

2017

Community Health Needs Assessment



**Saint Alphonus
Regional Medical Center**

**UNITED WAY
OF TREASURE VALLEY**



United Way of Treasure Valley 2017 Community Assessment



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Sponsors:

Saint Alphonsus Regional Medical Center
Saint Alphonsus Medical Center – Nampa
St. Luke's Health System
Delta Dental of Idaho
Idaho Association for the Education of Young Children

Advisory Committee:

Jaime Aanensen, Central District Health Department
Sheri Ainsworth, Saint Alphonsus Medical Center – Nampa
Kelli Badesheim, Valley Regional Transit
Joyce Bailey, United Way of Treasure Valley
Josh Campbell, Genesis Community Health
Tony Fisk, Saint Alphonsus Regional Medical Center
Jean Fitzgerald-Mutchie, St. Luke's Children's Hospital
Angie Gribble, St. Luke's Health System
Courtney Keith, Idaho Department of Health and Welfare
Samantha Kenny, Delta Dental of Idaho
Debbie Kling, Nampa Chamber of Commerce
Rebecca Lemmons, United Way of Treasure Valley
Theresa McLeod, St. Luke's Health System
Daniel Mediate, United Way of Treasure Valley
Jodie Mills, Caldwell School District
Beth Oppenheimer, Idaho Association for the Education of Young Children
Jennifer Palagi, Saint Alphonsus Regional Medical Center
Wyatt Schroeder, CATCH, Inc.

Amy Stahl, St. Luke's Health System
Hannah Staller, United Way of Treasure Valley
Lindsey Turner, Boise State University
Deanna Ward, Idaho Housing and Finance Association
Sarah Weppner, Treasure Valley Education Partnership
Kendra Witt-Doyle, Blue Cross of Idaho Foundation for Health

Focus Group Hosts:

Boys & Girls Club of Nampa
Corpus Christi House
Family Advocates
Genesis Community Health
Idaho Department of Health and Welfare
Idaho Department of Labor
Idaho Foodbank
Learning Lab
Salvation Army, Boise
Salvation Army, Nampa
St. Vincent de Paul
Western Idaho Community Action Partnership, Inc.
Women's & Children's Alliance
YMCA of Treasure Valley

Community Leader Interview Participants:

Kelli Badesheim, Valley Regional Transit
Josh Bishop, PacificSource Health Plans

Colleen Braga, Boys & Girls Club of Ada County
Josh Campbell, Genesis Community Health
Lori Fascilla, Giraffe Laugh
Tami Fife, Terry Reilly Health Services
Heidi Hart, Terry Reilly Health Services
Ann Heilman, Learning Lab
Diana Lachiando, City of Boise
Janet Monti, Emmett Valley Friendship Coalition
Mayor Garret Nancolas, City of Caldwell
Dr. Alejandro Necochea, St. Luke's Regional Family Practice
Beth Oppenheimer, Idaho Association for the Education of Young Children
Representative Christy Perry, Idaho State Legislature
Superintendent David Peterson, Nampa School District
Superintendent Wayne Rush, Emmett School District
Matt Stoll, COMPASS
Pam Thomas, Saint Alphonsus Regional Medical Center
Karen Vauk, Idaho Foodbank
Deanna Ward, Idaho Housing and Finance Association, Home Partnership Foundation
Sarah Woodley, BPA Health
Jackie Yarbrough, Idaho Foodbank

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Message from Nora



All across the Treasure Valley, United Way fights for the health, education, and financial stability of everyone in every community. We know that these three areas are the building blocks of a stable life for children and families. The information presented here in this third triennial United Way Community Needs Assessment will help all who care about the children and families in our area to align and coordinate.

The data pointing out continued growth of local children experiencing poverty will help us fight for the more than 4,000 homeless students across the Treasure Valley. With strong and capable community partners, we will fight so that these students can feel safe, supported and clean, helping them stay on track to graduate high school.

United Way will join others to fight for improvement in mental and behavioral health services and resources across the Treasure Valley, because this assessment makes it clear that we must act now.

Layering data that show the importance of affordable housing on job growth and economic stability of communities will help us fight for innovation between employers and others to ensure stable, affordable housing for middle and low-income workers.

As you read and digest the information, data points, and comments shared here, I invite you to consider how you will join the fight for equity, stability, and success for all in the Treasure Valley. Throughout the document, you will find recommended solutions to our community's most pressing issues. There is room for innovation by policymakers, business leaders, the civic and faith communities, employers, nonprofit organizations, and others.

By considering opportunities to activate positive improvements to policies, systems, and environments, we will improve the success of children and families we know and work with—and thousands whose names we will never know.

Our deepest appreciation is given to the community leaders and organizations who joined in presenting the 2017 United Way Community Needs Assessment.

Nora J. Carpenter
President and CEO
United Way of Treasure Valley

“The American Dream is that dream of a land in which life should be better and richer and fuller for everyone, with opportunity for each according to ability or achievement.”

—James Truslow Adams, 1931, *“The Epic of America”*

BACKGROUND

The United Way of Treasure Valley (UWTV) stands against poverty. UWTV fights for the health, education, and financial stability of every person in every community in the Treasure Valley. UWTV periodically assesses community needs, resources, and potential solutions to our common challenges. Through our affiliation with United Way Worldwide, UWTV leads the way as a community convener in bringing together major corporations, financial institutions, hospitals and health care agencies, small- and medium-sized businesses, faith-based organizations, civic groups, schools, governments, non-profits, and volunteers to tackle difficult socioeconomic problems in the Treasure Valley. Through our collective impact work in education, health, and financial stability, UWTV makes a positive difference for local children, individuals, and families. Our work is driven and validated by concrete data collected through periodic assessments of the community. These community assessments, including the 2017 Community Assessment presented herein, help UWTV define the most pressing community needs, gather and align resources, and implement needs-driven, evidence-based solutions to common challenges faced by Treasure Valley residents.

The 2017 Community Assessment focuses on three of the most critical building blocks of a stable life for Treasure Valley residents—education, health, and financial stability. These continue to be priorities addressed by UWTV through collective impact initiatives.

Much of the work of UWTV addresses the two foundational levels of Maslow’s Hierarchy of Needs in Figure 1, representing the most basic human needs. By focusing on solutions to address the need for food, housing, safety, and financial stability, UWTV strives to provide a solid grounding from which every resident of the Treasure Valley can reach his or her maximum potential.

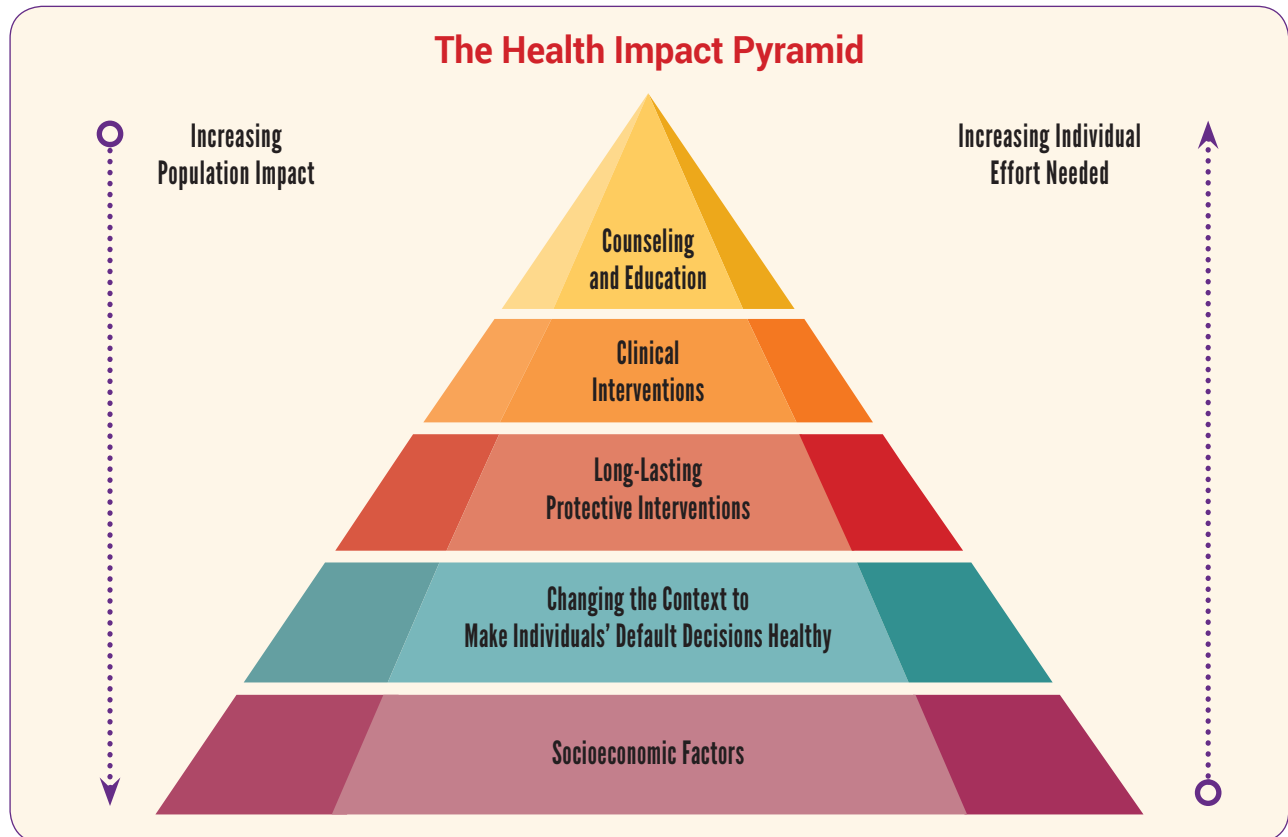




Strategies that Maximize Impact

In 2010, Dr. Thomas Frieden, the Director of the Centers for Disease Control and Prevention (CDC), described a five-tiered pyramid of strategic interventions that have been shown to improve health in the populations where these strategies have been implemented. These strategies are highly relevant and transferable to all elements of individuals' well-being, including social, emotional, educational, and financial well-being.

Figure 2



Source: Frieden, 2010

“Optimism is the faith that leads to achievement. Nothing can be done without hope and confidence.”

—Helen Keller



As shown to the left in Figure 2, the pyramid illustrates the importance of focusing on strategies that have the greatest potential for impact, by reaching the most people given the fewest resources. Forming the base of this pyramid, socioeconomic factors include income, education, occupation, and where one lives—also commonly referred to as the “Social Determinants of Health.”¹ These factors can positively or negatively impact an individual’s well-being by affecting his or her ability to: 1) access necessary health or social services; 2) pursue educational or professional opportunities; and 3) benefit from exposure to positive environmental factors such as clean air and water, safe housing, and adequate sanitation.

The second layer of the pyramid focuses on changing the context of the places where people live, work, learn, play, and pray to make the healthy choice the easy choice. These approaches center on policy, systems, and environmental changes (PSE). In a variety of domains, these approaches have demonstrated substantial and widespread improvements in health, education, and financial stability for populations studied. Examples of PSE strategies are: designing communities that support walking, bicycling, and

the use of public transportation; offering low- or no-cost preschool in the same school where children will later be enrolling for kindergarten; and working with legislatures, government agencies, and the general public to propose and pass policies to protect consumers from predatory lending practices by loan providers. UWTV is committed to focusing resources on PSE strategies that maximize community impact. These evidence-based strategies will be outlined in greater detail within this report and are supported by the data and research findings of the 2017 Community Assessment.



SCOPE AND STRATEGY OF THIS REPORT

Scope: The Treasure Valley

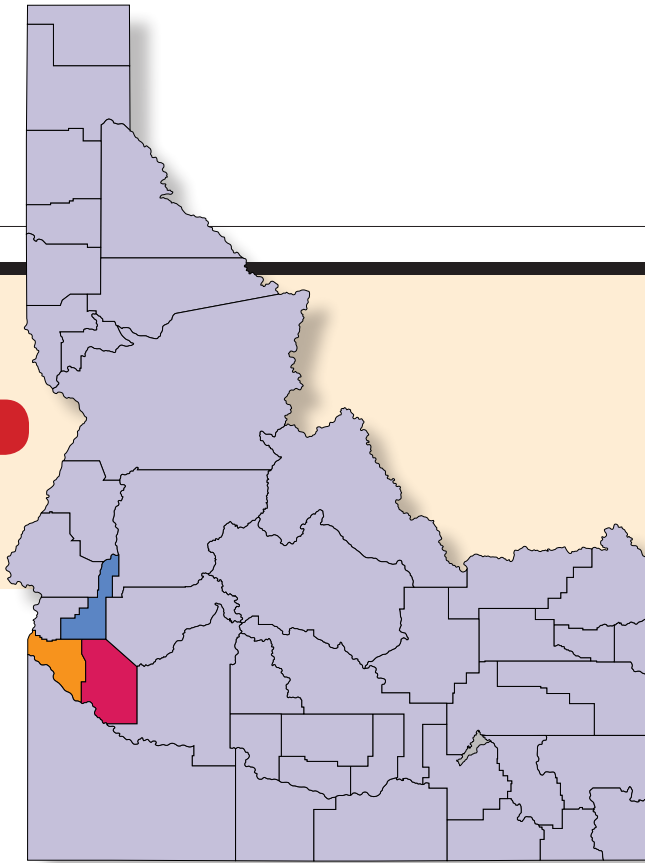


Figure 3

ADA COUNTY

Most populated cities:
Boise; Meridian

Ada County is the most populated county in Idaho, with more than one-fourth of the state's population.

CANYON COUNTY

Most populated cities:
Nampa; Caldwell

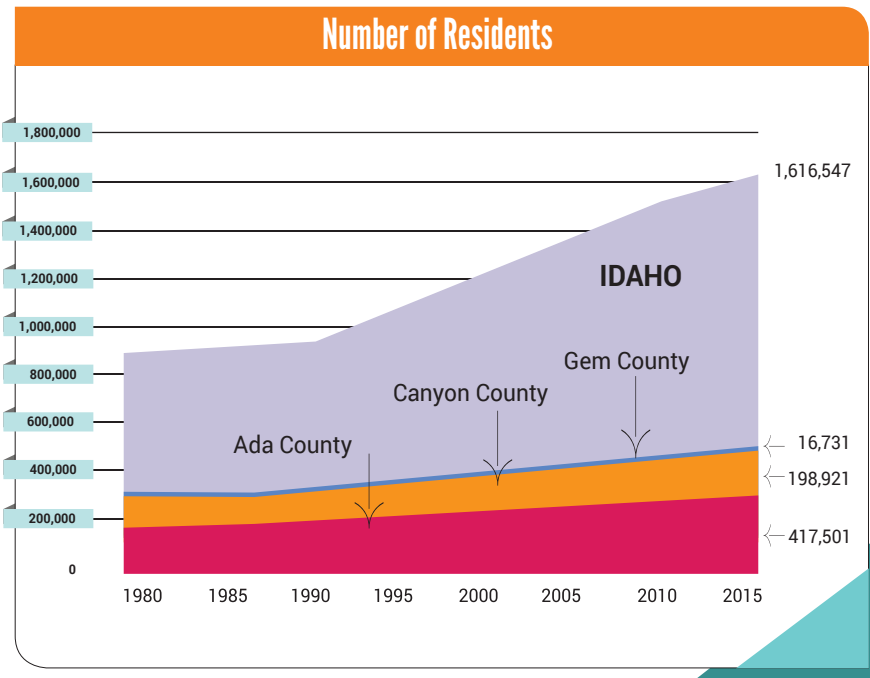
Canyon County is the second most populated county in Idaho.

GEM COUNTY

Most populated city:
Emmett

Gem County is the least populated and most rural county in this assessment.

Figure 4



Source: U.S. Census Bureau

Figure 3 (above) shows a map of the state of Idaho and the counties therein. The Treasure Valley geographic area is defined as Ada County, Canyon County, and Gem County. Together, these three counties make up more than one-third of the state's population. To the left, Figure 4 reflects that Ada County and Canyon County have grown significantly over time, particularly since 1990.



A Guide to Using the 2017 Community Assessment

This report utilizes a data-driven approach to identify the education, health, and financial stability issues that affect the well-being of residents of the Treasure Valley. UWTV commissioned the Utah Foundation, Boise State University, and Alta Planning + Design to collect and interpret data used in the 2017 Community Assessment. The 2017 Community Assessment utilizes a combination of existing local, state, and national data sources, in addition to integrating new data collected by UWTV's assessment team via in-person and telephone interviews, focus groups, and observational data. Prior to commencing data collection, UWTV met with an advisory committee comprised of stakeholders from agencies and community organizations across the Treasure Valley to develop a data collection plan and define the appropriate qualitative and quantitative data methodology. More detailed information about the data collection methods is available in an appendix of this report.

The 2017 Community Assessment is designed to be a useful and timely reference for businesses, government, agencies, schools, and other organizations in the public and private sectors seeking credible data and evidence-based PSE solutions to community problems that impact

the entities, their employees, and the residents in the Treasure Valley. Suggested uses for the 2017 Community Assessment are as follows:

- ◆ A data source that provides reliable and objective information about the characteristics of life in the Treasure Valley
- ◆ A source of contextual data gathered from interviews and focus groups with community members, service providers, community leaders, and other key stakeholders whose voices provide crucial information for understanding the needs of the community
- ◆ A comparative source to examine what might have changed over time—what has improved, what has not, and where there are new areas that need engagement
- ◆ A resource for identifying potential partners and implementing effective, high impact strategies for population-level changes



“We need more solutions that incentivize collaboration and coordination, and bring systems into alignment.”

—Treasure Valley Focus Group Participant

Solutions: Policy, System, and Environmental (PSE) Changes

The combination of quantitative data (numbers) plus qualitative data (stories and observations) helps to develop a consistent and comprehensive picture of the issues faced by residents of the Treasure Valley. A key theme that has emerged in the qualitative data collection for this report was a shared sense of optimism among those interviewed that the issues facing the Treasure Valley are solvable if collaborative action is taken. Many stakeholders noted the strong community assets and partnerships that already exist. There are also synergies among some of the challenges, and in many cases, addressing one need (such as education) can help address other related problems (such as financial stability).

Policy change strategies include policies implemented at the organizational, municipal, and state or legislative levels. This can include creating new or amending existing rules, policy and procedures, ordinances, resolutions, mandates, and

regulations. An example would be implementing nutrition standards for foods and beverages provided to children in licensed child care homes and facilities.

Systems change strategies include making changes to rules and ways of doing business within or across organizations. An example of a systems change strategy is the alignment of the timing of College Application Week with the Idaho Opportunity Scholarship application deadlines and the Idaho State Department of Education’s direct admission’s process to provide a seamless, integrated experience for students and families.

Environmental change strategies focus on changing the physical environment for the betterment of all who interface with the environment. Examples of this include providing wayfinding signage to help people in neighborhoods identify safe walking paths, or building more affordable housing units.





“Financial support, education, and health services have all been working in silos.”

—Treasure Valley Focus Group Participant

Leveraging existing partnerships and community resources is critical for successfully implementing the PSE solutions proposed in the 2017 Community Assessment. The strategies put forth in each section are suggestions for evidence-based recommendations from top national sources such as the CDC, U.S. Department of Education, and the Corporation for Enterprise Development, as well as from local focus groups and community leader interviews. The suggested PSE strategies are intended to spark conversations among existing partners, coalitions, foundations, government agencies, and collaborative groups in regard to the common problems encountered by each of these stakeholders and constituents. Readers can initiate and implement these strategies in their own personal lives, within the organizations they work for and participate in, and within their communities.



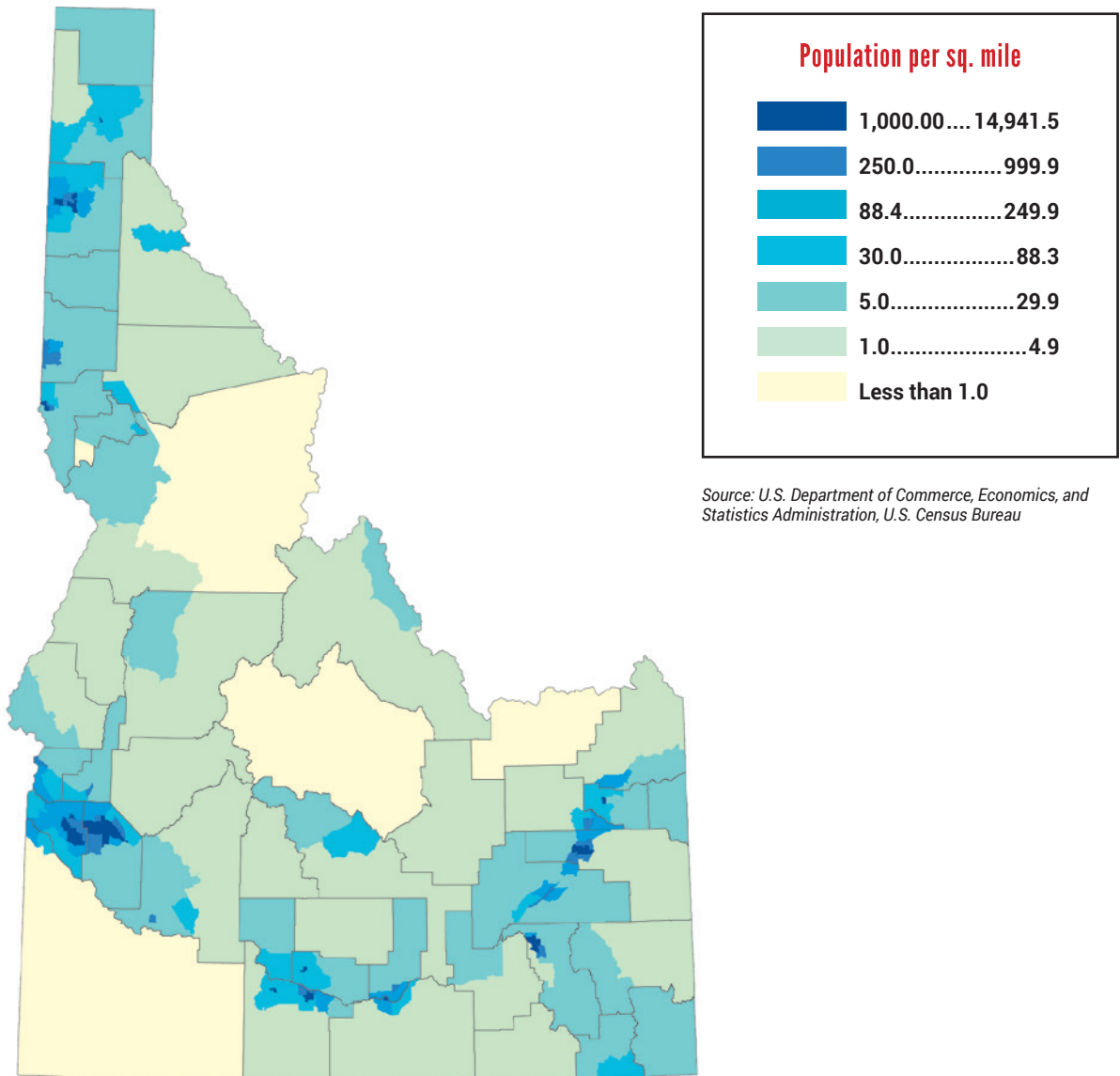
Demographics and Characteristics of the Treasure Valley

In 2016, Idaho was the third fastest growing state in the nation, behind Utah and Nevada.² This population growth has occurred mainly in urban areas instead of rural areas. However, Idaho still remains a relatively sparsely-populated state, with an average of 19 people per square mile of land area—similar in density to other Western states such as Montana, Wyoming, and the Dakotas.

While Idaho’s rural areas have grown at a fairly steady rate, a higher rate of growth has occurred in urban counties: in 1990, 41% of Idahoans lived

in rural areas but by 2010, only 29% did.³ The Treasure Valley has been a significant contributor to population growth. Since 2010, more than 18,000 new individuals moved to Canyon County and more than 40,000 moved to Ada County.

As shown in the map below, population density varies widely by census tract level, and although much of Idaho’s land mass is rural and sparsely populated, there are also some census tracts in the Treasure Valley reflecting a highly dense population.



Source: U.S. Department of Commerce, Economics, and Statistics Administration, U.S. Census Bureau

Demographics Statewide and by County

Figure 5

	Ada County	Canyon County	Gem County	Idaho	U.S.
Population	417,501	198,921	16,731	1,616,547	316,515,021
<i>Percentage of total population</i>					
White	91.4%	90.6%	94.3%	91.7%	73.6%
Hispanic or Latino ethnicity (of any race)	7.6%	24.5%	8.0%	11.8%	17.1%
Under age 18	25.4%	30.3%	22.7%	26.6%	23.3%
Ages 65 years and older	12.0%	12.1%	20.9%	13.8%	14.1%
Foreign-born	6.4%	8.4%	3.6%	6.1%	13.2%
Foreign-born, entered us 2010 or later	<1%	<1%	<1%	<1%	1.3%
Number of immigrants 2010 to 2015	4,231	717	48	11,069	4,115,249
Primary language other than English	8.7%	18.2%	8.0%	10.6%	21.0%
Limited proficiency in English	3.3%	6.6%	2.0%	4.0%	8.6%
Veterans	9.6%	9.4%	13.9%	10.1%	8.3%
Individuals with a disability	10.0%	13.9%	18.9%	12.9%	12.4%
Among residents under age 18	3.6%	5.8%	1.7%	4.3%	4.1%
Among residents ages 18 to 64	8.3%	12.9%	17.0%	11.1%	10.3%
Among residents ages 65 years and older	32.3%	39.3%	42.9%	37.5%	36.0%
Educational attainment: high school or higher	94.2%	83.2%	86.9%	89.5%	86.7%
Educational attainment: bachelor's degree or higher	37.1%	17.7%	16.0%	25.9%	29.8%
Families whose income is below the Federal Poverty Level	8.1%	14.2%	11.3%	10.9%	11.3%

Source: American Community Survey 2011-2015, DP02 and DP05



1 in 4

Canyon County residents is Hispanic/Latino.

20.9%

of Gem County residents are 65 or older.

Race and Ethnicity

Consistent with the overall demographics of Idaho, the three counties in the Treasure Valley also have a predominantly White population. However, in terms of ethnic characteristics (among individuals of any racial heritage), Canyon County has a substantial proportion of Hispanic/Latino residents, which is significantly higher than the other two counties or the state overall.

One in four Canyon County residents is Hispanic/Latino. While few other elements of the racial/ethnic composition of the Treasure Valley have changed over time, there has been a significant increase in the proportion of Canyon County residents who identify as Hispanic/Latino, from 18.6% in 2000 to 24.5% in 2015.⁴

Age

Relative to the rest of Idaho, and the rest of the United States, **Canyon County has a fairly young population, with 30.3% of residents under the age of 18**, and more than 43,000 children and adolescents enrolled in schools. Only 12.1% of Canyon County residents are over the age of 65. In contrast, however, **Gem County has a significantly older population than the other**

two counties or the state as a whole, with 20.9% of residents over the age of 65 (versus 13.8% statewide), and only 22.7% under the age of 18.

Foreign Born Residents

The percentage of Treasure Valley residents who were born outside of the United States is significantly higher in Canyon County than other counties, at 8.4%, but is still lower than the United States overall. Across Idaho and these three counties, the estimates have not changed significantly over the past decade.⁵ Although the proportion of residents in the Treasure Valley who moved to the U.S. since 2010 is relatively low at less than 1% in all counties, the total numbers of new residents is noteworthy, particularly in Ada County, which has more than 4,000 recent immigrants.

Language Spoken at Home

Similar to the estimates for immigration, the percentage of Treasure Valley residents who speak a language other than English at home is significantly higher in Canyon County than other counties, but still lower than the United States overall. These estimates have not changed significantly over the past decade.



English Proficiency

In the Treasure Valley, Canyon County has a higher percentage of residents with limited English proficiency—defined as those who speak English less than “very well.” While these percentages are small, and are lower than in the United States overall, they still indicate a significant issue in terms of ability to communicate well with service providers and to navigate activities of daily living.

Veterans

The proportion of Gem County residents who are veterans of the military is 13.9%, which is significantly higher than the other two counties, Idaho, or overall in the U.S.

Individuals with a Disability

Both Canyon County and Gem County have higher than national levels of residents with a disability. When the data are examined separately by age groups, it is apparent that while Ada County has slightly (but significantly) lower than state or national prevalences of disability status among all age groups, Canyon and Gem Counties have higher than national prevalences of disability status among adults. Canyon County also has higher than state or national rates of disability among

children under age 18, whereas Gem County does not. These demographics have important relevance for the types of services needed by residents of the Treasure Valley.

Educational Attainment

The Education section of this Assessment provides extensive detail on a variety of topics; however, information on educational attainment is provided here as background about the characteristics of residents of the Treasure Valley. It is important to note that these figures do not indicate “go-on” rates—that is, the percentage of young adults who “go on” to attend college after high school graduation—but they are a static estimate of the prior formal academic experience of all residents. The college degree attainment estimates are much lower than “go-on” rates because they include many older adults who did not attend or graduate from college.

Across all counties, as well as in Idaho and nationwide, the percentage of individuals who have graduated high school, and who have at least a bachelor’s degree, has increased over time. There may be many reasons for this, including changing age characteristics of the population as older generations pass away,

13.9%

of Gem
County
residents
are veterans.

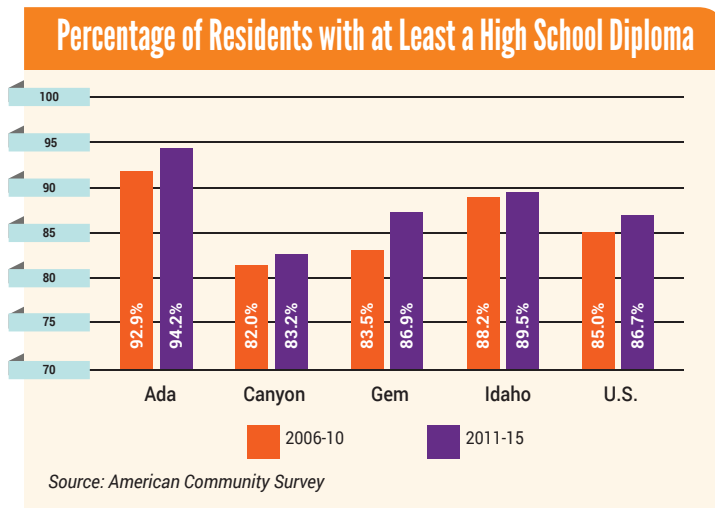
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Educational Attainment ... continued from page 15

the rate of adult degree completers, the educational attainment characteristics of immigrants, and other complex demographic patterns. However, in comparing characteristics across the three local counties, some striking patterns clearly emerge:

- ◆ Ada County has a higher percentage of residents with high school and college attainment than other counties, the state, or the nation
- ◆ Approximately 1 in 5 residents of Canyon County do not have a high school diploma, and only 1 in 6 has a college degree
- ◆ In Gem County, residents are comparable to the national average in terms of prevalence of having a high school diploma. They are, however, the least likely across all three local counties to have college credentials, with much lower prevalence of bachelor's degrees than statewide or the nation as a whole

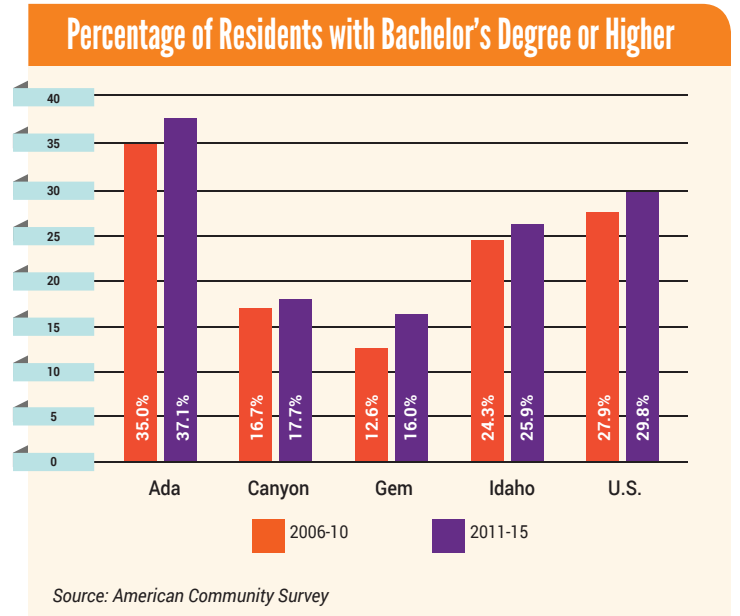
Figure 6



Approximately 1 in 5 residents of Canyon County do not have a high school diploma, and only 1 in 6 has a college degree.



Figure 7

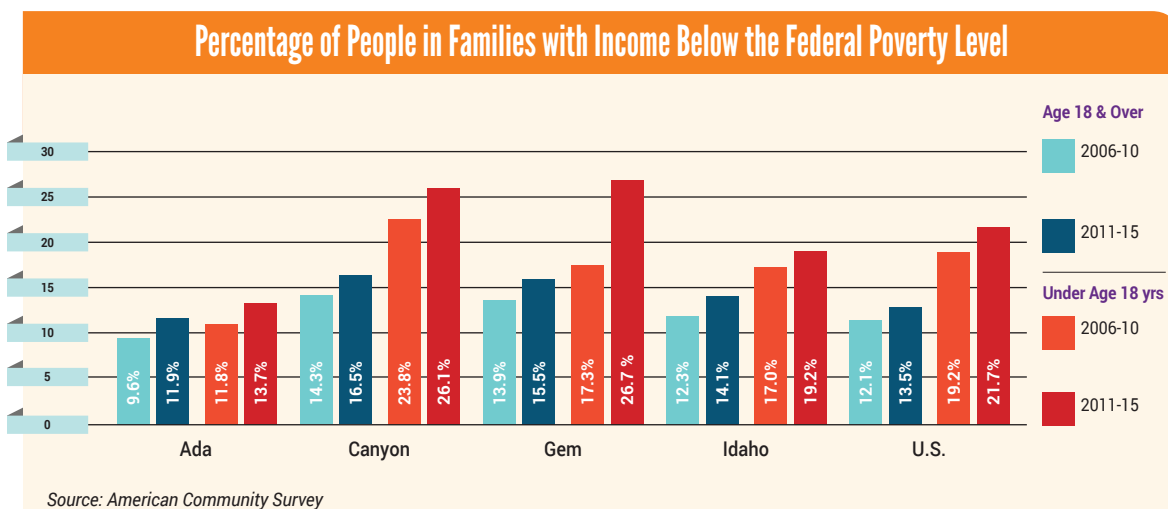


Economic Status

Indicators of poverty are addressed in more detail in the Financial Stability section of this report. Given the close relationships between poverty and adverse health outcomes, as well as poverty and lower educational attainment and opportunities, these issues will also be explored in all sections of this report. As a snapshot of economic challenges experienced by residents of the Treasure Valley, basic information about poverty levels is shown below:

- ◆ Across all counties, Idaho, and the nation, the percentage of all people in poverty increased in the past decade, but are just beginning to decline locally
- ◆ Child poverty rates also increased in the past decade
- ◆ Poverty rates are higher for children and adolescents than for other age groups
- ◆ Based on the 2011-15 census estimates, 1 in 5 children in Idaho live in a family where the household income is below the Federal Poverty Level
- ◆ As many as 1 in 4 children in Canyon County and Gem County live in a family where the household income is below the Federal Poverty Level

Figure 8



More than 85,000 households in the Treasure Valley struggle financially every day. A central mission for United Way chapters across the country is to raise awareness of the challenges of these asset limited, income constrained, employed individuals (ALICE). United Way has coined the acronym ALICE for this population.

As highlighted in the Pacific Northwest ALICE Report,⁶ many individuals and families that live above the Federal Poverty Level are employed, but still struggle financially. They make too

much to qualify for public assistance programs or benefits, but not enough to make ends meet financially. As a result, ALICE populations are often unable to afford necessities such as housing, food, health care, and transportation; they are one paycheck or disaster away from losing them. Calculation of ALICE levels takes into account the localized costs for a variety of household necessities and the amount of income required for a bare minimum “survival budget” for each census tract. Although the

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Find out more by going to :

www.unitedwaytv.org/alice-report

Economic Status ... continued from page 17

number of households in the Treasure Valley that fall below the Federal Poverty Level is alarming, the percentages of families in our community who struggle to make ends meet reveals an even more urgent crisis—one that threatens the economic sustainability of our region as shown in Figure 9.

Figure 9

Treasure Valley ALICE in 2013

County	Below Federal Poverty Level	ALICE	Combined
Ada	14%	18%	32%
Canyon	18%	23%	41%
Gem	16%	22%	38%

Household Composition

Household composition is important for understanding factors associated with poverty, because poverty rates vary by age, gender, and household status. Figure 10 indicates that characteristics of households and living arrangements vary substantially across Ada, Canyon, and Gem Counties:

- ◆ A higher percentage of Ada County and Gem County residents live alone, as compared with Canyon County, which has a higher number of family households

- ◆ Among family households, a majority include two parents in the home, but a sizeable percentage of family households are led by single mothers with children under the age of 18. This is particularly the case in Canyon County, where 7.4% of households are comprised of a single mother with children under the age of 18

Household composition has stayed similar across the region over the past decade.

Figure 10

	Ada County	Canyon County	Gem County	Idaho	U.S.
Households	157,286	65,80	6,311	589,320	116,926,305
Average household size (# people)	2.61	2.98	2.63	2.69	2.64
Percentage of all households					
Single householder	33.5%	27.8%	31.8%	31.1%	33.9%
Families	66.5%	72.2%	68.2%	38.9%	66.1%
Families, children under age 18	31.4%	35.4%	22.0%	31.3%	28.8%
Two-parent family, children under age 18	23.1%	25.5%	14.5%	22.9%	19.4%
Single male parent, children under age 18	3.0%	2.6%	1.1%	2.6%	2.3%
Single female parent, children under age 18	5.4%	7.4%	6.4%	5.8%	7.1%

Source: American Community Survey 2011-2015, DP02

Financial Stability

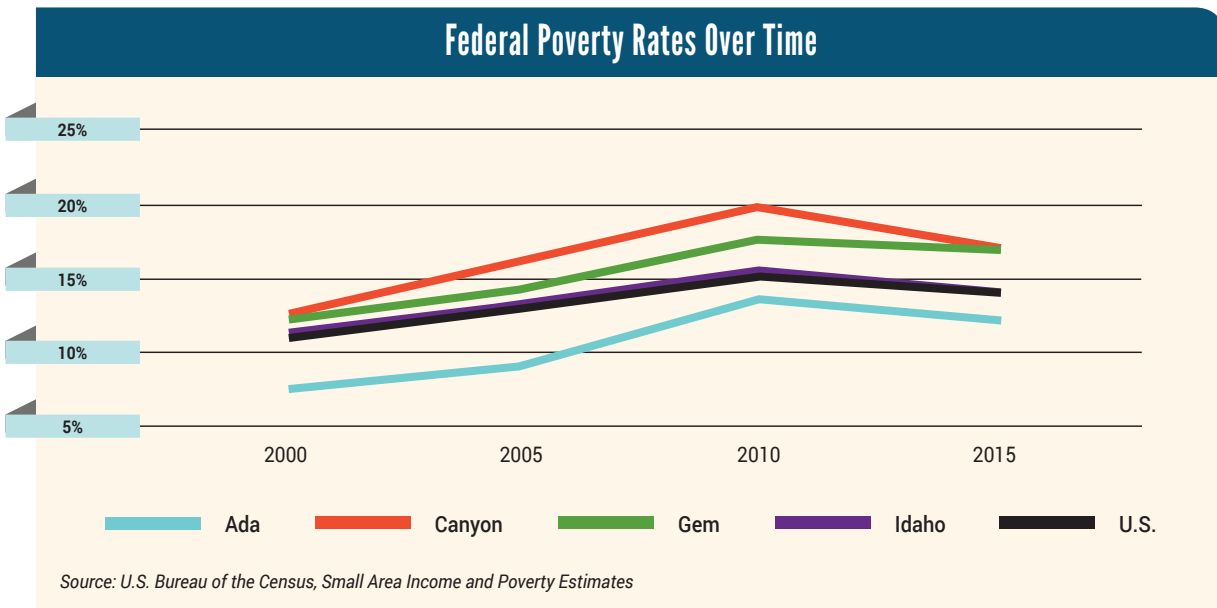


Poverty and ALICE

Poverty rates are declining in the Treasure Valley and in Idaho. As Figure 11 shows, Ada, Canyon, and Gem counties, Idaho, and the nation had an increase in poverty rates from 2000 to 2010, particularly during the Great Recession of 2008. While the statewide

poverty rate for Idaho was nearly identical to the U.S. as a whole, county level estimates show a sharper increase in poverty until 2010, but also faster declines in recent years. Encouragingly, poverty rates are now declining for all three local counties.

Figure 11



Among the most important criteria for any social policy is that it strengthen people's ability to take responsibility for themselves and their children.

—American Enterprise Institute and the Brookings Institution

"Opportunity, Responsibility, and Security: A Consensus for Reducing Poverty and restoring the American Dream"



ALICE

Asset
Limited,
Income
Constrained,
Employed

The U.S. Federal poverty guidelines¹ are essentially the level below which a family or household is spending more than one-third of its income on a “thrifty” food budget.² This poverty measure was implemented in the 1960s. Food has become a less significant portion of family budgets, while expenses such as housing costs are becoming much more significant. This change has made it more difficult over time to live at the Federal Poverty Level. Additionally, the Federal Poverty Level is not adjusted for variables specific to each region, and is therefore a challenging and limited way to tell the story of actual financial struggle or stability in a community.

Focusing only on poverty misses a large, and struggling, segment of our community. As described in the Introduction section of the 2017 Community Assessment, UWTV has collaborated on a report identifying the Asset Limited, Income Constrained, Employed (ALICE) population in all counties of Idaho, Washington, and Oregon. The ALICE report calculates the cost of living and household survival budgets with consideration of different needs of counties.³ These statistics also show, city by city, how the Treasure Valley fares in regard to the financial stability of its

residents. The ALICE report reveals a striking challenge: ***more than 85,000 households in our region struggle financially every day.***

These ALICE individuals and families often earn too much to be eligible for federal or state assistance programs, but their wages are not high enough to support a stable and sustainable quality of life. For these employed individuals and their families, living “paycheck to paycheck” is often the reality. A single unexpected expense, illness, or accident can mean, for example, the difference between being able to afford to pay the monthly rent or not.



“Eligibility calculations for programs are based on gross income rather than net income, which are two very different numbers. Debts should be considered against net income in calculating affordability.”

—Treasure Valley Focus Group Participant

Figure 12

ALICE in 2013

ALICE & Federal Poverty Level Combined

	<i>Total # of Households</i>	<i>%</i>	<i>#</i>
ADA COUNTY			56,610
Boise	125,238	34%	42,581
Eagle	12,634	22%	2,779
Garden City	4,872	50%	2,436
Hidden Springs	738	18%	133
Kuna	6,416	27%	1,732
Meridian	27,420	24%	6,581
Star	1,841	20%	368
CANYON COUNTY			26,393
Caldwell	12,402	50%	6,201
Greenleaf	298	35%	104
Huston	1,144	32%	366
Melba	830	38%	315
Middleton	5,223	39%	2,037
Nampa	39,849	40%	15,940
Notus	796	42%	34
Parma	1,639	51%	836
Wilder	1,556	36%	560
GEM COUNTY			2,047
Emmett	4,679	40%	1,872
Sweet	486	36%	175
TREASURE VALLEY TOTAL			85,050

Results from interviews conducted with local community leaders and focus group participants comprised of residents in the Treasure Valley emphasized the need to consider not only people at or below the Federal Poverty Level, but also the ALICE populations. ***The Treasure Valley runs on ALICE. They are the people who care for our children, assist us during medical and dental appointments, build our roadways, are checkers at the grocery store, and so much more.*** Many participants in the focus groups who would be classified as ALICE were concerned about losing access to support programs if they were to get a small raise. Community members suggested that program service providers should change how they calculate income, to help recipients of these services avoid the fear of falling into the ‘welfare gap.’

Source: United Way ALICE Report 2013³

22

58% of children in Idaho
lived in households with incomes
<250% of the Federal Poverty
Level in 2015.

18% lived in households
with incomes <100% of the
Federal Poverty Level
in 2015.

Children in Poverty

While overall poverty rates have been in decline, they are rising for children. Poverty rates tend to be highest for children and adolescents. **Gem and Canyon counties have particularly high poverty rates for youth under 18, as shown in Figure 13. This increased between 2010 and 2015.** Growing up in a household that struggles with poverty can have widespread and lifelong impacts on health, educational opportunities and attainment, and longer-term financial stability.

Figure 13

Percentage of Families and People Whose Income in the Past 12 months is Below the Federal Poverty Level

	Under 18	18-64	65+
Ada County	13.3%	12.7%	7.9%
Canyon County	25.6%	18.1%	8.8%
Gem County	26.7%	17.6%	9.5%
Idaho	18.8%	15.4%	8.5%
U.S.	21.4%	14.5%	9.4%

Source: U.S. Census Bureau, Small Area Income and Poverty Estimates, 2015

Figure 14

Percentage of Households with Income Supports, 2011-2015

	Ada County	Canyon County	Gem County	Idaho	U.S.
Supplemental Nutrition Assistance Program	9.8%	19.0%	14.1%	12.7%	13.2%
Social Security	24.9%	30.7%	42.3%	30.6%	29.8%
Supplemental Security Income	3.5%	6.1%	6.0%	4.8%	5.4%
Cash Public Assistance Income	3.1%	4.0%	4.3%	3.2%	2.8%

Source: American Community Survey, tables S2201, B19055, and B19056

Income Supports

Income support programs are crucial for Treasure Valley residents who cannot make ends meet on wages alone. Gem County has the highest percentage of population who receive Social Security due to the older demographics of the county's population. Canyon County has a higher proportion of households who utilize SNAP (Supplementation Nutrition Assistance Program) benefits than either Ada County or Gem County.

EMPLOYMENT AND ECONOMIC SECURITY

A key element of promoting economic stability is to ensure that Treasure Valley residents have opportunities for stable employment in well-paying jobs. However, the data indicate that the region has only a limited number of well-paying jobs. **Low wages were one of the top issues raised in focus groups.**

Figure 15

Unemployment Rates

	2000	2005	2010	2011	2012	2013	2014	2015
Ada County	3.3%	3.1%	8.3%	7.6%	6.3%	5.5%	4.2%	3.6%
Canyon County	4.4%	4.1%	10.6%	10.3%	8.3%	7.0%	5.9%	4.9%
Gem County	5.0%	4.4%	11.0%	11.0%	9.1%	7.7%	5.9%	5.1%
Idaho	4.6%	3.7%	8.7%	8.3%	7.3%	6.2%	4.7%	4.3%
U.S.	4.0%	5.1%	9.6%	8.9%	8.1%	7.4%	6.2%	5.3%

Source: U.S. Bureau of Labor Statistics

Low wages continue to limit opportunities and financial stability for residents of the Treasure Valley, particularly in Canyon and Gem Counties. Inflation-adjusted wages decreased in value during the recession, but in 2015 they started to recover locally and nationally. However, the median annual incomes for Canyon and Gem Counties remain far below national levels, and are also below income levels in Ada County.

Figure 16

Median Household Income, Adjusted to 2015 Dollars

	2000	2005	2010	2011	2012	2013	2014	2015
Ada County	\$66,460	\$62,310	\$55,336	\$53,423	\$56,094	\$54,351	\$57,977	\$58,431
Canyon County	\$50,968	\$49,497	\$46,108	\$41,233	\$43,048	\$42,973	\$43,541	\$44,585
Gem County	\$48,898	\$44,553	\$43,598	\$42,718	\$41,705	\$44,943	\$41,737	\$44,017
Idaho	\$52,206	\$50,084	\$47,021	\$45,672	\$46,760	\$47,434	\$47,628	\$48,311
U.S.	\$57,795	\$56,120	\$54,398	\$53,214	\$53,032	\$53,161	\$53,721	\$55,775

Source: U.S. Census Bureau, Small Area Income and Poverty Estimates

Employment Status and Wages

Unemployment rates have declined since the 2014 Community Assessment, particularly in Ada County, as indicated in Figure 15. However, a comment heard repeatedly in focus groups was that job options are very limited due to the tight labor market. Idaho's unemployment rate is lower than the national average,⁴ but it is still high enough in Canyon and Gem Counties that individuals may struggle to find stable employment. The trends in Ada County, however, show a very low unemployment rate.

23



One factor closely tied to the low household incomes in parts of the Treasure Valley is the predominance of jobs that pay low wages.

“It is tough if you are earning just enough, but not enough.”

—Treasure Valley Focus Group Participant

Idaho’s minimum wage jobs do not provide financial stability. Focus group participants noted that people frequently leave Idaho to reside in neighboring states with higher minimum wages. Idaho is one of 14 states that set their minimum wage at the federal level of \$7.25 per

hour, which has not changed since 2009.⁵ Washington and Oregon both have minimum wages over \$9.00 per hour and Montana’s minimum wage is \$8.05. Like in Idaho, Nevada, and Utah also use the federal minimum wage.⁶

According to the ALICE report, 72% of jobs in Idaho pay \$20 per hour or less. For a full-time job this yields about \$40,000 per year before taxes, which falls below ALICE’s Household Survival Budget for a family of four.³

A reasonable cost of living contributes to economic stability locally, but only for people making more than minimum wage. While the cost of living in Treasure Valley cities is lower compared to many neighboring states, the median hourly wage in the Treasure Valley is also relatively low, meaning those who make minimum wage or have low-wage jobs still do not earn enough to afford housing.

Figure 17

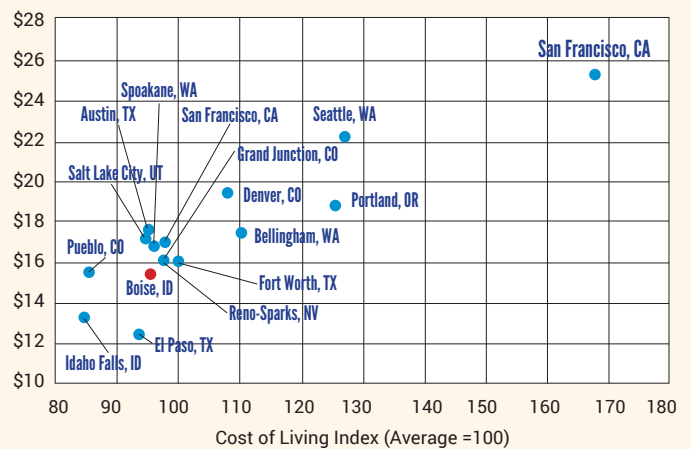
Hourly Wage Required for Household Survival Budget

County	Single Adult	Two Adults and Two Children
Ada County	\$8.03	\$24.00
Canyon County	\$8.03	\$22.81
Gem County	\$7.58	\$22.02

Source: United Way ALICE Report 2013

Figure 18

Relationship Between Median Wage and Cost of Living Selected Western Metro Areas



Source: U.S. Bureau of Labor Statistics, Occupational Employment Statistics, 2014



25

Banking and the Earned Income Tax Credit

Banking services are an essential element of financial independence and stability. Without a checking account, individuals often end up using costly alternative financial services that have high fees. One in five Treasure Valley households are unbanked, which means they do not have a checking or savings account anywhere. Being unbanked is inconvenient and expensive, and primarily impacts the people who can least afford the extra fees involved. The United Way Bank On program helps to get local residents set up with low-cost starter checking accounts, savings accounts, and loans following successful completion of free financial planning classes offered as part of the Bank On program.

Assistance with income tax preparation helps individuals and families with limited income to ensure they file tax returns correctly and receive applicable tax credits or deductions that could put money back in their pockets in the form of refunds. United Way helps families with household incomes of less than \$64,000 per year by providing an informative website, MyFreeTaxes.com which has an online option for filing Federal and State income tax returns, and listing locations where these families can seek free income tax preparation assistance.

The federal Earned Income Tax Credit (EITC) is a refundable federal tax credit for lower income working people that encourages and rewards work, offsetting federal payroll and income taxes. In 2016, more than 130,000 households in Idaho claimed this credit, but as many as 1 in 5 eligible people did not file for it. **The average Idaho EITC return was \$2,341.** Preserving and expanding the federal EITC is crucial, as studies have shown that the benefits of families receiving the credit include improved infant and maternal health, better school performance, greater college enrollment, increased work earnings for the next generation, and Social Security retirement benefits.

Policy, Systems, and Environmental Change Solutions

- ◆ Attract businesses to the Treasure Valley that can offer living wage, or higher wage, jobs
- ◆ Promote local use of UWTV's Bank On Program, the federal Earned Income Tax Credit, and Individual Development Account (IDA)
- ◆ Increase the number of youth who go on to post-secondary education, including career and technical education for skilled careers

21%

of households in the Treasure Valley are unbanked.

Source: Assets & Opportunity

1,043

people were assisted with tax filing locally by the United Way of Treasure Valley in 2016. Almost one-third of these people received the EITC.



48%

of renters are “burdened” in Ada and Canyon Counties, and 51% in Gem County.

HOUSING AND HOMELESSNESS

Home Values

Increasing home values, while beneficial to homeowners, have shut many Treasure Valley residents out of the homebuyer market and place a strain on family budgets. While a robust housing market is valuable from an overall economic standpoint, lower-income individuals and families face challenges when their wages do not keep pace with market conditions. The formula used by the U.S. Department of Housing and Urban Development since 1981 to determine affordable housing is that households should not spend more than 30% of their income on rent or mortgage payments. If a household pays more than 30% of its income toward housing costs, then that household is considered “burdened,” with insufficient income left for other essential expenses, such as food, transportation, and health care. The cost of housing in the Treasure Valley has continued to

rise, but wages have not kept pace. *As of the end of 2016, it now takes, on average, 37.2% of wages to own a home in Canyon County and 40.4% of wages in Ada County.*⁷

Rental Availability

For the approximately 30% of households in the Treasure Valley that are renters, low vacancy rates make it a challenge to find affordable rental housing. Ada and Canyon counties have both experienced high-demand rental markets for the past several years, with vacancy rates under 4%.⁸ Nationally, 64% of residential units are owned/mortgaged and 36% are rentals. Similar percentages are reflected at the local level, with the highest rates of renting in Ada County. Rental prices are below the national median; however, pricing is higher in Ada County than the state as a whole.

Figure 19

	Ada County	Canyon County	Gem County
Median Rent for a Two-Bedroom Apartment	\$785	\$663	\$650
ALICE Survival Budget Rent for Family of Four	\$724	\$724	\$631

Source: American Community Survey 2011-2015; United Way ALICE Report 2013

Housing Cost Burden

The stress of housing insecurity is an ongoing threat to lower-income wage earners in the Treasure Valley, especially for those who rent homes or apartments. Renters often have less financial stability and more financial hardships. In the same way that food insecurity describes people who face uncertainties about regular meals, housing insecurity describes those who struggle to secure a home. The percentage of individuals who are “burdened” by high housing expenses, more than 30% of income allocated to housing expenses, is higher among renters than among homeowners. This number has been slowly increasing in Ada and Canyon counties over the past decade. In addition, renters are also more likely to face other financial challenges, such as food insecurity as shown in Figure 20.

This is not due to renting as the sole factor, but likely reflects that those who rent their home are financially vulnerable—often unable to find an affordable home to purchase, to save enough for a down payment, and to earn enough to provide a financial buffer in the event of other expenses.

Figure 20

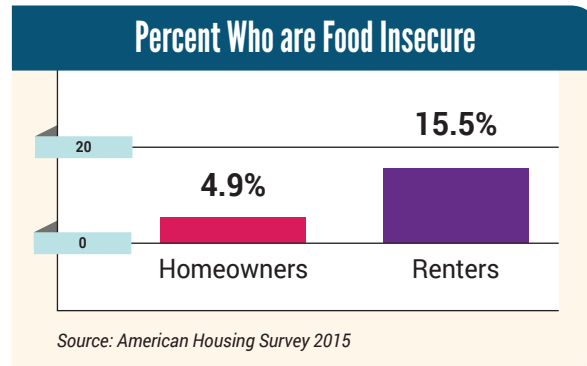


Figure 21

Housing Cost Burden Much Higher for Renters Than for Owners

Households spending more than 30% of income on housing

		Ada County	Canyon County	Gem County	Idaho	U.S.
Renters	2006-2010	47.2%	47.9%	52.6%	46.2%	50.8%
	2011-2015	48.6%	48.0%	52.2%	48.5%	51.8%
Owners	2006-2010	11.4%	10.7%	14.2%	10.8%	15.6%
	2011-2015	9.6%	10.1%	11.1%	9.8%	14.7%

Source: American Community Survey

Across the Treasure Valley, housing and transportation costs often add up to more than 50% of household income for a typical household.⁹ For those with a household income close to the regional median, housing and transportation costs are over 65% of household income in all three counties.

Neighborhoods that are isolated lack many of the essential services that contribute to a high quality of life, such as jobs, schools, public transportation, safe parks, libraries, and other amenities. The decisions about where to locate, or whether to relocate, essential public services should be made with consideration as to the options of the community’s more-vulnerable citizens. In many cases, these are the individuals and families who are most likely to need services, but have the most difficulty accessing them.

Figure 22

Housing and Transportation Costs, as Percent of Income

	Ada County	Canyon County	Gem County
Moderate Income (\$40,101)	69%	65%	67%
Typical Income (\$50,126)	56%	52%	54%

Source: H+T Index, Center for Neighborhood Technology



Housing and Support Programs

One federal program designed to help with affordable housing is the use of Housing Choice Vouchers Program assists with housing costs. However, there are time limits within which people must find housing after a voucher has been issued. In 2015, over 95% of housing vouchers were in use.¹⁰ This leaves long wait-list times of two months to two years for others hoping to get assistance.¹¹ In Boise, the deficit between needed and available units for extremely low-income (30% of area median income) and very low-income (50% of area median income) individuals is more than 7,000 units.¹² In other words, much more affordable housing supply is needed to solve the region's issues and to address the risk of homelessness for many members of the community who are housing insecure.

Homelessness

Data about the extent of homelessness in the Treasure Valley can underestimate the severity of the issue, and is somewhat constrained by data collection and reporting factors. An annual "snapshot" of homelessness is prepared locally each year through a "Point-in-Time" count of people experiencing homelessness. The Point-in-Time data may be used as a general reference for discussion, but should not be taken as an absolute, given the drawbacks of a small window for collection, limited participation in the count, and the high rate with which individuals experiencing homelessness move throughout the area.

The number of individuals and families experiencing homelessness appears to have increased in the Treasure Valley since the 2014 Community Assessment, particularly

in Canyon and Gem Counties. According to the 2016 Point-in-Time count,¹³ the proportion of individuals and families who are unsheltered and experiencing homelessness is higher in Region 3 (which includes Canyon and Gem Counties) than in Ada County, which possibly reflects a greater number of shelters and homeless housing programs in the more populated urban areas of the Treasure Valley. In Ada County, there were 14 shelters/housing programs in 2013, but this number declined to 13 in 2016. Region 3 (including Canyon and Gem Counties) had five shelters or housing programs in 2013, which increased to six in 2016.^{13,14}

Children Experiencing Homelessness

The Great Recession of 2008 had a significant impact on homelessness among children, which has yet to reverse course. The number of students experiencing homelessness across Ada, Canyon, and Gem Counties has grown every year in the past ten years.

As shown in Figure 23, more than 7,400 school-aged children and adolescents in Idaho experienced homelessness in 2015.

Children are particularly vulnerable to homelessness. The definition of homelessness for school-aged children is different than for families and adults. This is due to the fact that instability at home can cause impacts at school; therefore a broader definition of homelessness is used.

Homelessness among students includes families who "double-up" by living with another family, and children living in inadequate facilities, such as homes without water or utility service. The definition also includes families living in motels, shelters, or places not meant for extended habitation.

Figure 23

Number of Students Experiencing Homelessness (using broader education systems definition)

	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015
Ada County	637	712	702	1,071	1,064	1,246	1,487	1,299	1,453	1,646
Canyon County	270	302	323	386	1,219	1,371	1,655	1,451	1,597	1,877
Gem County	—	2	3	4	2	7	24	24	19	36
Idaho	1,819	1,875	2,112	2,710	4,342	4,774	6,076	6,118	6,337	7,441

Source: Idaho State Department of Education. (County total calculated by Utah Foundation)

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Risk Factors for Homelessness

The single cause of homelessness is loss of housing. However, there are some common risk factors for many who experience homelessness. Factors associated with homelessness vary, but job loss, illness, and domestic violence are common concerns. Income loss is a common risk factor of homelessness, particularly for many residents of the Treasure Valley living at or below the Federal Poverty Level or the ALICE level. Consequently, homelessness and its accompanying risk factors are very real threats to our local community's financial stability. In the 2016 Point-in-Time count in Idaho, 50% of individuals experiencing homelessness said that unemployment was a factor for them to experience homelessness, and still prevents them from finding housing.¹⁴

Other factors that pose a risk for homelessness in the Treasure Valley include substance abuse, mental health issues, physical disabilities, and changes in family status such as divorce, incarceration, or domestic violence.

For many unsheltered individuals, the precipitating factor was domestic abuse. The rates of domestic violence locally and statewide are comparable to national averages,¹⁵ and show that many individuals in our communities are impacted by domestic violence. The rates of domestic violence in Figure 24 show almost no change over time.

Figure 24

Intimate Partner Violence Rates (rate per thousand)

	2010	2011	2012	2013	2014	2015
Ada County	3.7	3.3	3.2	3.6	3.2	3.2
Canyon County	4.6	4.2	4.2	4.1	4.1	3.9
Gem County	2.9	2.9	3.0	2.3	2.4	2.1
Idaho	3.8	3.5	3.4	3.4	3.3	3.3

Source: Idaho State Police

The City of Boise/Ada County Continuum of Care has a Coordinated Entry Working Group that has been meeting since 2015, deciding on how to implement the coordinated entry method to Boise and the Treasure Valley.

Policy, Systems, and Environmental Change Solutions

Prevention

- ◆ Provide education about personal finances. Topics could include household budgeting, the financial implications of lower or higher interest rates, tax implications of renting or owning, typical maintenance or improvement costs, and other aspects of personal finance management
- ◆ Encourage the passage and adoption of inclusionary zoning ordinances/laws
- ◆ Provide a variety of income-based housing options. Provide rent-controlled properties, offer housing that accepts Housing Choice Vouchers, allow for the construction of accessory dwelling units, and encourage developers to build higher-density housing with less-expensive building materials to ensure housing choices at a variety of price points

Assistance

- ◆ Promote local awareness of housing support programs
- ◆ Promote education programs for landlords that provide information about the Section 8 Housing Choice Voucher Program, anti-discrimination laws, and compliance with the Fair Housing Act
- ◆ Increase use of the Low-Income Housing Tax Credit
- ◆ Ensure adequate emergency shelters are available throughout the Treasure Valley that are inclusionary for all families

Longer-Term Solutions

- ◆ Increase the available funding and utilize the state's housing trust fund, which currently has a zero balance
- ◆ Increase affordable housing options
- ◆ Provide permanent supportive housing
- ◆ Integrate housing with health care
- ◆ Co-locate services to be provided in or near residential areas whenever possible
- ◆ Improve housing stability for youth and adults in transition from the judicial system
- ◆ Promote and scale Coordinated Entry and Housing First programs
- ◆ Invest in Rapid Re-Housing programs
- ◆ Increase available transitional housing

Housing First models have been implemented in Boise for some time through the work of CATCH and the Housing Authority programs. The recent addition of a Permanent Supportive Housing building dedicated to Housing First is a new and innovative element. This building is the first effort in the state to create a physical space that will utilize Coordinated Entry to prioritize support for the most vulnerable individuals and families. In addition, the work of the Housing and Homelessness Roundtable, which has convened many local partners (such as health care providers, non-profit providers, and housing authorities), continues to focus on effective solutions to support individuals experiencing homelessness in Boise.

“Everything in life is somewhere else, and you get there in a car.”
 —E. B. White

TRANSPORTATION

The percentages of people who own vehicles and use public transportation in the Treasure Valley remain unchanged in recent years. However, residents and community leaders alike agree that transportation access continues to be one of the largest challenges plaguing all three counties. Not having transportation options is a significant barrier for essential activities of daily living. Many focus group participants described how transportation could be a huge barrier for those who did not have

Having a vehicle available means having access to jobs, services, programs, and events.

access to a vehicle or could not afford car-related ownership/maintenance costs. For Treasure Valley residents, the utilization of health care services decreases as the travel distance increases. As mentioned previously,

finding affordable housing near jobs can be difficult, making lack of transportation a potential threat to housing and employment. Getting to and from work, school, medical appointments, grocery stores, and other locations incurs transportation costs pertaining to vehicle purchase and operation. However, driving remains by far the most common form of transportation in the Treasure Valley.

The percentage of residents without vehicles has remained consistent since 2000, with 2% of Idaho homeowners and 9% of renters lacking private vehicles. The average cost of operating a car in Idaho, accounting for repairs, insurance and gasoline is slightly more than \$2,000 a year.¹⁶ This amount does not include loan payments, registration fees, and parking fees.

Figure 25

Annual Trips by Mode of Transportation for Treasure Valley		
	Number	%
Driving (private vehicle)	1,216,367	63%
Driving (as a passenger)	486,095	25%
Bicycle	28,973	1%
School Bus	93,688	5%
Public Bus	4,518	<1%
Walking	89,542	5%
Taxi	1,670	<1%
Motorcycle	2,927	<1%
Other	14,366	1%
TOTAL	1,938,146	100%

Source: Regional Household Travel Survey, 2012

32

49%

of Idaho high school students reported having texted or emailed while driving a car, in the past 30 days.

16%

rode in a vehicle with a driver who had been drinking.

Source: 2015 YRBS

In urban areas, public transit service is sometimes an alternative. Although Valley Regional Transit operates bus services in Ada and Canyon counties, high-frequency service (wait times of 15 minutes or less) is not currently available.

Limited transportation options are particularly challenging for

renters. As described earlier in the housing section, renters also have higher food insecurity, and the lack of transportation among renters reflects yet another way in which renters face many challenges around financial stability.

Safety

Ada, Canyon, and Gem Counties accounted for more than 41% of the state’s overall traffic crashes and 23.2% of the state’s traffic fatalities. According to the Idaho Transportation Department, in 2015, the economic impacts resulting from pedestrian and bicyclist crashes were \$157 million. The overall cost of motor vehicle crashes in Idaho in 2015 was \$3.8 billion.¹⁷

The rate of fatal and injury crashes for Idaho was 5.3 crashes per 1,000 population in 2015. Canyon and Ada County rates were higher than the statewide rate, with 6.6 and 6.0 crashes per 1,000 residents, respectively. Gem County’s rate was 3.0 fatal and injury crashes per 1,000 residents.

Figure 26

Vehicle Availability for Adults Over Age 16

	Ada County	Canyon County	Gem County
No vehicle available	2%	2%	3%
1 vehicle in household	19%	16%	18%
2 vehicles in household	46%	40%	31%
3+ vehicles in household	33%	42%	49%

Source: U.S. Census, American Community Survey, 2015

Figure 27

Crashes in 2015

	Ada County	Canyon County	Gem County	Idaho
Total Crashes	6,650	3,147	147	24,018
Injury Crashes	2,730	1,353	49	9,050
Fatal Crashes	22	22	2	198
Estimated Costs	\$805m	\$504m	\$25m	\$3.8b

Source: Idaho Transportation Department

“More than 50 fatal crashes caused the death of pedestrians or bicyclists in Ada and Canyon Counties between 2011 and 2015.”

Source: Local Highway Technical Assistance Council maps

33

Policy, Systems, and Environmental Change Solutions

Planning

- ◆ Encourage all community and roadway agencies to adopt and promote complete street policies and designs
- ◆ Initiate municipal plans that require sidewalks be installed when new housing developments are built, and to require the construction of sidewalks around existing and new schools
- ◆ Encourage the co-location of resources and services wherever possible

Commute Options

- ◆ Examine the potential for vanpool or other types of carpooling services within Canyon and Gem Counties such as the ACHD Commuteride program
- ◆ Collaborate with ValleyRide Transit to promote the employer pass program with new and existing employers in the Treasure Valley

Safety

- ◆ Review seat-belt laws and enforcement to maximize safety
- ◆ Enact mandatory motorcycle helmet laws
- ◆ Continue the graduated driver licensing programs for new drivers
- ◆ Enforce restrictions on impaired driving
- ◆ Enforce booster seat laws for children

18.9%

of adults in Public Health District 3 ...

16.1%

of adults in Public Health District 4 ...

5.7%

of youth statewide ...

... did not regularly wear a seatbelt in 2015.

Sources: 2015 Behavioral Risk Factor Surveillance System, 2015 Youth Risk Behavior Survey

Health



*“The greatest
wealth is health.”
– Virgil*

Access to healthy food choices, medical care, and mental health services are top-of-mind concerns for Treasure Valley residents. Focus group participants identified

these health factors as critical to quality of life, as a person’s physical, mental, and social health are deeply connected to the individual’s ability to maintain employment, housing, and to pursue one’s educational goals. The data gathered for the 2017 Community Assessment reflect that these concerns, as well as electronic cigarette (e-cigarette) use and unchanged obesity rates, are issues worthy of attention.

Despite several challenges mentioned above, the 2017 County Health Rankings and Roadmaps¹ show that the Treasure Valley is making some strides in overall health outcomes. While Ada County dropped

from second to third place out of 42 counties ranked in Idaho, both Gem and Canyon moved up steadily in the health rankings over the past six years. Gem County moved from 38th position in 2010 to 21st position in 2017. Canyon County moved from 37th place in 2010 to 24th place in 2017. These improved county health rankings are attributable, in part, to a number of community efforts and investments in health across all three counties since the 2014 Community Assessment.

GENERAL HEALTH AND WELL-BEING

Current data suggest that people consider their well-being to be quite good in Idaho, and they enjoy where they live. Much like the County Health Rankings, Idaho’s overall ranking in The Gallup-Healthways Well-Being Index² continues to increase. **At fourth out of 50 states, Idaho’s ranking on “community” is among the top in the country.**

“He who has no health has no hope, and he who has hope has everything.”

–Arabian Proverb



In contrast, Idaho does not rank as well in physical health and financial well-being, as shown in Figure 28 below. This finding is also reflected in the County Health Rankings. One of the counties showed an overall decrease in physical health, and all three counties showed steady increases in the number of children in poverty since 2010.

Improving financial stability will be key to improving all elements of community well-being.

At 38 out of all 50 states, the ranking for physical health indicates in Figure 28 also an opportunity for improvement. Figure 29 shows that the number of Idahoans who report having recently dealt with poor health has not changed substantially over time.

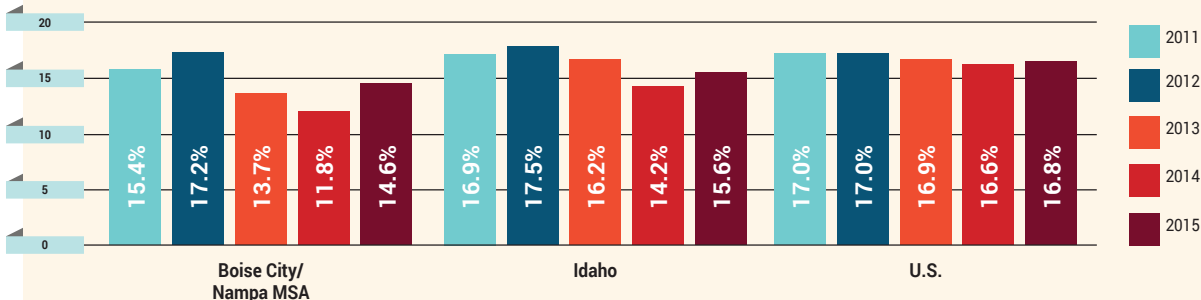
Figure 28

Gallup-Healthways Well-Being Index, Idaho Rankings

Idaho Rank	Topic	Description
4	COMMUNITY	Liking where you live, feeling safe and having pride in your community
17	PURPOSE	Liking what you do each day and being motivated to achieve your goals
25	SOCIAL	Having supportive relationships and love in your life
38	PHYSICAL	Having good health and enough energy to get things done daily
44	FINANCIAL	Managing your economic life to reduce stress and increase security
18	OVERALL INDEX	

Figure 29

Percentage of Adults Reporting Seven or More Days of Bad Physical Health in the Past 30 Days



Source: Behavioral Risk Factor Surveillance System

36



20.4%

of Idaho teenagers *did not* see a dentist in the past year.

Source: 2015 YRBS

HEALTH CARE: ACCESS AND AFFORDABILITY

Medical Homes

The term “medical home” refers to the usual place a patient goes for health care.³ Despite changes in the federal insurance landscape in recent years, the number of Treasure Valley residents who don’t have a medical home remains flat. **More than one in four adults do not have a regular place for care.** Regular care from a medical professional

results in better health outcomes.³ Prevention can help to ensure early detection of illnesses, improve treatment outcomes, and reduce medical costs.

Figure 30

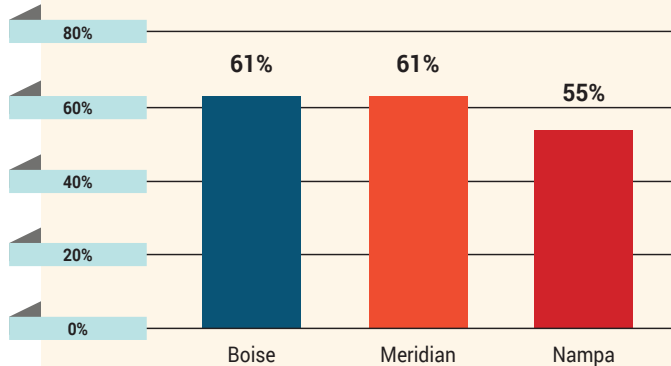
Percentage of People with a “Medical Home” or Regular Place for Health Care

	2011	2012	2013	2014	2015
Boise City-Nampa MSA	73.1%	69.8%	71.5%	69.9%	72.8%
Idaho	73.0%	71.7%	71.9%	70.7%	73.0%
U.S.	77.9%	77.9%	76.3%	77.2%	78.6%

Source: Behavioral Risk Factor Surveillance System

Figure 31

Visit to Doctor for a Routine Checkup in the Past Year, 18 Years of Age and Over



Source: CDC, 500 Cities, 2014



Oral Health

Regular dental care is important for oral health, but many Idaho children and adults do not regularly visit a dentist for routine care, as shown in Figure 32. Better oral health can be encouraged through reducing tobacco use and consumption of sugary beverages, as well as implementing systems-level changes such as ensuring that our communities continue to provide residents with safe, clean drinking water supplies.

Figure 32

Percentage of Adults Who Have Seen a Dentist in the Past Year, 2014

Idaho	64.3%
Boise City	66.6%
Meridian	69.0%
Nampa	56.0%

Source: Behavioral Risk Factor Surveillance System, 2014

37

Health Insurance Rates

The percentage of Idahoans that have health insurance is increasing, but not as quickly as national trends, as shown in the table below. The population at most risk of being uninsured are those persons between the ages of 18 and 65. Older adults are typically eligible for Medicare, and many children in Idaho qualify for the Children’s Health Insurance Program.

In 2013, 90.7% of Idaho’s children were covered by insurance, but only 81.2% of adults were insured.⁴ Insurance rates have increased over the past few years, but many residents in the Treasure Valley still remain uninsured and thus at risk for incurring significant medical costs for unanticipated accidents, injury, or illness.

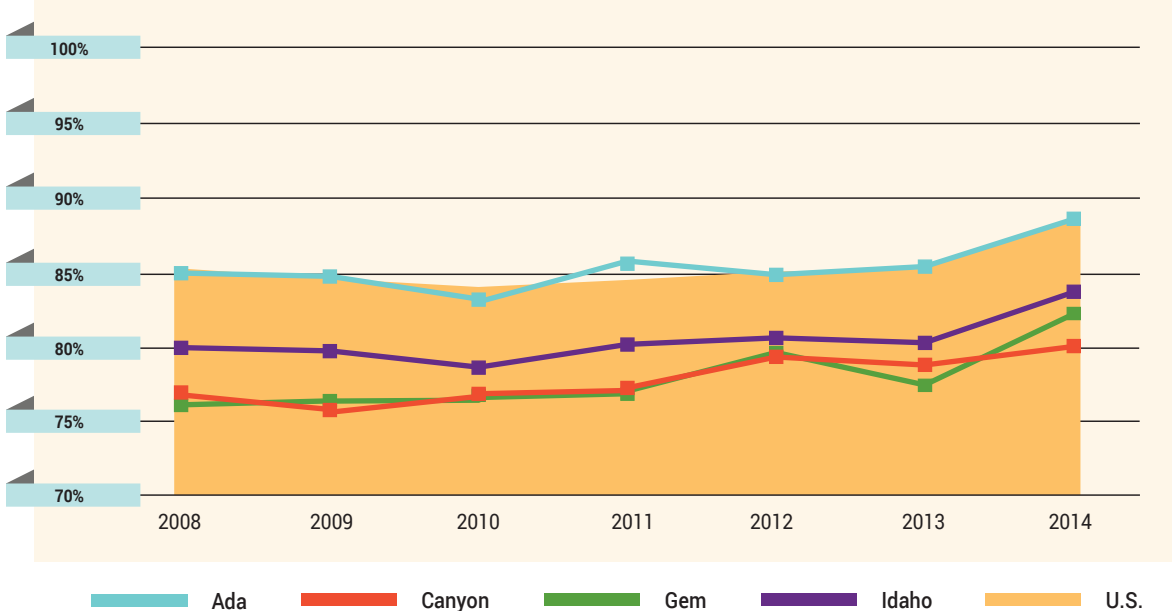
39.1%

of Hispanic adults do not have health insurance coverage in Public Health District 3.

Source: 2015 BRFSS

Figure 33

Health Insurance Rates Among Adults



Source: U.S. Census Bureau, Small Area Health Insurance Estimates

38

"It is simple. Health insurance is too expensive and the minimum wage is too low."

—Treasure Valley Behavioral Health Provider

78,000

Number of Idaho residents
in the coverage gap.

In Idaho

81%

of those in the coverage
gap are in a working family,
and ...

62%

are adults without
dependent children.

Affordable Health Care

Affordable care is essential for healthy communities. Medicaid expansion was a top suggestion from focus groups. The ability to afford health care is the leading concern among American adults, regardless of income level or partisan affiliation, according to a national poll in January 2017.⁵ This issue also resonates with many Idaho residents. For example, the 2017 Idaho Public Policy Survey⁶ found that 71% of respondents rated health care as a very important topic for the state legislature to address.

A key issue in Idaho is how to provide affordable health care for those in "the gap," that is those individual and families who earn too much to qualify for Medicaid, but who do not have other affordable insurance coverage options. **Many low-income adults are eligible for financial assistance, but 21% of Idahoans aged 18-64 are in the coverage gap. They are not poor enough to gain assistance, but are not able to pay for premiums.**⁷ People whose incomes are below 200% of the Federal Poverty Level have a much higher rate of being insured than those with more income.

Idaho is one of only 19 states that has not adopted Medicaid expansion. The majority (71%) of respondents to the 2017 Idaho Public Policy survey⁶ favored having the state of Idaho take action to close this coverage gap. While the ideal strategies to accomplish the goal of Medicaid expansion remain unclear, what is clear is that state action is necessary if we are to solve this problem.

Policy, Systems, and Environmental Change Solutions

- ◆ Advocate for Medicaid Expansion
- ◆ Implement coordinated care among providers and systems
- ◆ Support the regional Statewide Healthcare Innovation Program (SHIP) efforts to increase the number of patient-centered medical homes and community-clinical linkages

“We must help everyone see that addiction is not a character flaw—it is a chronic illness that we must approach with the same skill and compassion with which we approach heart disease, diabetes, and cancer.”

—Dr. Vivek Murthy, U.S. Surgeon General

Facing Addiction in America: The Surgeon General’s Report on Alcohol, Drugs, and Health, 2016

BEHAVIORAL HEALTH: MENTAL HEALTH AND SUBSTANCE USE

Mental Health

Services for mental health issues represent a crucial—and unmet—need for many residents of the Treasure Valley. Mental health emerged as a top issue in the 2014 and 2017 Community Assessments. This finding is consistent with previous community assessments⁸ that have identified Idaho as having one of the highest mental illness rates in the nation, along with low numbers of facilities and service providers, and high rates of suicide. While localized data is somewhat limited for mental health indicators, the response from focus groups made it clear that the availability of mental health services is a priority issue for Treasure Valley residents.

Figure 34 shows that the number of Treasure Valley residents who report experiencing “bad” mental health days has remained flat since 2011. However, focus group participants described a lack of sufficient facilities to serve people who need mental help, a prevalence of cultural stigmas preventing people from seeking treatment, and negative impacts on children when their parents are not getting the assistance they need to cope effectively with life’s difficulties.

“The key part

in behavioral health is maintaining health. We still have a health care system and funding system that focuses on the crisis, rather than maintaining health.”

—Treasure Valley Behavioral Health Provider

Figure 34

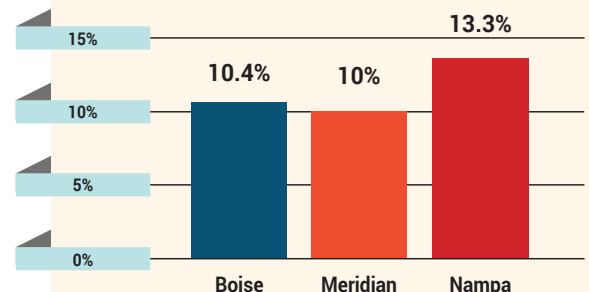
Seven or More Days of Bad Mental Health in the Past 30 Days

	2011	2012	2013	2014	2015
Boise City–Nampa MSA	16.8%	16.7%	16.6%	14.4%	16.1%
Idaho	16.7%	16.7%	17.0%	15.0%	15.3%
U.S.	17.2%	17.4%	16.5%	16.3%	16.5%

Source: Behavioral Risk Factor Surveillance System

Figure 35

More than 14 Days Where Mental Health was not Good, 18 Years of Age and Over



Source: CDC, 500 Cities, 2014

40

“The key part in behavioral health is maintaining health. We still have a health care system and funding system that focuses on the crisis, rather than maintaining health.”

—Treasure Valley Behavioral Health Provider

32%

of Idaho high school students have used marijuana.

Source: 2015 YRBS

The availability of mental health care providers varies across the Treasure Valley, as shown in the table below. *While Ada County has a similar distribution of health care providers as compared to U.S. statistics for numbers of mental health providers, there are far fewer providers per person in Canyon County and Gem County.*

Figure 36

Mental Health Providers in the Treasure Valley

	Estimated Population	Number of Mental Health Providers	Ratio of Each Mental Health Providers Per Number of People	Mental Health Care Providers per 100,000 Population
Ada County	426,233	1,138	375	267
Canyon County	203,144	230	883	113
Gem County	16,865	14	1,205	83
Treasure Valley	646,243	1,382	468	214
Idaho	1,623,107	3,145	516	194
U.S.	317,000,000	643,219	493	203

Source: County Health Rankings

22%

have been given or sold an illegal drug while on school grounds, during the past year.

Source: 2015 YRBS

Substance Use

Substance use rates are high and often co-occur with other mental health needs. The use of prescription or illicit drugs is problematic in the Treasure Valley. Even if the overall prevalence of drug abuse is relatively low, many individuals and their families are impacted by substance use. Among Idaho’s youth, access to illicit substances is widespread; almost one in four high school students report having had opportunities to try illicit drugs. Without

prevention programs and comprehensive treatment options, early experimentation can progress to more chronic and problematic substance abuse and legal issues. Treatment facilities often have waiting lists and high costs, and are therefore not accessible to all. As a result, many teens and adults with substance abuse problems end up in the justice system rather than in a treatment setting.

Youth Mental Health

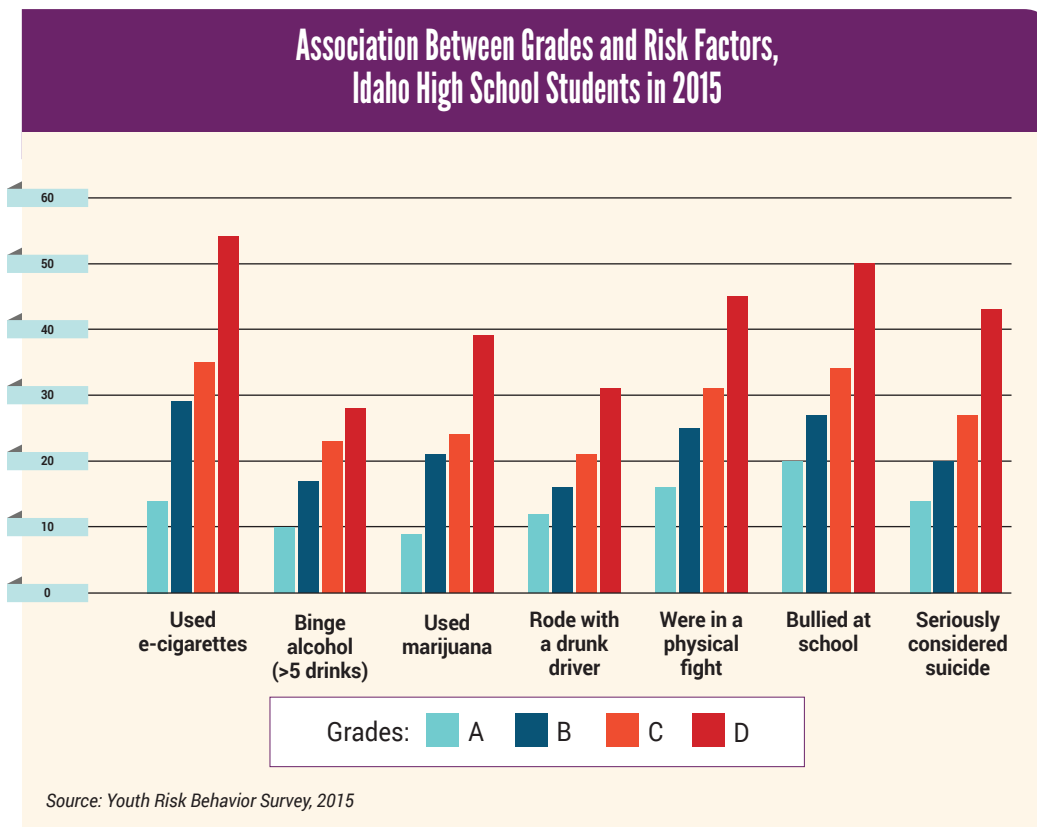
Suicide is the second most common cause of death among Idaho youth aged 10 to 19 years, with the most common cause being unintentional injury. **Data from the Youth Risk Behavior Survey in 2015⁹ revealed that 10% of Idaho high school students reported that they had attempted suicide in the past year, and 20% had seriously considered attempting suicide, up significantly from previous years.** There was a stark gender difference: 27% of females had seriously considered attempting suicide, compared to 13% of males.⁹ These statistics indicate a significant area of concern, and an urgent need for programs to support adolescent mental health and suicide prevention.

Mental health and substance use issues correlate substantially with academic outcomes.

For some youth, untreated mental health issues lead to substance use for self-medication, or substance use can lead to worsening of mental health issues. It is clear that this cyclical problem requires a comprehensive treatment approach. Likewise, academic struggles can overlap with both substance use, as well as social-emotional and mental health outcomes. As Figure 37 shows, youth who struggle in school often have additional risk factors such as substance use, a history of being bullied and/or victimized, or a higher incidence of suicidal thoughts. Based on these associations, specific intervention and treatment efforts are needed to halt the downward spiral facing high-risk students.

41

Figure 37



Youth in Idaho in the past year ...

- 26% were bullied at school
- 28% carried a knife, gun, or other weapon
- 23% were in a physical fight
- 9% were a victim of dating violence

Source: 2015 YRBS



Policy, Systems, and Environmental Change Solutions

Stigma Reduction

- ◆ Provide education and messaging to reduce stigma around treatment for mental health and substance abuse issues in schools, among health care providers, and among the general public

Prevention

- ◆ Increase the resources available locally for children's mental health services
- ◆ Gather more localized data related to mental health, particularly among youth
- ◆ Continue to provide evidence-based substance use prevention education and programming for students and families in schools
- ◆ Increase utilization of the Idaho Prescription Drug Monitoring Program

Access to Mental Healthcare

- ◆ Integrate behavioral health with medical health systems through insurance companies, health care providers, medical home models, behavioral health service providers, etc.
- ◆ Increase the number of mental health care providers in the local workforce and the availability of mental health services

- ◆ Increase mental health services that are specifically for children and adolescents in the Treasure Valley
- ◆ Increase the use of innovative telehealth technologies to provide access to mental health and substance use treatment in rural areas
- ◆ Continue to utilize alternative legal services such as drug court, mental health court, and other rehabilitative systems in the Treasure Valley to provide treatment rather than punitive incarceration, as warranted
- ◆ Co-locate case management and mental health services within schools, medical care offices/clinics/facilities, and other community locations where individuals and families may already be on site for other programs or services
- ◆ Address substance abuse through comprehensive prevention, counseling, and case management programs in schools

“We need to embed case management

in schools for all types of student and family needs.”

—Treasure Valley Service Provider

TOBACCO USE

Rates of tobacco use remain unchanged in the Treasure Valley since 2011. Tobacco use can include smoking cigarettes or cigars, using smokeless tobacco (chewing tobacco), or using electronic cigarettes (known as vaping or e-cigarettes). Almost 20% of adults in Idaho's

5,650

Average number of Idahoans who die per year from tobacco-related causes.

Public Health District 3, which includes Canyon and Gem Counties, report being current smokers, and more than 18% of adults smoke in Public Health District 4, which includes Ada County. Tobacco use is also associated with lower

incomes and less education among those who partake. Almost 43% of Idahoans who smoke report being unemployed, and approximately 34% report K-11th grade being their highest level of education.

Electronic Cigarettes

Although teen smoking rates have dropped, e-cigarettes are a growing health challenge. There has been a steady decline in teen smoking over the past decade. Since 2005, the rates of Idaho high school students who have ever smoked dropped from 45%, to 31% in 2015. However, the emergence of e-cigarettes is a serious threat to that progress, as mounting evidence shows that youth who use e-cigarettes are more likely to use other forms of tobacco, and find it harder to quit.

Since the 2014 Community Assessment, there has been a rapid increase in the use of e-cigarettes, particularly by teens and young adults. This has only been formally tracked in the Youth Risk Behavior Survey since 2015, but as Figure 38 shows, **rates of e-cigarette use among Idaho high school students are substantial.**

Nationally, more than 3,000 children and young adults try smoking for the first time each day, and 2,000 more become regular daily smokers.¹⁰ Beginning tobacco use at younger ages is associated with heavier use, longer use, and more difficulty in ultimately quitting. Preventing youth tobacco use is crucial for promoting health, as is offering cessation programs for those who have already started using tobacco.

43

55.9%

Percentage of Idaho high school seniors who have ever used e-cigarettes

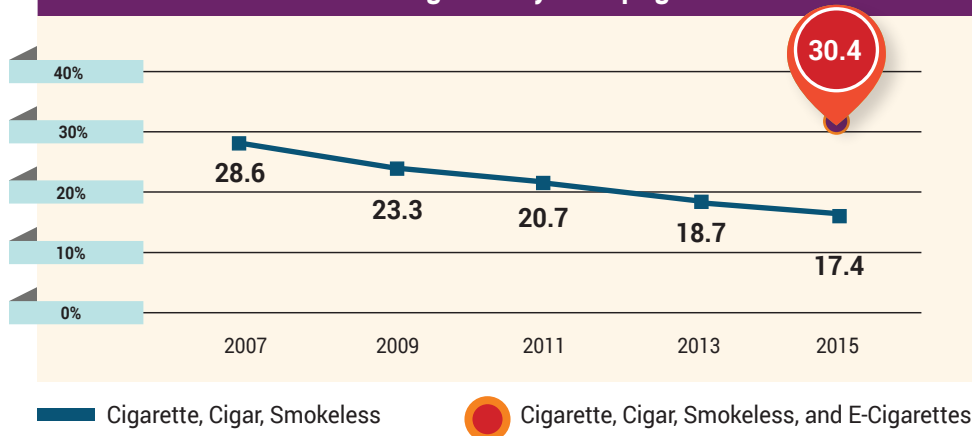
37.8%

Percentage of Idaho high school seniors who are regular daily tobacco users (smoking, chewing, vaping)

Source: 2015 YRBS

Figure 38

The Percentage of Idaho High School Students Who Regularly Smoke or Chew is Declining but Many are Vaping Instead



Source: Youth Risk Behavior Survey

Policy, Systems, and Environmental Change Solutions

Education and Cessation

- ◆ Provide ongoing funding and promotion for existing community-based tobacco cessation classes
- ◆ Evaluate the possibility of co-locating cessation classes at community service locations such as schools, food pantries or elsewhere, to reach people when they are already onsite for other programs or services
- ◆ Use innovative communication approaches, such as texting, social media, and other online media to promote health education and tobacco cessation programs
- ◆ Continue to provide rigorous tobacco prevention curricula and programming in schools, for students and also for parents

Funding

- ◆ Restrict the use of Idaho’s Millenium Fund dollars to be spent only for tobacco prevention and control initiatives, and not for unrelated activities

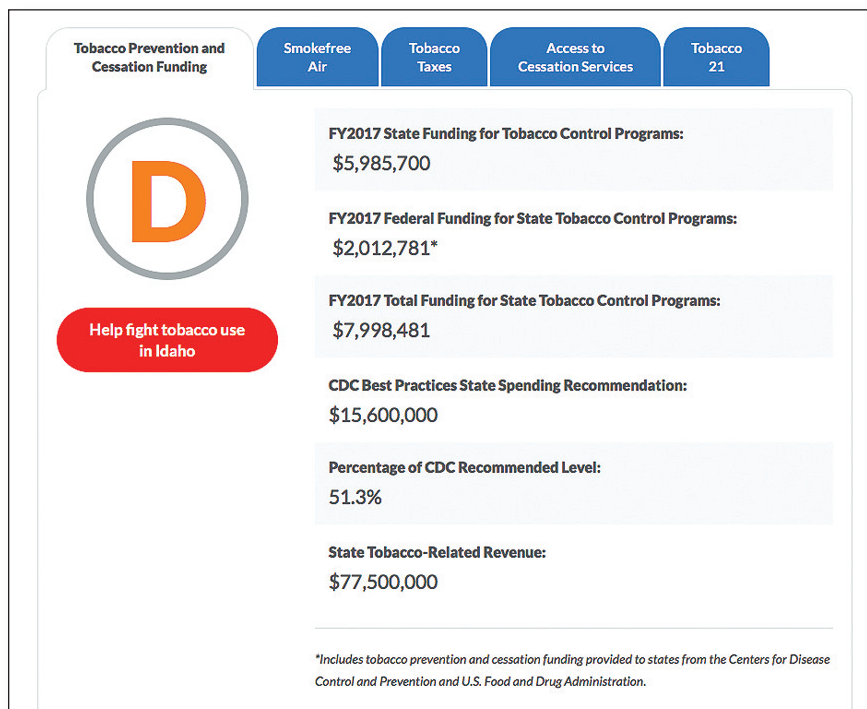
Tobacco Sales, Pricing, and Taxation

- ◆ Enact municipal and state Tobacco 21 policies to increase the sale age of tobacco products, including e-cigarettes, from age 18 to age 21
- ◆ Increase the state tobacco sales tax

Tobacco-Free Venues

- ◆ Pass municipal and state laws prohibiting tobacco use in public spaces
- ◆ Increase the number of tobacco free campuses, housing units, and public gatherings
- ◆ Institute bans on tobacco and e-cigarette advertising (billboards, posters, radio, online media), including in retail venues and near schools

Figure 39



Source: American Lung Association, State of Tobacco Control
<http://www.lung.org/our-initiatives/tobacco/reports-resources/sotc/>

Healthy Weight: Physical Activity, Active Transportation, Nutrition, and Food Security

45

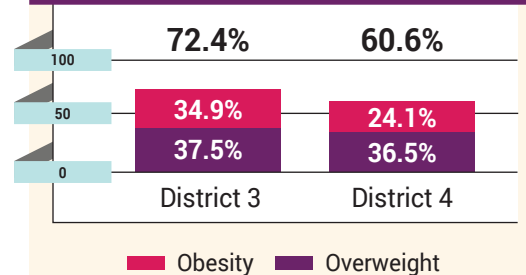
More than half of Treasure Valley residents are not at a healthy weight, and this statistic is not improving from prior years. In 2015, 65.2% of Idaho adults were overweight or obese. This is consistent with the national average,¹¹ but varies substantially depending on where people live. **Nearly 3 in 4 adults were overweight or obese in Public Health District 3 (Adams, Canyon, Gem, Owyhee, Payette, and Washington counties).** Being overweight or obese can dramatically increase the risk of many negative health consequences, including cancer, heart disease, stroke, and diabetes.¹²

Obesity, defined as a body mass index of 30 or more, is the second leading cause of preventable death and disease after tobacco use. As shown in Figure 41, city-specific estimates from 2015 show that Nampa has higher levels of obesity than Boise or Meridian, but the levels of obesity in all three cities are cause for concern.

Trend data for Idaho and the Treasure Valley show no substantial changes in the prevalence of adult obesity over time. **In other words, obesity rates have not improved recently, and weight issues remain a threat to individual and community health.** Importantly, there is also a wide economic disparity, with obesity rates being much higher among lower-income adults (household incomes <\$50,000 per year) than higher-income adults (≥ \$50,000 per year). Much of this difference stems from the lack of access to healthy foods and physical activity among individuals who struggle financially and who live in lower-income communities.

Figure 40

2015 Overweight and Obesity Among Adults



Source: Behavioral Risk Factor Surveillance System, 2015

Figure 41

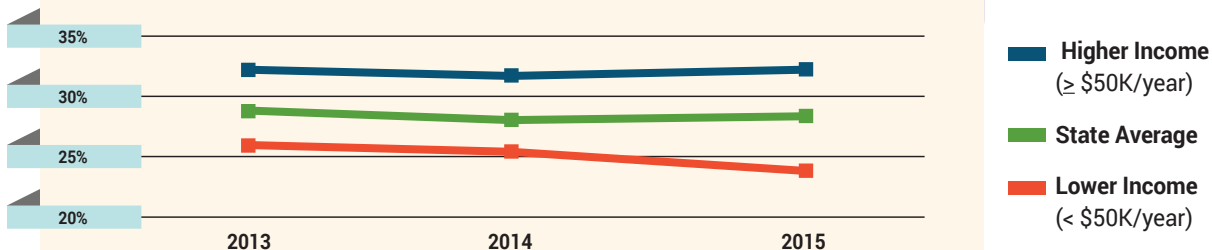
Obesity Among Adults, Over 18 Years of Age

Boise City	Meridian	Nampa
25.8%	24.8%	35.1%

Source: CDC, 500 Cities, 2014

Figure 42

Percentage of Adults in Idaho Who Were Obese (Body Mass Index ≥ 30)



Source: Common Core of Data, National Center for Education Statistics, 2014-15

Childhood Obesity

Weight issues start early and compromise the health and well-being of the Treasure Valley's youngest residents. Weight status among children ages 2 to 5 is a key indicator because early weight status can establish a lifelong trajectory for

26%
of Idaho high school students were already overweight or obese in 2015. This sets them up for lifelong health challenges.
Source: YRBS

healthy—or unhealthy—weight status. Across the country, 31 states had a statistically significant decline in pediatric obesity rates among children (ages 2 to 5) from lower-income families in 2012, 2013, and 2014. The rate did not decrease significantly in Idaho; many of the

states with a decrease were those with the highest rates of pediatric obesity in prior years. Idaho's obesity rate is relatively low in comparison to other states. With 11.6% of lower-income children ages 2 to 5 being classified as obese, Idaho had the fifth lowest child obesity rate in 2014—lower than the national average of 14.5%.¹³ Even this rate of childhood obesity will have a substantial influence on the well-being of children and lifelong health consequences if not addressed.

Physical Activity

While many Treasure Valley residents are active in some way or another, the number of people who do not participate in any kind of recreational physical activity is fairly high, and has remained unchanged since the 2014 Community Assessment.

Physical activity is a keystone for physical and mental well-being, and the 2008 Physical Activity Guidelines for Americans¹⁴ recommend that anyone over the age of 6 years old should participate in muscle-strengthening activities on at least two days per week, and moderate intensity aerobic activity for at least 150 minutes, ideally 300 minutes, each week. Many adults do not meet these requirements, as shown in Figures 43 and 44, and many do not participate in even minimal amounts of physical activity. Adults living farther west in the Treasure Valley are less likely to be physically active, correlating with higher rates of overweight and obese residents in that region as well. Several factors may be involved in these differences, including less access to safe and affordable recreation opportunities such as parks, green spaces, and community recreation centers across the region, less access to healthy foods, and higher rates of poverty in Nampa as compared to Boise.

One bright spot is youth. Idaho high school students have shown an uptick from 39% in 2005 to 53% in 2015 in the number of youth who report that they have been physically active for 60 minutes per day for five of the past seven days.⁹

Figure 43

Did Not Participate in Exercise or Physical Activity Outside of Work in the Past Month

	2011	2012	2013	2014	2015
Boise City–Nampa MSA	20.3%	18.5%	23.1%	18.2%	18.4%
Idaho	21.4%	20.3%	23.7%	18.7%	21.2%
U.S.	25.7%	23.5%	26.6%	23.9%	26.1%

Source: Behavioral Risk Factor Surveillance System

Figure 44

No Leisure Time Physical Activity, Over 18 Years of Age

Boise City	Meridian	Nampa
16.4%	15.5%	23.3%

Source: CDC, 500 Cities, 2014

Active Transportation

Walking and bicycling are considered “active transportation,” and these modes bring many benefits, including increased physical activity. Paths and trails are essential community amenities not only for recreation, but also for accessing critical services and resources. Regular physical activity has important benefits for children and adults alike. To promote active transportation, safe, well-maintained, connected travel routes are needed throughout communities.

Permanently installed bicycle and pedestrian counter stations have been distributed by Community Planning Association of Southwest Idaho (COMPASS) throughout the Treasure Valley to measure 24 hours per day, every day of the year, how many bicyclists and pedestrians use a particular area. Figure 45 shows that in Boise, daily use on the Greenbelt averaged nearly 1,000 bicyclists and 700 pedestrians in 2016.

Active transportation to and from school can benefit students, as well as reduce congestion in school parking facilities, and reduce auto emissions in school drop-off lanes. Nationally, rates of active transportation declined substantially over the past four decades, from 48% of students in 1969 to 13% in 2009.¹⁵ Although specific local estimates are not available, the same trends are apparent in schools throughout Idaho as elsewhere in the nation—more travel by car, and less active travel. Two goals in Healthy People 2020 for

children are; 1) to increase the proportion of walking trips to school of <1 mile; and 2) increase the proportion of bicycling trips to school of <2 miles.¹⁶

Nutrition

A nutritious diet is critical for preventing the most-common causes of death, such as heart disease, cancer, and obesity. For many years, Americans have consumed sub-par diets with too much sugar, fat and sodium, and not enough fruits, vegetables, and whole grains.

Improving dietary habits among children and adults remains a crucial goal for promoting community health. ***Fewer than one in three Treasure Valley residents consumes the recommended daily allowance of fruit and vegetables.***

47

Figure 45

Active Travel Counts, Number of Users Between January and December 2016			
	Boise: River Greenbelt (at Anne Frank Memorial)	Nampa: Wilson Pathway	Caldwell: Indian Creek Pathway
Total users	600,000	110,000	200,000
% pedestrian	40%	83%	97%
% bicyclists/wheeled vehicles	60%	17%	3%

Source: COMPASS

Figure 46

	Meets Daily Fruit Consumption			Meets Daily Vegetable Consumption		
	2011	2013	2015	2011	2013	2015
Boise City–Nampa MSA	28.5%	29.4%	25.9%	27.9%	30.1%	29.8%
Idaho	27.7%	26.5%	26.8%	22.5%	28.3%	29.9%
U.S.	26.9%	25.6%	24.9%	21.3%	26.0%	26.0%

Source: Behavioral Risk Factor Surveillance System

48

39%

of Idaho teens ate breakfast every morning during the past week ... 61% did not.

Source: 2015 YRBS

Hunger and Food Insecurity

There are 88,160 individuals in the Treasure Valley who are not certain where their next meal may come from. While “hunger” is a physiological condition, “food insecurity” means that there is not enough food in the house due to a lack of resources. Hunger often occurs because of food insecurity, but the two concepts are slightly different. Food insecurity rates are high across the Treasure Valley.

The highest rates of food insecurity occur in Gem County, according to Feeding America.¹⁷ However, due to the larger population in Ada County, the total number of food insecure individuals is highest in Ada County.

Food insecurity among Treasure Valley individual and families is declining, but still impacts children the most. Food insecurity is particularly dangerous among children, because of the impacts of inadequate nourishment on children’s physical, social, emotional, and cognitive development. Inadequate nourishment or nutritional deficiencies can also adversely affect academic performance. The rates of food insecurity are usually higher among children than among adults, as shown in Figure 48. In all counties, these rates have been declining over time as the country has emerged from the Great Recession of 2008.

Figure 47

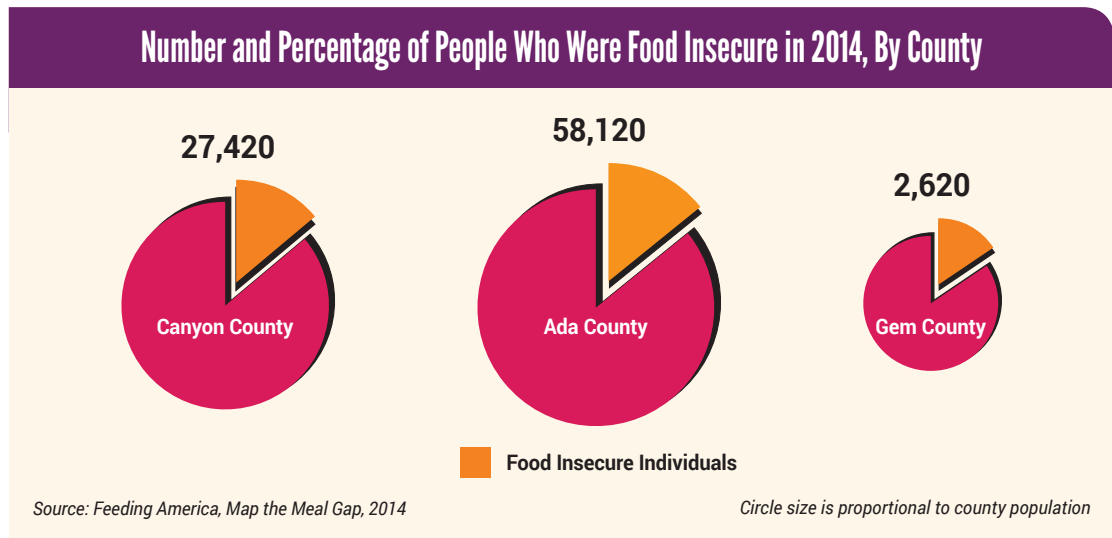
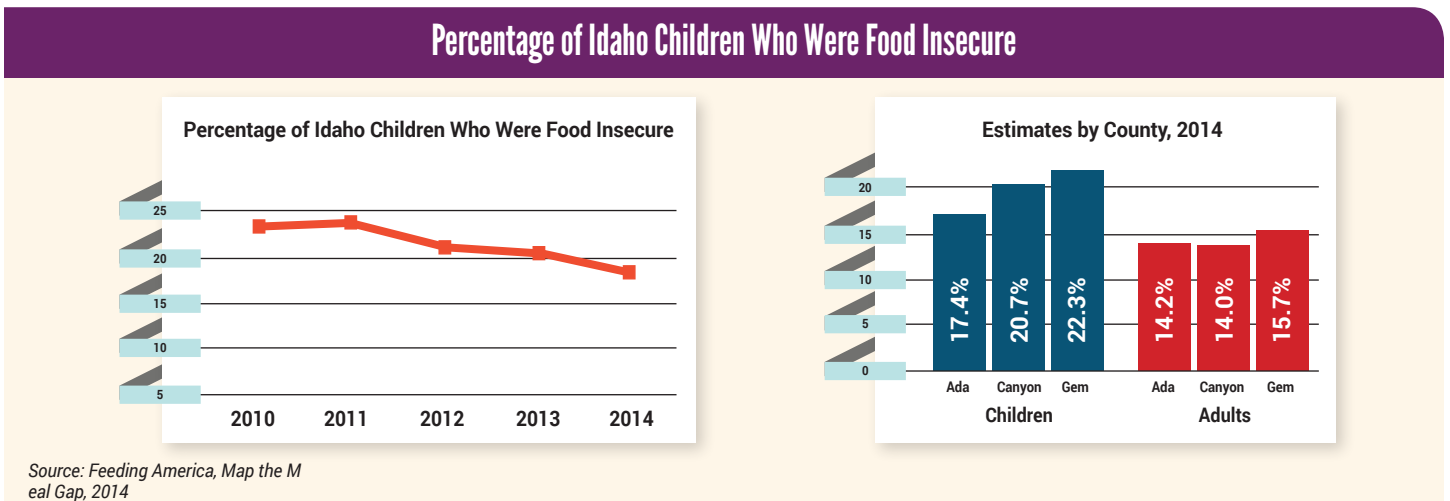


Figure 48



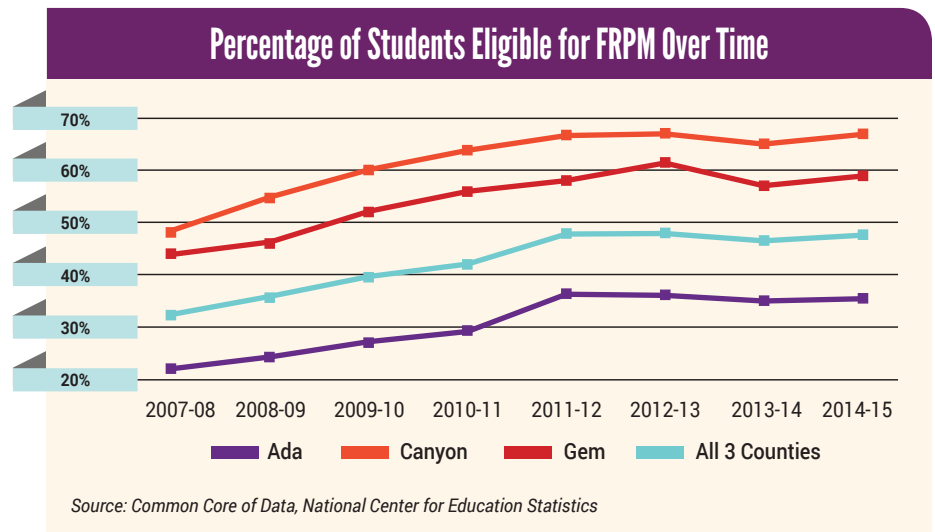
School Meals

School meals and other school-based programs support vulnerable populations, and are a large part of the hunger safety net. Students from families with incomes less than 135% of the Federal Poverty Level are eligible for free meals, and those between 135% and \leq 185% of the Federal Poverty Level are eligible for reduced-priced meals (\$.30 for breakfast and \$.40 for lunch). Several local schools operate on the USDA’s “Community Eligibility Program,” which allows all students in high-poverty schools to eat free of charge without paperwork to prove their eligibility. School-based programs can have a huge impact on reducing hunger, and helping students to stay focused, engaged, and ready to learn. Research shows that school meal programs improve health outcomes, prevent obesity, increase attendance, and improve test scores.¹⁸ Additional school-based programs such as backpack programs, fruit and vegetable programs, and school-based pantry programs are crucial partnerships that benefit local children and families. As shown in Figure 49, the Treasure Valley experienced a dramatic increase in student poverty since 2007-08, and while rates have declined

slightly since then, the area has not returned to pre-recession poverty levels.

The number of students eligible for free or reduced-priced school meals (FRPM) in the three Treasure Valley counties increased from 34,069 in the 2007-08 school year to 49,962 in the 2014-15 school year. Our schools, and the child nutrition programs in those schools, are supporting and educating more vulnerable students than ever before, and school meals are quite possibly more crucial to preventing hunger than they have been at any time in our country’s history.

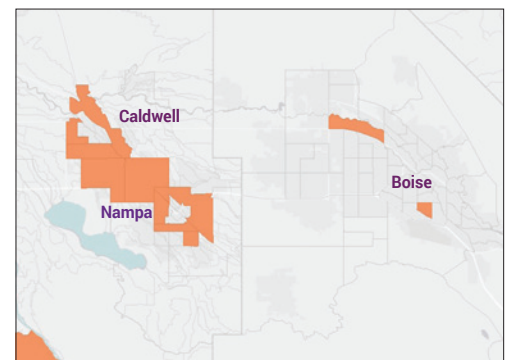
Figure 49



Food Deserts

Several areas in the Treasure Valley are classified as “food deserts,” defined as areas where individuals and families have limited access to places where they can purchase healthy foods.¹⁹ Examples of food deserts are geographic areas where there are only fast food and convenience stores, as opposed to fresh fruit stands and large grocery stores.¹⁹ Food deserts typically occur in lower-income neighborhoods, where a substantial number of households have limited access to grocery stores. This classification considers distance to stores, and whether people need vehicles to get to those stores, rather than being able to walk, ride their bike, or use public transportation. As shown in the map in Figure 50, several areas in the Treasure Valley (highlighted in orange) are classified as food deserts. Participants in both the 2014 and 2017 Community Assessment focus groups noted that co-location of services can be very helpful in eliminating barriers to accessing healthy foods, health and social services, and other resources.

Figure 50



Source: USDA, Food Access Research Atlas, 2015

"I would be willing to drive to events outside of my community if the services provided would streamline my day."

–Treasure Valley Focus Group Participant

Policy, Systems, and Environmental Change Solutions

Physical Activity

- ◆ Ensure that schools offer students opportunities to be physically active before, during and after school. Key programs include: quality physical education; recess; activity breaks throughout the school day; infrastructure for active transportation; and physical activity-related fundraising
- ◆ Use traffic calming measures around schools to include: dividers or medians; low mobility streets (i.e., speed bumps); limited on-street parking (one side only); crossing guards to monitor school crossings; reduced speeds and warning lights; and access to continuous sidewalks of reasonable width and in good repair
- ◆ Bolster funding for the Safe Routes to School programs and coordinate program supports at a statewide level
- ◆ Support active transportation programs in schools, such as appointing coordinators for the Safe Routes to School program, initiating walk-to-school and bike-to-school days, and adding programs such as a Walking School Bus (whereby parents walk with a group of children for safety) that help multiple students to regularly use active transportation
- ◆ Establish workplace wellness programs to encourage employees to be active

Nutrition

- ◆ Establish municipal and state nutrition standards for foods and beverages served in licensed child care settings
- ◆ Provide healthy or non-food fundraising alternatives at the schools
- ◆ Support the adoption of healthy meals at schools and the USDA's Smart Snacks in Schools nutrition standards

- ◆ Implement nutrition standards for foods and beverages served in vending machines and concessions in municipally owned venues, workplaces, businesses, etc.
- ◆ Provide affordable fresh fruit and vegetable options at convenience stores and other neighborhood retail outlets
- ◆ Increase the number of mobile farmers markets and neighborhood-based Community Supported Agriculture (CSA) drop off locations
- ◆ Establish local food hubs or focus groups to help to determine how to keep locally grown food local, affordable, and accessible to people in the Treasure Valley

Benefit Programs

- ◆ Increase Supplemental Nutrition Assistance Program (SNAP) participation in general, and at local farmers markets that accept SNAP benefits
- ◆ Increase SNAP matches (which matches farmers market purchases by a certain amount to encourage fresh food purchases using SNAP funds) and the number of retail outlets accepting SNAP benefits to purchase healthy foods
- ◆ Continue to implement and advocate for the Women's Infants and Children (WIC) Farmer's Market Nutrition Program in Idaho

Co-Location of Services

- ◆ Develop "one-stop shops." Host community events that bring together multiple service providers (e.g., health, dental, nutrition) in convenient locations for residents

Health in All Policies

- ◆ Develop and promote Health in All Policies,²⁰ which is a collaborative cross-sector approach that includes health considerations in policy decisions at state and local levels

Education



EDUCATION

Education is the most important issue facing the state, according to the second annual Idaho Public Policy Survey.¹ **Yet schools in Idaho spent, on average, less per student than any other state in the country in 2013-14.**² The importance of education was mentioned repeatedly in the Treasure Valley focus groups. Focus groups identified not only the need for access to affordable, quality educational opportunities, but also the need for assistance in creating cultural and family value for education as a tool to eliminate poverty.³

Education is one of the foundational socioeconomic drivers for the well-being of individuals, as well as communities. The number of families living at the Federal Poverty Level of ALICE Levels is increasing, according to the UWTV's ALICE Report, in all three of the Treasure Valley counties. There is a strong correlation between education levels and poverty. For many Treasure Valley families, the cycle of generational poverty directly influences the educational achievement of future generations. A recurring comment in the focus groups pertained to parents' attitudes toward education: many

participants felt that for students whose parents or grandparents had not attained higher levels of education—or not graduating high school in some cases—the family culture often does not emphasize continuing education. They perceived that in such families, more value is placed on younger family members working and financially contributing to the household, and less value is placed on education. Research has shown that parental education and socioeconomic status have a significant impact on the life outcomes of their children.

EARLY CHILDHOOD EDUCATION AND SCHOOL READINESS

Only 1,825 days ... that is the average number of days that children in the Treasure Valley have between the day they are born and the day they reach kindergarten. What is accomplished in those 1,825 days has a lasting impact not only on children's performance in school moving forward, but also in their ability to secure a livable wage job, have positive health outcomes, and enjoy lifelong financial stability.

Continued on page 52

“An investment in knowledge always pays the best interest.”

—Benjamin Franklin

FACT:

Most 3- and 4-year-olds in the Treasure Valley do not attend preschool: 62% of children in Ada County and 82% of children in Canyon County are not enrolled in preschool.

Source: American Community Survey

EARLY CHILDHOOD ... continued from page 51

Idaho is one of only five states where 3- and 4-year-olds do not have access to state-funded preschool.

This leaves families responsible for finding and paying for child care and preschool programs, if they so choose. Treasure Valley focus group participants echoed the comment that open slots for affordable, quality preschool programming in the area are becoming increasingly more difficult to come by and often require lengthy waiting lists.

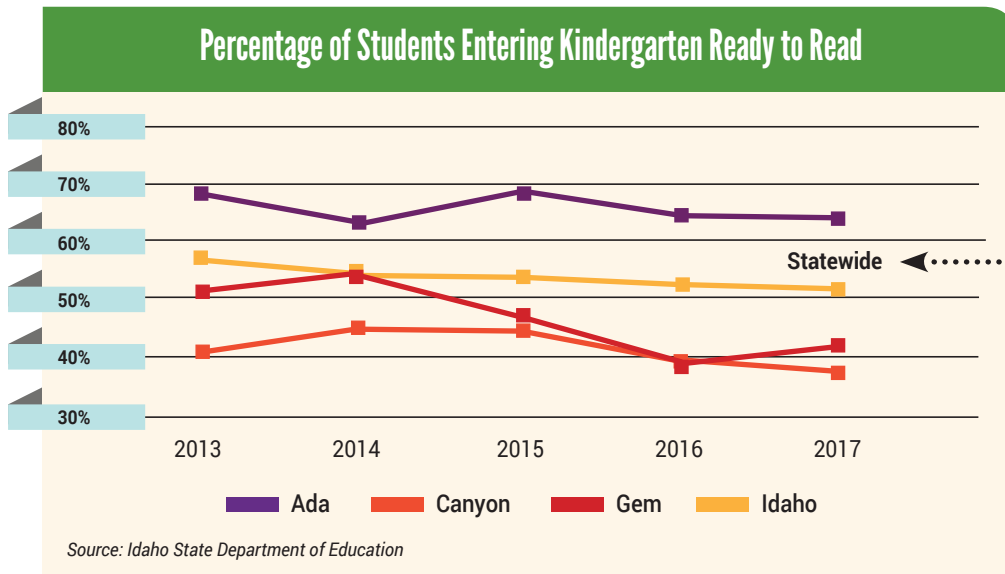
In the Treasure Valley, early learning options are inconsistent and not available in all areas.

Additionally, high-quality child care is often very expensive. Idaho children are not mandated by state law to attend kindergarten,⁴ and Idaho is only one of five states that leaves the decision about whether to offer kindergarten up to each school district.⁴ Although Treasure Valley school districts do provide kindergarten, most of these programs are part-time only. Participants in focus groups commented on the differences between school districts in regard to kindergarten schedules and curricula. Many families desired full-day kindergarten options, not only to help their children be better prepared for school, but also to give families the ability to work when time off and transportation issues become barriers to part-time

child care. Full-day kindergarten options also help to increase equity among students by closing achievement gaps between minority and low-income students and their more affluent peers.⁵

A lack of affordable, high quality preschool options has a direct impact on Idaho children's school readiness. Idaho children take the Idaho Reading Indicator test during the fall of each school year between kindergarten and 3rd grade to assess whether they are reading at or below grade level. **The percentages of students reading at grade level when they enter kindergarten have slightly decreased over time.** National data show that 75% of children from families with moderate or higher incomes are prepared to enter kindergarten, compared to 48% of children from families living in poverty. Similar patterns appear locally, with lower reading readiness among students from lower-income families. As shown in Figure 51, recent data show that at the start of the 2017 academic school year, only 67% of children in Ada County entered kindergarten ready to read. In Canyon and Gem counties fewer than half of students (38% and 40%, respectively) entered school ready to read.

Figure 51



In 2017, only **51.1%** of students in Idaho were ready to read.

“The first five years have so much to do with how the next 80 turns out.”

—Bill Gates

Policy, Systems, and Environmental Change Solutions

Funding

- ◆ Advocate for the state utilization of federal funding for preschool
- ◆ Provide state funding for high quality preschool programming
- ◆ Develop and promote innovative preschool funding models such as those used by Basin School District, Hawthorne and Whitney Elementary Schools in Boise, and the Caldwell Preschool and P16 programs whereby community partnerships, grant funding, and some district resources fund the preschool offerings
- ◆ Expand the number of full-day preschool and full-day kindergarten programs offered locally

Professional Development

- ◆ Scale up the Treasure Valley Education Partnership (TVEP) model to implement the Get Ready To Read screener and child care provider and teacher trainings for preschool programs

- ◆ Promote participation in the IdahoSTARS professional development, quality rating and improvement system, and health consulting for child care providers

Parent Education and Support

- ◆ Promote the utilization of IdahoSTARS resources for parents to aid in the selection of quality child care
- ◆ Assist the TVEP Prepared for School Work Group in developing broad-scale communications to educate parents as to what skills or information a child needs beforehand in order to be ready for kindergarten experiences
- ◆ Increase the number of businesses offering onsite child care and preschool programs





K-12 EDUCATION

A strong public education system is an essential aspect of a democratic society.⁶ Ensuring universal and high-quality educational opportunities not only benefits the children and adolescents who attend school but also has enormous broader social benefits. In 2012, Idaho’s Governor Otter commissioned a Task Force for Improving Education. The Task Force’s report, issued in September 2013,⁷ identified two key guiding principles: 1) to support high-performance work environments; and 2) to promote the structural changes that will be required to attain the state’s goal.

Many of the recommended strategies have already been implemented. For example, Idaho’s education system now provides students with

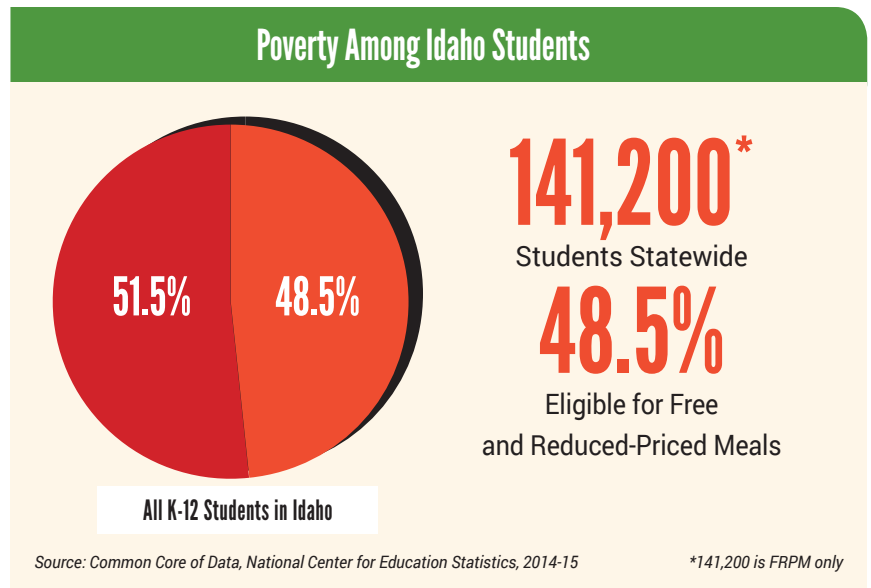
advanced opportunities by expanding post-secondary opportunities while in high school, and implementing the Idaho Common Core Standards. However, many recommendations are still in various stages of planning or implementation, such as the strategy to substantially increase operational funding levels, or fully implement the career ladder compensation model.

Poverty and Education

There is a well-known correlation between poverty and educational attainment.⁸ Children raised in poverty have heightened risk factors, including emotional and social instability, chronic stressors, unsafe neighborhood conditions, malnutrition and poor health status, and many other factors that can make it difficult to succeed academically.⁸



Figure 52



The overall Free and Reduced-Priced Meals (FRPM) rates across the Treasure Valley were unchanged between 2011-12 and 2014-15, as shown in Figure 49. These rates represent the percentage of students in families with household incomes at or below 185% of the Federal Poverty Level. Best used as a guidepost for discussion, FRPM rates can change daily due to the movement

of students and families between schools and districts. Comparatively, Canyon County students have the highest FRPM rates of all three counties, with more than 65% of students qualifying. More than half of all Gem County students (57%) and approximately 36% of Ada County students qualify for FRPM.

Figure 53

Students Eligible for FRPM by School District									
	Boise	West Ada	Kuna	Nampa	Vallivue	Caldwell	Middleton	Melba/Notus Parma/Wilder	Emmett
# Eligible FRPM	11,708	10,659	2,072	9,907	5,215	5,471	1,731	1,754	1,454
# Total	26,239	36,803	5,768	15,655	8,209	6,257	3,729	2,670	2,529
% Eligible	44.6%	29.0%	35.9%	63.3%	63.5%	87.4%	46.4%	65.7%	57.5%

Ada
Canyon
Gem

Source: Common Core of Data, National Center for Education Statistics, 2014-15

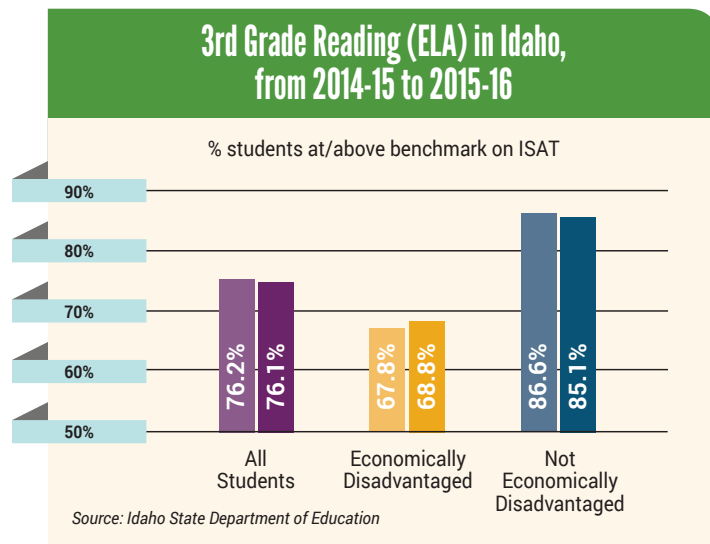
Despite the known impact of poverty on student achievement, there are effective strategies that schools can use to promote educational excellence for all students.⁹ Key approaches for reducing the academic achievement gap at high-poverty schools include:

- ◆ Building leadership capacity
- ◆ Fostering a safe, healthy, and supportive learning environment
- ◆ Focusing on student, professional, and systems learning

Reading Proficiency

Reading levels remain flat for Treasure Valley students.¹⁰ Third grade reading is a critical milestone in the educational performance of students. If children aren't reading well by 3rd grade, they are more likely to struggle throughout the rest of their school years, and beyond. **Over time, the percentages of Treasure Valley 3rd graders reading at grade level has not changed much, revealing that 1 in 4 students are at risk of reading problems.** Figure 54 shows a very wide poverty gap in reading proficiency, which is evident in recent Idaho Standards Achievement Test (ISAT) results.

Figure 54





Math Proficiency

Math proficiency is low but has shown slight improvement recently among 4th grade students, particularly for economically-disadvantaged students.¹⁰ Knowledge and application of mathematics is essential for students' success throughout their school careers and beyond. When students are not doing well in elementary school math, their struggle often worsens as they move into more complex math in middle school or junior high school. Furthermore, there is a substantial poverty gap in math performance. This gap is evident in 4th grade, and widens by 8th grade. As of the 2015-16 academic school year, approximately 1 in 5 Idaho students in 4th grade were not at benchmark math levels. At middle school, 1 in 3 of the state's 8th grade students were not performing at benchmark levels.

Professional development investments for teachers in math may be paying off for Treasure Valley students. While the new Idaho Standards Achievement Test (ISAT) has not been in place long enough to establish trends, initial results may reflect an increase in the percentage of students meeting grade-level benchmarks from 2014-15 to 2015-16, suggesting these efforts are starting to pay off. The percentage of Idaho students meeting benchmarks for math increased for both 4th grade and 8th grade students, and the biggest gains appear to be among economically disadvantaged students—those who are most at risk of adverse outcomes. Among economically disadvantaged 4th graders, the improvement was more than two percentage points.

Figure 55

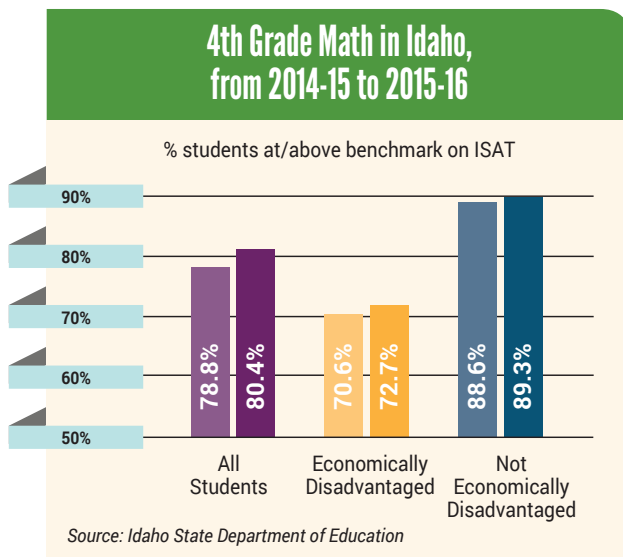
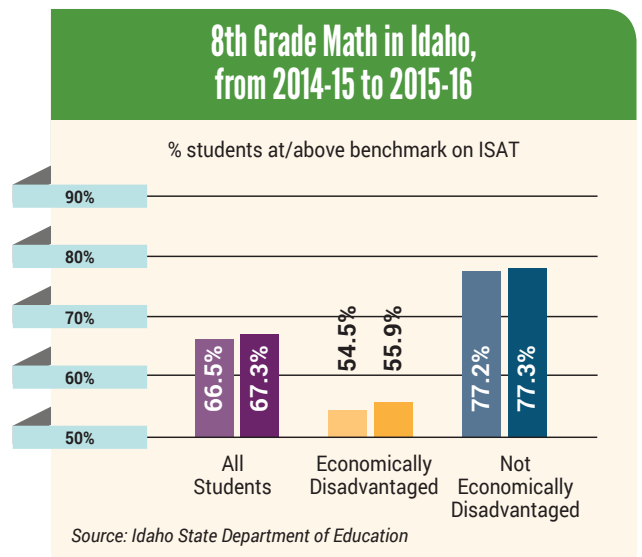


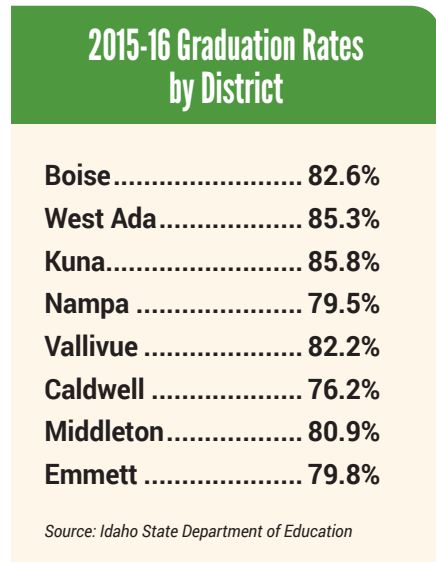
Figure 56



Graduation Rates

Treasure Valley schools consistently demonstrate high graduation rates. However, focus group participants mentioned that many high school students feel pressure from their families in high school to start earning income and help provide financially for their families. While this pressure could result in students dropping out of school to work, or focusing less on their studies due to taking on a part-time job, the statistics show otherwise. Idaho and Treasure Valley district graduation rates have paralleled the national trend of increasing graduation rates. The national rate in 2014-15 was 83.2%, which is at an all-time high.¹¹ This success among local high schools is deserving of recognition as it reflects the tremendous effort made by school districts to help students to succeed academically and finish high school.

Figure 57



57

Support Programs at Schools

Support programs help students to be ready to learn, and good nutrition is crucial for students to be able to focus on their studies. School meals are a key part of the hunger safety net in Idaho. **More than 113,000 students across the state are eligible for free meals, and another 28,000 are eligible for reduced priced meals** (\$0.30 for breakfast and \$0.40 for lunch). For many students, school meal programs may provide the only meal they eat each day. Research has shown the academic value of school breakfast programs and lunch programs, particularly for students who are economically disadvantaged.¹²

Out-of-School-Time Programs

According to the After School Alliance, 19% of Idaho children in grades K-12 are responsible for taking care of themselves after school, but 41% of kids not currently enrolled in afterschool programs would enroll if a program existed in their area.¹³ Many parents in the focus groups felt positive about the out-of-school-time options available to them but were constrained by costs; thus they considered those options unaffordable. Focus group participants also mentioned the challenges of paying for enrichment programs such as sports or music, and camps or other programs available during spring and summer breaks. In isolated communities, students and parents face fewer options for these services. Out-of-School-Time enrichment programs can also help prevent the learning losses that occur for most students during a lengthy summer break.

22.8 Million

The number of meals provided to vulnerable students in Idaho at no cost in 2016-17, via federally-supported school meal programs.

“We need summer and afterschool programs. There isn’t much to do once school ends.”
 –Treasure Valley Focus Group Participant



Policy, Systems, and Environmental Change Solutions

Increase Funding for School Districts

The National Center for Education Statistics shows that schools in Idaho spent less per pupil on average, than any other state in the country in 2013-14.² *Despite an increase in statewide funding for education (recently returning to pre-recession levels), the average per-pupil expenditure in Idaho is more than \$3,500 less per student than the nationwide average.*¹⁴

- ◆ Increase state funding for K-12 school districts
- ◆ Increase local funding for K-12 school districts through bonds and levies

Implement Promise Partnerships and a Community Schools Strategy

Promise Partnerships are aspirational neighborhoods committed to the success of children from cradle to career. A community school is one strategy of Promise Partnerships. The community schools strategy leverages local partnerships and resources to provide comprehensive socioeconomic supports for children, their families, and neighbors. They are not only a place, but also a way of doing business through community outreach, programming, and data sharing between the school and community partners. Pilot programs using the community schools strategy are currently in development in the Boise, Nampa, and Caldwell School Districts.

Professional Development

- ◆ Ensure high quality professional development for current teachers
- ◆ Support quality training for pre-service teachers at Idaho's colleges and universities, including regular field experiences in instruction within classroom settings
- ◆ Build regional partnerships for professional development, with a specific focus on preschool through 3rd grade

- ◆ Provide adequate state-level budgeting that allows for districts and schools to engage in regional collaboration

Ensure Healthy Environment at All Schools

- ◆ Expand school breakfast programs
- ◆ Continue to support implementation of nutrition standards for meals and Smart Snacks
- ◆ Develop and implement school wellness policies that promote students' health, well-being, and ability to learn
- ◆ Provide high-quality physical education programs
- ◆ Develop comprehensive school physical activity programs to include recess and physical activity breaks in the classroom
- ◆ Support, promote, and fund Safe Routes to School programs

Expand Affordable Out-of-School-Time Activities

- ◆ Pilot and evaluate the TVEP Succeeds Academically Work Group models for combining summer meal programs and guided literacy activities to help prevent learning loss throughout the summer months
- ◆ Evaluate and replicate innovative school and community partnership models such as those between Boise Parks and Recreation and the Boise School District, Kuna Schools and the Boys and Girls Club, and the Nampa School District and Right at School

OPPORTUNITIES BEYOND HIGH SCHOOL

Figure 58

Post-Secondary Education Rates

The Idaho State Board of Education has established a goal of 60% of young adults (ages 25 to 34) completing some form of post-secondary education or career or technical training by 2020.⁷ **However, the rates for students going on to post-secondary education have been declining in recent years.**

Rate of Students Going on to Post-Secondary Education						
Year of Graduation						
	2011	2012	2013	2014	2015	2016
Idaho	53%	54%	54%	52%	46%	46%

Source: <https://public.tableau.com/profile/idaho.slds#!/National Student Clearinghouse>

59

Educational Attainment and Poverty

As with student test scores, schools with higher percentages of students living in poverty achieve much lower “go-on” rates. Figure 59 shows an inverse relationship between “go-on” rates and school poverty rates in the Treasure Valley.

Paths to College and Career

Community colleges and career technical education are promising options after high school for many students.¹⁵ Two-year colleges can help to provide a pathway to postsecondary education for many students. The College of Western Idaho serves more than 24,000 students across the Treasure Valley, 84% of whom attend part-time. These options allow many young adults to balance the important goals of continuing their education and obtaining valuable credentials, while also working to support themselves and their families.

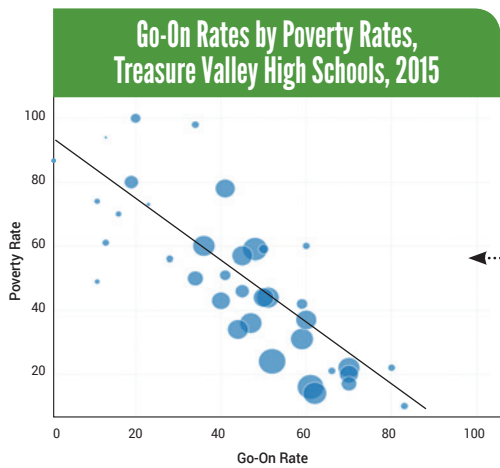
Alternatives

Several Treasure Valley focus group participants pointed out that in addition to increasing college attendance, it is important to recognize that college is not an option for everyone. Focus group participants recommended increasing opportunities for other types of post-high school programs. Suggestions include apprenticeship programs and technical certificates. Another suggestion was to build connections with industries in the area, so that students could have a clear path from training to employment. The focus group input was consistent with results of a systematic survey of 385 Idaho high school seniors in 2015. Those results¹⁶ showed that for many male high school seniors, paid employment was more of a priority than going to college.

Continued on page 60

30% of students who entered community college in 2010 completed a credential within six years. Another 9% completed a credential at a four-year institution.¹⁵

Figure 59



School markers are proportional to school size (based on student enrollment)

Source: Idaho State Department of Education

OPPORTUNITIES ... *continued from page 59*

Furthermore, for many Idaho high school seniors, serving their church or their country (via missions and military enrollment) were immediate priorities for after graduation; however, many high school students plan to enroll in college later.¹⁶ These students would not be included in the calculation of the percentage of students going on immediately—and are not included in the “go-on” rates in Figure 58—but will still contribute to the state’s goals for postsecondary attainment.

Among focus group student participants who expressed an interest in attending college programs, the challenges for them are many. These challenges include the costs of attending a four-year university; the need for flexibility for those students who are now parents and/or who must provide financially for their family of origin; and lack of consistent information about accreditation policies at for-profit universities.

Policy, Systems, and Environmental Change Solutions

Family Engagement

- ◆ Promote the importance of education and career planning to families before 8th grade; this is the timeframe when students begin to make decisions about their future plans (according to the TVEP Senior Exit Survey, 2016)
- ◆ Provide ongoing education about post-high school options, opportunities, and financial assistance to families early and often
- ◆ Promote the importance and benefits of post-high school options to families through the family’s employers

Invest in Career and Technical Education During High School

Career and technical education (CTE) courses focus on developing skills and knowledge for careers such as manufacturing, repair and transportation, computer and information sciences, and construction.¹⁷ According to the Association for Career & Technical Education, 4 out of 5 students who enroll in CTE programs after high school complete a credential. The return on investment for taxpayers has yielded from \$2 to \$12 for each dollar invested in CTE systems.¹⁸

Increase College and Scholarship Applications

- ◆ Promote post-secondary education and career planning by 8th grade
- ◆ Support the TVEP Beyond High School Work Group to develop awareness of financial aid options

College Savings Incentives

- ◆ Continue public funding support for the Idaho Opportunity Scholarship
- ◆ Continue to offer state tax credit for college savings accounts, and increase the amount of the allowable deduction
- ◆ Provide a state match for college savings accounts
- ◆ Increase state funding to Idaho institutions of higher education

REFERENCES

Introduction

- M. Marmot. Social Determinants of Health Inequalities. *Lancet*. 2005. [http://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(05\)71146-6/fulltext](http://www.thelancet.com/journals/lancet/article/PIIS0140-6736(05)71146-6/fulltext) World Health Organization. Closing the Gap in a Generation: Health Equity through Action on the Social Determinants of Health. *Final Report of the Commission on Social Determinants of Health*. Geneva, Switzerland: World Health Organization; 2008. http://www.who.int/social_determinants/publications/en/
- Idaho State Journal. *Idaho Population Growth Ranked Third Nationally*. December 21, 2016. http://idahostatejournal.com/members/idaho-population-growth-ranked-third-nationally/article_96484535-633e-5e41-b9f6-aaa83b047653.html
- Idaho Rural Partnership. *Rural Idaho at a Glance*. 2003 and 2008. http://www.irlp.idaho.gov/Home/Idaho_At_A_Glance/ United States Census Bureau. *2000 Census and 2010 Census*. https://factfinder.census.gov/faces/nav/jsf/pages/community_facts.xhtml
- United States Census Bureau. *2000 Census and 2010 Census*. https://factfinder.census.gov/faces/nav/jsf/pages/community_facts.xhtml
- United States Census Bureau. *American Community Survey, 2006-2010 and 2011-2015*. https://factfinder.census.gov/faces/nav/jsf/pages/community_facts.xhtml
- United Ways of the Pacific Northwest. *ALICE: Asset Limited, Income Constrained, Employed. Study of Financial Hardship*. October, 2016. http://www.unitedwayalice.org/documents/15UW%20ALICE%20Report_PNW_Lowres_10.27.16.pdf

Financial Stability

- United States Department of Health & Human Services. *Poverty Guidelines*. <https://aspe.hhs.gov/poverty-guidelines>
- United States Census Bureau. *The Development of the Orshansky Poverty Thresholds and Their Subsequent History as the Official U.S. Poverty Measure*. <https://www.census.gov/hhes/povmeas/publications/orshansky.html>
- United Ways of the Pacific Northwest. *ALICE: Asset Limited, Income Constrained, Employed. Study of Financial Hardship*. October, 2016. http://www.unitedwayalice.org/documents/15UW%20ALICE%20Report_PNW_Lowres_10.27.16.pdf
- United States Department of Labor, Bureau of Labor Statistics. *Local Area Unemployment Statistics*. <https://www.bls.gov/web/laus/laumstrk.htm>
- Economic Policy Institute. *Minimum Wage Tracker*. <http://www.epi.org/minimum-wage-tracker/>
- United States Department of Labor. *Minimum Wage Laws in the States*. <https://www.dol.gov/whd/minwage/america.htm#content>
- RealtyTrac. *U.S. Home Affordability Drops to 8-year Low in Q4 2016*. December 20, 2016. <http://www.realtytrac.com/news/home-prices-and-sales/q4-2016-u-s-home-affordability-index/>
- Idaho Press Tribune. *Renters Feel the Pinch of Low Vacancy, Rising Rent in Local Market*. June 20, 2015. http://www.idahopress.com/members/renters-feel-the-pinch-of-low-vacancy-rising-rent-in/article_114031b0-17ba-11e5-9082-97023454e390.html
- Center for Neighborhood Technology. *H+T Affordability Index*. <http://htaindex.cnt.org/map/>
- Center on Budget and Policy Priorities. *National and State Housing Fact Sheets & Data*. <http://www.cbpp.org/research/national-and-state-housing-data-fact-sheets>
- Idaho Housing and Finance Association. *Housing Choice Voucher*. <https://www.idahohousing.com/rental-assistance/housing-choice-voucher/>
- City of Boise, Housing & Community Development. *Boise's Housing Strategy: Housing Needs Analysis*. October 26, 2015. <https://hcd.cityofboise.org/media/285874/boises-housing-needs-analysis-summary-web.pdf>
- Idaho Housing and Finance Association. *Homelessness in Idaho: 2016 Point-in-Time Count Report*. <https://www.idahohousing.com/documents/point-in-time-count-2016.pdf>
- Idaho Housing and Finance Association. *Homelessness in Idaho: 2015 Point-in-Time Count Report*. <https://www.idahohousing.com/archive/portals/0/media/grant%20programs/2015%20State-of-Idaho-Point-in-Time-Count-061615.pdf>
- U. S. Department of Justice, Bureau of Justice Statistics. *Nonfatal Domestic Violence, 2003-2012. April 2014*. <https://www.bjs.gov/content/pub/pdf/ndv0312.pdf>
- Bankrate. *Car-Ownership Costs Ranked by State. March 21, 2017*. <http://www.bankrate.com/finance/auto/car-ownership-costs-by-state.aspx>

- Idaho Transportation Department, Office of Highway Safety. *Idaho Traffic Crashes, 2015*. <http://apps.itd.idaho.gov/apps/ohs/Crash/15/Analysis2015final.pdf>

Health

- County Health Rankings & Roadmaps. *Idaho, 2017*. <http://www.countyhealthrankings.org/app/idaho/2017/overview>
- Gallup and Healthways. *State of American Well-Being: 2016 Well-Being Rankings*. February 1, 2017. <http://www.well-beingindex.com/2017-state-rankings>
- C. Sia, T. F. Tonniges, E. Osterhus & S. Taba. History of the Medical Home Concept. *Pediatrics*. 2004. http://pediatrics.aappublications.org/content/113/Supplement_4/1473.long
- Annie E. Casey Foundation, KIDS COUNT Data Center. *Medically Uninsured Children*. <http://datacenter.kidscount.org/data/tables/7988-medically-uninsured-children?loc=14&loc=2#detailed/2/any/false/36,868,867,133,38/any/15368,15369>
- Monmouth University Polling Institute. *Health Care is Top Concern of American Families*. February 2017. https://www.monmouth.edu/polling-institute/reports/MonmouthPoll_US_020717/
- Boise State University, School of Public Service. *Second Annual Idaho Public Policy Survey*. January 13, 2017. <https://sps.boisestate.edu/wp-content/uploads/2017/01/Official-2017-State-Survey-Report.pdf>
- The Henry J. Kaiser Family Foundation. *How Will the Uninsured in Idaho Fare Under the Affordable Care Act?* January 6, 2014. <http://kff.org/health-reform/fact-sheet/state-profiles-uninsured-under-aca-idaho/>
- St. Luke's Boise/Meridian. *Community Health Needs Assessment 2016*. September 2016. https://www.stlukesonline.org/~media/stlukes/documents/chna%202016%20boisemeridian%20final%209_23_2016.pdf
- Idaho State Department of Education. *2015 Idaho Youth Risk Behavior Survey*. <https://www.sde.idaho.gov/student-engagement/shared/2015-Youth-Risk-Behavior-Survey-Results.pdf>
- U.S. Department of Health and Human Services, Office on Smoking and Health. *The Health Consequences of Smoking—50 Years of Progress: A Report of the Surgeon General*. Atlanta: USDHHS. 2014. <https://www.surgeongeneral.gov/library/reports/50-years-of-progress/index.html>
- Centers for Disease Control and Prevention. *Adult Obesity Facts*. <https://www.cdc.gov/obesity/data/adult.html>
- Institute of Medicine. *Accelerating Progress in Obesity Prevention: Solving the Weight of the Nation*. Washington, DC: National Academies Press. May 2012. <https://www.nap.edu/catalog/13275/accelerating-progress-in-obesity-prevention-solving-the-weight-of-the>
- L. Pan, D. Freedman, A. Sharma, et al. *Trends in Obesity among Participants Aged 2-4 in the Special Supplemental Nutrition Program for Women, Infants, and Children – United States, 2000-2014*. *MMWR*, 2016. https://www.cdc.gov/mmwr/volumes/65/wr/mm6545a2.htm?s_cid=mm6545a2_w
- United States Department of Health and Human Services, Office of Disease Prevention and Health Promotion. *Physical Activity Guidelines for Americans*. 2008. <https://health.gov/paguidelines/guidelines/>
- McDonald NC, Brown AL, Marchetti LM, Pedroso MS. *U.S. School Travel, 2009: an Assessment of Trends*. *American Journal of Preventive Medicine*, 2011.
- United States Department of Health and Human Services, Office of Disease Prevention and Health Promotion. *Healthy People 2020 Topics & Objectives*. <https://www.healthypeople.gov/2020/topics-objectives/topic/physical-activity/objectives>
- Feeding America. *Map the Meal Gap 2016*. http://www.feedingamerica.org/hunger-in-america/our-research/map-the-meal-gap/2014/ID_AllCounties_CDs_MMG_2014.pdf
- M. L. Anderson, J. Gallagher & E. R. Ritchie. *School Lunch Quality and Academic Performance*. National Bureau of Economic Research, March 2017. <http://www.nber.org/papers/w23218>
- L. Turner & F. Chaloupka. *Continued Promise of School Breakfast Programs: Breakfast is Still the Most Important Meal of the Day*. *JAMA Pediatrics*, 2015. <http://jamanetwork.com/journals/jamapediatrics/article-abstract/1939307>
- United States Department of Agriculture. *Food Desert Locator*. May 2, 2011. <https://www.fns.usda.gov/tags/food-desert-locator>

- Centers for Disease Control and Prevention. *Health in All Policies*. <https://www.cdc.gov/policy/hiaip/index.html>

Education

- Boise State University, School of Public Service. *Second Annual Idaho Public Policy Survey*. January 13, 2017. <https://sps.boisestate.edu/wp-content/uploads/2017/01/Official-2017-State-Survey-Report.pdf>
- National Center for Education Statistics. *Revenues and Expenses for Public Elementary and Secondary School Districts: School Year 2013-14*. <https://nces.ed.gov/pubsearch/pubsinfo.asp?pubid=2016303>
- E. F. Dubow, P. Boxer & L. R. Huesman. *Long-term Effects of Parents' Education on Children's Educational and Occupational Success*. Merrill Palmer Quarterly. 2009. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2853053/#R10>
- Education Commission of the States. *50-State Comparison, Compulsory School Age*. March 2014. <http://ecs.force.com/mbdata/mbquestRT?rep=Kq1401>
- National Education Association. *Full-Day Kindergarten*. <http://www.nea.org/home/11541.htm>
- J. Dewey. *Democracy and Education: An Introduction to the Philosophy of Education*. Macmillan, 1916.
- Idaho State Board of Education. *Task Force for Improving Education*. September 6, 2013. https://boardofed.idaho.gov/board_initiatives/Education_Improvement_Taskforce/Task%20Force%20for%20Improving%20Education_Final_09-06-13.pdf?cache=1489013393515
- E. Jensen. *Teaching with Poverty in Mind*. Alexandria, VA: ASCD. Chapter 2. <http://www.ascd.org/publications/books/109074/chapters/How-Poverty-Affects-Behavior-and-Academic-Performance.aspx>
- W. Parrett & K. Budge. *Turning High Poverty Schools into High Performing Schools*. Alexandria, VA: ASCD. January, 2012. <http://www.ascd.org/Publications/Books/Overview/Turning-High-Poverty-Schools-into-High-Performing-Schools.aspx>
- Idaho State Department of Education. *Report Card*. <https://apps.sde.idaho.gov/reportcard/>
- United States Department of Education. *U.S. High School Graduation Rate Hits New Record High*. February 12, 2015. <https://www.ed.gov/news/press-releases/us-high-school-graduation-rate-hits-new-record-high>
- M. L. Anderson, J. Gallagher & E. R. Ritchie. *School Lunch Quality and Academic Performance*. National Bureau of Economic Research, March 2017. <http://www.nber.org/papers/w23218>
- L. Turner & F. Chaloupka. *Continued Promise of School Breakfast Programs: Breakfast is Still the Most Important Meal of the Day*. *JAMA Pediatrics*, 2015. <http://jamanetwork.com/journals/jamapediatrics/article-abstract/1939307>
- Afterschool Alliance. *Afterschool in Idaho: Facts & Research*. http://www.afterschoolalliance.org/policyStateFacts.cfm?state_abbr=ID
- NPR. *Why America's Schools Have a Money Problem*. April 18, 2016. <http://www.npr.org/2016/04/18/474256366/why-americas-schools-have-a-money-problem>
- National Student Clearinghouse Research Center. *The Role of Community Colleges in Postsecondary Success: Community College Outcomes Report*. 2017. <https://studentclearinghouse.info/onestop/wp-content/uploads/Comm-Colleges-Outcomes-Report.pdf>
- University of Idaho, McClure Center for Public Policy Research. *Life Choices of High School Seniors*. January 2017. <https://www.uidaho.edu/class/mcclure-center/publications-studies/life-after-high-school>
- National Center for Education Statistics. *Trends in CTE Course-taking*. November 19, 2013. <https://nces.ed.gov/pubsearch/pubsinfo.asp?pubid=2014901>
- Association for Career & Technical Education. *About CTE*. <https://www.acteonline.org/aboutcte/#highschool>

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METHODOLOGY

Community Assessment Advisory Committee

The United Way of Treasure Valley (UWTV) established a Community Assessment Advisory Committee comprised of representatives from more than 20 different community agencies and organizations located in Ada, Canyon, and Gem Counties of Idaho. The Committee provided guidance on the indicators selected for inclusion in the 2017 Community Assessment, the process for collecting qualitative data, and the inclusion of policy, systems and environmental change (PSE) solutions for each section.

UWTV gathered quantitative and qualitative data through contracted partnerships with The Utah Foundation, Initiative for Healthy Schools in the College of Education at Boise State University, and Alta Planning + Design.

Quantitative Data: Statistics

The 2017 Community Assessment utilized secondary data from a variety of private and public sector sources of representative, reliable data about demographic and socioeconomic factors that affect the Treasure Valley.

Quantitative data sources included, but were not limited to: the annual U.S. Census American Community Survey; U.S. Bureau of Labor Statistics; U.S. Department of Health and Human Services annual Behavioral Risk Factor Surveillance System (BRFSS) and Youth Risk Behavior Surveys (YRBS); and the Idaho State Department of Education.

All statistical estimates presented in the 2017 Community Assessment included the most recent information available in print and online sources as of April 2017. Please note the following caveats in utilizing the data in this report:

- ◆ Many data sources are only available at the county level, but not at smaller levels such as cities, neighborhoods, census tracts, or census block groups. This geographic limitation can mask micro-level differences that, in turn, can affect the interpretation of the findings. For example, a difference of one mile, or sometimes even one block, can make a large difference in terms of neighborhood safety, school resources, the availability of services, and other determinants of health and well-being
- ◆ Due to time lags for data processing, many of these data sources had not yet released 2016 information
- ◆ The data reported in the 2017 Community Assessment have margins of error that are in proportion to the sample size of the studies. The larger the sample size, generally the higher the level of confidence that the data in the study is representative of the true population estimates. For example, large surveys with sample sizes of approximately 5,000 adults, such as the annual survey used by the Behavioral Risk Factor Surveillance System, are more stable/reliable than surveys that include only a few participants

Qualitative Data: Focus Groups, Interviews, and Informal Conversations

The 2017 Community Assessment applied several types of qualitative data collection techniques to gather the perspectives and voices of residents, organizations, and community leaders across the Treasure Valley. Qualitative data included focus groups and interviews with key stakeholders from a variety of sectors (business, non-profit, and government agencies, to name a few) in Ada, Canyon, and Gem Counties. The purpose of these focus groups and interviews was to assess the changes that had occurred since the 2014 Community Assessment was published, gain a better understanding of key needs in the community, develop proposed PSE solutions to address those needs, and, most importantly, to obtain insights and feedback from stakeholders and influencers within the Treasure Valley community.

The Utah Foundation conducted a total of 14 focus groups and small-group conversations between September and December 2016. Seven of the focus groups spotlighted service providers, or those organizations on the frontlines of health and human services, interacting with residents of the Treasure Valley who use services. These seven groups included an aggregate of 61 participants from 25 different organizations in the Treasure Valley. Additional focus groups were conducted to explore how services and systems may be working for those utilizing them. Two focus groups and five small-group conversations formed

to obtain feedback from community members who were receiving services. These interactions and data collected in both the service provider groups and end users groups provided new insights and different perspectives on the priority needs of these participants. The location of the focus groups and small-group conversations included existing support group meetings at various agencies around the Treasure Valley. See the Acknowledgements Section for a full list of focus group hosts.

The United Way of Treasure Valley also conducted 22 one-on-one interviews with community leaders, including municipal leaders, state legislators, directors and staff of non-profit organizations, and other federal, state, and local agencies in the fall of 2016. These conversations were led with similar questions as those used by the focus groups and small-group conversations, but the one-on-one interviews often focused on the specific area of expertise of each leader. See the Acknowledgements page for a full list of interview participants.





**Saint Alphonsus
Regional Medical Center**

**UNITED WAY
OF TREASURE VALLEY**



Appendix

As a Catholic health system, Saint Alphonus is committed to advocacy for and service to individuals whose social condition puts them at the margins of society. We are called to minister to those less fortunate and to ensure the dignity of all people.

Our Mission calls us to serve together with Trinity Health, in the spirit of the Gospel as a compassionate and transforming healing presence within our communities.

The Community Health Needs Assessments (CHNA) allow Saint Alphonus to be responsible stewards of our resources, and target our efforts and financial investments to where there is the greatest need and increased potential for effectiveness.

A Community Health Needs Assessment provides the opportunity to:

- » Gain insights into the needs and assets of the communities served
- » Identify and address the needs of vulnerable populations within the community
- » Enhance relationships and opportunities for collaborative community action
- » Provide information for community outreach planning, evaluation and assessment

Conducting the Community Health Needs Assessment

Saint Alphonus Regional Medical Center (SARMC) in Boise, Idaho completed a comprehensive Community Health Needs Assessment (CHNA) that was adopted by the Board of Directors on June 8, 2017. SARMC performed the CHNA in adherence with certain federal requirements for not-for-profit hospitals set forth in the Affordable Care Act and by the Internal Revenue Service. The assessment took into account input from representatives of the community, community members, and various community organizations. It is available publicly online at <http://www.saintalphonus.org/community-needs-assessment>.

The assessment was led by United Way of Treasure Valley with Utah Foundation as a research partner and Saint Alphonus Regional Medical Center, Saint Alphonus Medical Center Nampa, St. Luke's Health System, Delta Dental of Idaho, and Idaho Association for the Education of Young Children as funding partners. Three Counties: Ada, Canyon and Gem were the primary service areas studied, with analysis and comparison of county/health district, state, and national data wherever available. The Alice Report (Asset Limited, Income Constrained and Employed Population) data was also analyzed.

In addition, United Way organized a community assessment advisory group, convened their board for community assessment discussions, held community leader discussions with Valley Regional Transit, PacificSource Health Plans, Boys and Girls Club, Genesis Community health, Giraffe Laugh, Terry Reilly Health Services, Learning Lab, City of Boise, Emmett Valley Friendship Coalition, City of Caldwell, St. Luke's Regional Family Practice, Idaho Association for the Education of Young Children, Idaho State Legislature, Nampa School District, Emmett School District, COMPASS, Saint Alphonsus Regional Medical Center, Idaho Foodbank, Idaho Housing and Finance Association, Home Partnership Foundation and BPA Health.

The Utah Foundation held focus groups, both with persons utilizing social safety net services and with nonprofit service providers including: Boys and Girls Club of Nampa, Corpus Christi House, Family Advocates, Genesis Community Health, Idaho Department of Health and Welfare, Idaho Department of Labor, Idaho Foodbank Learning Lab, Salvation Army, St. Vincent de Paul, Western Idaho Community Action Partnership, Inc., Women's and Children's Alliance and the YMCA of Treasure Valley.

Saint Alphonsus Regional Medical Center, based in Boise, Idaho, is a 387 bed, Catholic faith-based, not-for-profit hospital serving the Southwest region of Idaho. SARMC provides inpatient and outpatient services primarily to residents of Ada County, Canyon County, and Gem County. Ada has the largest population of Idaho's 44 counties and is double the population of Canyon County, which is the next largest. Gem County has a much smaller population though still larger than over half of Idaho's counties. The population of the hospital's primary service area is over 633,000 people.

Brief Overview of Health Needs

The CHNA conducted in 2017 identified four significant health needs within the Saint Alphonsus RMC community. The Saint Alphonsus Regional Medical Center Mission Committee, a subcommittee of the SARMC Community Board, served as the External Review Committee to analyze the United Way assessment and determine the significant health needs in SARMC's community.

The SARMC External Review Committee identified four categories of significant health needs. These needs were then prioritized based on populations affected, impact on quality of life, health system resources for impact, and feasibility of reasonable impact. Although other partners in the CHNA, listed above, use the same CHNA, their strategies may reflect and format these needs differently depending on their service and relationship in the community. As part of the prioritization process, an inventory of current and on-going work around those needs was compiled. The four health needs identified, include:

Health Care Access, Including Mental Health	<ul style="list-style-type: none"> • Lack of health insurance coverage • Lack of medical home • Lack of stable housing / experiencing homelessness • Suicides, attempts, and ideation • Poor mental health days • Violence and bullying • Vulnerable populations: immigrants, seniors, women and children • Transportation barriers
Nutrition, Physical Activity, and Weight Status	<ul style="list-style-type: none"> • Childhood and adult obesity prevalence • Lack of participation in exercise/physical activity • Low daily fruit and vegetable consumption • Hunger and food insecurity prevalence
Harmful Substance Use	<ul style="list-style-type: none"> • Tobacco usage • Vaping, e-cigarette usage, especially in youth • Prescription drug abuse and illicit drug use • Substance use often occurs with mental health needs
Oral Health	<ul style="list-style-type: none"> • Adults seeing dentist in past year • Tobacco and sugary beverages worsen issues

Previous Community Health Needs Assessment

The prior CHNA, conducted in April 2014, identified four significant health needs within the Saint Alphonsus Medical Center's community:

Health Care Access, Including Mental Health	<ul style="list-style-type: none"> • Lack of Health Insurance Coverage • Lack of Medical Home • Prevalence of Hypertension & High Cholesterol • Prevalence of Diabetes • Suicides • "Poor" Mental Health Days • Lack of Healthy, Safe, Nurturing Relationships • High Cost of Oral Health
Nutrition, Physical Activity & Weight Status	<ul style="list-style-type: none"> • Prevalence of Obesity • Diet – Low Fruit & Vegetable Consumption • Lack of access to Healthy Food • Exercise - Lack of Physical Activity
Harmful Substance Use	<ul style="list-style-type: none"> • Tobacco Usage

Prenatal Care*

- Lack of Prenatal Care in First Trimester

* SARMC regularly provides childbirth education and breastfeeding classes for new moms and has a dedicated program around vulnerable refugees that continues; limited resources excluded this as an area chosen for additional action.

SARMC acknowledged the wide range of priority health issues that emerged from the 2014 CHNA process, and determined that it could effectively focus on only those health needs which it deemed most pressing, under-addressed, and within its ability to influence. SARMC developed and/or supported initiatives to improve the health needs of health care access, nutrition-physical activity-weight status (obesity prevention), and harmful substance use. Additionally, Saint Alphonsus incorporated social determinants of health into the implementation strategy in fiscal years 16 and 17: (1) preventing violence against women & children and (2) homelessness prevention and intervention.

Health Care Access: SARMC worked to improve access to health care by removing barriers and providing services for the poor and underserved:

- **Advocacy:** Participated / facilitated legislative work on considering Medicaid Redesign and expansion efforts. Saint Alphonsus continues to take a leadership role in advocating for a complete solution.
 - Idaho's coverage gap affects 78,000 Idahoans, primarily from working families at or below the poverty level.
 - 2016 and 2017 saw multiple bills introduced in the Idaho Legislature, and while no vote decided a path forward, legislative workgroups explored solutions.
- **Health Insurance Exchange:** Provided human resource assistance and dedicated space to people enrolling in the health insurance exchange.
- **Safety Net:** Supported other safety net organizations in the community who provide health services, counseling and oral health services for low-income persons and care for homeless individuals. Also piloted community health workers to do outreach to vulnerable patients.
 - Genesis Community Health is a key safety net providing free services; Saint Alphonsus provides annual support: \$10K-\$50K, and also major in-kind support of Genesis services (Free Lab, Imaging, Other Support):
 - **Total Across Genesis Programs**
 - FY15 - 2,822 Encounters
 - FY16 - 3,317 Encounters, 700 Served
 - FY17 – 3,618 Encounters, 900 Served
 - **Medical**
 - FY 15 - 1,138 Encounters, 498 Served
 - FY16 - 1,267 Encounters, 503 Served
 - FY17 – 1,139 Encounters, 474 Served

- Dental
 - FY15 - 596 Encounters, 229 Served (Approx)
 - FY16 - 744 Encounters, 256 Served
 - FY17 – 666 Encounters, 285 Served
 - Counseling
 - FY15 - 194 Encounters, 97 Served
 - FY16 – 194 Encounters, 36 Served
 - FY17 – 198 Encounters, 53 Served
 - Volunteer Physician Network (VPN)
 - FY15 - 894 Referrals to specialty care, 664 Served
 - FY16 - 381 Referrals to specialty care, 285 Served
 - FY17 – 288 Referrals to specialty care, 95 Served
 - Community Connectors (Community Health Workers) [New 2016]
 - FY16 – 731 Referrals, 246 Successful Connections
 - FY17 – 3,964 Referrals Total, 1,327 Encounters, 475 Served
- Chronic Illness:
 - Diabetes: Special project to connect diabetics visiting the emergency room to be seen regularly at outpatient diabetes clinic.
 - FY 2014 – 84 patients received services
 - FY 2015 – 119 patients received services
 - FY 2016 – 287 patients received services
 - FY2017 – 443 patients received services
 - Heart: Provided 12 AEDs for community churches and other entities in need
- Mental health programs: Supported Allumbaugh House, Suicide Hotline, Boise Rescue Mission, State Suicide Prevention Council, telepsychiatry. Began suicide prevention (SOS) programs in area schools. SARMC collaborated in a community roundtable on mental health, including advocacy work in supporting and planning a local crisis center.
 - Suicide Hotline Calls/Contacts:
 - FY 2015 – 4,866; FY 2016 – 5,973; FY 2017 - 9,531
 - Allumbaugh House: See below
 - SOS School Trainings: Signs of Suicide Prevention & Awareness
 - FY 2016: 1 school training; another school faculty only.
 - FY 2017: 2 schools, 51 staff, 41 parents, 156 students
- Refugees: The Saint Alphonsus Center for Global Health and Healing, and the specialty CARE (Culturally Appropriate Resources and Education) Clinic for pregnant refugees/new refugee moms and infants, provide trauma-informed care for this vulnerable population.
 - International Clinic (Family Practice): 3602 total patients through resettlement
 - Total visits by year: FY15 – 4194; FY16 – 5307; FY17 – 5447
 - CARE Clinic (Maternal/Child Health) # of women who went through prenatal care by year: FY15 – 97; FY16 – 105; FY17 – 85
 - Program for Survivors of Torture: FY16 -25; FY17 – 54
- Seniors: New senior services programming and clinical services; Honoring Choices advanced directive work launched.

- Hosted / Sponsored a Senior Prom in Nampa and Sock Hop in Boise, the Caregiver of the Year Awards, Caregiver Conference, JAVA Summit (Justice Alliance for Vulnerable Adults) Health and Aging Expo, Santa for a senior program, Alzheimer's Association Reason to Hope Breakfast, Alzheimer's Association Walk to End Alzheimer's, Alzheimer's Memory Café, 2018 End Of Life Survey, along with a variety of smaller events.
- 2015: Educated 2,400 seniors, family members and caregivers
- 2016: Educated approximately 2,889 seniors, family members and caregivers.

Nutrition, Physical Activity, and Weight Status (Obesity Prevention): SARMC expanded programs and promoted awareness of nutrition and exercise opportunities to address health literacy around weight management, active living, and healthy choices:

- Leader in sharing GoNoodle with schools in the Treasure Valley, an activity program that promotes physical activity breaks during class instruction time. This extended from participation in the High Five! Idaho Children's Health Collaborative
 - In FY 2017, over 17 million minutes of activity in 2016-17 school year in 249 active schools, with 2089 active teachers and 52,452 active students.
 - FY 2017 saw a 28% growth in minutes since FY 2016 (2015-16 school year).
 - 95% of teachers have seen improvements in students' social/emotional health and student's attitude toward physical activity; 97% have seen improvements in student's focus/time-on-task.
 - Also provided HealthTeacher Curriculum to schools in Treasure Valley.
- Sponsored and hosted Meet Me Monday and expanded to new communities; Meet Me Monday is an organized walking program for individuals and families.
 - Average 81 participants/week in FY 2017
 - Have grown from 1 community to program in 4 communities in Treasure Valley
- Provided education and outreach on healthy habits at community events, such as the Boise downtown farmer's market.
- Committed to start the journey toward becoming a Baby Friendly hospital. Baby Friendly Hospitals; these hospitals are recognized for encouraging breastfeeding and mother/baby bonding, which is known to provide health benefits for infants, children, and mothers and is a known effort for obesity prevention.

Harmful Substance Use: SARMC offered new and expanded "quit" programs, raised awareness of tobacco policy opportunities, and supported alcohol and drug use prevention and intervention programs.

- Took leadership roles within existing tobacco related coalitions and began strategizing and implementing approaches to moving the Tobacco 21 initiative forward in Idaho, which aims to raise the legal tobacco sales age to 21.
 - Partnered with statewide Project Filter (from the Department of Health & Welfare) around new tobacco free campus and other public space signage.

- Locally promoted *smoke-free movies* initiative to advocate for elimination of tobacco products in film and/or to put an adult rating on movies portraying tobacco, due to the bad influence on youth.
- Saint Alphonsus Tobacco Free Living Program offered comprehensive group and individual tobacco cessation programming free to the public.
 - FY 2017:
 - Education for SAHS Providers and Staff- 759 attendees
 - TFL Cessation Classes: August 2016- June 2017- 143 attendees
 - Community Events Targeting Tobacco Users- 415 individuals
 - Prevention Week, West Ada School District: 654 students
- Supported Allumbaugh House as key community funder at \$220K annually
 - Crisis Mental Health and Detoxification Services
 - FY 2015: 901 admissions; FY 2016: 965 admissions

Focus Areas under Social Determinant of Health-added to Strategy in FY 2016-17:

- Homelessness: New Faith Community Nurse program for foot care at homeless shelters. Also, SARMC became a major partner in Boise City's "Housing First" launch and groundbreaking for housing for the chronically homeless. Supported capital campaign for Salvation Army and capital campaign for Women and Children's Alliance (WCA).
 - Saint Alphonsus contributed \$100,000 to support the community's Housing First initiatives, which is an evidence-based approach to chronic homelessness. These funds will support "wrap-around" support and services, like mental health counseling, substance abuse treatment and financial counseling.
 - Homeless Foot Care Clinic: Saint Alphonsus Faith Community Nurses provide foot care and more at these events.
 - FY 2016: Served 63 homeless clients in Boise
 - FY 2017: Served 108 clients in Boise, 153 in Treasure Valley
- Preventing Violence Against Women & Children: Became co-leader in community for hosting and training program *Darkness to Light: Stewards of Children*, aimed at preventing childhood sexual abuse. Promoted and hosted WCA Tours and Ambassador program. Piloted *Toolbox* in two local schools; *Toolbox* is a social-emotional learning program that gives adults and children language for empowerment.
 - Darkness to Light: FY 2017 > \$35,000 for community trainings
 - Individuals trained: FY 2016-316; FY 2017-359
 - Toolbox Program: FY 2017 >\$40,000 to implement and evaluate in two local needy schools – materials and support for parents, faculty & staff, and students.
 - WCA Increased financial contribution in FY 2017 to >\$40,000 to include capital campaign.
- Transportation: Piloted and supported a project with Valley Regional Transit, "Rides 2 Wellness" to transport low-income patients to/from healthcare.
 - FY 2017 pilot: Requests for Rides grew remarkably over the pilot year.
 - Aug-Nov: 24 Ride Requests
 - Dec-Jan: 36
 - Feb-Mar: 68

- Apr-May: 135

Transforming Communities Initiative Grant

In February 2016, Saint Alphonsus, United Way of Treasure Valley and other community partners were awarded a \$1.5 million Transforming Communities Initiative grant by Trinity Health, to support the Promise Partnerships initiative being launched in Ada and Canyon Counties. Specifically the grant helps to move forward the “Community Schools” concept in which elementary schools become community hubs where health and social service agencies bring needed services closer to vulnerable populations, eliminating time and transportation barriers for residents of the neighborhood around the school.

The grant is heavily focused on policy changes that will impact the greatest causes of preventable disease and premature death, obesity and smoking. Through initiatives to raise the legal sale age for tobacco (Tobacco 21), ensure “Complete Streets” that are walkable and bikeable, make hospitals more “baby-friendly” encouraging breastfeeding, and increase physical activity and nutrition standards in child care and schools – our community partnership aims to significantly improve health in the Treasure Valley.