

BUILDING A HEALTHY IDAHO

IMPROVING THE CONDITIONS IN WHICH
IDAHOANS ARE BORN, GROW, LIVE, WORK, & AGE



PREPARED BY: **Ryan De Souza, Abigail Ridgway, Clare Schroder, Lauren Smith, Victor Tavarez**



Foundation
for Health, Inc.

ABOUT THIS REPORT

This report and research were made possible by the Blue Cross of Idaho Foundation for Health and the J.A. and Kathryn Albertson Family Foundation. These foundations sought to understand the state of the social determinants of health—the conditions in which people are born, grow, live, work, and age—in Idaho and how they shape the health of communities. FSG, a nonprofit social impact consulting firm, was engaged to conduct research to better understand how economic stability, education, the social and community context, the neighborhood and built environment, and access to health care are either promoting or inhibiting the ability of Idahoans to thrive—and opportunities for stakeholders to improve these conditions. Alongside secondary research, FSG conducted 20 interviews with Idaho leaders and experts in social determinants of health. FSG also held three community dialogues. These include conversations with members of the Latino community in Caldwell, Idaho, working families in Nampa, Idaho, and the Coeur d'Alene Tribal community in Plummer, Idaho, to better understand the unique experiences of these communities.

The findings, conclusions, and recommendations presented in this report are those of FSG and do not necessarily reflect the opinions of the study's funders.



ABOUT FSG

FSG is a nonprofit social impact consulting firm supporting leaders in creating large-scale, lasting equitable social change. Through strategy, evaluation, and research, we help many types of actors — individually and collectively — make progress against the world's toughest problems. Our teams work across all sectors by partnering with leading foundations, businesses, nonprofits, and governments in every region of the globe. We seek to reimagine social change by identifying ways to maximize the impact of existing resources, amplifying the work of others to help advance knowledge and practice, and inspiring change agents around the world to achieve greater impact.

Learn more about FSG at www.fsg.org.

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EXECUTIVE SUMMARY

Idaho is fortunate to have many assets — inspiring natural resources, warm people, and a friendly business environment — that draw visitors and new residents from all over and are a source of pride for its people. Lifelong Idahoans and new residents like the prospect of a *vibrant, thriving, and resilient* future experienced by all state residents. What are the challenges that stand in the way of that future, and more importantly, what can the people of Idaho do about it?

Social and economic conditions are key drivers of individual and community health. The conditions that affect health in Idaho are the same conditions that affect the overall well-being of the state and can either threaten or bolster its future. The key to achieving that future is intentionally and consistently fostering the building blocks of that future — the social determinants of health. The *social determinants of health* refer to the conditions in which people are born, grow, live, work, and age (see Figure 1 below).¹ These are the social and economic conditions that play a primary role in shaping the health of individuals, families, and entire communities and regions.²

Figure 1. Social Determinants of Health³

THE SOCIAL DETERMINANTS

*of health refer to the conditions in which people are **born, grow, live, work, and age.***



¹O Solar and A Irwin, "A Conceptual Framework for Action on the Social Determinants of Health. Social Determinants of Health Discussion Paper 2 (Policy and Practice)," World Health Organization, 2010.

²Samantha Artiga and Elizabeth Hinton, "Beyond Health Care: The Role of Social Determinants in Promoting Health and Health Equity," The Henry J. Kaiser Family Foundation, 10 2018.

³Office of Disease Prevention and Health Promotion, "Social Determinants of Health," Healthy People 2020, 2020.



ECONOMIC STABILITY:

Idahoans need a dynamic economy where they can earn good wages, remain employed, and meet their basic needs. Over the past decade, Idaho has enjoyed strong and steady economic growth, yet many Idahoans struggle to cover necessary expenses. Families are forgoing basic needs — food, transportation, medical care, and housing — which is detrimental to their health. Some groups, such as person of color and single-parent households are more likely to experience financial strain. ***Now might be a unique moment to address gaps for marginalized Idahoans, while benefiting the state as a whole.***

EDUCATION:

The opportunity to attain high-quality education from early childhood through post-secondary is essential to access jobs in Idaho's evolving economy. However, from very young ages, many of Idaho's children do not have access to the educational experiences they need for lifelong success. Idaho's underfunded and underperforming K-12 education system leaves many behind, placing them at higher risk for poor health outcomes. Half of Idaho's incoming kindergarteners aren't prepared to succeed in school. Post-secondary credentials are becoming increasingly important to securing a living-wage job. ***Removing barriers to education can bolster the state's workforce while improving health.***

SOCIAL & COMMUNITY CONTEXT:

Individual and community health requires a robust social fabric that promotes connection and belonging. Idaho is a place where people feel connected and support one another, which promotes health. However, not all groups are knit into this fabric as firmly. Latino, Native American, refugee, LGBTQ+, rural, and low-income families face social exclusion, which makes it less likely that they can lead healthy, happy, and successful lives and fully support Idaho's economic vitality. Idaho's youngest residents are particularly vulnerable to the stresses of a fraying social fabric. ***Idaho's current and future competitiveness is dependent on its residents' relationships with each other and with their communities.***

NEIGHBORHOOD & BUILT ENVIRONMENT:

The physical environments where Idahoans live — from their home to their neighborhood — have a significant impact on health and well-being. High-quality environments including safe housing and neighborhoods that promote physical activity and access to healthy, affordable food, lead to healthy communities. In many ways, Idaho's neighborhoods and environments support health by providing access to parks, playgrounds, and recreation centers. Population growth is increasing challenges related to housing, transportation, and access to healthy food. Some built environments in Idaho put residents at greater risk of poor health outcomes. ***Thoughtfully designed communities will enable all Idahoans to get and stay healthy and help sustain the state's rapid economic growth that relies on engaged and productive residents.***



ACCESS TO HEALTH CARE:

Access to affordable, high-quality primary care and behavioral health services is essential to the health and well-being of all Idahoans. Idaho has a severe shortage of primary care physicians and mental health providers. Communities of color and rural Idahoans are most severely affected by access and affordability barriers. Additionally, poor access to care can exacerbate mental and behavioral health challenges. Despite these issues, some leaders and organizations have begun to address access challenges in innovative ways. **Improving health care access in a lasting way requires “moving upstream” to the ultimate causes of poor health by creating conditions that support health and reducing demand for services.**

These interconnected challenges are not insurmountable. Idaho has already been testing innovative solutions to these issues. Collaboration rooted in a commitment to align the resources of multisector partners is required. Specifically, Idahoans can work collectively to address the social determinants of health and ensure no one is left behind. Organizations will need to align goals, strategies, and resources. We must recognize the social determinants of health are interconnected and need to be addressed holistically to create a vibrant, thriving, and resilient future.

There are three mutually reinforcing strategic opportunities to address the social determinants of health:

- 1. Connect Health and Human Services.** Coordinated partnerships to address individual, population, and community-level, health-related social needs;
- 2. Foster Community Capacity to Address Key Challenges.** A “bottom-up” approach of authentic engagement and mobilization of members across all of Idaho’s communities – especially those who have been historically marginalized;
- 3. Align Public Policy to Promote Health and Well-being.** A “top-down” approach of aligning public policy at the state and local levels with a vision for improving the social and economic well-being, and health of all Idahoans.

If people in Idaho set a shared intention, they can create a vibrant, thriving, and resilient future for the state and improve health and well-being at the same time. Idaho’s organizations can work across sectors through coordination and partnership to foster an equitable distribution of the social and economic building blocks of health and improve conditions in which Idahoans are born, grow, live, work, and age.

“Idaho is moving forward at a faster rate than the rest of the country. We need to capture these opportunities now.”

**GOVERNOR
BRAD LITTLE**

THE CHALLENGES

This section elaborates on the challenges summarized above and describes the connection to health and social and economic well-being.

KEY FINDINGS

- ▶ Over the past decade, Idaho has enjoyed strong and steady economic growth
- ▶ Yet many Idahoans struggle to cover basic expenses
- ▶ Person of color and single parent households are more likely to experience financial strain
- ▶ Families are forgoing basic needs — food, transportation, medical care, and housing — which is detrimental to their health
- ▶ Now may be a unique moment to address gaps for marginalized Idahoans, while benefiting the state as a whole

IDAHOANS WOULD
NEED TO EARN
AN HOURLY WAGE OF

\$9.91

TO SUPPORT A
SINGLE PERSON, OR

\$26.83

TO SUPPORT A
FAMILY OF FOUR

IDAHO'S
MINIMUM WAGE
HAS STAYED AT
THE NATION'S
LOWEST ALLOWABLE
LEVEL OF

\$7.25

PER HOUR

IDAHO HAS
ONE OF THE HIGHEST
PROPORTION OF
WORKERS EARNING
MINIMUM WAGE
OF ANY STATE

~4%

OF WORKERS EARN
MINIMUM WAGE

ECONOMIC STABILITY

Over the past decade, Idaho has enjoyed strong and steady economic growth.

The state's business friendly practices and ranking as one of the countries "best places to live" have attracted new companies and workers in droves, making Idaho one of the fastest growing states in the nation. Between 2010 and 2019, the state's population grew by more than 14%, while the U.S. overall grew by only 6%.⁴ Despite the population growth, Idaho's plentiful supply of jobs have kept unemployment rates below the U.S. average and declining steadily — even dipping below 3%.⁵ This has been a robust period of growth for the Gem State, and this economic prosperity bodes well for Idahoans' health. Improved incomes can support families in making healthy choices, improving their living conditions, and affording health care. In turn, healthier workers bolster the state's economy by increasing labor force participation rates and decreasing absenteeism, thus improving productivity.

Despite the state's expanding economy, many Idahoans struggle to cover their basic expenses.

In a prominent statewide study conducted by United Way organizations around Idaho, it was estimated that in 2016, in the midst of a decade of economic growth, 40% of Idaho families could not afford basic needs like housing, food, child care, transportation, and health care. The study estimated that Idahoans would need to earn an hourly wage of \$9.91 to support a single person, or \$26.83 to support a family of four. Meanwhile, Idaho's minimum wage threshold has stayed at the nation's lowest allowable level of \$7.25 per hour, and Idaho has one of the highest proportion of workers earning minimum wage of any state in the nation (~4% of workers earn minimum wage).⁶ Those struggling to succeed financially may face an additional challenge of being underbanked. In 2017, Idaho's rate of underbanked households was similar to that of the U.S., just below one fifth of households.⁷ When unable to access banking services, they turn to higher-cost financial alternatives, compounding financial strain.⁸

⁴U.S. Census Bureau QuickFacts: Idaho, U.S. Census Bureau, 2019.

⁵Idaho, County Health Rankings & Roadmaps, 2019.

⁶United for ALICE, "Idaho: 2016 State Overview," United for ALICE, 2016.

⁷2017 FDIC National Survey of Unbanked and Underbanked Households, Federal Deposit Insurance Corporation, 2018.

⁸Lakshmi Iyer and Dashell Laryea, "Financial Services and the Competitive Advantage of Racial Equity," FSG & PolicyLink, 2019.

Figure 2. Households in Poverty or Below Survival Budget by Race/Ethnicity¹²

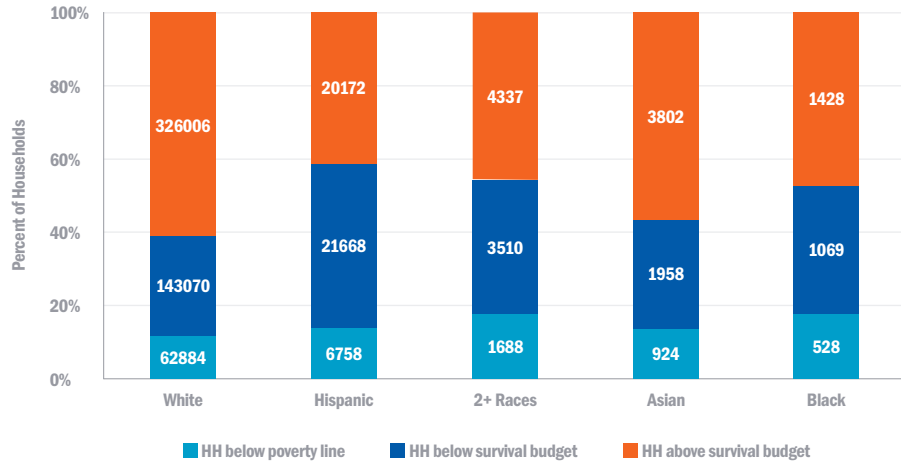
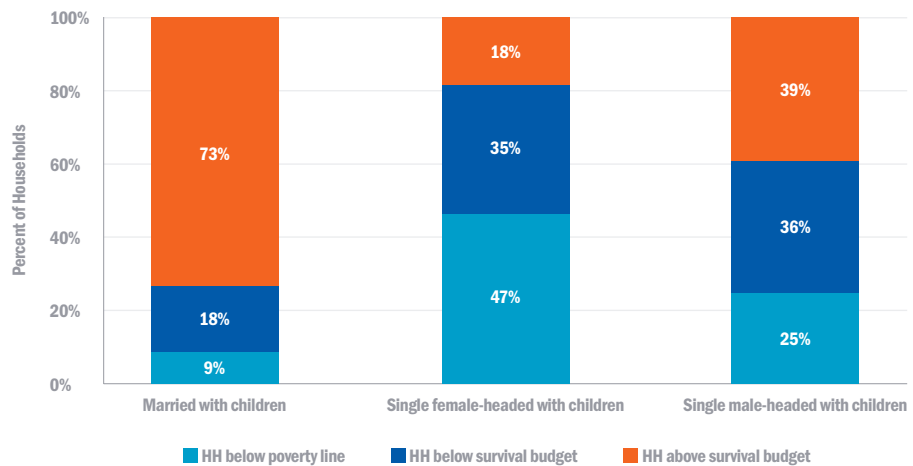


Figure 3. Households in Poverty or Below Survival Budget by Household Type



IDAHO RANKS AS
3RD WORST
STATE IN NATION FOR
WOMEN'S EMPLOYMENT
AND EARNINGS

WOMEN MAKE
75.6¢
ON DOLLAR
COMPARED TO
WHITE MEN WHO DO
SAME WORK

HISPANIC WOMEN
MAKE
51¢
COMPARED TO EVERY
DOLLAR EARNED
BY WHITE MEN

Among all Idahoans, person of color and single-parent households are more likely to experience financial strains. In comparison to White Idahoans, a larger share of Hispanic, people of two or more races, and Black Idahoan households either live below the poverty line or manage to earn just enough income to meet basic expenses (see Figure 2). Likewise, almost half of single-female headed households in Idaho live below the poverty line, and four out of five of those families are not able to afford their basic necessities (see Figure 3).⁹ Part of the reason single mothers are more likely to live in poverty is due to Idaho's gender pay gap. In 2016, Idaho ranked as the third worst state in the nation for women's employment and earnings, as well as poverty and opportunity.¹⁰ Women in Idaho who work full time, year round make 75.6 cents on the dollar compared with White men who do the same work; Hispanic women in Idaho make even less, earning 51 cents for every dollar earned by White men.¹¹

For the households who are trying to get by, Idaho's unprecedented population growth is causing further challenges as the cost of living, and particularly the cost of housing, increases. For working poor families, housing is the single largest item in the household budget, so these families are especially sensitive to increases in housing costs.

⁹ United for ALICE, 2016.

¹⁰ Status of Women in the States, "Idaho," Women in the States, 2018.

¹¹ Ibid.

¹² According to the United Way, ALICE stands for Asset Limited, Income Constrained, Employed; it represents the ability of households to meet basic needs and reflects a "survival budget" that includes housing, child care, food, transportation, and health care costs at a "survival" or bare-minimum level.

“ If we can move the needle for the worse-off families, the rising tide lifts all boats — communities will win, the economy wins, and Idaho wins. ”

NAMPA RESIDENT

“ Working families cannot build wealth, and it’s this inability to build wealth that keeps them on the edge of the cliff. ”

KELLI BADESHEIM,
Executive Director of
Valley Regional Transit

More Idahoans are spending a larger percentage of their income on housing than their parents did. In 2018, 46% of Idahoans spent more than a third of their income on rent, which puts them at greater risk of losing their housing.¹³ Since 2018, home values have increased even faster with several Idaho metro areas predicted to have annual housing price increases greater than 8%.¹⁴ Whether in terms of rent, property taxes, or home prices, families across the state continue to feel the pressure of housing costs.

Every day across Idaho, families are making decisions about which of their basic needs — food, transportation, medical care, and housing — they can forgo. In many instances, healthy food is one of the first budget items to be compromised. Dr. Barbara Petty, Associate Dean and Director of the University of Idaho Extension explains this — “As other things get more expensive the food budget is one area that is flexible — rent, insurance, car payments all can’t flex.” One Idahoan living in the Plummer area shares how the cost of living influences his family’s decision to eat healthy food saying, “My family can eat Top Ramen and have light; or we can eat salad and sit in the dark.” Having enough money to buy food is a more common issue than many in Idaho realize. The Idaho Foodbank reports one in eight adults and one in six children in the state are food insecure.¹⁵ Families don’t just make tradeoffs in food, others choose to forego medical care — potentially missing opportunities to manage chronic conditions or get needed preventive care. Other parents may need to work two to three jobs while their or their children’s physical and mental well-being may be unintentionally sacrificed in an effort to get food on the table.

Given the challenges low-income Idahoans face, and the fact that income is correlated with nearly every health condition, it is not surprising low-income Idahoans bear a disproportionate share of that state’s poor health outcomes.¹⁶ For instance, the rate of diabetes among low-income adults in Idaho is nearly 3 times that of high-income adults, and the rate of strokes among low-income Idahoans is nearly 6 times that of their wealthier peers.¹⁷ Lower wages take an important toll on health.

In finding ways to ensure working families can meet basic needs, there is also an opportunity to bolster the state’s resilience to economic, demographic, and other shocks and challenges. As Kelli Badesheim, Executive Director of Valley Regional Transit, describes “Working families cannot build wealth, and it’s this inability to build wealth that keeps them on the edge of the cliff.” In moving more families farther from the cliff’s edge, the state’s overall economy will be more resilient to shocks and setbacks.¹⁸

Now may be a unique moment to address gaps for the most vulnerable, while benefiting the state as a whole. Idaho Governor Brad Little called attention to the possibilities of this moment for Idaho saying, “Idaho is moving forward at a faster rate than the rest of the country. We need to capture these opportunities now.” Idahoans have the opportunity to consider how they can ensure the fast-growing and prosperous state they love is also one in which all people are contributing to and taking part in that prosperity so they are able to feed, clothe, and shelter their families. Much of what has fueled the interest and growth in Idaho has been the belief that the state has some of the most desirable places to live, play, and work in the nation. Part of what will sustain both the attractiveness and competitiveness of Idaho for the next generation is being a place where all Idahoans are able to meet their basic needs without sacrificing their health. Community members share this perspective. As one Nampa resident shares, “If we can move the needle for the worse-off families, the rising tide lifts all boats — communities will win, the economy wins, and Idaho wins.”

¹³ Joint Center for Housing Studies of Harvard University, “Renter Cost Burdens, States,” Joint Center for Housing Studies of Harvard University, 2016.

¹⁴ Steve Sinovic, “Forecast: Idaho Housing Price Appreciation Will Lead the Nation - Idaho Business Review,” Idaho Business Review, 2019.

¹⁵ The Idaho Foodbank, “Hunger in Idaho,” The Idaho Foodbank, 2019.

¹⁶ Steven H Woolf et al., “How Are Income and Wealth Linked to Health and Longevity?” Urban Institute & Center on Society and Health, 2015.

¹⁷ Idaho Department of Health and Welfare, “Get Healthy Idaho: Measuring and Improving Population Health,” Idaho Department of Health and Welfare, 2019.

¹⁸ The COVID-19 pandemic is one such shock that will likely exacerbate the economic strains on Idaho families, particularly low-wage workers.

EDUCATION

KEY FINDINGS

- ▶ From very young ages, Idaho's children are not having the educational experiences they need for lifelong success
- ▶ Half of Idaho's incoming kindergarteners aren't prepared to succeed in school
- ▶ Idaho's underfunded and underperforming K-12 education system leaves many behind, leaving them at higher risk for poor health outcomes
- ▶ Post-secondary credentials are becoming increasingly important to securing a living-wage job
- ▶ Removing barriers to education can bolster the state's workforce while improving health

MORE THAN HALF OF
IDAHO'S KIDS
YOUNGER THAN

6
YEARS OLD

LIVE IN HOUSEHOLDS
WHERE BOTH
PARENTS WORK

ONLY 36% OF

3- & 4-
YEAR OLDS

WERE ENROLLED
IN PRESCHOOL
OR DAYCARE

High-quality educational experiences are vital to preparing young Idahoans for lifelong success. High-quality early childhood education programs (ECE) are not just for academic learning; they also improve children's critical thinking, ability to work with others, their health, and the health and economic well-being of their families and communities.¹⁹ While ECE can improve a child's opportunities for a better future, it can also offer parents improved job stability and overall economic security.^{20, 21, 22} When parents are confident their child is in high-quality and reliable care, they are able to focus on reaching the economic stability necessary to create healthy and nurturing homes. ECE programs can foster connections with families to ensure parents have the resources they need to create safe and nurturing environments at home. High-quality ECE investments have also shown to have high rates of returns to society with research showing reduced expenditures related to K-12 and increased savings for parents, businesses, and taxpayers.^{23, 24, 25} The National Forum on Early Childhood Policy and Programs, for example, found high quality ECE programs could yield a four to nine dollar return for each dollar invested.²⁶

However, from very young ages, Idaho's children do not have the educational experiences they need for lifelong success. Despite the advantages of a robust, high-quality ECE system, children in Idaho are not required to attend any kind of educational settings until they are seven years old. Idaho is one of five states that does not offer state-funded pre-k programs.²⁷ In 2018, more than half of Idaho's children under six years old lived in households where both parents worked.²⁸ In 2016-18, only 36% of three- and four-year-olds were enrolled in some type of early education (e.g., pre-school, daycare) — 12 percentage points below the national average.²⁹ Thus, while parents were hard at work, many children missed the opportunity of being in

¹⁹ McAllister Hall et al., "Social Determinants of Health in Idaho: Evidence-Based Models for Bridging the Clinical to Community Gap," Idaho Policy Institute, Boise State University and Blue Cross of Idaho Foundation for Health, 2019.

²⁰ Julia B. Isaacs and Emily Roessel, "Impacts of Early Childhood Programs" First Focus & Brookings, 2008.

²¹ Taryn Morrissey, "The Effects Of Early Care And Education On Children's Health," Health Affairs, 2019.

²² First Five Years Fund, "Idaho: Federal Support for Early Learning & Care Opportunities," First Five Years Fund, June 1, 2019.

²³ Dana Charles McCoy et al., "Impacts of Early Childhood Education on Medium- and Long-Term Educational Outcomes," Educational Researcher 46, no. 8 (November 2017): 474-87.

²⁴ Rucker C. Johnson and C. Kirabo Jackson, "Reducing Inequality Through Dynamic Complementarity: Evidence from Head Start and Public School Spending," National Bureau of Economic Research, 2018.

²⁵ Sandra Bishop-Josef et al., "Want to Grow the Economy? Fix the Child Care Crises: Workers and Employers Feel Pain in Pocketbooks and Productivity," Council For A Strong America, 2019.

²⁶ "Early Childhood: High Return on Investment," Center for High Impact Philanthropy - University of Pennsylvania, accessed May 6, 2020.

²⁷ Meg Hassan, "NIEER's Annual Report Scores States on Early Childhood Education Programs," First Five Years Fund, 2019.

²⁸ "Mapping the Gap in Idaho," Child care Aware of America, accessed May 7, 2020.

²⁹ Kids Count Data Center, "Young Children Not in School," The Annie E. Casey Foundation, accessed May 7, 2020.



a high-quality ECE setting. Families face many barriers to enrolling their children in high-quality ECE programs.

These barriers center on the interrelated issues of affordability, accessibility, and quality. Beth Oppenheimer, Executive Director of the Idaho Association for Education of Young Children (IAEYC), summarizes these barriers, noting, “Half the state is a child care desert, so without state-funded preschool, the opportunities are just not there. If they do exist, many families cannot find or afford them.”

To illustrate this further:

- On average, the annual cost of infant care can range from \$6,264 for home-based care to nearly \$7,300 for center-based care – almost 10-12% of the median income in Idaho;³⁰
- Nearly half of Idaho lacks access to licensed child care programs;³¹
- In a focus group with members of the Plummer community, parents described making the tough decision between having one parent stay at home and leaving their children in a low-quality child care center.

The interrelated challenges of poor affordability, access, and quality of early childhood education are magnified by traumatic experiences that negatively influence children’s future health and ability to learn. While some healthy levels of stress in a child’s life can develop resiliency, too much stress or exposure to stressful events can have damaging effects on a child’s health, behaviors, and life potential. The experience of trauma has a significant impact on educational outcomes. In a 2017 study, researchers estimated among Idaho’s youth 65% of learning disabilities, 45% of students with behavior problems, and 48% of students that have repeated a grade, were attributable to the way these types of trauma affect the brain.³² This increased burden of behavioral and educational difficulty poses a challenge for Idaho’s teachers, who may be under-resourced and inadequately prepared to respond to the intensive needs of these students. This can result in teacher burnout and retention issues at a time when retaining skilled educators is essential.

Given the lack of ECE opportunities and the high number of children who experience traumatic stress across the state, by the time children enroll in school, many are significantly behind their peers. About half of the state’s incoming kindergarteners are not ready to learn how to read.³³ Moreover, research shows achievement gaps between income classes develop between birth and age five and remain the same — or grow — through K-12.³⁴

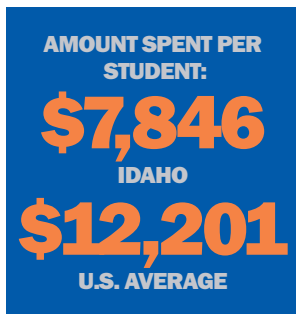
³⁰“Mapping the Gap in Idaho”, n.d.

³¹ First Five Years Fund, “Early Childhood Education in Idaho,” June 1, 2019, accessed May 21, 2020.

³² Patrick Sidmore, “Transforming Schools by Building: Trauma - Engaged Culturally Relevant and Community Driven Schools in Alaska,” 2019.

³³ Keven E. Cahill, John Topogno, and Lauren Butler, “Idaho at Risk: How Bold Leadership and Accountability Can Prepare Idaho for the Future,” J.A. and Kathryn Albertson Family Foundation, 2019.

³⁴ Cahill, Topogno, and Butler, 2019



“ Schools are contributing to how kids are struggling. We need schools to understand why kids aren’t on track, and we need serious intervention. ”

DR. CHRIS MEYER,
Director of Education for
the Coeur D’Alene Tribe

Unfortunately, these children then enter an underfunded and underperforming K-12 education system that does not prepare them to compete in Idaho’s changing economy. Idaho has consistently spent less funding per pupil than other states, ranking second to last in 2017. That year, the state spent an average of \$7,486 per student, while the U.S. average was \$12,201.³⁵ While state education funding is low overall, students of color and rural students are particularly likely to attend underfunded schools. Idaho’s Center for Fiscal Policy reported,

“Districts with 15 percent or more students of color have less than half the property value compared with districts with fewer students of color. To raise \$1,000 locally per student, districts with more students of color would need to approve a tax rate more than double that necessary for districts with fewer students of color.”³⁶

Additionally, rural schools are being affected by declining enrollment as younger Idahoans are moving their families to more urban areas. Some rural counties like Clark County have high school enrollment rates as low as 53.5%.³⁷ As enrollment drops, so does funding, yet the cost of educating the number of children that remain stays the same. In addition to fewer classroom supplies, having less school funding leaves fewer resources to attract experienced teachers who help ensure lower rates of absenteeism and higher test scores. In 2017-18, the average salary of a teacher in Idaho was \$34,801, which is \$4,448 less than the national average.³⁸ Experienced teachers, affected by Idaho’s costs of living, are needing to choose between continuing their profession in the state and seeking more economically sustainable options.

In 2019, only 45% of students were proficient in Math and only 56% were proficient in English Language Arts (ELA) on the Idaho Standards Achievement Test (ISAT), with inequities by race and ethnicity, income, disability status, and language (see Figure 4).³⁹ The educational outcomes of the economically disadvantaged and students of color are so different that the state sets different targets for them. On the Math ISAT, for example, Idaho’s State Board 2019 target for Asian and Pacific Islander students was 64%, whereas Black students had a target of 35%.⁴⁰ Roger Quarles, Executive Director, JA and Kathryn Albertson Family Foundation, highlights some of the negative consequences of these dramatically different targets, noting, “We set educational targets as part of the Every Student Succeeds Act. In order for the state to receive federal title money, we have to set specific goals by demographic sub-groups. Until we fix our expectations for all students, [students of color and low-income students] will continue to fall further behind.”

Without proper support through K-12, these students will continue to have negative outcomes through high school graduation and beyond. Schools may consider adopting a “targeted universalist” approach, where they set universal goals for all of Idaho’s students but develop targeted strategies for students of color and economically disadvantaged students to meet their needs. Dr. Chris Meyer, Director of Education for the Coeur D’Alene Tribe describes why such an approach is important, explaining, “Schools are contributing to how kids are struggling. We need schools to understand why kids aren’t on track, and we need serious intervention.” Ultimately, this approach would improve outcomes for the state as a whole.

Finally, in 2019, 80% of high school seniors graduated within four years. However, there is wide variability with county graduation rates ranging from 48% to 93%. Of those who do graduate, many are not prepared for post-secondary education, with more than a third of students who go on after high school needing remedial courses.⁴¹

³⁵ Kevin Richert, “Census Report: Idaho Ranks Next to Last in Per-Pupil Spending,” Idaho Education News (blog), 2019.

³⁶ Idaho Center for Fiscal Policy, “Public School Investment” Idaho Center for Fiscal Policy, accessed May 7, 2020.

³⁷ Idaho Department of Labor, “Defining Rural Idaho Presents Challenges,” Idaho@work, 2017.

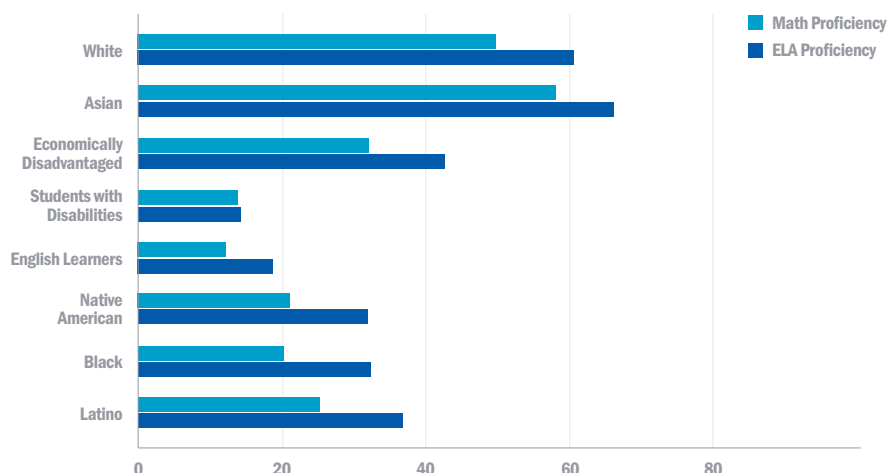
³⁸ National Education Association, “2017-2018 Average Starting Teacher Salaries by State,” NEA, 2019.

³⁹ “[Y]Our Idaho Education Report Card,” Idaho Ed News, 2019.

⁴⁰ Ibid.

⁴¹ Cahill, Topogno, and Butler, 2019.

Figure 4. Math and ELA ISAT Scores, 2019



“When you look at the workforce needs, there is a disconnect [with educational programs]. There is more work that needs to be done to provide the education that the workforce is desiring.”

JANI REVIER,
Director, Idaho's
Department of Labor

**IDAHO HAS THE
SECOND-HIGHEST
PERCENTAGE
OF STUDENTS
GRADUATING FROM
UNIVERSITIES
WITH DEBT**

71%

With performance gaps at the beginning of K-12 and lack of funding to address those gaps, Idaho's education system contributes to poor health and education outcomes. There is growing literature on the linkage between education outcomes and positive health outcomes.^{42, 43, 44} Education outcomes not only affect health by dramatically reducing earning potential. Education also is a predictor of individuals' ability to navigate health care systems and get the care they need. High school graduates have a far better chance of having basic health literacy, which allows them to know when and how to seek medical care. Students who do not graduate high school are more likely to self-report overall poor health and suffer from at least one chronic health condition (e.g., asthma, diabetes, high blood pressure, hepatitis, or stroke).⁴⁵

As post-secondary credentials become increasingly crucial to securing a living-wage job, so will removing barriers for students to continue their education beyond high school and acquire the skills required by Idaho's employers. Similar to national trends, in Idaho it is becoming increasingly difficult to make ends meet without a post-secondary degree or certification. A recent study showed in Idaho that the average earnings of a bachelor's degree holder is 68% higher than that of a high school graduate.⁴⁶ In 2018, about 42% of Idaho's young adults held a degree or professional certificate. Post-secondary attainment falls far below the State Board of Education's goal of 60% of 25-34 year olds having a post-secondary degree, which is based on the portion of jobs that will require these credentials.^{47, 48} One of the barriers to achieving post-secondary degrees is affordability. Idaho ranks seventh in the nation for "sticker price" affordability for public four-year institutions, meaning students may have an improved likelihood of attending school because it is affordable. However, Idaho has the second-highest percentage of students graduating from universities with debt (71%).⁴⁹ In addition to the barriers of accessing post-secondary opportunities, post-secondary institutions need to adapt to teaching the skills required by Idaho's employers.

Idaho's employers and industries increasingly require workers with more education and technical skills. "When you look at the workforce needs, there is a disconnect [with educational programs]. There is more work that needs to be done to provide the education that the workforce is desiring," explains Jani Revier, the Director of Idaho's Department of Labor. Ensuring Idaho's children are given the preparation they need — starting in the first years of life — to succeed in the future workforce is imperative not only for students and their families, but also for the state's ability to attract new businesses and talent. In turn, higher educational attainment will also promote and maintain the health of Idaho's population.

⁴² Robert A. Hahn and Benedict I. Truman, "Education Improves Public Health and Promotes Health Equity," *International Journal of Health Services* 45, no. 4 (October 2015): 657–78.

⁴³ "Education: It Matters More to Health than Ever Before," Center on Society and Health at Virginia Commonwealth University, 2015.

⁴⁴ Healthy People 2020, "High School Graduation," Office of Disease Prevention and Health Promotion, 2020.

⁴⁵ Healthy People 2020, 2020.

⁴⁶ John V Winters, "Idaho's Education Earnings Gap," Thomas B. Fordham Institute, 2020.

⁴⁷ "[Y]Our Idaho Education Report Card," 2019

⁴⁸ "Five Questions about Workforce Needs in Idaho," J.A. and Kathryn Albertson Foundation, accessed May 7, 2020.

⁴⁹ "Trends in Tuition at Idaho's Public Colleges and Universities: Critical Context for the State's Educational Goals," Idaho Center for Fiscal Policy, 2017.

SOCIAL & COMMUNITY CONTEXT

KEY FINDINGS

- ▶ Idaho has a strong social fabric — where people feel connected and support one another — which supports health, but not all demographic groups are included
- ▶ Latino, Native American, refugee, LGBTQ+, rural, and low-income families face social exclusion which makes it less likely that they can lead healthy, happy, and successful lives and fully support Idaho's economic vitality
- ▶ Idaho's youngest residents are particularly vulnerable to the stresses of a fraying social fabric
- ▶ Idaho's current and future competitiveness is dependent on its people's relationship with each other and with their communities

34%
OF RESIDENTS
VOLUNTEERED —
MAKING IDAHO THE
STATE WITH THE
FIFTH-HIGHEST
VOLUNTEER RATE

Idahoans recognize a robust social fabric — communities with a deep sense of cohesion and free of discrimination — is essential to health and socio-economic well-being. Many people outside of Idaho can look at the state's natural resources — its beautiful snow-capped mountains, its river-cut canyons, and acres of tranquil farmland — as the state's greatest strength. Idahoans, however, know the best part about living in Idaho is its people. Idaho ranks third in percentage of parents who reported their child is usually safe in their neighborhood, and they agree their neighbors can be counted on to watch out for their children if they get hurt or scared while playing outside.⁵⁰ Despite having a lower per capita income, Idaho is one of the most charitable states. Idahoans making \$50K or more give the 16th highest per capita in the nation.^{51, 52} In 2015, 34% of residents volunteered — making it the state with the fifth-highest volunteer rate.⁵³

Research also documents a lack of social connection and support and the presence of racism (both interpersonal and structural) are associated with poor health and societal outcomes.^{54, 55} Thus, communities evoking a sense of belonging and connectedness improve their residents' health and well-being, and more innovatively and effectively address health-related concerns. In addition, the chronic, unmitigated stress children and families experience when the social fabric frays and unravels leads to both acute and longer-term physical, emotional, and developmental health.

Idaho's robust social fabric does not sufficiently weave in all demographic groups, making it difficult for all of Idaho's residents to lead healthy, happy, and successful lives and fully support Idaho's economic vitality. Namely, Idaho's communities of color, LGBTQ+ community, rural communities, and low-income families face specific barriers to being fully connected. Some of these barriers have already been discussed in this report in the ways in which demographic factors predict health, education, and economic outcomes. Given the social, economic, and demographic shifts Idahoans are recently facing, these communities face additional risks to their health and well-being, and their disproportionate burden of poor outcomes is increasingly relevant to all of Idaho.

⁵⁰ Child and Adolescent Health Measurement Initiative, "NSCH 2017 18: Indicator 7.1: Supportive Neighborhood, Nationwide vs. Idaho," National Survey of Children's Health, 2019.

⁵¹ Adam McCann, "Most Charitable States," WalletHub, 2019.

⁵² Tyler Davis, Drew Lindsay, and Brian O'Leary, "How America Gives Data: Leaders and Laggards, Giving Opportunities, and More," The Chronicle of Philanthropy, October 2, 2017.

⁵³ "Idaho," Corporation for National & Community Services, accessed May 7, 2020.

⁵⁴ Zinzi D Bailey et al., "Structural Racism and Health Inequities in the USA: Evidence and Interventions," The Lancet 389, no. 10077 (April 2017): 1453–63.

⁵⁵ County Health Rankings & Roadmaps, 2019.

THE LATINO POPULATION has been part of Idaho’s history since its founding and continues to be the fastest-growing demographic group in the state.⁵⁶ While they have historically been an engine of economic growth and driver of the state’s agricultural success, Latinos face pressing barriers to social inclusion in Idaho, including: 1) increased fear related to the scrutiny of all Latinos associated with their immigration status, whether they are U.S. born or not and 2) the extent to which Idaho’s institutions can serve their need, particularly with regards to language and culture.

“ Families are avoiding participation in crucial social programs to prevent jeopardizing their future ability to obtain legal status. ”

IRMA MORIN,
CEO, Community Council
of Idaho

**UNDOCUMENTED
IMMIGRANTS
COMPRISE
2.2%
OF IDAHO'S
POPULATION AND ARE
OFTEN ASSOCIATED
WITH LATINOS**

- Undocumented immigrants comprise 2.2% of Idaho’s population and are often associated with Latinos.⁵⁷ One negative result of the recent attention on undocumented immigrants has resulted in amendments to the Public Charge rule. The Public Charge rule is a ground of inadmissibility, or a reason that a person could be denied a green card, visa, or admission to the U.S. It calls for immigration officers to consider whether an applicant is likely to become dependent on certain government benefits in the future.⁵⁸ While the rule does not apply to all immigrants, nor does it apply to all government benefits, it strikes fear in the hearts of Idahoans who are seeking — or have family members seeking — a green card, visa, or citizenship. According to Irma Morin, CEO of the Community Council of Idaho, “Families are avoiding participation in crucial social services to prevent jeopardizing their future ability to obtain legal status. Including services that would not be considered a public charge and that’s concerning.” The misinformation spread about Public Charge has resulted in families steering clear of social services they qualify for, which are designed to mitigate against the economic, education, and health outcomes that keep families trapped in a cycle of poverty.
- Government organizations, businesses, educational and health institutions, and non-profit organizations could do more to understand the complex history and cultural nuances of Latinos in Idaho. When Sergio Gutierrez was the only Idaho Latino trial judge, he would aim to ensure psychiatric evaluations of Latinos were conducted by people who could speak Spanish and understand the individuals’ cultural context. Unfortunately, he struggled to find bilingual/bicultural health professionals in the state. Furthermore, even when translation services do exist, they are not always accurate, which can have extreme ramifications. As one Caldwell resident put it, “there are translation machines at some service sites, but they are not useful. When they are used in legal settings, they can contribute to miscommunications that could heavily impact someone’s freedom.” The additional barrier that Latinos face in seeking legal services may contribute to worse outcomes. While Latinos represent 11% of the population, they make up 16% of the state’s incarcerated population.⁵⁹

As the Latino population continues to rapidly grow in the state, Idaho will need to ensure Latinos receive the types of legal, economic, and educational services they need to participate in the state’s success.

IDAHO’S NATIVE AMERICAN COMMUNITIES continue to feel the ramifications of discriminatory federal policies, which affect the way they interact with various public systems today. Idaho is home to five tribes: Coeur d’Alene, Kootenai, Nez Perce, Shoshone-Bannock, and Shoshone-Paiute. Since the 1800s, the U.S. government changed the Native American way of life by forcibly removing people from their homelands and putting them on reservations, passing laws that prohibited Native Americans from practicing their spiritual traditions, and separating children from their families and tribes in efforts to “civilize the Indian.”⁶⁰ These programs removed children

⁵⁶Christy Dearien et al. “Hispanic Profile Data Book for Idaho” 4th Ed., Idaho Commission of Hispanic Affairs, February, 2017.

⁵⁷“U.S. Unauthorized Immigrant Population Estimates by State, 2016,” Pew Research Center’s Hispanic Trends Project, February 5, 2019.

⁵⁸Immigrant Legal Resource Center, “Public Charge,” Immigrant Legal Resource Center, accessed May 7, 2020.

⁵⁹Prison Policy Initiative, “Idaho Profile,” Prison Policy initiative, accessed May 7, 2020.

⁶⁰Idaho Department of Health and Welfare, “Indian Child Welfare Act (ICWA),” Idaho Department of Health and Welfare, accessed May 7, 2020.

“ How does someone really recover from generations of emotional and other forms of trauma? Land loss, people loss, resource loss, lifestyle loss...” ”

CHERIE BUCKNER-WEBB,
State Senator

IDAHO IS
1 OF 30 STATES
IN THE U.S. THAT DOES NOT ADEQUATELY PROTECT LGBTQ+ PEOPLE FROM DISCRIMINATION IN EMPLOYMENT, HOUSING, AND PUBLIC ACCOMMODATIONS

COUNTRIES WITH HIGHEST SUICIDE RATES ARE
RURAL

from their tribes and placed them in unsafe systems of care where they were often abused and forced to work.⁶¹ In 1976, 25-35% of all Native American children were placed in out-of-home care.⁶² As present-day parents and grandparents remember the traumas they endured in these institutions and failed to be educated to compete in modern labor markets, the effects of these programs are still felt today amongst Idaho's tribes. As a result, Native American parents may distrust American institutions, including early childhood education programs, schools, and hospitals. When Native American youth seek greater economic opportunity, they are leaving their reservations and becoming socially and spiritually disconnected from their cultures. As State Senator Cherie Buckner-Webb said, “How does someone really recover from generations of emotional and other forms of trauma? Land loss, people loss, resource loss, lifestyle loss...” This historic and ongoing social and economic trauma has severe health consequences. For instance, in 2014 to 2018, Idaho's highest age-adjusted suicide rate, by race and ethnicity, occurred among the Native American population, which saw rates and numbers double from those from 2009 to 2013.⁶³

REFUGEES have been relocating to Idaho since 1975 when Governor John Evans established the Indochinese Refugee Assistance program. Since then, Idaho has remained a refugee resettlement area, accepting refugees from all over the world.⁶⁴ This year, Governor Brad Little was one of 19 Republican governors expressing a desire to take in refugees, mainly driven by resolutions supporting the Refugee Resettlement Program by Ada and Twin Falls county commissioners and the Twin Falls and Pocatello city councils.⁶⁵ Unfortunately, some Idahoans have discriminated against asylum-seekers, and the program has received budget cuts that make it challenging to support job placement and training programs.⁶⁶ Fortunately, Idahoans have also supported refugees with increased donations and volunteers at the Twin Falls Center.⁶⁷

LGBTQ+ communities face harassment and discrimination in schools, the workplace, housing, and even their own homes. As of 2018, 2.8% of adults in Idaho identified as LGBTQ+.⁶⁸ Idaho is one of 30 states in the U.S. that does not adequately protect LGBTQ+ people from discrimination in employment, housing, and public accommodations.⁶⁹ In most places in Idaho, LGBTQ+ people could be fired or denied a promotion, evicted from their homes or denied housing, denied service at public establishments, or even denied medical treatment. LGBTQ+ students in Idaho face significant amounts of discrimination at their schools, with 71% LGBTQ+ students reporting experiencing verbal harassment based on their sexual orientation and 32% reporting physical harassment based on their gender expression.⁷⁰ Nationally, LGBTQ+ people are at higher risk than the general population for experiencing suicidal thoughts and suicide attempts; high school students who identify as LGB are almost five times as likely to attempt suicide compared to their heterosexual peers.⁷¹

RURAL POPULATIONS have experienced disproportionate aging and economic stagnation, compared to Idaho's urban communities. Older Idahoans may face particular challenges related to retirement, widowhood, and health decline. While the tranquility of rural areas can help cope with those changes, the lack of connectivity and lack of resources may become a challenge to older Idahoans who may drive less and require additional supports for their health. These demographic shifts have removed several of

⁶¹ Idaho Department of Health and Welfare, “The Untold Story: Impacts on Native Americans Then and Now,” accessed May 7, 2020.

⁶² Idaho Department of Health and Welfare, “Indian Child Welfare Act (ICWA),” Idaho Department of Health and Welfare, accessed May 7, 2020.

⁶³ Pam Harder, “Idaho Resident Suicide Deaths: 2014 - 2018” Idaho Department of Health and Welfare, Division of Public Health, Bureau of Vital Records and Health Statistics, 2019.

⁶⁴ Idaho Office for Refugees, “About Refugees in Idaho,” Idaho Office for Refugees, accessed May 7, 2020.

⁶⁵ Nathan Brown, “Records Show Opposition to Refugees, Little's Work to Support Decision,” Post Register, 2019.

⁶⁶ Sarah Tory, “Refugees Look for Belonging in Idaho,” High Country News, October 11, 2019.

⁶⁷ Ibid.

⁶⁸ Movement Advancement Project, “Idaho's Equality Profile,” Movement Advancement Project, accessed May 7, 2020.

⁶⁹ “Idaho: Christina & Michelle,” Beyond I Do, accessed May 7, 2020.

⁷⁰ GLSEN, “School Climate in Idaho (State Snapshot)” (GLSEN), accessed May 7, 2020.

⁷¹ “LGBTQ,” National Alliance on Mental Illness, 2019.

“ [The working poor] are people working 1-2 jobs to make ends meet. When people ask, ‘why can’t they pull themselves up by their bootstraps?’ they do not understand that it’s not the people, it’s their circumstances [that are important]. ”

KELLI BADESHEIM,
Executive Director,
Valley Regional Transit



the factors that traditionally kept young and working-age Idahoans resilient. Increased economic stress, fewer neighbors to check-in on them, and children leaving their hometowns to seek greater educational and economic opportunities have left rural Idahoans becoming more susceptible to social isolation, substance use, depression, and stress. Moreover, given the cultural values placed on independence and self-sufficiency, many Idahoans don’t reach out for help. Elke Shaw-Tulloch, Administrator of Public Health at the Idaho Department of Health and Welfare remarks, “I was born and raised here. Idaho tends to have a mentality around rugged individualism. Sometimes that can harm people because when they need help, they may not seek it. We have high suicide rates and drug addiction or ‘diseases of despair’.”⁷² Counties with the highest suicide rates (Adams, Clearwater, and Custer counties) are all rural.⁷³

No matter your geography or racial identity, being a low-income resident in Idaho brings its own set of social challenges. There are times where Idaho’s ideology of rugged individualism can cast blame on individuals as being solely responsible for their personal situation rather than acknowledging the role that external factors play. While people will always have the ability to make individual choices, they do so within particular circumstances and available opportunities. Kelli Badesheim, Executive Director of Valley Regional Transit, emphasizes, “[The working poor] are people working 1-2 jobs to make ends meet. When people ask, ‘why can’t they pull themselves up by their bootstraps?’ they do not understand that it’s not the people, it’s their circumstances [that are important].” Stereotyping and casting unjust blame on an individual for their circumstances can lead them to feel further ostracized by their peers. While Idaho today has relatively low-income inequality (ranked 11th for income equality), income inequality will continue to grow if the economic conditions continue to shift as they have.⁷⁴ Without greater inclusion for these families, they will be further isolated from resources that could help them improve their health, well-being, and ability to contribute to Idaho’s prosperity.

Idaho’s youngest residents, who will be the stewards of the state’s future, are particularly vulnerable to the stress of a fraying social fabric. Children’s health experts have coined the term “Adverse Childhood Experiences” (ACEs) to describe harmful experiences and environments that undermine a child’s sense of safety, stability, and bonding such as experiencing violence, abuse, or neglect; feeling the burdens of poverty at home; or growing up in a household with substance misuse or mental health problems.⁷⁵ Strong evidence links experiencing four or more ACEs in childhood to significantly increased risk of seven out of the ten leading adult causes

⁷² Harder, 2019.

⁷³ Ibid.

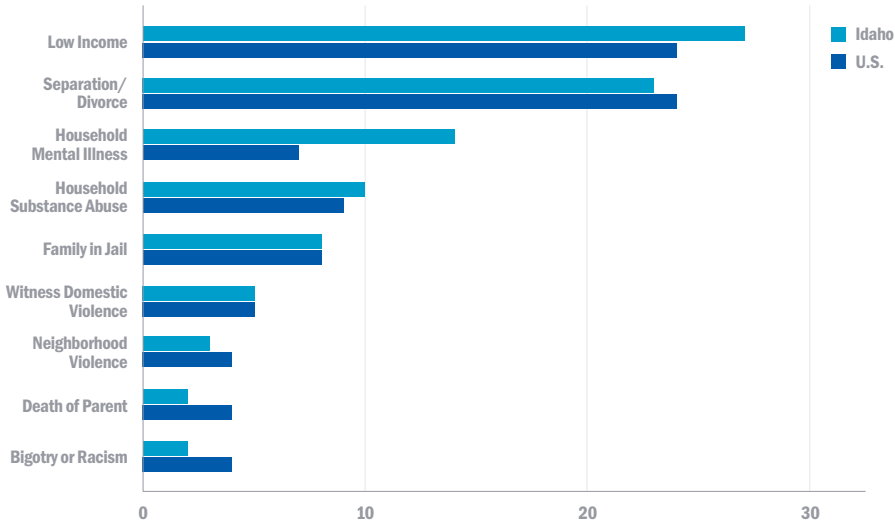
⁷⁴ Population Reference Bureau, “U.S. Indicators: Gini Index of Income Inequality,” accessed May 7, 2020.

⁷⁵ Centers for Disease Control and Prevention, “Adverse Childhood Experiences (ACEs),” Centers for Disease Control and Prevention: Violence Prevention, April 22, 2020.

THE EXCLUSION FELT BY THESE COMMUNITIES IS OFTEN SYSTEMIC
 — ADDRESSING IT WILL REQUIRE SHIFTING POLICIES, PRACTICES, RESOURCE FLOWS, POWER DYNAMICS, RELATIONSHIPS, AND MENTAL MODELS.

of death, including heart disease, stroke, cancer, COPD, diabetes, Alzheimer’s, and suicide.⁷⁶ A slightly higher portion of Idaho children has experienced at least one ACE (47%) when compared to all children in the U.S. (45%). In particular, Idaho children are more likely to experience trauma related to being in low-income families and living with someone with a mental illness (see Figure 5 below).⁷⁷ Children of color were more likely to have experienced ACEs than their White peers.⁷⁸ However, the fallout from ACEs is not only in the future. It is seen real-time in schools, correlated to the burden of missed school, behavior problems, and lower graduation rates, to name a few outcomes. It is in Idaho’s best interest to confront this challenge that is adversely affecting the next generation of Idaho’s leaders and residents.

Figure 5. Percent of Idaho parents vs. U.S. reporting one or more types of ACEs⁷⁹



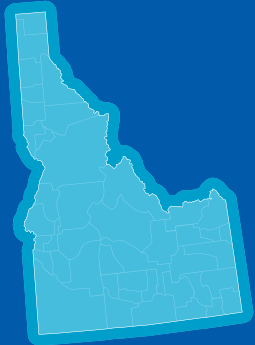
Idaho’s current and future competitiveness is dependent on its people and their relationships with their communities. It is not a coincidence that the most marginalized communities are the same communities experiencing poorer education, economic, and health outcomes. For example, people of color experience worse outcomes in comparison to White Idahoans on indicators of length of life and health-related quality of life, including premature death, poor or fair health status, poor physical health days, poor mental health days, and low birthweight.⁸⁰ When people feel like they belong, they are better positioned to have healthy lives and contribute to healthy communities. The exclusion felt by these communities is often systemic — addressing it will require shifting policies, practices, resource flows, power dynamics, relationships, and mental models. In a state where these communities are underrepresented (e.g., people of color make up 18% of Idaho’s population, but only 2% of elected officials), it is of even greater importance that these communities have channels to voice their concerns and address the barriers specific to each community for it to thrive.⁸¹ As Idaho manages the changes rippling out throughout its communities, the state faces an opportunity to create an Idaho where all people can be part of the thriving state.

⁷⁶ “How ACEs Affect Health: Childhood Adversity Increases Risk for Long-Term Health and Behavioral Issues,” Center for Youth Wellness, 2017.
⁷⁷ Sidmore, 2019
⁷⁸ Child and Adolescent Health Measurement Initiative, n.d.
⁷⁹ Sidmore, 2019
⁸⁰ County Health Rankings & Roadmaps, 2019.
⁸¹ Reflective Democracy Campaign, “National Representation Index,” Reflective Democracy Campaign, accessed May 7, 2020.

NEIGHBORHOOD & BUILT ENVIRONMENT

35

OF IDAHO'S
44 COUNTIES DO NOT
HAVE A POPULATION
CENTER OF AT LEAST
20,000, AND
18 COUNTIES HAVE
FEWER THAN
SIX PEOPLE
PER SQUARE MILE.



IDAHO HAS

**19,000
MILES**

OF HIKING TRAILS



KEY FINDINGS

- ▶ The physical environments where Idahoans live — from their home to their neighborhood — can all have a deep impact on health and well-being
- ▶ In many ways, Idaho's neighborhoods and environments support health
- ▶ Some built environments in Idaho put residents at greater risk of preventable and costly poor health outcomes
- ▶ Population growth is increasing challenges related to housing, transportation, and access to healthy food
- ▶ Thoughtfully designed communities will enable all Idahoans to get and stay healthy and help sustain the state's rapid economic growth that relies on engaged and productive residents

The physical environments where Idahoans live — including the quality of their housing, the neighborhood infrastructure and amenities, and the health of the natural environment — can all have a deep impact on health and well-being. For instance, hazardous and unhealthy housing can lead to preventable illnesses like lead poisoning, asthma, respiratory illness, cancer, and unintentional injuries.⁸² These conditions can lead to missed school days and poor school performance for children, and missed workdays and forgone income for parents.⁸³ Similarly, neighborhoods with increased barriers to affordable, healthy foods and physical activity opportunities make it increasingly difficult for their residents to achieve and maintain good health.

Idaho is a predominantly rural state, which provides many benefits yet poses important challenges to health and well-being. Given Idaho's expansive geography and relatively small population, it is one of the least densely populated states in the nation. In fact, 35 of Idaho's 44 counties do not have a population center of at least 20,000, and 18 counties have fewer than six people per square mile. It is also graced with the second-largest wilderness in the contiguous 48 states and 19,000 miles of hiking trails, which promote healthy outdoor recreational activities.⁸⁴ This rural geography provides ample opportunity to enjoy the solace of open space, and Idahoans are understandably proud of the frequent opportunities to connect with nature. However, the low population density creates a challenge to ensure that all residents have access to essential infrastructure such as transportation, broadband internet access, and in some places, even electricity and indoor plumbing. It can also make it harder to sustain small but critical businesses and services, such as grocery stores and child care.

Some of the health burdens of the rural setting are seen in car accidents and broadband access. Idahoans spend a significant time driving and most (73%) traffic fatalities occur in rural areas. Relative to the rest of the country, Idahoans have higher car accidents and fatalities per mile driven, and accidents are more likely to include alcohol.⁸⁵ There is also increasing recognition of the role that access to broadband plays in advancing health — particularly by increasing access to jobs and health care services.⁸⁶ Many parts

⁸² National Center for Healthy Housing, "Idaho: 2019 Healthy Housing Fact Sheet," National Center for Healthy Housing, 2019.

⁸³ Ibid.

⁸⁴ Visit Idaho, "Idaho Hiking & Backpacking," Visit Idaho, accessed May 7, 2020.

⁸⁵ "Fatality Facts 2018: State by State," Insurance Institute for Highway Safety, Highway Loss Data Institute, accessed May 7, 2020.

⁸⁶ Adie Tomer et al., "Digital Prosperity: How Broadband Can Deliver Health and Equity to All Communities," Brookings (blog), February 26, 2020.



45%
OF HOUSING IN IDAHO WAS BUILT BEFORE 1978, MAKING HOMES LIKELY TO CONTAIN LEAD-BASED PAINT

RATES OF VIOLENT CRIMES ARE 40% LOWER IN IDAHO THAN THE AVERAGE RATES ACROSS THE U.S.

IN SOME RURAL COUNTIES, INCLUDING CLARK, LINCOLN, AND CAMAS, MORE THAN HALF OF LOW-INCOME RESIDENTS DO NOT HAVE A NEARBY GROCERY STORE

of Idaho still have limited access to the internet; for example, over 13% of households in Twin Falls lacked access to internet in 2018.⁸⁷

Despite these challenges, Idaho’s neighborhoods and environments support health in many ways. Between 2011 and 2015, 85% of Idahoans reported living in households that were not experiencing severe housing problems, which include factors like overcrowding, severe housing costs, and lack of plumbing facilities.⁸⁸ At the community level, 39% of parents across the state report having access to attractive neighborhood amenities like parks and playgrounds, recreation centers, community centers, libraries, and sidewalks, which is higher than the national average (29.8%).⁸⁹ Importantly, even the vast majority of low-income Idahoans live close to a grocery store (within 1 mile in urban areas, or 10 miles in rural areas).⁹⁰ There is strong evidence that access to grocery stores promotes health and reduces premature death.⁹¹ Also, rates of violent crimes are 40% lower in Idaho than the average rates across the U.S., and safer communities can support mental health and promote healthy behaviors, like outdoor recreation.⁹²

Unfortunately, not every Idahoan has the same opportunity to enjoy the benefits of Idaho’s built and natural environment, putting them at greater risk of preventable and costly poor health outcomes. About one in 10 (11%) Idahoans reported living in neighborhoods with poorly kept or dilapidated housing.⁹³ Forty-five percent of housing in Idaho was built before 1978, making homes likely to contain lead-based paint.⁹⁴ Three percent of homes in Boise, Bonner, and Boundary counties reported lacking basic facilities such as an indoor kitchen and bathroom.⁹⁵ These housing challenges all pose well-documented health risks.

While Idaho is known for its agriculture, not all communities have access to fresh foods. In some rural counties, including Clark, Lincoln, and Camas, more than half of low-income residents do not have a nearby grocery store.⁹⁶ The rise of online grocery shopping may also lead some essential grocery stores in rural communities to close down, further limiting food access in those communities. Without access to healthy foods, the foods available to Idahoans are those with empty calories and little to no nutritional value, which can be damaging to their health. There is a strong correlation between lack of access to healthy food and the development of obesity and the devastating chronic

⁸⁷ “Data USA: Idaho,” Data USA, accessed May 7, 2020.
⁸⁸ County Health Rankings & Roadmaps, “Severe Housing Problems in Idaho,” County Health Rankings & Roadmaps, 2020.
⁸⁹ “Explore Health Measures in Idaho | 2019 Annual Report,” America’s Health Rankings, 2019.
⁹⁰ County Health Rankings & Roadmaps, “Limited Access to Healthy Foods in Idaho,” County Health Rankings & Roadmaps, accessed May 7, 2020.
⁹¹ Sarah Treuhaft and Allison Karpyn, “The Grocery Gap: Who Has Access to Healthy Food and Why It Matters,” PolicyLink & The Food Trust, n.d.
⁹² County Health Rankings & Roadmaps, “Violent Crime in Idaho,” County Health Rankings & Roadmaps, 2020.
⁹³ Child and Adolescent Health Measurement Initiative, “NSCH 2017 18: Children Live in Neighborhoods with Poorly Kept or Run-down Housing, Idaho,” National Survey of Children’s Health, accessed May 7, 2020.
⁹⁴ National Center for Healthy Housing, “Idaho Healthy Housing Fact Sheet,” October, 2018, accessed May 21, 2020.
⁹⁵ County Health Rankings & Roadmaps, “Severe Housing Problems in Idaho,” County Health Rankings & Roadmaps, 2020.
⁹⁶ County Health Rankings & Roadmaps, “Food Environment Index in Idaho,” County Health Rankings & Roadmaps, 2020.

“ People are moving further out to afford housing, but any benefit gets canceled out by the transportation burden to get there. ”

KELLI BADESHEIM,
Executive Director,
Valley Regional Transit



28%
OF ADULTS IN THE
STATE WERE OBESE,
PUTTING THEIR
HEALTH IN JEOPARDY

“ The growth itself is bringing everyone to the table to have conversations that in the past they didn't need to and now they do. That is bringing attention to the issues. ”

CHARLENE MAHER,
President and CEO
of the Blue Cross of Idaho

illnesses associated with it, including hypertension, heart disease, and diabetes. In 2015, 28% of adults in the state were obese, putting their health in jeopardy.⁹⁷

Lastly, due to rising housing costs in urban areas, people are being forced to move further out into surrounding areas, which increases transportation challenges. More than 23% of Idahoans who drive themselves to work are commuting for more than 30 minutes.⁹⁸ In Boise County, 62% are doing these long commutes, and evidence has shown long commutes increase rates of obesity and poor mental health.^{99,100} As Kelli Badesheim, Executive Director of Valley Regional Transit, summarizes, “People are moving further out to afford housing, but any benefit gets canceled out by the transportation burden to get there.”

Transportation challenges are magnified by Idaho's limited public transportation, even in urban areas. Idaho is one of two states that neither allocates state dollars toward public transportation nor levies a tax for public transportation.¹⁰¹ Given Idaho's population is aging, one growing concern is seniors who are not able to drive do not have transportation and may forego critical health-related services.

Thoughtfully designed communities will enable all Idahoans to get and stay healthy and help sustain the state's rapid economic growth that relies on engaged and productive residents. The quality of a person's home and the amenities and infrastructure available in their neighborhoods and communities are necessary resources so Idahoans can have the building blocks for health and well-being. The recent population and economic growth of the state provides a unique opportunity to build communities where residents have convenient access to goods and services needed in daily life (e.g., housing, grocery stores, schools, public open spaces and recreation facilities, affordable active transportation) which would not only support health, but also attract talent and businesses.¹⁰² As Charlene Maher, President and CEO of the Blue Cross of Idaho says, “The growth itself is bringing everyone to the table to have conversations that in the past they didn't need to and now they do. That is bringing attention to the issues. The growth is also bringing more funds for business infrastructure, and if you have conversations early in the process, you can direct those funds in the right ways, like making communities healthier.” As Idaho continues to respond to its population and economic changes, leaders can consider ways to foster neighborhoods and built environments that help all Idahoans lead healthier lives.

⁹⁷ County Health Rankings & Roadmaps, “Adult Obesity in Idaho,” County Health Rankings & Roadmaps, 2019.

⁹⁸ County Health Rankings & Roadmaps, “Long Commute - Driving Alone in Idaho,” County Health Rankings & Roadmaps, 2019.

⁹⁹ Ibid.

¹⁰⁰ Lawrence D. Frank, Martin A. Andresen, and Thomas L. Schmid, “Obesity Relationships with Community Design, Physical Activity, and Time Spent in Cars,” *American Journal of Preventive Medicine* 27, no. 2 (August 2004): 87-96.

¹⁰¹ Margaret Carmel, “Boise Set to Increase Public Transit Funding with New Funding Formula,” Idaho Press, April 16, 2019.

¹⁰² City of Portland, Oregon, “The Portland Plan” City of Portland, Oregon, 2012.

ACCESS TO HEALTH CARE

KEY FINDINGS

- ▶ Access to affordable, high quality primary care and behavioral health services is essential to the health and well-being of all Idahoans
- ▶ Idaho has a severe shortage of primary care physicians and mental health providers
- ▶ Communities of color and rural Idahoans are most severely affected by access and affordability barriers
- ▶ Poor access to care risks exacerbating mental and behavioral health challenges
- ▶ A number of leaders and organizations have begun to address access challenges in innovative ways
- ▶ Improving health care access in a lasting way requires “moving upstream” to the ultimate causes of poor health by creating conditions that support health and reduce demand for services

FEDERAL HEALTH RESOURCES AND SERVICES ADMINISTRATION CLASSIFIES EACH OF **IDAHO'S 44 COUNTIES** AS A MENTAL HEALTH PROFESSIONAL SHORTAGE AREA

POOR MENTAL HEALTH CAN BE AS COSTLY TO THE ECONOMY AS POOR PHYSICAL HEALTH

BETWEEN 2016-2019 IDAHO RANKED **LAST IN THE NATION** FOR PRIMARY CARE PHYSICIANS PER CAPITA.

Access to affordable, high quality primary care and behavioral health services is essential to the health and well-being of all Idahoans. Serving as a patient’s initial point of contact with the health care system, primary care providers deliver preventive services and counsel patients on effective disease management. This kind of quality care contributes to positive health and societal outcomes, such as a lower risk of overall and premature death, decreased chronic illness, and a reduction in health inequities across populations. And primary care providers can improve the efficiency and lower the cost of health care by minimizing avoidable hospitalizations and emergency department (ED) utilization.^{103, 104} Mental health providers fill a critical gap in patient care through the assessment, diagnosis, and treatment of an array of complex mental and behavioral health disorders.¹⁰⁵ Research demonstrates that poor mental health can be as costly to the economy as poor physical health.¹⁰⁶ By addressing challenges such as depression and anxiety, mental health providers can help keep workers healthy and able to care for their families and their communities and help support the economic engine of society.

Idaho, however, has a severe shortage of primary care physicians and mental health providers. The Federal Health Resources and Services Administration classifies each of Idaho’s 44 counties as a mental health professional shortage area, and all but two counties (Ada and Blaine) as a primary care professional shortage area.¹⁰⁷ Although the per capita number of primary care physicians increased between 2016 and 2019, Idaho ranked last in the nation on this metric each year during that time period. Likewise, while Idaho witnessed an increase in per capita mental health providers between 2017 and 2019, the state was below the U.S. average each year and among the states with the fewest number of mental health providers relative to the population they serve.¹⁰⁸ The limited availability of mental health providers and other supports is seen by Dave Jeppesen, Director of Idaho’s Department of Health and Welfare, stating that, “The day to day pressures have risen for individuals, yet the access to mental health providers remains limited; there are few counselors or supports. Access to mental health is further

¹⁰³ United Health Foundation, “America’s Health Rankings,” America’s Health Rankings, accessed May 8, 2020.

¹⁰⁴ WHO Global, “Building the Economic Case for Primary Health Care: A Scoping Review,” World Health Organization, 2018.

¹⁰⁵ United Health Foundation, n.d.

¹⁰⁶ Penn State, “Poor Mental Health Days May Cost the Economy Billions of Dollars,” ScienceDaily, 2018.

¹⁰⁷ Idaho Department of Health and Welfare, “Shortage Designations,” Idaho Department of Health and Welfare, accessed May 8, 2020.

¹⁰⁸ United Health Foundation, “America’s Health Rankings,” America’s Health Rankings, accessed May 22, 2020.



IDAHO RANKED
40TH
 WITH AN UNINSURED
 RATE OF 10.6% VERSUS
 A U.S. AVERAGE OF 8.8%

**BARRIERS
 TO HEALTHCARE:**
 BEING UNABLE
 TO DRIVE
 UNABLE TO AFFORD
 THE GAS
 UNABLE TO TAKE
 THE NECESSARY TIME
 OFF FROM WORK

9
 THE NUMBER OF
 ADDICTION AND
 MENTAL HEALTH
 CENTERS IN IDAHO
 ARE PREDOMINANTLY
 LOCATED IN
 URBAN AREAS

restricted by the inclination to not seek care for a number of reasons.” Among these other reasons are the affordability barriers Idahoans face.

Idaho’s above average uninsured rate and shift toward high deductible health plans create additional barriers to accessing care. While the overall rate of uninsured in Idaho has declined due to coverage expansion (i.e., through the health exchange), Idaho’s ranking has not changed in comparison to other states. In 2018, Idaho ranked 40th with an uninsured rate of 10.6% versus a U.S. average of 8.8%.¹⁰⁹ Even those who are insured struggle to afford care. Between 2013 and 2018, the percent of private sector employees enrolled in high deductible health plans grew rapidly from one third to one half of employees.¹¹⁰ While offering coverage, these plans leave individuals and families at risk of financial hardship due to higher out-of-pocket costs. For example, in 2017, 30% of Idahoans with private insurance made changes to their medications because of cost, the ninth highest rate of medication change due to cost among states.¹¹¹

The supply and affordability barriers to care are felt most severely among rural Idahoans and amongst communities of color. In a survey of 87 individuals from rural communities in Idaho, 38% reported their primary care provider lived outside their community, requiring extensive travel (i.e., 25-100+ miles) to seek care.¹¹² Specific barriers included being unable to drive, unable to afford the gas, and unable to take the necessary time off from work.¹¹³ Rural communities also struggle to access addiction and mental health recovery centers; there are only nine centers in Idaho and they are located predominantly in urban areas.¹¹⁴ Likewise, 17% of Latino and 30% of Native American adults reported not being able to see a doctor because of cost in 2018, compared to 14% of non-Hispanic Whites reporting the same cost barrier.¹¹⁵ This is explained, in part, by inequities in insurance coverage. For instance, nearly half of Latino adults lack insurance coverage compared to 12% of all other non-Hispanic adults,¹¹⁶ and 38% of Latino adults do not have a usual health care provider compared to 24% of all other non-Hispanic adults.¹¹⁷

¹⁰⁹ United Health Foundation, n.d.
¹¹⁰ State Health Access Data Assistance Center, “State Health Compare,” Data Analyzed by SHADAC, accessed May 8, 2020.
¹¹¹ Ibid.
¹¹² Jon Barret and Laurel York Odell, “Grantee Final Report for Rural Health Initiative Voice of the Community Project,” Idaho Community Foundation & Idaho Rural Partnership, December 30, 2019.
¹¹³ Ibid.
¹¹⁴ William L. Spence, “Idaho Has 9 Recovery Centers for Addiction, Mental Illness. That May Become Zero,” Idaho Statesman, February 7, 2019.
¹¹⁵ The Henry J. Kaiser Family Foundation, “Adults Who Report Not Seeing a Doctor in the Past 12 Months Because of Cost by Race/Ethnicity,” The Henry J. Kaiser Family Foundation, January 2, 2020.
¹¹⁶ Idaho Department of Health and Welfare, “Get Healthy Idaho: Measuring and Improving Population Health,” Idaho Department of Health and Welfare, 2019.
¹¹⁷ Ibid.

IN 2017,
IDAHO HAD THE
**5TH
HIGHEST**
AGE-ADJUSTED
SUICIDE RATE

30%
OF DRIVING DEATHS
IN IDAHO INVOLVED
ALCOHOL
IMPAIRMENT

“ Eighty percent of the people accessing this service have never had access to psychiatry services. It has improved the cost of care and has affected people’s lives. We saw how people have gotten their lives back. ”

DR. KELLY MCGRATH,
Chief Medical Officer,
Clearwater Valley Hospitals
and Clinics

Ultimately, poor access to care risks exacerbating mental and behavioral health challenges — for the state as a whole and especially in Native American communities.

Recent outcomes in Idaho illustrate this:

- Frequent mental distress, a self-reported measure of poor mental health that is associated with clinically diagnosed mental health disorders like anxiety and depression, increased between 2015 and 2018 from 10.3% to 11.9% of adults. Idaho was below the national average each year; however, the gap between Idaho and the nation shrank.¹¹⁸
- Idaho’s age-adjusted suicide rate has increased substantially since 2011, and in 2017 Idaho had the nation’s fifth highest age-adjusted suicide rate (66% percent higher than the national average).¹¹⁹
- The age-adjusted drug overdose death rate has followed a slightly upward trend, increasing from 11.9 per 100,000 in 2009 to 14.7 per 100,000 in 2017. Idaho was below the national average each year. Although this increase was not statistically significant,¹²⁰ recent data suggest a potential related challenge centering on substance use.¹²¹
- Namely, based on data collected between 2014 and 2018, 30% of driving deaths in Idaho involved alcohol impairment (compared to about 10% of deaths among the top performing states).

Native American communities experience a particularly heavy burden (e.g., experienced the highest age-adjusted suicide rate amongst all races and ethnicities between 2014 and 2018) and are desperate to address the root cause and its tragic health outcomes. Helo Hancock, CEO of Marimn Health, emphasizes,

“We have to address trauma as early as possible in child’s life, long before it turns into an 11-year-old attempting suicide. We need to intervene early, to help teach our kids the coping and resiliency skills needed to navigate the challenges that surround them. Mental health issues like anxiety and depression left untreated lead to unhealthy choices that perpetuate the destructive cycle we have seen play out far too many times. Social media is only making it worse.”

There is increased public awareness and urgency around Idaho’s access to care needs, and a number of leaders and organizations have begun to address this challenge in innovative ways. For instance, health system leaders are integrating mental and behavioral health care into primary care and educational settings to confront access barriers (e.g., transportation, supply of providers). For the past decade, Clearwater Valley Hospital and Clinics, which serves Clearwater County and the surrounding community, has used virtual teleconferencing to connect psychiatrists in Boise and Utah with patients in the hospitals’ rural service area who desperately need mental health services. This “tele-psychiatry” program has improved access to care and contributed to reductions in cost. Dr. Kelly McGrath, Chief Medical Officer at Clearwater Valley Hospitals and Clinics, notes, “Eighty percent of the people accessing this service have never had access to psychiatry services. It has improved the cost of care and has affected people’s lives. We saw how people have gotten their lives back.”¹²² Similarly, leaders at Marimn Health, a patient-centered medical home serving both members and non-members of the Coeur d’Alene Tribe, are partnering with the local school district to embed mental health providers in the school setting.

¹¹⁸ United Health Foundation, n.d.

¹¹⁹ Harder, 2019.

¹²⁰ Pam Harder, “Drug Overdose Deaths: Idaho Residents 2014-2018” Idaho Department of Health and Welfare, Division of Public Health, Bureau of Vital Records and Health Statistics, 2019.

¹²¹ County Health Rankings & Roadmaps, 2019.

¹²² The COVID-19 pandemic has changed how telehealth services are accessed. Telehealth services are being used more and trends are continuing to emerge.



“ [The center] looks like an athletic complex, but in reality, it’s been purposefully designed as a prevention center. ”

HELO HANCOCK,
CEO, Marimn Health

Addressing the challenges of access to care also necessitates a move upstream.

Health care leaders in Idaho must continue to recognize the conditions in which their patients live greatly influence their health and need to access care. For example, health care organizations in Idaho may consider addressing the health-related social needs of their patients, as exemplified by Clearwater Valley Hospital and Clinics and by Marimn Health. Clearwater Valley Hospital and Clinics’ team of community health workers (CHWs) screen residents for food insecurity and then aim to connect these residents with community-based wellness resources.¹²³ Similarly, the forthcoming Marimn Family Youth Center will serve as a community hub to address the health-related social needs of both members and non-members of the Coeur d’Alene Tribe. Helo Hancock remarked that the center “looks like an athletic complex, but in reality, it’s been purposefully designed as a prevention center.” Community members will benefit from a variety of services that can improve health, such as recreational activities, parenting classes, and youth programs.¹²⁴ Health care organizations may consider going even further outside the walls of the clinic, working in partnership with other sectors to improve the conditions in communities that affect health. Examples include promoting policy change¹²⁵ or community reinvestment.¹²⁶ These approaches can ultimately keep people healthy and reduce the demand for care. Like others, health care leaders and policymakers have a critical role to play in addressing social determinants of health, and thereby ensuring a prosperous future for the state.

¹²³ Pam McBride and Kayla Keigley, “Community Health Needs Assessment 2016” Clearwater Valley Hospital and Clinics, Inc., 2016.

¹²⁴ Marimn Health, “Marimn Health Youth Center Project Narrative,” Marimn Health, accessed May 8, 2020.

¹²⁵ Brian Castrucci and John Auerbach, “Meeting Individual Social Needs Falls Short Of Addressing Social Determinants Of Health,” Health Affairs (blog), January 16, 2019.

¹²⁶ Ryan De Souza and Lakshmi Iyer, “Health Care and the Competitive Advantage of Racial Equity,” FSG, April 2, 2019.

THE OPPORTUNITIES

A CALL TO ACTION FOR CROSS-SECTOR COLLABORATION

Idaho has an opportunity to continue to make great strides towards a vibrant, thriving, and resilient future. The entire state benefits when all Idahoans experience economic stability, attain a high-quality education, feel authentic inclusion in society, live in safe environments, and access affordable, high-quality health care. Investing in the social and economic well-being of Idaho's people will improve individual and population health and set Idaho up to achieve the bold vision of a prosperous future that includes all residents.

The challenges described in this report pose a significant risk to the health and well-being of all Idahoans, but these challenges are not insurmountable. The interconnected nature of these challenges means those working to improve the social determinants of health understand and commit to using a collaborative approach. This approach requires cross-sector partnerships to align strategies, activities, and financial and non-financial resources. This collaboration will allow organizations — local and state agencies, health care systems, businesses, foundations, and other community building organizations — to work together to improve health and well-being, develop shared goals, implement short-term and long-term strategies, and amplify their individual impact.

No one organization can create this future: instead, organizations need to align resources, strategies, and goals.

The Social Determinants of Health are interconnected and must be addressed holistically, rather than as singular issues.

Idahoans need to **work collectively** to **address the social determinants of health** and ensure **no one is left behind**.

Idaho will need to overcome geographic and cultural divides to include all communities in a vibrant, thriving, and resilient future

Developing shared goals does not mean everyone does the same thing. Overcoming these challenges requires multisector partners to support mutually reinforcing strategies, which means that partners need a good understanding of what others are doing so they can build on each other's work, fill in gaps, and avoid wasteful duplication. Collaboration is reflected in deeper connection between the health and human services sectors to better serve individuals, populations, and entire communities. It's also reflected in combining a "top-down" approach of aligning public policy at the state and local levels

with a “bottom-up” approach of authentic engagement and mobilization of members across all of Idaho’s communities – especially those who have been historically marginalized.

The following opportunities collectively represent promising ways that cross-sector partnership and collaboration can address the social determinants of health and realize the goal of a vibrant, thriving, resilient Idaho:

1. Foster Community Capacity to Address Key Challenges

2. Connect Health and Human Services

3. Align Public Policy to Promote Health and Well-being



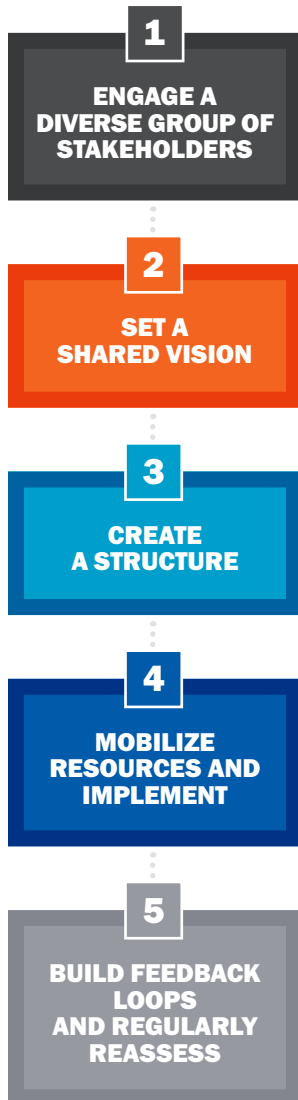
These ideas were developed in partnership with 25 leaders from philanthropic, nonprofit, social service, health care, and public agencies working across Idaho. The Blue Cross of Idaho Foundation convened this group in April 2020 to explore barriers to health and well-being and develop these strategic opportunities.

The path to a vibrant, thriving, and resilient Idaho is through cross-sector partnerships and action on all three strategies. These partnerships can use multiple tools and approaches, including addressing health-related social needs, fostering community engagement and mobilization, and influencing public policy. The goal of partnership is to address the social determinants of health that are the building blocks for individual and community health, and shared economic advancement.

STRATEGIC OPPORTUNITY 1: FOSTER COMMUNITY CAPACITY TO ADDRESS KEY CHALLENGES

Bringing community members together at the local level to identify and respond to social and economic barriers to health provides another opportunity to improve the well-being of Idahoans. Community members and leaders are the experts in understanding their communities' assets and resources and the gap between resources and needs. At the same time, philanthropic and other state leaders can mobilize, support, and empower community members to collaborate on the most pertinent issues in their communities. Elaine Clegg, Past President of the Association of Idaho Cities, knows the power of community mobilization saying, "We need to empower people to imagine themselves in a different place than they are today – rather than saying 'we have some grand plan for you.'" She sees how the opportunities to harness the resourcefulness of individuals and the power of partnerships to solve pressing challenges while strengthening communities' ability to sustain change.

Approaches to mobilizing and empowering communities often have five steps:¹²⁷



- 1. Engage a diverse group of stakeholders:** Community stakeholders can work through a collaborative partnership. Engaging a diverse set of community stakeholders includes partnering with organizational and community leaders, as well as a representative set of community members (e.g., youth, communities of color, rural). The importance of this step cannot be overemphasized as one April 2020 convening participant underscores, "we must have strong relationships, trust, and cultural competency with those we seek to serve; otherwise we will not succeed."
- 2. Set a shared vision:** Community collaborators can define a shared vision and mission specific to their work. A community needs assessment may inform this shared vision to understand community challenges better and set direction.
- 3. Create a structure:** A structure helps to outline roles and responsibilities and oversee functions such as communication, decision-making, resources mobilization, and data collection and analysis. This structure should instill a sense of shared ownership across stakeholders.
- 4. Mobilize resources and implement:** The collaboration can develop a detailed strategic plan and key activities of partners to achieve success. An essential piece of this plan is resource mobilization, including financial and non-financial community resources (e.g., volunteer time, organizational assets, etc.)
- 5. Build feedback loops and regularly reassess:** A shared measurement approach, including process and impact outcomes and a measurement system, enables transparent data sharing to all stakeholders, along with ongoing assessment and refinement of the strategic plan and activities. The Coeur d'Alene Tribe in Idaho believes having the right data to understand realities and make decisions is critical. The Director of Education for the tribe, Dr. Chris Meyer, shares a critical change that has led to increased rates of high school graduation and pursuit of post-secondary education. "We switched from federal reporting data to data that tells our story. That tells us what's happening along the whole pipeline, so tribal council can see where money has gone and where the challenges are.... Being data driven and know[ing] the story, you know where intervention needs to take place."

¹²⁷These steps draw from several collaborative and community mobilization theories, including collective impact, community engagement and mobilization, and movement building. Sources referenced include Strategies Guided by Best Practice for Community Mobilization, Collective Impact, and Making Change: How Social Movements Work and How to Support Them.



CASE STUDIES

GREENSBORO, NORTH CAROLINA¹²⁸ fostered community collaboration through the BUILD Health Challenge to improve health outcomes. The health and human services organization grantees supported the historically marginalized Cottage Grove community through data and community driven approaches to change several underlying health risk factors in their community, such as unsafe housing, leading to increased emergency department visits. Activities included identifying a community champion to navigate and build trust within the community, providing training in advocacy and mobilization, and formally setting roles and responsibilities. These activities importantly showed community members “... how to access and use the power they possess, created confidence and emboldened individuals to advocate for themselves and others.” These efforts were so successful that community members and leaders continued to use their power and relationships beyond the grant period. They actively engaged in the city’s participatory budget process, raised funds for new park equipment, made healthy foods consistently available in the community, and advocated for local housing policy change. These changes in the home and community environment led to clear and quantifiable health improvements; providers saw a 20% reduction in diabetes measures and a 10% reduction in rates of prediabetes in the community. Health outcomes improved, but it was how residents, “speak up more, advocate for a multitude of issues, and present solutions for a way forward,” while also repairing relationships and promoting cohesion.

THE DEL NORTE & TRIBAL LANDS¹²⁹ in Northwest California partnered with the Building Healthy Communities initiative¹³⁰ and used a similar approach to the five steps outlined above. The community faced challenges such as high rates of substance abuse, low rates of high school graduation and post-secondary degrees, and high unemployment, all of which are rooted in generational and historical trauma. The Del Norte team initially faced an absence of the community organizing principles many of the other communities had developed and struggled to ensure all groups had a seat at the table.¹³¹ Community members and stakeholders overcame these barriers and together made progress toward their prioritized focus areas of improving student success, youth leadership and empowerment, building people power, and growing community capacity and support for healthy food systems.¹³²

¹²⁸ “Engaging The Community To Improve Housing And Asthma Conditions In Cottage Grove,” The BUILD Health Challenge, accessed May 8, 2020.

¹²⁹ The California Endowment, “Del Norte & Tribal Lands,” The California Endowment, accessed May 8, 2020.

¹³⁰ The California Endowment, “Investing In Place,” The California Endowment, accessed May 8, 2020.

¹³¹ The DN&ATL Collaborative, “Building Healthy Communities: Del Norte and Adjacent Tribal Lands,” The DN&ATL Collaborative, July 23, 2010.

¹³² “DNATL Outcomes & Progress,” BHC Connect, accessed May 8, 2020.



The Del Norte & Tribal Lands initiative was one of 14 communities working locally yet in concert to create broad, statewide impact. For example, these communities led statewide efforts to shift the environment in schools to promote wellness and fairness by “reforming harsh school discipline and suspension policies,” leading to a 41% drop in suspensions over three years. Additionally, they successfully implemented school equity funding formulas and spearheaded local and regional health in all policies for the betterment of all Californians.¹³³ The power of the Building Healthy Communities initiative was the mobilization and collaboration of local communities to create change for themselves and across a state.

POTENTIAL PATH FORWARD TO FOSTER COMMUNITY CAPACITY

Multisector partners may consider several questions and potential action steps as they explore opportunity to foster community capacity to address key challenges:

How might we help community members deepen their understanding of barriers to health and assets that can be used to address these barriers?

- Gather and synthesize existing information about community health needs and assets at the local level (i.e., consider replicating research in this report for a particular county or town) that combines relevant state statistics, county health rankings, community dialogues, and community health needs assessments
- Identify and use existing opportunities to share this information directly with communities, such as neighborhood or community gatherings, church health ministry meetings, or school events
- Gather community members’ input on these challenges with emphasis on hearing from Latino, Native American, immigrant, and low-income families and other historically marginalized groups
- Share and discuss data on local barriers to health and existing assets with community members in order to start developing potential opportunities

How might we support our community partners to embrace their capacity to address health concerns?

- Cultivate community member power through training on community leadership, mobilization, and advocacy
- Build relationships with organizational and sector leaders in the community with complementary relationships and resources
- Consider the appropriate role of a funder organization and visibly act to minimize unhelpful power dynamics. Appropriate support roles might include offering:
 - ~ Financial and operational resources
 - ~ Ongoing networking, growing, and learning opportunities alongside other community collaborations
 - ~ Evaluation and sharing of efforts¹³⁴

How can we identify and build on existing momentum and collaborative structures in Idaho?

- Identify existing collaborations within a target community, such as:
 - ~ The Blue Cross of Idaho Foundation for Health's Community Transformation Grant to address childhood obesity
 - ~ Several community-initiated early childhood education programs, complemented by the recently awarded preschool development grant (PDG B-5) and assessment
 - ~ The Coeur d'Alene Tribal community's efforts to increase the rates of post-secondary education
- Assess these collaboratives' level of community engagement and trust, as well as participants' past work and future interest in addressing health related concerns

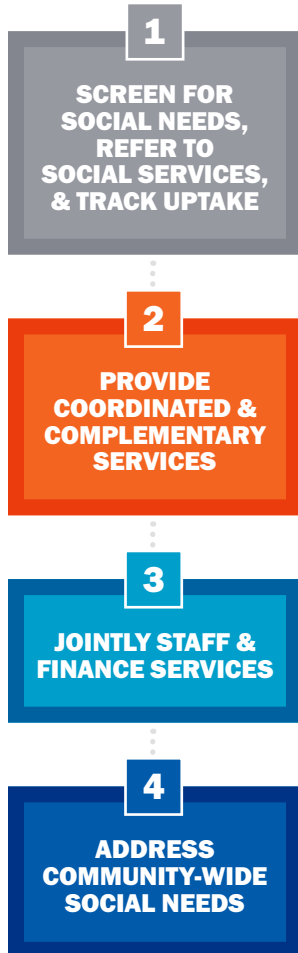
¹³³ Manuel Pastor and Rhonda Ortíz, "Making Change: How Social Movement Work and How to Support Them," University of Southern California, Program for Environmental and Regional Equity, 2009.

STRATEGIC OPPORTUNITY 2: CONNECT HEALTH AND HUMAN SERVICES

The main factors that influence health and well-being happen outside doctors' offices and hospitals. Health care plans and providers are increasingly recognizing the important role they can play in attending to their members' and patients' social and economic needs and improving individual and population health. The health and human services sectors can combine their unique resources and capabilities to address social needs by taking a holistic view on health and well-being. "By embedding services in the right place at the right time to help families navigate and increase access to social and health services, we can help them reach the support they may otherwise not have accessed," a participant at the April 2020 convening said. This integration promises Idahoans the relevant information, access, and support they need to live a healthy and prosperous life.

Moreover, across the nation and in Idaho, as health care providers and plans transition to value-based payments and managed care, there are likely to be increasing financial incentives to invest in the social determinants of health. Therefore, efforts to address health-related social needs are not only important for improving health outcomes, they make good business sense.

There are several ways the health sector and social services providers can collaborate to remove barriers to health and well-being.¹³⁵



1. Screen for social needs, refer to social services, and track uptake:

Ensure that every contact point with the health care system is an opportunity to identify and address social and economic barriers to health. Ideally, this work is complemented by strong, multi-directional communication channels to discuss individual patients and use of referred services.

2. Provide coordinated and complementary services:

Health care and human services organizations can develop other types of strategic partnerships for how their service offerings holistically support individuals, such as referring patients to an on-site legal professional to address health-related legal needs.

3. Jointly staff and finance services:

Partnership between health care and social service providers to jointly offer services can meet the objectives of both organizations to aid the well-being of individuals and populations. Gerald Hunter, President & Executive Director of the Idaho Housing and Finance Association, said his organization has been partnering this way. "Collaboration is a significant focus for us right now... Federal funding is shrinking. The Low-Income Housing Tax Credit is not enough. We need to find funding from other places along with new partnerships to address our housing needs," he said.

4. Address community-wide social needs:

Health care and human service organizations are well positioned to see community-wide patterns and changes in need. They can use their position to analyze health and social data, identify core community-wide needs, and address them through their core operations or philanthropic (i.e., community benefit) efforts.

¹³⁵ Sources referenced and which can provide additional information for those wishing to implement this opportunity include: Health And Human Services Integration: Generating Sustained Health And Equity



CASE STUDY

NEW PATH COMMUNITY HOUSING ANTICIPATED SAVINGS:

**\$23,000-
\$31,000**

FROM COSTS
ASSOCIATED WITH
SHELTERS,
HOSPITAL VISITS,
INCARCERATION

In Idaho, the **NEW PATH COMMUNITY HOUSING¹³⁶** Initiative uses a housing-first approach to help those experiencing homelessness become housed and then access the supportive services they need to address the underlying challenges leading to their homelessness. Numerous partners jointly provide financing, health services, life skills training, and other supports. Financing partners include Idaho Housing and Finance Association, Ada County, City of Boise, Boise City/Ada County Housing Authorities, and Saint Alphonsus and St. Luke's Regional Medical Centers, while the service providers include Terry Reilly Health Services and CATCH (Charitable Assistance to Community Homeless). The project employs a team of developers experienced in permanent supportive housing and the needs of the populations the housing would serve. New Path Community Housing opened in late 2018, and it is anticipated that the initiative will yield savings from costs associated with homelessness, such as shelters, hospital visits, and incarceration, which studies have estimated to be between \$23,000 and \$31,000 per occupant per year.¹³⁷ These cost savings are coupled with the invaluable life changes and opportunities for housing occupants, such as sustained employment which contributes to the community's economic success.

New Path Community Housing Initiative demonstrates a new solution to a challenge faced across Idaho — homelessness in the wake of a rapidly growing housing affordability crisis. As more communities tackle this challenge head-on, they can find similar partners in their communities — local government, hospital systems, federally qualified health centers, and housing agencies and financiers.

POTENTIAL PATH FORWARD TO CONNECT HEALTH AND HUMAN SERVICES

Multisector partners may consider several questions and potential action steps as they explore opportunities to connect health and human services:

How might we catalyze mutually beneficial relationships between health and human service partners?

- Research and share the health and business case for why health care providers and plans can benefit from stronger partnership with human services providers. (This may include exploring alternative payment arrangements and the impact these future payment arrangements might have on health care provider, health plan, and human services organization incentives and ways of working together)
- Research and share the rationale and potential benefit for human service organizations to partner more closely with health care organizations
- Identify opportunities to partner on coordinated community needs assessments and asset mapping
- Share knowledge at industry meetings or other convening

¹³⁶ New Path Community Housing, "Welcome To New Path Community Housing," New Path Community Housing, accessed May 8, 2020.

¹³⁷ Ibid.

How might we learn from existing health and human service partnerships in Idaho?

- Identify existing programs in Idaho that involve innovative coordination between health and social service providers, such as:
 - ~ Marimn Health’s integrated and patient-centered approach, including the investment in Marimn Family Youth Center
 - ~ School-located behavioral health services
 - ~ Terry Reilly Health Services and New Path Community Housing Initiative
 - ~ Prescription for Fresh Fruits and Vegetables program, a partnership between Idaho Hunger Relief Task Force and primary care providers
- Capture and share learnings from these examples with others interested in implementing similar approaches, including state or regional associations of hospitals, primary care clinics, and health care providers

How might we identify opportunities to evolve integration over time to better meet Idahoans’ needs?

- Regularly reassess individual and community needs and explore new approaches to meeting those needs
- Involve community members in exploring where partnerships can better meet community needs
- Evaluate partnerships to understand successes and opportunities to achieve goals (e.g., addressing operational and cultural differences or potential resource and power imbalances¹³⁸)
- Consider inviting new partners to join an existing partnership if the current partnership is unable to address the identified community needs comprehensively



¹³⁸ Caroline Fichtenberg et al., “Health And Human Services Integration: Generating Sustained Health And Equity Improvements: An Overview of Collaborations, Partnerships, and Other Integration Efforts between Health Care and Social Services Organizations,” *Health Affairs* 39, no. 4 (April 1, 2020): 567–73.

STRATEGIC OPPORTUNITY 3: ALIGN PUBLIC POLICY TO PROMOTE HEALTH AND WELL-BEING

It is vital that public policies in all sectors explicitly consider and support the social and economic building blocks of health and well-being so all Idahoans will have an opportunity to move forward. It is not about partisan or electoral politics; it's about defining a future where public policy supports improving the overall health and well-being of all Idahoans, thus improving the state's competitiveness. This work could combine the "bottom-up" approach of authentic engagement and mobilization of members across all of Idaho's communities and a "top-down" approach of aligning public policy at the state and local levels.

The social and economic factors that promote individual and population health also contribute to community- and state-level vitality, resilience, and competitiveness. Public policies at the local and state level define the goals of government agencies, provide guidelines, and offer resources for achieving these goals. For example, policies can guide agencies to develop reports, sponsor educational events, develop grant programs, write proposals to obtain new funding, engage in strategic planning and accreditation, respond to national disasters, and develop and propose regulations and legislation.¹³⁹ If policymakers at the local and state level were to align policies toward improving health and well-being explicitly, Idaho's residents would have those building blocks of health and well-being. At the multisector convening, participants endorsed the role of public policy in improving the building blocks of health, well-being, and economic vitality. As one participant stated, "this report brings to light advocacy opportunities for true systems and policy change."

There are four key actions leaders in Idaho could take to align public policies with health and well-being:^{140, 141, 142}



1. Build capacity of champions to engage: No matter the sector, champions of policies that promote health will benefit from having compelling data, credible arguments, legitimate support, and multiple avenues to engage with decision-makers and decision-making processes. Supporting research on specific issues or potential policy implications, building networks and coalitions, and maintaining relationships with and between decision-makers will help champions further policy agendas aimed toward improving the state's health and prosperity.

2. Engage diverse stakeholders: Community members, policy experts, private sector leaders, and multisector organizations will have varying perspectives on public policies. Identifying and valuing multiple priorities while negotiating compromises will be critical to uncovering opportunities for — and garnering support for — sound policymaking.

3. Support cross-sector collaboration: Substantive and ongoing collaboration enables partners to recognize the links and bidirectional impact between health and other sectors, break down silos, build new partnerships, and increase government efficiency.

4. Change decision-making structures and processes: Organizations often focus on making the "business case" for proposed decisions; however, the "health case" is just as critical to Idaho's prosperity. Embedding a "health lens" into existing or emerging structures and processes can develop accountability for decision-makers to name the health implications of their choices explicitly.

CASE STUDY

Idaho can consider elements of a **HEALTH IN ALL POLICIES (HIAP)** approach across the various levels of government and leverage public policy to create the opportunity for people to live happy, healthy, and prosperous lives. HiAP is a collaborative approach to improving health by incorporating health considerations into decision-making across sectors and policy areas.¹⁴³ The framework recognizes the impact of the social determinants of health and aims to integrate a health lens in all aspects of policymaking.

In 2015, the Oklahoma State Department of Health (OSDH) began integrating the HiAP principles and practices into the statewide Oklahoma Health Improvement Plan.¹⁴⁴ The improvement plan's existing governance structure and diverse partnerships provided a strong foundation for HiAP to better address obesity through a multisector and bipartisan approach. HiAP's inclusion in the health improvement plan was clearly seen by OSDH's participation in the Aspen Institute's TeamWork: Leadership for Healthy States program, which convened state leadership and tribal partners to conduct a health impact assessment on the health impacts of summer learning programs for elementary school children. The assessment informed local, state, and tribal policymakers about the importance of funding summer learning programs and fostered strong relationships between the health and education agencies. OSDH further leveraged the assessment's results, along with additional information on the social determinants of health by partnering with the Oklahoma Works governing council, a statewide multi-agency partnership created to build state workforce capacity and increase access to jobs. As a result, multiple state departments are actively engaged in working with Key Economic Networks, which implements the Oklahoma Works program.

POTENTIAL PATH FORWARD TO ALIGN PUBLIC POLICY

Multisector partners may consider several questions and potential action steps as they explore opportunity to align public policy with health and well-being:

How might we activate champions, experts, and coalitions who can help align public policy?

- Identify individuals and coalitions who are currently, or have interest in, shaping public policy from various sectors (e.g., policymakers, foundations, think tanks, for-profit leaders, community leaders), especially those led by or representing populations facing greatest barriers to health and well-being
- Offer training on the social and economic barriers to health, the policymaking process and opportunities to influence it, and tactics on engaging constituencies outside of traditional public health circles
- Establish relationships between champions and decision-makers, including supporting the formation or bolstering of advocacy coalitions

¹⁴⁰ "Elements Of A Policy Advocacy Campaign: At A Glance," Road Safety Advocacy Toolkit, Geneva, Switzerland: Global Road Safety Partnership, accessed May 8, 2020.

¹⁴¹ Rudolph et al., 2013.

¹⁴² Shannon O'Connell, "Policy Development and Policy Advocacy Course Materials" The National Democratic Institute, accessed May 8, 2020.

¹⁴³ Centers for Disease Control and Prevention, Office of the Associate Director for Policy and Strategy, "Health in All Policies," Centers for Disease Control and Prevention, June 18, 2019.

¹⁴⁴ "Association of State and Territorial Health Officials. The State of Health in All Policies," Arlington, VA: Association of State and Territorial Health Officials, accessed May 8, 2020.

How might we identify, analyze, and promote specific policy changes?

- Partner with champions to identify potential policies to implement across various jurisdictions (e.g., state, municipalities, school districts)
- Gather evidence to articulate how policies across sectors might influence health (e.g., via tools like health impact assessment), including illustrating impacts on other industries and economic implications
- Identify or develop coalitions that could express their support, convene them around specific issues (e.g., social and emotional learning, housing insecurity, food systems, early education), and provide them with the evidence (e.g., data, case studies) they would need to take action
- Develop a shared understanding of decision-making processes and avenues for champions to influence decision-making

How will stakeholders measure and respond to the effects of public policy on health and social and economic well-being?

- Identify recently implemented policies and measure impact, particularly on historically marginalized communities (e.g., through regular forms of community engagement or other evaluation techniques)
- Share findings to promote learning and inform future policy development and revisions to existing policy

CALL TO ACTION

New ways of partnering and thinking are required to address social determinants of health and to create a vibrant, thriving, and resilient Idaho. While recognizing the potential of the future, Idaho's heritage and principles must be acknowledged and understood. The principles of individual strength and resolve, and community interdependence are interlinked and work together. The opportunity for all Idahoans to express and fully realize their individual abilities is nurtured by connectedness, belonging, and mutual support. Strong communities allow individuals to flourish. In turn, individual strengths and accomplishments contribute to the well-being of the community.

As organizations and individuals work to improve the social determinants of health and create change that lasts for generations, we need to remember:

- The social determinants of health are interconnected and must be addressed holistically, rather than as singular issues
- Organizations need to align goals, strategies, and resources, and adhere to shared short-term and long-term goals to create a vibrant, thriving, and resilient future
- Idahoans need to work collectively and overcome geographic and cultural divides to include all communities in co-creating solutions

Preventable differences in health, social, and economic well-being in Idaho are unacceptable and unfair. The inequities caused by the social determinants of health lead to individual and community suffering which impacts Idaho's vitality and competitiveness and leaves untold human potential untapped. Idaho must position itself to invest in the health, social, and economic well-being of all residents. Partnering together will ensure the sustainability of vibrant, thriving, and resilient communities across the state, where all Idahoans are proud to live, work, raise their families, and create change for future generations.

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Idaho Housing & Finance Association

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Idaho Court of Appeals

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CEO
Marimn Health

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President & Executive Director
Idaho Housing & Finance Association

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Director
**Idaho State Department of
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Bureau Chief Marketing & Development
Idaho State Department of Agriculture

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Governor
State of Idaho

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President & CEO
Blue Cross of Idaho

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CHRIS MEYER

Director of Education
Coeur d'Alene Tribe

IRMA MORIN

CEO
Community Council of Idaho

BETH OPPENHEIMER

Director
**Idaho Association for the
Education of Young Children**

BARBARA PETTY

Associate Dean & Director
UI Extension University of Idaho

ROGER QUARLES

Executive Director
**J.A. and Kathryn Albertson
Family Foundation**

JANI REVIER

Director
Idaho State Department of Labor

ELKE SHAW-TULLOCH

Administrator of Public Health
**Idaho State Department of
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SARA STOVER

Senior Policy Advisor
Governor's Office