

BINGHAM MEMORIAL HOSPITAL

Community Health Needs Assessment

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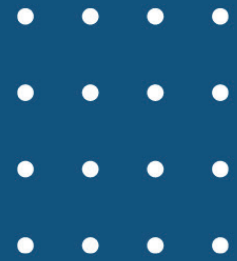
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EXECUTIVE SUMMARY

Introduction & Goals

Bingham Memorial Hospital (BMH) is a state-of-the art, 501(c)3 non-profit, critical access hospital. The hospital is located in Blackfoot, Idaho with additional facilities in Idaho Falls, Pocatello, and Shelley, Idaho. BMH is one of the leading and award-winning healthcare providers in Eastern Idaho. BMH was founded in 1950 with only six doctors. Today, they have over 140 medical providers and employ over 700 people. The hospital specializes in in-patient, out-patient, critical care, emergency services, rehabilitation, same day surgery and transitional care services. BMH believes that the entire community benefits when the people within it are physically, mentally and spiritually healthy.

BMH conducted this community health needs assessment (CHNA) in 2022 to meet the requirements of the Patient Protection and Affordable Care Act of 2010. This act requires tax-exempt hospitals to create a Community Health Needs Assessment (CHNA) every three years. In accordance with federal requirements, this report is widely available to the public on BMH's website at www.binghammemorial.org.

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A CHNA is a report that assesses the general health needs of a community and how healthcare professionals can better address those needs. The report addresses the barriers to health and provides insights to how these barriers can be overcome. This CHNA aims to define the community, prioritize health needs, identify information gaps and outline the hospital's prioritization process. With this data, Bingham Memorial Hospital will address the community needs and barriers to health, thus fulfilling their mission to help the community to be physically, mentally, and spiritually healthy.

Data Collection Methods

Bingham Memorial Hospital used various approaches to complete the Community Health Needs Assessment. Using traditional measures of health as well as broader holistic measures, BMH defined the community their facilities serve. BMH used measures such as, demographic and socioeconomic characteristics; access to key health support businesses, industries for sources of food, exercise, and medical care; access to medical and health insurance, and baseline health statistics for the community. To assess the overall health trends, BMH partnered with the Research & Business Development (RBDC) to obtain data from a variety of sources. The RBDC obtained primary data through key stakeholder interviews (see Appendix A) and secondary data from County Health Rankings & Roadmaps, a program of the University of Wisconsin Population Health Institute.

Prioritized Health Needs

The following five health needs identified are presented in order of priority:

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Health Literacy –

The stakeholders interviewed by the RBDC team identified a concerning lack of health literacy among the Hispanic population in the community. This population struggles to understand health information because a small number of health resources are published in Spanish. In addition, medical paperwork and terminology can be presented at a higher reading level than appropriate for comprehension. The Hispanic population also struggles to receive health information due to the unreliability of telehealth services and the common occurrence of residence in rural areas.

Uninsured Rates –

Blaine County, Idaho has the highest uninsured rate (19%) out of eight counties with Power County, Idaho following closely behind (18%). Residents who are uninsured are susceptible to large amounts of debt due to unexpected medical emergencies. Medical care can be costly without some type of insurance and it may deter a person from receiving preventative care which may lead to chronic conditions in the future. The stakeholders proposed the solution to hire health advocacy workers or train current employees to aid in navigating paperwork and alternate payment plans to help ease the burden of medical debt.

Medical Provider Shortage –

Multiple counties have high patient to provider ratios compared to the state average. These ratios include primary care physicians, dentists, mental health providers, and other primary care physicians such as nurse practitioners. Medical provider shortages can leave patients with longer wait times to receive care causing potential complications. Across the counties, wait times for mental health providers are around three to six months, according to a stakeholder. Some solutions to ease the shortage include increasing availability of telehealth appointments and hiring more providers.

Obesity –

In all of the counties identified, adult obesity is close to or significantly above one third of the population. Obesity increases the chances for developing various health issues such as high blood pressure, heart disease and can even lead to premature mortality. Food insecurity or accessibility to receive healthy foods, can increase the obesity rate which is a prevalent issue in some of the counties. To combat the prevalence of obesity, the hospital can work to implement nutrition and fitness education.

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Maternal Care –

The stakeholders also identified a lack of resources available for new mothers. More support can be given to moms in the areas of health information, psychological support, as well as, financial support. The community average for teen births was higher than the Idaho average thus indicating the need for more maternal support is necessary among the eight counties. It will be crucial to find ways to reduce costs for maternal care such as affordable childcare for working mothers.

About the Consultants

Bingham Memorial Hospital contracted with a research team from the Research and Business Development Center (RBDC) to create the 2022 Community Health Needs Assessment. The RBDC conducted primary research, synthesized primary and secondary data, identified and prioritized community health needs, documented the process, and prepared the CHNA report. The RBDC is a local non-profit organization with a mission to provide undergraduate students with meaningful work experiences for future careers. The RBDC is based in Rexburg, Idaho and serves students attending BYU-Idaho and Ensign College. To learn more about the RBDC, visit <https://www.rbdcenter.org>.

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Key Findings

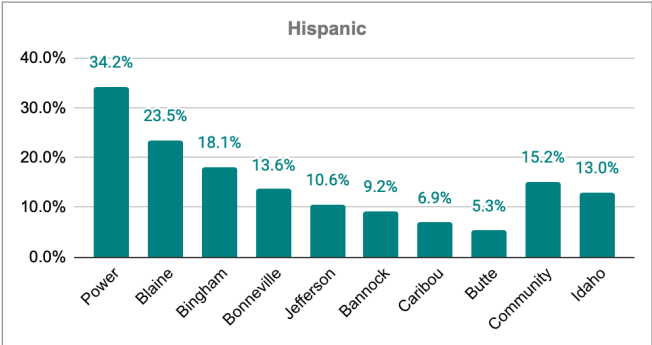
Community Definition

About Our Community

Bingham Memorial Hospital’s community includes Bingham County and the seven surrounding counties that touch Bingham County, geographically. This includes Bannock, Blaine, Bonneville, Butte, Caribou, Jefferson and Power Counties. Bonneville has the highest population out of all the counties. Bingham Memorial Hospital serves a wide variety of populations including women, children, geriatric, medically underserved, low income, and minority groups. The principal function of the hospital is to provide over 100 types of patient services including in-patient, out-patient, critical care, emergency, rehabilitation, same day surgery, and transitional care services.

Methodology

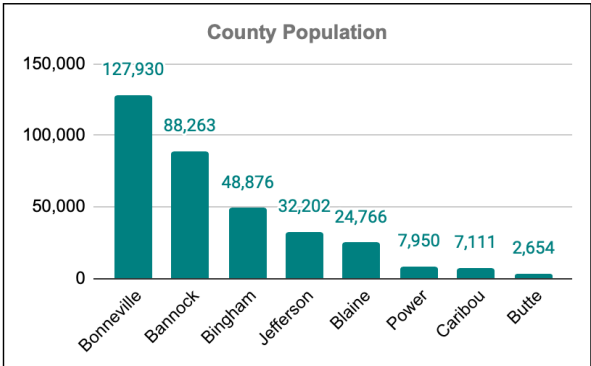
The secondary data was compiled by the research team from County Health Rankings & Roadmaps (CHR&R), a program of the University of Wisconsin Population Health Institute. CHR&R synthesizes data from various prominent health rankings including the U.S. Census, American Community Survey, Behavioral Risk Factor Surveillance, National Institute for Health Statistics. CHR&R is efficient in analyzing complex data and creating accessible models, reports, and products that deepen the understanding of what makes communities healthy and inspires and supports improvement efforts.¹ CHR&R uses a multitude of measures to examine each county’s health, this report highlights 29 measures that fit into the categories of demographics, socioeconomic factors, access to health supported businesses and industries, health insurance access and overall baseline statistics. This is not all of the measures CHR&R includes in their report. These measures are relevant to the categories chosen for analysis.



Source: United States Census Bureau, 2020

Demographics

Demographics are fundamental to understanding the makeup of a community. All of the included eight counties have their similarities and differences within their demographics. Across all counties, people who identified as White are the largest ethnic group. The community average is 80% which is similar to the



Source: United States Census Bureau, 2020

¹ County

Idaho average. Power County has the lowest percentage of people who identify as White (United States Census Bureau, 2020).

The community also has a significant number of people who identify as Hispanic. Power and Blaine Counties have the highest number of Hispanics at 34% and 23%, respectively. This is significantly above the Idaho state average (13%) as well as the other counties. Power County's population is made up of one third Hispanic which impacts their health needs.

The third highest ethnic group is American Indian and Alaska Native. Bingham County is home to the Shoshone-Bannock Tribe and this equates to approximately seven percent of the population of the county, the highest across all of the community. This brings its own unique challenges in meeting the health needs.

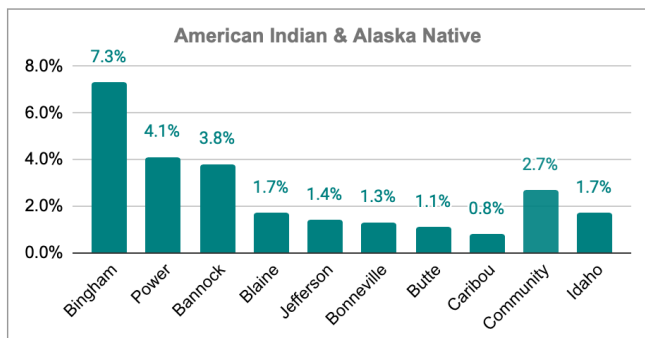
Ethnic groups such as Asian, Black, and Native Hawaiian/Other Pacific Islander make up a small percent of the population. The community average for people of Asian descent is 0.9%, Black is 0.4% and Native Hawaiian is 0.2% (U.S. Census Bureau, 2020).

Another important demographic to examine is the number of children under 18. From the U.S. Census Bureau Population Estimates, the community average for the percentage of children under 18 years old is higher (27.6%) than the Idaho average (24.7%). Six out of the eight individual counties are above the Idaho average. Jefferson County is as high as 32% and Power County is at 30.5%, the top two counties. Another important age demographic group to look at is people who are 65 years old and older. The Idaho State average is around 16% while 4 counties are at or above the state average. Butte County has the highest percentage at 25%.

One significant characteristic of this community is the sheer amount of rural area in each of the counties. Butte County is considered to be a completely rural area. Jefferson County is made up of about 66% rural area. Six out of the eight counties have significantly more rural land than the Idaho average (29.4%). With so much rural land, the distance to the local hospital can be far, making it harder for people to receive emergency care or preventative care. Bingham Memorial Hospital is a key hospital for these counties to receive care.

| High School Completion | |
|--------------------------|------------|
| Bannock | 92% |
| Bonneville | 92% |
| Butte | 92% |
| Caribou | 91% |
| Jefferson | 91% |
| Bingham | 89% |
| Blaine | 89% |
| Power | 80% |
| Community Average | 90% |
| Idaho | 91% |

Source: American Community Survey, 5-year estimates, 2016-2020



Source: United States Census Bureau, 2020

Socioeconomic Factors

High School Completion

This measure is determined as anyone 25 years and older that has a high school diploma or equivalent. People who have completed high school tend to have a higher quality of life and life expectancy. Graduates are more likely to be employed which results in a better salary than those who didn't graduate. This will result in more resources dedicated to preventative care and funds available during emergency situations. Power County has the lowest high school completion rate. All of the counties are similar with the Idaho state average completion rate.

Unemployment Rate

This measure is a percentage of the population ages 16 and over unemployed but seeking work. Unemployed populations have a greater chance of developing unhealthy behaviors such as smoking, drinking, poor diet, and lack of exercise. Blaine has the highest county unemployment rate. Employer-sponsored health insurance is the most common source of health insurance coverage so the unemployed are limited in their ability to access care.

| Unemployment Rate | |
|--------------------------|-------------|
| Blaine | 7.8% |
| Bannock | 4.9% |
| Power | 4.1% |
| Bonneville | 4.0% |
| Bingham | 3.9% |
| Butte | 3.6% |
| Caribou | 3.6% |
| Jefferson | 3.4% |
| Community Average | 4.4% |
| Idaho | 5.4% |

Source: Bureau of Labor Statistics, 2020

| Children in Poverty | |
|--------------------------|------------|
| Butte | 18% |
| Power | 17% |
| Bannock | 14% |
| Bonneville | 13% |
| Bingham | 12% |
| Caribou | 12% |
| Jefferson | 10% |
| Blaine | 8% |
| Community Average | 13% |
| Idaho | 12% |

Children in Poverty

The measure is an estimate of the number of children below 18 years of age living in poverty. When there is a significant percentage of children living in low-income households, this negatively affects their ability to receive healthcare, succeed academically, and make future income. Butte County has the highest number of children living in poverty, about six percent above the Idaho state average. Butte also has one of the lowest median household incomes out of all the counties. Children in poverty are more susceptible to chronic health conditions due to the lack of resources and likely to receive severe injuries due to an unsafe environment.

Source: Small Area Income and Poverty Estimates, 2020

| Children Under 18 | |
|--------------------------|--------------|
| Jefferson | 32.9% |
| Power | 30.5% |
| Bonneville | 30.3% |
| Bingham | 29.9% |
| Caribou | 28.2% |
| Bannock | 25.5% |
| Butte | 23.2% |
| Blaine | 20.4% |
| Community Average | 27.6% |
| Idaho | 24.7% |

Source: Census Population Estimates, 2020.

| People 65 and older | |
|--------------------------|--------------|
| Butte | 25.4% |
| Blaine | 20.7% |
| Caribou | 17.9% |
| Power | 16.7% |
| Bannock | 15.1% |
| Bingham | 14.8% |
| Bonneville | 13.7% |
| Jefferson | 12.2% |
| Community Average | 17.1% |
| Idaho | 16.7% |

Source: Census Population Estimates, 2020.

| Amount of Rural Area | |
|--------------------------|--------------|
| Butte | 100.0% |
| Jefferson | 66.6% |
| Caribou | 59.9% |
| Bingham | 56.0% |
| Power | 42.6% |
| Blaine | 32.8% |
| Bannock | 15.7% |
| Bonneville | 13.0% |
| Community Average | 48.3% |
| Idaho | 29.4% |

Source: Census Population Estimates, 2010.

Suicides

This measure is determined by the number of deaths from self-inflicted injuries per 100,000 population. Suicides affects not only the person who committed suicide but as well as the emotional and mental health of their family and friends. It is important to note that deaths are counted in the county of residence and not the county where the death occurred. Caribou has the most recorded suicides at 35 and Blaine has the lowest at 14 while the community average is at 26. A missing value is reported for counties with fewer than 10 suicide deaths in the time frame such as Butte County.

| Suicides | |
|--------------------------|-----------|
| Caribou | 35 |
| Power | 31 |
| Bannock | 30 |
| Bingham | 26 |
| Bonneville | 26 |
| Jefferson | 18 |
| Blaine | 14 |
| Butte | No Info |
| Community Average | 26 |
| Idaho | 22 |

Source: National Center for Health Statistics - Mortality Files 2016-2020

Median Household Income

This measure shows the amount of income where half of households in a county earn more and half of households earn less. Median household income greatly affects mental and physical health of families and is strongly correlated with the children in poverty. Power County has the lowest median household income with the highest percentage of children in poverty. Income is a determinant of a healthy future for children, depending on their parents' ability to earn money for vital assets like insurance, health expenses.

| Median Household Income | |
|--------------------------|-----------------|
| Blaine | \$76,300 |
| Bonneville | \$67,300 |
| Caribou | \$66,800 |
| Bingham | \$65,700 |
| Jefferson | \$65,577 |
| Bannock | \$54,500 |
| Butte | \$52,100 |
| Power | \$45,400 |
| Community Average | \$53,300 |
| Idaho | \$62,600 |

Source: Small Area Income and Poverty Estimates, 2020

Access to Key Health Support Business and Industries

Food Environment Index

This measure takes into account the proximity to healthy foods, and cost barriers to attaining the healthy foods. For the index number, a county can rank anywhere from 1 to 10. 1 meaning the people in the county are unable to attain healthy foods and 10 meaning they are easily able to attain healthy foods. A person's likelihood of avoiding chronic illnesses decreases with healthy eating habits. A diet of unhealthy foods can cause heart disease, diabetes, and obesity. Caribou ranked as the top county with the least cost barriers for healthy foods. The county health rankings model reports that, in 2022, the average value (median) for counties was 7.6 and most counties fell between about 6.8 and 8.2.² All of the counties fall in that range.

| Food Environment Index | |
|--------------------------|------------|
| Caribou | 9 |
| Blaine | 8.8 |
| Jefferson | 8.5 |
| Power | 8.4 |
| Bingham | 7.9 |
| Bonneville | 7.9 |
| Butte | 7.7 |
| Bannock | 7.3 |
| Community Average | 8.2 |
| Idaho | 7.5 |

Source: USDA Food Environment Atlas, Map the Meal Gap from Feeding America, 2019

Food Insecurity

This measure demonstrates an individual's ability to consistently provide healthy foods to them and their families. The higher the food insecurity percentage, the more it costs to buy a meal. Lacking consistent access to food is related to negative health outcomes such as weight-gain and premature mortality.^{3 4} Bannock is ranked the highest county at 12% while Jefferson County is ranked at the lowest, 7%. This means that in Bannock County, it costs 5% more than in Jefferson County, therefore it's easier for Jefferson County residents to purchase food for meals than in Bannock County.

| Food Insecurity | |
|--------------------------|------------|
| Bannock | 12% |
| Butte | 12% |
| Bonneville | 10% |
| Bingham | 9% |
| Blaine | 9% |
| Caribou | 9% |
| Power | 9% |
| Jefferson | 7% |
| Community Average | 10% |
| Idaho | 10% |

Source: Map the Meal Gap, 2019

² County Health Rankings & Roadmaps. Food Environment Index

³ Brownson RC

⁴ Dhurandhar EJ.

Access to Exercise Opportunities

This measure accounts for the number of people that are within about 3 miles of a recreational facility or park, meaning they have the ability to maintain a healthier lifestyle. Physical activity helps prevent diabetes, cancer, stroke, hypertension, cardiovascular disease and premature mortality. Blaine County has the highest opportunity at 74% yet, only 9% of Caribou County's population has access to a recreational facility within the 3 miles.

| Access to Exercise Opportunities | |
|----------------------------------|------------|
| Blaine | 74% |
| Bonneville | 74% |
| Power | 66% |
| Bannock | 61% |
| Jefferson | 51% |
| Butte | 41% |
| Bingham | 31% |
| Caribou | 9% |
| Community Average | 51% |
| Idaho | 67% |

Source: Business Analyst, ESRI, YMCA & US Census Tigerline Files, 2010 & 2021

Limited Access to Healthy Foods

This measure is a percentage of the number of people that have a low income and do not live close to a grocery store. Living far away from a grocery store could cause people to buy more frozen and processed, longer-lasting items rather than short shelf-life, healthy foods such as fruits and vegetables. Bannock County has 12% of its population that do not live close to a grocery store and also have a low income. Caribou has only 1% of their population with limited access.

| Limited Access to Healthy Foods | |
|---------------------------------|------------|
| Bannock | 12% |
| Bingham | 12% |
| Bonneville | 11% |
| Jefferson | 11% |
| Butte | 8% |
| Power | 6% |
| Blaine | 3% |
| Caribou | 1% |
| Community Average | 8% |
| Idaho | 8% |

Source: USDA Food Environment Atlas, 2019

Hospitals

This measure identifies how many hospitals are in each county, number of beds available, and their occupancy rate. Also, this makes the designation for critical access hospitals. Critical Access Hospitals are designated by some of the following attributes: having no more than 25 inpatient beds, average stay for acute inpatient care no more than 96 hours, and in a rural area more than 35 miles from the nearest hospital. This measure is important because close proximity to hospitals can make a difference between one's life being saved or not. The likelihood of death in some cases can increase if medical care is not found immediately, making this number crucial for emergency situations.

| Hospital Beds Per Hospital | | Occupancy Rate Per Hospital | |
|--|------------|---------------------------------------|--------------|
| Eastern Idaho Regional Medical Center | 289 | Bingham Memorial Hospital * | 72.0% |
| Portneuf Medical Center | 205 | Eastern Idaho Regional Medical Center | 72.0% |
| Idaho State Hospital | 120 | Mountain View Hospital | 65.1% |
| Idaho Falls Community Center | 88 | Portneuf Medical Center | 64.4% |
| Mountain View Hospital | 43 | Grove Creek Medical Center | 50.0% |
| Bingham Memorial Hospital | 25 | Idaho Falls Community Center | 39.8% |
| St Luke's Wood River Medical Center | 25 | St Luke's Wood River Medical Center * | 36.0% |
| Caribou Memorial Center | 25 | Caribou Memorial Center * | 20.0% |
| Lost Rivers Medical Center | 14 | Idaho State Hospital | Unknown |
| Power County Hospital District | 10 | Lost Rivers Medical Center* | Unknown |
| Grove Creek Medical Center | 8 | Power County Hospital District * | Unknown |
| Community Average | 77 | Idaho Average | 64.4% |
| Idaho Average | 74 | United States Average | 73.9% |

*Critical Access Hospital Designation

Source: Idaho Department of Health and Welfare, Bureau of Facility Standards, 2020

Source: U.S. Department Health & Human Services, Protect Public Data Hub, Hospital Utilization, 2022

Access to Medical Care and Health Insurance

Primary Care Physicians

This measure demonstrates the ratio of the population to primary care physicians. Primary care physicians include M.D.s and D.O.s. Since the number of primary care physicians is a ratio (population per physician), the lower the number, the better the access to health resources. Blaine County is likely the lead of this category because they fall within the middle of the counties in terms of population per square mile. This puts them between urban and rural, giving plentiful access to patients.

| Primary Care Physicians | |
|--------------------------|----------------|
| Blaine | 960:1 |
| Bannock | 1,420:1 |
| Caribou | 1,790:1 |
| Bonneville | 2,590:1 |
| Butte | 2,600:1 |
| Bingham | 3,340:1 |
| Power | 3,840:1 |
| Jefferson | 4,270:1 |
| Community Average | 2,601:1 |
| Idaho | 1,520:1 |

Source: Area Health Resource File / American Medical Association, 2019

Dentists

This measure is a ratio of population to dentists. Untreated dental disease can lead to serious pain and complications. Since this is also a ratio of population to dentists, Bannock is leading with the lowest number. This is unsurprising because Bannock County is home to Pocatello. Having a low ratio of population to dentists is important because it enables people to receive quicker access to cleanings and treatments. Dentist shortages are major problems across much of the US.

| Dentists | |
|--------------------------|----------------|
| Bannock | 1,010:1 |
| Bonneville | 1,170:1 |
| Blaine | 1,230:1 |
| Caribou | 1,420:1 |
| Bingham | 2,250:1 |
| Butte | 2,650:1 |
| Power | 3,820:1 |
| Jefferson | 5,100:1 |
| Community Average | 2,331:1 |
| Idaho | 1,510:1 |

Source: Area Health Resource File / National Provider Identification file, 2020

Mental Health Providers

This measure is a ratio of population to mental health providers. Mental health providers include marriage and family therapists, and mental health providers that treat alcohol and drug abuses. Bannock County likely leads this category as well because of Pocatello's population. Bonneville being in second can be explained by looking at Idaho Falls' prime location between Rexburg and Pocatello, hence greater business opportunities. This is also interesting because many young people live in Rexburg, a college town, as well as Idaho Falls, who are statistically more prone to seeking help from mental health providers.

| Mental Health Providers | |
|--------------------------|----------------|
| Bannock | 230:1 |
| Bonneville | 320:1 |
| Blaine | 480:1 |
| Bingham | 730:1 |
| Power | 1,910:1 |
| Caribou | 2,370:1 |
| Butte | 2,650:1 |
| Jefferson | 3,820:1 |
| Community Average | 1,564:1 |
| Idaho | 440:1 |

Source: CMS, National Provider Identification, 2021

Other Primary Care Providers

This measure illustrates the ratio of population to primary care providers other than primary care physicians which includes nurse practitioners and physician's assistants. The lower the ratio, the better access to other primary care providers. Bonneville County has access to the greatest number of other primary care providers. The number of other primary care providers is crucial because it's continuing to increase, meaning it can help with physician shortages and enable more people to receive the treatments they require.

| Other Primary Care Providers | |
|------------------------------|----------------|
| Bonneville | 640:1 |
| Bannock | 660:1 |
| Butte | 880:1 |
| Bingham | 1,150:1 |
| Power | 1,910:1 |
| Blaine | 2,130:1 |
| Jefferson | 2,180:1 |
| Caribou | 3,560:1 |
| Community Average | 1,639:1 |
| Idaho | 820:1 |

Source: CMS, National Provider Identification, 2021

Uninsured

This measure shows the percentage of the population under 65 years old without health insurance. Although Blaine County has the second highest rate of annual income, they have the highest number of uninsured people. Being uninsured is detrimental to being able to receive consistent medical care and can leave emergency patients in large amounts of debt and financial instability. It can also prevent people from attending their recommended yearly check-ups and finding any issues before they develop, causing intense complications.

| Uninsured | |
|--------------------------|------------|
| Blaine | 19% |
| Power | 18% |
| Bingham | 15% |
| Jefferson | 14% |
| Bannock | 12% |
| Bonneville | 11% |
| Butte | 11% |
| Caribou | 10% |
| Community Average | 14% |
| Idaho | 13% |

Source: Small Area Health Estimates, 2019

Baseline Health Statistics

Life Expectancy

This measure illustrates the average number of years people in the region live. Blaine County currently displays the highest life expectancy, which is about 9 years greater than the life expectancy of Bingham County, which is the lowest. Generally, the older someone gets, the higher chance they are at developing health complications and being at risk. This statistic is counted for residents of each county whether or not they pass away within county boundaries.

| Life Expectancy | |
|--------------------------|-------------|
| Blaine | 85.2 |
| Jefferson | 79.5 |
| Caribou | 78.7 |
| Power | 78.1 |
| Bonneville | 77.2 |
| Butte | 77.1 |
| Bannock | 76.9 |
| Bingham | 76.7 |
| Community Average | 78.7 |
| Idaho | 79.2 |

Source: National Center for Health Statistics - Mortality Files, 2020

Diabetes Prevalence

This measure is the percentage of adults (ages 20+) diagnosed with diabetes. Power County is currently leading at 12%. This statistic is significant because diabetes is chronic and can impact physical, social, and mental health. Women who only reported to have diabetes during a pregnancy (and not before or after) were not included in this statistic. This number does, however, include both type one and type two diabetes, which are relatively common causes of death in the US.

| Diabetes Prevalence | |
|--------------------------|------------|
| Power | 12% |
| Bingham | 11% |
| Bannock | 10% |
| Butte | 10% |
| Blaine | 9% |
| Bonneville | 9% |
| Caribou | 9% |
| Jefferson | 9% |
| Community Average | 10% |
| Idaho | 9% |

Source: Behavioral Risk Factor Surveillance System, 2019

HIV Prevalence

This measure shows how many people (ages 13+) have diagnosed human immunodeficiency virus. This number is shown for infection per 100,000 people. Blaine County currently has the highest number, but Caribou and Butte County both reported 0 cases. Jefferson and Power County have their numbers suppressed because the counties only have 1 to 4 HIV cases in the time frame and the source doesn't include it. If HIV is prevalent in a county, it can mean that citizens do not have adequate access to prevention medication or education about sexual protection. Treatment for HIV can be extremely expensive, as well as chronic.

| HIV Prevalence | |
|--------------------------|-----------|
| Blaine | 41 |
| Bingham | 30 |
| Bannock | 28 |
| Bonneville | 15 |
| Butte | 0 |
| Caribou | 0 |
| Jefferson | No Info |
| Power | No Info |
| Community Average | 19 |
| Idaho | 84 |

Source: National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention, 2019

Adult Smoking

This measure represents the percentage of adults who smoke some days or every day and have smoked at least 100 cigarettes. Butte County has a significantly lower average income than all the other counties, meaning alternatives to smoking may not be as present. Every year, approximately 480,000 premature deaths are attributed to smoking. It also affects health negatively by causing lung disease, cancer, respiratory diseases, and low birth weights or defects.

| Adult Smoking | |
|--------------------------|------------|
| Butte | 19% |
| Caribou | 19% |
| Bannock | 18% |
| Power | 17% |
| Bingham | 16% |
| Bonneville | 16% |
| Jefferson | 15% |
| Blaine | 14% |
| Community Average | 17% |
| Idaho | 16% |

Source: Behavioral Risk Factor Surveillance

Adult Obesity

This measure is the percentage of adults (18+) who have a body mass index of at least 30. Power County and Bannock County are leading the list with percentages of 37 and 36. Obesity increases the chances of developing negative health factors like diabetes, cancer, stroke, sleep apnea, respiratory issues, osteoporosis, gallbladder disease, etc. This statistic was found through self-reporting among residents through BMI tests.

| Adult Obesity | |
|--------------------------|------------|
| Power | 37% |
| Bannock | 36% |
| Bingham | 34% |
| Butte | 34% |
| Caribou | 33% |
| Jefferson | 32% |
| Bonneville | 31% |
| Blaine | 28% |
| Community Average | 33% |
| Idaho | 30% |

Source: Behavioral Risk Factor Surveillance System, 2019

Sexually Transmitted Infections

This table shows the number of newly diagnosed chlamydia cases per 100,000 people. Bannock County has the highest number of sexually transmitted infections. Chlamydia is dangerous because it can cause tubal infertility, chronic pelvic pain, ectopic pregnancies, pelvic inflammatory disease, etc. In the US, chlamydia is most often found in adolescent minority women, and has resulted in high expenses to treat. For Butte County, the data is suppressed because a missing value is reported for counties with 1 to 3 cases in the time frame.

| Sexually Transmitted Infections | |
|---------------------------------|--------------|
| Bannock | 365.6 |
| Bonneville | 319.2 |
| Bingham | 222.2 |
| Blaine | 212.8 |
| Power | 195.3 |
| Jefferson | 117.2 |
| Caribou | 111.8 |
| Butte | No Info |
| Community Average | 220.6 |
| Idaho | 384.0 |

Source: National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention, 2019

Teen Births

This measure illustrates the number of births per 1,000 female population between ages 15 and 19. Teen births can have adverse effects on the mother, child, and community. Power County sees the highest number of teen births, while Blaine County experiences the lowest. Teen mothers can face hardships while trying to pursue an education, finding affordable childcare, and managing expenses that come with caring for a young child without an abundance of community support. For Butte County, the data is suppressed, a missing value is reported for counties with fewer than 10 teen births in the time frame.

| Teen Births | |
|--------------------------|-------------|
| Power | 36 |
| Bingham | 24 |
| Bonneville | 23 |
| Bannock | 20 |
| Jefferson | 17 |
| Caribou | 13 |
| Blaine | 11 |
| Butte | No Info |
| Community Average | 20.6 |
| Idaho | 18 |

Source: National Center for Health Statistics - Natality files, 2014-2020

Stakeholder Interviews

Scope

The objective for the key stakeholder interviews is to identify the community health needs from those who represent the broad interests of the community. The stakeholders work with the most vulnerable community members and strive to improve their community's health needs. Bingham Memorial Hospital (BMH) identified the Hispanic population as a vulnerable group and is concerned they need more support with their health needs.

Methodology

Each of the stakeholders were given a questionnaire that contained 21 questions spanning topics such as community needs, health literacy, health attitudes, and maternity care (See Appendix A). The questionnaire was published in English and Spanish to serve the various populations within the community. Two methods were used to collect the qualitative data from the stakeholders. The first method was oral interviews conducted through video chats. The second method was a written document that could be filled out by the stakeholders electronically. The interview questions for each key stakeholder were identical. The total number of stakeholders interviewed was six. Some of the positions held in the community by the stakeholders included a public health department administrator, a religious leader, a local business owner, school administrator for migrant identification and recruitment, and a volunteer fireman.

Prioritization of Health Needs

The analysis of the interview responses showed the priority of addressing five health needs within the community. Those five needs include health literacy, high uninsured rates, medical provider shortage,

obesity, and maternal care. Among all the stakeholders, there was a sincere concern for all the underserved communities such as low-income, immigrant families. All the stakeholders highlighted the following reasons for each of the health needs.

A summary of the stakeholders' responses by each of the categories follows. This section of the report summarizes what the key stakeholders said without assessing the credibility of their comments.

1. Health Literacy

- 1) There is not enough preventative health information being disseminated to the general population.
- 2) There is not enough health information being disseminated in Spanish.
- 3) There are not enough interpreters for Spanish speakers available in the medical field.

2. Uninsured Rates

- 1) If a patient is uninsured, the cost of care can be unaffordable.
- 2) There is a lack of support in navigating alternative payment options and welfare services.

3. Medical Provider Shortage

- 1) There are not enough providers.
- 2) There are long wait times to see providers ranging from about 3-6 months.

4. Obesity

- 1) There is not enough testing for blood cholesterol and diabetes.
- 2) There is a lack of knowledge regarding healthy eating habits.

5. Maternal Care

- 1) There is not enough information regarding maternal health being disseminated to the community.
- 2) There is insufficient support for maternal mental health.
- 3) The accessibility to prenatal and maternity care is impacted by the affordability and insurance status.

Information Gaps Identification

The small number of stakeholders who responded to requests for interviews limits the ability to accurately assess the health needs of the community. There were over 40 requests for interviews sent yet, only 6 valid responses were obtained. There were two additional interviews that would have been conducted however, the stakeholders canceled the meetings. Two agencies promised to distribute the questionnaire among their employees but no questionnaires were completed.

Furthermore, the interviews lacked responses from key figures in the community. This included civic leaders, law enforcement, primary care providers not affiliated with Bingham Memorial Hospital. The collection of primary data on Native Americans and LGBTQ+ community was limited. Native Americans make up 7% of the population in Bingham County, the highest out of all the counties. Power County is the next highest with 4%. The Native American tribes play a large part in fulfilling the needs of the community.

Despite the low response rate, the high quality of the primary qualitative data collected from the key stakeholder interviews enables BMH to make their implementation strategy. Furthermore, the diverse cross-section of professionals interviewed creates a relatively solid picture of the health needs of the community. BMH can take additional action to gather responses from the absent community members mentioned above. Although, it is not considered necessary at this time. There is no minimum number of stakeholder interviews required by federal mandates thus, the six interviews will fulfill the CHNA requirement.

Final Recommendations

The key stakeholders for the community served by Bingham Memorial Hospital have identified the five main health needs facing the community: health literacy, uninsured rates, medical provider shortages, obesity, and maternal care.

The key stakeholders proposed solutions to address these needs are: increased health education, increased language support for Spanish speakers, increased number of healthcare providers, increased support for patients in navigating paperwork and alternative payment options, and increased involvement of the whole family and community in addressing health needs.

The key stakeholders have proposed that more health education is needed for the community. They want to see more health information regarding health lifestyles and behaviors be disseminated among the community. Furthermore, they would like the hospital, local governments, and schools to collaborate in this endeavor to ensure that the information is going to the parents and family members who may not otherwise seek it out.

The key stakeholders have proposed that more language support is needed for the Spanish speakers in the community. They want to see more bilingual and bicultural staff and providers. Likewise, they want more health information in Spanish to be made available to and actively disseminated among the Hispanic populations particularly in Power and Blaine County. Furthermore, they want more visual guides that can be understood without needing a high level of education to be shared through the schools to the families.

The key stakeholders have proposed that more support for patients in navigating paperwork and alternative payment options are needed for the community. Stakeholders want more health advocacy workers to be available to help patients in both English and Spanish fill out paperwork, identify and apply for alternative payment options if needed, and to promote awareness in the community regarding opportunities to get health insurance. Furthermore, they would like to see more follow up being done to ensure that patients who qualify for these services don't miss them due to poor communication or failure to properly explain how the various programs actually work.

Finally, the key stakeholders want to see a bigger push for family and community involvement in addressing health needs in the community. They want more families to be informed about and

encouraged to engage in and promote healthy behaviors among themselves and others. Likewise, they want to see more involvement from husbands and other male significant others throughout the entire pregnancy and newborn process.

Community Resource Booklet

Bingham Memorial Hospital is a proud member of Bingham Healthcare. In 2021, Bingham Healthcare curated a Community Resource Booklet that is available to all Eastern Idahoans. This booklet aims to expand support to the community. There are many organizations within the community that provide assistance in a variety of services that help people live healthy and productive. Community members can access this booklet online or request a free copy at this website.

<https://www.binghammemorial.org/bmh-services/community-resource-booklet>

Appendix A - Stakeholder Interview

Questionnaire

Bingham Memorial Stakeholders Interview Questions

*These interviews are conducted on behalf of the Bingham Memorial Hospital by the students working with the RBDC. The purpose and goal of each interview is to determine what the community needs are in terms of health care. Stakeholders selected from the community have been asked to participate in these interviews as we feel they have the best interest of the community and have the broad scope of what Bingham Memorial Hospital can supply in local support. The answers received will be taken into consideration when the hospital creates their Community Health Needs Assessment (CHNA) for the years 2020-2022. Please note although your answers are strongly considered there is no way to tell if all will be used in the next CHNA. Thank you for your local support and involvement with the community. If you have any questions concerning any part of this process please feel free to contact the RBDC students. **Please answer the following questions (1-21) to the best of your ability. There are no wrong answers, we want to know your thoughts and opinions on the community's health needs.** Thank you again for your time today.*

Date:

Name of Stakeholder:

Stakeholder position or involvement in the community:

Years in service:

Introduction:

1. Please briefly introduce yourself and your role in the community.
2. Please describe the individuals you are involved with?

Community/Quality Needs:

3. In general, what is your perception of the quality of healthcare in the community?
4. What have you noticed to be common health needs in the community?
5. What factors may contribute to these community needs (*If examples are needed: housing, transportation, poverty, disease burden, maternal support, etc.*)?
6. Would you consider health services to be easily accessible? Why or why not?
7. From your perspective, how important is access to digital health services in the community? (e.g. apps, tele-health, other internet based support services). Why?

8. Have you noticed any specific challenges people in your community face when it comes to receiving health services? Please be specific.
9. In your opinion, what would be a solution for those specific challenges?
10. What other community members or stakeholders might be willing to support these solutions?

Health Literacy:

11. What would you consider to be the biggest gaps in education regarding health and health services?
12. How accessible would you consider health information to be for your community? Why?
13. Does your community receive sufficient language support when addressing medical needs? How might it be improved?

Attitudes Toward Health:

14. What factors affect perceptions and attitudes regarding health in your community? Please provide examples.
15. From your understanding of the community, how important is improving individual or family health? Who would you consider responsible for this viewpoint? Please provide an example.

Strategies for addressing health needs:

16. From your perspective, what would be a good strategy for improving community health? Please explain.
17. From your experience, what has not worked when trying to improve community health? Please explain.

Mother and Baby Care:

18. In your opinion what should maternal care be ideally?
19. Is there sufficient maternity/baby care for the people in the community? Why or why not?
20. Describe who you feel maternal care covers? Why?
21. Do you feel mothers have mental health support? Regardless of response and without specific details please provide examples.

Thank you again for your time and service in the community.

Upon reviewing your answers we will be in contact as needed.

Appendix B - Citations

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