

2017 Community Health Improvement Plan



Public Health
Idaho North Central District



Letter from the Director

We are excited to present the 2017 North Central Idaho Community Health Improvement Plan (CHIP) to the citizens of North Central Idaho. This plan is a culmination of two years of hard work from many organizations and partners, and we extend sincere appreciation to all who have contributed to the production of this plan. The CHIP addresses the goals, objectives and strategies for improving the overall health status in North Central Idaho.

This CHIP was developed in collaboration with community partners and is based on the results of the Community Health Needs Assessment. It addresses the methodology in which to achieve improvement of health within our communities.

Partnerships are critical for the success of this plan. It is these partnerships that create opportunities for health improvements by creating policies and environments that make healthy choices the easiest choice for families, institutions and communities.

This plan builds on the strengths of our counties' vibrant communities and strives to creatively and collaboratively tackle mental health/suicide, overweight/obesity/diabetes, education and income. The ultimate goal of this plan is to improve the health of our citizens. We hope this plan provides the necessary tools and guidance that will help us impact that goal! To learn more, follow us on-line at: www.idahopublichealth.com



Carol M Moehrle

Carol Moehrle, Director

Public Health - Idaho North Central District

Table of Contents

Executive Summary	5
Community Partners	6
Community Health Improvement Process	7
Priority Issues	8
County Health Rankings	9
Healthy People 2020	10
Implementation Plan	11
Priority Area 1: Mental Health Awareness and Suicide Prevention	11
Implementation Plan	13
Priority Area 2: Obesity and Diabetes.....	13
Implementation Plan	15
Priority Area 3: Education	15
Implementation Plan	17
Priority Area 4: Income.....	17
Evaluation Plan and Next Steps	19
Notes and Resources	20
Appendix A: Measurement Tool	21
Appendix B: Partners	25
Appendix C: Health Statistics	26
Appendix D: Suicide in Idaho Fact Sheet	29
Appendix E: County Health Ranking	31
Appendix F: Community Profiles	32
Appendix G: Demographics and Socioeconomic Characteristics	39

Executive Summary

The 2016 Community Health Needs Assessment: (CHNA) 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 Health Assessment was conducted in a five-county area of North Central Idaho encompassing Clearwater, Idaho, Latah, Lewis, and Nez Perce counties and one bordering eastern Washington County; Asotin. Nearly 2,000 respondents provided input via a survey and hundreds of individuals provided input through community conversations and board meetings. A very special thank you is owed to all the volunteers, survey respondents and individuals who contributed to this project.

The CHNA is intended to identify the health, education and income needs and issues of the region and to provide useful information to public health, hospitals, health care providers, policy makers, collaborative groups, social service agencies, community groups and 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 results of this collaborative assessment reveals several opportunities for improvement in a variety of areas enabling 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 & income. The following pages provide some of the information necessary to make informed decisions and set priorities.

The evaluation, which consisted of a [Community Health Needs Assessments](#) (CHNA)¹ in each of the counties in North Central Idaho, culminated in the development of this Community Health Improvement Plan (CHIP).

The CHIP was directly influenced by the CHNA. The CHNA process engaged community members and partners to analyze health-related data and information from a variety of data sources. The findings of the CHNA informed community decision-making, the prioritization of health problems, and the development and implementation of this CHIP. The results of the CHNA can be found on-line at: www.idahopublichealth.com

Community Partners

COMMUNITY INPUT

Community Needs Assessment Kick Off, Non-Profit Community Agencies, 26-Jan-2016

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 Department	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

Public Health – Idaho North Central District Board of Health, Broad Community, 25-Feb-2016

Don Davis, Chair Latah County Commissioner	John Allen Clearwater County Commissioner	Douglas Zenner Nez Perce County Commissioner	Jerry Zumalt Disaster Management Coordinator Idaho County
Dave McGraw Latah County Commissioner	Shirley Greene Representative Nez Perce County	Glen Jefferson, M.D. Physician Representative Nez Perce County	Carol Moehrle District Director

Care Coalition North Central Idaho, Healthcare & Seniors, 17-Feb-2016

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 & 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 Board of Directors, Broad Community, 18-Feb-2016

Debra Ausman, Stonebraker McQuary Agency	Susan Colburn, St. Joseph Regional Medical Center	Kim Matson, State of Idaho Department of Health & Welfare	Bert Sahlberg, Lewis-Clark State College
Nick Bacon Community Volunteer	Robert Donaldson, Lewiston School District	Mike Moser, P1FCU	Scott Shelden, Dwyer 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 & McNichols	Jessanne Price, Public Consulting Group	Samantha Skinner, Executive Director
Kim Casey, Avista	Michelle King, WideOrbit	Steven Reed, Northwest Media	Charity Rapiere, Clearwater Paper Corporation
Beverly Kloepfer, Lewis-Clark State College	Rhonda Mason, Tri-State Memorial Hospital		

Community Health Improvement Process

This Community Health Improvement Plan (CHIP) is action-oriented and outlines the community health priorities (based on the Community Health Needs Assessment and community input). The CHIP was largely informed by the results of the Community Health Assessment (CHNA) with community and partner engagement. The identified health priorities will be the focus of action planning to improve the health of North Central Idaho residents for the next 3 years.

Goals and objectives relating to the top four health priorities: Mental health/suicide, overweight/obesity/diabetes, education and income, as well as indicators and baseline data comprise the CHIP. Subsequent community-wide assessments will measure progress made by community partners and will demonstrate change and progress made in the identified indicators.

No single organization has the necessary depth of resources to improve community health. The CHIP demonstrates the collective impact possible when community partners' efforts align with the health needs of the community.

In order to achieve the individual objectives, and ultimately reach the desired outcomes, this CHIP will be treated as a living document, nurtured in a manner that will lead to maximum success. While the individual objectives will continually be revisited, the four priority areas will be re-evaluated in the context of new assessment data, which will occur approximately every three years.

It is critical to note that while this CHIP provides specific focus on four priority areas, it in no way should serve as a constraint to continuing newly initiated and/or unrelated health endeavors. Our regions recognize the value of a broad-based approach to a healthy community and understand the importance of a wide range of activities and endeavors that support a healthy population. As such, any program, resource, or endeavor that contributes to improved positive health outcomes in our region is welcomed and encouraged.



Priority Issues

The goal of the priority issues identified is to increase health education, develop a healthy workforce and create health policies. This action plan is divided into three main objectives in order to meet these goals:

The First Steps

The first step in developing the Community Health Improvement Plan (CHIP) was to examine the results of the Community Health Needs Assessment (CHNA) for common themes and discuss what the assessment revealed about the health of our communities. Through discussions with partners, several strategic issues emerged.

Issues Identified

The initial list of strategic issues identified in the CHNA included 9 issues that encompassed a wide variety of health areas. These issues included:

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

Priority Issues

In an effort to keep the CHNA realistic and measurable, the Partners chose to narrow the list of 9 health issues down to the four issues as reported by the public and substantiated by the data. These issues included:

1. Diabetes/Obesity
2. Mental Health/Suicide
3. Education
4. Income

These nine health issues were debated by a wide range of community partners and public health in North Central Idaho.

2016 County Health Rankings

Public Health – Idaho North Central District

With a population of 107,383 (US Census 2015), Public Health – Idaho North Central District is located in rural North Idaho encompassing five counties: Clearwater, Idaho, Latah, Lewis and Nez Perce. In the 2016 County Health Rankings report, released by the University of Wisconsin Population Health Institute and the Robert Wood Johnson Foundation, Public Health – Idaho North Central District's counties rankings ranged from a high of 7 (Latah) to a low of 26 (Nez Perce) out of 42 in health outcomes.

The state of each of the Districts' health is attributed to many factors. Health outcomes in the County Health Rankings represent how healthy a county is. Two types of health outcomes are measured:

1. How long people live (length of life), and
2. How healthy people feel while alive (quality of life).

The recent county health rankings demonstrate that our region has challenges with adult obesity, excessive injury deaths, and ratio of population to mental health providers. The environments where we live, learn, work and play affect our access to healthy food and opportunities for physical activity which, along with genetic factors and personal choices, shape our health and our risk of being overweight and obese. Being obese increases the chances of developing serious health problems, such as diabetes.

Our deaths due to injury are considerably higher than the state rate and almost double the national average in some of our counties. In addition, we continue to struggle with the lack of sufficient mental health providers to meet patient needs.

The measures of a community's health that have been analyzed in the county health rankings are available for inspection on the Rankings in Appendix E or on the website:

www.countyhealthrankings.org

Healthy People 2020

On a national level, Healthy People 2020 (HP2020) sets a standard for all communities. It is a ruler against which health standards and indicators are often measured. National recognition of the consistent standards allows progress on health improvement efforts to be shown on a comparable scale.

HP2020 served as a guide for developing the objectives and indicators that this CHIP used to unite all community partners. Indicators selected reflect the majority of work being done by community partners. Community partners are working toward the same goals, but each program may have a different way of evaluating program activities. HP2020 provides broad indicators that will have the greatest impact on health outcomes.²

The North Idaho CHIP utilized the HP2020 strategy of setting a goal to achieve a 10% improvement rate in each indicator by the year 2020. The next CHIP will be released in 2019. A short-term goal of a 5% improvement rate has been established for this time period. Wherever possible, CHNA data was used to provide the most relevant baseline data for the objectives selected. If CHNA data was not available for a selected indicator, relevant data available was utilized as a baseline.



²U.S. Department of Health and Human Services. *Healthy People 2020*. <http://www.healthypeople.gov/2020> May 2013

Implementation Plan

Idaho Suicide Facts and Statistics

PRIORITY AREA 1: Mental Health Awareness and Suicide Prevention

THE PROBLEM: From Healthy People 2020, www.healthypeople.gov

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 rank of health concerns. 16 percent of respondents, or more than one in six people, reported a need for mental health services over the last year and nearly that many who needed care did not receive it. While only three percent of respondents indicated a need for drug/alcohol prevention, education & treatment, 33% of those who needed that care did not receive it. Mental health also has an impact on income concerns and is the 2nd highest need within the income category, specifically getting help for mental illness.

Mental disorders are among the most common cause of disability. The resulting disease burden of mental illness is among the highest of all diseases. According to the National Institute of Mental Health (NIMH), in any given year, an estimated 13 million American adults (approximately 1 in 17) have a seriously debilitating mental illness.

Mental health disorders are the leading cause of disability in the United States and Canada, accounting for 25 percent of all years of life lost to disability and premature mortality. Moreover, suicide is the 10th leading cause of death in the United States, accounting for the deaths of approximately 42,733 Americans (CDC 2014), and 320 Idahoans each year.

Groups at Highest Risk in Idaho

The rate of suicide completion in Idaho is: 19.6 per 100,000 persons (2014)

- *The highest age adjusted suicide rate occurred among Non-Hispanic American Indian and Alaska Natives 20.8 deaths per 100,000 (2010-2014)*
- *Between 2011 and 2015, 78% of suicides were by men.*
- *For males, age 15-24 the rate is 29.3 (2009-2013)*
- *The rate of males (30.3 deaths/100,00) was significantly higher than the rate for females (8.3 deaths/100,000)*

Idaho Vital Stats

- *Suicide is the 2nd leading cause of death for Idahoans age 15-34 and for males age 10-14. (The leading cause of death is accidents.)**
- *Idaho is consistently among the states with the highest suicide rates. In 2015 Idaho had the 5th highest suicide rate, 57% higher than the national average.**
- *In 2015, 362 people completed suicide in Idaho; one suicide death every day.**
- *In 2015, 60% of Idaho suicides involved a firearm.**
- *19.8% (1 in 5) of Idaho youth attending regular public and charter high schools reported seriously considering suicide in 2015. 9.8% (1 in 10) reported making at least one attempt.**
- *Between 2011 and 2015, 102 Idaho school children (age 18 and under) died by suicide. Twenty-four of these were age 14 and under.**
- *Number of emergency department visits for self-inflicted injury per year: 836,000 in the United States.**
- *In 2015, there were 44,193 deaths by suicide in the United States, an average of 1 person every 12 minutes.**
- *The age group with the highest number of deaths for both males and females in Idaho was age 45-54. (Idaho Vital Statistics Suicide Report)*

**www.spanidaho.org*

Mental health and physical health are closely connected. Mental health plays a major role in a person's ability to maintain good physical health. Mental illnesses, such as depression and anxiety, affect a person's ability to participate in health-promoting behaviors. In turn, problems with physical health, such as chronic diseases, can have a serious impact on mental health and decrease a person's ability to participate in treatment and recovery.

GOALS

Improve the mental health and emotional well-being of North Idaho residents by increasing the quality, availability and effectiveness of community-based mental health programs.

- To Reduce the Suicide Rate in North Idaho (MHMD-1)
- To Improve the mental health status of North Central Idaho citizens (BRFSS)
- To Improve Mental Health access in North Central Idaho

MEASURES

Performance Measures for Improving Mental Health

P1. By 2019, decrease the number of poor Mental Health days reported by adults in our region from 3.6 out of 30 days to 3.4 out of 30 days.

P2. By 2019 decrease the age adjusted suicide rate in our Region from 30.8 to 29.33.

STRATEGIES

Strategies for Improving Mental Health

S1. Improve the mental health status of citizens in the Region

- Provide MH Training for community education and awareness
- Recruit new providers
- Expand access for children with MH issues
- Develop regional decentralized crisis center in the Region
- Develop a Crisis Intervention Team

S2. Reduce the suicide rate in the Region

- Engage with the new Suicide Program at the State Health & Welfare
- Participate in Rural MH Symposium
- Participate in Mental Health Month and resource fair

Implementation Plan

PRIORITY AREA 2: Obesity and Diabetes

According to the Centers for Disease Control and Prevention (CDC), “Obesity-related conditions include heart disease, stroke, type 2 diabetes and certain types of cancer, are some of the leading causes of preventable death”. Medical costs associated with obesity were estimated at \$147 billion in 2008. In addition, obesity and diabetes affect some groups of people more than others, particularly African-American and Hispanic populations.

To combat overweight/obesity and diabetes rates, Healthy People 2020 recommends a combination of individual behaviors, as well as policies and environments that support these behaviors in schools, worksites, health care organizations and communities overall.

Weight management, weight loss, and the increase in overweight and obesity are primary health concerns for adults, children, and youth in the United States.

There are many reasons that contribute to the increase in overweight and obesity which make it a difficult subject to address. Behavior, environment, genetics, and access to health care are all factors that play a role in one's weight and general health outcomes. The ability to make healthy choices and lead a healthy lifestyle greatly decreases a person's risk of developing chronic disease.

The number 1 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 3rd highest health need among respondents with income less than \$50,000 and those without health insurance.

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 including :

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

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 disease . 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.

Facts and Statistics

- *Based on results of the 2015 Idaho YRBS, According to self-reported height and weight measurements, 15% of Idaho high school students are overweight and 11% are considered obese (based on BMI*).*
- *The prevalence of obesity was 36.5% among US adults during 2011-2014 (CDC).*
- *In Idaho, 28.6% of adults are obese (BMI ≥ 30) while 65.2% of adults are either overweight (BMI ≥ 25) or obese (2015 Idaho BRFSS).*
- *In 2015, 39.4% of adults ate less than 1 fruit/day and 18.6% ate less than 1 vegetable/day (Idaho BRFSS).*
- *More than 1/3 of adults and 17% of youth in the United States were obese (2011-2014 CDC).*
- *Percent of Children on WIC between the ages of 2 to 5 years old had a 11.9% obesity rate in 2015. (Department of Health and Welfare: Get Healthy Idaho)*
- *10 to 17 year olds obesity rate in Idaho was 10.6% in 2011. (stateofobesity.org)*

Idaho BRFSS Data (2015)

- 8.1% of Idaho adults have been diagnosed with diabetes in 2015.
- 28.6% of adults in Idaho were obese in 2015.
- 65.2% of adults in Idaho were overweight in 2015.

GOALS

- 1. Improve the overall health status of our region by reducing the incidents of diabetes and obesity**
- 2. Reduce the percent of North Idaho adults who have been told they have diabetes.**
 - To establish a grant committee to track past present and future funding sources for diabetes prevention.
- 3. Reduce the percent of adults who are obese.**
 - To establish worksite wellness programs and policies that address overweight/obesity and diabetes.
 - To establish child care center programs that focus on healthy eating and increased physical activity.

MEASURES

Performance Measures for Improving Mental Health

- P1. By 2019, reduce the percent of Adults diagnosed with diabetes from 8.2% to 7.8%*
- P.2 By 2019, reduce the rate of adults who have self-reported being obese from 24.7 to 23.4*

STRATEGIES

Strategies for Improving Mental Health

- S1. Reduce the % of adults who have been told they have diabetes*
- Support Regional Diabetes Coalition
 - Support Youth Diabetes Programs
 - Pre-Diabetes Community Education
 - Support people with Diabetes
- S2. Reduce the % of Adults who are obese*
- Engage the Community in Obesity Awareness
 - Promote Adult physical activity
 - Worksite Wellness promotion

Implementation Plan

PRIORITY AREA 3: Education

THE PROBLEM: From Healthy People 2020, www.healthypeople.gov

The top ranking education concerns, among all respondent groups, is opportunities for college education or post high school training. A projected 60 percent of new jobs in the next decade will require job seekers to have some college, training or certification beyond high school. Another 27 percent 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).

Compared to Idaho and Washington State averages, the service area is significantly under-educated beyond high school. 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 at most has a high school diploma.

Groups at Highest Risk in Idaho

- *Female students are much likely than male students to go on to college (Office of the State Board of Education, OSBE)*
- *In 2014, 73% of female high school graduates attended a 2 or 4 year college the fall after high school graduation compared to 64% of male high school graduates.*

Facts and Statistics

- *Idaho 79.5% graduation rate ranked 39 nationally according to US Department of Education (2015-2016).*
- *Only 32% of 3 and 4 year olds enrolled in preschool in 2013. Idaho ranked 50. With less than 38% of students in full-day Kindergarten, Idaho again ranked 50 (Education Week Research Center).*
- *The go-on rate from High School to College in 2015 was 46% (Idaho High School Feedback Report, March 2016).*

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

GOALS

1. Improve Education and training in our Region by focusing on community resources that promote school readiness and “on-time” High School Graduation, college and career training.

MEASURES

Performance Measures for Improving Mental Health

- P1.** By 2019, improve the “go on” rate from 59% to 61.95%
- P2.** By 2019 increase the number of children engaged in some pre-kindergarten readiness.

STRATEGIES

Strategies for Improving Mental Health

- S1.** *Increase awareness and Motivation of College and Career Opportunities*
- Support students to “go on”
 - Increase employer support of education
 - Support Senior Education Survey
- S2.** *Increase Kindergarten Readiness*
- Develop education pipeline for kindergarten readiness
 - Promote afterschool activities

Implementation Plan

PRIORITY AREA 4: Income

THE PROBLEM: From Healthy People 2020, www.healthypeople.gov

The number 1 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) in 2015 also states affordable housing as “one of the top needs identified by program participants and focus group respondents”.

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”.

ALICE, an acronym for **A**sset Limited, **I**ncome **C**onstrained, **E**mployed, 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.

Facts and Statistics

- *The average annual Household Survival Budget for a Pacific Northwest Family of four ranges from \$46,176 in Idaho to \$52,152 in WA double the US family poverty rate of \$23,550. (A.L.I.C.E.)*
- *Homelessness affects over 4,000 Idahoans every year, 30% of whom are children. (Homeless Management Information Systems HMIS).*
- *It's 5x more likely for homeless teens to drop out of high school compared to teens from stable households. (Homeless Management Information Systems HMIS).*

A.L.I.C.E. 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

A concern among respondents with incomes less than \$50,000, those households considered living at the ALICE 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.

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.

*Report Area	Housing Choice Voucher Units	Project-Based Section 8 Units	Section 236 Units (Federal Housing Authority Projects)	Public Housing Authority Units	Section 202 Units (Supportive Housing for the Elderly)	Section 811 Units (Supportive Housing for Persons with Disabilities)
Clearwater County, ID	41	0	0	0	0	0
Idaho County, ID	51	32	0	0	0	0
Latah County, ID	202	38	55	0	0	13
Lewis County, ID	38	52	0	0	0	0
Nez Perce County, ID	408	390	0	0	1	11
Asotin County, WA	217	0	0	140	47	0
Idaho	7,237	3,746	56	820	386	103
Washington	55,092	15,439	21	13,100	2,534	578

*Community Action Agency Community Health Needs Assessment

GOALS:

1. Increase Access to Safe and Affordable Housing in our region

MEASURES

Performance Measures for Improving Mental Health

P1. Increase the number of affordable housing units

P2. Increase housing resource assistance

STRATEGIES

Increase access to Safe and Affordable Housing in our region

S1. Increase Access to Section 8 Housing

- Promote need for homeless shelter
- Identify incentive for investors

Evaluation Plan and Next Steps

Evaluation Plan

North Central Idaho Partners will continue to measure the health status of our communities through ongoing review and community assessments. An evaluation of the implementation of this plan will be completed based on the objectives specified in the Plan. Regular updates regarding the implementation of the plan and the achievement of strategies will be provided to the Community by the key partners in the plan. An updated CHIP will be published every three years.

Every September, the Health Districts will publish annual progress reports of performance measures and improvements made in identified indicators with the input of the Partners.

The annual reports will be used in conjunction with community assessments to update the CHIP. The updated CHIP can then be implemented, evaluated and revised thus creating a cycle of continuous improvement.

Next Steps

The Partners and each community will continue to work together to make a difference in the health status of North Idaho. The challenge of moving the needle on our health status is great, but together we are dedicated to a healthier community.

Notes and Resources

- Idaho Behavioral Risk Factor Surveillance System: <http://www.healthandwelfare.idaho.gov/Health/VitalRecordsandHealthStatistics/HealthStatistics/BehavioralRiskFactorSurveillanceSystem/tabid/913/Default.aspx>
- County Health Rankings: www.countyhealthrankings.org/
- Network of Care: www.idaho.networkofcare.org/splash.aspx?state=idaho
- Healthy People 2020: www.healthypeople.gov/2020/default.aspx
- Idaho Suicide Prevention: www.idahosuicideprevention.org
- Journal of the American Medical Association (JAMA): www.jama.amanetwork.com/journal.aspx
- Centers for Disease Control and Prevention: www.cdc.gov
- SPAN Idaho: www.spanidaho.org
- U.S. Census Bureau: State and County QuickFacts: <http://quickfacts.census.gov>

Appendix A: Measurement Tool

PRIORITY AREA: HEALTH						
MENTAL HEALTH						
Strategic Goal: Improve mental health and emotional well-being of residents in our Region by increasing the quality, availability, and effectiveness of community-based mental health programs.						
Strategic Objectives	Performance Measure	Source	2016-2019			
1. Improve the mental health status of citizens in the Region (BRFSS)	By 2019, decrease the number of poor MH days reported by adults in our region from 3.6 out of 30 days to 3.4 days out of 30.	BRFSS/CHR 2014	Annual			
2. Reduce the suicide rate in the Region (MHMD-1)	By 2019 decrease the age adjusted suicide rate in our Region from 30.8 to 29.33.	Vital Stats 2014	Annual			
Strategy 1: Improve the mental health status of citizens in the Region						
Action	Resources	Target Measure	Outputs			Responsible Party
			YR 1	YR 2	YR 3	
Provide MH training for community education and awareness	SJRMCMH Staff	Provide 6 MH first aid trainings per year				SJRMCM
Recruit new providers	SJRMCM Recruiter	Recruit 1 FT Psychiatrist				SRJMC
Expand access for Children with MH issues	SJRMCM MH Staff	Implement an Adolescent MH program				SJRMCM
Develop a Regional decentralized crisis intervention model	Regional approach to crisis intervention	Develop Crisis Centers in the Region				SJRMCM, Hospitals, RBHB
Develop a Crisis Intervention Team	SJRMCM MH Staff	Provide crisis services to 100 people				SJRMCM
Strategy 2: Reduce the suicide rate in the Region						
Action	Resources	Target Measure	Outputs			Responsible Party
			YR 1	YR 2	YR 3	
Engage with the new Suicide Program at the State H&W	State Department of H&W	Promote 8 Suicide media awareness or community events				PH, RBHB, SJRMCM, Hospitals
Participate in Rural MH Symposium	SJRMCM staff	Yearly, coordinate the symposium				SJRMCM
Participate in MH month and resource fair	SJRMCM	Yearly, Promote and participate in MH month				SJRMCM, RBHB, Hospitals, Clinics, PH

Not Started
 Deferred
 On Target
 Off Target
 Waiting on Someone
 Critical
 Achieved

**PRIORITY AREA: HEALTH
DIABETES/ OBESITY**

Strategic Goal: Improve the overall health status of our region by reducing the incidents of diabetes and obesity.

Strategic Objectives	Performance Measure	Source	2016-2019 Annual
1. Reduce the percent of Adults who have been told they have diabetes	By 2019, reduce the percent of Adults diagnosed with diabetes from 8.2% to 7.8%	BRFSS 2014	Annual
2. Reduce the percent of adults who are obese	By 2019, reduce the rate of Adults who have self-reported being obese from 24.7 to 23.4	BRFSS 2014	Annual

Strategy 1:

Reduce the % of Adults who have been told they have diabetes

Action	Resources	Target Measure	Outputs			Responsible Party
			YR 1	YR 2	YR 3	
Support Regional Diabetes Coalition	Coalition members	4 quarterly meetings				SJRM, PH
Support Youth Diabetes Programs	SJRM Diabetes Educator	10 support grp meetings				SJRM
Pre-Diabetes Community Education	SJRM	5 community events				SJRM, Hospitals, Clinics
Support people with Diabetes	Community Support Groups	50 people supported				SJRM, Hospitals, Clinics, PH

Strategy 2:

Reduce the % of adults who are obese

Action	Resources	Target Measure	Outputs			Responsible Party
			YR 1	YR 2	YR 3	
Engage the community in Obesity Awareness	Grocery store promotions	2 Healthy Choices promotions				Clinics
Promote Adult physical activity	Parks and Rec	Implement 5 walking programs				Parks & Rec, area fitness centers
Worksite Wellness promotion	Regional worksites	Assist 10 worksites in implementing wellness policies				PH

- Not Started
- Deferred
- On Target
- Off Target
- Waiting on Someone
- Critical
- Achieved

PRIORITY AREA: EDUCATION

PRIORITY: EDUCATION

Strategic Goal: Improve education and training in our Region by focusing on community resources that promote school readiness and "On-time" High School Graduation, college and career training.

Strategic Objectives	Performance Measure	Source	2016-2019
1. Increase Awareness and Motivation of College and Career Opportunities.	By 2019, improve the "Go on" Rate from 59% to 61.95%.	Educate Idaho Network	Annual
2. Increase School Readiness.	By 2019 increase the number of children engaged in some Pre-K readiness	United Way	Annual

Strategy 1:

Increase Awareness and Motivation of College and Career Opportunities

Action	Resources	Target Measure	Outputs			Responsible Party
			YR 1	YR 2	YR 3	
Support students to "go on"	Scholarship awareness	Provide 3 presentations				LHS, University of Idaho, LCSC
Increase employer support of education	College and career counselors	Conduct 1 promotional campaign				CEDA, LHS, Chamber, University of Idaho, LCSC
Support Senior Education Survey	Educate Idaho Network research	Completion of surveys by 500 students				Educate Idaho Network, Idaho

Strategy 2:

Increase Kindergarten Readiness

Action	Resources	Target Measure	Outputs			Responsible Party
			YR 1	YR 2	YR 3	
Develop education pipeline for Kindergarten readiness	Kindergarten boot camp	100 pre-K children				TCUW/Community Action Partnership
	PAT program/ LCECP	200 children?				Public Health, LCECP
	K readiness calendars	200 children?				TCUW
Promote afterschool activities	Boys and Girls Club	200 children ?				Boys and Girls Club

Not Started
 Deferred
 On Target
 Off Target
 Waiting on Someone
 Critical
 Achieved

PRIORITY AREA: INCOME						
PRIORITY: SAFE and AFFORDABLE HOUSING						
Strategic Goal: Increase access to Safe and Affordable housing in our region.						
Strategic Objectives	Performance Measure	Source	2016-2019			
1. Increase the number of affordable housing units	By 2019, Increase the number of Section 8 housing units.					
2. Increase housing resource assistance						
Strategy 1: Increase access to section 8 housing						
Action	Resources	Target Measure	Outputs			Responsible Party
			YR 1	YR 2	YR 3	
Promote need for Homeless Shelter to increase resources for homeless	City ordinance	1 new shelter				Housing Authority. City of Lewiston
Identify incentives for investors	Homeless survey PIT Analyze data and inventory housing units/costs	Decrease by 10% the number of homeless Increase housing options by 40.				Idaho Housing Authority, ROC, Family Promise Relators, Urban Renewal, HUD, Habitat for Humanity, Family promise, Quality Behavioral Health
Strategy 2:						
Action	Resources	Target Measure	Outputs			Responsible Party
			YR 1	YR 2	YR 3	

Not Started
 Deferred
 On Target
 Off Target
 Waiting on Someone
 Critical
 Achieved

Appendix B: Partners

Asotin County
Adult Day Health
Area Rotary Clubs
Asotin County
ATK Sporting Group
Beautiful Downtown Lewiston
Boys and Girls Clubs
Chambers of Commerce
City of Kendrick
City of Lewiston, Active Living Task Force
City of Lewiston, Public Works
City of Potlatch
Clearwater County Commissioners
Clearwater Valley Hospital and Clinics
Community Action Partnership Area
Agency On Aging
Cottonwood City Council
Department of Environmental Quality
Federally Qualified Health Centers
Genesee Civic Association
Gritman Hospital and Medical Center
Idaho County Commissioners
Idaho Department of Health and Welfare
Independent School District No. 1
Latah County Commissioners
Latah County Youth Advocacy Council
Latah Economic Development
League of Women Voters
Lewis and Clark State College

Lewis County Commissioners
Lewis-Clark Early Childhood Program
Lewiston Morning Tribune
Lewiston Parks and Recreation
Lewiston Police Department
Moscow Chamber of Commerce
Moscow Family Medicine
Moscow Police Department
Moscow School District
Moscow-Pullman Daily News
Nez Perce County Commissioners
Nimiipuu Indian Health Clinic
Regence Blue Shield of Idaho
Region II Mental Health Board
School Districts
Senior Centers
Snake River Community Clinic
Sojourners' Alliance
St. Joseph Regional Medical Center
St. Mary's Hospital and Clinic
Syringa Hospital and Clinic
Transportation Services
Tribal Government
Tribal Wellness Center
U of I Extension – Nez Perce County
United Way
University of Idaho
WIC Clinics
YWCA

Appendix C: Health Statistics General

General Health Status

Idaho adults reporting "fair" or "poor" general health, 2013

	Public Health District											
	District 4			District 5			District 6			District 7		
	%	95% CI	n	%	95% CI	n	%	95% CI	n	%	95% CI	n
TOTAL	9.2	7.0 12.0	930	13.6	10.9 16.7	799	14.8	11.8 18.4	760	17.9	14.1 22.4	779
SEX												
Male	10.9	7.3 15.9	418	11.3	7.9 15.9	301	16.5	11.8 22.6	325	19.8	14.0 27.3	343
Female	7.5	5.3 10.6	512	15.9	12.1 20.5	498	13.2	9.8 17.4	435	15.9	11.6 21.5	436
AGE												
18-24	8.2	3.4 18.5	54	1.5	0.2 9.8	50	*	* * *	*	6.3	1.2 27.8	50
25-34	3.2	1.3 7.7	121	16.9	9.7 27.7	90	7.7	3.1 17.8	77	9.8	3.4 25.5	99
35-44	9.2	3.8 20.4	128	8.6	3.9 18.0	93	10.1	4.5 21.1	97	20.9	12.3 33.3	98
45-54	10.5	5.7 18.6	156	15.2	9.3 23.8	121	19.1	10.9 31.4	128	26.7	16.6 40.0	133
55-64	12.0	6.9 20.0	177	16.0	9.8 25.0	157	18.7	12.1 27.9	143	22.0	14.4 32.1	152
65+	13.4	8.8 19.8	284	20.3	15.0 26.9	282	28.4	21.7 36.2	267	25.7	18.5 34.5	234
18-34	5.2	2.7 9.7	175	9.7	5.6 16.4	140	5.6	2.4 12.3	119	8.4	3.4 19.3	149
35-64	10.5	7.1 15.2	461	13.3	9.7 18.0	371	16.0	11.6 21.8	368	23.3	17.7 30.0	383
65+	13.4	8.8 19.8	284	20.3	15.0 26.9	282	28.4	21.7 36.2	267	25.7	18.5 34.5	234
SEX and AGE												
Male												
18-34	6.4	2.8 14.1	84	6.5	2.5 16.0	60	5.3	1.3 18.9	50	11.5	3.8 30.0	64
35-64	12.3	7.0 20.5	206	11.2	6.7 18.1	146	20.4	13.2 30.2	164	24.4	16.3 34.9	169
65+	15.5	8.3 27.2	123	21.6	12.8 33.9	92	26.3	16.6 38.9	108	27.5	16.2 42.7	106
Female												
18-34	4.1	1.5 10.9	91	13.5	6.9 24.6	80	5.9	2.2 15.0	69	5.3	1.1 21.5	85
35-64	8.5	5.4 13.3	255	15.5	10.3 22.6	225	11.6	7.3 18.0	204	22.1	15.1 31.2	214
65+	11.5	6.8 19.0	161	19.4	13.4 27.2	190	30.4	21.8 40.5	159	23.8	16.4 33.1	128
INCOME												
Less than \$15,000	20.0	10.6 34.3	81	22.0	12.8 35.2	92	33.5	19.4 51.4	66	23.8	12.5 40.5	87
\$15,000 - \$24,999	13.7	7.8 22.8	128	17.8	11.8 25.9	153	23.4	14.8 35.0	136	34.9	22.7 49.3	118
\$25,000 - \$34,999	11.3	5.1 23.1	95	19.0	11.4 29.9	120	22.9	13.9 35.3	99	20.3	11.4 33.5	98
\$35,000 - \$49,999	9.5	4.0 20.7	138	10.8	5.3 20.8	105	6.5	3.2 12.5	136	14.1	7.6 24.7	108
\$50,000-\$74,999	8.4	4.2 16.3	148	5.9	2.7 12.3	105	8.6	4.1 16.9	107	8.2	4.1 15.9	130
\$75,000+	1.3	0.5 3.5	226	4.1	1.6 10.2	134	2.2	0.6 7.7	120	11.2	6.3 19.3	157
EMPLOYMENT												
Employed	7.0	4.5 10.8	493	7.2	4.8 10.8	409	5.9	3.3 10.2	354	14.7	9.7 21.7	379
Unemployed	*	* * *	*	*	* * *	*	*	* * *	*	*	* * *	*
Other**	13.0	9.1 18.3	394	24.0	18.6 30.5	351	25.4	19.9 32.0	370	21.3	16.1 27.6	365
EDUCATION												
K-11th Grade	*	* * *	*	20.1	12.2 31.2	83	29.4	15.6 48.3	50	*	* * *	*
12th Grade or GED	9.4	5.5 15.4	181	14.6	10.3 20.2	261	15.8	10.6 22.9	213	14.4	9.5 21.4	207
Some College	10.2	6.7 15.2	310	11.1	7.4 18.4	246	14.6	10.3 20.4	265	14.7	10.5 20.3	258
College Graduate+	4.4	2.5 7.4	395	7.5	4.5 12.1	204	6.2	3.6 10.5	231	9.0	5.4 14.5	270
ETHNICITY												
Non-Hispanic	9.1	6.9 12.0	890	13.7	10.9 17.2	714	13.4	10.6 16.8	723	15.3	12.1 19.2	743
Hispanic	*	* * *	*	12.1	6.6 21.1	79	*	* * *	*	*	* * *	*

*Figure not reliable by BRFSS standards (n<50)

**Other includes students, homemakers, retirees, and persons unable to work

Appendix C: Health Statistics: Obesity

Obesity

Idaho adults who were obese (BMI ≥ 30), 2013

	Statewide			Public Health District								
				District 1			District 2			District 3		
	%	95% CI	n	%	95% CI	n	%	95% CI	n	%	95% CI	n
TOTAL	29.6	27.8 31.4	5,315	28.7	24.8 33.0	811	29.4	24.4 34.8	647	34.0	29.2 39.2	761
SEX												
Male	31.2	28.5 33.9	2,347	28.0	22.6 34.2	368	33.9	26.2 42.4	283	34.5	27.3 42.5	326
Female	27.9	25.6 30.2	2,968	29.5	24.1 35.4	443	24.3	18.9 30.6	364	33.5	27.6 40.1	435
AGE												
18-24	16.8	12.2 22.7	290	*	*	*	*	*	*	*	*	*
25-34	27.6	23.2 32.5	546	28.8	18.0 42.7	68	*	*	*	28.2	17.6 41.8	70
35-44	32.5	27.8 37.5	651	24.3	15.5 36.0	101	22.4	13.0 35.8	68	33.2	22.9 45.3	100
45-54	34.4	30.2 38.9	886	36.3	26.8 47.0	126	38.6	28.6 49.7	112	43.1	31.5 55.4	111
55-64	35.1	31.1 39.2	1,061	37.4	28.7 47.0	178	39.8	30.6 49.8	143	36.5	26.2 48.3	147
65+	29.9	27.0 33.0	1,869	29.9	23.5 37.4	293	28.4	22.3 35.3	250	35.8	27.8 44.6	293
18-34	22.7	19.4 26.4	836	19.4	12.2 29.2	105	22.8	12.6 37.8	71	26.6	17.3 38.6	107
35-64	34.0	31.5 36.6	2,578	33.1	27.6 39.1	405	34.5	28.6 41.0	323	37.5	30.9 44.5	358
65+	29.9	27.0 33.0	1,869	29.9	23.5 37.4	293	28.4	22.3 35.3	250	35.8	27.8 44.6	293
SEX and AGE												
Male												
18-34	25.2	20.4 30.8	403	15.0	7.6 27.3	58	*	*	*	26.9	14.3 44.7	51
35-64	35.4	31.6 39.4	1,155	35.1	26.8 44.3	176	39.1	30.5 48.5	150	36.0	26.4 46.7	156
65+	30.7	26.2 35.6	774	30.3	21.1 41.4	130	31.2	21.6 42.7	96	44.1	31.5 57.6	119
Female												
18-34	19.7	15.5 24.6	433	*	*	*	*	*	*	26.3	15.1 41.6	56
35-64	32.5	29.2 35.9	1,423	31.2	24.3 39.2	229	28.9	21.4 37.8	173	38.9	30.5 48.1	202
65+	29.2	25.5 33.2	1,095	29.6	21.0 39.9	163	26.1	18.8 34.9	154	28.3	19.7 39.0	174
INCOME												
Less than \$15,000	33.7	28.0 39.8	571	39.3	25.7 54.7	81	34.2	21.7 49.4	82	49.4	34.5 64.3	103
\$15,000 - \$24,999	32.1	27.6 37.0	911	31.4	21.6 43.2	144	26.6	17.2 38.7	111	36.6	25.3 49.7	147
\$25,000 - \$34,999	32.2	27.4 37.5	690	25.7	17.2 36.6	111	27.8	16.0 43.7	78	30.2	19.5 43.5	101
\$35,000 - \$49,999	33.6	28.9 38.6	815	33.8	24.1 45.2	124	40.4	24.9 58.2	97	38.7	26.5 52.5	121
\$50,000-\$74,999	30.7	26.4 35.3	789	26.6	18.4 36.8	128	24.5	15.4 36.6	96	30.0	18.8 44.3	91
\$75,000+	23.0	19.6 26.8	969	22.3	14.9 31.9	133	27.8	19.2 38.5	116	24.3	15.5 36.1	106
EMPLOYMENT												
Employed	29.4	26.9 31.9	2,533	29.0	23.7 35.0	381	28.3	22.2 35.4	275	30.2	23.7 37.6	322
Unemployed	31.1	23.9 39.3	239	*	*	*	*	*	*	*	*	*
Other**	29.9	27.4 32.7	2,519	28.9	23.2 35.3	385	28.4	20.7 37.6	346	39.2	32.2 46.7	389
EDUCATION												
K-11th Grade	32.3	25.9 39.4	392	25.1	13.7 41.4	62	*	*	*	28.8	17.0 44.5	77
12th Grade or GED	31.1	27.8 34.6	1,528	27.1	20.7 34.7	246	36.1	27.6 45.7	208	37.4	28.8 46.8	251
Some College	30.9	28.0 33.9	1,699	32.4	25.7 39.9	260	31.8	22.2 43.2	194	33.8	26.4 42.2	238
College Graduate+	24.2	21.5 27.2	1,688	27.4	20.9 35.1	239	20.7	14.8 28.3	198	32.1	23.6 41.9	194
ETHNICITY												
Non-Hispanic	28.7	26.9 30.5	5,037	28.7	24.8 33.0	790	29.6	24.6 35.2	630	32.3	27.6 37.4	700
Hispanic	38.5	30.6 47.1	235	*	*	*	*	*	*	43.5	27.5 61.0	56

*Figure not reliable by BRFSS standards (n<50)

**Other includes students, homemakers, retirees, and persons unable to work

Appendix C:

Health Statistics: Diabetes

Diabetes

Idaho adults who had ever been told they had diabetes, 2013

	Statewide			Public Health District								
				District 1			District 2			District 3		
	%	95% CI	n	%	95% CI	n	%	95% CI	n	%	95% CI	n
TOTAL	8.4	7.5 9.3	5,623	7.0	5.3 9.1	855	9.7	7.4 12.7	676	11.1	8.6 14.3	808
SEX												
Male	9.4	8.0 11.1	2,380	7.8	5.4 11.2	372	9.4	6.3 13.7	284	12.9	9.1 18.2	330
Female	7.3	6.3 8.5	3,243	6.1	4.0 9.2	483	10.1	7.0 14.5	392	9.4	6.5 13.4	478
AGE												
18-24	1.7	0.7 4.0	303	*	*	*	*	*	*	*	*	*
25-34	2.2	1.2 4.2	585	0.0	0.0 0.0	70	2.5	0.3 15.6	50	5.0	1.4 15.9	78
35-44	4.3	2.5 7.3	700	4.4	1.7 10.9	105	4.8	1.8 12.4	73	2.8	0.8 9.5	105
45-54	8.2	6.1 10.9	908	6.5	3.0 13.7	135	7.1	2.8 16.8	112	14.1	7.5 24.8	121
55-64	13.2	10.7 16.3	1,131	7.3	4.1 12.8	196	14.8	8.6 24.2	149	22.5	14.2 33.7	155
65+	18.8	16.5 21.4	1,941	16.6	11.8 23.0	302	23.2	17.3 30.2	259	21.3	15.6 28.4	302
18-34	2.0	1.2 3.3	888	0.0	0.0 0.0	107	1.4	0.2 9.3	77	2.3	0.7 7.6	121
35-64	8.6	7.2 10.1	2,739	6.2	4.1 9.4	436	9.3	6.1 14.1	334	12.7	8.9 18.0	381
65+	18.8	16.5 21.4	1,941	16.6	11.8 23.0	302	23.2	17.3 30.2	259	21.3	15.6 28.4	302
SEX and AGE												
Male												
18-34	2.2	1.1 4.5	408	0.0	0.0 0.0	58	*	*	*	3.9	1.0 13.7	53
35-64	9.6	7.5 12.2	1,173	6.0	3.1 11.2	178	9.4	5.2 16.4	150	13.8	8.0 22.7	157
65+	22.6	18.7 27.0	778	21.8	14.2 31.9	131	26.8	17.3 39.0	96	28.1	18.6 40.0	120
Female												
18-34	1.7	0.8 3.7	480	*	*	*	*	*	*	0.3	0.0 2.0	68
35-64	7.5	6.0 9.4	1,566	6.4	3.6 11.0	258	9.3	4.9 16.7	184	11.8	7.2 18.8	224
65+	15.5	13.0 18.5	1,163	11.7	6.4 20.4	171	20.4	13.7 29.2	163	15.6	9.4 24.7	182
INCOME												
Less than \$15,000	10.9	7.9 14.8	611	9.9	4.4 20.8	85	16.5	8.6 29.3	86	14.6	7.4 26.6	113
\$15,000 - \$24,999	9.6	7.6 12.2	957	9.3	5.0 16.7	149	12.3	7.3 19.9	116	11.3	6.6 18.8	154
\$25,000 - \$34,999	10.6	8.0 13.9	715	12.1	6.5 21.4	114	11.5	6.2 20.4	81	12.2	6.3 22.4	104
\$35,000 - \$49,999	9.0	6.5 12.3	848	7.0	3.4 13.6	128	11.9	5.9 22.6	104	9.8	4.6 19.7	125
\$50,000-\$74,999	6.1	4.6 8.2	821	5.1	2.5 10.1	136	8.2	3.2 19.1	98	5.7	2.6 11.9	94
\$75,000+	5.0	3.6 6.9	1,007	2.8	1.0 7.5	138	3.9	1.5 9.4	117	9.0	4.1 18.3	114
EMPLOYMENT												
Employed	5.0	4.0 6.2	2,669	3.3	1.8 6.0	398	5.7	3.4 9.6	289	5.4	3.1 9.2	342
Unemployed	5.1	2.7 9.4	256	*	*	*	*	*	*	8.0	2.8 21.1	54
Other**	14.7	13.0 16.6	2,668	13.6	10.0 18.1	407	15.4	11.2 20.8	360	21.3	16.1 27.7	411
EDUCATION												
K-11th Grade	11.5	8.0 16.2	424	4.7	1.7 12.0	62	16.2	7.5 31.6	52	10.4	4.8 21.0	87
12th Grade or GED	8.7	7.2 10.4	1,599	6.7	4.1 10.8	257	10.5	7.0 15.6	216	14.8	9.9 21.7	262
Some College	8.6	7.2 10.2	1,816	8.4	5.4 12.7	278	10.7	6.7 16.8	200	8.6	5.7 12.9	254
College Graduate+	5.9	4.6 7.5	1,766	6.1	3.4 10.8	254	4.3	2.2 8.3	205	9.7	5.3 17.1	204
ETHNICITY												
Non-Hispanic	8.4	7.5 9.4	5,305	7.1	5.4 9.3	834	9.5	7.2 12.4	655	12.4	9.5 16.0	734
Hispanic	7.2	4.5 11.4	270	*	*	*	*	*	*	5.6	2.2 13.3	67

*Figure not reliable by BRFSS standards (n<50)

**Other includes students, homemakers, retirees, and persons unable to work

Appendix D: Suicide in Idaho Fact Sheet



SUICIDE PREVENTION ACTION NETWORK OF IDAHO

Suicide in Idaho: Fact Sheet January 2017

- Suicide is the 2nd leading cause of death for Idahoans age 15-34 and for males age 10-14. (The leading cause of death is accidents.)
- Idaho is consistently among the states with the highest suicide rates. In 2015, Idaho had the 5th highest suicide rate, 59% higher than the national average.
- In 2015, 362 people completed suicide in Idaho; about one suicide death every day.
- Between 2011 and 2015, 78% of Idaho suicides were by men.
- In 2015, 60% of Idaho suicides involved a firearm.
- 19.8% (1 in 5) of Idaho youth attending regular public and charter high schools reported seriously considering suicide in 2015. 9.8% (1 in 10) reported making at least one attempt.
- Between 2011 and 2015, 102 Idaho school children (age 18 and under) died by suicide. Twenty-four of these were age 14 and under.
- Number of emergency department visits for self-inflicted injury per year: 836,000 in the United States
- In 2015, there were 44,193 deaths by suicide in the United States, an average of 1 person every 11.9 minutes.

Idaho Resident Suicides by Region – 2015

Region	Anchor City	Suicides	Rate (per 100,000)	Population	Tot. # Suicides	
					2011-2015	5-yr Avg Rate
1	Coeur d'Alene	63	28.0*	225,007	245	22.4
2	Lewiston	20	18.6-	107,383	120	22.5
3	Nampa	53	19.5*	272,363	238	18.0
4	Boise	86	18.0-	477,248	394	17.1
5	Twin Falls	44	22.9*	192,395	193	20.4
6	Pocatello	46	27.6*	166,429	188	22.6
7	Idaho Falls	50	23.4*	214,105	195	18.5

* Increase from 2014, - decrease from 2014

Idaho Suicides by Age/Gender 2011-15 Over 5 year period

Age	Total	Male	Rate	Female	Rate
< 15	24	20	6.5	4	1.4
15-24	244	193	33.2	51	9.3
25-34	231	189	35.0	42	8.0
35-44	272	203	40.7	69	14.2
45-54	318	233	46.4	85	16.8
55-64	247	181	37.5	66	13.3
65-74	128	108	33.6	20	6.0
75-84	64	57	37.8	7	4.0
85+	45	41	82.4	4	4.7

Method 2011-15 (all ages)

Firearm	59.8%
Poisoning	16.8%
Suffocation	18.8%
Cut/Pierce	1.0%
Fall	1.1%
Other	2.5%

Idaho Suicide Rates 2006 – 2015

Year	Number	ID Rate	US Rate
2006	218	14.9	11.2
2007	220	14.7	11.5
2008	251	16.5	11.9
2009	307	19.9	12.0
2010	290	18.5	12.4
2011	284	17.9	12.7
2012	299	18.7	12.9
2013	308	19.1	13.0
2014	320	19.6	13.4
2015	362	21.9	13.8

Idaho Youth Risk Behavior Survey 2015 – Regular Public and Charter High School Students

Grade	Sad or Hopeless	Suicidal	Plan	Attempt	Medical Care For Attempt
9 th	29.7%	19.3%	16.4%	10.8%	5.0%
10 th	29.7	17.9	15.1	10.1	2.2
11 th	35.3	23.6	21.4	10.3	3.2
12 th	32.3	18.6	14.8	7.6	1.7
Idaho Overall	31.6	19.8	17.0	9.8	1.9

Idaho Suicide Rate by County

5-year total number and 5-year average annual rate 2011-2015

(Resident suicides per 100,000 people)

County	Number	Rate	County	Number	Rate
Ada	351	16.8	Gem	12	14.3
Adams	3	15.4	Gooding	14	18.4
Bannock	108	25.9	Idaho	16	19.7
Bear Lake	7	23.6	Jefferson	21	15.7
Benewah	14	30.7	Jerome	24	21.2
Bingham	41	18.1	Kootenai	154	21.2
Blaine	25	23.4	Latah	23	12.0
Boise	12	34.8	Lemhi	14	36.0
Bonner	39	19.0	Lewis	5	26.0
Bonneville	113	21.0	Lincoln	4	15.2
Boundary	13	23.7	Madison	14	7.4
Butte	1	7.5	Minidoka	15	14.8
Camas	-	-	Nez Perce	60	30.1
Canyon	183	18.4	Oneida	1	4.7
Caribou	12	35.2	Owyhee	11	19.3
Cassia	22	18.8	Payette	19	16.7
Clark	3	67.7	Power	4	10.4
Clearwater	16	37.3	Shoshone	25	39.8
Custer	12	56.8	Teton	9	17.5
Elmore	25	19.1	Twin Falls	89	22.3
Franklin	15	23.2	Valley	6	12.3
Fremont	8	12.4	Washington	10	19.9
			Idaho (total)	1,573	19.5 (5-year average)

Note: Rates for many counties are based on fewer than 20 deaths. Caution is advised when interpreting rates based on small numbers.

Sources: Idaho Bureau of Vital Records and Health Statistics,
Idaho Department of Health and Welfare,
Center for Disease Control and Prevention
State Department of Education, YRBS Idaho, 2015

Compiled by Jeni Griffin, Executive Director, SPAN Idaho

Special Thanks to Martjin Van Beek, Research Analyst Senior and Pam Harder, Research Analyst Supervisor, Bureau of Vital Records and Health Statistics

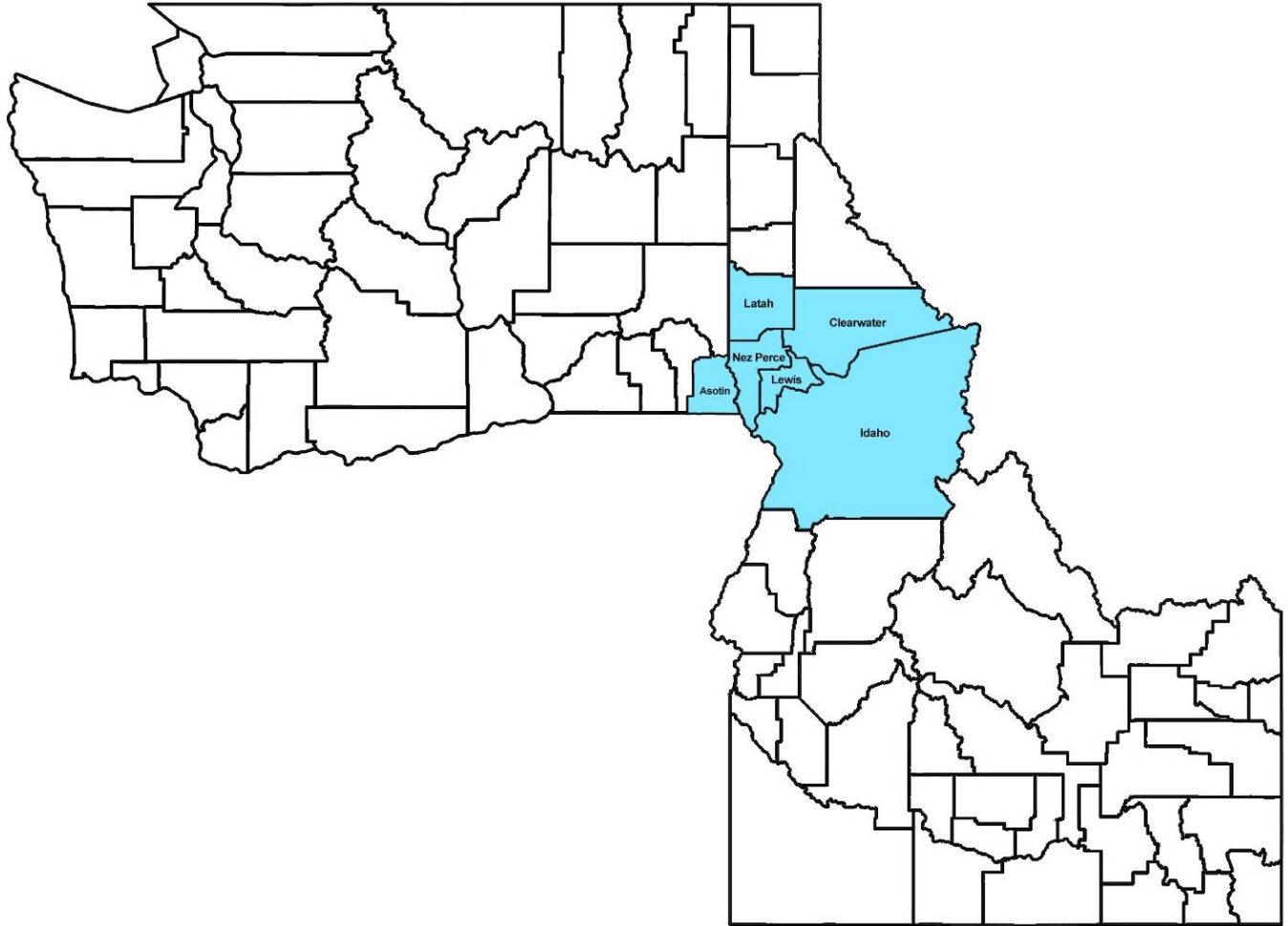
Appendix E: County Health Rankings

	Clearwater County	Idaho County	Latah County	Lewis County	Nez Perce County	State of Idaho	Asotin County	State of Washington	US Median Benchmark
HEALTH OUTCOMES									
Length of Life	42	35	7	6	38	22/39	27/39		
Premature death — Years of potential life lost before age 75 per 100,000 population (age-adjusted)	12,200	8,100	5,800	5,600	8,700	6,100	6,800	5,500	7,700
Quality of Life	5	7	9	24	8	15/39	15/39		
Poor or fair health — Percent of adults reporting fair or poor health (age-adjusted)	13%	14%	13%	15%	12%	14%	14%	13%	16%
Poor physical health days — Average number of physically unhealthy days reported in past 30 days (age-adjusted)	3.4	3.5	3.7	3.9	3.5	3.6	3.8	3.5	3.7
Poor mental health days — Average number of mentally unhealthy days reported in past 30 days (age-adjusted)	3.4	3.5	3.5	3.8	3.6	3.5	3.7	3.4	3.7
Low birthweight — Percent of live births with low birthweight (< 2,500 grams)	6.0%	6.0%	5.0%	6.0%	6.0%	7.0%	6.0%	6.0%	8.0%
HEALTH FACTORS	27	32	4	20	13	17/39	17/39		
Health Behaviors	20	26	14	21	28	23/39	23/39		
Adult smoking — Percent of adults that report smoking >= 100 cigarettes and currently smoking	18%	17%	16%	17%	16%	19%	14%	14%	18%
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) which equally weights two indicators of the food env. (access)	6.3	5.8	6.7	5.7	7.4	7.1	7.3	7.5	7.2
Physical inactivity — Percent of adults age 20 and over reporting no leisure activity	21%	24%	17%	21%	24%	20%	24%	18%	28%
Access to exercise opportunities — Percent of the population with adequate access to locations for physical activity	21%	56%	66%	40%	76%	75%	73%	88%	62%
Excessive drinking — Binge plus heavy drinking	15%	17%	21%	14%	17%	16%	18%	20%	17%
Alcohol-impaired driving deaths - percentage of motor vehicle crash deaths with alcohol involvement	22%	36%	31%	33%	35%	33%	50%	37%	31%
Sexually transmitted infections — Chlamydia rate per 100,000 population	29.1	68	359	180	478	340	361	362	287
Teen birth rate — Teen birth rate per 1,000 female population, ages 15-19	40	31	12	31	30	33	40	28	40
Clinical Care	23	35	5	38	6	12/39	12/39		
Uninsured adults — Percent of population under age 65 without health insurance	20%	22%	16%	23%	16%	19%	15%	16%	17%
Primary care physicians — Ratio of population to primary care physicians	800:1	1610:1	1480:1	3900:1	1330:1	1580:1	1010:1	1900:1	1900:1
Dentists — Ratio of population to dentists	2140:1	2700:1	2260:1	1920:1	1540:1	1580:1	2470:1	1280:1	2580:1
Mental Health providers - Ratio of population to mental health providers	780:1	900:1	670:1	960:1	470:1	520:1	460:1	380:1	1000:1
Preventable hospital stays — Hospitalization rate for ambulatory-care sensitive conditions per 1,000 Medicare enrollees	67	56	36	53	41	33	39	36	60
Diabetic monitoring — Percent of diabetic Medicare enrollees that receive HbA1c screening	83%	81%	88%	82%	84%	82%	82%	86%	85%
Mammography screening — Percent of female Medicare enrollees that receive mammography screening	61%	53%	62%	50%	65%	58%	70%	61%	61%
Social & Economic Factors	36	32	5	16	10	21/39	21/39		
High school graduation — Percent of ninth grade cohort that graduates in 4 years	95%	84%	82%	91%	83%	81%	70%	78%	86%
Some college — Percent of adults aged 25-44 years with some post-secondary education	59%	55%	61%	61%	66%	64%	64%	68%	56%
Unemployment — Percent of population age 16+ unemployed but seeking work	9.4%	7.5%	4.1%	4.2%	4.1%	4.8%	6.0%	8.2%	6.0%
Children in poverty — Percent of children under age 18 in poverty	24%	25%	16%	28%	18%	19%	24%	18%	23%
Income inequality - Ratio of household income at the 80th percentile to income at the 20th percentile	3.4	3.6	5.4	4.0	3.9	4.1	4.4	4.5	4.4
Children in single-parent households — Percent of children that live in household headed by single parent	24%	24%	19%	25%	36%	25%	37%	29%	32%
Social associations - Number of membership associations per 10,000 population	11.7	4.3	11.3	12.8	12.8	7.6	11.8	9.1	13.0
Violent Crime Rate — Violent crime rate per 100,000 population	201	108	120	139	151	210	162	301	189
Injury deaths - Injury mortality per 100,000	32	14	33	27	29	5/39	5/39	5/39	7.4
Physical Environment									
Air pollution-particulate matter days — Average daily measure of fine particulate matter in micrograms per cubic meter	10.9	10.4	11.1	10.7	10.7	10.1	10.6	11.0	11.9
Drinking Water Violations - Number of counties served by community water systems with at least one health-based violation	Yes	Yes	Yes	Yes	Yes	NA	No	NA	NA
Severe housing problems - Percentage of households with at least 1 of 4 housing problems: overcrowding, high housing costs, or lack of kitchen or plumbing facilities	10%	14%	20%	14%	12%	16%	12%	18%	14%
Driving alone to work - Percent of the workforce that drives alone to work	79%	86%	86%	72%	81%	78%	78%	73%	80%
Long commute - driving alone - Among workers who commute in their car alone, the percentage that commute more than 30 minutes	27%	25%	20%	30%	11%	22%	7%	33%	28%

Note: Blank values reflect unreliable or missing data
New Measures

Source URL: <http://www.countyhealthrankings.org/>
3/10/2018

Appendix F: Community Profiles



Clearwater County

COUNTY PROFILE

Clearwater County is located in the magnificent North Central region of Idaho. From steep river canyons to high mountain vistas, it has a wide variety of terrain and outdoor activities for both residents and visitors.

The county is home to the North Fork of the Clearwater River and a small portion of the South Fork as well as the main Clearwater. Also in the county is the Dworshak Reservoir, which is 54 miles long with 19,000 surface acres of water. Boating and fishing spots are popular with visitors and residents. Additionally, Dworshak State Park, Dworshak National Fish Hatchery and the Dworshak Dam, which is the third highest dam in the U.S. and the tallest straight axis concrete dam in North America.

The scenery is breathtaking, with numerous hills, mountains, forests, valleys and rivers to delight any photographer. There are plenty of historic sites to experience, including the site where the starving Lewis and Clark met the Nez Perce Indians on the Camas Prairie after crossing the Bitterroot Mountains. In addition, the oldest town in Idaho, Pierce, which is a gold rush town and home to the oldest courthouse in the state.

For the outdoor enthusiasts, the area offers big game hunting, fishing, hiking, ATV trails, downhill and cross-country skiing, snowmobiling and camping. The modest Bald Mountain ski area is located between Orofino and Pierce.

DEMOGRAPHICS

Based on the 2010 census, the population of Clearwater County is 8,761. According to the census, 10.3% of the population of Clearwater County lives below poverty level.

“54 miles of outdoor possibilities!”



ASSETS

Clearwater County has many strengths and assets, which promote healthy lifestyles. Outdoor recreation is easily accessible throughout the county. Numerous trails provide seasonal recreational opportunities to residents.

- Clearwater Valley Hospital & Clinics
- State Hospital North
- Telehealth
- University of Idaho Extension Program
- Lewis Clark State College Outreach Center
- Law Enforcement
- Fire/EMS
- Outdoor Recreation
- Dworshak Dam
- Spiritual Health
- Local Media
- Libraries
- Safe place for kids
- Community Activities
- Farmer's Market
- Fishing/Hunting
- Parks/Reservoirs
- Historic Sites/Museums
- Arts/Theatre
- Agriculture
-

Idaho County, ID

COUNTY PROFILE

One of the country's largest counties is Idaho County. It is bigger than the state of New Jersey yet boasts one of the smallest population stretches from Oregon to Montana with more than four million trees growing from border to border.

There are 4,431,720 acres of National Forest land within the county; more than any county outside of Alaska. National Forests within the county are: Nez Perce National Forest, Clearwater National Forest, Payette National Forest, Bitterroot National Forest, Salmon National Forest, and Wallowa National Forest. The Nez Perce National Forest is located entirely within the county's borders and is the largest National Forest lying within a single county.

Idaho County is one of the few counties in the United States with two time zones, divided by the Salmon River. Most of the county is in the Pacific Time zone, but those areas south of the Salmon River, including Riggins, but not the towns of Burgdorf and Warren, are in the Mountain Time zone.

DEMOGRAPHICS

Based on the 2010 census, the population of Idaho County is 16,267. With 8,477.35 square miles, Idaho County only has 1.9 persons per square mile. According to the census, 17.1% of the population of Idaho County lives below poverty level.

**"Come for the scenery and
stay for the lifestyle."**



ASSETS

Idaho County has many strengths and assets, which promote healthy lifestyles. Outdoor recreation is available throughout the county. Numerous trails and waterways provide healthy recreation to residents throughout the winter and summer months.

- University of Idaho Extension Program
- Lewis Clark State College Outreach Center
- St. Mary's Hospital & Clinics
- Syringa General Hospital & Clinics
- Telehealth
- Clearwater Valley Clinics
- Northwest Passage Scenic Byway
- Law Enforcement
- Fire/EMS
- Outdoor Recreation
- Spiritual Health
- Local Media
- Libraries
- Safe place for kids
- Community Activities
- Farmer's Market
- Fishing/Hunting
- Parks/Reservoirs
- Historic Sites/Museums
- Arts/Theatre
- Agriculture

Latah County

COUNTY PROFILE

Latah County is located in the northern Idaho panhandle; to the immediate west lies Whitman County, Washington. These counties are referred to as “the Palouse,” which produces a large share of the wheat, lentils, peas, oats and barley in the United States.

Latah County is mostly rural with striking contrasts between the rolling hills of the Palouse region and thick forests of pine, fir, and cedar. The northern part of the county boasted the largest stand of white pine in the nation, attracting the Potlatch Lumber Company.

Home to the University of Idaho and close neighbors with Washington State University, Latah County hosts a surprising array of fine dining spots, wineries, art galleries and performance art venues.

The Lionel Hampton Jazz Festival presents world-class musicians to hundreds of visitors each February and a network of locally supplied chefs has resulted in menus that yield a true taste of the region.

Outdoors, visitors will find a number of opportunities for bicycling, mountain biking, hiking, golf and wildlife viewing.

DEMOGRAPHICS

Based on the 2010 census, the population of Latah County was 37,244. According to the census, 21.3% of the population of Latah County is living below poverty level. Within Public Health District 2, Latah County has the highest proportion, 43.7% of residents with a Bachelor’s Degree or higher.



ASSETS

Latah County has many strengths and assets, which promote healthy lifestyles. The University of Idaho provides great education, athletic options, as well as art and music programs. As a young town with a young population, residents are very active. Trails and bike paths are available for physical activity and community activities.

- University of Idaho
- University of Idaho Extension Program
- Gritman Medical Center
- Botanical Gardens
- Appaloosa Museum & Heritage Center Foundation
- White Pine Scenic Byway
- Law Enforcement
- Fire/EMS
- Outdoor Recreation
- Spiritual Health
- Local Media
- Libraries
- Safe place for kids
- Community Activities
- Farmer’s Market
- Fishing/Hunting
- Parks/Reservoirs
- Historic Sites/Museums
- Arts/Theatre
- Community Health Association of Spokane

**“Latah County is unique,
there’s something for
everyone.”**

Lewis County, ID

COUNTY PROFILE

Home to wide-open acres of fragrant farm fields, friendly faces and small towns full of history, Lewis County is a perfect destination choice for vacationers who enjoy soft adventures and history.

Winchester Lake State Park surrounds a 103-acre lake nestled in a forested area at the foot of the Craig Mountains. The park has a modern campground. Picnicking and hiking are popular summer activities. In the winter, the park offers cross-country skiing, ice skating and ice fishing. There are healthy stands of Ponderosa Pine and Douglas Fir. White-tailed Deer, raccoon, muskrat and the Painted Turtle roam the area.

Off the trails and onto the highway, the Camas Prairie Driving Tour explores the history and sites of the region on a scenic tour traveled by automobile, motorcycle and cycling enthusiasts. Late spring and early summer are especially stunning; the Camas is in full bloom and turns the landscape into a sea of vibrant blue.

DEMOGRAPHICS

Based on the 2010 census, the population of Lewis County was 3,821. According to the census, 18.2% of the population of Lewis County is below poverty level. Within Health District 2, Lewis County at 478.8 square miles and only 8 persons per square mile is the smallest county.

“A destination for the whole family. Come explore!”



ASSETS

Lewis County has many strengths and assets, which promote healthy lifestyles. Residents enjoy the feel of small towns with easy access to the outdoors. This small county boasts an array of health services, including clinic and pharmacy, chiropractic, physical therapy, and dental services and Nimiipuu Health.

- St. Mary's Clinics
- Nimiipuu Health Satellite Clinic
- Wolf Education & Resource Center
- Law Enforcement
- Fire/EMS
- Outdoor Recreation
- Spiritual Health
- Local Media
- Libraries
- Safe place for kids
- Community Activities
- Farmer's Market
- Fishing/Hunting
- Parks/Reservoirs
- Historic Sites/Museums
- Arts/Theatre
- Agriculture

Nez Perce County, ID

COUNTY PROFILE

Nez Perce County, located in North Central Idaho, is noted for its forests, agricultural production, scenic beauty and unusual concentration of higher education institutions in a rural area.

Dominated by the Snake River, Clearwater River and opening on to the northern gateway to Hells Canyon, this region is a perfectly balanced destination choice for those who enjoy outdoor adventure as much as leisure experiences.

Hells Gate State Park is the gateway to both Idaho's Lewis and Clark country and to Hells Canyon, the deepest river gorge in North America.

Consistently ranked as one of the top ten destinations for outdoor sportsmen by Outdoor Life, and often in the top three, the region is paradise for sportsmen. The waters hold bass and trout but are famous for legendary steelhead, Chinook salmon and massive white sturgeon while the hills are home to deer, bear, bighorn sheep, elk, pheasant, chukar and other game.

Nez Perce County lifestyles are a mixture of outdoor recreational leisure, community events, arts and festivals. It is bordered by national forests, wilderness areas, pristine lakes, whitewater rivers, and rugged canyons. In less than an hour's drive, there is access to fishing, camping, hunting, skiing or sailing.

DEMOGRAPHICS

Based on the 2010 census, the population of Nez Perce County was 39,265. According to the census, 11.3% of the population of Nez Perce County is living below poverty level. Within Health District 2, Nez Perce County, at 46.3, has the highest number of people per square mile.

"I love living in Nez Perce County. All the big city amenities are near, but a small town feel."



ASSETS

Nez Perce County has many strengths and assets, which promote healthy lifestyles. An abundance of activities, from golf to trails and civic groups, all help build a strong sense of community pride. With an array of health services, including clinics, pharmacies, dentists and St. Joseph Regional Medical Center, residents do not have to travel far for many of their medical needs.

- Lewis Clark State College
- University of Idaho Extension
- University of Idaho Reservation Extension
- St. Joseph Regional Medical Center
- Nimiipuu Health Center
- Snake River Community Clinic
- Idaho Housing Authority
- YWCA
- Idaho Food Bank
- Boys & Girls Clubs of America
- Fire/EMS/Law Enforcement
- Community Health Association of Spokane
- Spiritual Health
- Local Media
- Libraries
- Safe place for kids
- Community Activities
- Farmer's Market
- Fishing/Hunting
- Parks/Reservoirs
- Historic Sites/Museums/Arts/Theatre
- Agriculture

Asotin County, WA

COUNTY PROFILE

Asotin County is the fifth-smallest county in Washington by area. It is part of the Palouse, a wide and rolling prairie-like region in the middle Columbia basin.

Asotin County is located at the confluence of the Snake and Clearwater rivers. The river system is home to a thriving aluminum jet boat manufacturing industry and provides the wood processing and other industrial users direct barge transportation to the West Coast.

There are three ports within the immediate area and adequate industrial land for business growth and expansion. The highway grid supports access to Idaho and the southern tier of Washington, as well as the northern tier of Oregon, with connections to north-south and east-west interstates.

The warm climate, excellent health care facilities, year-round golfing and other recreational opportunities provide exceptional amenities for those looking for an active community for retirement.

The region boasts a safe, rural, educated lifestyle, attracting businesses with its small town hospitality and impressing them with its commitment to area commerce.

DEMOGRAPHICS

Based on the 2010 census, the population of Asotin County is 21,623. With 641 square miles, Asotin County only has 34 persons per square mile. According to the census, 15.7% of the population of Asotin County lives below poverty level.



ASSETS

Asotin County has many strengths and assets, which promote healthy lifestyles. An abundance of activities, from golf to trails and civic groups, all help build a strong sense of community pride. With an array of health services, including clinics, pharmacies, dentists and Tri-State Memorial Hospital, residents do not have to travel far for many of their medical needs.

- Walla Walla Community College
- Tri-State Memorial Hospital
- Valley Medical Center
- Boys & Girls Clubs of America
- Asotin County Food Bank
- Port of Clarkston
- Port of Wilma
- Northwest Passage Scenic Byway
- Law Enforcement
- Fire/EMS
- Outdoor Recreation
- Spiritual Health
- Local Media
- Fishing/Hunting
- Parks/Reservoirs
- Historic Sites/Museums
- Arts/Theatre
- Agriculture

“The gateway to Hells Canyon.”

Appendix G: Demographics & Socioeconomic Characteristics

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%

People QuickFacts¹⁹	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						
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						
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						
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

