

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

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

A Community Health Needs Assessment provides the opportunity to:

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

In 2011, Saint Alphonus Regional Medical Center and Saint Alphonus Medical Center-Nampa conducted a Community Health Needs Assessment (CHNA) in a collaborative process led by the United Way of Treasure Valley in partnership with St. Luke's Health System and the Elks Rehab Hospital. Boise State University served as our research partner and capitalized on the experience and expertise of the Utah Foundation and United Way of Salt Lake, an organization that is successfully implementing the Community Impact Plan in its community. Community partners continue to work together and collaborate to address the needs identified in the assessment.

The determination of community health needs took into account community demographics, socio-economic factors and health service utilization trends. Further, it incorporated input from community focus groups and surveys.

The assessment is in alignment with the federal IRS community benefit reporting requirements that affect all State-licensed 501(C) (3) hospitals. The assessment and the subsequent plan have been accepted by the Saint Alphonus Medical Center--Nampa Local Community Hospital Board. The assessment is available on our website and on the website of United Way of Treasure Valley and other community partners that participated in the assessment.

Saint Alphonus Medical Center--Nampa will utilize this assessment as a guide (over the next three years until we update the assessment) for providing programs to address identified community health needs in support of the community and the mission of the organization. We at Saint Alphonus Medical Center--Nampa are proud to share the 2011 Community Health Needs Assessment.

# Community Assessment

2011



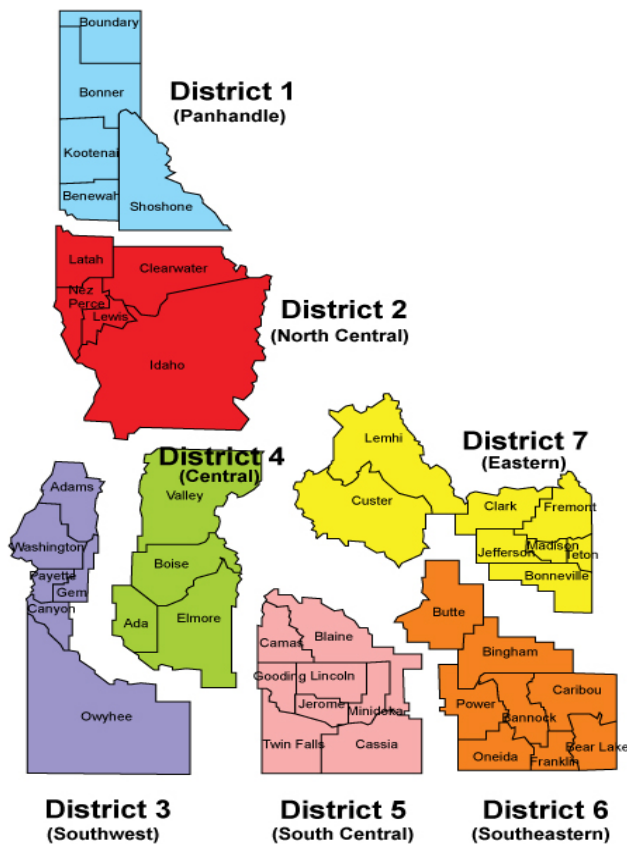
**Data to Engage and Mobilize the Treasure Valley**

*Education • Health • Financial Independence*

[www.unitedwaytv.org](http://www.unitedwaytv.org)

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*United Way of Treasure Valley serves Ada and Canyon counties (with outreach to Gem County).*

# INTRODUCTION

United Way of Treasure Valley (UWTV) **engages and mobilizes the community** so individuals and families have opportunities to succeed. By **leading the way** to collaborative, innovative and sustainable solutions in education, financial independence and health, we know we can achieve the greatest community impact.

In order to identify and measure the challenges around which our work is focused, in 2011 we launched our **Community Impact Plan**. This framework has four phases:

## **Phase 1: Research**

The plan begins with the **2011 Community Assessment**, concentrating on the areas of education, financial independence and health. (UWTV) leads this collaborative effort – a partnership with Saint Alphonse Regional Medical Center, St. Luke’s Health System and Elks Rehab. Boise State University served as our research partner, capitalizing on the experience and expertise of the Utah Foundation and United Way of Salt Lake, an organization that is successfully implementing the Community Impact Plan in its community.

## **Phase 2: Prioritize**

After reviewing the completed Community Assessment, UWTV will further refine its goals and focus based on the themes and priority needs identified from the research.

## **Phase 3: Collaborate**

UWTV will align with the strongest partners in the community to address the identified priority issues, aligning needs with resources within the Treasure Valley.

## **Phase 4: Innovate**

Together, UWTV and its partners will create collaborative, innovative and sustainable evidenced-based solutions to community issues that revolve around education, financial independence and health.

We present this report and the background data on our website for use by the broader community. The 2011 Community Assessment assisted us with collaborative community planning, allowing us to work alongside a broad range of exceptional partners to ensure the best use of our resources. UWTV is leading innovative, collaborative projects that provide “pathways” to self-sufficiency.

We invite you to join us in the journey of building a stronger, more vital and vibrant Treasure Valley community. Through our combined efforts, we will create lasting change for individuals and families, and a better tomorrow for the generations to come.

## BACKGROUND

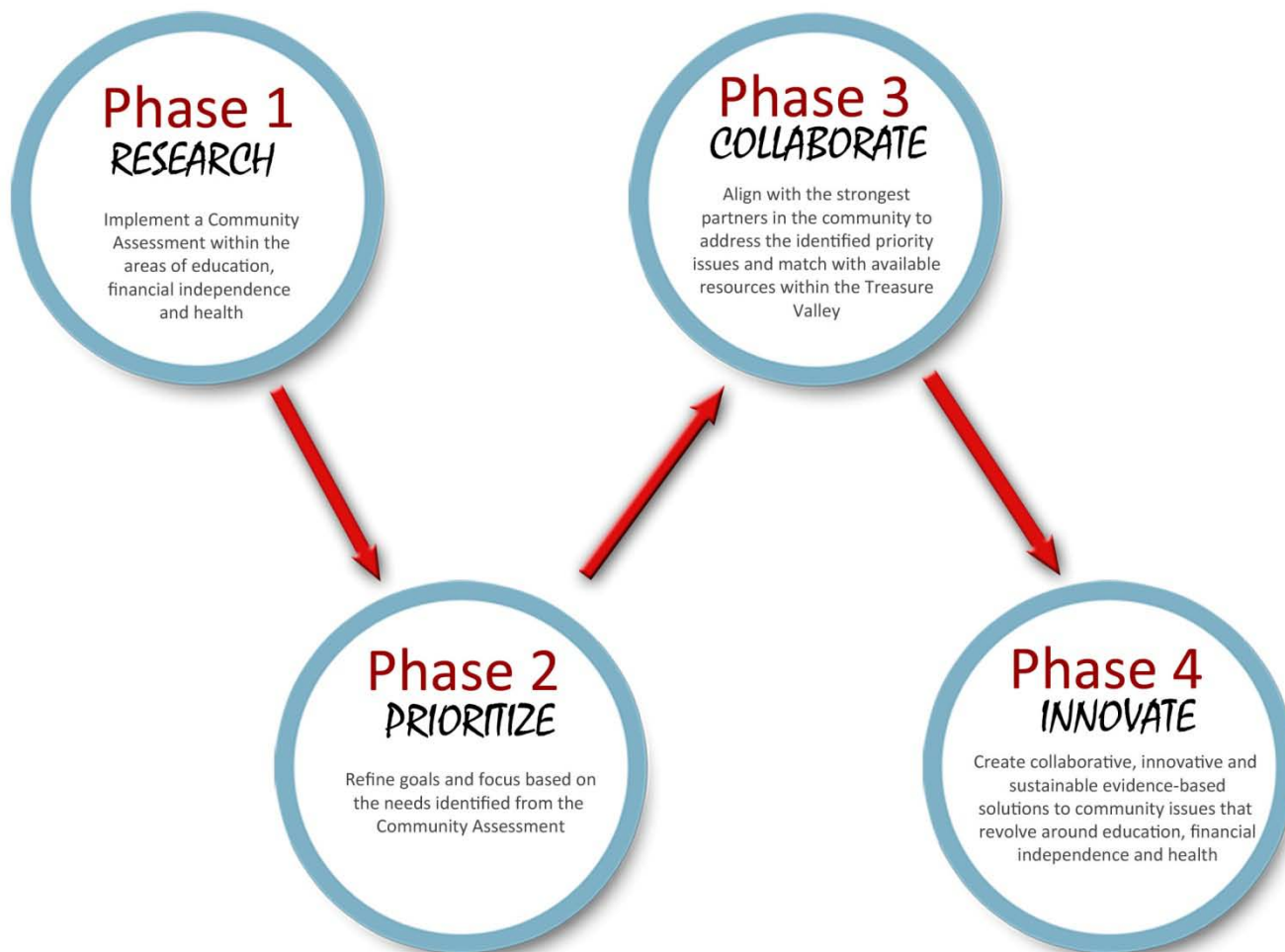
### United Way of Treasure Valley's Vision

Engaging and mobilizing the community so individuals and families have opportunities to succeed

### United Way of Treasure Valley's Mission

We lead the way to collaborative, innovative and sustainable solutions in education, financial independence and health

## ***COMMUNITY IMPACT FRAMEWORK***



# ASSESSMENT METHODOLOGY

**The overall goals of the 2011 Community Assessment are:**

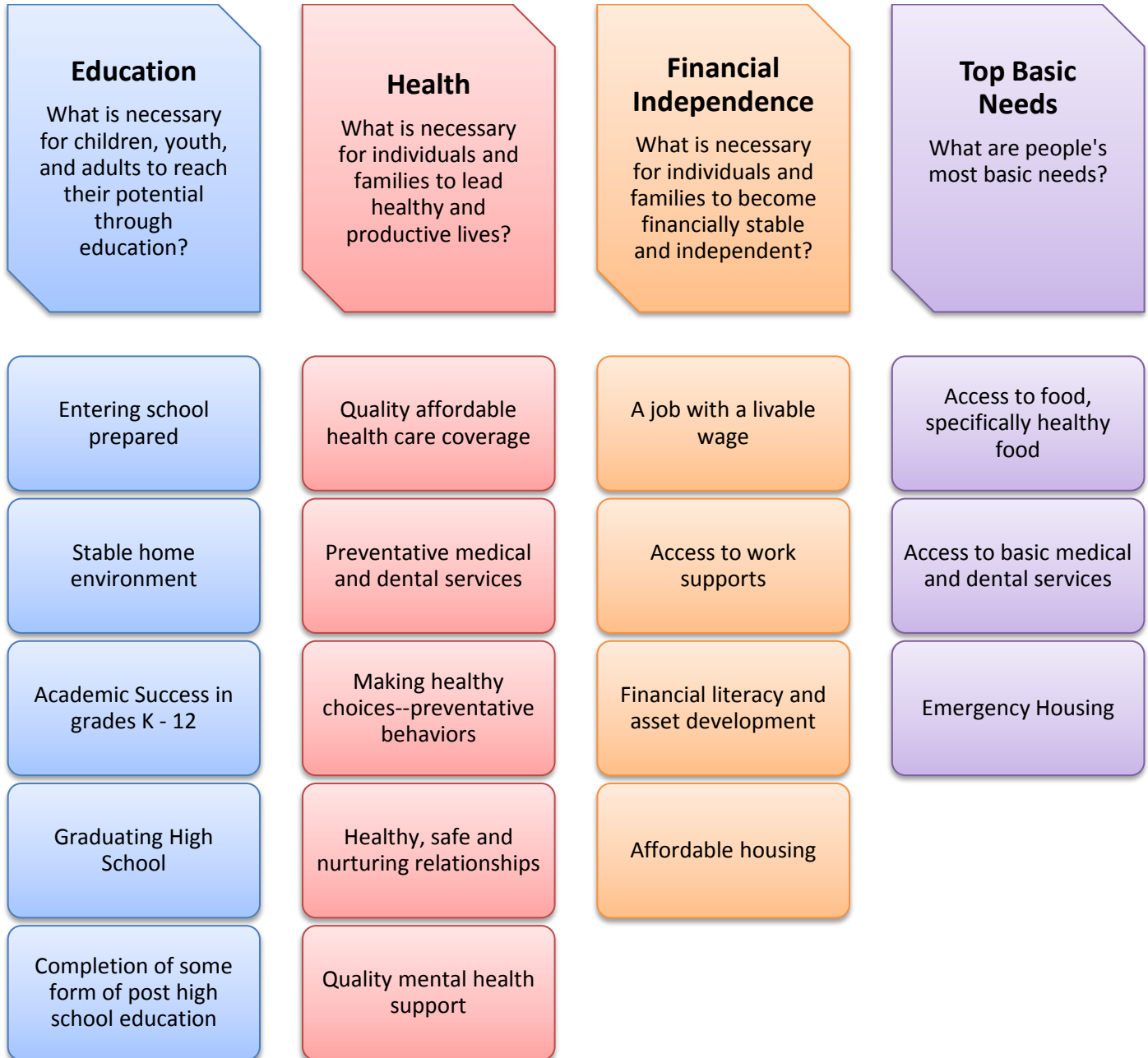
- 1. To Identify and measure critical community needs in the areas of education, financial independence and health**
- 2. To help the Treasure Valley prioritize its work and investments in the areas of education, financial independence and health to create community- level change**
- 3. To identify resources currently available to address the needs identified**

It is important to note that this document and its related research is not a comprehensive assessment of all needs in the community. Rather, it is an assessment of needs and priorities related to the areas of **education, financial independence and health**. These areas have been identified as core issues that have a significant impact on each other, as well as on many other needs.

Because this assessment is central to UWTV's community impact strategies for 2011 and beyond, the process was designed to combine both research and community dialogue with a broad cross-section of the community. The assessment process involved more than 10 community meetings, direct input (via meeting, focus group or survey) of more than 2,000 individuals, secondary data analysis of nearly 300 different measures, and a thorough review of related research and literature.

# ASSESSMENT METHODOLOGY

To begin the process, researchers asked the following questions to determine the key components of each priority area. Once these themes were identified, they were then prioritized by UWTV. The accompanying research focuses on measuring and understanding these key components using a secondary data analysis, survey research, focus groups, and a thorough literature review.



- **Secondary Data Analysis**

The Public Policy Center at Boise State University conducted secondary data research on education, financial independence, health and basic needs. The data was compiled by focus area with an analysis of more than 300 indicators. In addition to the template provided by United Way of Salt Lake City, additional local statistics were included to augment the local data sets.

The Public Policy Center collected data from a variety of sources including the U.S. Census Bureau and federal, state and local agencies. Every effort was made to use the most recent data available.

- **Survey Research**

**Stakeholder Surveys:**

Online surveys were sent out and used to measure perceived needs of the community, validate the direction of the organization, and assess the capacity of organization and partners to deliver solutions. Surveys were constructed to allow stakeholders to respond to relevant sections based on their role.

**Affected Population Surveys:**

Online and paper versions of surveys measured the perceived needs of “affected population” groups and the capacity of the stakeholder organizations to deliver solutions. Surveys were generic across the focus areas and collected demographics (optional). A Spanish-language version of each was developed.



- **Focus Groups**

**Stakeholder Focus Groups:**

Focus groups of key stakeholders were conducted for Ada and Canyon counties to validate stakeholder and partner organization perceptions, and to develop a richer understanding of needs and under-resourced areas.

**Affected Population Focus Groups:**

Focus groups with “affected populations” were conducted in Ada, Gem and Canyon counties to develop a richer understanding of the needs/unmet needs and constituent priorities in the areas of education, financial independence, health and other human health/safety net measures. A minimum of two groups per county and topic area were held. Topics were developed such that results could be compared with the stakeholder results.

- **Literature Review of Underlying Barriers**

The Public Policy Center at Boise State University conducted an extensive literature review on the underlying barriers in all four priority areas (education, financial independence, health and basic needs).

- **Sources**

Unless otherwise specified in the text of this report, all data comes from The Public Policy Center at Boise State University’s secondary data research conducted specifically for United Way of Treasure Valley. An index of all data collected for this assessment can be found in the Appendix, and the complete data is available upon request to United Way of Treasure Valley.

# EDUCATION



***“What is necessary for children, youth and adults to reach their potential through education?”***

## FINDINGS

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- Having children enter school prepared
- A stable home environment
- Academic success in grades K - 12
- Graduating high school
- Completion of some form of post high school education



## EDUCATION ASSESSMENT SUMMARY

Education is viewed as a foundation for economic success for the individual person and for our country in general. As a state, Idaho guarantees public education and spends a large portion of general fund revenues on K-12 public education. Since 2000, Idaho school funding has steadily declined. It has reduced as a share of state spending from 34% (average in the 1980's and 1990's) to 26% in fiscal year 2012 (Idaho Public School Funding – 1980 to 2013; Mike Ferguson, 2012).

Language and literacy skills play an important role in academic success but even students who are excellent early readers struggle with later literacy tasks, and students who were excellent readers at all ages can still fail to graduate high school. As children move into upper elementary and beyond, we know that the texts and curricula that organize school learning presuppose a familiarity with academic language and ways of knowing that do not reflect the experiences of many students and may seem unrelated to their personal needs and lives. Students need to be able to see relationships between school work and their everyday knowledge and experiences. Students need positive relationships with teachers and peers and support when family or personal struggles hinder their efforts.






Children from all backgrounds can struggle in school, but students facing limitations imposed by poverty can, and do, succeed. However, research tells us that emotional, social, and cognitive growth are connected and "together they are the bricks and mortar that comprise the foundation for human development." This foundation develops not just within family relations but also within community relationships that are affected by broader social and economic systems.

We know that financial security, health, and education are interconnected and that, while school practices certainly matter, there is an emerging recognition that schools alone may not be able to adequately address barriers to student academic achievement. When combined, the research behind these broad topics suggests that those working to improve academic outcomes for the children in their communities may best be able to address impediments to student success through partnerships between schools, community organizations, social service providers, health care providers, and law enforcement agencies.

This section of the community assessment focuses on the indicators that show us how the Treasure Valley is performing in educational attainment across a variety of measures. We have chosen indicators that are relevant to the issues of interest to United Way and its partners, statistics that were relatively easy to find and that are collected on a fairly routine basis from reliable sources, and indicators that should be relevant for partner agencies to incorporate into outcome measures in their program work. In addition to the indicator data, we conducted surveys, focus groups, and interviews to provide an expanded picture of health and wellness disparities and needs in our communities.

## EDUCATION ASSESSMENT SUMMARY

The following chart is a summary of data collected and analyzed by Boise State University and the Utah Foundation in each of the component areas of Education. The colors represent composite ratings from multiple data sources related to trend – whether the challenges are getting better or worse. Areas highlighted in red show relatively high cause for concern, areas highlighted in yellow show moderate cause for concern, and areas highlighted in green show less cause for concern.

	Challenge is Getting Better or Worse (Trend)	Key Observations
Children enter school prepared		<i>Beginning in the 2010-11 school year, the percentage of children scoring at benchmark on the Fall Kindergarten IRI began to decline for the Southern Idaho Conference (S.I.C.)*</i>
Have a stable home environment		<i>The percentage of homeless students in Canyon County increased from 1.29% to 4.01% during the 2009-10 school year.</i>
Academic success in grades K-12		<i>Trend data for ISAT scores over the past five years has shown a steady increase in improvement amongst all S.I.C. school districts.</i>
A high school diploma		<i>The collective graduation rate for the nine districts in the S.I.C. during the 2010-11 school year was 91%, compared to the national rate of 75.5% in 2009.</i>
Completion of post high school education		<i>In 2009, 9% of Ada County residents and 3% of Canyon County residents (ages 18-25) earned a bachelor's degree or higher.</i>

*\*Southern Idaho Conference School Districts include Boise, Meridian, Nampa, Caldwell, Mountain Home, Emmett, Vallivue, Kuna, and Middleton.*

## • PREPARED FOR SCHOOL

Education experts agree there is a direct link between a child's early learning experiences and success in school. (Long-term Effects of an Early Childhood Intervention on Educational Achievement and Juvenile Arrest; Arthur Reynolds, JAMA. 2001;285:2339-2346). Brain development begins before birth, and early experiences establish either a strong or a weak foundation for learning. Income disparities in cognitive outcomes emerge at 9 months and are more distinct at 24 months.

In Idaho schools, children's early literacy skills are measured through the Idaho Reading Indicator (IRI). The IRI is administered to children in grades K-3 and used to identify students who may be at risk for reading failure. At each grade level, the IRI skill assessments are benchmarked at end-of-the-year mastery levels. In other words, third graders take assessments that are at a third-grade level of difficulty, no matter the time of the school year, so they are expected to score higher in the spring than in the fall.

The kindergarten IRI assesses early literacy skills that are linked to later reading success. As students move through the primary grades, the IRI increasingly utilizes curriculum-based measures of reading. Each student is assigned a score of Benchmark, Strategic or Intensive. A Benchmark score indicates that students are performing at end-of-the-year mastery levels.

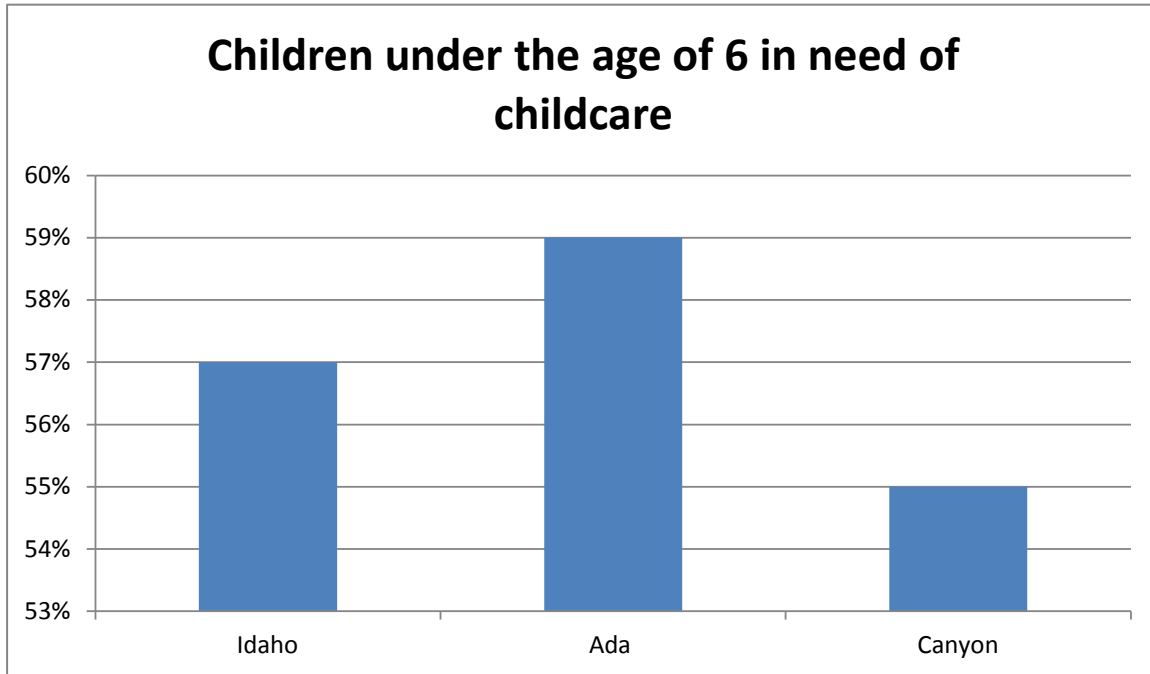
The fall kindergarten (IRI) measures students' incoming ability to correctly identify the letters of the alphabet. In fall 2010, 56% of Idaho kindergarteners overall scored Benchmark (formerly called "At Grade Level") on the IRI, compared to 46% of low-income kindergarteners. By spring, 80% of kindergarteners overall were able to correctly identify letters, whereas 82% of low-income kindergarteners were able to do so.

### **BARRIERS TO BEING PREPARED FOR SCHOOL**

*(Identified through literature review and surveys of community residents and UWTV stakeholders)*

- ✓ Lack of family support/parental involvement
- ✓ Affordability of preschool programs
- ✓ Poor school attendance
- ✓ Resistance to early learning programs based on culture/beliefs

## EDUCATION SELECTED CHARTS AND GRAPHS



Source: U.S. Census Bureau. (December 12, 2010). 2005-2009 American Community Survey 5-Year Estimates, Selected Economic Characteristics: 2005-2009, Idaho. Laughlin, Lynda. (2010). *Who's Minding the Kids? Child Care Arrangements: Spring 2005 and Summer 2006. Current Population Reports, P70-121.* Washington, D.C.: U.S. Census Bureau, 2.

The majority of Idaho children under age 6 live in households, whether single-parent or two-parent, in which all parents work. This is true for 57% of families across Idaho, 59% of families in Ada County and for 55% of families in Canyon County. Grandparents and other relatives are an important source of child care for working families, but 55% of those who need regular care for children under the age of 5 turn to non-relative care. The data tell us that a sizable portion of our working families need access to early child care.

### **IdahoSTARS Childcare Providers by Region**

	District 3	District 4
<b>Centers Enrolled</b>	16	38
<b>Five-Star Ratings</b>	0	5
<b>Four-Star Ratings</b>	6	5
<b>Three-Star Ratings</b>	2	0

Source: IdahoSTARS Childcare Quality Matters, accessed at: <http://www.idahostars.org/RegionalChildCareFacilities.aspx>

IdahoSTARS (a program operated by the Idaho AEYC) is the state professional development system designed to increase the quality of child care and education programs by helping those who care for and teach young children to improve their skills and professional practice. Because the program is new, trend data is not available. However, the participation of child care providers could be tracked over time and compared in the future. The current status of Health Districts 3 and 4 are summarized in the table above.

## EDUCATION SELECTED CHARTS AND GRAPHS

### Standards for Child Care, Recommended by the American Academy of Pediatrics and the American Public Health Association

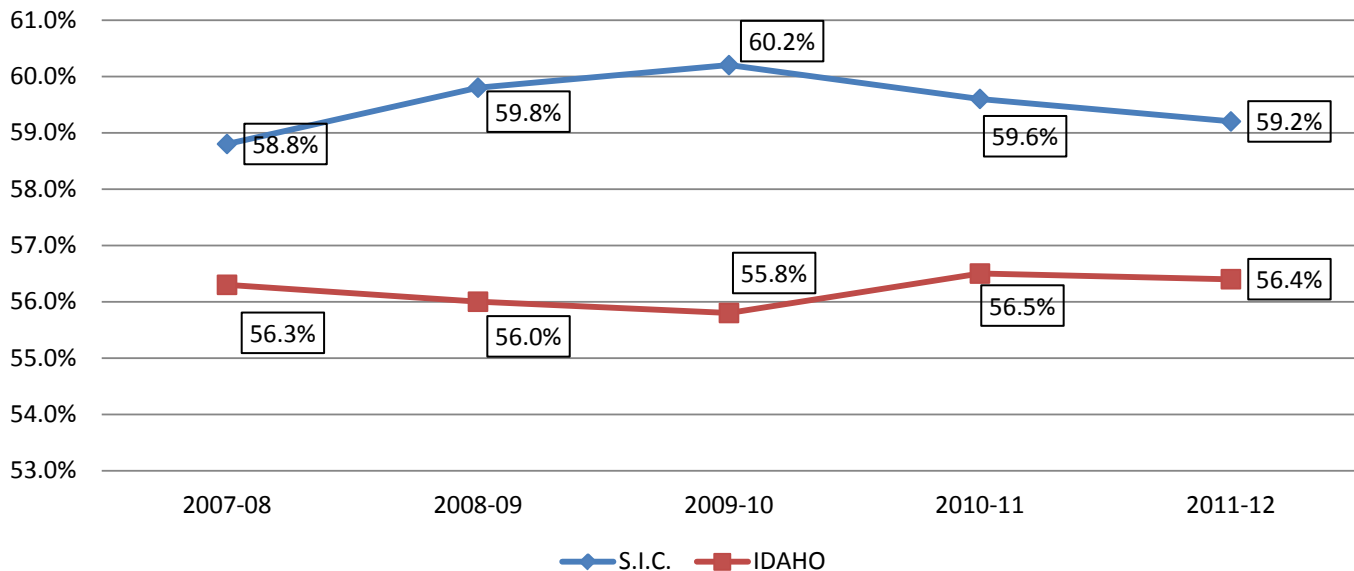
Child Age Range	Child To Adult Ratios	Maximum Group Sizes
Birth-12 months	3:1	6
13-30 months	4:1	8
31-35 months	5:1	10
3 years	7:1	14
4-5 years	8:1	16

*Source: American Academy of Pediatrics, American Public Health Association, and National Resource Center for Health and Safety in Child Care and Early Education (2002).*

In Idaho, current child/teacher ratios for children ages 3 or older are 10:1 or 20:2, compared to American Academy of Pediatrics recommended ratios of 7:1. For children ages four and five, the APA recommends ratios of 8:1 and Idaho ratios are 12:1 or 24:2. In addition, the Preschool Curriculum Evaluation Research Initiative undertaken by the federal Institute of Education Sciences demonstrates that commonly used preschool curricula vary in area and degree of impact.

### Fall Kindergarten Idaho Reading Indicator

Percentage of Students at Benchmark  
Southern Idaho Conference and State of Idaho



*Source: "Idaho Performance Data IRI Comparative Reports," Idaho State Department of Education, 2011, <http://www.sde.idaho.gov/ipd/iri/IriAnalysis.asp>*

## EDUCATION ASSESSMENT SUMMARY

### • HAVING A STABLE HOME ENVIRONMENT

The federal definition of homelessness used by all public schools in the United States includes children and youth who lack a fixed, regular and adequate nighttime residence. This definition specifically includes children and youth living in shelters, transitional housing, cars, campgrounds and motels, and sharing the housing of others temporarily due to loss of housing, economic hardship or similar reasons. This is the same definition of homelessness used by Head Start, special education, child nutrition and other federal family and youth programs.

Homelessness affects many facets of a child's life, ranging from conception to young adulthood. By the time homeless children reach school age, their homelessness affects their social, physical, and academic lives. These children are not only at risk, but most suffer from physical, psychological, and emotional damage due to their circumstance. Research has shown that childhood homelessness has a profound and accumulative negative effect on the development of children, leading to a potential repetition of the cycle of homelessness as adults (Homelessness and its Effects on Children; Ellen Hart-Shegos, 1999).

The Idaho Department of Education requires school districts to provide a count of the number of homeless students in their district. The number of homeless students is determined by an actual count, not estimates, and is often based on residency applications completed by parents upon registration. Based on this information, the Idaho Department of Education publishes the number of students in each district whose nighttime residence is described as shelters, doubled-up, unsheltered and hotels/motels.

The percentage of homeless students was higher in school districts located in Ada County until the 2009-10 school year, when the percentage of homeless students in school districts in Canyon County increased more than three-fold. The most common place homeless students went at night, for all districts, was a home other than their own. The Nampa School District had the highest number of homeless students, followed by the Boise School District, then the Meridian School District.

Between 2005 and 2010, 15.9% victims of violent crimes were family related. Of the 21,950 reported victims of family violence between 2005 and 2010, nearly one-third (32%) were a child of the offender, 17.4% were a parent of the offender, and 16.6% were a sibling of the offender. Overall there were 2.8% fewer incidents of family violence in 2010 versus 2005.

#### **BARRIERS TO STUDENT HAVING A STABLE HOME ENVIRONMENT**

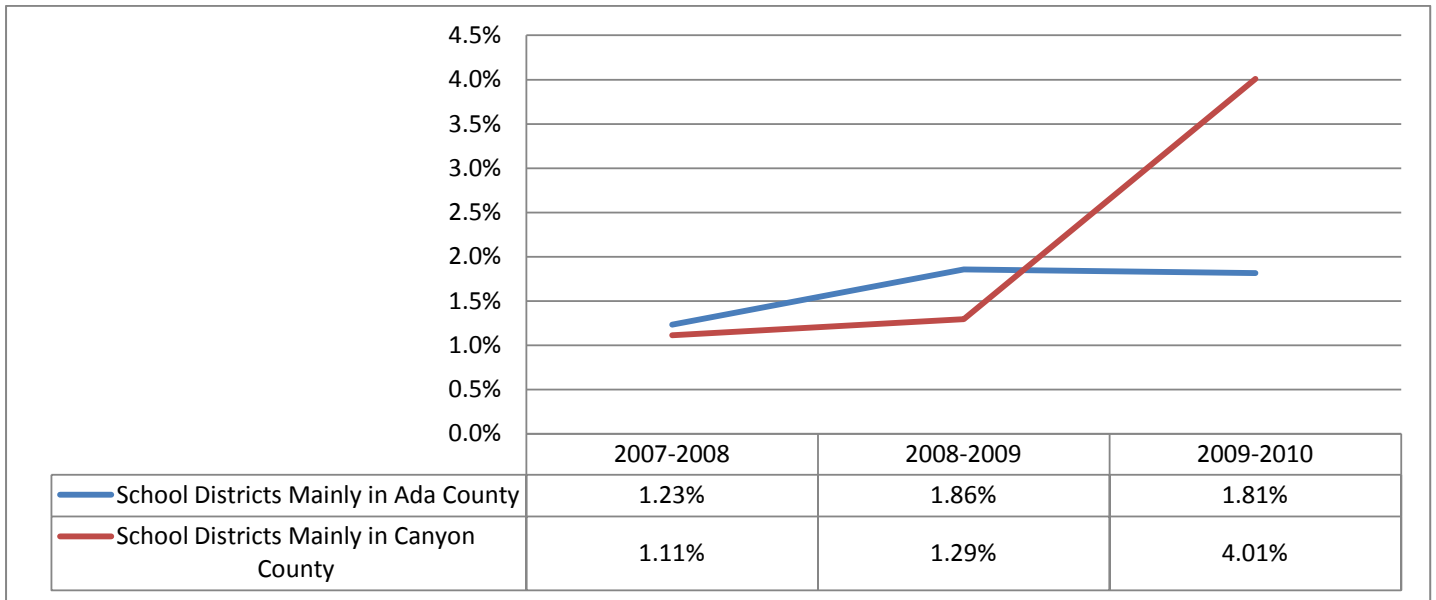
*(Identified through literature review and surveys of community residents and UWTV stakeholders)*

- ✓ Lack of parental financial stability
- ✓ Lack of affordable housing
- ✓ Single parent households with limited income
- ✓ Abusive relationships and exposure to violent behavior



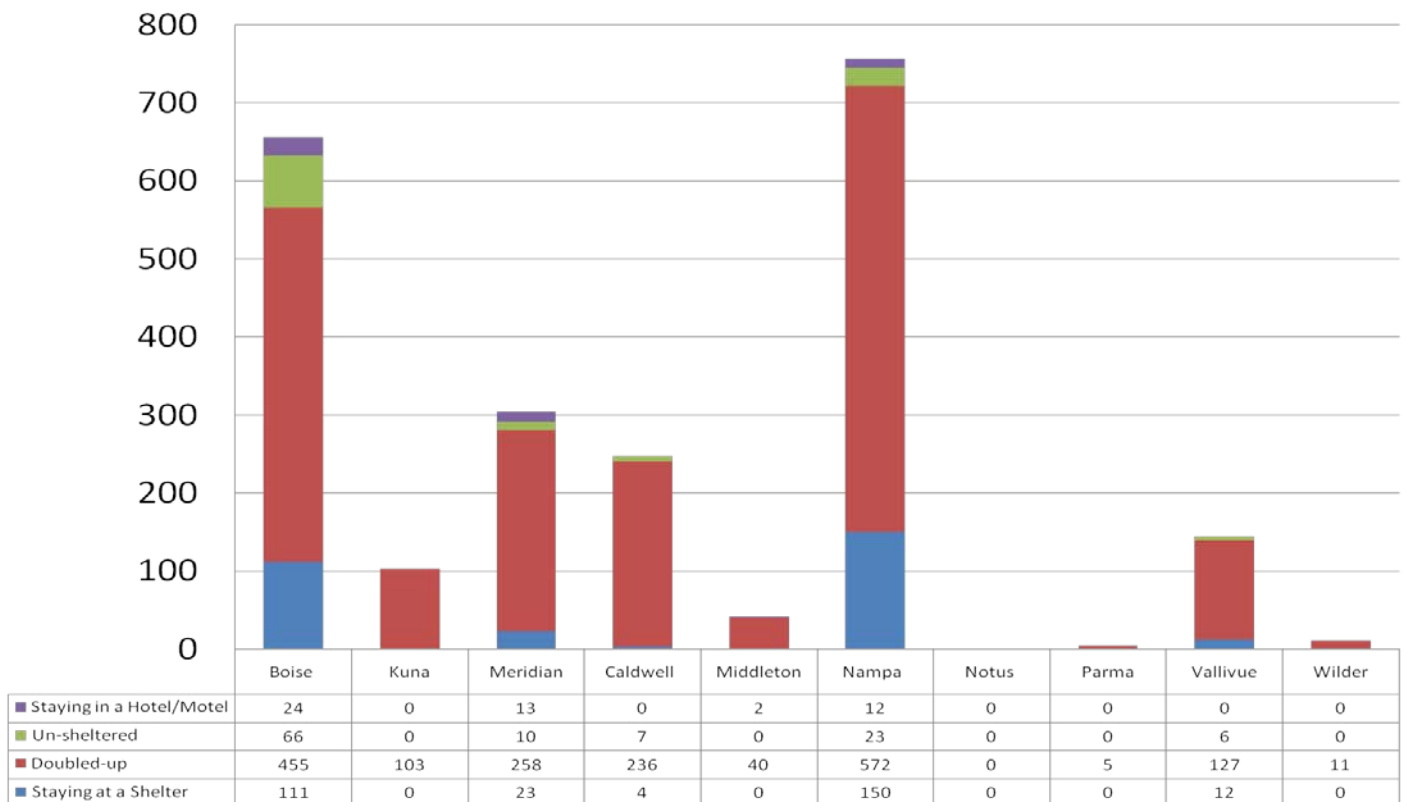
## EDUCATION SELECTED CHARTS AND GRAPHS

### Percentage of Homeless Students



Source: Homeless Student Count by District 2009-2010," Idaho State Department of Education, 2010, [http://www.sde.idaho.gov/site/homeless\\_edu/data.htm](http://www.sde.idaho.gov/site/homeless_edu/data.htm).

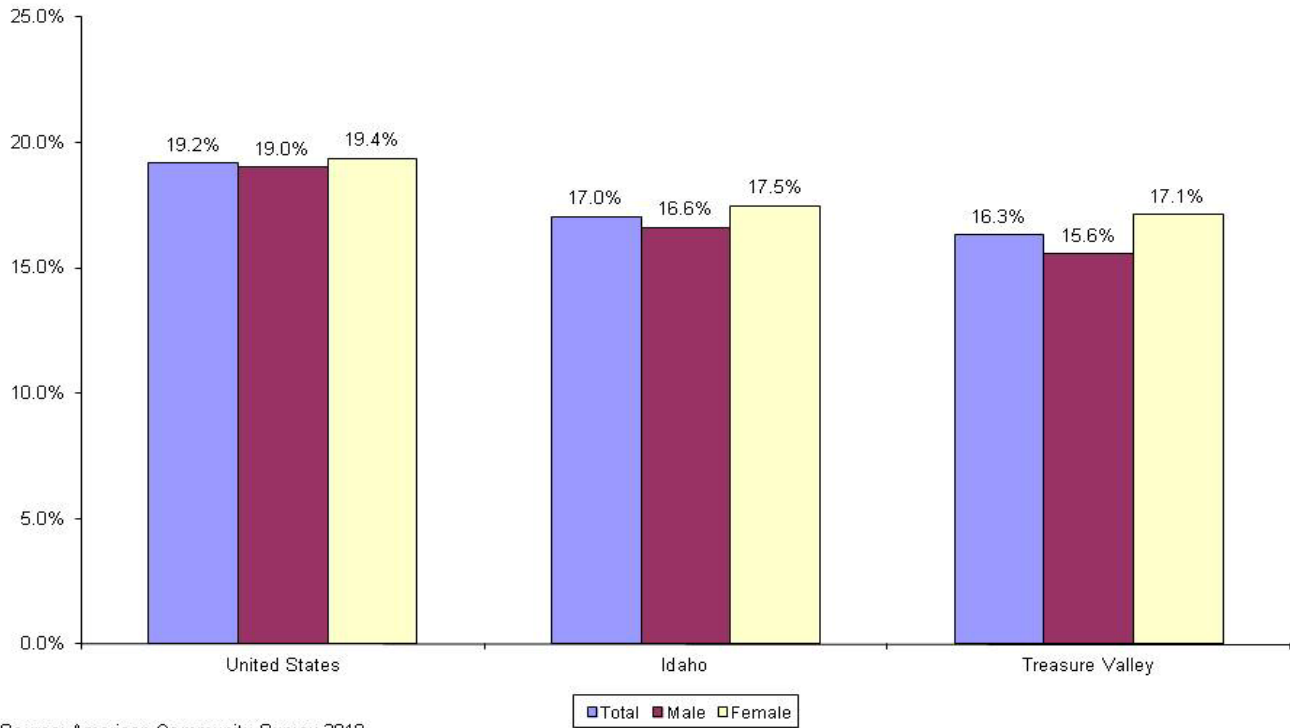
### Number of Homeless Students and Location Resided at Night during the 2009-2010 School Year



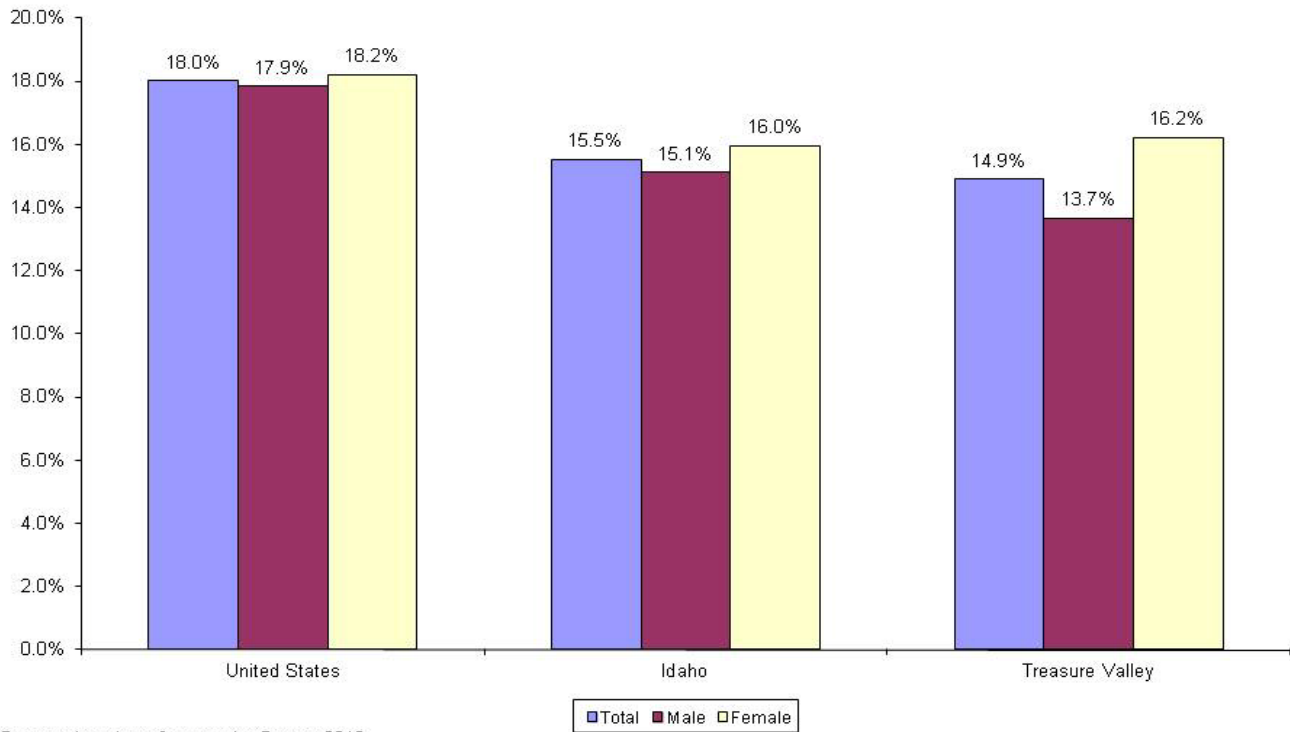
Source: Homeless Student Count by District 2009-2010," Idaho State Department of Education, 2010, [http://www.sde.idaho.gov/site/homeless\\_edu/data.htm](http://www.sde.idaho.gov/site/homeless_edu/data.htm).

# EDUCATION SELECTED CHARTS AND GRAPHS

Poverty Rates for Children Under 18-Years of Age

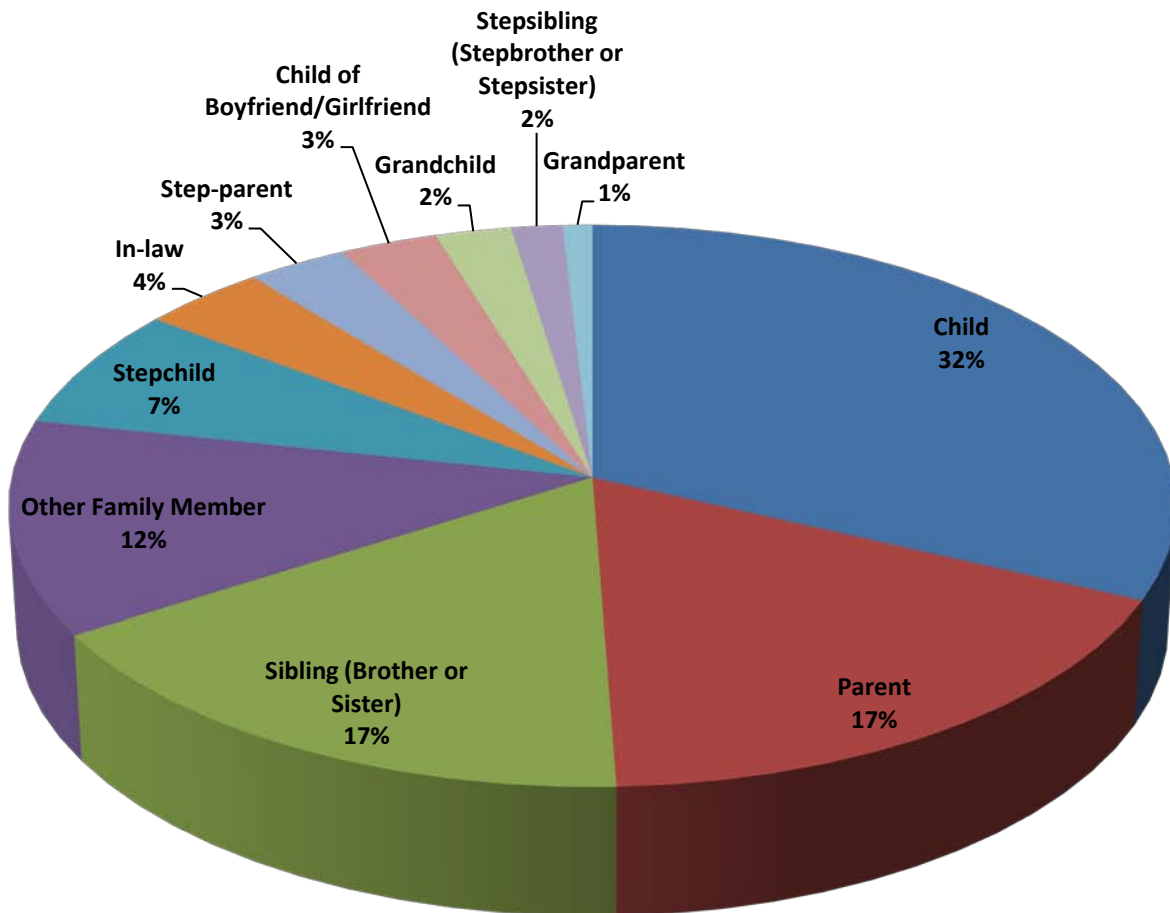


Poverty Rates of School-Aged Children



## EDUCATION SELECTED CHARTS AND GRAPHS

Victims of Family Violence: 2005 – 2010



Source: Idaho Statistical Analysis Center. (2011). Domestic Violence in Idaho: A compilation of court filings and police reported incidents: 2005-2010

## EDUCATION ASSESSMENT SUMMARY

### • ACADEMIC SUCCESS IN GRADES K – 12

The National Assessment of Education Progress (NAEP) is a nationally administered test that assesses fourth, eighth and 12<sup>th</sup>-grade students' knowledge in 10 subject areas. The scoring scale consists of *Below Basic*, *Basic*, *Proficient* and *Advanced*. The NAEP is considered quite rigorous and, for many states, students scoring Proficient on the state's assessment may not score Proficient on the NAEP.

Idaho fourth graders who were eligible for free or reduced-price school lunch, an indicator of low income, were less likely to score proficient or above on the reading portion of the NAEP than students not living in poverty. Twenty-one percent of free/reduced lunch program-eligible students scored Proficient or above on the reading NAEP, compared to 41% of students who were not eligible. Nationally, 19% of students living in poverty scored Proficient or above in reading, compared to 57% of students not living in poverty.

In 2009, 33% of Idaho fourth graders scored Proficient or above on the reading portion of the NAEP; this is slightly higher than the national proportion of 31%. When these findings are disaggregated by income, we see that low-income students were less likely to score Proficient or above. Of low-income students, 21% scored Proficient or above on the reading NAEP (this compares to 17% nationally), while 41% of students not classified as low-income did so (compared to 45% nationally). Although there has been some performance growth since the 1992 NAEP reading assessment, these results have been relatively stable over time and are mirrored in the NAEP math assessment. In Idaho, 30% of fourth graders living in poverty scored Proficient or above on the math assessment; 49% of students living above poverty scored Proficient or above.

The Idaho Standards Achievement Test (ISAT) is intended to measure “essential knowledge and skills” and is administered to students in grades three through eight and grade 10. ISATs are the statewide assessments used in Idaho to measure student academic progress under the No Child Left Behind law (NCLB). Four categories were established to indicate student performance levels on the tests – Below Basic (BB), Basic (B), Proficient (P), and Advanced (A). Progress is measured on the ISAT in reading, math, and language at grades 3-8 and 10, and in science at grades 5, 7 and 10. In 2011, 92.7% of students across the state were Proficient in reading, and 88.4% were Proficient in math.

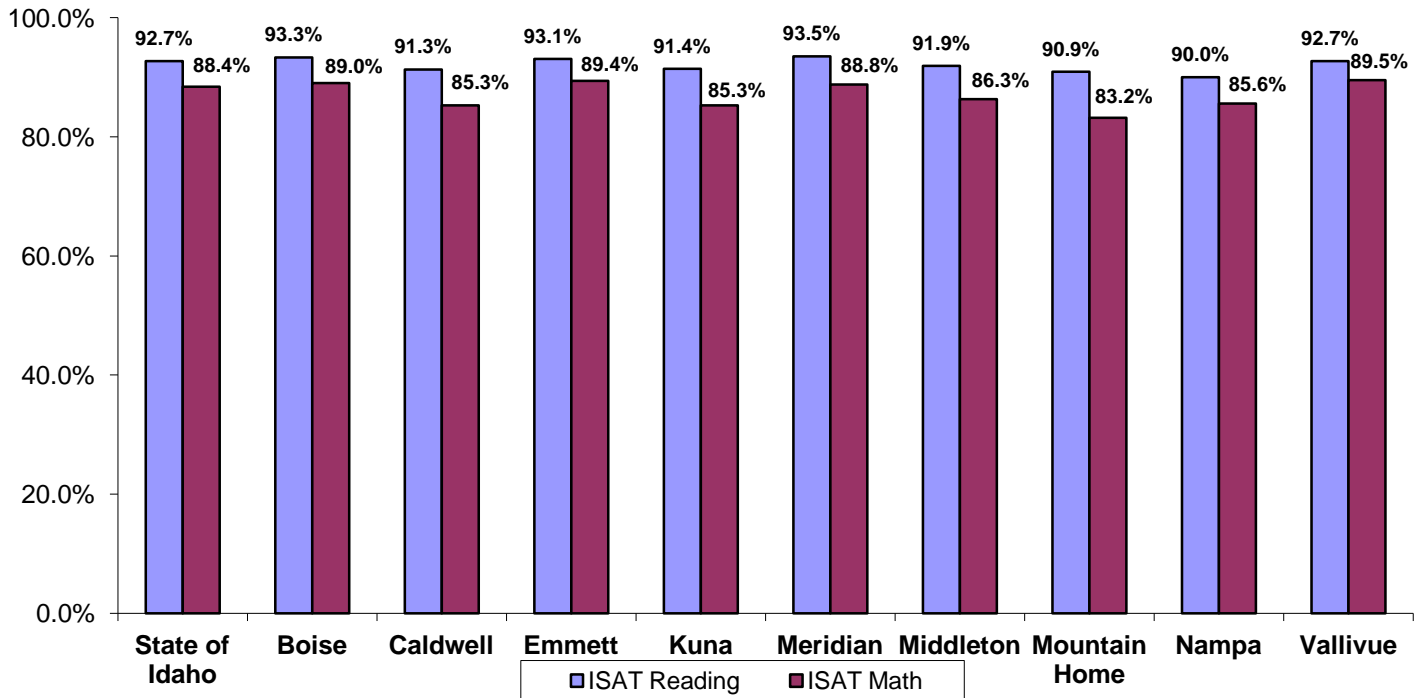
#### **BARRIERS TO ACADEMIC SUCCESS IN GRADES K-12**

*(Identified through literature review and surveys of community residents and UWTV stakeholders)*

- ✓ Lack of family support/parental involvement
- ✓ Economical disadvantages
- ✓ Student learning gaps

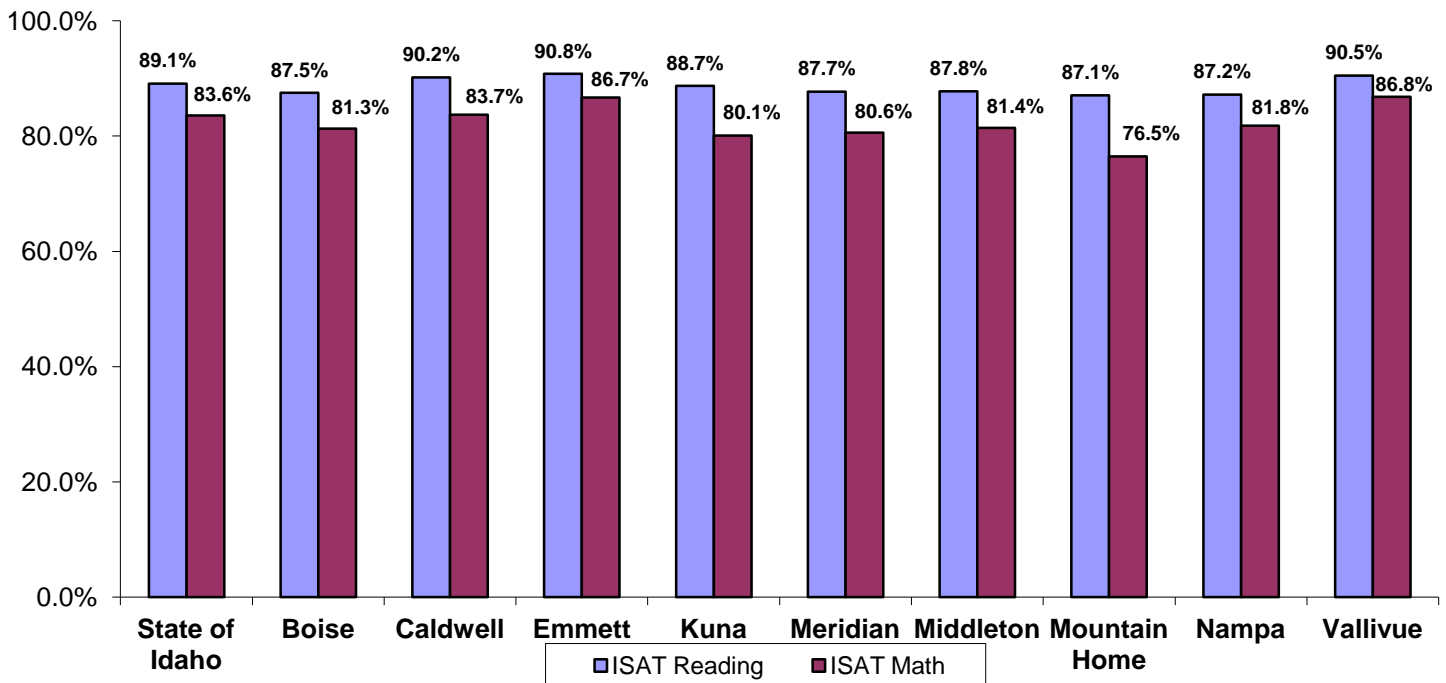
# EDUCATION SELECTED CHARTS AND GRAPHS

## ISAT Proficiency



Source: 2010/2011 Adequate Yearly Progress Report, <http://apps.sde.idaho.gov/AYP/Home/Select>

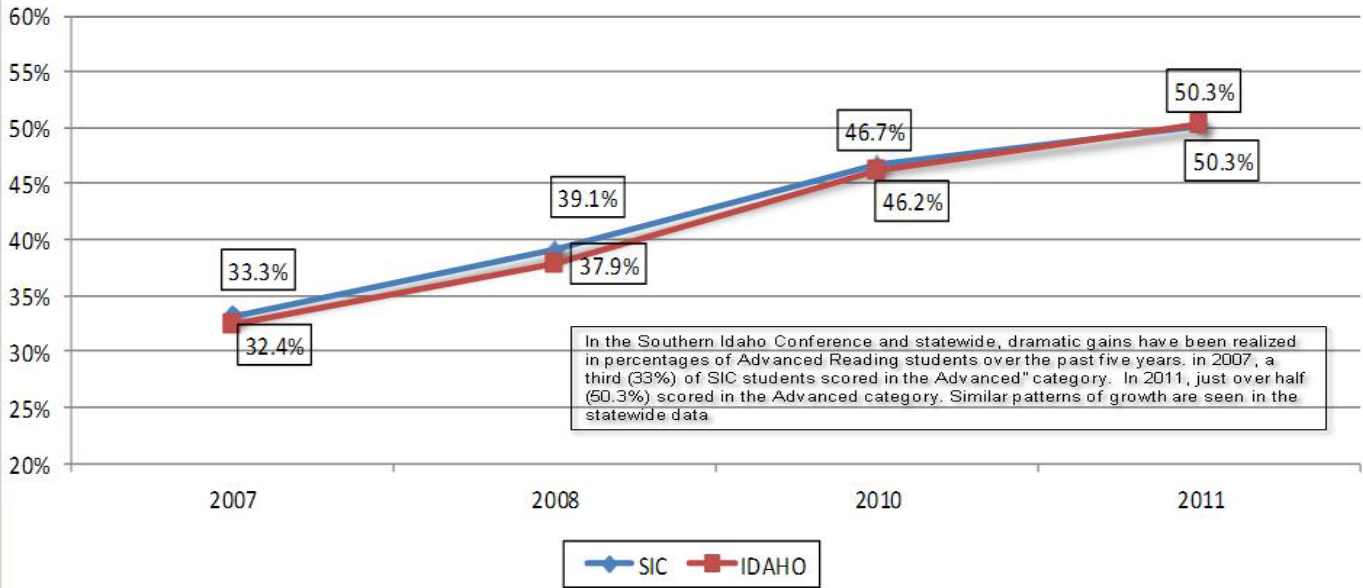
## ISAT Scores - Economically Disadvantaged Students



Source: 2010/2011 Adequate Yearly Progress Report, <http://apps.sde.idaho.gov/AYP/Home/Select>

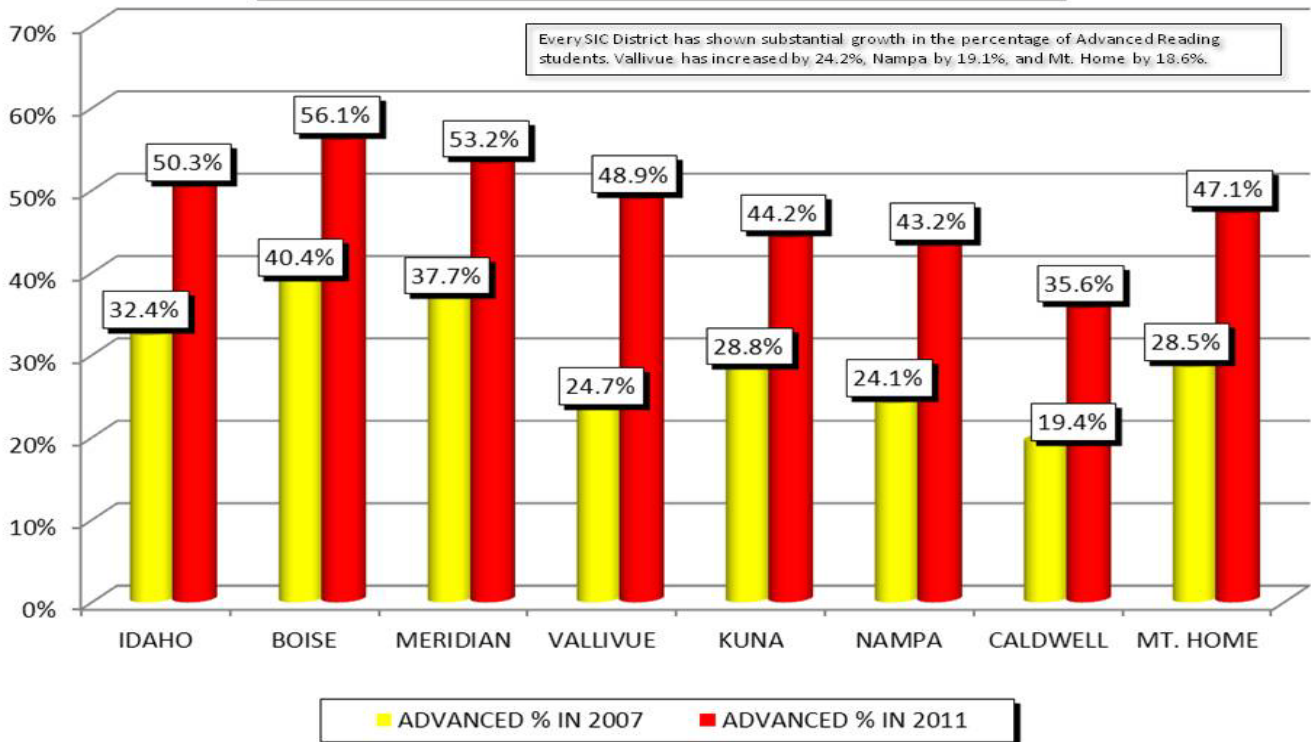
# EDUCATION SELECTED CHARTS AND GRAPHS

**IDAHO STANDARDS ACHIEVEMENT TESTS  
PERCENT OF POPULATION ADVANCED IN READING  
2007-2011**



Source: Southern Idaho Conference School Districts, ISAT scores 2012

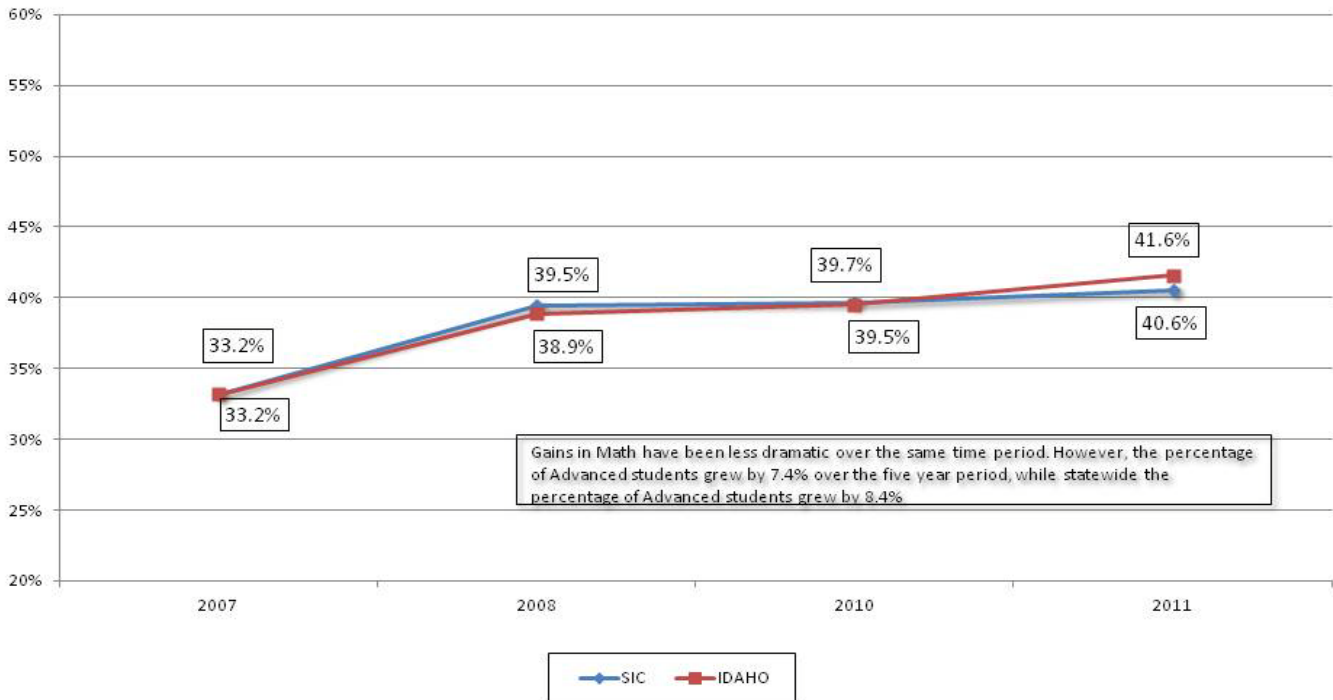
**Percentage of Tested Students Scoring Advanced  
2007/2011 Idaho Standards Achievement Tests - READING**



Source: Southern Idaho Conference School Districts, ISAT scores 2012

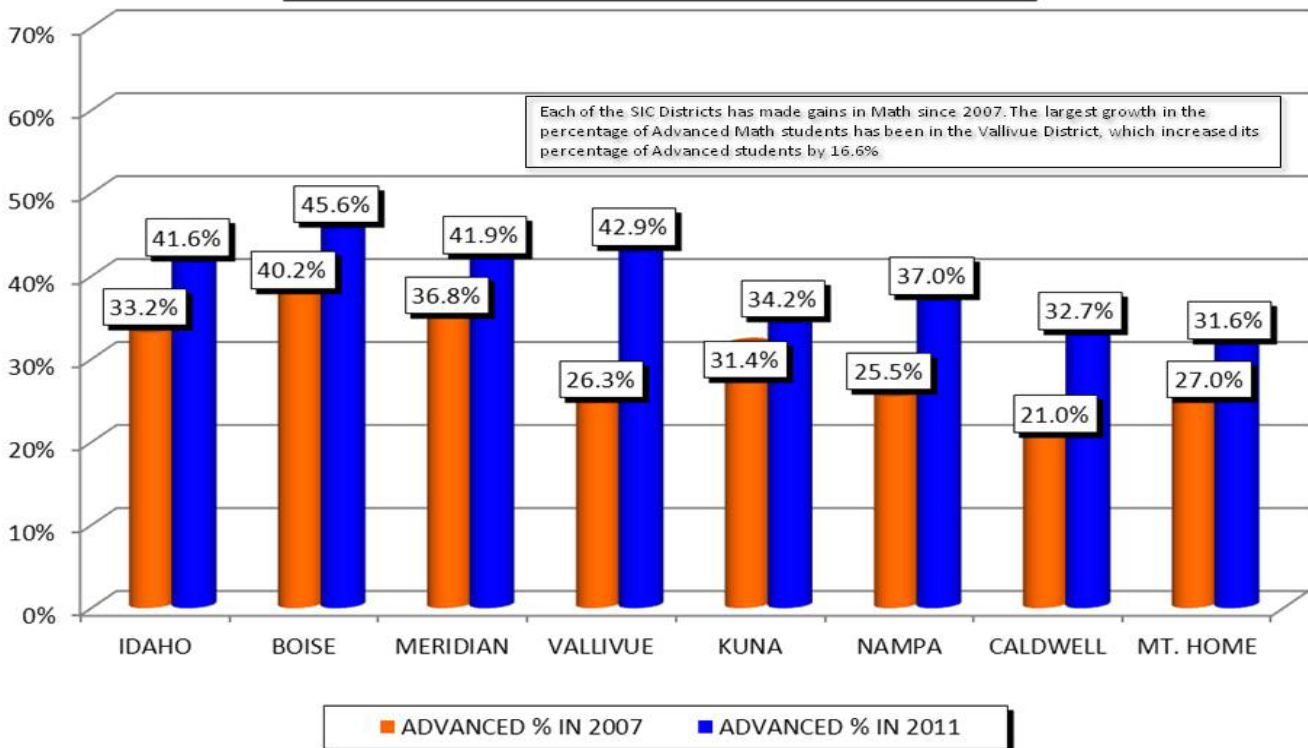
# EDUCATION SELECTED CHARTS AND GRAPHS

IDAHO STANDARDS ACHIEVEMENT TESTS  
PERCENT OF POPULATION ADVANCED IN MATH  
2007-2011



Source: Southern Idaho Conference School Districts, ISAT scores 2012

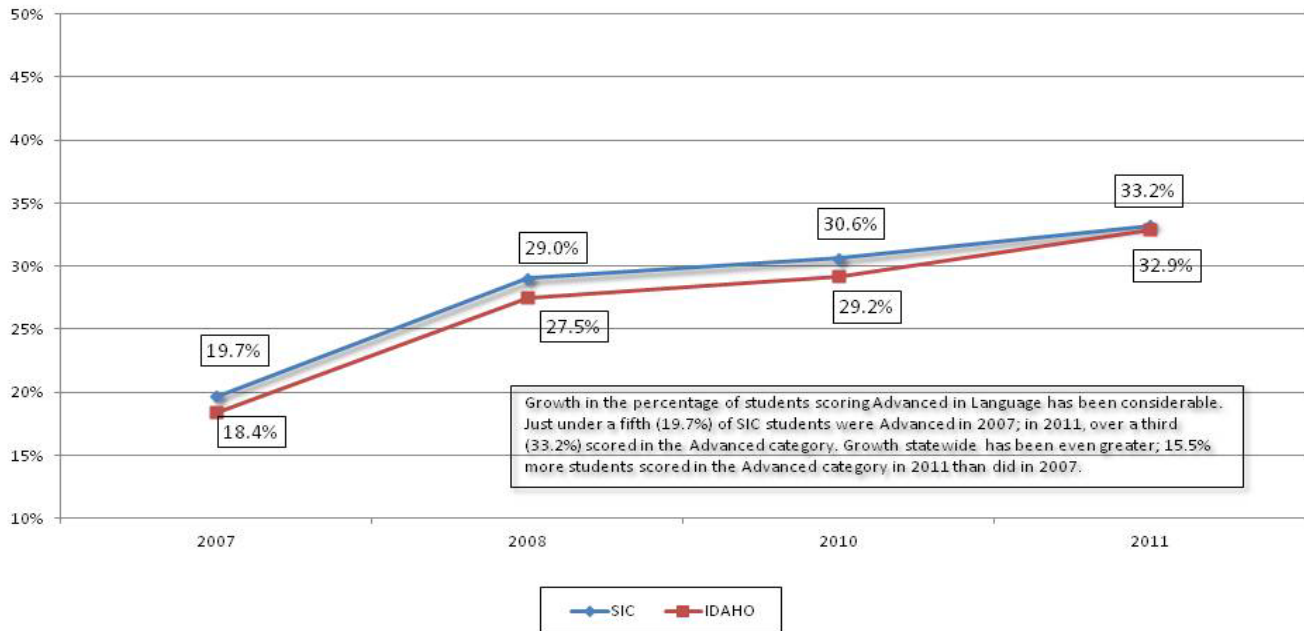
Percentage of Tested Students Scoring Advanced  
2007/2011 Idaho Standards Achievement Tests - MATH



Source: Southern Idaho Conference School Districts, ISAT scores 2012

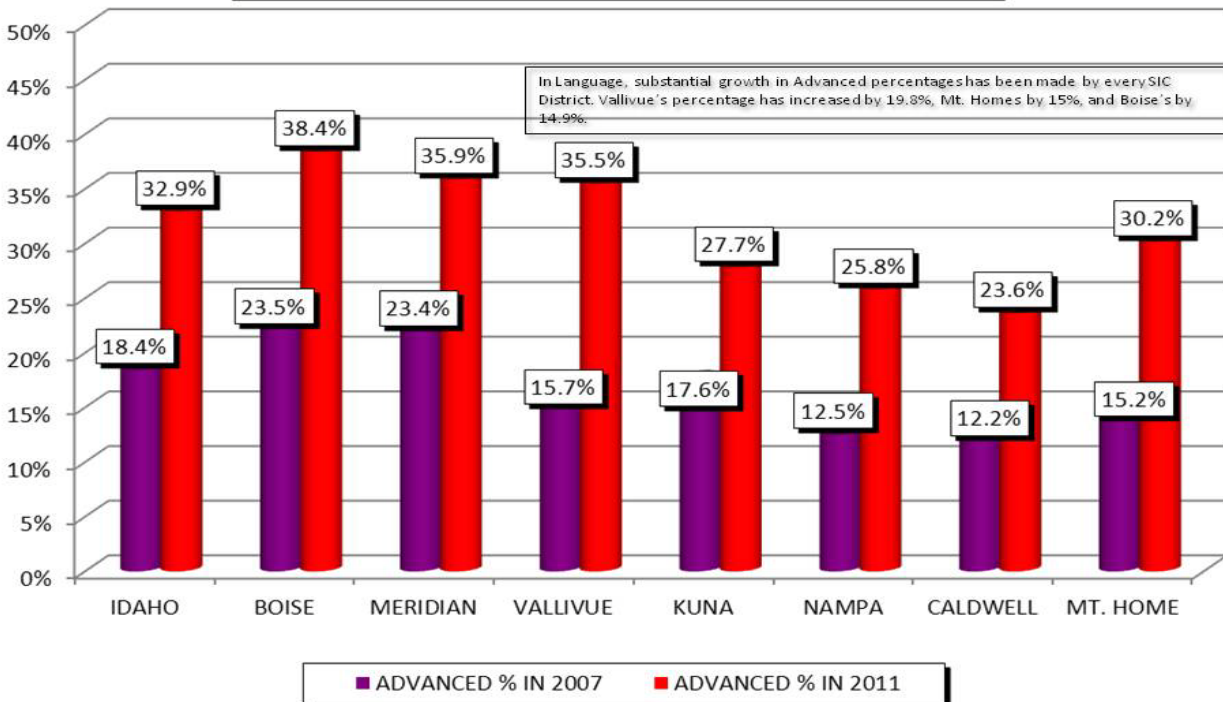
# EDUCATION SELECTED CHARTS AND GRAPHS

IDAHO STANDARDS ACHIEVEMENT TESTS  
PERCENT OF POPULATION ADVANCED IN LANGUAGE  
2007-2011



Source: Southern Idaho Conference School Districts, "ISAT Results," Idaho State Department of Education, 2011, <http://www.sde.idaho.gov/site/assessment/ISAT/results.htm>.

Percentage of Tested Students Scoring Advanced  
2007/2011 Idaho Standards Achievement Tests - LANGUAGE

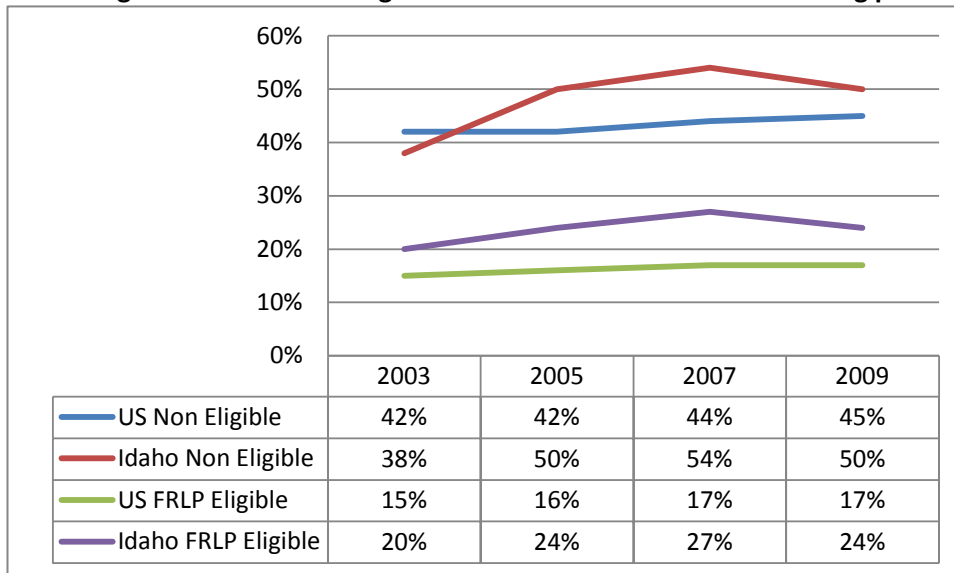


Source: Southern Idaho Conference School Districts, "ISAT Results," Idaho State Department of Education, 2011, <http://www.sde.idaho.gov/site/assessment/ISAT/results.htm>.



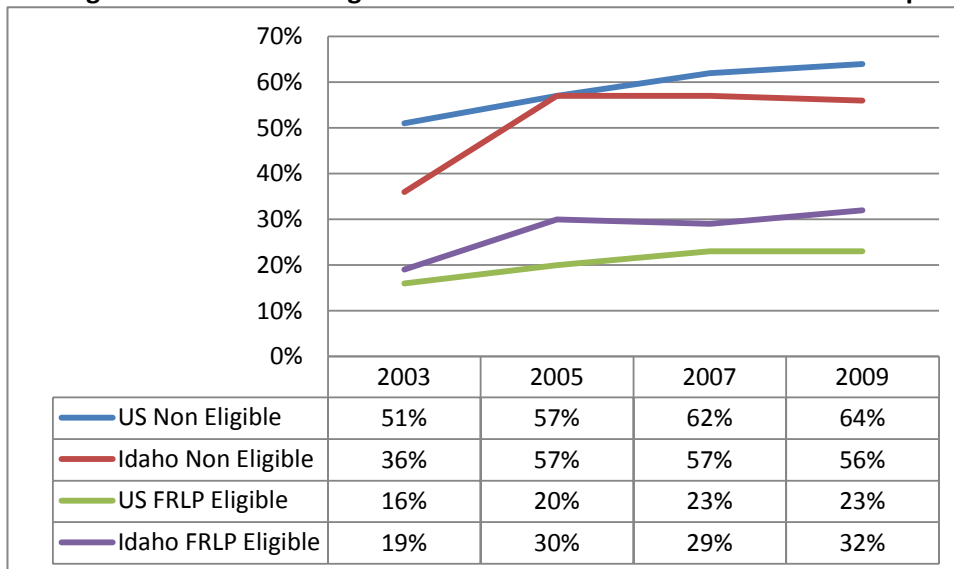
## EDUCATION SELECTED CHARTS AND GRAPHS

**Percentage of fourth-grade students scoring Proficient or Advanced on the Reading portion of the NAEP**



Source: "The Nation's Report Card," National Assessment of Educational Progress, National Center for Education Statistics, National Assessment Governing Board, Institute of Education Sciences, and [U.S. Department of Education](http://www.ed.gov), 2009

**Percentage of fourth-grade students scoring Proficient or Advanced on the Mathematics portion of the NAEP**

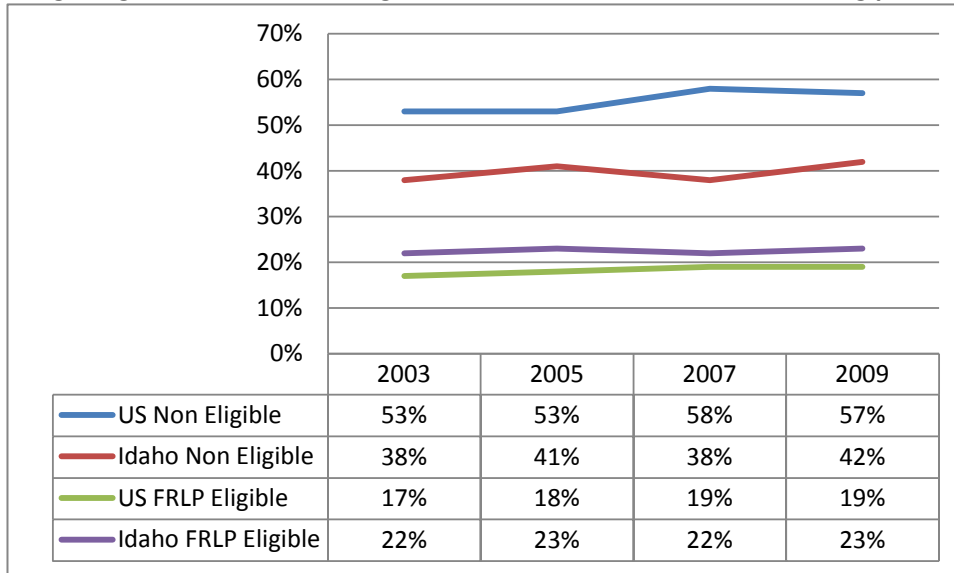


Source: "The Nation's Report Card," National Assessment of Educational Progress, National Center for Education Statistics, National Assessment Governing Board, Institute of Education Sciences, and [U.S. Department of Education](http://www.ed.gov), 2009

**FRLP:** Federal Reduced Lunch Program

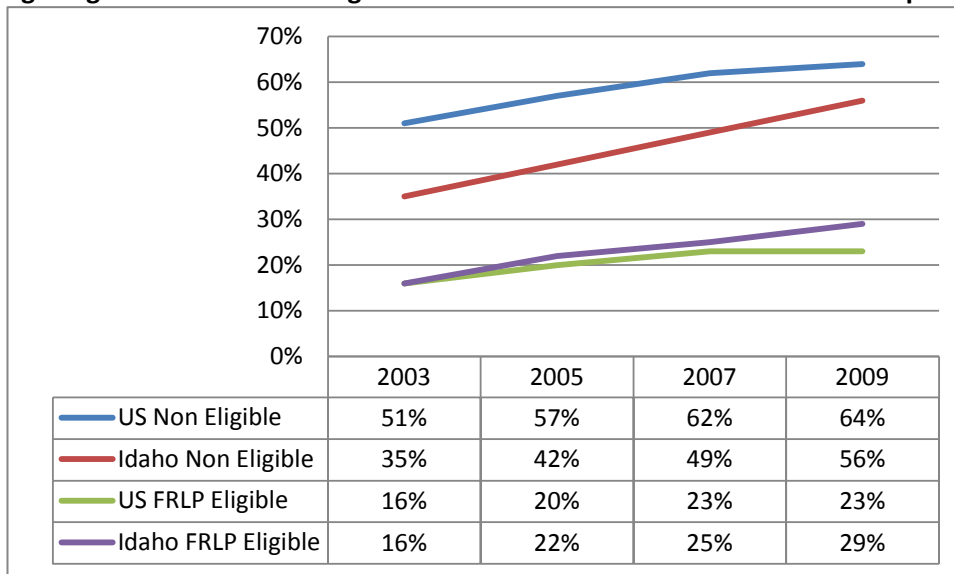
## EDUCATION SELECTED CHARTS AND GRAPHS

**Percentage of eighth-grade students scoring Proficient or Advanced on the Reading portion of the NAEP**



Source: "The Nation's Report Card," National Assessment of Educational Progress, National Center for Education Statistics, National Assessment Governing Board, Institute of Education Sciences, and [U.S. Department of Education](http://www.ed.gov), 2009

**Percentage of eighth-grade students scoring Proficient or Advanced on the Mathematics portion of the NAEP**



Source: "The Nation's Report Card," National Assessment of Educational Progress, National Center for Education Statistics, National Assessment Governing Board, Institute of Education Sciences, and [U.S. Department of Education](http://www.ed.gov), 2009

**FRLP:** Federal Reduced Lunch Program

### • A HIGH SCHOOL DIPLOMA

“The Silent Epidemic” reported that high school dropouts earn \$9,200 less per year than high school graduates, and about \$1 million less over a lifetime than college graduates (Civic Enterprises; J.M. Bridgeland, 2006). Students who drop out of high school are often unable to support themselves, and high school dropouts are three times more likely than college graduates to be unemployed. They are twice as likely as high school graduates to slip into poverty from one year to the next. The researchers surveyed drop outs around the country and found that the main reasons for dropping out remained the same, whether in a large inner city or a small town. Forty-five percent of students surveyed say the reason they dropped out of high school was because they fell behind in middle and elementary school and could not catch up.

High school completion, either through traditional graduation or via General Education Development (GED), is a strong indicator of future economic success. Below are some of the key indicators of high school completion in the Treasure Valley:

- During the 2007-08 school year, 3,368 students in grades 9-12 left without a diploma.
- Among students who were due to graduate in 2007-08, dropout rates for school districts in the Treasure Valley ranged from 5% to 25%.
- The dropout rate for low-income students was approximately 20%. Of the low-income students who dropped out, 48% were Latino.

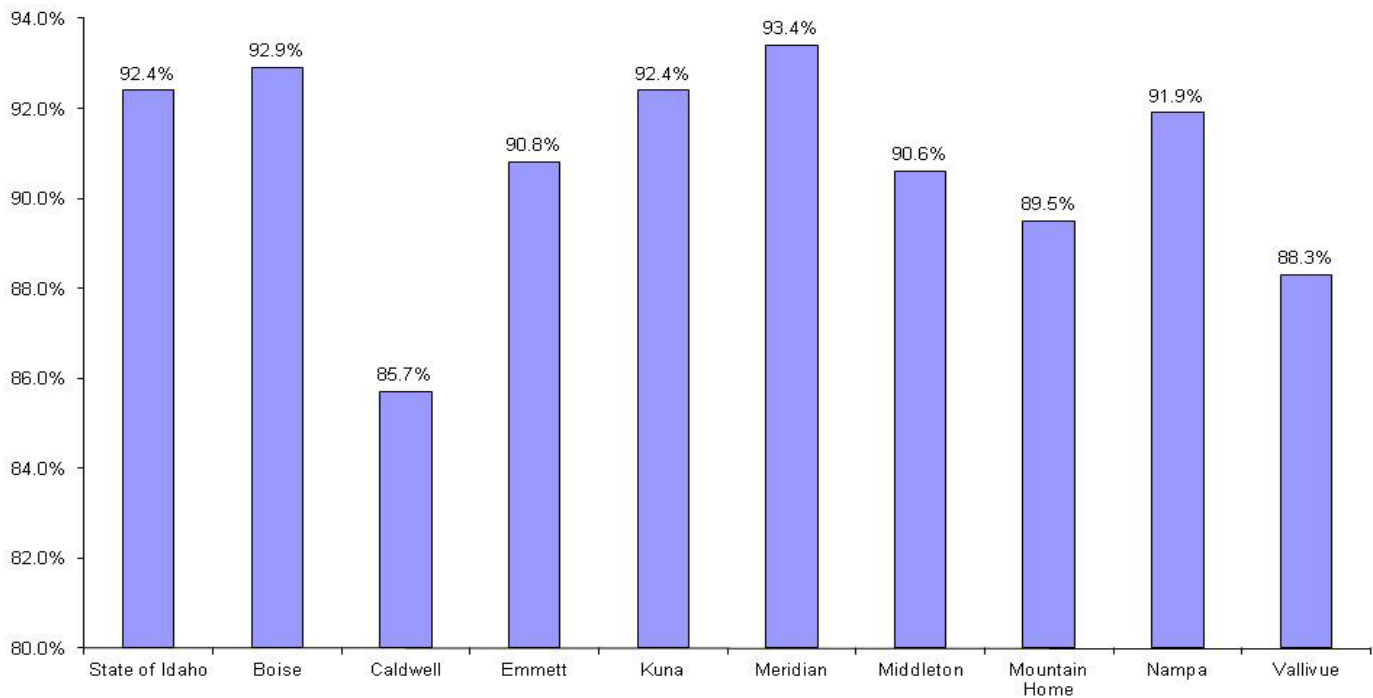
#### **BARRIERS TO OBTAINING A HIGH SCHOOL DIPLOMA**

*(Identified through literature review and surveys of community residents and UWTV stakeholders)*

- ✓ Failing classes
- ✓ Missed too many days of school (fell behind)
- ✓ Lack of parental intervention and support
- ✓ Different cultural expectations
- ✓ Family poverty that requires the student to seek employment to help support the family

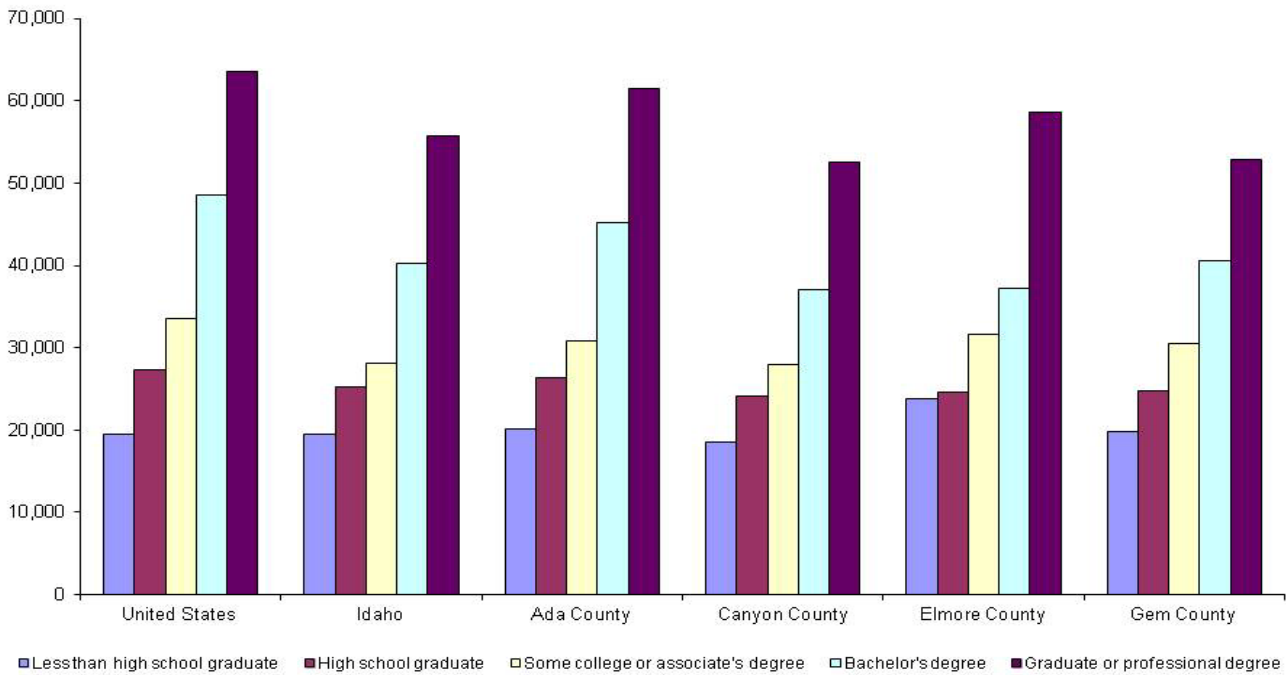
# EDUCATION SELECTED CHARTS AND GRAPHS

### Graduation Rates



Source: 2010/2011 Adequate Yearly Progress Report, <http://apps.sde.idaho.gov/AYP/Home/Select>

### Median Earnings by Educational Attainment



Source: American Community Survey 2010 (5-year estimates)

### • COMPLETION OF POST HIGH SCHOOL EDUCATION

Postsecondary school prepares young adults for work that leads to economic success. This postsecondary experience is commonly college, but may be vocational or technical school. The following indicators describe postsecondary measures for Ada and Canyon counties.

- During 2009, the portion of 18-24 year olds who had attended college for any length of time was 54% in Ada County, 35% in Canyon County and 53% across the U.S.
- In 2009, 9% of Ada County residents age 18-25 and 3% of Canyon County residents in that age group had completed a bachelor's degree or higher.

The data from the U.S. Census American Community Survey show the level of educational attainment for the population ages 18-24 years of age. For smaller school districts, the margins of error are quite high. For all districts in which the margin of error for at least one level of educational attainment was 5% or higher, the margin of error is included.

Census data include GED recipients among high school graduates, which raises the overall graduation rate. Also, Census data measures educational attainment by current geographic area rather than where people actually attended high school. Because of these factors, the statistics are more indicative of final educational attainment within a community and less indicative of the performance of local schools.

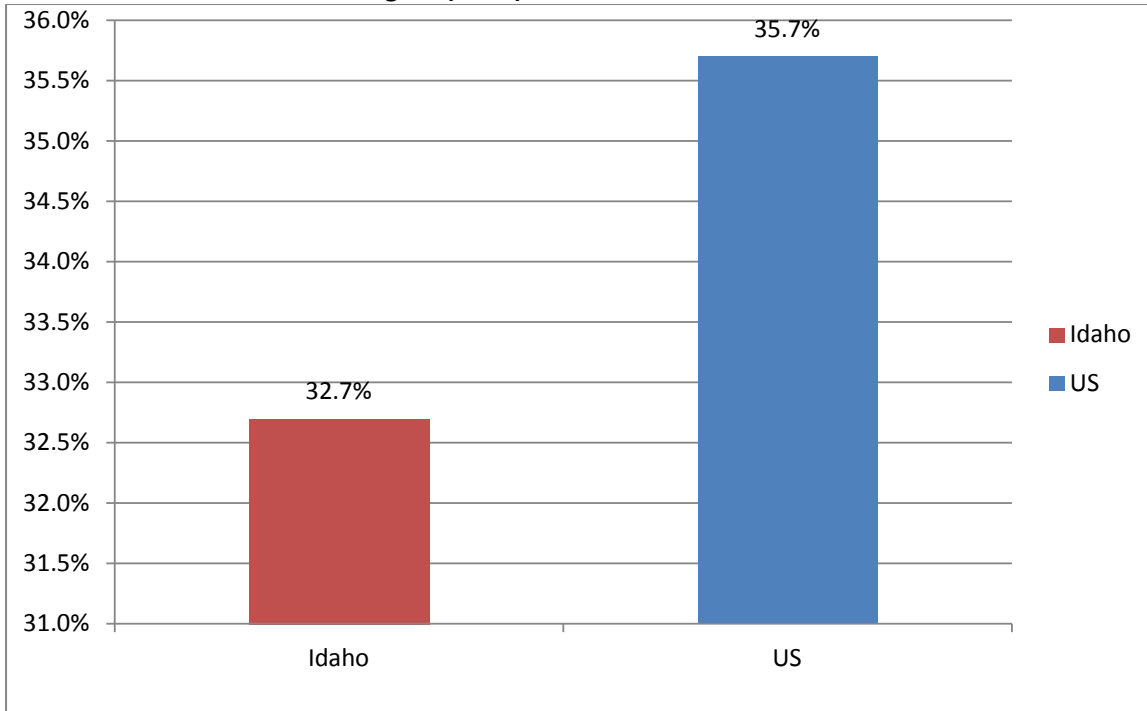
#### **BARRIERS TO COMPLETION OF POST HIGH SCHOOL EDUCATION**

*(Identified through literature review and surveys of community residents and UWTV stakeholders)*

- ✓ Lack of financial resources
- ✓ Affordability of programs
- ✓ Low academic performance
- ✓ Personal, parental or cultural expectations

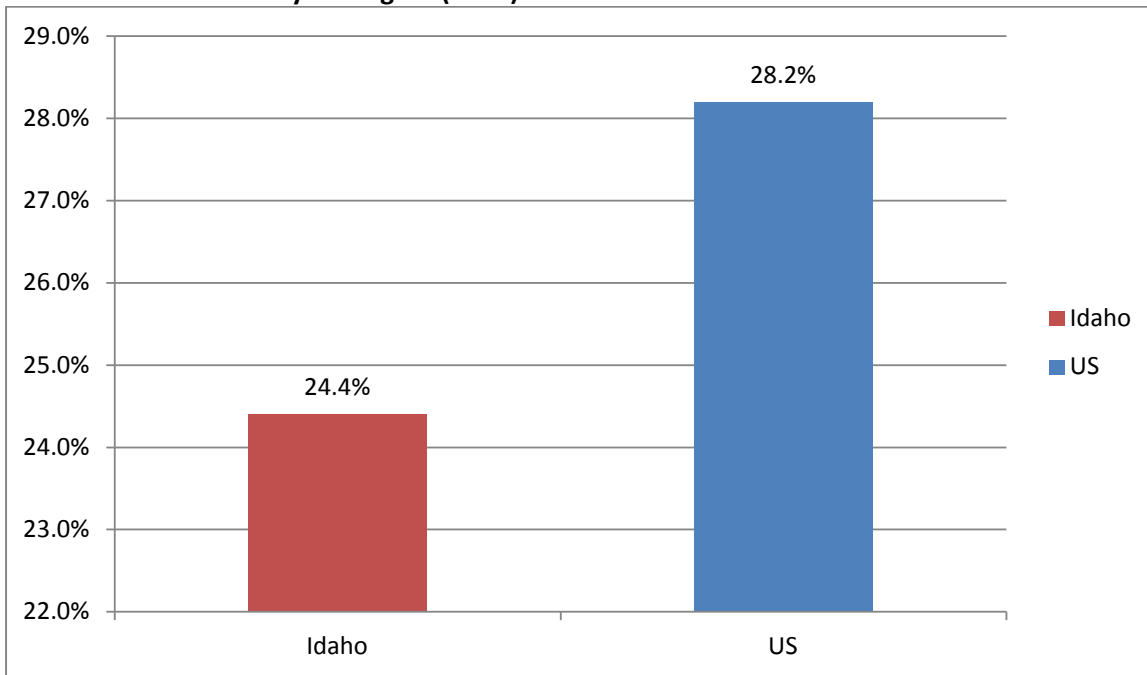
## EDUCATION SELECTED CHARTS AND GRAPHS

### Adults with at least a 2-Year Degree (2010)



Source: 2010 American Community Survey. Washington, DC: U.S. Department of Commerce, [Census Bureau](#), 2010.























### Adults with at least a 4-year degree (2010)



Source: 2010 American Community Survey. Washington, DC: U.S. Department of Commerce, [Census Bureau](#), 2010.

## EDUCATION SECONDARY DATA ANALYSIS

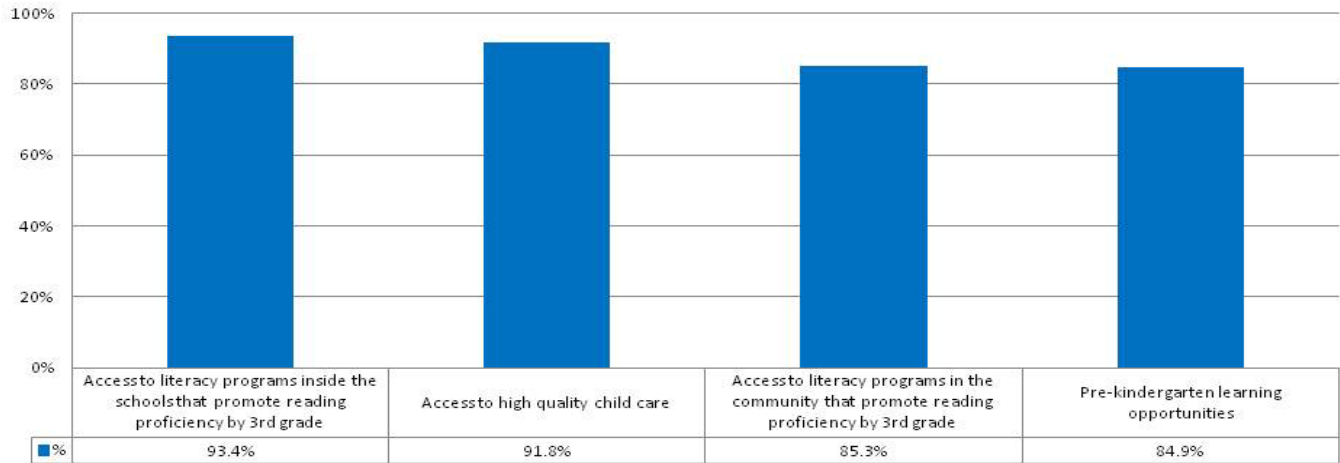
The following chart is a summary of data analyzed by UWTV that was collected by Boise State University and the Utah Foundation in each of the component areas of Education. Levels of concern indicate ratings of the following: a) how many people are faced with challenges related to the data, b) whether those challenges are getting better or worse, and c) how severely the challenge impacts those individuals who experience it. Indicators highlighted in red show relatively high cause for concern, indicators highlighted in yellow show moderate cause for concern, and indicators highlighted in green show less cause for concern.

	Level of Concern
<b>CHILDREN ENTER SCHOOL PREPARED</b>	
Population of children under six years of age	
Percent of children living in working parent households	
Child/teacher ratios	
Scores on Fall IRI	
<b>STABLE HOME ENVIRONMENT</b>	
Percentage of homeless students	
<b>ACADEMIC SUCCESS IN GRADES K – 12</b>	
Scores on ISAT	
Scores on NAEP Tests	
Transition to fourth grade	
Percent of state funding dedicated to education	
<b>GRADUATING HIGH SCHOOL</b>	
Graduation rate by ethnicity and income	
Dropout rates	
GED completion	
Community, social, parental support	
<b>COMPLETION OF POST HIGH SCHOOL EDUCATION</b>	
Enrollment in adult education programs	
Enrollment in community colleges, vocational, trade, and technical institutions	
Graduation from colleges or universities	
Percent of students receiving financial aid	

## Stakeholder Survey Findings for Education:

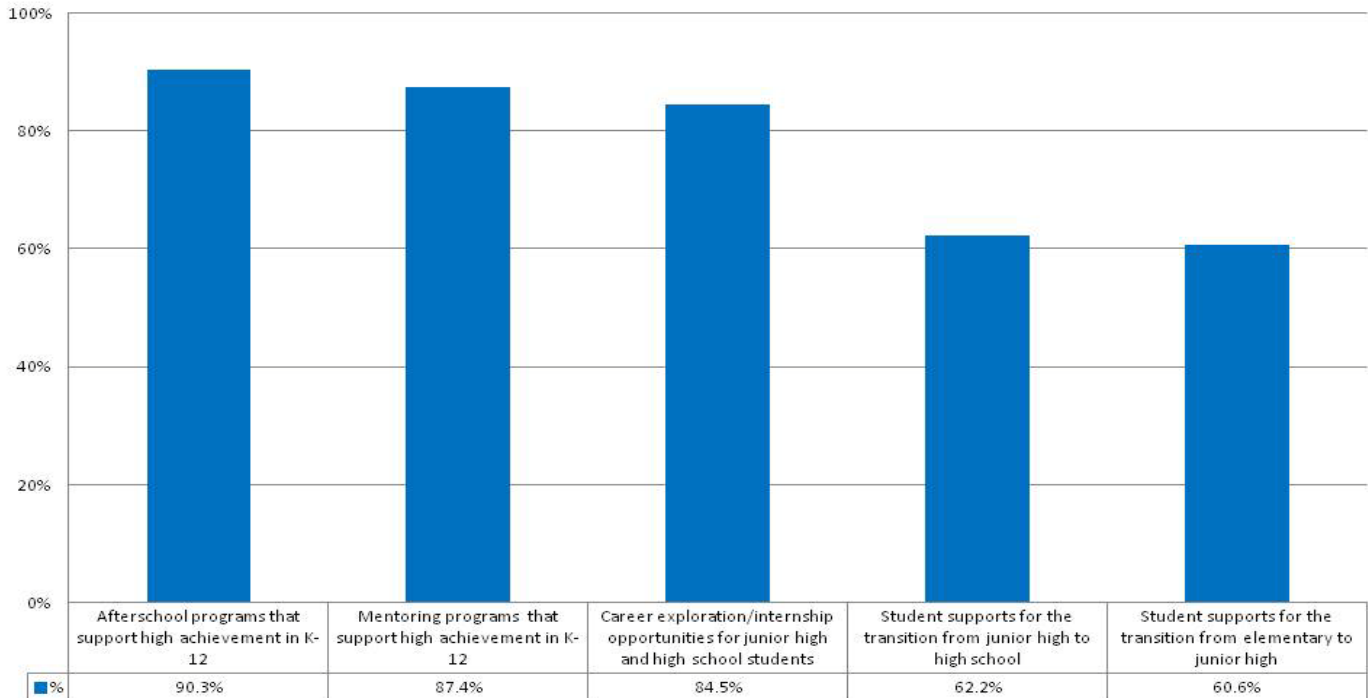
*Which of the following are most important to address in order for individuals to reach their potential through education?*

**Reaching Potential Through Education - Youth  
Rated Very or Somewhat Important**



Source: 2011 Community Assessment (Boise State University Public Policy Center).

**Reaching Potential Through Education - Mentoring and Support  
Rated Very or Somewhat Important**

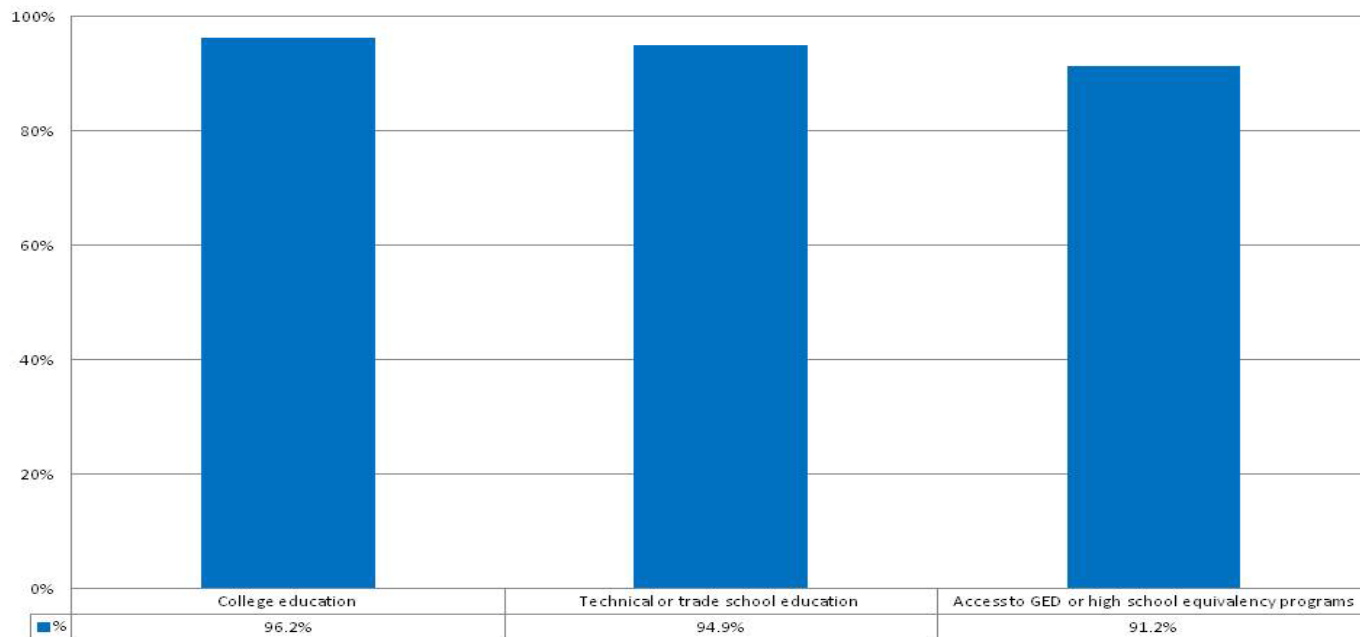


Source: 2011 Community Assessment (Boise State University Public Policy Center).



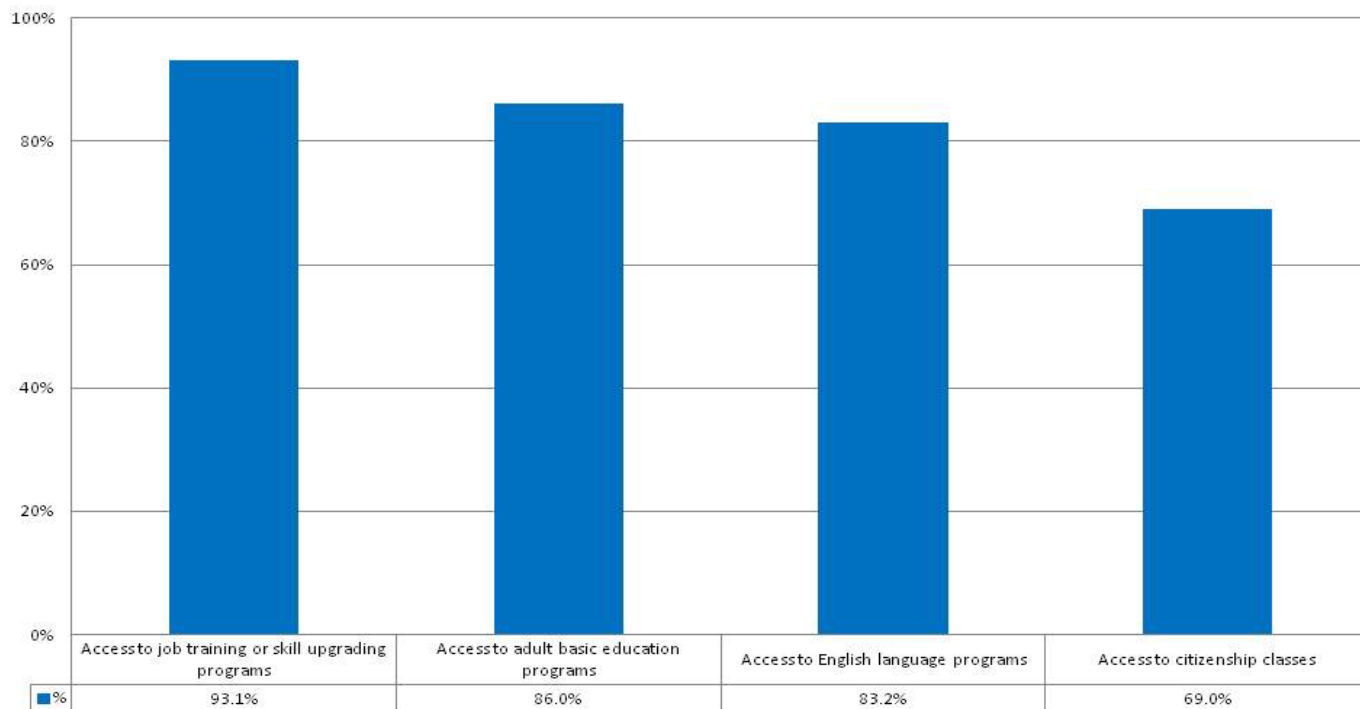
## EDUCATION – COMMUNITY FEEDBACK

**Reaching Potential Through Education - After High School  
Rated Very or Somewhat Important**



Source: 2011 Community Assessment (Boise State University Public Policy Center).

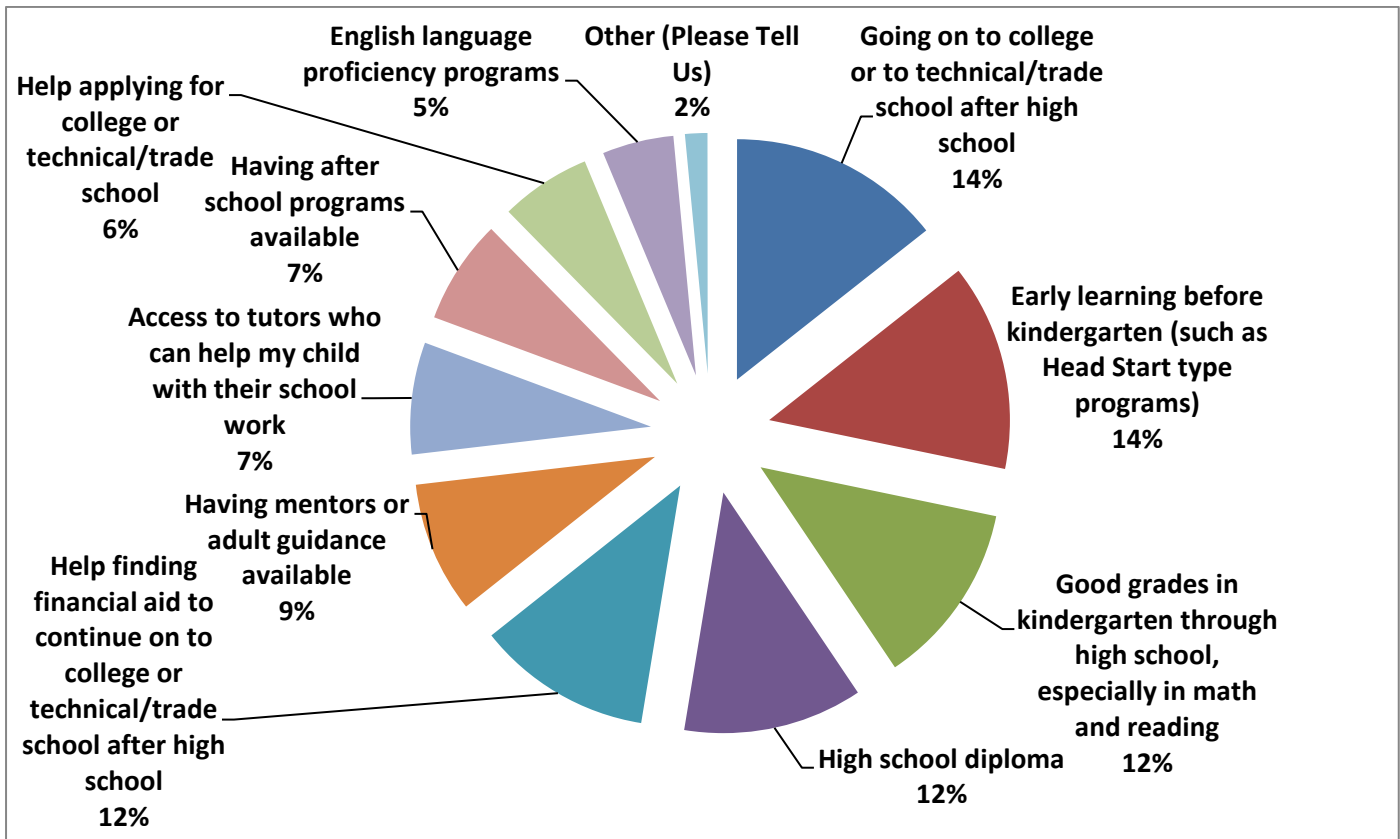
**Reaching Potential Through Education - Supplementary Programs  
Rated Very or Somewhat Important**



Source: 2011 Community Assessment (Boise State University Public Policy Center).

## EDUCATION – COMMUNITY FEEDBACK

Which three of the following areas of education will help your children or others' children most to reach their potential? This chart represents the sum of Most Important, Second Most Important and Third Most Important selections.



Source: 2011 Community Assessment (Boise State University Public Policy Center)

# EDUCATION – NEXT STEPS FOR UNITED WAY OF TREASURE VALLEY



In early 2012, United Way of Treasure Valley was selected as the backbone organization for the Treasure Valley Education Partnership (TVEP). This unprecedented collaboration is designed to advance a world class-education system that leads all students to meaningful careers. TVEP aims to support *every child, every step of the way, cradle to career*. Partners include 10 local school districts, higher education, business leaders from IBCEE, foundations and other local nonprofits. Visit [www.idahotvep.org](http://www.idahotvep.org) for more information.



The Caldwell P16 Education Project was launched in August of 2011. This innovative collaboration has set a goal to double the post-secondary going rate for Caldwell students. **P16 inspires, educates and motivates children to learn by instilling the belief that they can succeed.** UWTV serves as the fiscal agent for this project. Partners include the Caldwell School District, Treasure Valley YMCA, UWTV, Lee Pesky Learning Center and the J.A. & Kathryn Albertsons Foundation.

## Youth Leadership Collaborative

UWTV and local youth-serving organizations began this program for low-income, at-risk fifth and sixth graders. The Boys & Girls Club of Nampa, Boys & Girls Clubs of Ada County, Treasure Valley Family YMCA, Big Brothers Big Sisters of Southwest Idaho, and Girl Scouts of Silver Sage Council, are part of this collaborate with a focus to build strong leadership and service learning opportunities for youth at transitioning junior-high age.

## Youth Venture Grant

United Way of Treasure Valley was selected as the sole winner of the 2012 Youth Venture Grant Award from SimplexGrinnell, a Tyco International company. The \$37,500 grant will enable UWTV to launch a youth-led “social entrepreneurship” program this fall. United Way Youth Venture inspires and invests in teams of young people to design and launch their own lasting social ventures, enabling them to have a transformative experience of leading positive change.

## United Way Community Partners

United Way continues to support local education focused programs designed to provide individuals and families opportunities to succeed. In 2011, UWTV invested nearly \$1,000,000 in support of educational programs administered by our partners listed below.



# HEALTH



***“What is necessary for individuals and families to lead healthy and productive lives?”***

## FINDINGS

- Having access to quality, affordable health care coverage
- Having access to preventative medical and dental services
- Making healthy choices by eating right, regularly exercising, and being free of harmful substances
- Having healthy, safe and nurturing relationships (free from abuse and violence)
- Having quality mental health support



## HEALTH ASSESSMENT SUMMARY

The World Health Organization defines health as “A state of complete physical, mental, and social well-being and not merely the absence of disease.” The concept of community health and the elements that contribute to health are multifaceted and encompass several factors relevant to one’s environment. Prevention is recognized as a key component in attaining and maintaining health, particularly in the context of health care reform. In Idaho, some health issues can effectively be addressed through prevention programs, whereas others may require secondary prevention or treatment interventions.

Health and wellness are important to a productive life. Access to all types of health care and wellness resources lead to healthier lives, greater well-being and longevity. Living a healthy life and being able to seek medical assistance when needed allows families to thrive in other areas of life. Lack of access to mental health care, including addiction treatment, can lead to homelessness or make it harder for those who are homeless to regain stability and financial independence.






While health can influence whether a person thrives in other areas of life, financial and education factors impact an individual’s ability to lead a healthy life. An ecological approach to the person, family and community emphasizes that a person’s health is influenced by individual traits and behavior, as well as many other circumstances, including family, culture, and factors at the community and national level.

This report describes a range of issues impacting the health and wellness of Treasure Valley residents.

Where possible, we have used this data to examine trends across time or compare local, statewide and national statistics. We have chosen indicators that are relevant to the issues of interest to United Way and its partners, statistics that were relatively easy to find and that are collected on a fairly routine basis from reliable sources, and indicators that should be relevant for partner agencies to incorporate into outcome measures in their program work. In addition to the indicator data, we conducted surveys, focus groups and interviews to provide an expanded picture of health and wellness disparities and needs in our communities.

## HEALTH ASSESSMENT SUMMARY

The following chart is a summary of data collected and analyzed by Boise State University and the Utah Foundation in each of the component areas of Health. The colors represent composite ratings from multiple data sources related to trend – whether the challenges are getting better or worse. Areas highlighted in red show relatively high cause for concern, areas highlighted in yellow show moderate cause for concern, and areas highlighted in green show less cause for concern.

	Challenge is Getting Better or Worse (Trend)	Key Observations
<i>Having access to quality, affordable health care coverage</i>		<i>According to the U.S. Census Bureau and County Health Rankings, a total of 20.5% of Idahoans were uninsured in 2010, compared to 16.3% nationally.</i>
<i>Having access to preventative medical and dental services</i>		<i>According to the Commonwealth Fund 2009 state score card, Idaho ranked 51st in the states and territories for children receiving preventative medical and dental care.</i>  <i>In 2009, 25.1% of Idaho adults were classified as obese compared to 26.9% nationally.</i>
<i>Making healthy choices by eating right, regularly exercising and being free of harmful substances</i>		<i>81.5% of Idaho youth did not eat the recommended number of servings compared to the U.S. average of 77.7%.</i>
<i>Having healthy, safe and nurturing relationships (free from abuse and violence)</i>		<i>In Ada County, there was a 7.4 decrease in intimate partner violence.</i> <i>In Canyon County, there was a 1.3% increase in intimate partner violence.</i>
<i>Having quality mental health support</i>		<i>Idaho ranks 4<sup>th</sup> in the nation for death by suicide.</i>

### • ACCESS TO QUALITY, AFFORDABLE HEALTH CARE COVERAGE

Uninsured people are less likely to receive medical care, more likely to die early and more likely to have poor health status. However, health insurance does not always guarantee access to quality and necessary care, particularly for low-income families. Also, as Thomas and James assert, “Any effort to expand coverage, alter current public programs, and/or create new public programs will have important consequences for the health of communities of color, who are more likely than Whites to be enrolled in public programs or be uninsured.”

According to the U.S. Census Bureau and County Health Rankings, a total of 20.5% of Idahoans were uninsured in 2010, with 23% in Canyon County and 16% in Ada County. (Health District 3: 23.9%; Health District 4: 13.2%). For both Ada and Canyon counties, the percentage of uninsured residents was higher than the national percentage.

Many families, especially the moderate-to low-income families in the Treasure Valley, are unable to afford comprehensive health insurance coverage. Many families rely on employers to provide subsidized health insurance as a benefit of employment, or they go without comprehensive coverage or any coverage at all. As health care costs and the cost of providing health insurance coverage have risen, fewer employers are offering the insurance coverage levels more typical in the past.

According to the BRFSS, the number of Idahoans without insurance in 2009 was 18.7% and 18.5% in 2008. Trending data indicates an increase in Idahoans without health insurance. At all geographic levels, adults were much more likely to be uninsured than children. Both adults and children in Canyon County had the highest uninsured percentages while Ada county had the lowest.

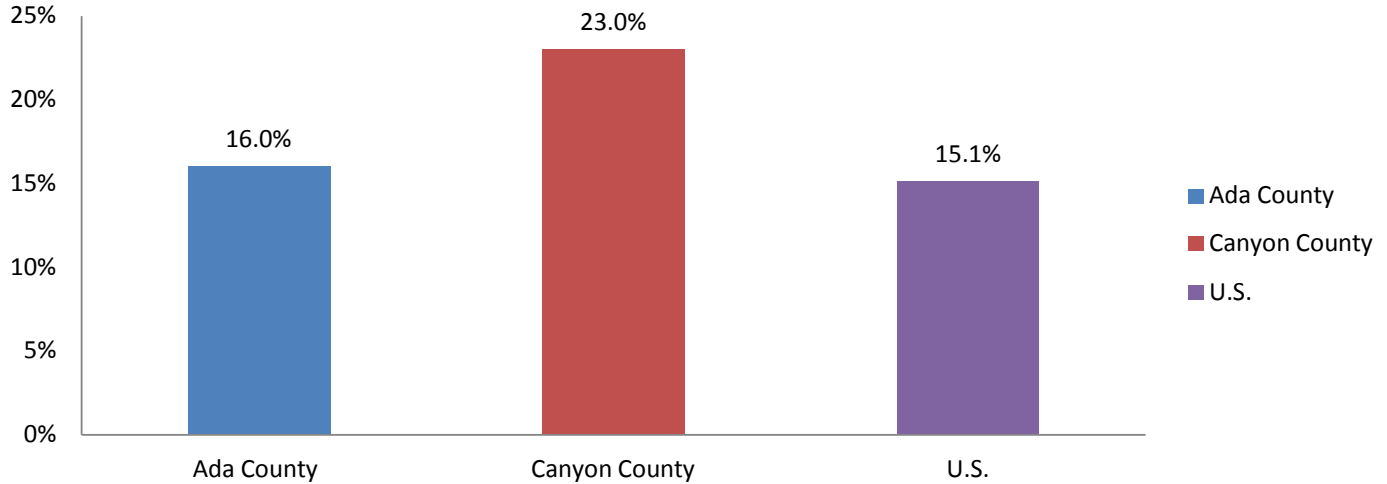
In households below the Federal Poverty Level (FPL), 62% of children had Medicaid/CHIP insurance coverage. Of low-income children (under 200% FPL), 49% had Medicaid/CHIP. Of Idaho’s poor children (below 100% FPL), 17% were uninsured. Of Idaho’s low income children (below 200% FPL), 14% were uninsured. According to the Kaiser Family Foundation, 10% of Idaho’s children were uninsured. Of all Idaho residents who were uninsured, 18% of them were children.

#### **BARRIERS TO QUALITY, AFFORDABLE HEALTH CARE COVERAGE**

*(Identified through literature review and surveys of community residents and UWTV stakeholders)*

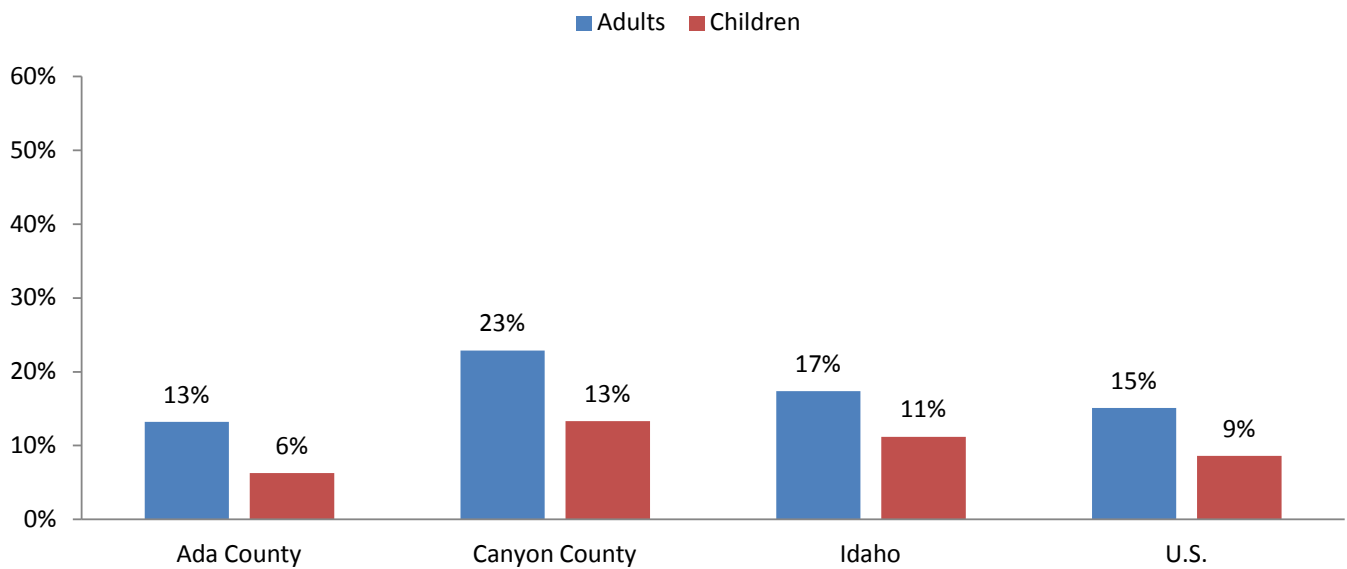
- ✓ Affordability and cost
- ✓ Restrictive Medicaid criteria—not qualifying or meeting minimum criteria for public assistance when their circumstances warrant substantial assistance
- ✓ No employer coverage

**Percentage of Residents without Health Insurance (2009)**



Source: U.S. Census Bureau. (2010). Current Population Survey. Accessed at: <http://www.census.gov/cqi-bin/broker>; County Health Rankings. (2011). Accessed at: <http://www.countyhealthrankings.org/idaho/ada/3>

**Percentage of Adults and Children without Health Insurance (2009)**

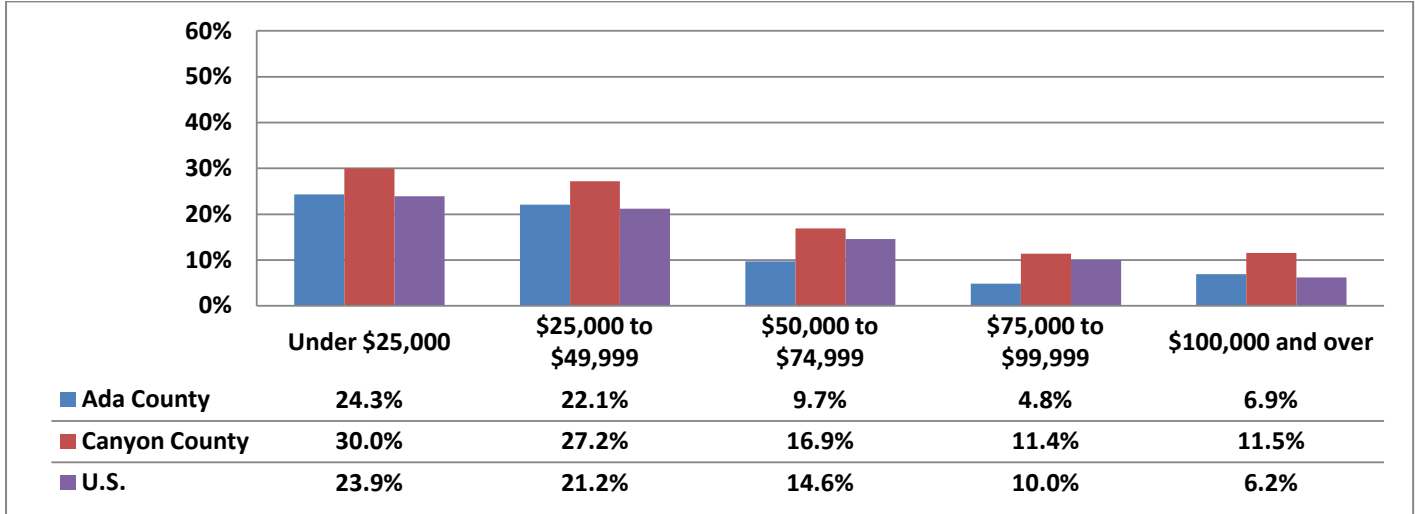


Source: U.S. Census Bureau. (2010). Current Population Survey. Accessed at: <http://www.census.gov/cqi-bin/broker>



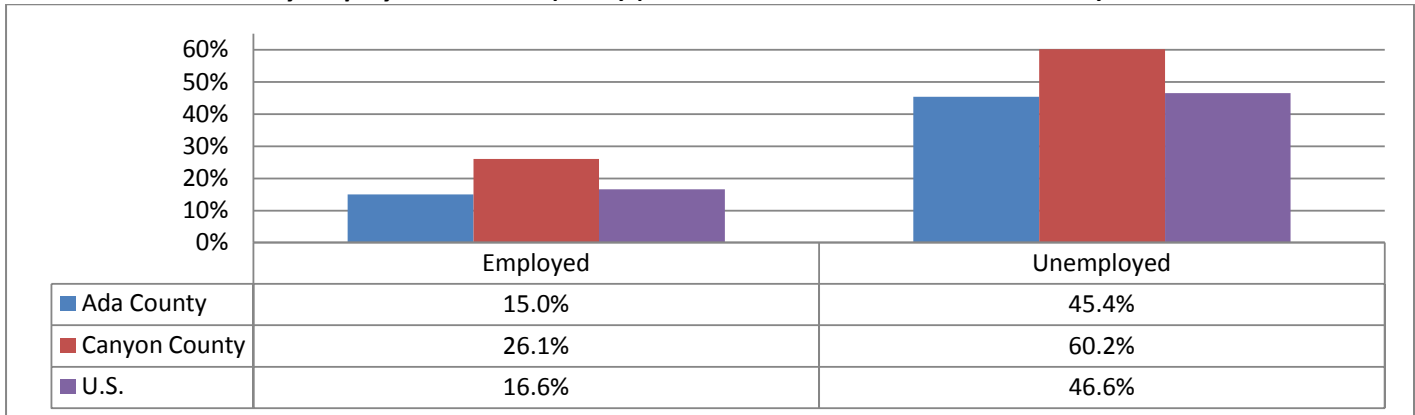
## HEALTH SELECTED CHARTS AND GRAPHS

**Percentage of Uninsured Individuals by Household Income (2009)**



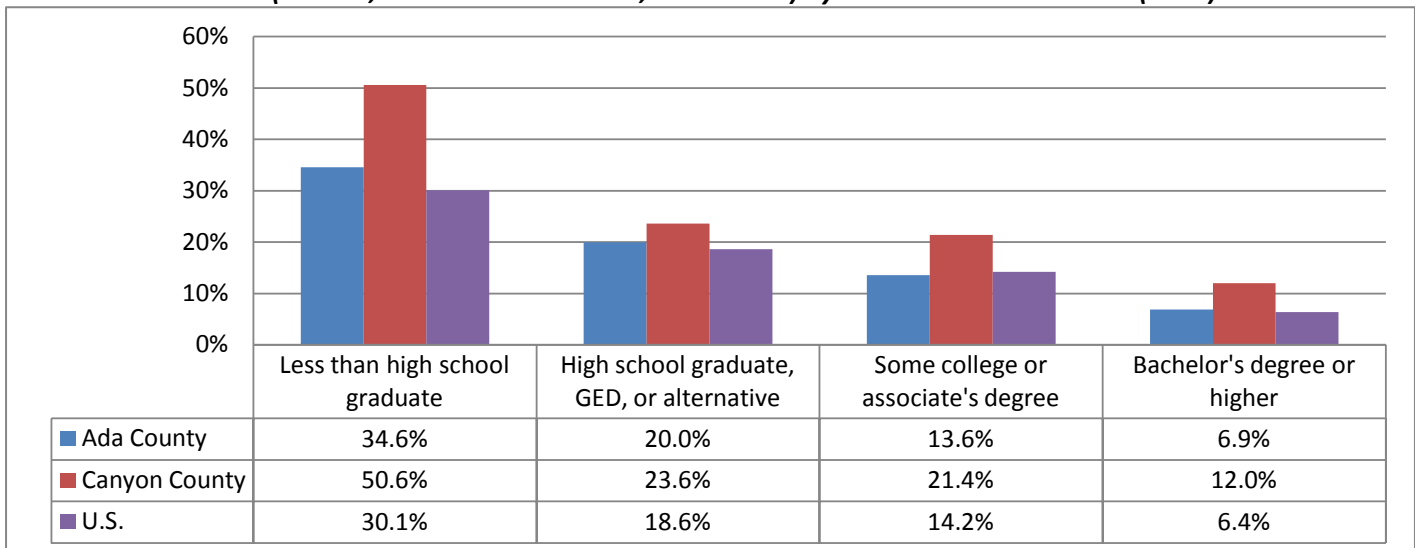
Source: U.S. Census Bureau. (2010). Current Population Survey. Accessed at: <http://www.census.gov/cqi-bin/broker>

**Uninsured Individuals by Employment Status (2009) (Excludes those Not in the Labor Force)**



Source: U.S. Census Bureau. (2010). Current Population Survey. Accessed at: <http://www.census.gov/cqi-bin/broker>

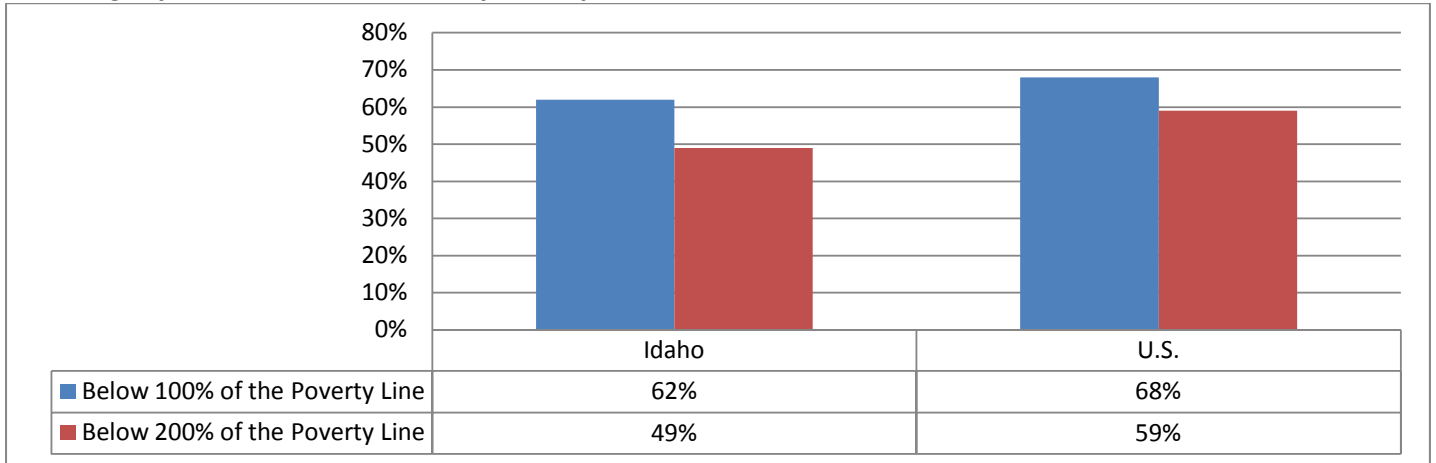
**Uninsured Individuals (Civilian, Non-institutionalized, 25 or Older) by Educational Attainment (2009)**



Source: U.S. Census Bureau. (2010). Current Population Survey. Accessed at: <http://www.census.gov/cqi-bin/broker>

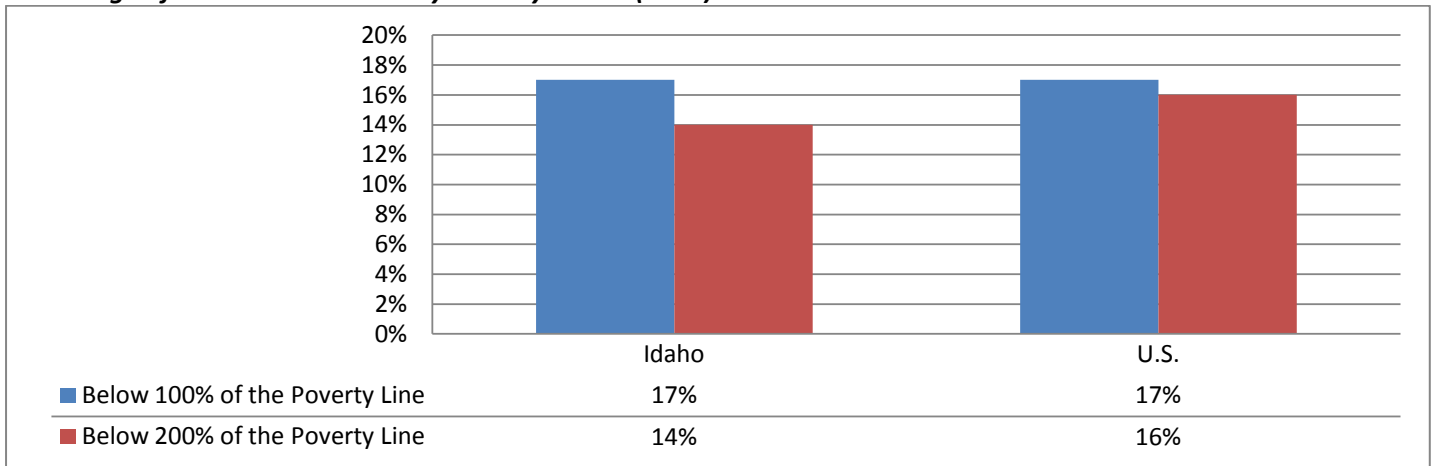
## HEALTH SELECTED CHARTS AND GRAPHS

**Percentage of Children with Medicaid by Poverty Status (2009)**



Source: Kaiser Family Foundation. (2006, 2007, 2008). State health facts. Accessed at: <http://www.statehealthfacts.org/profileglance.jsp?rqn=14>

**Percentage of Uninsured Children by Poverty Status (2009)**



Source: Kaiser Family Foundation. (2006, 2007, 2008). State health facts. Accessed at: <http://www.statehealthfacts.org/profileglance.jsp?rqn=14>

## HEALTH ASSESSMENT SUMMARY

### • ACCESS TO PREVENTATIVE MEDICAL AND DENTAL SERVICES

Health care coverage plays a vital role in acquiring comprehensive, coordinated and continuous care. Health insurance facilitates access to health care in a timely manner as well as increases the utilization of preventive services and screenings. Access to health care coverage also promotes regular doctor visits and the establishment of a medical home.

Health provider shortages significantly contribute to difficulties in accessing health care, particularly in rural areas.

Research reveals that health professional shortage areas are associated with poor health and decreased access to care.

The number of active Idaho physicians in patient care per 1,000 residents was 2.3 in 2009. In Ada County there were 94.5 active physicians per 100,000 residents; Canyon County had significantly fewer with 35.3 active physicians per 100,000 residents. As with other health care professionals, the availability of dentists in Idaho is below the national average.

As of 2008, 17% of Idaho residents and 12% of people nationally resided in a primary care Health Professional Shortage Area (HPSA). In Idaho, 62% of people and 19% of people in the U.S. live in a mental HPSA. Of Idaho residents, 17% live in a dental HPSA, compared to 10% of U.S. residents.

For every 100,000 residents in Idaho in 2007, there were approximately 58 dentists. In Ada County, the number of dentists available per 100,000 residents in 2008 was 78.5; Canyon County was 35.3 per 100,000, well below the statewide rate. Idahoans are more than one and a half times more likely to live in a dental HPSA than the U.S. rate. According to the Commonwealth Fund (CWF) 2011 State Score Card, Idaho ranked in the lowest quartile for children receiving preventive dental care.

In 2009, Idaho ranked very poorly in terms of residents, particularly children establishing a medical home and accessing preventive health services. According to the Commonwealth Fund 2009 state score card, Idaho ranked 51st in the states and territories for children receiving preventive medical and dental care.

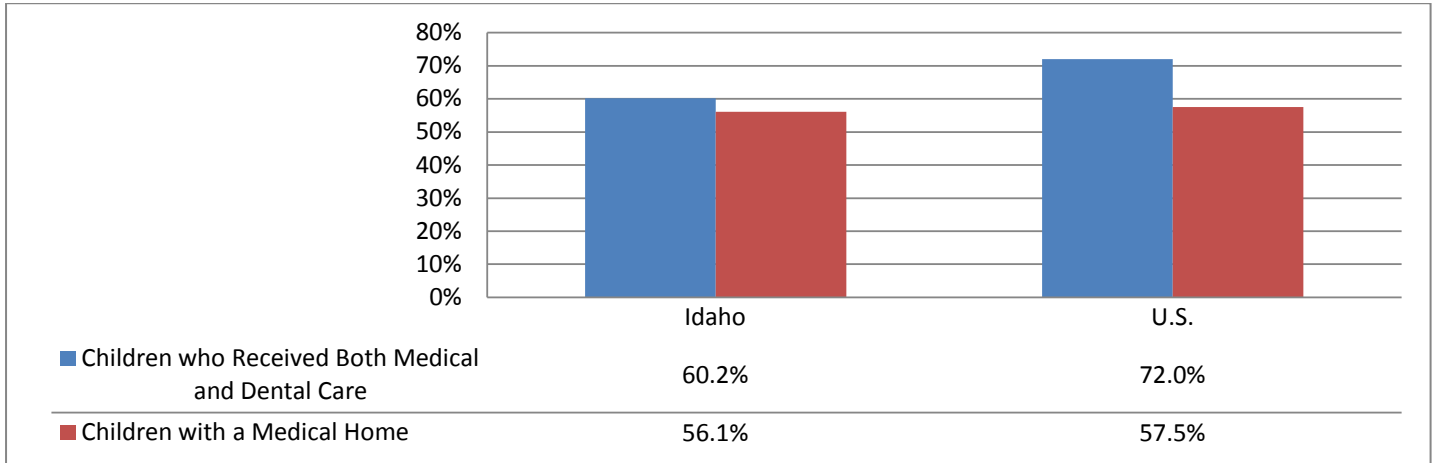
#### **BARRIERS TO PREVENTATIVE MEDICAL AND DENTAL SERVICES**

*(Identified through literature review and surveys of community residents and UWTV stakeholders)*

- ✓ Cost
- ✓ Patient's passivity about his/her care
- ✓ Lack of understanding about the importance of prevention
- ✓ Scheduling conflicts and transportation restraints

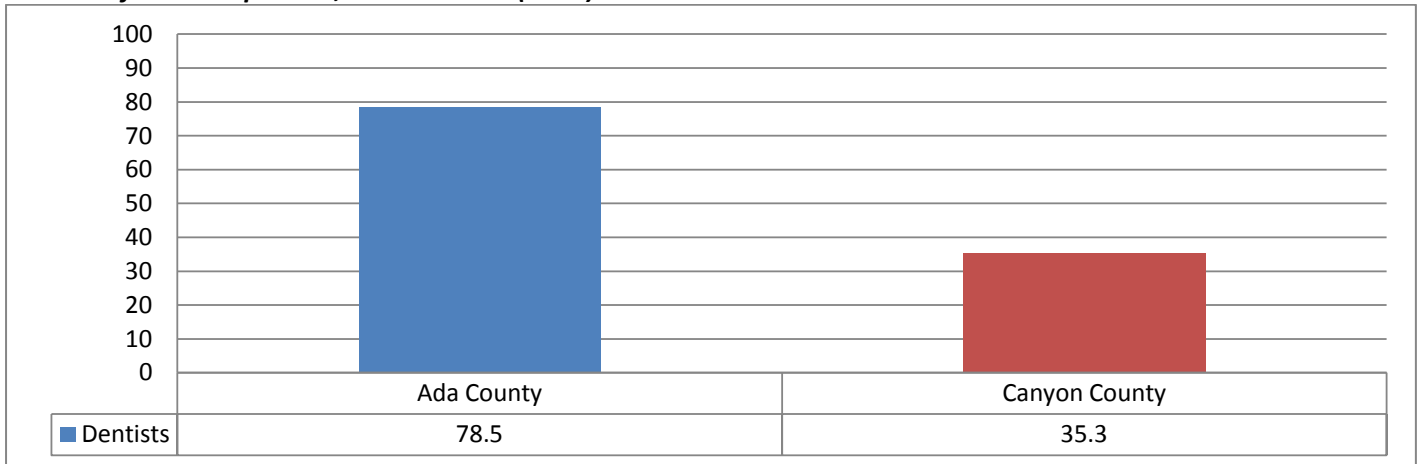
## HEALTH SELECTED CHARTS AND GRAPHS

### Children's Access to Health Care



Source: Kaiser Family Foundation. (2006, 2007, 2008). State health facts. Accessed at: <http://www.statehealthfacts.org/profileglance.jsp?rqn=14>

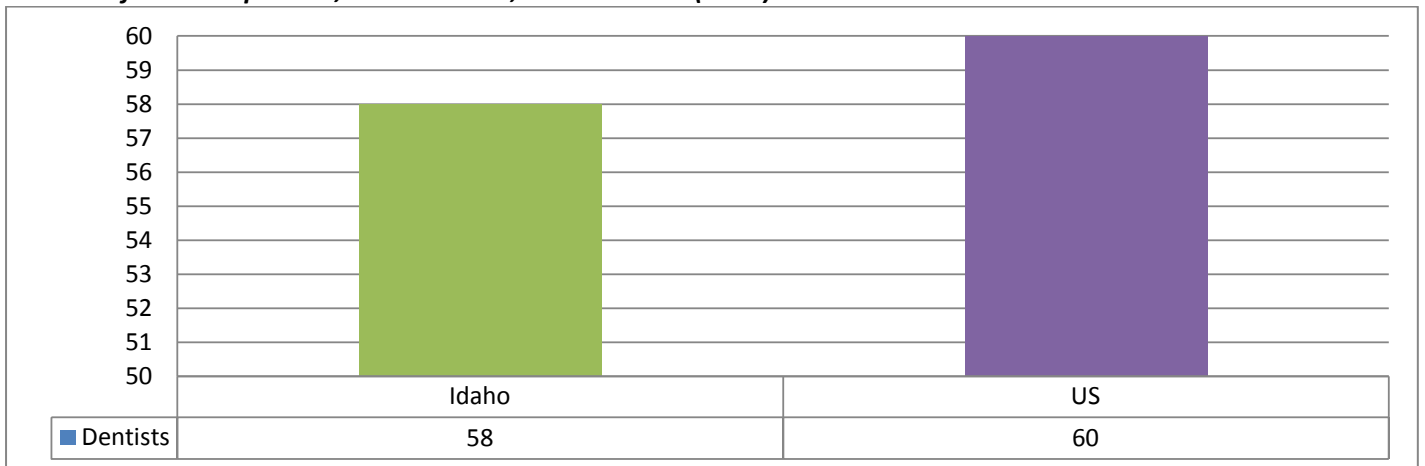
### Number of Dentists per 100,000 Residents (2008)



National data unavailable for 2008

Source: Community Health Status Indicators Report. (2009). US Department of Health and Human Services. Accessed at: <http://www.communityhealth.hhs.gov/homepage.aspx?i=1>

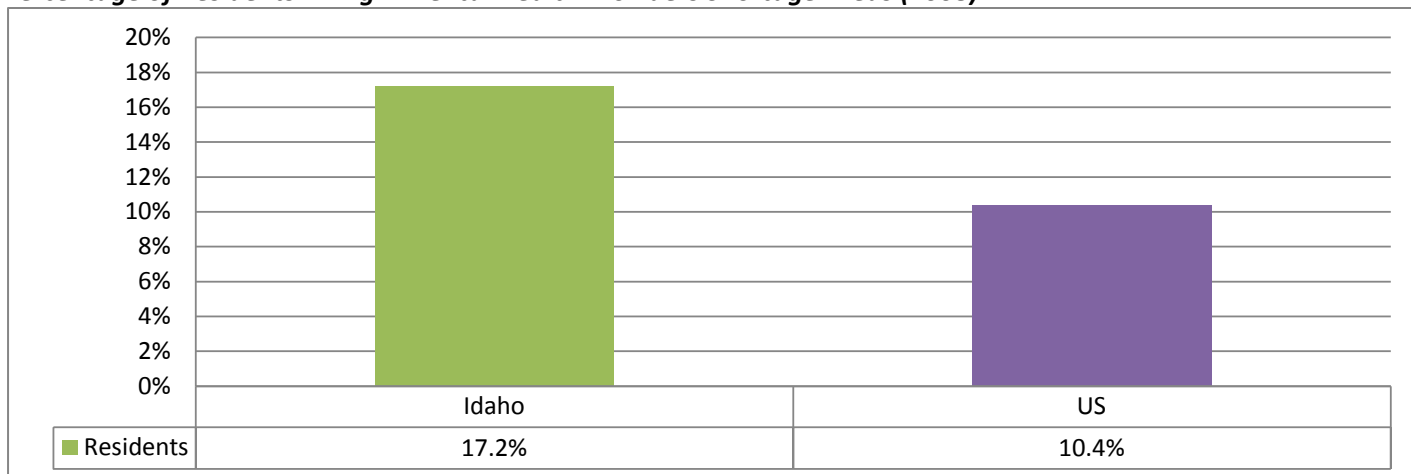
### Number of Dentists per 100,000 Residents; Idaho and US (2007)



Source: Kaiser Family Foundation. (2006, 2007, 2008). State health facts. Accessed at: <http://www.statehealthfacts.org/profileglance.jsp?rqn=14>

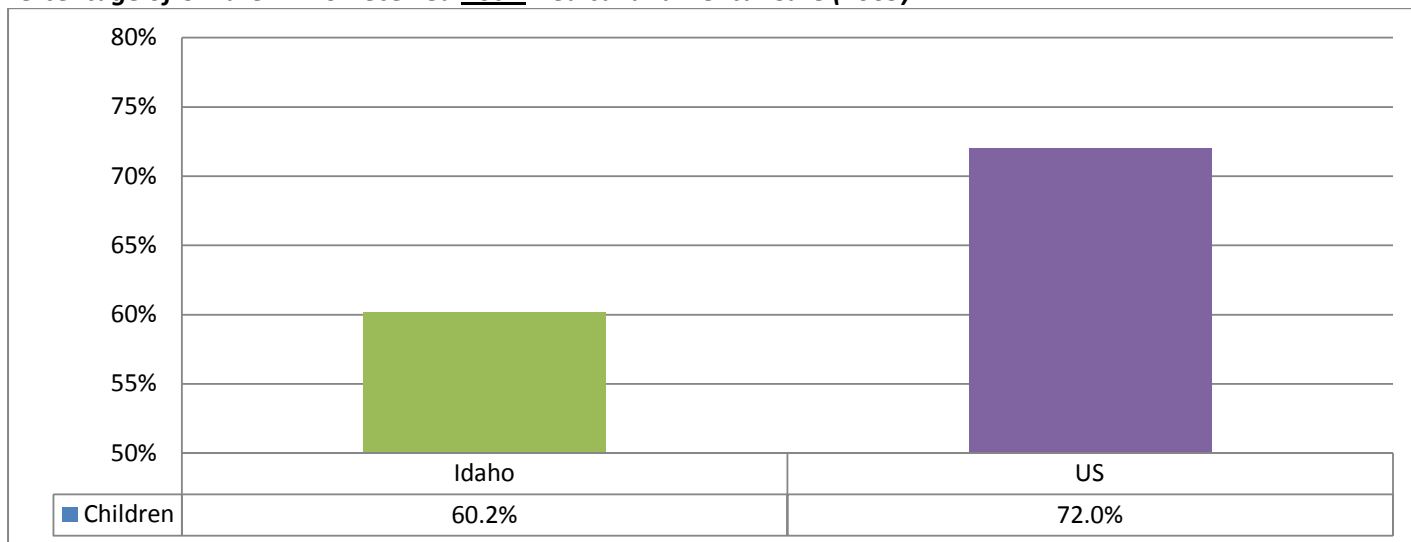
## HEALTH SELECTED CHARTS AND GRAPHS

**Percentage of Residents Living in Dental Health Providers Shortage Areas (2008)**



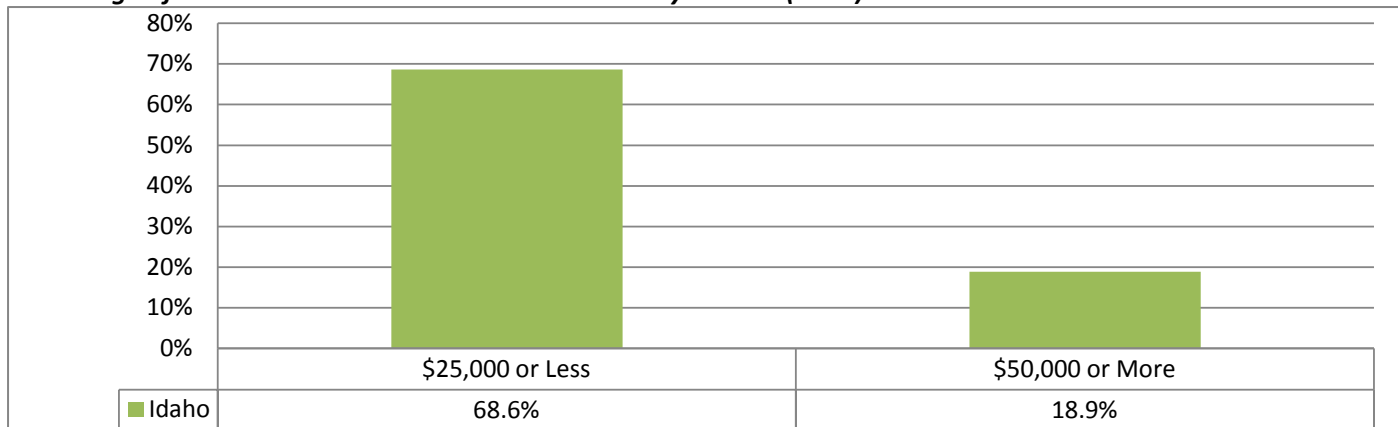
Source: Kaiser Family Foundation. (2006, 2007, 2008). State health facts. Accessed at: <http://www.statehealthfacts.org/profileglance.jsp?rqn=14>

**Percentage of Children who Received Both Medical and Dental Care (2009)**



Source: Common Wealth Fund State Score Card. (2011). Accessed at: <http://www.commonwealthfund.org/Maps-and-Data/State-Data-Center/State-Scorecard>

**Percentage of Idaho Adults without Dental Insurance by Income (2009)**



Source: Centers for Disease Control and Prevention. (2009). Behavioral Risk Factor Surveillance System: Chronic Disease indicators.

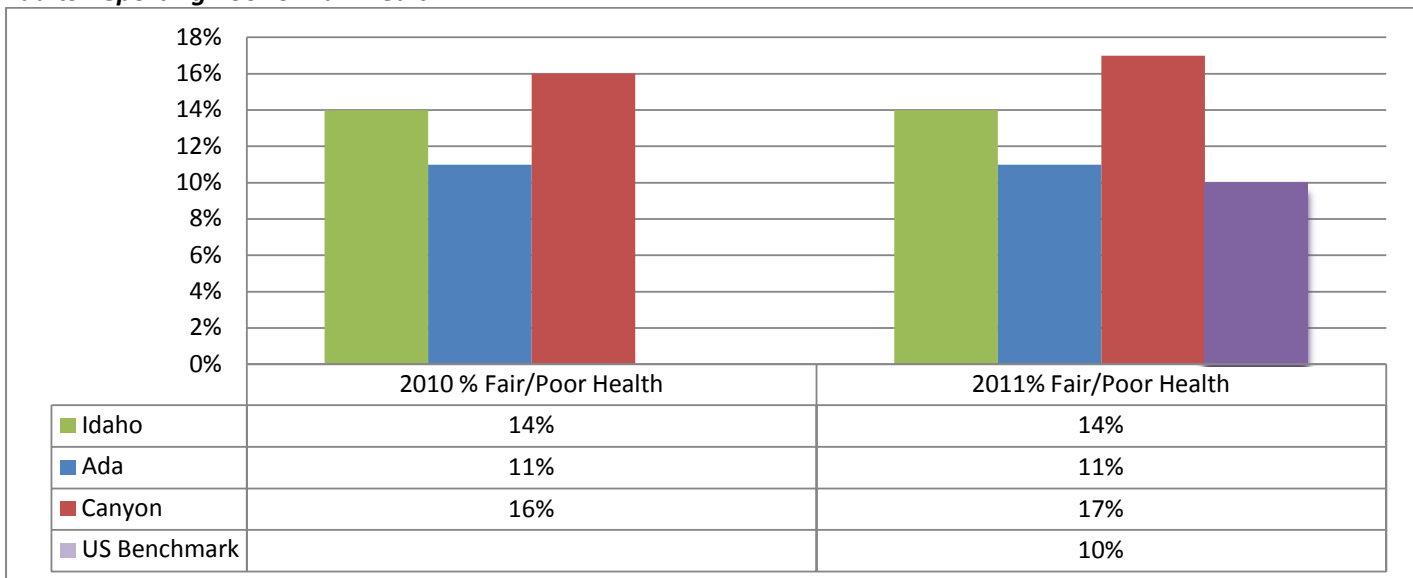
## HEALTH SELECTED CHARTS AND GRAPHS

### Percentage of Idaho Adults without Dental Insurance by Employment Status (2009)



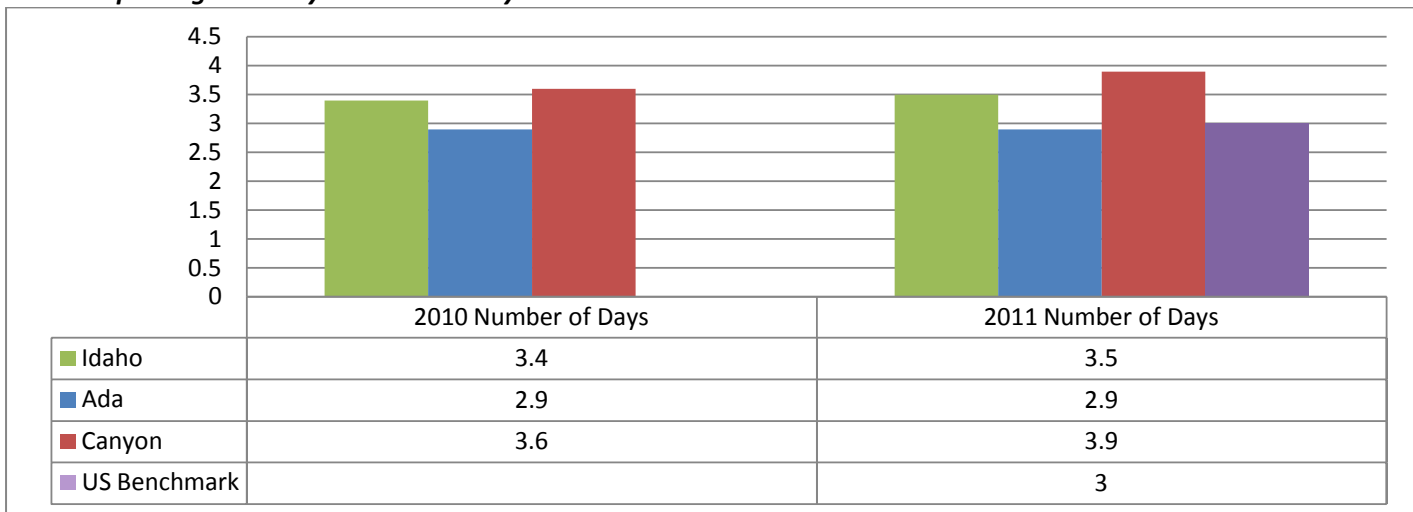
Source: Centers for Disease Control and Prevention. (2009). Behavioral Risk Factor Surveillance System: Chronic Disease indicators.

### Adults Reporting Poor or Fair Health



Source: County Health Rankings, (2010) and (2011). Accessed at: [www.countyhealthrankings.org/idaho](http://www.countyhealthrankings.org/idaho)

### Adults Reporting Poor Physical Health Days



Source: County Health Rankings, (2010) and (2011). Accessed at: [www.countyhealthrankings.org/idaho](http://www.countyhealthrankings.org/idaho)

### ● MAKING HEALTHY CHOICES

The lifestyle choices we make as individuals have dramatic influence on our health as individuals and for the community. Ada and Canyon counties have significant proportions of their respective populations that are overweight or obese. These measures are strongly correlated with development of diabetes. An estimated 61.3% of Idaho adults are **overweight** compared to 64% nationally. The prevalence of obesity also increased significantly within the past decade. In 2009, 25.1% of Idaho adults were classified as obese while 26.9% were classified as obese in the US.

The benefits of a healthy diet in conjunction with exercise are well known. The County Health Rankings model uses adult **obesity** in the model as the most consistent means of ascertaining these diet and exercise factors. Those who were overweight were significantly more likely to have diabetes than those who were not. The frequency of diabetes was highest among those who were obese. The prevalence of diabetes among those who were not overweight or obese was 3.4%; the prevalence of diabetes among those who were overweight but not obese was 6.8%, and those who were obese was 16.1%.

In 2009, 8% of Idaho youth were obese, compared to 12% of youth nationwide. 28% of Idaho youth and 32% nationally were overweight, including those who were obese. The Idaho rates of youth overweight and obesity are favorable when compared to the national rates. The 2009 Idaho Youth Risk Behavioral Survey (YRBS) reported 12% of Idaho youth were overweight, and 8% were considered obese. The U.S. mean youth obesity was 12%. Overweight or obese Idaho youth (ages 10 to 17) was 27.5%, and the U.S. mean was 31.6%.

The County Health Rankings model uses access to **recreational facilities** as a measure of the built environment. This measure speaks to the program and policy choices that communities make relative to the health of families. Access to recreation, often in the form of a facility, is an important way for families to manage weight and, ultimately, the health issues resulting from excess weight.

An estimated 21% of Idaho adults had not participated in **physical activity** in the month prior to the BRFSS survey. This rate has been consistent over the 10-year tracking period. Overweight adults were significantly more likely to have no leisure time physical activity than with those who were not overweight (23.9% compared with 15.3%). The County Health Rankings reported 15% of adults in Ada County had no leisure time physical activity compared to 21% of adults in Canyon County.

Stated positively, Idaho ranked at the top of all states for the percent of high school students who met the recommended physical activity level for 2009 according to the Commonwealth Fund score card. (Note: A low score is desirable for this measure.) The Idaho rate was 46.4% not achieving the goal, and the national rate was 56%. The top five states averaged 50.4% of students not getting the level of physical activity prescribed.

## HEALTH ASSESSMENT SUMMARY

Nutrition directly influences one's overall health including dental health, obesity, diabetes and other chronic illnesses. In 2009, 75.4% of Idaho adults did not eat the recommended five servings of fruits and vegetables a day. This trend has not changed over the last 10 years and is consistent among all health districts. In the U.S., 23.4% of adults consumed the recommended daily fruit and vegetable servings, compared to 24.6% in Idaho. Idaho fares slightly better than the U.S. average. According to the 2009 BRFSS, adults who did not get the recommended daily servings of fruits and vegetables were significantly more likely to be obese than those who did get the five daily servings (26.7% compared with 19.9%).

Adherence to the recommended fruit and vegetable consumption among youth in Idaho was slightly worse (18.5%) than the U.S. average (22.3%), which means 81.5% of Idaho youth ate fruits and vegetables *less* than five times per day during the month before the survey, compared with the US average of 77.7%.

According to the Idaho BRFSS, 75.4% of Idaho adults did not eat the recommended five servings of Fruits and Vegetables (F/V) a day, which was slightly better than the U.S. average of 76.6%. Among Idaho youth, the recommended F/V consumption was slightly worse (81.5% did not eat the recommended number of servings) than the U.S. average (77.7%). Adults who did not get the recommended daily F/V servings were more likely to be obese (26.7%) than adults who did get five servings a day (19.9%). Additionally, those who did not get five servings a day were more likely to have high cholesterol (38.9%) than those who did get the recommended F/V servings (32.5%).

Access to healthy, nutritious food is important, particularly for families with children and people living with poor health. While Ada County's access to healthy food is more limited than Canyon County's, both counties have far better access than the state overall. However, neither county nor the state met the County Health Ranking benchmark of 92% of the population with access.

Ada County's **teen pregnancy** rate was 31 per 1,000 in 2010, while Canyon County's rate was 72 per 1,000. The U.S. rate in 2009 was 43 per 1,000. Between 2009 and 2010, the teen pregnancy rate in Canyon County rose more than the national level. During the same period, Ada County's teen pregnancy rate dropped by 1%.

Idaho Vital Statistics indicate the teen pregnancy (for ages 15-19) rate has been declining over the past decade. In 2005, Idaho's rate was 44.7 per 1,000; in 2009, it was 43.3; and in 2010, it was 40. The current 2010 Ada County rate is 31. However, in Canyon County, teen pregnancies have been increasing. In 2009, Canyon County's rate was 64.1; in 2010 it was 72. The national benchmark is 22; the national rate was 42.5 in 2009.

The County Health Ranking model uses the rates of **sexually transmitted infections** as a measure of risky behavior. The rate of sexually transmitted diseases per 100,000 people in Idaho is lower than the national average. Idaho's STD rate was 42<sup>nd</sup> nationally in 2009. The rate of Chlamydia incidence in Ada County was 348, Canyon County was 353, and the Idaho rate was 252.1 in 2009. The national benchmark for the County



## HEALTH ASSESSMENT SUMMARY

Health Rankings in 2011 is 83. Idaho has a very low rate of AIDS. The AIDS diagnoses rate in Idaho is 1.8 per 100,000; nationally it is 11.2.

Research literature describes **nutrition** as a fundamental element impacting prenatal and maternal health, early childhood development, and prevention and treatment of diseases. In Idaho, those who did not get the recommended number of fruit and vegetable daily servings were more likely to have high cholesterol compared with those who did get the recommended servings. While Idaho's rate of youth fruit and vegetable consumption was slightly lower than that of the U.S., the portion of Idaho youth who are overweight or obese is lower than the national rate.

**Substance abuse** indicators are measures of individual behavior. Risky behaviors beget poor health. Substance abuse correlates with greater likelihood of teen pregnancy, motor vehicle accidents, HIV and other STDs, physical fights, domestic violence, crime, homicide, child abuse and suicide. Rural residents have higher rates of substance abuse. Research indicates strong links between childhood stress or trauma and subsequent alcoholism and drug abuse.

In 2009, 15% of Idaho youth and 18% nationally smoked **cigarettes**. In Idaho, 18% of adults smoke. This compares to 21% of people nationwide. The percent of Idaho youth who currently smoke is 14.5%, and the national rate is 18.3%. Eighteen percent of Idaho adults currently smoke. The Ada County rate is 16%; Canyon County is 19%. The national average is 20.6%.

In 2009, 22% of Idaho youth engaged in binge drinking. This was true of 24% of youth nationally. During the same time, 13% of adults in Ada County and 16% in Canyon County engaged in binge drinking. In Idaho, 13% of adults engage in binge drinking, compared to 15.8% of adults nationally. According to the County Health Rankings, 17% of Ada County adults engaged in binge drinking, compared to 14% of Canyon County adults and 15% of adults statewide. The national benchmark is 8%.

Adolescent abuse of **prescription drugs** has been rising over the past 5 years. Recent data show high rates of nonmedical use of prescription pain relievers, notably Vicodin and OxyContin. It is believed that this is due to the increasing availability of prescription drugs from many sources, including the family medicine cabinet, the Internet and doctors. Additionally, many adolescents believe that prescription drugs are safer to take than street drugs. In Idaho, 6,568 people received substance abuse treatment in 2009, according to SAMHSA. This includes both drug and alcohol admissions. About 16.2% were ages 12-17 years, 16.8% were ages 21-25 and 15.1% were ages 26-30.

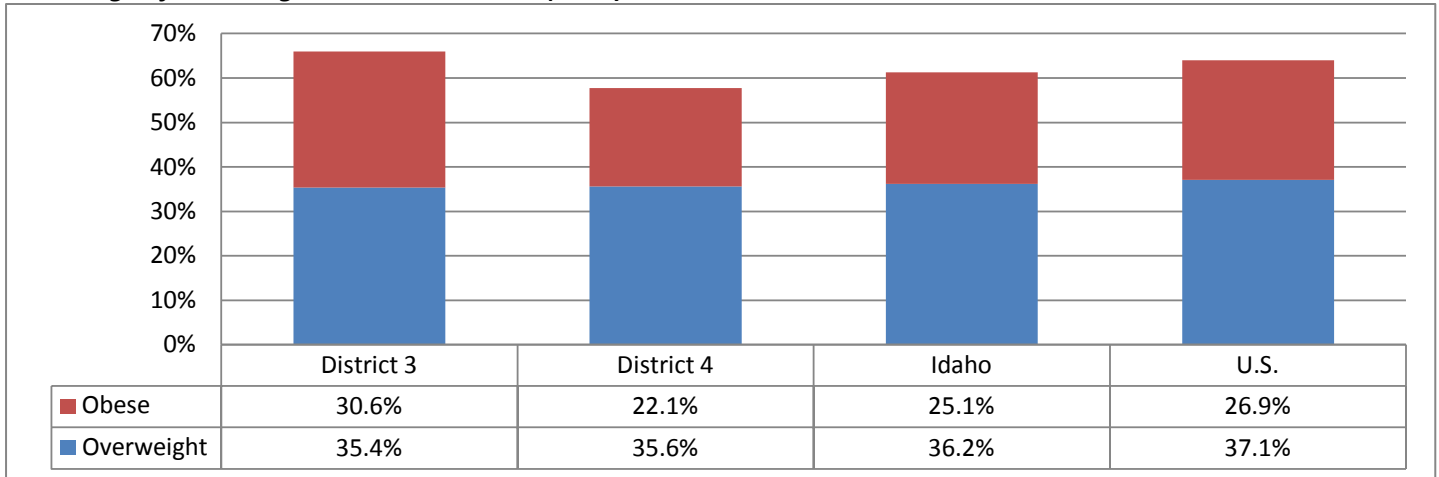
### BARRIERS TO MAKING HEALTHY CHOICES

*(Identified through literature review and surveys of community residents and UWTV stakeholders)*

- ✓ Lack of knowledge
- ✓ Competing priorities/lack of time (working and/or caring for family)
- ✓ Lack of family support
- ✓ Affordability and convenience of fast food versus healthy choices
- ✓ Stress
- ✓ Mental illness and poor health status

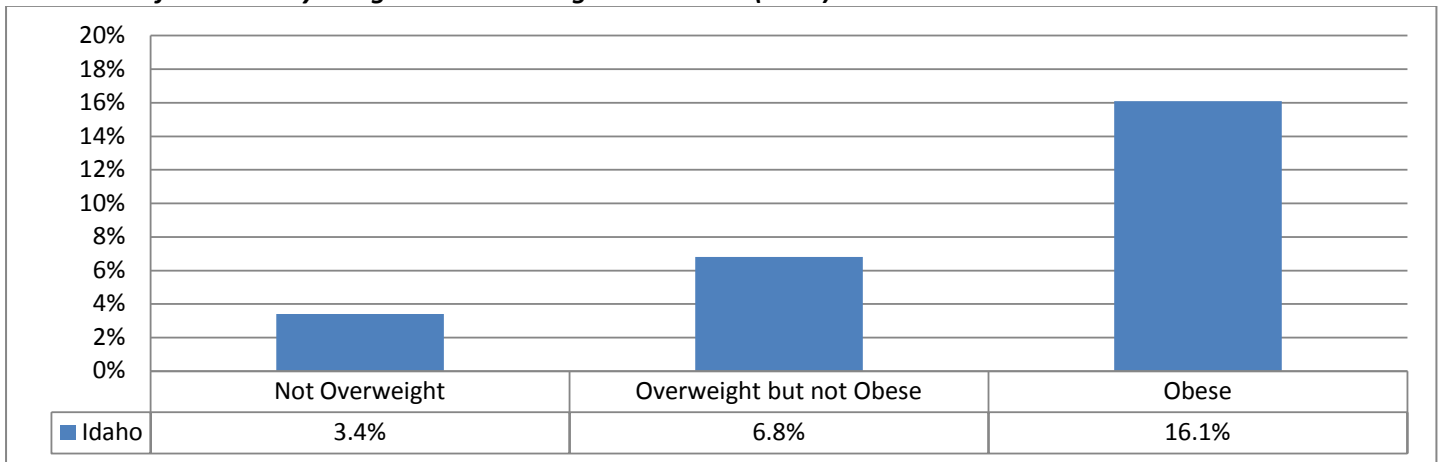
## HEALTH SELECTED CHARTS AND GRAPHS

**Percentage of Overweight and Obese Adults (2009)**



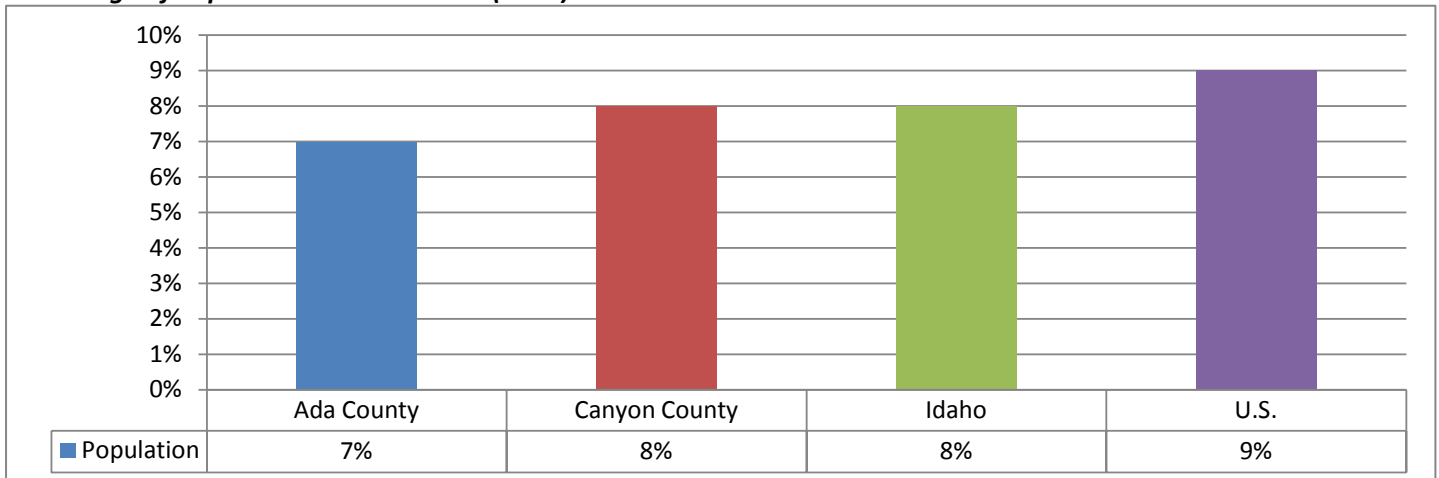
Source: County Health Rankings. (2011). Accessed at: <http://www.countyhealthrankings.org/idaho/ada/3>

**Prevalence of Diabetes by Weight Status among Idaho Adults (2009)**



Source: County Health Rankings. (2011). Accessed at: <http://www.countyhealthrankings.org/idaho/ada/3>

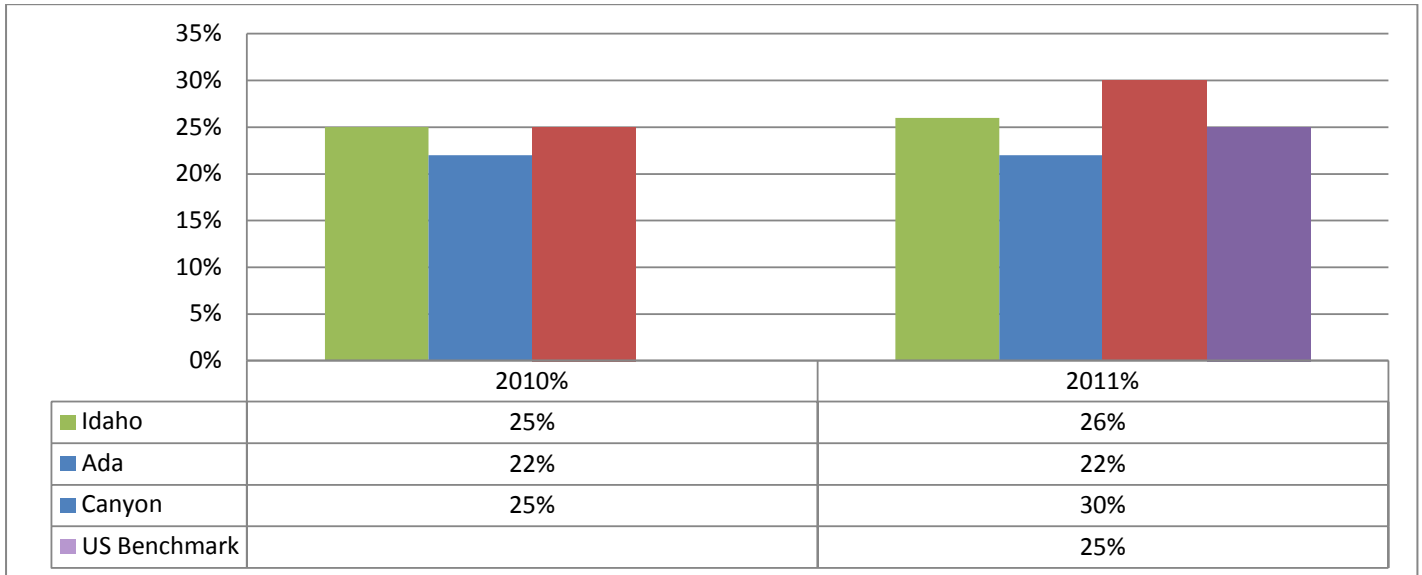
**Percentage of Population with Diabetes (2010)**



Source: Centers for Disease Control and Prevention. (2009). Behavioral Risk Factor Surveillance System: Chronic Disease indicators

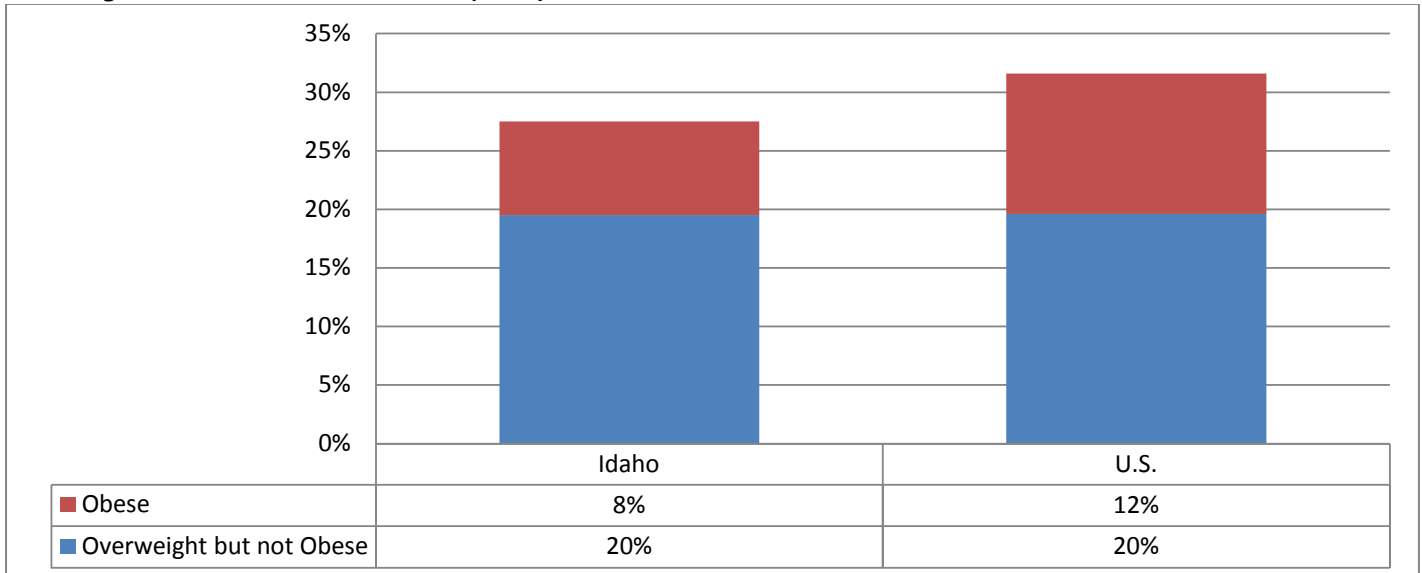
## HEALTH SELECTED CHARTS AND GRAPHS

### Obese Adults



Source: County Health Rankings. (2011). Accessed at: <http://www.countyhealthrankings.org/idaho/ada/3>

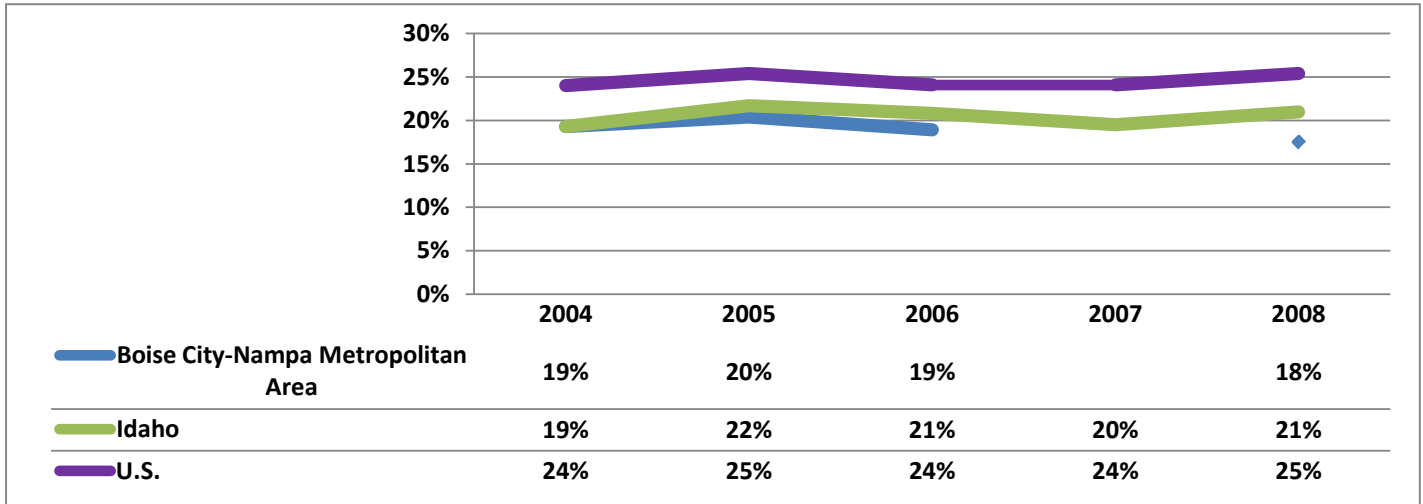
### Overweight and Obese Youth in Idaho (2009)



Source: Centers for Disease Control and Prevention. (2009). Youth Risk Behavior Survey. Accessed at: <http://apps.nccd.cdc.gov/youthonline/App/Results.aspx?TT=A&OUT=0&SIDQID=QQ&LID=ID&...>

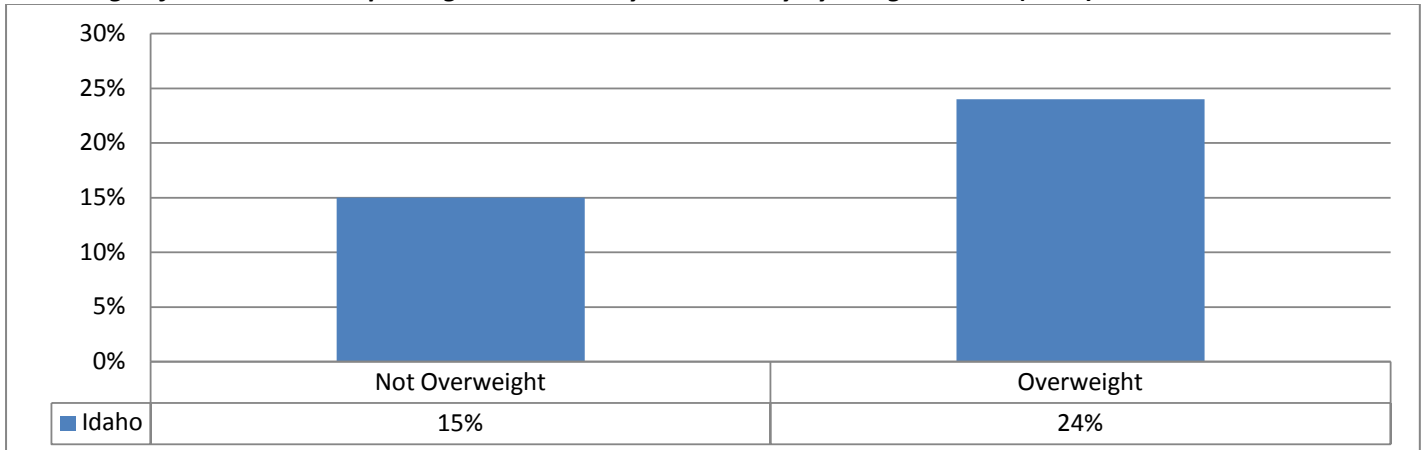
## HEALTH SELECTED CHARTS AND GRAPHS

### Percentage of Adults Reporting No Leisure Physical Activity



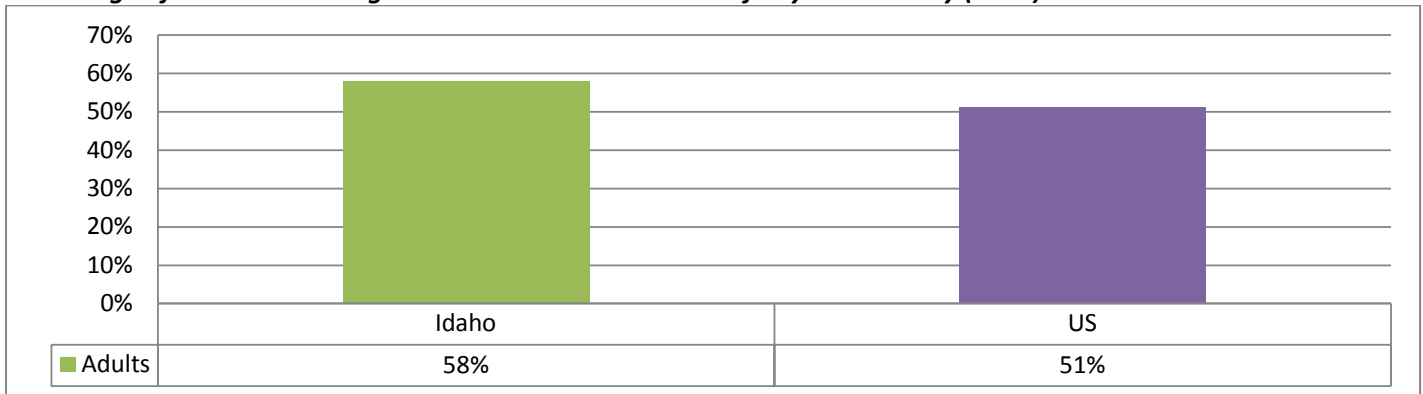
Source: Centers for Disease Control and Prevention. (2009). Behavioral Risk Factor Surveillance System: Chronic Disease indicators.

### Percentage of Idaho Adults Reporting No Leisure Physical Activity by Weight Status (2009)



Source: Centers for Disease Control and Prevention. (2009). Behavioral Risk Factor Surveillance System: Chronic Disease indicators.

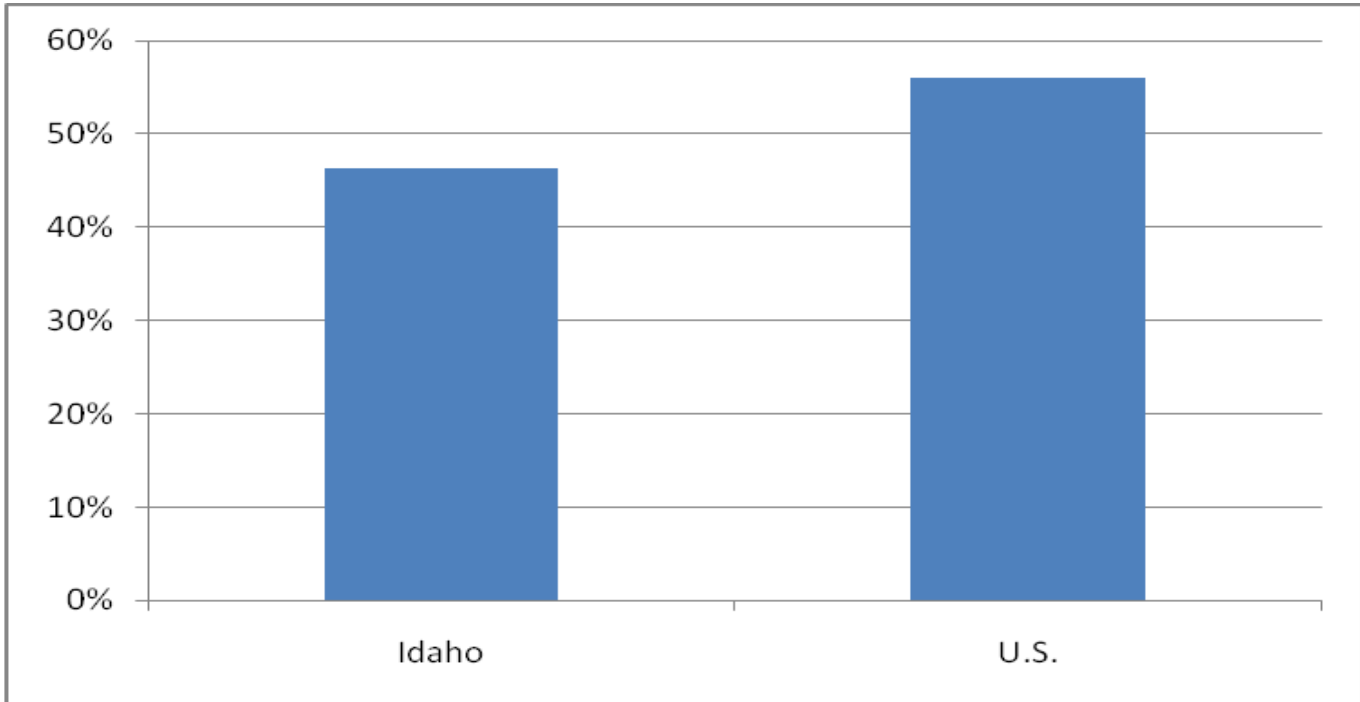
### Percentage of Adults Obtaining the Recommended Amount of Physical Activity (2009)



Source: County Health Rankings. (2011). Accessed at: <http://www.countyhealthrankings.org/idaho/ada/3>

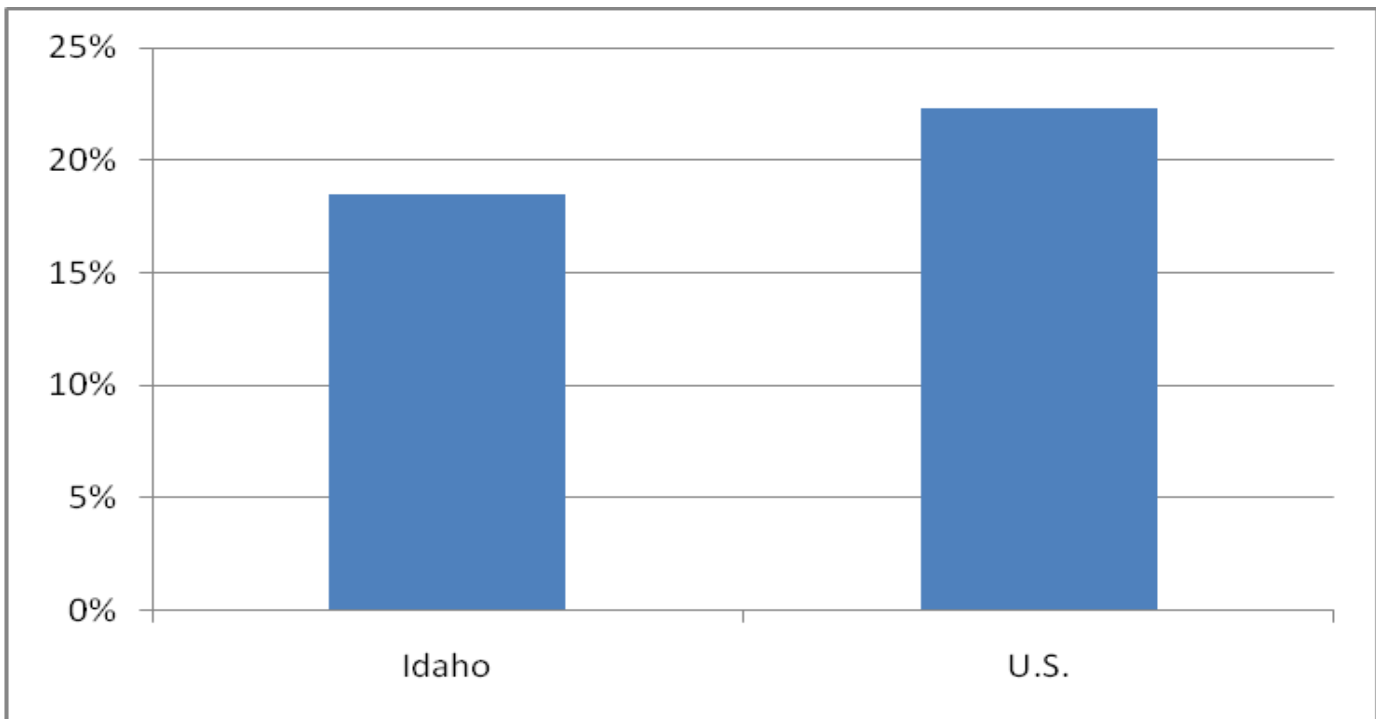
## HEALTH SELECTED CHARTS AND GRAPHS

**Percentage of Students Not Meeting Recommended Physical Activity Level, 2009**



Source: Wealth Fund State Data Center. Accessed at: <http://www.commonwealthfund.org/Maps-and-Data/State-Data-Center/State-Scorecard.aspx>

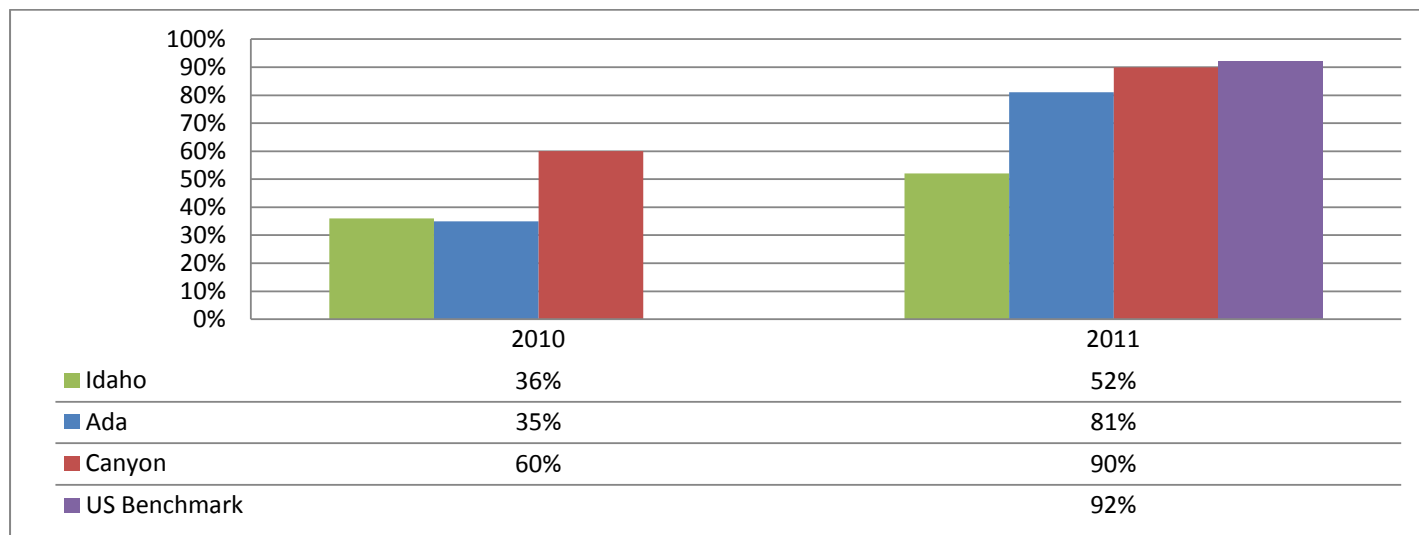
**% of Youth Consuming 5 Servings Fruits/Veggies per Day (2009)**



Source: Wealth Fund State Data Center. Accessed at: <http://www.commonwealthfund.org/Maps-and-Data/State-Data-Center/State-Scorecard.aspx>

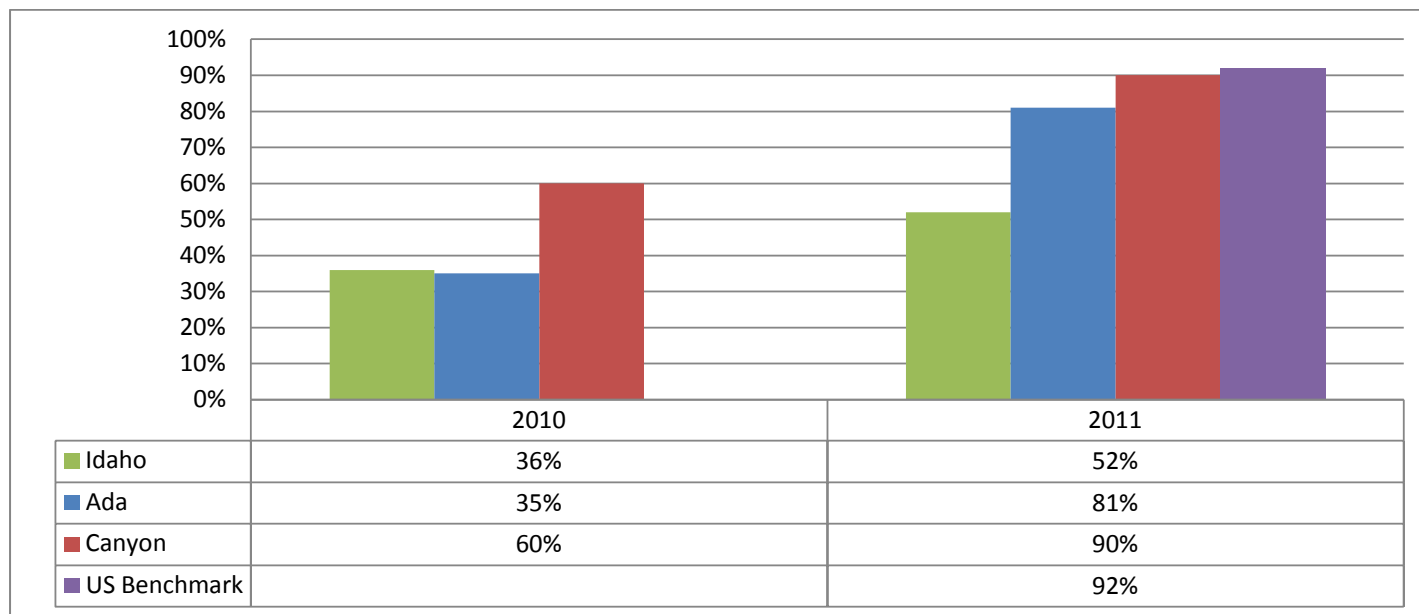
## HEALTH SELECTED CHARTS AND GRAPHS

### Zip Codes with Access to Healthy Food



Source: County Health Rankings. (2011). Accessed at: <http://www.countyhealthrankings.org/idaho/ada/3>

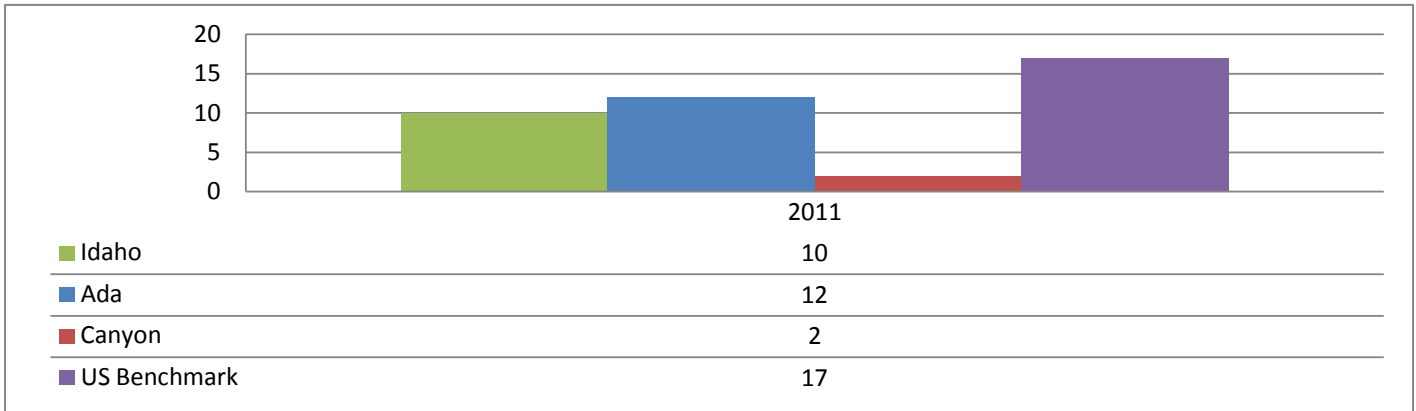
### Percentage of Zip Code Areas with Healthy Food Outlet (Grocery Store, Farmers Market, or Produce Stand) (2008).



Source: County Health Rankings. (2011). Accessed at: <http://www.countyhealthrankings.org/idaho/ada/3>

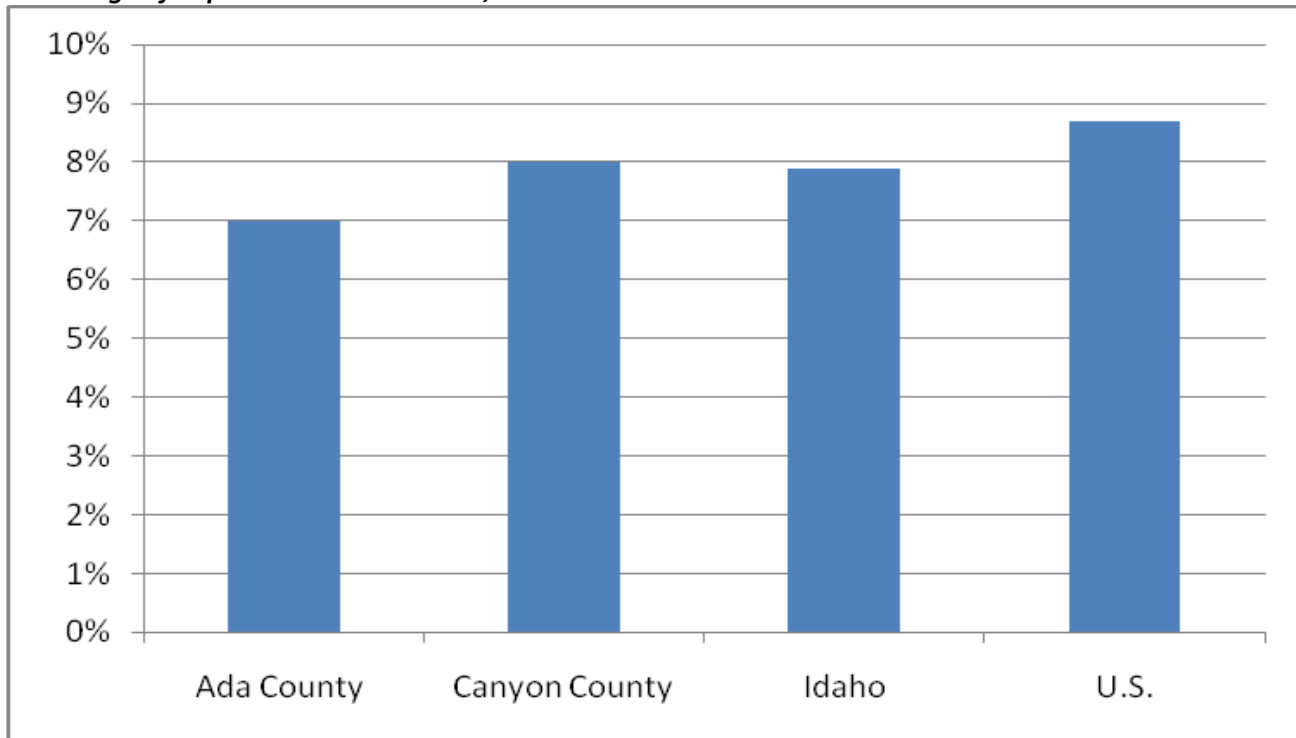
## HEALTH SELECTED CHARTS AND GRAPHS

### Access to Recreation Facilities



Source: County Health Rankings. (2011). Accessed at: <http://www.countyhealthrankings.org/idaho/ada/3>

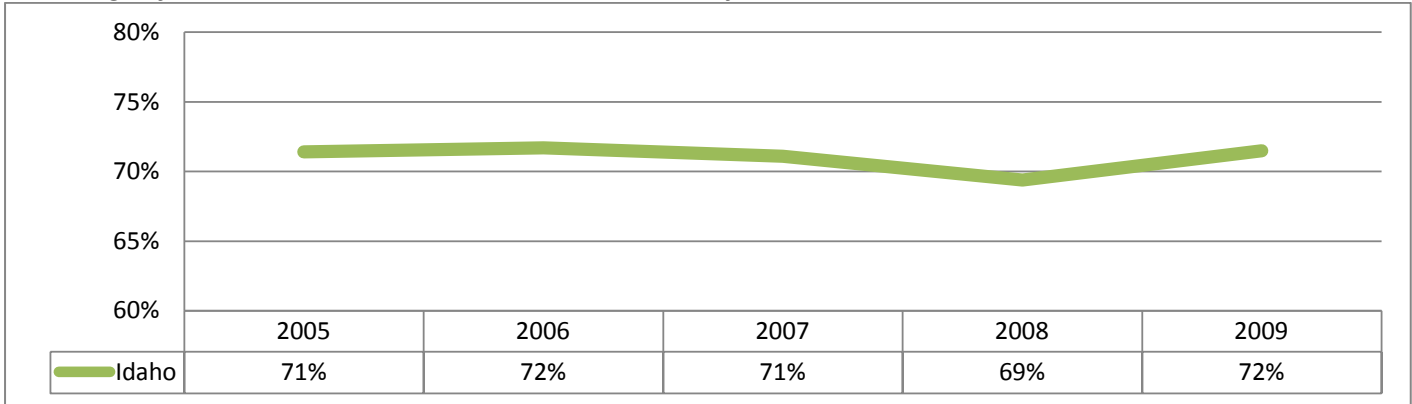
### Percentage of Population with Diabetes, 2010



Source: Centers for Disease Control and Prevention. (2009). Behavioral Risk Factor Surveillance System: Chronic Disease indicators.

## HEALTH SELECTED CHARTS AND GRAPHS

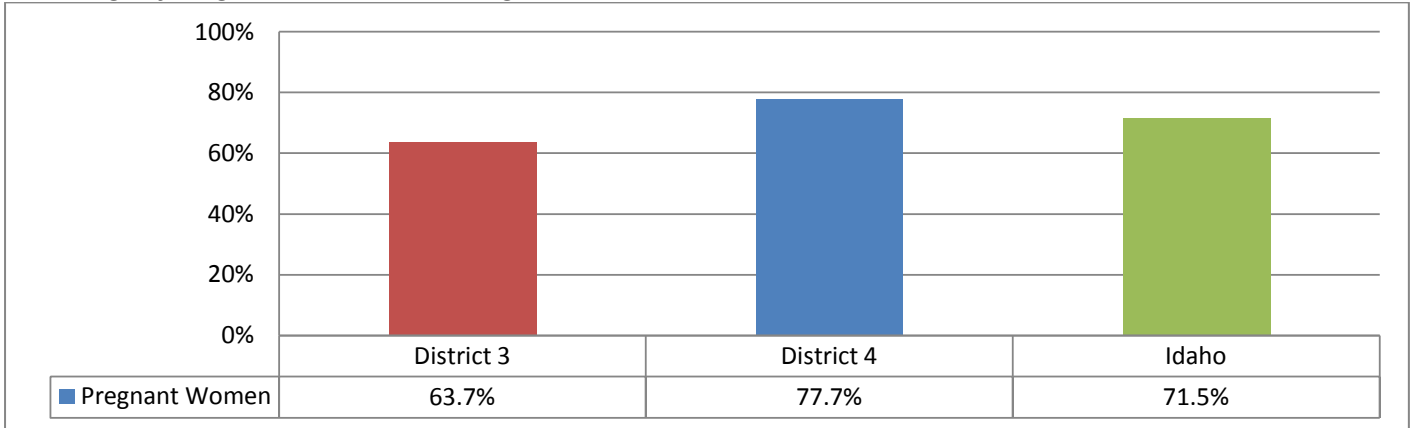
**Percentage of Idaho Mothers who Received Prenatal Care by the First Trimester**



Source: Idaho Vital Statistics. (2009). Accessed at:

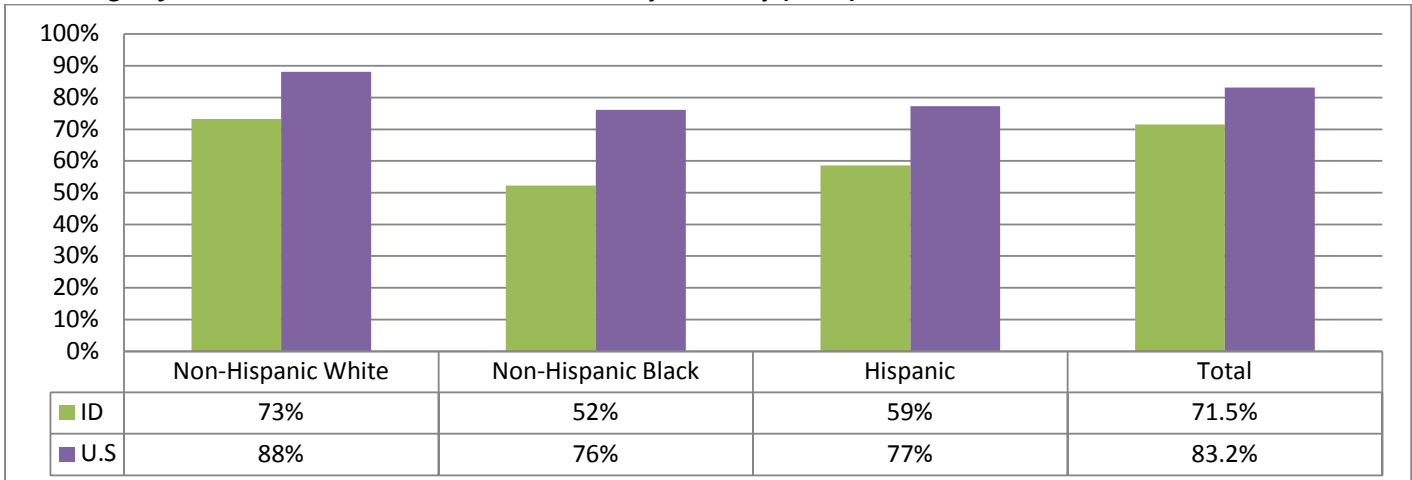
<http://healthandwelfare.idaho.gov/Health/VitalRecordsandHealthStatistics/HealthStatistics/VitalStatistics/tabid/914/Default.aspx>

**Percentage of Pregnant Women who Sought Prenatal Care**



Source: The National Women's Health Information Center. (2011). US Department of Health and Human Services: Office on Women's Health. Accessed June 12, 2011 at: <http://womenshealth.gov>

**Percentage of Mothers who Received Prenatal Care by Ethnicity (2009)**

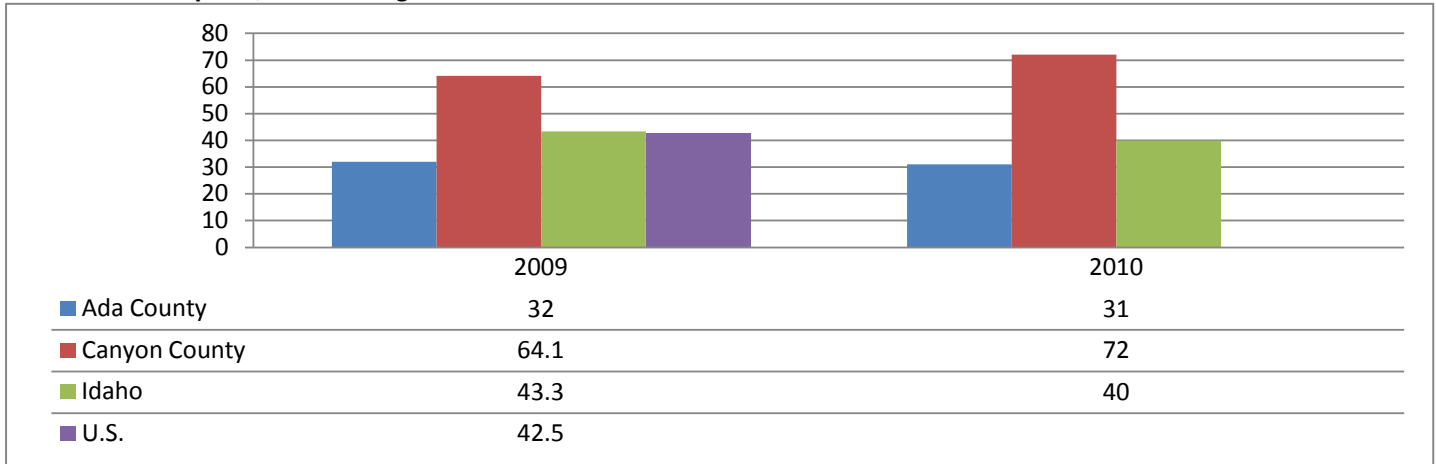


Source: The National Women's Health Information Center. (2011). US Department of Health and Human Services: Office on Women's Health. Accessed June 12, 2011 at: <http://womenshealth.gov>



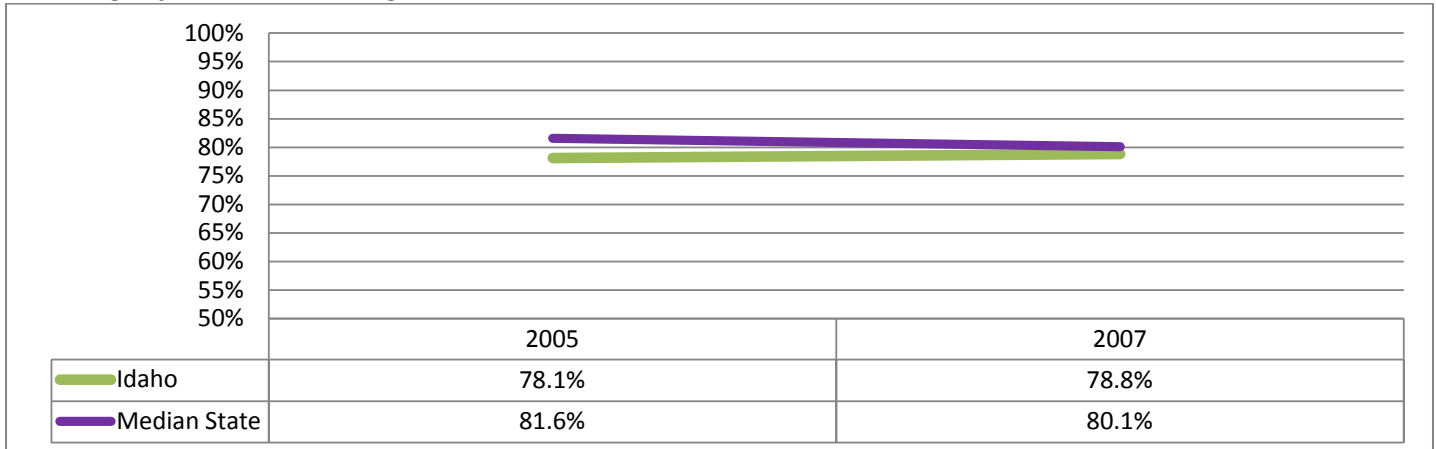
## HEALTH SELECTED CHARTS AND GRAPHS

### Teen Birth Rate per 1,000 Girls Age 15-19



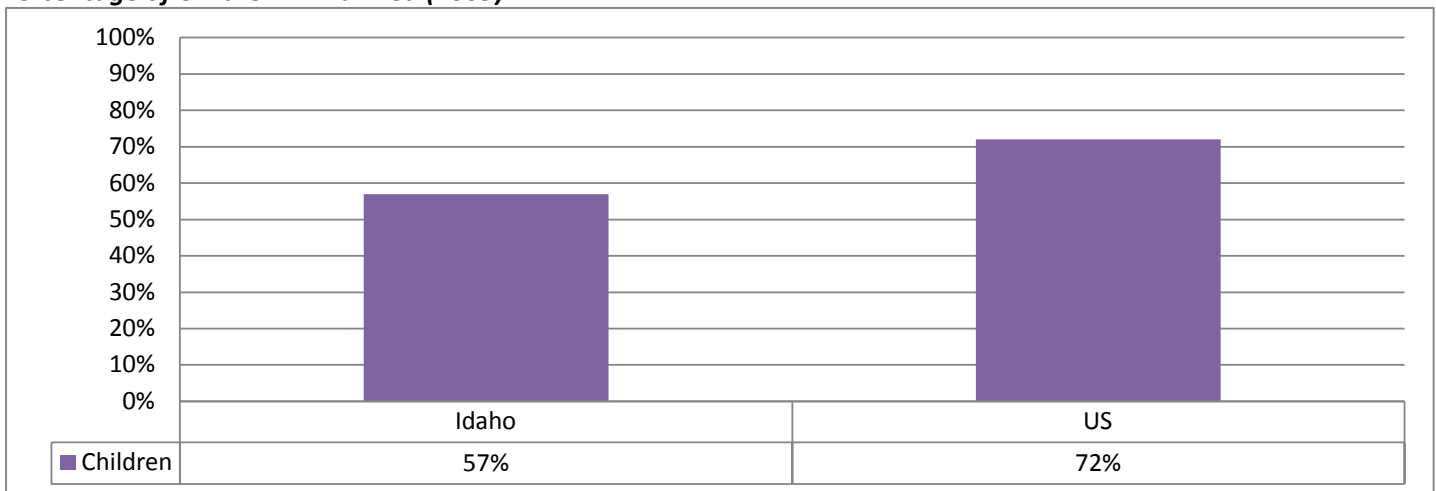
Source: County Health Rankings. (2011). Accessed at: <http://www.countyhealthrankings.org/idaho/ada/3>; Idaho Vital Statistics, 2009.

### Percentage of Children Receiving All Recommended Childhood Immunizations



Source: Common Wealth Fund State Data Center. Accessed at: <http://www.commonwealthfund.org/Maps-and-Data/State-Data-Center/State-Scorecard.aspx>

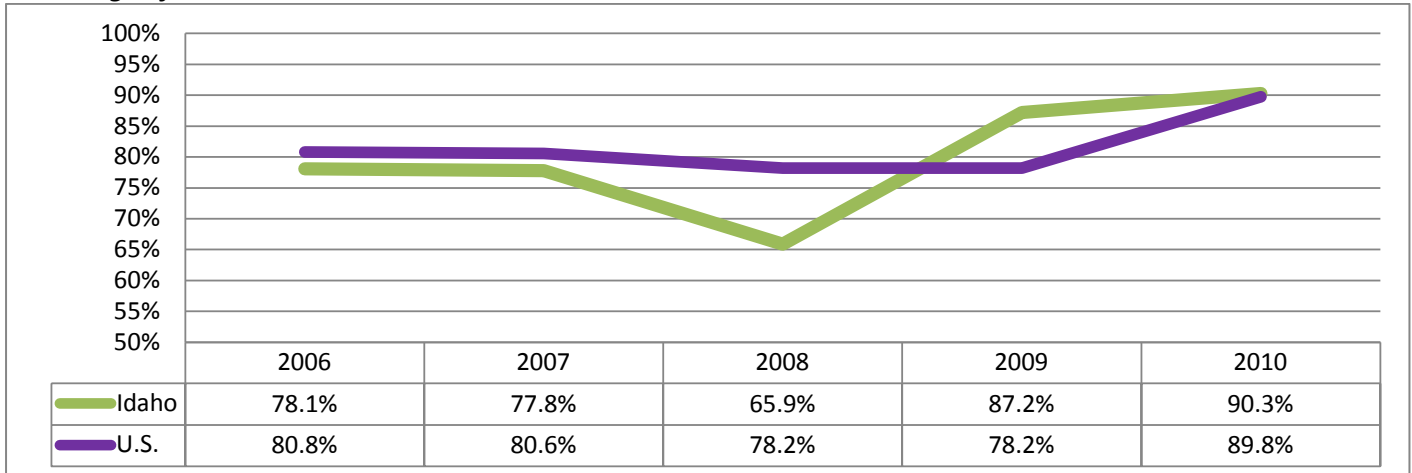
### Percentage of Children Immunized (2009)



Source: Kaiser Family Foundation. (2006, 2007, 2008). State health facts. Accessed at: <http://www.statehealthfacts.org/profileglance.jsp?ran=14>

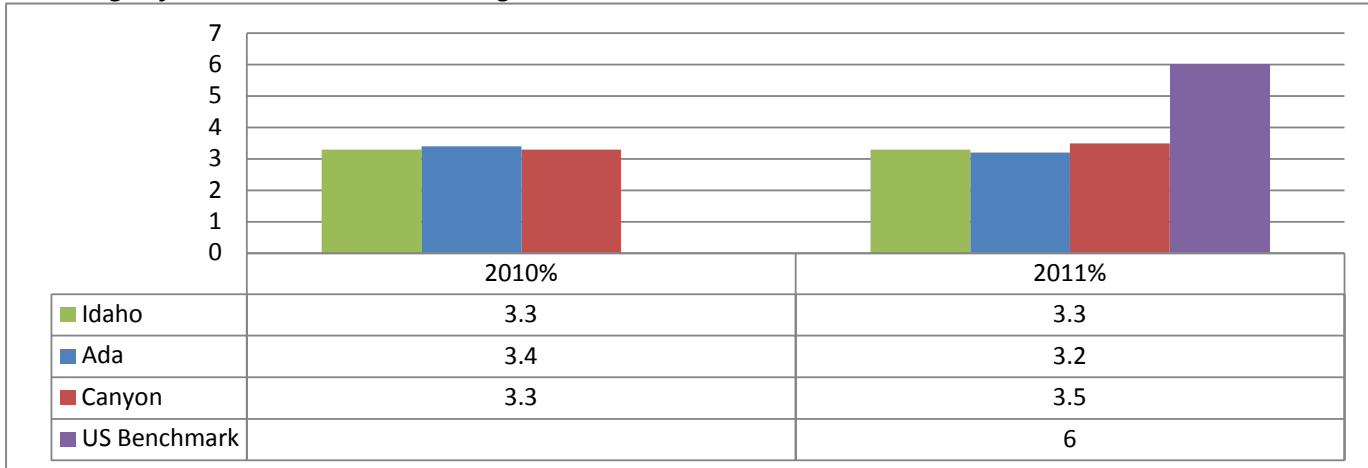
## HEALTH SELECTED CHARTS AND GRAPHS

### Percentage of Children Immunized



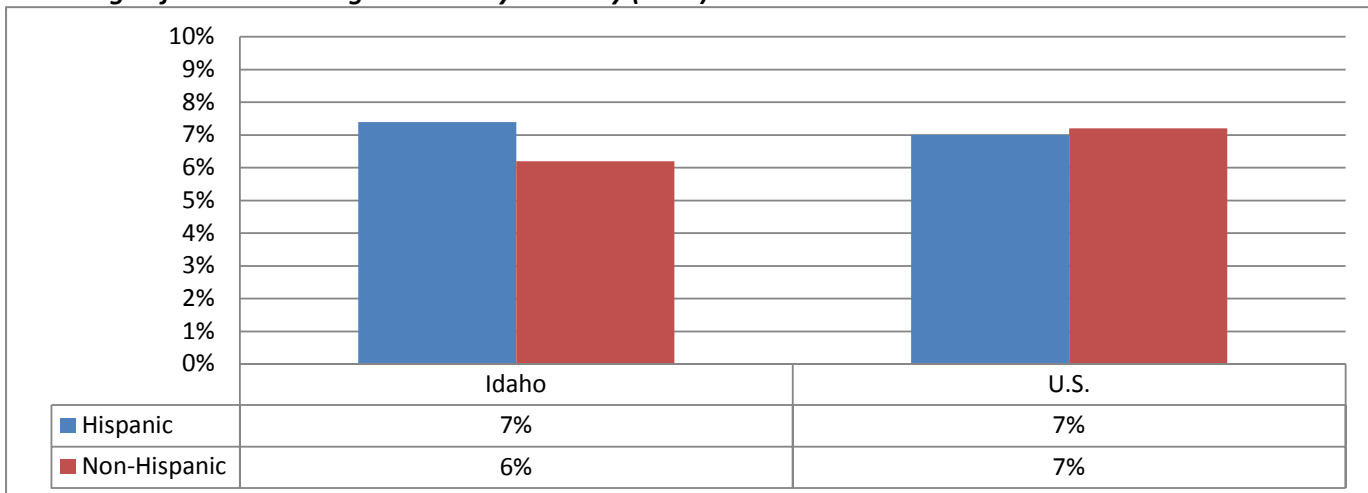
Source: America's Health Rankings. (2010). Accessed at: <http://www.americashealthrankings.org/>.

### Percentage of Babies with Low Birth Weight



Source: County Health Rankings. (2011). Accessed at: <http://www.countyhealthrankings.org/idaho/ada/3>

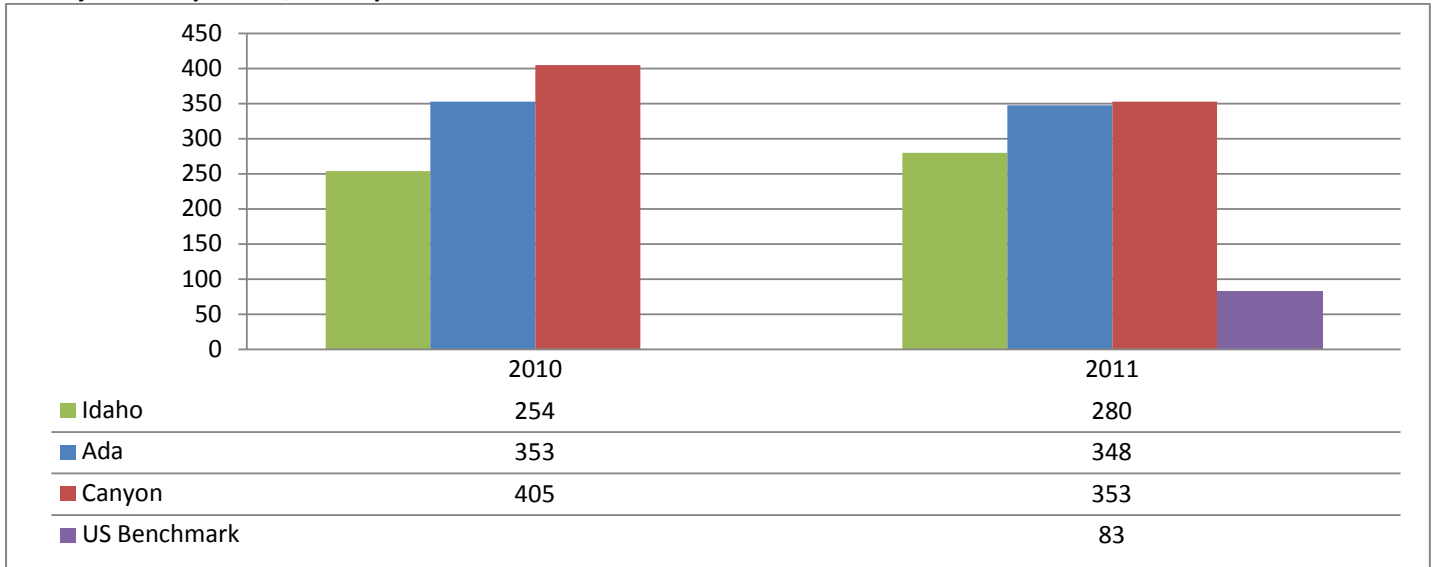
### Percentage of Low Birth Weight Babies by Ethnicity (2008)



Source: Kaiser Family Foundation. (2006, 2007, 2008). State health facts. Accessed at: <http://www.statehealthfacts.org/profileqlance.jsp?rqn=14>

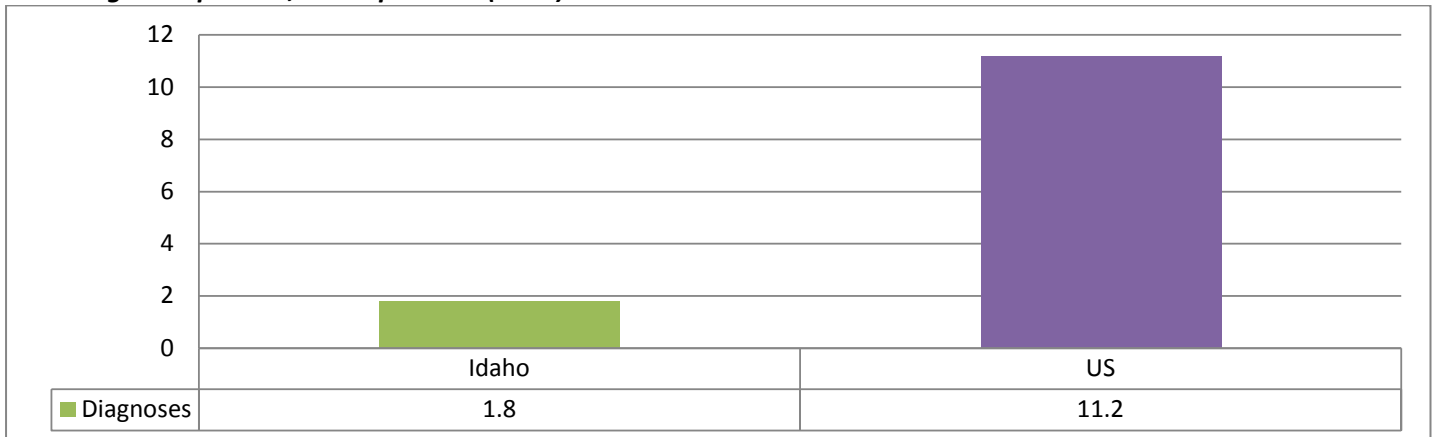
## HEALTH SELECTED CHARTS AND GRAPHS

### Chlamydia rate per 100,000 Population



Source: County Health Rankings. (2011). Accessed at: <http://www.countyhealthrankings.org/idaho/ada/3>

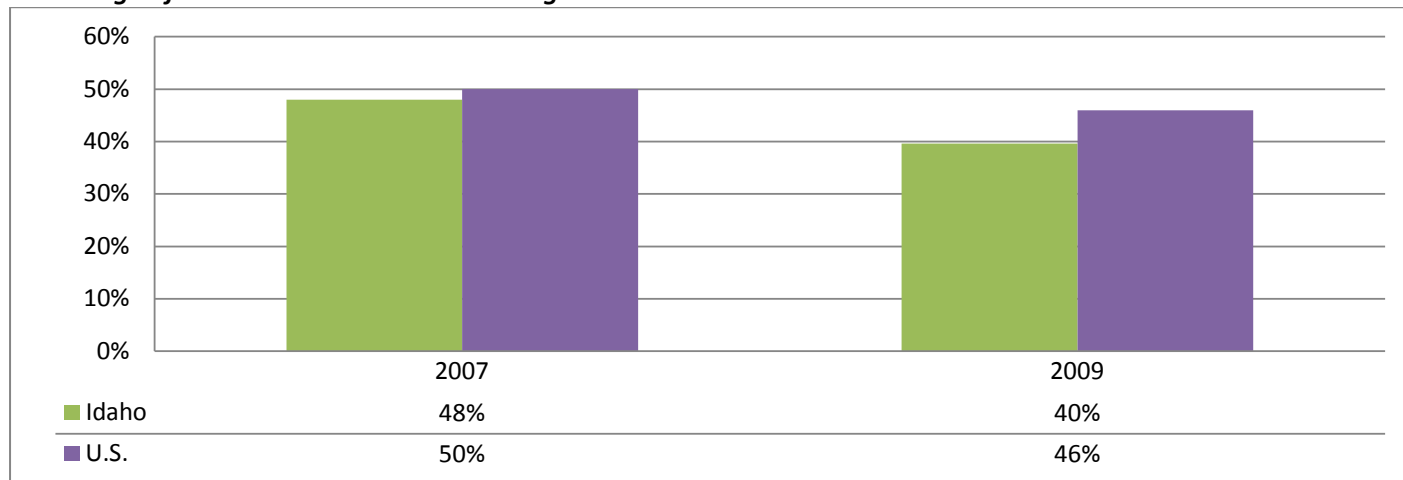
### AIDS Diagnoses per 100,000 Population (2009)



Source: County Health Rankings. (2011). Accessed at: <http://www.countyhealthrankings.org/idaho/ada/3>

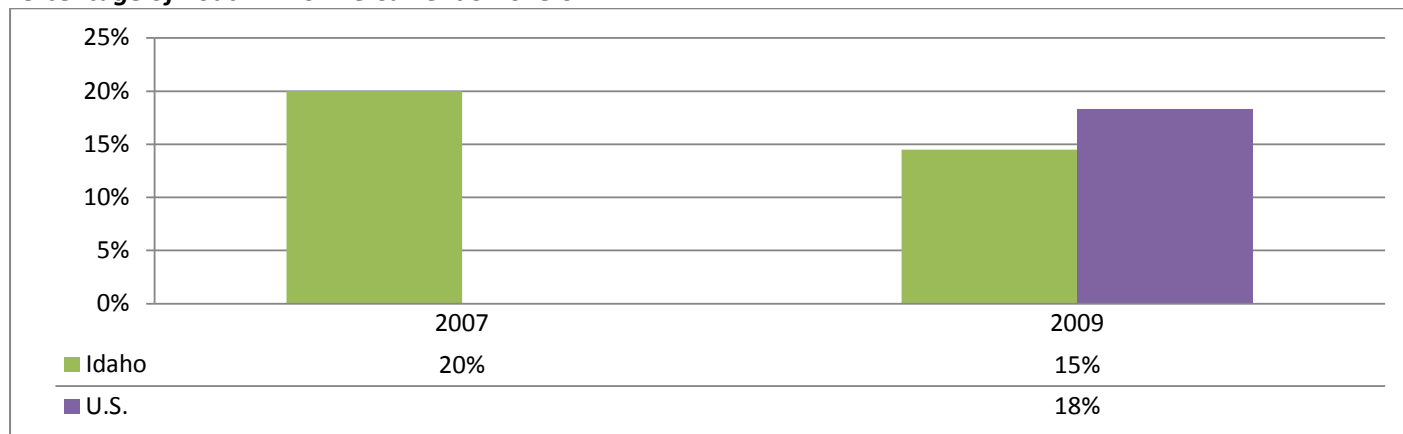
## HEALTH SELECTED CHARTS AND GRAPHS

### Percentage of Youth Who Have Ever Tried Cigarettes



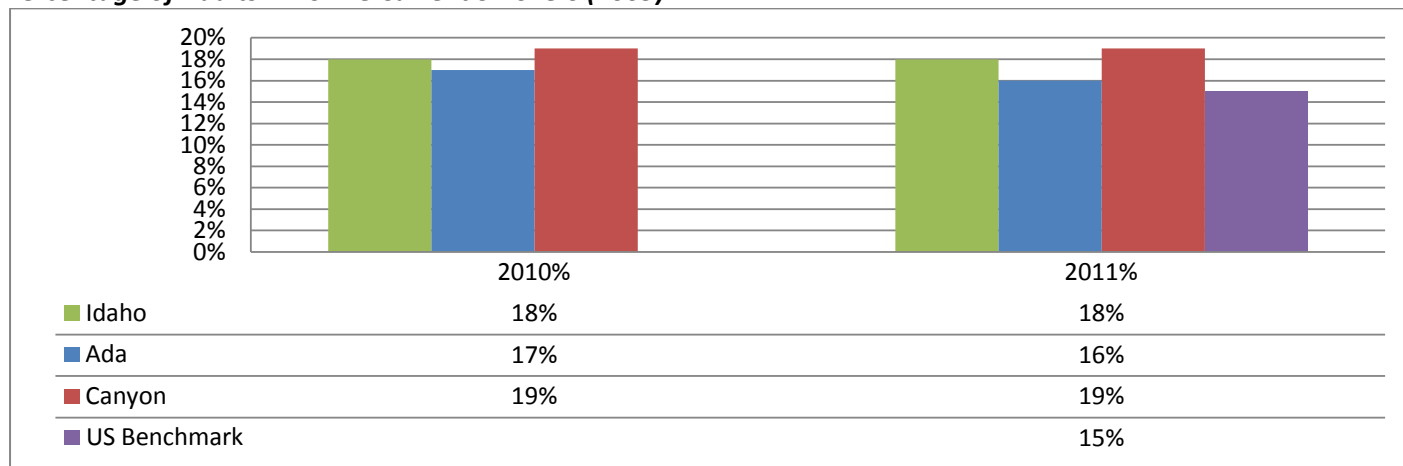
Source: Youth Risk Behavioral Survey, 2009.

### Percentage of Youth Who Are Current Smokers



Source: Youth Risk Behavioral Survey, 2009.

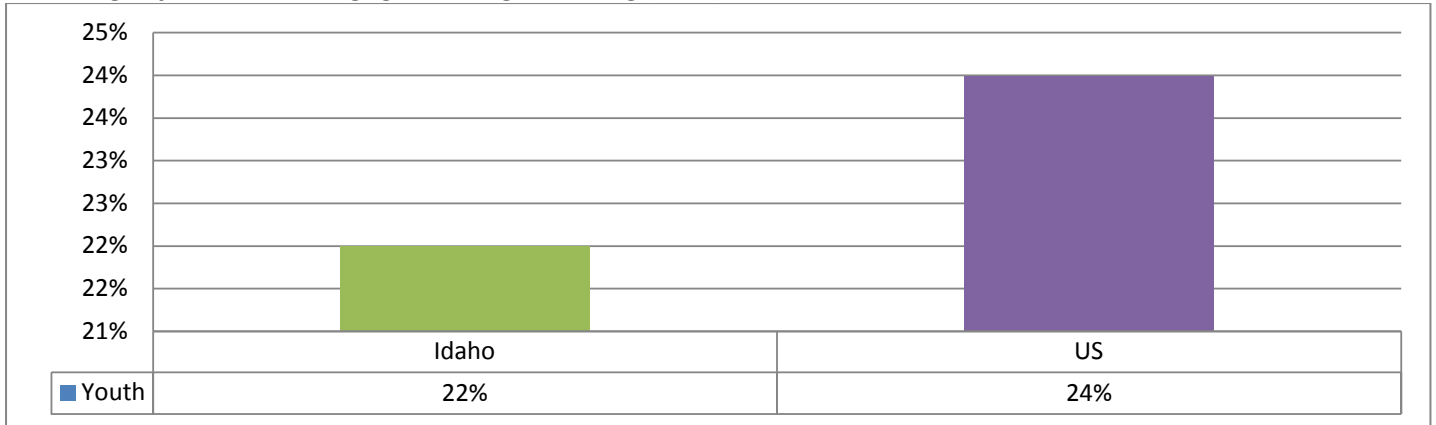
### Percentage of Adults Who Are Current Smokers (2009)



Source: Centers for Disease Control and Prevention. (2009). Behavioral Risk Factor Surveillance System: Chronic Disease indicators.

## HEALTH SELECTED CHARTS AND GRAPHS

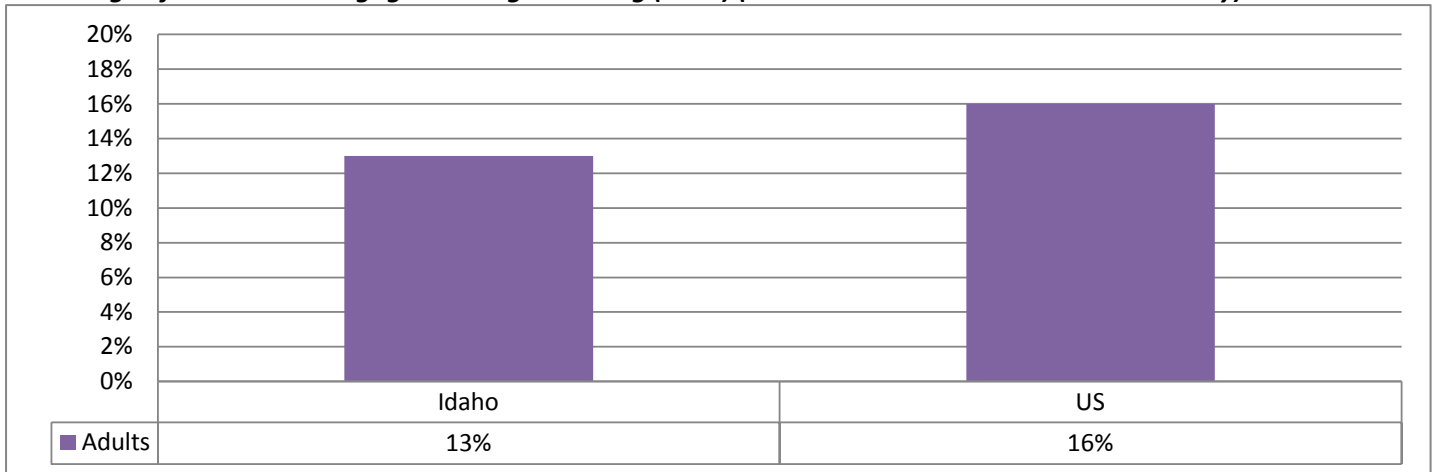
**Percentage of Youth Who Engaged in Binge Drinking (2009)**



County data unavailable

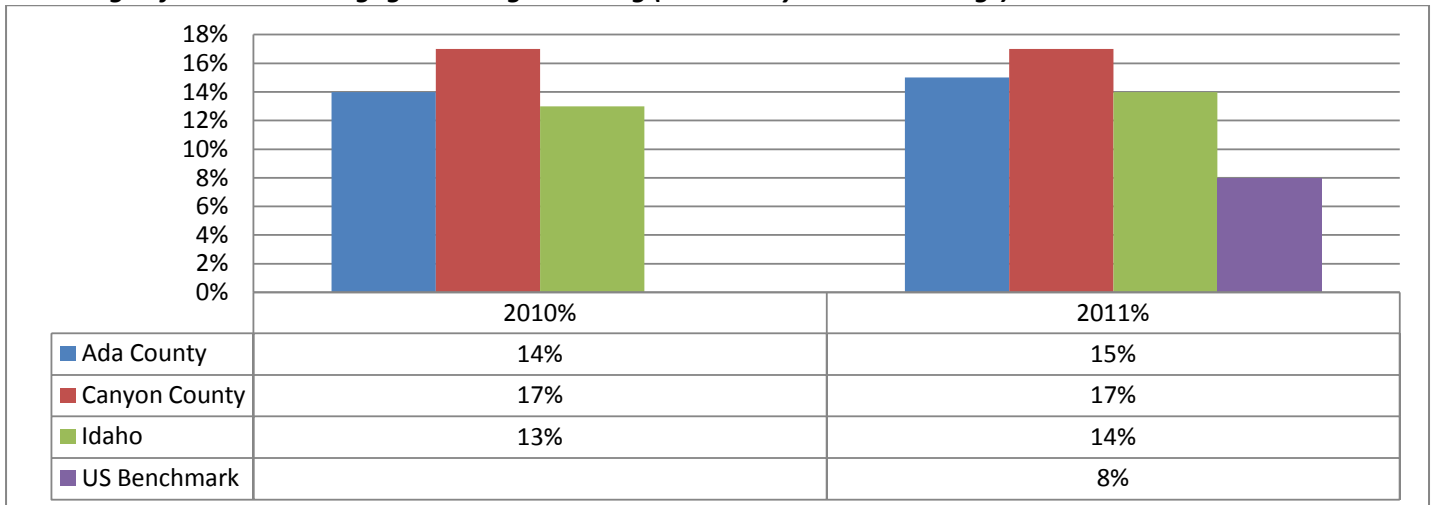
Source: Youth Risk Behavioral Survey, 2009.

**Percentage of Adults Who Engaged in Binge Drinking (2009) (Per the Behavior Risk Surveillance Study)**



Source: Centers for Disease Control and Prevention. (2009). Behavioral Risk Factor Surveillance System: Chronic Disease indicators

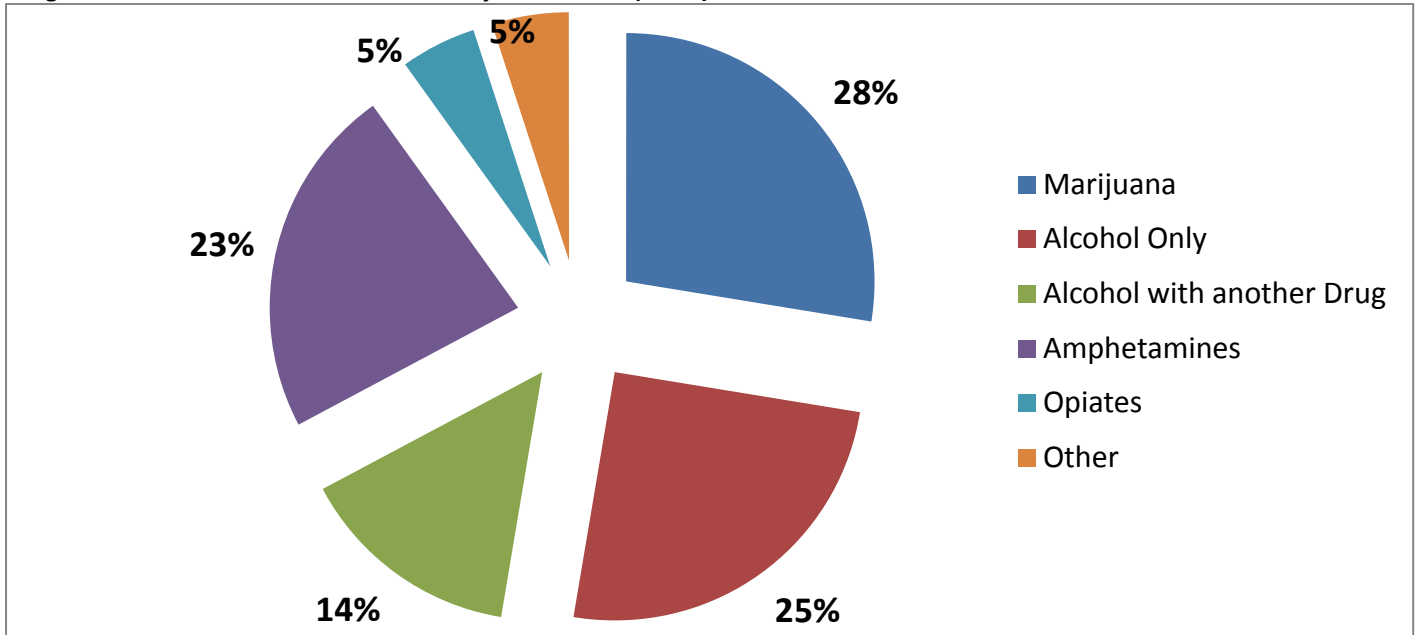
**Percentage of Adults Who Engaged in Binge Drinking (Per County Health Rankings)**



Source: Centers for Disease Control and Prevention. (2009). Behavioral Risk Factor Surveillance System: Chronic Disease indicators

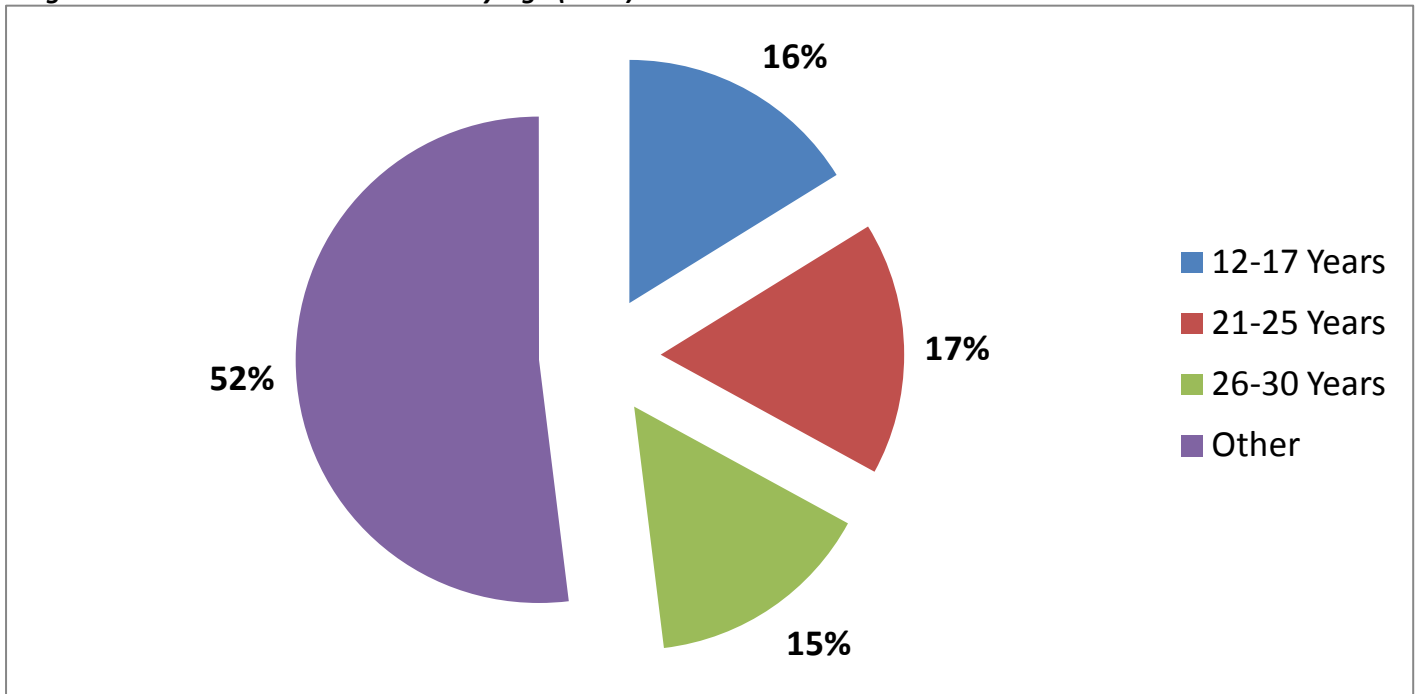
## HEALTH SELECTED CHARTS AND GRAPHS

**Drug and Alcohol Admissions in Idaho by Substance (2009)**



Source: Substance Abuse and Mental Health Services Administration (SAMHSA), Centers for Disease Control and Prevention. Accessed at: <http://www.samhsa.gov/>

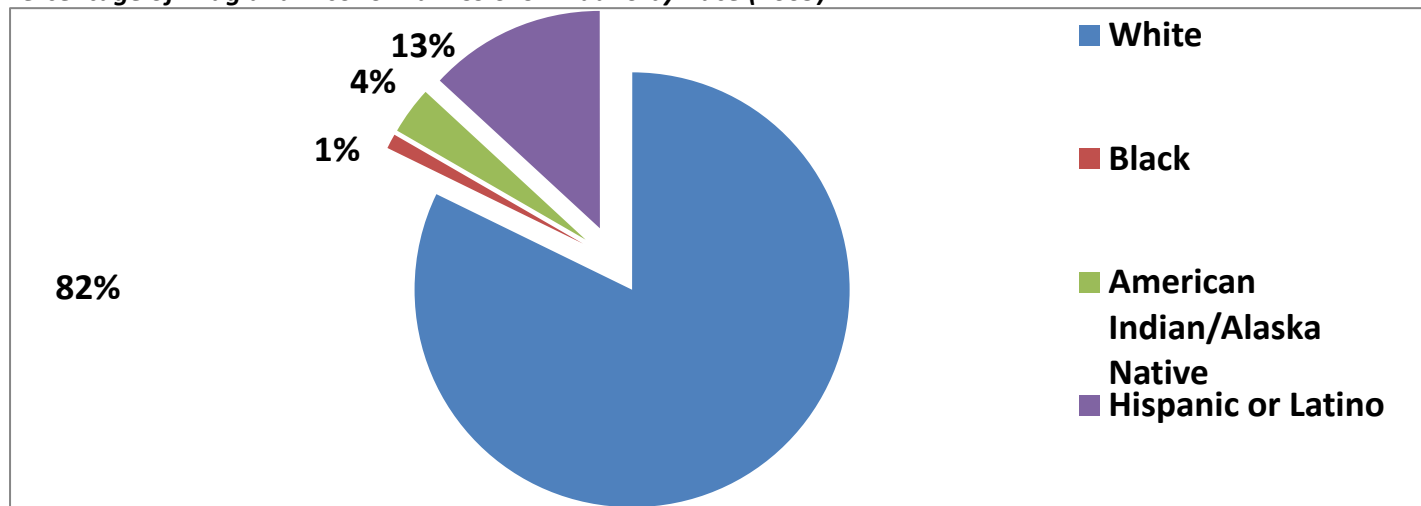
**Drug and Alcohol Admissions in Idaho by Age (2009)**



Source: Substance Abuse and Mental Health Services Administration (SAMHSA), Centers for Disease Control and Prevention. Accessed at: <http://www.samhsa.gov/>

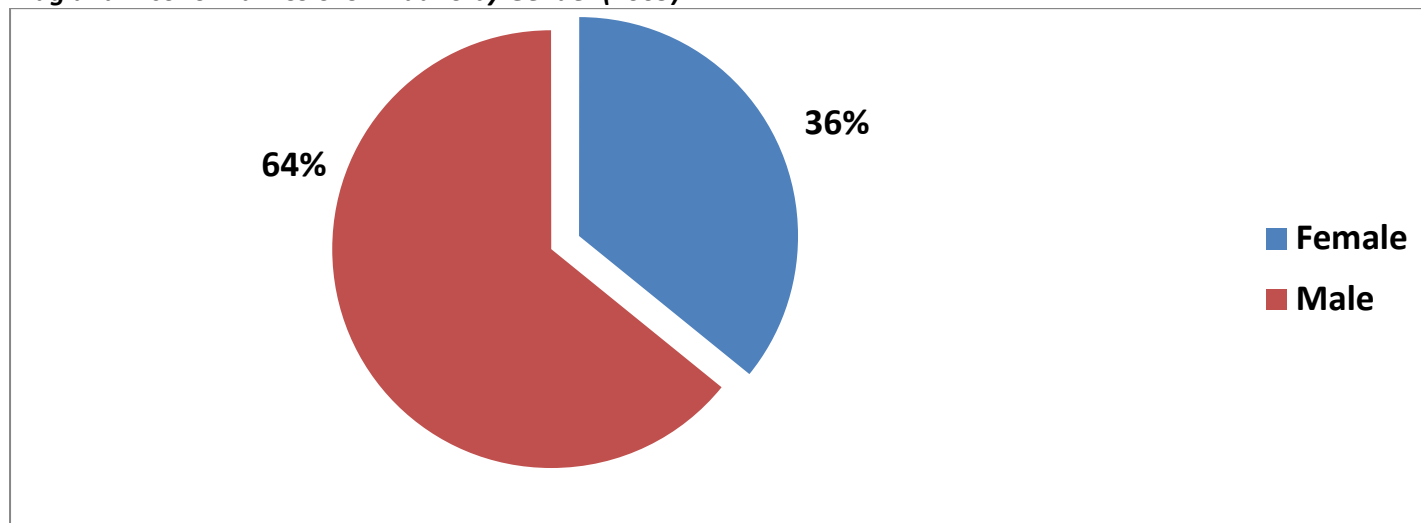
## HEALTH SELECTED CHARTS AND GRAPHS

**Percentage of Drug and Alcohol Admissions in Idaho by Race (2009)**



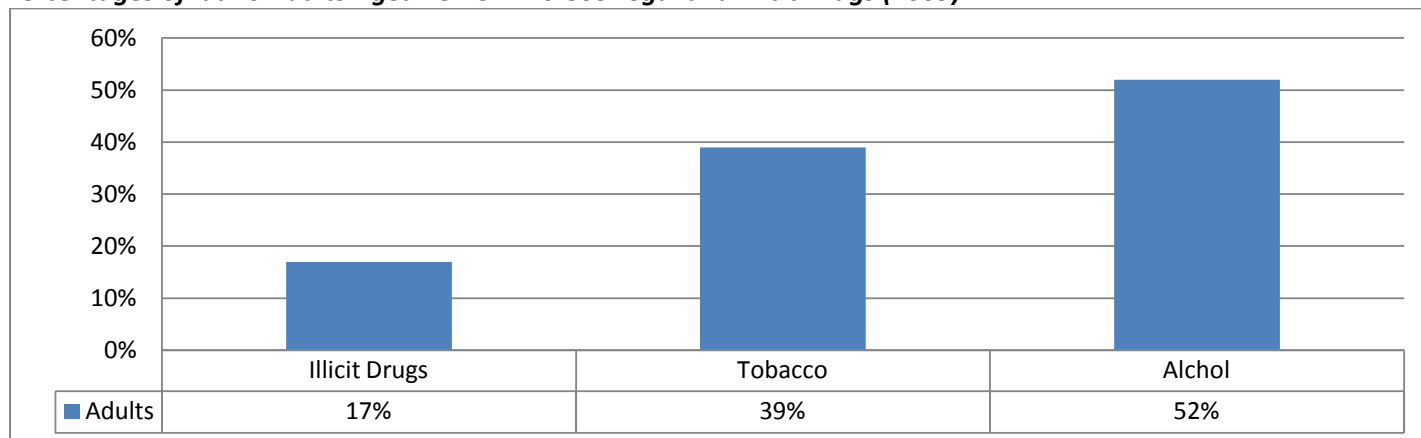
Source: American Community Survey 2009, "B03001. Hispanic or Latino Origin by Specific Origin," U.S. Census Bureau American FactFinder, 2009

**Drug and Alcohol Admissions in Idaho by Gender (2009)**



Source: American Community Survey 2009, "B03001. Hispanic or Latino Origin by Specific Origin," U.S. Census Bureau American FactFinder, 2009

**Percentages of Idaho Adults Aged 18-25 Who Use Legal and Illicit Drugs (2009)**



Source: National Substance Abuse Index, (2006); accessed at: <http://nationalsubstanceabuseindex.org/idaho/stats.php>

## HEALTH ASSESSMENT SUMMARY

### ● HEALTHY, SAFE AND NURTURING RELATIONSHIPS

Domestic violence is one of the most common causes of injury among women, which includes incidents where the offender and victim are married, formerly married or have a child in common. It is a cause of severe emotional and mental trauma, lowered self-esteem, severe fears, isolation, depression, suicidal thoughts, increased substance abuse and death. Evidence suggests drug and alcohol use may play a key role in domestic violence.

The following information is taken from the Idaho Supreme Court Annual Reports between 2005 to 2011. Domestic violence cases include all civil protection order cases filed and domestic relations include divorce, child custody, and visitation cases. For Magistrate Court, the number of domestic relations in 2011, were 14,807 compared to 13,185 in 2005 (an increase of 12.3%). The number of domestic violence cases decreased by 13.5%.

Intimate partner violence includes incidents where the offender and victim are related through marriage/common law as an ex-spouse, boy/girlfriend, or same sex partners. In 2010, there were 5,880 victims of reported intimate partner violence in Idaho compared to 6,396 in 2005 (a decrease of 7.9%). Most intimate partner violence victims were between boyfriend/girlfriend, followed by spouse, common-law spouse, ex-spouse and homosexual relationship.

The Idaho Statistical Analysis Center published a report in May, 2011 detailing a compilation of court filings and police reported incidents ranging from 2005 to 2010. Some of the highlights are listed below:

- 47.2% of intimate partner violence incidents occurred between 8 pm and 3 am. Peak hours were between 7pm and midnight, accounting for 35.1% of all incidents.
- Intimate partner violence occurs most often during summer months. 28.1% occurred during the months of June through August. One out of 10 incidents occurred in the peak month of July.
- In Ada County, there was a 7.4 decrease in intimate partner violence.
- In Canyon County, there was a 1.3% increase in intimate partner violence.

### BARRIERS TO HEALTHY, SAFE AND NURTURING RELATIONSHIPS

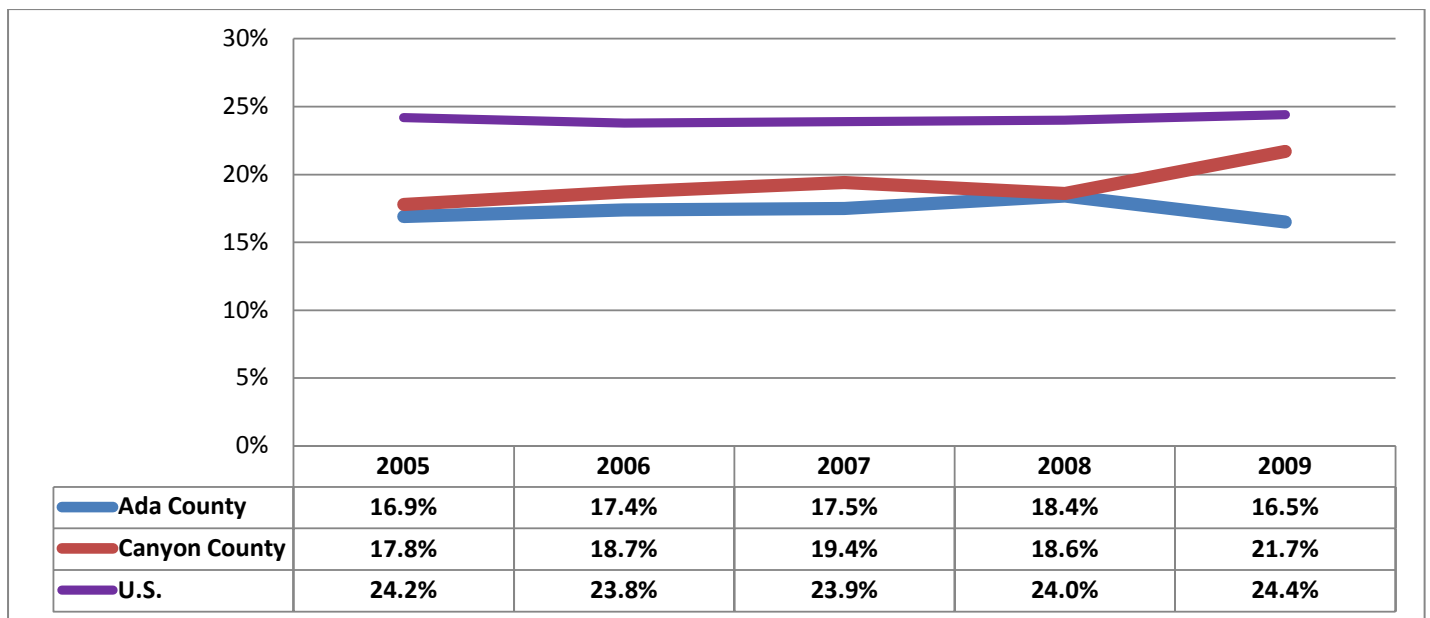
*(Identified through literature review and surveys of community residents and UWTV stakeholders)*

- ✓ Fear of getting help/leaving family
- ✓ Cycle of abuse (generational)
- ✓ Lack of knowledge of community resources
- ✓ Financial restraints (no source of income to support family)



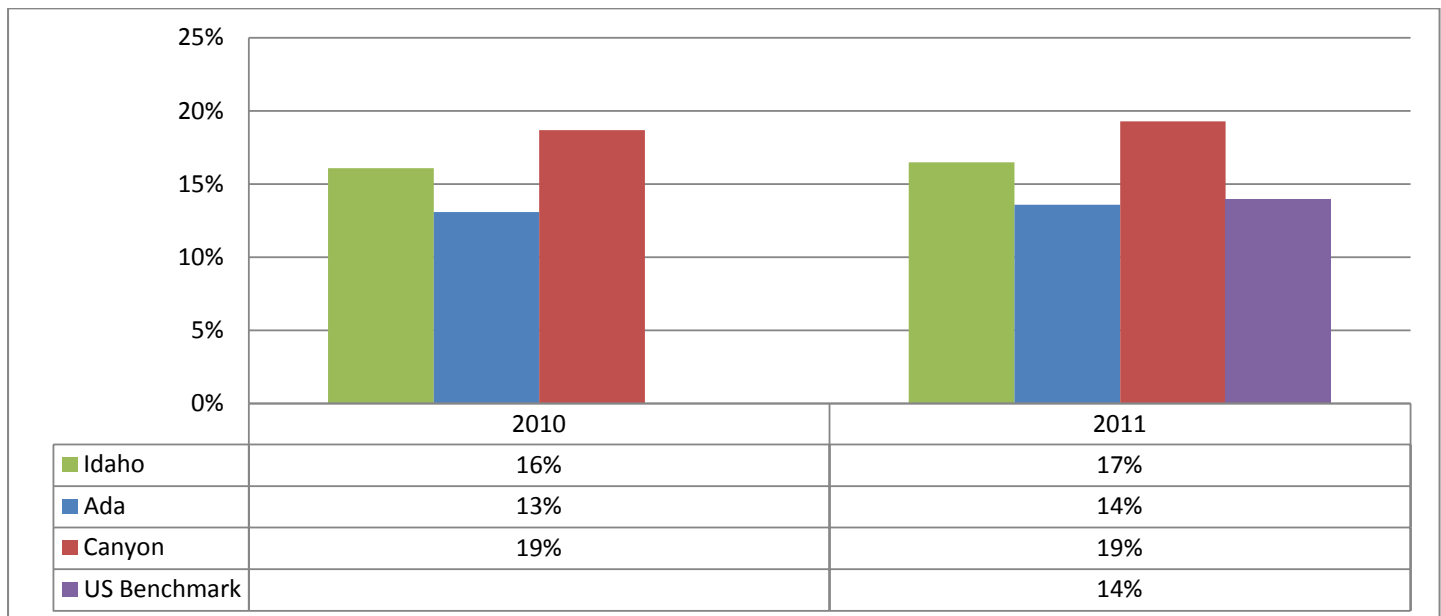
## HEALTH ASSESSMENT SUMMARY

### Households With Own Children under 18 Years, Female Head of Household, No Husband Present



Source: American Community Survey 2009, "Ada County S1101. Households and Families," U.S. Census Bureau

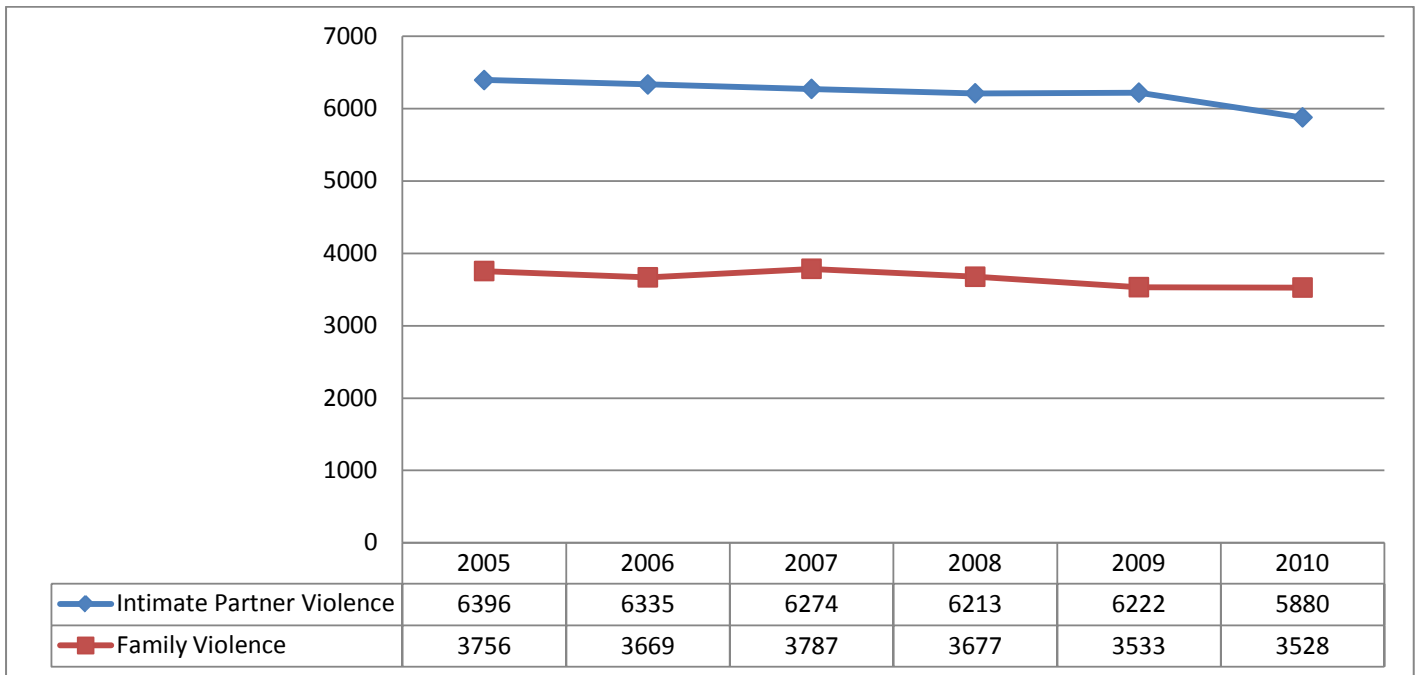
### Percentage of Adults Reporting That They Do Get the Social Support They Need Sometimes, Rarely or Not at All



Source: County Health Rankings. (2011). Accessed at: <http://www.countyhealthrankings.org/idaho/ada/3>

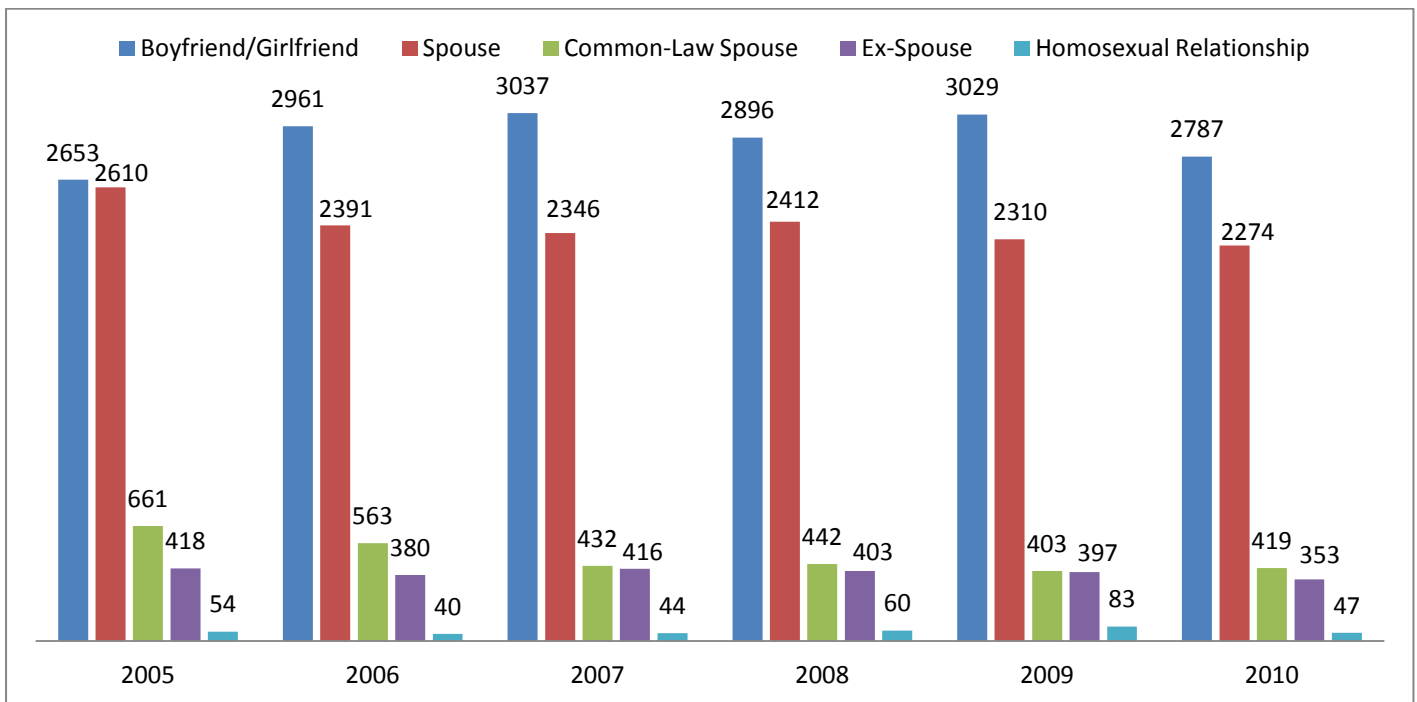
## HEALTH ASSESSMENT SUMMARY

### Number of Victims of Intimate Partner Violence, Family Violence and Other: 2005 – 2010



Source: Idaho Statistical Analysis Center. (2011). Domestic Violence in Idaho: A compilation of court filings and police reported incidents: 2005-2010

### Number of Intimate Partner Violence by Relationship Type: 2005 – 2010



Source: Idaho Statistical Analysis Center. (2011). Domestic Violence in Idaho: A compilation of court filings and police reported incidents: 2005-2010

### • QUALITY MENTAL HEALTH SUPPORT

The Surgeon General defines mental health as “the successful performance of mental function, resulting in productive activities, fulfilling relationships with other people, and the ability to adapt to change and to cope with adversity; from early childhood until late life, mental health is the springboard of thinking and communication skills, learning, emotional growth, resilience, and self-esteem.”

According to the Gallup-Healthways Well-Being survey for 2009, the overall well-being in Idaho is ranked 11<sup>th</sup> in the nation (1 is the top rank and 50 is the bottom). Idaho is ranked in the top 10 for Healthy Behavior (4<sup>th</sup>) and Work Environment (7<sup>th</sup>). Idaho ranked 29<sup>th</sup> for Physical Health and 26<sup>th</sup> for Basic Access. Emotional Health ranked 17<sup>th</sup>.

According to a survey conducted in 2010-2011, primary care providers in rural and frontier Idaho reported that about 30% of their patients presented with mental and behavioral health problems. The three most common mental health problems are mood disorders (depression), anxiety and substance abuse. Without proper treatment, one complication of depression is suicide.

The percentage of Ada County residents with inadequate social support was 3% lower than the state rate, meeting the U.S. benchmark of 14%. The Canyon County percentage was about 2% higher. The proportion of Idaho residents with access to a mental health provider in 2009 was 19,583 to 1; Ada County was 14,050 to 1; and Canyon County’s proportion was 46,030 residents to 1.

SAMHSA reported 8.8% of Idaho youth ages 12-17 have depressive symptoms. The 2009 YRBS revealed 28.3% of youth felt sad or hopeless almost every day for two or more weeks in a row, causing them to stop doing some of their usual activities within the 12 months prior to the survey.

The number of young children ages 2 to 17 with mental illness who received treatment in Idaho was 63.4% in 2009; the U.S. average was 63%. The best state percentage was 81.5% and the top 5 average state’s percentages were 77.5%. Idaho’s rate has improved since 2007, when 56.9% of children received needed mental health treatment.

Nearly 9% of Idaho’s adult population reported at least one episode of major depression in 2007 (the average of three age groups, 18-25: 9.45%; 18+: 8.24%; and 26+: 8.01%). Nine percent of Idaho adults had major depressive symptoms, and in 2009 19% were diagnosed with a depressive disorder.

In 2009, 9% of Idaho youth had depressive symptoms and 28% of Idaho youth reported feeling sad or hopeless.

The Idaho suicide rate was nearly 20 per 100,000 in 2009, while the US rate was about 12 per 100,000. In both Ada and Canyon Counties the number of suicides fell slightly between 2008 and 2009, although the number of suicides at the state level rose from 251 to more than 300 during that time.

## HEALTH ASSESSMENT SUMMARY

Suicide is the eighth-leading cause of death in Idaho and the 11<sup>th</sup> in the U.S. Suicide is the second-leading cause of death in the 15-24 and 25-34 age groups. The leading cause of death is accidents. There has been a 22% increase in suicide from 2008 to 2009, according to the Idaho Department of Health and Welfare. In 2008 there were 251 suicides and in 2009 there were 307. The average annual age-adjusted suicide death rate was 15.4/100,000. The highest suicide rates are among males age 75 and older (25.7/100,000); however, 35.5% of those who died from suicide were aged 35-54. The 2009 Idaho suicide rate for adults was 19.9 per 100,000 (19.3 between 2005 and 2009). This is much higher than the U.S. rate of 11.5. Suicide is a risk factor of untreated mental illness. More than 90% of people who die by suicide have a history of mental illness.

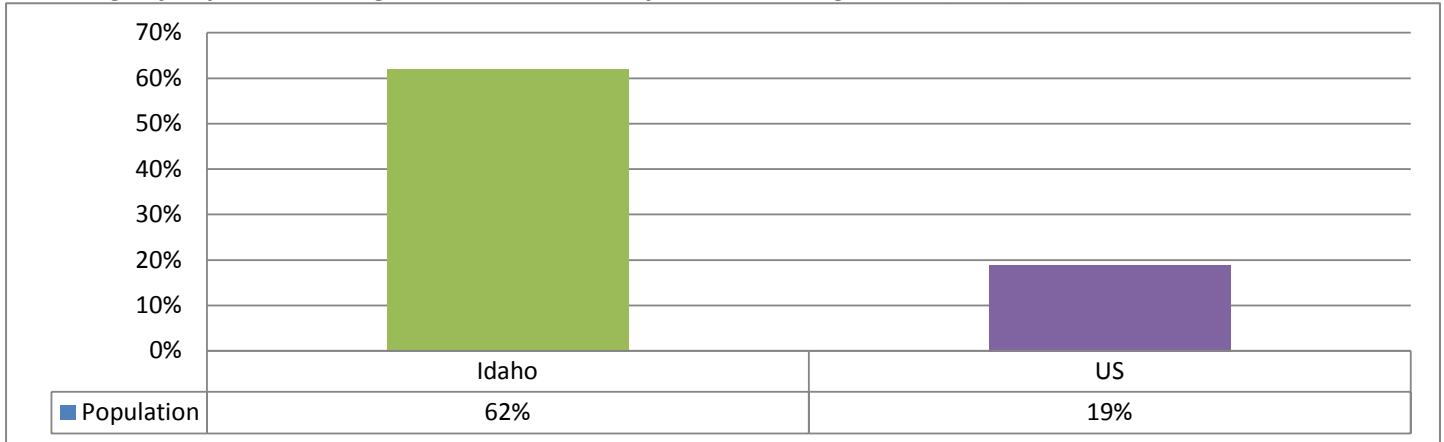
### BARRIERS TO QUALITY MENTAL HEALTH SUPPORT

*(Identified through literature review and surveys of community residents and UWTV stakeholders)*

- ✓ Lack of mental health providers
- ✓ Cost of programs/coverage
- ✓ Limited transportation
- ✓ Lack of insurance coverage

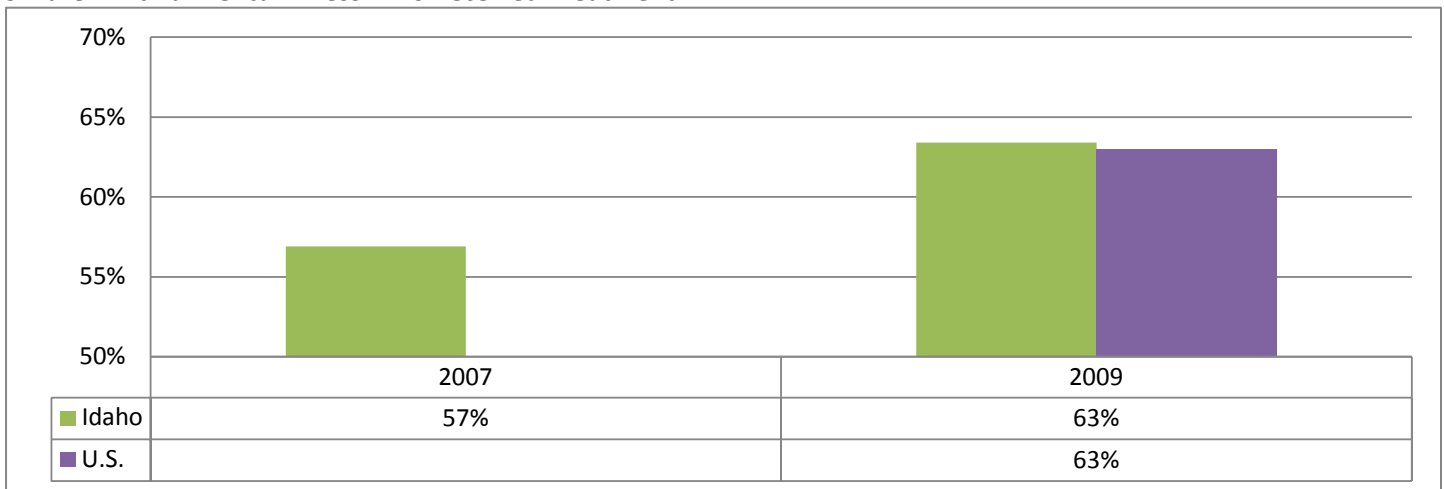
## HEALTH SELECTED CHARTS AND GRAPHS

**Percentage of Population Living in Mental Health Professions Shortage Areas (2008)**



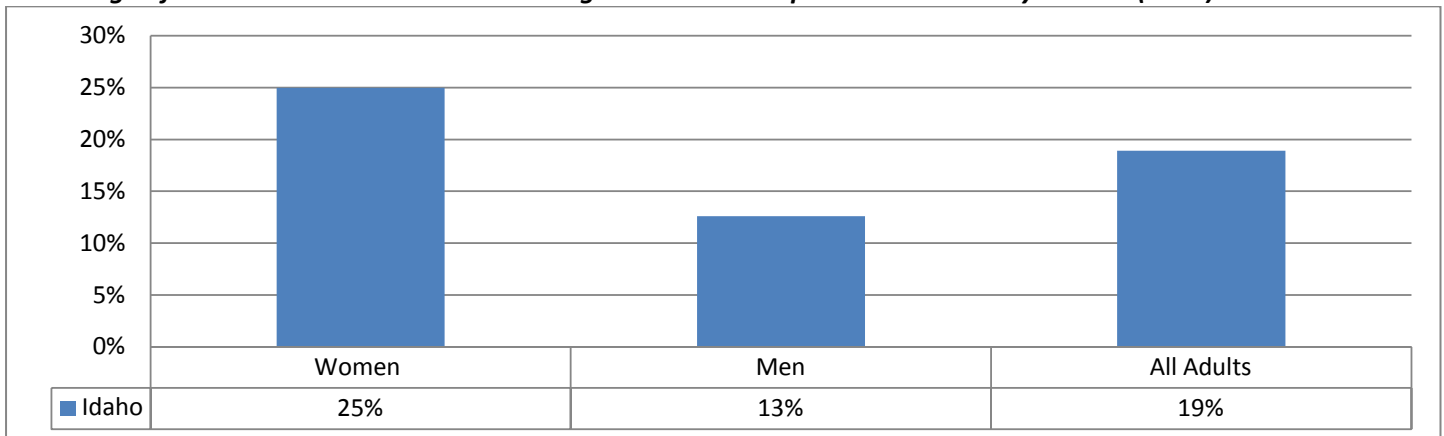
Source: County Health Rankings. (2011). Accessed at: <http://www.countyhealthrankings.org/idaho/ada/3>

**Children with a Mental Illness Who Received Treatment**



Source: Centers for Disease Control and Prevention. (2009). Youth Risk Behavior Survey. Accessed at: <http://apps.nccd.cdc.gov/youthonline/App/Results.aspx?TT=A&OUT=0&SIDQID=QQ&LID=ID&...>

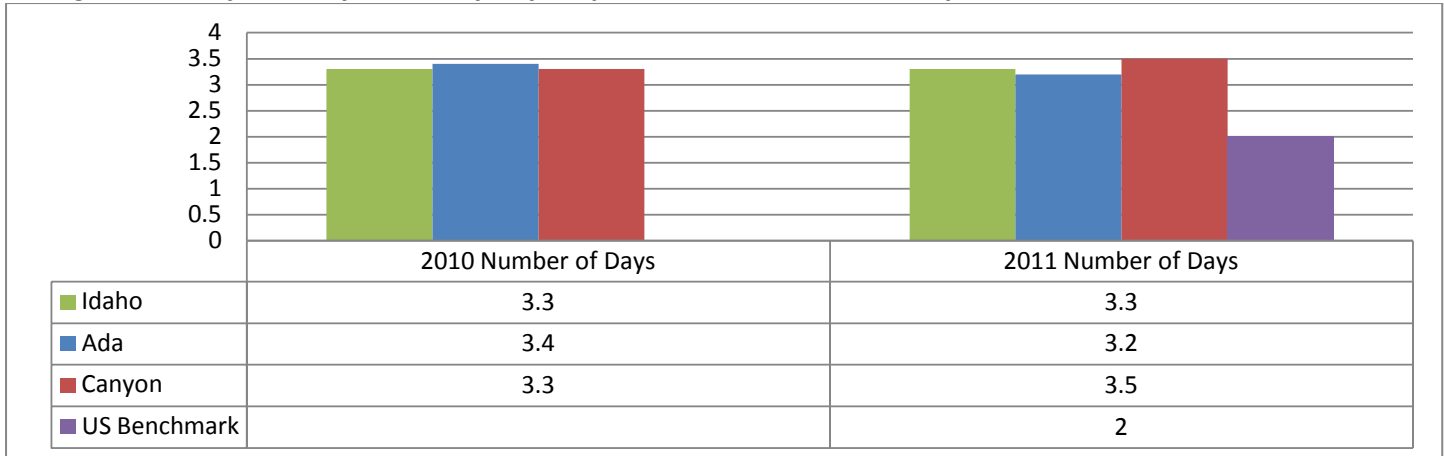
**Percentage of Idaho Adults Who Have Been Diagnosed with a Depressive Disorder by Gender (2008)**



Source: Centers for Disease Control and Prevention. (2008). Behavioral Risk Factor Surveillance System: Chronic Disease indicators.

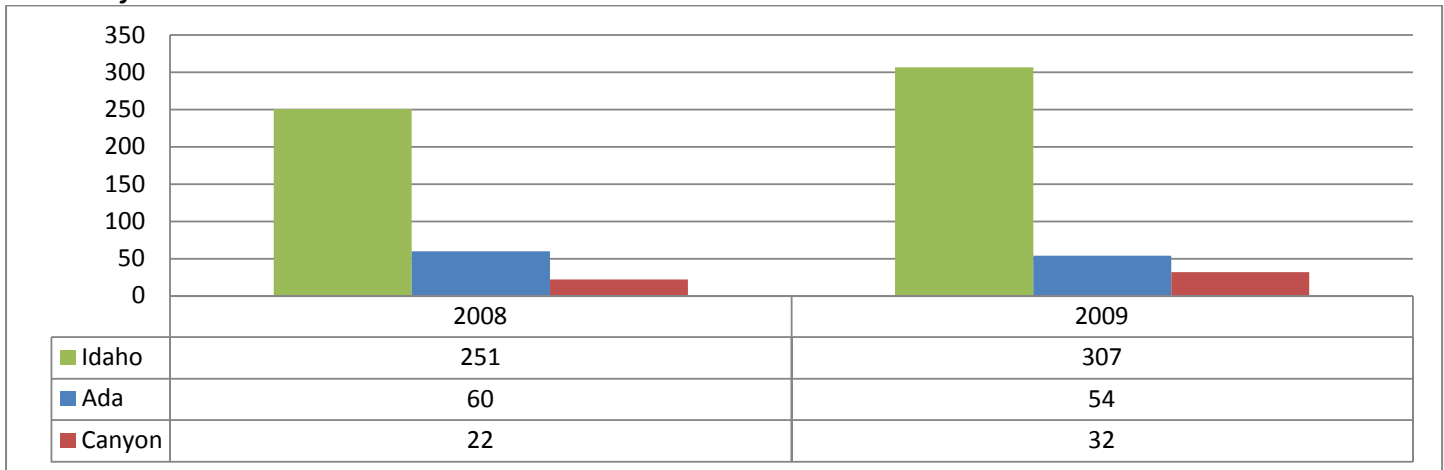
## HEALTH SELECTED CHARTS AND GRAPHS

### Average Number of Mentally Unhealthy Days Reported Within the Past 30 Days



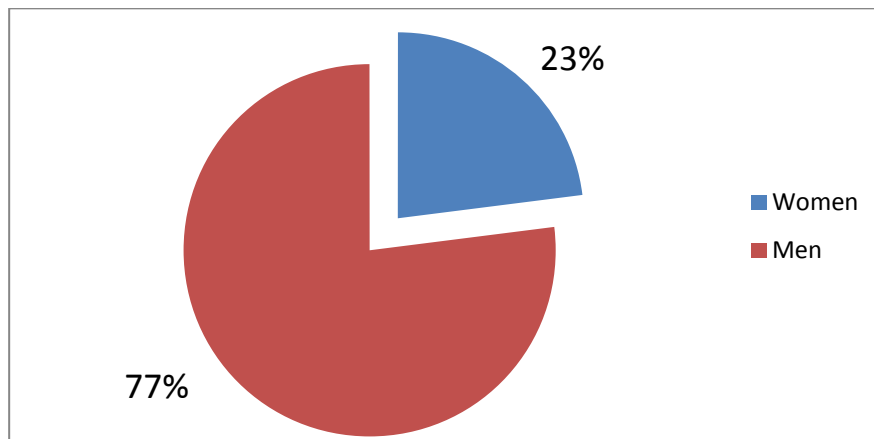
Source: County Health Rankings. (2011). Accessed at: <http://www.countyhealthrankings.org/idaho/ada/3>.

### Number of Suicides



Source: Idaho Suicide Prevention Research Project: Intentional Self-harm by Region and County 2003-2009. Accessed at: [http://www.idahosuicide.info/\\_uploads/StateAggregate/01-Idaho\\_Suicide\\_by\\_County\\_03-09.pdf](http://www.idahosuicide.info/_uploads/StateAggregate/01-Idaho_Suicide_by_County_03-09.pdf)

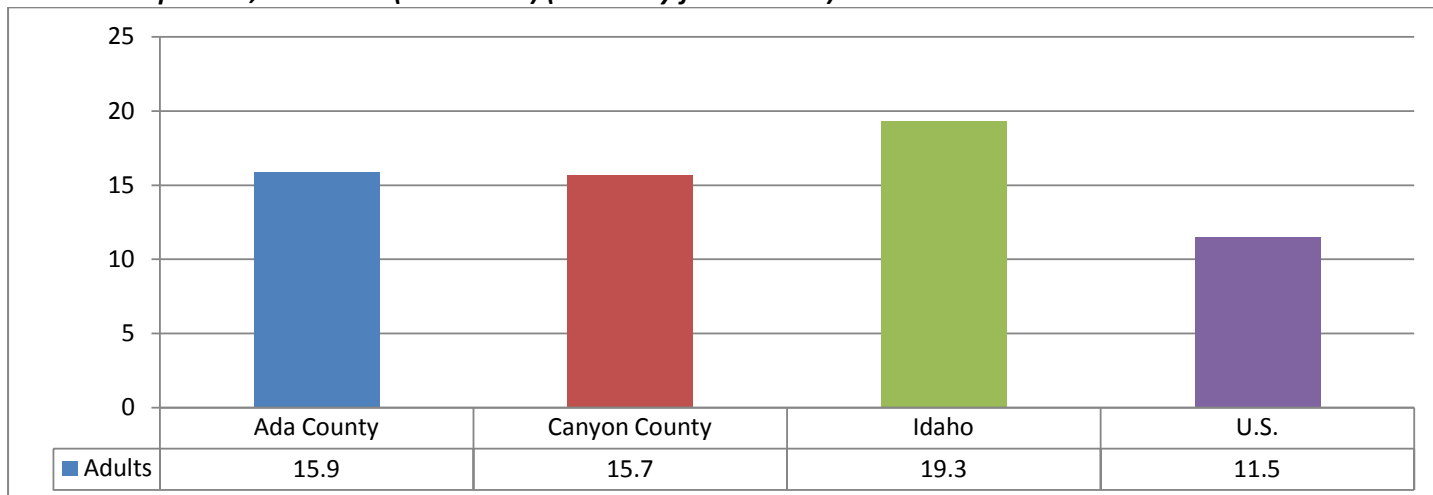
### Suicides in Idaho by Gender (2009)



Source: Suicide Prevention Action Network of Idaho. (2008/2009). Accessed at: <http://www.spanidaho.org/>

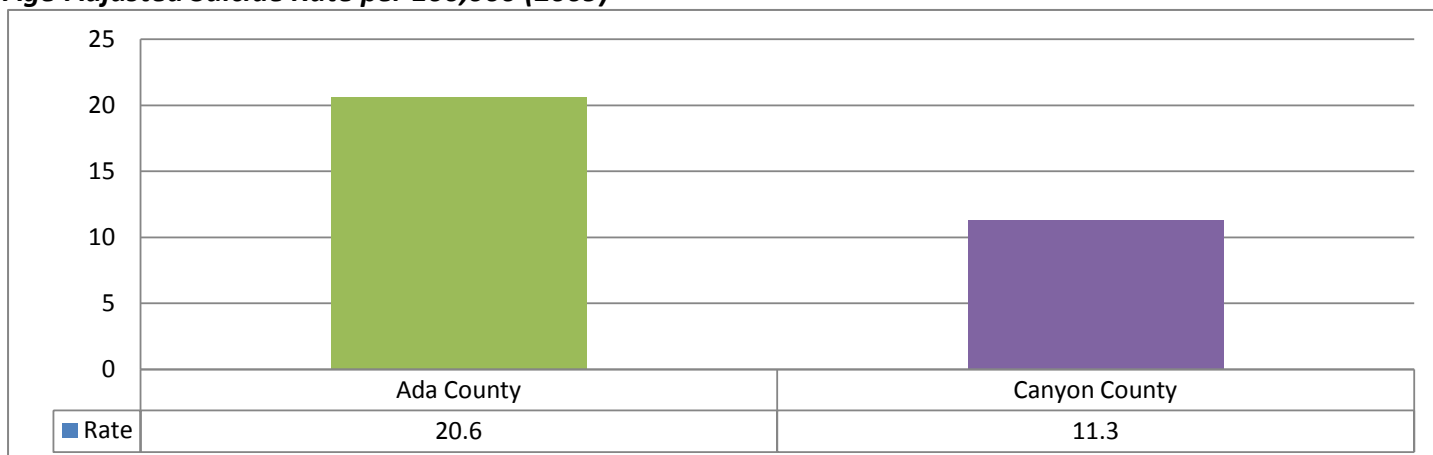
## HEALTH SELECTED CHARTS AND GRAPHS

**Suicide Rate per 100,000 Adults (2005-2009) (2009 only for U.S. rate)**



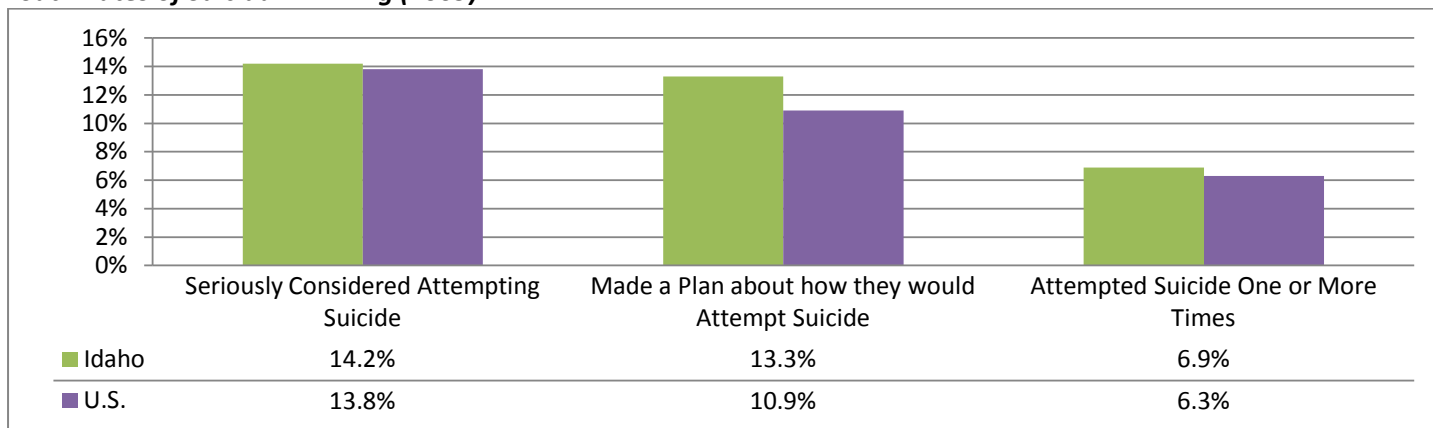
Source: Suicide Prevention Action Network of Idaho. (2008/2009). Accessed at: <http://www.spanidaho.org/>

**Age-Adjusted Suicide Rate per 100,000 (2009)**





























Source: Idaho Vital Statistics, 2009.

**Youth Rates of Suicidal Thinking (2009)**



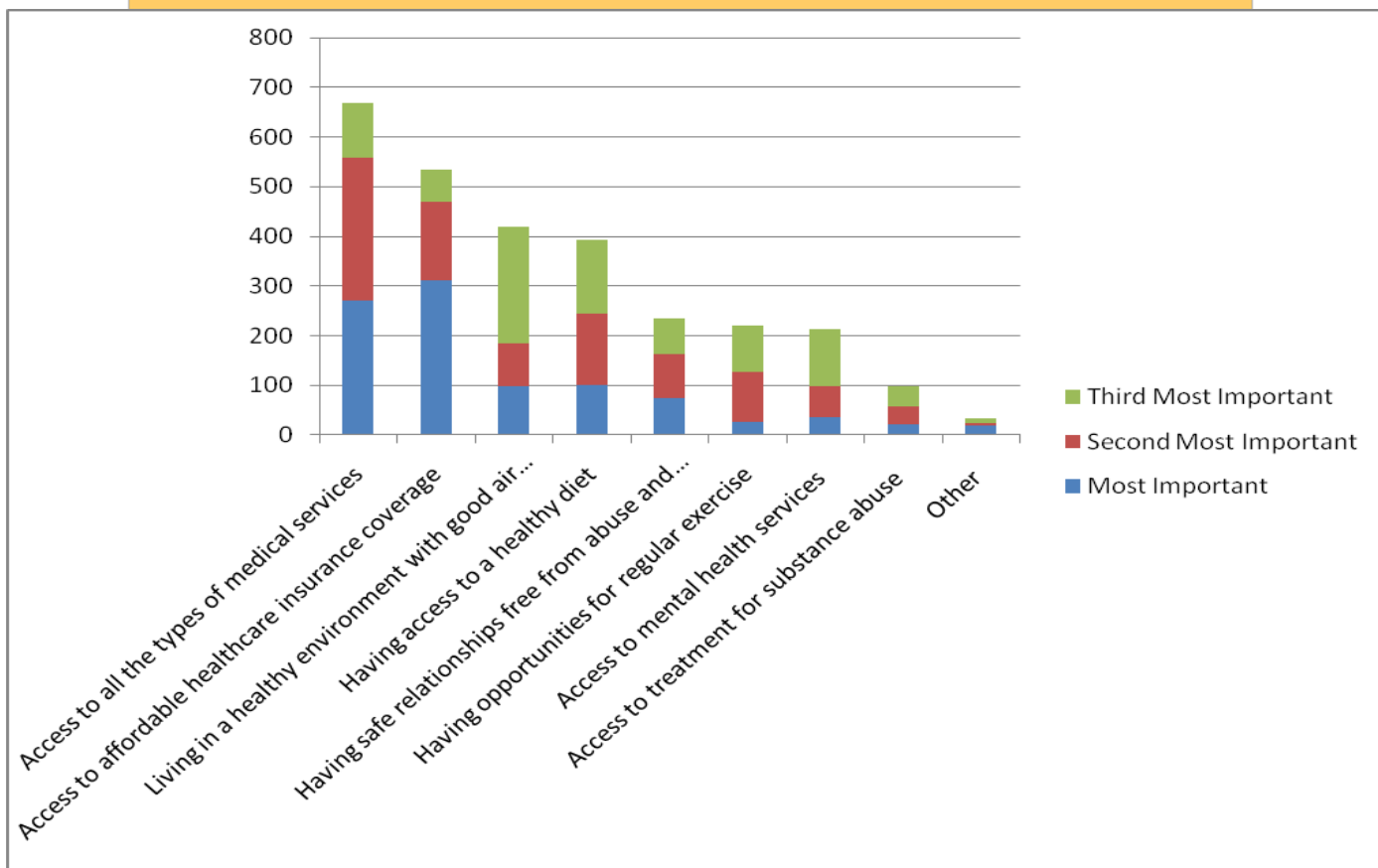
## HEALTH SECONDARY DATA ANALYSIS

The following chart is a summary of data analyzed by UWTV that was collected by Boise State University and the Utah Foundation in each of the component areas of Health. Levels of concern indicate ratings of the following: a) how many people are faced with challenges related to the data, b) whether those challenges are getting better or worse, and c) how severely the challenge impacts those individuals who experience it. Indicators highlighted in red show relatively high cause for concern, indicators highlighted in yellow show moderate cause for concern, and indicators highlighted in green show less cause for concern.

	Level of Concern
<b>ACCESS TO QUALITY, AFFORDABLE HEALTH CARE COVERAGE</b>	
Percent of uninsured persons	
Income levels of adults	
Medicaid, CHIP	
Average cost of care as a percentage of income	
<b>ACCESS TO PREVENTATIVE MEDICAL AND DENTAL SERVICES</b>	
Mortality rate and morbidity rate	
Population per primary health provider	
Preventable hospital stays	
Access to medical homes or regular providers	
Number of children and adults receiving preventative care	
<b>MAKING HEALTHY CHOICES</b>	
Diet and exercise (consumption of healthy food and physical activity)	
% of obese adults and youth	
Alcohol use	
Sexual behavior	
Zip codes with access to healthy foods	
Access to recreational facilities	
<b>HEALTHY, SAFE AND NURTURING RELATIONSHIPS</b>	
Number of domestic violence and intimate partner violence cases	
Trends on reported domestic violence and intimate partner violence incidents	
<b>QUALITY MENTAL HEALTH SUPPORT</b>	
Access to mental health physicians	
Suicide rates	
Number of adults and children with mental health conditions	
Overall well-being rank	



*Which three of the following statements describe best what you and your family need to live healthy and productive lives?*



Source: 2011 Community Assessment, Boise State University Public Policy Center; Stakeholder Survey

## United Way Worldwide – Health Mobilization Group

In December 2011, United Way of Treasure Valley was selected as one of 12 national United Ways to participate in a Health Mobilization Group. By participating, UWTV will build knowledge on underlying factors that affect health. We also will build capacity to engage people and organizations to improve systems, policies and conditions to support healthier people and communities.

This collaborative also includes the following national partners:



## Treasure Valley Health Partnership

United Way and other community leaders are in the process of forming the Treasure Valley Health Partnership. TVHP will help build strategies around the underlying factors that affect health in the Treasure Valley. This group will engage community leaders and organizations to improve systems, policies and conditions to create a stronger and healthier community. The partnership is designed to accelerate progress by mobilizing community change. By using a national framework designed by STRIVE, the goals will be created through the following:

- Creating a shared community vision around health
- Developing evidence-based decision making
- Building a Collaborative Action Plan
- Increasing resources through planned investment and sustainability

## Idaho Suicide Hotline

While our suicide rate is fourth highest in the nation—and the second leading cause of death among adolescents and young adults—Idaho is the only state without a suicide prevention hotline, a tool proven to save lives. United Way's unique position in the community allowed us to bring together public and private partners statewide to mobilize around the issue (Saint Alphonsus Health System, Citi Cards, Wells Fargo, the Department of Health and Welfare, The Speedy Foundation, Region IV Suicide Prevention Action Network Chapter, United Way of Treasure Valley, United Way of Southeastern Idaho and United Way of Kootenai County, Idaho National Guard.)

Committed volunteers across the state had worked to establish a prevention hotline for years. But it was United Way's ability to engage the community that made the hotline a reality. The Idaho Suicide Hotline will launch in the fall of 2012.

## Allumbaugh House

This private/public partnership was launched in 2010 after community leaders spent years of working toward building a local treatment center. It was the first project of its type in the State of Idaho and is designed as a prototype for communities in other regions of the state. As an original member of the Mayor's Community Detox Steering Committee, United Way of Treasure Valley served as the fiscal agent for the purpose of identifying and applying for grants to fund both the construction and operation of this project.

## Afterschool Snack Collaborative

Boys and Girls Clubs of Ada County, Boys and Girls Clubs of Nampa, Caldwell YMCA and United Way of Treasure Valley have collaborated to ensure the youth served in Canyon County at these locations will have access to nutritious snacks after school. Albertson's Supervalu is committed to funding the 2011-12 school year. In addition to receiving healthy snacks, there will be an emphasis on nutrition education. Our partners in this endeavor serve a number of low-income youth every day. Results show an average of 143 children a day relied on this snack in Nampa and 51 children a day in Caldwell.

## UWTV Health Partners

United Way continues to support local health focused programs that provide individuals and families with opportunities to succeed. In 2011, UWTV invested more than \$600,000 in support of programs operated by our partners below.



Children's Home Society of Idaho



# FINANCIAL INDEPENDENCE



***“What is necessary for individuals and families to become financially stable and independent?”***

## FINDINGS

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- Having a job with a livable wage
- Having access to work supports
- Having financial literacy and asset development
- Having access to affordable housing



## *FINANCIAL INDEPENDENCE ASSESSMENT SUMMARY*





Achieving healthy lives and better educational attainment is inextricably linked to financial health and independence. As the participants of surveys and focus groups made clear, jobs with a living wage and health benefits are the key to financially healthy families in the Treasure Valley.

This report describes a range of issues impacting the financial stability of Treasure Valley residents.

Where possible, we have used this data to examine trends across time or compare local, state and national statistics. We have chosen indicators that are relevant to the issues of interest to United Way and its partners, statistics that were relatively easy to find and that are collected on a fairly routine basis from reliable sources, and indicators that should be relevant for partner agencies to incorporate into outcome measures in their program work. In addition to the indicator data, we conducted surveys, focus groups and interviews to provide an expanded picture of health and wellness disparities and needs in our communities.

## FINANCIAL INDEPENDENCE ASSESSMENT SUMMARY

The following chart is a summary of data collected and analyzed by Boise State University and the Utah Foundation in each of the component areas of Financial Independence. The colors represent composite ratings from multiple data sources related to trend – whether the challenges are getting better or worse. Areas highlighted in red show relatively high cause for concern, areas highlighted in yellow show moderate cause for concern, and areas highlighted in green show less cause for concern.

	<b>Challenge is Getting Better or Worse (Trend)</b>	<b>Key Observations</b>
<i>Having a job with adequate income</i>		<i>Nearly 8% of Ada County families and 13% of Canyon County families have income below the poverty line.</i>
<i>Having access to work supports</i>		<i>Public transportation in the Boise/Nampa area ranks 90<sup>th</sup> among the 100 metropolitan areas when considering frequency of service.</i>  <i>The majority of Idaho children under age 6 live in households, whether single-parent or two-parent, in which all parents work. This is true for 57% of families across Idaho, for 59% of families in Ada Count, and for 55% of families in Canyon County.</i>
<i>Having financial literacy and savings</i>		<i>Idaho ranks 31<sup>st</sup> out of all states on CFED's Assets &amp; Opportunity Scorecard for Financial Assets and Income.</i>
<i>Having access to affordable housing</i>		<i>This census indicates that the number of homeless people in southwest Idaho was slightly more than 1,100 The number of homeless people, including those who stay in hotels, motels or temporarily with friends or family, is likely much higher.</i>

### • A JOB WITH ADEQUATE INCOME

Poverty, even narrowly defined as living in a household with annual income less than the poverty line, is a widespread problem. The poverty line, more formally known as the poverty threshold, is a federal poverty measure used mainly for statistical purposes. The poverty threshold is a specific dollar amount set at the national level, which differs based on the number of people in a household. It is based on income before taxes and excludes non cash benefits. It also does not include assets or debts. The thresholds are the same across the United States and are based on the minimum cost of an adequate annual supply of food, multiplied by three. The U.S. census adjusts the threshold each year to account for inflation, but it has remained otherwise unchanged, despite the fact that food now consumes less than a third of most household budgets. Many experts regard it as a drastic underestimate of the minimum wage needed to support an individual or family. However, the poverty line and percentages of it are widely used as estimates of poverty.

Nearly 8% of Ada County families and 13% of Canyon County families have income below the poverty line. In the Treasure Valley, as well as across the U.S., Hispanic families and families headed by single mothers are especially likely to experience poverty. Families with low income are more likely to experience food insecurity, less likely to have health care coverage, and their children tend to score lower on standardized tests. While stakeholders and affected population members surveyed for this study agreed that jobs were an important key to escaping poverty, they recognized that these jobs must pay more than minimum wage to offer families security and the prospect of financial independence.

Families headed by single women were far more likely to experience poverty than all other groups, with families headed by married couples being the least likely family type to fall below the poverty line. The poverty rate in Canyon County was higher than the national rate for all family types, while the rates in Ada County were lower than the national rates for all family types except married couples. Families in Canyon County headed by single mothers have experienced higher levels of poverty than the national rate for single mother families in all years except 2006. For all years, Ada County's poverty rate for families headed by single mothers was lower than the national rate by about 5% or more.

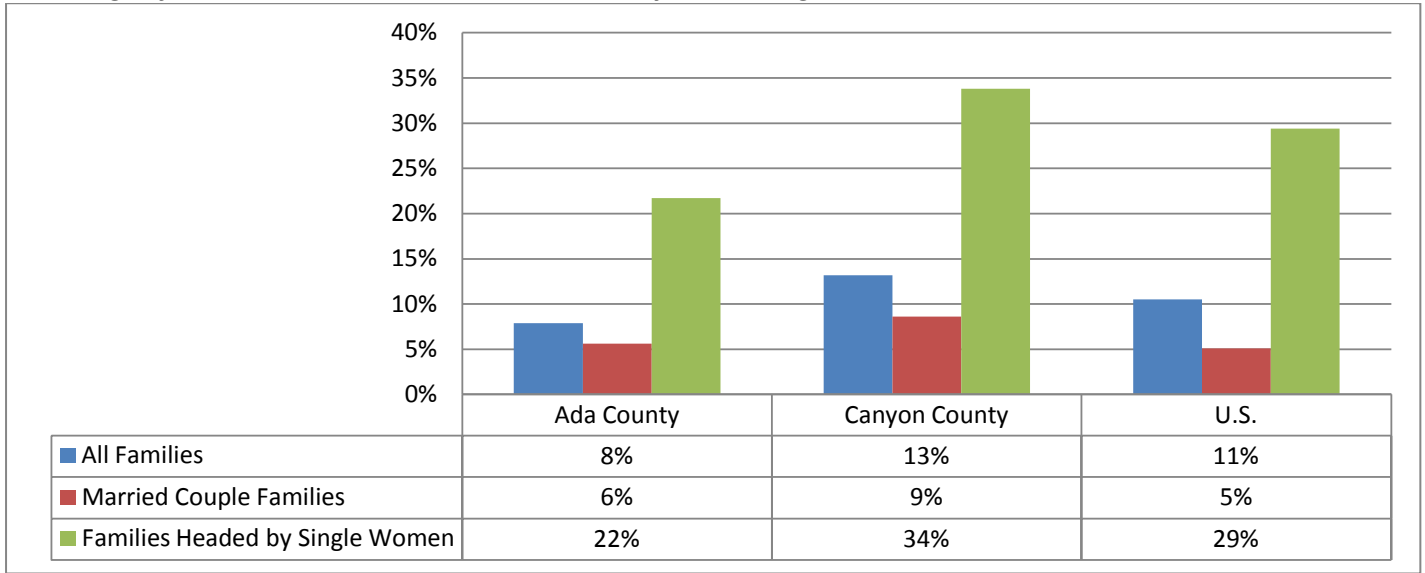
#### **BARRIERS TO A JOB WITH ADEQUATE INCOME**

*(Identified through literature review and surveys of community residents and UWTV stakeholders)*

- ✓ Lack of jobs that pay a sufficient wage
- ✓ Low education levels
- ✓ Language barrier
- ✓ Poor health
- ✓ Lack of transportation

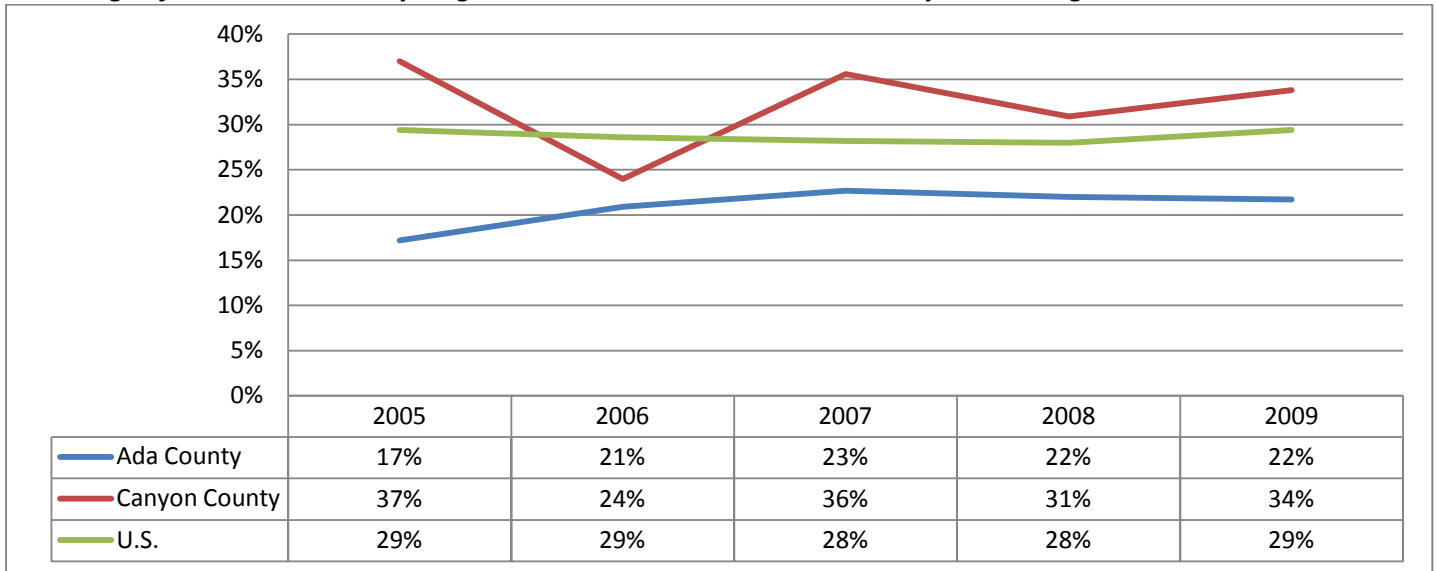
## FINANCIAL INDEPENDENCE SELECTED CHARTS AND GRAPHS

**Percentage of Families With Income Below the Poverty Line During the Past 12 Months in 2009**



Source: Poverty Status in the Past 12 Months of Families," U.S. Census American Community Survey 2009

**Percentage of Families Headed by Single Mothers that Fell Below the Poverty Line During the Past 12 Months**

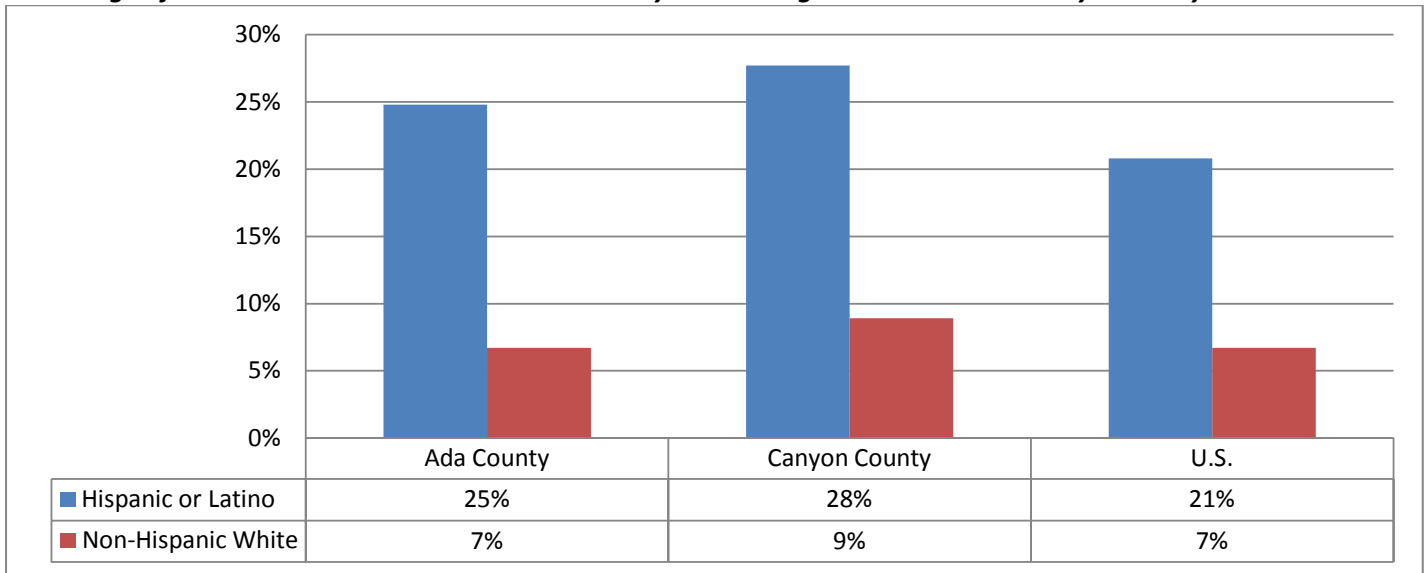


Source: Poverty Status in the Past 12 Months of Families," U.S. Census American Community Survey 2009



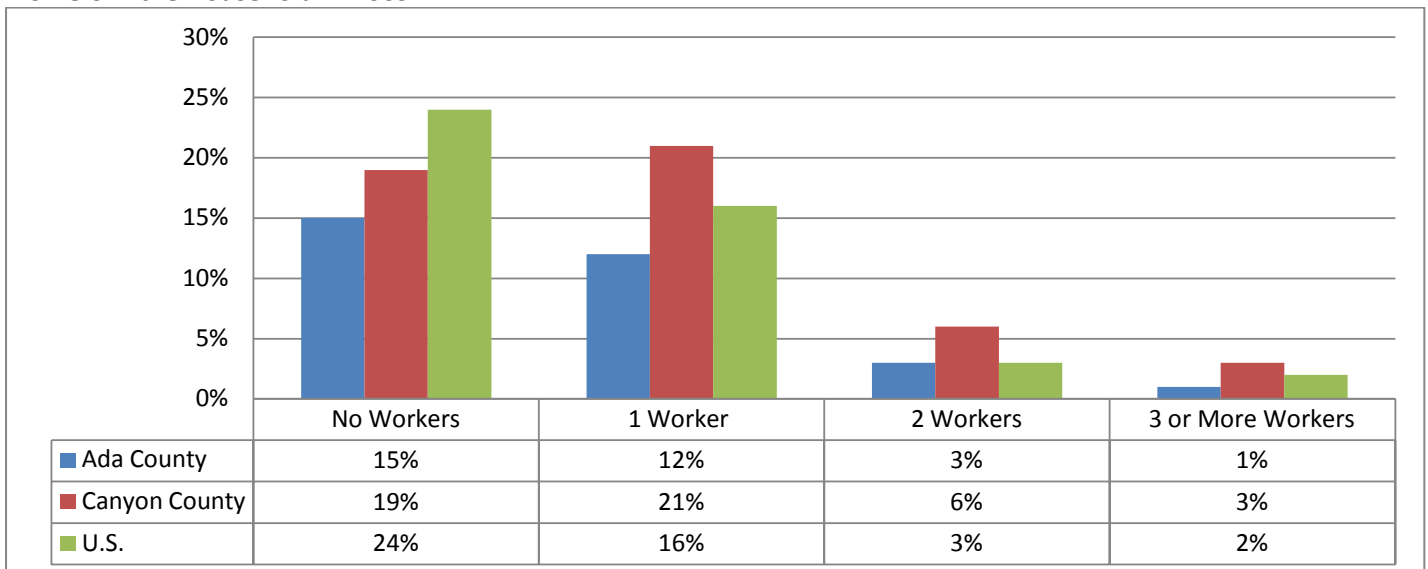
## FINANCIAL INDEPENDENCE SELECTED CHARTS AND GRAPHS

**Percentage of Families With Income Below the Poverty Line During the Past 12 Months by Ethnicity in 2009**



Source: Poverty Status in the Past 12 Months of Families," U.S. Census American Community Survey 2009

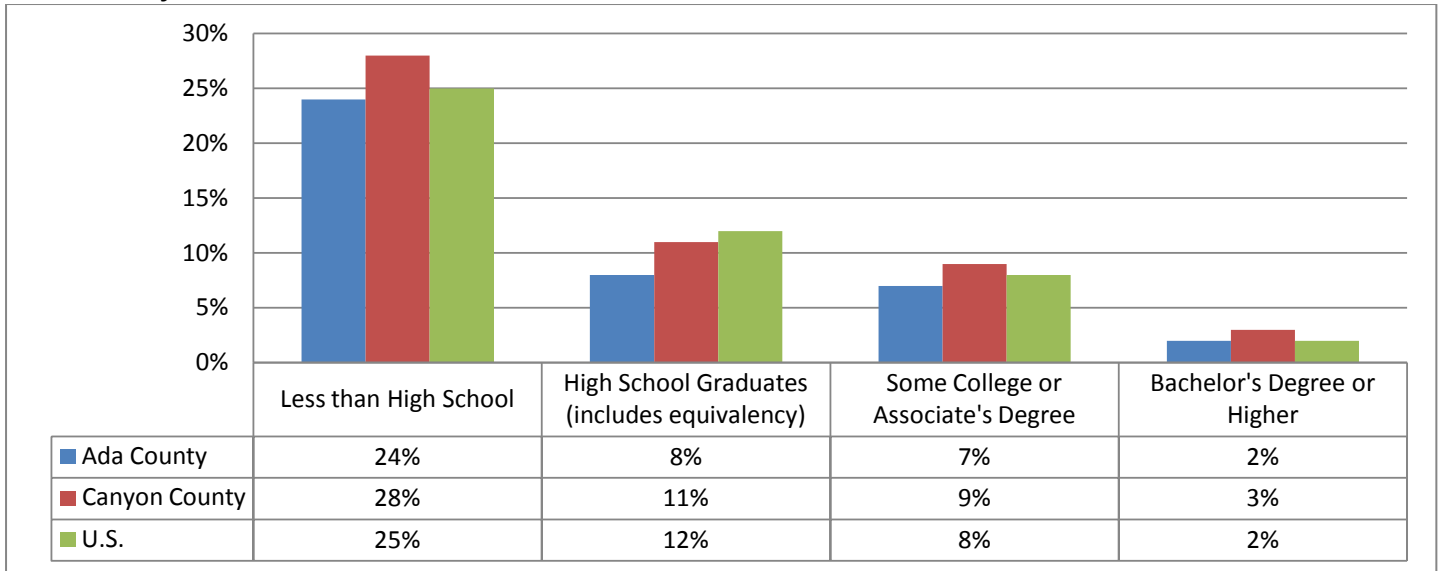
**Percentage of Families With Incomes below the Poverty Threshold During the Last 12 Months by Number of Workers in the Household in 2009**



Source: Poverty Status in the Past 12 Months of Families," U.S. Census American Community Survey 2009

## FINANCIAL INDEPENDENCE SELECTED CHARTS AND GRAPHS

**Percentage of Families With Incomes Below the Poverty Threshold During the Last 12 Months by the Educational Attainment of the Householder in 2009**



Source: Poverty Status in the Past 12 Months of Families," U.S. Census American Community Survey 2009

### • ACCESS TO WORK SUPPORTS

For low-income families, child care costs often consume as much as a third of household income. These high child care costs can present a barrier to entry to the workforce for parents seeking employment. While the Idaho Child Care Program (ICCP) helps by providing child care subsidies, such programs are underused by those who are eligible for them nationwide. Reasons for this underuse can include parents' lack of awareness that the programs exist or that they are eligible for them, the paperwork involved, or a calculation that the benefits received from a subsidy are too small to warrant the effort of applying. Additionally, many parents who feel that they need help paying for child care may have income that is too high for them to qualify for a subsidy. These factors may contribute to the slow but steady decline in the number of children receiving subsidies through ICCP.

The percentage of children who spent time home alone declined in Idaho and nationwide between 2003 and 2007. While this may be a function of rising unemployment, and regardless of the reason, Idaho children were 1 ½ times more likely to spend unsupervised time alone than the national rate.

In Idaho, about 35% of child care providers have a bachelor's degree or higher, while about 45% have attained a high school diploma or less. Since the quality of child care is important, IDHW has collaborated with the IdahoSTARS program to create a program that defines standards, tracks progress, and trains child care workers and facilities to provide quality care. The IdahoSTARS program seeks to strengthen the standards for child care providers as a means to ensure the safety and health of Idaho children and create an environment for preschool children to become ready for school.

Lack of adequate transportation can impact an individual's ability to seek and retain a job, seek health care or participate actively in the community. These are concerns for those who cannot afford a vehicle, as well as those who cannot drive for health and other reasons. Transportation was discussed frequently in the affected population focus groups as a barrier to achieving financial stability and a family's overall quality of life. Access to transportation appeared to be a moderately important concern to the affected population of survey respondents. There are many possible strategies for addressing transportation needs. However, it is important to monitor any programs that may be implemented because past strategies with high promise have failed to address this issue effectively.

A higher percentage of Ada County residents use public transit than U.S. residents as a whole, while virtually no Canyon County residents use public transit to commute to work. The percentage of Canyon County residents who carpool is slightly higher than the national percentage, which is somewhat higher than the percentage of Ada County residents who carpool.

## FINANCIAL INDEPENDENCE ASSESSMENT SUMMARY

More than 84% of low-income residents and slightly more than half of all residents live within 3/4 of a mile of a bus stop. While it is only possible to reach about a third of jobs in the Boise/Nampa area by bus within 90 minutes and 9.9% within 45 minutes, this is slightly better coverage than that available to the average resident of the metropolitan areas considered in this study. However, the Boise/Nampa area ranks 90<sup>th</sup> among the 100 metropolitan areas when considering frequency of service.

Work support programs such as the Earned Income Tax Credit (EITC), food stamps (now called Supplemental Nutrition Assistance Program or SNAP) and unemployment insurance have all seen significant growth over the past several years as the economy has struggled to provide enough jobs with adequate wages to support a family.

The unemployment rate counts those who do not have a job, are seeking employment and are available to work. It does not include those who have stopped looking for a job due to discouragement or those who consider themselves underemployed. At both a national and metropolitan level, unemployment rose between 2007 and 2010. The unemployment rate began to level off in 2009 and fell slightly at the national level between 2010 and 2011.

Hispanic people were markedly more likely to be unemployed than those who were white and not Hispanic. Unemployment was more common among both groups in Canyon County than in either of the other areas. The Ada County unemployment rate was about the same as the national rate for white people and slightly lower for Hispanic people.

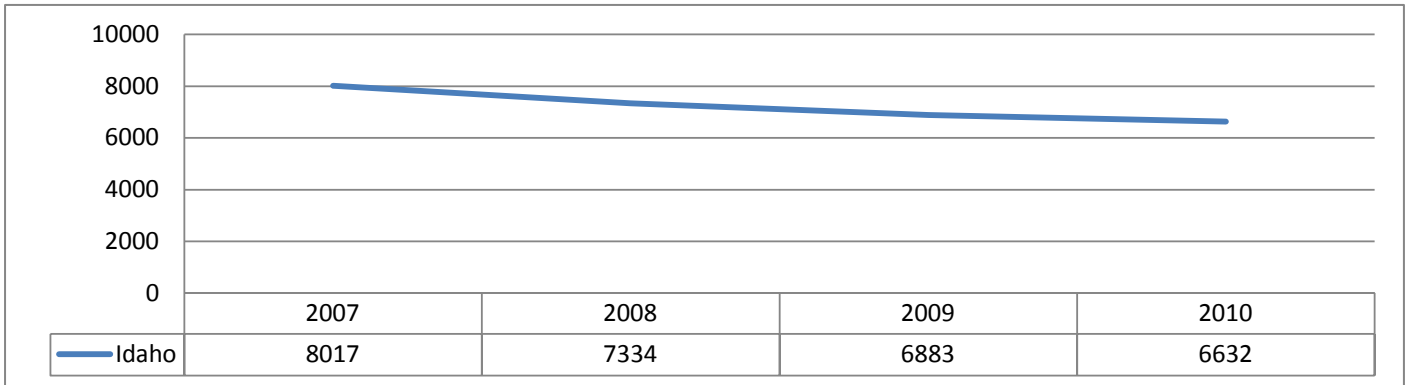
### BARRIERS TO ACCESSING WORK SUPPORTS

*(Identified through literature review and surveys of community residents and UWTV stakeholders)*

- ✓ Lack of affordable, quality childcare
- ✓ Lack of knowledge and awareness about available support
- ✓ Not qualifying for benefits (government funded programs)
- ✓ High cost of owning and maintaining a personal automobile for very low-income residents
- ✓ Low frequency of service and hours of service for public transportation

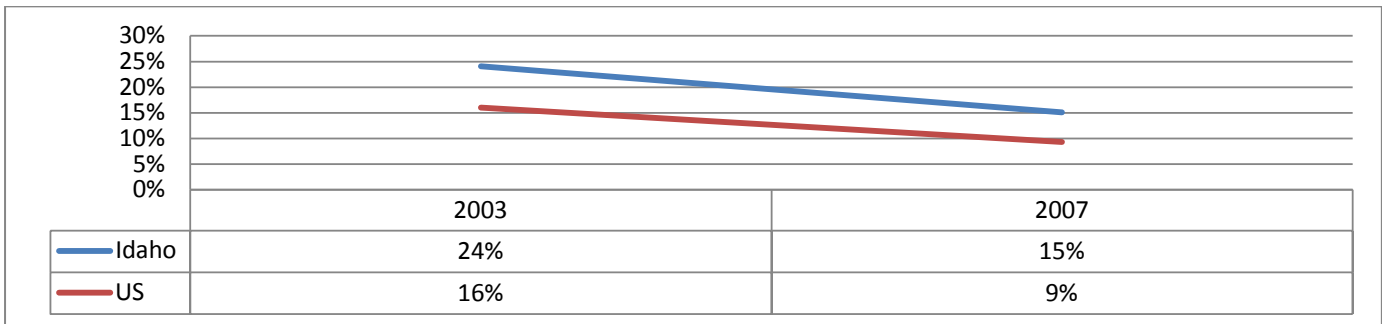
## FINANCIAL INDEPENDENCE SELECTED CHARTS AND GRAPHS

### Number of Idaho Children Receiving Subsidized Care Through the Idaho Child Care Program



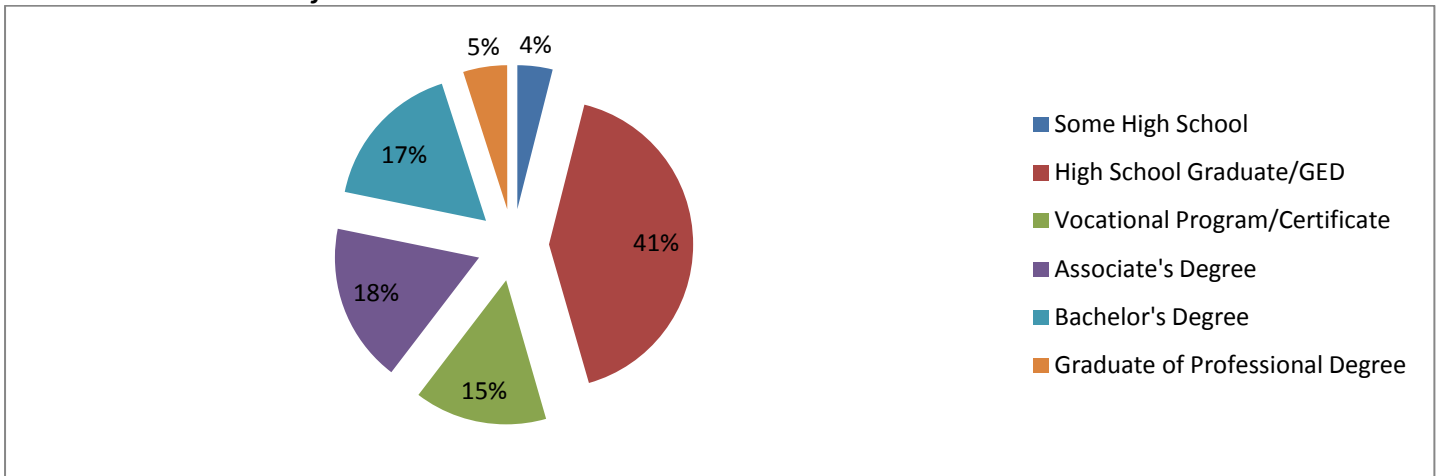
Source: "Facts Figures Trends 2010-2011," Idaho Department of Health and Welfare, 2011,68.

### Percentage of Children (Ages 6 to 11) Who Spent Some Time Home Alone Without Supervision During the Previous Week



Source: National Survey of Children's Health Survey," National Survey of Children's Health Data Resource Center, 2003,2007, <http://www.nschdata.org/DataQuery/DataQueryResults.aspx>.

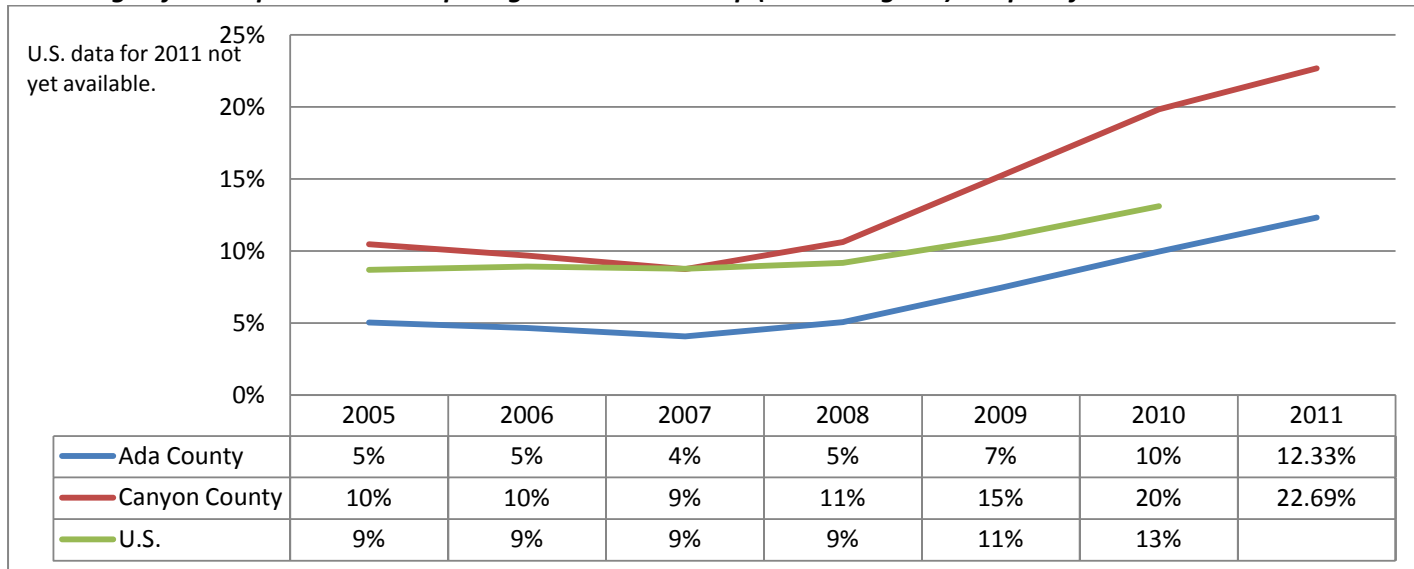
### Educational Attainment of Idaho Child Care Providers in 2011



Source: University of Idaho & Idaho Stars, "Child Care in Idaho; A Summary Report of the Idaho Child Care Study Conducted by the University of Idaho and Idaho Stars," Idaho Stars, Aug. 8, 2011,

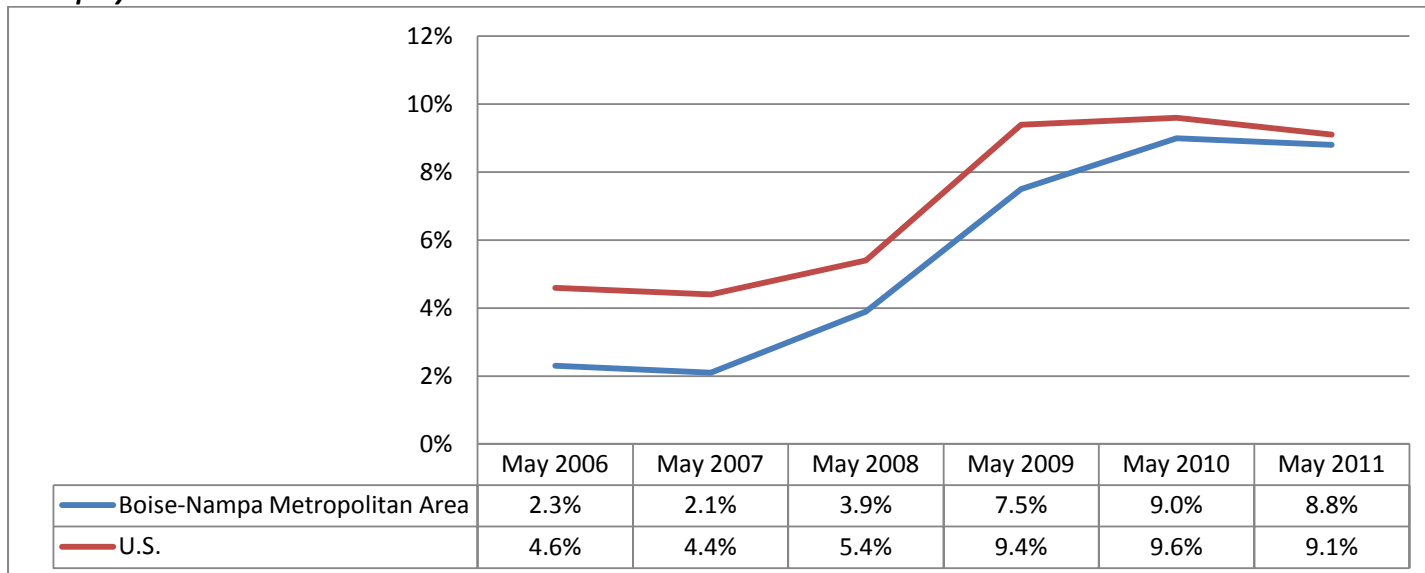
## FINANCIAL INDEPENDENCE SELECTED CHARTS AND GRAPHS

**Percentage of the Population Participating in the Food Stamp (SNAP Program) in April of Each Year**



Source: "Food Stamp Participants by County (Apr. 2011)" (provided via e-mail by Shane P. Leach ([LeachS@dhw.idaho.gov](mailto:LeachS@dhw.idaho.gov)) of the Idaho Department of Health and Welfare, Division of Welfare, Idaho, 2011).

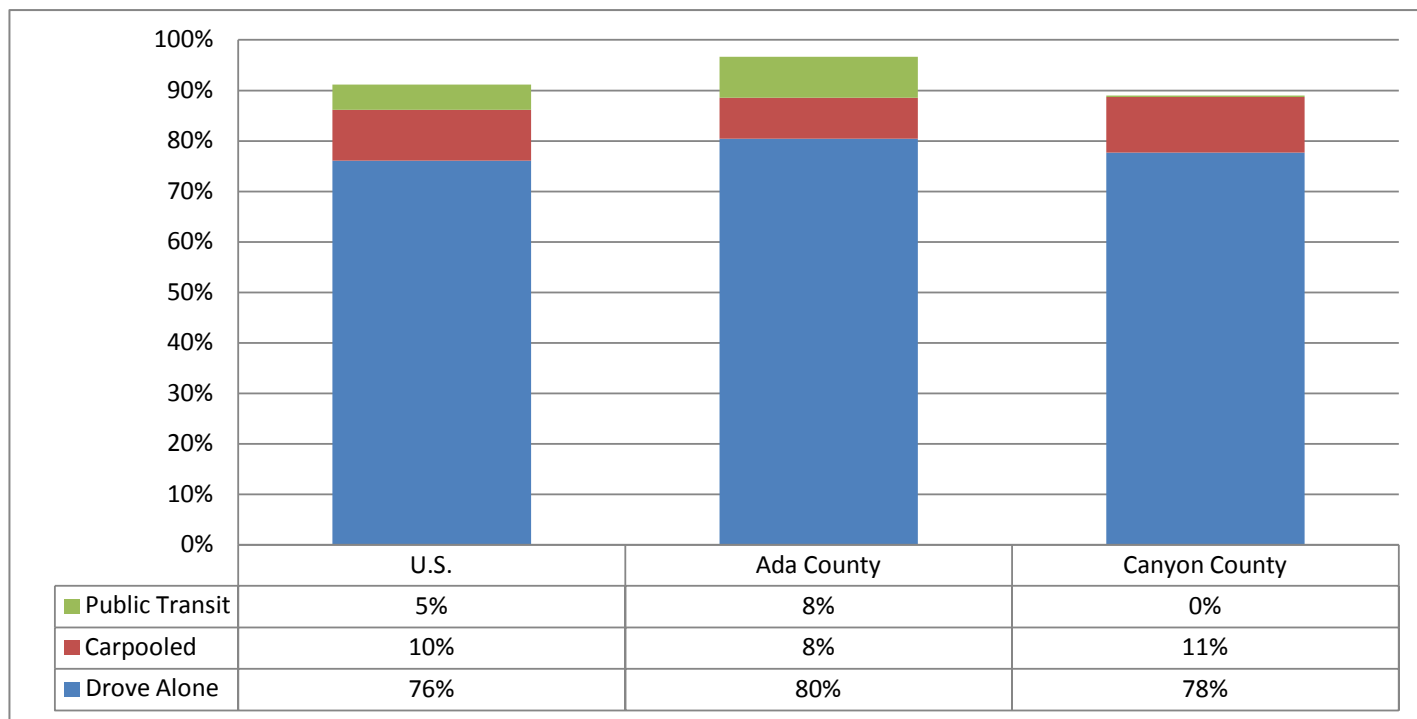
**Unemployment Rate**



Source: "Databases, Tables & Calculators by Subject," Bureau of Labor Statistics, July 12, 2011, <http://data.bls.gov/cgi-bin/surveymost>.

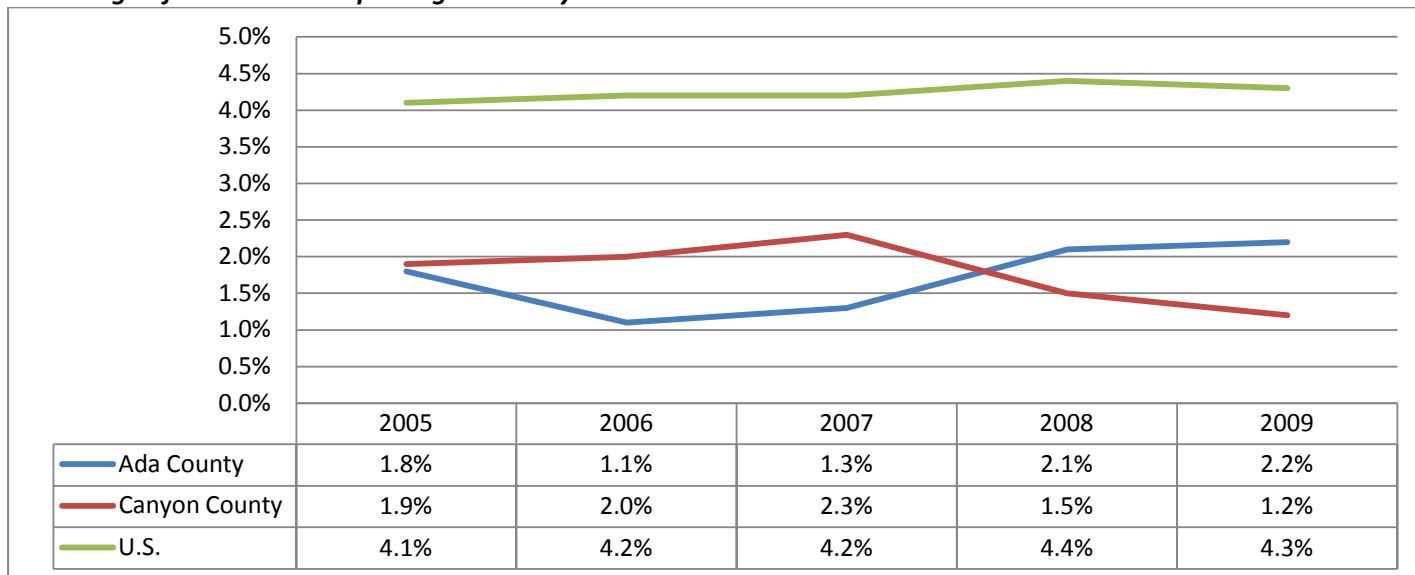
## FINANCIAL INDEPENDENCE SELECTED CHARTS AND GRAPHS

**Percentage of Workers Using Various Means of Transportation to Work in 2009**



Source: American Community Survey, "S0802. Means of Transportation to Work by Selected Characteristics," United States Census Bureau American FactFinder, 2009, [http://factfinder.census.gov/servlet/STTable?\\_bm=y&-context=st&-qr\\_name=ACS\\_2009\\_1YR\\_G00\\_S0802&-ds\\_name=ACS\\_2009\\_1YR\\_G00\\_-CONTEXT=st&-tree\\_id=309&-redoLog=true&-geo\\_id=05000US16001&-format=&-lang=en](http://factfinder.census.gov/servlet/STTable?_bm=y&-context=st&-qr_name=ACS_2009_1YR_G00_S0802&-ds_name=ACS_2009_1YR_G00_-CONTEXT=st&-tree_id=309&-redoLog=true&-geo_id=05000US16001&-format=&-lang=en).

**Percentage of Households Reporting That They Have No Vehicle Available.**



Source: American Community Survey, "S0802. Means of Transportation to Work by Selected Characteristics," United States Census Bureau American FactFinder, 2009, [http://factfinder.census.gov/servlet/STTable?\\_bm=y&-context=st&-qr\\_name=ACS\\_2009\\_1YR\\_G00\\_S0802&-ds\\_name=ACS\\_2009\\_1YR\\_G00\\_-CONTEXT=st&-tree\\_id=309&-redoLog=true&-geo\\_id=05000US16001&-format=&-lang=en](http://factfinder.census.gov/servlet/STTable?_bm=y&-context=st&-qr_name=ACS_2009_1YR_G00_S0802&-ds_name=ACS_2009_1YR_G00_-CONTEXT=st&-tree_id=309&-redoLog=true&-geo_id=05000US16001&-format=&-lang=en).

### ● FINANCIAL LITERACY AND ASSET DEVELOPMENT

Both the stakeholder and affected population focus groups agreed that financial literacy was an important skill for students to possess before leaving school. It is difficult to discern how much impact high school financial education has on students' later behavior, but there is clear evidence showing the potential for financial education to change adults' behavior in the use of credit, preparation for buying a home, and planning their retirement savings. The percentage of Idahoans who are underbanked is slightly higher than the national rate, and the median level of credit card debt in Idaho is nearly \$200 more than the U.S. median. It may be that financial education offers the opportunity to improve Treasure Valley residents' prospects for financial independence.

In this study, "unbanked" meant that the respondent did not have a checking or savings account. Those who were underbanked had a checking or savings account, but used "non-bank money orders, non-bank check-cashing services, payday loans, rent-to-own agreements, or pawn shops at least once or twice a year."

While Idahoans were slightly less likely to be unbanked than Americans generally, they were more likely to be underbanked. The percentage of Idahoans who were not underbanked was slightly lower than the national percentage.

To be financially stable and gain financial independence, families should be able to manage credit responsibly. Credit card debt may measure an individual's credit responsibility, but also the potential vulnerability to financial crisis. The median amount of credit card debt among Idaho adults was \$186 more than the median among adults nationwide. Credit card debt may be one of the most expensive forms of credit for low-income families and may reduce the availability of financial assets for other purposes. Lower debt, or no debt, allows families to better afford housing and health services, and increases the likelihood of affording additional educational opportunities.

In addition to saving for retirement and making responsible use of credit cards, another important goal that might be addressed through financial education is asset development. This issue is given particular urgency by the fact that, as of 2006, a little more than 20% of Idaho households did not have sufficient savings to support themselves at the poverty level if they were without income for 3 months. This is lower than the national rate of 28%. However, the median net worth of Idaho households, \$66,630, is much lower than the national median of \$88,803. For households earning sufficient income to meet their families' needs, financial education may play an important role in helping prevent them from sinking below the poverty level due to unexpected or emergency expenses.

There is a range of asset development programs in the Treasure Valley that help families and individuals save money for goals like buying or renting a home, starting a business or saving for a child's college education. The need for such programs is demonstrated by the lower median net worth of Idaho households, compared with the national median household net worth.



## FINANCIAL INDEPENDENCE ASSESSMENT SUMMARY

The net worth of the median Idaho household is \$ 66,630, which is \$22,173 lower than the net worth of the median household nationwide.

Asset development can increase the economic stability of families when basic needs are not adequately covered by income and government support programs. Asset development programs that focus on encouraging banking and savings accounts and low-income home and vehicle ownership are recognized methods for promoting financial self-sufficiency. Asset development programs in Ada and Canyon counties include Individual Development Accounts (IDA) (matched savings accounts), micro-enterprise loans (META) and construction of affordable homes (Habitat for Humanity). In Ada and Canyon counties, 76 low-income individuals have purchased homes, started a small business or worked toward completing post secondary education through the IDA programs. Habitat for Humanity has helped 56 families become home owners in Ada County and 13 families become home owners in Canyon County. In META's last fiscal year, its loans led to 22 jobs, 11 new companies and the expansion of five other businesses.

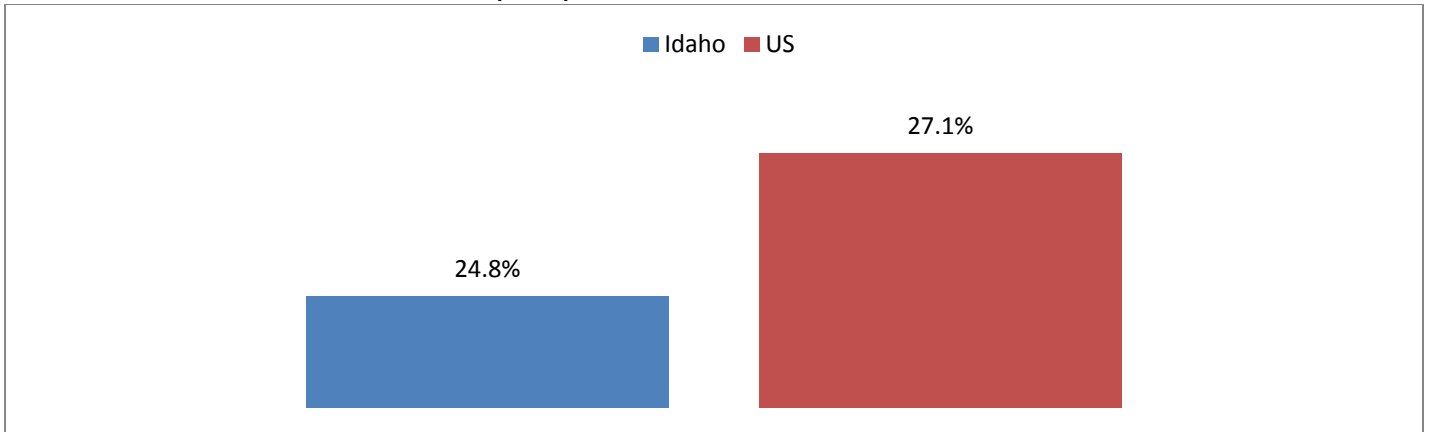
### **BARRIERS TO FINANCIAL LITERACY AND ASSET DEVELOPMENT**

*(Identified through literature review and surveys of community residents and UWTV stakeholders)*

- ✓ Lack of a job with adequate income
- ✓ Competing priorities
- ✓ Lack of personal responsibility
- ✓ Lack of emphasis on the importance of financial education
- ✓ Dependence on others to handle financial matters

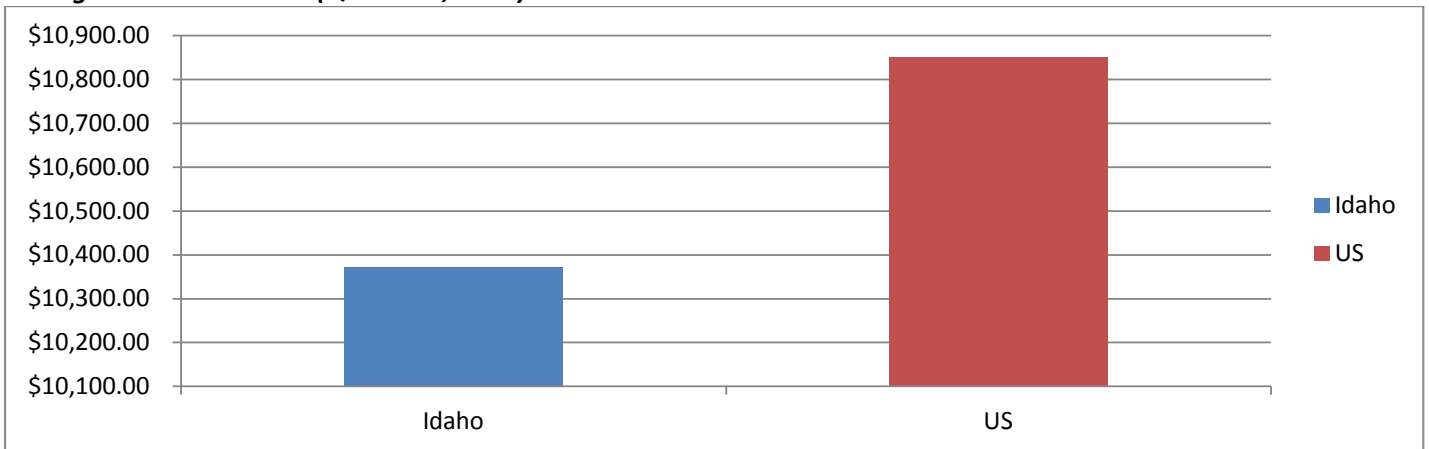
## FINANCIAL INDEPENDENCE SELECTED CHARTS AND GRAPHS

**Asset Poverty Rate – Percentage of Households Without Sufficient Net Worth to Subsist at the Poverty Level for Three Months in the Absence of Income (2009).**



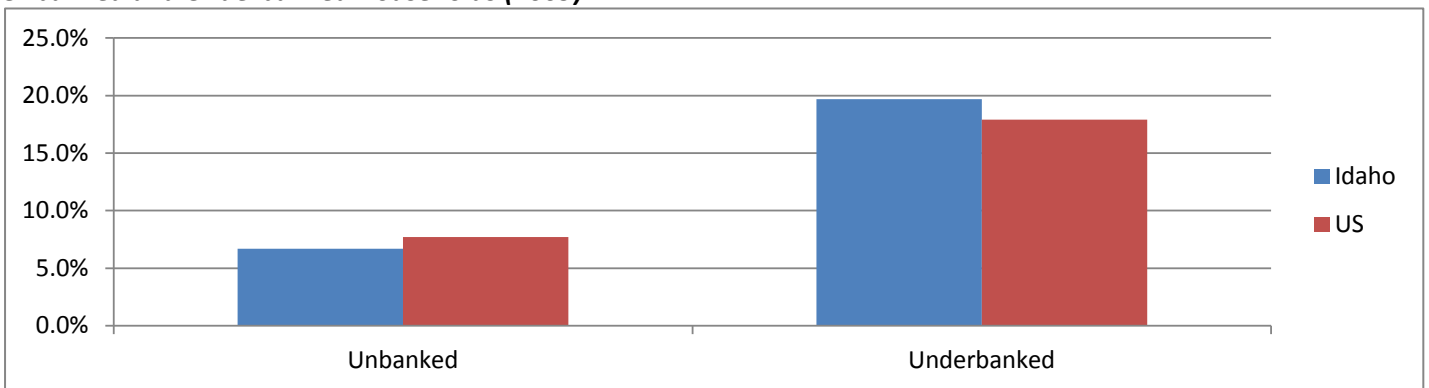
Source: CFED Assets & Opportunity Scorecard. Accessed at: <http://scorecard.assetsandopportunity.org/2012/measure/asset-poverty-rate?state=id>

**Average Credit Card Debt (Quarter 3, 2011)**



Source: CFED Assets & Opportunity Scorecard. Accessed at: <http://scorecard.assetsandopportunity.org/2012/measure/average-credit-card-debt?state=id>

**Unbanked and Underbanked Households (2009)**



Source: FDIC National Survey of Unbanked and Underbanked Households. Washington, DC: [Federal Deposit Insurance Corporation](http://www.fdic.gov), 2009.

## FINANCIAL INDEPENDENCE ASSESSMENT SUMMARY

### ● AFFORDABLE HOUSING

Since housing is a major expense for any family, the cost of housing and the ability to afford safe and reliable housing is important to the overall well-being of all families. Thirty percent of household income is a widely accepted upper limit on the cost of housing that is considered affordable for a given household. The percentage of households paying more than that threshold for housing was slightly lower in Ada County than in Canyon County, both of which were lower than the national percentage.

Having shelter—a safe and reliable place to sleep and live—is one of the most basic human needs. A large portion of income for most families is used to rent or buy housing. Idaho’s annual Point in Time Count numbers those in the state who sleep in shelters or in places not intended for sleep. This census indicates that the number of homeless people in southwest Idaho was slightly more than 1,100; the number of homeless people, including those who stay in hotels, motels, or temporarily with friends or family, is likely much higher. During the 2009-10 school year, approximately 4% of students in Canyon County and nearly 2% of Ada County students met the latter definition of homelessness. Homelessness is associated with a variety of negative academic effects in children and negative health impacts in adults. When asked the cause of their homelessness, the top three reasons given by respondents to the Point in Time Count census takers were unemployment, lack of affordable housing and mental disabilities.

This data for homelessness is based on a formula that estimates the number of people who are homeless at some point during the year as a range of percentages of those living in poverty. It includes people who are temporarily staying with a friend or relative as well as those in shelters or on the streets. It will not necessarily detect the number of low-income people in programs to prevent them from becoming homeless.

Canyon County’s estimated percentage of population who are homeless is slightly higher than the national average, which is slightly higher than the Ada County percentage. For all three areas, these percentages have increased between 2007 and 2009, although the increase was more dramatic in Ada and Canyon counties than at the national level.

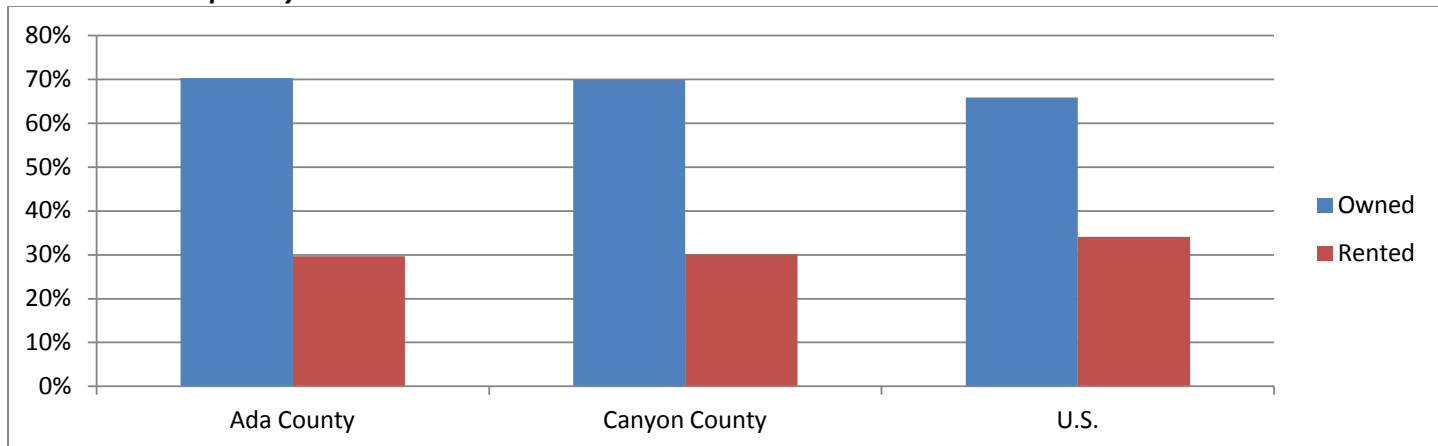
#### **BARRIERS TO AFFORDABLE HOUSING**

*(Identified through literature review and surveys of community residents and UWTV stakeholders)*

- ✓ Cost of buying and maintaining a home
- ✓ Inability to qualify for low-income housing
- ✓ Lack of adequate income

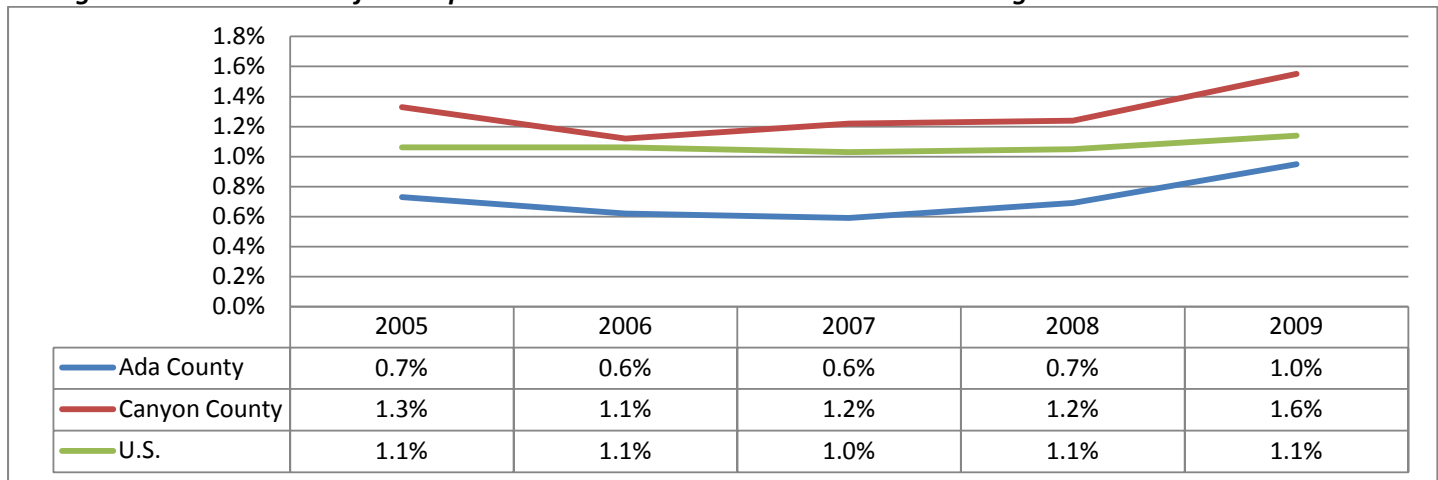
## FINANCIAL INDEPENDENCE SELECTED CHARTS AND GRAPHS

### Households Occupied by Owners and Renters in 2009



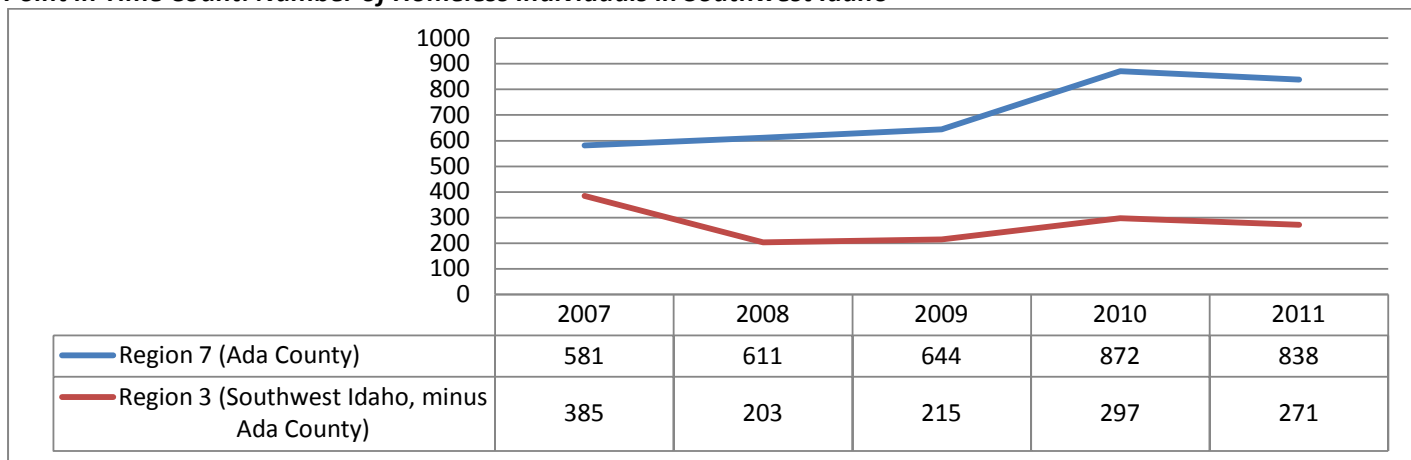
Source: Occupancy Characteristics," U.S. Census American Community Survey 2009

### Average Estimated Percent of the Population That is Homeless at Some Point During the Year



Source: Calculations based on American Community Survey, "T1. Population Estimates [11]"

### Point in Time Count: Number of Homeless Individuals in Southwest Idaho























(Regions are IFHA designated regions and do not conform to IDHW regions.)

Source: State of Idaho, "Point in Time Count," Idaho Housing and Finance Association, 2007,2008,2009,2010,2011

## FINANCIAL INDEPENDENCE ASSESSMENT SUMMARY

The following chart is a summary of data analyzed by UWTV which was collected by Boise State University and the Utah Foundation in each of the component areas of Financial Independence. Levels of concern indicate ratings of the following: a) how many people are faced with challenges related to the data, b) whether those challenges are getting better or worse, and c) how severely the challenge impacts those individuals who experience it. Indicators highlighted in red show relatively high cause for concern, indicators highlighted in yellow show moderate cause for concern, and indicators highlighted in green show less cause for concern.

	Level of Concern
<b>JOBS WITH A LIVEABLE WAGE</b>	
Percent of families with income below the poverty line	
Percent of families headed by single mothers that fell below the poverty line	
Percent of families living in poverty by ethnicity	
Percent of families living in poverty line by number of workers in the household	
<b>ACCESS TO WORK SUPPORT SERVICES</b>	
Percent of children (age 6-11) who spent time alone without supervision	
Number of children receiving subsidized care through the ID Childcare Program	
Educational attainment of Idaho childcare providers	
Percent of population receiving food stamps	
Unemployment rates	
<b>FINANCIAL LITERACY AND ASSET DEVELOPMENT</b>	
Asset poverty rates	
Average credit card debt	
Underbanked households	
Unbanked households	
<b>AFFORDABLE HOUSING</b>	
Households occupied by owners and renters	
Percent of population of homeless residents during the year	
Number of homeless individuals	

## FINANCIAL INDEPENDENCE – NEXT STEPS FOR UNITED WAY OF TREASURE VALLEY

To help provide individuals and families with opportunities to succeed, UWTV has several “Pathway Projects” that provide a way to self-sufficiency. As we continue to prioritize the data from the assessment, it is clear that the following projects are key to helping address community need in the area of financial independence:

### Individual Development Accounts (IDA)

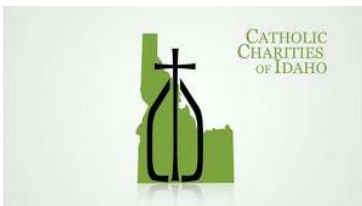
IDAs are matched savings accounts that enable low-to-moderate-income individuals and families to build assets and enter the financial mainstream. The program provides an asset-based approach to giving qualifying individuals and families a hand up out of poverty to break the cycle.

The IDA program matches an individual’s savings, up to a maximum of \$2,000 at a rate of two to one. The individual’s savings plus the match (which can total up to \$6,000) can then be used for a first-time home purchase, post secondary education or transferred to a dependent’s education.

#### ***IDA Program Successes:***

- 76 individuals successfully completed the IDA program
- 47 participants have purchased a home
- 25 participants utilized the program for post-secondary education
- 5 have successfully completed the program and used their IDA to start a small business
- More than 770 hours of financial education were completed
- More than 376 hours of homeownership courses and career counseling were provided
- \$411,157 in total participant savings and matching funds were deposited
- 49 participants used all or part of their Earned Income Tax Credit (EITC) to make a lasting impact

#### ***IDA Program Funders:***



## ***Treasure Valley Economic Action Program***

Economic abuse is an often overlooked dimension of domestic abuse that is one of the root causes of the cycle of violence. In 2009, United Way convened leaders of local domestic violence agencies who serve this population to discuss a solution to this need. Dr. Cynthia Sanders, PhD, MSW and Associate Professor in the School of Social Work at Boise State University, served on the United Way Vision Council and is a subject expert on issues relating to domestic violence, women's issues, and social and economic development. The primary goal of this effort is to implement a standardized, research-based financial education opportunity to address this critical need and to disrupt the cycle of abuse and poverty.

United Way and the collaborative raised the funds to cover program expenses through the first year and expect to serve 150-200 women in their first year of classes. Evaluations and baseline measurements have been collected by Dr. Sanders and will be used for comparison with women who enroll and complete the financial education classes.

Through this pilot program, we have demonstrated how working together on a community issue can result in successful systems change and disrupt the cycle of poverty through focused attention on a root cause of the issue.

### **TVEAP Program Partners:**



## Free Tax Help Program (EITC)

United Way of Treasure Valley's Free Tax Help Program, a partnership with the Volunteer Income Tax Assistance Program, offers tax preparation services free of charge to thousands of low-income working individuals, families and seniors. This assistance can be a critical step toward financial independence in claiming the Earned Income Tax Credit (EITC).

The EITC is a refundable federal income tax credit for low-to moderate-income working individuals and families. **This innovative, successful anti-poverty program lifts more children out of poverty than any other single program or category of programs.**

In 2011, the free tax preparation program helped more than 4,700 people in the Treasure Valley, for a total tax return of \$6.7 million. The average refund was \$1,440, enough to open an Individual Development Account (IDA) and start a family on the path to financial independence.

This success would not be possible without our tremendous partners, Bank of America and Idaho State Treasurer Ron Crane. Their support facilitated a marketing and outreach effort that got the word out about the program and the opportunity of the EITC. Our biggest thanks to them for helping us break the cycle of need through innovation!



### Did you know...

The IRS estimates that \$11 million in eligible EITC dollars are left **unclaimed** in the Treasure Valley annually.

### EITC Program Partners:





# UWTV Financial Independence Partners

In 2011, UWTV invested more than \$400,000 in programs focused on creating financial stability for individuals and families through our partners listed below.



# CRITICAL COMMUNITY NEEDS

*“What are people’s most basic needs?”*

## FINDINGS

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- Access to food, specifically healthy foods
- Access to basic medical and dental services
- Emergency housing



## **BASIC NEEDS ASSESSMENT SUMMARY**

Psychologist Abraham Maslow theorized that every human being has a hierarchy of needs, with some basic physiological needs that must be met prior to aspiring to the more complex goals of living in a community and being a productive member of that society. The basic needs of food, water, air and safety (including shelter and health) are recognized as minimum requirements. As a community, we aspire for full lives for all people and families. To that end, we must ensure basic needs are met while furthering the goal of financial independence for individuals and families.




This report examines the measures of basic needs in our communities, which provide a baseline for measuring the impact of programs targeting these areas. The context for many of the current measures is the recent recession. As the economy heals and jobs become available, however, efforts to enable financial independence will become increasingly important. The indicators describe communities struggling to meet the basic needs of people.

This report describes a range of issues impacting the basic needs of Treasure Valley residents.

Where possible, we have used this data to examine trends across time or compare local, state and national statistics. We have chosen indicators that are relevant to the issues of interest to United Way and its partners, statistics that were relatively easy to find and that are collected on a fairly routine basis from reliable sources, and indicators that should be relevant for partner agencies to incorporate into outcome measures in their program work. In addition to the indicator data, we conducted surveys, focus groups and interviews to provide an expanded picture of health and wellness disparities and needs in our communities.

## BASIC NEEDS ASSESSMENT SUMMARY

The following chart is a summary of data collected and analyzed by Boise State University and the Utah Foundation in each of the component areas of Basic Needs. The colors represent composite ratings from multiple data sources related to the following: a) trend – whether those challenges are getting better or worse. Areas highlighted in red show relatively high cause for concern, areas highlighted in yellow show moderate cause for concern, and areas highlighted in green show less cause for concern.

	Challenge is Getting Better or Worse (Trend)	Key Observations
Access to food, specifically healthy foods		<i>The number of residents receiving food stamps has increased by 7.33% in Ada County and 12.69% in Canyon County since 2005.</i>
Access to basic medical and dental services		<i>In 2010, Idaho Federally Supported Health Centers saw a total of 121,329 patients, of which 6,780 were homeless.</i>
Emergency housing		<i>Most residents who reside in homeless shelters are there because of unemployment, followed by the inability to find affordable housing.</i>

### • ACCESS TO HEALTHY FOOD

According to the USDA definition of food security, a household is food insecure if, at some point during the preceding year, they did not have enough food or were afraid they would not have enough food for everyone in the household, or if they were forced to sacrifice the quality or variety of food to ensure that everyone had enough to eat. Based on the comments of affected population members, access to high-quality, healthy food was a more widespread concern than absolute hunger. Children living in food-insecure households tend to experience more health problems and are more likely to repeat a grade than children in food secure households. The large portion of food-insecure households with at least one employed adult indicates that having a job is no guarantee of food security. Further, households that receive government food assistance are more likely to be food-insecure than similar households that do not, indicating current food assistance programs are not sufficient to address the problem.

According to the Idaho Food Bank's data, the rates of food insecurity in both Ada and Canyon county are higher than the Idaho and U.S. rates. The methods of data collection are different for this study than for the National Food Security Survey, so results cannot be directly compared.

The population at risk of food insecurity is small once the household income exceeds 185% of the poverty line. However, the absolute numbers of families with income below 185% of the poverty line are a larger proportion of the overall population. The Idaho Food Bank analysis show that, in Ada County, more than half of food-insecure households are above the 185% Federal Poverty Line.

Families and individuals are eligible to receive food stamps through the Supplemental Nutrition Assistance Program (SNAP) if their gross income is no more than 130% of the poverty threshold, or if their net income is below the poverty threshold. Individuals must apply to receive food stamps and have their eligibility recertified regularly to continue receiving food stamps. Only about half of those who are eligible for food stamps apply to receive them. Many individuals who receive food stamps remain food insecure, and food insecurity also is present among households with income above the limits set for food stamp eligibility. The portion of the population receiving food stamps should not be interpreted as a measure of current or resolved food insecurity.

The percentage of households receiving food stamps has risen dramatically between 2007 and 2011 for all geographic areas considered. In most years, the percentage of population receiving food stamps in Canyon County was higher than the national rate, while the percentage in Ada County was lower than the national rate.

## BASIC NEEDS ASSESSMENT SUMMARY

Students from families with incomes lower than 130% of the poverty line are eligible for free school lunches, while those from families making between 130% and 185% of the poverty line are eligible for lunch at a reduced price. Students from families receiving benefits from the SNAP, Temporary Assistance for Needy Families (TANF) or the Food Distribution Program on Indian reservations also are eligible. Applications for the free- and reduced-lunch program are sent home with all students at the beginning of each year and are accepted throughout the year. The number of participating children provides an estimate of how many children are from low-income families.

The percentage of students receiving free or reduced price lunch has increased over the past five years in school districts of both Ada and Canyon counties. In Ada County, more than one-third of children receive free or reduced lunch, while about two-thirds of Canyon County students receive free or reduced-price meals.

Respondents to the affected population survey were presented with a list of basic services and asked to select and rank the three they considered most important. "Emergency food assistance" was rated most important by more respondents than any other option. It also was most frequently selected overall. Stakeholder Survey respondents were asked to rate the importance of several services to address the basic needs of community members. Of the 12 items, "emergency food assistance" was rated as very important or somewhat important by a larger percentage of respondents (94.9%) than any other item, except emergency shelter (96.0%).

Participants in the affected population focus groups mentioned difficulty affording or accessing *healthy* food much more often than they mentioned not having enough food, or fearing that they would not have enough food. This pattern held true even in focus groups and interviews conducted with homeless people. The only exception was a focus group conducted with clients of the Gem County Senior Center, who mentioned that feeding programs sometimes provided their only meal of the day.

The stakeholder focus group members stated that access to food was a basic need the community should provide. They also believe that resources to teach people how to eat a healthy diet are important.

### **BARRIERS TO ACCESSING FOOD (INCLUDING HEALTHY FOOD)**

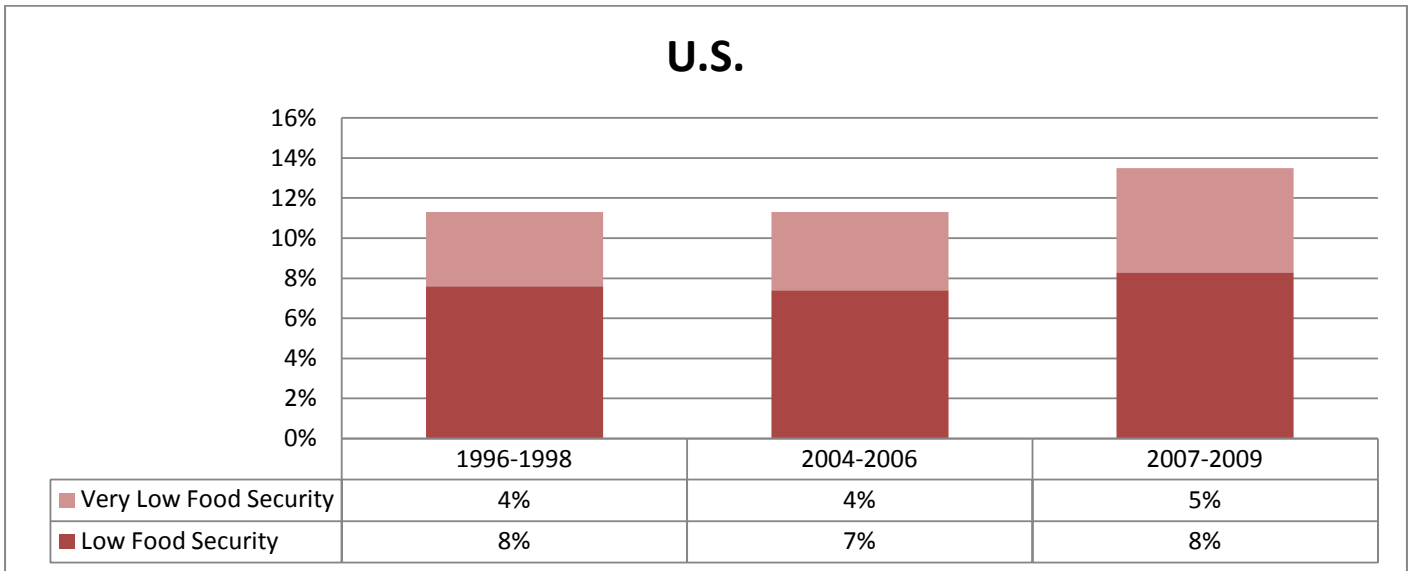
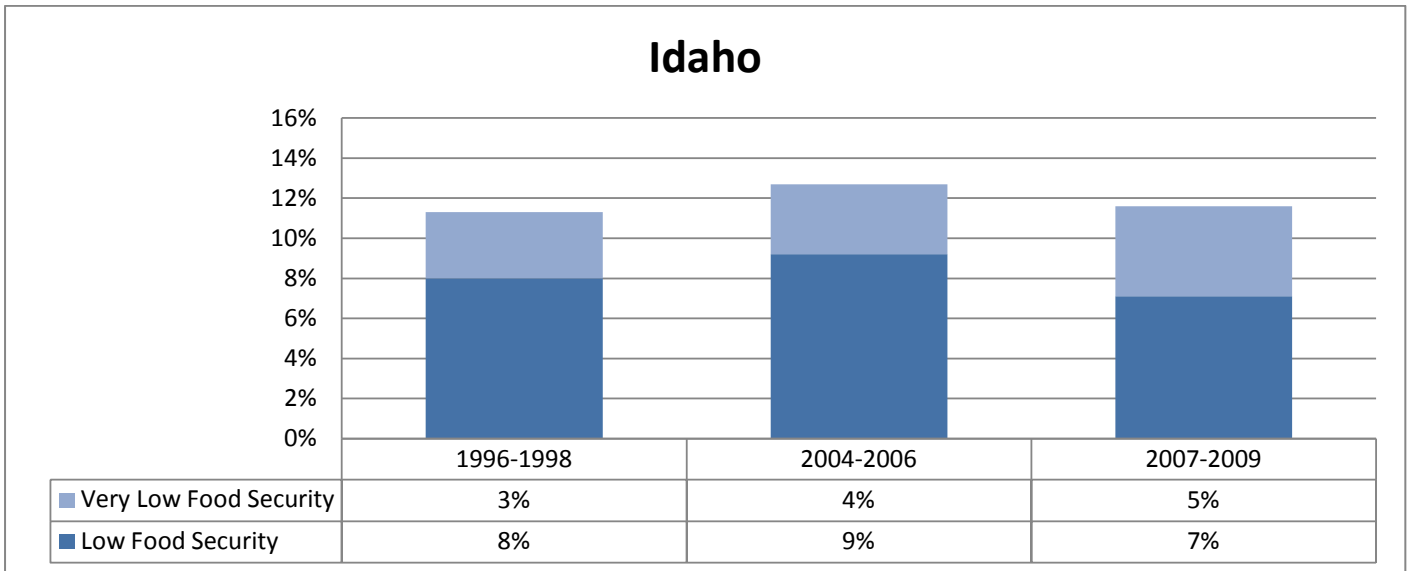
*(Identified through literature review and surveys of community residents and UWTV stakeholders)*

- ✓ Stigma associated with receiving services
- ✓ Lack of knowledge of available programs
- ✓ Lack of transportation
- ✓ Programs not distributing healthy food

# BASIC NEEDS SELECTED CHARTS AND GRAPHS

## Indicators of Food Security

Percentage of Households with Low and Very Low Food Security

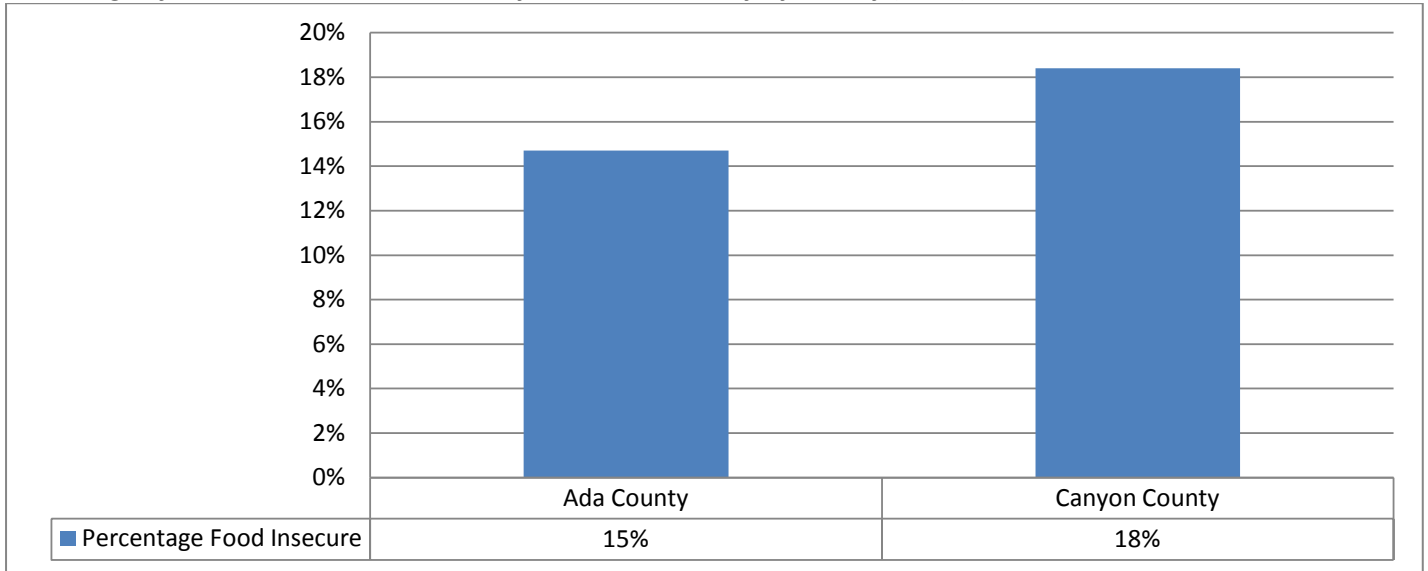


*(Data is collected in the National Food Security Survey, a supplement to the U.S. Census Current Population Survey).*

Source Mark Nord, Alisha Coleman-Jensen, Margaret Andrews, and Steven Carlson, *Household Food Security in the United States, 2009*, United States Department of Agriculture, 2010, <http://www.ers.usda.gov/Publications/ERR108/ERR108.pdf>.

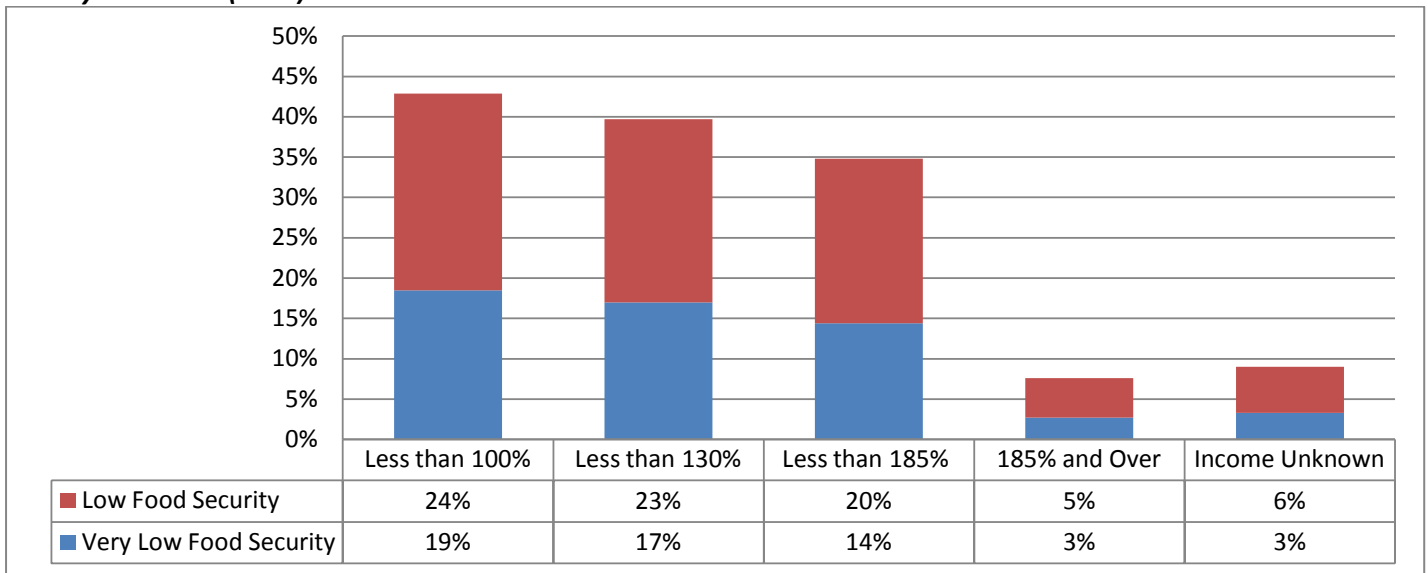
## BASIC NEEDS SELECTED CHARTS AND GRAPHS

**Percentage of Households with Low or Very Low Food Security by County (2011)**



Source: Mapping the Food Gap," Idaho Food Bank, 2011, <http://www.idahofoodbank.org/?page=map-the-meal-gap>.

**Percentage of U.S. Households with Low or Very Low Food Security by Income as Measured as a Percent of the Poverty Threshold (2011)**

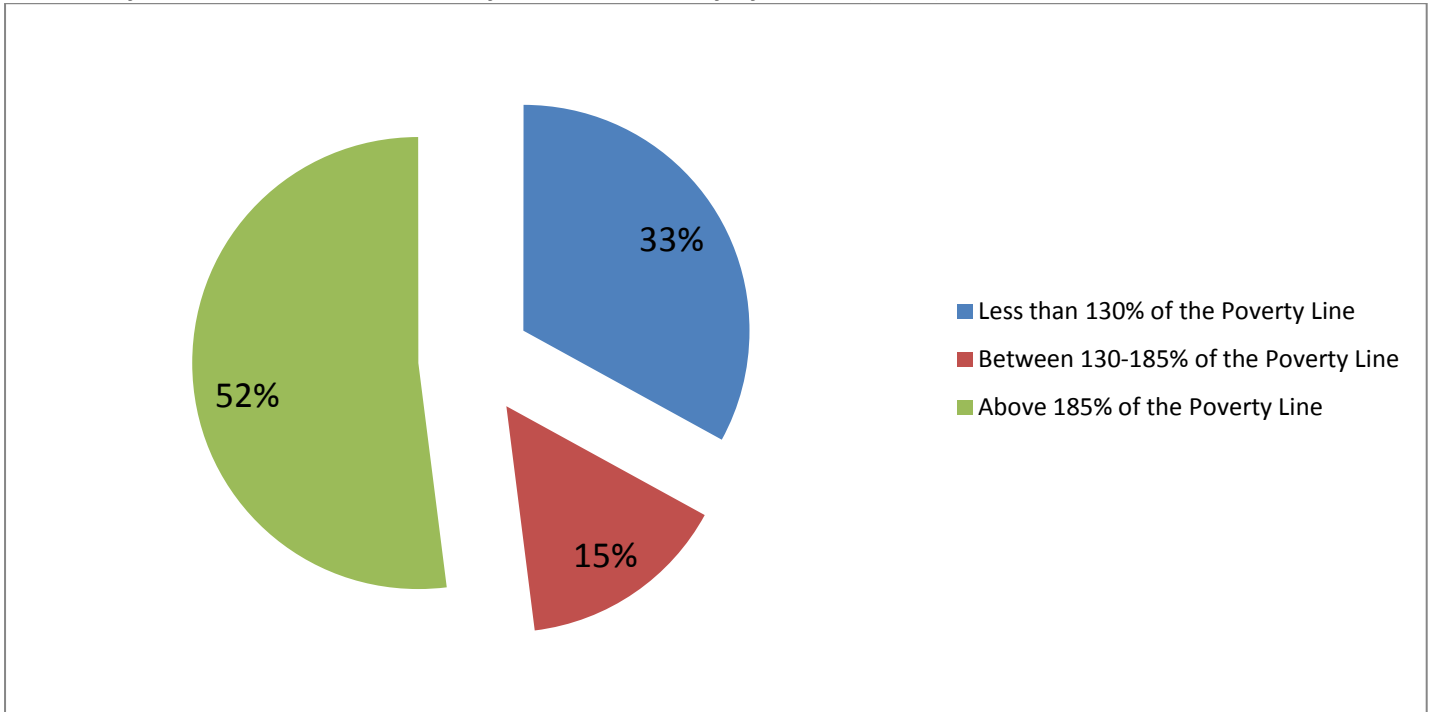


Source: Mapping the Food Gap," Idaho Food Bank, 2011, <http://www.idahofoodbank.org/?page=map-the-meal-gap>.



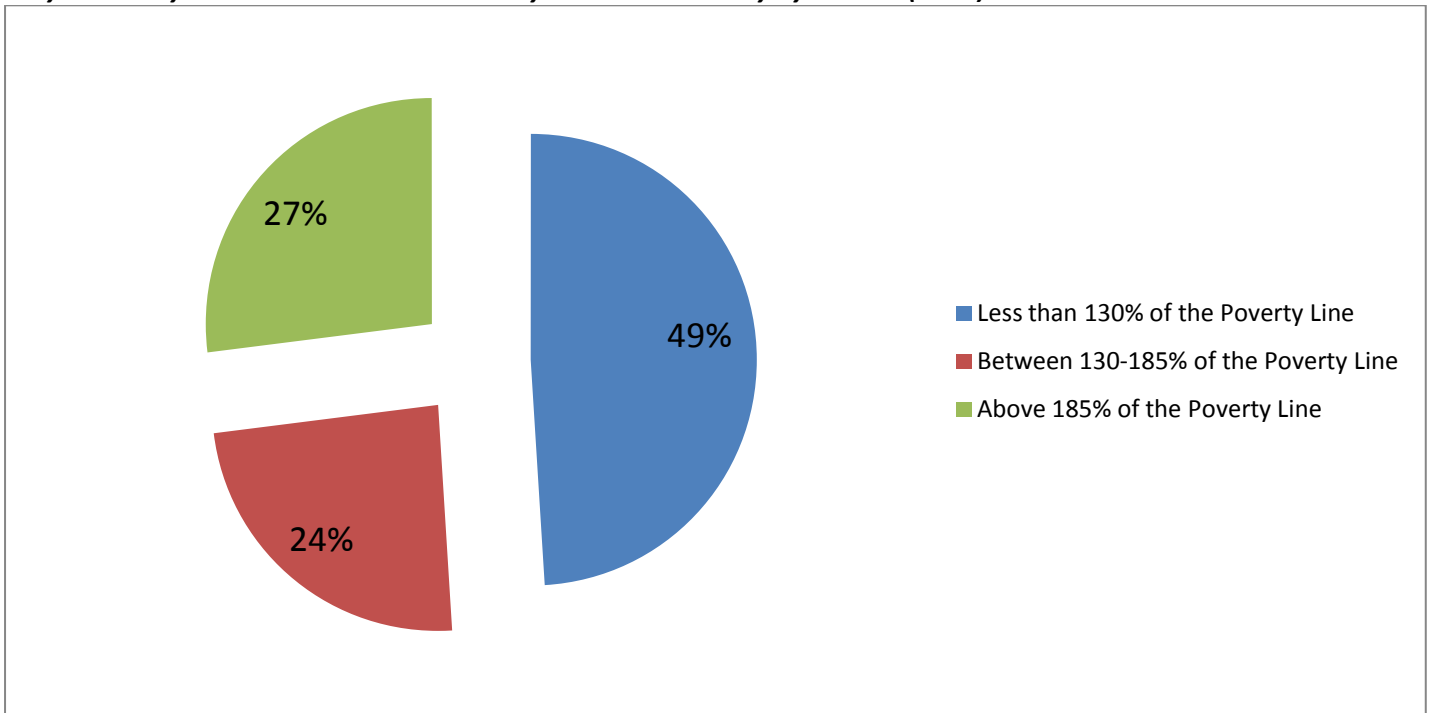
## BASIC NEEDS SELECTED CHARTS AND GRAPHS

**Ada County Households with Low or Very Low Food Security by Income (2011)**



Source: Mapping the Food Gap," Idaho Food Bank, 2011, <http://www.idahofoodbank.org/?page=map-the-meal-gap>.

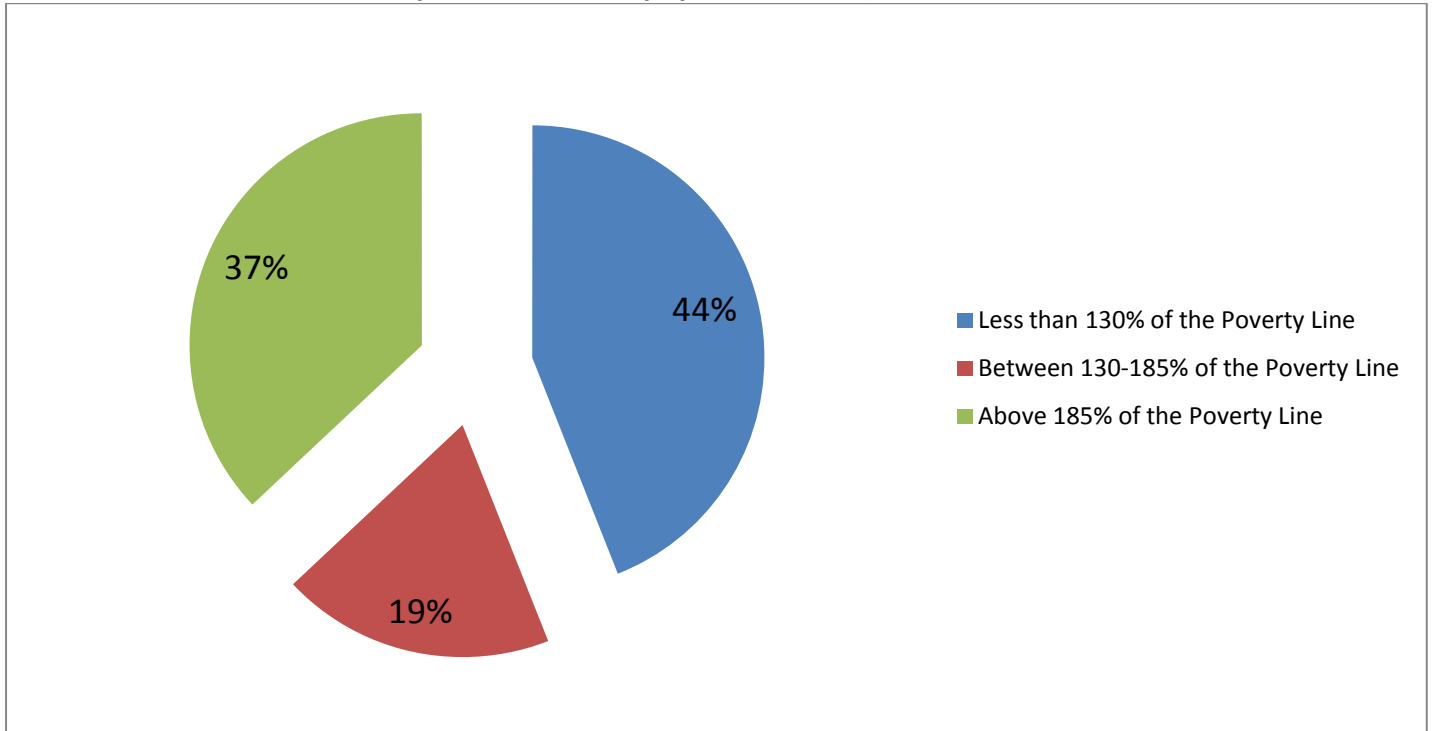
**Canyon County Households with Low or Very Low Food Security by Income (2011)**



Source: Mapping the Food Gap," Idaho Food Bank, 2011, <http://www.idahofoodbank.org/?page=map-the-meal-gap>.

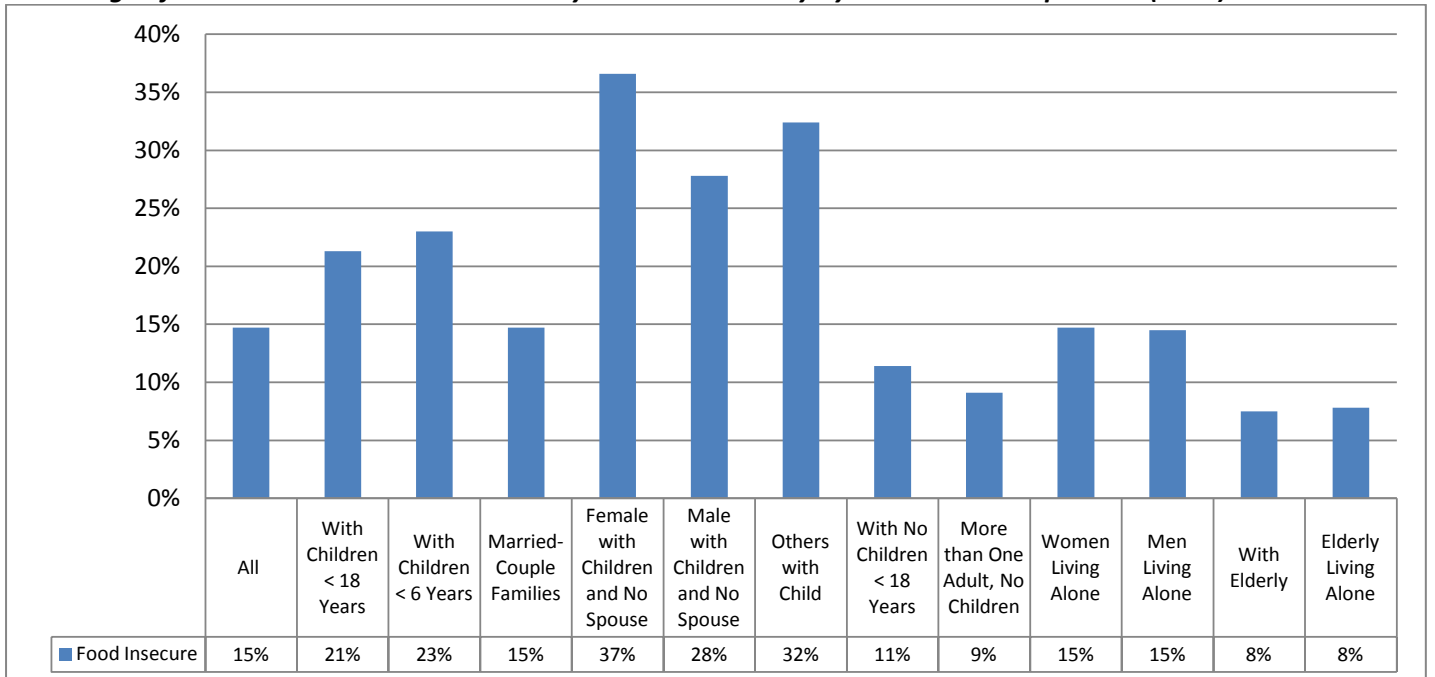
## BASIC NEEDS SELECTED CHARTS AND GRAPHS

**Idaho Households with Low or Very Low Food Security by Income (2011)**



Source: Mark Nord, Alisha Coleman-Jensen, Margaret Andrews, and Steven Carlson, Household Food Security in the United States, 2009, United States Department of Agriculture, 2010, <http://www.ers.usda.gov/Publications/ERR108/ERR108.pdf>.

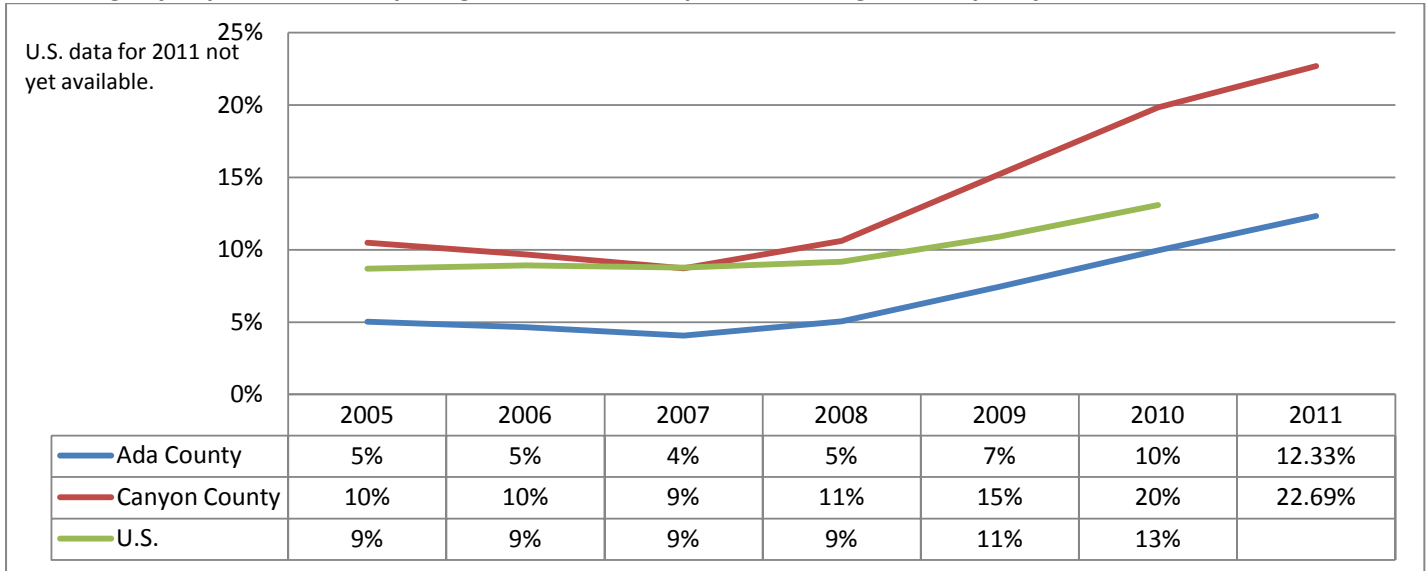
**Percentage of U.S. Households with Low or Very Low Food Security by Household Composition (2009)**



Source: Mark Nord, Alisha Coleman-Jensen, Margaret Andrews, and Steven Carlson, Household Food Security in the United States, 2009, United States Department of Agriculture, 2010, <http://www.ers.usda.gov/Publications/ERR108/ERR108.pdf>.

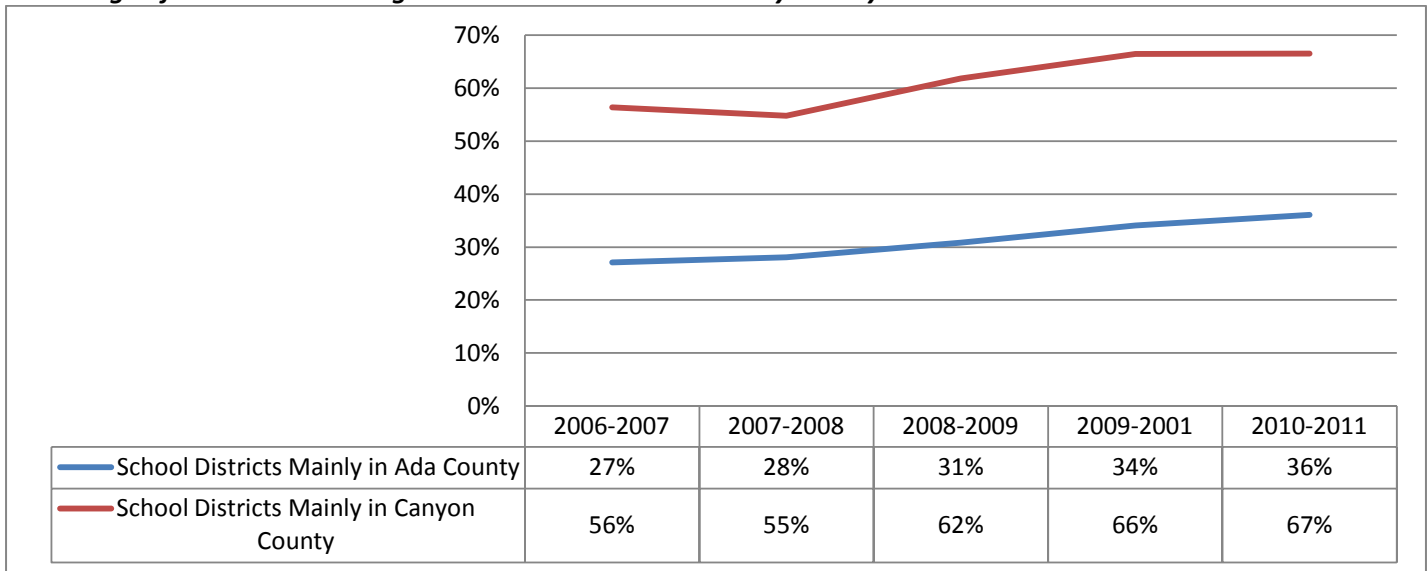
## BASIC NEEDS SELECTED CHARTS AND GRAPHS

**Percentage of Population Participating in the Food Stamp or SNAP Program in April of Each Year**



Source: Food Stamp Participants by County (Apr. 2011)" (provided via e-mail by Shane P. Leach ([LeachS@dhw.idaho.gov](mailto:LeachS@dhw.idaho.gov)) of the Idaho Department of Health and Welfare, Division of Welfare, Idaho, 2011),

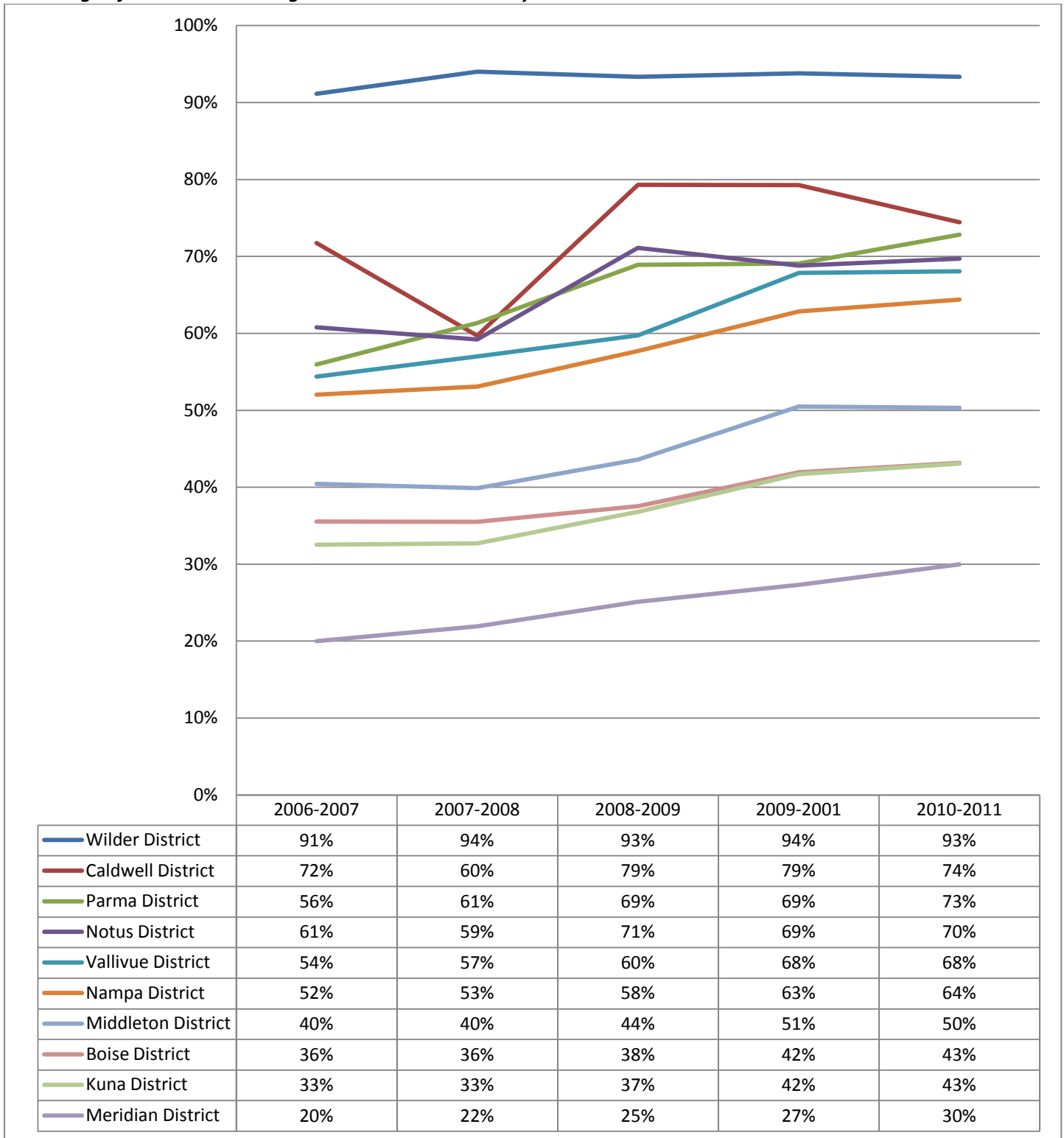
**Percentage of Students Receiving Free or Reduced Price Lunch by County**



Source: Food Stamp Participants by County (Apr. 2011)" (provided via e-mail by Shane P. Leach ([LeachS@dhw.idaho.gov](mailto:LeachS@dhw.idaho.gov)) of the Idaho Department of Health and Welfare, Division of Welfare, Idaho, 2011),

## BASIC NEEDS SELECTED CHARTS AND GRAPHS

**Percentage of Students Receiving Free or Reduced Lunch by District**



Source: Free & Reduced by District," Idaho State Department of Education, 2011, <http://www.sde.idaho.gov/site/cnp/statisticsFinance/>.

## BASIC NEEDS ASSESSMENT SUMMARY

### • ACCESS TO BASIC MEDICAL AND DENTAL SERVICES

Common concerns about access to health care arose across focus groups. These concerns included transportation, health insurance coverage, case management, and cost.

The lack of convenient and timely public transportation service to get to appointments, or get children to appointments, was mentioned very frequently by low-income people that do not have a car or access to private transportation. The need for a personal automobile, or access to subsidized on-demand transport (e.g. a taxi service), was also mentioned in the context of transportation to medical appointments.

Lack of health insurance coverage by employers, lack of access to reasonably priced insurance, and high out-of-pocket costs were major concerns across all groups. Seniors who were covered by Medicare were less concerned. Those who had very limited income but did not qualify for Medicare or Medicaid were particularly frustrated.

Many of the participants were frustrated by the lack of case management and fragmented medical service they receive from their medical provider. Many mentioned the need for referral services when they could not be treated by their usual provider. Those who use the low/no-cost clinics were concerned about the lack in coordination of care and the potential health harm that might result. In conjunction with the need for case management, participants frequently indicated a need for access to, or better awareness of, dental care/services available for their families, mental health care, substance abuse/addiction services, and follow-up care after a medical visit.

Cost of basic care and out of pocket costs concerned almost all participants. Some participants with insurance were still concerned about getting affordable care. Many low-income people said they may have access to care, but even when subsidized, the cost was prohibitive. Several of these low-income participants indicated that they still need to use the hospital emergency room, even if low/no-cost clinics were available because of the cost.

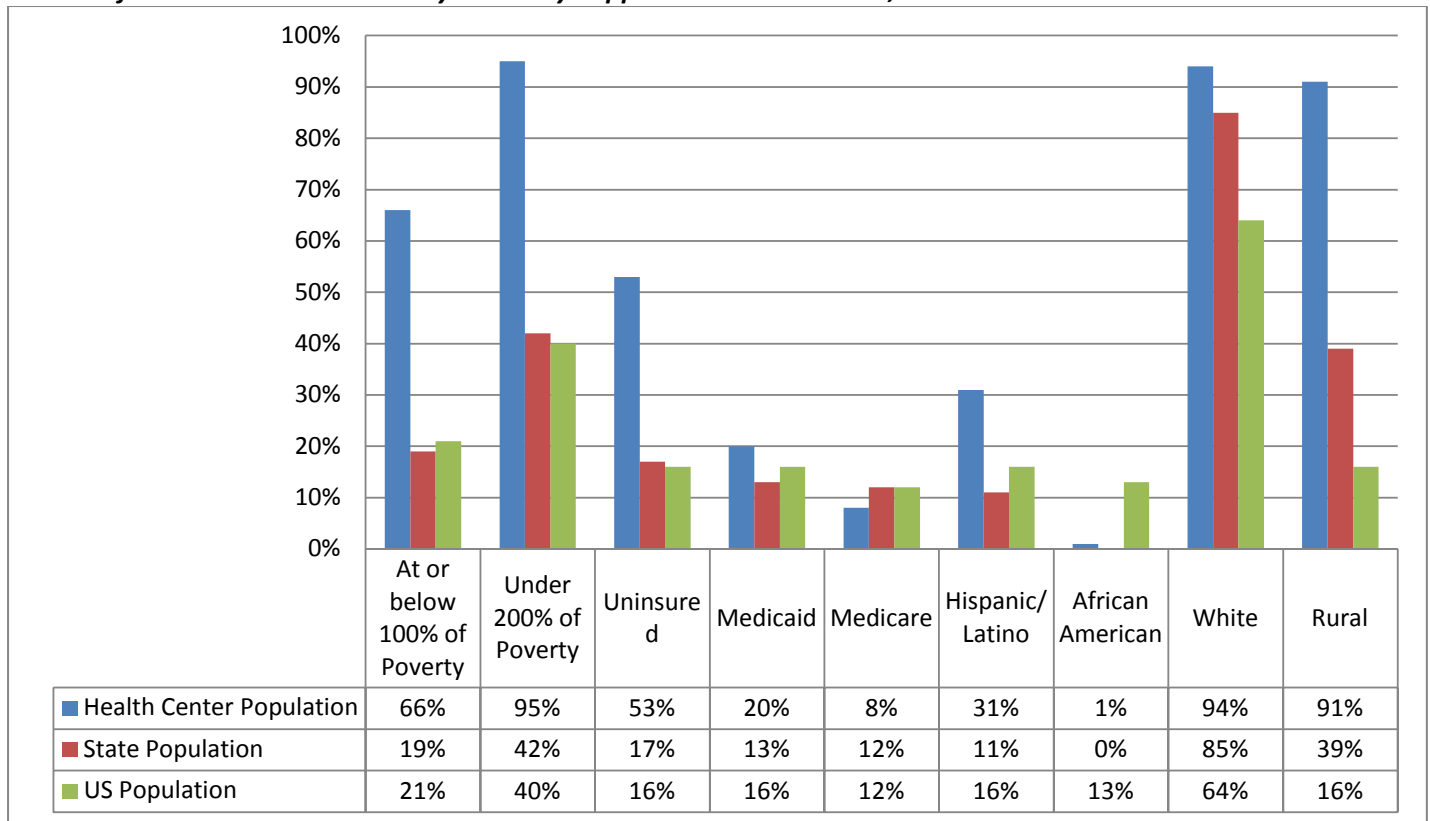
#### **BARRIERS TO ACCESS TO BASIC MEDICAL AND DENTAL SERVICES**

*(Identified through literature review and surveys of community residents and UWTV stakeholders)*

- ✓ Cost of services
- ✓ Lack of health insurance
- ✓ Lack of availability of necessary services
- ✓ Lack of transportation
- ✓ Long waiting lists
- ✓ Individual inability and unwillingness to follow through on a plan of care

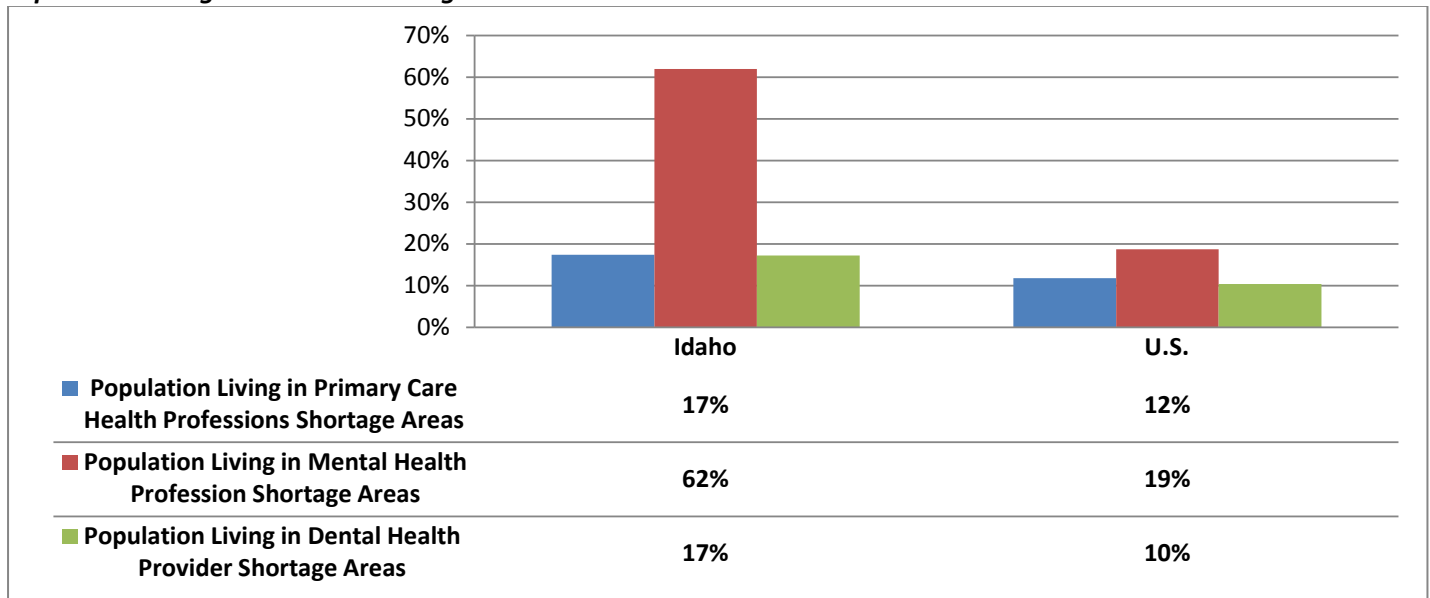
## BASIC NEEDS SELECTED CHARTS AND GRAPHS

**Percent of Idaho Residents Served by Federally Supported Health Centers, 2010**



Source: National Association of Community Health Centers (NACHC). Based on 2010 Uniform Data System, Bureau of Primary Health Care, HRSA, HHS

**Population Living in Provider Shortage Areas**



Source: Idaho Department of Health and Welfare. (2008). Idaho Oral Health State Plan 2008- 2013. Retrieved November, 23, 2008 at: <http://www.healthandwelfare.idaho.gov/DesktopModules/DocumentsSorttable/DocumentsSrtView.aspx?tabID=0&ItemID=10801&Mid=11556>

## BASIC NEEDS ASSESSMENT SUMMARY

### • EMERGENCY HOUSING

Respondents to the affected population survey were given a list of nine basic services and were asked to select and rank the three services that help families the most. Emergency shelter received the third-most rankings overall, as well as the third-most rankings as most important. However, it received only a little more than half as many rankings as the top two basic needs, emergency food assistance and basic health care services.

Emergency shelter was rated as very important or somewhat important by a larger percentage of Stakeholder Survey respondents than any of the other options. Emergency shelter was just one of four of the options for meeting basic needs to be ranked somewhat or very important by 90% or more of the respondents.

While most of the focus groups mentioned housing as a basic need, few said much else about the subject. Some of the affected population focus groups noted that the Section 8 voucher program was unable to meet the high demand for housing assistance. Several attendees of the affected population focus groups also reported that getting on the waiting list for Section 8 housing was “closed” to new applicants. A few participants noted that the Charitable Assistance to Community’s Homeless (CATCH) program run by the City of Boise was a program that worked well and should be expanded. Some remarked that they knew friends and relatives who would benefit more from the program than using the shelters in the area. Notably, participants in the refugee focus group commented on the difficulty of finding affordable housing large enough to accommodate large families on the funds they are given.

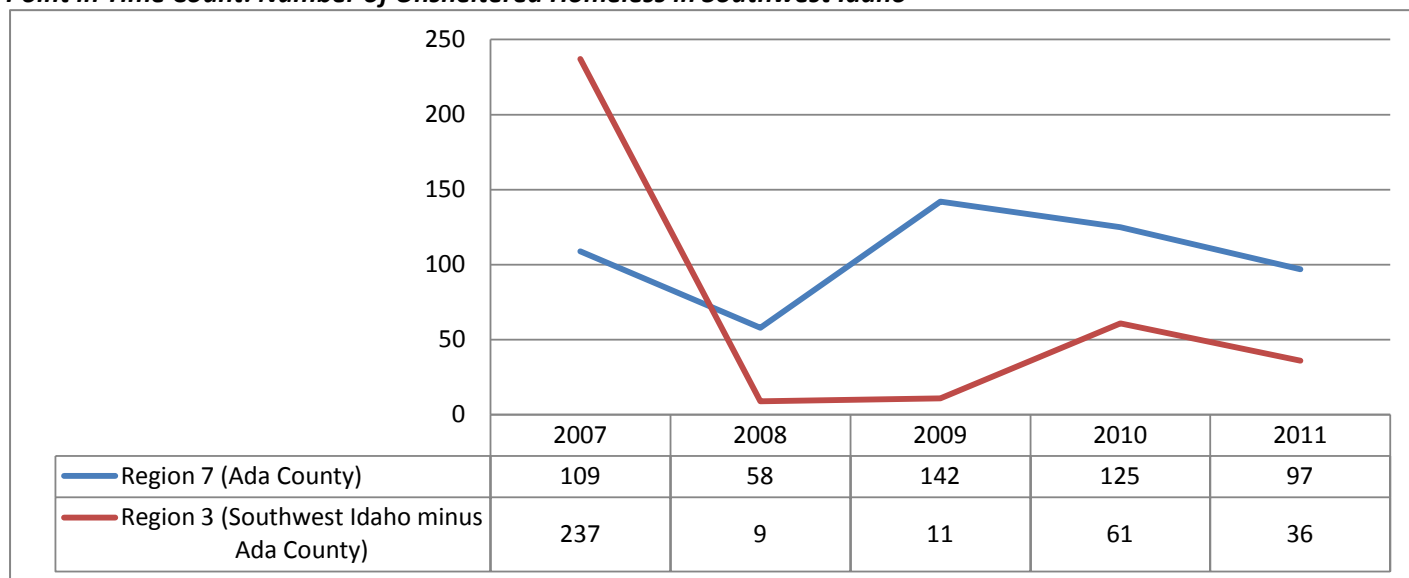
#### **BARRIERS TO EMERGENCY HOUSING**

*(Identified through literature review and surveys of community residents and UWTV stakeholders)*

- ✓ Lack of availability of space
- ✓ Conflicting service hours between shelters and other essential service providers
- ✓ Lack of transportation
- ✓ Lack of awareness about resources

## BASIC NEEDS SELECTED CHARTS AND GRAPHS

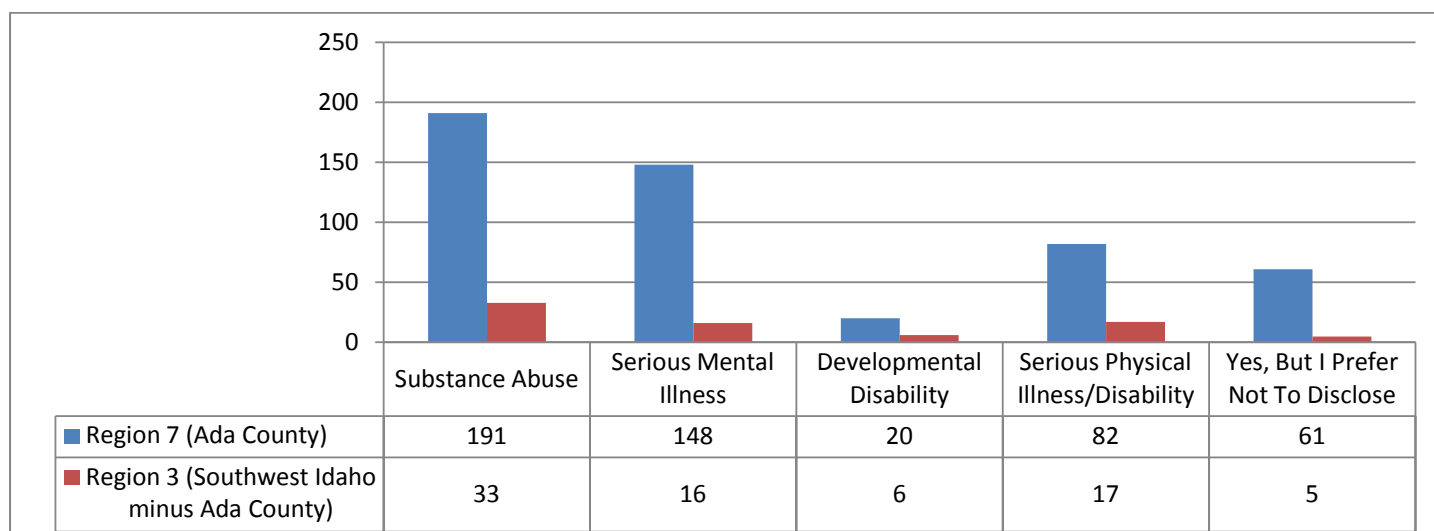
**Point in Time Count: Number of Unsheltered Homeless in Southwest Idaho**



*(Regions are IFHA designated regions and do not conform to IDHW regions. The Point in Time Count uses its own set of districts, separate from health districts.)*

*Source: State of Idaho, "Point in Time Count," Idaho Housing and Finance Association, 2007,2008,2009,2010,2011*

**Number of Homeless Individuals by Disability Status (2011)**



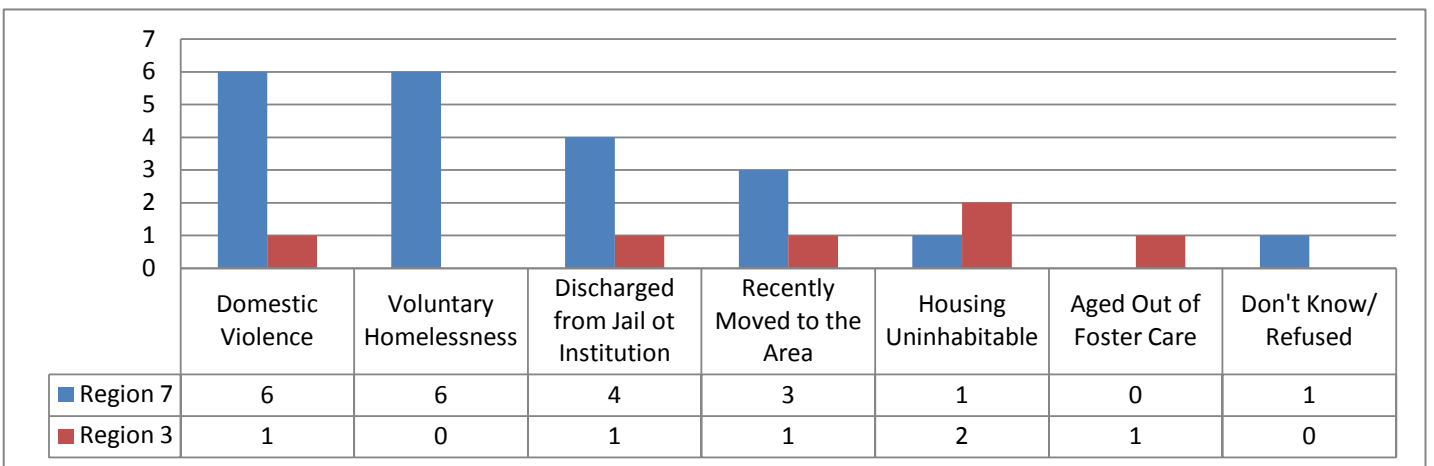
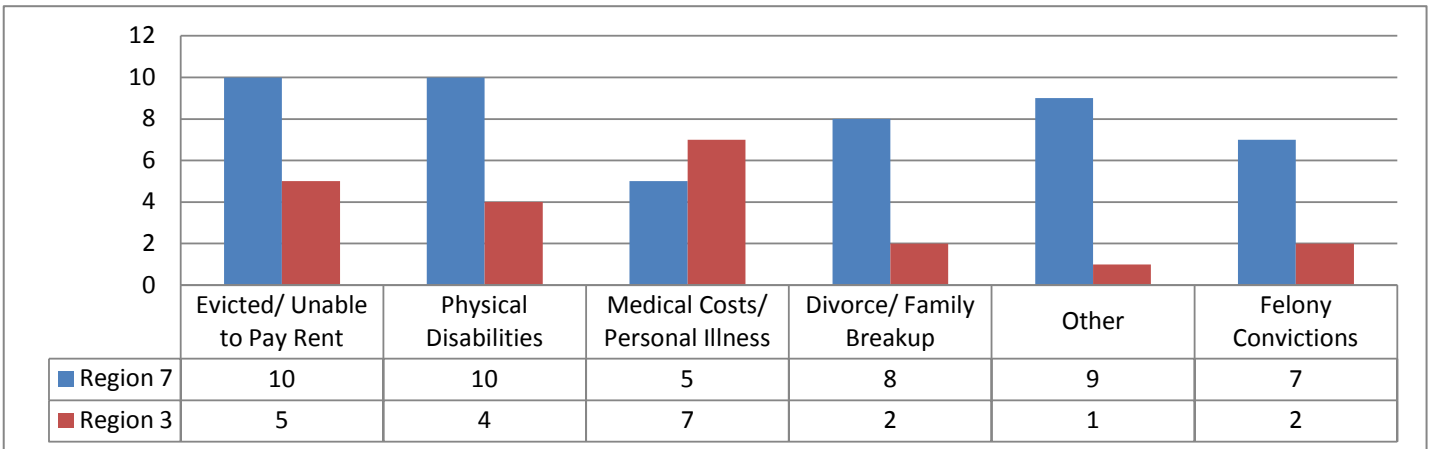
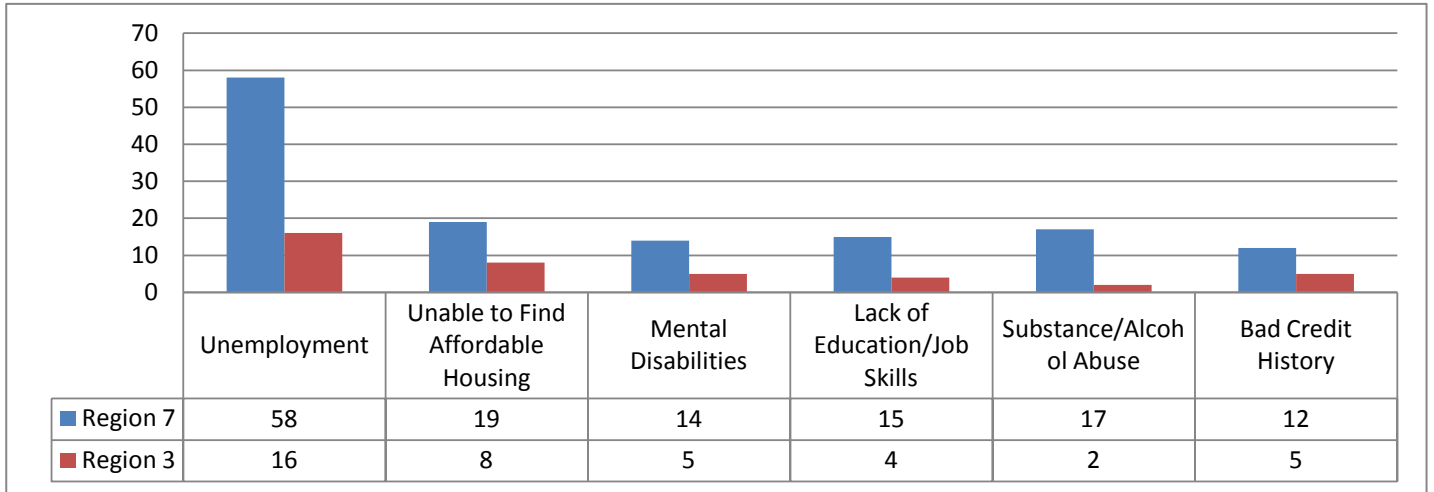
*(Regions are IFHA designated regions and do not conform to IDHW regions.)*

*Source: State of Idaho, "Point in Time Count," Idaho Housing and Finance Association, 2007,2008,2009,2010,2011*



## BASIC NEEDS SELECTED CHARTS AND GRAPHS














**Self-Reported Causes of Homelessness of Homeless Individuals Surveyed in IFHA Regions 7 and 3 (2011)**



Source: State of Idaho, "Point in Time Count," Idaho Housing and Finance Association, 2011, <http://www.healthandwelfare.idaho.gov/LinkClick.aspx?fileticket=pQDR18C-Rxo%3D&tabid=258&mid=1854>.

## BASIC NEEDS SECONDARY INDICATORS

The following chart is a summary of data analyzed by UWTV which was collected by Boise State University and the Utah Foundation in each of the component areas of Basic Needs. Levels of concern indicate ratings of the following: a) how many people are faced with challenges related to the data, b) whether those challenges are getting better or worse, and c) how severely the challenge impacts those individuals who experience it. Indicators highlighted in red show relatively high cause for concern, indicators highlighted in yellow show moderate cause for concern, and indicators highlighted in green show less cause for concern.

	Level of Concern
<b>ACCESS TO HEALTHY FOOD</b>	
Percent of households with low food insecurity	
Households with Low or Very Low Food Security by Income	
Percentage of the Population Participating in the Food Stamp or SNAP Program	
Percent of students receiving free and reduced lunch	
Availability of healthy food in the community	
<b>ACCESS BASIC MEDICAL AND DENTAL SERVICES</b>	
Percent of Idaho Residents Served by Federally-Supported Health Center	
Population living in provider shortage area	
<b>EMERGENCY HOUSING</b>	
Point in Time Count: Number of Unsheltered Homeless in Southwest Idaho	
Number of homeless individuals by disability	
Self reported causes of homelessness	

## BASIC NEEDS – COMMUNITY FEEDBACK

Stakeholder Survey respondents were asked to rate the importance of several services to address the basic needs of community members. Of the 12 items, “emergency food assistance” was rated as very important or somewhat important by a larger percentage of respondents (94.9%) than any other item, except emergency shelter (96.0%).

### Stakeholder Survey: Basic Needs

Item	Very Important	Somewhat Important	Neither Important nor Unimportant	Somewhat Unimportant	Not at all Important	Don't Know	No Opinion	Number of Respondents	Percentage Rated Very Important	Percentage Rated Very Important or Somewhat Important
Emergency shelter	449	147	14	6	1	4	0	621	72.3%	96.0%
Emergency food assistance	463	127	22	5	2	3	0	622	74.4%	94.9%
Crisis child care services	381	197	24	7	2	6	4	621	61.4%	93.1%
Access to safety net services	340	222	28	8	2	13	5	618	55.0%	90.9%
Information about safety net services	305	236	48	10	5	13	3	620	49.2%	87.3%
Transportation Assistance	208	319	64	14	4	8	3	620	33.6%	85.0%
Legal assistance to protect safety	238	286	67	13	4	9	4	621	38.3%	84.4%

## BASIC NEEDS – NEXT STEPS FOR UNITED WAY OF TREASURE VALLEY

Over the next year, United Way will continue to convene community partners to discuss innovative ways to address the identified top basic needs. Through our unique position, we are able to bring collaborative partners and resources together to discuss sustainable solutions to these most pressing needs.

### Access to Healthy Food

United Way supports partners that are focused on providing access to healthy food to individuals and families. In addition to our partners, we will be holding roundtable discussions with the faith-based community to address this identified need.



### Access to Basic Medical and Dental Services

There are a number of our health partners that provide access to basic medical and dental services. UWTV supports these partners through annual investments for their programs.



### Emergency Housing

Access to emergency housing is a critical need that is addressed by our partners below.





United Way  
of Treasure Valley

***“We lead the way to collaborative, innovative,  
and sustainable solutions in education, financial  
independence and health”***

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