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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Carol Moehrle RN, BSN, District Director North Central District Health Department

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Oversight Committee

John Rusche, MD Lewis Clark Valley Healthcare Foundation

Andrew Craigie Fast Signs, Garfield County Hospital District (Retired)

Artemio "Tim" Rubio Worksource, Walla Walla Community College (Clarkston)

Samantha M. Skinner Twin County United Way

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Appendix B – Survey Introduction Letter



Social and Economic Sciences Research Center

Date

Sponsors

Name Address City, State Zip

Lewis-Clark Valley Healthcare Foundation



Additional Funding Partners





Project Information

509-624-2606 info@innovia.org

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 <u>lauren.n.scott@wsu.edu</u>, 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,

Shelly O'Quinn CEO, Innovia Foundation

Jhn Kusche

John Rusche, MD Chairman, Board of Community Advisors Lewis Clark Valley Healthcare Foundation

Research and Administrative Offices, 133 Wilson-Short Hall PO Box 644014, Pullman, WA 99164-4014 | 509-335-1511 | Fax: 509-335-0116

Public Opinion Laboratory, 1615 NE Eastgate Blvd, Section F PO Box 641801, Pullman, WA 99164-1801 | 509-335-1721 | Fax: 509-335-4688 Appendix C – Survey Questionnaire

A Community Survey about Health and Social Service Needs



Lewis~Clark Valley Healthcare Foundation

Additional Funding Partners

Premera | 🤹

DAHO OMMUNITY OUNDATION

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? O ₁ Asotin County O ₂ Clearwater County O ₃ Columbia County O ₄ Garfield County O ₅ Idaho County O ₆ Latah County O ₇ Lewis County O ₈ Nez Perce County O ₉ Other
Q2.	How would you rate the overall quality of life in your community? O ₁ Excellent O ₂ Good O ₃ Fair O ₄ Poor O ₅ Very poor
Q3.	How long have you lived in this community? If less than 1 year, please write "0". Year(s)

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

Employment and Economic Status

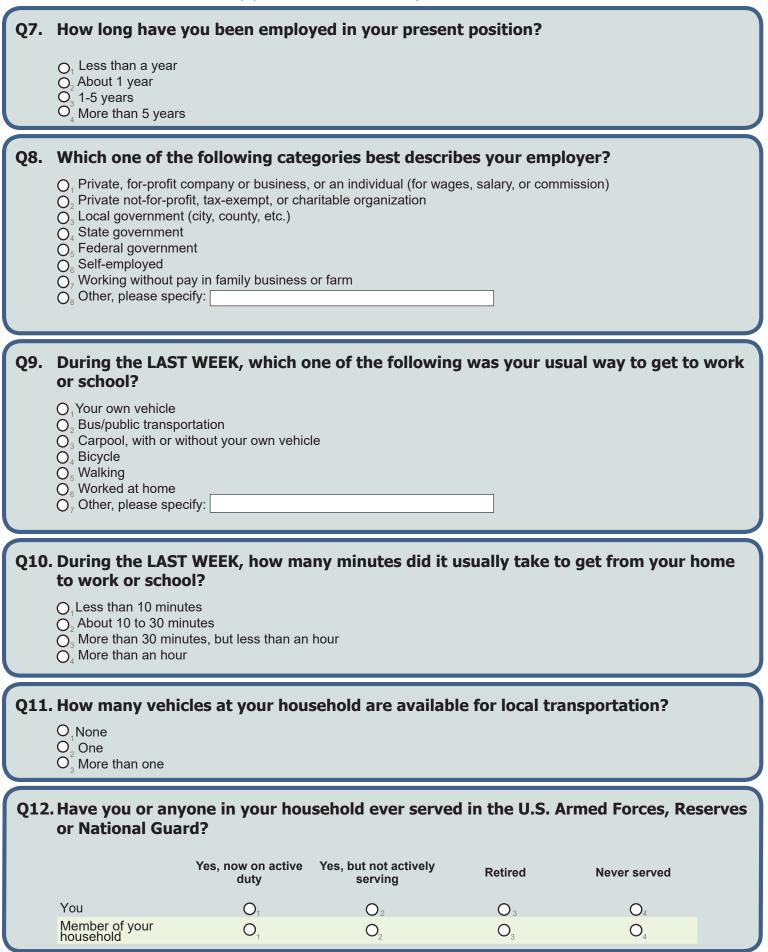
To better understand the health and social service issues in your county, we need to know more about the employment and economic status of poeple living here. All responses are confidential.

Q5. Which of the following categories best describes your current employment status? Please select only one answer.

- \bigcirc_{\uparrow} Employed full-time (≥ 30 hrs/week) \rightarrow Go to Q6
- O_2 Employed part-time (<30 hrs/week) \rightarrow **Go to Q6**
- O_3 Employed part-time, and looking for full-time employment \rightarrow Go to Q6
- O_4 Student with full-time employment \rightarrow Go to Q6
- O_5^- Student with part-time employment \rightarrow **Go to Q6**
- O_6° Not employed, but looking for employment \rightarrow Go to Q10
- O_7 Not employed, not looking for employment \rightarrow Continue with Q5 below
- 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.*

- O₁ Stay-at-home parent
- O_2 Stay-at-home grandparent
- O_3^- Primary caregiver for someone 18 years or over
- O_4 Student
- O_5 Short-term disability
- O_6° Long-term or permanent disability
- O_7 Other, please specify:



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

Employment Category Full-time employment (≥ 30 hrs/week)	Number in household, including you, in this category
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 <u>anyone in your household</u>?

	Yes	No	Don't Know
Wages, tips, or salaries	O ₁	O_2	O_3
Investment income	0	O_2	O ₃
Government assistance (e.g., welfare assistance, Veteran's Affairs benefits, rental assistance)	0	O_2	O ₃
Retirement income (e.g., pension, social security)	O_1	O_2	O ₃
Relatives, friends, partners	O ₁	O_2	O ₃
Child support	O_1	O_2	O ₃

Q15. In the past 12 months, were any of your household's sources of income reduced or stopped?

 $O_1 \text{ Yes} \rightarrow \text{Continue with Q16 below}$ $O_2 \text{ No} \rightarrow \text{Go to Q17}$

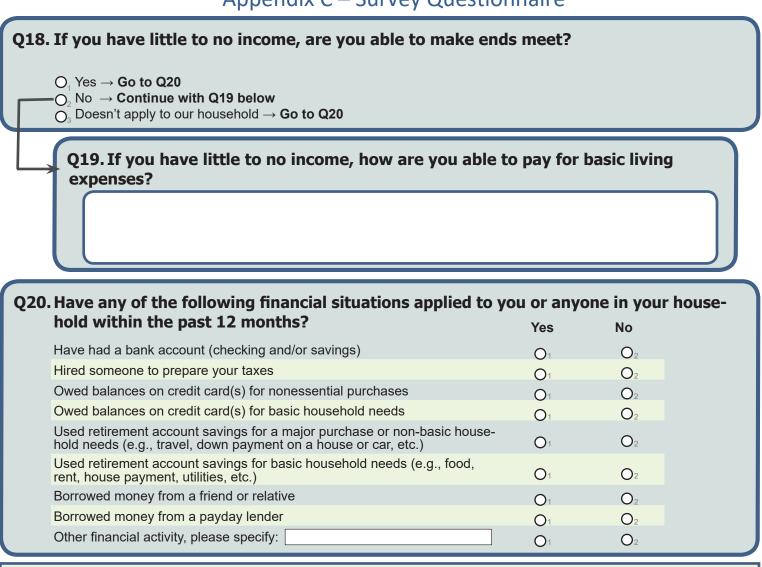
Q16. Which sources of income were stopped, and why?

Q17. Which category best describes your <u>household's total income before taxes</u> from all sources, including benefits and public assistance, in the past 12 months?

O₁Less than \$10,000

- O_2 \$10,000 to less than \$25,000
- O_{3} \$25,000 to less than \$50,000
- Q₄ \$50,000 to less than \$75,000
- O_{5} \$75,000 to less than \$100,000
- O₆ \$100,000 to less than \$250,000
- O₇ \$250,000 or more

Appendix C – Survey Questionnaire



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? <i>Including private</i>								
	insurance, Medicare, Medicaid(Apple Health (WA)/Health Connections (ID)), and Indian Health Service							
	coverage.	Yes	Not at all	Doesn't apply				
	You	O ₁	O_2	O ₃				
	Adult member of your household	O ₁	O ₂	O ₃				
	Children under 18 yrs living at home	O ₁	O ₂	O ₃				

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

	Yes	No	apply
Private insurance through employer	O ₁	O_2	Ο3
Private insurace, not through employer	O 1	O ₂	Оз
Medicaid insurance	O ₁	O_2	Ο ₃
Medicare	O ₁	O_2	Ο ₃
Indian Health Service (IHS) coverage	O ₁	O_2	Ο ₃
Some other type of insurance, please specify:	O ₁	O_2	Ο ₃

Q23. Because of a health or physical problem, do you have difficulty doing the following activities? Yes, I usually Yes, I usually need two-person Yes, I usually No, I do not have Yes, but I do not need physical need one-person supervision, or need assistance, or difficulty physical assistance stand-by complete assistance assistance mechanical assistance Bathing O_1 O_2 O_3 O_4 O_5 O_5 0 0 0 O_4 Dressing 0 0 0, O_{4} O_{5} Eating Getting in or out of O, 0, 0, O_4 O_{5} chairs ` O, 0, 0, 0. Walking O₄ Using the toilet O, 0, 0, O_5 O_{4}

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

	Yes	No
No appointment times in your schedule	O_1	O_2
Inability to take time off work	O_1	O_2
Inability to pay for services	O_1	O_2
Physician not accepting new patients	O_1	O_2
No transportation/too far	O ₁	O_2
Physician did not accept your insurance	O 1	O 2
You had no insurance	O ₁	O_2
Did not know where to seek care	O_1	O_2
Other, please specify:	O ₁	O ₂

Q25. Have any of the following health situations applied to you or anyone in your household within the 12 months?

	Yes	No	Don't know
Accessed non-emergency care in the emergency room because you were unable to see a primary care provider	O ₁	O ₂	Ο ₃
Delayed or canceled a dental procedure due to lack of ability to pay	O ₁	O ₂	Ο ₃
Unable to access preventative care (annual physicals, immuniza- tions, well baby exams, etc.)?	O ₁	O ₂	Ο ₃
Unplanned hospitalization	O ₁	O_2	Ο ₃
Delayed filling a prescription to save money	O ₁	O ₂	Ο ₃

Q26. About how many miles is your household from the nearest medical facility?

- O_1 Less than 5 miles
- O_2 6 to 10 miles
- O_{3} 11 to 20 miles
- O_4 21 to 30 miles
- O_5 More than 30 miles

Appendix C – Survey Questionnaire

-	Do any of the following conditions apply to any children	or adult	s (including	you) in
	your household? Please select all that apply in each row.		Child(ren) in the household	Another adult in the household
	Asthma			
	Obesity (above 75th percentile)	\square_1		
	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?

	No Need	Slight Need	Moderate Need	Strong Need
Mortgage/rental assistance	01	02	Оз	O ₄
Affordable childcare	O 1	O 2	Оз	O ₄
Basic education (GED)/English (ESL)	O 1	O 2	Оз	O 4
Legal help	O 1	O ₂	Оз	O ₄
Food (help getting enough food)	O 1	O 2	Оз	O 4
Affordable medical care	O 1	O ₂	Оз	O 4
Affordable dental care	O 1	02	Оз	O 4
Help with utility bills	O 1	O ₂	Оз	O 4
Mental health services/family counseling	O 1	O 2	Оз	O 4
Drug/alcohol treatment and counseling	O 1	O ₂	Оз	O 4
Family violence advocacy/treatment/counseling	O ₁	O ₂	Ο3	O_4
Transportation, especially to access other services	O ₁	O ₂	Ο ₃	O_4
Help finding a job/job training	O ₁	O_2	Ο ₃	O_4
Access to library system	O ₁	O ₂	Ο ₃	O_4
Affordable housing	O ₁	O_2	Ο ₃	O_4
Emergency housing	O ₁	O ₂	Ο ₃	O_4
Parenting support	O ₁	O_2	Ο ₃	O_4
Caregiver support	Ο	O ₂	Ο ₃	O_4
Preschool education (Head Start, ECEAP or other)	Ο 1	O_2	Ο ₃	O_4
Family planning	Ο 1	O_2	Ο ₃	O_4
Other, please specify:	01	02	O 3	O 4

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?

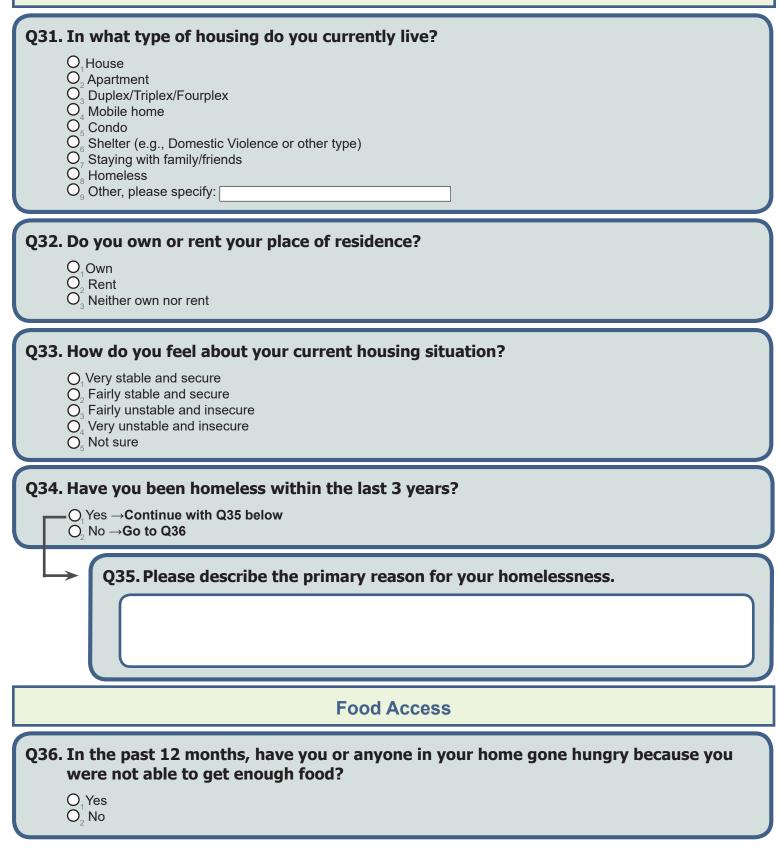
	Not needed	Very difficult	Difficult	Easy	Very easy
Mortgage/rental assistance	O ₁	O_2	O_{3}	O_4	O_5
Affordable childcare	O ₁	O_2	O_{3}	O_4	O_5
Basic education (GED)/English (ESL)	O ₁	O_2	O_{3}	O_4	O_5
Legal help	O ₁	O_2	O_{3}	O_4	O_5
Food (help getting enough food)	O ₁	O_2	O_3	O_4	O_5
Affordable medical care	O ₁	O_2	O_3	O_4	O_5
Affordable dental care	O ₁	O_2	O_3	O_4	O_5
Help with utility bills	O ₁	O_2	O_3	O_4	O_5
Mental health services/family counseling	O ₁	O_2	O_{3}	O_4	O_5
Drug/alcohol treatment and/or counseling	O ₁	O_2	O_3	O_4	O_5
Family violence advocacy/treatment/counseling	O ₁	O_2	O ₃	O_4	O_5
Transportation, especially to access other services	O ₁	O ₂	O ₃	O_4	O_5
Help finding a job/job training	O ₁	O ₂	O ₃	O_4	O_5
Access to library system	O ₁	02	03	O_4	O_{5}
Affordable housing	O ₁	02	O ₃	O_{4}	O ₅
Emergency housing	O ₁		O ₃	$O_{_{4}}$	O_{5}
Parenting support	O ₁	02	O ₃	$O_{_{4}}$	O ₅
Caregiver support	O ₁		03	$O_{_{4}}$	$O_{_5}$
Preschool education (Head Start, ECEAP or other)	O ₁	02	O ₃	$O_{_{4}}$	O ₅
Family planning	O ₁	O ₂	03	O_4	O_{5}
Other, please specify:	O ₁	02	Ο ₃	O_4	O ₅

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

	res	NO
Heat or electricity stopped by vendor	O ₁	O_2
Phone service stopped by vendor	O ₁	O_2
Other utilities (e.g., water/sewer) or garbage service stopped by vendor	O 1	O_2
Moved due to high housing cost	O 1	O_2
Faced transportation difficulties/issues	O 1	O_2
Unable to pay property taxes on home due to insufficient funds	O ₁	O_2
Evicted from housing	O 1	O_2
Shared housing with another household due to high housing costs	O 1	O_2
Left a living situation due to emotional or physical violence	O ₁	O_2
Experienced a serious or extended illness that left you or another adult unable to work or care for children	O ₁	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)	O ₁	O_2
Assumed responsibility for overall care of an older adult	O ₁	O_2
Other hardship, please specify:	O ₁	O ₂

Appendix C – Survey Questionnaire

Housing



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

	Not at all	Yearly	Twice a year	Monthly	Weekly
Food Bank/Pantry	O ₁	02	03	O_4	O ₅
SNAP (Supplemental Nutrition Assistance Program)	O ₁	0_2	03	O_4	O ₅
Senior center meals	O ₁	O ₂	03	O_4	$O_{_5}$
Meals on Wheels	O ₁	O_2	O ₃	O_4	O ₅
Churches or faith community	O ₁	02	O ₃	O_4	05
WIC (Women, Infants and Children)	O ₁	O_2	03	O_4	O ₅
Public garden/gleaners	O ₁	O ₂	03	O_4	O ₅
Friends or family	O ₁	O_2	03	O_4	O ₅
Other, please specify:		O ₂	O ₃	$O_{_{\!$	$O_{_5}$

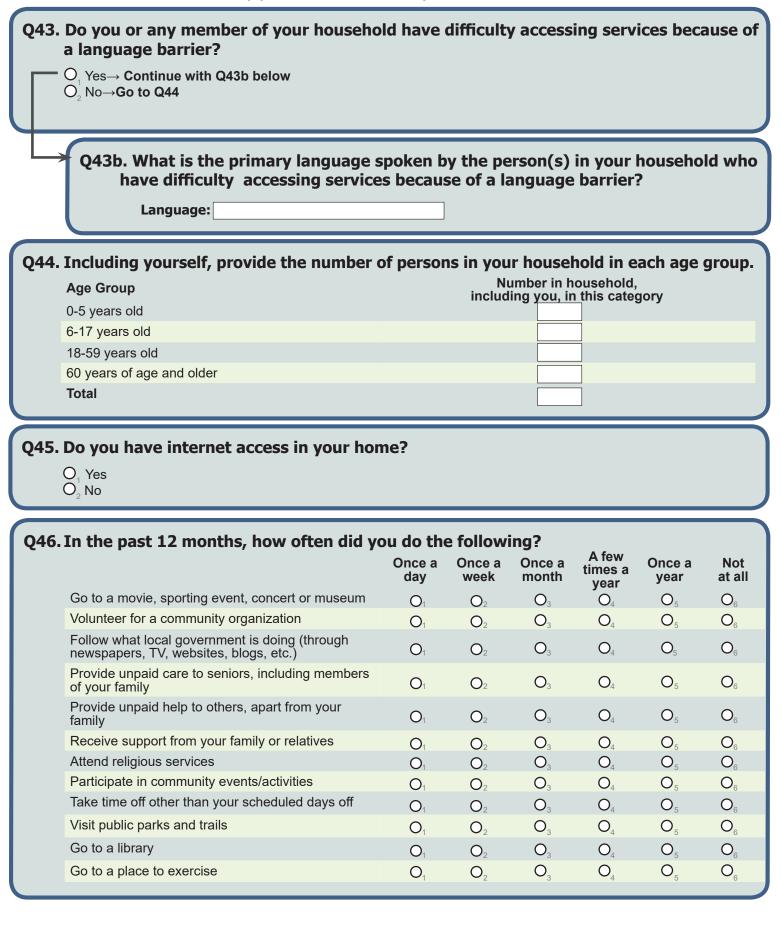
Q38. If a public/community garden was available to you, how likely are you to use it?

- O₁Very likely
- O Somewhat likely
- O_3^2 Somewhat unlikely
- O Very unlikely O₅⁴ Not sure

Background Information about You and Your Household

Q39. What is your sex?	
O_1 Male O_2 Female O_3 Other	
Q40. How old are you today?	
Q41. Are you Hispanic/Latinx? O ₁ Yes O ₂ No	
Q42. Which best describes your race? Please select all that apply	:
 □ African American/Black □ American Indian or Alaska Native □ Asian □ Caucasian/White □ Native Hawaiian or Other Pacific Islander □ Other, please specify: 	

Appendix C – Survey Questionnaire



Appendix e barrey questionnaire
Q47. What is your highest level of education?
 O₁ Less than high school O₂ GED (General Educational Development) O₃ High school graduate O₄ Vocational/Technical O₅ 2 year degree or some college O₆ 4 year degree or more
Q48. In which city or town do you currently live or is nearest to where you live? <i>Please provide the city or town name and zip code.</i>
City or Town: Zip Code:
Q49. Public forums to discuss community needs are planned for fall 2019. Would you like to be notified by email about these events? O₁ Yes→ Continue with Q49b below O₂ 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:
Thank you for completing this survey!
If you have additional thoughts about any of the topics or the survey itself, please share them here.
Social and Economic Sciences Research Center

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), alcohol- related 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 delicatessen-type 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 ½ 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 ½ mile from the nearest supermarket, supercenter, or large grocery store. Data are from the 2017 report, <u>Low-Income and</u> <u>Low-Supermarket-Access Census Tracts, 2010-2015</u> . 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 - WIC-Authorized Food Stores	This indicator reports the number of food stores and other retail establishments per 100,000 population that are authorized to accept WIC Program (Special Supplemental Nutrition Program for Women, Infants, and Children) benefits and that carry designated WIC foods and food categories. This indicator is relevant because it provides a measure of food security and healthy food access for women and children in poverty as well as environmental influences on dietary behaviors.	US Department of Agriculture, Economic Research Service, USDA - Food Environment Atlas, 2011.
Food Insecurity Rate	This indicator reports the estimated percentage of the population that experienced food insecurity at some point during the report year. Food insecurity is the household-level economic and social condition of limited or uncertain access to adequate food.	Feeding America, 2017.
Fruit/Vegetable Consumption	In the report area an estimated sum of adults over the age of 18 are consuming less than 5 servings of fruits and vegetables each day. This indicator is relevant because current behaviors are determinants of future health, and because unhealthy eating habits may cause of significant health issues, such as obesity and diabetes.	Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System, US Department of Health & Human Services, Health Indicators Warehouse, 2005-09.
Opioid Drug Claims	According to the Centers for Medicare and Medicaid Services (CMS), in the report area, Medicare Part D Beneficiaries filed claims for prescriptions (new prescriptions and refills) in year 2017.	Centers for Medicare and Medicaid Services, 2017.
Physical Inactivity	Within the report area, percentage of adults aged 20 and older self-report no leisure time for activity, based on the question: "During the past month, other than your regular job, did you participate in any physical activities or exercises such as running, calisthenics, golf, gardening, or walking for exercise?". 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 obesity and poor cardiovascular health.	Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, 2016.
Soda Expenditures	This indicator reports soft drink consumption by census tract by estimating expenditures for carbonated beverages, as a percentage of total food-at-home expenditures. 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 diabetes and obesity. Expenditures data are suppressed for single counties and single-geography custom areas. Rank data are not available custom report areas or multi-county areas.	Nielsen, Nielsen SiteReports, 2014.
Weight - Obesity	Percentage of adults aged 20 and older self-report that they have a Body Mass Index (BMI) greater than 30.0 (obese) in the report area. Excess weight 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.
Weight - Overweight	Percentage of adults aged 18 and older self-report that they have a Body Mass Index (BMI) between 25.0 and 30.0 (overweight) in the report area. Excess weight may indicate an unhealthy lifestyle and puts individuals at risk for further health issues.	Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System, 2011-12.

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 - 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.

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 <i>key driver</i> 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 <i>key driver</i> 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 <i>key driver</i> 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.

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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 Characteristic	S	
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.

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 married-couple 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	US Census Bureau, American Community Survey, 2013-17.
	additional person related to the householder by birth or adoption.	
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 2013-17 5-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.

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, 2012- 16.
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, 2012- 16.
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, 2009- 13.
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,, 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, 2012- 16.
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.

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 2500g). 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, 2006- 12.
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.

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 & Communi	ties	
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.

Cost Burdened Households (50%)	This indicator reports the percentage of the households where housing costs exceed 50% 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.
Households with No Motor Vehicle	This indicator reports the number and percentage of households with no motor vehicle based on the latest 5-year American Community Survey estimates.	US Census Bureau, American Community Survey, 2013-17.
Nationally Accredited Child Care Centers	This indicator reports the number of nationally accredited child care facilities in the community. Access to quality child care is important to both the health of the child but the financial and emotional stability of the parent.	National Association for the Education of Young Children (NAEYC), 2017.
Park Access	This indicator reports the percentage of population living within 1/2 mile of a park. This indicator is relevant because access to outdoor recreation encourages physical activity and other healthy behaviors.	US Census Bureau, Decennial Census, ESRI Map Gallery, 2013.
Population Commuting to Work Over 60 Minutes	This indicator reports the percentage of the population that commutes to work for over 60 minutes each direction.	US Census Bureau, American Community Survey, 2013-17.
Population Driving Alone to Work	This indicator reports the percentage of the population that commutes to work on a daily basis using a motor vehicle where they were the only occupant of the vehicle. This indicator provides information on how vital the transportation network is to people's daily routines, but also conveys information about the efficiency of the public transportation network and the availability of carpool opportunities.	US Census Bureau, American Community Survey, 2013-17.
Recreation and Fitness Facility Access	This indicator reports the number per 100,000 population of recreation and fitness facilities as defined by North American Industry Classification System (NAICS) Code 713940. This indicator is relevant because access to recreation and fitness facilities encourages physical activity and other healthy behaviors.	US Census Bureau, County Business Patterns, 2016.
Renter-Occupied Housing	Tenure provides a measurement of home ownership, which has served as an indicator of the nation's economy for decades. This data covers all occupied housing units, which are classified as either owner occupied or renter occupied. These data are used to aid in the distribution of funds for programs such as those involving mortgage insurance, rental housing, and national defense housing. Data on tenure allows planners to evaluate the overall viability of housing markets and to assess the stability of neighborhoods. The data also serve in understanding the characteristics of owner occupied and renter occupied units to aid builders, mortgage lenders, planning officials, government agencies, etc., in the planning of housing programs and services.	US Census Bureau, American Community Survey, 2013-17.
Use of Public Transportation	This indicator reports the percentage of population using public transportation as their primary means of commuting to work. Public transportation includes buses or trolley buses, streetcars or trolley cars, subway or elevated rails, and ferryboats.	US Census Bureau, American Community Survey, 2013-17.
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.

	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.

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

Appendix E – Data Walk Invitations, Agenda, Photos





We are coming to your community and want to hear from you! FREE DINNER, CHILDCARE AND PRIZE DRAWINGS

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.

MOSCOW/PULLMAN Monday, September 23 5:30-7:30 PM 1912 Center LEWISTON/CLARKSTON Monday, September 30 5:30-7:30 PM CrossPoint Alliance Church GRANGEVILLE Wednesday, October 2 5:30-7:30 PM Grangeville Elementary/ Middle School

OROFINO

Thursday, October 3 5:30-7:30 PM / The Lodge at River's Edge news/data-walk

For more information and to RSVP visit: www.innovia.org/news/data-walk



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 part of the world better.

Appendix E – Data Walk Invitations, Agenda, Photos



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 Network
Palouse Data Walk	23-Sep	1912 Center	Whitman County Health Network
Lewiston/Clarkston Community Forum	30-Sep	Clarkston Event Center	Twin County United Way
Lewiston/Clarkston Data Walk	30-Sep	CrossPoint Alliance Church	Twin County United Way
Nez Perce Tribe Listening Session	1-Oct	Clearwater Casino	Nez Perce Tribe
Grangeville Community Forum	2-Oct	Soltman Center	Syringa Hospital
Grangeville Data Walk	2-Oct	Grangeville Elementary/Junior School	University of Idaho Extension
Orofino Community Forum	3-Oct	Lodge at River's Edge	
Orofino Data Walk	3-Oct	Lodge at River's Edge	

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)
 - o 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?
 - o 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?
- 7:30 End

Appendix E – Data Walk Invitations, Agenda, Photos

Moscow, Idaho



Grangeville, ID

Clarkston, WA



Orofino, ID





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 <u>https://www.clearwatertribune.com/news/top_stories/innovia-shares-survey-responses-with-data-</u> walk/article_b9f68da8-eac0-11e9-b510-6b0ee8364b35.html

Idaho County Free Press: Editorial: Innovia event starts conversations that need continuing toward addressing community needs <u>https://www.idahocountyfreepress.com/opinion/editorial-innovia-event-starts-conversations-that-need-continuing-toward-addressing/article_34ac9374-e9ec-11e9-957c-a70ba39d100e.html</u>

Idaho County Free Press: Innovia Foundation dinner and conversation is tonight https://www.idahocountyfreepress.com/calendar/innovia-foundation-dinner-and-conversation-is-tonight/event_cf05adca-d966-11e9-91a2-ff449cb1ef62.html

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

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

Asotin County, WA				
Indicator	Value	Rating Relative to	Rating Relative to	
		Counties in Region	Counties in U.S.	
Asthma Prevalence	16.6%	4%		
Teen Births (per 1,000 female	31.9	5%		
population age 15-19)				
Mortality – Suicide (per 100,000	24.3		5%	
population)				
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	53.9%	9%		
Lunch				
Opioid Drug Claims	8.1%		9%	
Poor General Health	20.7%	9%		
STI – Gonorrhea Incidence (per 100,000	117.6	10%		
population)				

Latah County, ID				
Indicator	Value	Rating Relative to Counties in Region	Rating Relative to Counties in U.S.	
Cancer Incidence – All Sites (per 100,000 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	Rating Relative to	
		Counties in Region	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	853.1	4%		
population)				
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 Counties in Region	Rating Relative to 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 Medicare enrollees)	54.3	8%	

Clearwater County, ID				
Indicator	Value	Rating Relative to Counties in Region	Rating Relative to Counties in U.S.	
Population Commuting to Work Over 60 Minutes	19.2%	0%	2%	
Mortality - Premature Death (per 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 population)	42.2	2%		
Teen Births (per 1,000 female population age 15-19)	34.7	3%		
Park Access	7.1%	3%		
Current Smokers	24.5%	4%		
Preventable Hospital Events (per 1,000 Medicare enrollees)	57.4	4%		

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

Idaho County, ID					
Indicator	Value	Rating Relative to Counties in Region	Rating Relative to Counties in U.S.		
Dental Care Utilization	41.9%	1%			
Poverty - Children Below 200% FPL	61.8%	1%	7%		
Cancer Screening - Sigmoidoscopy or	42.6%	2%	2%		
Colonoscopy					
Mortality – Suicide (per 100,000	34.5	4%	1%		
population)					
Poor General Health	21.4%	4%			
Weight - Overweight	39.3%	6%			
Physical Inactivity	24.8%	6%			
Social Associations (per 10,000 population)	6.15	6%			
Lack of Consistent Primary Care	23.7%	6%			
Cancer Screening - Pap Test	68.6%		8%		
Income - Median Household Income	\$40,299	9%	9%		
Weight - Obesity	32.8%	10%			

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%			

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

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** Umpgua 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