

NORTH IDAHO

# Community Health Improvement Plan

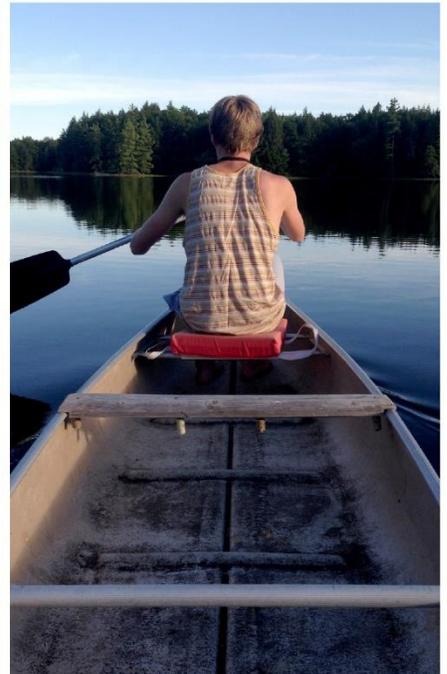
PANHANDLE HEALTH DISTRICT

2018



**Public Health**  
Prevent. Promote. Protect.

**Panhandle Health District**



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## ACKNOWLEDGEMENT

The Community Health Improvement plan could not have been made possible without the support and leadership from many organizations across northern Idaho. A sincere thank you to all who participated throughout the Community Health Improvement Planning process.

## SUPPORT OF THIS PROJECT WAS PROVIDED BY:

The Northwest Hospital Alliance  
Regional Behavioral Health Board  
University of Idaho

## COMMUNITY HEALTH ASSESSEMENT PARTNERS:

BONNER GENERAL HEALTH	NATIONAL ALLIANCE ON MENTAL ILLNESS
BOUNDARY COMMUNITY HOSPITAL	(CDA)
CANVAS CHURCH	NORTH IDAHO COLLEGE HEAD START
EMERGE	NORTHWEST HOSPITAL ALLIANCE
FAMILY MEDICAL RESIDENCY PROGRAM	SANDPOINT COMMUNITY RESOURCE
HERITAGE HEALTH	CENTER
KANIKSU HEALTH SERVICES	SHOSHONE MEDICAL CENTER
KOOTENAI BEHAVIORAL HEALTH	ST. VINCENT DE PAUL
KOOTENAI HEALTH	SUBSTANCE USE DISORDERS PROGRAM
KOOTENAI RECOVERY CENTER	TRINITY GROUP HOMES
MARIMN HEALTH	UNITED WAY
MOUNTAIN STATES EARLY HEAD START	DEPARTMENT OF HEALTH AND WELFARE

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## EXECUTIVE SUMMARY

The Community Health Improvement Plan (CHIP) is a collaborative approach to assessing, developing, and implementing health improvement projects. Panhandle Health District utilized the Mobilizing for Action through Planning and Partnerships (MAPP) model. MAPP is comprised of two distinct areas: first, the comprehensive Community Health Assessment (CHA) which examined all five counties through four different assessments; and, second, the CHIP compiled strategies from the key health priorities identified in the CHA. The CHIP is an action-oriented plan for community partners to work towards over the next five years.

This document outlines the North Idaho Community Health Improvement Plan that was developed by community partners and Panhandle Health District over a series of meetings. No single organization has the depth of resources to move the needle forward to improve community health. The plan is the product of the community health assessment and community partners coming together to collectively impact community health.

The CHIP is a living document and will be reviewed and updated regularly to maximize the success of the plan, and to ensure the community partners and Panhandle Health District continue to raise the bar on success.

For the most up to date Community Health Improvement Plan, please visit [www.panhandlehealthdistrict.org/community-health-assessment-and-plan](http://www.panhandlehealthdistrict.org/community-health-assessment-and-plan)

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## MESSAGE FROM THE DIRECTOR

I am excited to present the 2018 North Idaho Community Health Improvement Plan (CHIP). The CHIP is the result of a community-driven planning process led by the Panhandle Health District, in partnership with many organizations across North Idaho.

The CHIP is an action-oriented document meant to stimulate community action in areas where we can be impactful on improving the health of all North Idaho residents. The health priorities and supporting information contained in our Community Health Assessment (CHA) provided the framework and guidance needed for the next steps in development of a CHIP and associated strategies with measurable outcomes connected with each of our health priorities.

Partnerships are critical for the success of this plan. It is these partnerships that generate opportunities for health improvements by creating policies and environments that support and encourage our community in making healthy choices. Our goal is to make North Idaho a healthier community and to collaboratively tackle the persistent problems of healthcare access, substance abuse and mental health. This plan informs the community about the health of our residents, but also serves as a guide for the health district, hospitals, clinics, community partners and residents in our program development, activities and use of resources to improve community health status over the next five years.

Special emphasis was given to support and build on existing efforts and leverage community assets and partnerships. Goals and strategies were aligned with evidence-based practices and subject matter experts to ensure significant community health impact. An ongoing action cycle will be regularly updated and evaluated for further progress.

We look forward to the work with our community and State partners as we move forward in making our communities a healthy place to live, work and play. Thank you for your interest in the Health of North Idaho!

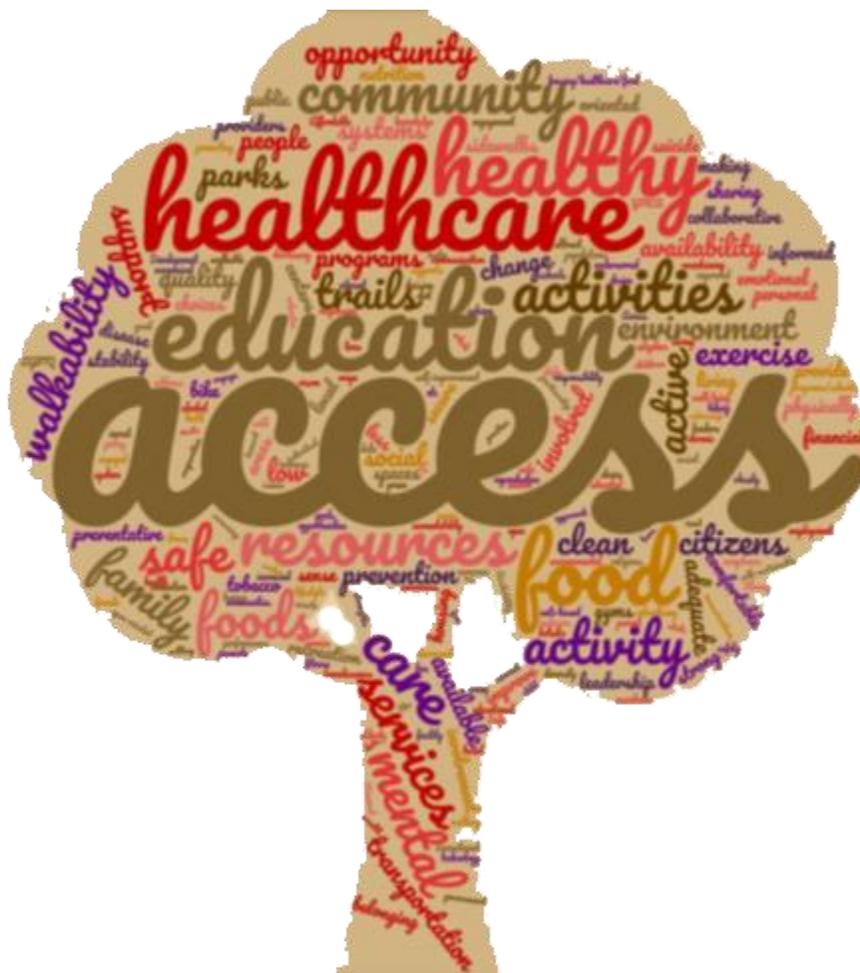


Lora Whalen, Director

Panhandle Health District

NORTH IDAHO'S VISION

*North Idaho is a community with access to quality health care, education, and opportunities that empower its citizens to live healthy lifestyles.*



**ABOUT PANHANDLE HEALTH DISTRICT**

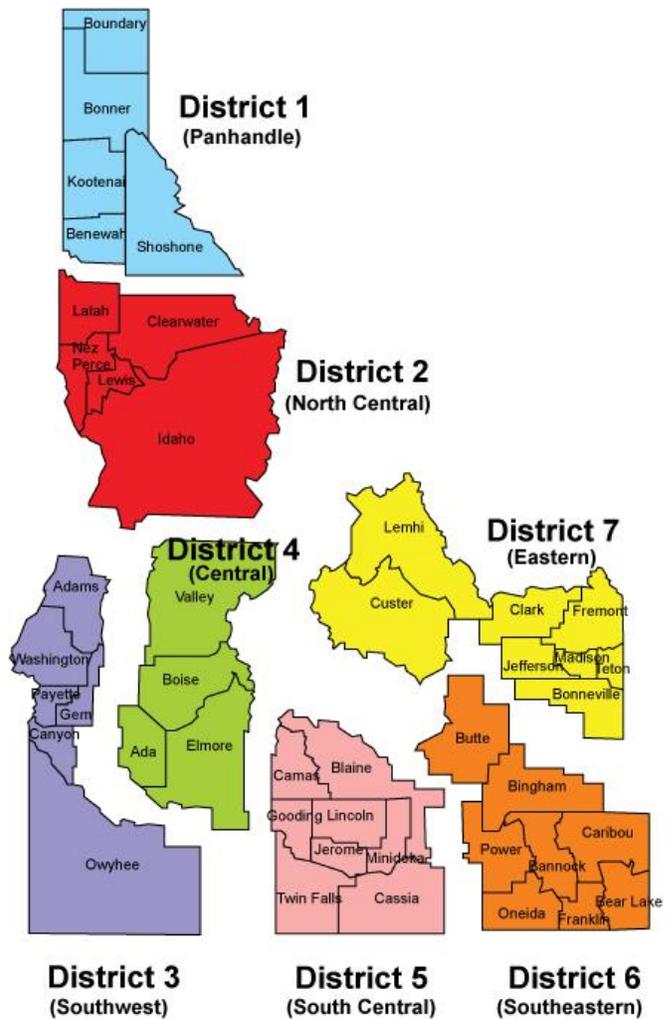
Panhandle Health District provides over 40 different public health programs to families, individuals and organizations in northern Idaho. From food and drinking water safety to health education and disease control, public health services are critical to ensure our community is a safe and healthy place to live, work and play.

The PHD team is made up of nurse practitioners, nurses, nutritionists, social workers, environmental health specialists, health educators and many other dedicated professionals with a common goal to deliver vital public health services.

Panhandle Health District is one of seven health districts in the state of Idaho. In 1970, the Idaho Legislature recognized the value a formal public health structure would provide Idaho residents. That year, the Legislature created the health districts to ensure that all Idahoans have access to local public health services (See Idaho Code, Title 39, Chapter 4). Panhandle Health District is locally controlled and governed. County commissioners from Boundary, Bonner, Kootenai, Benewah and Shoshone counties appoint a Board of Health that governs the Health District’s policies based on the community’s unique needs.

Panhandle Health District supports its programs with funding from the state, counties it serves, fees, grants and contracts with federal and state agencies.

Panhandle Health District is home to two tribes, the Kootenai Tribe and the Coeur d’Alene Tribe. The majority of our counties are considered rural and one is considered midsize. According to the 2016 census the five northern counties are home to 230,072 people.



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## COMMUNITY HEALTH IMPROVEMENT PLAN BACKGROUND

In 2017, Panhandle Health District began the process of conducting a Community Health Assessment (CHA) that utilized the Mobilizing for Action through Planning and Partnerships (MAPP) model. MAPP is a community-wide strategic process for improving public health created by the National Association of County & City Health Officials (NACCHO) and the Centers for Disease Control and Prevention (CDC). Following the six phases of the MAPP process, Panhandle Health District engaged stakeholders and community members in each of the five counties through the complete process of the Community Health Assessment. The core of the MAPP process is in the four assessments.

- **Community Themes and Strengths Assessment (CTSA)** Provides a deeper understanding of issues important to community residents.
- **Community Health Status Assessment (CHSA)** Analyzes secondary health data to identify trends and provide a snapshot of health.
- **Forces of Change Assessment (FCA)** Identifies trends, factors and events that influence health, quality of life and the local public health system.
- **Local Public Health System Assessment (LPHS)** Identifies strengths and weaknesses of the local public health system.

These four assessments were conducted concurrently to identify common themes and opportunities for improvement within our health system. The results of the Community Health Assessment were used to inform and guide the last two phases of the MAPP process which is formulate goals and strategies and move into action and implementation.

## PRIORITY ISSUES

### First Steps

The Community Health Assessment (CHA) had four different assessments that examined both qualitative and quantitative data. The assessment took both primary and secondary data, key informant interviews and tools that measured the local public health system. Once the assessment was completed, the results were reviewed and examined for themes. The core team at Panhandle Health District reviewed the results of the four assessments and used the following criteria to develop a list of the top 13 health priorities.

- **Seriousness:** How many people are affected by this?
- **Trends:** Is the issue getting better or worse?
- **Equity:** Are some groups more impacted?
- **Interventions:** Is there a proven strategy?
- **Values:** Does the community care about it?
- **Resources:** Is there a network to build on?
- **Other:** Is the issue a social determinant of health? Root cause?

### Issues Identified

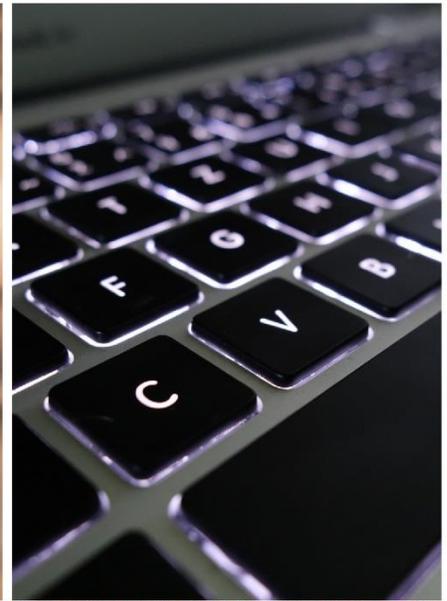
1. Mental Health/suicide
2. Obesity
3. Housing
4. Cancer
5. Food Security
6. Diabetes
7. Tobacco
8. Employment inequity
9. Substance abuse
10. Access to care
11. Sexually transmitted disease
12. Heart disease
13. Resources for aging population

### Top Priorities

The community partners and stakeholders were convened and provided the background and results of the assessment. Community partners were asked to vote on the top health priorities using the criteria listed above. There were two rounds scoring the health priorities. After the first round, scores were calculated, and the top 6 health priorities were discussed. After discussing each of the top 6 health priorities, the group re-voted to develop the top 3 priorities:

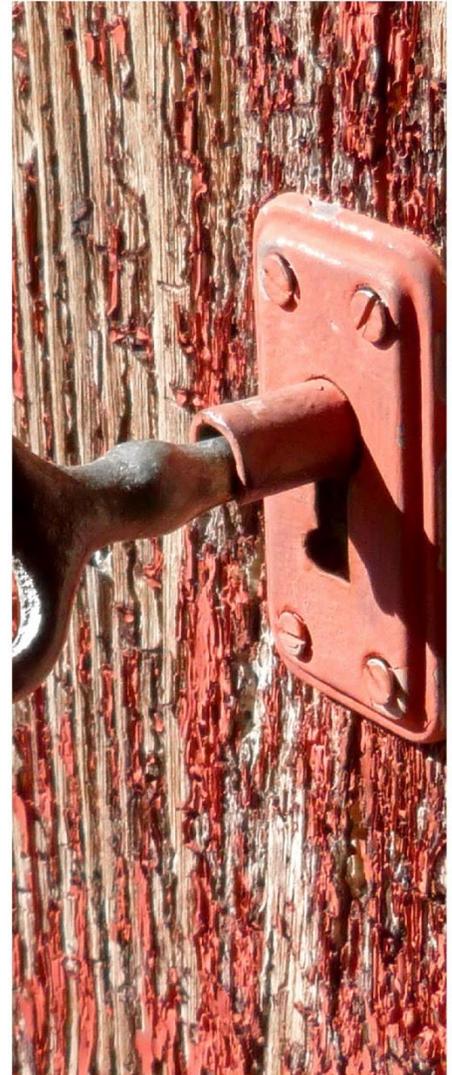
1. Access to care
2. Mental Health/Suicide
3. Substance Abuse Prevention (including opioid)





# Priority Issue

## ACCESS



## ACCESS

### BACKGROUND:

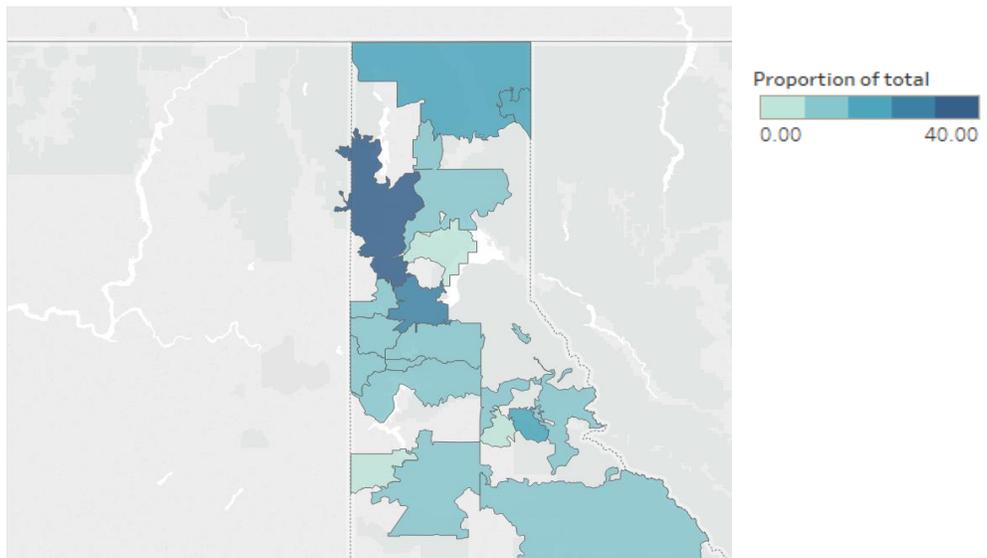
Access to care is an important component for individuals to achieve their best health outcomes. Barriers to accessing care can be attributed to individuals' insurance status, income, geographic proximity to providers, and finding a trusted provider. North Idaho faces many challenges with increased health care costs, the Idaho Medicaid gap, and the rural/frontier nature of the region.

The high cost of health care can limit individuals' ability to seek care and preventive services. The community themes and strengths assessment identified the high cost of health care as a top health challenge; especially for those whose income was \$10,000-25,000. One reason this demographic feels most impacted by the cost of health care is because Idaho is one of the few states that did not expand Medicaid, and many people within this income bracket do not qualify for health insurance cost sharing subsidies.

According to the 2016 Behavioral Risk Factors Surveillance System, 45.8% of adults in Panhandle Health District do not have dental insurance (Health, 2016). The community themes and strengths assessment found that 12.83% of the people surveyed did not have health insurance. According to the 2015 Idaho BRFSS, 11.4% of Panhandle Health District residents are uninsured and 14.1% of Idaho residents do not have health insurance (Statistics, 2015). North Idaho and Idaho have higher uninsured rates than the nation. According to the CDC's the *Health Insurance Coverage: Early release of Estimates from the National Health Survey Interview, 2016* report only 9% of Americans are uninsured (CDC, 2017).

The map to the right displays the proportion of respondents who did not have health insurance by zip code. The darker the color the greater proportion of respondents that did not have health insurance.

Proportion of respondents who did not have health insurance



In addition to the challenges of getting people insured, northern Idaho has many counties who qualify as rural and one that even qualifies as frontier. The ruralness of the states makes it challenging for individuals and families to have easy, quick access for care. Often there is significant travel involved. This can add an additional barrier for those on a limited income.

In a Primary Care Needs Assessment conducted by the Idaho Department of Health and Welfare, it found that much of Idaho is a primary care, dental, and mental health care shortage area. According to this report, Benewah and Shoshone exhibited the worst health status among the 44 other counties in the state.

Finally, linking individuals to care and resources is a challenge for all counties. In the Local Public Health System assessment, three of the five counties scored themselves below 50% for linking people to needed person health services and assuring the provisions of health care when otherwise unavailable. Two of the counties scored themselves just at or slightly above 50%.

#### ASSETS:

North Idaho is fortunate to have assets in the community like Kootenai Health in Kootenai County and four critical access hospitals in Benewah, Shoshone, Bonner and Boundary, as well as, several Federally Qualified Health Centers. These clinics and hospitals are all working to increase access to care through expansion of services, efforts in rural areas, and patient-centered medical home (PCMH) transformation.

#### ALIGNMENT WITH STATE AND NATIONAL PRIORITIES:

Access, as a health priority area for the Community Health Improvement Plan, aligns with the Department of Health and Welfare's "Get Healthy: Measuring and Improving Population Health" priority area to increase access to healthcare services in Idaho.

Nationally, improving access to care aligns with the Office of Disease Prevention and Health Promotion's, Healthy People's 2020 vision of increasing the number of people who are insured and have equitable access to seeking prevention and care to 100% of the population. This priority also aligns with the Health Resources and Services Administration, who have set a goal to "improve access to quality health care and services."

## ACCESS

How do we effectively increase equitable access to care for people in North Idaho?

### GOALS

- Increase the number of mental health, dental and primary care providers to meet the needs of north Idaho residents
- Reduce barriers to access to care
- Increase awareness of all available health resources

### STRATEGIES

- To attract more providers to north Idaho
- Retain providers and ensure efficient use of current providers and services
- Increase efficient use of care services
- Increase equitable opportunities for access to care
- Decrease the number of north Idahoan's who are uninsured
- Increase literature, training and marketing of health care resources available and how to navigate them
- Improve interagency communications



## Priority Issue

# SUBSTANCE ABUSE



**SUBSTANCE ABUSE**

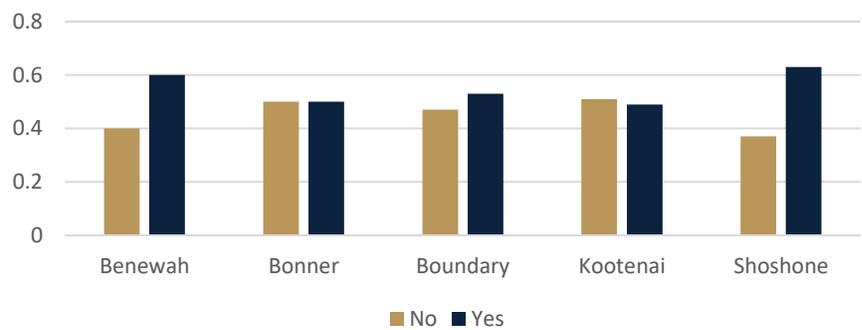
**BACKGROUND:**

Substance abuse refers to long-term use of alcohol or drugs that has a negative impact on behaviors and health outcomes. Substance abuse impacts individuals, families and the community. According to the Idaho Substance Abuse Prevention Needs Assessment, there are several contributing factors such as population density, and economic vitality that influence and impact substance abuse in communities (Policy, 2017). The types of drug use differ from rural and urban settings, and changes in population can also leave an economy struggling. Depressed economies, with lower educational attainment and income, may have fewer opportunities for engaging in healthy behaviors and accessing health services.

Although all counties in north Idaho are suffering from the consequences of substance abuse, Shoshone and Benewah counties had the highest proportion of respondents who said drug abuse was a significant health problem in their community. Both Shoshone and Benewah have some of the highest unemployment rates in north Idaho (Commerce, 2017). Also, from 2012-2016 in Benewah County, there was a -3.52% change in population and Shoshone had a -1.67% change in population (Commerce, 2017).

In recent years, north Idaho has seen a steady increase in substance abuse issues. This challenge was echoed throughout the Forces of Change Assessment for every county. Many people attributed the rise in substance abuse to the proximity to Washington which recently legalized marijuana. Also, being on the I-90 and highway 95 corridors brings in people from all over the country.

Proportion of respondents who felt drug abuse was a health problem



The Community Themes and Strengths assessment found that a greater proportion of respondents felt that drug abuse was a significant health behavior, followed by alcohol abuse. Drug abuse was also identified as a significant health problem in north Idaho.

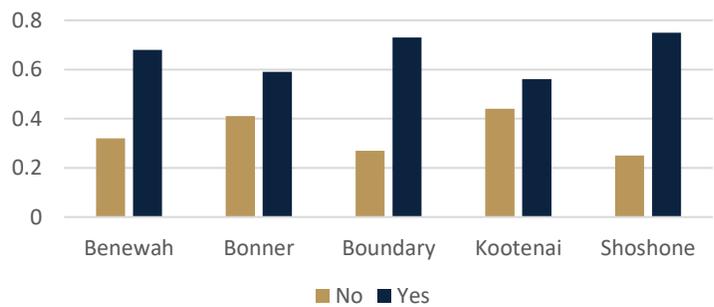
With the increase in drug use, there has been an increase in overdose related deaths. Between 2012-2016, 44.8% of overdose deaths in north Idaho specified an opioid drug on the death certificate (Welfare, 2017). According to the Opioid Needs Assessment compiled in 2018, Idaho is at a particular high risk of opioid addiction and overdose. 24 of the 44 counties are higher rather than the nation average for opioid prescribed per 100 persons and in northern Idaho, 4 of the 5 counties are higher than the national average.

**ASSETS:**

Although there are limited resources to assist with substance abuse issues. North Idaho has two inpatient centers: Port of Hope and Kootenai Health Chemical Dependency Unit. There are some outpatient recovery centers in Kootenai County: Sequel Alliance Family Services, Resorted Paths, Rathdrum counseling, Abundant Wellness, Ascent Counseling, Ambitions Tamarack Treatment and Counseling, Alcohol and Drug Counseling and Recovery Services.

Currently there are limited resources for individuals seeking care or treatment for substance abuse in Boundary, Bonner, Shoshone and Benewah Counties.

Proportion of respondents who felt drug abuse was a health behavior problem



**ALIGNMENT WITH STATE AND NATIONAL PRIORITIES:**

The Idaho Office of Drug Policy has created the Idaho Opioid Misuse and Overdose Strategic Plan for 2017-2022. Many of the state’s strategies to improve the opioid crisis have been adopted for northern Idaho’s strategic plan for substance abuse.

Additionally, Healthy People 2020 has set a goal to reduce substance abuse to protect the health, safety, and quality of life for all--especially children. Healthy People 2020 has set objectives that focus on increasing the proportion of adolescents who disapprove of substance abuse, increase the proportion of persons who need alcohol and/or illicit drug treatment and received specialty treatment for abuse or dependence in the past year, reduce past-month use of illicit substance abuse and reduce the past-year nonmedical use of prescription drugs.

## SUBSTANCE ABUSE

How do community partners work to reduce the substance abuse issues in North Idaho?

### GOALS

- Create an environment of responsible opioid prescribing in North Idaho
- Support and promote relevant, evidence-based substance abuse information
- Support improved community access to substance abuse services

### STRATEGIES

- Increase public knowledge of responsible opioid prescribing in North Idaho
- Improve provider education and systems issues
- Increase alternatives for pain management
- Increase public awareness of risk and harm of substance abuse
- Expand harm reduction practices
- Increase access to substance abuse resources
- Advocate and promote housing for people recovering



## Priority Issue

# MENTAL HEALTH



## MENTAL HEALTH

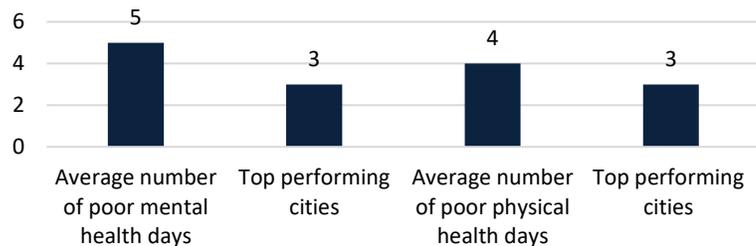
### BACKGROUND:

Mental health has been a top priority area for north Idaho community partners since 2014 and remains a top health priority for the next five years. Mental disorders are one of the most common cause of disability, and can affect anyone regardless of gender, age, or socioeconomic background. Mental health is essential to a healthy, thriving community.

The Community Themes and Strengths Assessment survey revealed that mental health was one of the top three health problems in the community.

The chart on the right displays the results from the survey. Participants were asked how many days during the past 30 days was your mental health not good, and how many days during the past 30 days was your physical health not good. The results of our survey are compared to the County Health Rankings Top-Performing Cities number of

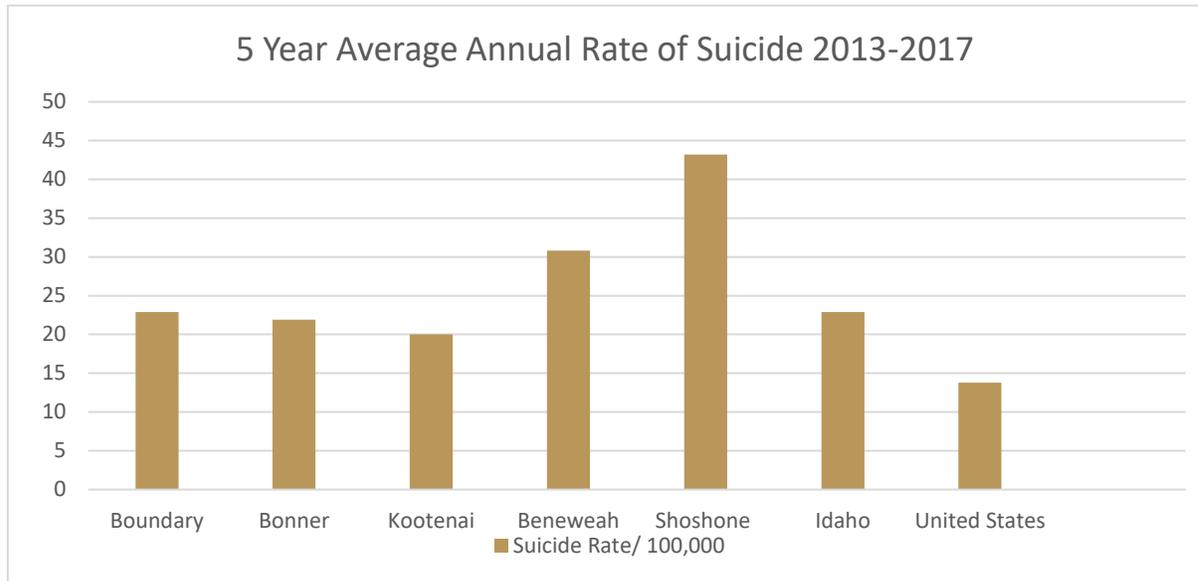
Average number of days health was not good compared to top-performing cities



unhealthy mental and physical health days. Not only are people in north Idaho experiencing a higher average for the number of mental health days, but of the 851 people from the survey who said they had at least one mental health day in the last 30 days, only 22% sought mental health care. Of the individuals who did not seek mental health care, the survey also found that cost and issues concerning stigma around mental health lead people to not seek treatment.

Another challenge for our mental health care system that was discussed through the Forces of Change Assessment is the lack of mental health providers and hospital beds available for those suffering from mental illness. Furthermore, in a Primary Care Needs Assessment conducted by the Idaho Department of Health and Welfare, Idaho has a 100% mental health care professional shortage.

In addition to the challenges north Idaho experiences with mental health, Idaho has been in the top 10 states for highest suicide rates over the last several years. Suicide is the second leading cause of death for Idahoans ages 15-34 and for males up to 44 (Suicide Prevention Program, 2018). The chart below displays the Idaho Bureau of Vital Records and Health Statistics, 5-year average annual rate of suicide by county (Program, 2016). Shoshone and Benewah county experience the highest rates of suicide in north Idaho; however, all counties have a higher suicide rate than the United States and most counties have higher suicide rate than Idaho.



#### ASSETS:

The Northern Idaho Crisis Center is an invaluable resource in the community. The Center provides north Idaho with 24-hour crisis support and assistance for people having a mental health crisis, drug or alcohol problem. It is the product of Idaho Health Partners, a cooperative project between Panhandle Health District, Kootenai Health and Heritage Health.

Additionally, the number of patient-centered medical homes (PCMHs) in the region is growing. One of the core criteria for primary care clinics to receive PCMH recognition is to conduct depression screenings for adults and adolescents using a standardized tool. Through these screenings, more patients will be identified with depression and can receive the help they need.

#### ALIGNMENT WITH STATE AND NATIONAL PRIORITIES:

Healthy People 2020 has a goal to “improve mental health through prevention and by ensuring access to appropriate, quality mental health services.” One of the strategies set by Healthy People 2020 to achieve that goal is increasing depression screenings by primary care providers. This aligns with our north Idaho CHA goal of Improving the limited resources for mental health. In addition, many local clinics are incorporating depression screenings as they transform their primary care practices to patient-centered medical homes.

Healthy People 2020 also has an emphasis on reducing the suicide rate from 11.3/100,000 to 10.2/100,000 for an improvement of 10%. The Suicide Prevention Action Network of Idaho’s mission is to “eradicate suicide in Idaho through statewide advocacy, collaboration, and education in best practices.”

## MENTAL HEALTH

How can we reduce suicide and improve mental health outcomes for the people of North Idaho?

### GOALS

- Improve the limited resources for mental health in North Idaho
- Promote an understanding that mental health is part of total wellness
- Reduce the number of suicides in North Idaho

### STRATEGIES

- Increase funding for mental health resources
- Improve mental health resources for people under the age of 18
- Improve resources for people over the age of 18
- Media campaigns that aim to destigmatize mental illness
- Provide education and training to community partners (e.g. legislators, media, schools, PIO's, etc.) on mental health issues
- Promote suicide prevention and resources

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## SUMMARY

The Community Health Improvement Plan is an action-oriented, 5-year strategic plan. It was developed by over 30 community partners using a health equity lens and examining the social determinants to health for access to care, substance abuse and mental health.

To increase equitable access to care the committee set goals to, increase the number of mental health, dental and primary care providers to meet the needs of north Idaho residents, reduce barriers to access to care, and increase awareness of all available health resources. With the aim to improve substance abuse issues, the goals are to create an environment of responsible opioid prescribing in north Idaho, support and promote relevant, evidence-based substance abuse information, and to support improved community access to substance abuse services. Finally, to improve mental health outcomes and reduce suicide in north Idaho the committee will work towards improving the limited resources for mental health, promote an understanding that mental health is a part of total wellness, and reduce the number of suicides.

The goals and strategies outlined in the document provide a high-level overview of goals and strategies. The working document that outlines the action plan with timelines, and lead organization can be found at [www.panhandlehealthdistrict.org/community-health-assessment-and-plan](http://www.panhandlehealthdistrict.org/community-health-assessment-and-plan).

Both the CHIP and working document will be reviewed and updated quarterly by the committee.

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