



**Saint Alphonus Medical Center Nampa
Community Health Needs Assessment (CHNA)
Implementation Strategy**
Fiscal Years FY24-26



Saint Alphonus

A Member of Trinity Health

Saint Alphonus Medical Center-Nampa (SAMC-N) completed a comprehensive Community Health Needs Assessment (CHNA) that was adopted by the Board of Directors on June 5, 2023. SAMC-N performed the CHNA in adherence with applicable federal requirements for not-for-profit hospitals set forth in the Affordable Care Act (ACA) and by the Internal Revenue Service (IRS). The assessment considered a comprehensive review of secondary data analysis of patient outcomes, community health status, and social influencers of health, as well as primary data collection, including input from representatives of the community, community members and various community organizations.

The complete CHNA report is available electronically at saintalphonus.org/assets/documents/chna/nampa/2023-community-health-needs-assessment-for-saint-alphonus-medical-center-nampa.pdf or printed copies are available at 4300 E Flamingo Ave, Nampa ID 83687.

Our Mission

We, Saint Alphonus and Trinity Health, serve together in the spirit of the Gospel as a compassionate and transforming healing presence within our communities.

Our Hospital

The Saint Alphonus 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.

Saint Alphonus is a proud affiliate of Trinity Health, one of the largest multi-institutional Catholic health care delivery systems in the nation. Trinity Health serves people and communities in 25 states from coast to coast with 88 hospitals and 131 continuing care facilities, home health and hospice programs, 125 urgent care centers, and the second largest Program of All-Inclusive Care for the Elderly (PACE) program in the country. For more information, please visit www.saintalphonus.org, and www.Trinity-Health.org.

Our Community Based Services

In addition to the SAMC-N facilities, Saint Alphonus also provides community-based services through the Saint Alphonus Medical Group (SAMG). This includes the Center for Global Health and Healing along with a variety of medical specialties such as women's health, pediatrics, family practice, urgent care, physical therapy, and orthopedics.

The Saint Alphonus Health Alliance (SAHA) is a physician-led network sponsored by the Saint Alphonus Health System, The Alliance represents a new model of healthcare delivery, known as a clinically integrated network, based



on a strategy to tightly align physicians, hospitals, and payers to provide better access to care, better clinical quality, and control costs.

Saint Alphonsus serves its mission through the community health and well-being (CHWB) department. The CHWB department houses services to improve community-clinical linkages for our patients and residents in the communities served by Saint Alphonsus. This includes the Community Health Worker Hub, mobile clinical services, Faith Community Nurses, Catholic School nurses, language access resources, tobacco treatment specialists, Family Centers that encompass patient education, counseling, and other therapeutic services for new parents and families, and extensive community outreach to address the social influencers of health.



Our Community

The 2023 Greater Treasure Valley Community Health Needs Assessment (CHNA) represents an unprecedented partnership to align several independent regional assessments to identify the health needs of more than half of Idaho residents. This collaborative approach utilized a social determinants of health (SDoH), also known as social influencers, framework to determine the top priorities of ten counties in the Greater Treasure Valley region of Idaho. This framework defines health in the broadest sense and recognizes SDoH factors such as employment, housing, and access to health care have an impact on the community's health. In this report, the Greater Treasure Valley Region includes ten counties across Idaho's Public Health Districts 3 and 4: Ada, Elmore, Boise, Valley, Gem, Adams, Canyon, Washington, Payette, and Owyhee Counties.



The Greater Treasure Valley Region accounts for 45.8% of Idaho's population. Public Health District 3 has a total population of 297,548 residents making up 16.4% of the state's population. Public Health District 4 has a total population of 532,667 residents making up 29.4% of the state's population. The population in Idaho from 2010-2020 increased by 17.3%. Counties experiencing outsized growth include Ada County increasing by 26.1%, Canyon County by 22.3%, and Valley County by 19.1%. Idaho had the highest percentage of population growth in the nation in 2022.

Idaho is home to a majority white population. Compared to the state average, Public Health District 3 has a higher percentage of non-white residents. Canyon, Elmore, Owyhee, and Payette counties all have above average rates of Hispanic/Latino residents. Public Health District 4 has a higher than the state average rate of non-Hispanic Black residents.

When compared to the Idaho average, Public Health District 3 has higher rates of youth (age 17 or less), while Public Health District 4 has lower rates of youth and higher rates of middle-aged and young adults. Both regions have senior populations similar to the state average.



The Greater Treasure Valley is home to more than 50,000 veterans. Compared to the statewide average (8.8%), each Public Health District has a slightly higher percentage of veterans (9.8% in Public Health District 3 and 9.1% in Public Health District 4). Elmore County, the location of Mountain Home Air Force base, has the largest veteran population (22.1%).

The Americans with Disabilities Act defines a disability as a “physical or mental impairment that substantially limits one or more major life activities.” People with disabilities may be unable to work and often face higher rates of poverty. The Idaho state average of this population is 13.6%. Public Health District 3 is above this average at 15.4%, and Public Health District 4 is below the statewide average at 10.9%. Rural areas tend to have higher rates of this population. In the Greater Treasure Valley, Gem County has the largest percentage of residents with disabilities (22.5%).

Limited English proficiency measures those who identify speaking English less than “very well” on the U.S. Census. Public Health District 3 has a higher percentage of this population (3.2%) than the statewide average (1.8%). In Public Health District 3, Owyhee County has the highest level of limited English proficiency population (8.2%).

Saint Alphonsus is a mission-driven, innovative health organization that strives to become the national leader in improving the health of communities and each person served.



Our Approach to Health Equity

While community health needs assessments (CHNA) and Implementation Strategies are required by the IRS, Trinity Health ministries have historically conducted CHNAs and developed Implementation Strategies as a way to meaningfully engage our communities and plan our Community Health & Well-Being work. Community Health & Well-Being promotes optimal health for people experiencing poverty or other vulnerabilities in the communities we serve by addressing patient social needs and investing in our communities through dismantling oppressive systems, including racism, and building community capacity. Trinity Health has adopted the Robert Wood Johnson Foundation’s definition of Health Equity - “Health equity means that everyone has a fair and just opportunity to be as healthy as possible. This requires removing obstacles to health such as poverty, discrimination, and their consequences, including powerlessness and lack of access to good jobs with fair pay, quality education and housing, safe environments, and health care.”

This implementation strategy was developed in partnership with the community and will focus on specific populations and geographies most impacted by the needs being addressed. Racial equity principles were used throughout the development of this plan and will continue to be used during the implementation. The strategies implemented will mostly focus on policy, systems and environmental change as these systems changes are needed to dismantle racism and promote health and wellbeing for all members of the communities we serve.

Health and Social Needs of the Community

The CHNA conducted between June and December 2022 identified the significant needs for health and social drivers of health within the Greater Treasure Valley community. Community stakeholders then prioritized those needs during a facilitated review and analysis of the CHNA findings. The significant health needs identified, in order of priority include:

1. Safe, affordable housing and homelessness

- Housing vacancy rates in the report region have been steadily decreasing for many years, making it more difficult for many households, especially low-income households, to obtain housing. A vacancy rate of 4% or less is dangerously low, and each district falls at or below that level. Ada, Canyon, and Payette Counties specifically all fall below 4%. Low vacancy rates such as these can result in housing shortages and rising housing costs.
- A dwindling housing supply can drive up home prices, especially in areas experiencing as much growth as the Greater Treasure Valley. Each public health district, as well as the state of Idaho and the nation, has seen median home values skyrocket in the last decade. Ada and Valley counties have seen the most dramatic rise in median home values, each increasing by more than \$100,000 since 2015.

2. Behavioral health, including mental health and well-being and substance misuse

- All ten counties in the report region are classified as mental health provider shortage areas.
 - Community members identified behavioral health as a top priority in the Greater Treasure Valley, which is inclusive of both mental health and well-being and substance misuse. Residents across Idaho and the region report high rates of poor mental health (nearly 15% for Public Health District 3 and 13% for Public Health
-

District 4).

- Survey respondents noted high levels of concern regarding the community's response to overall mental health issues, ability to seek treatments, mental health in specific populations such as veterans and youth, and suicide. When coupled with the focus group and interview data, there is a serious concern for youth mental health and the ability to seek and find treatment given a lack of providers who can treat child or adolescent mental health.
- When looking at survey data collected on substance use, community members report high concern for individuals' ability to seek treatment for substance use and misuse, specifically methamphetamine use, and stigma associated with receiving treatment. The focus groups and interviews commonly involved a discussion of how substance misuse, and mental health are closely tied together and that a community cannot address one issue without acknowledging the other.

3. Access to affordable healthcare, including oral and vision health

- All but one county in the report region are considered to be primary care health professional shortage areas. In Public Health District 4, there are 110 primary care physicians per 100,000 residents and in Public Health District 3, there are only 37 primary care physicians per 100,000 residents. The low supply in Public Health District 3 may lead to residents in those counties finding physicians in Public Health District 4, creating more of a workload for those care providers.
 - Barriers preventing or limiting an individual's ability to access health care services can lead to increased poor health outcomes and impact overall health equity. Barriers to health care services mentioned in the primary data include limited number of providers, long wait times to see providers, inconvenient operating hours, coverage, access to insurance, lack of awareness of available services, and costs associated with care.
 - Many residents in the Greater Treasure Valley do not have adequate access to oral health care. All but one county in the report region are considered to be dental health professional shortage areas.
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Hospital Implementation Strategy

Significant health and social needs to be addressed

SAMC-N, in collaboration with community partners, will focus on developing and/or supporting initiatives and measure their effectiveness to improve the following needs:

- Safe, affordable housing and homelessness – CHNA pages 41-55.
- Access to affordable healthcare, including oral and vision health – CHNA pages 15-34.
- Behavioral health, including mental health and well-being and substance misuse – CHNA pages 27-31.

This implementation strategy specifies community health needs that the hospital, in collaboration with community partners, has determined to address. The hospital reserves the right to amend this implementation strategy if circumstances warrant. For example, certain needs may become more pronounced and require enhancements to the described strategic initiatives. During these three years, other organizations in the community may decide to address certain needs, indicating that the hospital should refocus its limited resources to best serve the community.

1

Safe, affordable housing and homelessness



Goal: Saint Alphonsus seeks to improve the availability of attainable housing for the residents of the Greater Treasure Valley regardless of their income status.

| CHNA Impact Measures | 2024 Baseline | 2026 Target |
|---|----------------|-----------------|
| Preserve 64 units of attainable housing units made possible in participation by Saint Alphonsus Medical Center-Nampa by June 30, 2025. | 0 units | 64 units |

| Strategy | Timeline | | | Hospital and Committed Partners (align to indicate committed resource) | Committed Resources (align by hospital/committed partner) |
|--|--------------------------|----|----|--|---|
| | Y1 | Y2 | Y3 | | |
| Support the preservation of Golden Glow Towers housing development for residents between 0-60% of the Area Median Income | x | x | x | SAMC-N | Amount TBD, in kind support from CHWB Director to convene, fundraise, and work with residents to bring health and social care services onsite |
| | x | *x | *x | Trinity Health | \$25k pre-development funds, *potential \$3.7M community investment loans |
| | x | x | x | GGT Leadership Committee- Because International, Trinity Lutheran Church, GGT management, Pilcher Management Co, Lakeview Church of the Nazarene | In kind fundraising support and community outreach |
| | Focus location(s) | | | | Focus Population(s) |
| | Nampa, ID 83651 | | | | Older adults primarily between 0-30% Canyon County Area Median Income |
| Strategy | Timeline | | | Hospital and Committed Partners (align to indicate committed resource) | Committed Resources (align by hospital/committed partner) |
| | Y1 | Y2 | Y3 | | |
| Support Region III Housing Coalition and Housing Idaho Committee | x | x | x | SAMC-N | In kind participation and leadership from CHWB Director and Coordinator |
| | x | x | x | Region III Housing Coalition | Serve as Canyon County/regional Continuum of Care, identify housing opportunities |
| | x | x | x | Housing Idaho Committee | Support the development of the Continuum of Care, identify pipeline of affordable housing projects, and create advocacy opportunities for members to support affordable |

| | | | | | |
|--|--|--|--|--|--|
| | | | | | housing in Canyon County, apply for HUD funding |
| | Focus location(s) | | | | Focus Population(s) |
| | Canyon County- including priority zip codes 83605, 83607, 83628, 83639, 83641, 83651, 83656, 83660, 83676, 83686, 83617, 83687 | | | | People experiencing homelessness, people at risk of experiencing homelessness, and people experiencing housing instability |

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Access to affordable healthcare, including oral and vision health



Goal: Improve access to affordable healthcare services for community members regardless of income and insurance status

| CHNA Impact Measures | 2023 Baseline | 2026 Target |
|---|-----------------------|------------------------|
| Provide healthcare and social care services for at least 300 uninsured or underinsured individuals via mobile and/or support of the Caldwell Community Health Center by June 30, 2025. | 30 individuals | 300 individuals |

| Strategy | Timeline | | | Hospital and Committed Partners (align to indicate committed resource) | Committed Resources (align by hospital/committed partner) |
|--|--|----|----|--|--|
| | Y1 | Y2 | Y3 | | |
| Provide mobile clinical services across Canyon County | x | x | x | SAMC-N | \$3500/clinic or ~\$225k/year in operations |
| | x | x | x | SAMC-N Foundation | \$250k for operations as needed |
| | x | x | x | Salvation Army, St Pauls Catholic Church, Caldwell Library, College of Idaho, others TBD | In kind mobile host sites |
| | x | x | x | WICAP, Southwest District Health Department, and others | In kind food distribution and social services for patients |
| | Focus location(s) | | | | Focus Population(s) |
| | Canyon County- including priority zip codes 83605, 83607, 83628, 83639, 83641, 83651, 83656, 83660, 83676, 83686, 83617, 83687 | | | | Uninsured and underinsured individuals |
| Strategy | Timeline | | | Hospital and Committed Partners (align to indicate committed resource) | Committed Resources (align by hospital/committed partner) |
| | Y1 | Y2 | Y3 | | |
| Support Caldwell Community Health Center for the provision of healthcare services to uninsured individuals | x | x | x | SAMC-N | \$125k over 3 years, in kind support for |
| | x | x | x | Genesis Community Health | Provision of services and operations for the clinic |
| | x | x | x | St Lukes Health System | \$150k over 3 years |

| | Focus location(s) | Focus Population(s) |
|--|--|--|
| | Clinic based in Caldwell ID 83605, serving the Greater Treasure Valley | Uninsured and underinsured individuals |



Goal: Improve access to behavioral health resources for patients and community members

| CHNA Impact Measures | 2023 Baseline | 2023 Target |
|--|------------------------|-------------------------|
| Provide behavioral health training for colleagues and community members to identify and address mental health issues in others to at least 100 participants by June 30, 2023. | 20 participants | 100 participants |

| Strategy | Timeline Y1 Y2 Y3 | Hospital and Committed Partners (align to indicate committed resource) | Committed Resources (align by hospital/committed partner) | | |
|---|----------------------|---|--|---|---|
| Provide Question, Persuade, Refer (QPR) training to Saint Alphonsus Colleagues *shared strategy between Boise and Nampa hospitals* | x | x | x | SAMC-N | In kind organizing monthly trainings, convening and training trainers. Provide up to 24 trainings per year. |
| | x | | | SARMC Foundation | \$3k for materials and to train-the-trainers- may apply again as needed |
| | | | Focus location(s) | Focus Population(s) | |
| | | | Saint Alphonsus Health System footprint | Front line colleagues who interact with patients and community members that could identify people with suicidal ideations or intentions | |
| Strategy | Timeline Y1 Y2 Y3 | Hospital and Committed Partners (align to indicate committed resource) | Committed Resources (align by hospital/committed partner) | | |
| Provide Adult and Youth Mental Health First Aid Trainings at no cost to community members *shared strategy between Boise and Nampa hospitals* | x | x | x | SAMC-N and SARMC | In kind support of colleague time to teach MHFA trainings (up to 21 classes/year) |
| | x | | | Optum Idaho | Reimbursing Saint Alphonsus for 2 classes/month |
| | x | x | x | Additional funders | TBD- grant seeking |
| | | | Focus location(s) | Focus Population(s) | |
| | | Saint Alphonsus Health System footprint | Colleagues and community members | | |
| Strategy | Timeline Y1 Y2 Y3 | Hospital and Committed Partners (align to indicate committed resource) | Committed Resources (align by hospital/committed partner) | | |

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|---|--|---|---|--|--|
| Explore additional community-based opportunities to support youth mental health *shared strategy between Boise and Nampa hospitals* | x | x | x | SAMC-N and SARMC | In kind support of CHWB Director and Coordinator to identify opportunities to collaborate on youth mental health |
| | x | | | Central and Southwest District Health Dept | TBD financial and in kind support to address youth mental health |
| | x | | | St Lukes Health System | TBD financial and in kind support to address youth mental health |
| | Focus location(s) | | | | Focus Population(s) |
| | Canyon County- including priority zip codes 83605, 83607, 83628, 83639, 83641, 83651, 83656, 83660, 83676, 83686, 83617, 83687 | | | | Youth experiencing mental health challenges |

Adoption of Implementation Strategy

On September 19, 2023, the Board of Directors for Saint Alphonsus Health System met to discuss the 2023-2025 Implementation Strategy for addressing the community health and social needs identified in the 2023 Community Health Needs Assessment. Upon review, the Board approved this Implementation Strategy and the related budget.

Michael Ballantyne
Michael Ballantyne (Oct 16, 2023 12:52 PDT)

October 16, 2023

Michael Ballantyne, Saint Alphonsus Health System Board Chair

