



As a Catholic health system, Saint Alphonsus is committed to service to and advocacy for those people whose social condition puts them at the margins of society. We are called to minister to those less fortunate and to ensure the dignity of all people.

Community Health Needs Assessments allow Saint Alphonsus to be responsible stewards of our resources, and target our efforts and financial investments to where there is the greatest need and increased potential for effectiveness. We focus on prevention and education and helping poor and vulnerable populations break cycles that are painful, debilitating, life threatening and costly.

A Community Health Needs Assessment provides the opportunity to:

- » Gain insights into the needs and assets of the communities served
- » Identify and address the needs of vulnerable populations within the community
- » Enhance relationships and opportunities for collaborative community action
- » Provide information for community outreach planning, evaluation and assessment

Saint Alphonsus Medical Center – Nampa (SAMCN) completed a comprehensive Community Health Needs Assessment (CHNA) that was adopted by the Board of Directors on June 24, 2014. SAMCN performed the CHNA in adherence with certain federal requirements for not-for-profit hospitals set forth in the Affordable Care Act and by the Internal Revenue Service. The assessment took into account input from representatives of the community, community members, and various community organizations.

The assessment was led by United Way of Treasure Valley with Utah Foundation as a research partner and Saint Alphonsus, Gardner Company, Wells Fargo, Saint Luke's Health System, Delta Dental, Regence Blue Shield of Idaho, West Valley Medical Center and Idaho Association for the Education of Young Children as funding partners. Three Counties: Ada, Canyon and Gem were the primary service areas studied, with analysis and comparison of county/health district, state, and national data wherever available.

In addition, United Way organized a community assessment advisory group, convened their board for community assessment discussions, and held focus groups with community partners. The Utah Foundation also held focus groups, personal interviews and performed written surveys with several vulnerable populations.

Saint Alphonsus Medical Center – Nampa (SAMCN), based in Nampa, Idaho, is a 152- bed, Catholic faith-based, not-for-profit hospital serving the Southwest region of Idaho. With 709 employees, SAMCN provides services primarily to residents of Canyon County (90%), but also serves Ada, Owyhee, Payette and Gem Counties. SAMCN's primary service area is a mix of urban and rural communities within the Treasure Valley, bordered by rugged mountainous terrain and desert. The population of the hospital's primary service area is estimated at 198,871 people.

The CHNA conducted in April 2014 identified six significant health needs within the Saint Alphonsus Medical Center's community. Those needs were then prioritized based on persons affected, impact on quality of life, and feasibility of reasonable impact. SAMC-Nampa's Mission Task Force along with the External Review Committee studied the findings of the assessment and performed an asset analysis to determine what identified needs were within SAMC-N's capacity to impact and if there was programming already in place addressing the need that could be expanded or enhanced. In addition, they looked at County Health Rankings to determine if Canyon County was at/below/above the Idaho average and National average.

As part of the prioritization process, an inventory of current and on-going work around those needs was compiled. The six health needs identified, include:

Tobacco	<ul style="list-style-type: none"> • Tobacco Usage
Obesity	<ul style="list-style-type: none"> • Diet – Fruit & Vegetable Consumption • High Cost of Healthy Food • Exercise - Lack of Physical Activity
Prenatal Care	<ul style="list-style-type: none"> • Lack of Prenatal Care in First Trimester
Diabetes	<ul style="list-style-type: none"> • Prevalence of Diabetes
Access to Health Services	<ul style="list-style-type: none"> • Lack of Health Insurance Coverage • Lack of Medical Home • High Cost of Oral Health • Prevalence of Hypertension & High Cholesterol
Mental Health	<ul style="list-style-type: none"> • Suicides • "Poor" Mental Health Days



United Way of Treasure Valley
GIVE. ADVOCATE. VOLUNTEER.



**COMMUNITY
ASSESSMENT
2014**

DATA TO ENGAGE AND MOTIVATE THE TREASURE VALLEY



“The Community Assessment serves as a valuable indicator tool for us as we work toward improving the dental health of all Idahoans.”

- Jean De Luca, CEO and President, Delta Dental of Idaho



“The spots where problem areas in our community overlap are the same spots where opportunities reside. As an advocate for all children to thrive, Idaho AEYC is excited to use the Community Assessment as a rallying point for support of children at home, in child care, in the classroom and beyond.”

- Beth Oppenheimer, executive director, Idaho AEYC

“Wells Fargo believes we’re all called to be leaders, and a thriving community means we all win. Financial literacy and independence is a huge part of this overall success. The Community Assessment is critical to helping uncover areas where additional leadership is needed and where financial education would be a benefit toward building a stronger Idaho.”

- Don Melendez, Idaho region president, Wells Fargo



“Before we can respond to the needs in our valley, we need a deeper understanding of those needs -- and of the people who are so acutely affected. The Community Assessment can unite people around the most urgent challenges and create significant, lasting change.”

- Dr. J. Thomas Ahlquist, COO, Gardner Company



“The 2014 Community Assessment is a guiding document for our region. Here we see the greatest barriers to success, along with the biggest opportunities to change the odds members of our community. Together we can focus the best programs, ideas and initiatives on common goals. This assessment is the spark.”

- Nora Carpenter, CEO, United Way of Treasure Valley

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INTRODUCTION

INTRODUCTION

United Way of Treasure Valley (United Way) is changing the odds for members of our community through education, health, and financial independence. By mobilizing resources in the Treasure Valley, United Way focuses on the greatest needs and periodically conducts independent research to assess those needs.

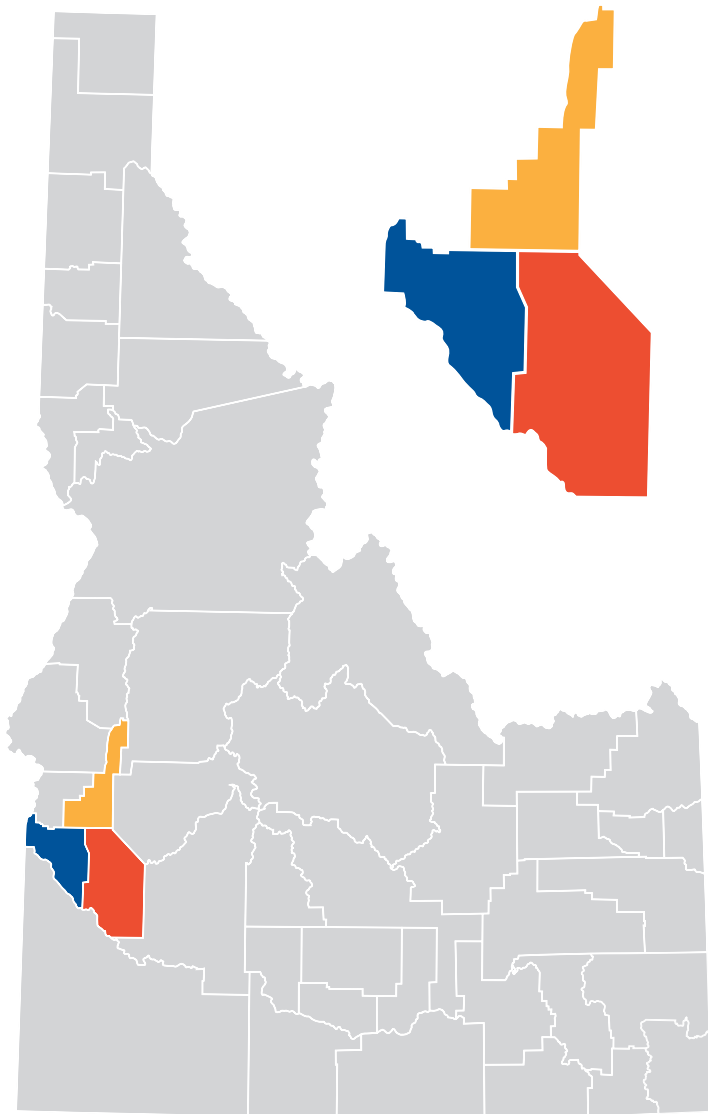
United Way is committed to providing a Community Assessment every three years to help the Treasure Valley determine needs and trends, define barriers to the success of programs, recognize gaps in data, and identify opportunities for progress. Utah Foundation was retained by United Way to conduct independent research to obtain accurate, reliable, and unbiased data on the demographic, social, and economic conditions in the Treasure Valley.

In order to inform this Community Assessment, United Way focused on ensuring input from diverse voices. Specifically, United Way worked with a Community Assessment advisory group, convened local leaders for Community Assessment discussions, and held focus groups with nonprofit organizations and service providers as well as individuals using community-based services.

The Utah Foundation also held focus groups – both with residents utilizing social safety net services and with service providers – and performed written surveys, a literature review, and personal interviews. Research began in October 2013 and continued through March 2014.

DEFINING THE TREASURE VALLEY

This Community Assessment focuses on Ada, Canyon and Gem counties as they compose the bulk of the population residing in the Treasure Valley.



Ada County is the most populated county in Idaho, with more than one-third of the state's population. The most populated cities include Boise and Meridian. The county is home to Boise State University, branch locations of other state universities, and several other institutions of higher education. Popular outdoor activities include downhill skiing, snowboarding, camping, and fishing.

Canyon County is the second most populated county in Idaho. The most populated cities include Nampa and Caldwell. Canyon County is home to the College of Western Idaho, Northwest Nazarene University, The College of Idaho, and the Hispanic Cultural Center of Idaho.

Gem County is the least populated and most rural county in this assessment. Emmett is the most populated city in the county. In a first of its kind initiative, local leaders have formed a community health coalition aimed at improving the health of residents.

The purpose of this document is to assess community needs and assets within the Treasure Valley. To accomplish this, the assessment will present data, barriers, and opportunities in the areas of Education, Health, and Financial Independence.

DATA

Indicators of community success

BARRIERS

Reveal the hindrances to community success

OPPORTUNITIES

Potential solutions to barriers

COMMUNITY PERCEPTION

Gallup-Healthways Well-Being Index performs an annual survey of residents across the country regarding life evaluation, emotional health, physical health, healthy behavior, work environment, and basic access to necessities.¹ Idaho slipped a bit in its national ranking from 22nd place in 2012 to 29th in 2013, and from its highest ranking of 9th in 2009. Between 2008 and 2013, the greatest downward trends are seen in “work environment,” “emotional health,” and “life evaluation.” Both “physical health” and “access to necessities” remained fairly stable.

STATE OF AMERICAN WELL-BEING, IDAHO'S NATIONAL RANKING

STATE OF WELL-BEING	2008	2009	2010	2011	2012	2013
Life Evaluation	16	11	23	33	36	32
Emotional Health	15	17	17	17	15	35
Work Environment	2	7	11	27	19	31
Physical Health	33	29	35	27	33	29
Healthy Behaviors	15	4	10	10	14	16
Access to Necessities	26	26	27	20	11	25
OVERALL	10	9	20	23	22	29

* Source: Gallup-Healthways Well-Being Index

TREASURE VALLEY SNAPSHOT

Overview of Data from the 2014 United Way Community Assessment

	ADA COUNTY	CANYON COUNTY	GEM COUNTY	IDAHO	U.S.
Population <i>Estimated population in 2013</i>	416,464	198,871	16,686	1,612,136	316 Mil
Immigrant & Refugee Population <i>Foreign-born residents (2012, 5-year avg)</i>	6.3%	8.6%	4.8%	6.0%	12.9%
Median Income <i>Middle - not average - household incomes (2012)</i>	\$55,133	\$42,311	\$40,991	\$45,959	\$52,123
Unemployment <i>Annual averages (2013)</i>	5.5%	7.0%	7.7%	6.2%	7.4%
Poverty Rate <i>Individuals living below the federal poverty line (2012)</i>	12.5%	21.1%	17.6%	16.0%	15.9%
Renter Cost Burden <i>Households with rent more than 30% of income (2012, 5-year avg)</i>	39.7%	33.4%	41.7%	35.6%	36.8%
Third Grade Reading Proficiency <i>Idaho Standards Achievement Test (2013)</i>	91.1%	87.7%	84.9%	88.8%	n/a
Eighth Grade Reading Proficiency <i>Idaho Standards Achievement Test (2013)</i>	85.6%	79.0%	81.0%	80.0%	n/a
High School Graduation Rates <i>Students graduating with their class (2012)</i>	94.8%	95.2%	93.4%	93.4%	81%*
Educational Attainment <i>25 years & older with at least a bachelor's degree (2012, 5-year avg)</i>	23.7%	11.9%	10.5%	17.0%	17.9%
Uninsured <i>People without health insurance (2012, 3-year avg)</i>	15.9%	26.3%	27.7%	20.1%	18.2%
Obesity Rates <i>Body mass index > 30 for adults 18 and older (2012, 3-year avg)</i>	24.7%	32.2%	24.6%	26.5%	27.2%
Poor Physical Health <i>Seven or more days in past 30 were not good (2012, 3-year avg)</i>	18.8%	21.4%	25.2%	20.3%	18.6%
Poor Mental Health <i>Seven or more days in past 30 were not good (2012, 3-year avg)</i>	14.1%	18.3%	18.6%	15.0%	15.2%
Number of Homeless Schoolchildren <i>Using broad homelessness definition (2013)</i>	1,299	1,451	24	6,118	1,168,354
Transportation Problems <i>Renter-occupied households with no vehicle available (2012, 5-year avg)</i>	10.7%	8.3%	9.1%	9.3%	19.8%
Childhood Food Insecurity <i>Reduced food intake at some point in the year (2012)</i>	18.0%	23.7%	24.2%	21.6%	21.6%

* U.S. computation is a different source and methodology
See the remainder of the Community Assessment for sources to each of these measures



2

DEMOGRAPHICS AND CHARACTERISTICS

DEMOGRAPHICS AND CHARACTERISTICS

Demographics are the unique characteristics of each county, which make them different in terms of their assets, barriers, and opportunities.

POPULATION

Ada County has the largest population of Idaho's 44 counties and is double the population of Canyon County, which is the next largest. Gem County has a much smaller population though is still larger than more than half of Idaho's counties. Together, the three counties make up more than one-third of the state's population.

Between 1980 and 2013, Idaho's population increased by 66.1%, compared to the nation's increase of 36.3%.² Ada and Canyon counties more than doubled in size during that time period. Such population increase can lead to economic development and increased diversity but can strain a community's infrastructure.

IDAHO'S POPULATION IS INCREASING RAPIDLY

Population and Population Change

AREA	1980	1990	2000	2010	2013	CHANGE 1980-2013
Ada County	173,036	205,775	300,904	392,365	416,464	126.8%
Canyon County	83,756	90,076	131,441	188,923	198,871	125.6%
Gem County	11,972	11,844	15,181	16,719	16,686	39.7%
Idaho	943,935	1,006,749	1,293,953	1,567,582	1,612,136	66.1%
U.S.	226,545,805	248,709,873	281,421,906	308,745,538	316,128,839	36.3%

* Source: U.S. Census Bureau, Population Division

AGE

Economic and social characteristics vary by age. For instance, children under 18 have higher rates of poverty than other groups. In Idaho, the poverty rate in 2012 was 16.2% for all ages, though for children under 18 it was 22.6%. Read more about poverty in the *“Financial Independence”* section.

Further, children in the household, particularly those less than 5 years of age and not in school, put extra pressures on family in terms of child care requirements. Nationally, families with young children have a higher rate of homelessness than families without young children.³ Read more about homelessness in the *“Basic Needs”* section.

Canyon County has a high percentage of children less than 18 years of age. Gem County has the largest percentage of people 65 years of age and older. Since 2000, the percentages of people 65 years and older have increased slightly in all three counties, the state, and the nation.⁴

CANYON COUNTY HAS A HIGHER PERCENTAGE OF CHILDREN

Population by Age, 2012

AGE	ADA COUNTY	CANYON COUNTY	GEM COUNTY	IDAHO	U.S.
4 yrs and under	7.1%	9.0%	6.7%	7.6%	6.5%
5-17 yrs	19.1%	22.3%	17.8%	19.6%	17.4%
18-64 yrs	63.2%	57.7%	56.6%	60.3%	62.9%
65 yrs and over	10.6%	11.0%	18.9%	12.5%	13.2%

* Source: American Community Survey, 2012, 5-year average.

HOUSEHOLD COMPOSITION

Household composition is important because poverty rates are higher for females than males, and it is particularly high for female single-parent households. The national poverty rate for all families was 11.8% but for female householders with no spouse present was 31.8%.⁵ The highest percentage of female single-parent households is in Gem County, while Ada County is the lowest. Gem County also has the highest percentage of married couples with children under 18.

HOUSEHOLD COMPOSITION DIFFERS ACROSS COUNTIES

Household Composition, 2012

AGE	ADA COUNTY	CANYON COUNTY	GEM COUNTY	IDAHO	U.S.
Married Couple <i>with children under 18</i>	29.1%	29.8%	37.5%	31.9%	28.7%
Married Couple <i>without children under 18</i>	24.7%	27.6%	17.8%	24.2%	20.3%
Male Single Parent <i>with children under 18</i>	2.0%	2.0%	1.2%	1.7%	2.3%
Male Single Parent <i>without children under 18</i>	3.0%	2.6%	0.7%	2.5%	2.3%
Female Single Parent <i>with children under 18</i>	3.3%	4.2%	5.7%	3.4%	5.6%
Female Single Parent <i>without children under 18</i>	5.7%	8.4%	6.8%	6.2%	7.3%
Non-Family Household	32.2%	25.5%	30.3%	30.0%	33.5%

* Source: American Community Survey, 2012, 5-year average



COST OF LIVING INDEX

The Council for Community and Economic Research calculates the average prices of goods throughout the year to compile a cost of living index. Transportation and healthcare care are more expensive in the Treasure Valley area than the national average. However average living costs are lower. When comparing the cost of living in the Boise area with neighboring cities, Idaho's capital city fares quite well.⁶

COST OF LIVING IN IDAHO AND NEIGHBORING STATE'S CITIES

	COST OF LIVING INDEX	GROCERY ITEMS	HOUSING	UTILITIES	TRANSPORTATION	HEALTH CARE	MISC. GOODS & SERVICES
Idaho Falls, ID	85.6	85.2	65.4	93.4	99.8	100.7	91.6
Reno-Sparks, NV	90.1	90.3	88.7	73.0	103.3	93.5	90.7
Twin Falls, ID	90.2	78.6	81.2	100.3	100.1	93.2	94.8
Boise, ID	93.5	85.9	87.3	87.9	104.0	104.0	97.7
Salt Lake City, UT	94.5	88.7	90.6	84.2	99.1	96.9	100.9
Spokane, WA	96.0	92.1	89.1	91.3	99.8	110.0	100.9
National Average	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Bozeman, MT	100.9	97.8	110.6	91.5	92.1	104.0	100.1
Portland, OR	117.6	103.0	143.3	96.6	115.4	117.4	110.5

* Source: The Council for Community and Economic Research

RACE AND ETHNICITY

Idaho’s racial and ethnic make-up has changed during the past 20 years. The most dramatic change has been the growth of Idaho’s Hispanic and Latino population. In 1990, 5.3% of Idaho’s population was Hispanic or Latino; in 2010, this had grown to 11.2%. Idaho has also seen small population increases in Black or African American, Asian, and other races.

Of the three counties, Canyon County is the most diverse. In fact, nearly one-quarter of the population is Hispanic or Latino.

DIVERSITY DIFFERS ACROSS COUNTIES

Race and Ethnicity, 2012

RACE	ADA COUNTY	CANYON COUNTY	GEM COUNTY	IDAHO	U.S.
White	91.1%	91.5%	94.4%	92.2%	74.2%
Black or African American	1.0%	0.3%	0.0%	0.6%	12.6%
American Indian/Alaska Native	0.5%	0.7%	0.3%	1.2%	0.8%
Asian	2.6%	0.8%	1.2%	1.2%	4.8%
Native Hawaiian/Other Pacific Islander	0.2%	0.1%	0.2%	0.1%	0.2%
Some Other Race	1.2%	3.0%	1.9%	2.2%	4.8%
Two or More Races	2.5%	3.6%	1.5%	2.5%	2.7%

ETHNICITY	ADA COUNTY	CANYON COUNTY	GEM COUNTY	IDAHO	U.S.
Hispanic or Latino (of any race)	7.1%	23.8%	7.9%	11.2%	16.4%
Not Hispanic or Latino (of any race)	92.9%	76.2%	92.1%	88.8%	83.6%

* Source: American Community Survey, 2012, 5-year average

IDAHO’S FOREIGN-BORN POPULATION

In both Canyon and Gem counties, more than half of the total foreign-born population is from Mexico. In Ada County, a third of the foreign-born population is from North and South America (mostly Mexico), a third is from Asia, a quarter is from Europe, and the remainder is from Africa and Oceania.⁷

The percentage of those born outside of the U.S. has doubled in Idaho and the Treasure Valley area since 1990, a faster rate than the national average. Canyon County has the largest percentage of foreign-born residents. Ada County is next at a percentage slightly higher than the state of Idaho.

INTEGRATION VS. ASSIMILATION

Integration is where immigrants and refugees work together with the receiving population to build strong communities. Assimilation is where the receiving population expects newcomers to become part of their unchanged community. Integration is important for a number of reasons, not the least of which is education. In considering integration, you can see that Idaho's racial and ethnic diversity has been increasing.

IMMIGRANT AND REFUGEE POPULATION IS ON THE RISE

Idaho's Foreign-Born Percentage

AREA	CENSUS 1990	CENSUS 2000	2009	2010	2011	2012
Ada County	2.1%	4.3%	6.2%	5.8%	6.2%	6.3%
Canyon County	4.4%	8.6%	9.0%	9.1%	8.9%	8.6%
Gem County	3.3%	4.9%	4.1%	4.8%	4.7%	4.8%
Idaho	2.9%	5.0%	5.8%	5.9%	5.9%	6.0%
U.S.	7.9%	11.1%	12.4%	12.7%	12.8%	12.9%

* Source: U.S. Census and American Community Survey 5-year averages

LANGUAGE OTHER THAN ENGLISH SPOKEN AT HOME IS ON THE RISE

Idaho's Population Five Years and Older

AREA	1990	2000	2009	2010	2011	2012
Ada County	4.4%	7.8%	9.3%	9.0%	8.9%	8.7%
Canyon County	12.0%	17.6%	18.2%	18.9%	18.4%	18.6%
Gem County	6.4%	7.2%	7.5%	8.4%	8.0%	7.8%
Idaho	6.4%	9.3%	10.0%	10.2%	10.2%	10.4%
U.S.	13.8%	17.9%	19.6%	20.1%	20.3%	20.5%

* Source: U.S. Census and American Community Survey 5-year averages

ENGLISH PROFICIENCY OVER TIME

Statewide, 5.4% of Idaho’s public school student population is English language learners. See the *Education section* of this assessment for more details. Since 1990, the population of Idahoans who do not speak English “very well” has increased to 4.0%. Canyon County has the longest way to go, with 7.0% of the population unable to speak English “very well.”

IDAHO’S ENGLISH LANGUAGE PROFICIENCY REMAINS STEADY SINCE 2000

Population That Speaks English Less Than “Very Well” (five years old and older)

AREA	CENSUS 1990	CENSUS 2000	2009	2010	2011	2012
Ada County	1.4%	2.9%	3.6%	3.0%	3.1%	3.1%
Canyon County	5.2%	8.3%	7.8%	7.5%	7.2%	7.0%
Gem County	2.9%	3.7%	3.8%	3.6%	3.3%	3.4%
Idaho	2.4%	3.9%	4.1%	4.0%	4.0%	4.0%
U.S.	6.1%	8.1%	8.6%	8.7%	8.7%	8.7%

* Source: : U.S. Census and American Community Survey 5-year average

The focus group participants from English as a Second Language classes expressed that they would benefit from **more opportunities** for learning English, with additional class times, locations, and settings.





CITIZENSHIP RATES OVER TIME

The easiest way to determine integration is by citizenship status. Citizenship rates decreased between 1990 through the mid-2000s, but have been trending up since.

There are large differences in county citizenship rates of the foreign-born population. Ada County's rate is near the U.S. average, while Canyon County is the lowest in the Treasure Valley at less than one-third of the population.

CITIZENSHIP AS A MEASURE OF INTEGRATION

Immigrants and Refugees Naturalized as U.S. Citizens

AREA	CENSUS 1990	CENSUS 2000	2009	2010	2011	2012
Ada County	54.8%	39.8%	37.9%	41.7%	42.4%	42.1%
Canyon County	38.3%	29.2%	23.4%	24.2%	27.5%	30.4%
Gem County	40.9%	30.0%	30.3%	22.1%	30.8%	33.4%
Idaho	41.0%	33.1%	31.9%	32.8%	33.0%	33.5%
U.S.	40.5%	40.3%	42.6%	43.1%	43.7%	44.3%

* Source: American Community Survey, 2012, 5-year average



3

**FINANCIAL
INDEPENDENCE**

FINANCIAL INDEPENDENCE

Income has a large impact on education and health. This section describes income measurements, unemployment, poverty, and housing costs, as well as the Earned Income Tax Credit program, which positively affects household income.

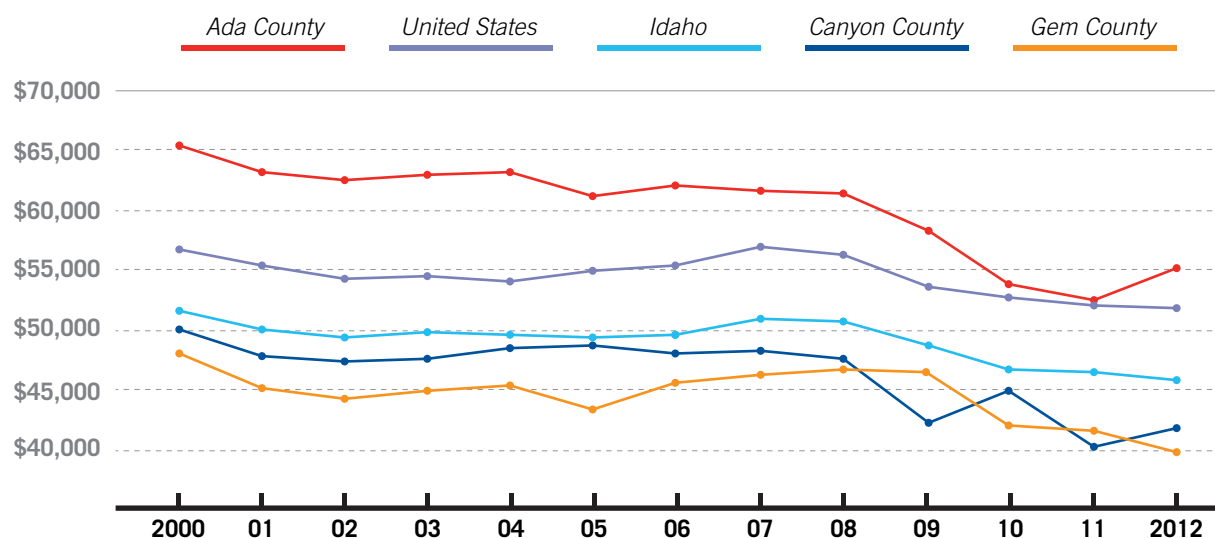
MEDIAN HOUSEHOLD INCOME, ADJUSTED FOR INFLATION

This Community Assessment uses median values to compare household income. The median simply represents the middle income, with 50% of people earning more and 50% earning less. Ada County has the highest median income of the three counties in this assessment.

When incomes are adjusted to inflation over time, the results show the median household incomes have actually dropped in all counties, the state, and the nation. In fact, in 2012 the inflation-adjusted median household income was lower than it was in 1980 for all geographic areas except Gem County.⁸ However, Ada and Canyon counties and the state saw increases in median household incomes between 2011 and 2012.

INFLATION-ADJUSTED INCOMES HAVE DECLINED SINCE 2009

Median Household Income (in 2012 Dollars)



* Source: U.S. Bureau of the Census, Small Area Income and Poverty Estimates.

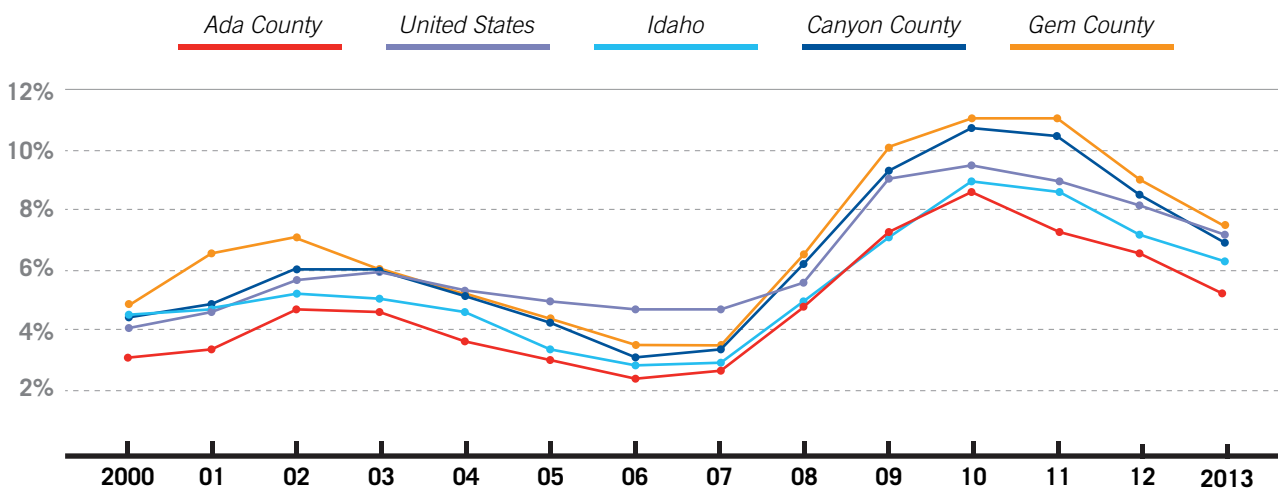
The median income for adults 25 years old and older without a high school diploma is **\$19,769 in Idaho**, versus **\$41,245 with a college degree**. The contrast is even wider in Ada County. Learn more at the United Way Worldwide Common Good Forecaster: apps.unitedway.org/forecaster

EMPLOYMENT STATUS

Idaho's annual unemployment rate for 2013 was 6.2%, lower than the national rate of 7.4% and the 15th lowest rate in the nation. In fact, over the past decade, Idaho has had an unemployment rate lower than the national rate. Annual averages for state unemployment in 2013 ranged from 2.9% (in North Dakota) to 9.8% (in Nevada).⁹

IDAHO'S UNEMPLOYMENT RATES ARE BEGINNING TO IMPROVE

Unemployment Rate, Annual Averages, 2000-2013



* Source: U.S. Bureau of Labor Statistics.

The **unemployment rate** for adults 25+ without a high school diploma is **10.9% in Idaho**, versus 3.2% with a college degree. The contrast is even greater in Ada County (13.4% to 3.5%) and Gem County (15.0% to 5.5%). Learn more at the United Way Worldwide Common Good Forecaster: apps.unitedway.org/forecaster



POVERTY MEASUREMENT

The poverty level is determined by a family or household's income and then adjusted by the number of people in the family or household. Poverty is essentially the level below which a family or household is spending more than one-third of their income on a "thrifty" food budget.¹⁰ However, since this poverty measure was implemented in the 1960s, food has become a less significant portion of family budgets, with expenses such as housing costs becoming much more significant. This change has had the effect of suppressing the poverty threshold, thus making it more difficult over time to live at the poverty line.

POVERTY GUIDELINES VARY BY FAMILY SIZE

U.S. Poverty Guidelines

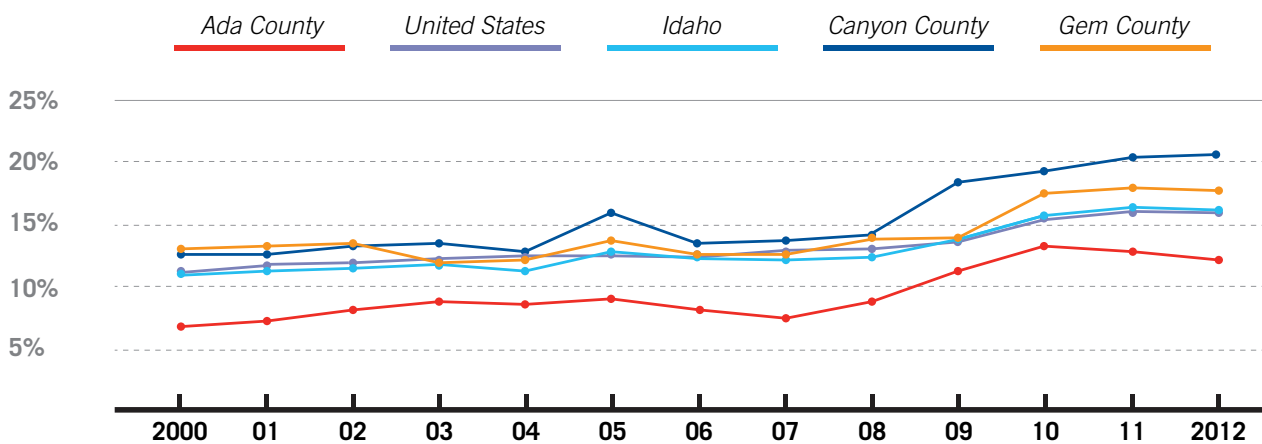
YEAR	1 person	2 people	3 people	4 people	5 people	6 people	7 people	8 people
2000 <i>(adjusted for inflation)</i>	\$11,385	15,338	19,292	23,246	27,200	31,154	35,108	39,062
2014	11,670	15,730	19,790	23,850	27,910	31,970	36,030	40,090

Note: Guidelines for 48 contiguous states and D.C.
* Source: U.S. Department of Health and Human Services, calculation by Utah

Poverty rates have trended up since 2000, with the largest increase in Canyon County. However, the poverty rate has declined in Idaho, Ada County, and Gem County since the end of the Great Recession.

POVERTY RATES

Ada County Compares Favorably to the Nation's Poverty Rate; Rates Have Been Trending up in the State and Nationwide Since 2000



* Source: U.S. Bureau of the Census, Small Area Income and Poverty Estimates.

POVERTY RATES BY AGE

Poverty rates tend to be highest for youth and lowest for the elderly. However, in Canyon County the poverty rate for those 18 to 64 is much higher than younger and older populations. Gem County has particularly high poverty rates for youth under 18. Childhood poverty rates are particularly important because poverty can have greater and more long-term effects on children. Childhood poverty can affect factors such as infant mortality, childhood development, teenage pregnancy rates, and educational attainment.

YOUTH POVERTY RATES ARE HIGH IN GEM COUNTY, THOUGH UNUSUALLY LOW IN CANYON COUNTY

Poverty Rates by Age

AREA	AGE	2009	2010	2011	2012
Ada County	<i>Under 18</i>	12.5%	13.4%	14.9%	16.8%
	<i>18 to 64</i>	10.1%	11.1%	12.6%	13.9%
	<i>Over 64</i>	6.9%	7.3%	6.9%	7.2%
Canyon County	<i>Under 18</i>	6.8%	7.2%	7.6%	8.6%
	<i>18 to 64</i>	19.8%	20.7%	22.3%	24.4%
	<i>Over 64</i>	7.4%	6.3%	5.8%	6.3%
Gem County	<i>Under 18</i>	17.4%	21.0%	33.2%	36.2%
	<i>18 to 64</i>	14.4%	18.0%	18.9%	21.1%
	<i>Over 64</i>	11.4%	10.3%	7.6%	8.7%
Idaho	<i>Under 18</i>	19.5%	19.7%	21.1%	22.6%
	<i>18 to 64</i>	13.8%	14.1%	15.2%	16.2%
	<i>Over 64</i>	12.7%	12.5%	12.5%	13.3%
U.S.	<i>Under 18</i>	22.8%	23.7%	24.9%	26.3%
	<i>18 to 64</i>	13.9%	14.4%	15.1%	15.9%
	<i>Over 64</i>	10.9%	10.5%	10.4%	10.4%

* Source: American Community Survey, 5-year averages



AFFORDABLE HOUSING

Homeownership was fairly steady from 2000 until the “housing bubble” burst (between 2006 and 2007) and the Great Recession really took hold (between late 2007 and mid-2009). In Ada County, homeownership dropped 2% between 2009 and 2012 to 68.1%. Over that period it dropped 1.5% in Canyon County and 1.1% statewide. Homeownership is highest in Gem County, though in the past several years Gem County has seen a nearly 5% ownership drop to 74.5%.

The general rule is that households should not spend more than 30% of their income on housing costs. This formula has been used by U.S. Housing and Urban Development (HUD) housing programs since 1981. If a household pays more than 30% of its income toward housing, it will have insufficient income left for other mandatory spending, such as food, transportation, and health. Since 2000, the percentage of people with a housing cost burden has risen sharply.

HOUSING COST BURDEN HIGHEST IN GEM

Housing Is “Burdened,” Costing More than 30% of Household Income, 2012

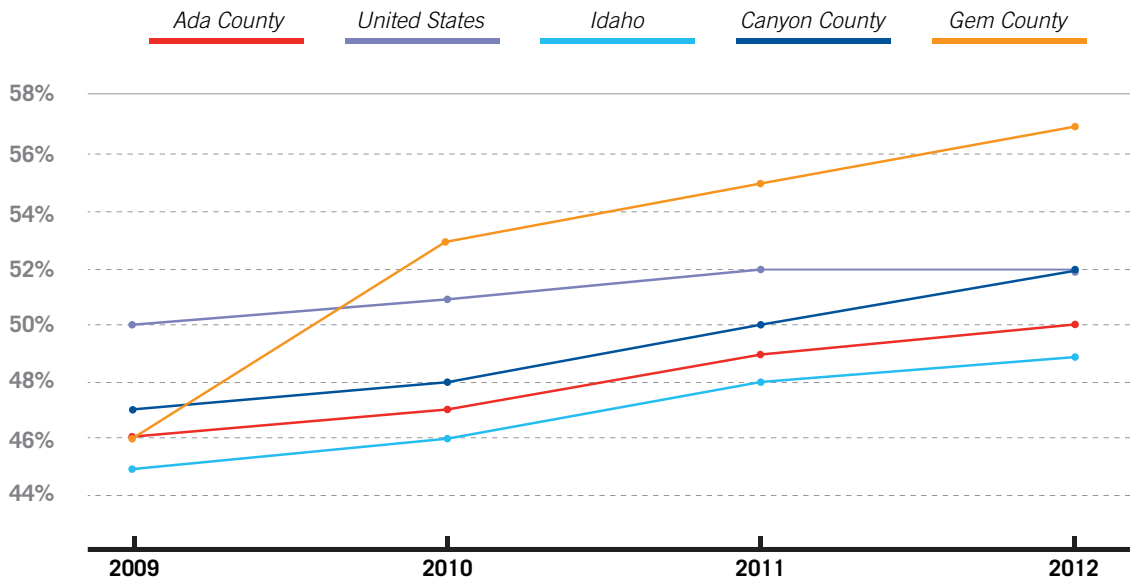
AGE	ADA COUNTY	CANYON COUNTY	GEM COUNTY	IDAHO	U.S.
Owners (with a mortgage) <i>Cost greater than 30% of household income</i>	22.6%	27.2%	30.1%	25.2%	26.6%
Rent Cost <i>Cost greater than 30% of household income</i>	39.7%	33.4%	41.7%	35.6%	36.8%

* Source: U.S. Census Bureau

Nearly 50% of Idaho’s renters are burdened by housing costs, which has increased during the past four years and is up by over 10 percentage points in all five geographic areas since 2000. Housing burden rates have also increased for owners, though recently dipped back down a bit. About 41% of mortgage holders are burdened in Canyon County, compared to about 32% in Gem County.

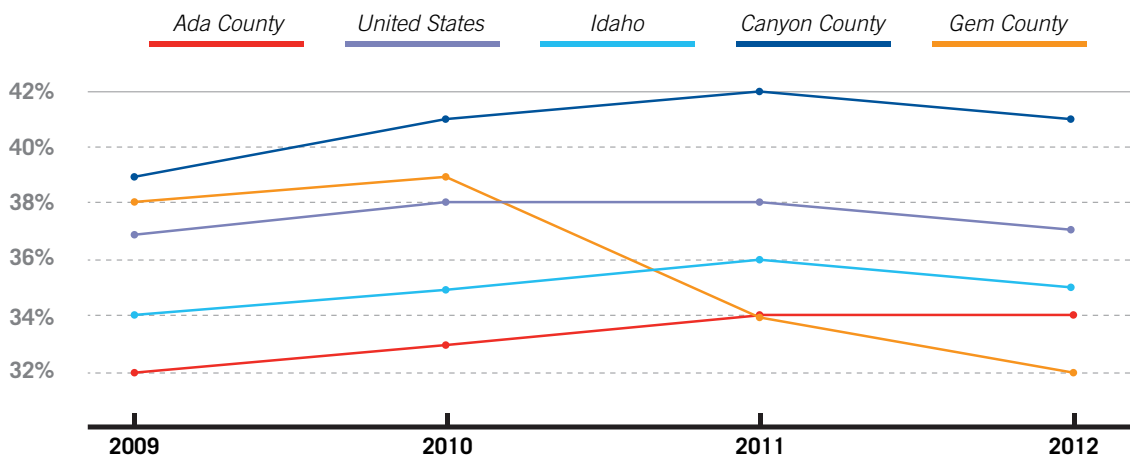
RENTERS WITH A RENTAL COST “BURDEN”

Housing Is “Burdened,” Costing More than 30% of Household Income, 2012



MORTGAGE HOLDERS WITH A MORTGAGE COST “BURDEN”

Housing is “Burdened,” Costing More than 30% of Household Income



* Source: American Community Survey, 5-year averages

MAKING WORK PAY

Various measures reduce the effects of poverty. The Earned Income Tax Credit (EITC), which supplements incomes for the nation's lowest wage earners, is one such measure. Filed with income tax returns, EITC refunds in Idaho averaged \$2,186 per return in 2011, for a total of \$290,300,759. However, due to tax code complexities, many low-income people do not claim the EITC. The Volunteer Income Tax Assistance program and other free programs provide assistance to low-income, elderly, limited-English proficient, and disabled individuals who cannot afford professional tax preparation.

In Idaho, income-tax filings with EITC refunds have increased by 7.1 percentage points from 2000 to 2011. This is likely due to free tax preparation programs and an increase in poverty rates.

EARNED INCOME TAX CREDIT FILINGS INCREASE

Percentages of Returns Filed Receiving the Earned Income Tax Credit

	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011
Ada County	9.9%	10.5%	12.3%	12.7%	12.6%	12.6%	12.2%	12.5%	14.1%	17.5%	17.4%	17.5%
Canyon County	18.8%	19.0%	21.5%	22.2%	22.2%	21.9%	21.1%	20.4%	23.4%	28.1%	28.1%	28.4%
Gem County	15.3%	16.5%	18.2%	20.0%	19.7%	18.9%	17.3%	16.4%	19.9%	23.8%	23.5%	22.8%
Idaho	14.5%	14.9%	17.0%	17.4%	17.2%	17.2%	16.6%	15.9%	17.9%	21.8%	21.5%	21.6%
U.S.	14.9%	15.0%	16.5%	16.9%	16.9%	16.9%	16.7%	16.0%	17.5%	20.2%	20.0%	20.0%

* Source: The Brookings Institution, EITC Interactive

MONEY IN THE BANK

Asset poverty is the inability to maintain one's basic needs if income halts due to unemployment or otherwise. One aspect of asset poverty is being "unbanked," or lacking a savings or checking account. Another is being "underbanked," meaning that a household has a savings or checking account but must rely on alternative financial services such as check-cashing services.

In 2011, 22,000 Idaho households were unbanked and 84,000 were underbanked. Hispanic populations, those with less educational attainment, lower-income households, and renter households are more likely to be unbanked and underbanked.¹¹

UNBANKED AND UNDERBANKED HOUSEHOLDS, 2011

A Sampling of Banking Statistics

HOUSEHOLD MAKEUP	UNBANKED	UNDERBANKED
All Households	5.7%	19.0%
Female Householder (no spouse present)	14.4%	28.6%
Married Couple	3.4%	17.1%

INCOME	UNBANKED	UNDERBANKED
Less Than \$15,000 per year	24.5%	26.1%
At Least \$75,000	less than 1.0%	15.6%

* Source: FDIC 2011 National Survey of Unbanked and Underbanked Households

BARRIERS TO FINANCIAL INDEPENDENCE

What are the barriers to financial independence and stability? The main categories of barriers that were defined in the 2011 Community Assessment were:

- *Jobs with adequate income*
- *Accessible work supports programs*
- *Financial literacy and asset development*
- *Affordable housing*

Within these categories are a host of household constraints, like having low education levels, lack of knowledge about programs, and qualifying for programs.

The 2014 focus groups and survey responses confirmed that these four significant barriers continue to exist.

When thinking of financial independence, good jobs are key. Results of the 2014 Community Assessment survey found that the most important factor in achieving financial independence was finding “a job with a high enough wage that allows me to pay for housing, food, healthcare, transportation and other necessary expenses;” approximately 72% of respondents chose this as one of their top-three needs for financial stability and independence. Second to that, with a priority of more than half of respondents, was finding affordable housing. Additional education and access to a reliable vehicle was a top-three item for about a quarter of respondents.

Community Voice: A common theme in the open-ended responses as to what “keeps you from receiving or attaining these items” reinforced the need for a good job: “jobs in this area pay low wages, even for high skilled employees.” An equally common response was that “transportation is my number one issue in job attainment,” with comments about the unavailability of adequate public transportation.

SURVEY RESPONSES REGARDING BARRIERS TO FINANCIAL INDEPENDENCE

“Which Three of the Following Items Best Describes What You and Your Family Need to be Financially Stable and Independent?” Ranked by Top Item, Second Most Important, and Third Most Important

	TOP	SECOND	THIRD	TOTAL
A job with a high enough wage that allows me to pay for housing, food, healthcare, transportation, and other necessary expenses	59%	5%	9%	72%
Affordable housing	11%	26%	15%	51%
Going to college or career/vocational training or education after high school so that I can get a better job	5%	13%	7%	25%
Access to reliable vehicle	3%	9%	11%	22%
Low-cost childcare services	3%	6%	10%	19%
Lower taxes and less governmental intervention	6%	4%	7%	18%
Job training	1%	11%	2%	14%
Education or training about managing money, saving, and building my family's financial stability	0%	6%	8%	14%
Governmental benefits	4%	4%	5%	12%

* Source: 2014 Community Assessment Survey

Other answers with less than 10% total response included low-cost mobile phone services, low-cost legal assistance, access to buses and other transit, low-cost care for people with disabilities, free tax-filing services, and low-cost care for seniors.



4

EDUCATION

EDUCATION

Educational opportunities are spread along a person's lifespan, or as many call it, the cradle-to-career continuum. Beginning with early care and reading, through post-secondary education and job training, education is fundamental to success.¹² Key demographics like racial/ethnic makeup, socioeconomic status, and academic attainment of parents all affect student success. Racial and ethnic populations of the Treasure Valley are described in the *Demographic and Characteristics* section of this assessment, with more education-related demographic characteristics detailed below.

ENGLISH LANGUAGE LEARNERS

One of the greatest demographic factors that affects all areas of learning is limited English proficiency. Canyon County has the highest percentage of students with limited English proficiency due to its large Hispanic/Latino population (*see the Demographics and Characteristics section*). Gem County has the lowest percentage of English language learners. Ada County has increased its percentage of English language learners, due in part to refugee resettlement in the county.

ENGLISH LANGUAGE LEARNING STUDENT POPULATION IS DECREASING-EXCEPT IN ADA COUNTY

Percentage of Students with Limited English Proficiency

	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012
Ada County	2%	3%	3%	3%	4%	5%	6%	5%	4%	5%	5%	5%	5%
Canyon County	19%	17%	18%	18%	17%	17%	16%	12%	11%	12%	10%	10%	8%
Gem County	5%	7%	7%	5%	5%	6%	4%	4%	4%	4%	3%	3%	2%
Idaho	7%	7%	7%	8%	8%	8%	7%	6%	6%	6%	6%	6%	5%

Note: Percentage for Ada County in 2007 was not available, percentage is an est. based upon the average of 2006 & 2008
 * Source: U.S. Department of Education, National Center for Education Statistics, Common Core of Data (CCD)

See Appendix A for a list of the districts included in each county as utilized in this Community Assessment.



FREE AND REDUCED-PRICE LUNCH STATUS

The percentage of schoolchildren qualifying for free or reduced-price lunch has increased in all three counties. Gem and Canyon counties now have more than 50% of their student populations whose family income is low enough to qualify for free or discounted meals. Within each county, some schools have at least 80% of students qualifying for free or reduced-price lunch.

PERCENTAGES OF LOW-INCOME STUDENTS ARE INCREASING

Children Who Qualify for Free or Reduced-Price School Lunch

	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012
Ada County	20%	22%	22%	24%	25%	24%	24%	23%	24%	26%	29%	31%	37%
Canyon County	44%	45%	46%	47%	48%	51%	51%	49%	48%	54%	58%	62%	64%
Gem County	38%	41%	41%	45%	44%	44%	44%	43%	44%	46%	51%	55%	57%
Idaho	32%	35%	36%	36%	37%	39%	38%	37%	37%	40%	43%	45%	48%

* Source: U.S. Department of Education, National Center for Education Statistics

EARLY CHILDHOOD EDUCATION AND SCHOOL READINESS

All Idaho children entering public school between kindergarten and third grade take the Idaho Reading Indicator (IRI) test during the fall and spring of each school year (at a minimum) to determine whether they are at grade level for reading. In 2002, 44.0% of Idaho kindergarteners were on reading level or above in the fall. This percentage rose to 54.3% in 2014.

While two of the three counties are showing improvement, between 34% and 55% of kindergarteners in the Treasure Valley continue to read below benchmark.

Early education greatly benefits children. It also can decrease education costs by keeping him or her in class with peers instead of in special programs.¹³ There are many settings where children could receive early education experiences, including at home, in private preschools, at day care centers, and in federally funded Head Start programs.

Idaho is one of 10 states without a state-funded pre-K program.¹⁴

PERCENTAGES OF KINDERGARTENERS WHO ARE READY WHEN THEY ARRIVE AT SCHOOL

Idaho Reading Initiative (Formerly at Grade Level) Fall Test

AREA	2013	2014
Ada County	68.8%	66.1%
Canyon County	40.8%	44.4%
Gem County	52.1%	54.9%
Idaho	55.8%	54.3%

* Source: Idaho State Department of Education

The poverty rate for adults 25 years or older without a high school diploma is 22.3% in Idaho, and even higher in Canyon County. Attending even some college increases community members' income and brings them out of poverty, and data consistently show that education is the path to breaking intergenerational poverty. Learn more at the United Way Worldwide Common Good Forecaster: apps.unitedway.org/forecaster

THIRD GRADE READING

Research suggests the early development of perception, memory, judgment, reasoning, early language and vocabulary development have strong ties to success in education and the workforce.¹⁵ By the time children reach third grade, it is extremely important that they are reading to learn, not learning to read.

When children cannot read by third grade, they have a difficult time catching up. Third grade reading ability has a profound effect on high school performance and college enrollment.¹⁶

All three counties and the state have seen improvement since 2007 – especially in Canyon County. Reading ability tracks closely with socio-economic status. Reading proficiency rates are lower for students receiving free or reduced-price lunch, but have greatly increased since 2007.

READING PROFICIENCY HAS SLOWLY INCREASED IN RECENT YEARS

Percentage of 3rd Grade Students Achieving State Test Proficiency or Better in Reading

AREA	2007	2008	2009	2010	2011	2012	2013
Ada County	83.5%	80.1%	88.7%	87.3%	90.8%	89.6%	91.1%
Canyon County	77.6%	77.1%	82.9%	88.6%	90.4%	87.3%	87.7%
Gem County	82.2%	85.4%	86.5%	86.7%	85.9%	80.1%	84.9%
Idaho	80.2%	80.5%	86.4%	88.8%	88.7%	87.0%	88.8%

* Source: Idaho State Department of Education, Idaho Standards Achievement Tests

READING PROFICIENCY IS LOWER FOR LOWER SOCIO-ECONOMIC STUDENTS

Percentage of 3rd Grade Students Receiving Free or Reduced-Price Lunch Who are Achieving State Test Proficiency or Better in Reading

AREA	2007	2008	2009	2010	2011	2012	2013
Ada County	73.8%	69.8%	76.6%	72.2%	83.4%	80.9%	82.6%
Canyon County	67.2%	69.1%	70.6%	84.6%	88.3%	85.1%	87.5%
Gem County	76.0%	79.6%	82.7%	81.0%	82.9%	75.4%	83.9%
Idaho	69.6%	70.3%	73.9%	79.3%	86.5%	82.9%	85.8%

* Source: Idaho State Department of Education, Idaho Standards Achievement Tests

EIGHTH GRADE MATH

Math is essential for success in education and an increasingly technological world. With high school graduation requirements emphasizing math and college entrance requiring it, math cannot be ignored.

All three counties and the state have trended upward slightly since 2007, with the greatest improvements in Canyon County. Math proficiency tracks closely with socio-economic status. Eighth-graders receiving free or reduced-price lunch have had greater improvement than the population as a whole since 2007.

MATH PROFICIENCY HAS TRENDED UPWARD BUT IS VARIABLE OVER TIME

Percentage of 8th Grade Students Achieving State Test Proficiency or Better in Math

AREA	2007	2008	2009	2010	2011	2012	2013
Ada County	79.4%	86.4%	82.2%	76.8%	82.7%	82.5%	85.6%
Canyon County	70.3%	80.1%	80.1%	80.4%	75.2%	72.1%	79.0%
Gem County	64.2%	70.2%	83.2%	90.2%	81.8%	76.2%	81.0%
Idaho	72.0%	78.2%	78.2%	79.1%	77.7%	78.1%	80.0%

* Source: Idaho State Department of Education, Idaho Standards Achievement Tests

MATH PROFICIENCY RATE IS LOWER FOR LOWER SOCIO-ECONOMIC STUDENTS

Percentage of 8th Grade Students Receiving Free or Reduced-Price Lunch Who are Achieving State Test Proficiency or Better in Math

AREA	2007	2008	2009	2010	2011	2012	2013
Ada County	60.0%	73.3%	65.0%	71.1%	70.8%	70.5%	75.5%
Canyon County	65.7%	65.4%	71.4%	70.6%	73.0%	69.5%	72.6%
Gem County	54.3%	62.7%	82.8%	89.1%	80.9%	71.7%	79.3%
Idaho	63.4%	67.7%	70.6%	72.8%	73.2%	70.0%	73.9%

* Source: Idaho State Department of Education, Idaho Standards Achievement Tests

See Appendix B for additional Idaho Standards Achievement Test results.

GRADUATION RATE

Idaho's high school graduation rate rose from 88.3% in 2008 to 93.4% in 2012. Canyon County saw the greatest increase over that period. Idaho drop-out rates are slightly higher for Hispanic/Latino, Native American, and Hawaii/Pacific Islander students than the average drop-out rate of 2.0%.

PERCENTAGE OF PUBLIC SCHOOL STUDENTS GRADUATING FROM HIGH SCHOOL IS INCREASING
Graduation Rates (Graduates Divided by Graduates plus Four-Year Cohort Dropouts)

AREA	2008	2009	2010	2012	2012
Ada County	91.3%	92.0%	92.6%	93.0%	94.8%
Canyon County	79.3%	83.9%	89.9%	94.6%	95.2%
Gem County	88.3%	90.7%	93.2%	96.1%	93.4%
Idaho	88.3%	90.7%	93.2%	96.1%	93.4%

* Source: Idaho State Department of Education, Idaho Standards Achievement Tests

IDAHO'S HIGH SCHOOL DROPOUT PERCENTAGE BY RACE/ETHNICITY
Dropout Rate for Ninth Through 12th Grade, 2011-12

RACE/ETHNICITY	2011-2012
White	1.8%
Black	1.7%
Hispanic	2.7%
Native America	2.3%
Hawaii/Pacific Islander	2.5%
Asian	1.5%
Two or More Races	1.5%
Total	2.0%

* Source: Idaho State Department of Education, Idaho Standards Achievement Tests

EDUCATIONAL ATTAINMENT

Huge educational attainment differences appear across counties. The most striking are the rates of higher education in Ada County versus its neighbors. This is important because educational attainment is linked to income. Further, both educational attainment and income are linked to health status.¹⁷ In Ada County, 35.4% of the population has a bachelor's degree or higher, compared to 16.6% in Canyon County and 14.2% in Gem County.

THERE ARE LARGE DIFFERENCES IN EDUCATIONAL ATTAINMENT ACROSS COUNTIES

Educational Attainment of Population 25 Years and Over

EDUCATION	ADA COUNTY	CANYON COUNTY	GEM COUNTY	IDAHO	U.S.
No High School Diploma	6.7%	17.5%	15.6%	11.4%	14.2%
High School Graduate	21.7%	31.7%	34.1%	28.0%	28.2%
Some College, No Degree	27.7%	26.9%	29.2%	27.3%	21.3%
Associate's Degree	8.5%	7.3%	6.8%	8.7%	7.7%
Bachelor's Degree	23.7%	11.9%	10.5%	17.0%	17.9%
Graduate or Professional Degree	11.7%	4.7%	3.7%	7.8%	10.6%

* Source: American Community Survey, 2012, 5-year average

The United Way Worldwide Common Good Forecaster is a great tool to see the effects of educational attainment on health, financial stability, education, and community involvement.

You can find this tool at: apps.unitedway.org/forecaster

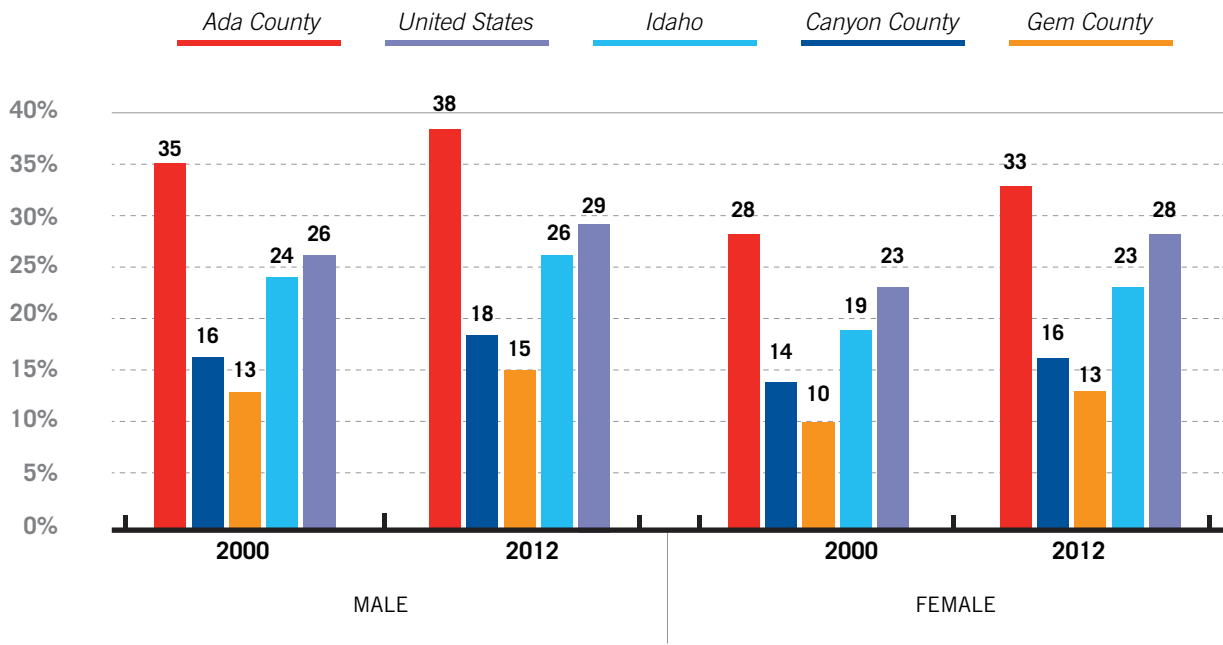




EDUCATIONAL ATTAINMENT AND WOMEN

Young women are now surpassing men in educational attainment. However, of the total population over 25 years of age, men are still ahead. Nationally, women with a bachelor's degree or higher has increased from 22.8% in 2000 to 28.2% in 2013, while men have increased from 26.1% to 28.8% over the same period. However, Idaho is behind the U.S. in both educational attainment in general and in the gap between women and men, though as in the U.S. that gap is quickly disappearing.

BACHELOR'S DEGREE OR HIGHER FOR POPULATION 25 YEARS AND OVER



* Source: The Council for Community and Economic Research

BARRIERS TO EDUCATION

What are the barriers to educational success? The main categories of barriers that were defined in the 2011 Community Assessment were:

- *Enter school prepared*
- *Have a stable environment*
- *Academic success in grades K-12*
- *Complete post high school education*

Within these categories are a host of education fundamentals, like educational programming and parental involvement. Other less obvious items are affordable housing and household income.

In terms of overcoming these barriers, 2011 Community Assessment survey respondents deemed early learning, going on to college, good grades, a high school diploma, and help with financial aid as key to reaching educational potential.

The results of the 2014 Community Assessment survey also placed “family/parental” support at the top of those items that are most important to help children succeed in education. More than half of respondents chose this as a top-three priority. Around one-third of respondents felt that each of “access to tutors who can help my child with their school work,” “motivation to recognize the importance of education,” “highly-trained teachers in the classroom,” and “high-quality pre-school programs” were important.



SURVEY RESPONSES REGARDING BARRIERS TO EDUCATION

“Which Three of the Following Items Would Most Help Children to Have Success in Education?” Ranked by Top Item, Second Most Important, and Third Most Important

	TOP	SECOND	THIRD	TOTAL
Family/parental support	32%	16%	6%	54%
Motivation to recognize the importance of education	9%	7%	15%	31%
Highly trained teachers in the classroom	11%	14%	6%	31%
High-quality pre-school programs	15%	7%	6%	29%
Access to tutors who can help my child with their school work	9%	16%	4%	29%
Having mentors or adults guidance available	6%	9%	8%	22%
Extracurricular activities (including clubs, sports, arts)	2%	5%	9%	16%
Getting a high school diploma	3%	7%	4%	14%
Having help finding financial aid to continue on to college or technical/trade school after high school	1%	1%	11%	13%
After school programs	0%	4%	6%	10%

* Source: 2014 Community Assessment Survey

Other answers with less than 10% total response included getting good grades in kindergarten through high school, going on to college or to technical/trade school after high school, help with loan and grant applications for higher education, English as a second language programs, and help applying for college or technical/trade school.

Lower down on the ranking of importance were items related to higher education. However, the open-ended question on the survey regarding education often brought up higher education, particularly with relation to how to get into school and how to pay for it.

Community Voice: A common theme in the open-ended responses was that people “don’t know where to begin and the application for financial aid is complicated.” Most often seen was a lack of money for personal education, but there were also numerous responses about the need for funding of education in general.



5

HEALTH

HEALTH

While reading this section and comparing counties, keep in mind that income has an impact upon health inputs and outcomes. For example, research shows that the higher income you have, the less likely you will become obese, because income affects what we eat and the amount of exercise we get.¹⁸ It follows that obesity and other health inputs influence health outcomes.

COUNTY HEALTH RANKINGS

The County Health Rankings – published by the University of Wisconsin Population Health Institute and the Robert Wood Johnson Foundation – measure health inputs and outcomes.¹⁹ These rankings are meant to compare counties within states, not with their parent states or the entire nation.

HEALTH INPUTS RANKING

The County Health Rankings' health inputs or “factors” are based on four categories of health measurements: health behaviors (30%), clinical care (20%), social and economic environment (40%), and the physical environment (10%). Ada County ranks second in the state for health inputs. Canyon and Gem counties were near the bottom but have been improving.

HEALTH INPUTS

Ranking of Idaho's Counties

AREA	2010	2011	2012	2013	2014
Ada County	8	5	6	2	2
Canyon County	37	28	34	33	33
Gem County	38	37	37	35	30

Note: Ranking includes 42 of Idaho's 44 counties
 * Source: County Health Rankings & Roadmaps

HEALTH OUTCOMES RANKING

To address health outcomes, the County Health Rankings measures mortality and morbidity. Mortality is based solely on premature death, while morbidity measures poor to fair health, the number of poor physical health days, the number of poor mental health days, and low birth weight. Ada County has the most success in health outcomes.

If a county has a high ranking due to positive health factors such as lower poverty, low smoking rates, and low obesity rates, then people in the county should be healthier, experience better mental health, and live longer. This plays out in the County Health Rankings. Ada County is ranked second for health inputs in the state and thus has high outcomes.

ADA COUNTY AMONG BEST FOR HEALTH OUTCOMES

Ranking of Idaho's Counties

AREA	2010	2011	2012	2013	2014
Ada County	5	5	9	7	6
Canyon County	26	19	24	17	17
Gem County	32	32	36	24	28

Note: Ranking includes 42 of Idaho's 44 counties
*Source: County Health Rankings & Roadmaps

HEALTH INPUTS

Inputs are what we do to our bodies and minds that lead to healthy or unhealthy outcomes. They include things such as body weight, healthy food consumption, exercise habits, and drug and alcohol usage. Healthcare access measures could be considered health inputs but are in their own section after this one.

While there are many health data sources, there tends to be a gap in data related to children's health. Despite that gap, we can look at the habits of parents to understand the habits of children.

OBESITY

Obesity in parents is correlated to obesity in children.²³ Obesity can increase the incidence of heart disease, high cholesterol, stroke, diabetes, cancer, and other ailments.²⁴ Obesity is commonly measured by body mass index (BMI), which is the ratio of weight to height, with a BMI of 30 or more considered obese. For youth between ninth and 12th grades, 9.2% of Idahoans are considered obese compared to 13.0% nationwide (up from 7.2% in Idaho in 2001 and 10.5% nationally in 2001).²⁵ For adults, nearly one-third of Canyon County adults are considered obese, while Ada and Gem counties are lower than Idaho and the national average.

COUNTY OBESITY RATES DECREASING IN GEM COUNTY

Body Mass Index of More Than 30 For Adults 18 and Older

AREA	2008	2009	2010	2011	2012
Ada County	20.2%	20.1%	20.8%	22.7%	24.7%
Canyon County	27.1%	30.0%	29.3%	30.5%	32.2%
Gem County	31.2%	29.4%	31.5%	26.0%	24.6%
Idaho	23.7%	24.1%	24.7%	25.7%	26.5%
U.S.	24.8%	25.6%	26.1%	26.7%	27.2%

*Source: Behavioral Risk Factor Surveillance System from the U.S. Centers for Disease Control and Prevention

Obesity rates are **50% higher** for people **without a high school diploma** than they are for college graduates. Learn the details at the United Way Worldwide Common Good Forecaster: apps.unitedway.org/forecaster



TOBACCO USAGE

Smoking by children leads to poor lung development and weakened immune systems. Most adult smokers begin smoking in their youth, and tobacco use can lead to health outcomes such as high blood pressure and cancer. Ultimately, tobacco is considered the top preventable cause of death in the United States, responsible for 480,000 deaths annually (which includes 42,000 deaths from secondhand smoke).²⁰ In 2012, 16.4% of respondents to the Youth Risk Behavior Survey indicated that they were currently smokers, compared to 19.6% nationally.²¹

For Idaho students, rates have declined to 12.2% in 2013. Other tobacco usage is lower. Eight percent of Idaho students (predominately males) used chewing tobacco, snuff, or dip at least once in the preceding month compared to a low of 5.7% in 2003 and a high of 11.8% in 2007.²²

YOUTH SMOKING DECLINING IN IDAHO AND U.S.

Percentage of Students Who Smoked Cigarettes on One or More of the Past 30 Days

AREA	2001	2003	2005	2007	2009	2011	2013
Idaho	19.1%	14.0%	15.8%	20.0%	14.5%	14.3%	12.2%
U.S.	28.5%	21.9%	23.0%	20.0%	19.5%	18.1%	n/a

*Source: 2013 Idaho YRBS and National YRBSS

DIET

National surveys show that while most 2- and 3-year-old Americans eat enough fruit, most older American do not. And even fewer eat the recommended amount of vegetables. According to the USDA's recommendations, people should eat 2½ servings of vegetables each day (including beans) and two servings of fruit (including 100% fruit juice).

The cost of healthy foods, like fruits and vegetables, is a barrier to low-income people eating healthy food.²⁶ In Idaho, the Fresh Fruits and Vegetables Program aims “to create healthier school environments by providing healthier food choices, expanding the variety of fruits and vegetables children experience, increasing children’s fruit and vegetable consumption and making a difference in children’s diets to impact their present and future health.”²⁷

Only 29.2% of Idaho students in ninth through 12th grade ate two or more vegetables per day during the preceding week (compared to 28.3% nationwide), and only 28.8% ate fruit or drank 100% fruit juice two or more times per day (compared to 34.0% nationwide).²⁸ Gem County has the smallest percentage of adults eating enough fruits and vegetables.²⁹

LOW FRUIT AND VEGETABLE CONSUMPTION IN ALL COUNTIES

Fruit and Vegetable Consumption, 2011

	ADA COUNTY	CANYON COUNTY	GEM COUNTY	IDAHO	U.S.
Daily Fruit and 100% Fruit Juice Consumption <i>(two servings or more)</i>	30.3%	29.1%	27.1%	29.3%	29.4%
Daily Vegetable Consumption <i>(two and one half servings or more)</i>	23.9%	24.4%	14.0%	22.5%	21.3%

Note: Daily vegetable consumption includes beans, lentils, and other legumes; Gem County's sample size was only 81 persons; see endnote 29 for more details
* Source: Behavioral Risk Factor Surveillance System from the U.S. Centers for Disease Control and Prevention

In 2011, 15.4% of Idaho students (between ninth and 12th grade) used some form of tobacco during the preceding 30 days, down slightly from 16.7% in 2001. More kids used marijuana one or more times in those preceding 30 days (18.8% in 2011 from 17.5% in 2001), and 36.2% of kids had at least one drink of alcohol on one or more of the preceding 30 days, down from 40.6% in 2001.



EXERCISE

Income affects how much people exercise. For instance, people with incomes less than \$25,000 are much more likely to say they do not engage in regular physical activity than people with incomes more than \$75,000 (21% to 7%).³⁰ This may account for some of the difference between Ada County adults and their Idaho counterparts. For students between ninth and 12th grades, 52.9% were “physically active for a total of at least 60 minutes per day on five or more of the previous seven days” in 2011, up from 39.2% in 2005.³¹

POOR EXERCISE HABITS BY COUNTY

Percentage of Adults Who Did Not Participate in Any Physical Activities or Activities Outside of Their Regular Job (in the Past Month)

AREA	2008	2009	2010	2011	2012
Ada County	14.9%	14.3%	13.7%	15.0%	15.5%
Canyon County	22.7%	22.9%	23.5%	23.5%	23.8%
Gem County	30.2%	28.5%	29.2%	27.3%	24.0%
Idaho	20.5%	20.6%	20.7%	20.8%	20.5%
U.S.	24.6%	24.8%	24.9%	24.8%	24.4%

*Source: Behavioral Risk Factor Surveillance System from the U.S. Centers for Disease Control and Prevention

PRENATAL CARE AFFECTS PREMATURE BIRTHS AND EDUCATIONAL SUCCESS

Prenatal care affects the health of the mother and the infant, but certainly has additional ramifications. A recent book by Diane Ravitch explains that providing “good prenatal care for every pregnant woman” is the first solution to public school success strategies in order to “begin at the beginning.”³² Healthy People 2020 initiative aims to insure that 77.6% of mothers have prenatal care in the first trimester by 2020, up from 70.5% in 2007.³³ Those who receive prenatal care only in the third trimester increased sharply during the Great Recession. Canyon and Gem counties have lower prenatal care rates than Idaho, but were still better than the U.S. average in 2011.

LACK OF PRENATAL CARE INFLUENCE BY GREAT RECESSION

Percentage of Pregnant Females Who Receive Prenatal Care Only in the Third Trimester or Not at All

	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011
Ada County	2.8%	1.9%	1.8%	1.8%	3.3%	4.4%	4.5%	4.2%	3.9%	2.9%	2.9%	3.1%
Canyon County	5.7%	5.4%	4.8%	5.3%	7.5%	8.3%	9.1%	9.6%	8.1%	7.7%	5.5%	5.8%
Gem County	3.9%	4.7%	3.8%	2.9%	8.0%	5.5%	4.7%	7.4%	5.9%	7.5%	6.1%	5.9%
Idaho	3.8%	3.5%	3.3%	3.3%	5.3%	5.6%	5.8%	6.0%	5.8%	5.3%	4.8%	4.8%
U.S.	3.9%	3.7%	3.6%	3.5%	3.6%	2.4%	2.3%	3.6%	4.2%	6.6%	6.2%	6.0%

* Source: Idaho Department of Health and Welfare, National Center for Health Statistics, and Child Trends Databank

HEALTHCARE ACCESS

The big three issues in healthcare are access, cost, and quality. Because healthcare access can be more readily affected by policy change than the other two, it is the one that is included in this assessment.

HEALTH INSURANCE RATES

People with health insurance are more likely to have a regular place to receive medical care, and, as noted below in the “medical home” discussion, are therefore more likely to have routine preventive care. Conversely, the uninsured tend to delay needed care until it creates an emergency. Medical bills then can build up and lead to bankruptcy or extreme financial stress. Idaho’s uninsured rate is similar to that of the nation, with adults trending upward since 2000 but child rates trending downward.

People over the age of 65 have the best safety net when it comes to health insurance: Medicare. This ensures that a very low percentage of the elderly are uninsured. Children have a far higher rate of being uninsured, but still much lower than those between 18 and 64. American Indians and Hispanics/Latinos have very high rates of being uninsured. Also, insurance rates track closely with levels of educational attainment. Since 2000, uninsured rates have increased in Idaho and the U.S., though rates have decreased below 10% for children.³⁴ Gem County has seen the largest increase in uninsured since 2008, passing Canyon County.

It is important to note that these data were collected prior to the implementation of the Affordable Care Act.

RATES OF UNINSURED ARE INCREASING

People Without Any Kind of Healthcare Coverage (including Health Insurance, Prepaid Plans Such as HMOs, Government Plans Such as Medicare, or Indian Health Service)

AREA	2008	2009	2010	2011	2012
Ada County	14.5%	14.1%	13.4%	15.0%	15.9%
Canyon County	23.2%	24.0%	24.3%	24.7%	26.3%
Gem County	20.4%	20.7%	21.5%	26.5%	27.7%
Idaho	18.7%	18.6%	18.7%	19.9%	20.1%
U.S.	15.3%	15.2%	16.2%	17.2%	18.2%

*Source: Behavioral Risk Factor Surveillance System from the U.S. Centers for Disease Control and Prevention, 3-year averages



“MEDICAL HOME” RATE TRENDS

The term “medical home” refers to the usual place where a patient goes for healthcare. Why does it matter? A medical professional provides continuous, comprehensive care to patients and results in the best possible health outcomes.³⁵ Idaho has higher rates of children with a medical home than the rest of the nation (57.0% to 54.4%).³⁶ Since 2008, Idaho’s medical home rates have been trending upward. Canyon County had the lowest medical home rate, and Ada County had the highest.

MEDICAL HOME RATES FLUCTUATE BY COUNTY

Percentage of Adults With a Regular Place For Medical Care

AREA	2008	2009	2010	2011	2012
Ada County	68.3%	67.8%	69.2%	69.6%	68.7%
Canyon County	55.0%	59.1%	61.2%	63.3%	60.9%
Gem County	60.1%	59.2%	65.1%	66.1%	66.9%
Idaho	63.5%	64.1%	65.0%	65.5%	65.4%
U.S.	72.2%	72.8%	73.5%	72.7%	71.7%

Question: “Do you have one (or more) person you think of as your personal doctor or healthcare provider?”
 *Source: Behavioral Risk Factor Surveillance System from the U.S. Centers for Disease Control and Prevention, 3-year averages



HEALTH OUTCOMES

Positive and negative health inputs can lead to related health outputs. Outputs are what keep us home from school or work, what put us in the hospital, and what kill us.

ORAL HEALTH

Routine dental care is important to prevent cavities, other oral diseases, and tooth loss. Tooth decay is one of the most common health problems in the nation. Approximately 94% of adults have had some tooth decay, and more than 45% of school-aged children have cavities in their permanent teeth.³⁷ Preventive dental care for Idaho children is slightly higher than the U.S. average (79.2% to 77.2%).³⁸ However, approximately one quarter of third grade children have untreated decay. Poor dental health has detrimental effects on overall health and well-being, with a profoundly negative impact on school attendance and learning. The cost of treatment is the largest barrier.

Fluoride is one way to help prevent tooth decay; while small amounts of fluoride are naturally existent in many water sources, very few public water systems in Idaho add fluoride to the drinking water.³⁹ Another way to prevent tooth decay is with sealants, which are thin plastic coatings applied to the grooves on the chewing surfaces of back teeth. Sealants prevent tooth decay and also stop cavities from growing. The Surgeon General's report on oral health indicates that sealants can reduce decay in schoolchildren by more than 70 percent. Organizations in Idaho such as Delta Dental provide sealants for schools with 50 percent or more students receiving free and reduced price lunch. Sealants are on an upward trend in Idaho, with more than 57 percent of third graders having received them.

IDAHO ORAL HEALTH FOR 3RD GRADE STUDENTS

Percentage with Dental Sealants (on at Least One Permanent Molar) and Percentage with Untreated Tooth Decay, Age-Adjusted Responses

	2001	2005	2009
Untreated Decay	27.3%	31.0%	22.5%
Sealants	53.6%	55.7%	57.1%

Note: National comparisons are not possible since surveys were performed in different states at different times.
*Source: National Center for Chronic Disease Prevention and Health Promotion, National Oral Health Surveillance System.

In the 2014 Community Assessment, **dental services was a top issue**. A common theme was that **“I can’t go to the dentist because it costs a lot and my husband is still trying to pay surgery bills that I had a couple of months ago.”**



DISEASES WITHOUT SYMPTOMS

High blood pressure – also known as hypertension – and high cholesterol are both important risk factors for heart disease and stroke. High blood pressure must be caught through regular health check-ups, and cholesterol levels should be checked every five years. Canyon County had significantly more people with doctor-diagnosed high blood pressure and high cholesterol than the other geographic areas.

MORE THAN ONE QUARTER OF THE POPULATION HAS HIGH BLOOD PRESSURE AND CHOLESTEROL
Doctor-Diagnosed High Blood Pressure and High Cholesterol, 2011

	ADA COUNTY	CANYON COUNTY	GEM COUNTY	IDAHO	U.S.
High Blood Pressure	28.4%	26.3%	33.8%	29.3%	31.5%
High Cholesterol	39.1%	36.8%	44.3%	38.2%	38.2%

* Source: Behavioral Risk Factor Surveillance System from the U.S. Centers for Disease Control and Prevention

DIABETES

Type 2 diabetes is the most common form of the disease, which keeps insulin from moving blood sugars to the body's cells. One in every three children born in the U.S. after 2000 will develop type 2 diabetes in their lifetimes, primarily due to obesity and inactivity.⁴⁰ Diabetes can lead to lower-extremity amputation and kidney failure. It also is a leading cause of blindness and one of the main causes of heart disease. In Idaho, approximately 125,000 people have been diagnosed. Of those who are diagnosed, Ada County has the lowest rate and Canyon County has the highest.

DIABETES RATES ARE INCREASING

Percentage of Adults Diagnosed with Diabetes

AREA	2008	2009	2010	2011	2012
Ada County	5.0%	5.1%	5.5%	6.2%	6.3%
Canyon County	6.5%	7.9%	7.6%	9.6%	9.6%
Gem County	9.1%	7.0%	6.9%	9.9%	7.5%
Idaho	6.4%	6.7%	6.7%	7.5%	7.7%
U.S.	7.5%	7.8%	8.1%	8.4%	8.8%

*Source: Behavioral Risk Factor Surveillance System from the U.S. Centers for Disease Control and Prevention, 3-year averages

OVERALL PHYSICAL HEALTH

When looking at overall physical health as measured by the number of days in the past month that were “not good.” Gem County has the highest percentage of “not good” days. Ada County has the lowest percentage of “not good” days.

PHYSICAL UNHEALTHINESS CONTINUES TO RISE

Physical Health Outcomes (7 or More Days in the Past 30 Were Not Good)

AREA	2008	2009	2010	2011	2012
Ada County	15.8%	16.0%	17.3%	18.7%	18.8%
Canyon County	17.6%	18.2%	20.8%	20.3%	21.4%
Gem County	20.4%	22.2%	24.4%	24.6%	25.2%
Idaho	17.3%	18.0%	19.0%	19.6%	20.3%
U.S.	18.0%	18.2%	18.5%	18.5%	18.6%

*Source: Behavioral Risk Factor Surveillance System from the U.S. Centers for Disease Control and Prevention, 3-year averages

Idaho rates well for the percentage of low birth weight children compared to the national average. To learn how educational attainment affects the percentage of low birth weight children, visit the United Way Worldwide Common Good Forecaster: apps.unitetdway.org/forecaster/.



OVERALL MENTAL HEALTH

About one out of every four adults experiences some level of mental health episodes each year.⁴¹ These illnesses have a profound effect on employment and education. In fact, more than 50 percent of students 14 and older with mental disorders drop out of school; this is the highest rate of any disability group.⁴² For children between ninth and 12th grades in Idaho, 15.4% “seriously considered attempting suicide” in the preceding 12 months (for girls the percentage was 16.8%, compared to 14.0% for boys).

Unfortunately, 6.5% of Idahoans had attempted suicide in the previous 12 months, nearly a third of which had to be treated by a doctor or nurse.⁴³ An estimated 15.0% of adult Idahoans experience “not good” mental health days for at least one week each month. The rate is a bit lower in Ada County, though a bit higher in Canyon and Gem counties.

MENTAL UNHEALTHINESS IS SLOWLY INCREASING

Mental Health Outcomes (7 or More Days in the Past 30 Were Not Good)

AREA	2008	2009	2010	2011	2012
Ada County	14.7%	13.6%	13.5%	13.8%	14.1%
Canyon County	15.8%	14.7%	16.7%	17.3%	18.3%
Gem County	16.1%	17.2%	17.5%	19.0%	18.6%
Idaho	14.8%	14.5%	14.5%	14.7%	15.0%
U.S.	14.5%	14.5%	14.7%	14.9%	15.2%

*Source: Behavioral Risk Factor Surveillance System from the U.S. Centers for Disease Control and Prevention,

Use the United Way Worldwide Common Good Forecaster tool to see the **effects of educational attainment** on life expectancy: apps.unitedway.org/forecaster/.

BARRIERS TO GOOD HEALTH

What are the barriers to good health? The main categories of barriers that were defined in the 2011 Community Assessment were:

- *Quality, affordable healthcare coverage*
- *Preventive medical and dental services*
- *Making healthy choices*
- *Healthy, safe, and nurturing relationships*
- *Quality mental health support*

Within these categories are a host of health constraints, like having knowledge and understanding of healthy choices and services, and lacking adequate coverage. The 2011 Community Assessment respondents felt that overcoming these barriers to live healthy and productive lives was contingent upon access to medical services, affordable insurance coverage, a healthy environment, and access to a healthy diet.

Community Voice: When asked what families “need to live healthy lives,” 2014 Community Assessment survey respondents identified access to low-cost healthcare services as the most important need. Just less than one-third of respondents identified a healthy environment, access to a healthy diet, safe relationships (free from abuse and violence), and access to low-cost dental services as additional needs.

Like education, a common theme in the open-ended responses was “money,” and that “everything costs too much.” People often said they “cannot afford health insurance.” Further, there were numerous comments about dental and eye care: “We can’t get dental or glasses for adults in our household.”



SURVEY RESPONSES REGARDING BARRIERS TO LEADING HEALTHY LIVES

*“Which Three of the Following Items Best Describe What You and Your Family Need to Live Healthy Lives?”
Ranked by Top Item, Second Most Important, and Third Most Important*

	TOP	SECOND	THIRD	TOTAL
Access to low-cost basic healthcare services	31%	7%	9%	47%
Living in a healthy environment (with good air quality, water quality, ect.)	16%	10%	6%	32%
Having access to a healthy diet	11%	6%	14%	32%
Having safe relationships (free from abuse and violence)	9%	13%	9%	31%
Access to low-cost dental services	6%	16%	6%	28%
Having opportunities for regular exercise	3%	9%	9%	21%
Medicare or Medicaid acceptance by healthcare providers	10%	5%	4%	19%
Access to low-cost eye care	0%	3%	15%	18%
Access to affordable health insurance or employer-provided health insurance	6%	6%	4%	17%
Low-cost prescriptions	1%	8%	6%	15%
Access to low-cost mental health services (such as counseling or treatment)	3%	4%	4%	11%
Transportation to healthcare-related services	1%	4%	6%	10%

Answers with less than 10% total response included access to treatment for substance abuse (from harmful substances such as alcohol, illicit drugs, tobacco), parenting classes, and access to low-cost prenatal services (medical services for pregnant women).



6

**BASIC
NEEDS**

BASIC NEEDS

This section analyzes the basic, fundamental needs of Idaho residents. Basic needs in this section include items such as housing, transportation, and food, but also focus on the social safety net and safety in general.

HOMELESSNESS IN IDAHO

Homeless people are not just people who are literally living on the street. They also live at shelters, in their cars, and in other places not fit for habitation.

There are many causes of homelessness. Some are individual circumstances, like job loss and illness. Some are “structural,” like housing and job markets. Approximately 39% of the state’s homeless population lives in Ada County. This is primarily due to the fact that many of the state’s homeless services are in Boise. Idaho’s point-in-time homeless rates peaked in 2010 at 2,346, but since then have been decreasing to 1,781 in 2013.

HOMELESSNESS DECREASING, REGION 3 (WHICH INCLUDES CANYON & GEM COUNTIES)

Homeless Individuals in Idaho, Point-in-Time Count (on a Date in January of Each Year)

	2009	2010	2011	2012	2013
Sheltered Homeless	215	236	235	201	195
Unsheltered Homeless	11	61	36	66	14
Total Homeless	226	297	271	267	209

HOMELESSNESS DECREASING, REGION 7 (WHICH INCLUDES ADA COUNTY)

Homeless Individuals in Idaho, Point-in-Time Count (on a Date in January of Each Year)

	2009	2010	2011	2012	2013
Sheltered Homeless	644	747	741	741	645
Unsheltered Homeless	142	125	97	97	49
Total Homeless	786	872	838	838	694

*Source: Homelessness in Idaho, 2013 Point-in-Time Count Report



HOMELESS CHILDREN

The definition for homeless schoolchildren is much broader than for families and adults. This is because the pressures of unstable home life cascade over into school success. The broad definition includes “doubling up” – which is living with another family due to an inability to pay for housing. It also includes children living in inadequate facilities – like homes without water or utility service – as well as motels, shelters, or places not meant for extended habitation. Since the beginning of the Great Recession in 2007, child homelessness has skyrocketed. There are more than 1 million homeless youths across the nation.⁴⁴ The percentage of homeless kids in Canyon County is nearly double that of Ada County (approximately 4% to 2%).

HOMELESS SCHOOLCHILDREN POPULATION BY COUNTY

Cumulative Idaho Homeless Education Data by County, Using Broader Homelessness Definition

AREA	2006	2007	2008	2009	2010	2011	2013
Ada County	637	712	702	1,071	1,064	1,246	1,299
Canyon County	270	302	323	386	1,219	1,371	1,451
Gem County	-	2	3	4	2	7	24
Idaho	1,819	1,875	2,112	2,710	4,342	4,774	6,118

*2011 data may be somewhat under-reported for all areas due to missing data
*Source: Idaho State Department of Education

GETTING TO WORK, SCHOOL, AND ELSEWHERE

Having an available vehicle can be important to commute to the workplace, to a school, and for emergencies. Renter-occupied households are much less likely to own a vehicle than owner-occupied ones, which may be due to location of retail housing in city centers or other factors like household income; median household income for homeowners is approximately twice that of renters.⁴⁵ Access to public transportation is inconsistent across the three counties.

VEHICLE OWNERSHIP BY COUNTY

Households with No Vehicle Available, 2012

AREA	OWNER OCCUPIED	RENTER OCCUPIED
Ada County	1.7%	2.9%
Canyon County	2.9%	2.6%
Gem County	2.6%	9.1%
Idaho	2.1%	9.3%
U.S.	3.4%	19.3%

*Source: American Community Survey, 5-year average



Common themes from survey respondents were that “buses don’t cover the entire city,” “buses need to run on Sundays,” and “the buses need to stop more often.”



FOOD INSECURITY

Food insecurity affects 50 million people in the U.S.⁴⁶ Food insecurity is defined as a household that has difficulty at some time during the year providing enough food for all members due to a lack of resources. About one-sixth of Idahoans face food insecurity (15.8%), with Ada County falling below the state average at 14.4% and Gem County above at 16.4%. Canyon County was the most improved between 2009 and 2012, improving from 18.4% to 15.6%.⁴⁷ Childhood food insecurity also has improved, but is higher than the general population.

IMPROVEMENTS IN CHILDHOOD FOOD INSECURITY

Child Population Suffering From Food Insecurity

AREA	2009	2010	2011	2012
Ada County	20.9%	19.0%	17.7%	18.0%
Canyon County	28.9%	26.0%	25.1%	23.7%
Gem County	25.3%	23.6%	25.1%	24.2%
Idaho	23.4%	22.8%	23.0%	21.6%
U.S.	23.2%	21.6%	22.4%	21.6%

*Source: Feeding America

INCOME SUPPORTS

There is a variety of income supports available to low-income populations, all designed to positively affect poverty levels or the lives of those living in poverty. For example, the Supplemental Nutrition Assistance Program (SNAP) (commonly referred to as “food stamps”) helps 3.6 million people out of poverty in the U.S.⁴⁸ Most income supports enrollment has remained fairly steady since 2000, though SNAP has been increasing. Additionally, without Social Security, 21.4 million more people in the U.S. would live in poverty — an almost 50% increase from the number currently in poverty.⁴⁹ Social safety net rates are higher in Canyon and Gem counties than in Ada County and Idaho.

SOCIAL SAFETY NET

Percentage of Households with Various Income Supports, 2012

	ADA COUNTY	CANYON COUNTY	GEM COUNTY	IDAHO	U.S.
SNAP (food stamps) Benefits	8.8%	17.4%	11.8%	11.2%	11.4%
Social Security	23.5%	28.4%	41.1%	28.7%	28.3%
Supplemental Security Income	2.8%	5.6%	4.8%	3.8%	4.6%
Cash Public Assistance Income	2.7%	3.7%	3.2%	2.8%	2.7%
Retirement Income	16.0%	15.4%	20.8%	17.0%	17.6%

*Source: U.S. Census and American Community Survey 5-year average

SOCIAL SAFETY NET BY COUNTY

Not all of those in Idaho utilize available services to the fullest extent. For instance, an estimated 81% of the 235,000 eligible households – those households with earnings at 130% of the poverty thresholds – utilized SNAP in 2010 (though this percentage is up considerably from previous years); Idaho ranked 20th in participation.⁵⁰ Participation has been increasing over the past few years, with SNAP benefits increasing by more than 50%.

INCREASING RATES OF INCOME SUPPORTS IN IDAHO

Percentage of Households with Various Income Supports, Overtime

	2009	2010	2011	2012
SNAP (food stamps) Benefits	7.2%	8.2%	9.7%	11.2%
Social Security	26.4%	27.2%	27.8%	28.7%
Supplemental Security Income	3.0%	3.2%	3.4%	3.8%
Cash Public Assistance Income	2.5%	2.5%	2.7%	2.8%
Retirement Income	16.3%	16.5%	16.8%	17.0%

* Source: American Community Survey, 2012, 5-year average

A common theme from the surveys: “I do not qualify for food stamps now that I have a job, the increase in income is about what groceries cost, so I am back where I started and eating healthy is expensive.”



AMOUNT OF INCOME SUPPORT

Through Social Security and retirement, older populations have access to larger amounts of income supports than younger populations. In 2012, Idahoans with retirement income received an average of \$21,256 per year. Social Security amounted to an average of \$16,928 for its recipients, an increase of 4.4% from 2009. Cash public assistance income amounts averaged only \$2,692 per month.

INCOME SUPPORTS

Average Annual Benefit to Idaho Households of Various Income Supports, 2012

	CASH PUBLIC ASST. INCOME	SUPPLEMENTAL SECURITY INCOME	SOCIAL SECURITY	RETIREMENT INCOME
Public Assistance Benefit	\$16,928	\$9,051	\$2,692	\$21,256
Annual Increase 2009-2012	3.0%	3.1%	4.4%	2.4%

* Source: American Community Survey, 2012, 5-year average

DOMESTIC VIOLENCE

Crime rate levels are one of the very bright spots within this assessment. Idaho crime rates are more than 50% lower than the U.S. rates. As with the U.S., crime rates are on a downward trend. Idaho is favorable to the U.S. average in terms of murders, robberies, assaults, burglaries, and thefts, though Idaho continues to have a higher average rate of rapes.⁵¹ A big part of safety is being free from domestic violence, both for adults and children. Idaho and the three counties have seen their rates decreasing.⁵²

DOMESTIC VIOLENCE RATES ARE IMPROVING

County Intimate Partner Violence (IPV) Rates Per Thousand

	2007-2011 AVERAGE	2012	2007-2012 % CHANGE
Ada County	3.9%	3.1%	-25.2%
Canyon County	4.5%	4.2%	-10.5%
Gem County	4.3%	3.0%	-36.0%
Idaho	3.0%	2.5%	-16.5%

*Source: Idaho State Police

Higher educational attainment is associated with lower crime rates. See how education affects murder rates by using the United Way Worldwide Common Good Forecaster: apps.unitedway.org/forecaster/.

BARRIERS TO BASIC NEEDS

What are the barriers to receiving basic needs? The main categories of barriers that were defined in the 2011 Community Assessment were:

- Access to food (including healthy food)
- Access to basic medical and dental services
- Emergency housing

Within these categories are varied constraints, like program and resource knowledge, lack of insurance, and transportation issues. Respondents from the 2011 survey ranked basic needs in the following manner: (1) emergency shelter, (2) emergency food assistance, (3) crisis child care services, (4) access to other safety net services, (5) information about safety net services, (6) transportation assistance, and (7) legal assistance.

Respondents from the 2014 Community Assessment survey ranked current needs differently. Nearly two-thirds of survey respondents ranked housing assistance and emergency food assistance as one of the top three choices. Basic healthcare assistance was also very important for a bit less than half of respondents. About one-third said non-food items (like toilet paper, soap, etc.) were in the top three. Emergency shelter, transportation assistance, and legal assistance each were very important to around a sixth of respondents.

SURVEY RESPONSES REGARDING BASIC NEEDS

“Which Three of the Following Basic Services Help Families the Most?”

	TOP	SECOND	THIRD	TOTAL
Housing Assistance	34%	16%	16%	66%
Emergency Food Assistance (such as food stamps or food at local food pantry)	34%	21%	10%	64%
Basic Healthcare Services (such as a clinic that doesn't charge a fee but is not the E.R. or hospital)	14%	17%	11%	43%
Assistance With Non-Food Items (like toilet paper, soap, etc.)	6%	15%	14%	34%
Emergency Shelter (for day, night or both)	4%	4%	9%	16%
Transportation Assistance (such as bus fare or other public transport, gasoline subsidy, or reduced-price or free taxi service)	0%	6%	7%	14%
Legal Assistance (that does not charge a fee, or charges a fee based on your income)	1%	6%	5%	11%



Answers with less than 10% total response included case management (such as having one agency or person find and coordinate the services you are eligible for or need), crisis childcare services (such as when your child is sick and you need to work), long-term and comprehensive services for those with severe disabilities, and elder care assistance (such as an in-home aide to assist in caring for a senior, or a day-care program).

Community Voice: A common theme in the open-ended responses was that money keeps people from “receiving or attaining these items.” But also very important is “needing the resources for how to find out about assistance,” and simply that people do “not know where [resources] are.” Respondents also “don’t really know how to apply for them,” and that when they do receive services, they might not be enough; “food stamps don’t last long.”

Many people say they do not qualify for these programs, and as such are falling through the cracks: “I make too much for food stamps and daycare assistance but not enough to live on.” Another respondent said he was “not eligible for food stamps or housing because I make too much @ (sic) minimum wage.” Lastly, some respondents were having difficulty succeeding because of criminal convictions.



7

OPPORTUNITIES

HISTORY OF THE COMMUNITY ASSESSMENT AND EARLY SUCCESS

The Community Assessment ultimately is about changing the odds for members of our community through education, health, and financial independence. It is about providing opportunities for people to succeed in school and life.

Using the 2011 Community Assessment, United Way and community leaders identified the following goals:

FINANCIAL INDEPENDENCE GOALS:

- Have a job with adequate income
- Have access to work supports
- Have financial literacy and savings
- Have access to affordable housing

EDUCATION GOALS:

- Enter school prepared
- Have a stable environment
- Succeed academically in K-12
- Earn a high school diploma

HEALTH GOALS:

- Have access to quality, affordable healthcare coverage
- Have access to preventive medical and dental services
- Make healthy choices by eating right, regularly exercising and being free of harmful substances
- Have quality mental health support



This Community Assessment, like the one before it in 2011, is a foundation to achieve community goals. The assessment provides key data to measure improvement in the community.

A key observation from the 2011 Community Assessment was that Idaho ranked in the top 10 in the nation for suicides, and that suicide was the second leading cause of death among Idaho youth aged 15 to 19. Further, Idaho was the only state without its own prevention hotline, a proven resource.

The assessment provided an impetus toward action. Numerous organizations worked together, including the Speedy Foundation, the Idaho Council on Suicide Prevention, United Way, Mountain States Group, and others throughout the state. This collaboration resulted in creation of the Idaho Suicide Prevention Hotline in November 2012.

In 2013 the hotline fielded nearly 1,000 calls and provided more than 900 follow-up actions. In the first six months of 2014, the hotline had already received 1,134 calls resulting in 683 follow-up actions.

Other successes through the collective impact process include:

P16 Caldwell Education Project: Every school in the Caldwell School District is impacted by P16, a culture-changing initiative that inspires, educates and motivates children to seek education beyond high school and embrace guidance toward a meaningful career. In the project's first three years (2011-12 through 2013-14), P16 services included preschool classes, an after-school learning program and a career aspirations program. "P" stands for "Preschool" and "16" stands for the completion of education after high school.

Results: The percentage of Caldwell High School graduating seniors who enrolled in college increased from 39 percent to 50 percent in P16's first two years.

Treasure Valley Education Partnership: TVEP brings together people, ideas and resources to advance a world-class education system that helps lead Treasure Valley students to post high school education and into a meaningful career. With a unified vision and an agreed upon set of baseline indicators, TVEP is a unique collective impact initiative led by local nonprofits, K-12 groups, government, foundations, postsecondary institutions, early childhood educators and businesses. It is the largest initiative in the Treasure Valley. TVEP partners address specific goals within six areas ranging from early childhood education to career progression.

TVEP publishes an annual Report Card reporting the progress or status of student achievement for the nine school districts in the Southern Idaho Conference. Find the full report at idahotvep.org/index.php/tvep-resources/tvep-handouts.

Bank On Treasure Valley: Through Bank On, a program of United Way of Treasure Valley, it's a simple process for local individuals to get connected to low-cost, starter checking, savings and loan accounts. Community members complete three financial education sessions before receiving their certificate, which allows them to choose from any of the 11 participating banks and credit unions.

Families without a checking or saving account:

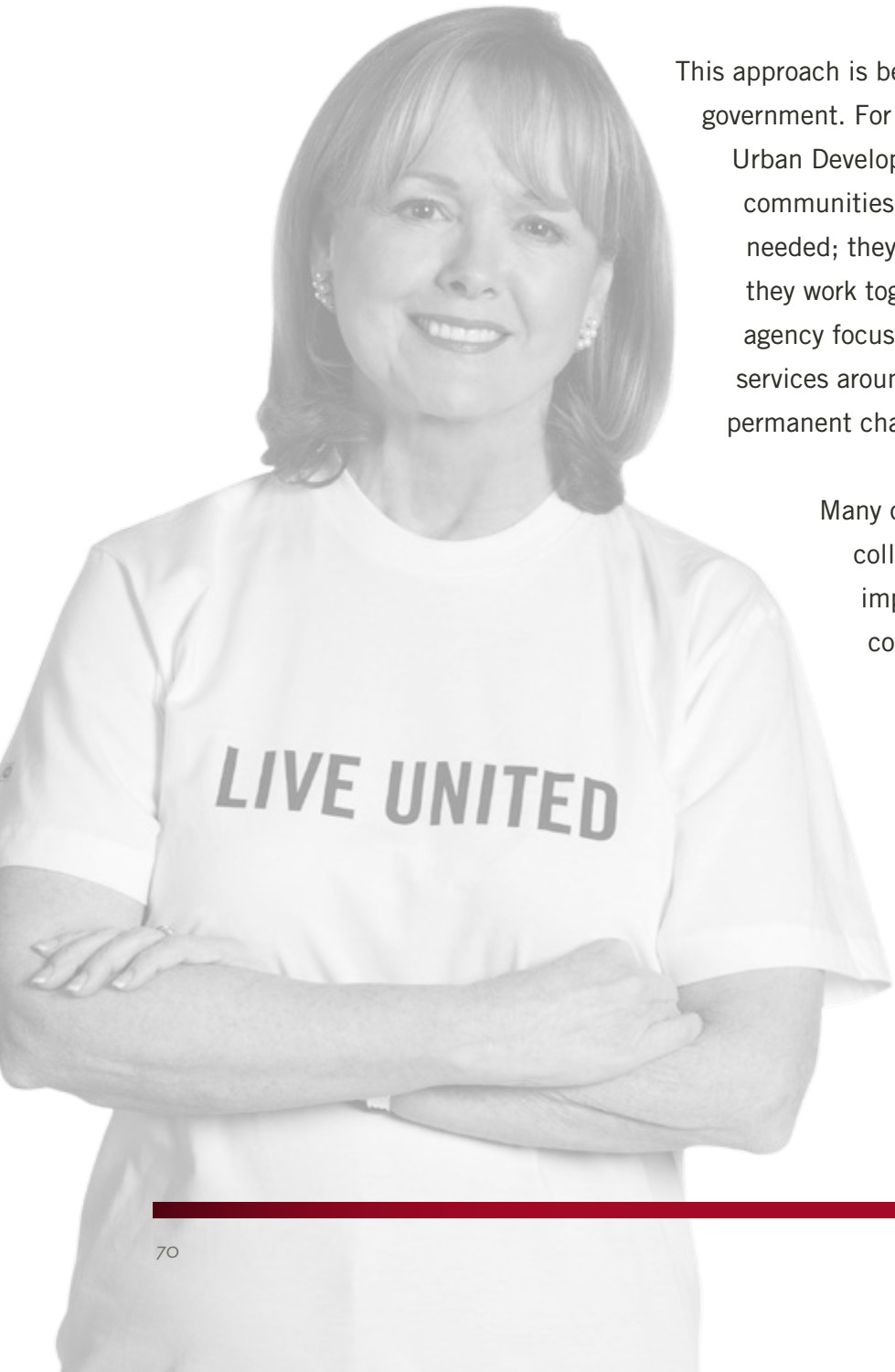
- *Can't save for the future, establish credit or access asset-building instruments such as loans for a car, small business or home mortgage.*
- *Are more likely to have their money stolen.*
- *Don't have a safe way to access their money when an emergency occurs, such as a fire or flooding at their home.*

These successes are occurring through a process known as "collective impact." What is collective impact?

A UNIQUE MODEL FOR CHANGING THE ODDS

Collective impact requires that everyone works together – foundations, businesses, cities, state government, schools, churches, and nonprofit organizations. Together we work to:

1. *Create a vision and set goals*
2. *Measure success by sharing and tracking data*
3. *Align all programs, activities and strategies*
4. *Create continuous communication*



This approach is beginning to be used by the federal government. For instance, the U.S. Housing and Urban Development's HEARTH Act requires that communities work together to figure out what is needed; they receive funding based upon how well they work together. HUD also is shifting from an agency focus model to a client focus, wrapping services around the household to make real, permanent change.

Many organizations believe that utilizing collective impact in this way is an important step forward in overcoming community barriers.

IDENTIFYING BARRIERS TO SUCCESS

Utah Foundation analyzed all of the barriers listed in the preceding sections and found that several were of particular importance within United Way’s community goals. The top 10 barriers are:

- *Lack of knowledge of available programs*
- *Lack of awareness about resources*
- *Language barrier*
- *Low education levels*
- *Competing priorities*
- *Lack of jobs that pay sufficient wage*
- *Lack of transportation*
- *Lack of knowledge and awareness about available work supports*
- *Scheduling conflicts or transportation restraints*
- *Lack of knowledge about community resources*

The most common themes can be summarized as lack of knowledge of or awareness of existing resources, and inconsistent or insufficient personal and public transportation.

Treasure Valley communities have been discussing bus route expansion and increased frequency and duration. Light rail also has been discussed. Recent innovation by Valley Regional Transit has helped expand access across the region — especially in outlying areas. However, transportation remains a considerable barrier.

Community Voice: In focus groups, many people expressed frustration with bus convenience and timing. Lower wage earners often work hours that do not easily coordinate with public transportation schedules. It is also problematic for people who have to collapse strollers in order to take the bus. Many homeless respondents expressed frustration that bus passes are typically available for medical appointments and work, but not for other errands.



The 2-1-1 Idaho CareLine, run by the Idaho Department of Health and Welfare, is designed to provide information about available services across the state. In Canyon County, the Treasure Valley Community Resource Center has been providing information and referral services for more than 20 years. Emmett also has its own referral network. Nonetheless, many respondents did not know about these services, or felt that these services were not up to date or user friendly.

Community Voice: Common themes in service provider conversations included:

- *“There is so much out there ... people don’t know how to access it.”*
- *“Something is missing in terms of the communication piece” of the social safety net.*

One way to reach out to those needing support is one-on-one communication: phones, computers, and the mail.

Of 2014 survey respondents, about three-quarters had a mobile phone, and more than half had access to a computer. Approximately one-third of respondents said email was their preferred method for receiving information about community services, followed by text messages, mail, and phone calls. Few respondents preferred social media.

AN OPPORTUNITY

Service recipient and service provider focus groups spent considerable time discussing ideas to overcome the barriers of information/knowledge and transportation. Both groups offered ideas about easier access to services.

IMPLEMENTATION

The 2014 Community Assessment asked those receiving services and those providing services their thoughts about how to increase access to information and overcome limited mobility.

Service providers suggested that any solution must integrate a variety of resources that people can access in a more comprehensive and user-friendly way. Providers said it is important that “alignment is not around services, but around people and families” and “We need to get together to make it stick for people.”

Further, providers stressed the importance of supporting people through the service process. They noted the complexity of existing systems and the benefit that could come from simplifying processes. It was suggested this could be achieved through one of three models:

- *Central or regional co-located services located near central transportation hubs*
- *Community hubs such as neighborhood-based resource centers*
- *In-home service*

CENTRAL CO-LOCATED SERVICES

Service recipients expressed a desire for nonprofit organizations, government benefit providers, and others to co-locate as a means of centralizing services, minimizing time away from work and family, and greatly reducing transportation time challenges.

A centralized service delivery model was thought to help better connect existing services in the community.

The service provider focus groups gave people in the social safety net an opportunity to talk about their services. During this period, the providers learned about each other’s unique ways of addressing community needs. Many focus group participants asked these questions:

- *Why don’t the service providers know each other?*
- *Why aren’t these providers already working with each other?*

COMMUNITY HUBS

A second option is to develop community hubs in neighborhoods of greatest opportunity. The community hub approach is being used successfully in numerous large and small communities across the nation and often is identified as the “Promise Neighborhood” model of success.

The community hub concept leverages existing programs, assets, and resources and coordinates them to work together within a localized neighborhood environment. Each community hub may have unique services and programs best suited to the needs of the surrounding neighborhood.

Service provider focus groups indicated that any such community hub would need to be a permanent location. Providers noted that potential sites exist, such as schools, libraries, senior centers, community centers, and other locations.

Transportation barriers become significantly lower with this model.

IN-HOME SERVICE

In this model, home visitors meet regularly with families to inform, coordinate, and encourage use of existing services best suited to their circumstances. Service providers recommend that in-home visitors be extremely knowledgeable about local resources.

The benefit identified for this model is the value of trust relationships and ability for in-home service providers to see needs the recipient may not identify on their own.

The transportation barrier is removed with this model.

Community Voice: Service providers asked, “How do we leverage each other’s assets and strengths the best” in order to address root causes and create sustainable change. They stressed the importance of focusing on the whole family or whole person, not just a singular aspect of their life.



8

BACKGROUND

METHODOLOGY

FOCUS GROUPS

In 2013, United Way held nine community conversations at two locations in Boise and one in Nampa. The focus of these was to determine “what kind of community [residents] want to live in?” Questions were focused on the ideal community, on community issues, and on how to fix these issues. They primarily gleaned information from United Way’s donors and partners. This information was utilized to help inform this Community Assessment.

Additionally, Utah Foundation performed 12 focus groups with between three and 25 participants per group. Caldwell, Emmett, Kuna, and Meridian each had one focus group. Two were in Nampa and six were in Boise.

The focus groups were targeted toward “affected populations.” Focus group meetings were with low- and middle-income individuals; people who are public assistance dependent; families; non-English language speakers; people experiencing homelessness; those who are public transportation dependent; people receiving physical, dental, and mental health services; and others.

Building upon the information from the community conversations and the affected-population focus groups, the Utah Foundation performed three focus groups with service provider organizations. These final focus group discussions provided much of the foundation for the opportunities section in this Community Assessment.

Common theme throughout the affected population focus groups:
“it is tough if you are earning just enough but not enough.”



SURVEYS AND RESEARCH

Utah Foundation designed a survey that it and United Way provided to numerous locations around Ada, Canyon, and Gem counties. It received 164 survey responses from 13 locations, in both English and Spanish. The typical respondent was an English speaker who had three people in their household (one of which was a child). Household members were typically related and under 65 years of age. Household income was less than \$34,999 per year and the respondents were typically employed. Those respondents who were not homeless typically had rent or mortgage payments that were less than 30% of their monthly take-home income. Most respondents had access to a vehicle. They typically either had no insurance or had government-provided insurance like Medicaid or CHIP. Most respondents' highest level of educational was either a high school diploma (or equivalent) or "some college."

Utah Foundation analyzed the responses and included the results within this Community Assessment. Additionally, Utah Foundation conducted an extensive literature review of United Way priority areas from both state and national sources, as well as interviewed numerous education and social service professionals in the Treasure Valley.

DATA NOTES

Utah Foundation utilized secondary source data for the Community Assessment from numerous sources, including the U.S. Census, U.S. Bureau of Labor Statistics, U.S. Department of Health and Human Services, Idaho State Department of Education, and many more.

Utah Foundation used the most recent data available at the time of compilation (January through April 2014). In many cases, Utah Foundation used three or five years of aggregated data to reduce the margins of error, the samples of single years were small (as was often the case with Gem County). When data aggregation was required for one county, the same aggregation was used for all counties for comparison purposes. Single-year data are available for Ada and Canyon counties, Idaho, and the U.S. from the sources cited within each figure.

Further, it is important to remember that the data included herein are primarily samples of a large population. Accordingly, they have margins of error that are not included herein. Please see the data source for margins of error information.



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- *Central District Health Department*
- *Delta Dental of Idaho*
- *Department of Health & Welfare*
- *Elks Rehab Hospital*
- *Idaho Association for the Education of Young Children*
- *Saint Alphonsus Medical Center – Nampa*
- *Saint Alphonsus Regional Medical Center – Boise*
- *United Way of Treasure Valley Board of Directors*

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- *United Way of Treasure Valley*
- *Wells Fargo*
- *West Valley Medical Center*

APPENDIX A

ADA COUNTY DISTRICTS

Boise Independent School District #1
 Meridian Joint School District #2
 Kuna Joint School District #3
 Independent LEA #454 – Rolling Hills Public Charter School (K-8)
 Independent LEA #455 – Compass Public Charter School
 Independent LEA #456 – Falcon Ridge Public Charter School (K-8)

CANYON COUNTY DISTRICTS

Nampa School District #131	Vallivue School District #139
Caldwell School District #132	Independent LEA #451 – Victory Charter School
Wilder School District #133	Independent LEA #458 – Liberty Charter School
Middleton School District #134	Independent LEA #463 – Vision Charter School
Notus School District #135	Independent LEA #478 – Legacy Charter School
Melba Joint School District #136	Independent LEA #481 – Heritage Community Charter School
Parma School District #137	

GEM COUNTY DISTRICTS

Emmett Independent School District #221

APPENDIX B

Idaho Standards Achievement Test, percent proficient by year (third through 10th grades)

READING

AREA	2007	2008	2009	2010	2011	2012	2013
Ada County	85.9	85.4	85.1	88.5	89.4	90.5	91.6
Canyon County	77.3	80.9	83.7	86.4	86.5	86.9	87.3
Gem County	83.3	85.2	80.4	88.2	88.2	84.3	83.3
Idaho	80.2	82.5	83.6	86.0	86.5	87.7	88.1

MATHEMATICS

AREA	2007	2008	2009	2010	2011	2012	2013
Ada County	83.4	84.1	79.6	80.5	83.2	83.0	84.1
Canyon County	73.6	77.7	77.2	80.4	76.1	77.7	78.1
Gem County	73.2	77.3	75.0	83.0	81.0	75.1	74.0
Idaho	75.9	79	75.9	78.2	78.1	78.1	78.5

LANGUAGE USAGE

AREA	2007	2008	2009	2010	2011	2012	2013
Ada County	74.8	75.5	74.9	78.1	79.8	80.7	80.5
Canyon County	61.2	68.1	70.7	74.0	71.8	74.6	74.4
Gem County	66.7	70.9	68.4	74.1	73.9	69.1	68.0
Idaho	64.2	69.8	69.8	71.7	71.8	74.1	73.0

SCIENCE

AREA	2007	2008	2009	2010	2011	2012	2013
Ada County	54.9	60.9	64.4	62.6	66.5	70.5	73.4
Canyon County	40.5	52.3	59.6	58.1	60.1	62.9	64.2
Gem County	52.7	57.8	61.6	59.0	61.9	60.2	62.3
Idaho	52.1	57.0	61.7	59.2	62.4	64.5	64.9

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