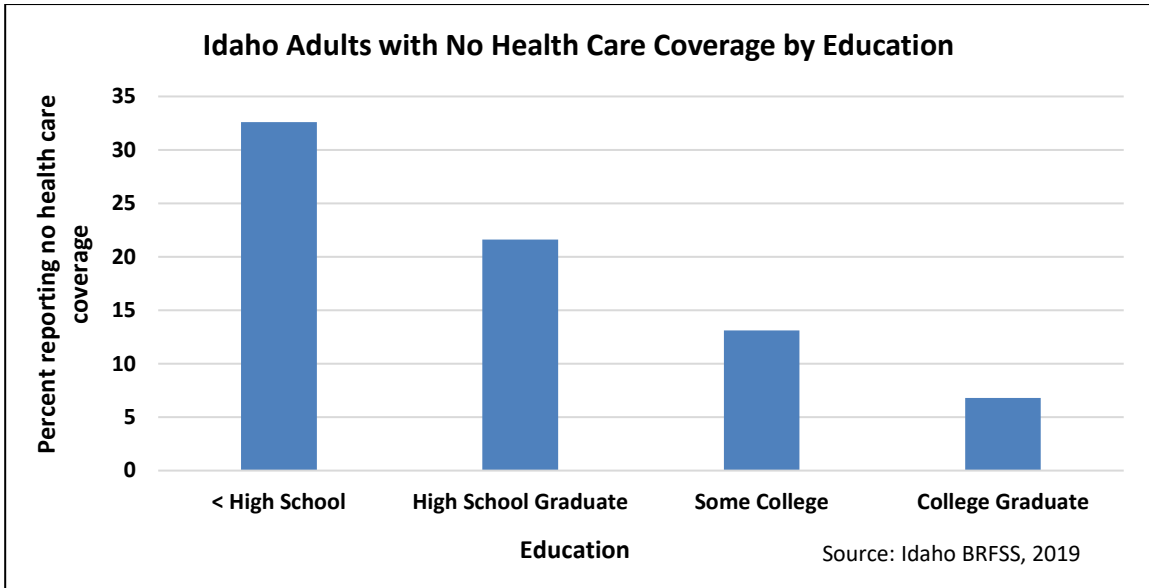
The number of adults without health care coverage has been trending down nationally and in our service area. The percentage of uninsured in Idaho and our service area is higher than the national average.⁹⁶

Those with incomes less than \$25,000 are about 10 times more likely to report being without health care coverage than those with incomes above \$75,000. In addition, Hispanics are more than twice as likely to not have health insurance coverage than non-Hispanics.⁹⁷



⁹⁶ Idaho and National 2007 - 2019 Behavioral Risk Factor Surveillance System

⁹⁷ Idaho and National 2019 Behavioral Risk Factor Surveillance System

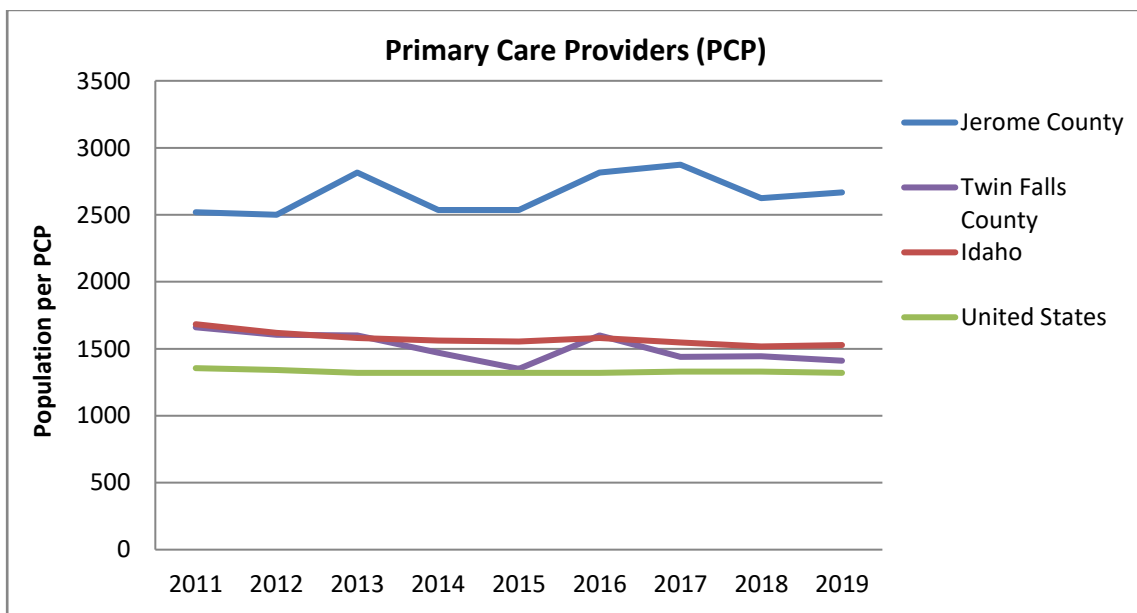


| Health Factor Score | | | | |
|---|-------|---|-----------|-------------|
| Low score = Low potential for health impact | | High score = High potential for health impact | | |
| | Trend | Severity | Magnitude | Total Score |
| Uninsured Adults | -2 | 2 | 1 | 1 |

- **Primary Care Providers**

Our primary care provider metric reports the ratio of population in a county to primary care providers (i.e., the number of people per primary care provider). The measure is based on data obtained from the Health Resources and Services Administration (HRSA) through the *County Health Rankings*. While having health insurance is a crucial step toward accessing the different aspects of the health care system, health insurance by itself does not ensure access. In addition, evidence suggests that access to effective and timely primary care has the potential to improve the overall quality of care and help reduce costs. One analysis found that primary care physician supply was associated with improved health outcomes including reduced all-cause cancer, heart disease, stroke, and infant mortality; a lower prevalence of low birthweight; greater life expectancy; and improved self-rated health. The same analysis also found that each increase of one primary care physician per 10,000 people is associated with a reduction in the average mortality by 5.3%.⁹⁸

The population to primary care provider ratio is slightly higher than the national average in Twin Falls County and significantly higher in Jerome County. The trend is flat.⁹⁹



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

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

⁹⁹ Idaho and National 2011 - 2019 Behavioral Risk Factor Surveillance System

Availability of Behavioral Health Services

- **Mental Health Service Providers**

Jerome and Twin Falls counties both are listed as mental health professional shortage areas as of June 2017.¹⁰⁰ Our shortage of mental health professionals is especially concerning given the high suicide and mental illness rates in Idaho as documented in following sections of our CHNA.

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

- Lack of adequate insurance.
- Lack of available treatment providers.
- Lack of treatment types.
- Insufficient finance to cover costs.¹⁰¹

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

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

¹⁰⁰ Health Services and Resource Administration Data Warehouse, Mental Health Care HPSAs PDF <http://datawarehouse.hrsa.gov/hpsadetail.aspx#table>

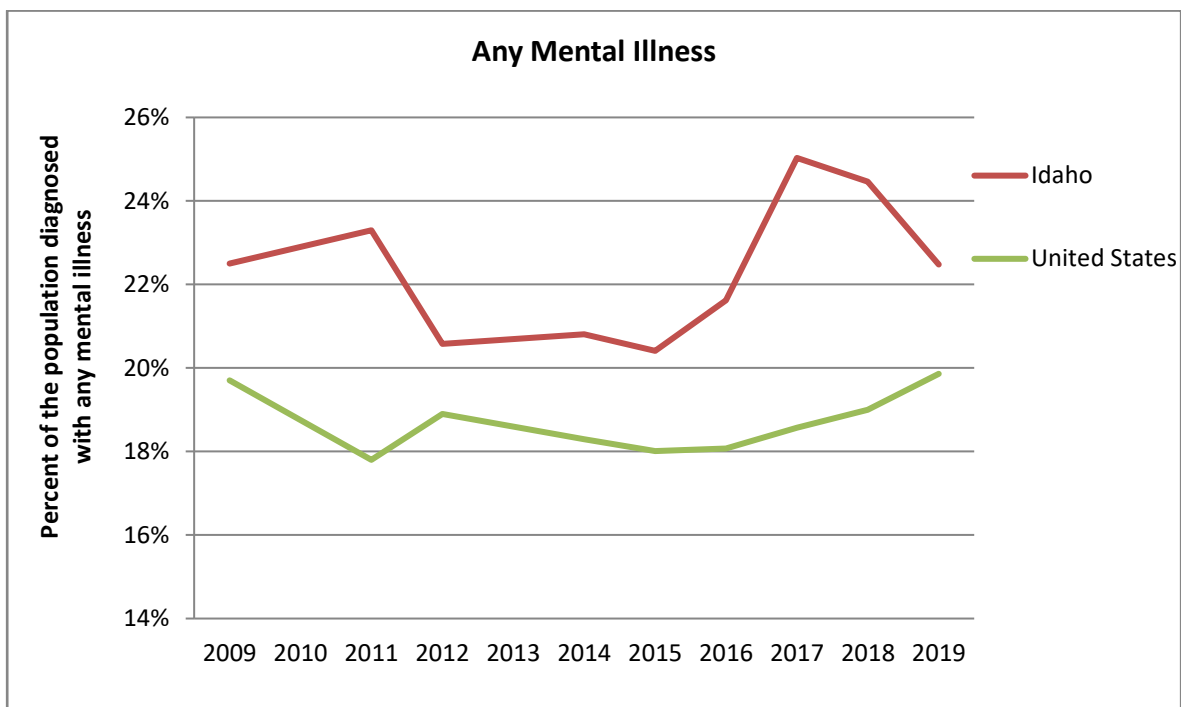
¹⁰¹ <http://www.mentalhealthamerica.net/issues/mental-health-america-access-care-data>

- **Mental Illness**

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

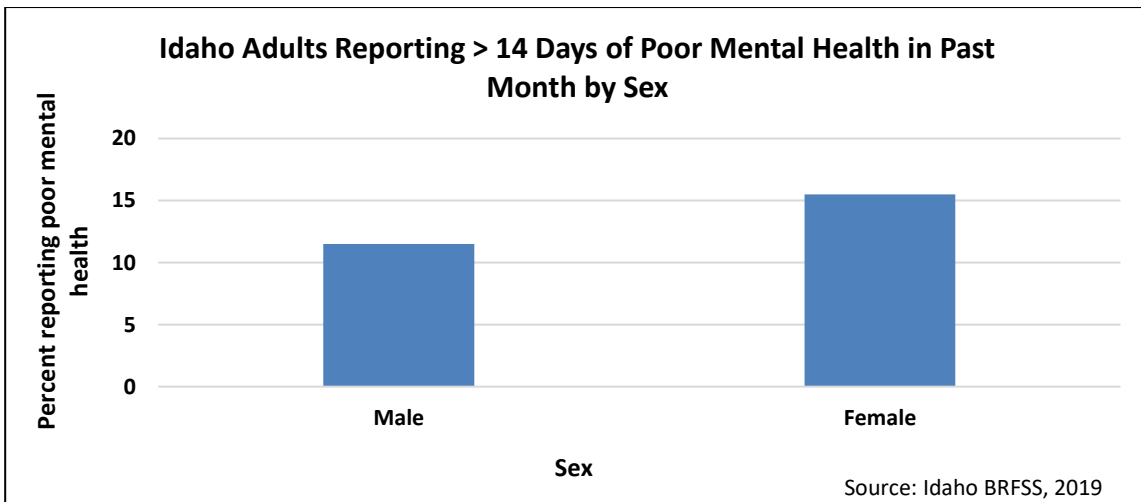
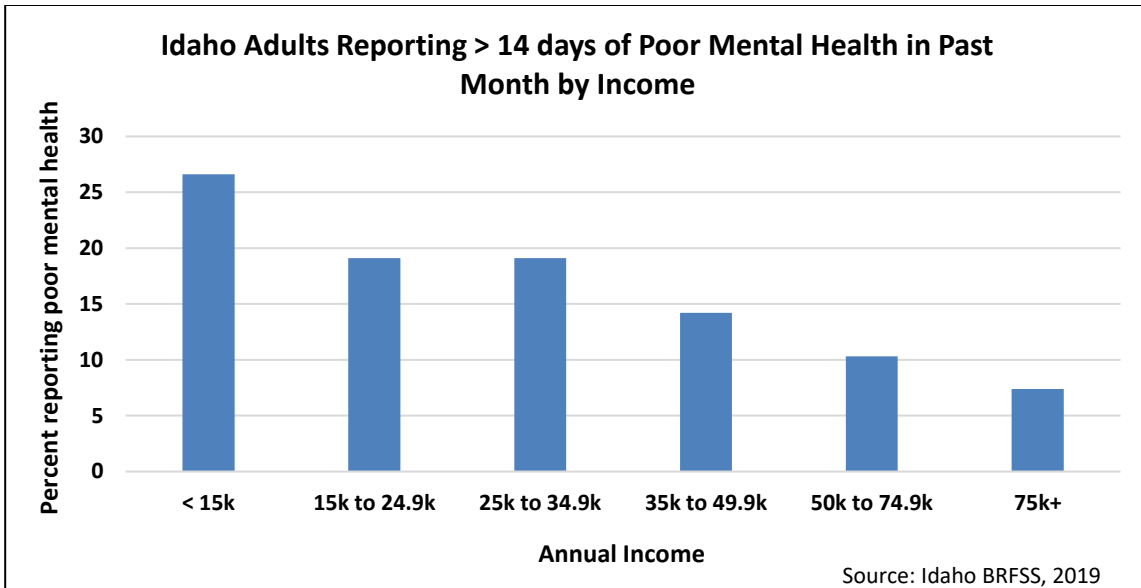
The percentage of people aged 18 or older having any mental illness (AMI) was 22.48% for Idaho in 2019. This was the fourth highest percentage of mental illness in the nation. The percentage of people having any mental illness for the United States was 19.86%.¹⁰²

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.¹⁰³



¹⁰² Mental Health, United States, 2009 - 2019 Reports, SAMHSA, www.samhsa.gov

¹⁰³ Idaho 2009 - 2019 Behavioral Risk Factor Surveillance System



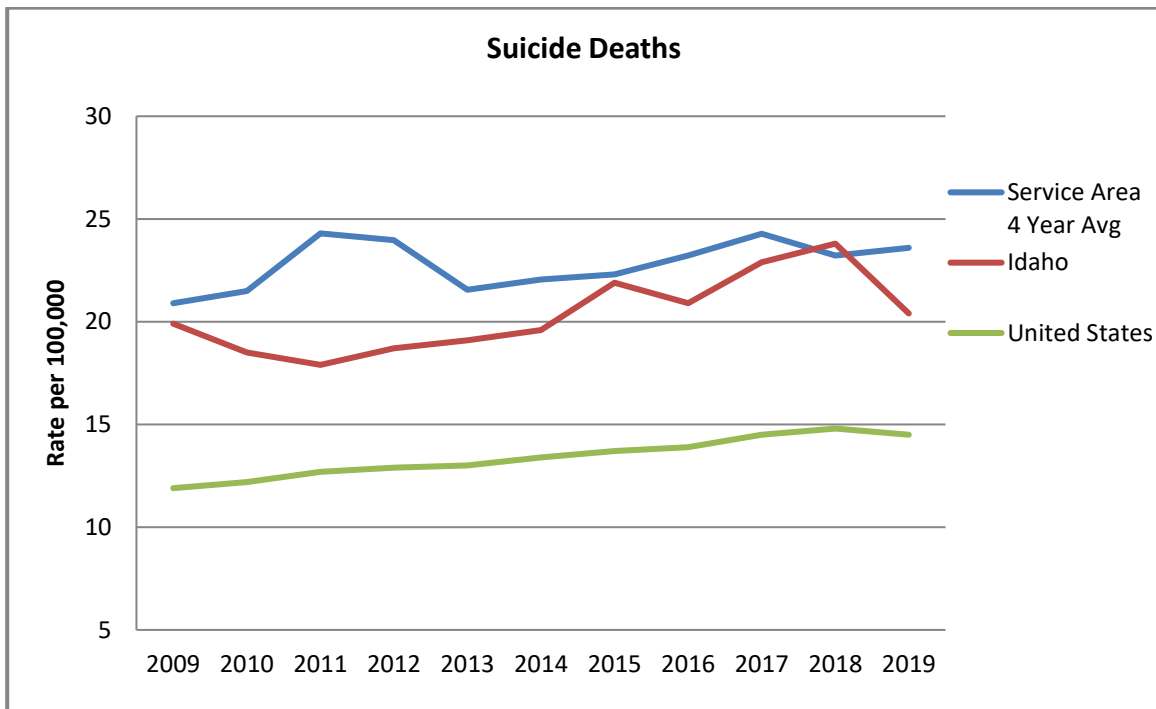
| Health Factor Score | | | | |
|---|-------|---|-----------|-------------|
| Low score = Low potential for health impact | | High score = High potential for health impact | | |
| | Trend | Severity | Magnitude | Total Score |
| Mental Illness | -1 | 1 | 2 | 2 |

- **Deaths by Suicide**

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

The national suicide rate for males is about four times higher than the rate for females. U.S. male veterans are twice as likely to die by suicide as males without military service. Many suicides can be prevented by ensuring people are aware of warning signs, risk factors, and protective factors.¹⁰⁴

The suicide death rate per 100,000 people in Idaho was 20.4 in 2019 which is about 30% higher than the national average rate of 14.5. The suicide rate in our service area, Idaho, and the nation has been trending up slightly.¹⁰⁵



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

¹⁰⁴ CDC, <https://www.cdc.gov/suicide/suicide-data-statistics.html>

¹⁰⁵ Idaho Vital Statistics Annual Reports, Years 2009 - 2019, National Vital Statistics Report - Deaths: Data 2019

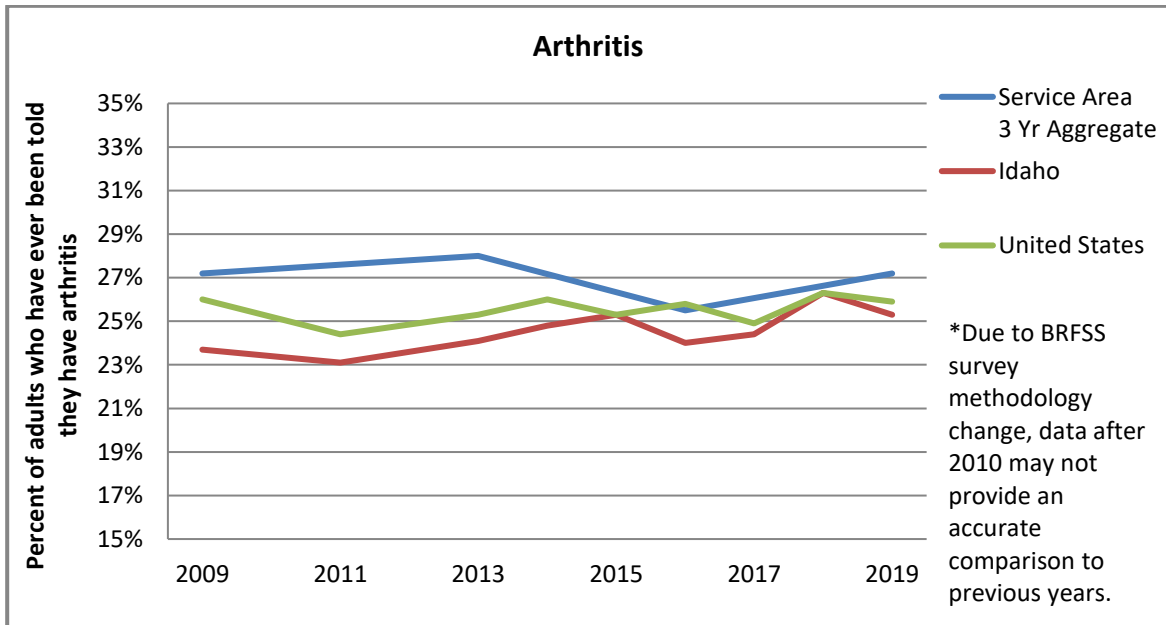
Chronic Disease Management

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

- **Arthritis**

Idaho residents with incomes below \$35,000 per year were more likely to have arthritis than those with incomes of \$35,000 or higher (32% compared with 20%). Hispanics were significantly less likely than non-Hispanics to have been diagnosed with arthritis (10.8% compared with 24.5%). Females 65+ were more likely to have arthritis compared to males 65+ (52.8% compared with 41.6%).¹⁰⁶

In 2019, about 26% of Idaho adults had ever been told by a medical professional that they had arthritis. The prevalence of arthritis in our service area is slightly above the national average and the trend is flat.¹⁰⁷



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

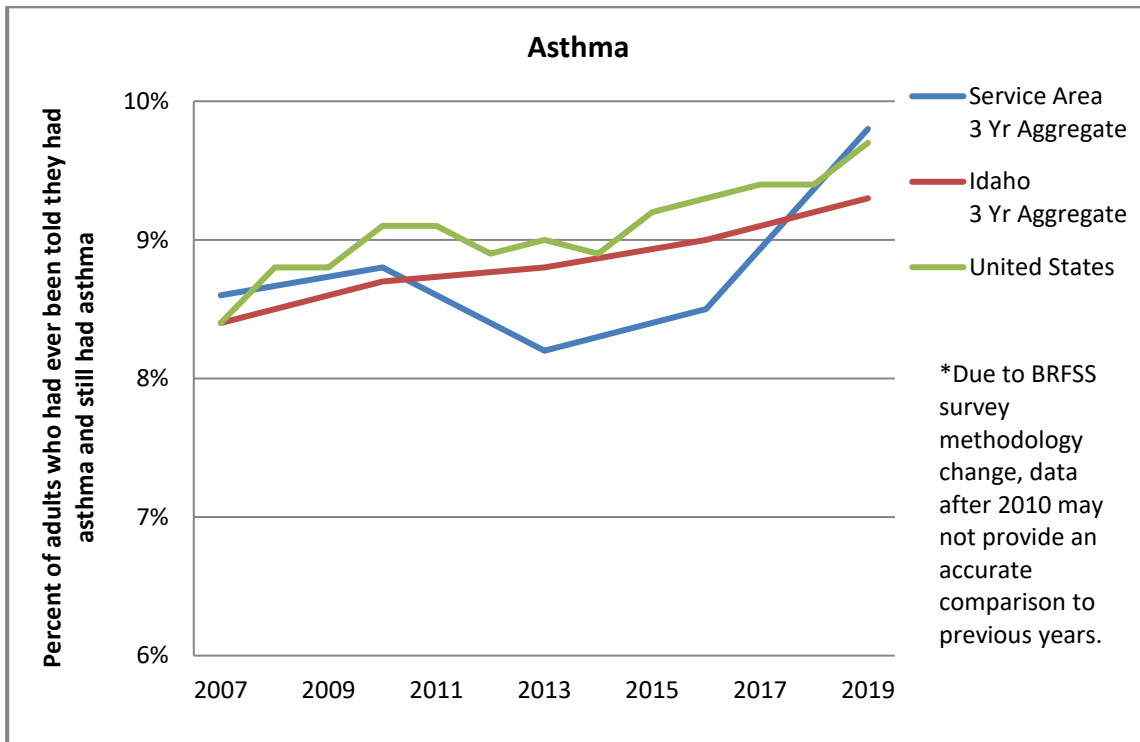
¹⁰⁶ Ibid

¹⁰⁷ Idaho and National 2011 - 2020 Behavioral Risk Factor Surveillance System

- **Asthma**

Asthma is a long-term disease that cannot be cured. The goal of asthma treatment is to control the disease. To control asthma, it is recommended people partner with their provider to create an action plan that avoids asthma triggers and includes guidance on when to take medications or to seek emergency care.¹⁰⁸

The percentage of people with asthma in our service area is above the national average and the trend is increasing.¹⁰⁹



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

¹⁰⁸ http://www.nhlbi.nih.gov/health//dci/Diseases/Asthma/Asthma_Treatments.html

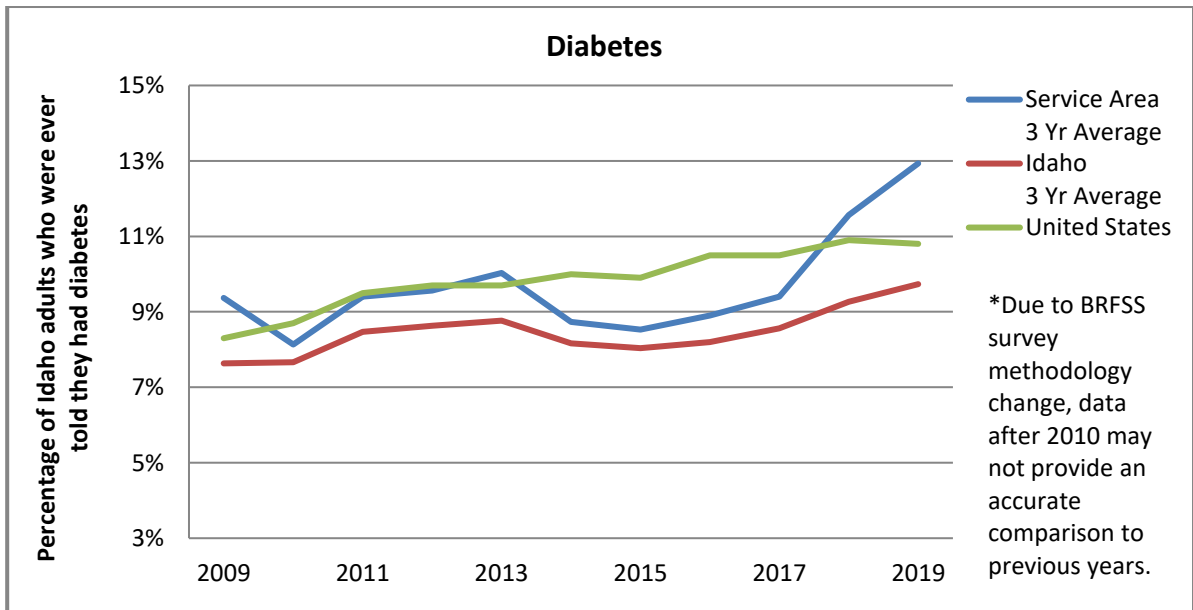
¹⁰⁹ Idaho and National 2011 - 2020 Behavioral Risk Factor Surveillance System

- **Diabetes**

Diabetes was the nation’s seventh-leading cause of death in 2019. Those with diabetes are twice as likely to have heart disease or a stroke than those without diabetes. Diabetes can also contribute to high blood pressure, kidney disease, blindness, and can result in limb amputation or death. Direct medical costs for type 2 diabetes were estimated to exceed \$327 billion in 2017 in the U.S. Studies indicate that the onset of type 2 diabetes can be prevented maintaining a healthy weight, increased physical activity, and improving dietary choices. Diabetes can be managed through regular monitoring, following a physician-prescribed care regiment and healthy lifestyle such as not smoking, healthy diet, maintaining a healthy weight and participating in regular physically activity.¹¹⁰

About 13% of the people in our service area report that they have been told they have diabetes. The trend is significantly increasing.¹¹¹

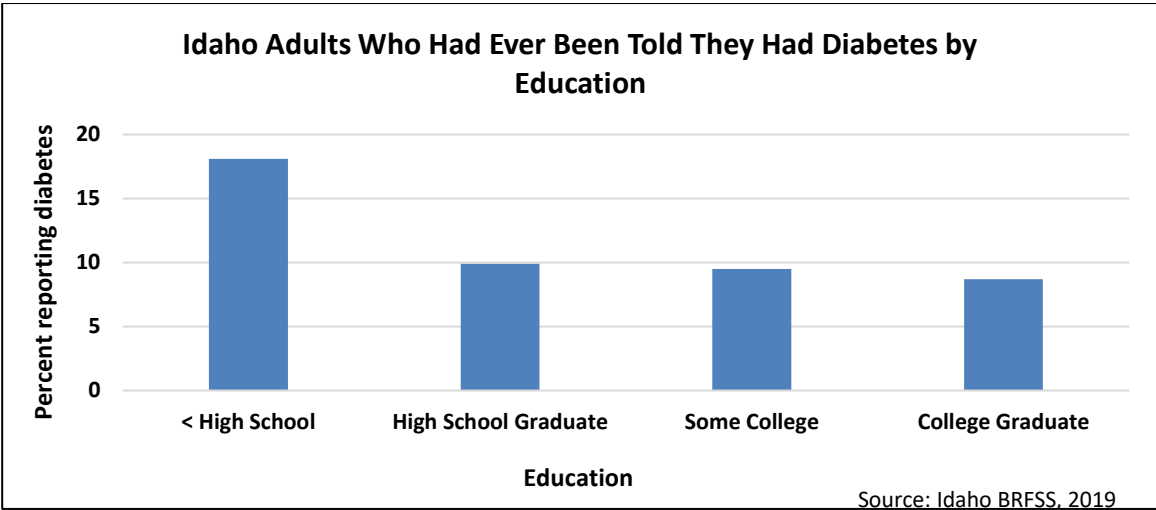
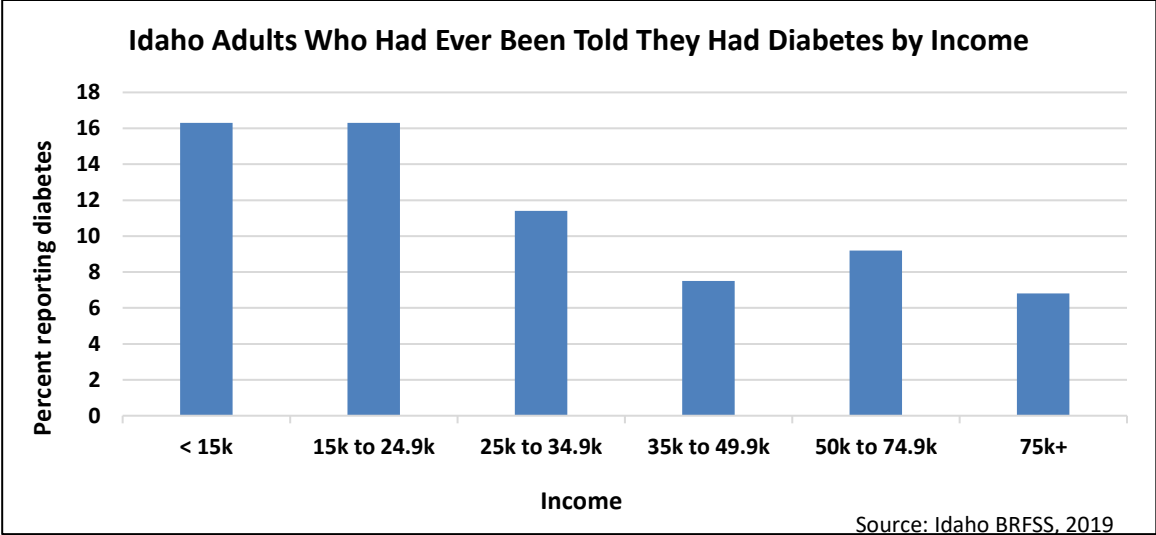
Those with lower income less than \$25,000 have higher rates of diabetes than those with higher income levels. Those with a high school diploma or less education were significantly more likely to have diabetes than college graduates. Seniors age 65+ have the highest rate of diabetes.¹¹²



¹¹⁰ America's Health Rankings analysis of CDC, Behavioral Risk Factor Surveillance System, United Health Foundation, AmericasHealthRankings.org, Accessed 2020

¹¹¹ America's Health Rankings 2012 - 2019, www.americashealthrankings.org

¹¹² America's Health Rankings 2006 - 2020, www.americashealthrankings.org



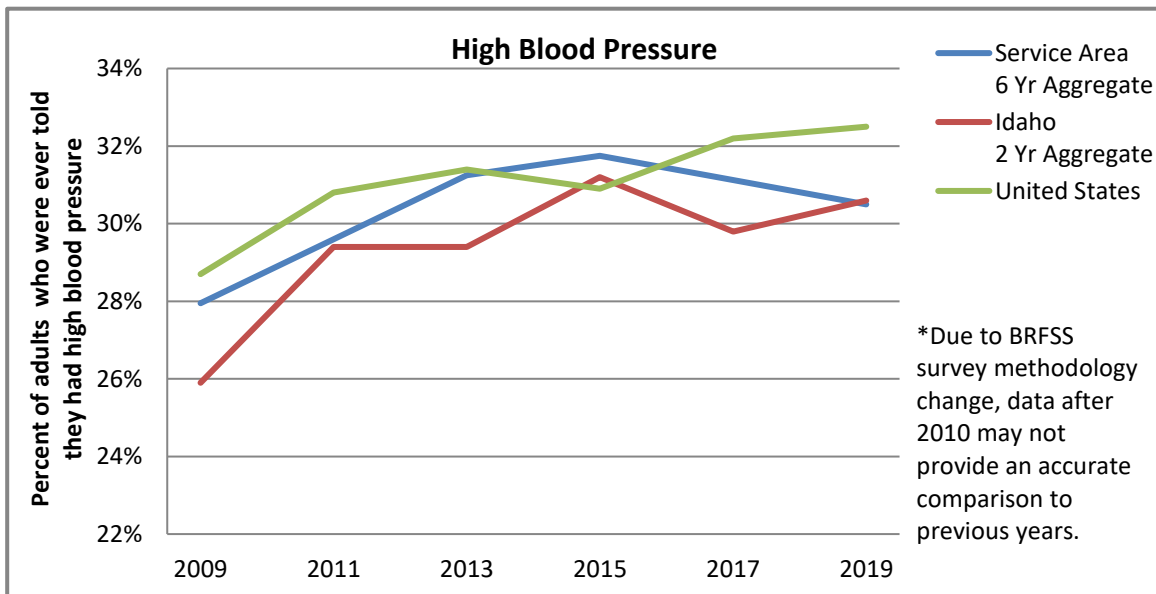
| Health Factor Score | | | | |
|---|-------|---|-----------|-------------|
| Low score = Low potential for health impact | | High score = High potential for health impact | | |
| | Trend | Severity | Magnitude | Total Score |
| Diabetes | 2 | 1 | 2 | 5 |

- **High Blood Pressure**

The incidence of high blood pressure in the U.S. has continued to rise steadily over time. Currently, about one in every three Americans suffers from high blood pressure. High blood pressure is a major risk factor for heart disease, stroke, congestive heart failure, and kidney disease. Healthy blood pressure may be maintained by combining lifestyle changes, such as diet and exercise, with prescribed medications.¹¹³

Blood pressure rates in our service area are slightly below the national level and the trend is flat.¹¹⁴

Those with incomes below \$50,000 per year were significantly more likely to have been told they had high blood pressure than those with annual incomes of \$50,000 or more. Males and those 65+ reported significantly higher blood pressure than females and other age groups.¹¹⁵



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

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

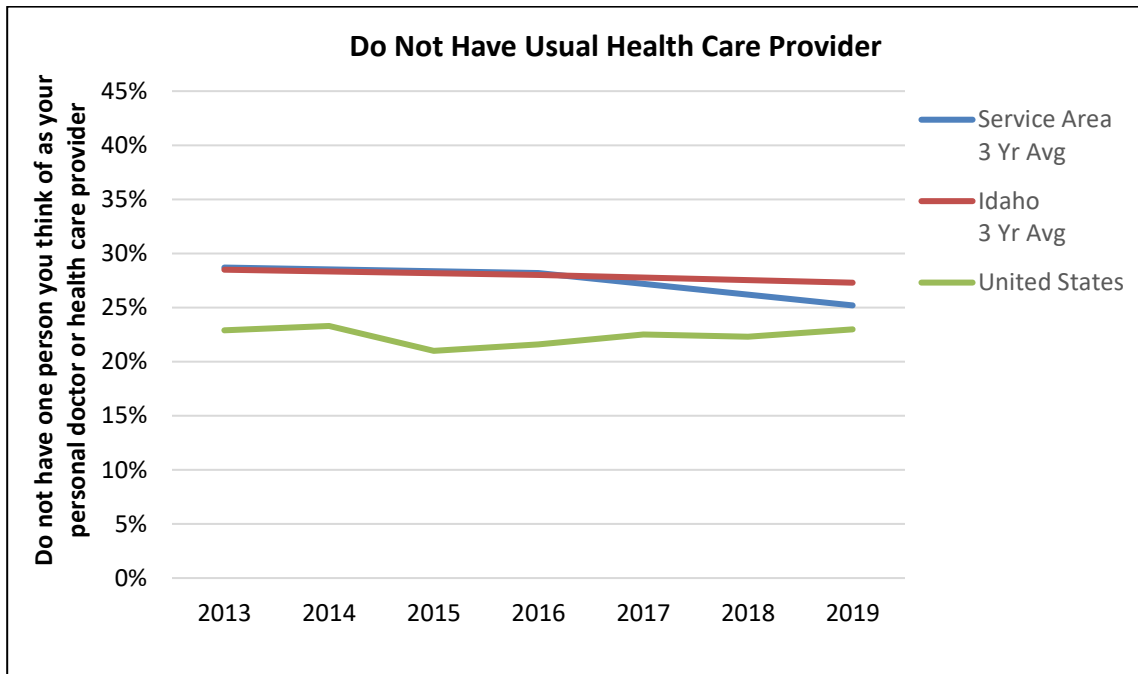
¹¹⁴ America's Health Rankings 2008 - 2020, www.americashealthrankings.org

¹¹⁵ Ibid

- **Medical Home**

Today's medical home is a cultivated partnership between the patient, family, and primary provider in cooperation with specialists and support from the community. The patient/family is the focal point of this model, and the medical home is built around this center. Care under the medical home model must be accessible, family-centered, continuous, comprehensive, coordinated, compassionate, and culturally effective.¹¹⁶ One way to measure progress in the development of the medical home model is to study the percentage of people who do not have one person they think of as their personal doctor.

The percentage of people in our service area without a usual health care provider is slightly higher than it is in the nation and the trend is flat.¹¹⁷



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

¹¹⁶ <http://www.hrsa.gov/healthit/toolbox/Childrenstoolbox/BuildingMedicalHome/whyimportant.html>

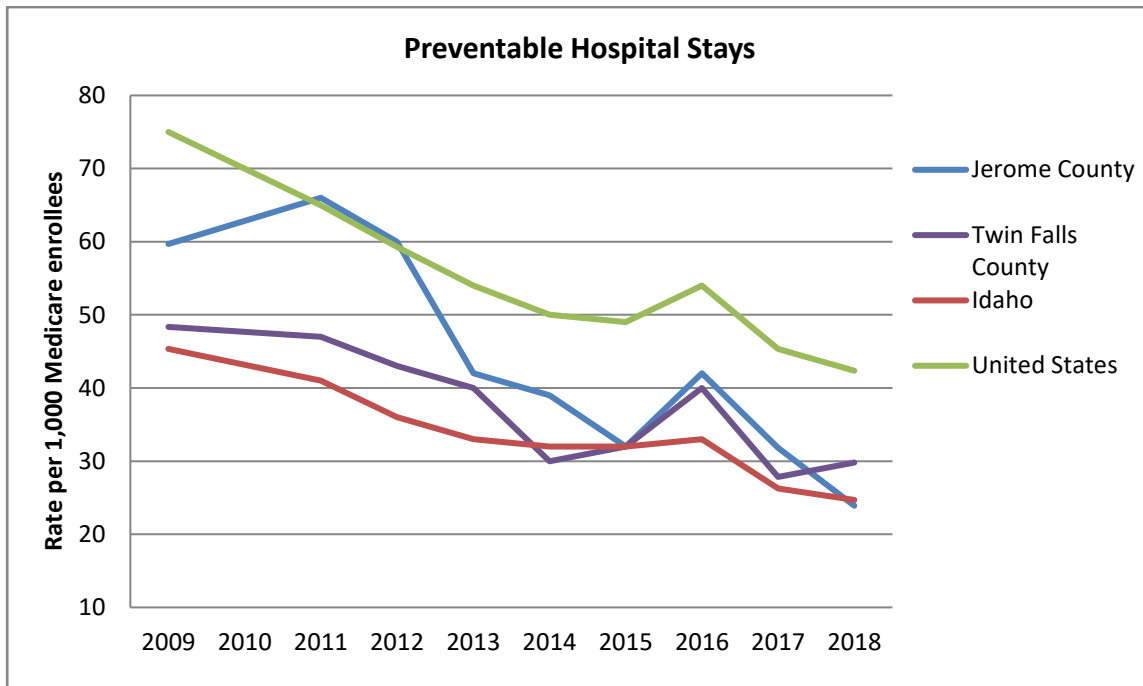
¹¹⁷ Idaho and National 2014 – 2020 Behavioral Risk Factor Surveillance System

Health Care Quality

- **Preventable Hospital Stays**

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

The rate of preventable hospital stays for our service area is significantly below (better than) the national average. The trend is also improving in our service area and nationally. This indicates a high level of health care quality in our service area. The national top 10th percentile rate is 26 per 100,000.¹¹⁸



| Health Factor Score | | | | |
|---|-------|---|-----------|-------------|
| Low score = Low potential for health impact | | High score = High potential for health impact | | |
| | Trend | Severity | Magnitude | Total Score |
| Preventable Hospital Stays | -1 | 0 | 2 | 1 |

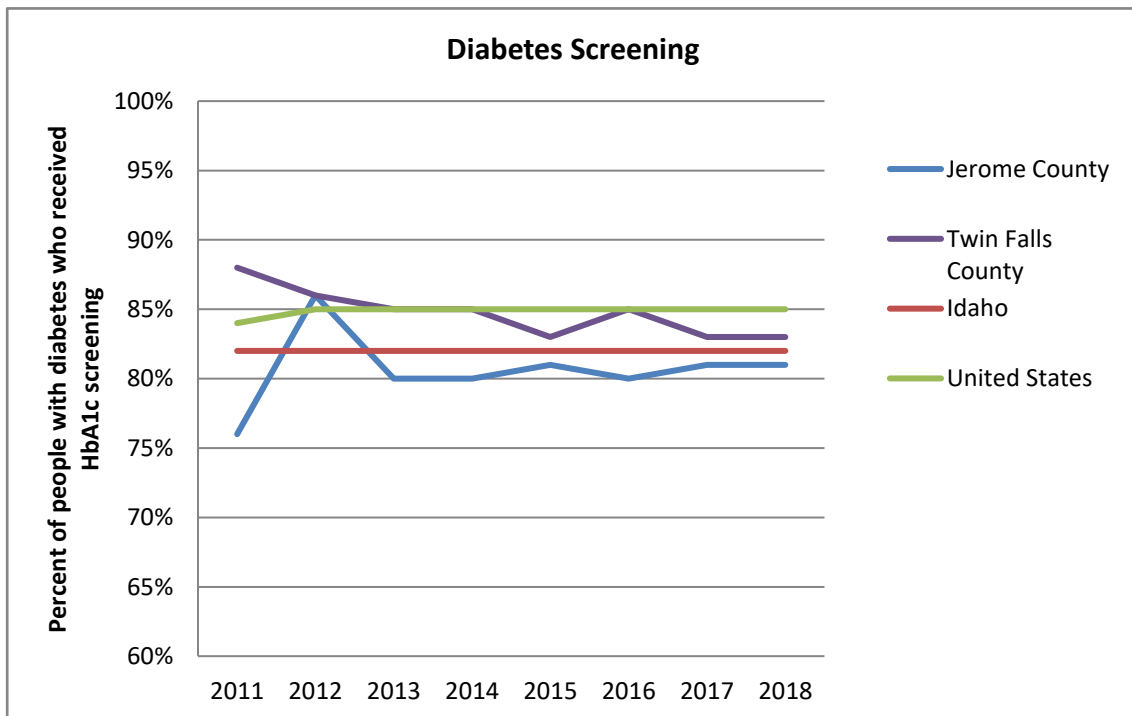
¹¹⁸ University of Wisconsin Population Health Institute. *County Health Rankings 2006-2018*. Accessible at www.countyhealthrankings.org.

Screening Programs

- **Diabetes Screening**

Diabetes screening encompasses the percent of diabetic Medicare enrollees receiving HbA1c screening. Regular HbA1c screening among diabetic patients is considered the standard of care. When high blood sugar, or hyperglycemia, is addressed and controlled, complications from diabetes can be delayed or prevented.¹¹⁹

The percent of people receiving HbA1c screening is slightly lower in our service area than in the nation. The trend for diabetes screening is flat nationally and in our service area.¹²⁰



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

¹¹⁹ University of Wisconsin Population Health Institute. *County Health Rankings 2018*. Accessible at www.countyhealthrankings.org.

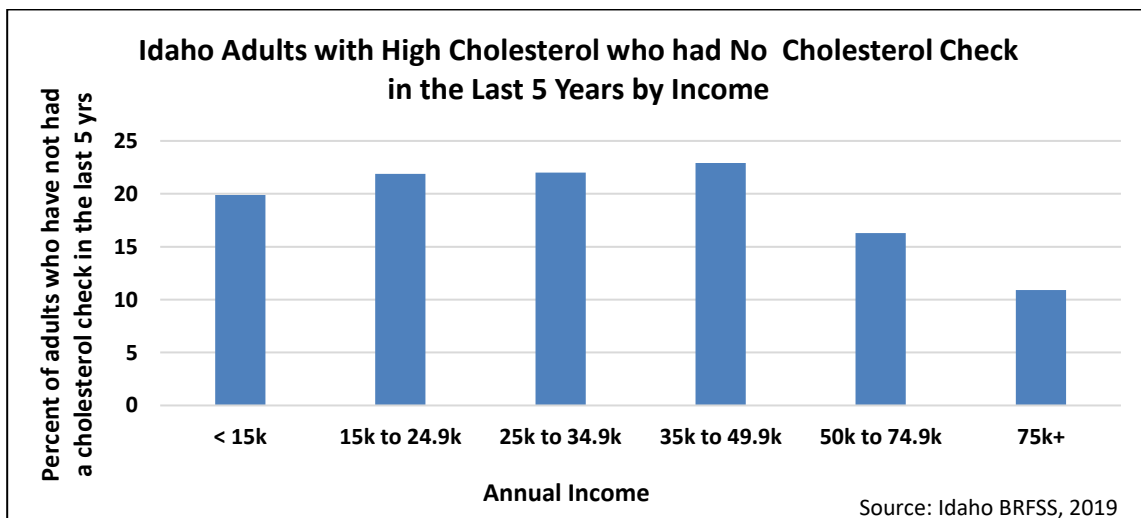
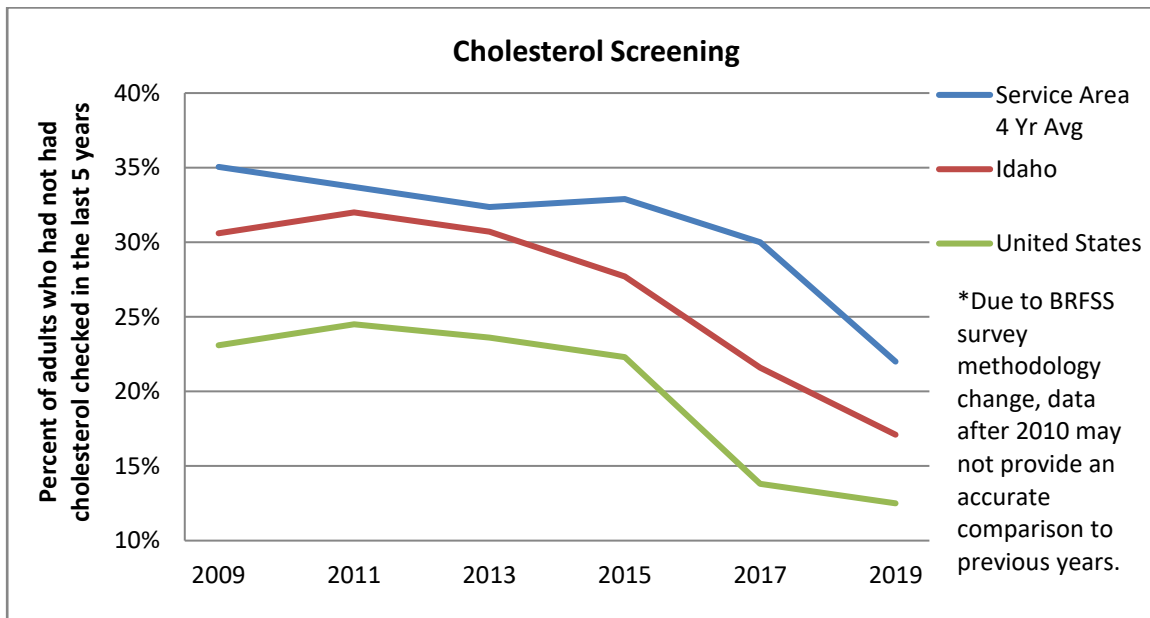
¹²⁰ Idaho and National 2010 - 2018 Behavioral Risk Factor Surveillance System

- **Cholesterol Screening**

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

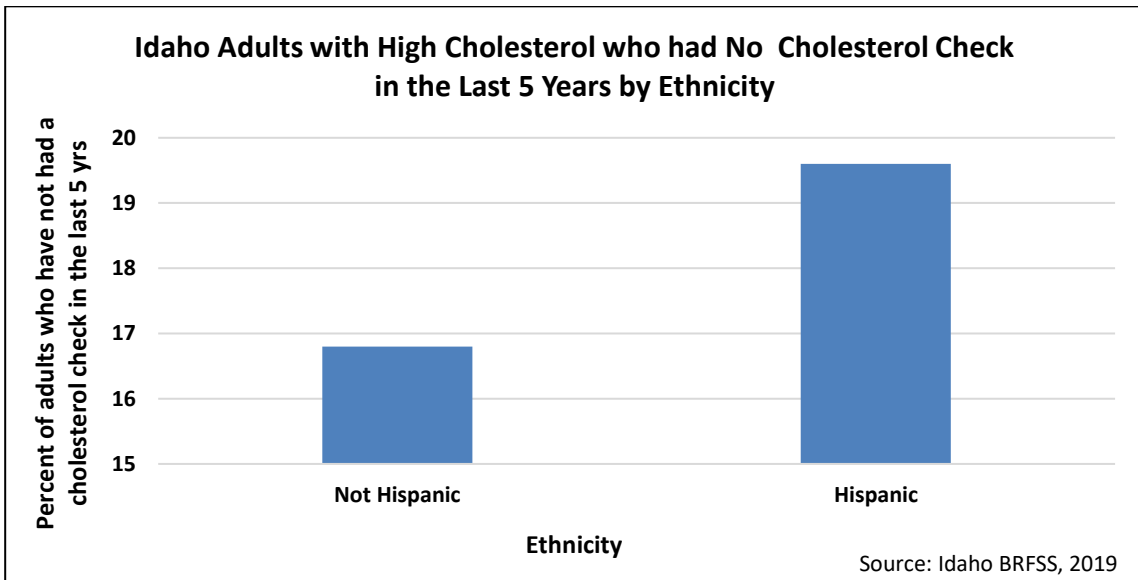
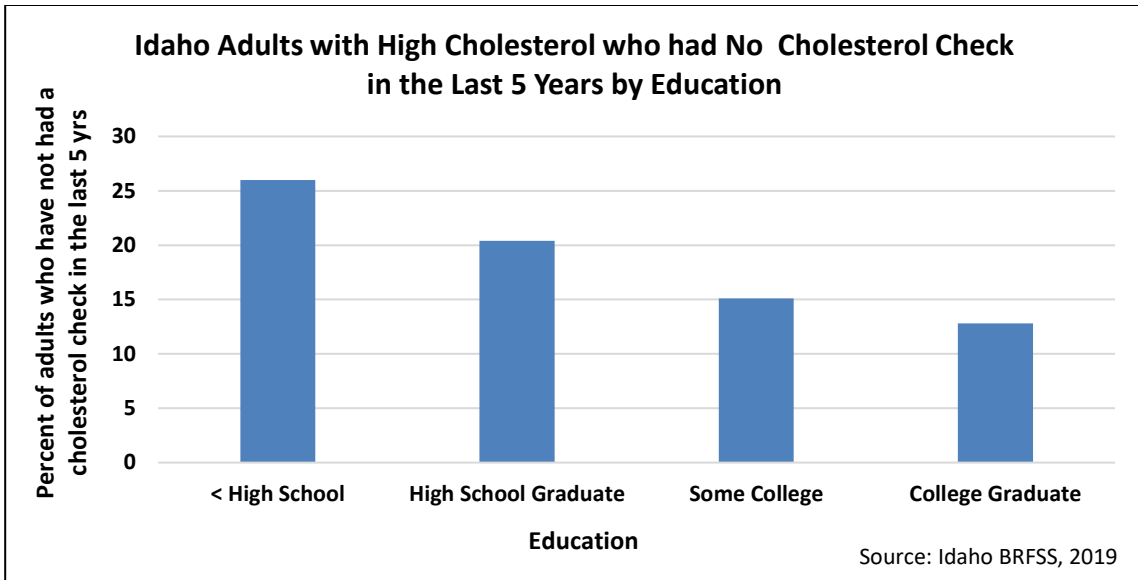
Our service area has a lower percent of people receiving cholesterol checks than the national average.¹²¹

People with lower incomes, those without college educations, and Hispanics are significantly less likely to have their cholesterol checked.¹²²



¹²¹ Idaho and National 2009 - 2019 Behavioral Risk Factor Surveillance System

¹²² Ibid

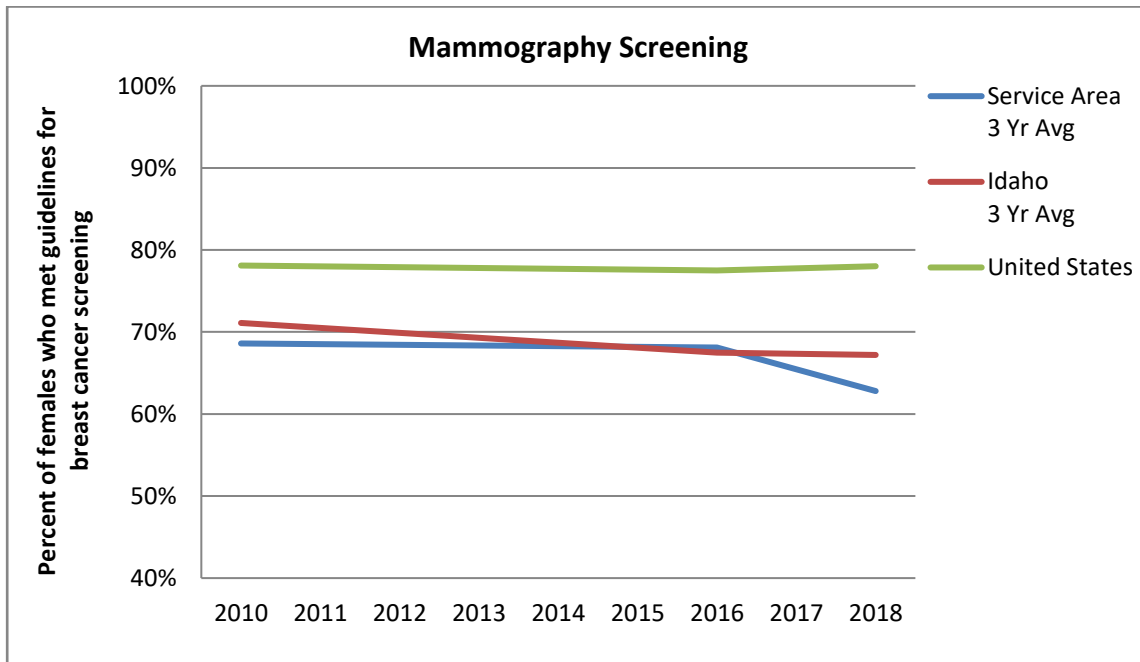


| Health Factor Score | | | | |
|---|-------|---|-----------|-------------|
| Low score = Low potential for health impact | | High score = High potential for health impact | | |
| | Trend | Severity | Magnitude | Total Score |
| Cholesterol Screening | -2 | 1 | 0 | -1 |

- **Mammography Screening**

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

The percentage of women who were screened was lower than in the nation and has trended flat. Women with annual incomes of less than \$25,000 are significantly less likely to have had a mammogram.¹²³



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

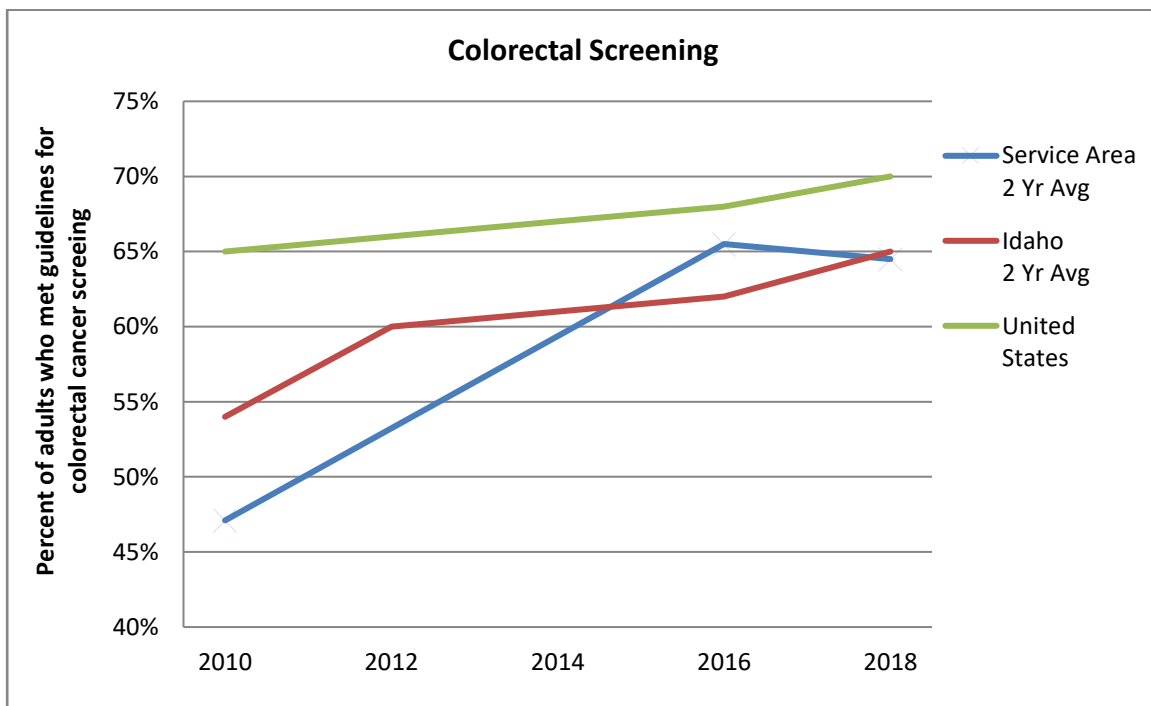
¹²³ Idaho and National 2010 - 2018 Behavioral Risk Factor Surveillance System

- **Colorectal Screening**

Colorectal cancer is the second-leading cause of cancer deaths and the third most common cancer in both men and women in the U.S. There is strong evidence that colorectal cancer screening reduces mortality by detecting cancer early when treatments are more effective. It is estimated that 20 to 24 colorectal cancer deaths can be averted for every 1,000 adults screened.¹²⁴

The percent of people aged 50 or older receiving colorectal screening in our service area is lower than the nation. The trend has been improving.¹²⁵

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.¹²⁶



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

¹²⁴ America's Health Rankings analysis of CDC, Behavioral Risk Factor Surveillance System, United Health Foundation, AmericasHealthRankings.org, Accessed 2020

¹²⁵ Idaho and National 2010 - 2018 Behavioral Risk Factor Surveillance System

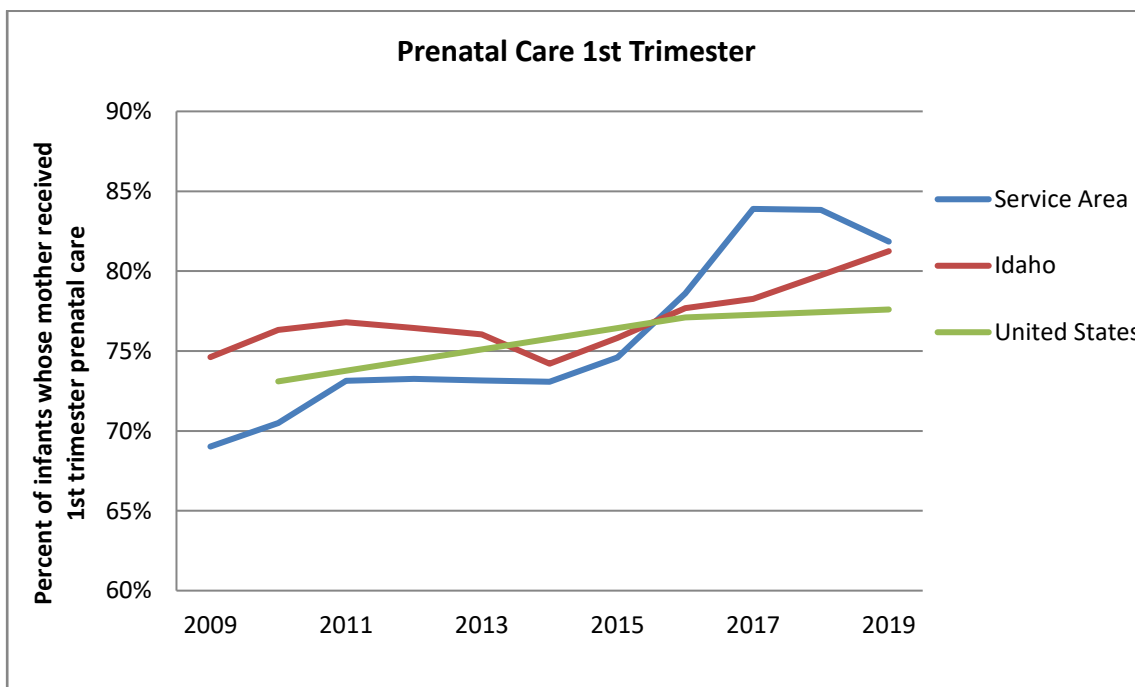
¹²⁶ Ibid.

Prenatal Care Program

- **Prenatal Care Begun in First Trimester**

Prenatal care measures how early women are receiving the care they require for a healthy pregnancy and development of the fetus. Mothers who do not receive prenatal care are three times more likely to deliver a low birthweight baby than mothers who received prenatal care, and babies are five times more likely to die without that care. Early prenatal care allows health care providers to identify and address health conditions and behaviors that may reduce the likelihood of a healthy birth, such as smoking and drug and alcohol abuse.¹²⁷

The percent of women in our service area who receive early prenatal care is 81.3%, which is higher than in the nation. The trend in our service area has been increasing.¹²⁸



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

¹²⁷ America's Health Rankings analysis of CDC WONDER, Natality Public Use Files, United Health Foundation, AmericasHealthRankings.org, Accessed 2022.

¹²⁸ Idaho Vital Statistics Annual Reports, Years 2006 - 2019, National Vital Statistics Report - Deaths: Data 2019

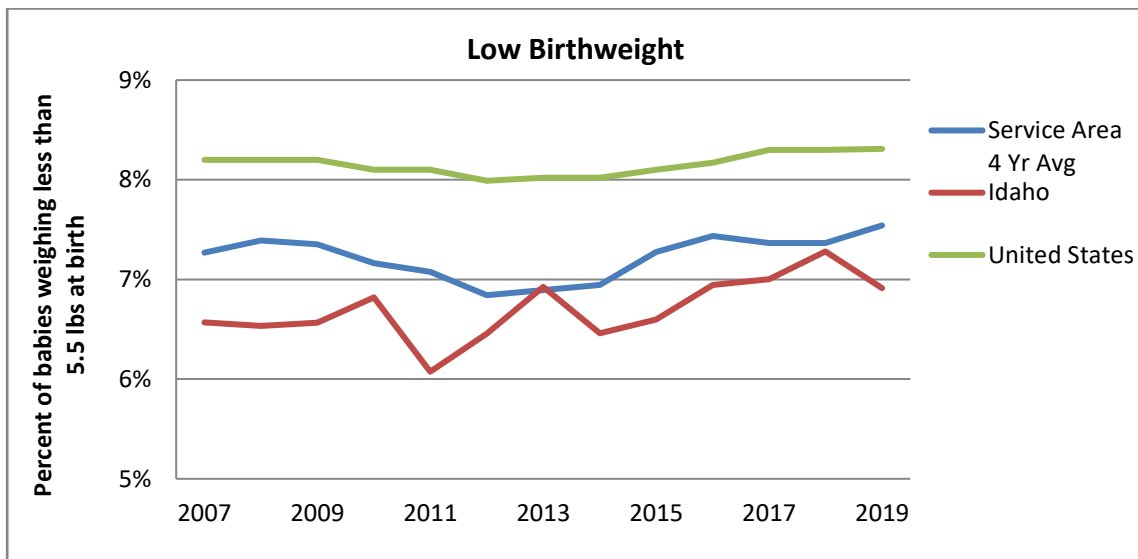
- **Low Birthweight**

Low birthweight is unique as a health outcome because it represents multiple factors: maternal exposure to health risks and the infant’s current and future morbidity, as well as premature mortality risk. The health associations and impacts of low birthweight on the child are numerous, including higher mortality, lower IQ, impaired language development, and chronic conditions during adulthood, i.e., obesity, diabetes, and cardiovascular disease.¹²⁹

The percent of low birthweight babies in our service area is 7.5%, which is below (better than) the national average. This is a key indicator of future health. The national top 10th percentile for low birthweight is 6%.¹³⁰

Low birthweight can be addressed in multiple ways, including:¹³¹

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



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

¹²⁹ University of Wisconsin Population Health Institute. *County Health Rankings* 2019. Accessible at www.countyhealthrankings.org.

¹³⁰ Idaho Vital Statistics Annual Reports, Years 2009 - 2019, National Vital Statistics Report - Births: Data 2009 - 2019

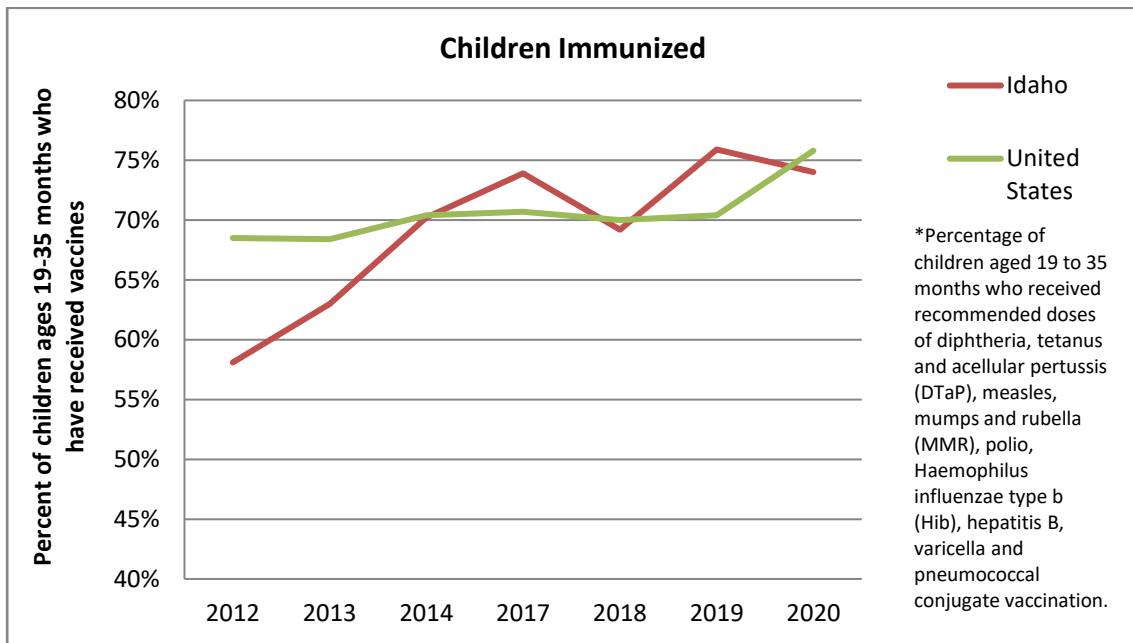
¹³¹ America’s Health Rankings 2015-2018, www.americashealthrankings.org

Immunizations

- **Childhood Immunizations**

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

The immunization coverage measure used here is the average of the percentage of children ages 19 to 35 months who have received the following vaccinations: DTaP, polio, MMR, Hib, hepatitis B, varicella, and PCV. The immunization rate in Idaho has been improving and is about the same as the nation.¹³²



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

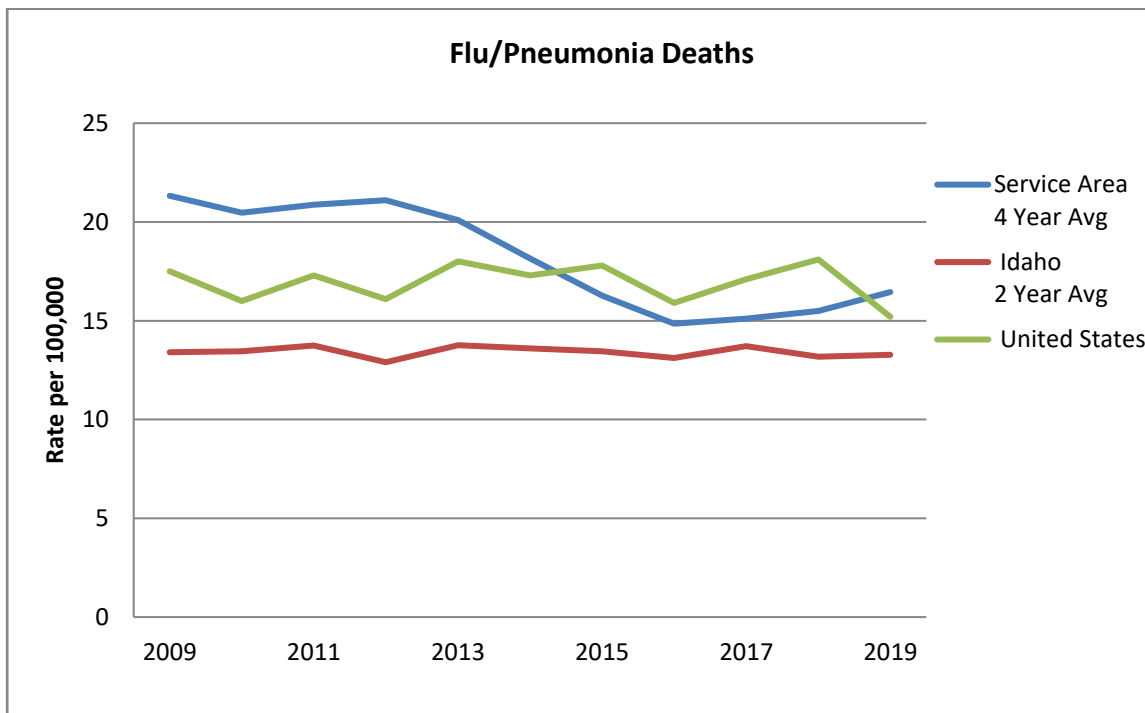
¹³² America's Health Rankings 2015-2018, www.americashealthrankings.org

- **Influenza and Pneumonia**

Influenza is a contagious respiratory illness caused by influenza viruses that infect the nose, throat, and lungs. It can cause mild to severe illness, and at times can lead to death. The best way to prevent the flu is by getting a flu vaccination each year.¹³³

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.¹³⁴

Influenza and Pneumonia are one of the top 10 causes of death in the nation and Idaho. The death rate from flu and pneumonia has been slightly decreasing in our service area and is slightly higher than the national average.¹³⁵



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

¹³³ <https://www.cdc.gov/flu/prevent/keyfacts.htm>

¹³⁴ <https://www.cdc.gov/pneumonia/>

¹³⁵ Idaho Vital Statistics Annual Reports, Years 2009 - 2019, National Vital Statistics Report - Deaths: Data 2019

Social and Economic Factors

Academic Achievement

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

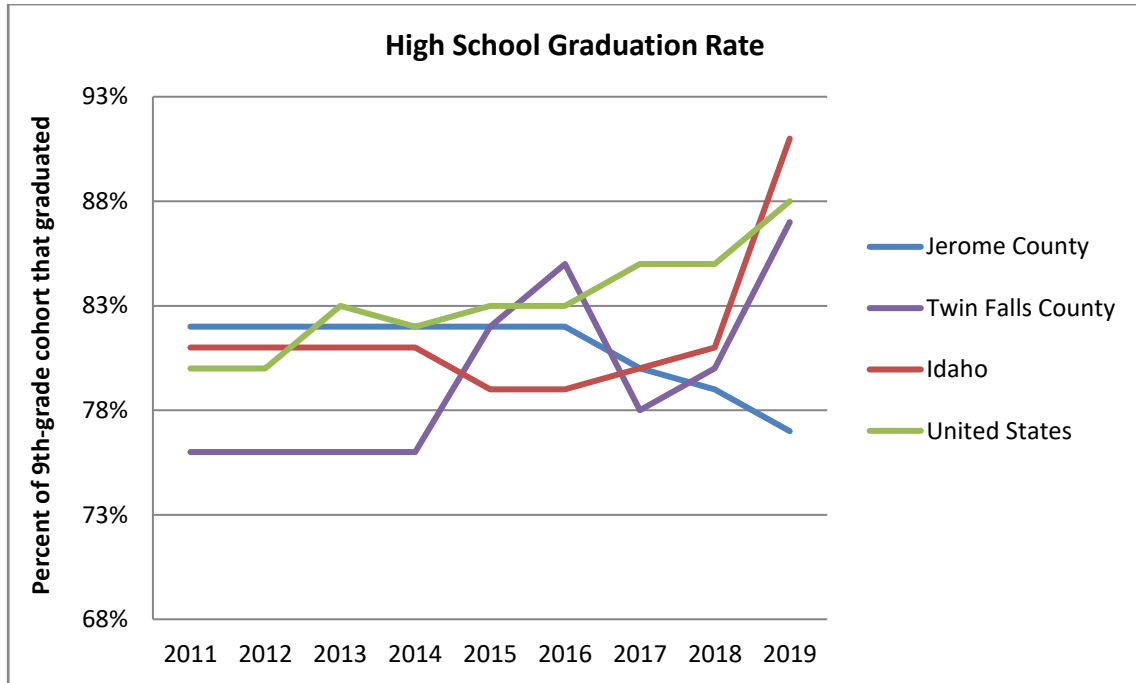
Third grade reading proficiency is often linked to high school graduation attainment, post-secondary education or career readiness programs, and lifetime earning potential. Those reading below proficiency by the end of third grade are much more likely not to graduate from high school, not pursue post-secondary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

Equitable access to early learning opportunities is a key social determinant of health and foundational to individual and community wellbeing. Poverty, lack of healthcare, and food and housing insecurity create significant challenges for families to afford pre-school and full-day kindergarten.¹³⁶

¹³⁶ Idaho's Early Childhood Care and Education Strategic Plan, 2020

- **High School Graduation Rate**

The high school graduation rate for Twin Falls County is about the same as the national average and the trend is increasing. However, it is significantly below the nation for Jerome County and the trend is decreasing.¹³⁷

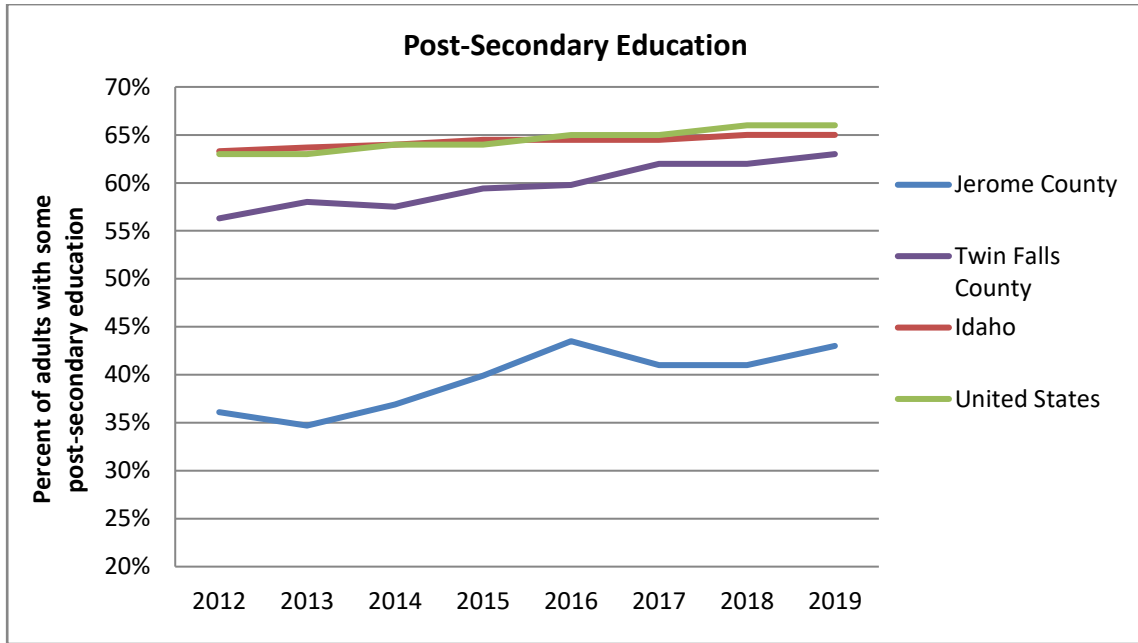


| Health Factor Score | | | | |
|---|-------|---|-----------|-------------|
| Low score = Low potential for health impact | | High score = High potential for health impact | | |
| | Trend | Severity | Magnitude | Total Score |
| High School Graduation Rate | 1 | 0 | 1 | 2 |

¹³⁷ University of Wisconsin Population Health Institute. *County Health Rankings 2011-2019*. Accessible at www.countyhealthrankings.org.

- **Some College**

Post-secondary education for Twin Falls County is slightly below the national average. However, it is significantly below the nation for Jerome County. The trend is slowly increasing for both counties.¹³⁸



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

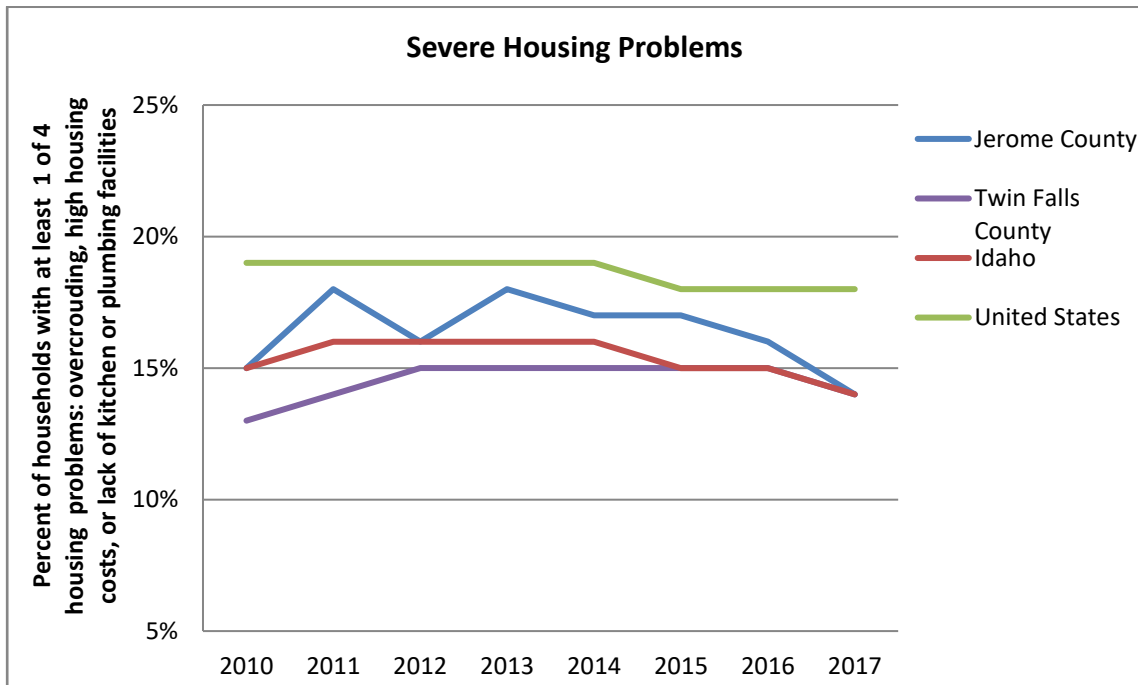
¹³⁸ Ibid

Housing Stability

The U.S. Census Bureau "CHAS" data (Comprehensive Housing Affordability Strategy), demonstrate the extent of housing problems and housing needs, particularly for low-income households. There are four housing problems tracked in the CHAS data: 1) housing unit lacks complete kitchen facilities; 2) housing unit lacks complete plumbing facilities; 3) household is severely overcrowded; and 4) household is severely cost burdened. A household is said to have a severe housing problem if they have 1 or more of these 4 problems. Severe overcrowding is defined as more than 1.5 persons per room. Severe cost burden is defined as monthly housing costs (including utilities) that exceed 50% of monthly income.¹³⁹

- **Severe Housing Problems**

Idaho and our service area have a lower percentage of housing problems than the national average.¹⁴⁰



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

¹³⁹ Office of Policy Development and Research (PD&R). https://www.huduser.gov/portal/datasets/cp/CHAS/bg_chas.html

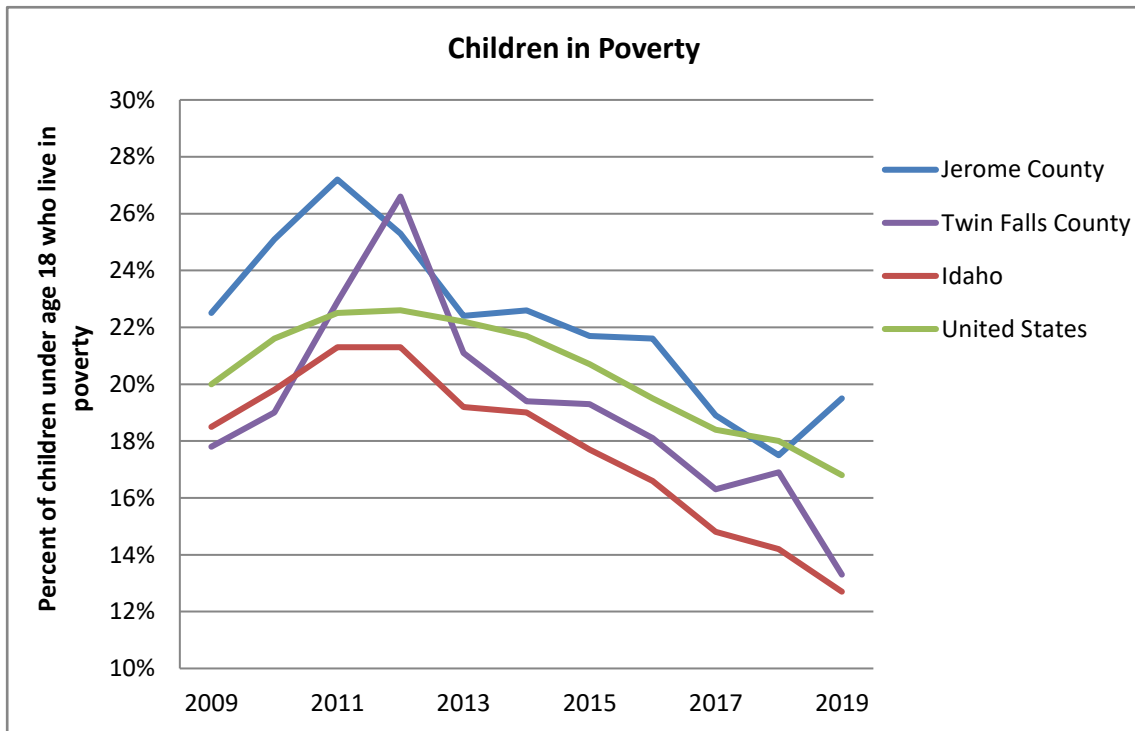
¹⁴⁰ University of Wisconsin Population Health Institute. *County Health Rankings 2009-2019*. Accessible at www.countyhealthrankings.org.

Services for Children and Families Experiencing Adversity

- **Children in Poverty**

Income and financial resources enable individuals to obtain health insurance, pay for medical care, afford healthy food, safe housing, and access other basic goods. A 1990s study showed that if poverty were considered a cause of death in the United States, it would have ranked among the top 10. Data on children in poverty is used from the Census' Current Population Survey (CPS) Small Area Income and Poverty Estimates (SAIPE).¹⁴¹

The prevalence of children in poverty in Twin Falls County is slightly below the national average, while it is above the national average for Jerome County. The trend is decreasing both nationally and in our service area.¹⁴²



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

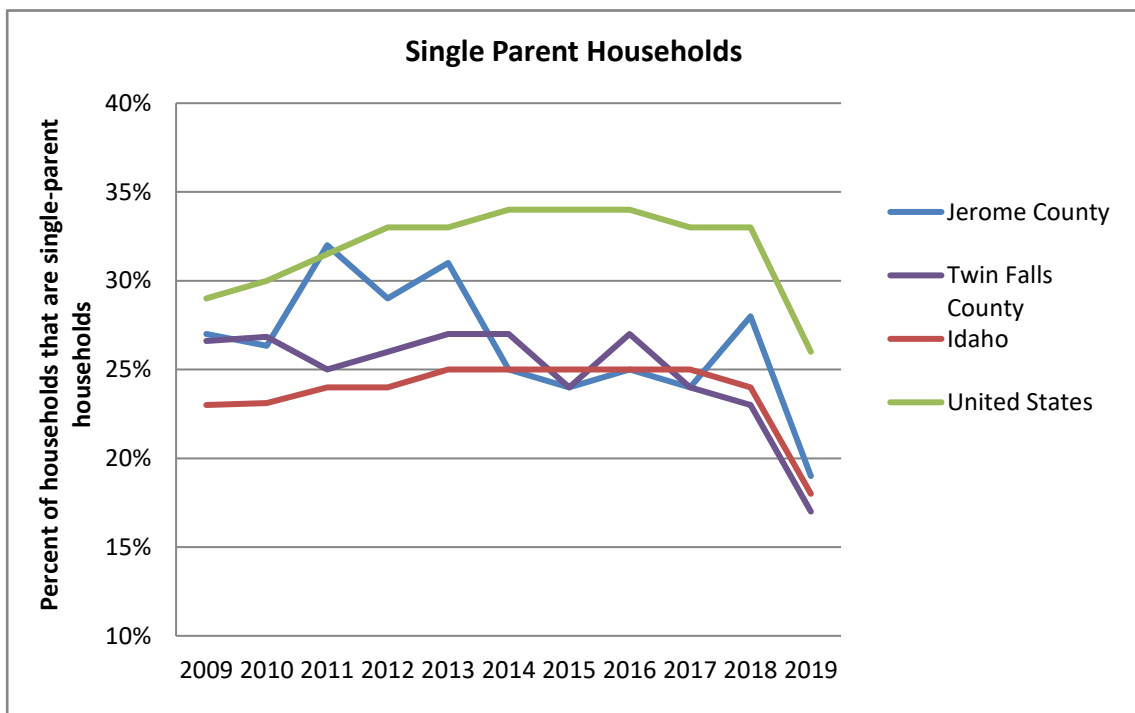
¹⁴¹ Small Area Income and Poverty Estimates (SAIPE). https://www.census.gov/data-tools/demo/saipe/#/?map_geoSelector=aa_c&s_state=16&s_year=2019.

¹⁴² University of Wisconsin Population Health Institute. *County Health Rankings 2009-2019*. Accessible at www.countyhealthrankings.org.

- **Children in Single Parent Household**

Adults and children in single-parent households are at risk for both adverse health outcomes such as mental health problems (including substance use disorder, depression, and suicide) and unhealthy behaviors (including smoking and excessive alcohol use). Not only is self-reported health worse among single parents, but mortality risk also is higher. Likewise, children in these households also experience increased risk of severe morbidity and all-cause mortality.¹⁴³

The percent of people living in single parent households is well below the national average for our service area.¹⁴⁴



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

¹⁴³ Ibid

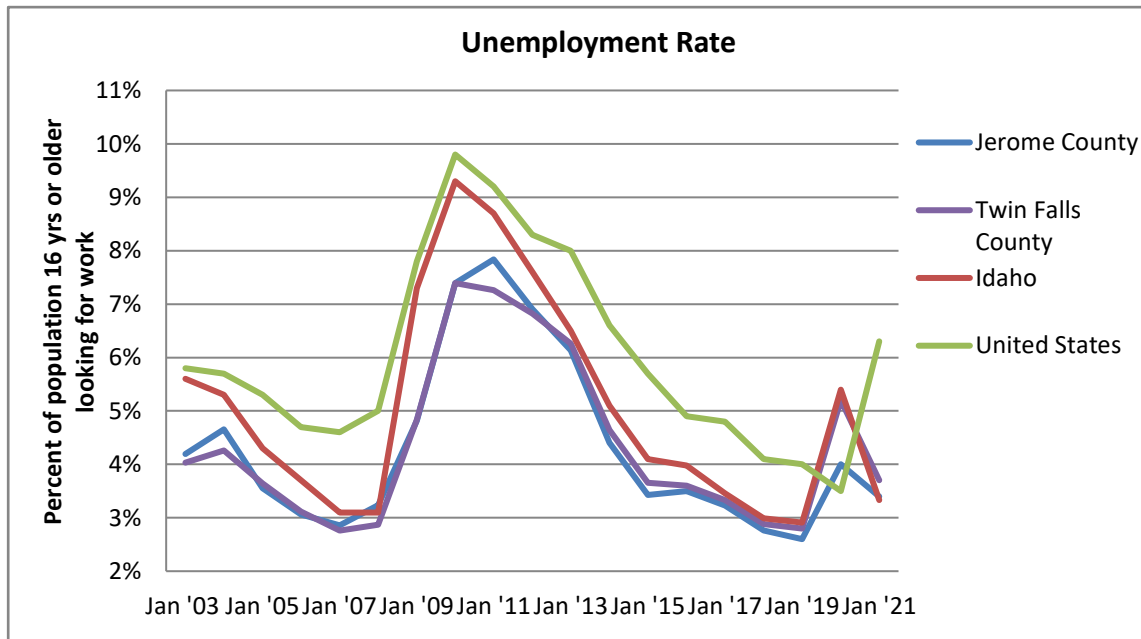
¹⁴⁴ Ibid

Individual Economic Stability

- **Unemployment**

For the majority of people, employers are their source of health insurance and employment is the way they earn income for sustaining a healthy life and for accessing healthcare. Numerous studies have documented an association between employment and health. Unemployment may lead to physical health responses ranging from self-reported physical illness to mortality, especially deaths by suicide. It has also been shown to lead to an increase in unhealthy behaviors related to alcohol and tobacco consumption, diet, exercise, and other health-related behaviors, which in turn can lead to increased risk for disease or mortality.¹⁴⁵

The unemployment rate in Idaho and our service area has been trending down since 2011 and is below the national rate.¹⁴⁶



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

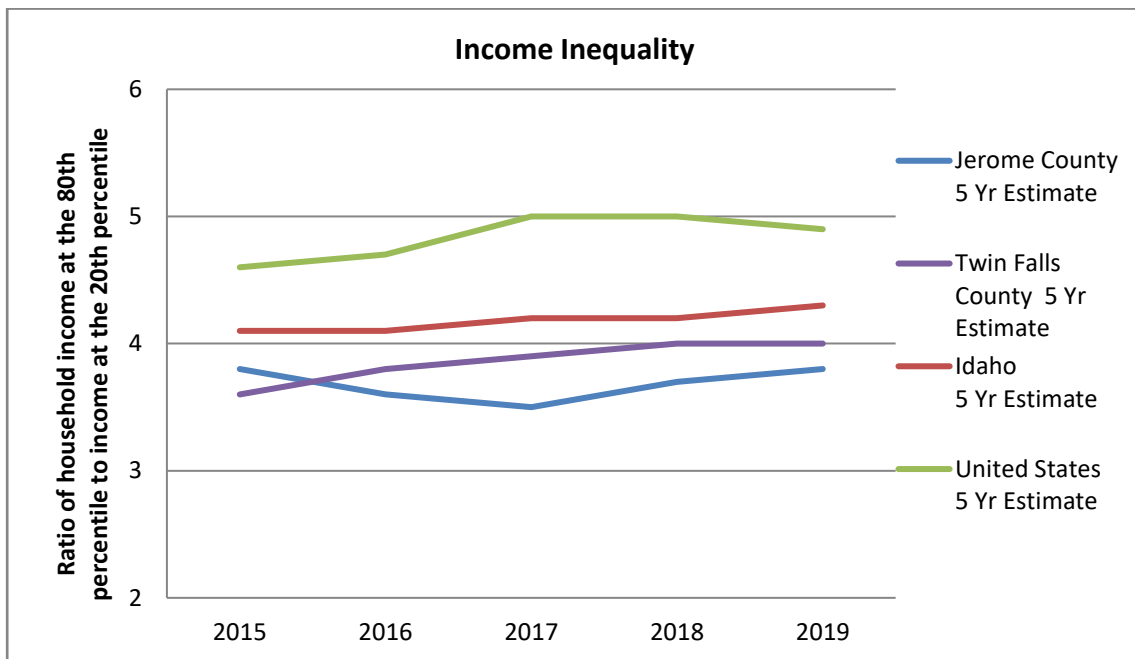
¹⁴⁵ National Source: National Bureau of Labor Statistics, www.bls.gov. Idaho Source: Idaho Department of Labor www.bls.gov

¹⁴⁶ University of Wisconsin Population Health Institute. *County Health Rankings 2002-2021*. Accessible at www.countyhealthrankings.org.

- **Income Inequality**

Income inequality can have broad health impacts, including increased risk of mortality, poor health, and increased cardiovascular disease risks.¹⁴⁷ When the incomes of all households in a county are listed from highest to lowest, the 80th percentile is the level of income at which only 20% of households have higher incomes, and the 20th percentile is the level of income at which only 20% of households have lower incomes. A higher inequality ratio indicates greater division between the top and bottom ends of the income spectrum.

The rate of income inequality is below (better than) the national average for our service area. The trend is flat for our service area and Idaho.¹⁴⁸



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

¹⁴⁷ Pickett KE, Wilkinson RG. Income inequality and health: a causal review. *Social Science & Medicine*. 2015; 128: 316-326.

¹⁴⁸ University of Wisconsin Population Health Institute. *County Health Rankings 2015-2019*. Accessible at www.countyhealthrankings.org.

Food/Nutrition Security

- **Food Environment Index**

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

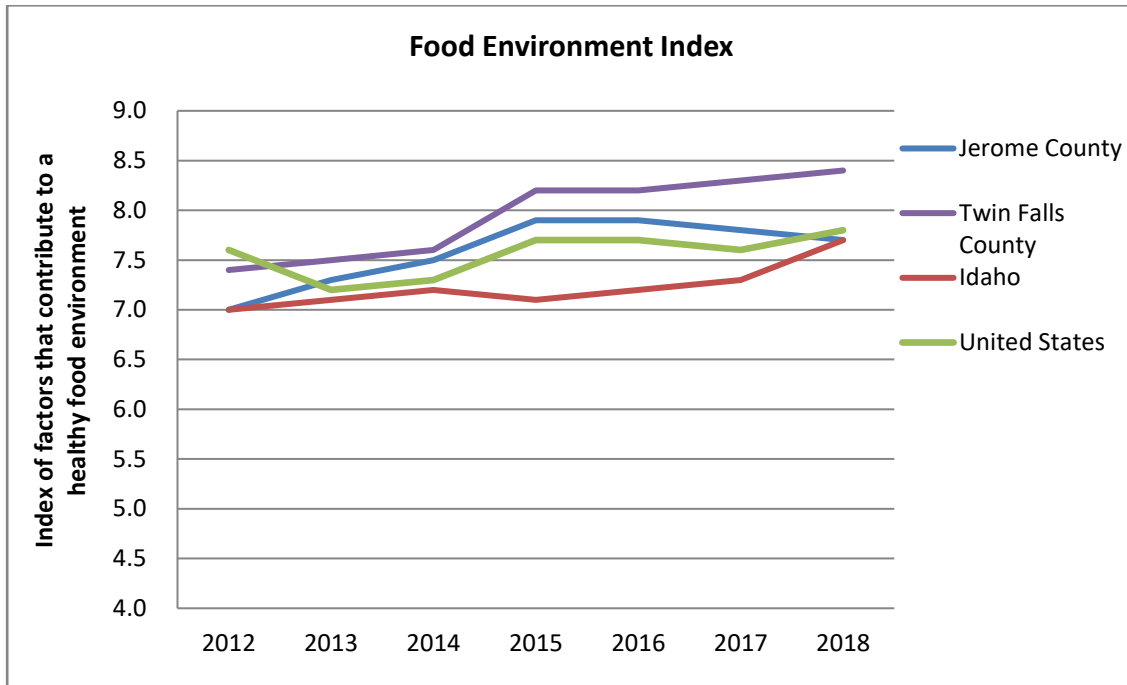
1. Limited access to healthy foods estimates the proportion of the population who are low-income and do not live close to a grocery store. Living close to a grocery store is defined differently in rural and non-rural areas; in rural areas, it means living less than 10 miles from a grocery store whereas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

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

Additionally, low income can be another barrier to healthy food access. Food insecurity, the other food environment measure included in the index, attempts to capture the access issue by gaining a better understanding of the barrier of cost. Lacking constant access to food is related to negative health outcomes such as weight-gain and premature mortality. In addition to asking about having a constant food supply in the past year, the module also addresses the ability of individuals and families to provide balanced meals further addressing barriers to healthy eating. The consumption of fruits and vegetables is important, but it may be equally important to have adequate access to a constant food supply.¹⁴⁹

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

The food environment index level for Jerome County and Idaho are about the same as the national average. It is slightly higher for Twin Falls County. An index level of 8.7 or above is the top 10% nationally.¹⁵⁰



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

¹⁵⁰ University of Wisconsin Population Health Institute. *County Health Rankings 2012-2018*. Accessible at www.countyhealthrankings.org.

Social Support

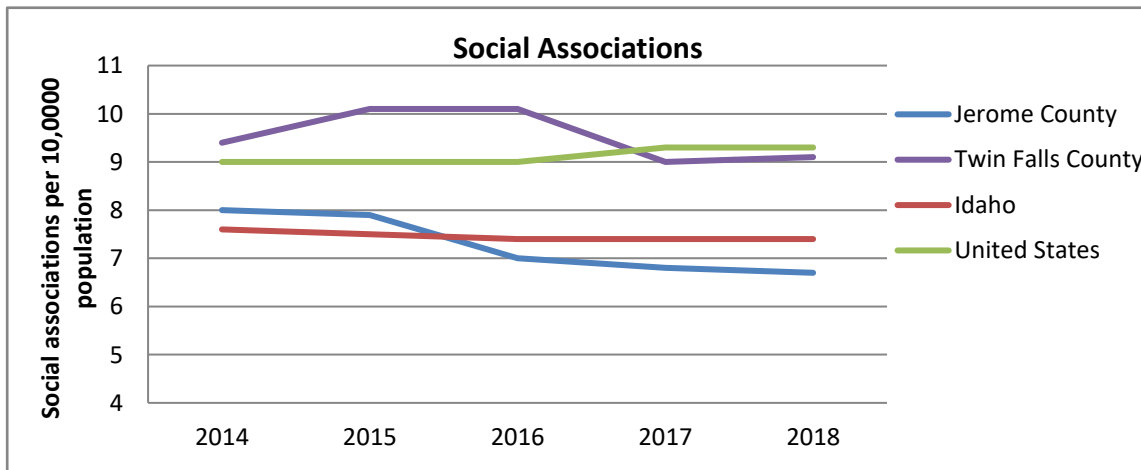
- **Inadequate Social Support**

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

The association between socially isolated individuals and poor health outcomes has been well-established in the literature. One study found that the magnitude of risk associated with social isolation is similar to the risk of cigarette smoking for adverse health outcomes.¹⁵¹

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

Social associations per 10,000 population in Twin Falls County is about the same as the national average and below the national average in Jerome County.¹⁵²



| Health Factor Score | | | | |
|----------------------------------|---|----------|---|-------------|
| | Low score = Low potential for health impact | | High score = High potential for health impact | |
| | Trend | Severity | Magnitude | Total Score |
| Inadequate Social Support | 1 | 0 | 1 | 2 |

¹⁵¹ University of Wisconsin Population Health Institute. *County Health Rankings 2014-2018*. Accessible at www.countyhealthrankings.org.

¹⁵² Ibid

Community Safety

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

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

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

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

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

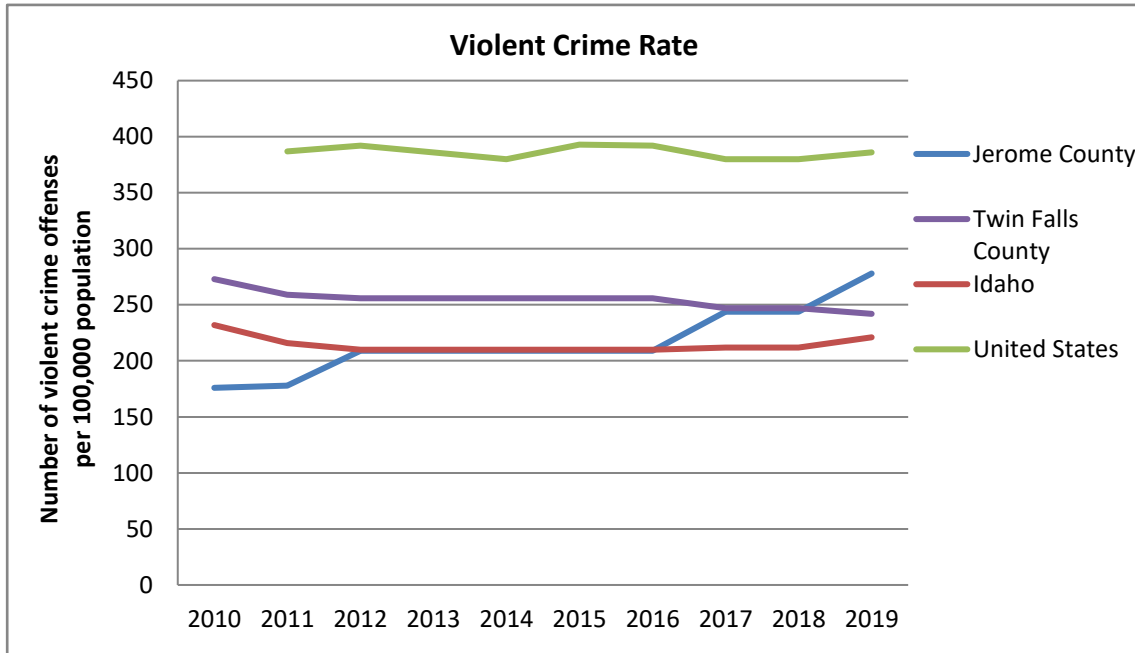
Injuries generate \$794 billion in lifetime medical costs and lost productivity every year. Communities can help protect their residents by adopting and implementing policies and programs to prevent accidents and violence.¹⁵³

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

- **Violent Crime**

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

Violent crime rates in Idaho and our service area are significantly lower (better) than the national average.¹⁵⁴

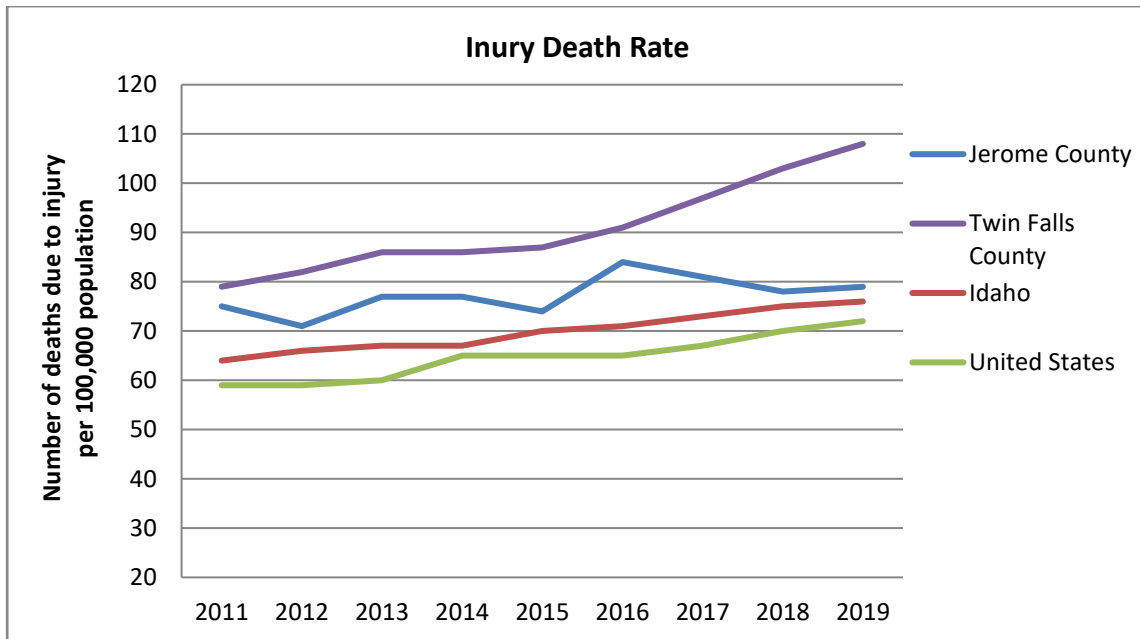


| Health Factor Score | | | | |
|---|-------|---|-----------|-------------|
| Low score = Low potential for health impact | | High score = High potential for health impact | | |
| | Trend | Severity | Magnitude | Total Score |
| Violent Crime | 1 | 0 | 0 | 1 |

¹⁵⁴ University of Wisconsin Population Health Institute. *County Health Rankings 2010-2019*. Accessed at www.countyhealthrankings.org.

- **Injury Deaths**

The injury death rate for Twin Falls County is significantly higher than the nation. The overall injury death rate for Jerome County and Idaho is slightly higher than the nation. The overall trend is increasing.¹⁵⁵



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

¹⁵⁵ Ibid

Physical Environment Factors

Air and Water Quality

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

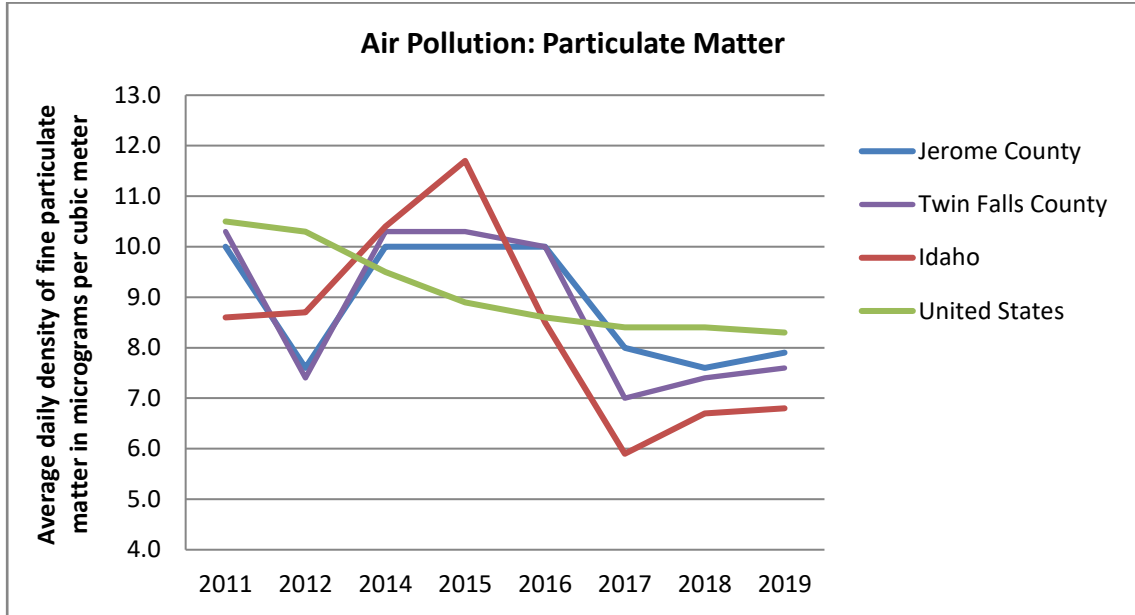
In 2016 more than 1 in 8 had been diagnosed with asthma. Air pollution is associated with increased asthma rates and can aggravate asthma, emphysema, chronic bronchitis, and other lung diseases, damage airways and lungs, and increase the risk of premature death from heart or lung disease. Using 2009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

Studies estimates that contaminants in drinking water sicken up to 1.1 million people a year. Improper medicine disposal, chemical, pesticide, and microbiological contaminants in water can lead to poisoning, gastro-intestinal illnesses, eye infections, increased cancer risk, and many other health problems. Water pollution also threatens wildlife habitats.¹⁵⁶

¹⁵⁶ University of Wisconsin Population Health Institute. *County Health Rankings* 2019. Accessed at www.countyhealthrankings.org.

- **Air Pollution Particulate Matter**

Air pollution-particulate matter is defined as the average daily measure of fine particulate matter in micrograms per cubic meter (PM2.5) in a county. Idaho and our service area have air pollution-particulate matter levels below the national average.¹⁵⁷



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

¹⁵⁷ University of Wisconsin Population Health Institute. County Health Rankings 2011-2019. www.countyhealthrankings.org.

- **Drinking Water Violations**

The EPA’s Safe Drinking Water Information System was utilized to estimate the percentage of the population getting drinking water from public water systems with at least one health-based violation. Our service area had annual drinking water violations as shown in the graph below.¹⁵⁸

| Drinking Water Violations | | | | | |
|----------------------------------|-------------|-------------|-------------|-------------|-------------|
| | 2014 | 2015 | 2017 | 2018 | 2019 |
| Jerome County | Y | Y | | | Y |
| Twin Falls County | Y | Y | Y | Y | Y |

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

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

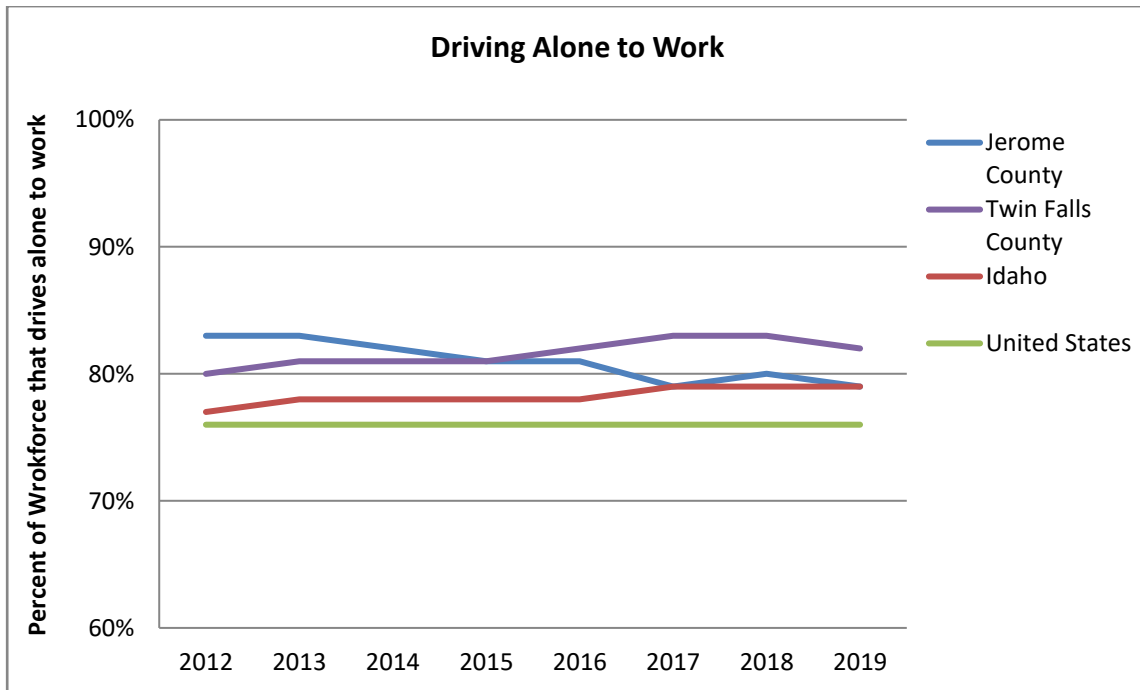
¹⁵⁸ University of Wisconsin Population Health Institute. County Health Rankings 2014-2019. www.countyhealthrankings.org.

Accessible Modes of Transportation

- **Driving Alone to Work**

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

Our service area has a higher percentage of people driving to work alone than the national average.¹⁵⁹



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

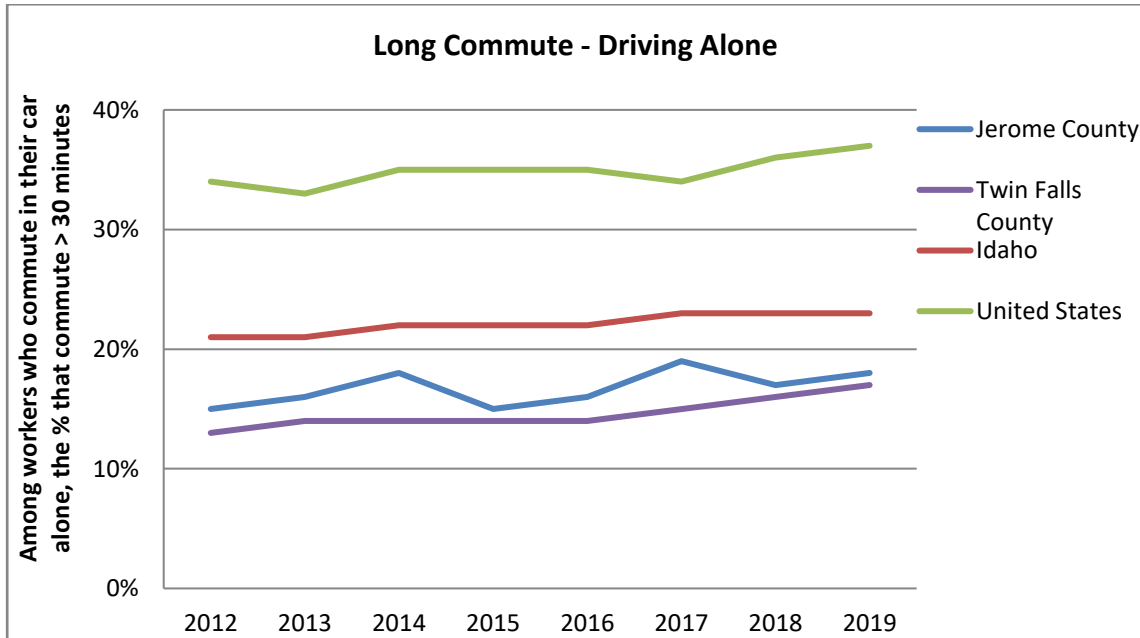
¹⁵⁹ University of Wisconsin Population Health Institute. County Health Rankings 2012-2019. www.countyhealthrankings.org.

- **Long Commute**

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

Our current transportation system also contributes to physical inactivity. Each additional hour spent in a car per day is associated with a 6% increase in the likelihood of obesity.¹⁶⁰

The percent of people with a long commute to work is much lower in our service area than the national average.¹⁶¹



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

¹⁶⁰ Robert Wood Johnson Foundation. County Health Rankings 2012. www.countyhealthrankings.org.

¹⁶¹ University of Wisconsin Population Health Institute. County Health Rankings 2012-2019.

www.countyhealthrankings.org.

Community Input

Community input for the CHNA is obtained through two methods:

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

Community Representative Interviews

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

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

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

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

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

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

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

Interview Findings

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

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

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

| Health Behavior Needs | |
|---|--------------------------------|
| Potential Health Needs | Community Representative Score |
| Nutrition programs/education/opportunities | 3.31 |
| Substance abuse services and programs | 3.86 |
| Exercise programs/education/ opportunities | 2.78 |
| Wellness & prevention programs (for conditions such as high blood pressure, etc.) | 3.39 |
| Tobacco prevention & cessation | 2.08 |
| Safe sex education programs | 2.64 |

| Clinical Care and Access Needs | |
|---|--------------------------------|
| Potential Health Needs | Community Representative Score |
| Availability of behavioral health services (providers, suicide hotline, etc.) | 3.97 |
| Prenatal Care program | 2.64 |
| Chronic disease management programs (for diabetes, asthma, arthritis, etc.) | 2.58 |
| Screening programs (cholesterol, diabetes, mammography, colorectal, etc.) | 2.53 |

| | |
|---|------|
| Immunization programs | 1.92 |
| Improved health care quality | 2.36 |
| Affordable health care for low-income individuals | 3.11 |

| Social and Economic Needs | |
|---|--------------------------------|
| Potential Health Needs | Community Representative Score |
| Academic achievement from early learning through post-secondary education | 3.97 |
| Individual economic stability | 3.53 |
| Services for children and families experiencing adversity | 3.86 |
| Housing stability | 4.58 |
| Food/Nutrition security | 2.92 |
| Social support for Seniors | 2.92 |
| Community safety (injury, violence, abuse, etc.) | 2.83 |
| Social support for Veterans | 2.92 |

| Physical Environment Needs | |
|--|--------------------------------|
| Potential Health Needs | Community Representative Score |
| Accessible modes of transportation (sidewalks, bike paths, etc.) | 3.64 |
| Healthy air and water quality | 2.56 |

Utilizing Community Representative Input

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

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

Community Health Needs Prioritization

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

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

Health Behavior Category Summary

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

| Health Behavior Needs | | | | | |
|---|--------------------------------|---|-------------------------------------|---------------------|-------------|
| Identified Community Health Need | Community Representative Score | Professional Score (includes evidence-base scoring) | Related Health Factors and Outcomes | Health Factor Score | Total Score |
| Nutrition programs/education /opportunities | 3.31 | 5.2 | Nutritional habits, adults | 2.75 | 11.26 |
| | | | Teen nutritional habits | | |
| | | | Overweight & obese adults | | |
| | | | Overweight & obese teens | | |
| Substance abuse services and programs | 3.86 | 4.2 | Excessive drinking | 2.5 | 10.56 |
| | | | Alcohol impaired driving deaths | | |
| | | | Drug Misuse=Drug Induced death | | |
| | | | Marijuana use | | |
| Exercise Programs/education /opportunities | 2.78 | 4 | Adult physical inactivity | 1.667 | 8.447 |
| | | | Teen exercise | | |
| | | | Access to exercise opportunities | | |
| Wellness & Prevention programs | 3.39 | 4.8 | Accident deaths | 0.2 | 8.39 |
| | | | Alzheimer's deaths | | |
| | | | Breast cancer deaths | | |
| | | | Cerebrovascular disease deaths | | |
| | | | Colorectal cancer deaths | | |
| | | | Diabetes Mellitus deaths | | |
| | | | Heart disease deaths | | |
| | | | High cholesterol, incidence | | |
| | | | Leukemia deaths | | |
| | | | Lung cancer deaths | | |
| | | | Nephritis deaths | | |
| | | | Pancreatic cancer deaths | | |
| | | | Prostate cancer deaths | | |
| Respiratory disease deaths | | | | | |
| Skin cancer (melanoma) deaths | | | | | |
| Tobacco prevention & cessation | 2.08 | 3.8 | Adult smoking rates | 1 | 6.88 |
| | | | Teen smoking rates | | |
| Safe sex education programs | 2.64 | 1.6 | Sexually transmitted infection rate | 1.333 | 5.573 |
| | | | Teen birth rate | | |
| | | | AIDS rate | | |

Clinical Care Category Summary

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

| Clinical Care and Access Needs | | | | | |
|---|--------------------------------|---|-------------------------------------|---------------------|-------------|
| Identified Community Health Need | Community Representative Score | Professional Score (includes evidence-base scoring) | Related Health Factors and Outcomes | Health Factor Score | Total Score |
| Availability of behavioral health services | 3.97 | 5 | Mental health service providers | 2.333 | 11.303 |
| | | | Mental illness, any | | |
| | | | Suicide deaths | | |
| Prenatal care program | 2.64 | 5.8 | Prenatal care in 1st trimester | 2 | 10.44 |
| | | | Low birth weight babies | | |
| Chronic disease management programs | 2.58 | 5.4 | Arthritis, incidence | 1.4 | 9.38 |
| | | | Asthma, incidence | | |
| | | | Diabetes, incidence | | |
| | | | High blood pressure | | |
| | | | Do not have usual PCP, Medical home | | |
| Screening programs | 2.53 | 5.6 | Cholesterol | 0.75 | 8.88 |
| | | | Colorectal cancer | | |
| | | | Diabetes screening/monitoring | | |
| | | | Mammography | | |
| Immunization programs | 1.92 | 5.2 | Children immunized | 0 | 7.12 |
| | | | Flu/pneumonia deaths | | |
| Improved health care quality | 2.36 | 3.6 | Preventable hospital stays | 1 | 6.96 |
| Affordability of health care for low income | 3.11 | 2.8 | Uninsured Adults | 1 | 6.91 |
| | | | Primary care physicians/providers | | |

Social and Economic Factors Category Summary

Academic achievement ranked as the top social and economic need in our service area.

| Social and Economic Needs | | | | | |
|--|--------------------------------|---|-------------------------------------|---------------------|-------------|
| Identified Community Health Need | Community Representative Score | Professional Score (includes evidence-base scoring) | Related Health Factors and Outcomes | Health Factor Score | Total Score |
| Academic achievement (early learning-post secondary education) | 3.97 | 2.8 | High school graduation rate | 1 | 7.77 |
| | | | Some college | | |
| Individual economic stability | 3.53 | 2.6 | Unemployment rate | 0.667 | 6.797 |
| | | | Children in poverty | | |
| | | | Income inequality | | |
| Services for children and families experiencing adversity | 3.86 | 1.2 | Social associations | 1.667 | 6.727 |
| | | | Children in poverty | | |
| | | | Children in single parent household | | |
| Housing stability | 4.58 | 1.4 | Severe housing problems | 0.5 | 6.48 |
| Food/nutrition security | 2.92 | 2.2 | Food environment index | 1 | 6.12 |
| Social support for seniors | 2.92 | -0.8 | Social associations | 2 | 5.72 |
| Community safety | 2.83 | 1 | Violent crime rate | 1.5 | 5.33 |
| | | | Injury deaths | | |
| Social support for veterans | 2.92 | -0.2 | Social associations | 2 | 4.72 |

Physical Environment Category Summary

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

| Physical Environment Needs | | | | | |
|----------------------------------|--------------------------------|---|-------------------------------------|---------------------|-------------|
| Identified Community Health Need | Community Representative Score | Professional Score (includes evidence-base scoring) | Related Health Factors and Outcomes | Health Factor Score | Total Score |
| Healthy Transportation Options | 3.64 | 2.2 | Driving alone to work | -1 | 4.84 |
| | | | Long commute | | |
| Healthy air and water quality | 2.56 | -1.4 | Air pollution particulate matter | 1.5 | 2.66 |
| | | | Drinking water violations | | |

Implementation Plan Overview

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

Future Community Health Needs Assessments

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

History of Community Health Needs Assessments and Impact of Actions Taken

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

Priority Need 1: Improve the Prevention & Management of Obesity and Diabetes

Priority Need 2: Improve Mental Health

Priority Need 3: Improve Access to Affordable Health Insurance

COVID-19

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

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

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

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

Coordinated Approach to Children’s Health (CATCH)

CATCH is an evidence-based childhood obesity prevention program that was piloted by at three local schools through the YMCA afterschool program. The programs implemented the afterschool-based curriculum and ran the program from 2019-2020. We provide site-based train-the-trainer workshops, purchased the curriculum for each afterschool site and provided \$1000 to each site for additional CATCH based activity resources. St. Luke’s provided

additional support utilizing Registered Dietitians to provide on-site activities and education around health eating. In February and March 2020, we provided two of these trainings serving 20 students. The COVID-19 pandemic and movement to remote and hybrid learning disrupted the ability to adequately implement CATCH and shortly thereafter the YMCA dissolved in our community deactivating this partnership.

In 2021 we identified an additional opportunity to partner with an afterschool site and schools through our partnerships with the Boys and Girls Club of Magic Valley and Local Elementary Schools that received funding from our Physical Activity and Nutrition Mini Grant Program. The Boys and Girls implemented CATCH at their Magic Valley site, serving consistently around 25 youth in the CATCH program. Three local schools implemented CATCH in their schools, Kimberly elementary is using CATCH at recess and Lincoln and Hansen are using in the classroom and PE classes. All 3 schools indicate they would recommend the CATCH PE Activity Box to others, that the kits are easy to use, children enjoy the CATCH PE activity box activities and agree the CATCH PE Activity Box have helped them meet their PE or activity goals.

Community Physical Activity & Nutrition Programs and Partnerships

Kids Fest

This is an annual event hosted by KMVT, a local news station, and sponsored by St. Luke's. The event is a 4-hour event hosted on a Saturday each August to encourage families to get active together and learn about wellness related resources in the community. St. Luke's traditionally provides around 6 booths, interactive games and a small fun run/walk for children. Due to the impacts of COVID-19 the in-person events were cancelled in 2020 and 2021. KMVT hosted a virtual Kids Fest event in 2020 highlighting the importance of healthy eating and physical activity and had interactive games and giveaways. St. Luke's remained a committed sponsor of this event providing \$11,000 to the virtual event in 2020. No event was hosted in 2021.

Public Elementary School Physical Activity & Nutrition Mini Grants

St. Luke's committed to providing funding to public elementary schools in Twin Falls and Jerome County to address physical activity and/or nutrition related projects. Each school had the opportunity to identify their own selection, based on 6 priority areas:

1. Use and/or establish safe routes to school and promote through school initiatives and events
2. Provide enhancement to the physical education program.
3. Provide opportunities to participate in physical activity in the classroom, during transition periods and/or at recess.
4. Initiate a collaboration with nutrition services and classroom teachers to enhance students understanding and knowledge of nutrition.
5. Adopt a policy to prohibit food as reward and identify alternative reward solutions in the school.

6. Promote healthy food and beverages in schools.

These priority areas were selected based on the Healthy Eating Active Living – School Based Subcommittee research and identification. For the 2019-2020 school year we funded 24 schools with \$2000 each reaching over 8000 children. For the 2020-2021 we provided 12 schools with \$2000 and in the 2021-2022 school year we provided 12 schools with \$2000 each, reaching over 4000 children. In addition to the grant funding, during the 2021-2022 school year we provided each of the schools the CATCH afterschool kits. Three of those schools have implemented CATCH as a regular tool in their PE or recess programming.

Walking Challenge

The St. Luke's Walking Challenge is held each October and encourages St. Luke's providers and Community leaders to engage in a step challenge through a team-based approach. Three teams compete for the most steps over the course of the month and have additional incentive to walk with children over that time to help inspire youth to get out and be active. The three teams are Jerome, Twin Falls and Team Rogue. In 2019, 30 participants walked over 12 million steps with the winner walking a total of 870,741 steps for 4 weeks. During that month both the Mayor of Jerome and the Mayor of Twin Falls walked 8 and 14 times respectively at local schools. In 2020, 22 participants walked just under 6 million steps over, with participants walking increasingly more steps each week averaging greater than 200,000 steps for the month. During 2020 we were unable to walk with schools, participants were encouraged and given bonuses to engage in 3 educational or promotional activities to encourage walking. In 2021, 14 participants walked just under 5 million steps. Team Rogue continued to participate but did not have steps tracked, bringing total participation to 24 participants. Continued educational activities were promoted during this year's challenge due to the inability for leaders to walk at local schools. The challenge allows the winner of each team to provide funding to a local non-profit and each year \$2000 is given back to non-profits across the Magic Valley that align with our mission.

Lifestyle Medicine

St. Luke's Lifestyle Medicine Clinic paused in-person operations mid-2020. However, they were still able to provide fitness classes serving 1149 individuals, advanced care planning serving 71 individuals, nutrition classes serving 818 individuals and mental health therapy serving 198 individuals. They provided over 800 hours of community benefit in 2020. Following the pause of in-person operations the clinic pivoted to exclusively virtual offerings. Transition to virtual services did allow the clinic to expand programs to any patients served across the St. Luke's service area. During this time, they were also able to transition the Nicotine Dependence Program to a free fully telephonic service also available to any patient in the St. Luke's service area. In 2021 Lifestyle Medicine performed 149 nicotine dependence consultations. All the other services at this St. Luke's clinic, including the Complete Health Improvement Program and Cognitive Behavioral Therapy for Insomnia also were transitioned to virtual services expanding access to patients in the St. Luke's service area. In 2021 the CHIP program reached 149 individuals over 10 virtual cohorts. The CBT-I had 161 unique patients seen, but the program was discontinued in September of 2021 as the provider moved away.

In January 2021, they were able to resume in-person operation, primarily with the resumption of individual exercise assessments and individual and group exercise sessions. They plan to continue to provide virtual services to make all our services accessible for patients across our health system.

Southern Idaho Kids Magazine

This magazine provides Southern Idaho families with a monthly printed magazine that highlights upcoming events, local guidance for activities, opportunities to get involved and education on various topics that provide health and wellness related education. St. Luke's sponsors the monthly "healthy habits" column in the magazine providing insights on various wellness related topics, including sleep, nutrition, weight, mental health, sun and water safety, physical activity and much more. Over 15,000 magazines are distributed across the Magic Valley each month.

Diabetes Prevention

In 2019 St. Luke's Magic Valley Humphrey's Diabetes Clinic partnered with the Community Health Department to offer quarterly in-person diabetes prevention seminars. These courses were offered for one hour, alternating between Twin Falls and Jerome hosting locations. Each month 5-10 participants heard from a Registered Dietitian or Registered Nurse who was also a Certified Diabetes Educator. In 2020 the quarterly seminars were paused due to COVID-19.

With the impacts from COVID-19 causing an inability to hold in-person presentations, the decision was made to transition offering virtual talks. This pivot allowed us to recruit providers from across our health system and to allow access to these educational talks across our whole system footprint. These health talks replaced the traditional in-person health talks at St. Luke's Magic Valley and Jerome and resulted in greater participation and broader scope of topics.

From October 2019 through April 2022, we had 1005 people attend the talks.

In addition to these offerings, in 2021 St. Luke's Lifestyle Medicine Department created the course "Prevent and Reverse Diabetes: Online Course." This course is held monthly at a cost of \$10 and provides participants with an understanding of the causes of diabetes, the lifestyle factors that contribute to insulin resistance, the science behind plant-based eating, and the "ingredients" to reduce insulin resistance to achieve better blood sugar control. You can read more about the impacts the Lifestyle Medicine offerings had above.

Diabetes Management

St. Luke's Magic Valley Diabetes Education Center provides a Comprehensive Diabetes Self-Management Education and Support Program (DSMES accredited through the American Diabetes Association (ADA)). This program provides a comprehensive approach to managing a patient with diabetes, including assessment, education plans, educational interventions,

educational learning outcomes, behavior change goals, follow up and measurement. The program also requires an advisory group that provides clinical and community insights to help with program implementation, promotion, and impact. There are 8 members on the Magic Valley DSEMS advisory committee that participate in semi-annual meetings. Through data tracking the program has shown marked improvement in A1c's after completion of the program.

| Program Year | Total Program Completion Visits | # of participants with pre-program A1c | Average initial A1c of all participants | Number participants with post-program A1c | Average post-program A1c | Number participants with both pre and post program A1c | Average A1c change |
|-----------------------|---------------------------------|--|---|---|--------------------------|--|--------------------|
| Year 1 | 136 | 84 | 8.6% | 66 | 7.0% | 53 | -1.8% |
| Year 2 | 126 | 66 | 8.0% | 44 | 6.9% | 30 | -1.1% |
| Year 3 In progress | 74 | 43 | 8.5% | 33 | 6.9% | 27 | -1.3% |

Based on the data you can see that most patients have an A1c above ADA target of 7% when entering the program. Participants are educated on their A1c value at enrollment into the program and encouraged to set goals that will help them manage their diabetes and lower blood glucose, thereby lowering their A1c. Below is the analysis of the data from the program:

- 74 patients had their “Completion” visit during the time from April 1, 2020, to December 31, 2020. Of those 27 (37%) had both pre- and post-visit A1c results.
- The range for initial A1c values during this time was 5.3% to 16.4%.
- 15 (20%) participants had initial A1c of 9% or higher.
- The range for post-program A1c values during this time was 4.7% to 9.4%.
- The range for change in A1c was +2.5% to -9.6%.
- 19 participants improvement of -0.1% or more (70% of participants with pre- and post-program A1c data).
- 3 participants had no change.
- 5 participants had an increase ranging from 0.1% to 2%.

Noted challenges of the program are listed below:

- Obtaining follow-up A1c for pregnant patients continues to be a challenge.
- Many participants do not have repeat A1c within 3 months of program completion.
- Diabetes Educators have documented competencies on A1c machine.

This program continues to run and be evaluated for effectiveness.

St. Luke's Know Your Numbers

St. Luke's assesses the health of their employee population through a program called "St. Luke's Know Your Numbers." This process measures weight, waist circumference, BMI, glucose or A1c. Based on the data the Employee Health and Wellbeing Department implements programs and services to engage staff in positive health behaviors to ultimately improve their health. With over 12,000 employees our ability to make a positive impact on our community is great within our own hospital walls. Below is the biometric data of our employee population and some of those interventions.

St. Luke's Know Your Numbers – Biometric Data

Target Population: St. Luke's Benefit Eligible Employees:

- Participant Numbers:
 - 12,294 employees who complete a KYN or had their KYN rolled over for the 2020/21 (April 1, 2020, through April 1, 2021) benefit year (*we have not analyzed 2021/22*).

Weight Management: *please note roll over data – may not accurately represent the population today as we were unable to reassess due to limitations with COVID-19.

Definition of BMI: Underweight (<18.5), Healthy Weight (≥ 18.5 to <25), Overweight (≥ 25 to <30), Obesity (≥ 30):

- ~33% of SL employees are a Healthy weight, 34% of SL employee are Overweight, and 32% are Obese. (Less than 2% are underweight).
- Distribution of Change of Employee Population by Percentage for 2021:
 - 0.04% moved from healthy weight to overweight
 - 0.02% moved from obesity to healthy weight
 - 0.63% moved from obesity to overweight
 - 0.10% moved from overweight to healthy weight
 - 0.02% moved from overweight to obesity
 - 992.% had no change in weight
- Weight Movement of Employee Population 2020:
 - 37% of employee population maintained +/- two percent of body weight
 - 21% of employee population gained less than five percent of body weight
 - 12% of employee population gained five percent of body weight
 - 4% of employee population gained ten percent of body weight

- 14% of population lost less than five percent of body weight
- 8% lost five percent of body weight
- 3% lost 10 percent of body weight
- Weight Movement of Employee Population 2021:
 - 98% of population maintained +/- two percent of body weight
 - 1% of population lost 5% of body weight
 - 1% of population lost 10% of body weight

Diabetes: Employee Population A1c and Fasting Blood Glucose Values for 2021

Definition of A1c: Healthy (<8), At Risk (≥ 8):

- 92% of employee population healthy
- 8% of employee population at risk
- *3-year trend (Average A1c values)*

Definition of Fasting Blood Glucose: Healthy (<100), At risk (≥ 100):

- 89% of employee population are healthy
- 11% of employee population is at risk
- *3-year trend (average FBG has increased over the past 3 year)*

Weight Loss Challenge Intervention

Based on the data from the St. Luke's Know Your Numbers program the need for a weight loss intervention program was identified. The St. Luke's Weight Loss Challenge is provided to St. Luke's employees, spouses, and community members. This program was created as a strategy to address the health and importance of a healthy body weight for those in our community. In the Magic Valley area, we partner with College of Southern Idaho in Twin Falls, Jerome Recreation District in Jerome, and Lincoln County Recreation District in Shoshone to help support the challenge and provide weigh in locations. The challenge is a year long and encourages participants to achieve a safe and healthy weight loss with a goal of 3% weight reduction at 6 months and 5% weight reduction in one year. To support participants, they are provided an online toolkit, weekly health tips and recipes, quarterly cooking classes, ask the expert sessions, monthly prizes for participation, social supports, and connections and 4 weigh ins to track participation and provide accountability. Those that attend each weigh in and achieve the benchmarks also have the chance to win a portion of the cash prize pool.

In 2019 the prize was \$10,000 and in 2020 and 2021 it was \$20,000. In 2019 we had 527 participants, 130 cash prize winners, 2081 total pounds lost (average of 16 pounds lost per person or 7%), and 97 participants of the step challenge included in the programming. In 2020 we had 583 participants, 130 cash prize winners, and 1970 pounds lost. In 2020 we had two step challenges included with 342 participants in the first and 236 participants in the second challenge. That year a mindfulness, hydration and yoga challenge were added. There were 75 participants partaking in over 58,000 minutes of mindfulness, 49 participants reporting consumption of 746 gallons of water and 155 participants that took part in over

1000 hours of yoga. We are currently at the mid-point of the 2021 challenge. In 2021, 394 individuals registered for the challenge and there are still 150 competing for the cash prize, 268 of those registrants are employees and 77 are located in the Magic Valley area. Participants are still able to compete in the various wellness related challenges that were provided in 2020.

St. Luke’s Health Coaching

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

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

Investment in Programs Supporting the Prevention and Management of Obesity and Diabetes through St. Luke’s Community Health Improvement Fund (CHIF) Grant Program

St. Luke’s makes an annual financial commitment, through Community Health Improvement Fund (CHIF) grants to support community partners and organizations that are helping address our high priority health needs as identified in the 2019 CHNA. From 2019-2022 St. Luke’s provided just over \$900,000 in CHIF grants to community partners in the Magic Valley area. Of those, several were addressing our health need to improve the prevention and management of diabetes and obesity, including the following:

| Organization | Program Name | Program Description | Awareness/Outcomes | Participants |
|--|---|---|---|--------------|
| Boys & Girls Club of Magic Valley | Triple Play Fitness & Healthy Habits Programs | Triple Play: a comprehensive health and wellness initiative, which strives to improve the overall health of members, ages 5-18, by increasing their daily physical activity, teaching them good nutrition, and helping them to develop healthy relationships. | Served and educated over 486 youth ages 5-18 at the Twin Falls & Buhl club how eating smart, keeping fit and forming positive relationships add up to a healthy lifestyle. | 486 |
| Girls On the Run | Girls on the Run of Southern Idaho | Afterschool running program that inspires girls to be healthy, joyful, and confident using a fun experience-based curriculum that creatively integrates running. | Fall programs resumed after COVID-19 impacts recruiting 5 volunteer coaches, an end of season 5k event held with 70 participants. The goal is a total of 6 programs at TF area schools participate this Spring. | 75 |
| Hansen Elementary | Outdoor Basketball hoops | Purchased and installed 6 outdoor basketball hoops. | Allows students and community members to play basketball | 170 |

| | | | | |
|---------------------------------|---|--|---|-------------|
| | Project Playground | Building a new playground structure that is geared at students in the district's developmental preschool (ages 2-5). | during and after school hours. Increase physical activity opportunities throughout school year during recess for preschool students and students with physical handicaps. The playground will also be accessible for community use in the evenings, weekends, and summers. | In Progress |
| Jerome School Dist. | Healthy Minds + Healthy Bodies = Healthy Educator's | Wellness Program for School Dist. Staff. | Increase employee engagement and satisfaction. Make lasting healthy lifestyle changes in employees. Improve productivity of employees. Decrease absenteeism of employees. Support employee's mental health to reduce compassion fatigue. | 36 |
| Murtaugh School District | Open Up | Keyless automatic door openers for weight room. | One door opener will be installed to increase amount of physical activity in community to prevent obesity and diabetes | In Progress |
| The Idaho Foodbank | Cooking Matters | Facilitate Cooking Matters 6-week Courses and Cooking Matters at the Store Tours. | Seven, 6-week courses, 4 Cooking Matters at the Store Tours, and 1 virtual grocery store tour video. | 143 |

| | | | | |
|------------------------------|-------------------------------------|--|--|----|
| XrossWay Fitness, LLC | XrossWay Crew Youth Fitness Program | Facilitate Just Jump Rope classes twice a week to youth. | Increased cardiovascular endurance. Improved BMI, weight and/or body measurements. Improved body image and self-esteem. Increased Nutritional Knowledge. Tools to combat emotional eating. Desire to make better health a lifestyle. | NR |
|------------------------------|-------------------------------------|--|--|----|

Priority Need 2: Improve Mental Health

Gatekeeper Trainings

In 2019 St. Luke’s committed to supporting efforts in the community to address the stigma of mental health and help prevent suicide by equipping more individuals as gatekeepers. Gatekeepers are individuals who have been trained to recognize the signs of suicide and refer someone to help. St. Luke’s identified two evidence-based programs to implement, QPR (Question Persuade Refer) and MHFA (Mental Health First Aid). In partnership with Connect Hope Magic Valley, The Speedy Foundation, Magic Valley Paramedics, The City of Twin Falls, The County of Twin Falls and others, numerous trainings have been lifted off in the Magic Valley.

In 2019, Connect Hope, in conjunction with The Speedy Foundation, was the recipient of a Community Support Grant. The purpose of this grant was to support efforts in bringing QPR-Suicide Prevention Gatekeeper training, and Mental Health First Aid (MHFA) to the Magic Valley.

Prior to the receipt of the grant, efforts by Connect Hope Magic Valley resulted in an approved relationship with the Twin Falls School District (TFSD), wherein the district approved both QPR and Mental Health First Aid as approved trainings for elementary, middle school, and high schools in the TFSD. Because of this, initial efforts were focused on scheduling training in the school district. We were able to provide 6 QPR trainings within the district, as well as one MHFA training.

In addition to the TFSD school district, QPR trainings were provided to the St. Luke’s Advisory Committee, Twin Falls County, 2 with the Idaho Middle Level Association (association for middle level educators professional development), and Xavier Charter School in Twin Falls.

Due to COVID-19, training scheduled with the St. Luke's Magic Valley staff, two St. Luke's community trainings, and at least 3 TFSD trainings were cancelled/postponed. The total number of people trained in 2019-2020 were: 239 in QPR and 17 in MHFA.

The Coronavirus pandemic unfortunately impacted the number of trainings that we were able to lead in 2021 as well. Changes were made to adapt, but overall, we served lower numbers in 2020 and 2021. In May 2021, the St. Luke's Community Board received training that was well received. We were also able to hold in-person trainings with Magic Valley Suicide and Prevention (MVSAP), Twin Falls Optimist Club, Twin falls County Veterans, two groups with the Church of Jesus Christ of Latter-Day Saints, and one teachers' group at Canyon Ridge High School. The total number of people trained in QPR for 2021 was 95.

Through a grant St. Luke's received from the Twin Falls Health Initiative Trust we were able to offer multiple MHFA trainings to first responders and front-line workers. Our goal was to train 100 individuals over that year, but with limitations for in-person meetings and other factors, we were only able to train 36 individuals.

To date in 2022 we have already trained 272 individuals in QPR and have numerous trainings scheduled over the course of the year for both QPR and MHFA.

In addition to the trainings St. Luke's was also able to identify and train 3 individuals as trainers for QPR. By having additional trainers, we have increased our reach and the sustainability of this program. One of the trainers is bilingual and will be able to lead courses in Spanish. Additionally, one of our trainers received an advanced training in Youth Mental Health First Aid and will be able to support this evidence-based program in the Magic Valley going forward.

Lastly, we have created a crisis wallet card that we provide to our trainers to give to participants and have accessible at mission aligned organizations. These cards provide people with the information they need on who they can call, text or drop in to for help. We have provided over 500 of these cards into our community.

Parent & Family Education

Parents As Teachers

St. Luke's has supported the South-Central Public Health District Parents as Teachers Program. Parents as Teacher is an evidence-based parent education and family engagement model serving families throughout pregnancy until the child enters kindergarten. This home visitation program provides knowledge of parent interactions, developmental centered parenting, and family well-being. In 2019-2020 PAT served 94 families and 125 children with over 997 home visits. Through the end of 2020 and much of 2021 the PAT program as affected by the inability to provide in home visits. Staff got creative offering virtual visits and porch or garage meetings, but overall saw a decrease in their reach during that time. From July 2021 to March 2022 PAT programming increased, serving 79 families, and hiring 2 new home visitors.

Parenting Classes

Additional parenting classes were supported to help support families.

Jerome School District

Jerome School District held a series of monthly events (until COVID-19 shut us down) called Parent Engagement Support Series (PESS). These were held the first Monday evening of each month, provided a small dinner (mostly donated through local restaurants), childcare (free through high school leadership teams), and most importantly 3 topics for parents to choose from for an hour session to gain skills to support their families. Sessions were available in English and Spanish through interpreters. Topics included things like:

- Building Resiliency in Kids
- Counseling Programs and Services in the Schools
- Internet and Social Media Safety Tips for Parents and Kids
- Positive Behavioral Interventions and Supports in Schools
- Building Healthy Brains
- Idaho Parents Unlimited Roundtable on Autism Spectrum Disorder
- Youth Empowerment Services
- Helping Your Student Cope with Trauma
- Serve Idaho
- Jerome Fire and Police Department-Tips for Home Safety
- Understanding the New Math
- 7 Habits of Successful Families o Promoting Reading Fluency in the Home
- Free Things to do in the Magic Valley over Spring Break

Participation varied month to month, but we did have several families that participated several of the months showing an interest and need. Total participation over the course of the 7 months was 61, with 6 participants that attended at least 2 months. Surveys with each PESS session provided an opportunity for feedback on the usefulness of the session and suggestions for future sessions. Thirty-nine of 42 surveys said the information was “very useful.”

Jefferson Elementary Tiny Tots story time was created to build a bridge from home to school encouraging families of preschool age kids to come to the school and begin building relationships with the staff. Due to COVID-19 and starting the program second semester only two sessions were held. The first session supported 8 moms and 9 students, and the second session had 10 adults (moms, grandmas, and grandpas) and 12 kids. Families participated in a story time and went home with literacy packets to continue the work at home. We did not get surveys completed due to COVID-19.

Parent College Parent College was a combined effort with Jerome School District, United Way of South-Central Idaho, and College of Southern Idaho. This parent engagement activity was a series of 3 Saturdays, in early Spring. Sessions were designed to provide breakfast for families to enjoy together, 3 one-hour breakout sessions in English and Spanish and then

back together for lunch and a debriefing in both languages. Participation exceeded our expectations based on our PESS experiences, there were 26 attendees in January, 18 in February and 11 in March. We did drop off in March; however, the session was scheduled right at the beginning of COVID-19. Surveys were collected from these participants as well and participants overwhelmingly agreed that they were better prepared to help their student become more successful.

7 Habits of Successful Families Staff Training was lifted off as well with eleven staff members from the District Office, Horizon, and Jefferson trained and qualified to hold the trainings for the school moving forward.

Twin Falls School District Parenting Program

Twin Falls School District was also supported by St. Luke's. Four individuals at Magic Valley High School received training in 2019 through the Nurturing Parenting Program and were able to implement a course in the Fall of 2021 serving 6 families. The staff intended to offer these in 2020 but were unable to due to restrictions with COVID-19. While the reach was low the impact was high and many of these families reported improved knowledge and skills on how to interact with their children.

Lastly 14 individuals from our region were trained in the Family Advocates Training, strengthening the resources and supports in the Magic Valley to support our families.

Community School

At the heart of the community school model is the notion that much of what influences a young person's education happens outside the classroom. From access to quality health care for the whole family, to steady employment for parents that pays a livable wage: all these issues can impact a child's capacity to succeed in school and life. As part of the coalition for community schools St. Luke's has partnered with the United Way to help create a neighborhood "hub" offering essential education programs and social services to support basic needs.

From 2019-2021 St Luke's has provided \$30,000 of financial support to staff a community school coordinator at Jerome School District to deliver on this vision. During that time, the community school has prioritized numerous initiatives supporting many children and families. There are over 800 children and their families that are supported by this program through the Jerome Elementary School system. Some examples include dental, vision and immunization services provided access to any child at those schools, a Ready for Kindergarten program serving over 100 families each year, an afterschool program in 2021-2022 school year serving between 60-80 children, food and nutrition security efforts supporting the school pantry, snacks for students and meal distribution amidst COVID-19 to all students in the district. Each summer backpacks are built, providing school supplies, over 400 backpacks were distributed to students each year.

Investment in Programs Supporting Mental Health through St. Luke’s CHI Fund

St. Luke’s makes an annual financial commitment, through Community Health Improvement Fund (CHIF) grants to support community partners and organizations that are helping address our high priority health needs as identified in the 2019 CHNA. From 2019-2022 St. Luke’s provided just over \$900,000 in CHIF grants to community partners in the Magic Valley area. Of those, several were addressing our health need to improve mental health, including the following:

| Organization | Program Name | Program Description | Awareness/Outcomes | Participants |
|----------------------------------|---|---|---|--------------|
| Ageless Senior Center | Congregate & Home Delivered Meal Programs | Open center on Wednesdays to provide healthy meals and activities three days a week for senior citizens on one additional day of the week. | Increased nutrition and socialization through meals and activities to encourage social interaction. Since receiving grant Provided 2671 meals to seniors 60 years and older and 6 meals to people under 60 in one year. With the addition of Wednesday service have had an overall increase of 91%. Home delivery meals have increased by 262% over previous year. Provided an additional 405 meals to Home Delivery clients and 564 adults over the age of 60 on Wednesday’s | 564 |
| Because Kids Grieve (BKG) | Making Holiday Memories & Interactive Memorial Garden | Provide holiday ornament toolkit box to build interactive memorial garden to allow children and families to honor the memory of loved ones. | In the midst of COVID-19 we provided bereavement support through an alternative in-home “Making Holiday Memories” ornament activity for youth. Additionally transformed an old lawn area into a garden for youth and families to use for grieving the loss of loved ones. Raised garden beds also | 60 |

| | | | | |
|---------------------------------|--|--|---|-----|
| | Fall Bereavement Conference | Provide Fall Bereavement Conference in South Idaho. | serve as a resource to provide free produce to the community & local food pantries. Transitioned in-person bereavement conference to virtual conference. Five CEU's provided for counselors, social workers and morticians that attended. Facebook Advertising indicated the total population reached included South Idaho of 10,555; 370 engagements; 140 clicks. | 28 |
| | Camps, conferences, grieving sessions and volunteer support | Recruit volunteers, participate in Idaho Non-Profit Conference, provide and support 3-day summer camp Erin, Day Camp and Kids 2 Kids Grief group sessions. | April Day Camp and Kids 2 Kids Grief group supported. Four volunteers participated in the virtual Non-Profit conference. One volunteer was recruited. Volunteer background checks were provided for 15 new adult volunteers. The summer camp was held with 49 campers, and 14 volunteers. | 64 |
| Bickel Elementary School | Social Emotional Learning (SEL) Program for at risk students | Implement an evidenced based SEL program in SY 2019-2020. | 25 teachers have received specific SEL training, curriculum needed to teach the SEL skills. Students get at least 20 minutes a day learning or practicing SEL skills. 5 teachers completed a twenty-week SEL lab that is a continuation of the SEL program & 5 additional teachers attended the National Social & | 237 |

| | | | | |
|---|--|---|---|-------------|
| | | | Emotional Learning Conference. | |
| Community Food Share | Feed Food insecure in the Magic Valley with emphasis on food insecure children and senior citizens | Purchase additional nutritious food for children 0-18 and senior citizens which is then distributed to schools and pantry. | In Progress | In Progress |
| Everybody House | Free meals, meal vouchers and food/nutrition education opportunities | Provide community garden classes, crock pot classes and free meal vouchers to food insecure individuals at designated restaurants who can offer 2-3 healthy meal options. | In Progress | In Progress |
| Fifth Judicial District CASA Program | CASA Volunteer Training Support Program | Recruit, train, provide thumb drives, badges and background checks for additional CASA volunteers. | In Progress | In Progress |
| Filer Senior Haven | New facility appliances | Purchase Home Delivery Food Freezer and Refrigerator Freezer with Ice Maker. | More reliable food storage system for facility has been achieved. | 217 |
| Hansen Elementary | Chance for Change Mental Health Support | Purchased a bullying prevention kit & child protection kit & supporting supplies for counselor to use with the elementary students when she goes into classroom. | Increased access to mental health support for elementary students in rural community. | 164 |
| Heritage Academy | Healthy Families | Provide personalized toolkits for each | Toolkits used in each classroom by | NR |

| | | | | |
|--------------------------------------|--|---|---|------|
| Public Charter School | Healthy Community Kits | classroom and students that contain healthy eating resource books, stress balls, sight words, books, child therapy toys etc. | paraprofessionals to be able to pull students that are struggling in different areas aside. | |
| Jerome Interfaith Association | Homeless Assistance Fund | Provide funds to process emergency request of assistance for emergency shelter, gas, food, prescriptions, and transportation. | Food was delivered to home bound during COVID-19 and used funding to support food pantry expenses and to respond to the housing assistance needs in community. | NR |
| Jerome County Senior Citizens | Senior Center Nutrition Program: Raw Food Expenses | Purchase raw food for lunches at senior center and Meals on Wheels Program for seniors to eat a nutritious meal and enjoy the friendship of their peers as well as have a better, more independent, happier, healthier lifestyle. | Pre COVID-19 prepared 50-60 meals Mon-Fri for Seniors able to come into the center for lunch and prepared 25-30 meals each weekday for the homebound seniors utilizing Meals on Wheels program. Had to close down for 3 months due to COVID-19 but still served curbside/delivered meals to members who requested them, along with the home delivered meals normally distributed. In the Fall we served 30-35 meals each weekday to home delivered clients and about 10-12 curbside each day. We served around 2000 meals during those two months. All recipients were adults. During Spring 2021 we served 40-45 per day on our lunches and 25-30 per day with home delivered meals. | 5076 |

| | | | | |
|--|------------------------|--|---|-------------|
| Kimberly School District | QPR and Project Aware | Provide Question Persuade and Refer (QPR) trainings under Project Aware. | After setbacks getting Hope Squad implemented, the district transitioned to implementing Project Aware (5 year program to increase mental health awareness in schools) and Sources of Strength Program (youth suicide prevention program). Advisors of the HOPE Squad became advisors for Sources of Strength to utilize current training as they move forward with new mental health program. Also worked with QPR institute to train teams as QPR trainers. | NR |
| Lincoln Elementary | Family Education Night | Provide family meal night, parenting classes led by counselor and physical activity classes to students twice a month. | In Progress | In Progress |
| Magic Valley Area Humanitarian Center | Caring Comfort | Distributed hygiene kits, sleeping mats, quilts for homeless, medical masks for local hospitals and are creating teen inspired, quilts, pillows and pillowcases to provide relief to teens and their families struggling with mental health illness. | Produced and distributed 500 quilts. Distributed 250 hygiene kits each month. 1,936 hygiene kits have been assembled from donated supplies. The center also produced approximately 15 sleeping homeless mats a month. 150 mats were completed and have been distributed as of March 30, 2021. After 6 weeks of work and 50,000 hours the medical masks project for hospital workers was completed. | 570 |

| | | | | |
|--|--|--|---|-------------|
| | | | The MVAHC also created 13,000 mask kits. The kits were distributed to local hospitals. | |
| Magic Valley Suicide Prevention & Awareness | Your Mind Matters: A series of mental health-centered events to get Twin Falls TALKING | Yearlong program that will bring in speakers, films, parent nights and community events throughout the 2022-2023 school year on topics related to mental health and suicide. | In Progress | In Progress |
| Martha & Mary's Food Pantry | Operational costs | Purchase updated computer and operating system and purchase new refrigeration system. | Updated computer was purchased, and remaining funds used for operational costs. Successfully converted the POD to freezer storage. Jan – April 2021 we provided food for 1413 (0-18) 1976 (18+) of the Idaho Food Bank provided food. | 3,389 |
| Salvation Army | Twin Falls Food Pantry Distribution | Provide food distribution to food insecure throughout the year. | In Progress | In Progress |
| Sleep In Heavenly Peace | No Kid Sleeps on the Floor in Our Town | Address the emerging issues of child bed lessness by building beds for children in need. | Purchased fifty-five twin size mattresses to provide local area children. | 55 |
| Saint Jerome Food Ministry | Introduction to Food Preservation Classes | In partnership with University of Idaho Extension provide introduction to food preservation classes to underserved and low-income to encourage a more varied diet | Conducted 3 different 60-minute instructional seminars (7/14, 7/20 & 9/29) on food preservation techniques. The primary focus was on freezing and dehydration. | 50 |

| | | | | |
|--|--|---|---|----|
| | | throughout year and to reduce food waste. | | |
| The Idaho Foodbank | Mobile Pantry | Distribute nutritious food to relieve food insecurity, thereby fostering improved quality of life and community health. | The program had distributed 581,525 pounds of food at ten sites in the Magic Valley since May 1, 2020. This puts the program on pace to distribute more than 1.16 million pounds over the 12-month grant period, which would exceed the goal by 45%. | NR |
| Twin Falls County Safe House | Days of Care for Homeless Youth | Improve access to youth group home care and referral services (mental health, mediation, family intervention, substance use disorder treatment & etc.) to help stabilize Magic Valley youth and families in crisis and transition youth from the Safe House to safe and stable living environments. | Provided 56 days of care for 4 youths. Exceeded days of care provided by 14 days. Youth successfully transitioned from the Safe House to other safe and stable living environments with the necessary support from healthy, permanent relationships with family or significant others. From June-July 2020 served additional 3 youth with 40 days of care. All three youths were successful while at the Safe House and 2 of 3, transitioned home successfully. August 2021-November 2021 served 1 youth providing 75 days of care This youth was successful while at the Safe House and transitioned home and is currently employed. | 8 |
| Twin Falls County Treatment & | Behavioral Health Treatment and Recovery | Improve access to community based Behavioral Health Services for at risk | Provided 51 services, for 30 low-income and “at risk” individuals, (10 new clients and 20 clients from | 36 |

| | | | | |
|--|--|--|---|-------------|
| Recovery Center (TARC) | Support Services | and economically disadvantaged individuals with mental health and substance abuse disorders from the multi-county areas of the Magic Valley. | previous months) to reduce recidivism and escalating crime; helped 6 of 6, 100% of graduates from behavioral health treatment and/or service goal programs. | |
| Twin Falls Optimist Youth House | Operational Expenses | Fund daily operations of Optimist Youth House in order to serve youth aging out of foster care who are at risk. | The funding supported the operational costs of the TFOYH. For Spring 2021-Fall 2022 goal is to support 18-23 youth. | NR |
| Twin Falls School District | Twin Falls High School Sources of Strength & Restorative Circles | Improve students' mental health & improve detection and management of mental health and suicide in the student population and community of Twin Falls. | In Progress | In Progress |
| Twin Falls School District Foundation | Perishable Food Gift Cards for at risk students & families | Partner with school district and Grocery outlet to provide \$50 perishable food gift cards for at risk Twin Falls School District students & their families. | In Progress | In Progress |
| Twin Falls Senior Center | Senior Nutrition: Meals on Wheels | Enhance Seniors daily nutrition for independent living to improve or maintain the health of our seniors who are unable to prepare their own meals. | Provided a total of 724 meals during each quarter reporting period to 43 individuals who are age 50 and over. | 86 |

| | | | | |
|---|--|--|---|-------------|
| United Way of South-Central Idaho | Dolly Parton Imagination Library | Build literacy in children 0-5 to help prepare them for kindergarten through Dolly Parton Imagination Library program. | In Progress | In Progress |
| Valley Housing Coalition | Private Space & Office Equipment | Create private space for intakes/interviews at Shelter: Provide private mobile office for client manager to work with clients to build good habits, learn life skills, set goals, and help clients successfully move out of shelter. | This space has allowed clients to share their information in a confidential space with client manager. The space and equipment will help us be successful in fulfilling our motto, "A Hand Up and Not a Handout". | 172 |
| | Maintenance of Ladies Shelter | Replace flooring in the women's home and the family laundry facility at shelter with vinyl flooring. | In Progress | In Progress |
| Volunteers Against Violence, dba Voices Against Violence | LGBTQ+ Support Groups & Idaho Safety & Resiliency Conference | Facilitate Community support groups for LGBTQ+ to improve the mental health & wellbeing of LGBTQ+ individuals within Twin Falls County. | Hosted support groups weekly in May 2020 but had to go virtual during COVID-19 and as a result participation suffered. Staff also attended the annual Idaho Safety and Resiliency conference. | 25 |
| | Contracted Counseling: Trauma Survivors | Provide Evidence Based contracted counseling services for Trauma Survivors with Voices Against Violence. Empower Individuals who have experienced violence. | In April-June of 2021, 37 clients were provided with 184 individual counseling and 21 support groups offered. Refugee support group in Burmese & Nepali languages in progress. | 37 |

| | | | | |
|-------------------------------|--|--|--|-------------|
| | Contracted Counseling: Refugee or Immigrant Victims | Provide Evidence Based contracted counseling specifically for refugee or immigrant victims of crime: Trauma Therapy for the Most Marginalized: Closing the Service Gap. | 143 people total benefited from the grant, 5 youth and 138 adults served. 96 of these clients were provided with 912 counseling sessions and 124 support groups were held. We collaborated with 3 area counselors to provide contracted counseling. | 143 |
| | Contracted Counseling: Survivors of domestic violence, LGBTQ+ individuals, refugees, youth, Latinx, & other underserved populations. | Provide Evidence Based contracted counseling for survivors of domestic violence, LGBTQ+ individuals, refugees, youth, Latinx, & other underserved populations. | In Progress | In Progress |
| West End Senior Center | Senior Nutrition: Home Delivered Meals | Purchase raw or can food, beverages, fresh fruits, and vegetables to provide home delivered meals to senior to aid the elderly to improve their dietary intake, create informal support networks, stay connected to their communities, and maintain their independence so they can remain in their homes (where they prefer to be) longer. | Purchased raw or canned food, beverages, fresh fruits, and vegetables. A benefit of the home-delivered meal program is reducing the need for in-home paid care and preventing premature nursing home placements, which are very costly. The center also sends out educational fliers as well as nutritional information. The center currently delivers 40-45 meals to elderly seniors and disabled adults per week with 93-100 frozen for the weekend. | NR |

Priority Need 3: Improve Access to Affordable Health Insurance

Health Fairs

St. Luke's has been a committed sponsor to a few organizations in our area.

Magic Valley Health Fair

In 2019 St. Luke's was the lead sponsor for the Times News, Magic Valley Health Fair hosted at the College of Southern Idaho. Through our sponsorship St. Luke's was able to provide 6 booths, Weight Loss Challenge Promotion, Skin Cancer Screenings, St. Luke's Paramedics, Women's Health Services, Home Health & Hospice, and MyChart. St. Luke's also supported the event with our interpretive services hosting a booth at the front entrance to welcome and support navigation through the event for those requiring interpretation. They estimate over 2000 individuals attended and benefited from the event. We also staffed CSI students at various exits of the event to gather feedback on impact and additional needs. We received 166 surveys back with many respondents noting they received information to "answer their health-related questions." Additionally, they provided feedback on topics they would like to know more about. The following were ranked highest, diabetes, veterans' services, and behavioral health. The Paramedics provided blood pressures at the event and were able to provide 127 individuals with a blood pressure reading. Additionally, the skin cancer booth served 119 individuals with 43 requiring follow up. See additional data below.

Skin Cancer Screening Patient Data:

- Total number of patients screened: 119
- Number of patients requiring follow-up: 43

| | <u>Count</u> | <u>Percentage</u> |
|--|--------------|-------------------|
| Normal Report (<i>No further follow-up recommended</i>) | 76 | 64.0% |
| Abnormal Report (<i>Biopsy recommended/Referral made</i>) | 14 | 11.5% |
| Abnormal Report (<i>Further follow-up recommended - Referral made</i>) | 29 | 24.5% |

In 2020 St. Luke's was unable to sponsor in-person events. The Times News and St. Luke's worked closely to identify other strategies to continue to support this need in the community. Through exploration and creativity, the Times News was able to lift off a virtual health fair on their website. The event was hosted for two weeks with a landing page offering featured categories of: screenings, services, wellness offerings, senior care, medical equipment, and insurance/financial support. Resources were provided in English and Spanish

and St. Luke’s support allowed us to have 5 of our own booths: Behavioral Health, Emergency Services, Family Life Supports, Lifestyle Medicine and myChart. The following report for engagement with the health fair was provided to us:

| Acquisition | | | Behavior | | |
|--|---|--|---|---|---|
| Users | New Users | Sessions | Bounce Rate | Pages / Session | Avg. Session Duration |
| 13 % of Total: 0.00% (854,932) | 3 % of Total: 0.00% (732,649) | 45 % of Total: 0.00% (1,597,438) | 21.74% Avg for View: 28.70% (-24.24%) | 3.98 Avg for View: 4.96 (-19.83%) | 00:11:29 Avg for View: 00:16:58 (-32.26%) |

While the intention was good the reach was low as noted by the data on page engagement of the St. Luke’s offerings. It appears only 13 individuals had significant page engagement, and 132-307 clicking through to learn more.

| | | |
|---|---|--|
| Performance Report Summary | | 2020 Virtual Health Fair |
|  | Brought to you by | Run Dates: 10.16.20 – 11.9.20 |
| |    | Sponsored by  |

Emails Sent to Audience

- **Post Up** email sent on 10.16 – 17,975 Delivered
 - Total Opens: 2,451 Total Open Rate: 13.64% Unique Opens: 1,801
 - Total Click-Throughs: 353 Total Click-Through Rate: 14,4% Unique Click throughs: 307

- **Post Up** email sent on 10.29 – 17,464 Delivered
 - Total Opens: 2,486 Total Open Rate: 14.23% Unique Opens: 1,783
 - Total Click-Throughs: 287 Total Click-Through Rate: 11.54% Unique Click throughs: 132

- **Post Up** email sent on 11.4 – 17,440 Delivered
 - Total Opens: 2,375 Total Open Rate: 13.62% Unique Opens: 1,716
 - Total Click-Throughs: 388 Total Click-Through Rate: 16.34% Unique Click throughs: 134

- **Post Up** email sent on 11.9 – 17,460 Delivered
 - Total Opens: 1,953 Total Open Rate: 11.19% Unique Opens: 1,508
 - Total Click-Throughs: 236 Total Click-Through Rate: 12.08% Unique Click throughs: 221



In 2021 the event was again held virtually due to the limitations and safety concerns with COVID-19. Due to limited engagement with 2020 content, we felt it was important to continue to use the same content to help engage more individuals. Due to staffing changes at the Times News, we did not receive the report we did in 2020, but know they continued with robust marketing for a two-week period and St. Luke’s content had limited engagement on the website.

Jerome Health Fair

In 2019 St. Luke’s offered the Jerome Health Fair in partnership with Jerome Recreation District. St. Luke’s was the lead entity supporting the event with Jerome Recreation District, graciously hosting the event. St. Luke’s had a very strong present at the event hosting over 15 booths and interpretive services supporting the event. For the Jerome Health Fair St. Luke’s partnered with the United Way to examine the needs of the community. We received 35

surveys back with concerns related to food and nutrition security and afterschool programming or support noted as the top two needs. The lab department provided the following data from their service offerings, including the cost savings to the community through discounted lab offerings:

| Test: | Number Ordered | Normal Charge: | Health Fair Charge: | Savings: |
|-------|----------------|----------------|---------------------|-----------|
| CMP | 327 | 22,326.00 | 4,905.00 | 17,421.00 |
| CBC | 278 | 13,900.00 | 2,780.00 | 11,120.00 |
| TSH | 245 | 14,210.00 | 3,675.00 | 10,535.00 |
| Lipid | 343 | 29,841.00 | 5,145.00 | 24,696.00 |
| A1C | 236 | 14,868.00 | 2,360.00 | 12,508.00 |

- Total People that ordered labs: 388
- Total Tests run: 1,429
- Total overall savings: \$76,280.00

In 2020 St. Luke’s created an agreement with the Jerome Recreation District. The Jerome Recreation District was the event lead and host site, and St. Luke’s was the lead sponsor providing booth support and lab services. St. Luke’s continued to have a strong process at the event with over 5 booths at the event and interpretive services supporting the event. Jerome Recreation District monitored attendance and noted just under 500 attendees at the event. Surveys were also collected at this event with feedback collected on individuals’ ability to get their health-related questions answered at the event, 93/96 responses acknowledged that they did. The St. Luke’s Jerome Lab team offered discounted labs at the event and data on the numbers served and cost savings to the community, as seen below.

| Test performed: | Amount Ordered: | Normal charge: | Health Fair Charge: | Savings to the community: |
|-----------------------------------|-----------------|----------------|---------------------|---------------------------|
| Draw Fee | 343 | 28.00 | 0.00 | 9,604.00 |
| Complete Blood Count (CBC) | 254 | 30.00 | 10.00 | 5,080.00 |
| Complete Metabolic Panel (CMP) | 296 | 41.00 | 15.00 | 7,696.00 |
| Thyroid Stimulating Hormone (TSH) | 224 | 65.00 | 15.00 | 11,200.00 |

| | | | | |
|----------------------------|-----|--------|-------|-----------|
| Lipid Panel | 303 | 52.00 | 15.00 | 11,211.00 |
| A1C | 228 | 38.00 | 10.00 | 6,384.00 |
| Total Amount Saved: | | 254.00 | 65.00 | 51,175.00 |

In 2021 St. Luke’s and Jerome Recreation District were impacted by COVID-19 and unable to host a safe in-person event. After much collaboration, exploring things such as drive thru and virtual offerings it was decided to postpone the event recognizing the lab offerings were one of the most beneficial resources of the event that we were unable to lift off in those models.

Southern Idaho Kids Magazine

This magazine provides Southern Idaho families a monthly printed magazine that highlights upcoming events, local guidance for activities, opportunities to get involved and education on various topics that provide health and wellness related education. St. Luke’s sponsors the monthly “healthy habits” column in the magazine providing insights on various wellness related topics, including sleep, nutrition, weight, mental health, sun and water safety, physical activity and much more. This effort helped us reach many community members with over 15,000 magazines distributed across the Magic Valley each month.

Investment in Programs Supporting Access to Affordable Health Insurance and Care through St. Luke’s CHI Fund

St. Luke’s makes an annual financial commitment, through Community Health Improvement Fund (CHIF) grants to support community partners and organizations that are helping address our high priority health needs as identified in the 2019 CHNA. From 2019-2022 St. Luke’s provided just over \$900,000 in CHIF grants to community partners in the Magic Valley area. Of those, several were addressing our health need to improve access to affordable health insurance and care, including the following:

| Organization | Program Name | Program Description | Awareness/Outcomes | Participants |
|-------------------------------|--|---|--|--------------|
| Family Health Services | Jerome Clinic: Diabetic Retinopathy Camera | Purchase a fundus camera for Jerome clinic to increase access to free annual screenings for | 188 out of the 421 active patients with diabetes who sought care at the Jerome clinic in the last 12 months have now completed their | 188 |

| | | | | |
|--|--|--|--|-------------|
| | | diabetic retinopathy in over 400 active patients with diabetes. | retinal exam. This is a huge increase from 23% (90 out of 383 patients screened) just one year ago. | NR |
| | Buhl & Kimberly Clinics: Open Wide For Health | Purchase digital sensors for Buhl and Kimberly Dental clinics to replace current Phospor plate imaging sensors to provide access to affordable comprehensive dental care for all ages. | Purchased units for Buhl and Kimberly clinics. Sensors provide more patient comfort are easier to use and prevent cross contamination. | 1,431 |
| | Jerome Clinic: Henry Schein Dental Chairs | Increased access to dental care for Jerome County by purchasing henry Schein Dental Chairs. | Purchased and install three Henry Schein dental chairs. The Jerome community will have immediate increased access to dental services with the new Jerome Dental clinic opening in February 2021. | NR |
| | Fairfield and Bellevue Clinics: RetinaVue 700 Imager | Expand access to diabetes retinal screening by purchasing two Hillrom/Welch Allyn retinal cameras to increase access to preventative annual screening for effective diabetes management. | Purchased and install two RetinaVue 700 Imager retinal cameras. Cameras will be placed in our Fairfield office and our new Bellevue clinic. These communities will have immediate increased access to retinal exam services. | In Progress |

| | | | | |
|---------------------------------------|---|--|--|----|
| | Social Determinants of Health Resource Program | Provide rent and utility assistance to very low-income and low-income patients. | In Progress | |
| Hospice Visions, INC | “Visions of Home” hospice residential home scholarships | Provide the best in hospice and palliative care for the uninsured, underinsured, indigent and homeless residents of South-Central Idaho at the “Visions of Home” hospice residential home. | Defrayed costs for access to end-of-life care of indigent and homeless patients in need of room and board at our “Visions of Home” hospice home. Home is able to care for 2 patients at a time & has 24/hour staff to provide around the clock care. | NR |
| Interlink Volunteer Caregivers | Access to health care transportation program & essential services | Provide access to healthcare transportation program: using volunteer workforce to transport disadvantaged and vulnerable individuals to healthcare providers. | November 2019-April 2020: Volunteers donated 3362 hours of service, travelling 40,965 miles and 2 long distance trips over 648 miles serving residents in all 8 counties in the Magic Valley. May 1, 2020 - October 31, 2020, 54,000 miles will be traveled by volunteers in the service area. Provided home modification for 72 individuals who received grab bars, handrails and wheelchair ramps. | 72 |

| | | | | |
|---|--|--|---|-------------|
| La Posada, Inc | Mercy Pantry: Temporary & Emergency Housing | Work continually with other agencies in our area providing referrals and assistance when emergency and temporary housing situations occur. | Provided 240 nights of emergency/temporary housing for 50 adults and 31 children. | 81 |
| Living Independence Network (LINC) | Magic Valley Transportation Voucher Program: | Provide 24/7 affordable and accessible transportation for the elderly and disabled so they may live at home in their communities and live as independently as they desire. | Provided 5,171 rides during the second quarter of 2019-20. In 2 nd reporting cycle provided 3,792 Total rides. 948 rides to St. Luke's for medical appointments. 1,653 rides for seniors. 2,139 rides for people with disabilities. Provided 6770 rides during the 3rd quarter of 2021. 2,703 were seniors and 4067 were riders with disabilities. | NR |
| Magic Valley Pediatric Cancer Coalition | Support Families Battling Pediatric Cancer | Support families with expenses such as travel, hotels, gas, food, lodging while they are out of town for their children's cancer treatments to alleviate the stress associated with a child diagnosed with cancer. | In Progress | In Progress |
| Rising Star Therapeutic Riding Center, INC | Hippotherapy | In cooperation with certified OT, PT, and ST practitioners are | Summer session numbers include 18 Physical therapy participants, 19 | 41 |

| | | | | |
|--|-----------------------------------|---|---|----------------|
| | | providing hippotherapy. | Occupational therapy participants, and 4 Speech therapy participants for a total of 41 participants. Summer session lasts a total of 11 weeks. | |
| Sage Women's Center | Ultrasounds Rebuild Server | Provide limited obstetric ultrasound exams to women in need who were uninsured or underinsured. Purchase server to maintain medical record integrity and controlled access. | Between 4/30/20 and 3/18/21 provided 72 pregnancy tests and 91 ultrasound exams. The server has been installed and data transfers are complete. For this reporting period, of our 154 clients, 23 are in the 14-19 years category, 131 are adults. Provided pregnancy testing, ultrasound exams, STD testing and treatment, healthy pregnancy classes and Birth & Beyond parenting classes. | 163 154 |
| South Central Public Health (SCPHD) | Car Seats | Collaborate with St. Luke's Children's to provide 350 child safety seats & classes each year to WIC participants. | In 2019, 275 seats were distributed, 77 seats in the first quarter of 2020 and 115 in 2021. Classes were held in January and February, and a few classes were held in March 2020. No car seat classes were not taught for several months last spring. | 353 |
| Wellness Tree Community Clinic | Dental Waiting List | Eliminate dental waiting list by getting patients to area dentist while working to | The CHI fund directly impacted 15 adults. Dental care provided included fillings, cleanings, x-rays, | 15 |

| | | | | |
|--|-----------------------------------|--|---|-------------|
| | | recruit more dentists to volunteer at the clinic. | extractions (both simple and surgical). Patients now do not have to wait in pain to receive dental care | |
| | Brothers Healing Circle Project | Collaborate with Unity Alliance of Southern Idaho & Culture for Change Foundation to launch a pilot project to bring a Brother's Healing Circle to Southern Idaho. | In April we were able to contract Haji Shearer to help us start a Brother's Healing Circle in Twin Falls. In Sept. 2021 we identify and trained at least 6 community men to facilitate the circle discussions. The total number of people impacted by the training was 8. | 8 |
| | Online Counseling Services | Provide weekly, online counseling services through Better Help to create access for patients to talk to a certified counselor about mental health issues at no cost to them. | In Progress | In Progress |
| | Diabetes Maintenance & Monitoring | Purchase supplies needed to care for the patients we help in maintaining Type I and Type II diabetes (Insulin, other medications, Strips & Meters). | In Progress | In Progress |

Financial Assistance

To help ensure that everyone in our community can access the care they need when they need it, St. Luke's provides care to all patients with emergent conditions, regardless of their ability to pay—and St. Luke's Financial Care Program supports our not-for-profit mission.

St. Luke's Magic Valley provided \$99,917,958 in FY 2019, \$115,838,435 in FY 2020, and \$93,297,476 in FY 2021 and St. Luke's Jerome provided \$3,435,291 in FY 2019, \$6,304,777 in FY2020 and \$1,725,169 in FY2021 for unreimbursed services (charity care at cost, bad debt at cost, Medicaid, and Medicare). In future years, we plan to continue to promote financially accessible healthcare and individualized support for our patients.

Your Health Idaho

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

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

Resources Available to Meet Community Needs

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

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

Resources Available Across St. Luke's Health System Footprint

General Assistance and Referral Services

Idaho CareLine Information and Referral

Phone: 2-1-1

Toll Free Phone: 1-800-926-2588

Text 898211

<https://www.idahocareline.org>

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

Idaho COVID-19 Hotline

Toll Free Phone: 1-888-330-3010

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

Idaho Department of Health and Welfare

Phone: (208) 334-6700

<https://healthandwelfare.idaho.gov>

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

Findhelpidaho.org (Idaho based)

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

Findhelp.org (national)

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

Abuse/Violence Victim Advocacy & Services

Idaho Children's Trust Fund

P.O. Box 2015

Boise, Idaho 83701

Phone: (208) 386-9317

Fax: (208) 386-9955

<https://idahochildrenstrustfund.org>

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

Idaho Coalition Against Sexual and Domestic Violence

Linen Building

1402 W. Grove Street

Boise, Idaho 83702

Phone: (208) 384-0419

<https://idvsa.org/>

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

Idaho Council on Domestic Violence and Victim Assistance

Phone: (208) 332-1540

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

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

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

Idaho Department of Health and Welfare - Child Protection Services

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

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

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

Idaho Domestic Violence Hotline

Phone: 1-800-669-3176

Women's and Children's Alliance

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

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

<https://www.wcaboise.org>

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

Behavioral Health and Substance Misuse Services

Behavioral Health: Idaho Department of Health and Welfare

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

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

Drug Free Idaho, Inc.

<https://drugfreeidaho.org>

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

Empower Idaho

1607 W. Jefferson Street

Boise, Idaho 83702

Phone: (208) 947-4289

Fax: (208) 331-0267

<https://www.empoweridaho.org>

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

Idaho Substance Use Disorder Hotline

Toll Free Phone: 1-800-922-3406

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

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

Idaho Crisis and Suicide Hotline

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

Text: (208) 398-4357

www.idahocrisis.org

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

NAMI– National Alliance on Mental Illness, Idaho Chapter

P.O. Box 2256

Boise, Idaho 83701

Phone: (208) 520-4210

Toll Free Phone: 1-800 950-6264

Crisis Chat: text “NAMI” to 741741

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

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

National Suicide Prevention Hotline

Dial: 988

<https://suicidepreventionlifeline.org/>

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

SAMHSA (Substance Abuse and Mental Health Services Administration)

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

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

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

Caregiver Support Services

Idaho Caregiver Alliance

<https://idahocaregiveralliance.com>

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

Idaho Commission on Aging

6305 W. Overland Road, Suite 110

Boise, Idaho 83709

Phone: (208) 334-3833

Toll Free Phone: 1-877-471-2777

Fax: (208) 334-3033

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

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

Children & Family Services

Idaho Department of Health and Welfare

Toll Free Phone: 1-877-456-1233

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

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

Youth Empowerment Services

<https://yes.idaho.gov>

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

Community Health Clinics and Other Medical Resources

Idaho Primary Care Association

1087 W. River Street, Suite 160

Boise, Idaho 83702

Phone: (208) 345-2335

www.idahopca.org

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

Dental Services

Idaho State Dental Association

1220 W. Hays Street

Boise, Idaho 83702

Phone: (208) 343-7543

<https://www.theisda.org>

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

Idaho Oral Health Alliance

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

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

Disability Services

Consumer Direct Care Network Idaho

280 E. Corporate Drive, Suite 150

Meridian, Idaho 83642

Phone: 208-898-0470

Toll-Free Phone: 888-898-0470

Email: InfoCDID@ConsumerDirectCare.com

<https://consumerdirectid.com/>

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

DisAbility Rights Idaho

4477 Emerald Street, Suite B-100

Boise, Idaho 83706

Phone: (208) 336-5353

Toll Free Phone: 1-866-295-3462

<https://disabilityrightsidaho.org>

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

Idaho Assistive Technology Project

121 W. Sweet Avenue

Moscow, Idaho 83843

Toll Free Phone: 1-800-432-8324

www.idahoat.org

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

Idaho Council on Developmental Disabilities

700 W. State, Suite 119

Boise, Idaho 83702

Phone: (208) 334-2178

Email: info@icdd.idaho.gov

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

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

Idaho Department of Labor, Disability Determination Services

1505 N. McKinney

Boise, Idaho 83704

Phone: (208) 327-7333

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

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

Idaho Department of Health and Welfare

Adult Developmental Disabilities Care Management

Children Developmental Disability Services

Infant Toddler Program

Phone: 2-1-1

Toll Free Phone: 1-800-926-2588

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

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

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

Idaho Parents Unlimited, Inc.

4619 Emerald, Suite E

Boise, Idaho 83706

Phone: (208) 342-5884

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

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

Educational Services**Homeschool Idaho**

<https://homeschoolidaho.org>

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

Idaho Association for the Education of Young Children (AEYC)

<https://idahoaeyc.org>

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

Idaho Head Start Association

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

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

Idaho School Counselor Association

P.O. Box 7342

Boise, Idaho 83707

Email: idahoschoolcounselorleadership@gmail.com

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

Food Assistance

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

Phone: (208) 334-6700

<https://healthandwelfare.idaho.gov>

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

The Idaho Foodbank

Main Warehouse and Administrative Offices

3630 E. Commercial Court

Meridian, Idaho 83642

Phone: (208) 336-9643

<https://idahofoodbank.org/>

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

School Lunch Programs

Idaho Department of Health and Welfare

Phone: (208) 334-6700

<https://healthandwelfare.idaho.gov>

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

Health Insurance

Your Health Idaho

P.O. Box 50143

Boise, Idaho 83705

Toll Free Phone: 1-855-944-3246

<https://www.yourhealthidaho.org>

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

Medicaid and Health Coverage Assistance

<https://idalink.idaho.gov>

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

Homeless Services

Idaho Housing and Finance Association

<https://www.idahohousing.com>

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

Hospice Care

Idaho Caregiver Alliance

<https://idahocaregiveralliance.com>

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

National Hospice and Palliative Care Organization

Toll Free Phone: 1-800-646-6460

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

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

Hospitals

Findhelp.org (national)

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

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

Housing

Idaho Housing and Finance Association

Rental Assistance

<https://www.idahohousing.com>

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

Legal Services

DisAbility Rights Idaho

4477 Emerald Street, Suite B-100

Boise, Idaho 83706

Phone: (208) 336-5353

Toll Free Phone: 1-800-632-5125

www.disabilityrightsidaho.org

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

Idaho Commission on Human Rights

317 W. Main Street

Boise, Idaho 83735

Phone: (208) 334-2873

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

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

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

525 W. Jefferson Street

Boise, Idaho 83702

Phone: (208) 334-4510

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

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

Idaho Legal Aid Services, Inc.

Boise

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

Nampa

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

<https://www.idaholegalaid.org>

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

Public Health Resources

2-1-1 Idaho CareLine

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

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

Idaho Department of Health and Welfare

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

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

Refugee/Immigration Services

Community Council of Idaho

317 Happy Day Boulevard

Caldwell, Idaho 83607

Phone: (208) 454-1652

Fax: (208) 459-0448

<https://communitycouncilofidaho.org/>

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

Idaho Office for Refugees

1607 W. Jefferson Street

Boise, Idaho 83702

Phone: (208) 336-4222

<https://www.idahorefugees.org>

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

USCIS – Application Support Center for Idaho

1185 S. Vinnell Way

Boise, Idaho 83709

Phone: (208) 685-6600

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

Residential Care/Assisted Living Facilities

Idaho Department of Health and Welfare

Phone: (208) 334-6700

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

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

Senior Services

Alzheimer's Idaho

13601 W. McMillan Road, #249

Boise, Idaho 83713

Phone: (208) 914-4719

www.alzid.org

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

Idaho Aging & Disability Resource Center (ADRC)

Phone: (208) 334-3833

Toll Free Phone: 1-877-471-2777

Fax: (208) 334-3033

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

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

Idaho Care Planning Council

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

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

Idaho Commission on Aging

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

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

Senior Health Insurance Benefits Advisors

Toll Free Phone: 1-800-247-4422

www.doi.idaho.gov

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

Transportation

Idaho Transportation Department

8150 W. Chinden Boulevard

P.O. Box 8028

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

**Non-Emergency Medical Transportation
Idaho Department of Health and Welfare**

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

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

Veteran Services

Idaho Division of Veterans Services

Central Support Office
351 Collins Road
Boise, Idaho 83702

www.veterans.idaho.gov

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

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

Veterans Administration Medical Center

500 W. Fort Street
Boise, Idaho 83702

Phone: (208) 422-1000

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

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

Veterans Crisis Line

Phone: 1-800-273-8255

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

Youth Programs

Idaho Department of Health and Welfare

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

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

Idaho School Counselor Association

P.O. Box 7342

Boise, Idaho 83707

idahoschoolcounselorleadership@gmail.com

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

Idaho Youth Ranch

Corporate Office

5465 W. Irving Street

Boise, Idaho 83706

Office Hours 8am–5pm, M–F

Phone: (208) 377-2613

Hotline: (208) 322-2308

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

Family Counseling:

7025 W. Emerald Street, Suite A

Boise, Idaho 83704

Phone: (208) 947-0863

info@youthranch.org

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

Youth Empowerment Services

<https://yes.idaho.gov>

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

Resources Available within our Service Area

Abuse/Violence Victim Advocacy & Services

CARES (Children at Risk Evaluation Services)

2550 Addison Ave. E. Suite G

Twin Falls, ID 83301

Phone: (208) 814-7750

www.stlukesonline.org

Description: St. Luke's CARES is a neutral, child-friendly facility where children can feel safe and comfortable and be heard. We provide children and their families an opportunity to understand their trauma and begin the process of healing in a warm and accepting environment. We treat children in an age-sensitive manner to reduce further emotional trauma.

Office on Aging – College of Southern Idaho

650 Addison Ave. W.. 4th Floor

Twin Falls, ID 83301

Phone: (208) 736-2122

Adult Protection Services Phone: 1-800-574-8656

<https://ooa.csi.edu/>

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

Safe House

650 Addison Ave. W. Suite 200

Twin Falls, ID 83301

Phone: (208) 735-8087

https://twinfallscounty.org/safe_house/

Description: Helping youth and families since 1996, the Safe House is a state licensed, local group home for at risk (abused, neglected, abandoned, runaway, homeless, substance abuse and economically disadvantaged) youth ages 11-17 in crisis.

Voices Against Violence

212 2nd Ave W., Suite 200

PO Box 2444

Twin Falls, ID 83301

Phone: (208) 733-0100

Phone: 24-hour crisis line: (208) 733-0100

Text: 24-hour text line: 408-675-2023

help@vavmv.org

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

Description: Provide supportive services to victims of domestic violence and sexual assault in the eight counties of South-Central Idaho that is called "Magic Valley." The goal of Voices Against Violence is to rebuild lives by providing resources and tools to establish independence and freedom from abuse.

Behavioral Health and Substance Misuse Services

Alcoholics Anonymous – Idaho Area 18

Twin Falls Phone: (208) 733-8300

Jerome Phone: (208) 837-6048

<https://idahoarea18aa.org/meetings>

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.

Crisis Center of South-Central Idaho

570 Shoup Ave. W

Twin Falls, Idaho 83301

Toll Free: 1-866-737-1128

Phone: (208) 772-7825

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

Open 24 hours/day, 365 days/year

Description: The Crisis Center of South Central Idaho provides emergency substance abuse and mental health services for adults (18 years old and older). All services are provided without charge to patients in need. Referrals and connections are made to appropriate community resources.

Family Health Services

826 Eastland Drive

Twin Falls, Idaho 83301

Phone: (208) 734-1281

www.fhsid.org

Description: Private not-for-profit organization that provides behavioral health care to all (not based on their ability to pay). Locations in Twin Falls, Burley and Jerome.

Idaho Department of Health & Welfare – Twin Falls Office

Behavioral Health Services/ Mental Health Services

828 Harrison St.

Twin Falls, Idaho 83301

Phone: (208) 736-2177 (Adults)

Phone: (208) 732-1630 (Children)

<https://healthandwelfare.idaho.gov/offices/twin-falls-office-pole-line-building>

Description: Services for adults and children who are in need of mental health treatment. People will not be denied services based on inability to pay. A discounted sliding fee schedule is available based on family size and incomes.

Narcotics Anonymous

Magic Valley Help Line: (208) 329-6383

<https://sirna.org/>

Description: NA is a nonprofit fellowship or society of men and women for whom drugs had become a major problem.

Regional Mental Health Services - Region 5

24-hour hotline Twin Falls: (208) 736-2177

Recovery in Motion

560 Shoup Ave. W.

Twin Falls, ID 83301

Phone: (208) 712-2173

Description: Recovery In Motion exists to remove barriers to recovery by providing free Peer-Based Recovery Support Services (P-BRSS) to individuals and families in our communities who live with substance use and/or mental health challenges.

St. Luke's Behavioral Health Services

132 5th Ave. W., Suite 2

Jerome, ID 83338

Phone: (208) 814-9800

www.stlukesonline.org

414 Shoup Ave. W., Suite B

Twin Falls, ID 83301

Phone: (208) 814-9100

550 Polk St.

Twin Falls, ID 83301

Phone: (208) 814-9100

Description: St. Luke's Clinic Behavioral Health Services are dedicated to providing compassionate expertise during times of psychiatric instability, allowing you to work closely with a personalized care team that also includes medication providers and your local primary care doctor. Our psychiatrists, psychologist, counselors, and nurses are trained to care for patients from childhood through the end of life. Our providers specialize in the treatment of mental illness with a focus of wellness.

St. Luke's Canyon View Behavioral Health Services

St. Luke's Magic Valley

228 Shoup Ave. W.

Twin Falls, ID 83301

Phone: (208) 814-7900

www.stlukesonline.org

Description: Provides treatment for adolescents, adults, and seniors. Offering intensive inpatient programs that address acute psychiatric issues in addition to medical detoxification from alcohol and drugs. We utilize individual, family, and group counseling to address personal, family, emotional, psychiatric behavioral and addition-related problems.

Treatment and Recovery Clinic (TARC) - Twin Falls County

630 Addison Ave. W.

Twin Falls, Idaho 83301

Phone: (208) 736-5048

Description: The TARC strives to provide a holistic approach to family healing and the development of associated competencies through the use of Alcohol and Substance Use Disorder Treatment, Recovery Support Services, Behavior Specific Groups, and Wrap-Around services to individuals in the community.

The Walker Center

Outpatient Drug & Alcohol Treatment

762 Falls Ave.

Twin Falls, Idaho 83301

Phone: (208) 734-4200

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

Description: The Walker Center's outpatient treatment program for drug and alcohol abuse provides adults, adolescents and their families with the tools to create and maintain a substance-free lifestyle.

Children & Family Services

Because KIDS Grieve

PO Box 5533

Twin Falls, Idaho 83301

Phone: (208) 352-2994

<http://becausekidsgrieve.org>

Description: Support organization for children, teens, ages 6-17 and their families who grieve the loss of someone they love because of death.

Child Protection Reporting

24-hour hotline: 1-855-552-5437

Community Council of Idaho – Felipe Cabral

1122 Washington St. S.

Twin Falls, Idaho 83301

Phone: (208) 734-8419

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

Description: The Community Council of Idaho, Inc. (CC Idaho) is a rural-centered, multi-service nonprofit organization. They are the largest nonprofit serving Latinos in Idaho.

Family Health Services

Various locations in Twin Falls and Jerome County

325 Martin St.

114 Pioneer Ct.

Twin Falls, Idaho 83301

Jerome, ID 83338

Phone: (208) 732-7447

Phone: (208) 324-3471

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

Description: Family Health Services provides high-quality, culturally sensitive primary medical and dental care, behavioral health, and social services that are affordable and accessible to the people of South-Central Idaho.

Magic Valley Pediatric Cancer Coalition

Phone: (208) 358-6274

<https://mvpediatriccancer.org>

Description: provides structured services to alleviate the emotional, financial, and physical stress associated with a child diagnosed with cancer.

Sleep in Heavenly Peace Twin Falls Chapter

Phone: (844)432-2337

<http://www.shpbeds.org/chapter/id-twin-falls>

Description: Volunteer organization that builds beds for kids who are sleeping on the floor.

South Central Public Health District

1020 Washington St. N.

Twin Falls, Idaho 83301

Phone: (208) 737-5900

<https://phd5.idaho.gov/>

Description: Offices in Twin Falls, Bellevue, Burley, Gooding, Jerome, Rupert and Shoshone

South Central Community Action Partnership

550 Washington St. S.

Twin Falls, Idaho 83301

Phone: (208) 733-9351

<http://www.sccap-id.org/>

Description: SCCAP provides a wide range of support services in an effort to help individuals and families build bridges towards self-sufficiency

St. Luke's Magic Valley – Children's Injury Prevention

601 Pole Line Road W.

Twin Falls, Idaho 83303

Phone: (208) 814-7640

Description: Over 20 years of preventing accidental injuries through bike, car, home, pedestrian, ATV, helmet, agriculture, and child safety.

United Way of South-Central Idaho

253 4th Ave. N.

Twin Falls, ID 83301

Phone: (208) 733-4922

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

Description: United Way of South-Central Idaho fights for the health, education and financial stability of every person in every community throughout South Central Idaho.

Community Health Clinics and Other Medical Resources

Family Health Services

Various locations in Twin Falls and Jerome County

325 Martin St.

114 Pioneer Ct

Twin Falls, Idaho 83301

Jerome, ID 83338

Phone: (208) 732-7447

Phone: (208) 324-3471

www.fhsid.org

Description: Family Health Services provides high-quality, culturally sensitive primary medical and dental care, behavioral health, and social services that are affordable and accessible to the people of South-Central Idaho. Clinics located in Twin Falls, Buhl, Burley, Fairfield, Jerome, Kimberly and Rupert.

Planned Parenthood

200 2nd Ave. N.

Twin Falls, Idaho 83301

Phone: 1-800-230-7526

The Wellness Tree

173 Martin St.

Twin Falls, Idaho 83301

Phone: (208) 734-2610

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

Description: Free acute/short term regular medical care for those at or below the poverty level and with no medical insurance or other resources.

Sage Women’s Center

718 Shoshone St. E.

Twin Falls, ID 83301

Phone: (208) 423-7742

<https://sagewomenscenter.org/>

Description: Help pregnant women, individuals, and families with life affirming options in an environment that promotes physical, spiritual and emotional well-being, at no charge.

South Central Public Health District

1020 Washington St. N.

Twin Falls, Idaho 83301

Phone: (208) 737-5900

<https://phd5.idaho.gov/>

Description: Offices in Twin Falls, Bellevue, Burley, Gooding, Jerome, Rupert and Shoshone

St. Luke's Clinic Multi-Specialty Services

115 5th Ave. W.

Jerome, Idaho 83338

Phone: (208) 814-9840

www.stlukesonline.org

St. Luke's Clinic Physician Center

775 Pole Line Road W., Suite 105 & 111

Twin Falls, Idaho 83301

Phone: (208) 814-8000

www.stlukesonline.org

St. Luke's Clinic & Multi-Specialty Services

625 Pole Line Road W.

Medical Plaza 2

Twin Falls, ID 83301

Phone: (208) 814-1000

St. Luke's Jerome Family Clinic

132 5th Ave. W.

Jerome, Idaho 83338

Phone: (208) 324-4301

www.stlukesonline.org/jerome

St. Luke's Jerome Medical Center

709 N. Lincoln Ave.

Jerome, Idaho 83338

Phone: (208) 324-4301

www.stlukesonline.org/jerome

Dental Services

College of Southern Idaho Dental Clinic

397 N. College Road
Twin Falls, ID 83301
Phone: (208) 732-6751
http://hshs.csi.edu/dental_hygiene/

Family Health Services Dental Clinic

Various locations in Twin Falls and Jerome County
114 Pioneer Ct. 826 Eastland Drive
Jerome, ID 83338 Twin Falls, Idaho 83301
Phone: (208) 324-3471 Phone: (208) 732-7447
www.fhsid.org

Description: Dedicated to providing quality, affordable dental care. Clinics located in Twin Falls, Buhl, Burley, Jerome, Kimberly and Fairfield.

The Wellness Tree

173 Martin St.
Twin Falls, Idaho 83301
Phone: (208) 734-2610
<http://www.wellnesstreeclinic.org/>

South Central Public Health District

1020 Washington St. N.
Twin Falls, Idaho 83301
Phone: (208) 737-5900
www.phd5.idaho.gov

Disability Services

Community Connections Inc.

212 2nd Ave. W.
Twin Falls, ID 83301
Phone: (208) 733-0655
<http://www.cciidaho.com/>

Community Partnerships of Idaho

1092 Eastland Drive N. Suites A & B
Twin Falls, Idaho 83301
Phone: (208) 735-2134
www.mycpid.com

Gwen Neilsen Anderson Rehabilitation Center

St. Luke's Magic Valley Medical Office Plaza
775 Pole Line Road W., Suite 303
Twin Falls, Idaho 83301
Phone (208) 814-3755
www.stlukesonline.org

Living Independence Network (LINC)

182 Eastland Drive N., Suite C
Twin Falls, ID 83301
Phone: (208) 733-1712

Positive Connections Plus, LLC

1373 Fillmore St.
Twin Falls, ID 83301
Phone: (208) 737-9999
www.positiveconnectionsusa.com

St. Luke's Magic Valley – Children's Rehabilitation

St. Luke's Magic Valley Addison Clinic
2550 Addison Ave. E. Suite D
Twin Falls, Idaho 83301
Phone (208) 814-7950

St. Luke's Magic Valley – Adult Outpatient Therapy Clinic

St. Luke's Magic Valley Medical Office Plaza 1
775 Pole Line Road W., Suite 202
Twin Falls, Idaho 83301
Phone (208) 814-2570
St. Luke's Magic Valley Medical Plaza 2
625 Pole Line Rd. W., Suite B
Twin Falls ID, 83301
Phone: (208) 814-5300

Educational Services

Buhl Public Library

215 Broadway Ave. N.
Buhl, ID 83316
(208) 543-2318
<https://www.buhlpubliclibrary.org>

Children's Museum of the Magic Valley

PO Box 2139

Twin Falls, ID 83303
Phone (208) 536-3455
<https://cmmv.org>

College of Southern Idaho Library

315 Falls Ave.
Twin Falls, ID 83301
(208) 732-6500
https://csi.ent.sirsi.net/client/en_US/default-csoa

Filer Public Library

219 Main St.
Filer, ID 83328
(208) 326-4143
<https://filer.lili.org>

Hansen Community Library

120 W. Maple Ave. W.
Hansen, ID 83334
(208) 423-4122
<https://hansen.lili.org/>

Kimberly Public Library

120 Madison St. W.
Kimberly, ID 83341
(208)-423-4556
<https://kimberly.lili.org>

Jerome Public Library

100 1st Ave. E.
Jerome, ID 83338
Phone (208) 324-5427
<https://jerome.lili.org/>

Shoshone Public Library

211 S. Rail St. W.
Shoshone, ID 83352
(208)-886-2843
<https://shoshone.lili.org>

Twin Falls Public Library

201 4th Ave E.
Twin Falls ID, 83301
Phone (208) 733-2964
<https://twinfallspubliclibrary.org/>

Food Assistance**Center of Prayer and Worship**

259 Main Ave E.
Twin Falls, ID 83301
Phone (208) 735-2249

Community Council of Idaho

1139 Falls Ave E. Ste B
Twin Falls, ID 83301
(208) 734-3336

Everybody House:

360 Shoshone St. E.
Twin Falls, ID 83301
Phone: (208) 283-6883
Email: Admin@Everybodyhouse.com
<https://www.everybodyhouse.com/everybodyeats>

La Posada

355 4th Ave. W.
Twin Falls, Idaho 83301
Phone: (208) 734-8700

Lighthouse Pentecostal Church of God

504 5th St.
Filer, ID 83328
(208) 420-4120

Martha & Mary's Food Pantry

212 3rd Ave. E.
Jerome, ID 83338
Phone: (208) 595-4839

Mustard Seed

702 Main Ave. N.
Twin Falls, ID 83301
Phone: (208) 733-9515

Description: The client assistance office provides aid to families in need of spiritual, financial, nutritional, clothing and living expenses.

Rock Creek Food Pantry

325 Madison St. E.
Kimberly, ID 83341
Phone: (208) 212-0787

Salvation Army – Twin Falls

348 4th Ave. N.
Twin Falls, Idaho 83301
Phone: (208) 733-0569

South Central Community Action Partnership

550 Washington St. S.
Twin Falls, Idaho 83301
Phone: (208) 733-9351

www.sccap-id.org

Description: SCCAP provides a wide range of support services in an effort to help individuals and families build bridges towards self-sufficiency.

Twin Falls Mobile Pantry – Kimberly

131 Syringa Ave
Kimberly ID, 83341
(208) 212-0787

West End Ministerial Association

Emergency Food Pantry
908 Maple St.
Buhl, ID 83316
Phone: (208) 329-2393

Government Contacts

City of Buhl

203 Broadway Ave N.
Buhl, ID 83316
Phone: (208) 543-5650
www.cityofbuhl.us

City of Filer

300 Main St.
Filer, ID 83328
Phone: (208) 326-5000
www.cityoffiler.org

City of Jerome

152 East Ave. A
Jerome, ID 83338
Phone: (208) 324-8189
www.ci.jerome.id.us

City of Hansen

388 Main St. S.
Hansen, ID 83334
Phone: (208) 423-5158
www.cityofhansen.org/

City of Hazelton

246 Main St.
Hazelton, ID 83335
Phone: (208) 829-5415
www.cityofhazelton.com

City of Kimberly

132 Main St. N.
Kimberly, ID 83341
Phone: (208) 423-4151
www.cityofkimberly.org/

City of Murtaugh

106 4th St. N.
Murtaugh, ID 83344
Phone: (208) 432-6682
cityofmurtaugh.org

City of Twin Falls

321 2nd Ave E.
Twin Falls, ID 83301
Phone: (208) 735-4357
<http://www.tfid.org/>

Jerome County

300 N. Lincoln
Jerome, ID 83338
Phone: (208) 644-2714
www.jeromecountyid.us

Twin Falls County

425 Shoshone St.
Twin Falls, ID 83301
twinfallscounty.org

Social Security Administration

1437 Fillmore St
Twin Falls, ID 83301
Phone: (208) 734-3985
www.ssa.gov

Homeless Services**Optimist Youth House**

239 3rd Ave. N.
Twin Falls, ID 83301
Phone: (208) 404-3059
www.optimistyouthhouse.com

South Central Community Action Partnership

550 Washington St. S.
Twin Falls, Idaho 83301
Phone: (208) 733-9351
www.sccap-id.org

Description: SCCAP provides a wide range of support services in an effort to help individuals and families build bridges towards self-sufficiency.

Valley House Homeless Shelter

507 Addison Ave W.
Twin Falls, ID 83301
Phone: (208) 734-7736

Voices Against Violence

212 2nd Ave. W.
Twin Falls, ID 83301
Phone: (208) 733-0100
www.vavmv.org

The Safe House

650 Addison Ave. W. Suite 200
Twin Falls, ID 83301
Phone: (208) 735-8087
http://www.twinfallscounty.org/safe_house/

Hospice Care**Hospice Visions, Inc.**

1770 Park View Drive
Twin Falls, Idaho 83301
Phone: (208) 735-0121
<http://www.hospicevisions.org/>

Idaho Home Health & Hospice

722 N. College Road, Suite 150
Twin Falls, ID 83301
Phone: (208) 734-4061
Fax: (208)734-3471
<https://lhcgroupp.com/locations/idaho-home-health-of-twin-falls/>

St. Luke's Home Care & Hospice

601 Pole Line Road W.
Twin Falls, ID 83301
Phone: (208) 814-7600
www.stlukesonline.org

Hospitals**North Canyon Medical Center**

267 N. Canyon Dr.
Gooding, ID 83330
Phone: (208) 934-4433
northcanyonmedicalcenter.org

St. Luke's Jerome Medical Center

709 N. Lincoln Ave.
Jerome, ID 83338
Phone: (208) 324-4301
www.stlukesonline.org

St. Luke's Magic Valley Medical Center

801 Pole Line Road W.
Twin Falls, ID 83301
Phone: (208) 841-10000
www.stlukesonline.org

Housing

Community Council of Idaho

| | |
|---|-----------------------|
| El Milagro Housing Project | Colonia de Colores |
| 1122 S. Washington St. | 406 Gardner Ave. |
| Twin Falls, Idaho 83301 | Twin Falls, ID 83301 |
| Phone: (208) 736-0962 | Phone: (208) 734-2301 |
| http://www.communitycouncilofidaho.org/housing | |

South Central Community Action Partnership

550 Washington St. S.
Twin Falls, Idaho 83301
Phone: (208) 733-9351
www.sccap-id.org
Description: SCCAP provides a wide range of support services to help individuals and families build bridges towards self-sufficiency.

Family Health Services

325 Martin St.
Twin Falls, ID 83301
Phone: (208) 732-7101
www.fhsid.org

La Posada Inc.

355 4th Ave. W.
Twin Falls, ID 83301
Phone: (208) 734-8700

Legal Services

Idaho Legal Aid Office

496 Shoup Ave. W., Suite G
Twin Falls, ID 83301
Phone: (208) 746-7541
www.idaholegalaid.org/office/twinfalls

Description: Provides free legal services to low-income Idahoans. Every year we help 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 Farm Worker Law Unit provides legal services to Idaho's migrant population.

State of Idaho Court Assistance Office – 5th Judicial District

427 Shoshone St. N.
Twin Falls, Idaho 83303
Phone: (208) 736-4137

Public Health Resources

Family Health Services

1102 Eastland Drive N.
Twin Falls, Idaho 83301
Phone: (208) 734-1281
www.fhsid.org

Description: Not-for-profit organization which provides behavioral health care to all not based on their ability to pay. Locations in Twin Falls, Burley and Jerome.

South Central Public Health District

1020 Washington St. N.
Twin Falls, Idaho 83301
Phone: (208) 737-5900
www.phd5.idaho.gov

Description: Offices in Twin Falls, Bellevue, Burley, Gooding, Jerome, Rupert and Shoshone.

Refugee/Immigration Services

CSI (College of Southern Idaho) Refugee Center

1526 Highland Ave. E.
Twin Falls, ID 83301
Phone: (208) 736-2166
<http://www.refugeecenter.csi.edu>

La Posada Inc.

355 4th Ave. W.
Twin Falls, ID 83301
Phone: (208) 734-8700

Description: We provide immigration assistance within immigration law, counseling, emergency assistance, low-income taxpayer clinic, notary services and Spanish and English translations.

Residential Care/ Assisted Living Facilities

Alpine Manor

1135 Imperial St.
Twin Falls, ID 83301
Phone: (208) 734-1794

100 Polk St. E
Kimberly, ID 83341
Phone: (208) 423-5417

Applegate Retirement Estates

1541 E. 4250 N
Buhl, ID 83316
Phone: (208) 543-4020

Ashley Manor

Parkview #1 Memory Care Center
1818 Park View Dr.
Twin Falls, ID 83301
Phone: (208) 933-4404

Parkview #2
490 Parkview Loop E.
Twin Falls, ID 83301
Phone: (208) 933-4406

Ashley Manor Buttercup Memory Care Center

1210 Buttercup Trail
Kimberly, ID 83341
Phone: (208) 423-5971

Ashley Manor Lincoln Memory Center

101 15th Ave. E.
Jerome, ID 83338
Phone: (208) 324-1354

Birchwood Retirement Center

641 Rimview Drive
Twin Falls, ID 83301
Phone: (208) 734-4445

Bridgeview Estates

1828 Bridgeview Blvd.
Twin Falls, ID 83301
Phone: (208) 736-3933

Brookedale Twin Falls

1367 Locust St. N.
Twin Falls, ID 83301
Phone: (208) 735-0700

Canyons Retirement Community

1215 Cheney Dr. W.
Twin Falls, ID 83301
Phone: (208) 358-9624

Country Cottage Assisted Living

3652 N. 2500 E.
Twin Falls, ID 83301
Phone: (208) 736-1856

Country Living Retirement Homes

1852 E. 3900 N.
Buhl, ID 83316
Phone: (208) 326-6560

Creekside Residential Care

222 6th Ave. W.
Jerome, ID 83338
Phone: (208) 324-4941

DeSano Place

1015 E. Ave. K
Jerome ID, 83338
Phone: (208) 595-2675

Desert Rose Retirement Estates

983 Gallup Dr.
Twin Falls, ID 83301
Phone: (208) 734-1866

Grace Assisted Living

1803 Parkview Drive
Twin Falls, ID 83301
Phone: (208) 736-0808

Harmony Place Assisted Living

3808 N. 2538 E.
Twin Falls, ID 83301
Phone: (208) 736-5705

Heritage Assisted Living

622 Filer Ave. W.
Twin Falls, ID 83301
Phone: (208) 733-9064

Northern Light

964 Blake St.
Twin Falls, ID 83301
Phone: (208) 734-3537

Purple Sage Manor

1827 Kimberly Rd.
Twin Falls, ID 83301
Phone: (208) 733-8027

River Rock Assisted Living

1063 Burley Ave.
Buhl, ID 83316
Phone: (208) 543-5161

Rosetta Assisted Living Center

1177 Eastridge Ct.
Twin Falls, ID 83301
Phone: (208) 734-9422

St. Luke's Jerome - Transitional Care Services

709 N. Lincoln Ave.
Jerome, ID 83338
Phone: (208) 324-6138
www.stlukesonline.org

St. Luke's Home Care

601 Pole Line Road W.
Twin Falls, ID 83301
Phone: (208) 814-7600
www.stlukesonline.org

Syringa Place

1880 Harrison St. N.
Twin Falls, ID 83301
Phone: (208) 733-7511

Willow brook

1871 Julie Lane
Twin Falls, ID 83301
Phone: (208) 736-3727

Woodland Estates

19937 C U.S. Highway 30
Buhl, ID 83316
Phone: (208) 543-9050

Woodstone Assisted Living

491 Caswell Ave. W.
Twin Falls, ID 83301
Phone: (208) 734-6062

Senior Services**Ageless Senior Citizens Kimberly Senior Center**

310 Main N.
Kimberly, ID 83341
Phone: (208) 423-4338

CSI (College of Southern Idaho) Office on Aging

650 Addison Ave. W.
Twin Falls, ID 83301
Phone: (208) 736-2122
<https://ooa.csi.edu/>

East End Providers

229 Main St. N.
Kimberly, ID 83341
Phone: (208) 539-2958
Description: Provides free clothing and food year-round.

Filer Senior Center

222 Main St.
Filer, ID 83328
Phone: (208) 326-4608

Homestyle Direct

113 Main St. N.
Kimberly, ID 83341
Phone: 1-866-735-0921

Jerome Senior Center

520 N. Lincoln
Jerome, ID 83338
Phone: (208) 324-5642
www.jeromeseniors.com

Over 60 & Getting Fit

College of Southern Idaho

Phone: (208) 732-6745

www.csi.edu/lifelong-wellness

Description: A free physical activity program for seniors offered at numerous locations in the Magic Valley area.

Silver & Gold Senior Center

203 Wilson St.

Eden, ID 83325

Phone: (208) 825-5662

Twin Falls Senior Federation

530 Shoshone St

Twin Falls, ID 83301

Phone: (208) 734-5084

West End Senior Center

1010 Main

Buhl, ID 83316

Phone: (208) 543-4577

Transportation**Interlink Volunteer Caregivers**

650 Addison Ave. W. Suite 201

Twin Falls, ID 83301

Phone: (208) 733-6333

ivcidaho.org

Description: Interlink Volunteer Caregivers (IVC) is a non-profit organization providing volunteer assistance to the disabled, chronically ill, and elderly, as well as respite care for homebound caregivers.

Mountain Rides

800 1st Ave. N.

Ketchum, ID 83340

Phone: (208) 788-7433

www.mountainrides.org

Description: Ride service between Ketchum, Idaho and Twin Falls, Idaho.

Trans IV Buses (College of Southern Idaho)

496 Madrona St.

Twin Falls, Idaho 83303

Phone: (208) 736-2133

Description: Trans IV Buses have been providing personalized public transportation to the people of the Magic Valley since October 1979.

Veteran Services

American Legion Post 7

447 Seastrom St.
Twin Falls, ID 83301
Phone: (208) 733-7527
<http://www.legion.org/>

American Legion Post 47

207 Main St.
Filer, ID 83328
<http://www.legion.org/>

Twin Falls County Veterans Officer

650 Addison Ave. W., Suite 1077
Twin Falls, Idaho 83303
Phone: (208) 734-9091
www.twinfallscounty.org/veterans/

Twin Falls Idaho Community Based Outpatient Clinic

260 2nd Ave E.
Twin Falls, ID 83301
Phone: (208) 732-0959
[www.boise.va.gov/locations/Twin Falls Idaho](http://www.boise.va.gov/locations/Twin_Falls_Idaho)

Youth Programs

4-H Youth Development – Twin Falls County Extension Office

630 Addison Ave. W. Suite 1600
Twin Falls, Idaho 83301
Phone: (208) 734-9590

Because KIDS Grieve

PO Box 5533
Twin Falls, Idaho 83301
Phone: (208) 352-2994
<http://becausekidsgrieve.org>

Description: Support organization for children, teens, ages 6-17 and their families who grieve the loss of someone they love because of death.

Boys and Girls Club of Magic Valley

999 Frontier Road
Twin Falls, ID 83301
Phone: (208) 736-7011
Fax: (208) 324-3380
<http://www.bgcmv.com/>

College of Southern Idaho Community Education Center

Youth Summer Camps
315 Falls Ave. N.
Twin Falls, ID 83301
Phone: (208)-732-6442
Communityed@csi.edu
[CSI Community Education Center](#)

Gemstone Climbing Yoga Fitness and Events Center

135 5th Ave. S.
Twin Falls, ID 83301
Phone: (208) 329-7257
<https://gemstoneclimbing.rocks/kids-calendar/>

Girls On The Run Southern Idaho

1050 Fox Acres Road
Hailey, ID 83333
(208)788-7863
www.gotrsouthernidaho.org

E Street Community Center

1751 Elizabeth St.
Twin Falls, ID 83301
Phone: (208) 733-4384
<https://estreetcc.org/>

Jerome Community School

United Way of South-Central Idaho
253 4th Ave N
Twin Falls, ID 83301
Phone: (208) 733-4922

Jerome Recreation District

2032 S. Lincoln Ave.
Jerome, ID 83338
Phone: (208) 324-3389
jeromerecreationdistrict.com

Magic Valley Youth Services

650 Addison Ave. W.
Twin Falls, Idaho 83301
Phone: (208) 734-4435

Rising Stars Therapeutic Riding Center

2669 E. 3500 N.
Twin Falls ID, 83301
(208) 751-0557

www.risingstarsriding.com

Description: Rising Stars is a 501 (c)(3) non-profit offering equine therapeutic riding and equine assisted activities to children and adults with cognitive and physical disabilities throughout southcentral Idaho.

Twin Falls Parks & Recreation Department

136 Maxwell Ave.
Twin Falls, ID 83301
Phone: (208) 736-2265

Appendix I: Community Representative Descriptions

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

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

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

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

Community Representatives Contacted:

- Affiliation:** Blue Cross of Idaho Foundation
Date contacted: 9/8/2021
Interview method: Video conference interview & questionnaire
Health representative category: III
Populations represented:
 - Children (0-4 years)
 - Children (5-12 years)
 - Children (13-18 years)
 - Disabled
 - Hispanic/Latino/Latina/Latinx
 - Those experiencing homelessness
 - LGBTQIA+ (lesbian, gay, bi-sexual, transgender, queer, intersex, asexual)
 - Low-income individuals and families
 - Migrant and seasonal farm workers
 - Populations with chronic conditions
 - Refugees
 - Rural communities
 - Senior citizens

- Those with behavioral health issues
- Veterans
- Other

2. **Affiliation:** Boys & Girls Clubs of Magic Valley

Date contacted: 8/30/2021

Interview method: Video conference interview & questionnaire

Health representative category: III

Populations represented:

- Children (0-4 years)
- Children (5-12 years)
- Children (13-18 years)
- Disabled
- Hispanic/Latino/Latina/Latinx
- Those experiencing homelessness
- LGBTQIA+ (lesbian, gay, bi-sexual, transgender, queer, intersex, asexual)
- Low-income individuals and families
- Migrant and seasonal farm workers
- Populations with chronic conditions
- Refugees
- Rural communities
- Senior citizens
- Those with behavioral health issues
- Veterans
- Other

3. **Affiliation:** Buhl Drug

Date contacted: 8/18/2021

Interview method: Video conference interview & questionnaire

Health representative category: II

Populations represented:

- Children (0-4 years)
- Children (5-12 years)
- Children (13-18 years)
- Disabled
- Hispanic/Latino/Latina/Latinx
- Those experiencing homelessness
- LGBTQIA+ (lesbian, gay, bi-sexual, transgender, queer, intersex, asexual)
- Low-income individuals and families
- Migrant and seasonal farm workers
- Populations with chronic conditions
- Refugees
- Rural communities
- Senior citizens

- Those with behavioral health issues
- Veterans
- Other

4. **Affiliation:** City of Twin Falls

Date contacted: 9/2/2021

Interview method: Video conference interview & questionnaire

Health representative category: III

Populations represented:

- Children (0-4 years)
- Children (5-12 years)
- Children (13-18 years)
- Disabled
- Hispanic/Latino/Latina/Latinx
- Those experiencing homelessness
- LGBTQIA+ (lesbian, gay, bi-sexual, transgender, queer, intersex, asexual)
- Low-income individuals and families
- Migrant and seasonal farm workers
- Populations with chronic conditions
- Refugees
- Rural communities
- Senior citizens
- Those with behavioral health issues
- Veterans
- Other

5. **Affiliation:** College of Southern Idaho

Date contacted: 8/23/2021

Interview method: Video conference interview & questionnaire

Health representative category: III

Populations represented:

- Children (0-4 years)
- Children (5-12 years)
- Children (13-18 years)
- Disabled
- Hispanic/Latino/Latina/Latinx
- Those experiencing homelessness
- LGBTQIA+ (lesbian, gay, bi-sexual, transgender, queer, intersex, asexual)
- Low-income individuals and families
- Migrant and seasonal farm workers
- Populations with chronic conditions
- Refugees
- Rural communities
- Senior citizens

- Those with behavioral health issues
- Veterans
- Other

6. **Affiliation:** College of Southern Idaho

Date contacted: 8/17/2021

Interview method: Video conference interview & questionnaire

Health representative category: III

Populations represented:

- Children (0-4 years)
- Children (5-12 years)
- Children (13-18 years)
- Disabled
- Hispanic/Latino/Latina/Latinx
- Those experiencing homelessness
- LGBTQIA+ (lesbian, gay, bi-sexual, transgender, queer, intersex, asexual)
- Low-income individuals and families
- Migrant and seasonal farm workers
- Populations with chronic conditions
- Refugees
- Rural communities
- Senior citizens
- Those with behavioral health issues
- Veterans
- Other

7. **Affiliation:** Jerome County Commissioner

Date contacted: 8/25/2021

Interview method: Video conference interview & questionnaire

Health representative category: III

Populations represented:

- Children (0-4 years)
- Children (5-12 years)
- Children (13-18 years)
- Disabled
- Hispanic/Latino/Latina/Latinx
- Those experiencing homelessness
- LGBTQIA+ (lesbian, gay, bi-sexual, transgender, queer, intersex, asexual)
- Low-income individuals and families
- Migrant and seasonal farm workers
- Populations with chronic conditions
- Refugees
- Rural communities
- Senior citizens

- Those with behavioral health issues
- Veterans
- Other

8. **Affiliation:** Community Council of Idaho

Date contacted: 8/31/2021

Interview method: Video conference interview & questionnaire

Health representative category: II

Populations represented:

- Children (0-4 years)
- Children (5-12 years)
- Children (13-18 years)
- Disabled
- Hispanic/Latino/Latina/Latinx
- Those experiencing homelessness
- LGBTQIA+ (lesbian, gay, bi-sexual, transgender, queer, intersex, asexual)
- Low-income individuals and families
- Migrant and seasonal farm workers
- Populations with chronic conditions
- Refugees
- Rural communities
- Senior citizens
- Those with behavioral health issues
- Veterans
- Other

9. **Affiliation:** College of Southern Idaho - Refugee Center

Date contacted: 8/18/2021

Interview method: Video conference interview & questionnaire

Health representative category: II

Populations represented:

- Children (0-4 years)
- Children (5-12 years)
- Children (13-18 years)
- Disabled
- Hispanic/Latino/Latina/Latinx
- Those experiencing homelessness
- LGBTQIA+ (lesbian, gay, bi-sexual, transgender, queer, intersex, asexual)
- Low-income individuals and families
- Migrant and seasonal farm workers
- Populations with chronic conditions
- Refugees
- Rural communities
- Senior citizens

- Those with behavioral health issues
- Veterans
- Other

10. Affiliation: St. Luke's Health Partners

Date contacted: 8/19/2021

Interview method: Video conference interview & questionnaire

Health representative category: III

Populations represented:

- Children (0-4 years)
- Children (5-12 years)
- Children (13-18 years)
- Disabled
- Hispanic/Latino/Latina/Latinx
- Those experiencing homelessness
- LGBTQIA+ (lesbian, gay, bi-sexual, transgender, queer, intersex, asexual)
- Low-income individuals and families
- Migrant and seasonal farm workers
- Populations with chronic conditions
- Refugees
- Rural communities
- Senior citizens
- Those with behavioral health issues
- Veterans
- Other

11. Affiliation: Family Health Services

Date contacted: 8/24/2021

Interview method: Video conference interview & questionnaire

Health representative category: II

Populations represented:

- Children (0-4 years)
- Children (5-12 years)
- Children (13-18 years)
- Disabled
- Hispanic/Latino/Latina/Latinx
- Those experiencing homelessness
- LGBTQIA+ (lesbian, gay, bi-sexual, transgender, queer, intersex, asexual)
- Low-income individuals and families
- Migrant and seasonal farm workers
- Populations with chronic conditions
- Refugees
- Rural communities
- Senior citizens

- Those with behavioral health issues
- Veterans
- Other

12. Affiliation: Idaho Department of Health and Welfare

Date contacted: 8/9/2021

Interview method: Video conference interview & questionnaire

Health representative category: I

Populations represented:

- Children (0-4 years)
- Children (5-12 years)
- Children (13-18 years)
- Disabled
- Hispanic/Latino/Latina/Latinx
- Those experiencing homelessness
- LGBTQIA+ (lesbian, gay, bi-sexual, transgender, queer, intersex, asexual)
- Low-income individuals and families
- Migrant and seasonal farm workers
- Populations with chronic conditions
- Refugees
- Rural communities
- Senior citizens
- Those with behavioral health issues
- Veterans
- Other

13. Affiliation: Idaho Department of Health and Welfare

Date contacted: 8/18/2021

Interview method: Video conference interview & questionnaire

Health representative category: I

Populations represented:

- Children (0-4 years)
- Children (5-12 years)
- Children (13-18 years)
- Disabled
- Hispanic/Latino/Latina/Latinx
- Those experiencing homelessness
- LGBTQIA+ (lesbian, gay, bi-sexual, transgender, queer, intersex, asexual)
- Low-income individuals and families
- Migrant and seasonal farm workers
- Populations with chronic conditions
- Refugees
- Rural communities
- Senior citizens

- Those with behavioral health issues
- Veterans
- Other

14. Affiliation: Idaho Division of Public Health

Date contacted: 9/22/2021

Interview method: Video conference interview & questionnaire

Health representative category: I

Populations represented:

- Children (0-4 years)
- Children (5-12 years)
- Children (13-18 years)
- Disabled
- Hispanic/Latino/Latina/Latinx
- Those experiencing homelessness
- LGBTQIA+ (lesbian, gay, bi-sexual, transgender, queer, intersex, asexual)
- Low-income individuals and families
- Migrant and seasonal farm workers
- Populations with chronic conditions
- Refugees
- Rural communities
- Senior citizens
- Those with behavioral health issues
- Veterans
- Other

15. Affiliation: Idaho Food Bank

Date contacted: 8/28/2021

Interview method: Video conference interview & questionnaire

Health representative category: III

Populations represented:

- Children (0-4 years)
- Children (5-12 years)
- Children (13-18 years)
- Disabled
- Hispanic/Latino/Latina/Latinx
- Those experiencing homelessness
- LGBTQIA+ (lesbian, gay, bi-sexual, transgender, queer, intersex, asexual)
- Low-income individuals and families
- Migrant and seasonal farm workers
- Populations with chronic conditions
- Refugees
- Rural communities
- Senior citizens

- Those with behavioral health issues
- Veterans
- Other

16. Affiliation: Idaho Milk Products

Date contacted: 8/30/2021

Interview method: Video conference interview & questionnaire

Health representative category: III

Populations represented:

- Children (0-4 years)
- Children (5-12 years)
- Children (13-18 years)
- Disabled
- Hispanic/Latino/Latina/Latinx
- Those experiencing homelessness
- LGBTQIA+ (lesbian, gay, bi-sexual, transgender, queer, intersex, asexual)
- Low-income individuals and families
- Migrant and seasonal farm workers
- Populations with chronic conditions
- Refugees
- Rural communities
- Senior citizens
- Those with behavioral health issues
- Veterans
- Other

17. Affiliation: Idaho Office of Refugees

Date contacted: 9/12/2021

Interview method: Video conference interview & questionnaire

Health representative category: II

Populations represented:

- Children (0-4 years)
- Children (5-12 years)
- Children (13-18 years)
- Disabled
- Hispanic/Latino/Latina/Latinx
- Those experiencing homelessness
- LGBTQIA+ (lesbian, gay, bi-sexual, transgender, queer, intersex, asexual)
- Low-income individuals and families
- Migrant and seasonal farm workers
- Populations with chronic conditions
- Refugees
- Rural communities
- Senior citizens

- Those with behavioral health issues
- Veterans
- Other

18. Affiliation: Idaho Office of the Governor

Date contacted: 9/16/2021

Interview method: Video conference interview & questionnaire

Health representative category: I

Populations represented:

- Children (0-4 years)
- Children (5-12 years)
- Children (13-18 years)
- Disabled
- Hispanic/Latino/Latina/Latinx
- Those experiencing homelessness
- LGBTQIA+ (lesbian, gay, bi-sexual, transgender, queer, intersex, asexual)
- Low-income individuals and families
- Migrant and seasonal farm workers
- Populations with chronic conditions
- Refugees
- Rural communities
- Senior citizens
- Those with behavioral health issues
- Veterans
- Other

19. Affiliation: La Posada Inc.

Date contacted: 9/2/2021

Interview method: Video conference interview & questionnaire

Health representative category: II

Populations represented:

- Children (0-4 years)
- Children (5-12 years)
- Children (13-18 years)
- Disabled
- Hispanic/Latino/Latina/Latinx
- Those experiencing homelessness
- LGBTQIA+ (lesbian, gay, bi-sexual, transgender, queer, intersex, asexual)
- Low-income individuals and families
- Migrant and seasonal farm workers
- Populations with chronic conditions
- Refugees
- Rural communities
- Senior citizens

- Those with behavioral health issues
- Veterans
- Other

20. Affiliation: Murtaugh School District

Date contacted: 8/5/2021

Interview method: Video conference interview & questionnaire

Health representative category: III

Populations represented:

- Children (0-4 years)
- Children (5-12 years)
- Children (13-18 years)
- Disabled
- Hispanic/Latino/Latina/Latinx
- Those experiencing homelessness
- LGBTQIA+ (lesbian, gay, bi-sexual, transgender, queer, intersex, asexual)
- Low-income individuals and families
- Migrant and seasonal farm workers
- Populations with chronic conditions
- Refugees
- Rural communities
- Senior citizens
- Those with behavioral health issues
- Veterans
- Other

21. Affiliation: South Central Community Action Partnership

Date contacted: 8/19/2021

Interview method: Video conference interview & questionnaire

Health representative category: I

Populations represented:

- Children (0-4 years)
- Children (5-12 years)
- Children (13-18 years)
- Disabled
- Hispanic/Latino/Latina/Latinx
- Those experiencing homelessness
- LGBTQIA+ (lesbian, gay, bi-sexual, transgender, queer, intersex, asexual)
- Low-income individuals and families
- Migrant and seasonal farm workers
- Populations with chronic conditions
- Refugees
- Rural communities
- Senior citizens

- Those with behavioral health issues
- Veterans
- Other

22. Affiliation: South Central Public Health District

Date contacted: 8/26/2021

Interview method: Video conference interview & questionnaire

Health representative category: I

Populations represented:

- Children (0-4 years)
- Children (5-12 years)
- Children (13-18 years)
- Disabled
- Hispanic/Latino/Latina/Latinx
- Those experiencing homelessness
- LGBTQIA+ (lesbian, gay, bi-sexual, transgender, queer, intersex, asexual)
- Low-income individuals and families
- Migrant and seasonal farm workers
- Populations with chronic conditions
- Refugees
- Rural communities
- Senior citizens
- Those with behavioral health issues
- Veterans
- Other

23. Affiliation: St. Edwards Catholic Church

Date contacted: 8/26/2021

Interview method: Video conference interview & questionnaire

Health representative category: III

Populations represented:

- Children (0-4 years)
- Children (5-12 years)
- Children (13-18 years)
- Disabled
- Hispanic/Latino/Latina/Latinx
- Those experiencing homelessness
- LGBTQIA+ (lesbian, gay, bi-sexual, transgender, queer, intersex, asexual)
- Low-income individuals and families
- Migrant and seasonal farm workers
- Populations with chronic conditions
- Refugees
- Rural communities
- Senior citizens

- Those with behavioral health issues
- Veterans
- Other

24. Affiliation: St. Luke's Physicians Center - Buhl

Date contacted: 9/1/2021

Interview method: Video conference interview & questionnaire

Health representative category: II

Populations represented:

- Children (0-4 years)
- Children (5-12 years)
- Children (13-18 years)
- Disabled
- Hispanic/Latino/Latina/Latinx
- Those experiencing homelessness
- LGBTQIA+ (lesbian, gay, bi-sexual, transgender, queer, intersex, asexual)
- Low-income individuals and families
- Migrant and seasonal farm workers
- Populations with chronic conditions
- Refugees
- Rural communities
- Senior citizens
- Those with behavioral health issues
- Veterans
- Other

25. Affiliation: The Speedy Foundation

Date contacted: 8/16/2021

Interview method: Video conference interview & questionnaire

Health representative category: III

Populations represented:

- Children (0-4 years)
- Children (5-12 years)
- Children (13-18 years)
- Disabled
- Hispanic/Latino/Latina/Latinx
- Those experiencing homelessness
- LGBTQIA+ (lesbian, gay, bi-sexual, transgender, queer, intersex, asexual)
- Low-income individuals and families
- Migrant and seasonal farm workers
- Populations with chronic conditions
- Refugees
- Rural communities
- Senior citizens

- Those with behavioral health issues
- Veterans
- Other

26. Affiliation: Twin Falls County Commissioner

Date contacted: 8/19/2021

Interview method: Video conference interview & questionnaire

Health representative category: III

Populations represented:

- Children (0-4 years)
- Children (5-12 years)
- Children (13-18 years)
- Disabled
- Hispanic/Latino/Latina/Latinx
- Those experiencing homelessness
- LGBTQIA+ (lesbian, gay, bi-sexual, transgender, queer, intersex, asexual)
- Low-income individuals and families
- Migrant and seasonal farm workers
- Populations with chronic conditions
- Refugees
- Rural communities
- Senior citizens
- Those with behavioral health issues
- Veterans
- Other

27. Affiliation: Twin Falls School District

Date contacted: 8/16/2021

Interview method: Video conference interview & questionnaire

Health representative category: III

Populations represented:

- Children (0-4 years)
- Children (5-12 years)
- Children (13-18 years)
- Disabled
- Hispanic/Latino/Latina/Latinx
- Those experiencing homelessness
- LGBTQIA+ (lesbian, gay, bi-sexual, transgender, queer, intersex, asexual)
- Low-income individuals and families
- Migrant and seasonal farm workers
- Populations with chronic conditions
- Refugees
- Rural communities
- Senior citizens

- Those with behavioral health issues
- Veterans
- Other

28. Affiliation: United Way of South-Central Idaho

Date contacted: 8/24/2021

Interview method: Video conference interview & questionnaire

Health representative category: III

Populations represented:

- Children (0-4 years)
- Children (5-12 years)
- Children (13-18 years)
- Disabled
- Hispanic/Latino/Latina/Latinx
- Those experiencing homelessness
- LGBTQIA+ (lesbian, gay, bi-sexual, transgender, queer, intersex, asexual)
- Low-income individuals and families
- Migrant and seasonal farm workers
- Populations with chronic conditions
- Refugees
- Rural communities
- Senior citizens
- Those with behavioral health issues
- Veterans
- Other

29. Affiliation: University of Idaho Extension

Date contacted: 8/24/2021

Interview method: Video conference interview & questionnaire

Health representative category: III

Populations represented:

- Children (0-4 years)
- Children (5-12 years)
- Children (13-18 years)
- Disabled
- Hispanic/Latino/Latina/Latinx
- Those experiencing homelessness
- LGBTQIA+ (lesbian, gay, bi-sexual, transgender, queer, intersex, asexual)
- Low-income individuals and families
- Migrant and seasonal farm workers
- Populations with chronic conditions
- Refugees
- Rural communities
- Senior citizens

- Those with behavioral health issues
- Veterans
- Other

30. Affiliation: Wellness Tree Community Clinic

Date contacted: 8/19/2021

Interview method: Video conference interview & questionnaire

Health representative category: II

Populations represented:

- Children (0-4 years)
- Children (5-12 years)
- Children (13-18 years)
- Disabled
- Hispanic/Latino/Latina/Latinx
- Those experiencing homelessness
- LGBTQIA+ (lesbian, gay, bi-sexual, transgender, queer, intersex, asexual)
- Low-income individuals and families
- Migrant and seasonal farm workers
- Populations with chronic conditions
- Refugees
- Rural communities
- Senior citizens
- Those with behavioral health issues
- Veterans
- Other

Appendix II: St. Luke's Community Health Representative Questionnaire

Name:

Title:

Affiliation:

Please provide a brief description of your professional experience particularly as it relates to community health, social, or economic needs. (250 words or less.)

Please indicate which of the following population groups you feel you understand and can represent the health needs. Select all that apply.

- Children (0-4 years)
- Children (5-12 years)
- Children (13-18 years)
- People with disabilities
- Hispanic/Latino/Latina/Latinx
- Those experiencing homelessness
- LGBTQIA+ (lesbian, gay, bi-sexual, transgender, queer, intersex, asexual)
- Low-income individuals and families
- Migrant and seasonal farm workers
- Populations with chronic conditions
- Refugees
- Rural communities
- Senior citizens
- Those with behavioral health issues
- Veterans
- Other

What County(ies) does your expertise apply to?

Health Behaviors:

Please provide an answer in each column for every behavior listed in the rows. Health behaviors are actions individuals take that affect their health. They include actions that lead to improved health, such as eating well and being physically active, and actions that increase one's risk of disease, such as smoking, excessive alcohol intake, and risky sexual behavior.

OPTIONS:

Column 1: not important at all, somewhat unimportant, somewhat important, very important, not sure

Column 2 & 3: very weak, somewhat weak, somewhat strong, very strong, not sure

| | Importance of the problem in _____ County (scale and urgency to livelihood) | Existing _____ County assets/partnerships | Potential for positive impact on vulnerable populations in _____ County |
|--|---|---|---|
| Exercise programs/education/opportunities | | | |
| Nutrition programs/education/opportunities | | | |
| Safe sex education programs | | | |
| Substance abuse services and programs | | | |
| Tobacco prevention & cessation | | | |
| Wellness & prevention programs (for conditions such as high blood pressure, high | | | |

Clinical Care and Access:

Please provide an answer in each column for every clinical care service listed in the rows. Access to affordable, quality, and timely health care can help prevent diseases and detect issues sooner, enabling individuals to live longer, healthier lives. While part of a larger context, looking at clinical care helps us understand why some communities can be healthier than others.

OPTIONS:

Column 1: not important at all, somewhat unimportant, somewhat important, very important, not sure

Column 2 &3: very weak, somewhat weak, somewhat strong, very strong, not sure

| | Importance of the problem in _____ County (scale and urgency to livelihood) | Existing _____ County assets/partnerships | Potential for positive impact on vulnerable populations in _____ County |
|---|---|---|---|
| Affordable health care for low-income individuals | | | |

| | | | |
|---|--|--|--|
| Availability of behavioral health services (providers, suicide hotline, etc.) | | | |
| Chronic disease management programs (for diabetes, asthma, arthritis, etc.) | | | |
| Immunization Programs | | | |
| Improved health care quality | | | |
| Prenatal Care program | | | |
| Screening programs (cholesterol, diabetes, mammography, colorectal, etc.) | | | |

Social and Economic:

Please provide an answer in each column for every social/economic factor listed in the rows. Social and economic factors, such as income, education, employment, community safety, and social supports can significantly affect how well and how long we live. These factors affect our ability to make healthy choices, afford medical care and housing, manage stress, and more.

OPTIONS:

Column 1: not important at all, somewhat unimportant, somewhat important, very important, not sure

Column 2 &3: very weak, somewhat weak, somewhat strong, very strong, not sure

| | Importance of the problem in _____ County (scale and urgency to livelihood) | Existing _____ County assets/partnerships | Potential for positive impact on vulnerable populations in _____ County |
|---|---|---|---|
| Services for children and families experiencing adversity | | | |
| Food/Nutrition security | | | |
| Academic achievement from early learning through post-secondary education | | | |

| | | | |
|--|--|--|--|
| Housing stability | | | |
| Individual economic stability | | | |
| Social support for Seniors | | | |
| Social support for Veterans | | | |
| Community safety (injury, violence, abuse, etc.) | | | |

Physical Environment:

Please provide an answer in each column for every physical environment condition listed in the rows. The physical environment is where individuals live, learn, work, and play. People interact with their physical environment through the air they breathe, water they drink, houses they live in, and the transportation they access to travel to work and school. Poor physical environment can affect our ability and that of our families and neighbors to live long and healthy lives.

OPTIONS:

Column 1: not important at all, somewhat unimportant, somewhat important, very important, not sure

Column 2 &3: very weak, somewhat weak, somewhat strong, very strong, not sure

| | Importance of the problem in _____ County (scale and urgency to livelihood) | Existing _____ County assets/partnerships | Potential for positive impact on vulnerable populations in _____ County |
|--|---|---|---|
| Healthy air and water quality | | | |
| Accessible modes of transportation (sidewalks, bike paths, etc.) | | | |

Appendix III: Data Notes

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