

ST. JOSEPH  
Regional Medical Center



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# 2012 COMMUNITY HEALTH NEEDS ASSESSMENT

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*Cover Photo courtesy of Northwest Media*

# ABOUT THE COMMUNITY HEALTH NEEDS ASSESSMENT

*The Mission and Philosophy of St. Joseph Regional Medical Center calls us to enhance the quality of life of the residents of its service area through the promotion of health, the prevention of disease and injury, and the provision of health services. As a nonprofit Catholic hospital, our primary purpose is to continue Christ's mission of mercy by meeting the healthcare needs of individuals and the community we serve.*

Every three years, St. Joseph Regional Medical Center performs a Community Health Needs Assessment (CHNA) to evaluate the overall health status of the community it serves. The information obtained from these assessments is used to guide the strategic planning processes of the organization to ensure that the needs of the community we serve are met.

The importance of Community Health Needs Assessments was reinforced by a provision in the Patient Protection and Affordable Care Act (PPACA), which became law in March, 2010 and introduced new reporting requirements that private, not-for-profit hospitals must meet to maintain 501 (C) (3) tax-exempt status.

Effective for tax years beginning after March, 2012, each hospital must:

- Conduct a CHNA at least once every three years on a facility-by-facility basis.
- Identify action plans to address unmet community health needs.
- Report the results of each CHNA publicly.

Using a survey tool provided by the North Central Idaho Public Health District, the Medical Center conducted its CHNA November – December, 2012 in the primary service area of Nez Perce County.



## 2012 EXECUTIVE SUMMARY

Recognizing the importance of a healthy community and desiring to respond to the needs of the community and region, St. Joseph Regional Medical Center conducted a Community Health Needs Assessment (CHNA) from November to December, 2012. The Medical Center's goal was to align our Mission with the vocalized needs of the community by creating a document that would serve as a key component of our Strategic Plan. For purposes of this assessment, the service area has been defined as the zip code 83501, which corresponds with the city of Lewiston and represents 87% of the residents of Nez Perce County.

The findings of the Community Health Needs Assessment will assist leadership in allocating resources to help provide appropriate services where assistance is most needed.

The web-based survey consisted of a series of nine questions covering 38 community needs. It was designed to gather information about the individual's health, insurance coverage, and factors related to a healthy community, risky behaviors, and general demographic information. The total number of collected responses from Nez Perce county residents numbered 276. Nearly all the surveys analyzed included answers to every question on the survey, excluding demographic information. The typical survey respondent was an employed female between the ages of 40-54 with health insurance and living in Nez Perce County. Focus groups were used to engage a broad representation of the community to validate survey results. Focus group sessions included St. Joseph Regional Medical Center employees, community members and key stakeholders (community partners, agencies, city and business leaders, schools, and churches).

In conjunction with the survey and focus group sessions, secondary data analysis was conducted utilizing national, state and local demographics and community health databases.

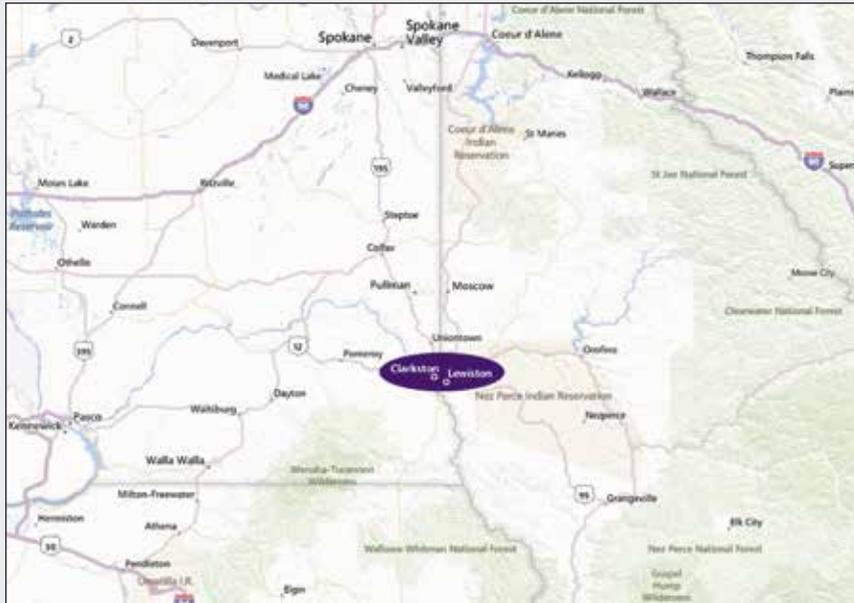
Health needs identified through this process include:

- Obesity
- Heart disease and stroke
- Diabetes care and management
- Cancer
- Mental health
- Access to healthcare

Using the results of the Community Health Needs Assessment, we seek to improve the health of our community through actions, not just words. While we cannot realistically address every issue, we endeavor to resolve those that most heavily affect our service areas through an Implementation Action Plan designed to address identified needs with strategies that align with the Medical Center's strategic initiatives, vision, and Mission and Philosophy.

# THE COMMUNITY

St. Joseph Regional Medical Center is located in Lewiston, Idaho, the hub of economic activity for Nez Perce County. Nearly 50% of the Medical Center’s inpatients come from Lewiston, Idaho. The remaining inpatients come from a variety of areas including Asotin County in Washington State (20%) and the counties throughout North Central Idaho and Southeastern Washington. For purposes of this Community Health Needs Assessment, the service area has been defined as the zip code 83501, which corresponds with the city of Lewiston and represents 87% of the residents of Nez Perce County.



Below is a summary of 2010 census data for Lewiston, Idaho. The vast majority of people within the Medical Center’s service area are Caucasian. The percentage of Native Americans reflects the close proximity of the Nez Perce Indian Reservation which is partially located within Nez Perce County. The population of Lewiston has aged significantly compared to Idaho and national averages. Over 18% of the population is 65 and over, compared to an Idaho state average of 12.4% and the national average of 13.0%. Although an overwhelming majority of residents have completed their high school education, far fewer have continued their education beyond that point.

Race	Lewiston		Idaho		Age Demographics	Lewiston		Idaho		Educational Attainment	Lewiston		Idaho	
Caucasian	93.9%	89.1%	Under 18	21.5%	27.4%	High School Graduate	90.3%	88.5%						
African American	0.3%	0.6%	18-65	60.3%	60.4%	Bachelor's or Higher	19.7%	24.6%						
Native American	1.7%	1.4%	65 and over	18.2%	12.4%									

Source: US Census 2010

# COMMUNITY PARTNERS

As St. Joseph embarked on the Community Health Needs Assessment process, it was important to identify collaborative partners that represented the broad interests of the community as part of the process.

St. Joseph's goal was to utilize a CHNA designed to provide broad community input from both primary research and analysis of existing community data. Building upon the strengths of the Medical Center's relationships with community and regional agencies and groups, the CHNA was able to draw upon those strengths and assets.

## A. St. Joseph CHNA Leadership Team

A leadership team was formed to oversee the processes and implementation of the CHNA process at the Medical Center. The responsibilities of the leadership team included researching and understanding the requirements of a Community Health Needs Assessment; brainstorming the initial strategic design for the primary research and secondary data analysis, validation and prioritization of the results; and preparation of the formal report and implementation strategy. Members of St. Joseph's leadership team included:

- Christina Metcalf, Director of Community Health
- Sr. Pat Rosholt, VP Mission Integration
- Ken Harris, Contoller
- Katelyn Litchfield, Director of Strategic Planning
- Bert Sahlberg, Director of Marketing & Community Relations

## B. CHNA Development Team

A development team was formed composed of a diverse group of representatives from St. Joseph Regional Medical Center, Idaho North Central District Health Department, local and regional hospitals and clinics, local social services agencies and community members. Representatives helped guide the formation of the CHNA process and provided key insights and involvement in the design and implementation of the CHNA.

The development team met throughout the process to review the proposed plan design, review preliminary results, assist with prioritization of the identified needs and provide input into potential responses to the identified needs.

- September 5, 2012 - Initial collaboration
- September 14, 2012 - Survey development and refinement
- January 7, 2013 - Data review and prioritization

Carol Moehrle, District Director, Idaho North Central District Health Department, Lewiston, ID provided special input throughout the process. For the past twenty years Carol has served as the District Director for North Central Idaho, which covers 13,500 square miles and a combined population of approximately 120,000. Carol is also active with the National Association of County and City Health Officials. She has served on the Board of the National Association of County and City Health Officials (NACCHO), the Public Health Accreditation Board (PHAB), and the National Association of Counties (NACo).

## C. Community Health Assessment and Group Evaluation (CHANGE) Group

This group consists of representatives from various social service agencies, schools, churches, and health agencies. The overall mission of this diverse group is to serve the community by working together to:

- Identify potential areas for improvement.
- Develop community action plans.
- Create sustainable, community-based improvements that address the root causes of chronic diseases and related risk.
- Assess current policies, systems, and environmental change strategies. *(See Appendix A for the complete list of the community partners and focus group participants)*

# METHODOLOGY AND PROCESS

## A. Community Health Needs Survey

The CHNA was conducted exclusively online. Mass emails and postings to public websites invited the public to participate in the survey from November to December, 2012.

The survey consisted of a series of nine questions, covering 38 community needs. It was designed to gather information about the individual's health, insurance coverage, and factors related to a healthy community, risky behaviors, and general demographic information. The total number of surveys collected from Nez Perce county residents numbered 276. Nearly all the surveys analyzed included answers to every question on the survey, excluding demographic information.

Surveys used in the Community Health Needs Assessment: 276

### *Key Demographics*

- 100% of respondents live in Nez Perce County, Idaho.
- 78.4% of the sample identified their gender as female, while 20% indicated their gender as male.
- 28.2% of the sample identified their age as between 40-54, 26.7% of responders identified their age as 26-39, 26.7% of responders identified their age as 55-65, while 9.9% of the sample indicated their age was 25 or less and 8.4% of responders identified their age as 65 or over.
- 51.8% of the sample obtained the survey at their workplace, 24.3% of people obtained their survey at a Health Fair or Public Health Department or other location, 14.1% of respondents obtained their survey online, and 3.3% of respondents obtained theirs at a community meeting.
- 89.1% of respondents indicated that they paid for healthcare with health insurance, 7.3% paid with Medicare, 2.6% had Medicaid and 10.4% indicated they either paid with cash or subsidized their insurance with cash or had another type of insurance. (*Veterans Administration, Tri-Care, etc.*)
- The typical survey respondent was an employed female between the ages of 40-54 with health insurance living in Nez Perce County. (*See Appendix B for a copy of the survey tool and summary of the survey results*)

## B. Focus Groups

Throughout the data collection period, a series of questions was assembled based on incoming survey results and preliminary data. Community participants were offered the opportunity to attend community-based focus groups using an open comment/feedback and brainstorming model of facilitation. These gatherings were held at the Public Health Department and provided the opportunity for participants to engage in dialogue that would offer more in-depth learning about their community and the identified needs. Team members from the Medical Center were present to take notes. (*See Appendix A*)

## C. Data Gathering

Primary data was gathered using an online, web-based methodology to ensure a wide distribution of the survey. This survey was conducted using Survey Monkey®. It was delivered via invitation through mass emails spread throughout the community by a number of major employers and community groups. To ensure that a random sampling of the community was obtained, the survey was posted on a variety of public websites including the Public Health Department website and the SJRMC home page. Secondary data analysis was conducted utilizing national, state and local demographic and community health databases.

## D. Information Gaps & Process Challenges

Because the primary method used to gather information was web-based, a potential gap regarding information from the geriatric/senior population was recognized. While the number of seniors utilizing computer technology is increasing, the availability of paper surveys targeting this population may have increased responses from this demographic.

# COMMUNITY HEALTH NEEDS IDENTIFIED

The four areas of health problems which have the greatest impact on the overall community were identified in the survey as: (A) obesity, heart disease and stroke, and diabetes; (B) cancer, (C) mental health, and (D) lack of access to healthcare.

## A. Obesity, Heart Disease and Stroke, & Diabetes

These three problems have been combined as they are closely interrelated and all can be addressed through many of the same strategies. 100% of survey respondents answered the question regarding the most important “health problems” in our community: 59.4% of the sample responded that obesity has the greatest impact on overall community health, 26.4% indicated heart disease and stroke have the greatest impact, and 24.3% responded that diabetes has the greatest impact on community health.

Responses to the survey are consistent with the 2012 County Health Ranking for Nez Perce County, Idaho, which ranks the county the 35<sup>th</sup> out of 42 counties in Idaho in healthful behaviors (factors influencing the health of the county). Overall, Nez Perce County ranked as the 31<sup>st</sup> healthiest county for overall health outcomes (how healthy the county is). These rankings suggest that Nez Perce County lags behind in terms of health.

The rise in obesity, now at epidemic levels in the United States, has been matched by a rise in diabetes, a deadly combination that increases heart disease risk by two to five times. The responses have been grouped to address the community needs associated with these diseases.

	Nez Perce County	Error Margin	National Benchmark*	Idaho
Adult smoking	19%	17-22%	14%	17%
Adult obesity	31%	28-34%	25%	27%
Physical inactivity	24%	22-27%	21%	20%
Excessive drinking	17%	15-20%	8%	15%
Diabetic screening	85%	78-93%	89%	82%
Health behaviors	Ranked 35 <sup>th</sup> out of the 42 Counties in Idaho			

\* 90<sup>th</sup> percentile (i.e., only 10% are better)

## B. Cancer

52.9% of respondents indicated that cancers are among the top four health problems in our community that have the greatest impact on overall community health.

During the five year period between 2005 and 2009, 34,017 cases of invasive cancer were diagnosed among residents in the State of Idaho. It is estimated that one in two Idahoans will develop cancer during their lifetime. As the table on the following page shows, the rate of invasive cancer incidents in Nez Perce County was 630.1 cases per 100,000 persons per year, compared to the remainder of Idaho (451.2) cases. The following table provides an estimate of the burden of cancers in Nez Perce County compared with the State of Idaho as a whole.

Cancer Incidence (2005-2009) <sup>1</sup>	Nez Perce County	State of Idaho
All Sites/Types	1,219	34,017
Lung & Bronchus	189	4,016
Female Breast	161	4,567
Prostate	223	5,613
Colorectal	98	2,988

<sup>1</sup>Relationship Between Obesity-Associated Diabetes and Heart Disease, 15 March, 2004, Medical News Today

Additionally, beginning in 2008, cancer became the leading cause of death in Idaho. The adjusted cancer mortality rate for Nez Perce County was 174.2 deaths per 100,000 persons per year for the years 2006-2010, compared with 157.8 per 100,000 for the remainder of the state. There were statistically more cancer deaths in Nez Perce County than expected based upon rates in the remainder of the state.

Cancer Mortality (2006-2010)	Nez Perce County	State of Idaho
All Deaths	2,204	54,772
Cancer Deaths % of all Deaths	493 22.4%	12,183 22.2%
Lung & Bronchus	155	3,066
Female Breast	26	875
Prostate	36	782
Colorectal	32	1,057

### C. Mental Health

Respondents to the survey (31.5%) indicated that mental health problems have the greatest impact on our community health. Additionally, 11.6% of survey respondents reported that suicide has the greatest impact on community health. The 2012 County Health Rankings for Nez Perce County report that citizens of Nez Perce County had an average of 3.3 poor mental health days out of the last 30, compared to the national average of 2.3 days.

Idaho Public Health	Mentally Unhealthy Days (per person)	Suicide Deaths (per 100,000)	Social-Economic Support*
Nez Perce County	3.5	23.3	81.2%
Idaho	3.3	16.0	83.5%

\*Percentage of adults that report getting sufficient social-emotional support

The Suicide Prevention Action Network of Idaho reports that suicide is the second leading cause of death for Idahoans age 15-34. Idaho is consistently among the states with the highest suicide rate. In 2010, Idaho had the 6<sup>th</sup> highest suicide rate in the nation, 49% higher than the national average. The Lewiston area has the second highest rate of suicide in the state.

## **D. Access to Healthcare**

Respondents were asked to select the most important characteristics of a “Healthy Community”. While 54.0% of people responded that good jobs and a healthy economy were most important, 48.6% indicated that access to healthcare (e.g. family doctor) was the most important indicator of a Healthy Community.

While the Nez Perce County ratio of primary care physicians to population at 1,388 to 1 is slightly better than the Idaho average of 1,586 to 1, this ratio is more than double the national average for primary care providers to population at 631 to 1.

## **Process for Prioritizing Identified Health Needs**

The Medical Center Leadership Team reviewed the results of the Community Needs Assessment Survey, internal and external data sources for population demographics and health needs, and input from community stakeholders. Using these sources, the members of the CHNA Leadership Team prioritized needs based upon need, severity, St. Joseph’s Mission and Philosophy, and our ability to impact the need.

## **Prioritized Needs**

The identified and prioritized needs include:

1. Obesity, Heart Disease and Stroke, & Diabetes
2. Cancer
3. Mental Health
4. Access to Healthcare

# **IMPLEMENTATION STRATEGY**

At St. Joseph Regional Medical Center, we strive to fulfill every element of our Mission Statement through actions and not just words. Using the results of the Community Health Needs Assessment, the Medical Center seeks to improve the health status of our community by empowering people with knowledge and awareness. We will integrate the identified needs into the Medical Center’s Strategic Plan and three-year implementation plan. After a review of current community collaborations and partnerships and internal resources, the Medical Center identified its strengths and abilities to address the prioritized health needs. Through stewardship of existing resources, collaborations and strengthening of community partnerships, and creating and supporting innovative programs at the Medical Center and within the community, we plan to make a positive impact on the identified needs.

## **Identified Needs St. Joseph Regional Medical Center will Address in this Plan**

The Medical Center’s Community Health Implementation Strategy and Plan provides a summary of the challenges, strategies and activities St. Joseph will implement to address the top four health needs identified in the CHNA.

## St. Joseph Regional Medical Center Community Health Implementation Strategy & Plan

Recognized Need	Action Plan
<p><b>Obesity</b></p> <p><b>Heart Disease</b></p> <p><b>Diabetes</b></p>	<ul style="list-style-type: none"> <li>• Continue operations and development of 24/7 Cardiovascular and Interventional Radiology Services.</li> <li>• Partner in local programs to promote physical activity, overall wellness, and support policy, system and environmental change. (CHANGE Group)</li> <li>• Partner in community coalitions to support local events focusing on improvement of nutritional status/knowledge in the community.</li> <li>• Support community sponsorships for physical activity/wellness related events.</li> <li>• Support community initiatives for community gardens and community programs to feed the hungry with nutritionally sound food choices.</li> <li>• Support community classes for cooking basic commodity foods.</li> <li>• Provide free or low-cost health education and screening events focused on healthy behaviors.</li> <li>• Continue implementation of Beacon Community Project focused on Diabetes care management.</li> <li>• Promote awareness within the community.</li> <li>• Integrate and develop weight management programs.</li> <li>• Continue to offer Tobacco Cessation Program at free or low cost.</li> <li>• Continue affiliations with American Heart Association, American Diabetes Association and American Dietetic Association.</li> <li>• Prescription Assistance Program to support patients in accessing available resources to obtain needed prescriptions.</li> </ul>
<p><b>Cancer</b></p>	<ul style="list-style-type: none"> <li>• Promote and support awareness and provide screening programs.</li> <li>• Engage and educate providers of services St. Joseph provides.</li> <li>• Continue operation of the only accredited Cancer Center within 100-mile radius and its services: Medical oncology/hematology, surgical oncology and radiation oncology.</li> <li>• Continue partnership with the American Cancer Society (ACA) and provide space/location for ACA Cancer Resource Center.</li> <li>• Prescription Assistance Program to support patients in using available resources to obtain needed prescriptions.</li> </ul>
<p><b>Mental Health</b></p>	<ul style="list-style-type: none"> <li>• Advocate for mental health funding and services in our region.</li> <li>• Advocate for a Drug Treatment Center for North Central/Northern Idaho.</li> <li>• Work with the Social Detox Committee through the United Way and other agencies.</li> <li>• Continue to educate the region, professionals and non-professionals.</li> </ul>

## St. Joseph Regional Medical Center Community Health Implementation Strategy & Plan

Recognized Need	Action Plan
<b>Mental Health (Cont.)</b>	<ul style="list-style-type: none"> <li>• Engage Idaho legislature to champion additional Regional Mental Health Councils, fund programs, and create additional legislation to better address mental health and drug addiction services.</li> <li>• Continue Mental Health Telemedicine involvement with the Regional Tele-health Board and Idaho’s Region II hospitals.</li> <li>• Maintain presence on Regional Mental Health Board.</li> <li>• Hold Annual Rural Mental Health Symposium.</li> <li>• Continue recruitment of mental health providers.</li> </ul>
<b>Access to Care</b>	<ul style="list-style-type: none"> <li>• Ensure community, including the uninsured and working poor, have access to a medical home and healthcare, including preventative care.</li> <li>• Continue efforts to recruit providers.</li> <li>• Support local CHAS and Snake River Community Clinics.</li> <li>• Support implementation of Health Insurance Exchanges.</li> <li>• Support Medicaid and Managed Care expansion.</li> </ul>

### Identified Needs St. Joseph Regional Medical Center will not Address in this Plan

St. Joseph Regional Medical Center recognizes the significance of all needs/concerns and their importance as identified by the community. St. Joseph will not directly design strategies for every issue/need identified in the survey in the implementation plan because of our desire to be focused on the needs identified as most critical, and because other issues are already being addressed in a variety of ways by the Medical Center as well as other community partners, stakeholders and agencies. St. Joseph will continue to collaborate with key community partners, stakeholders and agencies to support initiatives and strategies to meet the needs of the community. *(See Appendix B to view entire survey)*

# APPENDIX A – COMMUNITY STAKEHOLDERS

The following key participants and resources represent the broad interests of the community through completion and participation in the survey and assessment process.

Name	Title	Organization/Agency
Charlotte Ash	Director	Snake River Community Clinic
Tim Barker	Director	Lewiston Parks & Recreation
Candi Barton	Director Family & Community Health	Public Health – Idaho North Central District
Matthew Carlson	Community Volunteer	City of Lewiston, Active Living Task Force
Kelly Carlstrom	Unit Director	Boys and Girls Clubs of the Lewis Clark Valley
Breanne Durham	Executive Director	Beautiful Downtown Lewiston
Jaime Gallup	Graduate Student	University of Idaho
Iris Heidorn	Director	City of Lewiston – Public Works
Heidi Henson	Health Promotion Coordinator	Public Health – Idaho North Central District
Les Huntley	Community Volunteer	Fit and Fall Proof™ Program
Bess Isaacson	Nicotine Intervention Specialist	St. Joseph Regional Medical Center
David Knittel	Development Specialist	Community Action Partnership Area Agency on Aging & Adult Services
Katie Lamansky	Health Program Specialist	Idaho Department of Health & Welfare
Ed Marugg	Environmental Health Director	Public Health – Idaho North Central District
Katharine McPherson	Business Services Director	Independent School District No. 1
Deb Merica	Health Promotion Coordinator	Public Health – Idaho North Central District
Christina Metcalf	Director of Community Health & Volunteer Services	St. Joseph Regional Medical Center
Carol Moehrle	District Director	Public Health – Idaho North Central District
Steven Orr	Police Chief	Lewiston Police Department
David Pankey	Director of Underwriting	Regence BlueShield of Idaho
Sister Pat Rosholt	VP Mission	St. Joseph Regional Medical Center
Clayton Steele	Regional Administrator	City of Lewiston - Department of Environmental Quality
Carena Thompson	Medical Director	Nimiipuu Indian Health Clinic
Heidi Thornton	Health, Dental, Nutrition Coordinator	Lewis-Clark Early Childhood Program
Vikki Swift	Director of Human Services	Lewis-Clark State College
Kathee Tiffitt	Community Development Educator	U of I Extension / Nez Perce County
Lynn Welch	Recreation Program Coordinator	Lewiston Parks & Recreation
Jenny Zorens	Director	Community Action Partnership Area Agency on Aging & Adult Services

# APPENDIX B – COMMUNITY HEALTH NEEDS ASSESSMENT SURVEY QUESTIONS & SUMMARY RESULTS

How do you pay for your healthcare? (Check all that apply)		
Answer Options	Response Percent	Response Count
Pay cash (no insurance)	6.2%	17
Health insurance (e.g., private insurance BlueShield)	89.1%	244
Medicaid	2.6%	7
Medicare	7.3%	20
Veteran's Administration	1.5%	4
Indian Health Services	1.1%	3
Other (please specify)	4.4%	12
<i>Answered question</i>		<b>274</b>
<i>Skipped question</i>		<b>2</b>

Where/how did you obtain this survey? (Check only one)		
Answer Options	Response Percent	Response Count
Church	0.0%	0
Community Meeting	3.3%	9
Grocery Store/Shopping Mall	0.0%	0
Personal Contact	6.5%	18
Workplace	51.8%	143
Online Survey	14.1%	39
Other (please specify)	24.3%	67
<i>Answered question</i>		<b>276</b>
<i>Skipped question</i>		<b>0</b>

Age		
Answer Options	Response Percent	Response Count
25 or less	9.9%	27
26-39	26.7%	73
40-54	28.2%	77
55-64	26.7%	73
65 or over	8.4%	23
<i>Answered question</i>		<b>273</b>
<i>Skipped question</i>		<b>3</b>

What do you think are the three (3) most important "health problems" in our community? (Those problems which have the greatest impact on overall community health.) Limited to three (3) choices.		
Answer Options	Response Percent	Response Count
Overweight/Obesity	59.4%	164
Cancers	52.9%	146
Mental health problems	31.5%	87
Heart disease & stroke	26.4%	73
Diabetes	24.3%	67
Respiratory/lung disease	18.8%	52
Child abuse/neglect	17.4%	48
Sexually Transmitted Diseases (STDs)	15.2%	42
Teenage pregnancy	12.0%	33
Suicide	11.6%	32
High blood pressure	10.9%	30
Dental problems	6.2%	17
Motor vehicle crash injuries	5.4%	15
Infectious Diseases (e.g., hepatitis, TB, etc.)	4.3%	12
<i>Answered question</i>		<b>276</b>
<i>Skipped question</i>		<b>0</b>

# APPENDIX B – COMMUNITY HEALTH NEEDS ASSESSMENT SURVEY QUESTIONS & SUMMARY RESULTS (CONTINUED)

## Which hospital is in your area?

Answer Options	Response Percent	Response Count
Benewah Community Hospital	0.0%	0
Bonner General Hospital	0.0%	0
Boundary Community Hospital	0.0%	0
Clearwater Valley Hospital & Clinics	3.3%	9
Gritman Medical Center	0.0%	0
Kootenai Medical Center	0.0%	0
Shoshone Medical Center	0.0%	0
St. Joseph Regional Medical Center	95.7%	264
St. Mary's Hospital & Clinics	1.1%	0
Syringa Hospital & Clinics	0.0%	0
<i>Answered question</i>		<b>276</b>
<i>Skipped question</i>		<b>0</b>

## What do you think are the three (3) most important “risky behaviors” in our community? (Those behaviors which have the greatest impact on overall community health.) Limited to three (3) choices.

Answer Options	Response Percent	Response Count
Alcohol abuse	64.5%	178
Being overweight	39.1%	108
Dropping out of school	23.6%	65
Drug abuse	67.0%	185
Lack of exercise	26.1%	72
Poor eating habits	27.5%	76
Not getting “shots” to prevent disease	13.8%	38
Tobacco use	30.8%	85
Not using seat belts	3.3%	9
Other (please specify)	4.3%	12
<i>Answered question</i>		<b>276</b>
<i>Skipped question</i>		<b>0</b>

## What do you think are the three (3) most important factors for a “Healthy Community”? (Those factors which most improve the quality of life in a community.) Limited to three (3) choices.

Answer Options	Response Percent	Response Count
Good place to raise children	27.9%	77
Low crime/safe neighborhoods	48.6%	134
Low level of child abuse	3.6%	10
Good schools	35.1%	97
Access to healthcare (e.g., family doctor)	48.6%	134
Parks & recreation	7.2%	20
Clean environment	23.6%	65
Affordable housing	12.7%	35
Good jobs & healthy economy	54.0%	149
Healthy behaviors & lifestyles	35.1%	97
Low adult death & disease rates	1.4%	4
Low infant deaths	0.7%	2
Other (please specify)	1.4%	4
<i>Answered question</i>		<b>276</b>
<i>Skipped question</i>		<b>0</b>

## Sex

Answer Options	Response Percent	Response Count
Male	21.6%	55
Female	78.4%	200
<i>Answered question</i>		<b>255</b>
<i>Skipped question</i>		<b>21</b>

## APPENDIX C – IDENTIFIED HEALTHCARE RESOURCES IN THE COMMUNITY

Name & Address	Type
North Central District Health Department 215 10 <sup>th</sup> Street Lewiston, ID 83501	Public Health Department
Lewis & Clark Health Center 338 6 <sup>th</sup> Street, Suite 101 Lewiston, ID 83501	Federally Qualified Health Clinic
Snake River Community Clinic 215 10 <sup>th</sup> Street Lewiston, ID 83501	Community Clinic
Valley Medical Center 2315 8 <sup>th</sup> Street Lewiston, ID 83501	Health Clinic
Clearwater Medical Clinic 1522 17 <sup>th</sup> Street Lewiston, ID 83501	Health Clinic
Idaho State Veteran's Home 821 21 <sup>st</sup> Avenue Lewiston, ID 83501	Veterans' Home and Clinic
Nimiipuu Health P.O. Box 367 Lapwai, ID 83540	Indian Health Services

### For more information contact:

Christina Metcalf  
 Director of Community Health  
 415 6<sup>th</sup> Street  
 Lewiston, Idaho 83501  
 208-750-7353  
[cmetcalf@sjrmc.org](mailto:cmetcalf@sjrmc.org)



# COMMUNITY NEEDS ASSESSMENT

HEALTH

EDUCATION

INCOME

2016



Twin County United Way



ST. JOSEPH  
Regional Medical Center



## Executive Summary

The 2016 Community Needs Assessment: Health, Education & Income (CNA) focused on Health, Education and Income and was accomplished through a collaborative effort spearheaded by the Twin County United Way, St. Joseph Regional Medical Center and Public Health – Idaho North Central District. The Community Health Needs 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 1,700 respondents provided input via a survey and dozens of individuals provided input through community conversations and board meetings. A very special thank you is owed to all the volunteers, survey respondents and individuals who contributed to this project.



The CNA is intended to identify the health, education and income needs and issues 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 following are the top three identified needs from each category that emerged from the findings of the Community Needs Assessment: Health, Education & Income survey:

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

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



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## Demographic Snapshot

This Community Needs Assessment: Health, Education & Income (CNA) focused on the overlapping service areas of St. Joseph Regional Medical Center, Public Health – Idaho North Central District and the Twin County United Way, which includes the five North Central Idaho Counties: Clearwater, Idaho, Latah, Lewis and Nez Perce, as well as the Washington County: Asotin. Collectively these 6 counties represent nearly 130,000 people, of which 93% are White, 49% female and 18% over the age of 65 years. Within these counties, over 60% of the population resides in either Nez Perce or Latah County, wherein Lewiston, ID and Moscow, ID are located.



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

<sup>1</sup> www.census.gov

# HEALTH CONCERNS

## #1: OVERWEIGHT/OBESITY & CHRONIC DISEASES

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 3<sup>rd</sup> 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<sup>2</sup>:

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

Diabetes is the seventh leading cause of death in Idaho and about one third of Idaho adults living with diabetes do not know they have the disease<sup>3</sup>. Effectively managing diabetes will help Idahoans living with the disease lead more productive and healthier lives. An estimated 100,000 Idaho adults, or 8.4% of the adult population, live with diabetes and an estimated 84,000 Idaho adults, or 7.5% of the adult population, live with pre-diabetes.

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

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

<sup>3</sup> Idaho Department of Health and Welfare, Division of Public Health, Get Healthy Idaho, 2015

<sup>4</sup> [www.countyhealthrankings.org](http://www.countyhealthrankings.org)

## #2 HEALTH INSURANCE

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

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

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



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

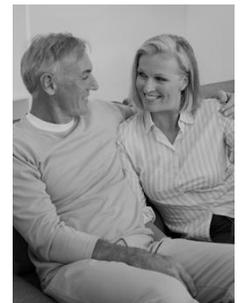
Within the service area there is a significant difference in uninsured rates between Asotin County, located in Washington State, and all other counties which are located in Idaho. This is likely due to the expansion of Medicaid in Washington and not in Idaho.

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

### #3: MENTAL HEALTH & DRUG/ ALCOHOL USE

Mental health services and drug/alcohol prevention, education and treatment were both ranked in the top half of health concerns of all respondents. Mental health was the third highest 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 2<sup>nd</sup> highest need within the income category, specifically getting help for mental illness.

HEALTH CONCERNS	BY RANK All Respondents	% Needing Care	% Did Not Receive Needed Care
<b>Mental Health Services</b>	3	18%	16%
<b>Drug/ Alcohol Prevention, Education &amp; Treatment</b>	6	3%	33%
INCOME CONCERNS	BY RANK-All Respondents	Income less than \$50,000	
<b>Getting Help for Mentally Ill</b>	2	5	



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

Substance abuse has a major impact on individuals, families, and communities. The effects of substance abuse are cumulative, significantly contributing to costly social, physical, mental and public health problems. The nearest substance abuse facilities are more than 100 miles away.

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

<sup>6</sup> [www.countyhealthrankings.org](http://www.countyhealthrankings.org)

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

## EDUCATION CONCERNS

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

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

A projected 60 percent of new jobs in the next decade will require job seekers to have some college, training or certification beyond high school. Another 27 percent are projected to require a Bachelor's degree or higher. Idaho is in the bottom 10 states in the nation when it comes to people continuing education after high school and completing a four-year college degree. Additionally, Idaho is 46th (of 50 states) of high school graduates continuing on to college directly from high school, 47th in the nation in the percentage of 18-24 year olds enrolled in college, 46th in retention rates for first time college freshman returning for their second year, and 44th in graduation rates from college (BA degree in 6 years)<sup>8</sup>.

Compared to Idaho and Washington State averages, the service area is significantly under-educated beyond high school<sup>9</sup>. Except for Latah county, wherein the University of Idaho is located, every other county has more than 42% of the population with a high school diploma as the highest education level and for some areas, more than 50% of the population at most has a high school diploma.

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



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

<sup>8</sup> National Information Center for Higher Education Policy Analysis

<sup>9</sup> US Census Bureau, American Community Survey

## #2: TUTORING AT RISK

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

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

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

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

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

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



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

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

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

### #3 CHILD DAY CARE

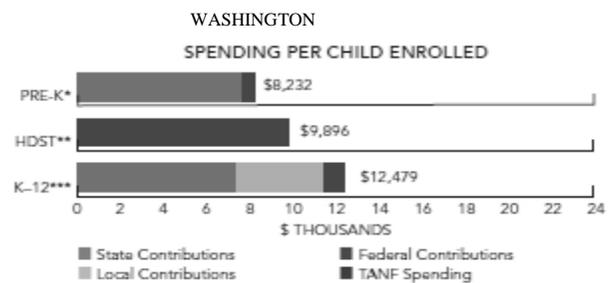
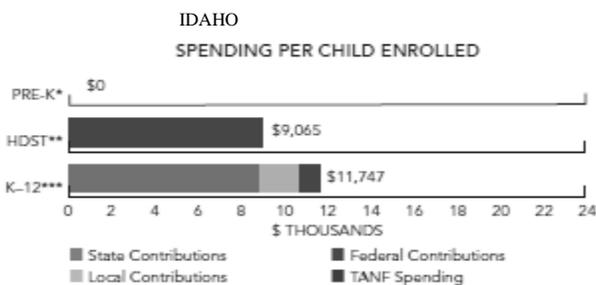
The 3<sup>rd</sup> highest need regarding education concerns among respondents with children and those with children/ income less than \$50,000 was Child Day Care. This was the 4<sup>th</sup> highest need among all respondents.

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

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



Idaho remains one of 8 states in the 2014-2015 year without a state-funded pre-K program. Washington created the Washington State Early Childhood Education and Assistance Program in 1985 with the intention of creating safe, healthy, and nurturing learning experiences for the state’s 3- and 4-year-old citizens.<sup>10</sup>



Within the region, the ALICE report<sup>11</sup> indicates that between 22-31% of total monthly expenses for four person households with 1 infant and 1 toddler is child care.

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

<sup>10</sup> The State of Preschool 2015.

<sup>11</sup> <http://www.unitedwayalice.org/reports.php>

# INCOME CONCERNS

## #1: HOUSING

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)<sup>12</sup> in 2015 also states affordable housing as “one of the top needs identified by program participants and focus group respondents”.

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

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



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

**ALICE<sup>13</sup>**, an acronym for **A**sset **L**imited, **I**ncome **C**onstrained, **E**mloyed, are households that earn more than the U.S. poverty level, but less than the basic cost of living for the county. The average annual Household Survival Budget for a family of four ranges from \$46,176 in Idaho to \$52,152 in Washington, double the U.S. poverty rate of \$23,550. The number of poverty and ALICE households combined equals the total population struggling to afford basic needs. **In Idaho and Washington one in three households face financial hardships as ALICE households.** Part of the reason these numbers are so high is that jobs are not located near housing that is affordable and the cost of housing has gone up 11-17% between 2007-2013.

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

<sup>12</sup> Community Action Partnership, 2015 Community Needs Assessment, North & North Central Idaho and Asotin County, WA

<sup>13</sup> <http://www.unitedwayalice.org/reports.php>

## #2: FOOD ASSISTANCE

Food Assistance was the 2<sup>nd</sup> highest ranking income concern among respondents with income less than \$50,000, and the 4<sup>th</sup> highest need among all respondents. Additionally, access to health food was indicated under Health Concerns as a top five need by all respondents and those without health insurance.

<b>INCOME CONCERNS BY RANK</b>	<b>All Respondents</b>	<b>Income less than \$50,000</b>
<b>Food Assistance</b>	4	2
<b>HEALTH CONCERNS BY RANK</b>	<b>All Respondents</b>	<b>No Health Insurance</b>
<b>Access to Healthy Food</b>	5	4

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

Additionally when children are hungry it can have adverse effects on learning and education. Throughout the region the percent of free and reduced lunch varies from county to county and more so from school to school. As an example, Grantham Elementary in Asotin County has nearly 90% of students on free or reduced price lunches<sup>14</sup>. The Supplemental Nutrition Assistance Program (SNAP) is a helpful resource for those receiving it<sup>15</sup>, however the CAP survey<sup>16</sup> did note that some eligible people do not participate in the program because they feel the small amount is not worth it or there is too much pride to apply.



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

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

<sup>15</sup> US Census Bureau, American Community Survey, 2009-2013

<sup>16</sup> Community Action Partnership, 2015 Community Needs Assessment, North & North Central Idaho and Asotin County, WA

### #3: MANAGING FINANCES & EMPLOYMENT ASSISTANCE

The third highest income concern among respondents with incomes less than \$50,000, those households considered living at the ALICE<sup>17</sup> level and for all respondents was Support to Better Manage Finances. Closely tied to managing finances is employment, which is noted as the fourth highest need among respondents with income less than \$50,000.



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

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

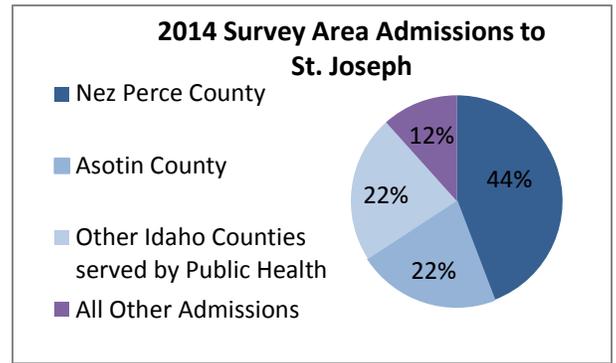
Financial management is especially important when the bare minimum budget does not allow for savings, leaving a household vulnerable to unexpected expenses. Below is an example of the Household Survival Budget for Nez Perce County, as reported by the ALICE report. The budget calculates the actual costs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

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

<sup>17</sup> <http://www.unitedwayalice.org/reports.php>

## Communities Served

The Twin County United Way defines its service area as Asotin County, WA and Nez Perce County, ID. Public Health – Idaho North Central District is funded to provide services to the five North Central Idaho counties. St. Joseph Regional Medical Center, located in Lewiston, ID defines its primary service area as Lewiston, ID, Clarkston, WA, and a number of other communities throughout the region and included in this needs assessment. Its catchment area can extend further into Washington and northeastern Oregon for certain services. As a non-profit medical center, St. Joseph’s patient population is not dependent on insurance coverage or type of coverage. For the purposes of the CAN the selected six counties surveyed accounted for 88% of all patient admissions to St. Joseph in Fiscal Year 2014 (07/01/14-06/30/15).



## Demographics

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

<sup>18</sup> www.census.gov

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

<sup>19</sup> www.census.gov



## Process and Methodology

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

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

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

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

### Survey

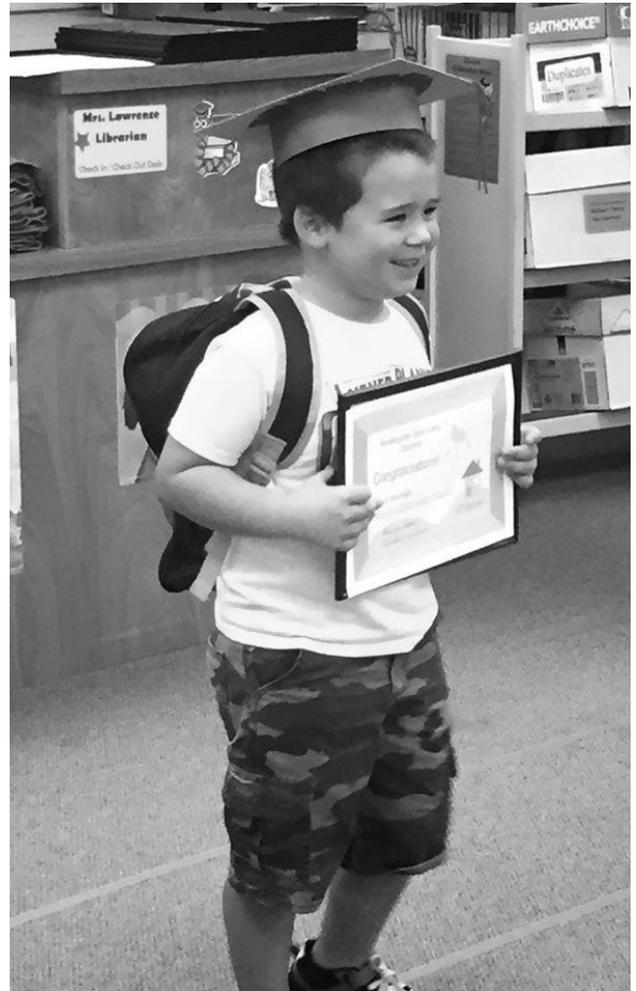
A Community Needs Assessment: Health, Education & Income survey was used to collect primary quantitative data. The survey was developed and disseminated to provide insight into the issues of importance of the community. Paper copies were widely distributed through partner agencies and an on-line survey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

### Secondary Data

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

### Persons Representing the Broad Interest of the Community

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



## Community Feedback and Attendees

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



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

## Twin County United Way Board Meeting

### Individual/ Community Leader Input

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



Photo Credit: Steven Reed @ Northwest Media

**COMMUNITY INPUT**

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

Aging & Long Term Care (WA)	Habitat for Humanity	Lewiston City Library	Twin County United Way
Boys and Girls Club of the LC Valley	Idaho Foodbank	Lewiston School District	Valley Meals on Wheels
CASA	Idaho Legal Aid	Lewis-Clark Service Corps	Valley Medical Center
City of Lewiston Fire Dept.	Idaho Stars (U of I)	Public Health - Idaho North Central District	WA-ID Volunteer Center
Clarkston Police Department	Interlink Volunteers	Quality Behavioral Health	Walla Walla Community College
Clarkston School District: EPIC program	Lewis-Clark Early Childhood Program	Snake River Community Clinic	Willow Center
Community Action Partnership	Lewis-Clark State College	St. Joseph Regional Medical Center	YoungLife
Family Promise	Lewis-Clark Valley Young Life	Tri-State Hospital	YWCA

**North Central Idaho Board of Health, Broad Community, 25-Feb-2016**

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

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

Clearwater Health & Rehab	Lewis-Clark State College	Prestige Care Center	Royal Plaza Assisted Living & Care Center
Clearwater Valley Hospital & Clinics	Norco	Public Health - Idaho North Central District	St. Joseph Regional Medical Center
Elite Home Health and Hospice	North Idaho Acute Care Hospital	Pullman Regional Hospital	Syringa Hospital & Clinics
Kindred Care (Skilled Nursing)	Orchards Rehab & Care Center	Rehab Hospital North	Tri-State Memorial Hospital

**Twin County United Way Board of Directors, Broad Community, 18-Feb-2016**

Debra Ausman, Stonebraker McQuary Agency	Susan Colburn, St. Joseph Regional Medical Center	Kim Matson, State of Idaho Dept. 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 and McNichols	Jessanne Price, Public Consulting Group	Samantha Skinner, Executive Director
Kim Casey, Avista	Michelle King, WideOrbit	Charity Rapier, Clearwater Paper Corporation	
Beverly Kloepfer, Lewis-Clark State College	Rhonda Mason, Tri-State Memorial Hospital	Steven Reed, Northwest Media	



## 2012 Community Health Needs: Progress

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

<b>Priority Need</b>	<b>Obesity, Heart Disease &amp; Stroke &amp; Diabetes as risk factors for chronic disease such as Type 2 Diabetes, COPD and overall health</b>
<b>Target Population</b>	<b>Local population – All ages at risk</b>
<b>Goal</b>	<b>Promote health lifestyle choices through increased awareness and education of healthy behaviors and risk factors contributing to advancement of chronic disease. Improve access to treatment services related to needs identified</b>
<b>Progress and Accomplishments to Date:</b>	
<b>Obesity:</b>	
<ul style="list-style-type: none"> <li>St. Joseph’s Outpatient Nutrition services collaborated with area schools, business, churches, and community health care agencies to provide free, onsite educational presentations regarding healthy eating and healthy weight. The Registered Dietitian provided four (4) presentations in both 2013 and 2014. In 2015, ten (10) presentations were provided</li> </ul>	
<b>Heart Disease and Stroke:</b>	
<ul style="list-style-type: none"> <li>Expanded cardiology and neuro and interventional radiology services to provide preventative, diagnostic, follow-up, and emergency intervention and treatment. Patient are now about to receive care locally.</li> <li>Community Open House – Grand Opening of New Cath Lab – Provided education on services provided and heart/stroke health.</li> <li>Joined the Providence Telehealth Stroke Network</li> <li>Outreach conversations with area healthcare providers on care of stroke patients, services St. Joseph can provide and how to work together to support needs of the patients we jointly serve.</li> <li>Promoted heart health and healthy living via “Paint the Valley Red” Awareness Campaign and community GO RED Heart Health &amp; Wellness Fair.</li> <li>Provided education at various community health fairs/events on heart healthy living/eating and signs &amp; symptoms of stroke and heart attack</li> <li>Partner with local Public Health department to provide tobacco cessation program at free or low cost. Courses are held at St. Joseph and promoted via our website and social media</li> <li>Continue to operate the American Heart Association Training Center which provides BLS, ACLS and PALS training and education to the public and AHA instructors.</li> <li>Actively participate in Idaho’s TSE ensuring patients experiencing cardiac and stroke emergencies receive timely care and work with surrounding facilities to evaluate this care and identify areas of opportunity we can work on as a region to improve.</li> <li>Physicians provided community education via “Your Doctor Speaks”. Topics included:             <ul style="list-style-type: none"> <li>“Preventative Cardiology What Are Your Risk Factors”</li> <li>“Signs, Symptoms, Treatment for Acute Ischemic Stroke”.</li> </ul> </li> </ul>	

<b>Priority Need</b>	<b>Obesity, Heart Disease &amp; Stroke &amp; Diabetes as risk factors for chronic disease such as Type 2 Diabetes, COPD and overall health</b>
<b>Target Population</b>	<b>Local population – All ages at risk</b>
<b>Goal</b>	<b>Promote health lifestyle choices through increased awareness and education of healthy behaviors and risk factors contributing to advancement of chronic disease. Improve access to treatment services related to needs identified</b>
<b>Progress and Accomplishments to Date:</b>	
<b>Diabetes:</b>	
<ul style="list-style-type: none"> <li>• Implemented the insulin assistance program, “Project Hope” which provides insulin assistance for uninsured, under insured and individuals, at no cost, who are experiencing financial hardship.</li> <li>• The Diabetes Center staff (Diabetes educator, registered dietitian, and support staff) attended various community health fairs providing free educational materials and blood glucose testing.</li> <li>• Established a Type 1 Youth Diabetes Support Group</li> <li>• Provided Free Pre-Diabetes/Diabetes Education presentations to local churches, assisted living facilities and businesses</li> <li>• Offered the annual Diabetes Boot Camp each fall which focuses on management of diabetes in the school. All schools in the area are invited and the course is free.</li> <li>• Certified Diabetes Educator/RN volunteers at the regional diabetes camp “Camp Stix”. Camp Stix is a week long, sleep away camp specifically for children with Diabetes</li> <li>• Hosted the annual Diabetes Awareness Fair each November. This event is free to public</li> <li>• Diabetes staff participates in local Diabetes Coalition group.</li> </ul>	

<b>Priority Need</b>	<b>Mental Health</b>
<b>Target Population</b>	<b>Local population – All ages at risk</b>
<b>Goal(s)</b>	<b>Increase awareness of the community and care providers of mental health programs and resources within the region. Advocate for implementation of programs/services to address mental health needs</b>
<b>Progress and Accomplishments to date:</b>	
<ul style="list-style-type: none"> <li>• Supported the efforts to gain funding for the implementation of a drug treatment center in Nez Perce County.</li> <li>• Throughout Mental Health Month (May), various activities were held to educate the community and care providers of available resources in the area.</li> <li>• Provided Mental Health 1<sup>st</sup> Aid Training for both adults and youth to educate non-professionals to identify the warning signs of a mental health crisis, how to respond appropriate and learn where to get help.</li> <li>• Provided mental health depression screenings at various health fairs</li> <li>• Held Annual Rural Mental Health Symposium providing educational opportunities for community members and behavioral/mental health providers</li> <li>• Maintain a presence on and participate in the Regional Mental Health Board</li> <li>• Recruitment of mental health providers.</li> <li>• Expanded therapy services by adding additional staff</li> <li>• Mental health staff gave numerous presentations regarding mental health awareness, healthy strategies, and available resources and services to organizations, agencies and community partners.</li> <li>• Implemented a Crisis team.</li> <li>• Hosted and participated in Crisis Intervention Training for law enforcement.</li> </ul>	



<b>Priority Need</b>	<b>Cancer</b>
<b>Target Population</b>	<b>Local population – All ages at risk</b>
<b>Goal</b>	<b>Continue to provide and enhance cancer treatment services. Increase awareness and promote healthy behaviors, reduce risk factors contributing to advancement of the cancer</b>
<b>Progress and Accomplishments to date:</b>	
<ul style="list-style-type: none"> <li>• Expanded access to cancer treatment options and clinical advances through a formal affiliation with the Seattle Cancer Care Alliance</li> <li>• Expanded services to provide oral chemotherapy</li> <li>• Provide prescription assistance program to support patients in accessing available resources to obtain needed prescriptions</li> <li>• Acquired and installed a module interfaced to our Comprehensive Oncology Electronic Medical Record to create survivorship care plan. Launched survivorship program with survivorship cancer plans for breast cancer</li> <li>• Partnered with the American Cancer Society and provide space/location for the ACS Cancer Resource Center</li> <li>• Major sponsor of the Relay for Life event</li> <li>• Partnered with Women’s Health Check to assist under insured women receive screening mammograms</li> <li>• Partnered with the Snake River Community Clinic to provide free, onsite screening mammograms via St. Joseph’s mobile mammography coach.</li> <li>• Provided and promoted cancer screening programs: Mammography, Colonoscopy, Fecal Occult Blood Tests</li> <li>• Implemented the STAR Rehab Program that offers rehabilitation for cancer patients and cancer survivors to improve their outcomes and satisfaction with cancer treatment.</li> <li>• Established the “Moving On” Cancer Support Group.</li> <li>• Began collaboration with local Valley Live Strong Support Group to form Valley Strong Cancer Support Group</li> <li>• Attended various community health fairs and events providing educational materials</li> <li>• St. Joseph staff provided free, educational programs to the community related to nutrition, physical activity and cancer risk.</li> <li>• Partnered with the local public health department to expand access and promote the use of comprehensive tobacco cessation programs and services.</li> <li>• Major sponsor and/or supporter of various events in the region that promote and support breast cancer prevention, treatment and survivorship such as Pink Ribbon Luncheon, Jogs for Jugs, Gina Quesenberry Foundation Golf Tournament, Lewiston Roundup – Tough Enough to Wear Pink, &amp; Chick &amp; Chaps.</li> <li>• St. Joseph’s Breast Imaging Center held numerous “Mammograms &amp; Massage” events to promote screening mammogram. Patients receive a complimentary massage, refreshments and education at the event. These events are offer to the public, St. Joseph staff and businesses.</li> <li>• St. Joseph staff are active on area coalitions, advocacy groups to ensure collaborative efforts within the region including, but not limited to: Cancer Awareness &amp; Prevention Coalition, Regional Tobacco Task Force, American Cancer Society, Gina Quesenberry Foundation</li> <li>• In 2015, St. Joseph hosted our first Cancer Survivors Dinner with 68 guests in attendance. The event featured a speaker on Cancer Survivorship.</li> </ul>	



<b>Priority Need</b>	<b>Access to Care</b>
<b>Target Population</b>	<b>Local population – All</b>
<b>Goal</b>	<b>Enhance healthcare for target population</b>
<b>Accomplishments to date:</b>	
<ul style="list-style-type: none"> <li>• Provided space to CHAS (Federally Qualified Health Clinic) at no charge</li> <li>• Supported the Snake River Community Clinic</li> <li>• Recruited new care providers</li> <li>• Provide assistance to the community, providers and staff, through our Senior Life program, to ensure access to programs including Medicare, Medicare Part D and various prescription assistance programs</li> <li>• Promoted and supported legislative efforts promoting implementation of state health insurance exchanges through presentations to various local key stakeholders</li> <li>• Promoted and supported legislative efforts promoting Medicaid and Managed Care expansion through presentations to various key stakeholders and via our website</li> <li>• Implemented patient navigators to assist under insured patients with applying for ACA health insurance.</li> <li>• Proactivity share financial assistance policies with various nonprofit agencies.</li> <li>• Recruited new providers</li> </ul>	



## Survey

# 2016 Community Needs Assessment – Community Survey

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

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

### RESPONDENT CHARACTERISTICS

**1. To which of the following age groups do you currently belong:**

- |                                   |                                      |
|-----------------------------------|--------------------------------------|
| <input type="checkbox"/> Under 18 | <input type="checkbox"/> 55-64       |
| <input type="checkbox"/> 18-24    | <input type="checkbox"/> 65-74       |
| <input type="checkbox"/> 25-34    | <input type="checkbox"/> 75-84       |
| <input type="checkbox"/> 35-44    | <input type="checkbox"/> 85 or older |
| <input type="checkbox"/> 45-54    |                                      |

**2. Are you:**

- Male  Female

**3. Which of the following do you consider to be your primary race?**

- White/Caucasian  
 Black/African American  
 Native American/Alaskan Native  
 Asian/Pacific Islander  
 Other (Please specify) \_\_\_\_\_

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

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> Less than \$10,000 | <input type="checkbox"/> \$35,000 – 49,999 | <input type="checkbox"/> \$150,000 – 199,999 |
| <input type="checkbox"/> \$10,000 – 14,999  | <input type="checkbox"/> \$50,000 – 74,999 | <input type="checkbox"/> \$200,000 or more   |
| <input type="checkbox"/> \$15,000 – 24,999  | <input type="checkbox"/> \$75,000 – 99,999 | <input type="checkbox"/> \$25,000 – 34,999   |
| <input type="checkbox"/> 149,999            |  | <input type="checkbox"/> \$100,000 –         |

**5. In what county do you live?**

- |                                     |                                 |
|-------------------------------------|---------------------------------|
| <input type="checkbox"/> Nez Perce  | <input type="checkbox"/> Latah  |
| <input type="checkbox"/> Clearwater | <input type="checkbox"/> Lewis  |
| <input type="checkbox"/> Idaho      | <input type="checkbox"/> Asotin |

**6. In what county do you work?**

- Nez Perce
- Clearwater
- Idaho
- Latah
- Lewis
- Asotin

**7. How many people are currently living in your house?**

- 1
- 2
- 3
- 4
- 5
- 6
- 7
- 8+

**8. How many are adults age 65 years or older?**

(Include yourself if appropriate) \_\_\_\_\_

**9. How many are children under 18 years old?** \_\_\_\_\_ children

**10. Of these children, how many are:**

	0	1	2	3	4	5	6
Pre-Kindergarten in age	___	___	___	___	___	___	___
Grades k-6	___	___	___	___	___	___	___
Grades 7-12	___	___	___	___	___	___	___

**EDUCATION CONCERNS**

**11. If you have children in your household under 18 years old, which of the following are they enrolled in: (Mark all that apply).**

- Child Care
- Before-school childcare
- After school childcare
- After school programs
- None of these
- No children in household

**HEALTH CONCERNS**

**12. When you or members of your household need basic, non-emergency medical care, where do you usually go?**

- Community Clinics (SRCC, CHAS, Public Health)
- Urgent care clinic
- Emergency department
- Primary care provider/Family physician/Nurse Practitioner
- Do not seek medical care
- Other: Specify: \_\_\_\_\_

**13. Is everyone in your household covered by health insurance?**     Yes     No



14. If yes, what coverage do you have: (Mark all that apply)

Medicare                       Medicaid  
 Private Insurance               Military Insurance     Other \_\_\_\_\_

15. In 2015 did you or anyone in your household need:

	Yes	No		Yes	No
Medical care			If YES, was the care received?		
Dental care			If YES, was the care received?		
Mental health care			If YES, was the care received?		
Substance abuse care			If YES, was the care received?		
Prenatal care			If YES, was the care received?		
Did you travel over 50 miles to receive the healthcare services you needed?					

**INCOME AND SELF-SUFFICIENCY CONCERNS**

16. Are you currently employed?  Yes-full-time  Yes-part-time  No

17. If you answered "No" to #15, are you:

Homemaker               Retired                       Disabled  
 Student                       Unemployed

18. Within the past 12 months, has anyone in your household sought education or training to qualify for a higher paying job?  Yes  No

19. If yes, were you able to obtain education or training?  Yes  No

20. During the past 12 months, did you miss a rent, mortgage or utility payment because you did not have enough money?  Yes  No



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

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

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



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

**24. Where/How did you receive this survey?**

Non-profit or Charitable Organization

Workplace

Community meeting

Online

United Way

Hospital or Clinic

Personal Contact

Other

**25. Any additional comments or thoughts you would like to share about the needs of our community?**

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Thank you for participating in this Community Assessment.

Your time is appreciated by the:

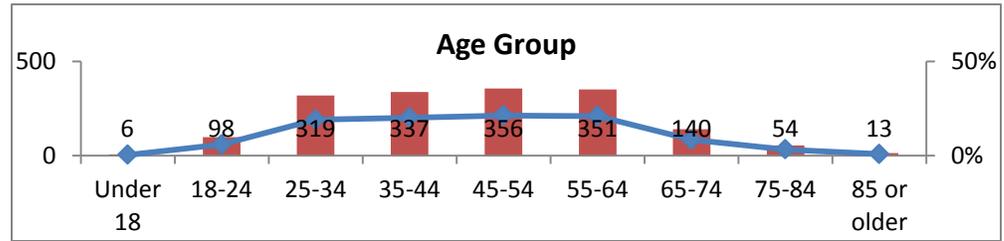
Twin County United Way, 208-743-6594  
 St. Joseph's Regional Medical Center, 208-750-7353  
 Public Health – Idaho North Central District, 208-799-0344



## Survey Results

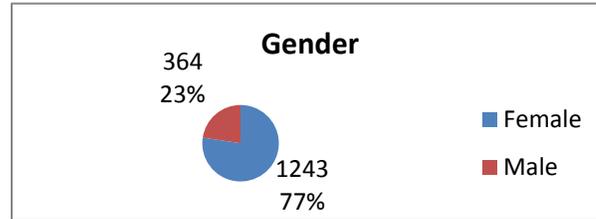
Q1: To which of the following age groups do you currently belong:

Answered: 1,674  
Skipped: 11



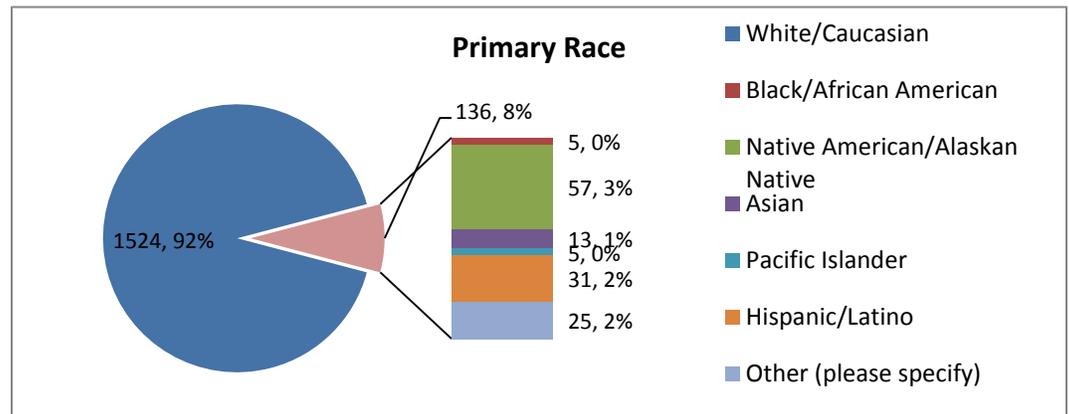
Q2: Are you:

Answered: 1,607  
Skipped: 78



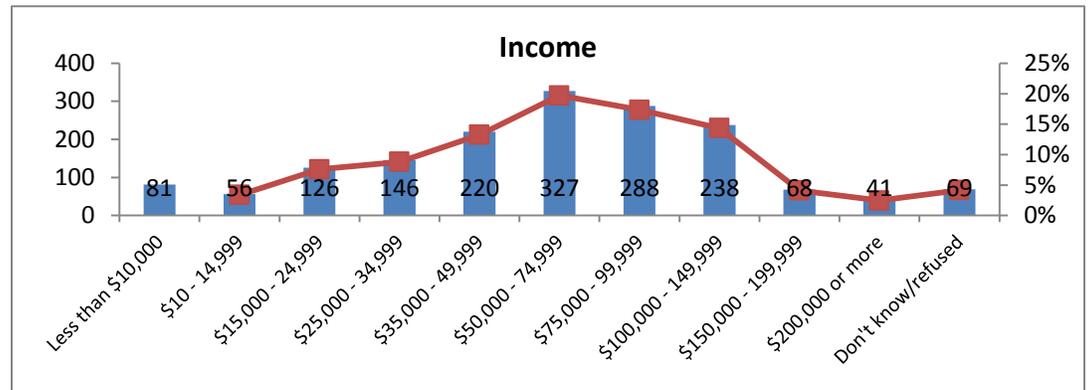
Q3: Which of the following do you consider to be your primary race:

Answered: 1,660  
Skipped: 25

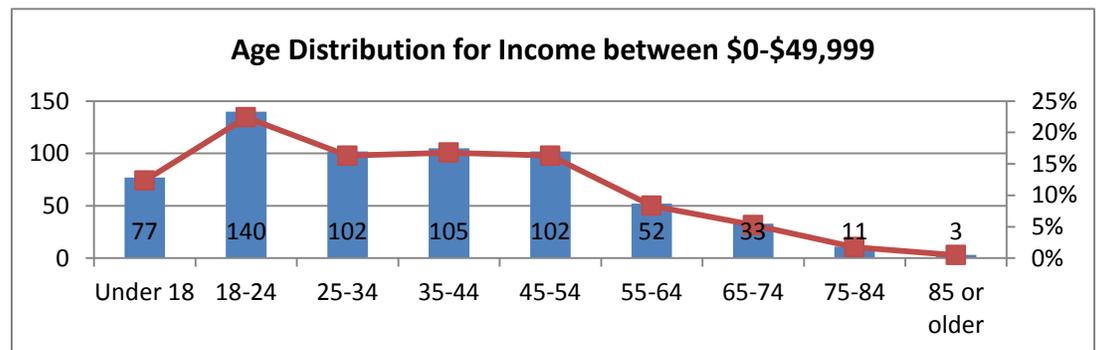


Q4: Counting income from all sources for everyone living in your household, which category below represents your annual household income for 2015 before taxes (gross income):

Answered: 1,660  
Skipped: 25



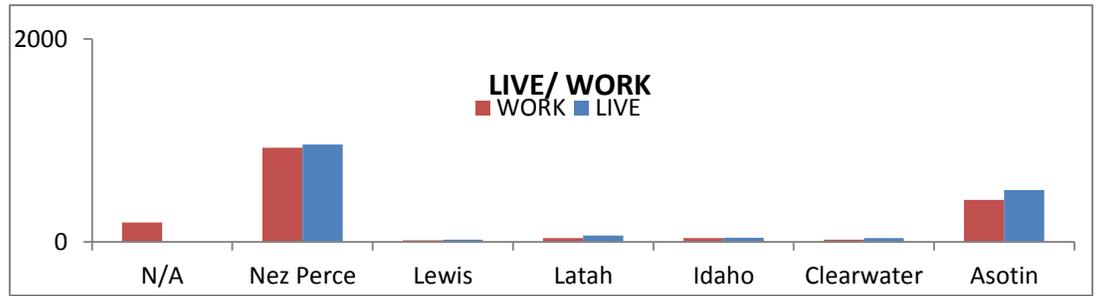
Q4 (A): Age Distribution of Q4 responses ONLY Less Than \$10,000 to \$49,999



Q5: In what county do you live?

Answered: 1,637

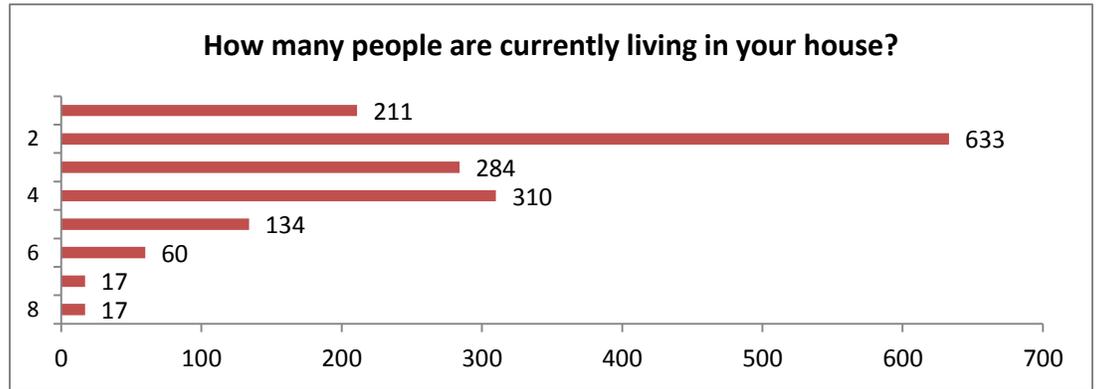
Skipped: 48



Q6: In what county do you work?

Answered: 1,647

Skipped: 38



Q7: How many people are currently living in your house?

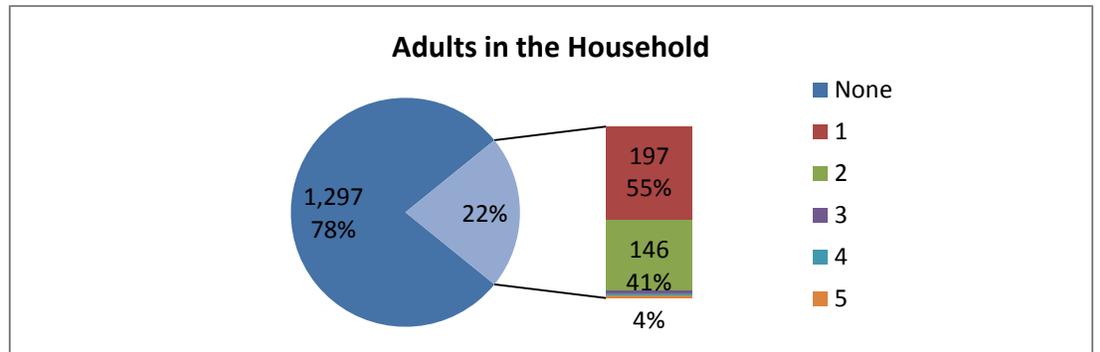
Answered: 1,637

Skipped: 48

Q8: How many are adults age 65 years or older? (Include yourself if appropriate)

Answered: 1,637

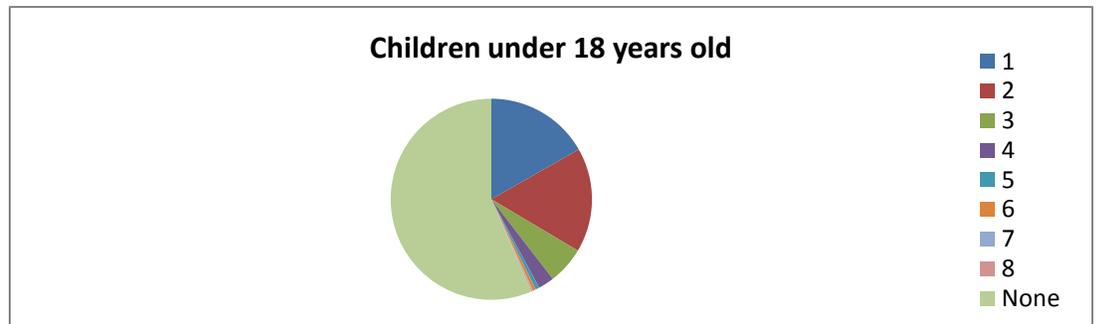
Skipped: 48



Q9: How many children under 18 years old?

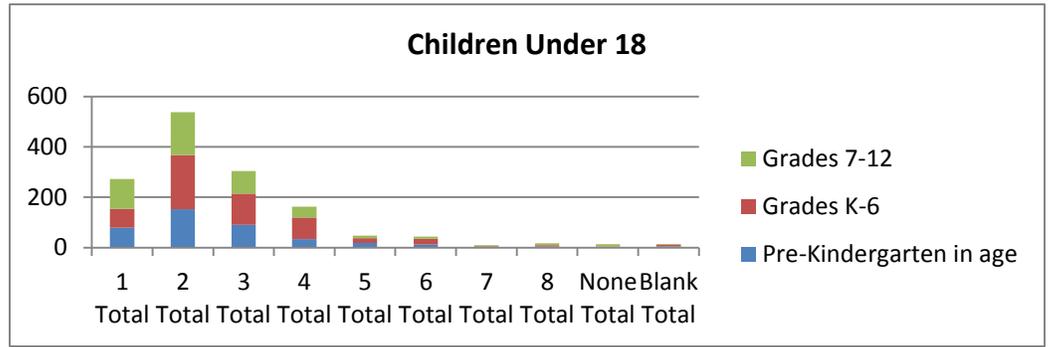
Answered: 1,646

Skipped: 39



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

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



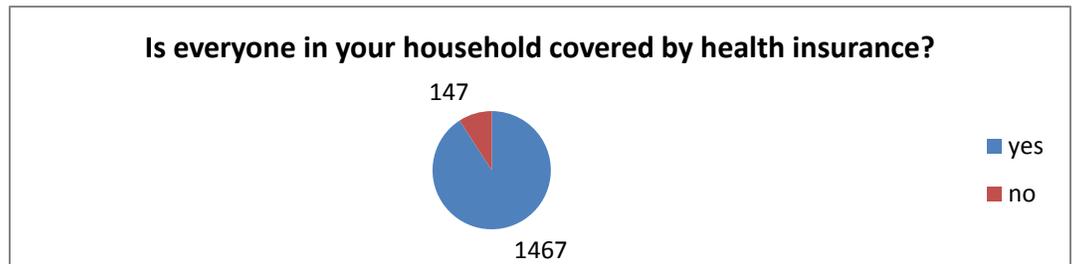
Q11: If you have children in your household under 18 years old, which of the following are they enrolled in:  
 Answered: 1,416  
 Skipped: 269

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

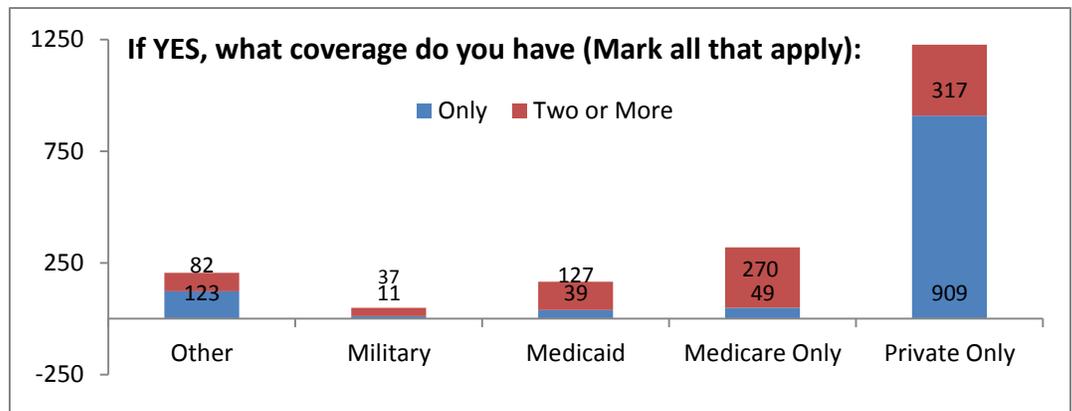
Q12: When you or members of your household need basic, non-emergency medical care, where do you usually go?  
 Answered: 1,619  
 Skipped: 66

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

Q13: Is everyone in your household covered by health insurance?  
 Answered: 1,614  
 Skipped: 71

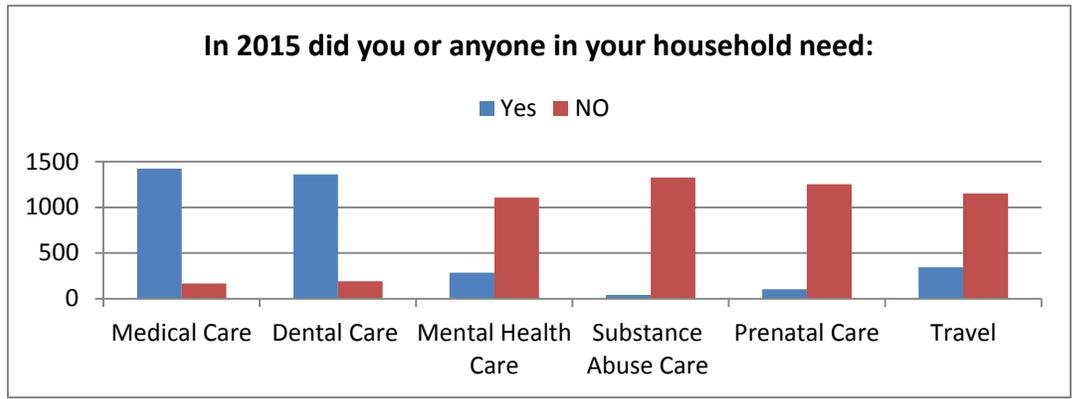


Q14: Is everyone in your household covered by health insurance?  
 Answered: 1,527  
 Skipped: 158

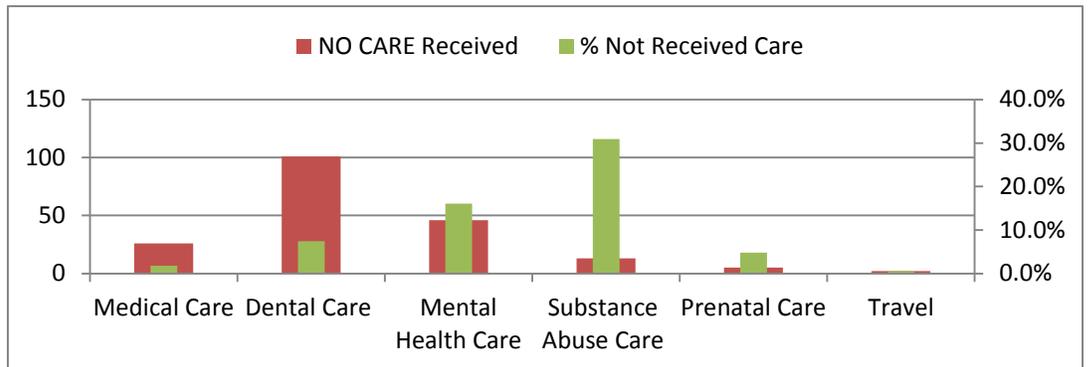


Q15: In 2015 did you or anyone in your household need:

Answered: 1,614  
Skipped: 71

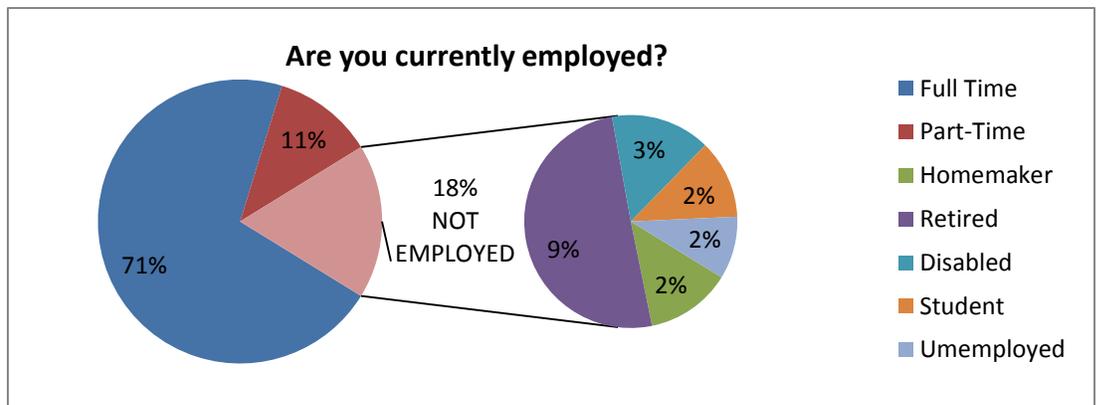


IF YES, was the care received?



Q16: Are you currently employed?

Answered: 1,616  
Skipped: 69

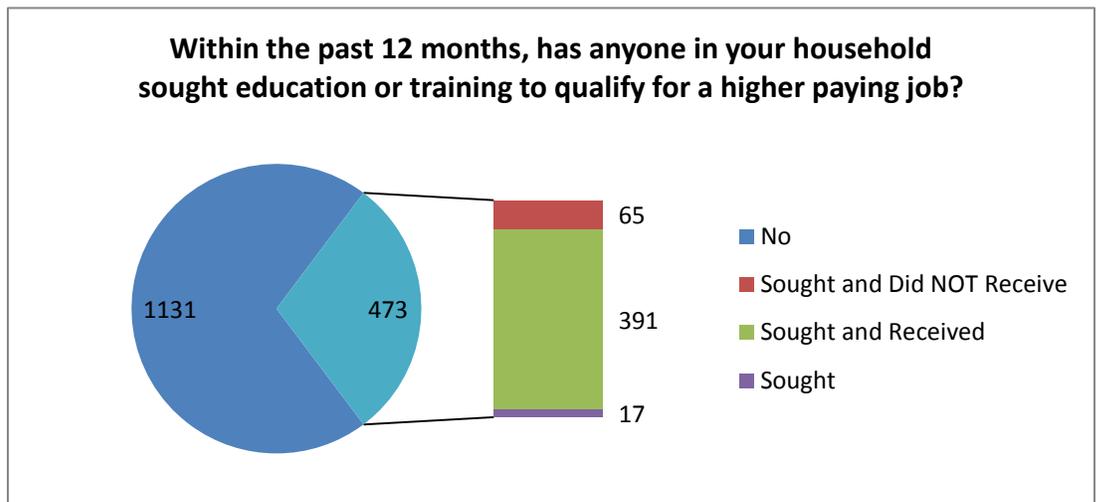


Q17: If NO, are you?

Answered: 304  
Skipped: 1,375

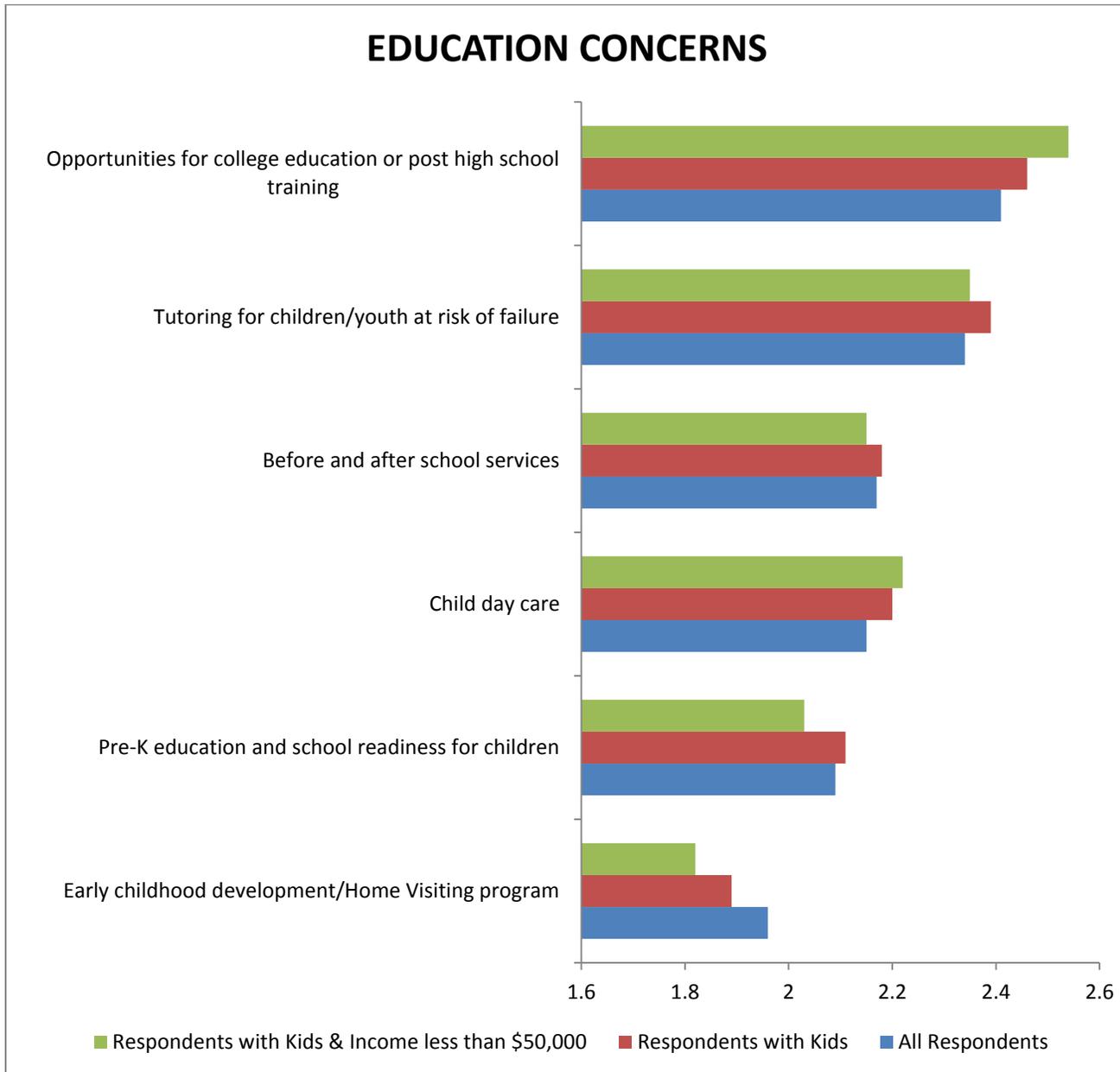
Q18: Within the past 12 months, has anyone in your household sought education or training to qualify for a higher paying job?

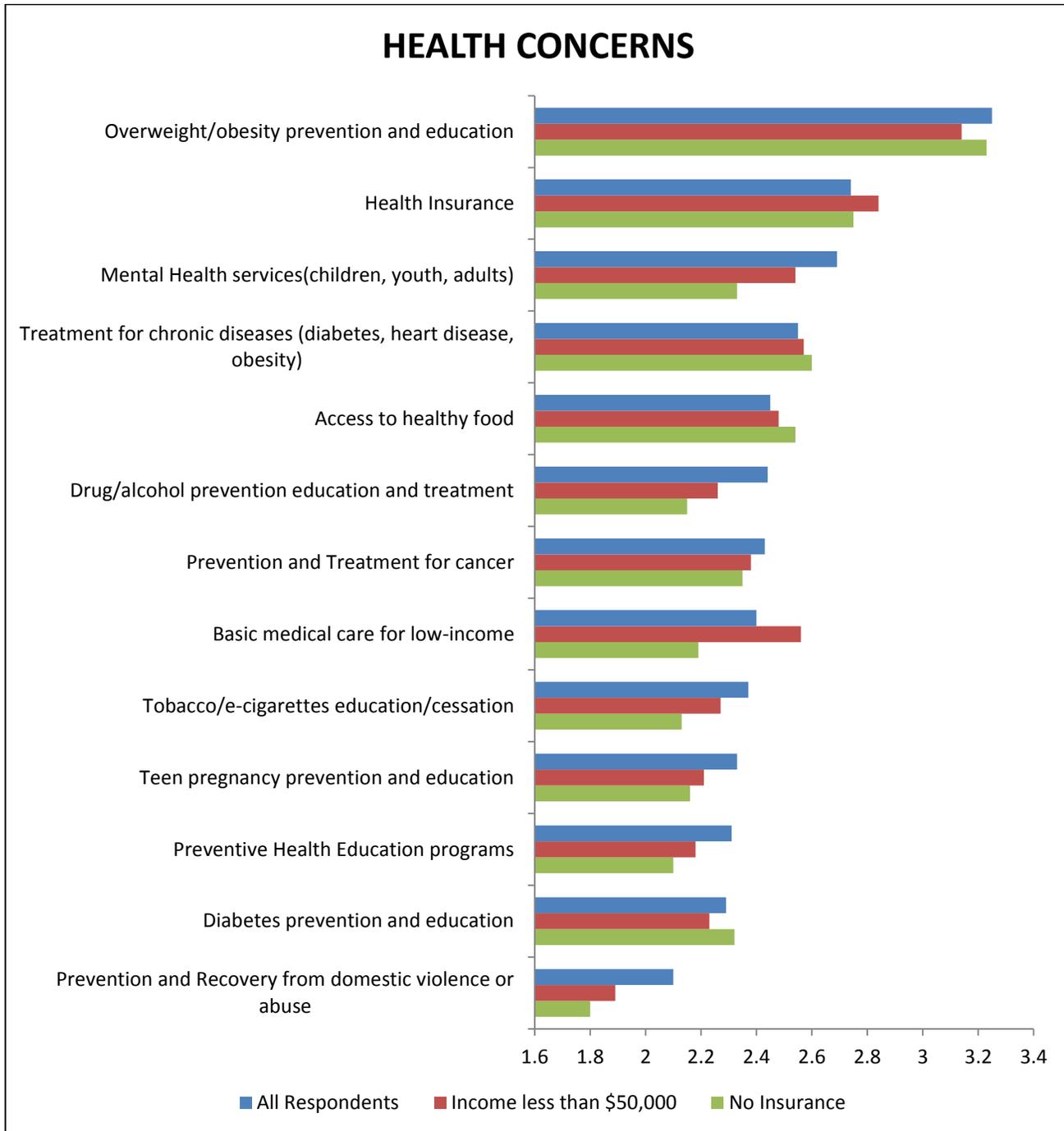
Answered: 1,604  
Skipped: 81

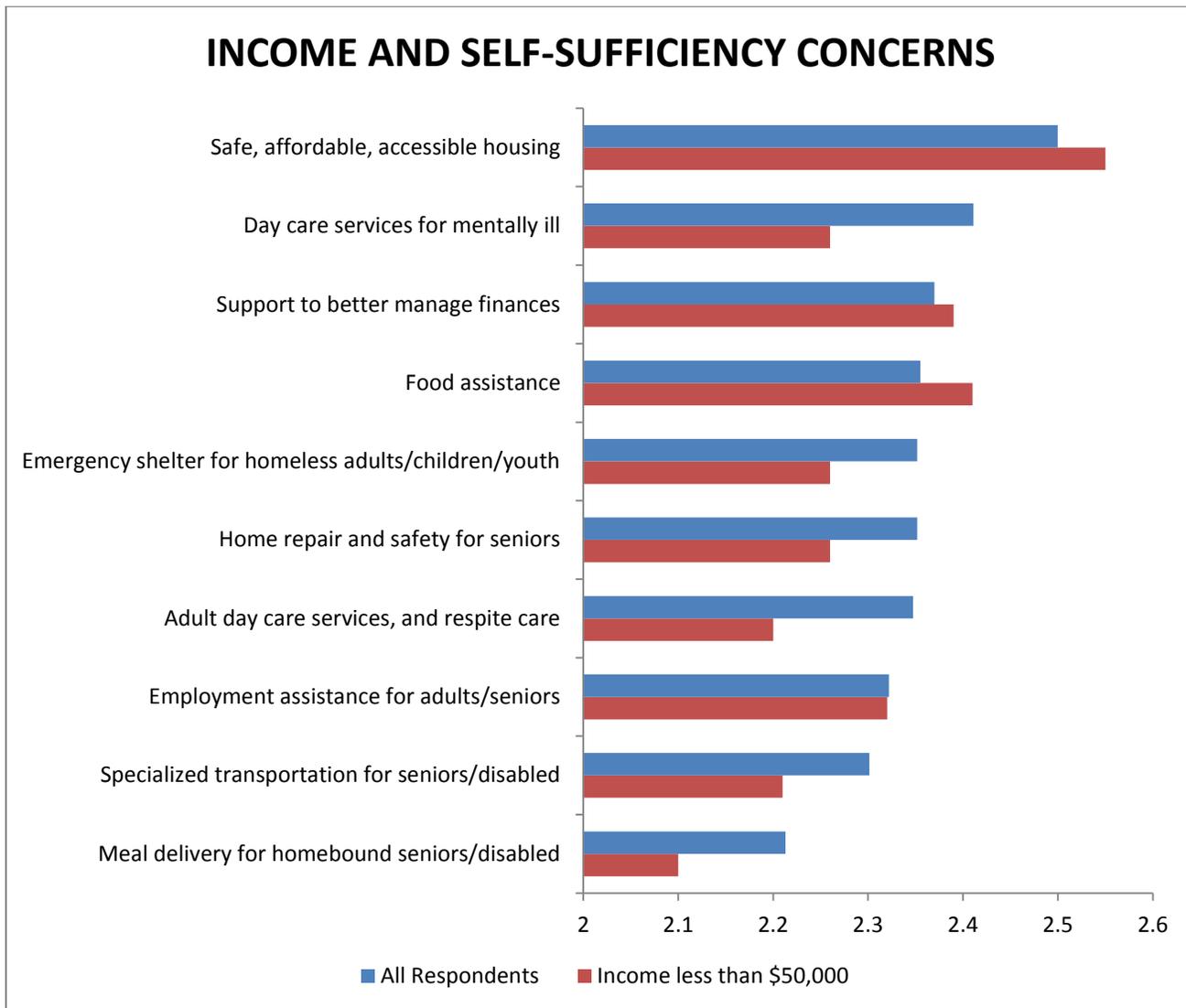


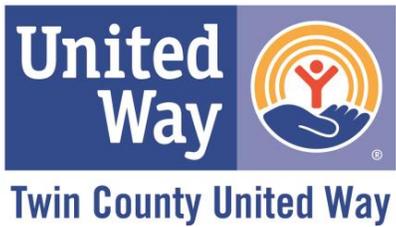
Q19: If YES, were you able to obtain education or training?

Answered: 1,132  
Skipped: 553











February 12, 2015

Dear Potential Partner:

On behalf of Ascension Health (“Ascension”), we thank you for your interest in a potential business combination with Lourdes Health Network (“LHN”) and St. Joseph Regional Medical Center (“SJPMC”), collectively (the “Subsidiary Entities”). LHN and SJPMC are subsidiaries of Ascension, the nation’s largest Catholic non-profit health system. SJPMC, based in Lewiston, Idaho with 145 licensed beds, is the largest full service medical center between Boise, Idaho and Spokane, Washington. LHN is a designated critical access hospital based in Pasco, WA. Both organizations are positioned in their respective markets to carry out Ascension’s mission to serve all people, with special attention to those who are poor and vulnerable, and provide clinically excellent care.

Kaufman, Hall & Associates, Inc. (“Kaufman Hall”) has been engaged as the exclusive financial advisor to Ascension and the Subsidiary Entities in connection with the evaluation of a business combination with another health system (the “Process”). The enclosed Request for Proposal will describe the outline for your good faith, nonbinding indication of interest (the “Response”). In addition, we have included information on key dates and other steps in the Process, below.

With respect to a transaction, Ascension prefers a business combination that includes both hospitals collectively and will give preference to Responses that propose such a structure. However, Ascension will accept responses related to one of the two hospitals individually.

All communication and the submission of your nonbinding indication of interest should be directed to Kaufman Hall. Please do not contact anyone at LHN, SJPMC or Ascension including board members, management, physicians, employees or other agents, regarding this solicitation of interest or any matter related to the potential business combination.

Please note that the contents of this letter are highly confidential. Any questions regarding the Process, requests for additional information and other inquiries should be directed to the following individuals at Kaufman Hall:

James W. Blake  
*Managing Director*  
[jblake@kaufmanhall.com](mailto:jblake@kaufmanhall.com)

Deborah Pike  
*Vice President*  
[dpike@kaufmanhall.com](mailto:dpike@kaufmanhall.com)

Courtney L. Midanek  
*Vice President*  
[cmidanek@kaufmanhall.com](mailto:cmidanek@kaufmanhall.com)

## **LHN / SJRMC INFORMATION**

As described, Ascension is exploring a partnership opportunity for LHN and SJRMC, and has supplied information regarding these organizations to assist in the assessment of a potential transaction. Detailed information on the Subsidiary Entities and this unique partnership opportunity can be found in the Confidential Descriptive Memorandum (the “CDM”).

## **RESPONSE DEADLINE**

We request that each respondent submit a written, good-faith, nonbinding indication of interest to Kaufman Hall no later than Thursday, March 5, 2015 by 5:00 PM central time. Please send your response electronically using the email addresses provided above.

## **OUTLINE FOR NONBINDING INDICATIONS OF INTEREST**

Interested parties are requested to answer each of the questions listed below in detail in their Response. Since Ascension, the Subsidiary Entities and Kaufman Hall will utilize your responses to identify one or more respondents to proceed to the next phase of discussions, you are requested to provide specific, succinct and good-faith responses in the following outline:

### **I. POTENTIAL PARTNER DESCRIPTION**

#### **A. Description of Organization/Services.**

1. Please provide a detailed description of your organization.
2. Please provide a listing of the facilities you own, lease, or sponsor in the states of Idaho, Washington, and Oregon as well as facilities in other cities or states.

## **B. Strategic Direction.**

1. Please articulate the strategic direction of your organization. Please address how your organization's philosophy, vision, and values align with the Subsidiary Entities including commitments to the community and a compatible leadership and management philosophy (as exemplified by mission statement, charity care, employee satisfaction, internal as well as community educational programs, and other efforts that exemplify commitment to the community).
2. Please provide an overview of all current affiliations with hospitals, regional medical centers, systems, and/or payors, to include networks and alliances for functions such as managed care and shared services.

## **C. Financial Strength.**

1. Please provide copies of your last three (3) years of audited financial statements, and year-to-date financial statements for fiscal year 2015, as well as any rating updates or reviews by Moody's, Standard and Poor's, Fitch, or a comparable credit rating agency.

## **II. POTENTIAL TRANSACTION STRUCTURE**

### **A. Strategic Relationship.**

1. LHN and SJRMC are interested in a sale or fully integrated strategic partnership that will enhance their operating performance and market presence while preserving their heritage, identity and long-term viability. Please provide a detailed description of your proposed model for the strategic relationship with LHN and SJRMC.

### **B. Consideration.**

1. Please describe the proposed structure(s) of your envisioned partnership with the Subsidiary Entities;
2. Please provide the amount, form and type of financial consideration to be paid to Ascension;
3. Please describe material assumptions, if any, upon which the consideration is based, as well as any conditions or contingencies that may be material to an assessment of your Response;

4. Please provide your source(s) of financing, the expected timing of its availability and any conditions related thereto;
5. Please provide an indication of the time required to complete the proposed transaction;
6. Please discuss any corporate or regulatory approvals or third-party consents required to complete your proposed transaction;

### **III. GOVERNANCE AND LOCAL CONTROL**

1. Please describe how your proposed structure would assure accountability to the communities served by LHN and SJRMC.
2. Please indicate the proposed governance structure for LHN and SJRMC under your envisioned structure.

### **IV. CLINICAL SERVICES**

You are asked to address the following topics based on the information we have provided. You may provide additional information as attachments if desired.

#### **A. General.**

1. How would the transaction improve local access to primary and specialty care and attract patients to these locally provided services? Please provide examples of your success in this regard in this or other communities.
2. Specifically, describe how you would expect the transaction to:
  - i. Reduce out-migration;
  - ii. Increase access to specialty services;
  - iii. Reduce or increase, in total, inpatient and outpatient volume, referencing specific tactics that would be used; and
  - iv. Improve brand awareness
3. How would the transaction affect LHN's and SJRMC's ability to provide appropriate levels of care commensurate with their respective size and the needs of the communities they serve?

4. How would the transaction affect LHN's and SJRMC's mix and level of services currently provided and their ability to gain market share with respect to these services?

## **B. Clinical Excellence.**

1. How would the transaction enhance measurable levels of clinical quality and patient satisfaction at the Subsidiary Entities? Please provide specific data relative to your organization's track record of enhancing clinical quality and patient satisfaction.
2. How would the transaction enhance measurable levels of hospital staff and physician recruitment, retention, and satisfaction at the Subsidiary Entities?
3. Please describe illustrative operational models and administrative tools proven effective by your organization in increasing patient safety, operational efficiency, and clinical quality.

## **C. Commitment to Physicians.**

1. Please describe the impact of your proposed transaction structure on the medical staffs of LHN and SJRMC.
2. How would the transaction support LHN's and SJRMC's ability to align effectively with members of their respective medical staffs?
3. Please describe any successful physician integration models from your organization that you would use at the Subsidiary Entities?
4. Please describe how the transaction would reduce costs, improve volumes, and enhance the practice operations of the Subsidiary Entities' employed physicians.
5. Please describe your commitment to the recruitment of primary care physicians who will practice in the communities served.
6. Please describe your commitment to the recruitment of specialist physicians who will practice in the communities served.
7. Please describe how the transaction would assure LHN's and SJRMC's access to clinical best practices.
8. Please describe how the transaction would establish a trusting partnership between your organization and the medical staffs at the Subsidiary Entities.

## **D. Commitment of Capital.**

1. Both LHN and SJRMC would expect the transaction to enhance their access to capital in order to facilitate the mutually agreed upon strategic goals and objectives. Please describe your commitment to provide capital to LHN and SJRMC to accommodate growth, expand market presence, and update or replace facilities where needed.
  - i. Please describe the general nature and scope of facilities that your organization would commit to construct, renovate, or expand at the Subsidiary Entities. Please include an estimate of capital dollars and development timing, subject to further diligence.
  - ii. Please describe commitments to provide capital dollars for non-facilities-related investments such as physician recruitment, information technology, or other uses for LHN and SJRMC.
2. Describe your process for determining future capital investments beyond the commitment period.

## **E. Commitment to Community.**

1. Please describe your commitment to continuing LHN's and SJRMC's charity care and community benefits programs.
  - i. Would your organization commit to provide appropriate services to all patients without regard for their ability to pay?
2. Identify examples of any other formal current or proposed efforts by your organization to expand access to care for indigent and uninsured patients.
3. How would the transaction support a formal, ongoing process to plan for, measure, and report on community benefit, demonstrating and quantifying the return received by the LHN and SJRMC communities?
4. Please provide any current community benefit results prepared for your organization and its individual health care provider organizations.

## **F. Religious Identity**

Please comment on your willingness to work with the local Bishop in reaching an arrangement that would continue the operations of LHN and SJRMC in a manner

consistent with their Catholic tradition, including compliance with Ethical and Religious Directives for Catholic Health Care Services.

## **G. Commitments to Employees.**

LHN and SJRMC value their employees and would expect any transaction to honor the seniority of employees, and provide benefits and compensation comparable to present levels. How do you see the transaction impacting the current employees of LHN and SJRMC (including their employed physicians) and what commitments would you make with respect to their employees?

## **H. Economies of Scale/Operations.**

In what specific ways not described above would the transaction serve and enhance the financial and operating performance of the Subsidiary Entities:

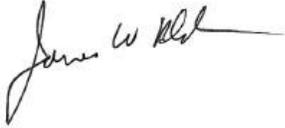
1. Please describe any economies of scale that could be realized as a result of the transaction.
2. Please describe your expectations regarding the provision of certain centralized services to the transaction (e.g., Information Technology Services, treasury, supply chain, risk and insurance) presently provided to LHN and SJRMC by Ascension.
3. Please comment on your commitment to continue to operate the health care related facilities of the Subsidiary Entities and retain all current services in their respective communities. Specify any time period related to your commitments.

## **I. Experience.**

Please provide your experience in other transactions that you have completed, including a reference for each situation described.

This Request for Proposal and all discussions and correspondence that take place during the Process are confidential and are subject to the Confidentiality & Non-Disclosure Agreement entered into by your organization and Ascension. Each party will bear the costs of its own investigation and evaluation during the Process, including the fees and disbursements of its legal counsel and other advisors. Should you decide not to participate in the Process at any point, please notify Kaufman Hall immediately.

Sincerely,  
KAUFMAN, HALL & ASSOCIATES, INC.

A handwritten signature in black ink, appearing to read "James W. Blake". The signature is fluid and cursive, with a long horizontal stroke extending to the right.

James W. Blake  
Managing Director

DP/CM:sd  
Attachment

RESPONSES TO ATTORNEY GENERAL FOR THE STATE OF IDAHO

FIRST INFORMATION AND DOCUMENT REQUESTS

RESPONSE TO REQUEST #22

*To the extent not provided in a response to another Request, describe in detail Respondent's plan to maintain the community's continued access to affordable health care following the completion of the proposed acquisition. If Respondent's plan involves any anticipated reduction or elimination of health services, describe in detail the availability to Respondent's community of similar, but alternative services should such elimination or reduction occur. Include copies of all documentary material reflecting Respondent's plan.*

Response:

For at least ten (10) years following the effective time of the proposed acquisition (the "Effective Time"), St. Joseph Hospital, LLC (the "Purchaser") shall cause St. Joseph Regional Medical Center (the "Hospital") to have a local board of trustees (the "Local Board") composed of physicians from the Hospital's active medical staff and local community leaders. Twenty-five percent (25%) of the members of the Local Board (but in no event less than three (3) members of the Local Board) shall be members of the local community. The members of the Local Board shall have the right and shall exercise the responsibilities set forth in the Board of Trustee Bylaws, which shall include but not be limited to: (1) adoption of a Hospital Vision, Mission and Values Statement (which, among other things, would assure that the Hospital and their medical staffs provide quality medical care that meets the needs of the community and to advise on all material plans in respect of the allocation of appropriate resources and support systems, all as required for Joint Commission purposes); (2) participation in strategic planning and business decisions relating to the Hospital; (3) identification of new service and educational opportunities; and (4) oversight of Purchaser's commitment to maintain charity care and indigent care policies, including any material changes to the charity and indigent care policies of the Hospital.

- a. The Purchaser will be required to: (1) implement reasonable policies for treatment of indigent patients in a manner generally consistent with the charity care policies and practices in effect immediately prior to the Effective Time; and (2) provide the same general levels of charity care provided by St. Joseph Regional Medical Center, Inc. (the "Seller") and its affiliates prior to the closing of the proposed acquisition. Any material changes to such policies made by Purchaser (other than those that are required by, or are a reasonable response to, changes in applicable law or policies of any governmental authority) shall be subject to approval of the Local Board. Also, for a period of ten (10) years after the Effective Time, Purchaser shall cause the Hospital to continue to participate in the Medicare and Medicaid programs, and implement reasonable policies for the community benefit programs in a manner generally consistent with the Business' community benefit programs, policies and practices in effect immediately prior to the Effective Time.

"Business" means the business and operations of the Hospital and the healthcare facilities and operations related to the physician practices affiliated with the Hospital or the subsidiaries of Seller.

- b. Within five (5) years of the Effective Time, Purchaser and its affiliates shall expend or commit to expend not less than \$57,000,000 in the aggregate on capital expenditures at the Business in furtherance of the health care needs of the communities served by the Business. Purchaser shall consult with the Local Board to assist Purchaser in identifying the most appropriate and needed areas for investments of capital.
  
- c. The Purchaser, or its affiliates, will be required for a period of at least five (5) years after the Effective Time, except as provided by the Local Board, to (a) continue to operate the Hospital as a general acute care hospital, (b) continue to provide general surgery, general medicine and emergency department services at the Hospital, and (c) not make any material reductions to, or changes in, the mix or level of services offered at the Hospital as of the calendar day immediately prior to the Effective Time. Only to the extent that any such service commitment becomes commercially unreasonable, obsolete or generally disfavored in the medical industry based on advances in medicine, medical technology or generally recognized best practices in the medical industry, Purchaser may seek the consent of Seller to discontinue the provision of any such service commitment, and Seller's consent shall not be unreasonably withheld.

RESPONSES TO ATTORNEY GENERAL FOR THE STATE OF IDAHO

FIRST INFORMATION AND DOCUMENT REQUESTS

RESPONSE TO REQUEST #23

*Describe in detail Respondent's plan to maintain existing hospital privileges post-transaction. Produce copies of all documentary material reflecting Respondent's plan.*

Response:

In order to ensure continuity of care in the community, Purchaser must ensure that the operations of the medical staff of the Hospital shall be substantially unchanged as a result of the closing of the transactions contemplated by the Asset Purchase Agreement, including, without limitation, the Hospital's medical staff members in good standing as of the Effective Time who continue to meet the requirements of their applicable medical staff category (pursuant to the Hospital's Medical Staff Bylaws) shall maintain medical staff privileges without change in medical staff status (i.e., active, courtesy) at the Hospital as of the Effective Time and the Hospital's medical staff officers in place immediately prior to the Effective Time will initially remain in their same positions as of the Effective Time.

RESPONSES TO ATTORNEY GENERAL FOR THE STATE OF IDAHO

FIRST INFORMATION AND DOCUMENT REQUESTS

RESPONSE TO REQUEST #24

*Describe in detail Respondent's plan to maintain existing health science research and health care provider education following the completion of the proposed acquisition. Produce copies of all documentary material reflecting Respondent's plan.*

Response:

As provided in Respondent's responses to Request #22 and Request #23 above, Purchaser and Seller have committed to maintain the level of community access, service lines, medical staff, and educational programming for up to ten (10) years following the completion of the proposed acquisition. With the leadership of the Local Board, comprised of community leaders and active medical staff physicians, Purchaser and Seller have committed to maintaining the health science research and health care provide education consistent with the current policies and practices of the Hospital.