



Public Health

Idaho North Central District

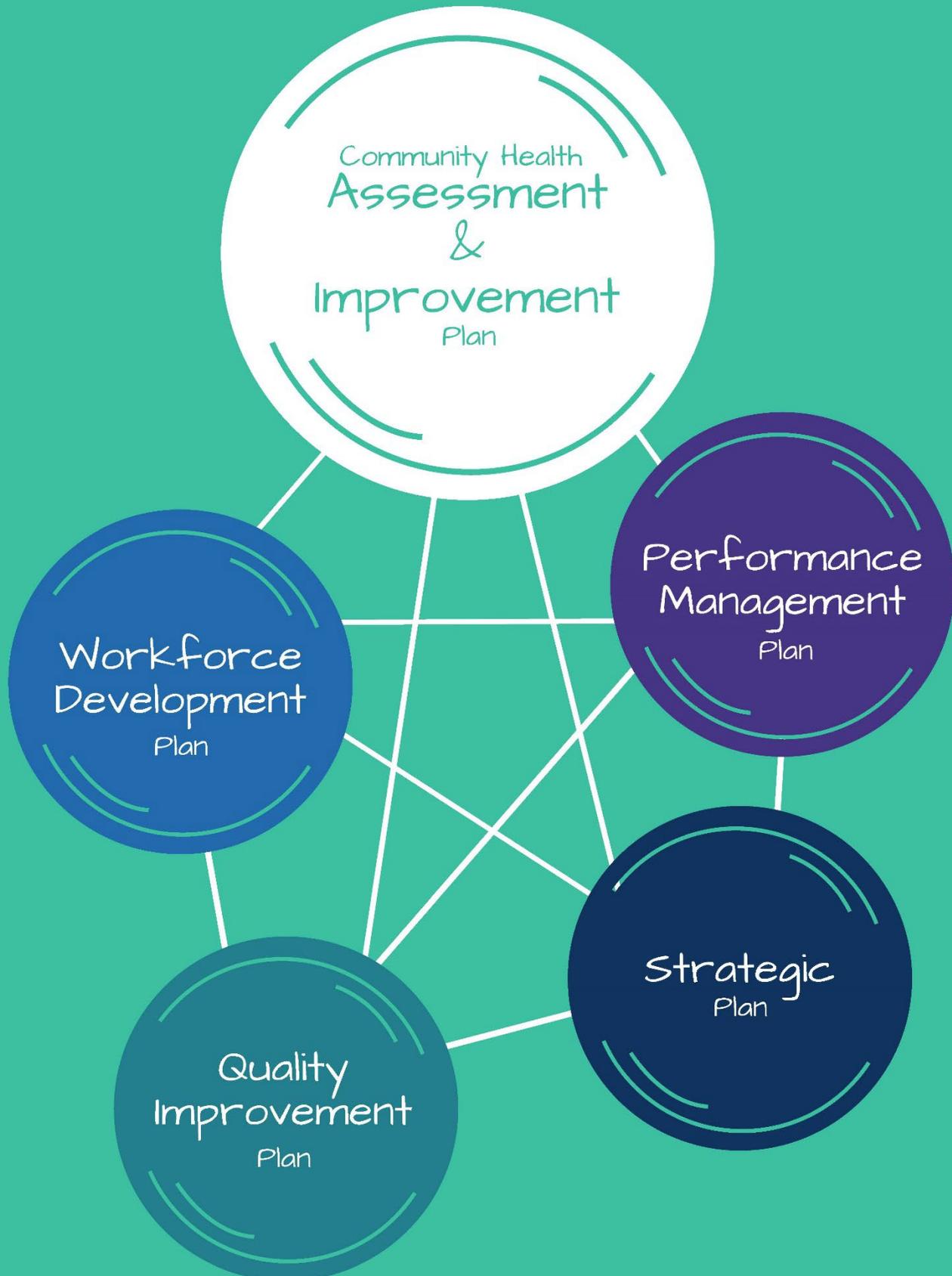


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LETTER FROM THE DIRECTOR

We are excited to present the 2020 North Central Idaho Community Health Improvement Plan (CHIP) to the citizens of North Central Idaho. This plan is a culmination of two years of hard work from many organizations and partners, and we extend sincere appreciation to all who have contributed to the production of this plan. The CHIP addresses the goals, objectives, and strategies for improving the overall health status in North Central Idaho.

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

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

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



Carol M Moehrle

Carol Moehrle, Director

Public Health – Idaho North Central District

EXECUTIVE SUMMARY

The 2019 Community Health Needs Assessment: (CHNA) focused on Health, Education and Income and was accomplished through a collaborative effort spearheaded by the Innovia Foundation, Lewis-Clark Valley Healthcare Foundation and other local partners. The Community Health Assessment was conducted in a five-county area of North Central Idaho encompassing Clearwater, Idaho, Latah, Lewis, and Nez Perce counties and one bordering eastern Washington County, Asotin. Nearly 2,000 respondents provided input via a survey and hundreds of individuals provided input through community conversations and board meetings. A very special thank you is owed to all the volunteers, survey respondents and individuals who contributed to this project.

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

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

The evaluation, which consisted of a Community Health Needs Assessment (CHNA) culminated in the development of this Community Health Improvement Plan (CHIP).

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

www.idahopublichealth.com

COMMUNITY HEALTH IMPROVEMENT PROCESS

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

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

No single organization has the necessary depth of resources to improve community health. The CHIP demonstrates the collective impact possible when community partners' efforts align with the health needs of the community. To address the social determinants of health that cause health inequities influencing our health priorities, multisector collaboration as well as policy and system level changes will be utilized.

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

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



PRIORITY ISSUES

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

THE FIRST STEPS

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

ISSUES IDENTIFIED

Social determinants of health and health inequity are always considered when identifying priority issues. Social determinants such as health care access and quality, education access and quality, and economic stability influence many of the issues faced in our district. The initial list of strategic issues identified in the CHNA included 9 issues that encompassed a wide variety of health areas. These issues included:

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

PRIORITY ISSUES

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

1. Diabetes/Obesity
2. Mental Health/Suicide
3. Substance Use/Abuse
4. Income

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

INLAND NORTHWEST INSIGHTS DATA REPORTS

<https://www.idahopublichealth.com/district2/dataresources/accreditation/2020/2020-CHA-data-by-county/Clearwater%20County.pdf>

<https://www.idahopublichealth.com/district2/dataresources/accreditation/2020/2020-CHA-data-by-county/Idaho%20County.pdf>

<https://www.idahopublichealth.com/district2/dataresources/accreditation/2020/2020-CHA-data-by-county/Latah%20County.pdf>

<https://www.idahopublichealth.com/district2/dataresources/accreditation/2020/2020-CHA-data-by-county/Lewis%20County.pdf>

<https://www.idahopublichealth.com/district2/dataresources/accreditation/2020/2020-CHA-data-by-county/Nez%20Perce%20County.pdf>

<https://www.idahopublichealth.com/district2/dataresources/accreditation/2020/2020-CHA-data-by-county/PHD2.pdf>

IMPLEMENTATION PLAN

PRIORITY AREA 1: MENTAL HEALTH AWARENESS AND SUICIDE PREVENTION

THE PROBLEM: From Healthy People 2030, www.healthypeople.gov

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

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

Mental health disorders are the leading cause of disability in the United States and Canada, accounting for 25 percent of all years of life lost to disability and premature mortality. Moreover, suicide is the 10th leading cause of death in the United States, accounting for the deaths of approximately 45,711 Americans (CDC 2018), and 365 Idahoans each year.

GROUPS AT HIGHEST RISK IN IDAHO

The rate of suicide completion in Idaho is: 20.4 per 100,000 persons (2019)

- *From 2013-2017 The suicide mortality rate for American Indian/Alaskan Natives than the rate for non-American Indians/Alaskan Natives (NPAIHB).*
- *Since 2014 the suicide rate among American Indians/Alaskan Natives has nearly doubled (NPAIHB).*
- *Between 2014 and 2019, 78% of suicides were by men.*

The rate of males (38.5 deaths/100,00) was significantly higher than the rate for females (10.8 deaths/100,000)

IDAHO SUICIDE FACTS AND STATISTICS

- *Suicide is the 2nd leading cause of death for Idahoans age 15-44 and for females age 5-14. (The leading cause of death is accidents.)*(2019)*
- *Idaho is consistently among the states with the highest suicide rates. In 2018 Idaho had the 5th highest suicide rate – 1.5 times the national average.**
- *In 2020, 427 people completed suicide in Idaho; more than one suicide death every day.**
- *Three in every five suicides in Idaho are by firearm.*
- *In 2019, 21.7% of Idaho high school students seriously considered attempting suicide during the past 12 months. 10% (1 in 10) reported making at least one attempt.*

- *Between 2014 and 2018, 125 Idaho school children (age 18 and under) die by suicide. Thirty-one of these were age 14 and under.**
- *Number of emergency department visits for self-inflicted injury per year: 312,000 in the United States.**
- *In 2018, there were over 47,500 deaths by suicide in the United States.*
- *The age group with the highest number of deaths for both males and females in Idaho was age 45-54. (Idaho Vital Statistics Suicide Report)*

GOALS

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

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

MEASURES

Performance Measures for Improving Mental Health

P1. By 2023, decrease the number of poor MH days reported by adults in our region from 3.6 out of 30 days to 3.4 out of 30.

P2. By 2023, decrease the age adjusted suicide rate in our Region from 30.8 to 29.33

STRATEGIES

Strategies for Improving Mental Health

S1. Improve mental health status of citizens in the Region

S2. Reduce the suicide rate in the Region.

PRIORITY AREA 2: OBESITY AND DIABETES

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

To combat overweight/obesity and diabetes rates, Healthy People 2030 recommends a combination of individual behaviors, as well as policies and environments that support these behaviors in schools, worksites, health care organizations and communities overall.

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

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

The number 1 ranked health concern among all respondents, those without health insurance and those with income less than \$50,000 is Overweight/ Obesity. Closely tied to obesity is chronic diseases, which is the 3rd highest health need among respondents with income less than \$50,000 and those without health insurance.

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

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

Diabetes is the seventh leading cause of death in Idaho and about one third of Idaho adults living with diabetes do not know they have the disease. Effectively managing diabetes will help Idahoans living with the disease lead more productive and healthier lives. An estimated 132,000 Idaho adults, or 10.2% of the adult population, live with diabetes and an estimated 103,000 Idaho adults, or 9.7% of the adult population, live with pre-diabetes.

FACTS AND STATISTICS

- *Based on results of the 2019 Idaho YRBS, According to self-reported height and weight measurements, 12.4% of Idaho high school students are overweight and 12.1% are considered obese (based on BMI*).*
- *The prevalence of obesity was 42.4% among US adults during 2017-2018 (CDC).*
- *In Idaho, 29.4% of adults are obese (BMI ≥ 30) while 64.3% of adults are either overweight (BMI ≥ 25) or obese (2019 Idaho BRFSS).*

- In 2019, 36.8% of adults ate less than 1 fruit/day and 16.6% ate less than 1 vegetable/day (Idaho BRFSS).
- More than 42.4% of adults and 19.3% of youth in the United States were obese (2017-2018 CDC).
- Percent of Children on WIC between the ages of 2 to 4 years old had a 11.3% obesity rate in 2018. (<https://stateofchildhoodobesity.org/wic/>)
- 10 to 17 year old obesity rate in Idaho was 12.1% in 2018-19. (stateofobesity.org)

GOALS

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

MEASURES

Performance Measures for Improving Diabetes/Obesity rates:

P1. By 2023, reduce the percent of Adults diagnosed with diabetes from 8.2% to 7.8%

P2. By 2023, reduce the rate of Adults who have self-reported being obese from 24.7 to 23.4

STRATEGIES

Strategies for Improving Diabetes/Obesity rates:

S1. Reduce the % of adults who have been told they have diabetes

S2. Reduce the % of adults who are obese

PRIORITY AREA 3: SUBSTANCE ABUSE/USE

In 2018, opioid prescribing rates in three of the five counties in North Central Idaho were the highest in the state, well above state and national averages. Overdose rates in the North Central region are also higher than average, suggesting either poor naloxone access or people not calling 911 when overdosing to seek medical care. Data suggests that opioids and other forms of substance use are ongoing concerns in the PH-INCD region. Suggested opportunities for improvement include implementation of programs that expand access to naloxone and provide overdose prevention education and increasing prescribing capacity and access for medication assisted treatments (MAT).

FACTS AND STATISTICS

- *Between the year of 2018 and 2020 overdose deaths in the PH-INCD region increased by 15%*
- *Of drug reported death in 2020 in the PH-INCD region, 57% were reported as specifically opioid caused.*

GOALS

- 1. Implement programs that expand access to naloxone.**
 - To provide naloxone education to the general public.
- 2. Provide overdose prevention education.**
 - To provide education to the public at community events.
 - To provide access to safety measures for prevention.
- 3. Increase MAT capacity and access.**

MEASURES

Performance Measures for Improving Substance Use/Abuse

P1. By 2023, increase access to substance use/abuse education

P2. By 2023, reduce the percent of substance use/abuser in the region by 2%

STRATEGIES

Strategies for Improving Substance Use/Abuse

S1. Increase the education of the general population about substance abuse/use

S2. Reduce the % of substance abuse in the Region

PRIORITY AREA 4: INCOME

THE PROBLEM: From Healthy People 2030, www.healthypeople.gov

The number 1 ranking income concern was housing for all respondents and for those with income under \$50,000. Additionally, a Needs Assessment completed by Community Action Partnership (CAP) in 2015 also states affordable housing as “one of the top needs identified by program participants and focus group respondents”.

The CAP survey reported that on average, over 60% of survey respondents reported they are unable to find affordable housing to purchase, while 67% reported they are unable to find affordable housing to rent. Survey responses indicated that Asotin County is the most difficult county in which to find affordable housing. A benchmark for affordable housing is 30% of income. Families who pay more than 30% of their income for housing are considered “cost burdened” and may have difficulty affording necessities such as food, clothing, transportation and medical bills. A family with one full-time worker earning the minimum wage cannot afford the local fair-market rent for a 2-bedroom apartment anywhere in the U.S. (U.S. Department of Housing and Urban Development). The *2015 Corporation for Enterprise Development (CFED) Scorecard* for Idaho reports that 47.7% of renters are “housing cost burdened”.

ALICE, an acronym for **A**sset **L**imited, **I**ncome **C**onstrained, **E**mployed, are households that earn more than the U.S. poverty level, but less than the basic cost of living for the county. The average annual Household Survival Budget for a family of four ranges from \$54,096 in Idaho to \$57,468 in Washington, double the U.S. poverty rate of \$26,500. The number of poverty and ALICE households combined equals the total population struggling to afford basic needs. **In Idaho and Washington one in three households face financial hardships as ALICE households.** Part of the reason these numbers are so high is that the cost of living continues to increase while wages remain stagnant.

(Chart below is based on 2018 data)

A.L.I.C.E. Factors BY COUNTY*	Clear-water	Idaho	Latah	Lewis	Nez Perce	ID State	Asotin	WA State
% of Population at Poverty and ALICE	46%	55%	44%	48%	36%	40%	38%	33%
% of Monthly Expenses for Housing (1 Adult)	36% \$511	36% \$488	28% \$508	37% \$510	20% \$458	31% \$542	32% \$534	35% \$659
% of Monthly Expenses for Housing (2 Adults, 2 Children)	19% \$659	25% \$658	21% \$682	16% \$658	20% \$728	17% \$761	18% \$812	16% \$964

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

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

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

*Community Action Agency Community Health Needs Assessment

FACTS AND STATISTICS

- *The average annual Household Survival Budget for a Pacific Northwest Family of four ranges from \$54,096 in Idaho to \$57,468 in WA double the US family poverty rate of \$26,500. (A.L.I.C.E.)*
- *Homelessness affects over 4,000 Idahoans every year, 30% of whom are children. (Homeless Management Information Systems HMIS).*
- *Idaho has the second highest rate at 48.4% of people in families with children who are unsheltered (2020 AHAR Report).*
- *It's 5x more likely for homeless teens to drop out of high school compared to teens from stable households. (Homeless Management Information Systems HMIS).*

GOALS

1. Increase access to safe and affordable housing in our area

MEASURES

Performance Measures for Improving Income

P1. By 2023, increase the number of Section 8 housing units.

STRATEGIES

Strategies for Improving Income

S1. Increase access to section 8 housing.

EVALUATION PLAN AND NEXT STEPS

EVALUATION PLAN

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

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

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

NEXT STEPS

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

NOTES AND RESOURCES

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

APPENDIX A: MEASUREMENT TOOL

PRIORITY AREA: HEALTH						
MENTAL HEALTH						
Strategic Goal: Improve mental health and emotional well-being of residents in our Region by increasing the quality, availability, and effectiveness of community-based mental health programs.						
Strategic Objectives	Performance Measure	Source	2020-2023			
1. Improve the mental health status of citizens in the Region (BRFSS)	By 2023, decrease the number of poor MH days reported by adults in our region from 3.6 out of 30 days to 3.4 days out of 30.	BRFSS/CH R 2018	Annual			
2. Reduce the suicide rate in the Region (MHMD-1)	By 2023 decrease the age adjusted suicide rate in our Region from 30.8 to 29.33.	Vital Stats 2018	Annual			
Strategy 1: Improve the mental health status of citizens in the Region						
Action	Resources	Target Measure	Outputs			Responsible Party
			YR 1	YR 2	YR 3	
Provide MH/QPR training for community education and awareness	PH-INCD and SPIN	Provide 5 QPR trainings in the region	☑	☑		SPIN
Develop a Regional decentralized crisis intervention model	Regional approach to crisis intervention	Develop Crisis Centers in the Region	☑	☑		Region 2 Behavioral Health Board, PH-INCD
Develop a Crisis Intervention Team	Recovery community staff	Provide crisis services to 100 people	☑	☑		Region 2 Behavioral Health Board

**Strategy 2:
Reduce the suicide rate in the Region**

Action	Resources	Target Measure	Outputs			Responsible Party
			YR 1	YR 2	YR 3	
Engage with the new Suicide Program at the State H&W	State Department of H&W	Promote 8 Suicide media awareness or community events	✔	✔		PH, RBHB, SJRMC, Hospitals
Promote the use of gun locks and gun lock boxes in the community	PH-INCD, SPIN, ISP	Promote 5 community events	✔	✔		PH, SPIN, ISP
Promote medication lock boxes and Deterra medication disposal bags	IDHW, PH	Promote at 5 community evens	✔	✔		PH, SPIN, ISP

DIABETES/ OBESITY

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

Strategic Objectives	Performance Measure	Source	2020-2023
1. Reduce the percent of Adults who have been told they have diabetes	By 2023, reduce the percent of adults diagnosed with diabetes from 8.2% to 7.8%	BRFSS 2014	Annual
2. Reduce the percent of adults who are obese	By 2023, reduce the rate of Adults who have self-reported being obese from 24.7 to 23.4	BRFSS 2014	Annual

Strategy 1: Reduce the % of Adults who have been told they have diabetes

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

Strategy 2: Reduce the % of adults who are obese

Action	Resources	Target Measure	Outputs			Responsible Party
			YR 1	YR 2	YR 3	
Engage the community in Obesity Awareness	Grocery store promotions	2 Healthy Choices promotions	✔	✔		Clinics
Promote Adult physical activity	Parks and Rec	Implement 5 walking programs	✔	✔		Parks & Rec, area fitness centers

Worksite Wellness promotion	Regional worksites	Assist 10 worksites in implementing wellness policies				PH

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

PRIORITY AREA: HEALTH						
SUBSTANCE USE/ABUSE						
Strategic Goal: Improve the overall health status of our region by reducing the incidents of diabetes and obesity.						
Strategic Objectives	Performance Measure	Source	2020-2023			
1. Increase the education of the general population about substance use/abuse	By 2023, increase access to substance use/abuse education	BRFSS 2018	Annual			
2. Reduce the percent of substance abuse in the Region	By 2023, reduce the percent of substance use/abuser in the region by 2%	BRFSS 2018	Annual			
Strategy 1: Increase the education of the general population about substance use/abuse						
Action	Resources	Target Measure	Outputs			Responsible Party
			YR 1	YR 2	YR 3	
Community outreach and education	IDHW, PH	Educate at 5 community events within a fiscal year				PH, WA-ID Volunteer Organization

Naloxone training in the community	IODP, IDHW, PH	Educate at 5 locations within a fiscal year	✔	✔		WA-ID Volunteer Organization, Recovery Center, PH
Public outreach via billboard marketing	PH, IODP	Market on 5 billboards in the region within a fiscal year	✔	✔		PH

**Strategy 2:
Reduce the percent of substance abuse in the Region**

Action	Resources	Target Measure	Outputs			Responsible Party
			YR 1	YR 2	YR 3	
Promote medication lock boxes and Deterra medication disposal bags	IDHW, PH	Promote at 5 community events	✔	✔		PH, SPIN, ISP
Promote Medication Assisted Treatment education opportunities with local providers	IDHW, PH	Promote with 5 physicians/providers within the fiscal year	✔	✔		PH

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

PRIORITY AREA: INCOME

PRIORITY: SAFE and AFFORDABLE HOUSING

Strategic Goal: Increase access to Safe and Affordable housing in our region.

Strategic Objectives	Performance Measure	Source	2020-2023
1. Increase the number of affordable housing units	By 2023, Increase the number of Section 8 housing units.	Idaho Housing	Annual

**Strategy 1:
Increase access to section 8 housing**

Action	Resources	Target Measure	Outputs			Responsible Party
			YR 1	YR 2	YR 3	
Promote need for Homeless Shelter to increase resources for homeless	City ordinance	1 new shelter	✔	✔		Housing Authority. City of Lewiston
Promote need for Homeless Shelter	Homeless survey PIT	Decrease by 10% the number of homeless	⋯	⋯		Idaho Housing Authority, ROC, Family Promise
Identify incentives for investors	Analyze data and inventory housing units/costs	Increase housing options by 40.	✔	✔		Relators, Urban Renewal, HUD, Habitat for Humanity, Family promise, Quality Behavioral Health

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

APPENDIX B: COMMUNITY PARTNERS

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