## Appendices

A Region-wide Community Needs and Opportunity Assessment Community Data Indicators and Strategic Philanthropic Plan for the Lewis-Clark Valley Healthcare Foundation

Innovia Foundation

December 2019

## Appendix A - Members of Technical Advisory and Oversight Committees

## Technical Advisory Group

Tracy Flynn, PhD, MSN, APRN, CNE, NP-C
Lewis Clark Valley Healthcare Foundation \& Lewis Clark State College
Priscilla Salant, Professor Emeritus
University of Idaho \& Washington State University
Craig H. VanTine
Coast Public Transportation
Mike Tatko
Avista Corporation
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Lewis Clark State College
Joseph Cladouhos
Nimiipuu Health
Carol Moehrle RN, BSN, District Director North Central District Health Department
Jeff Guyett
Community Action Center

## Oversight Committee

John Rusche, MD
Lewis Clark Valley Healthcare Foundation
Andrew Craigie
Fast Signs, Garfield County Hospital District (Retired)
Artemio "Tim" Rubio
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Samantha M. Skinner
Twin County United Way
Paul Kimme
Avista Corporation
Abner King, FACHE
Syringa Hospital \& Clinics

# Appendix B - Survey Introduction Letter <br> WASHINGTON STATE Social and Economic Sciences Research Center <br> <br> Date 

 <br> <br> Date}

## Sponsors

Lewis $\sim$ Clark Valley Healthcare Foundation

Project Information
509-624-2606
info@innovia.org

Name
Address

City, State Zip

Dear [INSERT COUNTY] County Resident,

The Lewis Clark Valley Healthcare Foundation, Innovia Foundation and additional community partners are working together to better understand the health and social service issues facing households in our communities and we're asking for your help.

Your household has been randomly selected to complete a 15-minute survey, which will ask you about the health and well-being of you and your household members. The survey should be completed by the adult, 18 years of age or older, currently living in this household who has had the most recent birthday.

To complete the online survey, please go to:
www.opinion.wsu.edu/regionname
Please enter this Access Code to start the survey: «RESPID»
It is important for us to get responses from a wide representation of households in [INSERT COUNTY] County, so please complete the survey even if your household does not use the services. Results will help hospitals, grantmaking foundations, nonprofit organizations, and public health agencies meet the most serious needs in this region.

While this survey is voluntary, all responses are important and we will keep your information confidential. All information will be summarized in a way that no individual's response can ever be identified.

The Social and Economic Sciences Research Center (SESRC) at WSU is implementing this survey on our behalf. If you have any questions about the survey, please contact the SESRC Project Manager Lauren Scott. Her email address is lauren.n.scott@wsu.edu, or you can call 1-800-833-0867 and indicate you are calling about the Community Survey.

Thank you in advance for taking the time to complete this survey and for assisting us as we work to understand the health and social service issues facing our region.

Best wishes,



## Appendix C - Survey Questionnaire

## A Community Survey about Health and Social Service Needs



Lewis~Clark Valley
Healthcare Foundation
INNOVIA
Additional Funding Partners

## PREMERA|菊

The Lewis Clark Valley Healthcare Foundation and Innovia Foundation with support from Idaho Community Foundation and Premera Social Impact are working together to better understand the health and social service issues facing households in Southeast Washington and North Central Idaho. The information will be used to plan for and better serve residents, and to provide support for new programs and initiatives throughout your county.

All information provided in this survey is confidential. Personal identities are not known and all responses will be presented as summaries without individual identifiers. Please have only one adult per household complete the survey and return in the enclosed postage-paid envelope. Thank you for your help!

## Q1. In which county do you currently live in?

```
\(\bigcirc_{1}\) Asotin County
    \(\mathrm{O}_{2}\) Clearwater County
    \(\mathrm{O}_{3}\) Columbia County
    \(\mathrm{O}_{4}\) Garfield County
    \(\mathrm{O}_{5}\) Idaho County
    \(\mathrm{O}_{6}\) Latah County
    \(\mathrm{O}_{7}\) Lewis County
    \(\mathrm{O}_{8}\) Nez Perce County
    Os Other
```

Q2. How would you rate the overall quality of life in your community?
O Excellent
$\mathrm{O}_{2}$ Good
$\mathrm{O}_{3}$ Fair
$\mathrm{O}_{4}$ Poor
$\mathrm{O}_{5}$ Very poor
$\square$

Q4. A. Thinking generally, which of the things below would you say are most important in making somewhere a good place to live? Please select up to 5 boxes only in the left column.
B. And thinking about this community in your county, which of the things below, if any, do you think most need improving? Please select up to 5 boxes only in the right column.

|  | A. Most important in <br> making a community <br> a good place to live | B. Most in need of <br> improving in your <br> community |
| :--- | :--- | :--- |
| Access to nature | $\square_{1}$ | $\square_{1}$ |
| Activities for teenagers | $\square_{1}$ | $\square_{1}$ |
| Affordable decent housing | $\square_{1}$ | $\square_{1}$ |
| Affordable quality child care | $\square_{1}$ | $\square_{1}$ |
| Community activities | $\square_{1}$ | $\square_{1}$ |
| Cultural centers (e.g., museums, theaters) | $\square_{1}$ | $\square_{1}$ |
| Facilities for young children | $\square_{1}$ | $\square_{1}$ |
| Health services | $\square_{1}$ | $\square_{1}$ |
| Job prospects | $\square_{1}$ | $\square_{1}$ |
| Parks and open spaces | $\square_{1}$ | $\square_{1}$ |
| Public transportation | $\square_{1}$ | $\square_{1}$ |
| Quality schools | $\square_{1}$ | $\square_{1}$ |
| Sports and leisure facilities | $\square_{1}$ | $\square \square_{1}$ |
| Wage levels and local cost of living | $\square_{1}$ |  |
| Other, please specify: |  |  |

## Employment and Economic Status

To better understand the health and social service issues in your county, we need to know more about the employment and economic status of poeple living here. All responses are confidential.

Q5. Which of the following categories best describes your current employment status? Please select only one answer.
$\mathrm{O}_{1}$ Employed full-time ( $\geq 30 \mathrm{hrs} /$ week) $\rightarrow$ Go to Q6
$\mathrm{O}_{2}$ Employed part-time ( $<30 \mathrm{hrs} /$ week) $\rightarrow$ Go to Q6
$\mathrm{O}_{3}$ Employed part-time, and looking for full-time employment $\rightarrow$ Go to Q6
O. Student with full-time employment $\rightarrow$ Go to Q6
$\mathrm{O}_{5}$ Student with part-time employment $\rightarrow$ Go to Q6
$\mathrm{O}_{6}$ Not employed, but looking for employment $\rightarrow$ Go to Q10
$\mathrm{O}_{7}$ Not employed, not looking for employment $\rightarrow$ Continue with Q5 below
$\mathrm{O}_{8}$ Retired $\rightarrow$ Go to Q10

Q6. Which of the following categories best describes your reason for not looking for employment? please select only one answer.
$\mathrm{O}_{1}$ Stay-at-home parent
$\mathrm{O}_{2}$ Stay-at-home grandparent
$\mathrm{O}_{3}$ Primary caregiver for someone 18 years or over
$\mathrm{O}_{4}$ Student
$\mathrm{O}_{5}$ Short-term disability
$\mathrm{O}_{6}$ Long-term or permanent disability
$\mathrm{O}_{7}$ Other, please specify:

Q7. How long have you been employed in your present position?
O Less than a year
$\mathrm{O}_{2}$ About 1 year
$\mathrm{O}_{3} 1-5$ years
$\mathrm{O}_{4}$ More than 5 years

Q8. Which one of the following categories best describes your employer?
$\mathrm{O}_{1}$ Private, for-profit company or business, or an individual (for wages, salary, or commission)
$\mathrm{O}_{2}$ Private not-for-profit, tax-exempt, or charitable organization
$\mathrm{O}_{3}$ Local government (city, county, etc.)
$\mathrm{O}_{4}$ State government
$\mathrm{O}_{5}$ Federal government
$\mathrm{O}_{6}$ Self-employed
$\mathrm{O}_{7}$ Working without pay in family business or farm
$\mathrm{O}_{8}$ Other, please specify:

Q9. During the LAST WEEK, which one of the following was your usual way to get to work or school?

O Your own vehicle
$\mathrm{O}_{2}$ Bus/public transportation
$\mathrm{O}_{3}$ Carpool, with or without your own vehicle
$\mathrm{O}_{4}$ Bicycle
$\mathrm{O}_{5}$ Walking
$\mathrm{O}_{6}$ Worked at home
$\mathrm{O}_{7}$ Other, please specify: $\square$

Q10. During the LAST WEEK, how many minutes did it usually take to get from your home to work or school?
O. Less than 10 minutes
$\mathrm{O}_{2}$ About 10 to 30 minutes
$\mathrm{O}_{3}$ More than 30 minutes, but less than an hour
$\mathrm{O}_{4}$
More than an hour

Q11. How many vehicles at your household are available for local transportation?
O None
$\mathrm{O}_{2}$ One
$\mathrm{O}_{3}$ More than one

Q12. Have you or anyone in your household ever served in the U.S. Armed Forces, Reserves or National Guard?

| Yes, now on active <br> duty | Yes, but not actively <br> serving | Retired | Never served |
| :---: | :---: | :---: | :---: |
| $\bigcirc_{1}$ | $\bigcirc_{2}$ | $\bigcirc_{3}$ | $\bigcirc_{4}$ |
| $\bigcirc_{1}$ | $\bigcirc_{2}$ | $\bigcirc_{3}$ | $\bigcirc_{4}$ |

Q13. Including yourself, how many persons age 18 years or older in your household are in each of the following employment categories?

Employment Category
Number in household, including
Full-time employment ( $\geq 30 \mathrm{hrs} /$ week)
Part-time employment (<30 hrs/week)
No employment
Other, please specify:

Q14. In the past 12 months, have any of the following been a source of income for you or anyone in your household?

|  | Yes | No | Don't <br> Know |
| :--- | :---: | :---: | :---: |
| Wages, tips, or salaries | $\mathrm{O}_{1}$ | $\mathrm{O}_{2}$ | $\mathrm{O}_{3}$ |

Q15. In the past 12 months, were any of your household's sources of income reduced or stopped?
O. Yes $\rightarrow$ Continue with Q16 below
$\mathrm{O}_{2} \mathrm{No} \rightarrow$ Go to Q17

Q16. Which sources of income were stopped, and why?

Q17. Which category best describes your household's total income before taxes from all sources, including benefits and public assistance, in the past 12 months?
O, Less than \$10,000
$\mathrm{O}_{2} \$ 10,000$ to less than $\$ 25,000$
$\mathrm{O}_{3} \$ 25,000$ to less than $\$ 50,000$
$\mathrm{O}_{4} \$ 50,000$ to less than $\$ 75,000$
$\mathrm{O}_{5} \$ 75,000$ to less than $\$ 100,000$
O $\$ 100,000$ to less than $\$ 250,000$
O, \$250,000 or more

Q18. If you have little to no income, are you able to make ends meet?
$\mathrm{O}_{1}$ Yes $\rightarrow$ Go to Q20
$\mathrm{O}_{2} \mathrm{No} \rightarrow$ Continue with Q19 below
$\mathrm{O}_{3}$ Doesn't apply to our household $\rightarrow$ Go to Q20

## Q19. If you have little to no income, how are you able to pay for basic living expenses?

Q20. Have any of the following financial situations applied to you or anyone in your household within the past 12 months?

Have had a bank account (checking and/or savings)
Hired someone to prepare your taxes
Owed balances on credit card(s) for nonessential purchases
Owed balances on credit card(s) for basic household needs Yes No

Used retirement account savings for a major purchase or non-basic house-
hold needs (e.g., travel, down payment on a house or car, etc.)
$\mathrm{O}_{1} \quad \mathrm{O}_{2}$

Used retirement account savings for basic household needs (e.g., food, rent, house payment, utilities, etc.)
Borrowed money from a friend or relative
$\mathrm{O}_{1}$
$\mathrm{O}_{2}$

Borrowed money from a payday lender
$\mathrm{O}_{1}$
Other financial activity, please specify:

## Health and Well-Being

Another way to better understand the health and social service issues in your county is to know more about the health and well-being of people living here. All responses are confidential.

Q21. Are you and/or members of your household covered by a health insurance plan? Including private insurance, Medicare, Medicaid(Apple Health (WA)/Health Connections (ID)), and Indian Health Service (IHS)

| coverage. | Yes | Not at all | Doesn't <br> apply |
| :--- | :---: | :---: | :---: |
| You | $\mathrm{O}_{1}$ | $\mathrm{O}_{2}$ | $\mathrm{O}_{3}$ |
| Adult member of your household | $\mathrm{O}_{1}$ | $\mathrm{O}_{2}$ | $\mathrm{O}_{3}$ |
| Children under 18 yrs living at home | $\mathrm{O}_{1}$ | $\mathrm{O}_{2}$ | $\mathrm{O}_{3}$ |

Q22. If you have health insurance, which of the following types of plans currently cover you and/or members of your household?

| members of your household? | Yes | No | Doesn't <br> apply |
| :--- | :---: | :---: | :---: |
| Private insurance through employer | $\mathrm{O}_{1}$ | $\mathrm{O}_{2}$ | $\mathrm{O}_{3}$ |
| Private insurace, not through employer | $\mathrm{O}_{1}$ | $\mathrm{O}_{2}$ | $\mathrm{O}_{3}$ |
| Medicaid insurance | $\mathrm{O}_{1}$ | $\mathrm{O}_{2}$ | $\mathrm{O}_{3}$ |
| Medicare | $\mathrm{O}_{1}$ | $\mathrm{O}_{2}$ | $\mathrm{O}_{3}$ |
| Indian Health Service (IHS) coverage | $\mathrm{O}_{1}$ | $\mathrm{O}_{2}$ | $\mathrm{O}_{3}$ |
| Some other type of insurance, please specify: | $\mathrm{O}_{1}$ | $\mathrm{O}_{2}$ | $\mathrm{O}_{3}$ |

Q23. Because of a health or physical problem, do you have difficulty doing the following activities?

|  | No, I do not have | $\begin{aligned} & \text { Yes, but I do not } \\ & \text { need } \\ & \text { assistance } \end{aligned}$ | Yes, I usually need supervision, or stand-by assistance | Yes, I usually need one-person physical assistance | Yes, I usually need two-person physical assistance, or complete mechanical assistance |
| :---: | :---: | :---: | :---: | :---: | :---: |
| Bathing | O | $\mathrm{O}_{2}$ | $\mathrm{O}_{3}$ | $\mathrm{O}_{4}$ | $\mathrm{O}_{5}$ |
| Dressing | O | $\mathrm{O}_{2}$ | $\mathrm{O}_{3}$ | $\mathrm{O}_{4}$ | $\mathrm{O}_{5}$ |
| Eating | O | $\mathrm{O}_{2}$ | $\mathrm{O}_{3}$ | $\mathrm{O}_{4}$ | $\mathrm{O}_{5}$ |
| Getting in or out of chairs | O, | $\mathrm{O}_{2}$ | $\mathrm{O}_{3}$ | $\mathrm{O}_{4}$ | $\mathrm{O}_{5}$ |
| Walking | 0 | $\mathrm{O}_{2}$ | $\mathrm{O}_{3}$ | $\mathrm{O}_{4}$ | $\mathrm{O}_{5}$ |
| Using the toilet | O | $\mathrm{O}_{2}$ | $\mathrm{O}_{3}$ | O4 | $\mathrm{O}_{5}$ |

Q24. In the past 12 months, have you or any members of your household been unable to get in to see a physician due to any of the following reasons?

|  | Yes | $\mathrm{No}^{2}$ |
| :--- | :---: | :---: |
| No appointment times in your schedule | $\mathrm{O}_{1}$ | $\mathrm{O}_{2}$ |
| Inability to take time off work | $\mathrm{O}_{1}$ | $\mathrm{O}_{2}$ |
| Inability to pay for services | $\mathrm{O}_{1}$ | $\mathrm{O}_{2}$ |
| Physician not accepting new patients | $\mathrm{O}_{1}$ | $\mathrm{O}_{2}$ |
| No transportation/too far | $\mathrm{O}_{1}$ | $\mathrm{O}_{2}$ |
| Physician did not accept your insurance | $\mathrm{O}_{1}$ | $\mathrm{O}_{2}$ |
| You had no insurance | $\mathrm{O}_{1}$ | $\mathrm{O}_{2}$ |
| Did not know where to seek care | $\mathrm{O}_{1}$ | $\mathrm{O}_{2}$ |
| Other, please specify: | $\mathrm{O}_{1}$ | $\mathrm{O}_{2}$ |

Q25. Have any of the following health situations applied to you or anyone in your household within the $\mathbf{1 2}$ months?

|  | Yes | No | Don't know |
| :--- | :--- | :--- | :--- |
| Accessed non-emergency care in the emergency room <br> because you were unable to see a primary care provider | $\mathrm{O}_{1}$ | $\mathrm{O}_{2}$ | $\mathrm{O}_{3}$ |
| Delayed or canceled a dental procedure due to lack <br> of ability to pay | $\mathrm{O}_{1}$ | $\mathrm{O}_{2}$ | $\mathrm{O}_{3}$ |
| Unable to access preventative care (annual physicals, immuniza- <br> tions, well baby exams, etc.)? | $\mathrm{O}_{1}$ | $\mathrm{O}_{2}$ | $\mathrm{O}_{3}$ |
| Unplanned hospitalization | $\mathrm{O}_{1}$ | $\mathrm{O}_{2}$ | $\mathrm{O}_{3}$ |
| Delayed filling a prescription to save money | $\mathrm{O}_{1}$ | $\mathrm{O}_{2}$ | $\mathrm{O}_{3}$ |

Q26. About how many miles is your household from the nearest medical facility?
O Less than 5 miles
$\mathrm{O}_{2} 6$ to 10 miles
$\mathrm{O}_{3} 11$ to 20 miles
$\mathrm{O}, 21$ to 30 miles
$\mathrm{O}_{5}$ More than 30 miles

Q27. Do any of the following conditions apply to any children or adults (including you) in your household? Please select all that apply in each row.

| Asthma |
| :--- |
| Obesity (above 75 th percentile) |
| Dental disease/emergency |
| Diabetes |
| Learning disability |
| Heart disease |
| High blood pressure |
| Physical disability |
| Alcohol or substance abuse |
| Tobacco/vapor use |
| Behavioral issues |
| Mental health issues |
| Special needs |
| Developmental delays |
| Other health conditions, please specify: |

## Need for Services

## Q28. What is your household's level of need for the following health and social services?

|  | Slight <br> Need <br> Need | Moderate <br> Need |
| :--- | :--- | :--- | :--- | :--- |
| Strong |  |  |
| Need |  |  |

## Q29. If there is need for the following services, how difficult or easy is it for you or your household to obtain the health and social services needed?

|  | $\begin{gathered} \text { Not } \\ \text { needed } \end{gathered}$ | Very difficult | Difficult | Easy | Very easy |
| :---: | :---: | :---: | :---: | :---: | :---: |
| Mortgage/rental assistance | $\mathrm{O}_{1}$ | $\mathrm{O}_{2}$ | $\mathrm{O}_{3}$ | $\mathrm{O}_{4}$ | $\mathrm{O}_{5}$ |
| Affordable childcare | $\mathrm{O}_{1}$ | $\mathrm{O}_{2}$ | $\mathrm{O}_{3}$ | $\mathrm{O}_{4}$ | $\mathrm{O}_{5}$ |
| Basic education (GED)/English (ESL) | $\mathrm{O}_{1}$ | $\mathrm{O}_{2}$ | $\mathrm{O}_{3}$ | $\mathrm{O}_{4}$ | $\mathrm{O}_{5}$ |
| Legal help | $\mathrm{O}_{1}$ | $\mathrm{O}_{2}$ | $\mathrm{O}_{3}$ | $\mathrm{O}_{4}$ | $\mathrm{O}_{5}$ |
| Food (help getting enough food) | $\mathrm{O}_{1}$ | $\mathrm{O}_{2}$ | $\mathrm{O}_{3}$ | $\mathrm{O}_{4}$ | $\mathrm{O}_{5}$ |
| Affordable medical care | $\mathrm{O}_{1}$ | $\mathrm{O}_{2}$ | $\mathrm{O}_{3}$ | $\mathrm{O}_{4}$ | $\mathrm{O}_{5}$ |
| Affordable dental care | $\mathrm{O}_{1}$ | $\mathrm{O}_{2}$ | $\mathrm{O}_{3}$ | $\mathrm{O}_{4}$ | $\mathrm{O}_{5}$ |
| Help with utility bills | $\mathrm{O}_{1}$ | $\mathrm{O}_{2}$ | $\mathrm{O}_{3}$ | $\mathrm{O}_{4}$ | $\mathrm{O}_{5}$ |
| Mental health services/family counseling | $\mathrm{O}_{1}$ | $\mathrm{O}_{2}$ | $\mathrm{O}_{3}$ | $\mathrm{O}_{4}$ | $\mathrm{O}_{5}$ |
| Drug/alcohol treatment and/or counseling | $\mathrm{O}_{1}$ | $\mathrm{O}_{2}$ | $\mathrm{O}_{3}$ | $\mathrm{O}_{4}$ | $\mathrm{O}_{5}$ |
| Family violence advocacy/treatment/counseling | $\mathrm{O}_{1}$ | $\mathrm{O}_{2}$ | $\mathrm{O}_{3}$ | $\mathrm{O}_{4}$ | $\mathrm{O}_{5}$ |
| Transportation, especially to access other services | $\mathrm{O}_{1}$ | $\mathrm{O}_{2}$ | $\mathrm{O}_{3}$ | $\mathrm{O}_{4}$ | $\mathrm{O}_{5}$ |
| Help finding a job/job training | $\mathrm{O}_{1}$ | $\mathrm{O}_{2}$ | $\mathrm{O}_{3}$ | $\mathrm{O}_{4}$ | $\mathrm{O}_{5}$ |
| Access to library system | $\mathrm{O}_{1}$ | $\mathrm{O}_{2}$ | $\mathrm{O}_{3}$ | $\mathrm{O}_{4}$ | $\mathrm{O}_{5}$ |
| Affordable housing | $\mathrm{O}_{1}$ | $\mathrm{O}_{2}$ | $\mathrm{O}_{3}$ | $\mathrm{O}_{4}$ | $\mathrm{O}_{5}$ |
| Emergency housing | $\mathrm{O}_{1}$ | $\mathrm{O}_{2}$ | $\mathrm{O}_{3}$ | $\mathrm{O}_{4}$ | $\mathrm{O}_{5}$ |
| Parenting support | $\mathrm{O}_{1}$ | $\mathrm{O}_{2}$ | $\mathrm{O}_{3}$ | $\mathrm{O}_{4}$ | $\mathrm{O}_{5}$ |
| Caregiver support | $\mathrm{O}_{1}$ | $\mathrm{O}_{2}$ | $\mathrm{O}_{3}$ | $\mathrm{O}_{4}$ | $\mathrm{O}_{5}$ |
| Preschool education (Head Start, ECEAP or other) | $\mathrm{O}_{1}$ | $\mathrm{O}_{2}$ | $\mathrm{O}_{3}$ | $\mathrm{O}_{4}$ | $\mathrm{O}_{5}$ |
| Family planning | $\mathrm{O}_{1}$ | $\mathrm{O}_{2}$ | $\mathrm{O}_{3}$ | $\mathrm{O}_{4}$ | $\mathrm{O}_{5}$ |
| Other, please specify: | $\mathrm{O}_{1}$ | $\mathrm{O}_{2}$ | $\mathrm{O}_{3}$ | $\mathrm{O}_{4}$ | $\mathrm{O}_{5}$ |

## Q30. In the past 12 months, did any of the following hardship situations happen to you or any member of your household?

|  | Yes | No |
| :---: | :---: | :---: |
| Heat or electricity stopped by vendor | $\mathrm{O}_{1}$ | $\mathrm{O}_{2}$ |
| Phone service stopped by vendor | $\mathrm{O}_{1}$ | $\mathrm{O}_{2}$ |
| Other utilities (e.g., water/sewer) or garbage service stopped by vendor | $\mathrm{O}_{1}$ | $\mathrm{O}_{2}$ |
| Moved due to high housing cost | $\mathrm{O}_{1}$ | $\mathrm{O}_{2}$ |
| Faced transportation difficulties/issues | $\mathrm{O}_{1}$ | $\mathrm{O}_{2}$ |
| Unable to pay property taxes on home due to insufficient funds | $\mathrm{O}_{1}$ | $\mathrm{O}_{2}$ |
| Evicted from housing | $\mathrm{O}_{1}$ | $\mathrm{O}_{2}$ |
| Shared housing with another household due to high housing costs | $\mathrm{O}_{1}$ | $\mathrm{O}_{2}$ |
| Left a living situation due to emotional or physical violence | $\mathrm{O}_{1}$ | $\mathrm{O}_{2}$ |
| Experienced a serious or extended illness that left you or another adult unable to work or care for children | $\mathrm{O}_{1}$ | $\mathrm{O}_{2}$ |
| Assumed responsibility for overall care or guardianship of a child other than your own (e.g., grandchild(ren) or other child(ren) of a relative) | $\mathrm{O}_{1}$ | $\mathrm{O}_{2}$ |
| Assumed responsibility for overall care of an older adult | $\bigcirc$ | $\mathrm{O}_{2}$ |
| Other hardship, please specify: | O | $\mathrm{O}_{2}$ |

## Housing

## Q31. In what type of housing do you currently live?

O. House
$\mathrm{O}_{2}$ Apartment
$\mathrm{O}_{3}^{2}$ Duplex/Triplex/Fourplex
O Mobile home
$\mathrm{O}_{5}$ Condo
$\mathrm{O}_{6}$ Shelter (e.g., Domestic Violence or other type)
$\mathrm{O}_{7}$ Staying with family/friends
Homeless
$\mathrm{O}_{9}$ Other, please specify:

## Q32. Do you own or rent your place of residence?

O Own
$\mathrm{O}_{2}$ Rent
$\mathrm{O}_{3}$ Neither own nor rent

Q33. How do you feel about your current housing situation?
$\mathrm{O}_{1}$ Very stable and secure
$\mathrm{O}_{2}$ Fairly stable and secure
$\mathrm{O}_{3}$ Fairly unstable and insecure
$\mathrm{O}_{4}$ Very unstable and insecure
$\mathrm{O}_{5}$ Not sure

Q34. Have you been homeless within the last 3 years?
$\mathrm{O}_{1}$ Yes $\rightarrow$ Continue with Q35 below
$\mathrm{O}_{2} \mathrm{No} \rightarrow$ Go to Q36
Q35. Please describe the primary reason for your homelessness.

## Food Access

Q36. In the past 12 months, have you or anyone in your home gone hungry because you were not able to get enough food?

O, Yes
$\mathrm{O}_{2} \mathrm{No}$

Q37. In the past 12 months, how often have you or your household used each of the following types of food assistance services?

|  | Not <br> at all | Yearly | Twice a a <br> year | Monthly |
| :--- | :---: | :---: | :---: | :---: | :---: | Weekly

Q38. If a public/community garden was available to you, how likely are you to use it?
O Very likely
$\mathrm{O}_{2}$ Somewhat likely
$\mathrm{O}_{3}$ Somewhat unlikely
$\mathrm{O}_{4}$ Very unlikely
$\mathrm{O}_{5}$ Not sure

## Background Information about You and Your Household

## Q39. What is your sex?

$\mathrm{O}_{1}$ Male
$\mathrm{O}_{2}$ Female
$\mathrm{O}_{3}$ Other
Q40. How old are you today?
$\square$ years

## Q41. Are you Hispanic/Latinx?

O Yes
$\mathrm{O}_{2} \mathrm{No}$

Q42. Which best describes your race? Please select all that apply.
$\square$ African American/Black
$\square$ American Indian or Alaska Native
$\square$ Asian
$\square$ Caucasian/White
$\square$ Native Hawaiian or Other Pacific Islander
$\square_{1}$ Other, please specify:

Q43. Do you or any member of your household have difficulty accessing services because of a language barrier?
$\mathrm{O}_{1} \mathrm{Yes} \rightarrow$ Continue with Q43b below
$\mathrm{O}_{2} \mathrm{No} \rightarrow$ Go to $\mathbf{Q 4 4}$

Q43b. What is the primary language spoken by the person(s) in your household who have difficulty accessing services because of a language barrier?

## Language:

$\square$

Q44. Including yourself, provide the number of persons in your household in each age group.
Age Group
$0-5$ years old
6-17 years old
18-59 years old
60 years of age and older
Total

Q45. Do you have internet access in your home?
$\mathrm{O}_{1}$ Yes
$\mathrm{O}_{2} \mathrm{No}$

Q46. In the past 12 months, how often did you do the following?

|  | Once a day | Once a week | Once a month | Afew times a year | Once a year | Not at all |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| Go to a movie, sporting event, concert or museum | O | $\mathrm{O}_{2}$ | $\mathrm{O}_{3}$ | $\mathrm{O}_{4}$ | $\mathrm{O}_{5}$ | O |
| Volunteer for a community organization | $\mathrm{O}_{1}$ | $\mathrm{O}_{2}$ | $\mathrm{O}_{3}$ | $\mathrm{O}_{4}$ | $\mathrm{O}_{5}$ | $\mathrm{O}_{6}$ |
| Follow what local government is doing (through newspapers, TV, websites, blogs, etc.) | $\mathrm{O}_{1}$ | $\mathrm{O}_{2}$ | $\mathrm{O}_{3}$ | $\mathrm{O}_{4}$ | $\mathrm{O}_{5}$ | $\mathrm{O}_{6}$ |
| Provide unpaid care to seniors, including members of your family | $\mathrm{O}_{1}$ | $\mathrm{O}_{2}$ | $\mathrm{O}_{3}$ | $\mathrm{O}_{4}$ | $\mathrm{O}_{5}$ | $\mathrm{O}_{6}$ |
| Provide unpaid help to others, apart from your family | $\mathrm{O}_{1}$ | $\mathrm{O}_{2}$ | $\mathrm{O}_{3}$ | $\mathrm{O}_{4}$ | $\mathrm{O}_{5}$ | $\mathrm{O}_{6}$ |
| Receive support from your family or relatives | O | $\mathrm{O}_{2}$ | $\mathrm{O}_{3}$ | $\mathrm{O}_{4}$ | $\mathrm{O}_{5}$ | $\mathrm{O}_{6}$ |
| Attend religious services | $\mathrm{O}_{1}$ | $\mathrm{O}_{2}$ | $\mathrm{O}_{3}$ | $\mathrm{O}_{4}$ | $\mathrm{O}_{5}$ | $\mathrm{O}_{6}$ |
| Participate in community events/activities | $\mathrm{O}_{1}$ | $\mathrm{O}_{2}$ | $\mathrm{O}_{3}$ | $\mathrm{O}_{4}$ | $\mathrm{O}_{5}$ | $\mathrm{O}_{6}$ |
| Take time off other than your scheduled days off | $\mathrm{O}_{1}$ | $\mathrm{O}_{2}$ | $\mathrm{O}_{3}$ | $\mathrm{O}_{4}$ | $\mathrm{O}_{5}$ | O |
| Visit public parks and trails | $\mathrm{O}_{1}$ | $\mathrm{O}_{2}$ | $\mathrm{O}_{3}$ | $\mathrm{O}_{4}$ | $\mathrm{O}_{5}$ | $\mathrm{O}_{6}$ |
| Go to a library | $\mathrm{O}_{1}$ | $\mathrm{O}_{2}$ | $\mathrm{O}_{3}$ | $\mathrm{O}_{4}$ | $\mathrm{O}_{5}$ | $\mathrm{O}_{6}$ |
| Go to a place to exercise | $\mathrm{O}_{1}$ | $\mathrm{O}_{2}$ | $\mathrm{O}_{3}$ | $\mathrm{O}_{4}$ | $\mathrm{O}_{5}$ | $\mathrm{O}_{6}$ |

Q47. What is your highest level of education?
$\mathrm{O}_{1}$ Less than high school
$\mathrm{O}_{2}$ GED (General Educational Development)
$\mathrm{O}_{3}$ High school graduate
$\mathrm{O}_{4}$ Vocational/Technical
$\mathrm{O}_{5} 2$ year degree or some college
$\mathrm{O}_{6} 4$ year degree or more

Q48. In which city or town do you currently live or is nearest to where you live? Please provide the city or town name and zip code.

City or Town: $\square$ Zip Code: $\square$

Q49. Public forums to discuss community needs are planned for fall 2019. Would you like to be notified by email about these events?
$\mathrm{O}_{1} \mathrm{Yes} \rightarrow$ Continue with Q49b below
$\mathrm{O}_{2} \mathrm{No}$

Q49b. To receive notifications about public forums, please provide your email address in the box below or send a request to info@innovia.org.

Email address: $\square$

Thank you for completing this survey!
If you have additional thoughts about any of the topics or the survey itself, please share them here.

## Appendix D - Data Hub Community Indicators Definitions

| Indicator | Description | Source |
| :---: | :---: | :---: |
| Health Behaviors |  |  |
| Alcohol Consumption | This indicator reports the percentage of adults aged 18 and older who self-report heavy alcohol consumption (defined as more than two drinks per day on average for men and one drink per day on average for women). This indicator is relevant because current behaviors are determinants of future health and this indicator may illustrate a cause of significant health issues, such as cirrhosis, cancers, and untreated mental and behavioral health needs. | Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System, US Department of Health \& Human Services, Health Indicators Warehouse, 2006-12. |
| Current Smokers | In the report area an estimated sum of adults age 18 or older self-report currently smoking cigarettes some days or every day. This indicator is relevant because tobacco use is linked to leading causes of death such as cancer and cardiovascular disease. | Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System, US Department of Health \& Human Services, Health Indicators Warehouse, 2006-12. |
| Deaths of Despair (Suicide + Drug/Alcohol Poisoning) | This indicator reports the rate of death due to intentional self-harm (suicide), alcoholrelated disease, and drug overdoses per 100,000 population. Figures are reported as rates age-adjusted to year 2000 standard. Rates are resummarized for report areas from county level data, only where data is available. This indicator is relevant because suicide is an indicator of poor mental health. | Centers for Disease Control and Prevention, National Vital Statistics System, |
| Food Access - Grocery Stores | This indicator reports the number of grocery stores per 100,000 population. Grocery stores are defined as supermarkets and smaller grocery stores primarily engaged in retailing a general line of food, such as canned and frozen foods; fresh fruits and vegetables; and fresh and prepared meats, fish, and poultry. Included are delicatessentype establishments. Convenience stores and large general merchandise stores that also retail food, such as supercenters and warehouse club stores are excluded. This indicator is relevant because it provides a measure of healthy food access and environmental influences on dietary behaviors. | US Census Bureau, County Business Patterns, 2016. |
| Food Access - Low Food Access | This indicator reports the percentage of the population with low food access. Low food access is defined as living more than $1 / 2$ mile from the nearest supermarket, supercenter, or large grocery store. Data are from the 2017 report, Low-Income and Low-Supermarket-Access Census Tracts, 2010-2015. This indicator is relevant because it highlights populations and geographies facing food insecurity. | US Department of Agriculture, Economic Research Service, USDA - Food Access Research Atlas, 2015. |
| Food Access - Low Income \& Low Food Access | This indicator reports the percentage of the low-income population with low food access. Low food access is defined as living more than $1 / 2$ mile from the nearest supermarket, supercenter, or large grocery store. Data are from the 2017 report, Low-Income and Low-Supermarket-Access Census Tracts, 2010-2015. This indicator is relevant because it highlights populations and geographies facing food insecurity. | US Department of Agriculture, Economic Research Service, USDA - Food Access Research Atlas, 2015. |

## Appendix D - Data Hub Community Indicators Definitions

|  | This indicator reports the number of food stores and other retail establishments per <br> 100,000 population that are authorized to accept WIC Program (Special Supplemental <br> Nutrition Program for Women, Infants, and Children) benefits and that carry designated <br> WIC foods and food categories. This indicator is relevant because it provides a measure <br> of food security and healthy food access for women and children in poverty as well as <br> environmental influences on dietary behaviors. | US Department of Agriculture, <br> Fconomic Research Service, <br> Food Access - WIC-Authorized - Food Environment <br> Atlas, 2011. |
| :--- | :--- | :--- |
| Food Insecurity Rate | This indicator reports the estimated percentage of the population that experienced food <br> insecurity at some point during the report year. Food insecurity is the household-level <br> economic and social condition of limited or uncertain access to adequate food. | Feeding America, 2017. |

## Appendix D - Data Hub Community Indicators Definitions

| Clinical Care |  |  |
| :---: | :---: | :---: |
| Access to Dentists | This indicator reports the number of dentists per 100,000 population. This indicator includes all dentists - qualified as having a doctorate in dental surgery (D.D.S.) or dental medicine (D.M.D.), who are licensed by the state to practice dentistry and who are practicing within the scope of that license. | US Department of Health \& Human Services, Health Resources and Services Administration, Area Health Resource File, 2015. |
| Access to Mental Health Providers | This indicator reports the rate of the county population per 100,000 population to the number of mental health providers including psychiatrists, psychologists, clinical social workers, and counsellors that specialize in mental health care. | University of Wisconsin Population Health Institute, County Health Rankings, 2017. |
| Access to Primary Care | This indicator reports the number of primary care physicians per 100,000 population. Doctors classified as "primary care physicians" by the AMA include: General Family Medicine MDs and DOs, General Practice MDs and DOs, General Internal Medicine MDs and General Pediatrics MDs. Physicians age 75 and over and physicians practicing sub-specialties within the listed specialties are excluded. This indicator is relevant because a shortage of health professionals contributes to access and health status issues. | US Department of Health \& Human Services, Health Resources and Services Administration, Area Health Resource File, 2014. |
| Cancer Screening - Mammogram | This indicator reports the percentage of female Medicare enrollees, age 67-69, who have received one or more mammograms in the past two years. This indicator is relevant because engaging in preventive behaviors allows for early detection and treatment of health problems. This indicator can also highlight a lack of access to preventive care, a lack of health knowledge, and/or social barriers preventing utilization of services. | Dartmouth College Institute for Health Policy \& Clinical Practice, Dartmouth Atlas of Health Care, 2015 |
| Cancer Screening - Pap Test | This indicator reports the percentage of women aged 18 and older who self-report that they have had a Pap test in the past three years. This indicator is relevant because engaging in preventive behaviors allows for early detection and treatment of health problems. This indicator can also highlight a lack of access to preventive care, a lack of health knowledge, insufficient provider outreach, and/or social barriers preventing utilization of services. | Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System, US Department of Health \& Human Services, Health Indicators Warehouse, 2006-12. |
| Cancer Screening - <br> Sigmoidoscopy or Colonoscopy | This indicator reports the percentage of adults 50 and older who self-report that they have ever had a sigmoidoscopy or colonoscopy. This indicator is relevant because engaging in preventive behaviors allows for early detection and treatment of health problems. This indicator can also highlight a lack of access to preventive care, a lack of health knowledge, insufficient provider outreach, and/or social barriers preventing utilization of services. | Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System, US Department of Health \& Human Services, Health Indicators Warehouse, 2006-12. |
| Dental Care Utilization | This indicator reports the percentage of adults aged 18 and older who self-report that they have not visited a dentist, dental hygienist or dental clinic within the past year. This indicator is relevant because engaging in preventive behaviors decreases the likelihood of developing future health problems. This indicator can also highlight a lack of access to preventive care, a lack of health knowledge, insufficient provider outreach, and/or social barriers preventing utilization of services. | Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System, 2006-10. |

## Appendix D - Data Hub Community Indicators Definitions

| Depression (Medicare Population) | This indicator reports the percentage of the Medicare fee-for-service population with depression. | Centers for Medicare and Medicaid Services, 2017. |
| :---: | :---: | :---: |
| Federally Qualified Health Centers | This indicator reports the number of Federally Qualified Health Centers (FQHCs) in the community. This indicator is relevant because FQHCs are community assets that provide health care to vulnerable populations; they receive extra funding from the federal government to promote access to ambulatory care in areas designated as medically underserved. | US Department of Health \& Human Services, Center for Medicare \& Medicaid Services, Provider of Services File, November 2019. |
| Health Professional Shortage Areas | This indicator reports the number and location of health care facilities designated as "Health Professional Shortage Areas" (HPSAs), defined as having shortages of primary medical care, dental or mental health providers. This indicator is relevant because a shortage of health professionals contributes to access and health status issues. | US Department of Health \& Human Services, Health Resources and Services Administration, Health Resources and Services Administration, February 2019. |
| Health Professional Shortage Areas - Dental Care | This indicator reports the percentage of the population that is living in a geographic area designated as a "Health Professional Shortage Area" (HPSA), defined as having a shortage of dental health professionals. This indicator is relevant because a shortage of health professionals contributes to access and health status issues. | US Department of Health \& Human Services, Health Resources and Services Administration, Health Resources and Services Administration, February 2019. |
| Insurance - Population Receiving Medicaid | This indicator reports the percentage of the population with insurance enrolled in Medicaid (or other means-tested public health insurance). This indicator is relevant because it assesses vulnerable populations which are more likely to have multiple health access, health status, and social support needs; when combined with poverty data, providers can use this measure to identify gaps in eligibility and enrollment. | US Census Bureau, American Community Survey, 2013-17. |
| Insurance - Uninsured Adults | The lack of health insurance is considered a key driver of health status. This indicator reports the percentage of adults age 18 to 64 without health insurance coverage. This indicator is relevant because lack of insurance is a primary barrier to healthcare access including regular primary care, specialty care, and other health services that contributes to poor health status. | US Census Bureau, Small Area Health Insurance Estimates, 2017. |
| Insurance - Uninsured Children | The lack of health insurance is considered a key driver of health status. This indicator reports the percentage of children under age 19 without health insurance coverage. This indicator is relevant because lack of insurance is a primary barrier to healthcare access including regular primary care, specialty care, and other health services that contributes to poor health status. | US Census Bureau, Small Area Health Insurance Estimates, 2017. |
| Insurance - Uninsured Population | The lack of health insurance is considered a key driver of health status. This indicator is relevant because lack of insurance is a primary barrier to healthcare access including regular primary care, specialty care, and other health services that contributes to poor health status. | US Census Bureau, American Community Survey, 2013-17. |
| Lack of a Consistent Source of Primary Care | This indicator reports the percentage of adults aged 18 and older who self-report that they do not have at least one person who they think of as their personal doctor or health care provider. This indicator is relevant because access to regular primary care is important to preventing major health issues and emergency department visits. | Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System, 2011-12. |


| Population Living in a Health Professional Shortage Area | This indicator reports the percentage of the population that is living in a geographic area designated as a "Health Professional Shortage Area" (HPSA), defined as having a shortage of primary medical care, dental or mental health professionals. This indicator is relevant because a shortage of health professionals contributes to access and health status issues. | US Department of Health \& Human Services, Health Resources and Services Administration, Health Resources and Services Administration, February 2019. |
| :---: | :---: | :---: |
| Preventable Hospital Events | This indicator reports the discharge rate (per 1,000 Medicare enrollees) for conditions that are ambulatory care sensitive (ACS). ACS conditions include pneumonia, dehydration, asthma, diabetes, and other conditions which could have been prevented if adequate primary care resources were available and accessed by those patients. This indicator is relevant because analysis of ACS discharges allows demonstrating a possible "return on investment" from interventions that reduce admissions (for example, for uninsured or Medicaid patients) through better access to primary care resources. | Dartmouth College Institute for Health Policy \& Clinical Practice, Dartmouth Atlas of Health Care, 2015. |
| Prevention - Pneumonia Vaccination | This indicator reports the percentage of adults aged 65 and older who self-report that they have ever received a pneumonia vaccine. This indicator is relevant because engaging in preventive behaviors decreases the likelihood of developing future health problems. This indicator can also highlight a lack of access to preventive care, a lack of health knowledge, insufficient provider outreach, and/or social barriers preventing utilization of services. | Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System, US Department of Health \& Human Services, Health Indicators Warehouse, 2006-12. |
| Prevention - Recent Primary Care Visit (Adult) | This indicator reports the number and percentage of adults age 18 and older with one or more visits to a doctor for routine checkup within the past one year. Data for this indicator is only available for the population within the top 500 most populous cities across the United States. County, State, and National values represent the population within those cities, and not the total US population. | Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System, 2015. |
| Demographic Characteristics |  |  |
| Families with Children | Percent of occupied households in the report area that are family households with one or more child(ren) under the age of 18 , according to the most recent the American Community Survey estimates. As defined by the US Census Bureau, a family household is any housing unit in which the householder is living with one or more individuals related to him or her by birth, marriage, or adoption. A non-family household is any household occupied by the householder alone, or by the householder and one or more unrelated individuals. | US Census Bureau, American Community Survey, 2013-17. |
| Female Population | Percentage of females that reside in the report area according to the U.S. Census Bureau American Community Survey 2013-17 5-year estimates. | US Census Bureau, American Community Survey, 2013-17. |
| Hispanic Population | The estimated population that is of Hispanic, Latino, or Spanish origin. Origin can be viewed as the heritage, nationality group, lineage, or country of birth of the person or the person's parents or ancestors before their arrival in the United States. People who identify their origin as Hispanic, Latino, or Spanish may be of any race. | US Census Bureau, American Community Survey, 2013-17. |

## Appendix D - Data Hub Community Indicators Definitions

| Household Composition | This indicator reports the total number and percentage of households by composition (married couple family, nonfamily, etc.). According to the American Community Survey subject definitions, a family household is any housing unit in which the householder is living with one or more individuals related to him or her by birth, marriage, or adoption*. A non-family household is any household occupied by the householder alone, or by the householder and one or more unrelated individuals. Family households and marriedcouple families do not include same-sex married couples even if the marriage was performed in a state issuing marriage certificates for same-sex couples. Same sex couple households are included in the family households category if there is at least one additional person related to the householder by birth or adoption. | US Census Bureau, American Community Survey, 2013-17. |
| :---: | :---: | :---: |
| Male Population | Percentage of males that reside in the report area according to the U.S. Census Bureau American Community Survey 2013-17 5-year estimates. | US Census Bureau, American Community Survey, 2013-17. |
| Non-Hispanic White Population | The estimated population that is non-Hispanic white in the report area. | US Census Bureau, American Community Survey, 2013-17. |
| Population Age 0-4 | This indicator reports the percentage of children aged 0-4 in the designated geographic area. This indicator is relevant because it is important to understand the percentage of infants and young children in the community, as this population has unique health needs which should be considered separately from other age groups. | US Census Bureau, American Community Survey, 2013-17. |
| Population Age 18-64 | This indicator reports the percentage of population age 18-64 in the designated geographic area. This indicator is relevant because it is important to understand the percentage of adults in the community, as this population has unique health needs which should be considered separately from other age groups. | US Census Bureau, American Community Survey, 2013-17. |
| Population Age 5-17 | This indicator reports the percentage of youth aged 5-17 in the designated geographic area. This indicator is relevant because it is important to understand the percentage of youth in the community, as this population has unique health needs which should be considered separately from other age groups. | US Census Bureau, American Community Survey, 2013-17. |
| Population Age 65+ | Percentage of the population in the report area is age 65 or older according to the U.S. Census Bureau American Community Survey 2013-17 5-year estimates. The number of persons age 65 or older is relevant because this population has unique health needs which should be considered separately from other age groups. | US Census Bureau, American Community Survey, 2013-17. |
| Population Under Age 18 | Percentage of the population in the report area is under the age of 18 according to the U.S. Census Bureau American Community Survey 2013-175-year estimates. The number of persons under age 18 is relevant because this population has unique health needs which should be considered separately from other age groups. | US Census Bureau, American Community Survey, 2013-17. |
| Population with Any Disability | This indicator reports the percentage of the total civilian non-institutionalized population with a disability. This indicator is relevant because disabled individuals comprise a vulnerable population that requires targeted services and outreach by providers. | US Census Bureau, American Community Survey, 2013-17. |
| Population with Limited English Proficiency | This indicator reports the percentage of the population aged 5 and older who speak a language other than English at home and speak English less than "very well." This indicator is relevant because an inability to speak English well creates barriers to healthcare access, provider communications, and health literacy/education. | US Census Bureau, American Community Survey, 2013-17. |

## Appendix D - Data Hub Community Indicators Definitions

| Total Population | Total people that live in the report area defined for this assessment according to the U.S. Census Bureau American Community Survey 2013-17 5-year estimates. | US Census Bureau, American Community Survey, 2013-17. |
| :---: | :---: | :---: |
| Veteran Population | This indicator reports the percentage of the population age 18 and older that served (even for a short time), but is not currently serving, on active duty in the U.S. Army, Navy, Air Force, Marine Corps, or the Coast Guard, or that served in the U.S. Merchant Marine during World War II. | US Census Bureau, American Community Survey, 2013-17. |
| Health Outcomes |  |  |
| Asthma Prevalence | This indicator reports the percentage of adults aged 18 and older who self-report that they have ever been told by a doctor, nurse, or other health professional that they had asthma. This indicator is relevant because asthma is a prevalent problem in the U.S. that is often exacerbated by poor environmental conditions. | Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System, 2011-12. |
| Cancer Incidence - All Sites | This indicator reports the age adjusted incidence rate (cases per 100,000 population per year) of females with breast cancer adjusted to 2000 U.S. standard population age groups (Under Age 1, 1-4, 5-9, ..., 80-84, 85 and older). This indicator is relevant because cancer is a leading cause of death and it is important to identify cancers separately to better target interventions. | State Cancer Profiles, 201216. |
| Cancer Incidence - Breast | This indicator reports the age adjusted incidence rate (cases per 100,000 population per year) of females with breast cancer adjusted to 2000 U.S. standard population age groups (Under Age 1, 1-4, 5-9, ..., 80-84, 85 and older). This indicator is relevant because cancer is a leading cause of death and it is important to identify cancers separately to better target interventions. | State Cancer Profiles, 201216. |
| Cancer Incidence - Cervical | This indicator reports the age adjusted incidence rate (cases per 100,000 population per year) of females with cervical cancer adjusted to 2000 U.S. standard population age groups (Under age 1, 1-4, 5-9, ..., 80-84, 85 and older). This indicator is relevant because cancer is a leading cause of death and it is important to identify cancers separately to better target interventions. | State Cancer Profiles, 200913. |
| Cancer Incidence - Lung | This indicator reports the age adjusted incidence rate (cases per 100,000 population per year) of lung cancer adjusted to 2000 U.S. standard population age groups (Under age $1,1-4,5-9, \ldots, 80-84,85$ and older). This indicator is relevant because cancer is a leading cause of death and it is important to identify cancers separately to better target interventions. | State Cancer Profiles, 201216. |
| Diabetes (Adult) | This indicator reports the percentage of adults aged 20 and older who have ever been told by a doctor that they have diabetes. This indicator is relevant because diabetes is a prevalent problem in the U.S.; it may indicate an unhealthy lifestyle and puts individuals at risk for further health issues. | Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, 2016. |
| Heart Disease (Adult) | Adults aged 18 and older have ever been told by a doctor that they have coronary heart disease or angina. This indicator is relevant because coronary heart disease is a leading cause of death in the U.S. and is also related to high blood pressure, high cholesterol, and heart attacks. | Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System, 2011-12. |

## Appendix D - Data Hub Community Indicators Definitions

| High Blood Pressure (Adult) | Adults aged 18 and older have ever been told by a doctor that they have high blood pressure or hypertension. | Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System, US Department of Health \& Human Services, Health Indicators Warehouse, 2006-12. |
| :---: | :---: | :---: |
| Infant Mortality | This indicator reports the rate of deaths to infants less than one year of age per 1,000 births. This indicator is relevant because high rates of infant mortality indicate the existence of broader issues pertaining to access to care and maternal and child health. | US Department of Health \& Human Services, Health Resources and Services Administration, Area Health Resource File, 2006-10. |
| Low Birth Weight | This indicator reports the percentage of total births that are low birth weight (Under 2500 g ). This indicator is relevant because low birth weight infants are at high risk for health problems. This indicator can also highlight the existence of health disparities. | Centers for Disease Control and Prevention, National Vital Statistics System, US Department of Health \& Human Services, Health Indicators Warehouse, 200612. |
| Mentally Unhealthy Days | This indicator reports the average number of mentally unhealthy days (during past 30 days) among sample respondents age 18 and older. Figures are multi-year estimates from the 2006-12 Behavioral Risk Factor Surveillance System. | Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System, 2006-12. |
| Mortality - Premature Death | This indicator reports Years of Potential Life Lost (YPLL) before age 75 per 100,000 population for all causes of death, age-adjusted to the 2000 standard. YPLL measures premature death and is calculated by subtracting the age of death from the 75 year benchmark. This indicator is relevant because a measure of premature death can provide a unique and comprehensive look at overall health status. | University of Wisconsin Population Health Institute, County Health Rankings, 2015-17. |
| Mortality - Suicide | This indicator reports the rate of death due to intentional self-harm (suicide) per 100,000 population. Figures are reported as crude rates, and as rates age-adjusted to year 2000 standard. Rates are resummarized for report areas from county level data, only where data is available. This indicator is relevant because suicide is an indicator of poor mental health. | Centers for Disease Control and Prevention, National Vital Statistics System, 2013-17. |
| Poor Dental Health | This indicator reports the percentage of adults age 18 and older who self-report that six or more of their permanent teeth have been removed due to tooth decay, gum disease, or infection. This indicator is relevant because it indicates lack of access to dental care and/or social barriers to utilization of dental services. | Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System, 2006-10. |
| Poor General Health | Adults age 18 and older self-report having poor or fair health in response to the question "would you say that in general your health is excellent, very good, good, fair, or poor?". This indicator is relevant because it is a measure of general poor health status. | Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System, 2006-10. |

## Appendix D - Data Hub Community Indicators Definitions

| Poor Mental Health Days | This indicator reports the average number of self-reported physically unhealthy days in past 30 days among adults (age-adjusted). | Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System, 2018. |
| :---: | :---: | :---: |
| Poor or Fair Health | This indicator reports the percentage of adults age 18 and older who self-report having poor or fair health. This indicator is relevant because it is a measure of general poor health status. | Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System, 2018. |
| Poor Physical Health Days | This indicator reports the average number of self-reported mentally unhealthy days in past 30 days among adults (age-adjusted). | Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System, 2018. |
| STI - Chlamydia Incidence | This indicator reports incidence rate of chlamydia cases per 100,000 population. This indicator is relevant because it is a measure of poor health status and indicates the prevalence of unsafe sex practices. | Centers for Disease Control and Prevention, National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention, US Department of Health \& Human Services, Health Indicators Warehouse, 2016. |
| STI - Gonorrhea Incidence | This indicator reports incidence rate of Gonorrhea cases per 100,000 population. This indicator is relevant because it is a measure of poor health status and indicates the prevalence of unsafe sex practices. | Centers for Disease Control and Prevention, National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention, US Department of Health \& Human Services, Health Indicators Warehouse, 2016. |
| Teen Births | This indicator reports the number of births per 1,000 female population age 15-19. | Centers for Disease Control and Prevention, National Vital Statistics System, 2011-2017. |
| Neighborhoods \& Communities |  |  |
| Affordable Housing | This indicator reports the number and percentage of housing units affordable at various income levels. Affordability is defined by assuming that housing costs should not exceed $30 \%$ of total household income. Income levels are expressed as a percentage of each county's median household income. | US Census Bureau, American Community Survey, |
| Cost Burdened Households (30\%) | This indicator reports the percentage of the households where housing costs exceed $30 \%$ of total household income. This indicator provides information on the cost of monthly housing expenses for owners and renters. The information offers a measure of housing affordability and excessive shelter costs. The data also serve to aid in the development of housing programs to meet the needs of people at different economic levels. | US Census Bureau, American Community Survey, 2013-17. |

## Appendix D - Data Hub Community Indicators Definitions

|  | This indicator reports the percentage of the households where housing costs exceed <br> 50\% of total household income. This indicator provides information on the cost of <br> monthly housing expenses for owners and renters. The information offers a measure of <br> housing affordability and excessive shelter costs. The data also serve to aid in the <br> development of housing programs to meet the needs of people at different economic <br> levels. | US Census Bureau, American <br> Community Survey, 2013-17. |
| :--- | :--- | :--- |
| Cost Burdened Households (50\% |  |  |

## Social \& Economic Factors

Children Eligible for Free/Reduced Price Lunch

Public school students that are eligible for Free/Reduced Price lunch out of total students enrolled. This indicator is relevant because it assesses vulnerable populations which are more likely to have multiple health access, health status, and social support needs.

National Center for Education Statistics, NCES - Common Core of Data, 2016-17.

Appendix D - Data Hub Community Indicators Definitions

|  | Additionally, when combined with poverty data, providers can use this measure to identify gaps in eligibility and enrollment. |  |
| :---: | :---: | :---: |
| Education - Associate's Level Degree or Higher | Percent of the population aged 25 and older that have obtained an Associate's level degree or higher. This indicator is relevant because educational attainment has been linked to positive health outcomes. | US Census Bureau, American Community Survey, 2013-17. |
| Education - Bachelor's Degree or Higher | Percent of the population aged 25 and older that have obtained an Bachelor's level degree or higher. This indicator is relevant because educational attainment has been linked to positive health outcomes. | US Census Bureau, American Community Survey, 2013-17. |
| Education - Head Start | This indicator reports the number and rate of Head Start program facilities per 10,000 children under age 5 . Head Start facility data is acquired from the US Department of Health and Human Services (HHS) 2018 Head Start locator. Population data is from the 2010 US Decennial Census. | US Department of Health \& Human Services, Administration for Children and Families, 2019. |
| Education - High School Graduation Rate | Percent of students that are receiving their high school diploma within four years. Data represents the 2016-17 school year. This indicator is relevant because research suggests education is one the strongest predictors of health. | US Department of Education, EDFacts, 2016-17. |
| Education - No High School Diploma | Percent of persons aged 25 and older without a high school diploma (or equivalency) or higher. This indicator is relevant because educational attainment is linked to positive health outcomes. | US Census Bureau, American Community Survey, 2013-17. |
| Education - Student Reading Proficiency (4th Grade) | Percentage of children in grade 4 whose reading skills tested below the "proficient" level for the English Language Arts portion of the state-specific standardized test. This indicator is relevant because an inability to read English well is linked to poverty, unemployment, and barriers to healthcare access, provider communications, and health literacy/education. | US Department of Education, EDFacts, 2016-17. |
| Income - Median Family Income | This indicator reports median family income based on the latest 5 -year American Community Survey estimates. A family household is any housing unit in which the householder is living with one or more individuals related to him or her by birth, marriage, or adoption. Family income includes the incomes of all family members age 15 and older | US Census Bureau, American Community Survey, 2013-17. |
| Income - Median Household Income | This indicator reports median household income based on the latest 5-year American Community Survey estimates. This includes the income of the householder and all other individuals 15 years old and over in the household, whether they are related to the householder or not. Because many households consist of only one-person, average household income is usually less than average family income. | US Census Bureau, American Community Survey, 2013-17. |
| Lack of Social or Emotional Support | This indicator reports the percentage of adults aged 18 and older who self-report that they receive insufficient social and emotional support all or most of the time. This indicator is relevant because social and emotional support is critical for navigating the challenges of daily life as well as for good mental health. Social and emotional support is also linked to educational achievement and economic stability. | Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System, US Department of Health \& Human Services, Health Indicators Warehouse, 2006-12. |

## Appendix D - Data Hub Community Indicators Definitions

| Poverty - Children Below 100\% <br> FPL | Percent of children aged 0-17 that are living in households with income below the <br> Federal Poverty Level (FPL). This indicato is relevant because poverty creates barriers <br> to access including health services, healthy food, and other necessities that contribute to <br> poor health status. | US Census Bureau, American <br> Community Survey, 2013-17. |
| :--- | :--- | :--- |
| Poverty - Children Below $200 \%$ <br> FPL | Percent of children that are living in households with income below 200\% of the Federal <br> Poverty Level (FPL). This indicator is relevant because poverty creates barriers to <br> access including health services, healthy food, and other necessities that contribute to <br> poor health status. | US Census Bureau, American <br> Community Survey, 2013-17. |
| Poverty - Population Below 100\% <br> FPL | Percent of individuals that are living in households with income below the Federal <br> Poverty Level (FPL). This indicator is relevant because poverty creates barriers to <br> access including health services, healthy food, and other necessities that contribute to <br> poor health status. | US Census Bureau, American <br> Community Survey, 2013-17. |
| Poverty - Population Below $200 \%$ <br> FPL | Percent of individuals that are living in households with income below 200\% of the <br> Federal Poverty Level (FPL). This indicator is relevant because poverty creates barriers <br> to access including health services, healthy food, and other necessities that contribute to <br> poor health status. | US Census Bureau, American <br> Community Survey, 2013-17. |
| Social Associations | This indicator reports the number of social associations per 10,000 population. <br> Associations include membership organizations such as civic organizations, bowling <br> centers, golf clubs, fitness centers, sports organizations, political organizations, labor <br> organizations, business organizations, and professional organizations. | US Census Bureau, County <br> Business Patterns, 2016. |
| Social Capital Index | Social capital is a measure of economic benefits gained from cooperation between <br> individuals and groups. The indicator measures each county's social capital as an index <br> relative to all other counties in the United States. | Pennsylvania State University, <br> College of Agricultural <br> Sciences, Northeast Regional <br> Center for Rural Development, <br> 2009. |
| Young People Not in School and <br> Not Working | This indicator reports the percentage of youth age 16-19 who are not currently enrolled in <br> school and who are not employed. | US Census Bureau, American <br> Community Survey, 2013-17. |

## Appendix E - Data Walk Invitations, Agenda, Photos



We are seeking public input on how to invest in your community. At this public gathering, we will share results from a needs assessment and survey through a Data Walk presentation.

Data walks are an interactive way for community members to share about what it is like to live in this region by discussing community needs and providing important input that will help guide local solutions.

## EVENT DETAILS:

This will be an informal, fun event with free dinner and conversation. Childcare will be provided and participants will be entered to win one of two $\$ 50$ gift cards.


WHO WE ARE: Innovia Foundation ignites generosity that transforms lives and communities. We envision vibrant and sustainable communities, where every person has the opportunities to thrive. As the community foundation for Eastern Washington and North Idaho, we partner with people who want to make our port of the world bettor.

# Appendix E - Data Walk Invitations, Agenda, Photos 

## INNOVIA

## Community Forum/Data Walk Planning

September 11, 2019

## Purpose

Identify the most pressing health and wellness needs facing region's population. Engage in community conversation around opportunities to support locally driven solutions.

## Partners

Sponsors: Lewis Clark Valley Healthcare Foundation, Innovia Foundation, Federal Reserve Bank of San Francisco Community Development, Idaho Community Foundation, Avista Foundation, Premera Social Impact

Partners: COAST Transportation, Lewis Clark State College, Twin County United Way, North Central Idaho Public Health, Nimiipuu Health, Community Action Center

Schedule

| Event | Date | Location | Community Partner |
| :--- | :---: | :---: | :---: |
| Moscow Community Forum | 23-Sep | 1912 Center |  |
| Pullman Community Forum | 23-Sep | SEL Event Center | Whitman County Health <br> Network |
| Palouse Data Walk | 23-Sep | 1912 Center | Whitman County Health <br> Network |
| Lewiston/Clarkston Community <br> Forum | 30-Sep | Clarkston Event Center | Twin County United Way |
| Lewiston/Clarkston Data Walk | 30-Sep | CrossPoint Alliance <br> Church | Twin County United Way |
| Nez Perce Tribe Listening <br> Session | 1-Oct | Clearwater Casino | Nez Perce Tribe |
| Grangeville Community Forum | 2-Oct | Soltman Center | Syringa Hospital |
| Grangeville-Data Walk | 2-Oct | Grangeville <br> ElementarylJunior School | University of Idaho |
| Extension |  |  |  |

# Appendix E - Data Walk Invitations, Agenda, Photos 

## Agenda

## Community Forum (Day)

- 'Data Walk' (9:00-9:30 am) - break into groups to $4-5$ stations to discuss data issue/poster involving regional/local issues
- Welcome (9:30-9:40) - recognition of sponsors
- Introduction (9:40-9:50) - Why are we here? (Craig Nolte)
- Encourage and facilitate coalition-building aimed at improving health and wellness of residents. Find efficiencies in collecting quality data that can be used to provide common understanding of local needs that will drive strategic initiatives and attract outside resources/funding.
- Data Themes (9:50-10:20) - Review Resources Key Findings (Mason)
- Survey data - online
- Introduce data hub/Oct 10 webinar
- Group convening (10:20-end) - Takeaway and next steps (Craig Nolte)
o How will this data inform your work?
- What are the gaps in community?
- What are potential resources/solutions/opportunities? Where can philanthropy/community Investment play role?


## Evening Data Walk and Conversation

```
5:00 Doors Open
```

5:30 Dinner Starts
5:50 Welcome and Intro
Opening Comments (Shelly/Aaron/Funding Organizations)
6:00 Data Walk Instructions (Molly)
6:10 5 stations; 8 minutes each
7:00 Report Out

- What surprises you? What questions do these data raise for you?
- What's the story behind the data? Does this relate to any personal experiences you've had?
- What further information would be helpful?
- What solutions can you think of to address these issues?

Appendix E - Data Walk Invitations, Agenda, Photos


## Local Press

Idaho County Free Press: Community Members Invited to Take Part in 'data walk' -
https://www.idahocountyfreepress.com/news/community-members-invited-to-take-part-in-datawalk/article 231d3bac-de6d-11e9-b4ec-5f683713dbbd.html

Clearwater Tribune: Innovia shares survey responses with Data Walk
https://www.clearwatertribune.com/news/top stories/innovia-shares-survey-responses-with-datawalk/article b9f68da8-eac0-11e9-b510-6b0ee8364b35.html
Idaho County Free Press: Editorial: Innovia event starts conversations that need continuing toward addressing community needs https://www.idahocountyfreepress.com/opinion/editorial-innovia-event-starts-conversations-that-need-continuing-toward-addressing/article 34ac9374-e9ec-11e9-957ca70ba39d100e.html
Idaho County Free Press: Innovia Foundation dinner and conversation is tonight https://www.idahocountyfreepress.com/calendar/innovia-foundation-dinner-and-conversation-istonight/event cf05adca-d966-11e9-91a2-ff449cb1ef62.html

## Appendix F - County Level Data Indicators with Low Ratings

| Garfield County |  |  |  |  |
| :--- | :---: | :---: | :---: | :---: |
|  | Value | Rating Relative to <br> Counties in Region | Rating Relative to <br> Counties in Nation |  |
| Food Access - Low Food Access | $7.8 \%$ | $0 \%$ | $1 \%$ |  |
| Health Professional Shortage Areas | $9.9 \%$ | $0 \%$ |  |  |
| Physical Inactivity | $24.8 \%$ | $5 \%$ |  |  |
| Access to Mental Health Providers (per <br> 100,000 population) | 45.2 | $5 \%$ | $8 \%$ |  |
| Recreation and Fitness Facility Access (per <br> 100,000 population) | 0 | $6 \%$ | $9 \%$ |  |
| Weight - Obesity | $33.3 \%$ | $7 \%$ | $7 \%$ |  |
| Poverty - Population Below 200\% FPL | $46.6 \%$ | $7 \%$ |  |  |


| Nez Perce County, ID |  |  |  |
| :--- | :---: | :---: | :---: |
| Indicator | Value | Rating Relative to <br> Counties in Region | Rating Relative to <br> Counties in U.S. |
| Population Driving Alone to Work | $82.1 \%$ | $4 \%$ |  |
| Heart Disease (Adult) | $5.9 \%$ | $6 \%$ | $8 \%$ |
| Mortality - Suicide (per 100,000 <br> population) | 24.4 |  |  |
| Depression (Medicare Population) | $19.3 \%$ | $9 \%$ |  |


| Asotin County, WA |  |  |  |
| :--- | :---: | :---: | :---: |
| Indicator | Value | Rating Relative to <br> Counties in Region | Rating Relative to <br> Counties in U.S. |
| Asthma Prevalence | $16.6 \%$ | $4 \%$ |  |
| Teen Births (per 1,000 female <br> population age 15-19) | 31.9 | $5 \%$ |  |
| Mortality - Suicide (per 100,000 <br> population) | 24.3 |  | $5 \%$ |
| Diabetes (Adult) | $10.2 \%$ | $5 \%$ |  |
| Population Driving Alone to Work | $81.1 \%$ | $6 \%$ |  |
| Current Smokers | $23.1 \%$ | $7 \%$ |  |
| Dental Care Utilization | $35.9 \%$ | $8 \%$ |  |
| Children Eligible for Free/Reduced Price <br> Lunch | $53.9 \%$ | $9 \%$ |  |
| Opioid Drug Claims | $8.1 \%$ |  |  |
| Poor General Health | $20.7 \%$ | $9 \%$ |  |
| STI - Gonorrhea Incidence (per 100,000 <br> population) | 117.6 | $10 \%$ |  |

## Appendix F - County Level Data Indicators with Low Ratings

| Latah County, ID |  |  |  |
| :--- | :---: | :---: | :---: |
| Indicator | Value | Rating Relative to <br> Counties in Region | Rating Relative to <br> Counties in U.S. |
| Cancer Incidence - All Sites (per 100,000 <br> population) | 158.2 |  | $5 \%$ |
| Cancer Screening - Pap Test | $67.7 \%$ | $8 \%$ | $6 \%$ |
| Renter - Occupied Housing | $46.7 \%$ |  | $10 \%$ |


| Whitman County, WA |  |  |  |  |
| :--- | :---: | :---: | :---: | :---: |
| Indicator | Value | Rating Relative to <br> Counties in Region | Rating Relative to <br> Counties in U.S. |  |
| Poverty Rate (< 100\% FPL) (SAIPE) | $25.9 \%$ | $1 \%$ | $3 \%$ |  |
| Cost Burdened Households (50\%) | $22.3 \%$ | $4 \%$ |  |  |
| STI - Chlamydia Incidence (per 100,000 <br> population) | 853.1 | $4 \%$ |  |  |
| Food Insecurity Rate | $18.3 \%$ | $5 \%$ | $8 \%$ |  |
| Renter-Occupied Housing | $55.5 \%$ | $5 \%$ | $1 \%$ |  |
| Cost Burdened Households (30\%) | $37.9 \%$ | $6 \%$ | $2 \%$ |  |
| Households with No Motor Vehicle | $8.2 \%$ | $8 \%$ |  |  |


| Wallowa County, OR |  |  |  |  |
| :--- | :---: | :---: | :---: | :---: |
| Indicator | Value | Rating Relative to <br> Counties in Region | Rating Relative to <br> Counties in U.S. |  |
| Low Birth Weight | $8.5 \%$ | $0 \%$ |  |  |
| Park Access | $11.1 \%$ | $5 \%$ |  |  |
| Poverty - Children Below 100\% FPL | $21.3 \%$ | $0 \%$ |  |  |
| Preventable Hospital Events (per 1,000 <br> Medicare enrollees) | 54.3 | $8 \%$ |  |  |


| Clearwater County, ID |  |  |  |
| :--- | :---: | :---: | :---: |
| Indicator | Value | Rating Relative to <br> Counties in Region | Rating Relative to <br> Counties in U.S. |
| Population Commuting to Work Over 60 <br> Minutes | $19.2 \%$ | $0 \%$ | $2 \%$ |
| Mortality - Premature Death (per <br> 100,000 population) | 2459 | $0 \%$ | $7 \%$ |
| Education - High School Graduation Rate | $47.6 \%$ | $0 \%$ | $0 \%$ |
| High Blood Pressure (Adult) | $39.6 \%$ | $1 \%$ | $4 \%$ |
| Mortality - Suicide (per 100,000 <br> population) | 42.2 | $2 \%$ |  |
| Teen Births (per 1,000 female <br> population age 15-19) | 34.7 | $3 \%$ |  |
| Park Access | $7.1 \%$ | $3 \%$ |  |
| Current Smokers | $24.5 \%$ | $4 \%$ |  |
| Preventable Hospital Events (per 1,000 <br> Medicare enrollees) | 57.4 | $4 \%$ |  |

## Appendix F - County Level Data Indicators with Low Ratings

| Children Eligible for Free/Reduced Price <br> Lunch | $56.7 \%$ | $5 \%$ |  |
| :--- | :---: | :---: | :---: |
| Education - Bachelor's Degree or Higher | $17.4 \%$ |  | $7 \%$ |
| Poor General Health | $21.0 \%$ | $8 \%$ | $8 \%$ |
| Education - Associate's Level Degree or <br> Higher | $25.1 \%$ | $9 \%$ |  |


| Idaho Counticator |  |  | Value |
| :--- | :---: | :---: | :---: |
|  | Rating Relative to <br> Counties in Region | Rating Relative to <br> Counties in U.S. |  |
| Dental Care Utilization | $41.9 \%$ | $1 \%$ |  |
| Poverty - Children Below 200\% FPL | $61.8 \%$ | $1 \%$ | $7 \%$ |
| Cancer Screening - Sigmoidoscopy or <br> Colonoscopy | $42.6 \%$ | $2 \%$ | $2 \%$ |
| Mortality - Suicide (per 100,000 <br> population) | 34.5 | $4 \%$ | $1 \%$ |
| Poor General Health | $21.4 \%$ | $4 \%$ |  |
| Weight - Overweight | $39.3 \%$ | $6 \%$ |  |
| Physical Inactivity | $24.8 \%$ | $6 \%$ |  |
| Social Associations (per 10,000 <br> population) | 6.15 | $6 \%$ |  |
| Lack of Consistent Primary Care | $23.7 \%$ | $6 \%$ |  |
| Cancer Screening - Pap Test | $68.6 \%$ | $9 \%$ |  |
| Income - Median Household Income | $\$ 40,299$ | $32.8 \%$ | $10 \%$ |
| Weight - Obesity |  | $9 \%$ |  |


| Lewis County, ID |  |  |  |
| :---: | :---: | :---: | :---: |
| Indicator | Value | Rating Relative to Counties in Region | Rating Relative to Counties in U.S. |
| Young People Not in School and Not Working | 21.4\% | 0\% | 1\% |
| Fruit/Vegetable Consumption | 83.4\% | 1\% | 8\% |
| Alcohol Consumption | 28.5\% |  | 2\% |
| Children Eligible for Free/Reduced Lunch | 59.8\% | 2\% |  |
| High Blood Pressure (Adult) | 37.0\% | 3\% | 9\% |
| Lack of Social or Emotional Support | 23.9\% | 3\% |  |
| Cancer Screening - Mammogram | 51.2\% | 4\% | 7\% |
| Physical Inactivity | 25.2\% | 4\% |  |
| Infant Mortality (per 1,000 births) | 9.8 | 5\% |  |
| Opioid Drug Claims | 9.9\% | 5\% | 2\% |
| STI - Gonorrhea Incidence (per 100,000) | 132 | 6\% |  |
| Recreation and Fitness Facility Access (per 100,000 population) | 0 | 6\% | 8\% |
| Access to Mental Health Providers (per 100,000 population) | 51.5 | 6\% |  |
| Education - High School Graduation Rate | 75.9\% |  | 7\% |
| Poverty - Children Below 200\% FPL | 56.0\% | 7\% |  |

Appendix F - County Level Data Indicators with Low Ratings

| Access to Primary Care (per 100,000 <br> population) | 26.0 | $8 \%$ | $8 \%$ |
| :--- | :---: | :---: | :---: |
| Teen Births (per 1,000 female <br> population age 15-19) | 28.6 | $8 \%$ | $9 \%$ |
| Population Commuting to Work Over 60 <br> Minutes | $10.9 \%$ | $9 \%$ | $9 \%$ |
| Income - Median Household Income | $\$ 40,313$ | $9 \%$ | $6 \%$ |
| Education - Bachelor's Degree or Higher | $16.3 \%$ | $9 \%$ | $8 \%$ |
| Education - Associate's Level Degree or <br> Higher | $25.6 \%$ |  |  |

## Appendix G - Organizations Attending Data Walks

Aging \& Disability Resource Center
Augies
Avista Corporation
Backyard Harvest
Beautiful Downtown Lewiston
Big Country News
Brookside Langing
Camas Financial Services
Camas Prairie Food Bank
Catalyst Medical Group
Center for Civic Engagement
Chamber of Commerce
CHAS Health
City of Lewiston
City of Orofino
City of Peck
City of Peck Mayor
City of Pullman
Clearwater County
Clearwater County EDC
Clearwater Tribune
Clearwater Valley Hospital and Clinics
Clearwater Youth Alliance
COAST
Columbia Bank
Community Action Center
Community Action Partnership
Disability Action Center
Evergreen Suites
Families Together
Farm \& Fiber
Farmers Market, Grub Club
Festival Dance
Framing Our Community
Garfield County Public Health
Grangeville Arts
Grangeville Community Foundation
Grangeville Elementary Middle School
Grangeville Farmers Market
Green Things Nursery
Holy Trinity Episcopal Church
ICARE, Inc
Idaho Assistive Technology Project
Idaho Community Foundation
Idaho County Court Services
Idaho County Free Press
Idaho County Veteran's Association
Idaho Foodbank
Idaho Housing and Finance
Inland Cellular
Jefferson Regional Medical Center
Joint School District 171
Kiemle Hagood

KLER Radio
Latah County Community Foundation
Latah County Historical Society
Latah Human Rights
Lewis-Clark State College
Lewis-Clark Valley Healthcare Foundation
Lewiston City Library
Life Choices Clinic
Moscow Affordable Housing Trust
Moscow Area Mountain Bike Association
Moscow Chamber of Commerce
Nez Perce Tribe
Northwest Children's Home
Northwest Insurance
Opportunities Unlimited
Orofino Flower Shop
PACT EMS
Palouse Alliance
Palouse Habitat for Humanity, Inc.
Public Health-Idaho North Central District
Pullman Good Food CO-OP
Pullman Regional Hospital
Reliance Center
SEL
Skinner Consulting
Snake River Community Clinic
Society of St. Vincent de Paul
St Joseph Regional Medical Center
St. Mary's Hospital
State of Idaho
Suicide Prevention of the Inland Northwest
Super 8
Syringa Hospital \& Clinics
The Partnership for Economic Prosperity, Inc
Timberline Schools
Tribune/Studio 1892
Tri-State Hospital
Umpqua Bank
United Methodist Church
United Way
University of Idaho
Valley Community Center
Valley Meals on Wheels
Valley Vision Inc.
Washington State University
Washington Trust Bank
Wells Fargo Bank
Whitman County Library
Willow Center
Wintz Company, LLC
LC Valley Resilience Coalition
WWCC, Clarkston
YWCA

