



St. Luke's Wood River Community Health Needs Assessment 2023





Community Health Needs Assessment Wood River Valley Region 2023



BOISE STATE UNIVERSITY
IDAHO POLICY INSTITUTE

ACKNOWLEDGMENTS

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South Central Public Health District
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Blaine County Recreation District
Blaine County Prosecuting Attorney
The Crisis Hotline Idaho
Neighbors Helping Neighbors
Blaine County Commissioners Office
Men's Second Chance Living
Blaine County Charitable Foundation
The Wood River YMCA
The Advocates
Hailey City Council
The Senior Connection
St. Luke's Wood River Community Board
Wood River Fire and Rescue
Hailey Police
NAMI Wood River
The Hunger Coalition

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EXECUTIVE SUMMARY

OVERVIEW

This Community Health Needs Assessment (CHNA) aims to identify the health needs of various populations in Blaine County, Idaho through a Social Determinants of Health (SDoH) framework, which defines health in the broadest sense and recognizes numerous factors—from employment to housing to access to health care—that have an impact on the community’s health.

The initial step in the CHNA process is to gain an understanding of the community’s health status from existing data and community members. Project partners collected primary data for the purpose of this CHNA through surveys, focus groups, and interviews. Secondary data is from existing public datasets.

After this data was analyzed, a rigorous prioritization process was employed to ensure the highest concerns identified within the community are addressed by the CHNA. This process involved various community members and stakeholders providing their inputs and values across all aspects of this report.

KEY PRIORITIES

Upon analyzing and discussing the primary data, secondary data, and community feedback, a clear set of top priorities emerged for Blaine County. The top three priorities identified by key stakeholders include:

ACCESS TO HEALTH-RELATED SERVICES (INCLUDING LANGUAGE AND CULTURAL BARRIERS)

CHNA respondents in the region reported difficulty accessing health care and oral health care, in the form of long waits for appointments, trouble paying for costs of services, and lack of insurance coverage or not enough coverage. These challenges are even more difficult for immigrant populations and non-native English speakers who require language support, and people relying on Medicaid or Medicare. Difficulty accessing health care can lead people to neglect their health, especially preventative health, resulting in more negative outcomes, and higher medical costs, in the future.

- There are many reasons why an individual may not be receiving the suggested routine health care services in the Wood River Valley. Within the Wood River Valley, survey, focus group, and interview respondents most frequently reported cost of services, insurance problems (lack of coverage/not enough coverage), language or cultural differences, and long waits for appointments as barriers to accessing needed health or social services.
- The Hispanic/Latino populations in the Wood River Valley are disproportionately uninsured when compared to the state with 47.9% of the uninsured in Blaine County identifying as Hispanic/Latino.

MENTAL WELL-BEING (INCLUDING SUICIDE AND SUBSTANCE MISUSE)

Access to affordable mental health care and substance abuse and misuse treatment is a worry for many residents of the Blaine County, including youth. This struggle is reflected in both CHNA responses and public data. A lack of available mental health services can lead to negative outcomes, including worsening mental health and suicide.

- Blaine County is considered to be a mental health professionals shortage area, with considerably less mental health providers per 100,000 compared to the state (247 compared to 308).
- Idaho consistently ranks high among states with the highest suicide mortality rates (22.4 per 100,000) and is considered to be an area of high concern in the Mountain West region. Survey data indicates that community members have high levels of concern regarding their community's response to overall mental health issues, ability to seek treatments, suicide, and mental health in special populations such as veterans and youth.
- When looking at survey data collected on substance use, community members report high concern for individuals' ability to seek treatment for substance use and misuse, methamphetamine usage, drug use among adults, and stigma associated with receiving treatments. In focus groups and interviews, community members commonly discussed how substance misuse and mental health are closely tied together and that a community cannot address one issue without acknowledging the other.

HIGH COST OF LIVING (INCLUDING HOUSING, CAREGIVING, AND EARLY LEARNING)

CHNA respondents throughout the region were severely concerned about the costs of housing, childcare, and education in the region. Owing to rapid growth and limited housing in the region, residents report that it is increasingly difficult to get into and pay for housing. Many also struggle to obtain and pay for childcare and early learning services. These, and other expenses, can combine to put households at an increased risk of financial instability.

- When asked about their greatest cost of living concerns, the majority of Blaine County survey respondents ranked housing costs (associated with renting and ownership) as their top concerns, followed by food availability, low wages, and lack of support for low-income households. These responses are closely related to the other response options as housing costs and low wages may have spillover effects, making it more difficult for households (especially low-income households) to allocate funds toward dependent care, food, and health care.
- Caregiver wages and availability were both commonly mentioned by regional focus groups, interviewees, and survey respondents as challenges facing residents of the region, making it more difficult for households to meet other costs.
- The Wood River Valley Early Learning Collaborative found that the region's cost of living presents a serious burden, both for families that struggle to afford childcare and service providers that struggle to provide affordable childcare and pay childcare workers a living wage while running a sustainable business. This "affordability gap" hits low-income working families especially hard.
- Beginning in 2021, Blaine County School District provides free preschool for all children age four and older but only for 2.5 hours a day. This small amount of time may impact overall participation in the program.
- Blaine County saw an upward spike in food insecurity following 2019, putting it above the state percentage for the first time in the available data. Looking at youth (0-17 years of age) food insecurity specifically, Blaine County saw an even sharper increase, which may be tied to higher-than-average rates of infant poverty in the region.

St. Luke's will work on implementation strategies upon publication of the report. Current resources addressing these issues can be found at findhelpidaho.org.

IDAHO OREGON COMMUNITY HEALTH ATLAS

Secondary data found from public datasets, including demographics, health outcomes, transportation data, and housing information, can be accessed using the Idaho Oregon Community Health Atlas. Some of this data is in this report, but the community can access more data points and county specific data at the following link: idahooregonatlas.org.



BACKGROUND

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

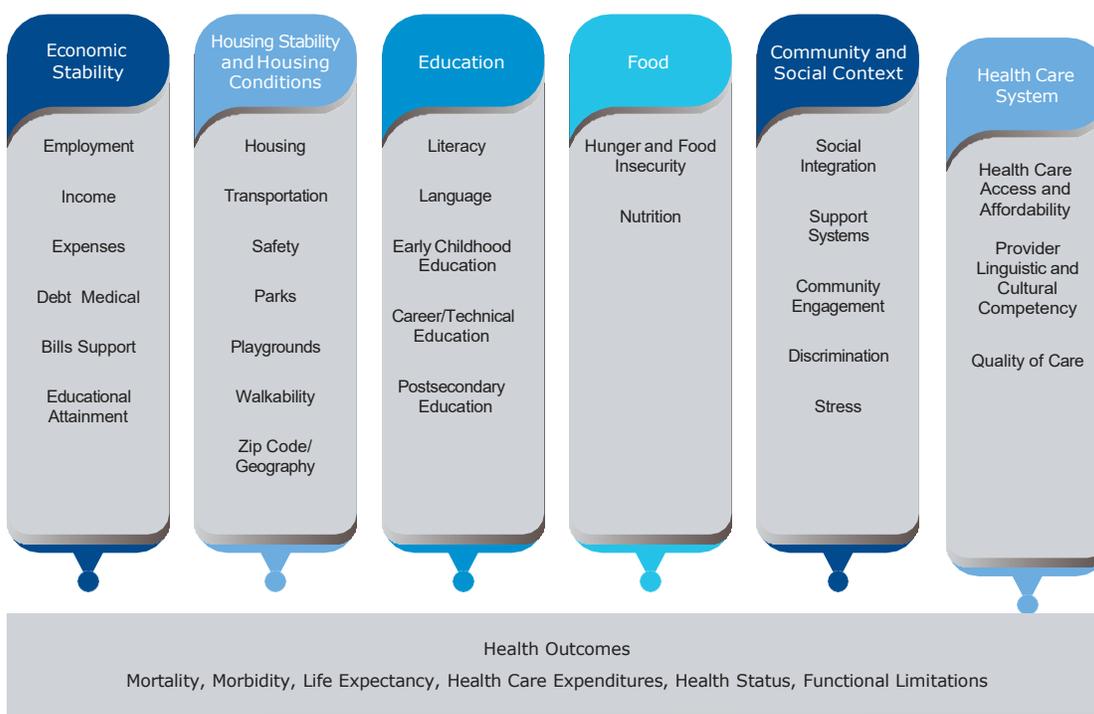
St. Luke's is an Idaho-based nonprofit health system with a mission to improve the health of people in the communities it serves.

For this CHNA, St. Luke's convened community organizations including small- and medium-sized businesses, major corporations, and financial institutions; hospitals and health care organizations; and faith-based organizations, civic groups, governments, nonprofits, and volunteers to confront the socioeconomic challenges within Blaine County. The information gathered guides the alignment of resources and implementation of needs-driven, evidence-based solutions.

APPROACH AND METHODOLOGY

The initial step in the CHNA process is to gain an understanding of the health status from existing data and community members. This can include health outcomes such as rates of various diseases, causes of death, and social determinants of health. This information helps assess what can be done within the community to meet the needs with programs, services, or policies. After data analysis, a rigorous prioritization process is employed to ensure the highest priorities identified within the community are addressed by the CHNA. This process includes various community members and stakeholders providing their community input and values across all aspects of this report and next steps.

This CHNA aims to identify the health needs of Blaine County, Idaho through a Social Determinants of Health (SDoH) framework, which defines health in the broadest sense and recognizes numerous factors—from employment to housing to access to health care—that have an impact on the community's health. Social, educational, economic, and health data are drawn from existing data sources such as the U.S. Census, Idaho Department of Health and Welfare, and Idaho State Department of Education, among others.



Primary and secondary data is used to understand community health challenges and strengths in the counties of interest. Secondary data is defined as any data found in existing public datasets.¹ Primary data is data collected for the purpose of this CHNA through surveys, focus groups, and interviews. Those results are highlighted throughout the report with a .

Online and paper community surveys engaged over 96 residents across Blaine County. The survey can be viewed in Appendix D. Survey data was collected using convenience sampling and as such is not representative of the region population—respondents tended to be higher-income, older, white, and female. However, the responses still provide useful insight into community needs.

Focus groups and interviews conducted with community stakeholders across the region gathered more representative data. St. Luke’s used a targeted approach to recruiting interview and focus group participants to ensure typically underrepresented groups were included in data collection. This process better allowed for identifying disparities and health inequities in the community.

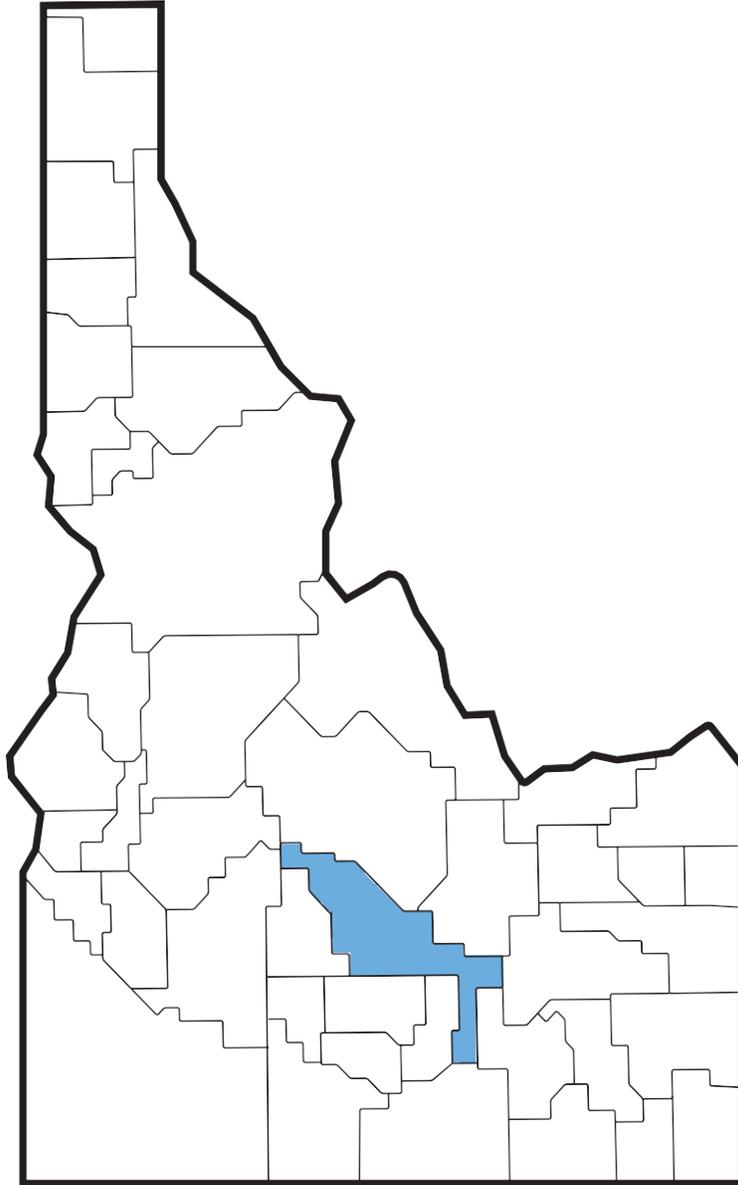
St. Luke’s conducted ten interviews and seven focus groups with multi-sector organizations, residents, and community stakeholders. These focus groups and interviews aimed to gather feedback on the community strengths, challenges, and priority health concerns. Through the process of compiling, analyzing, and synthesizing quantitative and qualitative data, a list of key themes emerged. This list was then prioritized by key stakeholders (see the ‘Prioritization of Needs’ section below).

Assessment and oversight occurred through the utilization of a community assessment steering committee. This steering committee was comprised of members representing 20 institutions, including St. Luke’s, community health centers, local public health departments, nonprofit organizations, educational institutions, and other health and human services organizations.



COMMUNITY SERVED

This CHNA covers one county, Blaine County, across Idaho's Public Health District 5. Blaine County makes up the Wood River Valley area and Carey, Idaho.



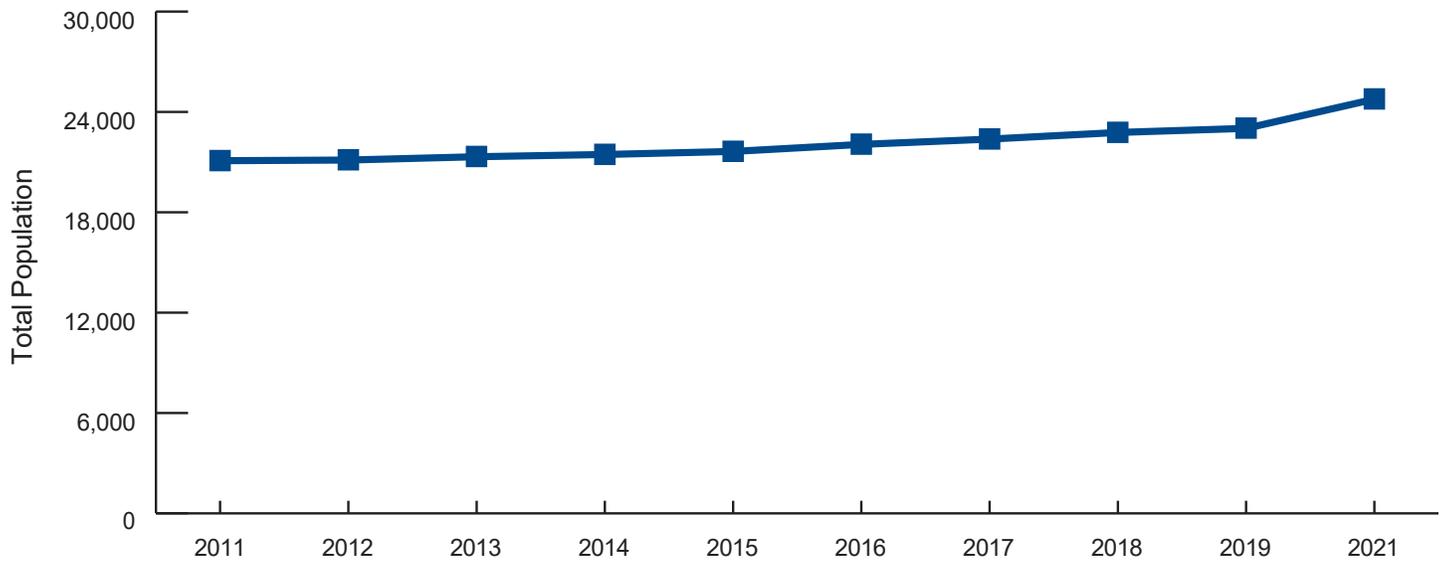
POPULATION DEMOGRAPHICS

In total, this CHNA covers 1.3% of Idaho’s population. Blaine County has a total population of 23,868 residents.

POPULATION CHANGE

The population in Idaho increased from 2010-2020 by 17.3%. Idaho had the highest percentage of population growth in the nation in 2022.² In a 2021 statewide survey, Idahoans were asked: Would you say that the state of Idaho is growing too fast, too slow, or about right? Over 70% of participants responded with growth being too fast.³ During this same period the Wood River Valley grew by 17.5%. Much of this growth occurred in the towns of Ketchum and Hailey. CHNA respondents feel they have maintained a friendly and caring community despite the growth. Negative impacts of growth include rising housing costs, decreased availability of housing stock, wages not keeping up with cost of living, increased substance misuse, and increased need for mental health care services.

FIGURE 1: POPULATION GROWTH



Source: U.S. Census Bureau, American Community Survey 5-Year Estimates, aggregated by Metopio

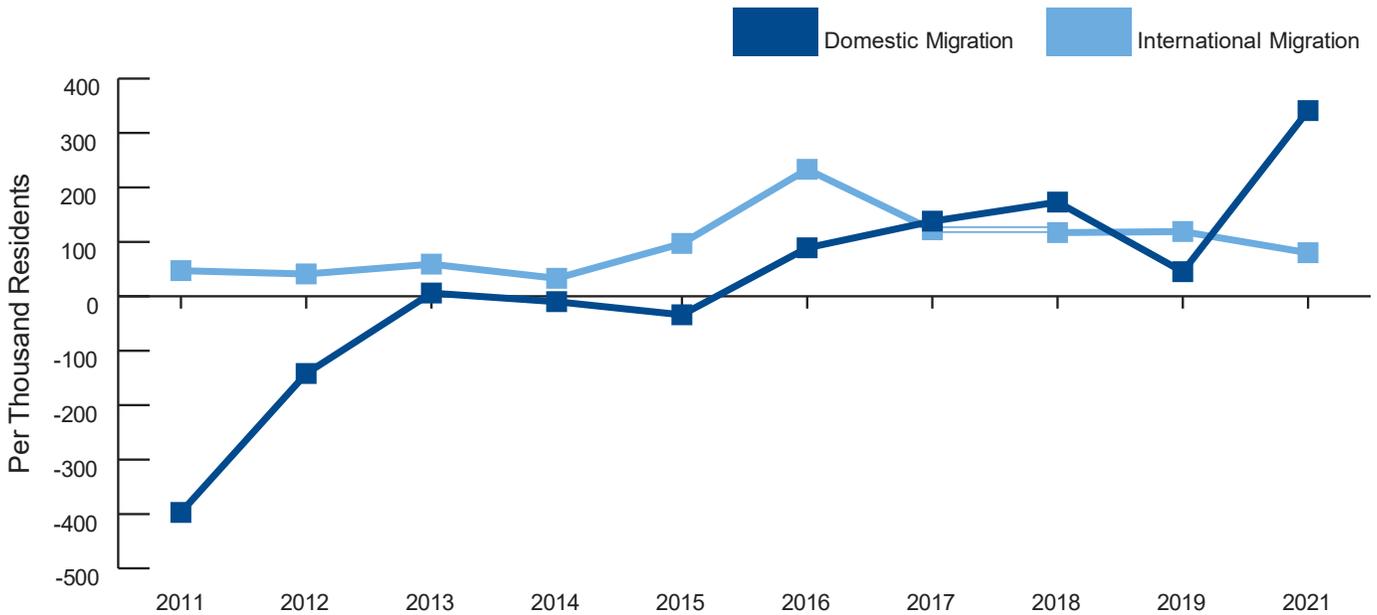
Note: U.S. Census population estimates data does not include full estimates for the year 2020, so the year is omitted

Migration, both domestic and international, explain much of the growth in the report region over the past 10 years.

From 2019 to 2021 Blaine County experienced a 6.5% increase in domestic migration, or the migration of population between US states. Between 2011 to 2015 Blaine County experienced a negative net of domestic migration, meaning that people were moving out of the county. In recent years, however, Blaine County has seen increases in domestic migration, with its largest increase in migration occurring during the COVID-19 pandemic. This growth may be attributed to the COVID-19 pandemic as many people across the country took advantage of the introduction of remote work as an opportunity to move to more desirable and attractive locations, or possibly those who moved into their second home during this time⁴.

Blaine County experienced an increase in international migration, individuals or families migrating from another country, from 2014 to 2016 which then dropped in 2016 when many refugee and immigration programs experienced changes nationwide. The COVID-19 pandemic also caused a drop in international migration as borders closed and national policies made it difficult to move between countries. In 2022 and 2023, many organizations in the region mentioned that they had seen a large increase in demand for services from those who had recently immigrated to the United States, especially asylum seekers. Future data may reflect a large increase.

FIGURE 2: MIGRATION

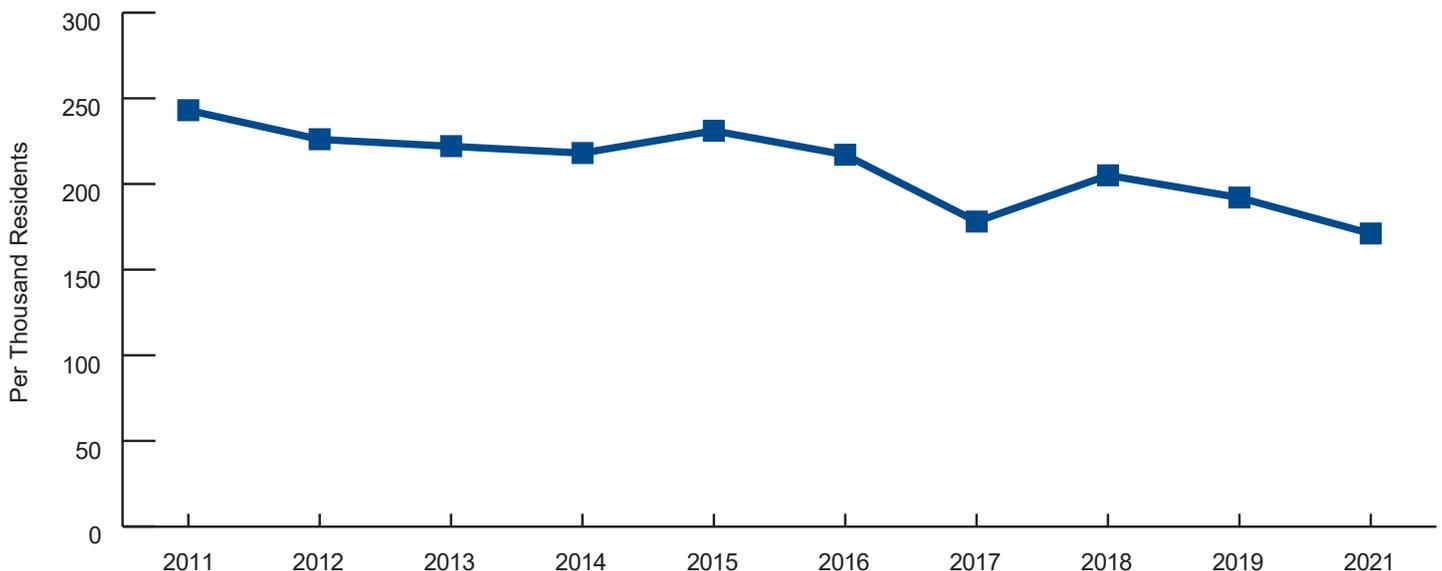


Source: U.S. Census Bureau, American Community Survey 5-Year Estimates, aggregated by Metopio

Note: U.S. Census population estimates data does not include full estimates for the year 2020, so the year is omitted

Blaine County’s number of births remained relatively the same throughout the last decade with a slight decrease in 2017 and has been decreasing since.

FIGURE 3: BIRTHS

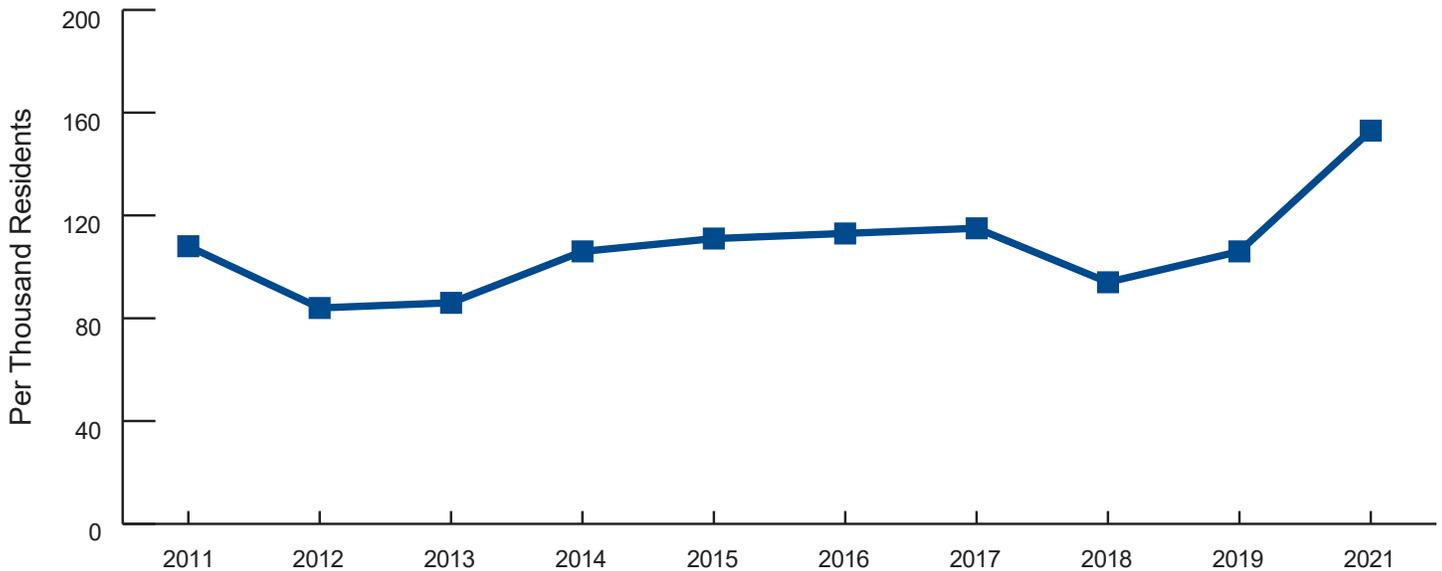


Source: U.S. Census Bureau, American Community Survey 5-Year Estimates, aggregated by Metopio

Note: U.S. Census population estimates data does not include full estimates for the year 2020, so the year is omitted

The number of deaths in the county increased sizably between 2019 and 2021, most likely as a result of the COVID-19 pandemic.⁵ From 2019 to 2021 Blaine County experienced a 44% increase in deaths. These increases outpaced population growth during the same years.

FIGURE 4: DEATHS



Source: U.S. Census Bureau, American Community Survey 5-Year Estimates, aggregated by Metopio

Note: U.S. Census population estimates data does not include full estimates for the year 2020, so the year is omitted

RACE AND ETHNICITY

Idaho is home to a majority white population. Compared to the state average, the Wood River Valley has a higher percentage of Hispanic/Latino residents. CHNA respondents identified Hispanic/Latino, non-native English speaking, immigrant, and refugee populations as being most at-risk of missing needed services. Those representing these groups reported barriers to service including lack of translation and interpretation services. In recent years there has been greater representation of Latinos in public spheres advocating on behalf of the community and the county recognizing the presence of Latinos in the community.⁶

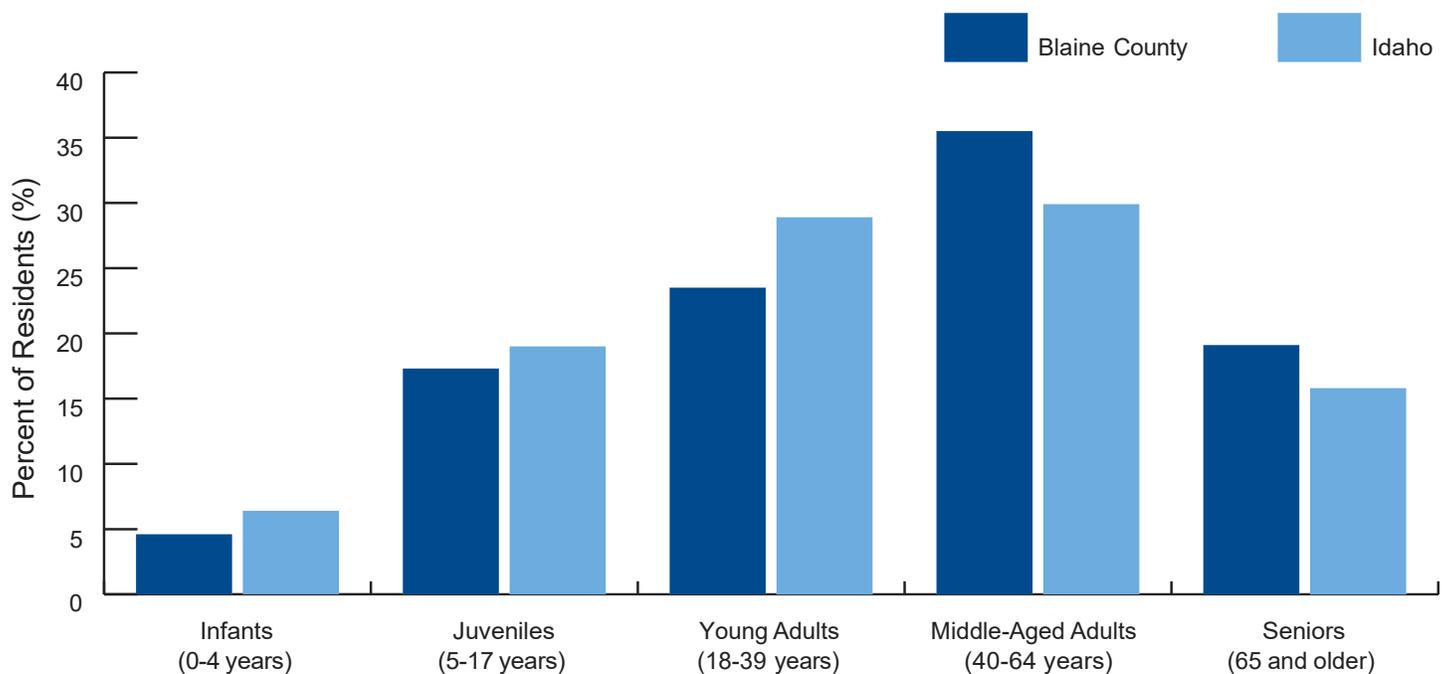
TABLE 1: RACE AND ETHNICITY

Population by Race/Ethnicity, 2017-2021		
	Blaine County	Idaho
Non-Hispanic White	71.6%	80.5%
Non-Hispanic Black	0.4%	0.6%
Hispanic/Latino	23.3%	12.9%
Asian	0.8%	1.3%
Native American	0.7%	0.9%
Pacific Islander/Native Hawaiian	0.0%	0.1%
Two or More Races	2.7%	3.0%

Source: U.S. Census Bureau, American Community Survey 5-Year Estimates, aggregated by Metopio

AGE

FIGURE 5: POPULATION BY AGE, 2017-2021



Source: U.S. Census Bureau, American Community Survey 5-Year Estimates, aggregated by Metopio

When compared to the Idaho average, Blaine County has a higher average of middle-aged adults aged 40 to 60 years old and of seniors 65 years and older.

VETERANS

Blaine County is home to over 1,000 veterans. Blaine County has a similar percentage of veterans compared to the statewide average (7.7% and 8.8%). Veterans have access to health services from Department of Veteran Affairs, but may have difficulty navigating the system or may experience long wait times for appointments.

POPULATION WITH A DISABILITY

The Americans with Disabilities Act defines a disability as a “physical or mental impairment that substantially limits one or more major life activities.”⁷ People with disabilities may be unable to work and often face a higher rate of poverty. The Idaho state average of individuals with disabilities is 13.6% and the Wood River Valley average is 11%. Seniors make up the majority of this population.

ENGLISH PROFICIENCY

Limited English proficiency measures those who identify as speaking English less than “very well” on the U.S. Census. The Wood River Valley has a higher average of residents with limited English proficiency (6.9%) compared to the Idaho statewide average (1.8%).

LGBTQIA+

Health and other related data is often limited for those who are lesbian, gay, bisexual, transgender, queer, or questioning, intersex, asexual, and/or other gender identities and sexual orientations (LGBTQIA+). A small percentage of CHNA respondents identified as members of the LGBTQIA+ community and reported health concerns such as inadequate access to inclusive care.

DATA

Several health and social indicators are included in this report, if you are interested in learning more about an individual city or exploring different indicators, please reference the Idaho Oregon Community Health Atlas.

HEALTH OUTCOMES

Health Equity and Social Determinants of Health (financial stability, housing, and education) all play a critical role in health outcomes. While these factors have been specifically addressed in other sections of this CHNA, this section is designed to address the health and well-being of those in the Wood River Valley. First, this section will review overall health outcomes for general health and well-being, then will dive into more in-depth measures related to access to care, various mental health related outcomes, substance misuse, health behaviors, and chronic disease related outcomes. While this section of the report includes some key chronic diseases and health indicators, it is not inclusive of all health indicators available on the Idaho Oregon Community Health Atlas. Please review the health index to identify additional health indicators that may be of interest.

The County Health Rankings provides a base understanding of how each county within the state ranks regarding overall health and well-being. Below you can see how Blaine County ranks out of the 44 counties in Idaho for Health Outcomes and Health Factors.⁸ Health outcome rankings are determined by comparing the length of life and the quality of life (self-reported health status and percent of low birthweight newborns). Health factor rankings are determined by comparing many of the aspects of the Social Determinants of Health. This includes substance misuse, diet and exercise, access to and quality of care, education, employment, family support, housing, transit, and more.⁹

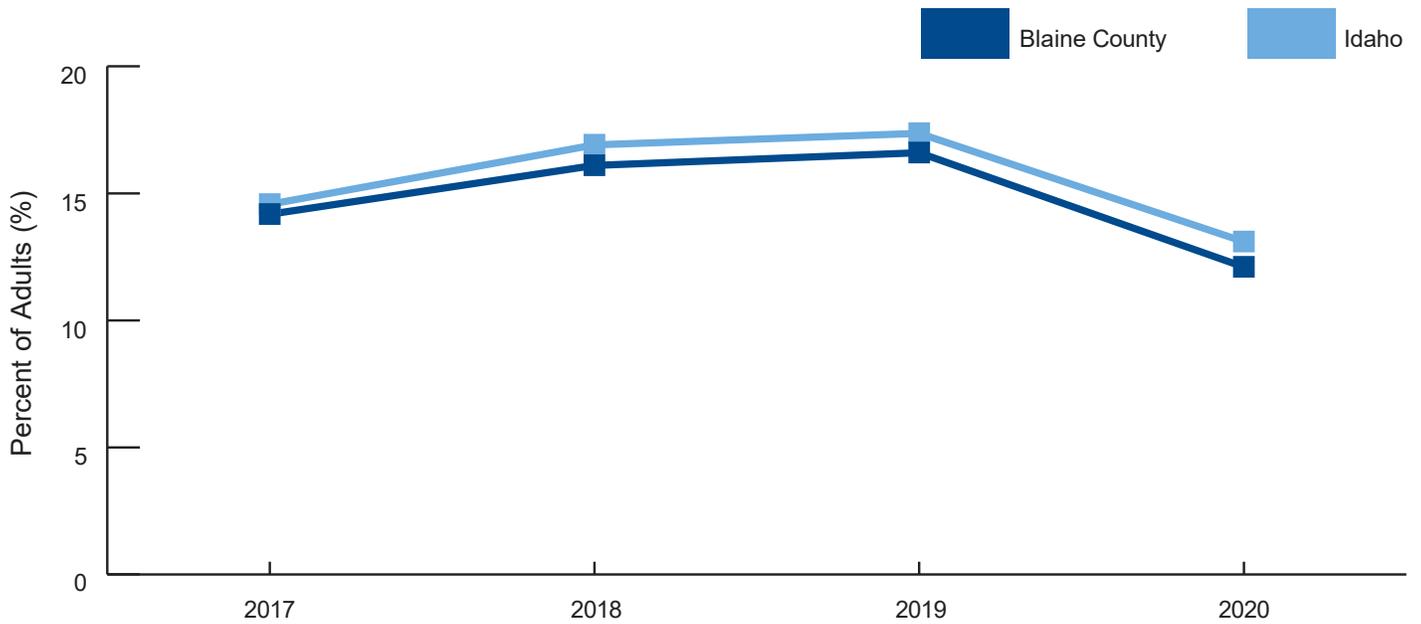
TABLE 2: COUNTY HEALTH RANKING

County Health Ranking (Out of 44 Counties in Idaho)		
County	Health Outcomes	Health Factors
Blaine	3	7

Source: University of Wisconsin Population Health Institute, County Health Rankings, 2022

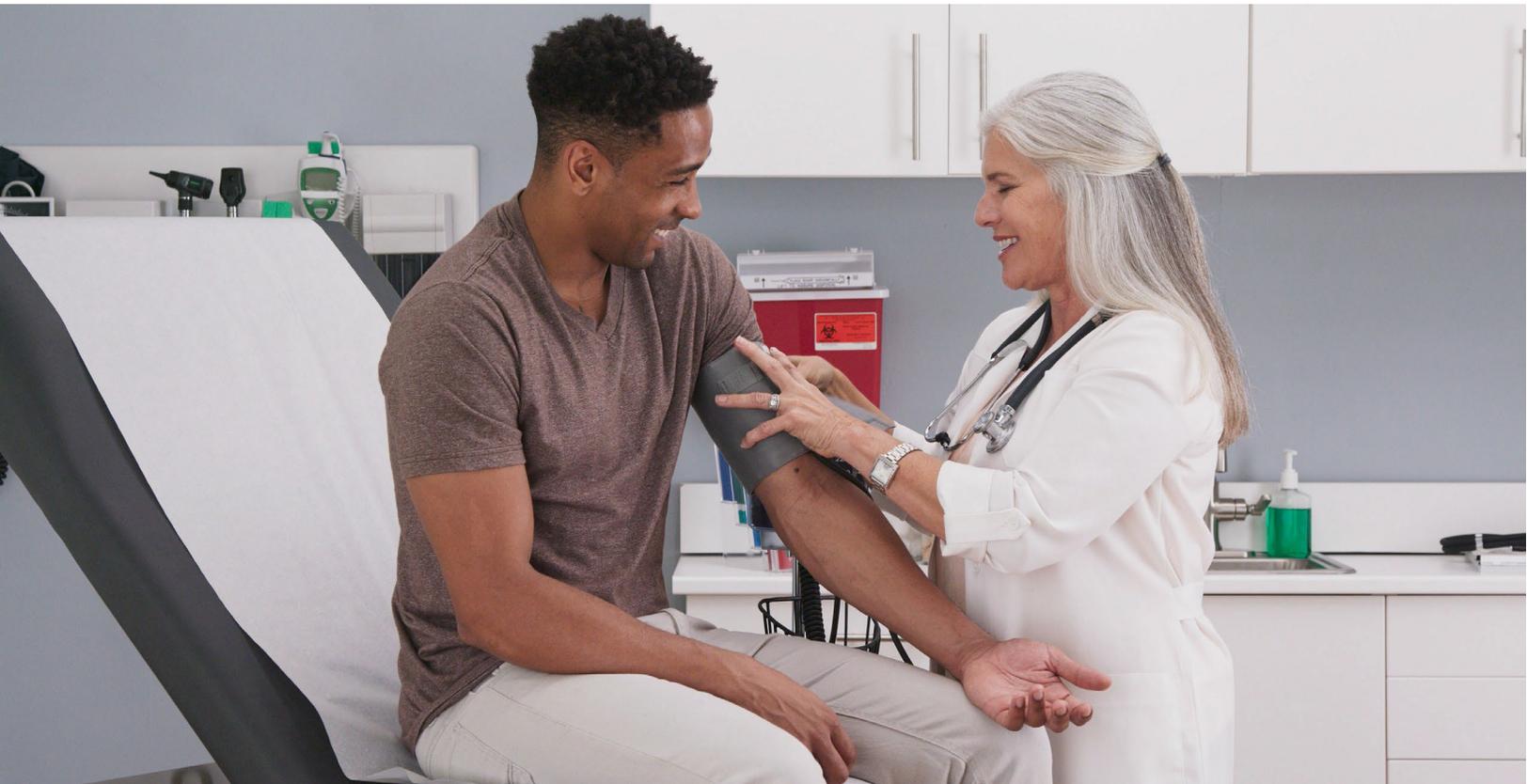
Note: Higher ranking (lower number) indicates better outcomes and health factors – ex. 1 indicates best outcomes or factors in the state

FIGURE 6: FAIR OR POOR SELF-REPORTED HEALTH



Source: University of Wisconsin Population Health Institute, County Health Rankings, aggregated by Metopio

When looking at self-reported health across Blaine County and Idaho the rates of fair and poor health are on the decline. Blaine County's percentages of Fair or Poor Health are similar (12.10%) compared to the state overall of (13.10%).

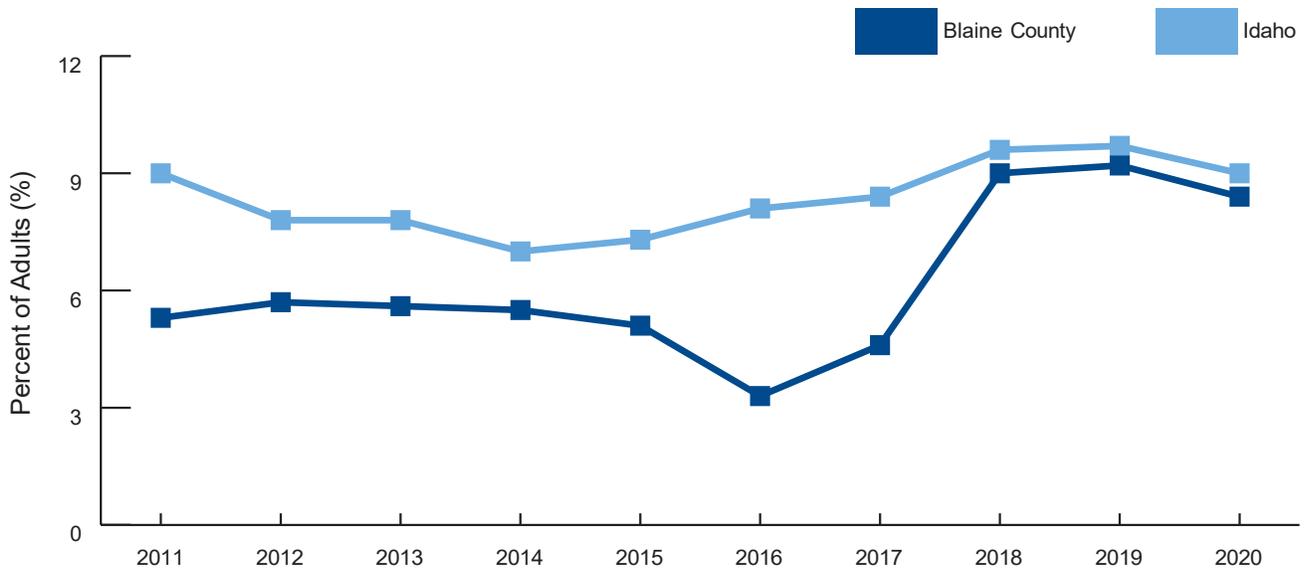


CHRONIC DISEASES

Numbers regarding diagnoses throughout this section may not accurately represent the actual presence of the disease as there was a decrease in screening visits and primary care during the COVID-19 pandemic.

When looking at chronic diseases across the region, diabetes diagnoses dropped in 2016 and then increased dramatically in 2018. This could be a result of more outreach programs or more service providers testing for the disease. Since 2018, diabetes diagnoses in Blaine County have aligned with the statewide average.

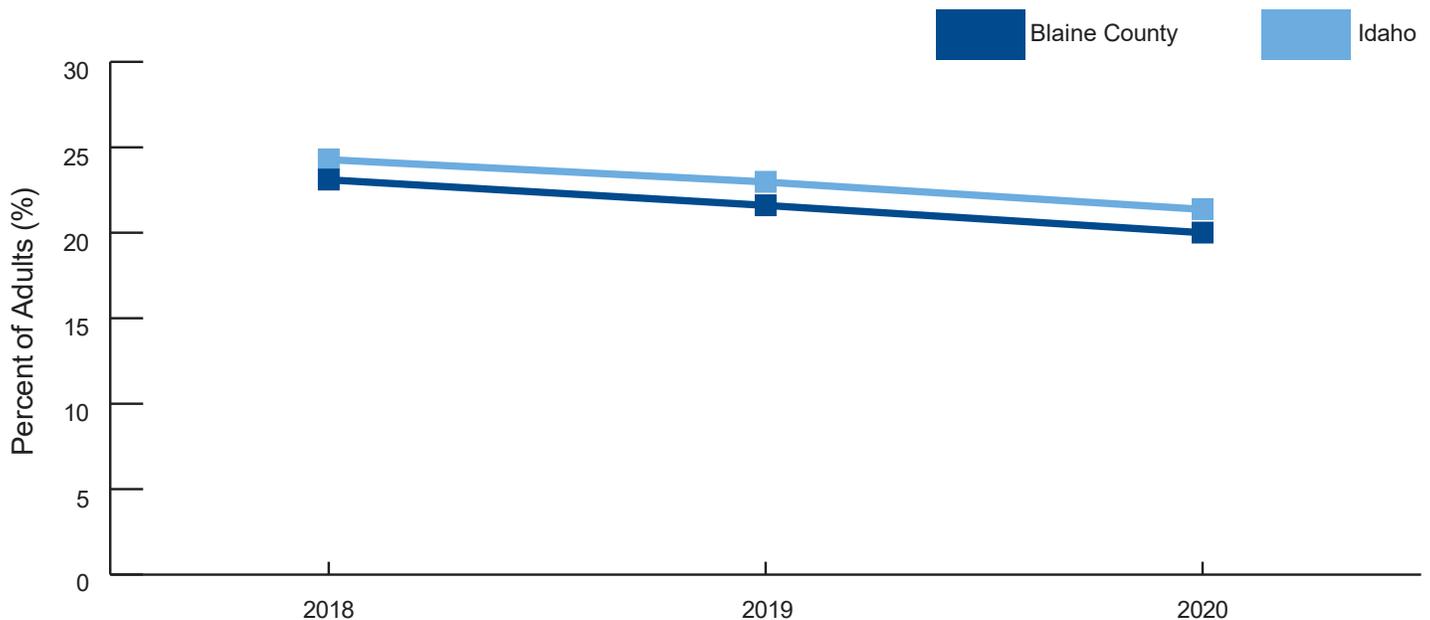
FIGURE 7: DIAGNOSED DIABETES



Source: Centers for Disease Control and Prevention, United States Diabetes Surveillance System, aggregated by Metopio

The percentage of adults with arthritis decreased between 2018 and 2020, though only by 1.6% in Blaine County and 2.9% statewide.

FIGURE 8: ARTHRITIS



Source: Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System, aggregated by Metopio

The percentage of adults ever having cancer, the percentage of those with coronary heart disease, and the percent with chronic kidney disease all technically saw an overall decrease since 2018 but the difference is within 1% for each of the regions, which is not enough to attribute any significance to the decrease.

TABLE 3: CHRONIC DISEASES

Percentage of adults ever having...	2018	2019	2020
Cancer	6.5%	6.3%	5.9%
Coronary heart disease	5.7%	5.2%	5.4%
Chronic kidney disease	2.6%	2.6%	2.6%

Source: Centers for Disease Control and Prevention, PLACES, aggregated by Metopio

PRIMARY DATA TOP FIVE POOR HEALTH OUTCOMES

When the Wood River Valley survey respondents were asked to identify the top five health concerns for themselves, their family, and their community, respondents identified the following:

Their Family/Support System

- Mental Health (37.1%)
- COVID-19 (24.2%)
- Aging Health Concerns (24.2%)
- Access to Health care (15.7%)
- Cancer (15.7%)

Their Community

- Mental Health (47.1%)
- Access to Health care (32.8%)
- COVID-19 (27.1%)
- Aging Health Concerns (27.1%)
- Access to Contraceptives (27.1%)

These topics align with key themes from the interviews and community focus groups with an emphasis on mental health and access to health care.

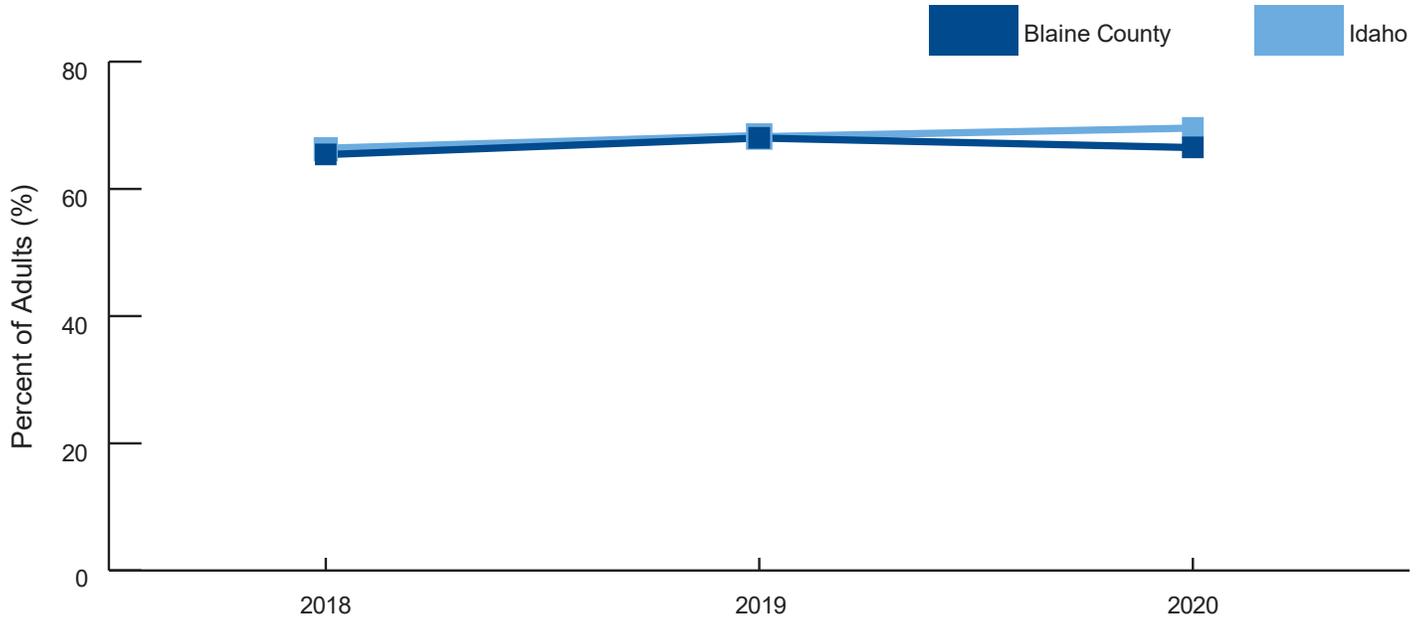
HEALTH CARE: ACCESS AND AFFORDABILITY

The National Academies of Sciences, Engineering, and Medicine defines access to health care as the “timely use of personal health services to achieve the best possible health outcomes.”¹⁰ There are many barriers people face that may prevent or limit their ability to access health care services, which can lead to increases in poor health outcomes and impact overall health equity. Barriers to health care services mentioned in the primary data include limited number of providers, inconvenient operating hours, insurance issues, lack of awareness, and costs associated with care.

LACKING HEALTH AND SOCIAL SERVICES

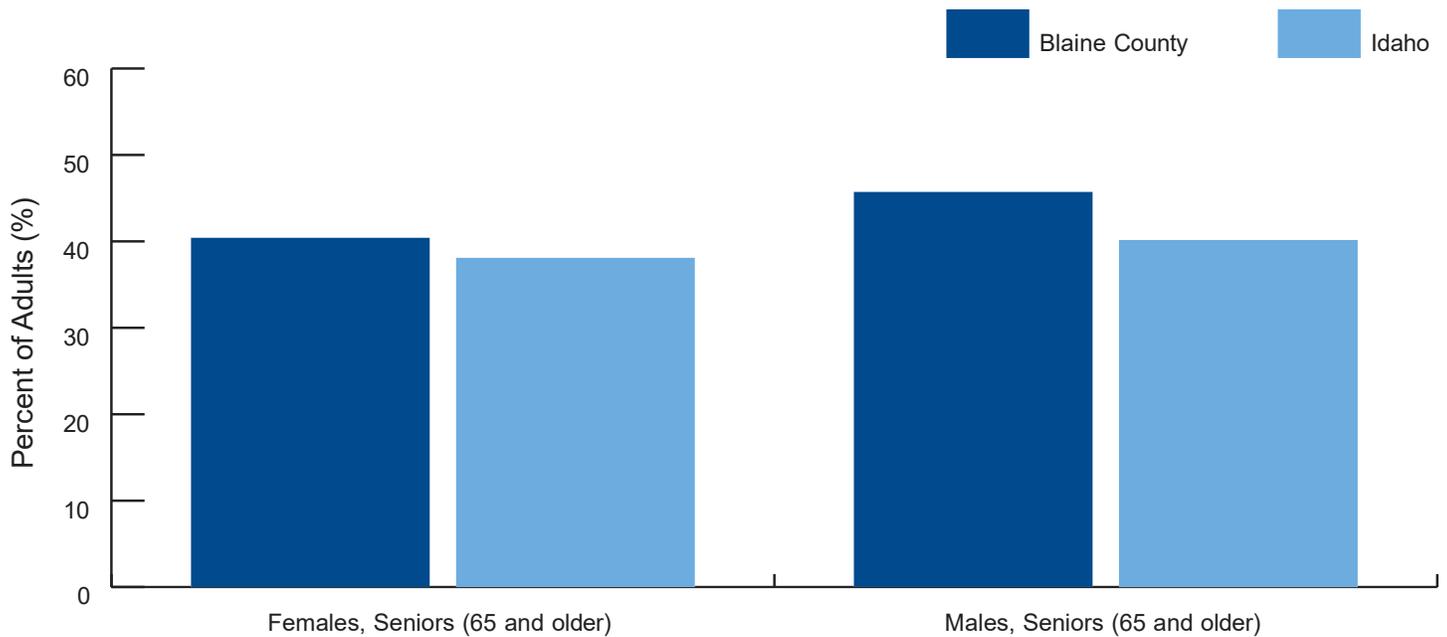
Overall Blaine County falls under the state average of individuals reporting a routine checkup with a medical provider. Similar findings can be seen among seniors receiving their core preventative services by sex and age compared to the state. Wood River Valley primary data respondents reported insufficient mental health, substance misuse, and general health care services.

FIGURE 9: VISITED DOCTOR FOR ROUTINE CHECKUP



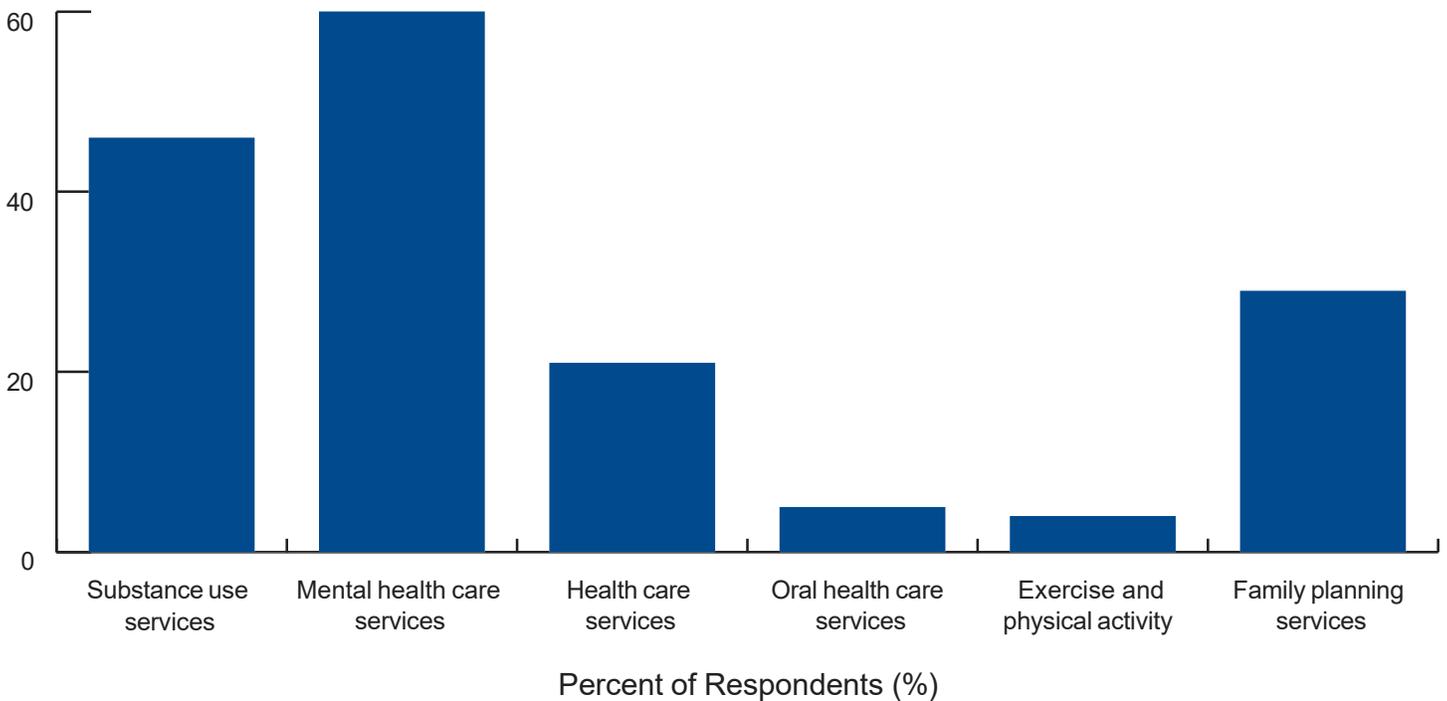
Source: Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System, aggregated by Metopio

FIGURE 10: SENIORS UP TO DATE ON CORE PREVENTATIVE SERVICES BY SEX AND AGE, 2020



Source: Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System, aggregated by Metopio

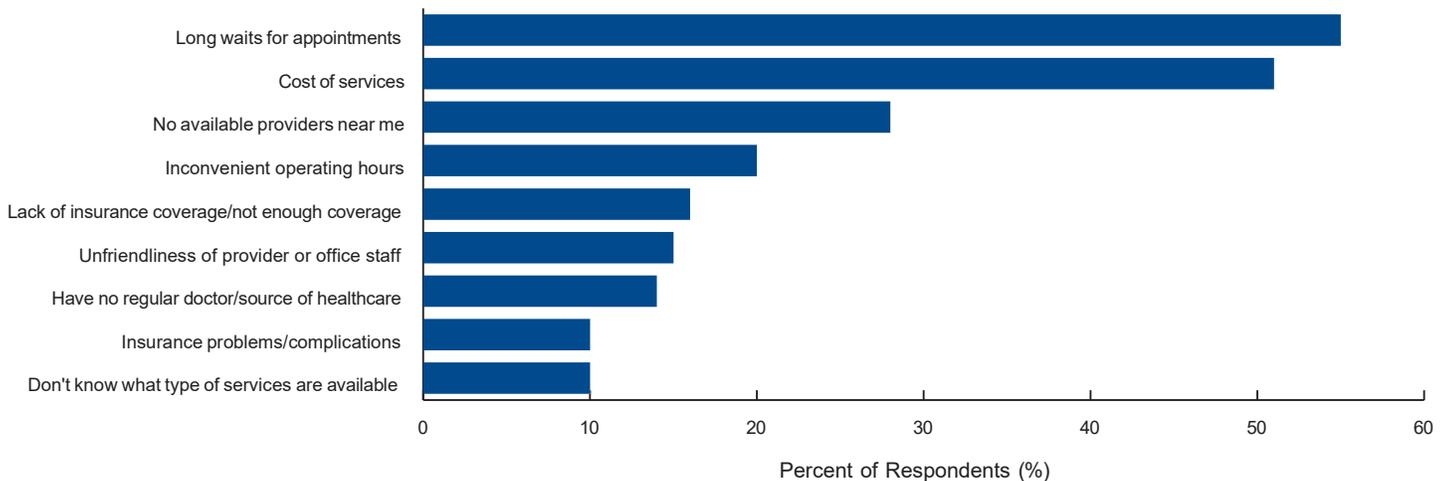
FIGURE 11: CHNA REGIONAL SURVEY, WHICH OF THE FOLLOWING HEALTH SERVICES ARE CURRENTLY INSUFFICIENT WITHIN YOUR COMMUNITY?



Source: CHNA Community Data, 2022

In the Wood River Valley there are approximately 100.9 primary care physicians per 100,000 individuals, which is higher than the statewide average (74.7).

FIGURE 12: CHNA REGIONAL SURVEY, CHALLENGES ACCESSING HEALTH OR SOCIAL SERVICES



Source: CHNA Community Data, 2022

There are many reasons why an individual may not be receiving the suggested routine health care services in the Wood River Valley. Within the Wood River Valley, survey, focus group, and interview respondents most frequently reported cost of services, insurance problems (lack of coverage/not enough coverage), language or cultural differences, and long waits for appointments as barriers to accessing needed health or social services.

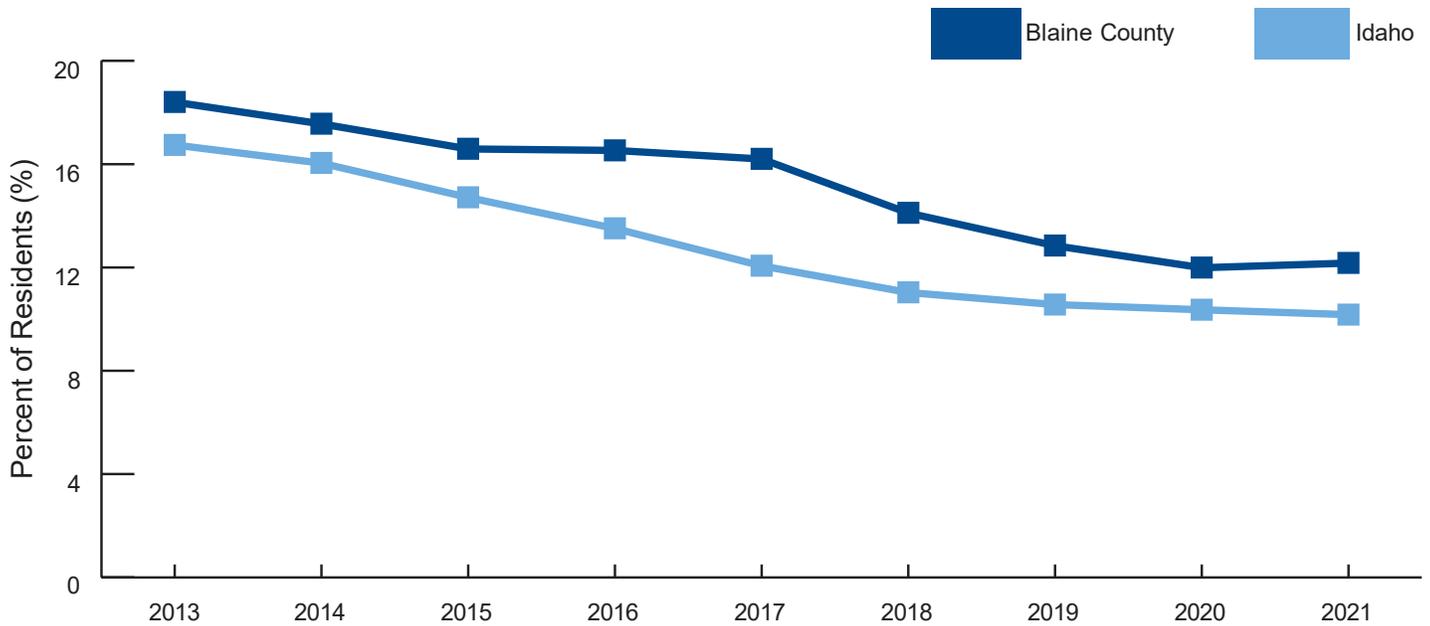
Populations that seem to be impacted most by unawareness of the resources available to them are immigrant populations or non-native English speakers. Many individuals report difficulties accessing

services due to language barriers and fear of mistreatment due to their immigration status.

INSURANCE

Insufficient health care insurance or lack of insurance coverage tends to be one of the largest barriers reported to receiving much-needed health care.

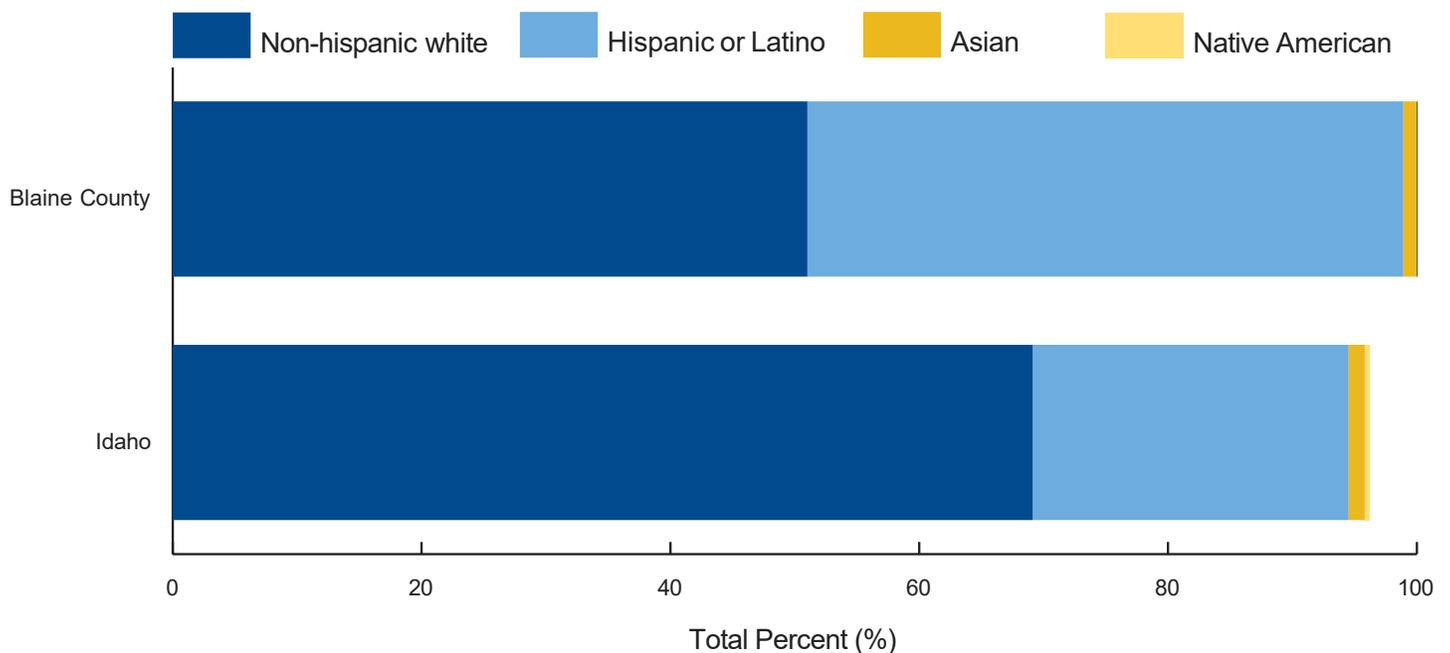
FIGURE 13: UNINSURED RATE



Source: U.S. Census Bureau, American Community Survey 5-Year Estimates, aggregated by Metopio

Uninsured rates for Idaho have been trending down for the last few years with a large decrease seen from 2019 to 2021. This is likely related to Medicaid expansion, however, there are still inequities in health insurance access and coverage based on age and race.

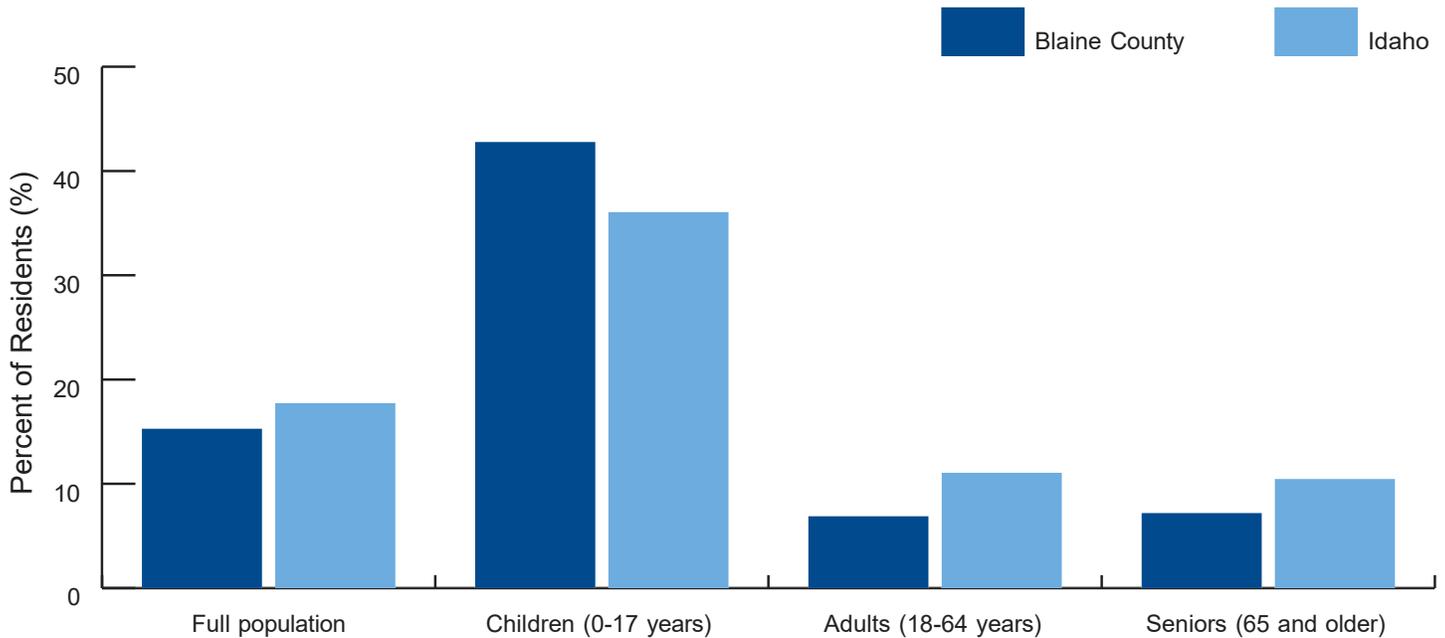
FIGURE 14: UNINSURED RESIDENTS BY RACE/ETHNICITY. 2017-2021



Source: U.S. Census Bureau, American Community Survey 1-Year Estimates, aggregated by Metopio, 2021

The Hispanic/Latino populations in the Wood River Valley are disproportionately uninsured when compared to the state with 47.9% of the uninsured in Blaine County identifying as Hispanic/Latino.

FIGURE 15: MEDICAID COVERAGE BY AGE, 2017-2021



Source: U.S. Census Bureau, American Community Survey 1-Year Estimates, aggregated by Metopio, 2021

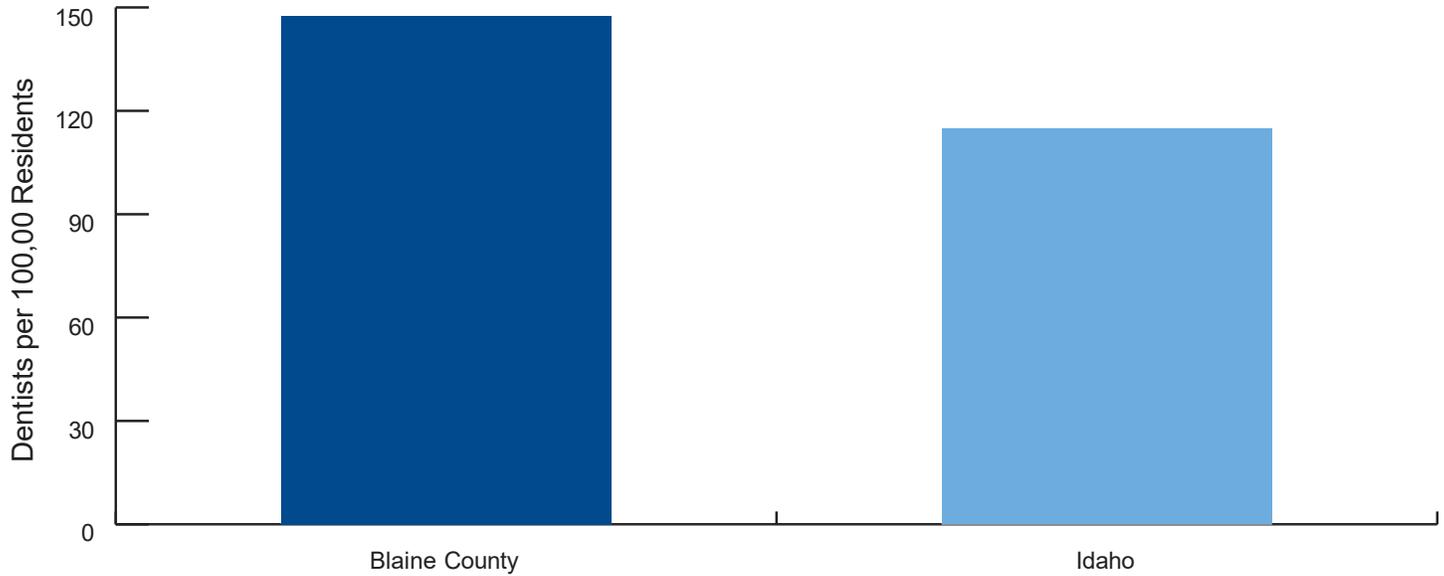
Since the expansion of Medicaid in 2020, Idaho has seen increases in those that have access to coverage. A majority of the individuals who receive Medicaid are under the age of 18. Blaine County has a higher participation rate than the rest of the state for the under 18 age group but lower participation overall.



ORAL HEALTH

Oral health is an important piece of overall health and well-being. Many residents in the Wood River Valley do not have adequate access to oral health care and Blaine County is considered to be a dental health professional shortage area.¹¹

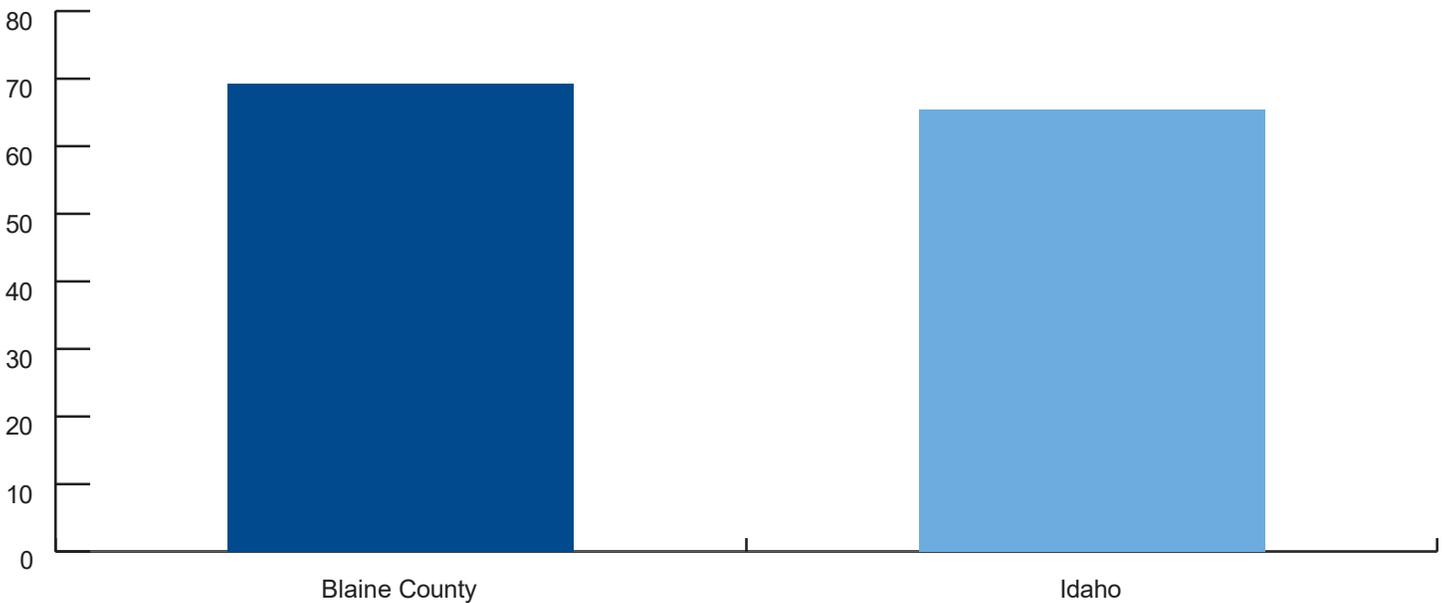
FIGURE 16: DENTISTS PER CAPITA, 2022



Source: Centers for Medicare & Medicaid Services, National Provider Identifier Files, aggregated by Metopio, 2021

In 2021, there were 111.5 dentists per 100,000 residents in Idaho, and 147.5 per 100,000 in Blaine County. Despite the higher rate of dentists in the area than the state average, only a slightly higher percentage of Blaine County residents report visiting the dentist each year.

FIGURE 17: VISITED DENTIST, 2020



Source: Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System, aggregated by Metopio

Among adults in Idaho, over 65% reported seeing a dentist in 2020. Blaine County had a higher percentage with almost 70% reported seeing a dentist.

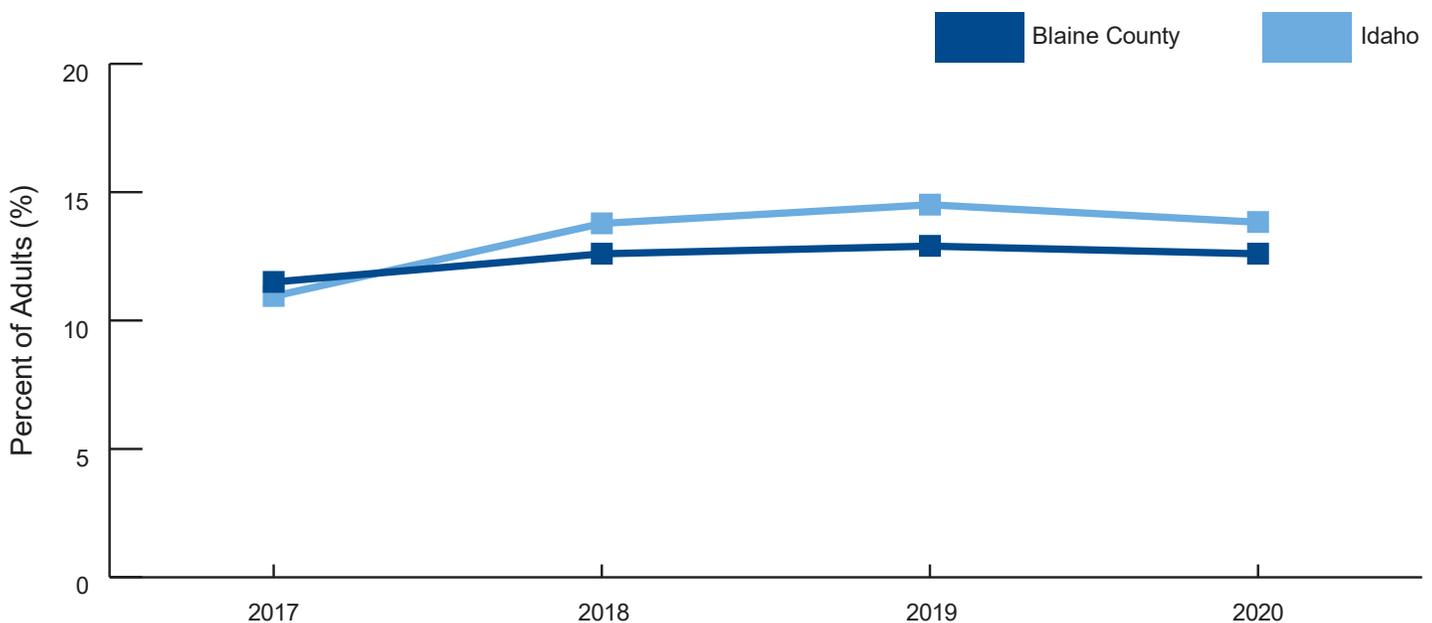
Data related to child oral health care has not been updated since the previous CHNAs were published. The previous Idaho Smile Survey was conducted in 2017 and reported that due to lack of regular oral health care, many children in Idaho are experiencing oral health issues, such as dental caries (cavities) and active tooth decay. Without updated data, this CHNA cannot report on any changes seen within children related to oral health care, but that does not mean it is not a problem within the Wood River Valley.

BEHAVIORAL HEALTH: MENTAL HEALTH AND SUBSTANCE MISUSE

Behavioral health issues can be attributed to many factors such as socioeconomic status, genetics, family stability, employment, and overall health and well-being. Behavioral health can impact an individual's ability to participate in health promoting behaviors and maintain their own health and well-being. Behavioral health encompasses both mental health and substance misuse because of how intertwined those two outcomes are, with addiction being a form of mental health illness and substance misuse being utilized as a self-prescribed treatment from mental health illnesses. Behavioral health and physical health are directly related to each other and can have great implications on overall health outcomes for an individual and a community.

MENTAL HEALTH

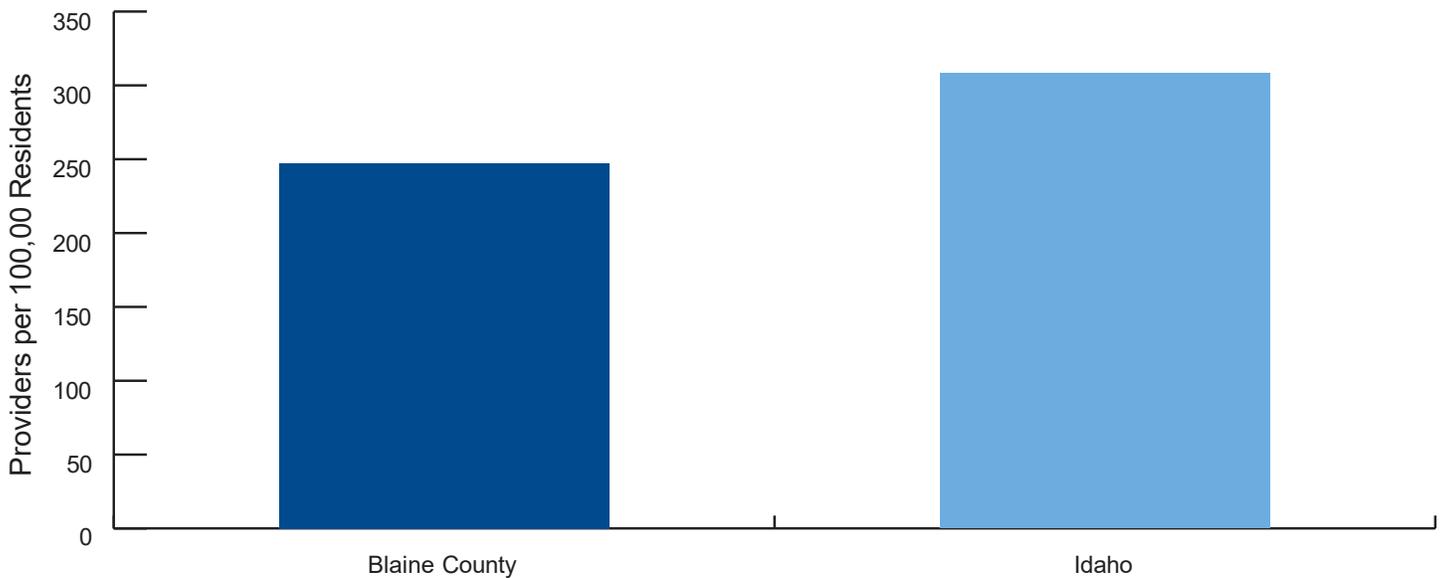
FIGURE 18: POOR SELF-REPORTED MENTAL HEALTH



Source: Centers for Disease Control and Prevention, PLACES, aggregated by Metopio

Community members identified mental health as a top priority to address in the Wood River Valley. This is not surprising with the high rates of poor self-reported mental health experienced across Idaho and in Blaine County.

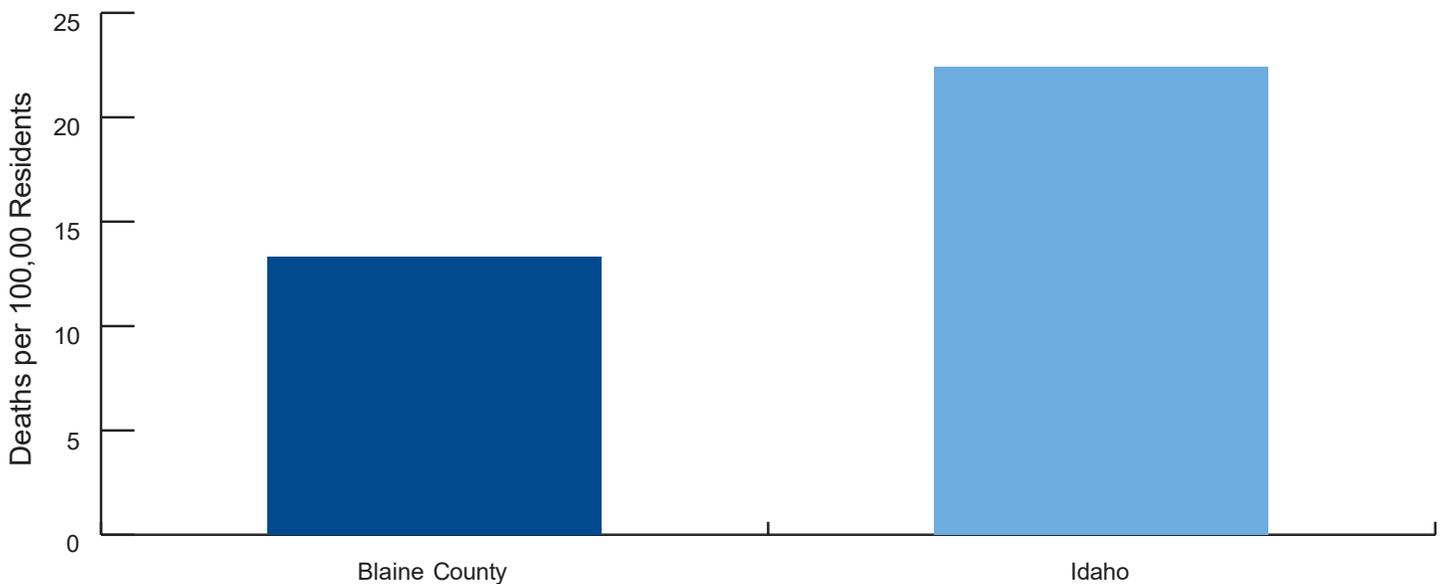
FIGURE 19: MENTAL HEALTH PROVIDERS PER CAPITA, 2021



Source: Centers for Medicare & Medicaid Services, National Provider Identifier Files,, aggregated by Metopio, 2021

In addition to having a significant percentage of poor self-reported mental health, many residents in the Wood River Valley do not have adequate access to mental health care. Blaine County is considered to be mental health professionals shortage area, with considerably fewer mental health providers per 100,000 compared to the state (247 compared to 308).¹²

FIGURE 20: SUICIDE MORTALITY



Source: Centers for Disease Control and Prevention, National Vital Statistics System, aggregated by Metopio, 2020

Idaho consistently ranks high among states with the highest suicide mortality rates (22.4 per 100,000) and is considered to be an area of high concern in the Mountain West region. When looking at mortality rate of suicide by age the data shows that individuals in young to middle adult range are most impacted by the high rates of suicide.¹³

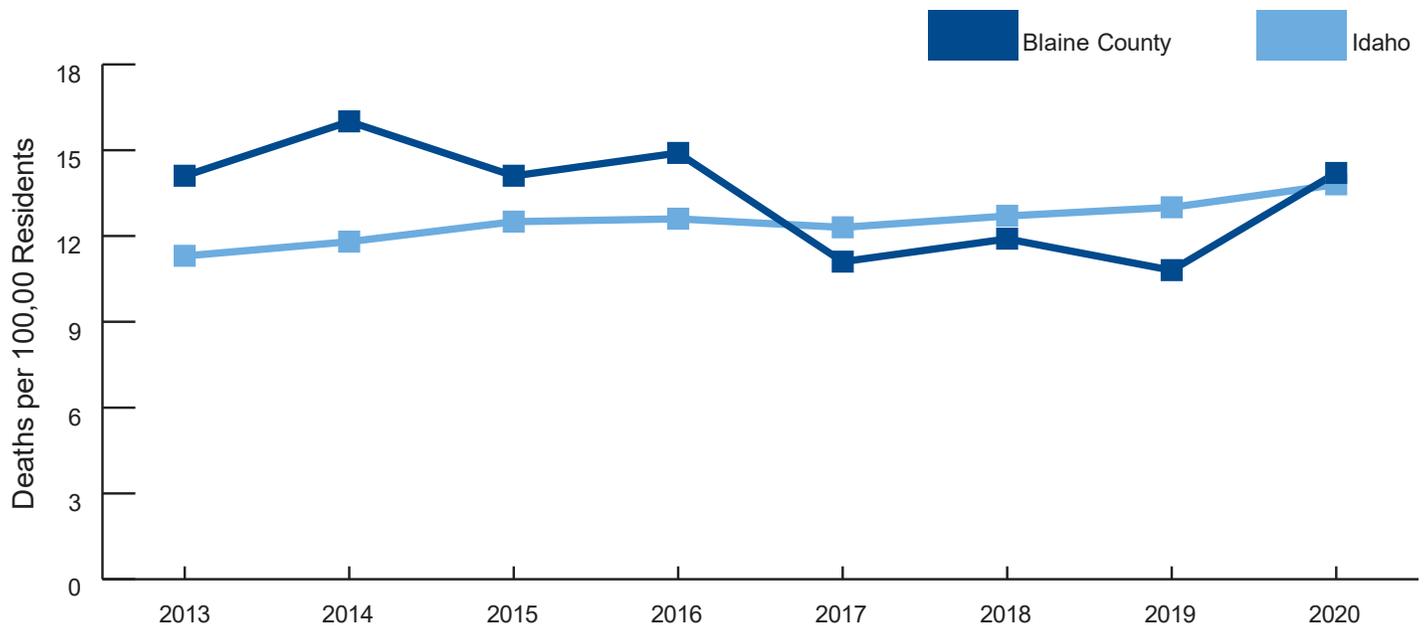
Survey data indicates that community members have high levels of concern regarding their community’s response to overall mental health issues, ability to seek treatments, mental health in special populations such as veterans and youth, and suicide. When coupled with the focus group and interview data, there is significant concern in these communities around youth mental health and their ability to seek treatment. Secondary data on youth mental health outcomes has not been updated since the last CHNA was published due to the state’s decision to stop participating in the biannual Youth Risk Behavior Survey, which includes mental and physical health outcomes and substance misuse.

SUBSTANCE MISUSE

Substance misuse continues to be a critical public health concern that impacts individuals, families, and their communities. Substance misuse disorders are multifaceted and can be impacted by biological, social, and environmental factors. Substance misuse disorders may impact serious health and social outcomes such as high rates of various diseases, cancer, mental health to violence, crime, housing, and financial hardships.

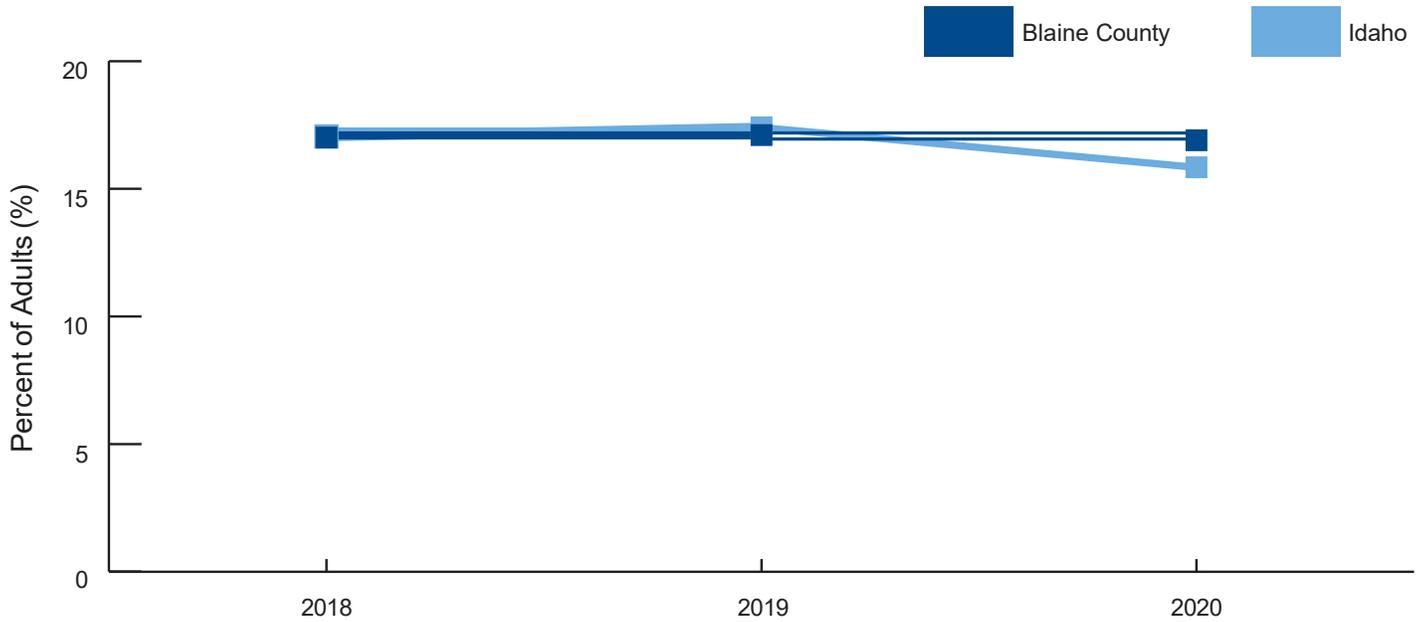
Alcohol is the most prevalent substance used nationwide and in Idaho. Figure 21 shows a steady increase in the deaths per 100,000 caused by alcohol across Idaho while the Wood River Valley fluctuates from year to year. The most recent data shows Blaine County having higher rates than state average for alcohol-related mortality and a significantly smaller decline in binge drinking rates.

FIGURE 21: ALCOHOL-RELATED MORTALITY



Source: Centers for Disease Control and Prevention, National Vital Statistics System - Mortality, aggregated by Metopio

FIGURE 22: BINGE DRINKING

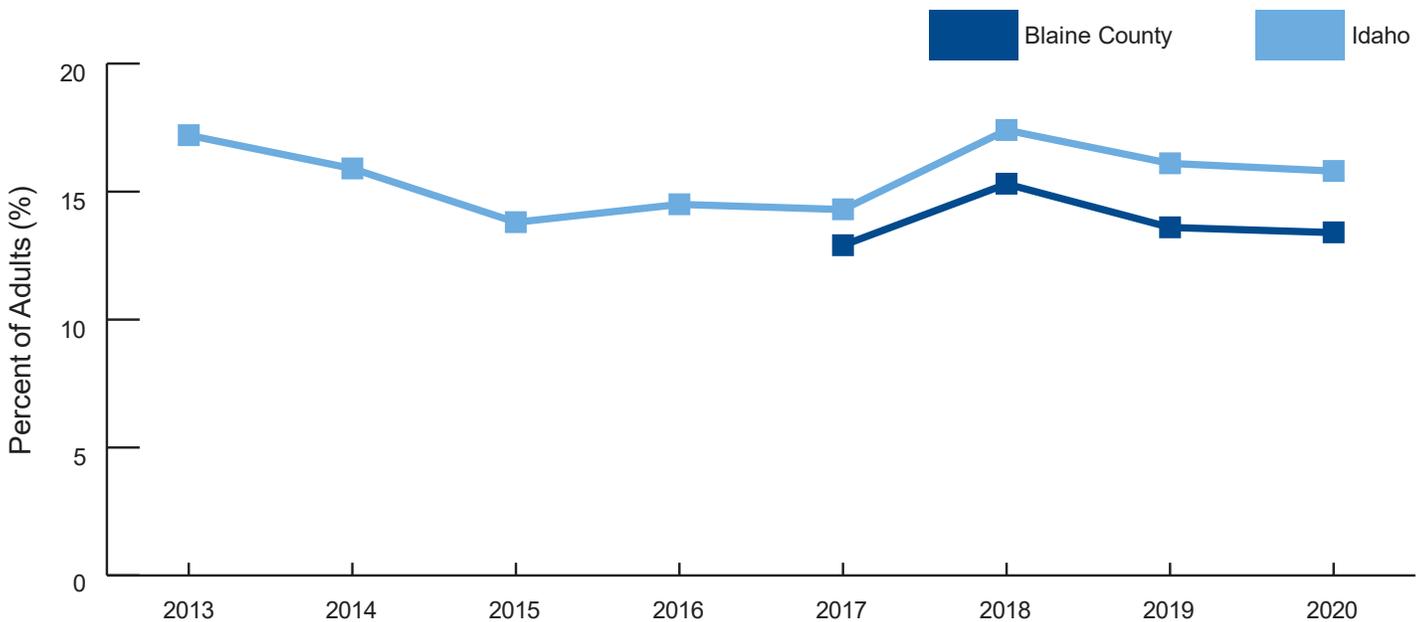


Source: Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System, aggregated by Metopio

When looking at survey data collected on substance use, community members report high concern for individuals' ability to seek treatment for substance use and misuse, methamphetamine usage, drug use among adults, and stigma associated with receiving treatments. In focus groups and interviews, community members commonly discussed how substance misuse and mental health are closely tied together and that a community cannot address one issue without acknowledging the other.

When specifically asked about youth substance misuse, the majority of community members reported high concern, specifically for vaping in youth populations.

FIGURE 23: CIGARETTE SMOKING PREVALENCE (FULL POPULATION)



Source: Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System, 2011-2013; Centers for Disease Control and Prevention, PLACES, 2014-2020, aggregated by Metopio

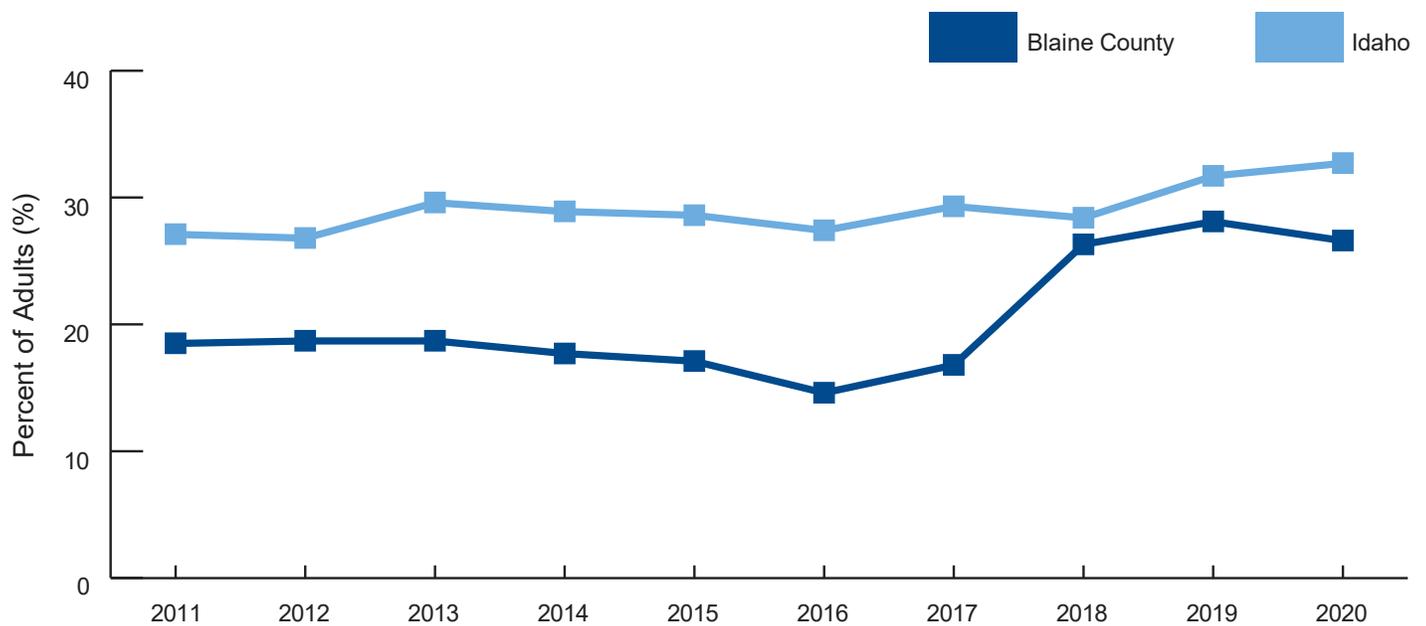
Overall, cigarette tobacco use has been on a downward trend based on current data, which does not include e-cigarettes or vaping. There has been a slight increase seen from 2017 to 2018. In addition, the data currently available does not isolate vaping among various population, such as youth in the community. Only time will be able to tell the impacts of vaping on the community and youth populations in Idaho. However, the national data on youth tobacco use can be used as an indicator to understand the growing use seen in youth today. The 2022 National Youth Tobacco Survey (NYTS) found that 16.5% of high school students reported utilizing a tobacco product in the past 30 days and e-cigarettes/vaping being the most common product utilized.¹⁴

HEALTHY BEHAVIORS: PHYSICAL ACTIVITY AND ACTIVE TRANSPORT

Healthy behaviors can include fruit and vegetable consumption, receiving flu vaccines, and participating in cancer screenings or other preventative health care services in addition to physical activity. Public data on fruit and vegetable consumption, as well as vaccination data is not updated frequently enough to include in this report. Conversely, screening data is too robust to include but can be found on the Idaho Oregon Community Health Atlas.

Body weight can be impacted by genetic, behavioral, and hormonal influences, and obesity is a complex medical condition. Rates of individuals who are affected by obesity have continued to rise across the Wood River Valley since 2016.

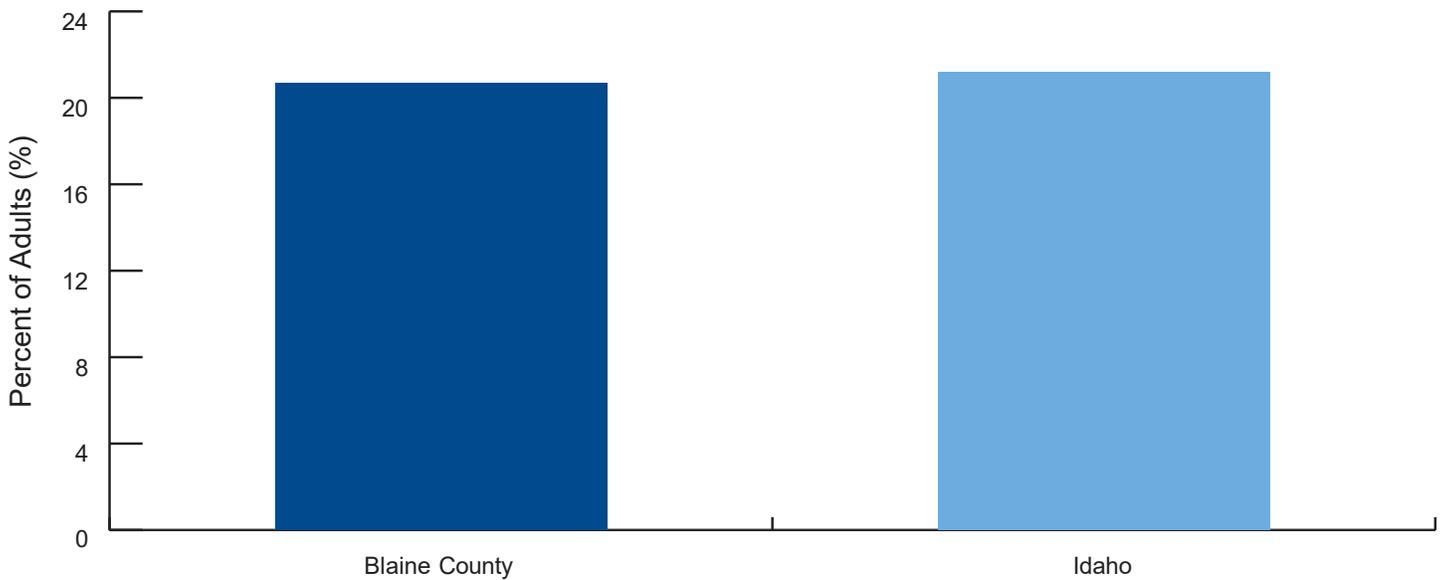
FIGURE 24: OBESITY



Source: Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System, aggregated by Metopio

Blaine County has considerably lower rates of obesity (26.6%) than the state average (32.7%), this gap has closed considerably since 2018 when Blaine County experienced a dramatic increase. Some ways to combat obesity are through exercise and active transport to work.

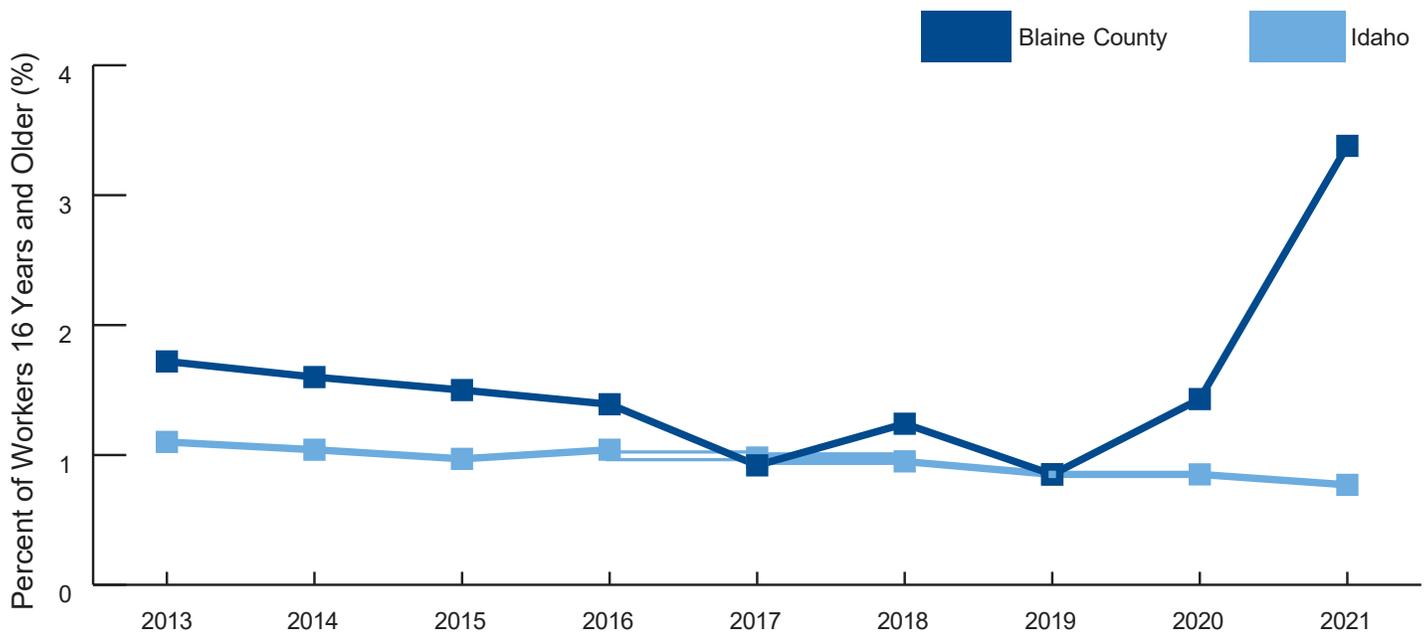
FIGURE 25: NO EXERCISE, 2020



Source: Centers for Disease Control and Prevention, United States Diabetes Surveillance System, aggregated by Metopio

Blaine County's levels of exercise outside of work obligations are similar to state average.

FIGURE 26: BIKE TO WORK



Source: U.S. Census Bureau, American Community Survey 5-Year Estimates, aggregated by Metopio

It is not surprising that Blaine County had high reported rates of biking to work for the Wood River Valley, given that the built environment in Blaine County is more conducive for bicycle riders. In order for community members to use alternative active transport methods, communities need to promote safe, well-maintained, connected travel routes. These types of paths and trails are not only useful for recreation, but also provide access to critical resources and services in communities. Within Blaine County there have been many efforts to improve the ways of active transport through the advocacy work of organizations like Mountain Rides through their Bike and Pedestrian Program or Blaine County Recreation District through its trail infrastructure.

SOCIAL DETERMINANTS OF HEALTH

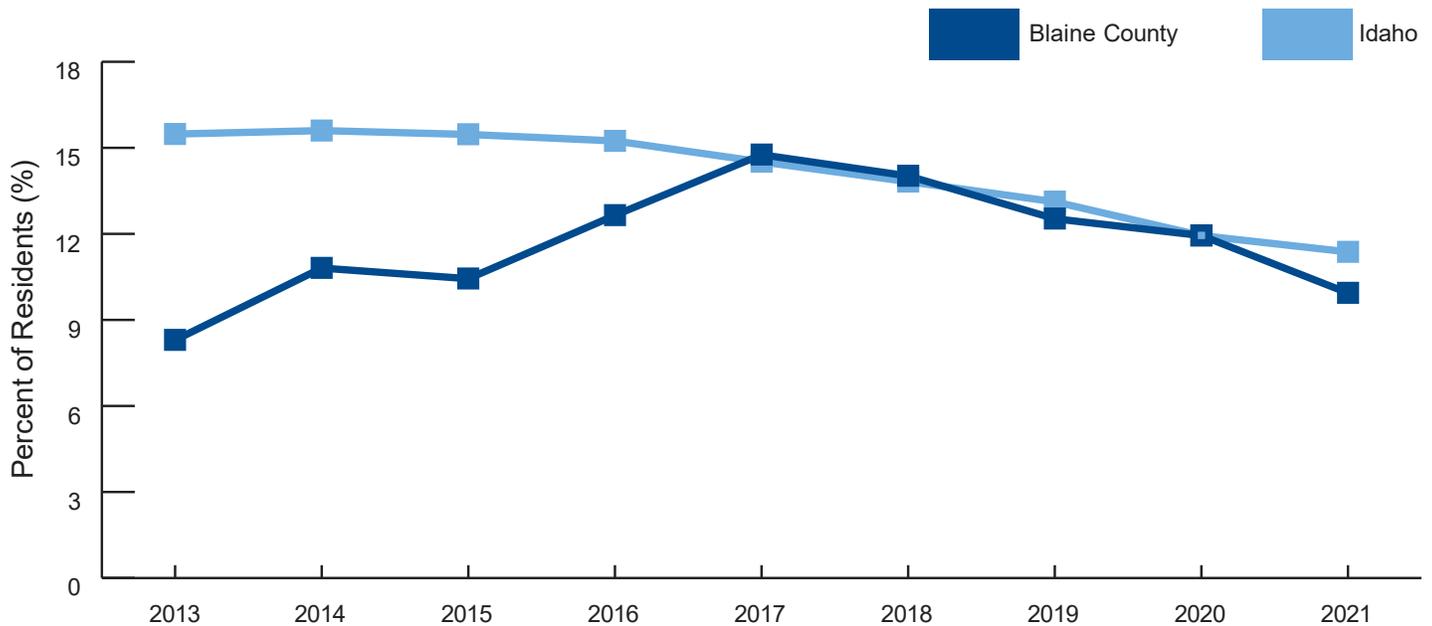
FINANCIAL STABILITY

Financial stability reflects a person’s ability to find stability through resources requiring financial investment, including housing, food, education, and health care. The following section discusses the financial stability of the residents of the Wood River Valley.

POVERTY

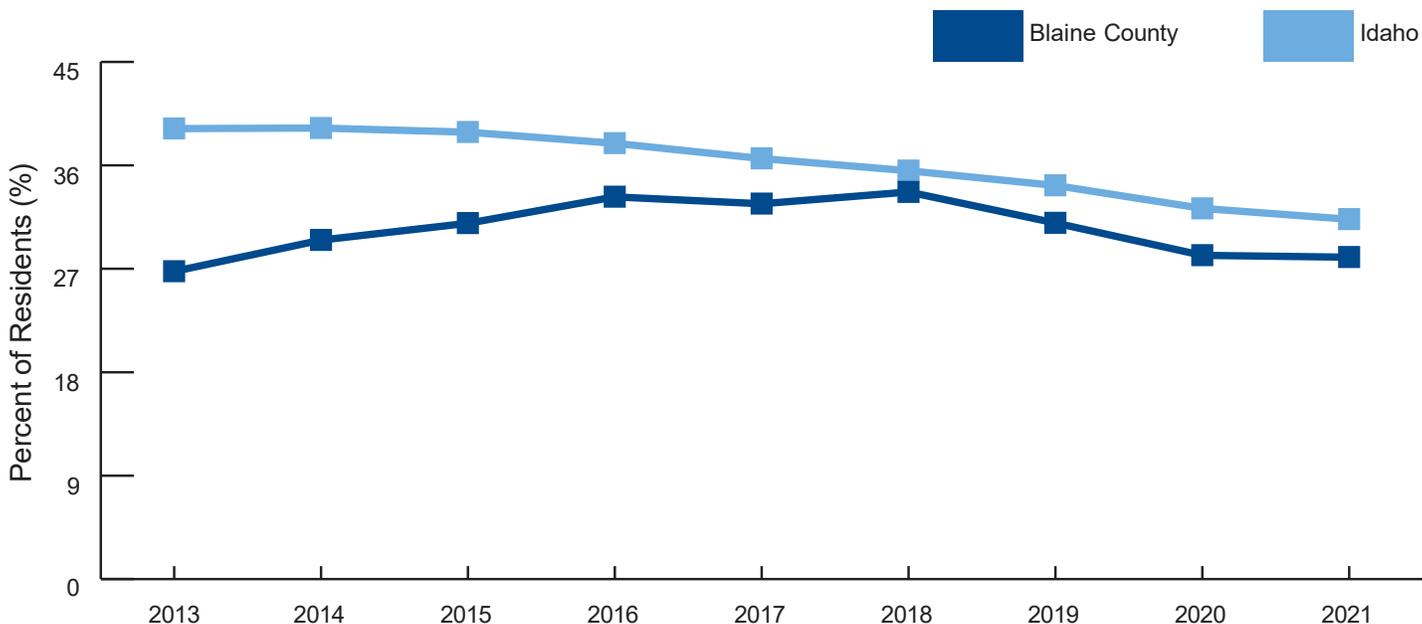
The Federal poverty level (FPL) is a measure of income issued annually by the Department of Health and Human Services used to determine eligibility for programs and benefits.¹⁵ Although the FPL is used to measure a resident’s ability to financially meet basic needs, it is not an exclusive measure of financial struggle. The FPL is also calculated for the entire 48 contiguous states grouped together and it cannot account for variation across states, counties, or cities. This means that a region may have a much different cost of living than the national average the FPL was based on. In Blaine County, many low-income households fall above the FPL and still struggle to meet expenses.

FIGURE 27: POVERTY RATE (FULL POPULATION)



Source: U.S. Census Bureau, American Community Survey 5-Year Estimates, aggregated by Metopio

FIGURE 28: BELOW 200% OF POVERTY LEVEL

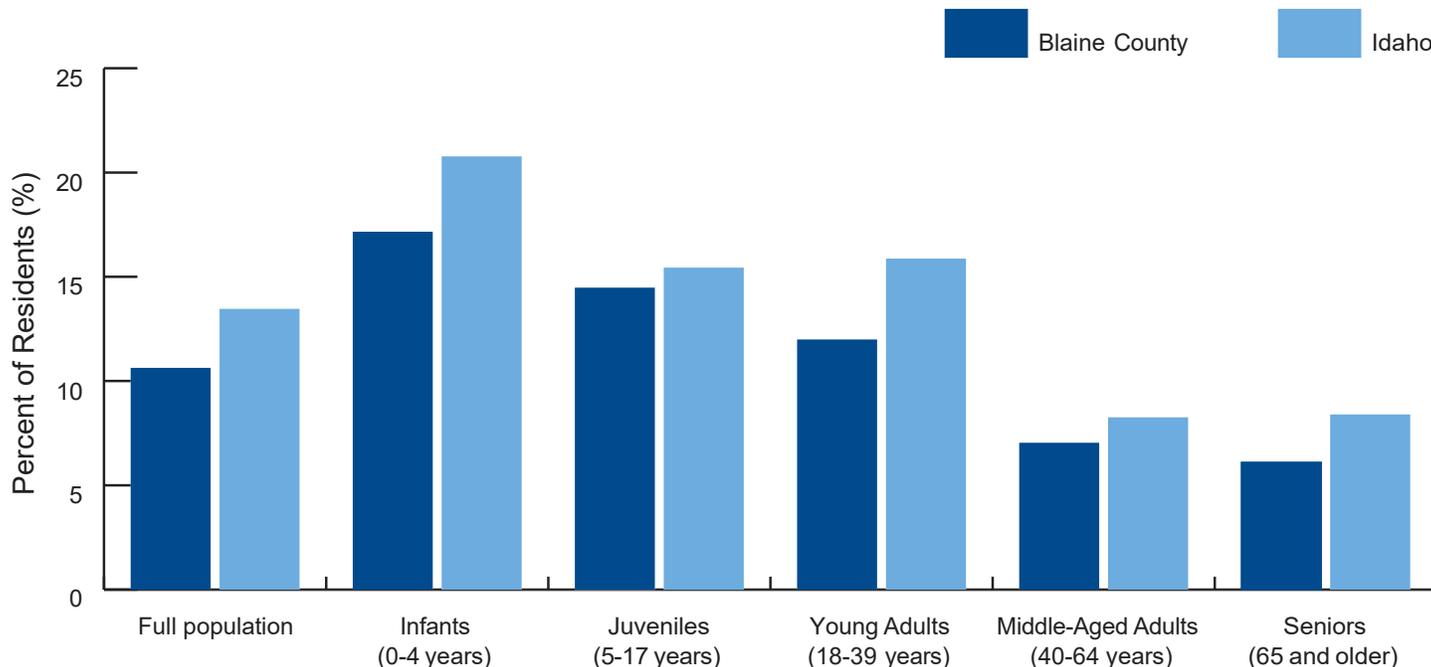


Source: U.S. Census Bureau, American Community Survey 5-Year Estimates, aggregated by Metopio

The number of residents living under the FPL has been steadily declining in Idaho and Blaine County for many years, although Blaine County saw an upward spike between 2015 and 2019.

Blaine County has higher than state average poverty rates among infants, indicating that families with young children may be more vulnerable to financial instability in the area. Focus groups and interviewees in the region commonly mentioned youth and seniors as being vulnerable populations disproportionately affected by financial challenges, such as housing burden, food insecurity, and trouble paying for health care.

FIGURE 29: POVERTY RATE BY AGE, ALL TIME PERIODS



Source: U.S. Census Bureau, American Community Survey 1-Year Estimates, aggregated by Metopio, 2021

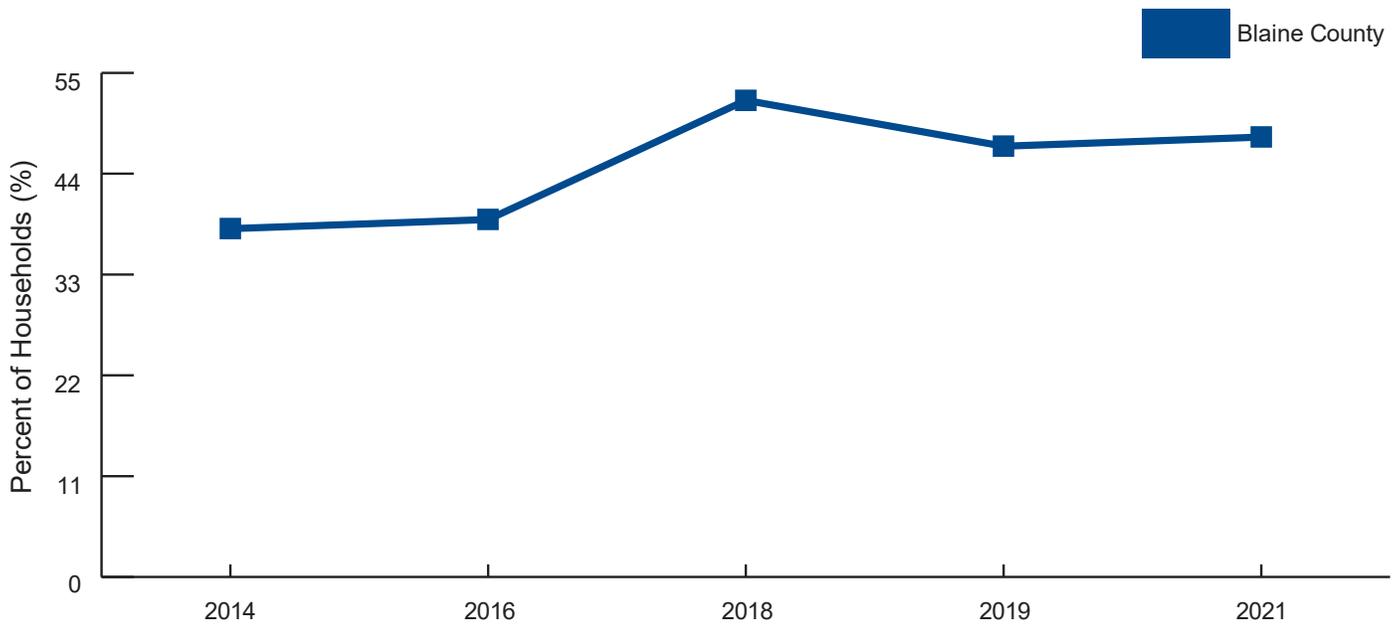
Living with an income below twice (200% of) the FPL is another less severe indicator of financial stress. The percentage of residents living below 200% of FPL has also continued to decline in Blaine County, although more than a quarter of county residents continue to live under 200% of FPL.

ALICE

Nationally, the United Way coined the term “ALICE” to refer to Asset Limited, Income Constrained, Employed individuals. The calculation of ALICE levels (last updated for 2021) takes into account the localized costs for a variety of household necessities and the amount of income required for a bare minimum “survival budget” for each census tract.¹⁶

As of 2021, nearly half of households in Blaine County were struggling to meet basic needs.

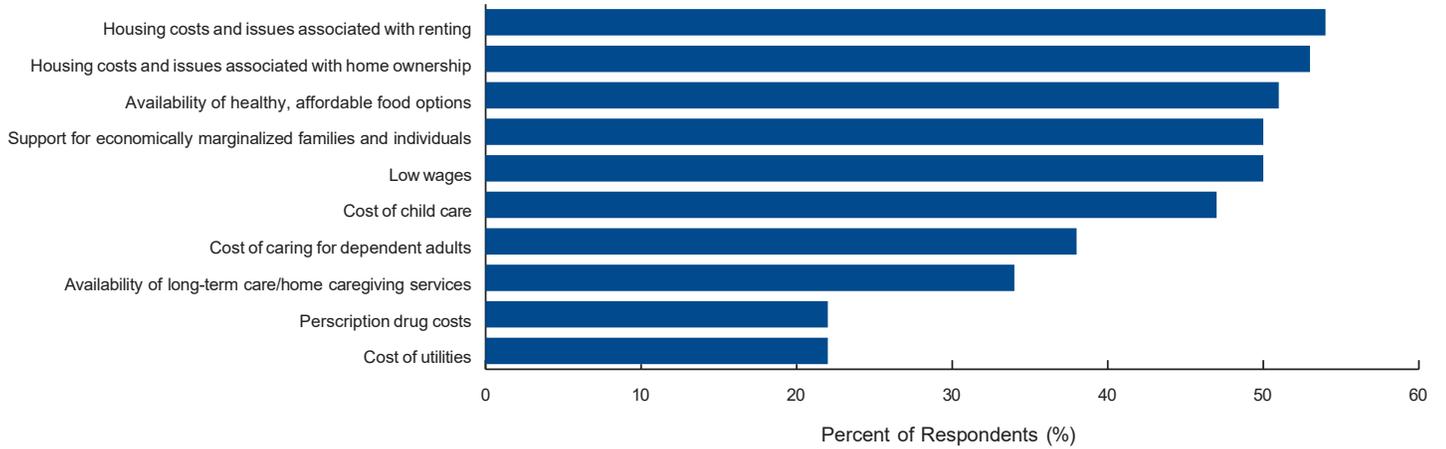
FIGURE 30: HOUSEHOLDS BELOW ALICE THRESHOLD



Source: United for Alice, ALICE State and County Demographics, 2021

When asked about their greatest cost of living concerns, the majority of Blaine County survey respondents ranked housing costs (associated with renting and ownership) as their top concerns, followed by food availability, low wages, and lack of support for low-income households. These responses are closely related to the other response options as housing costs and low wages may have spillover effects, making it more difficult for households (especially low-income households) to allocate funds toward dependent care, food, and health care.

FIGURE 31: CHNA REGIONAL SURVEY, COST OF LIVING-ISSUES LISTED AS 'HIGH CONCERN'

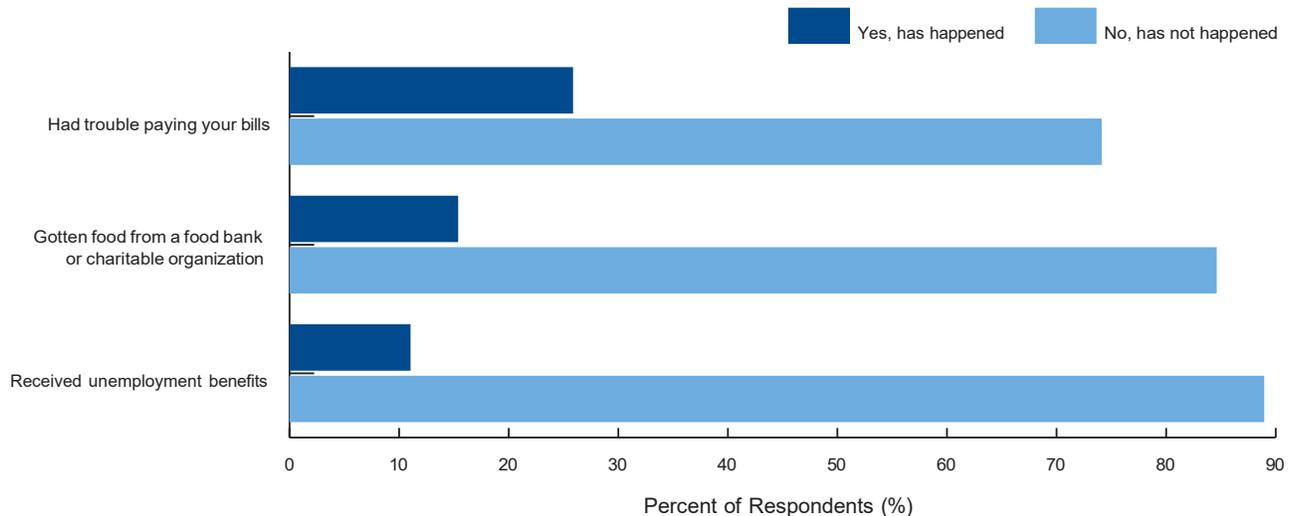


Source: CHNA Community Data, 2022

IMPACTS OF THE COVID-19 PANDEMIC

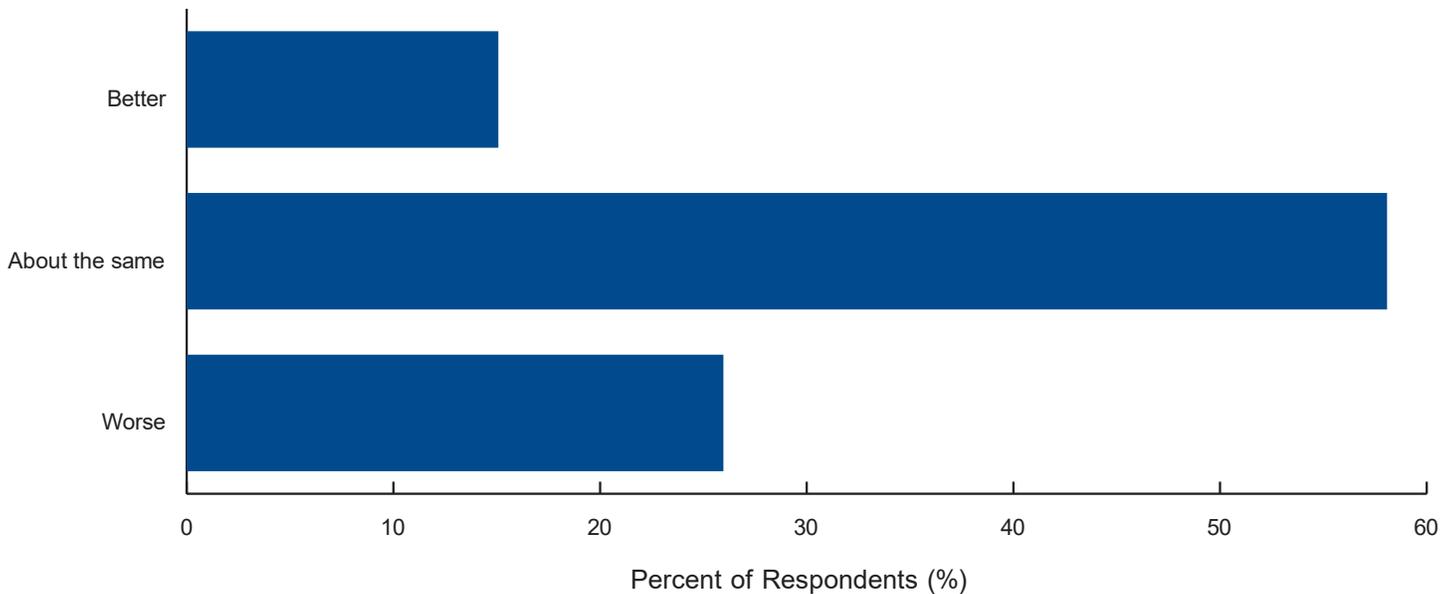
For some, the pandemic may have worsened cost of living challenges. According to a 2021 statewide survey,¹⁷ many Idahoans faced increased financial challenges following the COVID-19 pandemic, including trouble paying bills, food insecurity, and unemployment. Additionally, more than a quarter of Idahoans reported that their financial situation has gotten worse since the start of the pandemic.

FIGURE 32: FOR EACH OF THE FOLLOWING, IS THIS SOMETHING THAT HAS HAPPENED TO YOU AS A RESULT OF THE COVID PANDEMIC?



Source: May, M., McGinnis-Brown, L., & Fry, V. (2022). *Seventh annual Idaho public policy survey*. Idaho Policy Institute, Boise State University.

FIGURE 33: SINCE THE START OF THE PANDEMIC, IS THE FINANCIAL SITUATION OF YOU AND YOUR FAMILY NOW BETTER, WORSE, OR ABOUT THE SAME?

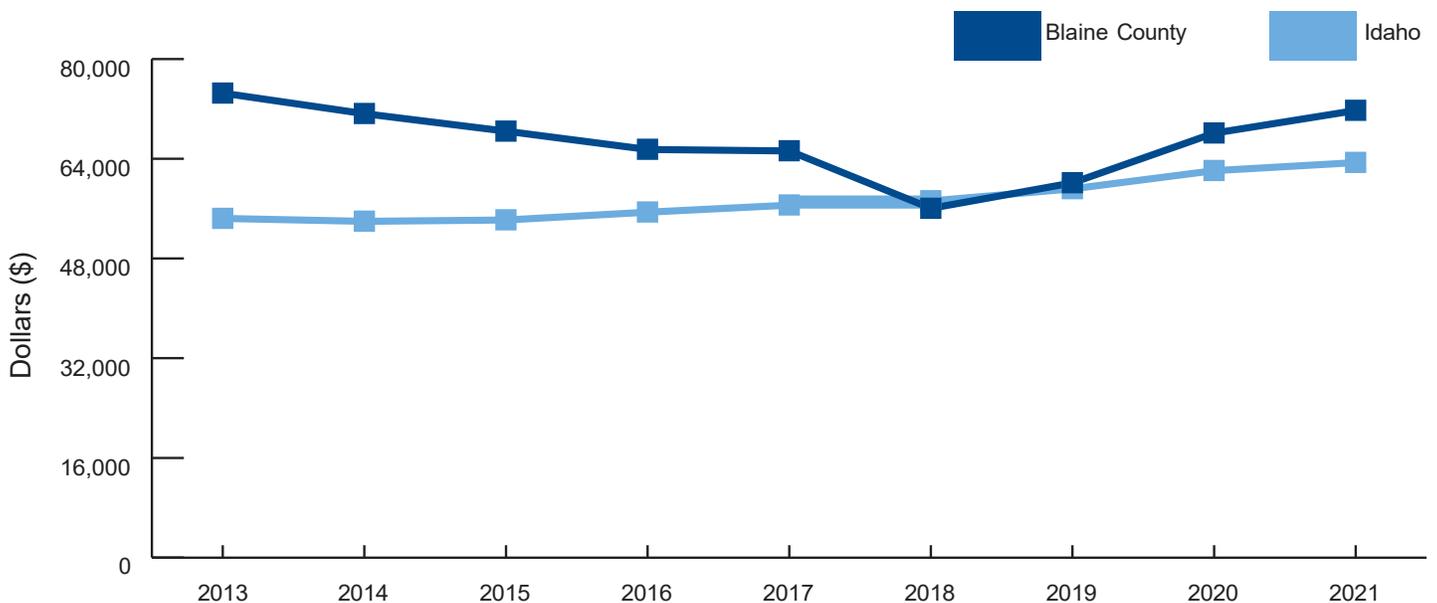


Source: May, M., McGinnis-Brown, L., & Fry, V. (2022). *Seventh annual Idaho public policy survey*. Idaho Policy Institute, Boise State University.

INCOME

Household incomes in Blaine County have risen over the past few years, despite a dip in 2018 and 2019. Except at a short point during this dip, Blaine County has consistently had higher wages than the state average. However, this difference is tempered by higher living costs in Blaine County. This means that wage increases may not lead to increased financial stability for households that are facing difficult-to-meet costs.

FIGURE 34: MEDIAN HOUSEHOLD INCOME (FULL POPULATION)

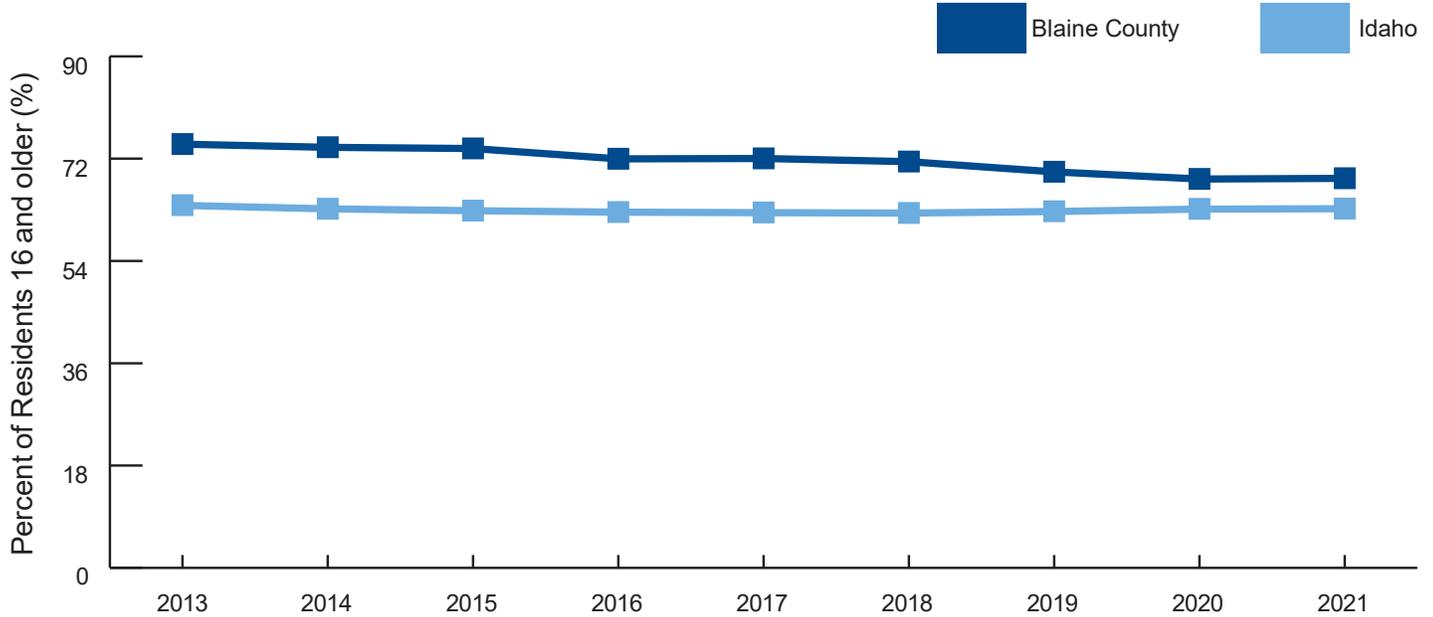


Source: U.S. Census Bureau, American Community Survey 5-Year Estimates, aggregated by Metopio

EMPLOYMENT

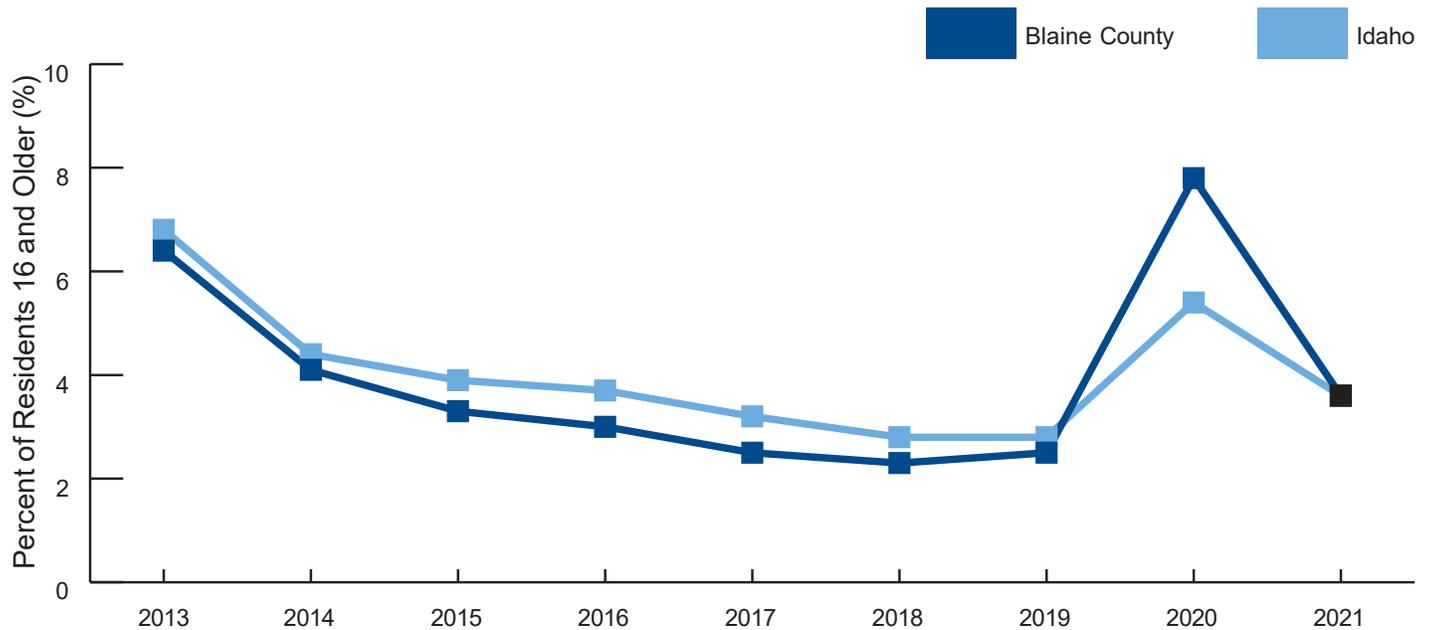
Labor force participation, defined as the percent of residents 16 and older who are currently employed, enlisted in the armed forces, or actively seeking employment, is typically higher in Blaine County than in the state as a whole, although it has been declining in the region for many years, which has resulted in a narrowing gap with the state as a whole.

FIGURE 35: LABOR FORCE PARTICIPATION (FULL POPULATION)



Source: U.S. Census Bureau, American Community Survey 5-Year Estimates, aggregated by Metopio

FIGURE 36: UNEMPLOYMENT RATE (FULL POPULATION)



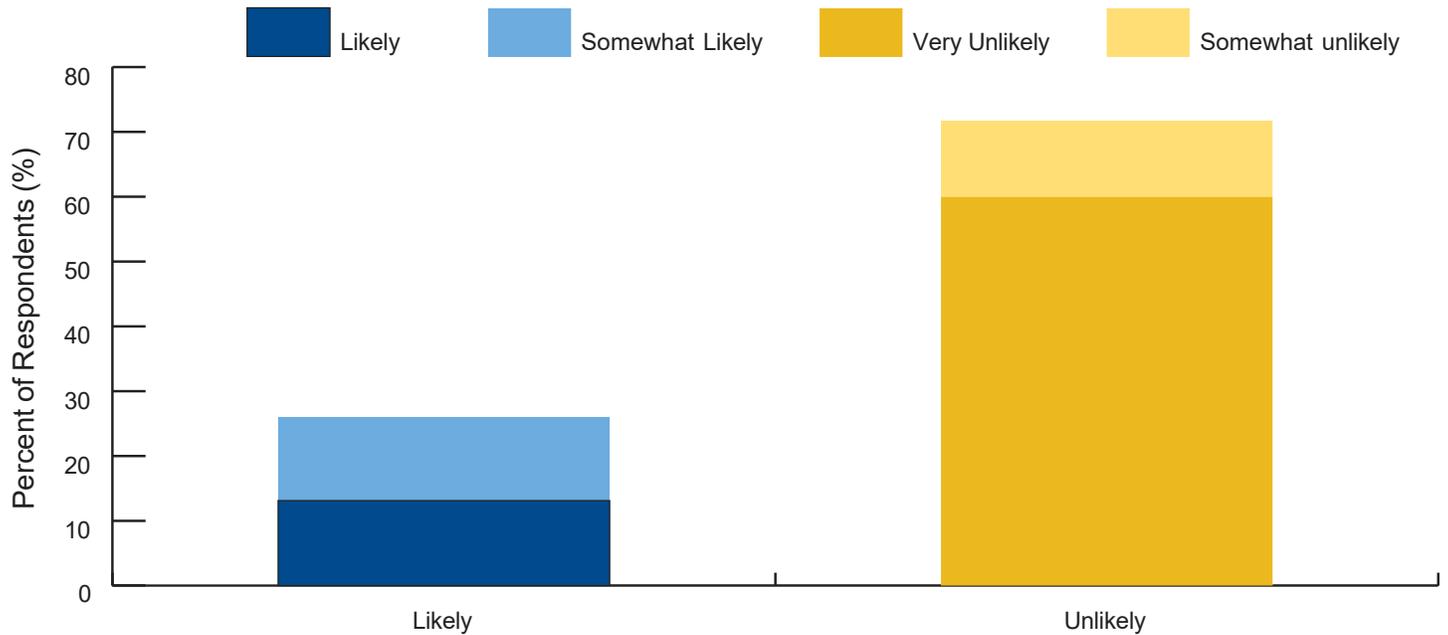
Source: U.S. Bureau of Labor Statistics, Local Area Unemployment Statistics, aggregated by Metopio

Unemployment rates in the region and the state as a whole spiked significantly over the pandemic, but have started to decline since 2020.

HOUSING AND HOMELESSNESS

Primary data responses throughout the region all point to housing as being a major concern for residents of Blaine County. When a 2021 survey asked Idahoans across the state if they would be able to find a new home for a similar cost if they had to move, the vast majority said that they would not be able to.¹⁸

FIGURE 37: IF YOU HAD TO MOVE OUT OF YOUR HOME TODAY FOR WHATEVER REASON, HOW LIKELY IS IT THAT YOU WOULD BE ABLE TO PURCHASE OR RENT A SIMILAR HOME FOR THE SAME AMOUNT?

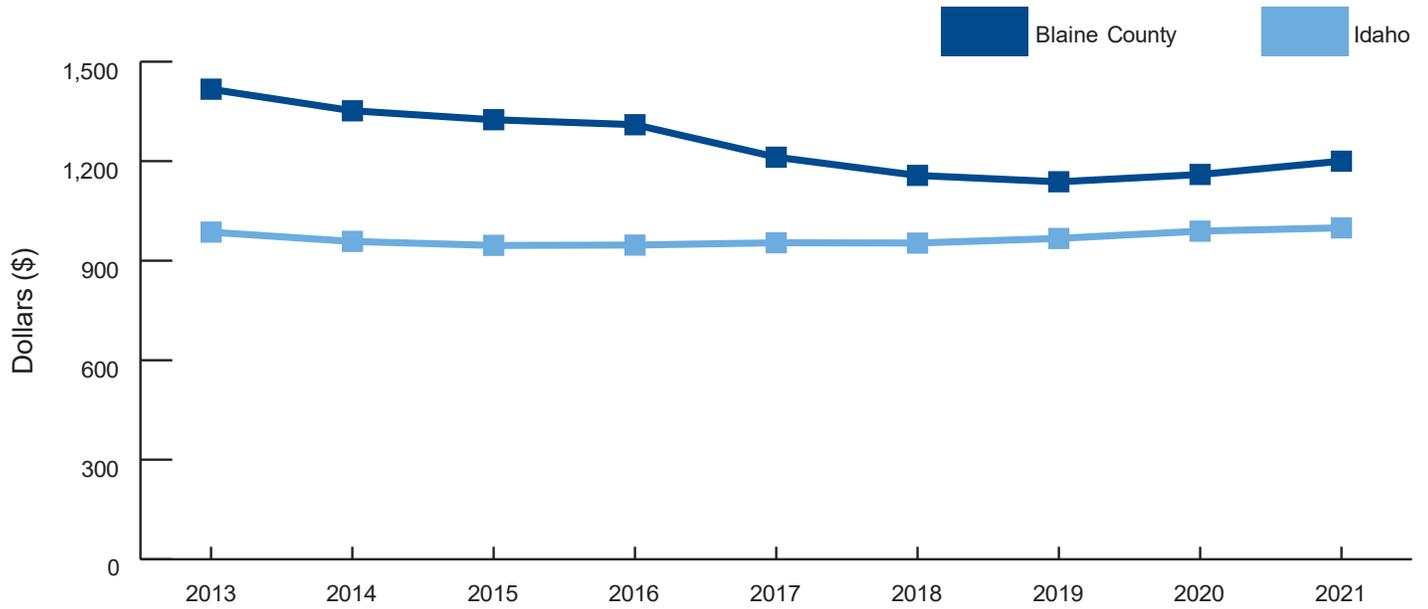


Source: May, M., McGinnis-Brown, L., & Fry, V. (2022, p.7). *Seventh annual Idaho public policy survey*. Idaho Policy Institute, Boise State University.



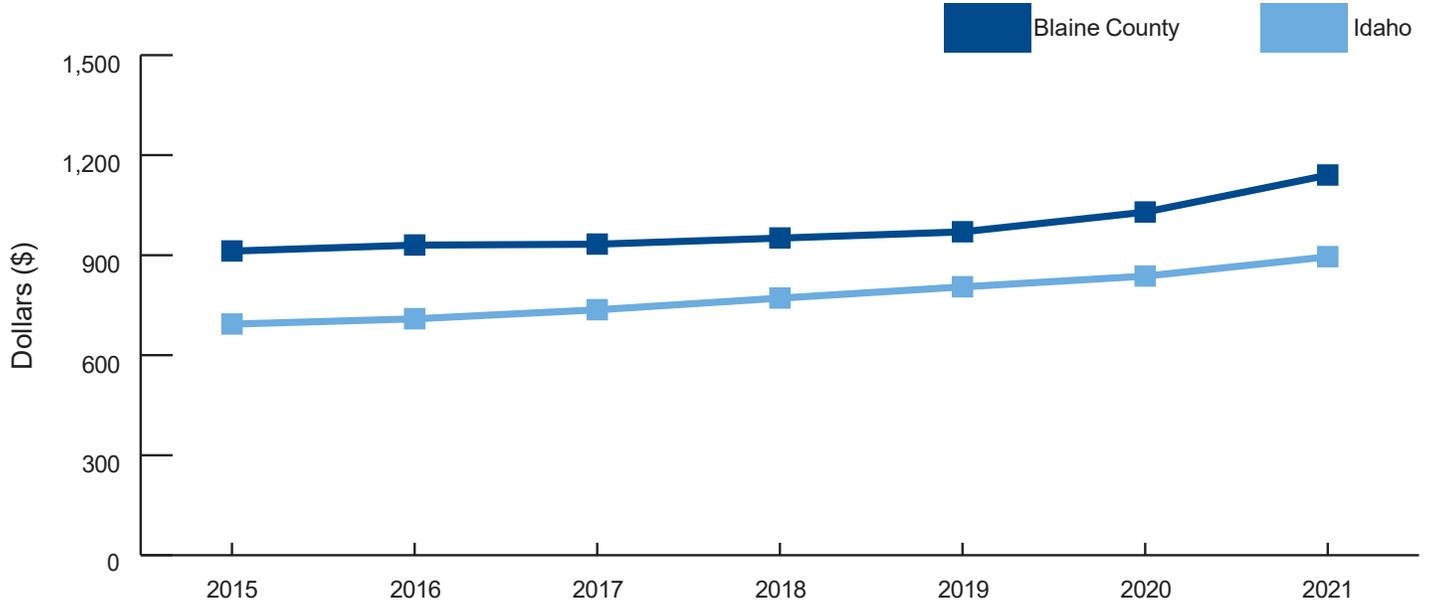
Housing costs in Blaine County are higher than the state average, and despite a dip from 2017 to 2019, have been rising in recent years.

FIGURE 38: MEDIAN MONTHLY HOUSING COSTS



Source: U.S. Census Bureau, American Community Survey 5-Year Estimates, aggregated by Metopio

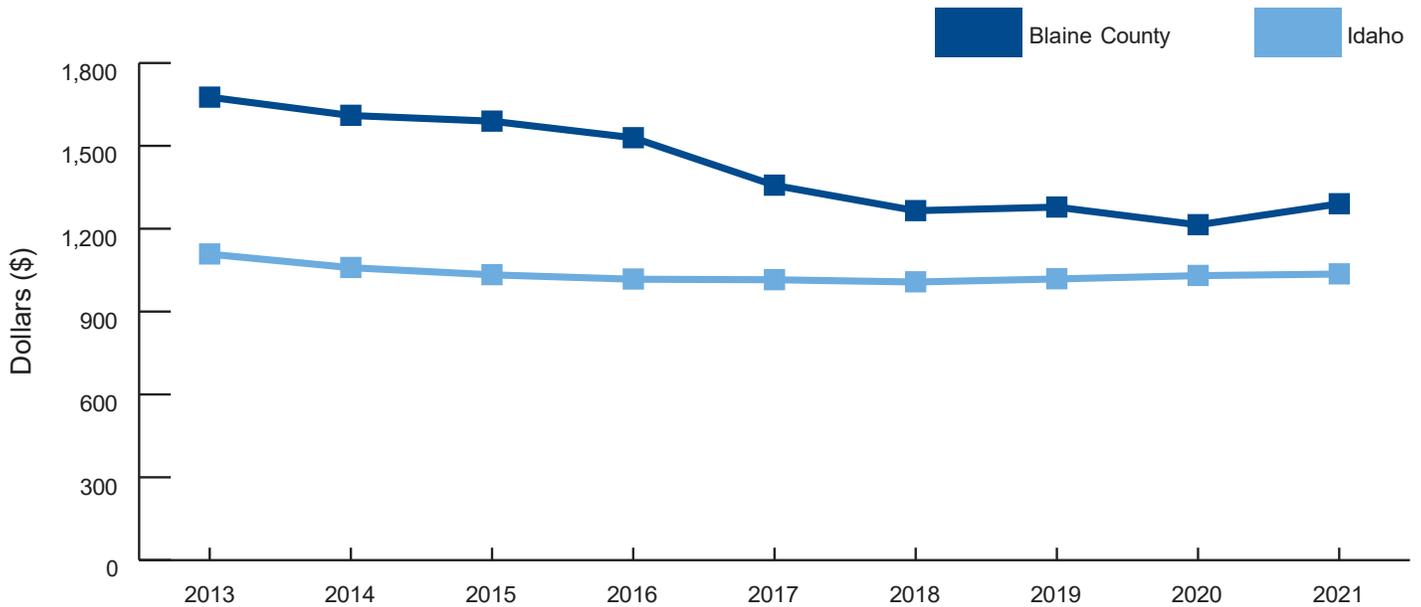
FIGURE 39: MEDIAN GROSS RENT (2 BEDROOM UNIT)



Source: U.S. Census Bureau, American Community Survey 5-Year Estimates, aggregated by Metopio

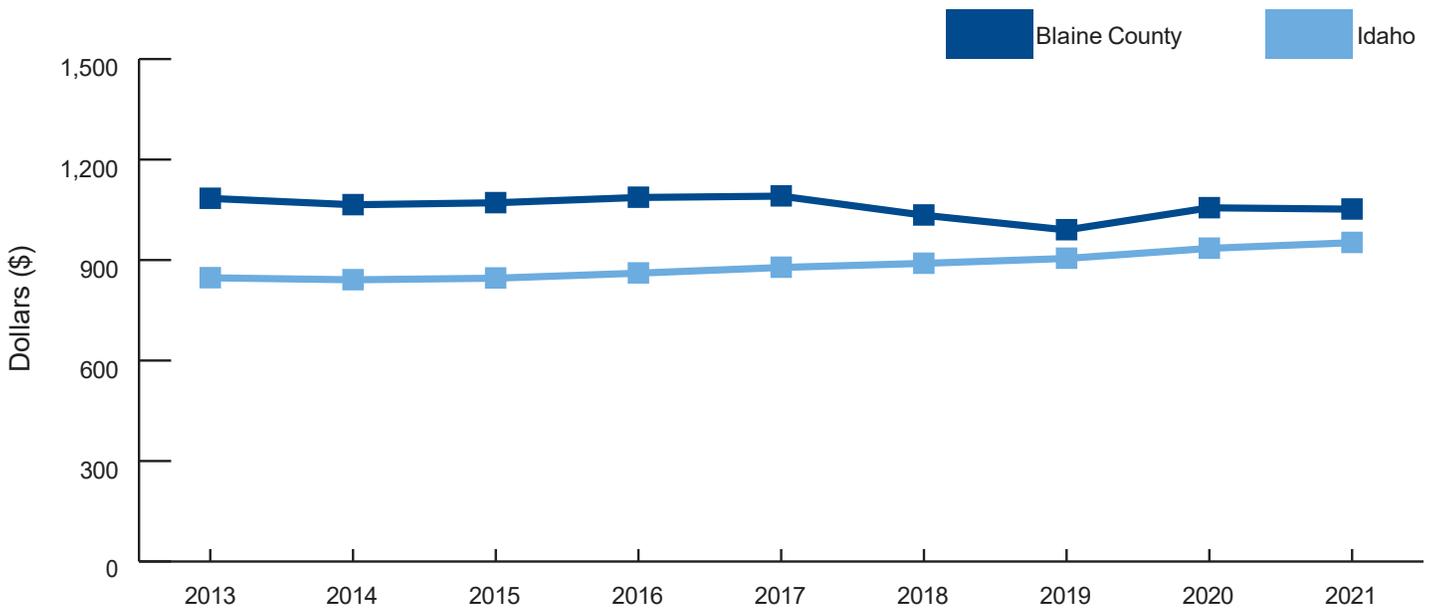
Monthly housing costs include rent or mortgage, utilities, maintenance and taxes. Digging into owner costs and rent costs specifically, it appears that both types of costs are above the state average.

FIGURE 40: MEDIAN SELECTED MONTHLY OWNER COSTS (SMOC)



Source: U.S. Census Bureau, American Community Survey 5-Year Estimates, aggregated by Metopio

FIGURE 41: MEDIAN GROSS RENT

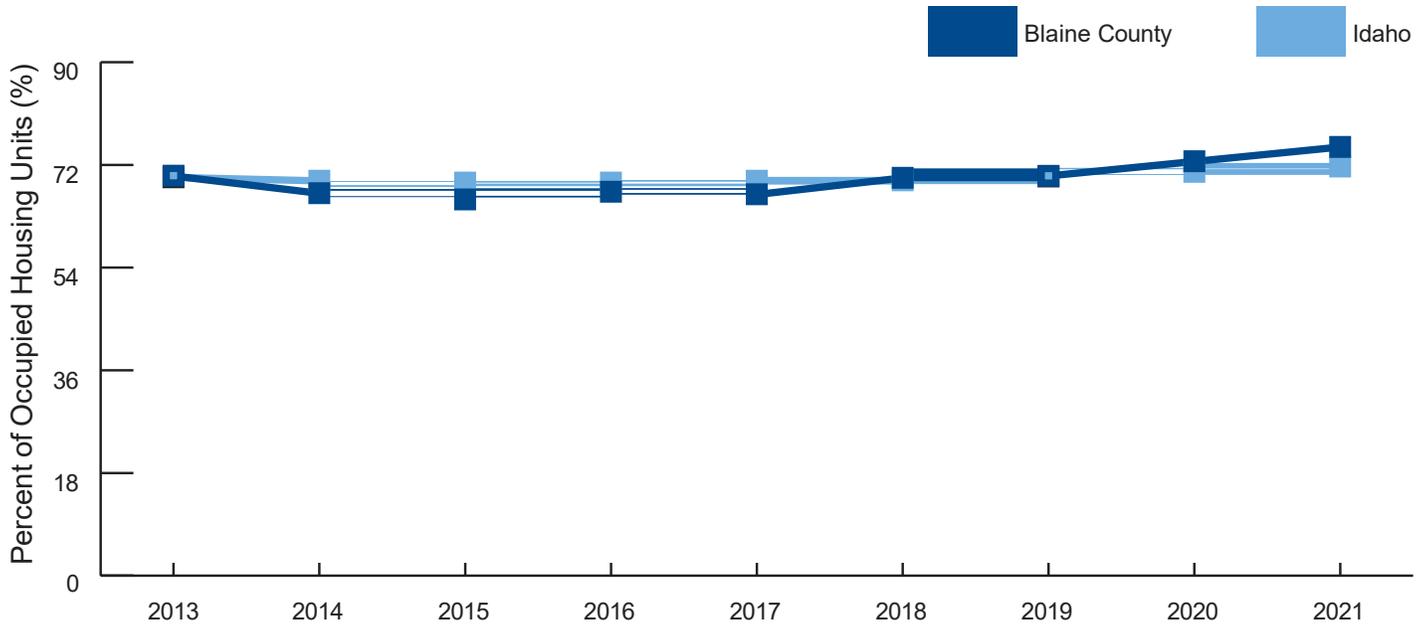


Source: U.S. Census Bureau, American Community Survey 5-Year Estimates, aggregated by Metopio

RENTER/OWNER OCCUPIED

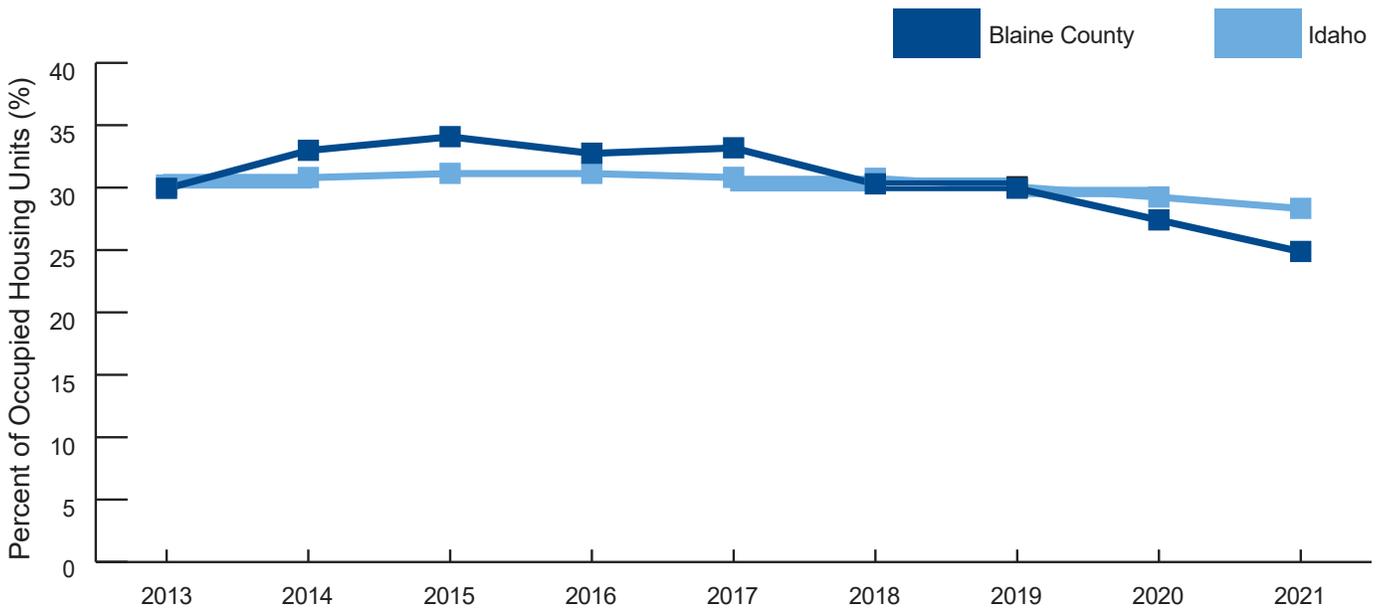
Blaine County has seen a sharp decrease in its percentage of renting households. This could be a result of renters buying homes or leaving the region, as well as a result of landlords selling units due to rising market values.

FIGURE 42: OWNER OCCUPIED



Source: U.S. Census Bureau, American Community Survey 5-Year Estimates, aggregated by Metopio

FIGURE 43: RENTER OCCUPIED

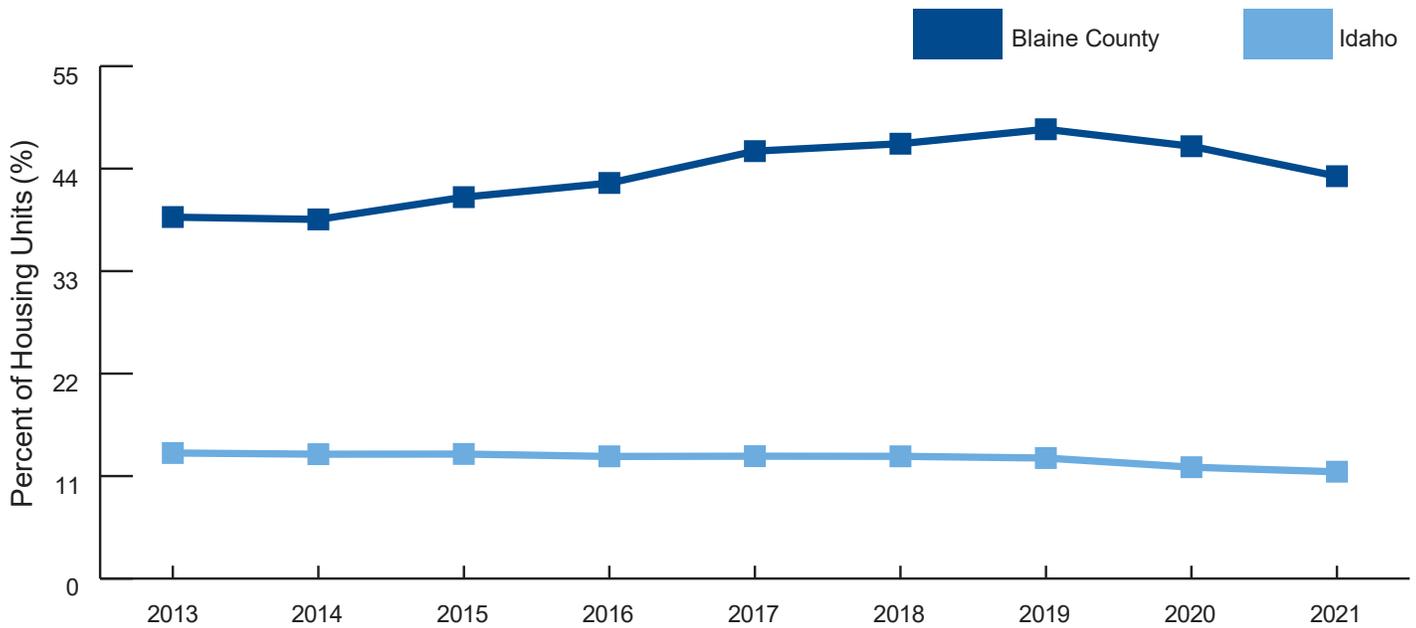


Source: U.S. Census Bureau, American Community Survey 5-Year Estimates, aggregated by Metopio

AFFORDABLE AND AVAILABLE HOMES

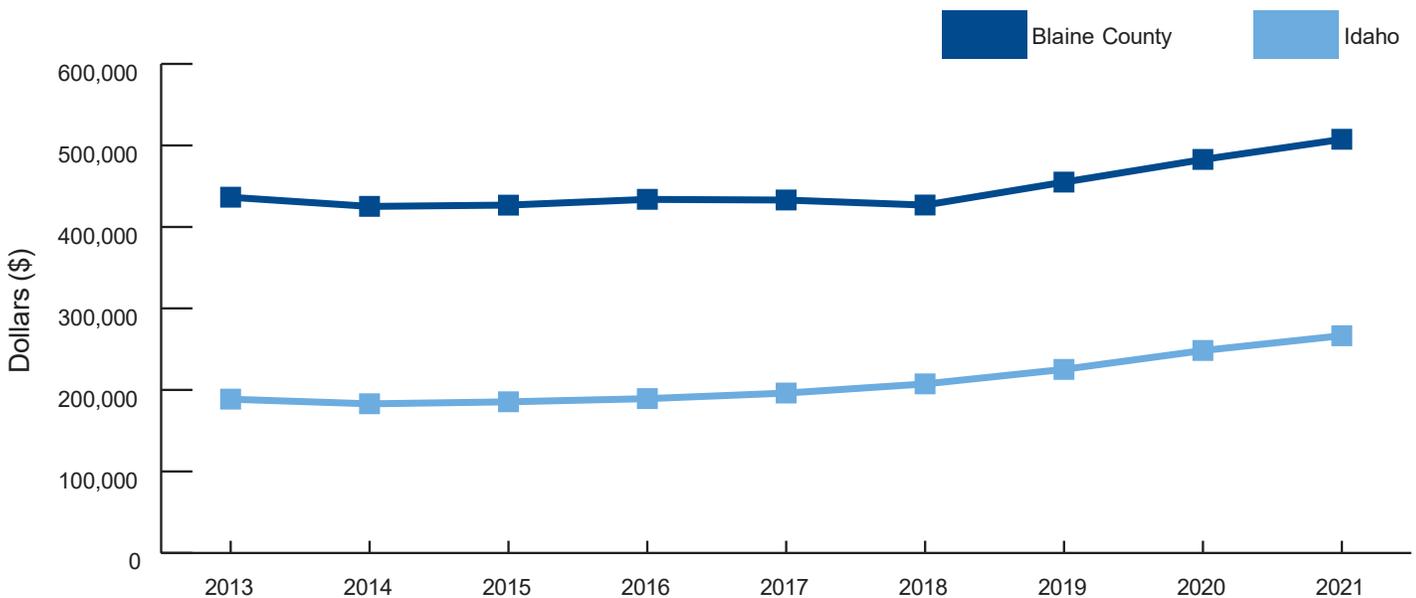
The vacancy rate in Blaine County has remained relatively stable, consistently above the state average. A vacancy rate of 4% or less is considered to be dangerously low,¹⁹ and Blaine County falls well above that level. However, vacant housing may include vacation homes or other homes where people only live for a non-majority part of the year, which are common in Blaine County. Adjusting for non-available vacancies, Blaine County had in 2021 a homeowner vacancy rate of 3.3% - below dangerous levels, and a rental vacancy rate of 9.6%.²⁰ For this and matters of cost, vacant housing may not necessarily be available for purchase, especially for low-income households. Despite its high vacancy rate, Blaine County has seen steadily rising home values over the last several years, maintaining a gap well above the (also-rising) state average.

FIGURE 44: VACANT



Source: U.S. Census Bureau, American Community Survey 5-Year Estimates, aggregated by Metopio

FIGURE 45: MEDIAN HOME VALUE



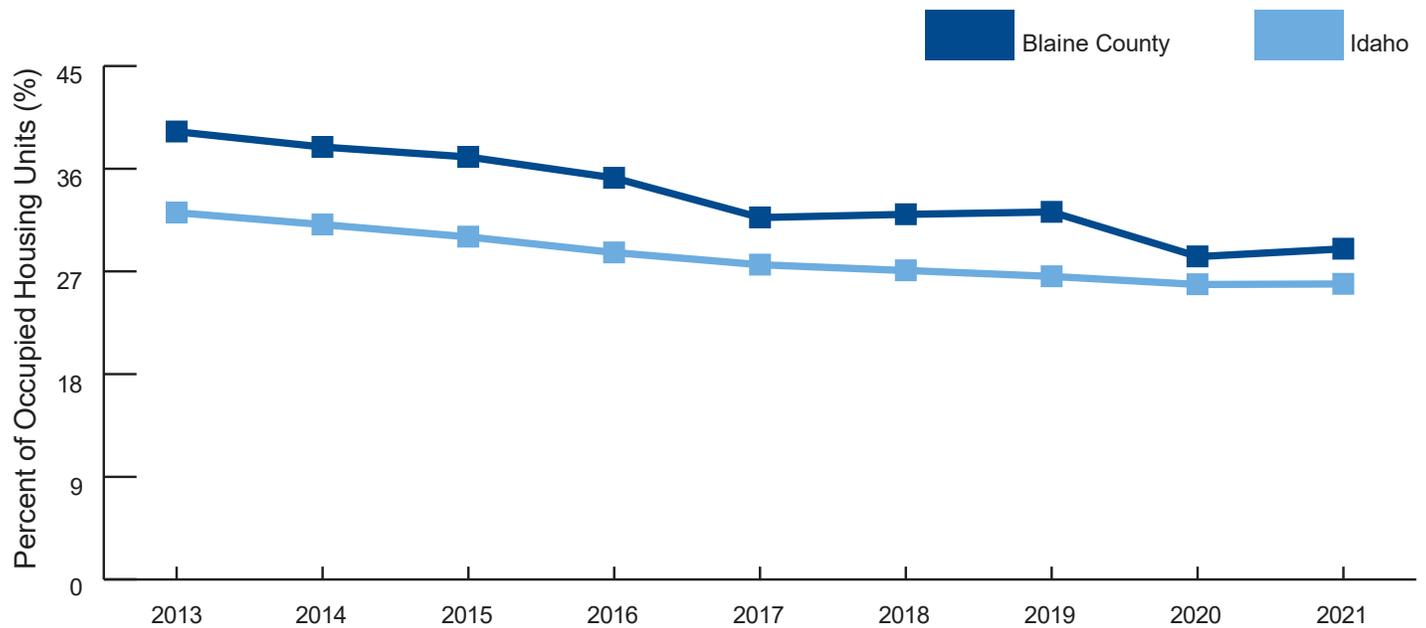
Source: U.S. Census Bureau, American Community Survey 5-Year Estimates, aggregated by Metopio

According to up-to-date Zillow home value data, home values in Blaine County followed a national trend, continuing to shoot upward after 2021, reaching an ultimate peak of \$894,000 in 2022, although they have gone back down somewhat since mid-2022.²¹

COST BURDEN

Despite rising housing costs, housing cost burden (the percentage of occupied housing units where households are spending 30% or more of their incomes on housing costs) went down in Blaine County, and in Idaho as a whole, over the last several years, although Blaine County saw a slight uptick in 2021. Given the sharp rise in home values since 2021, this upward trend likely continued in 2022, but future data is needed to verify that.

FIGURE 46: HOUSING COST BURDEN

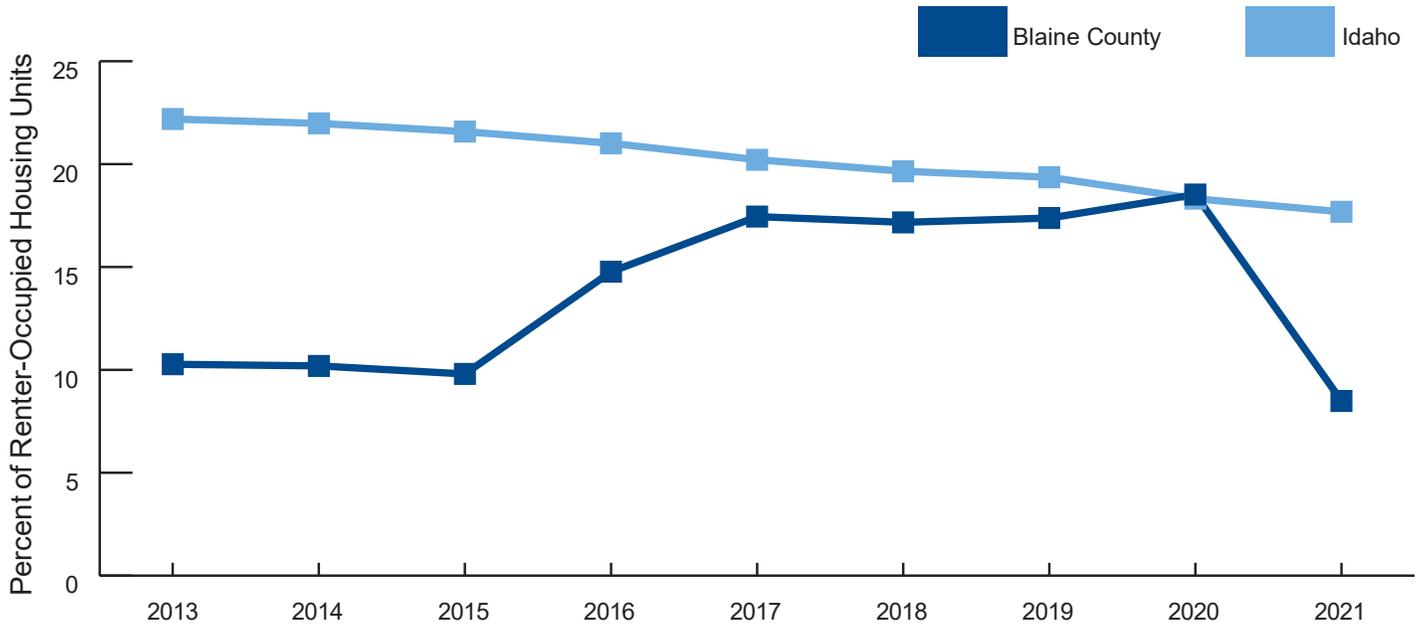


Source: U.S. Census Bureau, American Community Survey 5-Year Estimates, aggregated by Metopio

CHNA respondents in the county consistently mentioned housing as one of the most pressing challenges facing the region, especially for populations who are disproportionately impacted by housing costs such as those who are low-income, older adults, and non-white residents. Approximately 27-30% of Blaine County faces housing cost burden.

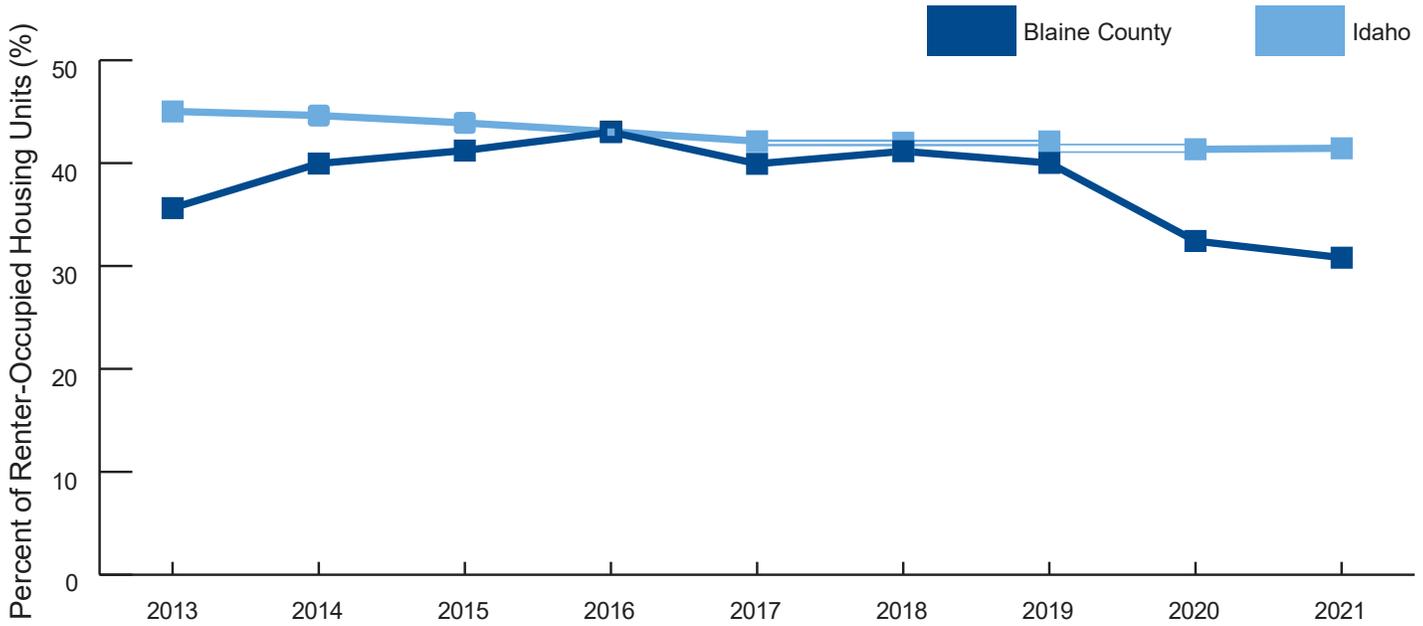
Rent burden in Blaine County decreased sharply in 2020 & 2021, and severe rent burden decreased sharply in 2021. These decreases could be due to the sharp decline in renters in the region. Despite these drops, 30-32% of renters in Blaine County are rent-burdened, and 8-10% are severely rent burdened (paying 50% or more of their incomes on rent costs).

FIGURE 47: SEVERELY RENT-BURDENED



Source: U.S. Census Bureau, American Community Survey 5-Year Estimates, aggregated by Metopio

FIGURE 48: RENT-BURDENED



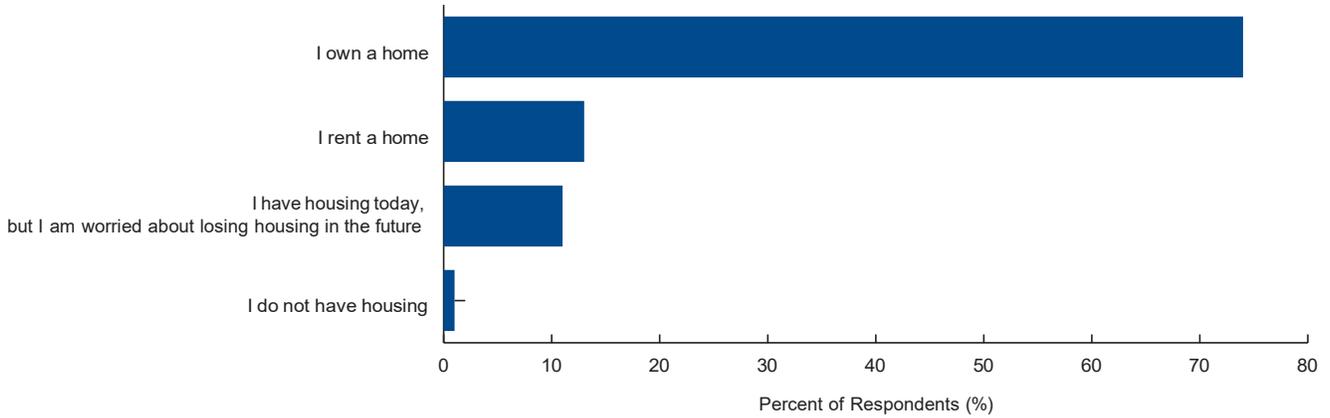
Source: U.S. Census Bureau, American Community Survey 5-Year Estimates, aggregated by Metopio

HOUSING STATUS

The large majority of survey respondents were homeowners, while only 13% were renters, meaning that renters were underrepresented by about 12%, compared to the actual percentage of renters: 25%. 11% of respondents were worried about losing their housing in the future, and another 1% did not have housing.



FIGURE 49: CHNA REGIONAL SURVEY, WHAT IS YOUR HOUSING SITUATION TODAY?

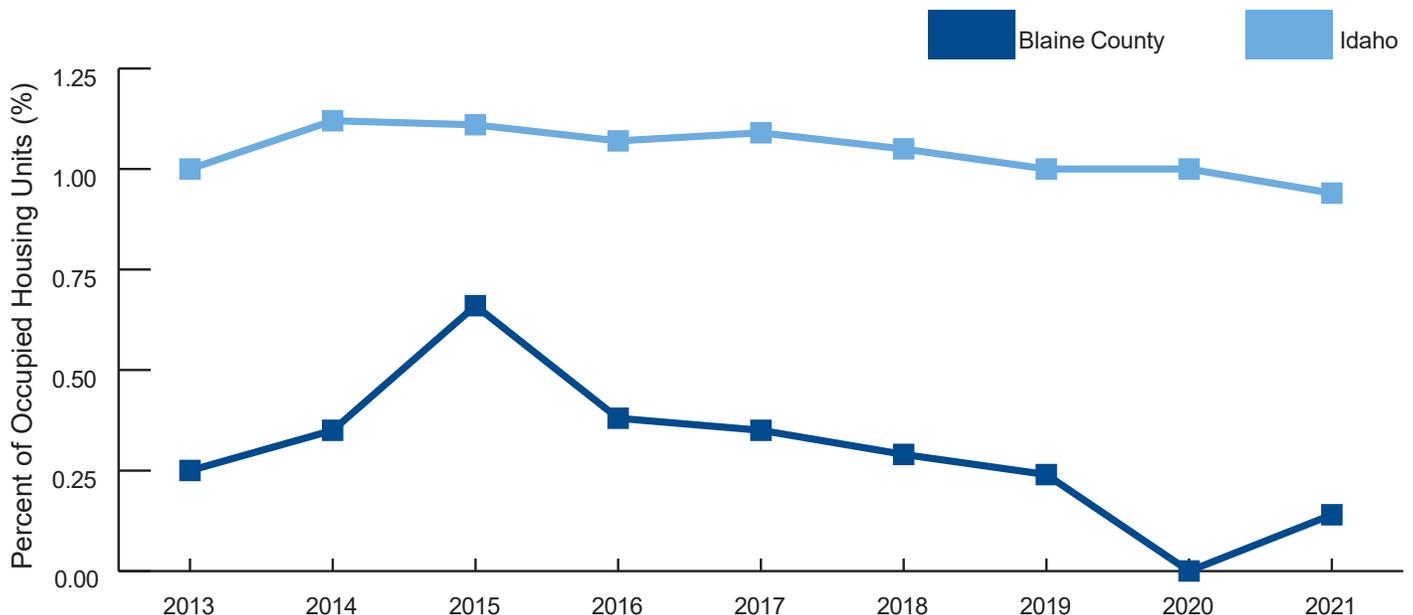


Source: CHNA Community Data, 2022

SUBSTANDARD HOUSING

Substandard housing is defined as housing that has one or more of the following conditions: dilapidation, inadequate light, air, sanitation, open spaces, overcrowding, unsanitary or unsafe conditions- such as lack of heat, poor water quality, lead paint or pipes, etc. Substandard housing impacts the health of residents by exacerbating chronic diseases such as asthma, increasing need for healthcare services, and increasing risk for the spread of communicable diseases. Blaine County has very low percentages of housings lacking kitchen facilities or lacking complete plumbing.

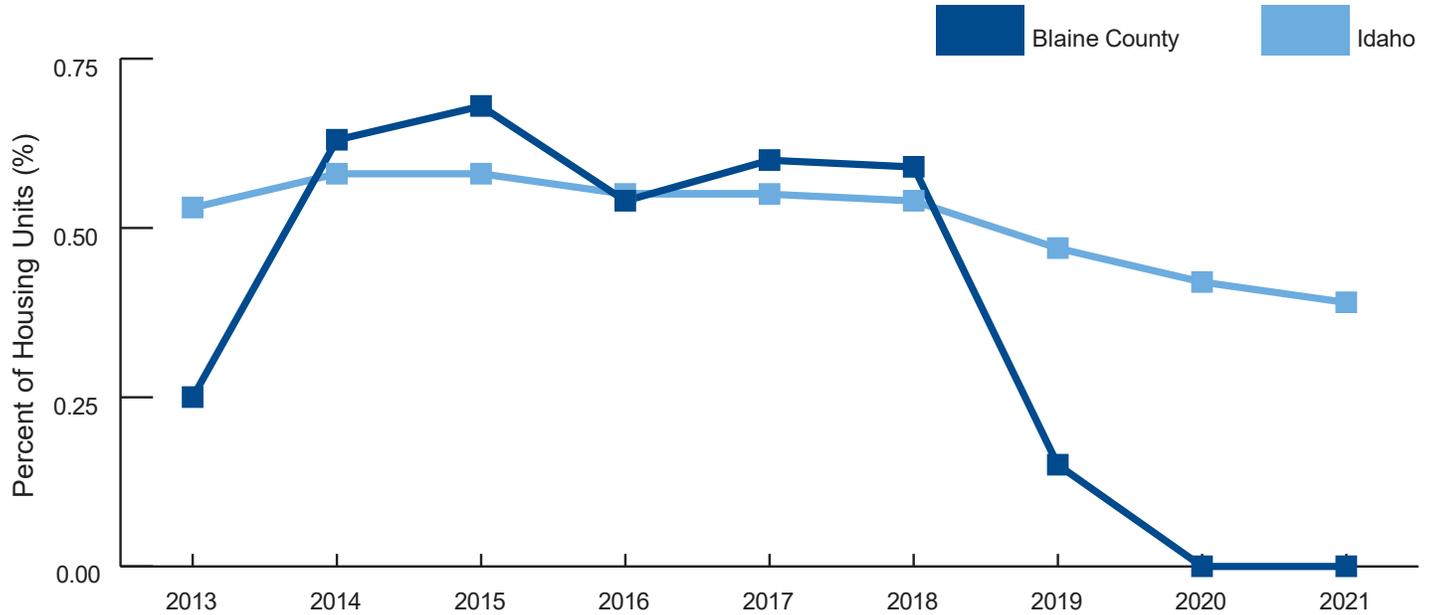
FIGURE 50: LACKING KITCHEN FACILITIES



Source: U.S. Census Bureau, American Community Survey 5-Year Estimates, aggregated by Metopio

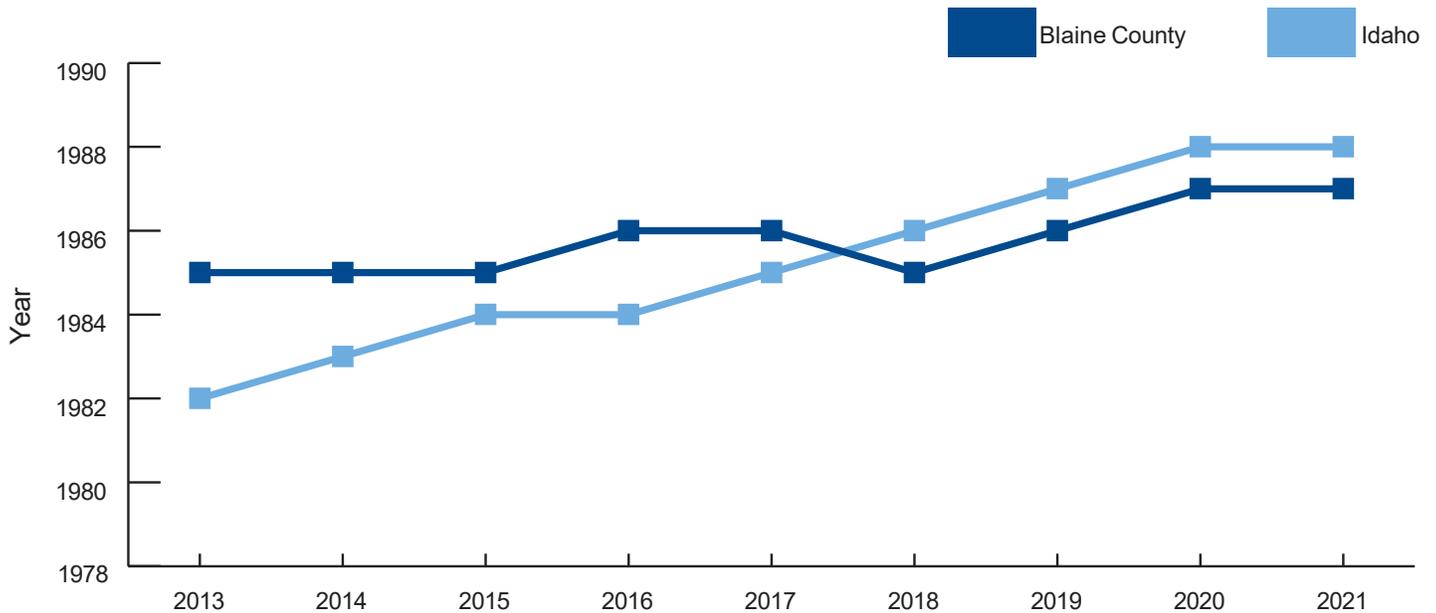
Individuals in Idaho living with disabilities are more likely to live in crowded, substandard housing.²² Considering the median year when housing units were built, Blaine County’s housing is somewhat older than the state average, but remains fairly comparable. This could mean that Blaine County has not built new housing stock at the same rate as the state average, even while the median age has increased somewhat.

FIGURE 51: LACKING COMPLETE PLUMBING



Source: U.S. Census Bureau, American Community Survey 5-Year Estimates, aggregated by Metopio

FIGURE 52: MEDIAN YEAR STRUCTURE BUILT (FULL POPULATION)

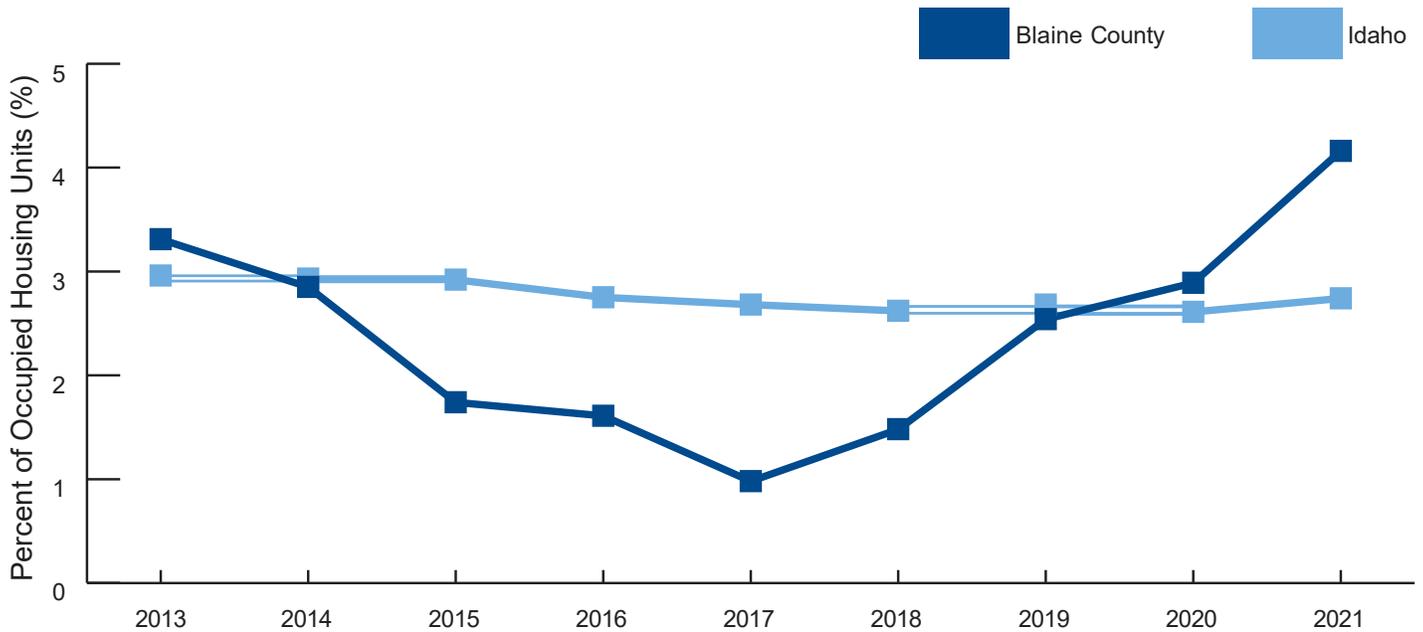


Source: U.S. Census Bureau, American Community Survey 5-Year Estimates, aggregated by Metopio

OVERCROWDED HOUSING UNITS

Crowded housing (the percentage of occupied housing units with more than one occupant per room) can be an outcome of rising housing costs pushing households to combine and share costs. Living in crowded housing can lead to increased infectious disease rates and mental health problems, and may harm educational attainment.²³ Blaine County has seen a sharp increase in crowded housing percentages since 2017, reversing and overrunning a decreasing trend from 2012 to 2017.

FIGURE 53: CROWDED HOUSING

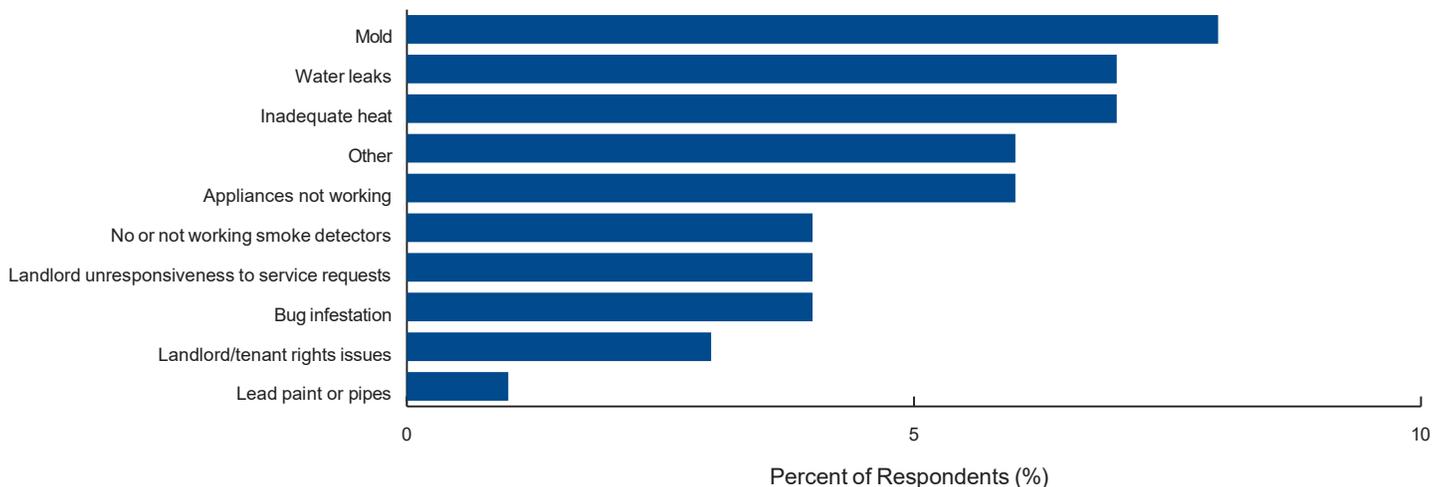


Source: U.S. Census Bureau, American Community Survey 5-Year Estimates, aggregated by Metopio

ADDITIONAL HOUSING CONCERNS

When asked about problems with their housing, Blaine County survey respondents most commonly noted mold, while water leaks and inadequate heat were the second and third most frequently reported problems.

FIGURE 54: CHNA REGIONAL SURVEY, PROBLEMS WITH HOUSING



Additional housing information can be accessed at the Idaho Policy Institute’s online Statewide Housing Analysis Dashboard.²⁴

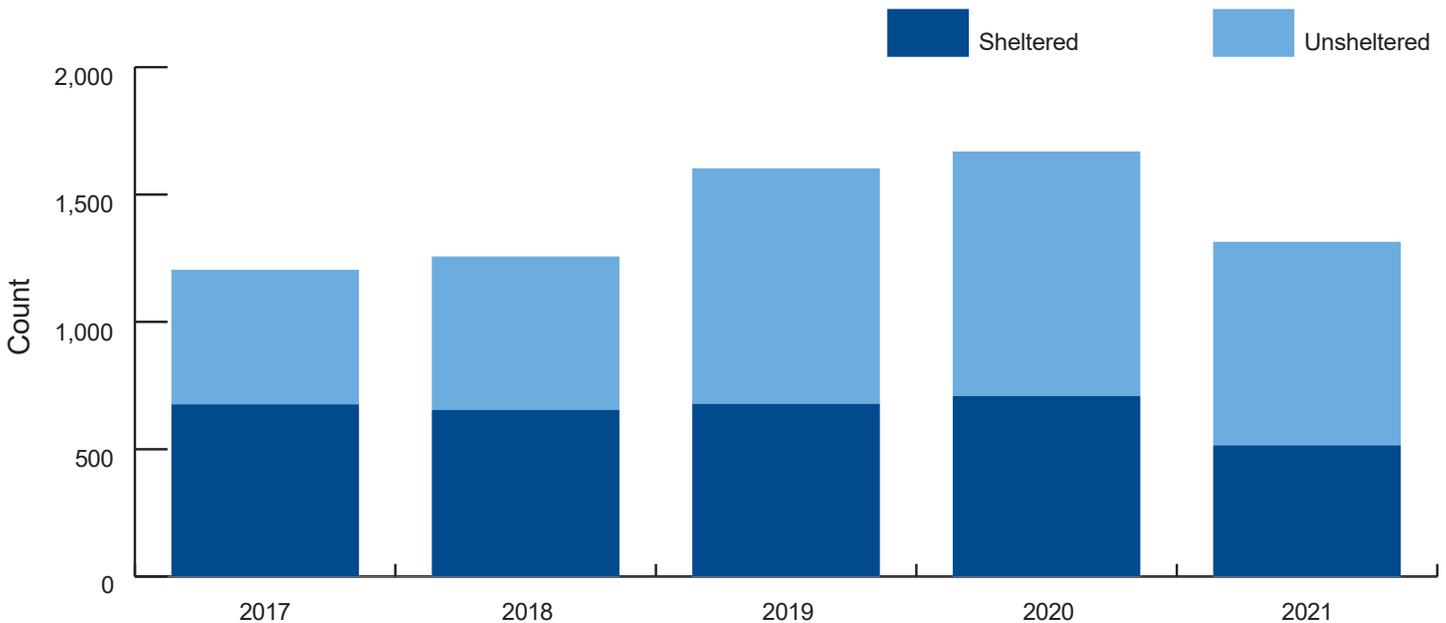
POINT IN TIME COUNT

According to the Point-In-Time (PIT) count,²⁵ the number of people experiencing homelessness in Region 4 (which includes Blaine County, in addition to Camas, Cassia, Gooding, Jerome, Lincoln, Minidoka, and Twin Falls counties) increased over the pandemic (2019 and 2020). Idaho as a whole experienced a similar increase over the pandemic.

The PIT count only attempts to measure individuals who are staying in emergency/transitional shelter or who are seen during street counts on a particular day. In addition to missing folks who cannot be found, this approach can undercount folks who are precariously housed, which may include many families and youths.

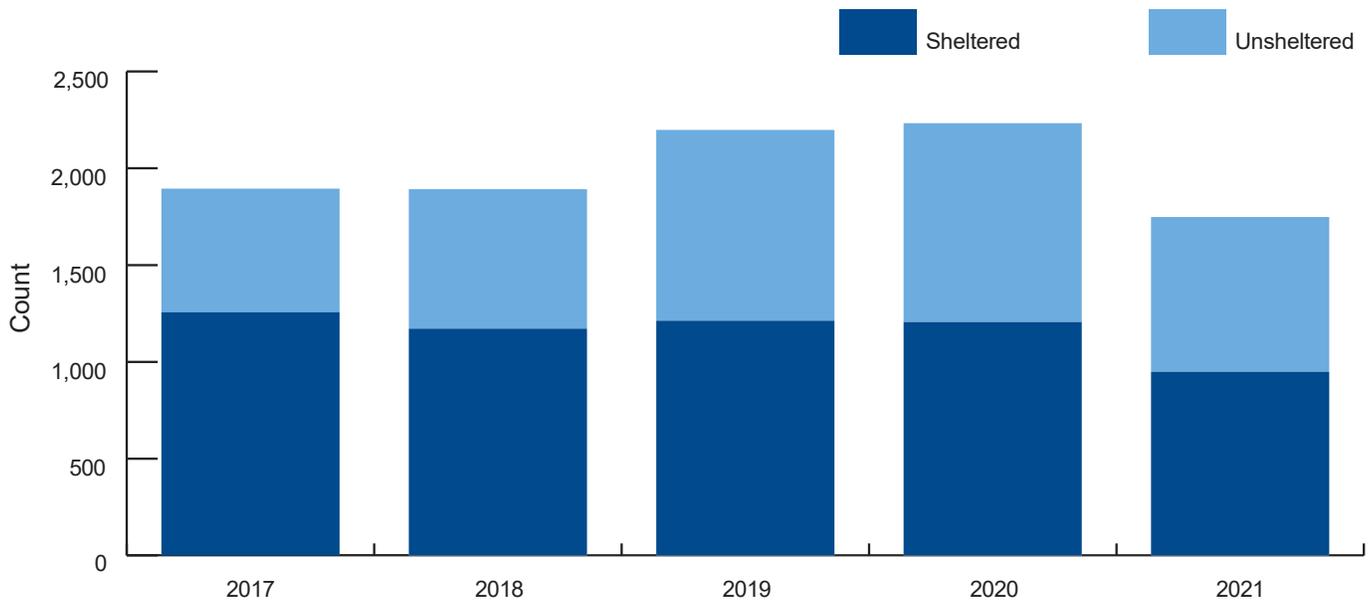
The Idaho Housing and Finance Association's 2022 State of Homelessness in Idaho report finds that 11,051 individuals across the state received homelessness support services, and estimates that there are upwards of 1,071 individuals experiencing homelessness in Region 4.²⁶ The same report finds that the length of time that households experience homelessness has increased across the state, which may illustrate that barriers such as decreasing housing availability and affordability are making exit from homelessness more difficult.

FIGURE 55: POINT-IN-TIME COUNT (REGION 4)



Source: Idaho Housing and Finance Association, Point-In-Time Count Report: Idaho Balance of State CoC, 2021
Note: Region 4 Counties: Blaine, Camas, Cassia, Gooding, Jerome, Lincoln, Minidoka, and Twin Falls

FIGURE 56: IDAHO POINT-IN-TIME COUNT



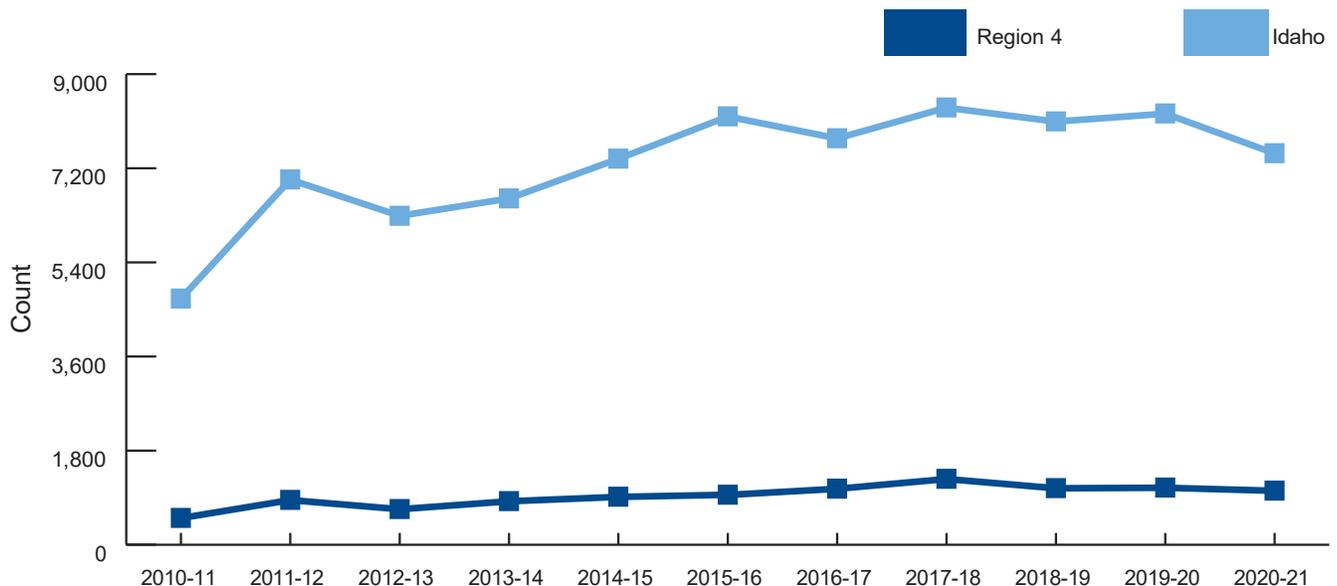
Source: Idaho Housing and Finance Association, Point-In-Time Count Report: Idaho Balance of State CoC, 2021

STUDENTS EXPERIENCING HOMELESSNESS

Even when overall homelessness increased, the number of students experiencing homelessness across Region 4 remained stable.²⁷ However, there are still close to a thousand students in the region who are experiencing homelessness. The stress and instability of homelessness can be an obstacle to academic achievement and student well-being.²⁸

Student homelessness is measured according to the definitions provided in the McKinney-Vento Act, which count a youth as "homeless" if they are staying overnight in a place not intended for permanent human habitation (a car, public spaces, hotels/motels, campgrounds, etc.), if they are doubling-up housing or "couch-surfing" with other people due to loss of housing or economic hardship, or if they staying in an emergency or transitional shelter.

FIGURE 57: NUMBER OF STUDENTS EXPERIENCING HOMELESSNESS



Source: Idaho State Department of Education, Historical Homelessness by District

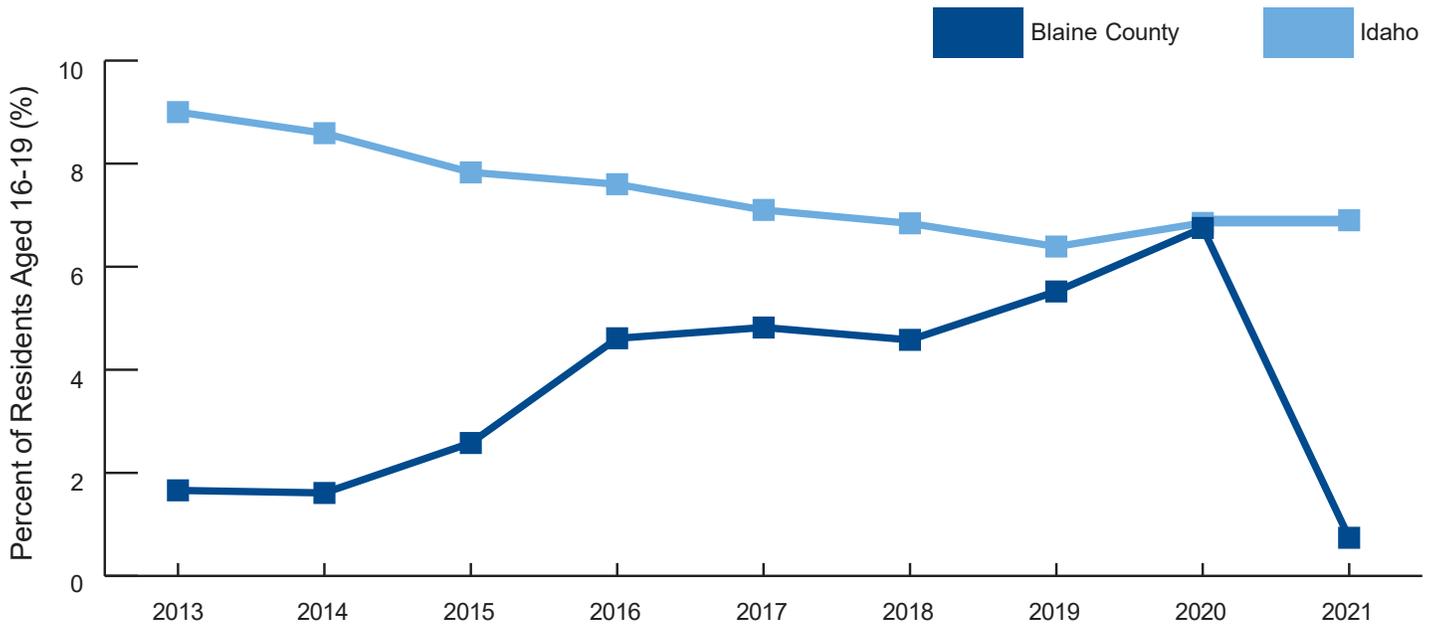
Note: Educational Region 3 is an Idaho Board of Education area that includes Public Health Districts 3 & 4"

OUT OF SCHOOL YOUTH

Out of school youth, or disconnected youth, measures youth who are not employed and not enrolled in school. The US Department of Labor includes those in this population aged 14-24 while the US Census only accounts for those in this population age 16-19. Out of school youth are eligible for education and employment training programs through the Idaho Department of Labor. Idaho Department of Labor is committed to seeking out this population and engages with multiple community organizations to recruit this population.²⁹

The percentage of out of school youth sharply decreased in Blaine County in 2021, dropping below the Idaho state average. The pandemic may have contributed to the region-wide increase in 2019 and 2020, as more youth spent time in isolation and job opportunities diminished. The drop may be a result of increased efforts for connection in the county.

FIGURE 58: DISCONNECTED YOUTH



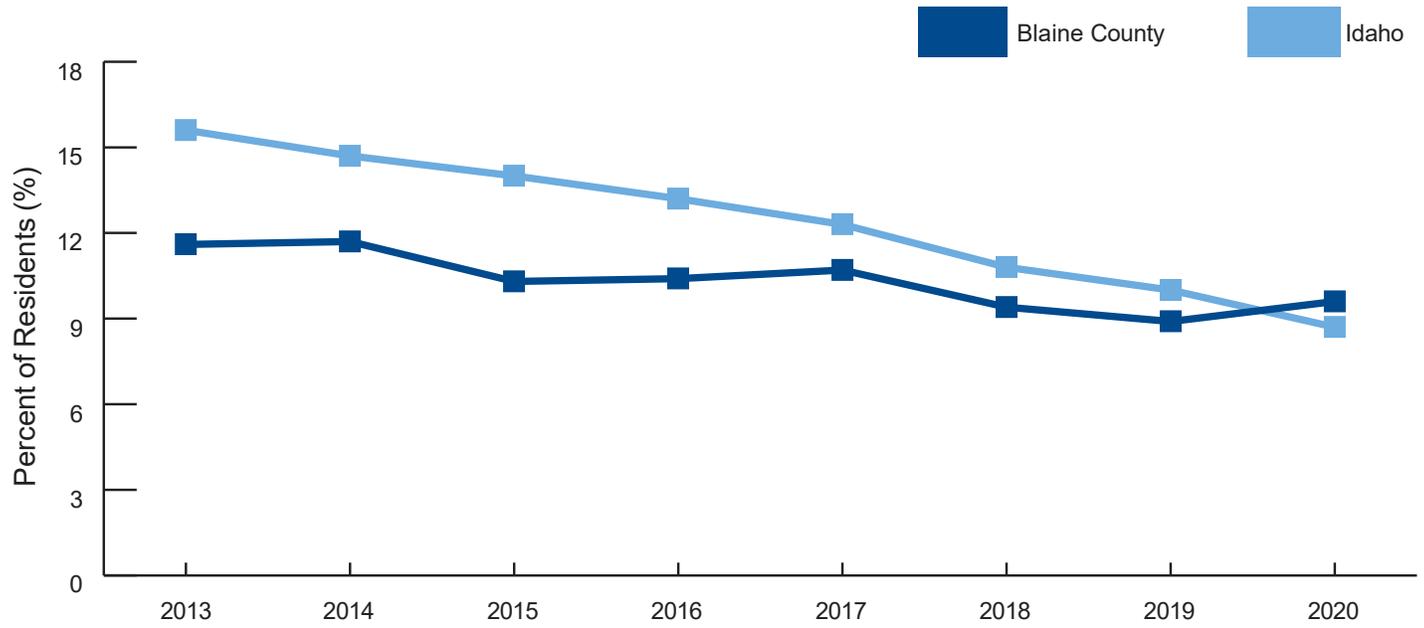
Source: U.S. Census Bureau, American Community Survey 5-Year Estimates, aggregated by Metopio



FOOD INSECURITY

Food insecurity refers to an inability to obtain a diet with enough variety and quality to live an active, healthy life. Food insecurity can lead to skipping meals and reduced food intake.³⁰ Food insecurity in the region has been on the decline for many years. However, Blaine County saw an upward spike in food insecurity following 2019, putting it above the state percentage for the first time in the available data.

FIGURE 59: FOOD INSECURITY

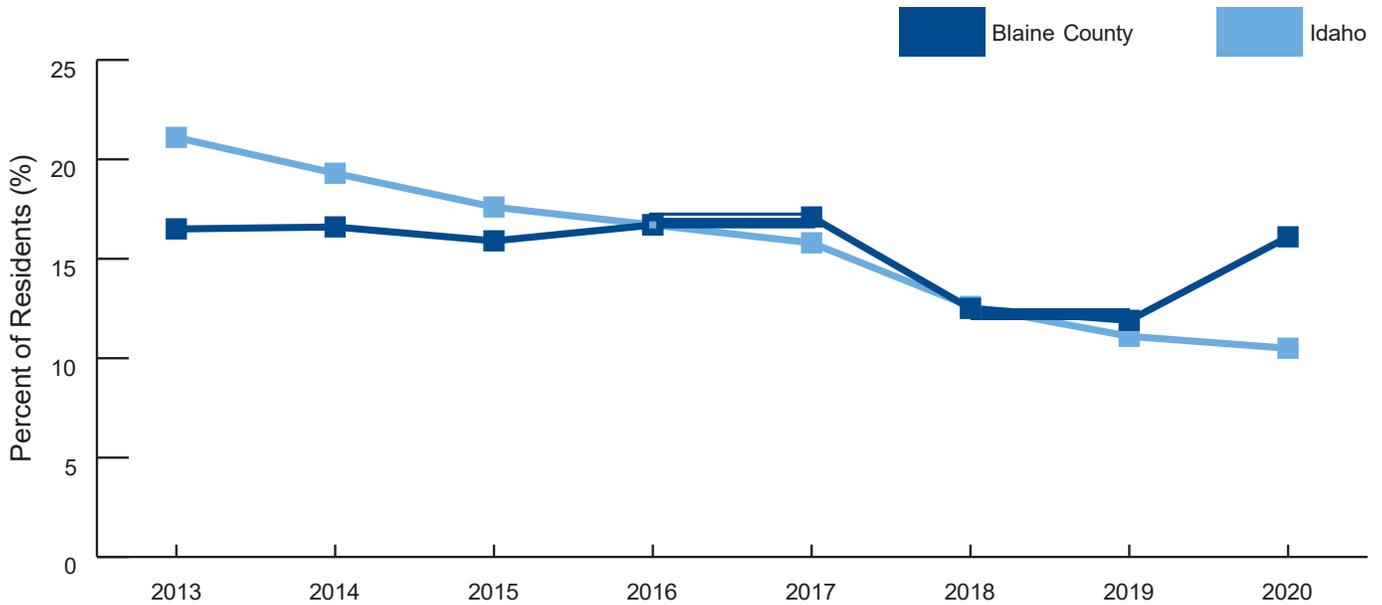


Source: Feeding America, Map the Meal Gap, aggregated by Metopio, 2020



Looking at youth (0-17 years of age) food insecurity specifically, Blaine County saw an even sharper increase, which may be tied to higher-than-average rates of infant poverty in the region. Food insecurity can harm a child's growth and learning. Primary data respondents frequently praised the work of The Hunger Coalition as sustainable program providing services to those experiencing food insecurity.

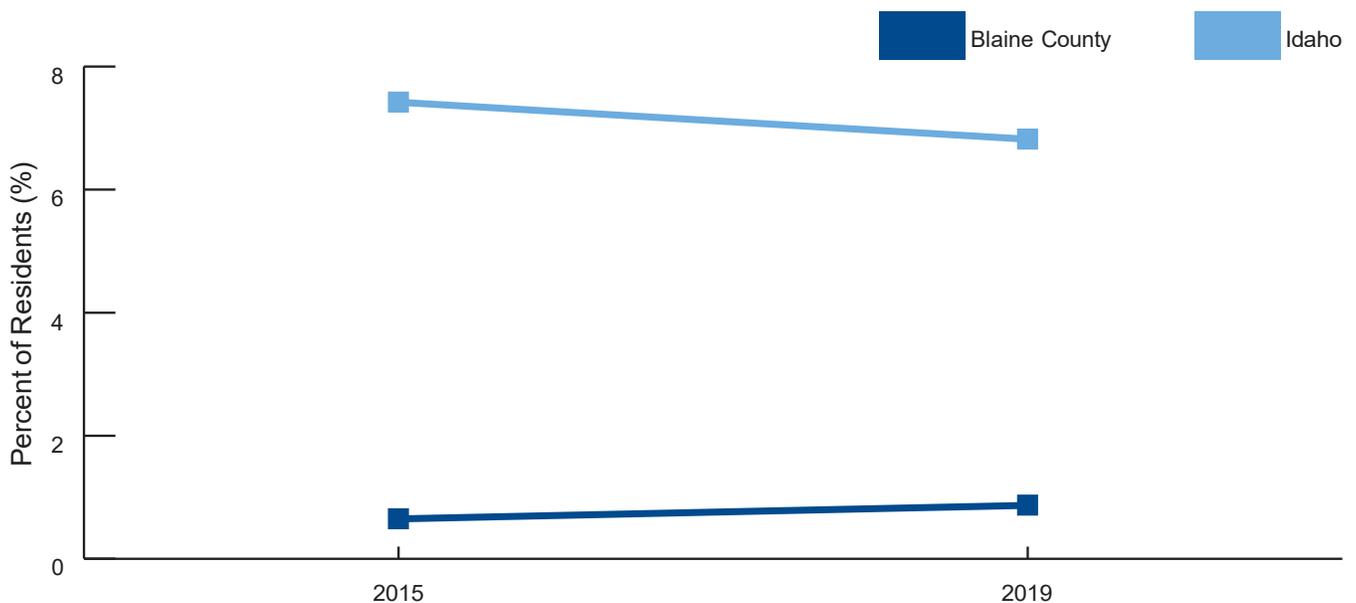
FIGURE 60: FOOD INSECURITY (CHILDREN (0-17 YEARS))



Source: Feeding America, Map the Meal Gap, aggregated by Metopio, 2020

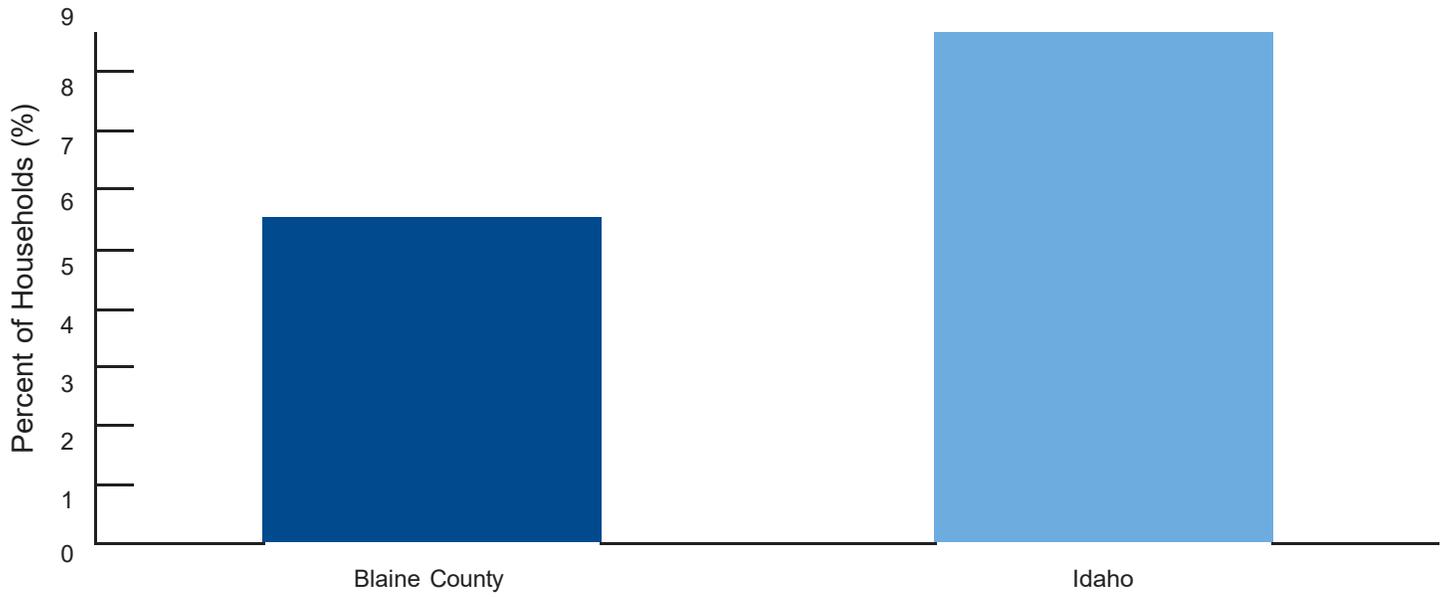
The availability of healthy, affordable foods in a community is a significant driver of food security. A food desert is a geographic area where residents have little to no convenient access to healthy, affordable foods like fruits, vegetables, and whole grains. The percentage of residents living in food deserts in Blaine County falls far below the state average. The city of Carey makes around 3% of Blaine County and is a food desert likely not represented in the data as it often misrepresents rural areas.

FIGURE 61: LIVING IN FOOD DESERTS (FULL POPULATION)



Source: U.S. Department of Agriculture, Food Access Research Atlas, 2019

FIGURE 62: FOOD STAMPS (SNAP), 2017-2021



Source: U.S. Department of Agriculture, Food Access Research Atlas, 2019

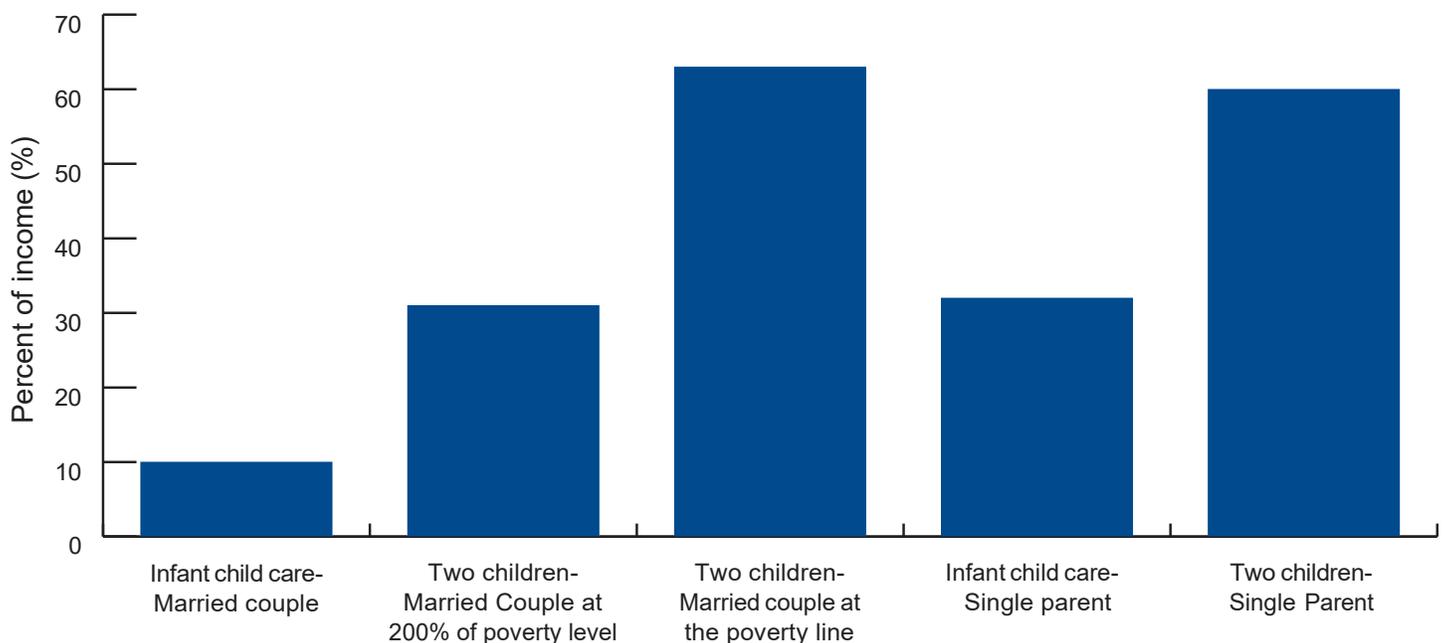


CHILDCARE EXPENSES

Statewide in Idaho, child care expenses went down slightly as a percent of household income from 2020 to 2021, but remain cost prohibitive for many families, especially for families close to the poverty line and single parents. Child care availability and affordability were both commonly mentioned by regional focus groups, interviewees, and survey respondents as challenges facing residents of the region, making it more difficult for households to meet other costs.

The Wood River Valley Early Learning Collaborative found that the region’s cost of living presents a serious burden, both for families that struggle to afford childcare and service providers that struggle to provide affordable childcare and pay childcare workers a decent wage while remaining sustainable. This “affordability gap” hits low-income working families especially hard.³¹ According to a survey conducted for the same report, only 23% of families in the region can afford to pay \$45 or more per day for childcare, while the two cheapest providers in the region charge \$40 per child per day, illustrating the lack of affordable childcare options for those with limited incomes.

FIGURE 63: 2021 CHILD CARE CENTER COST

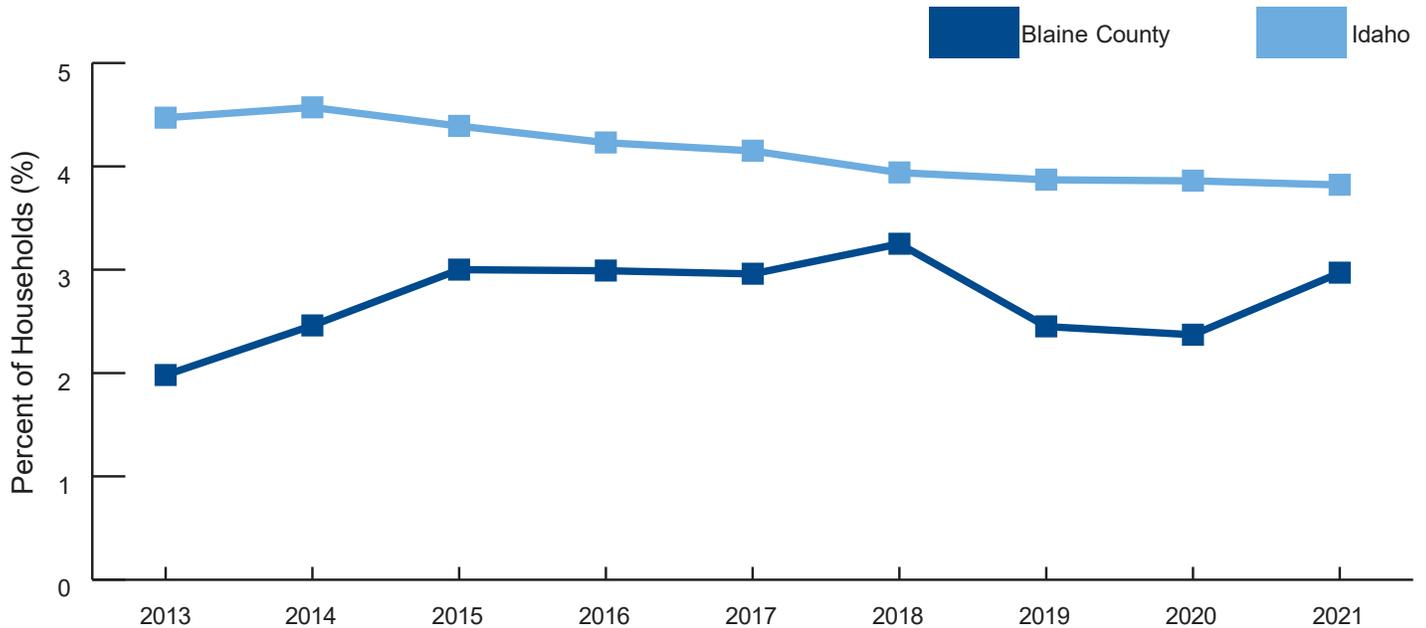


Source: *Child Care Aware of America, Childcare Affordability Analysis, 2021*

TRANSPORTATION

The percentage of households with no motor vehicle in Blaine County has remained fairly stable over the last decade, consistently below the state average, although that gap is narrowing as the state average declines. While it is helpful for individuals and families to access the goods and services they need with their own vehicle, personal transportation does add increased costs to the household budget for gas, maintenance, and repairs.

FIGURE 64: NO VEHICLE AVAILABLE



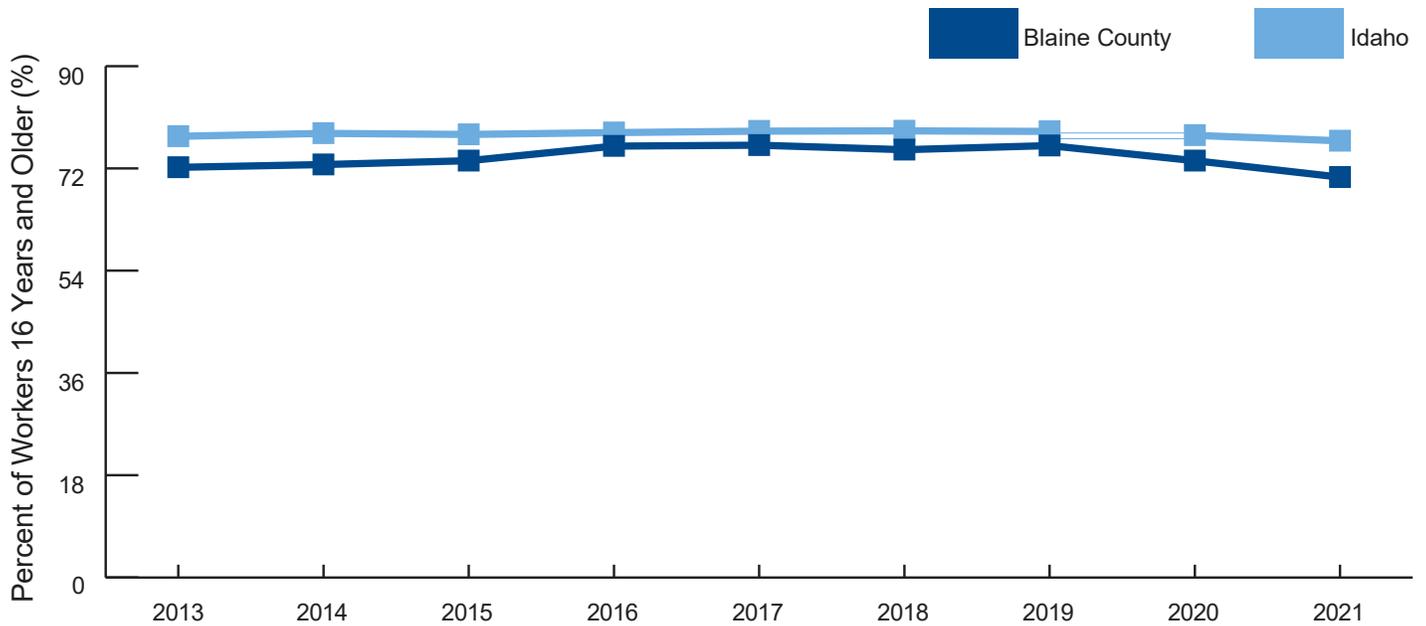
Source: U.S. Census Bureau, American Community Survey 1-Year Estimates, aggregated by Metopio, 2019



COMMUTING ALONE

Blaine County has seen a slight decrease in the percentage of workers commuting alone to work (using a car, truck, or van) in recent years, which may reflect shifting modes of work over the pandemic. The state as a whole also saw an increase, although not to the same degree.

FIGURE 65: DRIVE ALONE TO WORK

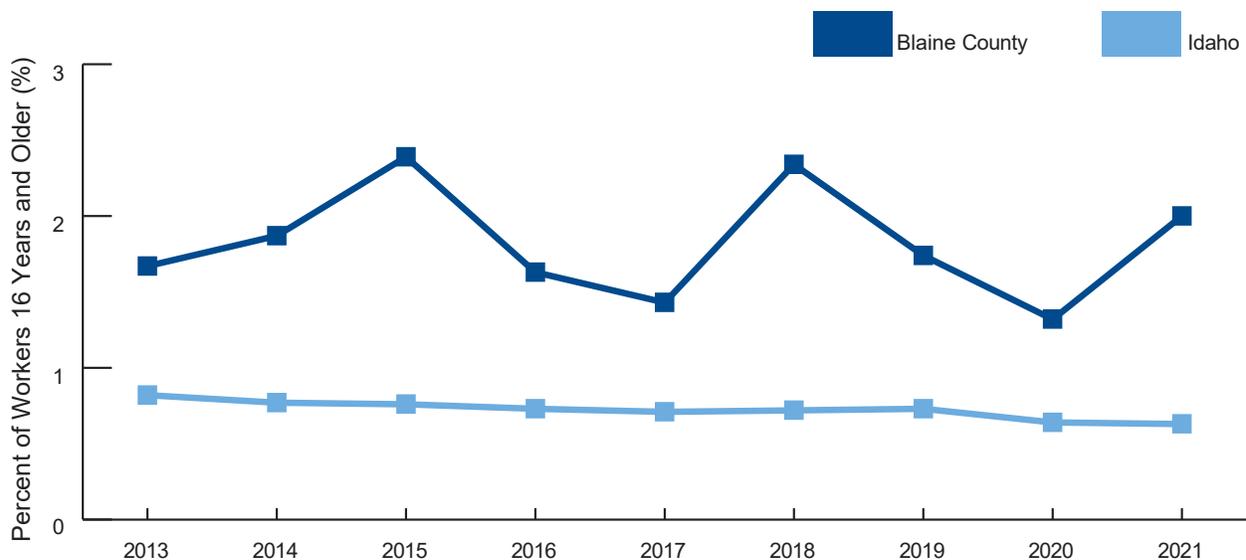


Source: U.S. Census Bureau, American Community Survey 5-Year Estimates, aggregated by Metopio

TRANSIT USE

The percentage of workers using public transit in Blaine County is above the state average (but below 3%). Despite fluctuations, it has remained relatively stable. A dip in 2019 and 2020 could have been influenced by the pandemic, but the region has seen similar dips in previous years. Mountain Rides, the regional public transit provider, started offering free rides over the pandemic, which may also have influenced the 2021 rise in ridership.

FIGURE 66: PUBLIC TRANSPORTATION TO WORK

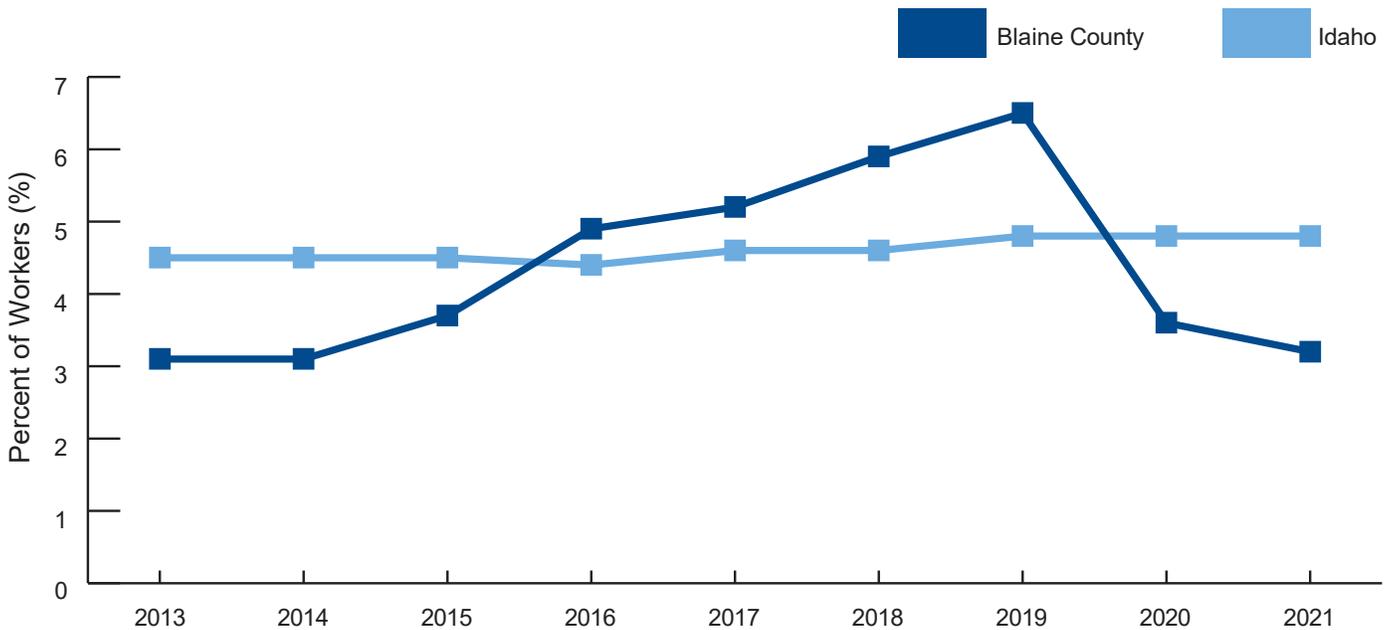


Source: U.S. Census Bureau, American Community Survey 5-Year Estimates, aggregated by Metopio

LENGTH OF COMMUTE

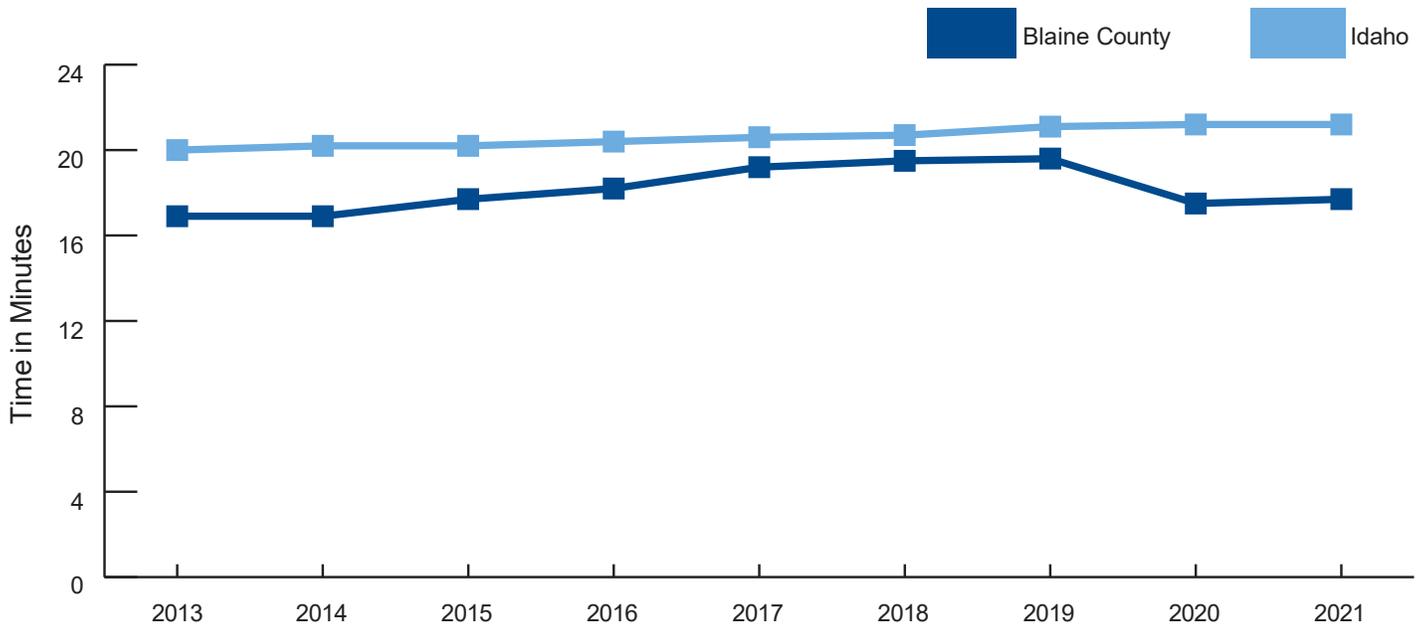
Longer commute times may increase transportation costs, offsetting the benefit of moving farther away from urban centers for more affordable housing. Up until the pandemic, Blaine County had a higher-than-average percentage of workers with travel times to work over one hour. However, that percentage has dropped significantly, putting Blaine County back below the state average. Mean travel times have followed a similar trend—rising before the pandemic, and dropping sharply following it. This shift may reflect changing modes of work over the pandemic, but further data is needed to tell whether trends will bounce back upward or remain lower.

FIGURE 67: TRAVEL TIME TO WORK OVER ONE HOUR



Source: U.S. Census Bureau, American Community Survey 5-Year Estimates, aggregated by Metopio

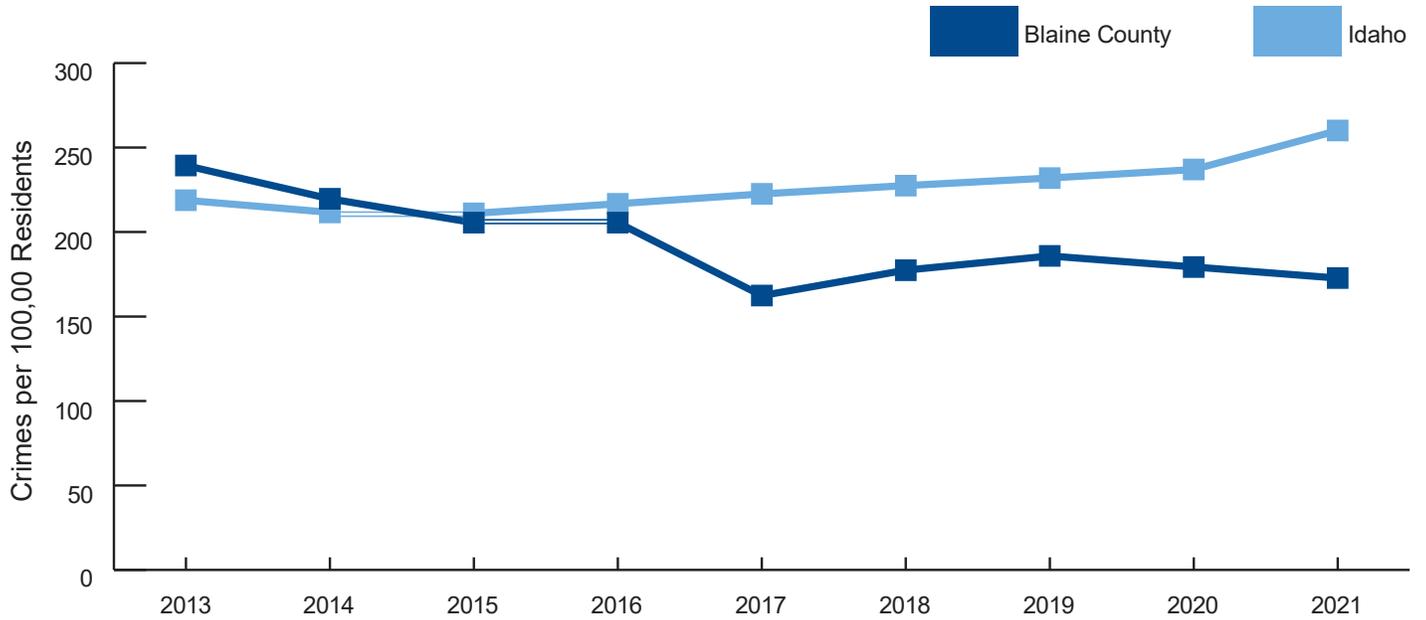
FIGURE 68: MEAN TRAVEL TIME TO WORK



Source: U.S. Census Bureau, American Community Survey 5-Year Estimates, aggregated by Metopio

SAFETY

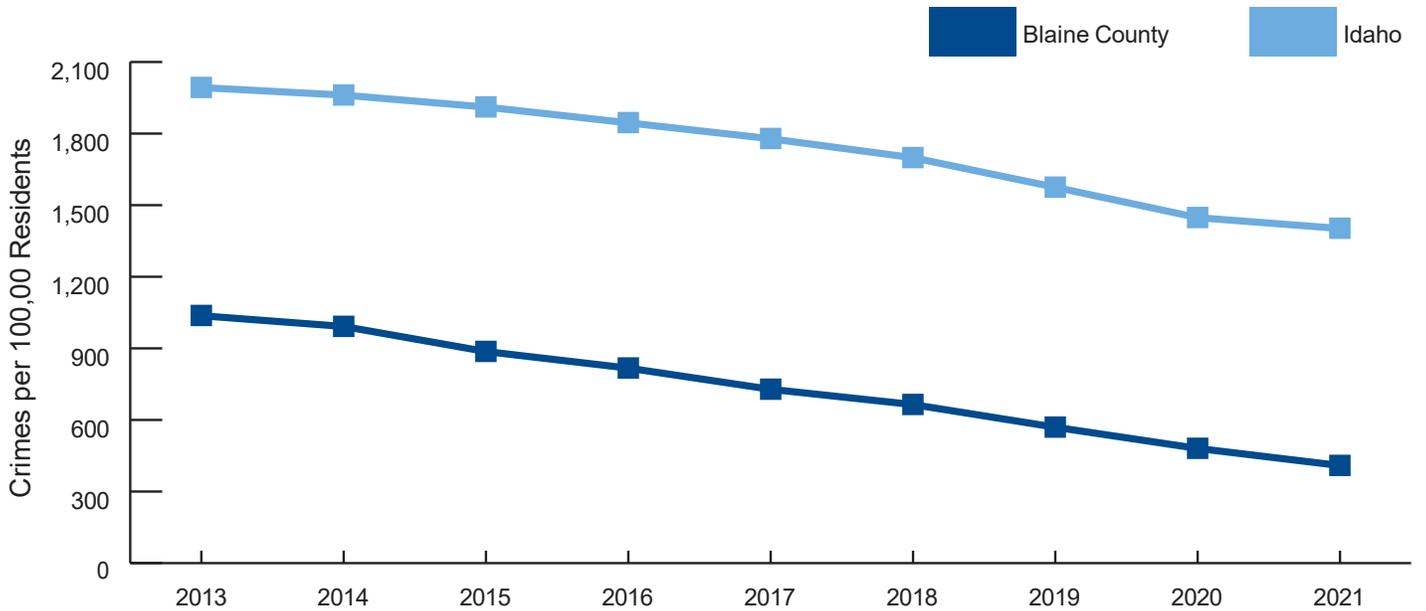
FIGURE 69: VIOLENT CRIME



Source: Federal Bureau of Investigation, FBI Crime Data Explorer, aggregated by Metopio

Violent crime rates, including homicide, assault, sexual assault, and robbery, in Blaine County have been declining since 2011, despite a statewide increase.

FIGURE 70: PROPERTY CRIME



Source: Federal Bureau of Investigation, FBI Crime Data Explorer, aggregated by Metopio

Property crime rates, including burglary, larceny, arson, and motor vehicle theft, have been steadily declining in both Blaine County and the state for many years.

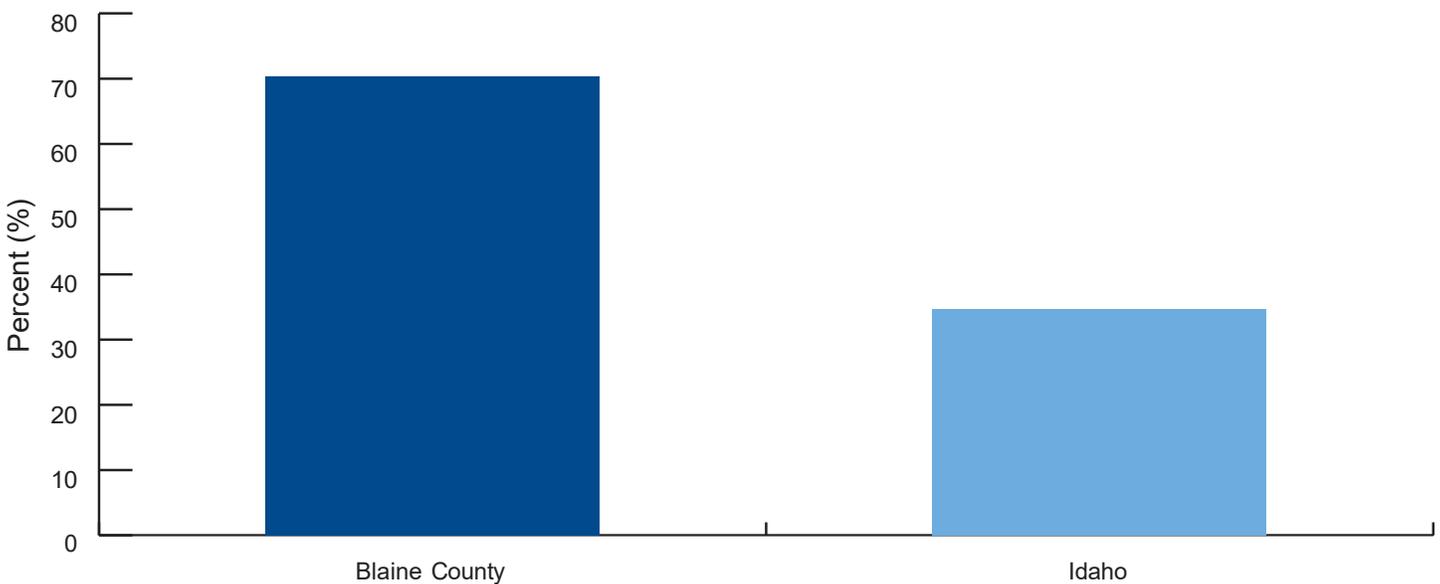
EDUCATION

Education of all levels is a concern for Idaho residents—survey respondents ranked education at a top three health issue in their community.

EARLY CHILDHOOD EDUCATION AND SCHOOL READINESS

Early childhood education was mentioned as a major challenge by survey and focus group participants. The State of Idaho does not fund any public preschool programs, leaving residents with limited options, especially affordable ones. Though most children in Idaho are enrolled in preschool are in private programs, some school districts are able to provide preschool programs using grant funds and other collaborations. Blaine County is one of these school districts. As of the 2022-23 school year, Blaine County School District provides free preschool for all children age four and older but only for 2.5 hours a day. This small amount of time may impact overall participation in the program as most families need a full day of care for their children. Prior to 2020, the school district offered preschool with an income-based tuition.³²

FIGURE 71: PERCENT OF CHILDREN 3–4-YEAR-OLD CHILDREN ENROLLED IN SCHOOL



Source: U.S. Census Bureau, American Community Survey 5-Year Estimates, 2017-2021

K-12 EDUCATION

Blaine County is home to one public school district and one public charter school. In a statewide representative survey of 1000 Idahoans, 44.7% of respondents view the quality of school districts in their community as either good or excellent.³³ Primary data reveals that education problems may include poor attendance, students not engaged with learning, serving high need students, and issues related to teacher recruitment or retention.

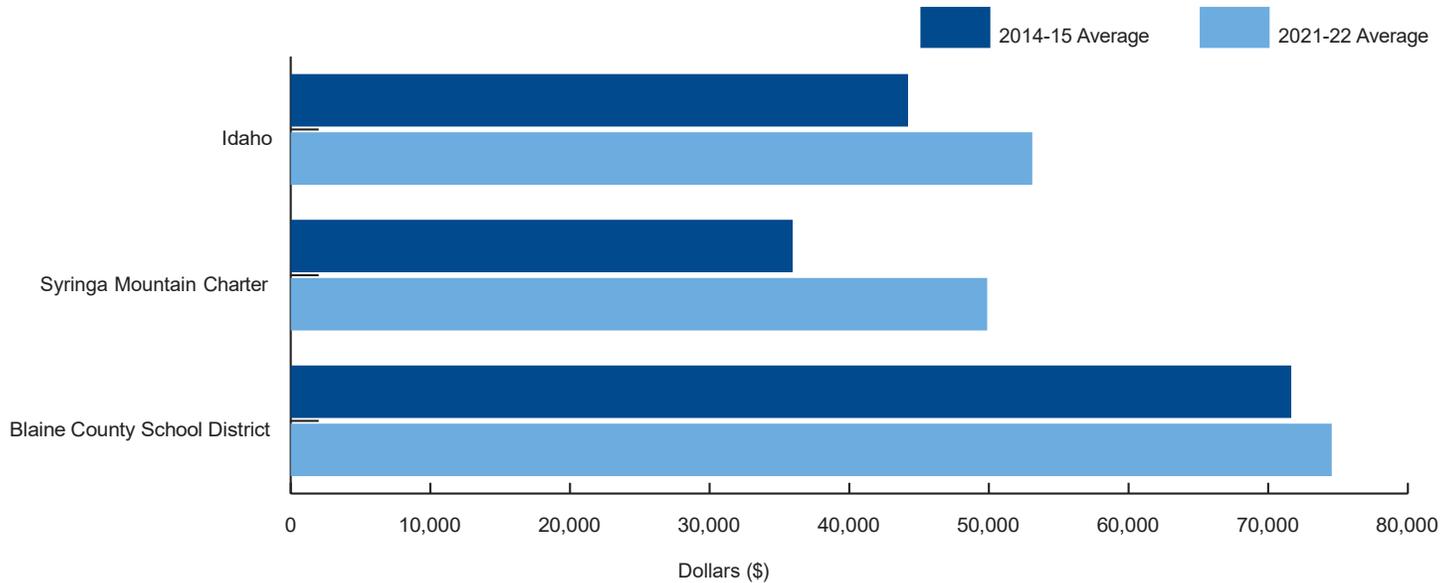
FUNDING FOR EDUCATION

The State of Idaho allocated nearly half of its 2020-2021 general fund budget to K-12 public education. A majority of those funds (63%) went to salaries and benefits of education staff and almost a quarter (22%) were for discretionary use.³⁴ Although Idaho education funds have increased at the same rate as the overall state budget since 2016, Idaho often ranks as 50th or 51st in the country for spending per pupil. In 2020, Idaho spent \$8,272 per student compared to the \$13,494 per pupil national average.³⁵ Most Idaho school districts (80%) rely on supplemental levy funding to make

needed upgrades and fill in funding gaps.³⁶

Recruiting and retaining teachers in rural areas of Idaho has long been a challenge. One solution the state implemented was the Career Ladder Program in the 2015-16 school year. In five years, this program increased the minimum teacher salary to \$40,000 and increased the average statewide teacher salary from \$44,000 to \$50,794 (+17%).³⁷

FIGURE 72: AVERAGE TEACHER SALARIES (2014-2015 & 2021-2022)



Source: Idaho EdNews, 2014-2015; Idaho State Department of Education, 2021-2022

Average Blaine County teacher salaries increased similarly compared to the state. Syringa Mountain Charter School accounts for most of the increase, experiencing a 38.7% increase in average teacher salary. In 2014-15, Blaine County had the highest average teacher salary (\$71,646) and increased by only 4%.

The impact of increasing teacher pay on retention is not immediately clear, though since 2018, the statewide average retention rate has remained around 90%.³⁸

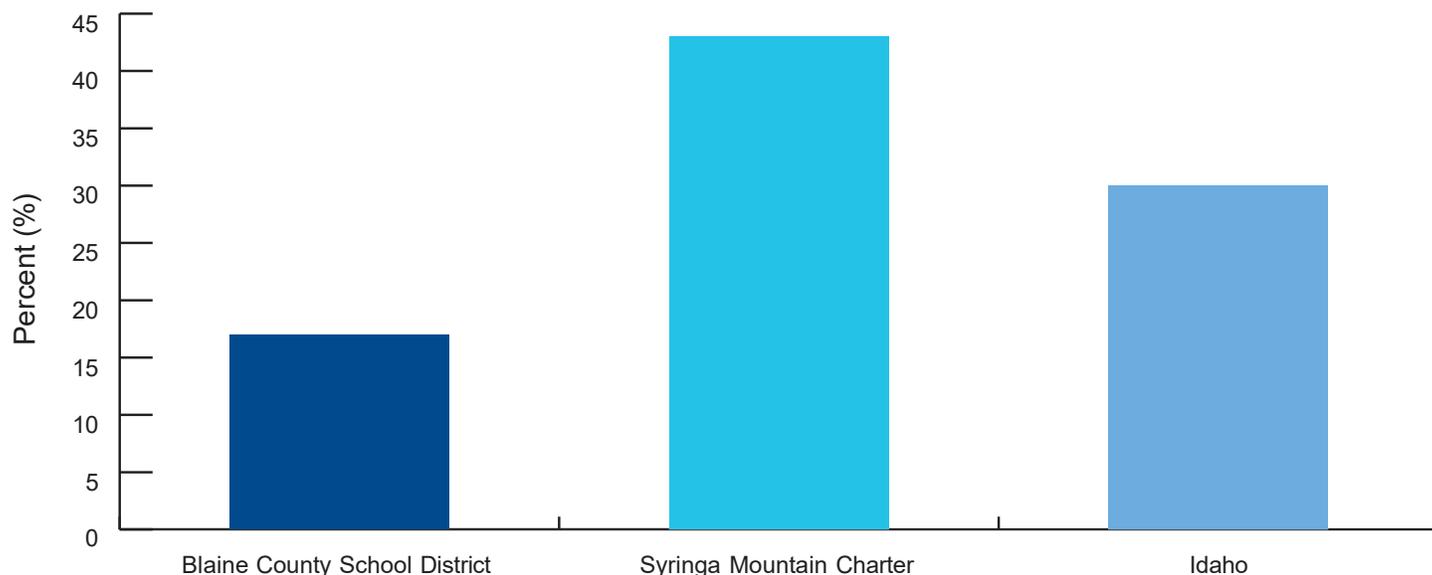


POVERTY AND EDUCATION

Socioeconomic level is a better indicator of student performance than race or ethnicity.³⁹ In Idaho, students in lower socioeconomic levels are classified as economically disadvantaged. Students in this category meet at least one of the following criteria: qualify for free or reduced lunch, live with a family receiving TANF, are eligible for Medicaid, or are considered homeless.⁴⁰

In Idaho, 30% of students are economically disadvantaged; almost twice the average of Blaine County. Blaine County tends to have a higher income population and higher cost of living.

FIGURE 73: AVERAGE PERCENT OF ECONOMICALLY DISADVANTAGE STUDENTS



Source: Idaho State Department of Education, 2021-2022

Note: Data represents the average of the percent of students in each district

CHRONIC ABSENCE

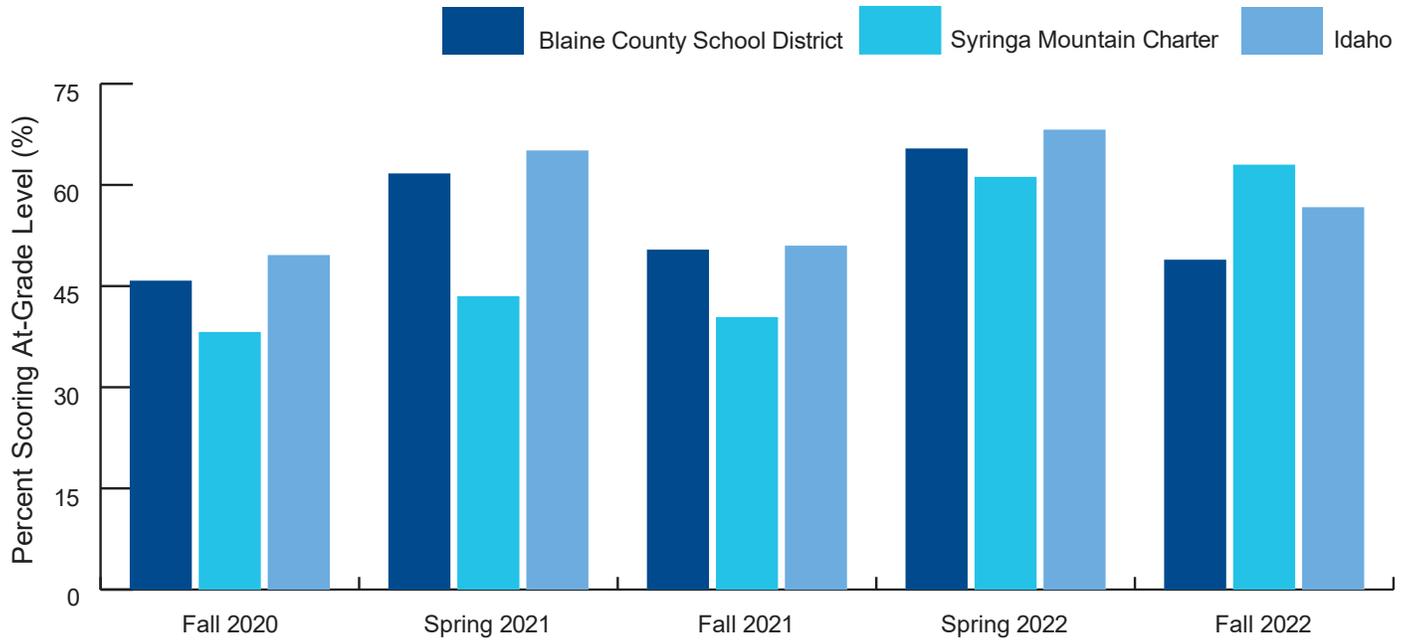
Nine and a half percent of Blaine County students missed at least 15 days of school in the 2020-21 school year.⁴¹ In the primary data, surveyed teachers and administrators reported trouble with attendance, specifically among high school students. One principal found that teenagers held jobs occurring during school hours when schools were using virtual or hybrid learning models because of the COVID-19 pandemic. When school went back to in-person, these students did not want to lose their well-paying jobs and began chronically missing school. Younger students may miss school because of instability at home. Students who miss too much school are often not able to progress to the next grade and in high school many end up dropping out.

READING AND MATH PROFICIENCY

Students in Idaho take at least one standardized test each year. K-3 students take the Idaho Reading Indicator (IRI) in the fall and the spring. The fall test acts as a benchmark and the spring measures growth as well as overall literacy. As part of the Every Student Succeeds Act, the Idaho State Department of Education has a goal for 100% of third grade students reach reading proficiency⁴² as research shows that third grade reading level is predictive of later life outcomes.⁴³

Blaine County School District tends to have slightly lower percentages of students scoring at grade level compared to the state average when looking at all K-3 students and third grade specifically. Syringa Mountain Charter tends to have lower percentages of students scoring proficient than both Blaine County and state averages with the exception of the most recent Fall IRI scores.

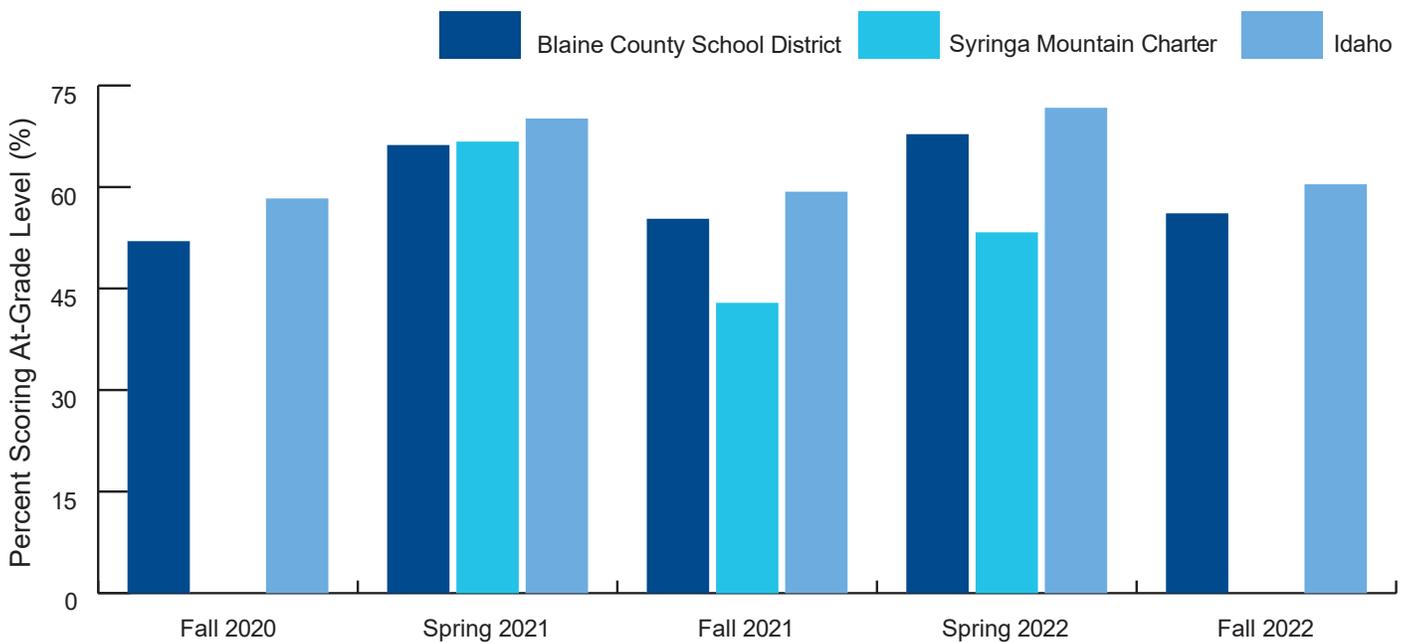
FIGURE 74: AVERAGE DISTRICT PERCENTAGE OF ALL STUDENTS SCORING “AT GRADE LEVEL” ON THE IRI



Source: Idaho State Department of Education, 2021-2022

Note: Data represents the average of the percent of students in each district

FIGURE 75: AVERAGE DISTRICT PERCENTAGE OF GRADE 3 SCORING “AT GRADE LEVEL” ON THE IRI

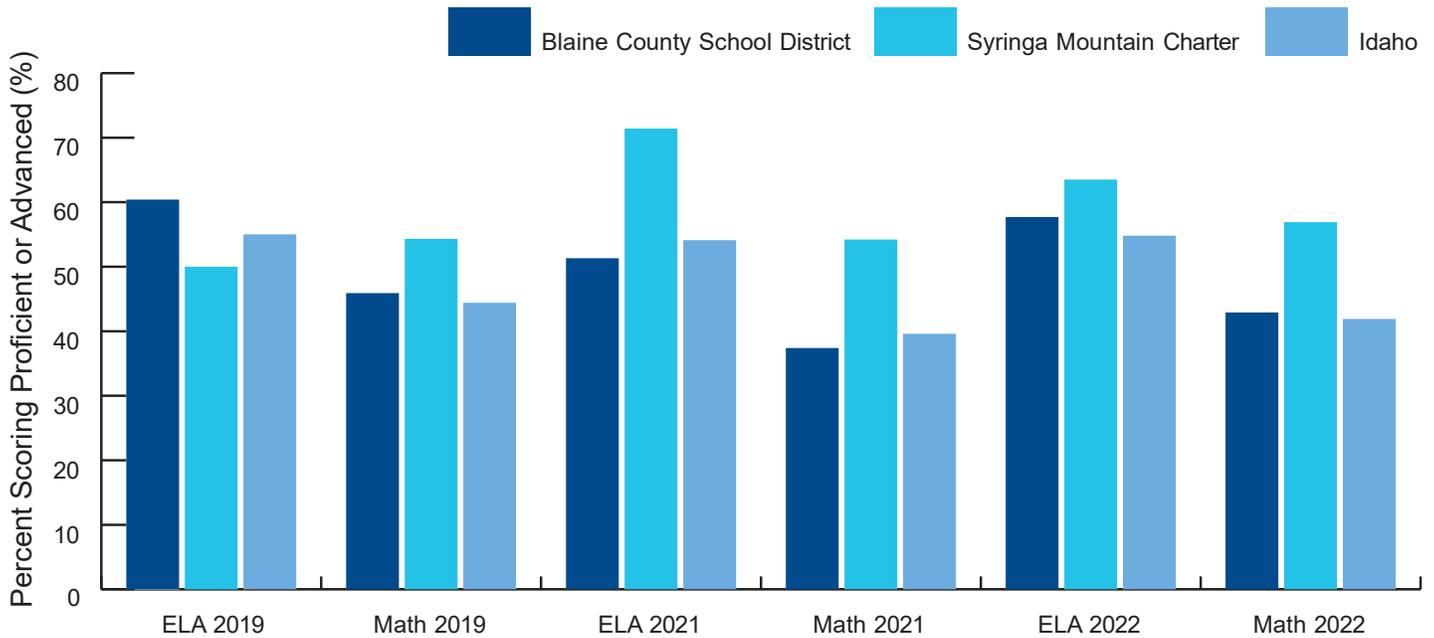


Source: Idaho State Department of Education, 2021-2022

Note: Data represents the average of the percent of students in each district, missing data is redacted to protect students as per the Family Educational Rights and Privacy Act

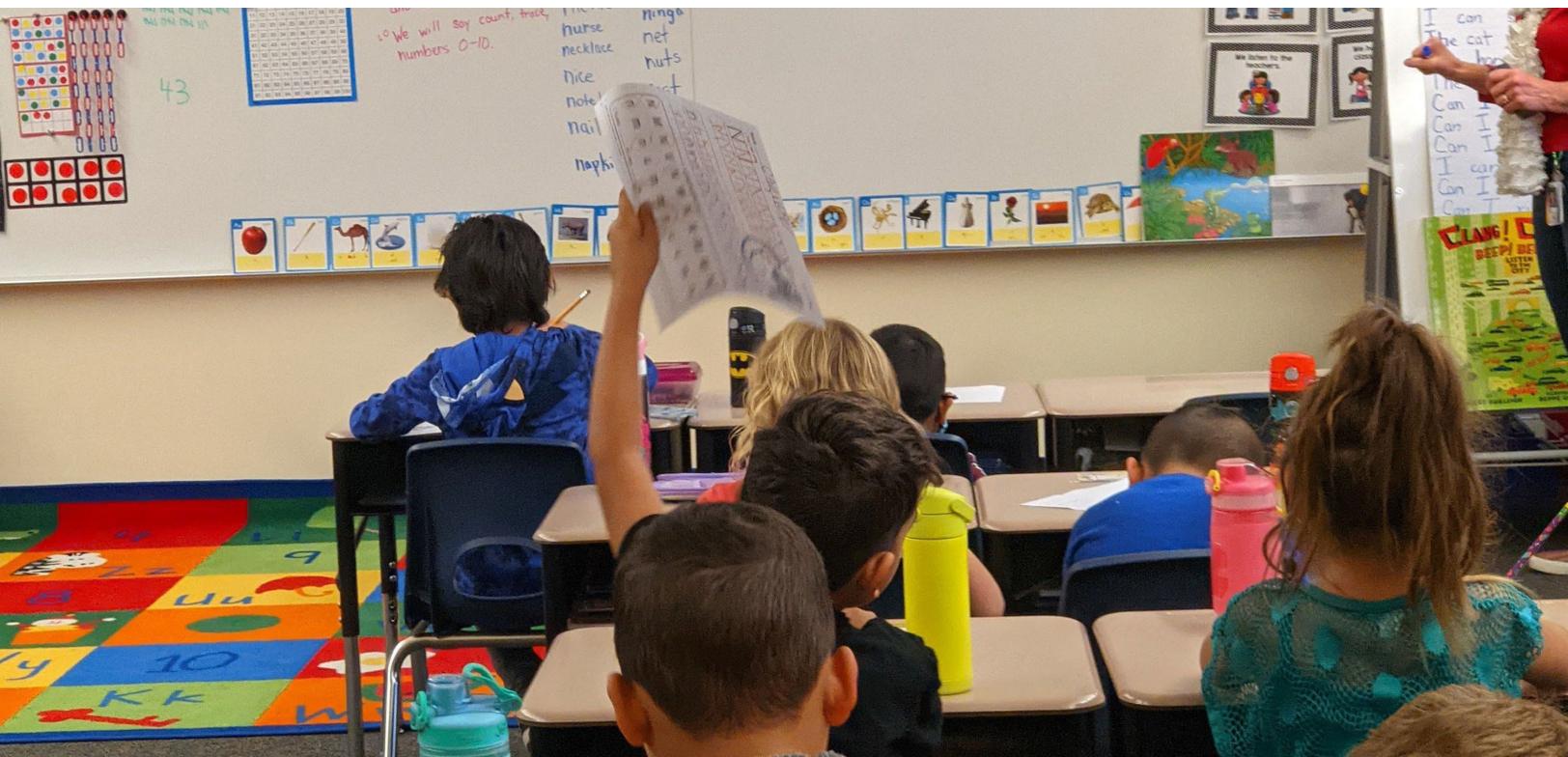
Students in grades 3-8 and 11 take the Idaho Standardized Achievement Test (ISAT) every spring. This test measures achievement in science, math, and English Language Arts (ELA). Districts in Blaine County tend to have higher or similar averages of proficient or advanced students as the state as a whole. When schools shut down due to the COVID-19 pandemic, experts expected to see a marked drop in test years in the following years. Though both Blaine County and Idaho saw some decreased averages, they were marginal. The largest loss was seen in Blaine County School District, 9.1% in ELA and 8.5% in math. However, in the most recent year of data, scores have almost returned to their pre-pandemic rates.

FIGURE 76: ISAT STUDENTS SCORING PROFICIENT OR ADVANCED



Source: Idaho State Department of Education, 2021-2022

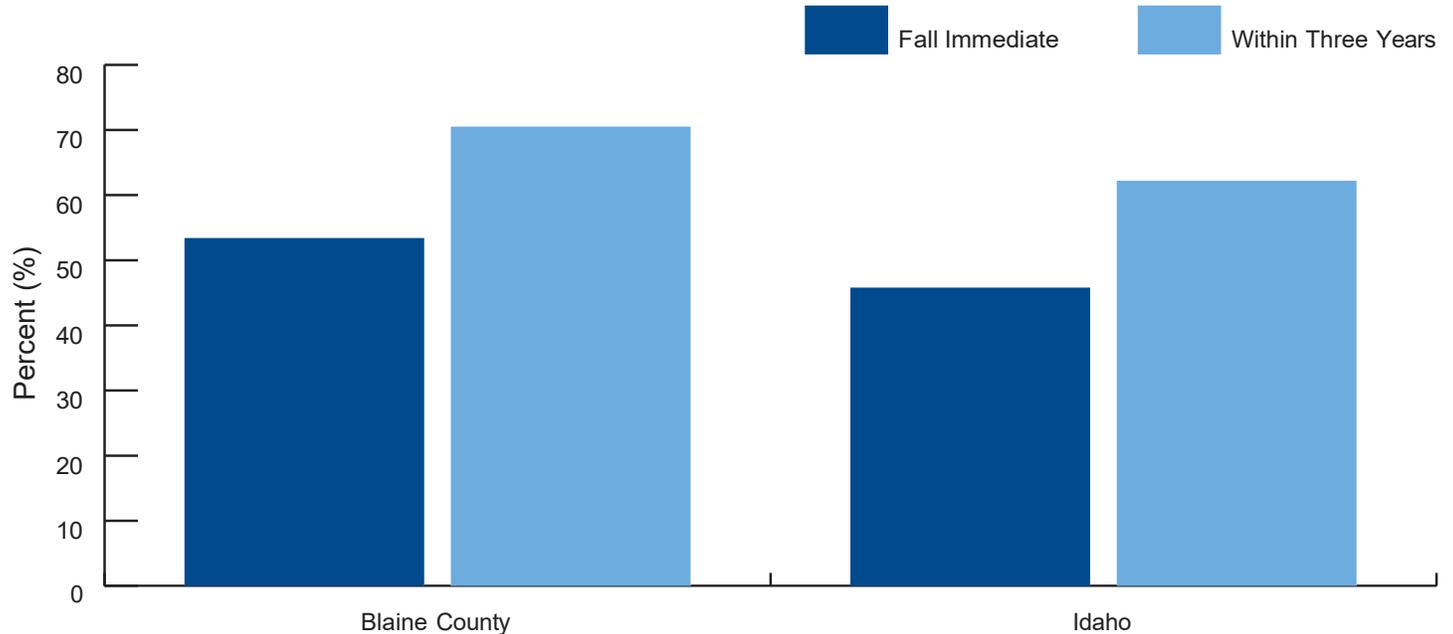
Note: Data represents the average of the percent of students in each district



POSTSECONDARY EDUCATION

Approximately 40% of Idahoans age 25-64 have a college or technical degree, and this number increases to 46.5% when including industry-recognized certifications. At 46.5%, Idaho has one of the lowest rates in the country, falling below the 51.9% national average.⁴⁴ Idaho leadership has invested more than the \$133 million to reach their goal of 60% of Idaho adults age 25-34 obtaining a degree or certificate.⁴⁵

FIGURE 77: GO ON RATES BY COUNTY

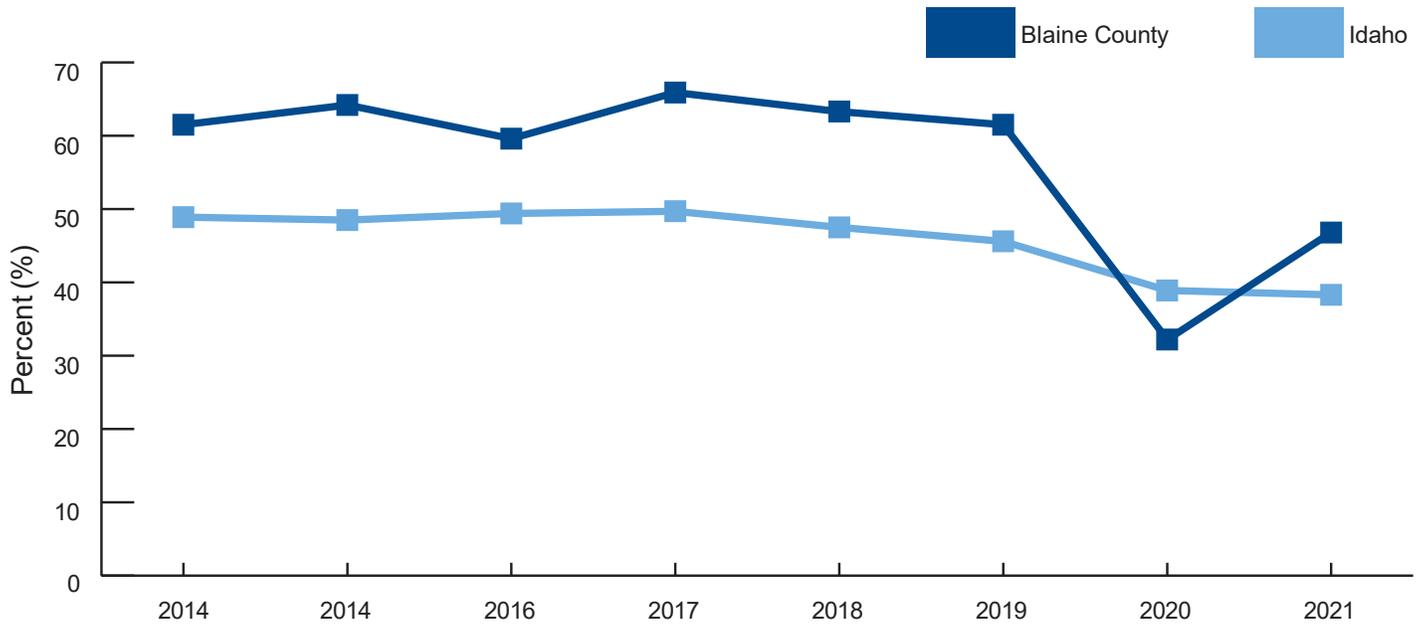


Source: Idaho State Board of Education, 2021

A large part of the State's goal is to increase the number of students going on after high school. Go-on rates measure students who enroll in both two- and four-year universities both in and out of Idaho. The State measures students who enroll in the fall immediately following high school graduation, within the first year after graduation, and within three years of graduation. The go-on rate does not account for students who join the military.



FIGURE 78: FIRST YEAR GO ON RATE OVER TIME



Source: Idaho State Board of Education

Blaine County go-on rates are consistently higher than the statewide average. However, both the statewide and Blaine County numbers dropped significantly in 2020 and 2021. This decrease is likely because of the COVID-19 pandemic. Many students did not want to attend their first year of college virtually and opted to take a gap year before enrolling. If this is the case, three-year numbers may show a marked increase. Enrollment in Idaho institutions experienced a 5% drop as well in 2020, but increased to near pre-pandemic levels in 2021. However, the increase in enrollment was mostly seen in nonresident students.⁴⁶

Retention rates at Idaho colleges have remained fairly constant since 2015. Since 2015, four-year institutions retained about 75% of new students each year. Both University of Idaho and Boise State University saw increases in retention rates while Idaho State University and Lewis-Clark State College saw decreases. Two-year colleges have increased retention rates from 54% to 58% since 2015, with all institutions making an increase.⁴⁷ In turn, about 49.7% of all students enrolled in four-year colleges graduate within six years (150% of the time) while only 28.9% of students enrolled in two-year colleges graduate in 150% of the time (three years).⁴⁸

EDUCATION BY RACE/ETHNICITY

TABLE 4: HIGH SCHOOL GRADUATION RATES

	Blaine County	Idaho
High school graduation rate, % of residents 2021	90.02	91.26
High school graduation rate, Non-Hispanic white % of residents, 2017-2021	97.21	94.05
High school graduation rate, Hispanic or Latino % of residents, 2017-2021	56.45	67.45

Source: U.S. Census Bureau, American Community Survey 1-Year Estimates, aggregated by Metopio, 2021

TABLE 5: COLLEGE GRADUATION RATES

	Blaine County	Idaho
College graduation rate, % of residents 2021	42.45	30.72
College graduation rate, Non-Hispanic white % of residents, 2017-2021	50.68	30.89
College graduation rate, Hispanic or Latino % of residents, 2017-2021	8.27	13.39

Source: U.S. Census Bureau, American Community Survey 1-Year Estimates, aggregated by Metopio, 2021

Education connects to financial stability by opening up better job opportunities with better earnings. Blaine County has somewhat higher high school and college graduation rates than the state average.

Hispanic/Latino individuals graduate college and high school at lower rates than other groups in Blaine County. These gaps may contribute to inequitable economic outcomes between ethnic groups. Regional focus groups and interviewees pointed out that Hispanic/Latino populations are economically vulnerable, and may have trouble accessing the same resources and opportunities as others due to discrimination, or cultural or language barriers.

SIGNIFICANT HEALTH NEEDS

DESCRIPTION

Upon analyzing and discussing the primary data, secondary data, and community feedback, a clear set of top priorities emerged for Blaine County. The top three priorities identified by key stakeholders include:

Access to health-related services (including language and cultural barriers)

Mental well-being (including suicide and substance misuse)

High cost of living (including housing, caregiving, and early learning)

PROCESS TO IDENTIFY NEEDS

Leaders from throughout Blaine County were invited to participate in a prioritization meeting. In the meeting, IPI presented primary data from seven focus groups, ten interviews, and 96 survey responses, as well as secondary data from publicly available national datasets. Data was organized using the criteria listed below. Participants discussed surprising, expected, and missing themes in the data. The group then participated in nominal voting to select the top priorities for the hospital systems to address. These community members all had the opportunity to contribute to the voting process.

CRITERIA TO IDENTIFY NEEDS

The project lead team identified six criteria to better understand emergent themes in the data. The criteria aim to organize the themes based on the hospital systems' values for prioritization of needs.

1. Availability of community resources: perception of the sufficiency of resources
2. Equity/impact on vulnerable populations: populations identified as at risk of inadequate access to resources and disparities in experiences
3. Availability of evidence-based interventions: based on Healthy People 2030 evidence-based resources
4. Impact/value/consequence of inaction: quantifiable need demonstrated by trend over time indicating immediate action could prevent further poor outcomes and promote health and well-being
5. Importance to community: need is identified as important amongst community members
6. Severity/magnitude of health-related need: prevalence of need compared state and national benchmarks

RESOURCES AVAILABLE TO ADDRESS NEEDS

St. Luke's will work on implementation strategies upon publication of the report. Current resources addressing these issues can be found at findhelpidaho.org.

COMMUNITY INPUT PROCESS

INCORPORATION OF COMMUNITY INPUT

Community leaders, state and local public health departments and organizations, people who represent and/or serve the medically underserved, low-income and minority populations, and additional people located in or serving our community had three opportunities to provide input. Community leaders had three opportunities to provide input. Leaders were invited to participate in the CHNA Steering Committee process.

Community leaders also had an opportunity to participate in key informant interviews. These interviews were designed to better understand the people the leaders serve as well as their own feelings on health equity in the community. Those participating in the focus group and interview process are listed in the Acknowledgments section of this report.

Once all primary data was collected, community leaders were invited to attend a prioritization meeting. In this meeting they had the opportunity to discuss the needs of their communities and help in the process of prioritizing which needs the hospital systems should focus on addressing the broad interest of the community.

Community members had two opportunities to provide input. A survey was available in both paper and digital forms as well as in multiple languages (including Spanish, Swahili, and Arabic). The survey asked respondents about their health, their community, and experienced discrimination. Community members were also invited to participate in focus groups. Focus groups asked respondents about health in their community, general challenges, and needed services (See Appendix C).

APPENDIX A: HOSPITAL 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.



OUR MISSION
To improve the health of people in the communities we serve.

OUR VISION
To be the community’s trusted partner in providing exceptional, patient-centered care.

OUR STRATEGY
Quality, Access and Affordability

OUR GOAL FOR COMMUNITY HEALTH
In partnership with others, improve the health of people in the communities we serve by addressing social determinants of health.

HOSPITAL OVERVIEW

This section describes our service area in terms of its geography and demographics. 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.

In 1996, St. Luke’s Medical Center of Boise was invited to oversee the construction and future operations of a new hospital in the Wood River Valley. Three years later, thanks to the overwhelming support of St. Luke’s, registered voters, and community philanthropists, a new \$32 million, 110,00 square foot hospital was constructed.



In November 2000, St. Luke’s Wood River Medical Center opened its doors to serve the health care needs of people living in the greater Blaine County area. During the design process, special care was taken to ensure a facility that would complement the surrounding terrain, with the hospital’s exterior and interior reflecting the beauty of Idaho’s world-renowned Sun Valley area. To best accommodate the needs of the people in this region, the hospital site was located immediately off Highway 75.

Services at Wood River Medical Center include a 24-hour emergency department, inpatient and outpatient surgery, diagnostics, maternity services, physical and occupational therapy, mammography, orthopedics, infusion services, and medical/surgical units. St. Luke's Center for Community Health's main office can be found in the Hailey Medical Clinic, in the neighboring town.

Known for our clinical excellence, St. Luke's Wood River has been nationally recognized for quality and patient safety. This fall, Press Ganey announced that St. Luke's Wood River Emergency Department and Inpatient Care Unit were named as a 2021 Guardian of Excellence Award® winner. The Guardian of Excellence Award recognizes top-performing health care organizations that have achieved the 95th percentile or above of performance in patient experience.

St. Luke's Wood River is fortunate to have over 50 physicians on the medical staff, and a dedicated governing board comprised of independent civic leaders who volunteer their time to serve.

OUR NEIGHBORING COMMUNITIES

Our patients in the surrounding counties of Southwestern Idaho and Eastern Oregon are important to us as well. To help us serve our patients, we have built positive, collaborative relationships with regional providers where appropriate. A philosophy of shared responsibility for the patient has been instrumental in past successes and remains critical to the future of St. Luke's. Partnerships allow us to meet patients' medical needs close to home and family.

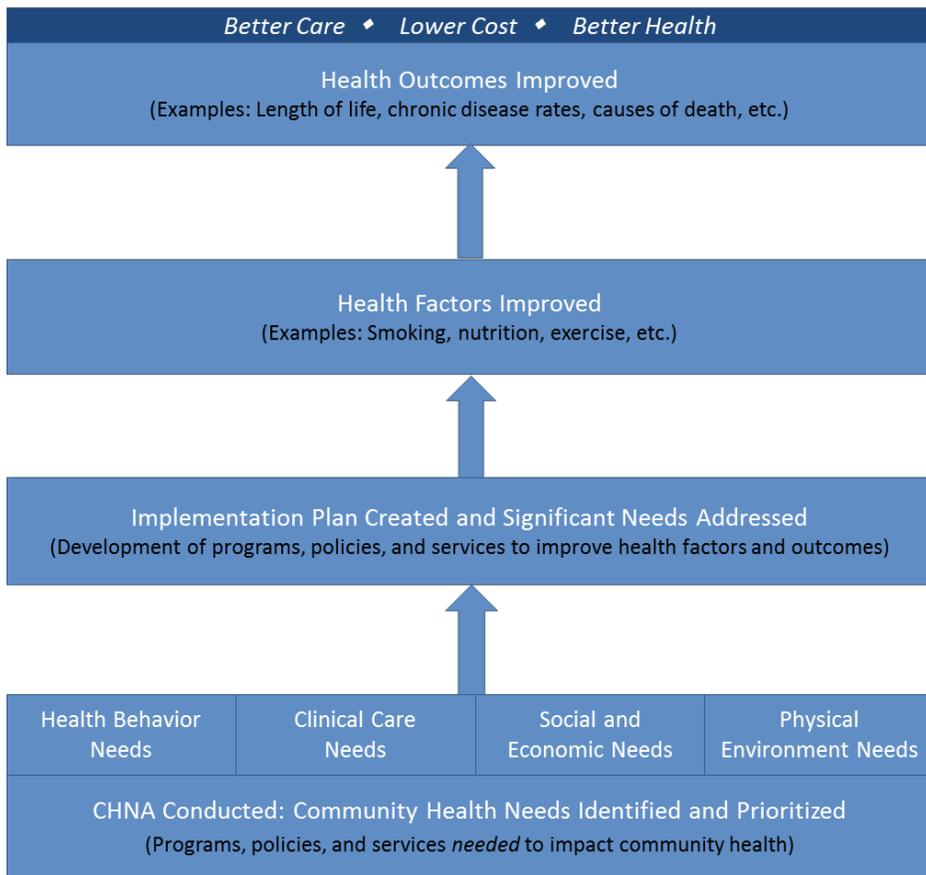
ST. LUKE'S HEALTH SYSTEM REGIONAL MAP



APPROACH FOR IMPROVING COMMUNITY HEALTH

St. Luke's Wood River 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. Based on this assessment, the next step in the process is to design ongoing programs, activities, services, and policies to address and improve the highest priority health needs.

ST. LUKE'S APPROACH TO IMPROVING COMMUNITY HEALTH

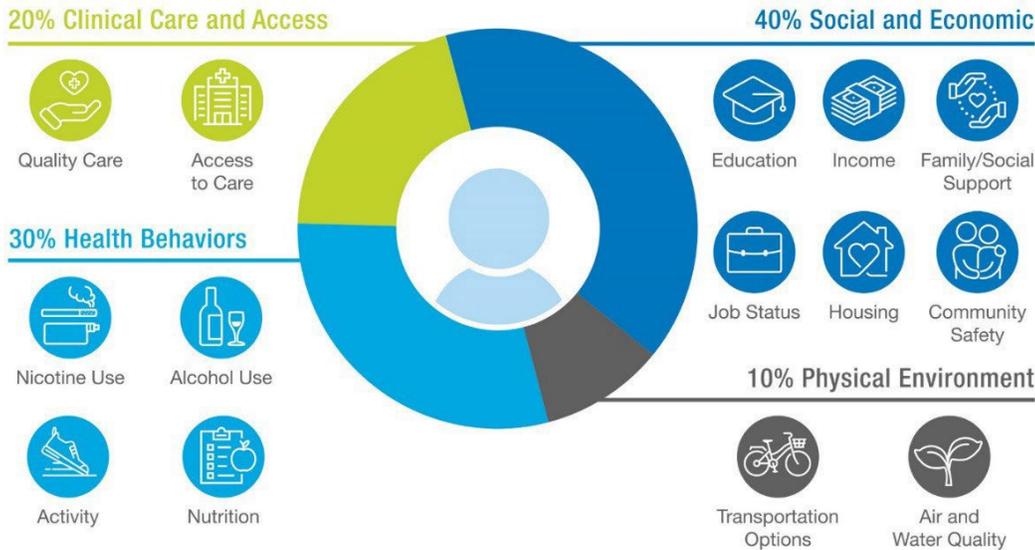


2023 COMMUNITY HEALTH NEEDS ASSESSMENT STRATEGIC OBJECTIVES

The Wood River 2023 CHNA is designed to help us better understand the most significant health challenges facing the community members in our service area. 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 determinants of health and reducing health disparities.

Determinants of Health



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 and policies, we will work together with trusted partners to improve community health outcomes and well-being toward the goal of attaining the healthiest community possible.

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 2026.

HISTORY OF COMMUNITY HEALTH NEEDS ASSESSMENTS AND IMPACT OF ACTIONS

St. Luke’s Wood River Prioritized Community Health Needs

In our 2022 Community Health Needs Assessment (CHNA), the following health needs received the highest score within each category, signifying the importance of addressing these needs to improve community health.

Significant Health Needs

- Health Behaviors -Substance Use Disorder Prevention and Treatment
- Clinical Care -Availability of Behavioral Health Services
- Social and Economic Factors -Housing Stability
- Physical Environment -Accessible Modes of Transportation

Impact Statement Timeline

In accordance with our IRS timeline, St. Luke’s Health System conducted and published Community Health Needs Assessments in 2022. Moving forward, St. Luke’s Health System will conduct and publish its next CHNAs across all service areas, including St. Luke’s Wood River, in 2023. The intent behind this accelerated timeline is to align our assessment efforts with other health partners in our shared geography who also conduct needs assessments in order to maximize resources, extend community reach, broaden our data collection and foster more solidified partnerships for implementation plans.

Because of this new timeline, our 2022-2023 impact statements addressing the high priority health needs identified in the 2022 CHNA only cover the timeframe of October 1, 2022 – April 1, 2023 and the outcomes will reflect those achieved during the 6 month window.

Health Behaviors – Substance Use Disorder Prevention and Treatment

Priority Area Need 1: Substance Use Disorder Prevention and Treatment			
<p><i>Service Area Statistics:</i></p> <ul style="list-style-type: none"> • Rate of excessive drinking in adults 15% • Percent of driving deaths with alcohol involvement 42% • Drug-induced death 8/100,000 • Adult Marijuana use rate 13% • Adult smoking rate 12% • Teen smoking rate <1% 		<p><i>Anticipated Impact:</i></p> <ul style="list-style-type: none"> • Increase availability of substance use disorder services • Reduce incidence of substance use disorder • Reduce poor health and societal outcomes from substance use disorder 	
Strategy 1: Awareness, Education and Skill-building			
Activities	Community Partners	St. Luke’s Resources	Actual Outcomes
Substance Use prevention and treatment health talks	<ul style="list-style-type: none"> • South Central Public Health District 	<ul style="list-style-type: none"> • Subject matter expertise speakers • Technology tools • Planning, delivering, and promoting virtual education 	<ul style="list-style-type: none"> • Vaping Treatment and Prevention Live Health Talk on Nov. 15, 2022. Video is public on SL YouTube Channel with 48 views to date.
Strategy 2: Early Detection and Intervention			
Activities	Community Partners	St. Luke’s Resources	Actual Outcomes
Center for Community Health outreach to schools and community events	<ul style="list-style-type: none"> • Local Schools • Community Partners hosting events 	<ul style="list-style-type: none"> • Staff hours for outreach coordinators to be present in our schools and at community events 	<ul style="list-style-type: none"> • Through its outreach at local schools, the food bank, and at other community events Center for Community Health staff reached

			approximately 580 people, providing education around resources and protective factors.
Strategy 3: Increase Access to Substance Use Disorder and Behavioral Health Services			
Activities	Community Partners	St. Luke's Resources	Actual Outcomes
Offer cooking class and education on healthy eating and grocery shopping for residents of Men's Second Chance Living (local sober living house)	<ul style="list-style-type: none"> Men's Second Chance Living House 	<ul style="list-style-type: none"> WR Clinical Nutrition Department 	<ul style="list-style-type: none"> 100% of participants felt that after taking the class, the nutrition education and cooking skills they learned would help them on their journey to sobriety.
Referral to and payment assistance for mental health therapy and substance abuse treatment for Center for Community Health clients	<ul style="list-style-type: none"> Certified local Mental Health providers 	<ul style="list-style-type: none"> Financial contributions SLWR Foundation contribution 	<ul style="list-style-type: none"> The Center for Community Health referred 110 clients to counseling services which was up 1% from the previous year.

Clinical Care – Availability to Mental and Behavioral Health Services

Priority Area Need 2: Availability to Mental and Behavioral Health Services			
<p><i>Service Area Statistics:</i></p> <ul style="list-style-type: none"> 24.7% of people who needed were not able to receive treatment Adults having any mental illness 22.48% Suicide deaths 20.4/100,000 Drug induced deaths 8/100,000 Rate of excessive drinking in adults 15% 		<p><i>Anticipated Impact:</i></p> <ul style="list-style-type: none"> Increase availability of mental health services Decrease suicide rates Decrease rates of serious mental illness without access to treatment 	
Strategy 1: Awareness, Education and Skill-building			
Activities	Community Partners	St. Luke's Resources	Actual Outcomes
Support delivery of gatekeeper trainings	<ul style="list-style-type: none"> Department of Health and Welfare Spark! Optum Local agencies 	<ul style="list-style-type: none"> Financial support to agencies delivering gatekeeper trainings Promoting, 	<ul style="list-style-type: none"> Youth Mental Health First Aid was provided for 18 people in our community. 89 people in our

	<ul style="list-style-type: none"> • 5B Suicide Prevention Alliance 	<p>convening, and connecting key audiences to trainings</p>	<p>community received another type of gatekeeper training</p>
Mental and Behavioral Health virtual health talks		<ul style="list-style-type: none"> • Subject matter expertise speakers • Technology tools • Planning, delivering, and promoting virtual education 	<ul style="list-style-type: none"> • Virtual health talk and discussion on mental health provided for all St. Luke's Community board members and another scheduled for the future • Live virtual health talk on mental health planned for May 2023 for all community members across St. Luke's footprint and to be posted on SL You Tube channel.
Hiding in Plain Sight Community Conversation	<ul style="list-style-type: none"> • Nami • Higher Ground • Crisis Hotline • The Advocates • BCSD <p>Mental health providers in community</p>	<ul style="list-style-type: none"> • Center for Community Health 	<ul style="list-style-type: none"> • Community Conversation on October 5th 2022 with approximately 50 attendees • Follow up conversation and youth panel scheduled for May 2023.
5B Suicide Prevention Alliance	<ul style="list-style-type: none"> • NAMI • Crisis Hotline • Blaine County Schools • The Advocates • The Senior Connection • Law Enforcement and Fire Departments • Community Mental Health Providers • SCPHD <p>Blaine County Commissioners</p>	<ul style="list-style-type: none"> • Financial Investment • St. Luke's staff hours 	<ul style="list-style-type: none"> • The time framed covered under this CHNA implementation plan is too short to tell if there has been a reduction in death by suicide. • The 5B Alliance has educated nearly 100 people and reached even more through community outreach by partners and events since the beginning of this implementation plan on reducing stigma.
Strategy 2: Population Identification and Intervention			
Activities	Community	St. Luke's	Actual Outcomes

	Partners	Resources	
Center for Community Health outreach to schools and community events	<ul style="list-style-type: none"> Local Schools Community Partners hosting events 	<ul style="list-style-type: none"> Staff hours for outreach coordinators to be present in our schools and at community events 	<ul style="list-style-type: none"> Through its outreach at local schools, the food bank, and at other community events Center for Community Health staff reached approximately 580 people, providing education around resources and protective factors
Engaging Blaine County School District and other local schools in comprehensive strategy	<ul style="list-style-type: none"> BCSD The Sage School The Community School BSU 	<ul style="list-style-type: none"> Financial support to schools for their call-to-action plans 	<ul style="list-style-type: none"> Informational meeting held with 3 school principals and superintendent to discuss strategy. Plan for BSU to engage with our community and educate on their model. Plan for 2023-2024 school year to engage in some sort of data collection and implementation plan
Mental Health and Depression Screenings		<ul style="list-style-type: none"> St. Luke's Wood River Behavioral Health St. Luke's Wood River physicians 	<ul style="list-style-type: none"> Every patient in Behavioral Health is screened prior to every visit. Patients in primary care are screened prior to their visits using PHQ-2.

Strategy 3: Increase Access to Mental and Behavioral Health Services

Activities	Community Partners	St. Luke's Resources	Actual Outcomes
St. Luke's Suicide Collaborative		<ul style="list-style-type: none"> St. Luke's employees – cross section of departments including Employee Wellness, Social Work, Nursing, Patient Safety, Quality, Behavioral 	<ul style="list-style-type: none"> Launched SLHS Suicide Collaborative to advance suicide prevention practices across the health system informed by local, state, and national best practices. Collaborative consists of two tiers: (1) a

		Health, Community Health and Engagement, Provider Well-Being	<p>Core Team to drive strategy and prioritization and (2) standing and ad-hoc workgroups to drive project planning and implementation. Ad hoc work groups formed and active:</p> <p>Strategy Group: currently working on 5 year strategic plan.</p> <p>Postvention Group: currently developing an intentional response aimed at caring for affected SLHS staff/providers after a suicide death and to prevent additional harm and loss.</p> <p>Gatekeeper Training Group: focused on PAS Connect/Centralized Triage staff. Reviewed existing resources for PAS and provided recommendations for additional training/resources to support staff with the Mental Health Red Flag Workflow. Offered QPR training to staff first quarter.</p>
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Social and Economic Factors – Housing Stability

Priority Area Need 3: Housing Stability			
<p><i>Service Area Statistics:</i></p> <ul style="list-style-type: none"> • Severe housing problems* 18% • Rate of children in poverty 8% • Unemployment rate 4% • Income inequality** 4.8 		<p><i>Anticipated Impact:</i></p> <ul style="list-style-type: none"> • Decrease incidence, recurrence and length of homelessness • Increase affordable housing options • Decrease rates of community members who are severely cost-burdened 	
Strategy 1: Prevention, Identification and Outreach			
Activities	Community Partners	St. Luke's Resources	Actual Outcomes

Support development and implementation of social determinants of health (SDoH) screening tool in EPIC electronic medical record to assess for housing needs of patients	<ul style="list-style-type: none"> • EPIC • FindHelpIdaho.org 	<ul style="list-style-type: none"> • St. Luke's employees • St. Luke's operational resources 	<ul style="list-style-type: none"> • SDoH screening tool in development as of April 1, 2023 with desired pilot site deployment in June 2023. • Collaborated with FindHelpIdaho.org partners to build out community-resource referral guide as accurately and comprehensively as possible for all resources, including housing. FindHelpIdaho.org is now live as an Idaho-specific database.
Member of 5B Housing Matters Coordination Project Team	<ul style="list-style-type: none"> • Blaine County • Blaine County Charitable Foundation • City of Ketchum • Chamber of Commerce • Other local organizations and partners 	<ul style="list-style-type: none"> • Participation in meetings (staff hours) 	<ul style="list-style-type: none"> • Awareness and attention was brought to the severity of the issue across many community leaders • Meetings continue to be scheduled and the community continues to engage

Strategy 2: Increase Housing Availability Across the HUD Continuum of Care, including Shelters, Transitional Housing, and Permanent Housing

Activities	Community Partners	St. Luke's Resources	Actual Outcomes
St Luke's workforce housing	<ul style="list-style-type: none"> • ARCH 	<ul style="list-style-type: none"> • Financial • SLWR Foundation contribution • Application vetting 	<ul style="list-style-type: none"> • St. Luke's Wood River houses 9 employees and their families through our current bridge housing program.
Center for Community Health assists clients with referrals and with low-income housing application processes	<ul style="list-style-type: none"> • Blaine County Housing Authority • Idaho Housing and Finance • South Central Community Action 	<ul style="list-style-type: none"> • Center for Community Health staff hours 	<ul style="list-style-type: none"> • Center for Community Health Staff helped 365 clients with housing related concerns.
Center for Community Health as resource for clients needing to understand parameters	<ul style="list-style-type: none"> • Men's Second Chance Living • The Advocates 	<ul style="list-style-type: none"> • Center for Community Health staff hours 	<ul style="list-style-type: none"> • Temporary shelters were set up in Hailey, Idaho this

<p>of shelter and emergency housing options</p>	<ul style="list-style-type: none"> • Lift Tower Lodge • Hotels • The Hunger Coalition • Blaine County Charitable Fund (BCCF) • City of Ketchum • City of Hailey 		<p>winter from December 29th- March 31st housing anywhere from 30-55 people</p> <ul style="list-style-type: none"> • Hotel program was established. Housing insecure people were housed in local hotel rooms with financial assistance provided by BCCF. • Weekly meetings to coordinate residents, resources, and volunteer staff for shelter and hotel program were established • Shelter Plan for future planning established by City of Ketchum.
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Strategy 3: Increase Support Services to Help People Secure and Maintain Safe, Stable Housing

Activities	Community Partners	St. Luke's Resources	Actual Outcomes
<p>Quality early learning programs</p>	<ul style="list-style-type: none"> • Idaho Association for the Education of Young Children (IAEYC) 	<ul style="list-style-type: none"> • Participation in IAEYC regional and local collaborations to develop, plan and implement strategic priorities • Financial contributions 	<ul style="list-style-type: none"> • Wood River Early Learning Collaborative established, community assessment completed and strategic planning begun for future work.
<p>Center for Community Health connecting clients to energy assistance financial support services</p>	<ul style="list-style-type: none"> • South Central Community Action • Idaho Power • Health and Welfare 	<ul style="list-style-type: none"> • Office space • CCH staff hours 	<ul style="list-style-type: none"> • Direct Assistance provided at Center for Community Health on 4 days serving approximately 60 people.

Priority Area Need 4: Accessible Modes of Transportation			
<p><i>Service Area Statistics:</i></p> <ul style="list-style-type: none"> • <i>Driving alone to work 76%</i> • <i>Long commute 21%</i> • <i>Adult Physical inactivity 17%</i> 		<p><i>Anticipated Impact:</i></p> <ul style="list-style-type: none"> • <i>Decrease commuting time and single occupancy vehicle miles</i> • <i>Improve air quality</i> • <i>Increase physical activity</i> 	
Strategy 1: Create and Maintain Safe Walking and Bike Paths/Programs			
Activities	Community Partners	St. Luke's Resources	Desired Outcomes
Distribute children's bike helmets at community events	<ul style="list-style-type: none"> • Mountain Rides 	<ul style="list-style-type: none"> • SLHS Children's 	<ul style="list-style-type: none"> • Approximately 15 bike helmets were distributed
Strategy 2: Support Infrastructure for Public Transportation and Shared Ridership Models			
Activities	Community Partners	St. Luke's Resources	Desired Outcomes
Assist our partners with improving transportation for Spanish speaking riders	<ul style="list-style-type: none"> • Mountain Rides 	<ul style="list-style-type: none"> • Staff hours • Center for Community Health 	<ul style="list-style-type: none"> • Center for Community Health Staff translated all materials on schedules for bus routes into Spanish and this information was hung at every bus stop that Mountain Rides serves.

COMMENTS

St. Luke's did not receive any written comments on the hospital facility's most recently conducted CHNA and most recently adopted implementation strategy on their 2022 CHNAs.

DATE ADOPTED BY BOARD

June 26, 2023

APPENDIX B: QUALITATIVE DATA COLLECTION

SURVEY QUESTIONS

2023 COMMUNITY HEALTH NEEDS ASSESSMENT SURVEY

Local health systems, public health departments, and community partners have partnered with Boise State University's Idaho Policy Institute to conduct an assessment to better understand the health needs of community members. We are asking community members to give us your thoughts about concerns and services in your region. The assessment will inform future regional community improvement activities.

This survey will take approximately 10–15 minutes to complete. Participation is voluntary, all responses are completely anonymous, and you can skip questions or end the survey at any time. By continuing this survey, you are consenting to share your responses with [hospital system or partners] and Boise State researchers.

If you have questions or concerns about this survey, you can contact Vanessa Fry at vanessafry@boisestate.edu or 208-426-2848, or the Boise State University Institutional Review Board at humansubjects@boisestate.edu or (208) 426-5401.

You can complete this survey online in English, Arabic, Spanish, Russian, Somali, and Swahili at: [INSERT LINK]

Or return it by mail to: [Address]

Your input is valuable, and we appreciate your participation!

What county do you live in?

- Ada
- Adams
- Baker
- Blaine
- Boise
- Canyon
- Elmore
- Gem
- Jerome
- Malheur
- Owyhee
- Payette
- Twin Falls
- Valley
- Washington

Other _____

First, we would like to ask a few questions about the general level of services available within your community:

Which of the following *health* services are currently insufficient in your community? (Select all that apply)

- Substance use services
- Mental health care services
- Health care services (including primary care, specialty care, hospital services)
- Oral health care services
- Exercise and physical activity opportunities
- Family Planning Services (including birth control and pregnancy counseling services)
- I don't know
- Other (please specify):

Which of the following *social* services are currently insufficient in your community? (Select all that apply)

- Services for older adults
- Services for people with disabilities
- Services for veterans
- Services for new immigrants
- Services for youth (including out of school time)
- Educational support services (including language services)
- Transportation services
- Affordable housing
- Affordable child care services
- Employment services (including job training and readiness)
- Financial assistance services
- Family planning services (including birth control and pregnancy counseling services)
- Housing services (including services for people experiencing homelessness or who are housing insecure)
- Food services (including food assistance, food pantries, nutrition education and support)
- Older adult care/Long term care/caregiver supports
- I don't know
- Other (please specify):

Now, we would like to know about your specific experiences with attaining health and/or social services:

Have any of the following challenges ever made it more difficult for you to get the health or social services you needed? (Select all that apply)

- Lack of transportation
- Have no regular doctor/source of healthcare
- Cost of services
- Inconvenient operating hours
- Insurance problems/complications
- Lack of insurance coverage/not enough coverage
- Language barriers or could not communicate with provider or office staff
- Discrimination (race-based/size-based/income-based/gender-based, etc.)
- Unfriendliness of provider or office staff
- Afraid to seek services, in general
- Afraid due to my immigration status
- Don't know what type of services are available
- No available providers near me
- Long waits for appointments
- I have never experienced any difficulties getting services
- Other (please specify): _____

What is your housing situation today? (Select all that apply)

- I do not have housing (I am staying with others, in a hotel, in a shelter, living outside on the street, on a beach, in a car, abandoned building, bus or train station, or in a park)
- I have housing today, but I am worried about losing housing in the future.
- I rent a home
- I own a home

Think about the space you live in. Do you have problems with any of the following? (Select all that apply)

- Bug infestation
- Mold
- Lead paint or pipes
- Inadequate heat
- Appliances not working
- No or not working smoke detectors

- Water leaks
- Landlord/tenant rights issues
- Landlord unresponsiveness to service requests
- None of the above
- Other [space for description]

In the past 12 months, has lack of reliable transportation kept you from medical appointments, meetings, work or from getting things needed for daily living?

- Yes
- No

Within the past 12 months, have you or anyone in your household had trouble paying for any of the following? (Please check all that apply)

- Childcare
- Transportation
- Food
- Housing
- Medical Care
- Medications
- Utilities
- Caregiving/Long term care
- None of these

Since the COVID-19 pandemic began (March 2020), have you had trouble getting or accessing any of the following? (Please check all that apply)

- Childcare
- Transportation
- Food
- Housing
- Medical Care
- Medications
- Mental Health
- Spiritual/Religious support
- Time with Family/Friends
- Other (please specify)

Since the COVID-19 pandemic began (March 2020), have you felt an increase of depression, anxiety, isolation, or other issues?

- All of the time
- Most of the time
- About half the time
- Less than half the time
- Not at all

Now we would like to know your thoughts on discrimination in your community in the past 12 months

Please indicate your level of concern with racism/discrimination in your community.

- Not a concern
- Slight concern
- Moderate concern
- High concern
- Don't know

Have you ever felt discriminated against in any of the following ways because of your race, ethnicity, gender identity, age, religion, physical appearance, sexual orientation, or other characteristics? (Please select all that apply)

- I was discouraged by a teacher or advisor from seeking higher education
- I was denied a scholarship
- I was not hired for a job
- I was not given a promotion
- I was fired
- I was prevented from renting or buying a home in the neighborhood I wanted
- I was prevented from remaining in a neighborhood because neighbors made life so uncomfortable
- I was harassed by the police
- I was denied a bank loan
- I was denied or provided inferior medical care
- I was denied or provided inferior service by a service provider
- Other: _____

We'd like to understand how you feel you're treated by others. For each of the following statements, please say whether the statement applies to you always, sometimes, almost never or never.

	Never	Almost Never	Sometimes	Always
I am treated with less courtesy than other people.				
I receive poorer service than other people at restaurants or stores.				
People act as if they think I am not smart.				
People act as if they are afraid of me.				
People act as if they think I am dishonest.				
People act as if they think I am not as good as they are.				
I am called names or insulted.				
I feel threatened or harassed.				
People make an effort to avoid me in public spaces				

Now we would like to know more about your concerns regarding specific community issues.

Please select up to THE TOP 5 HEALTH ISSUES that have the largest impact on you and/or your family or support system, and your community as a whole in the past 12 months. You can select the same or different issues.

	You	Your Family/ Support System	Your Community
Access to contraceptives (birth control)			
Aging health concerns (Alzheimer's, arthritis, dementia, falls, etc.)			
Air quality			
Asthma			
Cancer			
COVID-19			
Dental/oral health			
Diabetes			
Disabilities (including lack of services for individuals with disabilities)			
Education (including early childhood education)			
Access to health care (transportation, health insurance, cost, etc.)			
Heart disease/heart attacks			
High blood pressure/hypertension			
Homelessness			
Infectious/contagious diseases (tuberculosis, pneumonia, flu, etc.)			

Obesity/overweight			
Physical activity opportunities			
Sexually transmitted infections (STIs, Chlamydia, Gonorrhea, etc.)			
Teenage pregnancy			
Other (please specify):			

As a community member, please indicate your level of concern for each of the following topics:

Cost of Living	Not a Concern	Slight Concern	Moderate Concern	High Concern	I don't know
Availability of healthy, affordable food options	<input type="checkbox"/>				
Availability of high-speed internet access	<input type="checkbox"/>				
Availability of long-term care/home caregiving services	<input type="checkbox"/>				
Availability of jobs	<input type="checkbox"/>				
Cost of child care (e.g., in-home, center based, or after school care)	<input type="checkbox"/>				
Cost of caring for dependent adults (adult daycare, in-home care, etc.)	<input type="checkbox"/>				
Cost of utilities (e.g., heat, electricity, water, etc.)	<input type="checkbox"/>				
Housing costs and issues associated with home ownership (e.g., mortgage payments, property taxes)	<input type="checkbox"/>				
Housing costs and issues associated with renting (e.g., rent payments, evictions, housing conditions)	<input type="checkbox"/>				
Prescription drug costs	<input type="checkbox"/>				
Support for economically marginalized families and individuals	<input type="checkbox"/>				
Low wages	<input type="checkbox"/>				

Mental Health and Stress	Not a Concern	Slight Concern	Moderate Concern	High Concern	I don't know
Ability to get mental health care services (e.g., affordable, timely, proximity, etc.)	<input type="checkbox"/>				
Mental health and stress related to experiencing homelessness	<input type="checkbox"/>				
Mental health and stress related to immigration	<input type="checkbox"/>				
Mental health and stress related to low income	<input type="checkbox"/>				
Mental health and stress among middle and high school aged youth	<input type="checkbox"/>				
Mental health and stress among veterans	<input type="checkbox"/>				
Real or perceived stigma associated with seeking mental health care	<input type="checkbox"/>				
Suicide	<input type="checkbox"/>				

Transportation	Not a Concern	Slight Concern	Moderate Concern	High Concern	I don't know
Accessibility of transportation for those of all abilities (e.g., accessible ramps, lack of assistance, reader boards,)	<input type="checkbox"/>				
Availability of public transportation (e.g., regional bus)	<input type="checkbox"/>				
Cost of transportation	<input type="checkbox"/>				
Length of commute	<input type="checkbox"/>				
Motor vehicle safety	<input type="checkbox"/>				
Pedestrian and/or bike safety	<input type="checkbox"/>				
Transportation to activities other than work (e.g., grocery shopping, medical appointments, etc.)	<input type="checkbox"/>				
Transportation to work or school	<input type="checkbox"/>				

Substance Use	Not a Concern	Slight Concern	Moderate Concern	High Concern	I don't know
Ability to get substance use services (e.g., affordable, timely, proximity, etc.)	<input type="checkbox"/>				
Alcohol use among adults	<input type="checkbox"/>				
Alcohol use among youth	<input type="checkbox"/>				

Drug use among youth (including misuse of prescriptions, use of other illicit drugs)	<input type="checkbox"/>				
Marijuana use among youth	<input type="checkbox"/>				
Methamphetamine use	<input type="checkbox"/>				
Drug use among adults (including misuse of prescriptions, use of other illicit drugs)	<input type="checkbox"/>				
Other substance misuse	<input type="checkbox"/>				
Real or perceived stigma associated with seeking substance use services	<input type="checkbox"/>				
Recreational marijuana use among adults	<input type="checkbox"/>				
Tobacco use among adults (smoking, chewing, etc.)	<input type="checkbox"/>				
Tobacco use among youth (smoking, chewing, etc.)	<input type="checkbox"/>				
Vaping among adults	<input type="checkbox"/>				
Vaping among youth	<input type="checkbox"/>				

Personal and Public Safety	Not a Concern	Slight Concern	Moderate Concern	High Concern	I don't know
Adequate law enforcement system	<input type="checkbox"/>				
Domestic violence	<input type="checkbox"/>				
Drug trafficking	<input type="checkbox"/>				
Gun safety	<input type="checkbox"/>				
Human trafficking	<input type="checkbox"/>				
Neighborhood safety	<input type="checkbox"/>				
Property crime	<input type="checkbox"/>				
Sexual assault	<input type="checkbox"/>				
Sexual harassment	<input type="checkbox"/>				
Other violent crime	<input type="checkbox"/>				

Are there any other issues of concern – not listed previously – that are of high concern to you as a community member?

No

Yes, please specify: _____

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

Are you a health or social service provider?

- Yes
- No

What is your zip code? _____

How old are you?

- Under 18 years old
- 18-24 years old
- 25-34 years old
- 35-44 years old
- 45-64 years old
- 65+ years old

What is your gender identity?

- Male
- Female
- Gender expansive/gender queer
- Gender questioning
- Gender fluid
- Intersex
- Non-binary
- Transmasculine
- Transfeminine
- Two-spirit
- Prefer not to answer
- Prefer to self-describe (please specify) _____

What is your sexual orientation?

- Asexual
- Bisexual
- Heterosexual/straight
- Gay
- Fluid
- Lesbian
- Pansexual

- Queer
- Prefer to self-describe (please specify) _____

How would you describe your ethnic/racial background? (Please check all that apply)

- African American or Black
- American Indian or Alaskan Native
- Asian
- Hispanic/Latinx
- Native Hawaiian or Other Pacific Islander
- Caucasian/White
- Middle Eastern
- Other (please specify) _____

What language do you speak most often at home? (Please choose one)

- English
- Spanish
- Arabic
- Swahili
- Somali
- Russian
- Other (please specify) _____

What is the highest level of education that you have completed?

- Less than high school
- High school graduate or GED
- Some college
- Associate or technical degree/certification
- Bachelor's degree
- Graduate or professional degree

What is your household income?

- Less than \$25,000
- \$25,000 to \$49,999
- \$50,000 to \$74,999
- \$75,000 to \$99,999
- \$100,000 or more

Have you or someone in your family experienced housing insecurity/homelessness in the last 12 months?

- Yes
- No

Are you impacted by any of the below? (Please select all that apply)

- Hearing difficulty (deaf or having serious difficulty hearing)
- Vision difficulty (blind or having serious difficulty seeing, even when wearing glasses)
- Cognitive difficulty (because of a physical, mental, or emotional reasoning, having difficulty remembering, concentrating, or making decisions)
- Ambulatory difficulty (having serious difficulty walking or climbing stairs)
- Difficulty with activities of daily living (having difficulty bathing or dressing)
- Independent living difficulty (because of a physical, mental, or emotional reasoning, having difficulty doing errands alone such as visiting a doctor's office or shopping)
- None of the above
- Prefer not to say
- Other (please write): _____

FOCUS GROUP PROTOCOL

2023 Community Health Needs Assessment

Focus Group Guide

Goals of the focus groups:

- To identify the perceived health needs and assets in your community (describe geography to participants)
- To gain an understanding of people's barriers to health and how these barriers can be addressed
- To identify areas of opportunity to address needs

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

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

I. BACKGROUND (5-10 MINUTES)

Welcome everyone. My name is _____, and I am with _____.

We're going to be having a focus group today. You are here because we want to hear your perspective. I want everyone to know there are no right or wrong answers during our discussion. We want to know your opinions, and those opinions might differ. This is fine. Please feel free to share your opinions, both positive and negative.

The local health systems, public health departments and community partners are conducting a community health needs assessment with Boise State University's Idaho Policy Institute to gain a greater understanding of the issues facing residents, how those needs are currently being addressed, and where there are opportunities to address these needs in the future. We want to hear from you about all the things that affects the health of a community, which can include not just health care but also other things related to where people live, work, and play. The information you provide is a valuable part of this assessment and improving health in our community.

General themes that emerge during the discussions will be written into a summary report for the public. The report will not include any names or identifying information of participants. All names and responses will remain anonymous. Anything sensitive that you say here will not be connected directly to you in our report. Your participation is voluntary and you are not required to respond to every question.

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

I have a series of questions I'm going to use to guide our discussion. I want to let you know that if it seems like I cut a conversation short to move on to the next question, please don't be offended. I want to make sure we cover a number of different topics during our discussion.

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

By continuing to participate in the focus group, you are consenting to share your responses with local health systems, public health departments, community partners and Boise State researchers. If you have questions or concerns about this focus group, you can contact Vanessa Fry at vanessafry@boisestate.edu or 208-426-2848, or the Boise State University Institutional Review Board at humansubjects@boisestate.edu or (208) 426-5401. Any questions before we begin our introductions and discussion?

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

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

II. COMMUNITY PERCEPTIONS (20-30 MINUTES)

2. Today, we're going to be talking a lot about the community that you represent. How would you describe your community?
 - a. If someone were to join your community, what would you say are some of its biggest strengths or the most positive things about it?
 3. What are some of the biggest problems or concerns in your community? [i.e. – transportation, affordable housing; education; childcare; financial stress; food security; violence; employment, etc.]
 - a. How have these issues affected your community?
 - b. How has the COVID-19 epidemic impacted your community?
 - c. Just thinking about day-to-day life –working, getting your kids to school, things like that – what are some of the challenges or struggles you deal with on a day-to-day basis?
 - d. What populations, or groups of people, do you think struggle the most with challenges in your community?
 4. What do you think are the most pressing health concerns in your community? [PROBE ON SPECIFIC ISSUES IF NEEDED, E.G. CHRONIC DISEASES/CONDITIONS, MENTAL HEALTH, SUBSTANCE USE, ETC.; ENSURE ADEQUATE DISCUSSION TIME; PROBE ON HEALTH CARE ACCESS IF MENTIONED]
 - i. How have these health concerns affected your community?
 5. Thinking about health and wellness in general, what helps keep you healthy?
 - a. What makes it easier to be healthy in your community?
 - i. What supports your health and wellness?
 - b. What makes it harder to be healthy in your community?
- ## III. PERCEPTIONS OF SERVICE ENVIRONMENT (15 minutes)
6. Let's talk about a few of the issues you mentioned. [SELECT TOP CONCERNS DISCUSSED] What programs, services, or policies are you aware of in the community that currently focus on these issues?
 - a. What's missing? What programs, services, or policies are currently not available that you think should be?

a. What do you think the community should do to address these issues?

I. VISION OF COMMUNITY (5 minutes)

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

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

II. CLOSING (5 MINUTES)

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

I want to thank you again for your time. And we'd like to express our thanks to you.

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

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

KEY INFORMANT INTERVIEW PROTOCOL

2023 Community Health Needs Assessment

Key Informant Interview Guide

Goals of the Key Informant Interview

- To gather perceptions of the health strengths and needs in your community (describe geography to participant)
- To identify health-related gaps, challenges, and assets
- To explore opportunities for addressing community health needs more effectively

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

BACKGROUND (5 minutes)

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

As you may know, local health systems, public health departments, and community partners are conducting a community health needs assessment in partnership with Boise State University's Idaho Policy Institute to gain a greater understanding of the issues facing the community of [REGION], how those needs are being addressed, and whether there might be opportunities to address these issues more effectively.

As part of this process, we are conducting interviews with leaders in the community and focus groups with residents and other stakeholders to understand the community's perspectives on these issues. We greatly appreciate your feedback, insight, and honesty.

Our interview will last about 45 – 60 minutes. General themes that emerge during the discussions will be written into a summary report for the public. The report will not include any names or identifying information of participants. All names and responses will remain anonymous. Anything sensitive that you say here will not be connected to you in our report.

Your participation is voluntary and you are not required to respond to every question. By continuing the interview, you are consenting to share your responses with the local health systems, public health departments, community partners, and Boise State researchers. If you have questions or concerns about this interview, you can contact Vanessa Fry at vanessafry@boisestate.edu or 208-426-2848, or the Boise State University Institutional Review Board at humansubjects@boisestate.edu or (208) 426-5401.

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

THEIR AGENCY / ORGANIZATION (5 minutes)

[SKIP THIS SECTION FOR ELECTED OFFICIALS]

Can you tell me a bit about your organization/agency?

- a. What are some of the biggest challenges your organization faces in conducting your work in the community?
- b. Do you currently partner with any other organizations or institutions in any of your work?

COMMUNITY OF ORGANIZATION SERVED (10 minutes)

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

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

TOP ISSUES OF THE GENERAL COMMUNITY (10 minutes)

2. What do you think are the most pressing concerns in the general community (i.e. health/education/housing/education/economic/transportation)?
 - a. Why are these concerns?
 - b. How has the COVID-19 epidemic affected the community?
 - c. Who do you consider to be the populations (geography, age, race, gender, income, education) in the community most vulnerable or at risk for health disparities?
 - d. From your experience, what are the community's biggest challenges to addressing these issues?

PROGRAM / SERVICE ENVIRONMENT (10 minutes)

3. Let's talk about a few of the issues you mentioned previously. [SELECT TOP CONCERNS] What programs, services, or policies are you aware of in the community that address some of these issues?
 - a. In your opinion, how effective have these programs, services, or policies been at addressing these issues? Why?
 - b. How coordinated are these programs or services, if at all?
 - c. Where are the gaps? What program, services, or policies are currently not available that you think should be?
 - d. What do you think needs to be done to address these issues?
 - i. Do you see opportunities currently out there that can be seized upon to address these issues? For example, are there some "low hanging fruit" – current collaborations or initiatives that can be strengthened or expanded?
4. [IF HEALTH NOT YET MENTIONED/DISCUSSED] Thinking about your community, what do you see as the strengths of the health services there? What do you see as its limitations?
 - a. What challenges do residents in your community face in accessing health services? [PROBE IN DEPTH FOR BARRIERS TO CARE: LACK OF TRANSPORTATION, INSURANCE ISSUES, LANGUAGE BARRIERS, CHILD CARE, ETC.]
 - b. Who do you consider to be the populations (geography, age, race, gender, income, education) in the community most vulnerable or at risk for disparities in accessing health services?
 - c. What do you think needs to happen in your community to help all residents overcome or address these challenges?

VISION OF THE FUTURE (10 minutes)

5. I'd like you to think ahead about the future of your community. When you think about the community 3-5 years from now, what would you like to see? What is your vision for the future?
 - a. What is your vision specifically related to people's health in the community?

- i. What do you think needs to happen in the community to make this vision a reality?
- ii. Who should be involved in this effort?

CLOSING (2 minutes)

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

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

Thank you again. Have a good day.

APPENDIX C: REFERENCES

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Datasets may not be available at the same level of localization (census tract, county, statewide) or time period as each other. Geographic areas with small population sizes are more difficult to measure due to lower participation in public data collection effects, making data significantly less reliable as the number of participants for an area declines.
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