



United Way of Treasure Valley 2020 COMMUNITY ASSESSMENT APPENDICES



APPENDICES

Appendix A. Focus Group Discussion Guide

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Focus Group Guide

Goals of the focus groups:

- To identify the perceived health needs and assets in [REGION]
- To gain an understanding of people's barriers to health and how these barriers can be addressed
- To identify areas of opportunity to address needs

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

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

I. BACKGROUND (5-10 MINUTES)

- Welcome everyone. My name is _____, and I work for _____.
- We're going to be having a focus group today. Has anyone here been part of a focus group before? You are here because we want to hear your opinions. I want everyone to know there are no right or wrong answers during our discussion. We want to know your opinions, and those opinions might differ. This is fine. Please feel free to share your opinions, both positive and negative.
- The [CLIENT] is conducting a community needs assessment to gain a greater understanding of the issues facing residents, how those needs are currently being addressed, and where there are opportunities to address these needs in the future. We want to hear from you about all the things that can affect the health of a community, which can include not just health care but also other things related to where people live, work, and play. The information you provide is a valuable part of this assessment and improving health in the community.
- As you can see, I have a colleague with me today, [NAME], who is taking notes during our discussion. She works with me on this project. I want to give you my full attention, so they are helping me out by taking notes during the group and they do not want to distract from our discussion.
- [NOTE AUDIOTAPING IF APPLICABLE] Just in case we miss something in our note-taking, we are also audio-taping the groups tonight. We are conducting several of these discussion groups around the area, and we want to make sure we capture everyone's opinions. After all of the groups are done, we will be writing a summary report of the general opinions that have come up. In that report, I might provide some general information on what we discussed tonight, but I will not include any names or identifying information. Your responses will be strictly confidential. In our report, nothing you say here will be connected to your name.
- You might also notice that I have a stack of papers here. I have a lot of questions that I'd like to ask you tonight. I want to let you know that so if it seems like I cut a conversation a little short to move on to the next question, please don't be offended. I just want to make sure we cover a number of different topics during our discussion tonight.

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

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

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

III. COMMUNITY PERCEPTIONS (20-30 MINUTES)

2. Today, we're going to be talking a lot about the community that you live in. How would you describe your community?
 - a. If someone was thinking about moving into your community, what would you say are some of its biggest strengths or the most positive things about it? [PROBE ON COMMUNITY AND ORGANIZATIONAL ASSETS/STRENGTHS]
3. What are some of the biggest problems or concerns in your community? [PROBE ON ISSUES IF NEEDED – transportation, affordable housing; education; child care; financial stress; food security; violence; employment, etc.]
 - a. How have these issues affected your community?
 - b. Just thinking about day-to-day life –working, getting your kids to school, things like that – what are some of the challenges or struggles you deal with on a day-to-day basis?
4. What do you think are the most pressing health concerns in your community? [PROBE ON SPECIFIC ISSUES IF NEEDED, E.G. CHRONIC DISEASES/CONDITIONS, MENTAL HEALTH, SUBSTANCE USE, ETC.; ENSURE ADEQUATE DISCUSSION TIME; PROBE ON HEALTH CARE ACCESS IF MENTIONED]
 - i. How have these health issues affected your community? [PROBE FOR SPECIFICS]
5. Thinking about health and wellness in general, what helps keep you healthy?
 - a. What makes it easier to be healthy in your community?
 - i. What supports your health and wellness?
 - b. What makes it harder to be healthy in your community?

IV. PERCEPTIONS OF SERVICE ENVIRONMENT (15 minutes)

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6. Let's talk about a few of the issues you mentioned. [SELECT TOP CONCERNS, HEALTH AND 1-2 OTHERS] What programs, services, and policies are you aware of in the community that currently focus on these issues?
 - a. What's missing? What programs, services, or policies are currently not available that you think should be?
 - b. What do you think the community should do to address these issues? [PROBE SPECIFICALLY ON WHAT THAT WOULD LOOK LIKE AND WHO WOULD BE INVOLVED TO MAKE THAT HAPPEN]

V. VISION OF COMMUNITY (5 minutes)

7. I'd like you to think ahead about the future of your community. When you think about the community 3 years from now, what would you like to see? What is your vision for the future?
 - a. What do you think needs to happen in the community to make this vision a reality?

VI. CLOSING (5 MINUTES)

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

I want to thank you again for your time. And we'd like to express our thanks to you. [DISTRIBUTE STIPENDS AND HAVE RECEIPT FORMS SIGNED].

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

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

Appendix B. Key Informant Interview Discussion Guide

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Key Informant Interview Guide

Goals of the Key Informant Interview

- To gather perceptions of the health strengths and needs of [REGION]
- To identify health-related gaps, challenges, and assets
- To explore opportunities for addressing community health needs more effectively

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

BACKGROUND (5 minutes)

- Hi, my name is _____ and I am with _____.
- As you may know, the [CLIENT] is conducting a community needs assessment to gain a greater understanding of the issues of [REGION], how those needs are being addressed, and whether there might be opportunities to address these issues more effectively.
 - As part of this process, we are conducting interviews with leaders in the community and focus groups with residents and other stakeholders to understand different people's perspectives on these issues. We greatly appreciate your feedback, insight, and honesty. We are also gathering quantitative data on a wide range of community and health issues.
- Our interview will last about 45 – 60 minutes. After all of the interview and focus group discussions are completed, we will be writing a summary report of the general themes that have emerged during the discussions. This report will be public, but we will not include any names or identifying information in that report. All names and responses will remain confidential. Nothing sensitive that you say here will be connected to directly to you in our report.
- Do you have any questions before we begin our introductions and discussion?

THEIR AGENCY / ORGANIZATION (5 minutes)

SKIP THIS SECTION FOR ELECTED OFFICIALS

8. Can you tell me a bit about your organization/agency? [TAILOR PROBES DEPENDING ON AGENCY]
 - a. [PROBE ON ORGANIZATION: What is your organization's mission/services? What communities do you work in? Who are the main clients/audiences?]
 - i. What are some of the biggest challenges your organization faces in conducting your work in the community?
 - b. Do you currently partner with any other organizations or institutions in any of your work?

COMMUNITY ISSUES (10 minutes)

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9. How would you describe the community served by your organization/ that you serve as [INSERT TITLE]?
 - a. What do you consider to be the community's strongest assets/strengths?
 - b. What are some of its biggest concerns/issues in general? What challenges do residents face in their day-to-day lives? [PROBE ON: transportation; affordable housing; education; child care; financial stress; food security; violence; employment]
 - i. What populations (geography, age, race, gender, income/education, etc.) do you see as being most affected by these issues?

TOP ISSUES (10 minutes)

10. What do you think are the most pressing health/education/housing/education/economic/transportation [MODERATOR SELECT HEALTH AND MOST APPLICABLE TOPIC FOR EACH INTERVIEWEE] concerns in the community? Why? [PROBE ON SPECIFICS]

[MODERATOR INSTRUCTIONS: AFTER PARTICIPANTS TALK ABOUT DIFFERENT ISSUES, SELECT THE TOP 3 AND ASK THE FOLLOWING SERIES OF QUESTIONS FOR EACH ISSUE.]

- a. How has [HEALTH ISSUE] affected the/ your community? [PROBE FOR DETAILS: IN WHAT WAY? CAN YOU PROVIDE SOME EXAMPLES?]
- b. Who do you consider to be the populations in the community most vulnerable or at risk for [THIS CONDITION / ISSUE]?
- c. From your experience, what are peoples' biggest challenges to addressing [THIS ISSUE]?
 - i. [PROBE: Barriers to accessing medical care, barriers to accessing preventive services or programs, barriers to receiving information on these issues, etc.]

PROGRAM / SERVICE ENVIRONMENT (10 minutes)

11. Let's talk about a few of the issues you mentioned previously. [SELECT TOP CONCERNS] What programs, services, or policies are you aware of in the community that address some of these issues? [PROBE FOR SPECIFICS]
 - a. In your opinion, how effective have these programs, services, or policies been at addressing these issues? Why?
 - i. How coordinated are these programs or services, if at all?
 - b. Where are the gaps? What program, services, or policies are currently not available that you think should be?

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- c. What do you think needs to be done to address these issues?
 - i. Do you see opportunities currently out there that can be seized upon to address these issues? For example, are there some “low hanging fruit” – current collaborations or initiatives that can be strengthened or expanded?

12. [IF HEALTH NOT YET MENTIONED/DISCUSSED] What do you see as the strengths of the health services in your community? What do you see as its limitations?

- a. What challenges do residents in your community face in accessing health services? [PROBE IN DEPTH FOR BARRIERS TO CARE: LACK OF TRANSPORTION, INSURANCE ISSUES, LANGUAGE BARRIERS, CHILD CARE, ETC.]
 - i. You mentioned [NAME BARRIER] as something that makes it difficult for residents to get health services. What do you think needs to happen in your community to help residents overcome or address this challenge? [REPEAT FOR OTHER BARRIERS]

VISION OF THE FUTURE (10 minutes)

13. I'd like you to think ahead about the future of your community. When you think about the community 3-5 years from now, what would you like to see? What is your vision for the future?

- a. What is your vision specifically related to people's health in the community?
 - i. What do you think needs to happen in the community to make this vision a reality?
 - ii. Who should be involved in this effort?

CLOSING (2 minutes)

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

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

Thank you again. Have a good afternoon.

Appendix C. Community Survey Instrument

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[CLIENT] is conducting a community assessment to better understand the needs of [REGION] community members. The assessment will inform future regional community improvement activities.

We are asking community members to give us your thoughts and suggestions about concerns and services in [REGION] by completing this survey by [DATE]. All responses are completely anonymous. There are no right or wrong answers; it's your opinion that matters!

You can complete this survey online at: [LINK]
Or return it by mail to: [LINK]

Your input is valuable and we appreciate your participation!

1. What county do you live in?

- Ada
- Canyon
- Elmore
- Gem
- Malheur
- Owyhee
- Other _____

2. Are you a health or social service provider?

- Yes
- No

3. Please select THE TOP HEALTH ISSUES that have the largest impact on you and/or your family, and your community as a whole.

(Please select up to 5 issues under "you/your family" and up to 5 issues under "your community." You can select the same or different issues.)

	YOU AND/OR YOUR FAMILY	YOUR COMMUNITY
Access to contraceptives (birth control)	<input type="checkbox"/>	<input type="checkbox"/>
Affordable child care	<input type="checkbox"/>	<input type="checkbox"/>
Affordable housing	<input type="checkbox"/>	<input type="checkbox"/>
Aging health concerns (Alzheimer's, arthritis, dementia, falls, etc.)	<input type="checkbox"/>	<input type="checkbox"/>
Air quality	<input type="checkbox"/>	<input type="checkbox"/>
Asthma	<input type="checkbox"/>	<input type="checkbox"/>
Cancer	<input type="checkbox"/>	<input type="checkbox"/>
Cost of living (e.g., housing, child care, groceries, etc.)	<input type="checkbox"/>	<input type="checkbox"/>
Dental/oral health	<input type="checkbox"/>	<input type="checkbox"/>
Diabetes	<input type="checkbox"/>	<input type="checkbox"/>
Disabilities (including lack of services for individuals with disabilities)	<input type="checkbox"/>	<input type="checkbox"/>
Education	<input type="checkbox"/>	<input type="checkbox"/>
Getting health care (transportation, health insurance, cost, etc.)	<input type="checkbox"/>	<input type="checkbox"/>
Heart disease/ heart attacks	<input type="checkbox"/>	<input type="checkbox"/>
High blood pressure/hypertension	<input type="checkbox"/>	<input type="checkbox"/>
Homelessness	<input type="checkbox"/>	<input type="checkbox"/>
Infectious/contagious diseases (tuberculosis, pneumonia, flu, etc.)	<input type="checkbox"/>	<input type="checkbox"/>
Mental health and stress	<input type="checkbox"/>	<input type="checkbox"/>
Obesity/ overweight	<input type="checkbox"/>	<input type="checkbox"/>

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Physical activity opportunities	<input type="checkbox"/>	<input type="checkbox"/>
Public safety	<input type="checkbox"/>	<input type="checkbox"/>
Sexually transmitted infections (STIs) (Chlamydia, Gonorrhea, etc.)	<input type="checkbox"/>	<input type="checkbox"/>
Smoking	<input type="checkbox"/>	<input type="checkbox"/>
Substance Use (alcohol, marijuana, heroin, meth, etc.)	<input type="checkbox"/>	<input type="checkbox"/>
Teenage pregnancy	<input type="checkbox"/>	<input type="checkbox"/>
Transportation (e.g. schedules, cost, accessibility)	<input type="checkbox"/>	<input type="checkbox"/>
Other (please specify): _____	<input type="checkbox"/>	<input type="checkbox"/>

4. Have any of these issues ever made it more difficult for you to get the health or social services that you needed? (Check all that apply.)

- | | |
|--|---|
| <input type="checkbox"/> Lack of transportation | <input type="checkbox"/> Afraid to seek services |
| <input type="checkbox"/> Have no regular doctor/source of health care | <input type="checkbox"/> Afraid due to my immigration status |
| <input type="checkbox"/> Cost of services | <input type="checkbox"/> Don't know what type of services are available |
| <input type="checkbox"/> Inconvenient operating hours | <input type="checkbox"/> No available providers near me |
| <input type="checkbox"/> Insurance problems/lack of coverage/not enough coverage | <input type="checkbox"/> Long waits for appointments |
| <input type="checkbox"/> Language problems/could not communicate with provider or office staff | <input type="checkbox"/> I have never experienced any difficulties getting services |
| <input type="checkbox"/> Discrimination/unfriendliness of provider or office staff | <input type="checkbox"/> Other (please specify): _____ |

5. Which of the following health and social services are currently lacking in your community? (Please select all that apply.)

- | | |
|---|--|
| <input type="checkbox"/> Services for older adults | <input type="checkbox"/> Oral health care services |
| <input type="checkbox"/> Services for people with disabilities | <input type="checkbox"/> Exercise and physical activity opportunities |
| <input type="checkbox"/> Services for veterans | <input type="checkbox"/> Employment services (including job training and readiness) |
| <input type="checkbox"/> Services for new immigrants | <input type="checkbox"/> Financial assistance services |
| <input type="checkbox"/> Services for youth (including out of school time) | <input type="checkbox"/> Housing services (including services for the homeless or housing insecure) |
| <input type="checkbox"/> Educational support services (including language services) | <input type="checkbox"/> Food services (including food stamps, food pantries, nutrition education and support) |
| <input type="checkbox"/> Transportation services | <input type="checkbox"/> Family Planning Services (including birth control and pregnancy counseling services) |
| <input type="checkbox"/> Affordable housing | <input type="checkbox"/> I don't know |
| <input type="checkbox"/> Affordable child care services | <input type="checkbox"/> Other (please specify): _____ |
| <input type="checkbox"/> Substance use services | |
| <input type="checkbox"/> Mental health care services | |
| <input type="checkbox"/> Health care services (including primary care, specialty care, hospital services) | |

6. How many times have you moved in the past 12 months?

- | | |
|----------------------------|---|
| <input type="checkbox"/> 0 | <input type="checkbox"/> 3+ |
| <input type="checkbox"/> 1 | <input type="checkbox"/> Don't know |
| <input type="checkbox"/> 2 | <input type="checkbox"/> Prefer not to answer |

7. Think about the place you live. Do you have problems with any of the following? (check all that apply)

- | | |
|--|--|
| <input type="checkbox"/> Bug infestation | <input type="checkbox"/> Lead paint or pipes |
| <input type="checkbox"/> Mold | <input type="checkbox"/> Inadequate heat |

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- Oven or stove not working
- No or not working smoke detectors
- Water leaks
- Landlord/tenant rights issues
- None of the above

8. What is your housing situation today?

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

9. The following questions ask you to rate your concern for specific community issues. Please indicate how high of a concern each of the following topics are to you as a community member in [REGION].

Cost of Living	Not a Concern	Slight Concern	Moderate Concern	High Concern	I don't know
Availability of healthy, affordable food options	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Availability of internet access	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Availability of jobs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cost of child care (e.g., in-home, center based, or after school care)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cost of utilities (e.g., heat, electricity, water, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Housing costs and issues associated with home ownership (e.g., mortgage payments, property taxes)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Housing costs and issues associated with renting (e.g., rent payments, evictions, housing conditions)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Prescription Drug Costs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Support for low-income families and individuals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Wages	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

Transportation	Not a Concern	Slight Concern	Moderate Concern	High Concern	I don't know
Accessibility of transportation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Availability of public transportation (e.g., regional bus)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cost of transportation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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Length of commute	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Motor vehicle safety	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pedestrian or bike safety	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Transportation to activities other than work (e.g., grocery shopping, medical appointments, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Transportation to work or school	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Substance Use	Not a Concern	Slight Concern	Moderate Concern	High Concern	I don't know
Ability to get substance use services (e.g., affordable, timely, proximity, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Alcohol use among adults	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Alcohol use among youth	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Drug use among youth (including misuse of prescriptions, use of other illicit drugs)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Marijuana use among youth	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Methamphetamine use	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Opioid use (e.g., prescription pain killers, heroin, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other substance use	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Real or perceived stigma associated with seeking substance use services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Recreational marijuana use among adults	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tobacco use among adults	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tobacco use among youth (including vaping and e-cigarettes)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

10. Are there any other issues of concern – not listed previously – that are of high concern to you as [REGION] community member?

- No
- Yes, please specify: _____

Appendix C. Community Survey Instrument

The following items are related to your own demographic characteristics. We are asking these questions in order to make sure this survey has reached all population groups that live in [REGION]. Your input is valuable and we appreciate your response to these questions!

- 11. What's your zip code? _____
- 12. How old are you?
 - Under 18 years old
 - 18-24 years old
 - 25-34 years old
 - 35-44 years old
 - 45-64 years old
 - 65+ years old
- 13. What is your gender?
 - Male
 - Female
 - Other (please specify) _____
- 14. What is your sexual orientation?
 - Heterosexual/straight
 - Gay or Lesbian
 - Bisexual
 - Other (please specify) _____
- 15. How would you describe your ethnic/racial background? (Please check all that apply.)
 - African American or Black
 - American Indian or Alaskan Native
 - Asian
 - Hispanic/Latino(a)
 - Native Hawaiian or Other Pacific Islander
 - White
 - Other (please specify) _____
- 16. What language do you speak most often at home? (Please choose one.)
 - English
 - Spanish
 - Other (please specify) _____
- 17. What is the highest level of education that you have completed?
 - Less than high school
 - High school graduate or GED
 - Some college
 - Associate or technical degree/certification
 - College graduate
 - Graduate or professional degree
- 18. What is your household income?
 - Less than \$25,000
 - \$25,000 to \$49,999
 - \$50,000 to \$74,999
 - \$75,000 to \$99,999
 - \$100,000 or more
- 19. Have you or someone in your family experienced housing insecurity or homelessness in the last 12 months?
 - Yes
 - No
- 20. How long have you lived in [REGION]?
 - Less than one year
 - At least 1 year but less than 5 years
 - At least 5 years but less than 10 years
 - At least 10 years but less than 15 years
 - At least 15 years but less than 20 years
 - 20 years or more

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21. Do you have difficulty with any of the following? (Please check all that apply.)

- Hearing (deafness or severe hearing impairment)
- Vision (blindness or severe vision impairment)
- Mobility (walking, climbing stairs)
- Cognitive Functioning (concentrating, remembering, making decisions)
- Independent Living (dressing, bathing)
- Other (please write): _____

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Appendix D. Demographics/Descriptive Data about Community Survey Participants

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Figure 1. Survey participant demographic data

Measure	n	%
County (n=2198)		
Ada	1194	54.3
Canyon	561	25.5
Elmore	254	11.6
Gem	101	4.6
Owyhee	88	4.0
Zip code (n=1782)		
73647	1	0.1
82639	1	0.1
82647	1	0.1
82669	1	0.1
83072	1	0.1
83301	1	0.1
83434	1	0.1
83547	2	0.1
83604	4	0.2
83605	103	5.8
83606	2	0.1
83607	87	4.9
83616	38	2.1
83617	84	4.7
83623	7	0.4
83624	10	0.6
83626	1	0.1
83628	31	1.7
83633	3	0.2
83634	28	1.6
83636	1	0.1
83638	1	0.1
83639	18	1.0
83641	2	0.1
83642	70	3.9
83643	1	0.1
83644	5	0.3
83646	75	4.2
83647	182	10.2
83648	7	0.4
83650	2	0.1
83651	54	3.0
83657	1	0.1
83660	7	0.4
83669	18	1.0
83676	15	0.8
83686	111	6.2
83687	61	3.4

Appendix D. Demographics/Descriptive Data about Community Survey Participants

Page 2

Measure	n	%
83689	1	0.1
83701	2	0.1
83702	121	6.8
83703	61	3.4
83704	86	4.8
83705	71	4.0
83706	90	5.1
83707	2	0.1
83709	97	5.4
83712	30	1.7
83713	57	3.2
83714	64	3.6
83716	51	2.9
83717	1	0.1
83720	2	0.1
83739	1	0.1
83747	1	0.1
83767	1	0.1
83809	1	0.1
84647	1	0.1
84704	1	0.1
86686	1	0.1
93804	1	0.1
Health or social service provider (n=2198)		
Yes	546	24.8
No	1652	75.2
Age (n=1909)		
18-24	115	6.0
25-34	394	20.6
35-44	421	22.1
45-64	733	38.4
65+	246	12.9
Gender (n=1906)		
Female	1473	77.3
Male	409	21.5
Other	24	1.3
Sexual orientation (n=1816)		
Heterosexual/straight	1714	94.4
Lesbian/gay/bisexual	102	5.6
Ethnic/racial background* (n=1877)		
African American or Black	25	1.3
American Indian or Alaskan Native	31	1.7
Asian	39	2.1
Hispanic/Latino(a)	175	9.3
Native Hawaiian or Other Pacific Islander	13	0.7
White	1622	86.4

Appendix D. Demographics/Descriptive Data about Community Survey Participants

Page 3

Measure	n	%
Other	67	3.6
Language of Survey (n=2198)		
Arabic	3	0.1
English	2183	99.3
Somali	1	0.04
Spanish	9	0.4
Swahili	2	0.1
Language most spoken at home (n=1906)		
English	1838	96.4
Spanish	39	2.0
Other	29	1.5
Highest level of education completed (n=1898)		
Less than high school	32	1.7
High school graduate or GED	136	7.2
Some college	348	18.3
Associate or technical degree/certification	247	13.0
College graduate	604	31.8
Graduate or professional degree	531	28.0
Household income (n=1824)		
Less than \$25,000	200	11.0
\$25,000 to \$49,999	450	24.7
\$50,000 to \$74,999	426	23.4
\$75,000 to \$99,999	285	15.6
\$100,000 or more	463	25.4
Experience of housing insecurity or homelessness by participant or a family member in the past 12 months (n=1895)		
Yes	345	18.2
No	1550	81.8
Length of time lived in this region (n=1898)		
Less than one year	62	3.3
At least 1 year but less than 5 years	307	16.2
At least 5 years but less than 10 years	241	12.7
At least 10 years but less than 15 years	182	9.6
At least 15 years but less than 20 years	183	9.6
20 years or more	923	48.6
Difficulty with any of the following* (n=372)		
Hearing	130	34.9
Vision	106	28.5
Mobility	149	40.1
Cognitive functioning	116	31.2
Independent living	18	4.8
Other	47	12.6

*Respondents were permitted to select more than one option, so percentages do not sum to 100%

Appendix E. Community Survey Respondent Ratings of Their Concern for Specific Community Issues

Page 1

Table 1. Top 5 issues participants say have the largest impact on themselves and/or their family, and their community as a whole (n=2198)

Top Concerns	n	%
You and/or your family		
Cost of Living	1170	53.2
Mental health and stress	845	38.4
Affordable housing	777	35.4
Aging health concerns	607	27.6
Accessing health care	584	26.6
Your community		
Affordable housing	1404	63.9
Cost of living	1187	54.0
Mental health and stress	933	42.4
Affordable child care	866	39.4
Getting health care	771	35.1

Saint Alphonsus Health System & United Way of Treasure Valley 2020 Community Survey

Table 2. Community Survey Respondent Ratings of Specific Community Issues

Issue	Not a concern		Slight concern		Moderate concern		High Concern		I don't know	
	n	%	n	%	n	%	n	%	n	%
Cost of Living										
Housing costs and issues associated with home ownership (n=2004)	172	8.6	220	11.0	424	21.2	1128	56.3	60	3.0
Housing costs and issues associated with renting (n=2001)	390	19.5	122	6.1	290	14.5	1069	53.4	130	6.5
Wages (n=1984)	142	7.2	173	8.7	549	27.7	1058	53.3	62	3.1
Support for low-income families and individuals (n=1985)	243	12.2	257	12.9	537	27.1	839	42.3	109	5.5
Prescription drug costs (n=1998)	291	14.6	333	16.7	542	27.1	761	38.1	71	3.6
Cost of child care (n=1974)	428	21.7	219	11.1	443	22.4	740	37.5	144	7.3
Availability of healthy, affordable food options (n=1996)	287	14.4	339	17.0	640	32.1	701	35.1	29	1.5
Availability of jobs (n=1997)	357	17.9	390	19.5	590	29.5	608	30.4	52	2.6
Cost of utilities (n=1994)	241	12.1	482	24.2	699	35.1	533	26.7	39	2.0
Availability of internet access (n=1976)	756	38.3	482	24.4	463	23.4	229	11.6	46	2.3

Appendix E. Community Survey Respondent Ratings of Their Concern for Specific Community Issues

Page 2

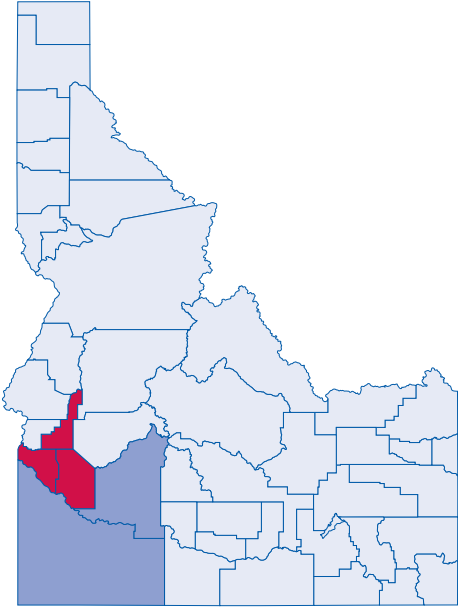
Mental Health and Stress										
Mental health and stress among veterans (n=1965)	95	4.8	137	7.0	441	22.4	1182	60.2	110	5.6
Mental health and stress among middle and high school aged youth (n=1965)	99	5.0	151	7.7	447	22.7	1179	60.0	89	4.5
Suicide (n=1926)	117	6.1	160	8.3	444	23.1	1088	56.5	117	6.1
Mental health and stress among low-income families and individuals (n=1968)	115	5.8	183	9.3	517	26.3	1043	53.0	110	5.6
Real or perceived stigma associated with seeking mental health care (n=1953)	164	8.4	205	10.5	468	24.0	1006	51.5	110	5.6
Ability to get mental health care services (n=1973)	198	10.0	205	10.4	473	24.0	999	50.6	98	5.0
Mental health and stress among homeless (n=1966)	146	7.4	218	11.1	450	22.9	991	50.4	161	8.2
Mental health and stress among immigrants (n=1957)	215	11.0	239	12.2	495	25.3	795	40.6	213	10.9
Transportation										
Availability of public transportation (n=1933)	223	11.5	278	14.4	497	25.7	871	45.1	64	3.3
Pedestrian or bike safety (n=1925)	209	10.9	378	19.6	583	30.3	698	36.3	57	3.0
Accessibility of transportation (n=1937)	294	15.2	345	17.8	604	31.2	623	32.2	71	3.7
Length of commute (n=1924)	370	19.2	387	20.1	585	30.4	494	25.7	88	4.6
Cost of transportation (n=1922)	263	13.7	378	19.7	686	35.7	475	24.7	120	6.2
Transportation to work or school (n=1913)	427	22.3	370	19.3	562	29.4	470	24.6	84	4.4
Transportation to activities other than work (n=1923)	391	20.3	419	21.8	575	29.9	441	22.9	97	5.0
Motor vehicle safety (n=1907)	402	21.1	480	25.2	553	29.0	390	20.5	82	4.3
Substance Use										
Opioid use (n=1909)	98	5.1	131	6.9	421	22.1	1133	59.4	126	6.6
Tobacco use among youth (n=1918)	108	5.6	186	9.7	437	22.8	1096	57.1	91	4.7
Methamphetamine use (n=1910)	96	5.0	160	8.4	443	23.2	1067	55.9	144	7.5
Drug use among youth (n=1924)	100	5.2	194	10.1	475	24.7	1042	54.2	113	5.9
Alcohol use among youth (n=1908)	148	7.8	316	16.6	573	30.0	740	38.8	131	6.9
Other substance use (n=1893)	154	8.1	236	12.5	518	27.4	704	37.2	281	14.8
Marijuana use among youth (n=1920)	275	14.3	386	20.1	449	23.4	688	35.8	122	6.4
Real or perceived stigma associated with seeking substance use services (n=1898)	231	12.2	300	15.8	511	26.9	660	34.8	196	10.3
Ability to get substance use services (n=1909)	276	14.5	232	12.2	513	26.9	633	33.2	255	13.4
Tobacco use among adults (n=1912)	341	17.8	431	22.5	560	29.3	495	25.9	85	4.4
Alcohol use among adults (n=1909)	280	14.7	438	22.9	590	30.9	458	24.0	143	7.5
Recreational marijuana use among adults (n=1912)	652	34.1	678	19.8	345	18.0	423	22.1	114	6.0
Personal and Public Safety										
Sexual assault or rape (n=1898)	163	8.6	311	16.4	479	25.2	820	43.2	125	6.6
Domestic Abuse (n=1907)	179	9.4	310	16.3	584	30.6	728	38.2	106	5.6
Drug trafficking (n=1903)	191	10.0	338	17.8	525	27.6	697	36.6	152	8.0
Sexual harassment (n=1900)	212	11.2	390	20.5	519	27.3	665	35.0	114	6.0
Violent crime (n=1899)	198	10.4	480	25.3	464	24.4	648	34.1	109	5.7
Human trafficking (n=1900)	154	8.1	298	15.7	437	23.0	830	43.7	181	9.5
Neighborhood safety (n=1908)	209	11.0	488	25.6	619	32.4	544	28.5	48	2.5
Property crime (n=1900)	205	10.8	564	29.7	604	31.8	456	24.0	71	3.7
Adequate law enforcement system (n=1902)	423	22.2	437	23.0	549	28.9	430	22.6	63	3.3

Appendix F. Additional Findings

Population Characteristics

Figure 100

Population Density



Population, Density (Persons per Sq. Mile) by County

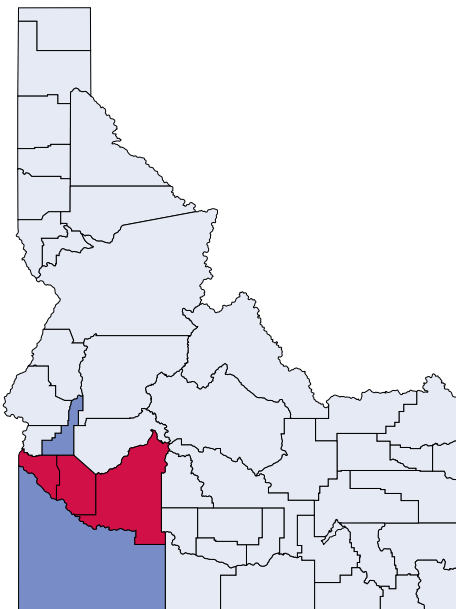
- Lower than Idaho State Density
- Higher than Idaho State Density

Ada County	424
Canyon County	361.5
Elmore County	8.6
Gem County	30.5
Owyhee County	1.5
Idaho	20.4
U.S.	91.4

DATA SOURCE: U.S. Census Bureau, American Community Survey 5-Year Estimates, as cited by Trinity Health Data Hub, 2014-2018.

Figure 101

Urban Population



Urban Population, Percent by County

- Lower than Idaho State %
- Higher than Idaho State %

Ada County	94.5%
Canyon County	80.1%
Elmore County	73.1%
Gem County	55.0%
Owyhee County	22.7%
Idaho	70.6%

DATA SOURCE: U.S. Census Bureau, American Community Survey 5-Year Estimates, as cited by Trinity Health Data Hub, 2013-2017

Figure 102 Diversity Index

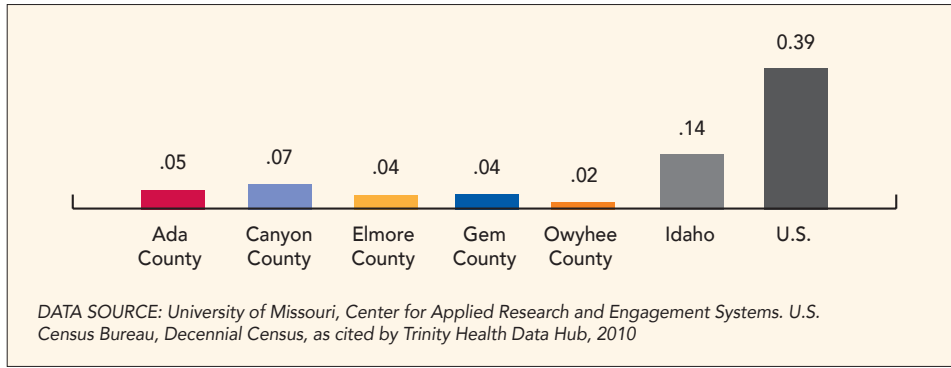
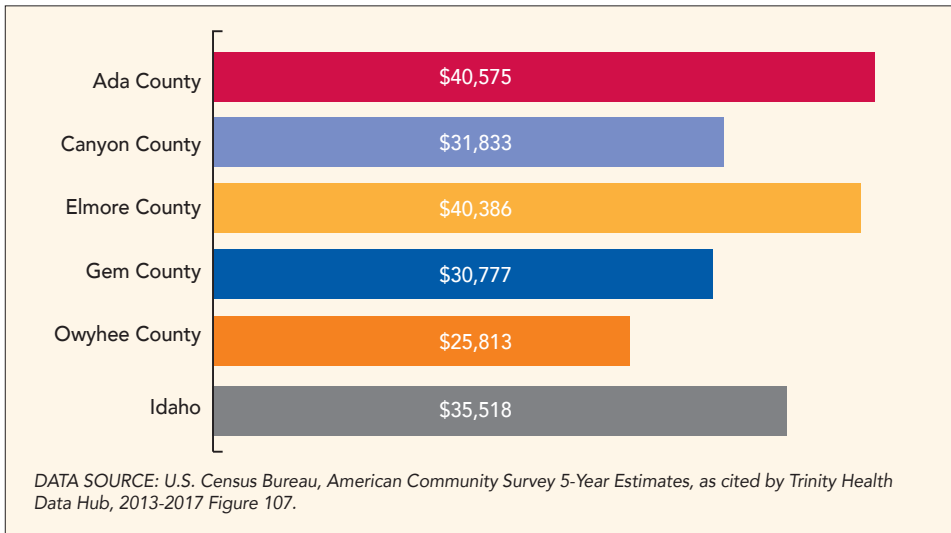


Figure 103 Median Veteran Income, 2017



Natural Environment

Figure 104 Average Daily Ambient Particulate Matter 2.5, 2016

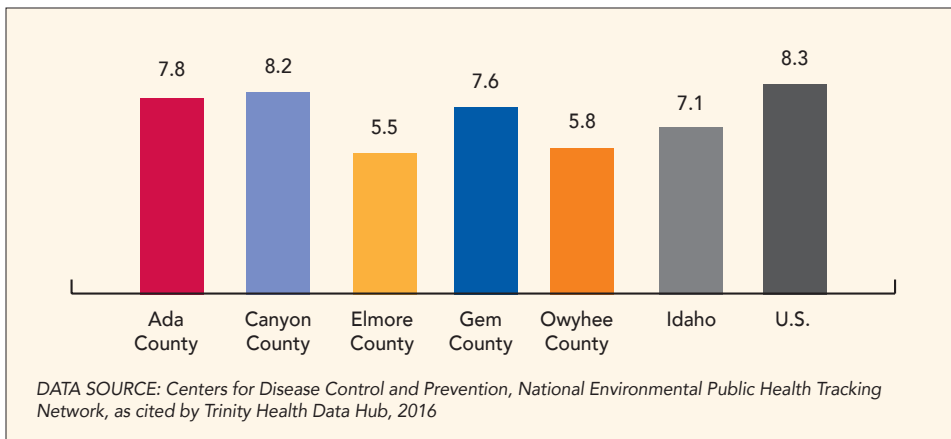


Figure 105 Number of Days Exceeding Emission Standards, 2012

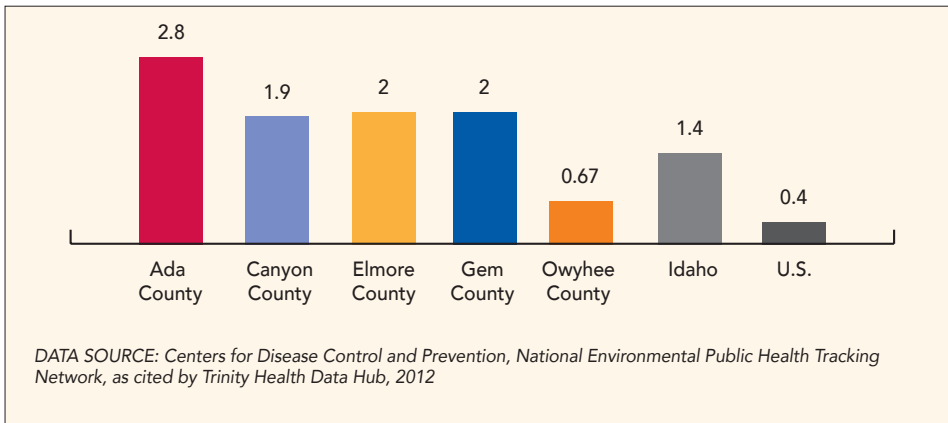
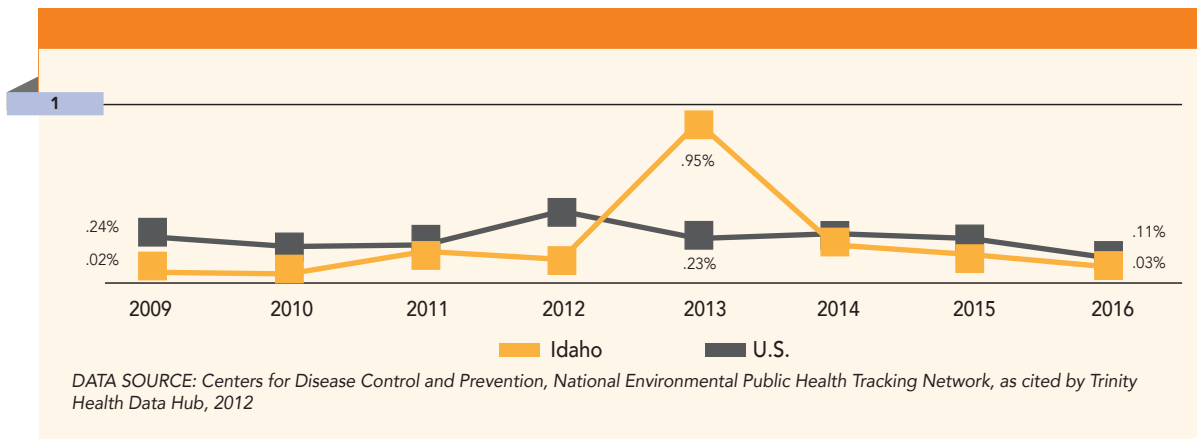
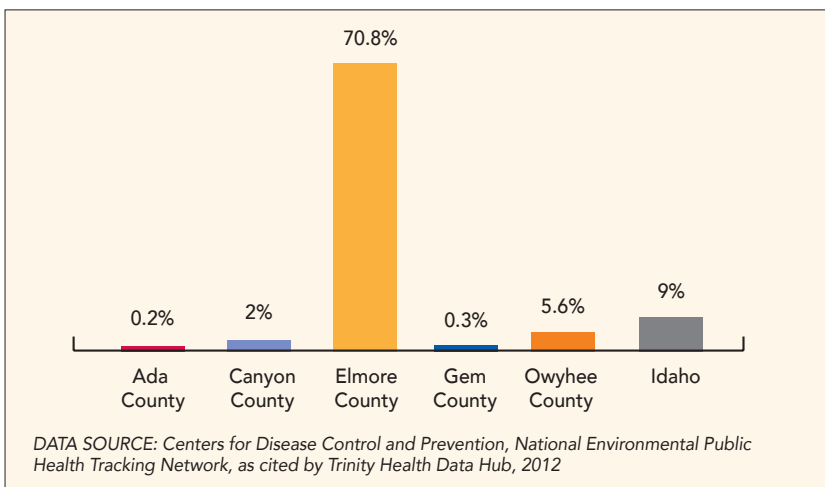


Figure 106 Percentage of Days Particulate Matter 2.5 Exceeding NAAQ Standards, 2009-2016



Built Environment

Figure 107 Percentage of Population Potentially Exposed to Unsafe Drinking Water



Financial Stability

Employment and Economic Security

Figure 108

Median Family Income

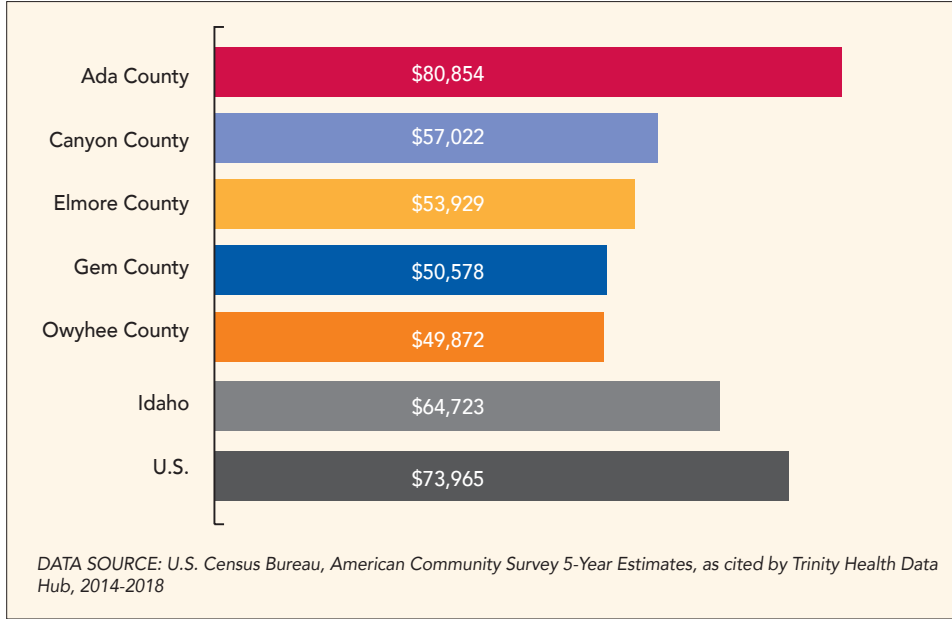
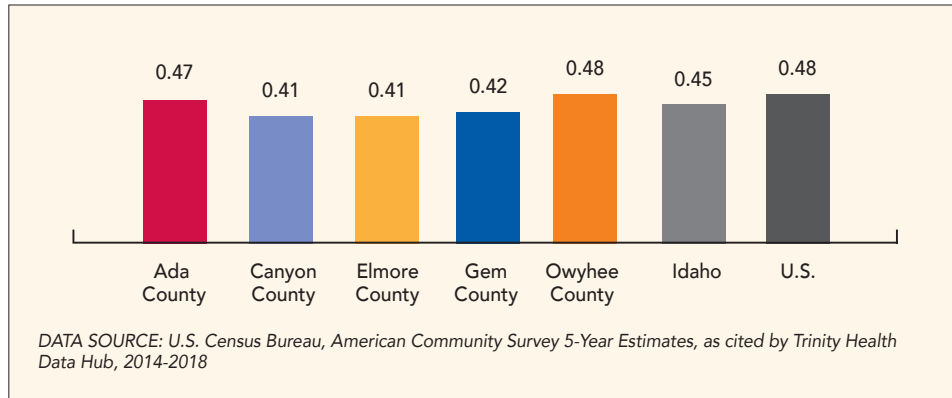


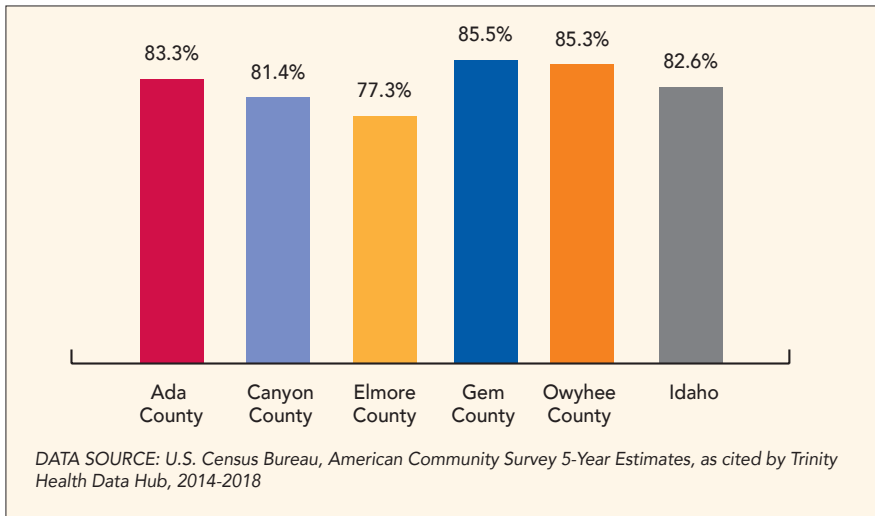
Figure 109

Gini Index Value



Housing

Figure 110 Living in Same House One Year Ago, Percent of Persons Age 1 year+



Transportation

Figure 111 Households With No Motor Vehicle

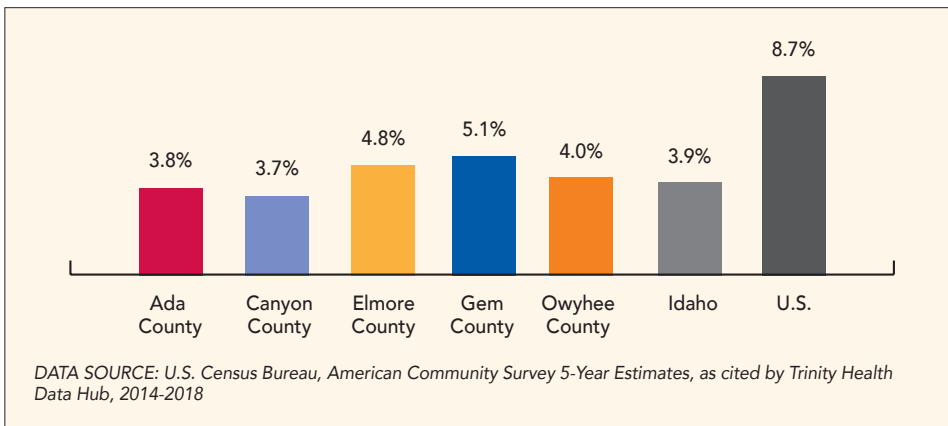
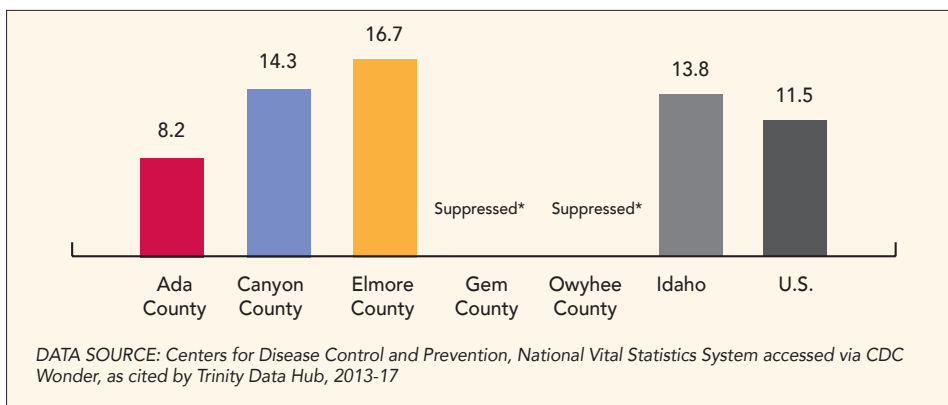


Figure 112 Motor Vehicle Crash Age-Adjusted Mortality Rate per 100,000 Population



NOTE: Age adjusting rates is a way to make fairer comparisons between groups with different age distributions. For example, a county having a higher percentage of elderly people may have a higher rate of death or hospitalization than a county with a younger population, merely because the elderly are more likely to die or be hospitalized. (The same distortion can happen when comparing races, genders, or time periods.) Age adjustment can make the different groups more comparable.

Health
Life Expectancy, Mortality Rates, and Potential Years of Life Lost

Figure 113 Median Life Expectancy, 2018

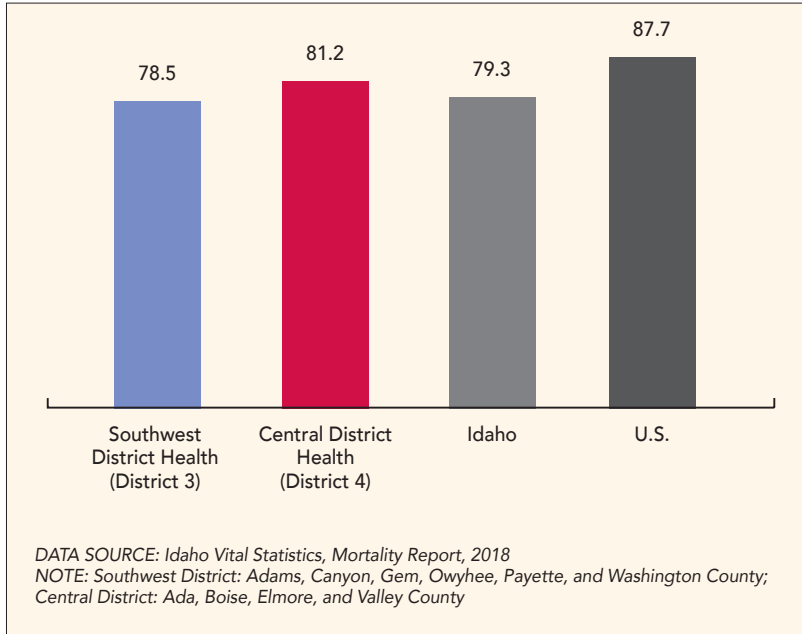


Figure 114 Life Expectancy Variance, 2010-2015

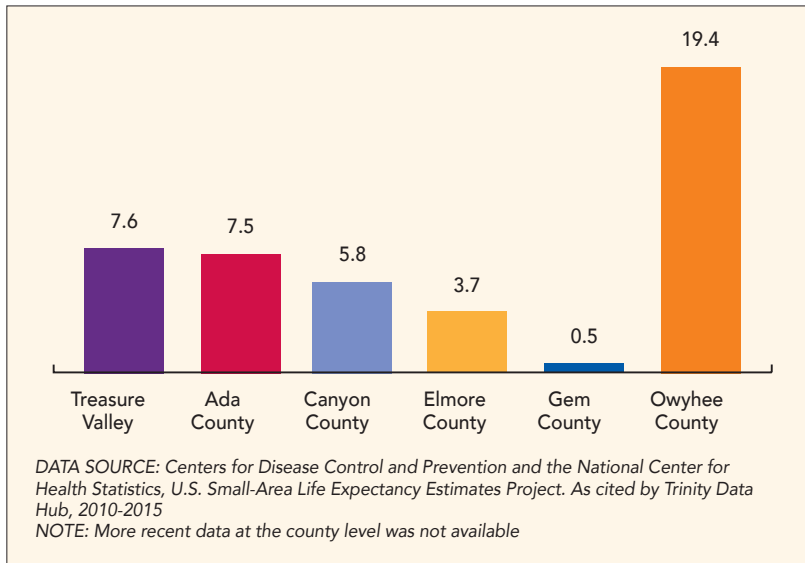


Figure 115 Years of Potential Life Lost Rate per 100,000

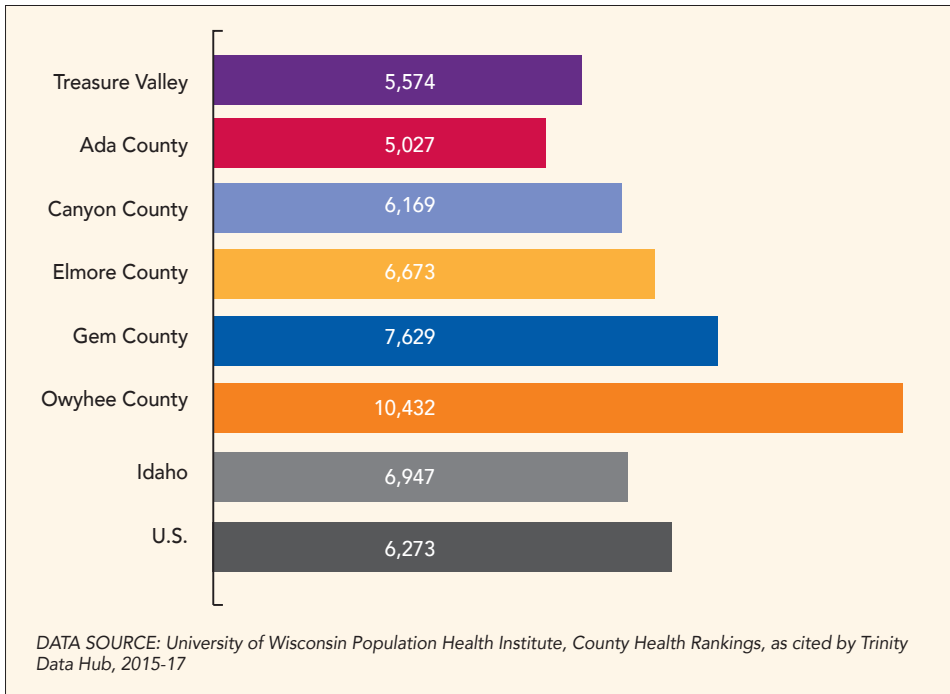


Figure 116 Years of Potential Life Lost (YPLL), 1997-1999 to 2015-2017

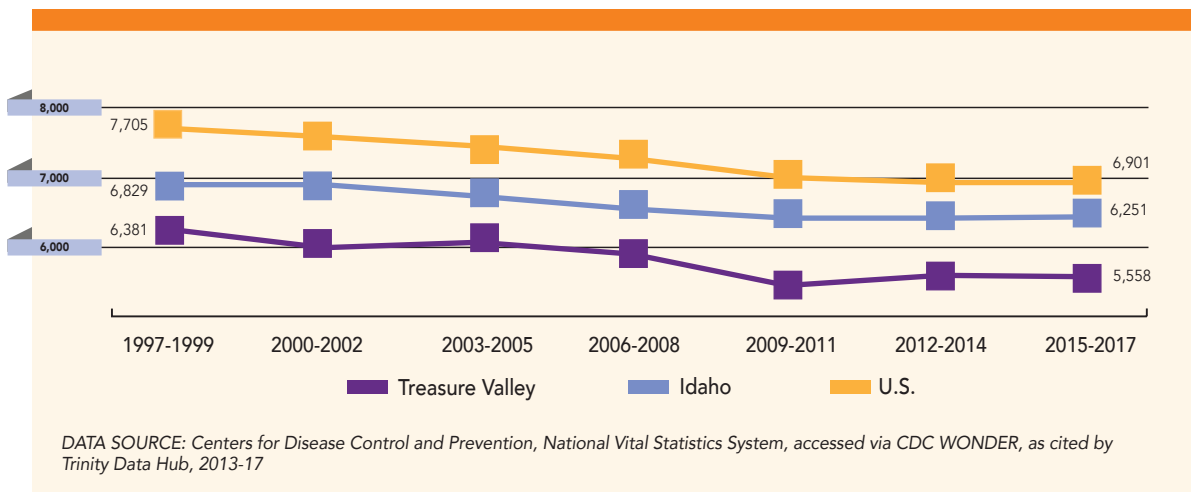
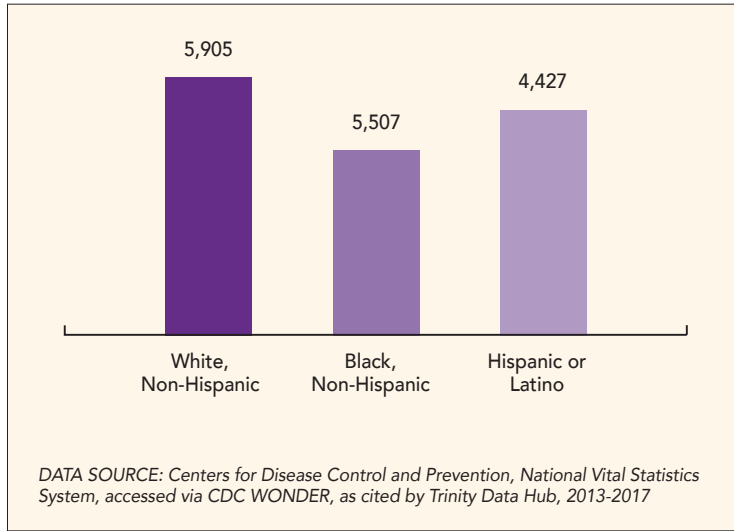


Figure 117 Premature Mortality Rate per 100,000 Population, by Race/ Ethnicity, Treasure Valley, 2013–2017



Prenatal Care and Birth Outcomes

Figure 118 Percentage of Low Weight Births

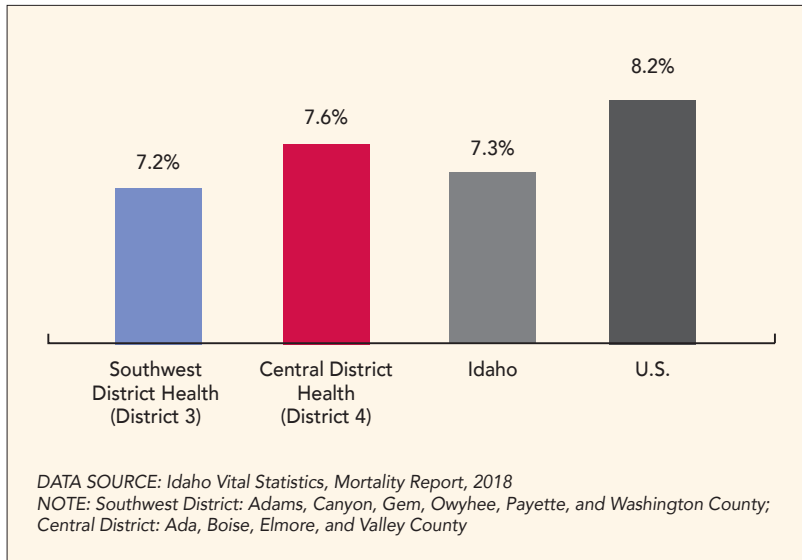


Figure 119 Babies Born with Low Birth Weight

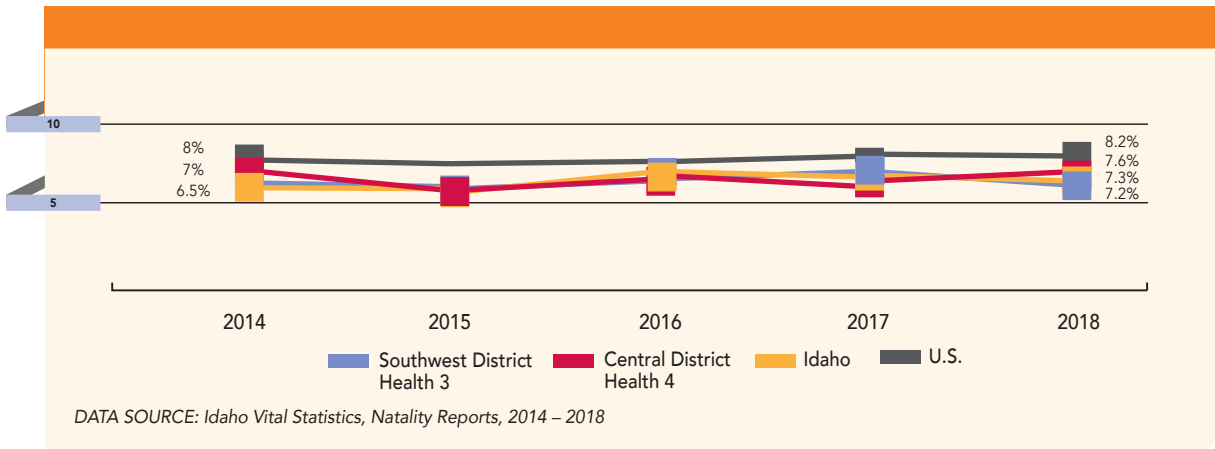
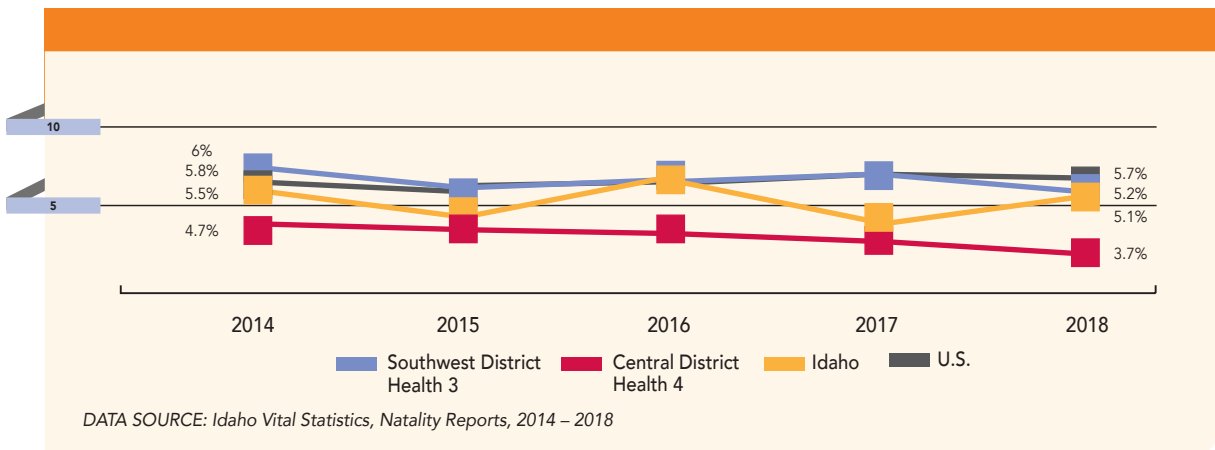


Figure 120 Infant Mortality Rate per 1,000 Live Births



Health Care

Figure 121 Rate of 30-Day Hospital Readmissions Among Medicare Beneficiaries

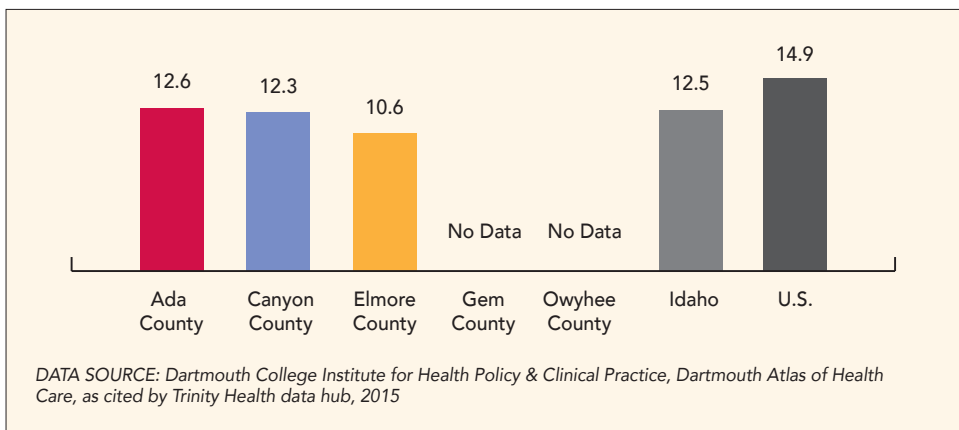


Figure 122

Preventable Hospital Events, Ambulatory Care Sensitive Condition Discharge Rate, Rate per 1,000 Beneficiaries

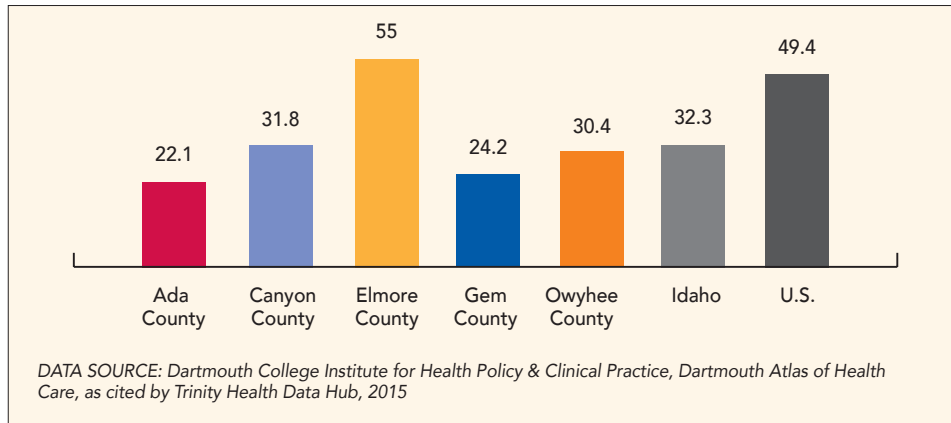
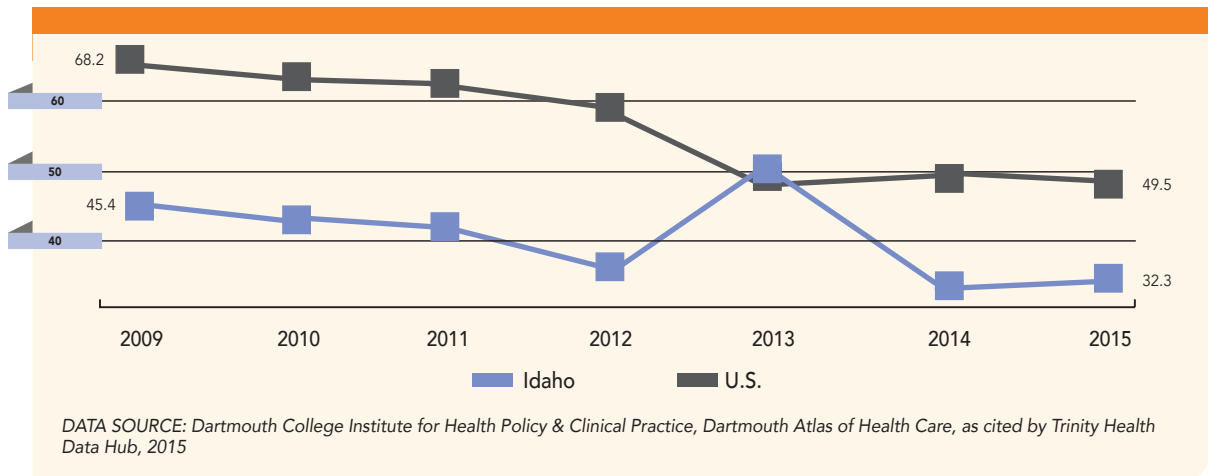


Figure 123

Ambulatory Care Sensitive Condition Discharge Rate per 1,000 Medicare Part A Beneficiaries



Behavioral Health: Mental Health and Substance Use

Figure 124

Percentage of Children Aged 0-17 years who Experienced Two or More Adverse Childhood Experiences (ACEs), 2019

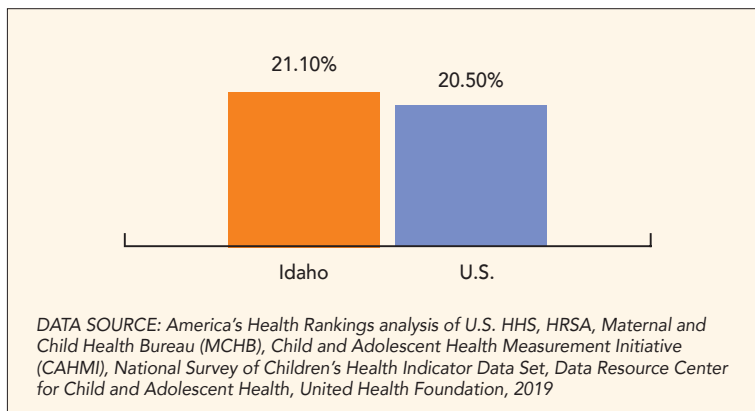
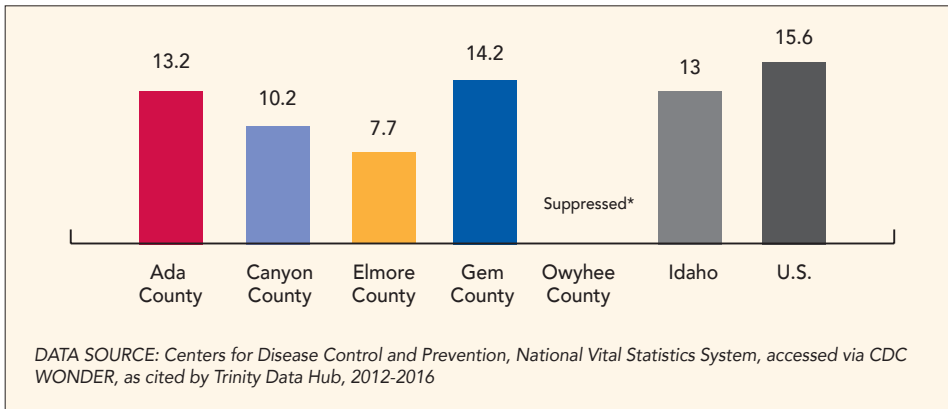


Figure 125 Drug Poisoning Crude Mortality Rate per 100,000 Population, 2012-2016



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

Figure 126 Percent of Adults That are Obese, Treasure Valley

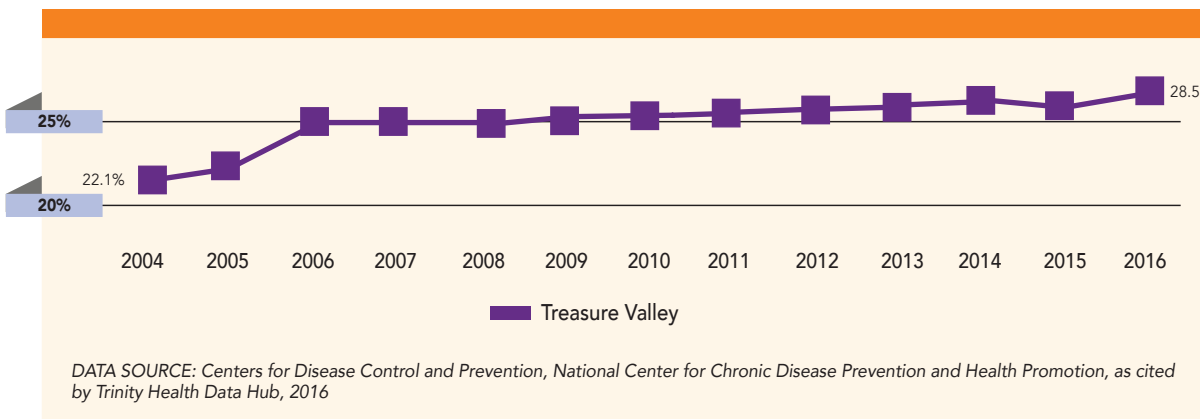


Figure 127 Percent of Population Living within 0.5 Miles of a Park, 2013

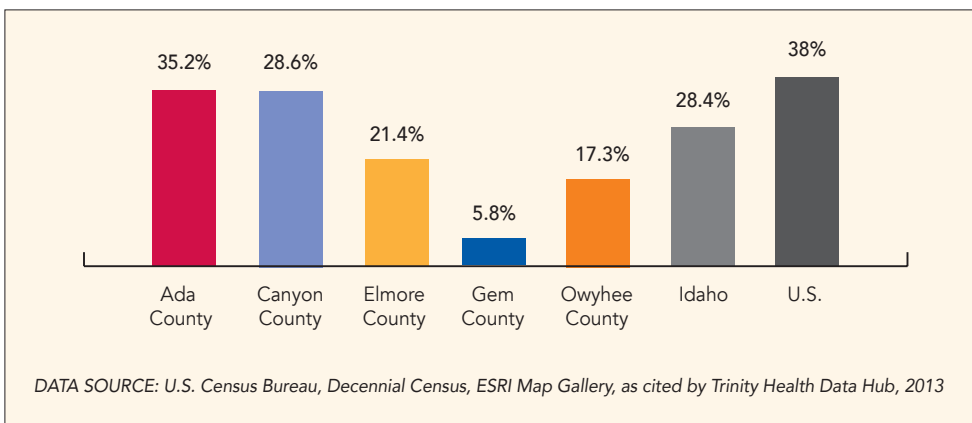


Figure 128

Physical Activity Establishments, Rate per 100,000 Population, 2016

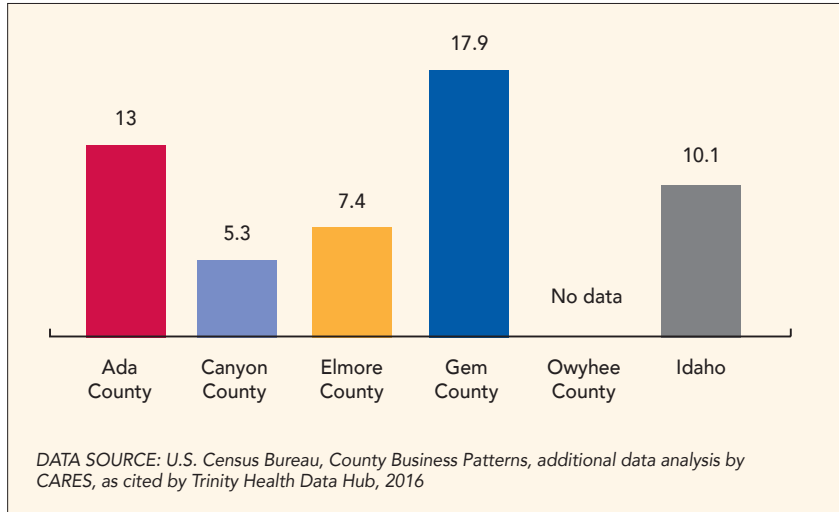


Figure 129

Physical Activity Establishment Rate per 100,000 Population

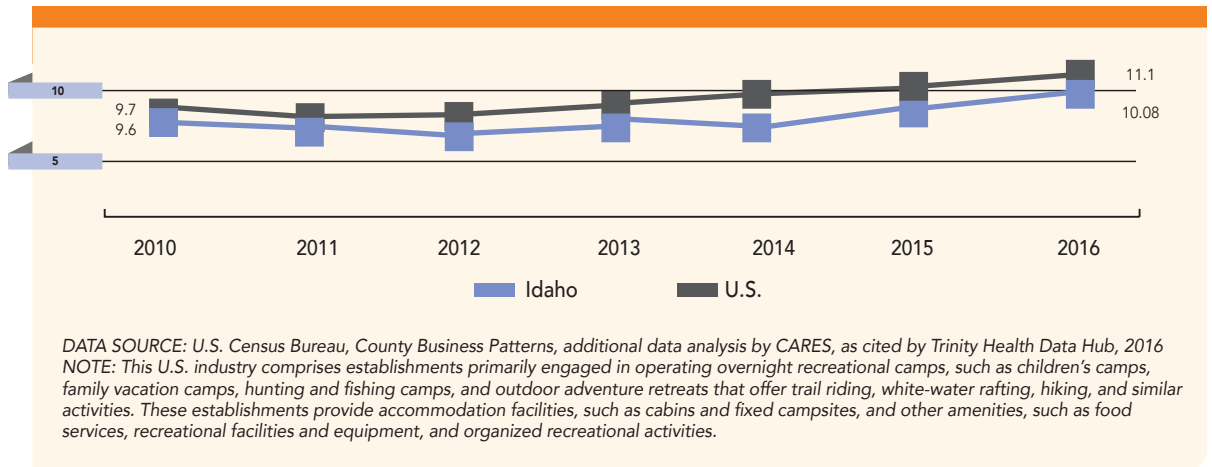


Figure 130

Percentage of Adults Consuming Five or More Servings of Fruits & Vegetables a Day, 2017

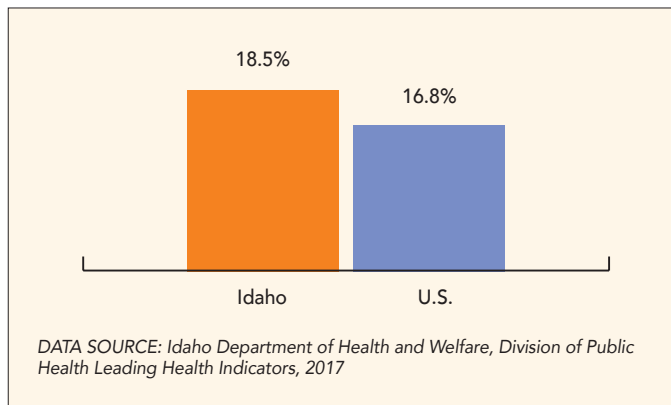
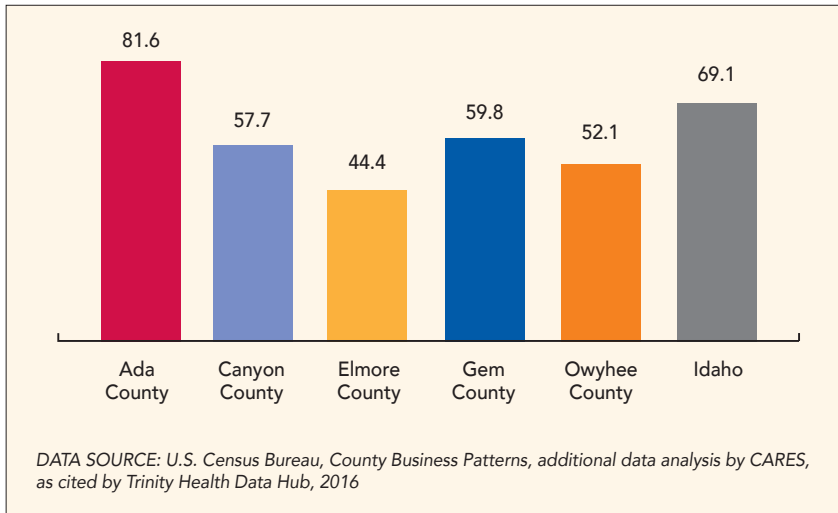


Figure 131 Fast Food Establishments Rate per 100,000 Population, 2016



Chronic Disease

Figure 132 Percent Adults with Diagnosed Diabetes, Treasure Valley

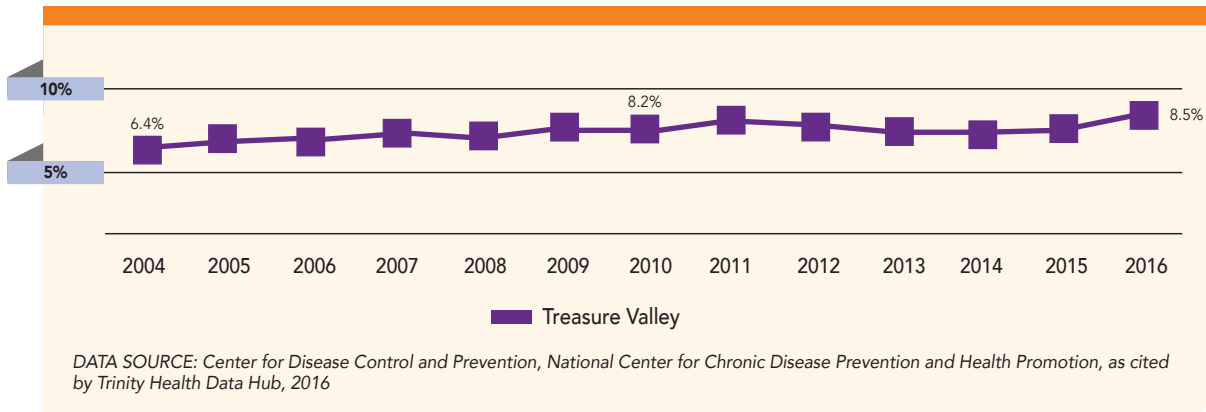


Figure 133 Percent of Adults with High Blood Pressure

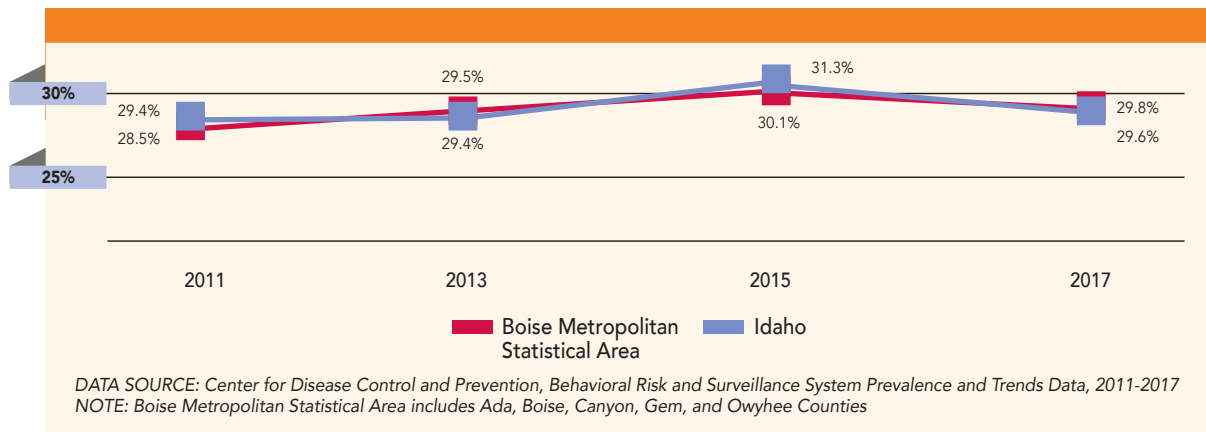
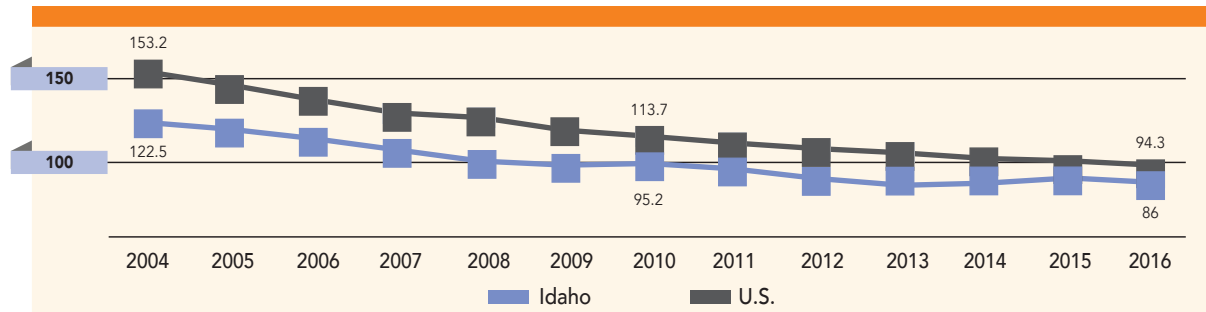
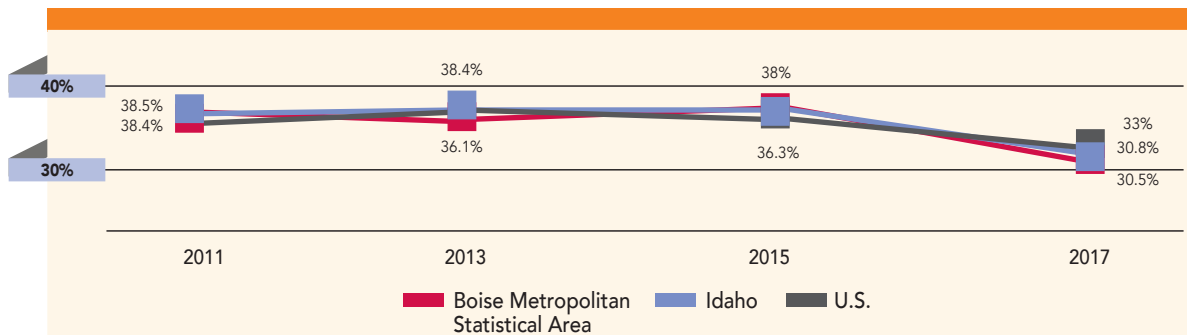


Figure 134 Age-Adjusted Heart Disease Mortality per 100,000 Population



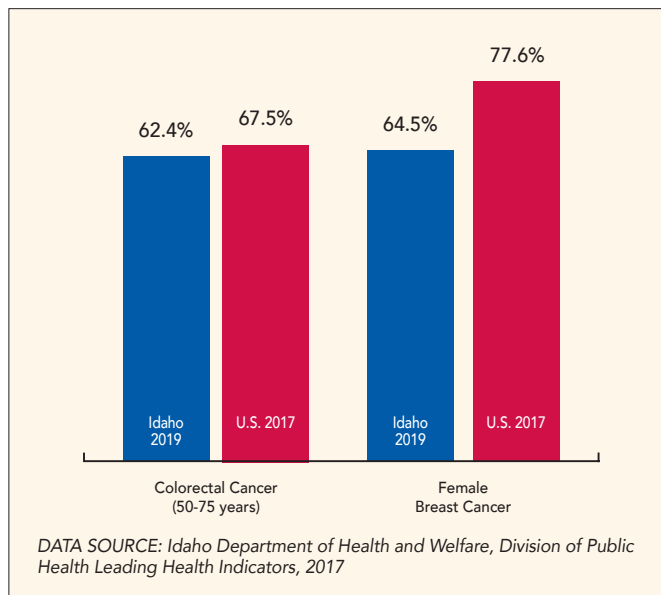
DATA SOURCE: Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System; Accessed via the Health Indicators Warehouse. U.S. Department of Health & Human Services, Health Indicators, as cited by Trinity Health Data Hub, 2004-2016
 NOTE: Age-adjusting rates is a way to make fairer comparisons between groups with different age distributions. For example, a county having a higher percentage of elderly people may have a higher rate of death or hospitalization than a county with a younger population, merely because the elderly are more likely to die or be hospitalized. (The same distortion can happen when comparing races, genders, or time periods.) Age adjustment can make the different groups more comparable.

Figure 135 Percent of Adults with High Cholesterol



DATA SOURCE: Center for Disease Control and Prevention, Behavioral Risk and Surveillance System Prevalence and Trends Data, 2011-2017
 Note: Boise Metropolitan Statistical Area includes Ada, Boise, Canyon, Gem, and Owyhee Counties

Figure 136 Cancer Screenings



DATA SOURCE: Idaho Department of Health and Welfare, Division of Public Health Leading Health Indicators, 2017

Figure 137

Crude Colon and Rectum Cancer Incidence Rate per 100,000 Population, 2012-2016

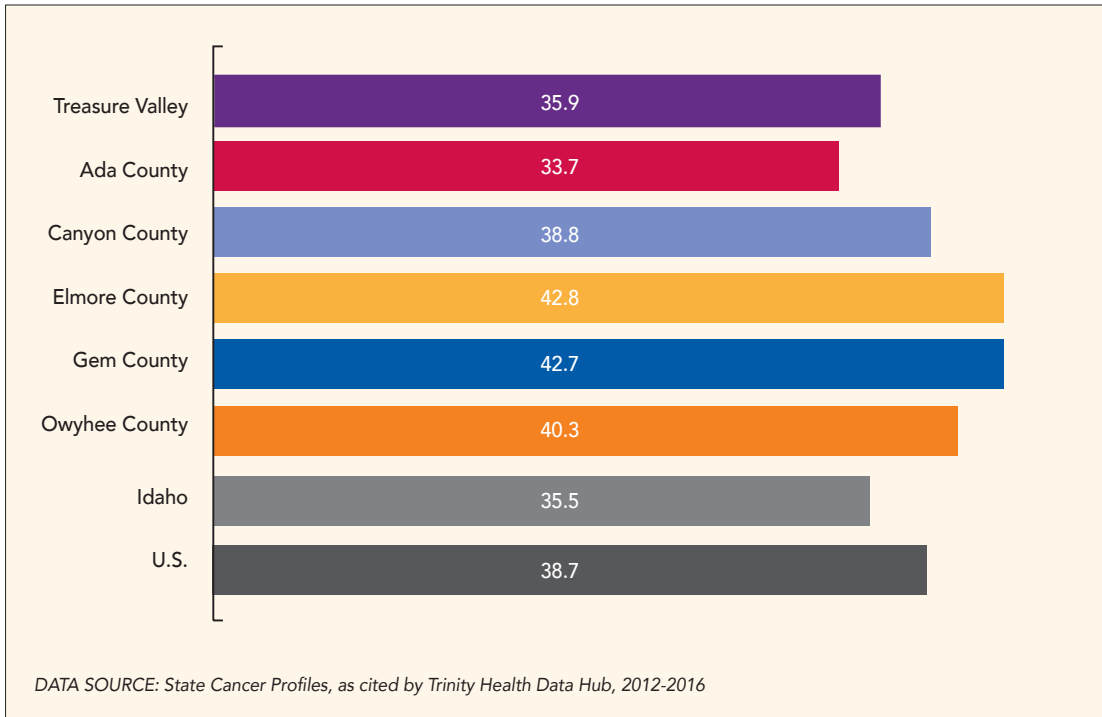


Figure 138

Age-Adjusted Cancer Mortality Rate per 100,000 Population, 2013-2017

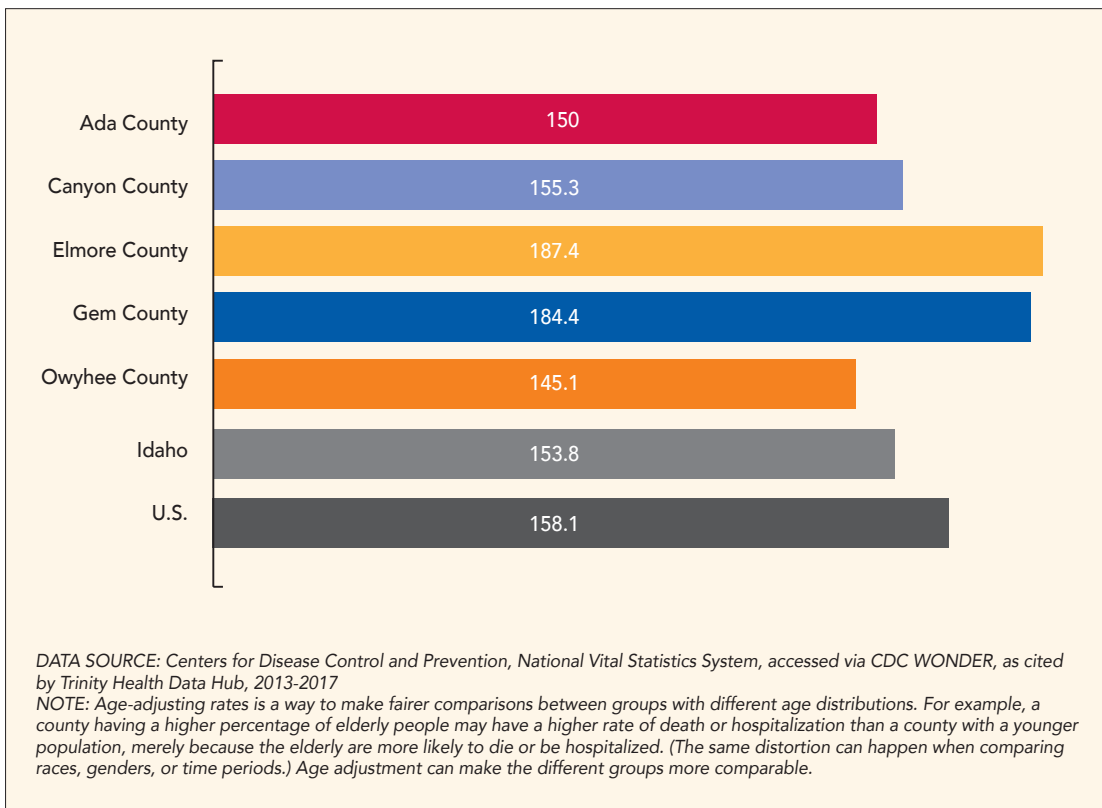


Figure 139 Age-Adjusted Cancer Mortality Rate per 100,000 Population, by Gender, 2013-2017

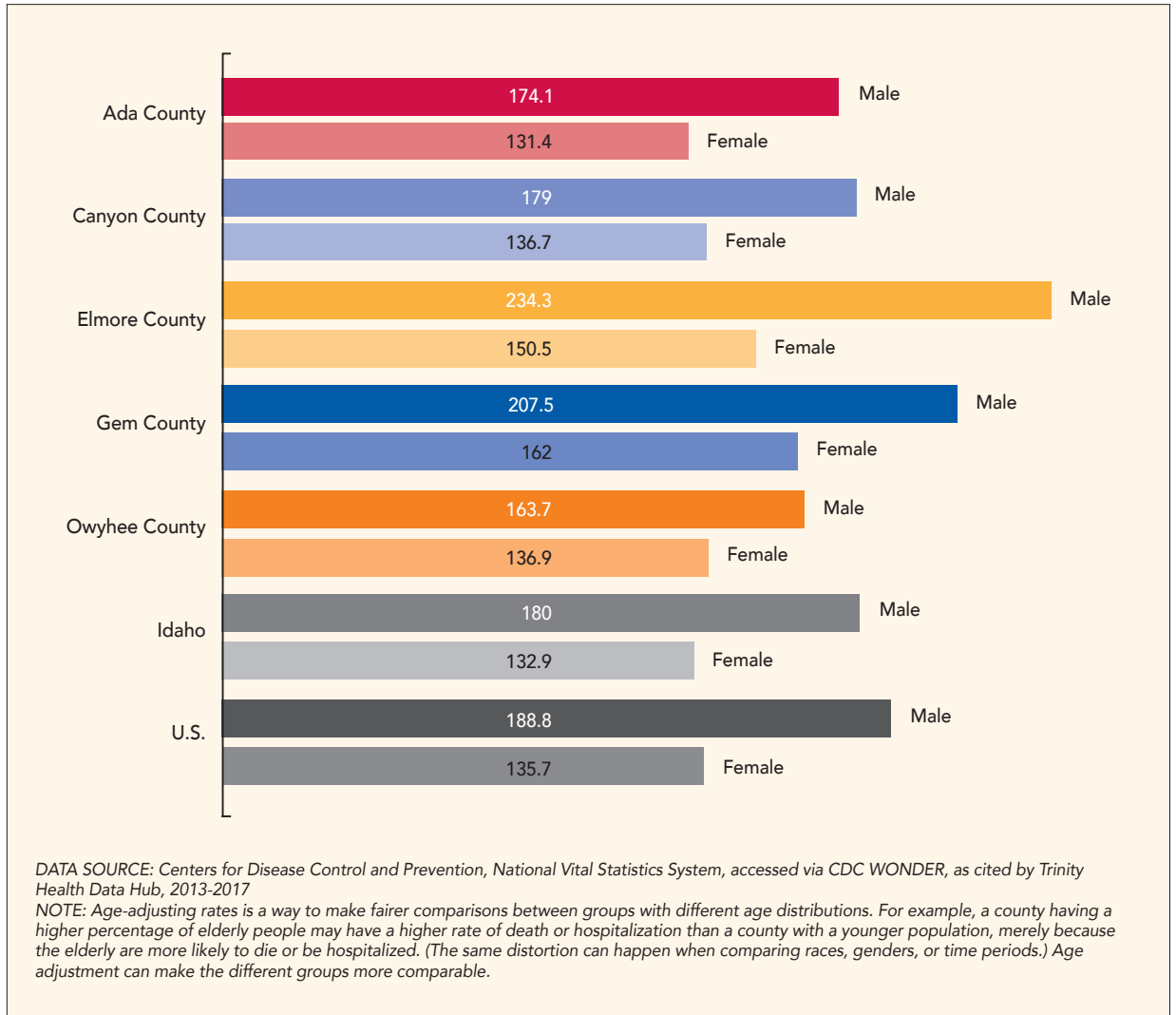


Figure 140 Cancer Mortality, Age-Adjusted Rate per 100,000 Population

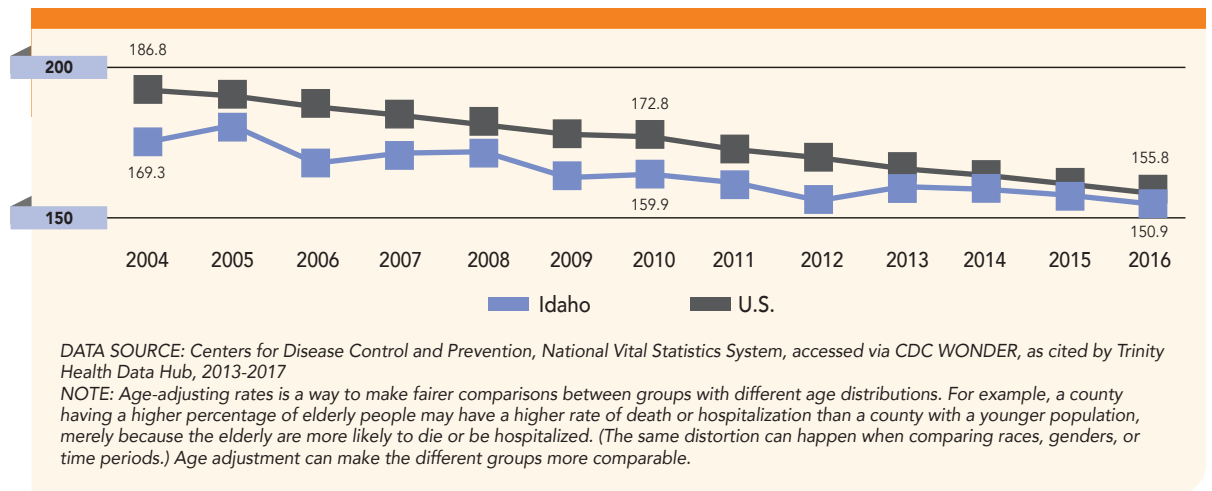


Figure 141

Lung Disease Age-Adjusted Mortality Rate per 100,000 Population, by Gender, 2013-2017

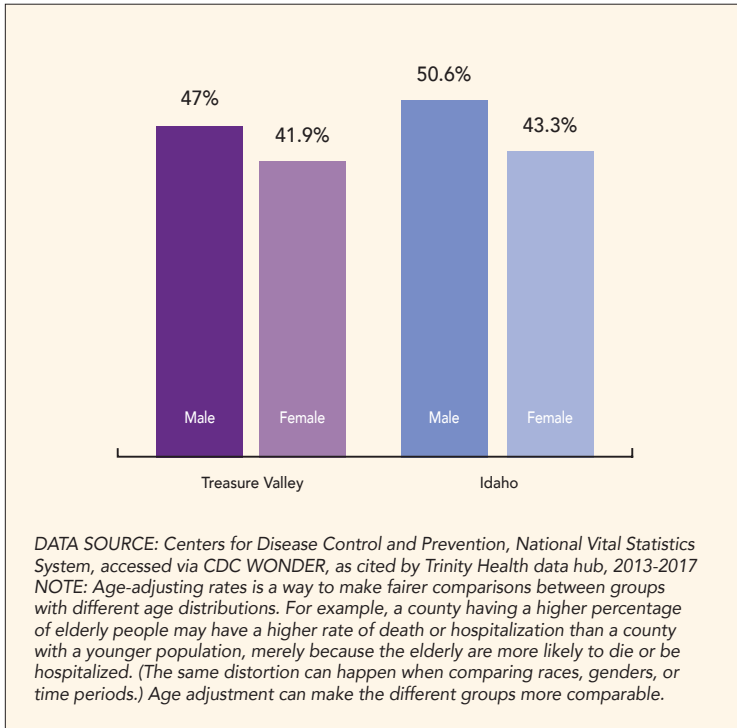
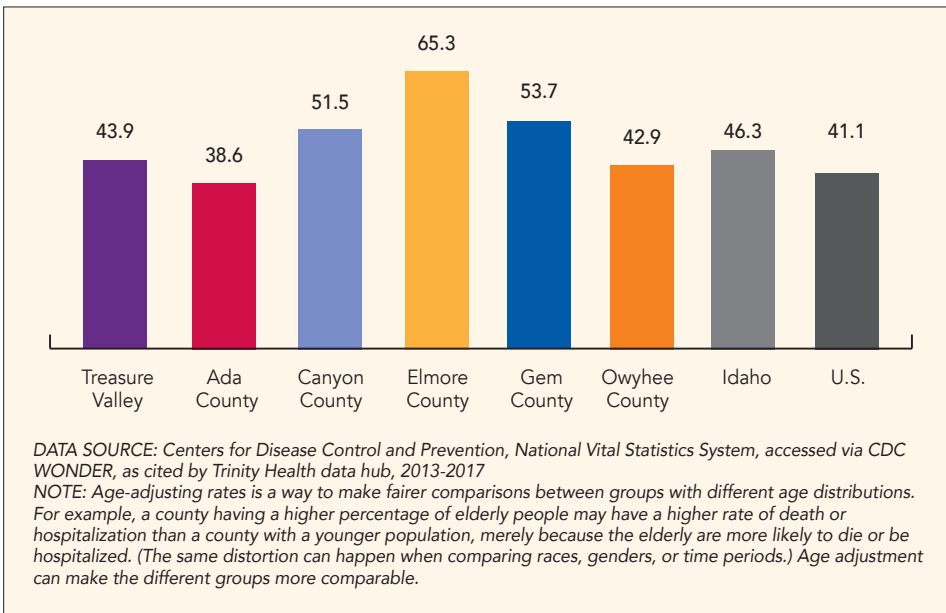


Figure 142

Lung Disease Age-Adjusted Mortality Rate per 100,000 Population, 2013-2017



Safety

Figure 143 Students Reporting Bullying

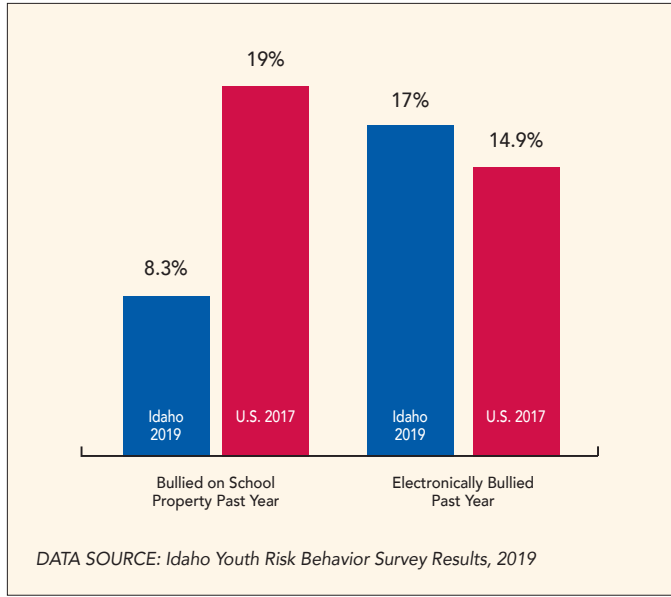


Figure 144 Violent Crime Rate per 100,000 Population, 2019

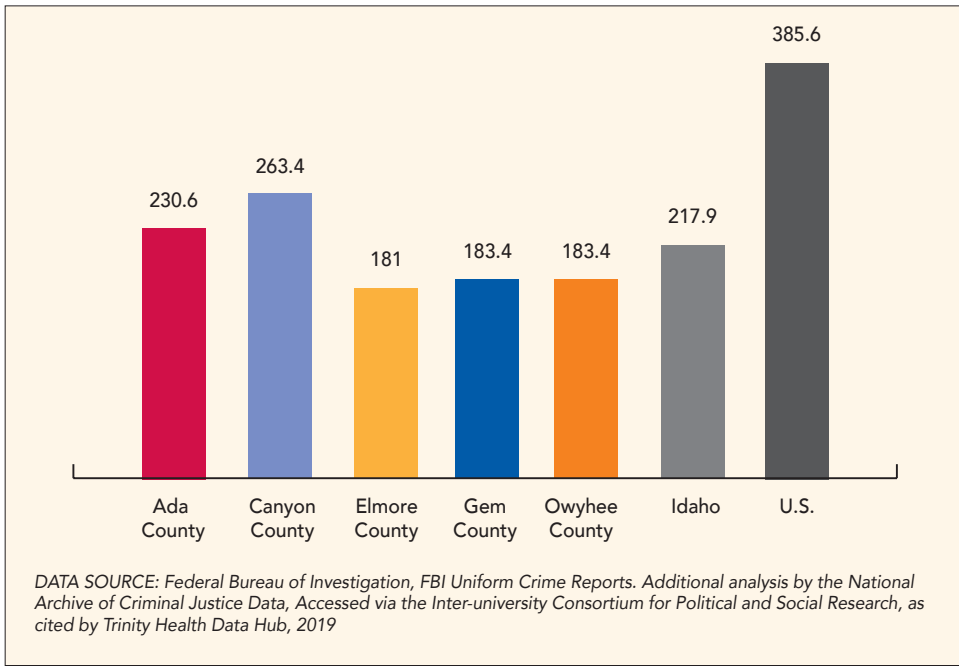


Figure 145

Age-Adjusted Mortality Due to Homicide, Rate per 100,000 People, 2013-2017

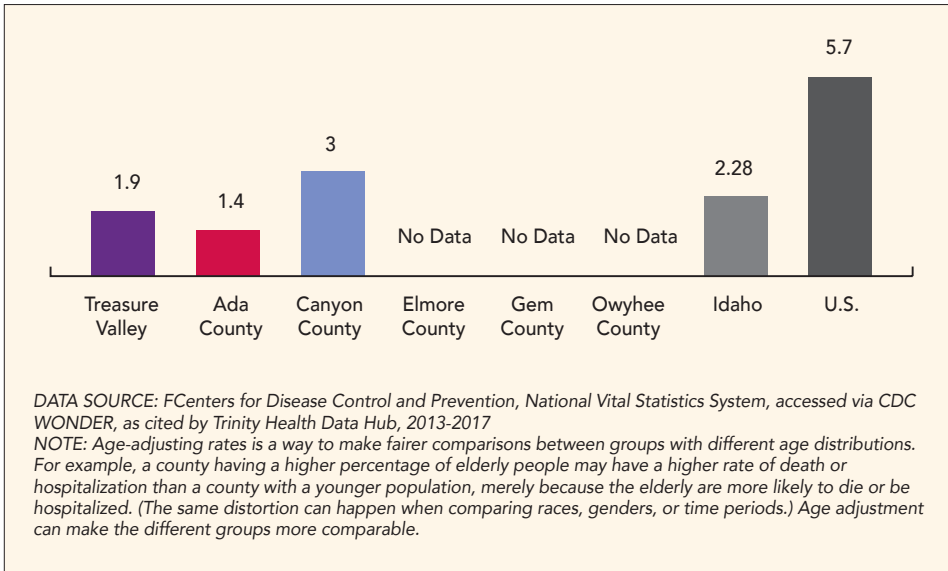
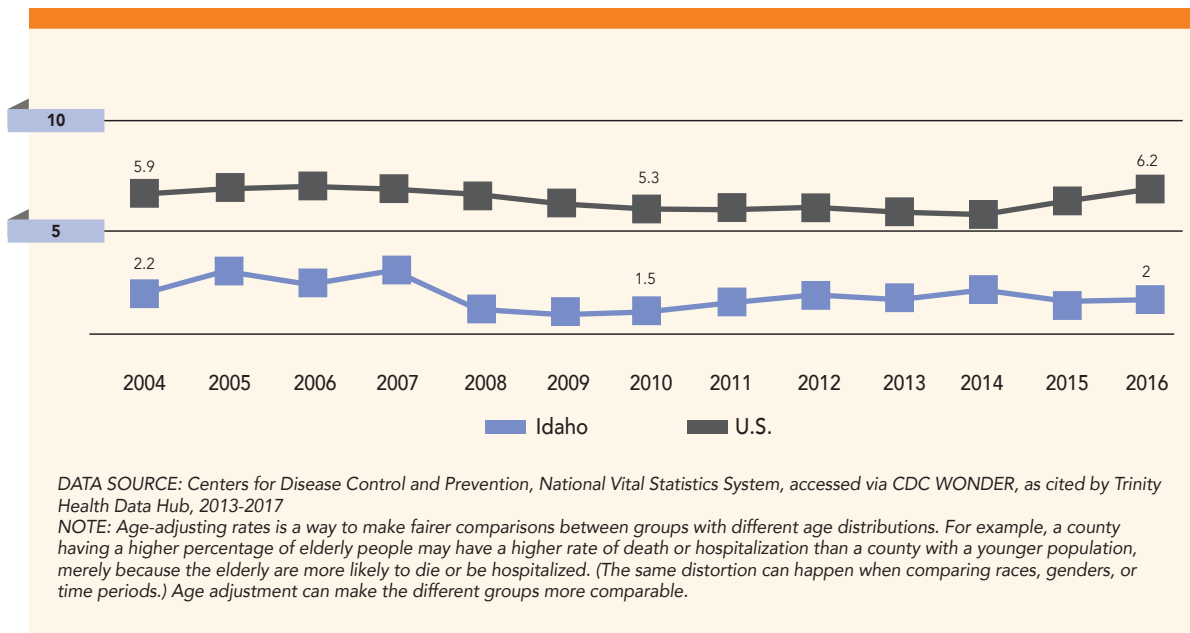


Figure 146

Age-Adjusted Mortality Rate Due to Homicide, 2013-2017



Appendix G. Assessments Methods

Treasure Valley Community Assessment Oversight

UWTV assembled a Community Assessment Steering Committee in 2019 to provide strategic oversight of the Community Assessment process. This committee was comprised of 25 members representing UWTV, Saint Alphonsus Health System (SAHS), community health centers, local public health departments, housing and community development organizations, educational institutions, and other health and human service organizations. The committee provided guidance on each component of the assessment, including the Community Assessment methodology, recommendation of secondary data sources, identification of key informants and focus group segments, dissemination of the community survey, and communication and dissemination throughout the Community Assessment process. The Steering Committee met monthly throughout the assessment process, from August 2019 to April 2020.

UWTV, in partnership with SAHS, contracted with Health Resources in Action (HRiA) to assist with the oversight and development of the 2020 Treasure Valley Community Health Needs Assessment. HRiA provided project management and consultation, participated in Steering Committee meetings, developed the survey and trained partners to administer the survey, developed focus group and interview questions and processes, facilitated several focus groups, conducted data analysis, and drafted the Community Health Needs Assessment report. HRiA also contracted with SAHS to conduct the 2020 Ontario Community Assessment utilizing the same processes to allow for regional data comparison.

In order to better understand the health of Ada, Canyon, Elmore, Gem, and Owyhee Counties, the following data collection methods were used.

Review of Secondary Data

This assessment incorporated data on Social

Influencers of Health as well as health behavior and outcome data from various sources at national, state, regional, county, and local levels. These data sources included but were not limited to the Trinity Health Data Hub, U.S. Census, Idaho Department of Health and Welfare, and Idaho State Department of Education. Data included self-report of demographics, health behaviors, and outcomes from large, population-based surveys such as the Behavioral Risk Factor Surveillance System (BRFSS). For some indicators, the term “report location” is used, as autogenerated by the Trinity Health Data Hub. “Report Location”, or Treasure Valley, refers to the five counties included in this assessment – Ada, Canyon, Elmore, Gem, and Owyhee Counties. The Community Assessment Steering Committee participated in the selection of quantitative data sources and indicators for the assessment.

Focus Groups

In October through December 2019, UWTV and local partners conducted 16 focus groups with 120 individuals from across the assessment region. Focus groups were conducted with representatives of priority populations or sectors, including immigrants and refugees, seniors, parents, LGBTQIA+, individuals experiencing homelessness, employers, and Community Health Workers. Focus group discussions explored participants’ perceptions of the community, priority health concerns, and suggestions for future programming and services to address these issues. A semi-structured moderator’s guide was used across all focus groups to ensure consistency in the topics covered (APPENDIX A). Each focus group was facilitated by a trained moderator, and detailed notes were taken during each discussion. On average, focus groups lasted 60 minutes and included 6-10 participants.

Interviews

In October through December 2019, UWTV and local partners conducted 26 interviews

with 37 community stakeholders to gauge their perceptions of the community, health concerns, and what programming, services, or initiatives are most needed to address these concerns. Interviews were conducted in person with individuals representing a range of sectors including elected officials, community development, education, housing, regional transit, food security, and health care, among others. A semi-structured interview guide was used across all discussions to ensure consistency in the topics covered (APPENDIX B). Each interview was facilitated by a trained moderator, and detailed notes were taken during conversations. On average, interviews lasted approximately 45 minutes.

Community Survey

In October through December 2019, a community survey was developed and distributed in both paper and electronic formats across the assessment region to broadly capture and quantify the perspective of stakeholders (Appendices C-E). Surveys were provided in English, Spanish, Arabic, Somali, and Swahili. The survey focused on community members' and providers' perceptions of the community, top health concerns, and barriers to accessing health and social services. The survey was developed by HRiA in collaboration with the Treasure Valley Community Assessment Steering Committee and used both Likert-type scales and closed-ended response categories. In total, 2,198 people completed the survey.

Data Analysis

The secondary data, qualitative data from interviews and focus groups, and survey data were synthesized and integrated into this community assessment report by HRiA. The collected qualitative information was coded and then analyzed thematically for main categories and sub-themes using NVivo, Version 12. Data analysts identified key themes that emerged across all discussions as well as the unique issues that were noted for specific populations. Frequency and intensity of discussions on a specific topic were key indicators used

for extracting main themes. While county differences are noted where appropriate, analyses emphasized findings common across the region. Selected paraphrased quotes – without personal identifying information – are presented in the narrative of this report to further illustrate points within topic areas. For the survey data, frequencies and cross-tabulations by demographic characteristics were conducted using SAS statistical software. In most instances, response options from the survey were collapsed for ease of interpretation.

Prioritization of Significant Health Needs

The Community Health Needs Assessment Steering Committee convened for a two-hour meeting on February 5th, 2020, to review and discuss the preliminary results of the Treasure Valley Community Health Needs Assessment and identify and prioritize significant health needs identified through the process. Participants received an overview of key themes that emerged in the collection of qualitative (stories and observations) and quantitative (numbers) data. Each participant was asked to rank the significant health needs individually while considering each theme in terms of impact, severity, magnitude, urgency, and the overall concern of residents regarding the issue. The group then entered their prioritized significant health needs into a Menti.com group poll to tabulate the collective significant health needs.

The top six significant community priorities are presented below in rank order.

- Affordable, safe housing and homelessness
- Wages and job availability
- Cost of living: i.e. housing, transportation, child care, etc.
- Mental health and well-being and substance use
- Access to affordable health care, including behavioral and dental health
- Education, including high-quality early childhood education

Limitations

As with all assessment efforts, there are some information gaps related to the assessment methods that should be acknowledged. First, for quantitative (secondary) data sources, most data could not be provided at geographic levels smaller than county due to the small population size in the region. Similarly, there were limited data available stratified by subgroup (age, race/ethnicity) for the area. It should be noted that while comparisons are made between geographies and demographic groups, these do not reflect tests of statistical significance. Additionally, most secondary data also have a one – to three-year lag due to data collection and reporting processes. While the qualitative data providing the community voice are current, the quantitative data are a few years behind.

Data based on self-reports should be interpreted with particular caution. In some instances, respondents may over – or underreport behaviors and illnesses based on fear of social stigma or misunderstanding the question being asked. In addition, respondents may be prone to recall bias – that is, they may attempt to answer

accurately but remember incorrectly. In some surveys, reporting and recall bias may differ according to a risk factor or health outcome of interest. Despite these limitations, most of the self-report surveys analyzed in this Treasure Valley Community Health Needs Assessment benefit from large sample sizes and repeated administrations, enabling comparison over time.

Additionally, while the focus groups and interviews conducted for this community assessment provide valuable insights, results are not statistically representative of a larger population due to non-random recruiting techniques and a small sample size. Recruitment for focus groups was conducted by community organizations and participants were those individuals who were able to connect to these community organizations. Because of this, it is possible that the responses received only provide one perspective of the issues discussed. Lastly, it is important to note that data were collected at one point in time, so findings, while directional and descriptive, should not be interpreted as definitive.

Appendix H. Saint Alphonsus Addendum

Saint Alphonsus Regional Medical Center–Boise, Saint Alphonsus Regional Rehabilitation Hospital, and Saint Alphonsus Medical Center–Nampa

As a Catholic health system, Saint Alphonsus 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 Alphonsus 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

Boise, Rehab, and Nampa Hospital Overviews

Saint Alphonsus Regional Medical Center (SARMC) in Boise, Idaho is dedicated to delivering advanced medical services in a spiritual, healing environment throughout southwest Idaho, eastern Oregon and northern Nevada. Through innovative technologies, compassionate staff, and warm, healing environments, Saint Alphonsus strives to provide care that is focused on patients.

Founded in 1894 by the Sisters of the Holy Cross, SARMC was the first hospital established in Boise, bringing health care to the poor and

underserved. Now referred to as Saint Alphonsus Regional Medical Center, our licensed medical-surgical/acute care 381-bed facility serves as the center for advanced medicine and is poised to support the community well into the future. Saint Alphonsus also has an intricate system of health and wellness services that extend into the communities around our region.

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

The Saint Alphonsus Medical Center (SAMC-N) in Nampa, located at the corner of I-84 and Garrity Boulevard, offers state-of-the-art, best-in-class health care to residents of Canyon County. This 100-bed hospital that spans more than 240,000 square feet, features a complete diagnostic center, six-suite surgical operating theatre, pre/post-operative holding and recovery rooms, 10-bed short stay observation unit, spacious and private patient rooms, and an 18-bed intensive care unit. Built with preventive and ambulatory health in mind, the facility accommodates the latest information technology, updated diagnostic and treatment technology, and an environment proved to reduce patient stress and recovery times.

In addition to SARMC, SARRH, and SAMC-N, the local Saint Alphonsus-owned facilities include Treasure Valley Lab, Saint Alphonsus Health Alliance (clinically integrated network), and the Saint Alphonsus Medical Group. The Saint Alphonsus Medical Group is comprised of more than 80 clinics across southwestern Idaho and eastern Oregon, and more than 325 primary care, pediatric, and specialty care physicians throughout the region that are focused on keeping care close to home. Our Virtual Monitoring and Care initiatives use telemedicine to reach out to patients who are homebound or in rural areas that lack mobility or access to health care centers and services. Through audio and/or visual means, health care providers are able to remotely assess, monitor, instruct, educate, and treat patients who typically would not be able to travel to receive services. These community-based services, combined with the advanced critical care available at SARMC, SARRH, and SAMC-N, provide residents with more comprehensive, convenient, and accessible health and wellness care, and support our mission to improve the health of our communities.

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

Prior Community Health Needs Assessment – 2017

As with the 2020 Community Health Needs Assessment, the prior 2017 Community Health Needs Assessment utilized an advisory

committee, as convened by the United Way of Treasure Valley (UWTV), as the primary method of gathering public input on the draft reports between January and April 2017. The community organizations that made up the 2017 Committee were provided with drafts of the assessment report and provided comments back to UWTV for inclusion in the final document. Additionally, the SARMC Mission Committee as well as the SARMC, SARRH, and SAMC-N Health Needs Community Hospital Boards were provided with drafts of the Community Assessment and contributed to the 2017 CHNA priorities.

The 2014 CHNA and 2017 SARMC and SAMC-N Community Health Needs Assessments can be found online at: <https://www.saintalphonus.org/about-us/community-benefit/community-needs-assessment/>

The prior CHNA, completed in April 2017, identified significant health needs within the SARMC and SAMC-N community:

- Health Care Access, including mental health
- 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 Healthy Weight Status

- Childhood and adult obesity prevalence
- Lack of participation in exercise/physical activity
- Low daily fruit and vegetable consumption
- Hunger and food insecurity prevalence

Harmful Substances

- 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

- Adults seeing dentist in past year
- Tobacco and sugary beverages worsen issues

The 2017 Community Health Needs Assessment was reviewed in detail within the Saint Alphonsus Health System Community Health and Well-Being Department in partnership with UWTV and Health Resources in Action in summer and fall 2019, prior to the development of the 2020 Community Health Needs Assessment processes and tools.

Accomplishments from the 2017 Community Health Needs Assessment

SARMC, SARRH, and SAMC-N acknowledged the wide range of priority health issues that emerged from the 2017 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 and SAMC-N 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.

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

- **Advocacy:** Participated/facilitated legislative activities between 2017-2019 that led to the adoption and funding of Medicaid Expansion in 2019.
- **Mobile Services:** Established the Saint Alphonsus Mobile Clinic in 2018 to travel to underserved communities in Canyon County to provide free medical, dental, and eye services to participants. Additionally, 30+ community partners attend the mobile clinics to provide their services such as Terry Reilly Health Services, Delta Dental, Idaho Dept of Labor, Idaho Foodbank, etc.

FY17 – 825 people served
 FY18 – 3,457 people served
 FY19 – 3,543 people served

- **Safety Net:** Supported other safety net organizations in the community who provide health services, counseling, and oral health services for low-income and individuals experiencing homelessness. Also piloted Community Health Workers to do outreach to vulnerable patients.
- Genesis Community Health is a key safety net providing free services; Saint Alphonsus has provided \$54K between FY17-19, and also major in-kind support of Genesis services (Free Lab, Imaging, Other Support):

Total Across Genesis Programs

FY17 – 3,618 Encounters, 900 Served
 FY18 – 4,665 encounters, 1,007 served (some individuals receive multiple service types)
 FY19 – 5,392 encounters, 1,148 served

Medical

FY17 – 1,139 Encounters, 474 Served
 FY18 – 2,003 (this now includes our medication assistance program #s as well), 582 served
 FY19 – 2,206 encounters, 544 served

Dental

FY17 – 666 Encounters, 285 Served
 FY18 – 960 encounters, 367 served
 FY19 – 763 encounters, 294 served

Counseling

FY17 – 198 Encounters, 53 Served
 FY18 – 171 encounters, 22 served
 FY19 – 293 encounters, 25 served

Volunteer Physician Network (VPN)

FY17 – 288 Referrals to specialty care, 95 Served
 FY18 – 528 encounters (started tracking differently in FY18), 151 served
 FY19 – 610 encounters, 136 served

Community Connectors (Community Health Workers)

FY17 – 3,964 Referrals Total, 1,327 Encounters, 475 Served

FY18 – 1,537 Referrals, 1,003 encounters, 671 served

FY19 – 2,384 Referrals, 1,520 encounters, 694 served

- **New Path Community Housing** provides a site-based permanent supportive housing solution for individuals in the Boise area who are experiencing homelessness. New Path is a 40-apartment development providing housing and on-site services for the individuals and couples who live there. Since 2018, Saint Alphonsus has provided \$100k annually for Terry Reilly Health Services to provide onsite social services, medical services, and life skills training to support the individuals in their homes. Residents moved in November 2018.

FY19: 50 individuals housed

- **Mental Health Programs:** Supported Allumbaugh House, Suicide Hotline, Boise Rescue Mission, State Suicide Prevention Council, telepsychiatry. Continued suicide prevention (SOS) programs in area schools. SARMC and SAMC-N continued collaborations in a community roundtable on mental health, including advocacy work in supporting and planning local crisis centers. SARMC staff also serve on the Suicide Prevention Action Network.

- **Suicide Hotline Calls/Contacts:**

FY17 – 9,531 inbound calls

FY18 – 13,477 inbound calls

FY19 – 13,794 inbound calls

- **Allumbaugh House:** See below under Harmful Substance Use

- **SOS School Trainings:** Signs of Suicide Prevention & Awareness

2017-2018 school year – 744 students, 193 adults, and 25 faith community nurses trained, six students referred

2018-2019 school year – 521 students, 70 adults trained, eight students referred

2019-2020 school year – 808 students, 123 adults trained, 13 students referred

- **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 mothers and infants, provide trauma-informed care for this vulnerable population.

- **International Clinic (Family Practice):**

Total visits by year:

FY17 – 5,447

FY18 – 6,318

FY19 – 5,912

- **CARE Clinic (Maternal/Child Health) # of women who went through prenatal care by year:**

FY17 – 85

FY18 – 100

FY19 – 83

- **Program for Survivors of Torture:**

FY17 – 54

FY18 – 53

FY19 – 60

- **Seniors:** New senior services programming and clinical services; Honoring Choices advanced directive work continued and completed. Hosted /sponsored 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, along with a variety of smaller events.

FY17 – 1311 seniors, family members, and caregivers educated

FY18 – 1691 seniors, family members, and caregivers educated

FY19 – 1743 seniors, family members, and caregivers educated

Nutrition, Physical Activity, and Weight Status (Obesity Prevention): SARMC and SAMC-N

expanded programs and promoted awareness of nutrition and exercise opportunities to address health literacy around weight management, active living, and healthy choices:

- Funded GoNoodle to schools across southern Idaho and eastern Oregon, an activity program that promotes physical activity and mindfulness during class instruction time.
 - School Year 2016-2017 – 21,727 Idaho students reached; 2,839,880 minutes of student activity time
 - School Year 2017-2018 – 22,049 Idaho students reached; 2,953,736 minutes of student activity time
 - School Year 2018-2019 – 23,334 Idaho students reached; 3,628,986 minutes of student activity time
- Sponsored and hosted Meet Me Monday (MMM), an organized walking program for individuals and families in Boise and Caldwell. MMM was expanded to four new sites between 2017-2019 until sunseting the program and transitioning the materials to the local communities in September 2019. A MMM toolkit was also developed for communities to establish their own walking program.
 - FY18 – 1,000 people served
 - FY19 – 1,000 people served
- Provided education and outreach on healthy habits at community events, such as the Boise downtown farmer’s market.
- Completed 90% of Baby Friendly hospital designation steps by the end of FY19. Baby-Friendly 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.
- SAHS staff led the Transforming Communities Initiative (TCI) grant work in partnership with UWTV across Ada and Canyon Counties. This included passing a statewide breastfeeding

protection policy in 2018, passing multiple municipal policies and procedures in the city of Caldwell to improve active transportation under the complete streets concept, improved walkability and bikeability around Caldwell schools, helped establish a statewide Community School Strategy in more than 26 schools in nine districts, developed the Whole Child Initiative within the Caldwell School District to implement Positive Behavior Intervention and Supports in all 10 schools, and supported advocacy for statewide early childhood education such as public Pre-K.

- The Canyon County Grocery Shuttle was established to serve residents of a food desert in North Nampa in 2018 whose last supermarket had shuttered. The shuttle picks up participants in residential locations and runs an hourly route to WalMart and WinCo where participants can shop for groceries and prescriptions. Routes have been expanded to include the Nampa Farmer’s Market, and trips to the Traveling Table to pick up food boxes.
 - FY18 – 1,042 riders
 - FY19 – 946 riders
- SAMC-N serves as the Meals on Wheel provider for Nampa City, providing meals to older adults who are often home bound and cannot otherwise get out to obtain food.
 - FY17 – 39,320 meals served
 - FY18 – 33,626 meals served
 - FY19 – 37,200 meals served
- SAMC-N, as a co-lead of the Healthy Impact Nampa Coalition, has been a partner in the development and implementation of the Traveling Table which started in January 2019. The Traveling Table is a mobile unit that travels to a number of stops such as the Housing Authority and various housing developments in Nampa to distribute free food boxes to those in need. The Traveling Table is led by high school students of the Treasure Valley Learning Academy in Nampa, with assistance from community volunteers. SAMC-N colleagues assist with the planning

of the table stops, tracking utilization, providing volunteers for food distribution, and contributing food from the SAMC-N cafeteria when specific items are in short supply from the Idaho Foodbank.

FY19 – 1,351 people served

Harmful Substance Use: SARMC offered new and expanded cessation programs, led statewide tobacco advocacy efforts, and supported alcohol and drug use prevention and intervention programs.

- Took leadership roles within existing tobacco related coalitions and led the Idaho Tobacco 21 initiative, which aimed to raise the legal tobacco sales age to 21 by presenting legislation during the 2017, 2018 legislative sessions, and conducted legislator education during the 2019 session. In FY20, SAHS led work to pass tobacco parity legislation that would include e-cigarettes in the statewide definition of tobacco and would establish a licensing protocol for e-cigarette retailers.
- Partnered with statewide Project Filter (from the Department of Health & Welfare) around new tobacco free campus and other public space signage to include e-cigarettes and vaping.
- Continued promotion of 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.
- SAHS staff joined the Tobacco Free Idaho Alliance (TFIA) Advisory Board in 2020
- Saint Alphonsus Tobacco Free Living Program offered comprehensive group and individual tobacco cessation programming free to the public.

FY17:

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 \$221K-\$250K annually to provide crisis mental health and detoxification services

FY17 – 355 admissions from Saint Alphonsus

FY18 – 321 admissions from Saint Alphonsus

FY19 – 310 admissions from Saint Alphonsus

Conducting the 2020 Community Health Needs Assessment

Saint Alphonsus Regional Medical Center (SARMC) and the Saint Alphonsus Regional Rehabilitation Hospital (SARRH) in Boise, Idaho, and Saint Alphonsus Medical Center (SAMC-N) in Nampa, Idaho, completed a coordinated comprehensive Community Health Needs Assessment that was adopted by the Boise, SARRH, and Nampa Community Hospital Board of Directors on June 19, 2020. SARMC, SARRH, and SAMC-N 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 <https://www.saintalphonsus.org/about-us/community-benefit/community-needs-assessment/>, or by request from the Saint Alphonsus Health System Community Health and Well-Being Department.

The 2020 Community Health Needs Assessment was led by United Way of Treasure Valley with Health Resources in Action as a research partner and Saint Alphonsus Health System, Trinity Health System, and JPMorgan Chase & Co. as funding partners. Five Counties: Ada, Canyon, Owyhee, Elmore, and Gem were the primary service areas studied, with analysis and comparison of county/health district,

state, and national data wherever available. These communities were selected for review as they comprise the primary service area where the bulk of SARMC, SARRH, and SAMC-N patients draw from. The Trinity Health Data Hub was utilized as the primary source for secondary data, in addition to localized data sources provided by the Advisory Committee members. Additional duties of the Steering Committee, whose members are listed in the Acknowledgements, included selecting secondary data indicators, developing the community survey and focus group/interview instruments, disseminating community surveys, conducting and participating in focus groups and key informant interviews, selecting significant health needs, providing review and revision to the draft assessment report, and drafting the plan for communications and dissemination of the completed assessment.

The detail processes for conducting community surveys, focus groups, and key informant interviews is listed on page 90 of the 2020 Community Health Needs Assessment document.

The 2020 Community Health Needs Assessment processes and drafts were presented to the SARMC Mission Committee on March 12, 2020, SARMC Community Hospital Board on April 9, 2020, the SAMC-N Community Hospital Board on April 24, 2020, and the SARRH Board on June 29, 2020. Each Board elected a designee to provide final adoption of the assessment. All approvals for adoption were received by June 19, 2020.

Brief Overview of 2020 Significant Health Needs

The 2020 Community Health Needs Assessment identified six significant health needs within the SARMC and SAMC-N communities. As described on page 9 of the 2020 Community Health Needs Assessment, the Steering Committee served as the external review committee to identify and prioritize significant health needs of the community, including Social Influencers of Health.

The Steering Committee initially identified twelve categories of significant health needs, which were reduced to the top six.

The 2020 Community Health Needs Assessment significant health needs are:

1. Affordable, safe housing and homelessness
2. Wages and job availability
3. Cost of living: i.e. housing, transportation, child care, etc.
4. Mental health and well-being and substance use
5. Access to affordable health care, including behavioral and dental health
6. Education, including high-quality early childhood education

Comments

Any additional comments on this report may be submitted to Rebecca Lemmons, Saint Alphonsus Health System Regional Manager of Community Health and Well-Being at Rebecca.lemmons@saintalphonsus.org.



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