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Community Health Needs Assessment Magic Valley Region 2023

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Community Health Needs Assessment

Magic Valley Region

2023

St Luke's®

BOISE STATE UNIVERSITY
IDAHO POLICY INSTITUTE

ACKNOWLEDGMENTS

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EXECUTIVE SUMMARY

OVERVIEW

This Community Health Needs Assessment (CHNA) aims to identify the health needs of Jerome and Twin Falls Counties in the Magic Valley region of 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. This report is specifically focused on Twin Falls and Jerome counties.

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 priorities identified within the community are addressed by the CHNA. This process involved various community members and stakeholders providing their community 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 the report region. The top three priorities identified by key stakeholders include:

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

CHNA respondents throughout 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.

- Idaho has the lowest amount of primary care physicians per capita in the country. The state average (74.7) and Twin Falls County rate (70.4) are behind the nationwide average (89.1). Both statewide and Twin Falls County rates rose steadily between 2008-2018. However, the Jerome County rate remained low at 40.5 physicians per 100,000 people.
- In Jerome County, 72.6% of the uninsured population are Hispanic/Latino. This is more than twice the rate of Twin Falls County and almost three times the statewide average. Though Jerome County has higher rates of Hispanic/Latino populations in general, this is still outsized. It is likely Jerome County has a higher rate of migrant populations who are undocumented making it more difficult to become insured. Twin Falls County has a slightly higher uninsured rate of people who are Hispanic/Latino (31.2%) compared to the statewide average (25.4%), this could also be a product of migrant populations.
- 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.

MENTAL WELL-BEING (INCLUDING SUICIDE)

Access to affordable mental health care and substance misuse treatment is a worry for many residents of the Magic Valley, 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.

- In addition to having a significant percentage of poor self-reported mental health, many residents in the report region do not have adequate access to mental health care. Both counties are considered to be mental health professionals shortage areas. Jerome County has considerably less mental health providers per 100,000 compared to the state (38 compared to 308) and Twin Falls (387). Though Twin Falls County has a higher than the statewide average number of providers per 100,000 residents, it is valuable to recognize that those providers are likely caring for much of the population in neighboring counties with a severe lack of providers, including Jerome County.
- 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. Twin Falls County suicide rates are much higher than the state average, especially among young adults (49 deaths per 100,000 compared to 29).

COST OF LIVING (INCLUDING HOUSING, CHILDCARE, AND EDUCATION)

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. These, and other expenses, can combine to put households at an increased risk of financial instability. A lack of educational opportunity may also limit households' ability to improve their financial situations.

- A dwindling housing supply can drive up home prices, especially in areas experiencing as much growth as the Magic Valley. Both Twin Falls and Jerome Counties, as well as the state of Idaho and the nation, have seen median home values rise in the last decade.
- Statewide, childcare 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. Childcare 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.
- Education connects to financial stability by increasing job opportunities with better earnings. Twin Falls and Jerome Counties both have below state average college graduation rates. Primary data sources suggest that this is a concern for residents, who pointed to a need for folks with higher educations to fill skilled positions. Hispanics/Latinos graduate high school and college at significantly lower rates than Non-Hispanic Whites. These gaps may contribute to inequitable economic outcomes between ethnic groups within those counties.

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 included 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.

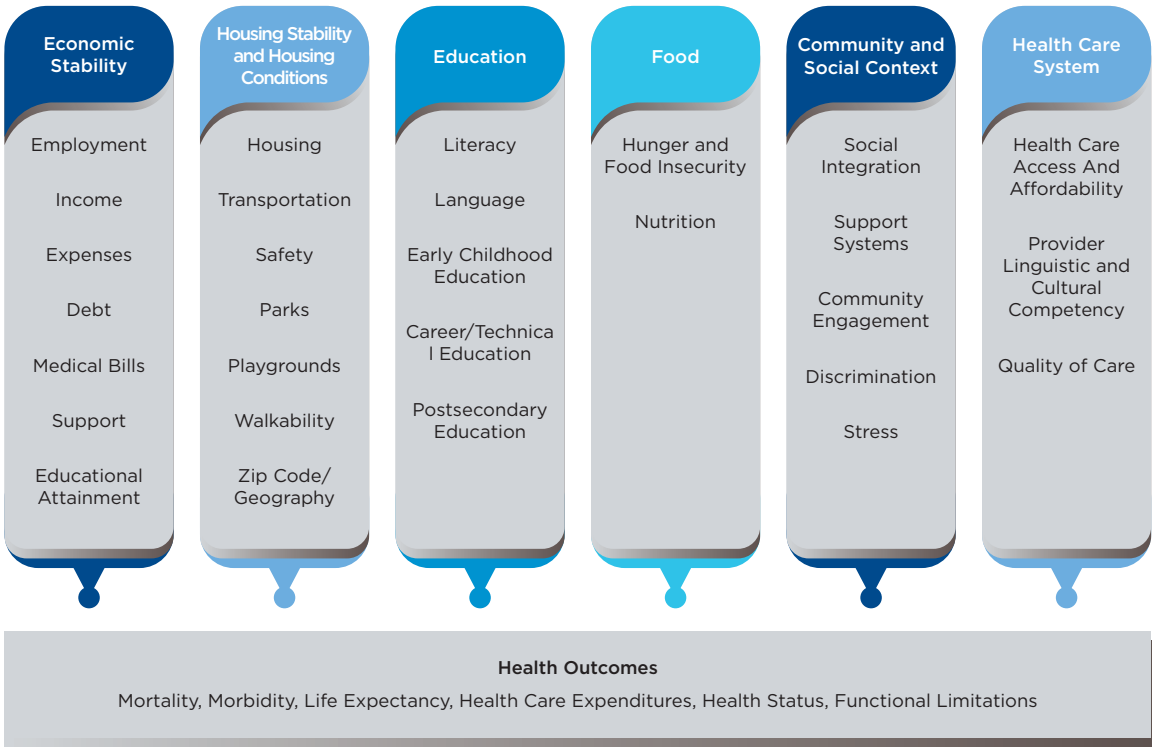
St. Luke's is an Idaho-based nonprofit health system with a mission to improve the health of people in the communities it serves.

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 Jerome and Twin Falls Counties. 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 Jerome and Twin Falls Counties 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 community 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 speech bubble, seen here .

Online and paper community surveys engaged 154 residents in Jerome and Twin Falls Counties. 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.

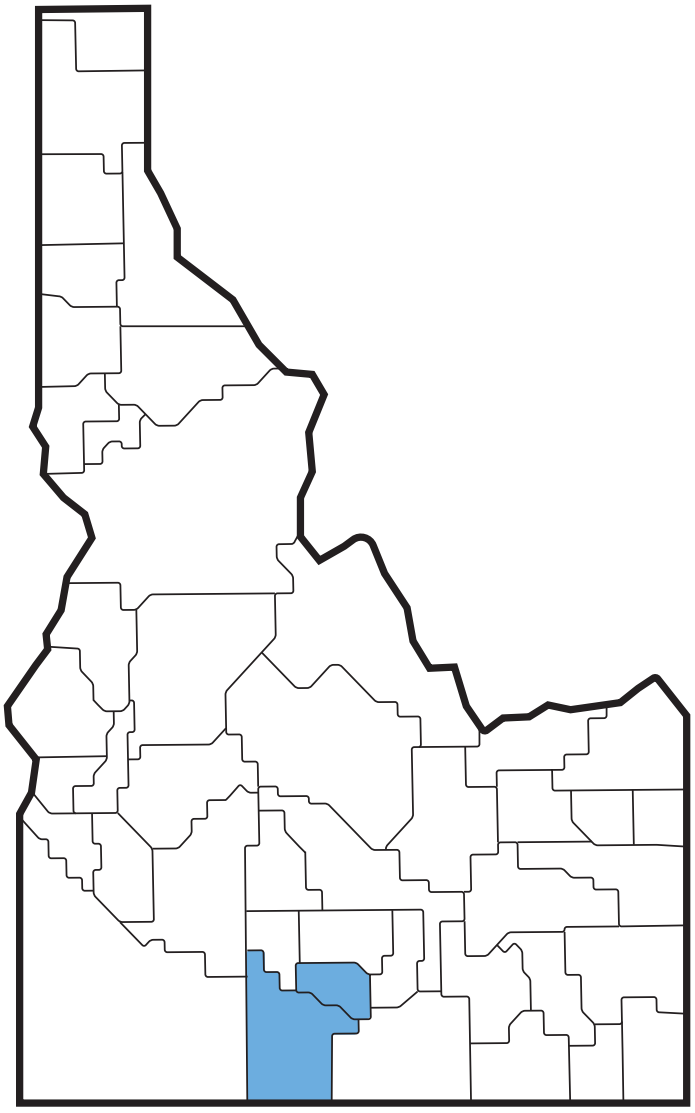
Focus groups and interviews conducted with community stakeholders across the region gathered more representative data. St. Luke's used a targeted approach to recruiting interview and focus group participants to ensure typically underrepresented groups were included in data collection. This process better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

St. Luke's staff conducted ten interviews and ten 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 recruitment oversight occurred through the utilization of a community assessment steering committee. This steering committee was comprised of members representing 19 institutions, including St. Luke's, community health centers, public health department, nonprofit organizations, educational institutions, and other health and human services organizations. The Community Health and Engagement team led the efforts in recruitment for both the survey and interviews/focus groups. Facilitators were trained to conduct the interviews and focus groups and are listed in the Acknowledgments section.

COMMUNITY SERVED

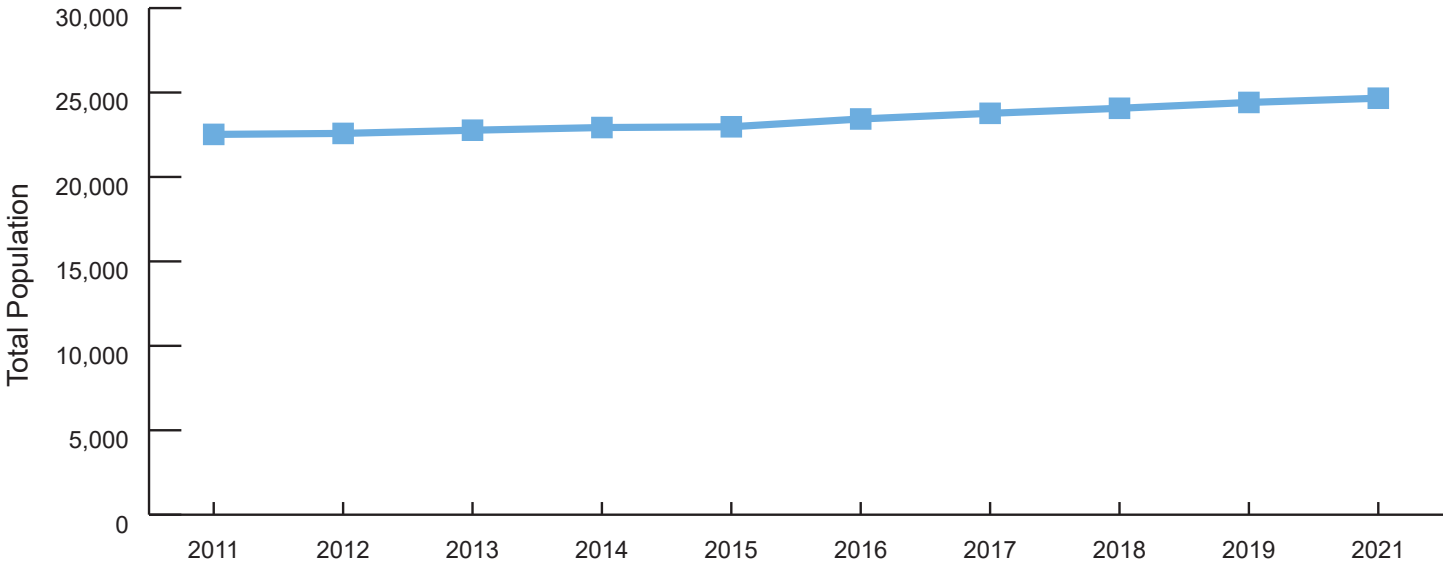
This CHNA covers the two largest counties in the Magic Valley region of Idaho. Twin Falls and Jerome Counties are in Public Health District 5.



POPULATION DEMOGRAPHICS

The population in Idaho from 2010-2020 increased by 17.3%. During this time Twin Falls and Jerome County experienced a population increase of 13.8%. Twin Falls County increased by 18.1% and Jerome County increased by 9.5%.

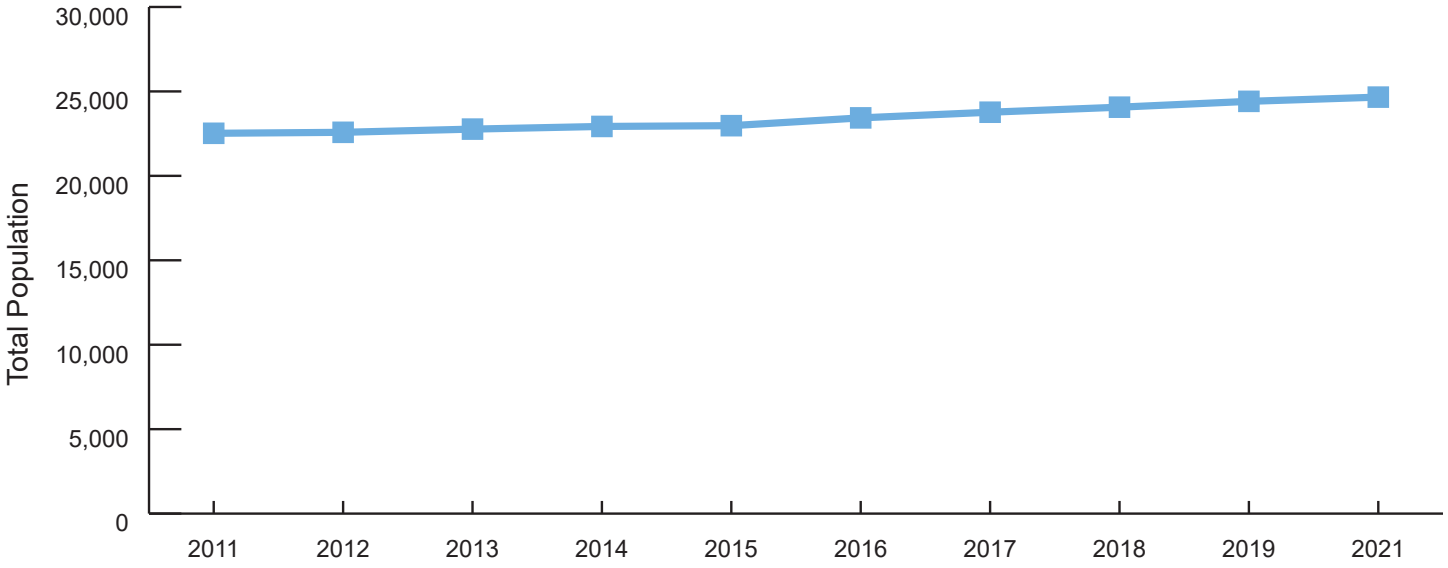
FIGURE 1: TWIN FALLS COUNTY POPULATION GROWTH



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

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

FIGURE 2: JEROME COUNTY POPULATION GROWTH



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

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

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]

CHNA respondents feel that Twin Falls and Jerome Counties are growing rapidly with new manufacturing and agriculture jobs. Negative impacts of the growth include rise in housing costs, decreased quality housing stock, transportation complications, insufficient affordable childcare services, wages not raising with cost of living, and decreased access to mental health care.

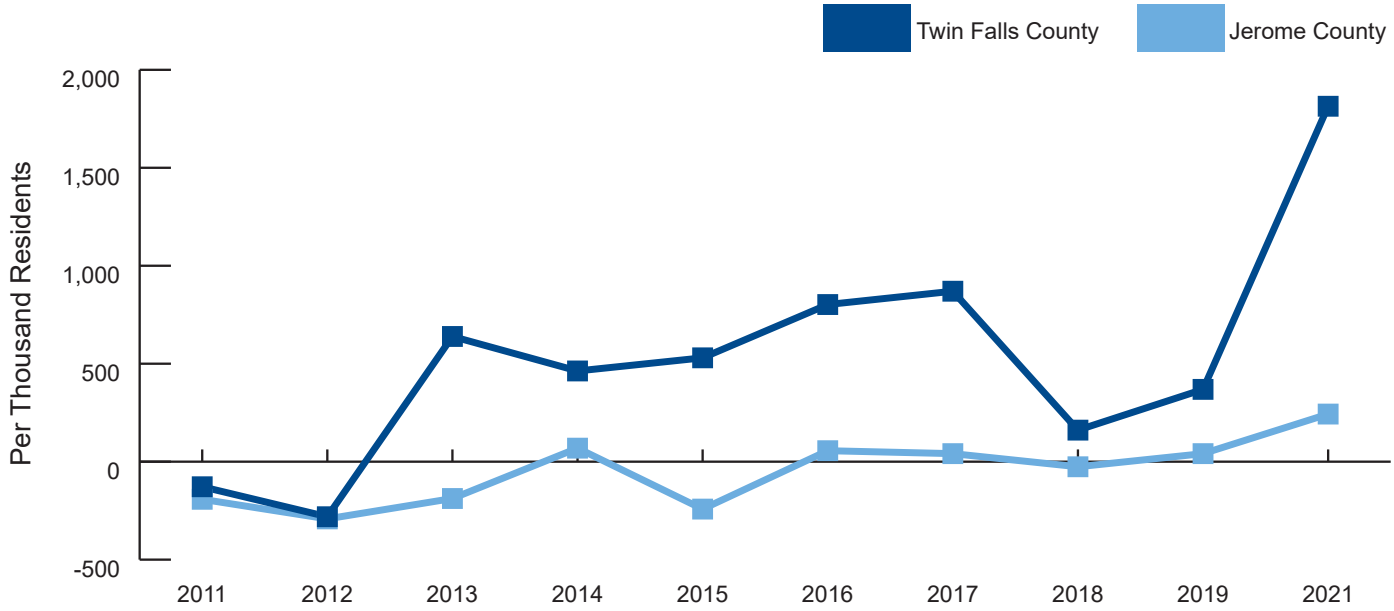
POPULATION CHANGE

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

Domestic migration, or the migration of population between US states, has increased by 6.8% in Twin Falls County since 2019. From 2011-2015, Jerome County rates of migration were below zero, meaning more people were moving out of the county than into it. Since 2016, Jerome County rates have been above zero but minor, especially when compared to the growth in Twin Falls County.

During the COVID-19 pandemic, both counties saw larger than average rates of domestic migration as many people across the country took advantage of the introduction of remote work as an opportunity to move to more desirable and affordable locations.

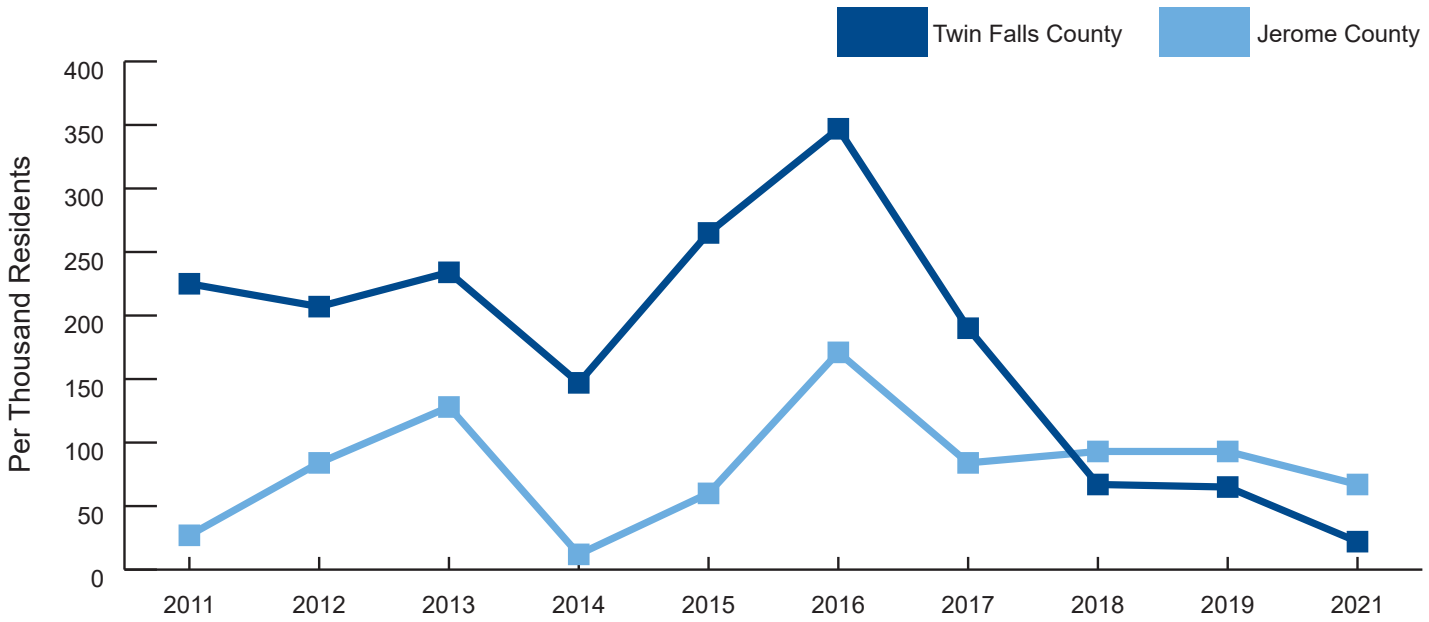
FIGURE 3: DOMESTIC MIGRATION



Source: U.S. Census Bureau, American Community Survey 5-Year Estimates
Note: U.S. Census population estimates data does not include full estimates for the year 2020, so the year is omitted

International migration, or individuals and families migrating from another country, accounts for much of the Twin Falls County international migration. The city of Twin Falls is a resettlement town for refugees.[4] Between 2014-2016 international migration rates increased in both counties, then dropped in 2017. This drop may be attributed to when many refugee and other 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.

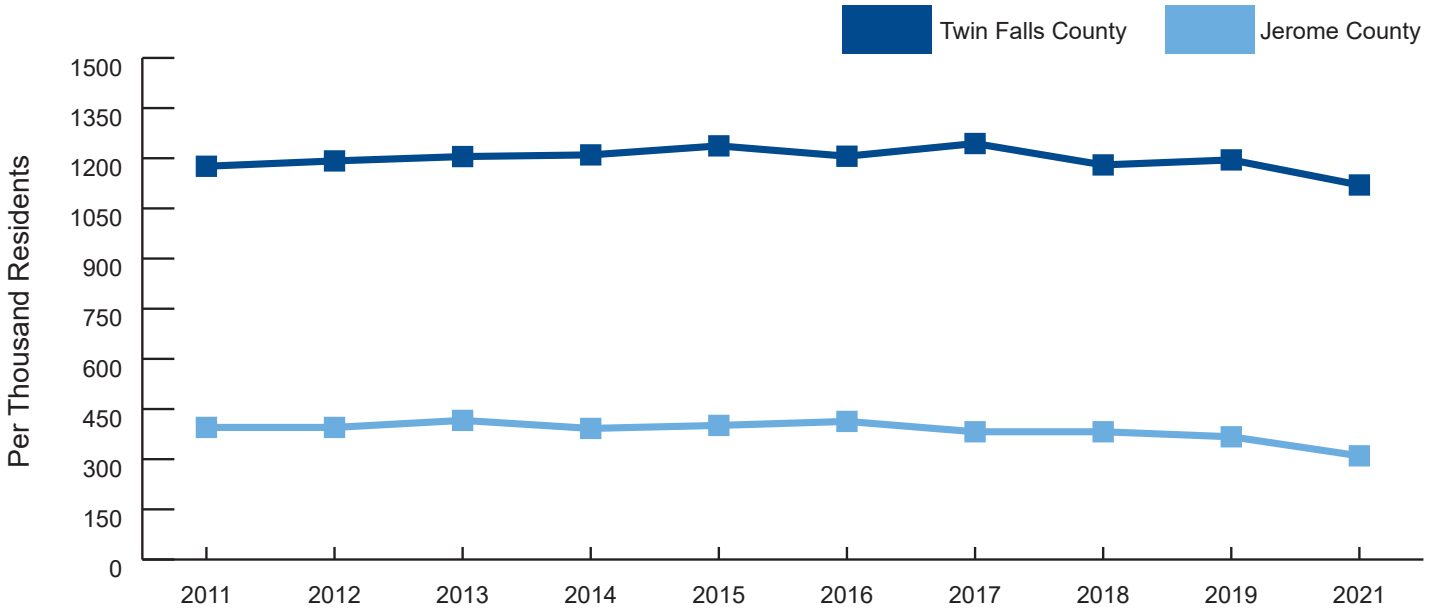
FIGURE 4: INTERNATIONAL MIGRATION



Source: U.S. Census Bureau, American Community Survey 5-Year Estimates
Note: U.S. Census population estimates data does not include full estimates for the year 2020, so the year is omitted

Jerome County's number of births in the past decade remained relatively stable with small decreases in the number of births over time since 2018. Twin Falls County has seen a decrease in the number of births since 2017.

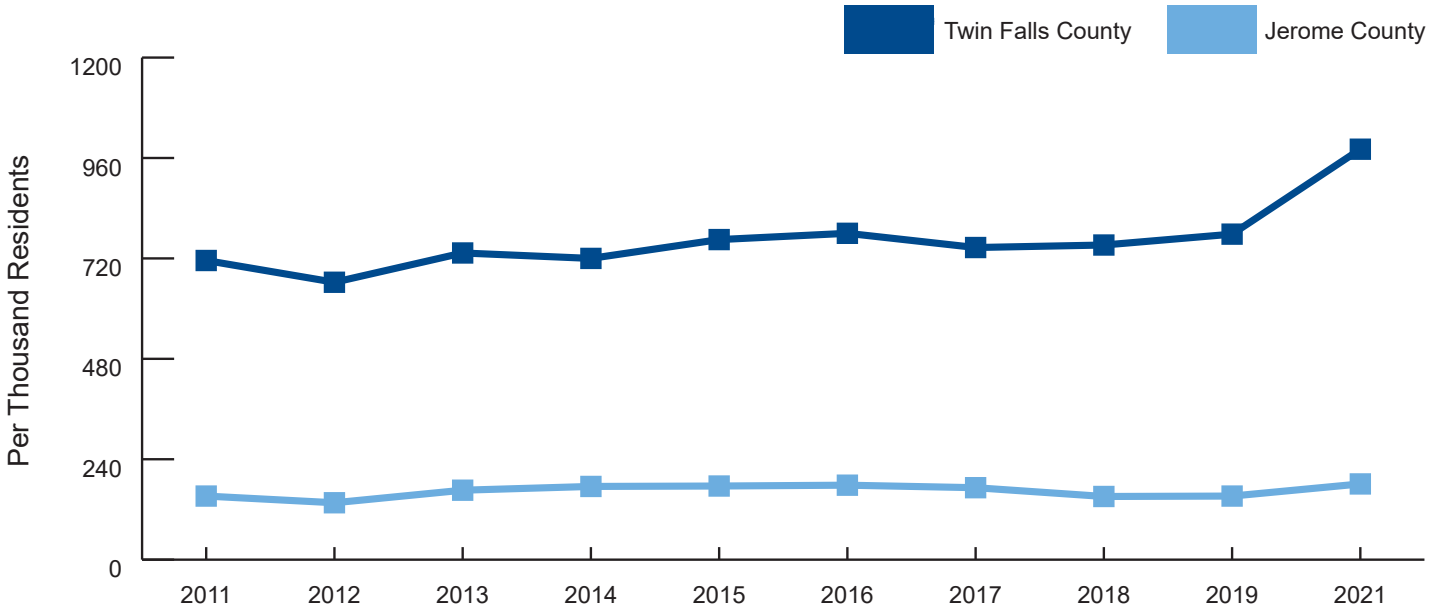
FIGURE 5: BIRTHS



Source: U.S. Census Bureau, American Community Survey 5-Year Estimates
Note: U.S. Census population estimates data does not include full estimates for the year 2020, so the year is omitted

In 2021, both counties saw increases in deaths most likely as a result of the COVID-19 pandemic.[5] Deaths in Twin Falls County increased by about 26% from 2019 to 2021 while deaths in Jerome County increased by about 19%.

FIGURE 6: DEATHS



Source: U.S. Census Bureau, American Community Survey 5-Year Estimates
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, Jerome and Twin Falls Counties have a higher percentage of Hispanic/Latino residents. Jerome County accounts for much of the Hispanic/Latino population with 37% of residents identifying as Hispanic/Latino. When asked which groups are most at risk of not receiving needed services, CHNA respondents most often identified the Hispanic/Latino populations and those who are immigrant and refugee populations or non-native English speakers. Those representing these groups reported barriers to service including lack of translation and interpretation services and lack of culturally competent care.

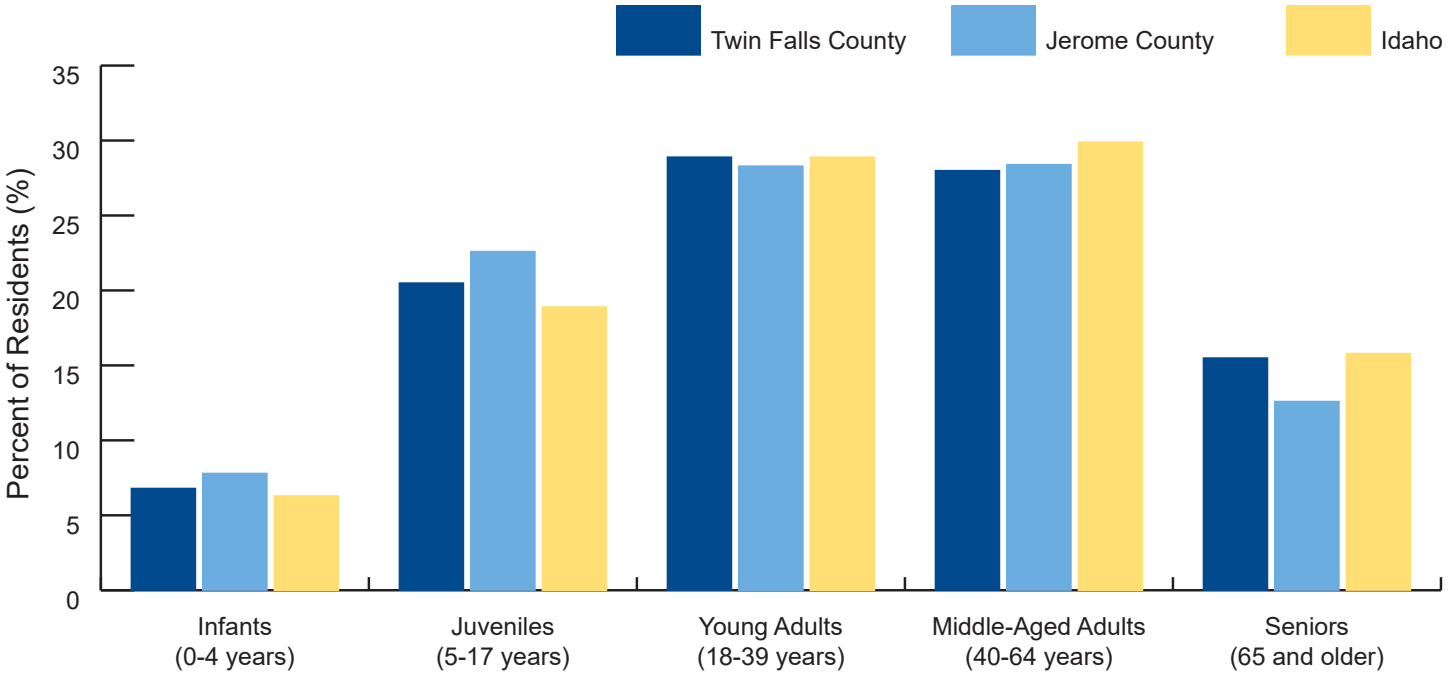
TABLE 1: RACE AND ETHNICITY

	Jerome County	Twin Falls County	Idaho
Non-Hispanic White	59.5%	76.7%	80.5%
Non-Hispanic Black	0.0%	0.6%	0.6%
Hispanic/Latino	37.4%	17.1%	12.9%
Asian	0.0%	1.6%	1.3%
Native American	0.0%	0.2%	0.9%
Pacific Islander/ Native Hawaiian	0.3%	0.0%	0.1%
Two or More Races	2.5%	3.2%	3.0%

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

AGE

FIGURE 7: POPULATION BY AGE, 2017-2021



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

Jerome County has higher than the statewide rates of infants and juveniles. Within Twin Falls County its rates are relatively similar to Idaho statewide averages. Respondents in the focus groups were concerned about the well-being of the juvenile age group, specifically their mental health and the increased instances of homelessness.

Seniors comprise 12.7% of the population in Jerome County and 15.6% in Twin Falls County compared to the Idaho statewide average of 15.9%. Respondents in the focus groups were concerned about seniors having limited support, finding transportation, and living on fixed income.

VETERANS

Jerome and Twin Falls County is home to over 5,000 veterans. Compared to the statewide average (8.8%), Jerome County has 6.7% veterans, and Twin Falls County has 8.5%. Veterans have access to health services from Department of Veteran's Affairs but may have difficulty navigating the system and may experience long wait times for appointments. Focus groups participants feel the veteran population faces housing issues, poor access to mental health care, and that female veterans have different and unmet health care needs.

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."[6] 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%. Jerome County is 12.7% and Twin Falls County is 14%. Seniors make up a 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. Jerome County has a larger percentage of residents with limited English proficiency

(11.9%) compared to the Idaho statewide average (1.8%). Twin Falls County has 2.7% of residents with limited English proficiency.

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. Those in this population 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 Twin Falls and Jerome County. First, this section will review overall health outcomes for general health and well-being, then will dive into 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 Orgon Community Health Atlas. Please refer to the health index to identify additional health indicators that may be of interest.

The Robert Wood Johnson 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 Twin Falls and Jerome County rank out of the 44 in Idaho for Health Outcomes and Health Factors.[7] 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.[8]

TABLE 2: COUNTY HEALTH RANKINGS

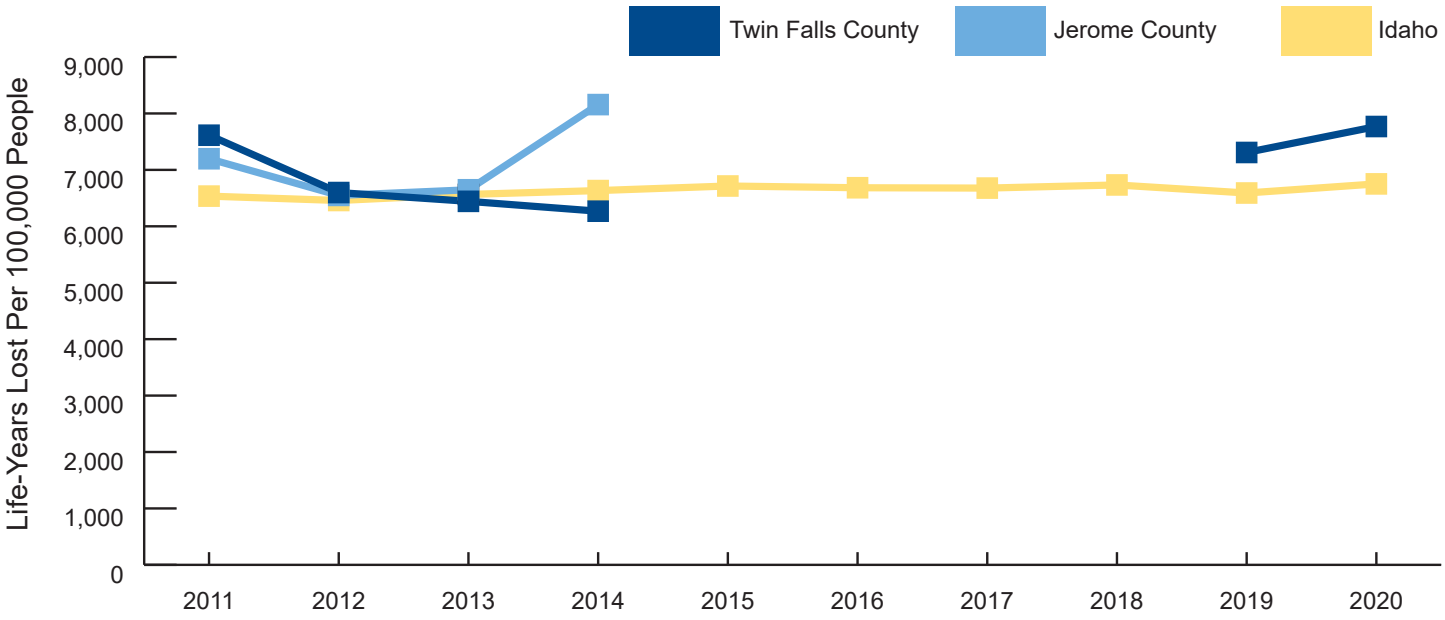
County Health Ranking (Out of 44 Counties in Idaho)		
County	Health Outcomes	Health Factors
Jerome	12	37
Twin Falls	25	19

Source: University of Wisconsin Population Health Institute, County Health Rankings, 2022
Note: Higher ranking (lower number) indicates better outcomes and health factors

GENERAL HEALTH AND WELL-BEING

The length of life measure, Years of Potential Life Lost (YPLL) per capita, represents the total number of years not lived by those who die before the age of 75 with emphasis on causes of death more common at younger ages.[9] Twin Falls County's per capita YPLL rate was within 100 years of the state average in 2018 and 2019 but increased at a much higher rate in 2020. This spike is likely due to COVID-19.[10] The higher numbers through the years may be a result of more instances of chronic illness in general in the area.

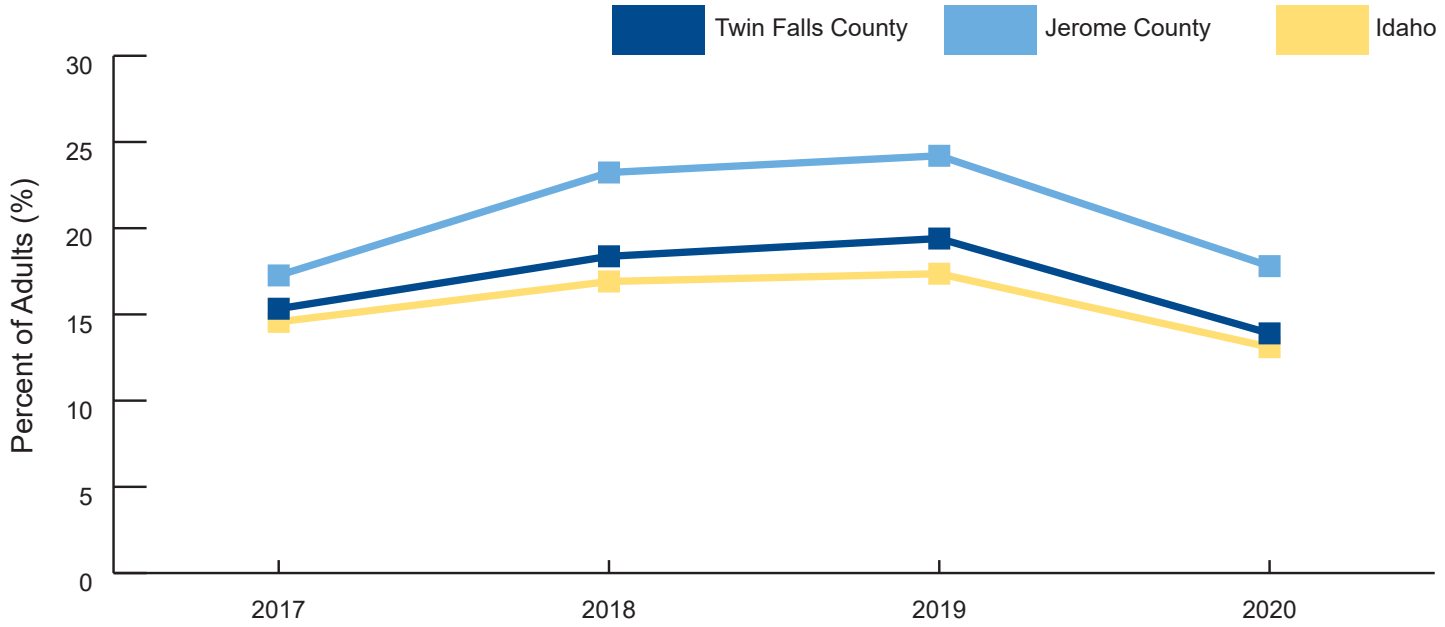
FIGURE 8: YEARS OF POTENTIAL LIFE LOST



Source: University of Wisconsin Population Health Institute, County Health Rankings, 2022
Note: Jerome County does not report the needed data to meet recording qualifications so the data does not exist.

ADULTS SELF-REPORTING "FAIR" OR "POOR" HEALTH OUTCOMES

FIGURE 9: FAIR OR POOR SELF-REPORTED HEALTH



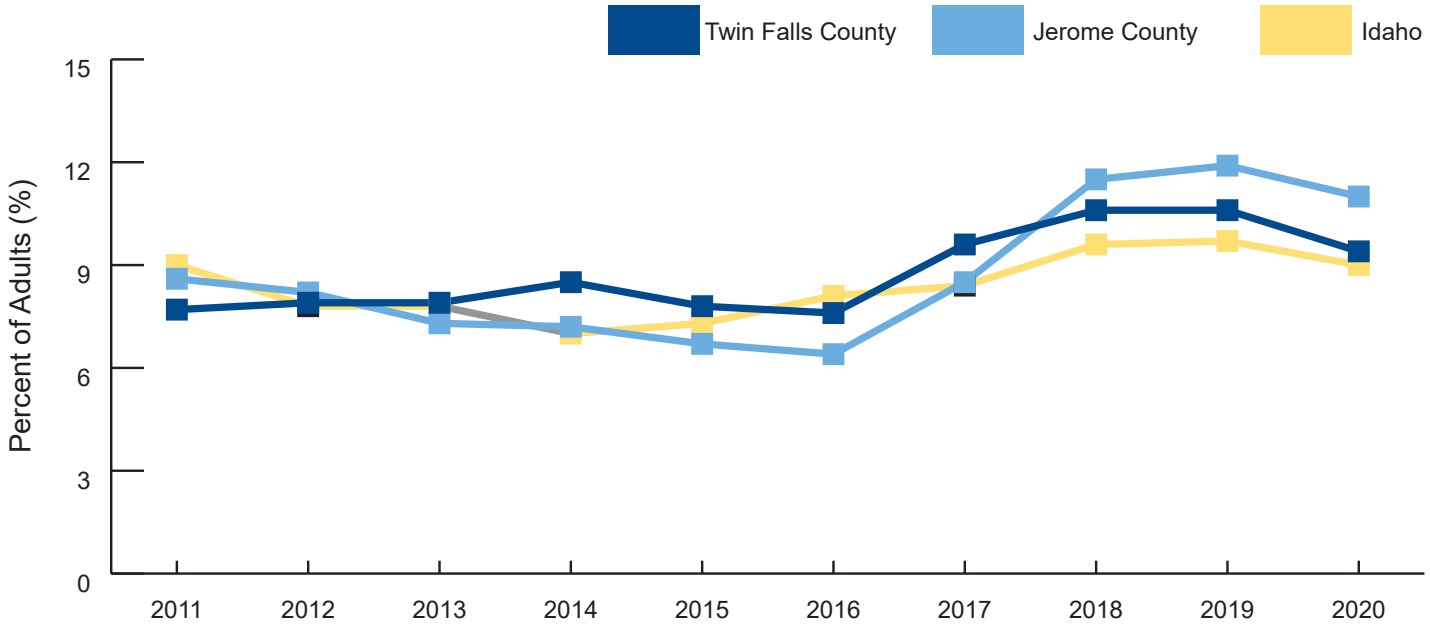
Source: University of Wisconsin Population Health Institute, County Health Rankings, aggregated by Metopio

Self-reported health is measured using the Behavioral Risk Factor Surveillance System (BRFSS). Respondents are asked how they would rate their health in general as very good, good, fair, or poor. In 2019, nearly a quarter of respondents in Jerome County rated their health as fair or poor, about 5% higher than the Twin Falls County average. This number dropped in 2020 but remained higher than Twin Falls County and the statewide average. The drop may be related to the COVID-19 pandemic which caused people to be more cautious about the spread of disease and likely had less experiences with many types of physical illness.

CHRONIC DISEASES

When looking at chronic diseases across the region, diabetes diagnoses increased steadily from 2015 to 2019 and then experienced a drop in 2020. This could be positive or could be a result of fewer people seeking general medical care during the COVID-19 pandemic.

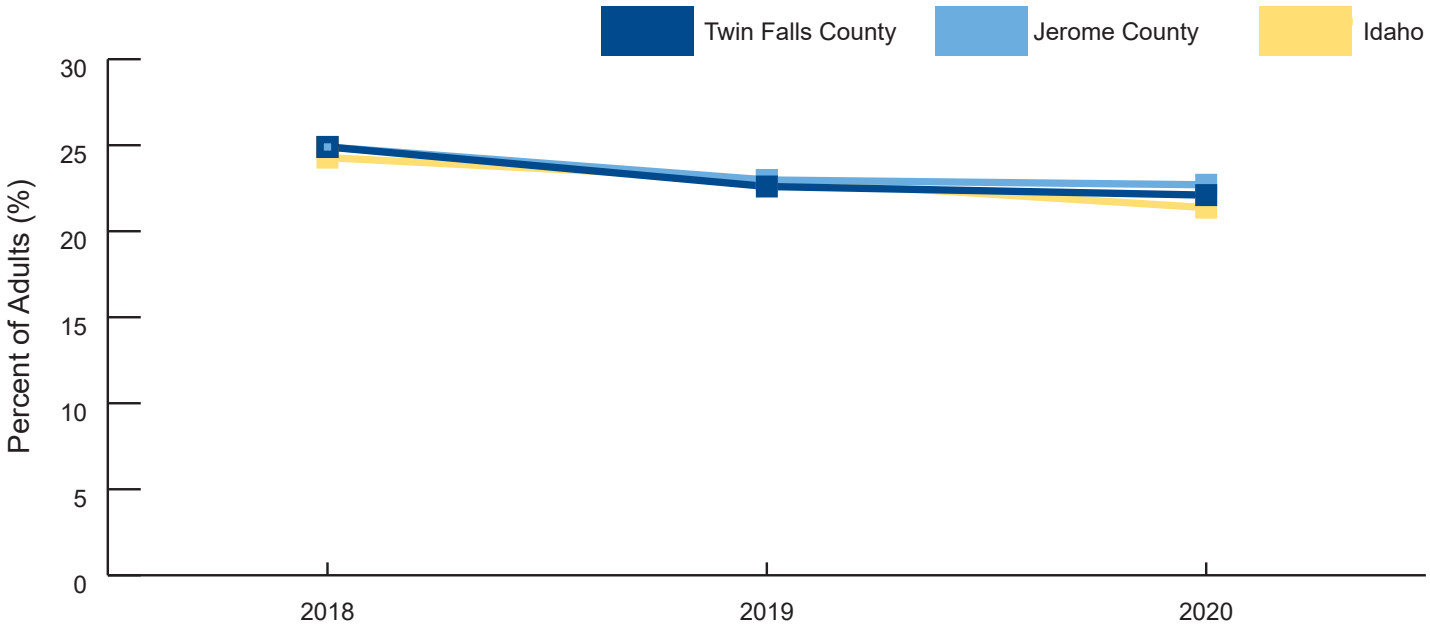
FIGURE 10: DIAGNOSED DIABETES



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

The percentage of adults with arthritis decreased by only 2.2% for Jerome County, 2.8% for Twin Falls, and 2.9% statewide between 2018 and 2020. More years of data are needed to indicate if this is the beginning of a trend.

FIGURE 11: 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	
County	Jerome	Twin Falls	Jerome	Twin Falls	Jerome	Twin Falls
Ever had cancer	6.3%	6.4%	6.0%	6.4%	5.7%	5.9%
Coronary heart disease	7.0%	6.1%	6.5%	6.0%	6.7%	6.0%
Chronic kidney disease	3.1%	2.8%	3.2%	2.9%	3.1%	2.8%

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

PRIMARY DATA TOP FIVE POOR HEALTH OUTCOMES

When the CHNA survey respondents were asked to identify the top five health concerns to their family and their community, respondents identified the following:

Their Family/Support System

- Aging Health Concerns (32.7%)
- Mental Health (30.9%)
- Obesity/overweight (23.0%)
- COVID-19 (19.4%)
- Access to Health care (19.4%)

Their Community

- Mental Health (52.2%)
- COVID-19 (30.0%)
- Access to Health care (27.4%)
- Aging Health Concerns (19.4%)
- Obesity/overweight (16.8%)

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

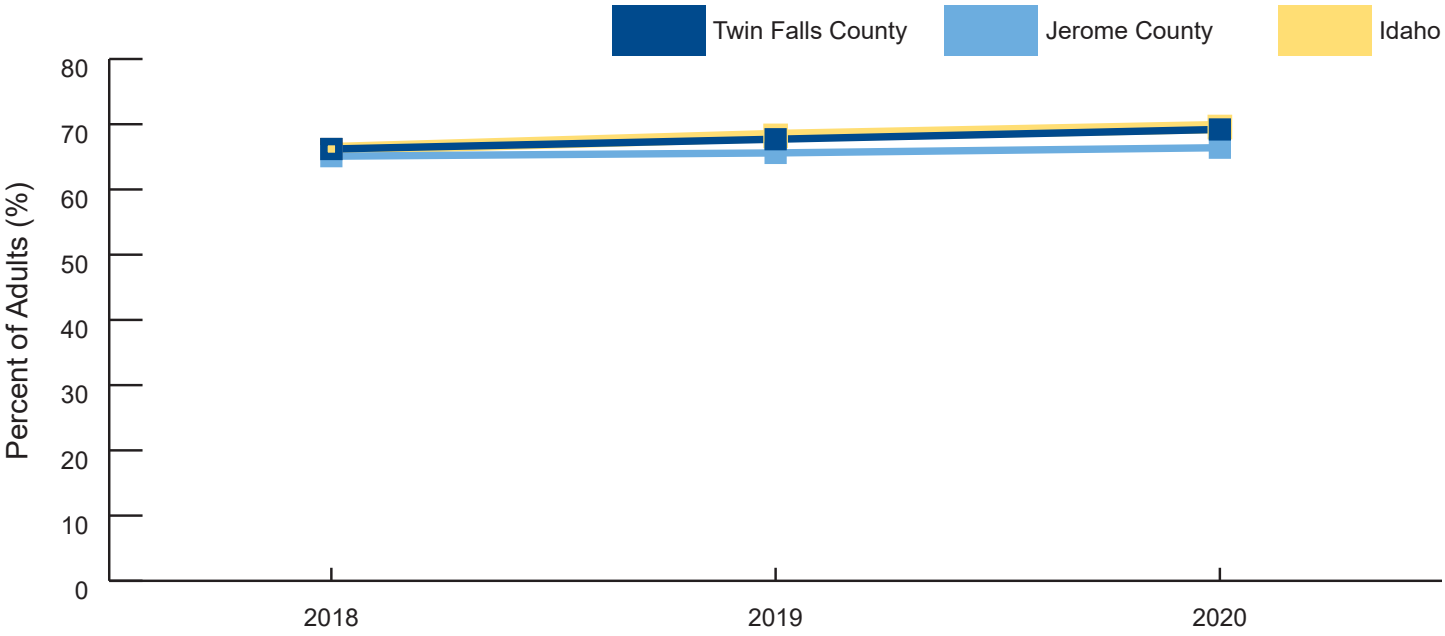
HEALTH CARE: ACCESS AND AFFORDABILITY

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."[11] 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, Twin Falls County experiences similar to the statewide average of individuals reporting a routine checkup with a medical provider while Jerome County has lower rates, with an increased gap since 2018. Similar findings can be seen among seniors receiving their core preventative services by sex and age compared to the state. In addition, Twin Falls and Jerome Counties primary data respondents reported insufficient mental health, substance misuse, and general health care providers in the area.

FIGURE 12: VISITED DOCTOR FOR ROUTINE CHECKUP

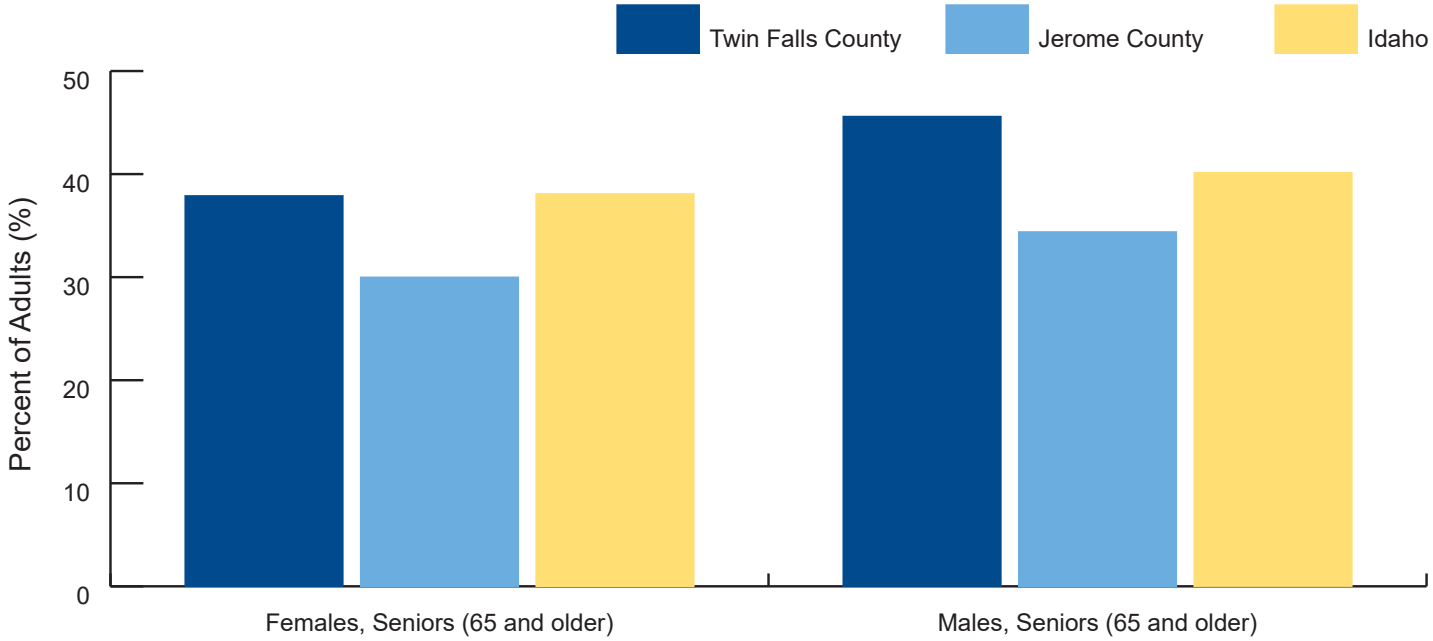


Source: Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System, aggregated by Metopio

There are many reasons why an individual may not be receiving the suggested routine health care services in Twin Falls and Jerome Counties. Within these areas, survey, focus group, and interview respondents most frequently reported struggle accessing care because of high cost of services, insurance problems (not enough or no coverage), language or cultural differences, and long wait times for appointments.

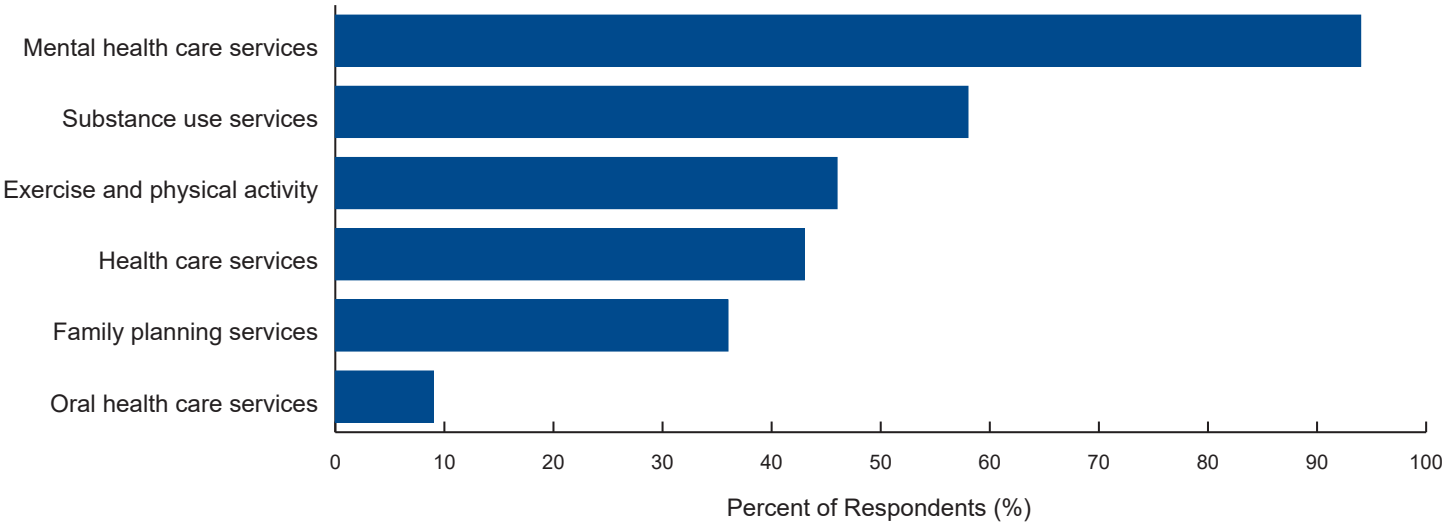
Populations that seem to be impacted most by unawareness of the resources available to them are immigrant populations or non-native English speakers. Many individuals report difficulties accessing services due to language barriers and fear of mistreatment due to their immigration status.

FIGURE 13: 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

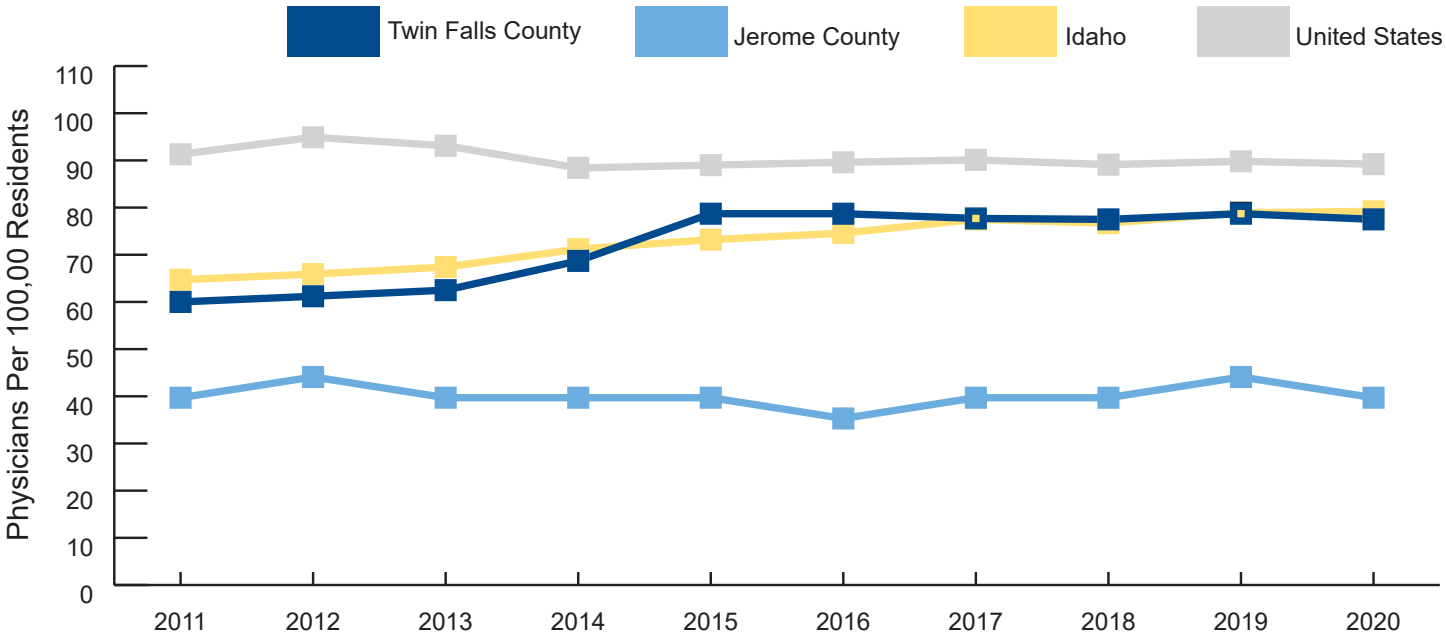
FIGURE 14: CHNA REGIONAL SURVEY, WHICH OF THE FOLLOWING HEALTH SERVICES ARE CURRENTLY INSUFFICIENT WITHIN YOUR COMMUNITY?



Source: CHNA Community Data, 2022

Overall, Idaho has the lowest amount of primary care physicians per capita in the country.[12] The state average (74.7) and Twin Falls County rate (70.4) are behind the nationwide average (89.1). Both statewide and Twin Falls County rates rose steadily between 2008-2018. However, the Jerome County rate remained low at 40.5 physicians per 100,000 people. Though the Twin Falls County rate is much higher than Jerome County, physicians in Twin Falls County likely are overburdened from treating populations from neighboring counties.

FIGURE 15: PRIMARY CARE PROVIDERS (PCP) PER CAPITA (FULL POPULATION)

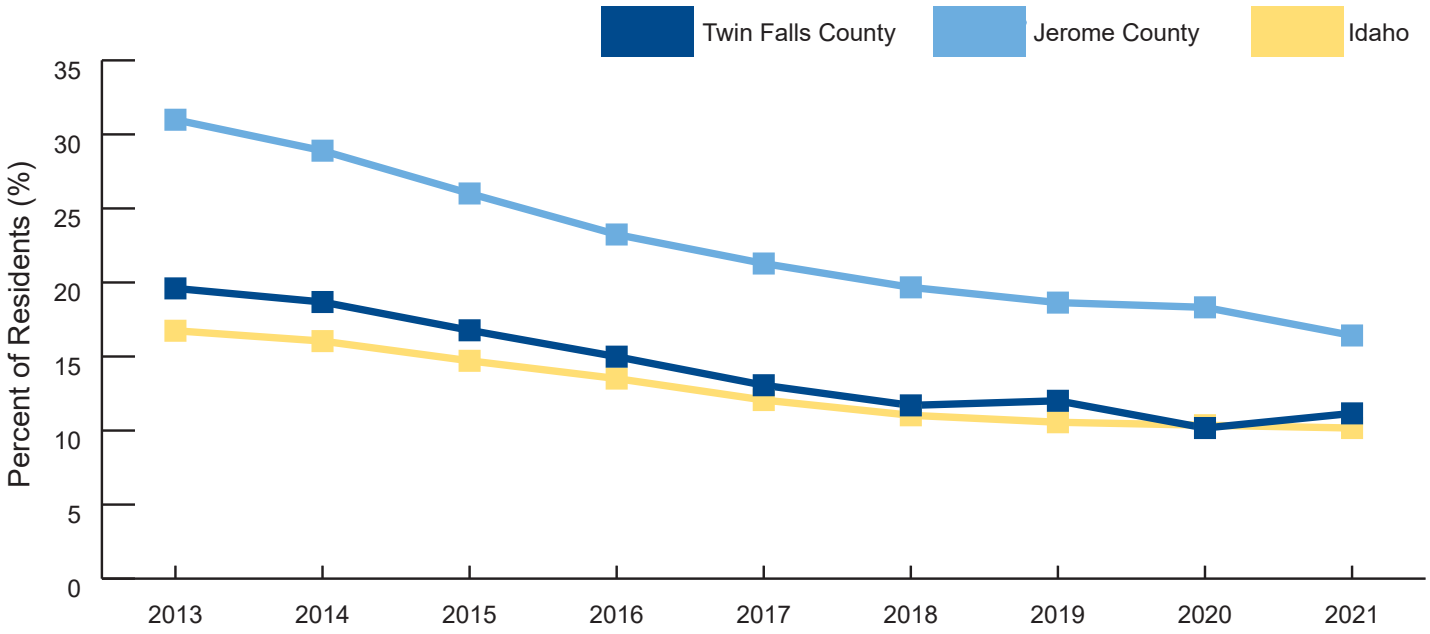


Source: Health Resources & Services Administration, Area Health Resources files, aggregated by Metopio, 2021-2022)

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 16: UNINSURED RATE

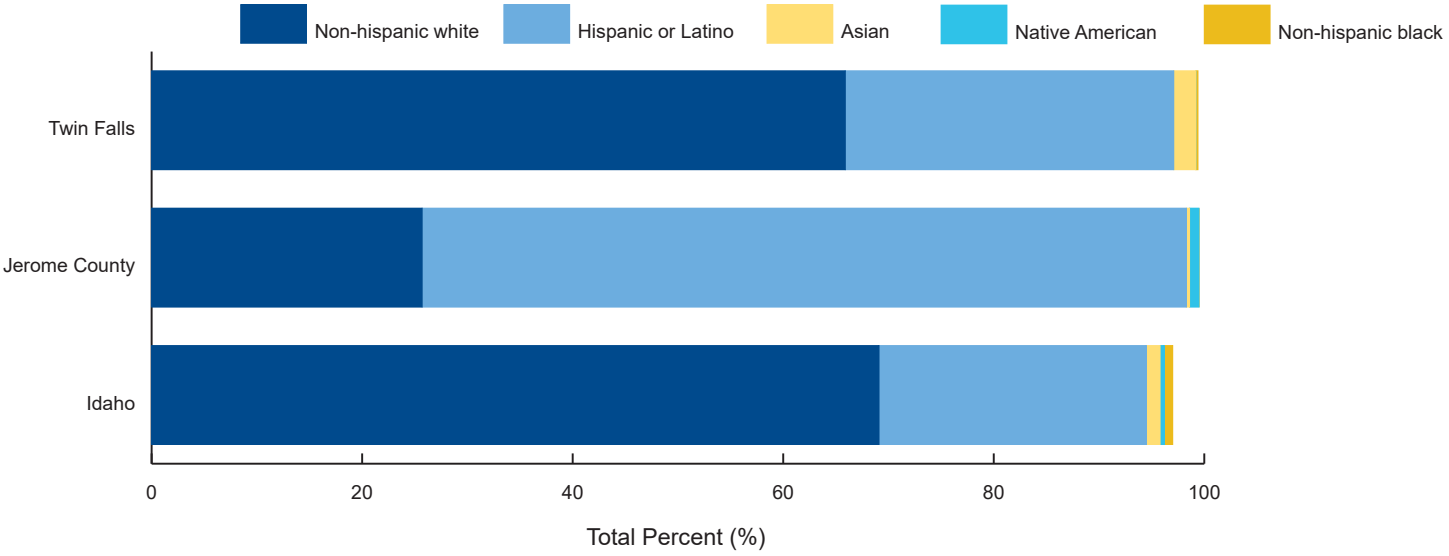


Source: U.S. Census Bureau, American Community Survey 5-Year Estimates, aggregated by Metopio

Uninsured rates for Idaho have been trending down for the last few years with a large decrease seen from 2019 to 2021. Twin Falls County has maintained around 11% for overall uninsured rates. Jerome County has higher rates of uninsured population, at around 16.4%.

Health insurance access and coverage tends to vary across age and race. In Jerome County, 72.6% of the uninsured population are Hispanic/Latino. This is more than twice the rate of Twin Falls County and almost three times the statewide average. Though Jerome County has higher rates of Hispanic/Latino populations in general, this is still outsized. It is likely Jerome County has a higher rate of migrant populations who are undocumented making it more difficult to become insured. Twin Falls County has a slightly higher uninsured rate of people who are Hispanic/Latino (31.2%) compared to the statewide average (25.4%), this could also be a product of migrant populations.

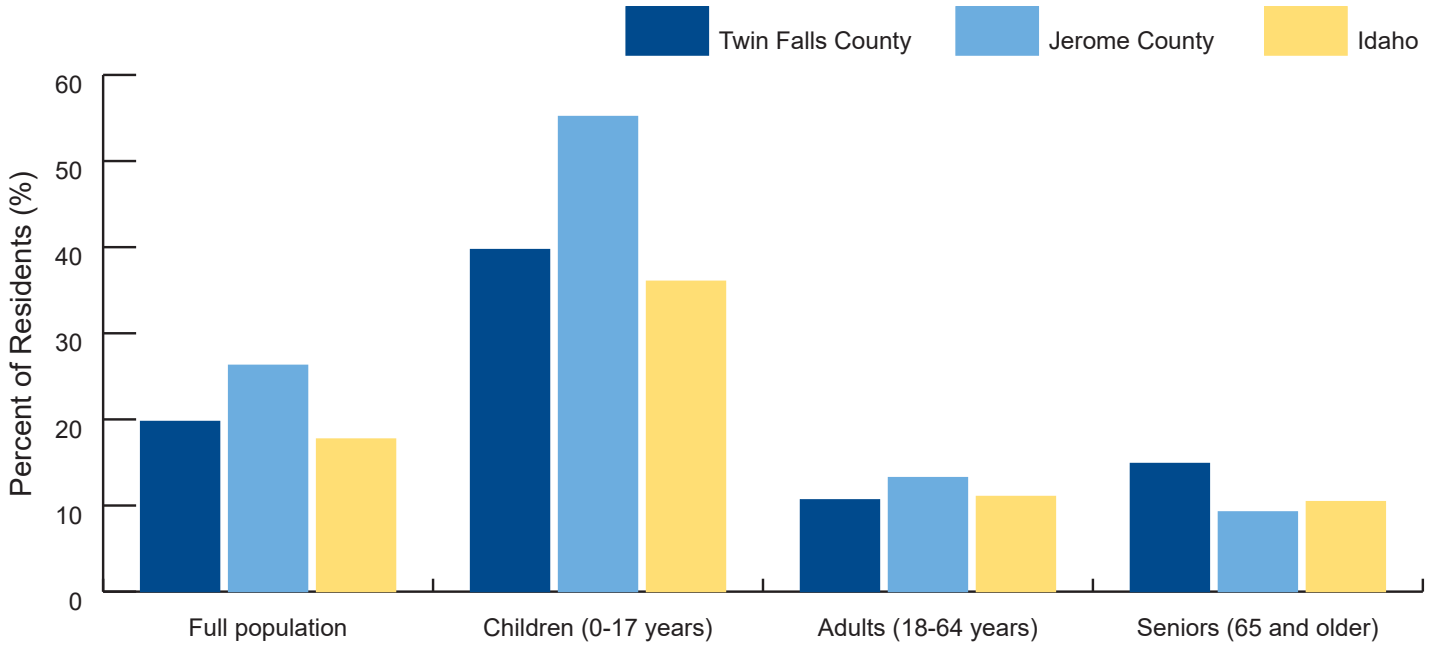
FIGURE 17: UNINSURED RESIDENTS BY RACE/ETHNICITY. 2017-2021



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. Both Twin Falls County and Jerome County had higher participation rates than the rest of the state. Though positive, primary data respondents in more rural areas often reported having difficulty finding local providers who accept Medicaid.

FIGURE 18: MEDICAID COVERAGE BY AGE, 2017-2021

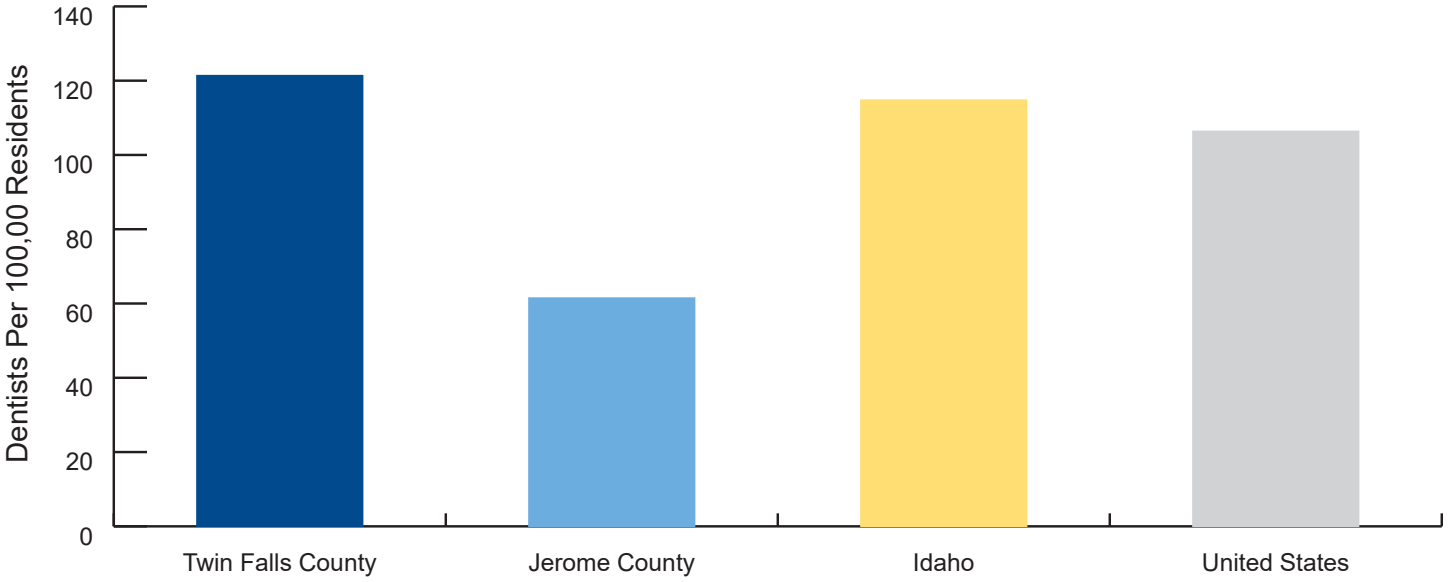


Source: U.S. Census Bureau, American Community Survey 1-Year Estimates, aggregated by Metopio, 2021

ORAL HEALTH

Oral health is an important piece of overall health and well-being. Both Twin Falls and Jerome Counties are considered dental health professional shortage areas.[13] Dental health professional shortage areas are calculated using the population-to-provider ratio, poverty levels, water fluoride status, and travel time to non-shortage areas.[14]

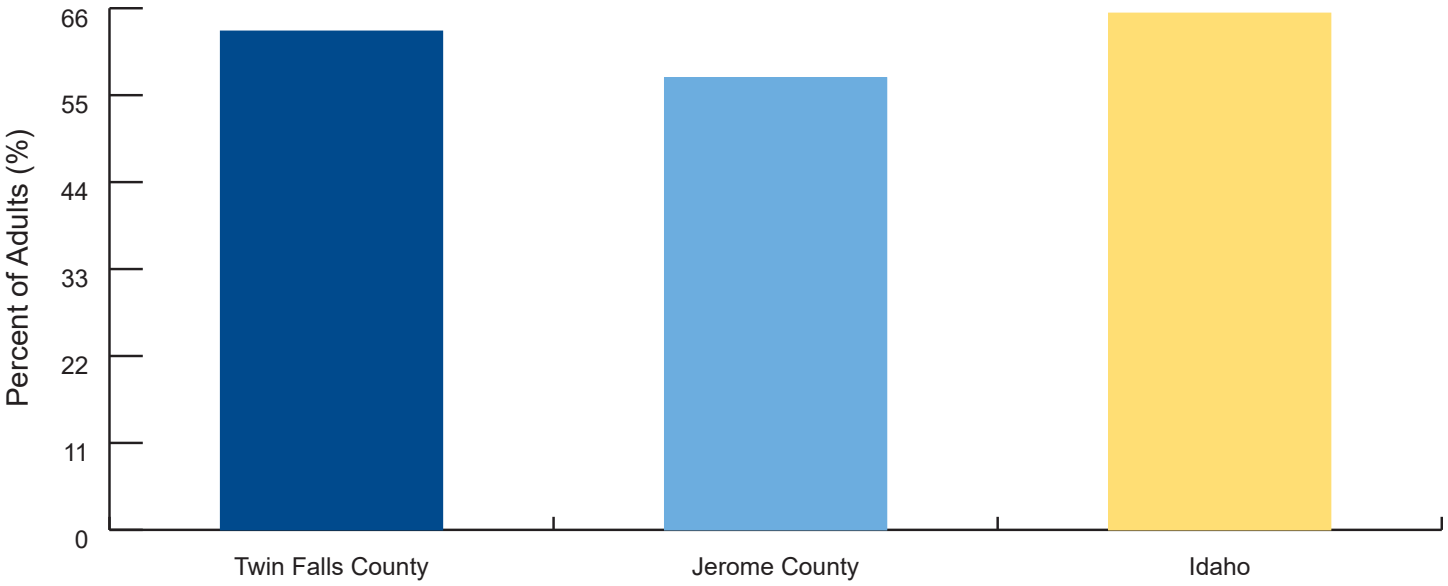
FIGURE 19: DENTISTS PER CAPITA, 2022



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, 120.1 dentists per 100,000 in Twin Falls, and 57.2 in Jerome. Jerome County has a sizable disparity between dentists and residents, meaning many residents may have to travel to Twin Falls County for dental care.

FIGURE 20: 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, which is similar to the Twin Falls average (63%). Jerome County has a slightly lower rate (57%) but the rate is higher than anticipated when compared with the number of dentists per 100,000 residents.

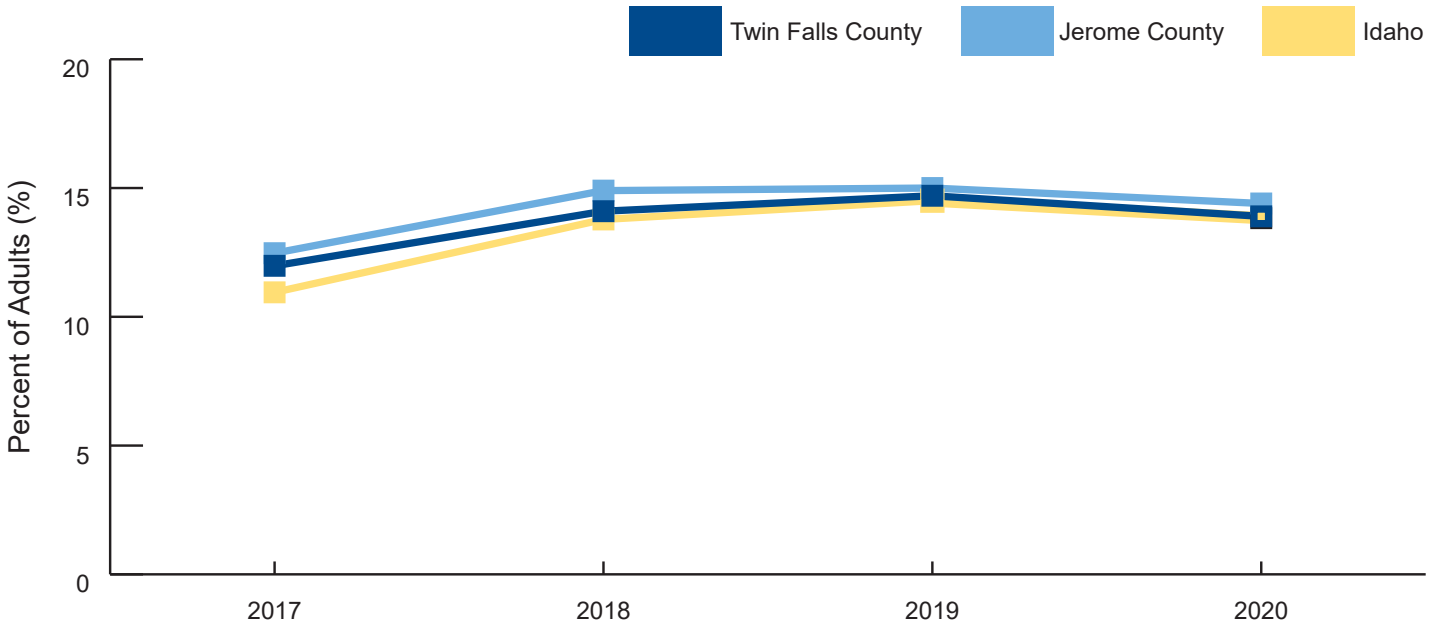
Data related to child oral health care has not been updated since the previous CHNAs were published. The previous Idaho Smile Survey was conducted in 2017 and reported that due to lack of regular oral health care, many children in Idaho are experiencing oral health issues, such as dental caries (cavities) 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 Magic 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

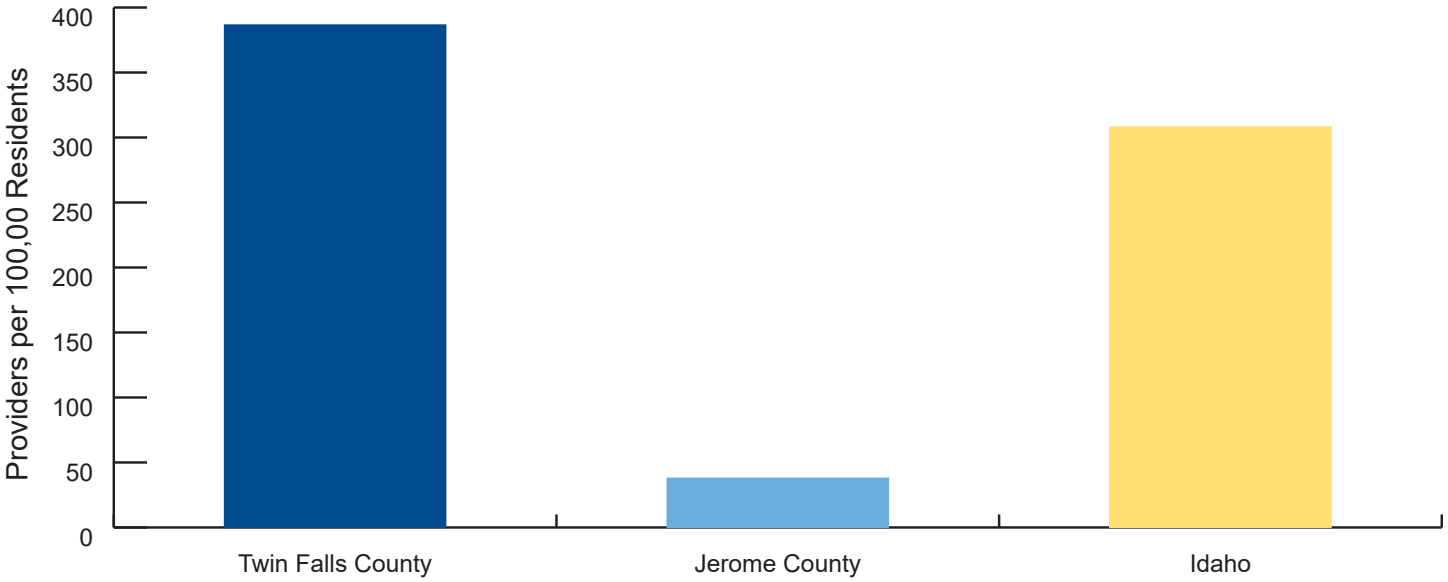
FIGURE 21: POOR SELF-REPORTED MENTAL HEALTH



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

Both Jerome and Twin Falls Counties have similar self-reported poor mental health compared to the statewide average which is similar with the nationwide average. Community members identified mental health as a top priority to address in both counties.

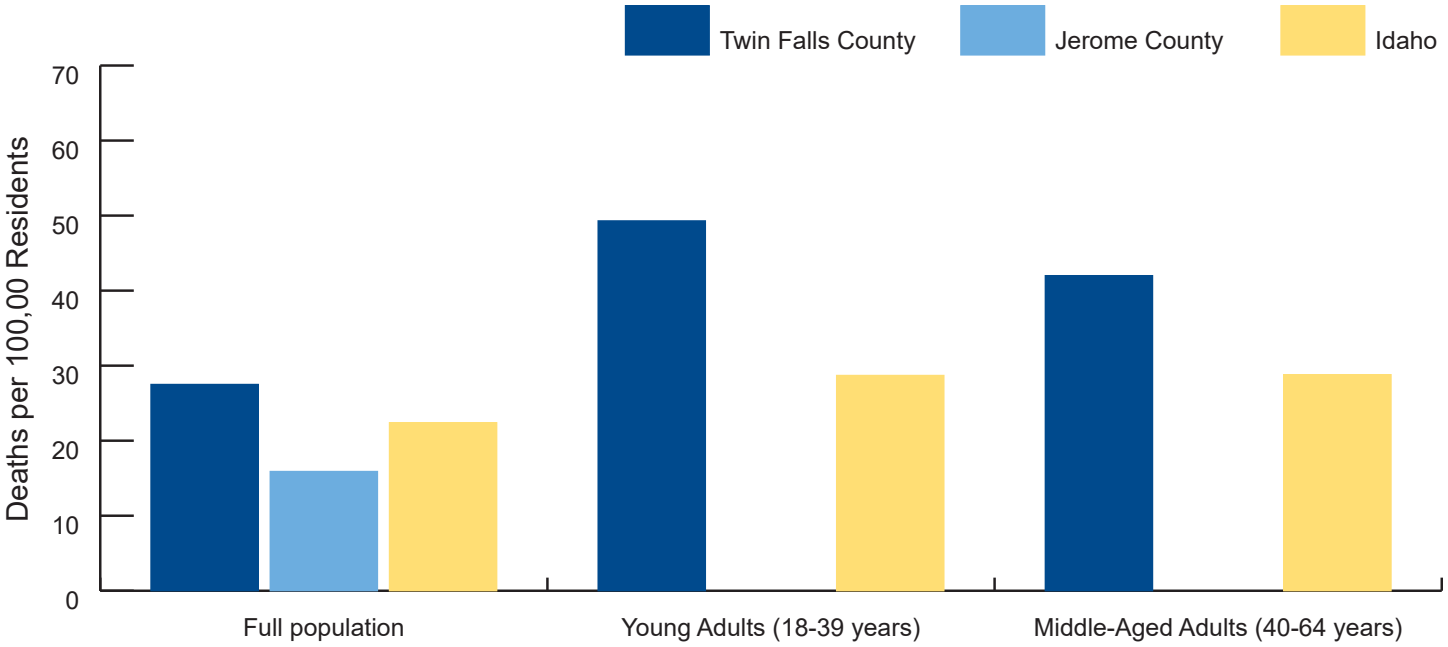
FIGURE 22: MENTAL HEALTH PROVIDERS PER CAPITA, 2021



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

Access to mental health providers can influence reported poor mental health. Both counties are considered to be mental health professionals shortage areas.[15] Jerome County has considerably fewer mental health providers per 100,000 compared to the state (38 compared to 308) and Twin Falls (387).[16] Though Twin Falls County has a higher than the statewide average of providers per 100,000 residents, it is valuable to recognize that those providers are likely caring for much of the population in neighboring counties with a severe lack of providers, including Jerome County.

FIGURE 23: SUICIDE MORTALITY BY AGE, 2016-2020



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

Idaho consistently ranks high among states with the highest suicide mortality rates (22.4 per 100,000) and is considered an area of high concern within the Mountain West region. Twin Falls County suicide rates are much higher than the state average, especially among young adults.[17]

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 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 due to stigma and lack of access.

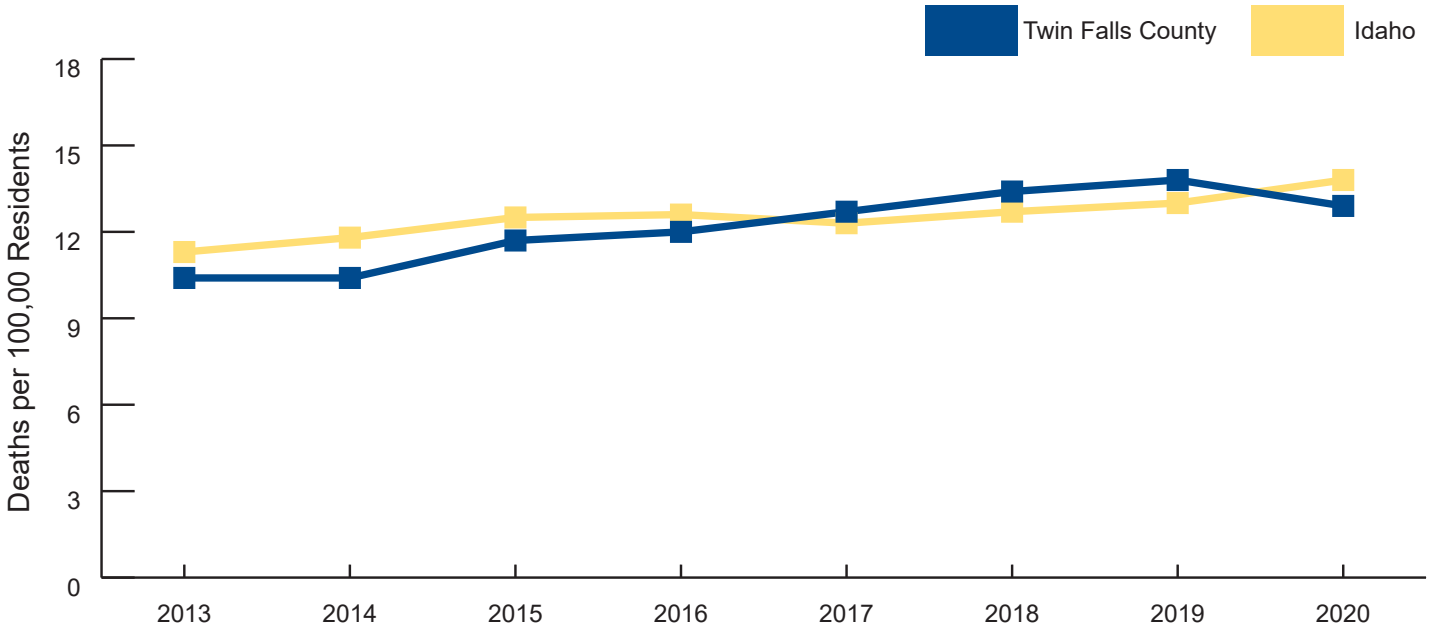
Secondary data on youth mental health outcomes has not been updated since the last CHNA was published due to the state's decision to stop participating in the biannual Youth Risk Behavior Survey, which includes mental and physical health outcomes and substance misuse. However, local organizations, like Communities for Youth, are partnering with hospital systems across the state to fill this data gap.

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.

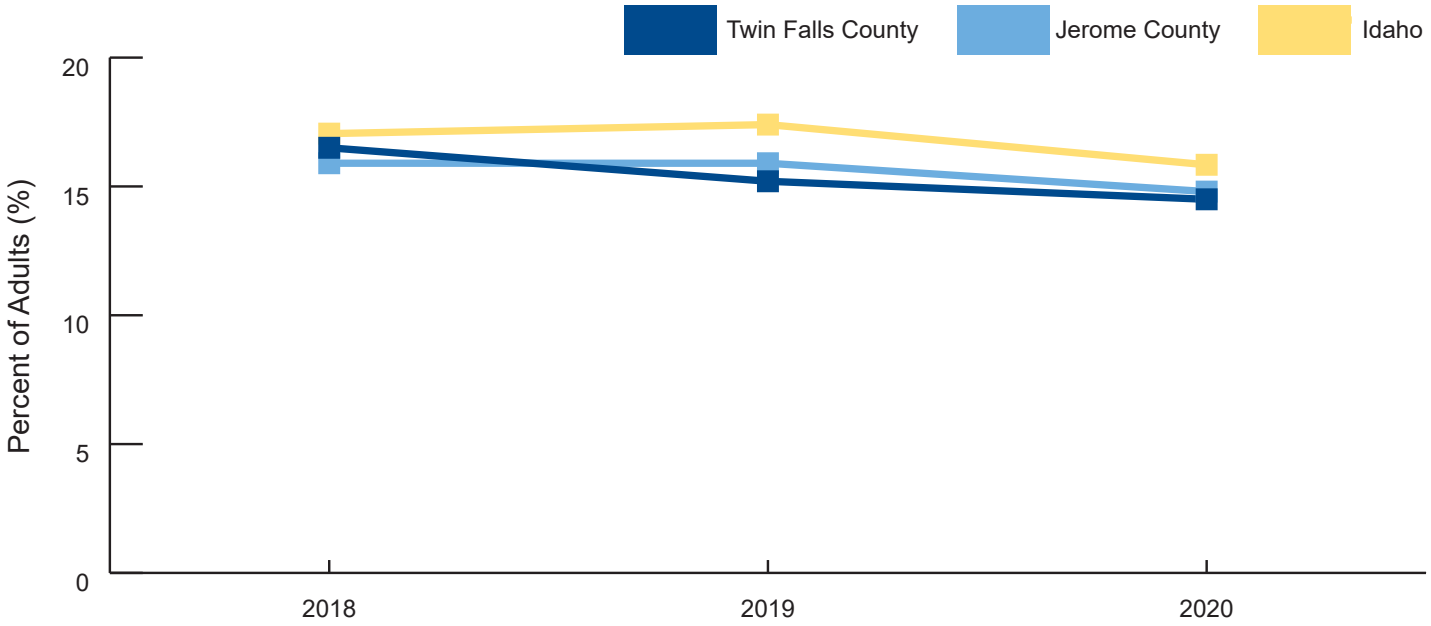
Alcohol is the most prevalent substance used nationwide and in Idaho. Figure 24 shows a steady increase in deaths per 100,000 caused by alcohol in Twin Falls County and in Idaho while Figure 25 shows binge drinking habits have started trending downward from 2019 to 2020.

FIGURE 24: ALCOHOL-RELATED MORTALITY



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

FIGURE 25: BINGE DRINKING

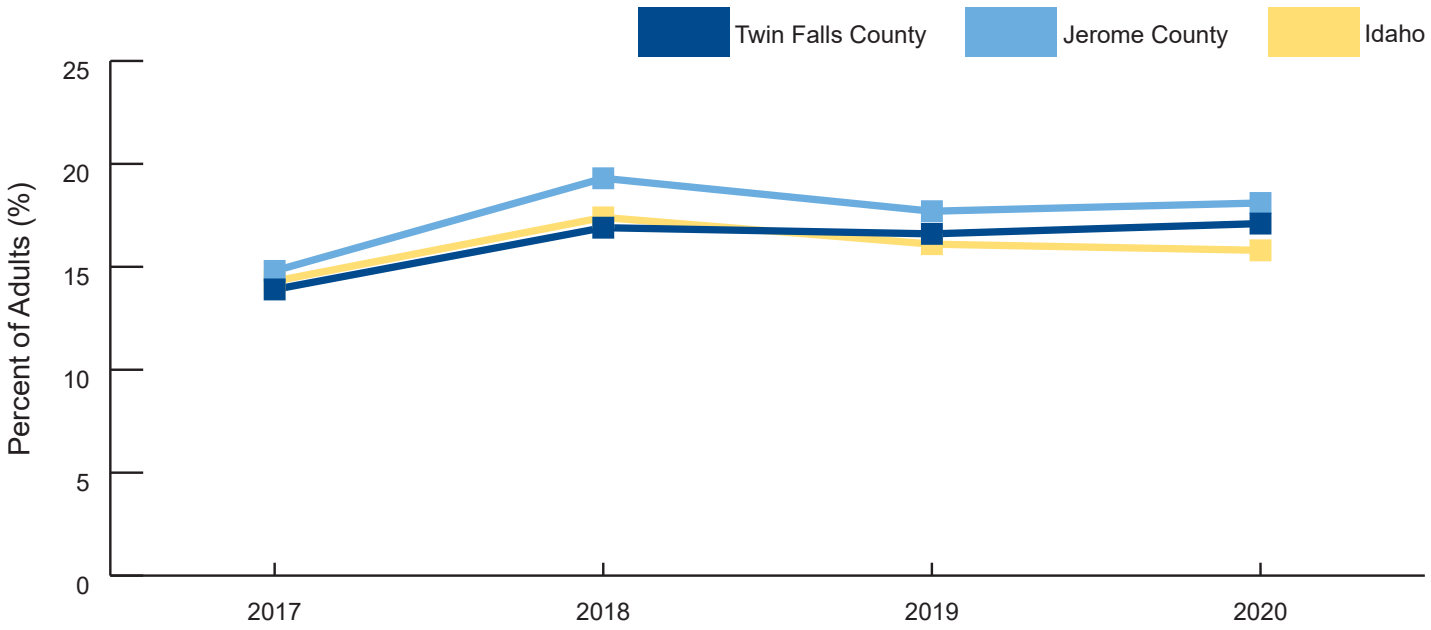


Source: Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System, aggregated by Metopio
Note: "Estimates based on fewer than 20 deaths are considered unreliable and are not displayed." (Metopio)

When looking at survey data collected on substance use, community members report high concern for individuals' ability to seek treatment for substance use, methamphetamine usage, drug use among adults, and stigma associated with receiving treatments. In focus groups and interviews it was 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, most community members reported high concern, specifically for vaping in youth populations.

FIGURE 26: 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

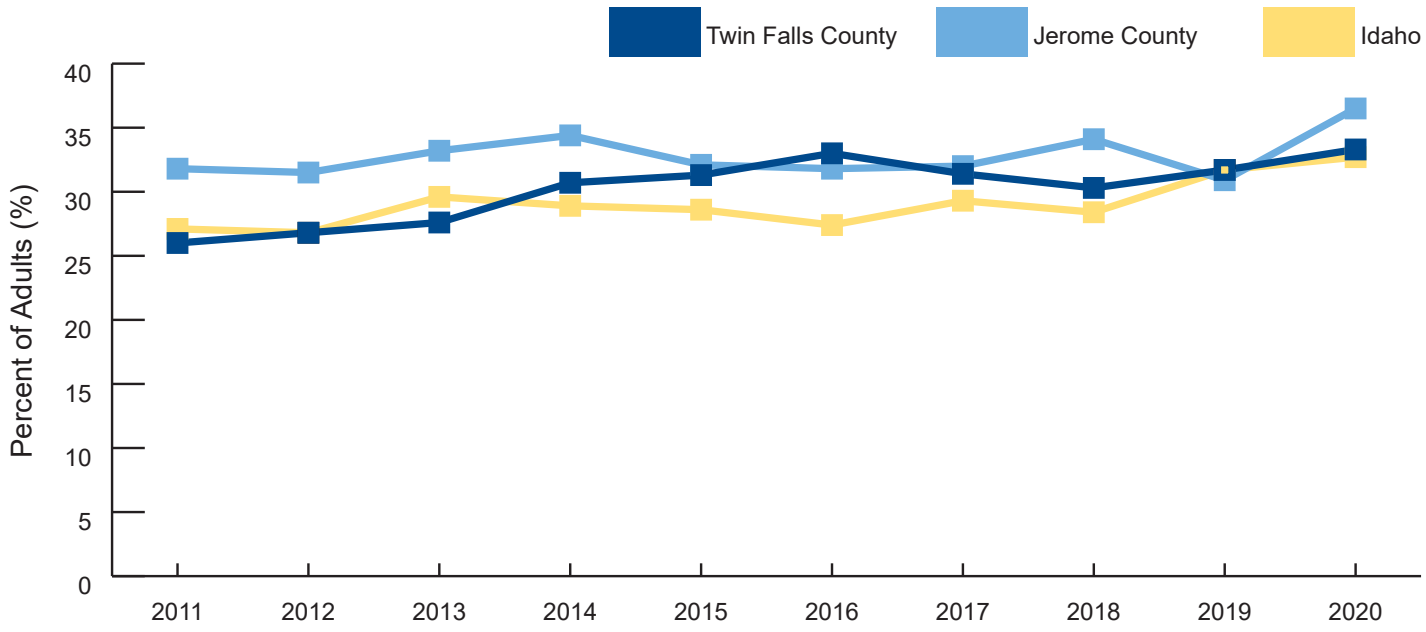
Overall, cigarette tobacco use has been on the downward trend based on current data, which does not include e-cigarettes or vaping. There has been a slight increase seen from 2017 to 2018. In addition, the data currently available does not isolate vaping among various population, such as youth in the community. 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.[18]

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 have each not been updated in over ten years, so they are not included in this report but can be found on the Idaho Oregon Community Health Atlas. 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 in Twin Falls and Jerome Counties.

FIGURE 27: OBESITY



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

Jerome County has slightly higher rates of obesity than the Idaho average and Twin Falls County tends to similar to the Idaho average. All three rates have steadily grown in the past ten years though the cause is unknown.

SOCIAL DETERMINANTS OF HEALTH

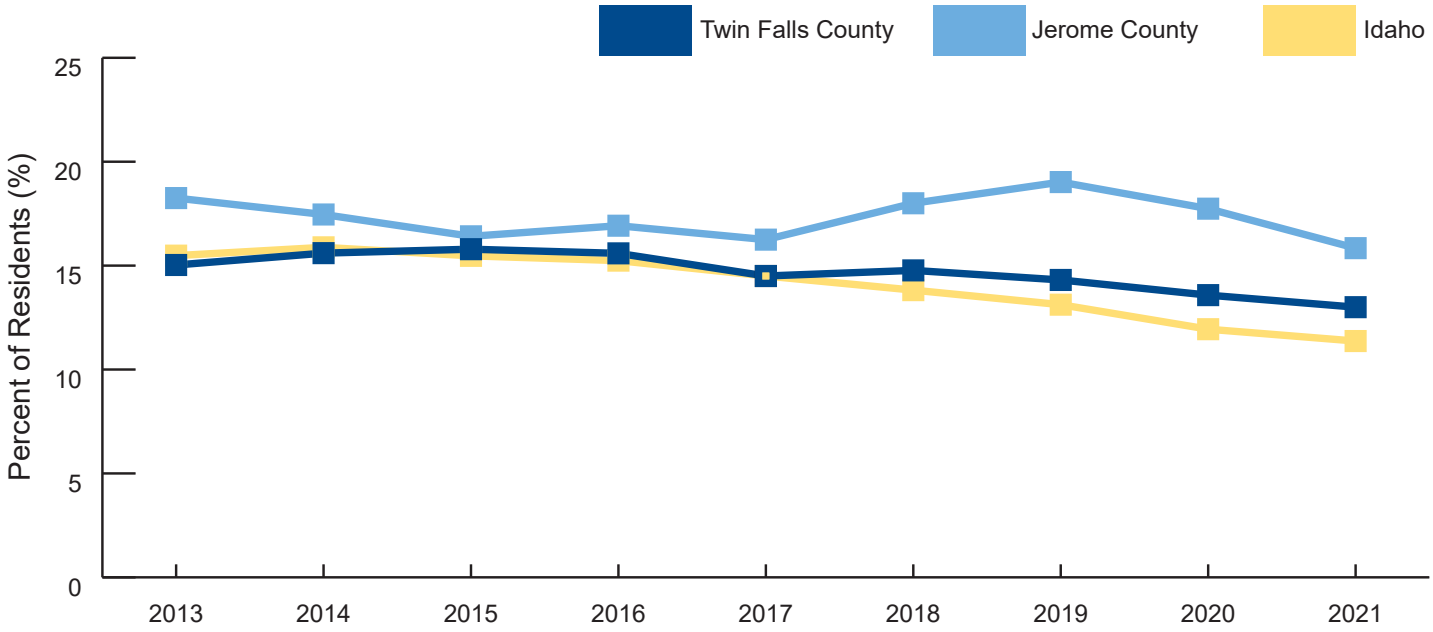
FINANCIAL STABILITY

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 Twin Falls and Jerome Counties.

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.[19] 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, such as the Magic Valley, may have a much different cost of living than the national average the FPL was based on. In Twin Falls and Jerome Counties, many low-income households fall above the FPL and still struggle to meet expenses.

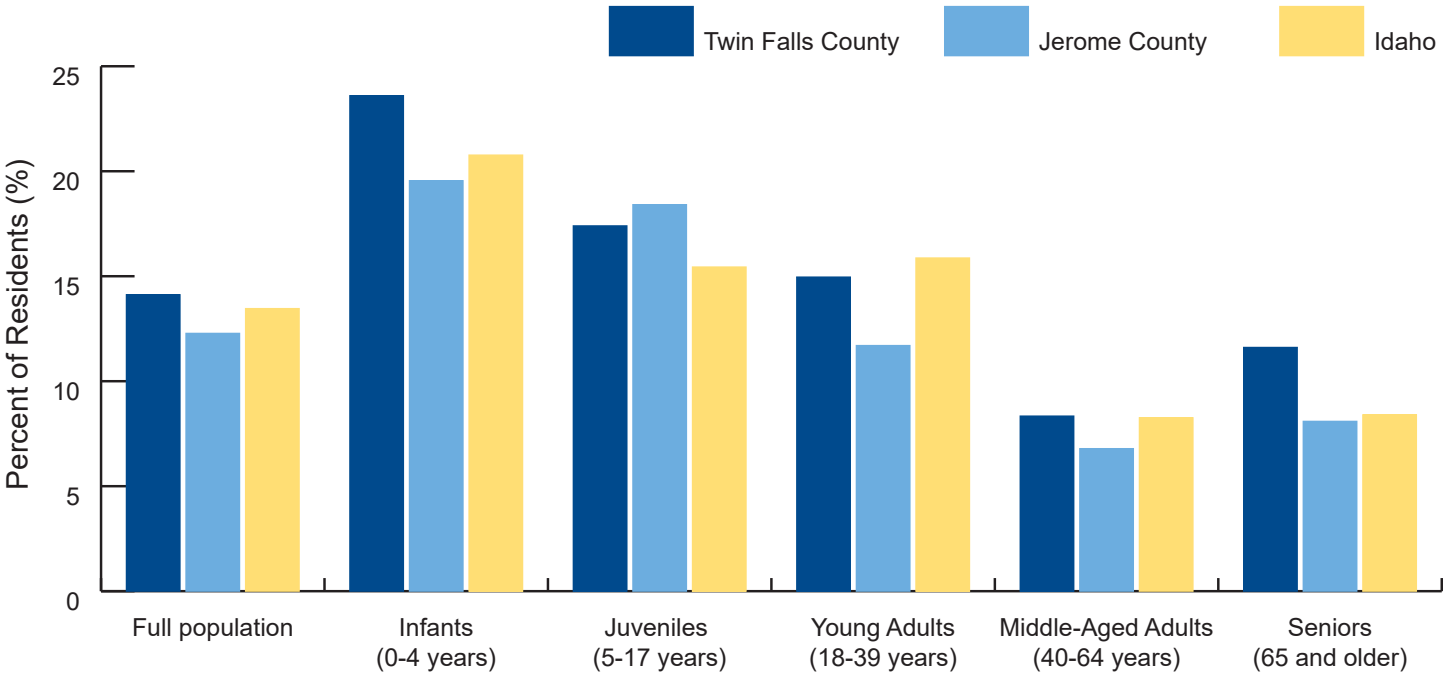
FIGURE 28: POVERTY RATE (FULL POPULATION)



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 Twin Falls County for many years. Jerome County's percentage under FPL does not have a consistent pattern but has been higher than Twin Falls County and the state average since 2010. Jerome County's rate is in a period of decrease but is still 3% higher than Twin Falls and around 4% higher than the state.

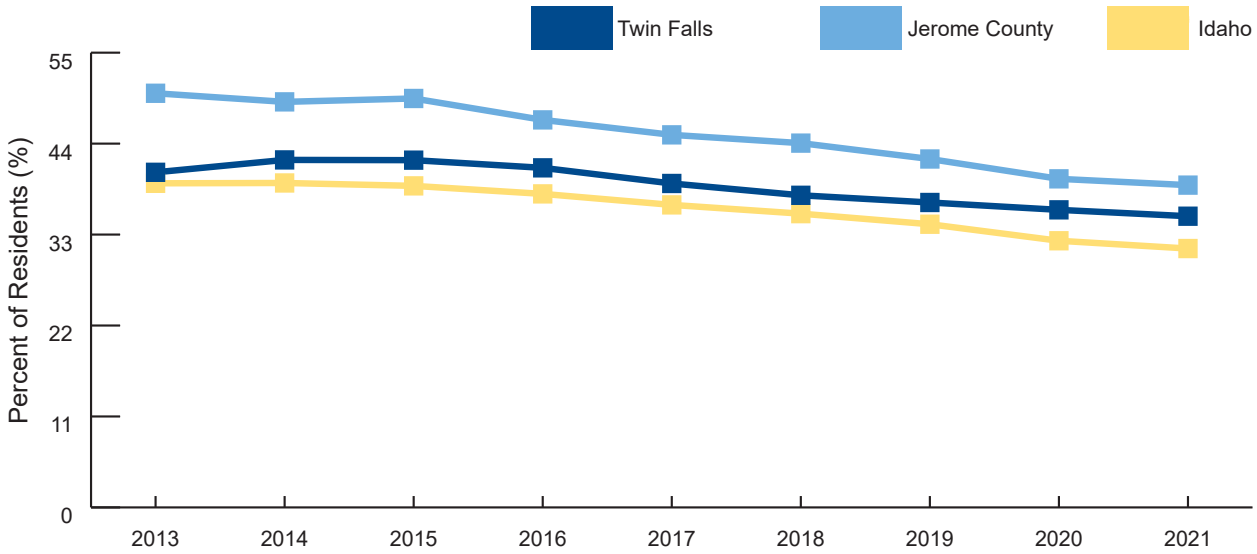
FIGURE 29: POVERTY RATE BY AGE, ALL TIME PERIODS



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

Both Twin Falls and Jerome County have higher than state average rates of youth poverty, with the gap between Jerome County and the state being especially wide. Senior poverty rates in Twin Falls County were also higher than the state average. Focus groups and interviewees in this region commonly mentioned seniors as being vulnerable populations disproportionately affected by financial challenges, such as housing burden, food insecurity, and trouble paying for health care.

FIGURE 30: BELOW 200% OF POVERTY LEVEL



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

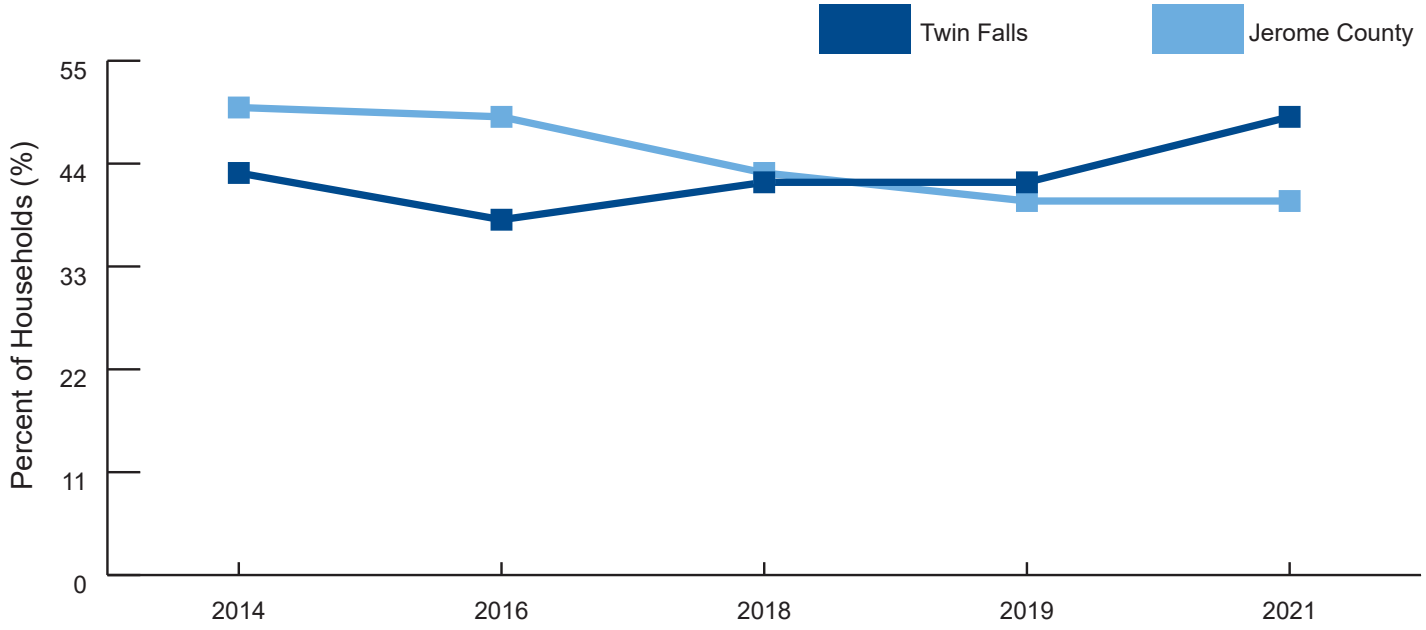
Living with an income below twice (200% of) the FPL is another less severe indicator of financial stress. The percentage of residents living below 200% of FPL has declined across the Magic Valley, although both Jerome and Twin Falls Counties still have slightly higher rates than the state.

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 2018) considers 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.[20]

n 2021, nearly half of households in the Magic Valley were struggling to meet basic needs. Twin Falls and Jerome Counties followed mirrored trends—Jerome County’s percentage of households below the ALICE threshold generally fell above Twin Falls’ percentage, but both counties drew near to 42% in 2018, then diverged again in following years, with the percentage of households below the ALICE threshold increasing by nearly 10% in Twin Falls County, and decreasing slightly in Jerome County, marking the first time in available data that Twin Falls County has clearly surpassed Jerome County.

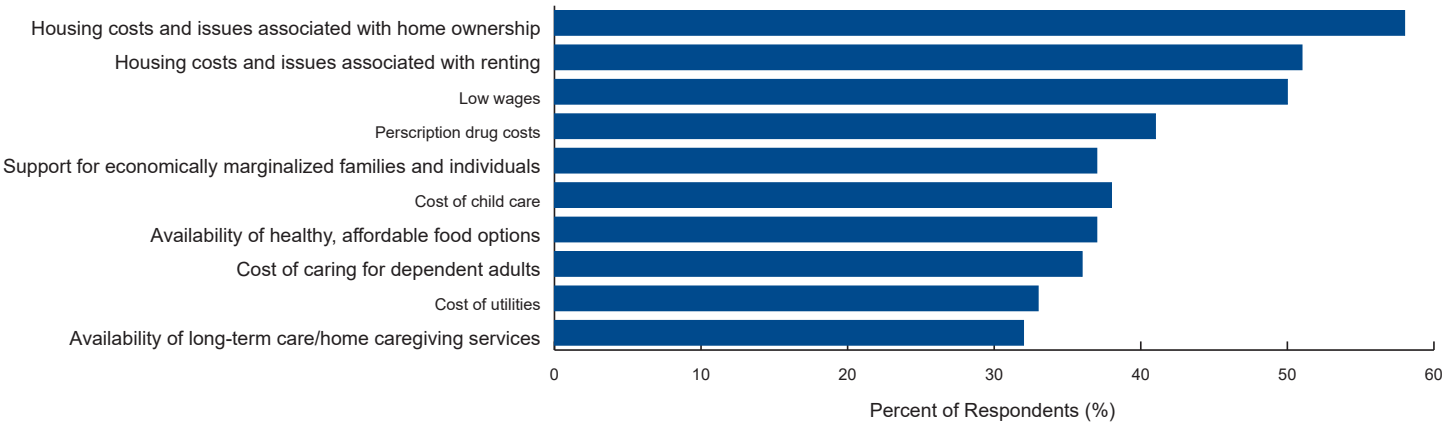
FIGURE 31: HOUSEHOLDS BELOW ALICE THRESHOLD



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

When asked about their greatest cost of living concerns, most survey respondents ranked housing costs (associated with ownership and renting) as their top concerns, followed by low wages. 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 32: CHNA REGIONAL SURVEY, COST OF LIVING-ISSUES LISTED AS 'HIGH CONCERN'

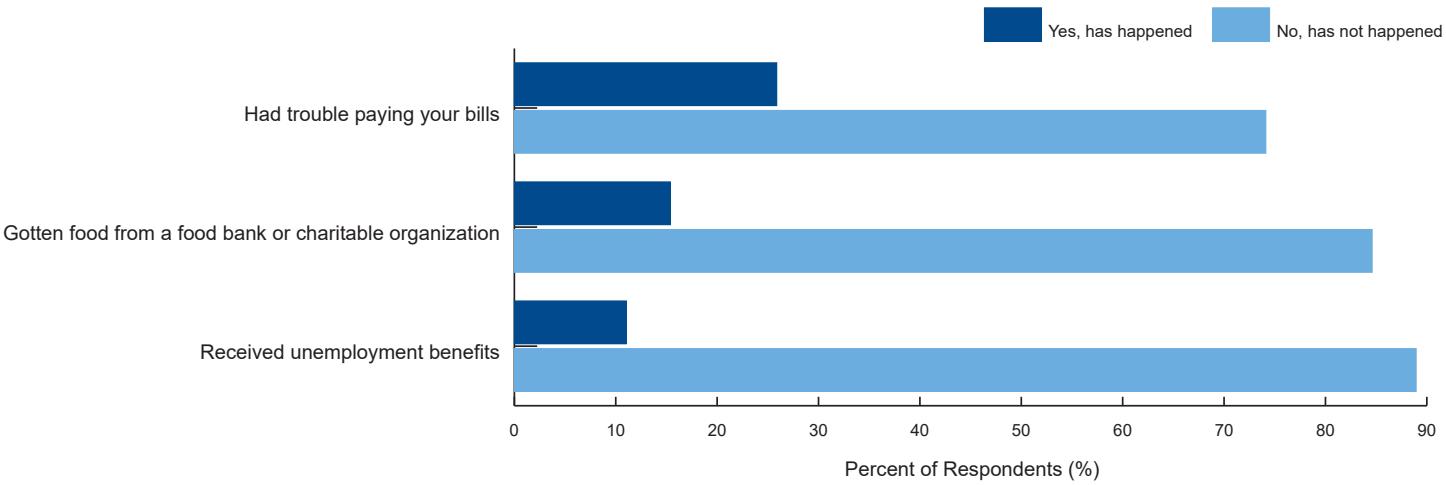


Source: CHNA Community Data, 2022

IMPACTS OF THE COVID-19 PANDEMIC

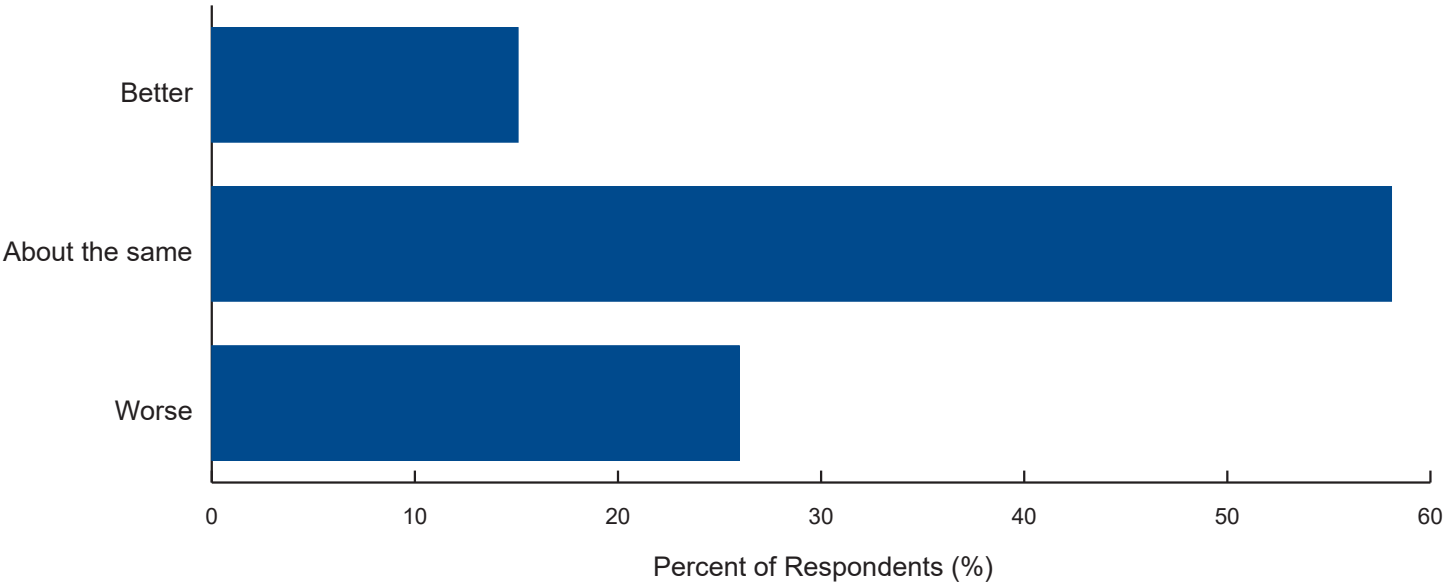
For some, the pandemic may have worsened cost of living challenges. According to a 2021 statewide survey,[21] many Idahoans faced increased financial challenges following the COVID-19 pandemic, including trouble paying bills, food insecurity, and unemployment. Additionally, more than a quarter of Idahoans statewide reported that their financial situation has gotten worse since the start of the pandemic.

FIGURE 33: 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 34: SINCE THE START OF THE PANDEMIC, IS THE FINANCIAL SITUATION OF YOU AND YOUR FAMILY NOW BETTER, WORSE, OR ABOUT THE SAME?

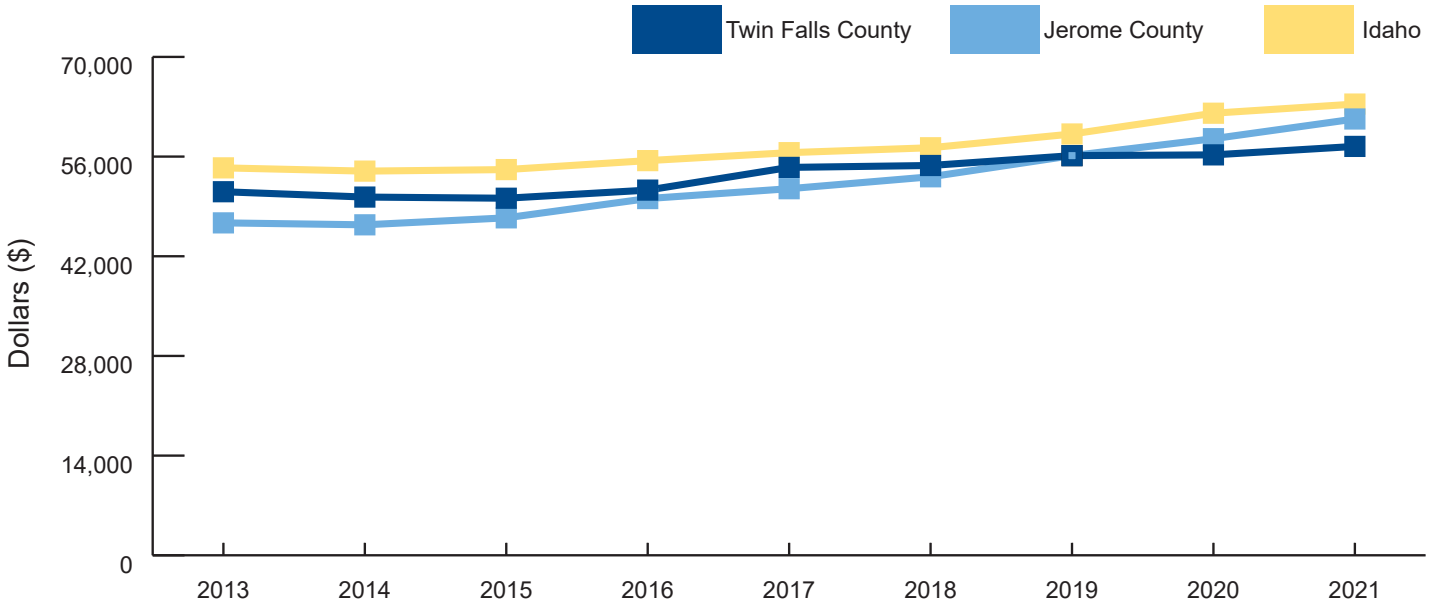


Source: May, M., McGinnis-Brown, L., & Fry, V. (2022). Seventh annual Idaho public policy survey. Idaho Policy Institute, Boise State University.

INCOME

Household incomes in Twin Falls and Jerome Counties have risen steadily over the past several years, although they continue to lag behind the state average. Twin Falls County, in particular, has trailed behind, creating a somewhat wider income gap between the county and the state.

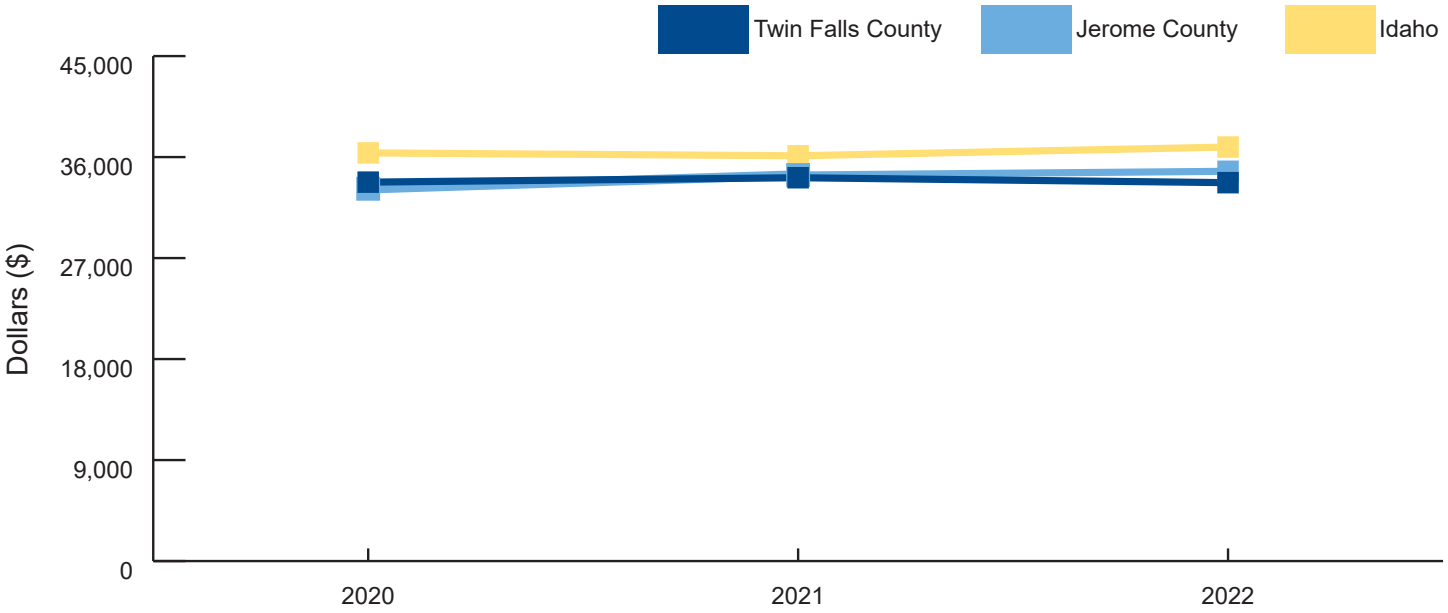
FIGURE 35: MEDIAN HOUSEHOLD INCOME (FULL POPULATION)



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

A survival budget refers to the level of income required to afford a two-bedroom rental home. Twin Falls and Jerome Counties require a lower survival budget than the state average, although Jerome County's survival budget has increased in recent years. This means that wage increases may not be enough to lead to increased financial stability for households that are also seeing housing costs increase.

FIGURE 36: ANNUAL INCOME NEEDED TO AFFORD 2 BEDROOM AT FAIR MARKET RENT

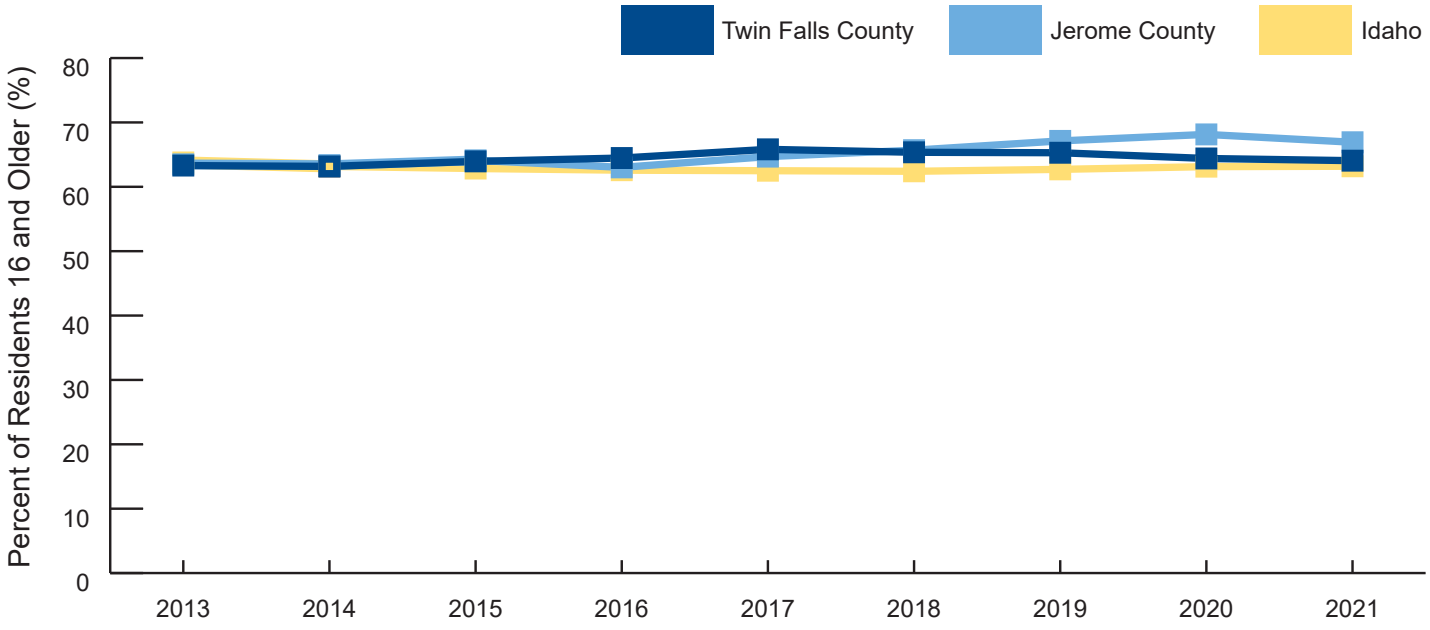


Source: National Low Income Housing Coalition, Housing Needs by State, aggregated by Metopio

EMPLOYMENT

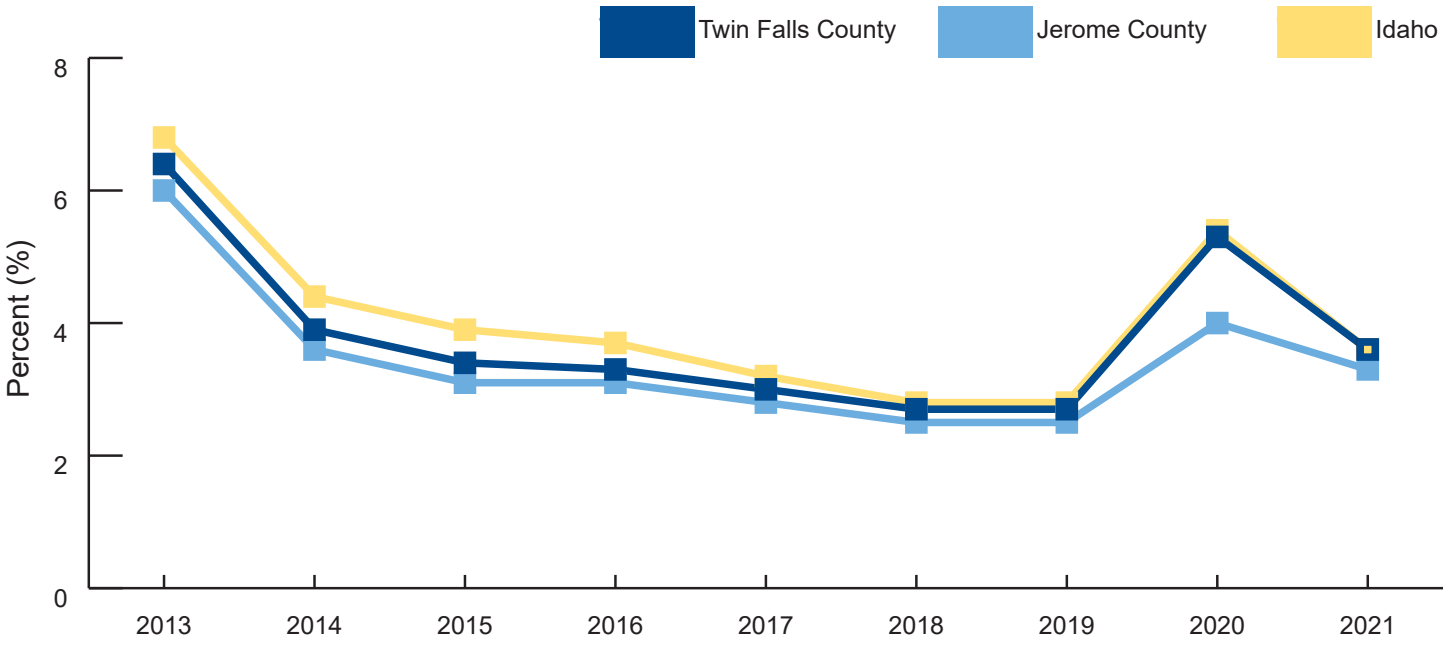
Labor force participation (defined as the percent of residents 16 and older who are currently employed, enlisted in the armed forces, or actively seeking employment) in Twin Falls and Jerome Counties is typically within 5% of the statewide average.

FIGURE 37: LABOR FORCE PARTICIPATION (FULL POPULATION)



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

FIGURE 38: UNEMPLOYMENT RATE (BLS)



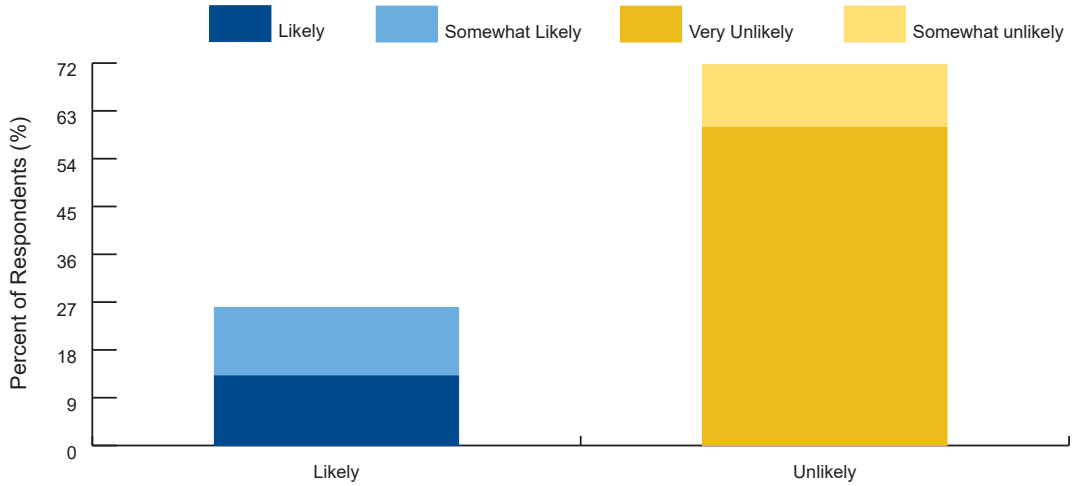
Source: U.S. Bureau of Labor Statistics, Local Area Unemployment Statistics, aggregated by Metopio

Unemployment rates in both counties and the state as a whole spiked during the pandemic but have started to decline since 2020 with Jerome County's rate being consistently a little lower than Twin Falls County. Jerome County did not experience as large of an increase during the pandemic, this is possibly because the larger industries in Jerome (dairy, general agriculture, and food production) were deemed essential continued to function throughout the pandemic.

HOUSING AND HOMELESSNESS

Primary data responses throughout the region all point to housing as being a major concern for residents of Twin Falls and Jerome Counties. 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.[22]

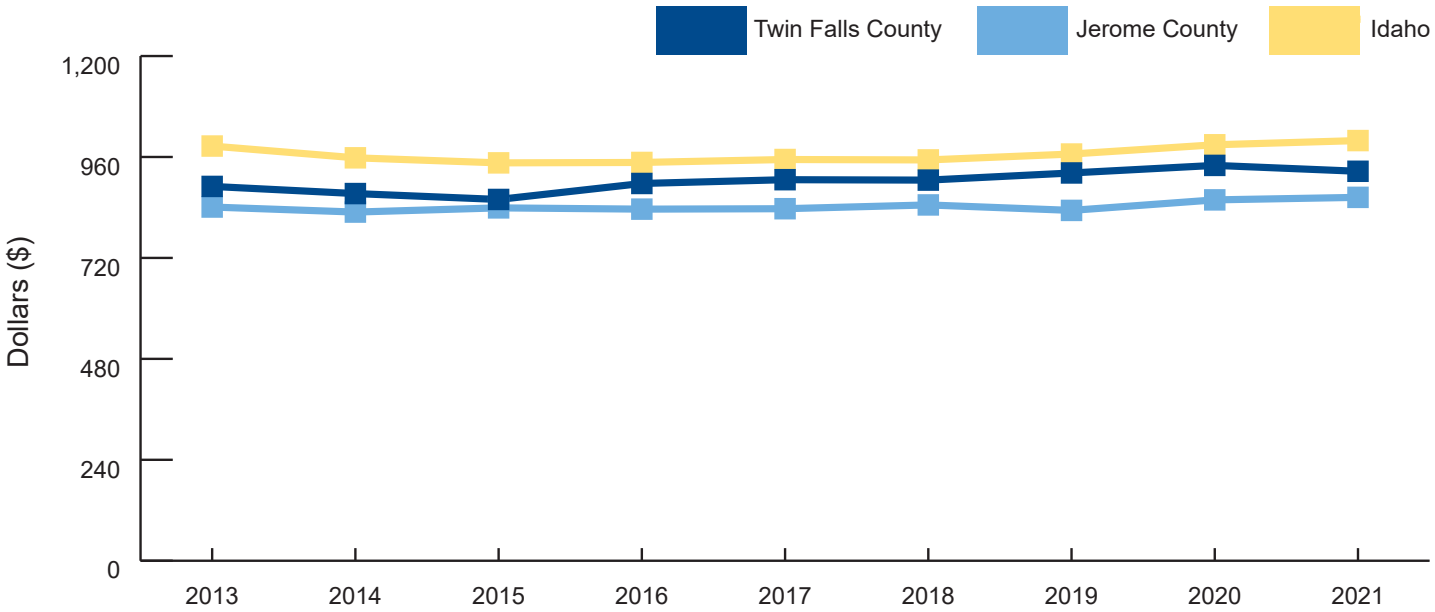
FIGURE 39: IF YOU HAD TO MOVE OUT OF YOUR HOME TODAY FOR WHATEVER REASON, HOW LIKELY IS IT THAT YOU WOULD BE ABLE TO PURCHASE OR RENT A SIMILAR HOME FOR THE SAME AMOUNT?



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 Twin Falls County increased in recent years, while Jerome County costs remain similar. Both counties fall below the state average though the gap between Twin Falls County and the state is narrowing.

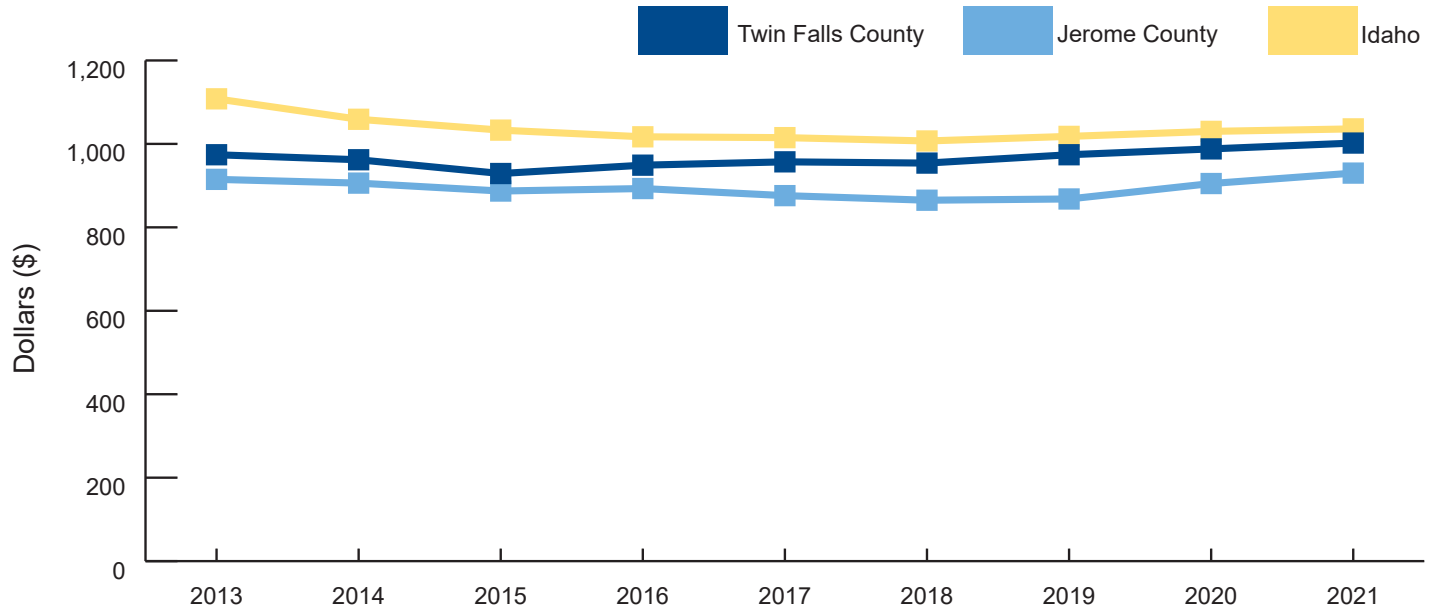
FIGURE 40: MEDIAN MONTHLY HOUSING COSTS



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

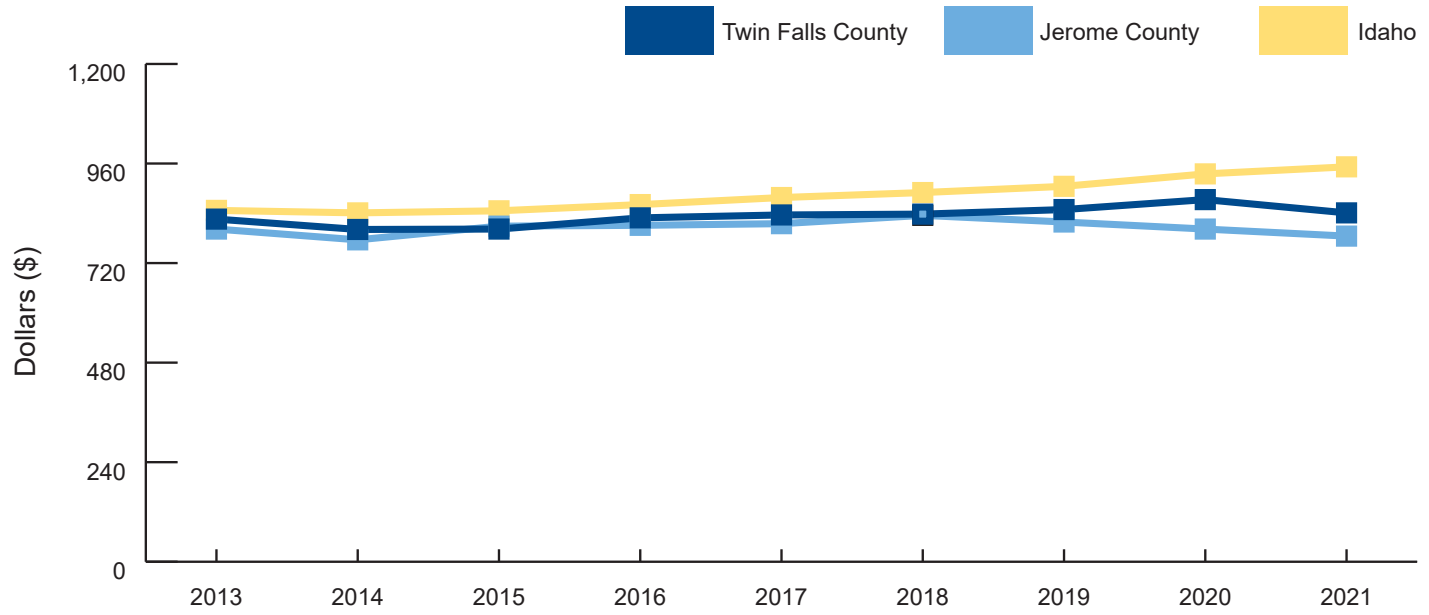
Monthly housing costs include rent or mortgage, utilities, maintenance and taxes. Upon further review, it appears that owner costs may be contributing to these increases more than renter costs. Owner costs in both counties have risen while renter costs decreased in both counties, even while state rent costs have risen sharply.

FIGURE 41: MEDIAN SELECTED MONTHLY OWNER COSTS (SMOC)



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

FIGURE 42: MEDIAN GROSS RENT (FULL POPULATION)

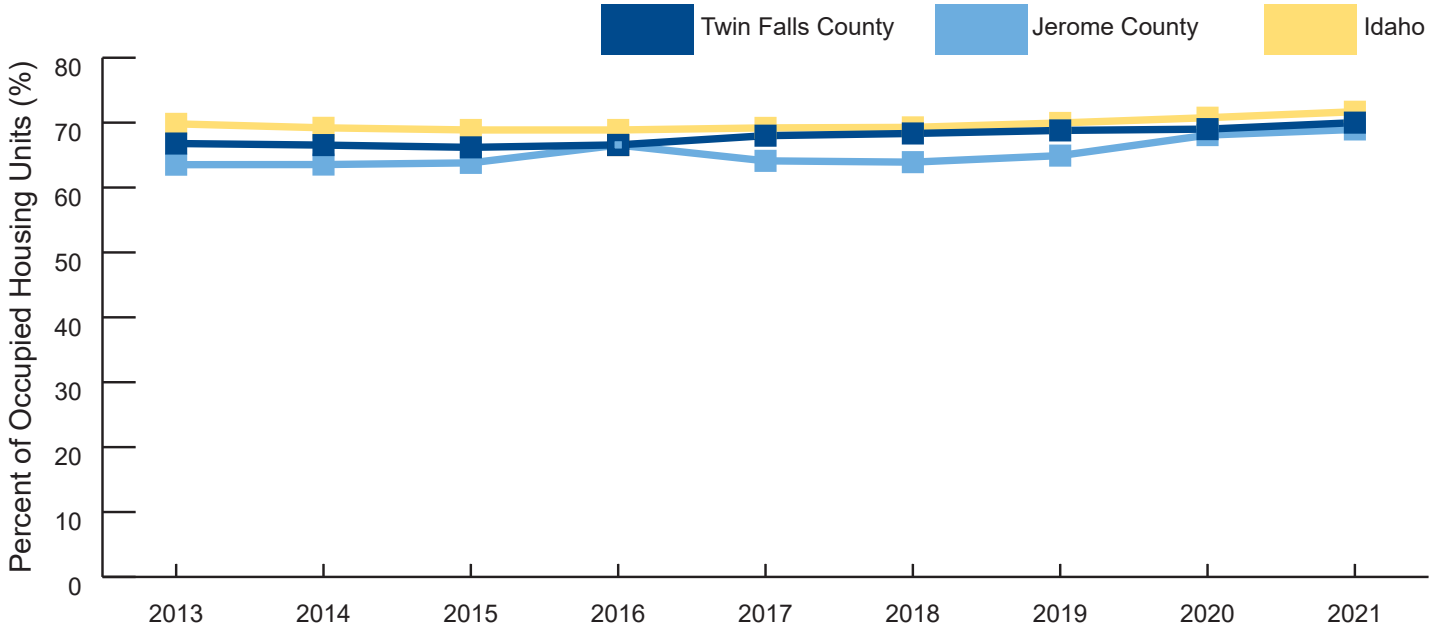


Source: U.S. Census Bureau, American Community Survey 5-Year Estimates, aggregated by Metopio

RENTER/OWNER OCCUPIED

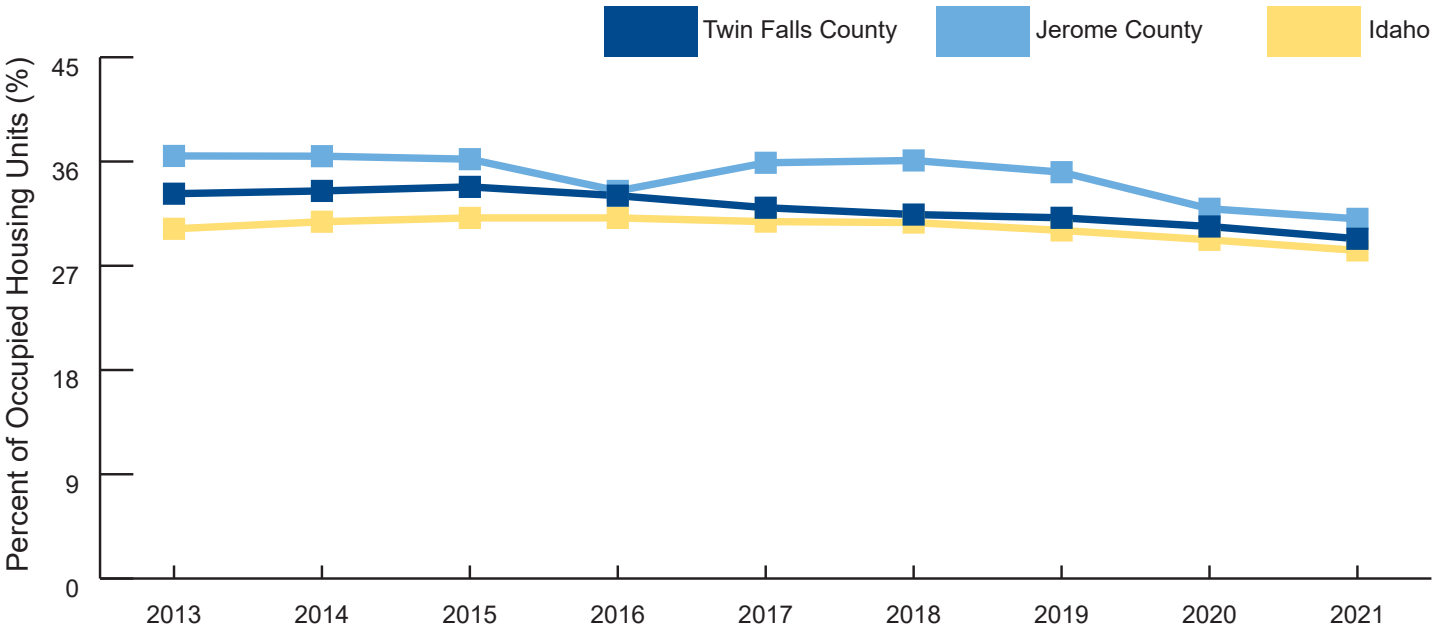
Both Twin Falls and Jerome Counties saw slight decreases in their percentages of renting households and now both have renter occupied rates similar to the statewide average.

FIGURE 43: OWNER OCCUPIED (FULL POPULATION)



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

FIGURE 44: RENTER OCCUPIED

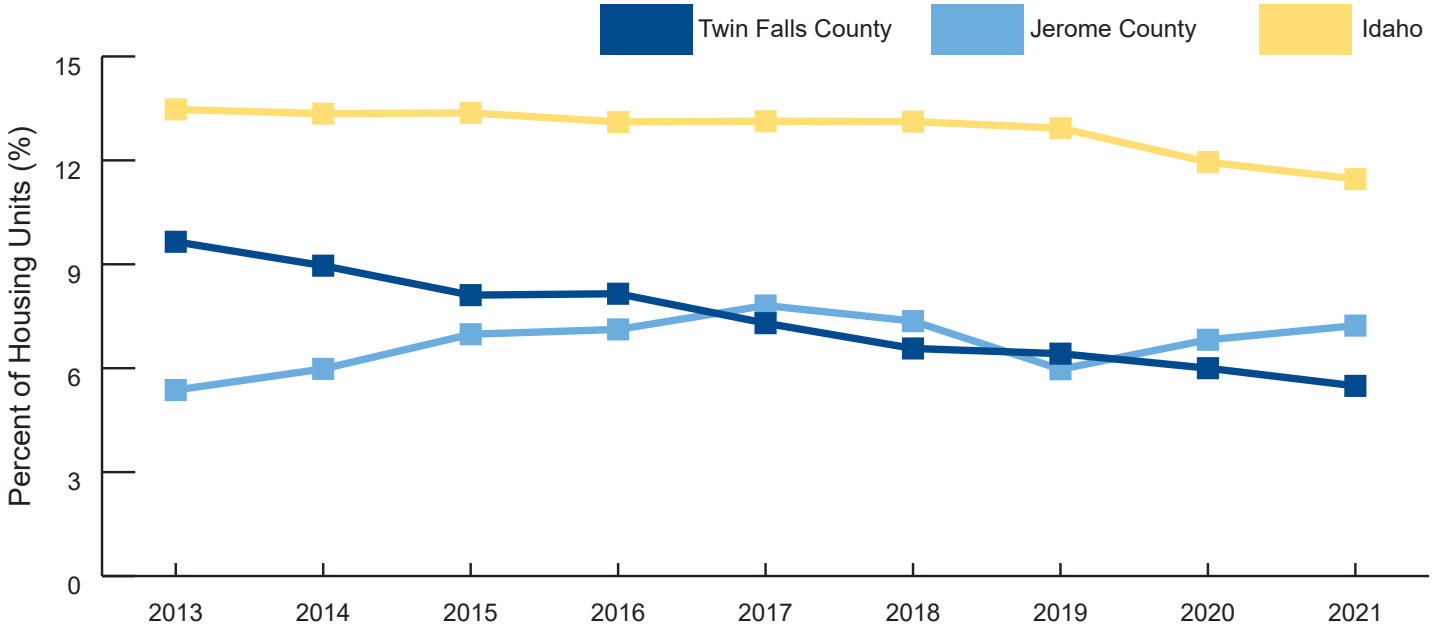


Source: U.S. Census Bureau, American Community Survey 5-Year Estimates, aggregated by Metopio

AFFORDABLE AND AVAILABLE HOMES

Vacancy rates in Twin Falls County have steadily decreased for many years, making it more difficult for many households (especially low-income households) to obtain housing. Jerome County's vacancy rates have remained between 6-8% since 2014 which is well below the state average. A vacancy rate of 4% or less is considered to be dangerously low,[23] and both counties currently fall above that level. However, when accounting for units that are vacant but not available for long-term rent/purchase (such as vacation homes, and short-term rentals), Twin Falls County's homeowner vacancy rate drops to only 0.2%, while its rental vacancy rate drops to 0.6%. Similarly, Jerome County's homeowner vacancy rate drops to 0.8%, while its rental vacancy rate drops to 0.6%.[24]

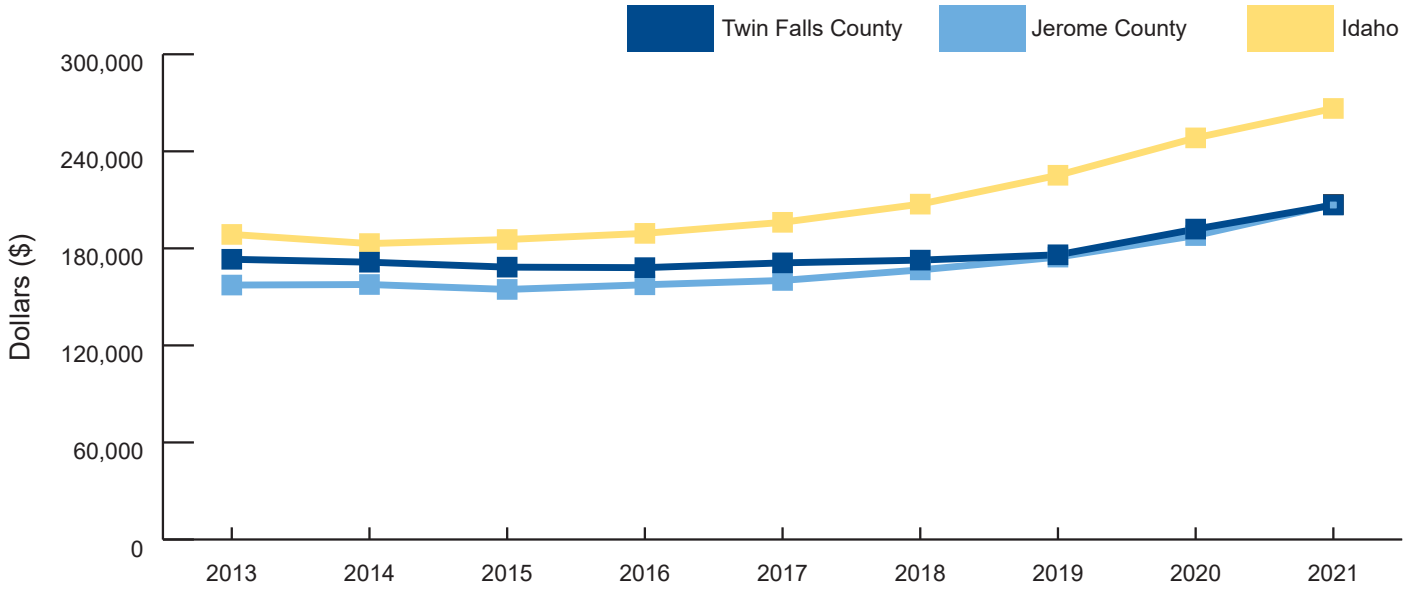
FIGURE 45: VACANT



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

A dwindling housing supply can drive up home prices, especially in areas experiencing as much growth as the Magic Valley. Both Twin Falls and Jerome Counties, as well as the state of Idaho and the nation, have seen median home values rise in the last decade. While the Magic Valley has not fully caught up with the rising state trend, home values in the region are much higher than they have been in prior years.

FIGURE 46: MEDIAN HOME VALUE (FULL POPULATION)



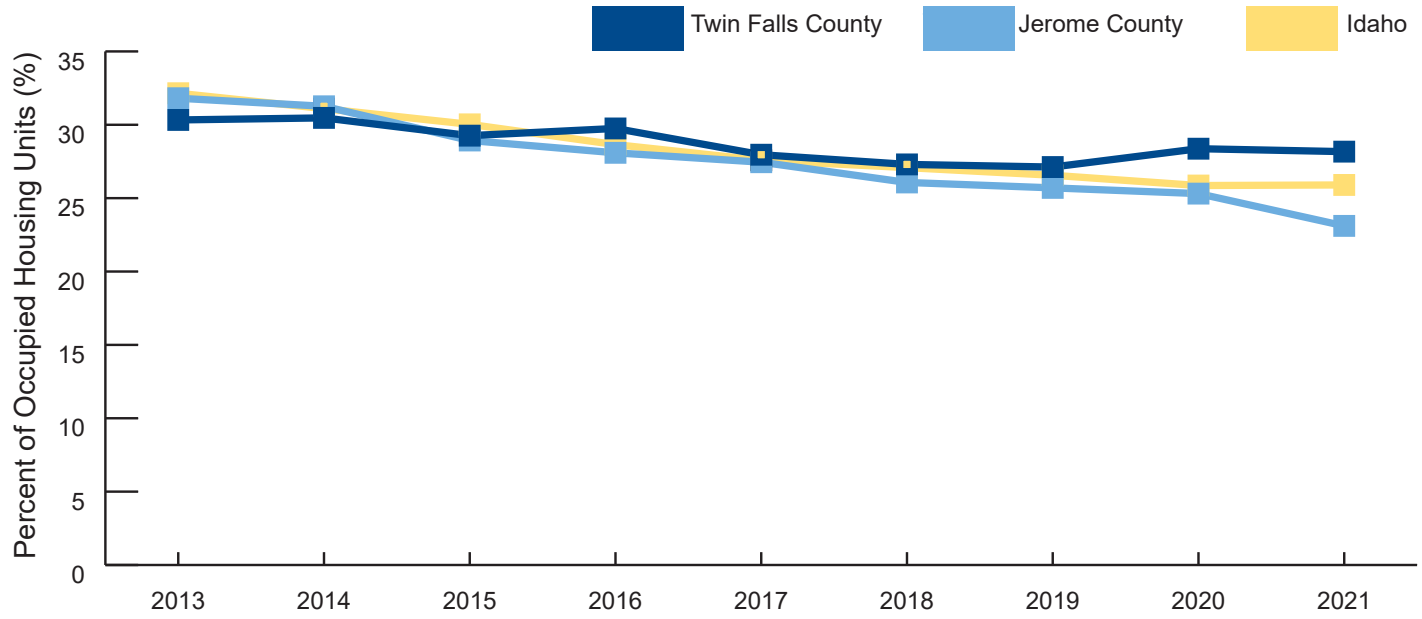
Source: U.S. Census Bureau, American Community Survey 5-Year Estimates, aggregated by Metopio

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) has gone down in Twin Falls and Jerome Counties over the past several years, although Twin Falls County has seen a leveling off since 2019 that has put it above the state average.

This trend may not be representative of the experiences of populations who are disproportionately impacted by housing costs such as those who are low-income, older adults, and non-white residents. Approximately 28% of Twin Falls County still faces housing cost burden, as does 22-24% of Jerome County. CHNA respondents consistently mentioned housing as one of the most pressing challenges facing the region, especially for low-income groups.

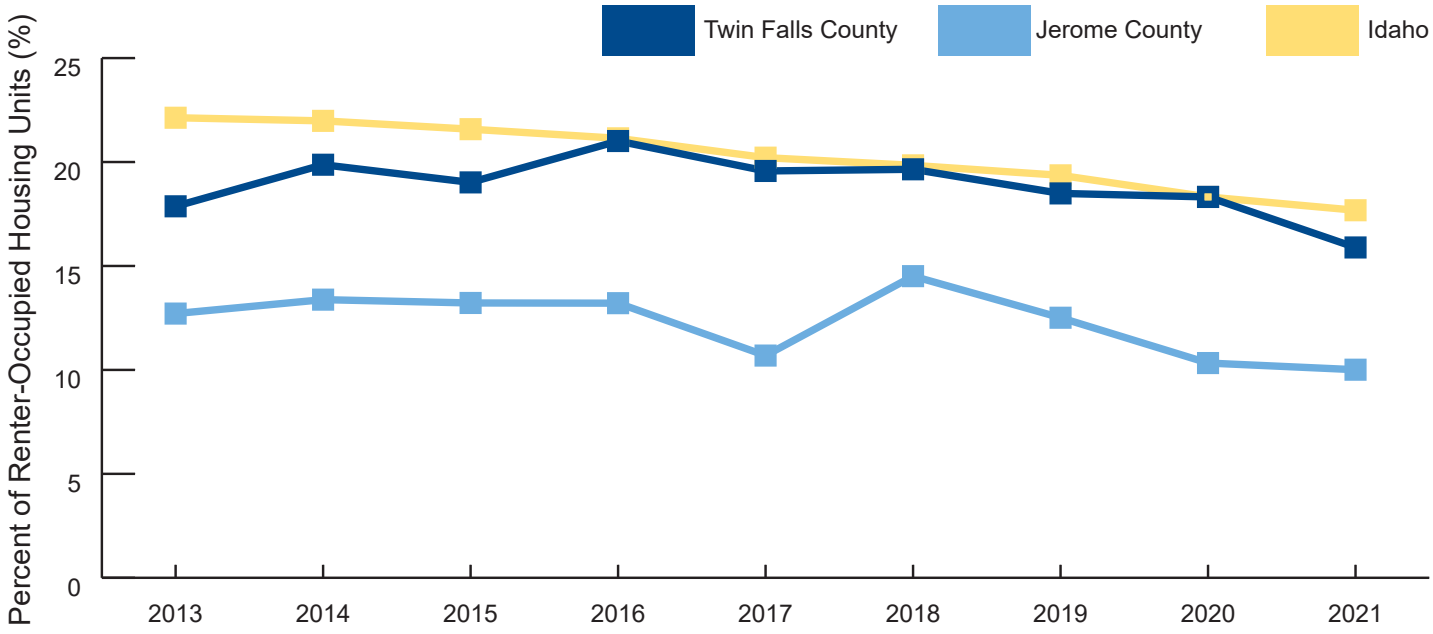
FIGURE 47: HOUSING COST BURDEN (FULL POPULATION)



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

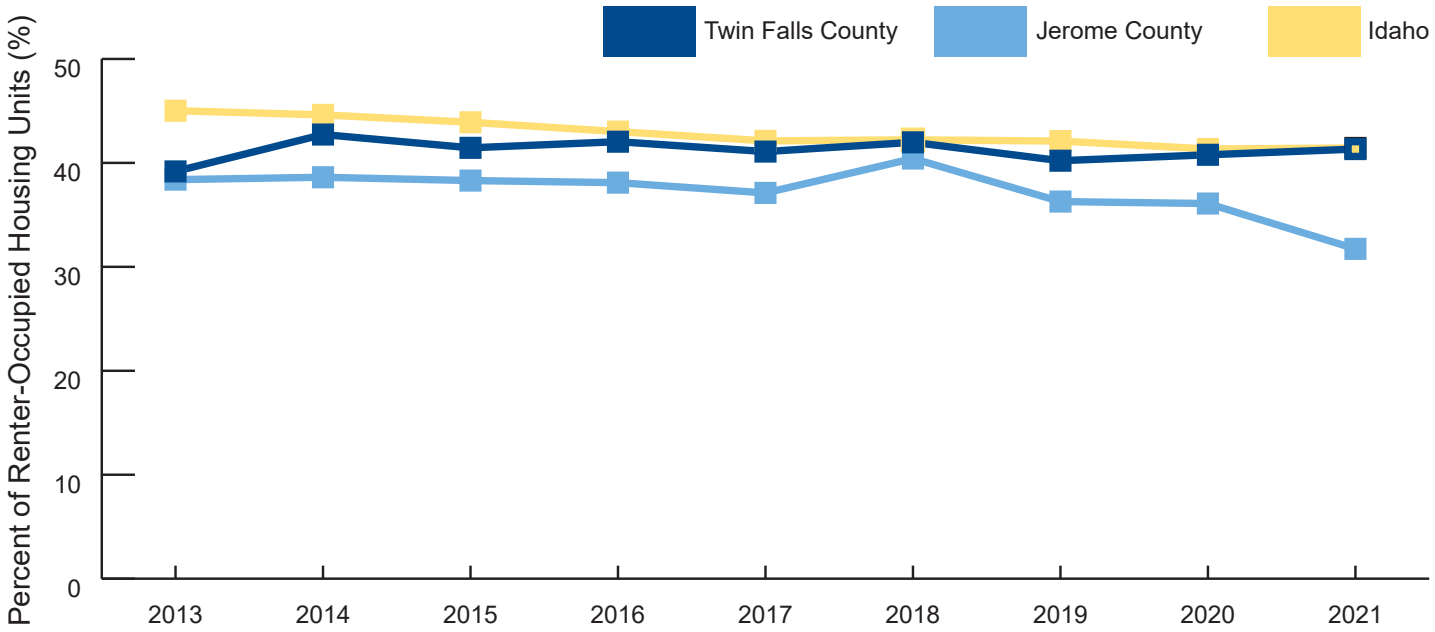
Rent burden has also remained relatively stable in the region, although Twin Falls County has higher rates than Jerome County. Twin Falls County has also seen a slight increase in severely rent burdened households (paying 50% or more of their incomes on rent) since 2019. Housing burden is more common among renters—approximately 42% of renters in Twin Falls County are rent-burdened (16% severely rent-burdened), and 32% of renters in Jerome County are rent-burdened (10% severely rent-burdened).

FIGURE 48: SEVERELY RENT-BURDENED



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

FIGURE 49: RENT-BURDENED

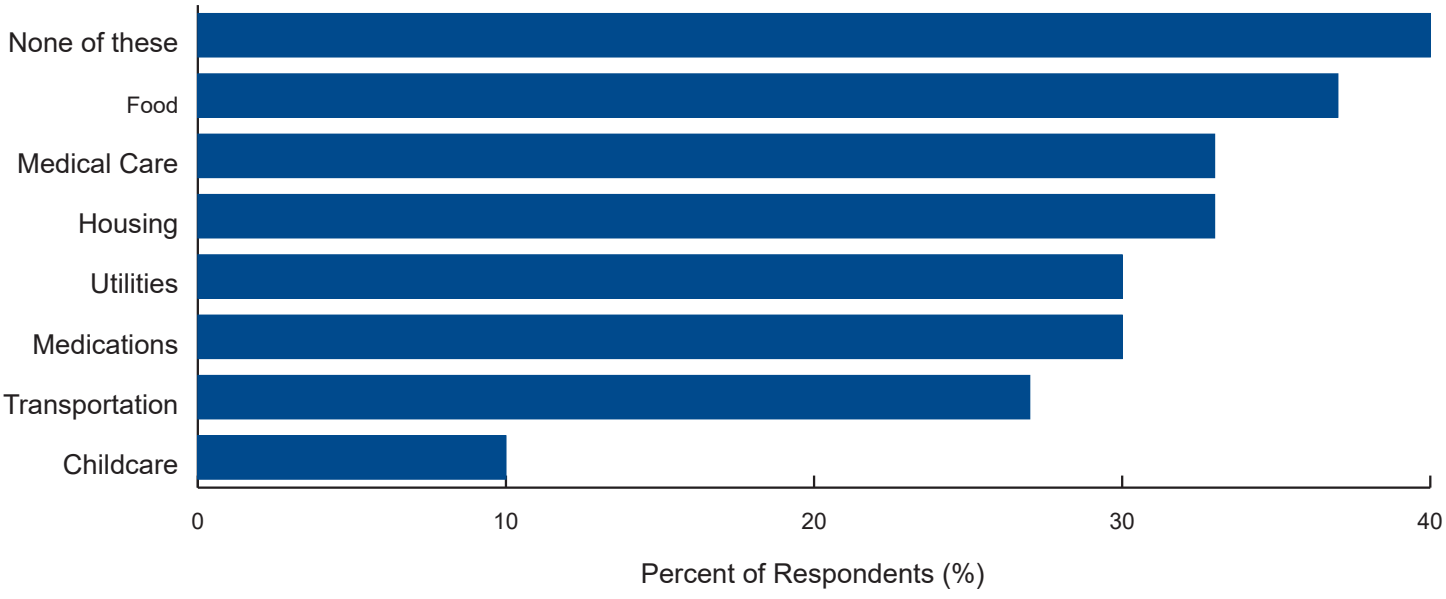


Source: U.S. Census Bureau, American Community Survey 5-Year Estimates, aggregated by Metopio

HOUSING STATUS

The majority of survey respondents were homeowners, while only 15% were renters (meaning that renters were underrepresented by about 15%, compared to the actual percentage of renters: roughly 30%). Nine percent of respondents were concerned about losing their housing in the future, and another 2% lacked housing. When looking at lower income respondents, more than a third of survey respondents with incomes less than $50,000 a year reported having trouble paying for food, and approximately a third reported challenges paying for housing, utilities, and medications/medical care when asked if they had trouble paying for various living expenses.

FIGURE 50: CHNA REGIONAL SURVEY, TROUBLE PAYING FOR ANY OF THE FOLLOWING (AMONG RESPONDENTS WITH AN INCOME LESS THAN $50,000 A YEAR)



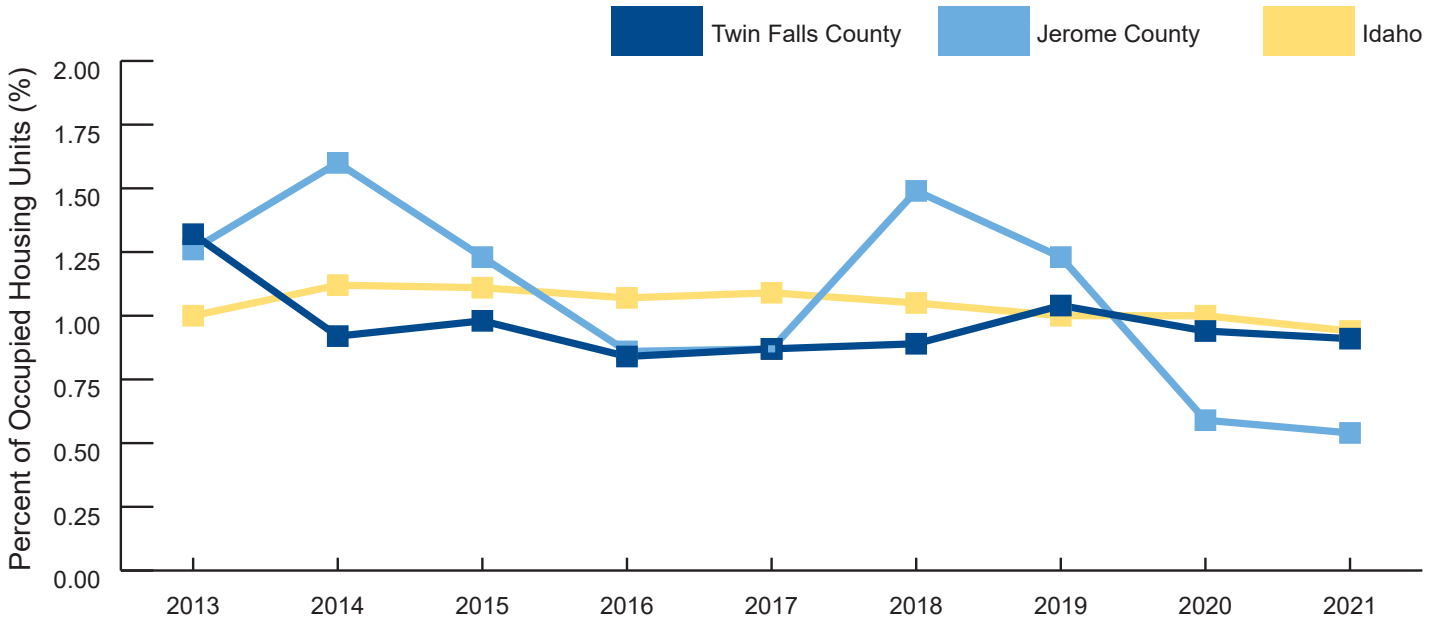
Source: CHNA Community Data, 2022

SUBSTANDARD HOUSING UNITS

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. The Magic Valley has lower rates of housing that lacks kitchen facilities and complete plumbing than the state average, following a long decreasing trend.

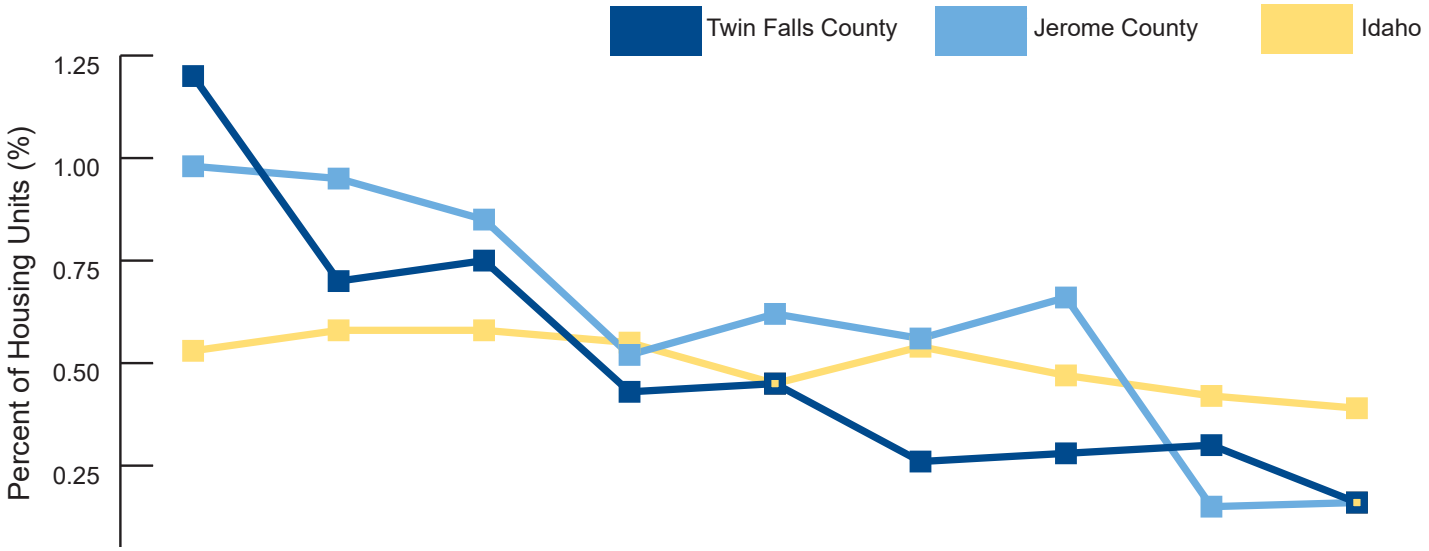
Individuals in Idaho living with disabilities are more likely to live in crowded, substandard housing.[25] Considering the median year when housing units were built, both counties have older housing stock than the state median.

FIGURE 51: LACKING KITCHEN FACILITIES



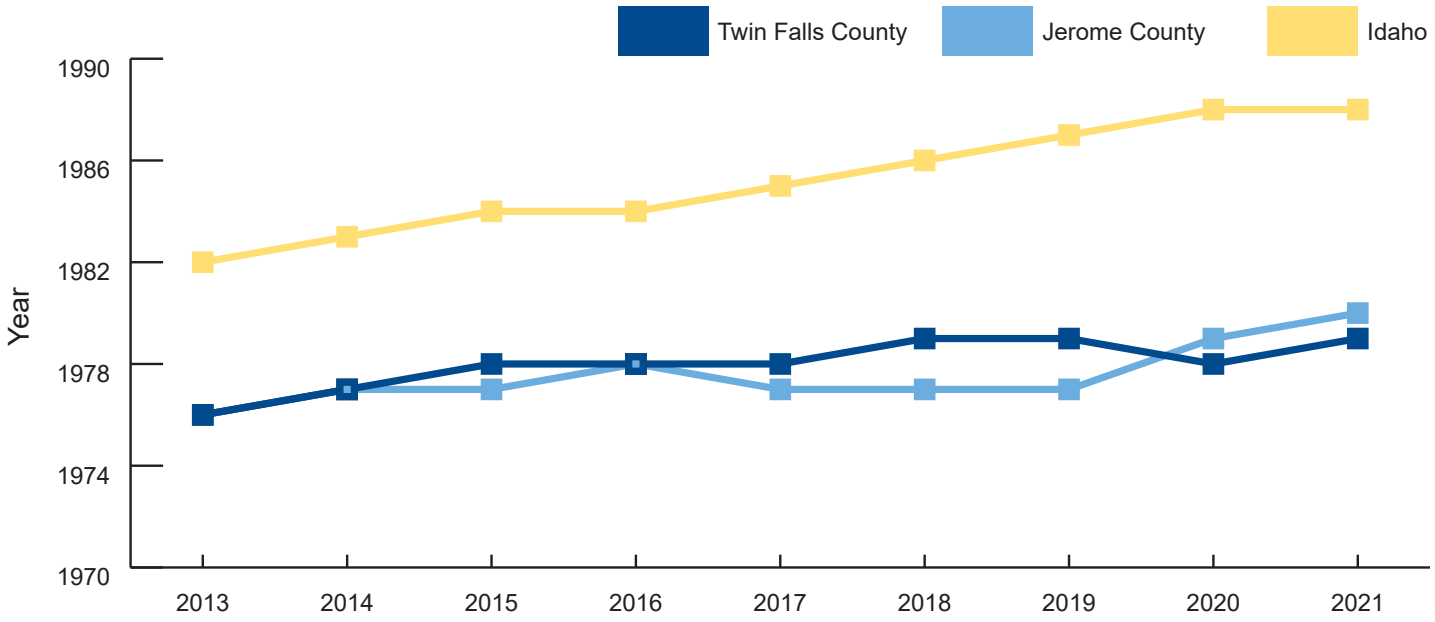
Source: U.S. Census Bureau, American Community Survey 5-Year Estimates, aggregated by Metopio

FIGURE 52: LACKING COMPLETE PLUMBING



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

FIGURE 53: MEDIAN YEAR STRUCTURE BUILT (FULL POPULATION)

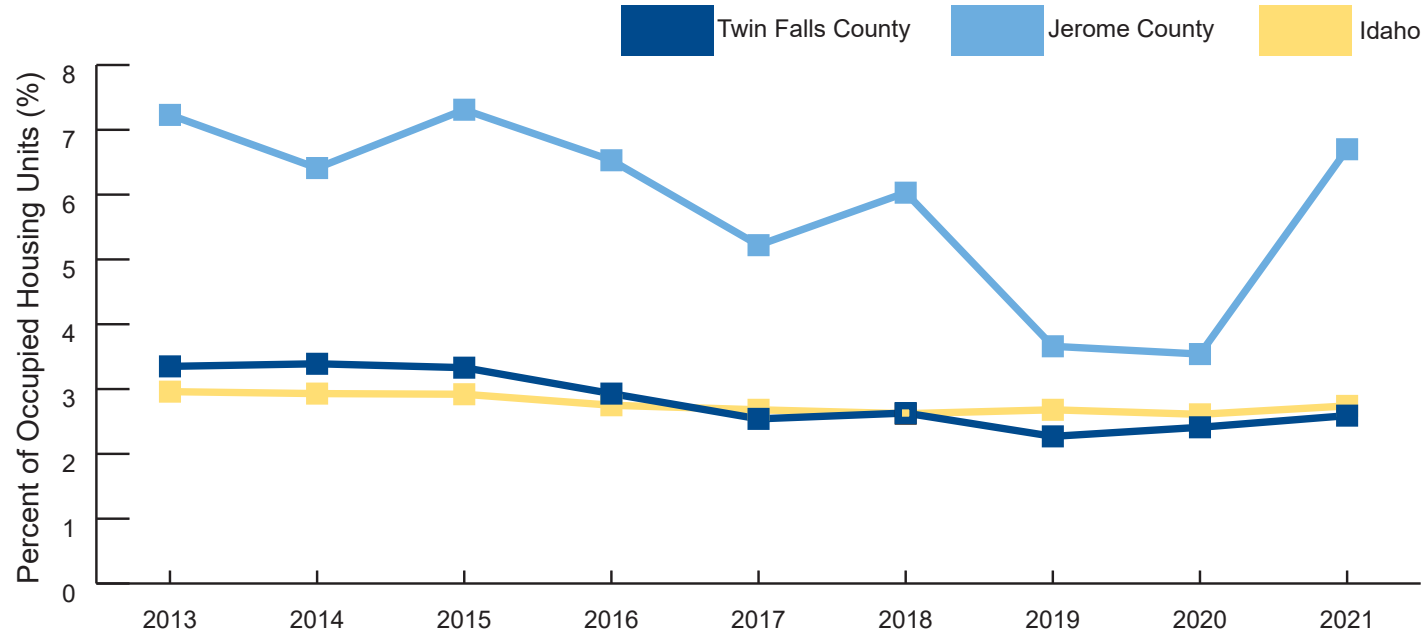


Source: U.S. Census Bureau, American Community Survey 5-Year Estimates, aggregated by Metopio

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.[26] While Twin Falls County has similar rates of crowded housing to the state, Jerome County has higher rates, which rose in 2021 after a dip from 2019 to 2020. Jerome County's jump may be a product of limited affordable housing availability, leading families and individuals to share housing in order to share the cost burden.

FIGURE 54: CROWDED HOUSING (FULL POPULATION)

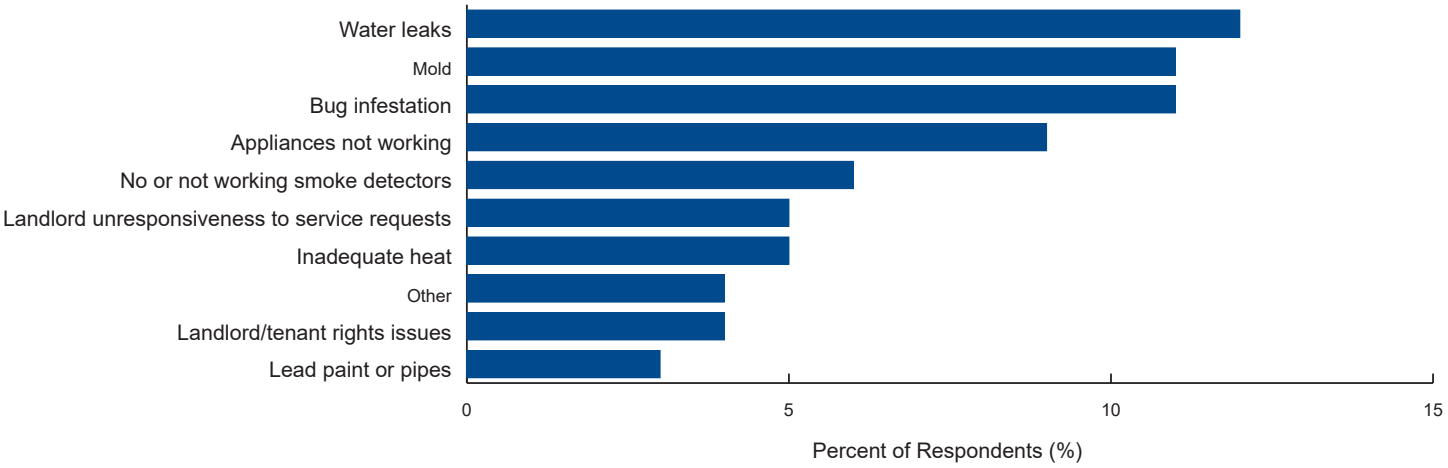


Source: U.S. Census Bureau, American Community Survey 5-Year Estimates, aggregated by Metopio

ADDITIONAL HOUSING CONCERNS

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

FIGURE 55: CHNA REGIONAL SURVEY, PROBLEMS WITH HOUSING



Source: CHNA Community Data, 2022

Additional housing information can be accessed at the Idaho Policy Institute's online Statewide Housing Analysis Dashboard.[27]

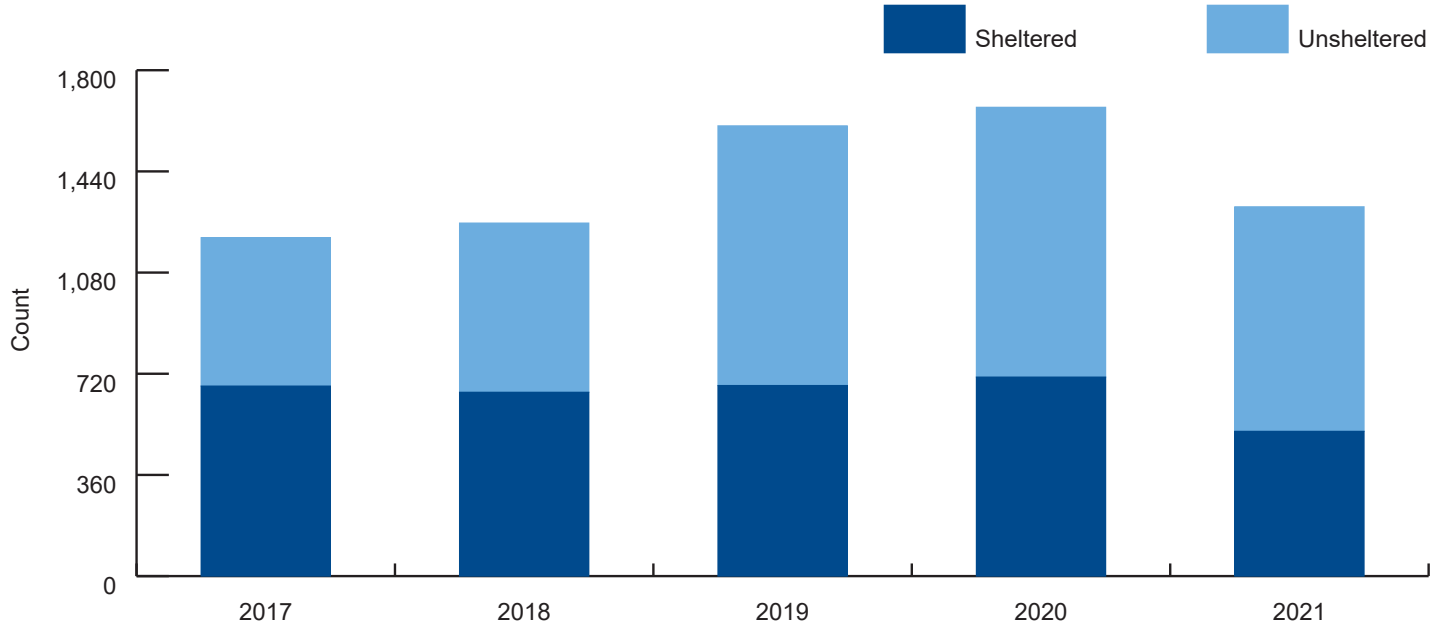
POINT IN TIME COUNT

According to the Point-In-Time (PIT) count,[28] 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 experienced a similar increase over the pandemic. Primary data respondents reported concerns about the ability of the area to serve the growing homeless community. Many new programs are in place, but respondents do not feel confident about the sustainability and capacity of the programs.

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.

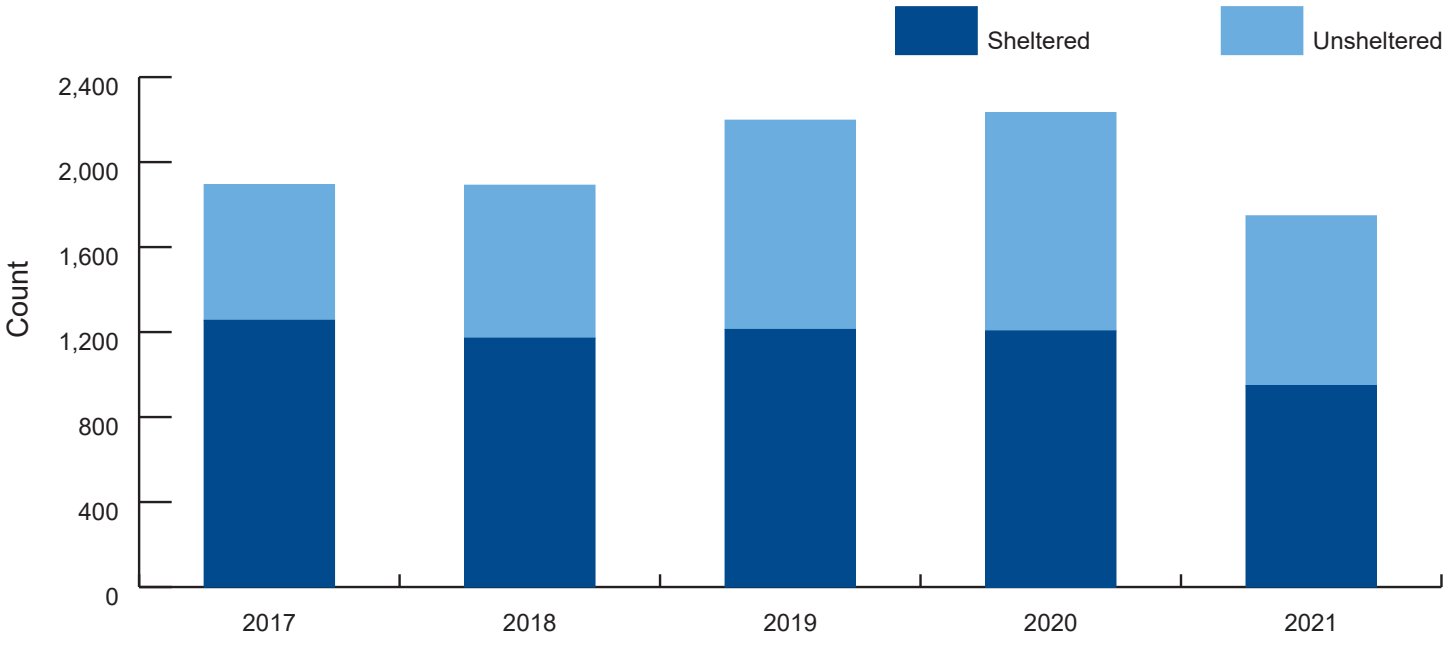
The Idaho Housing and Finance Association's 2022 State of Homelessness in Idaho report finds that 11,051 individuals across the state received homelessness support services, and estimates that there are upwards of 1,071 individuals experiencing homelessness in Region 4.[29] The same report finds that 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 56: 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 57: IDAHO POINT-IN-TIME COUNT



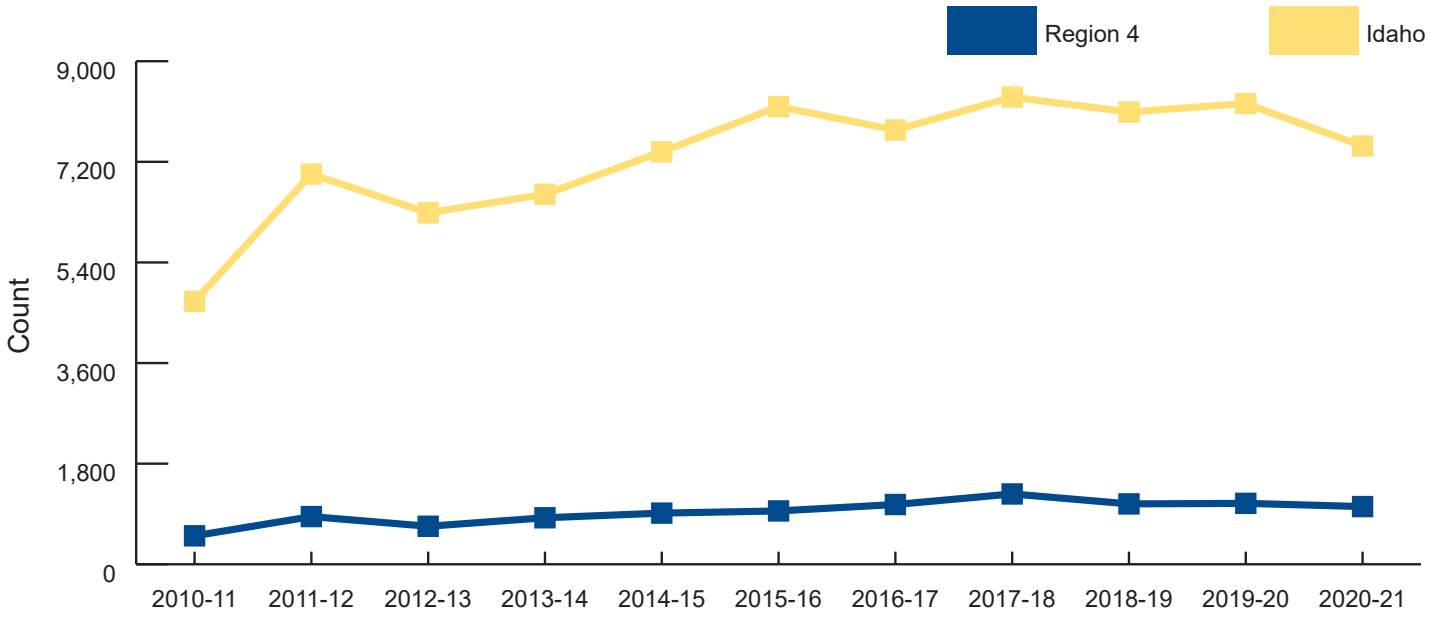
Source: Idaho Housing and Finance Association, Point-In-Time Count Report: Idaho Balance of State CoC, 2021

STUDENTS EXPERIENCING HOMELESSNESS

Though overall homelessness increased, the number of students experiencing homelessness across Region 4 remained stable.[30] 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.[31]

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 58: NUMBER OF STUDENTS EXPERIENCING HOMELESSNESS



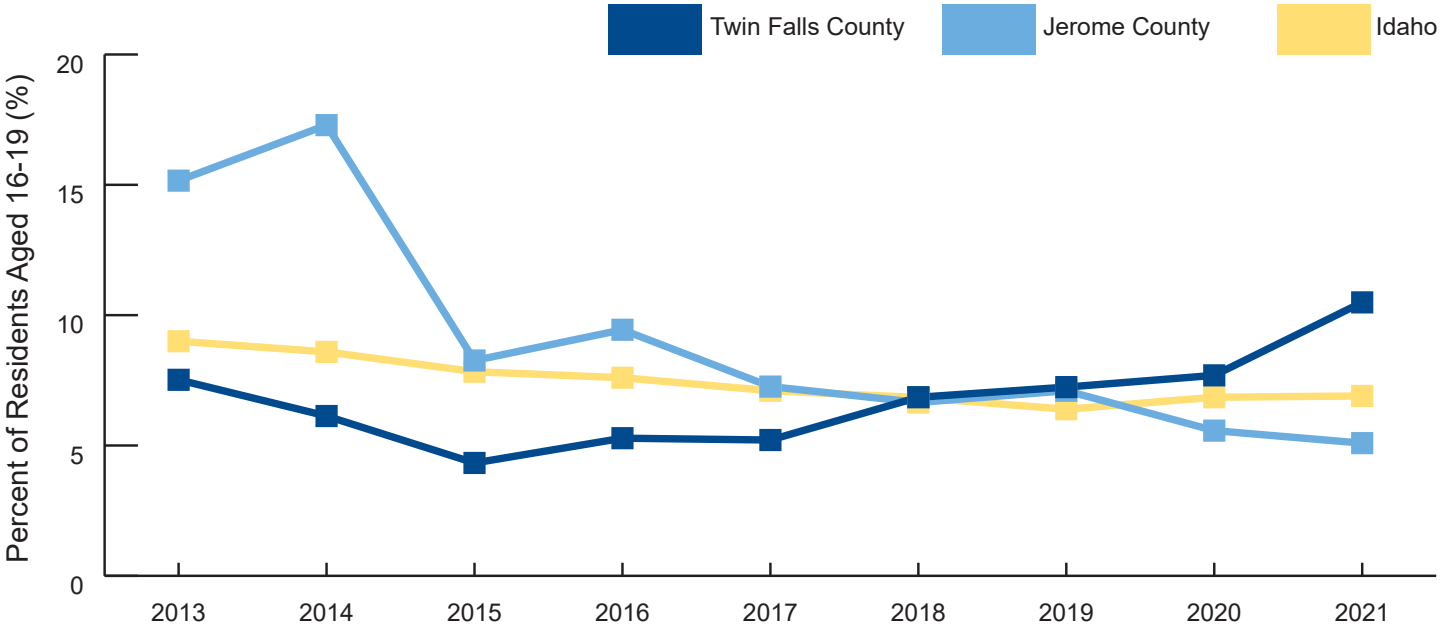
Source: Idaho Housing and Finance Association, Point-In-Time Count Report: Idaho Balance of State CoC, 2021
Note: Region 4 Counties: Blaine, Camas, Cassia, Gooding, Jerome, Lincoln, Minidoka, and Twin Falls

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 organization to recruit this population.[32]

The percentage of out of school youth increased in Twin Falls County between 2017 and 2021, rising above the Idaho state average. Jerome County followed the opposite trend, falling from above to below the state average. The pandemic may have contributed to Twin Falls County's increase, as more youth spent time in isolation and job opportunities diminished. However, future data will be needed to tell if this trend moves downward again or remains stable.

FIGURE 59: DISCONNECTED YOUTH

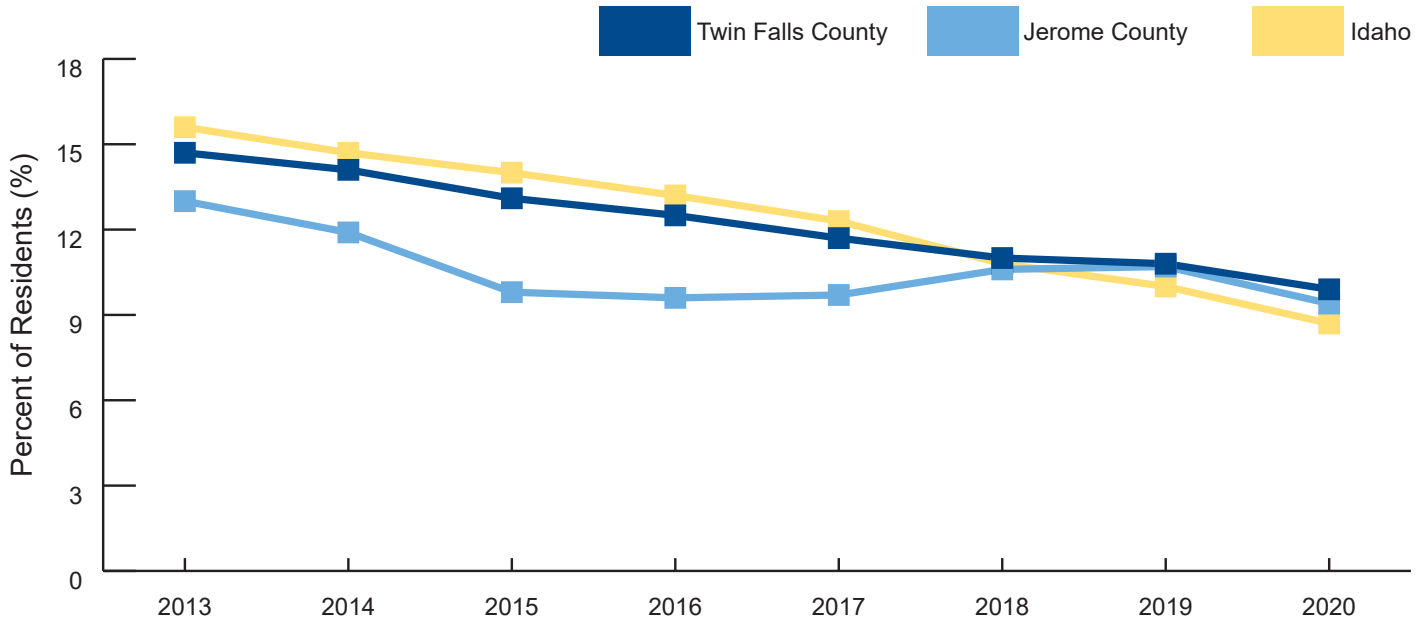


Source: U.S. Census Bureau, American Community Survey 5-Year Estimates, aggregated by Metopio

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.[33] Food insecurity in the region has been on the decline for many years, although Jerome County has seen a slight increase following many years of better-than-average numbers. Both counties are close behind the state average.

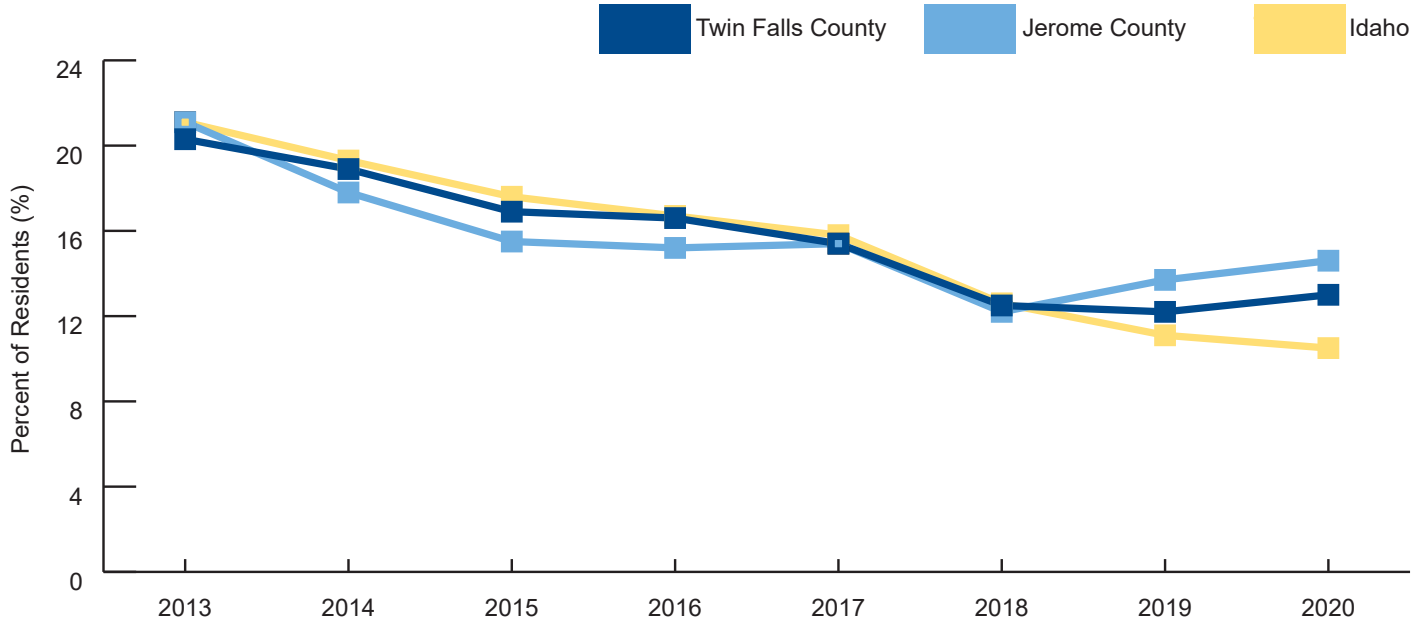
FIGURE 60: FOOD INSECURITY



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

Looking at youth food insecurity (0-17 years of age), there was a slight increase in both counties from 2019 to 2020, which may be tied to higher-than-average rates of youth poverty in the region. Food insecurity can harm a child's growth and learning.

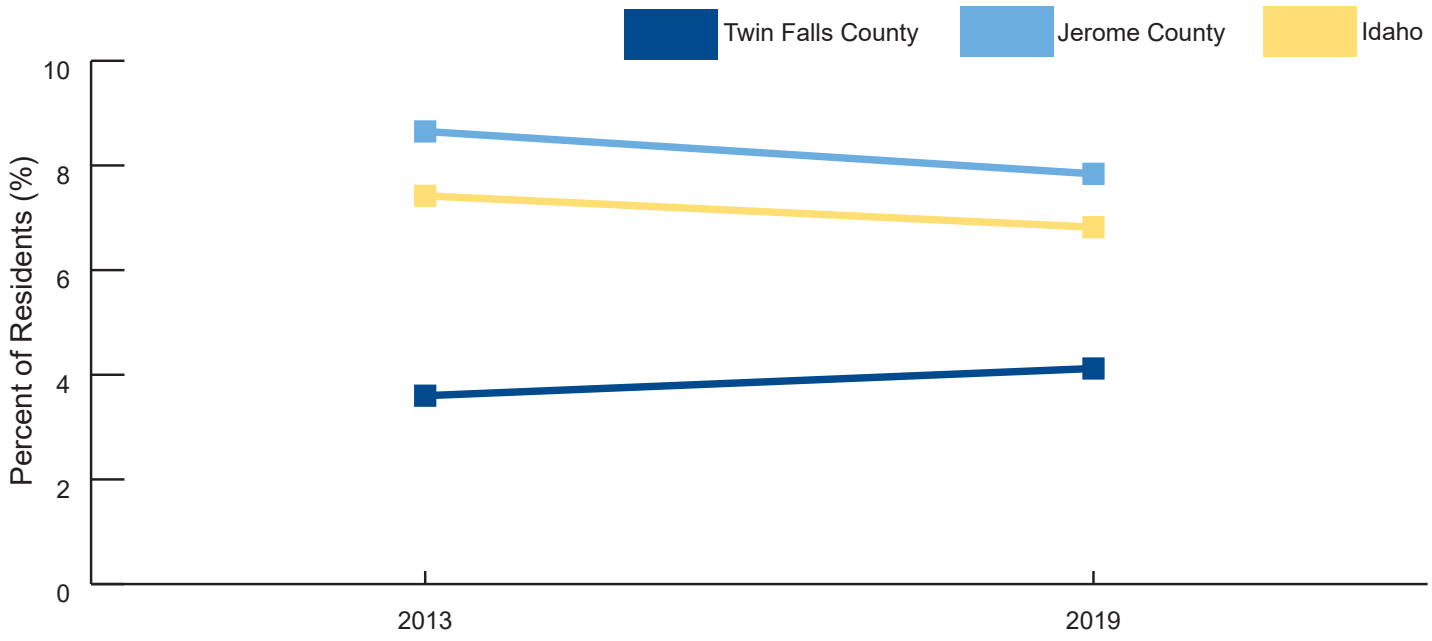
FIGURE 61: FOOD INSECURITY (CHILDREN (0-17 YEARS))



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 Twin Falls County is lower than the state average, while Jerome County's percentage is somewhat higher than the state average.

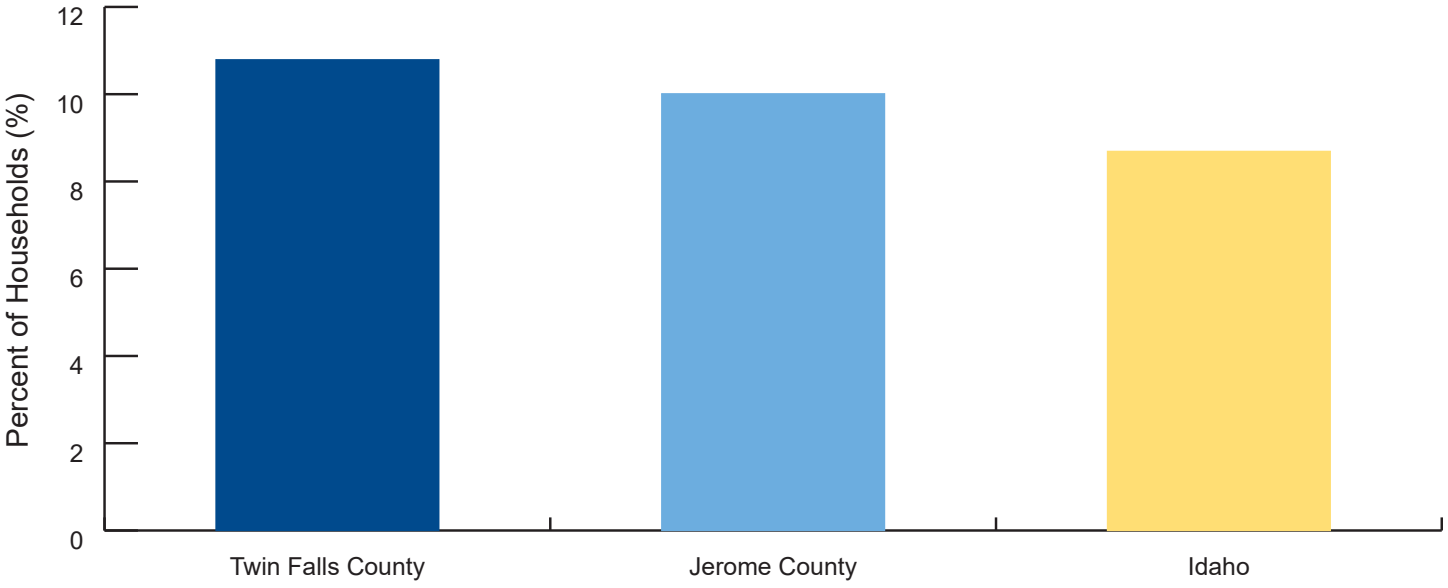
FIGURE 62: LIVING IN FOOD DESERTS (FULL POPULATION)



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

Both Twin Falls and Jerome Counties have slightly higher rates of households receiving food stamps than the state average.

FIGURE 63: FOOD STAMPS (SNAP), 2017-2021

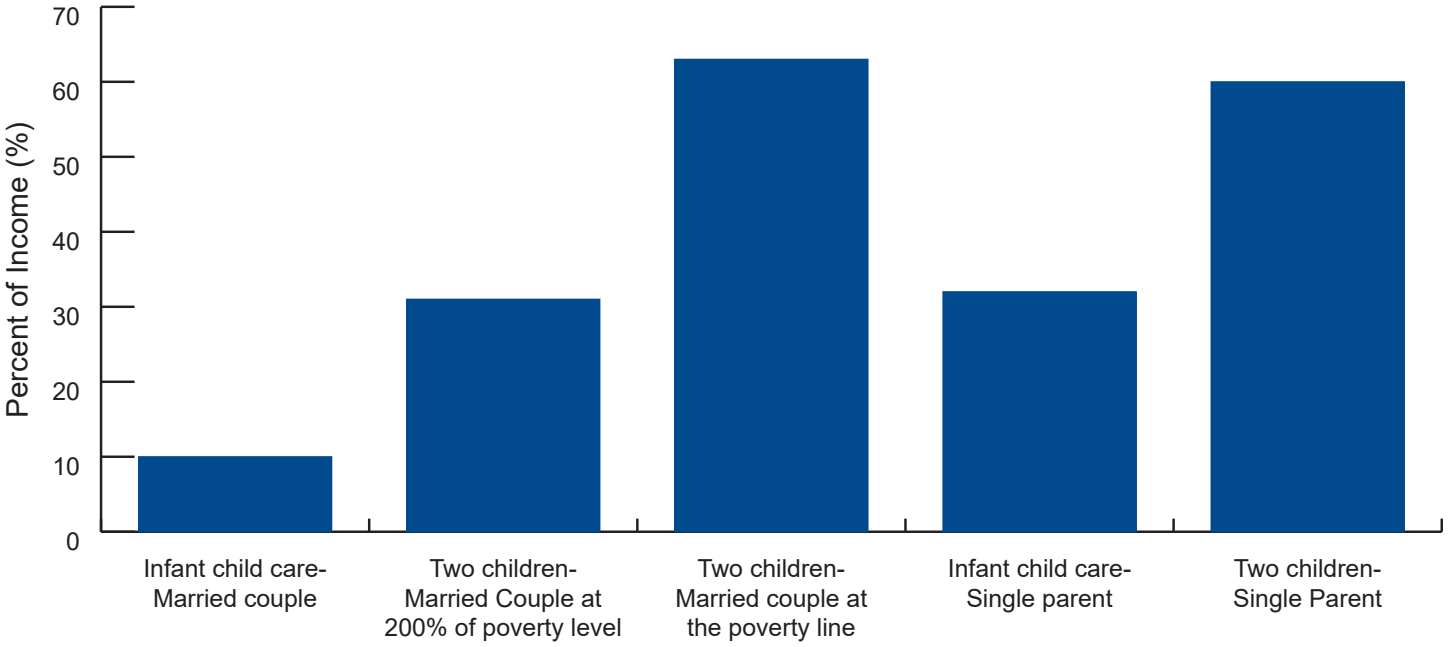


Source: U.S. Census Bureau, American Community Survey 1-Year Estimates, aggregated by Metopio, 2019

CHILDCARE EXPENSES

Statewide, childcare 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. Childcare 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.

FIGURE 64: 2021 CHILD CARE CENTER COST

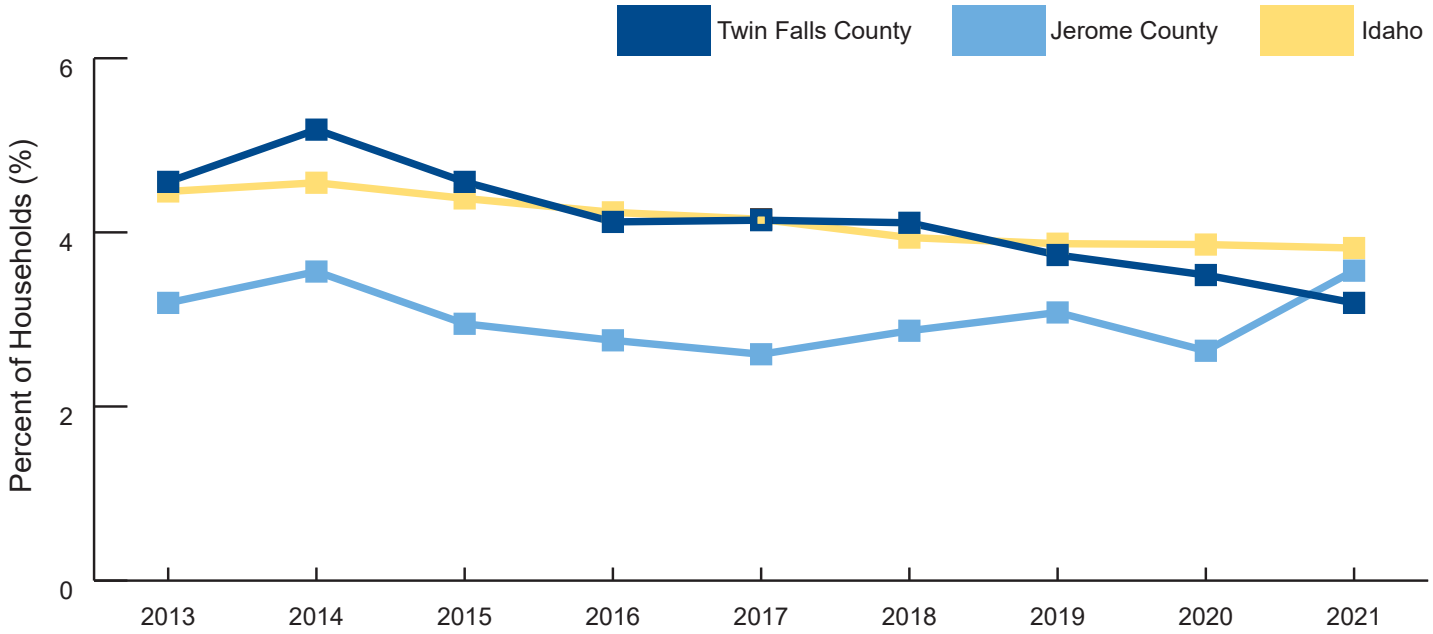


Source: Child Care Aware of America, Childcare Affordability Analysis, 2021

TRANSPORTATION

The percentage of households with no motor vehicle in Twin Falls County has been steadily decreasing over the past decade, while Jerome has seen an increase in recent years, although both counties still fall below the state average. 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. Some rural survey respondents in the region noted that transportation to healthcare and other social services is lacking, especially for seniors with limited ability to drive.

FIGURE 65: NO VEHICLE AVAILABLE

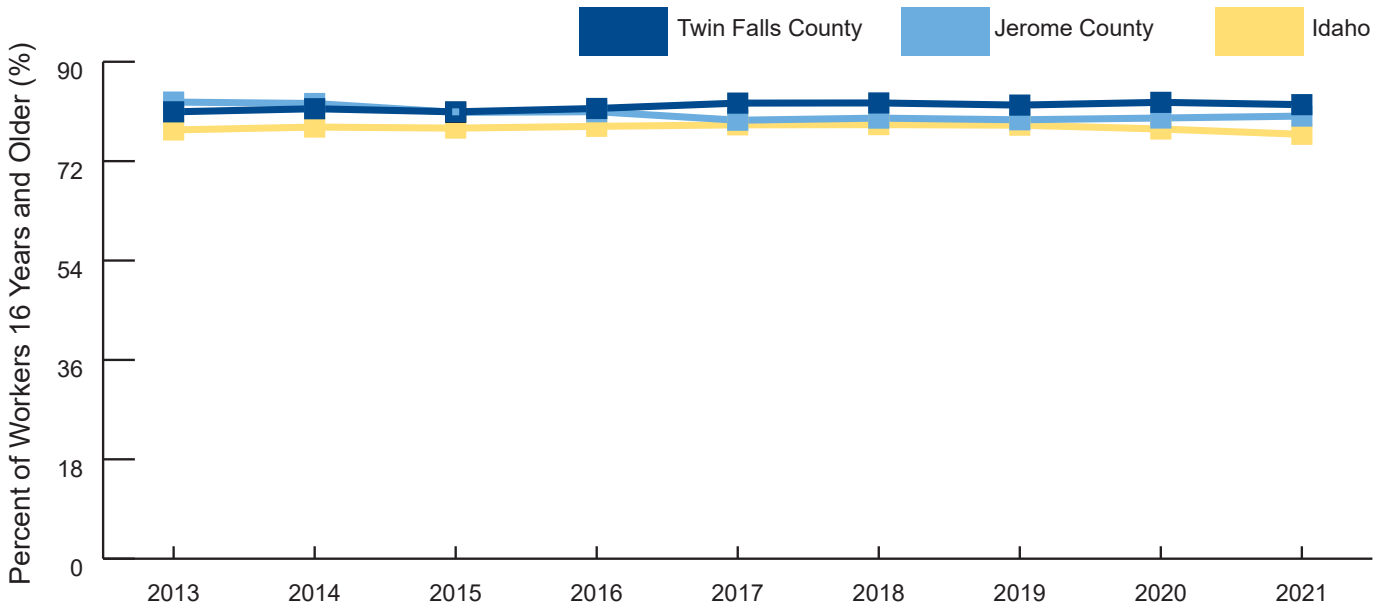


Source: U.S. Census Bureau, American Community Survey 5-Year Estimates, aggregated by Metopio

COMMUTING ALONE

Magic Valley has higher rates of workers who drive alone to work than the state average, and neither Jerome County nor Twin Falls County saw a notable decline in this rate over the pandemic, as the state did. Commuting alone can be an indicator of future infrastructure needs, especially as both counties grow.

FIGURE 66: DRIVE ALONE TO WORK

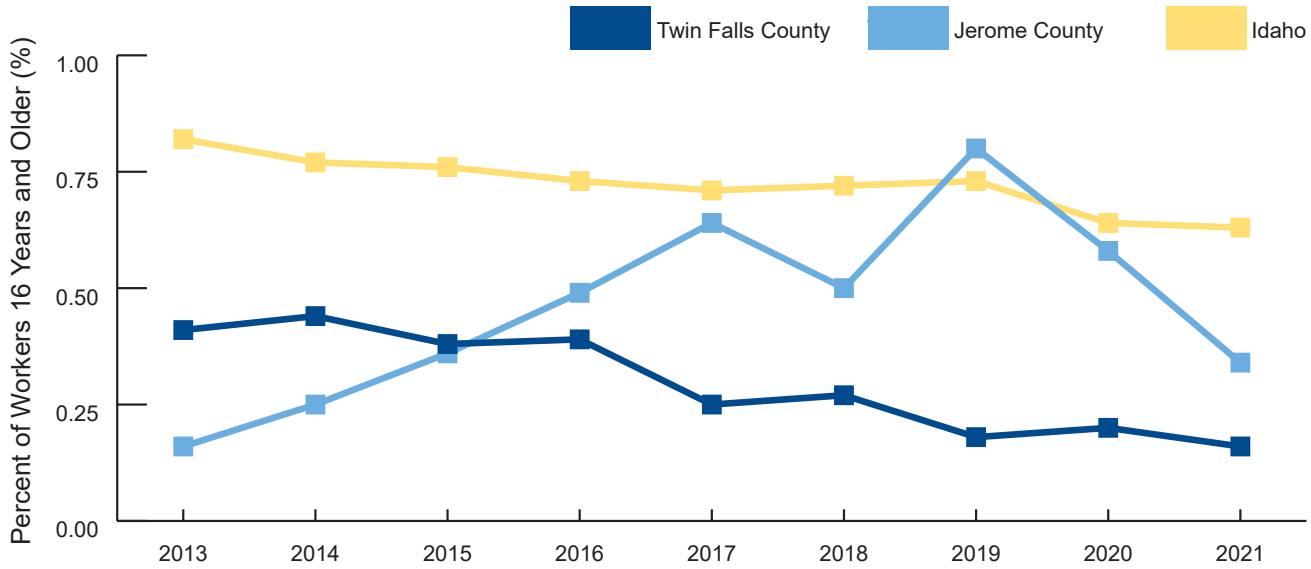


Source: U.S. Census Bureau, American Community Survey 5-Year Estimates, aggregated by Metopio

TRANSIT USE

The percentage of workers using public transit has declined in recent years in Jerome and Twin Falls Counties and in the state. However, the pre-pandemic increase of use in Jerome County could be an indicator of a willingness from the community to increase availability and access to public transit options.

FIGURE 67: PUBLIC TRANSPORTATION TO WORK



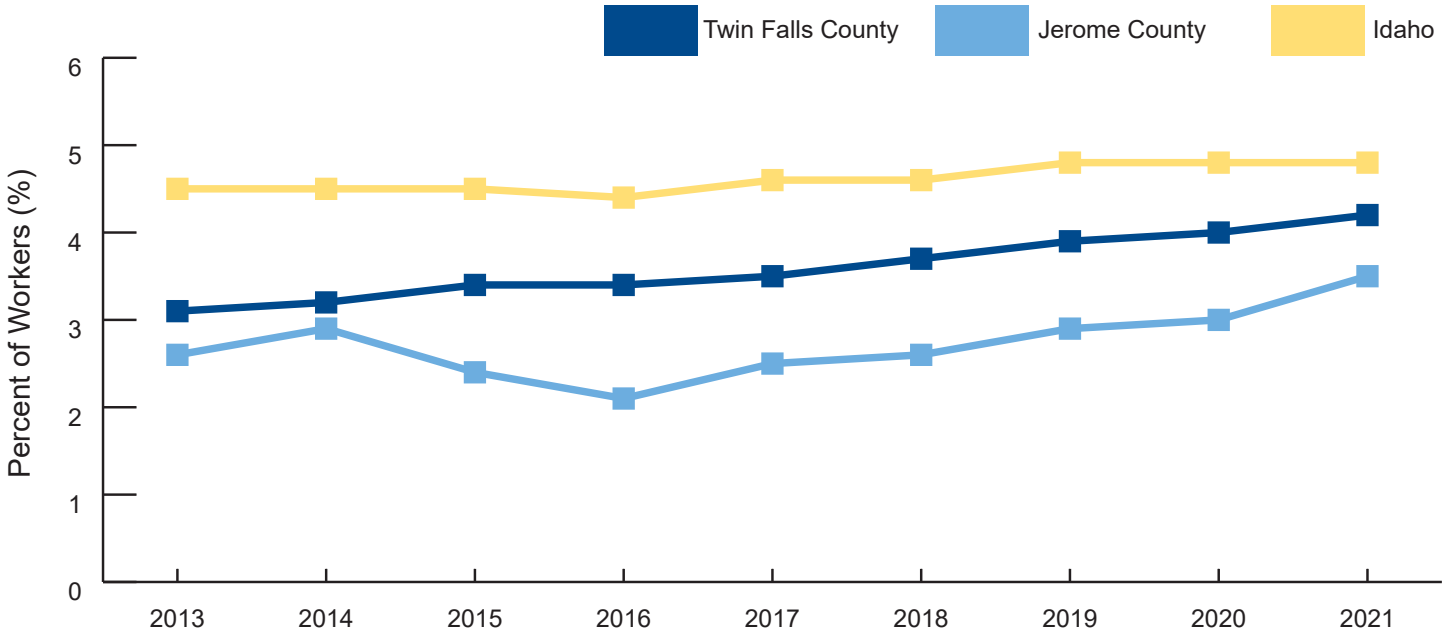
* American Community Survey (ACS) (Table B08301)

LENGTH OF COMMUTE

A rising percentage of workers in the Magic Valley have a travel time to work of over one hour, although this percentage has not yet risen to the level of the state. Mean travel times in the region have followed a similar trend—rising, but not yet reaching the state average.

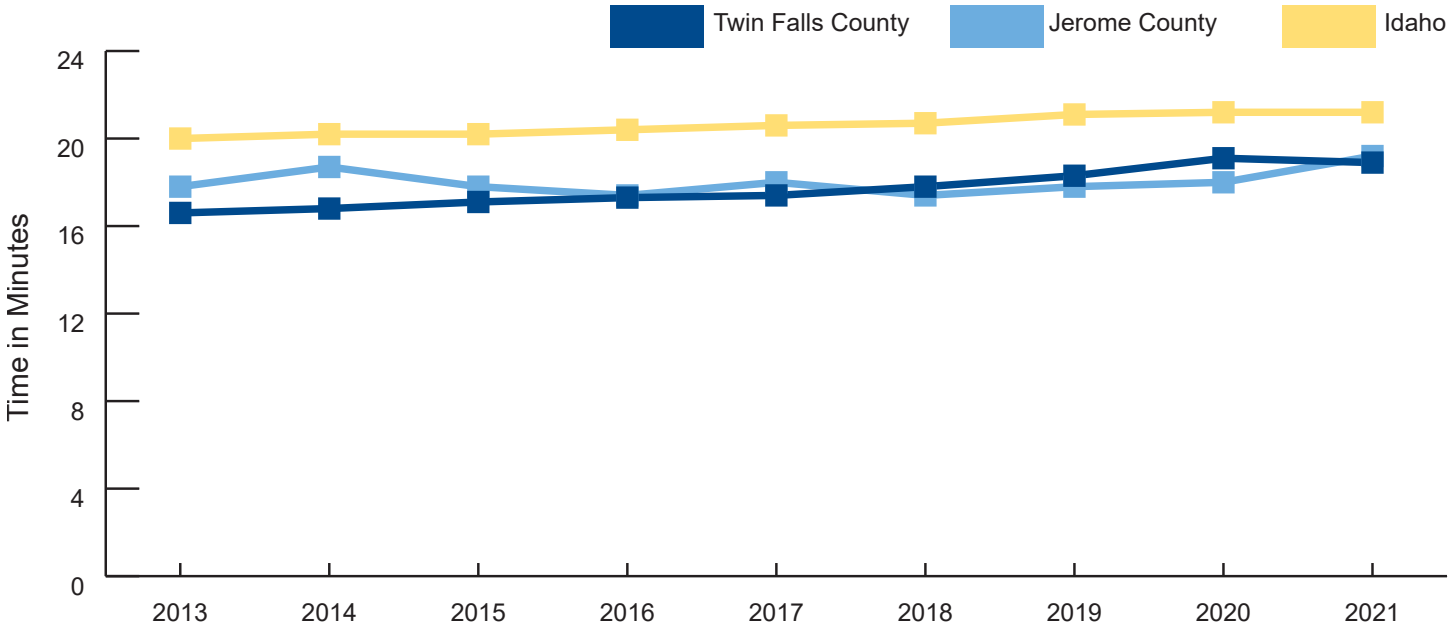
Some regional focus group, interviewees, and survey respondents mentioned growth as a disruptor in the region, impacting transportation infrastructure and commute times. Longer commute times may increase transportation costs, offsetting the benefit of moving farther away from urban centers for more affordable housing.

FIGURE 68: TRAVEL TIME TO WORK OVER ONE HOUR



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

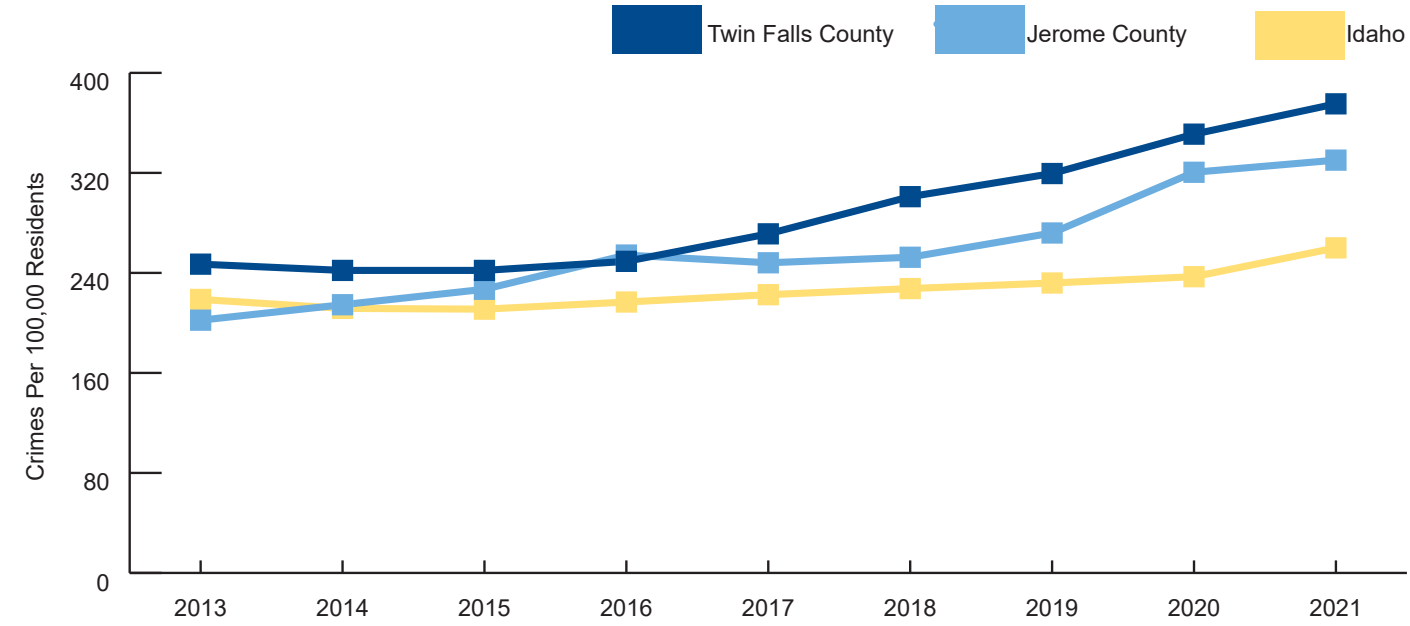
FIGURE 69: MEAN TRAVEL TIME TO WORK



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

SAFETY

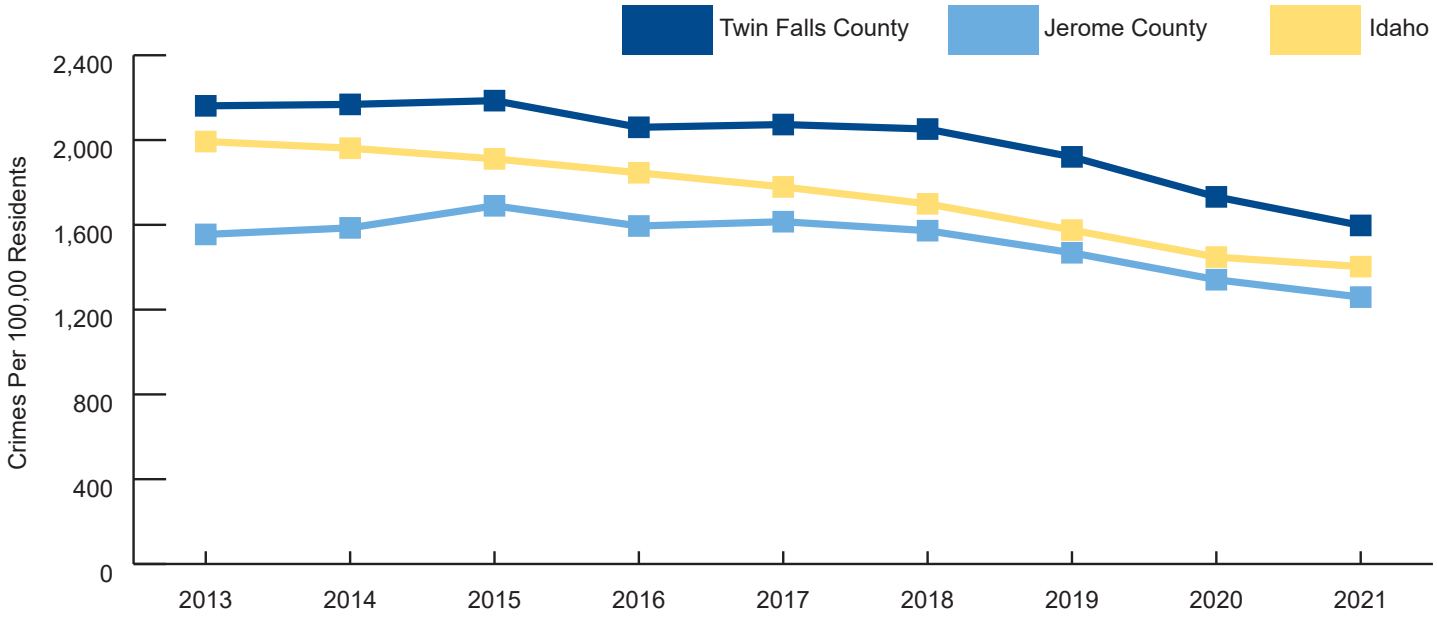
FIGURE 70: VIOLENT CRIME



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

Violent crime rates, including homicide, assault, sexual assault, and robbery, in Twin Falls and Jerome Counties have risen since 2015, outpacing a similar statewide increase. Twin Falls County has seen the sharpest increase, about 50% from 2015 and in 2021 was similar to the nationwide average. The cause of this increase is unknown as violent crime is complex and cannot be contributed to any one factor.[34]

FIGURE 71: 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 Twin Falls County, Jerome County and the state for many years, although Twin Falls County still falls somewhat above the state average.

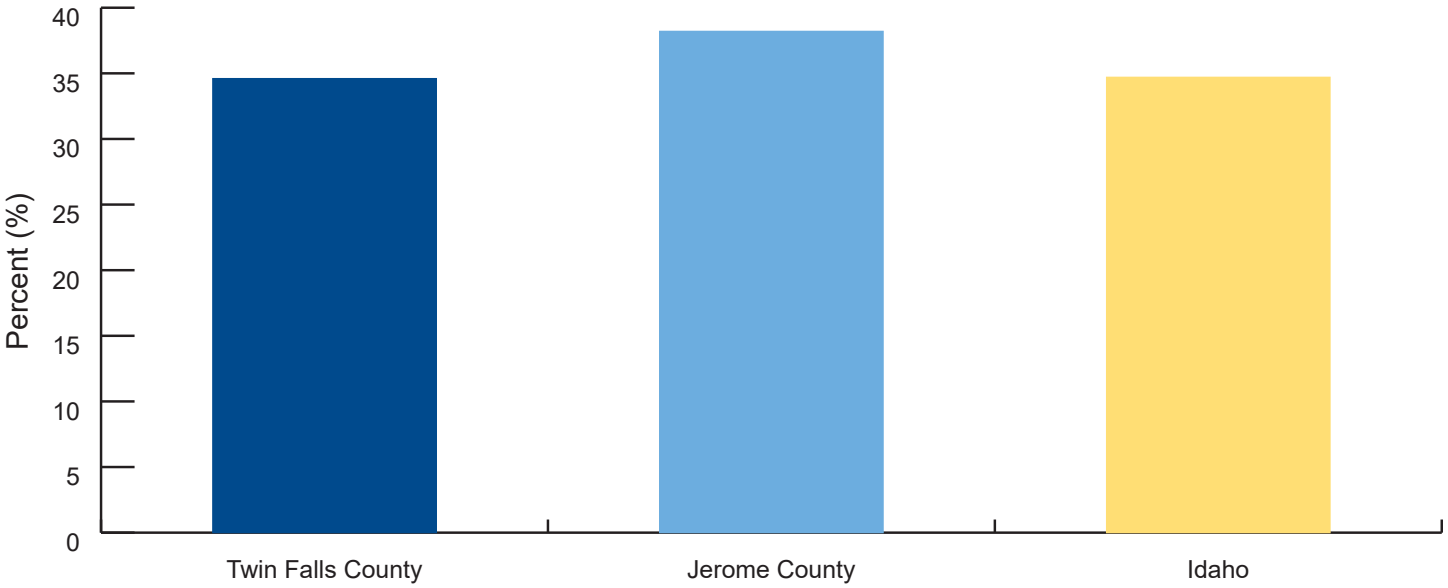
EDUCATION

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 enrolled in preschool are in a private program, some school districts are able to provide preschool programs using grant funds and other collaborations.

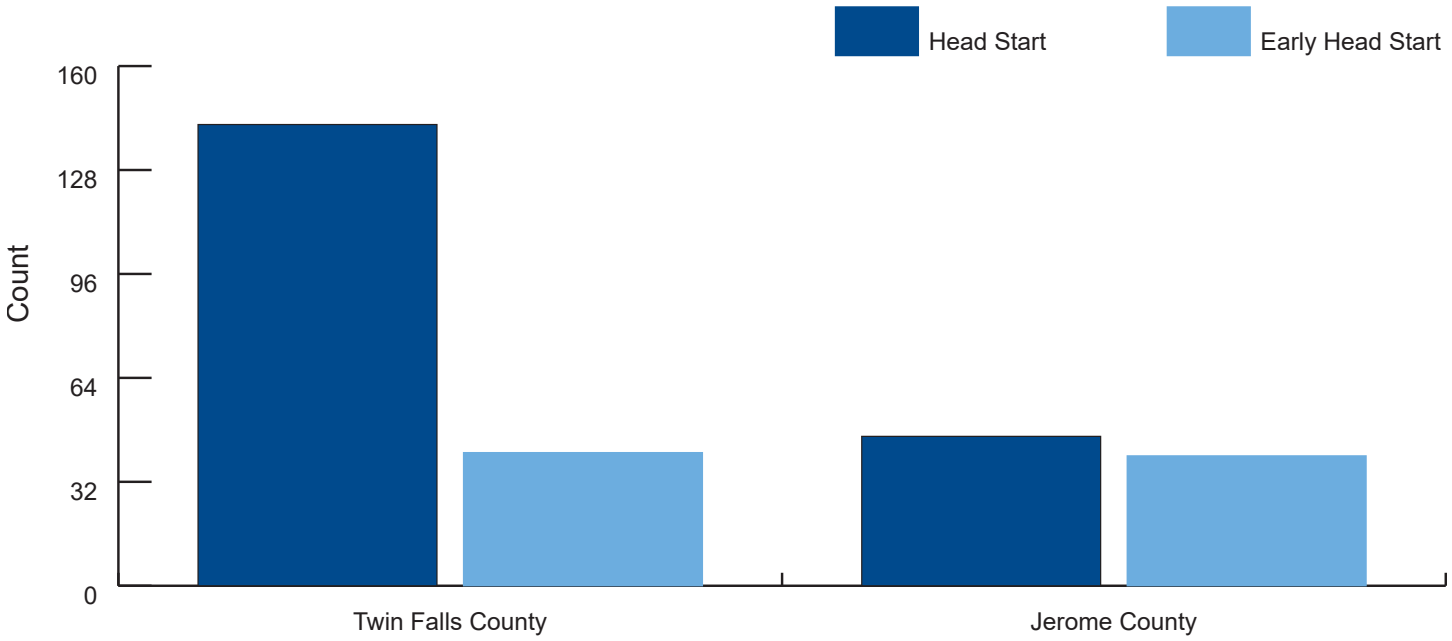
FIGURE 72: PERCENT OF CHILDREN 3–4-YEAR-OLD CHILDREN ENROLLED IN SCHOOL



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

Head Start and Early Head Start are federally funded education programs for children aged 0-5 from extremely low-income families. In the report region, Head Start programs are provided in five physical locations in Twin Falls and Jerome Counties through College of Southern Idaho (CSI) Head Start and Community Council of Idaho Migrant and Seasonal Head Start. In the 2021-22 school year, CSI Head Start served 5.6% of income-eligible 3–4-year-old children in Twin Falls and Jerome Counties.[35]

FIGURE 73: ENROLLMENT IN HEAD START



Source: Idaho Head Start Association, Southwest Idaho Programs, 2022
Note: Enrollment may include children from a neighboring county enrolled in the program

K-12 EDUCATION

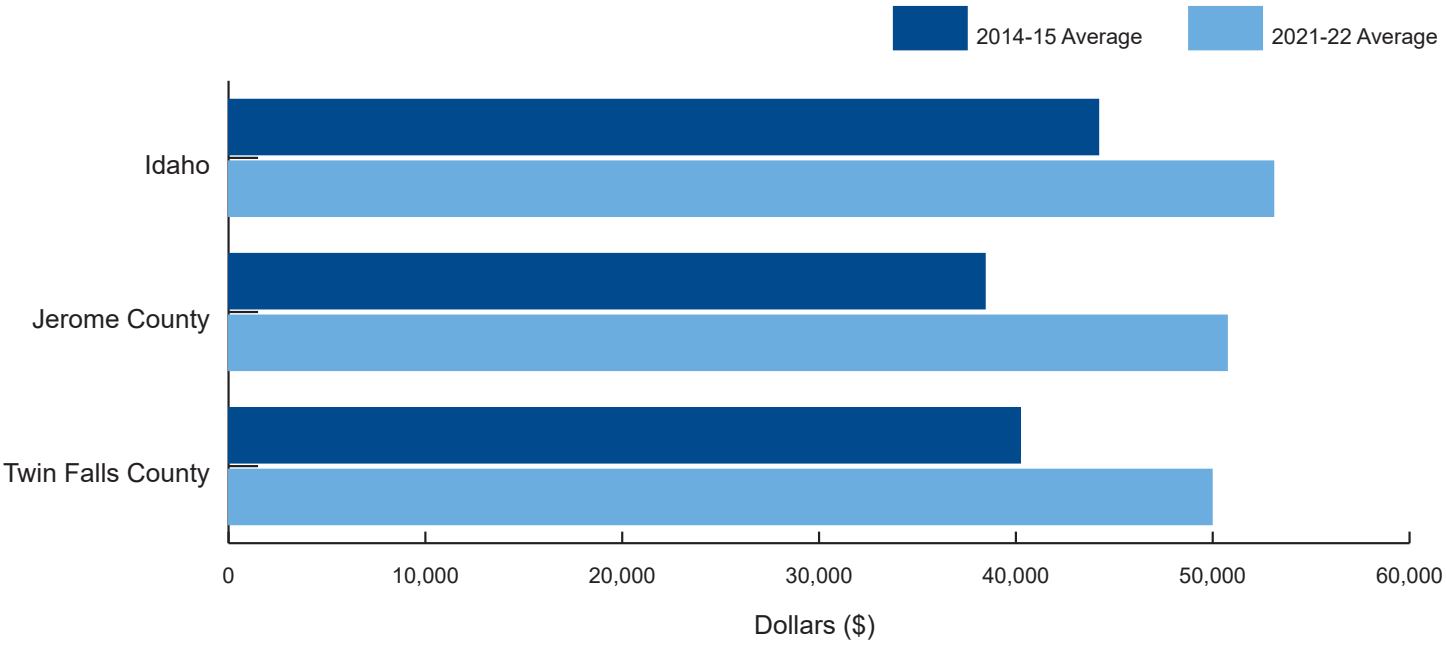
Twin Falls and Jerome Counties are home to ten public school districts and three public charter schools. In a statewide representative survey of 1000 Idahoans, 44.7% of respondents view the quality of school districts in their community as either good or excellent.[36] Primary data reveals that education 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 allocates nearly half of its 2020-2021 general fund budget to K-12 public education. Most of those funds (63%) went to salaries and benefits of education staff and almost a quarter (22%) are for discretionary use.[37] 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.[38] Most Idaho school districts (80%) rely on supplemental levy funding to make needed upgrades and fill in funding gaps.[39]

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%).[40]

FIGURE 74: AVERAGE TEACHER SALARIES (2014-2015 & 2021-2022)



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

Both Jerome and Twin Falls Counties have similar pay and similarly increased between the 2014-15 and 2021-22 school years. Between the two counties, Three Creek, Buhl, and Murtaugh school districts experienced the greatest increase in average while Jerome, Castleford, and Hansen school districts experienced the smallest increase in average. Overall, each county has a lower average teacher salary than the statewide average.

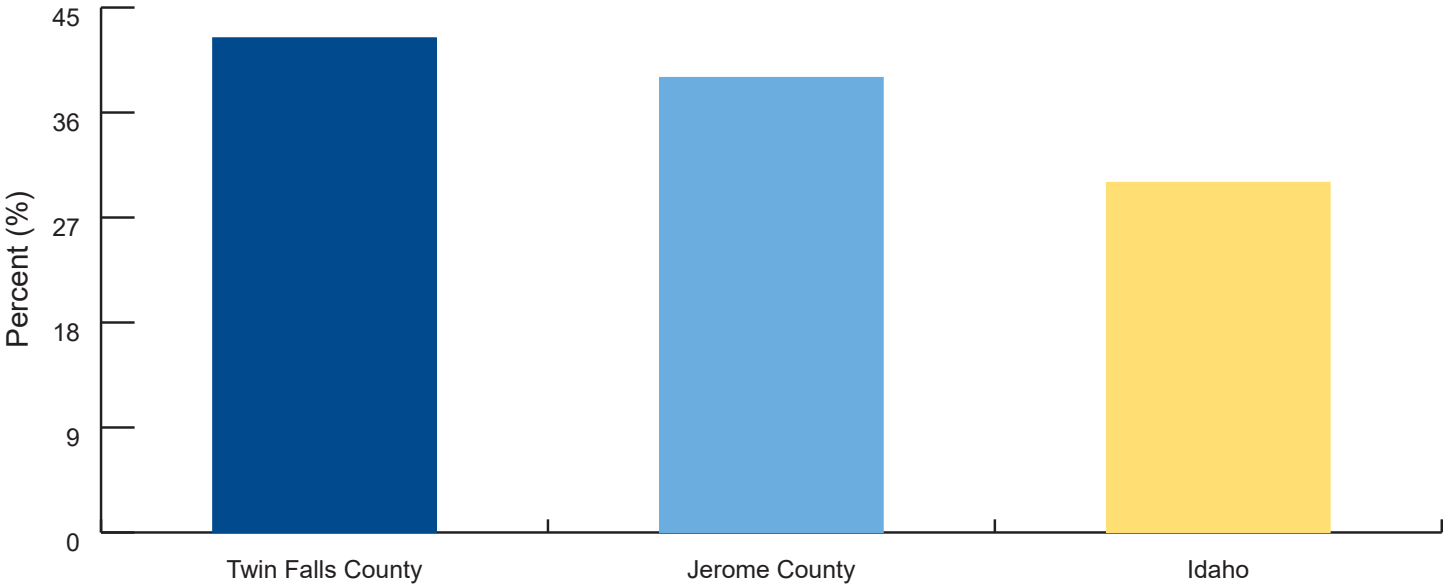
The impact of increasing teacher pay on retention is not immediately clear, though since 2018, the statewide average retention rate has remained around 90%.[41]

POVERTY AND EDUCATION

Socioeconomic level is a better indicator of student performance than race or ethnicity.[42] 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.[43]

In Idaho, 30% of students are economically disadvantaged; on average, Twin Falls and Jerome County school districts have a higher rate of economically disadvantaged students. This is especially true in rural districts like Castleford (89%), Hansen (58%), and Murtaugh (56%). The lowest rates are at Xavier Charter (19%), Kimberly (19%), and Filer (24%) school districts.

FIGURE 75: AVERAGE PERCENT OF ECONOMICALLY DISADVANTAGED STUDENTS



Source: Idaho State Department of Education, 2021-2022
Note: Data represents the average of the percent of students in each district

CHRONIC ABSENCE

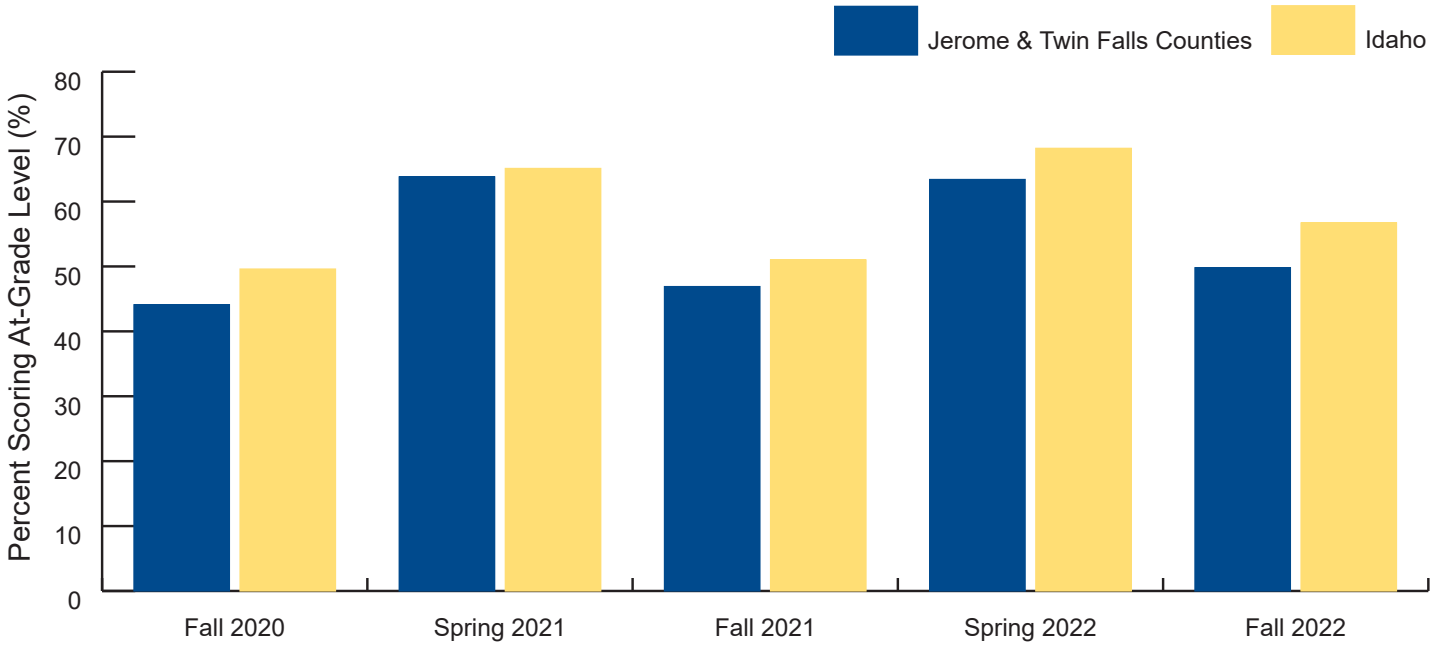
Thirteen percent of Magic Valley students in the report region missed at least 15 days of school in 2020-21 school year.[44] In the primary data, surveyed teachers and administrators reported trouble with attendance, specifically among high school students. One principal found that teenagers held jobs 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 proficiency[45] as research shows that third grade reading level is predictive of later life outcomes.[46]

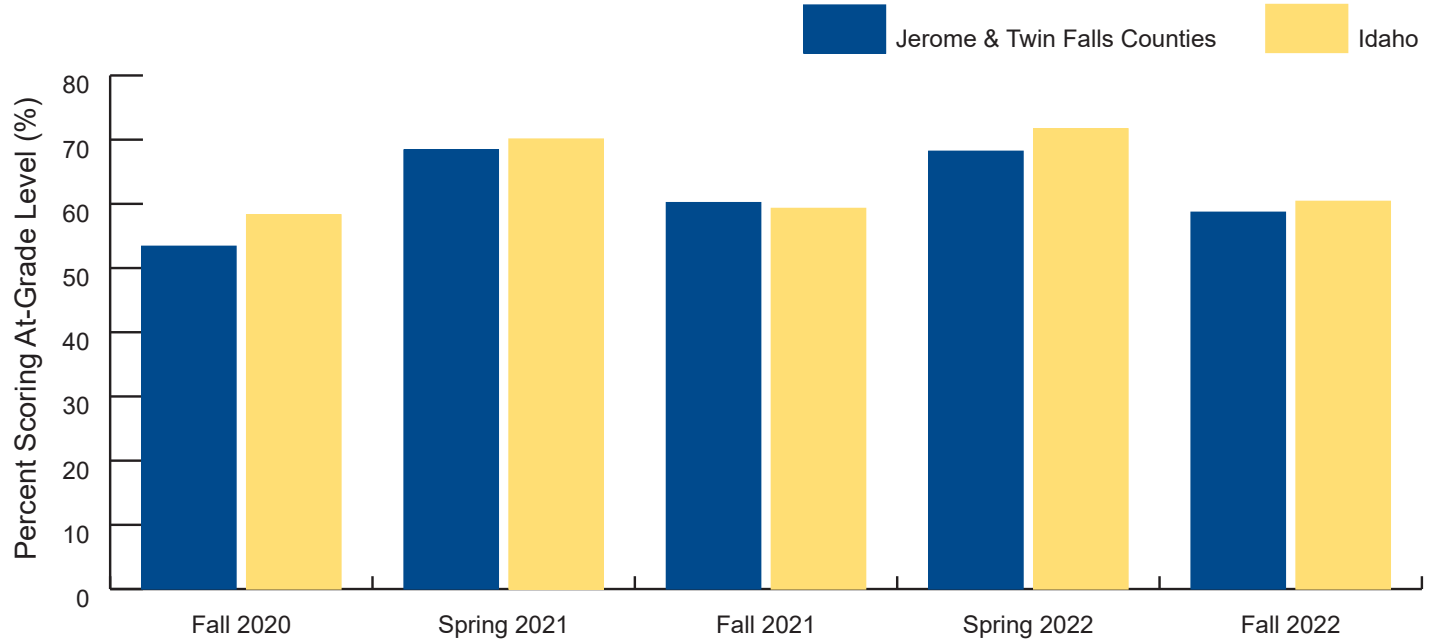
When looking at the average of all students, Twin Falls and Jerome County school districts have lower percentages of students scoring at grade level by almost 5% most testing periods. However, Twin Falls and Jerome County school districts have similar percentages of students scoring at grade level compared to the state average by the time students reach third grade.

FIGURE 76: AVERAGE DISTRICT PERCENTAGE OF ALL K-3 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, Magic Valley encompasses all school districts in Jerome and Twin Falls Counties

FIGURE 77: AVERAGE DISTRICT PERCENTAGE OF GRADE 3 SCORING "AT GRADE LEVEL" ON THE IRI

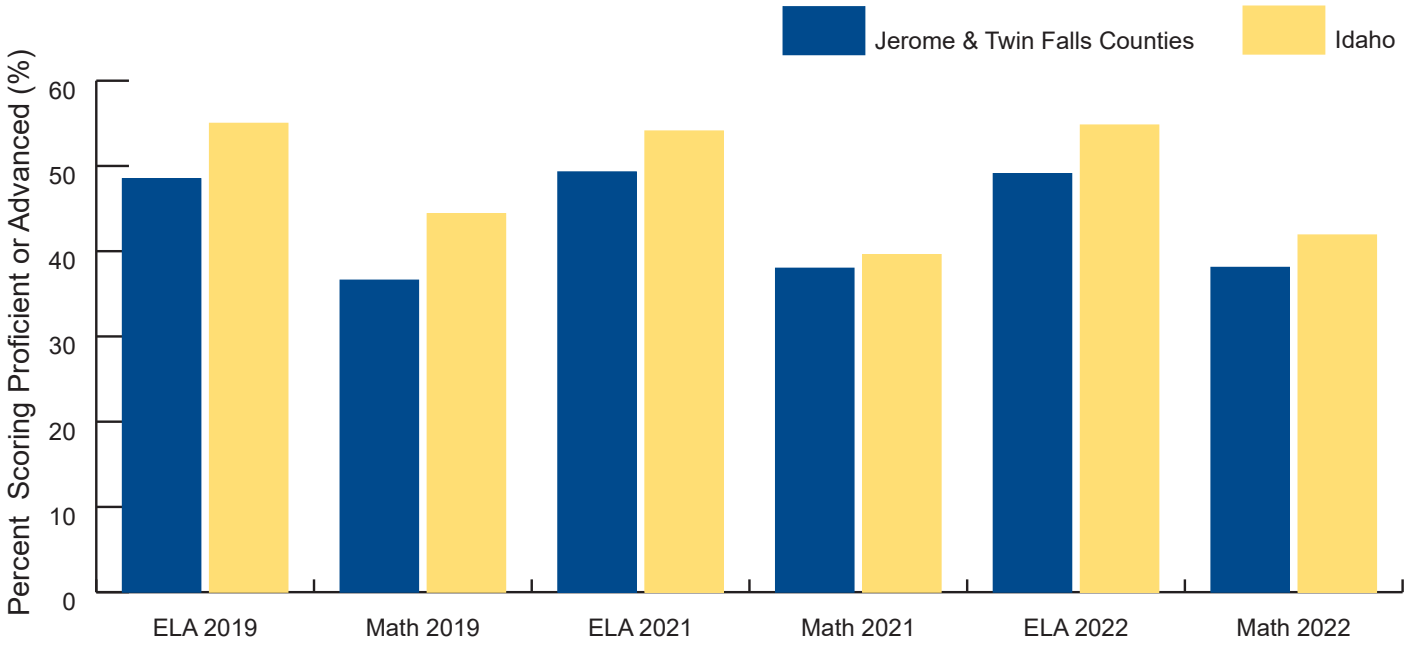


Source: Idaho State Department of Education, 2021-2022
Note: Data represents the average of the percent of students in each district, Magic Valley encompasses all school districts in Jerome and Twin Falls Counties

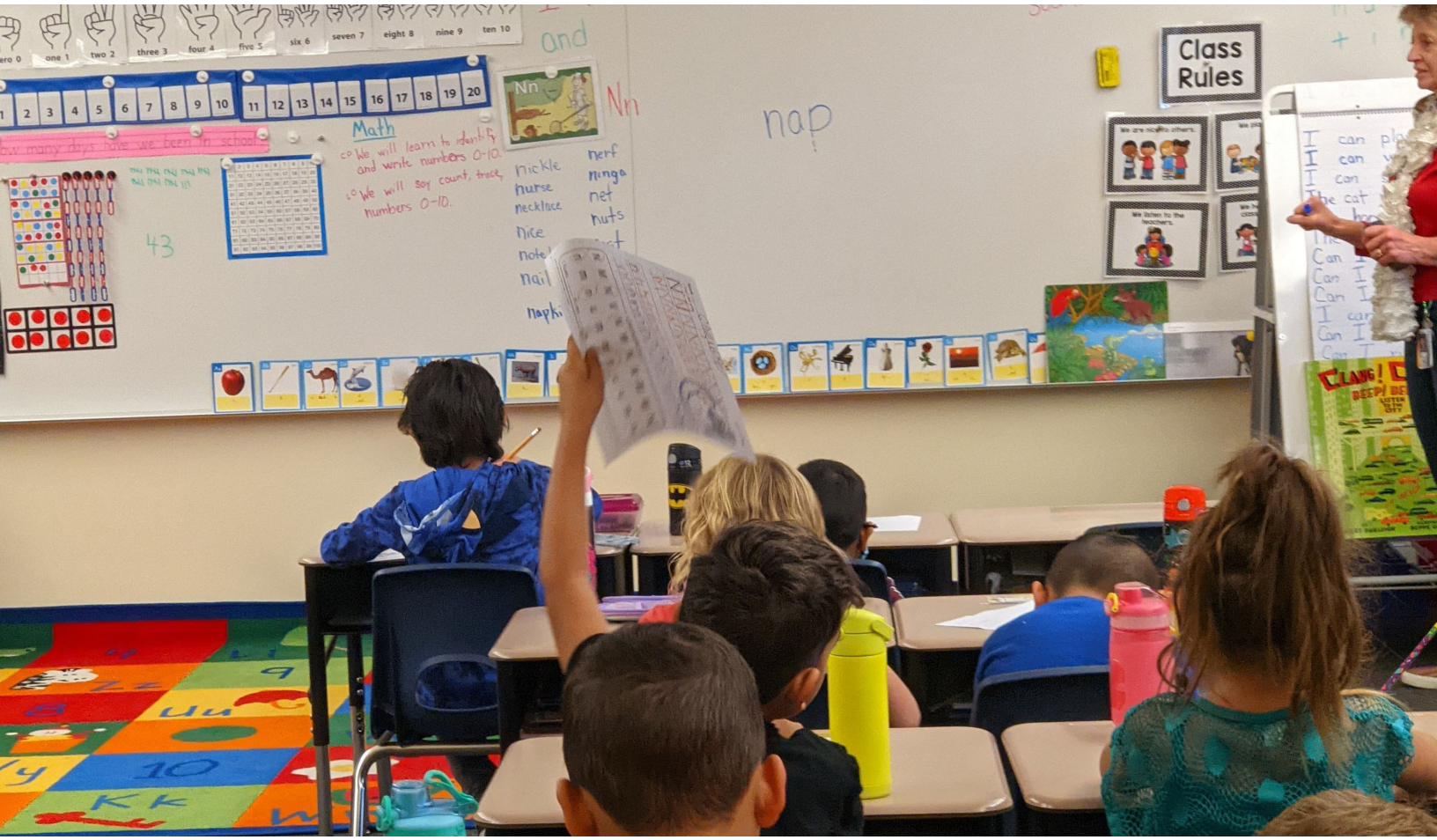
Students in grades 3-10 take the Idaho Standardized Achievement Test (ISAT) every spring. This test measures achievement in science, math, and English Language Arts (ELA). Districts in Twin Falls and Jerome Counties tend to have slightly higher averages of proficient or advanced students as the state. When schools shut down due to the COVID-19 pandemic, experts expected to see a marked drop in test scores in the following years. The largest loss was seen in math, a 4.8% decrease

statewide. The Jerome and Twin Falls County districts actually saw a slight increase in percentages of students scoring proficient in both ELA and math.

FIGURE 78: ISAT STUDENTS SCORING PROFICIENT OR ADVANCED



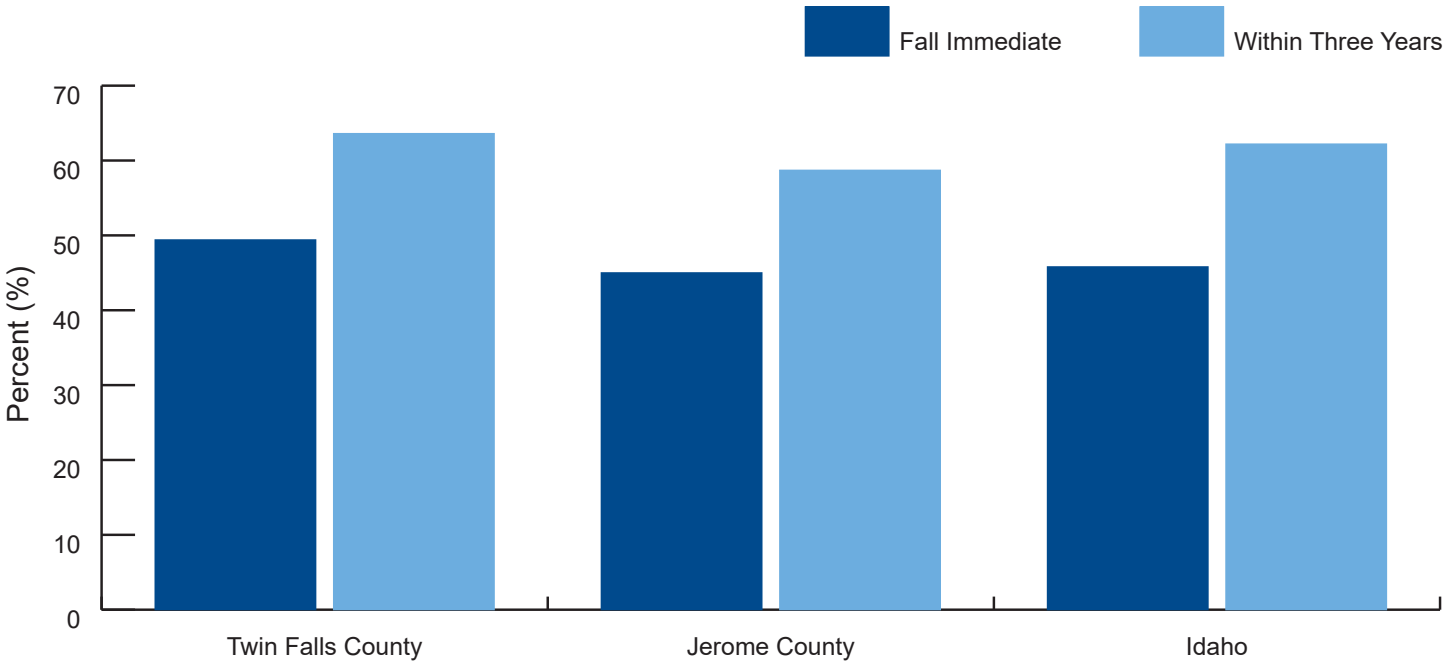
Source: Idaho State Department of Education, 2021-2022
Note: Data represents the average of the percent of students in each district, Magic Valley encompasses all school districts in Jerome and Twin Falls Counties



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.[47] Idaho leadership has invested more the $133 million to reach their goal of 60% of Idaho adults age 25-34 obtaining a degree or certificate.[48]

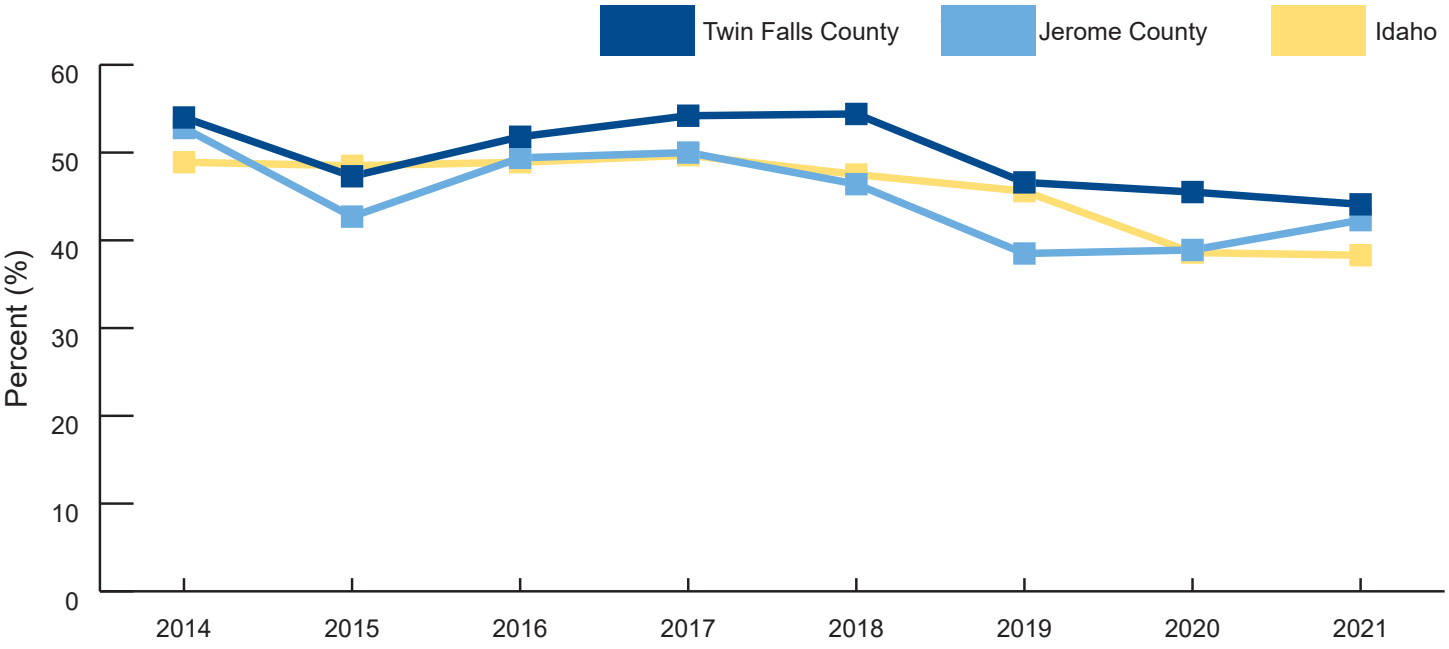
FIGURE 79: GO ON RATES BY COUNTY



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 80: FIRST YEAR GO ON RATE OVER TIME



Source: Idaho State Board of Education, 2021

In both Twin Falls and Jerome Counties the first year go-on rate improved in 2016 and 2017, but the numbers dropped in 2019 and 2020. Statewide enrollment rates decreased in 2020; 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.[49]

Retention rates in 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.[50] 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).[51]

EDUCATION BY RACE/ETHNICITY

TABLE 4: HIGH SCHOOL GRADUATION RATE

	Twin Falls	Jerome County	Idaho
High school graduation rate, % of residents 2021	88.82	76.31	91.26
High school graduation rate, Non-hispanic white % of residents, 2017-2021	91.45	90.23	94.05
High school graduation rate, Hispanic or Latino % of residents, 2017-2021	61.95	44.1	67.45

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

TABLE 5: COLLEGE GRADUATION RATE

	Twin Falls	Jerome County	Idaho
College graduation rate, % of residents 2021	24.32	13.6	30.72
College graduation rate, Non-hispanic white % of residents, 2017-2021	25.68	18.01	30.89
College graduation rate, Hispanic or Latino % of residents, 2017-2021	11.6	3.72	13.39

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

Education connects to financial stability by increasing job opportunities with better earnings. Twin Falls and Jerome Counties both have non-Hispanic White high school graduation rates similar to the state average, although they fall below the state average when it comes to college graduation rates. Primary data sources suggest that this is a concern for industry, who pointed to a need for folks with higher educations to fill skilled positions.

A notable education gap shows up at both the high school and college level when it comes to ethnicity. Hispanics/Latinos graduate high school and college at significantly lower rates than Non-Hispanic Whites. These gaps may contribute to inequitable economic outcomes between ethnic groups within those counties. Regional focus groups and interviewees, especially in more racially and ethnically diverse rural areas, 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 the Magic Valley region. The top three priorities identified by key stakeholders include:

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

Mental well-being (including suicide)

Cost of living (including housing, childcare, and education)

PROCESS TO IDENTIFY NEEDS

Leaders from throughout Jerome and Twin Falls Counties were invited to participate in a steering committeee to prioritize findings from the data. In the meeting, IPI presented primary data from ten focus groups, ten interviews, and 154 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 to address. A recording of the meeting was sent out to those unable to attend. 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 two opportunities to provide input.

There were three opportunities to provide input on the community's highest needs. The opportunities included, Community leaders had an opportunity to participate in key informant interviews, focus groups and surveys. (Appendix B)

Key informant interviews targeted community leaders, state and local public health departments and organizations, people who represent and/or serve the medically underserved, low-income and minority populations. The interviews were designed to better understand the people the leaders serve as well as their own feelings on health equity in the community.

Focus groups asked respondents about health in their community, general challenges, and needed services. Community members were invited to participate in focus groups.

Surveys asked respondents about their health, their community, and experienced discrimination. The surveys were available in both paper and digital forms as well as in multiple languages (including Spanish, Swahili, and Arabic).

Additionally, a Steering Committee was created to help finalize the prioritization of findings and was hosted by IPI. 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.

Those included in the steering committee, focus group, and interviews are listed in the Acknowledgments section of this report.

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.

St Luke's

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.

MAGIC VALLEY

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

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

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

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

Accredited by the Joint Commission on Accreditation of Healthcare Organizations, St. Luke's Magic Valley Medical Center serves a population of more than 180,000 and provides medical expertise and services to smaller hospitals as a referral center.

St. Luke's Magic Valley Medical Center is a part of St. Luke's Health System, the only locally governed, Idaho-based, not-for-profit health system. We are a network of seven separately licensed full-service medical centers and more than 100 outpatient centers and clinics serving people throughout Southern Idaho, Eastern Oregon, and Northern Nevada.

Twin Falls and Jerome Counties represent the geographic area used to define the community we serve, also referred to here as our primary service area or service area. The criteria we use in selecting the service area is the identification of what counties our hospitalized patients reside in. Those counties that make up 70% or greater of the inpatient hospitalizations are identified as our service area. The residents of Twin Falls and Jerome Counties comprise about 75% of our inpatients with approximately 62% of our inpatients living in Twin Falls County and 12% in Jerome County. Twin Falls and Jerome Counties are part of Idaho Health District 5, as shown in the maps below.

JEROME

St. Luke's Jerome has been committed to serving the needs of our community for over 60 years. Founded in 1952, we strive to provide the best health care for the entire family.

St. Luke's Jerome offers a range of services including primary care, wellness and prevention, health education, surgery, obstetrics, geriatrics and transitional care, diagnostics, and an emergency department.

We care about our patients, their health, and what's best for individuals and families. St. Luke's Elmore is fortunate to have caring and committed volunteers, dedicated physicians on the medical staff, and an engaged community council comprised of independent civic leaders who volunteer their time to serve.

St. Luke's Jerome is a part of St. Luke's Health System, the only locally governed, Idaho-based, not-for-profit health system. We are a network of seven separately licensed full-service medical centers and more than 100 outpatient centers and clinics serving people throughout Southern Idaho, Eastern Oregon, and Northern Nevada.

OUR NEIGHBORING COMMUNITIES

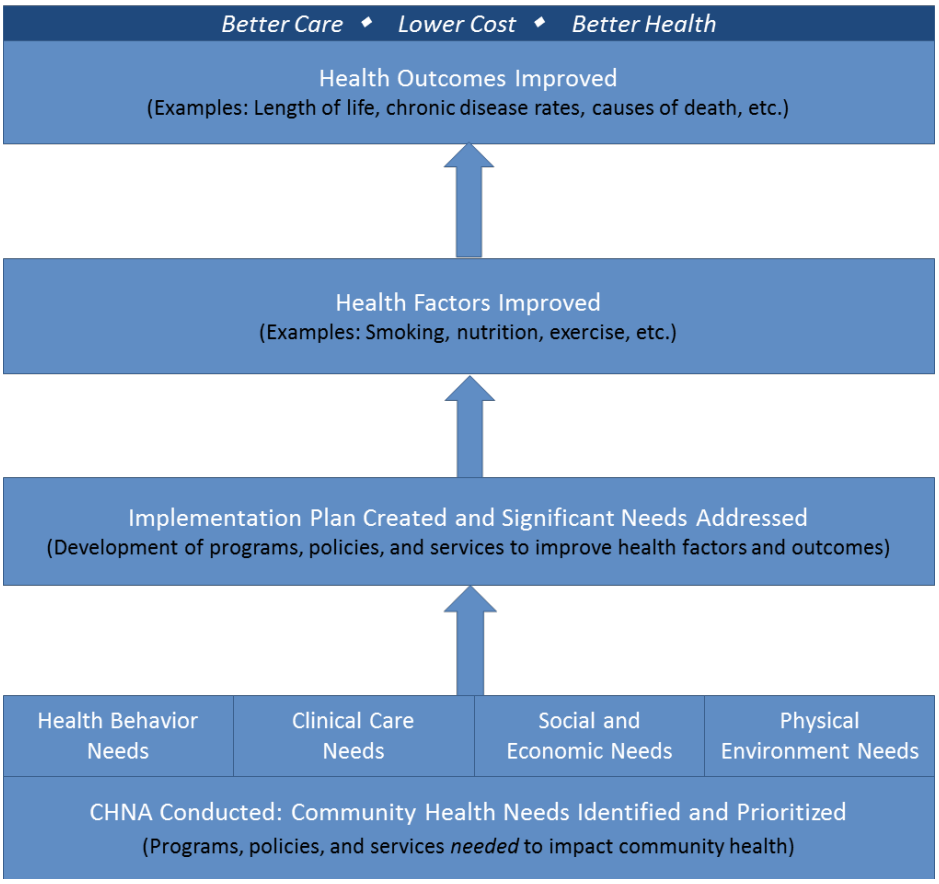
Our patients in the surrounding counties of Southwestern Idaho and Eastern Oregon are important to us as well. To help us serve our patients, we have built positive, collaborative relationships with regional providers where appropriate. A philosophy of shared responsibility for the patient has been instrumental 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 Magic Valley and Jerome regularly undertake 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.

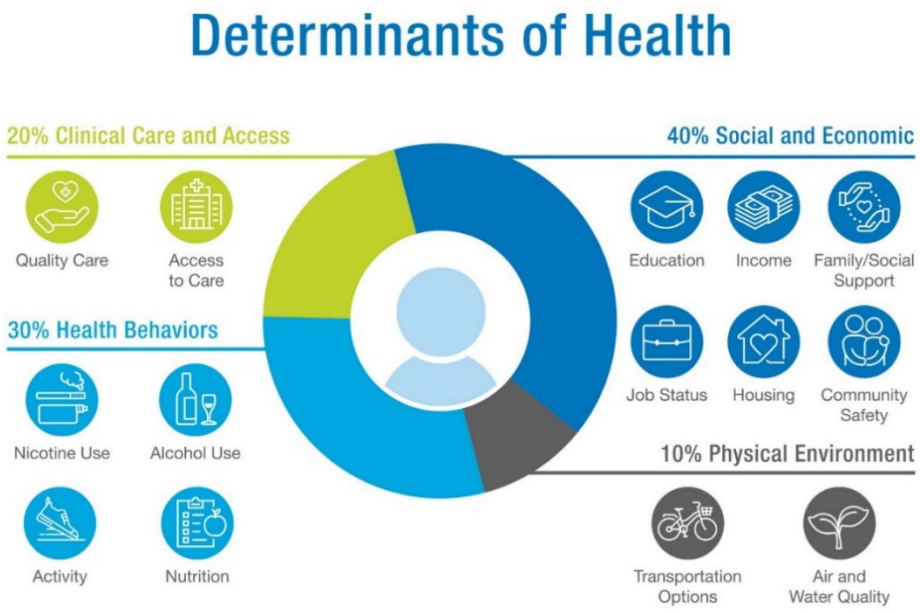
ST. LUKE'S APPROACH TO IMPROVING COMMUNITY HEALTH



2023 COMMUNITY HEALTH NEEDS ASSESSMENT STRATEGIC OBJECTIVES

The St. Luke's Magic Valley & Jerome 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.



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

Actions taken towards addressing the 2022 CHNA high priority health needs can be found at Community Health Needs Assessments - St. Luke's

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

Date

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 <u>insufficient</u> 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 <u>insufficient</u> 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 <u>THE TOP 5 HEALTH ISSUES</u> 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	☐	☐	☐	☐	☐
Availability of high-speed internet access	☐	☐	☐	☐	☐
Availability of long-term care/home caregiving services	☐	☐	☐	☐	☐
Availability of jobs	☐	☐	☐	☐	☐
Cost of child care (e.g., in-home, center based, or after school care)	☐	☐	☐	☐	☐
Cost of caring for dependent adults (adult daycare, in-home care, etc.)	☐	☐	☐	☐	☐
Cost of utilities (e.g., heat, electricity, water, etc.)	☐	☐	☐	☐	☐
Housing costs and issues associated with home ownership (e.g., mortgage payments, property taxes)	☐	☐	☐	☐	☐
Housing costs and issues associated with renting (e.g., rent payments, evictions, housing conditions)	☐	☐	☐	☐	☐
Prescription drug costs	☐	☐	☐	☐	☐
Support for economically marginalized families and individuals	☐	☐	☐	☐	☐
Low wages	☐	☐	☐	☐	☐

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

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

Substance Use	Not a Concern	Slight Concern	Moderate Concern	High Concern	I don't know
Ability to get substance use services (e.g., affordable, timely, proximity, etc.)	□	□	□	□	□
Alcohol use among adults	□	□	□	□	□
Alcohol use among youth	□	□	□	□	□

Drug use among youth (including misuse of prescriptions, use of other illicit drugs)	☐	☐	☐	☐	☐
Marijuana use among youth	☐	☐	☐	☐	☐
Methamphetamine use	☐	☐	☐	☐	☐
Drug use among adults (including misuse of prescriptions, use of other illicit drugs)	☐	☐	☐	☐	☐
Other substance misuse	☐	☐	☐	☐	☐

Real or perceived stigma associated with seeking substance use services	☐	☐	☐	☐	☐
Recreational marijuana use among adults	☐	☐	☐	☐	☐
Tobacco use among adults (smoking, chewing, etc.)	☐	☐	☐	☐	☐
Tobacco use among youth (smoking, chewing, etc.)	☐	☐	☐	☐	☐
Vaping among adults	☐	☐	☐	☐	☐
Vaping among youth	☐	☐	☐	☐	☐

Personal and Public Safety	Not a Concern	Slight Concern	Moderate Concern	High Concern	I don't know
Adequate law enforcement system	☐	☐	☐	☐	☐
Domestic violence	☐	☐	☐	☐	☐
Drug trafficking	☐	☐	☐	☐	☐
Gun safety	☐	☐	☐	☐	☐
Human trafficking	☐	☐	☐	☐	☐
Neighborhood safety	☐	☐	☐	☐	☐
Property crime	☐	☐	☐	☐	☐
Sexual assault	☐	☐	☐	☐	☐
Sexual harassment	☐	☐	☐	☐	☐
Other violent crime	☐	☐	☐	☐	☐

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 <u>you</u> 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 <u>health</u> 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 <u>easier</u> to be healthy in your community?

        i. What supports your health and wellness?

    b. What makes it <u>harder</u> 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?

b. 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

1 Data is presented for the most recent years available for any given data source. Data may be incomplete, or not collected for certain health outcomes, such as mental health, substance use disorders, and education outcomes.

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 efforts, making data significantly less reliable as the number of participants for an area declines.

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