Saint Alphonsus Medical Center - Nampa

2020

Community Health Needs Assessment

Saint Alphonsus
A Member of Trinity Health

United Way

United Way of Treasure Valley

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Acknowledgements

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Sponsors:

Saint Alphonsus Health System, Trinity Health Transforming Communities Initiative, and JPMorgan Chase & Co.

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International Rescue Committee
Central District Health Youth Behavioral Committee
Western Idaho Community Action Partnership, Inc.
Owyhee Community Health Action Team

United Way of Treasure Valley Business Partners
Idaho Community Health Workers Association
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Message from United Way of Treasure Valley

Every community assessment, by its very nature, represents a moment in time. That has never been more true that this Treasure Valley Community Assessment. This document was created during the Coronavirus COVID-19 Pandemic of 2020. As I write this introduction, a significant portion of our low-wage earners are wondering what their job prospects will be in the days and weeks ahead. Families are worried about their ability to pay rent or a mortgage, and children are not likely to return to the classroom for many months. The repercussions on the health, financial stability, and educational success of our community are yet to be known.

What we do know; and what the information within this report shows us, is how important it is for us to use data as a beacon to make our policies, systems, and environments much stronger, more resilient, and better adapted to support success in the 21st Century.

I hope, dear reader, that you will take the knowledge of context you have gained post-pandemic and layer it with the information here to advance success for our children, families, and hardworking, low-wage earning friends and neighbors.

This is the fourth of an ongoing series of data to help us identify, rally, unite, and advance success for our community. Every three years, United Way of Treasure Valley, in partnership with Saint Alphonsus Health System, Trinity Health, and other community organizations, takes a deep and comprehensive look at the health, education, and financial stability of the greater Treasure Valley. In this document you will find trends, observations and facts about the conditions in Ada, Canyon, Gem, Owyhee, and Elmore Counties. Together this represents more than 40% of the population of the State of Idaho.

I invite you to give time and attention to the "Policy, Systems, and Environmental change" recommendations throughout this document. Data by itself does little. Data combined with the action of caring individuals and collaborative partners can change the life success of entire populations. Find the actions and activities that compel you and join us in fighting for the health, education, and financial stability of every person in every community.

Our deepest appreciation is given to the community leaders and organizations who joined in presenting the 2020 United Way Community Assessment.

Nora J. Carpenter
President and CEO
United Way of Treasure Valley

BACKGROUND

United Way of Treasure Valley (UWTV) fights for the health, education, and financial stability of every person in every community in the Treasure Valley. Our community wins when we unite and work together. Saint Alphonsus Health System is a mission-driven, innovative health organization that strives to become the national leader in improving the health of communities and each person served (see Appendix G for more information about Saint Alphonsus Health System). To those ends, UWTV and Saint Alphonsus Health System both provide leadership in understanding and addressing the common threats to the well-being of the Treasure Valley's communities and residents.

Every three years, UWTV conducts a community assessment that helps define the most pressing human needs. This information guides the alignment of resources and implementation of needs-driven, evidence-based solutions. UWTV convenes community partners, including small- and medium-sized businesses, major corporations, and financial institutions; hospitals and health care organizations; and faith-based organizations, civic groups, governments, non-profits, and volunteers to confront the socio-economic challenges in the Treasure Valley.

For the 2020 Community Assessment, UWTV is working in partnership with Saint Alphonsus Health System to carry out the Community Assessment. To date, UWTV's work has identified and focused on the three most critical building blocks for a stable life for Treasure Valley residents: health, education, and financial stability. These building blocks make up the two foundational levels of Maslow's Hierarchy (Figure 1), and represent our most basic human needs. The 2020 Community Assessment validates this approach and demonstrates that continued focus on these building blocks will make the biggest difference in the lives of local children, individuals, and families.

Figure 1   **Maslow's Hierarchy of Needs**
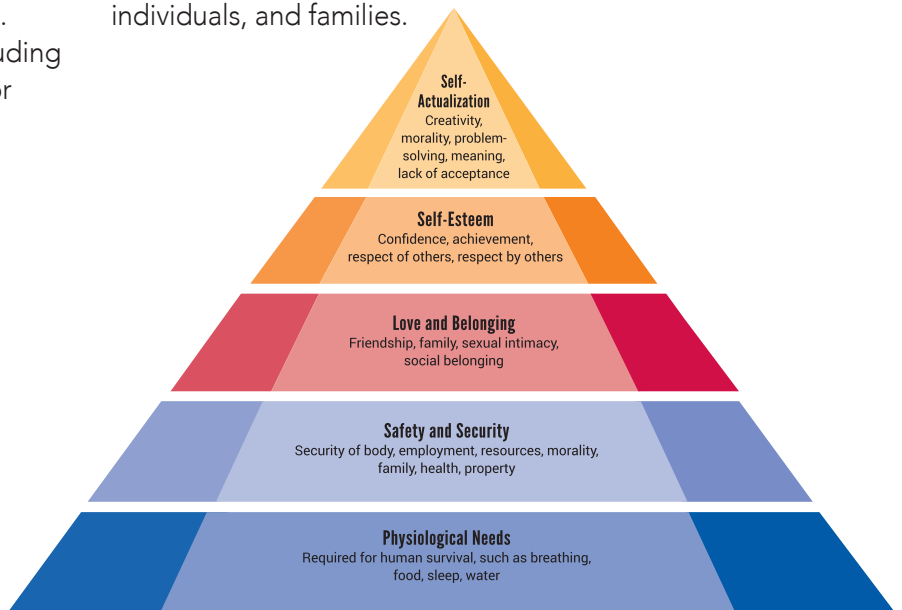
DATA SOURCE: Maslow, A.H. (1943). A Theory of Human Motivation. Psychological Review, 50, 370-396.

APPROACH

Social Influencers of Health Framework

It is important to recognize that multiple factors have an impact on health and well-being. There is a dynamic relationship between community members and the environment in which they live. The following diagram provides a visual representation of this relationship. The World Health Organization further defines the Social Influencers/Determinants of Health as "the conditions in which people are born, grow, live, work, and age. These circumstances are shaped by the distribution of money, power, and resources."

Figure 2 | **Social Influencers of Health Equity Framework**

Economic Stability	Housing Stability and Housing Conditions	Education	Food	Community and Social Context	Health Care System
Employment	Housing	Literacy	Hunger and Food Insecurity	Social Integration	Health Care Access and Affordability
Income	Transportation	Language	Nutrition	Support Systems	Provider Linguistic and Cultural Competency
Expenses	Safety	Early Childhood Education		Community Engagement	Quality of Care
Debt	Parks	Career/ Technical Education		Discrimination	
Medical Bills	Playgrounds	Postsecondary Education		Stress	
Support	Walkability				
Educational Attainment	Zip Code/ Geography				

Health Outcomes
Mortality, Morbidity, Life Expectancy, Health Care Expenditures, Health Status, Functional Limitations

Braveman PA, Kumanyika S, Fielding J, et al. Health disparities and health equity: the issue is justice. Am J Public Health. 2011;101(suppl 1):S149-S155.

Health Equity Framework

Health equity means that every person has a fair and just opportunity to achieve optimal health regardless of:

- Their age
- The color of their skin
- Level of education
- Gender identity
- Sexual orientation

- The job they have
- The neighborhood they live in
- Whether or not they have a disability[1]

Health equity is fundamental to having a healthy community. Where possible, this report incorporates data that highlight disparities in opportunities and equity and the impact this has on the health of populations.

Figure 3   **The Health Impact Pyramid**

Increasing Population Impact

Increasing Individual Effort Needed

Counseling and Education

Clinical Interventions

Long-Lasting Protective Interventions

Changing the Context to Make Individuals' Default Decisions Healthy

Socioeconomic Factors

DATA SOURCE: Frieden, TR, American Jounal of Public Health 2010; 100(4), 590-5

Health Equity:

"The attainment of the highest level of health for all people. Achieving health equity requires valuing everyone equally with focused and ongoing societal efforts to address avoidable inequalities, historical and contemporary injustices, and the elimination of health and health care disparities."

– Healthy People 2020, Office of Disease Prevention and Health Promotion
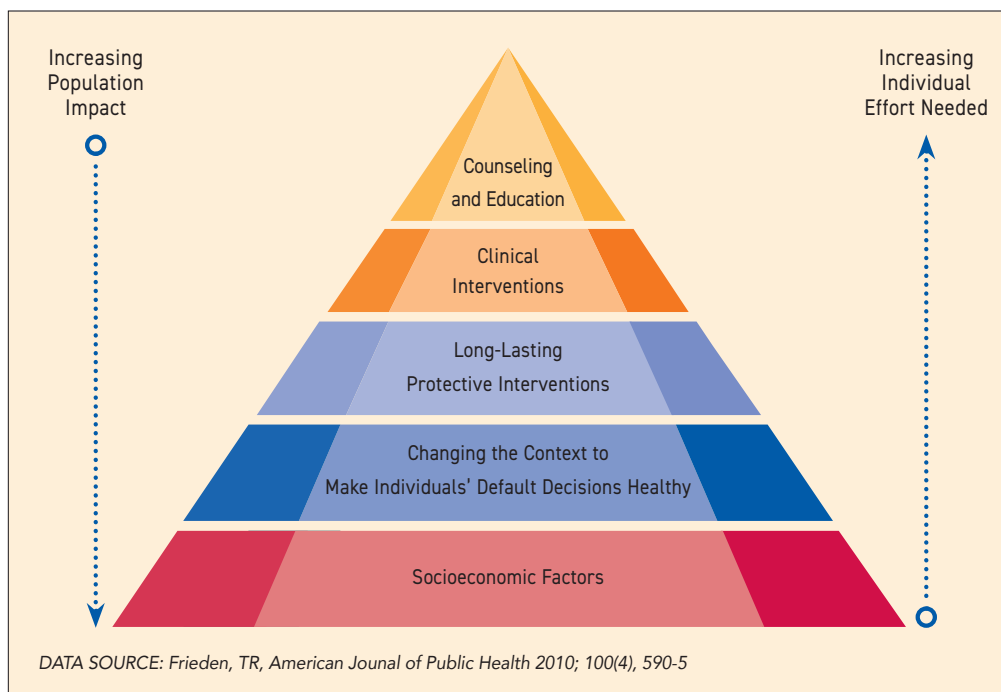
Scope and Strategy of This Report

Strategies that Maximize Impact

In 2010, Dr. Thomas Frieden, the Director of the Centers for Disease Control and Prevention (CDC), offered a tiered model of strategic interventions that has been proven to improve health in populations where these strategies have been implemented.

The pyramid shows that strategies with the greatest potential to impact the Social Influencers of Health and health equity are those that reach the most people and require the fewest resources. The foundation of the pyramid points to the impact of socioeconomic factors in determining one's ability to: (1) access necessary

health or social services (2) pursue educational or professional opportunities and (3) benefit from exposure to positive environmental factors such as clean air and water, safe housing, and adequate sanitation. The next layer up focuses on changing the *context* of the places where people are born, grow, live, work, and age to make the healthy choice the easy choice. These approaches center on Policy, Systems, and Environmental changes (PSE) which will be further explained in the PSE section of the report on page 11.

[1] Braveman PA, Kumanyika S, Fielding J, et al. Health disparities and health equity: the issue is justice. Am J Public Health. 2011; 101 (suppl 1): S149-S155.

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Scope: The Treasure Valley

The 2017 Treasure Valley Community Assessment included data for Ada, Canyon, and Gem Counties. With population growth in the region and residents being pushed further outside of the Valley's urban areas due to cost of living increases, UWTV determined that the 2020 Community Assessment would expand its geographic reach to include Elmore and Owyhee Counties. Together, these five counties make up 43% of the state's population.

Community Feedback on the Treasure Valley:

< *"Neighbors are close and trusting."*
— *Rural Community Member*

< *"It is a very family-friendly community; it is safe. You may not agree with your neighbor but they will give you their shirt off their back if you need help."*
— *Rural Community Member*

< *"The community has a 'it takes a village"*
— *Rural Community Member*

Figure 4 **Assessment Region**
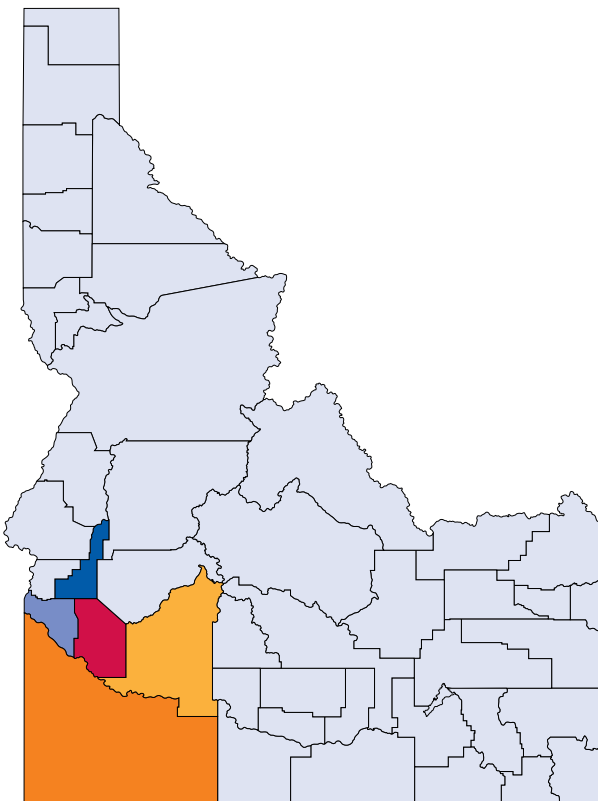
NOTE: Numbers reflect population in 2019

ADA COUNTY

With just over 480,000 residents, Ada County is Idaho's most populous and home to 27% of the state's population. Its most populated cities are Boise and Meridian with populations of 228,959 and 114,161, respectively.

CANYON COUNTY

Canyon County's population of over 229,000 residents makes it Idaho's second most populated county with 12.9% of the state's residents. The most populated cities in Canyon County are Nampa and Caldwell, which are home to 99,277 and 58,481 residents, respectively.

ELMORE COUNTY

At 27,511, the population of Elmore County makes up 1.5% of the state's population. Mountain Home, with a population of 14,562, is the largest city in Elmore County.

GEM COUNTY

Gem County is the second least populous county in the Treasure Valley Community Assessment with 18,112 residents or 1% of the state's population. Its largest city is Emmett with a population of 7,054.

OWYHEE COUNTY

Owyhee County is the least populated county in the Treasure Valley Community Assessment with 11,823 residents or .7% of the state's population. Homedale is its largest city with a population of approximately 2,600.

DATA SOURCE: U.S. Census Bureau, American Community Survey 5-Year Estimates, 2014-2018; and U.S. Census Bureau, Quick Facts, 2019

ASSESSMENT METHODS

This Community Assessment aims to identify the Ada, Canyon, Elmore, Gem, and Owyhee Counties through a Social Influencers of Health framework, which defines health in the broadest sense and recognizes numerous factors – from employment to housing to access to health care – that have an impact on the community's health. Social, educational, economic, and health data were drawn from existing data sources such as the U.S. Census, Idaho Department of Health and Welfare, and Idaho State Department of Education, among others.

In addition to an online and paper community survey that engaged over 2,100 residents, approximately 165 individuals from multi-sector organizations, residents, and community stakeholders participated in focus groups and interviews to gather feedback on community strengths, challenges, and priority health concerns. Through the process of compiling, analyzing, and synthesizing quantitative and qualitative data, a list of key themes emerged. This list was then prioritized by key stakeholders, resulting in the following six priorities:

Top Six Significant Community Priorities

1. Affordable, safe housing, and homelessness

2. Wages and job availability

3. Cost of living: e.g., housing, transportation, child care, etc.

The prioritized key themes are presented in rank order

4. Mental health and wellbeing and substance use

5. Access to affordable healthcare, including behavioral and dental health

6. Education, including high-quality early childhood education
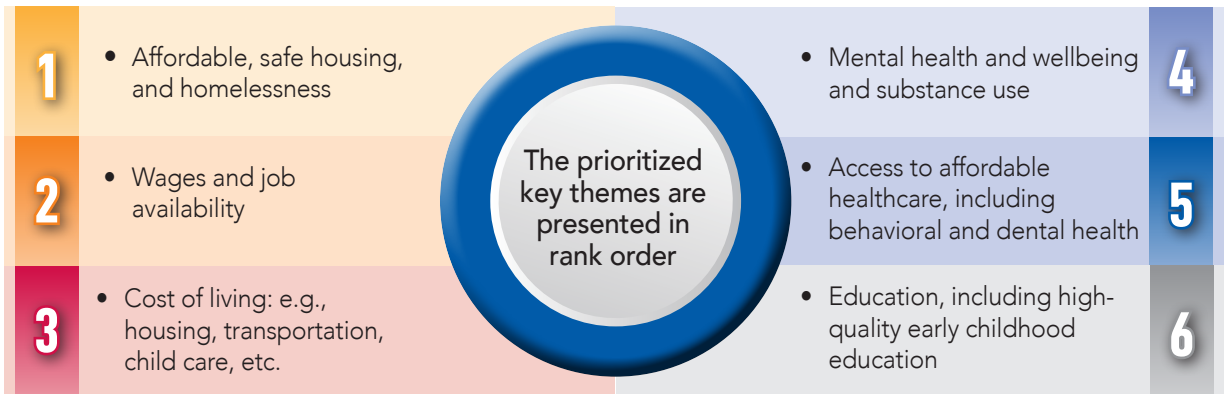
A more detailed description of the Community Assessment methods can be found in Appendix G.

Assessment Oversight:

This committee was comprised of 25 members representing UWTV, Saint Alphonsus Health System, community health centers, local public health departments, housing and community development organizations, educational institutions, and other health and human service organizations.

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COVID-19 Pandemic

Idaho's first case of Coronavirus, or COVID-19, was reported on March 13, 2020, although many experts believe that the contagion was present in the state before this date. Governor Brad Little issued a statewide Stay-at-Home Order on March 25, 2020, to help flatten the epidemic curve and allow hospitals the resources and capacity to respond to the illness. The Stay-at-Home order effectively closed all businesses except those deemed "essential" with a plan to reopen the economy in phases. Idaho's economy is expected to fully reopen in early July 2020.

Families from lower-income households are predicted to be disproportionately impacted by the pandemic. These families are more likely to be living paycheck to paycheck with little to no savings to weather the pandemic, resulting in compounding bills. They are also less likely to have jobs that allow them to work from home,

causing loss of income during the pandemic. Those that are essential workers are more likely to contract the contagion yet less likely to have the resources to recover from Coronavirus; they are less likely to have adequate health insurance and paid sick leave.[2] Children from low-income households are less likely to have the technology, parental support, and academic enrichment opportunities necessary to continue educational gains during school closures.[3]

While the data included in this report is preliminary to the Coronavirus pandemic, it is important to note some of the predicted impacts of the pandemic on Idaho's economy and residents. Issues of health equity are highlighted throughout this report, and it is predicted that health equity and academic achievement gaps will continue to widen after the pandemic.

A GUIDE TO USING THE 2020 COMMUNITY ASSESSMENT

The 2020 Treasure Valley Community Assessment is designed to provide businesses, government, health care, schools, and other agencies and organizations in the public and private sectors with timely and credible data and evidence-based Policy, Systems, and Environmental (PSE) solutions to community problems. It is recommended that the 2020 Treasure Valley Community Assessment be used as:

- A data source that provides reliable and objective information about the characteristics of life in the Treasure Valley

- A source of contextual data gathered from interviews and focus groups with community members, service providers, community leaders, and other key stakeholders whose voices provide crucial information for understanding the needs of the community

- A comparative source to examine what might have changed over time – what has improved, what has not, and where there are new areas that need engagement

- A resource for identifying potential partners and implementing effective, high impact strategies for population-level changes

[2] Fisher, Max, and Emma Bubola. "As Coronavirus Deepens Inequality, Inequality Worsens Its Spread." *The New York Times*, The New York Times, 15 Mar. 2020, www.nytimes.com/2020/03/15/world/europe/coronavirus-inequality.html.

[3] Fink, Jenni. "School Closures Due to Coronavirus Could Widen Educational Inequality among Students." *Newsweek*, 25 Mar. 2020, www.newsweek.com/school-closures-coronavirus-inequality-education-gap-widens-1494303.

Solutions: Policy, Systems, and Environmental (PSE) Changes

Policy, Systems, and Environmental Changes

The combination of quantitative data (numbers) and qualitative data (stories and observations) helps to develop a consistent and comprehensive picture of the issues faced by Treasure Valley residents. In order to achieve the highest impact in addressing these issues, the United Way of Treasure Valley commits resources to PSE Strategies.

Policy change strategies include policies implemented at the organizational, municipal, and state or legislative levels. Such changes may include creating new or amending existing rules, policy and procedures, ordinances, resolutions, mandates, and regulations.

Systems change strategies include making changes to rules and ways of doing business within or across organizations.

Environmental change strategies focus on changing the physical environment for the betterment of all who interface with the environment.

Leveraging existing partnerships and community resources is critical for successfully implementing the PSE solutions proposed in the 2020 Treasure Valley Community Assessment. The strategies described in each section are suggested evidence-based recommendations from top national sources such as the Centers for Disease Control and Prevention (CDC), U.S. Department of Education, and the Corporation for Enterprise Development, as well as from residents and community leaders who participated in the assessment's focus groups and interviews. By providing these strategies, UWTV hopes to inspire and create change in the lives of individuals, within the organizations in which they work and participate, and within their communities.

A PROGRAMMATIC APPROACH	VS.	A PSE CHANGE APPROACH
Hosting a community bike ride.		Implementing nutrition standards for the food and beverages provided to children in licensed child care homes and facilities.
Having an "open gym night" at a local school.		Alignment of the timing of College Application Week with the Idaho Opportunity Scholarship application deadlines and the Idaho State Department of Education's direct admissions process to provide a seamless, integrated experience for students and families.
Working with a corner store to become a designated Healthy Market.		Providing wayfinding signage to help people in neighborhoods identify safe walking paths.
Opening and maintaining a community garden.		Building more affordable housing units.

DATA SOURCE: Massachusetts Health Promotion Clearinghouse, Mass In Motion

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DEMOGRAPHICS AND CHARACTERISTICS OF THE TREASURE VALLEY

According to the U.S. Census, between July 1, 2017 and July 1, 2018, Idaho tied Nevada as having the highest percentage of population growth in the nation with 2.1% growth during the one-year period.[4]

The population in Idaho overall increased by 10.6% from 2010 to 2018. Within the Treasure Valley area, Ada County had the largest percentage of growth (Figure 5).

Figure 5 — Population Change, 2010 to 2018

DATA SOURCE: ACS Housing and Demographic Estimates 2010 and 2018
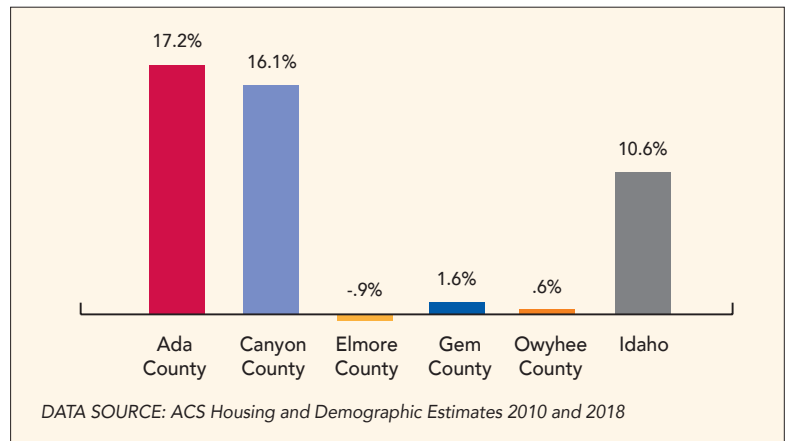
Residents participating in focus groups and interviews stated that sizeable population growth in the Valley has had both positive and negative impacts on residents. Impacts include school overcrowding, more businesses, influx of talent from different areas of the country, growth of the refugee community, rise in housing costs, displacement of people from their communities, and longer commute time.

Figure 6 provides information about population "in-migration" by assessing changes in residence within a one-year period. Of the 705,596 persons residing in the Treasure Valley, an estimated 7.6% relocated to the area, according to the latest American Community Survey five-year estimates. Persons who moved to a new household from outside of their current county of residence, from outside their state of residence, or from abroad are considered part of the in-migrated population. Persons who moved to a new household from a different household within their current county of residence are not included.

Figure 6 — In–Migration Population

DATA SOURCE: U.S. Census Bureau, American Community Survey 5-Year Estimates, as cited by Trinity Health Data Hub, 2014-2018
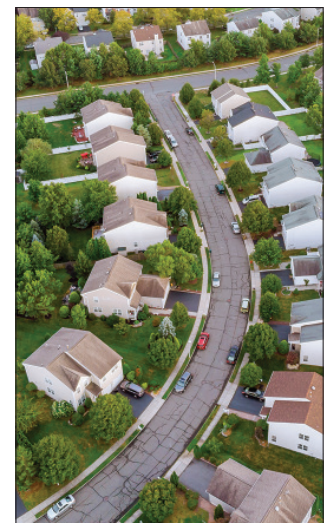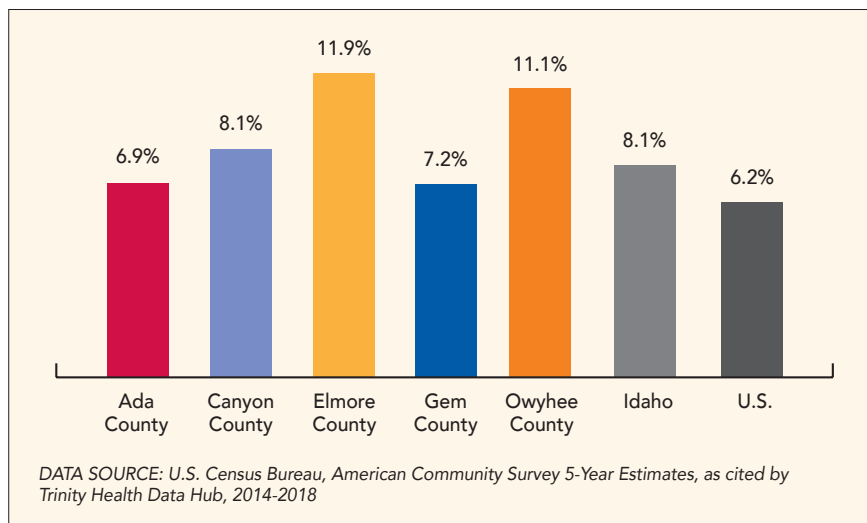
[4] U.S. Census Bureau. (2018, December 20). Nevada and Idaho Are the Nation's Fastest-Growing States. Retrieved May 26, 2020, from https://www.census.gov/newsroom/press-releases/2018/estimates-national-state.html?CID=CBSM+POP18

In 2019, focus group and interview participants described the population growth as businesses move to Boise. This growth, they reported, has led to new people coming to the area, which they noted adds diversity but may also change the culture of the Treasure Valley.

Table 1 Demographics Statewide and by County

	Ada County	Canyon County	Elmore County	Gem County	Owyhee County	Idaho	U.S.
Population, 2018	446,052	212,230	26,433	17,052	11,455	1,687,809	322,903,030
Percentage of total population							
White, non-Hispanic	84.9%	70.6%	73%	87.9%	68.2%	82.2%	61.1%
Black or African American	1.4%	0.3%	2.6%	0%	0.4%	0.7%	12.7%
Hispanic or Latino	8%	25.1%	16.7%	8.3%	26.6%	12.4%	17.8%
Under 18 years of age	24.5%	28.9%	25.6%	23.3%	26.4%	26.1%	15.7%
Aged 65 years and older	13.5%	13.2%	12.9%	21.3%	17.5%	15%	15.3%
No High School Diploma	4.9%	15.4%	10.6%	12.1%	25%	9.4%	12.3%
Bachelor's Degree or higher	37.8%	18.3%	16.4%	14.8%	11.2%	26.9%	31.5%
Foreign-born population	5.8%	8.4%	8.9%	3%	10.3%	6%	13.5%
Veterans	8.8%	8.9%	23.6%	15.3%	9.1%	9.2%	7.5%
Individuals with disability	10.2%	13.9%	14%	19.6%	16.6%	13.3%	12.6%

DATA SOURCE: U.S. Census Bureau, American Community Survey 5-Year Estimates, as cited by Trinity Health Data Hub, 2014-2018

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Race and Ethnicity

Consistent with the overall demographics of Idaho, the five counties in this report are home to a majority White population; however, a substantial portion of the populations in Canyon and Owyhee Counties are Hispanic/Latino (See Table 1 on page 13). Despite the large population of Hispanic/Latino residents in the Valley, some focus group participants feel the needs of the Hispanic/Latino community are not being met.

Immigrants and refugees from Burma, Nepal, Iraq, Afghanistan, Japan, Sudan, the Congo, Somalia, and Eastern Europe participated in the focus groups and stated that, although the Treasure Valley remains mostly White, there are pockets of diversity from immigrants and refugees coming to the area. Owyhee and Elmore Counties have the highest percentage of foreign-born residents. They have become a major part of the workforce in some industries. They also reported that, although they like the Treasure Valley, they face discrimination and access issues that other residents are not facing. For example, the availability of translation services varies throughout the Treasure Valley.

"People are not ready to meet foreigners. They say 'hi,' but they don't keep the conversation going. They still clutch their bags when an African man is near and they aren't ready to receive foreigners. You feel bad when they give [you] fake smile and don't want to really know you."
– K-12 Parent, Refugee, and Community Member.

Figure 7   **Foreign Born Population**
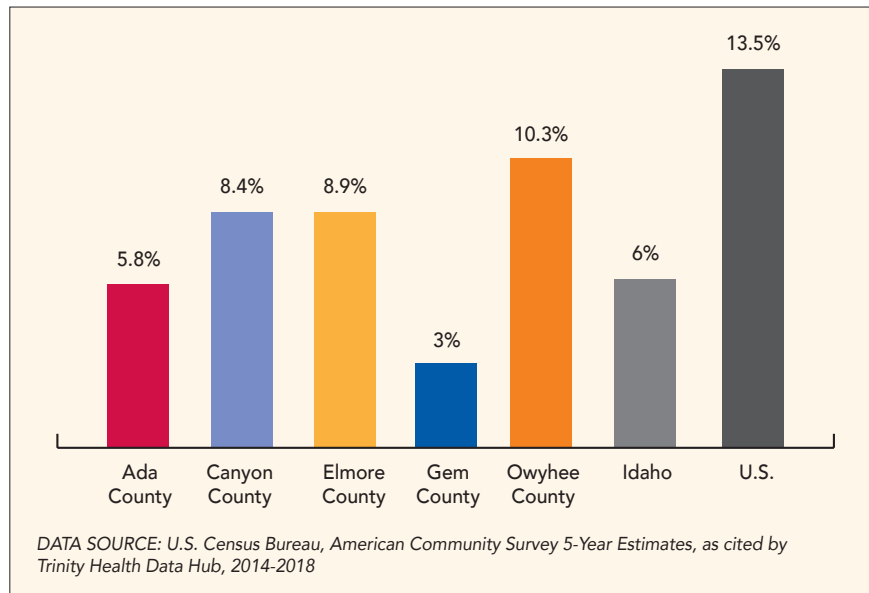
DATA SOURCE: U.S. Census Bureau, American Community Survey 5-Year Estimates, as cited by Trinity Health Data Hub, 2014-2018

Age

Within the Treasure Valley, the largest age group is 5-17 years, representing 19.4% of the population (Figure 8). Gem County has the highest concentration of seniors at 21%.

Although seniors (age 65 and older) comprise only 13.6% of the Treasure Valley population, 27.6% of respondents to the 2020 Community Assessment survey reported that aging health concerns were a top health issue for themselves or someone in their family. Focus group and key informant interview participants believe that seniors are having problems accessing services specific to them, especially when it comes to behavioral health. Social isolation is also a concern among seniors.

Figure 8   **Treasure Valley Population, by Age**

2018 Treasure Valley Population: 713,222

Age	Total Population by Age	% of Population by Age
0-4 years	46,742	6.6%
5-17 years	138,361	19.4%
18-24 years	64,393	9%
25-34 years	99,332	13.9%
35-44 years	95,223	13.4%
45-54 years	89,373	12.5%
55-64 years	82,691	11.6%
65+ years	97,107	13.6%

DATA SOURCE: U.S. Census Bureau, American Community Survey 5-Year Estimates, as cited by Trinity Health Data Hub, 2014-2018
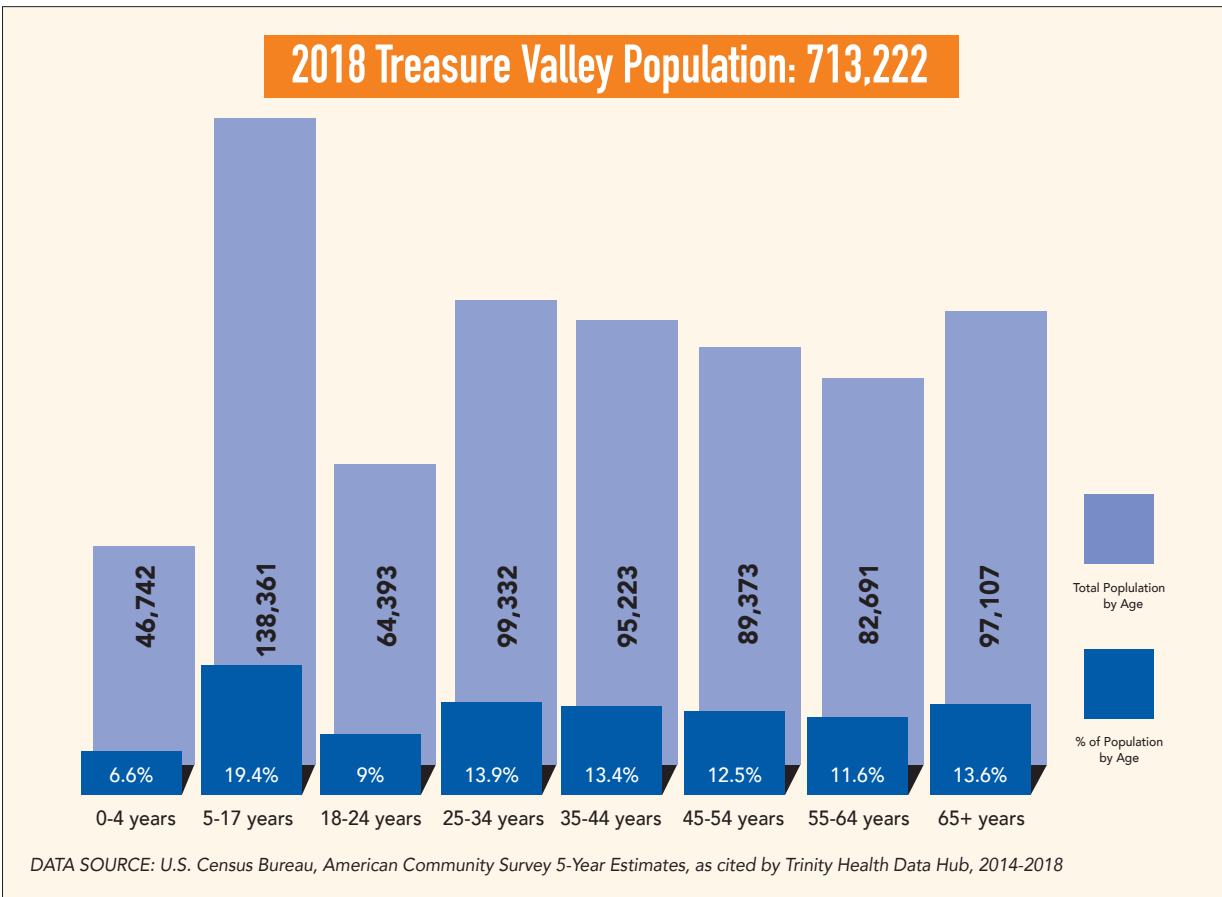
Community Feedback on Aging:

"Social isolation is a big worry. We want to see all our seniors having daily, rich contact with another human being and we know that is not happening in many instances, and that leads to other issues."
— Senior Services Professional

"There are no facilities for the elderly with mental health issues … [existing facilities are] not focused on the unique needs of the geriatric community."
— Senior Services Professional

Veterans

Over 49,000 veterans live in the Treasure Valley. At 23.6%, Elmore County is home to the largest population of veterans (Figure 9).

Veterans in the Treasure Valley tend to skew older, with 45.3% being 65+. The median income for veterans living in Idaho is $35,518. Those living in the Treasure Valley have median incomes that range from $25,813 in Owyhee County to over $40,000 in Ada and Elmore Counties (Figure 103, Appendix).

Among the health issues included in the community survey, mental health and stress among veterans was of high concern to 60.2% of survey respondents. Participants in the focus group and interviews describe Idaho as veteran-friendly and indicated that there are a lot of resources for veterans. However, they explained that veterans are not aware of these resources and, even if they are, they do not know how to navigate them.

Participants reported that veterans diagnosed with Post-Traumatic Stress Disorder (PTSD) also face stigma in the community. PTSD is difficult under any circumstance, but was described as common and particularly hard for those veterans who are parents.

Community Feedback from the LGBTQIA+ Community:

❮ *"Boise in particular is embracing and accepting of the LGBTQIA+ Community."*
– LGBTQIA+ Community Member

❮ *"LGBTQIA+ population struggles to get complete care with comfort. Meaning that the population does not always even know the right questions to ask so that their provider can give them the correct care."*
– LGBTQIA+ Community Member

Figure 9   **Percentage of Veterans Among Total Population**

DATA SOURCE: U.S. Census Bureau, American Community Survey 5-Year Estimates, as cited by Trinity Health Data Hub, 2014-2018

- Ada County: 8.8%
- Canyon County: 8.9%
- Elmore County: 23.6%
- Gem County: 15.3%
- Owyhee County: 9.1%
- Idaho: 9.2%
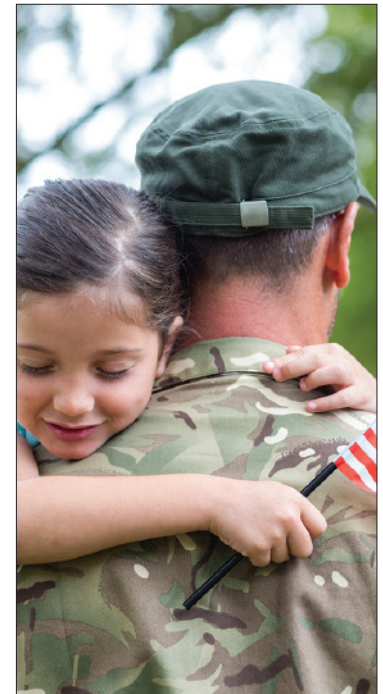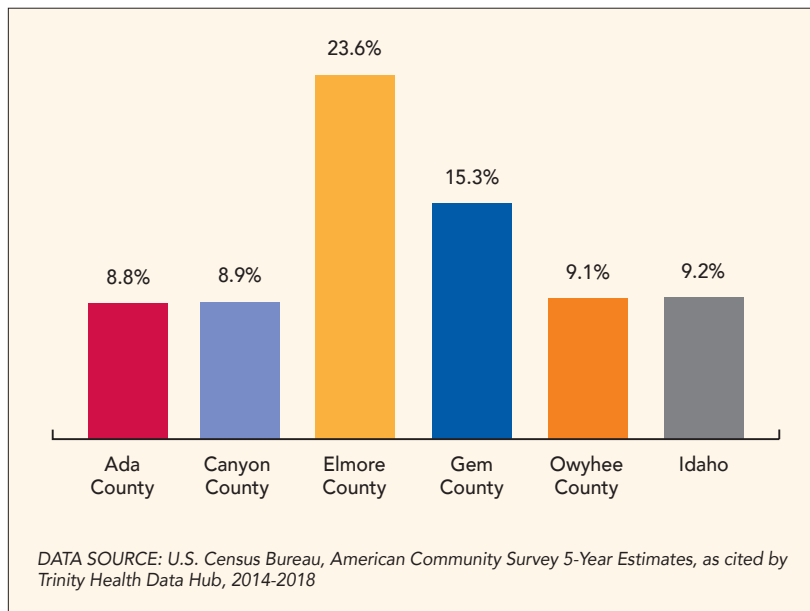
LGBTQIA+

A small percentage of community survey respondents identified as lesbian, gay, or bisexual (5.6%) compared to about two percent of the population statewide. People who identify as LGBTQIA+ participating in focus groups stated that they have had issues accessing appropriate services and have faced discrimination. For example, they stated that access to medications such as Pre-exposure Prophylaxis (PreP) and Post-exposure Prophylaxis (PeP) was limited in some areas of the Treasure Valley. Participants shared that there were very limited providers that understood the needs of LGBTQIA+ patients, but that Boise has more resources for and is more accepting of LGBTQIA+ people than other places in the Treasure Valley.

Figure 10 — Percentage of Population With a Disability, by Age

DATA SOURCE: U.S. Census Bureau, American Community Survey 5-Year Estimates, as cited by Trinity Health Data Hub, 2014-2018
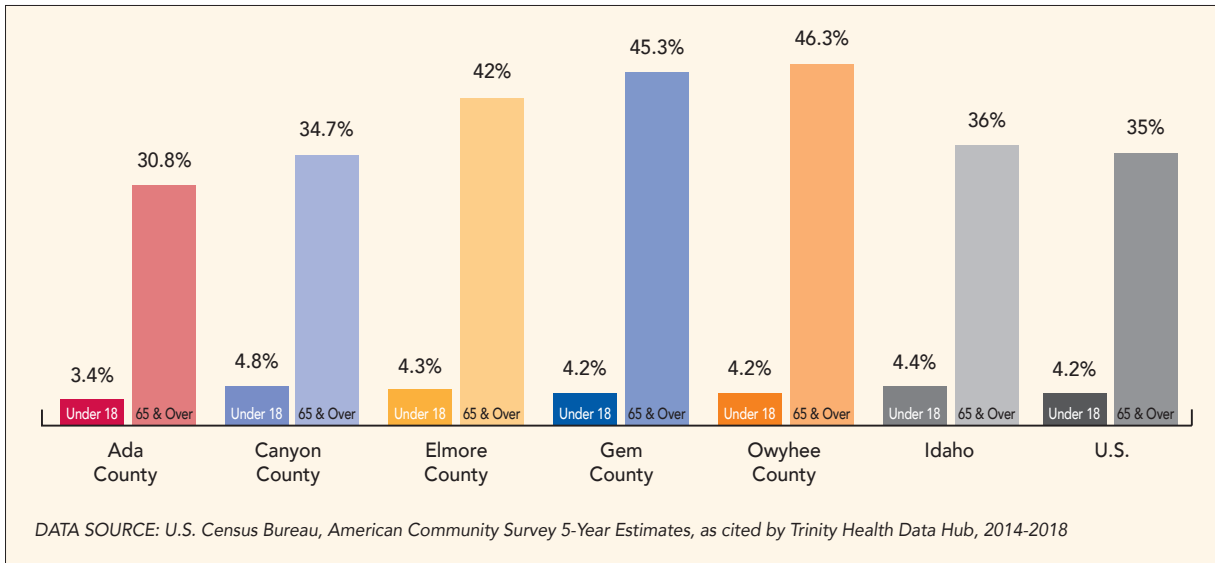
Individuals with a Disability

The Americans with Disabilities Act defines a disability as a "physical or mental impairment that substantially limits one or more major life activities." Individuals with a disability may be unable to work and often face a higher rate of poverty. They are also at higher risk for mental health issues including anxiety and depression.[5]

Canyon, Elmore, Gem, and Owyhee Counties have a higher proportion of residents who are living with a disability than elsewhere statewide and nationally (Figure 10). This indicates a higher need for disability services in the more rural counties of the Treasure Valley.

Figure 11 — Gender Distribution

DATA SOURCE: U.S. Census Bureau, American Community Survey 5-Year Estimates, as cited by Trinity Health Data Hub, 2014-2018
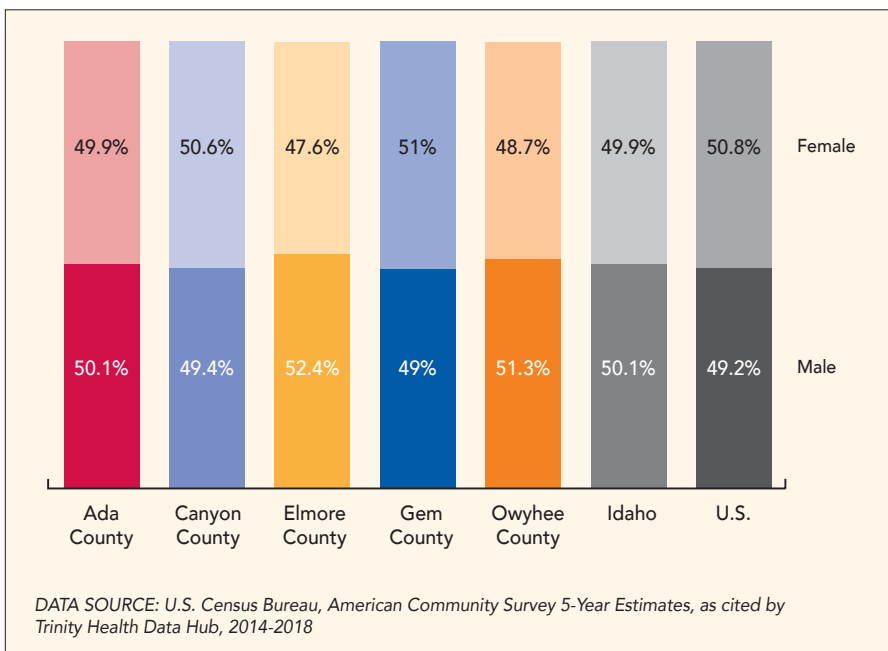
Gender

The gender distribution in Idaho consists of 50.1% male and 49.9% female. Treasure Valley communities share a similar gender distribution to that of the state, although Elmore County has the lowest proportion of women at 47.6% and the highest proportion of men at 52.4% (Figure 11).

[5] National Council on Disability. HIghlighting Disability/Poverty Connection. Retrieved on June 2, 2020 from https://ncd.gov/newsroom/2017

English Proficiency

In the Treasure Valley, Owyhee County has the highest percentage of residents with Limited English Proficiency (LEP) – defined as those who speak English less than "very well". Elmore and Canyon Counties also have higher percentages than Idaho overall (Figure 12). Combined with the data on other languages spoken at home (Figure 13), this indicates a need for information and services to be provided in languages other than English to ensure residents have access to the information and services they need.

Figure 12

Percentage of Population Aged 5 Years and Over with Limited English Proficiency (LEP)

Ada County: 3%
Canyon County: 7.1%
Elmore County: 5.9%
Gem County: 2.5%
Owyhee County: 11.4%
Idaho: 4%
U.S.: 8.5%

DATA SOURCE: U.S. Census Bureau, American Community Survey 5-Year Estimates, as cited by Trinity Health Data Hub, 2014-2018
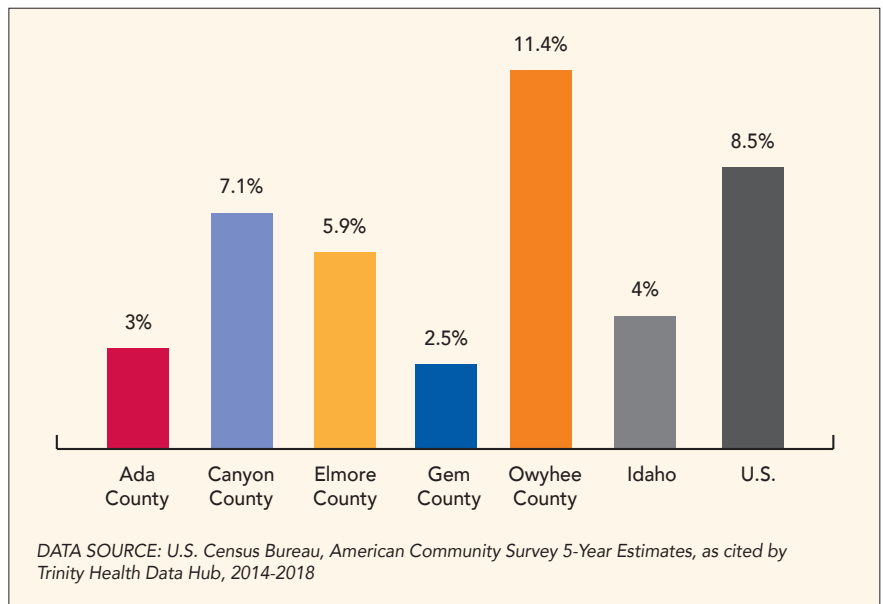
Figure 13

Percent of Population Aged 5 Years and Over with Language Other Than English Spoken at Home

Ada County: 8.5%
Canyon County: 18.5%
Elmore County: 13.7%
Gem County: 7.9%
Owyhee County: 23.4%
Idaho: 10.8%

DATA SOURCE: U.S. Census Bureau, American Community Survey 5-Year Estimates, 2014-2018
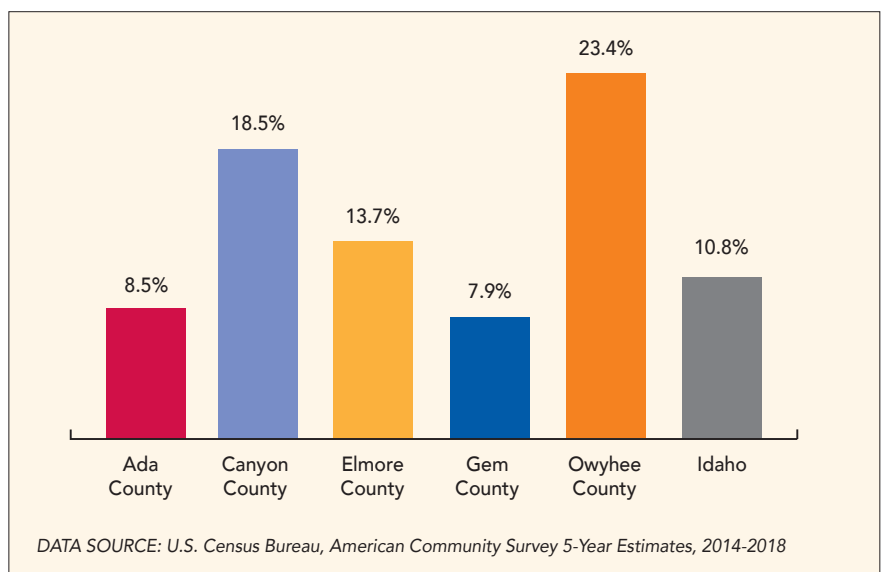
Educational Attainment

The Education Section of this Community Assessment provides extensive detail on a variety of topics; however, information on educational attainment is provided here as background about the characteristics of residents of the Treasure Valley.

Within the Treasure Valley, Ada County has the highest percentage of residents aged 25 and over that have a Bachelor's degree or higher and the lowest percentage of the population with no high school diploma. In contrast, approximately one in four residents of Owyhee County does not have a high school diploma and less than one in ten has a Bachelor's degree or higher.

Figure 14   **Educational Attainment for Population Aged 25 and Over**

DATA SOURCE: U.S. Census Bureau, American Community Survey 5-Year Estimates, as cited by Trinity Health Data Hub, 2014-2018
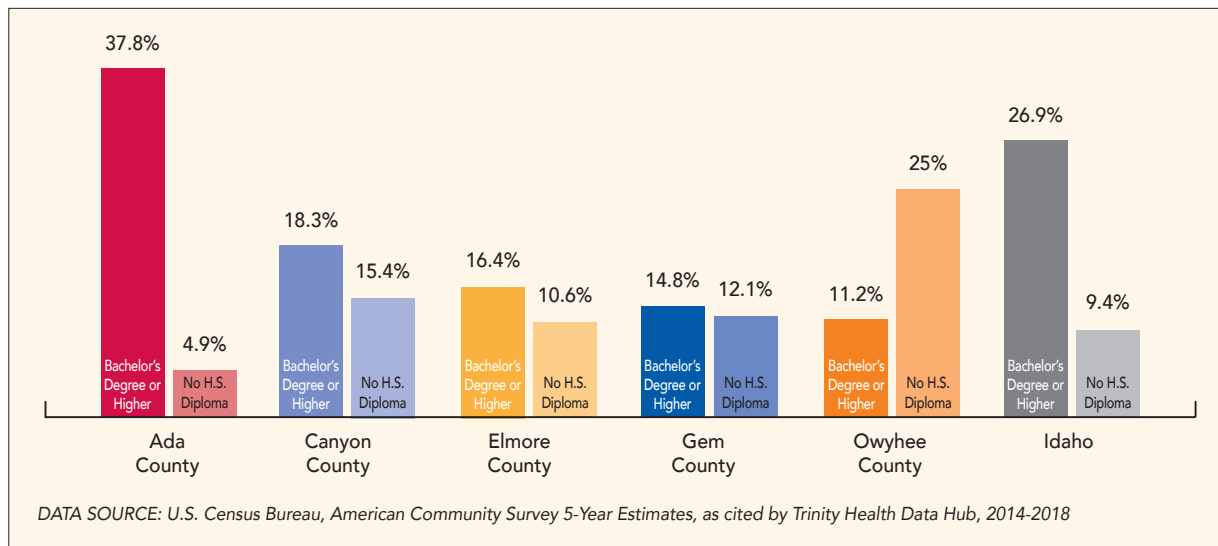
Economic Status

Indicators of poverty and financial stability are detailed further in the Financial Stability section of this report. A snapshot of economic status is provided here as background about the characteristics of residents of the Treasure Valley.

Statewide, the percentage of children living at or below 100% of the Federal Poverty Level (FPL) has decreased since 2015. This data seems to suggest that childhood poverty declined in Idaho. However, with the exception of Ada County, nearly 1 in 2 households in the Treasure Valley is struggling financially to meet their basic needs.

Figure 15   **Percent of Idaho Children at or Below 100% Federal Poverty Level (FPL)**

DATA SOURCE: U.S. Census Bureau, American Community Survey 1-Year Estimates, as cited by The Annie Casey Foundation, 2015-2018

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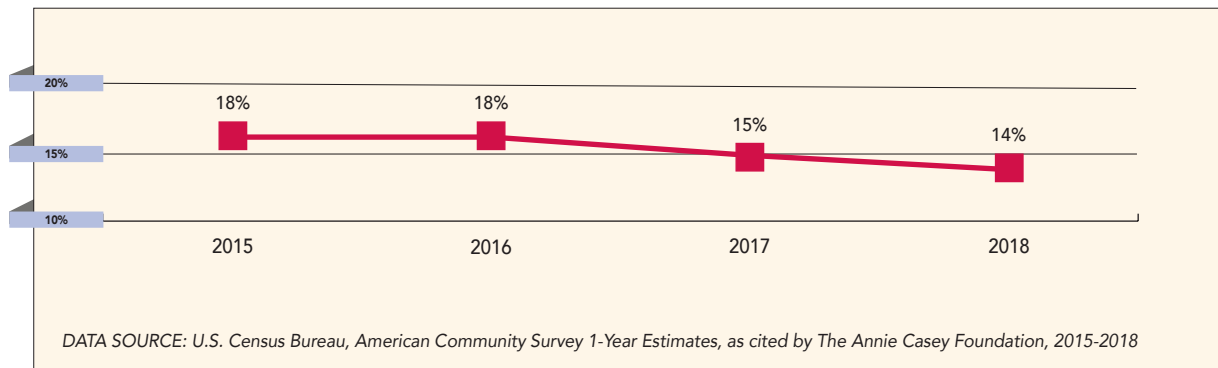
Indicators of poverty are addressed in more detail in the Financial Stability section of this report. Given the close relationship between poverty and adverse health outcomes, as well as poverty and lower educational attainment and opportunities, these issues will be explored in all sections of this report.

Figure 16

Percent of Children At or Below 100% Federal Poverty Level (FPL)

DATA SOURCE: U.S. Census Bureau, American Community Survey 5-Year Estimates, 2014-2018
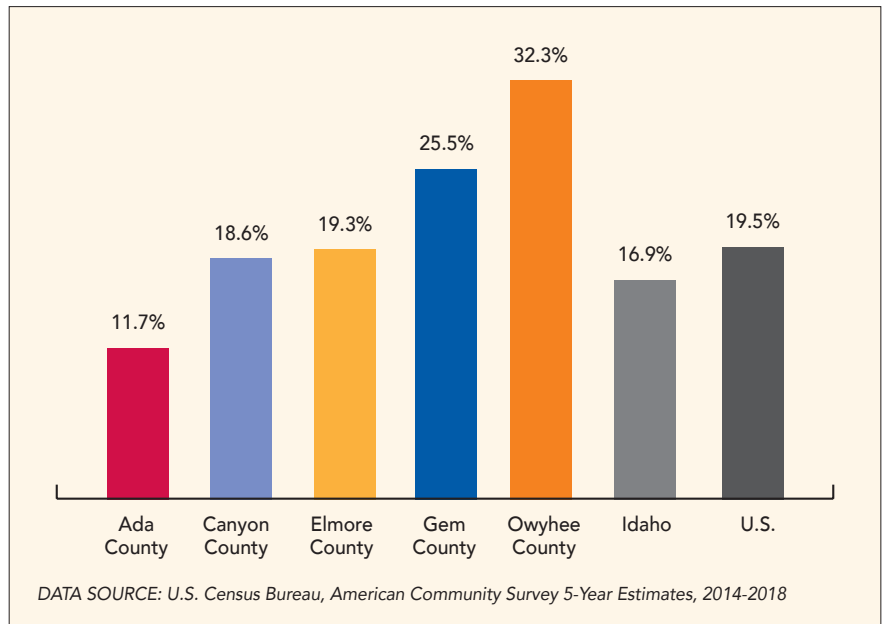
Household Composition

Household composition is important for understanding factors associated with poverty, because poverty rates vary by age, gender, and household status. Table 2 shows that the characteristics of households and living arrangements vary substantially across the Treasure Valley. Household composition has remained consistent across the region over the past decade.

Table 2

Household Composition

	Ada County	Canyon County	Elmore County	Gem County	Owyhee County	Idaho	U.S.
Households	**168,471**	**70,847**	**10,285**	**6,583**	**4,250**	**618,331**	**119,730,128**
Average household size (# of people)	**2.59**	**2.95**	**2.5**	**2.57**	**2.66**	**2.68**	**3.23**
Percentage of all households							
Single householder	30.1%	24.4%	25.9%	28.3%	24.3%	26.5%	27.7%
Families	63.2%	70%	68.6%	67.5%	71.6%	67.7%	65.7%
Families, children under 18	28.2%	33.7%	31.1%	21.4%	31.1%	29.8%	27.9%
Two-parent family, children under 18	21.1%	24.4%	22.1%	11.9%	22.4%	22%	19%
Single-male parent, children under 18	2.4%	2.5%	3.4%	0.8%	3.6%	2.4%	2.3%
Single-female parent, children under 18	4.8%	6.9%	5.6%	8.6%	5.1%	5.4%	6.7%

DATA SOURCE: U.S. Census Bureau, American Community Survey 5-Year Estimates, as cited by Trinity Health Data Hub, 2014-2018

Financial Stability

FINANCIAL STABILITY

The financial stability of an individual influences his/her ability to access food, housing, education, and health care and is a significant Social Influencer of Health. The following section discusses financial stability and the impacts to residents of the Treasure Valley. Income inequality, poverty, and ineligibility for benefit programs are some of the economic concerns of the Treasure Valley.

Poverty and ALICE

Nationally, the United Way coined the term "ALICE" to refer to Asset Limited, Income Constrained, Employed individuals. The calculation of ALICE levels takes into account the localized costs for a variety of household

necessities and the amount of income required for a bare minimum "survival budget" for each census tract.

The available poverty and ALICE data validate the perceptions of focus group and interview participants about concentrated areas of poverty and substantial working poor in the Treasure Valley, and tell a disconcerting story about the economic situation experienced by its residents. As shown below, the percentage of households living in poverty and ALICE varied across the Treasure Valley. **With the exception of Ada County, nearly 1 in 2 households in the Treasure Valley is struggling to meet basic needs.**

Community Feedback on Poverty:

< *"... We are terribly under-resourced. There are high levels of poverty that exist that are unable to be supported."*
– Rural Community Member

< *"There is no guarantee of food the next day for children."*
– Community Member

< *"Poverty levels are not reflective of need in the community."*
– Early Childhood Professional

Figure 17 **Percent of Households in Poverty or ALICE**
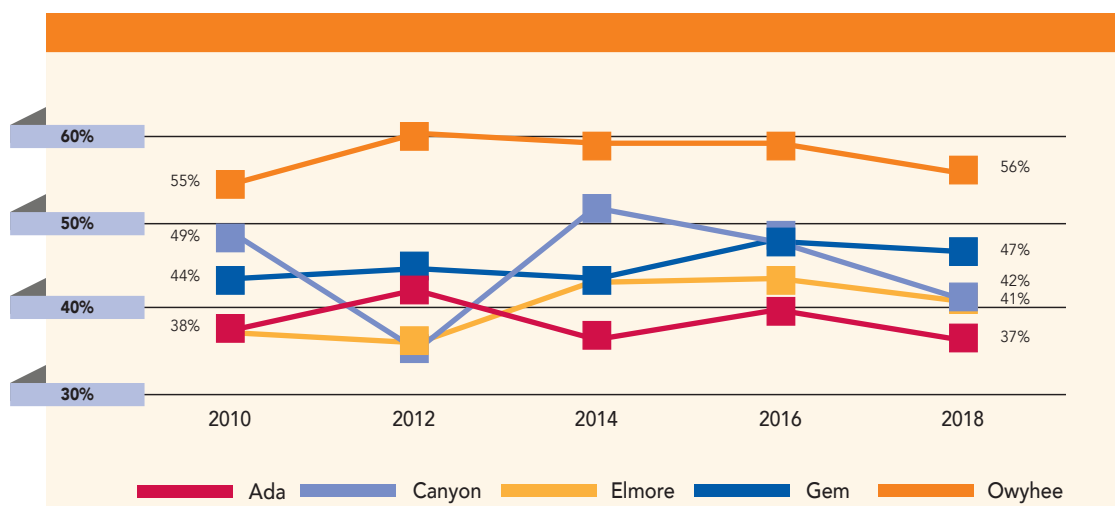
Source: United Way Asset Limited, Income Constrained, Employed (ALICE) Project, 2020

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The U.S. Federal Poverty Level (FPL) is a measure of income issued every year to determine eligibility for certain programs and benefits. Since a peak around the 2008 Great Recession, federal poverty rates are declining in the Treasure Valley and Idaho overall.

Figure 18 **Percentage of Households in Poverty**

18.2%
17.4%
14.8%
14.4%
14.3%
13.8%
11.8%

14.7%
13.1%
12.9%
11.7%
11.5%
9.7%

2009 2010 2011 2012 2013 2014 2015 2016 2017 2018

■ Ada ■ Canyon ■ Elmore ■ Gem ■ Owyhee ■ Idaho ■ U.S.

DATA SOURCE: U.S. Census Bureau, Small Area Income and Poverty Estimates, 2009-2018

Participants in focus groups and interviews perceived that socio-economic status (SES) varies throughout the Treasure Valley with some counties having higher concentrations of poverty than others, such as Owyhee County. According to these participants, those closer to Boise have higher SES due to the opportunities present in the Boise area, whereas, in rural areas, there is more poverty. As wages struggle to keep up with the cost of living, participants described a lot of "working poor" across Treasure Valley, with people having to work multiple jobs just to meet basic needs such as gas, food, rent/mortgage, and day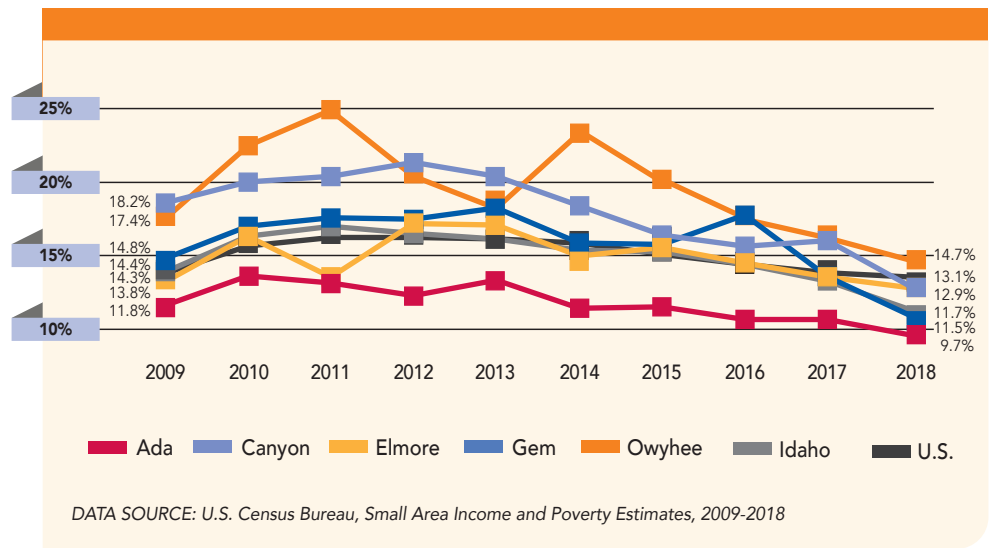-to-day living. Participants also pointed out that wages were higher in Oregon than Idaho. This is in part due to a higher minimum wage of at least $11.50 in Oregon as compared to $7.25 in Idaho.

While FPL is a useful indicator of individuals' and households' ability to meet basic needs, it is not adjusted for region-specific variables, nor does it capture the full picture of financial stability. Many individuals and families that live above the FPL are employed but still struggle financially. They make too much to qualify for public assistance programs or benefits, but not enough to make ends meet financially. As a result, they are often unable to afford necessities such as housing,

food, health care, and transportation or are one paycheck or disaster away from losing these things.

Although the number of households in the Treasure Valley that fall below the FPL is alarming, the percentage of families who struggle to make ends meet reveals a crisis situation. **Including both thresholds living at or below the FPL and ALICE thresholds, 106,801 households in the Treasure Valley struggle financially every day**, which threatens the economic sustainability of the region.

Idaho's first case of the Coronavirus, or COVID-19, was detected on March 13, 2020, and Governor Little issued a statewide Stay at Home Order on March 25, 2020, effectively closing a large portion of Idaho's economy. Many Idahoans suddenly faced layoffs in the first five weeks of the pandemic; more than 100,000 Idahoans filed a claim for unemployment.[5] While the lasting economic impacts of the COVID-19 pandemic are unknown at this time, it is predicted those households that were struggling financially before the pandemic will continue to face greater financial hardship after the pandemic.

[5] 2 Idaho News. Idaho Department of Labor adjusts to waves of unemployed: 'The phones blew up on us'. https://idahonews.com/news/coronavirus/idaho-labor-department-adjusts-to-waves-of-unemployed

Children and Poverty

Growing up in poverty can have immediate and long-term side effects on physical and mental health, educational attainment, and financial stability. Living at or below twice the FPL (or 200% of the Federal Poverty Level) generally means families are stretched financially, having to make choices about which basic necessities they will do without. A family of four with a household income of $50,200 in 2018 was living at 200% of the FPL.[7] A substantial proportion of Treasure Valley households live at or below 200% of the FPL (Figure 19). The percentage of children (under 18 years of age) in the Treasure Valley living at or below 200% of the FPL is even more troublesome. **More than half the children living in Elmore, Gem, Canyon, and Owyhee Counties live in households with incomes at or below 200% of the FPL.**

Even when families are able to increase their total income, they are faced with challenges. Sometimes a small increase in income can mean that key benefits such as the Supplemental Nutrition Assistance Program (SNAP) and child care assistance can go away. If a family has a small increase in income and crosses the income eligibility line for a specific benefit program such as SNAP, they immediately lose that assistance. Yet a small increase in income may not compensate for the total loss of the benefit program. This is referred to as the benefits cliff.[8] **The benefits cliff can cause families to fall deeper into poverty, and some families may avoid opportunities for income increases due to potential loss in key benefits.**[9]
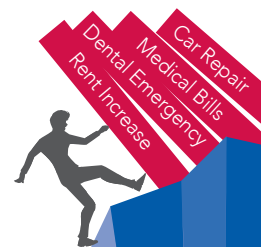
| Figure 19 | **Percent of Population at or Below 200% Federal Poverty Level (FPL), by Age** |

DATA SOURCE: U.S. Census Bureau, American Community Survey 5-Year Estimates, as cited by Trinity Health Data Hub, 2014-2018

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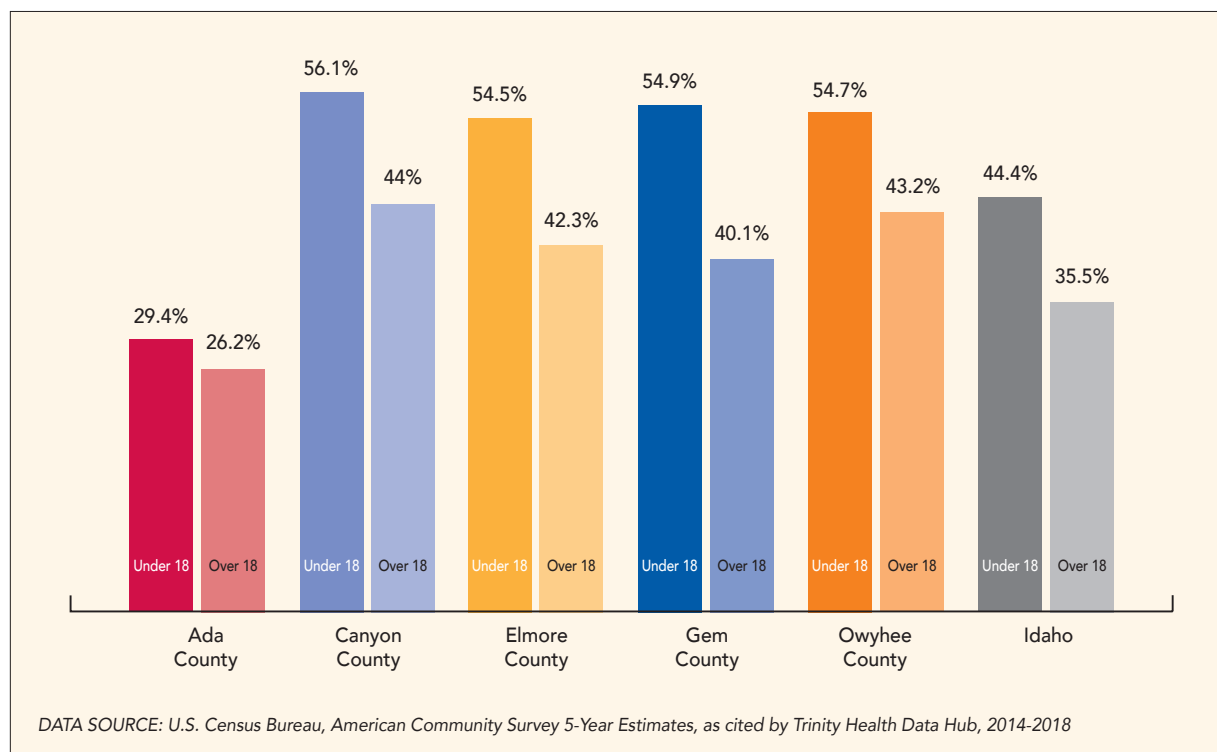
[6] Logan, S. (2020, April 29). Idaho Department of Labor adjusts to waves of unemployed: 'The phones blew up on us'. Retrieved May 26, 2020, from https://idahonews.com/news/coronavirus/idaho-labor-department-adjusts-to-waves-of-unemployed

[7] U.S. Department of Health & Human Services. 2018 Poverty Guidelines. Retrieved May 27, 2020. https://aspe.hhs.gov/2018-poverty-guidelines

[8] McCann, M., & Kennedy, L. (2019, August 20). Addressing Benefits Cliffs. Retrieved May 26, 2020, from https://www.ncsl.org/research/human-services/addressing-benefits-cliffs.aspx

[9] Birken, B., Moriarty-Siler, E., & White, R. (2018, April 23). Reducing the Cliff Effect to Support Working Families. Retrieved May 26, 2020, from https://ascend.aspeninstitute.org/reducing-the-cliff-effect-to-support-working-families/

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Income supports are critical for residents whose wages do not cover basic needs. Gem County has the highest percentage of the population receiving Social Security while Owyhee County has the highest percentage receiving SNAP benefits.

Table 3 **Percentage of Households with Income Supports**

	Ada County	Canyon Counaty	Elmore County	Gem County	Owyhee County	Idaho	U.S.
Supplemental Nutrition Assistance Program	7.5%	15.6%	12.2%	13.4%	15.9%	10.6%	12.2%
Social Security	25.5%	31.3%	31.1%	46.2%	34.5%	31.9%	30.9%
Supplemental Security Income	3.4%	5.8%	4.7%	6.2%	6.3%	4.7%	5.4%
Cash Public Assistance Income	2.3%	4.2%	3.5%	6%	3.7%	3%	2.5%

DATA SOURCE: U.S. Census Bureau, American Community Survey 5-Year Estimates, as cited by Trinity Health Data Hub, 2014-2018

Employment and Economic Stability

Stable employment in well-paying jobs is key to promoting economic stability. As is true for the U.S., Idaho and local unemployment rates have declined steadily since 2010. In 2019, unemployment in the Treasure Valley ranged between 2.2% in Ada County and 3.5% in Owyhee County. While yearly unemployment rates for 2020 were unknown at the time this report was published, in the first five weeks of the 2020 COVID-19 pandemic, more than 100,000 unemployment claims were filed; this number is greater than all unemployment claims filed in 2019.

The median annual family income in Idaho is $64,723. However, in the Treasure Valley, median family income ranges from $49,872 in Owyhee County to $80,854 in Ada County.[10] **While unemployment is relatively low, low wages in the Treasure Valley and income inequality continue to challenge households to meet basic needs.**

Table 4 **Median Income by Household Composition**

Geography	Married-Couple Families without Children	Married-Couple Families with Children	Single-Males without Children	Single-Males with Children	Single-Females without Children	Single-Females with Children
Ada County	$84,721	$100,423	$56,725	$53,121	$52,971	$28,357
Canyon County	$63,968	$64,198	$57,262	$34,237	$45,526	$25,596
Elmore County	$58,685	$60,441	$69,167	$38,347	$33,594	$18,051
Gem County	$54,801	$61,955	$63,060	$14,866	$40,372	$22,182
Owyhee County	$51,600	$63,021	No Data	$27,411	$37,054	$20,357
Idaho	$69,896	$76,840	$52,777	$38,473	$46,501	$24,208
U.S.	$84,289	$95,854	$58,168	$42,637	$48,841	$27,335

DATA SOURCE: U.S. Census Bureau, American Community Survey 5-Year Estimates, as cited by Trinity Health Data Hub, 2014-2018

[10] U.S. Census Bureau, American Community Survey 5-Year Estimates, as cited by Trinity Health Data Hub, 2014-2018

According to Table 5, in 2018 an Idaho family with two adults, one infant, and one toddler with an annual household income of $63,384 was considered to have a "household survival budget" with modest allowances for housing, child care, food, transportation, technology, taxes, and some miscellaneous expenses.

Table 5   **Household Survival Budget, Idaho**

Monthly Costs	Idaho Average (2018)		Percent Change from 2013 to 2018	
	Single Adult	2 Adults, 1 Infant, 1 Preschooler	Single Adult	2 Adults, 1 Infant, 1 Preschooler
Housing	$542	$761	15%	16%
Child Care	$--	$1,010	N/A	12%
Food	$279	$846	46%	46%
Transportation	$325	$794	-7%	13%
Health Care	$171	$727	44%	53%
Technology	$55	$75	N/A	N/A
Miscellaneous	$161	$480	28%	37%
Taxes	$240	$589	81%	215%
Monthly Total	$1,773	$5,282	28%	37%
ANNUAL TOTAL	$21,276	$63,384	28%	37%
Hourly Wage**	$10.64	$31.69	28%	37%

**Wage working full-time required to support this budget

DATA SOURCE: U.S. Department of Housing and Urban Development, 2018; U.S. Department of Agriculture, 2018; Bureau of Labor Statistics, 2018; Internal Revenue Service; Tax Foundation; and Idaho Department of Health and Welfare, 2018; as cited by United Way's 2020 ALICE Report

The cost of living associated with the household survival budget increased substantially from 2013 to 2018 (28% for single adults and 37% for families with two adults, one infant, and one preschooler). **The greatest increase in monthly costs were taxes, health care, and food.**

One factor that contributes to income inequality in the state and in the Treasure Valley is the predominance of jobs that pay low wages. Although Idaho adopted the federal minimum wage of $7.25, the rate has not changed since 2009. The most recent ALICE report[11] calculates the hourly wage needed as of 2018 to meet the household survival budget statewide and by county. **In Idaho and across the Treasure Valley, the minimum wage is not enough for a single adult to meet the household survival budget.** In a four-person household with an infant and preschooler, if both adults are earning minimum wage, their collective wages are less than half of what they need to meet the household survival budget across all counties in the Treasure Valley and statewide.

Community Feedback on Poverty:

‹ *"People have to move out of [the Treasure] Valley because they can't keep up with the cost of living."*
    – Nonprofit Professional

‹ *"Jobs closer to home would mean more time with family. [They] would save money by less gas expense and less day care hours."*
    – Refugee and Rural Community Member

[11] ALICE Report – Idaho 2018 State Overview. (2020, June). Retrieved May 26, 2020, from https://www.unitedforalice.org/idaho

Community Feedback on Poverty:

❮ *"If you go across the river, minimum wage is three to four dollars more an hour."*
– Rural Community Member

❮ *"Refugees can't get to night jobs they have because of limited public transportation service routes and times."*
– Refugee Resettlement Professional

❮ *"Cost of living is fairly reasonable, but the wages have not caught up."*
– Community Member

Table 6	**Hourly Wage Required for Household Survival Budget (HSB) and Percent of HSB that Minimum Wage (MW) Covers**

Geography	Hourly Wage Required by Single Adult to Meet HSB (percent of what MW covers)	Hourly Wage Required by Two Adults with One Infant and One Preschooler to MEET HSB (percent of what MW provides with two MW earners)
Ada County	$12.53 (57.9%)	$37.43 (38.7%)
Canyon County	$11.50 (63%)	$33.67 (43%)
Elmore County	$10.60 (68.3%)	$31.40 (46.2%)
Gem County	$10.31 (70.3%)	$32.03 (45.3%)
Owyhee County	$10.72 (67.6%)	$32.68 (44.4%)
Idaho	$10.64 (68.1%)	$31.69 (45.8%)

DATA SOURCE: U.S. Department of Housing and Urban Development, 2018; U.S. Department of Agriculture, 2018; Bureau of Labor Statistics, 2018; Internal Revenue Service; Tax Foundation; and Idaho Department of Health and Welfare, 2018 as cited by United Way ALICE Report 2020

Statewide and in the Treasure Valley, there is a predominance of jobs that pay less than a living wage. **Low-wage jobs dominate the landscape in Idaho, with roughly 70% paying less than $20 per hour and two-thirds paying less than $15 per hour.**

While more than half (53.2%) of survey respondents indicated that the cost of living was a top health concern for themselves or someone in their family, some focus group participants believe wages are the problem.

Focus group and interview participants described a lack of "high-quality" jobs. They explained that, although there seem to be "enough" jobs in the area, wages vary across the area and are often insufficient. They noted that the highest paying jobs tend to be in or near Boise.

Focus group and interview participants explained how lack of access to well-paid jobs and the rising cost of living in the Treasure Valley are influencing Treasure Valley residents to move away from their communities.

Table 7	**Minimum Wages of States Neighboring Idaho**

State	State's Minimum Hourly Wage
Washington	$13.50
Oregon	$11.50
Montana	$8.65
Nevada	$8.25
Utah	$7.25
Idaho	$7.25
Wyoming	$5.15*

Employers subject to the Fair Labor Standards Act must pay the current Federal minimum wage of $7.25 per hour.
* NOTE: as of June 2020
Source: https://www.dol.gov/agencies/whd/minimum-wage/state

Four of the six states that neighbor Idaho offer higher minimum wages (Table 7), which may contribute to out-migration of residents in search of higher paying jobs.

Meeting Basic Needs

As Table 5 shows, household costs have increased across many categories of expenses, making it difficult for families to meet basic needs. Focus group and interview participants believe families with low incomes are often forced to choose between food and other basic needs such as housing, child care, transportation, and health care.

The necessary survival budget for food has increased 46% between 2013 and 2018.[12] In Idaho, the percentage of the food insecure population that is ineligible for assistance, such as SNAP, is 36% and the percentage of food insecure children ineligible for assistance is 35%. These families and children are in the eligibility gap when they are ineligible for assistance but do not have enough income to meet their needs, and face hunger on a daily basis. Ada County has the highest proportion of food insecure residents that are ineligible for assistance at 46% of the total food insecure population and 48% of food insecure children; rates that are higher than both the state and nation (Figure 20).

Figure 20	**Percent of Food Insecure Population Ineligble for Assistance**

Data Source: Feeding America. 2017. As cited by Trinity Health data hub.
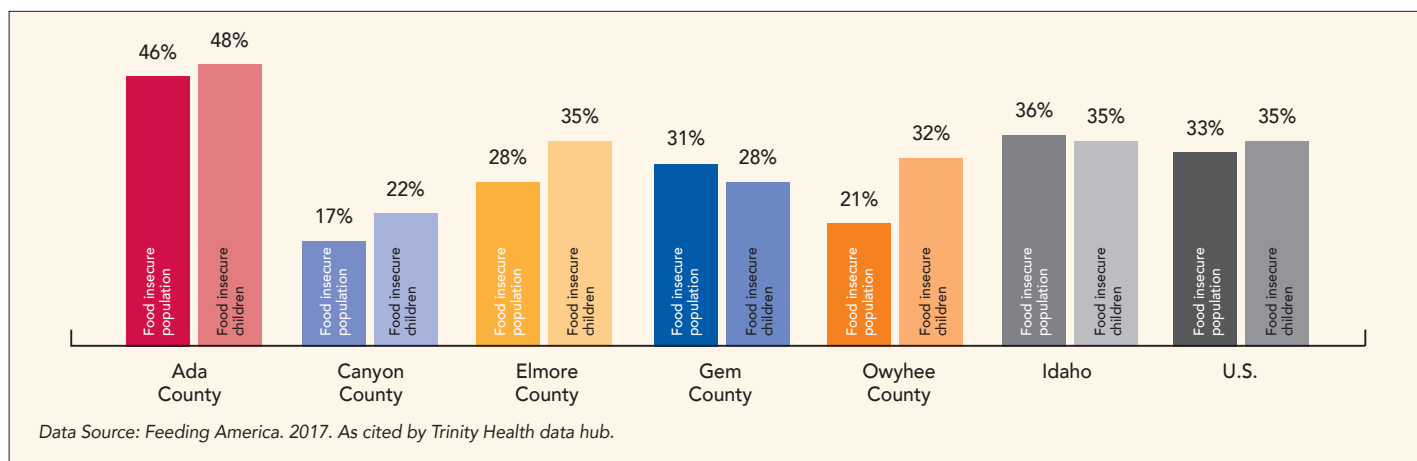
[12] DATA SOURCE: U.S. Department of Housing and Urban Development, 2018; U.S. Department of Agriculture, 2018; Bureau of Labor Statistics, 2018; Internal Revenue Service; Tax Foundation; and Idaho Department of Health and Welfare, 2018; as cited by United Way's 2020 ALICE Report

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Child care is another major expense for many households, and one that is critical to maintaining job security. In 2019, the average annual price of child care in Idaho was $8,600 for infant care in a child care center and about $7,400 for in-home care. While care for one child comprises at least 10% of income, different family structures and income levels can mean **some families pay as much as 60% of their income on child care**.

Table 8   **Percent of Income Spent on Child Care, Idaho**

	Child Care Center	In-Home
Infant child care – married couple family	11.8%	10.1%
Two children – married couple family	22.4%	19.8%
Infant child care – single parent	36.8%	31.5%
Two children – single parent	69.5%	61.5%
Married family with two children at the poverty line	64.9%	57.5%

DATA SOURCE: Child Care Aware of America, 2019

Educational Attainment and Finance

More education leads to better prospects for employment, earnings, and financial stability. Within the Treasure Valley, Ada County has the highest percentage of the population aged 25 and over that has a Bachelor's degree or higher and the lowest percentage of the population with no high school diploma. Ada County is also the county with the highest median income in the Treasure Valley. **In Owyhee County, with the lowest median income, approximately 1 in 4 residents does not have a high school diploma** and 1 in 10 has a Bachelor's degree or higher.[13]

As shown in Table 9, statewide and within the Treasure Valley, the racial group with the largest percentage of adults with no high school diploma is the "some other race" group (at 44% and 43.7%, respectively).

Table 9 **Percent of Adults with No High School Diploma, by Race**

Geography	White	Black or African American	Native American/ Alaska Native	Asian	Native Hawaiian/ Pacific Islander	Some Other Race	Multiple Race
Treasure Valley	7.1%	3.6%	16.2%	12.4%	3.7%	43.7%	8.5%
Ada County	4.2%	13.5%	7.8%	12.4%	0%	24.5%	4.9%
Canyon County	12.8%	7%	23.8%	15.1%	16.2%	49.6%	11.6%
Elmore County	9.9%	14.3%	28.2%	2.5%	0%	39.3%	5.2%
Gem County	9.4%	No Data	12.8%	22%	0%	81.4%	44%
Owyhee County	20%	91.7%	18.3%	23%	No Data	74.5%	31.7%
Idaho	8.3%	11.8%	14.1%	11.5%	5.1%	44%	11%
U.S.	10.4%	14.6%	20%	13.2%	13.1%	38.1%	12%

DATA SOURCE: U.S. Census Bureau, American Community Survey 5-Year Estimates, as cited by Trinity Health Data Hub, 2014-2018

Within the Treasure Valley, 33.8% of the Hispanic/Latino population does not have a high school diploma, more than six times the percentage of the non-Hispanic/Latino population.

Figure 21 **Percent of Adults with No High School Diploma, by Ethnicity**
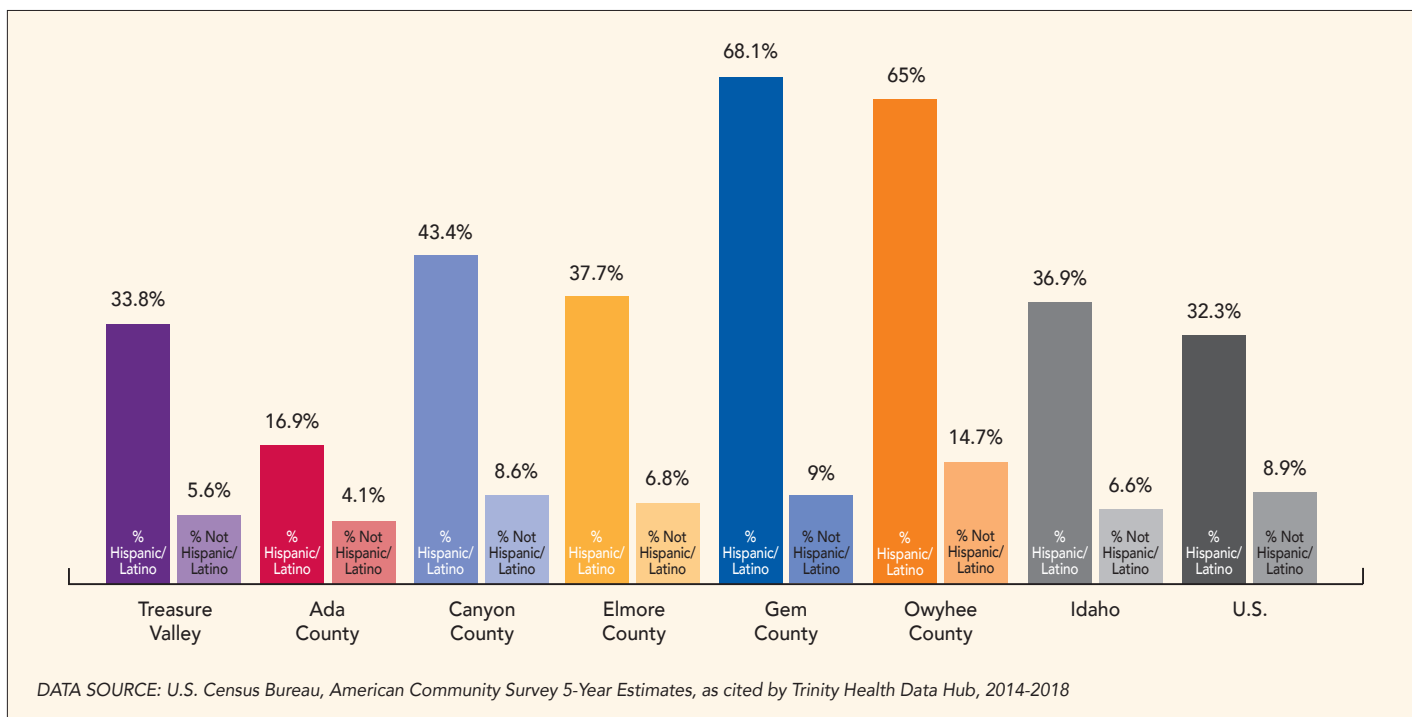
DATA SOURCE: U.S. Census Bureau, American Community Survey 5-Year Estimates, as cited by Trinity Health Data Hub, 2014-2018

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Within the Treasure Valley counties of Canyon, Gem, and Owyhee, higher percentages of the populations aged 16-19 are not in school and not employed compared to 6.8% in Idaho overall. These data are consistent with focus group and interview participant perceptions that jobs are scarcer in areas outside of Ada County, which perpetuates the more rural poverty seen in the region.

Figure 22 — **Percent of 16-19 Year Olds Not in School or Employed**

DATA SOURCE: U.S. Census Bureau, American Community Survey 5-Year Estimates, 2014-2018
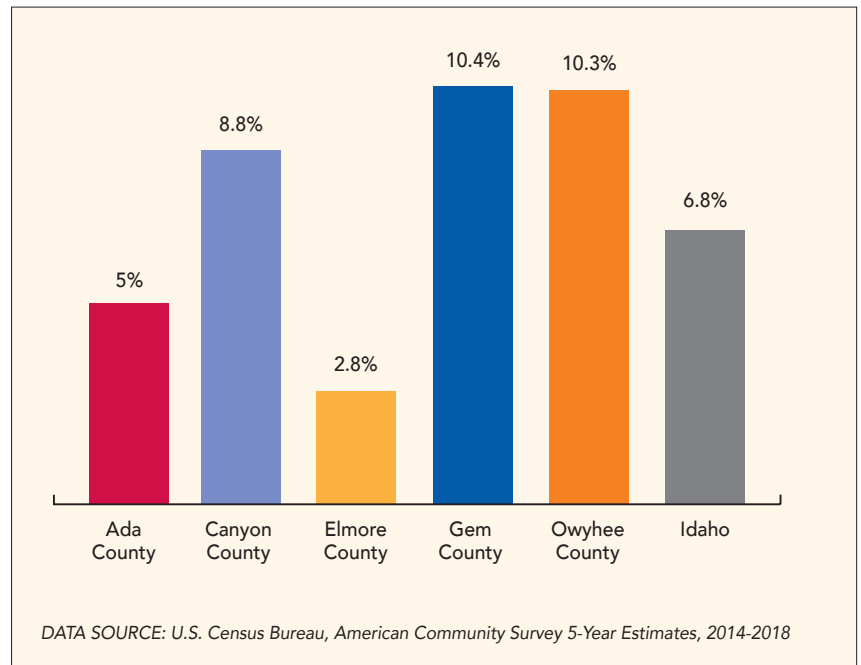
Housing and Homelessness

Affordability, quality, and stability are important characteristics that directly impact an individual's ability to access safe and healthy housing.[14] **Unstable housing and homelessness can lead to stress, isolation, chronic disease (e.g., asthma), substance use, mental health issues, and violence.**[15] For those with housing, the affordability and quality of housing impact health and well-being. Housing is often a household's single greatest expense. The cost of housing directly impacts an individual's ability to afford housing, as well as how much money they can use towards health care, food, child care, and transportation.[16] While housing itself is an important factor in an individual's health, it can also be a cost burden and result in compromises to health in other areas (i.e. foregoing prescription medications due to cost).

Home Values

For existing homeowners, rising home values can be beneficial. However, the increasing costs of home ownership stretch the budgets of those who are buying into the market while pushing out many Treasure Valley residents entirely. The cost of housing in the Boise Metro area[17] has risen for the 8th consecutive year; **in 2019 alone the median single-family home price increased by 20%. The average rental has increased by 23% over the past three years**.[18]

In Idaho, renter-occupied households have a median monthly housing cost of $825, whereas owner-occupied households with a mortgage have median monthly housing costs of $1,228 (Figure 23).

[14] Shaw M. Housing and Public Health. Annual Review of Public Health. 2004; 25: 397-418.

[15] Shaw M. Housing and Public Health. Annual Review of Public Health. 2004; 25: 397-418.

[16] Maqbool N, Viveiros J, and Ault M. The Impacts of Affordable Housing on Health: A Research Summary. Center for Housing Policy. 2015.

[17] Boise Metro area includes Ada, Boise, Canyon, Gem, and Owyhee counties

[18] Kohl, L. (2020, March 11). Boise, Idaho Housing Markets Set New Records as Price Gains Lead Nation. Retrieved May 26, 2020, from https://www.weknowboise.com/blog/idaho-housing-market-leads-nation.html

Figure 23 **Monthly Median Housing Cost**

Ada County
- $950 (Renter-Occupied)
- $1,382 (Owner-Occupied)

Canyon County
- $846 (Renter-Occupied)
- $1,114 (Owner-Occupied)

Elmore County
- $809 (Renter-Occupied)
- $1,083 (Owner-Occupied)

Gem County
- $745 (Renter-Occupied)
- $1,090 (Owner-Occupied)

Owyhee County
- $704 (Renter-Occupied)
- $1,103 (Owner-Occupied)

Idaho
- $825 (Renter-Occupied)
- $1,228 (Owner-Occupied)

DATA SOURCE: U.S. Census Bureau, American Community Survey 5-Year Estimates, as cited by Trinity Health Data Hub, 2014-2018

As shown in Figure 24, most housing in Idaho and the Treasure Valley is owner-occupied. However, the percentage of Treasure Valley residents who live in rental properties is higher than statewide. Elmore County has the highest percentage of renters at 41.9%.

A prominent theme in focus groups and interviews was the lack of affordable housing. Many said that **Treasure Valley residents are being priced out of the market in their own communities**. They explained that while many families are moving further and further west within the Treasure Valley, more and more families are "doubling up" as overcrowding and homelessness are on the rise in the area.

Figure 24 **Percent of Households That are Renter- or Owner-Occupied**

	Ada County	Canyon County	Elmore County	Gem County	Owyhee County	Idaho	U.S.
Owner-Occupied	68.4%	68.2%	58.1%	73.5%	70.6%	69.3%	63.8%
Renter-Occupied	31.6%	31.8%	41.9%	26.5%	29.4%	30.7%	36.2%

DATA SOURCE: U.S. Census Bureau, American Community Survey 5-Year Estimates, as cited by Trinity Health Data Hub, 2014-2018

Rental Availability

A healthy vacancy rate, the percent of available rental units, is between 7 to 8%,[19] indicating some extra rental supply compared to demand. However, **Boise Metro's (Ada, Boise, Canyon, Gem, and Owyhee counties) rental vacancy rate for all property types was only 1.55% in 2019**.[20] Focus group and interview participants explained that rental units are not as available as they once were in the Treasure Valley due to population growth. Only those with higher incomes, they argued, are able to rent the apartments that are available. Increasingly, they noted, application fees are required to secure an apartment, creating an additional obstacle for lower-income individuals/families looking to acquire housing.

The participants described how the low inventory and high costs of housing are contributing to homelessness in the region.

In Idaho, the number of affordable and available homes varies by income (Figure 25). The Area Median Income (AMI) is a figure used to determine affordable housing eligibility across the nation. This figure varies by area and is calculated annually by the U.S. Department of Housing and Urban Development. Statewide in 2018, 23% of renter households were extremely low-income. For that cohort of extremely low-income there were not enough affordable and available units; there were only 44 affordable and available units for every 100 such households. As incomes increased, the opportunity to locate affordable and available rental housing also increased. For example, for renter households that earned AMI there were more affordable and available units than households, there were 101 affordable and available homes for every 100 such households.

Figure 25 **Affordable and Available Homes per 100 Renter Households, Idaho**
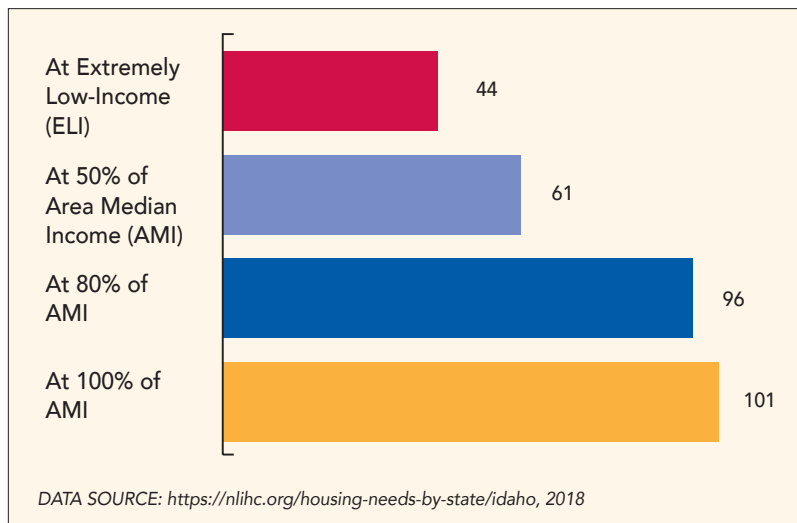
NOTE: Extremely Low-Income (ELI) is defined as at or below the poverty guideline or 30% of their area median income (AMI).

DATA SOURCE: https://nlihc.org/housing-needs-by-state/idaho, 2018

[19] Florida, R. (2018, July 30). How Vacancy Traumatizes Cities. Retrieved May 26, 2020, from https://www.citylab.com/equity/2018/07/vacancy-americas-other-housing-crisis/565901/

[20] Kohl, L. (2020, March 11). Boise, Idaho Housing Markets Set New Records as Price Gains Lead Nation. Retrieved May 26, 2020, from https://www.weknowboise.com/rental-market-vacancy-rates.php
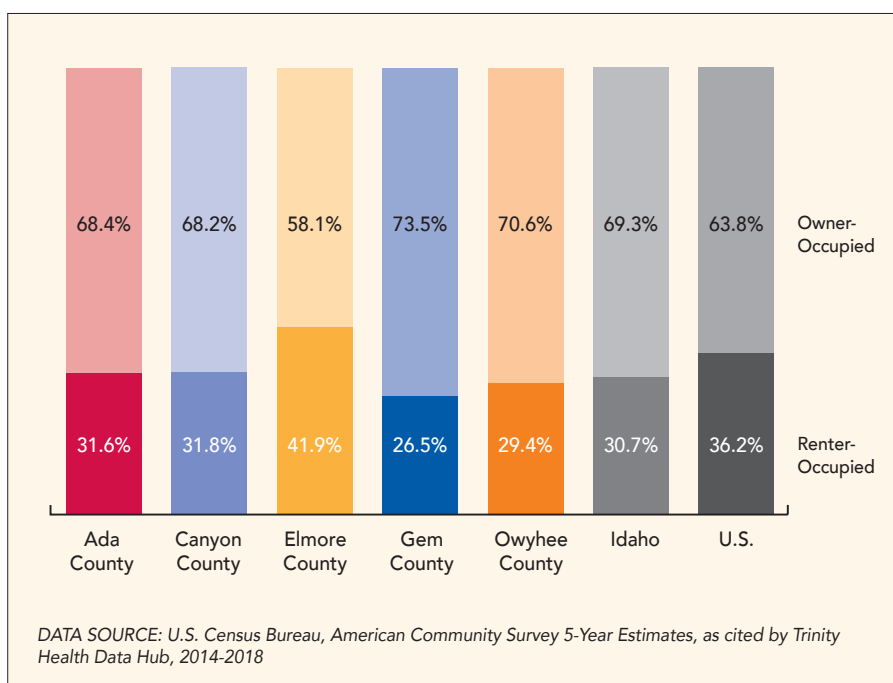
Housing Cost Burden

The U.S. Department of Housing and Urban Development has deemed households that spend more than 30% of their income on rent or mortgage payments to be "cost-burdened." Such households are considered to have insufficient income for other essential expenses such as food, transportation, and health care. **In the Treasure Valley, more than one in four households are cost-burdened due to their housing costs** (Figure 26).

Housing cost-burden is higher among renters than owners (Figure 27).

Among survey respondents, approximately one in three indicated that affordable housing was a top concern for themselves or their families. Focus group and interview participants shared that home prices and property taxes have increased in the Treasure Valley such that those with lower incomes are not able to afford home ownership.

Figure 26   **Percentage of Households That are Cost–Burdened**

DATA SOURCE: U.S. Census Bureau, American Community Survey 5-Year Estimates, as cited by Trinity Health Data Hub, 2014-2018
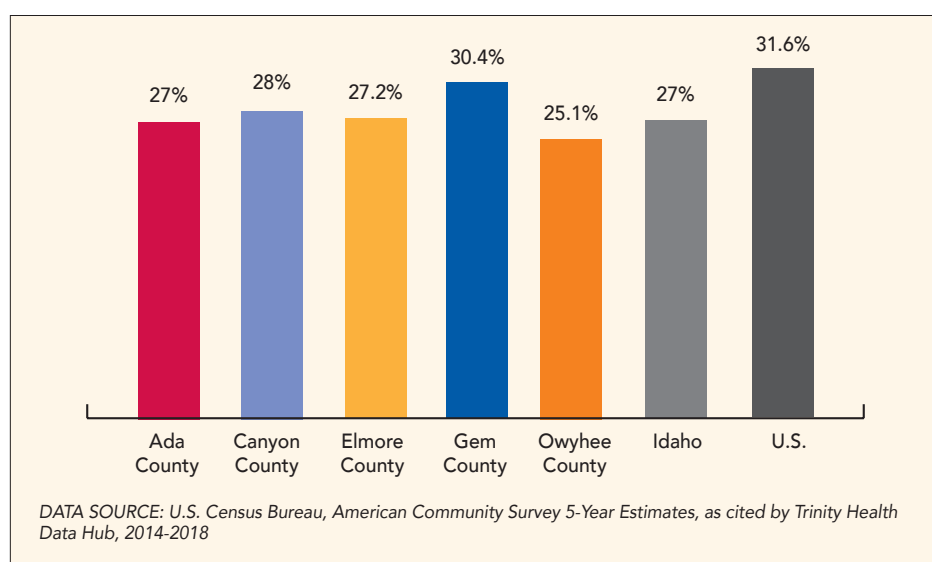
Figure 27   **Percentage of Households that are Cost–Burdened, Owner- and Renter-Occupied**

DATA SOURCE: U.S. Census Bureau, American Community Survey 5-Year Estimates, as cited by Trinity Health Data Hub, 2014-2018
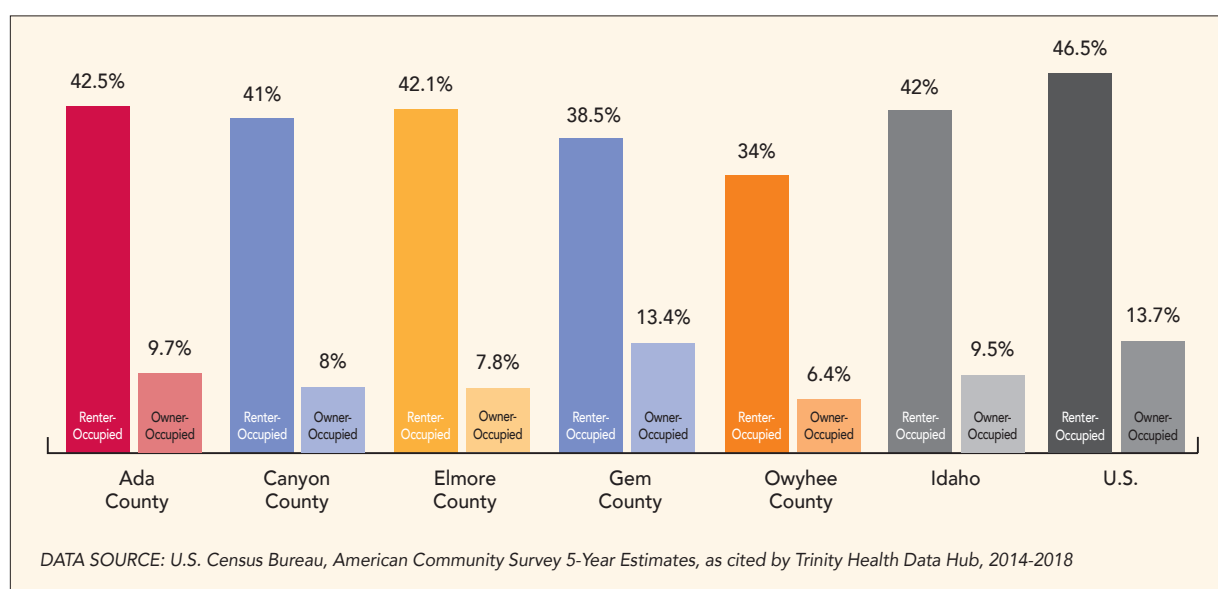
Community Feedback on Housing:

⟨ *"Waitlists are years long, so homelessness is a real threat."*
  – Community Member

⟨ *"A home that costs $300,000 now was $150,000 10 years ago."*
  – Community Member

⟨ *"Somebody that is not making at least $60,000 a year cannot buy a home here."*
  – Community Member

⟨ *"People are being priced out of their houses because of the rise in property taxes."*
  – Community Member

They also reported that rental costs have increased, especially in Ada County, due to growth and the influx of new people to the Treasure Valley. They explained that many residents, especially those earning at or near the minimum wage, need supplemental income to pay for housing costs, which causes some to work multiple jobs. Others commute long distances in order to afford housing in the Treasure Valley.

Housing Stability

Housing instability encompasses a number of challenges, such as having trouble paying rent, overcrowding, moving frequently, staying with relatives, or spending the bulk of household income on housing. These experiences of instability may negatively impact the financial security, educational attainment, and health of household members of all ages.

As shown in Figure 28, 10.1% of survey respondents indicated that they were worried about their housing status at the time they completed the survey.

Most of the survey respondents (80.3%) indicated that they had not moved in the past 12 months. However, among those that had moved, 14.9% moved once and 4.8% moved more than once.

Figure 28 **Respondent Housing Situation at the Time of the Survey**

I Have Housing — 88.5%
I Have Housing Today, but Worried — 10.1%
I Do Not Have Housing — 1.4%

DATA SOURCE: Saint Alphonsus Health System & United Way of Treasure Valley 2020 Community Survey
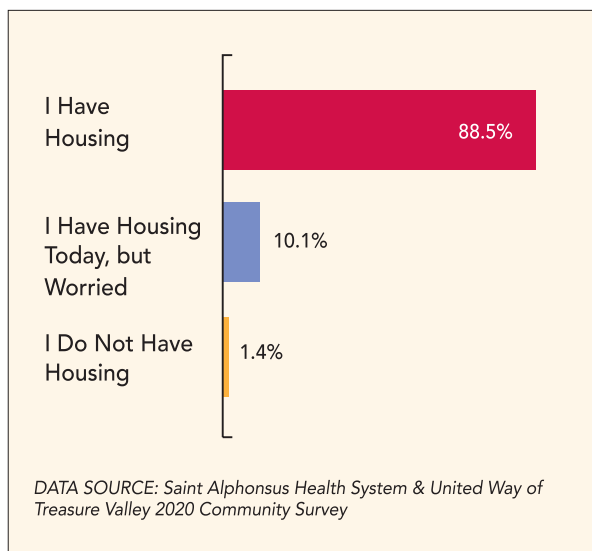
Housing Conditions

The quality of housing includes everything from the structure of the housing unit itself to the built environment around it. Indoor exposure to lead paint, secondhand smoke, and mold are all pollutants that can cause negative health outcomes. The location of housing also has broad health implications – from access to employment that provides health insurance, green spaces for physical activity, healthy food, and accessible transportation.

Due to a limited rental market with few affordable vacancies, people with the lowest incomes may be forced to rent substandard housing. **In Idaho, 28.1% of occupied housing units have at least one substandard condition, meaning it poses a risk to the physical and mental health and well-being of occupants, visitors, and neighbors.** Conditions might include vermin, mold, water leaks, inadequate heating or cooling systems, unsafe electricity, lack of indoor plumbing, and no kitchen, among others. In Canyon, Gem, and Owyhee Counties, the proportion of occupied units with at least one substandard condition is higher than statewide (Figure 31).

The community survey inquired about a range of challenging, unsafe, or substandard housing conditions people are experiencing in the Treasure Valley. As shown in Figure 29, mold and bug infestations were the issues most frequently selected, at 7.8% and 6.2%, respectively. Conditions such as these are more likely to make it difficult for people to maintain their health, especially if they have chronic conditions such as asthma, allergies, or compromised immune systems.

In Idaho, 2.1% of housing units lack a complete kitchen (Figure 32). Lack of kitchen facilities makes it more difficult for individuals and families to prepare nutritious foods and maintain a healthy diet.

Figure 29

Reported Problems With the Place the Respondent Lives

Problem	Percentage
Mold	7.8%
Bug infestation	6.2%
Water leaks	5.3%
Inadequate heat	5.2%
No or not working smoke detectors	4.4%
Landlord/tenant right issues	4%
Lead paint or pipes	3%
Oven or stove not working	2%

*Respondents were permitted to select more than one option, so percentages do not sum to 100%

DATA SOURCE: Saint Alphonsus Health System & United Way of Treasure Valley 2020 Community Survey
NOTE: These reported problems do not follow state or federal classifications, respondents self-reported whether they believed this was an issue.

Overcrowded housing conditions are almost two times more common in Owyhee and Canyon Counties than elsewhere in the Treasure Valley. People who live in overcrowded housing are more likely to contract and spread communicable diseases and tend to experience more respiratory illnesses (Figure 30).

Figure 30

Overcrowded Housing Units

County	Percentage
Ada County	1.5%
Canyon County	4.8%
Elmore County	2.2%
Gem County	2%
Owyhee County	7.3%
Idaho	2.8%
U.S.	4.4%

DATA SOURCE: U.S. Census Bureau, American Community Survey 5-Year Estimates, as cited by Trinity Health Data Hub, 2014-2018
NOTE: Overcrowded Housing Unit is defined as more than one persons-per-room in a dwelling unit.
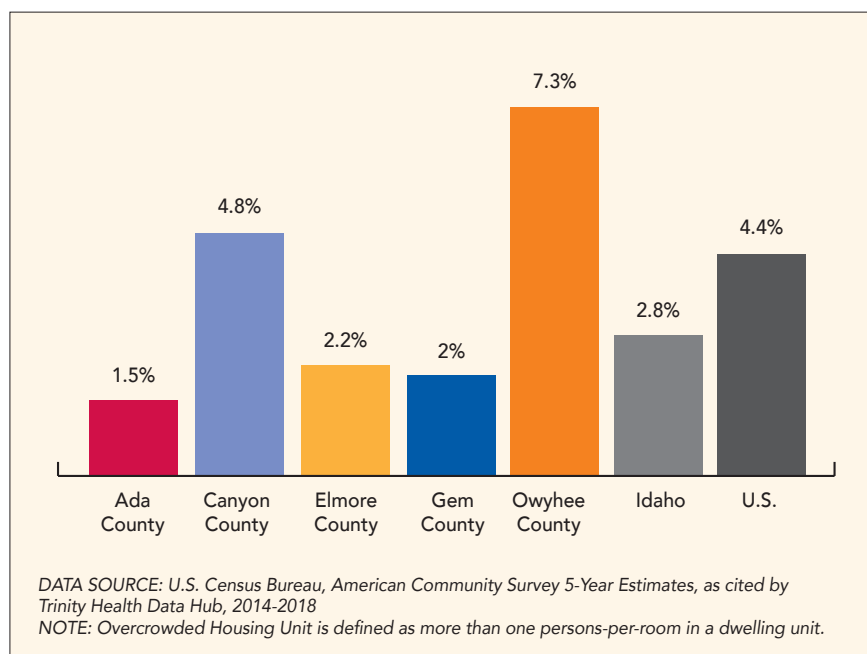
Community Feedback on Housing:

‹ *"Housing insecurity is real. A 9% increase in rent throughout the city in one year, and more so in property taxes."*
— *Nonprofit Professional*

‹ *"[We're not doing] enough of what's working – prevention. Keeping people housed is a lot simpler and cheaper."*
— *City Professional*

Figure 31

Percentage of Population Occupying Housing Units with One or More Substandard Conditions

DATA SOURCE: U.S. Census Bureau, American Community Survey 5-Year Estimates, as cited by Trinity Health Data Hub, 2014-2018
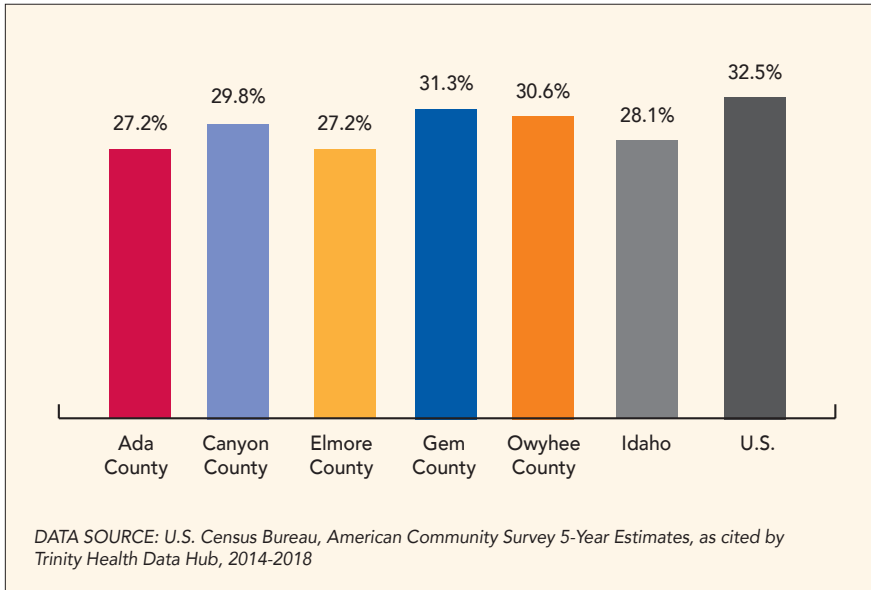
NOTE: The U.S Department of Housing and Urban Development defines substandard housing as "A dwelling unit that is either dilapidated or unsafe, thus endangering the health and safety of the occupant, or that does not have adequate plumbing or heating facilities."

Figure 32

Percentage of Housing Units Lacking a Complete Kitchen

DATA SOURCE: U.S. Census Bureau, American Community Survey 5-Year Estimates, as cited by Trinity Health Data Hub, 2014-2018
NOTE: Lacking a Complete Kitchen is considered a substandard housing condition
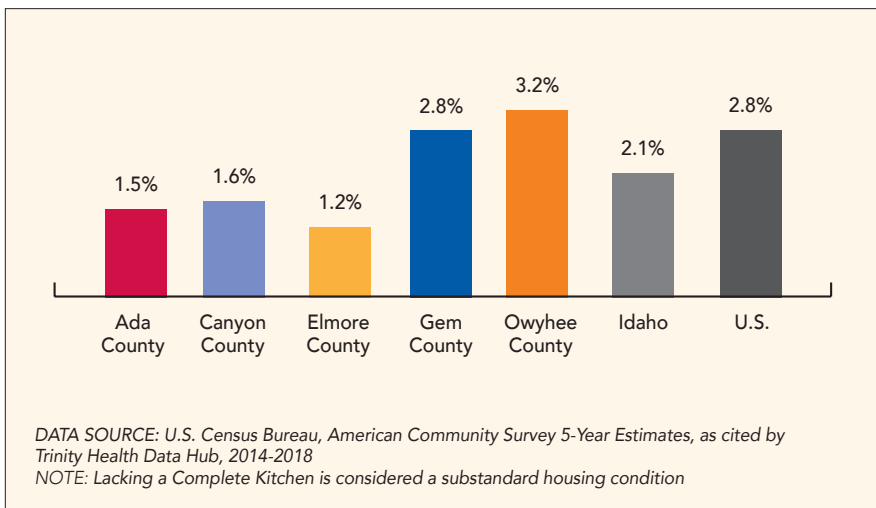
Homelessness

Homelessness can take many forms – from living on the streets, encampments, or shelters, to living in cars or couch-surfing with family and friends. Homelessness and housing instability have many causes and consequences.[21]

According to the 2019 State of Homelessness in Idaho report, **there were 9,255 individuals, including children, who sought services for homelessness in 2019**.[22] Of those, 38% were disabled, 27% chronically homeless, 27% families with children, 14% victims of domestic violence, and 13% veterans.

[21] Homelessness in America: An Overview of Data and Causes (January 2015). National Law Center on Homelessness and Poverty. Retrieved May 26, 2020 from https://nlchp.org/wp-content/uploads/2018/10/Homeless_Stats_Fact_Sheet.pdf

[22] Idaho Housing and Finance Association. (2020). 2019 State of Homelessness in Idaho. Retrieved May 26, 2020, from https://www.idahohousing.com/documents/2019-report-the-state-of-homelessness-in-idaho.pdf

Collecting reliable data on homelessness is challenging due to the mobility of the population and varying data collection methods and definitions of homelessness. A commonly used metric is a Point-in-Time (PIT) count.[23] This is an annual count of sheltered and unsheltered homeless individuals on a single night in January and is helpful for looking at trends in homelessness. From 2015 to 2019, the number of individuals experiencing homelessness on the PIT count night increased steadily (Figure 33).

Figure 33 **Sheltered and Unsheltered Homeless Point-in-Time (PIT) Count, Treasure Valley**

DATA SOURCE: Balance of State COC Point-in-Time Count Report and Boise City Ada County Point-in-Time Count, 2019
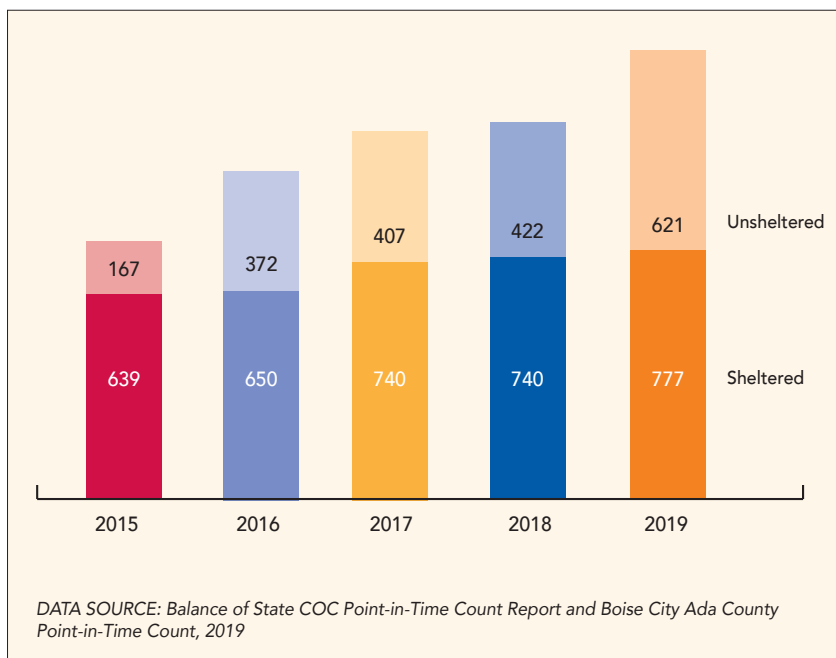
Figure 34 **Sheltered and Unsheltered Homeless Point-in-Time (PIT) Count, Idaho**

DATA SOURCE: Balance of State COC Point-in-Time Count Report, 2019 and Boise City Ada County Point-in-Time Count
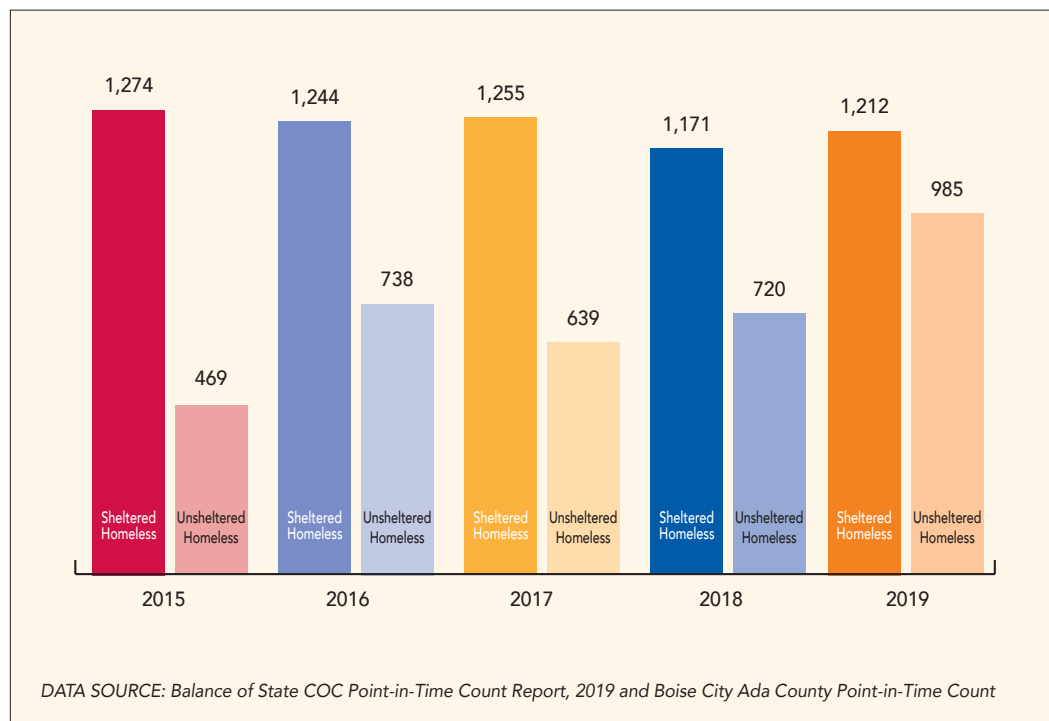
The most recent statewide PIT count of individuals experiencing homelessness (both sheltered and unsheltered) revealed that approximately 2,197 men, women, and children were experiencing homelessness on one night. This is a 16.2% increase over 2018 (Figure 34).

[23] PIT count provides a one-night "snapshot" of number of homeless persons who are either living on the streets, in places not meant for habitation, or are currently residing in emergency shelters or homeless transitional housing projects. Using HUD's definition of homelessness for the PIT count, Continuums of Care (CoCs) are instructed to count all adults, children in households, and unaccompanied youth who, on the night of the count, reside in one of the places described below: An unsheltered homeless person resides in a place not meant for human habitation, a vehicle, or on the street; Included in this count are people in temporary tents, encampments, and warming centers; A sheltered homeless person resides in an emergency shelter, transitional housing, or supportive housing for homeless persons who originally came from the streets or emergency shelters."

Among those who were included in the Balance of State 2019 PIT count, 37% were experiencing their first episode of homelessness, and 26% were considered chronically homelessness (Figure 35).

In the Region 7 (Ada County) 2019 PIT count, 32% of individuals experiencing homelessness identified as chronically homeless.

Episodes of Homelessness, Balance of State 2019

DATA SOURCE: Balance of State COC Point-in-Time Count Report, 2019.
NOTE: Includes all Idaho counties except Ada
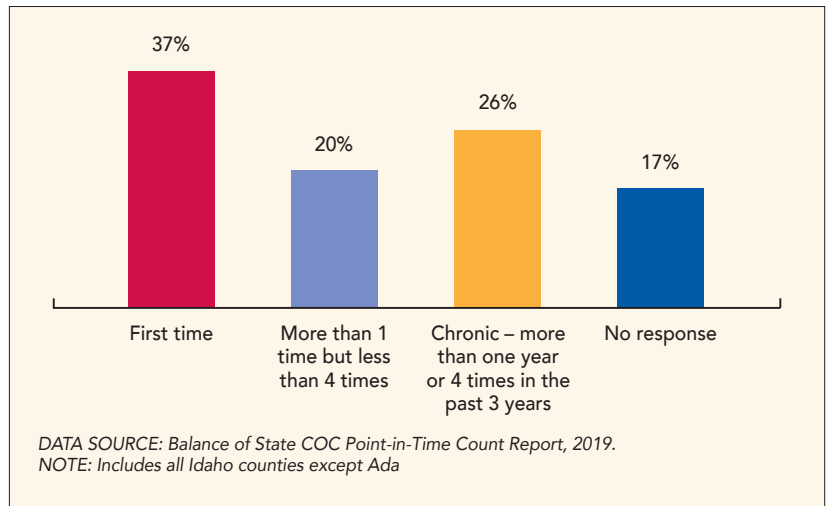
Risk Factors for Homelessness

There are numerous risk factors for homelessness including job loss, illness, and domestic violence. Among those included in the Balance of State 2019 PIT count (which includes all Idaho counties except Ada County), **lack of affordable housing was cited as both the primary cause of homelessness and the primary circumstance that prevented individuals/families from becoming re-housed** (Figure 36).

According to the Boise City/Ada County Coordinated Entry program, for families with children, domestic violence was the number one reported cause for seeking assistance at 46% of participants. For adult only households, 27% identified disabling conditions, addiction, or illness as the primary circumstance causing homelessness.[24]

Circumstances Causing Homelessness: Canyon/Elmore/Gem/Owyhee Counties

NOTE: Does not include Ada County. Respondents may be experiencing more than one of these circumstances
DATA SOURCE: Balance of State COC Point-in-Time Count Report, 2019
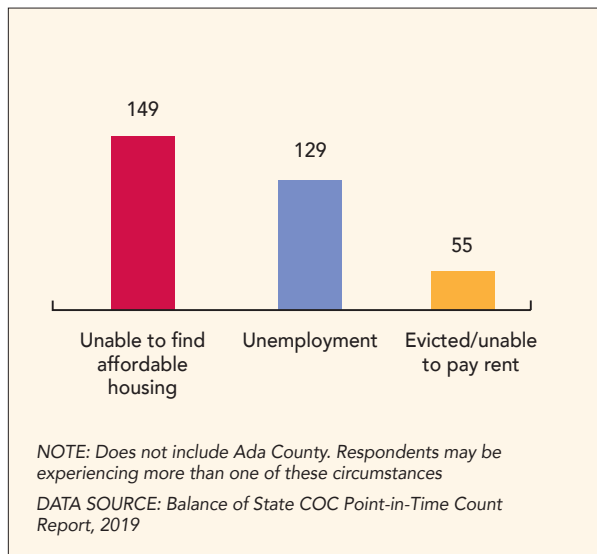
Circumstances Preventing Being Housed: Canyon/Elmore/Gem/Owyhee Counties

NOTE: Does not include Ada County. Respondents may be experiencing more than one of these circumstances
DATA SOURCE: Balance of State COC Point-in-Time Count Report, 2019
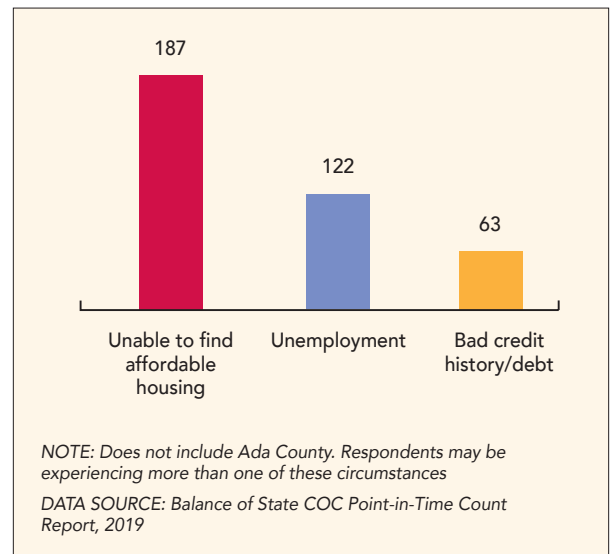
[24] Boise City/Ada County Coordinated Entry

Focus group participants described the conditions in which families who have been displaced from their homes experience in the Treasure Valley, from multiple families living in the same house or apartment to varying conditions in shelters. Most agree that homelessness is a difficult situation to overcome.

Although participants in the focus groups and interviews believe that many individuals and families are becoming displaced from their homes due to an increased cost of housing, some also explained that domestic violence is a major cause of homelessness.

Almost 40% of survey respondents indicated that domestic violence is of high concern to them.

Children Experiencing Homelessness

Homelessness has substantially adverse impacts on children. Immediate impacts include food insecurity, poor mental and physical health, feeling unsafe, and educational challenges. Lasting effects include negative impacts to cognitive, social, emotional, and physical growth and development.[25]

The definition of homeless for school-aged children is different from the definition for adult/family homelessness. Homelessness among school-aged children includes families doubled up (living with another family), children living in inadequate facilities including homes without water or utilities, as well as motels, shelters, or places not meant for extended habitation.[26]

Figure 37 — Number of Students Experiencing Homelessness

DATA SOURCE: Idaho State Department of Education, Title IX-A Homelessness in Idaho, 2018-2019
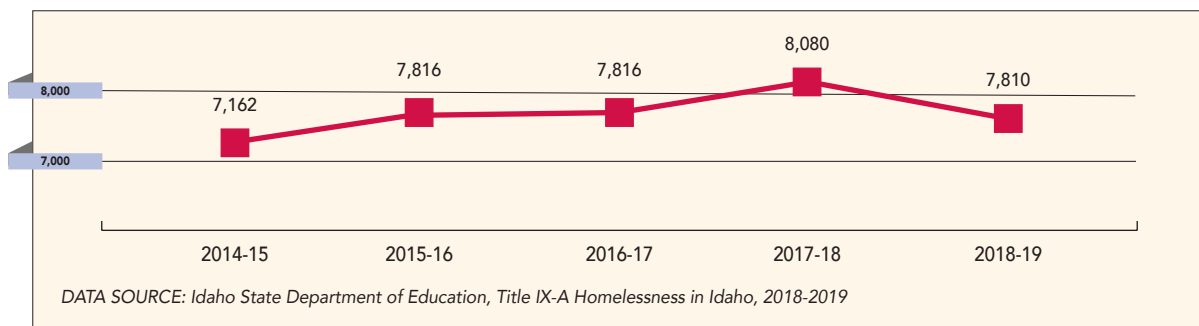
Figure 38 — Number of Students Experiencing Homelessness

Nearly 8,000 Idaho students were considered homeless in the 2018-19 school year, comprising 2.5% of the student population. This number has remained fairly steady over the past three school years. The Treasure Valley accounts for nearly half of homeless students statewide.

DATA SOURCE: Idaho State Department of Education, Title IX-A Homelessness in Idaho, 2018-2019
NOTE: In order to protect student privacy, any cells that represent less than 5 students or where the difference between the total of one or more cells of categorical data is less than 5 of the total student population is redacted.
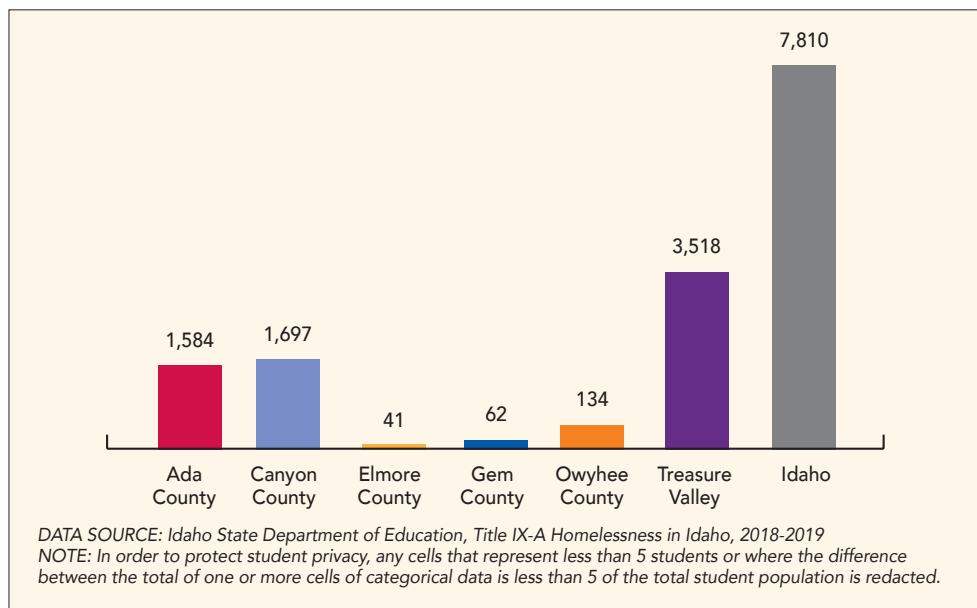
[25] Effects of Poverty, Hunger and Homelessness on Children and Youth (2009). Retrieved May 26, 2020, from https://www.apa.org/pi/families/poverty
[26] National Center for Homeless Education. (n.d.). McKinney-Vento Definition. Retrieved May 26, 2020, from https://nche.ed.gov/mckinney-vento-definition/

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Transportation

Transportation is a critical factor in meeting basic needs. Transportation allows for access to goods and services as well as education and jobs.

Statewide and within the Treasure Valley, the proportion of households without a motor vehicle is roughly 4%; renters, who data show are more cost-burdened than home owners, are less likely to have a motor vehicle.

The yearly cost of owning a car in Idaho is approximately $2,792, which includes gasoline, insurance, repairs, taxes, and fees.[27]

Table 10   **Households With No Motor Vehicle**

Geography	Owner-Occupied Households with No Vehicle	Percentage of Owner-Occupied Households with No Vehicle	Renter-Occupied Households with No Vehicle	Percentage of Renter-Occupied Households with No Vehicle
Ada County	1,787	1.6%	4,644	4%
Canyon County	799	1.7%	1,811	3.8%
Elmore County	183	3.1%	308	5.2%
Gem County	56	1.2%	280	5.8%
Owyhee County	84	2.8%	88	2.9%
Idaho	7,248	1.7%	17,141	4%
U.S.	2,430,345	3.2%	7,994,589	10.5%

DATA SOURCE: Trinity Health Data Hub. U.S. Census Bureau, American Community Survey 5-Year Estimates, as cited by Trinity Health Data Hub, 2014-2018

In 2018, about 79% of the population in Idaho and across the Treasure Valley commuted alone in a car, truck, or van to work (Figure 39). Commuting alone increases the number of vehicles on the road, thereby increasing traffic congestion.

Figure 39   **Percentage of Population Commuting Alone (Workers Ages 16 and Over)**

Ada County	Canyon County	Elmore County	Gem County	Owyhee County	Idaho	U.S.
80.9%	78.2%	80.7%	74.9%	72.4%	78.6%	76.4%

DATA SOURCE: U.S. Census Bureau, American Community Survey 5-Year Estimates, 2014-2018
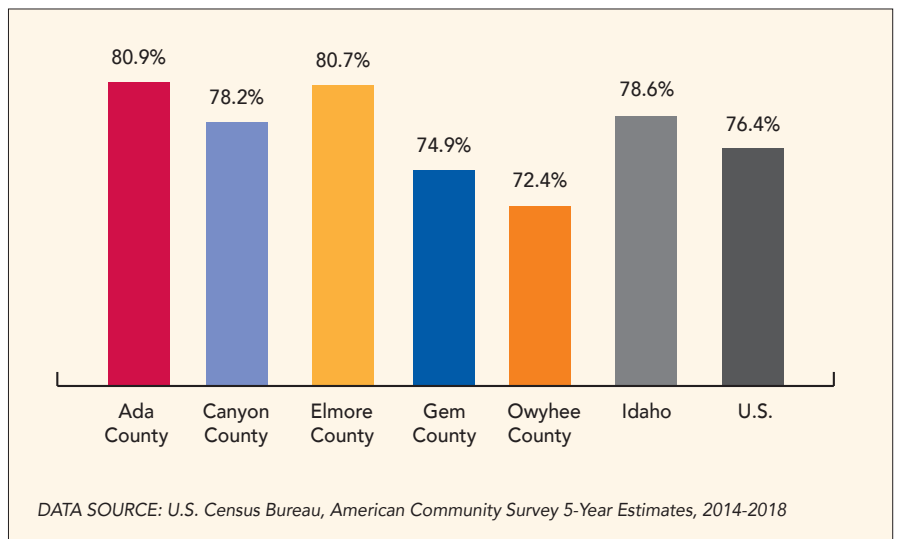
[27] CNN. (2018). Car ownership costs by state. Retrieved May 26, 2020, from https://money.cnn.com/interactive/pf/autos/car-ownership-costs-by-state/

The consensus among interview and focus group participants was that the public transportation system within the Treasure Valley is severely limited and that people rely on cars for transportation. In fact, **less than 1% of the population in Idaho uses public transportation to commute to work compared to 5% nationally** (Figure 40). This is in large part due to limitations on public transportation infrastructure in Idaho. Most communities outside of Ada County don't have a public bus system, and many people have to rely on cabs and shared ride systems, where available, to get to appointments in the community.

Idaho is one of two states in the nation with no state funding to support public transit options. The state also does not allow a local option tax (unless in a resort town) for cities to raise their own revenue to fund transit or other infrastructure needs.[28]

More than 45% of community survey respondents indicated that the availability of public transportation was of high concern, contributing to the previously mentioned cost of living concerns. Interview and focus group participants asserted that the availability of public transportation diminished the further away one gets from Boise. They explained that within the Treasure Valley, there are limited stops and the hours of operation vary and are inconsistent. The bus is the only form of public transportation that exists; there is no rail

system. Participants indicated that major gaps in transportation services exist in the area because there is no federal funding to support public transportation in the state. Residents also stated that transportation presents a major barrier to accessing services. They explained that, if a resident does not have a car and must rely on public transportation, given the problems with the system, they have trouble accessing services.

Valley Regional Transit is the Regional Transit Authority for Ada County and Canyon County. However, due to lack of funding, services are often limited in geography, hours, and frequency. Comments from a representative of the Valley Regional Transit Authority support what other assessment participants said about the Treasure Valley's public transportation.

"The amount of transportation that we're able to fund is not meeting people's transportation needs. We're about four times behind in terms of service we provide for a region this size. Transportation becomes a limiting factor in people's ability to achieve the opportunity they're looking for and it's a funding issue. Transportation isn't consistently available throughout the region. We have a concentration of services in Boise, but it's still less than what we should have. In Meridian there really isn't anything. In Canyon County we struggle with having the adequate amount of public transportation. This is a funding issue."

Community Feedback on Transportation:

"People are not able to get to any services because of transportation."
– Community Member

"Transportation problems lead to other problems because people can't access health services."
– Nonprofit Professional

"There is not a good enough public transit system; busses only run once an hour. Sometimes you can't get to the places you want to go and if appointments run over, you can't get home."
– Refugee and Community Member

Figure 40   **Percent Population Using Transit for Commute to Work**

Treasure Valley	0.37%
Ada County	0.4%
Canyon County	0.3%
Elmore County	0.5%
Gem County	0.1%
Owyhee County	0.3%
Idaho	0.7%
U.S.	5%

DATA SOURCE: U.S. Census Bureau, American Community Survey. 2014-2018. Source geography: Tract
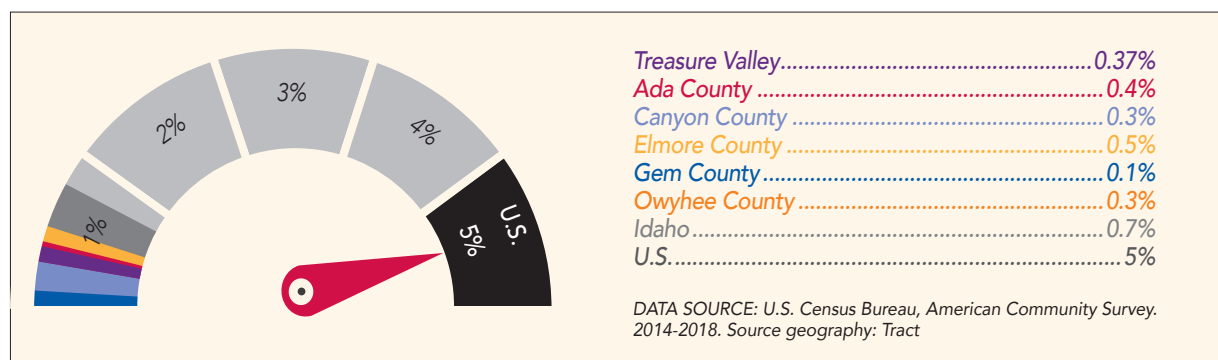
[28] Carmel, M. (2019, April 17). Boise set to increase public transit funding with new funding formula. Retrieved May 26, 2020, from https://www.idahopress.com/news/local/boise-set-to-increase-public-transit-funding-with-new-funding/article_8a904bae-3c36-5048-99e4-c64554790bb6.html

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Focus group and interview participants explained that increasingly, Treasure Valley adults are traveling longer and longer distances between their homes and work, shopping, and health care. **Transportation was described as a significant portion of a household budget due to the lack of public transportation in the Treasure Valley.** They noted that, for those who own automobiles, gas and maintenance costs are a significant part of household budgets.

More than one-fifth of residents of Idaho commuted 30 minutes or more alone in 2017 (Figure 41). Within Treasure Valley, just over 50% of those living in Gem County commuted more than 30 minutes alone.

Focus group and interview participants stated that lack of public transportation, the increased growth of the area, and need for a car have caused problems for those commuting to work. Traffic has increased which reduces time for other activities and/or causes commuters to change their work schedules.

Figure 41   **Commute Over 30 Minutes Among Solo Car Commuters**

Source: U.S. Census Bureau, American Community Survey 5-Year Estimates, 2013-2017

Policy, Systems, and Environmental Change Recommendations

Policy, systems, and environmental change approaches seek to go beyond programming and into the systems that create the structures in which we work, live, and play. These approaches often work hand-in-hand where, for example, an environmental change may be furthered by a policy of systems change. Similarly, a policy could be put in place that results in additional environmental changes. The process is not linear. At the end of the day, an effective PSE approach should seek to reach populations and uncover strategies for impact that are sustainable. Efforts may accelerate the adoption or implementation of effective interventions by effectively integrating approaches into existing infrastructures. Such approaches often include advocates, decision and policy makers.[29]

Employment and Poverty

- Attract and incentivize business development in the Treasure Valley that can offer living wage, or higher wage, jobs such as recent efforts by Caldwell's Economic Development Department.

- Expand access to the federal Earned Income Tax Credit to include 21- to 24-year-olds and workers not raising children at home.

- Expand access to the federal Child Tax Credit (CTC) so the lowest income working families can receive the full refund. The CTC has been linked to higher educational outcomes for children and higher earning potential as these children enter the workforce as adults.

- Expand programming that encourages youth to go on to postsecondary education, including career and technical education for skilled careers, as recommended by the Idaho State Board of Education, in order to keep up with the growing demand in Idaho for a skilled workforce.

- Increase availability of affordable child care options for families so that families can afford child care and remain employed.

Housing

- Increase affordable housing stock and innovative housing options.

- Increase the variety of income-based housing options through rent-controlled properties, properties accepting Housing Choice Vouchers, accessory dwelling units, and building higher-density housing.

- Support and promote the Housing First model, which prioritizes helping an individual/family become housed before attending to other services needed.

- Create a funding stream for the State Housing Trust Fund.

- Increase state and federal funding of the HOME Program and Low-Income Housing Tax Credits, which help fund affordable housing developments.

- Encourage the passage and adoption of inclusionary zoning ordinances/laws that require and/or incentivize the development of affordable housing.

- Support policies to limit rental application fees and require adequate notice of rent increases for tenants.

Transportation

- Initiate municipal plans that require sidewalks be installed when new housing developments are built and require the construction of sidewalks around all schools, making it safer for students to walk to schools and alleviating congestion during school drop off and pick up times.

- Encourage all community and roadway agencies to adopt and promote complete street policies and designs making it safer for active transportation, which can help with decreasing congestion.

Policy, Systems, and Environmental Changes

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[29] The Food Trust. (2012). What Is Policy, Systems and Environmental (PSE) Change? Retrieved May 26, 2020, from http://healthtrust.org/wp-content/uploads/2013/11/2012-12-28-Policy_Systems_and_Environmental_Change.pdf

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- Support Safe Routes to School programs and built environment initiatives to improve walkability and bikeability for students and families around schools.
- Collaborate with Valley Regional Transit to promote the employer pass program with employers in the Treasure Valley.
- Create a state funding mechanism to support the expansion of public transit services to promote easier access to public transit.
- Increase city funding from all cities to support the expansion of public transit accessibility, specifically increasing access to public transit outside of the city center.

- Expand bussing hours to accommodate residents with nontraditional working hours.
- Support and utilize public bike share and scooter programs as alternative modes of transportation across Treasure Valley communities.
- Develop subsidy/scholarship initiatives to support employees or those needing health care or public/social services to utilize for buses, cabs, or rideshares.

Health

HEALTH

There is strong evidence characterizing the Social Influencers of Health (e.g., financial stability, housing, education) and their relationship to health. While other sections of the Community Assessment speak specifically to those social and economic structural influencers, the following section details the individual health and well-being of residents in the Treasure Valley. From both statistics and stories, the top health concerns identified were access to affordable health care and mental health and well-being.

General Health and Well–Being

According to the Gallup Well-Being Index, which consists of scores for physical, community, financial, social, and career wellness, Idaho ranked 8th in the nation on well-being overall in 2017 and fell to 22nd in 2018 (Figure 42).

Within the Treasure Valley, general health varies widely. As seen in the County Health Rankings in 2019, Ada County ranks 1st in the state, while Owyhee County ranks 42nd.

Figure 42 — **Gallup Well–Being Index, Idaho**

DATA SOURCE: Gallup Well-Being Index, 2018
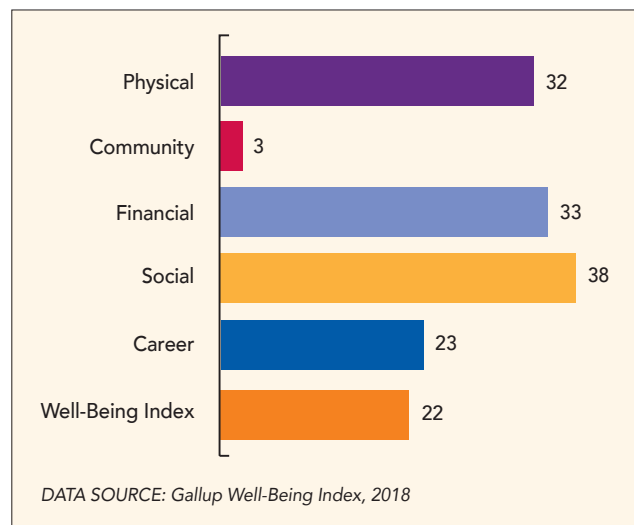
Figure 43 — **Adults Self-Reporting "Fair" or "Poor" General Health**

DATA SOURCE: Idaho Health Behaviors Report (Results from Idaho's Behavioral Risk Factor Surveillance System), 2016
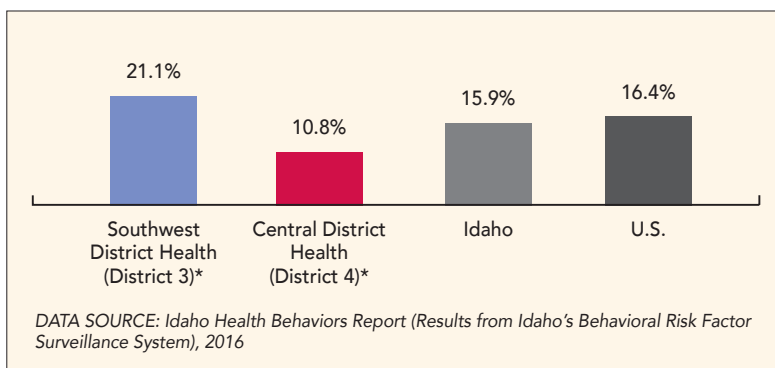
Approximately 16% of adults statewide and 21% in Southwest District rated their general health as "fair" or "poor" according to the 2016 Behavioral Health Risk Factor Survey (Figure 43).

* NOTE: Southwest District: Adams, Canyon, Gem, Owyhee, Payette, and Washington County; Central District: Ada, Boise, Elmore, and Valley County

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Health Care: Access and Affordability

The National Academies of Sciences, Engineering, and Medicine define access to health care as the "timely use of personal health services to achieve the best possible health outcomes."[29] Many people face barriers that prevent or limit access to needed health care services, which may increase the risk of poor health outcomes and health disparities.[30]

Barriers to health care in the Treasure Valley included limited services, lack of awareness of services, cost, and insurance coverage.

In Idaho, race and ethnicity are associated with more limited access to primary care. In 2017, 37.6% of Hispanic or Latino adults had no consistent source of primary care.

Figure 44 **Percentage of Adults Without a Regular Healthcare Provider, 2017**

24.3%	23.9%	25.2%	22.4%
Southwest District Health (District 3)	Central District Health (District 4)	Idaho	U.S.

DATA SOURCE: Get Health Idaho Report 2019 https://healthandwelfare.idaho.gov/Portals/0/Health/GetHealthyIdahoV2019.pdf
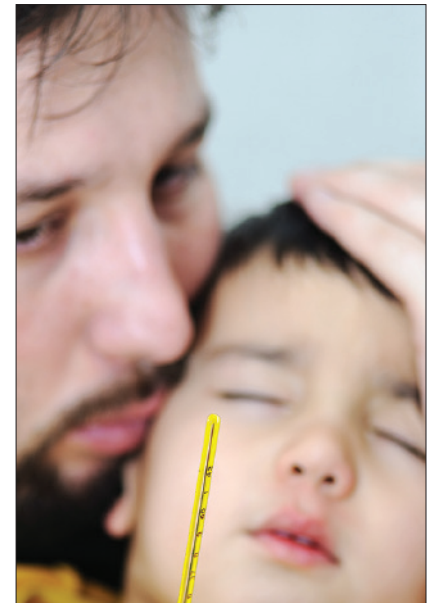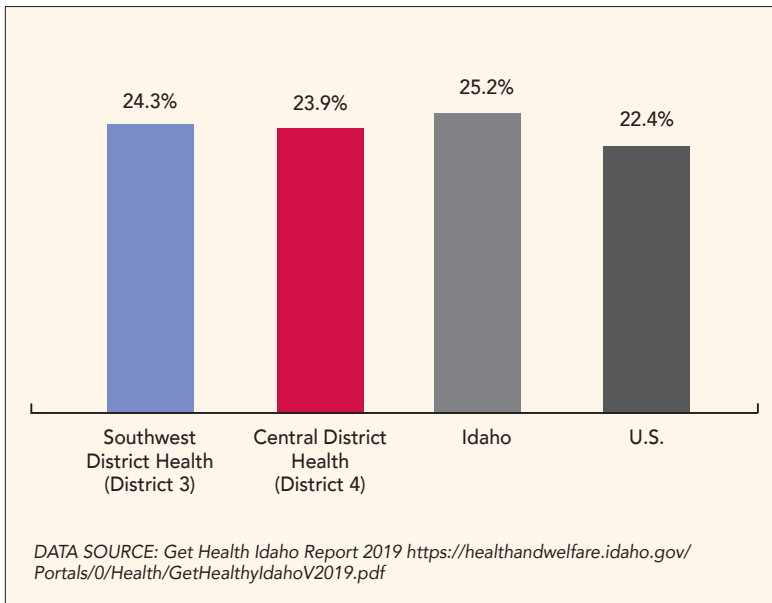
[29] Milliman M, editor. Access to health care in America. Institute of Medicine (U.S.) Committee on Monitoring Access to Personal Health Care. Washington (DC): National Academies Press (U.S.); 1993.

[30] Institute of Medicine (U.S.) Committee on Understanding and Eliminating Racial and Ethnic Disparities in Health Care. Smedley BD, Stith AY, Nelson AR, editors. Unequal treatment: confronting racial and ethnic disparities in health care. Washington (DC): National Academies Press (U.S.); 2002.

Figure 45 — **Respondent Reported Health and Social Services That are Currently Lacking in Their Community***

Service	%
Affordable housing	71%
Mental health care services	51%
Affordable child care services	43.8%
Housing services	42%
Transportation services	38%
Services for youth	27.7%
Services for older adults	25%
Employment services	23.2%
Health care servcies	22.1%
Financial assistance services	21.6%
Substance use services	21.6%
Educational support services	20%
Exercise and physical activity opportunities	19.3%
Services for veterans	19.1%
Services for people with disabilities	16.7%
Services for new immigrants	16.2%
Family planning services	15.6%
Food services	13.8%
I don't know	10%
Other	3.4%
Oral health care services	1.8%

*Respondents were permitted to select more than one option, so percentages do not sum to 100%

DATA SOURCE: Saint Alphonsus Health System & United Way of Treasure Valley 2020 Community Survey

In the Treasure Valley, there are 73.1 primary care physicians for every 100,000 people. Ada County has the highest rate of primary care providers at 93.7 for every 100,000, and Owyhee County has the lowest at 8.6 per 100,000. **In 2017, 96% of Idaho was a federally-designated shortage area in primary care.**[31]

[31] Idaho Department of Health and Welfare, Division of Public Health. (2019). Get Healthy Idaho: Measuring and Improving Population Health. Retrieved May 26, 2020, from https://healthandwelfare.idaho.gov/Portals/0/Health/GetHealthyIdahoV2019.pdf

Figure 46 — **Primary Care Physicians per 100,000 Population**

- Idaho 65.9
- Owyhee County 8.6
- Gem County 57.7
- Elmore County 67.2
- Canyon County 35
- Ada County 93.7
- Treasure Valley 73.1
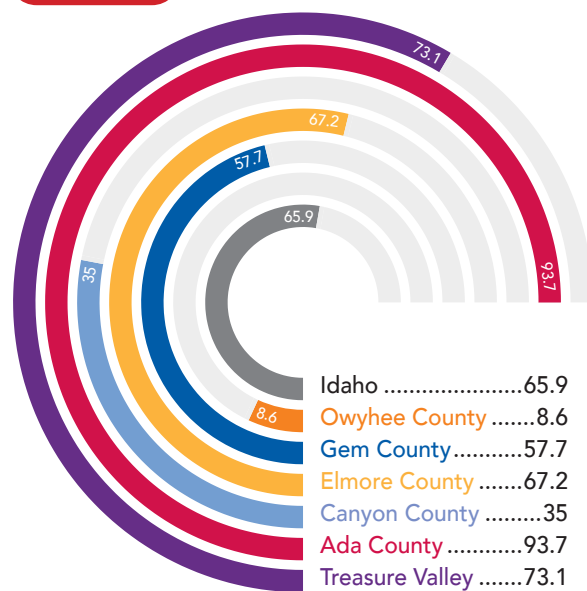
DATA SOURCE: U.S. Department of Health & Human Services, Health Resources and Services Administration, Area Health Resource File. 2017

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According to 2018 data, in Idaho overall, approximately 2 out of 3 adults had a routine checkup in the past year. Nationally, the rate was 77% for 2018.[32] There are many reasons individuals do not receive routine health care. Within the Treasure Valley, survey respondents most frequently selected cost of services (52.4%), insurance problems/lack of coverage/ not enough coverage (39.3%), and long waits for appointments (39.3%) as issues that have ever made it more difficult for them to get the health or social services needed.

Among the types of health-related services that survey respondents indicated are lacking in their community, mental health care services, general health care services, and substance use services were the top three selected (Figure 45). Focus group and interview participants described a lack of mental health and behavioral health providers in the area.

Several focus group and interview participants indicated that many residents are not aware of the different services that are available. Further, if residents are aware of the available services, they rarely know how to navigate them. Immigrants especially face a number of issues that further impede access to services. Focus group and interview participants explained that those without legal status have difficulty accessing services due to fear, language and literacy issues, a lack of understanding about the resources available to them, and challenges in navigating services.

Minority populations identified experiencing additional challenges in accessing services. Focus group and interview participants who identified as members of the LGBTQIA+ community reported that they have had difficulty accessing appropriate services and feel they face discrimination with very few providers understanding the needs of LGBTQIA+ patients. Some feel that members of the LGBTQIA+ community also lack knowledge that would help them to advocate for their own health. Boise, they indicated, is more accepting of the LGBTQIA+ population than elsewhere in Treasure Valley.

The bureaucracy of health insurance, and Medicaid in particular, were described as impeding access to services. One common insurance-related issue was confusion about covered services related to new Medicaid regulations. The participants reported that, even for those who have insurance, services are still too expensive, especially medication costs.

From 2013 to 2018, health care costs increased significantly. For single adults, there was a 44% increase and for families consisting of two adults, one infant, and one preschooler, there was a 53% increase.

Focus group and interview participants talked about the costs associated with accessing services (i.e. co-pays and prescription drug costs) and, how burdensome they can be.

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[32] Centers for Disease Control and Prevention (CDC). Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, 2018

Insurance

Lack of health insurance coverage is one of the largest barriers to health care access, nationally and in Idaho, and the unequal distribution of coverage contributes to inequities in health.[33] Within the Treasure Valley, the percentage of population with medical insurance ranged from 70.6% in Owyhee County to 88.4% in Ada County in 2018.

Figure 47 — **Percent of Population Aged 18–65 Years With and Without Medical Insurance**

	Ada County	Canyon County	Elmore County	Gem County	Owyhee County	Idaho	U.S.
Without Medical Insurance	11.6%	22.2%	17.6%	19.5%	29.4%	16.3%	12.5%
With Medical Insurance	88.4%	77.8%	82.4%	80.5%	70.6%	83.7%	87.5%

DATA SOURCE: U.S. Census Bureau, American Community Survey 5-Year Estimates, as cited by Trinity Health Data Hub, 2014-2018

Figure 48 — **Percent of Hispanic/Latino Uninsured**

Treasure Valley	Ada County	Canyon County	Elmore County	Gem County	Owyhee County	Idaho	U.S.
22.8%	19.2%	24%	20.5%	43.3%	34.8%	23.7%	19.2%
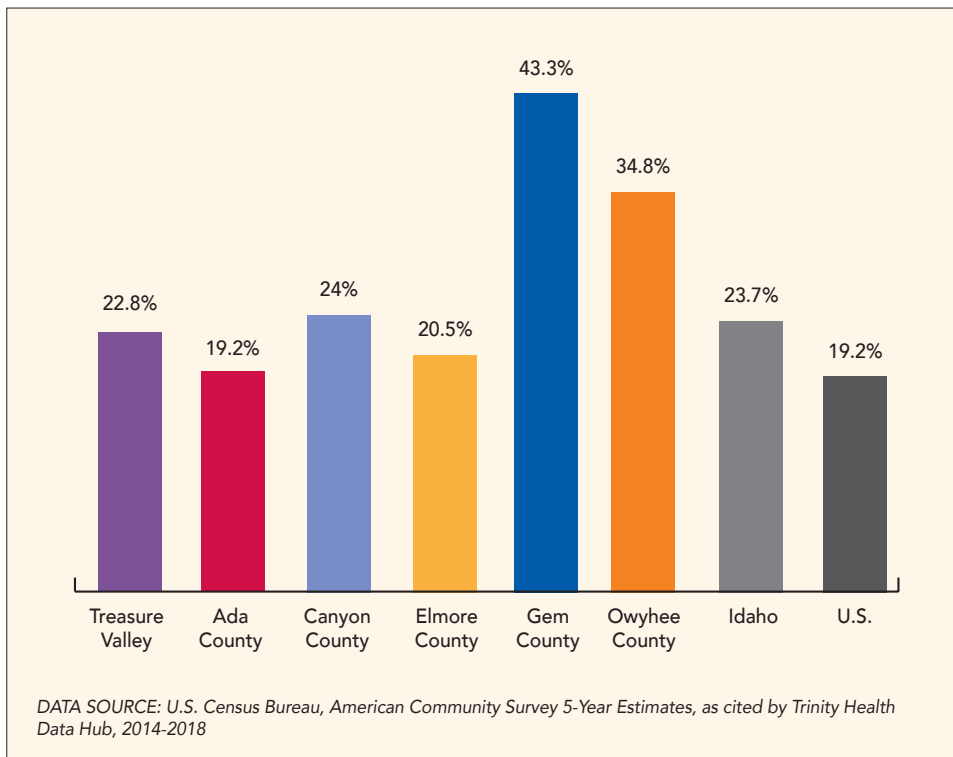
The Hispanic or Latino population in the Treasure Valley is disproportionately uninsured.

DATA SOURCE: U.S. Census Bureau, American Community Survey 5-Year Estimates, as cited by Trinity Health Data Hub, 2014-2018

[33] Call K, McAlpine D, Garcia C, Shippee N, Beeba T, Adeniyi T, et al. Barriers to care in an ethnically diverse publicly insured population: is health care reform enough? Med Care. 2014; 52:720–27.

Community Feedback on Health Care:

◄ *"People are afraid to access services because of their legal status."*
— Community Health Professional

◄ *"The middle-aged working class struggles and health care is a huge burden. People come for indigent services because the cost is so high and they give up. The lower-income people are also affected."*
— County Official

◄ *"[Medicaid] would be more effective if the state didn't put so many limitations on programs."*
— Community Health Professional

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Of the insured population in the Treasure Valley, about 1 in 5 were receiving Medicaid in 2018 (Figure 49). However, with the passage of Medicaid Expansion in 2019, these rates will likely change. With expanded coverage beginning Jan. 1st, 2020, around 91,000 are expected to be covered statewide.[34] So far, Medicaid expansion has provided health coverage to over 67,000 Idahoans. These Idahoans are now able to see a doctor, get tested for coronavirus without financial hardship, and get treatment if they are sick.

The majority of Treasure Valley residents who receive Medicaid are under the age of 18 (Figure 50).

Figure 49

Percent of Insured Population Receiving Medicaid

DATA SOURCE: U.S. Census Bureau, American Community Survey 5-Year Estimates, as cited by Trinity Health Data Hub, 2014-2018
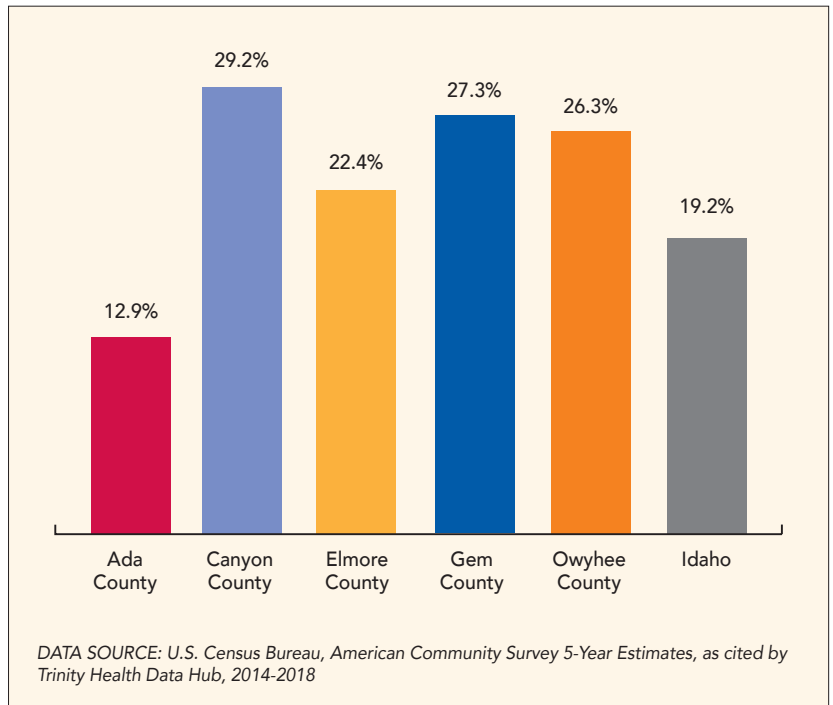
Figure 50

Percent of Insured Population Receiving Medicaid, by Age

DATA SOURCE: U.S. Census Bureau, American Community Survey 5-Year Estimates, as cited by Trinity Health Data Hub, 2014-2018
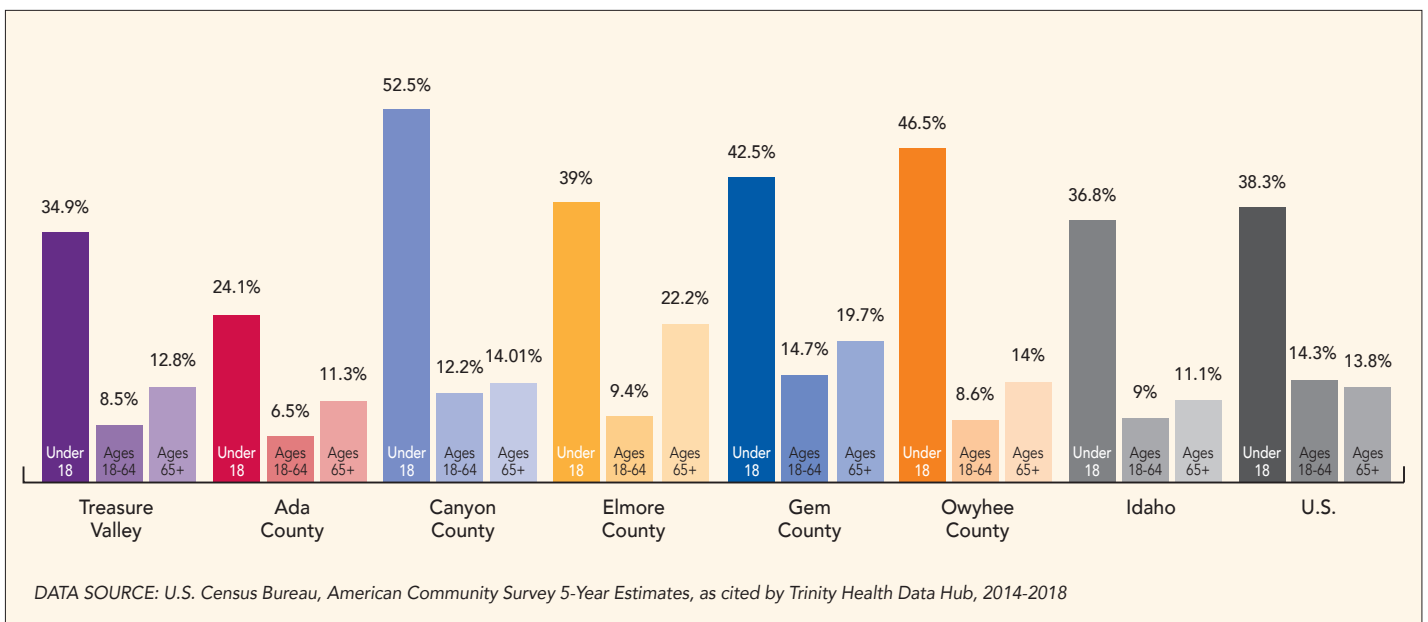
[34] Norris, L. (2020, January 6). Idaho and the ACA's Medicaid expansion: Eligibility, enrollment and benefits. Retrieved May 26, 2020, from https://www.healthinsurance.org/idaho-medicaid

Oral Health

Oral health is essential to overall health and well-being. However, many residents in the Treasure Valley do not have access to oral health care. **In 2017, 97% of Idaho was designated a dental health professional shortage area.** Statewide, there are 64.2 dentists per 100,000 people, comparable to the national average of 61.1 per 100,000. Within the Treasure Valley, Ada County has the highest rate of dentists at 79.2 per 100,000 population and Owyhee County has the lowest at 17.7 per 100,000 population.

Figure 51

Access to Dentists per 100,000 Population by County

42.4%
53.4%
64.2%
77.3%
79.2%
17.7%

Idaho 64.2%
Owyhee County ... 17.7%
Gem County 53.4%
Elmore County 77.3%
Canyon County 42.4%
Ada County 79.2%

Figure 52

Adults Self–Reporting No Dental Visit in the Last 12 Months, 2016

42%
30%
36.7%
33.6%

Southwest District Health (District 3) | Central District Health (District 4) | Idaho | U.S.

DATA SOURCE: Get Health Idaho Report 2019 https://healthandwelfare.idaho.gov/Portals/0/Health/GetHealthyIdahoV2019.pdf
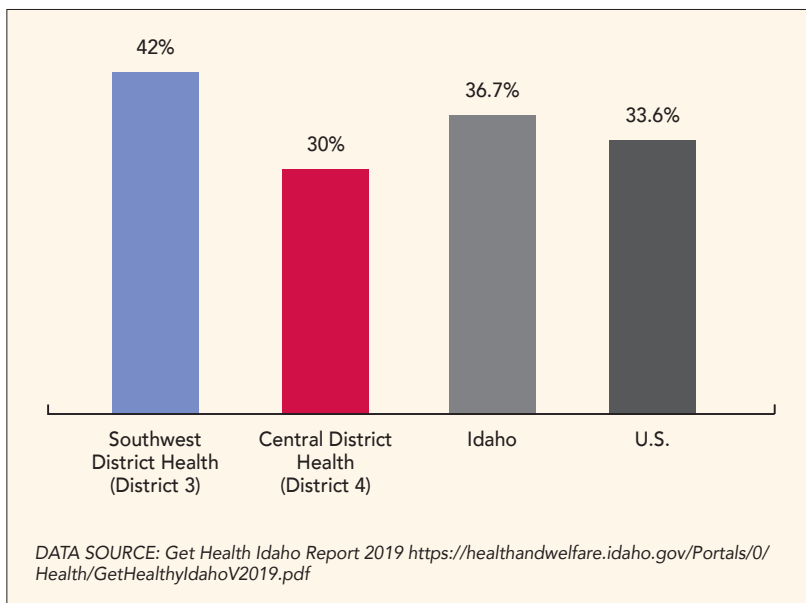
Among adults in Idaho in 2016, 36.7% reported no dental visit in the last 12 months, which is the recommendation for frequency of dental visits. In the Southwest District (which includes Canyon, Gem, and Owyhee Counties), the rate of adults who did not have a dental visit in the last 12 months was higher than statewide at 42% (Figure 52).

Community Feedback on Oral Health:

◄ *"I'd like to see medical teams consider oral health as a part of what they screen."*
– Dental Health Professional

◄ *"Mental health and dental (health) seem to be the two biggest areas of need."*
– Community Member

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In the focus groups and interviews, participants indicated that there is a need for more oral health care services in the area. Participants expressed that access problems related to oral health care were mainly due to inconvenient appointment times and locations and inadequate coverage for dental care, especially in the Medicaid Program.

Due in part to the lack of regular oral health care, many children in Idaho are experiencing oral health issues, such as dental caries (cavities) and active tooth decay (Figure 53 and Figure 54).

Figure 53 — **Percent of Idaho Third-Grade Students with Active Tooth Decay by Public Health District**

- Southwest District Health (District 3): 14.5%
- Central District Health (District 4): 14.7%
- Idaho: 17.1%

DATA SOURCE: Idaho Smile Survey Report, 2017
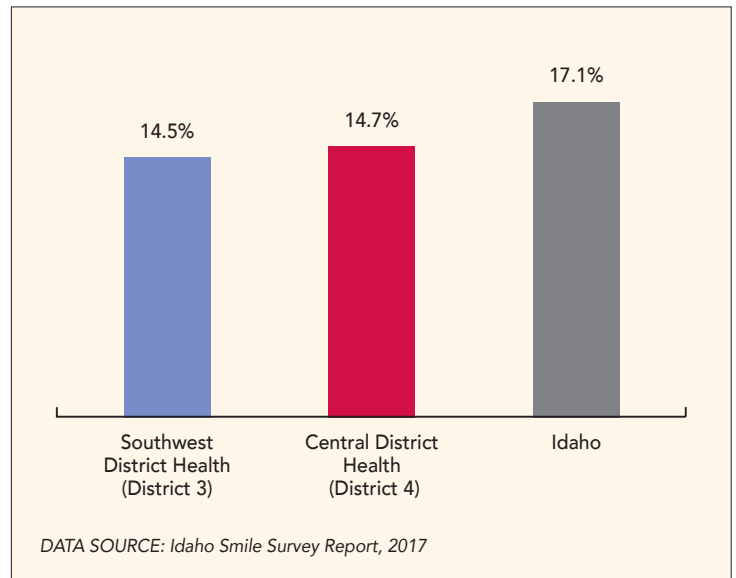
Figure 54 — **Percent of Idaho Third-Grade Students with Caries (Cavities) Experience**

Caries Experience:
- 2000-01: 65.4%
- 2004-05: 69.8%
- 2008-09: 67.1%
- 2012-13: 61.8%
- 2016-17: 65.6%

Severe Caries Experience:
- 2000-01: 35.8%
- 2004-05: 43.6%
- 2008-09: 39.7%
- 2012-13: 33.9%
- 2016-17: 36.4%

Caries Experience ■ Severe Caries Experience ■

DATA SOURCE: Idaho Smile Survey Report, 2017
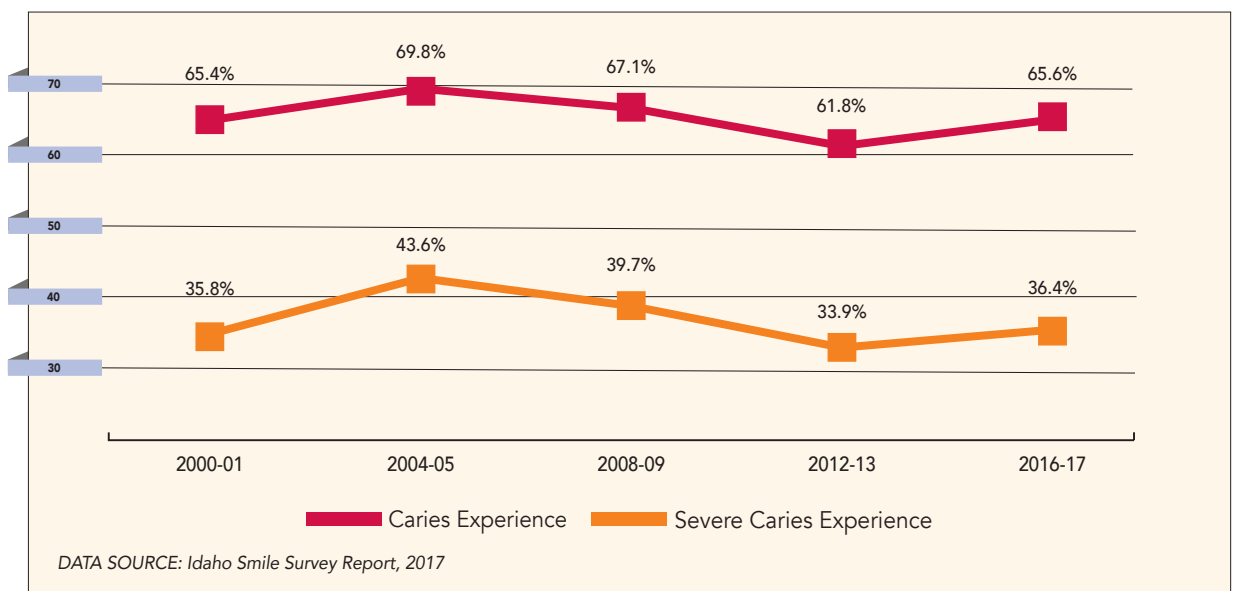
Behavioral Health: Mental Health and Substance Use

Behavioral health issues, such as anxiety, depression, and addiction, can arise from genetic factors and/or from a number of individual and societal factors such as incidence of trauma and financial or housing instability.[35] Behavioral health issues affect people's ability to participate in health-promoting behaviors, and thus affect their ability to maintain good physical health. Substance use and mental health go hand in hand, as addiction to substances is a form of mental illness. The relationship between behavioral health and physical health is bidirectional. Issues with physical health, such as chronic diseases, can have serious impacts on behavioral health and decrease a person's ability to participate in treatment and recovery.[36] Behavioral health can also impact other areas of life, including attending and focusing at school, obtaining and maintaining a job, finding and keeping housing, and having relationships with friends and family.[37]

Mental Health

Mental health is critical to personal well-being, interpersonal relationships with family and friends, and the ability to contribute to community. **On average, adults in the Treasure Valley experience approximately 3.7 poor mental health days per month**, compared to 3.8 statewide and 4 nationwide.

| Figure 55 | **Average Poor Mental Health Days Per Month** |

DATA SOURCE: Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System, accessed via County Health Rankings, as cited by Trinity Health Data Hub, 2018
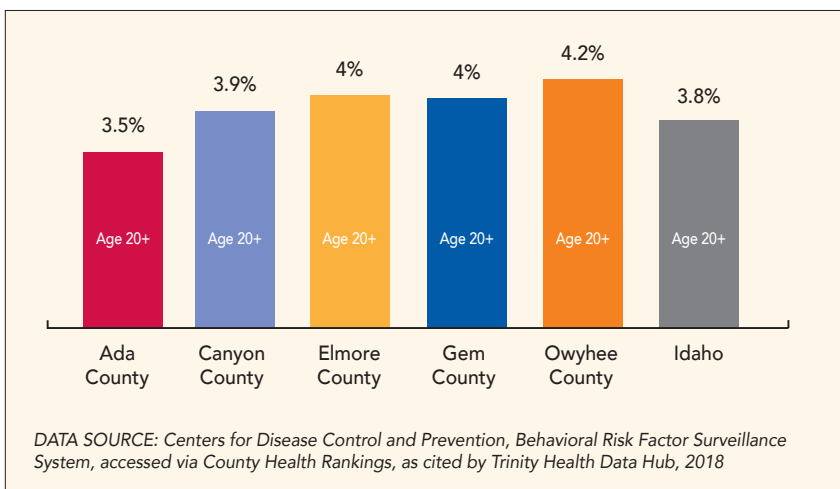
[35] Tulchinsky TH, et al. Editorial: Mental Health as a Public Health Issue. Public Health Reviews. 2012; 34, 2.

[36] Lando J, Marshall Williams S, Sturgis S, et al. A logic model for the integration of mental health into chronic disease prevention and health promotion. Prev Chronic Dis. 2006 April; 3(2):A61.

[37] Mental health and mental disorders. Healthy People 2020. Retrieved October 30, 2018 from https://www.healthypeople.gov/2020/topics-objectives/topic/mental-health-and-mental-disorders.

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Mental health among youth is particularly important. ACEs, or Adverse Childhood Experiences, are traumatic events that occur between the ages of 0 and 17 that undermine a child's sense of safety and security. ACEs, which are preventable, have been linked to chronic health problems, mental illness, and substance misuse in adulthood as well as negatively impacting educational and job opportunities.[38] **About one-fifth of children aged 0-17 years have experienced ACEs, both in Idaho and nationally.** Economic hardship (27.4% in Idaho) and parent or guardian divorce or separation (23.3%) are the most commonly cited ACEs among children in Idaho and nationally (Figure 124, Appendix). Idaho high school students grapple with mental health issues at a higher rate than their peers nationwide. Idaho ranks high nationwide for mental illness and suicide rates.[39]

Community Feedback on Mental Health:

‹ *"[There are] more resources and understanding around mental health. Not as tabooed as before, especially in schools."*
– Early Childhood Professional

‹ *"If you don't have insurance, Terry Reilly [Community Health Center] is about the only option for mental health, or you just don't receive care."*
– Community Member

Figure 56 — **Students Reporting Mental Health Issues**

DATA SOURCE: Idaho Youth Risk Behavior Survey Results, 2019
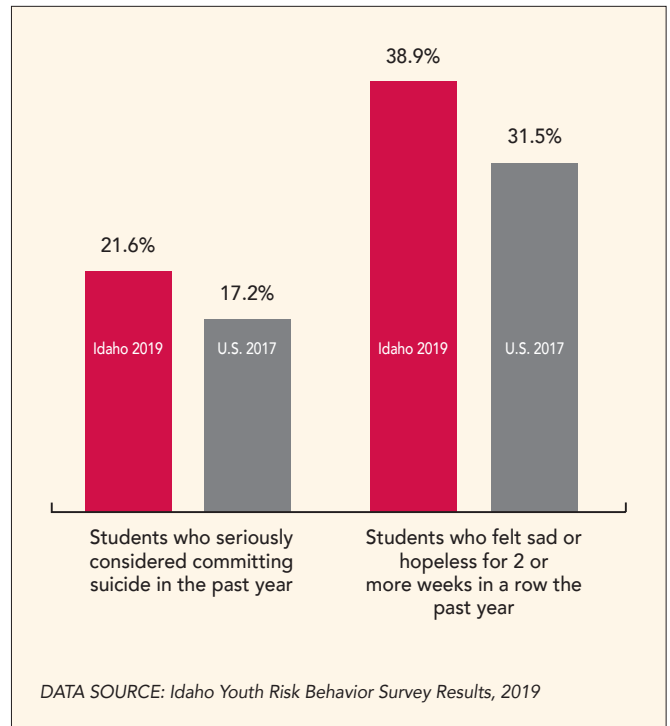
Figure 57 — **Mental Health Care Providers per 100,000 Population**
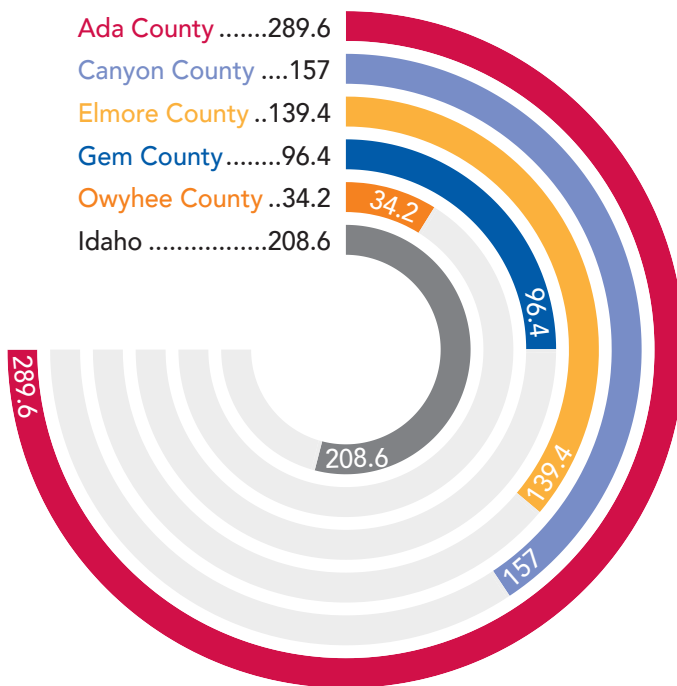
Ada County 289.6
Canyon County 157
Elmore County ..139.4
Gem County 96.4
Owyhee County ..34.2
Idaho 208.6

DATA SOURCE: University of Wisconsin Population Health Institute, County Health Rankings, as cited by Trinity Health Data Hub, 2019

In the community survey, 38.4% of respondents believed that mental health and stress were top health concerns for themselves or their families. Among focus group and interview participants, mental health was described as a major concern. Participants pointed to the stress that comes with the cost of living in the area (e.g., housing, transportation, medical bills, child care) and the stressors children and families face at home.

The outbreak of Coronavirus disease 2019 (COVID-19) has also added stress in the community due to its impacts on health care, education, and financial systems. Related to mental health, fear and anxiety about a disease can be overwhelming, and can exacerbate existing health conditions.

[38] U.S. Centers for Disease Control and Prevention. (2020, April 03). Preventing Adverse Childhood Experiences |Violence Prevention|Injury Center|CDC. Retrieved May 26, 2020, from https://www.cdc.gov/violenceprevention/childabuseandneglect/aces/fastfact.html

[39] Mental Health America. (2020). Overall Ranking. Retrieved May 26, 2020, from https://www.mhanational.org/issues/ranking-states

Many mental health needs are unmet due to low numbers of facilities and providers. Within the Treasure Valley, Ada County has the highest rate of mental health care providers at 289.6 per 100,000 people, and Owyhee County has the lowest at 34.2 per 100,000 people (Figure 57).

Focus group and interview participants described a lack of treatment providers in the region, although some believe the problem is that people don't access the providers that are available. Some participants indicated that stigma is a factor impacting access to care. Participants also believe that complicated applications for services, work obligations (i.e. not being able to get out of work to access services), and fees also interfere with access to behavioral health services. According to participants, access is particularly problematic for those living in rural areas mainly due to transportation issues.

Suicide

Idaho is consistently among the states with the highest suicide rates in the nation. **In 2017, Idaho had the fifth highest suicide rate in the U.S., with a rate of 23.2 per 100,000 people. This is 64.8% higher than the national average. In 2018, the suicide rate in Idaho rose to 24 per 100,000** (Figure 57). Suicide is the second leading cause of death for Idaho residents ages 15-34 and for males up to age 44.[40] Males are more than three times more likely to die from suicide than females in Idaho (Figure 58).

As seen in Table 11, the Treasure Valley accounts for many of the suicide deaths in Idaho.

Community Feedback on Mental Health:

"It's hard to find qualified providers, especially in mental and behavioral health."
– City Official

"There are lots of requests from staff [at the Boys & Girls Club] for help with kids over social and emotional struggles. Most of our kids have ACEs."
– Out-of-School Time Professional

Figure 58 — **Suicide Age-Adjusted Mortality Rate per 100,000 Population, by Gender**

- Idaho Male: 33.%
- Idaho Female: 9.4
- U.S. Male: 21.2
- U.S. Female: 5.9

DATA SOURCE: Centers for Disease Control and Prevention, National Vital Statistics System, accessed via CDC WONDER, as cited by Trinity Health Data Hub, 2013-2017
NOTE: Age adjusting rates is a way to make fairer comparisons between groups with different age distributions. For example, a county having a higher percentage of elderly people may have a higher rate of death or hospitalization than a county with a younger population, merely because the elderly are more likely to die or be hospitalized. Age adjustment can make the different groups more comparable.

Table 11 — **Deaths Due to Suicide, 2013–2017**

Geography	Number of Deaths Due to Suicide
Ada	407
Canyon	196
Elmore	30
Gem	18
Owyhee	15
Idaho	1,734

DATA SOURCE: Idaho Bureau of Vital Records and Health Statistics, Idaho Department of Health & Welfare; Centers for Disease Control and Prevention; State Department of Education as cited by Suicide Prevention Program Idaho Department of Health and Welfare, 2017
*NOTE: Rates are unreliable when the rate is calculated with a numerator (number of deaths) of less than 20.

[40] DATA SOURCE: Idaho Bureau of Vital Records and Health Statistics, Idaho Department of Health & Welfare; Centers for Disease Control and Prevention; State Department of Education as cited by Suicide Prevention Program Idaho Department of Health and Welfare, 2018

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The number of deaths by suicide is greatest in Ada County (Table 11). Overall, rates in the Treasure Valley and the state are well above the national average (Figure 59).

Community survey, focus group, and interview participants shared concerns about suicide and access to services. In Idaho, the Idaho Suicide Prevention Hotline is a suicide hotline that fields calls related to suicide. A provider described those who use the hotline.

Figure 59 — **Suicide Age–Adjusted Mortality Rate per 100,000 Population**

DATA SOURCE: Centers for Disease Control and Prevention, National Vital Statistics System, accessed via CDC WONDER, as cited by Trinity Health Data Hub, 2013-2017
NOTE: * indicates a rate too small to report
NOTE: Age adjusting rates is a way to make fairer comparisons between groups with different age distributions. For example, a county having a higher percentage of elderly people may have a higher rate of death or hospitalization than a county with a younger population, merely because the elderly are more likely to die or be hospitalized. Age adjustment can make the different groups more comparable.

"One-third of [suicide] hotline users are 'familiars' that call regularly and do not have services available and need a place that they can check-in. Another third of hotline users are concerned parties calling about loved ones, and the last third are in acute mental health crisis. All are challenged in navigating the mental health support system."

— Behavioral Health Professional

Substance Use

Substance use and abuse is a critical public health issue that affects not only the individual, but also has serious direct and indirect impacts on families, communities, and society as a whole. The causes of substance use disorders are multi-faceted and include biological, social, and environmental factors.[42] Trauma and Adverse Childhood Experiences (ACEs) increase the chances of substance use and addiction.[43] Individuals with substance use disorders can experience negative health and social outcomes, including higher rates of infectious disease (e.g., HIV, hepatitis), cancer, mental illness, domestic violence, crime, financial hardship, housing instability and homelessness, child-abuse, and overdose.[44]

[42] U.S. Department of Health and Human Services, Office of the Surgeon General Facing Addiction in America; The Surgeon General's Report on Alcohol, Drugs, and Health. 2016.

[43] Felitti VJ, et al. Relationship of Childhood Abuse and Household Dysfunction to Many of the Leading Causes of Death in Adults The Adverse Childhood Experiences (ACE) Study. American Journal of Preventative Medicine. 1998; 14(4): 245-258.

[44] U.S. Department of Health and Human Services, Office of the Surgeon General. Facing Addiction in America The Surgeon General's Report on Alcohol, Drugs, and Health. 2016.

Alcohol is the most prevalent substance used nationwide and in Idaho. Excessive drinking, defined as the percentage of the adult population that reports binge or heavy drinking[45] in the past 30 days, is a risk factor for a number of adverse health outcomes such as alcohol poisoning, hypertension, acute myocardial infarction, sexually transmitted infections, unintended pregnancy, fetal alcohol syndrome, sudden infant death syndrome, suicide, interpersonal violence, and motor vehicle crashes. The percentage of adults reporting excessive drinking in Treasure Valley ranges from 13.8% in Owyhee County to 17.9% in Ada County (Figure 60).

Figure 60 **Percent of Adults Reporting Excessive Drinking**

Ada County 17.9% | Canyon County 14.9% | Elmore County 17.3% | Gem County 13.9% | Owyhee County 13.8% | Idaho 16.6%

DATA SOURCE: University of Wisconsin Population Health Institute, County Health Rankings, as cited by Trinity Health Data Hub, 2017
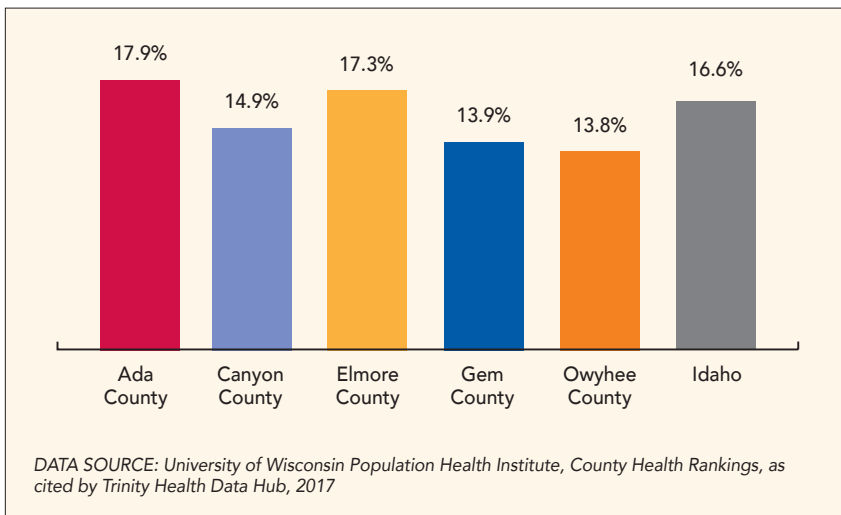
Although the percentage of Idaho students reporting that they drank alcohol or used marijuana one or more times in the past 30 days was lower than nationwide, the percentage who were offered, sold, or given illegal drugs on school property exceeded national rates in 2017 (Figure 61). Effective in 2019, the state of Oregon legalized recreational marijuana use, which may have an impact on Idaho utilization rates over time. Rates for youth in Idaho and the U.S. related to taking prescription drugs without permission in their lifetime were comparable.

Figure 61 **Students Reporting Substance Use**

Drank alcohol on one or more of the past 30 days: Idaho 2019 26.6%, U.S. 2017 29.8% | Used marijuana one or more times during the past 30 days: Idaho 2019 16.9%, U.S. 2017 19.8% | Took prescription drugs without permission (lifetime): Idaho 2019 14.2%, U.S. 2017 14% | Were offered/sold/given illegal drug on school property during past year: Idaho 2019 22.6%, U.S. 2017 19.8%

DATA SOURCE: Idaho Youth Risk Behavior Survey Results, 2019

[45] Binge drinking is defined as a woman consuming more than four alcoholic drinks during a single occasion or a man consuming more than five alcoholic drinks during a single occasion. Heavy drinking is defined as a woman drinking more than one drink on average per day or a man drinking more than two drinks on average per day.

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Looking at the effects of substance use, **the age-adjusted total drug overdose mortality rate [46] in Idaho overall has nearly doubled since 2001**, from 7.9 per 100,000 population in 2001 to 14.5 per 100,000 in 2018, largely due to opioids (Figure 64). Consistent with this finding, community survey participants identified opiates as the drug of greatest concern in the Treasure Valley.

Figure 62   **Drug Overdose Age–Adjusted Mortality Rate in Idaho, per 100,000 Population**

DATA SOURCE: Centers for Disease Control and Prevention, National Vital Statistics System, accessed via CDC WONDER, 2012-2017
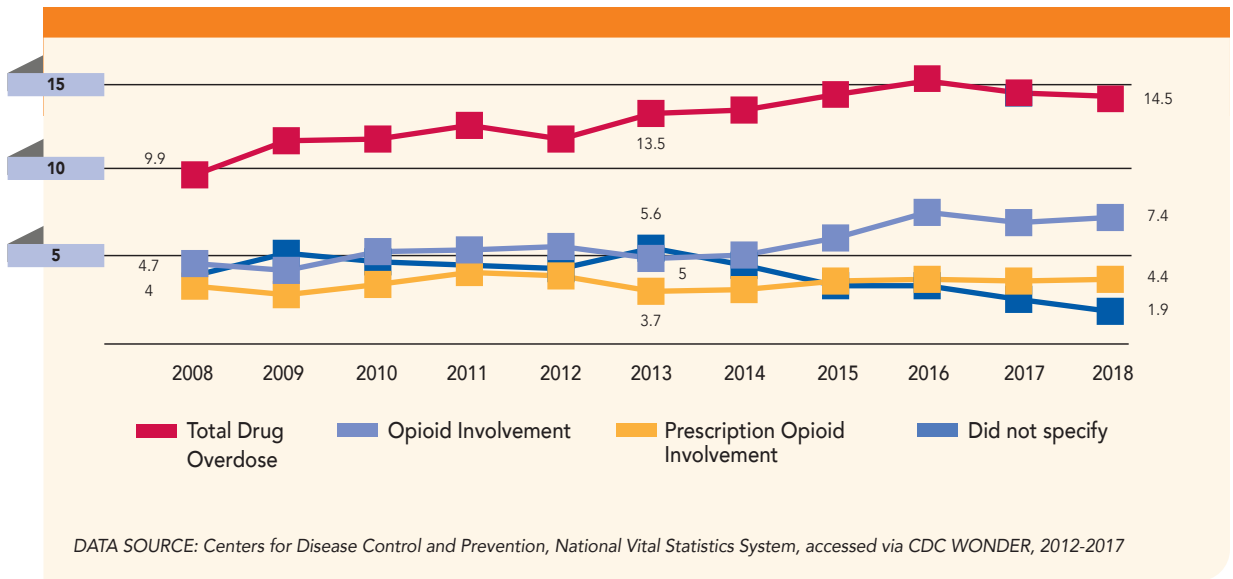
Figure 63   **Drug Overdose Age–Adjusted Mortality Rate per 100,000 Population**

DATA SOURCE: Centers for Disease Control and Prevention, National Vital Statistics System, accessed via CDC WONDER, 2012-2017
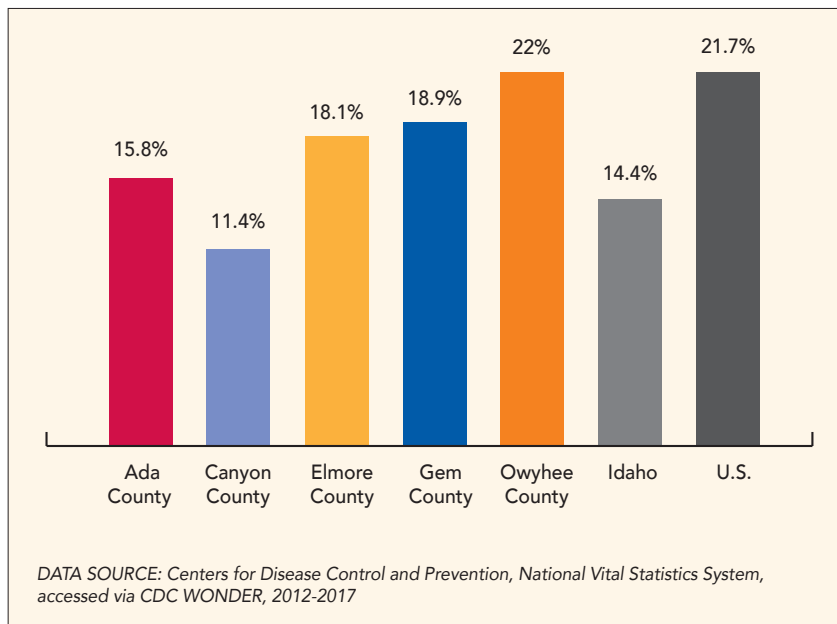
They also described problems with access to treatment services, including issues with insurance which create gaps in service. They noted that many people don't access services until they are referred by the court system, which is too late according to many participants.

[46] Age adjusting rates is a way to make fairer comparisons between groups with different age distributions. For example, a county having a higher percentage of elderly people may have a higher rate of death or hospitalization than a county with a younger population, merely because the elderly are more likely to die or be hospitalized. Age adjustment can make the different groups more comparable.

Tobacco Use

Tobacco use is the leading cause of preventable death and disease in the U.S. and affects not only the user but also those who live with and interact with users. In Idaho overall, about

13.9% of adults are current smokers (Figure 64). Except for Ada County, all counties in the Treasure Valley have higher rates of smoking than statewide.

Figure 64 **Percent of Adults Who are Current Smokers**

Ada County	Canyon County	Elmore County	Gem County	Owyhee County	Idaho	U.S.
12%	14.1%	15.6%	14.1%	15.5%	13.9%	15.7%

Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System, accessed via County Health Rankings, as cited by Trinity Health Data Hub, 2017
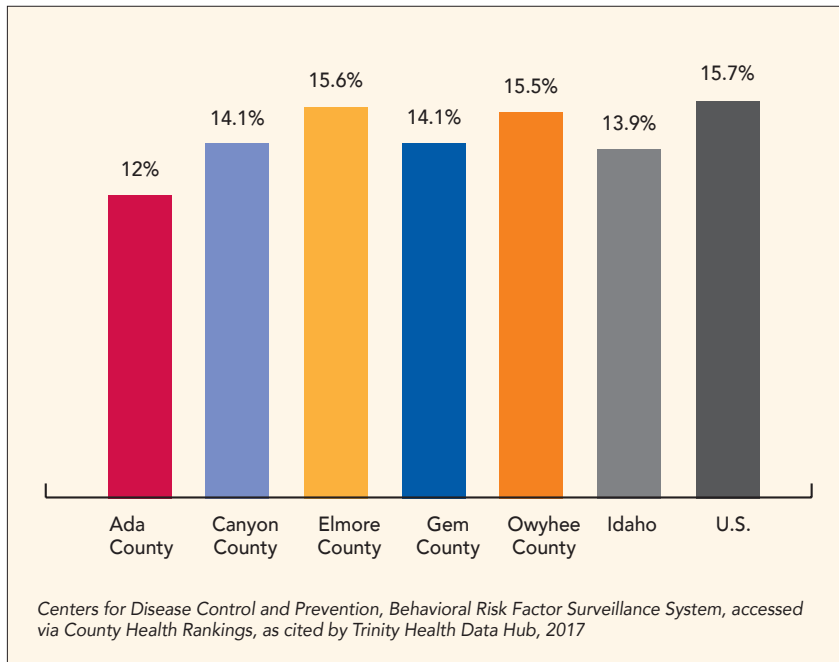
Tobacco use is initiated primarily during adolescence. Teens who use a vape or e-cigarette are nearly three times more likely to try cigarettes. Both nationally and in Idaho, vaping and e-cigarette use are higher than cigarette smoking. While rates of cigarette, cigar, and chewing tobacco use have declined dramatically in Idaho, **more than one in five Idaho high school students report utilizing an e-cigarette or vape in the last 30 days**, which is much higher than the national average (13.2%) in 2017.

Figure 65 **Students Reporting Smoking, Chewing Tobacco and Vaping, Idaho**

Year	2009	2011	2013	2015	2017	2019
Smoked cigarettes, cigars, or chewed tobacco in the past 30 days	26.1%	21.5%	19.7%	17.8%	17.4%	12.5%
Smoked a cigarette on one or more of the past 30 days (e.g. current smoker)	14.5%	14.3%	12.2%	9.7%	9.1%	5.3%
Used an e-cigarette or vape in the past 30 days				24.8%	14.3%	21.5%

DATA SOURCE: Idaho Youth Risk Behavior Survey Results, 2019

Community Feedback on Substance Use:

"Behavioral health services are really lacking. There aren't many and they're not close by for rural residents. The cost and the time really add up."

– Rural Community Member

"The problem is we are receiving this information through the drug court; we need these resources sooner."

– Rural Community Member

47 U.S. Department of Health and Human Services. The Health Consequences of Smoking—50 Years of Progress. A Report of the Surgeon General. Atlanta: GA: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Office on Smoking and Health, 2014.

48 Berry, K. M., Fetterman, J. L., & Benjamin, E. J. (2019, February 1). Association of Electronic Cigarette Use With Subsequent ... Retrieved May 26, 2020, from https://jamanetwork.com/journals/jamanetworkopen/fullarticle/2723425

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"[Lack of] access to exercise opportunities and obesity are common issues for adults."
– Community Member

"In Treasure Valley there is ready access to nature, plentiful gyms, the greenbelt, and trail systems."
– Community Member

New Federal legislation in 2020 raised the minimum sale age of all tobacco products (including vape and e-cigarette) to 21. State legislation proposed in 2020 to raise Idaho's minimum sale age of tobacco products to 21, and create consistency between federal and state law, failed to pass. The lack of consistency between federal and state laws has not only created confusion for retailers, but Idaho also faces a loss of federal funds for cessation programming and enforcement as a result.[49]

United Way of Treasure Valley and Saint Alphonsus Health System helped pass state legislation in 2020 to bring uniformity to the definition of tobacco products between e-cigarettes, vape products, and other tobacco products. This legislation will ensure consistency between traditional tobacco retailers and e-cigarette and vape-only retailers for licensing and enforcement.

Healthy Weight: Physical Activity, Active Transportation, Nutrition, and Food Security

There is strong science supporting the health benefits of maintaining a healthy weight through physical activity and a healthy diet. Obesity, defined as a Body Mass Index of 30 or more, is nationally the second leading cause of preventable death and disease after tobacco use. **Obesity has not only persisted in the Treasure Valley, it has increased over time, from 22.1% of adults in 2004 to 28.5% in 2016** (Figure 126, Appendix).

Overall, 29.1% of Idaho residents are obese; the rate is higher among males (30.2%) than females (28.1%).[50] The problem of obesity is particularly acute in the Treasure Valley where the percentage of adults who are obese exceeds the statewide rate of 29.1% in all of the counties except Ada County. The percent of obese adults ranges from 25.3% in Ada County to 40% in Owyhee County (Figure 66).

Figure 66 **Percentage Adults That are Obese**

Ada County	Canyon County	Elmore County	Gem County	Owyhee County	Idaho	U.S.
25.3%	34.8%	35.3%	37.3%	40%	29.1%	28.8%

DATA SOURCE: Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, as cited by Trinity Health Data Hub, 2016
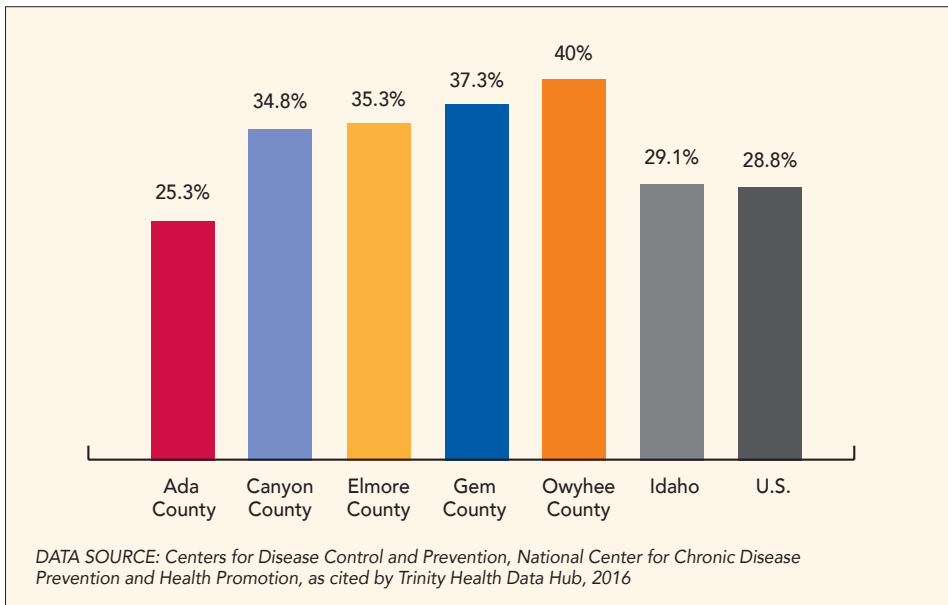
[49] Blake, R. (2020, February 27). Idaho will lose federal funds after Senate kills bill to raise Idaho's legal tobacco age to 21. Retrieved May 26, 2020, from https://magicvalley.com/news/local/govt-and-politics/idaho-will-lose-federal-funds-after-senate-kills-bill-to-raise-idahos-legal-tobacco-age/article_c22961c0-90b6-597a-968d-f084400bf8bb.html

[50] DATA SOURCE: Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, as cited by Trinity Health Data Hub, 2016

Childhood Obesity

Weight issues start early and compromise the health and well-being of young people, setting them up for lifelong health challenges. Although at 12.1%, the percentage of Idaho's high school students who were overweight or obese in 2019 was lower than the nationwide rate of 14.8%, younger students had the highest rates of overweight and obesity among Idaho's high school students (Figure 67).

Percentage of Idaho Students Who Were Overweight or Obese

DATA SOURCE: Idaho Youth Risk Behavior Survey Results, 2019
NOTE: Obesity is at or above the 95th percentile for Body Mass Index

According to the 2019 Youth Risk Behavior Survey (YRBS), 12.4% of Idaho high school youth are overweight and 44.7% are trying to lose weight (Figure 68).

Self-reported obesity is lowest among Idaho children who are White, non-Hispanic at 12%; the rate among Hispanic children is double (24%) that of White children. Those who identify as Other, non-Hispanic have the highest rate of self-reported obesity at 33%.[51]

Student Weight and Activity
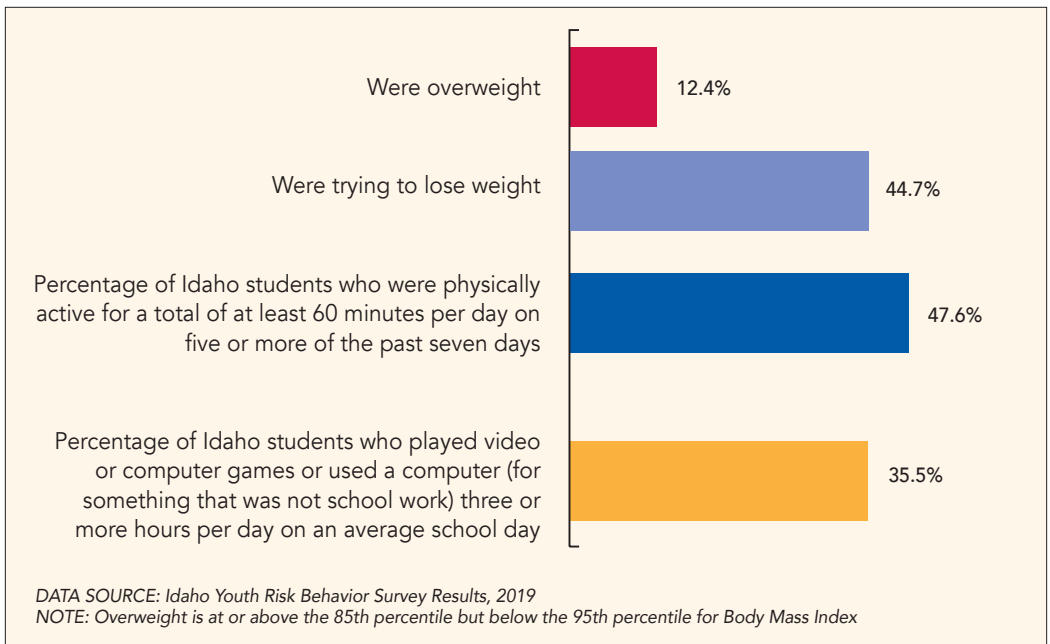
Were overweight	12.4%
Were trying to lose weight	44.7%
Percentage of Idaho students who were physically active for a total of at least 60 minutes per day on five or more of the past seven days	47.6%
Percentage of Idaho students who played video or computer games or used a computer (for something that was not school work) three or more hours per day on an average school day	35.5%

DATA SOURCE: Idaho Youth Risk Behavior Survey Results, 2019
NOTE: Overweight is at or above the 85th percentile but below the 95th percentile for Body Mass Index

[51] DATA SOURCE: Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, as cited by Trinity Health Data Hub, 2016

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"Outdoor recreation is very accessible, and it doesn't cost much to access."
– Community Member

"The parks are scary looking."
– Rural Community Member

Physical Activity

Physical activity is essential to physical and mental well-being and is fundamental to healthy weight. In 2018, the U.S. Department of Health and Human Services released its second edition of the Physical Activity Guidelines for Americans, which provides science-based guidance to help people ages three years and older improve their health through participation in regular physical activity.[52] The Guidelines call for youth, ages six to 17, to get one hour of moderate to vigorous physical activity each day. Adults should get two and a half to five hours per week of moderate-intensity exercise, or 75 minutes to two and a half hours per week of vigorous-intensity aerobic physical activity. These levels of physical activity are associated with improved weight status, cognition, and bone health.

While data on physical activity among adults across the Treasure Valley are not available, in Boise City it appears that the percentage of adults engaging in physical activity has increased over the past few years, though it is still below the national average.

As shown in Figure 69, **less than half (47.6%) of students participating in the 2019 YRBS reported being physically active for at least 60 minutes per day on five or more days in the past week**. More than one-third (35.5%) reported playing video games or using a computer for something not related to school work for three or more hours a day on an average school day. According to recent studies, children who participate in two hours or more of screen time daily are at a higher risk for obesity.[53]

Physical activity opportunities across the region vary widely. Within the Treasure Valley area, the percent of the population living within half a mile of a park ranges from 5.8% in Gem County to 35.2% in Ada County. In Idaho overall, 28.4% of the population lives within 0.5 miles of a park, lower than the national rate of 38%.[54]

Figure 69 **Percentage of Adults with No Leisure Time Activity During the Past Month**

DATA SOURCE: Get Healthy Idaho Report, 2019
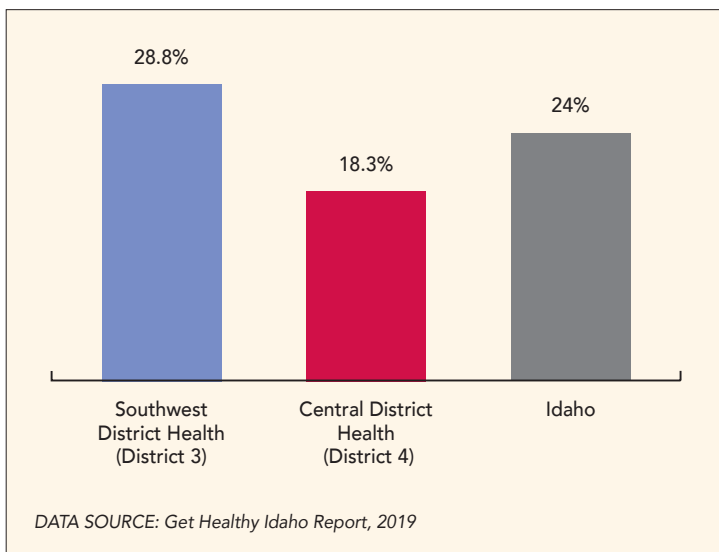
[52] HHS Office, & Council on Sports. (2019, February 01). Physical Activity Guidelines for Americans. Retrieved May 26, 2020, from https://www.hhs.gov/fitness/be-act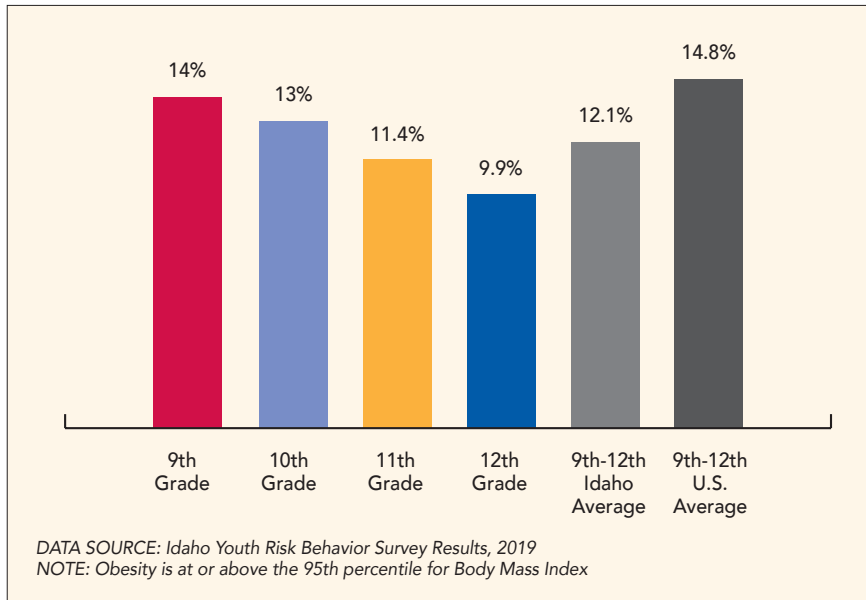ive/physical-activity-guidelines-for-americans/index.html [53] DATA SOURCE: Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, as cited by Trinity Health Data Hub, 2016

[53] Fang, K., Mu, M., Liu, K., & He, Y. (2019, September). Screen time and childhood overweight/obesity: A systematic review and meta-analysis. Retrieved May 26, 2020, from https://www.ncbi.nlm.nih.gov/pubmed/31270831

[54] U.S. Census Bureau, Decennial Census. ESRI Map Gallery, as cited by Trinity Data Hub, 2013.

Some assessment participants described the opportunities for exercise as inadequate in the Treasure Valley. They explained that there are too few gyms and sidewalks, too few parks that are safe and inviting, and the reliance on cars diminishes the amount of exercise residents get.

Active Transportation

Modes of active transportation, such as walking and bicycling, offer many benefits, including physical activity.[55] To promote active transportation, safe, well-maintained, connected travel routes are needed throughout communities. Such paths and trails are not only useful for recreation, but they provide access to critical resources and services in communities.

Permanently-installed bicycle and pedestrian counter stations have been distributed by Community Planning Association of Southwest Idaho (COMPASS) throughout the Treasure Valley to measure the number of bicyclists and pedestrians 24 hours per day, every day of the year. COMPASS has recorded data on the number of pedestrians and cyclists in specific areas of the Treasure Valley in 2019. In Boise (recorded at Anne Frank Memorial), the daily average number of pedestrians was 643 and the daily number of cyclists was 857. In Caldwell (recorded at Indian Creek), the daily average number of pedestrians was 594 and the daily number of cyclists was 19; in Nampa (recorded at Wilson Pathway), the daily number of pedestrians and cyclists were 213 and 39, respectively.

Active transportation to and from school can benefit students while also reducing congestion and auto emissions in and around school facilities.[56] Nationally, rates of active transportation declined substantially over the past 50 years. Healthy People 2020 offers two goals aimed at reversing this trend: (1) to increase the proportion of walking trips to school of less than one mile and (2) to increase the proportion of bicycling trips to school of less than two miles.[57]

Community Feedback on Physical Activity:

"It is a 'vehicle-centric' community. We are trying to make it more walkable and bikeable, but the community has a mindset that you must drive."
– Community Member

[55] Pucher, J., R. Buehler, D. R. Bassett and A. L. Dannenberg (2010). "Walking and cycling to health: a comparative analysis of city, state, and international data." Am J Public Health 100(10): 1986-1992.

[56] Larouche, R., Mammen, G., Rowe, D.A. et al. Effectiveness of active school transport interventions: a systematic review and update. BMC Public Health 18, 206 (2018). https://doi.org/10.1186/s12889-017-5005-1

[57] United States Department of Health and Human Services, Office of Disease Prevention and Health Promotion. Healthy People 2020 Topics & Objectives. https://www.healthypeople.gov/2020/topics-objectives/topic/physical-activity/objectives

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Nutrition

A nutritious diet is essential to prevent heart disease, cancer, and obesity, the most common causes of death. Diets high in sugar, fat, and sodium and low in fruits, vegetables, and whole grains are commonplace in the U.S. Improving the dietary habits of children and adults is critical to improving community health.[58]

In Boise City, MSA (Ada, Boise, Canyon, Gem, and Owyhee Counties), and nationally, adults consumed more fruits and vegetables between 2015 and 2017 (Figure 70 and Figure 71). Approximately 15% of adults in Boise City, MSA reported consuming vegetables less than one time per day in 2017.

Figure 70 | **Adults Consuming Fruit Less Than One Time per Day**

DATA SOURCE: Centers for Disease Control, Behavioral Risk Factor Surveillance System (BRFSS), 2013-2017
NOTE: Boise City, MSA includes Ada, Boise, Canyon, Gem, and Owyhee Counties
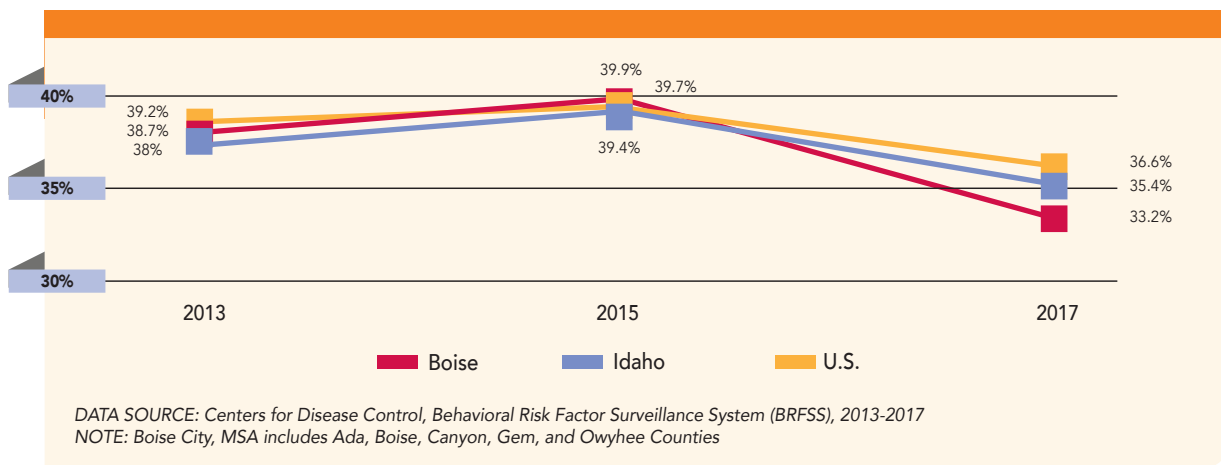
Figure 71 | **Adults Consuming Vegetables Less Than One Time per Day**

DATA SOURCE: Centers for Disease Control, Behavioral Risk Factor Surveillance System (BRFSS), 2013-2017
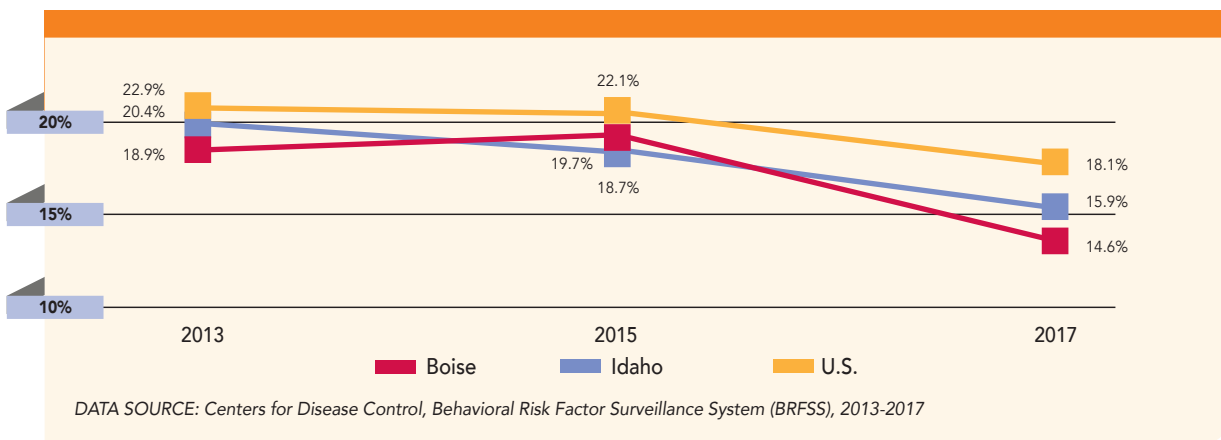
However, in Idaho and in the U.S., fewer than one-fifth of adults report consuming the recommended five or more servings of fruits and vegetables a day (Figure 130, Appendix).

Focus group and interview participants believed that the high cost of fresh foods and limited access to stores where they are sold were linked to poor diets. They also argued that a lack of knowledge about the importance of a healthy diet puts Treasure Valley residents at risk for diet-related poor health outcomes.

[58] Dietary Guidelines 2015-2020. (n.d.). Nutrition and Health are Closely Related. Retrieved May 26, 2020, from https://health.gov/our-work/food-nutrition/2015-2020-dietary-guidelines/guidelines/introduction/nutrition-and-health-are-closely-related/

Hunger and Food Insecurity

There are 83,400 residents of the Treasure Valley are not certain where they will get their next meal.[59] These residents experience food insecurity, meaning they do not have enough food in their homes due to a lack of resources. Hunger often occurs because of food insecurity, but the two concepts are not the same. Hunger is a personal, physical discomfort or illness caused by an involuntary lack of food; food insecurity is the lack of financial resources to get enough food. In Idaho, food insecurity affects 12.3% of the total population and 15.8% of those under the age of 18. Within the Treasure Valley, Gem County has the highest percentage of food-insecure residents, and the highest percentage of children under 18 facing food insecurity reside in Owyhee County. [60] Ada County has the greatest number of people (52,080) who are food insecure.

The Supplemental Nutrition Assistance Program, or SNAP, provides a monthly financial supplement to eligible families to purchase nutritious foods. In 2017-2018, in order to be eligible for SNAP, a family of four could have a gross household income of no more than $2,665 per month.[61] Statewide, 10.6% of families received SNAP benefits between 2014 and 2018 as shown below in Figure 72.

Figure 72 **Percent of Households Receiving SNAP**

DATA SOURCE: Centers for Disease Control and Prevention, National Vital Statistics System, accessed via CDC WONDER, Trinity Health Data Hub, 2014-2018
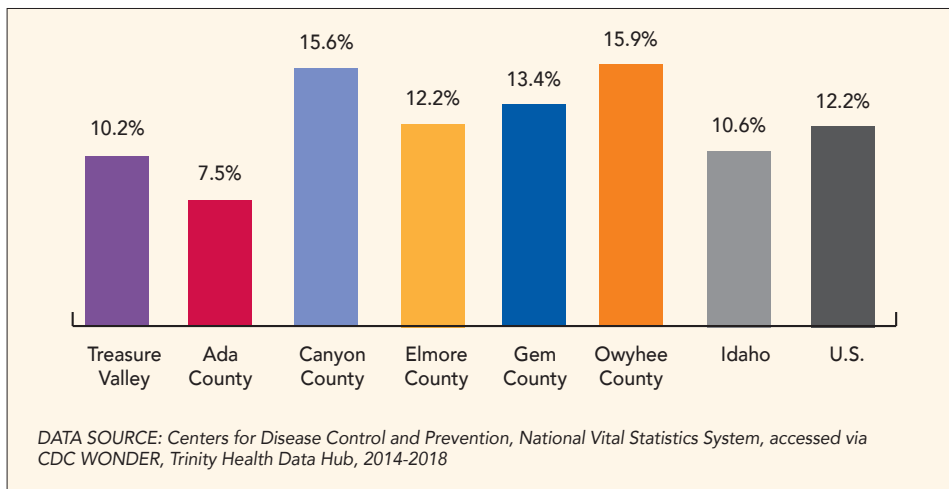
Figure 73 **Percentage of Population Food–Insecure**

DATA SOURCE: U.S. Census Bureau, American Community Survey 5-Year Estimates, as cited by Trinity Health Data Hub, 2014-2018
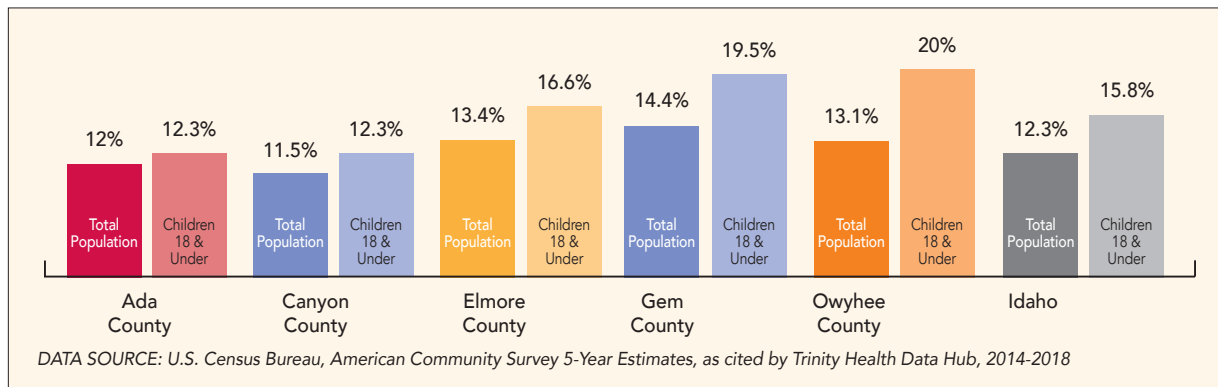
[59] Data SOURCE: U.S. Department of Agriculture, Economic Research Service, USDA – Food Access Research Atlas. 2015, Trinity Health Data Hub

[60] DATA SOURCE: University of Wisconsin Population Health Institute, County Health Rankings, Trinity Health Data Hub, 2016

[61] 2016 – 2017 Food Stamp (SNAP) Income Eligibility Levels, Deductions and Benefit Allotment Payments. (2017, February 02). Retrieved May 26, 2020, from https://www.savingtoinvest.com/food-stamp-snap-income-eligibility-levels-deductions-and-benefit-allotment-payments/

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School Meals

Schools play an important role in the hunger safety net by providing free meals to students from families with incomes less than 130% of the Federal Poverty Level (FPL) and reduced-priced meals (.30 for breakfast and .40 for lunch) to those between 130% and <185% of the FPL. Several schools operate on the USDA's "Community Eligibility Program," which allows all students in high-poverty schools to eat free of charge without paperwork to prove their eligibility. Other school-based food programs include backpack programs, fruit and vegetable programs, and school-based pantry programs.

Such programs are often the result of crucial partnerships between schools, local agencies, and businesses, and yield important benefits for local children and families.

Food insecurity affects both adults and children, but it is particularly dangerous for children whose physical, social, emotional, and cognitive development are at risk. School-based food programs help students to stay focused and ready to learn. They contribute to important health and academic outcomes such as obesity prevention, improved attendance, and improved test scores.

Figure 74 — Percent of All Students Eligible for Free/Reduced Price Lunch, 2016–2017
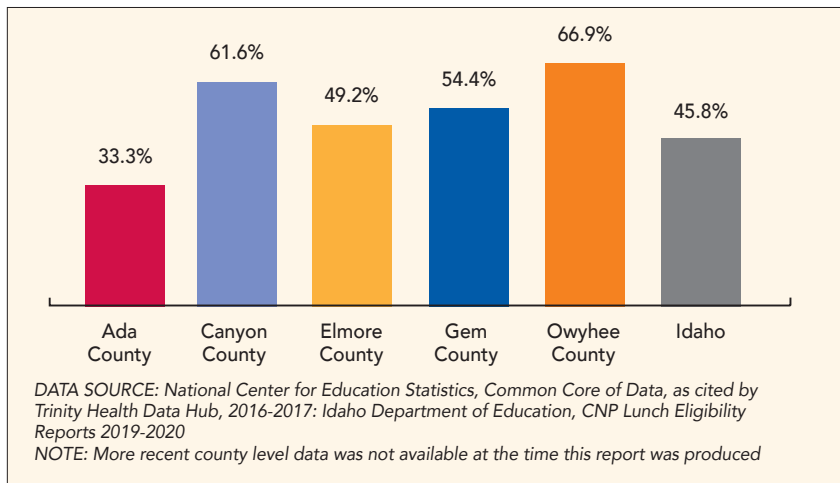
In the Treasure Valley, the proportion of students who qualified for free or reduced-price lunch exceeded the statewide rate of 45.8% in all but one county in the 2016-17 school year (Figure 74).

DATA SOURCE: National Center for Education Statistics, Common Core of Data, as cited by Trinity Health Data Hub, 2016-2017: Idaho Department of Education, CNP Lunch Eligibility Reports 2019-2020
NOTE: More recent county level data was not available at the time this report was produced

Figure 75 — Percent of Idaho Students Eligible for Free/Reduced Price Lunch

The percent of Idaho students who qualify for free or reduced-price lunch has remained fairly consistent since 2013, although there were slight decreases in 2018 and 2019 (Figure 75).

DATA SOURCE: Idaho Department of Education, CNP Lunch Eligibility Reports 2018-2019

NOTE: Community Eligibility Provision (CEP) allows schools and local educational agencies (LEAs) to provide free breakfast and lunch to students in high-poverty areas. CEP determines eligibility from programs such as the Supplemental Nutrition Assistance Program (SNAP) and the Temporary Assistance for Families in Idaho (TAFI) instead of relying on the collection of household applications.

Food Deserts

Several areas in the Treasure Valley are classified as "food deserts," which are areas with limited access to places where individuals and families can purchase foods (Figure 76). Food deserts, which typically occur in lower-income neighborhoods, might offer fast food establishments or convenience stores rather than grocery stores or farm stands with fresh fruits and vegetables. The classification of a food desert considers distance to stores and whether people need vehicles to reach those stores rather than being able to walk, ride a bike, or use public transportation. The map below depicts food deserts in a census tract that includes Owyhee, Ada, Canyon, and Elmore Counties; it also shows that most of Owyhee County is classified as a food desert.

Figure 76 **Food Desert**

DATA SOURCE: U.S. Department of Agriculture, Economic Research Service, USDA – Food Access Research Atlas. 2015.

Focus group and interview participants frequently talked about food security issues. They described "food deserts" and explained that transportation barriers complicate access to grocery stores or other places that sell food. They reported that in many communities, there is no grocery store, which requires many residents to travel to do their food shopping. Further, **because of the high cost of living, participants shared that residents are often forced to choose between food and other basic needs**.

Access to fast food in the Treasure Valley varies by county. Ada County has the most fast food establishments (81.6 per 100,000 population) and Owyhee County has the fewest (44.4 per 100,000) (Figure 131, Appendix).

As illustrated in Figure 77, the proportion of fast food restaurants per 100,000 population has slightly increased from 2010 to 2016 within the Treasure Valley, Idaho, and nationwide. Treasure Valley had 65.7 fast food restaurants per 100,000 population in 2010 and 77.9 per 100,000 in 2017.

Figure 77 **Rate of Fast Food Restaurants per 100,000 Population**

DATA SOURCE: U.S. Census Bureau, County Business Patterns, additional data analysis by CARES, as cited by Trinity Health Data Hub, 2017

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Safety

Injuries and violence are widespread in society. Unintentional injuries and those caused by acts of violence are among the top causes of mortality across all ages. Beyond their immediate health consequences, injuries and violence have a significant impact on the well-being of individuals, families, and communities by contributing to premature death, reduced quality of life, mental illness, high health care costs, and lost productivity.[63] **Rates of violent crime, including murder, rape, robbery, and aggravated assault, have remained relatively consistent since 2016**.[64] Overall, survey respondents and focus group participants reported that they feel safe in their communities.

While most residents feel safe in their community, reported cases of domestic violence are increasing, and some residents are not able to feel safe in their own homes. Domestic violence is the use of abusive behavior by a partner in any intimate relationship to gain or keep control over another partner. This type of violence can be physical, sexual, emotional, economic, or psychological.[65] There were 5,774 reported incidents of violence between spouses, ex-spouses, and those in dating relationships in 2017. Seventeen Idahoans died because of domestic violence incidents; the number of domestic violence related fatalities has increased yearly since 2014. A rape occurs approximately every 15.4 hours in the state of Idaho.[67]

Human trafficking is a form of modern slavery, and it is a problem in every state. Human trafficking is a business of profiting from stealing someone else's freedom. Human traffickers trick or force victims into providing commercial sex, or manipulate or force victims into working in illegal or inhumane conditions. Human trafficking remains a highly under-reported crime.[68] In 2017, the National Human Trafficking hotline received 14 reported cases of human trafficking from Idaho. In 2018 that number nearly doubled to 26 cases.[69]

Human error, fatigue, operator health, and risky behaviors are safety challenges in every form of transportation.[70] The most recent Idaho Youth Risk Behavior Factor Survey showed that **almost half of students in Idaho reported texting or emailing while driving during the past 30 days**, which is more than the national average. In the 2020 legislative session, Idaho passed a "Hands-Free Law" that will prohibit the use of an electronic mobile device while driving.[71]

Figure 78   **Students Reporting Safety Issues**

DATA SOURCE: Idaho Youth Risk Behavior Survey Results, 2019
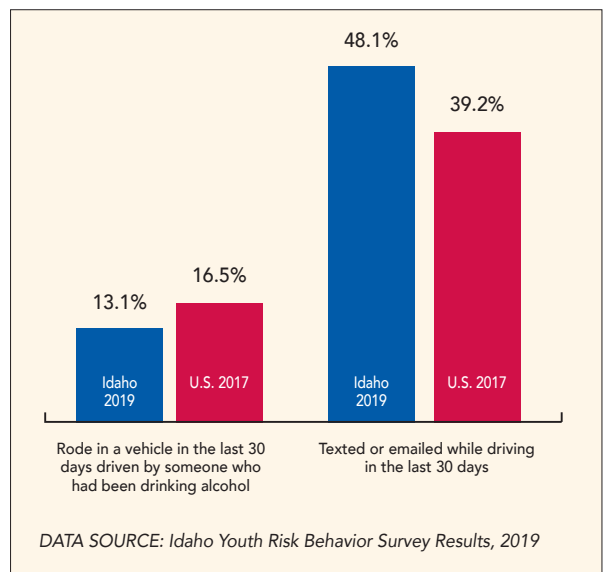
[63] Florence C, Simon T, Haegerich T, Luo F, & Zhou C. (2015). Estimated lifetime medical and work-loss costs of fatal injuries-United States, 2013. MMWR: Morbidity and mortality weekly report, 64(38), 1074-1077.

[64] America's Health Rankings, United Health Foundation. (2020). Violent Crime. Retrieved May 26, 2020, from https://www.americashealthrankings.org/explore/annual/measure/Crime/state/ID

[65] Idaho Coalition Against Sexual & Domestic Violence. (2018). Idaho Domestic Violence Fact Sheet. Retrieved May 26, 2020, from https://idvsa.org/wp-content/uploads/2018/10/2018-Idaho-DV-Factsheet.pdf

[66] Women's & Children's Alliance. (2020). Statistics. Retrieved May 26, 2020, from http://www.wcaboise.org/about-us/statistics/

[67] Women's & Children's Alliance. (2020). Statistics. Retrieved May 26, 2020, from http://www.wcaboise.org/about-us/statistics/

[68] National Human Trafficking Hotline. (2019). Idaho. Retrieved May 26, 2020, from https://humantraffickinghotline.org/state/idaho

[69] National Human Trafficking Hotline. (2019). Idaho. Retrieved May 26, 2020, from https://humantraffickinghotline.org/state/idaho

[70] U.S. Department of Transportation. (2019). Safety and Health. Retrieved May 26, 2020, from https://www.transportation.gov/policy/transportation-policy/safety

[71] Idaho Press. (2020, March 19). Senate passes statewide hands-free law for drivers on cell phones, sends to governor. Retrieved May 26, 2020, from https://www.idahopress.com/eyeonboise/senate-passes-statewide-hands-free-law-for-drivers-on-cell/article_bd695051-29c1-5ba6-8a8b-8fc9ac70e2fc.html

The age-adjusted[72] motor vehicle accident mortality rate, is consistently higher in Idaho compared to the United States overall (Figure 79). While rates in the U.S. and in Idaho declined between 2004 and 2011, both rates increased again between 2014 and 2016.

Focus group participants explained that increased growth in the Treasure Valley has resulted in traffic, described as being a safety risk. As one community member summarized, "Lots of accidents occur due to traffic."

Figure 79   **Age–Adjusted Motor Vehicle Accident Mortality Per 100,000 Population**

DATA SOURCE: http://gethealthy.dhw.idaho.gov/index.php/home/get_dashboard/14#25
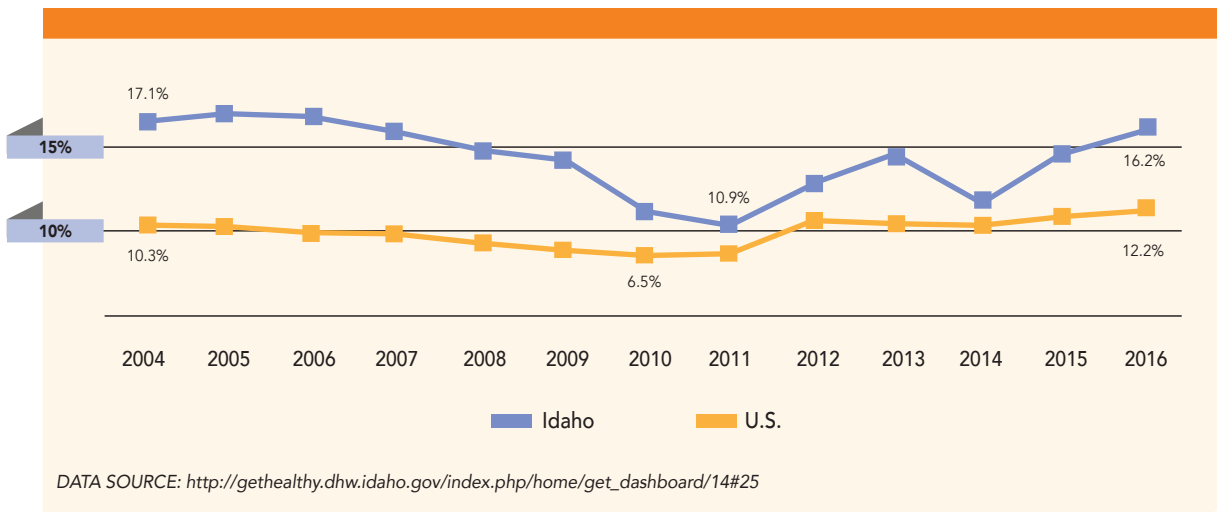
Community Feedback on Safety:

"*[Our biggest challenge is] some pockets of our community who discriminate. Boise is still small, which is good and bad; sometimes it makes it so people don't seek [domestic abuse] services.*"
— *Nonprofit Professional*

"*[My] children like it, more peaceful and tranquil than where we came from.*"
— *Refugee and Community Member*

[72] Age-adjusting rates is a way to make fairer comparisons between groups with different age distributions. For example, a county having a higher percentage of elderly people may have a higher rate of death or hospitalization than a county with a younger population, merely because the elderly are more likely to die or be hospitalized. (The same distortion can happen when comparing races, genders, or time periods.) Age adjustment can make the different groups more comparable.

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Policy, Systems, and Environmental Change Recommendations:

Policy, systems, and environmental change approaches seek to go beyond programming and into the systems that create the structures in which we work, live, and play. These approaches often work hand-in-hand where, for example, and environmental change may be furthered by a policy of systems change. Similarly, a policy could be put in place that results in additional environmental changes. The process is not linear. At the end of the day, an effective PSE approach should seek to reach populations and uncover strategies for impact that are sustainable. Efforts may accelerate the adoption or implementation of effective interventions by effectively integrating approaches into existing infrastructures. Such approaches often include advocates, and decision and policy makers.[73]

General Health and Well–Being

- Provide the co-location of services to increase accessibility of existing resources, such as the Community School Strategy utilized by United Way of Treasure Valley and at 30 schools in southern Idaho.
- Provide integrated services where possible, such as behavioral health or dental health integrated into medical practices, etc.
- Support ongoing funding of Medicaid expansion, and explore waivers to provide reimbursement for high-need medical and behavioral health services.
- Increase number of innovative programs that encourage healthy food consumption, such as the Terry Reilly Fruit and Vegetable Prescription Program which provides prescriptions for fruits and vegetables, and Idaho Foodbank's Cooking Matters, which teaches food budgeting and preparation skills to help participants make positive changes in eating habits.
- Increase availability of programs that provide mental health treatment for victims of domestic and sexual abuse and victims of human trafficking.
- Increase the implementation and provision of trauma-informed services and practices.
- Increase the provision of supportive and wrap-around services to residents of affordable housing developments.
- Increase walkability/bikeability of local communities through city policies and street design guideline changes.

Health Care Access

- Implement coordinated care among providers and systems.
- Increase provision and utilization of health services through Telehealth systems.
- Increase availability of health care workforce development programs that decrease provider shortages such as Family Medicine Residency of Idaho's Teaching Health Centers and Residency Programs, and recruiting mid-level providers (e.g., physician assistants, nurse practitioners) to supplement care teams.
- Expand the use of multi-sector health collaboratives that advance population level health outcomes such as the Western Idaho Community Health Collaborative.
- Increase the number of Community Health Workers, Navigators, Peer Support Specialists, and Community School Coordinators to connect individuals and families with existing community resources.

Behavioral Health

- Increase access to Social Emotional Learning in school systems, which has proven to reduce learning barriers by enhancing school attachment, reducing risky behaviors and promoting positive development, and thereby positively influencing academic achievement.

PSE
Policy, Systems, and Environmental Changes

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[73] The Food Trust. (2012). What Is Policy, Systems and Environmental (PSE) Change? Retrieved May 26, 2020, from http://healthtrust.org/wp-content/uploads/2013/11/2012-12-28-Policy_Systems_and_Environmental_Change.pdf

- Establish more community-based coalitions and work groups to address ACEs, such as 2C Kids Succeed in Canyon County.

- Increase access to school-based mental health services through innovative strategies such as private mental health providers co-locating at schools to provide individualized mental/behavioral health services.

- Incentivize behavioral health providers to practice in rural communities, or to work specifically with youth and adolescents.

- Increase the utilization of Telehealth systems for behavioral health and substance use treatment providers.

- Implement city and statewide policies to limit e-cigarette and vape access to youth.

- Evaluate the opportunities to implement flavor bans for e-cigarettes and vapes at the city and state level.

- Implement e-cigarette and vape cessation programs specific to students who want or need to quit.

- Increase the state tobacco sales tax.

Nutrition

- Provide affordable fresh fruit and vegetable options at convenience stores and other neighborhood retail outlets.

- Attract and develop grocery stores and supermarkets in food deserts.

- Improve transportation access to grocery stores through innovative programs like the North Nampa Grocery Shuttle.

- Continue to support implementation of nutrition standards for meals and Smart Snacks, which make the healthy choice the easy choice for students.

- Promote the development of Community Gardens.

- Increase Supplemental Nutrition Assistance Program (SNAP) participation and promote acceptance of SNAP at more local farmers markets.

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Education

Education is an important issue facing Idahoans and is a significant Social Influencer of Health. Yet Idaho's average spending per pupil was the second lowest nationwide in 2017.[74] Repeatedly mentioned by assessment participants was the need for access to affordable, quality educational opportunities from early childhood through postsecondary levels. There is a correlation between education and economic status, and education is a foundational socioeconomic driver for the health and well-being of individuals, families, and communities.

Early Childhood Education and School Readiness

On average, the number of days between birth and the first day of kindergarten for Treasure Valley children is 1,825. Early childhood, during these first five years of life, impacts long-term social, cognitive, emotional, physical, and financial development.[75, 76] Healthy development in early childhood helps prepare children for kindergarten and beyond.

Idaho has a lack of affordable, high-quality early education and child care options. Child care deserts are defined as any census tract with more than 50 children under age five that contains either no child care providers, or so few options that there are more than three times as many children as licensed child care slots. In Idaho, 49% of people live in a child care desert. Child care availability is especially low for Hispanic or Latino families (56%) and rural families (65%). In Idaho overall, 63% of mothers of young children participate in the workforce. Many parents are struggling to find affordable high-quality child care.[77]

Among the survey respondents, 39.4% indicated that affordable child care was a top concern for members of their community. Focus group and interview participants also described the lack of child care as a major issue in the Treasure Valley. In some areas, they explained, there are a limited number of child care providers, and child care is often not offered at times convenient for those with nontraditional work hours. Often, they added, available child care is unaffordable, forcing parents to choose between work and child care. They explained that parents often have to work multiple jobs or make the choice to not work because of the cost of child care.

[74] Richert, K. Census Report: Idaho Ranks Next to Last in Per-Pupil Spending. Retrieved May 27, 2020, from https://www.idahoednews.org/kevins-blog/census-report-idaho-ranks-next-to-last-in-per-pupil-spending/

[75] Karoly LA, Kilburn MR, Cannon JS. Early childhood interventions: proven results, future promise. Santa Monica (CA); Rand Corporation; 2005.

[76] Anderson LM, Shinn C, Fullilove MT, Scrimshaw SC, Fielding JE, Normand J; Task Force on Community Preventive Services. The effectiveness of early childhood development programs: a systematic review. Am J Prev Med. 2003;24(3):32-46.

[77] DATA SOURCE: Center for American Progress, Child care Deserts, 2017

The percent of income spent on child care varies based on the type of family structure; single parents in Idaho with two children spend over 60% of their income on child care each month (Figure 80).

The annual price of having an infant in center-based care in Idaho is $8,600 in a child care center, and about $7,400 for in-home care. These costs are comparable to the average $7,590 annual tuition of a four-year public university in Idaho.[78] A recent study conducted by the U.S. Chamber of Commerce found that Idaho's economy annually loses an estimated $479 million due to child care issues, including lost tax revenue, employee absences, and employee turnover due to unstable child care.[79]

Figure 80

Percent of Income Spent on Child Care

DATA SOURCE: Child Care Aware of America, 2019
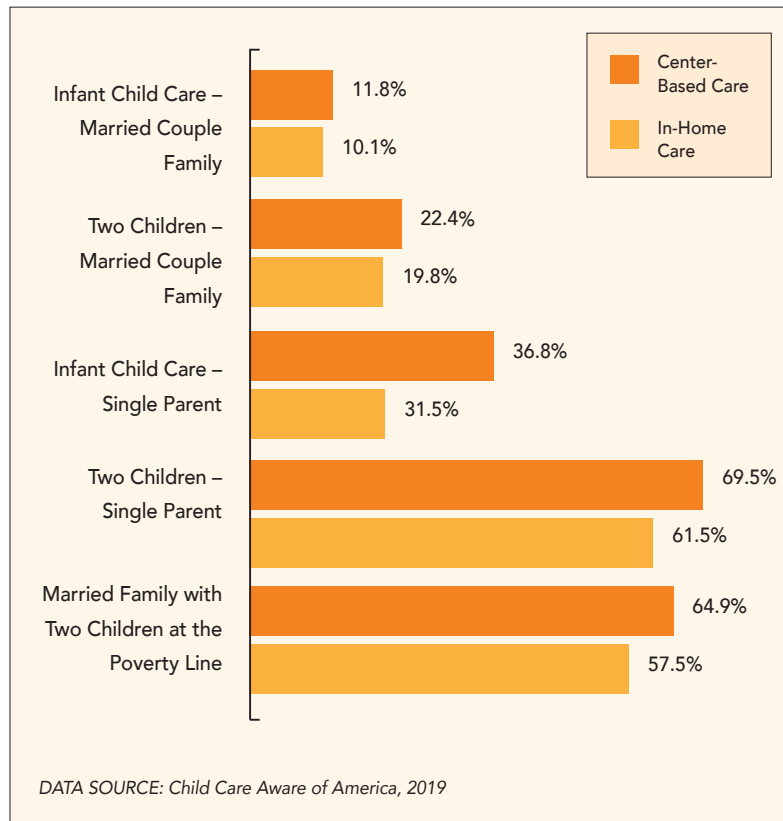
Figure 81

Early Childhood Enrollment Population Aged 3–4 years

DATA SOURCE: U.S. Census Bureau, American Community Survey 5-Year Estimates, as cited by Trinity Health Data Hub, 2014-2018
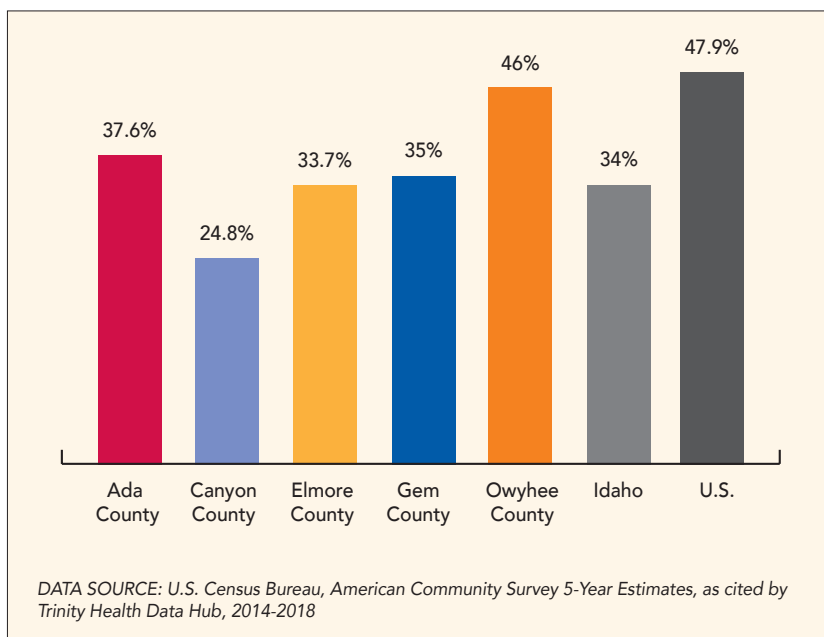
Given the lack of programs and the high cost of child care, the percentage of three- and four-year-old children enrolled in early childhood programs is lower in the Treasure Valley compared to the U.S. overall.

Community Feedback on Education:

◄ *"Child care is expensive, and families need two incomes to pay for housing and transportation, let alone child care."*
   – Community Member

◄ *"Employees in businesses struggle to find child care. [They are] calling in and missing days of work due to lack of child care."*
   – Nonprofit Professional

[78] Child Care Aware America. Price of Child Care in Idaho. https://info.childcareaware.org/hubfs/2019%20Price%20of%20Care%20State%20Sheets/Idaho.pdf?utm_campaign=2019%20Cost%20of%20Care&utm_source=2019%20COC%20-%20ID

[79] Burt, A. (2020, March 01). Idaho loses millions in potential revenue due to inadequate child care, study finds. Retrieved May 27, 2020, from https://idahoaeyc.org/news/2020/3/1/idaho-loses-millions-in-potential-revenue-due-to-inadequate-child-care-study-finds

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< *"Kids need a good start so that they don't get behind. Students won't ever get ahead if they start behind."*
— Early Education Professional

< *"Head Start is really helpful for the students AND the families."*
— Preschool Parent and Community Member

< *"[Our most pressing concerns are] early education. Getting kids from birth to age five a solid start in education."*
— Nonprofit Professional

Head Start programs are federally funded programs for children ages birth to five from low-income families that support the development of the whole child and promote school readiness.[80] Owyhee and Elmore Counties have the highest percentage of Head Start programs in the Treasure Valley region (Figure 82). While the Head Start program is valuable to low-income families, a large number of families who struggle financially are ineligible for this program due to income requirements. Yet, these families still struggle to find affordable, high-quality early education options.

Head Start Programs, Rate per 10,000 Children

DATA SOURCE: U.S. Department of Health & Human Services, Administration for Children and Families, as cited by Trinity Health Data Hub, 2019

Investment in Early Childhood Development

EARLY CHILDHOOD DEVELOPMENT IS A
SMART INVESTMENT

IMAGE SOURCE: James Heckman, Nobel Laureate in Economics
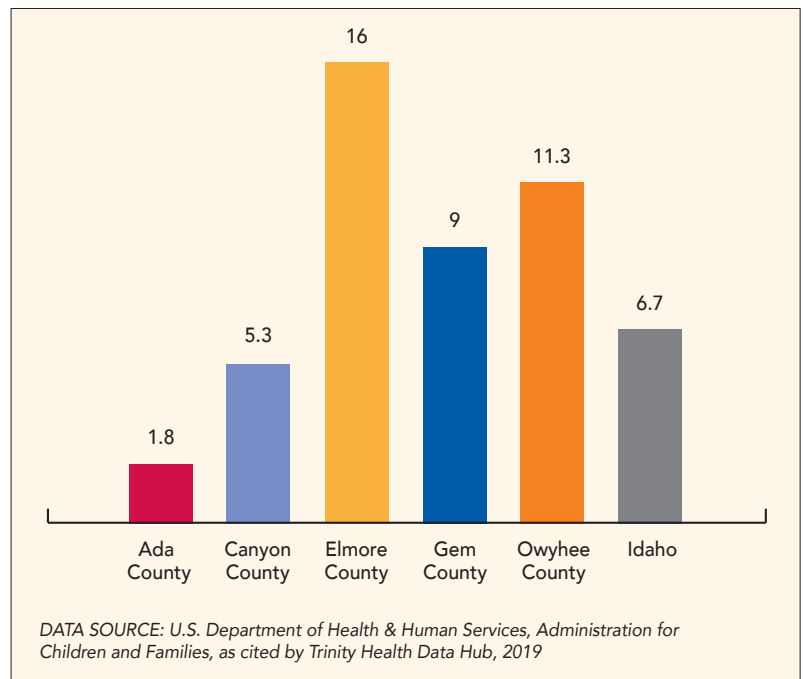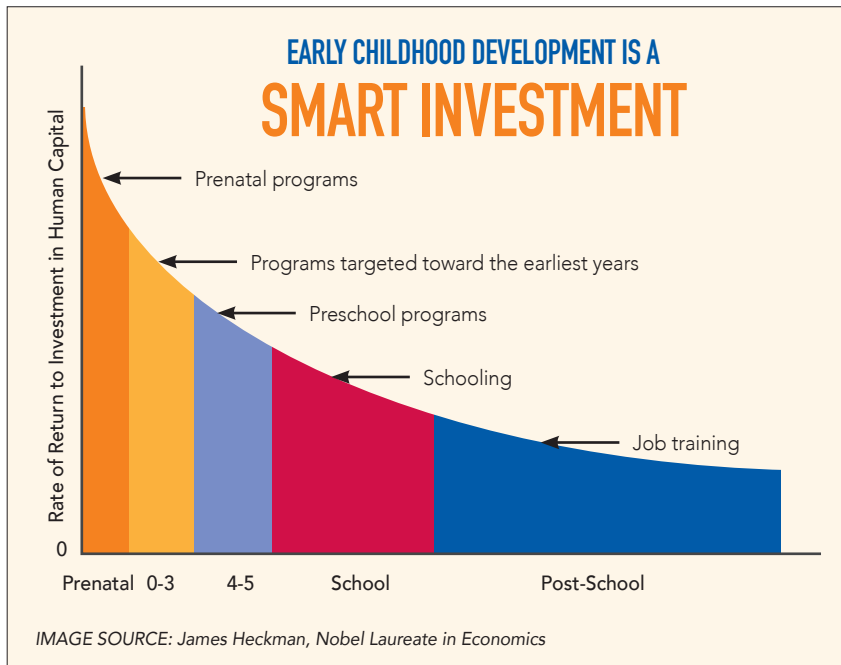
Idaho is one of four states where three- and four-year-old children do not have access to state-funded preschool.[81] Participants identified lack of preschool access as having a negative impact on school readiness. **Only 57% of Idaho kindergarteners entered school with grade level reading skills in 2019.**[82] A 2017 study conducted by the Idaho Association for the Education of Young Children found that 76% of Idaho voters support state investments in preschool.[83]

[80] U.S. Department of Health & Human Services, Administration for Children and Families, as cited by Trinity Health Data Hub, 2018

[81] Richert, K. As 1 of only 4 states that doesn't fund preschool, Idaho misses out on federal grants. Retrieved May 27, 2020, from https://www.idahostatesman.com/news/local/education/article226491965.html

[82] Corbin, C., & Education Budget. (2019, November 06). Despite data showing otherwise, legislator says all students are ready for kindergarten. Retrieved May 27, 2020, from https://www.idahoednews.org/news/despite-data-showing-otherwise-legislator-says-all-students-are-ready-for-kindergarten/

[83] Burt, A. (2018, January 10). Survey finds strong support for state investment in early childhood education. Retrieved May 27, 2020, from https://idahoaeyc.org/news/2018/1/10/survey-finds-strong-support-for-state-investment-in-early-childhood-education

Focus group and interview participants described the need for high-quality early childhood education. They explained that some of the options available do not provide high-quality education due to staff turnover and lack of state funding. They explained that due to the lack of openings in preschool, many children are not receiving early childhood education in a formal setting. Participants also called for expanded hours of operation for some preschool and kindergarten programs. They reported that some programs are only half-day, which does not work well for most working parents, and are also less effective in preparing students. Several of the focus group participants who are also parents said they fear that their children may fall behind because of the barriers to early childhood education.

Child care licensing ensures child care providers are meeting basic health and safety standards to protect the well-being of children. In Idaho, licensing standards have not been updated since 2011, and state standards are now out of compliance with national child care licensing standards. In 2020, legislation that would have brought Idaho up to federal child care standards for health and safety was denied, and Idaho continues to be out of compliance.[85]

K–12 Education

Quality kindergarten – 12th grade (K-12) education is necessary to reinforce early childhood education and continue its positive effects over time. A strong public education system is essential to individual and community stability and success.[86] The availability of equitable and high-quality public education benefits the entire community and has long-term impacts on health and financial stability. [8]

Community Feedback on Education:

‹ *"We offer four sessions for pre-K and they're already full with a waiting list. I get calls all the time for pre-K. It's super expensive and we need more."*

– K-12 Professional

‹ *"[Lack of affordable preschool] trickles down to math proficiency and reading levels all the way to SAT/ACT scores and into workforce development."*

– Nonprofit Professional

85 Dawson, J. Daycare Licensing Bill Falls in Idaho House Over Concerns About New Regulations. Accessed May 27, 2020, from https://www.boisestatepublicradio.org/post/daycare-licensing-bill-falls-idaho-house-over-concerns-about-new-regulations#stream/0

86 Cotterell, J. (n.d.). Explaining Why Idaho Doesn't Have Public Preschool. Retrieved May 27, 2020, from https://www.boisestatepublicradio.org/topic/explaining-why-idaho-doesnt-have-public-preschool

87 Corbin, C., & Education Budget. (2019, November 06). Despite data showing otherwise, legislator says all students are ready for kindergarten. Retrieved May 27, 2020, from https://www.idahoednews.org/news/despite-data-showing-otherwise-legislator-says-all-students-are-ready-for-kindergarten/

"My husband is a special education teacher, but doesn't teach because the pay is awful."
– Community Member

"Why would I teach kids for $9 when I could make $15 chucking packages for Amazon?"
– Community Member

"Look at Ada County schools, they are very nice and we can't get a square box that won't leak. It's unfair when it is coming from the same source. There's no equitable funding for education."
– County Official

Funding for Education and Education Quality

While Idaho's state budget for public education has increased since the Great Recession, **Idaho still ranks 49th in annual per pupil spending at $7,486 versus the national average of $12,201.**[88] A recent study conducted by the Learning Policy Institute discovered a significant relationship between student outcomes and state financial inputs in public education.[89] Statewide, the average teacher salaries increased by 16.9% from the 2014-2015 school year to the 2019-2020 school year. Teacher salaries also increased over that time period in each of the counties in the Treasure Valley (Figure 84). However, Idaho ranks 41st nationally for teacher pay.[90] Research has found that better teacher pay leads to better educational outcomes.[91]

Participants explained that the lack of funding for education has led to bigger classroom sizes and an overall poorer quality of education. They argued that students do not get enough individualized attention from teachers which they believe was related to lower graduation rates and poorer educational attainment overall.

Figure 84 **Average Teacher Salaries, 2014–2015 and 2019–2020**
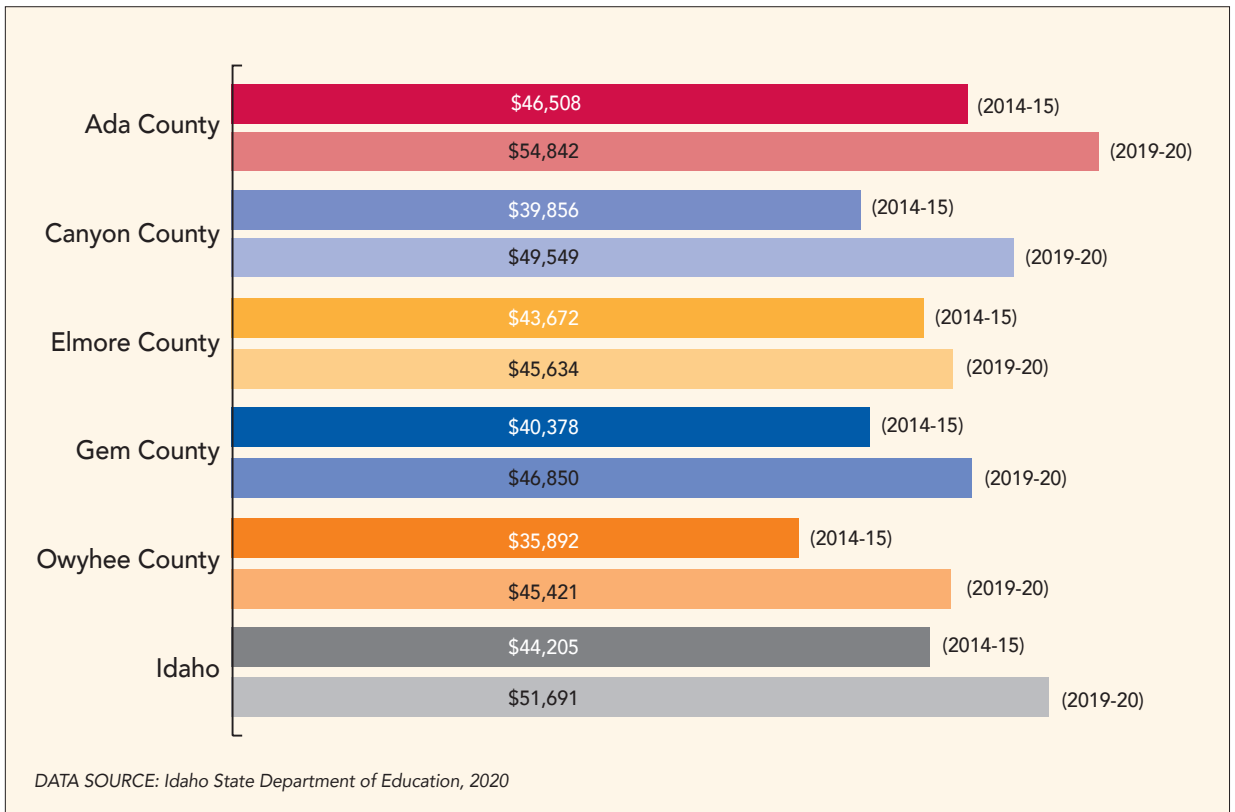
Ada County: $46,508 (2014-15), $54,842 (2019-20)
Canyon County: $39,856 (2014-15), $49,549 (2019-20)
Elmore County: $43,672 (2014-15), $45,634 (2019-20)
Gem County: $40,378 (2014-15), $46,850 (2019-20)
Owyhee County: $35,892 (2014-15), $45,421 (2019-20)
Idaho: $44,205 (2014-15), $51,691 (2019-20)

DATA SOURCE: Idaho State Department of Education, 2020

[88] Richert, K. Census Report: Idaho Ranks Next to Last in Per-Pupil Spending. Retrieved May 27, 2020, from https://www.idahoednews.org/kevins-blog/census-report-idaho-ranks-next-to-last-in-per-pupil-spending/

[89] Baker, B. D. (2017). How money matters for schools. Palo Alto, CA: Learning Policy Institute.

[90] Richert, K. (2019, May 06). Idaho teacher salaries nudge upward in new national rankings. Retrieved May 27, 2020, from https://www.idahoednews.org/news/idaho-teacher-salaries-nudge-upward-in-national-rankings/

[91] Walker, T. (2014, November 21). International Study Links Higher Teacher Pay and Teacher Quality. Retrieved May 27, 2020, from http://neatoday.org/2012/01/04/international-study-links-higher-teacher-pay-and-teacher-quality/

Statewide, more schools are shifting to a four-day school week, specifically in rural communities. For Academic Year 2019-2020, 60 of Idaho's school districts and charter schools planned to operate on a four-day school week with lengthened hours.[92] Many districts shifted to a four-day school week to save money and help with teacher recruitment.[93] While this strategy may increase teacher satisfaction and lessen costs, impact on student outcomes is as yet unknown, and this may have a negative financial impact on parents who work and have to find additional child care.[94]

Poverty and Education

There is a well-known correlation between poverty and educational attainment.[95] **Children raised in poverty have heightened risk factors, including emotional and social instability, chronic stressors, unsafe neighborhood conditions, malnutrition, and poor health status, and many other factors that can make it difficult to succeed academically.** Families in the Treasure Valley are facing significant economic hardship. The percentage of households in the Treasure Valley's counties living at the Federal Poverty and Asset Limited Income Constrained Employed (ALICE) Levels ranges from 37% in Ada County to 56% in Owyhee County.

Idaho's Public Schools provide free and reduced-price meals to students from eligible low-income families. Statewide, 47% of students were eligible for free or reduced-price lunch in 2016-17. In the Treasure Valley, the proportion of students eligible for free or reduced-price lunch exceeds the statewide rate in every county except for Ada County. Owyhee County and Canyon County have the highest percentages of eligible students at 66.9% and 61.6%, respectively.

Figure 85 — **Percent of Students Eligible for Free/Reduced Cost Lunch**

County	Percent
Ada County	33.3%
Canyon County	61.6%
Elmore County	49.2%
Gem County	54.4%
Owyhee County	66.9%
Idaho	47%

DATA SOURCE: U.S. Census Bureau, County Business Patterns, additional data analysis by CARES, as cited by Trinity Health Data Hub, 2017

Community Feedback on Education:

◄ *"[We have] no school on Fridays, so Fridays are a challenge for child care."*
— K-12 Parent and Rural Community Member

◄ *"Even though the numbers are going down [the Title One numbers are reducing but the divide is bigger] so the poor are poorer and the middle is disappearing."*
— K-12 Professional

92 Wood, D. (n.d.). Public School Finance at the Idaho State Department of Education prepares payments for districts and creates school district financial data reports. Retrieved May 27, 2020, from https://www.sde.idaho.gov/finance/

93 Wallace, A. (2020, April 1). Four-Day School Week Overview. Retrieved May 27, 2020, from https://www.ncsl.org/research/education/school-calendar-four-day-school-week-overview.aspx

94 Hill, P., & Heyward, G. (2017, March 03). A troubling contagion: The rural 4-day school week. Retrieved May 27, 2020, from https://www.brookings.edu/blog/brown-center-chalkboard/2017/03/03/a-troubling-contagion-the-rural-4-day-school-week/

95 E. Jensen. Teaching with Poverty in Mind. Alexandria, VA: ASCD. Chapter 2. http://www.ascd.org/publications/books/109074/chapters/How-Poverty-Affects-Behavior-and-Academic-Performance.aspx

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English language learners (ELLs) are students who are unable to learn and/or communicate effectively in English. These students generally come from non-English speaking homes and are developing their English language skills. ELL students require specialized instruction in English and in other courses. As shown in Figure 86, in the Treasure Valley Owyhee County has the highest percentage of public school students who are English language learners at 13.7%.

Figure 86 — Percent of Students that are English Language Learners

DATA SOURCE: National Center for Education Statistics, School District Profiles, 2018-2019
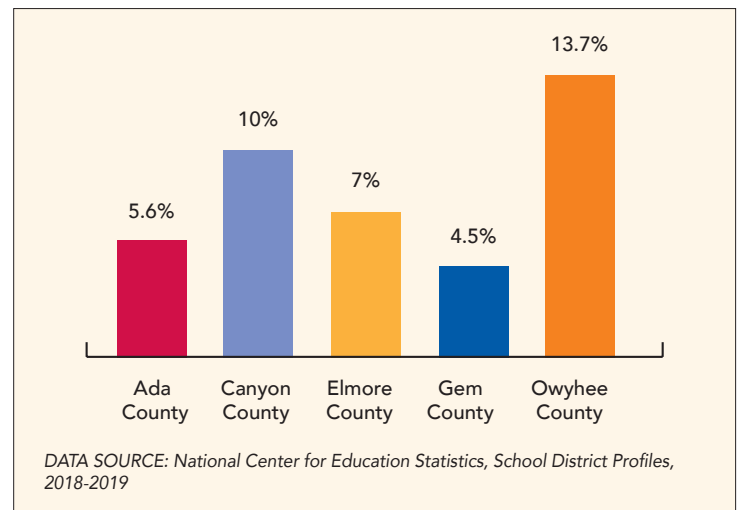
Chronic Absence

Across Idaho, 12.8% of students missed so much school that they were academically at risk in 2016. This is an increase from 9.9% in 2014.[96] "Chronic absence" is a term used to describe a student missing 10% or more school days due to any absence. Children living in poverty are twice as likely to be chronically absent, often tied to health problems, mental health issues, food insecurity, and lack of reliable transportation. If a student is chronically absent every year of their schooling, by the time they reach 12th grade, they will have missed over a year of schooling. These students are less likely to read at grade level by third grade, more likely to fail subjects in sixth grade, and more likely to drop out of school in ninth grade.[97]

Figure 87 — Weighted Average Percentage of Kindergarten Students Scoring At or Above Grade Level on Idaho Reading Indicator (IRI) Composite Score

DATA SOURCE: State Department of Education, Idaho Reading Indicator, 2019
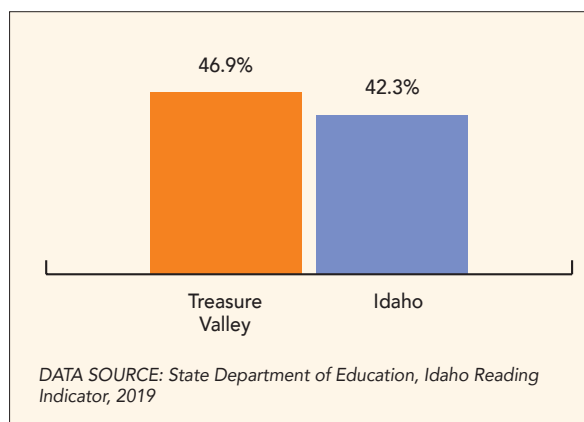
Reading and Math Proficiency

The Idaho Reading Indicator (IRI) is used to determine a student's reading instructional needs, including their strengths and needs related to word recognition and word meaning. Figure 87 shows that **less than half of beginning kindergarteners in the Treasure Valley are scoring at or above their grade level**, though the rate is slightly higher than their peers statewide. It is important to note that students who start behind are more likely to stay behind in their academic career.[98]

[96] U.S. Department of Education, U.S. Department of Education – Civil Rights Data Collection. 2015-16

[97] The Problem – Attendance Works. (2018). Retrieved May 27, 2020, from https://www.attendanceworks.org/chronic-absence/the-problem/

[98] García, E., & Weiss, E. (2017, September 27). Education inequalities at the school starting gate: Gaps, trends, and strategies to address them. Retrieved May 27, 2020, from https://www.epi.org/publication/education-inequalities-at-the-school-starting-gate/

All counties were able to reduce the percentage of students scoring below grade level from fall to spring within the 2018-19 school year, demonstrating the impact schools and teachers are having on student growth and outcomes. However, between spring 2019 and fall 2019, many students fell behind again. This trend is similar to national outcomes, and has been described as "summer slide," or the tendency for students to lose achievement gains they made during the school year if they don't have access to educational opportunities over the summer months. This trend disproportionately impacts students from lower-income households.[99]

Figure 88

Weighted Average Percentage of Kindergarten Students Scoring At or Above Grade Level on Idaho Reading Indicator (IRI) Composite Score

DATA SOURCE: Idaho State Department of Education, Idaho Reading Indicator, Fall 2018-Fall 2019
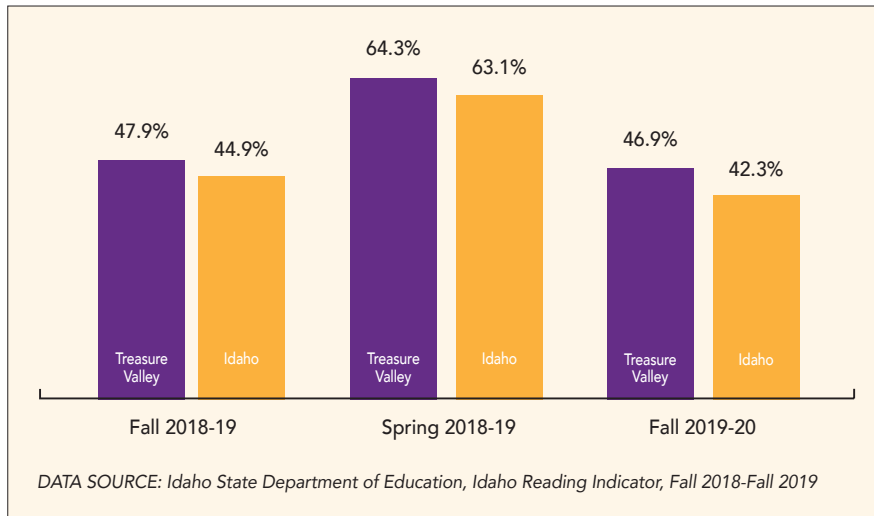
Third grade reading scores are an important predictor of educational and life success.[100] **If a child is not reading well by third grade, they are less likely to graduate from high school, and less likely to enroll in college.**[101] Slightly more third graders in the Treasure Valley read at or above grade level compared to statewide.

Figure 89

Weighted Average Percentage of Third Grade Students Scoring At or Above Grade Level on Idaho Reading Indicator (IRI) Composite Score

DATA SOURCE: Idaho State Department of Education, Idaho Reading Indicator, Fall 2018-Fall 2019
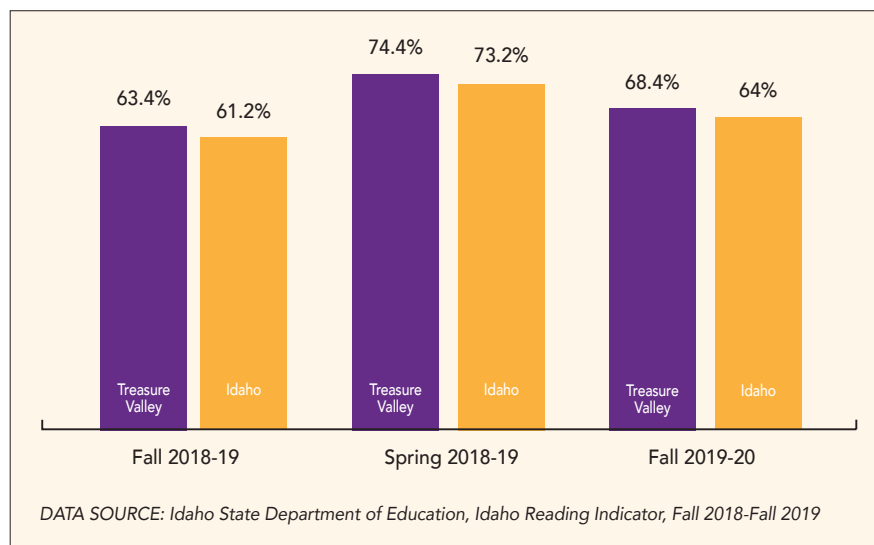
On Chronic Absence:

"Chronic absence is one of the earliest indications we have that students are not on course. By tracking the number of absences a student has, whether they are excused or unexcused, we can take action at a point in time when prevention interventions are most likely to succeed." – Every Student Present organization

[99] Colorado Department of Education. (n.d.). Summer Slide and the Importance of Reading over the Summer. Retrieved May 27, 2020, from https://www.cde.state.co.us/cdelib/summerslide

[100] Fiester, L., & Smith, R. (2010). Early Warning! Why Reading by the end of Third Grade Matters. Retrieved May 27, 2020, from https://www.ccf.ny.gov/files/9013/8262/2751/AECFReporReadingGrade3.pdf

[101] Goerge, R., Lesnick, J., & Smithgall, C. (2010). Third Grade Reading Level Predictive of Later Life Outcomes. Retrieved May 27, 2020, from https://www.chapinhall.org/research/third-grade-reading-level-predictive-of-later-life-outcomes/

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The Idaho Standards Achievement Test (ISAT) is the state achievement test for Idaho that determines if a student has achieved grade level standards. It is administered for reading, English Language Arts (ELA), and mathematics in grades third through eighth and once in high school.

ELA scores are generally trending up over the past five years. Math scores are also trending up, though math proficiency is lower across the state, especially among Treasure Valley eighth grade students.

Figure 90 — Weighted Average Percentage of Fourth Graders Scoring Advanced or Proficient in English Language Arts (ELA)

DATA SOURCE: Idaho State Department of Education, ISAT Scores, 2014-2019
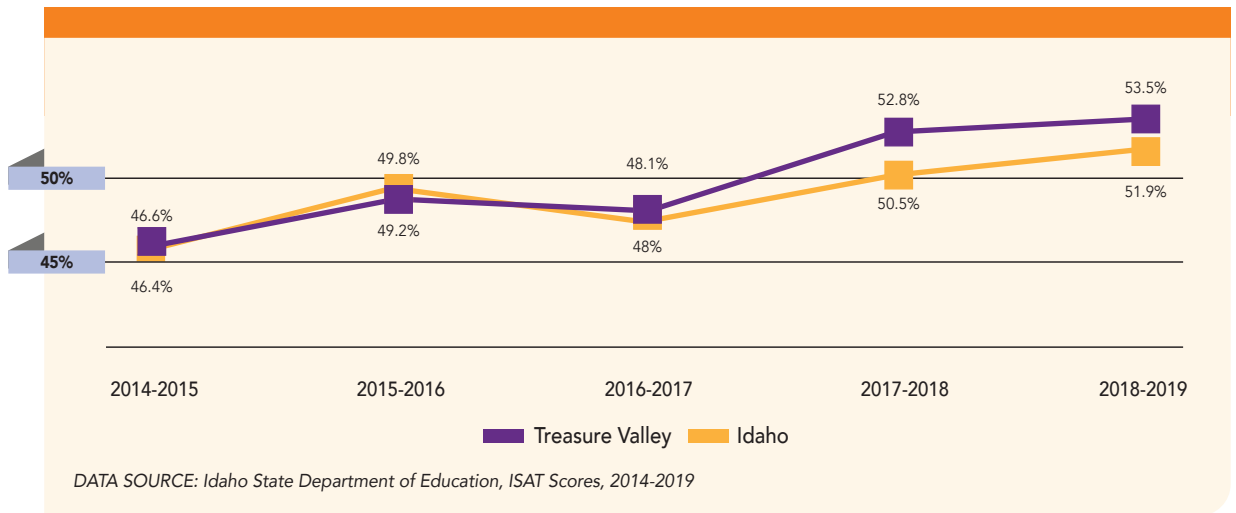
Figure 91 — Weighted Average Percentage of Fourth Graders Scoring Advanced or Proficient in Math
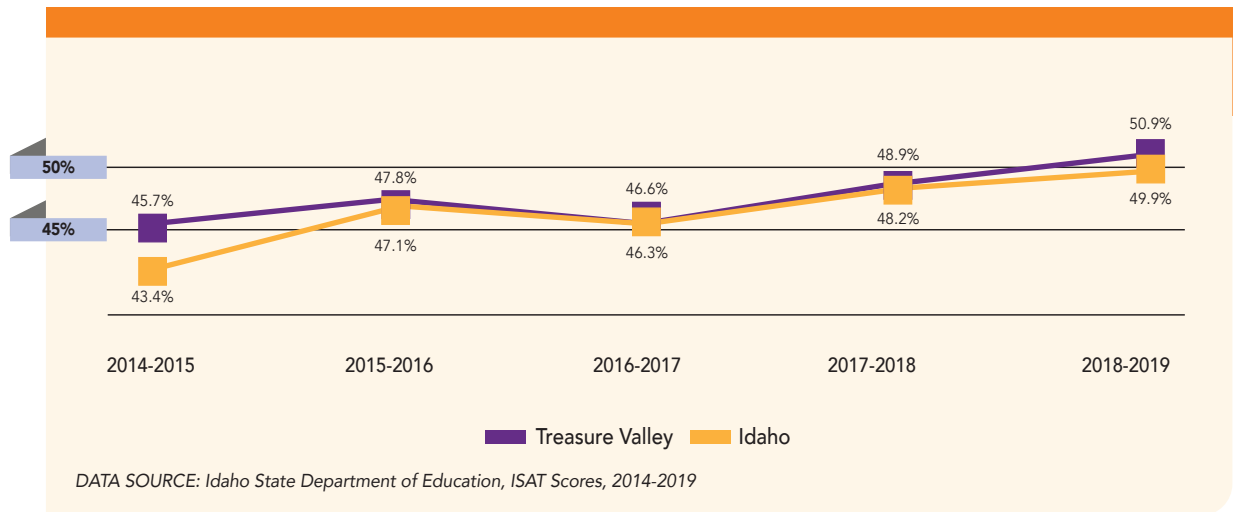
DATA SOURCE: Idaho State Department of Education, ISAT Scores, 2014-2019

Idaho's 11th graders can take the national Scholastic Aptitude Test (SAT) free of charge, and about 95% of students choose to take the SAT.[102] **In 2019, 56% of 11th graders in Idaho met the benchmark of 480 for reading and writing, while 33% met the 530 benchmark for math.**[103] The SAT benchmark standards are a predictor of a student's likelihood to be successful in that related college course. For example a student meeting benchmark standards on the math portion of the SAT has a higher likelihood of being successful in a college math course.[104] SAT scores are also used by many postsecondary institutions to make admissions decisions.

Figure 92 **Weighted Average Percentage of Eighth Graders Scoring Advanced or Proficient in ELA**

DATA SOURCE: Idaho State Department of Education, ISAT Scores, 2014-2019
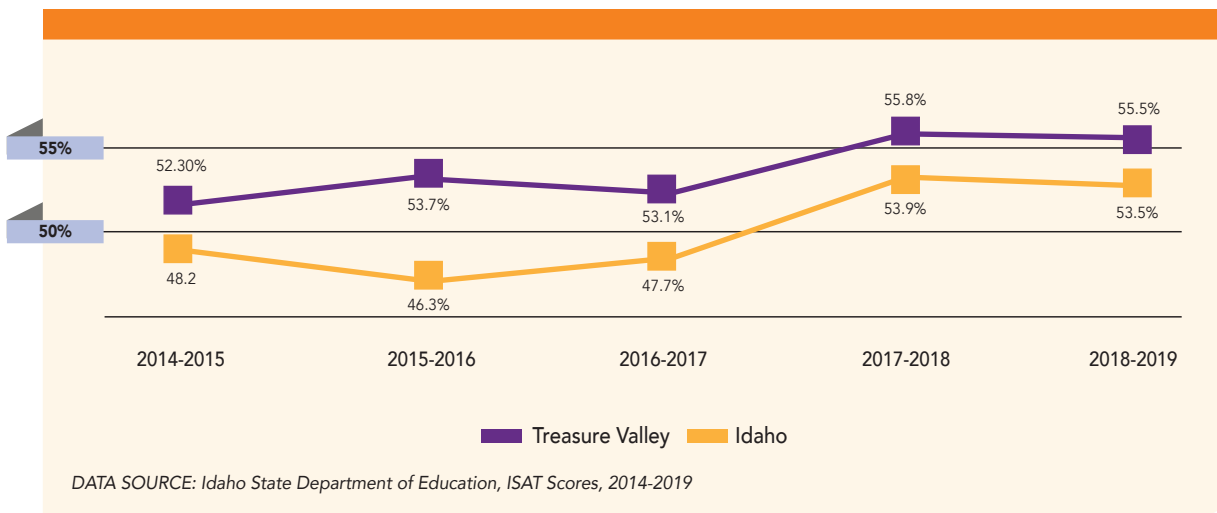
Figure 93 **Weighted Average Percentage of Eighth Graders Scoring Advanced or Proficient in Math**

DATA SOURCE: Idaho State Department of Education, ISAT Scores, 2014-2019

[102] Edge, S. (2019, July 07). Idaho SAT scores continue to drop. Retrieved May 27, 2020, from https://www.idahoednews.org/news/idaho-sat-scores-continue-to-drop/

[103] Idaho Education News, EdTrends (Trends in Idaho Public Education) Report, 2020

[104] K–12 Educator Brief The College and Career Readiness Benchmarks for the SAT® Suite of Assessments. (n.d.). Retrieved May 27, 2020, from https://collegereadiness.collegeboard.org/pdf/educator-benchmark-brief.pdf

Community Feedback on Education:

‹ *"Our teachers do so much outreach and go above and beyond."*
    – Community Member

‹ *"[At our alternative high school] at any one time, a third of the kids are homeless. At our elementaries, we have high mobility of families due to housing needs. This impacts student achievement."*
    – K-12 Professional

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High School Graduation Rates

Graduation rates have remained fairly consistent since 2015. Idaho's graduation rate in 2019 was 80.7%. Idaho ranked 43rd in graduation rates nationally in 2019. Graduation rates vary by district within the Treasure Valley (Figure 95).

Figure 94 **Graduation Rates**

	2015	2016	2017	2018	2019
Idaho	78.9%	79.7%	79.7%	80.6%	80.7%
U.S.	83.2%	84.1%	85%	85.3%	85%

Idaho State Department of Education, Graduation Rates, 2014-2019
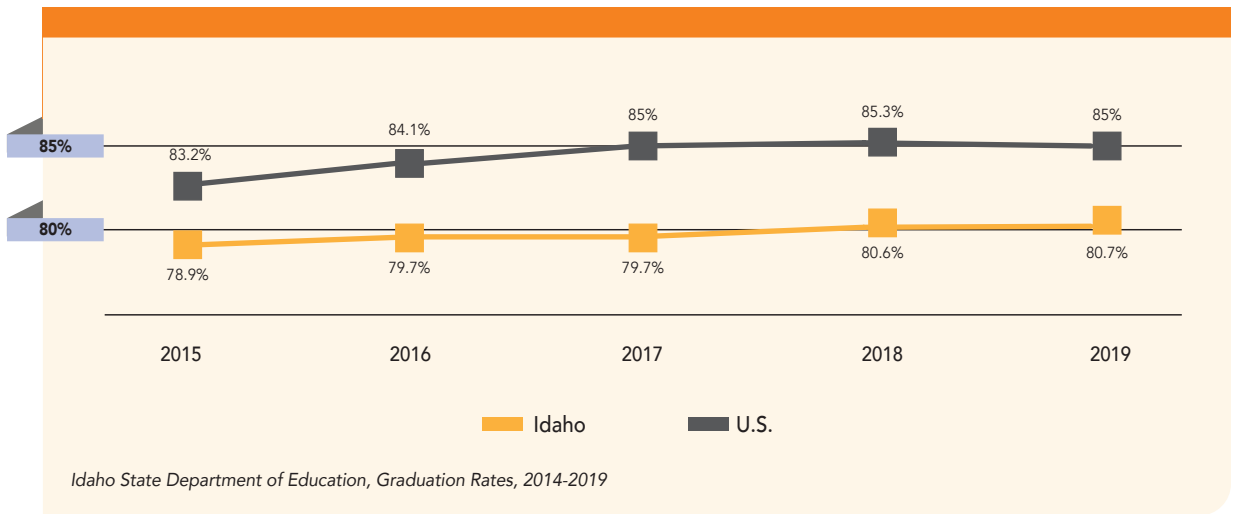
Figure 95 **Graduation Rates, Spring 2018**
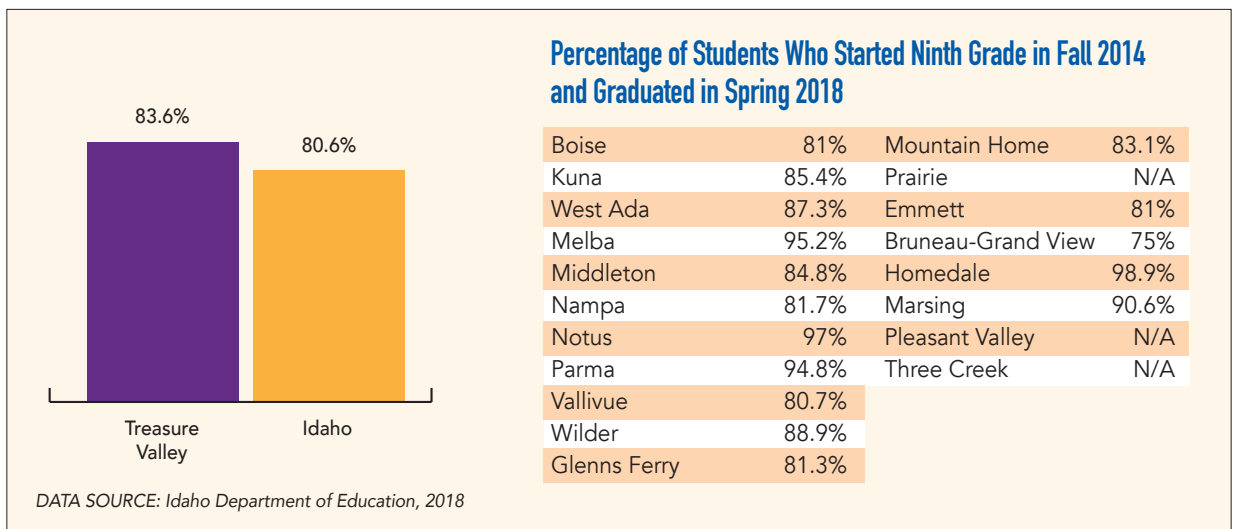
Treasure Valley: 83.6%
Idaho: 80.6%

Percentage of Students Who Started Ninth Grade in Fall 2014 and Graduated in Spring 2018

Boise	81%	Mountain Home	83.1%
Kuna	85.4%	Prairie	N/A
West Ada	87.3%	Emmett	81%
Melba	95.2%	Bruneau-Grand View	75%
Middleton	84.8%	Homedale	98.9%
Nampa	81.7%	Marsing	90.6%
Notus	97%	Pleasant Valley	N/A
Parma	94.8%	Three Creek	N/A
Vallivue	80.7%		
Wilder	88.9%		
Glenns Ferry	81.3%		

DATA SOURCE: Idaho Department of Education, 2018

Educational Enrichment

Community School Strategy

The Community School Strategy helps children be more successful and families more stable by bringing the resources they need directly in to support the local school, where services are more easily accessed. Increasingly, students are facing barriers outside the classroom that make it difficult for them to be successful inside the classroom. By finding the right partners to collaboratively address these barriers, schools are ensuring children and their families are supported both inside and outside the classroom. With services like preschool, after-school programs, mentorship, flu shots, dental services, community gardens, adult education, and parenting education, the Community School Strategy is redefining local schools to be a community hub where the community unites to help children and families succeed.[105] **The United Way of Treasure Valley introduced this strategy to Idaho in 2015, and since then, over 30 schools in southern Idaho have adopted the Community School Strategy to better support students and families.** This strategy has been used nationwide for decades. It is a proven evidence-based strategy for school improvement that leads to growth in student and school outcomes.[106]

Out-of-School Time Programs

Out-of-school time programs can contribute to academic success by providing more educational opportunity time, and have been linked to better attendance, better grades, better graduation rates, and less substance abuse. Over 20,000 Idaho students participate in an after-school program, **yet for every student enrolled in an after-school program, five more would participate if provided the opportunity**. A majority of parents say after-school programming helps them keep their jobs, and over 80% of parents support public funding for after-school programming. Out-of-school time programming offered over the summer months can also help lessen the "summer slide" trend where students lose academic achievement gains over the summer due to a lack of educational opportunities.[107] Focus group and interview participants discussed what they described as a lack of after-school programs in the Treasure Valley and the accompanying consequences.

[105] Coalition for Community Schools. (2020). About Community Schools. Retrieved May 27, 2020, from http://www.communityschools.org/aboutschools/about_community_schools_.aspx

[106] Oakes, J., Maier, A., & Daniel, J. (2017). Community Schools: An Evidence-Based Strategy for

[107] Equitable School Improvement. Boulder, CO: National Education Policy Center. Retrieved May 27, 2020

Community Feedback on Educational Enrichment:

"Drug issues are occurring because there are no after-school programs. There is no money for after-school activities."
– Community Member

"We want to do whatever it takes to help these kids be successful adults, keep them off the street and off 'latch-key' settings."
– Out-of-School Time Professional

"Food pantry and clothes are available. I've never seen a school take care of its kids so well."
– K-12 Parent and Rural Community Member

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*"Traditional
students are
struggling
with stress
and having
the coping
strategies
to deal with
stressful
situations."*
*– Postsecondary
Professional*

Postsecondary Education

Rates of students going on to postsecondary education have remained fairly flat since 2016. In 2018, only 48% of Idaho students started a postsecondary program in the fall immediately after graduation. Economically-disadvantaged students enroll at a much lower rate.

According to a 2018 Treasure Valley Senior Exit Survey developed by RISE: Treasure Valley's Education Partnership and given to graduating high school seniors, 70% of students surveyed planned to complete either a Bachelor's or Master's degree in their lifetimes. Currently, only 26.9% of Idahoans aged 25+ hold a Bachelor's degree or higher.

Figure 96   **Idaho Postsecondary Enrollment Rate, Class of 2018**

54%

36%

Not economically
Disadvantaged

Economically
Disadvantaged

DATA SOURCE: Idaho State Board of Education, The Facts Report 2019
NOTE: includes students who enrolled in fall immediately after graduation
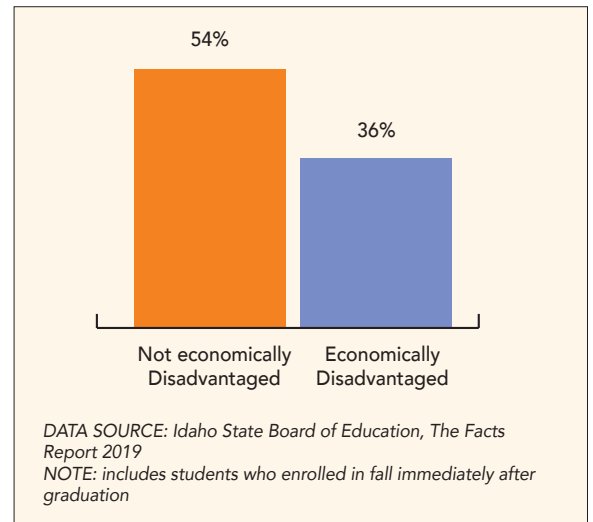
Figure 97   **Percentage of Idaho Students Enrolled in Postsecondary Education, by Graduating Class**

70%

64%

60%

64%

50%

49%

48%

40%

49%

63%

2014

2015

2016

■ Enrolled in Fall Immediately After Graduation

■ Enrolled within Three Years of High School Graduation

DATA SOURCE: Idaho State Board of Education, The Facts Report 2019
NOTE: Rates for enrolled within three years of high school graduation are not yet available for classes 2017 and 2018
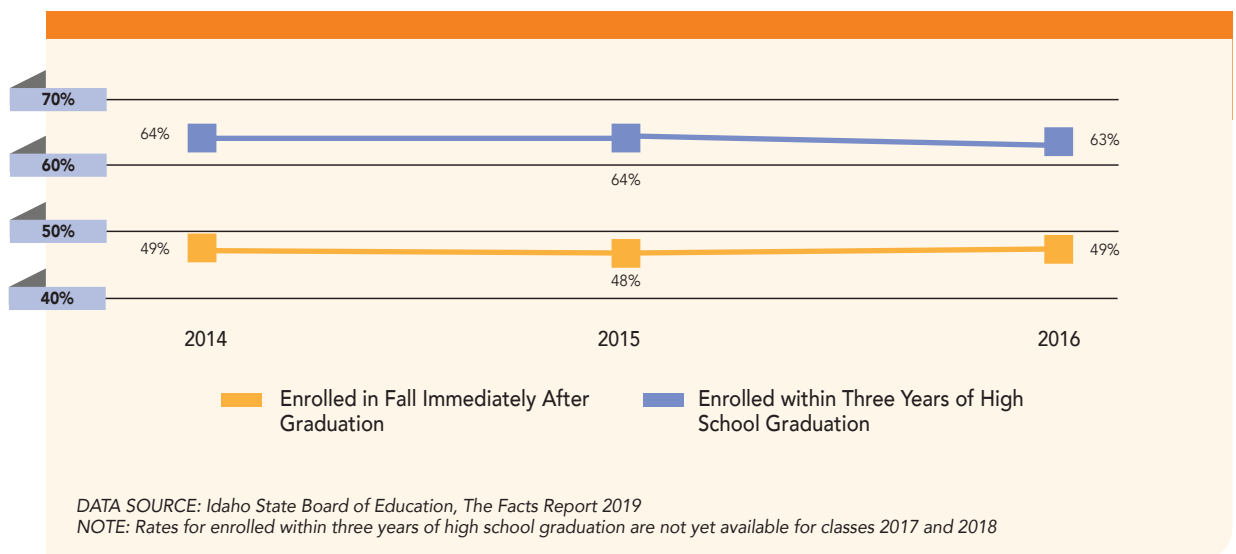
Rising tuition has created a barrier to postsecondary enrollment for Idaho students, and disproportionately impacts lower-income students and students of color. Over time, the state's investment in Idaho's public four-year postsecondary institutions has declined relative to the cost of postsecondary education, while students are facing steep increases in tuition and fees each year.[108] **As a result of increasing tuition, postsecondary education is inaccessible for some students, many are forced to take on increasing loads of student debt, and degree completion rates are impacted.**

Table 12 **Annual Tuition and Fees by Institution, Inflation–Adjusted**

	1980	1990	2000	2010	2020
Lewis-Clark State College	$1,125	$1,993	$3,206	$5,279	$6,982
Idaho State University	$1,398	$2,081	$3,488	$5,706	$7,872
Boise State University	$1,262	$2,137	$3,320	$5,587	$8,068
University of Idaho	$1,441	$2,104	$3,416	$5,665	$8,304
State Average	$1,306	$2,079	$3,358	$5,559	$7,807

DATA SOURCE: Idaho Center for Fiscal Policy Analysis of Idaho State Board of Education Data

Focus group and interview participants described how the costs of postsecondary education threatens undergraduate retention. A representative from an institution of higher education explained that, "Student retention suffers as students get closer to graduation. Financial struggles increase."

Figure 98 **Funding for Public Four–Year Institutions, Percentage from Tuition Versus State General Fund**

88.1%

FY 2008

50.6%
46.5%

72%

FY 1980   FY 2020

■ Funding from State General Fund   ■ Funding from Student Tuition

IMAGE CREDIT\: Image from Idaho State Board of Education, the Facts Report 2019
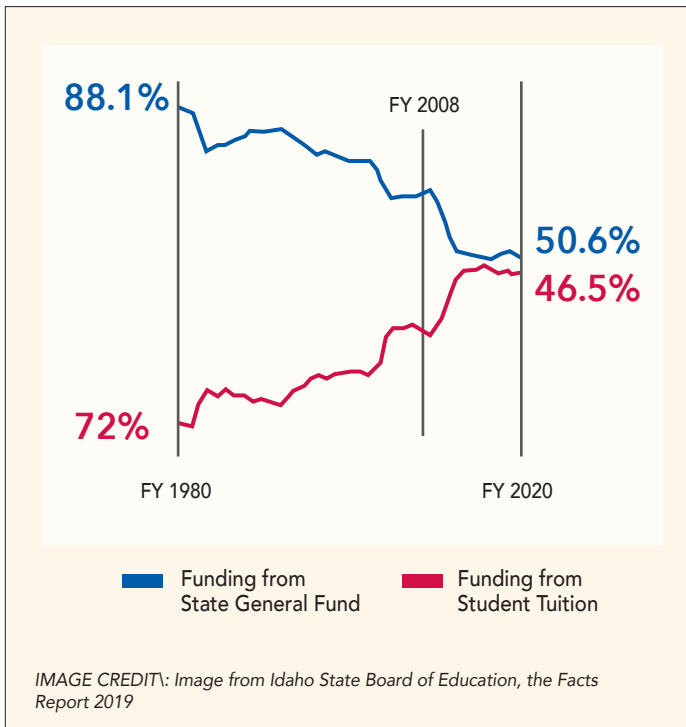
Community Feedback on Education:

◄ "[The biggest challenge] is culture around education especially postsecondary education, [there is a] lack of support for postsecondary education."
— Nonprofit Professional

◄ "What will happen to those kids who can't afford college?"
— K-12 Parent, Refugee, and Community

[108] Idaho Center for Fiscal Policy. (2019). The Cost of College in Idaho (Issue brief).

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In the 2018 #RealCollege Survey conducted of Boise State University students, 58% of respondents reported experiencing some sort of basic needs insecurity in the past year, including food insecurity, housing insecurity, or homelessness.[109] According to the Idaho State Board of Education, "In constant 2019 dollars, tuition and fees for public four-year postsecondary institutions have increased an average of 47% since fiscal year 2008."[110]

Figure 99 — Idaho Undergraduate Retention Rates of New Students

DATA SOURCE: Idaho State Board of Education, Statewide Dashboard, 2018

Policy, Systems, and Environmental Change Recommendations:

Policy, systems, and environmental change approaches seek to go beyond programming and into the systems that create the structures in which we work, live, and play. These approaches often work hand-in-hand where, for example, an environmental change may be furthered by a policy of systems change. Similarly, a policy could be put in place that results in additional environmental changes. The process is not linear. At the end of the day, an effective PSE approach should seek to reach populations and uncover strategies for impact that are sustainable. Efforts may accelerate the adoption or implementation of effective interventions by effectively integrating approaches into existing infrastructures. Such approaches often include advocates, and decision and policy makers.[111]

PSE — Policy, Systems, and Environmental Changes

Early Childhood Education

• Increase state investment in high-quality preschool options to expand access for families.

• Develop and promote innovative preschool funding models such as the "Preschool the Idaho Way" Collaboratives, the Caldwell Preschool Collaborative (a partnership between Caldwell Schools/YMCA/United Way of Treasure Valley), Boise School District, and Basin School District to help expand access to families.

• Adapt the state's definition of "school age" from age five to age four. This will allow local control and discretion of state funds at the district level to support early childhood education. School districts would have flexibility to offer early childhood education programs, expanding access to families.

• Increase availability of programming for parents before children enter the public school system to help more children be prepared to enter kindergarten, such as IAEYC's Ready for Kindergarten program.

[109] Jones, M. (2019, October 01). Get informed and take action: Addressing food and housing insecurity on campus. Retrieved May 27, 2020, from https://www.boisestate.edu/news/2019/10/01/get-informed-and-take-action-addressing-student-basic-needs-at-boise-state/

[110] Idaho State Board of Education. (2020, January 31). Fact Book – 2019. Retrieved May 27, 2020, from https://boardofed.idaho.gov/resources/fact-book/

[111] The Food Trust. (2012). What Is Policy, Systems and Environmental (PSE) Change? Retrieved May 26, 2020, from http://healthtrust.org/wp-content/uploads/2013/11/2012-12-28-Policy_Systems_and_Environmental_Change.pdf

- Establish state investment in full-day kindergarten programs to provide more educational hours for young learners.

- Advocate for policies that support licensing for child care providers to protect the health and safety of young children.

- Require participation in the IdahoSTARS professional development, quality rating, and improvement system for child care providers to increase quality of child care programs.

- Increase the number of businesses offering on-site child care and preschool programs to increase access.

- Provide flexibility in hours of child care to match varying work schedules so parents with non-traditional work hours still have access to child care.

K–12 Education

- Increase state funding for school districts.

- Increase state K-3 literacy funding which provides school districts with flexible funding to support strategies to increase third grade literacy.

- Implement the Community School Strategy at high-need schools to address family and student barriers to success, such as United Way of Treasure Valley and Saint Alphonsus Health System's work at Sacajawea Elementary in Caldwell; and Boise School District's Community Schools.

- Include chronic absenteeism as an indicator of student achievement and develop strategies for addressing chronic absence.

- Increase resources to support Social Emotional Learning in school environments, such as Social-Emotional Learning curriculum and Positive Behavior Interventions, and Supports which can increase educational outcomes and social-emotional competence into adulthood.

- Increase availability of after-school and out-of-school time programming.

Opportunities Beyond High School

- Include in district curriculum education/career planning to families before eighth grade through innovative programs like the Advancement Via Individual Determination programs in Boise and Vallivue School Districts.

- Offer more career internships for high school students.

- Increase availability of dual-credit programs, allowing students to earn college credits through their high school coursework.

- Increase availability of Career and Technical Education (CTE) during high school.

- Continue and increase state funding for the Idaho Opportunity Scholarship which makes postsecondary education more affordable for students in need.

- Increase state funding to Idaho institutions of higher education.

- Increase programs that offer basic needs support for current postsecondary students.

- Help postsecondary students build momentum during their first year by encouraging them to choose a field of study, take 30 credits during their first year, and complete gateway Math and English courses.

Community Feedback on Education:

"Community Schools are working really well, having more Community Schools as a vehicle to find more partners [for the schools] would be good."
— K-12 Professional

"Community Schools and AVID (Advancement Via Individual Determination) have made an impact."
— Nonprofit Professional

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Community Strengths and Resources

Focus group and interview participants identified a number of strengths associated with the Treasure Valley, including the natural environment, the "tight-knit" nature of the communities, services available for veterans, safety, and ability to raise a family in prosperous conditions.

Education in some areas of the Treasure Valley was described as a strength, particularly in Boise. Some also felt that growth in the region brings positive influences and thus could be considered a strength. However, negative consequences were also associated with growth (e.g., increased cost of living, overcrowded schools). Several acknowledged growth as necessary for the Treasure Valley's economic well-being.

Community Feedback on Community Strengths:

‹ *"I'm originally from California and mainly moved here because of the small community, safety, easier access to education and sports, and the ability to get to know your neighbors."*
– Community Member

‹ *"The treasure of the Treasure Valley is the focus on the outdoors."*
– Community Member

Community Asset List – some identified community assets include, but are not limited to:

- New Path Housing
- Allumbaugh House
- Ignite 208 (Recovery)
- Phoenix Multisport
- Idaho Foodbank – numerous local and school-based food pantries
- Jacksons Food Store
- Elmore County Health Coalition
- Nampa Impact for Health
- Caldwell Health Coalition
- 2C Kids Succeed Coalition
- Western Idaho Community Health Collaborative
- Charitable Assistance to Community's Homeless (CATCH), Inc.
- The City of Mountain Home
- Gem County Community Health Action Team
- Genesis Community Health
- Head Start and Migrant Head Start
- YMCA
- Salvation Army
- A Book and A Bite
- Oasis Food Pantry

- Terry Reilly Health Services
- SANE Solutions
- Life Church and strong, supportive faith communities
- Indian Creek
- International Rescue Committee
- Allies Linked For the Prevention of HIV and AIDS
- Meals on Wheels
- Family Medicine Residency of Idaho
- Veteran Affairs
- Life's Kitchen
- Idaho Department of Labor
- Department of Child and Family Services
- College of Western Idaho
- Owyhee County Community Health Action Team
- Senior Centers
- Washington County Community Health Action Team
- Caldwell Police Department
- Western Idaho Community Action Partnership
- Weiser Recreational Department

- Ada County Commissioners
- Ada County Emergency Medical Services
- Treasure Valley School Districts
- Boys & Girls Clubs
- Caldwell Housing Authority
- Idaho Association for the Education of Young Children
- Idaho Anti-Human Trafficking Coalition
- Idaho Business for Education
- Jannus
- United Way of Treasure Valley
- St. Luke's
- Saint Alphonsus Health System
- West Valley Medical Center
- Boise State University
- Idaho Housing and Finance Association
- Jesse Tree of Idaho
- State of Idaho District Health Organizations
- Idaho Oral Health Alliance
- Valley Regional Transit
- Women's and Children's Alliance

- Wyakin Foundation
- Create Common Good
- Micron
- Vineyard Church
- Urban Renewal
- Southwest District Health
- Neighborhood Associations
- Idaho Commission on Aging
- Idaho Alzheimer's Association

- AARP Idaho
- Law Enforcement
- Boise Rescue Mission
- Interfaith Sanctuary
- Emmett Valley Meal Coalition
- Agency for New Americans
- Miles of Smiles
- Delta Dental

- Federally Qualified Health Centers
- American Foundation for Suicide Prevention
- Idaho Office of Refugees
- Girl Scouts
- Idaho Legal Aid

Community Feedback on Community Strengths:

‹ *"Idaho and the Treasure Valley are "veteran-friendly" areas. We have many available resources."*
– Veteran Services Professional

‹ *"We don't want to be a city, but we do need to grow. We need additional population to afford infrastructure. We need outside investors. We need to change."*
– Community Member

APPENDICES

Appendix A. Focus Group Discussion Guide

Page 1

Focus Group Guide

Goals of the focus groups:
• To identify the perceived health needs and assets in [REGION]
• To gain an understanding of people's barriers to health and how these barriers can be addressed
• To identify areas of opportunity to address needs

 [NOTE: THE QUESTIONS IN THE FOCUS GROUP GUIDE ARE INTENDED TO SERVE AS A <u>GUIDE</u>, BUT NOT A SCRIPT.]

[NOTE: GUIDE WILL BE TAILORED FOR EACH GROUP.]

I.   BACKGROUND (5-10 MINUTES)

• Welcome everyone. My name is _____, and I work for _____.

• We're going to be having a focus group today. Has anyone here been part of a focus group before? You are here because we want to hear your opinions. I want everyone to know there are <u>no right or wrong answers</u> during our discussion. We want to know your opinions, and those opinions might differ. This is fine. Please feel free to share your opinions, both positive and negative.

• The [CLIENT] is conducting a community needs assessment to gain a greater understanding of the issues facing residents, how those needs are currently being addressed, and where there are opportunities to address these needs in the future. We want to hear from you about all the things that can affect the health of a community, which can include not just health care but also other things related to where people live, work, and play. The information you provide is a valuable part of this assessment and improving health in the community.

• As you can see, I have a colleague with me today, [NAME], who is taking notes during our discussion. She works with me on this project. I want to give you my full attention, so they are helping me out by taking notes during the group and they do not want to distract from our discussion.

• [NOTE AUDIOTAPING IF APPLICABLE] Just in case we miss something in our note-taking, we are also <u>audio-taping</u> the groups tonight. We are conducting several of these discussion groups around the area, and we want to make sure we capture everyone's opinions. After all of the groups are done, we will be writing a summary report of the general opinions that have come up. In that report, I might provide some general information on what we discussed tonight, but I will not include any names or identifying information. Your responses will be strictly confidential. In our report, nothing you say here will be connected to your name.

• You might also notice that I have a stack of papers here. I have a lot of questions that I'd like to ask you tonight. I want to let you know that so if it seems like I cut a conversation a little short to move on to the next question, please don't be offended. I just want to make sure we cover a number of different topics during our discussion tonight.

Appendix A. Focus Group Discussion Guide

Page 2

- Lastly, please turn off your cell phones or at least put them on silent or vibrate mode. The group will last only about 45-60 minutes. If you need to go to the restroom during the discussion, please feel free to leave, but we'd appreciate it if you would go one at a time.

- Any questions before we begin our introductions and discussion?

II.   INTRODUCTION AND WARM-UP (5-10 MINUTES)

1. Now, first let's spend a little time getting to know one another. Let's go around the table and introduce ourselves. Please tell me: 1) Your first name; 2) what community you live in. [AFTER ALL PARTICIPANTS INTRODUCE THEMSELVES, MODERATOR TO ANSWER INTRO QUESTIONS]

III.   COMMUNITY PERCEPTIONS (20-30 MINUTES)

2. Today, we're going to be talking a lot about the community that you live in. How would you describe your community?

    a. If someone was thinking about moving into your community, what would you say are some of its biggest strengths or the most positive things about it? [PROBE ON COMMUNITY AND ORGANIZATIONAL ASSETS/STRENGTHS]

3. What are some of the biggest problems or concerns in your community? [PROBE ON ISSUES IF NEEDED – transportation, affordable housing; education; child care; financial stress; food security; violence; employment, etc.]

    a. How have these issues affected your community?

    b. Just thinking about day-to-day life –working, getting your kids to school, things like that – what are some of the challenges or struggles you deal with on a day-to-day basis?

4. What do you think are the most pressing health concerns in your community? [PROBE ON SPECIFIC ISSUES IF NEEDED, E.G. CHRONIC DISEASES/CONDITIONS, MENTAL HEALTH, SUBSTANCE USE, ETC.; ENSURE ADEQUATE DISCUSSION TIME; PROBE ON HEALTH CARE ACCESS IF MENTIONED]

        i. How have these health issues affected your community? [PROBE FOR SPECIFICS]

5. Thinking about health and wellness in general, what helps keep you healthy?

    a. What makes it easier to be healthy in your community?

        i. What supports your health and wellness?

    b. What makes it harder to be healthy in your community?

IV.   PERCEPTIONS OF SERVICE ENVIRONMENT (15 minutes)

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6. Let's talk about a few of the issues you mentioned. [SELECT TOP CONCERNS, HEALTH AND 1-2 OTHERS] What programs, services, and policies are you aware of in the community that currently focus on these issues?

    a. What's missing? What programs, services, or policies are currently not available that you think should be?

    b. What do you think the community should do to address these issues? [PROBE SPECIFICALLY ON WHAT THAT WOULD LOOK LIKE AND WHO WOULD BE INVOLVED TO MAKE THAT HAPPEN]

V. **VISION OF COMMUNITY (5 minutes)**

7. I'd like you to think ahead about the future of your community. When you think about the community 3 years from now, what would you like to see? What is your vision for the future?

    a. What do you think needs to happen in the community to make this vision a reality?

VI. **CLOSING (5 MINUTES)**

Thank you so much for your time and sharing your opinions. Before we end the discussion, is there anything that you wanted to add that you didn't get a chance to bring up earlier?

I want to thank you again for your time. And we'd like to express our thanks to you. [DISTRIBUTE STIPENDS AND HAVE RECEIPT FORMS SIGNED].

As I mentioned before, we are conducting these groups around the [REGION], and we're also talking to people who work at organizations. After all this is over, we're going to be writing up a report. [CLIENT] will post this report on their website.

Thank you again. Your feedback is greatly valuable, and we greatly appreciate your time and thank you for sharing your opinion.

Appendix B. Key Informant Interview Discussion Guide

Page 1

Key Informant Interview Guide

Goals of the Key Informant Interview
- To gather perceptions of the health strengths and needs of [REGION]
- To identify health-related gaps, challenges, and assets
- To explore opportunities for addressing community health needs more effectively

[NOTE: QUESTIONS FOR THE INTERVIEW GUIDE ARE INTENDED TO SERVE AS A GUIDE, NOT A SCRIPT.]

BACKGROUND (5 minutes)

- Hi, my name is _____ and I am with _____.

- As you may know, the [CLIENT] is conducting a community needs assessment to gain a greater understanding of the issues of [REGION], how those needs are being addressed, and whether there might be opportunities to address these issues more effectively.

  o As part of this process, we are conducting interviews with leaders in the community and focus groups with residents and other stakeholders to understand different people's perspectives on these issues. We greatly appreciate your feedback, insight, and honesty. We are also gathering quantitative data on a wide range of community and health issues.

- Our interview will last about 45 – 60 minutes. After all of the interview and focus group discussions are completed, we will be writing a summary report of the general themes that have emerged during the discussions. This report will be public, but we will not include any names or identifying information in that report. All names and responses will remain confidential. Nothing sensitive that you say here will be connected to directly to you in our report.

- Do you have any questions before we begin our introductions and discussion?

THEIR AGENCY / ORGANIZATION (5 minutes)

SKIP THIS SECTION FOR ELECTED OFFICIALS

8. Can you tell me a bit about your organization/agency? [TAILOR PROBES DEPENDING ON AGENCY]
   a. [PROBE ON ORGANIZATION: What is your organization's mission/services? What communities do you work in? Who are the main clients/audiences?]

      i. What are some of the biggest challenges your organization faces in conducting your work in the community?

   b. Do you currently partner with any other organizations or institutions in any of your work?

COMMUNITY ISSUES (10 minutes)

Appendix B. Key Informant Interview Discussion Guide

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9. How would you describe the community served by your organization/ that you serve as [INSERT TITLE]?

   a. What do you consider to be the community's strongest assets/strengths?

   b. What are some of its biggest concerns/issues in general? What challenges do residents face in their day-to-day lives? [PROBE ON: transportation; affordable housing; education; child care; financial stress; food security; violence; employment]

      i. What populations (geography, age, race, gender, income/education, etc.) do you see as being most affected by these issues?

TOP ISSUES (10 minutes)

10. What do you think are the most pressing health/education/housing/education/economic/transportation [MODERATOR SELECT HEALTH AND MOST APPLICABLE TOPIC FOR EACH INTERVIEWEE] concerns in the community? Why? [PROBE ON SPECIFICS]

   [MODERATOR INSTRUCTIONS: AFTER PARTICIPANTS TALK ABOUT DIFFERENT ISSUES, SELECT THE TOP 3 AND ASK THE FOLLOWING SERIES OF QUESTIONS FOR EACH ISSUE.]

   a. How has [HEALTH ISSUE] affected the/ your community? [PROBE FOR DETAILS: IN WHAT WAY? CAN YOU PROVIDE SOME EXAMPLES?]

   b. Who do you consider to be the populations in the community most vulnerable or at risk for [THIS CONDITION / ISSUE]?

   c. From your experience, what are peoples' biggest challenges to addressing [THIS ISSUE]?

      i. [PROBE: Barriers to accessing medical care, barriers to accessing preventive services or programs, barriers to receiving information on these issues, etc.]

PROGRAM / SERVICE ENVIRONMENT (10 minutes)

11. Let's talk about a few of the issues you mentioned previously. [SELECT TOP CONCERNS] What programs, services, or policies are you aware of in the community that address some of these issues? [PROBE FOR SPECIFICS]

   a. In your opinion, how effective have these programs, services, or policies been at addressing these issues? Why?

      i. How coordinated are these programs or services, if at all?

   b. Where are the gaps? What program, services, or policies are currently not available that you think should be?

Appendix B. Key Informant Interview Discussion Guide

Page 3

c.   What do you think needs to be done to address these issues?

i.   Do you see opportunities currently out there that can be seized upon to address these issues? For example, are there some "low hanging fruit" – current collaborations or initiatives that can be strengthened or expanded?

12. [IF HEALTH NOT YET MENTIONED/DISCUSSED] What do you see as the strengths of the health services in your community? What do you see as its limitations?

a.   What challenges do residents in your community face in accessing health services? [PROBE IN DEPTH FOR BARRIERS TO CARE: LACK OF TRANSPORTION, INSURANCE ISSUES, LANGUAGE BARRIERS, CHILD CARE, ETC.]

i.   You mentioned [NAME BARRIER] as something that makes it difficult for residents to get health services. What do you think needs to happen in your community to help residents overcome or address this challenge? [REPEAT FOR OTHER BARRIERS]

VISION OF THE FUTURE (10 minutes)

13. I'd like you to think ahead about the future of your community. When you think about the community 3-5 years from now, what would you like to see?   What is your vision for the future?

a.   What is your vision specifically related to people's <u>health</u> in the community?

i.   What do you think needs to happen in the community to make this vision a reality?

ii.   Who should be involved in this effort?

CLOSING (2 minutes)

Thank you so much for your time. That's it for my questions. Is there anything else that you would like to mention that we didn't discuss today?

As I mentioned before, we are conducting discussions all around the region. After collecting all the data and completing these interviews, we're going to be writing up a report which will be posted on the UWTV website.

Thank you again. Have a good afternoon.

Appendix C. Community Survey Instrument

Page 1

[CLIENT] is conducting a community assessment to better understand the needs of [REGION] community members. The assessment will inform future regional community improvement activities.

We are asking community members to give us your thoughts and suggestions about concerns and services in [REGION] by completing this survey by [DATE]. All responses are completely anonymous. There are no right or wrong answers; it's your opinion that matters!

You can complete this survey online at: [LINK]
Or return it by mail to: [LINK]

Your input is valuable and we appreciate your participation!

1. What county do you live in?
   - ☐ Ada
   - ☐ Canyon
   - ☐ Elmore
   - ☐ Gem
   - ☐ Malheur
   - ☐ Owyhee
   - ☐ Other _____

2. Are you a health or social service provider?
   - ☐ Yes
   - ☐ No

3. Please select <u>THE TOP HEALTH ISSUES</u> that have the largest impact on you and/or your family, and your community as a whole.

   (Please select <u>up to 5</u> issues under "you/your family" and <u>up to 5</u> issues under "your community." You can select the same or different issues.)

	YOU AND/OR YOUR FAMILY	YOUR COMMUNITY
Access to contraceptives (birth control)	☐	☐
Affordable child care	☐	☐
Affordable housing	☐	☐
Aging health concerns (Alzheimer's, arthritis, dementia, falls, etc.)	☐	☐
Air quality	☐	☐
Asthma	☐	☐
Cancer	☐	☐
Cost of living (e.g., housing, child care, groceries, etc.)	☐	☐
Dental/oral health	☐	☐
Diabetes	☐	☐
Disabilities (including lack of services for individuals with disabilities)	☐	☐
Education	☐	☐
Getting health care (transportation, health insurance, cost, etc.)	☐	☐
Heart disease/ heart attacks	☐	☐
High blood pressure/hypertension	☐	☐
Homelessness	☐	☐
Infectious/contagious diseases (tuberculosis, pneumonia, flu, etc.)	☐	☐
Mental health and stress	☐	☐
Obesity/ overweight	☐	☐

Appendix C. Community Survey Instrument

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Physical activity opportunities	☐	☐
Public safety	☐	☐
Sexually transmitted infections (STIs) (Chlamydia, Gonorrhea, etc.)	☐	☐
Smoking	☐	☐
Substance Use (alcohol, marijuana, heroin, meth, etc.)	☐	☐
Teenage pregnancy	☐	☐
Transportation (e.g. schedules, cost, accessibility)	☐	☐
Other (please specify): _____	☐	☐

4. **Have any of these issues ever made it more difficult for you to get the health or social services that you needed? (Check all that apply.)**
   - ☐ Lack of transportation
   - ☐ Have no regular doctor/source of health care
   - ☐ Cost of services
   - ☐ Inconvenient operating hours
   - ☐ Insurance problems/lack of coverage/not enough coverage
   - ☐ Language problems/could not communicate with provider or office staff
   - ☐ Discrimination/unfriendliness of provider or office staff
   - ☐ Afraid to seek services
   - ☐ Afraid due to my immigration status
   - ☐ Don't know what type of services are available
   - ☐ No available providers near me
   - ☐ Long waits for appointments
   - ☐ I have never experienced any difficulties getting services
   - ☐ Other (please specify): _____

5. **Which of the following health and social services are currently lacking in your community? (Please select all that apply.)**
   - ☐ Services for older adults
   - ☐ Services for people with disabilities
   - ☐ Services for veterans
   - ☐ Services for new immigrants
   - ☐ Services for youth (including out of school time)
   - ☐ Educational support services (including language services)
   - ☐ Transportation services
   - ☐ Affordable housing
   - ☐ Affordable child care services
   - ☐ Substance use services
   - ☐ Mental health care services
   - ☐ Health care services (including primary care, specialty care, hospital services)
   - ☐ Oral health care services
   - ☐ Exercise and physical activity opportunities
   - ☐ Employment services (including job training and readiness)
   - ☐ Financial assistance services
   - ☐ Housing services (including services for the homeless or housing insecure)
   - ☐ Food services (including food stamps, food pantries, nutrition education and support)
   - ☐ Family Planning Services (including birth control and pregnancy counseling services)
   - ☐ I don't know
   - ☐ Other (please specify): _____

6. **How many times have you moved in the past 12 months?**
   - ☐ 0
   - ☐ 1
   - ☐ 2
   - ☐ 3+
   - ☐ Don't know
   - ☐ Prefer not to answer

7. **Think about the place you live. Do you have problems with any of the following? (check all that apply)**
   - ☐ Bug infestation
   - ☐ Mold
   - ☐ Lead paint or pipes
   - ☐ Inadequate heat

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Appendix C. Community Survey Instrument

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☐ Oven or stove not working   ☐ Landlord/tenant rights issues
☐ No or not working smoke detectors   ☐ None of the above
☐ Water leaks

8. **What is your housing situation today?**
   ☐ I do not have housing (I am staying with others, in a hotel, in a shelter, living outside on the street, on a beach, in a car, abandoned building, bus or train station, or in a park)
   ☐ I have housing today, but I am worried about losing housing in the future.
   ☐ I have housing

9. **The following questions ask you to rate your concern for specific community issues. Please indicate how high of a concern each of the following topics are to you as a community member in [REGION].**

Cost of Living	Not a Concern	Slight Concern	Moderate Concern	High Concern	I don't know
Availability of healthy, affordable food options Availability of internet access	☐	☐	☐	☐	☐
Availability of jobs	☐	☐	☐	☐	☐
Cost of child care (e.g., in-home, center based, or after school care)	☐	☐	☐	☐	☐
Cost of utilities (e.g., heat, electricity, water, etc.)	☐	☐	☐	☐	☐
Housing costs and issues associated with home ownership (e.g., mortgage payments, property taxes)	☐	☐	☐	☐	☐
Housing costs and issues associated with renting (e.g., rent payments, evictions, housing conditions)	☐	☐	☐	☐	☐
Prescription Drug Costs	☐	☐	☐	☐	☐
Support for low-income families and individuals	☐	☐	☐	☐	☐
Wages	☐	☐	☐	☐	☐

Mental Health and Stress	Not a Concern	Slight Concern	Moderate Concern	High Concern	I don't know
Ability to get mental health care services (e.g., affordable, timely, proximity, etc.)	☐	☐	☐	☐	☐
Mental health and stress among homeless	☐	☐	☐	☐	☐
Mental health and stress among immigrants	☐	☐	☐	☐	☐
Mental health and stress among low-income families and individuals	☐	☐	☐	☐	☐
Mental health and stress among middle and high school aged youth	☐	☐	☐	☐	☐
Mental health and stress among veterans	☐	☐	☐	☐	☐
Real or perceived stigma associated with seeking mental health care	☐	☐	☐	☐	☐
Suicide	☐	☐	☐	☐	☐

Transportation	Not a Concern	Slight Concern	Moderate Concern	High Concern	I don't know
Accessibility of transportation	☐	☐	☐	☐	☐
Availability of public transportation (e.g., regional bus)	☐	☐	☐	☐	☐
Cost of transportation	☐	☐	☐	☐	☐

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Length of commute	☐	☐	☐	☐	☐
Motor vehicle safety	☐	☐	☐	☐	☐
Pedestrian or bike safety	☐	☐	☐	☐	☐
Transportation to activities other than work (e.g., grocery shopping, medical appointments, etc.)	☐	☐	☐	☐	☐
Transportation to work or school	☐	☐	☐	☐	☐

Substance Use	Not a Concern	Slight Concern	Moderate Concern	High Concern	I don't know
Ability to get substance use services (e.g., affordable, timely, proximity, etc.)	☐	☐	☐	☐	☐
Alcohol use among adults	☐	☐	☐	☐	☐
Alcohol use among youth	☐	☐	☐	☐	☐
Drug use among youth (including misuse of prescriptions, use of other illicit drugs)	☐	☐	☐	☐	☐
Marijuana use among youth	☐	☐	☐	☐	☐
Methamphetamine use	☐	☐	☐	☐	☐
Opioid use (e.g., prescription pain killers, heroin, etc.)	☐	☐	☐	☐	☐
Other substance use	☐	☐	☐	☐	☐
Real or perceived stigma associated with seeking substance use services	☐	☐	☐	☐	☐
Recreational marijuana use among adults	☐	☐	☐	☐	☐
Tobacco use among adults	☐	☐	☐	☐	☐
Tobacco use among youth (including vaping and e-cigarettes)	☐	☐	☐	☐	☐

Personal and Public Safety	Not a Concern	Slight Concern	Moderate Concern	High Concern	I don't know
Adequate law enforcement system	☐	☐	☐	☐	☐
Domestic Abuse	☐	☐	☐	☐	☐
Drug trafficking	☐	☐	☐	☐	☐
Human trafficking	☐	☐	☐	☐	☐
Neighborhood safety	☐	☐	☐	☐	☐
Property crime	☐	☐	☐	☐	☐
Sexual assault or rape	☐	☐	☐	☐	☐
Sexual harassment	☐	☐	☐	☐	☐
Violent crime	☐	☐	☐	☐	☐

10. Are there any other issues of concern – not listed previously – that are of high concern to you as [REGION] community member?

☐ No

☐ Yes, please specify: _____

The following items are related to your own demographic characteristics. We are asking these questions in order to make sure this survey has reached all population groups that live in [REGION]. Your input is valuable and we appreciate your

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Appendix E. Community Survey Respondent Ratings of Their Concern for Specific Community Issues

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response to these questions!

11. What's your zip code? _____

12. How old are you?
☐ Under 18 years old
☐ 18-24 years old
☐ 25-34 years old
☐ 35-44 years old
☐ 45-64 years old
☐ 65+ years old

13. What is your gender?
☐ Male
☐ Female
☐ Other (please specify) _____

14. What is your sexual orientation?
☐ Heterosexual/straight
☐ Gay or Lesbian
☐ Bisexual
☐ Other (please specify) _____

15. How would you describe your ethnic/racial background? (Please check all that apply.)
☐ African American or Black
☐ American Indian or Alaskan Native
☐ Asian
☐ Hispanic/Latino(a)
☐ Native Hawaiian or Other Pacific Islander
☐ White
☐ Other (please specify) _____

16. What language do you speak most often at home? (Please choose one.)
☐ English
☐ Spanish
☐ Other (please specify) _____

17. What is the highest level of education that you have completed?
☐ Less than high school
☐ High school graduate or GED
☐ Some college
☐ Associate or technical degree/certification
☐ College graduate
☐ Graduate or professional degree

18. What is your household income?
☐ Less than $25,000
☐ $25,000 to $49,999
☐ $50,000 to $74,999
☐ $75,000 to $99,999
☐ $100,000 or more

19. Have you or someone in your family experienced housing insecurity or homelessness in the last 12 months?
☐ Yes
☐ No

20. How long have you lived in [REGION]?
☐ Less than one year
☐ At least 1 year but less than 5 years
☐ At least 5 years but less than 10 years
☐ At least 10 years but less than 15 years
☐ At least 15 years but less than 20 years
☐ 20 years or more

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Appendix E. Community Survey Respondent Ratings of Their Concern for Specific Community Issues

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21. **Do you have difficulty with any of the following? (Please check all that apply.)**
    ☐ Hearing (deafness or severe hearing impairment)
    ☐ Vision (blindness or severe vision impairment)
    ☐ Mobility (walking, climbing stairs)
    ☐ Cognitive Functioning (concentrating, remembering, making decisions)
    ☐ Independent Living (dressing, bathing)
    ☐ Other (please write): _____

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Appendix D. Demographics/Descriptive Data about Community Survey Participants

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Figure 1. Survey participant demographic data

Measure	n	%
County (n=2198)		
Ada	1194	54.3
Canyon	561	25.5
Elmore	254	11.6
Gem	101	4.6
Owyhee	88	4.0
Zip code (n=1782)		
73647	1	0.1
82639	1	0.1
82647	1	0.1
82669	1	0.1
83072	1	0.1
83301	1	0.1
83434	1	0.1
83547	2	0.1
83604	4	0.2
83605	103	5.8
83606	2	0.1
83607	87	4.9
83616	38	2.1
83617	84	4.7
83623	7	0.4
83624	10	0.6
83626	1	0.1
83628	31	1.7
83633	3	0.2
83634	28	1.6
83636	1	0.1
83638	1	0.1
83639	18	1.0
83641	2	0.1
83642	70	3.9
83643	1	0.1
83644	5	0.3
83646	75	4.2
83647	182	10.2
83648	7	0.4
83650	2	0.1
83651	54	3.0
83657	1	0.1
83660	7	0.4
83669	18	1.0
83676	15	0.8
83686	111	6.2
83687	61	3.4

Appendix D. Demographics/Descriptive Data about Community Survey Participants

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Measure	n	%
83689	1	0.1
83701	2	0.1
83702	121	6.8
83703	61	3.4
83704	86	4.8
83705	71	4.0
83706	90	5.1
83707	2	0.1
83709	97	5.4
83712	30	1.7
83713	57	3.2
83714	64	3.6
83716	51	2.9
83717	1	0.1
83720	2	0.1
83739	1	0.1
83747	1	0.1
83767	1	0.1
83809	1	0.1
84647	1	0.1
84704	1	0.1
86686	1	0.1
93804	1	0.1
Health or social service provider (n=2198)		
Yes	546	24.8
No	1652	75.2
Age (n=1909)		
18-24	115	6.0
25-34	394	20.6
35-44	421	22.1
45-64	733	38.4
65+	246	12.9
Gender (n=1906)		
Female	1473	77.3
Male	409	21.5
Other	24	1.3
Sexual orientation (n=1816)		
Heterosexual/straight	1714	94.4
Lesbian/gay/bisexual	102	5.6
Ethnic/racial background* (n=1877)		
African American or Black	25	1.3
American Indian or Alaskan Native	31	1.7
Asian	39	2.1
Hispanic/Latino(a)	175	9.3
Native Hawaiian or Other Pacific Islander	13	0.7
White	1622	86.4

Appendix D. Demographics/Descriptive Data about Community Survey Participants

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Measure	n	%
Other	67	3.6
Language of Survey (n=2198)		
Arabic	3	0.1
English	2183	99.3
Somali	1	0.04
Spanish	9	0.4
Swahili	2	0.1
Language most spoken at home (n=1906)		
English	1838	96.4
Spanish	39	2.0
Other	29	1.5
Highest level of education completed (n=1898)		
Less than high school	32	1.7
High school graduate or GED	136	7.2
Some college	348	18.3
Associate or technical degree/certification	247	13.0
College graduate	604	31.8
Graduate or professional degree	531	28.0
Household income (n=1824)		
Less than $25,000	200	11.0
$25,000 to $49,999	450	24.7
$50,000 to $74,999	426	23.4
$75,000 to $99,999	285	15.6
$100,000 or more	463	25.4
Experience of housing insecurity or homelessness by participant or a family member in the past 12 months (n=1895)		
Yes	345	18.2
No	1550	81.8
Length of time lived in this region (n=1898)		
Less than one year	62	3.3
At least 1 year but less than 5 years	307	16.2
At least 5 years but less than 10 years	241	12.7
At least 10 years but less than 15 years	182	9.6
At least 15 years but less than 20 years	183	9.6
20 years or more	923	48.6
Difficulty with any of the following* (n=372)		
Hearing	130	34.9
Vision	106	28.5
Mobility	149	40.1
Cognitive functioning	116	31.2
Independent living	18	4.8
Other	47	12.6

*Respondents were permitted to select more than one option, so percentages do not sum to 100%

Appendix E. Community Survey Respondent Ratings of Their Concern for Specific Community Issues
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Table 1. Top 5 issues participants say have the largest impact on themselves and/or their family, and their community as a whole (n=2198)

Top Concerns	n	%
You and/or your family		
Cost of Living	1170	53.2
Mental health and stress	845	38.4
Affordable housing	777	35.4
Aging health concerns	607	27.6
Accessing health care	584	26.6
Your community		
Affordable housing	1404	63.9
Cost of living	1187	54.0
Mental health and stress	933	42.4
Affordable child care	866	39.4
Getting health care	771	35.1

Saint Alphonsus Health System & United Way of Treasure Valley 2020 Community Survey

Table 2. Community Survey Respondent Ratings of Specific Community Issues

Issue	Not a concern n	%	Slight concern n	%	Moderate concern n	%	High Concern n	%	I don't know n	%
Cost of Living										
Housing costs and issues associated with home ownership (n=2004)	172	8.6	220	11.0	424	21.2	1128	56.3	60	3.0
Housing costs and issues associated with renting (n=2001)	390	19.5	122	6.1	290	14.5	1069	53.4	130	6.5
Wages (n=1984)	142	7.2	173	8.7	549	27.7	1058	53.3	62	3.1
Support for low-income families and individuals (n=1985)	243	12.2	257	12.9	537	27.1	839	42.3	109	5.5
Prescription drug costs (n=1998)	291	14.6	333	16.7	542	27.1	761	38.1	71	3.6
Cost of child care (n=1974)	428	21.7	219	11.1	443	22.4	740	37.5	144	7.3
Availability of healthy, affordable food options (n=1996)	287	14.4	339	17.0	640	32.1	701	35.1	29	1.5
Availability of jobs (n=1997)	357	17.9	390	19.5	590	29.5	608	30.4	52	2.6
Cost of utilities (n=1994)	241	12.1	482	24.2	699	35.1	533	26.7	39	2.0
Availability of internet access (n=1976)	756	38.3	482	24.4	463	23.4	229	11.6	46	2.3

Appendix E. Community Survey Respondent Ratings of Their Concern for Specific Community Issues
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Issue										
Mental Health and Stress										
Mental health and stress among veterans (n=1965)	95	4.8	137	7.0	441	22.4	**1182**	**60.2**	110	5.6
Mental health and stress among middle and high school aged youth (n=1965)	99	5.0	151	7.7	447	22.7	**1179**	**60.0**	89	4.5
Suicide (n=1926)	117	6.1	160	8.3	444	23.1	**1088**	**56.5**	117	6.1
Mental health and stress among low-income families and individuals (n=1968)	115	5.8	183	9.3	517	26.3	**1043**	**53.0**	110	5.6
Real or perceived stigma associated with seeking mental health care (n=1953)	164	8.4	205	10.5	468	24.0	**1006**	**51.5**	110	5.6
Ability to get mental health care services (n=1973)	198	10.0	205	10.4	473	24.0	**999**	**50.6**	98	5.0
Mental health and stress among homeless (n=1966)	146	7.4	218	11.1	450	22.9	**991**	**50.4**	161	8.2
Mental health and stress among immigrants (n=1957)	215	11.0	239	12.2	495	25.3	**795**	**40.6**	213	10.9
Transportation										
Availability of public transportation (n=1933)	223	11.5	278	14.4	497	25.7	**871**	**45.1**	64	3.3
Pedestrian or bike safety (n=1925)	209	10.9	378	19.6	583	30.3	**698**	**36.3**	57	3.0
Accessibility of transportation (n=1937)	294	15.2	345	17.8	604	31.2	**623**	**32.2**	71	3.7
Length of commute (n=1924)	370	19.2	387	20.1	585	30.4	**494**	**25.7**	88	4.6
Cost of transportation (n=1922)	263	13.7	378	19.7	686	35.7	**475**	**24.7**	120	6.2
Transportation to work or school (n=1913)	427	22.3	370	19.3	562	29.4	**470**	**24.6**	84	4.4
Transportation to activities other than work (n=1923)	391	20.3	419	21.8	575	29.9	**441**	**22.9**	97	5.0
Motor vehicle safety (n=1907)	402	21.1	480	25.2	553	29.0	**390**	**20.5**	82	4.3
Substance Use										
Opioid use (n=1909)	98	5.1	131	6.9	421	22.1	**1133**	**59.4**	126	6.6
Tobacco use among youth (n=1918)	108	5.6	186	9.7	437	22.8	**1096**	**57.1**	91	4.7
Methamphetamine use (n=1910)	96	5.0	160	8.4	443	23.2	**1067**	**55.9**	144	7.5
Drug use among youth (n=1924)	100	5.2	194	10.1	475	24.7	**1042**	**54.2**	113	5.9
Alcohol use among youth (n=1908)	148	7.8	316	16.6	573	30.0	**740**	**38.8**	131	6.9
Other substance use (n=1893)	154	8.1	236	12.5	518	27.4	**704**	**37.2**	281	14.8
Marijuana use among youth (n=1920)	275	14.3	386	20.1	449	23.4	**688**	**35.8**	122	6.4
Real or perceived stigma associated with seeking substance use services (n=1898)	231	12.2	300	15.8	511	26.9	**660**	**34.8**	196	10.3
Ability to get substance use services (n=1909)	276	14.5	232	12.2	513	26.9	**633**	**33.2**	255	13.4
Tobacco use among adults (n=1912)	341	17.8	431	22.5	560	29.3	**495**	**25.9**	85	4.4
Alcohol use among adults (n=1909)	280	14.7	438	22.9	590	30.9	**458**	**24.0**	143	7.5
Recreational marijuana use among adults (n=1912)	652	34.1	678	19.8	345	18.0	**423**	**22.1**	114	6.0
Personal and Public Safety										
Sexual assault or rape (n=1898)	163	8.6	311	16.4	479	25.2	**820**	**43.2**	125	6.6
Domestic Abuse (n=1907)	179	9.4	310	16.3	584	30.6	**728**	**38.2**	106	5.6
Drug trafficking (n=1903)	191	10.0	338	17.8	525	27.6	**697**	**36.6**	152	8.0
Sexual harassment (n=1900)	212	11.2	390	20.5	519	27.3	**665**	**35.0**	114	6.0
Violent crime (n=1899)	198	10.4	480	25.3	464	24.4	**648**	**34.1**	109	5.7
Human trafficking (n=1900)	154	8.1	298	15.7	437	23.0	**830**	**43.7**	181	9.5
Neighborhood safety (n=1908)	209	11.0	488	25.6	619	32.4	**544**	**28.5**	48	2.5
Property crime (n=1900)	205	10.8	564	29.7	604	31.8	**456**	**24.0**	71	3.7
Adequate law enforcement system (n=1902)	423	22.2	437	23.0	549	28.9	**430**	**22.6**	63	3.3

Appendix F. Additional Findings

Population Characteristics

Figure 100 **Population Density**
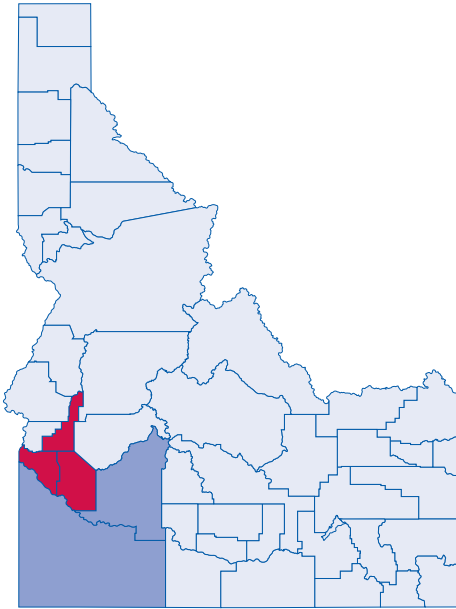
Population, Density (Persons per Sq. Mile) by County

▨ Lower than Idaho State Density

▮ Higher than Idaho State Density

Ada County	424
Canyon County	361.5
Elmore County	8.6
Gem County	30.5
Owyhee County	1.5
Idaho	20.4
U.S.	91.4

DATA SOURCE: U.S. Census Bureau, American Community Survey 5-Year Estimates, as cited by Trinity Health Data Hub, 2014-2018.

Figure101 **Urban Population**
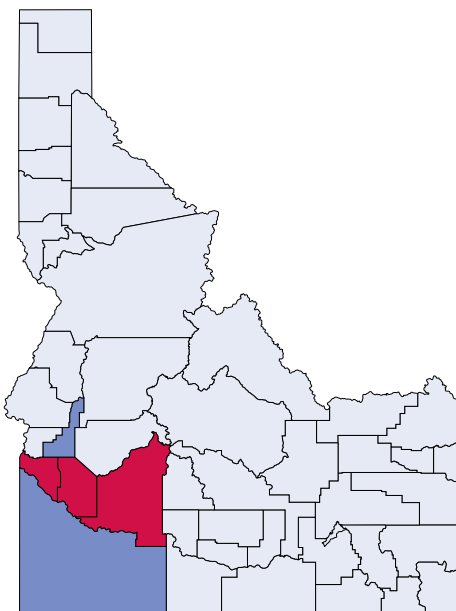
Urban Population, Percent by County

▨ Lower than Idaho State %

▮ Higher than Idaho State %

Ada County	94.5%
Canyon County	80.1%
Elmore County	73.1%
Gem County	55.0%
Owyhee County	22.7%
Idaho	70.6%

DATA SOURCE: U.S. Census Bureau, American Community Survey 5-Year Estimates, as cited by Trinity Health Data Hub, 2013-2017

Figure 102 **Diversity Index**

Diversity Index:
- Ada County: .05
- Canyon County: .07
- Elmore County: .04
- Gem County: .04
- Owyhee County: .02
- Idaho: .14
- U.S.: 0.39

DATA SOURCE: University of Missouri, Center for Applied Research and Engagement Systems. U.S. Census Bureau, Decennial Census, as cited by Trinity Health Data Hub, 2010
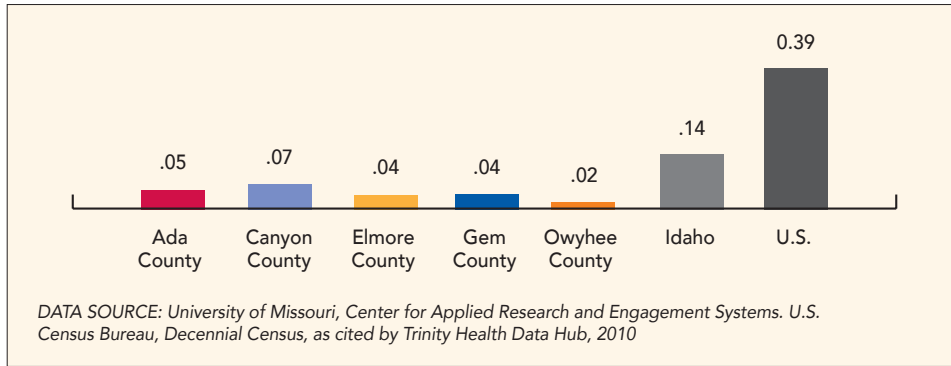
Figure 103 **Median Veteran Income, 2017**

Median Veteran Income, 2017:
- Ada County: $40,575
- Canyon County: $31,833
- Elmore County: $40,386
- Gem County: $30,777
- Owyhee County: $25,813
- Idaho: $35,518

DATA SOURCE: U.S. Census Bureau, American Community Survey 5-Year Estimates, as cited by Trinity Health Data Hub, 2013-2017 Figure 107.
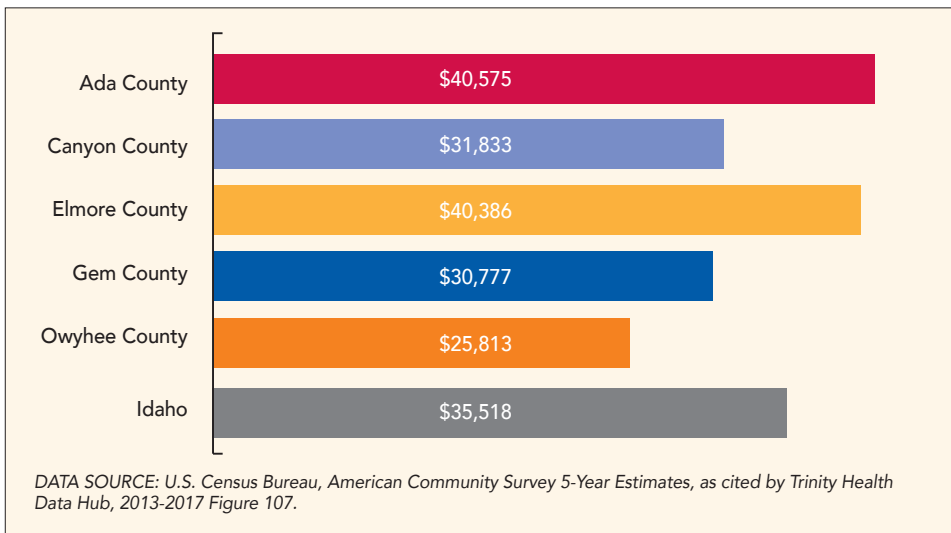
Natural Environment

Figure104 **Average Daily Ambient Particulate Matter 2.5, 2016**

Average Daily Ambient Particulate Matter 2.5, 2016:
- Ada County: 7.8
- Canyon County: 8.2
- Elmore County: 5.5
- Gem County: 7.6
- Owyhee County: 5.8
- Idaho: 7.1
- U.S.: 8.3

DATA SOURCE: Centers for Disease Control and Prevention, National Environmental Public Health Tracking Network, as cited by Trinity Health Data Hub, 2016
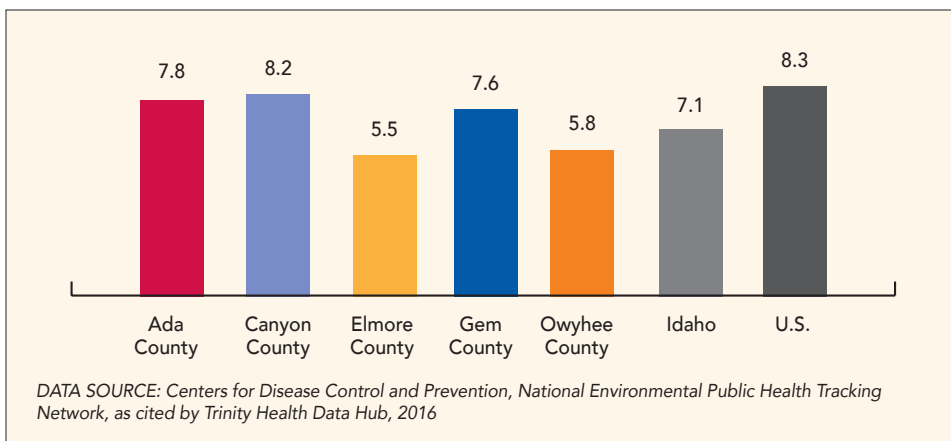
Figure 105 **Number of Days Exceeding Emission Standards, 2012**

DATA SOURCE: Centers for Disease Control and Prevention, National Environmental Public Health Tracking Network, as cited by Trinity Health Data Hub, 2012
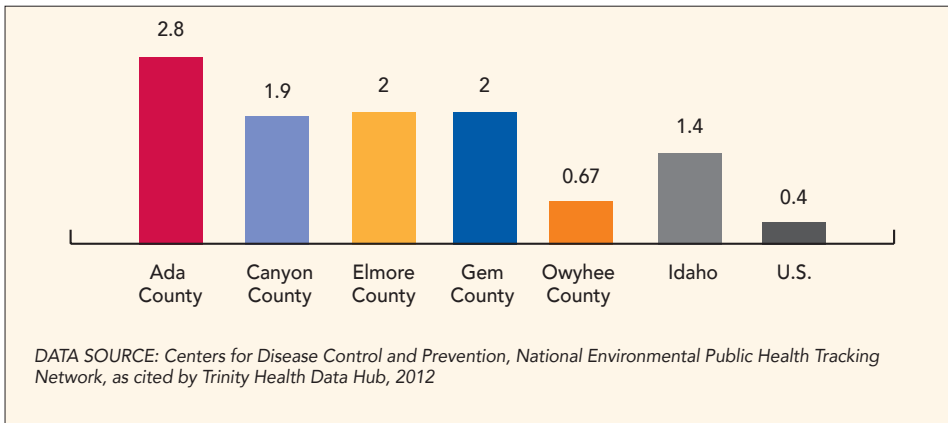
Figure 106 **Percentage of Days Particulate Matter 2.5 Exceeding NAAQ Standards, 2009–2016**

DATA SOURCE: Centers for Disease Control and Prevention, National Environmental Public Health Tracking Network, as cited by Trinity Health Data Hub, 2012
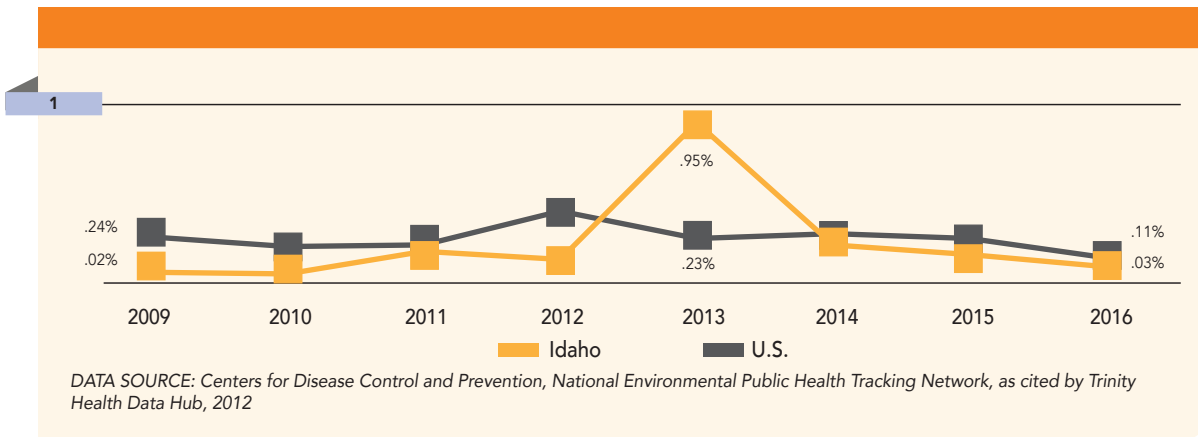
Built Environment

Figure 107 **Percentage of Population Potentially Exposed to Unsafe Drinking Water**

DATA SOURCE: Centers for Disease Control and Prevention, National Environmental Public Health Tracking Network, as cited by Trinity Health Data Hub, 2012
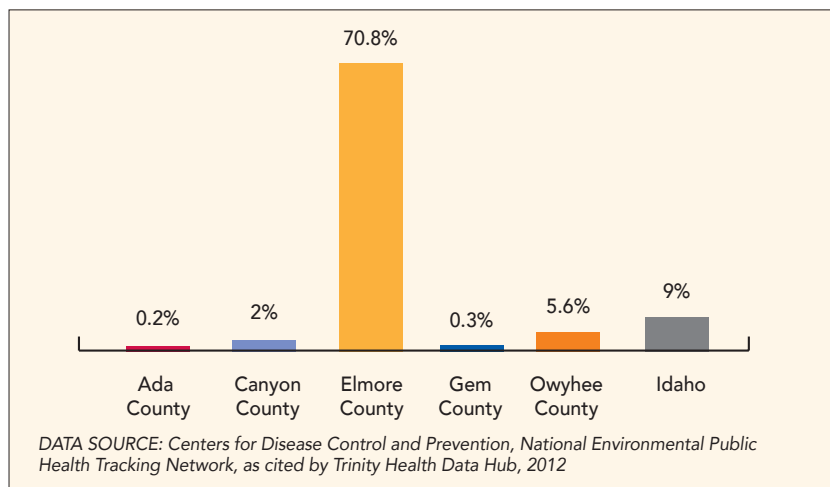
Financial Stability

Employment and Economic Security

Figure 108   **Median Family Income**

County	Median Family Income
Ada County	$80,854
Canyon County	$57,022
Elmore County	$53,929
Gem County	$50,578
Owyhee County	$49,872
Idaho	$64,723
U.S.	$73,965

DATA SOURCE: U.S. Census Bureau, American Community Survey 5-Year Estimates, as cited by Trinity Health Data Hub, 2014-2018
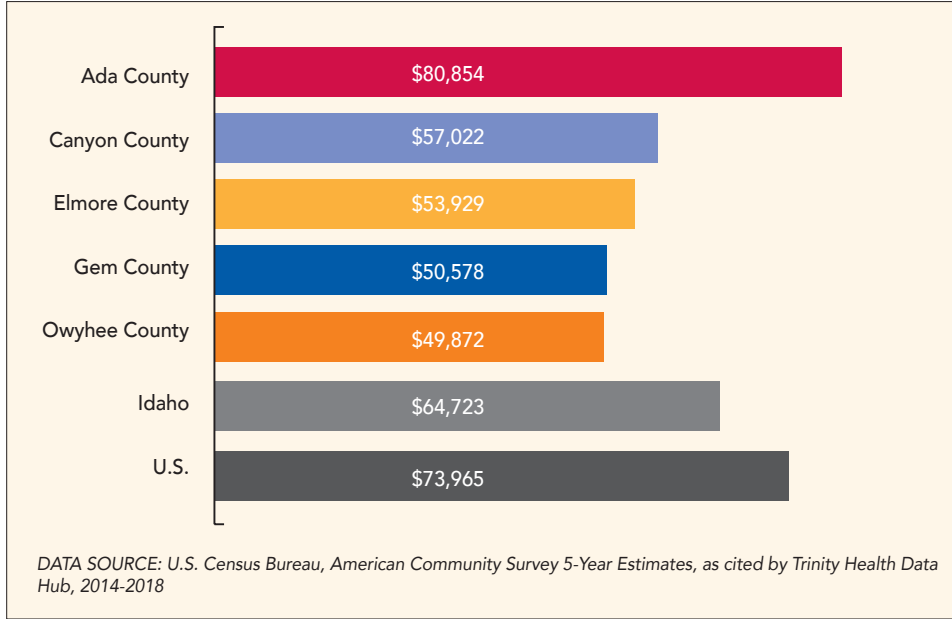
Figure 109   **Gini Index Value**

	Ada County	Canyon County	Elmore County	Gem County	Owyhee County	Idaho	U.S.
Gini Index	0.47	0.41	0.41	0.42	0.48	0.45	0.48

DATA SOURCE: U.S. Census Bureau, American Community Survey 5-Year Estimates, as cited by Trinity Health Data Hub, 2014-2018
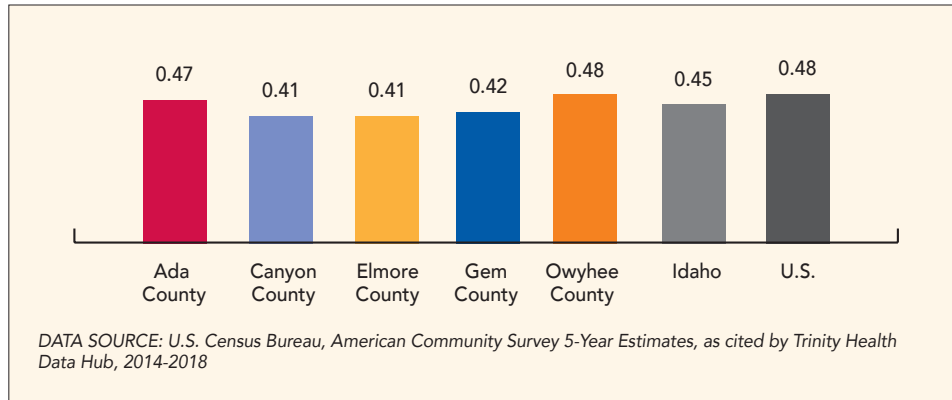
Housing

Figure 110 **Living in Same House One Year Ago, Percent of Persons Age 1 year+**

83.3%	81.4%	77.3%	85.5%	85.3%	82.6%
Ada County	Canyon County	Elmore County	Gem County	Owyhee County	Idaho

DATA SOURCE: U.S. Census Bureau, American Community Survey 5-Year Estimates, as cited by Trinity Health Data Hub, 2014-2018
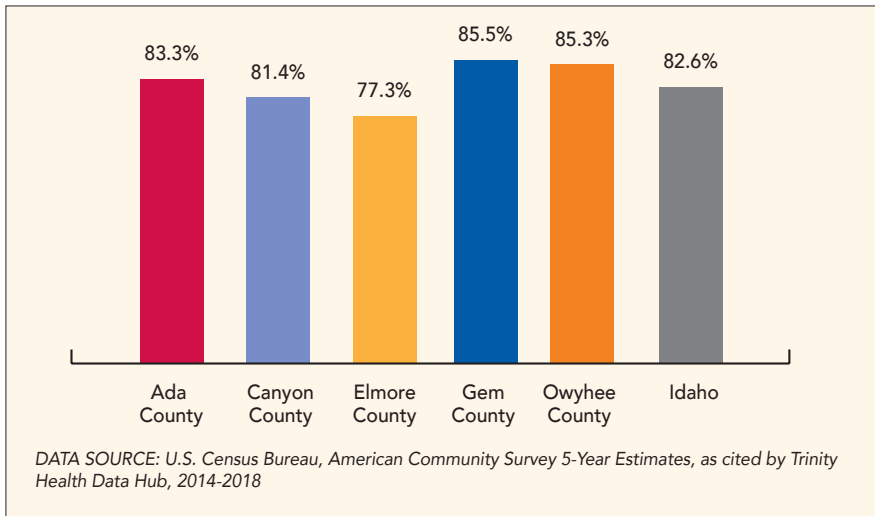
Transportation

Figure 111 **Households With No Motor Vehicle**

3.8%	3.7%	4.8%	5.1%	4.0%	3.9%	8.7%
Ada County	Canyon County	Elmore County	Gem County	Owyhee County	Idaho	U.S.

DATA SOURCE: U.S. Census Bureau, American Community Survey 5-Year Estimates, as cited by Trinity Health Data Hub, 2014-2018
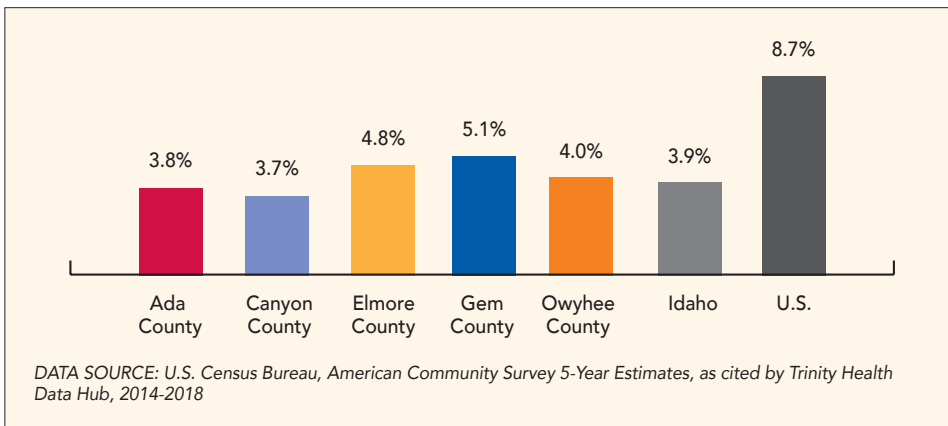
Figure 112 **Motor Vehicle Crash Age–Adjusted Mortality Rate per 100,000 Population**
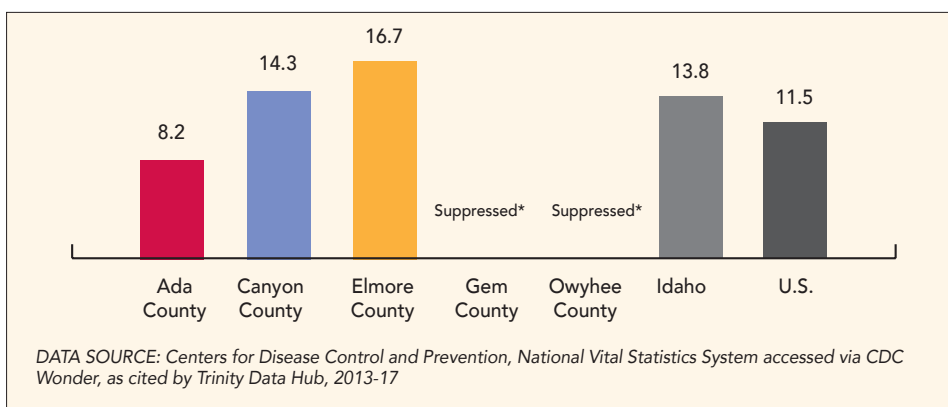
8.2	14.3	16.7	Suppressed*	Suppressed*	13.8	11.5
Ada County	Canyon County	Elmore County	Gem County	Owyhee County	Idaho	U.S.

DATA SOURCE: Centers for Disease Control and Prevention, National Vital Statistics System accessed via CDC Wonder, as cited by Trinity Data Hub, 2013-17

NOTE: Age adjusting rates is a way to make fairer comparisons between groups with different age distributions. For example, a county having a higher percentage of elderly people may have a higher rate of death or hospitalization than a county with a younger population, merely because the elderly are more likely to die or be hospitalized. (The same distortion can happen when comparing races, genders, or time periods.) Age adjustment can make the different groups more comparable.

Health
Life Expectancy, Mortality Rates, and Potential Years of Life Lost

Figure 113   **Median Life Expectancy, 2018**

78.5	81.2	79.3	87.7
Southwest District Health (District 3)	Central District Health (District 4)	Idaho	U.S.

DATA SOURCE: Idaho Vital Statistics, Mortality Report, 2018
NOTE: Southwest District: Adams, Canyon, Gem, Owyhee, Payette, and Washington County;
Central District: Ada, Boise, Elmore, and Valley County

Figure 114   **Life Expectancy Variance, 2010-2015**

7.6	7.5	5.8	3.7	0.5	19.4
Treasure Valley	Ada County	Canyon County	Elmore County	Gem County	Owyhee County

DATA SOURCE: Centers for Disease Control and Prevention and the National Center for
Health Statistics, U.S. Small-Area Life Expectancy Estimates Project. As cited by Trinity Data
Hub, 2010-2015
NOTE: More recent data at the county level was not available
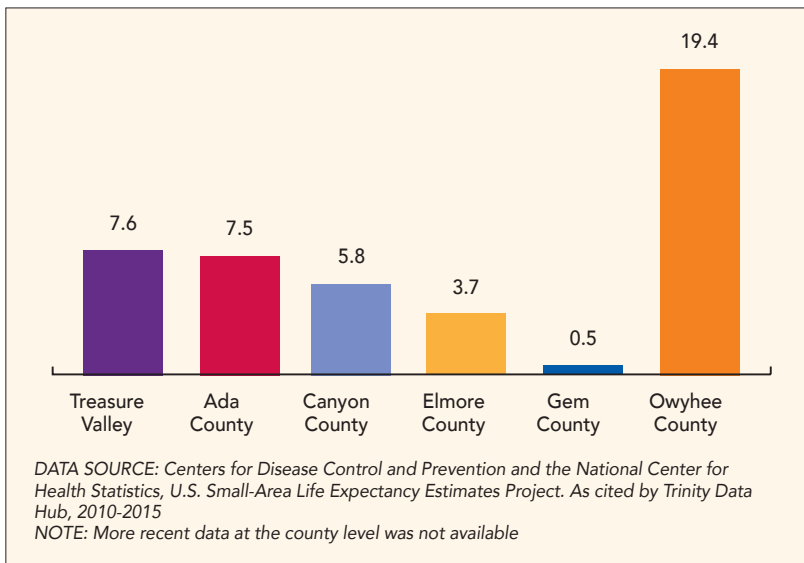
Figure 115 | **Years of Potential Life Lost Rate per 100,000**

Location	Rate
Treasure Valley	5,574
Ada County	5,027
Canyon County	6,169
Elmore County	6,673
Gem County	7,629
Owyhee County	10,432
Idaho	6,947
U.S.	6,273

DATA SOURCE: University of Wisconsin Population Health Institute, County Health Rankings, as cited by Trinity Data Hub, 2015-17
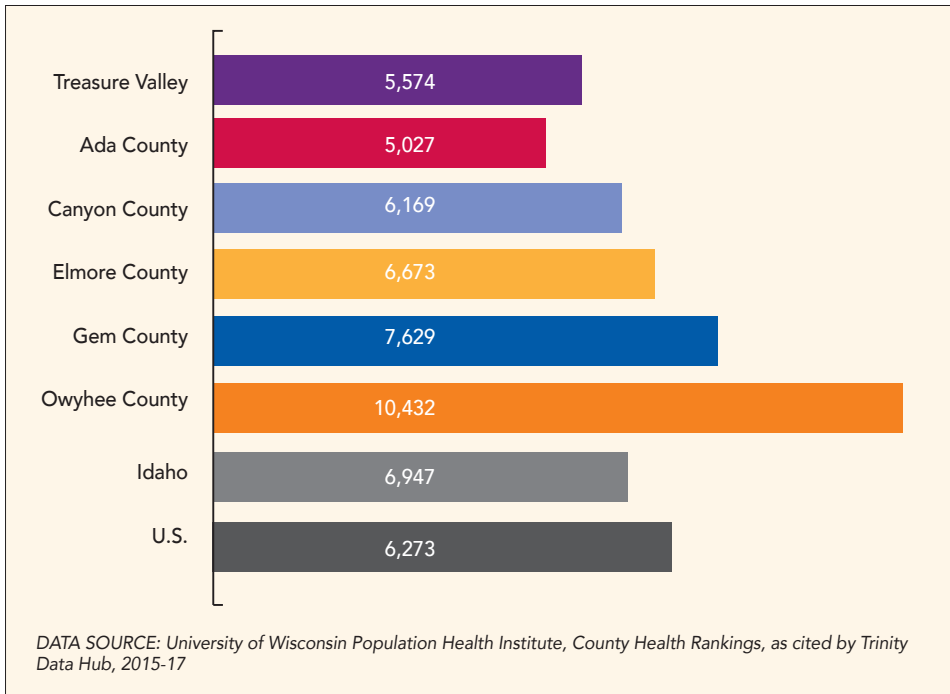
Figure 116 | **Years of Potential Life Lost (YPLL), 1997–1999 to 2015–2017**

	1997-1999	2000-2002	2003-2005	2006-2008	2009-2011	2012-2014	2015-2017
U.S.	7,705						6,901
Idaho	6,829						6,251
Treasure Valley	6,381						5,558

Legend: Treasure Valley, Idaho, U.S.

DATA SOURCE: Centers for Disease Control and Prevention, National Vital Statistics System, accessed via CDC WONDER, as cited by Trinity Data Hub, 2013-17
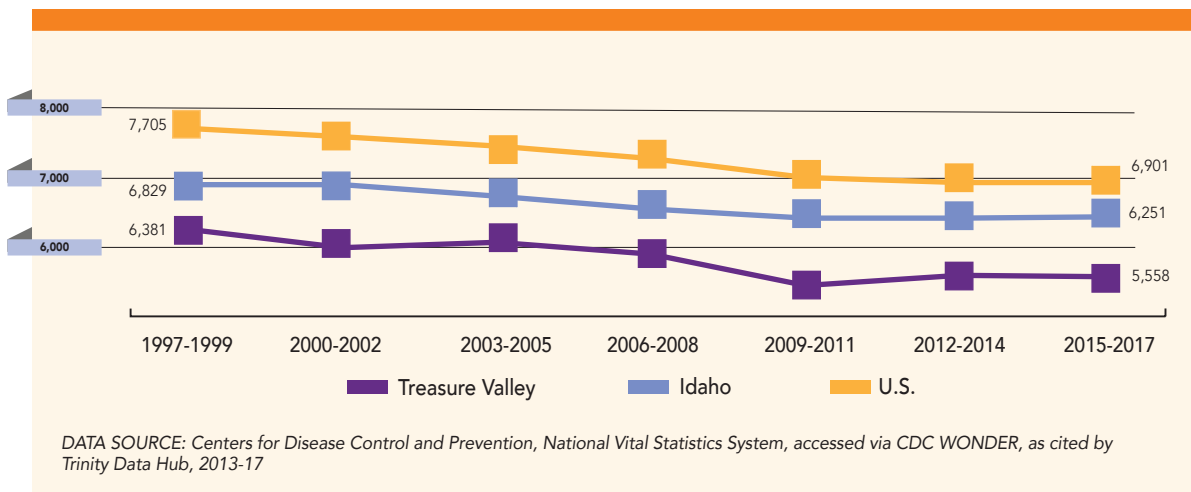
Figure 117 | **Premature Mortality Rate per 100,000 Population, by Race/ Ethnicity, Treasure Valley, 2013–2017**

5,905 — White, Non-Hispanic
5,507 — Black, Non-Hispanic
4,427 — Hispanic or Latino

DATA SOURCE: Centers for Disease Control and Prevention, National Vital Statistics System, accessed via CDC WONDER, as cited by Trinity Data Hub, 2013-2017
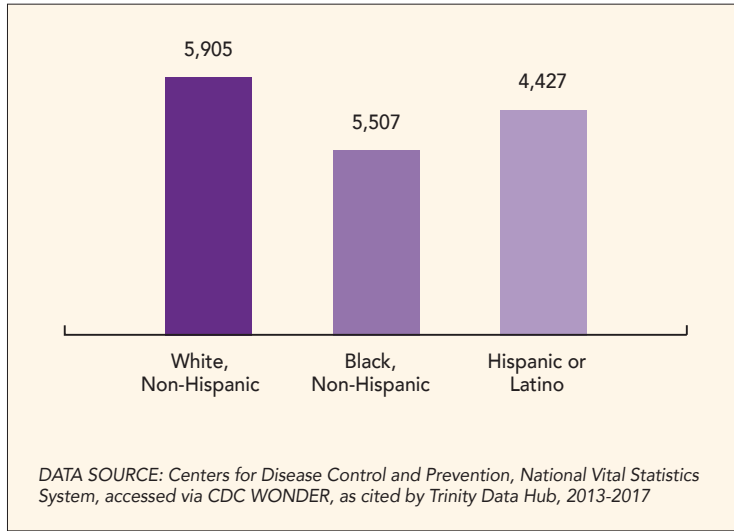
Prenatal Care and Birth Outcomes

Figure 118 | **Percentage of Low Weight Births**

7.2% — Southwest District Health (District 3)
7.6% — Central District Health (District 4)
7.3% — Idaho
8.2% — U.S.

DATA SOURCE: Idaho Vital Statistics, Mortality Report, 2018
NOTE: Southwest District: Adams, Canyon, Gem, Owyhee, Payette, and Washington County; Central District: Ada, Boise, Elmore, and Valley County
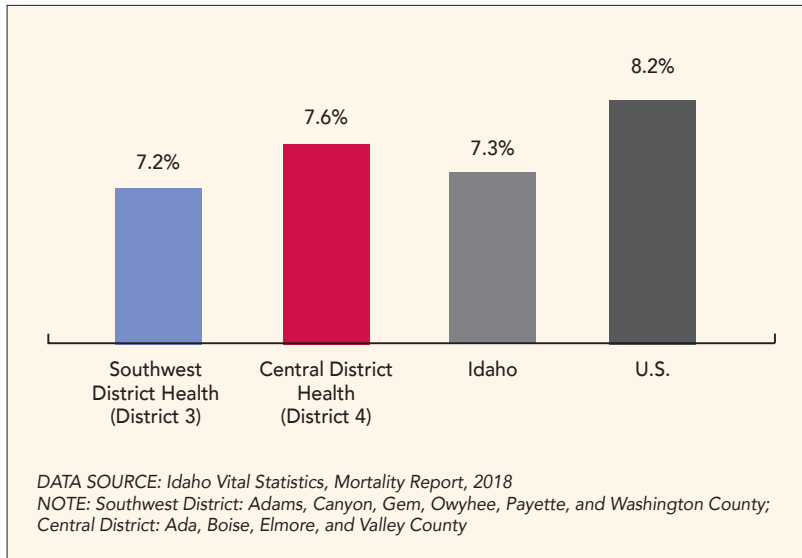
Figure 119   **Babies Born with Low Birth Weight**

	2014	2015	2016	2017	2018

Values shown: 8%, 7%, 6.5% (2014); 8.2%, 7.6%, 7.3%, 7.2% (2018)

Legend: Southwest District Health 3 · Central District Health 4 · Idaho · U.S.

DATA SOURCE: Idaho Vital Statistics, Natality Reports, 2014 – 2018

Figure 120   **Infant Mortality Rate per 1,000 Live Births**

	2014	2015	2016	2017	2018

Values shown: 6%, 5.8%, 5.5%, 4.7% (2014); 5.7%, 5.2%, 5.1%, 3.7% (2018)

Legend: Southwest District Health 3 · Central District Health 4 · Idaho · U.S.

DATA SOURCE: Idaho Vital Statistics, Natality Reports, 2014 – 2018

Health Care

Figure 121   **Rate of 30-Day Hospital Readmissions Among Medicare Beneficiaries**

Ada County	Canyon County	Elmore County	Gem County	Owyhee County	Idaho	U.S.
12.6	12.3	10.6	No data	No data	12.5	14.9

DATA SOURCE: Dartmouth College Institute for Health Policy & Clinical Practice, Dartmouth Atlas of Health Care, as cited by Trinity Health data hub, 2015
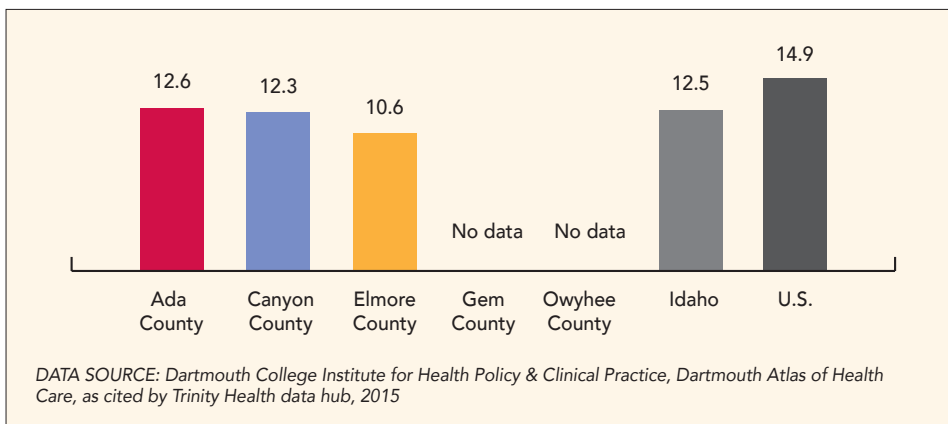
Figure 122

Preventable Hospital Events, Ambulatory Care Sensitive Condition Discharge Rate, Rate per 1,000 Beneficiaries

DATA SOURCE: Dartmouth College Institute for Health Policy & Clinical Practice, Dartmouth Atlas of Health Care, as cited by Trinity Health Data Hub, 2015
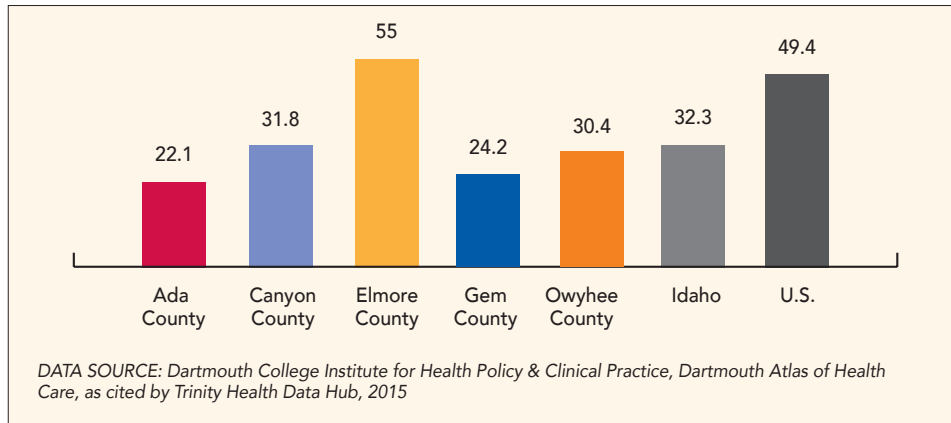
Figure 123

Ambulatory Care Sensitive Condition Discharge Rate per 1,000 Medicare Part A Beneficiaries

DATA SOURCE: Dartmouth College Institute for Health Policy & Clinical Practice, Dartmouth Atlas of Health Care, as cited by Trinity Health Data Hub, 2015
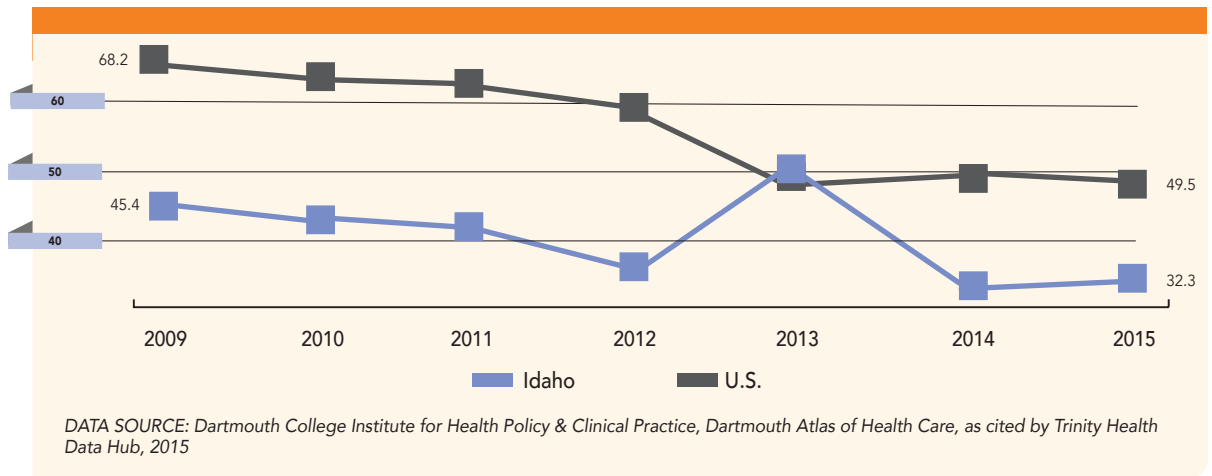
Behavioral Health: Mental Health and Substance Use

Figure 124

Percentage of Children Aged 0–17 years who Experienced Two or More Adverse Childhood Experiences (ACEs), 2019

DATA SOURCE: America's Health Rankings analysis of U.S. HHS, HRSA, Maternal and Child Health Bureau (MCHB), Child and Adolescent Health Measurement Initiative (CAHMI), National Survey of Children's Health Indicator Data Set, Data Resource Center for Child and Adolescent Health, United Health Foundation, 2019
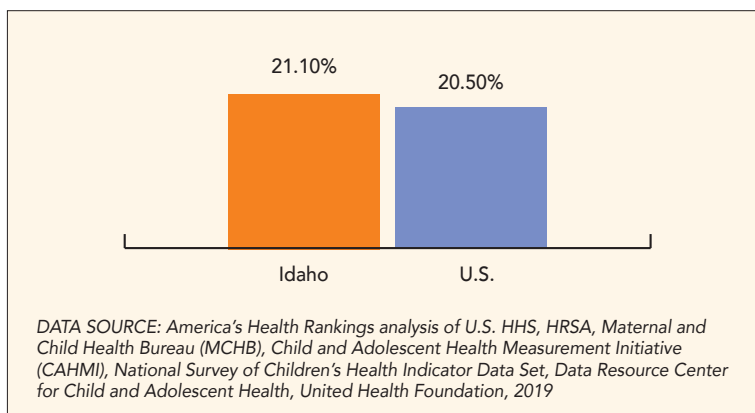
Figure 125   Drug Poisoning Crude Mortality Rate per 100,000 Population, 2012–2016

13.2	10.2	7.7	14.2	Suppressed*	13	15.6
Ada County	Canyon County	Elmore County	Gem County	Owyhee County	Idaho	U.S.

DATA SOURCE: Centers for Disease Control and Prevention, National Vital Statistics System, accessed via CDC WONDER, as cited by Trinity Data Hub, 2012-2016
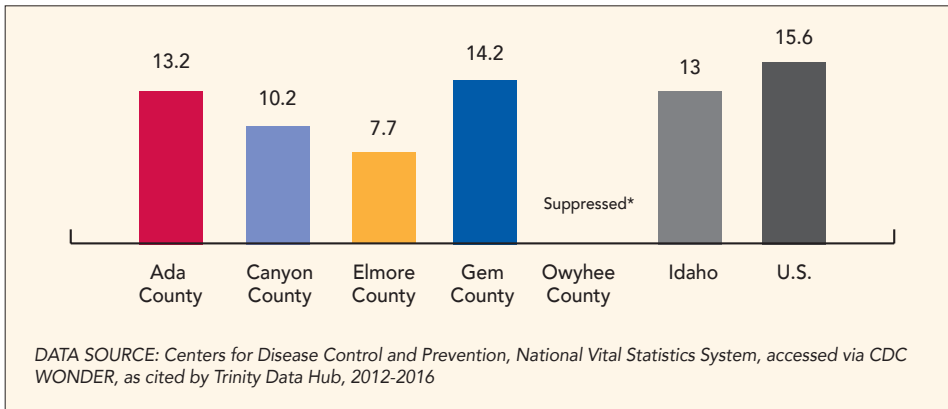
Healthy Weight: Physical Activity, Active Transportation, Nutrition, and Food Security

Figure 126   Percent of Adults That are Obese, Treasure Valley

22.1% ... 28.5

25%
20%

2004 2005 2006 2007 2008 2009 2010 2011 2012 2013 2014 2015 2016

▬ Treasure Valley

DATA SOURCE: Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, as cited by Trinity Health Data Hub, 2016
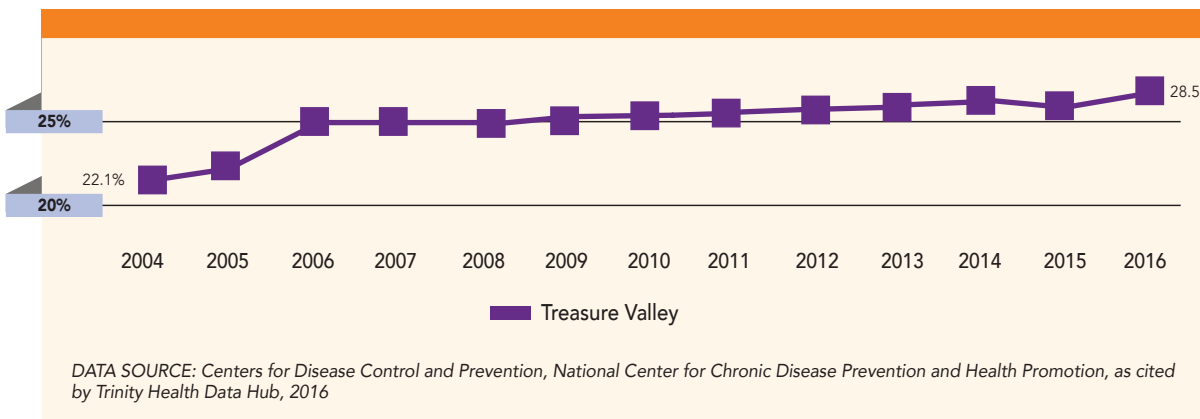
Figure 127   Percent of Population Living within 0.5 Miles of a Park, 2013

35.2%	28.6%	21.4%	5.8%	17.3%	28.4%	38%
Ada County	Canyon County	Elmore County	Gem County	Owyhee County	Idaho	U.S.

DATA SOURCE: U.S. Census Bureau, Decennial Census, ESRI Map Gallery, as cited by Trinity Health Data Hub, 2013
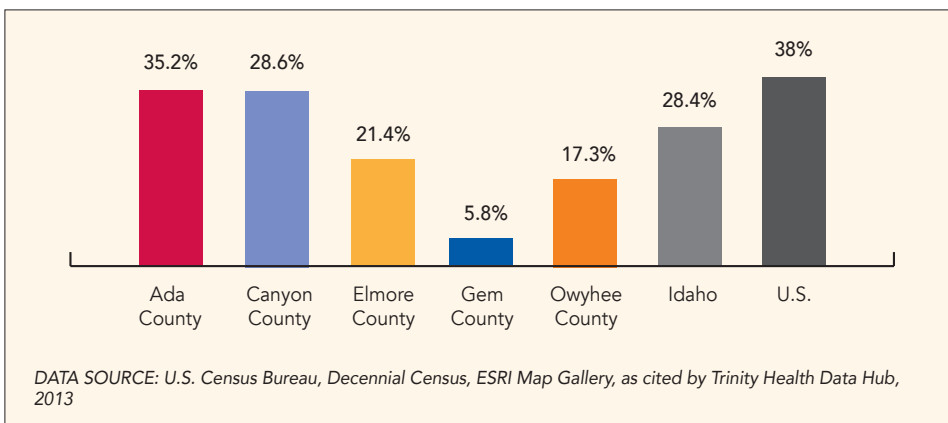
Figure 128

Physical Activity Establishments, Rate per 100,000 Population, 2016

DATA SOURCE: U.S. Census Bureau, County Business Patterns, additional data analysis by CARES, as cited by Trinity Health Data Hub, 2016
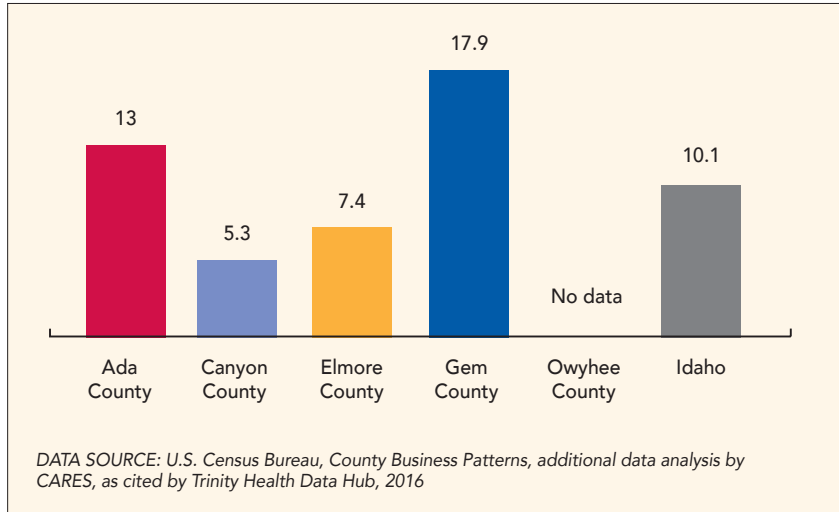
Figure 129

Physical Activity Establishment Rate per 100,000 Population

DATA SOURCE: U.S. Census Bureau, County Business Patterns, additional data analysis by CARES, as cited by Trinity Health Data Hub, 2016
NOTE: This U.S. industry comprises establishments primarily engaged in operating overnight recreational camps, such as children's camps, family vacation camps, hunting and fishing camps, and outdoor adventure retreats that offer trail riding, white-water rafting, hiking, and similar activities. These establishments provide accommodation facilities, such as cabins and fixed campsites, and other amenities, such as food services, recreational facilities and equipment, and organized recreational activities.

Figure 130

Percentage of Adults Consuming Five or More Servings of Fruits & Vegetables a Day, 2017

DATA SOURCE: Idaho Department of Health and Welfare, Division of Public Health Leading Health Indicators, 2017
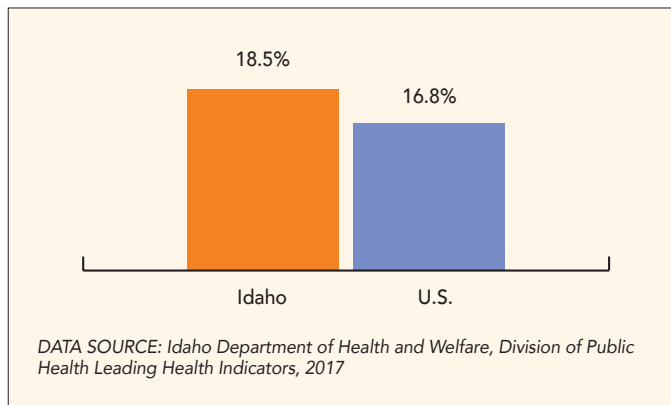
Figure 131 — Fast Food Establishments Rate per 100,000 Population, 2016

Ada County: 81.6
Canyon County: 57.7
Elmore County: 44.4
Gem County: 59.8
Owyhee County: 52.1
Idaho: 69.1

DATA SOURCE: U.S. Census Bureau, County Business Patterns, additional data analysis by CARES, as cited by Trinity Health Data Hub, 2016
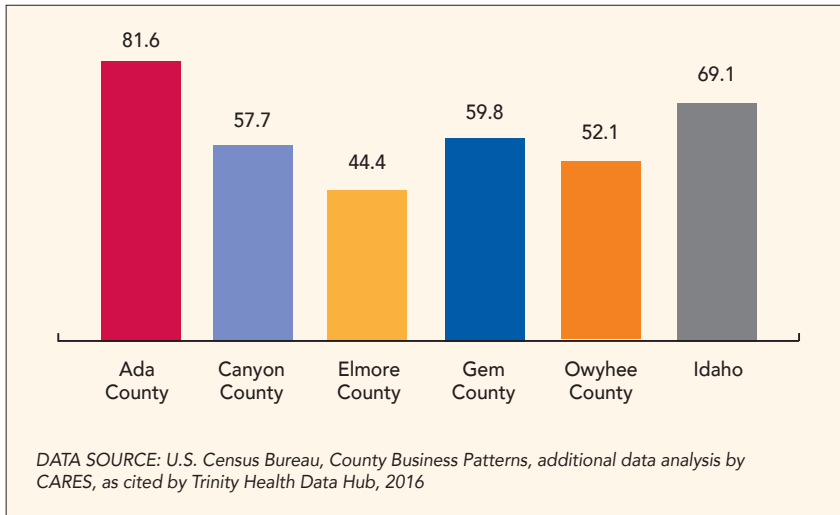
Chronic Disease

Figure 132 — Percent Adults with Diagnosed Diabetes, Treasure Valley

6.4% (2004) ... 8.2% (2010) ... 8.5% (2016)

Years: 2004, 2005, 2006, 2007, 2008, 2009, 2010, 2011, 2012, 2013, 2014, 2015, 2016

Legend: Treasure Valley

DATA SOURCE: Center for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, as cited by Trinity Health Data Hub, 2016
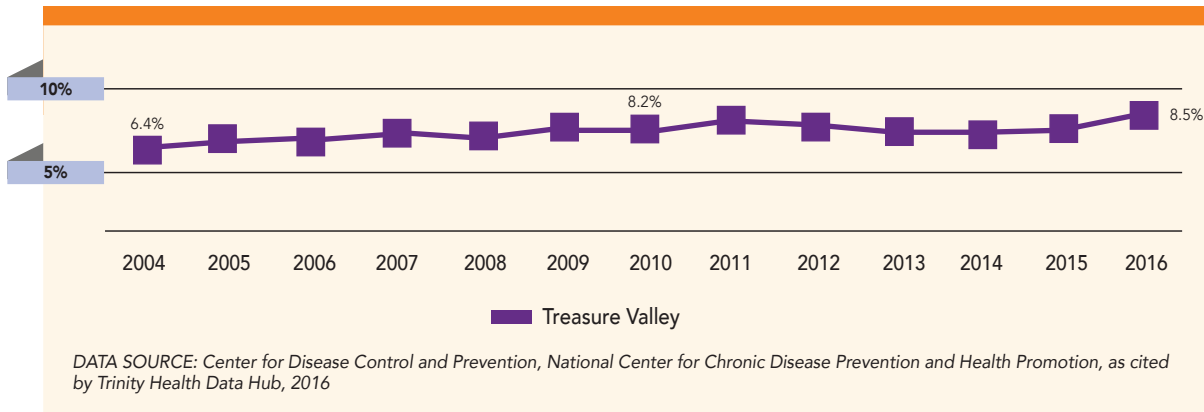
Figure 133 — Percent of Adults with High Blood Pressure

Year	Boise Metropolitan Statistical Area	Idaho
2011	28.5%	29.4%
2013	29.5%	29.4%
2015	30.1%	31.3%
2017	29.8%	29.6%

Legend: Boise Metropolitan Statistical Area, Idaho

DATA SOURCE: Center for Disease Control and Prevention, Behavioral Risk and Surveillance System Prevalence and Trends Data, 2011-2017
NOTE: Boise Metropolitan Statistical Area includes Ada, Boise, Canyon, Gem, and Owyhee Counties

Figure 134 **Age–Adjusted Heart Disease Mortality per 100,000 Population**
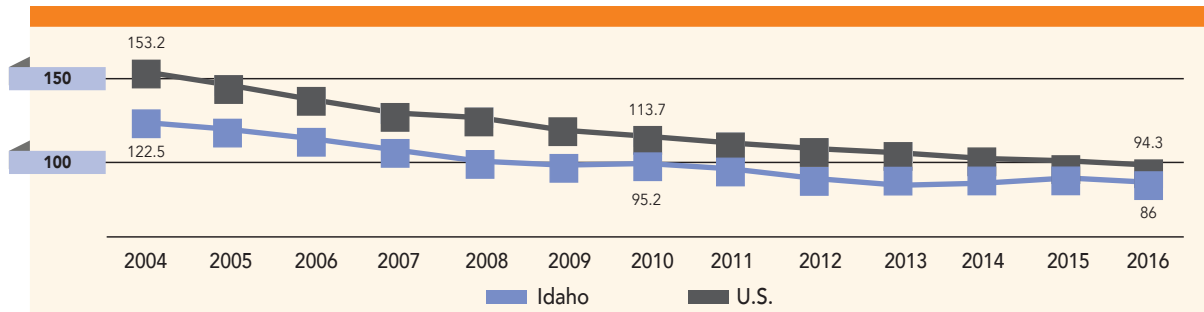
	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016

U.S.: 153.2 ... 113.7 ... 94.3

Idaho: 122.5 ... 95.2 ... 86

Legend: ■ Idaho ■ U.S.

DATA SOURCE: Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System; Accessed via the Health Indicators Warehouse. U.S. Department of Health & Human Services, Health Indicators, as cited by Trinity Health Data Hub, 2004-2016
NOTE: Age-adjusting rates is a way to make fairer comparisons between groups with different age distributions. For example, a county having a higher percentage of elderly people may have a higher rate of death or hospitalization than a county with a younger population, merely because the elderly are more likely to die or be hospitalized. (The same distortion can happen when comparing races, genders, or time periods.) Age adjustment can make the different groups more comparable.

Figure 135 **Percent of Adults with High Cholesterol**
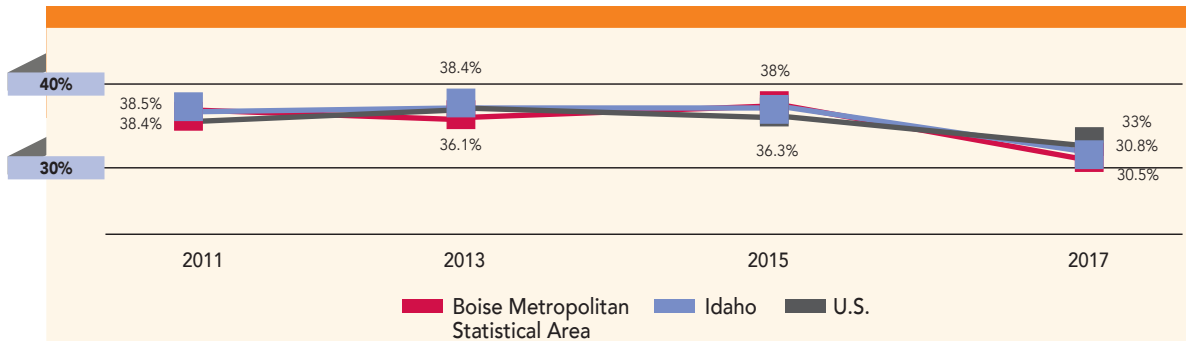
	2011	2013	2015	2017

40% / 38.5% / 38.4% ... 38.4% ... 38% ... 33% / 30.8% / 30.5%
36.1% ... 36.3%

Legend: ■ Boise Metropolitan Statistical Area ■ Idaho ■ U.S.

DATA SOURCE: Center for Disease Control and Prevention, Behavioral Risk and Surveillance System Prevalence and Trends Data, 2011-2017
Note: Boise Metropolitan Statistical Area includes Ada, Boise, Canyon, Gem, and Owyhee Counties

Figure 136 **Cancer Screenings**
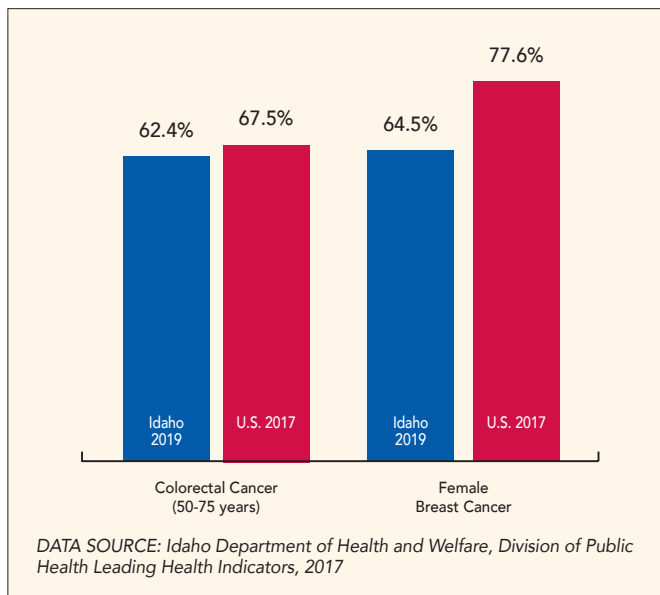
Colorectal Cancer (50-75 years): Idaho 2019 — 62.4%; U.S. 2017 — 67.5%
Female Breast Cancer: Idaho 2019 — 64.5%; U.S. 2017 — 77.6%

DATA SOURCE: Idaho Department of Health and Welfare, Division of Public Health Leading Health Indicators, 2017

Figure 137 | **Crude Colon and Rectum Cancer Incidence Rate per 100,000 Population, 2012–2016**

County	Rate
Treasure Valley	35.9
Ada County	33.7
Canyon County	38.8
Elmore County	42.8
Gem County	42.7
Owyhee County	40.3
Idaho	35.5
U.S.	38.7

DATA SOURCE: State Cancer Profiles, as cited by Trinity Health Data Hub, 2012-2016

Figure 138 | **Age–Adjusted Cancer Mortality Rate per 100,000 Population, 2013–2017**

County	Rate
Ada County	150
Canyon County	155.3
Elmore County	187.4
Gem County	184.4
Owyhee County	145.1
Idaho	153.8
U.S.	158.1

DATA SOURCE: Centers for Disease Control and Prevention, National Vital Statistics System, accessed via CDC WONDER, as cited by Trinity Health Data Hub, 2013-2017
NOTE: Age-adjusting rates is a way to make fairer comparisons between groups with different age distributions. For example, a county having a higher percentage of elderly people may have a higher rate of death or hospitalization than a county with a younger population, merely because the elderly are more likely to die or be hospitalized. (The same distortion can happen when comparing races, genders, or time periods.) Age adjustment can make the different groups more comparable.

Figure 139

Age-Adjusted Cancer Mortality Rate per 100,000 Population, by Gender, 2013–2017

DATA SOURCE: Centers for Disease Control and Prevention, National Vital Statistics System, accessed via CDC WONDER, as cited by Trinity Health Data Hub, 2013-2017
NOTE: Age-adjusting rates is a way to make fairer comparisons between groups with different age distributions. For example, a county having a higher percentage of elderly people may have a higher rate of death or hospitalization than a county with a younger population, merely because the elderly are more likely to die or be hospitalized. (The same distortion can happen when comparing races, genders, or time periods.) Age adjustment can make the different groups more comparable.

Figure 140

Cancer Mortality, Age-Adjusted Rate per 100,000 Population

DATA SOURCE: Centers for Disease Control and Prevention, National Vital Statistics System, accessed via CDC WONDER, as cited by Trinity Health Data Hub, 2013-2017
NOTE: Age-adjusting rates is a way to make fairer comparisons between groups with different age distributions. For example, a county having a higher percentage of elderly people may have a higher rate of death or hospitalization than a county with a younger population, merely because the elderly are more likely to die or be hospitalized. (The same distortion can happen when comparing races, genders, or time periods.) Age adjustment can make the different groups more comparable.

Figure 141

Lung Disease Age–Adjusted Mortality Rate per 100,000 Population, by Gender, 2013–2017

DATA SOURCE: Centers for Disease Control and Prevention, National Vital Statistics System, accessed via CDC WONDER, as cited by Trinity Health data hub, 2013-2017
NOTE: Age-adjusting rates is a way to make fairer comparisons between groups with different age distributions. For example, a county having a higher percentage of elderly people may have a higher rate of death or hospitalization than a county with a younger population, merely because the elderly are more likely to die or be hospitalized. (The same distortion can happen when comparing races, genders, or time periods.) Age adjustment can make the different groups more comparable.

Figure 142

Lung Disease Age–Adjusted Mortality Rate per 100,000 Population, 2013–2017

DATA SOURCE: Centers for Disease Control and Prevention, National Vital Statistics System, accessed via CDC WONDER, as cited by Trinity Health data hub, 2013-2017
NOTE: Age-adjusting rates is a way to make fairer comparisons between groups with different age distributions. For example, a county having a higher percentage of elderly people may have a higher rate of death or hospitalization than a county with a younger population, merely because the elderly are more likely to die or be hospitalized. (The same distortion can happen when comparing races, genders, or time periods.) Age adjustment can make the different groups more comparable.

Safety

Students Reporting Bullying

Bullied on School Property Past Year
- Idaho 2019: 8.3%
- U.S. 2017: 19%

Electronically Bullied Past Year
- Idaho 2019: 17%
- U.S. 2017: 14.9%

DATA SOURCE: Idaho Youth Risk Behavior Survey Results, 2019

Figure 144 **Violent Crime Rate per 100,000 Population, 2019**

- Ada County: 230.6
- Canyon County: 263.4
- Elmore County: 181
- Gem County: 183.4
- Owyhee County: 183.4
- Idaho: 217.9
- U.S.: 385.6

DATA SOURCE: Federal Bureau of Investigation, FBI Uniform Crime Reports. Additional analysis by the National Archive of Criminal Justice Data, Accessed via the Inter-university Consortium for Political and Social Research, as cited by Trinity Health Data Hub, 2019

Figure 145 **Age-Adjusted Mortality Due to Homicide, Rate per 100,000 People, 2013–2017**

Treasure Valley: 1.9
Ada County: 1.4
Canyon County: 3
Elmore County: No data
Gem County: No data
Owyhee County: No data
Idaho: 2.28
U.S.: 5.7

DATA SOURCE: FCenters for Disease Control and Prevention, National Vital Statistics System, accessed via CDC WONDER, as cited by Trinity Health Data Hub, 2013-2017
NOTE: Age-adjusting rates is a way to make fairer comparisons between groups with different age distributions. For example, a county having a higher percentage of elderly people may have a higher rate of death or hospitalization than a county with a younger population, merely because the elderly are more likely to die or be hospitalized. (The same distortion can happen when comparing races, genders, or time periods.) Age adjustment can make the different groups more comparable.

Figure 146 **Age-Adjusted Mortality Rate Due to Homicide, 2013–2017**

Idaho: 2004: 2.2, 2010: 1.5, 2016: 2
U.S.: 2004: 5.9, 2010: 5.3, 2016: 6.2

Legend: Idaho, U.S.

DATA SOURCE: Centers for Disease Control and Prevention, National Vital Statistics System, accessed via CDC WONDER, as cited by Trinity Health Data Hub, 2013-2017
NOTE: Age-adjusting rates is a way to make fairer comparisons between groups with different age distributions. For example, a county having a higher percentage of elderly people may have a higher rate of death or hospitalization than a county with a younger population, merely because the elderly are more likely to die or be hospitalized. (The same distortion can happen when comparing races, genders, or time periods.) Age adjustment can make the different groups more comparable.

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Appendix G. Assessments Methods

Treasure Valley Community Assessment Oversight

UWTV assembled a Community Assessment Steering Committee in 2019 to provide strategic oversight of the Community Assessment process. This committee was comprised of 25 members representing UWTV, Saint Alphonsus Health System (SAHS), community health centers, local public health departments, housing and community development organizations, educational institutions, and other health and human service organizations. The committee provided guidance on each component of the assessment, including the Community Assessment methodology, recommendation of secondary data sources, identification of key informants and focus group segments, dissemination of the community survey, and communication and dissemination throughout the Community Assessment process. The Steering Committee met monthly throughout the assessment process, from August 2019 to April 2020.

UWTV, in partnership with SAHS, contracted with Health Resources in Action (HRiA) to assist with the oversight and development of the 2020 Treasure Valley Community Health Needs Assessment. HRiA provided project management and consultation, participated in Steering Committee meetings, developed the survey and trained partners to administer the survey, developed focus group and interview questions and processes, facilitated several focus groups, conducted data analysis, and drafted the Community Health Needs Assessment report. HRiA also contracted with SAHS to conduct the 2020 Ontario Community Assessment utilizing the same processes to allow for regional data comparison.

In order to better understand the health of Ada, Canyon, Elmore, Gem, and Owyhee Counties, the following data collection methods were used.

Review of Secondary Data

This assessment incorporated data on Social Influencers of Health as well as health behavior and outcome data from various sources at national, state, regional, county, and local levels. These data sources included but were not limited to the Trinity Health Data Hub, U.S. Census, Idaho Department of Health and Welfare, and Idaho State Department of Education. Data included self-report of demographics, health behaviors, and outcomes from large, population-based surveys such as the Behavioral Risk Factor Surveillance System (BRFSS). For some indicators, the term "report location" is used, as autogenerated by the Trinity Health Data Hub. "Report Location", or Treasure Valley, refers to the five counties included in this assessment – Ada, Canyon, Elmore, Gem, and Owyhee Counties. The Community Assessment Steering Committee participated in the selection of quantitative data sources and indicators for the assessment.

Focus Groups

In October through December 2019, UWTV and local partners conducted 16 focus groups with 120 individuals from across the assessment region. Focus groups were conducted with representatives of priority populations or sectors, including immigrants and refugees, seniors, parents, LGBTQIA+, individuals experiencing homelessness, employers, and Community Health Workers. Focus group discussions explored participants' perceptions of the community, priority health concerns, and suggestions for future programming and services to address these issues. A semi-structured moderator's guide was used across all focus groups to ensure consistency in the topics covered (APPENDIX A). Each focus group was facilitated by a trained moderator, and detailed notes were taken during each discussion. On average, focus groups lasted 60 minutes and included 6-10 participants.

Interviews

In October through December 2019, UWTV and local partners conducted 26 interviews

with 37 community stakeholders to gauge their perceptions of the community, health concerns, and what programming, services, or initiatives are most needed to address these concerns. Interviews were conducted in person with individuals representing a range of sectors including elected officials, community development, education, housing, regional transit, food security, and health care, among others. A semi-structured interview guide was used across all discussions to ensure consistency in the topics covered (APPENDIX B). Each interview was facilitated by a trained moderator, and detailed notes were taken during conversations. On average, interviews lasted approximately 45 minutes.

Community Survey

In October through December 2019, a community survey was developed and distributed in both paper and electronic formats across the assessment region to broadly capture and quantify the perspective of stakeholders (Appendices C-E). Surveys were provided in English, Spanish, Arabic, Somali, and Swahili. The survey focused on community members' and providers' perceptions of the community, top health concerns, and barriers to accessing health and social services. The survey was developed by HRiA in collaboration with the Treasure Valley Community Assessment Steering Committee and used both Likert-type scales and closed-ended response categories. In total, 2,198 people completed the survey.

Data Analysis

The secondary data, qualitative data from interviews and focus groups, and survey data were synthesized and integrated into this community assessment report by HRIA. The collected qualitative information was coded and then analyzed thematically for main categories and sub-themes using NVivo, Version 12. Data analysts identified key themes that emerged across all discussions as well as the unique issues that were noted for specific populations. Frequency and intensity of discussions on a specific topic were key indicators used

for extracting main themes. While county differences are noted where appropriate, analyses emphasized findings common across the region. Selected paraphrased quotes – without personal identifying information – are presented in the narrative of this report to further illustrate points within topic areas. For the survey data, frequencies and cross-tabulations by demographic characteristics were conducted using SAS statistical software. In most instances, response options from the survey were collapsed for ease of interpretation.

Prioritization of Significant Health Needs

The Community Health Needs Assessment Steering Committee convened for a two-hour meeting on February 5th, 2020, to review and discuss the preliminary results of the Treasure Valley Community Health Needs Assessment and identify and prioritize significant health needs identified through the process. Participants received an overview of key themes that emerged in the collection of qualitative (stories and observations) and quantitative (numbers) data. Each participant was asked to rank the significant health needs individually while considering each theme in terms of impact, severity, magnitude, urgency, and the overall concern of residents regarding the issue. The group then entered their prioritized significant health needs into a Menti.com group poll to tabulate the collective significant health needs.

The top six significant community priorities are presented below in rank order.

- Affordable, safe housing and homelessness
- Wages and job availability
- Cost of living: i.e. housing, transportation, child care, etc.
- Mental health and well-being and substance use
- Access to affordable health care, including behavioral and dental health
- Education, including high-quality early childhood education

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Limitations

As with all assessment efforts, there are some information gaps related to the assessment methods that should be acknowledged. First, for quantitative (secondary) data sources, most data could not be provided at geographic levels smaller than county due to the small population size in the region. Similarly, there were limited data available stratified by subgroup (age, race/ethnicity) for the area. It should be noted that while comparisons are made between geographies and demographic groups, these do not reflect tests of statistical significance. Additionally, most secondary data also have a one – to three-year lag due to data collection and reporting processes. While the qualitative data providing the community voice are current, the quantitative data are a few years behind.

Data based on self-reports should be interpreted with particular caution. In some instances, respondents may over – or underreport behaviors and illnesses based on fear of social stigma or misunderstanding the question being asked. In addition, respondents may be prone to recall bias – that is, they may attempt to answer accurately but remember incorrectly. In some surveys, reporting and recall bias may differ according to a risk factor or health outcome of interest. Despite these limitations, most of the self-report surveys analyzed in this Treasure Valley Community Health Needs Assessment benefit from large sample sizes and repeated administrations, enabling comparison over time.

Additionally, while the focus groups and interviews conducted for this community assessment provide valuable insights, results are not statistically representative of a larger population due to non-random recruiting techniques and a small sample size. Recruitment for focus groups was conducted by community organizations and participants were those individuals who were able to connect to these community organizations. Because of this, it is possible that the responses received only provide one perspective of the issues discussed. Lastly, it is important to note that data were collected at one point in time, so findings, while directional and descriptive, should not be interpreted as definitive.

Appendix H. Saint Alphonsus Addendum

Saint Alphonsus Regional Medical Center–Boise, Saint Alphonsus Regional Rehabilitation Hospital, and Saint Alphonsus Medical Center–Nampa

As a Catholic health system, Saint Alphonsus is committed to advocacy for and service to individuals 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.

Our Mission calls us to serve together with Trinity Health, in the spirit of the Gospel as a compassionate and transforming healing presence within our communities. The Community Health Needs Assessments (CHNA) 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.

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

Boise, Rehab, and Nampa Hospital Overviews

Saint Alphonsus Regional Medical Center (SARMC) in Boise, Idaho is dedicated to delivering advanced medical services in a spiritual, healing environment throughout southwest Idaho, eastern Oregon and northern Nevada. Through innovative technologies, compassionate staff, and warm, healing environments, Saint Alphonsus strives to provide care that is focused on patients.

Founded in 1894 by the Sisters of the Holy Cross, SARMC was the first hospital established in Boise, bringing health care to the poor and underserved. Now referred to as Saint Alphonsus Regional Medical Center, our licensed medical-surgical/acute care 381-bed facility serves as the center for advanced medicine and is poised to support the community well into the future. Saint Alphonsus also has an intricate system of health and wellness services that extend into the communities around our region.

The Saint Alphonsus Regional Rehabilitation Hospital (SARRH), an affiliate of Encompass Health, is committed to helping patients regain independence after a life-changing illness or injury. SARRH is a 40-bed rehabilitation hospital that opened in July 2019 across the street from the SARMC campus. It serves the Boise area as a leading provider of inpatient rehabilitation for stroke, spinal cord injury, brain injury, and other complex neurological and orthopedic conditions. SARRH uses an interdisciplinary team approach that includes physical, speech and occupational therapists, rehabilitation physicians, rehabilitation nurses, case managers, dietitians and more, combined with our advanced technology and expertise, to help patients achieve their goals. Patients receive at least three hours of therapy five days per week while under the constant care of registered nurses, many of whom specialize in rehabilitation, and frequent independent private practice physician visits.

The Saint Alphonsus Medical Center (SAMC-N) in Nampa, located at the corner of I-84 and Garrity Boulevard, offers state-of-the-art, best-in-class health care to residents of Canyon County. This 100-bed hospital that spans more than 240,000 square feet, features a complete diagnostic center, six-suite surgical operating theatre, pre/post-operative holding and recovery rooms, 10-bed short stay observation unit, spacious and private patient rooms, and an 18-bed intensive care unit. Built with preventive and ambulatory health in mind, the facility accommodates the latest information technology, updated diagnostic and treatment technology, and an environment proved to reduce patient stress and recovery times.

In addition to SARMC, SARRH, and SAMC-N, the local Saint Alphonsus-owned facilities include Treasure Valley Lab, Saint Alphonsus Health Alliance (clinically integrated network), and the Saint Alphonsus Medical Group. The Saint Alphonsus Medical Group is comprised of more than 80 clinics across southwestern Idaho and eastern Oregon, and more than 325 primary care, pediatric, and specialty care physicians throughout the region that are focused on keeping care close to home. Our Virtual Monitoring and Care initiatives use telemedicine to reach out to patients who are homebound or in rural areas that lack mobility or access to health care centers and services. Through audio and/or visual means, health care providers are able to remotely assess, monitor, instruct, educate, and treat patients who typically would not be able to travel to receive services. These community-based services, combined with the advanced critical care available at SARMC, SARRH, and SAMC-N, provide residents with more comprehensive, convenient, and accessible health and wellness care, and support our mission to improve the health of our communities.

Services offered by SARMC, SARRH, and SAMC-N include, but are not limited to: brain injury program, breast care, cardiology and vascular care, cancer care, diabetes care and education, emergency and trauma, endoscopy, hospitalists, infusion clinic, laboratory, Mako Robotic-Arm® Assisted Joint Replacement, maternity services, neuroscience, nutrition, orthopedics, pain management, palliative care, pharmacy, physical therapy and rehabilitation, pulmonary diagnostics, radiology and medical imaging, research, sleep disorders, spine care, stroke center, surgical services, including Treasure Valley Surgery Center, telestroke, women's and children's services, and wound and hyperbaric.

Prior Community Health Needs Assessment — 2017

As with the 2020 Community Health Needs Assessment, the prior 2017 Community Health Needs Assessment utilized an advisory committee, as convened by the United Way of Treasure Valley (UWTV), as the primary method of gathering public input on the draft reports between January and April 2017. The community organizations that made up the 2017 Committee were provided with drafts of the assessment report and provided comments back to UWTV for inclusion in the final document. Additionally, the SARMC Mission Committee as well as the SARMC , SARRH, and SAMC-N Health Needs Community Hospital Boards were provided with drafts of the Community Assessment and contributed to the 2017 CHNA priorities.

The 2014 CHNA and 2017 SARMC and SAMC-N Community Health Needs Assessments can be found online at: https://www.saintalphonsus.org/about-us/community-benefit/community-needs-assessment/

The prior CHNA, completed in April 2017, identified significant health needs within the SARMC and SAMC-N community:

- Health Care Access, Including mental health
- Lack of health insurance coverage
- Lack of medical home
- Lack of stable housing /experiencing homelessness
- Suicides, attempts, and ideation
- Poor mental health days
- Violence and bullying
- Vulnerable populations: immigrants, seniors, women, and children
- Transportation barriers

Nutrition, Physical Activity, and Healthy Weight Status

- Childhood and adult obesity prevalence
- Lack of participation in exercise/physical activity
- Low daily fruit and vegetable consumption
- Hunger and food insecurity prevalence

Harmful Substances

- Tobacco usage
- Vaping, e-cigarette usage, especially in youth

- Prescription drug abuse and illicit drug use
- Substance use often occurs with mental health needs

Oral Health

- Adults seeing dentist in past year
- Tobacco and sugary beverages worsen issues

The 2017 Community Health Needs Assessment was reviewed in detail within the Saint Alphonsus Health System Community Health and Well-Being Department in partnership with UWTV and Health Resources in Action in summer and fall 2019, prior to the development of the 2020 Community Health Needs Assessment processes and tools.

Accomplishments from the 2017 Community Health Needs Assessment

SARMC, SARRH, and SAMC-N acknowledged the wide range of priority health issues that emerged from the 2017 CHNA process, and determined that it could effectively focus on only those health needs which it deemed most pressing, under-addressed, and within its ability to influence. SARMC and SAMC-N developed and/or supported initiatives to improve the health needs of health care access, nutrition-physical activity-weight status (obesity prevention), and harmful substance use.

Health Care Access: SARMC and SAMC-N worked to improve access to health care by removing barriers and providing services for the poor and underserved:

- Advocacy: Participated/facilitated legislative activities between 2017-2019 that led to the adoption and funding of Medicaid Expansion in 2019.
- Mobile Services: Established the Saint Alphonsus Mobile Clinic in 2018 to travel to underserved communities in Canyon County to provide free medical, dental, and eye services to participants. Additionally, 30+ community partners attend the mobile clinics to provide their services such as Terry Reilly Health Services, Delta Dental, Idaho Dept of Labor, Idaho Foodbank, etc.

FY17 – 825 people served

FY18 – 3,457 people served

FY19 – 3,543 people served

- **Safety Net:** Supported other safety net organizations in the community who provide health services, counseling, and oral health services for low-income and individuals experiencing homelessness. Also piloted Community Health Workers to do outreach to vulnerable patients.

  - Genesis Community Health is a key safety net providing free services; Saint Alphonsus has provided $54K between FY17-19, and also major in-kind support of Genesis services (Free Lab, Imaging, Other Support):

    Total Across Genesis Programs

    FY17 – 3,618 Encounters, 900 Served

    FY18 – 4,665 encounters, 1,007 served (some individuals receive multiple service types)

    FY19 – 5,392 encounters, 1,148 served

    Medical

    FY17 – 1,139 Encounters, 474 Served

    FY18 – 2,003 (this now includes our medication assistance program #s as well), 582 served

    FY19 – 2,206 encounters, 544 served

    Dental

    FY17 – 666 Encounters, 285 Served

    FY18 – 960 encounters, 367 served

    FY19 – 763 encounters, 294 served

    Counseling

    FY17 – 198 Encounters, 53 Served

    FY18 – 171 encounters, 22 served

    FY19 – 293 encounters, 25 served

    Volunteer Physician Network (VPN)

    FY17 – 288 Referrals to specialty care, 95 Served

    FY18 – 528 encounters (started tracking differently in FY18), 151 served

    FY19 – 610 encounters, 136 served

Community Connectors (Community Health Workers)

FY17 – 3,964 Referrals Total, 1,327 Encounters, 475 Served

FY18 – 1,537 Referrals, 1,003 encounters, 671 served

FY19 – 2,384 Referrals, 1,520 encounters, 694 served

- New Path Community Housing provides a site-based permanent supportive housing solution for individuals in the Boise area who are experiencing homelessness. New Path is a 40-apartment development providing housing and on-site services for the individuals and couples who live there. Since 2018, Saint Alphonsus has provided $100k annually for Terry Reilly Health Services to provide onsite social services, medical services, and life skills training to support the individuals in their homes. Residents moved in November 2018.

    FY19: 50 individuals housed

- **Mental Health Programs:** Supported Allumbaugh House, Suicide Hotline, Boise Rescue Mission, State Suicide Prevention Council, telepsychiatry. Continued suicide prevention (SOS) programs in area schools. SARMC and SAMC-N continued collaborations in a community roundtable on mental health, including advocacy work in supporting and planning local crisis centers. SARMC staff also serve on the Suicide Prevention Action Network.

    • **Suicide Hotline Calls/Contacts:**

        FY17 – 9,531 inbound calls

        FY18 – 13,477 inbound calls

        FY19 – 13,794 inbound calls

    • **Allumbaugh House:** See below under Harmful Substance Use

    • **SOS School Trainings:** Signs of Suicide Prevention & Awareness

        2017-2018 school year – 744 students, 193 adults, and 25 faith community nurses trained, six students referred

2018-2019 school year – 521 students, 70 adults trained, eight students referred

2019-2020 school year – 808 students, 123 adults trained, 13 students referred

- **Refugees:** The Saint Alphonsus Center for Global Health and Healing, and the specialty CARE (Culturally Appropriate Resources and Education) Clinic for pregnant refugees/new refugee mothers and infants, provide trauma-informed care for this vulnerable population.

    • International Clinic (Family Practice):

        Total visits by year:

        FY17 – 5,447

        FY18 – 6,318

        FY19 – 5,912

    • CARE Clinic (Maternal/Child Health) # of women who went through prenatal care by year:

        FY17 – 85

        FY18 – 100

        FY19 – 83

    • Program for Survivors of Torture:

        FY17 – 54

        FY18 – 53

        FY19 – 60

- **Seniors:** New senior services programming and clinical services; Honoring Choices advanced directive work continued and completed. Hosted /sponsored Caregiver of the Year Awards, Caregiver Conference, JAVA Summit (Justice Alliance for Vulnerable Adults) Health and Aging Expo, Santa For a Senior program, Alzheimer's Association Reason to Hope Breakfast, Alzheimer's Association Walk to End Alzheimer's, Alzheimer's Memory Café, along with a variety of smaller events.

    FY17 – 1311 seniors, family members, and caregivers educated

    FY18 – 1691 seniors, family members, and caregivers educated

    FY19 – 1743 seniors, family members, and caregivers educated

Nutrition, Physical Activity, and Weight Status (Obesity Prevention): SARMC and SAMC-N expanded programs and promoted awareness of nutrition and exercise opportunities to address health literacy around weight management, active living, and healthy choices:

- Funded GoNoodle to schools across southern Idaho and eastern Oregon, an activity program that promotes physical activity and mindfulness during class instruction time.

  School Year 2016-2017 – 21,727 Idaho students reached; 2,839,880 minutes of student activity time

  School Year 2017-2018 – 22,049 Idaho students reached; 2,953,736 minutes of student activity time

  School Year 2018-2019 – 23,334 Idaho students reached; 3,628,986 minutes of student activity time

- Sponsored and hosted Meet Me Monday (MMM), an organized walking program for individuals and families in Boise and Caldwell. MMM was expanded to four new sites between 2017-2019 until sunsetting the program and transitioning the materials to the local communities in September 2019. A MMM toolkit was also developed for communities to establish their own walking program.

  FY18 – 1,000 people served
  FY19 – 1,000 people served

- Provided education and outreach on healthy habits at community events, such as the Boise downtown farmer's market.

- Completed 90% of Baby Friendly hospital designation steps by the end of FY19. Baby-Friendly hospitals are recognized for encouraging breastfeeding and mother/baby bonding, which is known to provide health benefits for infants, children, and mothers and is a known effort for obesity prevention.

- SAHS staff led the Transforming Communities Initiative (TCI) grant work in partnership with UWTV across Ada and Canyon Counties. This included passing a statewide breastfeeding protection policy in 2018, passing multiple municipal policies and procedures in the city of Caldwell to improve active transportation under the complete streets concept, improved walkability and bikeability around Caldwell schools, helped establish a statewide Community School Strategy in more than 26 schools in nine districts, developed the Whole Child Initiative within the Caldwell School District to implement Positive Behavior Intervention and Supports in all 10 schools, and supported advocacy for statewide early childhood education such as public Pre-K.

- The Canyon County Grocery Shuttle was established to serve residents of a food desert in North Nampa in 2018 whose last supermarket had shuttered. The shuttle picks up participants in residential locations and runs an hourly route to WalMart and WinCo where participants can shop for groceries and prescriptions. Routes have been expanded to include the Nampa Farmer's Market, and trips to the Traveling Table to pick up food boxes.

  FY18 – 1,042 riders
  FY19 – 946 riders

- SAMC-N serves as the Meals on Wheel provider for Nampa City, providing meals to older adults who are often home bound and cannot otherwise get out to obtain food.

  FY17 – 39,320 meals served
  FY18 – 33,626 meals served
  FY19 – 37,200 meals served

- SAMC-N, as a co-lead of the Healthy Impact Nampa Coalition, has been a partner in the development and implementation of the Traveling Table which started in January 2019. The Traveling Table is a mobile unit that travels to a number of stops such as the Housing Authority and various housing developments in Nampa to distribute free food boxes to those in need. The Traveling Table is led by high school students of the Treasure Valley Learning Academy in Nampa, with assistance from community volunteers. SAMC-N colleagues assist with the planning

of the table stops, tracking utilization, providing volunteers for food distribution, and contributing food from the SAMC-N cafeteria when specific items are in short supply from the Idaho Foodbank.

> FY19 – 1,351 people served

Harmful Substance Use: SARMC offered new and expanded cessation programs, led statewide tobacco advocacy efforts, and supported alcohol and drug use prevention and intervention programs.

- Took leadership roles within existing tobacco related coalitions and led the Idaho Tobacco 21 initiative, which aimed to raise the legal tobacco sales age to 21 by presenting legislation during the 2017, 2018 legislative sessions, and conducted legislator education during the 2019 session. In FY20, SAHS led work to pass tobacco parity legislation that would include e-cigarettes in the statewide definition of tobacco and would establish a licensing protocol for e-cigarette retailers.
  - Partnered with statewide Project Filter (from the Department of Health & Welfare) around new tobacco free campus and other public space signage to include e-cigarettes and vaping.
  - Continued promotion of smoke-free movies initiative to advocate for elimination of tobacco products in film and/or to put an adult rating on movies portraying tobacco, due to the bad influence on youth.
  - SAHS staff joined the Tobacco Free Idaho Alliance (TFIA) Advisory Board in 2020

- Saint Alphonsus Tobacco Free Living Program offered comprehensive group and individual tobacco cessation programming free to the public.
  > FY17:
  > Education for SAHS Providers and Staff – 759 attendees
  > TFL Cessation Classes:
  > August 2016–June 2017 – 143 attendees
  > Community Events Targeting Tobacco Users – 415 individuals

> Prevention Week, West Ada School District: 654 students

- Supported Allumbaugh House as key community funder at $221K-$250K annually to provide crisis mental health and detoxification services
  > FY17 – 355 admissions from Saint Alphonsus
  > FY18 – 321 admissions from Saint Alphonsus
  > FY19 – 310 admissions from Saint Alphonsus

Conducting the 2020 Community Health Needs Assessment

Saint Alphonsus Regional Medical Center (SARMC) and the Saint Alphonsus Regional Rehabilitation Hospital (SARRH) in Boise, Idaho, and Saint Alphonsus Medical Center (SAMC-N) in Nampa, Idaho, completed a coordinated comprehensive Community Health Needs Assessment that was adopted by the Boise, SARRH, and Nampa Community Hospital Board of Directors on June 19, 2020. SARMC, SARRH, and SAMC-N 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. It is available publicly online at https://www.saintalphonsus.org/about-us/community-benefit/community-needs-assessment/, or by request from the Saint Alphonsus Health System Community Health and Well-Being Department.

The 2020 Community Health Needs Assessment was led by United Way of Treasure Valley with Health Resources in Action as a research partner and Saint Alphonsus Health System, Trinity Health System, and JPMorgan Chase & Co. as funding partners. Five Counties: Ada, Canyon, Owyhee, Elmore, and Gem were the primary service areas studied, with analysis and comparison of county/health district,

state, and national data wherever available. These communities were selected for review as they comprise the primary service area where the bulk of SARMC, SARRH, and SAMC-N patients draw from. The Trinity Health Data Hub was utilized as the primary source for secondary data, in addition to localized data sources provided by the Advisory Committee members. Additional duties of the Steering Committee, whose members are listed in the Acknowledgements, included selecting secondary data indicators, developing the community survey and focus group/interview instruments, disseminating community surveys, conducting and participating in focus groups and key informant interviews, selecting significant health needs, providing review and revision to the draft assessment report, and drafting the plan for communications and dissemination of the completed assessment.

The detail processes for conducting community surveys, focus groups, and key informant interviews is listed on page 90 of the 2020 Community Health Needs Assessment document.

The 2020 Community Health Needs Assessment processes and drafts were presented to the SARMC Mission Committee on March 12, 2020, SARMC Community Hospital Board on April 9, 2020, the SAMC-N Community Hospital Board on April 24, 2020, and the SARRH Board on June 29, 2020. Each Board elected a designee to provide final adoption of the assessment. All approvals for adoption were received by June 19, 2020.

Brief Overview of 2020 Significant Health Needs

The 2020 Community Health Needs Assessment identified six significant health needs within the SARMC and SAMC-N communities. As described on page 9 of the 2020 Community Health Needs Assessment, the Steering Committee served as the external review committee to identify and prioritize significant health needs of the community, including Social Influencers of Health.

The Steering Committee initially identified twelve categories of significant health needs, which were reduced to the top six.

The 2020 Community Health Needs Assessment significant health needs are:

1. Affordable, safe housing and homelessness
2. Wages and job availability
3. Cost of living: i.e. housing, transportation, child care, etc.
4. Mental health and well-being and substance use
5. Access to affordable health care, including behavioral and dental health
6. Education, including high-quality early childhood education

Comments

Any additional comments on this report may be submitted to Rebecca Lemmons, Saint Alphonsus Health System Regional Manager of Community Health and Well-Being at Rebecca.lemmons@saintalphonsus.org.

United Way
of Treasure Valley

unitedwaytv.org