

North Idaho

May 2014

Community Health Improvement Plan



Public Health
Prevent. Promote. Protect.
Panhandle Health District



Public Health
Idaho North Central District

*Boundary, Bonner, Kootenai,
Benewah, Shoshone, Latah,
Clearwater, Nez Perce, Lewis and
Idaho Counties*



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This report was published in May 2014

Message from the Directors

We are excited to present the 2014 North Idaho Community Health Improvement Plan (CHIP) to the citizens of North 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 Idaho.

This CHIP was developed in collaboration with community partners and is based on the results of the Community Health 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 the persistent problems of overweight/obesity/diabetes and compromised mental health.

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:



Lora Whalen

Lora Whalen, Director
Panhandle Health District



Carol M Moehrle

Carol Moehrle, Director
Public Health - Idaho North
Central District

Core Team and Partners

Our ongoing coalition of partners continues to ebb and flow and many members remain consistent while others change. In an effort to identify ourselves as a working group, we determined that we would call our group, the Partners.

Our definition of a Partner: “Any organization or entity that contributes to the health or well-being of a community.” This may include organizations and entities such as the local health district, hospitals, other governmental agencies, healthcare providers, human service organizations, schools and universities, faith institutions, youth organizations, economic and philanthropic organizations,



Executive Summary

In January 2012, Panhandle Health District and Public Health-Idaho North Central District, in conjunction with local non-profit hospitals and public partners initiated an 18-month strategic evaluation of the health needs of North Idaho. The Partners agreed that due to the similarities of our ten counties, the communities within our counties would be best served if the process was approached at a regional level.

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

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

www.phd1.idaho.gov

www.idahopublichealth.com



¹ <http://www.phd1.idaho.gov/documents/CommunityHealthAssessment.pdf>

Community Health Improvement Process

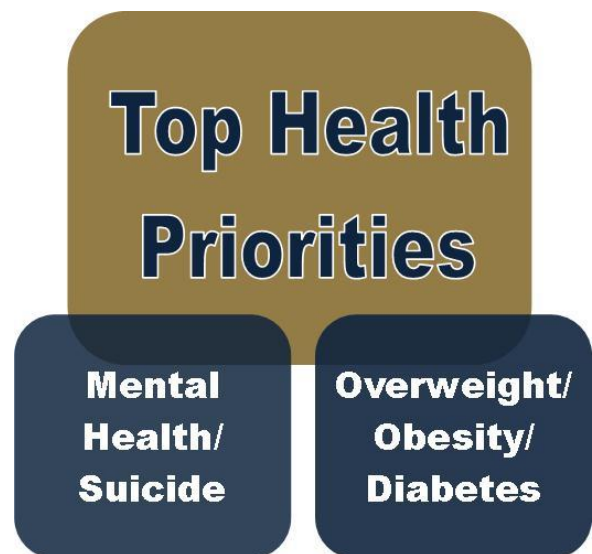
This Community Health Improvement Plan (CHIP) is action-oriented and outlines the community health priorities (based on the Community Health Assessment and community input). The CHIP was largely informed by the results of the Community Health Assessment (CHA) with community and partner engagement. The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

Goals and objectives relating to the top two health priorities: Mental health/suicide and overweight/obesity/diabetes, 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 two 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 two 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 First Steps

The first step in developing the Community Health Improvement Plan (CHIP) was to examine the results of the Community Health Assessment (CHA) 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 CHA included 15 issues that encompassed a wide variety of health areas. These issues included:

1. Cancer
2. Child Abuse/Neglect
3. Dental Problems
4. Diabetes
5. Overweight/Obesity
6. Heart Disease and Stroke
7. High Blood Pressure
8. Infectious Diseases
9. Mental Health
10. Motor Vehicle Crash Injuries
11. Respiratory/Lung Disease
12. Sexually Transmitted Diseases
13. Suicide
14. Teen Pregnancy
15. Smoking/Tobacco Use

Top Seven Issues

In an effort to keep the CHA realistic and measurable, the Partners chose to narrow the list of 15 health issues down to the top seven issues as reported by the public and substantiated by the data. These top seven issues included:

1. Overweight/Obesity
2. Mental Health/Suicide
3. Diabetes
4. Smoking/Tobacco Use
5. Cancer
6. Child Abuse/Neglect
7. Teen Pregnancy

These seven health issues were debated by a wide range of community partners and public health in North Idaho, and it was determined that, although cancer is a large concern of our population (43% identified it as a health problem) and child abuse/neglect also ranked high in the factors for a healthy community, the Partners are choosing to remove cancer and child abuse/neglect from the list of possible issues that can be directly influenced by this CHIP. Being able to show progress and accomplishments is important to the sustainability of community health improvement projects. The Partners agreed that other issues may be added to the CHIP during annual revisions, depending on progress of the plan.

Two Main Issues

The Partners walked through and shared the priorities of each local hospital and local jurisdiction. The priorities determined by local input were analyzed for consistency and it was determined by all Partners to focus the efforts of this CHIP on two main issues:

1. Overweight/Obesity and Diabetes
2. Mental Health/Suicide

The Partners brainstormed approaches to beginning this work together and chose to conduct a survey of existing partners and expand the community partner group to a larger circle of community entities. A survey was developed that sought input on existing strengths and assets of the current service system for addressing the priority areas, identified gaps and limitations of the current system and identified evidence-based practices that build on community assets and address gaps.

Once an agreement was reached on the health indicators to pursue together, goals for each strategic issue were developed and the Partners brainstormed and selected strategies to help achieve each goal. Action plans were then created to address each strategy. These components, along with performance measures, health indicators and objectives can be found in the following pages.

2014 County Health Rankings

Panhandle Health District

With a population of 217,551 (US Census, 2013), Panhandle Health District is located in rural North Idaho encompassing five counties: Benewah, Bonner, Boundary, Kootenai and Shoshone. In the 2014 County Health Rankings report, released by the University of Wisconsin Population Health Institute and the Robert Wood Johnson Foundation, Panhandle Health District's counties' rankings ranged from a high of 9 (Kootenai) to a low of 41 (Shoshone) out of 42 in health outcomes.

Public Health – Idaho North Central District

With a population of 103,588 (US Census 2013), Public Health – Idaho North Central District is located in rural North Idaho encompassing five counties: Clearwater, Idaho, Latah, Lewis and Nez Perce. In the 2014 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 2 (Latah) to a low of 25 (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 both Panhandle Health District and Public Health – Idaho North Central District have 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 website: www.countyhealthrankings.org

	Beneath County	Bonner County	Boundary County	Kootenai County	Shoshone County	State of Idaho	Top Us Performers Benchmark
HEALTH OUTCOMES	40	20	12	9	41		
<i>Length of Life</i>	38	23	27	12	41		
Premature death — Years of potential life lost before age 75 per 100,000 population (age-adjusted)	8,666	6,942	7,224	5,798	9,582	6,139	5,317
<i>Quality of Life</i>	40	19	3	8	37		
Poor or fair health — Percent of adults reporting fair or poor health (age-adjusted)	22%	15%	13%	13%	22%	15%	10%
Poor physical health days — Average number of physically unhealthy days reported in past 30 days (age-adjusted)	4.3	3.9	4.1	3.6	5.1	3.6	2.5
Poor mental health days — Average number of mentally unhealthy days reported in past 30 days (age-adjusted)	4	3.6	3.7	3.4	3.5	3.4	2.4
Low birthweight — Percent of live births with low birthweight (< 2500 grams)	7.5%	6.1%	2.9%	5.9%	6.6%	6.6%	6.0%
HEALTH BEHAVIORS	41	29	32	15	42		
<i>Health Behaviors</i>	41	21	16	17	42		
Adult smoking — Percent of adults that report smoking >= 100 cigarettes and currently smoking	26%	19%	16%	20%	26%	17%	14%
Adult obesity — Percent of adults that report a BMI >= 30	27%	24%	26%	24%	30%	27%	25%
Food Environment Index - measure ranging from 0 (worst) to 10 (best) which equally weights two indicators of the food env. (access)	5.8	6.9	6.5	7.1	7	7.3	8.7
Physical inactivity — Percent of adults age 20 and over reporting no leisure activity	28%	20%	24%	19%	27%	20%	21%
Access to exercise opportunities — Percent of the population with adequate access to locations for physical activity	61%	58%	50%	77%	57%	62%	85%
Excessive drinking — Binge plus heavy drinking	18%	19%	12%	17%	21%	15%	10%
Alcohol-impaired driving deaths - percentage of motor vehicle crash deaths with alcohol involvement	45%	50%	55%	31%	27%	33%	14%
Sexually transmitted infections — Chlamydia rate per 100,000 population	185	248	248	324	371	297	123
Teen birth rate — Teen birth rate per 1,000 female population, ages 15-19	54	34	32	30	47	36	20
<i>Clinical Care</i>	36	14	24	4	30		
Uninsured adults — Percent of population under age 65 without health insurance	21%	20%	24%	19%	19%	19%	11%
Primary care physicians — Ratio of population to primary care physicians	2302:1	1511:1	1351:1	1486:1	1810:1	1683:1	1051:1
Dentists — Ratio of population to dentists	1148:1	2149:1	1360:1	1514:1	2572:1	1629:1	1439:1
Mental health providers - Ratio of population to mental health providers	1312:1	785:1	1554:1	851:1	1072:1	854:1	536:1
Preventable hospital stays — Hospitalization rate for ambulatory-care sensitive conditions per 1,000 Medicare enrollees	76	39	35	33	64	41	46
Diabetic screening — Percent of diabetic Medicare enrollees that receive HbA1c screening	85%	79%	76%	86%	74%	82%	90%
Mammography screening — Percent of female Medicare enrollees that receive mammography screening	42%	54%	41%	64%	47%	58%	71%
<i>Social & Economic Factors</i>	40	33	37	18	41		
High school graduation — Percent of ninth grade cohort that graduates in 4 years	77%	77%	76%	74%	77%	81%	
Some college — Percent of adults aged 25-44 years with some post-secondary education	48%	55%	40%	66%	50%	63%	70%
Unemployment — Percent of population age 16+ unemployed but seeking work	12.0%	9.9%	10.0%	8.4%	11.6%	7.1%	4.4%
Children in poverty — Percent of children under age 18 in poverty	26%	28%	27%	19%	29%	21%	13%
Inadequate social support — Percent of adults without social/emotional support	17%	18%	19%	16%	20%	17%	14%
Children in single-parent households — Percent of children that live in household headed by single parent	35%	29%	21%	27%	31%	24%	20%
Violent Crime Rate — Violent crime rate per 100,000 population	250	112	118	315	281	216	64
Injury deaths - Injury mortality per 100,000	86	78	95	64	121	64	49
<i>Physical Environment</i>	39	40	41	38	42		
Air pollution-particulate matter days — Average daily measure of fine particulate matter in micrograms per cubic meter	11.2	11.4	11.4	11.3	11.2	10.1	9.5
Drinking water safety — percentage of population exposed to water exceeding a violation limit during the past year	9%	6%	13%	3%	68%	8%	0%
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	17%	19%	20%	17%	15%	15%	9%
Driving alone to work - Percent of the workforce that drives alone to work	77%	74%	74%	79%	79%	77%	71%
Long commute - driving alone - Among workers who commute in their car alone, the percentage that commute more than 30 minutes	26%	31%	22%	23%	18%	21%	15%

	Cleanwater County	Idaho County	Latah County	Lewis County	Nez Perce County	State of Idaho	Top Us Performers Benchmark
HEALTH OUTCOMES							
<i>Length of Life</i>	24	23	2	16	23		
Premature death — Years of potential life lost before age 75 per 100,000 population (age-adjusted)	26	34	5	20	29	6,139	5,317
<i>Quality of Life</i>							
Poor or fair health — Percent of adults reporting fair or poor health (age-adjusted)	24	13	4	7	16		
Poor physical health days — Average number of physically unhealthy days reported in past 30 days (age-adjusted)	20%	21%	12%	14%	15%	15%	10%
Poor mental health days — Average number of mentally unhealthy days reported in past 30 days (age-adjusted)	4.1	4	3.6	3.3	4	3.6	2.5
Low birthweight — Percent of live births with low birthweight (< 2500 grams)	3.9	3	2.8	2.8	3.5	3.4	2.4
	5.1%	4.8%	5.3%		6.0%	6.6%	6.0%
	39	34	5	28	14		
	40	27	10	28	34		
HEALTH FACTORS							
<i>Health Behaviors</i>							
Adult smoking — Percent of adults that report smoking >= 100 cigarettes and currently smoking	23%	18%	14%	16%	20%	17%	14%
Adult obesity — Percent of adults that report a BMI >= 30	32%	28%	25%	29%	32%	27%	25%
Food Environment Index - measure ranging from 0 (worst) to 10 (best) which equally weights two indicators of the food env. (access)	6.6	6.1	7	6.2	7.8	7.3	8.7
Physical inactivity — Percent of adults age 20 and over reporting no leisure activity	26%	26%	17%	24%	24%	20%	21%
Access to exercise opportunities — Percent of the population with adequate access to locations for physical activity	35%	48%	32%	56%	52%	62%	85%
Excessive drinking — Binge plus heavy drinking	14%	19%	22%	26%	19%	15%	10%
Alcohol-impaired driving deaths - percentage of motor vehicle crash deaths with alcohol involvement	43%	36%	28%	33%	18%	33%	14%
Sexually transmitted infections — Chlamydia rate per 100,000 population	115	122	279	209	410	297	123
Teen birth rate — Teen birth rate per 1,000 female population, ages 15-19	41	31	10	29	32	36	20
<i>Clinical Care</i>	25	37	8	31	6		
Uninsured adults — Percent of population under age 65 without health insurance	20%	21%	18%	23%	17%	19%	11%
Primary care physicians — Ratio of population to primary care physicians	791:1	1645:1	1571:1	3822:1	1276:1	1683:1	1051:1
Dentists — Ratio of population to dentists	2301:1	2805:1	2438:1	1982:1	1498:1	1629:1	1439:1
Mental health providers - Ratio of population to mental health providers	1151:1	1403:1	1091:1	1982:1	749:1	854:1	536:1
Preventable hospital stays — Hospitalization rate for ambulatory-care sensitive conditions per 1,000 Medicare enrollees	97	74	58	56	51	41	46
Diabetic screening — Percent of diabetic Medicare enrollees that receive HbA1c screening	82%	80%	87%	82%	86%	82%	90%
Mammography screening — Percent of female Medicare enrollees that receive mammography screening	62%	48%	63%	51%	68%	58%	71%
<i>Social & Economic Factors</i>	39	35	3	21	13		
High school graduation — Percent of ninth grade cohort that graduates in 4 years	95%	84%	82%	91%	83%	81%	
Some college — Percent of adults aged 25-44 years with some post-secondary education	51%	54%	78%	57%	66%	63%	70%
Unemployment — Percent of population age 16+ unemployed but seeking work	13.0%	9.3%	6.4%	5.8%	5.9%	7.1%	4.4%
Children in poverty — Percent of children under age 18 in poverty	27%	28%	17%	27%	19%	21%	13%
Inadequate social support — Percent of adults without social/emotional support	17%	20%	12%	27%	18%	17%	14%
Children in single-parent households — Percent of children that live in household headed by single parent	23%	35%	21%	34%	31%	24%	20%
Violent Crime Rate — Violent crime rate per 100,000 population	269	104	107	285	140	216	64
Injury deaths - Injury mortality per 100,000	89	99	59	106	95	64	49
<i>Physical Environment</i>	29	22	30	23	24		
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	9.5
Drinking water safety —percentage of population exposed to water exceeding a violation limit during the past year	6%	10%	1%	9%	1%	8%	0%
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%	15%	20%	10%	13%	15%	9%
Driving alone to work - Percent of the workforce that drives alone to work	79%	69%	65%	74%	81%	77%	71%
Long commute - driving alone - Among workers who commute in their car alone, the percentage that commute more than 30 minutes	27%	27%	21%	32%	12%	21%	15%

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, CHA data was used to provide the most relevant baseline data for the objectives selected. If CHA 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> May2013

Implementation Plan

PRIORITY AREA 1: Mental Health Awareness and Suicide Prevention

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

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 11th leading cause of death in the United States, accounting for the deaths of approximately 30,000 Americans, and 299 Idahoans each year.

Groups at Highest Risk in Idaho

The rate of suicide completion in Idaho is: 19.1 per 100,000 persons (2013)

- The highest age adjusted suicide rate occurred among Non-Hispanic American Indian and Alaska Natives 23.1 deaths per 100,000 (2009-2013)*
- For working age males, age 18-64 the rate is 30.85 (2006)*
- For males, age 15-24 the rate is 29.3 (2009-2013)*

Vital Stats

Idaho Suicide Facts and Statistics

- Idaho is consistently among the states with the highest suicide rates. In 2012, (the most recent year available) Idaho had the 8th highest suicide rate, 44% higher than the national average.*
- In 2013, 308 people completed suicide in Idaho.*
- Between 2009 and 2013, 79% of Idaho suicides were by men.*
- In 2013, 65% of Idaho suicides involved a firearm. The national average is 51%.*
- 15.8% of Idaho youth attending traditional high schools reported seriously considering suicide in 2013. 7.0% reported making at least one attempt.*
- In 2010, there were 38,400 deaths by suicide in the United States, an average of 1 person every 15 minutes.*
- A 10% reduction in Idaho suicide attempts can immediately save over \$4 million per year in medical costs alone. If the cost burden of suicide in Idaho was evenly distributed over the population (2008) the burden would amount to over \$250 for every person living in Idaho.*

www.IdahoSuicidePrevention.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.

GOAL

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 Idaho citizens (BRFSS)
- To Improve Mental Health access in North Idaho

MEASURES

Performance Measures for Improving Mental Health

- P1.1** By 2019, decrease the percentage of adults in North Idaho who report their mental health was not good on 14 or more days in the past 30 days from an average of 16% to 14.4%. (BRFSS)
- P1.2** By 2019, decrease the age adjusted suicide rate in North Idaho from 18.4 to 16.6. (Vital Stats)
- P1.3** By 2019, expand tele-mental health capacity/access for children with mental health issues from two sites to five sites in North Idaho.

STRATEGIES

Strategies for Improving Mental Health

- S1.1** Participate in promoting the Suicide Prevention Action Network (SPAN) Idaho.
- S1.2** Participate in the promotion of the Idaho Suicide Hotline.
- S1.3** Measure the number of Mental Health providers and develop strategies for recruitment and/or access.
- S1.4** Participate in the re-design of the Regional Behavioral Health Boards.
- S1.5** Increase community resources to support Mental Health in North Idaho.

KEY PARTNERS IN NORTH IDAHO

County Elected Officials
 Hospitals
 Idaho State Planning Council on Mental Health
 Juvenile Corrections
 Mental Health Providers
 Optum Idaho – Medicaid Managed Care Contractor for Behavioral Health

Regional Behavioral Health Boards
 Regional Health & Welfare
 Regional Substance Abuse Committees
 Schools Districts
 Sheriffs/Law Enforcement
 Suicide Prevention Action Network

PRIORITY AREA 2: Overweight/Obesity and Diabetes

THE PROBLEM: 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.



Facts and Statistics

- Based on results of the 2011/12 Idaho 3rd Grade BMI Assessment and the 2011 Idaho YRBS, there are an estimated 6,200 (29%) overweight or obese 3rd grade students and 17,700 (23%) overweight or obese high school students (grades 9 through 12) in Idaho.
- U.S. medical costs associated with obesity were estimated at \$147 billion. Annual medical costs for people who are obese were \$1,429 higher than those of normal weight (CDC, 2008).
- Due to the prevalence of chronic conditions often associated with obesity and the rising trend of obesity in children and youth, today's generation of children will likely live shorter lives than their parents.
- According to JAMA, more than 1/3 of U.S. adults (34.9%) are obese.
In Idaho, 29.6% of adults are obese (BMI > 30) while 64.9% of adults are either overweight (BMI > 25) or obese (2013 Idaho BRFSS).
- In addition, more than 82.8% of Idaho adults did not eat the minimum recommended 5+ servings of fruits and vegetables each day and more than 23.7% of adults did not participate in any leisure time activity (2013 Idaho BRFSS).
- A 2008-09 school year BMI assessment of Idaho students in all odd grades 1 through 11 found that overall, 30.5% of Idaho school children sampled were classified as overweight or obese. The study found that significantly more boys were obese than girls.

Idaho BRFSS Data (2009)

- 8% of the adult population has been diagnosed with diabetes, approximately 90,000 people.
- Almost 1 in 12 Idahoans have diabetes.
- 51 is the average age of diagnosis of diabetes.
- Diabetes affects men and women equally.
- Over 80% of those with diabetes are obese or overweight.
- There is no significant difference in diabetes prevalence by health district.
- Diabetes becomes more prevalent with age, approximately 1 in 5 aged 65+ years, and approximately 1 in 7 aged 55-64 years.

GOALS

1. **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.
2. **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.

STRATEGIES

Strategies for Overweight/Obesity and Diabetes

- S2.1 Measure the number of worksites who participate in worksite wellness activities addressing overweight and obesity.**
- S2.2 Identify, support and pursue policies that will help worksites strengthen their wellness programs.**
- S2.3 Measure the number of childcare centers who adopt “Let’s Move” for increasing healthy foods, increasing physical activity and decreasing screen time for children in childcare centers.**
- S2.4 Grant committee is established and effective at securing overweight/obesity prevention grant funds.**

MEASURES

Performance Measures for Overweight/Obesity and Diabetes

- P2.1 By 2019, reduce the percent of North Idaho adults diagnosed with diabetes from 8.6 % to 7.8%.**
- P2.2 By 2019, reduce the rate of North Idaho adults who have self-reported being obese from 66% to 59%.**

KEY PARTNERS IN NORTH IDAHO

Business Communities	Childcare Providers
Citizens	County Elected Officials
Healthcare Providers	Hospitals
Schools Districts	Universities/Higher Education
Worksites	

Health Statistics

General Health Status

Idaho adults reporting "fair" or "poor" general health, 2011

	Public Health Districts											
	Statewide				District 1				District 2			
	%	95%CI		n	%	95%CI		n	%	95%CI		n
TOTAL	15.4	14.1	16.9	6,048	18.5	14.6	23.2	884	20.3	16	25.5	830
SEX												
Male	14.6	12.6	16.8	2,417	18.3	12.8	25.4	373	21	14.6	29.2	323
Female	16.3	14.6	18.2	3,631	18.8	13.6	25.4	511	19.7	14.3	26.5	507
AGE												
18-24	11.3	7.2	17.3	243	*	*	*	*	*	*	*	*
25-34	10.8	7.6	15.1	522	10.7	2.8	33.6	50	28.6	12.9	52	57
35-44	10.8	8.3	13.8	765	17.1	8.7	31	77	21.5	12.7	34.1	89
45-54	17.1	14.2	20.5	1,051	23.8	15.3	35.1	141	17.8	11.5	26.5	163
55-64	18.7	15.9	21.8	1,411	19.5	13.1	28.1	245	25.6	18.1	35	202
65+	23.5	21	26.1	1,989	21.3	16.3	27.3	338	23.7	18.2	30.2	287
18-34	11.1	8.4	14.4	765	12.1	4.3	29.4	71	16.9	7.2	34.6	80
35-64	15.4	13.8	17.3	3,227	20.4	15.5	26.4	463	21.6	17	27.2	454
65+	23.5	21	26.1	1,989	21.3	16.3	27.3	338	23.7	18.2	30.2	287
SEX and AGE												
Male												
18-34	10.3	6.6	15.6	323	*	*	*	*	*	*	*	*
35-64	14.5	12.1	17.2	1,273	16.6	10.5	25.2	189	23.3	16.5	31.8	185
65+	23.7	19.9	27.9	800	27	18.9	37	157	27	18.3	38	98
Female												
18-34	11.9	8.4	16.5	442	*	*	*	*	*	*	*	*
35-64	16.4	14.2	18.9	1,954	24.7	17.6	33.6	274	20	14	27.7	269
65+	23.3	20.3	26.6	1,189	15.7	10.7	22.4	181	21.6	15.1	29.9	189
INCOME												
Less than \$15,000	34.3	28.6	40.5	680	35	20.3	53.3	110	55.8	41.2	69.5	119
\$15,000-\$24,999	21.5	17.9	25.5	980	32.2	20.5	46.7	148	20.1	13.2	29.5	145
\$25,000-\$34,999	14.9	11.2	19.6	745	12.8	4.9	29.5	106	14	8.4	22.6	118
\$35,000-\$49,999	12.1	9.2	15.7	939	13.7	7	25	135	7.4	3.9	13.3	131
\$50,000-\$74,999	8	6.2	10.3	890	8.2	3.9	16.4	112	10.2	4.4	21.8	108
\$75,000+	6.1	4.5	8.3	1,080	6.4	2.6	14.6	147	9.3	3.7	21.4	108
EMPLOYMENT												
Employed	9.6	8	11.5	2,835	14	8.8	21.5	366	11.1	6.5	18.3	376
Unemployed	21.9	16.4	28.5	337	12.1	5.6	24.3	55	*	*	*	*
Other**	23.4	21.1	25.8	2,849	26.4	20.2	33.7	455	33.2	25.7	41.7	415
EDUCATION												
K-11th Grade	34.1	28.1	40.6	432	49.6	32.1	67.2	56	37.2	23.6	53.1	66
12th Grade or GED	16	13.9	18.4	1,809	13.7	9.6	19.1	278	18.8	14	24.9	279
Some College	14.1	12	16.6	1,946	20.2	13.6	28.8	303	20.2	12.2	31.5	259
College Graduate+	6.2	5	7.7	1,849	6.4	3.5	11.4	245	12.8	6.8	23	223
ETHNICITY												
Non-Hispanic	14.7	13.4	16.1	5,746	18.1	14.2	22.8	861	20.5	16	25.8	799
Hispanic	21.5	15.8	28.5	262	*	*	*	*	*	*	*	*

*Sample size insufficient for reliable estimate (n<50)

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

Overweight/Obesity

Idaho adults who were overweight (BMI ≥25), 2011

					Public Health Districts							
					District 1			District 2				
					Statewide							
	%	95%CI		n	%	95%CI		n	%	95%CI		n
TOTAL	62.3	60.3	64.3	5,739	62.6	57.1	67.9	854	66.8	61	72.1	791
SEX												
Male	68.5	65.4	71.5	2,405	70.5	61.7	78	478	72.4	64.3	79.3	320
Female	55.6	52.9	58.1	3,334	54	46.8	61	596	61.3	53.1	68.8	471
AGE												
18-24	37.7	30.7	45.3	224*	*	*	*	*	*	*	*	*
25-34	55.7	49.9	61.3	483*	*	*	*	*	66.9	49.1	80.9	54
35-44	65.5	60.7	70.1	737	66.2	52.2	77.8	76	73.6	61.3	83	84
45-54	70.4	66.4	74.1	1,000	68	57.4	77	143	70.8	61.4	78.8	155
55-64	73.7	70.5	76.7	1,330	72.3	64.5	78.9	229	77	67.7	84.3	187
65+	67.5	64.8	70.2	1,924	66.9	60.4	72.8	331	65.6	57.8	72.7	284
18-34	47.9	43.4	52.5	707	45.3	30.9	60.5	64	55.5	40.3	69.7	77
35-64	69.8	67.4	72	3,067	69	62.9	74.4	448	73.8	68.1	78.8	426
65+	67.5	64.8	70.2	1,924	66.9	60.4	72.8	331	65.6	57.8	72.7	284
SEX and AGE												
Male												
18-34	49.7	43.1	56.3	332*	*	71.4	87.2*	*	*	*	*	*
35-64	78.8	75.3	81.9	1,267	80.4	66.9	82.9	191	79.2	70.8	85.6	183
65+	76.1	72.1	79.6	800	75.8	15	29	157	77.8	67.4	85.6	98
Female	45.8											
18-34	60.1	39.6	52.1	385*	*	*	*	*	*	*	*	*
35-64	59.8	56.9	63.2	1,800	55.4	47.3	63.3	257	68.1	60	75.3	243
65+	26.2	56	63.4	1,124	57.9	48.5	66.8	174	57.9	47.5	67.6	186
INCOME												
Less than \$15,000	62	55.2	68.5	661	58	39.6	74.4	109	83	71.7	90.3	118
\$15,000-\$24,999	60.6	55.2	65.8	937	57	42.1	70.7	144	63.1	46.9	76.8	134
\$25,000-\$34,999	62.5	56.5	68	707	65	50.4	77.2	103	55.4	38.9	70.8	111
\$35,000-\$49,999	62.4	57	67.5	904	54.9	40.1	68.8	133	68.8	56.5	78.9	127
\$50,000-\$74,999	62.9	58.1	67.5	843	72.6	58.7	83.2	107	70.8	59.3	80.2	104
\$75,000+	64.7	60.6	68.5	1,048	66.6	56	75.8	142	71.2	57.9	81.7	104
EMPLOYMENT												
Employed	62.4	59.6	65.2	2,696	64.3	56.5	71.5	355	69.4	61	76.7	354
Unemployed	61.8	53.6	69.3	325	50.3	30.2	70.4	56*	*	*	*	*
Other**	62	59	65	2,694	62.9	54.6	70.5	436	66.6	58.4	73.8	399
EDUCATION												
K-11th Grade	64.7	57.2	71.5	411	85.5	72.5	92.9	55	81.3	69	89.4	64
12th Grade or GED	61.5	57.7	65.1	1,721	55.6	45.6	65.3	269	72.9	64.7	79.9	267
Some College	63.4	59.9	66.8	1,838	61.9	52.3	70.6	293	61	49.6	71.4	249
College Graduate+	60.1	56.8	63.4	1,761	63	53.2	71.8	235	61.7	51.9	70.6	209
ETHNICITY												
Non-Hispanic	61.8	59.7	63.8	5,464	61.9	56.2	67.3	831	68.6	62.7	73.9	762
Hispanic	67.3	58.1	75.3	239*	*	*	*	*	*	*	*	*

*Sample size insufficient for reliable estimate (n<50)

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

Source: [BRFSS Annual Report 2011](#)

Diabetes

Diabetes Idaho adults who had ever been told they had diabetes, 2011

	Public Health Districts											
	Statewide				District 1				District 2			
	%	95% CI		n	%	95% CI		n	%	95% CI		n
TOTAL	9.4	8.4	10.4	6,065	7.5	5.5	10.2	888	10.8	8.1	14.3	837
SEX												
Male	10.3	8.8	12	2,425	10.5	6.9	15.7	375	11.6	7.3	17.7	325
Female	8.5	7.4	9.7	3,640	4.5	3	6.7	513	10.1	7	14.4	512
AGE												
18-24	2.8	1.2	6.4	243*	*	*	*	*	*	*	*	*
25-34	2.2	1.1	4.3	521	0.8	0.1	5.6	50	2.9	0.4	18	58
35-44	4.5	2.8	7.2	769	1.2	0.2	8	77	15	6.1	32.4	89
45-54	10.6	8	13.8	1,052	3.7	1.5	8.7	142	6.5	3.1	12.8	165
55-64	15.3	12.7	18.2	1,416	8.3	5.3	12.9	247	20.5	13.1	30.6	203
65+	20.7	18.4	23.1	1,998	19.4	14.6	25.3	338	17.5	12.7	23.5	290
18-34	2.4	1.4	4.2	764	3.9	0.7	19.5	72	1.7	0.2	11	81
35-64	10	8.5	11.6	3,237	4.6	3.1	7	466	13.9	9.4	20	457
65+	20.7	18.4	23.1	1,998	19.4	14.6	25.3	338	17.5	12.7	23.5	290
SEX and AGE												
Male												
18-34	2.6	1.1	6	322*	*	*	*	*	*	*	*	*
35-64	11.4	9.2	14	1,279	5.6	3.3	9.5	190	14.7	8.1	25.1	186
65+	22.8	19.3	26.8	803	27.2	19.2	36.9	157	20	12	31.5	99
Female												
18-34	2.2	1.2	4.2	442*	*	*	*	*	*	*	*	*
35-64	8.6	6.9	10.6	1,958	3.5	1.8	6.7	276	13.1	7.8	21	271
65+	18.9	16.1	22	1,195	11.7	7.2	18.6	181	15.9	10.6	23.2	191
INCOME												
Less than \$15,000	10.9	8.4	14	684	4.2	2.1	8.3	112	19.9	10.8	33.7	121
\$15,000-\$24,999	12.4	9.8	15.6	982	11.5	6.9	18.5	147	12.2	7	20.6	145
\$25,000-\$34,999	10.7	7.9	14.2	751	7.3	3.3	15.2	107	14.2	5.5	32.2	119
\$35,000-\$49,999	9.8	7	12.9	939	10	3.4	25.5	137	7.1	3.5	13.7	133
\$50,000-\$74,999	8.2	6.1	10.8	890	7.2	3.5	14.2	112	9.2	4.6	17.5	108
\$75,000+	4.5	3.1	6.5	1,081	2.5	1.2	5.2	147	6.4	2.6	14.8	109
EMPLOYMENT												
Employed	5.3	4.2	6.6	2,841	3.1	1.9	5.1	367	7.3	3.9	13.1	377
Unemployed	9.2	6	13.9	340	2.9	1.1	7.7	57*	*	*	*	*
Other**	15.9	14.1	17.9	2,855	14.7	10	21.1	456	16.9	12.5	22.6	420
EDUCATION												
K-11th Grade	13.4	10.2	17	442	7.6	3.2	17.1	57	18.8	9.2	34.5	69
12th Grade or GED	11	8.7	12.7	1,811	10.3	5.6	18.1	280	14.2	8.5	22.9	281
Some College	8.7	7.2	10.5	1,948	6	3.9	8.9	305	8.5	5.6	12.9	261
College Graduate+	6.7	5.3	8	1,852	6	3.7	9.7	244	5.5	2.8	10.5	223
ETHNICITY												
Non-Hispanic	9.3	8.3	10.3	5,759	7.2	5.1	9.9	866	11.2	8.3	14.8	805
Hispanic	10.3	6.5	16	266*	*	*	*	*	*	*	*	*

*Sample size insufficient for reliable estimate (n<50)

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

Source: [BRFSS Annual Report 2011](#)

Partners

Adult Day Health
Area Rotary Clubs
ATK Sporting Group
Beautiful Downtown Lewiston
Benewah Community Hospital
Benewah County Commissioners
Bonner County Commissioners
Bonner General Hospital
Boundary County Commissioners
Boundary Community Hospital
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
Kootenai County Commissioners
Kootenai Medical Center
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
North Idaho College
Regence Blue Shield of Idaho
Region II Mental Health Board
School Districts
Senior Centers
Shoshone County Commissioners
Shoshone Medical Center
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

Evaluation Plan and Next Steps

Evaluation Plan

North 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 by the key partners in the plan. An updated CHIP will be published every five 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 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.

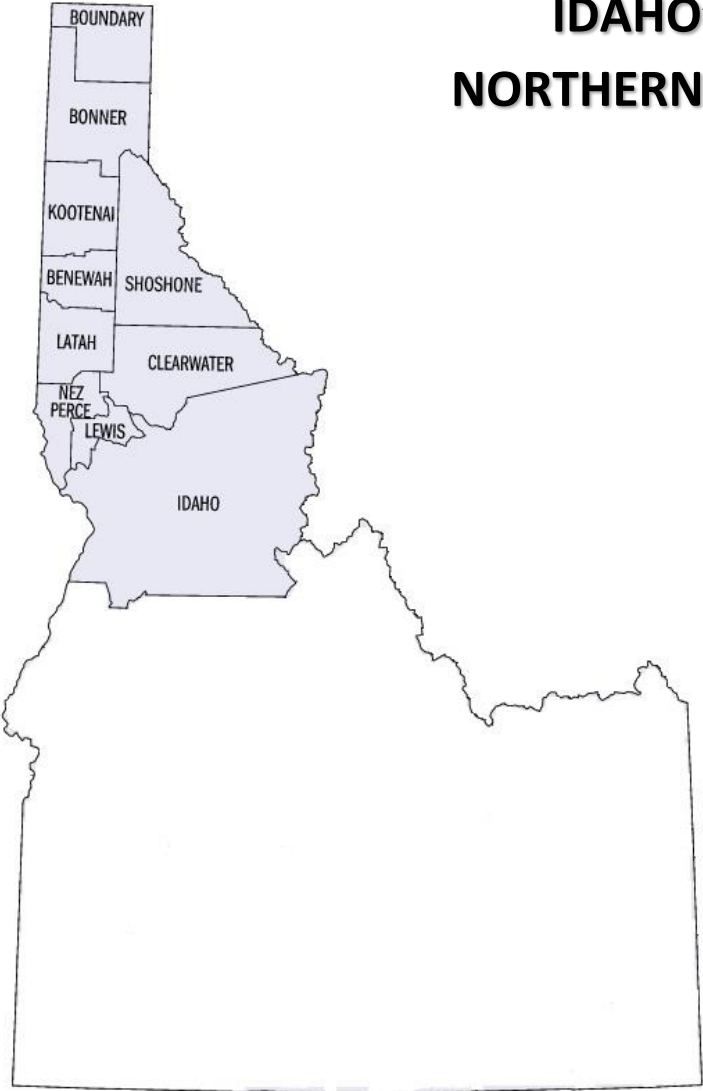


Notes and Resources

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

Appendix A: North Idaho Community Profiles

IDAHO'S TEN NORTHERN COUNTIES



Boundary County

Community Profile

Rich in its overwhelming natural beauty, Boundary County's mountain ranges, lakes and vast forestland make the area one of the most spectacular spots in the Inland Northwest.

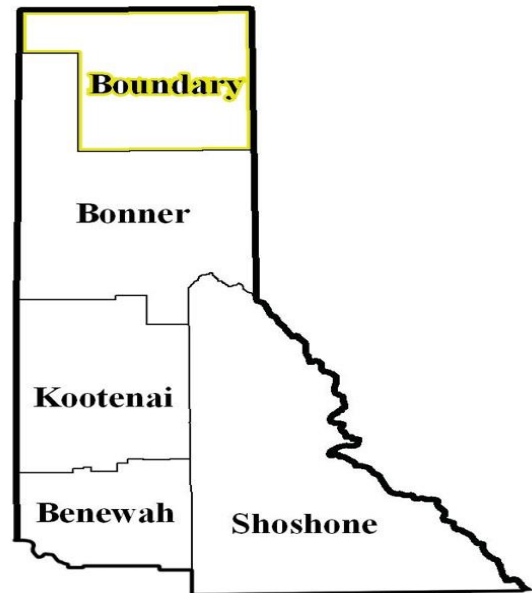
While the Cabinet, Selkirk and Purcell mountain ranges come together at McArthur Lake, the Selkirk Range runs west of Bonners Ferry to Canada and the Cabinets are prominent along the skyline to the east. What makes Boundary County special from most communities is that about 90 percent of it is forested. You can camp in the wilderness, hike and horseback during the spring, summer and fall, and snowmobile and cross country ski in the winter. If you look close enough, sometimes you'll be able to spot bald eagles that call Boundary County home.

The rugged beauty and often harsh conditions mean that many of the amenities you may be used to are not available.

When it comes to providing healthcare to its community, Boundary County offers both a hospital and low-cost medical clinic, as well private physicians, dentists and chiropractors. Fire protection and emergency medical services in Boundary County are provided by trained volunteers, but because of the distances involved and because conditions are not always favorable, response times can be delayed.

Demographics

Based on the 2010 census, the population of Boundary County was 10,972. Furthermore, according to the Census, 17.9% of the population of Boundary County lives below poverty level.



Assets

Boundary County has many strengths and assets which encourage healthy lifestyles. Girded by mountain ranges teeming with wildlife and a beautiful valley through which the Kootenai River flows, Boundary County offers a wide range of things to do and places to see, from pristine forests to some of the most productive agricultural lands in the nation.

- Boundary Community Hospital
- University of Idaho Extension Office
- Kootenai National Wildlife Refuge
- Elk Mountain Farms
- Boulder City Ghost Town
- Kootenai Tribal Sturgeon Hatchery
- Naples General Store/American Youth Hostel
- Law Enforcement/Volunteer 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

“Life in Boundary County is wonderful; the people here retain a strong pioneer spirit of hard work and of helping their neighbors.”

Bonner County

Community Profile

Bonner County is located in the northern panhandle of Idaho in a land of magnificent lakes, mountains, forests and vibrant communities. The unique location, beautiful landscape, diversified economy, and exceptional human resources make Bonner County a wonderful place to live, work, do business and visit.

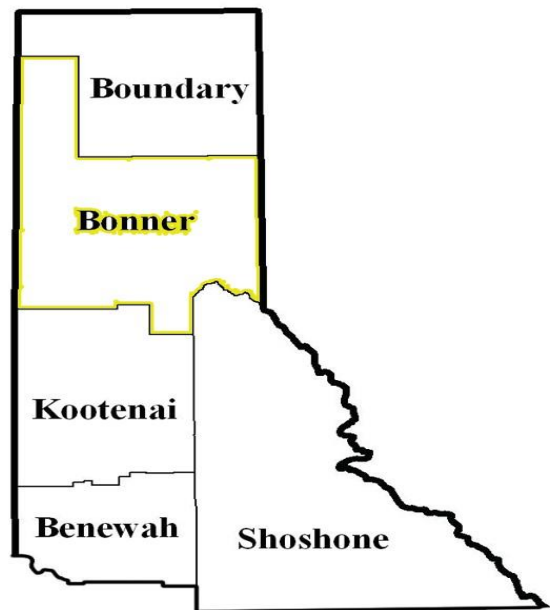
The landscape in Bonner County is a combination of towering mountains that range up into the 7,000-foot level and lush river-bottom valleys. The beautiful Selkirk mountain range dominates the western side of the county, and the sharp-peaked Cabinet Mountains border the county on the east. The county reaches across the entire width of Idaho's panhandle between Montana and Washington.

Another dominant feature in Bonner County is water. The largest lake in Idaho, Lake Pend Oreille, lies in the center, and the more remote waters of Priest Lake lie in the northwest corner. Three major rivers traverse the county; the Clark Fork drains into Lake Pend Oreille from the east, the Pend Oreille River drains out of the lake on the west, and Priest River drains from Priest Lake and reach the waters of the Pend Oreille River in the town or Priest River. A number of other creeks, rivers and smaller lakes dot the landscape too.

Bonner County, especially the greater Sandpoint area, has enjoyed considerable success in growing and diversifying its economy. Over the past 20 years, the local economic base has shifted from an over-reliance on the timber industry to a vital mixture of tourism, manufacturing, retail and services.

Demographics

Based on the 2010 census, the population of Bonner County was 40,476. According to the census, 15.2% of the population of Bonner County lives below the poverty level.



Assets

Bonner County has many strengths and assets which encourage healthy lifestyles. Its beauty, recreational opportunities and quality of life have attracted thousands of new residents since the mid-1980s. The resulting population growth has influenced Bonner County's economy in many ways. Population growth spurred growth in the construction industry, retail stores, health care providers, public schools, service organizations, and government agencies.

- Bonner General Hospital
- University of Idaho Extension Office
- Schweitzer Mountain Resort
- WaterLife Discovery Center
- Cabinet Gorge Hatchery
- 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

“The best-kept, picture perfect secret.”

Kootenai County

Community Profile

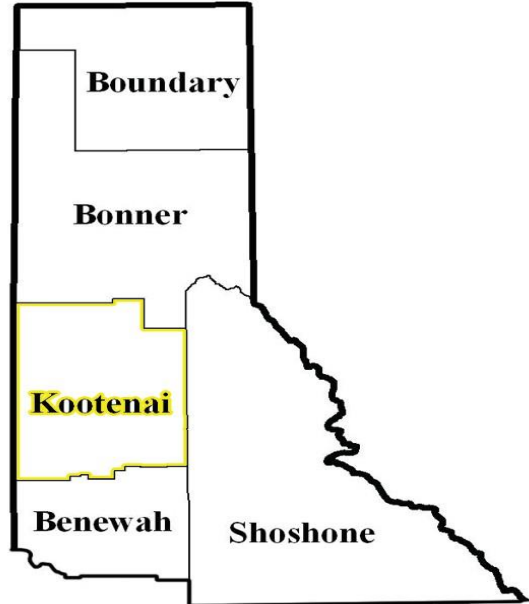
Kootenai County is located in northern Idaho, an area known as the Panhandle, surrounded by scenic mountains and more than twenty pristine lakes—an outdoor enthusiast’s dream. The largest city and county seat is located in beautiful Coeur d’Alene and is on the majestic shores of Lake Coeur d’Alene. The county is 1,310 square miles, including 70 square miles of water, 245,000 acres of national forest and 33,000 acres of state timberland. Kootenai County is a destination location for regional, national and international travelers; hence, the seasonal population increase is well beyond the local population of 138,000.

The Coeur d’Alene area is surrounded by dozens of lakes left behind by the glaciers of the ice age. There are more than 55 lakes within easy driving distance of Coeur d’Alene, but none more scenic and full of activities than Lake Coeur d’Alene itself. There’s something magical about Lake Coeur d’Alene that’s hard to define, but it begins with the spectacular North Idaho sunsets and moonrises, the plunge of an osprey after a fish, the glowing lights of downtown Coeur d’Alene reflecting across its waters at night.

The Coeur d’Alene Golf & Spa Resort, widely regarded as one of the best golf destinations in the world, is also home to the world famous floating green.

Demographics

Based on the 2010 census, the population of Kootenai County was 138,494. According to the census, 12.8% of the population of Kootenai County lives below the poverty level.



Assets

Kootenai County has many strengths and assets which encourage healthy lifestyles. As a young county with a young population, residents are very active, and trails and bike paths are available for physical activity and community activities.

- North Idaho College
- Lewis Clark State College Outreach Center
- University of Idaho Outreach Center and Extension Program
- Kootenai Medical Center
- IRONMAN Coeur d’Alene
- Boulder Beach Water Park
- Cougar Bay Preserve
- 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

“Playground of the Pacific Northwest.”

Benewah County

Community Profile

Benewah County is an area where the lakes, mountains and beautiful summer weather have made it one of the most famous summer playgrounds and resort destinations in the Pacific Northwest. It's also home to a variety of wildlife, including moose, deer, elk, bear and several bird species, still roaming the pristine forests of northern Idaho.

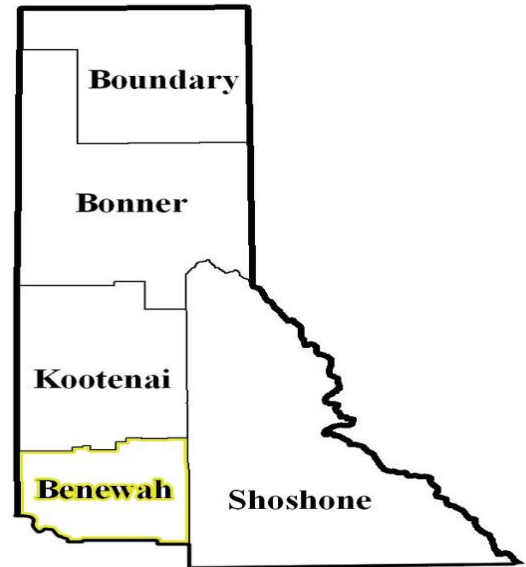
The local economy is driven by the timber industry complemented by some mining operations and a solid base of farming. The remarkable beauty of the area combined with the exceptional quality of life has spawned a considerable retirement community in the area.

Four seasons, fresh air, clean water and uncrowded – this is the magnet that drew our forefathers and might now be drawing you. St. Maries is amidst this sylvan paradise, cradled within the arms of majestic mountains, surrounded by lakes and rivers and towering forests, and bordered by the fertile Palouse farming area. Winter snow and the smell of wood smoke, summer days and the sound of gentle breezes through the pines – Everywhere you turn satisfies a hidden yearning. Add to that, low taxes, first-rate medical facilities and the best outdoor recreation opportunities in America, and you'll begin to realize why we cherish our home amidst the pines, firs and pungent cedars.

Demographics

Based on the 2010 census, the population of Benewah County was 9,285. According to the census, 14.7% of the population of Benewah County is living below poverty level.

“The way America was – northern Idaho – the true gem of the mountains.”



Assets

Benewah County has many strengths and assets which encourage healthy lifestyles. Recreational offerings run the entire gamut – from leisurely walks along the tranquil waters of the St. Joe River, nature walks at Heyburn Park, hiking the challenging Marble Creek Trails to family bicycle rides along the Hiawatha Rail Trail. There's summer fishing and fall hunting – one of America's largest elk herd resides nearby. Add to this the hundreds of miles of accessible groomed snow mobile trails and you have a full year.

- Benewah Community Hospital
- Benewah Medical & Wellness Center
- University of Idaho Ext. Program
- U of I Ext. Reservation Program
- Hughes House
- St. Joe Scenic Byway
- Lake Coeur d'Alene Scenic Byway
- 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
- Agriculture

Shoshone County

Community Profile

Shoshone County is commonly referred to as the Silver Valley due to its century-old mining history. The Silver Valley is famous nationwide for the vast amounts of silver, lead, and zinc mined from it.

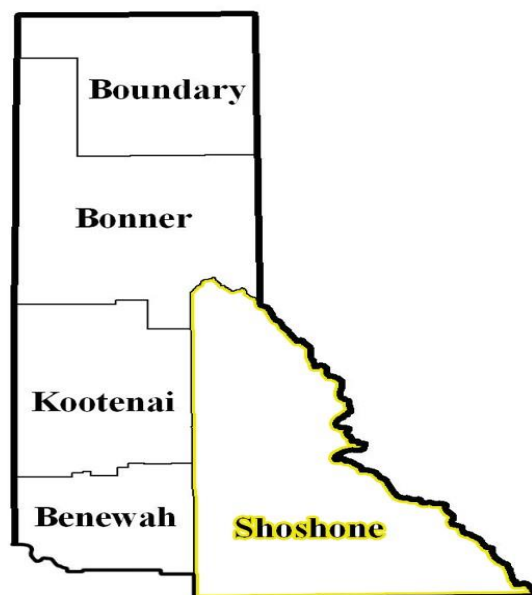
Nestled between the Coeur d'Alene Mountains and the Bitterroot Range, the Silver Valley region is over 80% forest-owned land managed by State and federal entities. It has hidden seasonal trails and historic paved wonders to bring you up close and personal with a natural treasure.

Shoshone County lies on the eastern side of Idaho's northern panhandle. The county's seven incorporated cities are stretched along the Interstate-90 corridor, from Pinehurst on the western side to the Montana border to the east. This corridor is also known as the Silver Valley. It is part of a beautiful, mineral rich, and history laden landscape that was once known as the High Coeur d'Alenes.

Shoshone County is also forest country. Until recently, timber has been a mainstay of the county's natural resources economy.

Demographics

Based on the 2010 census, the population of Shoshone County was 12,765. According to the census 16.5% of the population of Shoshone County lives below the poverty level.



Assets

Shoshone County has many strengths and assets which encourage healthy lifestyles. The Silver Valley is a four-season mountain recreation destination featuring alpine and cross-country skiing, snowboarding, snowmobiling, fishing, mountain biking and climbing, river rafting, canoeing and kayaking, golf, hiking, backpacking, four-wheeling, and hunting.

- Shoshone Medical Center
- North Idaho College Silver Valley Center
- University of Idaho Extension Program
- Silver Mountain Ski Resort
- Lookout Pass Ski & Recreation Area
- Crystal Gold Mine
- Northern Pacific Depot Railroad Museum
- Route of the Hiawatha Rail Trail
- Wallace District Mining Museum
- Old Mission State Park
- 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

“Your memories are awaiting you in the Silver Valley. Incredible history meets incredible beauty.”

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

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

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. Also 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.



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

“54 miles of outdoor possibilities!”

Nez Perce County

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.



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
- Boys & Girls Clubs of America
- 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

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

Lewis County

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.



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

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

Idaho County

County Profile

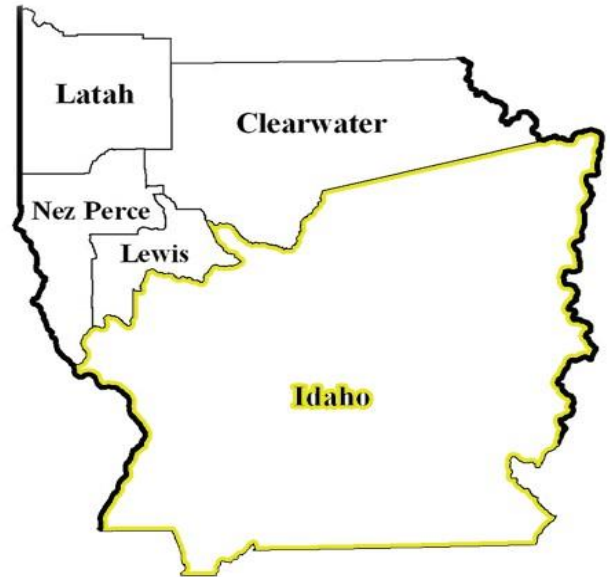
One of the country's largest counties is Idaho County. It is bigger than the state of New Jersey yet boasts one of the smallest population stretches from Oregon to Montana with more than four million trees growing from border to border.

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.



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

“Come for the scenery and stay for the lifestyle.”

Appendix B: Demographics and Socioeconomic Characteristics

District 1

People Quick Facts	Benewah County	Bonner County	Boundary County	Kootenai County	Shoshone County	Idaho
Population, 2014 estimate	9,118	41,585	10,979	147,326	12,390	1,634,464
Population, 2010 (April 1) estimates base	9,285	40,877	10,972	138,494	12,765	1,567,652
Population, percent change - April 1, 2010 to July 1, 2014	-1.8%	1.7%	0.1%	6.4%	-2.9%	4.3%
Population, 2010	9,285	40,877	10,972	138,494	12,765	1,567,582
Persons under 5 years, percent, 2014	5.7%	4.9%	5.1%	6.1%	5.2%	7.0%
Persons under 18 years, percent, 2014	22.2%	20.3%	22.9%	23.6%	19.7%	26.4%
Persons 65 years and over, percent, 2014	21.2%	21.4%	20.5%	17.0%	21.7%	14.3%
Female persons, percent, 2014	49.5%	50.0%	49.4%	50.6%	49.5%	49.9%
White alone, percent, 2014 (a)	86.6%	95.9%	94.5%	94.7%	94.9%	93.5%
Black or African American alone, percent, 2014 (a)	0.4%	0.3%	0.5%	0.4%	0.3%	0.8%
American Indian and Alaska Native alone, percent, 2014 (a)	8.5%	0.9%	2.2%	1.4%	1.8%	1.7%
Asian alone, percent, 2014 (a)	0.4%	0.7%	0.7%	0.9%	0.5%	1.4%
Native Hawaiian and Other Pacific Islander alone, percent, 2014 (a)	0.1%	0.1%	0.1%	0.2%	0.2%	0.2%
Two or More Races, percent, 2014	4.1%	2.2%	2.0%	2.4%	2.3%	2.3%
Hispanic or Latino, percent, 2014 (b)	3.3%	2.9%	4.2%	4.3%	3.4%	12.0%
White alone, not Hispanic or Latino, percent, 2014	84.5%	93.4%	91.0%	91.1%	92.1%	82.8%
Living in same house 1 year & over, percent, 2009-2013	89.5%	86.5%	91.7%	83.2%	80.2%	82.8%
Foreign born persons, percent, 2009-2013	2.3%	1.9%	2.7%	2.3%	1.7%	5.9%
Language other than English spoken at home, pct age 5+, 2009-2013	3.3%	2.3%	4.3%	3.3%	2.3%	10.4%
High school graduate or higher, percent of persons age 25+, 2009-2013	87.4%	90.7%	84.9%	92.1%	84.8%	88.8%
Bachelor's degree or higher, percent of persons age 25+, 2009-2013	13.4%	21.1%	15.4%	23.3%	13.5%	25.1%
Veterans, 2009-2013	1,019	4,676	1,263	13,296	1,605	122,955

	Benewah County	Bonner County	Boundary County	Kootenai County	Shoshone County	Idaho
Mean travel time to work (minutes), workers age 16+, 2009-2013	21.7	23.3	20.1	20.8	18.7	20
Housing units, 2014	4,614	24,580	5,247	66,130	6,976	685,099
Homeownership rate, 2009-2013	75.2%	73.1%	74.4%	70.6%	68.4%	69.8%
Housing units in multi-unit structures, percent, 2009-2013	6.0%	11.8%	9.3%	15.5%	12.1%	14.9%
Median value of owner-occupied housing units, 2009-2013	\$136,000	\$222,200	\$174,300	\$188,800	\$123,200	\$162,100
Households, 2009-2013	3,888	17,388	4,144	55,679	5,714	579,797
Persons per household, 2009-2013	2.34	2.32	2.59	2.5	2.17	2.68
Per capita money income in past 12 months (2013 dollars), 2009-2013	\$20,198	\$23,221	\$19,877	\$24,685	\$20,487	\$22,568
Median household income, 2009-2013	\$39,049	\$41,414	\$37,003	\$49,002	\$38,440	\$46,767
Persons below poverty level, percent, 2009-2013	14.7%	15.2%	16.5%	13.4%	17.4%	15.5%

Z: Value greater than zero but less than half unit of measure shown

Appendix B: Demographics and Socioeconomic Characteristics

District 2

People Quick Facts	Clearwater County	Latah County	Lewis County	Idaho County	Nez Perce County	Idaho
Population, 2014 estimate	8,562	38,411	3,838	16,215	40,007	1,634,464
Population, 2010 (April 1) estimates base	8,761	37,244	3,821	16,267	39,265	1,567,652
Population, percent change - April 1, 2010 to July 1, 2014	-2.3%	3.1%	0.4%	-0.3%	1.9%	4.3%
Population, 2010	8,761	37,244	3,821	16,267	39,265	1,567,582
Persons under 5 years, percent, 2014	4.0%	5.8%	5.3%	5.2%	6.2%	7.0%
Persons under 18 years, percent, 2014	16.3%	18.5%	23.0%	20.0%	21.7%	26.4%
Persons 65 years and over, percent, 2014	25.4%	11.8%	24.1%	24.0%	18.9%	14.3%
Female persons, percent, 2014	45.2%	48.5%	49.8%	47.8%	50.5%	49.9%
White alone, percent, 2014 (a)	94.4%	93.3%	90.0%	94.0%	90.1%	93.5%
Black or African American alone, percent, 2014 (a)	0.5%	1.1%	0.4%	0.4%	0.5%	0.8%
American Indian and Alaska Native alone, percent, 2014 (a)	2.2%	0.9%	6.0%	3.0%	5.8%	1.7%
Asian alone, percent, 2014 (a)	0.6%	1.9%	0.5%	0.5%	0.9%	1.4%
Native Hawaiian and Other Pacific Islander alone, percent, 2014 (a)	0.1%	0.2%	0.2%	0.1%	0.1%	0.2%
Two or More Races, percent, 2014	2.1%	2.7%	2.8%	2.1%	2.5%	2.3%
Hispanic or Latino, percent, 2014 (b)	3.6%	4.1%	4.0%	3.1%	3.7%	12.0%
White alone, not Hispanic or Latino, percent, 2014	91.3%	89.8%	86.8%	91.5%	87.4%	82.8%
Living in same house 1 year & over, percent, 2009-2013	84.9%	70.4%	85.5%	86.4%	85.4%	82.8%
Foreign born persons, percent, 2009-2013	2.0%	3.8%	2.5%	1.2%	1.9%	5.9%
Language other than English spoken at home, pct age 5+, 2009-2013	4.8%	6.2%	4.7%	2.3%	4.3%	10.4%
High school graduate or higher, percent of persons age 25+, 2009-2013	84.9%	95.3%	88.3%	88.9%	90.0%	88.8%
Bachelor's degree or higher, percent of persons age 25+, 2009-2013	15.5%	44.1%	16.2%	14.8%	21.1%	25.1%
Veterans, 2009-2013	1,041	2,141	468	1,877	4,190	122,955

	Clearwater County	Latah County	Lewis County	Idaho County	Nez Perce County	Idaho
Mean travel time to work (minutes), workers age 16+, 2009-2013	22.8	18	19.5	17.6	16.3	20
Housing units, 2014	4,479	16,330	1,868	8,648	17,417	685,099
Homeownership rate, 2009-2013	80.1%	56.7%	74.1%	78.2%	69.3%	69.8%
Housing units in multi-unit structures, percent, 2009-2013	7.3%	34.2%	6.8%	5.1%	19.1%	14.9%
Median value of owner-occupied housing units, 2009-2013	\$138,300	\$189,100	\$116,600	\$150,900	\$165,900	\$162,100
Households, 2009-2013	3,545	14,941	1,660	6,534	16,019	579,797
Persons per household, 2009-2013	2.19	2.31	2.28	2.4	2.41	2.68
Per capita money income in past 12 months (2013 dollars), 2009-2013	\$20,256	\$22,322	\$19,910	\$19,168	\$24,257	\$22,568
Median household income, 2009-2013	\$40,134	\$41,735	\$36,000	\$37,349	\$46,503	\$46,767
Persons below poverty level, percent, 2009-2013	12.5%	20.4%	17.9%	17.5%	11.1%	15.5%

Z: Value greater than zero but less than half unit of measure shown.

Appendix C: Suicide in Idaho Fact Sheet



SUICIDE PREVENTION ACTION NETWORK OF IDAHO

Suicide in Idaho: Fact Sheet August 2015

- 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 2013 Idaho had the 7th highest suicide rate, 47% higher than the national average.
- In 2014, 320 people completed suicide in Idaho; a slight increase from 2013.
- Between 2010 and 2014, 78% of Idaho suicides were by men.
- In 2014, 60% of Idaho suicides involved a firearm.
- 15.8% (1 in 7) of Idaho youth attending regular public and charter high schools reported seriously considering suicide in 2013. 7.0% (1 in 14) reported making at least one attempt.
- Between 2010 and 2014, 96 Idaho school children (age 18 and under) died by suicide. Twenty 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 2013, there were 41,149 deaths by suicide in the United States, an average of 1 person every 12.8 minutes.

Idaho Resident Suicides by Region – 2014

Region	Anchor City	Suicides	Rate (per 100,000)	Population	Tot. # suicides	
					2010-2014	5-yr Avg Rate
1	Coeur d'Alene	53	23.9*	221,398	235	21.7
2	Lewiston	33	30.8*	107,033	119	22.4
3	Nampa	35	13.1-	268,080	220	16.9
4	Boise	85	18.1*	468,980	374	16.6
5	Twin Falls	42	22.1*	190,496	188	20.0
6	Pocatello	36	21.7-	166,232	175	21.1
7	Idaho Falls	36	17.0*	212,245	190	18.1

* Increase from 2013, - decrease from 2013

Idaho Suicides by Age/Gender 2010-14

Age	Over 5 year period					
	Total	Male	Rate	Female	Rate	
< 15	20	18	3.3	2	0.7	
15-24	231	182	31.6	49	8.9	
25-34	212	171	31.8	41	7.9	
35-44	255	192	38.9	63	13.1	
45-54	303	226	44.6	77	15.1	
55-64	248	186	39.4	62	12.8	
65-74	117	99	32.6	18	5.7	
75-84	69	62	42.7	7	4.1	
85+	46	42	87.0	4	4.7	

Method 2010-14

(all ages)	
Firearm	60.4%
Poisoning	16.5%
Suffocation	18.5%
Cut/Pierce	1.0%
Fall	0.9 %
Other	2.6%

Idaho Suicide Rates 2005 – 2014

Year	Number	ID Rate	US Rate
2005	225	15.7	11.8
2006	218	14.9	11.2
2007	220	14.7	11.5
2008	251	16.7	11.9
2009	307	19.9	12.0
2010	209	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	N/A

Idaho Youth Risk Behavior Survey 2013 – Regular Public and Charter High School Students

Grade	Sad or <u>Hopeless</u>	Suicidal	Plan	Attempt	Medical Care <u>For Attempt</u>
9 th	28.4%	18.2%	12.8%	8.3%	2.8%
10 th	27.8	14.4	12.7	7.6	3.0
11 th	31.0	15.3	11.9	6.8	2.0
12 th	29.3	14.9	14.3	5.7	1.9
Idaho Overall	29.4	15.8	13.0	7.0	2.5

Idaho Suicide Rate by County

5-year total number and 5-year average annual rate 2010-2014

(Resident suicides per 100,000 people)

County	Number	Rate	County	Number	Rate
Ada	328	16.0	Gem	12	14.4
Adams	4	20.8	Gooding	14	18.3
Bannock	101	24.2	Idaho	16	19.7
Bear Lake	7	23.5	Jefferson	24	18.0
Benewah	9	19.7	Jerome	29	25.7
Bingham	38	16.7	Kootenai	143	20.0
Blaine	25	23.5	Latah	25	13.2
Boise	12	34.8	Lemhi	12	30.7
Bonner	42	20.5	Lewis	5	25.9
Bonneville	101	19.0	Lincoln	4	15.2
Boundary	16	29.4	Madison	12	6.4
Butte	3	21.9	Minidoka	13	12.9
Camas	-	-	Nez Perce	61	30.8
Canyon	168	17.2	Oneida	2	9.5
Caribou	11	32.1	Owyhee	7	12.2
Cassia	19	16.3	Payette	18	15.9
Clark	4	88.2	Power	3	7.8
Clearwater	12	27.8	Shoshone	25	39.6
Custer	11	51.4	Teton	14	27.5
Elmore	27	20.5	Twin Falls	84	21.3
Franklin	13	20.2	Valley	7	14.4
Fremont	9	13.8	Washington	11	21.8
			Idaho (total)	1,501	18.8 (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, 2013

Compiled by Jeni Griffin, Executive Director, SPAN Idaho
Special Thanks to Martijn Van Beek, Research Analyst Senior and Pam Harder, Research Analyst Supervisor,
Bureau of Vital Records and Health Statistics

CHIP Partners Progress Report

July – December 2014

PRIORITY AREA 1:

MENTAL HEALTH AWARENESS AND SUICIDE PREVENTION

GOAL: *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 Idaho citizens (BRFSS)*
- *To Improve Mental Health access in North Idaho*

MEASURES

Performance Measures for Improving Mental Health

Indicators	Source	Frequency
<i>P1.1 By 2019, decrease the percentage of adults in North Idaho who report their mental health was not good on 14 or more days in the past 30 days from an average of 16% to 14.4%.</i>	<i>BRFSS</i>	<i>Annual</i>
<i>P1.2 By 2019, decrease the age adjusted suicide rate in North Idaho from 18.4 to 16.6.</i>	<i>Vital Stats</i>	<i>Annual</i>
<i>P1.3 By 2019, expand tele-mental health capacity/access for children with mental health issues from two sites to five sites in North Idaho.</i>	<i>Hospital Partners</i>	<i>Annual</i>

STRATEGY

S1.1 Participate in promoting the Suicide Prevention Action Network (SPAN) Idaho.

Date	Activity	Resources Required	Lead Person/ Organization	Progress Notes / Result
9/9/14	Shoshone Med ctr Dr. Quinot		SHMC	Dr. Quinot presented on QPR
9/13/14	SPAN walk		SPAN	Monies raised to support SPAN
10/27/14	Achieving zero suicide for Inland NW communities		Dr. John Osborn	Lora asked to be on planning committee for this event 3/10/15 at Gonzaga

STRATEGY

S1.2 Participate in the promotion of the Idaho Suicide Hotline.

Date	Activity	Resources Required	Lead Person/ Organization	Progress Notes / Result
8/2014	ISPH added to Website, Facebook, Network of Care	Staff time	PHD2	Added to websites, Facebook to increase awareness
10/17	ISPH hotline advisory meeting		John Reusser ISPH	8-11 meeting
11/5-7	Hotline director in NI to meet with partners		HD 2 Moehrle HD 1 Whalen	Meetings arranged with UW/MRC/Dr. John Osborn VAMC

STRATEGY***S1.3 Measure the number of Mental Health providers and develop strategies for recruitment and/or access.***

Date	Activity	Resources Required	Lead Person/ Organization	Progress Notes / Result
8/18/14	Tele - health	Tele-health		Local facilities could use tele-health to build a health care model around patients solving many rural problems
8/18/14	New Psychiatrist	Training	State Hospital North	Stabilize crisis, Local hospitals will still need a plan to transition them back into their communities
			Idaho Legislature Policy Issue	There is a legislative committee working on tele-health access/capacity in Idaho.

STRATEGY***S1.4 Participate in the re-design of the Regional Behavioral Health Boards.***

Date	Activity	Resources Required	Lead Person/ Organization	Progress Notes / Result
7/23/14	Briefed Board of Health on RHB legislation		PHD	Informational
11/5/14	Lora Whalen presents overview of LPH to RHB		PHD/RHB	Informational
11/20/14	Gary Moore Chair R 1 RHB briefs D1 BOH		RHB/BOH	Informational

STRATEGY***S1.5 Increase community resources to support Mental Health in North Idaho.***

Date	Activity	Resources Required	Lead Person/ Organization	Progress Notes / Result
8/18/14	Voluntary Hold Center	State has funded	Casey Mesa, Kootenai Medical	Idaho Falls Voluntary Hold Center
8/18/14	Voluntary Hold Center in North Idaho	Partner Group focus/support, facility standards	Gary Moore , Shoshone Medical	Partners need to move forward planning for North Idaho Voluntary Hold Center w/out State funding,
8/18/14	Mental Health First Aid Training	Trainer	St. Joseph Regional Medical Center	Training for North Idaho Hospitals using Best Practice Program from Australia

8/18/14	Mental Health, Addiction Training		St. Joseph Regional Medical Center	9-19-14 Education, Awareness
8/18/14	Transitional Beds	Dialogue	Casey Mesa, Kootenai Medical	Contact Loretta Todd, Health Quality Forum and ask for consideration/ assistance in bringing forward new licensure category
9/23/14	Presentation on need for crisis center in North Idaho at CDA Chamber Legislative update	Presentati on	Claudia Miewald/KH	
10/20/14	Met with Senator Elect Souza to emphasize importance of Crisis Center to North Idaho	Dialogue	Casey Meza/KH Lora Whalen PHD Claudia Miewald/KH Caryl Johnston KH	
11/2014	Executive Director for Shoshone County Crisis and Resource Center received certification and is holding Survivor Support Group Meetings started in November.		Gary Moore SMC and Shoshone county	
10/6/14	DHW Suicide Risk Assessment Training for approx. 12 participants.		DHW Gary Moore SMC	
12/11/14	QPR Gatekeeper Training for approx. 12 participants		Gary Moore SMC	
1/8/15	Train the Trainer for approx. 10 people		Gary Moore SMC	

PRIORITY AREA 2:

OVERWEIGHT/OBESITY AND DIABETES

Goal 1: 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.

Goal 2: 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 Overweight/Obesity and Diabetes

Indicators	Source	Frequency
P.2.1 By 2019, reduce the percent of North Idaho adults diagnosed with diabetes from 8.6 % to 7.8%.	BRFSS	Annual
P.2.2 By 2019, reduce the rate of North Idaho adults who have self-reported being obese from 66% to 59%.	Vital Stats	Annual

STRATEGY**S2.1 Measure the number of worksites who participate in worksite wellness activities addressing overweight and obesity.**

Date	Activity	Resources Required	Lead Person/ Organization	Progress Notes / Result
8/18/14	Outdoor Exercise Park	Funding	Gary Moore, Shoshone Medical	Increase worksite wellness
8/18/14	Kids' Fair (Diabetes Focus)		Gary Moore, Shoshone Medical	Community Awareness
8/18/14	6 week Community Program based on sliding scale	Nutrition, Exercise, BH professionals	PHD1	Community awareness
8/18/14	Childhood Obesity Program	BMI, Action Plan (5-2-1)	Pam McBride, CVH	Development of education resources
8/18/14	Diabetes Education	Trainer/training materials	Pam McBride, CVH	Community education
8/18/14	Development of School Wellness Councils		Tribes	Tribal education in Lapwai and Coeur d'Alene for school age tribal members
8/18/14	Promotional Ads		Tribes	Tribal member education in Lapwai and Coeur d'Alene
9/2014	Complete CDC Health Scorecard and Action Plans	IPAN funds	PHD1	Eleven (11) worksites in Health District 1 have completed the CDC Health Scorecard and implemented Action Plans

STRATEGY**S2.2 Identify, support and pursue policies that will help worksites strengthen their wellness programs.**

Date	Activity	Resources Required	Lead Person/ Organization	Progress Notes / Result
7/2014	Worksite Wellness	Staff time	PHD2 – Jennifer Deffenbaugh	14 meetings (ongoing) promote and support wellness policies and activities
9/2014	Piloting Ba*lance program	Staff time	PHD1	5 month course focusing on nutrition, exercise and behavioral change open to the public/worksites.
9/2014	Implement CDC worksite wellness Action Plans in participating worksites	IPAN funds	PHD1	Promote/support wellness policies: Lactation Support and Tobacco-free policies; other policies as needed

STRATEGY

S2.3 Measure the number of childcare centers who adopt “Let’s Move” for increasing health foods, increasing physical activity and decreasing screen time for children in childcare centers.

Date	Activity	Resources Required	Lead Person/ Organization	Progress Notes / Result
9/2014	Complete Let’s Move! Child Care Checklist and Action Plans	IPAN funds	PHD1	Thirty one (31) child care providers in health district 1 completed checklists and implemented Action Plans
9/2014	Let’s Move! Child Care Workshop	IPAN funds, IdahoSTARS trainer	PHD1	Thirteen (13) child care centers/groups attended workshop
11/8/2014	Complete Let’s Move! Child Care Checklist and Action Plans	IPAN Funds	PHD2	7 child care centers completed checklists and implemented action plans
11/8/2014	Let’s Move! Child Care Workshop	IPAN funds, IdahoSTARS trainer	PHD2	8 Child care centers attended workshop
12/12/2014	Let’s Move! Child Care Workshop	IPAN funds, IdahoSTARS trainer	PHD2	6 Child care centers attended workshop

STRATEGY

S2.4 Grant committee is established and effective at securing overweight/obesity prevention grant funds.

Date	Activity	Resources Required	Lead Person/ Organization	Progress Notes / Result
8/18/14	Pacific Source Funding		Mila Russle, Boundary Community Hospital	Writing proposal for funding for school nutrition programs

CHIP Partners Progress Report

January – June 2015

PRIORITY AREA 1:

MENTAL HEALTH AWARENESS AND SUICIDE PREVENTION

GOAL: *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 Idaho citizens (BRFSS)*
- *To Improve Mental Health access in North Idaho*

MEASURES

Performance Measures for Improving Mental Health

Indicators	Source	Frequency
<i>P1.1 By 2019, decrease the percentage of adults in North Idaho who report their mental health was not good on 14 or more days in the past 30 days from an average of 16% to 14.4%.</i>	<i>BRFSS</i>	<i>Annual</i>
<i>P1.2 By 2019, decrease the age adjusted suicide rate in North Idaho from 18.4 to 16.6.</i>	<i>Vital Stats</i>	<i>Annual</i>
<i>P1.3 By 2019, expand tele-mental health capacity/access for children with mental health issues from two sites to five sites in North Idaho.</i>	<i>Hospital Partners</i>	<i>Annual</i>

STRATEGY

S1.1 Participate in promoting the Suicide Prevention Action Network (SPAN) Idaho.

Date	Activity	Resources Required	Lead Person/ Organization	Progress Notes / Result
3/10/15	Launch of Zero Suicide – Inland Northwest	Conference	Community Coalition	300 attendees from Washington and Idaho and Montana looking at ways to reach a goal of zero suicide in the greater inland northwest
4/2/15	Resources for Men and Depression	website	Zero Suicide – Inland Northwest	The Art of Manliness has launched a wide open conversation about men managing their depression.
4/27/15	Losing More Young Lives Conversation	website	Zero Suicide – Inland Northwest	Serious conversation about fighting suicide. It comes down to one word. Education.
5/1/15	What is Mental Illness?	Video - youtube	Zero Suicide – Inland Northwest	Quick video describing the basics of mental illness, causes, and recovery.
5/5/15	Where is the Media?	website	Zero Suicide – Inland Northwest	Open discussion – in families, in community meetings and in the media. Specific suicides are generally not covered by the media, unless a public figure has died. The reason is a concern for ‘suicide contagion.’
5/6/15	How to Help Your Children After a Death	Parenting and Child Health article, website	Zero Suicide – Inland Northwest	For parents whose children or teenagers have experienced loss
5/8/15	Maybe Someday You Will Save a Life	Society of the Prevention of Teen Suicide Message	Zero Suicide – Inland Northwest	Message of prevention shared to educate and increase awareness.

5/11/15	TMAYD: A Life Saver?	NPR website	Zero Suicide – Inland Northwest	After campus suicides, building a community with a simple statement. Tell Me About Your Day - TMAYD
5/28/15	Announcement of Suicide Prevention Training	Location, Trainer	Zero Suicide – Inland Northwest	Three sessions in QPR June 2, 3, and 9.

STRATEGY

S1.2 Participate in the promotion of the Idaho Suicide Hotline.

Date	Activity	Resources Required	Lead Person/ Organization	Progress Notes / Result
Ongoing	Posted on Website	website	Public Health – Idaho North Central District	Awareness

STRATEGY

S1.3 Measure the number of Mental Health providers and develop strategies for recruitment and/or access.

Date	Activity	Resources Required	Lead Person/ Organization	Progress Notes / Result
3/2015	County Health Rankings release	National Provider Identification Registry	Robert Wood Johnson Foundation/ U of Wisconsin	Ratio of population to mental health providers by county

STRATEGY

S1.4 Participate in the re-design of the Regional Behavioral Health Boards.

Date	Activity	Resources Required	Lead Person/ Organization	Progress Notes / Result
1/8/2015	Region II Behavioral Health Board Meeting	22 Member Board	DHW	
2/12/2015	Region II Behavioral Health Board Meeting	22 Member Board	DHW	Team Building
3/12/2015	Region II Behavioral Health Board Meeting	22 Member Board	DHW	
4/9/2015	Region II Behavioral Health Board Meeting	22 Member Board	DHW	Nominating committee appointed to gather officer nominations
5/14/2015	Region II Behavioral Health Board Meeting	22 Member Board	DHW	Nominating committee presented list of officer nominees
6/11/2015	Region II Behavioral Health Board Meeting	22 Member Board	DHW	Election of officers and at large member to the executive committee

STRATEGY***S1.5 Increase community resources to support Mental Health in North Idaho.***

Date	Activity	Resources Required	Lead Person/ Organization	Progress Notes / Result
1/8/2015	Train the Trainer	Staff Time	SMC	10 people trained
5/5/2015	Your Doctor Speaks "Introduction to Infant Mental Health"	Susan Nelson, MEd	SJRMCMC	Awareness and Education
5/8/2015	Youth Mental Health First Aid	Fayth Dickenson	SJRMCMC	Awareness and Education
5/13/2015	Mental Health Resource Fair		SJRMCMC	Open to public
5/14/2015	Pay Attention to Mental Health	PH-INCD Facebook	Jamie Martin, Public Health	Awareness during National Women's Health Week
5/18/2015	Mental Health First Aid	Fayth Dickenson	SJRMCMC	Awareness and Education
5/20/2015	Clinicians Guide to Mental Health	OPTUM	SJRMCMC	Awareness and Education
5/21/2015	Mental Health Memorial Walk		SJRMCMC	Community awareness and education

PRIORITY AREA 2:***OVERWEIGHT/OBESITY AND DIABETES******Goal 1: 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.*

Goal 2: 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 Overweight/Obesity and Diabetes***

Indicators	Source	Frequency
P.2.1 By 2019, reduce the percent of North Idaho adults diagnosed with diabetes from 8.6 % to 7.8%.	BRFSS	Annual
P.2.2 By 2019, reduce the rate of North Idaho adults who have self-reported being obese from 66% to 59%.	Vital Stats	Annual

STRATEGY***S2.1 Measure the number of worksites who participate in worksite wellness activities addressing overweight and obesity.***

Date	Activity	Resources Required	Lead Person/ Organization	Progress Notes / Result
2/15/2015	Health Education Series – Recognizing the Myths and Facts About Diabetes	Susan Rauch, RN, BSN, CDE	SJRMCMC	39 People Served

4/23/2015	Diabetes: What Is It And What Can I Do About It?	Sara Rial, MSW	SJRMCC	54 People Served
5/6/2015	Idaho Chronic Disease Resource Guide provided to Diabetes Advisory Group	Jennifer Deffenbaugh, Health Education Spec.	Public Health – Idaho North Central District	Effectively address barriers to patient access to healthcare; increase disease management success; evidence-based, evidence-informed, accredited services, enhanced clinical practices
6/12/2015	How to Handle Diabetes in the Workplace	Jennifer A. Grinage, PA-C Occupational Medicine	Valley Medical Center	June Diabetic Support Group, VMC offers a FREE monthly diabetes class for the community

STRATEGY

S2.2 Identify, support and pursue policies that will help worksites strengthen their wellness programs.

Date	Activity	Resources Required	Lead Person/ Organization	Progress Notes / Result
2/11/2015	National Diabetes Prevention Program	Laura Hollingshead, RN, BSN, DPRP Lifestyle Coach	Clearwater Valley Hospital and Clinics	Plan to increase access in Idaho, and FAQs regarding Diabetes Training and Technical Assistance Center www.LCcommonground.org

STRATEGY

S2.3 Measure the number of childcare centers who adopt “Let’s Move” for increasing health foods, increasing physical activity and decreasing screen time for children in childcare centers.

Date	Activity	Resources Required	Lead Person/ Organization	Progress Notes / Result
3/17/15	Sandcastle Kids	Public Health- Idaho North Central District	Deb Merica, RN, Health Ed. Spec.	Checklist and Action Plan
3/24/15	Wonder World Learning Center	Public Health- Idaho North Central District	Deb Merica, RN, Health Ed. Spec.	Checklists, action plan, re-took quiz, meets best practices
4/7/15	Grandma Beas Childcare Center	Public Health- Idaho North Central District	Deb Merica, RN, Health Ed. Spec.	Checklists, action plan, re-took quiz, meets best practices
5/11/15	Small Steps Child Care	Public Health- Idaho North Central District	Deb Merica, RN, Health Ed. Spec.	Checklist and Action Plan
5/11/15	U of Idaho Children’s Center	Public Health- Idaho North Central District	Deb Merica, RN, Health Ed. Spec.	Checklists, action plan, re-took quiz, meets best practices

5/15/15	Bird's Nest Preschool & Day Care	Public Health- Idaho North Central District	Deb Merica, RN, Health Ed. Spec.	Checklist and Action Plan
6/2/15	Lewis-Clark Early Childhood Program	Public Health- Idaho North Central District	Deb Merica, RN, Health Ed. Spec.	Checklists, action plan, re-took quiz, meets best practices
6/9/15	Bird's Nest Learning Center	Public Health- Idaho North Central District	Deb Merica, RN, Health Ed. Spec.	Checklists, action plan, re-took quiz, meets best practices
6/10/15	St. Roses Garden	Public Health- Idaho North Central District	Deb Merica, RN, Health Ed. Spec.	Checklist and Action Plan
6/10/15	Moscow Day School	Public Health- Idaho North Central District	Deb Merica, RN, Health Ed. Spec.	Checklists, action plan, re-took quiz, meets best practices
6/10/15	Gritman Child Care	Public Health- Idaho North Central District	Deb Merica, RN, Health Ed. Spec.	Checklists, action plan, re-took quiz, meets best practices
6/11/15	LC Kinder- College	Public Health- Idaho North Central District	Deb Merica, RN, Health Ed. Spec.	Checklist and Action Plan
6/11/15	Little Joes Wee Center	Public Health- Idaho North Central District	Deb Merica, RN, Health Ed. Spec.	Checklists, action plan, re-took quiz, meets best practices
6/12/15	Cozy Care Daycare	Public Health- Idaho North Central District	Deb Merica, RN, Health Ed. Spec.	Checklist and Action Plan

STRATEGY

52.4 Grant committee is established and effective at securing overweight/obesity prevention grant funds.

Date	Activity	Resources Required	Lead Person/ Organization	Progress Notes / Result
3/2015	Receipt of \$15,000 Medical Reserve Corps Challenge Award from NACCHO to implement Diabetes Prevention Program	MRC members	Heidi Henson, Health Ed. Spec., PH-INCD Ryan Bender, Health Ed. Spec., PH-INCD	PH-INCD received funding to address diabetes prevention in HD2. The 1 st step is to train 14 MRC volunteers to become Diabetes Prevention Lifestyle Coaches & Master Trainers. Classes will be held 3/28 & 3/29/15.
3/2015	Receipt of Outreach Grant, \$200,000 / year for 3 years	Clearwater Valley Hospital/Medical Home Plus Partners	Pam McBride, Chief Strategy & Grants Officer	Hire a half-time community health worker at each CVH/SMH clinic site, plus one split between White Bird and Riggins. Community health workers provide health screens (A1c, FIT, blood pressure, bmi, depression) and pre-determined health education.