

# 2021 ELMORE COUNTY COMMUNITY HEALTH ASSESSMENT



May 7, 2021

# Acknowledgements

The Western Idaho Community Health Collaborative would like to thank the following partners and agencies for their support and participation in the Elmore County Get Healthy Idaho Qualitative Needs Assessment.

## SPONSORS:

Get Healthy Idaho

Western Idaho Community Health Collaborative

Central District Health

Elmore County Health Coalition

City of Glens Ferry

City of Mountain Home

Bud Corbus, Elmore County Commissioner

Crystal Rogers, Elmore County Commissioner

Al Hofer, Elmore County Commissioner

Mary Ferguson, Desert Sage Health Centers

Monty White, Mayor of Glens Ferry

Christy Acord, Elmore County Rural Development

Claudia Davila-Zapata

Project Director: Alexis Pickering

Technical Report by: Tami Cirerol



This publication was made possible by the Substance Abuse Prevention and Treatment Block Grant awarded through SAMHSA. Its contents are solely the responsibility of the authors and do not necessarily represent the official views of the Idaho Department of Health and Welfare or the Department of Health and Human Services. 05/2021.

# Summary

The Get Healthy Idaho Qualitative Needs Assessment Technical Report highlights important health needs in Elmore County. The first of its kind, the Qualitative Needs Assessment asked Elmore County residents their thoughts and viewpoints on factors that affect personal and community health.

Through interviews, focus groups, and an online survey, Elmore County residents painted a clear picture of the advantages and disadvantages of living in rural Idaho. From these conversations, three common themes emerged.

**Mental and Behavioral Health.** Residents commented on the need for more providers in mental and behavioral health services overall, including support for children and youth, suicide prevention, and drug treatment programs.

**Outdoor Amenities and Physical Activity.** According to the residents, what makes living in Elmore County great are the outdoor amenities. This includes clean air, uncrowded areas, low traffic, walking paths, and close proximity to outdoor recreation, such as hiking, camping, fishing, and hunting. While the great outdoors is easily accessible, residents would like to see more physical activity opportunities in their town(s). This includes the need for a recreation/community center, with affordable activities for all ages. Additional suggestions include the need for bike lanes, year-round walking track, and outdoor “workout” equipment.

**Local Health Care.** Some residents appreciate the coordinated services offered by Desert Sage Health Center, which includes medical, dental, and behavioral health services in one location, as well as the services provided by St. Luke’s Elmore. However, residents overwhelmingly noted the need for affordable health care, insurance, and dental care; improved access to and availability of local providers; and the need for specialty providers. Specialty providers include vision, dental/orthodontia, hearing, and diabetes services.

Working with the Community Action Team, next steps include identifying priority area(s) and developing a countywide action plan. The action plan will drive a collaborative effort to address the upstream barriers to good health.

# Get Healthy Idaho Qualitative Community Needs Assessment Technical Report

## Introduction

The Department of Health and Welfare's new community investment initiative, Get Healthy Idaho (GHI), awarded the Western Idaho Community Health Collaborative (WICHC) grant funding to help Idahoans live and thrive in safe, healthy and resilient communities. WICHC proposed to work in Elmore County, specifically collaborating with the Elmore County Health Coalition, to reduce health disparities and improve equity, elevating the health of the entire county. WICHC is the first recipient of GHI funding.

WICHC's goal is to unite local leaders in the common cause of improving health through upstream, strategic efforts. The GHI grant provides a unique opportunity for WICHC to work collaboratively with the Elmore County Health Coalition and address the persistent health challenges faced by Elmore County residents.

Much work had been done in Elmore County to create a shared vision for health; however, groups like the Elmore County Health Coalition struggled to move upstream to address behavioral health challenges and diabetes. In past Elmore County health assessments, diabetes and mental health is revealed to be a persistent challenge. WICHC members and communities often share that they are data rich, but information poor. Data is compiled and shared, but there is very little data that goes deeper into the social influencers of health, and stories behind these outcomes. In the application to GHI, WICHC sought to develop buy-in amongst the community and to understand the persistent health challenges in greater detail, hence a qualitative assessment.

To understand the challenges residents face, a Qualitative Community Health Needs Assessment was conducted. The goal of the assessment is to learn from residents of Elmore County the important factors to community and individual health. The assessment will help to inform a meaningful action plan with residents of Elmore County.

## Methods

The purpose of the Qualitative Needs Assessment is to explore residents' perceptions of health, services, and resources in Elmore County. The Qualitative Needs Assessment is a descriptive study, with a focus on the Hispanic/Latinx community, veterans, and Asset Limited, Income Constrained, Employed (ALICE) families.

Data collection involved an online survey, available in both English and Spanish. The English version of the survey was available beginning February 24, 2021 and the Spanish version of the survey was available beginning March 19, 2021. Both surveys closed April 2, 2021.

In addition to the online survey, interviews and focus groups were conducted. Participants of the interviews and focus groups either signed an informed consent form or provided verbal consent. The following list details the interview and focus group schedule:

- Focus Group, Mountain Home, March 3, 2021 and March 5, 2021
- Focus Group (Spanish-speaking facilitator), Mountain Home, March 13, 2021
- Focus Group (Spanish-speaking facilitator), Glens Ferry, March 13, 2021
- Focus Group, Glens Ferry, March 11, 2021

- Interviews, Elmore County Residents, from March 1, 2021 through March 30, 2021

The online survey, as well as the interviews and focus groups, used a semi-structured qualitative questioning route, which included perceived successes and barriers to health, coping strategies, early childhood experience, and recommendations (see Table 1).

Table 1. Questioning Route

<b>Agenda</b>	<b>Question</b>	<b>Category</b>
Opening	1. Please share what you enjoy most about living in Elmore County.	Icebreaker
Transition	2. If you were to give a letter grade to the health of your community (A through F), what would it be?	Overall rating of community, A through F scale
Key Questions	3. List 1-2 things that protect health in your community.	Perceived success
	4. List 1-2 things that are barriers to health in your community.	Perceived barriers
	5. What do you, or someone you know living in Elmore County, do when you need medical, dental, or behavioral health services?	Coping
	6. Complete the following sentence by filling in the blank: The children/youth in my community would be better off if " <u>blank</u> " was in place.	Childhood experience
	7. What suggestions do you have for improving health services and community health in Elmore County? Health services refer to services you may or may not have access to, such as dental, behavioral health, or diabetes services. Community health refers to a quality of life and all the elements that make a community healthy, safe, and prosperous.	Recommendation(s)
Ending	8. If you had one minute to talk to a local official about community health needs in Elmore County, what would you say?	Priority
	9. Have we missed anything? Is there anything that we should have talked about?	Summary, Final question

### Sampling and Recruitment

A convenience sample was used for the online surveys. Links to the surveys were promoted through the following venues:

- Central District Health social media – main and Elmore County-specific pages
- Elmore County Health Coalition distribution list
- Western Idaho Community Health Collaborative (WICHC) website

A purposive sampling was used for the focus groups and interviews. This sampling method allowed for quick selection of stakeholders. Selection criteria included residents of Elmore County from the following populations: elected officials, veterans, older adults (ages 65 and older), and members of the Hispanic community.

## Data Scrubbing, Transcription, and Coding

The target audience for data collection involved residents from Elmore County exclusively. As such, survey responses that did not identify a zip code, or identified a zip code outside of Elmore County, were removed from the dataset. Applicable zip codes include:

- 83623 – Glenns Ferry area
- 83627 – Hammett area
- 83633 – King Hill area
- 83647 – Mountain Home, Pine, and Featherville areas
- 83648 – Mountain Home Air Force Base

Interview and focus group participants verbally confirmed residence in Elmore County.

Responses that did not include a letter grade on the appropriate range (A through F) were removed from Question 2. Calculating the average for Question 2 used the following numeric representation:

- A = 4
- A-/B+ = 3.5
- B = 3
- B-/C+ = 2.5
- C = 2
- C-/D+ = 1.5
- D = 1
- D-/F+ = 0.5
- F = 0

From the responses, the average letter grade for the health of Elmore County is “C” (2.0). A similar letter-grade approach was used when reporting the results of a recent CHANGE Tool assessment, conducted in Elmore County in 2017.

Two experienced facilitators conducted the focus groups in English, and trained a translator to conduct focus groups in Spanish. Focus groups used a semi-structured approach to questions, encouraging open dialog among participants. Audio recordings of each focus group were collected and transcribed manually and with transcription software (Otter AI). Observation notes were not collected. The focus group sessions lasted between 15 minutes to nearly two hours.

Individual interviews were conducted in a manner similar to the focus groups. However, some interviews were not recorded. Instead, each facilitator took notes during the conversation.

Inductive data coding was conducted manually, looking exclusively for common themes. Public health professionals with previous experience coded the qualitative data. The resulting codes were reviewed by the Project Director.

## Online Survey Results

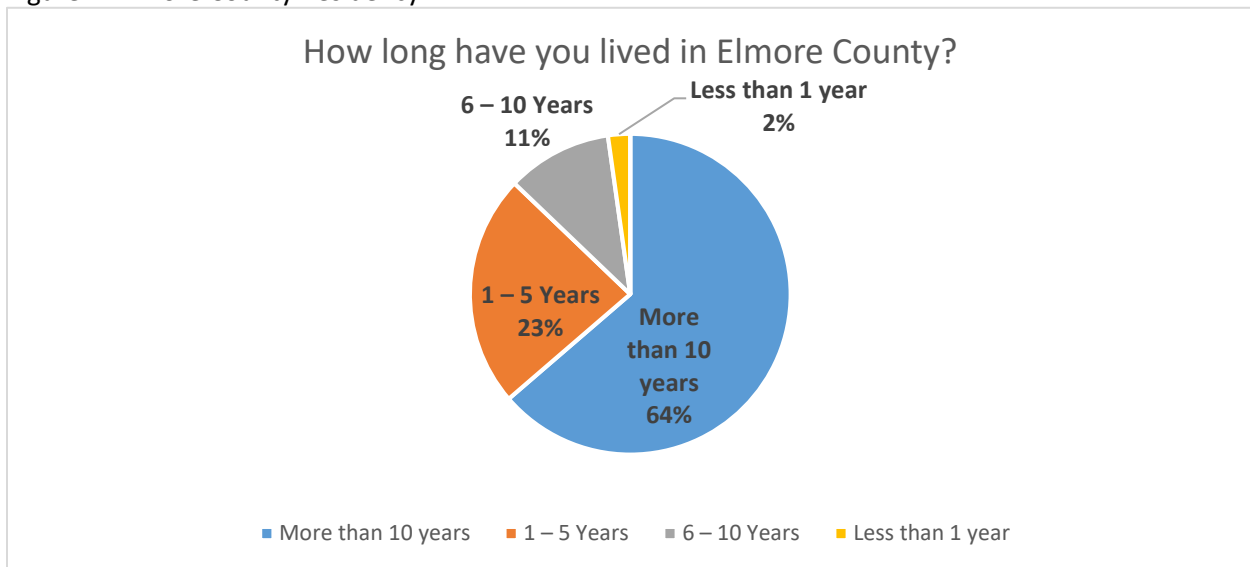
Responses from the English version of the survey totaled 173, while there were six (6) responses from the Spanish version of the survey, totaling 179 survey responses.

## Demographic Data

Demographic tables are located in Appendix A.

The majority of the respondents described themselves as white (85%) and reported residing in the Mountain Home zip code area (88%), which includes the cities of Pine and Featherville. Nearly two-thirds (64%) of the respondents reported living in Elmore County for more than 10 years (see Figure 1). Nearly three-fourths (72%) of the respondents were female. Of the populations of interest, 10% of the respondents identified as Hispanic/Latinx origin and 27% reported having served in the U.S. Military or Military Reserves.

Figure 1: Elmore County Residency



The age distribution of survey respondents includes representation from each age range (see Table 2), with nearly half (46%) of the respondents selecting the 45-64 years of age category. While not an initial population of interest, nearly half (42%) of the respondents also indicated they provide unpaid care to a family member or friend with a chronic health condition or disability.

Table 2. Age Distribution of Survey Respondents

What is your age?	Number	Percent
18-24 years of age	1	0.56%
25-34 years of age	31	17.32%
35-44 years of age	38	21.23%
45-64 years of age	83	46.37%
65 years of age or older	25	13.97%
Missing Data	1	0.56%
Total	179	100%

Survey respondents reported on household size, employment status, and annual income. Nearly half (44%) reported two members living in the household and 77% of respondents were employed. Reported annual income spanned all categories (see Table 3). However, a typographical error in the survey resulted in a gap of \$999 between two income categories (\$75,000 to \$99,000 and \$100,000 or more).

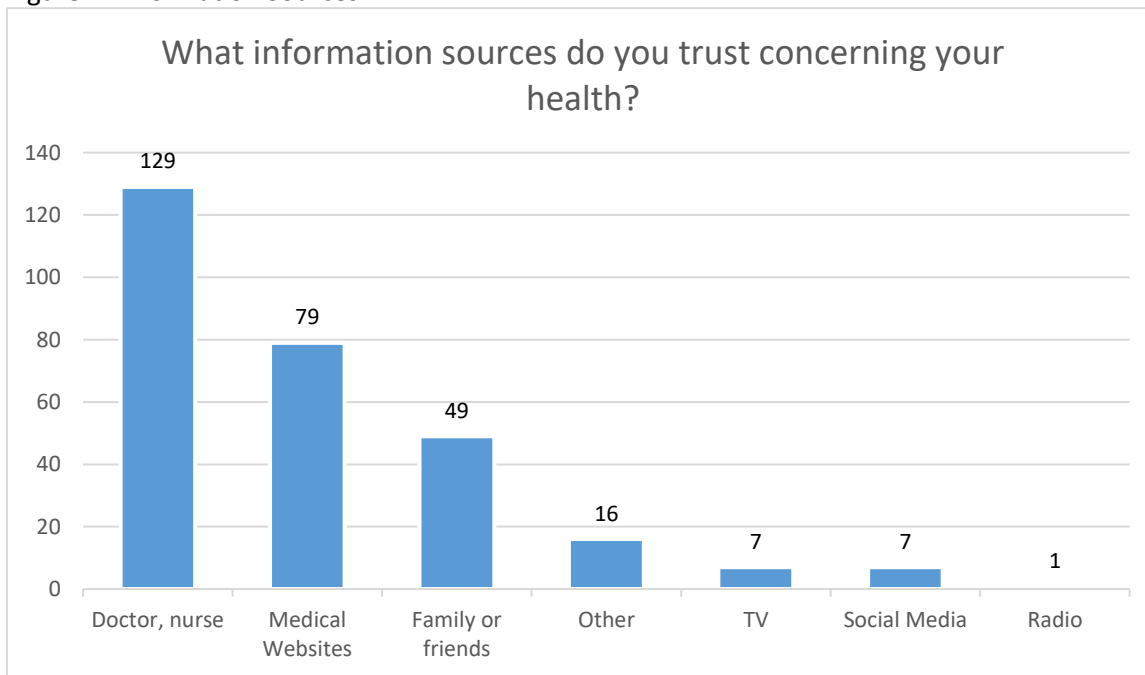


Table 3. Annual Income

What is your household income per year?	Number	Percent
Less than \$25,000	15	8.38%
\$25,000 to \$49,999	42	23.46%
\$50,000 to \$74,999	45	25.14%
\$75,000 to \$99,000	37	20.67%
\$100,000 or more	26	14.53%
Missing Data	14	7.82%
Total	179	100%

Elmore County residents turn to a variety of resources when looking for trusted information regarding their health. Of the survey options, residents most frequently identified obtaining information from a doctor or nurse (n=129) or family or friends (n=49) (see Figure 2).

Figure 2: Information Sources



### Common Themes

The survey codebook, including frequency counts, is located in Appendix B.

Common themes emerged from the online survey, involving mental/behavioral health, outdoor amenities and physical activity, and local health care. Residents commented on the need for more providers in mental and behavioral health services overall, including support for children and youth, suicide prevention, and drug treatment programs.

According to residents, what makes living in Elmore County great are the outdoor amenities. This includes clean air, uncrowded areas, low traffic, walking paths, and close proximity to outdoor recreation, such as hiking, camping, fishing, and hunting. While the great outdoors is easily accessible, residents would like to see more physical activity opportunities their respective town center. This

includes the need for a recreation/community center with affordable activities and a pool for all ages. Additional suggestions include the need for bike lanes, year-round indoor walking track, and adult “workout” equipment located outside.

Some residents appreciate the coordinated services offered by Desert Sage Health Center, which includes medical, dental, and behavioral health services in one location. However, residents overwhelmingly noted the need for affordable health care, insurance, and dental care; improved access to and availability of local providers; and the need for specialty providers.

The following text provides the top two most frequently identified themes for each survey question.

Question 1: What do you enjoy most about living in Elmore County?

1. Small Town Feel (such as population density, quality of life, and community engagement)
2. Outdoors; Recreation

Question 2: If you were to give a letter grade to the health of your community (A through F), what would it be? From the responses, the average letter grade for the health of Elmore County was “C” (2.0).

Question 3: List 1-2 things that protect health in your community.

1. Outdoor Amenities (such as clean air, open spaces, and community garden) and Physical Activity
2. Medical and Behavioral Health Resources

Question 4: List 1-2 things that are barriers to health in your community.

1. Access to/limited healthcare and behavioral health services, including quality of care from local providers
2. Economic (such as income/jobs, cost of care, cost of living, poverty)

Question 5: What do you, or someone you know living in Elmore County, do when you need medical, dental, or behavioral health services?

1. Use services in Elmore County
2. Travel out of town (e.g., Boise, Gooding)

Question 6: Complete the following sentence by filling in the blank: The children/youth in my community would be better off if “blank” was in place.

1. Community/Rec Center, Pool, Youth Facility
2. Education (such as before/after school programs, funding for education, and assistance with homework or skill development)

Question 7: What suggestions do you have for improving health services and community health in Elmore County? Health services refer to services you may or may not have access to, such as dental, behavioral health, or diabetes services. Community health refers to a quality of life and all the elements that make a community healthy, safe, and prosperous.

1. Behavioral Health Care
2. Local Specialty Care, including (in no particular order):
  - a. Vision, dental/orthodontia, hearing
  - b. Pediatrics and high risk pregnancy
  - c. Gastrologist
  - d. Cardiology

- e. Diabetes services
- f. Foot care
- g. Dialysis Center
- h. Cancer treatment

**Question 8:** If you had one minute to talk to a local official about community health needs in Elmore County, what would you say?

1. Health Care (including cost, availability, and the need for specialists)
2. Physical Activity and Community Center, including affordable activities for all ages

**Question 9:** Are there any additional comments that you have?

1. Medical/Behavioral Health and V.A. Services

Subtle differences can be seen when examining the survey results among the focus populations (veterans, Hispanic/Latinx, and 65 years of age and older). Table 4 illustrates the most frequent response for each survey question, delineated by population.

Table 4. Survey Responses by Population

Question	Overall	Veterans (n=48)	Hispanic/Latinx (n=19)	65 and older (n=25)
Q1	Small Town Feel: population density, quality of life, community engagement	Small Town Feel: population density, quality of life, community engagement	Small Town Feel: population density, quality of life, community engagement	Small Town Feel: population density, quality of life, community engagement
Q2	Impact of poverty	Need More Resources and Services, AND Housing Concerns	Need More Resources and Services	Drug and smoking concerns, law enforcement personalities
Q3	Outdoor Amenities (clean air, open spaces, community garden, etc.) and Physical Activity	Outdoor Amenities (clean air, open spaces, community garden, etc.) and Physical Activity	Medical and Behavioral Health Resources	Medical and Behavioral Health Resources
Q4	Access to/Limited healthcare and behavioral health services, quality of care from local providers	Access to/Limited healthcare and behavioral health services, quality of care from local providers	Economic (income/jobs, cost of care, cost of living, poverty, etc.)	Access to/Limited healthcare and behavioral health services, quality of care from local providers
Q5	Use services in Elmore County	Travel out of town (e.g., Boise), AND Use services in Elmore County	Use services in Elmore County	Use services in Elmore County

Question	Overall	Veterans (n=48)	Hispanic/Latinx (n=19)	65 and older (n=25)
Q6	Community/Rec Center, Pool, Youth Facility	Community/Rec Center, Pool, Youth Facility	Community/Rec Center, Pool, Youth Facility	Community/Rec Center, Pool, Youth Facility
Q7	Behavioral Health Care	Local Specialty Care, including vision, dental, pediatrics, gastrology, cardiology, dieticians	Prevention Services and Health Education/Training	Local Specialty Care, including vision, dental, pediatrics, gastrology, cardiology, dieticians
Q8	Health Care (cost; availability; specialists, including dental, vision, hearing)	Health Care (cost; availability; specialists, including dental, vision, hearing)	Health Care (cost; availability; specialists, including dental, vision, hearing)	Health Care (cost; availability; specialists, including dental, vision, hearing)
Q9	Medical/Behavioral Health/VA Services	Medical/Behavioral Health/VA Services	Medical/Behavioral Health/VA Services	Physical Activity, Community Center, Pool, AND Medical/Behavioral Health/VA Services

Several themes remain consistent among these groups, including appreciating the small town feel of living in Elmore County (Question 1) and using health care services in Elmore County (Question 5). The groups also agreed on the need for children/youth of Elmore County to have a Community/Rec Center, pool, or youth facility (Question 6). Additionally, the groups also expressed a common concern regarding health care costs, availability of health care providers, and the need for specialty care (Question 8), which they would discuss with local officials. Final comments (Question 9) reflect concerns surrounding medical and behavioral health services, as well as the need for more veterans (V.A.) services in Elmore County.

In a few instances, the select group responses diverge somewhat from the aggregate survey responses. Responses to Questions 3 and 4 include the aggregate theme, whereas responses to Questions 2 and 7 reflect a differing perspective entirely.

### Interviews and Focus Groups Results

Interviews and focus groups were conducted between March 1, 2021 and March 30, 2021. Key community stakeholders were recruited for the interviews and focus groups, which included elected officials, retired persons, and members of the Hispanic population. Twenty-six residents from Elmore County participated in the interviews and focus groups.

Similar to the online survey, common themes emerged from the interviews and focus groups. Participants appreciated all the things that make living in a small town great – the sense of community and knowing your neighbor – as well as the outdoor amenities of Elmore County. One focus group participant noted: *“[Elmore County] is a place with freedom to move around [and] go to the mountains or the lake.”* And while the outdoor beauty of Elmore County was commonly praised, some comments noted potential improvements to the environment, such as: *“We need more sidewalks and safe places to walk”* and *“there is nothing (for) children with disabilities.”*

*“I love being a rural community.”*

*“We look out for and care for one another.”*

Robust conversations focused on mental/behavioral health and healthcare, including the outcome of the lack of insurance, as one participant noted: *“People that do not have insurance wait until the pain is intolerable in order to go [seek care].”* Specific nuances from the interviews and focus groups commonly discussed drug use, obesity and diabetes, supports for young mothers, wages and the cost of living and health care services, supportive activities for youth, and cultural competence.

Focus group participants provided insights relating to supports for the children in Elmore County:

- *“You see kids playing in the creek, getting dirty like kids should.”*
- *“There’s kids at the school that haven’t ever been to the eye doctor because their parents can’t afford it.”*

However, some comments and perspectives were unique to the Hispanic/Latinx participants. Notably, feelings of discrimination were prevalent throughout the conversations. Some participants noted feeling discriminated against when interacting with health care staff and providers, as evident by the friendly manner in which staff greet white clients in comparison to Hispanic clients. Additionally, there is a need to receive information in Spanish, which is lacking in several sectors, such as the school district or Parks and Recreation.

*“Information [is often] not in Spanish, even in the schools.”*

Ultimately, these interactions lead to a feeling of intimidation and exclusion within the Hispanic/Latinx population. To emphasize this point, one focus group participant commented: *“There is still so much discrimination, there is still a lot of racism, and because of that, we feel intimidated and not included.”*

To overcome the discrimination, it was recommended that elected officials and the community become more informed on the Hispanic/Latinx culture and promote bilingual communications for the benefit of all residents. Integrating the older generations was also a proposed solution, as one focus group participant stated: *“We should have a day where you attend a program and you have to bring a parent with you or your grandparent, so that we can start integrating them.”*

## Discussion

Responses collected through the online survey, interviews, and focus groups illuminate several key elements affecting personal and community health, involving mental/behavioral health, outdoor amenities and physical activity, and local health care.

The Get Healthy Idaho Qualitative Needs Assessment in Elmore County reflects similar findings to the 2019 St. Luke’s Elmore Community Health Needs Assessment. Interviews with stakeholders reported

potential health needs including affordable care for low-income individuals, affordable dental care for low income individuals, availability of behavioral health services, and availability of primary care providers<sup>1</sup>, all of which were voiced by Elmore County residents. In the same manner, the Get Healthy Idaho Qualitative Needs Assessment supports findings from the United Way of Treasure Valley 2020 Community Assessment, focusing on access to affordable health care, including behavioral and dental health<sup>2</sup>.

The feelings of discrimination among the Hispanic/Latinx population is supported by research, especially when going to the doctor or health clinic or avoiding health care services due to concerns of discrimination and poor treatment<sup>3</sup>. Research also reports significant findings that Hispanic/Latinx consumers are less likely to report social service staff as listening carefully, do not feel respected, and less likely to state that agency staff acknowledge the importance of cultural beliefs when addressing treatment, in comparison to white counterparts<sup>4</sup>. These sentiments were reflected in the interviews and focus groups with Hispanic/Latinx participants. Statements such as “they don’t listen to my new problem” and leaving a physician’s office better than when you entered because “you were heard” demonstrates the need for cultural competence in health care and other systems. Providing linguistic and cultural competency, reducing discrimination, and improving social integration are key social determinants of health<sup>5</sup> that will improve health outcomes for Elmore County residents.

While the survey, interviews, and focus groups provided insights to common themes, some statements focused more on the root cause of barriers relating to health in Elmore County. Notable comments from the focus groups include:

- *“To help prevent something is better.”*
- *“[We need job opportunities] so we can educate our young people and give them another option besides working on the farm for \$8-\$9/hour or going to a four-year university and racking up debt.”*

The Social Determinants of Health provide a framework to explore the root causes of barriers to health and equity (see Image 1). The Social Determinants of Health posits that health and health care disparities result from inequities in six domains, including economic stability, the physical environment, education, food, community and social context, and health care systems.<sup>6</sup>

---

<sup>1</sup> St. Luke’s Elmore. (2019). Community Health Needs Assessment. Retrieved from [www.stlukesonline.org](http://www.stlukesonline.org)

<sup>2</sup> United Way. (2020). ALICE in Idaho: A Financial Hardship Study. Retrieved from [UnitedforALICE.org/Idaho](http://UnitedforALICE.org/Idaho)

<sup>3</sup> Findling, M. G., Bleich, S. N., Casey, L. S., Blendon, R. J., Benson, J. M., Sayde, J. M., & Miller, C. (2019). Discrimination in the United States: Experiences of Latinos. *Health Services Research, 54*, 1409–1418. <https://doi.org.libproxy.boisestate.edu/10.1111/1475-6773.13216>

<sup>4</sup> Pardasani, M. & Bandyopadhyay, S. (2014). Ethnicity matters: The experiences of minority groups in public health programs. *Journal of Cultural Diversity, 21*(3), 90-98.

<sup>5</sup> Artiga, S., Orgera, K., & Pham, O. (2020). Disparities in health and health care: Five key questions and answers. Kaiser Family Foundation. Retrieved from <https://www.kff.org/racial-equity-and-health-policy/issue-brief/disparities-in-health-and-health-care-five-key-questions-and-answers/>

<sup>6</sup> Artiga, S., Orgera, K., & Pham, O. (2020). Disparities in health and health care: Five key questions and answers. Kaiser Family Foundation. Retrieved from <https://www.kff.org/racial-equity-and-health-policy/issue-brief/disparities-in-health-and-health-care-five-key-questions-and-answers/>

# Social Determinants of Health

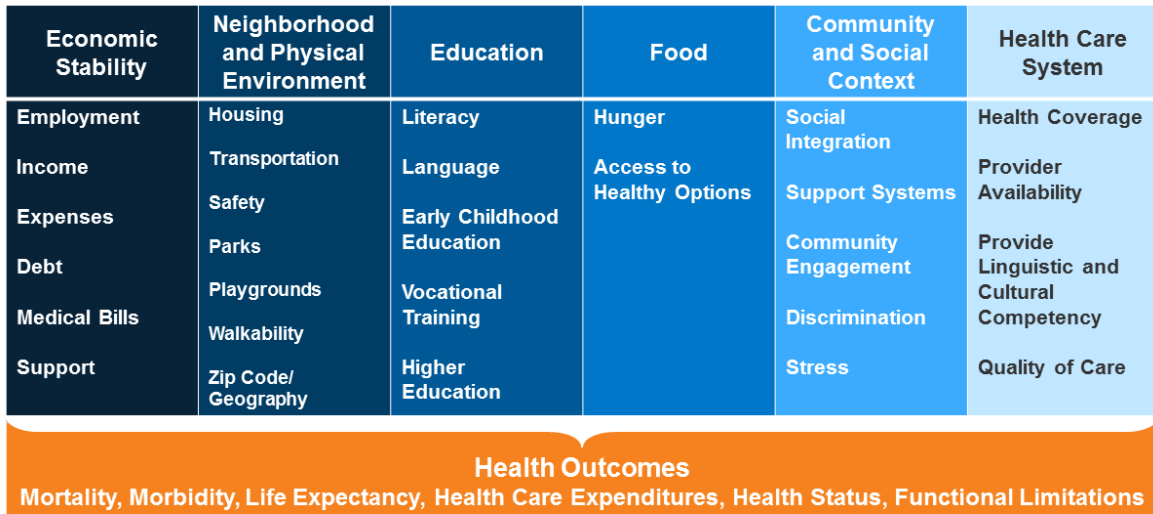


Image 1: Social Determinants of Health



Responses from the survey demonstrate an understanding of the barriers and challenges to supporting personal and community health in Elmore County, which align the Social Determinants of Health framework (see Table 5).

Cross-section of Employment and Medical Bills	<i>"I commonly wait until I think it's really serious and I have to go, I (turn) to home remedies, try to avoid having to go to the doctor, number one is because I not qualify for financial rebates and other because I cannot afford to fail show up to work."</i>
Cross-section of Employment and Expenses	<i>"Rapidly rising costs coupled with a lack of above minimum wage jobs. There are a few good paying jobs here but if those aren't for you, all that remains is fast food and checker."</i>
Employment	<i>"(This is a) rural area, can't compete with salaries from Boise."</i>
Housing	<i>"B- and this is based mostly on the rapidly rising housing costs. Current residents cannot afford to move and renters are getting priced out of their homes."</i>
Higher Education	<i>"I really think a community college is needed here. One that offers classes for all, including a rec center of some sort offering a variety of workshops at a reasonable cost."</i>
Access to Healthy [Food] Options	<i>"Lack of access to fresh food." "Lack of affordable food options."</i>
Cross-section of Quality of [Health] Care and Social Integration	<i>"Caring- As a whole it seems most of the care providers do not care about the patients and are focused only on the numbers at this point. (It's critical) for the community (to) find a way to bring awareness to cultures. We should be celebrating each other and find similarities. The amount of racism here is startling."</i>

Cross-section of Health Coverage, Provider Availability, and Social Integration	<i>“(We need) more medical/dental/mental health services for people without health insurance which includes the undocumented Hispanic population that live in our community.”</i>
---------------------------------------------------------------------------------	-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

## Limitations

As with any study, the Get Healthy Idaho Qualitative Needs Assessment process posed certain limitations. Safety measures involving COVID-19 limited the number of focus group participants and social distancing hindered the group interactions. Given the short project timeline, survey, interviews, and focus groups were limited to a convenience sample of the target population. Involvement from northern Elmore County was limited to survey participation. While the Mountain Home Air Force Base residents make up a significant portion of the local population and have an effect on the community’s culture, perceptions and services, the Qualitative Needs Assessment sought input from the larger veteran population residing throughout Elmore County. Lastly, the shortened availability of the online survey translated into Spanish may be one of the reasons for the low response rate.

Despite these potential limitations, the Get Healthy Idaho Qualitative Needs Assessment provided a voice to Elmore County residents and a venue to discuss personal and community health challenges. As the recent pandemic has illuminated and exacerbated inequities in rural areas, it is especially important to elevate the community voices.

## Next Steps

Working with the Community Action Team, next steps include identifying priority area(s) and developing an action plan to address the top health challenges. This report and the results from the Assessment will be used to formulate a countywide action plan that WICHC and the Elmore County Health Coalition members will work on together. This action plan will be completed in September 2021, with implementation occurring through 2024. As this assessment has demonstrated, representation from the Hispanic/Latinx population, veterans, ALICE families, and older adults is paramount to developing meaningful programs in Elmore County. It is essential to include these populations in all future assessments.



# Appendices

Appendix A: Demographic Data Tables

Appendix B: Survey Codebook

## Appendix A: Demographic Data Tables

N=179

<b>What is the zip code for where you live?</b>	<b>Number</b>	<b>Percent</b>
83623 – Glenns Ferry area	13	7.26%
83627 – Hammett area	3	1.68%
83633 – King Hill area	3	1.68%
83647 – Mountain Home, Pine, Featherville areas	158	88.27%
83648 – Mountain Home Air Force Base	1	0.56%
Combined 83623 & 83627	1	0.56%
Missing Data	0	0.00%
Total	179	100%

<b>How long have you lived in Elmore County?</b>	<b>Number</b>	<b>Percent</b>
Less than 1 year	4	2.23%
1 – 5 Years	42	23.46%
6 – 10 Years	19	10.61%
More than 10 years	114	63.69%
Missing Data	0	0.00%
Total	179	100%

<b>What is your age?</b>	<b>Number</b>	<b>Percent</b>
18 – 24 years of age	1	0.56%
25 – 34 years of age	31	17.32%
35 – 44 years of age	38	21.23%
45 – 64 years of age	83	46.37%
65 years or older	25	13.97%
Missing Data	1	0.56%
Total	179	100%

<b>What is your gender identity?</b>	<b>Number</b>	<b>Percent</b>
Male	47	26.26%
Female	129	72.07%
Other	0	0.00%
Missing Data	3	1.68%
Total	179	100%

<b>Are you of Hispanic/Latinx origin?</b>	<b>Number</b>	<b>Percent</b>
Yes	19	10.61%
No	153	85.47%
Missing Data	7	3.91%
Total	179	100%

<b>How would you describe yourself?</b>	<b>Number</b>	<b>Percent</b>
African American or Black	1	0.56%
American Indian or Alaskan Native	0	0.00%
Asian	0	0.00%
Native Hawaiian or other Pacific Islander	0	0.00%
White	152	84.92%
Other	21	11.73%
Missing Data	5	2.79%
Total	179	100%

<b>What language do you speak most often at home?</b>	<b>Number</b>	<b>Percent</b>
English	166	92.74%
Spanish	9	5.03%
Other	2	1.12%
Missing Data	2	1.12%
Total	179	100%

<b>How many people are in your household?</b>	<b>Number</b>	<b>Percent</b>
1	14	7.82%
2	78	43.58%
3	33	18.44%
4	28	15.64%
5	11	6.15%
6	6	3.35%
7	2	1.12%
Missing Data	7	3.91%
Total	179	100%

<b>What is your household income per year?</b>	<b>Number</b>	<b>Percent</b>
Less than \$25,000	15	8.38%
\$25,000 to \$49,999	42	23.46%
\$50,000 to \$74,999	45	25.14%
\$75,000 to \$99,000	37	20.67%
\$100,000 or more	26	14.53%
Missing Data	14	7.82%
Total	179	100%

<b>Which of the following best describe your employment status?</b>	<b>Number</b>	<b>Percent</b>
Employed	138	77.09%
Not employed, looking for work	3	1.68%
Not employed, not looking for work	6	3.35%
Retired	29	16.20%
Missing Data	3	1.68%
Total	179	100%

<b>In the past 12 months, did you provide unpaid care to a family member or friend with a health condition or disability?</b>	<b>Number</b>	<b>Percent</b>
Yes	76	42.46%
No	101	56.42%
Missing Data	2	1.12%
Total	179	100%

<b>Have you ever served in the U. S. Military or Military Reserves?</b>	<b>Number</b>	<b>Percent</b>
Yes	48	26.82%
No	130	72.63%
Missing Data	1	0.56%
Total	179	100%

<b>What information sources do you trust concerning your health? (select all that apply)</b>	<b>Number</b>	<b>Percent</b>
TV	7	
Radio	1	
Doctor, nurse	129	
Medical Websites	79	
Social Media	7	
Family or friends	49	
Other	16	

Other (please specify):

- VA Hospital
- St. Luke's Elmore Medical Foundation
- Research, however, that in itself doesn't mean I received the best possible care.
- Research the web
- research from many outlets
- Research
- Peer reviewed studies backed by a reliable evidence based organization
- Online, not social media or medical websites.

- Online news sites
- North canyon.
- My own research.
- Medical Journals and Text
- Doctor Fauci
- Central District Health/Health and Welfare websites

## Appendix B: Survey Codebook

Frequency	Code
115	1. Small Town Feel: population density, quality of life, community engagement
63	2. Outdoors; Recreation
18	3. Geographic Location/Proximity
14	4. Cost of Living
20	5. Low traffic; Safety
3	6. Length of Time in Elmore County
8	7. Proximity to Family
3	8. Good Schools, Youth Opportunities
2	9. Does Not Enjoy Living in Elmore County
1	10. COVID Concerns
2	11. Need More Resources and Services
3	12. Sufficient Resources and Services
4	13. Drug and smoking concerns, law enforcement personalities
6	14. Impact of poverty
2	15. Concerns for older adults, all ages activities
1	16. Outdoor Amenities
2	17. Housing Concerns
55	18. Medical and Behavioral Health Resources
57	19. Outdoor Amenities (clean air, open spaces, community garden, etc.) and Physical Activity
10	20. COVID-19 Precautions
7	21. Education and Health Education
4	22. City Policies; Leadership; Resource Management
13	23. Law Enforcement; Fire Services; EMS
10	24. Community Engagement and Responsibility
9	25. Population size, controlled growth
6	26. Access and Availability of Resources (general)
2	27. Geographic Location
11	28. Personal Habits
35	29. Economic (income/jobs, cost of care, cost of living, poverty, etc.)
61	30. Access to/Limited healthcare and behavioral health services, quality of care from local providers

13	31. Transportation
21	32. Personal Habits
23	33. Lack of physical activity opportunities
13	34. Food access/security (nutrition)
13	35. Education and Information
8	36. Political influences
17	37. Drug use, smoking, and crime
11	38. Housing and Development
5	39. Shopping, Social Activities, General Activities
4	40. Population Diversity/Language Barriers
52	41. Travel out of town (e.g., Boise)
78	42. Use services in Elmore County
16	43. Delay seeking care, go without care, home remedies, or consult the internet
5	44. Use Emergency Department
50	45. Access services and care (location not specific)
11	46. Cost Concern
3	47. Transportation Concern
6	48. Low Availability of Providers
11	49. Insurance Concerns
64	50. Community/Rec Center, Pool, Youth Facility
14	51. Outdoor programs
26	52. Education: before/after school programs, funding for education, assistance (with homework or skill development)
25	53. Programs or activities (general)
12	54. Cost/affordability
14	55. Health care, behavioral health, therapy, insurance
10	56. Law enforcement, curfew, regulations
16	57. Specific Programs/Activities (movie theater, arcade, sports, etc.)
36	58. Local Specialty Care, including vision, dental, pediatrics, gastrology, cardiology, dieticians
39	59. Behavioral Health Care
24	60. Prevention Services and Health Education/Training
17	61. Affordability and Hours of Operation
34	62. Health Care and Social Services (general)

4	63. Insurance
19	64. Physical Activity Opportunities
6	65. Improve access to healthy foods, food security
7	66. Cultural Awareness and Aging Concerns
8	67. Socialization, Youth Programs
3	68. Transportation
2	69. Employment Opportunities
9	70. Invest in Education, Youth
7	71. Housing and Business Development
9	72. Law Enforcement and Drugs
4	73. Personal/patient accountability
8	74. Drug Concerns
17	75. Behavioral Health
45	76. Health Care (cost; availability; specialists, including dental, vision, hearing)
6	77. Health Education
22	78. Physical Activity and Community Center (affordable, all ages, etc.)
13	79. Taxation, Fiscal Spending, Policies, Business Infrastructure
5	80. Educational Opportunities & Systems
2	81. Increase Food Security/Access to Healthy Food Options
9	82. Supports for low-income families, migrant workers, Hispanic Community
3	83. Community Engagement
10	84. More resources, services, activities (general)
1	85. Personal Accountability
3	86. COVID Comments
13	87. General Questions and Comments
2	88. No Changes
2	89. Poverty
7	90. Physical Activity, Community Center, Pool
7	91. Infrastructure: Housing/Business Development, Roads, etc.
18	92. Medical/Behavioral Health/VA Services
2	93. Population Growth
5	94. Move Forward/Progress
5	95. Specific Recommendations



