

Community Health Needs Assessment (CHNA)

Implementation Strategy

Saint Alphonsus Regional Medical Center and Regional Rehabilitation Hospital

Fiscal Years FY27-29

Saint Alphonsus

A Member of Trinity Health

Saint Alphonsus Regional Medical Center (SARMC) and the Saint Alphonsus Regional Rehabilitation Hospital (SARRH) jointly completed a comprehensive Community Health Needs Assessment (CHNA) that was adopted by the Saint Alphonsus Health System Board on May 13, 2026. SARMC and SARRH performed the CHNA in adherence with applicable federal requirements for not-for-profit hospitals set forth in the Affordable Care Act (ACA) and by the Internal Revenue Service (IRS). The assessment considered a comprehensive review of secondary data analysis of patient outcomes, community health status, and social influencers of health, as well as primary data collection, including input from representatives of the community, community members and various community organizations.

The complete CHNA report is available electronically at https://www.saintalphonsus.org/about-us/community-benefit/community-needs-assessment or printed copies are available at 6130 Emerald Boise, ID 83704 upon request.

Our Mission

We, Saint Alphonsus and Trinity Health, serve together in the spirit of the Gospel as a compassionate and transforming healing presence within our communities.







Our Hospitals

Saint Alphonsus Regional Medical Center (SARMC) in Boise, Idaho is dedicated to delivering advanced medical services in a spiritual, healing environment throughout southwest Idaho, eastern Oregon and northern Nevada. Through innovative technologies, compassionate staff, and warm, healing environments, Saint Alphonsus strives to provide care that is focused on patients. Founded in 1894 by the Sisters of the Holy Cross, SARMC was the first hospital established in Boise, bringing health care to the poor and underserved. Now referred to as Saint Alphonsus Regional Medical Center, our licensed medical-surgical/acute care 381-bed facility serves as the center for advanced medicine and is poised to support the community well into the future. Saint Alphonsus also has an intricate system of health and wellness services that extend into the communities around our region.

The Saint Alphonsus Regional Rehabilitation Hospital (SARRH), an affiliate of Encompass Health, is committed to helping patients regain independence after a life-changing illness or injury. SARRH is a 40-bed rehabilitation hospital that opened in July 2019 across the street from the SARMC campus. It serves the Boise area as a leading provider of inpatient rehabilitation for stroke, spinal cord injury, brain injury, and other complex neurological and orthopedic conditions. SARRH uses an interdisciplinary team approach that includes physical, speech and occupational therapists, rehabilitation physicians, rehabilitation nurses, case managers, dietitians and more, combined with our advanced technology and expertise, to help patients achieve their goals. Patients receive at least three hours of therapy five days per week while under the constant care of registered nurses, many of whom specialize in rehabilitation, and frequent independent private practice physician visits.

Services offered by SARMC and SARRH include, but are not limited to: brain injury program, breast care, cardiology and vascular care, cancer care, diabetes care and education, emergency and trauma, endoscopy, hospitalists, infusion clinic, laboratory, Mako Robotic-Arm® Assisted Joint Replacement, maternity services, neuroscience, nutrition, orthopedics, pain management, palliative care, pharmacy, physical therapy and rehabilitation, pulmonary diagnostics, radiology and medical imaging, research, sleep disorders, spine care, stroke center, surgical services, including Treasure Valley Surgery Center, telestroke, women's and children's services, and wound and hyperbaric.

Saint Alphonsus is a proud affiliate of Trinity Health, one of the largest not-for-profit, faith-based health care systems in the nation. It is a family of 133,000 colleagues and more than 38,900 physicians and clinicians caring for diverse communities across 25 states. Nationally recognized for care and experience, the Trinity Health system includes 92 hospitals, 101 continuing care locations, the second largest PACE program in the country as well as many other health and well-being services. For more information, please visit www.saintalphonsus.org and www.Trinity-Health.org.





Our Community Based Services

In addition to the SARMC and SARRH facilities, Saint Alphonsus also provides community-based services through the Saint Alphonsus Medical Group (SAMG). This includes the Center for Global Health and Healing along with a variety of medical specialties such as women's' health, pediatrics, family practice, urgent care, physical therapy, and orthopedics.

The Saint Alphonsus Health Alliance (SAHA) is a physician-led network sponsored by the Saint Alphonsus Health System. The Alliance represents a model of healthcare delivery known as a clinically integrated network, based on a strategy to tightly align physicians, hospitals, and payers to provide better access to care, better clinical quality, and control costs.

Saint Alphonsus serves its mission through the health equity and community impact (HECI) department. The HECI department offers services to improve community-clinical linkages for our patients and residents in the communities served by Saint Alphonsus. This includes the Community Health Worker Hub, mobile clinical services, Faith Community Nurses, Catholic School nurses, language access resources, tobacco treatment specialists, Family Centers that encompass patient education, counseling, and other therapeutic services for new parents and families, and extensive community outreach to address the social influencers of health.

Our Community

This Implementation Strategy focuses on the Greater Treasure Valley region, which includes ten counties across Idaho's Public Health Districts (PHD) 3 and 4: Ada, Elmore, Boise, Valley, Gem, Adams, Canyon, Washington, Payette, and Owyhee counties.

The Greater Treasure Valley region accounts for approximately 48% of Idaho's population. PHD 3 has a total population of 316,198 residents and PHD 4 has a total of 557,279 residents. From 2010 to 2020, the largest growth in the region was seen in Ada County (26.1%), followed by Canyon County (22.3%) and Valley County (19.1%).

Idaho's population is predominantly white. PHD 3 has a more diverse population than PHD 4, with 29.3% of residents identifying as a race or ethnicity other than non-Hispanic white compared to 18.2% in PHD 4. Canyon (26.2%), Owyhee (24.9%), Elmore (18.3%), Payette (18.1%), and Washington (16.6%) counties have higher proportions of Hispanic/Latino residents. In other counties across the Greater Treasure Valley region, this population makes up less than 10% of residents.

Compared to Idaho overall, PHD 3 has a higher share of youth (age 17 or younger), while PHD 4 has a smaller share of youth and a larger share of middle-aged and young adults. Both regions have senior populations similar to the state as a whole.

The Greater Treasure Valley is home to more than 50,000 veterans. Both PHDs exceed the statewide estimate of 8.3%, with 9.1% in PHD 3 and 8.8% in PHD 4. Elmore County, the location of Mountain Home Air Force base, has the largest veteran population.

The Americans with Disabilities Act defines a disability as a "physical or mental impairment that substantially limits one or more major life activities." People with disabilities may experience barriers to employment and are more likely to experience poverty. The statewide estimate for this population is 13.0%. PHD 3 is above this estimate at 15.4%, while PHD 4 is below it at 11.6%. This population is generally more prevalent in rural areas.

Limited English proficiency refers to individuals who report speaking English less than "very well" on the U.S. Census. PHD 3 has double the prevalence of this population compared to the state overall (6.1% vs. 3.0%), whereas PHD 4 exceeds the statewide percentage slightly (3.6%).

Saint Alphonsus strives to make a positive impact in the Greater Treasure Valley by advancing equitable outcomes through community partnerships that address factors influencing health and well-being.

Our Approach to Health Equity

At Trinity Health, Community Health Needs Assessments (CHNAs) and Implementation Strategies are foundational to advancing the Common Good and strengthening our commitment to health equity. Across our ministries, CHNAs foster meaningful community engagement and inform strategic planning within our Health Equity and Community Impact efforts.

Health Equity and Community Impact works to promote optimal health for individuals experiencing poverty, marginalization, or other vulnerabilities by addressing social needs within clinical care. Our approach is rooted in a commitment to removing barriers to health and building community capacity to support long-term well-being.

This Implementation Strategy was developed in consultation with community stakeholders and focuses on populations and geographic areas most affected by the identified needs. Principles of fairness, inclusion, and community voice guided the development of this plan and will continue to shape its implementation.

The strategies outlined emphasize policy, systems, and environmental change, recognizing that sustainable improvements in health require transforming the conditions and structures that influence well-being. Through this approach, we aim to foster healthier, more resilient communities for all those we serve.

Health and Social Needs of the Community

The CHNA conducted between March and October 2025 identified the significant needs for health and social drivers of health within the Greater Treasure Valley community. Community stakeholders then prioritized those needs during a facilitated review and analysis of the CHNA findings. The significant health needs identified, in order of priority include:

1. Behavioral Health

- Community partners and leaders identified behavioral health as the top priority in the Greater Treasure Valley, which includes the prevalence of mental health disorders and access to mental health services.
- All 10 counties in the report region are considered mental health professional shortage areas.
- Focus group and key informant participants described challenges accessing mental health services, long waiting lists (especially for youth), and stigma surrounding mental health, further compounding the problem. They also described limited resources for the treatment and prevention of substance use disorders.
- From 2017 to 2023, the percentage of individuals reporting poor mental health increased from 12.5% to 17.1% in PHD 3 and from 11.2% to 15.9% in PHD 4.

2. Housing

- Housing affordability and quality directly impact health by shaping living conditions, with rising costs and instability leading to poorer physical, mental, and socioeconomic outcomes.
- Among community survey respondents, 80% disagreed or strongly disagreed with the statement “There are affordable places for everyone to live in my community.”
- 12.7% of adults in PHD 3 and 9.1% in PHD 4 were unable to pay their mortgage, rent, or utility bill in the past 12 months.
- About one-quarter of households in PHD 3 (25.8%) and PHD 4 (26.6%) spend more than 30% of their income on housing and are considered cost burdened.

3. Access to Care

- Access to healthcare can be restricted by a lack of providers, poor geographic distribution of services, difficulty affording and signing up for health insurance, and the cost of services even after health insurance.
- 9 of the 10 counties in the report region are considered both primary care and dental health professional shortage areas.
- Roughly 146,000 Idahoans in the Greater Treasure Valley region have Medicaid coverage. H.R. 1, the One Big Beautiful Bill Act, was signed into law in July 2025 and is expected to significantly impact health insurance coverage across Idaho. Estimates indicate that approximately 75,000 Idahoans could lose health insurance coverage as provisions of the law are implemented, including 40,000 individuals enrolled in Medicaid and 35,000 enrolled through the Your Health Idaho Marketplace.
- Among community survey respondents, the most common reasons for delaying needed care were cost, lack of time, long wait times, inconvenient operating hours, and lack of insurance. Transportation also surfaced as a challenge in some counties with the greatest burden in Boise County.

4. Maternal and Child Health

- Maternal and child health focuses on the well-being of mothers, infants, children, and adolescents, addressing factors such as prenatal care, maternal health outcomes, child development, immunization rates, and access to pediatric healthcare services.
- Following the Dobbs ruling in June 2022, Idaho's trigger laws were activated making abortion illegal for any reason other than the imminent death of the mother or in cases of rape or incest documented by a police report. Between August 2022 and December 2024, 35% of the obstetrics and gynecology physicians practicing in Idaho retired, changed to gynecology only, left rural practice for urban areas, or moved out of state.
- The number of obstetrics and gynecology physicians per capita in PHD 3 (12.4 per 100,000 residents) is significantly lower than state (18.0) and national averages (25.5). The rate in PHD 4 (27.5 per 100,000 residents) has remained relatively stable since 2021.

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5. Food Access

- Access to fresh, healthy, and/or affordable food. This can be related to grocery store proximity, school lunches, and availability of fruits, vegetables, and other healthy foods.
- In PHD 3 and PHD 4, Hispanic or Latino populations experience higher food insecurity rates compared to the full population and non-Hispanic White populations.
- Among community survey respondents, those ages 18-39 years old were most likely to report accessing a food pantry, at 16.0% in PHD 3 and 13.8% in PHD 4. Nearly 1 in 4 respondents in this age group reported not having enough money to afford food.

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6. Child Care

- Childcare costs are considered affordable when they stay below 7% of gross household income. Many households exceed this threshold substantially, especially if low-income.
- Childcare cost burden is calculated by the average childcare costs for a household with two children as a percent of median household income. The childcare cost burden for PHD 3 (22.7%) and PHD 4 (24.6%) are lower than the national average (29.5%), but higher than the Idaho average (20.9%).
- Preschool enrollment rates have fluctuated across PHD 3 and PHD 4, and Idaho from 2019 to 2023. In 2023, PHD 4 had enrollment rates higher than the state average at 50.9%, while PHD 3 saw the lowest enrollment at 29.1%.

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7. Chronic Disease

- Chronic diseases, such as diabetes, heart disease, asthma, and obesity, tend to comprise the greatest burden on health in a community and can significantly affect lifespan and quality of life.
- The percentage of adults with coronary heart disease in PHD 3 (5.5%) and PHD 4 (4.9%) is higher than the state (2.7%) and national (3.4%) averages.
- Mortality rates for cancer, breast cancer, heart disease, and diabetes are higher in PHD 3 than PHD 4. The mortality rate for Alzheimer's disease is higher in PHD 4 than in PHD 3, Idaho, and the U.S.

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8. Tobacco and Nicotine Use

- Cigarette smoking rates vary across Idaho and the nation. In PHD 3, 15% of the population reported having smoked, compared to 11.8% in PHD 4, 12.2% in Idaho, and 13.1% nationwide.
- Community survey respondents who have vaped are most prevalent in the 18-39 age group (~14%), at rates approximately double the health district averages (~7%).

Hospital Implementation Strategy

At Trinity Health, Community Health Needs Assessments (CHNAs) and Implementation Strategies are foundational to advancing the Common Good and strengthening our commitment to health equity. Across our ministries, CHNAs foster meaningful community engagement and inform strategic planning within our Health Equity and Community Impact efforts.

Significant health and social needs to be addressed

SARMC and SARRH, in collaboration with community partners, will focus on developing and/or supporting initiatives and measure their effectiveness to improve the following needs:

1 **Behavioral Health – CHNA pages 14-20.**

2 **Housing – CHNA pages 21-23.**

3 **Access to Care – CHNA pages 24-35.**

Significant health and social needs that will not be addressed

SARMC and SARRH acknowledge the wide range of priority health and social issues that emerged from the CHNA process and determined that it could effectively focus on only those needs which are the most pressing, under-addressed and within its ability to influence. Due to limited resources and capacity, SARMC and SARRH do not intend to prioritize the following needs:

- **Maternal and Child Health**
- **Food Access**
- **Child Care**
- **Chronic Disease**
- **Tobacco and Nicotine Use**

This implementation strategy specifies community health needs that the hospital, in collaboration with community partners, has determined to address. The hospital reserves the right to amend this implementation strategy if circumstances warrant. For example, certain needs may become more pronounced and require enhancements to the described strategic initiatives. During these three years, other organizations in the community may decide to address certain needs, indicating that the hospital should refocus its limited resources to best serve the community.



1 Behavioral Health

Goal: Improve access to behavioral health resources for patients and community members in the Greater Treasure Valley.

CHNA Impact Measures	FY27 Baseline	FY29 Target
By June 30, 2029, invest $235,000 per year in key community partnerships to sustain access to detox, crisis stabilization and response services.	$225,000/ year	$235,000/ year
By June 30, 2029, increase the number of colleagues and community members trained across the Saint Alphonsus Health System footprint to identify and address mental health challenges through Mental Health First Aid (MHFA) and Signs of Suicide (SOS) from 7,621 to 10,057.	MHFA: 466 SOS: 7,155 Total = 7,621	MHFA: 898 SOS: 9,159 Total = 10,057

Strategy	Timeline			Hospital and Committed Partners (align to indicate committed resource)	Committed Resources (align by hospital/committed partner)
	Y1	Y2	Y3		
Sustain and advocate for the Saint Alphonsus Inpatient Behavioral Health Unit to ensure ongoing capacity for priority populations. Explore possible facility relocation options with community partners, given concerns with age/ condition of current facility.	X	X	X	SARMC	Ongoing subsidy of providing service; explore discussions with Ada County Commissioners as follow-up to March 3, 2026, discussion with possible land/partnership offer; also explore federal appropriation possibilities with Congressional delegation
	X			Ada County Commissioners	Suggested possible land donation and partnership in new facility to meet BHU needs as well as other related behavioral health services
	Focus location(s)				**Focus Population(s)**
	Saint Alphonsus Inpatient Behavioral Health Center				Individuals with acute behavioral health needs

Strategy	Timeline			Hospital and Committed Partners (align to indicate committed resource)	Committed Resources (align by hospital/committed partner)
	Y1	Y2	Y3		
Provide financial support to key community partners to sustain access to crisis stabilization and response services, including Allumbaugh House and the Idaho Crisis and Suicide Hotline	X	X	X	SARMC	$225k/year to Allumbaugh House $10k/year to Idaho Crisis and Suicide Hotline
	X	X	X	Boise City/Ada County Housing Authority	Owns Allumbaugh House
	X	X	X	Ada County	Allumbaugh House funding partner
	X	X	X	City of Boise (also other local cities)	Allumbaugh House funding partner
	X	X	X	St. Luke's Health System	Allumbaugh House funding partner
	X	X	X	Idaho Crisis & Suicide Hotline	Operator of state's suicide hotline (multiple partners)
	Focus location(s)				**Focus Population(s)**
	Ada County (Allumbaugh House); State of Idaho (Idaho Crisis and Suicide Hotline)				Individuals experiencing a behavioral health crisis and/or need for substance abuse detox

Strategy	Timeline			Hospital and Committed Partners (align to indicate committed resource)	Committed Resources (align by hospital/committed partner)
	Y1	Y2	Y3		
Expand mental health education (e.g., Adult and Youth Mental Health First Aid, Question, Persuade, Refer, Signs of Suicide) to Saint Alphonsus colleagues and community members at no cost.	X	X	X	SAHS, including SARMC and SARRH	In-kind support of colleague time to coordinate, market, and teach MHFA (up to 12 trainings/ year) and SOS (up to 6 schools/year) $3k/year for SOS renewal fee TBD financial support to community partners to expand their mental health trainings
	X	X	X	Community partners offering mental health education	Potentially partner with organizations that provide mental health education and have the capacity to expand training opportunities and community reach through financial support from SARMC
	Focus location(s)				**Focus Population(s)**
	Saint Alphonsus Health System Footprint				SAHS colleagues and community members



2 Housing

Goal: Improve access to safe, stable, and attainable housing for residents of the Greater Treasure Valley regardless of income status.

CHNA Impact Measures	FY27 Baseline	FY29 Target
By June 30, 2029, invest $175,000 per year in community partnerships to support housing development, preservation, stabilization, and supportive services.	N/A	$175,000/ year

Strategy	Timeline			Hospital and Committed Partners (align to indicate committed resource)	Committed Resources (align by hospital/committed partner)
	Y1	Y2	Y3		
Collaborate with the Boise Continuum of Care and contribute to the Supportive Housing Investment Fund (SHIF) to scale supportive housing in the community and sustainably fund support services. Goals/info listed here	X	X	X	SARMC	$100k/year to SHIF
	X	X	X	City of Boise	$7.5M in seed funding in 2024, goal of achieving $15M in fundraising
	X	X	X	Idaho Community Foundation	Holds and distributes funds
	X	X	X	Our Path Home – Continuum of Care	In-kind stewardship of funds and leadership of SHIF activities
	X	X	X	SHIF Administrator	In-kind fiduciary services
	Focus location(s)				**Focus Population(s)**
	Ada County including priority zip codes 83703, 83704, 83705, and 83706				People experiencing homelessness

Strategy	Timeline			Hospital and Committed Partners (align to indicate committed resource)	Committed Resources (align by hospital/committed partner)
	Y1	Y2	Y3		
Identify opportunities with new and existing partners to address housing challenges in the community through housing development, preservation, stabilization, and/or supportive services.	X	X	X	SARMC and SARRH	In-kind support of colleague time $50k/year to LEAP in Years 1-2, amount TBD in Year 3 $15k to NeighborWorks in Year 1, amount TBD in Years 2-3 $5k/year to Jesse Tree $5k/year to Good Samaritan Home
	X	X	X	LEAP Housing	Partner on senior housing development in Boise, Sycamore Commons
		X	X	Roundhouse	Potential partner on affordable and supportive housing development opportunities
	X	X	X	NeighborWorks	Partner on housing preservation, home repairs, and/or wraparound services
	X	X	X	Jesse Tree	Partner on housing stabilization and emergency rental assistance
	X	X	X	Good Samaritan Home	Partner on housing stabilization and financial assistance for low-income residents
	Focus location(s)				**Focus Population(s)**
	Ada County including priority zip codes 83703, 83704, 83705, 83706, 83709, and 83714				People making less than 80% of the Ada County Area Median Income



3 Access to Care

Goal: Improve access to affordable healthcare services for community members in the Greater Treasure Valley regardless of income and insurance status.

CHNA Impact Measures	FY27 Baseline	FY29 Target
By December 1, 2026, launch a cross-departmental workgroup (may include Advocacy, Health Equity & Community Impact, Revenue Excellence, Saint Alphonsus Medical Group, Marketing & Communications) to understand federal and state Medicaid work/ community engagement requirements, communicate with patients and the public, and prepare to assist with Medicaid coverage retention efforts related to H.R. 1.	0	1
By June 30, 2029, maintain the percentage of uninsured residents in PHD 3 and PHD 4 at 8.8% (Data source: American Community Survey).	8.8%	8.8%
By June 30, 2029, invest at least $1,470,000 per year in community partnerships to support the workforce pipeline.	$1.47M/ year	$1.47M/ year
By June 30, 2029, increase the number of clinical placements for students from local educational institution partners (BSU and ISU) from 361 to 400 per year.	361/year	400/year

Strategy	Timeline			Hospital and Committed Partners (align to indicate committed resource)	Committed Resources (align by hospital/committed partner)
	Y1	Y2	Y3		
Provide advocacy and assistance to help individuals maintain health insurance coverage, including Medicaid and Your Health Idaho.	X	X	X	SARMC, SARRH, and SAMC - Nampa	In-kind support of colleague time and existing programs, including advocacy and staff time educating/assisting Medicaid enrollees with work requirement compliance
	X	X	X	Idaho Supports Medicaid Coalition	Network of healthcare providers, community organizations, and individual advocates committed to preserving Medicaid for eligible Idahoans
	Focus location(s)				**Focus Population(s)**
	Greater Treasure Valley				Individuals at risk of losing insurance coverage

Strategy	Timeline			Hospital and Committed Partners (align to indicate committed resource)	Committed Resources (align by hospital/committed partner)
	Y1	Y2	Y3		
Invest in and partner with educational institutions and community organizations to support healthcare workforce development, including training and clinical placement opportunities.	X	X	X	SARMC and SAMC - Nampa	~$40k to BSU in Year 1, ~18k in Year 2, amount TBD in Year 3 for scholarships and workforce support ~$200k/year to ISU Dental Residency ~$250k/year to Genesis ~$1m/year to Full Circle Health
	X	X	X	Boise State University (BSU)	Offers degrees in health occupations and nursing; students complete clinical placements at Saint Alphonsus hospitals
	X	X	X	Idaho State University (ISU)	Offers degrees in health occupations and nursing; students complete clinical placements at Saint Alphonsus hospitals Dental Residency provides comprehensive dental care in a variety of clinical settings, emphasizing rural, underserved, and at-risk populations
	X	X	X	Genesis – Garden City	Provides primary medical care, basic dental, mental health, specialty referral, and medication assistance to those who are uninsured and have a lower income
	X	X	X	Full Circle Health	Federally Qualified Health Center and Teaching Health Center that provides comprehensive, full-service medical, behavioral health, pharmaceutical, and outreach services for people of all ages
	Focus location(s)				**Focus Population(s)**
	Greater Treasure Valley				Current and future healthcare professionals

Strategy	Timeline			Hospital and Committed Partners (align to indicate committed resource)	Committed Resources (align by hospital/committed partner)
	Y1	Y2	Y3		
Provide mobile health clinics at community events across the region as opportunities arise.	X	X	X	SARMC and SAMC - Nampa	~$2k/clinic in operations
	X	X	X	Community Events TBD	Partnering to support low-income or marginalized populations
	Focus location(s)				**Focus Population(s)**
	Greater Treasure Valley				Individuals who are uninsured, underinsured, or who experience barriers to accessing primary care

Adoption of Implementation Strategy

On October 18, 2026, Board Chair Adam Richins, acting under authority delegated by the Saint Alphonsus Health System Board, approved the final version of the 2027-2029 Implementation Strategy. The Board had previously reviewed and approved the draft Implementation Strategy and related budget on August 18, 2026, which outlines the hospital's approach to addressing the community health and social needs identified in the 2026 Community Health Needs Assessment.B

Adam Richins (Oct 18, 2026 14:22:54 EDT)

Adam Richins, Saint Alphonsus Health System Board Chair

10/18/2026

Date



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