St Luke's

St. Luke's Jerome Community Health Needs Assessment 2026

ACKNOWLEDGEMENTS

COLLABORATIVE LEAD AGENCIES

- Family Health Services
- South Central Public Health District
- St. Luke's Health System

COMMUNITY LEADER INTERVIEW ORGANIZATIONS AND FOCUS GROUP HOSTS

- Boys and Girls Club
- City of Jerome
- College of Southern Idaho
- CSI Office on Aging
- Fall City Academy
- Family Health Services
- Housing Authority
- Refugee Center
- Senator Crapo
- South Central Community Action Partnership
- South Central Idaho Homeless Coalition
- South Central Public Health District
- St. Luke's Health System
- The Advocates
- Twin Falls County
- Twin Falls School District
- United Way of South Central Idaho
- Wellness Tree

TABLE OF CONTENTS

EXECUTIVE SUMMARY

The Community Health Needs Assessment (CHNA) was conducted to better understand the health needs of Twin Falls and Jerome counties in Idaho, and to develop strategies to address these needs.

St. Luke's Magic Valley and St. Luke's Jerome hospitals led this assessment in collaboration with community partners. The goal is to create a healthier community by identifying and prioritizing health needs and developing targeted interventions. We are guided by our vision to be the community's most trusted partner in health.

The CHNA process included a comprehensive assessment of the health needs across the service area. We utilized community surveys, focus groups, interviews, and existing health data to identify key health themes and needs. The assessment highlighted several critical areas that require attention and intervention. Identified health needs include (in alphabetical order):

- **Access to Care**
- **Behavioral Health**
- **Childcare**
- **Chronic Disease**
- **Food Access**
- **Housing**
- **Maternal and Child Health**

These needs were presented to community partners and leaders, who were then asked to vote on the upcoming priorities. The following health needs were prioritized:

Housing

Housing affordability and availability are significant concerns in Jerome and Twin Falls Counties. A high percentage of residents face housing cost burdens, with 24.96% (Jerome County) and 29.05% (Twin Falls County) of households spending more than 30% of their income on housing. The influx of new residents has driven up housing prices, making it difficult, especially for small households to afford homes. Community members have expressed frustration over these challenges, highlighting the stress and instability caused by housing issues.

Behavioral Health

Mental health is a critical issue in Jerome and Twin Falls Counties, with high rates of depression and anxiety. Access to mental health services is limited, with only 18.96% of Twin Falls and Jerome County residents receiving mental health services in the past year, and more than half of survey respondents from this area reporting insufficient mental health services in their community. The shortage of mental health clinicians and long wait times for appointments further exacerbate these challenges. Community members have voiced their concerns, emphasizing the need for more mental health resources and support.

Access to Care

Access to healthcare services is another major challenge in Jerome and Twin Falls Counties. The uninsured rate is significantly higher than the national average, with 15.78% of residents in Jerome County lacking health insurance. The counties also have lower rates of primary care providers and dentists per capita compared to the national averages. Transportation challenges and high healthcare costs further hinder access to care. Residents have expressed their frustration with long wait times for appointments and the difficulty of accessing necessary healthcare services.

St. Luke's Magic Valley and St. Luke's Jerome along with community partners, will develop and publish implementation strategies serving Twin Falls and Jerome County residents by the end of 2026.

The CHNA was adopted by the St. Luke's Magic Valley/Jerome Community Board on June 23, 2026.

BACKGROUND

Every three years Community Health Needs Assessments (CHNAs) are conducted to help nonprofit health systems, public health districts, and community organizations identify and better understand the most significant health challenges facing individuals and families in the communities they serve.

The 2026 South Central Idaho CHNA was completed through local partnerships in order to align several independent assessments. This collaboration was anchored by St. Luke's Magic Valley and St. Luke's Jerome (St. Luke's), South Central Public Health District, and Family Health Services.

St. Luke's is an Idaho-based nonprofit health system with a mission to improve the health of people in the communities it serves. As a nonprofit health system, St. Luke's conducts a CHNA every three years and develops subsequent plans of action to address the top needs in their communities.

South Central Public Health District's mission is prevent disease, promote healthy lifestyles, and protect and prepare the public against health threats. With offices in six counties, South Central Public Health District employs nearly 100 professionals- including nurses, dietitians, epidemiologists, dental hygienists, health educators, environmental health specialists, clinical assistants, and support staff- and provides essential public health services to 220,000 people in the eight-county region.

Family Health Services (FHS) is a non-profit Community Health Center that provides medical, dental, behavioral health, and pharmacy services that are convenient, accessible and affordable throughout South Central Idaho. FHS accepts all insurances, Medicare, Medicaid and has a discount program for those without health insurance that is based on family size and household income. FHS also offers significant discounts for prescriptions through FHS pharmacies ensuring medications are affordable for all patients. FHS has been recognized as being in the top 10% in the nation for the quality of care provided for the last 6 years in a row.

METHODOLOGY

SURVEY

Surveys are essential for gathering data from a broad population, allowing for the analysis of trends, attitudes, and opinions. They can help identify specific health needs and areas requiring intervention within the community. In this assessment, survey questions included demographic information, health behaviors, and health needs of Twin Falls and Jerome County residents. Over 1,400 Twin Falls and Jerome County residents completed the survey for this report, achieving a 95% confidence interval and a 2.5% margin of error. Responses were weighted to reflect actual Twin Falls and Jerome County demographics.

FOCUS GROUPS

Focus groups provide qualitative insights by engaging small groups in discussions about specific topics. This method uncovers perceptions, opinions, and attitudes that might not emerge in surveys. The focus groups in this assessment covered various topics, including access to care, food access, and housing. Eight focus groups were conducted.

INTERVIEWS

Interviews offer in-depth insights through one-on-one conversations, allowing for detailed exploration of individual views and experiences. They are particularly useful for understanding complex issues and personal stories. In this assessment, twenty interviews were conducted, focusing on access to care, behavioral health, and socio-economic factors. The interviews underscored the challenges faced by the community, such as long travel distances for medical care and the stigma associated with certain health conditions.

COMMUNITY PARTNER ASSESSMENT

The purpose of a community partner assessment is to understand how organizations, agencies, and stakeholders that contribute to community well-being are functioning individually and collectively, and how they can better collaborate to improve community outcomes. Participants were partners who have supported community health improvement work. Respondents were asked to describe their organizations' strengths, resources, and barriers. Thirty-three Community Partner Assessment surveys were completed.

METOPIO

Metopio is a robust platform that offers curated data from public and proprietary sources, providing information on health behaviors, health risks, health outcomes, and community-level drivers of health. In this assessment, Metopio was used to gather secondary data to complement the primary data collected from surveys, focus groups, and interviews. This data helped to contextualize the findings and provide a broader understanding of the community's health needs.

ST. LUKE'S HEALTH SYSTEM

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

St. Luke's Mission: To improve the health of people in the communities we serve.

HOSPITAL OVERVIEW

St. Luke's Health System is an Idaho-based, not-for-profit, integrated health system associated with the South Central Idaho CHNA. By delivering care to patients, connecting care through our health network and funding care through St. Luke's Health Plan, we work every day to fulfill our mission to improve the health of the people in the communities we serve. We are an integrative network of seven separately licensed full-service medical centers and more than 100 outpatient centers and clinics serving people throughout Southern Idaho, Eastern Oregon, and Northern Nevada.

This section describes the St. Luke's hospitals associated with the Greater Treasure Valley CHNA and defines each hospital's service area. The criteria we use in selecting the service area is the identification of what counties our hospitalized patients reside in. Those counties that make up 70% or greater of the inpatient hospitalizations are identified as our service area.

St. Luke's Jerome

Since opening its doors in 1952, St. Luke's Jerome has proudly served the health care needs of our community with compassion and excellence. For more than seven decades, it has remained dedicated to providing high-quality care for individuals and families close to home.

As a 17-bed Critical Access Hospital, St. Luke's Jerome offers a robust range of services, including primary care, wellness and prevention programs, health education, geriatrics and transitional care, diagnostic services, therapy, and a fully staffed emergency department. The swing bed program provides transitional post-acute care, ensuring skilled nursing-level services right here in Jerome—an essential resource in a community without other skilled nursing facilities.

St. Luke's Jerome continues to expand access to care through enhanced outpatient services such as infusion therapy, weekly echocardiograms, and extended hours for mammography and ultrasound. These improvements reflect the commitment to meeting the evolving needs of patients. At St. Luke's Jerome, we care about patients, their health, and what's best for individuals and families. St. Luke's Jerome is fortunate to have dedicated physicians on the medical staff and an engaged St. Luke's Magic Valley/Jerome community board that is comprised of independent civic leaders who volunteer their time to serve.

Twin Falls and Jerome Counties represent the geographic area used to define the community we serve, also referred to as the primary service area or service area. The criteria we use in selecting the service area is the identification of what counties hospitalized patients reside in. Those counties that make up 70% or greater of the inpatient hospitalizations are identified as the service area. The residents of Jerome and Twin Falls Counties account for roughly 80% of our inpatients with a little over 50% of our inpatients living in Jerome County and around 30% living in Twin Falls County. Twin Falls and Jerome Counties are served by South Central Public Health District.

St. Luke's Magic Valley

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

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

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

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

Accredited by the Joint Commission on Accreditation of Healthcare Organizations, St. Luke's Magic Valley Medical Center serves a population of more than 200,000 and provides medical expertise and services to smaller hospitals as a referral center.

Twin Falls and Jerome Counties represent the geographic area used to define the community we serve, also referred to here as the primary service area or service area. The criteria used in selecting the service area is the identification of what counties hospitalized patients reside in. Those counties that make up 70% or greater of the inpatient hospitalizations are identified as the service area. The residents of Twin Falls and Jerome Counties comprise a little over 70% of our inpatients with just under 60% of the inpatients living in Twin Falls County and close to 15% living in Jerome County. Twin Falls and Jerome Counties are served by South Central Public Health District.

ST. LUKE'S HEALTH SYSTEM REGIONAL MAP

APPROACH FOR IMPROVING COMMUNITY HEALTH

St. Luke's Health System regularly undertakes a rigorous process to improve overall health and quality of life in the communities we serve. This process begins by conducting a comprehensive Community Health Needs Assessment (CHNA) to identify the priority health needs in each St. Luke's Health System service region.

St. Luke's will use the information, conclusions, and health needs identified in our assessment to efficiently deploy our resources and engage with partners to achieve the following long-term community health objectives:

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

IMPLEMENTATION PLAN OVERVIEW

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

FUTURE COMMUNITY HEALTH NEEDS ASSESSMENTS

We intend to reassess the health needs of our community on an ongoing basis and conduct a full community health needs assessment once every three years. St. Luke's next Community Health Needs Assessment is scheduled to be completed in 2029.

COMMENTS

St. Luke's did not receive any written comments on our most recently conducted 2023 CHNA or adopted implementation strategy.

Together, we can address our communities' most significant health needs. If you have questions, comments, thoughts, or ideas on our CHNA or action plans, please contact us at slrmcchna@slhs.org.

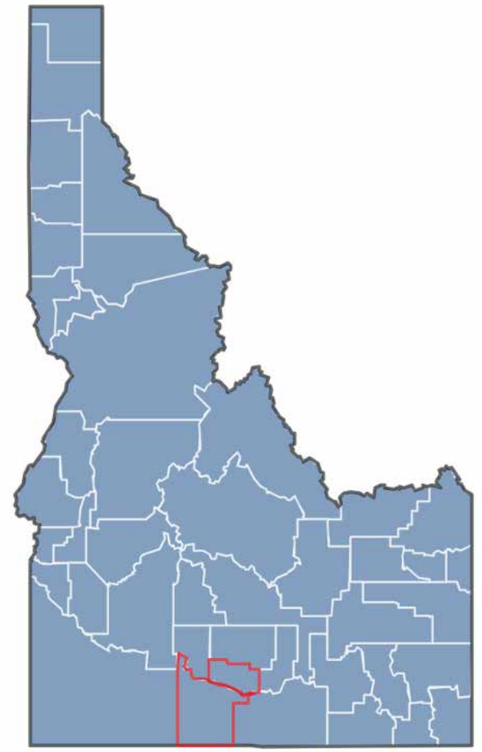
DATE ADOPTED BY BOARD

St. Luke's Magic Valley and Jerome: June 23, 2026

COMMUNITY SERVED

This CHNA covers the two largest counties in the Magic Valley region of Idaho. Twin Falls and Jerome Counties are in South Central Public Health, which includes 118,907 residents. The largest industry sector is manufacturing (U.S. Census, 2023).

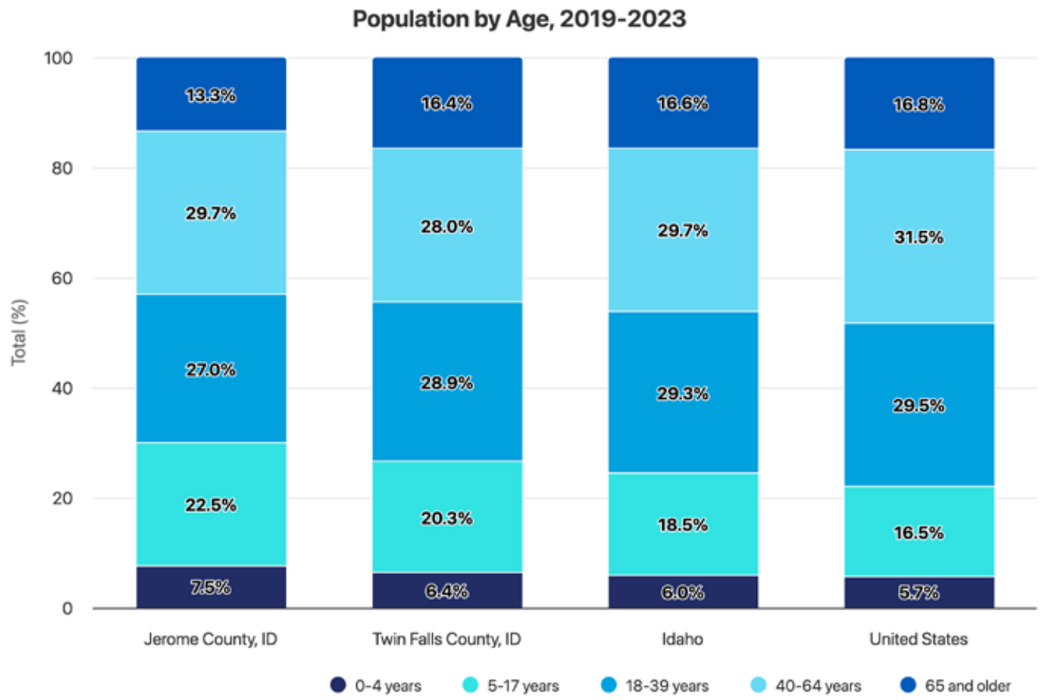
The following CHNA serves both St. Luke's Jerome and St. Luke's Magic Valley as the population of patients making up greater than 70% of inpatient hospitalizations is both Twin Falls and Jerome county residents for both.



DEMOGRAPHICS

Age

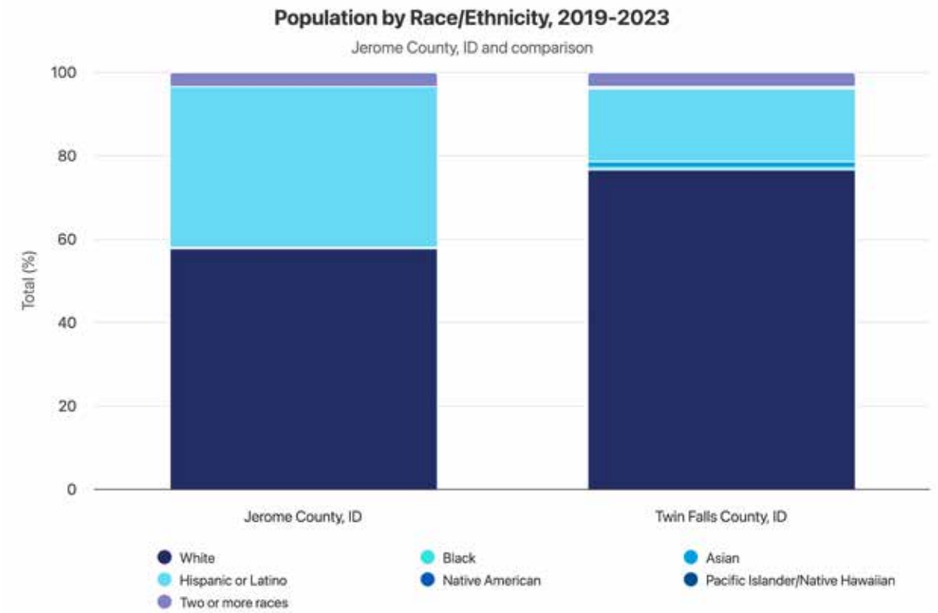
The population by age in Jerome County varies from state and national averages, with a higher percentage of individuals 0-17 years old, and a lower percentage of individuals 18-39 years old and 65 and older. The Twin Falls County population by age is similar to the Idaho average, with the most notable differences in the higher percentage of individuals 5-17 years old, and lower percentage of individuals 40-64 years old.



Created on Metopio | metop.io/i/23cf6sqt | **Data source:** U.S. Census Bureau: American Community Survey (ACS) (ACS: Table B01001 (sex and age), B03002 (race/ethnicity); Decennial Census: Table P012)
Population: Average population over the time period.

Race and Ethnicity

The largest racial and ethnic group in Jerome County is the Non-Hispanic White population, at 57.6%, followed by the Hispanic or Latino population, at 38.5%. The largest racial and ethnic group in Twin Falls County is the Non-Hispanic White population, at 76.4%, followed by the Hispanic or Latino population at 17.6%.



Created on Metopio | metop.io/i/2a98xyk1 | **Data source:** U.S. Census Bureau: American Community Survey (ACS) (ACS: Table B01001 (sex and age), B03002 (race/ethnicity); Decennial Census: Table P012)
Population: Average population over the time period.

Race/Ethnicity	Jerome County	Twin Falls County
White *Non-Hispanic*	57.6%	76.4%
Hispanic or Latino *Regardless of Race*	38.5%	17.6%
Two or more races *Non-Hispanic*	3.4%	3.5%
Asian *Non-Hispanic*	0.1%	1.3%
Black *Non-Hispanic*	0.1%	0.7%
Native American *Non-Hispanic*	0.1%	0.2%
Pacific Islander/Native Hawaiian *Non-Hispanic*	0.1%	0.3%

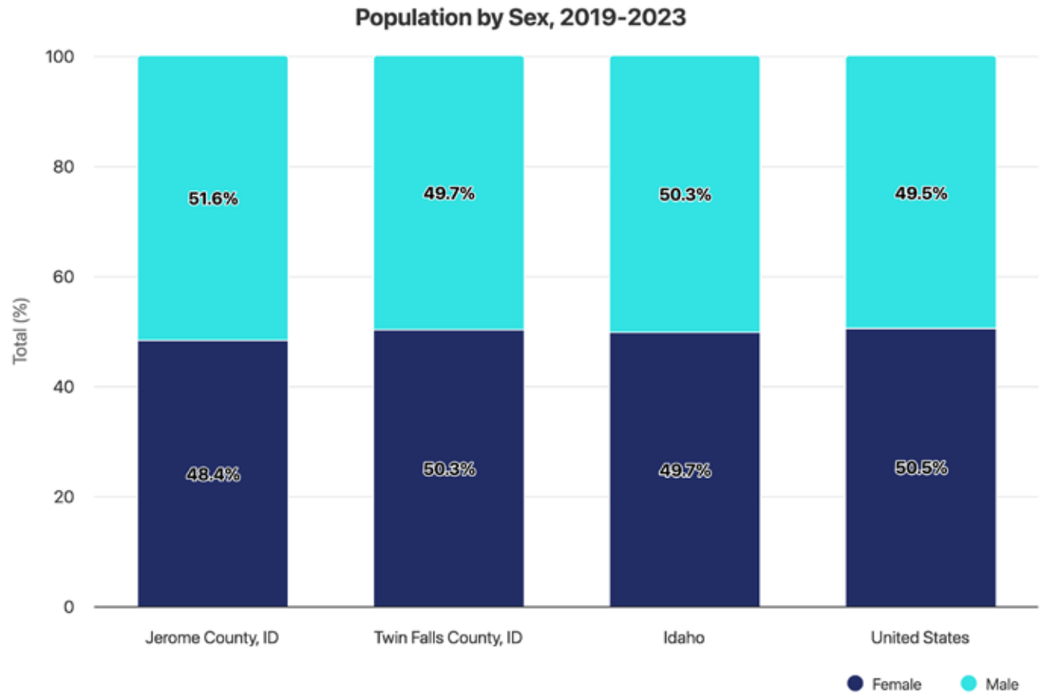
Income and Employment

	Jerome County	Twin Falls County	Idaho	United States
Median Household Income	$71,398	$67,279	$74,636	$78,538
Poverty Rate*	13.91%	10.74%	10.64%	12.44%
Unemployment Rate	3.75%	3.18%	3.68%	5.20%
Householdsd below ALICE threshold**	45.47%	41.10%	41.00%	42.00%

U.S. Census Bureau: American Community Survey (ACS), 2019-2023
United Way ALICE data 2023
**Percent of residents in families that are in poverty (below the Federal Poverty Level).*
***The % of households below the ALICE threshold are those that don't meet the minimum income level necessary to afford the Household Survival Budget for each county in the U.S. ALICE households earn above the Federal Poverty Level (FPL) but are unable to afford the basics of housing, child care, food, transportation, health care, and technology in the communities where they live.*

Gender Distribution

The demographic data reveals that Jerome County has a higher percentage of males compared to the state of Idaho and the United States overall. Twin Falls County has a similar proportion of males and females.



Created on Metopio | metop.io/y96vcsix | **Data source:** U.S. Census Bureau: American Community Survey (ACS) (ACS: Table B01001 (sex and age), B03002 (race/ethnicity); Decennial Census: Table P012)
Population: Average population over the time period.

Education

As shown in the chart below, the high school graduation rate in Idaho is 91.68%, which is higher than the national average of 89.39%. Twin Falls County, Idaho, has a graduation rate of 88.65%, slightly below the state and national averages. Jerome County, Idaho, has a significantly lower graduation rate of 73.4%. These trends are similar for college graduation rate, with Jerome and Twin Falls Counties both having lower rates than the state and United States averages.

% of residents	Jerome County	Twin Falls County	Idaho	United States
High School Graduation Rate	73.40%	88.65%	91.68%	89.39%
College Graduation Rate	13.36%	23.00%	31.18%	35.00%

U.S. Census Bureau: American Community Survey (ACS), 2019-2023

HEALTH NEEDS IDENTIFIED

For this health assessment report, primary and secondary data were gathered and analyzed to determine the top health needs in Twin Falls and Jerome County. A closer look at the data for each of these themes will be provided in the report, listed in order of ranking by community partners.

- Housing
- Behavioral Health
- Access to Care
- Food Access
- Maternal and Child Health
- Child Care
- Chronic Disease

Community members can access more data points at the following link:
idahooregoncommunityhealthatlas.org

HOUSING

Housing is a critical factor in community health, impacting residents' quality of life and the effectiveness of local health systems. In Jerome and Twin Falls Counties, housing quality and affordability are significant concerns, directly influencing socioeconomic and health outcomes. Issues such as high housing cost burdens, eviction rates, and crowded housing conditions translate into poorer health outcomes, including housing instability and homelessness.

Key Findings at a Glance

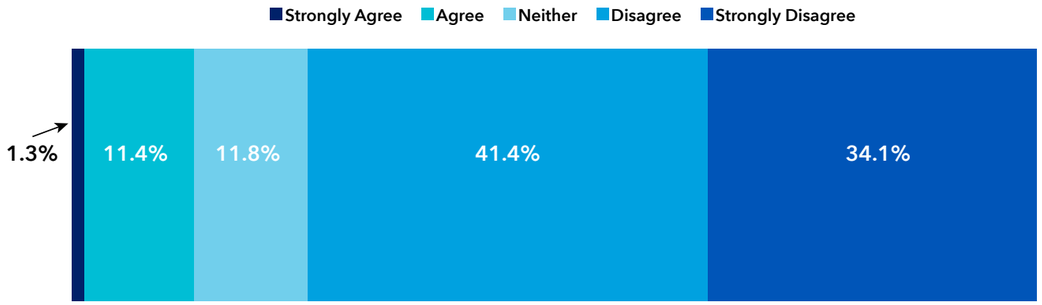
- Community Needs: 75.5% of community survey respondents disagree or strongly disagree with the statement, "There are affordable places for everyone to live in my community"; affordable housing was the top ranked community need by survey respondents.
- Housing Insecurity: 15.7% of Jerome County residents are housing insecure, meaning they have struggled to pay housing costs at some point in the last 12 months.
- Housing Cost Burden: 24.96% of Jerome County households and 29.05% of Twin Falls County households are spending more than 30% of their income on housing costs.

Community Voice

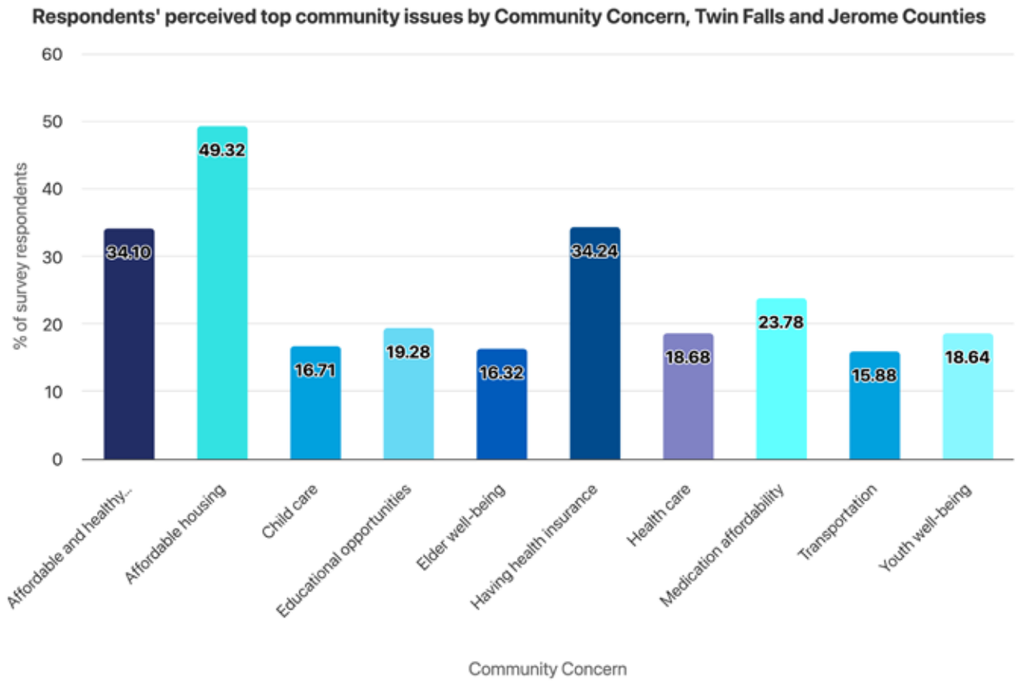
Community members have expressed their concerns about housing affordability and availability. One resident noted, "Here in Twin Falls a big part of the problem is an unexpected influx of population which has driven the housing prices up, making it inaccessible for small families to afford to buy a house." Focus group and key informant participants described the stress housing challenges can put on households. Additionally, participants spoke to needed solutions, such as increases in affordable housing and subsidized housing.

As shown in the chart below, the majority of community survey respondents (75.5%), said either "Disagree" or "Strongly Disagree" with the statement "There are affordable places for everyone to live in my community."

RATE YOUR AGREEMENT WITH THE FOLLOWING STATEMENT: THERE ARE AFFORDABLE PLACES FOR EVERYONE TO LIVE IN MY COMMUNITY.



Additionally, "Affordable Housing" was the top ranked community issue for Twin Falls and Jerome County by survey respondents.

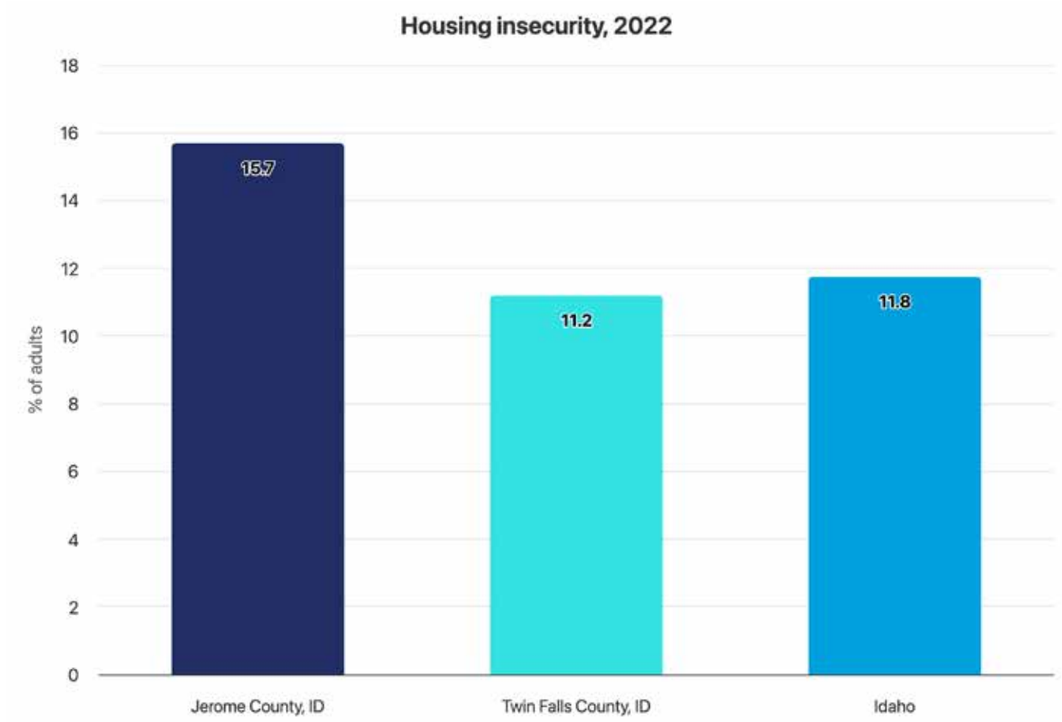


Created on Metopio | metop.io/i/qkvk1rs9 | **Data source:** Idaho Oregon Community Health Survey

Respondents' perceived top community issues: Percentage of survey respondents who selected each option in response to the question: "What are the most important community issues? Please select your top three (3)."

Housing Insecurity

Housing insecurity is defined as the percentage of adults who could not pay mortgage, rent, or their utility bill in the past 12 months. The rate in Jerome County is higher than the state average at 15.7%, while the rate in Twin Falls County is slightly lower than the state average at 11.2%.

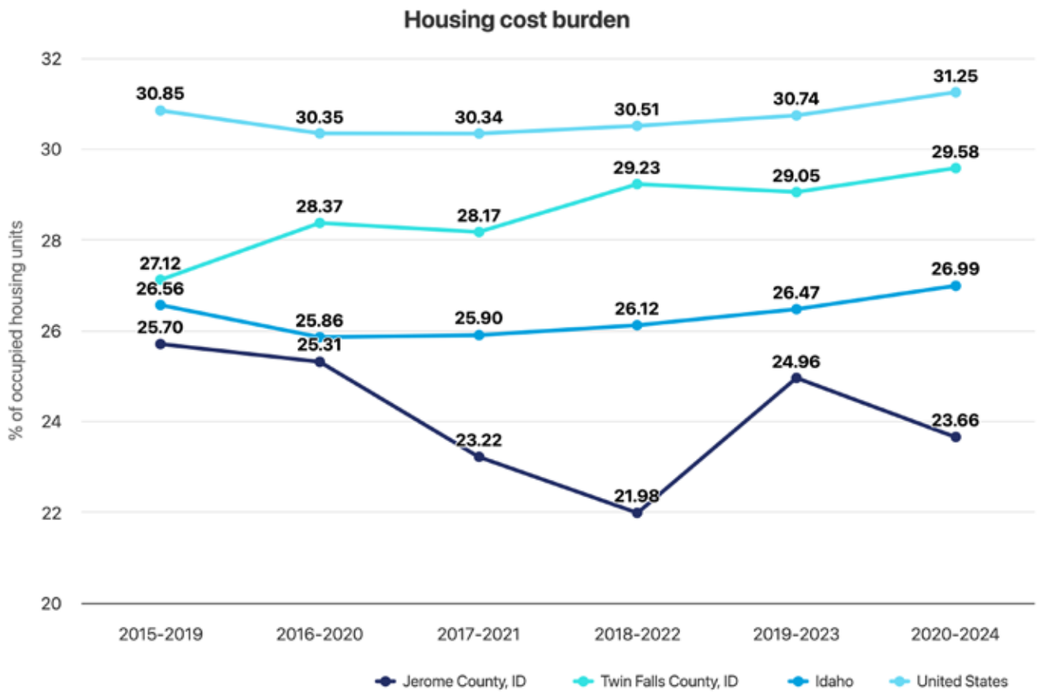


Created on Metopio | metop.io/i/euk3urfi | **Data source:** Centers for Disease Control and Prevention (CDC): PLACES

Housing insecurity: The percent of adults who were not able to pay mortgage, rent, or utility bill in the past 12 months.

Housing Cost Burden

Households spending more than 30% of income on housing expenses are considered housing cost burdened. This metric includes both renters (rent) and owners (mortgage and other owner costs on housing expenses are considered). Across the United States, a large portion of households are experiencing a housing cost burden. In Jerome County, 24.96% of households are housing cost burdened, which has increased from 2018-2022. In Twin Falls County, 29.05% of households are housing cost burdened, which is higher than the Idaho average, and lower than the national average.



Created on Metopio | metop.io/i/env96iiu | **Data source:** U.S. Census Bureau: American Community Survey (ACS) (Tables B25070/B25091)

Housing cost burden: Households spending more than 30% of income on housing are considered housing cost-burdened. Includes both renters (rent) and owners (mortgage and other owner costs). For renters, costs include any utilities or fees that the renter must pay, but do not include insurance or building fees.

BEHAVIORAL HEALTH

Behavioral health is a critical component of overall health, encompassing both mental health and substance use disorders. In Jerome and Twin Falls Counties, the prevalence of mental health disorders and access to mental health services are significant concerns. High levels of depression, anxiety, and suicide rates indicate a community in need of more robust mental health resources. The lack of available clinicians and long wait times for appointments exacerbate these issues, affecting residents' quality of life and placing additional strain on local health systems.

Key Findings at a Glance

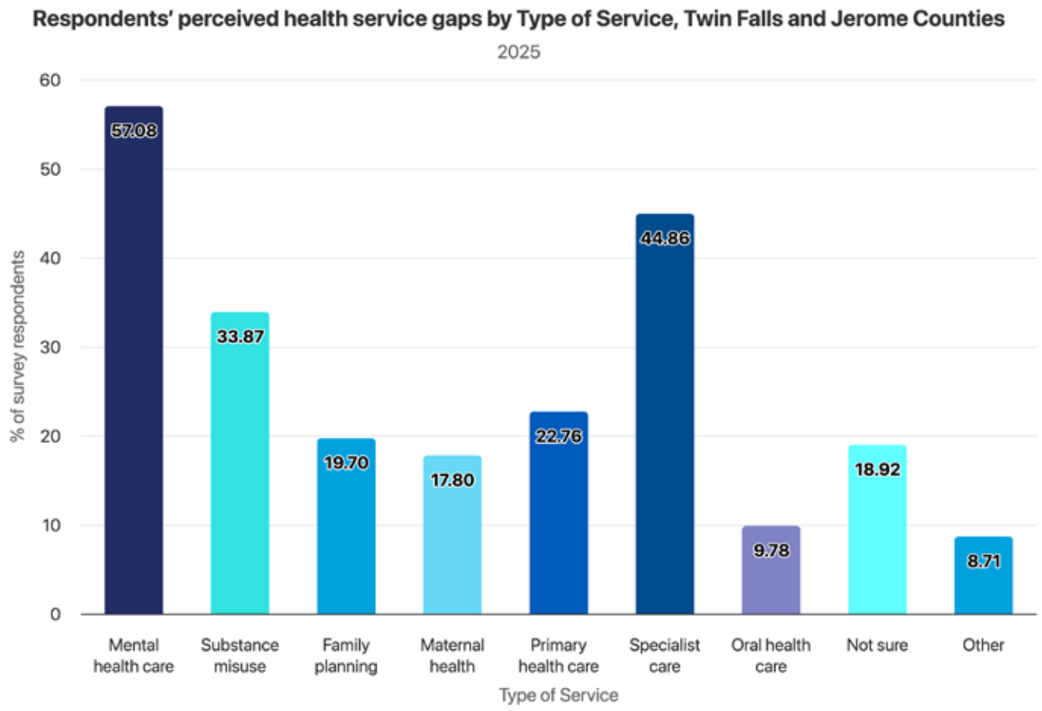
- Community Need: 57.08% of community survey respondents reported mental health care as insufficient in their community.
- Suicide Mortality: The suicide mortality rate in Jerome and Twin Falls Counties from 2019-2023 was 24.5 per 100,000 residents, higher than the state and national averages.
- Access to Mental Health Services: Only 18.96% of survey respondents received mental health services in the past 12 months.

Community Input

Residents and stakeholders have expressed significant concerns about mental health services in Jerome and Twin Falls Counties. Many have highlighted the difficulty in accessing care, with one community member stating, "The wait times to get in to see a counselor are incredibly frustrating to a lot of families." Another noted, "I think mental health is a huge crisis. I think suicide in our area is very high" emphasizing the widespread nature of the issue. The lack of available providers and the high demand for services have left many feeling unsupported.

Community members described youth mental health as a challenge, especially a shortage of clinicians who treat adolescent mental health conditions, making it difficult for them to receive the care they need. Community members shared, "Mental health is always a challenge. It has been a big challenge for youth. There aren't enough clinicians, you know, to meet the need."

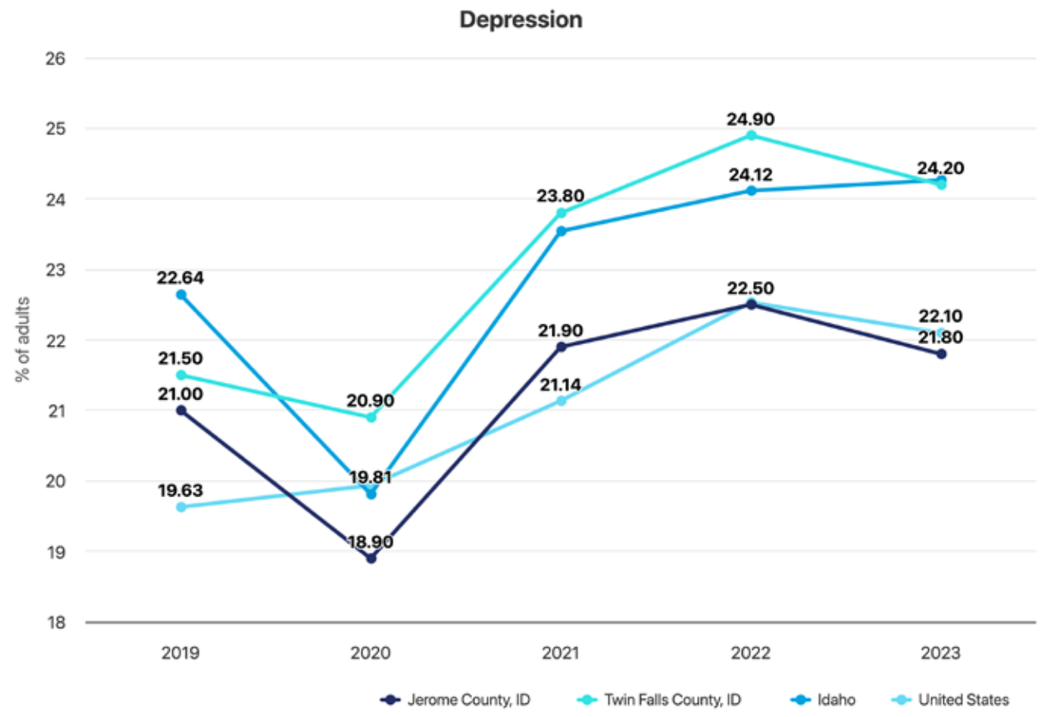
Among community survey respondents, when asked, “Which of the following health services are currently insufficient in your community? Check all that apply” community members were most likely to select mental health care.



Created on Metopio | metop.io/i/2jn8j18g | **Data source:** Idaho Oregon Community Health Survey
Respondents' perceived health service gaps: Percentage of survey respondents who selected each option in response to the question: "Which of the following health services are currently insufficient in your community? Check all that apply."

Depression

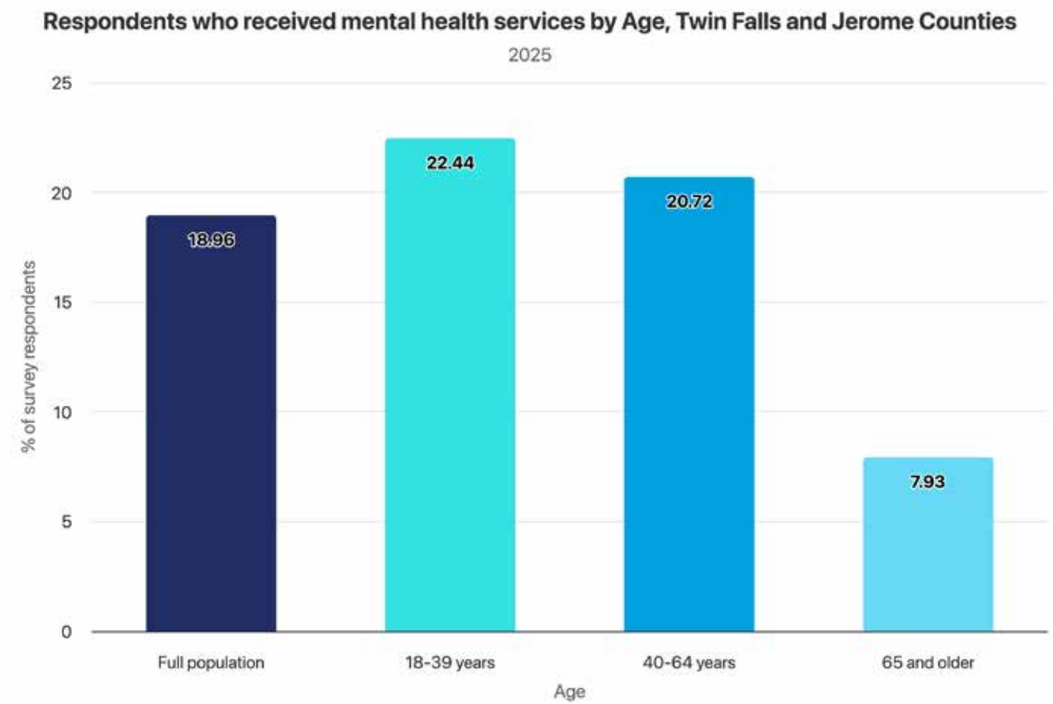
Depression rates in Jerome and Twin Falls Counties fluctuated from 2019 to 2023. Most recently, the rate of depression prevalence in Jerome County is 21.8% of adults, which has decreased slightly from 2022. The rate of depression prevalence in Twin Falls County is 24.2%, which has decreased from 2022. The Twin Falls County rate of depression has consistently fallen above the national average.



Created on Metopio | metop.io/i/93jk1eo2 | **Data source:** Centers for Disease Control and Prevention (CDC): PLACES
Depression: Prevalence of depression among adults 18 years and older.

Respondents Who Received Mental Health Services

Survey respondents who received mental health services in Jerome and Twin Falls County, show varying age group distributions. The 18-39 age group in Twin Falls and Jerome Counties has a significantly higher rate (22.44%).

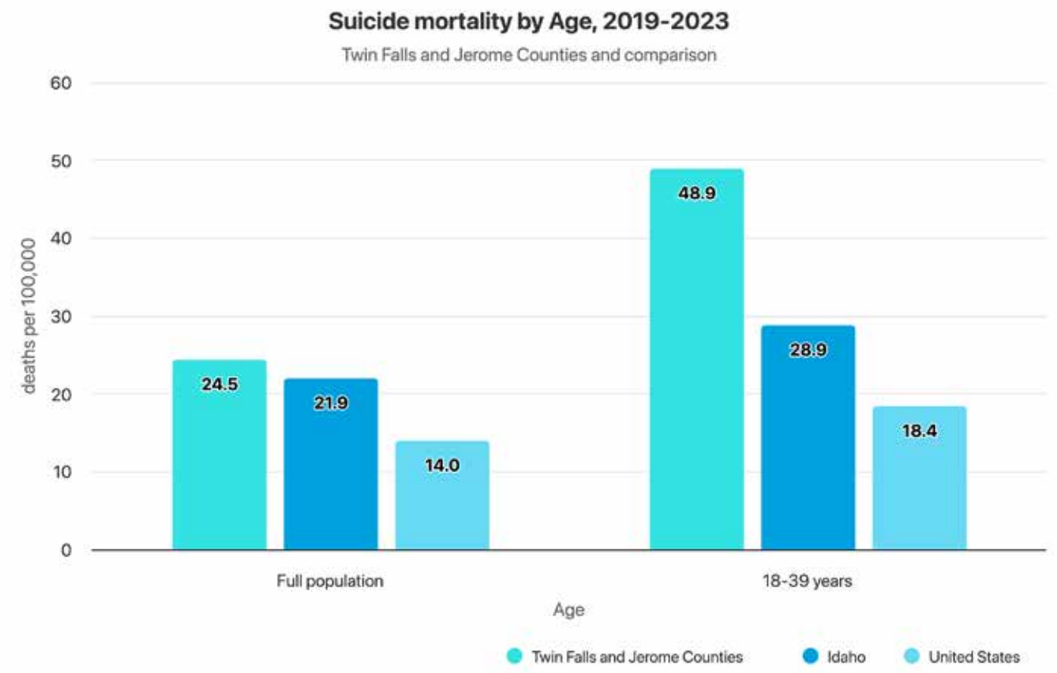


Created on Metopio | metop.io/i/vs8sfbbv | **Data source:** Idaho Oregon Community Health Survey

Respondents who received mental health services: Percentage of survey respondents who selected "Yes" in response to the question: "In the past 12 months, did you receive the following care: Mental health services, therapy, or counseling"

Suicide Mortality

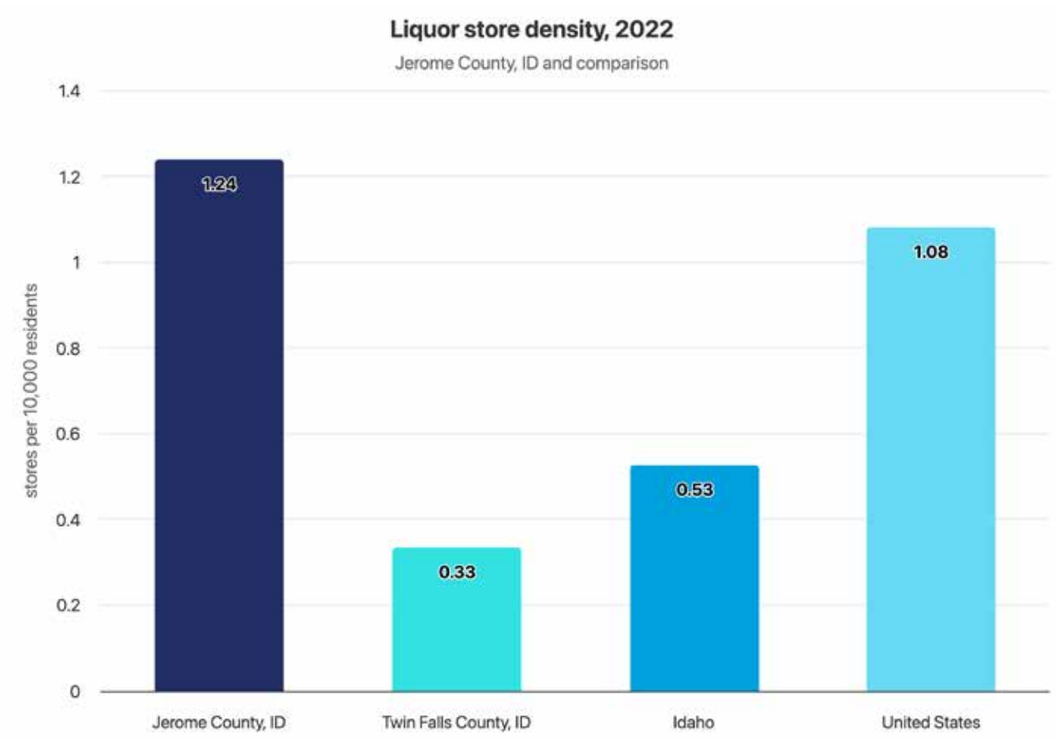
Suicide mortality rates in Twin Falls and Jerome Counties are higher than both the state of Idaho and the United States as a whole. Specifically, individuals aged 18-39 in these counties have a significantly elevated rate of 48.9 per 100,000 people, compared to 28.9 in Idaho and 18.4 in the United States.



Created on Metopio | metop.io/i/p6f17w4d | **Data source:** Centers for Disease Control and Prevention (CDC): National Vital Statistics System-Mortality (NVSS-M) (Via http://healthindicators.gov)
Suicide mortality: Deaths per 100,000 residents due to suicide (ICD-10 codes *U03, X60-X84, Y87.0). In the United States, decisions about whether deaths are listed as suicides on death certificates are usually made by a coroner or medical examiner. The definition of suicide is "death arising from an act inflicted upon oneself with the intent to kill oneself."

Liquor Store Density

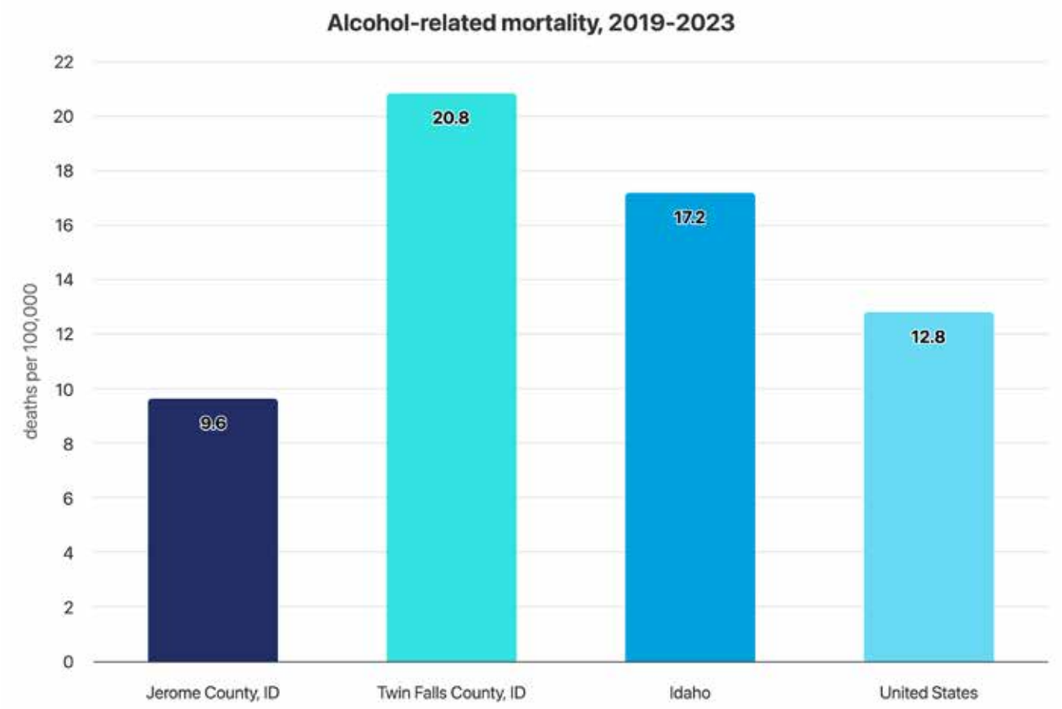
In Jerome County, there are 1.24 liquor stores per 10,000 residents, which is above the national average of 1.08. Idaho as a whole has a lower density of 0.53, while Twin Falls County, has a lower density at 0.33. These differences highlight the considerable variation in liquor store distribution within our service area and compared to the national average.



Created on Metopio | metop.io/ljcn8xsu1 | **Data source:** U.S. Census Bureau: County Business Patterns
Liquor store density: Number of liquor stores (NAICS code 445310) per 10,000 residents.

Alcohol-Related Mortality

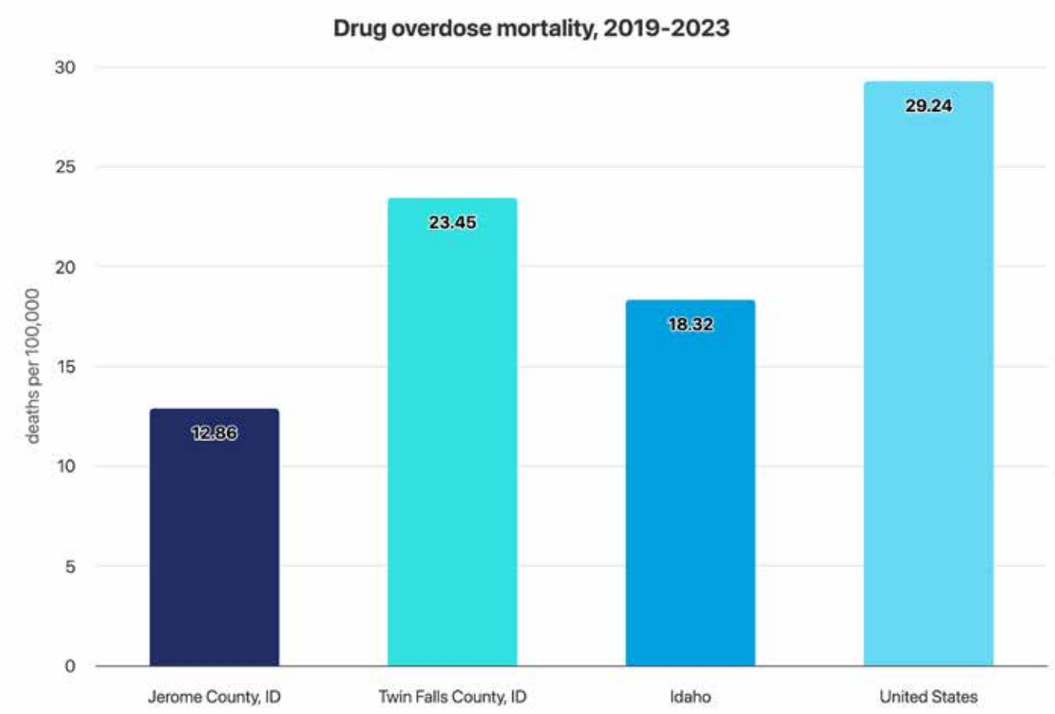
Alcohol-related mortality in Twin Falls County is notably higher than both the state of Idaho and the United States as a whole. The rate for Jerome County is lower than state and national averages.



Created on Metopio | metop.io/ljl1td1t | **Data source:** Centers for Disease Control and Prevention (CDC): National Vital Statistics System- Mortality (NVSS-M) (via CDC Wonder)
Alcohol-related mortality: Deaths per 100,000 residents with an underlying cause related to excessive alcohol use. This includes deaths attributable to conditions such as alcohol abuse, alcohol poisoning, alcoholic liver disease (cirrhosis), alcohol-induced pancreatitis, and others. Because alcohol use is often a contributing factor in mortality from many other diseases, the CDC uses a complicated methodology to estimate total alcohol-related mortality, which is described in the technical notes.

Drug Overdose Mortality

Twin Falls County, Idaho, has a drug overdose mortality rate of 23.45 deaths per 100,000 residents, higher than the state average. Jerome County has a drug overdose mortality rate of 12.86 deaths per 100,000 residents, lower than both the state and national averages.



Created on Metopio | metop.io/i/7j64okmj | **Data source:** Centers for Disease Control and Prevention (CDC): National Vital Statistics System-Mortality (NVSS-M) (CDC Wonder)
Drug overdose mortality: Deaths per 100,000 residents due to drug poisoning (such as overdose), whether accidental or intentional. The increase during the 2010s is largely due to the opioid overdose epidemic, but other drugs are also included here. Age-adjusted.

ACCESS TO CARE

Access to care is a critical issue in Jerome and Twin Falls Counties, impacting the health and well-being of its residents. Proper healthcare is essential for preventing illness and ensuring good health, but many people face barriers to getting the care they need. These barriers include a shortage of clinicians, long wait times for appointments, and transportation challenges. The community has recognized these issues and prioritized access to care as a significant health concern.

Key Findings at a Glance

- Uninsured Rate: The uninsured rates in Jerome and Twin Falls Counties are higher than both state and national averages.
- Primary Care Providers: Jerome County has only 45.39 primary care providers per 100,000 residents, compared to the national average of 90.83.
- Dentists per Capita: Jerome County has notably lower rates of dentists per capita compared to the Idaho average.
- Routine Checkups: Only 70.8% of adults in Jerome and Twin Falls Counties reported having a routine checkup in the past year, which is in the lowest quartile nationally.

Community Voice

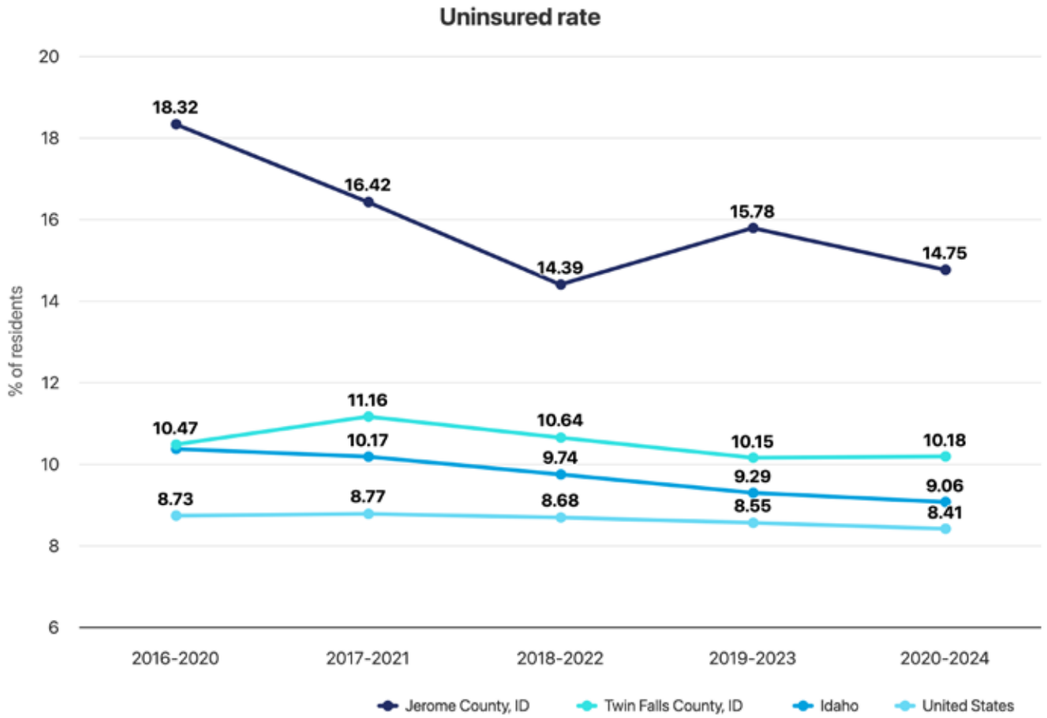
Focus groups and key informant participants expressed concerns over long wait times for services, lack of providers, and high costs associated with medical care. Transportation remains a significant barrier, particularly in rural areas where public transit options are limited. Community members with low incomes struggle to afford medication and healthcare services. Additionally, individuals without insurance often face difficulty accessing necessary services, leading to reliance on emergency departments for non-emergency care.

One resident shared, "Transportation is a huge challenge for good health care," reflecting the logistical difficulties that prevent individuals from accessing timely medical services. Another individual shared, "There aren't enough clinicians, you know, to meet the need." These insights emphasize the need for targeted interventions to improve healthcare access, reduce financial burdens, and expand the availability of providers across various specialties.

INSURANCE ACCESS

Uninsured Rate

The uninsured rate in Jerome County is significantly higher than the state and national averages and has increased from 2018-2022. In Twin Falls County, the uninsured rate is slightly higher than the state and national averages and has been decreasing since 2017-2021.



Created on Metopio | metop.io/i/tnrwmsx6 | **Data source:** U.S. Census Bureau: American Community Survey (ACS) (Tables B27001/C27001)
Uninsured rate: Percent of residents without health insurance (at the time of the survey).

Public Insurance

The table below shows Medicaid and Medicare coverage rates for Jerome and Twin Falls Counties, compared to state and national averages.

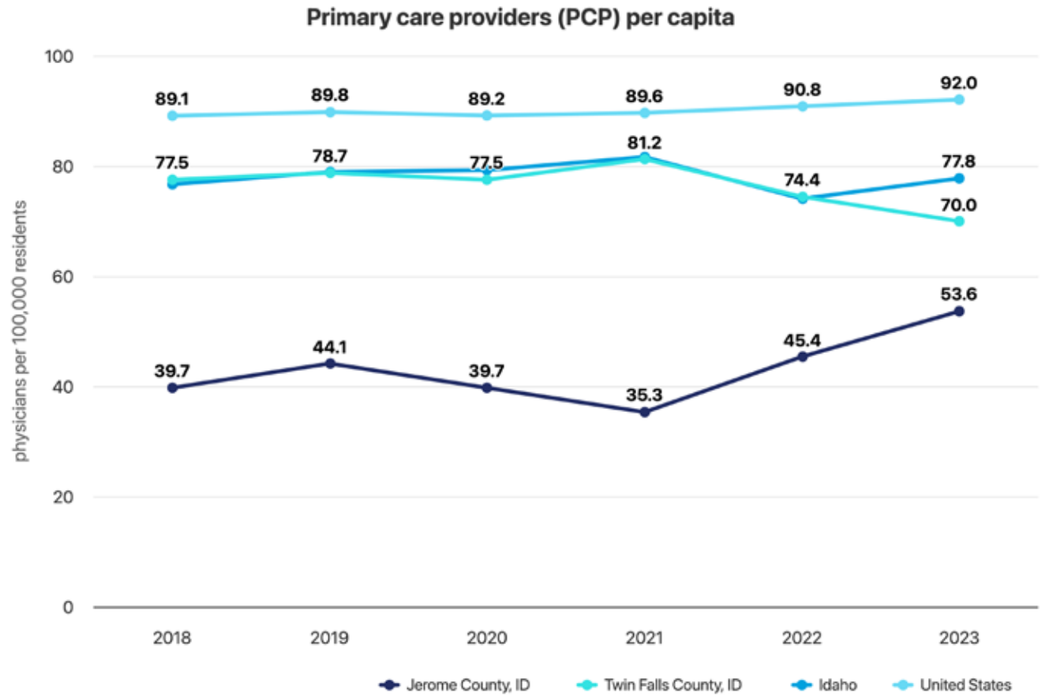
% of residents	Jerome County	Twin Falls County	Idaho	United States
Medicaid	27.15%	22.24%	18.47%	20.68%
Medicare	14.74%	18.23%	18.10%	18.13%

U.S. Census Bureau: American Community Survey (ACS), 2019-2023

PROVIDER ACCESS

Primary Care Providers per Capita

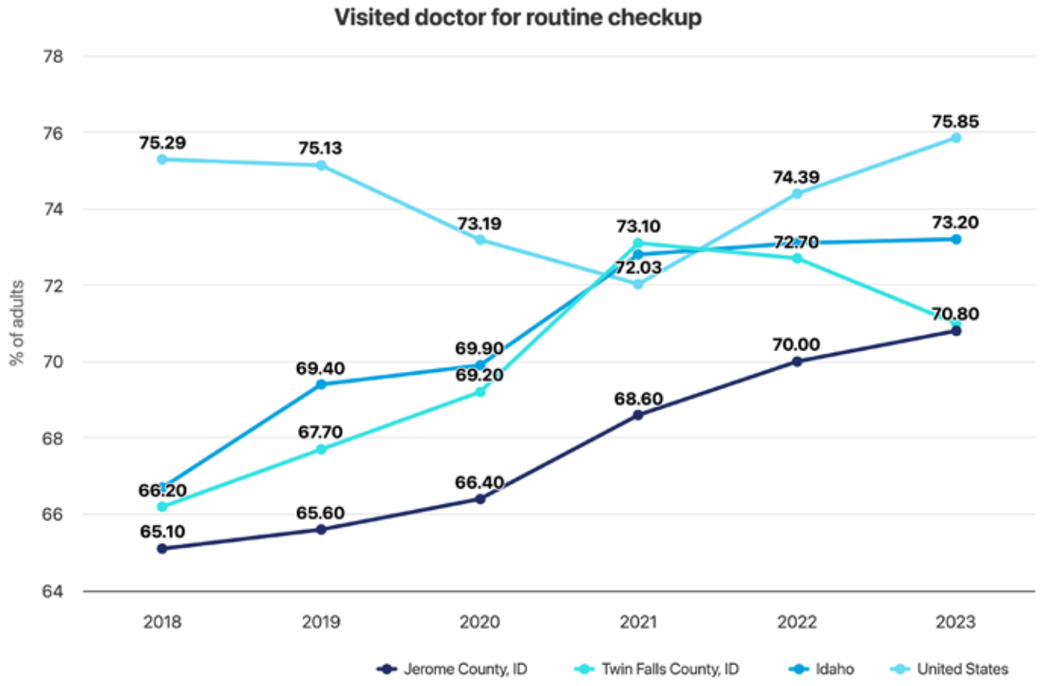
The availability of primary care providers is a critical factor in access to care. Jerome County has a rate of 45.4 Primary Care Providers per 100,000 residents, which is lower than the state and national averages, and has increased from 2021. Twin Falls County has a rate of 74.4 Primary Care Providers per 100,000 residents, which is similar to the state average and lower than the national average, and has decreased from 2021.



Created on Metopio | metop.io/i/wn9utosc | **Data source:** Health Resources & Services Administration: Area Health Resources Files (AHRF) (County and State level data)
Primary care providers (PCP) per capita: Number of physicians in primary care (general practice, internal medicine, obstetrics and gynecology, or pediatrics) per 100,000 residents. Includes hospital residents. Excludes federal physicians and physicians age 75 or older.

Visited Doctor for Routine Checkup

In Jerome and Twin Falls Counties, approximately 70.8% of residents have visited a doctor in the past year for a routine checkup. This is lower than the state and national averages but has improved from 2018 baseline rates.

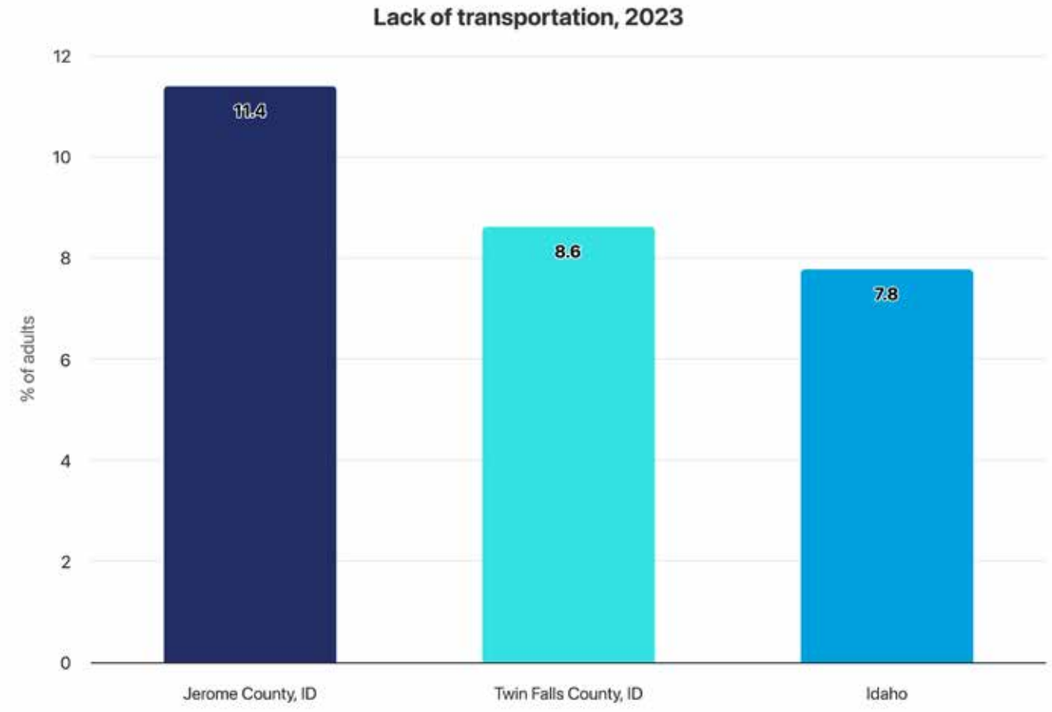


Created on Metopio | metop.io/i/2qw8z6p1 | **Data sources:** Centers for Disease Control and Prevention (CDC): PLACES (For sub-state geographic levels, including MSA, county, tract, and others), Behavioral Risk Factor Surveillance System (BRFSS) (For state and US)
Visited doctor for routine checkup: Percent of resident adults aged 18 and older who report having been to a doctor for a routine checkup (e.g., a general physical exam, not an exam for a specific injury, illness, condition) in the previous year.

BARRIERS TO CARE

Lack of Transportation

The chart below shows the percent of adults who reported a lack of reliable transportation keeping them from medical appointments, meetings, work, or from getting things needed for daily living in the past 12 months. The data indicates a notable issue with lack of transportation in Jerome County, which has the highest rate at 11.4%. Twin Falls County also faces a significant challenge with a rate of 8.6% of individuals lacking transportation.

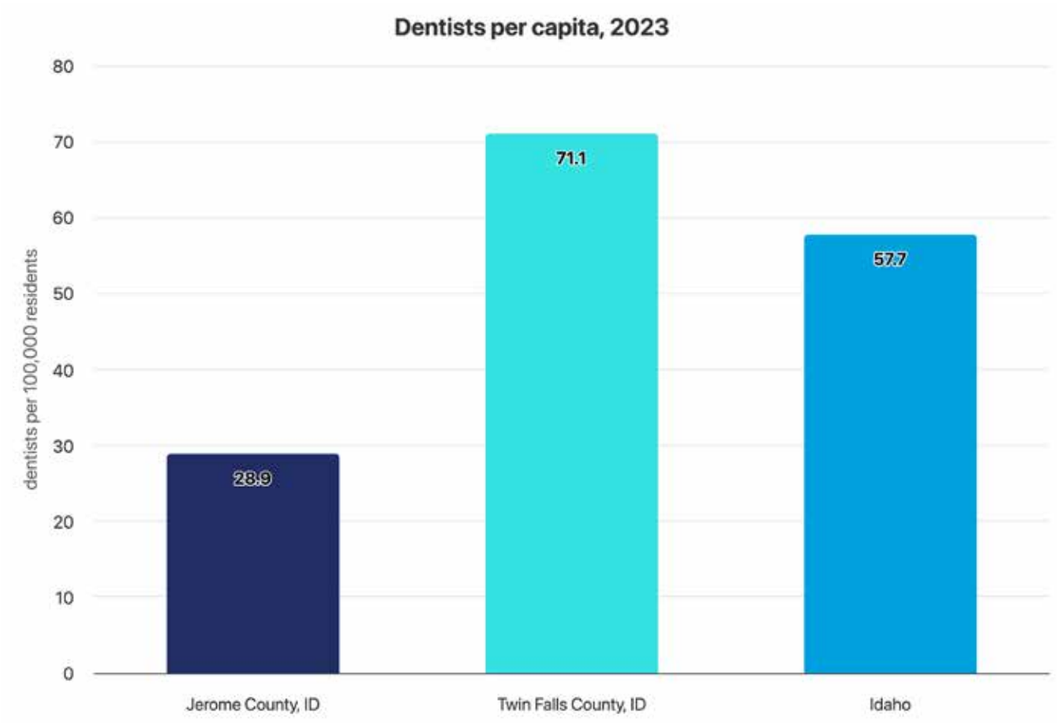


Created on Metopio | metop.io/i/cocpazmq | **Data source:** Centers for Disease Control and Prevention (CDC): PLACES
Lack of transportation: Percent of adults who reported a lack of reliable transportation keeping them from medical appointments, meetings, work, or from getting things needed for daily living in the past 12 months.

DENTAL CARE

Dentists per Capita

The chart below shows the number of professionally active dentists, federal and non-federal, per 100,000 residents. The rate in Jerome County is significantly lower than the Idaho averages.



Created on Metopio | metop.io/l/hhzwaxqm | **Data sources:** Centers for Medicare & Medicaid Services (CMS): National Provider Identifier Files (NPI) (Zip code and place level data), Health Resources & Services Administration: Area Health Resources Files (AHRF) (County and state level data)
Dentists per capita: Number of professionally active dentists, federal and non-federal, per 100,000 residents.

FOOD ACCESS

Food access is a critical component of community health, impacting the well-being of residents and the effectiveness of local health systems. This issue affects the daily lives of many residents, particularly those in priority populations such as low-income households, children, and individuals with limited transportation. Ensuring access to healthy food options is essential for preventing diet-related health conditions and promoting overall health.

Key Findings at a Glance

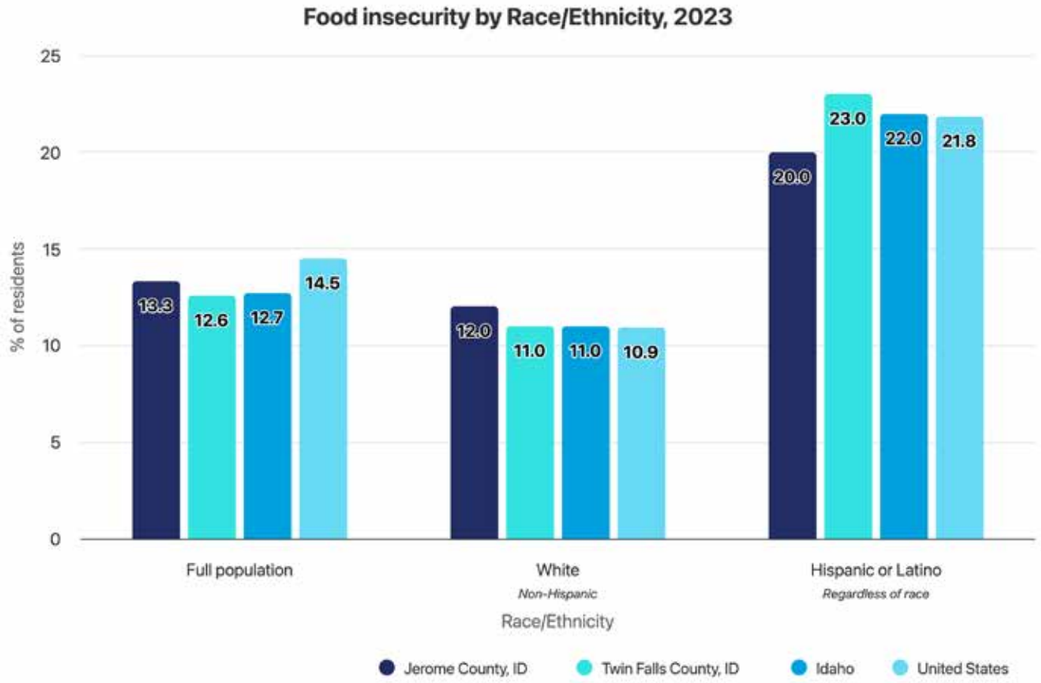
- Food insecurity: 13.3% of Jerome County residents experience food insecurity, which is in the second quartile nationally. In both Jerome and Twin Falls Counties, this rate is higher among the Hispanic or Latino populations.
- Households in poverty not receiving food stamps: 71.49% of households below the poverty line in Jerome County do not receive SNAP benefits, which is in the top quartile nationally.
- Respondents without enough money for food: 14.35% of survey respondents have experienced insufficient funds for food in the past year.

Community Voice

Community members have expressed concerns about the quantity of food available. Many have noted that while food assistance programs are available, they often do not provide enough food or the right types of food to meet dietary needs. For example, one resident shared, "They're really providing quality food for these people. In most cases that I see that are families. It's just simply not enough." There are also concerns about the dietary requirements of the food provided, as noted by a resident who said, "The affordable food that you can get isn't necessarily heart healthy or diabetes healthy or so. I mean, people are getting food, but maybe not the appropriate food."

Food Insecurity

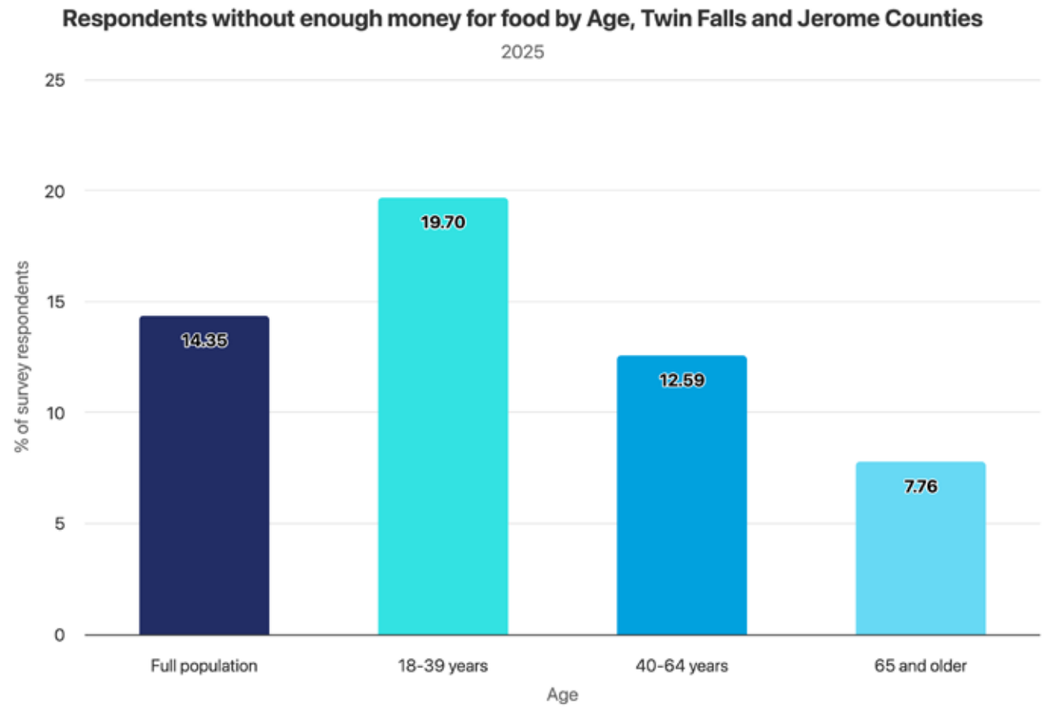
Food insecurity rates vary significantly across different racial and ethnic groups in Jerome County and Twin Falls Counties. Hispanic or Latino individuals face higher rates of food insecurity compared to the full population and non-Hispanic white individuals in all areas. These disparities highlight the need for targeted interventions to address food insecurity.



Created on Metopio | metop.io/i/zgmood1s | **Data source:** Feeding America: Map the Meal Gap
Food insecurity: Percentage of the population experiencing food insecurity at some point. Food insecurity is the household-level economic and social condition of limited or uncertain access to adequate food, as represented in USDA food-security reports. 2020 data is a projection based on 11.5% national unemployment and 16.5% national poverty rate.

Respondents without Enough Money for Food

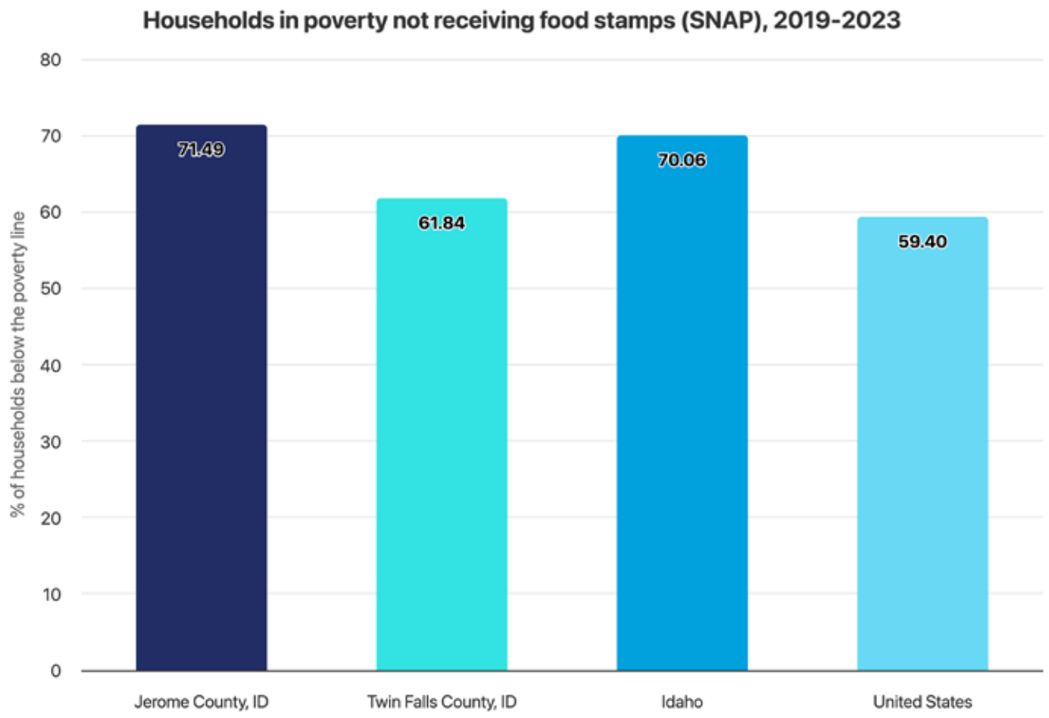
The data indicates that survey respondents aged 18-39 years are significantly more likely to report not having enough money for food, with 19.7% experiencing this issue. This is higher than the full population, where only 14.35% face this challenge. This disparity suggests a higher financial strain among younger adults regarding food security.



Created on Metopio | metop.io/i/rhx46r2g | **Data source:** Idaho Oregon Community Health Survey
Respondents without enough money for food: Percentage of survey respondents who selected "Yes" in response to the question: "In the past 12 months, have you ever eaten less than you felt you should because there was not enough money for food?"

Households in Poverty Not Receiving Food Stamps (SNAP)

Households in poverty not receiving food stamps (SNAP) are prevalent across various regions, with Jerome County having the highest rate at 71.49%. Idaho shows a significant percentage at 70.06%, while Twin Falls County has a slightly lower rate of 61.84%. Nationally, the United States averages 59.4%.



Created on Metopio | metop.io/l/f551f9i | **Data source:** U.S. Census Bureau: American Community Survey (ACS) (Table B22003)
Households in poverty not receiving food stamps (SNAP): Percent of households with income in the past 12 months below the poverty level who did not receive food stamps/SNAP in the past 12 months.

MATERNAL AND CHILD HEALTH

Maternal and child health is a critical component of community health, impacting the well-being of mothers, infants, and children. This section explores the indicators and community perspectives on maternal and child health in Jerome and Twin Falls Counties, highlighting the need for improved access to pediatric healthcare services, prenatal resources, and mental health support.

Key Findings at a Glance

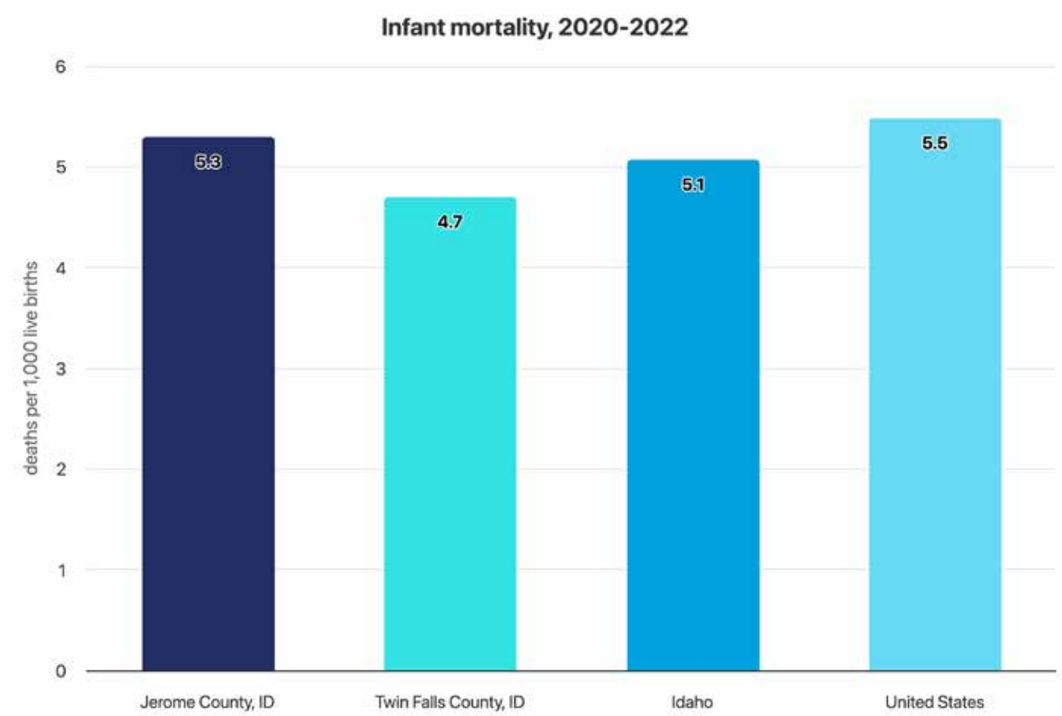
- Infant mortality: The Jerome County rate is 5.3 deaths per 1,000 live births (2020-2022) and is higher than the state average.
- Maternal Hardship Index: Maternal Hardship Index in Jerome County is higher than the state and national average, indicating greater maternal health challenges in the community.

Community Voice

Community members have expressed their concerns about the current state of maternal and child health services, stating, “I see a lack of prenatal resources that are affordable.” Access to childcare is a major issue for young families, and there is a clear need for more pediatric healthcare services. Local Parents as Teachers programs have been highlighted as successful initiatives, but the lack of affordable prenatal resources remains a concern. Additionally, there is a strong demand for more mental health resources to support families and children.

Infant Mortality

Infant mortality rates in the United States are relatively high compared to other developed countries. Idaho has a lower infant mortality rate than the national average, with Twin Falls County having a rate slightly lower than the state average. Jerome County, while still below the national average, has a higher rate than the state average.

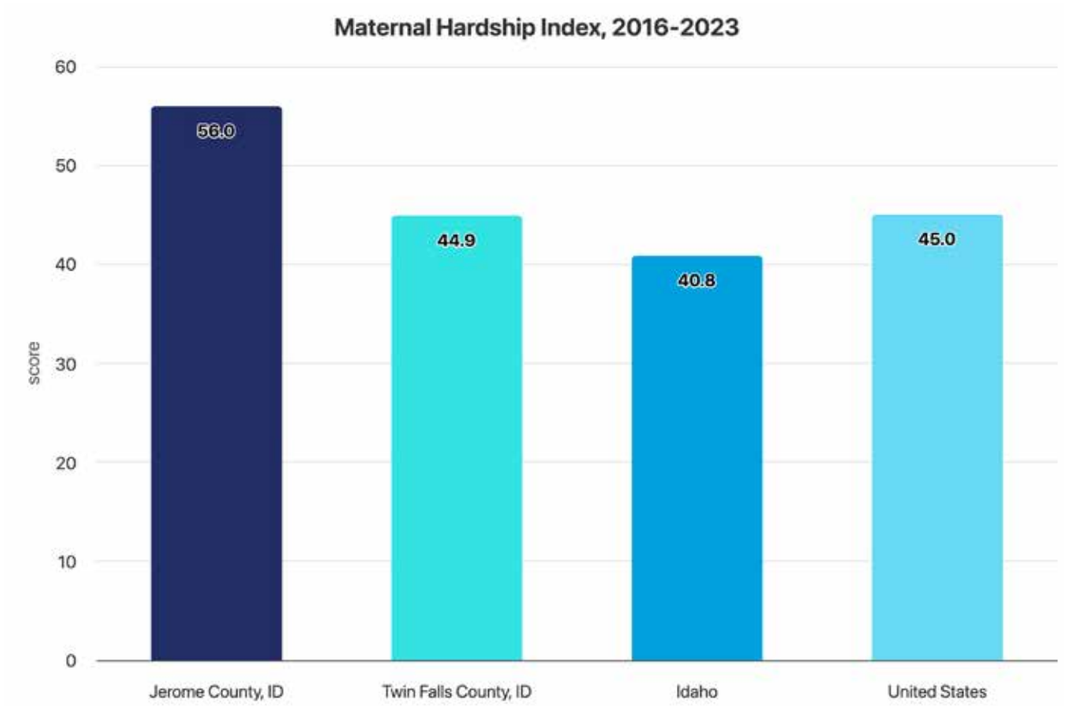


Created on Metopio | metop.io/l/1mssvfsdx | **Data sources:** HRSA's Maternal and Child Health Bureau (MCHB): Maternal and Infant Health Mapping Tool (3-year data) (Everywhere except WI), Centers for Disease Control and Prevention (CDC): National Vital Statistics System-Natality (NVSS-N) (5-year data
Infant mortality: Rate of death of children under 1 year of age. Race/ethnicity stratifications are available in 5-year data and reflect the demographics of the mother. Male/female stratifications available for some 1-year data and reflect the sex of the infant.

Maternal Hardship Index

The Maternal Hardship Index is a comprehensive scale ranging from 0 to 100, designed to quantify the level of hardship faced by women during pregnancy, childbirth, and postpartum periods. This index incorporates a wide range of factors that influence maternal health outcomes, including health care access, physical and mental health outcomes, socioeconomic determinants, and built environment. Higher values represent greater maternal hardship.

The Maternal Hardship Index in Jerome County is higher than the state and national average, indicating greater maternal hardship in this area. Twin Falls County is similar to the national average, and higher than the Idaho average.



Created on Metopio | metop.io/l/5hnwv8dz | **Data source:** Metopio
Maternal Hardship Index: The Maternal Hardship Index is a comprehensive scale ranging from 0 to 100, designed to quantify the level of hardship faced by women during pregnancy, childbirth, and postpartum periods. This index incorporates a wide range of factors that influence maternal health outcomes, including health care access, physical and mental health outcomes, socioeconomic determinants, and built environment. Higher values represent greater maternal hardship.

CHILDCARE

Childcare access and availability play a critical role in the well-being and economic stability of families. Reliable, affordable childcare supports healthy child development, enables parents and caregivers to participate in the workforce, and reduces stress on households. Gaps in childcare availability or affordability can place significant strain on families, employers, and community resources.

Key Findings at a Glance

- Childcare Cost Burden: In Jerome County, the cost of childcare for a household with two children increased from 19.32% of median household income in 2022 to 21.35% in 2024, indicating a growing financial strain on families.

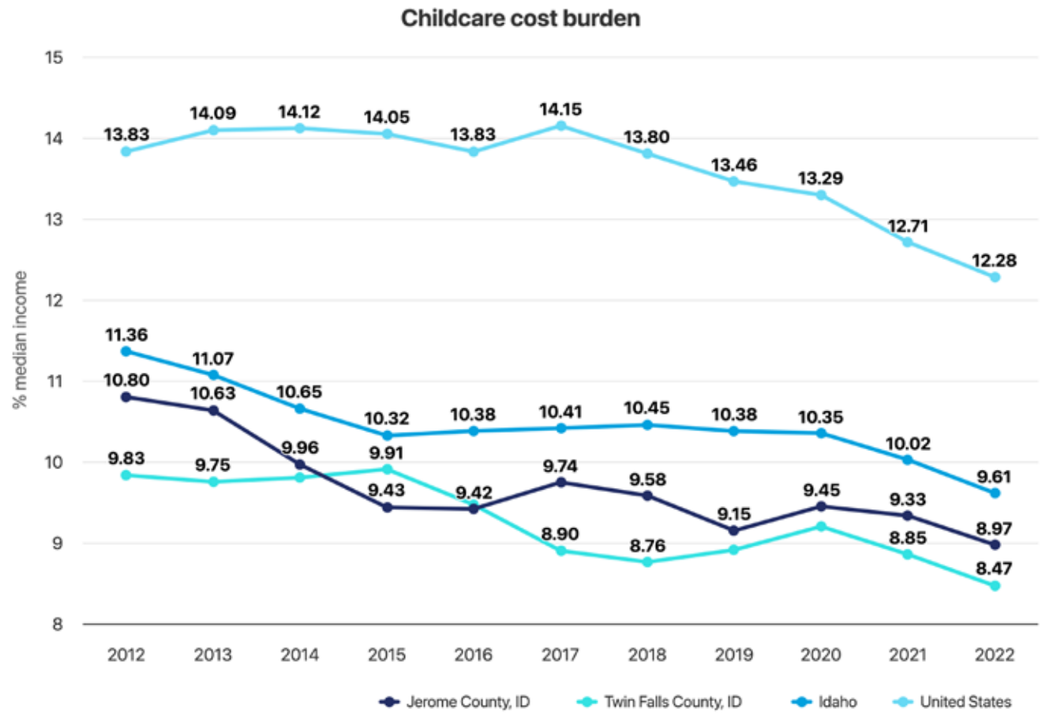
- Recent Child and in the Labor Force: A notable percentage of women in Jerome and Twin Falls counties with children under 12 months old are in the workforce.

Community Input

Community members noted barriers to childcare including cost, especially compounded by housing affordability challenges.

Childcare Cost Burden

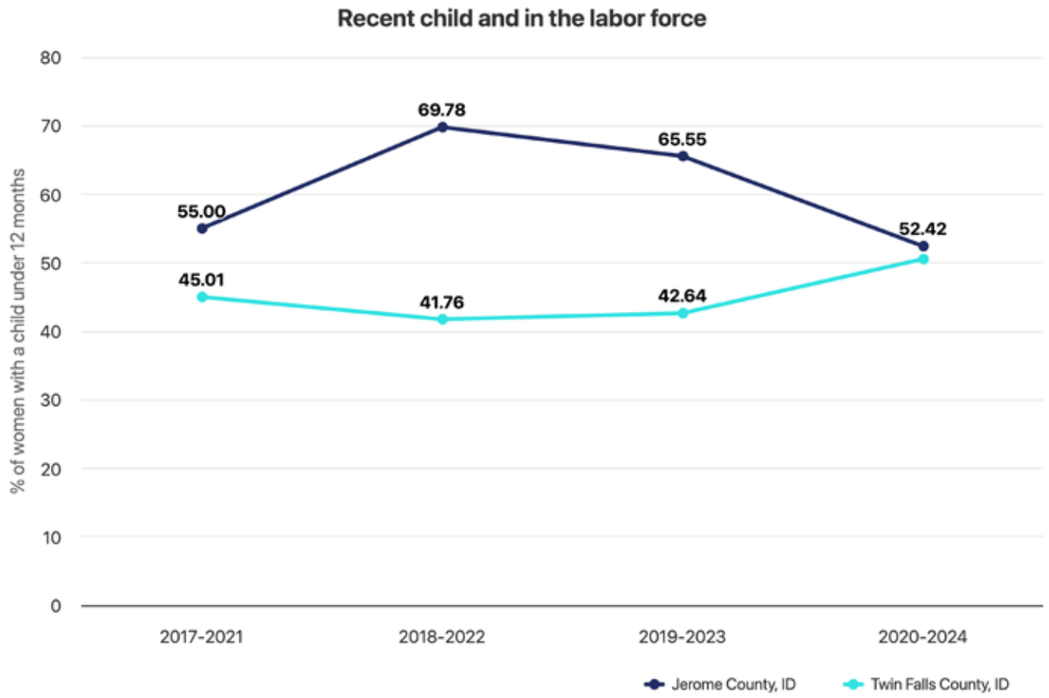
Childcare cost burden includes costs for a household with two children as a percent of median household income. Jerome County has a higher childcare cost burden than Idaho, and it has been increasing since 2022.



Created on Metopio | metop.io/l/w8dus8f4 | **Data source:** Women's Bureau: National Database of Childcare Prices
Childcare cost burden: The price of center-based child care for one infant, toddler, or preschooler (0 - 4.5 years) as a share of median family income.

Recent Child and in the Labor Force

In Jerome County, the percentage of women with a child under 12 months who are in the labor force declined from 69.78% in 2018-2022 to 65.55% in 2019-2023. In contrast, Twin Falls County saw a slight increase from 41.76% to 42.64% during the same period. Overall, Jerome County has a higher percentage compared to Twin Falls County.



Created on Metopio | metop.io/j/x7y19rhc | **Data source:** U.S. Census Bureau: American Community Survey (ACS) (Table B13012)

Recent child and in the labor force: Percentage of women who gave birth in the past 12 months who are currently in the labor force (including part-time and remote work).

CHRONIC DISEASE

Health conditions, particularly chronic diseases, significantly impact the quality of life and lifespan of residents in Jerome and Twin Falls counites. These conditions can place a substantial burden on local health systems and resources. Understanding the prevalence and distribution of these conditions is crucial for addressing community health needs effectively.

Key Findings at a Glance

- High Blood Pressure: There are 31.5% of Jerome County residents and 29.7% of Twin Falls County residents have a diagnosis of high blood pressure indicating a significant health concern.
- Diagnosed stroke: In Both Jerome and Twin Falls Counties have averages of diagnosed stroke higher than state and national averages.
- Alzheimer's disease mortality: Twin Falls County has an Alzheimer's disease mortality rate that is more than double the national average.

Community Voice

Community members noted barriers to preventing and managing chronic conditions including transportation to appointments, affordability of medications, and access to healthy foods. Individuals noted the importance of preventive care in maintaining health and wellbeing.

Chronic Disease Prevalence

The table below shows the chronic disease prevalence for Jerome and Twin Falls Counties compared to Idaho and United States averages.

	Jerome County	Twin Falls County	Idaho	United States
Have ever had cancer % of adults, 2022	6.7	7.3	7.3	6.64
Diagnosed stroke % of adults, 2022	3.6	3.1	2.6	2.91
Coronary heart disease % of adults, 2022	6.8	5.8	2.7	3.4
Current asthma % of adults, 2022	10.8	11.0	10.5	9.88
Diagnosed diabetes % of adults, 2022	11.3	9.2	9.0	10.8
High blood pressure % of adults, 2022	31.5	29.7	28.2	31.14

Centers for Disease Control and Prevention PLACES, 2022

Chronic Disease Mortality

The table below shows the chronic disease mortality for Jerome and Twin Falls Counties compared to Idaho and United States averages.

Topic	Jerome County	Twin Falls County	Idaho	United States
Alzheimer's disease mortality* deaths per 100,000, 2019-2023	35.4	66.8	37.2	30.0
Cancer mortality deaths per 100,000, 2019-2023	146.3	177.5	137.5	144.1
Breast cancer mortality deaths per 100,000, 2019-2023	11.3	9.6	10.1	10.5
Heart disease mortality deaths per 100,000, 2019-2023	179.2	191.5	154.1	166.5
Diabetes mortality deaths per 100,000, 2019-2023	27.3	25.9	21.3	23.6

Centers for Disease Control and Prevention National Vital Statistics Systems-Mortality (NVSS-M), 2019-2023

PRIORITIZATION

On October 8, 2025, community partners and leaders reviewed the Community Health Needs Assessment results and collaboratively determined the priority health issues for the implementation strategy.

The session began with a presentation outlining the top health needs identified through both quantitative and qualitative data collection. These themes included access to care, behavioral health (mental health and substance use), childcare, chronic disease (obesity, heart disease, diabetes, cancer), food access, housing, and maternal and child health.

Following the presentation, participants engaged in discussion regarding the presented data, and participants were asked to rank the top health needs using an online survey. Each health need was assigned a score from 1-100, with higher scores indicating a higher need.

The results are shown below:

Twin Falls Prioritization Results		
Ranking	Health Need	Score
1	Housing	81
2	Behavioral Health	72
3	Access to Care	70
4	Food Access	65
5	Maternal and Child Health	50
6	Child Care	48
7	Obesity	40
8	Heart Disease	35
9	Diabetes	26
10	Cancer	14

COMMUNITY RESOURCES AND ASSETS

St. Luke's and community partners will develop and publish implementation strategies upon publication of the report. Community resources to address these and other social and economic needs can be found at findhelpidaho.org.

The Community Partner Assessment (see Page 7 for description) identified strengths, assets, resources, and gaps among local partners. Key findings include:

STRENGTHS OF COMMUNITY PARTNERS:

- Three quarters of respondents reported addressing the Social Determinants of Health in some capacity
- More than half of respondents are currently addressing Behavioral Health, Food Access, and Access to Health Care
- Most common interests in joining a collaborative are –
  - To make deeper impact within our community
  - To deliver programs effectively and efficiently and avoid duplicated efforts
- Most respondents reported using community partnerships and community education to drive their work
- The most common communication method among respondents was social media

OPPORTUNITIES:

- Respondents were least likely to report working with community economic development, financial institutions, environmental justice, racial justice, restaurants, land use, public safety, and labor condition organizations
- Legal expertise and program evaluation

APPENDIX 1: SOURCES

The following is a list of datasets used during the analysis of secondary data. All datasets were accessed via the Metopio platform. A URL for each dataset is available upon request.

Environmental Protection Agency (EPA): Air Quality Index Report

The AirData Air Quality Index Summary Report displays an annual summary of Air Quality Index (AQI) values for counties. Air Quality Index is an indicator of overall air quality, because it takes into account all of the criteria air pollutants measured within a geographic area.

U.S. Census Bureau: American Community Survey (ACS)

The American Community Survey (ACS) is an ongoing survey of U.S. households and residents that provides a wide variety of information. It replaces the long-form Census questionnaire and is administered to 1 in 38 U.S. households each year. Responses from multiple years can be aggregated to provide information about very small geographies.

Health Resources & Services Administration: Area Health Resources Files (AHRF)

This dataset provides current as well as historic data for more than 6,000 variables for each of the nation's counties, as well as state and national data. It contains information on health facilities, health professions, measures of resource scarcity, health status, economic activity, health training programs, and socioeconomic and environmental characteristics.

Behavioral Risk Factor Surveillance System (BRFSS)

The Behavioral Risk Factor Surveillance System (BRFSS) is the nation's premier system of health-related telephone surveys that collect state data about U.S. residents regarding their health-related risk behaviors, chronic health conditions, and use of preventive services. Established in 1984 with 15 states, BRFSS now collects data in all 50 states as well as the District of Columbia and three U.S. territories. BRFSS completes more than 400,000 adult interviews each year, making it the largest continuously conducted health survey system in the world.

Centers for Disease Control and Prevention (CDC)

U.S. Census Bureau: County Business Patterns

An annual series that provides subnational economic data by industry. This series includes the number of establishments, employment during the week of March 12, first quarter payroll, and annual payroll.

University of Wisconsin Population Health Institute: County Health Rankings

County Health Rankings help us understand what influences how long and how well we live. They provide measures of the current overall health (health outcomes) of each county in all 50 states and the District of Columbia.

CDC's National Center for Chronic Disease Prevention and Health Promotion (NCCDPHP): Division of Nutrition, Physical Activity, and Obesity (DNPAO)

CDC's Division of Nutrition, Physical Activity, and Obesity (DNPAO) invests in efforts to support healthy eating, active living, and healthy weight for all people. These investments advance public

health strategies that prevent chronic diseases related to diet and inactivity to protect the health of people across the nation.

Centers for Disease Control and Prevention (CDC): Heat and Health Tracker

The Centers for Disease Control and Prevention launched the Heat & Health Tracker to provide timely, local-level, heat and health information to the public.

Idaho Oregon Community Health Survey

Surveys include: Treasure Valley Community Health Survey, Saint Alphonsus Community Health Survey, and South Central Idaho Community Health Survey

Feeding America: Map the Meal Gap

Map the Meal Gap generates two types of community-level data: Local food insecurity estimates among all individuals and children by income category and local food expenditure estimates among people who are food insecure and food secure Gundersen, C., A. Dewey, E. Engelhard, M. Strayer & L. Lapinski. Map the Meal Gap 2020: A Report on County and Congressional District Food Insecurity and County Food Cost in the United States in 2018. Feeding America, 2020.

HRSA's Maternal and Child Health Bureau (MCHB): Maternal and Infant Health Mapping Tool

Centers for Disease Control and Prevention (CDC): National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention: Atlas Plus

The National Center's vision is a future free of HIV, viral hepatitis, STDs, and TB.

Centers for Disease Control and Prevention (CDC): National Environmental Public Health Tracking Network

The National Environmental Public Health Tracking Network (Tracking Network) brings together health data and environmental data from national, state, and city sources and provides supporting information to make the data easier to understand.

Centers for Medicare & Medicaid Services (CMS): National Provider Identifier Files (NPI)

A National Provider Identifier is a unique 10-digit identification number issued to health care providers in the United States by the Centers for Medicare and Medicaid Services (CMS). The NPI is the required identifier for Medicare services, and is also used by other payers, including commercial healthcare insurers. The NPI Registry provides information about all physicians in the country and their specialties.

Centers for Disease Control and Prevention (CDC): National Vital Statistics System-Mortality (NVSS-M)

Beginning in 2021, age-adjusted rates are no longer available from the CDC at a county level. All data from 2021 onward is presented as crude rates. Please use caution when directly comparing data from before 2021 to data from 2021 onward. The National Vital Statistics System Mortality component (NVSS-M) obtains information on deaths from the registration offices of each of the 50 states, New York City, the District of Columbia, Puerto Rico, the U.S. Virgin Islands, Guam, American Samoa, and Northern Mariana Islands. The system is operated by the Centers for Disease Control and Prevention, National Center for Health Statistics (CDC/NCHS). This data is available from the CDC Wonder data portal.

Centers for Disease Control and Prevention (CDC): National Vital Statistics System-Natality (NVSS-N)

In the United States, State laws require birth certificates to be completed for all births, and Federal law mandates national collection and publication of births and other vital statistics data. The National Vital Statistics System, the Federal compilation of this data, is the result of the cooperation between the National Center for Health Statistics (NCHS) and the States to provide access to statistical information from birth certificates.

Oregon Health Authority: Oregon Public Health Division

The Oregon Public Health Division works to protect and promote the health of all Oregonians and the communities where they live, work, play and learn.

Centers for Disease Control and Prevention (CDC): PLACES

The PLACES Project is a collaboration between CDC, the Robert Wood Johnson Foundation (RWJF), and the CDC Foundation (CDCF). PLACES will allow counties, places, and local health departments regardless of population size and urban-rural status to better understand the burden and geographic distribution of health-related outcomes in their jurisdictions and assist them in planning public health interventions. PLACES is an extension of the original 500 Cities Project that provided city and census tract estimates for chronic disease risk factors, health outcomes, and clinical preventive services use for the 500 largest US cities. The PLACES Project provides model-based population-level analysis and community estimates to all counties, cities, census tracts, and ZIP codes across the United States.

National Cancer Institute (NCI): State Cancer Profiles

State Cancer Profiles characterizes the cancer burden in a standardized manner to motivate action, integrate surveillance into cancer control planning, characterize areas and demographic groups, and expose health disparities. The focus is on cancer sites with evidence-based control interventions. Interactive graphics and maps provide support for deciding where to focus cancer control efforts.

Centers for Disease Control and Prevention (CDC): U.S. Opioid Dispensing Rate Maps

The data in the maps show the geographic distribution in the United States, at both state and county levels, of retail opioid prescriptions dispensed per 100 persons per year.

Centers for Disease Control and Prevention (CDC): United States Diabetes Surveillance System

The CDC's United States Diabetes Surveillance System contains data about diabetes, obesity, and physical activity. This data is modeled using data from the Behavioral Risk Factor Surveillance System (BRFSS).

United for Alice: United Way ALICE Data

Every two years, United For ALICE (Asset Limited, Income Constrained, Employed) conducts a study of financial hardship at the national level in order to better understand economic disparity within and across states, to track changes over time, and to inform action that improves conditions for ALICE households nationwide.

US Department of Agriculture (USDA) - Food and Nutrition Service: WIC Data Tables

APPENDIX 2: COMMUNITY SURVEY

SOUTH CENTRAL IDAHO 2025 SURVEY

For additional languages, or to request paper copies, contact survey@metop.io

Welcome to the 2025 South Central Idaho community health survey.

This short survey (less than 10 minutes) will help guide efforts to address health challenges and create meaningful solutions for the needs of your community. The survey should be completed in one session. The information will help us:

- Understand challenges that affect our community
- Better understand the needs of our community
- Work together to find solutions to our needs

Surveys are anonymous and your answers will be private. We will not collect your personal information and we will not share how you answered the survey with anyone. At the completion of the survey you may choose to share your email to be entered to a gift card drawing as a token of appreciation for your time (this is optional).

In order to complete the survey, you must be at least 18 years old, and live in the South Central Idaho region.

We thank you for your time and input.

Introduction

1) What county do you live in?*
__Blaine County
__Camas County
__Cassia County
__Gooding County
__Jerome County
__Lincoln County
__Minidoka County
__Twin Falls County

2) What is your home zip code? _____

3) What is your age? _____

Your Community

All questions going forward are optional. The following questions will ask you about your health and household. Some of the topics discussed in this survey may be sensitive, you are able to skip any questions you prefer not to answer.

4) Which of the following health services are currently insufficient in your community? Check all that apply.
__Mental health care services
__Substance misuse services
__Family planning services
__Maternal health care
__Primary health care services
__Specialist care services
__Oral health care services
__I don't know
__Something else (write in): _____

5) What health issues are having the biggest impact in your community? Please select your top three (3).
__Alzheimer's and dementia
__Autoimmune disease (multiple sclerosis, celiac disease, lupus, rheumatoid arthritis)
__Cancers
__Chronic pain
__Dental health
__Diabetes (high blood sugar)
__Education and resources to prevent disease and illness
__Family planning (birth control)
__Heart disease, hypertension (high blood pressure), and stroke
__Infectious diseases (tuberculosis or TB, flu, COVID-19)
__Lung disease such as asthma or chronic obstructive pulmonary disease (COPD)
__Mental health such as elevated stress, depression, anxiety, suicide, post-traumatic stress disorder (PTSD)
__Mother and infant health
__Unintentional injuries such as motor vehicle accidents, drowning, firearm-related injuries)
__Obesity

__Sexually Transmitted Infections STIs and STDs (chlamydia, gonorrhea, hepatitis, syphilis) including HIV and AIDs
__Substance misuse
__Women's health
__Other (Please list): _____

6) What are the most important community issues? Please select your top three (3).
__Access to affordable healthy food
__Affordable and safe housing
__Child care
__Education
__Access to nature
__Fitness (gym or place to be active)
__Health Care, such as being able to make an appointment
__Insurance access and affordability
__Issues related to youth well-being including abuse, neglect, education, exercise and nutrition
__Language services
__Medication affordability
__Older Adult Issues including housing, access to care, abuse and neglect, isolation and mental health
__Racism or other discrimination
__Safety or crime
__Transportation (the ability to get to medical appointments, work, errands) and traffic
__Other (Please list): _____

7) Please rate your agreement with the following statements. (Strongly Agree to Strongly Disagree)

	Strongly Disagree	Disagree	Neither	Agree	Strongly Agree
There are affordable places for everyone to live in my community					
Individuals are satisfied with the healthcare options in this community					
My community has transportation options that fit individuals needs					
Neighborhoods feel safe in my community					
Healthy food options are available nearby					
There are enough well-paying jobs in my community					
Anyone in my community can access affordable, reliable internet					
Individuals in my community know where to go to access resources					

Your Health

8) How many servings of fruits and vegetables do you eat daily? (A serving would equal one medium apple or a half cup of cooked broccoli. Please think about all forms of fruits and vegetables including cooked or raw, fresh, frozen, or canned.)
__None
__1-2
__3-5
__More than 5
__I don't know

9) In the past 30 days, did you use

	Yes	No	Prefer not to answer
Electronic cigarettes or vape			
Smokeless tobacco or nicotine, including ZYN			
Marijuana or cannabis			
Cocaine, opioids such as fentanyl, or other drugs (not including marijuana)			

10) Over the past two weeks, how often have you been bothered by the following problems

	Not at all	Several days	More than half the days	Nearly every day
Feeling anxious, nervous, or on edge				
Not being able to stop worrying				

Access to Care

11) In the past 12 months, did you receive the following care?

	Yes	No
Routine medical care (for example physical exam, checkups, visits due to illness)		
Dental services (including routine dental cleaning)		
Mental health services, therapy, or counseling		
Substance use counseling or treatment		
Specialist medical care (for example heart doctor, allergist)		

12) If you did not receive any of the services listed above, why not? Check all that apply.
__I did not need it
__Cost of care
__Lack of insurance
__Conflict with work or caregiving
__Lack of transportation
__Lack of time
__Fear of bad results
__Wait is too long
__It isn't offered where I live
__Previous negative experience
__Health system is too complicated
__I don't feel safe, or don't trust providers in my community
__Providers don't speak my language
__Something else (write in): _____

Your Household

13) What kind of place do you live in?
__Own my home
__Rent my home
__Emergency shelter
__Living outside
__Living with a friend or family member
__Prefer not to answer
__Something else: _____

14) In the past 12 months, have you ever

	Yes	No	Prefer not to answer
Eaten less than you felt you should because there wasn't enough money for food			
Struggled to pay for necessities such as housing, food, or bills			
Used SNAP (Supplemental Nutrition Assistance Program), WIC (Women, Infant, and Children), or EBT (Electronic Benefit Transfer) benefits			
Accessed free or emergency food at a local food pantry or meal site			

15) Do you feel physically and emotionally safe where you live?
__Yes
__No
__Prefer not to answer

16) Within the past 12 months, have you been hit, slapped, kicked or otherwise physically hurt by someone?
__Yes
__No
__Prefer not to answer

16) Please select the statement that is most true about your home.
__None of the firearms in my household are in a locked safe or cabinet
__Some of the firearms in my household are in a locked safe or cabinet
__All of the firearms in my household are in a locked safe or cabinet
__There are no firearms in my household

About You

18) What sex were you assigned at birth?
__Female
__Male
__Intersex
__Prefer not to answer
__Another term: _____

19) How do you currently identify yourself?
__Woman
__Man
__Transgender Woman
__Transgender Man
__Non-binary
__Gender-nonconforming
__Prefer not to answer
__Another term: _____

20) Which of the following do you consider yourself? Select all that apply.
__American Indian or Alaskan Native
__Asian
__Black or African American
__Middle Eastern or North African
__Native Hawaiian or Pacific Islander
__Latino or Hispanic
__White
__Prefer not to answer
__Prefer to self-describe: _____

21) What is the highest level of education you have completed?
__Less than high school graduation
__High school graduate or GED
__Some college or technical school
__Associate degree
__Bachelor's degree
__Advanced degree (such as MS, MEd, MSW, MD, PhD, JD)
__Prefer not to answer

22) What is your yearly household income?
__Less than $10,000
__$10,000 to $14,999
__$15,000 to $24,999
__$25,000 to $34,999
__$35,000 to $49,999
__$50,000 to $74,999
__$75,000 to $99,999
__$100,000 to $149,999
__$150,000 to $199,999
__$200,000 or more
__I don't know
__Prefer not to answer

23) Do you have a physical, mental or intellectual disability?
__Yes
__No
__Prefer not to answer

24) How many children under the age of 18 live in your household? If none, please enter 0.
__0
__1
__2
__3
__4
__5
__6 or more

Child Health (Skip this section if no children in household)

25) Do you agree with the following statements

	Strongly Disagree	Disagree	Neither	Agree	Strongly Agree
My child(ren) is(are) physically active most days of the week					
My community has enough after school/non-school day activities for children					
My child(ren) have safe transportation to school					

26) In the past 12 months, did you ever delay or skip care your child(ren) needed for any of these services?

	Yes	No	Prefer not to answer
Routine medical care (physical exam, checkups, visits due to illness			
Dental services (including dental cleanings)			
Mental health services, therapy, or counseling			
Substance use counseling or treatment			
Specialist medical care (for example, allergist)			

27) If you skipped or delayed care for your child(ren) in the past 12 months, what were the reasons why?
__I did not skip or delay care for my child
__They did not need the care
__Cost of care
__Lack of insurance
__Conflict with work or caregiving
__Lack of transportation
__Lack of time
__Fear of bad results
__Wait is too long
__It isn't offered where I live
__Previous negative experience
__Health system is too complicated
__I don't feel safe, or don't trust providers in my community
__Providers don't speak my language
__Something else (write in):_____

28) From the following list, what do you think are the THREE most important issues for children and teens in your neighborhood?

__Access to nature
__Asthma
__Alcohol use
__Bullying, including cyberbullying
__Child abuse and neglect
__Discrimination and racism
__Drug use
__Gun violence
__Hunger
__Infant mortality
__Mental health (stress, suicide, anxiety)
__Obesity
__Poverty
__Smoking and tobacco use, including vaping and e-cigarette use
__Social media
__Teen pregnancy
__Unsafe housing
__Something else (write in):_____

29) Please list any additional comments:

_____
_____
_____

Thank you for taking our survey!

If you would like to be entered into a drawing for a gift card, please send us an email with your name, and Subject Line "South Central Idaho Survey Drawing" to survey@metop.io

To access community resources, please visit Find Help Idaho or call St. Luke's Center for Community Health 208-727-8733 (Blaine County)

Your response is very important to us and will help us plan ways to improve health in your community.

If you have any questions about the survey, please email survey@metop.io

APPENDIX 3: 2023-2026 EVALUATION OF IMPACT

In our 2023 Community Health Needs Assessment (CHNA), the following health needs were prioritized and named as the most significant health needs for our service areas:

- Access to Health Related Services (including language and cultural barriers)
- Mental Well-being (including suicide)
- Cost of Living (including housing, childcare, and education)

2023 Priority Area Need 1: Cost of Living – Including Housing, Childcare & Education

Strategy 1: Increase affordable and available early learning and childcare opportunities	
ACTIVITIES	**Support Early Learning Collaborative at E Street Center**
Key Community Partner	United Way of South Central Idaho College of Southern Idaho Workforce Development Children's Museum of Magic Valley
St. Luke's Resources	Letter of support for project Financial support Ongoing engagement and collaboration on strategy development Financial contribution to summer programming
FY2024 Outcomes	Sent $2,000 in Sept. 2024 to support early learning curriculum. Performance report coming in May 2025. College of Southern Idaho Workforce Development Director was a part of the Early Learning Collaborative and helped shoot a promotional video to educate the public on the need for more services in the Magic Valley. Financial contribution began in FY2025
FY2025 Outcomes	Continued partnership with United Way of South Central Idaho and the Magic Valley Early Learning Collaborative to expand early childhood education opportunities. Although the sale of the E Street Community Center prevented an increase in available childcare seats, we advanced family engagement efforts by hosting & supporting meal costs for a Parent Café and a Parent Café Facilitator Training in partnership with the Idaho Children's Trust Fund. Through this training, 20 community leaders are equipped to lead structured, peer-led conversations that strengthen families and build protective factors. Through St. Luke's investment, the Children's Museum of the Magic Valley delivered hands-on STEAM programming to nearly 1,000 children and families across seven summer events in the Magic Valley. This support not only made it possible for CMMV to provide these experiences at no cost to host organizations—reaching underserved groups such as military families and families experiencing food insecurity—but also allowed the museum to purchase new interactive exhibits like the Dino Bones and Superspace Tiles. These activities sparked creativity, teamwork, and problem-solving among participants, leaving a lasting impact that will continue as part of CMMV's school-year programming.
FY2026 Outcomes	St. Luke's continued its engagement with the Magic Valley Early Learning Collaborative and the CSI Early Childhood Technical Advisory Group in 2026. St. Luke's provided $2,000 to support the Parent Café program and $2,500 to United Way's Book It Forward initiative. We expect 2–3 Parent Cafés to be held between January and September 2026, offering families a supportive space to build skills and connections. Funding for the Book It Forward program will increase access to age-appropriate books and early learning resources for children and families throughout the Magic Valley. Final reports will be collected in October 2026, following the publication of our 2026 CHNA.

St. Luke's did not provide additional funding to the Children's Museum of the Magic Valley in 2026, however our 2025 investment continues to create lasting value. The hands-on STEAM materials and interactive exhibits purchased through St. Luke's support remain part of the museum's school-year and community programming, allowing children and families across the Magic Valley to continue benefiting from engaging, no-cost learning experiences.

Strategy 2: Support for Caregivers

ACTIVITIES	Integrate Idaho Caregiver Alliance supports with the Center for Community Health
Key Community Partner	Idaho Caregivers Alliance Center for Community Health
St. Luke's Resources	Financial support
FY2024 Outcomes	The Idaho Caregiver Alliance and the The Center for Community Health Director met with the Idaho Caregiver Alliance staff to learn about their services and help connect those in need.
FY2025 Outcomes	Provided $3,000 sponsorship for the Power of Care: Strength in Community Idaho Family Caregiver conference. The conference reaches caregivers who are underserved, specifically from rural areas, those juggling caregiving and employment responsibilities, and those from Spanish Speaking Community.
FY2026 Outcomes	System support for the Idaho Caregiver Alliance has been prioritized and will be awarded as needed.

Strategy 3: Support Households that are cost-burdened (spending greater than 30% of income on housing costs)

ACTIVITIES	Workforce Housing Initiative
Key Community Partner	Region IV Workforce Development
St. Luke's Resources	Collaborate with Region IV on Workforce Housing Initiative Business Plus Local Businesses
FY2024-FY2025 Outcomes	Fontier Community Resources (formerly Region IV Workfroce development) continues to address housing gaps through its Collaborating for Affordable Housing Solutions project, which helps income-qualified families build homes via the Self-Help Homeownership Program. By conducting local environmental reviews, the initiative speeds up affordable housing development and strengthens community involvement in land-use decisions, directly supporting workforce housing needs. In June 2023 a workforce housing summit was held by Region IV workforce development, since that meeting there has been limited traction on additional meetings or engagement with business partners to tackle this community challenge.
FY2026 Outcomes	St. Luke's Community Health and Engagement team was asked to be a part of Frontier Economic Development's (formerly Region IV Development) 2026–2030 Regional Comprehensive Economic Development Strategy. This work concluded in December 2025 and will be used as a tool to support business and industry, government partners, and non-profits in communicating and addressing the needs of the eight county area. As a member of the committee, St. Luke's aims to support Frontier in getting this work out into the community for awarenss. St. Luke's Commuity Health and Engagement Director also joined the Executive Board for Business Plus on January 2026 and will collaborate them on additional opportunities to address housing concerns. Additionally St. Luke's is a member of many local chambers of commerce and sits on weekly legislative calls by the Twin Falls Area Chamber of Commerce to communicate the needs of the community and help advocate for policies that support housing stability in our communitites.

Strategy 4: Support for families and individuals experiencing homelessness

ACTIVITIES	Support Point in Time Count and Warming Center
Key Community Partner	South Central Community Action Partnership Valley House Homeless Shelter Region IV Homeless Coalition
St. Luke's Resources	Participate in Region IV Homeless Coalition Financial contribution for warming center
FY2024 Outcomes	Idaho's 20th annual PIT count was conducted the night of January 24, 2024. The PIT count is a snapshot of those experiencing homelessness in the state and is used to identify trends over time. The total unsheltered & sheltered count for Idaho was 2,750 (1,374 unsheltered and 1,376 sheltered). The total unsheltered and sheltered count for Region 4 (Camas, Blaine, Gooding, Lincoln, Jerome, Twin Falls, Cassia, and Minidoka) was 390 (36 unsheltered & 354 sheltered). The Twin Falls warming center was open 86 nights between November 10, 2023 and February 29,2024. The center served 100 non duplicated individuals. 76 men and 24 women came in to the center at least one time. 8 guests were children under the age of 10.
FY2025 Outcomes	The 2025 Point in Time (PIT) Count was completed in January. The total unsheltered & sheltered count for Idaho was 2,697 (1,348 unsheltered & 1,249 sheltered). The total unsheltered and count for Region 4 (Camas, Blaine, Gooding, Lincoln, Jeorme, Twin Falls, Cassia, and Mindioka was 368 (33 unsheltered & 335 sheltered). Eight students from the St. Luke's Magic Valley Acceleartated Nursing program participated in the count, assisting with survey distribution and data collection. St. Luke's funding supported operations of Warming Center from November 15, 2024, through February 28, 2025. It opened on nights when temperatures reached 34 degrees or below. Funding allowed for the hiring of three staff members, with at least one staff person present during operating hours. Volunteers supplemented staffing to help ensure safety and hospitality. Over the 96 days the center was open, it served 100 unique individuals for a total of 725 visits. Monthly visits: November: 90, December 174, January:302, February: 159
FY2026 Outcomes	The 2026 Point in Time (PIT) count was completed in January. Data will be provided in summer 2026 and we expect the unsheltered & sheltered count for region 4 to be within 360-390 individuals. St. Luke's Magic Valley Accelerated Nursing students supported the PIT count in 2026 and $20,000 in funding was provided to the operations of the Warming Center. We expect the warming center to support approximately 100 unique individuals in 2026. Final reports will be collected in October 2026, following the publication of our 2026 CHNA.

Strategy 5: Increasing affordable housing options

ACTIVITIES	Support assessment of a Tiny Home Village
Key Community Partner	Region IV Homeless Coalition Voices Against Violence
St. Luke's Resources	Participation in Region IV Homeless Coalition Meeting convenor for Tiny Home Village Committee
FY2024 Outcomes	Serving as the current Vice President of the coalition and served as meeting convenor for Tiny Home Village Project and assessment. The Home Partnership Foundation became the coalition's fiscal agent, enabling the collection and raising of funds to support ongoing initiatives.
FY2025 Outcomes	Continued to serve as Vice President of the coalition. While the Tiny Home Village project has sunset, have actively supported leadership transitions to sustain and advance the coalition's mission.
FY2026 Outcomes	St. Luke's continues to serve as Vice President of the coalition. While the Tiny Home Village project has sunset, have actively supported the coalition with advancing its mission to increase developments and projects that include affordable housing units.

Strategy 6: Support services that assist people in remaining successfully housed

ACTIVITIES	Center for Community Health
Key Community Partner	Consortium Members for Center for Community Health Advisory Committee for Center for Community Health
St. Luke's Resources	Financial support for Center for Community Health Convenor of Center for Community Health Consortium Members CHIF
FY2024 Outcomes	The Center for Community Health (CCH) officially opened its doors to the public on September 3, 2024 in the Twin Falls School District Community Center (formerly the support services building). The director and two community health workers had 42 encounters between 9/3-9/18/2024 and nine of those clients required housing assistance. Four were supported by Valley House Homeless Shelter, one by LaPosada and one by the Idaho Housing and Finance Association. St. Luke's through CHIF funding also supports the salary of the Center for Community Health Director position. An advisory committee is yet to be formed at this time but is still a priority of the consortium. CHIF Funding provided $27,800 (8.5% of total CHIF dollars) to support services to assist people in remaining successfully housed. Partners included Valley House and La Posada.
FY2025 Outcomes	Funding from St. Luke's served 7 households (12 individuals) experiencing housing instability or urgent needs. The funding provided critical, timely support—helping families cover rent, stay in motels, maintain utilities, and stay connected—while preventing further hardship for elderly, medically fragile, and at-risk individuals. Through rapid, compassionate response and strong collaboration among consortium partners, the initiative helped individuals and families remain safe, housed, and connected to longer-term community resources. St. Luke's CHIF funding continues to support the salary of the Center for Community Helath Director postion. The director of the Center for Community Health collaborates regularly with various inter-agency partner groups to help act as an advisory committee to the CCH and its intended outcomes. The groups prioritize housing assistance support as this is a significant need across the broader Magic Valley. CHIF Funding provided $25,000 (7.41% of total CHIF dollars) to support services to assist people in remaining successfully housed. Partners included Sleep in Heavenly Peace and La Posada.
FY2026 Outcomes	From September 2024 - August 2025 (one year of opening) the CCH and the consortium network supported over 3000 individuals on a variety of SDOH needs. The consortium will be prioritizing two fundraising events in 2026 to support the sustainability of the CCH. St. Luke's supported the CCH with an additional $2,000 in emergency assitance funding to provide critical, timely support to help families cover rent, stay in motels, maintain utilitis and stay connected - while prventing further hardship for elderly, medically fragile, and at risk individuals. We expect the funding to support 5-7 households in 2026 to help families remain safe, housed, and connected to longer-term community resources. Final reports will be collected in October 2026, follwoing the publication of our 2026 CHNA. [St. Luke's CHIF fundiing continues to support the salary of the Center for Community Health Director position. The director continues monthly collaboration with various inter-agency partner groups to help act as an advisory committee to the CCH and its intended outcomes. The groups prioritize housing assistance support as this is a significant need across the broader Magic Valley. CHIF Funding provided $15,000 (4% of total CHIF dollars) to LaPosada to support services to assist people in remaining sucessfully housed.

Strategy 7: Addressing Food and Nutrition Security

ACTIVITIES	Increase access and utilization resources in Jerome County
Key Community Partner	University of Idaho Extension
St. Luke's Resources	St. Luke's financial contribution to Jerome community effort
FY2024 Outcomes	Funding supported the University of Idaho Extension in delivering a summer youth program to 4th and 5th grade members of the Jerome Boys and Girls Club. Through hands-on food preparation in a relaxed and supportive environment, youth participants developed basic cooking skills, enhancing their confidence, teamwork, and willingness to try new foods. The funding covered food supplies, enabling participants to complete two recipes per session, and provided 12 youth with take-home cooking equipment kits. Over the course of the 8-week summer session, the cooking club met every Wednesday for 2.5 hours, with an average of 10 club members participating weekly. A total of 14 youth—5 males and 9 females, including 7 White and 7 Hispanic participants—benefited from the program.
FY2025 Outcomes	With support from St. Luke's, the University of Idaho Extension in Jerome County reached 116 youth through hands-on cooking and healthy living programs at the Boys and Girls Club of Jerome. Youth learned to prepare healthy recipes, try new foods, practice basic kitchen and table-setting skills, and even sewed their own hand towels and placemats to use during meals. Programming will continue from October 2025 through July 2026, with an expanded focus on healthy eating, snack and meal preparation, and food skills that build confidence and lifelong healthy habits.
FY2026 Outcomes	St. Luke's continues to partner with the University of Idaho Extension and the Boys & Girls Club in Jerome with $2,200 in funding to support hands-on nutrition and healthy living education for local youth. In 2026 we expect 100 youth to participate in their cooking and wellness programs where participants learn to prepare healthy recipes, try new foods, and practice essential kitchen and table-setting skills. Final reports will be collected in October 2026, following the publication of our 2026 CHNA.
Key Community Partner	Idaho Food Bank
St. Luke's Resources	Convening stakeholders to address issue
FY2024 Outcomes	Jerome Food Farmacy: In partnership with the Idaho Foodbank, the Jerome clinic has become an official food pantry, installing a Dairy West-donated refrigerated cooler to provide immediate food assistance to patients facing food insecurity. Cooking Matters: 6 St. Luke's employees, including 4 dietitians from Clinical Dietitian Services and two staff members from Community Health and Engagement, have been trained as volunteers for the Cooking Matters program, furthering our commitment to empowering the community with essential nutrition and cooking skills.
FY2025 Outcomes	Jerome Food Farmacy: The Jerome Clinic food pantry in partnership with The Idaho Foodbank provided immediate food assistance to 13 households facing food insecurity from January 2026 - September 2026. Cooking Matters: St. Luke's collaborated with the Idaho Foodbank to offer monthly cooking classes at the Buhl Senior Center from February 2025 - December 2025. Participants gained practical skills in preparing healthy meals and snacks and learned about nutritional needs as they age.
FY2026 Outcomes	In 2026, St. Luke's will continue its partnership with The Idaho Foodbank to sustain and expand community food access initiatives in the Magic Valley. The Jerome Food Farmacy will remain operational with the expectation of serving approximately 20 households facing food insecurity. St. Luke's will also continue supporting Cooking Matters classes in Buhl and plans to maintain monthly or quarterly sessions at the Buhl Senior Center to build practical cooking and nutrition skills for older adults. Additionally, St. Luke's will host a regional partner summit in collaboration with The Idaho Foodbank to convene local food pantry partners, strengthen coordination, and enhance support for families experiencing food insecurity across the region.Final reports will be collected in October 2026, following the publication of our 2026 CHNA.

Key Community Partner	Chobani
St. Luke's Resources	Convening stakeholders to address issue
FY2024 Outcomes	St. Luke's made a significant contribution to food security in the Magic Valley by providing land for a refrigerated trailer in partnership with Chobani and the Idaho Foodbank. This trailer, with a capacity to hold 8 pallets of fresh, whole foods, will enable the distribution of an additional 2,500 meals per week to local food pantries. In addition to providing the land, St. Luke's also helped cover half the electricity costs to ensure the trailer remains operational, further supporting the delivery of nutritious meals to those in need.
FY2025 Outcomes	In Year 2, St. Luke's continued our support for electricity costs and served as the host site for the refrigerated trailer, which distributed 150,000 pounds of fresh product to 10 local food pantry partners, reaching an average of 6,000 individuals per month. These efforts strengthened the capacity of our community partners to provide nutritious food to those in need and ensured continued access to fresh, perishable items across the Magic Valley. St. Luke's Twin Falls and Jerome hospitals partnered with Chobani to host and build 4,000 weekend meal kits to be distributed to youth in Twin Falls and Jerome counties. Between both hospitals 85 employees volunteeered to support the weekend meal gap youth experience in the summer months. St. Luke's hosted one of Chobani's Hunger Summits, convening local food pantry partners learn about food security resources, share best practices, and explore opportunities for collaboration. In addition, St. Luke's provided two weeks of fresh produce for Chobani's summer feeding program, increasing access to healthy foods for families during a critical time of year.
FY2026 Outcomes	In year 3 St. Luke's continues to support the electricity costs and served as the host site for the refrigerated trailer. We expect an additional 150,000 pounds of fresh produce to be distributed from Oct. 1 2025 - Sept. 30 2026. St. Luke's also partnered with Chobani to support their ""Lets Eat Week"" Initiative - a week of volunteering, partnership and education dedicated to ensuring kids and families have the food they need to thrive. St. Luke's employees packed 700 meal kits that were delivered to the local food pantry and elementary schools. St. Luke's plans to continue to host one of Chobani's Hunger Summits, convening local food pantry partners learn about food security resources, share best practices, and explore opportunities for collaboration. St. Luke's will also continue to provide funding to support 2-6 weeks of fresh produce for Chobani's summer feeding program. Final reports will be collected in October 2026, following the publication of our 2026 CHNA.
Key Community Partner	Fresh Connect
St. Luke's Resources	St. Luke's staff
FY2024 Outcomes	Financial contribution began in FY2026
FY2025 Outcomes	Financial contribution began in FY2026
FY2026 Outcomes	St. Luke's supported the launch of a new produce prescription program at the Jerome hospital with a $10,000. Through this program, we expect 25–30 food-insecure patients with prediabetes or diabetes will receive access to fresh, frozen or canned fruits and vegetables monthly * 6 months using the Fresh Connect debit card platform. This will help improve their nutrition and overall health outcomes. Final reports will be collected in October 2026, following the publication of our 2026 CHNA.
Key Community Partner	Jerome School District including Falls City Academy
St. Luke's Resources	St. Luke's Health Partners outreach
FY2024 Outcomes	Facilitated 6 Whole Grains demonstration activities to 120 (8th graders) at the Jerome Middle School Community Days events. Each participant learned the difference between whole grains and refined grains, fiber and how to identify whole grain food products. Participants also received a whole grain muffin to try along with a YEAH cookbook to practice cooking at home with their families.
FY2025 Outcomes	The Jerome School District's Food Security initiative, supported by $3,000 from St. Luke's, provided fresh fruits, vegetables, and proteins to 1,754 community members—over 90% of whom identified as Hispanic, with nearly half under age 18. The program also served 20 middle school students through the Friday Backpack initiative, ensuring consistent access to kid-friendly, nutritious meals. In addition to food distribution, the initiative strengthened partnerships with the Idaho Food Bank, Martha and Mary's, and other local organizations, while engaging students in nutrition education and enrichment opportunities. St. Luke's further supported youth health by facilitating whole-grain demonstrations during Jerome Middle School Community Days. More than 120 eighth graders learned the difference between whole and refined grains, the role of fiber, and how to identify whole-grain products. At Falls City Academy, St. Luke's hosted 6 week Cooking Matters course and a HOPE Day, teaching 75 high school seniors how to meal-prep four breakfasts on a limited budget. St. Luke's also facilitated a senior project where students prepared healthy, culturally relevant Cinco de Mayo recipes, celebrating tradition while learning practical cooking skills.
FY2026 Outcomes	St. Luke's did not provide new funding to the Jerome School District's Food Security initiative in 2026, as the district's food pantry is no longer in operation and resources were reallocated to the Fruit and Veggie Rx program at the Jerome hospital.
Key Community Partner	Jerome Soup Kitchen
St. Luke's Resources	St. Luke's Jerome staff
FY2024 Outcomes	St. Luke's Jerome Food and Nutrition Manager coordinates monthly volunteer efforts, with Jerome employees supporting the Jerome Soup Kitchen. In addition, St. Luke's donates surplus food items from the Jerome Clinic food pantry and hospital kitchen that are not suitable for patient meals but meet the Soup Kitchen's food distribution guidelines.
FY2025 Outcomes	St. Luke's Jerome Food and Nutrition Manager continues to coordinate volunteer efforts, with Jerome employees supporting the Jerome Soup Kitchen. In addition, St. Luke's donates surplus food items from the Jerome Clinic food pantry and hospital kitchen that are not suitable for patient meals but meet the Soup Kitchen's food distribution guidelines.
FY2026 Outcomes	The St. Luke's Jerome Food and Nutrition Manager continues to coordinate volunteer efforts, with Jerome employees supporting the Jerome Soup Kitchen. In addition, St. Luke's donates surplus food items from the Jerome Clinic food pantry and hospital kitchen that are not suitable for patient meals but meet the Soup Kitchen's food distribution guidelines.
Key Community Partner	College of Southern Idaho Gilbert's Pantry
FY2024 Outcomes	Initiated conversation with Gilbert's Pantry to deterimine ways St. Luke's may support their efforts.
FY2025 Outcomes	Continued to work with Gilbert's Pantry through Chobani Hunger Summit events.
FY2026 Outcomes	In 2026 St. Luke's continued to work with Gilbert's pantry through Chobani and Idaho Foodbank Hunger Summit events.
Key Community Partner	Martha & Mary's Food Pantry
St. Luke's Resources	Financial support
FY2024 Outcomes	Funding helped cover utility costs, ensuring pantry could keep the lights on and freezers running to continue serving the community. With partnerships from businesses and individual donors, pantry has been able to meet the growing needs of over 1,400 people each month. Of those served serve, 37% were children, and 68% require food assistance more than once a month. Have seen a notable increase in applications from Peruvian and Hispanic families this year, though access to quality protein remains limited.
FY2025 Outcomes	Contintued to partner with Martha and Mary's through Chobani Hunger Summit events. St. Luke's created a volunteer promotion video for Martha and Mary's to be featured at their annual fundraising event.
FY2026 Outcomes	St. Luke's contintues to partner with Martha and Mary's through Chobani Hunger Summit events. St. Luke's has also engaged in conversations to help support the expansion of the food pantry to serve a larger food insecure population across Jerome and surrounding areas.

Key Community Partner	South Central Public Health Dist.
St. Luke's Resources	St. Luke's Jerome staff and residents
FY2024 Outcomes	Funding provided an opportunity for Bettencourt Dairy employees and their adult family members to receive wellness screenings that included height, weight, body mass index (BMI), lipid panel screening, blood glucose, and hbA1C testing. Participants were offered health coaching from two St. Luke's resident physicians to review test results and offer suggestions for healthy behavior and further medical care if warranted. 55 Health screenings and 35 vaccinations provided in total. Using funds to purchase two additional CardioChek machines made it possible to screen more than double the number of people than in past events. Demographic information was not collected directly, but anecdotally it appeared that nearly all participants were Hispanic and lived in either Jerome or Gooding counties.
FY2025 Outcomes	With support from St. Luke's, South Central Public Health District provided Live in Control diabetes self-management classes and free wellness screenings across Jerome, Twin Falls, and Buhl, reaching 50 community members between September 2024 and September 2025. These classes helped participants—many from underserved and low-income populations—gain a clearer understanding of how diet and daily choices directly affect blood glucose levels, while also learning to better use tools such as continuous glucose monitors. Participants expressed a desire for additional sessions and more practical skills like grocery shopping strategies and healthy cooking demonstrations, which we plan to expand on through future partnerships. Building on this success, an additional Live in Control class is scheduled for this fall, ensuring continued access to diabetes education and support.
FY2026 Outcomes	St. Luke's did not provide new funding for Live in Control diabetes self-management classes in 2026, as resources were reallocated to the Fruit and Veggie Rx program at the Jerome hospital. The skills and knowledge gained continue to benefit participants, and future opportunities for diabetes education will build on this foundation through new partnerships.
Key Community Partner	Family Health Services
St. Luke's Resources	CHIF
FY2024 Outcomes	CHIF Funding: Family Health Services has achieved ADA accreditation for a Diabetes Self-Management, Education, and Support program, hired a 2nd dietitian, and a Diabetes Community Care Coordinator. Offered the DSMES program in both the Jerome and 388 Martin, Twin Falls locations. 150 patients have accessed the services. Twenty-seven patients have completed DSMES program, 95 are currently enrolled and 28 have been lost to follow-up. - 27 have completed the DSMES program, 95 are currently enrolled and are in progress, and 28 have been lost to follow-up.
FY2025 Outcomes	This past year, Family Health Services (FHS) applied for CHIF funding to support the purchase of a dental panoramic X-ray machine, but their Diabetes Self-Management Education and Support (DSMES) program has continued successfully without CHIF support. While performance data was not collected this cycle, it is noteworthy that FHS has sustained this ADA-accredited diabetes management program independently, reflecting their strong commitment and capacity to improve diabetes outcomes in the community.
FY2026 Outcomes	In 2026, St. Luke's CHIF funding supported Family Health Services (FHS) with $16,600 to replace an aging procedure table, add new lighting, and provide a vital monitor with EHR integration. These upgrades ensure safe, stable conditions for 125–150 minor procedures annually and accurate vital sign tracking for approximately 520 patients. An additional $3,400 in funding will provide emergency assistance for 10–15 households facing transportation, food, or housing barriers, while connecting patients to community resources. FHS continues to sustain its ADA-accredited diabetes self management program independently to improve diabetes outocmes in the Jerome community. Final CHIF reports will be collected in October 2026, after publication of our 2026 CHNA.
ACTIVITIES	**Community Health Improvement Fund (CHIF)**
St. Luke's Resources	CHIF
FY2024 Outcomes	CHIF Funding provided $67,000 (20.4% of total CHIF dollars) to local food pantries and senior centers including Everybody House, Ageless Senior Center, Helping Hearts & Hands, Jerome Senior Center, Wendell Senior Center, West End Senior Center to address food and nutrtion security.
FY2025 Outcomes	CHIF Funding provided $64,300,(19.07)% of total CHIF dollars) to local food pantries and senior centers including Everybody House, Ageless Senior Center, Gooding Soil Conservation, Idaho Hunger Relief Taskforce, Helping Hearts & Hands, Jerome Senior Center, Wendell School Dist. West End Senior Center to address food and nutrtion security.
FY2026 Outcomes	CHIF Funding provided $71,000 (20% of total CHIF funding) to local food pantries and senior centers including Ageless Senior Center, Community Food Share, East End Providers, Everybody House, Gooding Soil Conservation, Gooding Senior Center, Helping Hearts and Hands, Jerome County Senior Center, The Salvation Army, Twin Falls Senior Center, Wendell Senior Center, and West End Senior Center to address food and nutrition security.
ACTIVITIES	**School mini grants addressing physical activity and nutrition**
Key Community Partner	Twin Falls and Jerome County public elementary schools
St. Luke's Resources	Financial contributions
FY2024 Outcomes	13 Elementary Schools applied and received funding to support physical activity & nutrition initiatives. Will receive performance reports June 2025.
FY2025 Outcomes	In 2025 St. Luke's sunset the physical activity and nutrition grant opportunites for schools to allow for strategic realignment of resources toward broader community impact.
FY2026 Outcomes	In 2026 St. Luke's sunset the physical activity and nutrition grant opportunites for schools to allow for strategic realignment of resources toward broader community impact.
Key Community Partner	Carium
St. Luke's Resources	Partner & engagement & resources to support schools
FY2024 Outcomes	Provided 13 Elementary School Staff the opportunity to participate in a month long walking challenge and 2 Freezer Meal Prep Classes. The most engaged school in the walking challenge received $500 to use on a health related activity in their school which included supporting additional costs required to install their playground equipment. The top stepper in the challenge also received a standing desk to use while working at their school.
FY2025 Outcomes	Eight elementary school staff members participated in a free freezer meal prep class, where each prepared 10 freezer meals—each meal serving up to four individuals. This opportunity supported healthy eating and time-saving strategies for busy educators
FY2026 Outcomes	In 2026 St. Luke's sunsetted the citrus pear classes to allow for strategic realignment of resources toward broader community impact.

2023 Priority Area Need 2: Mental Wellbeing (including suicide)

Strategy 1: Awareness, Education and Skill-building

ACTIVITIES	**Health Talks**
St. Luke's Resources	Administration of pre-recorded health talks on mental and behavioral health talks offered to community members
FY2024 Outcomes	Community Health hosted a health talk on 9/18/23 with presenter Gretchn Gudmundsen, St. Luke's Clinical Child Psychologist, PhD titled Helping Youht, Improve Mental Health, and Prevent Suicide. The recording posted on 10/13/24 on YouTube has 39 views in FY24, providing mental health education in our community. St. Luke's also sent an email to over 480,000 patients with Suciide Prevention with this educational message: "If you or someone you love needs immediate mental health support, call or text 988, the Idaho Suicide & Crisis Lifeline" and included links to St. Luke's Behavioral Health Services and 988.
FY2025 Outcomes	Health Talks: Discontinued live, virtual health talks. Past sessions remain available on St. Luke's YouTube page.
FY2026 Outcomes	Health Talks: Past sessions remain available on St. Luke's YouTube page.
ACTIVITIES	**Gatekeeper trainings (QPR & MHFA)**
Key Community Partner	Connect Hope Magic Valley
St. Luke's Resources	Financial contribution for trainings Connection between those seeking trainings to local trainer

FY2024 Outcomes	As part of our ongoing efforts to promote mental health and suicide prevention, Connect Hope has successfully trained 173 individuals in QPR (Question, Persuade, Refer), 111 individuals in Adult Mental Health First Aid, and 13 youth in Youth Mental Health First Aid. Our collaboration with organizations such as Magic Valley Suicide Awareness and Prevention, Love Yourself, Idaho Lives, and St. Luke's has fostered a growing awareness and conversation around mental health and suicide prevention in the Magic Valley. Together, we are witnessing a meaningful reduction in stigma and an increase in proactive engagement with these critical issues.
FY2025 Outcomes	Between October 1, 2024, and September 30, 2025, Connect Hope facilitated QPR suicide prevention trainings for 229 individuals across the Magic Valley, including students, educators, and St. Luke's staff. Through these sessions—held in collaboration with Magic Valley Suicide Awareness and Prevention, Love Yourself, Idaho Lives, and St. Luke's—we continue to increase awareness, promote open conversations about mental health, and work to reduce stigma in our community. We are grateful for your ongoing support and partnership in these efforts.
FY2026 Outcomes	St. Luke's has continued its partnership with Connect Hope Magic Valley in 2026 to offer QPR suicide prevention trainings to individuals and organizations across the Magic Valley. We expect 100 individuals to complete these trainings and have been exploring more trainings in Spanish. Final reports will be collected in October 2026, after publication of our 2026 CHNA.
ACTIVITIES	**Increase awareness and advocacy around adverse childhood experiences (ACE's) and ways to mitigate and prevent them**
Key Community Partner	Idaho Resilience Project - Southern Idaho Youth Succeed
St. Luke's Resources	Participation in Southern Idaho Youth Succeed Collaborative
FY2024 Outcomes	Continued active participation in the Southern Idaho Kids Succeed collaborative, coordinating Hope Week and the Middle School Mental Health Challenge. Eight middle schools created PSAs on mental health topics such as social media, bullying, and the importance of having a trusted adult. Each school received $1,000 for participation, with the winning PSA featured on a billboard to raise awareness about mental health.
FY2025 Outcomes	Following the dissolution of The Idaho Resilience Project, Southern Idaho Youth Succeed initiatives were temporarily paused. To ensure this important work continues, a new partnership was formed with the Children's Mental Health Subcommittee. The Southern Idaho Youth Succeed Coordinator will lead the Middle School PSA Challenge in 2026, and St. Luke's will serve as chair of the Subcommittee to help coordinate the challenge and foster a collaborative space for mental health organizations to align efforts and initiatives across the region.
FY2026 Outcomes	In 2026, St. Luke's continued to serve as chair of the Children's Mental Health Subcommittee and has supported the coordination of the Middle School Mental Health PSA Challenge, with eight schools expected to participate. While the Southern Idaho Youth Succeed Coordinator lead the 2026 PSA Challenge, the St. Luke's Behavioral Health team has provided guidance to participating students to ensure their PSAs include accurate, evidence-based mental health information. This collaboration strengthens regional alignment among mental health organizations and promotes youth-led awareness efforts across the Magic Valley. A final report highlighting the mental health PSA outcomes will be collected in October 2026, after publication of our 2026 CHNA.
Key Community Partner	Children's Mental Health Subcommittee
St. Luke's Resources	Participation in the Children's Mental Health Subcommittee
FY2024-FY2025 Outcomes	Continued participation in the Children's Mental Health Subcommittee meetings providing updates for Southern Idaho Youth Succeed initiatives. Subcommittee is currently on hold as we work to identify a new president following the resignation of the current leader.
FY2026 Outcomes	In 2026, St. Luke's continued to serve as chair of the Children's Mental Health Subcommittee and has supported the coordination of the Middle School Mental Health PSA Challenge, with eight schools expected to participate. While the Southern Idaho Youth Succeed Coordinator lead the 2026 PSA Challenge, the St. Luke's Behavioral Health team has provided guidance to participating students to ensure their PSAs include accurate, evidence-based mental health information. This collaboration strengthens regional alignment among mental health organizations and promotes youth-led awareness efforts across the Magic Valley. A final report highlighting the mental health PSA outcomes will be collected in October 2026, after publication of our 2026 CHNA.

Strategy 2: Increase Access to Mental and Behavioral Health Services

ACTIVITIES	**Increase school-based mental and behavioral health services**
Key Community Partner	Local School Districts
St. Luke's Resources	Participation and collaboration as a part of Jerome Community School
FY2024-FY2026 Outcomes	Supported Twin Falls School District with their partnership with BPA health through CHIF, noted below. In addition we provided an opporutnity for BPA and the district to attend our provider meetings to share about this service and how to refer.
Key Community Partner	BPA Health Local School Districts
St. Luke's Resources	Connect school partners with resources.
FY2024 Outcomes	Connected Jerome School District to BPA Health as a potential resource for the school district.
FY2025 Outcomes	With funding from St. Luke's CHIF, Twin Falls School District successfully implemented a Strengthening Families parenting program, serving 35 participants with over 95% attendance across nine sessions. The initiative provided not only evidence-based parenting education but also healthy family meals and recipes to address food insecurity. Participant feedback was very positive, and the program fostered strong school-family engagement. TFSD hopes to expand the program to additional high-needs schools next year, continuing to promote upstream mental and behavioral health support for families.
FY2026 Outcomes	The Twin Falls School District's Strengthening Families parenting program continues to be implemented, building on the success of prior years. While the district did not apply for CHIF funding in 2026, the program remains active, providing evidence-based parenting education, healthy family meals, and strategies to support family well-being. The initiative continues to foster strong school-family engagement and promote upstream mental and behavioral health support for participating families.
ACTIVITIES	**School-based mental health providers**
St. Luke's Resources	St. Luke's Behavioral Health Team
FY2024 Outcomes	St. Luke's Behavioral Health team initated discussions with Jerome School District to embed into Jerome School Dist. The plan is to have counselor hired and workin in school in December 2025.
FY2025 Outcomes	St. Luke's hired a School-Based Therapist – LPC – to support the Jerome School District. During the school year, she is providing counseling services at four different schools Frontier Elementary, Summit Elementary, Horizon Elementary, and Falls City Academy. This resource allows for students to overcome many barriers families face in accessing services – access, transportation, disruption of the school day, and cost. Since starting, she has provided 493 visits to Jerome School District youth.
FY2026 Outcomes	St. Luke's School-Based Therapist – LPC continues to provide counseling services to students in the Jerome School District at Frontier, Summit, and Horizon Elementary Schools, as well as Falls City Academy. This service continues to reduce barriers to care, including access, transportation, disruption of the school day, and cost, ensuring students receive needed mental health support. In 2026, the therapist is expected to provide over 500 visits to Jerome School District youth. Final reports will be collected in October 2026, after publication of our 2026 CHNA.
ACTIVITIES	**Community Health Improvement Fund Grant (CHIF)**
St. Luke's Resources	CHIF grants
FY2024 Outcomes	CHIF Funding: During the 2023-24 school year, the Twin Falls School District's Student and Family Assistance Program provided free mental health counseling to 233 individuals, resulting in 476 sessions. In partnership with BPA Health the program also extended services to private schools, creating a community-wide support system. By offering navigation services, covering appointment costs, and providing on-demand mental health resources, the program helped remove barriers to care and supported the mental well-being of students and their families. In total CHIF provided $81,603 (24.8% total CHIF dollars) to local mental health or organizations to increease behavioral health services in the community including Wellness Tree Community Clinic, Volunteers Against Violence, United Way of South CEtnral Idaho, Twin Falls School Dist. South Central Public Health Dist. Simply Hope Family Outreach, Rising Stars therapeutic Riding Ceenter, OATS, Jae Foundation, FLUD, Boys & Girls Club of Magic Valley, and Because Kids Grieve. Final progress reports will be submitted in April 2025.

FY2025 Outcomes	With support from CHIF, the Twin Falls School District's School Wellbeing Program provided free counseling services to 229 students and their immediate family members, including 569 counseling sessions from January to December 2024. Of those served, 128 individuals began counseling through the program, which takes a holistic approach to student mental health by supporting both students and their families. Collaboration with St. Luke's, Family Health Services, and other community partners helped ensure broad awareness and access to these critical services.
FY2026 Outcomes	St. Luke's provided a CHIF grant to Oats, Inc. who will be providing in school mental health support in the mini cassia area. Funds from FY25 CHIF will continue to support services at Twin Falls School District. St. Luke's research department also received a multi million dollar grant to support research on suicide prevention for youth and Twin Falls School District will be a collaborating school district in this ror.
	Approximately 20+ SLHS providers supported ECHO programming in 2025 through preparing and teaching sessions (atleast 8 classes) and participating on planning panels. Hours committed to supporting ECHO are atleast 125.
ACTIVITIES	**Help is Here! Guide**
Key Community Partner	Local Behavioral Health Providers
St. Luke's Resources	Staff time to investigate and assess resources for guide
FY2024 Outcomes	Developed the 'Help is Here' guide, a comprehensive mental and behavioral health resource for Twin Falls and Jerome Counties, connecting individuals to both statewide and local services. To ensure accessibility, the guide is being translated into Spanish, with distribution planned for FY25, expanding support for our diverse communities.
FY2025 Outcomes	Distributed 1,400 'Help is Here' guides across the Magic Valley to connect individauals to statewide and local mental health resources. Guides were provided to internal case management, behavioral health, Community EMS, and mobile health departments. Externally, guides were distributed at mental health events, pop up health clinics, food pantries, senior centers, schools, public health district and treatment centers.
FY2026 Outcomes	St. Luke's continues to distribute the Help is Here mental health guides across the Magic Valley to connect individuals with statewide and local resources. Guides are provided internally to case management, behavioral health, Community EMS, and mobile health departments, and externally at mental health events, pop-up health clinics, food pantries, senior centers, schools, public health districts, and treatment centers. St. Luke's expects to distribute and additional 1,000 guides in 2026. Final distribution numbers will be collected in October 2026, after publication of our 2026 CHNA.
ACTIVITIES	**988 Wallet Card**
St. Luke's Resources	St. Luke's Marketing team
FY2024 Outcomes	Updated mental health wallet cards in English and Spanish. Cards connect individuals to vital resources such as the 988 Crisis Center, Veterans Crisis Line, and Youth Support Center. These cards empower people in crisis, ensuring immediate access to life-saving support, fostering mental well-being, and helping reduce barriers to care for vulnerable populations. Cards will be distributed to the Center for Community Health, Behaviorlal Health providers, local mental health organizations and CSI.
FY2025 Outcomes	Over 250 mental health wallet cards were distibuted in English and Spanish across the Magic Valley to connect individuals to vital resouces suach as 988 Crisis Center, Veterans Crisis Line, and Youth Support Center.
FY2026 Outcomes	St. Luke's continues to distribute the mental health wallet cards in both English and Spanish across the Magic Valley. St. Luke's expects to distrtibute an additional 250 cards in 2026. Final distribution numbers will be collected in October 2026, afer publication of our 2026 CHNA.
ACTIVITIES	**Increase supports for first responders with access to behavioral health services**
Key Community Partner	United Way
St. Luke's Resources	Connection of potential resources to support ART as a therapy service for first responders. CHIF grants

FY2024 Outcomes	CHIF Funding: Emotional Wellness Lifeline program, a collaboration between United Way of South Central Idaho, Chance 4 Change, and Float Magic. The program provided critical mental health support to 17 first responders in the region. The initiative offered Accelerated Resolution Therapy (ART) to address PTSD and trauma, and floatation therapy to reduce stress and anxiety. This partnership has filled a vital gap in mental health services for first responders, highlighting the power of collaboration in fostering emotional healing and resilience for those who protect our community.
FY2025 Outcomes	CHIF Funding: Through the We See You initiative, QRU strengthened mental health support for rural emergency responders in Southern Idaho, reaching more than 1,500 individuals. With grant funding, doubled the number of departments receiving responder resource boxes, directly equipping over 1,200 personnel with tools to manage stress, trauma, and PTSD in real time. Also contributed more than $8,600 to the E-Well Lifeline program, expanding access to confidential, no-cost mental health services. These efforts not only delivered immediate resources but also sparked broader community awareness and conversations around responder well-being and stigma reduction.
FY2026 Outcomes	CHIF Funding: St. Luke's provided E-Well Lifeline program with $3,200 with the expected outcome to provdide at least 40 first responders with no cost mental health services with licensed counselors and Accelerated Resolution Theraupeutic Technique services. CHIF Funding: St. Luke's provided the We See You intiative, QRI mental health support for rural emergencey responders in Southern Idaho with $2,500. We expect this funding to reach 1,000 individuals. Final CHIF reports will be collected in October 2026, after publication of our 2026 CHNA.
Key Community Partner	Float Magic Valley
St. Luke's Resources	CHIF grants
FY2024 Outcomes	CHIF Funding: Emotional Wellness Lifeline program, a collaboration between United Way of South Central Idaho, Chance 4 Change, and Float Magic. The program provided critical mental health support to 17 first responders in the region. The initiative offered Accelerated Resolution Therapy (ART) to address PTSD and trauma, and floatation therapy to reduce stress and anxiety. This partnership has filled a vital gap in mental health services for first responders, highlighting the power of collaboration in fostering emotional healing and resilience for those who protect our community.
FY2025 Outcomes	CHIF Funding: Through the We See You initiative, QRU strengthened mental health support for rural emergency responders in Southern Idaho, reaching more than 1,500 individuals. With grant funding, doubled the number of departments receiving responder resource boxes, directly equipping over 1,200 personnel with tools to manage stress, trauma, and PTSD in real time. Also contributed more than $8,600 to the E-Well Lifeline program, expanding access to confidential, no-cost mental health services. These efforts not only delivered immediate resources but also sparked broader community awareness and conversations around responder well-being and stigma reduction.
FY2026 Outcomes	CHIF Funding: St. Luke's provided E-Well Lifeline program with $3,200 with the expected outcome to provdide at least 40 first responders with no cost mental health services with licensed counselors and Accelerated Resolution Theraupeutic Technique services. CHIF Funding: St. Luke's provided the We See You intiative, QRI mental health support for rural emergencey responders in Southern Idaho with $2,500. We expect this funding to reach 1,000 individuals. Final CHIF reports will be collected in October 2026, after publication of our 2026 CHNA.
Key Community Partner	A Chance for Change
St. Luke's Resources	CHIF grants
FY2024 Outcomes	CHIF Funding: Emotional Wellness Lifeline program, a collaboration between United Way of South Central Idaho, Chance 4 Change, and Float Magic. The program provided critical mental health support to 17 first responders in the region. The initiative offered Accelerated Resolution Therapy (ART) to address PTSD and trauma, and floatation therapy to reduce stress and anxiety. This partnership has filled a vital gap in mental health services for first responders, highlighting the power of collaboration in fostering emotional healing and resilience for those who protect our community.

FY2025 Outcomes	CHIF Funding: Through the We See You initiative, QRU strengthened mental health support for rural emergency responders in Southern Idaho, reaching more than 1,500 individuals. With grant funding, doubled the number of departments receiving responder resource boxes, directly equipping over 1,200 personnel with tools to manage stress, trauma, and PTSD in real time. Also contributed more than $8,600 to the E-Well Lifeline program, expanding access to confidential, no-cost mental health services. These efforts not only delivered immediate resources but also sparked broader community awareness and conversations around responder well-being and stigma reduction.
FY2026 Outcomes	CHIF Funding: St. Luke's provided E-Well Lifeline program with $3,200 with the expected outcome to provdide at least 40 first responders with no cost mental health services with licensed counselors and Accelerated Resolution Theraupeutic Technique services. CHIF Funding: St. Luke's provided the We See You intiative, QRI mental health support for rural emergencey responders in Southern Idaho with $2,500. We expect this funding to reach 1,000 individuals. Final CHIF reports will be collected in October 2026, after publication of our 2026 CHNA.
Key Community Partner	Magic Valley Suicide Awareness & Prevention
St. Luke's Resources	CHIF grants
FY2024 Outcomes	CHIF Funding: Emotional Wellness Lifeline program, a collaboration between United Way of South Central Idaho, Chance 4 Change, and Float Magic. The program provided critical mental health support to 17 first responders in the region. The initiative offered Accelerated Resolution Therapy (ART) to address PTSD and trauma, and floatation therapy to reduce stress and anxiety. This partnership has filled a vital gap in mental health services for first responders, highlighting the power of collaboration in fostering emotional healing and resilience for those who protect our community.
FY2025 Outcomes	CHIF Funding: Through the We See You initiative, QRU strengthened mental health support for rural emergency responders in Southern Idaho, reaching more than 1,500 individuals. With grant funding, doubled the number of departments receiving responder resource boxes, directly equipping over 1,200 personnel with tools to manage stress, trauma, and PTSD in real time. Also contributed more than $8,600 to the E-Well Lifeline program, expanding access to confidential, no-cost mental health services. These efforts not only delivered immediate resources but also sparked broader community awareness and conversations around responder well-being and stigma reduction.
FY2026 Outcomes	CHIF Funding: St. Luke's provided E-Well Lifeline program with $3,200 with the expected outcome to provdide at least 40 first responders with no cost mental health services with licensed counselors and Accelerated Resolution Theraupeutic Technique services. CHIF Funding: St. Luke's provided the We See You intiative, QRI mental health support for rural emergencey responders in Southern Idaho with $2,500. We expect this funding to reach 1,000 individuals. Final CHIF reports will be collected in October 2026, after publication of our 2026 CHNA.
Key Community Partner	Magic Valley Paramedics
St. Luke's Resources	CHIF grants
FY2024 Outcomes	CHIF Funding: Emotional Wellness Lifeline program, a collaboration between United Way of South Central Idaho, Chance 4 Change, and Float Magic. The program provided critical mental health support to 17 first responders in the region. The initiative offered Accelerated Resolution Therapy (ART) to address PTSD and trauma, and floatation therapy to reduce stress and anxiety. This partnership has filled a vital gap in mental health services for first responders, highlighting the power of collaboration in fostering emotional healing and resilience for those who protect our community.
FY2025 Outcomes	CHIF Funding: Through the We See You initiative, QRU strengthened mental health support for rural emergency responders in Southern Idaho, reaching more than 1,500 individuals. With grant funding, doubled the number of departments receiving responder resource boxes, directly equipping over 1,200 personnel with tools to manage stress, trauma, and PTSD in real time. Also contributed more than $8,600 to the E-Well Lifeline program, expanding access to confidential, no-cost mental health services. These efforts not only delivered immediate resources but also sparked broader community awareness and conversations around responder well-being and stigma reduction.
FY2026 Outcomes	CHIF Funding: St. Luke's provided E-Well Lifeline program with $3,200 with the expected outcome to provdide at least 40 first responders with no cost mental health services with licensed counselors and Accelerated Resolution Theraupeutic Technique services. CHIF Funding: St. Luke's provided the We See You intiative, QRI mental health support for rural emergencey responders in Southern Idaho with $2,500. We expect this funding to reach 1,000 individuals. Final CHIF reports will be collected in October 2026, after publication of our 2026 CHNA.

Strategy 3: Population-level Identification, Intervention and Measurement

ACTIVITIES	Communities for Youth (Icelandic Prevention Model)
Key Community Partner	Boise State University Communities for Youth
St. Luke's Resources	Financial support of Boise State University Communities for Youth program Facilitation of local community conversations, coalitions and action teams
FY2024 Outcomes	The Idaho Department of Education, with funding from the Blue Cross of Idaho Foundation for Health, has endorsed the Youth Well-being Assessment as a survey option available to all schools in the 2024-2025 school year. List of schools that have adopted this survey will be available by Spring 2025. Once school participation is identified for the Magic Valley outreach will occur to determine if Communities for Youth programming will be pursued.
FY2025 Outcomes	St. Luke's continues to partner with Communities for Youth at system level and local conversatiosn are emerging for survey and coalition-building activiites in Twin Falls.
FY2026 Outcomes	Twin Falls School District has partnered with Communities for Youth and is planning to survey students during the 2025-2026 school year. Once surveys are complete, data will be shared and community goal setting will occur.

2023 Priority Area Need 3: Access to Health-Related Services – Including Language & Cultural Barriers

Strategy 1: Addressing transportation barriers to care

ACTIVITIES	Support transportation related programs
Key Community Partner	Ride TFT
St. Luke's Resources	Financial support for transportation related programs
FY2024 Outcomes	CHIF Funding: Provided $45,000 (13.7% of total CHIF dollars) to local transportation providers including; LINC, Interlink Volunteer Caregivers and Lincoln County Connections. Funding supports mileage reinbursement to volunteers providing transportation to health related and community essential services. Final performance reports will be submitted April 2024. Supported $10,000 additional funding to Ride TFT for conversion of a van to accomodate ADA clients.
FY2025 Outcomes	Ride TFT collaborated with St. Luke's to implement a new discharge workflow, adding a dedicated daily 2:00 p.m. pickup time to better serve inpatient discharges at the hospital. Beyond this enhanced coordination, Ride TFT transported 2,463 passengers (1,931 rides) to and from St. Luke's Twin Falls facilities. Year-to-date (January 1–October 23, 2025), 6,425 patients have accessed St. Luke's services using Ride TFT. The City of Twin Falls remains committed to supporting Ride TFT and continues to recommend growth and expansion of services where feasible and sustainable.

FY2026 Outcomes	St. Luke's provided $100,000 in funding to Ride TFT to sustain the dedicated 2:00 p.m. pickup time for inpatient discharges and to strengthen overall ridership throughout the City of Twin Falls. Ride TFT is also expanding its services to support patient discharges from St. Luke's Canyon View facility and the Emergency Department. This expanded partnership is expected to provide over 1,500 rides to/from the hospital to improve access to care by ensuring eligible patients have reliable transportation to and from St. Luke's hospitals and clinics, as reflected in ridership data and discharge records. Final reports will be collected in October 2026, after publication of our 2026 CHNA.
Key Community Partner	Interlink Volunteer Caregivers
St. Luke's Resources	St. Luke's Care Management Financial support
FY2024 Outcomes	CHIF Funding: Provided $45,000 (13.7% of total CHIF dollars) to local transportation providers including; LINC, Interlink Volunteer Caregivers and Lincoln County Connections. Funding supports mileage reinbursement to volunteers providing transportation to health related and community essential services. Final performance reports will be submitted April 2024. Supported $10,000 additional funding to Ride TFT for conversion of a van to accomodate ADA clients.
FY2025 Outcomes	Interlink Volunteer Caregivers (IVC) provided over 630 non-emergency medical and essential transportation services between December 2024 and May 2025, directly addressing rural barriers to healthcare access. Operating across seven counties, volunteers drove more than 95,000 miles and contributed over 5,000 hours to ensure older adults and individuals with disabilities could reach clinics, pharmacies, dialysis, and specialty care appointments. Client satisfaction surveys and anecdotal reports confirmed improvements in continuity of care, reduced missed appointments, and enhanced mental well-being. Additionally, 89 new clients were referred during this period, underscoring high demand and effective community partnerships.
FY2026 Outcomes	St. Luke's provided $20,000 in funding to Interlink Volunteer Caregivers (IVC) for 2026 to strengthen rural transportation access for medically vulnerable residents. IVC expects its volunteer drivers to travel more than 200,000 miles this fiscal year, expanding support for individuals who live outside Twin Falls City and need transportation to medical and essential appointments. Final reports will be collected in October 2026, after publication of our 2026 CHNA.
Key Community Partner	Living Independence Network
St. Luke's Resources	Collaboration between external partners and internal stakeholders Financial support
FY2024 Outcomes	CHIF Funding: Provided $45,000 (13.7% of total CHIF dollars) to local transportation providers including; LINC, Interlink Volunteer Caregivers and Lincoln County Connections. Funding supports mileage reinbursement to volunteers providing transportation to health related and community essential services. Final performance reports will be submitted April 2024. Supported $10,000 additional funding to Ride TFT for conversion of a van to accomodate ADA clients.
FY2025 Outcomes	With support from St. Luke's, the Magic Valley Transportation initiative by LINC engaged 250–300 community members and laid critical groundwork for expanding rural transportation services. Through outreach, partnerships, and bilingual engagement, LINC built stronger connections with senior centers, health providers, and community organizations to better understand and address local needs. While direct service expansion is still ahead, this year's progress has positioned the program for long-term, sustainable impact by ensuring that future transportation solutions are inclusive, accessible, and responsive to rural residents across the region.
FY2026 Outcomes	St. Luke's provided $20,000 in funding to LINC to strengthen transportation options for residents living outside Twin Falls City. With this support, we expect LINC to engage with 250–300 community members while continuing to lay essential groundwork for expanding rural transportation services. Final reports will be collected in October 2026, after publication of our 2026 CHNA.
Key Community Partner	Lincoln County Connections
St. Luke's Resources	Collaboration between external partners and internal stakeholders Financial support
FY2024 Outcomes	CHIF Funding: Provided $45,000 (13.7% of total CHIF dollars) to local transportation providers including; LINC, Interlink Volunteer Caregivers and Lincoln County Connections. Funding supports mileage reinbursement to volunteers providing transportation to health related and community essential services. Final performance reports will be submitted April 2024. Supported $10,000 additional funding to Ride TFT for conversion of a van to accomodate ADA clients.
FY2025 Outcomes	Lincoln County Connections received $10,000 in CHIF funding to support vehicle maintenance and to expand transportation services for three key groups: adults needing reliable rides to jobs within a 35-mile radius of Shoshone; elderly residents requiring access to health care and essential services in Twin Falls; and youth traveling to college classes and employment in the Twin Falls area.
FY2026 Outcomes	St. Luke's provided $5,000 in funding to Lincoln County Connections to continue providing transportation services to adults, elderly residents and youth to access work, school and medical appointments, We expect 100 rides to be provided to these populations from Oct 2025 - September 2026.

Strategy 2: Support mobile, telehealth, and onsite health services

ACTIVITIES	St. Luke's Breast Health Mobile Clinic
Key Community Partner	Various community partners
St. Luke's Resources	Vehicle and operations of a mobile unit that are highly subsidized
FY2024 Outcomes	Met with new breast health mobile clinic Coordinator in MV region to support outreach efforts with local organizations. Anticipate unit to provide services in service in year two.
FY2025 Outcomes	The St. Luke's breast health mobile clinic began operations in June 2025. Between June 2025 - Sept 2025 the mobile mammo unit provided 118 breast health screenings to women in Southern Idaho.
FY2026 Outcomes	The St. Luke's Breast Health Mobile Clinic continued providing free breast health screenings across south central Idaho. As of December 2025, the clinic has completed at total of 221 screenings throughout the region from June 2025 - Decmeber 2025, helping improve early detection and access to preventive care. Final reports will be collected in October 2026, after publication of our 2026 CHNA.

ACTIVITIES	Health Talks
Key Community Partner	Various community partners
St. Luke's Resources	Administration of pre-recorded health talks on access to care offered to community members
FY2024 Outcomes	Health Talk: Helping Youth Improve Mental Health and Prevent Suicide was held on September 19 featuring Dr. Gretchen Gudmundsen, with 50 registrations and 30 attendees. Additional 39 views on YouTube.
FY2025-FY2026 Outcomes	Health Talks discontinued live, virtual health talks. Past sessions remain available on St. Luke's YouTube page.

ACTIVITIES	School Nurse support at Twin Falls School District
Key Community Partner	Twin Falls School District South Central Public Health District
St. Luke's Resources	Funding support for school nurses Coordination of services between all parties
FY2024-FY2026 Outcomes	St. Luke's has had a long time relationship with Twin Falls School District to fund a portion of the 3, part time school nurses at the district. Through this partnership St. Luke's requires the district to have a partnership with SCPHD, as the experts in school nursing and connected to School Nursing Organization of Idaho. The nurses oversee 3 high schools, 4 middle schools and 9 elementary schools. SCPHD is a critical partners of our school nursing agreement. They help provide best practice support and resources to Twin Falls School District nursing staff.

ACTIVITIES	Ventanilla de Salud Prevention Events
Key Community Partner	Mexican Consulate
St. Luke's Resources	Funding and collaboration with Mexican Consulate
FY2024 Outcomes	Number of vaccines administered at Ventanilla De Salud event in Mini Cassia region in March 2024: 17 doses given to 10 people. (4 doses of TDAP, 3 doses of Hep A, 8 doses of Flu, 1 dose of COVID-19, 1 dose of Twinrix which is both Hep A and Hep B). Total wellness screenings administered on Saturday: 23 (Included blood pressure, height and weight, total cholesterol, HDL and LDL cholesterol, triglycerides, blood glucose, A1C, and brief health coaching).Total wellness screenings administered on Sunday: 12 (Included Blood pressure, height and weight, A1C, and brief health coaching). Approx. people reached with Info about PAT: 4. Approx. people reached with Info about WIC: 20. Total people reached by SCPHD: 69 people Number of vaccines administered at Ventanilla De Salud event in Mini Cassia region in November 2024: 2-COVID-19, 4-Tdap, 5-influenza. Total of 50 served. The South Central Public Health District's WIC program shared information about the supplemental nutrition program that benefits women who are pregnant, breastfeeding and have children ages 0-5.
FY2025 Outcomes	The St. Luke's mobile mammogram unit providing breast cancer screening services to 17 women at the Ventanilla De Salud event in Mini Cassia Region . Of these, 12 had scheduled appointments (with one no-show), and 6 were walk-ins. Funding support allowed 11 patients to receive mammograms at no cost. The event had strong community engagement, and many participants expressed interest in future visits.
FY2026 Outcomes	St. Luke's will continue to support the Ventanilla De Salud event in the Mini Cassia region in 2026, increasing access to health-related services such as vaccines, mammograms, and other screenings. This ongoing support ensures community members can receive essential preventive care and connects participants to needed health resources. We expect to serve at least 25 people in 2026. Final reports will be collected in October 2026, after publication of our 2026 CHNA.

ACTIVITIES	Support Health Care Access related Programs
Key Community Partner	various CHIF awardees
St. Luke's Resources	CHIF grants
FY2024 Outcomes	CHIF Funding: Provided $83,131,00 (25.3% of total CHIF dollars) to organizations providing health care access services including the Center for Community Health, Community Council of Idaho, Sage Women's Center, Visions Charities and Wellness Tree Community Clinic. Final performance reports will be submitted April 2025.
FY2025 Outcomes	CHIF Funding: Provided $129,557 (38.42% of total CHIF dollars) to organizations providing health care access services including the Center for Community Health, Boys and Girls Club of Magic Valley, Family Health Services, South Central Public Health District and Wellness Tree Community Center.
FY2026 Outcomes	CHIF Funding: Provided $168,900 (50% of CHIF dollars) to organizations providing health care access services including the Center for Community Health, American Red Cross, Clemy's Crew, Family Health Services, Idaho Pediatric Cancer Coalition, South Central Public Health District, Tooth Fairy Inc., Visions Charities, and Wellness Tree Community Clinic.

Strategy 3: Support Community Health Worker models, resource navigation services and engagement with vulnerable populations

ACTIVITIES	Support and expansion of community school model
Key Community Partner	United Way of Treasure Valley Blue Cross of Idaho Foundation for Health State Department of Education Local School Districts (Jerome School Dist)
St. Luke's Resources	Financial contribution to statewide Idaho Coalition of Community Schools Local support of community school programming and services
FY2024 Outcomes	United Way was awarded a five-year, $46 million-dollar full-service community schools grant from the United States Department of Education focused on expansion of rural designation community schools. Currenlty 41 community schools in 25 districts. Five new schools in regions 3 and 4 indicated interest in new cohort. St. Luke's Community Health team members have connected with community school partners as appropriate to better support school needs.
FY2025 Outcomes	Powered by the Full-Service Community School State Scaling grant, Rural Expansion Initiative schools saw exceptional growth during the 2024–25 school year. • Today, 65 community schools in 26 districts are serving 25,000 K-12 students across each of Idaho's six educational regions. • 81 out-of-school time programs, including 54 new opportunities for expanded learning. • 37 early childhood education programs, including 14 new programs supporting early learners and their families. • 135 integrated supports for kids and families, 92 delivered by community partners. • 85 programs supporting adult family members. • Mobilized an estimated $3,444,484.78 in financial and in-kind donations, partner-led services, and volunteer hours to ensure every child and family can thrive
FY2026 Outcomes	United Way received notification that the USDE full-service community schools grant was approved for extension in FY26. St. Luke's CH&E continues to be a partner and funder of the Idaho Coalition for Community Schools.

ACTIVITIES	Find Help Idaho
Key Community Partner	United Way Idaho Health Data Exchange Find Help
St. Luke's Resources	Financial contract with Find Help for internal patient community resource directory Participation in Find Help Idaho statewide collaborative St. Luke's Health Partners Care Management Team
FY2024 Outcomes	Participated in monthly statewide steering committee meetings with United Way, Findhelp and Idaho Health Data Exchange to support the growth and engagement of the Findhelp Idaho platform. From Oct. 2023-Sept 2024 84,520 searches were conducted by Idahoans seeking local community resources, 630 new programs were added, and 198 programs were claimed by partner organizations. As of now, 4,371 programs are actively serving Idaho through the platform. This collaboration has strengthened the platform's capacity to connect residents with vital services and resources across the state. Community Health & Engagement continue to work with Care Management to ensure Findhelp program cards have the information required to feed our internal community resource directory which allows providers to refer patients to local resources.
FY2025 Outcomes	St. Luke's continued to participate in monthly statewide steering committee meetings to suport platform growth and engagement. St. Luke's also hosted Findhelp Idaho community partner 101 trainings at the Twin Falls and McCall hospital locations. St. Luke's Community Health & Engagement (CH&E) partnered with internal stakeholders in Marketing, Communications, and PR to develop a statewide strategy promoting Findhelp Idaho across paid, shared, and owned channels. CH&E also collaborated with Care Management to ensure Findhelp Idaho program cards feed into our internal community resource directory and to remain aligned with the most current integrations that will enable closed-loop referrals in the future. In addition, CH&E updated its MOU with United Way of Treasure Valley to include expanded data-sharing agreements.
FY2026 Outcomes	In 2026, St. Luke's continued to support awareness and use of FindHelp Idaho, a statewide online resource connecting Idahoans to free and reduced-cost services. As of December 2025, FindHelp Idaho lists 4,437 programs and has facilitated 325,233 searches, helping 38,667 individuals connect with community resources across the state. St. Luke's continues to collaborate with Care Management to ensure our internal community resource directory reflects FindHelp Idaho listings, and the CH&E team developed a content map to provide consistent messaging as the system promotes the platform. St. Luke's plans to participate in the new Idaho Community Resource Network committees through

	the Idaho Deptartment of Health & Welfare, helping guide outreach, resource validation, and integration with FindHelp Idaho, and aligning efforts with statewide initiatives to strengthen access to social services. These efforts help community members access services such as food assistance, housing support, health care, and transportation, supporting a coordinated, statewide social safety net.
ACTIVITIES	**Center for Community Health**
Key Community Partner	Consortium Members
St. Luke's Resources	Financial support for Center for Community Health
FY2024 Outcomes	The Center for Community Health (CCH) officially opened its doors to the public on September 3, 2024 in the Twin Falls School District Community Center (formerly the support services building). The director and two community health workers had 42 encounters from September 3 - September 18, 2024. St. Luke's contributes annually to support the director position at the CCH.
FY2025 Outcomes	Additional funding for emergency assistance from St. Luke's served 7 households (12 individuals) experiencing housing instability or urgent needs. The funding provided critical, timely support—helping families cover rent, stay in motels, maintain utilities, and stay connected—while preventing further hardship for elderly, medically fragile, and at-risk individuals. Through rapid, compassionate response and strong collaboration among consortium partners, the initiative helped participants remain safe, housed, and connected to longer-term community resources.
FY2026 Outcomes	St. Luke's supported the Center for Community Health with $2,000 in funding to provide critical, timely support to help families cover rent, stay in motels, maintain utilitis and stay connected - while prventing further hardship for elderly, medically fragile, and at risk individuals. We expect the funding to support 5-7 households in 2026 to help families remain safe, housed, and connected to longer-term community resources. Final reprots will be collected in October 2026, follwoing the publciation of our 2026 CHNA.
Key Community Partner	Advisory Committee
St. Luke's Resources	Convenor of Center for Community Health Consortium Members
FY2024 Outcomes	An advisory committee is yet to be formed at this time but is still a priority of the consortium.
FY2025 Outcomes	The director of the Center for Community Health collaborates regularly with various inter-agency partner groups to help act as an advisory committee to the CCH and its intended outcomes. The groups prioritize housing assistance support as this is a significant need across the broader Magic Valley.
FY2026 Outcomes	The director continues monthly collaboration with various inter-agency partner groups to help act as an advisory committee to the CCH and its intended outcomes. The groups prioritize housing assistance support as this is a significant need across the broader Magic Valley.

St Luke's®