Division of Public Health

2020-2024 Get Healthy Idaho

GetHealthy IDAHO

2021 Update

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IDAHO DEPARTMENT OF
HEALTH & WELFARE
DIVISION OF PUBLIC HEALTH

Get Healthy IDAHO

Our Vision

Healthy people living and thriving in safe, healthy and resilient communities

Our Mission

To create the conditions that ensure all people can achieve optimal health and resiliency

Introduction

In January of 2020, the Division of Public Health (division) embarked on a journey to shift the way Idaho funds and addresses population-level prevention and health promotion strategies in order to improve health outcomes, lower healthcare costs, reduce health disparities and improve health equity across Idaho. This collaborative process to identify the state's top health priorities and develop a five-year plan to address those priorities is known as *Get Healthy Idaho: Building Healthy and Resilient Communities* (GHI).

Due to the Coronavirus pandemic, the plan update timeline was extended. The following section provides an update to the activities outlined from January 2020 through June 2021, (year one) for Get Healthy Idaho and activities planned for July 2021 through December 2022 (year two).

Get Healthy Idaho continues to support the division's strategic plan and the department's larger strategic plan. The work is outlined in Goal 3 of the Department Strategic Plan: "Help Idahoans become as healthy and self-sufficient as possible", Objective 3.2: Address health disparities and the social determinants of health associated with the priority health issues (diabetes, overweight and obesity, unintentional injury, behavioral health) by partnering with and investing in at least one high-risk community per year, through June 2024.

Department Strategic Plan:

> "Help Idahoans become as healthy and self-sufficient as possible."

Overview of Idaho

Demographics

Idaho is a large western state with impressive mountain ranges, large areas of high desert and massive expanses of forested terrain. Idaho contains the second largest wilderness area in the lower 48 states, the Frank Church – River of No Return Wilderness, which covers almost 2.4 million acres.[1] Geography and distance impact both the demographic characteristics and social determinants of health within Idaho.

Idaho is ranked 38th of the 50 United States for total population and 14th for geographic size.[1,2] The 2020 census population for Idaho was 1,839,106 and, because of its large size and relatively small population, Idaho remains one of the most rural states in the nation.[2] With approximately 22.3 people per square mile, Idaho ranks 44th of the 50 states in population density.[2] The national average population density is 93.8 people per square mile, a four-fold greater density than Idaho.[2] Thirty-five of Idaho's 44 counties are rural, with 16 of these considered frontier, which means those counties have fewer than six people per square mile.[4]

The 2020 census diversity index shows that racial and ethnic diversity has increased in Idaho over the past decade. In 2020 the diversity index from Idaho was 35.9 percent, up from 28.2 percent in 2010. A diversity index of 0 percent would mean that everyone in the population has the same racial and ethnic characteristics, while a value close to 100 percent indicates that

The racial groups that comprised Idaho's population in 2020 were:

- White alone, not Hispanic or Latino, 78.9 percent
- Black or African American alone, not Hispanic or Latino, 0.8 percent
- American Indian and Alaska Native alone, not Hispanic or Latino, 1 percent
- Asian alone, not Hispanic or Latino, 1.4 percent
- Native Hawaiian or Pacific Islander alone, not Hispanic or Latino, 0.2 percent
- Some Other Race alone, not Hispanic or Latino 0.4 percent
- Two or More Races, not Hispanic or Latino 4.2 percent

everyone in the population has different racial and ethnic characteristics. The diversity index for the United States was 61.1 percent in 2020, up from 54.9 percent in 2010.

Persons of Hispanic or Latino origin comprised 13 percent of Idaho's total 2020 population and could be of any racial group.[5] Idaho is home to six federally recognized tribes: Coeur d'Alene Tribe, Kootenai Tribe of Idaho, Nez Perce Tribe, Shoshone-Bannock Tribes of the Fort Hall Reservation, the Northwestern Band of the Shoshone Nation and the Shoshone-Paiute Tribes of the Duck Valley Reservation.[6] Idaho also has two refugee centers located in southwest Idaho (Ada County) and south-central Idaho (Twin Falls County).

Social Determinants and other Demographics

The conditions in which people are born, live, learn, work and play have a substantial impact on health outcomes and quality of life. Also known as the social determinants of health (SDOH), these conditions and the policies and systems that shape them, are the underlying, contributing factors of health inequities that result in differences in health outcomes for some populations. SDOH factors include income, education, housing, safe environment, access to healthy food, quality healthcare, social support, discrimination, and other factors that influence health choices, behaviors, and opportunities. The SDOH factors are complex and interconnected. For example, economic conditions contribute to availability of jobs, living wages and affordable housing, all of which impact an individual's ability to meet their basic needs.

Multitudes of research conclude one of the clearest predictors of health disparities is geography – where people live - finding zip code to be a greater predictor of health and longevity than genetic code. This evidence is widely used by public and community health professionals to emphasize the importance of "place" and its influence on health and opportunity – not blood pressure, not cholesterol, not genetics. A more granular look indicates that one's *neighborhood*, from block to block, is an even greater predictor of health, where the social consequences of place often result in barriers to opportunity. The social, economic and environmental factors and their influence on health can vary greatly depending on one's neighborhood and access to affordable housing, good jobs, healthy food, quality education and healthcare. In Idaho, mapping life expectancy by census tract shows a difference of as much as 20 years of life between the highest and lowest tracts, and many of these gaps

occur in the same community. Place-based differences in income level, access to fair-wages, education level, affordable and healthy housing, and access to grocery stores and fresh food are contributing factors to gaps in health and life expectancy and examples of the systematic inequities that exist in the opportunities some groups have to achieve optimal health.

Economic Stability

Poverty is a strong predictor of poor health. According to the 2019 American Community 5-Year Survey (ACS), the median household income was $55,785 in Idaho compared to $62,843 nationally.[7] Similarly, per capita income was less in Idaho at $27,970, compared to $34,103 nationally. All racial and ethnic groups measured in the ACS had lower household and per capita incomes in Idaho than their counterparts nationally. Despite lower incomes, Idaho's poverty level of 13.1 percent aligns with the national average of 13.4 percent.[7] This alignment with national trends largely holds true across sex, age, education level, and racial and ethnic groups. However, increased poverty of 18.7 percent is felt by young adults between the ages of 18 and 34, compared to 16.3 percent for this age group nationally.[7] Within Idaho, greater levels of poverty are experienced by certain demographic groups and within certain areas. For instance, 20.7 percent of Idaho's Hispanic or Latino population lives at or below the poverty level in comparison to 11.5 percent of the white population who do not identify as Hispanic or Latino. Poverty measured at the county level ranges from 30.9 percent in Madison County to 4.5 percent in Teton County.[7]

20.7%
of Idaho's Hispanic or Latino population lives at or below the poverty level.

Idaho is an important agricultural state, producing nearly one-third of the potatoes grown in the United States. Wheat, sugar beets and alfalfa hay are also major crops. Other industries contributing to Idaho's economy include information technology, mining, lumber, tourism, and manufacturing. The United for ALICE Report, 2018, reveals two key characteristics of Idaho's labor force:

1. Idaho has a "large (and growing) number of workers paid hourly." These workers are more likely to have disruptions in income due to schedule changes and variability in hours worked, "they are less likely to receive benefits such as health insurance, paid time off, family leave, or retirement benefits."

2. Idaho has a "historically high number of workers out of the labor force" whether due to retirement, school, health issues or family caregiving needs.

Idaho's low wages coupled with rising costs of living across the state has resulted in many wage-earners struggling to get out of poverty. The economic impact of COVID-19 on Idaho's economy and people is still being realized.

Note: *The latest ALICE report for Idaho was released in 2020, however, it analyzed data collected in 2018. Thus, the true effects of the COVID-19 pandemic on Idaho's ALICE population won't be known until the 2020 report is released in 2022.*

ALICE - Access Limited Income Constrained Employed – in Idaho

ALICE identifies and defines those households who fall within the "gap" – though they have income above the Federal Poverty Level (FPL), they are ineligible for state or Federal benefits programs and struggle to make enough to support their families. According to UnitedforALICE.org, ALICE families are often forced to make difficult decisions when they don't have enough income to afford basic needs - housing, food, transportation, childcare, and healthcare. These decisions mean a family must decide between paying the rent or paying their childcare provider, or between buying groceries and filling a prescription. In 2018, the most recent ALICE data available, 12 percent of Idahoans fell under the FPL, while 28 percent were ALICE. As Idaho's cost of living rises, driven by the skyrocketing growth in housing prices outpacing growth in wages, more households are finding their financial stability jeopardized.[8]

Education

"A quality education is the best predictor of professional and financial success in the U.S., and the earliest years of a child's education lay a critical foundation for this success."

Education and income go hand-in-hand. "A quality education is the best predictor of professional and financial success in the U.S., and the earliest years of a child's education lay a critical foundation for this success."(ALICE) Quality early education increases the likelihood of children who are prepared for kindergarten, graduate from high school, achieve higher education degrees and future career success. Additionally, people with more education tend to have higher incomes and better health outcomes. College graduates are often able to secure better paying jobs with fewer safety hazards and income from these jobs can be used on higher quality housing as well as other health enhancing resources.[9]

A greater percentage of Idahoans over the age of 25 have graduated from high school (90.8 percent) than the national average of 88.0 percent.[7] Yet, the rate for those who go on to higher levels of education are lower in Idaho across almost all demographic groups. Nationally, 32.1 percent of the population over the age of 25 hold a bachelor's degree or higher, while only 27.6 percent do in Idaho. Educational attainment disparities are also seen among various racial and ethnic groups. For Idaho's Hispanic and Latino population, the high school graduation rate is 64.6 percent while this group has a graduation rate of 68.7 percent nationally.[7] Also, 9.9 percent of Idaho's Hispanic and Latino population

holds a bachelor's degree or higher compared to 16.4 percent across the U.S. Within Idaho's rural and frontier counties a smaller percentage of adults over the age of 25 have gone on to receive at least some post-secondary education than those living in urban counties, 54.5 percent compared to 66.7 percent.[7]

Quality and affordable early childhood education is a vital component necessary to support a child's lifelong educational attainment and future earnings. In turn, access to affordable childcare supports a healthy economy as it allows parents to go to work and earn a better living. The most recent United for ALICE report, released by the United Way in 2020, reports the rise in the cost of child care in Idaho, noting an increase of "almost 20 percent for a family with two children in just one year (between 2017 and 2018)." Further compounding the issue, "Idaho is also one of four states without state-funded preschool, making it even more difficult for families to find quality, affordable preschool."[8]

"Idaho is also one of four states without state-funded preschool, making it even more difficult for families to find quality, affordable preschool."

Neighborhood and Built Environment

Community design and the quality of our built environments directly affect human health. The built environment refers to the physical spaces where we live, recreate and work. It is comprised of our homes, businesses, cultural institutions, parks, public spaces, roads, environmental conditions, utilities, and other infrastructure. These neighborhood or community attributes have a profound impact on our health by promoting or restricting access to physical activity, transportation options, healthy foods, safe housing, and even social interactions.

Research has shown that people living in more affluent neighborhoods tend to have better access to health promoting attributes like parks and safe connected sidewalks and pathways that are buffered from automobile traffic.[10] In contrast, people living in lower income neighborhoods tend to be exposed to unhealthy attributes such as higher levels of pollution from nearby freeways or industrial land uses. Emerging climate research also shows that residents living in lower income urban neighborhoods are exposed to higher summertime temperatures due to built environment conditions that include greater expanses of asphalt and concrete with fewer trees or green spaces.[11] Get Healthy Idaho aims to improve conditions so that all Idahoans have access to health promoting attributes in their communities.

Food Security

Prior to COVID-19, Idaho was seeing improvements in the number of food insecure households. Data from Feeding America reported 10 percent of

Idaho's population faced food insecurity in 2019.[12] According to the Idaho Food Bank and Idaho's Map the Meal Gap report, released in May 2021, the pandemic and other economic changes had an immediate effect on the number of food insecure households, reporting a projected 11.3 percent of Idahoans will be impacted in 2021. This equates to more than 200,000 Idahoans, including over 57,000 children.

Among children enrolled in Idaho public schools during the 2020-2021 school year, 36.1 percent were eligible for free or reduced-price lunch.[13] Idaho's most rural counties tend to experience higher rates of food insecurity and limited access to healthy foods.[4] Shoshone County is estimated to have the highest food insecurity rate, with 19.6 percent overall, and 28.2 percent among children in the county. As a comparison of the disparity among counties, Teton County had the lowest food insecurity rate, at 7.3 percent. The counties with the highest rates of food insecurity also tend to have higher rates of obesity and diabetes. Adults with obesity are at increased risk for many diseases and health conditions including type 2 diabetes, stroke, and heart disease.

35%
of Idaho adults making less than $25,000 per year reported no physical activity outside of work in 2019.

Transportation and Access to Physical Activity Opportunity

Maintaining a robust transportation system with safe options for all people regardless of age, income, or ability to drive improves health. Transportation connects people to employment, healthcare, food, recreation, and all the other places people need to access to live full and healthy lives. Without reliable and safe transportation, people are less likely to receive preventative healthcare and less able to participate in health promoting activities like healthy eating and physical activity.[14,15]

While only 3.9 percent of Idaho households do not have access to vehicles, 27.4 percent of households only have access to one vehicle, thereby increasing their reliance on alternative modes of transportation.[7] Many Idahoans also face difficulties paying maintenance costs for the vehicles that they own, and others drive less as they age. Although rural areas have different needs than urban areas, an equitable and health promoting transportation system that works for all Idahoans would include safe and ADA accessible walking routes, safe and connected bicycle infrastructure, street connectivity, public transportation or shuttle options, and diverse land uses so people have the opportunity to live within walking distance to key destinations.

In 2019, approximately 35 percent of Idaho adults making less than $25,000 per year reported no physical activity outside of work, compared to 13.5 percent of those who make more than $75,000 per year.[16] Neighborhood design may help to explain this discrepancy, as people who live in

neighborhoods where it is safe and enjoyable to walk or bike are more likely to participate in these activities. At a national level, the 2021 Dangerous by Design report by Smart Growth America, found that people walking in low-income communities are approximately three times more likely to be killed by drivers than those walking in high income areas.[17] Communities that invest in active transportation options like sidewalks, protected bike lanes and public transportation not only help to protect the environment, but they also increase transportation equity and improve health.[15]

Housing

Purchase prices for homes in the state have increased 91.8 percent over the past 5 years.[18] Statewide, the cost of renting a 2-bedroom apartment has reportedly increased 58.0 percent from May 2020 to May 2021.[19] This rapid increase in the cost of housing without a significant increase in income has resulted in many households struggling to meet living expenses. Many studies have shown that housing instability contributes to poor health and, as a result, increased healthcare costs.

People who rent housing comprise 28.4 percent of Idaho's population, and of those, 45.7 percent are cost burdened, meaning they pay 30 percent or more of household income toward their rent.[7] For homeowners, 23.6 percent are cost burdened.[7] According to the 2015-2019 American Community Survey, 11 percent of Idaho households were severely cost burdened, meaning they reported spending 50 percent or more of their household income on housing. Severe housing cost burden differs greatly across the state from 4 percent in Power County to 24 percent in Madison County. Housing cost burdened families are unable to afford other necessities and essential services, leading to poor downstream consequences, such as missed medical or dental check-ups. These decisions are often the determining factor turning acute health issues into costly chronic health conditions.

28.4%
of Idaho's population pay rent for housing.

The US Department of Housing and Urban Development (HUD) estimates that Fair Market Rent for a two-bedroom apartment in Idaho is $903.[20] To afford this level of rent without paying more than 30 percent of income on housing, a household must earn $3,010 monthly or $17.36 per hour for a 40-hour work week. However, the average wage for those who rent their housing in Idaho is $13.62. People who make the minimum wage would need to work 96 hours per week to afford a two-bedroom rental home. Based on the estimates, certain areas of the state require much higher wages to afford a two-bedroom apartment, $19.27 per hour in Boise and $20.48 per hour in Blaine County.[20] As these estimates are based on 2019 data, housing cost burdens are even greater today.

Access to Healthcare

Health Professional Shortage

In 2021, 100 percent of Idaho was a federally designated mental health professional shortage area, 95 percent of Idaho was a federally designated shortage area in primary care and 94 percent of Idaho was designated a dental health professional shortage area.[21] In 2021, the Idaho Hospital Association reported 51 hospital members (including facilities in Oregon, Washington, and Wyoming). Twenty-seven of these hospitals are critical access hospitals, located in Idaho. These small, rural hospitals also own primary and specialty care clinics and may be co-located with the hospital or operate as remote clinics.[22]

100%
of Idaho was a federally designated mental health professional shortage area.

In 2018, the first college of osteopathic medicine began operating in Idaho for the purpose of training and developing physicians. The Idaho College of Osteopathic Medicine (ICOM) received pre-accreditation status while it continues working towards establishing full accreditation status from the Commission on Osteopathic College Accreditation. ICOM's mission is to train competent and caring physicians prepared to serve persons in Idaho, Montana, North and South Dakota, Wyoming, and beyond with an emphasis on rural, underserved areas within this five-state region.

Idaho Medicaid

In SFY 2020, approximately 340,000 Idahoans were enrolled in Medicaid, a 21 percent increase from SFY 2019 average enrollment. The growth in SFY 2020 is due to the Medicaid expansion program.[23] Medicaid enrollment typically fluctuates depending on the state's economy: When the economy is strong, more people are working and have access to healthcare coverage through their employers; however, when the economy is not performing well, more Idahoans seek healthcare assistance through Medicaid.

Medicaid serves individuals from birth to end of life, provided they meet eligibility criteria. In SFY 2020, 35 percent of Medicaid Trustee and Benefits expenditures went to children from birth to 18 years of age. Medicaid enrollment varies by county, with the highest number of participants living in counties that include some of Idaho's largest cities (e.g., Ada County has 70,189 participants).[23] However, some of the smallest counties have the greatest density of residents receiving Medicaid benefits, with Lewis County at 40 percent, followed by Power County at 28 percent, Shoshone at 27 percent and Cassia, Gooding and Owyhee Counties at 26 percent.[23]

In November 2018, voters passed a ballot proposition to expand Medicaid in Idaho. The goal of Medicaid expansion is to provide Medicaid coverage to individuals with incomes up to 138 percent of the Federal Poverty Level. "Prior to 2020, there were an estimated 78,000 Idaho residents in the coverage gap – ineligible for subsidies in the exchange and also ineligible for Medicaid."[24] The state implemented Medicaid expansion January 1, 2020. Estimates prior to the COVID-19 pandemic expected that an additional 91,000 people would be covered. According to Healthinsurance.org, nearly 109,000 people had enrolled as of June 2021, assuring they now have access to affordable, quality health coverage. The COVID-19 pandemic "has increased Medicaid enrollment nationwide, due to widespread job losses."[24]

Idaho Kids Health Coverage

According to a 2021 Idaho Kids Covered report, a project of Idaho Voices for Children, "Idaho had the highest increase in the rate of uninsured children in the entire country between 2017 and 2018." The report emphasizes the critical importance of prioritizing health coverage for children, as they are "more likely to do better in school and grow up healthy." As of 2021, 5 percent of children in Idaho are uninsured. This equates to 24,000 kids who do not have health coverage. The report also illustrates disparities that exist across income, age, and geography, confirming that a child's zip code impacts their health and access to care. Hispanic children are more likely than White children to be without coverage.

> *"Idaho had the highest increase in the rate of uninsured children in the entire country between 2017 and 2018."*

Half of Idaho's children (51 percent) are covered by their families' employer-sponsored health insurance, while 35 percent are covered by Medicaid/CHIP, another 8 percent are covered through health insurance exchange, and 5 percent are uninsured.

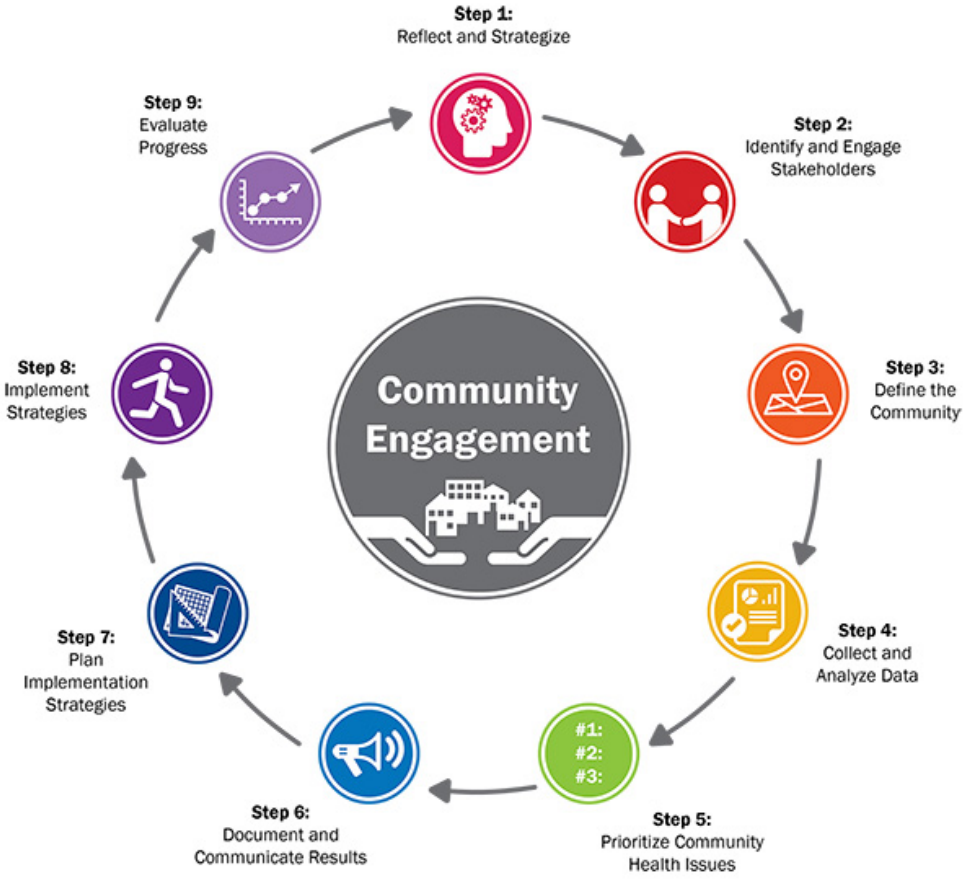
Idaho's Local Public Health Districts

To facilitate the availability of public health services, the state aggregated contiguous counties into seven local public health districts. The boundaries that separate each of the seven areas include geographic barriers, transportation routes and population centers. Access to healthcare and other services remain barriers to improving health outcomes for Idaho residents; however, Idaho's seven local public health districts represent the primary outlets for public health services. Each district responds to local needs to provide services that may vary from district-to-district, ranging from community health nursing and home health nursing to environmental health, dental hygiene and nutrition. Many services that the districts provide are through contracts with the division.

Get Healthy Idaho Assessment Process: Overview

Get Healthy Idaho follows the Community Health Assessment Toolkit developed by the Association for Community Health Improvement, as described below.

This update reflects steps 7-9: Plan Implementation Strategies, Implement Strategies, and Evaluate Progress and describes the work accomplished both in the department and in the first awarded community in preparation for implementation. This update also demonstrates the ongoing community health assessment process as GHI has come full-circle, once again moving into Step 1: Reflect and Strategize. By reflecting on the elements that worked well, and on opportunities for improvement, a vision for 2022 has been created that will enable GHI to grow into a more sustainable, impactful, and equitable initiative.



Association for Community Health Improvement. (2017). Community Health Assessment Toolkit. Accessed at www.healthycommunities.org/assesstoolkit

Get Healthy Idaho: Health Improvement Plan

The *Get Healthy Idaho: Building Healthy and Resilient Communities* health needs assessment, identified the following health priorities for calendar years 2020-2024:

1. Behavioral health
2. Diabetes
3. Overweight and Obesity
4. Unintentional Injury (specifically motor-vehicle accidents, falls and accidental poisoning/ drug overdose)

Challenges and Opportunities Surrounding the Health Priorities

Behavioral Health

Behavioral health conditions, which include both mental health and substance use disorder diagnoses, affect millions of adults and adolescents in the U.S. every year. In 2019, the most recent data available through the National Survey on Drug Use and Health (NSDUH), estimated that a mental illness had affected the lives of more than 20 percent of adults nationwide, or 51.5 million people, during the past year. Less than half of them (44.8 percent) received mental health services in the past year. An estimated 21.6 million people ages 12 and over in 2019 needed substance use disorder treatment in the past year, with only about 4.2 million receiving it in the past year. An estimated 9.5 million adults in 2019 had a co-occurring mental illness and substance use disorder in the past year with less than half of them (48.6 percent) receiving specialty treatment for either issue in the past year.

20%
or 51.5 million of adults nationwide lives were affected by a mental illness during the past year in 2019.

The rural nature of Idaho makes the delivery of treatment services for behavioral health issues more challenging as people in need are spread across large areas with limited treatment resources in all but the urban centers of Idaho. All 44 of Idaho's counties received federal designation as mental health professional shortage areas, either geographic areas or populations with a deficit in mental health services.

The stigma surrounding behavioral health issues poses an additional barrier that may cause those who need treatment most to avoid seeking it out. They can feel ashamed or embarrassed of issues that are out of their control, and the lack of treatment can cause the issues to worsen over time. Untreated behavioral health issues can lead to worsening symptoms, including physical health problems, financial struggles, job stability difficulties, law enforcement encounters, emergency hospitalization and death.

Opioid Epidemic

In efforts to combat the nationwide opioid epidemic in the Gem State, between May 2017 and April 2021 the Idaho Response to the Opioid Crisis (IROC) program provided funding for 1,474 Idahoans to access opioid use disorder treatment. Beginning in September 2020, this funding was expanded to include the treatment of stimulant use disorder. Initiatives include:

- Assistance for Idaho communities to establish law enforcement assisted diversion programs that allow people to receive treatment rather than be arrested.
- Distribution of 7,036 doses of the overdose reversal drug Naloxone.
- Establishment of a reentry program for women releasing from the Pocatello Women's Correctional Center, which served 301 women between March 2020 and June 2021.
- Partnership with the Idaho Alliance of Boys and Girls Clubs to provide prevention education to Idaho's youth.
- Increased access to recovery support services statewide by providing funding to Recovery Community Centers and supporting Recovery Coach training statewide. Individuals receiving substance use disorder treatment for an opioid use disorder are also eligible to receive individual-based recovery supports such as recovery housing and transportation services.

3400
Idahoans may experience a behavioral health crisis each month.

Crisis

The demand for behavioral health crisis services has never been higher. Based on the current population, approximately 3,400 Idahoans may experience a behavioral health crisis each month. Suicide rates in Idaho are 50 percent higher than the national average.[25] Suicide is the eighth leading cause of death in Idaho and for those aged 10-44 it is the 2nd leading cause of death.[25] While reducing suicide falls within a statewide health priority area it is clear that rates vary greatly across the state, ranging from 0 per 100,000 in Butte, Camas,

Clark, Lewis, Lincoln, and Teton Counties to 51.1 per 100,000 in Boise County.[26] Suicide is also more likely among certain groups, for instance a higher percentage of Idaho's adolescent females have attempted suicide, 12 percent compared to 6.9 percent for adolescent males. Idaho's Hispanic population's adolescent suicide attempts are 13.1 percent compared to 8 percent for non-Hispanic white adolescents.[27]

13.1%
of Idaho's Hispanic population's adolescent suicide attempts compared to 8 percent for non-Hispanic white adolescents.

The Division of Behavioral Health (DBH) is committed to ensuring that individuals and families experiencing a behavioral health crisis receive treatment and support that is compassionate, resolution-focused, and effective. The goal is to deliver crisis services that are individualized and person-centered, that utilize solution-focused interventions, and support individuals with problem solving and developing strategies to prevent future crises. DBH has begun work to implement a comprehensive crisis system of care that is responsive to all populations statewide; but at present, crisis services remain somewhat limited. Crisis services that are currently available include regional crisis lines, mobile response teams during some hours but not 24/7, regional crisis collaboratives with law enforcement and other first responders, and crisis centers in all regions.

The crisis system that is envisioned by DBH includes a statewide centralized crisis line, mobile crisis response that is available 24/7, access in all regions to local community based services trained to address crisis, specialized crisis services for children and youth, more options in other parts of the state for crisis stabilization centers, crisis care that integrates peers and Recovery Coaches, and medication assisted treatment. To achieve that goal, DBH will have to address challenges such as provider shortages, resources for rural and frontier parts of the state, stigma around accessing behavioral health services, and even technological barriers such as limited internet access in parts of the state.

Youth Empowerment Services (YES)

Idaho has implemented a system of care for children's mental health called Youth Empowerment Services (YES) to support children and families in a timely way. The goals of YES include increasing understanding of mental health needs in children, providing access to quality mental healthcare and monitoring the effectiveness of treatment. A cornerstone for accomplishing these goals is the Child and Adolescent Needs and Strengths (CANS) functional assessment. Identifying needs and strengths of the child or youth, the CANS empowers providers to build effective treatment plans based on the active needs of the client. During SFY 2021, more than 8,000 initial CANS were completed. This growing pool of data allows our system to build individual needs within system trends which are used to recognize effective services for future implementation.

Continuing to establish this system of care will be essential in improving the overall health of children and their families as they navigate these complex times.

Diabetes

An estimated 137,000 Idaho adults, or 10.3 percent of the adult population, live with diabetes. Additionally, the CDC estimates that 466,000 Idaho adults, or 35 percent of the adult population, live with pre-diabetes that puts them at increased risk of developing diabetes. Improperly managed diabetes often leads to costly and serious complications, sometimes resulting in death (diabetes is the seventh leading cause of death in Idaho). The conditions in which Idahoans live, learn, work, and age, affect their health, including diabetes. Social determinants of health such as neighborhoods, education, and access to healthcare, can influence lifelong well-being. Sustainable lifestyle changes can prevent pre-diabetes and type 2 diabetes. Addressing the social determinants of health can lead to productive and healthier lives for Idahoans.

35%
of the Idaho adult population, live with pre-diabetes that puts them at increased risk of developing diabetes.

People with diabetes are more likely to have severe complications if they get COVID-19. The risk increases when diabetes is not managed. Optimal glycemic control is associated with a significant reduction in the risk of severe complications. COVID-19 impairs the body's ability to produce and secrete insulin and some people can develop type 1 diabetes after getting COVID-19. People who were infected with COVID-19 should follow up with an A1C assessment in consultation with their healthcare provider, for a few months to a year post-infection, to determine if there is a need for further diabetes screening.

The Idaho Diabetes, Heart Disease, and Stroke Prevention Program is working with several partners including associations, state universities, National Diabetes Prevention Programs, Diabetes Self-Management Education and Support Programs, health systems, and pharmacies throughout Idaho to prevent and manage diabetes.

Overweight and Obesity

By targeting upstream, systemic factors that impact overweight and obesity, communities can decrease overall rates of obesity, overweight, and associated chronic health conditions. Idaho, like most states, is seeing a steady increase in the percentage of its population that is overweight or obese. According to the 2019 Idaho Behavioral Risk Factor Surveillance System (BRFSS), 29.4 percent of Idaho adults ages 18 and older are obese.[16] Like adults, youth are

experiencing increased obesity rates. In 2019, 15.6 percent of Idaho high school students were overweight, and 14.8 percent were obese (Youth Risk Behavior Survey). When looking at population groups in Idaho, those who are Hispanic, Latino, American Indian and Alaskan Native experience the highest rates of obesity. Obesity rates also vary by location and county. At the higher end, Owyhee County has an obesity rate of 40 percent while the rate is 14.6 percent for people living in Blaine County. Estimates of diabetes rates by county in 2017 ranged from 16 percent in Owyhee County to 5 percent in Teton County.[28]

Upstream socioeconomic and environmental determinants of health, such as poverty, housing, education, food access and healthcare access, can systematically influence individual behaviors that have an impact on weight and associated health outcomes. Obesity and overweight are important to address because they can lead to co-morbid chronic conditions such as heart disease, hypertension, high blood cholesterol, diabetes, and some cancers. Most importantly, these health issues are largely manageable and preventable when people are supported by community environments, systems and policies that promote health and well-being.

Obesity has also been shown to increase complications from COVID-19 infection, including risk of severe illness or hospitalization (CDC). COVID-19 has not affected all Americans equally; Black and Hispanic adults have been disproportionately impacted (CDC). Inequities in access to good jobs with fair wages, high quality and affordable education and housing, safe environments, and healthcare have historically contributed to poorer health outcomes, including obesity. These same inequities are at the root of these disproportionate impacts seen in the COVID-19 pandemic. Although these inequities exist currently, collaboratively supporting community-led policy, system and environmental changes can reduce disparities and ensure equal opportunities for health.

15.6%
of Idaho high school students were overweight, and 14.8 percent were obese in 2019.

The State of Childhood Obesity Report, released in October 2021, provides emerging evidence of the COVID-19 pandemic's contribution to increases in obesity rates. While Idaho's rate remains lower than the national average (16.2 percent), it increased 10 percent during 2020, to a rate of 13.3 percent for children ages 10-17.[29] Low-income families, those who quit or lost jobs, and children who rely on school meal programs faced challenges accessing healthy food during the pandemic. Income and food insecurity are significant contributing factors in rising obesity rates.

The Idaho Physical Activity and Nutrition Program (IPAN) is working with the following partners to support obesity prevention efforts statewide:

- Local public health districts
- Healthy Eating, Active Living (HEAL) Idaho Network
- Idaho Hunger Relief Task Force
- SNAP-Ed Program
- Maternal and Child Health (MCH) Program

Unintentional Injury

Unintentional Injuries include motor vehicle accidents, discharge of firearms, drowning and submersion, suffocation, falls and unintentional drug overdoses, among others. Unintentional injuries represent a significant issue in Idaho. They ranked fourth in Idaho's leading causes of death in 2019, with a total of 947 deaths.[30] Non-fatal accidental injury can result in permanent disability and significant economic impacts to individuals and families. Unintentional injuries can be preventable by studying the risks for injury and adopting proven intervention strategies. For *Get Healthy Idaho*, initiative members selected falls, motor vehicle accidents and unintentional drug overdose as the top priorities.

Falls

Although falls are common and serious, particularly in the older adult population, they are preventable through lifestyle changes such as strengthening exercises, medication reviews, and safer home environments. Falls can cause broken bones, head injuries and hip fractures, leading to further health complications and impacting quality of life. In 2019, 269 Idaho residents died as the result of a fall.[27] This represents 15.05 deaths per 100,000 population. CDC estimates the economic impact of falls in Idaho to adults aged 65 and older is $164 million. Increased participation in injury prevention programs like Idaho's Fit and Fall Proof™ exercise program can help prevent falls and keep adults healthy. Survey results show that 7 out of 10 Fit and Fall Proof™ participants reported improvements in their physical functioning after 10 weeks in the program. In addition to the health and strength improvements from regular exercise, participants report improved social connectedness and reduced feelings of loneliness and isolation as a result of the community-based program; two very important factors that, along with physical health, improve quality of life and longevity.

269

Idaho residents died as the result of a fall in 2019.

COVID-19 had a significant impact on the ability of community programs to maintain and sustain attendance and participation. Due to the population's age demographics putting them at increased risk for severe disease and death from COVID-19, most Fit and Fall Proof™ class sites across Idaho closed for months during 2020 for the health and safety of their clientele, creating ripple effects that impacted the physical, emotional and social wellbeing of participants.

Motor Vehicle Crashes

In 2019, 255 Idaho residents died in motor vehicle crashes. This represents 14.27 deaths per 100,000 population.[31] Increased speeding on less congested roadways resulted in a 24 percent increase in all traffic fatality rates across the United States in 2020. It is theorized that congestion serves as an unintentional protective factor to reduce speeds and therefore reduce fatalities. Idaho did not follow this national trend and instead experienced a 7 percent decrease in traffic crashes, with 208 fatalities in 2020 during the first part of the COVID-19 pandemic, according to the Office of Highway Safety. The CDC has calculated that for every person killed in a motor vehicle accident, eight people are hospitalized and 99 are treated and released from an emergency department. The CDC also estimates the cost to Idaho resulting from motor vehicle crash deaths in 2018 was $351 million. Fortunately, strategies ranging from increased seat belt use to safe roadway designs can be implemented to reduce the number of motor vehicle deaths in Idaho. A Vision Zero strategy being adopted by communities across North America aims to eliminate traffic fatalities and severe injuries. This strategy recognizes that people will sometimes make mistakes, so the road system and traffic policies should be designed to ensure that those mistakes do not result in severe injuries or fatalities. With a shared commitment that all people have the right to move safely in their communities, we can design a transportation system which does not result in the significant loss of life and injury that we see today.

255

Idaho residents die in motor vehicle crashes in 2019 (14.27 deaths per 100,000 population)

Unintentional Drug Overdose

Unintentional drug overdose is a serious public health crisis with devastating consequences. The National Institute on Drug Abuse reported nearly 50,000 deaths from opioid-involved overdoses in the United States in 2019. Idaho has also experienced the impact of the national drug overdose epidemic. From 2009 to 2019, unintentional drug overdose deaths increased 116 percent (101 deaths in 2009 to 219 deaths in 2019). The Centers for Disease Control and Prevention estimates that the total "economic burden" of prescription opioid misuse alone in the United States is $78.5 billion a year, including the costs of healthcare, lost productivity, addiction treatment, and criminal

justice involvement.[31] The opioid epidemic is a complex and evolving issue facing the nation and Idaho. A comprehensive and multifaceted public health approach that includes improving access to treatment and recovery, improving surveillance, and reducing stigma, among others, is required to reduce drug overdose deaths.

COVID-19 Pandemic

As referenced in each priority area, the COVID-19 pandemic presents an unprecedented challenge to public health, social services, and healthcare and has simultaneously illuminated both the fragility and resilience in each of these systems. The economic and social disruption has taken a devastating toll across the globe and has highlighted and exacerbated the disparities in vulnerability among particular populations of Idahoans, including racial and ethnic minority populations and rural communities. The division is committed to seizing this opportunity to center health equity in the pandemic response, prioritize strategies that address ongoing public health challenges, and to re-think and re-build systems and structures to ensure they serve the needs of all Idahoans.

Progress Toward Strategic Plan Goals Review of State Fiscal Years (SFY) 2020-2021

SFY 2020 indicators focused on building and mobilizing the *Get Healthy Idaho* (GHI) initiative. A small team in the division was established in late 2019 to lift this initiative off the ground. An important component of the first stage was laying the groundwork for the initiative by building knowledge and support internally and engaging with partners externally. The early efforts taken to build understanding of and support for collaborative, place-based work will ultimately impact future health improvement strategies and outcomes.

The strategic vision to build the internal infrastructure support for GHI and identify the comprehensive GHI strategy began in calendar year 2019 through the department's and division's strategic plans. This Health Improvement Plan includes indicators from January 2020 through June 2021 to align with the metrics defined within each strategic plan:

SFY 2020 Division Strategic Plan Goals:

1. ***Develop a communication and education strategy***
    a. The GHI Communications Work Group formed in January 2020 consisting of cross-department staff. The team formed subgroups that developed one-page informational flyers to thoroughly explained the impacts of GHI's strategic priority outcomes on Idaho's population, including ties to health determinants and correlations to poor health outcomes. The one-page documents were ultimately utilized as narrative to populate the GHI website.

    b. In the second half of 2020, GHI staff created a training focused on building a foundational knowledge of the Social Determinants of Health (SDOH) and improving health equity. This course was included as a required training in the workforce development plan. All current staff were required to complete the 1-hour course during a live web-based training or view the recorded content by December 31, 2020.

2. ***Define and share the Get Healthy Idaho framework***
    a. GHI staff developed the mission, vision, strategy, and branding for GHI. The team developed a presentation that highlighted the initiative and explained the factors that drove the division to move in this new, innovative direction. More than a dozen strategic presentations were given for community-based partners and staff in the department to share the GHI place-based framework and vision for funding and supporting communities.

3. Develop a financial model framework

a. The Financial Model work group convened in January 2020 and included staff from the divisions of public health, behavioral health, FACS, Welfare, and Medicaid. Members participated in ASTHO's Place-Based ECHO model with several other states in various stages of developing their own place-based health improvement frameworks. The monthly virtual lessons provided an opportunity to learn about successful place-based, equity-centered community investment models in Rhode Island, Colorado, and San Diego.

b. To ensure a stable, predictable funding structure, the GHI team landed on a braided* funding model to support dedicated department staff and awarded communities.

   i. **Braiding refers to a coordinated approach to aligning funds from multiple sources in support of a single initiative and allows the funded community more flexibility and autonomy in how they align community priorities and drive their prevention work. Braided funds create a less-restrictive agreement for the community and ensure the community has funds that will support infrastructure and capacity building in the first phase, and implementation in the latter phases.*

c. An assessment was created to identify existing funding sources across the department, ultimately creating an inventory of grant sources, objectives, and timelines for future consideration. An added benefit of the inventory is its ability to help GHI staff analyze funding assets and gaps related to GHI priority areas and identify potential funds that can be leveraged to ensure financial longevity of the initiative.

d. To house the braided fund, an index structure under the Director's office was created to support a fiscal structure that receives and distributes funds from divisions across the department. This structure was successfully implemented to manage and distribute federal COVID-19 relief funds across the department and was recommended as a successful model for GHI.

4. Engage stakeholders and key partners in Get Healthy Idaho

a. As part of the ongoing GHI education, awareness building and support strategy, division staff presented the GHI strategy and plan in 2020 to programs and bureaus internal to the department, as well as to numerous partner organizations. The intent of the presentations was to build understanding of GHI's mission, vision and strategy, specifically focusing on the importance of the initiative being community-driven and led. Community partners took interest in their own potential involvement with the initiative, be it to support the funded community with resources or to apply as the lead of a community collaborative. The feedback and response from partners were positive and questions received regarding specific components of the initiative were thoughtful and

engaging, such as the timeline for funding, how we planned to evaluate and measure success, and sustainably fund over time.

b. Partner presentations from January 2020-June 2020 included:

   i. Healthy Eating, Active Living (HEAL) Idaho Network Steering Committee members

   ii. Idaho Foodbank regional managers and leadership

   iii. PHHS Block Grant Advisory Committee members and division staff

   iv. Southwest District Health Board

   v. Health Quality Planning Commission

   vi. Garden City Community Collaborative members

   vii. Central District Health Leadership and staff

   viii. Department of Health and Welfare Division Leadership

   ix. Division of Behavioral Health staff

   x. Bureau of Rural Health and Primary Care staff

SFY 2021 Department and Division Strategic Plan Objectives

From July 2020 through June 2021, the division identified indicators that measure continued progress with establishing the infrastructure and implementation of Get Healthy Idaho community subgrants. To ensure consistency across all strategic planning documents, the division intentionally included goals in the annual strategic plan that align with the Get Healthy Idaho plan while also capturing the evolution of this work in the Department Strategic Plan. Initiatives and progress from each respective plan are outlined below.

Division Strategic Plan SFY21 (July 2020-June 2021):

Convene partners at state and local level to support ongoing assessment and planning work

a. GHI staff convened 15 meetings with partners, including internal program staff and external community-based partners, to raise visibility of the initiative and discuss the GHI strategy and vision.

b. External partners included the Idaho Food Bank, St. Alphonsus Community Health & Well Being team, St. Luke's Community Health Managers, BPA Health, Department of Commerce, the Treasure Valley Canopy Network, and Boise State University

c. A GHI partners meeting was convened in April 2021 to maintain connections with GHI stakeholders and share progress to-date in Elmore County, GHI's first funded-community.

Division Strategic Plan SFY21:

Implement braided funding model to support GHI communities by October 2020

a. Existing funding sources were identified within the Divisions of Public and Behavioral Health that both aligned with GHI priorities and had the flexibility to be leveraged and diverted into GHI's funding model. The first round of funding was comprised of the following sources:

   i. Division of Behavioral Health – Substance Abuse Prevention & Treatment Block Grant

   ii. Division of Public Health – Preventive Health & Health Services Block Grant, Overdose Data to Action Grant, and Receipts from the Ryan White HIV/AIDS CARES Act fund.

Division Strategic Plan SFY21:

Identify a community to fund and execute subgrant by January 2021

a. During the summer of 2020, GHI staff and members of the Funders Committee (comprised of program managers investing in GHI) developed a solicitation for community proposals. Expectations of applicants included clearly defining the community they propose to work with, demonstrating health disparities using community-level data, and clearly describing their goals and strategies for achieving the objectives of the first year of funding. This included building/strengthening their collaborative, conducting a health assessment, engaging with the community, and building a community-led action plan.

b. The first round of funding was announced in October 2020, with proposals due in November. Two proposals were received from existing collaboratives. A team of staff reviewed and scored the proposals and, in December, unanimously selected the proposal submitted by the Western Idaho Community Health Collaborative (WICHC) in partnership with the Elmore County Health Coalition. The subgrant agreement was executed on January 4, 2021.

Department Strategic Plan SFY21:

Support the awarded community in convening their local collaborative by March 2021

a. The Western Idaho Community Health Collaborative (WICHC) was awarded the first round of GHI funding, in partnership with the Elmore County Health Coalition (ECHC). WICHC, founded in 2019, is a 21-member multi-sector collaborative working to strategically align the public health, healthcare and social services sectors. WICHC serves the ten-county region within the boundaries served by Central and Southwest

Districts of Health and is uniquely suited to serve as the convening agent, leveraging its collective resources and expertise to partner with Elmore County to address persistent health challenges. The ECHC was created in 2018 as a result of local community health needs assessments and includes members from the local health system, health district, clinics and municipal leaders, including County Commissioners. Through the GHI initiative, a Community Action Team focusing on Elmore County was formed and includes WICHC's lead Health Strategist, a health district liaison to Elmore County, a community member and municipal employee of Elmore County, and a Hispanic/Latinx liaison and consultant.

Department Strategic Plan SFY21:

Recruit additional funders to secure support for Year 2 implementation and an additional community award by June 30, 2021

a. Programs supporting the first year of the initiative identified grant funding in alignment with GHI's priorities. These funds were incorporated into the braided funding structure and supported personnel, operating, and subrecipient activities in the first year, totaling $377,000.00.

b. During the first half of 2021, and in preparation for funding a second community, GHI staff received continued funding commitments from the initial funding sources, including an increase of $50,000 from the Division of Behavioral Health. Two additional programs were recruited from the Division of Public Health, Bureau of Emergency Medical Services (EMS) and the Maternal and Child Health Block Grant, effectively adding $155,000 to the initiative's budget, furthering the commitment to invest in and support a new community by October 2021.

Department Strategic Plan SFY21:

Support the awarded community to identify SDOH indicators that will inform and drive the community health action plan by July 31, 2021

a. A qualitative community health assessment was developed and conducted across Elmore County to identify the priority health needs and SDOH indicators unique to residents. The Community Action Team conducted 26 English and Spanish interviews and focus groups with community members across Elmore County and created an online survey, available in both English and Spanish, which was completed by 178 community members.

b. The WICHC team completed a summative content analysis from the survey and focus group respondents. Data was then mapped onto the SDOH Framework. Responses from the assessment were cross-referenced with previous community health needs assessments and census data specific to Elmore County. A technical report was written

and includes a table comparing responses among various populations (e.g., older adults, veterans).

c. Three common themes emerged from the interviews, focus groups, and surveys. Those include mental and behavioral health challenges; need for outdoor amenities, open space and physical activity access; and improving local, culturally competent, and accessible healthcare.

Division Strategic Plan SFY21:

Develop an evaluation report demonstrating progress made in GHI community by Sept 2021

a. The GHI team developed an evaluation report focused on the initiative from theory and initial conceptualization to awarding the first community recipient. The purpose of the initial evaluation was to reflect upon and describe the process, progress made, lessons learned, and successes in the formative stages of the initiative. The evaluation describes the inputs (existing strengths, partners, funds) and their impact on the structure and success of the initiative. More specifically, it describes the underlying assumptions, approach, impacts, and emerging lessons learned during the first year which helped to inform recommendations and adapt initiative components to achieve the desired outcomes of a place-based investment framework. It notes progress, whether indicators of success and timelines were achieved, limitations or barriers, and recommendations for continued forward progress.

b. WICHC hired an independent contractor to evaluate the program, the initial report was completed in October 2021. The evaluation focused on developing methods and tools that can be replicated as work continues in Elmore County. In addition to measuring program goals and objectives, the evaluation also considers the implementation process utilizing a collective impact framework. WICHC, the Elmore County Health Coalition, along with the larger *Get Healthy Idaho* program are all in early formative years which provides an opportunity for continuous learning and adaptation of these strategies through the evaluation process.

SFY 2022 Department Strategic Plan Goals

Obj 3.2: *Address health disparities and the social determinants of health (SDOH) associated with the priority health issues (diabetes, obesity, injury, and behavioral health) by partnering with and investing in at least one high-risk community per year, through June 2024.*

The department's SFY 2022 Strategic Plan includes goals and objectives in alignment with the division's goals for *Get Healthy Idaho,* specifically through Goal 3, Objective 3.2.

SFY22 tasks under objective 3.2 include the following:

1. Award second high-risk community and execute new subgrant by Oct. 1, 2021.
2. Establish partnerships with the Idaho Funders Network and other agencies to support community needs by June 30, 2024.
3. Create a plan to identify and develop the Healthy Idaho Places Index (HIPI) by Oct. 1, 2021.
4. Complete the initial phase of the HIPI by Jan. 1, 2022.
5. Launch the HIPI by June 30, 2022.

Health Improvement Plan Goals (January 2022-December 2022)

Overarching goals for calendar year 2022 have been selected to advance the mission of GHI and focus on building and sustaining the infrastructure necessary to support communities by advancing equity, enhancing partnerships, developing financial longevity, and creating an equity-centered data system to better identify disparities at the community level. This will be accomplished through the following goals:

Goal 1: Advance Equity

Achieving health equity requires a unified understanding and acknowledgement of the root causes of health inequities, including structural racism, discrimination and institutional bias. The vision

of an equitable future is an immense goal. This work is hard, ongoing, and will require constant evolution of theories and practices. With humility and patience, open communication and active listening, the division can advance equity through intentional partnerships and data-informed collaboration across the department and across all sectors in every region of the state.

To accomplish this work, the division will engage in, and continue to support, the following initiatives:

Objective 1: Partner with ASTHO to Advance Equity Across the Division

- In early 2021, the division requested assistance from the ASTHO Senior Leader Reserve Corps to support the agency in effectively leading and centering the work of the division around equity. This opportunity for assistance will help the division better identify administrative opportunities and barriers, such as organizational structure, policies and systems, and work toward sustainably operationalizing equity, regardless of shifting resources. The division aims to advance equity internally by strengthening a values-driven, equity-centered culture and elevating the dialog around equity, enabling the division and program staff to more effectively move from theory to practice. To accomplish this, the division will engage in learning opportunities; assess the inclusion of equity principles across all policies, processes, and programs; and develop a strategic equity action plan that will serve as the roadmap to embed equity principles for all current and future work. This important work, with a strategic eye on eliminating inequities upstream, has the potential to impact the work of every program, ultimately leading to improved health outcomes for Idahoans across the lifespan.

Objective 2: Deploy an Equitable Response to and Recovery from COVID-19

- The COVID-19 pandemic has exacerbated already existing health disparities, increasing risk of exposure to and severity of COVID-19 among specific populations, including racial and ethnic minority populations, underserved and rural communities. In June 2021, the division received funding from the CDC, entitled: *National Initiative to Address COVID-19 Health Disparities Among Populations at High-Risk and Underserved, Including Racial and Ethnic Minority Populations and Rural Communities* (CDC-RFA-OT21-2103). Idaho's allocation of funds, determined by the CDC, was slightly more than $30 million dollars, to be spent over two years. A carve-out of $11 million dollars will specifically support activities in rural communities, led by staff in the Bureau of Rural Health and Primary Care. The division will hire five limited-service staff members to oversee and manage the day-to-day operations of this grant and its equitable distribution to underserved and rural communities in Idaho. The work is slated to begin between the fall of 2021 and late winter 2022.

- The division and department are committed to investing upstream in strategies that will shape healthy outcomes for all Idahoans. Through the CDC's National Initiative, the division will implement strategies and strengthen infrastructure to address disparities

among underserved populations, ensuring Idaho's public health foundation is prepared and responsive to future health emergencies. The division will prioritize the development of a coordinated approach to address COVID-19-related health disparities and advance an equitable public health system. These efforts will ultimately transform Idaho's public health infrastructure and advance health equity through the creation and expansion of coordinated, multi-sector partnerships, plans, strategies, interventions and services that aim to reduce the risk and burden of COVID-19.

- The division was the recipient of numerous grants in support of COVID-19 mitigation, testing, and vaccination, with specific emphasis on equity and underserved populations. The Idaho Immunization Program was the recipient of the COVID-19 Vaccination Supplement 3 (January 2021) which is funding the implementation and expansion of the COVID-19 vaccination program. A minimum of 10 percent of total funding received under this award must be allocated for high-risk and underserved populations, including racial and ethnic minority populations and rural communities.

- COVID-19 Vaccination Supplement 4 (April 2021) is funding equity and prioritizing populations disproportionately affected by COVID-19. A minimum of 60 percent of total funds awarded must support local communities through local health departments (LHD), community-based organizations (CBO), and/or community health centers (CHC). In addition, a minimum of 75 percent of total funding must focus on activities to ensure equity by identifying vulnerable populations and directing funds to specific programs and initiatives intended to increase access, acceptance, and uptake of COVID-19 vaccination by populations disproportionately affected by COVID-19. This includes communities with high social vulnerability index (SVI). The remaining 25 percent of total funding may also be utilized to ensure equity or recipients may enhance or build upon activities under previous supplemental funding.

Objective 3: Expand Health Equity Work Group to Ensure Equitable COVID-19 Response

- While currently focused on COVID-19, this strategic workgroup will serve as a springboard for future, non-COVID-19-related equity work across the division.

- The division has participated in work focused on COVID-19 in the Hispanic/LatinX population since August 2020. The division's role has become one of support, connection and resourcing for partners at the community and regional levels.

- The work group developed a strategy and plan for equitable distribution of vaccine in March 2021. The COVID-19 Vaccine Equity Landscape provides a visual diagram of the strategy, defining nine evidence-based approaches including identifying high-risk populations, engaging and collaborating with communities and partners, communicating effectively, improving access, connecting with communities, listening to concerns, addressing hesitancy and misinformation, and ensuring a strategy inclusive of the

populations deeply impacted. Corresponding evidence-based activities that align the efforts of the Department and partners were created for each approach.

- Idaho's Plan for Equitable Distribution of COVID-19 Vaccine serves as the starting point for the iterative and responsive work of creating a statewide vaccine strategy, in partnership with stakeholders and populations most impacted by COVID-19 and health inequities. As the pandemic progresses and vaccine rollout continues for all age groups, measures of improvement identified within the plan include:

    i. Ensuring equitable data reporting infrastructure

    ii. Increasing use of Social Vulnerability Index (SVI) in vaccine distribution decisions

    iii. Increasing vaccine uptake in areas of the state with high SVI, and

    iv. Identifying barriers such as access, cultural beliefs or other hesitancy issues and implementing strategies to mitigate

Goal 2: Enhance Partnerships

Get Healthy Idaho is a key initiative of the division and department with a mission to help Idahoans achieve optimal health and resiliency; however, all are responsible for improving health and advancing equity. The division welcomes partners, both within and external to the organization, to align with GHI and other efforts to collectively advance health and equity for all who call Idaho home. GHI's network of partners includes organizations around the state working in various fields ranging from direct clinical care to social and community supports. As GHI awards more communities with funding, the importance of partnerships - both internal and external to the department - will grow.

Objective 1: Explore and Cultivate Partnerships to Support and Advance the Mission of GHI

- During the Fall 2021 semester, the *Get Healthy Idaho* team advanced evaluation efforts through a partnership with graduate students in Boise State University's Master of Social Work (MSW) Advanced Research course. This opportunity allowed students to conduct research on similar models, learn about GHI's community-led model, identify major needs being addressed, and the significance of the issue(s) in Idaho. Their research and findings will result in the development of a preliminary program evaluation for GHI that will support ongoing evaluation efforts of the initiative, including internal processes and infrastructure supporting funded communities.

- Community action plans from funded communities will almost certainly include needs which cannot be addressed by the GHI braided fund. In these cases, the GHI Team will reach out to partners within and external to our agency with the request to align resources to meet identified community health needs. Examples of alignment could come from other programs or divisions within the department or from outside organizations like

transportation agencies or housing authorities, who might not be traditionally associated with health.

Objective 2: Identify Cross-Sector Partnerships to Advance Equity

- The GHI team has identified opportunities to forge relationships with potential funders and partners and will prioritize opportunities to raise awareness and visibility of GHI with both internal and external partners in 2022.
- As a newly formed place-based funder, the GHI team was invited to join a group of Idaho funder organizations in 2020, convened by the Blue Cross of Idaho Foundation for Health (BCIFH). The Foundation commissioned a study on the factors impacting the health of Idahoans, resulting in the development of the *Building a Healthy Idaho* report focused on the impacts of the SDOH and opportunities to improve health equity across Idaho. To share the results of the study, the Foundation brought together a diverse group of more than a dozen funder agencies from across Idaho to explore opportunities to collaborate to address Idaho's most pressing health and social needs. To advance the mission of this network, a series of workshops were held resulting in a network charter, priorities, timeline, and work groups. The network will engage in strategies to facilitate knowledge and information exchange, sharing, resource and asset alignment and championing of ideas between funders. Additionally, the network serves to build capacity of and support communities to identify and address SDOH barriers and improve equity within communities. GHI will continue to play a partnering role on this network to identify ways to support communities funded by the GHI initiative, in addition to supporting network members and connecting them to potential programs and sources of funding within the department.
- During SFY21, both GHI and COVID-19 mitigation efforts created meaningful connections to new partners external to the agency. The GHI team will continue to explore meaningful ways to foster connection and impact with these partners, including:
    i. Partners of the Nampa COVID-19 Hispanic/LatinX Taskforce
    ii. Idaho Department of Commerce, Community Development Block Grant Program
    iii. Idaho Department of Housing and Urban Development
    iv. Idaho Transportation Department – Office of Civil Rights
    v. Idaho Food Bank Hunger 2 Health Advisory Committee

Goal 3: Financial Longevity of Place-Based Initiatives

Get Healthy Idaho is equipped to realize impactful place-based health improvements, in part due to the relatively long, four-year funding commitment provided to each awarded community. The goal and, perhaps, the greatest challenge, is to continue to grow the fund so that an additional community can be added each year through 2024 and then sustained through 2028 and beyond. By aligning or leveraging resources, ideally the braided fund will grow so that more communities can participate in *Get Healthy Idaho*. For this to occur, the GHI team will need to continually forge strong relationships with existing and new partners so that the mission and vision are understood and championed by a broad coalition.

Objective 1: Grow and Diversify Funding to Sustain the Initiative

- For the 2022 federal fiscal year, *Get Healthy Idaho* has compiled a diverse braided fund, sufficient for two community collaboratives. Given the four-year grant duration, funding sufficient for four separate communities at various stages of the Get Healthy Idaho initiative will be needed by federal fiscal year 2024, as well as each year going forward. This is in addition to the personnel and operating budget for the Get Healthy Idaho team. To continue to award a new collaborative each year, the braided fund must grow between $200,000 to $300,000, depending on community capacity and need, by July 2023.

- Stable and predictable financial backing for both department staff as well as the funded collaboratives is needed to ensure the longevity and sustainability of Get Healthy Idaho. Enhancements to the braided fund could potentially come from programs throughout the department, federal grants, state accounts and grants from philanthropic foundations or other anchor institutions like hospitals. Flexible funding sources are ideal, however, more specific funding can be incorporated into the braid with oversight and forethought. A key component of this strategy is for the GHI team to forge relationships with potential funders and to seek opportunities to align goals and encourage investments in the program.

Objective 2: Support Communities to Secure Local Financial Sustainability

- Financial longevity and sustainability should also be considered from the perspective of the individual collaboratives. While Get Healthy Idaho communities receive funding for a relatively long four-year period, eventually the work will need to continue independently. Strategic planning within each community can leverage the available funding and connections with the Get Healthy Idaho initiative to ensure that work and progress toward health improvements continues past the grant cycle.

Goal 4 – Create an Equity-Centered Data System

Protecting Idaho's most vulnerable citizens is at the heart of the department and division's missions. To do this effectively, public health data should reflect the needs of everyone in Idaho. The COVID-19 pandemic has illuminated gaps in Idaho's collection and reporting of diverse, inclusive, and disaggregated data. Equity-centered data systems allow for better understanding

of the *who, what and where* inequities in health outcomes exist while aligning with SDOH metrics to explain *why* by identifying root causes. Collection, identification and use of meaningful data (disaggregated by age, race, ethnicity, gender, income, disability) will ensure Idaho's vulnerable populations most impacted by health disparities, including communities of color, tribal communities and the poor, are prioritized through interventions so that more equitable outcomes can be achieved.

Objective 1: Ensure Data Infrastructure that Allows for Consistent, Equitable, Data Collection

- In 2021, the department, in partnership with BSU and with support from the Health Quality Planning Commission (HQPC), began developing a **State of Idaho Health Report Card**. This concept will be backed by a larger system of data that will provide a more complete picture of health across the state, tracking measures that impact Idaho communities in unique ways.
- The **vision** of this platform is to create a unified approach to assess health in Idaho, identify areas of greatest concern, and drive action among partners invested in supporting to live the healthiest lives possible.
- The **goals** of the platform, identified by HQPC, are summarized below:
    i. Use data to drive decision-making and policy
    ii. A common and universal use of data
    iii. Myriad users, including public health, health providers, legislators, community organizations, etc.
    iv. Promote a bottom-up approach focused and centered on community.
- The department's existing body of work (GHI Data Dashboards) are the foundation for this work. The backbone of GHI are the Leading Health Indicators, a set of 31 health metrics collapsed under 10 health topic areas. Dashboards also include GHI's four health priority issues and CDC Social Vulnerability Index data, among other health risk and outcomes dashboards across a myriad of health topics.
- This work will serve as the launch pad to a more comprehensive data tool coined the **Healthy Idaho Places Index (HIPI)**. The HIPI will combine data allowing users to explore local factors that predict life expectancy and comparing community conditions across the state. Once completed, the HIPI will provide overall scores and more detailed data on specific policy action areas that shape health, like housing, transportation, education and more. Anticipated completion date for the HIPI is June 2022.

Prioritizing Action Through Policy, System, and Environmental Changes

The department continues to provide technical assistance and knowledge to help community members and leaders advance their capacity and knowledge of practices that ensure implementation of meaningful solutions. During SFY2022, GHI in Elmore County will transition from planning and assessment into implementation and action. Their community health action plan includes specific program, policy, system and environmental strategies to address the unique challenges, needs, and opportunities identified by the community. The community priorities identified in Elmore County reflect the diverse interests and common threads that ultimately connect community members together, including access to public lands and open space, and access to healthcare services and behavioral health support. The strategies selected by the Elmore County collaborative members focus on increasing Community Health Workers (CHWs), Community Health EMS (CHEMS), improving cultural competency, and increasing active transportation options. The GHI team in the division will support funded communities, as appropriate and necessary, by drawing from the large body of expertise from across the department to aid in identifying resources and strategies to further support the community action plan. *Get Healthy Idaho* emphasizes the importance of authentically engaging with communities, making a conscious effort to include diverse voices in every step of the process, and to co-create ideas and develop solutions that will have the most impact on improving health outcomes. Health happens where people live, and the policy, system, and environmental interventions identified will reflect the unique needs and culture of each community funded by GHI.

Publication of the Assessment and Plan

The *Get Healthy Idaho: Building Healthy and Resilient Communities* plan is located publicly at gethealthy.dhw.idaho.gov. In Calendar Year 2020, the division expanded this site to include elements of the Health Improvement Plan, priority area details, community award progress updates, performance metrics, partner and community involvement and the most current population health data. The site serves as the central location for all information related to this initiative.

The GHI Team meets regularly to review progress, barriers and successes and relay this information monthly to Division and Department leadership. At least annually, the division plans to convene the larger *Get Healthy Idaho* partner group to review the prior year implementation plan, present new data and modify the plan, as needed. Partnering agencies and the department team responsible for identified strategies will report progress. Local agencies assigned to lead the work in their communities will be invited to participate and present outcomes and successes of place-based, community-led efforts.

During 2020, COVID-19 had a serious and significant impact on the time and regular priorities and plans of department staff and community partners. As such, and in adherence with physical distancing, health and safety guidelines, the GHI team did not convene partners in person to review new data or modify the GHI health improvement plan. As a substitute for an in-person strategy session, GHI staff convened partners virtually in April 2021 to provide a progress update from the first awarded community, Elmore County, and an overview of a CDC funding opportunity which the department applied for to address health disparities related to COVID-19 in underserved, racial and ethnic minority and rural communities.

Building healthier and more resilient communities is the goal of GHI. The team looks forward to meeting with funded partners and community members in the future to see, firsthand, the results of empowered community leadership in building healthier, more equitable places for people to thrive.

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