



# Saint Alphonsus

## 2008 Community Needs Assessment

*Analysis of Health Needs and Social Determinants  
of Health in the Treasure Valley*



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# Executive Summary

## Purpose

The Mission of Saint Alphonsus compels us to *“serve together...in the spirit of the Gospel, to heal body, mind and spirit, to improve the health of our communities, and to steward the resources entrusted to us.”* Periodically assessing changing health and social needs of the community helps us allocate and steer our resources appropriately to improve the health of the communities we serve.

This Community Needs Assessment provides a high-level view of health indicators and social determinants of health in Saint Alphonsus’ primary service area, which is included within Idaho’s Public Health Districts 3 and 4. Priorities set forth in this assessment will serve as the pillars of the Community Benefit Plan, which will be developed to address top priority needs. Community Benefit Plan tactics will then be incorporated into the Strategic Operating Plan, along with clear targets and objectives.

Primary data has been obtained through conducting a web-based Community Needs Survey, which received 120 responses from diverse constituencies and perspectives, and identified several clear themes of local need. Secondary data analysis was conducted utilizing published and unpublished data sources from national, state and local sources and demographic databases.

## Key Findings

Key themes of need identified through analysis of secondary data and community survey results include:

- Affordable health insurance coverage, especially for low income, working poor populations
- Mental health and substance abuse services, concern over suicide rates and binge drinking
- Aging of the population, but gaps in access to primary care for seniors
- Access to a primary care “medical home”
- Services tailored to growing refugee population
- Wellness and prevention, especially obesity prevention
- Disparities in socioeconomic and health status between Region 3 (region including Canyon County) and Region 4 (region including Ada County) – examples include poverty, mammography rates, stroke deaths, obesity, oral health
- Motor vehicle crash deaths – need for trauma prevention

After reviewing and discussing these and other key areas of need, Saint Alphonsus Mission Committee identified the following priorities for this Community Needs Assessment:

Top Tier Needs	Second Tier Needs
<i>Saint Alphonsus should take a leadership role in addressing:</i> Mental Health Services Substance Abuse Services Programs & Advocacy for the Uninsured Access to Primary Care for Medicare Population Obesity Prevention	<i>Saint Alphonsus should monitor or take a partnering, supportive role in addressing:</i> Oral Health Domestic Violence Prescription Drug Affordability Trauma Care and Prevention

## Next Steps

Follow-up interviews will be conducted with some of the key stakeholders who participated in the web-based Community Needs Survey. Findings of the Community Needs Assessment will be shared with them and their feedback and additional recommendations will be solicited. Identified priority needs will be incorporated into a Community Benefit Plan, which will provide analysis of current Saint Alphonsus community benefit programs, how Saint Alphonsus is currently addressing priority

needs, and recommendations for additional programs or services targeting these needs. Once completed, the Community Benefit Plan will be presented to the Mission Committee for their input and approval, then objectives and targets established in the Community Benefit Plan will be incorporated into the Strategic Operating Plan by the Board of Trustees.

The next Community Needs Assessment will be scheduled for completion in 2011, with annual data updates of the current assessment until that time.

# Introduction

## Mission Statement

**We serve together at Saint Alphonus in the spirit of the Gospel, to heal body, mind and spirit, to improve the health of our communities and to steward the resources entrusted to us.**

## Core Values

Saint Alphonus guided by core values of:

- Respect
- Social Justice
- Compassion
- Care of the Poor and Underserved
- Excellence

## Background

Saint Alphonus is dedicated to delivering advanced medical services in a healing environment throughout Southwest Idaho, Eastern Oregon and Northern Nevada. Through innovative technologies, compassionate staff and warm, healing environments Saint Alphonus strives to provide care that is focused around patients.

Founded in 1894 by the Sisters of the Holy Cross, Saint Alphonus was the first hospital established in Boise - bringing healthcare to the poor and underserved. Now referred to as Saint Alphonus Regional Medical Center, our 387 licensed medical-surgical/acute care bed facility currently serves as a major health care provider for the region, with a reputation for excellence in cardiac, cancer, OB, orthopedics and trauma.

The newly completed nine-story "Center for Advanced Healing" on the Curtis Road campus is one of the most advanced clinical environments in the Northwest, serving the most critically ill and injured in patient care settings which incorporate elements of a healing environment. The new facility is designed to accommodate advanced telecommunications, robotic equipment, wireless technologies, and incorporates private patient rooms to improve patient care and accommodate privacy, confidentiality and family needs.

## Our Vision

In recent years, Saint Alphonus leadership explored and developed solutions to meet the growing needs of the community and pressing challenges facing the hospital. We asked ourselves:

- What lies ahead for healthcare?
- What innovative, life-saving technologies are now in the pipeline, coming soon and/or on the drawing board?

- How do we best use scarce human and financial resources to serve more than 500,000 people over 7,000 square miles?
- What, where, when and how is the best way to deliver healthcare services?
- How do we recruit and retain the most skilled staff and physicians?
- What physical environment do we need and want to create?
- How do we help patients heal?

By answering these questions, a visionary, reality-based plan of serving our communities' future healthcare needs was developed and is being implemented. The plan is called Vision 2010: The Future of Healing, and consists of four care delivery settings:

**Saint Alphonsus Health Plazas**, currently located in Eagle and Meridian, allow patients to receive a wide variety of hospital services in a convenient neighborhood location. Services at the Health Plazas include primary care and specialty physician services, x-ray, lab, rehabilitation and outpatient surgery. The Health Plazas are digitally linked to the main hospital campus, providing patients access to information, test results, and physician consultation housed at the hospital.

**Saint Alphonsus Medical Group (SAMG)** consists of over 80 primary care physicians practicing at 17 clinics throughout the Treasure Valley. These physicians provide pediatric, maternity, adult and senior care to help patients prevent and manage disease and illness. The SAMG medical team helps individuals and families focus on maintaining a healthy lifestyle, as well as providing high-quality, personalized support for routine, chronic or critical illness or injury.

**Virtual Monitoring & Care** utilizes telemedicine as a key delivery vehicle for disease and treatment management. It reaches out to patients who are homebound or in rural areas and who lack mobility or access to healthcare services. This service eliminates time and geographic barriers to receiving care and allows nursing and physician staff to treat patients who otherwise would not be able to travel to receive care. Currently Saint Alphonsus is deploying telemedicine robots to rural hospitals throughout Idaho and Eastern Oregon to assist with remote consultation and care management.

**Center for Advanced Healing** refers to our current Regional Medical Center on Curtis Road in Boise, which specializes in treating the most acutely ill and injured patients—mainly trauma, complex surgeries and intensive care cases. Here you will find electronic medical information viewable real-time and from anywhere around the world, state-of-the-art surgical operating theaters, diagnostic radiology, robotic surgery, telemedicine and electronic intensive care units to meet the most critical needs. The recently opened central tower provides patients and caregivers a healing environment that incorporates elements of nature and art which are proven to shorten healing times and improve outcomes.

## Purpose of Community Needs Assessment

Saint Alphonsus conducts a Community Needs Assessment every three years, and uses the findings to develop a Community Benefit Plan and incorporate priorities into the Strategic Plan. Our goal in Community Benefit planning is to ensure that Saint Alphonsus' efforts are targeted and designed to effectively meet the needs of the communities we serve. Saint Alphonsus is deeply committed to Community Benefit, and this commitment is:

- **Rooted in our identity** as a Catholic healthcare provider
- **Grounded in our mission** to improve the health of our community, with special attention to underserved and vulnerable populations
- **Supported by organizational structures**, policies, and procedures
- **Maintained by allocation of institutional resources**
- **Marked by collaboration** with other community organizations
- **Driven by leadership accountability** for community benefit

## Scope

The primary service area of Saint Alphonsus encompasses a six-county region including Ada, Elmore, Boise, Gem, Payette and Canyon Counties. This Community Needs Assessment will primarily focus on Idaho Public Health Districts 3 and 4, with comparative analysis to state and national data wherever possible. In some cases where county-level data is available, Ada and Canyon Counties are the area of focus for the assessment.

### Idaho Public Health Districts

(\* indicates county included in Saint Alphonsus primary service area)

District 3:	District 4:
Adams, Canyon*, Gem*, Owyhee*, Payette*, Washington	Ada*, Boise*, Elmore*, Valley

## Methodology

This Community Needs Assessment was completed by Mission Department staff, including:

- Corey Surber, Advocacy and Community Health Coordinator
- Michele Sakurai, Mission Fellow

Information was collected from primary and secondary data sources:

- Primary Sources: Data obtained through a web-based community survey, supplemented by interviews in some cases
- Secondary Sources: Published and unpublished data on demographics, key health indicators, and social determinants of health, collected from a variety of resources. As much as possible, comparative data was reviewed for trends and compared with state and national data.

# Description of Community

## Demographics and Socio-Economic Data

Population growth in the Treasure Valley has been significant over the past eight years. Since the year 2000, Ada County has grown nearly 20%, Canyon County nearly 32%. Several cities within Saint Alphonsus' primary service area have had growth rates in excess of 50%: Star (+122.6%), Kuna (113.9%), Meridian (+71.3%), and Eagle (+66.2%). Recent news indicates the local growth rates have had a steep decline in the last year, but the City of Boise Economic Outlook for 2008 forecasts the average annual growth rate for Boise will increase from 2007-2012 compared to 2000-2006, and Idaho's annual growth rate will still continue to surpass the national rate (*City of Boise Economic Outlook, February 2008*). Approximately 44% of the state's population lives within Public Health Districts 3 and 4, which contain the Saint Alphonsus primary service area.

Idaho's Hispanic population is growing, and the Census Bureau estimates that the population of Idaho's largest minority increased nearly 6.4% (more than double the state's overall population growth rate) between 2005 and 2006. Nearly one in four new Idaho residents was Hispanic. Idaho has the ninth fastest growth rate in the country for Hispanic population. (*Idaho Department of Labor*)

Income across several categories (household, family, and per capita) is lower in Canyon County than Ada County, state, and U.S. averages. Poverty statistics indicate that Canyon County also has

higher rates of poverty than the comparison groups for families and single mothers with young children. Ada County has lower poverty rates than the U.S. average.

Education attainment is higher in Ada County than Canyon County and the state and national averages. Canyon County fares worse than Ada County and state and national averages, with only 80% of adults graduating from high school and only 16% earning at least a bachelor's degree.

Senior populations are projected to increase from 11.3% in 2005 to 18.3% by 2030. This has implications for health care services, both in demand and cost. From 2000 to 2005, Medicare enrollees increased 22.6% in Ada County and 20% in Canyon County. Idaho and both counties still have lower overall rates of Medicare enrollees than the national average, but our growth rates are higher than the U.S., so eventually our rate may catch up. Data from Saint Alphonsus Medical Group shows their payor mix includes nearly 21% Medicaid and 26.2% Medicare (including Medicare Advantage and True Blue/Blue Cross Medicare).

Data on population growth and other demographic and socio-economic indicators are listed in the data table below:

Data Set	Canyon County	Ada County	Idaho	U.S.	Sources
Population	173,302	359,035	1.4 million	299 million	Census.gov; ISU 2007
% change 2000-2006	+31.8%	+19.3%	+13.3%	+6.4%	Census.gov
% change age 65+			+0.6%	+0.3%	Census.gov; ISU 2007
Age: <i>Median</i>	30.4	34.6	34.6	36.4	Census.gov; ISU 2007
<i>Under 5 years</i>	9.2%	7.3%	7.4%	7.0%	Census.gov; ISU 2007
<i>Under 18 years</i>	30.1%	25.9%	27%	24.8%	Census.gov; ISU 2007
<i>Age 18 and over</i>	69.9%	74%	73%	74.6%	Census.gov; ISU 2007
<i>Age 65 and over</i>	10.2%	9.4%	11.6%	12.4%	Census.gov; ISU 2007
Sex: <i>Male</i>	49.8%	50.4%	49.8%	49%	Census.gov; ISU 2007
<i>Female</i>	50.2%	49.6%	50.2%	51%	Census.gov; ISU 2007
Race/Ethnicity:					2006 Data
<i>White</i>	91.0%	92.5%	92.5%	73.9%	Census.gov
<i>Latino – any race</i>	20.5%	6.0%	9.5%	14.8%	Census.gov
<i>Black/Afr. American</i>	0.6%	0.9%	0.5% or less	12.4%	Census.gov
<i>Amer./Alaska Native</i>	0.4%	0.6%	1.1%	0.8%	Census.gov
<i>Asian</i>	0.8%	1.9%	1.0%	4.4%	Census.gov
<i>Pacific Islander</i>	0.2%	0.2%	0.1%	0.1%	Census.gov
<i>Other</i>	4.7%	1.6%	2.6%	6.3%	Census.gov
<i>White non-Hispanic</i>	76.1%	88.8%	87%		ISU 2007
Marital Status:					2006 Data
<i>Married (male)</i>	60.9%	56.8%	58.2%	52.4%	Census.gov
<i>Married (female)</i>	58.9%	55.4%	56.5%	48.4%	Census.gov
Households by Type:					
<i>Married couple</i>	61%	53%	56%	50%	Census.gov; ISU 2007
<i>Male/No spouse</i>	4%	4%	3%	5%	Census.gov
<i>Female/No spouse</i>	10%	9%	9%	12%	Census.gov; ISU 2007
<i>Non-family</i>	25%	33%	30%	33%	Census.gov; ISU 2007
Persons/Household					
<i>Avg. Household Size</i>	2.84	2.49	2.6	2.6	Census.gov; ISU 2007
<i>Avg. Family Size</i>	3.24	3.02	3.11	3.18	Census.gov; ISU 2007
Household Income					2006 inflation-adjusted
<i>Median Household</i>	\$41,084	\$53,868	\$42,865	\$48,451	Census.gov
<i>Median Family</i>	\$45,675	\$64,476	\$51,460	\$58,526	Census.gov
<i>Per capita income</i>	\$18,698	\$26,998	\$21,000	\$25,267	Census.gov; ESRI

Data Set	Canyon County	Ada County	Idaho	U.S.	Sources
Vehicles/Household					ISU 2007
<i>No vehicle</i>			4%		
<i>1 vehicle</i>			27%		
<i>2 vehicles</i>			41%		
<i>3 or more vehicles</i>			28%		
Social Security Beneficiaries (rate per 100,000)	14,205 <i>+24.8% from 2000-2005</i>	12,955 <i>+23.7% from 2000-2005</i>	15,832 <i>+15.6% from 2000-2005</i>	15,936 <i>+6.6% from 2000-2005</i>	ISU 2007
<i>% of households</i>			26%		
<i>Avg. income</i>			\$13,268		
Medicare Enrollees (rate per 100,000)	11,930 <i>+20% from 2000-2005</i>	10,938 <i>+22.6% from 2000-2005</i>	13,330 <i>+15.4% from 2000-2005</i>	14,017 <i>+7.2% from 2000-2005</i>	US Census Bureau (2005 data)
<i>Age 65-74</i>			43%	43%	Kaiser State Health Facts
<i>Age 75-84</i>			36%	31%	Kaiser State Health Facts
Medicaid			12%	13%	Kaiser State Health Facts
Poverty			13.9%	13.3%	CDC.gov 2005
<i>Families</i>	10.4%	5.6%	10%	9.8%	Census.gov; ISU 2007
<i>Single/female head of household</i>	33%	26.9%	34%	28.3%	ISU 2007; Community Need Index 2007
<i>With children under 5</i>	62%	41%	21%	49.6%	Terry Reilly; Census.gov
<i>Children under 18</i>	13.1%	9.3%	18%	36.5%	ISU 2007; Census.gov 2006
<i>Over 65</i>	14.4%	6.9%	9%	13%	ISU 2007; Statehealthfacts.org; Community Need Index 2007
<i>Individual</i>	14.1%	7.7%	12.6%	13.3%	Census.gov; ISU 2007
Adult Illiteracy	31%	31%			Learning Lab 2006 (Treasure Valley stat)
Homelessness					
<i>Homeless sometime during year</i>		2,000-3,000			Boise's 10 Year Plan to Reduce and Prevent Chronic Homelessness, November 2007 (City of Boise)
<i>Chronically homeless</i>		300-350			
Unemployment	3.6%	2.3%	3.0%	5.0%	Idaho Dept of Labor 2007 data
Occupation Sectors					ISU 2007; BLS 2005
<i>Management/Financial</i>	11%	23%	15%	17.3%	<a href="http://www.bls.gov">www.bls.gov</a>
<i>Wholesale/Retail</i>			15%	14.1%	
<i>Trade, Warehouse, Utilities, Transport.</i>	20%	18%	5%	3.4%	

<b>Data Set</b>	<b>Canyon County</b>	<b>Ada County</b>	<b>Idaho</b>	<b>U.S.</b>	<b>Sources</b>
<i>Construction</i>	12%	8%	6%	5.1%	
<i>Manufacturing</i>	17%	10%	10%	9.4%	
<i>Other Services</i>	2.4%	3%	4%	4.1%	
<i>Governmental</i>	14%	15%	16%	14.6%	
<i>Self-employed</i>			9%	6.5%	
<i>Information</i>	1%	2%	2%	2%	Employ. BLS 2005; ISU 2007
<i>Education/ Health/ Social Services</i>	11%	12%	18%	11.8%	
<i>Agricultural/Mining</i>	5%	0.5%	6%	10%	
<i>Leisure/ Entertainment/ Hospitality</i>	6.4%	9%	9%	8.7%	
<i>Private Wage/Salary</i>			75%		
Disability Sectors	15.3%	12.0%	15%	15.1%	Census.gov
<i>5-20 yrs</i>			7% of total		ISU 2007
<i>21-64 yrs</i>			14% of total		ISU 2007
<i>65 and older</i>			44% of total		ISU 2007
Housing by Type					
<i>Total Occupied</i>	93.4%			88.4%	Census.gov
<i>Owned</i>	74.2%		71%	66.9%	ISU 2007
<i>w/ mortgage 30% or more of income</i>	\$1,069	\$1,296	\$996	\$1,402	ISU 2007; Census.gov
<i>w/o mortgage 30% or more of income</i>	\$312	\$377	\$285	\$399	ISU 2007; Census.gov
<i>Rented</i>	25.8%	29.5%	29%	33.1%	ISU 2007; Census.gov
<i>Avg. Cost</i>			\$594		ISU 2007
<i>30% or more of income</i>			42%		ISU 2007
<i>Vacant housing units</i>	6.6%	5.5%	11%	10.8%	ISU 2007; Census.gov
<i>Single units</i>			74%		ISU 2007
<i>Multi-units</i>			15%		ISU 2007
<i>Mobile homes</i>			11%		ISU 2007
Education Attainment					

Data Set	Canyon County	Ada County	Idaho	U.S.	Sources
(population age 25+)					
<i>High school grad. +</i>	79.7%	91.9%	86.7%	84.2%	ISU 2007; Census.gov
<i>Bachelor's degree +</i>	16.4%	35.3%	23.3%	27.2%	ISU 2007; Census.gov
<i>Drop-out Rate (calc.)</i>	20%	8.1%	9%	15.8%	Census.gov
Language Spoken at Home					
<i>Other than English</i>		7.9%	10%	19.4%	ISU 2007 Census.gov
<i>Spanish</i>			75% of total		ISU 2007
<i>Other</i>			25% of total		ISU 2007
<i>Limited English Proficiency</i>			43% of total		ISU 2007
<i>Foreign Born</i>	9.5%		5%	14.9%	ISU 2007; Census.gov
Grandparents as Parents	1,344	1,879	9,792	2.45 million	Census.gov

## Community Need Index Highlights

Trinity Health has obtained a Community Need Index database from Catholic Healthcare West and Solucient, to assist in the process of gathering vital socio-economic factors in the community. The Community Need Index:

- Provides a score for every ZIP code in the U.S. on a scale of 1 to 5 (higher score = higher need area)
- Is based on a wide array of demographic and economic statistics
- Should be used as part of a larger community need assessment, but helps pinpoint specific geographic areas which have greater need than others

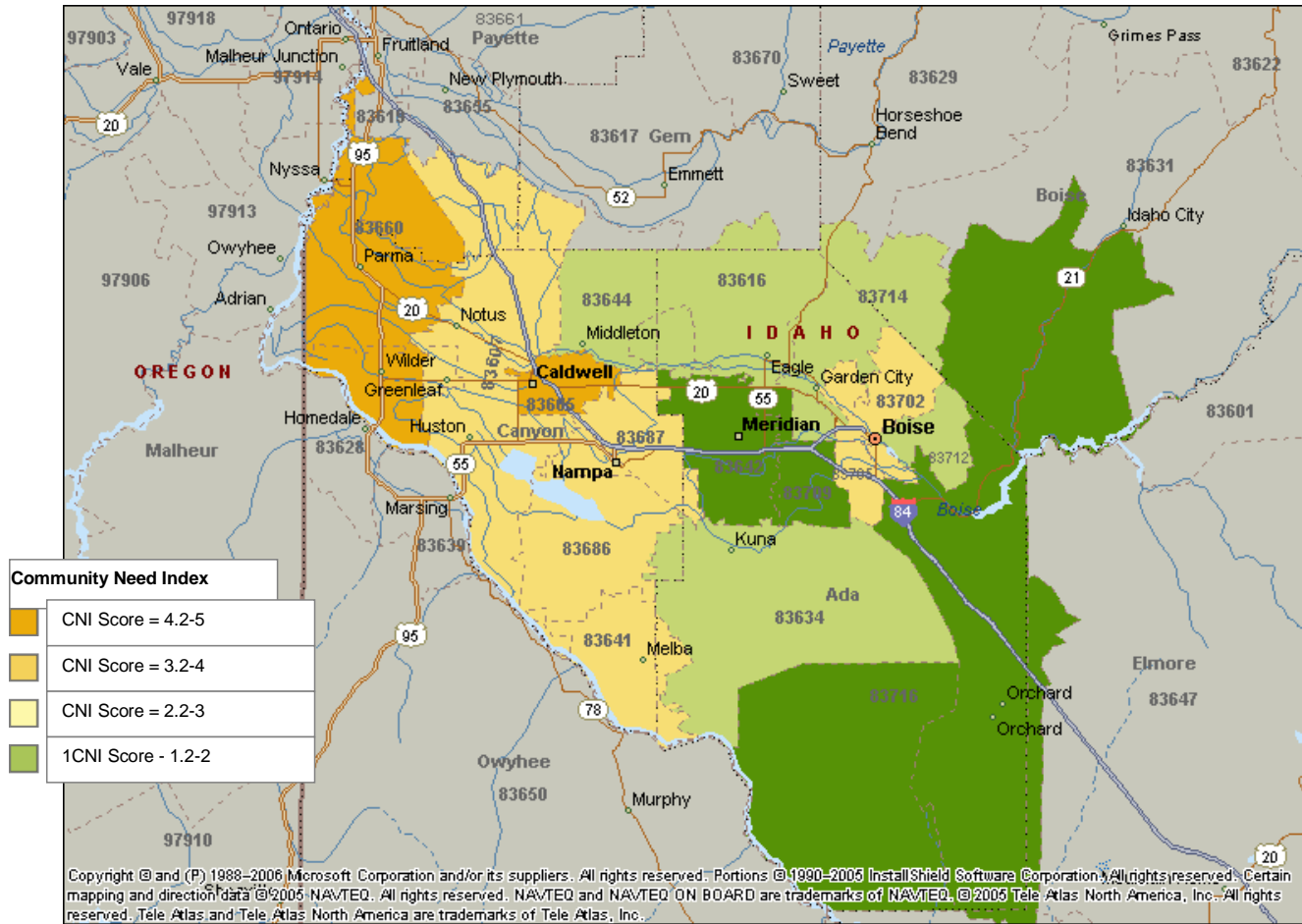
The Community Need Index (CNI) score is the average of five different barrier scores:

- Income barrier
  - % of households over age 65 below poverty line
  - % of families with children under age 18 below poverty line
  - % of single mothers with children under age 18 below poverty line
- Cultural barrier
  - % of population that is minority (including Hispanic)
  - % of population over age 5 that speaks English poorly or not at all
- Education barrier
  - % of population over age 25 without a high school diploma
- Insurance barrier
  - % of population in the labor force, age 16+, without employment
  - % of population without health insurance
- Housing barrier
  - % of households renting their home

Every ZIP code is assigned a barrier score of 1, 2, 3, 4, or 5 depending on their national rank, within quintiles. The map below depicts the Community Need Index scoring in the Treasure Valley,

although it does not show the greater detail of ZIP codes within Boise, some of which are high-need areas.

### Community Need Index Map



2005 Demographic Data, Claritas, Inc.; 2005 Insurance Coverage Estimates, Solucient

### Highest Need ZIP Codes

Highest Community Need Index (Greatest Need Areas)			Greatest Percentage of Seniors Living in Poverty			Greatest Percentage of Uninsured Residents		
ZIP Code	City	CNI	ZIP Code	City	%	ZIP Code	City	%
83605	Caldwell	4.6	83634	Kuna	21%	83725	Boise (BSU area)	37%
83676	Wilder	4.4	83660	Parma	21%	83702	Boise (North end)	21%
83660	Parma	4.2	83626	Greenleaf	18%	83605	Caldwell	20%
83651	Nampa	3.8	83605	Caldwell	18%	83651	Nampa	19%
83725	Boise (BSU area)	3.8	83676	Wilder	17%	83705	Boise	19%
83641	Melba	3.8	83644	Middleton	17%	83660	Parma	17%
83705	Boise (South)	3.6	83669	Star	16%	83706	Boise (Bench)	17%
83687	Nampa	3.4	83641	Melba	13%	83676	Wilder	17%
83607	Caldwell	3.4	83687	Nampa	12%	83703	Boise	15%
						83641	Melba	15%

Source: Demographic Data, Claritas, Inc. (2007); Insurance Coverage Estimates, Thomson Reuters (2007)

## Refugee Population

Ada County is home to four refugee relocation agencies, who have helped coordinate placements for a growing number of international refugees coming from nations where they have suffered persecution and sometimes decades living in refugee camps awaiting relocation. Refugee placement allocations in Ada County have doubled since 2005, with a total of 724 refugees relocated in 2007. Currently there are nearly 3,800 refugees living in Ada County and 33 living in Canyon County. The majority of refugees arriving in Boise are ages 15-44 (childbearing years), and all refugees receive Medicaid or refugee medical assistance for 8 months when they arrive. Approximately 75% of local refugees are referred to Saint Alphonsus Medical Group or Family Medicine Residency of Idaho for their ongoing medical care.

## Language Interpretation Services at Saint Alphonsus

During the 2007-2008 period, a total of 35 languages (other than English) have been spoken by Saint Alphonsus patients requiring interpretation services. The following data was provided by Tony Fisk, Hospitality Manager, demonstrating the evolving language needs and the volume of interpretation services used. These numbers do not include patient encounters that involved interpretation services provided by staff in other departments.

**Frequency of Interpreter Calls, by Language**

Language	FY07 (7/06-6/07)	FY08 to Date (7/07-5/08)	TOTAL
Russian	3469	3483	6952
Spanish	3286	3526	6812
Somali	791	1123	1914
Bosnian	592	466	1058
Swahili	137	843	980
Farsi	270	453	723
Sign	200	227	427
Vietnamese	119	235	354
Arabic	70	177	247
Kirundi	3	231	234
French	36	111	147
Uzbek	41	52	93
Korean	54	7	61
Albanian	2	52	54
Chinese	25	29	54
Mai Mai		35	35
German	18	9	27
Tigrania	6	20	26
Burmese	0	20	20
Dari	16	4	20
Romanian	12	5	17
Persian	4	10	14
Turkish	11	0	11
Lao	1	7	8
Oromo	1	7	8
Ukranian	4	4	8
Kiswahili	3	2	5
Kizigua	1	3	4

Language	FY07 (7/06-6/07)	FY08 to Date (7/07-5/08)	TOTAL
Hindu	1	2	3
Dinka	1	0	1
Italian		1	1
Krahn	1	0	1
Portuguese	0	1	1
Tagalog	1	0	1
Tongan	1	0	1

### 2-1-1 Careline Call Volumes

The Idaho Careline (2-1-1) keeps records of the reasons that people call them for help finding community resources. In FY07 and FY08, the top reasons for calls were:

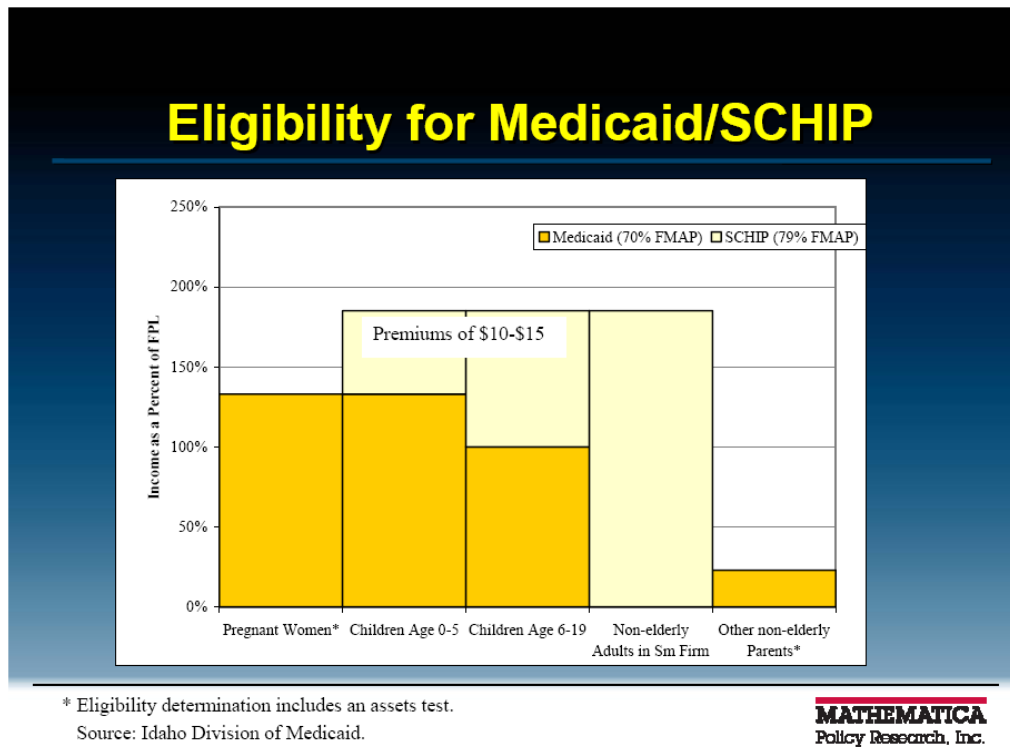
- Financial services/benefits
- Childcare
- Medicaid (age 19+)
- Medicaid (age 18/under)
- Health Resources

### Health Coverage and Costs

The Idaho Legislature commissioned a study titled "Health Insurance Coverage in Idaho: A Profile of the Uninsured and Those with Coverage," conducted by Mathematica Policy Research, Inc., in July 2007. Highlights of the study were as follows:

- Idaho's uninsured comprise 16-18% of the non-elderly population
- Uninsurance rates vary by age, but are greatest in the 18-24 age group. Excluding children ages 0-17 and seniors over age 65, Idaho's uninsurance rate is 22%
- The rate of adult uninsurance increased in 2005 after remaining relatively stable since 1997
- Lower income residents are more likely to be uninsured, with nearly half of those earning less than \$25,000/year being uninsured
- Workers in small firms are less likely to have coverage from their own employer. Among employees in firms with less than 10 employees, only about 20% have health insurance coverage through their own employer.
- Part-time employees are less likely to have their own employer coverage – less than 10% of part-time employees are enrolled in coverage through their employer
- Premium growth is outpacing wage growth, with a rapidly widening gap
- Public coverage has an important role in covering children in Idaho, with enrollment increasing since 2000, but leveling off the past couple years

- Eligibility levels for Medicaid and SCHIP in Idaho are depicted in the following slide:



**Dental Insurance:** According to the 2006 Behavioral Risk Factor Surveillance Survey (BRFSS), more than 4 in 10 Idaho adults had no dental insurance (45.7%). There has been little change in this trend since 1997. More than 7 in 10 Idaho seniors, age 65+, were without dental coverage in 2005.

**Health Care Costs:** Idaho's cost expenditures were examined in a recent study funded by the Idaho Legislature: "Trends and Drivers of Health Expenditures in Idaho," Report by University of Minnesota State Health Access Data Assistance Center, for Office of Performance Evaluations, December 2007. Highlights include:

- A total of \$5.6 billion was spent on healthcare in Idaho in 2004, mostly from private funds (58.4%), with Medicaid and Medicare comprising 17% each, and nearly 8% from other public sources, such as the county indigency fund and state catastrophic fund
- Comparatively, Idaho spent less on health care as measured by percent of gross state product in 2004 compared to the U.S. average (13% in Idaho compared to 16% for the U.S.)
- A greater share of health care spending in Idaho is from private funds compared to U.S. average (58.4% in Idaho compared to U.S. average of 54.9%)
- Medicare per capita cost average annual growth rate from 2002 to 2005 was 6.5%
- Medicaid per capita cost average annual growth rate from 2002 to 2006 was 4.2%
- Spending on public programs (Medicare and Medicaid/SCHIP) continued to grow in Idaho from 2000 to 2004, despite the fact the private sector accounts for a greater share of health spending

- Public program share in Idaho rose from 39.3% to 41.6%
- Private share of spending dropped from 61.1% to 58.4%
- While spending on public programs is increasing, the cost increases are primarily due to enrollment, not on per capita spending
- Private individual health plans had a 2.3% per capita cost annual growth rate from 2002 to 2006, while private group health plans had a per capita growth rate of 8.1% during the same time period.
- Analysis of the greatest factors contributing to increasing insurance premiums shows increased utilization is responsible for the greatest share (43%), while health care price increases in excess of inflation accounts for 30%, and general inflation accounts for 27%.
- National data indicates the percent of premium cost increases caused by various factors. The top five components listed are:
  - 27% general inflation
  - 13.6% increased consumer demand
  - 12.7% broader-access plans/provider consolidation
  - 11.5% higher priced technologies
  - 11.3% new treatments
- Hospital volumes increased from 2001 to 2005, with more growth concentrated in the Boise area. Boise-area hospitals accounted for 45.8% of discharges in 2005 and an average annual growth rate of 11.2% (discharges for non-Boise area hospitals grew by 3%). Population changes account for some of the increases in hospital discharges, with the Boise area experiencing the greatest population growth (12.3% from 1000 to 2004). Boise area hospitals also had higher average net revenue per Medicare discharge in 2005
- Growth in Idaho's physician spending was consistent with the national average and lower compared to its six neighboring states
- Prescription drugs have one of the fastest growth rates (12.8%) but accounted for a relatively small share of total spending (16%)

### **Saint Alphonsus Community Needs Assessment History**

Saint Alphonsus last conducted a full Community Needs Assessment in 2005, and identified health and social issues were prioritized by the Mission Committee of the Board of Trustees. As needs were prioritized, they were divided into two tiers based on whether the committee felt Saint Alphonsus should take a leadership role in addressing the problem, or should take a supportive, partnering role. These decisions were based on consideration of the magnitude and severity of each need, the community resources available, and Saint Alphonsus' capacity to address the need.

### **Priorities from 2005 Community Needs Assessment**

<b>Top Tier Needs</b>	<b>Second Tier Needs</b>
<p><i>Saint Alphonsus should take leadership role</i></p> <ul style="list-style-type: none"> <li>Mental Health</li> <li>Substance Abuse</li> <li>Programs &amp; Advocacy for the Uninsured</li> <li>Wellness/Prevention</li> <li>Trauma Services</li> </ul>	<p><i>Saint Alphonsus should take a supportive role</i></p> <ul style="list-style-type: none"> <li>Oral Health</li> <li>Domestic Violence</li> <li>Prescription Drug Affordability</li> </ul>

Better serving the Hispanic population was highlighted as an overarching principle for Saint Alphonsus to address in its various services to the community.

### Community Benefit Plan Progress

The following chart outlines the various projects outlined in the most current Community Benefit Plan, with status updates regarding efforts to date.

Category	Project Description	Project Status/Outcomes
Mental Health	Leadership and advocacy for development of better coordinated and resourced models for mental health care in Idaho	Ongoing efforts include participation in development of statewide mental health advocacy organization, Partners in Crisis, and advocacy for issues such as mental health parity, appropriate secure mental health facilities, and commitment law changes
	Reposition SARMC Behavioral Health Services	Proceeding with plans to rebuild/expand Behavioral Health Unit – approved by Board of Trustees
	Support of innovative community resources such as Children's Mental Health Project	2005: \$20,000 Children's Mental Health \$10,000 depression protocol at FMRI \$5,000 Warm Springs Counseling Ctr \$5,000 MATCH 2006: \$20,000 MATCH 2007: \$10,000 MATCH
	Exploration of creating psychiatric residency program through WWAMI to increase access to mental health treatment, and expand pipeline of new psychiatrists into Idaho	Psychiatric Residency program successfully launched, with Saint Alphonsus, St. Luke's and VA Medical Center each contributing 30% of operating funds and State of Idaho contributing 10%. Anticipate first residents in Boise Summer 2008
Substance Abuse	Advocacy and support for development of detox center	Announcement in April 2008 by Mayor Bieter that construction and operating funds are complete and construction to begin by end of 2008. New "Region IV Crisis Mental Health and Substance Abuse Center" will house sobering station, 12 detox beds and 8 crisis mental health beds (to be transitioned from Franklin House). Saint Alphonsus committed \$100,000 per year for at least three years for operating funding.
Programs & Advocacy for the Uninsured	Policy development and advocacy for the uninsured at the local, state and federal level	Continued advocacy efforts have included convening key policymakers and stakeholders for National Town Hall on Children's Health (2007), Summit on the Uninsured (2007), Moving Idaho to a High Performance Health System (2008).
		Led efforts to pass a Concurrent Resolution on Children's Healthcare in 2008 (held in committee)
		Supported efforts to expand eligibility for CHIP and premium assistance program (Access to Health Insurance)
		Participated in Trinity Advocacy Action Day in Washington, D.C. annually
		Spearheaded active advocacy efforts among SARMC associates and managers for SCHIP reauthorization and expansion
		Contributions to: Health Access program at FMRI (\$165,000/year FY06 and FY07 )

Category	Project Description	Project Status/Outcomes
		Enrollment Assistance: \$839,260 during FY06 and FY07 for staff time helping patients enroll in public programs
	Participation in Healthy Communities Access Program	Grant ended after year 2, but was successful in developing Volunteer Physician Network, studying gaps in access in Ada County, and achieving FQHC-lookalike status for the Family Medicine Residency of Idaho
Wellness and Prevention	Prioritize and coordinate prevention/wellness outreach activities across service lines	Community Outreach Committee held bimonthly meetings to coordinate SARMC participation in community outreach events (health fairs, educational offerings, etc.) to prevent duplication of efforts and provide appropriate health resources to various community health efforts
	Workplace Health Initiative – continue to provide wellness education and screenings to local businesses	These efforts have continued, led by Corporate Health Services. Staff provides employee health risk appraisals and counseling of local companies on the health risks in their employee population and potential interventions to prevent avoidable health costs. A highlight of these efforts has been the many Fitness Challenges (weight loss competitions) that have been implemented at local companies, including Saint Alphonsus.
	Develop and implement community initiative related to chronic health problem per Trinity Health model	Saint Alphonsus has been reporting on several diabetes management initiatives per Trinity guidelines: Humphreys Diabetes Center Garden City Community Clinic Family Medicine Residency SAMG Electronic Medical Record Diabetes Management Glycemic Steering Team  Trinity is now placing focus on heart failure programs, and Saint Alphonsus is working with the clinics we support to identify these efforts and improve management of heart failure patients
Trauma Services	Maintain Level II trauma center status with American College of Surgeons	Actively working toward reverification of trauma status by American College of Surgeons in 2009
Domestic Violence	Support of community resources	\$5,000 to Safe Place Ministries (2005) Continued support of Women's & Children's Alliance: SARMC representative on Board, event sponsorships
	Partnership in Family Justice Center (now called Family Advocacy Center and Education Services – FACES)	SARMC provides ongoing financial support, covering 0.5 FTE for on-site SAFE Coordinator and telemedicine linkage to SARMC for clinical consultation; \$15,000 annual contribution from Mission Endowment (2006 and 2007)
Oral Health	Support of community resources such as Caring Foundation for Children	\$5,000 to Caring Foundation (2005) \$5,000 to Caring Foundation (2006)
	ISU Dental Residency Program	SARMC provides annual financial support: \$166,790 in FY06, \$257,949 in FY07
Prescription Drug Affordability	Support of community resources such as FreeMed program	\$3,000 to FreeMed (2005) \$2,000 to FreeMed (2006)

# Key Community Health Indicators

## Secondary Data Findings

Pertinent trends and data findings are listed in this section. Wherever possible, local data was compared with state and national data, and Healthy People 2010 goals (a federal set of goals set forth by the Department of Health & Human Services). Please see the Health Data Recording Worksheet in the Appendix for data and sources.

## Vital Statistics Highlights

According to Idaho Vital Statistics (2006), the following trends and changes have been observed in Idaho state-specific data:

- The birth rate is on a rising trend
- Mortality rate decreased, mostly due to population growth exceeding the increase in deaths
- Infant mortality jumped up 10% in 2006 but had been on a downward trend prior to that
- Marriage rate is declining, and hit the lowest rate in Idaho for the last 50 years
- Divorce rates declined over the past 10 years, remaining stable over the past 3 years

## Top Causes of Death, US vs. Idaho

The following table shows the top 10 causes of death in the U.S., with comparison to Idaho rates. Idaho has higher death rates for stroke, accidents, and Alzheimer's disease than the U.S.

<u>Causes Ranked 1-10 in U.S.</u>	<u>2005 U.S. Crude Rate<sup>1</sup></u>	<u>2006 Idaho Crude Rate (Rank)</u>
1. Diseases of heart	220.0	162.6 (1)
2. Malignant neoplasms (cancer)	188.7	156.8 (2)
3. Cerebrovascular diseases (stroke)	48.4	49.2 (3)
4. Chronic lower respiratory diseases	44.2	43.9 (5)
5. Accidents	39.7	45.1 (4)
6. Diabetes mellitus	25.3	21.8 (7)
7. Alzheimer's disease	24.2	27.1 (6)
8. Influenza and pneumonia	21.3	15.6 (8)
9. Nephritis, nephrotic syndrome and nephrosis (kidney disease)	14.8	9.0 (10)
10. Septicemia	11.5	4.3 (17)

Crude rates are per 100,000 population.

*2006 Idaho Vital Statistics*

## General Health Status

The percentage of adults in Idaho rating their general health as "fair" or "poor" parallels the U.S. (14.9%), with a higher percentage in Region 3 (17.9%) and lower percentage in Region 4 (13.5%). Idaho's score increased significantly in the past 3 years.

## Access To Healthcare

According to the most recent Behavioral Risk Factor Surveillance Survey, nearly 19% of adults in Idaho did not have health insurance – a higher percentage than any other year in the past decade. More than 4 in 10 Idaho adults had no dental insurance (45.7%) – little change in this percentage since 1997. More than 7 in 10 seniors did not have dental coverage in 2005.

A wealth of information on health insurance coverage trends in Idaho can be found in the "Health Coverage and Costs" section earlier in this report. Two health indicators were found with comparative information:

- Persons under age 65 with health coverage: Idaho sits at the national average of 83%; however Region 3 is lower at 74% and Region 4 a bit higher at 87%. The Healthy People 2010 goal is 100%.
- Percent of adults with a usual health care provider: Idaho is well below the national average at 74% compared to 82% for the U.S. The Healthy People 2010 goal is 96%.

The Commonwealth Fund state scorecard ranks Idaho:

- 33<sup>rd</sup> for percentage of the population insured
- 50<sup>th</sup> for percentage of adults visiting a doctor in the past two years
- 47<sup>th</sup> for percentage of adults with a usual source of care
- 46<sup>th</sup> for percentage of children with a medical home

According to the Idaho Division of Medicaid, access to primary care providers for Medicaid clients in Idaho has improved over the past six years due to increased numbers of midlevel providers (nurse practitioners and physician assistants). (*Idaho Division of Medicaid Report to Health & Welfare Board, May 15, 2008*). Several "secret shopper" studies performed by Saint Alphonsus Mission Services staff and Saint Alphonsus Medical Group have revealed that access to primary care for Medicare clients in the Saint Alphonsus service area is quite limited, with very few clinics accepting new Medicare patients.

### **Arthritis**

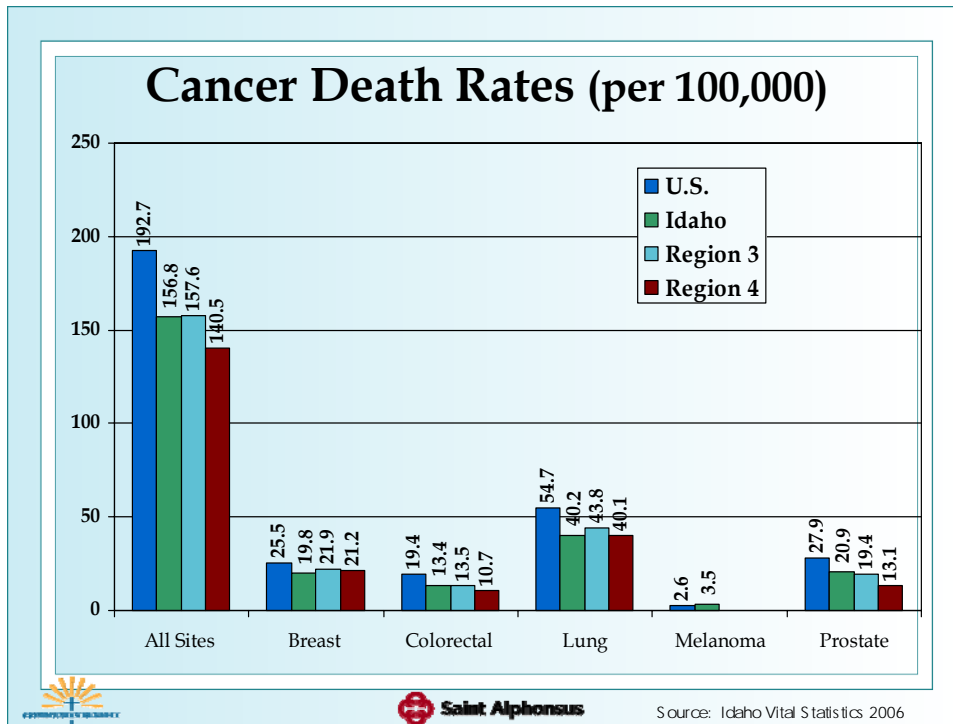
More than 1 in 4 Idahoans have been told they have arthritis, significantly more females than males. Prevalence increases with age, and more than half of those over age 65 have arthritis. Those with arthritis are significantly more likely to report limited activities or disability due to a health problem. Idaho's arthritis incidence is 1.7% lower than the U.S. average (25.8% vs. 27.5% respectively). Region 3 has a higher rate (26.4%) than the state average; Region 4 has a lower rate (23.1%) than state average.

### **Asthma**

Asthma prevalence has not changed significantly since 1999 (7.3% in 2005). Idaho has lower rates than the U.S. for both adult and childhood asthma. Region 3 has a higher rate than the state and Region 4. The Commonwealth Fund ranks Idaho 3<sup>rd</sup> in the nation for having a low percentage of asthmatics with an emergency room or urgent care visit in the past year, indicating that Idaho does a relatively good job of avoiding asthma-related ER or urgent care visits through better management.

### **Cancer**

From 1999-2003, Idaho had the second lowest cancer incidence rate (all sites combined) in the Northwest, second only to Utah. Idaho's incidence rate is also lower than the national average at 453.2 per 100,000, versus the national average of 474.8 per 100,000. Cancer death rates in Idaho are lower than the U.S. across the board for most major cancers, with the exception of having a slightly higher rate of melanoma deaths.



Upon analysis of 5-year rate changes in mortality for cancers in Idaho from 2000 to 2004, the following trends are observed:

- Greatest decrease in mortality: oral/pharyngeal, uterine, cervix, bladder, ovarian, breast and prostate cancers
- Greatest increase in mortality: Leukemia, pancreas, melanoma, thyroid and kidney cancers

The Commonwealth Fund ranks Idaho 24<sup>th</sup> for breast cancer deaths and 2<sup>nd</sup> lowest for colorectal cancer deaths.

Comparison of cancer screening rates shows:

- Idaho's mammography rate lags behind the U.S. rate but has surpassed the Healthy People 2010 goal of 70%. Region 3 lags behind Idaho, and Region 4 rate sits higher than Idaho but slightly less than the U.S. rate
- For cervical cancer screening (Pap tests), Idaho is behind the U.S., but Regions 3 and 4 are both comparable to the U.S. rate
- Colonoscopy rates in Idaho are slightly behind the U.S. rate
- Prostate screening rates are significantly better in Regions 3 and 4 than the Idaho and U.S. rates. Region 4 is about 20% higher than the Idaho average, and Saint Alphonse coordinates a number of free prostate screening events that likely contribute to this high screening rate.

### Cardiovascular Disease and Stroke

Several health indicators show that cardiovascular disease in Idaho nearly parallels the U.S.:

- Adults with high blood pressure: Idaho 26%; U.S. 28%; Healthy People 2010 goal 16%. No significant changes in prevalence over the past 10 years, but nearly half of all adults age 55+ have high blood pressure, which puts them at higher risk of other heart problems.
- Myocardial infarction: Idaho 4.2%; U.S. 4.2%
- Angina or Coronary Heart Disease: Idaho 3.8%; U.S. 4.1%
- Stroke: Idaho 2.5%; U.S. 2.6%

Cardiovascular disease death rates are lower in Idaho and both Regions 3 and 4 than the U.S. average. Stroke death rates in Idaho are close to the U.S. rate, with Region 3 slightly higher and Region 4 lower. Chronic obstructive pulmonary disease death rates are just slightly higher in Idaho than the U.S., with Region 3 quite a bit higher. Congestive heart failure deaths in Idaho are slightly lower than the U.S. rate.

### **Diabetes**

Adult diabetes in Idaho has nearly doubled since 1996., now matching the U.S. average at nearly 8%. Region 4 is slightly lower. Diabetes prevalence was higher among those over age 55, with less than a college education, and who were obese. The diabetes death rate in Idaho is lower than the U.S. rate, and both Regions 3 and 4 have lower rates than the state and U.S.

Several measures of diabetes care are monitored through the Behavioral Risk Factor Surveillance System (BRFSS):

- Daily blood glucose checks: Region 4 is nearing the Healthy People 2010 goal, Idaho and Region 3 lagging behind
- Regular A1C checks: Idaho and both health districts are exceeding the Healthy People 2010 goal
- Annual foot exam: Idaho and Region 3 closer to Healthy People 2010 goal than Region 4
- Annual eye exam: Region 4 doing much better than Region 3

Idaho ranks 44<sup>th</sup> in percentage of adult diabetics receiving recommended preventive care, according to the Commonwealth Fund.

### **Overweight and Obesity**

The prevalence over overweight and obesity have grown steadily over the past decade. Overweight has nearly the same prevalence in Idaho as the U.S.; however, Regions 3 and 4 are much higher. Region 3 is nearly double the national average.

Obesity is on the rise in Idaho, although still slightly lower than the U.S. average. Region 3 is higher than Idaho and the U.S.; whereas Region 4 is lower than both Idaho and the U.S. About 1 in 4 Idahoans are obese, and nearly 1 in 3 in Region 3.

The 2007 Youth Risk Behavior Survey indicates that Idaho youths had a lower obesity rate than the U.S. average (11.1% vs. 13% respectively), but Idaho had a higher percentage of students who were not eating the recommended number of servings of fruits and vegetables daily (83% vs. 79% respectively)

### **Immunizations**

Idaho has improved its childhood immunization rate (in children 19-35 months old) from 71% in 2000 to 78% in 2005, and is nearing the U.S. average. Idaho ranks 39<sup>th</sup> for percentage of children ages 19-35 months receiving all recommended doses of five key vaccines (Commonwealth Fund).

Adult immunization rates (for influenza and pneumonia) in Idaho are 4% behind the U.S. average and far below Healthy People 2010 goal.

### **Low Birth Weight**

Low birth weight statistics in Idaho are better than the U.S. average but were moving in the wrong direction since 2-3 years prior. Idaho and Regions 3 and 4 all had significant increases in that time period.

### **Mental Health**

Idaho fares worse than national average on several mental health indicators:

- Serious psychological distress: U.S. 11.29%; Idaho 12.01%
- At least one major depressive episode over past year, age 18-25: U.S. 9.36%; Idaho 11.22%

- Suicide rate (overall, per 100,000 population): U.S. 10.9; Idaho 14.9; Region 3 16.0; Region 4 13.6

Other significant findings:

- Region 3 showed significantly higher suicide rates for adults age 65+ at 26.4 per 100,000, versus 22.9 statewide and 15.0 in Region 4

According to a fact sheet from the Suicide Prevention Action Network of Idaho:

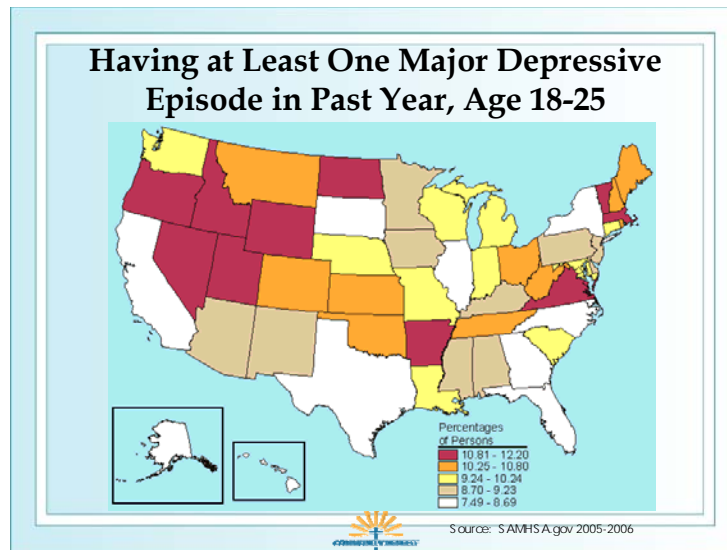
- Suicide is the 2<sup>nd</sup> leading cause of death in the 15-24 and 25-34 year age groups (following accidental deaths)
- Idaho is consistently among the states with the highest suicide rates. In 2005, Idaho had the 7<sup>th</sup> highest suicide rate, 45% higher than the national average.
- In 2006, there were 218 people who completed suicide in Idaho, 81% by men and 66% involving a firearm (compared to 52% national average)
- 16% of Idaho youth attending traditional high schools reported seriously considering suicide in 2005; 9% reported making at least one attempt
- In 2000, the suicides of those under age 25 in Idaho resulted in estimated direct costs of \$3.77 million, and lost earnings of \$81 million

Idaho is one of only three states that do not have their own suicide hotline, which provides a safety net for those contemplating suicide. Currently Idaho is utilizing a national suicide hotline, but this is not an ideal or a sustainable situation as the national hotline cannot provide appropriate community referrals, and are not prepared to provide services to Idaho for an extended period of time. Currently discussions are underway to determine a possible home for a suicide hotline in Idaho. Potential partners being discussed are the 2-1-1 Careline, and Idaho State University or Boise State University.

The Commonwealth Fund state scorecard ranks Idaho 38<sup>th</sup> for percentage of children with emotional, behavioral or developmental problems who received some mental health care in the past year.

The following maps show Idaho's rates for mental health indicators in comparison to other states:





**Oral Health**

Idaho and Region 3 both had lower percentages than the U.S. of adults reporting they had a dental visit within the past year. Region 4 was higher than the national average. The Commonwealth Fund ranks Idaho 51<sup>st</sup> for the percentage of children with both a medical and dental preventive care visit in the past year.

**Substance Use: Alcohol**

Heavy drinking prevalence has not changed significantly over the past decade, and Idaho rate are at or below the U.S. rate. For binge drinking (5+ drinks at a time), Idaho and Region 3 were both lower than the U.S. average, but Region 4 was several percent higher than the U.S. and three times the Healthy People 2010 goal. Males were significantly more likely to be binge drinkers and reported heavy drinking four times as often as females. Adults who reported binge drinking were significantly more likely to smoke cigarettes.

The 2007 Youth Risk Behavioral Survey showed that Idaho had a higher percentage of students reporting binge drinking than the U.S. average (30.4% vs. 26.0% respectively).

Idaho had slightly higher rates of those needing but not receiving treatment for alcohol use, and slightly greater percentage dependent on or abusing alcohol or illicit drugs.

According to the American Academy of Pediatrics, and Youth Risk Behavioral Survey, approximately 64,000 underage youth in Idaho drink each year:

- 66% had at least one drink during their life
- 26% had their first drink, other than a few sips, before age 13
- 40% had at least one drink in the past 30 days
- 28% had five or more drinks in a row (binge drinking) in the past 30 days
- 4% had at least one drink on school property in the past 30 days

### Costs of Underage Drinking in Idaho

Problem	Total Costs (millions)
Youth Violence	\$84.8
Youth Traffic Crashes	\$76.2
High-Risk Sex, Ages 14-20	\$22.1
Youth Property Crime	\$10.6
Youth Injury	\$12.4
Poisonings and Psychoses	\$1.9
Fetal Alcohol Syndrome	\$4.8
Youth Alcohol Treatment	\$15.0
<b>Total</b>	<b>\$228.0</b>

*American Academy of Pediatrics, January 2008*

#### **Substance Use: Illicit Drugs**

The percentage of Idaho adults who used illicit drugs for non-medical reasons has changed little in recent years. Adults age 18-24 were significantly more likely to have used illicit drugs, and illicit drug use was associated with a threefold likelihood of binge drinking. Idaho's rates of illicit drug use are significantly lower than the national rate (5.3% versus 8.1% respectively). Region 3 was higher than the state rate at 6.7%, and Region 4 was lower at 4.8%. The Healthy People 2010 goal is 2%. (*BRFSS 2005*)

The 2007 Youth Risk Behavioral Survey indicates that Idaho youth demonstrated:

- Higher rate of lifetime cocaine use than the U.S. average (8.5% vs. 7.2% respectively)
- Higher rate of methamphetamine use than U.S. average (6.4% vs. 4.4% respectively)
- Higher rate of inhalant use than U.S. average (18.1% vs. 13.3% respectively)
- Higher rate of offering, selling or being given an illegal drug by someone on school property (25.1% vs. 22.3%)

#### **Substance Use: Tobacco**

Idaho has a lower rate of adult smoking compared to the U.S. and has enjoyed a decreasing trend since 2001, although usage has leveled off the past couple years. Enactment of the Clean Air Act, prohibiting smoking in most public places, likely contributed to this trend. Nationally, Idaho has the third lowest smoking rate; however, Region 3 reports higher smoking rates than the state average. Statistically, those with lower education and income levels were more likely to smoke. Cigarette smokers were significantly more likely to have fair or poor general health, and significantly less likely to have health insurance coverage.

The 2007 Youth Risk Behavior Survey showed the 48% of Idaho students had ever tried cigarettes, compared to 50% U.S. average. Twenty percent (20%) of Idaho students were current smokers, matching the U.S. rate. Idaho had a higher percentage of students using smokeless tobacco than the U.S. average (12% vs. 8% respectively)

Health care costs for smokers are as much as 40% higher than nonsmokers. (*Trends in and Drivers of Health Expenditures in Idaho, SHADAC, Idaho Office of Performance Evaluation, 2007*)

### Teen Pregnancy

Teen pregnancy rates in Idaho (44.7 per 1,000) are very close to the Healthy People 2010 goal of 43 per 1,000; however, Region 3 has a significantly higher rate at 65.6 per 1,000. Region 4 is close to the Idaho rate, at 44 per 1,000. From 1997 to 2006, Idaho has seen a steady decline in the overall rate of teen pregnancy, with a 45.5% decrease among females younger than 15 years of age, a 19.9% decrease in females ages 15-17, and a slight increase in females age 18-19. (*Idaho Vital Statistics, 2006*)

### Trauma

Idaho had a higher accidental death rate than the U.S.; however, Regions 3 and 4 were lower than the Idaho rate and closer to the U.S. rate. It is possible that accidental deaths are higher outside the Treasure Valley in part due to less access to trauma care, and possibly the nature of injuries sustained in more remote parts of the state.

Death rates due to motor vehicle crashes were nearly identical in Idaho and Region 3 – both significantly higher than the U.S. and Region 4 rates. Idaho also has a higher motor vehicle crash death rate among 15-19 year olds than do Regions 3 and 4.

According to the 2007, Youth Risk Behavior Survey:

- 10.8% of Idaho students rarely or never wore a seat belt when riding in a car driven by someone else (compared to 11.1% U.S. rate)
- 30% of Idaho students rode with a driver who had been drinking alcohol, one or more times in the past month (compared to 29% U.S. rate)
- 23.6% of Idaho students carried a weapon at least once during the past month (compared to 18% U.S. rate)

## Community Perspectives

### Approaches to Community Input and Participation

Prior Saint Alphonsus community needs assessments have relied solely on person-to-person interviews to gather community input and perspectives. For the 2005 Community Needs Assessment, approximately 55 interviews were conducted and comments made during interviews were recorded and the overall interview findings were tabulated from the number of interviewees who mentioned certain topics or needs. In an effort to both increase the number of persons providing community input, and generate more easily quantifiable results, a web-based survey was created and distributed widely to individuals representing varying perspectives and constituencies. Examples of those who were encouraged to participate include elected officials, state agencies, law enforcement, nonprofit organizations, faith-based groups, educational institutions, businesses, staff physicians, parish nurses and the general public. A total of 121 responses were received, and the top findings are listed below, with full results available in the Appendix.

### Community Survey Findings

A complete listing of results from the Community Survey can be found in the Appendix; however, listed below in priority order are the top responses from each of the survey questions:

Most Pressing Health Issues	Most Vulnerable Populations	Greatest Barriers to Healthcare Access
Affordable health insurance coverage	Working Poor	Cost of healthcare
Mental health services	Uninsured	Being uninsured
Substance abuse services	Low income	Availability of needed services
Access to a primary care physician	Senior Citizens	Lack of knowledge about available resources
Prescription drug affordability	Hispanics	Transportation

Greatest Gaps in Healthcare Services	Greatest Health Education/Prevention Needs	Top Social Concerns
Mental health	Mental health	Mental health
Low income	General health management, wellness/ prevention	Substance abuse
Substance abuse	Substance abuse	Poverty
Services for Medicare clients (seniors)	Available healthcare resources	Broken families
Availability of services/providers	Oral health	Domestic violence

## Major Findings

### Key Community Socio-Economic Factors Affecting Health

On review of demographic and socio-economic data and trends, several factors clearly have an impact on the health status of the communities served by Saint Alphonsus and implications for future planning:

- Dramatic population growth, especially in Ada and Canyon Counties, expected to continue
- Growing Hispanic population
- Lower household incomes in Canyon County than Ada County
- Poverty greater in Canyon County than Ada County
- Significantly greater poverty rates in single female households with children
- Growth in Idaho's senior population projected to accelerate, likely leading to increased health care spending
- Lower education levels in Canyon County than Ada County, Idaho or U.S.
- Growing refugee population focused in Ada County, with language interpretation and health education needs – Saint Alphonsus serves bulk of this population
- Growing uninsured population in Idaho, greater rates in young adults, low income, employees of small businesses, and part-time workers
- Health insurance premium growth is far outpacing wage growth
- Public coverage continues to be an important source of health coverage for children in Idaho
- Lack of dental insurance coverage for 45% of Idahoans, nearly 60% of seniors
- Increased utilization, inflation and healthcare price increases in excess of inflation are contributing factors in increasing insurance premiums
- Community Need Index Findings:
  - Highest Community Need Index scores in Canyon County and a few pockets within Ada County (BSU area and South Boise)
  - Greatest percentages of seniors living in poverty: Kuna, Star, and Canyon County
  - Greatest percentages of uninsured residents: BSU area, North End, South Boise, Boise Bench and Canyon County

### Key Health Indicator Findings

Several health indicators were of concern based on data analysis and community survey input:

- Adults with usual source of care
- Health coverage of nonelderly adults, especially in Region 3
- Mammography rates, especially in Region 3
- Stroke death rates in Region 3
- Rising rate of low birth weight babies
- Overweight and Obesity, especially in Region 3
- Dental visit within the past year (Region 3)
- Tobacco use, higher in Region 3, although declining trend

- Binge drinking, especially in Region 4
- Illicit drug use, especially in Region 3
- Suicide rate and mental health indicators
- Motor vehicle crash deaths, higher in Region 3

### Prioritization and Ranking Results

On June 3, the Saint Alphonsus Mission Committee met and carefully reviewed demographic data, community health indicators, socio-economic data, and community need survey results. The “Health and Community Indicators Ranking Grid” (found in the appendix) was used for each indicator to analyze several key factors:

- Is the indicator a leading cause of death?
- Was it identified in the Community Survey?
- Is it within Saint Alphonsus’ capacity to impact?
- Is it at or above/below the Healthy People 2010 goal, if one exists?
- Is it at or above/below the U.S. average?
- Is it at or above/below the state average?

The “Health and Community Indicators Ranking Grid” helped the Mission Committee to focus in on areas of continuing or emerging need in our local communities. After much discussion, the Mission Committee determined that Saint Alphonsus should adopt the following priorities:

<b>Top Tier Needs</b>	<b>Second Tier Needs</b>
<p><i>Saint Alphonsus should take a leadership role in addressing:</i></p> <ul style="list-style-type: none"> <li>Mental Health Services</li> <li>Substance Abuse Services</li> <li>Programs &amp; Advocacy for the Uninsured</li> <li>Access to Primary Care for Medicare Population</li> <li>Obesity Prevention</li> </ul>	<p><i>Saint Alphonsus should monitor or take a partnering, supportive role in addressing:</i></p> <ul style="list-style-type: none"> <li>Oral Health</li> <li>Domestic Violence</li> <li>Prescription Drug Affordability</li> <li>Trauma Care and Prevention</li> </ul>

## Conclusions, Observations, And Lessons Learned

### Comparison of Findings to Previous Community Needs Assessment

Many of the indicators found to be of concern in the 2005 Community Needs Assessment are still concerning during this current assessment period. We have seen progress in some of our priority areas; for example, development of the Region IV Crisis Mental Health and Substance Abuse Center (i.e. Detox Center) and the Idaho Psychiatric Residency, but both of these programs are likely several years away from impacting outcomes.

New top-tier priorities determined as a result of this assessment include primary care access for the Medicare population, and obesity. Obesity was chosen as a top-tier priority not only because of the increasing trend, but because of its worrisome implications for other indicators such as cardiovascular disease, cancer, and diabetes – all among our top causes of death in Idaho.

Trauma care and prevention was moved to the second tier, not because indicators have improved but because Saint Alphonsus plans to pursue reverification of Level II Trauma Center status by American College of Surgeons in 2009, and also helps coordinate various trauma prevention

activities in the community such as the Every 15 Minutes program, and these efforts need to be continued and monitored.

## **Summary of Principal Priorities**

**Mental Health:** Idaho and the Treasure Valley lack capacity to treat patients with mental illnesses, particularly those unable to pay. The state has plans underway to increase the number of inpatient beds available in the Treasure Valley, but currently patients with serious mental illness are transported to the state hospitals in other regions of the state when local capacity does not exist. Saint Alphonsus fills an important role in providing inpatient and outpatient mental health treatment, but the current facilities were not designed for a mental health facility (i.e. lack of private rooms) and lack the capacity to meet community needs for inpatient psychiatric hospitalization. The Behavioral Health Unit is outdated and inconsistent with the quality of facilities and healing environment now available in the Center for Advanced Healing and Eagle/Meridian Health Plazas. It is for this reason that Saint Alphonsus developed plans to move forward with building a new, expanded Behavioral Health facility, once construction funds are available.

Suicide rates in Idaho are of significant concern, and current efforts are underway to bring a suicide hotline back to Idaho as a prevention tool. A suicide hotline was operated in Idaho for a couple decades by Dr. Peter Wollheim at Boise State University, on a shoestring budget using student volunteers to help staff it. After many years of managing this important service for Idaho, Dr. Wollheim stepped aside last year, and a national hotline has been taking suicide hotline calls from Idaho since that time. This situation is not sustainable financially and less than ideal from a service standpoint, since the national hotline does not know Idaho-specific resources for referrals.

Recent suicide hotline discussions have included exploring a possible partnership between the 2-1-1 Idaho Careline and Idaho State University or Boise State University, with potential grant funding support through the Regional Mental Health system. Saint Alphonsus may have a role in advocating with the Regional Mental Health Board for start-up grant funding, and with the Idaho Legislature for ongoing operating funds to support an Idaho Suicide Hotline.

**Substance Use:** Saint Alphonsus has advocated for nearly a decade for the creation of a Detox Center in Boise, to provide sobering and detoxification services to anyone who needs them, regardless of ability to pay. Currently there are resources available for individuals who can pay for substance abuse treatment, but little available for those unable to pay, outside of the corrections system. Unfortunately this has created a system where individuals with substance abuse problems can only access treatment by breaking the law and entering the prison system. Otherwise, many of these individuals visit local emergency rooms in a “revolving door” pattern, sometimes being brought in by police to sober up and then sent back out on the streets because there are limited community resources to help them break their addiction. Saint Alphonsus does have an outpatient Addiction Recovery Center, but the community desperately needs inpatient detoxification services.

Recently, Mayor Dave Bieter announced that capital and operating funds were in place for the Region IV Crisis Mental Health and Substance Abuse Center, which will house sobering, detox beds and crisis mental health beds that will transition from the current Franklin House facility operated by Saint Alphonsus. Many individuals needing detox services also suffer from mental illness, so co-locating these two services was a logical step to providing better treatment. This is very positive news, with construction expected to commence within a few months. Many partners have come together to move this project forward, including but not limited to Saint Alphonsus, St. Luke’s, State of Idaho, Ada County, United Way and the Cities of Boise, Eagle, and Meridian. Congressional earmark funding was also received to help with construction of this facility.

**Advocacy for the Uninsured (and Underinsured):** Saint Alphonsus has actively advocated with the Idaho Legislature to increase eligibility for children’s coverage provided through SCHIP, expand/modify the adult Access to Health Insurance premium assistance program, and authorize the Department of Health & Welfare to conduct outreach to enroll eligible individuals in public

coverage. Progress has been slow due to legislator concerns about public program growth and personal responsibility.

Saint Alphonsus has also served as a “convener” of health reform efforts, hosting meetings for the Governor’s Select Committee on Healthcare and health reform events such as the 2007 Summit on the Uninsured and the 2008 Moving Idaho to a High Performance Health System event. Through these events, Saint Alphonsus has aimed to gather key stakeholders together in a room to initiate and continue discussions about health reforms needed at the local, state and federal level to move toward a system that includes coverage for all, financed by all.

At the federal level, Saint Alphonsus has also actively advocated for SCHIP reauthorization and expansion, a topic which will resurface during the next President’s administration, and health reform legislation such as the Healthy Americans Act. These efforts will continue, guided by principles set forth in Trinity Health’s “Find a Way” campaign.

**Access to Primary Care for Medicare Population (Seniors):** As Medicare reimbursement for primary care has become less attractive to physicians, seniors in the Treasure Valley have encountered difficulties finding primary care physicians who will take new Medicare patients. Several “secret shopper” trials of the Boise market revealed only a handful of local family practice physicians were accepting new Medicare patients, which is concerning given the impending aging of the Baby Boomers into the Medicare population. Due to access concerns, Saint Alphonsus is considering the need for a Medicare clinic to provide a medical home for seniors, with a staffing model utilizing midlevels to deliver primary care, with physician oversight.

Saint Alphonsus advocates for physician payment reform with more focus on primary care reimbursement and managing the health of populations, rather than the disproportionate incentive toward specialty care and procedures. Physician workforce issues are significant in Idaho, which is experiencing a primary care and internal medicine shortage. Declining reimbursements have made primary care and internal medicine less attractive to medical students, and payment reform will be necessary to reverse this problem.

**Obesity:** Idaho is seeing a rising obesity trend, which is concerning due to increased risks for cardiovascular disease, diabetes, and cancer. Region 3’s obesity rate sits above the state and U.S. rates, and Region 4 sits below state and U.S. rates.

Saint Alphonsus currently provides obesity interventions through its bariatric surgery program and the Workplace Health Initiative (WHI), which provides on-site risk assessment, nurse counseling and fitness challenges (weight loss competitions) at local companies. Many local businesses have seen very positive outcomes from the Workplace Health Initiative, with fitness challenges resulting in thousands of pounds lost and changes in workplace culture to favor healthier lifestyles.

As obesity is a new top-tier priority, there may be other obesity prevention interventions to consider for Saint Alphonsus to provide, either alone or in partnership with other agencies.

## **Obstacles/Barriers Encountered, Recommended Changes for Future Assessments**

Data comparison between national, state, and health district data was a challenge for some health indicators based on how the data is captured by various sources. Data definitions were slightly different, such as behavior questions being asked for different time frames, making it difficult to make effective comparisons.

New data is always emerging, and this was encountered during this assessment process, as we began pulling data over a several-month period and then discovered newly-available data while completing the report. Community Needs Assessment is always a moving target, though, and this report can be considered a “living document” which should be updated with new data annually.

Gathering community input during previous Community Needs Assessments was accomplished through a one-on-one interview process, which had the advantages of relationship-building and lengthy, detailed discussion, but the disadvantages of being very time-consuming and difficult to capture the individual's complete thoughts on each interview question. In an effort to collect input from more stakeholders, and more completely capture their responses to each question, a web survey tool through SurveyMonkey.com was used for this Community Needs Assessment.

The online community survey tool was very inexpensive to use (around \$40 for two months of premium membership), got a favorable response rate (120 responses) and reduced the time commitment significantly. Data summary and graphs were compiled on the site, so from a resource standpoint this seemed an advantageous way to gather this information. Survey participants were also given the opportunity to indicate whether they would like to be contacted for a follow-up interview, and those interviews will be done and will allow an opportunity to share the findings and priorities and gather their feedback.

More public input to the Community Needs Assessment would be helpful. A link on the Saint Alphonsus external website allowed consumers to take the survey, but it only received a handful of hits. Perhaps community focus groups could be employed in the future to gather public input.

# Appendices

## Health Data Recording Worksheets

Indicator	Healthy People 2010 Goal	U.S.	Idaho	Region 3	Region 4	Source
Access: Adults with Usual Care Provider	96.0%	81.6%	73.5%			Profile of Idaho Health Disparities 2007
Access: Non-elderly with health coverage	100.0%	83.0%	83.0%	74.3%	87.1%	CDC.gov 2006; BRFSS 2005
Arthritis		27.5%	25.8%	26.4%	23.1%	BRFSS 2005-2006
Asthma Mortality per 100,000		1.3	1.6			CDC.gov 2004
Asthma: Adults		8.3%	7.3%	8.1%	5.7%	BRFSS 2005
Asthma: Children		11.8%	9.0%			BRFSS 2004
Cancer Mortality Rate per 100,000		192.7	156.8	157.6	140.5	Idaho Vital Statistics 2006; Seer.cancer.gov
Cancer: Breast -- Clinical Breast Exam		78.6%	73.2%			CDC.gov 2006
Cancer: Breast -- Mammograms	70.0%	80.0%	72.0%	64.7%	76.9%	BRFSS 2006
Cancer: Breast Cancer Mortality per 100,000		25.5	19.8	21.9	21.2	Idaho Vital Statistics 2006; Seer.cancer.gov
Cancer: Cervical -- Pap Test	90.0%	84.0%	77.6%	82.6%	85.9%	BRFSS 2006
Cancer: Colorectal -- Blood Stool Test	50.0%	24.2%	20.5%			BRFSS 2007
Cancer: Colorectal -- Colonoscopy past 5 Years				30.7%	40.6%	BRFSS 2006
Cancer: Colorectal -- Ever Had Colonoscopy	50.0%	57.1%	54.2%			BRFSS 2007
Cancer: Colorectal Cancer Mortality per 100,000		19.4	13.4	13.5	10.7	Idaho Vital Statistics 2006; Seer.cancer.gov
Cancer: Lung, Trachea, Bronchus Cancer Mortality per 100,000		54.7	40.2	43.8	40.1	Idaho Vital Statistics 2006; Seer.cancer.gov
Cancer: Melanoma Mortality per 100,000		2.6	3.5			CDC.gov 2004; Seer.cancer.gov
Cancer: Prostate -- PSA Test		53.5%	51.3%	60.1%	70.5%	BRFSS 2006
Cancer: Prostate Cancer Mortality per 100,000		27.9	20.9	19.4	13.1	Idaho Vital Statistics 2006
Cardiovascular Disease Mortality per 100,000	166.0	172.4	162.6	149.6	134.5	CDC.gov 2003/2004; Idaho Vital Statistics 2006
Cardiovascular Disease: Adults with High Blood Pressure	16.0%	27.8%	25.9%			BRFSS 2007

Indicator	Healthy People 2010 Goal	U.S.	Idaho	Region 3	Region 4	Source
Cardiovascular Disease: Angina or coronary heart disease		4.1%	3.8%			BRFSS 2007
Cardiovascular Disease: Congestive Heart Failure Deaths per 100,000		18.6	16.5			BRFSS 2001
Cardiovascular Disease: COPD Deaths per 100,000		43.9	43.2	51.4	37.9	CDC.gov; Idaho Vital Statistics 2006
Cardiovascular Disease: Myocardial infarction		4.2%	4.2%			BRFSS 2007
Cerebrovascular Disease: Stroke		2.6%	2.5%			BRFSS 2007
Cerebrovascular Disease: Stroke deaths per 100,000	48.0	50.0	49.2	51.4	40.1	CDC.gov; Idaho Vital Statistics 2006
Diabetes Care: Annual Eye Exam	76.0%		60.1%	51.0%	69.6%	Diabetes in Idaho
Diabetes Care: Annual Foot Exam	75.0%		65.9%	65.5%	61.9%	Diabetes in Idaho
Diabetes Care: Daily Blood Glucose Checks	61.0%		56.6%	54.6%	59.2%	Diabetes in Idaho
Diabetes Care: Regular A1c Checks	61.0%		80.3%	71.7%	85.5%	Diabetes in Idaho
Diabetes in adults		8.0%	7.9%	7.9%	6.6%	Diabetes in Idaho; BRFSS 2006
Diabetes Mortality per 100,000		24.6	21.8	19	14.6	Idaho Vital Statistics 2006; NCHS Health Data
General Health Status: % of Adults Rating Fair or Poor		14.9%	14.9%	17.9%	13.5%	BRFSS 2005-2006
HIV-Caused Death Rate per 100,000		4.2	0.5	1.7	0.2	Idaho Vital Statistics 2006; NCHS Data
Immunizations: Adult Influenza	90.0%	51.2%	47.3%			CDC.gov 2006
Immunizations: Adult Pneumonia	90.0%	66.9%	62.8%			CDC.gov 2006
Immunizations: Children 19-35 Months		80.8%	78.1%			Idaho Kids Count 2007
Low Birth Weight	5%	8.30%	6.90%	7.10%	7.60%	Idaho Vital Statistics 2006
Mental Health: Major Depressive Episode in Past Year, age 18-25		9.4%	11.2%			SAMHSA.gov 2005-2006
Mental Health: Serious Psychological Distress		11.3%	12.0%			SAMHSA.gov 2005-2006
Mental Health: Suicide Rate Age 10-18			5.2	5.3	5.5	Public Health District Indicators 2005
Mental Health: Suicide Rate Age 65+			22.9	26.4	15.0	Public Health District Indicators 2005

Indicator	Healthy People 2010 Goal	U.S.	Idaho	Region 3	Region 4	Source
Mental Health: Suicide Rate per 100,000	5.00	10.9	14.9	16.0	13.6	CDC.gov; Idaho Vital Statistics 2006
Obesity	15%	26.3%	25.1%	29.9%	22.6%	BRFSS 2005-2006
Oral Health: Adults Age 65+ w/ All Teeth Removed		19.3%	19.7%			BRFSS 2006
Oral Health: Dental Visit within Past Year		70.3%	66.5%	60.1%	73.8%	BRFSS 2005
Overweight		36.7%	38.0%	68.0%	58.3%	BRFSS 2005-2006
STDs: Chlamydia	3% (ages 15-24)	347.8 per 100K	1,003 cases	233 cases	330 cases	Idaho.gov (Jan-Mar 2008); CDC 2006 data
STDs: Gonorrhea	19 per 100K	120.9 per 100K	46 cases	7 cases	21 cases	Idaho.gov (Jan-Mar 2008); CDC 2006 data
STDs: Syphilis		12.5 per 100K	5 cases	2 cases	1 case	Idaho.gov (Jan-Mar 2008); CDC 2006 data
Substance Abuse: Alcohol -- Needing but not Receiving treatment		7.3%	7.9%			SAMHSA.gov 2005-2006
Substance Abuse: Dependence/Abuse of Alcohol or Illicit Drugs		9.2%	9.6%			SAMHSA.gov 2005-2006
Substance Use: Alcohol -- Binge Drinking	6.0%	15.7%	14.7%	13.2%	18.1%	BRFSS 2005-2006
Substance Use: Alcohol -- Heavy Use		5.2%	4.9%	4.0%	5.2%	BRFSS 2005-2006
Substance Use: Illicit Drug Use Past 12 Months	2%	8.1% (past 30 days)	5.3%	6.7%	4.8%	BRFSS 2005; CDC.gov 2006
Substance Use: Tobacco - Adult Smokers	12.0%	19.8%	16.8%	21.4%	19.8%	BRFSS 2007; Cancer Data Registry of Idaho 2006
Substance Use: Tobacco - Smokeless Tobacco Users				4.5%	3.9%	Cancer Data Registry of Idaho 2006
Teenage Pregnancy Rate per 1,000	43.0		44.7	65.6	44.0	Public Health District Indicators 2005
Trauma: Accidental Death Rate per 100,000		39.1	45.6	41.3	38.6	Idaho Vital Statistics 2006
Trauma: Adults Not Wearing Seatbelts			23.8%	21.4%	19.0%	BRFSS 2005
Trauma: Motor Vehicle Crash Death Rate per 100,000	9.2	15.2	19.6	19.4	14.9	Idaho Vital Statistics 2006
Trauma: Motor Vehicle Crash Death Rate, Age 15-19			28.2	15.5	11.3	BRFSS 2005
<b>Vital Statistics</b>						
Birth Rate per 1,000			16.5	18.7	15.9	Idaho Vital Statistics 2006
Death Rate per 1,000			7.2	7.4	6.2	Idaho Vital Statistics 2006

<b>Indicator</b>	<b>Healthy People 2010 Goal</b>	<b>U.S.</b>	<b>Idaho</b>	<b>Region 3</b>	<b>Region 4</b>	<b>Source</b>
Infant Mortality Rate per 1,000	4.5		6.8	9.9	6.7	Idaho Vital Statistics 2006
Prenatal Care: % Starting in First Trimester	90%		71.7%	64.9%	77.1%	Idaho Vital Statistics 2006
Marriage Rate per 1,000			10.1	7.6	8.9	Idaho Vital Statistics 2006
Divorce Rate per 1,000			5	5.2	5.3	Idaho Vital Statistics 2006

## Community Survey Questions

A web-based survey was conducted using [www.SurveyMonkey.com](http://www.SurveyMonkey.com) , and a link to the survey was e-mailed to hundreds of community stakeholders, plus physicians and parish nurses. A link to the survey was also placed on the Saint Alphonsus website for the general public. Following is the entire survey that was accessed by participants:

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### Saint Alphonsus Community Needs Assessment

The Mission of Saint Alphonsus commits us to “serve together...in the spirit of the Gospel, to heal body, mind and spirit, to improve the health of our communities, and to steward the resources entrusted to us.”

Toward these worthy goals, every three years we conduct a Community Needs Assessment to evaluate the changing health and social needs in the communities we serve. This Community Needs Assessment process involves analysis of available data from a variety of sources, and seeking input from stakeholders and consumers.

Once completed, the Community Needs Assessment is reviewed by the Mission Committee of the Saint Alphonsus Board of Trustees, and a Community Benefit Plan is developed to address identified gaps in services and emerging health and social needs.

Your input into this process would be tremendously valuable, so we hope you will take a few minutes to complete this short survey. At the end you will have an opportunity to provide your contact information and let us know if you would like a Saint Alphonsus representative to have a follow-up discussion/interview with you.

Finally, if you have Idaho or Treasure Valley-specific data that should be considered for the Community Needs Assessment, please forward it by e-mail to [coresurb@sarmc.org](mailto:coresurb@sarmc.org) or mail it to:

Corey Surber, Advocacy & Community Health Coordinator  
Saint Alphonsus Regional Medical Center  
1055 N. Curtis Road  
Boise, ID 83706

Thank you for your participation!

1. What do you see as the most pressing health issues facing the Treasure Valley? (select up to 3 choices)

<input type="checkbox"/> Access to a Primary Care Physician	<input type="checkbox"/> Mental Health Services
<input type="checkbox"/> Affordable Health Insurance Coverage	<input type="checkbox"/> Prescription Drug Affordability
<input type="checkbox"/> Chronic Disease Management (cancer, diabetes, heart disease, etc.)	<input type="checkbox"/> Reliable Health Information
<input type="checkbox"/> Coordination of Care	<input type="checkbox"/> Substance Abuse Services
<input type="checkbox"/> Dental Services	<input type="checkbox"/> Wellness and Prevention Services
<input type="checkbox"/> Other (please specify) _____	
2. List any services you are aware of that currently address the most pressing health issues you checked above: \_\_\_\_\_

3. Who are the most vulnerable populations affected by the most pressing health needs in the Treasure Valley? (select up to 3 choices)
- |   |  |
|---|--|
| <input type="checkbox"/> Hispanics                    | <input type="checkbox"/> Senior Citizens |
| <input type="checkbox"/> Low Income                   | <input type="checkbox"/> Uninsured       |
| <input type="checkbox"/> Other Ethnic Minorities      | <input type="checkbox"/> Working Poor    |
| <input type="checkbox"/> Refugees                     | <input type="checkbox"/> Youth           |
| <input type="checkbox"/> Other (please specify) _____ |  |
4. Identify the greatest barriers to accessing healthcare services in the Treasure Valley. (choose up to 2 answers)
- |   |  |
|---|--|
| <input type="checkbox"/> Appointments not available after hours or weekends | <input type="checkbox"/> Lack of knowledge about available resources |
| <input type="checkbox"/> Availability of needed services in our area        | <input type="checkbox"/> Language/cultural differences               |
| <input type="checkbox"/> Being uninsured                                    | <input type="checkbox"/> Transportation                              |
| <input type="checkbox"/> Cost of healthcare                                 |  |
| <input type="checkbox"/> Other (please specify) _____                       |  |
5. What are the greatest gaps in healthcare services for Treasure Valley residents?
- |  |  |
|--|--|
| <input type="checkbox"/> Availability of services/providers          | <input type="checkbox"/> Mental health                 |
| <input type="checkbox"/> Dental care                                 | <input type="checkbox"/> Prescription drug assistance  |
| <input type="checkbox"/> Different languages/cultures                | <input type="checkbox"/> Services for children         |
| <input type="checkbox"/> End-of-life care (hospice, palliative care) | <input type="checkbox"/> Services for Medicare clients |
| <input type="checkbox"/> Low income                                  | <input type="checkbox"/> Substance abuse               |
| <input type="checkbox"/> Other (please specify) _____                |  |
6. What are the greatest needs regarding health education and prevention services?
- |  |   |
|--|---|
| <input type="checkbox"/> Available healthcare resources                  | <input type="checkbox"/> Reproductive health                                    |
| <input type="checkbox"/> Disease specific information                    | <input type="checkbox"/> Substance abuse  |
| <input type="checkbox"/> General health management (wellness/prevention) | <input type="checkbox"/> Translated health information for non-English speakers |
| <input type="checkbox"/> Mental illness                                  | <input type="checkbox"/> Oral/dental health                                     |
| <input type="checkbox"/> Other (please specify) _____                    |   |
7. What do you consider to be the top social concerns in the Treasure Valley? (choose up to 3)
- |   |   |
|---|---|
| <input type="checkbox"/> Broken Families              | <input type="checkbox"/> Lack of social support     |
| <input type="checkbox"/> Crime/violence               | <input type="checkbox"/> Language/cultural barriers |
| <input type="checkbox"/> Discrimination               | <input type="checkbox"/> Mental health              |
| <input type="checkbox"/> Domestic violence            | <input type="checkbox"/> Poverty                    |
| <input type="checkbox"/> Homelessness                 | <input type="checkbox"/> Substance abuse            |
| <input type="checkbox"/> Other (please specify) _____ |   |

8. Demographic Information:

The following questions would help provide us with some demographic information which may be helpful in conducting our Community Needs Assessment. This information is optional, and you may choose to leave it blank and remain anonymous, or only include partial information if you desire.

Name:  
 Business/Organization (if any):  
 Address:  
 City:

State:  
ZIP Code:  
Country:  
Email Address:  
Phone Number

9. Would you like to be contacted for a follow-up interview regarding the Saint Alphonsus Community Needs Assessment? (If so, please be sure to complete the contact information in the previous section)
- Yes
  - No
  - Other (please specify) \_\_\_\_\_

**Thank You:** On behalf of Saint Alphonsus, thank you for providing input toward our 2008 Community Needs Assessment. Have a wonderful day!

# Community Survey Results

**1. What do you see as the most pressing health issues facing the Treasure Valley? (select up to 3 choices)**

	Response Percent	Response Count
Mental Health Services	60.5%	72
<b>Affordable Health Insurance Coverage</b>	<b>68.9%</b>	<b>82</b>
Access to a Primary Care Physician	31.1%	37
Substance Abuse Services	36.1%	43
Wellness and Prevention Services	20.2%	24
Prescription Drug Affordability	25.2%	30
Coordination of Care	15.1%	18
Dental Services	9.2%	11
Reliable Health Information	1.7%	2
Chronic Disease Management (cancer, diabetes, heart disease, etc.)	13.4%	16
Other (please specify)	11.8%	14
<i>answered question</i>		<b>119</b>
<i>skipped question</i>		<b>2</b>

**2. List any services you are aware of that currently address the most pressing health issues you checked above.**

	Response Count
	41
<i>answered question</i>	<b>41</b>
<i>skipped question</i>	<b>80</b>

**3. Who are the most vulnerable populations affected by the most pressing health needs in the Treasure Valley? (select up to 3 choices)**

	Response Percent	Response Count
Low Income	59.2%	71
Uninsured	67.5%	81
<b>Working Poor</b>	<b>70.0%</b>	<b>84</b>
Hispanics	15.0%	18
Other Ethnic Minorities	3.3%	4
Youth	13.3%	16
Senior Citizens	42.5%	51
Refugees	12.5%	15
Other (please specify)	8.3%	10
<i>answered question</i>		<b>120</b>
<i>skipped question</i>		<b>1</b>

4. Identify the greatest barriers to accessing healthcare services in the Treasure Valley (choose up to 2 answers)		
	Response Percent	Response Count
Cost of healthcare	79.2%	95
Being uninsured	58.3%	70
Lack of knowledge about available resources	18.3%	22
Transportation	14.2%	17
Appointments not available after hours or weekends	10.0%	12
Availability of needed services in our area	19.2%	23
Language/cultural differences	9.2%	11
Other (please specify)	5.0%	6
<b>answered question</b>		<b>120</b>
<b>skipped question</b>		<b>1</b>

5. What are the greatest gaps in healthcare services for Treasure Valley residents?		
	Response Percent	Response Count
Low income	48.7%	58
Mental health	66.4%	79
Availability of services/providers	26.9%	32
Substance abuse	42.9%	51
Different languages/cultures	11.8%	14
Dental care	21.8%	26
Services for Medicare clients/senior citizens	30.3%	36
Services for children	7.6%	9
Prescription drug assistance	19.3%	23
End-of-life care (hospice, palliative care)	3.4%	4
Other (please specify)	6.7%	8
<b>answered question</b>		<b>119</b>
<b>skipped question</b>		<b>2</b>

6. What are the greatest needs regarding health education and prevention services?				
			Response Percent	Response Count
General health management, wellness/prevention		51.7%	61	
Substance abuse		39.0%	46	
Available healthcare resources		25.4%	30	
<b>Mental illness</b>		<b>52.5%</b>	62	
Reproductive health		11.9%	14	
Disease specific information (cancer, heart disease, diabetes, etc.		14.4%	17	
Translated health information for non-English speakers		17.8%	21	
Trauma prevention		5.9%	7	
Oral/Dental health		22.0%	26	
Other (please specify)		5.1%	6	
			<b>answered question</b>	<b>118</b>
			<b>skipped question</b>	<b>3</b>

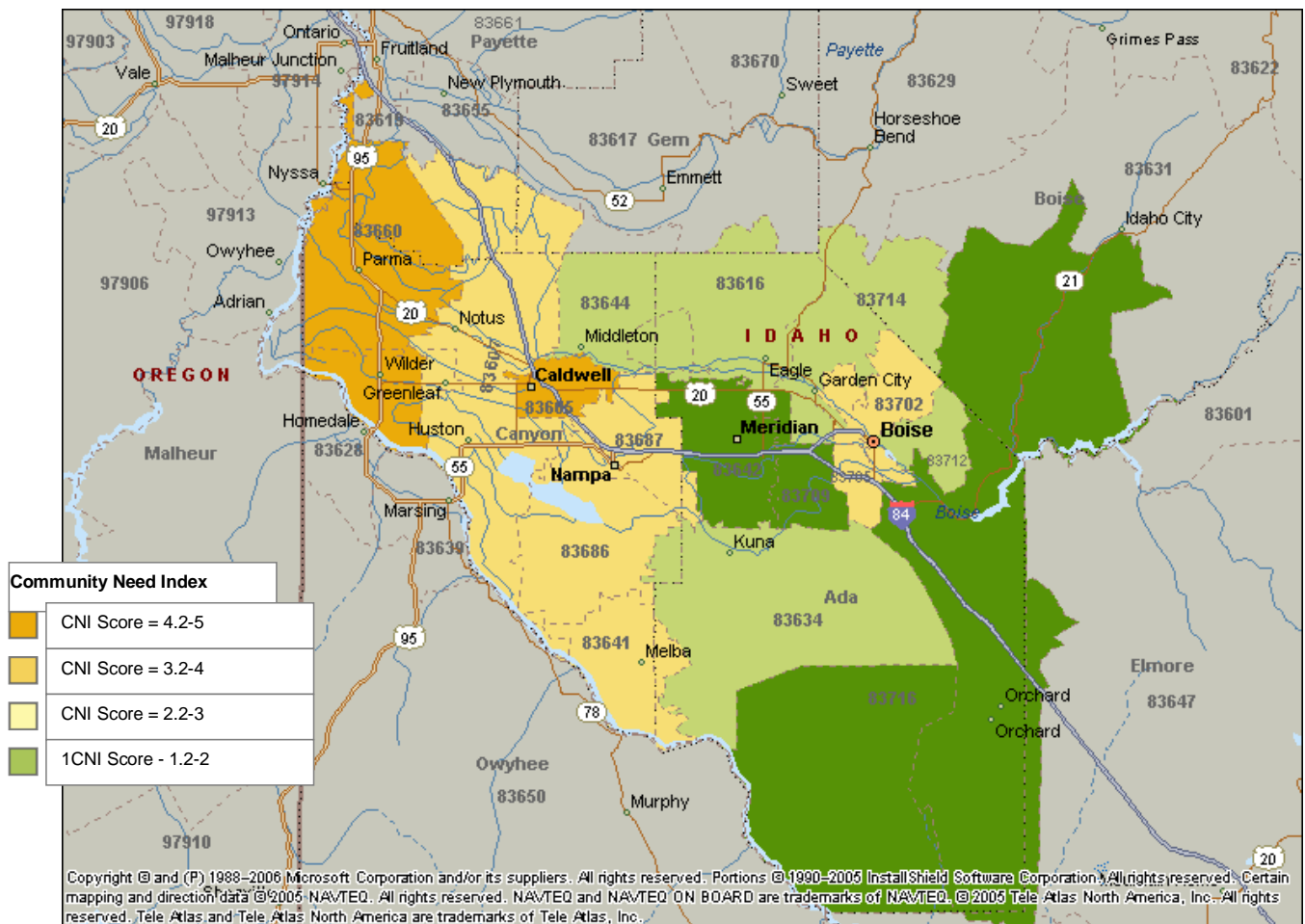
7. What do you consider to be the top social concerns in the Treasure Valley? (choose up to 3)				
			Response Percent	Response Count
Poverty		40.3%	48	
Substance Abuse		56.3%	67	
Domestic Violence		22.7%	27	
Broken Families		27.7%	33	
Language/Cultural Barriers		13.4%	16	
<b>Mental Health</b>		<b>57.1%</b>	68	
Homelessness		15.1%	18	
Crime/Violence		21.0%	25	
Lack of Social Support		16.0%	19	
Discrimination		4.2%	5	
Other (please specify)		9.2%	11	
			<b>answered question</b>	<b>119</b>
			<b>skipped question</b>	<b>2</b>

## Community Need Index Table

Zip	City	Community Need Index	Income Rank	Education Rank	Culture Rank	Insurance Rank	Housing Rank	Poverty: Age 65+	Poverty: Children	Poverty: Single + kids	No high school diploma	Minority	Limited English	Unemployment	Uninsured	Renting	2005 population
83605	Caldwell	4.6	4	5	5	4	5	18%	18%	40%	31%	33%	7%	6%	18%	35%	31,615
83607	Caldwell	3.2	3	4	4	3	2	10%	13%	30%	22%	24%	6%	5%	11%	17%	18,774
83626	Greenleaf	3.2	2	4	4	3	3	19%	9%	17%	23%	29%	3%	8%	13%	21%	1,340
83641	Melba	3.6	4	3	4	3	4	12%	13%	40%	21%	24%	11%	4%	15%	32%	1,840
83644	Middleton	2.6	3	3	3	2	2	17%	8%	28%	17%	12%	1%	2%	10%	15%	7,818
83651	Nampa	3.8	3	4	4	4	4	10%	12%	31%	23%	23%	3%	6%	18%	28%	26,372
83660	Parma	4.2	4	5	4	4	4	20%	17%	38%	30%	23%	4%	5%	18%	26%	5,548
83676	Wilder	4.4	4	5	5	4	4	17%	20%	42%	35%	42%	13%	8%	17%	30%	3,746
83686	Nampa	3	3	3	4	2	3	9%	9%	28%	18%	18%	3%	5%	11%	22%	39,623
83687	Nampa	3.4	3	4	4	3	3	12%	12%	36%	22%	23%	6%	7%	12%	22%	24,748
83616	Eagle	2	3	1	3	2	1	4%	5%	32%	6%	6%	0%	4%	8%	14%	20,004
83634	Kuna	2.4	3	2	3	3	1	21%	10%	34%	15%	12%	3%	4%	12%	14%	18,777
83642	Meridian	1.8	2	1	3	1	2	7%	6%	24%	8%	9%	1%	3%	8%	15%	57,369
83669	Star	2.4	2	2	3	3	2	16%	6%	23%	15%	9%	1%	5%	11%	17%	3,654
83702	Boise	3.2	3	1	3	4	5	6%	11%	32%	8%	9%	1%	5%	20%	49%	20,350
83703	Boise	3	3	1	3	3	5	5%	14%	36%	9%	11%	2%	3%	15%	36%	17,471
83704	Boise	2.6	2	1	3	3	4	6%	9%	24%	10%	12%	2%	4%	12%	31%	39,113
83705	Boise	3.6	3	2	4	4	5	8%	14%	30%	14%	15%	3%	5%	19%	42%	24,992
83706	Boise	3	2	1	3	4	5	6%	9%	26%	8%	13%	1%	4%	16%	44%	29,288
83709	Boise	1.8	2	1	3	1	2	5%	6%	24%	8%	11%	1%	3%	7%	14%	38,813
83712	Boise	2.8	2	1	3	3	5	10%	4%	13%	5%	8%	1%	2%	12%	37%	7,483
83713	Boise	1.8	2	1	3	1	2	5%	3%	18%	7%	12%	1%	4%	7%	17%	26,597
83714	Garden City	2.8	2	2	4	2	4	3%	11%	24%	13%	14%	2%	4%	11%	28%	19,080
83716	Boise	1.8	2	1	3	1	2	2%	5%	19%	5%	12%	1%	4%	4%	16%	14,224
83725	Boise	3.8	4	1	4	5	5	0%	26%	45%	7%	19%	1%	8%	39%	85%	800
	Treasure Valley	3	2.80	2.36	3.56	2.88	3.36	9.92%	10.8%	29.4%	15.2%	16.9%	3.1%	4.7%	13.8%	28.3%	499,439
	Canyon	3.6	3.3	<b>4</b>	4.1	3.2	3.2	<b>14.4%</b>	<b>13.1%</b>	33%	<b>24.2%</b>	<b>25.1%</b>	<b>5.7%</b>	5.6%	14.3%	24.8%	
	Ada	2.6	2.47	<b>1.27</b>	3.2	2.67	2.67	<b>6.9%</b>	<b>9.3%</b>	26.9%	<b>9.2%</b>	<b>11.5%</b>	<b>1.4%</b>	4.1%	13.4%	30.6%	

## Community Need Index Map (December 2007)

Data and methodology for the Community Need Index (CNI) for use in this publication were supplied by the Healthcare business of Thomson Reuters. Catholic Healthcare West (CHW) contributed to the development of the methodology as well. Any analysis, interpretation, or conclusion based on these data is solely that of the authors, and CHW and Thomson Reuters disclaim any responsibility for any such analysis, interpretation, or conclusion



## Health and Community Indicators Ranking Grid

Indicator	Leading Cause of Death? (Yes/No)	Identified Priority in Community Survey? (Yes/No)	Within SARMC's Capacity to Impact? (High/Mod/Low)	Healthy People 2010 Goal (At/Below/Above)	Comparison to U.S. Average (At/Below/Above)	Comparison to State Average (At/Below/Above)	Select as CNA Key Indicator? (Yes/No)
Access: Adults with Usual Source of Care	No	Yes	High	Below	Below	No local data	Yes
Access: Nonelderly Adults w/ Health Coverage	No	Yes	High	Below	Region 3 below	Region 3 below	Yes
					Region 4 above	Region 4 above	
Arthritis	No	No	Mod	NA	Below	Region 3 above	No
						Region 4 below	
Asthma	No	No	Mod	NA	Below	Region 3 above	No
						Region 4 below	
Cancer Deaths (all sites)	Yes (2)	No**	Mod	NA	Below	Region 3 above	No
						Region 4 below	
						Declining Trend	
Cancer Screening: Mammography	No	No**	Mod	Region 3 Below	Below	Region 3 below	No
				Region 4 Above		Region 4 above	
Cancer Screening: Pap Test	No	No**	Mod	Below	Region 3 below	Above	No
					Region 4 above		
Cancer Screening: Prostate	No	No**	Mod	NA	Above	Above	No
Cardiovascular Disease Deaths	Yes (1)	No**	Mod	Below	Below	Below	No
Cerebrovascular Deaths (Stroke)	Yes (3)	No**	Mod	Region 3 Above	Region 3 above	Region 3 above	No
				Region 4 Below	Region 4 below	Region 4 below	
Chronic Obstructive Pulmonary Disease Deaths	Yes (5)	No	Mod	NA	Region 3 above	Region 3 above	No
					Region 4	Region 4 below	

Indicator	Leading Cause of Death? (Yes/No)	Identified Priority in Community Survey? (Yes/No)	Within SARMC's Capacity to Impact? (High/Mod/Low)	Healthy People 2010 Goal (At/Below/Above)	Comparison to U.S. Average (At/Below/Above)	Comparison to State Average (At/Below/Above)	Select as CNA Key Indicator? (Yes/No)
					below		
Diabetes	Yes (7)	No**	Mod	NA	Below	Region 3 at Region 4 below	No
Immunizations: Adult	No	No**	Mod	Below	Below	No local data	No
Immunizations: Child	No	No**	Mod	NA	Below	No local data	No
Low Birth Weight	No	No**	Mod	Above	Below	Above Rising Trend	No
Obesity	No*	No**	Mod	Above	Region 3 above Region 4 below	Region 3 above Region 4 below Rising Trend	Yes
Overweight	No*	No**	Mod	NA	Above	Above	No
Oral Health (dental visit w/in past year)	No	Yes	Low	NA	Region 3 below Region 4 above	Region 3 below Region 4 above	Yes
Substance Use: Tobacco	No*	No**	Mod	Above	Region 3 above Region 4 at	Above Declining trend	No
Substance Use: Binge Drinking	No	Yes	Mod	Above	Region 3 below Region 4 above	Region 3 below Region 4 above	Yes
Substance Use: Illicit Drugs	No	Yes	Mod	Above	NA, different definitions	Region 3 above Region 4 below	Yes
Suicide	No	Yes	High	Above	Above	Region 3 above Region 4 below	Yes
Teenage Pregnancy	No	No**	Low	Above	NA	Region 3 above Region 4 at Declining trend	No
Trauma: Accidental Deaths	Yes (4)	No	High	NA	Region 3 above Region 4	Below	No

Indicator	Leading Cause of Death? (Yes/No)	Identified Priority in Community Survey? (Yes/No)	Within SARMC's Capacity to Impact? (High/Mod/Low)	Healthy People 2010 Goal (At/Below/Above)	Comparison to U.S. Average (At/Below/Above)	Comparison to State Average (At/Below/Above)	Select as CNA Key Indicator? (Yes/No)
					below		
Trauma: Motor Vehicle Crash Deaths	Yes (4)	No	High	Above	Region 3 above	Below	Yes
					Region 4 below		
<b>Community Factors</b>							
Aging	No	Yes	Mod	NA	Lower	Lower	No
					Rising trend	Rising trend	
Poverty	No	Yes	Mod	NA	Canyon higher	Mixed	No
					Ada lower		

\*Not a leading cause of death, but considered a contributing factor

\*\*While this individual indicator was not identified in the Community Needs Survey, it may be included in the identified need for wellness and prevention services