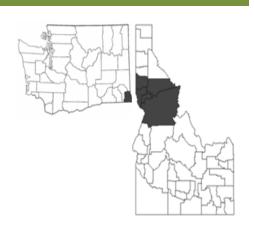
COMMUNITY NEEDS ASSESSMENT

HEALTH

EDUCATION

INCOME

2016

















Executive Summary

The 2016 Community Needs Assessment: Health, Education & Income (CNA) focused on Health, Education and Income and was accomplished through a collaborative effort spearheaded by the Twin County United Way, St. Joseph Regional Medical Center and Public Health – Idaho North Central District. The Community Needs Assessment was conducted in a fivecounty area of North Central Idaho encompassing Clearwater, Idaho, Latah, Lewis, and Nez Perce counties and one bordering eastern Washington county; Asotin. Nearly 1,700 respondents provided input via a survey and dozens of individuals provided input through community conversations and board meetings. A very special thank you to all the volunteers, survey respondents and individuals who contributed to this project.



The CNA is intended to identify the health, education and income needs and issues facing the region. The results of the assessment provide useful information to public health, hospitals, health care providers, policy makers, collaborative groups, social service agencies, community groups, nonprofit organizations, churches, businesses and consumers who are interested in improving the health and overall status of the community and region. Joining forces helps ensure that good use is being made of our community's charitable resources by identifying the most urgent needs of the underserved. In turn, this maximizes effort by reducing costs and coordinating research findings into a comprehensive document for use by others.

The following are the top three identified needs from each category that emerged from the findings of the 2016 Community Needs Assessment: Health, Education & Income survey:

ASSESSED NEEDS	HEALTH	EDUCATION	INCOME
TOP NEED	Overweight/ Obesity & Chronic Diseases (Diabetes, Heart Disease, Obesity)	Post High School/ College Opportunities	Affordable Housing
2 ND HIGHEST	Health Insurance	Tutoring for At-Risk	Food Assistance
3 RD HIGHEST	Mental Health	Before & After School Options	Managing Finances/ Employment Assistance

The results of this collaborative assessment reveals several opportunities for improvement and enable organizations to more strategically establish priorities, develop interventions and commit resources. The selected areas will provide many opportunities for community groups, working together, to make the biggest impact on the community's health, education and income. The following pages provide some of the information necessary to make informed decisions, set priorities and allocate resources.









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Demographic Snapshot

This Community Needs Assessment: Health, Education & Income (CNA) focused on the overlapping service areas of the Twin County United Way St. Joseph Regional Medical Center and Public Health – Idaho North Central District and, which includes the five north central Idaho counties: Clearwater, Idaho, Latah, Lewis and Nez Perce, as well as the Washington county: Asotin. Collectively these six counties represent nearly 130,000 people, of which 93% are White, 49% female and 18% over the age of 65 years. Within these counties, over 60% of the population resides in either Nez Perce or Latah County, wherein Lewiston, Idaho and Moscow, Idaho are located.



People QuickFacts ¹ July 1, 2014 Unless otherwise Indicated	Asotin	Clearwater	Idaho	Latah	Lewis	Nez Perce	Totals/ Average
Population Estimates, July 1, 2015	22,105	8,496	16,272	38,778	3,789	40,048	129,488
Median Income Per Person (in 2014 dollars), 2010-2014	\$24,836	\$20,154	\$19,527	\$22,575	\$21,542	\$24,570	\$23,006
Median household income (in 2014 dollars), 2010-2014	\$42,689	\$39,750	\$38,320	\$41,944	\$36,159	\$46,608	\$42,733
Persons in poverty % below federal poverty level	16%	17%	16%	20%	14%	15%	17%
Persons under 18 years	21%	16%	20%	19%	23%	22%	20%
Persons 65 years and over	21%	25%	24%	12%	24%	19%	18%
Female persons	52%	45%	48%	49%	50%	51%	49%
White Only	94%	94%	94%	93%	90%	90%	93%
Persons without health insurance Under age 65 years	15%	20%	22%	16%	23%	16%	17%

¹ www.census.gov







HEALTH CONCERNS

#1: OVERWEIGHT/OBESITY & CHRONIC DISEASES

The number one ranked health concern among all respondents, those without health insurance and those with income less than \$50,000 is Overweight/ Obesity. Closely tied to obesity is chronic diseases, which is the third highest health need among respondents with income less than \$50,000 and those without health insurance.

HEALTH CONCERNS BY RANK*	All Respondents	Income less than \$50,000	No Insurance
Overweight/Obesity	1	1	1
Treatment for Chronic Diseases (Diabetes, Heart Disease, Obesity)	4	3	3



The rate of obesity raises concern because of its implications for the health of Americans. Obesity increases the risk of many diseases and health conditions including²:

- Coronary Heart Disease
- Cancers (endometrial, breast, and colon)
- Osteoarthritis
- Liver and Gallbladder Disease
- Dyslipidemia (high total cholesterol or high levels of triglycerides)
- Type-2 Diabetes
- Hypertension (high blood pressure)
- Sleep Apnea and Respiratory Problem
- Gynecological Problems
- Stroke

Diabetes is the seventh leading cause of death in Idaho and about one third of Idaho adults living with diabetes do not know they have the disease³. Effectively managing diabetes will help Idahoans living with the disease lead more productive and healthier lives. An estimated 100,000 Idaho adults, or 8.4% of the adult population, live with diabetes and an estimated 84,000 Idaho adults, or 7.5% of the adult population, live with pre-diabetes.

HEALTH FACTORS BY COUNTY ⁴	Clear- water	Idaho	Latah	Lewis	Nez Perce	ID State	Asotin	WA State	US Median
Adult obesity Percent of adults that report a BMI >= 30	29%	27%	27%	29%	32%	28%	32%	27%	31%
Food Environment Index Measure ranging from 0 (worst) to 10 (best)	6.3	5.8	6.7	5.7	7.4	7.1	7.3	7.5	7.2
Access to exercise opportunities Percent of the population with adequate access to locations for physical activity	21%	59%	66%	40%	79%	75%	73%	88%	62%
Diabetic monitoring — Percent of diabetic Medicare enrollees that receive HbA1c screening	83%	81%	88%	82%	84%	82%	82%	86%	85%

⁴ <u>www.countyhealthrankings.</u>org









² NHLBI. 2013. Managing Overweight and Obesity in Adults: Systematic Evidence Review from the Obesity Expert Panel. http://www.nhlbi.nih.gov/sites/www.nhlbi.nih.gov/files/obesity-evidence-review.pdf

³ Idaho Department of Health and Welfare, Division of Public Health, Get Healthy Idaho, 2015

#2 HEALTH INSURANCE

The second highest ranking health concern among all respondents, those without health insurance and those with income less than \$50,000 was health insurance. This indicates that even those with health insurance acknowledge that a lack of health insurance is a leading need in the community.

HEALTH CONCERNS BY RANK*	All Respondents	Income less than \$50,000	No Insurance
Health Insurance	2	2	2

Nearly one in five people in the service area are without health insurance (19%). Compared to peope with health insurance, uninsured children and adults experience worse health and die sooner. Families can suffer emotionally and financially when even a single member is un- or under insured. Lack of health insurance at the community level is associated with financial instability for health care providers and institutions, reduced hospital services and capacity, and significant cuts in public health programs, which may diminish access to certain types of care for all residents, even those who have adequate coverage. The nation as a whole is economically disadvantaged as a result of the poorer health and premature death of uninsured Americans. The Institute of Medicine estimated the lost economic value of uninsurance is between \$65 billion and \$130 billion annually. 5



HEALTH FACTORS BY COUNTY*	Clearwater	Idaho	Latah	Lewis	Nez Perce	ID State	Asotin	WA State	US Median
Uninsured adults —	20%	22%	16%	23%	16%	19%	15%	16%	17%
Percent of population									
under age 65 without									
health insurance									

Within the service area there is a significant difference in uninsured rates between Asotin county, located in Washington state, and all other counties which are located in Idaho. This is likely due to the expansion of Medicaid in Washington and the lack of Medicaid expansion in Idaho.

⁵ (Institute of Medicine. 2004. Insuring America's Health. Washington, DC: National Academy Press, p. xi)









#3: MENTAL HEALTH & DRUG/ ALCOHOL USE

Mental health services and drug/alcohol prevention, education and treatment were both ranked in the top half of health concerns of all respondents. Mental health was the third-highest ranking health concerns. Sixteen percent of respondents, or more than one in six people, reported a need for mental health services over the last year and nearly as many who needed care did not receive it. While only 3% of respondents indicated a need for drug/alcohol prevention, education and treatment, 33% of those who needed that care did not receive it. Mental health also has an impact on income concerns and is the second highest need within the income category, specifically getting help for mental illness.

HEALTH CONCERNS	BY RANK All Respondents	% Needin Care	g % Did Not Receive Needed Care
Mental Health Services	3	18%	16%
Drug/ Alcohol Prevention,	6	3%	33%
Education & Treatment			
INCOME CONCERNS	BY RANK-All Respondents		ncome less than \$50,000
Getting Help for Mentally III	2		5



The National Bureau of Economic Research (NBER) reports that there is a "definite connection between mental illness and the use of addictive substances". Mental health is a state of successful performance of mental function, resulting in productive activities, fulfilling relationships, and the ability to adapt to change and cope with adversity. Mental health is indispensable to personal well-being, family and interpersonal relationships, and contribution to community or society. There is increasing awareness and concern in the public health sector regarding the impact of stress, its prevention and treatment, and the need for enhanced coping skills. Stress may be experienced by any person and provides a clear demonstration of mind-body interaction.

Substance abuse has a major impact on individuals, families, and communities. The effects of substance abuse are cumulative, significantly contributing to costly social, physical, mental and public health problems. There are no substance abuse facilities in the six-county area.

HEALTH FACTORS BY COUNTY ⁶	Clear- water	Idaho	Latah	Lewis	Nez Perce	ID State	Asotin	WA State	US Median
Poor mental health days Average number of mentally unhealthy days reported in past 30 days	3.4	3.5	3.5	3.8	3.6	3.7	3.5	3.4	3.7
Excessive drinking Binge plus heavy drinking	15%	17%	21%	14%	17%	18%	16%	20%	17%
Mental health providers Ratio of population to mental health providers	780:1	900:1	670:1	960:1	470:1	460:1	520:1	380:1	1060:1
Suicide rates (per 100,000) 5-Year Avg. Annual Rate 2010-2014	27.8	19.7	13.2	25.9	30.8	18.8	24.0 ⁷	15.9	12.93

⁶ www.countyhealthrankings.org

⁷ Washington State Department of Health, Suicide Deaths in Washington, Sabel 2013 (2008-2012)







EDUCATION CONCERNS

#1: OPPORTUNITIES FOR COLLEGE EDUCATION OR POST HIGH SCHOOL TRAINING

The top ranking education concerns, among all respondent groups, is opportunities for college education or other post high school training.

A projected 60% of new jobs in the next decade will require job seekers to have some college, training or certification beyond high school.

EDUCATION CONCERNS BY RANK*	All Respondents	Respondents with Children	Income less than \$50,000 with Children
Opportunities for college education or post high school training	1	1	1

Another 27% are projected to require a Bachelor's degree or higher. Idaho is in the bottom 10 states in the nation when it comes to people continuing education after high school and completing a four-year college degree. Additionally, Idaho is 46th (of 50 states) of high school graduates continuing on to college directly from high school, 47th in the nation in the percentage of 18-24 year olds enrolled in college, 46th in retention rates for first time college freshman returning for their second year, and 44th in graduation rates from college (BA degree in 6 years)8.

Compared to Idaho and Washington state averages, the service area is significantly under-educated beyond high school⁹. Except for Latah county, wherein the University of Idaho is located, every other county has more than 42% of the population with a high school diploma as the highest education level and for some areas, more than 50% of the population has at most a high school diploma.



EDUCATION LEVEL	Clearwater	Idaho	Latah	Lewis	Nez Perce	ID State	Asotin	WA State
% with NO High School Diploma	15	11	5	12	10	11	10	10
% High School Only	37	41	21	35	32	28	34	24
SUBTOTAL: At most High School Diploma	52%	52%	26%	47%	42%	39%	44%	34%
% Some College	24	26	23	28	28	27	28	25
% Associate Degree	8	7	7	9	9	9	10	10
% Bachelor's Degree	11	11	26	15	15	17	11	20
% Graduate/ Professional Degree	5	4	48	7	7	8	6	12

⁹ US Census Bureau, American Community Survey







Needs Assessment

⁸ National Information Center for Higher Education Policy Analysis

#2: TUTORING AT-RISK

The second highest ranking education concern, among all respondent groups, is tutoring for children/youth at-risk of failure. "At-Risk" implies

EDUCATION CONCERNS BY RANK	All Respondents	Respondents with Children	Income less than \$50,000 with Children
Tutoring for At-Risk Children/ Youth	2	2	2

children, youth and teens whom face greater barriers to being successful in life due to a lifecycle of poverty, exposure to drug and alcohol use, abuse and neglect and/or trauma or other adverse childhood experiences.

The Center for Disease Control and Kaiser Permanente Adverse Childhood Experiences (ACE) Study is one of the largest investigations of childhood abuse and neglect and later-life health and well-being. The study has uncovered how ACEs are strongly tied to development of risk factors for disease and well-being throughout the life course. ACE definitions include abuse (emotional, physical, sexual), household challenges (violence, substance abuse, mental illness, divorce, criminal history), and neglect (emotional and physical).

As the number of ACEs increase so does the risk for the following*:

- Alcoholism and Alcohol Abuse
- Chronic Obstructive Pulmonary Disease
- Depression
- Fetal Death
- Health-related Quality of Life
- Illicit Drug Use
- Ischemic Heart Disease
- Liver Disease
- Poor Work Performance
- **Financial Stress**
- Risk for Intimate Partner Violence



- Multiple Sexual Partners
- **Sexually Transmitted Diseases**
- **Smoking**
- Suicide Attempts
- **Unintended Pregnancies**
- Early Initiation of Smoking
- Early Initiation of Sexual Activity
- Adolescent pregnancy
- Risk for Sexual Violence
- Poor Academic Achievement *This list is not exhaustive.

Below are selected county health ranking that may be indicative of an adverse childhood experience.

COUNTY HEALTH RANKINGS	Clearwater	Idaho	Latah	Lewis	Nez Perce	ID State	Asotin	WA State
Children in poverty — Percent of								
children under age 18 in poverty	24%	23%	16%	26%	18%	19%	24%	18%
Violent Crime Rate — Violent crime								
rate per 100,000 population	201	108	120	139	151	210	192	301
Children in single-parent								
households — Percent of children	24%	24%	19%	25%	36%	25%	37%	24%
that live in household headed by a	Z4/0	Z4/0	13/0	23/0	30/0	23/0	37/0	Z4/0
single parent								









#3 CHILD DAY CARE

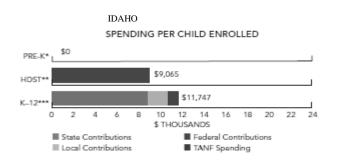
The third highest need regarding education concerns among respondents with children and those with children/ income less than \$50,000 was child day care. This was the fourth highest need among all respondents.

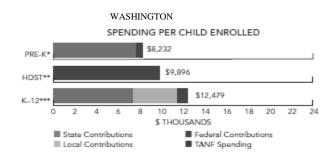
EDUCATION CONCERNS BY RANK	All Respondents	Respondents with Children	Income less than \$50,000 with Children
Child Day Care	4	3	3

In the context of educational needs, many 3- and 4-year olds still lack access to high-quality preschool education despite modest gains in enrollment, quality, and funding, according to an annual report by the nonpartisan National Institute for Early Education Research (NIEER) at Rutgers University. While several states made significant progress through a concerted effort to increase enrollment and funding and improve quality, progress is slow and uneven nationally, and quality standards are particularly low in some of the nation's largest states.



Idaho remains one of eight states in the 2014-2015 year without a state-funded pre-K program. Washington created the Washington State Early Childhood Education and Assistance Program in 1985 with the intention of creating safe, healthy, and nurturing learning experiences for the state's 3- and 4-year-old citizens.¹⁰





Within the region, the ALICE report¹¹ indicates that between 22-31% of total monthly expenses for four person households with one infant and one toddler is child care.

CHILD CARE COST FOR 1 INFANT & 1 PRESCHOOLER	Clearwater	Idaho	Latah	Lewis	Nez Perce	ID State	Asotin	WA State
Total Child Care Costs	\$807	\$807	\$939	\$939	\$939	\$902	\$1395	\$1223
% of Monthly Cost for Child Care	22%	22%	24%	24%	24%	23%	31%	28%

¹⁰ The State of Preschool 2015.

¹¹ http://www.unitedwayalice.org/reports.php









INCOME CONCERNS

#1: HOUSING

The number one ranking income concern was housing for all respondents and for those with income under \$50,000. Additionally, a needs assessment completed by Community Action Partnership (CAP)¹² in 2015 also states affordable housing as "one of the top needs identified by program participants and focus group respondents."

INCOME CONCERNS BY RANK*	All Respondents	Income less than \$50,000
HOUSING	1	1

The CAP survey reported that on average, over 60% of survey respondents reported they are unable to find affordable housing to purchase, while 67% reported they are unable to find affordable housing to rent. Survey responses indicated that Asotin county is the most difficult county in which to find affordable housing.



A benchmark for affordable housing is 30% of income. Families who pay more than 30% of their income for housing are considered "cost burdened" and may have difficulty affording necessities such as food, clothing, transportation and medical bills. A family with one full-time worker earning the minimum wage cannot afford the local fair-market rent for a 2-bedroom apartment anywhere in the U.S. (U.S. Department of Housing and Urban Development). The 2015 Corporation for Enterprise Development (CFED) Scorecard for Idaho reports that 47.7% of renters are "housing cost burdened".

ALICE¹³, an acronym for Asset Limited, Income Constrained, Employed, are households that earn more than the U.S. poverty level, but less than the basic cost of living for the county. The average annual Household Survival Budget for a family of four ranges from \$46,176 in Idaho to \$52,152 in Washington, double the U.S. poverty rate of \$23,550. The number of poverty and ALICE households combined equals the total population struggling to afford basic needs. In Idaho and Washington one in three households face financial hardships as ALICE households. Part of the reason these numbers are so high is that jobs are not located near housing that is affordable and the cost of housing has gone up 11-17% between 2007-2013.

ALICE. Factors BY COUNTY*	Clear- water	Idaho	Latah	Lewis	Nez Perce	ID State	Asotin	WA State
% of Population at Poverty and ALICE	40%	40%	43%	48%	33%	37%	37%	32%
% of Monthly Expenses for Housing (1 Adult)	35%	33%	35%	35%	31%	34%	31%	37%
	\$501	\$475	\$513	\$506	\$402	\$470	\$402	\$528
% of Monthly Expenses for Housing (2 Adults, 2 Children)	17%	17%	17%	16%	17%	17%	15%	19%
	\$626	\$626	\$661	\$626	\$657	\$656	\$657	\$805

¹² Community Action Partnership 2015 Community Needs Assessment

¹³ http://www.unitedwayalice.org/reports.php









Food Assitance was the second highest ranking income concern among respondents with income less than \$50,000, and the fourth highest need amoung all respondents. Additionally, access to health food was indicated under health concerns as a top five need by all respondents and those without health insurance.

INCOME CONCERNS BY RANK	All Respondents	Income less than \$50,000
Food Assistance	4	2
HEALTH CONCERNS BY RANK	All	No Health Insurance
DT KAINK	Respondents	

Access to an adaquate quantity of food and more specifically healthy food plays a significant role in a person's overall health. Diet is a major contributing factor to body weight. Fruits and vegetables contain essential vitamins, minerals, and fiber that may provide protection from chronic diseases. Compared with people who consume a diet with only small amounts of fruits and vegetables, those who eat more generous amounts are likely to have reduced risk of chronic diseases, including stroke and perhaps other cardiovascular diseases, and certain cancers.

Additionally when children are hungry it can have adverse effects on learning and education. Throughout the region the percent of free and reduced lunch varies from county to county and more so from school to school. As an example, Grantham Elementary in Asotin county has nearly 90% of students on free or reduced price lunches¹⁴. The Supplemental Nutrition Assistance Program (SNAP) is a helpful resource for those receiving it¹⁵, however the CAP survey¹⁶ noted that some eligible people do not participate in the program because they feel the small amount is not worth it or there is too much pride to apply.



	Clear- water	Idaho	Latah	Lewis	Nez Perce	ID State	Asotin	WA State
Households Receiving SNAP Total	327	705	1,478	175	1,559	70,901	1,621	358,728
% Households Receiving SNAP	9%	11%	10%	11%	10%	12%	18%	14%
Number of Free/ Reduced Price Lunch Eligible	567	849	1,762	548	2,084	134,560	1,867	474,940
% of Free/ Reduced Price Lunch	58%	50%	36%	62%	38%	48%	56%	45%

¹⁴ (http://elementaryschools.org/directory/wa/cities/clarkston/grantham-elementary)

¹⁶ Community Action Partnership 2015 Community Needs Assessment









¹⁵ US Census Bureau, American Community Survey, 2009-2013

#3: MANAGING FINANCES & EMPLOYMENT ASSISTANCE

The third highest income concern among respondents with incomes less than \$50,000, those households considered living at the ALICE¹⁷ level and for all respondents was Support to Better Manage Finances. Closely tied to managing finances is employment, which is noted as the fourth highest need among respondents with income less than \$50,000.

INCOME CONCERNS BY RANK*	All Respondents	Income less than \$50,000
Manage Finances	3	3
Employment Assistance		4



According to the ALICE report, when households cannot make ends meet they are forced to make difficult choices such as forgoing health care, accredited child care, healthy foods or car insurance. Effective financial management reduces mental stress, crises, risk taking, utilization of costly alternative financial systems to bridge gaps, hunger, homelessness and illness. Within the community as a whole, effective financial management creates a more stable workforce and reduces costs for homeless shelters, foster care homes and emergency health care.

Financial management is especially important when the bare minimum budget does not allow for savings, leaving a household vulnerable to unexpected expenses. Below is an example of the Household Survival Budget for Nez Perce county, as reported by the ALICE report. The budget calculates the actual costs of basic necessities (housing, child care, food, health care and transportation). This bare-minimum budget does not allow for savings, leaving a household vulnerable to unexpected expenses. Affording only a very modest living in each community, this budget is still significantly more than the U.S. poverty level of \$11,490 for a single adult and \$23,550 for a family of four.

HOUSEHOLD		Nez Perce County		Asotin County
SURVIVAL BUDGET	Single Adult	2 Adults, 1 Infant, 1 Preschool	Single Adult	2 Adults, 1 Infant, 1 Preschool
Housing	\$402	\$657	\$402	\$657
Child Care	\$-	\$939	\$-	\$1,395
Food	\$191	\$579	\$191	\$579
Transportation	\$350	\$700	\$350	\$700
Health Care	\$119	\$474	\$119	\$474
Misc.	\$118	\$354	\$118	\$403
Taxes	\$119	\$192	\$115	\$221
Monthly Total	\$1,299	\$3,895	\$1,295	\$4,429
ANNUAL TOTAL	\$15,588	\$46,740	\$15,540	\$53,148
Hourly Wage	\$7.79	\$23.37	\$7.77	\$26.57

¹⁷ http://www.unitedwayalice.org/reports.php



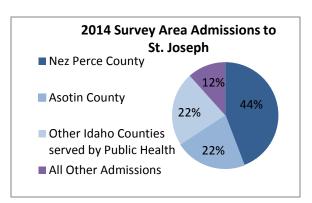






Communities Served

The Twin County United Way defines it service area as Asotin county, Washington state, and Nez Perce County in Idaho. Public Health – Idaho North Central District is funded to provide services to the five North Central Idaho counties. St. Joseph Regional Medical Center, located in Lewiston, Idaho defines its primary service area as Lewiston, Idaho, Clarkston, Washington, and a number of other communities throughout the region which are included in this needs assessment. Its catchment area can extend further into Washington



and northeastern Oregon for certain services. As a non-profit medical center, St. Joseph's patient population is not dependent on insurance coverage or type of coverage. For the purposes of the CNA the selected six counties surveyed accounted for 88% of all patient admissions to St. Joseph in Fiscal Year 2014 (07/01/14-06/30/15).

Demographics

People QuickFacts ¹⁸	Asotin County, Washington	Clearwater County, Idaho	Idaho County, Idaho	Latah County, Idaho	Lewis County, Idaho	Nez Perce County, Idaho
Population estimates, July 1, 2015	22,105	8,496	16,272	38,778	3,789	40,048
Population estimates base, April 1, 2010	21,623	8,761	16,267	37,244	3,821	39,265
Population, percent change - April 1, 2010 (estimates base) to July 1, 2015	2.20%	-3.00%	Z	4.10%	-0.80%	2.00%
Population, Census, April 1, 2010	21,623	8,761	16,267	37,244	3,821	39,265
Persons under 5 years, percent, July 1, 2014	5.40%	4.00%	5.20%	5.80%	5.30%	6.20%
Persons under 18 years, percent, July 1, 2014	21.00%	16.30%	20.00%	18.50%	23.00%	21.70%
Persons 65 years and over, percent, July 1, 2014	20.90%	25.40%	24.00%	11.80%	24.10%	18.90%
Female persons, percent, July 1, 2014	51.80%	45.20%	47.80%	48.50%	49.80%	50.50%
White alone, percent, July 1, 2014,	94.40%	94.40%	94%	93.30%	90%	90.10%
Black or African American alone, percent, July 1, 2014	0.60%	0.50%	0.40%	1.10%	0.40%	0.50%
American Indian and Alaska Native alone, percent, July 1, 2014,	1.60%	2.20%	3%	0.90%	6%	5.80%
Asian alone, percent, July 1, 2014,	0.90%	0.60%	0.50%	1.90%	0.5	0.9
Native Hawaiian and Other Pacific Islander alone, percent, July 1, 2014	0.20%	0.10%	0.10%	0.20%	0.20%	0.10%
Two or More Races, percent, July 1, 2014,	2.40%	2.10%	2.10%	2.70%	2.80%	2.50%
Hispanic or Latino, percent, July 1, 2014	3.60%	3.60%	3.10%	4.10%	4%	3.70%
White alone, not Hispanic or Latino, percent, July 1, 2014,	91.30%	91.30%	91.50%	89.80%	86.80%	87.40%

¹⁸ www.census.gov







People QuickFacts ¹⁹	Asotin County, Washington	Clearwater County, Idaho	Idaho County, Idaho	Latah County, Idaho	Lewis County, Idaho	Nez Perce County, Idaho
Housing units, July 1, 2014, (V2014)	9,843	4,479	8,648	16,330	1,868	17,417
Owner-occupied housing unit rate, 2010-2014	67.10%	78.60%	79.80%	54.50%	73.30%	69.30%
Median value of owner-occupied housing units, 2010-2014	\$170,000	\$131,200	\$151,600	\$189,100	\$114,800	\$166,000
Median selected monthly owner costs - with a mortgage, 2010-2014	\$1,217	\$1,132	\$980	\$1,263	\$943	\$1,191
Median selected monthly owner costs - without a mortgage, 2010-2014	\$371	\$341	\$310	\$410	\$351	\$355
Median gross rent, 2010-2014	\$681	\$629	\$602	\$655	\$573	\$667
Building permits, 2014	35	19	1	136	10	55
Households, 2010-2014	9,405	3,560	6,523	15,069	1,657	16,159
Persons per household, 2010-2014	2.3	2.14	2.41	2.31	2.26	2.39
Living in same house 1 year ago, percent of persons age 1 year+, 2010-2014	82.00%	84.20%	85.30%	70.60%	86.70%	84.90%
Language other than English spoken at home, percent of persons age 5 years+, 2010-2014	3.60%	5.10%	2.10%	5.60%	3.90%	4.10%
High school graduate or higher, percent of persons age 25 years+, 2010-2014	88.70%	85.70%	89.80%	95.80%	88.50%	90.50%
Bachelor's degree or higher, percent of persons age 25 years+, 2010-2014	18.50%	15.80%	16.80%	44.00%	16.50%	22.10%
Persons without health insurance, under age 65 years, percent	14.70%	20%	22.30%	16.10%	22.60%	15.50%
Mean travel time to work (minutes), workers age 16 years+, 2010-2014	15.4	24.8	18.3	18	19.9	16.5
Median household income (in 2014 dollars), 2010-2014	\$42,689	\$39,750	\$38,320	\$41,944	\$36,159	\$46,608
Per capita income in past 12 months (in 2014 dollars), 2010-2014	\$24,836	\$20,154	\$19,527	\$22,575	\$21,542	\$24,570
Persons in poverty, percent	16.30%	16.60%	16.30%	19.90%	13.70%	14.60%
Population per square mile, 2010	34	3.6	1.9	34.6	8	46.3
Land area in square miles, 2010	636.21	2,457.27	8,477.35	1,076	478.8	848.09

¹⁹ www.census.gov







Process and Methodology

The Community Needs Assessment: Health, Education & Income is based on both primary and secondary data sources. The process of collecting this data included a publicly available survey, community meetings, an examination of existing health data, and input from professionals within our communities.

The top needs identified in this report are based on the facts (demographics and secondary data) and circumstances (survey results).



To ensure that the implementation strategies specifically meet the true needs of the most vulnerable in the community, the assessment process involved the community at every phase, including planning, data collection, evaluation, identification of health issues and community strengths and development of strategies to address identified problems.

The Community Needs Assessment: Health, Education & Income was approved by the St. Joseph Board of Directors in June 2016.

Survey

A Community Needs Assessment: Health, Education & Income survey was used to collect primary quantitative data. The survey was developed and disseminated to provide insight into the issues of importance of the community. Paper copies were widely distributed through partner agencies and an on-line survey link was advertised through local and social media. A total of 1685 surveys were completed by the broad community.

Secondary Data

Secondary data was gathered from a wide range of sources that are cited throughout the full document.

Persons Representing the Broad Interest of the Community

Given the vital importance of community input in understanding the health, education and income needs of a community several methods were used to gather primary data. Representatives from the Twin County United Way, St. Joseph Regional Medical Center and the Public Health – Idaho North Central District held and attended numerous community meetings to collect information from community leaders, professionals and residents who have firsthand knowledge of the needs of the community







Community Feedback and Attendees

Below summarizes the solicited input gathered from the community meetings, which included representatives from Public Health-Idaho North Central District, the Snake River Community Clinic (a free health clinic for the under/un-insured patient population), County Commissioners, Senior services, including home health agencies, assisted living facilities and skilled nursing facilitates, business owners, school districts, health care providers and nonprofit and community based organizations.



	Community	Meet	ting Input
	Strengths and Opportunities		Weaknesses and Challenges
1.	A community that Cares	1.	Isolation in Seniors
2.	Key information and resources for the public	2.	Drug issues are generational
3.	Snake River Community Clinic	3.	Caregivers need support
4.	National Night Out	4.	Need to document Transportation options
5.	ACE's training	5.	No evening childcare to work around jobs
6.	Partnerships	6.	Hopelessness
7.	Health Care providers	7.	Generational low education
8.	Getting people to events	8.	Lack of connections
9.	Increase opportunities for multiple events	9.	Need to increase sharing of resources
10.	Job force training	10.	Stigmas around Mental/Behavioral Health
11.	Partnerships	11.	Access to Healthcare
12.	ACE's training	12.	Lack of Dental services
13.	Idaho expand Medicaid – grass roots	13.	Lack of Mental Health providers
14.	Fund SRCC 5 days a week	14.	Provider Shortage all areas
15.	Communication Network (Partnerships)	15.	Root Problems Mental Health/Behavioral
16.	Inventory of Recourses (YWCA May 2016)		Health
17.	Early Childhood Education Ages 0-5	16.	Affordable Housing shortage- low income
		17.	Working Poor – transportation, food issues
		18.	Child Abuse
		19.	Suicide
		20.	Homeless – Unemployment
		21.	Access to food/hunger- Children, Seniors







Twin County United Way Board Meeting

Individual/ Community Leader Input

- 1. What is the biggest health issue in our community? Obesity, access to health care, prevention, mental health literacy, diabetes, lack of low income providers in either NP county or Asotin.
- 2. What do you think is causing these issues? Food, poor nutritional choices, income, access is also affected by income, community funding for health districts. Hospitals and doctors are seeing sicker patients because people are waiting to be treated because they cannot afford health care. Idaho's refusal to expand Medicare.
- 3. What are some challenges or barriers that communities face on these issues? Lack of resources.
- 4. Are there opportunities to improve and where are they? Exercise, partnerships, education, program development, sometimes we think people know what we know. Education is key.



Photo Credit: Steven Reed @ Northwest Media







	COMMUN	NITY INPUT	
	·	munity Agencies, 26-Jan-201	
Aging & Long Term Care (WA)	Habitat for Humanity	Lewiston City Library	Twin County United Way
Boys and Girls Club of the LC Valley	Idaho Foodbank	Lewiston School District	Valley Meals on Wheels
CASA	Idaho Legal Aid	Lewis-Clark Service Corps	Valley Medical Center
City of Lewiston Fire Dept.	Idaho Stars (U of I)	Public Health - Idaho North Central District	WA-ID Volunteer Center
Clarkston Police Department	Interlink Volunteers	Quality Behavioral Health	Walla Walla Community College
Clarkston School District: EPIC program	Lewis-Clark Early Childhood Program	Snake River Community Clinic	Willow Center
Community Action Partnership	Lewis-Clark State College	St. Joseph Regional Medical Center	YoungLife
Family Promise	Lewis-Clark Valley Young Life	Tri-State Hospital	YWCA
North Central Idaho Board	of Health, Broad Community,	, 25-Feb-2016	
Don Davis, Chair	John Allen	Douglas Zenner	Jerry Zumalt
County Commissioner	County Commissioner	County Commissioner	Disaster Management
Latah County	Clearwater County	Nez Perce County	Coordinator
Dave McGraw	Shirley Greene	Glenn Jefferson, M.D.	Idaho County
County Commissioner	Representative	Physician Representative	Carol Moehrle
Latah County	Latah County	Nez Perce County	District Director
·	·	,	District Director
	I Idaho, Healthcare & Senior		Devel Diseas Assista dellistica 9
Clearwater Health & Rehab	Lewis-Clark State College	Prestige Care Center	Royal Plaza Assisted Living & Care Center
Clearwater Valley Hospital & Clinics	Norco	Public Health - Idaho North Central District	St. Joseph Regional Medical Center
Elite Home Health and Hospice	North Idaho Acute Care Hospital	Pullman Regional Hospital	Syringa Hospital & Clinics
Kindred Care (Skilled Nursing)	Orchards Rehab & Care Center	Rehab Hospital North	Tri-State Memorial Hospital
Twin County United Way Bo	oard of Directors, Broad Com	munity, 18-Feb-2016	
Debra Ausman, Stonebraker	Susan Colburn, St. Joseph	Kim Matson, State of Idaho	Bert Sahlberg, Lewis-Clark
McQuary Agency	Regional Medical Center	Dept. of Health & Welfare	State College
Nick Bacon, Community	Robert Donaldson, Lewiston	Mike Moser, P1FCU	Scott Shelden, Dwyer
Volunteer	School District		Chiropractic Center
Scott Baldwin, Stifel	Janis Forsmann, Clearwater Paper	Travis Myklebust, Lewiston Fire Department	Tim Winter, Clarkston School District
Tim Barker, City of Lewiston	Barb Fry, Nez Perce County Treasurer	Crystal Nelson, Wells Fargo Home Mortgage	Cathy Jo Witters, Stonebraker McQuary Agency
Mike Bly, Inland Cellular	Lisa Huddleston, Clements, Brown and McNichols	Jessanne Price, Public Consulting Group	Samantha Skinner, Executive Director
Kim Casey, Avista	Michelle King, WideOrbit	Charity Rapier, Clearwater Paper Corporation	
Beverly Kloepfer, Lewis-Clark State College	Rhonda Mason, Tri-State Memorial Hospital	Steven Reed, Northwest Media	







2012 Community Health Needs: Progress

St. Joseph Regional Medical Center conducted a Community Health Needs Assessment (CHNA) in 2012. Listed below are the four health needs were identified as priority needs and the progress and actions that were taken to address the needs.

Priority Need	Obesity, Heart Disease & Stroke & Diabetes as risk factors for chronic disease such as
	Type 2 Diabetes, COPD and overall health
Target Population	Local population – All ages at-risk
Goal	Promote health lifestyle choices through increased awareness and education of healthy
	behaviors and risk factors contributing to advancement of chronic disease. Improve
	access to treatment services related to needs identified
	Progress and Accomplishments to Date:
Ohesity:	

St. Joseph's Outpatient Nutrition services collaborated with area schools, business, churches, and community health care agencies to provide free, onsite educational presentations regarding healthy eating and healthy weight. The Registered Dietitian provided four (4) presentations in both 2013 and 2014. In 2015, ten (10) presentations were provided

Heart Disease and Stroke:

- Expanded cardiology and neuro and interventional radiology services to provide preventative, diagnostic, follow-up, and emergency intervention and treatment. Patient are now about to receive care locally.
- Community Open House Grand Opening of New Cath Lab Provided education on services provided and heart/stoke health.
- Joined the Providence Telehealth Stroke Network
- Outreach conversations with area healthcare providers on care of stroke patients, services St. Joseph can provide and how to work together to support needs of the patients we jointly serve.
- Promoted heart health and healthy living via "Paint the Valley Red" Awareness Campaign and community GO RED Heart Health & Wellness Fair.
- Provided education at various community health fairs/events on heart healthy living/eating and signs & symptoms of stroke and heart attack
- Partner with local Public Health department to provide tobacco cessation program at free or low cost. Courses are held at St. Joseph and promoted via our website and social media
- Continue to operate the American Heart Association Training Center which provides BLS, ACLS and PALS training and education to the public and AHA instructors.
- Actively participate in Idaho's TSE ensuring patients experiencing cardiac and stroke emergencies receive timely care and work with surrounding facilities to evaluate this care and identify areas of opportunity we can work on as a region to improve.
- Physicians provided community education via "Your Doctor Speaks". Topics included:
 - "Preventative Cardiology What Are Your Risk Factors"
 - "Signs, Symptoms, Treatment for Acute Ischemic Stroke".







Priority Need	Obesity, Heart Disease & Stroke & Diabetes as risk factors for chronic disease such as
	Type 2 Diabetes, COPD and overall health
Target Population	Local population – All ages at-risk
Goal	Promote health lifestyle choices through increased awareness and education of healthy
	behaviors and risk factors contributing to advancement of chronic disease. Improve
	access to treatment services related to needs identified
	Progress and Accomplishments to Date:

Diabetes:

- Implemented the insulin assistance program, "Project Hope" which provides insulin assistance for uninsured, under insured and individuals, at no cost, who are experiencing financial hardship.
- The Diabetes Center staff (Diabetes educator, registered dietitian, and support staff) attended various community health fairs providing free educational materials and blood glucose testing.
- Established a Type 1 Youth Diabetes Support Group
- Provided Free Pre-Diabetes/Diabetes Education presentations to local churches, assisted living facilities and businesses
- Offered the annual Diabetes Boot Camp each fall which focuses on management of diabetes in the school. All schools in the area are invited and the course is free.
- Certified Diabetes Educator/RN volunteers at the regional diabetes camp "Camp Stix". Camp Stix is a week long, sleep away camp specifically for children with Diabetes
- Hosted the annual Diabetes Awareness Fair each November. This event is free to pubic
- Diabetes staff participates in local Diabetes Coalition group.

Priority Need	Mental Health
Target Population	Local population – All ages at-risk
Goal(s)	Increase awareness of the community and care providers of mental health programs
	and resources within the region. Advocate for implementation of programs/services to
	address mental health needs
	Progress and Accomplishments to date:

- Supported the efforts to gain funding for the implementation of a drug treatment center in Nez Perce
- Throughout Mental Health Month (May), various activities were held to educate the community and care providers of available resources in the area.
- Provided Mental Health 1st Aid Training for both adults and youth to educate non-professionals to identify the warning signs of a mental health crisis, how to respond appropriate and learn where to get help.
- Provided mental health depression screenings at various health fairs
- Held Annual Rural Mental Health Symposium providing educational opportunities for community members and behavioral/mental health providers
- Maintain a presence on and participate in the Regional Mental Health Board
- Recruitment of mental health providers.
- Expanded therapy services by adding additional staff
- Mental health staff gave numerous presentations regarding mental health awareness, healthy strategies, and available resources and services to organizations, agencies and community partners.
- Implemented a Crisis team.
- Hosted and participated in Crisis Intervention Training for law enforcement.









Priority Need	Cancer
Target Population	Local population – All ages at-risk
Goal	Continue to provide and enhance cancer treatment services. Increase awareness and promote healthy behaviors, reduce risk factors contributing to advancement of the cancer
	Progress and Accomplishments to date:

- Expanded access to cancer treatment options and clinical advances through a formal affiliation with the Seattle Cancer Care Alliance
- Expanded services to provide oral chemotherapy
- Provide prescription assistance program to support patients in accessing available resources to obtain needed prescriptions
- Acquired and installed a module interfaced to our Comprehensive Oncology Electronic Medical Record to create survivorship care plan. Launched survivorship program with survivorship cancer plans for breast
- Partnered with the American Cancer Society and provide space/location for the ACS Cancer Resource Center
- Major sponsor of the Relay for Life event
- Partnered with Women's Health Check to assist under insured women receive screening mammograms
- Partnered with the Snake River Community Clinic to provide free, onsite screening mammograms via St. Joseph's mobile mammography coach.
- Provided and promoted cancer screening programs: Mammography, Colonoscopy, Fecal Occult Blood Tests
- Implemented the STAR Rehab Program that offers rehabilitation for cancer patients and cancer survivors to improve their outcomes and satisfaction with cancer treatment.
- Established the "Moving On" Cancer Support Group.
- Began collaboration with local Valley Live Strong Support Group to form Valley Strong Cancer Support Group
- Attended various community health fairs and events providing educational materials
- St. Joseph staff provided free, educational programs to the community related to nutrition, physical activity and cancer risk.
- Partnered with the local public health department to expand access and promote the use of comprehensive tobacco cessation programs and services.
- Major sponsor and/or supporter of various events in the region that promote and support breast cancer prevention, treatment and survivorship such as Pink Ribbon Luncheon, Jogs for Jugs, Gina Quesenberry Foundation Golf Tournament, Lewiston Roundup – Tough Enough to Wear Pink, & Chick & Chaps.
- St. Joseph's Breast Imaging Center held numerous "Mammograms & Massage" events to promote screening mammogram. Patients receive a complimentary massage, refreshments and education at the event. These events are offer to the public, St. Joseph staff and businesses.
- St. Joseph staff are active on area coalitions, advocacy groups to ensure collaborative efforts within the region including, but not limited to: Cancer Awareness & Prevention Coalition, Regional Tobacco Task Force, American Cancer Society, Gina Quesenberry Foundation
- In 2015, St. Joseph hosted our first Cancer Survivors Dinner with 68 guests in attendance. The event featured a speaker on Cancer Survivorship.







Priority Need	Access to Care
Target Population	Local population – All
Goal	Enhance healthcare for target population
	Accomplishments to date:

- Provided space to CHAS (Federally Qualified Health Clinic) at no charge
- Supported the Snake River Community Clinic
- Recruited new care providers
- Provide assistance to the community, providers and staff, through our Senior Life program, to ensure access to programs including Medicare, Medicare Part D and various prescription assistance programs
- Promoted and supported legislative efforts promoting implementation of state health insurance exchanges through presentations to various local key stakeholders
- Promoted and supported legislative efforts promoting Medicaid and Managed Care expansion through presentations to various key stakeholders and via our website
- Implemented patient navigators to assist under insured patients with applying for ACA health insurance.
- Proactivity share financial assistance policies with various nonprofit agencies.
- Recruited new providers









<u>2016 Community Needs Assessment – Community Survey</u>

Please return your completed survey to the United Way by Monday February 29, 2016.

Survey link: http://tinyurl.com/jymuppr

RESPONDENT CHARACTERISTICS

	TO WINCH OF THE TOHOWING AS	ge groups do you currently belong:		
	Under 18	55-64		
	18-24	65-74		
	25-34	75-84		
	35-44	85 or older		
	45-54			
2.	Are you:			
	Male	Female		
3.	Which of the following do y	ou consider to be your primary race?		
	White/Caucasian			
	Black/African American	1		
	Native American/Alaska	an Native		
	Asian/Pacific Islander			
	 Asian/Pacific Islander Other (Please specify) _			
	<u> </u>			
	Other (Please specify) _			
4.	Other (Please specify) _ Counting income from all so		sehold, which category below represe	nts you
4.	Other (Please specify) _ Counting income from all so	ources for everyone living in your ho	sehold, which category below represed \$150,000 – 199,999	nts youi
4.	Other (Please specify) _ Counting income from all so annual household income for	ources for everyone living in your hou or 2015 before taxes (gross income):		nts youi
4.	Counting income from all so annual household income for Less than \$10,000	ources for everyone living in your hour to come to the component of the co	\$150,000 – 199,999	
4.	Counting income from all so annual household income for Less than \$10,000 \$10,000 - 14,999	ources for everyone living in your hour rouse (gross income):\$35,000 - 49,999\$50,000 - 74,999	\$150,000 – 199,999 \$200,000 or more	
4.	Counting income from all so annual household income for Less than \$10,000 \$10,000 - 14,999 \$15,000 - 24,999 149,999	ources for everyone living in your hour 2015 before taxes (gross income): \$35,000 - 49,999 \$50,000 - 74,999 \$75,000 - 99,999	\$150,000 – 199,999 \$200,000 or more	
4. 5.	Counting income from all so annual household income for Less than \$10,000\$10,000 - 14,999\$15,000 - 24,999	ources for everyone living in your hour 2015 before taxes (gross income): \$35,000 - 49,999 \$50,000 - 74,999 \$75,000 - 99,999	\$150,000 – 199,999 \$200,000 or more	
	Counting income from all so annual household income for Less than \$10,000 \$10,000 - 14,999 \$15,000 - 24,999 149,999	ources for everyone living in your hour 2015 before taxes (gross income): \$35,000 - 49,999 \$50,000 - 74,999 \$75,000 - 99,999	\$150,000 – 199,999 \$200,000 or more	
	Counting income from all so annual household income for Less than \$10,000 \$10,000 - 14,999 \$15,000 - 24,999 149,999	ources for everyone living in your hour 2015 before taxes (gross income): \$35,000 - 49,999 \$50,000 - 74,999 \$75,000 - 99,999	\$150,000 – 199,999 \$200,000 or more	







6.	In what county do you work?	•									
	Nez Perce			l	₋atah						
	Clearwater			١	_ewis						
	Idaho			/	Asotin						
7.	How many people are curren	tly living	in your	house?							
	1			5							
	2			6	i						
	3			7							
	4			8	+						
8.	How many are adults age 65	years or	older?								
	(Include yourself if appropria	ite)									
	How many are children unde	-	s old?		childre	n					
10	. Of these children, how many	are:									
		0	1	2	3	4	5	6			
	Pre-Kindergarten in age										
	Grades k-6										
	Grades 7-12	_						_			
EDUC	ATION CONCERNS										
11	. If you have children in your h that apply).	ousehole	d under	18 year	s old, w	hich of t	he follo	wing are t	hey enr	olled in	ı: (Mark all
	Child Care				After sch	nool pro	grams				
	Before-school childcare			1	None of	these					
	After school childcare			1	No child	ren in ho	ousehold	I			
HEAL	TH CONCERNS										
12	. When you or members of yo				, non-er	nergenc	y medic	al care, wl	nere do	you us	ually go?
	Community Clinics (SRCC	C, CHAS, I	Public H	ealth)							
	Urgent care clinic										
	Emergency department										
	Primary care provider/Fa		/sician/N	Nurse Pr	actitione	er					
	Do not seek medical care										
	Other: Specify:										







	Medicare Private Insurance		Medicaid Military Insurance Oth	ner		
Trivate insur	ance		Willitary Historatice Ott			
n 2015 did you or anyone		ur ho	usehold need:		·	
	Yes	No		Yes	No	
Medical care			If YES, was the care received?			
Dental care			If YES, was the care received?			
Mental health care			If YES, was the care received?			
Substance abuse care			If YES, was the care received?			
Prenatal care			If YES, was the care received?			
Did you travel over 50						
miles to receive the						
healthcare services you						
needed?						
If you answered "No" to	yed? #15, ar	Y e you	es-full-timeYes-part-time : :etiredDisabled	No		
nomemaker			Jnemployed			
Student	ıs, has	anyo	ne in your household sought educat Yes No	ion or trai	ning to quali	fy for
Student						
Student Within the past 12 month paying job?		duca	tion or training?Yes	No		







People and families often face problems and look for help. For each issue listed below, please tell us whether each concern is an issue for your household or a concern in our community.

21. Education Concerns	Major	Moderate	Minor	Not an	Don't
	Issue	Issue	Issue	Issue	Know
Early Childhood development/Home visiting program					
Pre-K education and school readiness for children					
Child day care					
Before and after school services					
Tutoring for children/youth at-risk of failure					
Opportunities for college education or post high school training.					

22. Health Concerns	Major Issue	Moderate Issue	Minor Issue	Not an Issue	Don't Know
Health Insurance					
Basic medical care for low-income					
Treatment for chronic diseases (diabetes, heart disease, obesity)					
Mental Health services (Children, youth, adults)					
Prevention and Recovery from domestic violence and/or abuse					
Preventive Health Education programs					
Drug/alcohol prevention and education					
Teen pregnancy prevention and education					
Diabetes prevention and education					
Access to healthy foods					
Overweight/obesity prevention and education					
Tobacco/e-cigarettes education and cessation					
Prevention and Treatment of Cancer					







23. Income and Self-Sufficiency Concerns	Major Issue	Moderate Issue	Minor Issue	Not an Issue	Don't Know
Employment assistance for adults/seniors					
Support to better manage finances					
Safe, affordable, accessible housing					
Home repair and safety for seniors					
Emergency shelter for homeless adults/children/youth					
Day care services for mentally ill					
Adult day care services, and respite care					
Specialized transportation for seniors/disabled					
Meal delivery for homebound seniors/disabled					
Food assistance					

24. Where/How did you receive this survey?	
Non-profit or Charitable Organization	Workplace
Community meeting	Online
United Way	Hospital or Clinic
Personal Contact	Other
25. Any additional comments or thoughts you would lik	e to share about the needs of our community?
Thank you for participating in	this Community Assessment.
Your time is app	preciated by the:

Twin County United Way, 208-743-6594 St. Joseph's Regional Medical Center, 208-750-7353 Public Health – Idaho North Central District, 208-799-0344







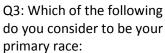
Survey Results

Q1: To which of the following age groups do you currently

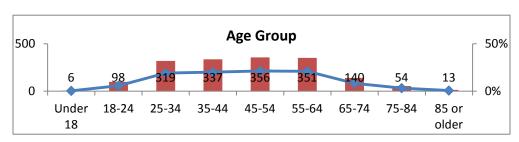
belong:

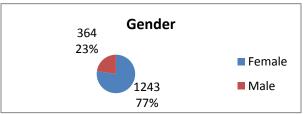
Answered: 1,674 Skipped: 11

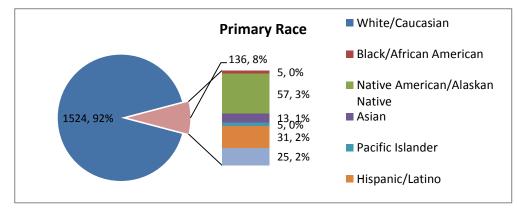
Q2: Are you: Answered: 1,607 Skipped: 78



primary race: Answered: 1,660 Skipped: 25

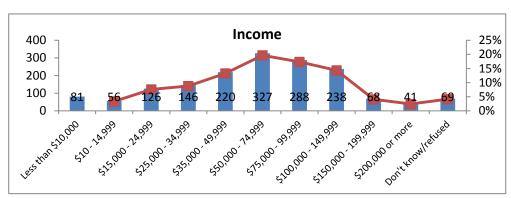




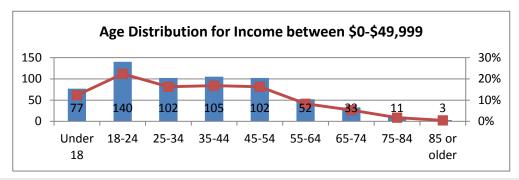


Q4: Counting income from all sources for everyone living in your household, which category below represents your annual household income for 2015 before taxes (gross income):

Answered: 1,660 Skipped: 25



Q4 (A): Age Distribution of Q4 responses ONLY Less Than \$10,000 to \$49,999









Q5: In what county do you

live?

Answered: 1,637 Skipped: 48

Q6: In what county do you

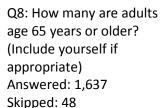
work?

Answered: 1,647 Skipped: 38

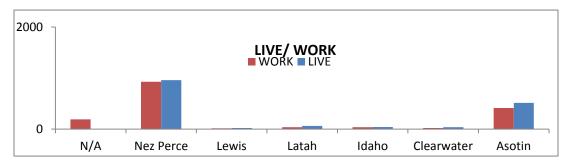
Q7: How many people are currently living in your

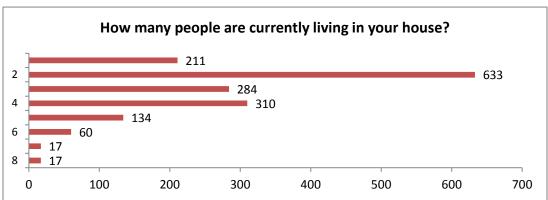
house?

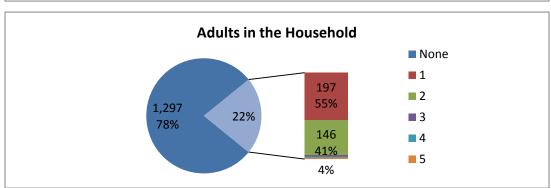
Answered: 1,637 Skipped: 48

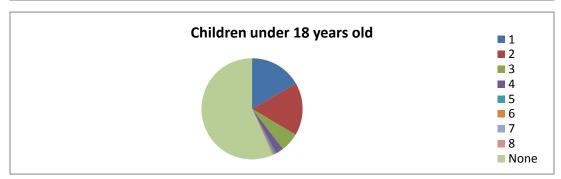


Q9: How many children under 18 years old? Answered: 1,646 Skipped: 39









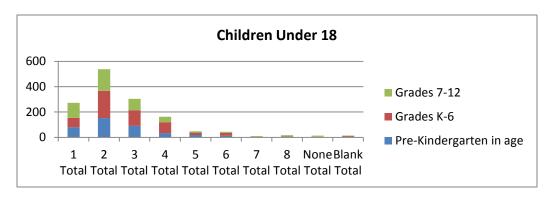
Summary	Households	Kids
Pre-K	293	399
Grades K -6	381	560
Grades 7-12	322	461
Totals	718 Households	1429 Children Total







Q10: How many children under 18 years old? Answered: 1,646 Skipped: 39



Q11: If you have children in your household under 18 years old, which of the following are they enrolled in:

Answered: 1,416 Skipped: 269

Q12: When you or members of your household need basic, non-emergency medical care, where do you usually go?
Answered: 1,619

Q13: Is everyone in your household covered by health insurance?
Answered: 1,614

Skipped: 71

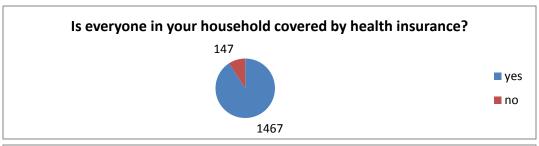
Skipped: 66

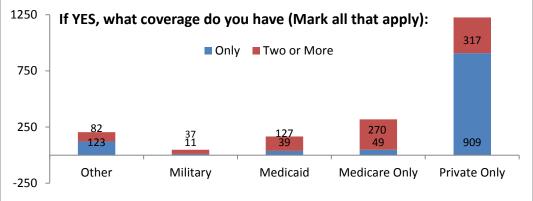
Q14: Is everyone in your household covered by health insurance?

Answered: 1,527 Skipped: 158

Summary	Households	Kids	
Child Care	197	448	
Before School	48	48 103	
After School- Childcare	74	174	
After School- Program	120	262	
None	386	720	
Totals	718 Households	1429 Children Total	

Summary	Only	2 or More	Total
Community Clinics (SRCC, CHAS, Public Health)	74	54	128
Urgent Care Clinic	121	131	252
Emergency Department	36	63	99
Primary Care /Family Physician/Nurse Prac.	1105	155	1261
Do not seek medical care	45		62
Other (please specify)			63







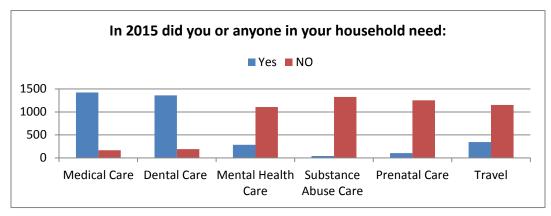




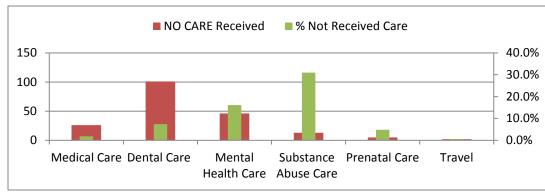


Q15: In 2015 did you or anyone in your household need:

Answered: 1,614 Skipped: 71

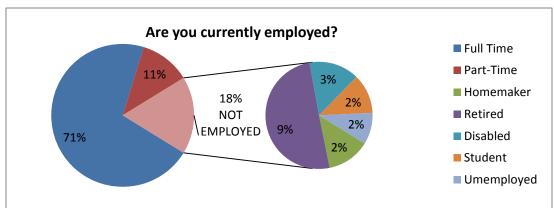


IF YES, was the care received?



Q16: Are you currently employed? Answered: 1,616 Skipped: 69

Q17: If NO, are you? Answered: 304 Skipped: 1,375



Q18: Within the past 12 months, has anyone in your household sought education or training to qualify for a higher paying job?

Answered: 1,604 Skipped: 81

Q19: If YES, were you able to obtain education or

training?

Answered: 1,132 Skipped: 553

