Teton Valley Health 2022
Community Health Needs Assessment

Approved by TVH Board of Directors on December 7, 2022

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A Message to Our Community

Dear Community Member,

At Teton Valley Health, we have spent more than 80 years providing high-quality compassionate healthcare to our valley. The 2022 Community Health Needs Assessment identifies local health and medical needs and provides a plan of how Teton Valley Health will respond to such needs. This document illustrates one way we are meeting our obligations to efficiently deliver medical services.

In compliance with the Affordable Care Act, all not-for-profit hospitals are required to develop a report on the medical and health needs of the communities they serve. We welcome you to review this document not just as part of our compliance with federal law, but of our continuing efforts to meet your health and medical needs. Teton Valley Health will conduct this effort at least once every three years. The report produced three years ago is also available for your review and comment. As you review this plan, please see if, in your opinion, we have identified the primary needs of the community and if you think our intended response will lead to needed improvements.

We do not have adequate resources to solve all the problems identified. Some issues are beyond the mission of the hospital and action is best suited for a response by others. Some improvements will require personal actions by individuals rather than the response of an organization. We view this as a plan for how we, along with other community leaders, organizations, and agencies, can collaborate to bring the best each has to offer to support change and to address the most pressing identified needs.

Most importantly, this report is intended to guide our actions and the efforts of others to make needed health and medical improvements in our area. I invite your response to this report. As you read, please think about how to help us improve health and medical services in our area. We all live in, work in, and enjoy this beautiful valley, and together, we can make our community healthier for every one of us.

Sincerely,

Dr. Nathan B. Levanger
CEO, Teton Valley Health

Executive Summary

Teton Valley Health ("TVH" or the "Hospital") performed a Community Health Needs Assessment (CHNA) in partnership with QHR Health ("QHR") to determine the health needs of the local community and an accompanying implementation plan to address these identified health needs.[1]

This CHNA report consists of the following information:

1) a definition of the community served by the Hospital and a description of how the community was determined;

2) a description of the process and methods used to conduct the CHNA;

3) a description of how the Hospital solicited and considered input received from persons who represent the broad interests of the community it serves;

4) commentary on the 2019 CHNA Assessment and Implementation Strategy efforts

5) a prioritized description of the significant health needs of the community identified through the CHNA, along with a description of the process and criteria used in identifying certain health needs as significant and prioritizing those significant health needs; and

6) a description of resources potentially available to address the significant health needs identified through the CHNA.

Data were gathered from multiple well-respected secondary sources to build an accurate picture of the current community and its health needs. A survey of a select group of Local Expert Advisors[2] as well as the broad community was performed to review and provide feedback on the prior CHNA, and to ascertain the continued relevance of previously identified needs. Additionally, the group reviewed the data gathered from secondary sources to support the determination of the Significant Health Needs of the community.

The 2022 Significant Health Needs identified for Teton County are:[3]

• Behavioral Health: Mental Health and Drug/Substance Abuse

• Affordability of Healthcare

• Access to Healthcare Services: Presence of Services and Senior Services

• Cancer

In the Implementation Strategy section of the report, TVH addresses these areas through identified programs and resources as well as collaboration with other local organizations/agencies. Metrics are included for each health need to track progress.

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[1] Response to Schedule H (Form 990) V B 6 b

[2] Local Expert" is an advisory group of at least 15 residents, inclusive of at least one member self-identifying with each of the seven QHR written comment solicitation classifications, with whom the Hospital solicited to participate in the QHR/Hospital CHNA process.

[3] Response to Schedule H (Form 990) V B 3 e

Community Health Needs Assessment (CHNA) Overview

CHNA Purpose

A CHNA is part of the required hospital documentation of "Community Benefit" under the Affordable Care Act for 501(c)(3) hospitals. It provides comprehensive information about the community's current health status, needs, and disparities and offers a targeted action plan to address these areas, including programmatic development and partnerships.

Strategic Benefits

- Identify health disparities and social determinants to inform future outreach strategies
- Identify key service delivery gaps
- Develop an understanding of community member perceptions of healthcare in the region
- Target community organizations for collaborations

The CHNA Process

1 Identification of Local Experts

Develop a list of contacts representing individuals with specific knowledge of local health needs.

2 Community Survey

Launch of surveys to assess significant health needs and progression towards improvement.

3 Data Analysis

Review of relevant data resources to provide quantitative feedback on the local community.

4 Implementation Planning

Develop a plan for the Hospital to address each significant health need through services and partnerships

Process and Methods used to Conduct the Assessment

This assessment takes a comprehensive approach to determine community health needs and includes the following methodology:

- Several independent data analyses based on secondary source data.

- Augmentation of data with community opinions.

- Resolution of any data inconsistency or discrepancies by reviewing the combined opinions formed by local expert advisors and community members.

Data Collection and Analysis[4]

TVH relies on secondary source data, which primarily uses the county as the smallest unit of analysis. Additionally, community opinion data was gathered through surveys and interviews. Area residents were asked to note if they perceived that the opportunities and issues identified by secondary sources existed in their portion of the county.

Most data used in the analysis is available from public internet sources and proprietary data. Any critical data needed to address specific regulations or developed by the Local Expert Advisor individuals cooperating in this study are displayed in the CHNA report appendix.

Data sources are detailed in the appendix of this report and include:

- *Stratasan*
- *www.countyhealthrankings.org*
- *Centers for Disease Control and Prevention (CDC) Final Deaths*
- *Bureau of Labor Statistics*
- *Center for Housing Policy*
- *Zillow Home Value Index*
- *NAMI*
- *AAFP*
- *Health Affairs: Leigh & Du*
- *Economic Policy Institute*
- *Healthy People 2020*
- *SAMHSA – Behavioral Health Barometer, Idaho, Volume 6*
- *Centers for Medicare & Medicaid Services: Mapping Medicare Disparities by Population*
- *National Cancer Institute*

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[4] Response to Schedule H (Form 990) Part V B 3 d

A standard process of gathering community input was developed. In addition to gathering data from the above sources:

- A CHNA survey was deployed to local expert advisors and the general public to gain input on local health needs and the needs of priority populations. Local expert advisors were local individuals selected according to criteria required by the Federal guidelines and regulations and the Hospital's desire to represent the region's geographically diverse population. Four hundred ten (410) survey responses from community members were gathered between May and June 2022.[5]

- Focus groups and individual interviews were conducted to validate survey findings, gather additional information, and gain additional input from priority populations including seniors, racial and ethnic minority groups, and young adults.

Prioritizing Significant Health Needs

The survey respondents participated in a structured communication technique called the "Wisdom of Crowds" method. This approach relies on the assumption that the collective wisdom of participants is superior to the opinion of any one individual, regardless of their professional credentials.

In TVH's process, each survey respondent had the opportunity to introduce needs previously unidentified and to challenge conclusions developed from the data analysis. Most respondents agreed with the findings, with only a handful of comments critiquing the data. A list of all needs was developed based on findings from the analysis. The survey respondents then ranked the importance of addressing each health need on a scale of 1 (not important) to 5 (very important), including the opportunity to list additional needs that were not identified.

The ranked needs were divided into "Significant Needs" and "Other Identified Needs." The determination of the breakpoint — "Significant" as opposed to "Other" — was a qualitative interpretation where a reasonable breakpoint in rank order occurred. TVH analyzed the health issues that received the most responses and established a plan for addressing them.[6]

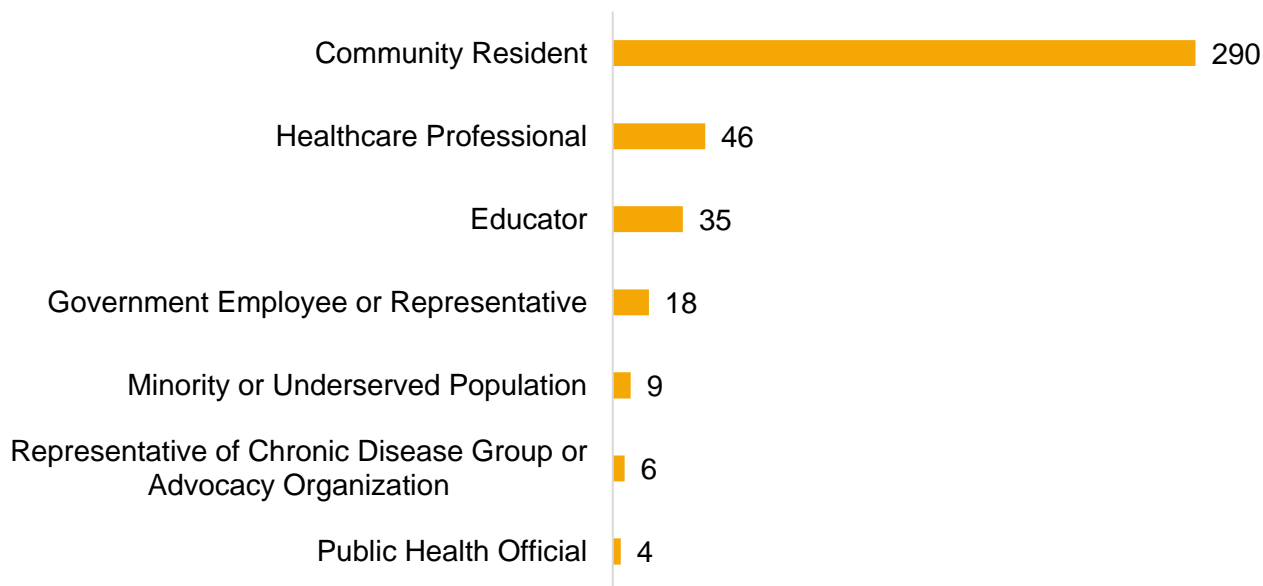[5] Response to Schedule H (Form 990) Part V B 5
[6] Response to Schedule H (Form 990) Part V B 3 g

Input from Persons Who Represent the Broad Interests of the Community

Input was obtained from the required three minimum sources and expanded to include other representative groups. TVH asked all those participating in the written comment solicitation process to self-identify into any of the following representative classifications, which are detailed in the appendix to this report.[7] [8] Participants self-identified into the following classifications:

1) **Public Health Official**

2) **Government Employee or Representative**

3) **Minority or Underserved Population**

4) **Chronic Disease Groups**

5) **Community Resident**

6) **Educator**

7) **Healthcare Professional**

8) **Other** (please specify)

**Survey Question: Please select all roles that apply to you (n=367)**

Role	Count
Community Resident	290
Healthcare Professional	46
Educator	35
Government Employee or Representative	18
Minority or Underserved Population	9
Representative of Chronic Disease Group or Advocacy Organization	6
Public Health Official	4

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[7] Response to Schedule H (Form 990) Part V B 5
[8] Response to Schedule H (Form 990) Part V B 3 h

Input on Priority Populations

Information analysis augmented by local opinions showed how Teton County compares to its peers in terms of primary and chronic needs and other issues of uninsured persons, low-income persons, and minority groups. Respondents commented on whether they believe certain population groups ("Priority Populations") would benefit from additional focus and elaborate on their key needs.[9]

Survey Question: With regard to healthcare, which of the following priority populations should we focus on most as a community? (please select all that apply)

Response Percent (n=332)
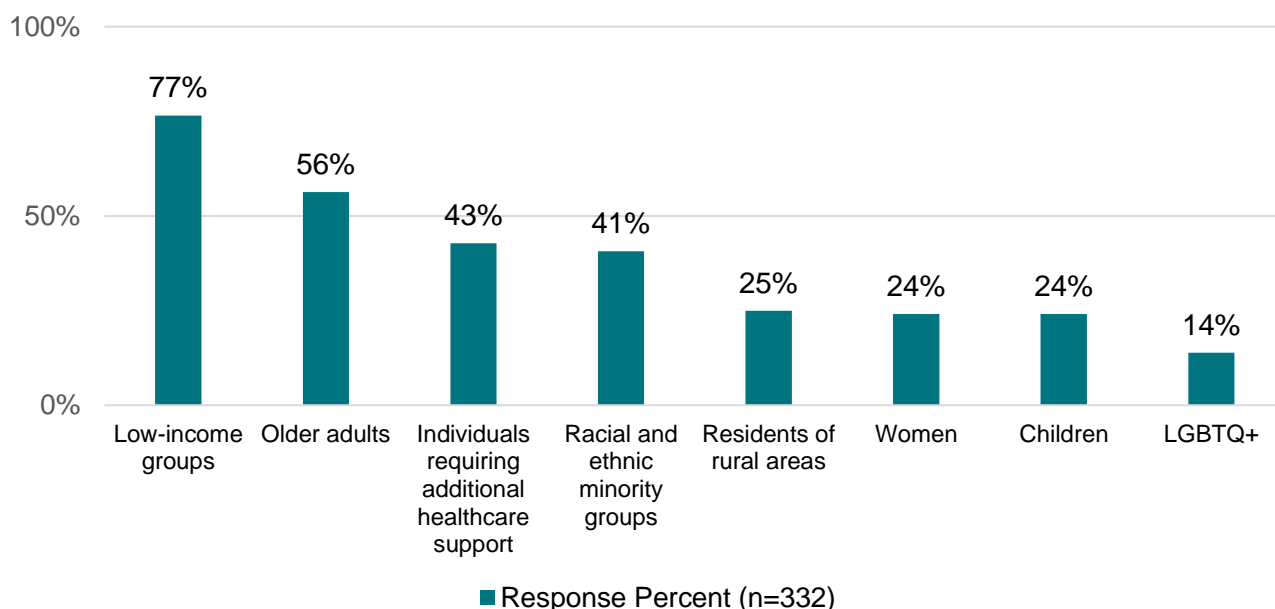
- Local opinions of the needs of Priority Populations, while presented in their entirety in the appendix, were abstracted into the following "take-away" bulleted comments:
  - The top three priority populations identified by the local experts were low-income groups, older adults, and individuals requiring additional healthcare support.
  - Summary of unique or pressing needs of the priority groups identified by the surveyors:
    - Affordable healthcare
    - Access to specialists
    - Health education and outreach

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[9] Response to Schedule H (Form 990) Part V B 3 f

Input on 2019 CHNA

The IRS Final Regulations establish a required step for a CHNA developed after the initial report. This requirement calls for consideration of written comments received on the prior CHNA and Implementation Strategy as a component of the development of the next CHNA and Implementation Strategy. Comments were solicited from community members with regard to TVH's 2019 CHNA and Implementation Plan and are presented in the appendix of this report. The health priorities identified in the 2019 CHNA are listed below:

Affordability/Accessibility

Mental Health/Suicide

Prevention/Wellness

Drug/Substance Abuse

Alcohol Use

Accidents

Community Served

For the purpose of this study, TVH defines its service area as Teton County in Idaho which includes the following Zip codes:[10]

83422 – Driggs   83424 – Felt   83452 – Tetonia   83455 – Victor
83414 – Alta, WY

During 2021, TVH received 72% of its Medicare inpatients from this area.[11] TVH, a 13-bed, critical access facility located in Driggs, ID, is the only hospital in the service area. The next closest facilities are outside the service area.[11]

Teton County Demographics[12]

Current Population :
12,097
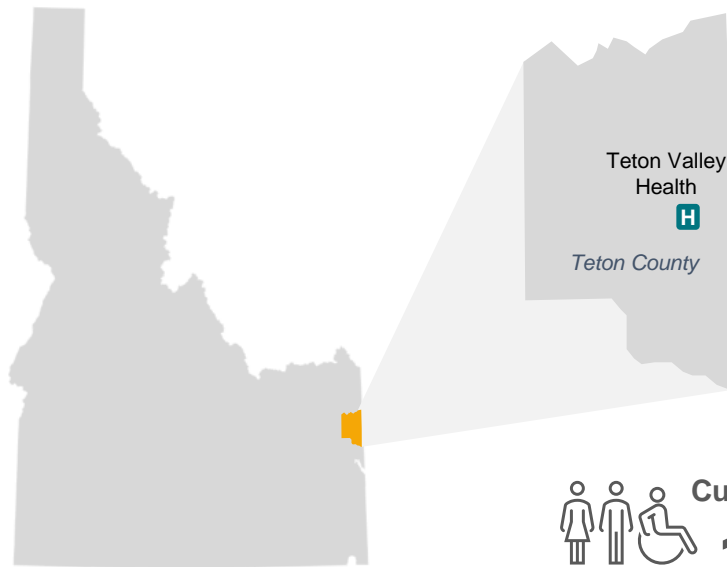
Age

	Teton County	Idaho
0 – 17	*28.9%*	*24.9%*
18 – 44	*36.6%*	*36.0%*
45 – 64	*23.8%*	*22.9%*
65 +	*10.6%*	*16.2%*

Source: Stratasan, ESRI (2022)

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[10] Responds to IRS Schedule H (Form 990) Part V B 3 a
[11] Responds to IRS Schedule H (Form 990) Part V B 3 c
[12] Responds to IRS Schedule H (Form 990) Part V B 3 b

Race/Ethnicity

	Teton County	Idaho
White	80.8%	81.7%
Black	0.2%	0.9%
Asian & Pacific Islander	0.5%	1.7%
Other	18.5%	15.7%
Hispanic*	17.2%	13.1%

*Ethnicity is calculated separately from Race

Source: Stratasan, ESRI (2022)

Education and Income

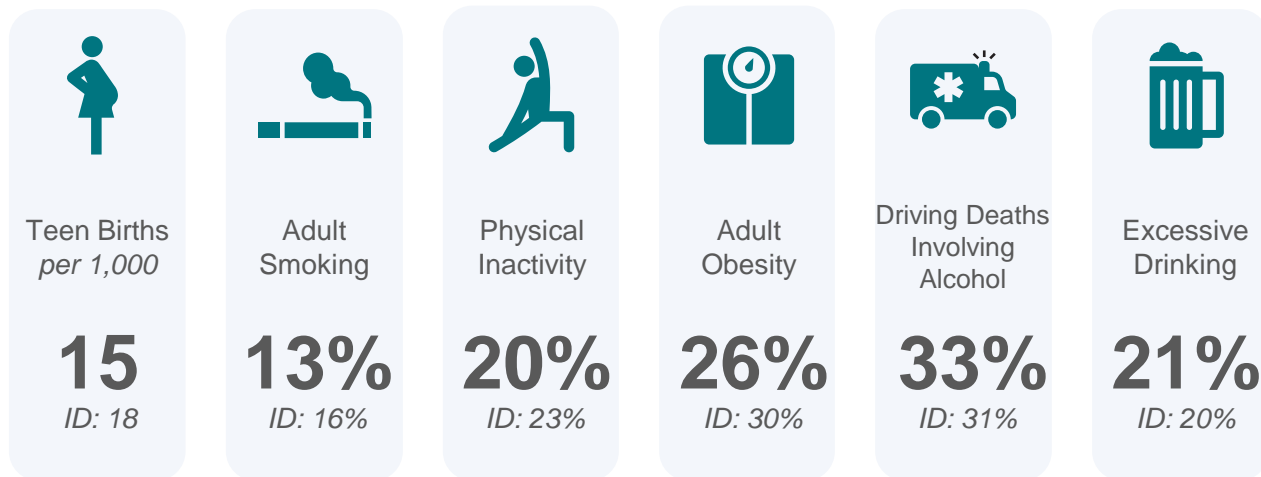|	Teton County	Idaho
Median Household Income	$87,910	$66,671
Some High School or Less	4.7%	7.4%
High School Diploma/GED	15.5%	25.8%
Some College/ Associates Degree	35.3%	36.1%
Bachelor's Degree or Greater	44.5%	30.7%

Source: Stratasan, ESRI (2022)

Community Health Characteristics

The data below provides an overview of Teton County's strengths and weaknesses regarding health behaviors, quality of life, socioeconomic factors, access to health, and physical environment. These statistics were included for reference in the CHNA survey to help prioritize the health needs of the community. For descriptions of each measure and dates of when the data was obtained, please visit https://www.countyhealthrankings.org.

Health Status Indicators

Health Behaviors

Teen Births *per 1,000*	Adult Smoking	Physical Inactivity	Adult Obesity	Driving Deaths Involving Alcohol	Excessive Drinking
15	**13%**	**20%**	**26%**	**33%**	**21%**
ID: 18	*ID: 16%*	*ID: 23%*	*ID: 30%*	*ID: 31%*	*ID: 20%*

Quality of Life

Suicide Rate: 20.0
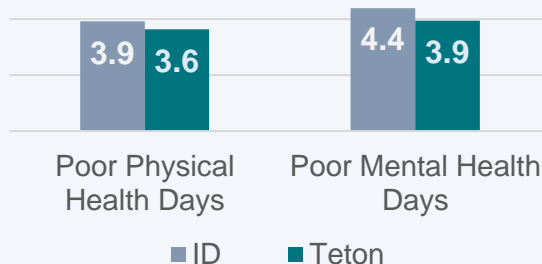*Per 100,000*
Compared to 23.1 in ID

Poor or Fair Health: 14%
Compared to 15% in ID

Low Birthweight: 8%
Compared to 7% in ID

Average number of physically and mentally unhealthy days in the past 30 days

	Poor Physical Health Days	Poor Mental Health Days
ID	3.9	4.4
Teton	3.6	3.9

Source: County Health Rankings 2022 Report, CDC Final Deaths (2020)

Socioeconomic Factors

Income Inequality*	Unemployment	Children in Single Parent Households	Children in Poverty	Violent Crime *per 100,000*	Injury Deaths *per 100,000*
4.5	**2.9%**	**14%**	**10%**	**85**	**61**
ID: 4.1	*ID: 3.6%*	*ID: 17%*	*ID: 12%*	*ID: 221*	*ID: 78*

Access to Health

Uninsured: 9.4%
Compared to 10.4% in ID

Preventable Hospital Stays: 3,138
Per 100,000
Compared to 2,123 in ID

Access to Exercise Opportunities: 80%
Compared to 67% in ID

Number of People per 1 Provider

Provider	ID	Teton Co.
Primary Care Provider	1,517	3,036
Dentist	1,511	2,084
Mental Health Provider	435	1,042

Physical Environment

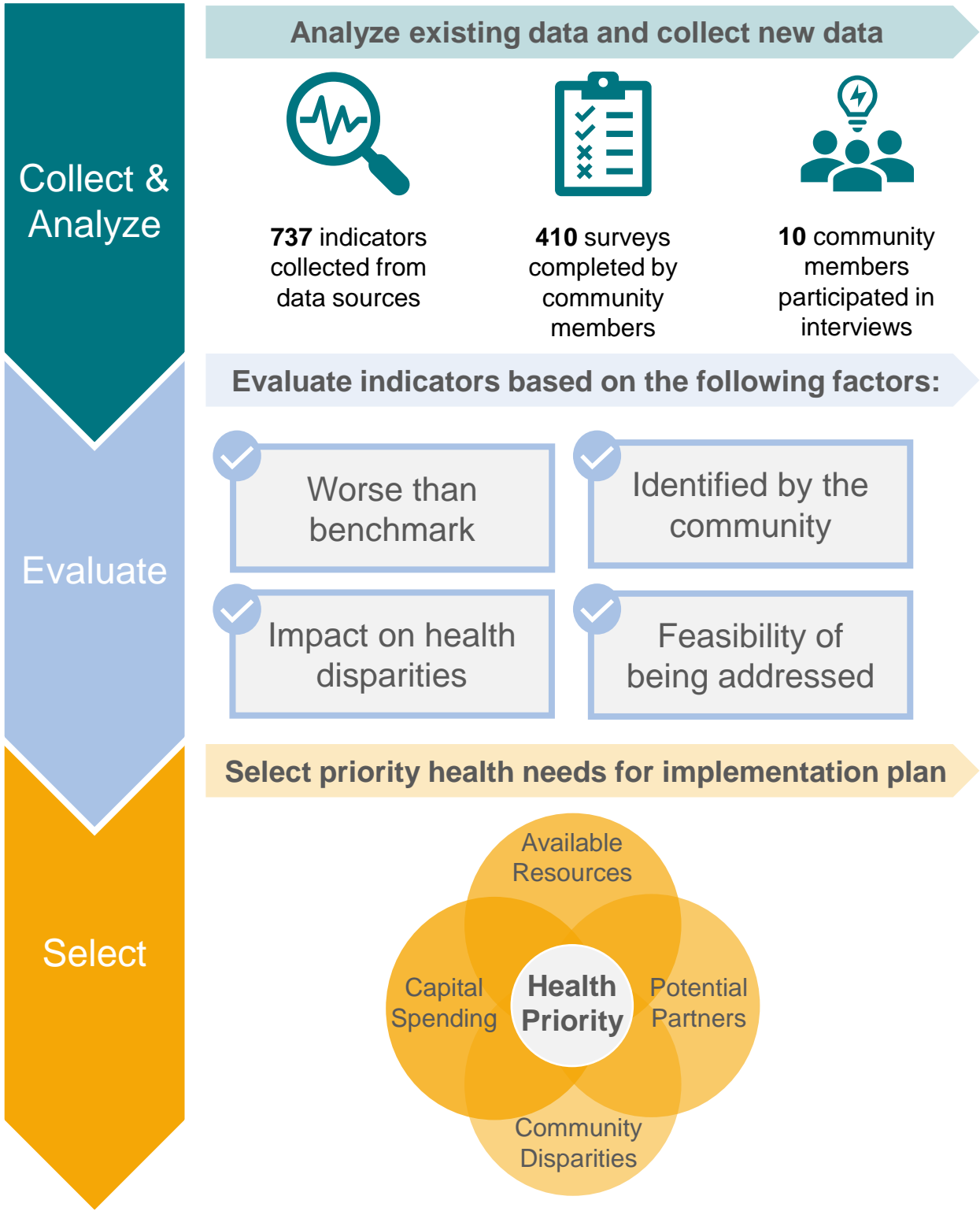| Air Pollution (µg/m³)	Severe Housing Problems**	Driving to Work Alone	Broadband Access
4.7	**10%**	**71%**	**91%**
ID: 6.8	*ID: 14%*	*ID: 78%*	*ID: 86%*

Source: County Health Rankings 2022 Report, U.S. Bureau of Labor Statistics (2021), Stratasan, ESRI (2022)
*Notes: *Ratio of household income at the 80th percentile to income at the 20th percentile*
***Overcrowding, high housing costs, lack of kitchen facilities, or lack of plumbing facilities*

Methods of Identifying Health Needs[13]

Collect & Analyze

Analyze existing data and collect new data

737 indicators collected from data sources

410 surveys completed by community members

10 community members participated in interviews

Evaluate

Evaluate indicators based on the following factors:

- Worse than benchmark
- Identified by the community
- Impact on health disparities
- Feasibility of being addressed

Select

Select priority health needs for implementation plan

Available Resources

Capital Spending

Health Priority

Potential Partners

Community Disparities

Community Survey Data

When identifying the health needs of a community, health factors, community factors, and personal factors should all be evaluated, as they all impact the overall health and health outcomes of a community:

- Health factors include chronic diseases, health conditions, and the physical health of the population.

- Community factors are the external social determinants that influence community health.

- Personal factors are the individual decisions that affect health outcomes.

In the community survey, each broad factor was broken out into more detailed components, and respondents rated the importance of addressing each component in the community on a scale from 1 to 5. The results of the health priority rankings are outlined below:

Health Factors
Survey Question: Please rate the importance of addressing each health factor on a scale of 1 (Not at all) to 5 (Extremely).

Answer Choices	Weighted Average of Votes (out of 5)
Mental Health	4.46
Cancer	4.22
Drug/Substance Abuse	4.22
Women's Health	4.17
Heart Disease	4.08
Diabetes	3.96
Stroke	3.93
Dental	3.91
Obesity	3.90
Alzheimer's and Dementia	3.82
Lung Disease	3.57
Liver Disease	3.55
Kidney Disease	3.54
Other (please specify)	See appendix

Community Factors

Survey Question: Please rate the importance of addressing each community factor on a scale of 1 (Not at all) to 5 (Extremely).

Answer Choices	Weighted Average of Votes (out of 5)
Affordable Housing	4.57
Healthcare Services: Affordability	4.44
Education System	4.42
Healthcare Services: Physical Presence (location, services, physicians)	4.29
Access to Childcare	4.25
Access to Healthy Food	4.23
Access to Senior Services	4.23
Healthcare Services: Prevention	4.19
Employment and Income	4.13
Community Safety	4.08
Access to Exercise/Recreation	3.84
Transportation	3.77
Social Connections	3.69
Social Support	3.69
Other (please specify)	See appendix

Personal Factors

Survey Question: Please rate the importance of addressing each personal factor on a scale of 1 (Not at all) to 5 (Extremely).

Answer Choices	Weighted Average of Votes (out of 5)
Livable Wage	4.27
Diet	3.96
Excess Drinking	3.89
Smoking/Vaping/Tobacco Use	3.87
Employment	3.79
Physical Inactivity	3.61
Risky Sexual Behavior	3.44
Other (please specify)	See appendix

Overall health priority ranking (top 11 highlighted)

Answer Choices	Weighted Average of Votes (out of 5)
Affordable Housing	4.57
Mental Health	4.46
Healthcare Services: Affordability	4.44
Education System	4.42
Healthcare Services: Physical Presence (location, services, physicians)	4.29
Livable Wage	4.27
Access to Childcare	4.25
Access to Healthy Food	4.23
Access to Senior Services	4.23
Cancer	4.22
Drug/Substance Abuse	4.22
Healthcare Services: Prevention	4.19
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Diabetes	3.96
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Employment	3.79
Transportation	3.77
Social Connections	3.69
Social Support	3.69
Physical Inactivity	3.61
Lung Disease	3.57
Liver Disease	3.55
Kidney Disease	3.54
Risky Sexual Behavior	3.44

Focus Group Data

Community Input

In addition to gathering input through a community survey, TVH conducted focus groups and multiple one-on-one interviews with community members to gain a qualitative understanding of the specific health needs in the community. These focus groups and interviews focused on three specific populations of interest: younger adults (18-34), seniors (65+), and racial and ethnic minority groups. The goal of these conversations was to validate the survey findings across different population groups in the community, as well as develop a deeper understanding of the ways the Hospital can make an impact on each health priority.

From these sessions, the following priorities were identified:

Younger Adults

- *Key Priorities*
- Affordable healthcare and access to insurance
- Mental health access
- Access to affordable housing and healthy foods

Seniors

- *Key Priorities*
- Access to specialists
- Information and education on hospital and community services and resources
- Transportation

Racial and Ethnic Minority Groups

- *Key Priorities*
- Affordable healthcare and access to insurance
- Information and education on hospital and community services and resources
- Access to translation and interpretation services

Evaluation & Selection Process

Worse than Benchmark Measure	Identified by the Community	Feasibility of Being Addressed	Impact on Health Disparities
Health needs were deemed "worse than the benchmark" if the supported county data was worse than the state and/or US averages	Health needs expressed in the online survey and/or mentioned in focus groups/interviews with community members	Growing health needs where interventions are feasible, and the Hospital could make an impact	Health needs that disproportionately affect vulnerable populations and can impact health equity if addressed

Significant Health Need Evaluation[14]

	Worse than Benchmark	Identified by the Community	Feasibility	Impact on Health Disparities
Affordable Housing	✓	✓		✓
Mental Health		✓	✓	✓
Healthcare Services: Affordability		✓	✓	✓
Education System		✓		✓
Healthcare Services: Physical Presence	✓	✓	✓	✓
Livable Wage		✓		✓
Access to Childcare	✓	✓		✓
Access to Healthy Food		✓		✓
Access to Senior Services		✓	✓	✓
Cancer		✓	✓	✓
Drug/Substance Abuse	✓	✓	✓	✓

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[14] Response to Schedule H (Form 990) Part V B 3 e

Overview of Priorities

Affordable Housing

Affordable housing was identified as the #1 priority in the community survey with 74.5% of respondents rating it as extremely important to address in the community (*extremely important* is categorized as a 5 rating). While affordable housing is not traditionally a health priority, there is evidence that a lack of access to affordable and stable housing can lead to negative health outcomes such as mental illnesses, exposure to environmental hazards, and limited funds to afford healthcare ([Center for Housing Policy](#)).

	Teton Co.	Idaho
Severe housing cost burden*	6.9%	11.1%
Severe housing problems**	9.5%	14.1%
Homeownership	78.1%	70.8%
Median home value	$629,838	$472,272
Median household income	$87,910	$66,671

Source: County Health Rankings (2016-2020), Zillow Home Value Index (2022), Stratasan ESRI (2022)
*Percentage of households that spend 50% or more of their household income on housing
**Overcrowding, high housing costs, lack of kitchen facilities, or lack of plumbing facilities
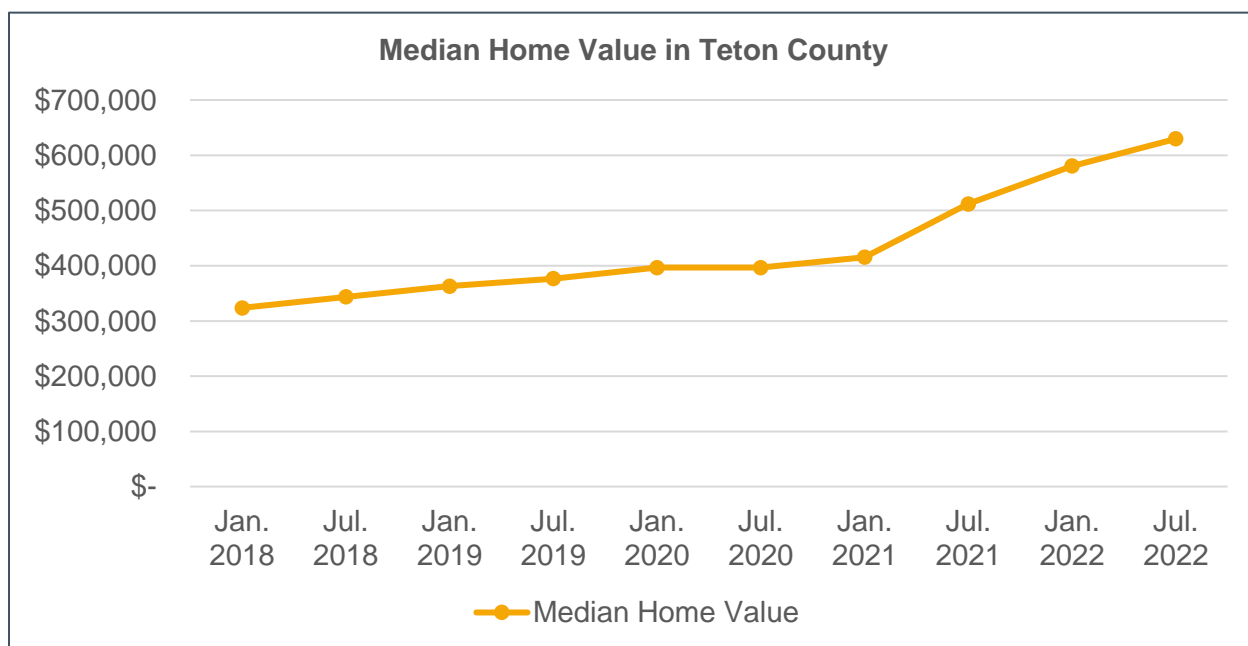
Source: Zillow Home Value Index

Mental Health

Mental health was the #2 community-identified health priority with 65.4% of respondents rating it as extremely important to be addressed in the community. Mental Health was identified as a top health priority in the 2019 CHNA report. Suicide is the 7th leading cause of death in Teton County and ranks 24th out of 44 counties (with 1 being the worst in the state) in Idaho for suicide death rate (CDC Final Deaths).

Additionally, lack of access to mental healthcare perpetuates disparities in priority populations like racial and ethnic minority groups, residents of rural areas, and LGBTQ+ communities because of a lack of providers and an inclusive behavioral health workforce (NAMI).

While it's difficult to measure the true rate of mental illness in the community, the following data points give insight into the health priority:

	Teton Co.	Idaho
Average number of mentally unhealthy days (past 30 days)	3.9	4.4
Number of people per 1 mental health provider	1,042	435
Suicide death rate (*per 100,000*)	20.0	23.2

Source: County Health Rankings (2019, 2021), CDC Final Deaths (2020)

Healthcare Services: Affordability

Affordability of healthcare services was the #3 identified health need in the community with 61.7% of survey respondents rating it as extremely important to be addressed. More than 9% of Teton County's population is uninsured, falling slightly below the Idaho average (Stratasan, ESRI). Additionally, low-income groups were identified as the top priority population in the community making the affordability of healthcare services an important need.

	Teton Co.	Idaho
Uninsured	9.4%	10.4%
Median household income	$87,910	$66,671

Source: Stratasan, ESRI (2022)

Teton County Insurance Coverage Estimates
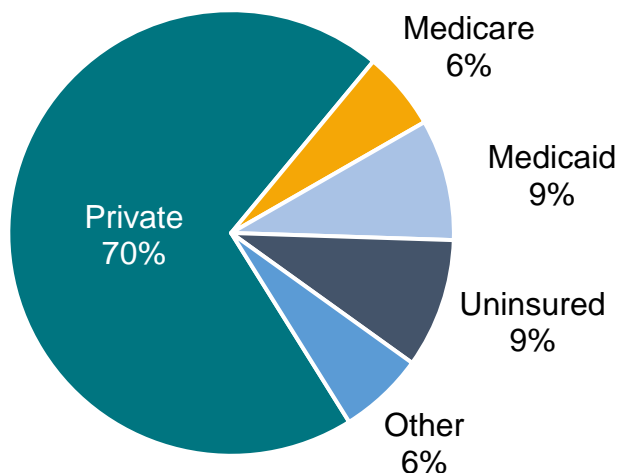
Source: Stratasan, ESRI (2022)

Education System

The education system was identified as the #4 priority with 63.5% of respondents identifying it as being extremely important to address in the community. Education influences health disparities through access to job opportunities, health insurance, stable housing, and healthy lifestyles (AAFP).

Livable Wage

Livable wage was identified as the #6 priority with 56.1% of survey respondents rating it as extremely important to be addressed in the community. Though livable wage was not identified as a priority in previous CHNA reports, this social indicator plays a role in the community's ability to afford healthcare and impacts health outcomes. A livable wage can impact health status by affecting mental health through poverty and unstable work environments, health behaviors like smoking, diet, and exercise, and having access to health insurance (HealthAffairs).

	Teton Co.	Idaho
High school graduation	95.3%	92.6%
Children eligible for free & reduced lunch	33.9%	37.1%
Unemployment	2.9%	3.6%
Income inequality*	4.5	4.1
Children in poverty	10.1%	11.6%

Source: Stratasan ESRI (2022), County Health Rankings (2016-2020), U.S. Bureau of Labor Statistics (2021)
*Note: *Ratio of household income at the 80th percentile to income at the 20th percentile*

Healthcare Services: Physical Presence (location, services, physicians)

The physical presence of healthcare services was the #5 identified health need in the community with 53.0% of survey respondents rating it as extremely important to be addressed. Teton County has a higher primary care physician-to-population ratio than Idaho and this ratio has been increasing in recent years (note that the primary care physician ratio includes M.D.s and D.O.s only and excludes advanced practice providers). The dentist ratio in Teton County is higher than the state and has been slowly increasing in recent years. Teton County is classified as a geographic health professional shortage area for primary care.

	Teton Co.	Idaho
Number of people per 1 primary care physician	3,036	1,517
Number of people per 1 dentist	2,084	1,511

Source: County Health Rankings (2019, 2020)
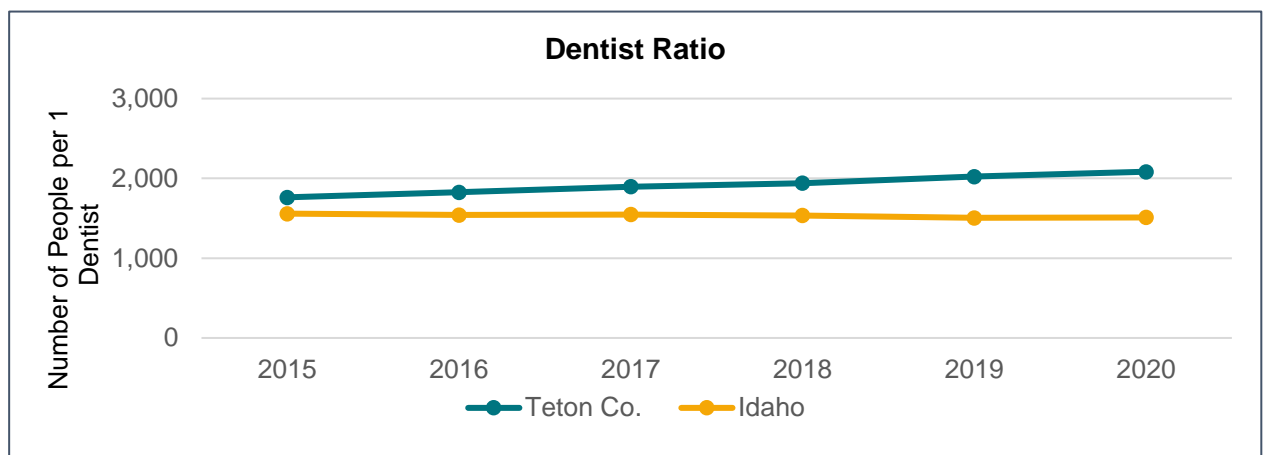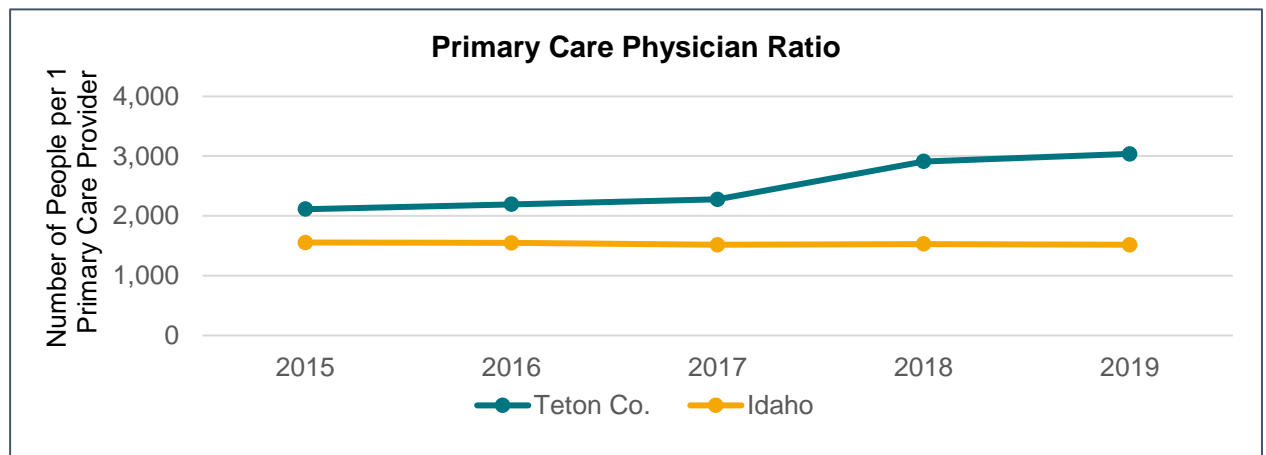
Source: County Health Rankings 2022 Report

Idaho Primary Care
Health Professional Shortage Area

IDAHO DEPARTMENT OF HEALTH & WELFARE
DIVISION OF PUBLIC HEALTH

Geographic HPSA

Population Group HPSA

Health Professional Shortage Areas (HPSAs) are federal designations which identify and indicate geographic areas or populations with a deficit in primary care services within medical, dental, and mental health categories.

HPSA designations are used as an eligibility requirement for many programs and resources available to primary care providers, such as the Conrad J-1 Visa Waiver Program, Idaho State Loan Repayment Program, and NHSC Scholarship and Loan Repayment Programs.

Idaho
Bureau of Rural Health & Primary Care

Boundary
Bonner
Kootenai
Benewah
Shoshone
Latah
Clearwater
Nez Perce
Lewis
Idaho
Lemhi
Adams
Valley
Washington
Custer
Clark
Fremont
Payette
Gem
Boise
Butte
Jefferson
Madison
Teton
Canyon
Ada
Blaine
Elmore
Camas
Bonneville
Bingham
Gooding
Lincoln
Minidoka
Caribou
Jerome
Power
Bannock
Owyhee
Twin Falls
Cassia
Oneida
Franklin
Bear Lake

Bureau of Rural Health and Primary Care, Division of Public Health, Department of Health and Welfare, 05/24/2022 – please contact (208) 334-5993 for updates

Source: Idaho Department of Health and Welfare

Access to Childcare

Access to childcare was identified as the #7 priority with 55.1% of respondents identifying it as being extremely important to address in the community. The average yearly cost of childcare in Idaho is $7,474. The U.S. Department of Health and Human Services defines affordable childcare as being no more than 7% of a family's income (Economic Policy Institute). In Teton County, 19% of household income is required for childcare expenses. There are 2.7 childcare centers for every 1,000 population under age 5 in Teton County compared to 3.9 in the State. Additionally, 10.1% of children in Teton County live in poverty and 14.1% live in single-parent households (County Health Rankings).

Annual Cost in Idaho

Category	Annual Cost
Infant care	$7,474
4-year-old care	$6,454
Housing	$9,736
College	$7,246
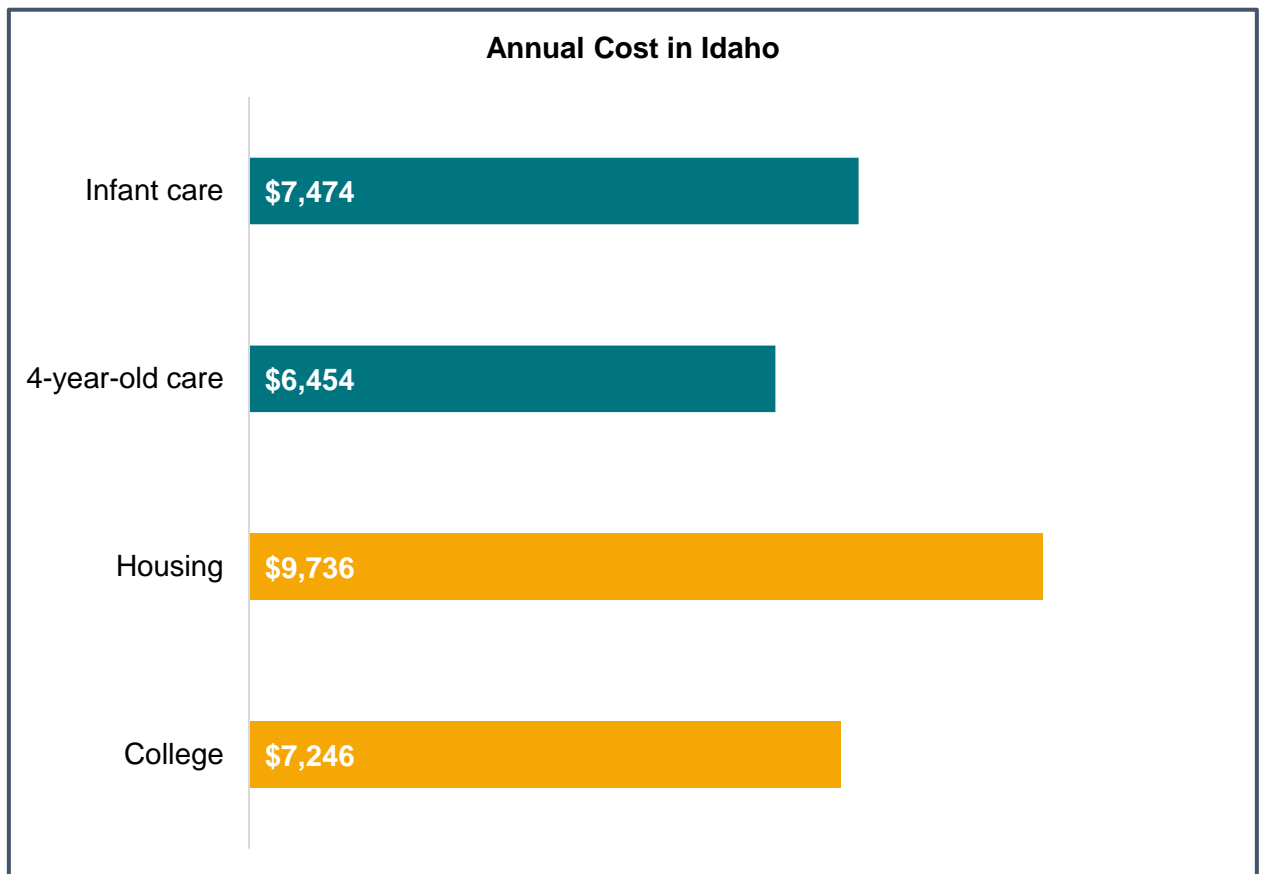
Source: Economic Policy Institute (2020)

Access to Healthy Food

Access to healthy food was the #8 priority identified in the community survey with 51.5% of respondents rating it as extremely important to address in the community. Eating a healthy diet can help to lower the risk of chronic diseases like high blood pressure, diabetes, and cancer. There are barriers to accessing healthy food like lack of transportation to get to a grocery store, limited store options, and the affordability of food (HealthyPeople.gov).

In interviews, younger adults noted the lack of access to affordable healthy food in Teton Valley as well as the limited availability of fresh produce in the winter months.

	Teton Co.	Idaho
Food environment index*	9.7	7.5
Food insecurity	5.0%	10.0%
Limited access to healthy food	2.2%	7.9%

Source: County Health Rankings (2019)
*Note: *This measure includes access to healthy foods by considering the distance an individual lives from a grocery store or supermarket, locations for health food purchases in most communities, and the inability to access healthy food because of cost barriers from 0 (worst) to 10 (best).*

Access to Senior Services

Access to senior services was identified as the #9 health priority with 46.0% of respondents rating it as extremely important to address. Around 10% of Teton County residents are age 65 or older, which is lower than the state average and this population is expected to grow over the next 5 years. For Medicare enrollees (65+) in Teton County, 42% had received an annual wellness visit in 2020 with rates steadily increasing in recent years (Centers for Medicare & Medicaid Services).

	Teton Co.	Idaho
Population 65+	10.6%	16.2%
Projected 5-year growth in age 65+ population	+20.2%	+16.2%
Annual wellness visits	42%	32%

Source: Stratasan, ESRI (2022), Centers for Medicare & Medicaid Services: Mapping Medicare Disparities by Population (2020)
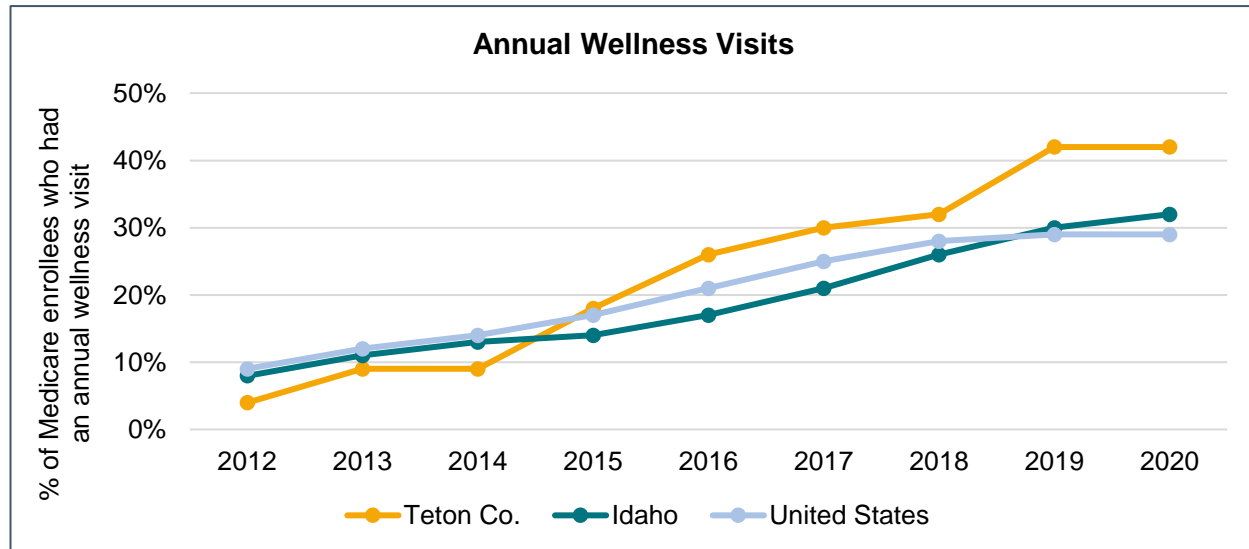
Source: Centers for Medicare & Medicaid Services: Mapping Medicare Disparities by Population

Teton Valley Health 2022 CHNA

Cancer

Cancer was identified as the #10 health priority with 47.5% of survey respondents rating it as extremely important to address in the community. Cancer is the 2nd leading cause of death in Teton County and ranks 41st out of 44 counties (with 1 being the worst in the state) in Idaho for cancer death rate (CDC Final Deaths).

Teton County has lower cancer mortality and incidence rates than Idaho. Additionally, 33% of Medicare enrollees (women age 65+) in Teton County received a mammogram in 2020 and this percentage has been decreasing in recent years.

	Teton Co.	Idaho
Cancer Mortality (*per 100,000*)	115.0	136.5
Cancer Incidence (*per 100,000*)	376.3	445.1

Source: (CDC Final Deaths) (2020), National Cancer Institute (2014-2018)
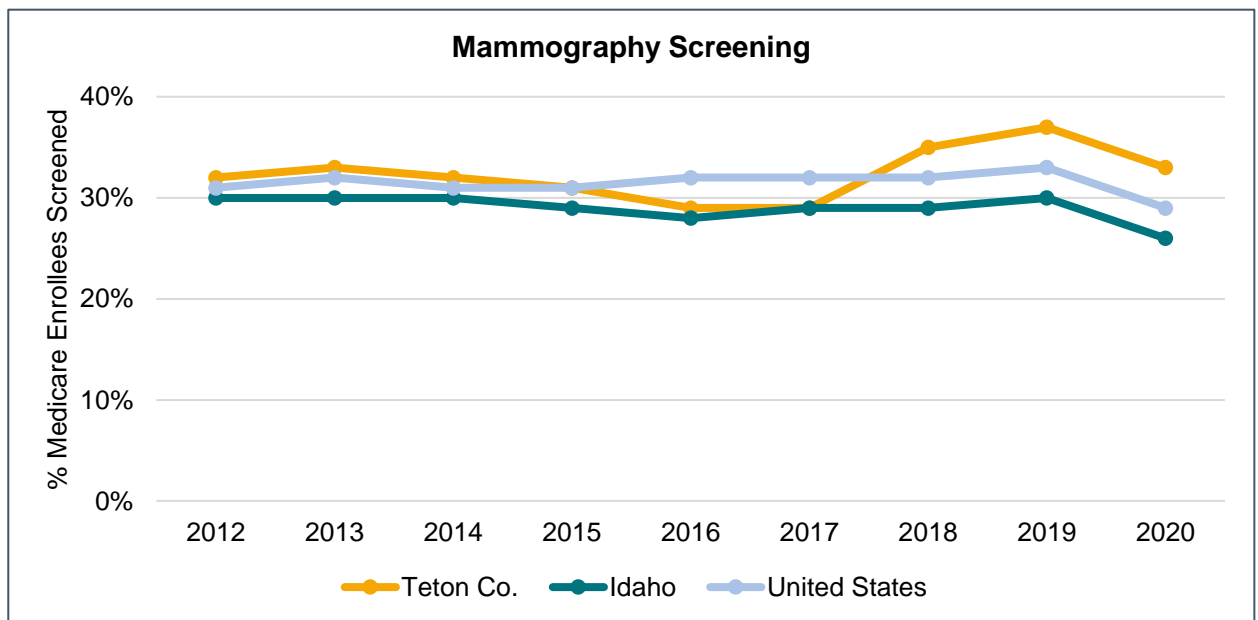
Source: Centers for Medicare & Medicaid Services: Mapping Medicare Disparities by Population

Drug/Substance Abuse

Drug and substance abuse was identified as the #10 health priority with 48.7% of survey respondents rating it as extremely important to be addressed. Drug and substance abuse was identified as a top health priority in 2019.

Teton County has higher rates of excessive drinking and driving deaths with alcohol involvement compared to Idaho. Idaho has a lower past-year substance use disorder percentage compared to other regional states but has a similar percentage to the U.S.

	Teton Co.	Idaho
Adult smoking	13%	16%
Driving deaths with alcohol involvement	33%	31%
Excessive drinking	21%	20%

Source: County Health Rankings (2018-2020)

Past-Year Substance Use Disorder Among People 12+

Idaho	Region	U.S.
7.6%	9.0%	7.4%
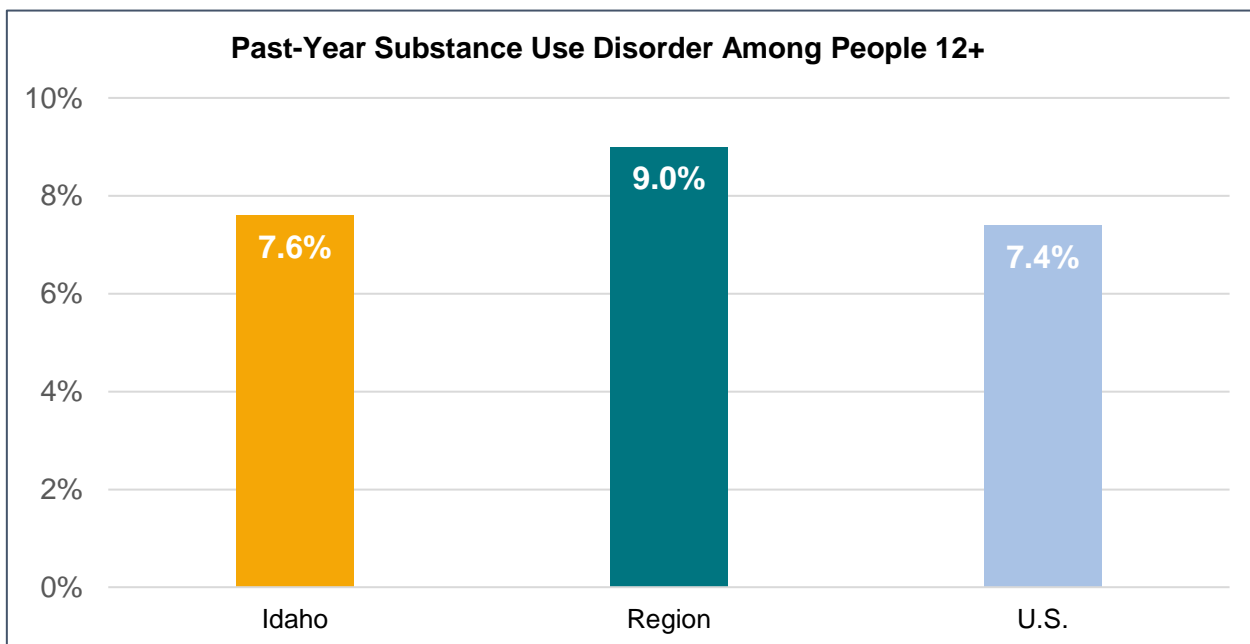
Source: SAMHSA (2019)
Note: Region states include Alaska, Idaho, Oregon, and Washington

Community Benefit

Worksheet 4 of Form 990 H can be used to report the net cost of community health improvement services and community benefit operations.

"Community health improvement services" means activities or programs, subsidized by the health care organization, carried out, or supported for the express purpose of improving community health. Such services do not generate inpatient or outpatient revenue, although there may be a nominal patient fee or sliding scale fee for these services.

"Community benefit operations" means:

- activities associated with community health needs assessments, administration, and

- the organization's activities associated with fundraising or grant-writing for community benefit programs

Activities or programs cannot be reported if they are provided primarily for marketing purposes or if they are more beneficial to the organization than to the community. For example, the activity or program may not be reported if it is designed primarily to increase referrals of patients with third-party coverage, required for licensure or accreditation, or restricted to individuals affiliated with the organization (e.g. Employees and physicians of the organization).

To be reported, community need for the activity or program must be established. Community need can be demonstrated through the following:

- A CHNA conducted or accessed by the organization.

- Documentation that demonstrated community need or a request from a public health agency or community group was the basis for initiating or continuing the activity or program.

- The involvement of unrelated, collaborative tax-exempt or government organizations as partners in the activity or program carried out for the express purpose of improving community health.

Community benefit activities or programs also seek to achieve a community benefit objective, including improving access to health services, enhancing public health, advancing increased general knowledge, and relief of a government burden to improve health. This includes activities or programs that do the following:

- Are available broadly to the public and serve low-income consumers.

- Reduce geographic, financial, or cultural barriers to accessing health services, and if they ceased would result in access problems (for example, longer wait times or increased travel distances).

- Address federal, state, or local public health priorities such as eliminating disparities in access to healthcare services or disparities in health status among different populations.

- Leverage or enhance public health department activities such as childhood immunization efforts.

- Otherwise would become the responsibility of government or another tax-exempt organization.

- Advance increased general knowledge through education or research that benefits the public.

Activities reported by the hospital in its implementation efforts and/or its prior-year tax reporting (FY2021) included:

Organization/Event	Amount
Community health fair & screenings	$400.00
Discounted mammograms during breast cancer awareness month	$5,390.00
Financial counseling	$422,165.69
Volunteer packing toys for local community	$180.00
Wellness website accessible by the community	$1,326.00
Quarterly Community Health Newsletter to all residences in the community	$500.00
Total:	**$429,961.69**

Implementation Strategy[15]

Planning Process

To identify the significant health needs to focus on in the community, a facilitated work session was held to discuss current resources, future programming, and potential partnerships available to address each of the top health needs. TVH leadership prioritized top health needs identified by the community by evaluating health factor data, the impact of addressing each need, and the ability to address each need with available time and resources.

TVH has determined that the action plan to address the identified health priorities will be organized into the following key groups:

Behavioral Health

Priority areas:

- Partnership with the Mental Health Coalition of Teton Valley

- Education of available services

- Expanding behavioral health service offerings including Tele-Behavioral Health

Affordability of Healthcare

Priority areas:

- Increase awareness of Direct Primary Care and Cache Clinic

- Connect more patients with the Community Assistance Program and sliding fee scale

Access to Healthcare Services

Priority areas:

- Grow service offerings in the Specialty Clinic

- Increase awareness and utilization of Swing Bed Transitional service

- Social Determinant of Health - Affordable Housing, Education System, Livable Wage, Access to Childcare, Access to Healthy Foods

Cancer

Priority areas:

- Grow partnerships with local cancer non-profit organizations

- Increase cancer screening rates

- Grow tobacco education and prevention programming in schools

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[15] Response to Schedule H (Form 990) Part V B 8

Implementation Plan Framework

Note that TVH has not chosen to develop programming to address the social determinants of health identified by the community. TVH understands that each of the identified community needs plays a role in how the community can access and afford healthcare services including behavioral health and cancer services. TVH believes there are other organizations in the community better positioned to address the identified community needs and is choosing to focus on the health needs of the community where it feels it can make a greater impact. TVH will work with community organizations wherever possible to improve the physical, mental, social, and economic health of its community.
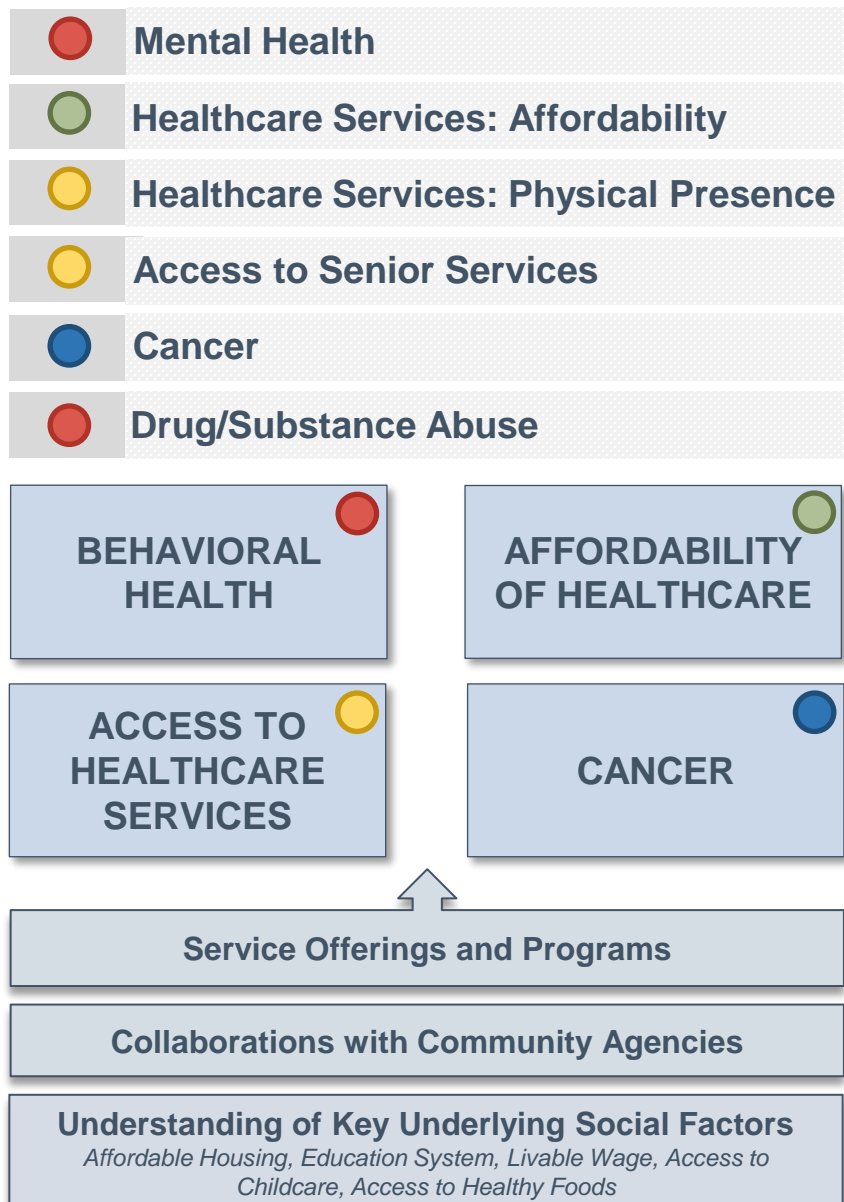
Behavioral Health[16]
Mental Health, Drug/Substance Abuse

TVH services, programs, and resources available to respond to this need include:[17]

- Nurse Practitioner (NP) with psychiatry/mental health specialization
- Pain Management Program
- GATE Program – provider-to-provider communication regarding mental health
- Standardized use of PHQ-2 and PHQ-9 (depression screening), as indicated by diagnosis using initial questions
- Tele-Behavioral Health offering is available for crisis assessments in the emergency department (ED) through a partnership with EIRMC
- Partnership with the school system and mental health counselors
- Certified mental health counselor sees patients weekly (adolescent to geriatric)
- Partnership with the Mental Health Coalition of Teton Valley, including financial support for counseling, and specific pain management counseling
- Pain Management specialist (physician)
- Certified Registered Nurse Anesthetist provides pain management procedures
- Maintained a list of local resources for addiction
- 4 individuals with Drug Enforcement Administration certifications are able to prescribe Suboxone
- Work with local pharmacies to reduce the risk of inappropriate drug use
- Marketing campaign –"Opioid Opt Out", added awareness questions to Emergency Room and Outpatient surveys
- Medication disposal bags are provided to patients

The impact of actions taken since the immediately preceding CHNA:[18]

- Pain management program reduced prescription opioid use
- Hospital space is offered for Mental Health Coalition meetings
- Developed further relationship with the Mental Health Coalition with a commitment to host an annual mental health event during National Suicide Prevention Week
- Current Nurse Practitioner is getting additional education in behavioral health

Additionally, TVH plans to take the following steps to address this need:

- Expand Tele-Behavioral Health offerings to provide additional care outside of the ED
- Increase activity with the Mental Health Coalition Board and build community relationships

_____

[16] This section in each need for which the hospital plans an implementation strategy responds to Schedule H (Form 990) Part V B 11
[17] This section in each need for which the hospital plans an implementation strategy responds to Schedule H (Form 990) Part V B 3 c
[18] This section in each need for which the hospital plans an implementation strategy responds to Schedule H (Form 990) Part V B 3 i

- Increase education and awareness around available behavioral health services
- Improve ED capabilities – investigate the potential of a safe room for patients in crisis
- Educate providers on the steps to properly refer Medicare patients to behavioral health services

Identified measures and metrics to track progress:

- Increase the number of patient visits with a Behavioral Health Nurse Practitioner
- Utilization of a safe holding environment for crisis patients
- Suicide death rate

Partner organizations that may also address this need in the community:

Organization	Contact/Information
Mental Health Coalition of Teton Valley	https://mentalhealthcoalitionoftetonvalley.org/
Community Resource Center of Teton Valley	https://crctv.org/
Eastern Idaho Regional Medical Center - EIRMC	https://eirmc.com/specialties/behavioral-health/
Family Safety Network	https://www.familysafetynetwork.info/

Affordability of Healthcare

TVH services, programs, and resources available to respond to this need include:

- Cache Clinic – retail clinic to provide minor medical needs to under or uninsured for a low fixed price

- Community Assistance Program (CAP) and sliding fee scale for family practice clinics, specialty clinics, and hospital bills (no cap)

- Breast Health Support Fund – free, basic mammography screening for those unable to afford it

- Annual health fair with reduced-cost lab screenings and free preventive screenings

- Offer Care Credit (medical credit card)

- Affordable Care Act (ACA) counseling services

- King-Devick Program - Free concussion screenings for local athletic teams (ages 8+)

- Assistance with patients in filling out the Medicaid Insurance application

- Student health fair –aimed at low-income students

- Patients can talk or visit with an onsite patient account representative to understand the billing process and payment methods – patients are screened for financial assistance and referred to the business office if applicable

The impact of actions taken since the immediately preceding CHNA:

- Direct Primary Care (DPC) is now offered at the Cache Clinic – DPC is a membership program where patients can unlimited primary care services for a low monthly fee

- Free COVID-19 vaccine clinics and at-home tests available to area residents

Additionally, TVH plans to take the following steps to address this need:

- Increase marketing and awareness of DPC, CAP, and no-interest payment plans to area residents to increase access to primary care and affordability of healthcare services

Identified measures and metrics to track progress:

- Increase the number of CAP and sliding fee applications received each year

- Uninsured rate in Teton County

Partner organizations that may also address this need in the community:

Organization	Contact/Information
Community Resource Center of Teton Valley	https://crctv.org/
Eastern Idaho Public Health	https://eiph.idaho.gov/
Teton School District 401	https://tsd401.org/

TVH services, programs, and resources available to respond to this need include:

- Swing Bed Transitional Care service – 24/7 skilled nursing care to prepare patients for a successful return home

- Specialty Care offerings – Dermatology, Cardiology, General Surgery, Oncology, Neurology, Orthopedics, Pain Management, and Pulmonology

- Telemedicine offerings – Family Medicine, Tele-Burn, Tele-Stroke, Tele-Behavioral Health, and Tele-Oncology

- Flu shot clinic with drive-by vaccinations

- Spanish Clinic – whole family healthcare

- Chronic Care Program

- Pain Management Program

- Extended clinic hours

- Automated Patient Check-In system on iPads–collects patient information which allows TVH to get the right data consistently and allows patients to see their health data

- TVH has a clinic strategy team that addresses access concerns

- People can sign up for reminder emails/text messages through the portal
    - Most appointments can be scheduled using the portal, allowing 24/7 access
    - Patients will receive a reminder call, text, or email prior to their follow-up appointment timeframe to schedule their appointment

The impact of actions taken since the immediately preceding CHNA:

- Expansion of the Specialty Clinic to add two additional exam rooms

- COVID-19 vaccine clinics held for area residents

- Caregiver Support Seminars hosted on Tuesdays to provide education and resources for the ailing and their loved ones providing care

Additionally, TVH plans to take the following steps to address this need:

- Increase marketing and awareness of DPC to area residents to increase access to primary care

- Continue to grow service offerings in the Specialty Clinic to meet the needs of the community

- Expand Caregiver Seminars to cover orthopedics and mental health at the senior center

- Host seminars for service line offerings to increase awareness and utilization of services

- Increase marketing for Specialty Clinic and Swing Bed Transitional Care services

Identified measures and metrics to track progress:

- Increase the number of appointments per service line
- Increase awareness of services through community surveys

Partner organizations that may also address this need in the community:

Organization	Contact/Information
Mental Health Coalition of Teton Valley	https://mentalhealthcoalitionoftetonvalley.org/
Seniors West of the Tetons	https://www.tetonseniors.org/
Community Resource Center of Teton Valley	https://crctv.org/
Eastern Idaho Regional Medical Center - EIRMC	https://eirmc.com/
Intermountain Healthcare	https://intermountainhealthcare.org/

Cancer

TVH services, programs, and resources available to respond to this need include:

- Tele-Oncology services
- Dermatologist available in Specialty Clinic once a month
- Cancer screening services - lung cancer, prostrate, clinical breast exams, colorectal cancer, skin exams, biopsies
- Cancer treatment services – chemotherapy, immunotherapy, radiation, surgery
- Nurse navigator who connects cancer patients with specialists at Intermountain Healthcare
- Breast Health Support Fund – free, basic mammography screening for those unable to afford it
- Bundled, discounted pricing for colonoscopy screenings
- Participate in Health and Welfare programs for low-cost mammography and cervical checks
- Smoking Cessation program

The impact of actions taken since the immediately preceding CHNA:

- Addition of new 3D mammography equipment for breast cancer screenings
- Sponsored events during Breast Cancer Awareness Month

Additionally, TVH plans to take the following steps to address this need:

- Grow partnerships with local non-profit organizations like Tough Enough to Wear Pink
- Evaluate adding oncology services to the Specialty Clinic
- Evaluate expanding the infusion center
- Increase education and awareness during all cancer awareness months, not just Breast Cancer Awareness Month
- Evaluate adding another day of dermatology to the Specialty Clinic each month if needed by community demand
- Grow tobacco and vaping education programming in local schools

Identified measures and metrics to track progress:

- Mammography screening rate
- Number of community events attended with cancer education materials
- Number of Smoking Cessation program participants with follow-up

Partner organizations that may also address this need in the community:

Organization	Contact/Information
Teton School District 401	https://tsd401.org/
Seniors West of the Tetons	https://www.tetonseniors.org/
Community Resource Center of Teton Valley	https://crctv.org/
Tough Enough to Wear Pink	https://www.toughenoughtowearpink.com/
Intermountain Healthcare	https://intermountainhealthcare.org/

Other Needs Identified During the CHNA Process:

12. Healthcare Services: Prevention
13. Women's Health
14. Employment and Income
15. Heart Disease
16. Community Safety
17. Diabetes
18. Diet
19. Stroke
20. Dental
21. Obesity
22. Excess Drinking
23. Smoking/Vaping/Tobacco Use
24. Access to Exercise/Recreation
25. Alzheimer's and Dementia
26. Employment
27. Transportation
28. Social Connections
29. Social Support
30. Physical Inactivity
31. Lung Disease
32. Liver Disease
33. Kidney Disease
34. Risky Sexual Behavior

Appendix

Community Data

Community Demographics

Demographic Profile

	Teton County				Idaho				US AVG.	
	2022	2027	% Change	% of Total	2022	2027	% Change	% of Total	% Change	% of Total
Population										
Total Population	*12,097*	*12,925*	*6.8%*	*100.0%*	*1,919,403*	*2,041,206*	*6.3%*	*100.0%*	*3.6%*	*100.0%*
By Age										
00 - 17	3,500	3,724	6.4%	28.9%	478,346	511,083	6.8%	24.9%	0.0%	21.7%
18 - 44	4,432	4,691	5.8%	36.6%	690,264	727,157	5.3%	36.0%	0.3%	36.0%
45 - 64	2,881	2,967	3.0%	23.8%	439,492	441,175	0.4%	22.9%	-4.3%	24.9%
65+	1,284	1,543	20.2%	10.6%	311,301	361,791	16.2%	16.2%	12.8%	17.4%
Female Childbearing Age (15-44)	2,343	2,520	7.6%	19.4%	376,227	396,556	5.4%	19.6%	0.0%	19.5%
By Race/Ethnicity										
White	9,775	10,413	6.5%	80.8%	1,568,575	1,649,291	5.1%	81.7%	-1.3%	61.0%
Black	25	25	0.0%	0.2%	16,690	18,258	9.4%	0.9%	0.8%	12.4%
Asian & Pacific Islander	57	62	8.8%	0.5%	32,383	35,395	9.3%	1.7%	5.6%	6.3%
Other	2,240	2,425	8.3%	18.5%	301,755	338,262	12.1%	15.7%	7.8%	20.3%
Hispanic*	2,085	2,178	4.5%	17.2%	251,677	270,900	7.6%	13.1%	3.4%	19.0%
Households										
Total Households	4,563	4,922	7.9%		706,800	753,212	6.6%			
Median Household Income	$ 87,910	$ 102,204			$ 66,671	$ 78,785			*US Avg. $64,730 | $72,932*	
Education Distribution										
Some High School or Less				4.7%				7.4%		10.1%
High School Diploma/GED				15.5%				25.8%		27.1%
Some College/Associates Degree				35.3%				36.1%		27.7%
Bachelor's Degree or Greater				44.5%				30.7%		35.1%

*Ethnicity is calculated separately from Race

Source: Stratasan, ESRI (2022)

Leading Cause of Death

The Leading Causes of Death are determined by the official Centers for Disease Control and Prevention (CDC) final death total. Idaho's Top 15 Leading Causes of Death are listed in the tables below in Teton County's rank order. Teton County was compared to all other Idaho counties, Idaho state average, and whether the death rate was higher, lower, or as expected compared to the U.S. average.

Cause of Death			Rank among all counties in ID (#1 rank = worst in state)	Rate of Death per 100,000 age adjusted		Observation (Teton County Compared to U.S.)
ID Rank	Teton Rank	Condition		ID	Teton	
1	1	Heart Disease	41 of 44	151.9	131.6	*Lower than expected*
2	2	Cancer	41 of 44	136.5	115.0	*Lower than expected*
4	3	Accidents	21 of 44	50.8	58.5	*As expected*
6	4	Stroke	34 of 44	37.4	38.6	*As expected*
5	5	Lung	40 of 44	39.5	27.8	*Lower than expected*
3	6	COVID-19	34 of 44	63.9	26.7	*Lower than expected*
8	7	Suicide	24 of 44	23.2	20.0	*Higher than expected*
7	8	Alzheimer's	30 of 44	36.7	18.6	*Lower than expected*
9	9	Diabetes	42 of 44	22.7	10.0	*Lower than expected*
13	10	Kidney	30 of 44	8.2	8.0	*As expected*
12	11	Flu - Pneumonia	43 of 44	8.6	7.1	*Lower than expected*
11	12	Parkinson's	30 of 44	11.4	5.8	*As expected*
10	13	Liver	41 of 44	15.5	5.1	*Lower than expected*
14	14	Hypertension	38 of 44	8.0	3.5	*Lower than expected*
15	15	Blood Poisoning	36 of 44	5.1	3.5	*Lower than expected*
16	16	Homicide	40 of 44	2.5	0.5	*Lower than expected*

County Death Rate Observation: Higher than expected = 5 or more deaths per 100,000 compared to the US; Lower than expect = 5 or more less deaths per 100,000 compared to the US

Source: worldlifeexpectancy.com (2020)

County Health Rankings

	Teton	Idaho	U.S. Median	Top U.S. Performers
Length of Life				
Overall Rank *(best being #1)*	*5/44*			
- Premature Death*	🟢 **5,099**	6,328	8,200	5,400
Quality of Life				
Overall Rank *(best being #1)*	*5/44*			
- Poor or Fair Health	🟢 **14%**	15%	17%	12%
- Poor Physical Health Days	🟢 **3.6**	3.9	3.9	3.1
- Poor Mental Health Days	🟢 **3.9**	4.4	4.2	3.4
- Low Birthweight	🔴 **8%**	7%	8%	6%
Health Behaviors				
Overall Rank *(best being #1)*	*1/44*			
- Adult Smoking	🟢 **13%**	16%	17%	14%
- Adult Obesity	🟢 **26%**	30%	33%	26%
- Physical Inactivity	🟢 **20%**	23%	27%	20%
- Access to Exercise Opportunities	🟢 **80%**	67%	66%	91%
- Excessive Drinking	🔴 **21%**	20%	18%	13%
- Alcohol-Impaired Driving Deaths	🔴 **33%**	31%	28%	11%
- Sexually Transmitted Infections*	🟢 **123.5**	384.0	327.4	161.4
- Teen Births *(per 1,000 female population ages 15-19)*	🟢 **15**	18	28	13
Clinical Care				
Overall Rank *(best being #1)*	*34/44*			
- Uninsured	🔴 **16%**	13%	11%	6%
- Population per Primary Care Provider	🔴 **3,036**	1,517	2,070	1,030
- Population per Dentist	🔴 **2,084**	1,511	2,410	1,240
- Population per Mental Health Provider	🔴 **1,042**	435	890	290
- Preventable Hospital Stays	🔴 **3,138**	2,123	4,710	2,761
- Mammography Screening	🟢 **42%**	41%	41%	50%
- Flu vaccinations	🔴 **32%**	43%	43%	53%
Social & Economic Factors				
Overall Rank *(best being #1)*	*6/44*			
- High school graduation	🟢 **93%**	91%	90%	96%
- Unemployment	🔴 **5.7%**	5.4%	3.9%	2.6%
- Children in Poverty	🟢 **10%**	12%	20%	11%
- Income inequality**	🔴 **4.5**	4.1	4.4	3.7
- Children in Single-Parent Households	🟢 **14%**	17%	32%	20%
- Violent Crime*	🟢 **85**	221	205	63
- Injury Deaths*	🟢 **61**	78	84	58
- Median household income	🟢 **$74,935**	$62,603	$50,600	$69,000
- Suicides	**n.d.**	22	17	11
Physical Environment				
Overall Rank *(best being #1)*	*2/44*			
- Air Pollution - Particulate Matter (μg/m³)	🟢 **4.7**	6.8	9.4	6.1
- Severe Housing Problems***	🟢 **10%**	14%	14%	9%
- Driving to work alone	🟢 **71%**	78%	81%	72%
- Long commute - driving alone	🔴 **50%**	24%	31%	16%

*Per 100,000 Population
**Ratio of household income at the 80th percentile to income at the 20th percentile
***Overcrowding, high housing costs, lack of kitchen facilities, or lack of plumbing facilities

Key (Legend)

🟢 Better than ID
🟡 The same as ID
🔴 Worse than ID

Source: County Health Rankings 2022 Report

Detailed Approach

Teton Valley Health ("TVH" or the "Hospital") is organized as a not-for-profit organization. A Community Health Needs Assessment (CHNA) is part of the required hospital documentation of "Community Benefit" under the Affordable Care Act (ACA), required of all not-for-profit hospitals as a condition of retaining tax-exempt status. This study is designed to comply with the standards required of a not-for-profit hospital.

In addition to completing a CHNA and funding necessary improvements, a not-for-profit hospital must document the following:

- Financial assistance policy and policies relating to emergency medical care

- Billing and collections

- Charges for medical care

Further explanation and specific regulations are available from Health and Human Services (HHS), the Internal Revenue Service (IRS), and the U.S. Department of the Treasury.

Project Objectives

TVH partnered with QHR Health ("QHR") to:

- Complete a CHNA report, compliant with Treasury – IRS
- Provide the Hospital with the information required to complete the IRS – Schedule H (Form 990)
- Produce the information necessary for the health organizations to issue an assessment of community health needs and document its intended response

Overview of Community Health Needs Assessment

Typically, non-profit hospitals qualify for tax-exempt status as a Charitable Organization, described in Section 501©(3) of the Internal Revenue Code; however, the term 'Charitable Organization' is undefined. Prior to the passage of Medicare, charity was generally recognized as care provided for those who did not have the means to pay. With the introduction of Medicare, the government met the burden of providing compensation for such care.

In response, IRS Revenue ruling 69-545 eliminated the Charitable Organization standard and established the Community Benefit Standard as the basis for tax exemption. Community Benefit determines if hospitals promote the health of a broad class of individuals in the community, based on factors including:

- An Emergency Room open to all, regardless of ability to pay
- Surplus funds used to improve patient care, expand facilities, train, etc.
- A board controlled by independent civic leaders
- All available and qualified physicians granted hospital privileges

Specifically, the IRS requires:

- Effective on tax years beginning after March 23, 2012, each 501(c)(3) hospital facility must conduct a CHNA at least once every three taxable years and adopt an implementation strategy to meet the community needs identified through the assessment.

- The assessment may be based on current information collected by a public health agency or non-profit organization and may be conducted together with one or more other organizations, including related organizations.

- The assessment process must take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge or expertise of public health issues.

- The hospital must disclose in its annual information report to the IRS (Form 990 and related schedules) how it is addressing the needs identified in the assessment and, if all identified needs are not addressed, the reasons why (e.g., lack of financial or human resources).

- Each hospital facility is required to make the assessment widely available and downloadable from the hospital website.

- Failure to complete a CHNA in any applicable three-year period results in an excise tax to the organization of $50,000. For example, if a facility does not complete a CHNA in taxable years one, two, or three, it is subject to the penalty in year three. If it then fails to complete a CHNA in year four, it is subject to another penalty in year four (for failing to satisfy the requirement during the three-year period beginning with taxable year two and ending with taxable year four).

- An organization that fails to disclose how it is meeting needs identified in the assessment is subject to existing incomplete return penalties.

Community Health Needs Assessment Subsequent to Initial Assessment

The Final Regulations establish a required step for a CHNA developed after the initial report. This requirement calls for considering written comments received on the prior CHNA and Implementation Strategy as a component of the development of the next CHNA and Implementation Strategy. The specific requirement is:

> *"The 2013 proposed regulations provided that, in assessing the health needs of its community, a hospital facility must take into account input received from, at a minimum, the following three sources:*
>
> 1) *At least one state, local, tribal, or regional governmental public health department (or equivalent department or agency) with knowledge, information, or expertise relevant to the health needs of the community;*
>
> 2) *members of medically underserved, low-income, and minority populations in the community, or individuals or organizations serving or representing the interests of such populations; and*
>
> 3) *written comments received on the hospital facility's most recently conducted CHNA and most recently adopted implementation strategy.*
>
> *…the final regulations retain the three categories of persons representing the broad interests of the community specified in the 2013 proposed regulations but clarify that a hospital facility must "solicit" input from these categories and take into account the input "received." The Treasury Department and the IRS expect, however, that a hospital facility claiming that it solicited, but could not obtain, input from one of the required categories of persons will be able to document that it made reasonable efforts to obtain such input, and the final regulations require the CHNA report to describe any such efforts."*

Representatives of the various diverse constituencies outlined by regulation to be active participants in this process were actively solicited to obtain their written opinion. Opinions obtained formed the introductory step in this assessment.

To complete a CHNA:

"… the final regulations provide that a hospital facility must document its CHNA in a CHNA report that is adopted by an authorized body of the hospital facility and includes:

1) *A definition of the community served by the hospital facility and a description of how the community was determined;*
2) *a description of the process and methods used to conduct the CHNA;*
3) *a description of how the hospital facility solicited and took into account input received from persons who represent the broad interests of the community it serves;*
4) *a prioritized description of the significant health needs of the community identified through the CHNA, along with a description of the process and criteria used in identifying certain health needs as significant and prioritizing those significant health needs; and*
5) *a description of resources potentially available to address the significant health needs identified through the CHNA.*

… final regulations provide that a CHNA report will be considered to describe the process and methods used to conduct the CHNA if the CHNA report describes the data and other information used in the assessment, as well as the methods of collecting and analyzing this data and information, and identifies any parties with whom the hospital facility collaborated, or with whom it contracted for assistance, in conducting the CHNA."

Additionally, all CHNAs developed after the very first CHNA received written commentary on the prior Assessment and Implementation Strategy efforts. TVH followed the Federal requirements in the solicitation of written comments by securing the characteristics of individuals providing written comments but did not maintain identification data.

"…the final regulations provide that a CHNA report does not need to name or otherwise identify any specific individual providing input on the CHNA, which would include input provided by individuals in the form of written comments."

The methodology takes a comprehensive approach to the solicitation of written comments. Input was obtained from the required three minimum sources and expanded input to include other representative groups. TVH asked all those participating in the written comment solicitation process to self-identify themselves into any of the following representative classifications. Written comment participants self-identified into the following classifications:

1) **Public Health Official** – Persons with special knowledge of or expertise in public health

2) **Government Employee or Representative** – Federal, tribal, regional, State, or local health or other departments or agencies, with current data or other information relevant to the health needs of the community served by the Hospital

3) **Minority or Underserved Population** – Leaders, representatives, or members of medically underserved, low-income, and minority populations, and populations with chronic disease needs in the community served by the Hospital facility. Also, in other federal regulations the term Priority Populations, which includes rural residents and LGBT interests, is employed and for consistency is included in this definition

4) **Chronic Disease Groups** – Representative of or member of a Chronic Disease Group or Organization, including mental and oral health

5) **Community Resident** – Individuals, volunteers, civic leaders, medical personnel, and others to fulfill the spirit of broad input required by the federal regulations

6) **Educator** – Persons whose profession is to instruct individuals on a subject matter or broad topics

7) **Healthcare Professional** – Individuals who provide healthcare services or work in the healthcare field with an understanding/education on health services and needs.

Other (please specify)

The methodology takes a comprehensive approach to assess community health needs, perform several independent data analyses based on secondary source data, augment this with community opinions, and resolve any data inconsistency or discrepancies by reviewing the combined opinions formed by local experts. TVH relies on secondary source data, and most secondary sources use the county as the smallest unit of analysis.

Most data used in the analysis is available from public internet sources and proprietary data. Any critical data needed to address specific regulations or developed by the survey respondents cooperating in this study are displayed in this CHNA report appendix.

Data sources include:

Website or Data Source	Data Element	Date Accessed	Data Date
Stratasan	Assess characteristics of the primary service area, at a zip code level; and, to access population size, trends and socio-economic characteristics	August 2022	2022
www.countyhealthrankings.org	Assessment of health needs of the county compared to all counties in the state.	August 2022	2013-2020
Centers for Disease Control and Prevention (CDC) Final Deaths	15 top causes of death	August 2022	2020
Bureau of Labor Statistics	Unemployment rates	August 2022	2021
Center for Housing Policy	Impact of housing on health	September 2022	2015
Zillow Home Value Index	Average home value	September 2022	2022
NAMI	Statistics on mental health rates and services	September 2022	2021
AAFP	Impact of education on health	September 2022	N.D.
Health Affairs: Leigh & Du	Impact of wage on health	September 2022	2018
Economic Policy Institute	Childcare costs in Idaho	September 2022	2020
Healthy People 2020	Benefits barriers of healthy eating	September 2022	2020
SAMHSA – Behavioral Health Barometer, Idaho, Volume 6	Drug use and health indicators	September 2022	2019
Centers for Medicare & Medicaid Services: Mapping Medicare Disparities by Population	Health outcome measures and disparities in chronic diseases	September 2022	2020
National Cancer Institute	Cancer incidence rates	September 2022	2014-2018

A standard process of gathering community input was developed. In addition to gathering data from the above sources:

- A CHNA survey was deployed to Local Expert Advisors and the general community to gain input on local health needs and the needs of priority populations. Local Expert Advisors were local individuals selected according to criteria required by the Federal guidelines and regulations and TVH's desire to represent the region's geographically diverse population. Community input from 410 survey respondents was received. Survey responses started on May 27th and ended on June 17th, 2022.

- Additionally, interviews and focus groups were conducted to validate the findings of the CHNA survey and to gain additional information on the health priorities in the community. The qualitative data gathered in these sessions were used to inform the health priorities to be addressed by TVH.

Having taken steps to identify potential community needs, the respondents participated in a structured communication technique called the "Wisdom of Crowds" method. The premise of this approach relies on the assumption that the collective wisdom of participants is superior to the opinion of any one individual, regardless of their professional credentials.

In the Hospital's process, the survey respondents had the opportunity to introduce needs previously unidentified and to challenge conclusions developed from the data analysis. While there were a few opinions of the data conclusions not being completely accurate, most of the comments agreed with the findings. A list of all needs identified by any of the analyzed data was developed. The survey respondents then ranked each health need's importance from not at all (1 rating) to very (5 rating).

The ranked needs were divided into two groups: "Significant Needs" and "Other Identified Needs." The determination of the breakpoint — "Significant" as opposed to "Other" — was a qualitative interpretation where a reasonable breakpoint in rank order occurred. TVH analyzed the health issues that received the most responses and established a plan for addressing them.

Survey Results

Due to a high volume of survey responses, not all comments are provided in this report. All comments are unedited and are contained in this report in the format they were received.

Q1: Please select all roles that apply to you.

Answer Choices	Responses	
Community Resident	79.02%	290
Healthcare Professional	12.53%	46
Educator	9.54%	35
Government Employee or Representative	4.90%	18
Minority or Underserved Population	2.45%	9
Representative of Chronic Disease Group or Advocacy Organization	1.63%	6
Public Health Official	1.09%	4
	Answered	367
	Skipped	46

Q2: Place of residency

Answer Choices	Responses	
My primary home is in Teton Valley	91.33%	337
My second home is in Teton Valley	7.05%	26
I do not reside in Teton Valley (please specify county)	1.63%	6
	Answered	369
	Skipped	44

Comments:

- GA - Georgia
- Fremont County
- Pima county, AZ
- Indian River County FL
- Jefferson
- Bonneville

Q3: Age

Answer Choices	Responses	
Under 18	0.00%	0
18-24	2.71%	10
25-34	9.21%	34
35-44	12.20%	45
45-54	13.01%	48
55-64	19.24%	71
65+	43.63%	161
	Answered	369
	Skipped	44

Q4: Gender

Answer Choices	Responses	
Female	65.04%	240
Male	33.88%	125
Transgender	0.00%	0
Non-Binary	0.27%	1
Prefer not to answer	0.81%	3
	Answered	369
	Skipped	44

Q5: Income level

Answer Choices	Responses	
Under $15,000	3.70%	13
Between $15,000 and $29,999	9.69%	34
Between $30,000 and $49,999	17.38%	61
Between $50,000 and $74,999	19.09%	67
Between $75,000 and $99,999	16.81%	59
Between $100,000 and $150,000	18.80%	66
Over $150,000	14.53%	51
	Answered	351
	Skipped	62

Q6: How many people are in your household (including yourself)?

Answer Choices	Responses	
1	14.25%	52
2	58.63%	214
3	9.86%	36
4	10.68%	39
5	4.93%	18
6	0.82%	3
7	0.27%	1
8	0.55%	2
9	0.00%	0
10	0.00%	0
	Answered	365
	Skipped	48

Q7: Do you have any special interests/hobbies? (please select all that apply)

Answer Choices	Responses	
Reading	64.29%	234
Walking/Running	63.46%	231
Other Outdoor Activities (Hiking, Camping, Fishing, Kayaking)	62.36%	227
Traveling	53.02%	193
Biking	49.73%	181
Skiing	49.73%	181
Gardening/Landscaping	47.53%	173
Watching TV/Movies	41.76%	152
Cooking	41.48%	151
Music	37.09%	135
Sports	31.59%	115
Arts/Craft	25.55%	93
Photography	20.60%	75
Golf	16.76%	61
Other (please list any other activites)	14.56%	53
	Answered	364
	Skipped	49

Comments:

- Off-grid learning/living
- Dancing
- Yoga
- Sewing/quilting
- Working with youth
- Swimming
- Community building
- Weightlifting
- Horse riding
- Board games
- Horseback riding, cross country skiing
- Soccer, tennis, badminton, chess, investing, finding affordable residence
- Amateur astronomy--- with backyard observatory. Astrophotography. Design 3D airports for flight simulation computer game, pro bono.
- Rc planes atv rides
- Rafting
- Quilting
- Hunting
- Religious/church activities
- Hiking, mtn biking, backcountry skiing, sudoku
- RV camping
- Wood working
- Moto
- Dog training
- Gardening
- Fly fishing
- Flying
- Hunting
- Rowing
- Horses, motorized recreation
- Genealogy
- Writing
- Boating
- Community involvement
- Horseback training and riding

- Horseback riding
- Trying to buy groceries for babies
- Paddle boarding
- Snowboarding
- Bridge, mahjong
- Snowmobile, BC and XC ski
- Bridge. Mah jongg.
- Spending time with friends
- Meditation & yoga
- Yoga
- Playing maj jong and bridge
- Horseback riding, fly fishing
- Quilting
- Search dog training. Geology. Ham radio.
- Horseback riding
- Snowsports
- Modern board games/gaming
- Hunting upland birds, fine woodworking…
- Trail rides (horses), hunting

Q8: Which groups would you consider to have the greatest health needs in your community? (please select all that apply)

Answer Choices	Responses	
Low-income groups	76.51%	254
Older adults	56.33%	187
Individuals requiring additional healthcare support	42.77%	142
Racial and ethnic minority groups	40.66%	135
Residents of rural areas	25.00%	83
Women	24.10%	80
Children	24.10%	80
LGBTQ+	13.86%	46
	Answered	332
	Skipped	81

Comments:

- Quality health care. Pro-action vs. Re-action"
- I've witnessed a low availability of in home care givers for the elderly. I also believe that having clinics and trainings for LGBTQ+ members would be helpful.
- Accessible check ups
- We need a skilled nursing home in the community and more board certified pediatricians.
- Access to affordable healthcare. Some visits or procedures are very costly and it deters people from seeking treatment. Even more so when payment plans are limited / not offered
- Affordable access to care, flexible hours of care, major health condition support and ongoing care available in the valley - not always having to travel to a major city to receive care, bilingual resources and advocacy to underrepresented racial minorities without stigma.
- Home health services. All of the companies that say they service teton valley come in from out of the valley so the staff are not always available. We need a company that if the family or patient calls they get a hold of the nurse or even the aid directly and not an answering service. Also the valley needs a skilled nursing facility. NOT an assisted living facility.
- Access to healthcare providers that care enough to follow up. I think people should know what they are going to be charged prior to the visit. Not knowing if you're going to be charged $100 or $1000 prevents many people from getting basic care.
- Special services as needed
- There is no where to get dental work that will take medicaid.
- Routine care, injury care, long term care, mental health services
- Transportation
- Prenatal and women's care (access to appointments and services); lack of neonatal care; specialized services
- Currently no services for developmentally delayed people after high school; not sure if we have a sense of how many other disabilities are unidentified-blind, deaf, etc; obviously lack of nursing home.
- Equality in treatment regardless of financial standing
- Focused women's health through-out the life span
- Outreach; less expensive procedures (like mammograms. Blood draws) and needed medical gear (hearing aids, orthopedics for feet); counseling; support groups; childcare advocacy — to name a few.
- Specialists
- Need to be respected
- Affordability and transportation.
- Some may have lost income and therefore need rent and food and transportation assistants.

- About half of transgender youth experience suicidal ideation. Low income and minority groups are disproportionately diagnosed with mental health conditions and have worse health outcomes than their white counterparts. Women experience mental health conditions at a 1 in 4 rate, while men at about a 1 in 8 rate. Rural residents are more at risk of suicide and 60% of idaho residents with a mental health condition don't have access to the care they need. The commons thread in all these populations are the social determinants of health and a lack of access of care. We need more providers across the spectrum working in all areas of health and wellness including prevention, trauma-informed care, and holistic wellness.
- Primary care, cardiovascular, orthopedic, physical therapy, substance abuse, alcoholism, emergency care, pediatrics, diabetes, obesity, asthma, pulmonary diseases, allergies, infectious diseases, ophthalmology, dermatology, ob-gyn
- Obviously everyone has basic health care needs. The poor, young (can't take care of themselves alone) and elderly (special meds, loneliness and other health problems) seem to have the most need (including cross-over from other listed groups). Also feel like adequate mental health assistance is important, whether therapy, medication or more.
- I think basic access. I feel like going to doctor there are barriers, availability of appointments and cost. I haven't used cache clinic but I love the concept- I hope it is lower barriers for folks to access medical care.
- I believe many in the checked groups are either too proud to seek help or do not understand how to seek care.
- Learn about the evils of sugar, the benefits of fasting, strength and endurance exercise
- Access to continued quality affordable healthcare with the emphasis on mental health, security, and freedom of choice through informed scientific information without political bias and government overreach.
- Chronic disease healthcare management, and understanding risk for and care of these diseases.
- Low income or fixed income individuals have some difficulty including medical needs in their struggle to make ends meet. Some elderly people do not have family support to assist with transportation requirements to acquire the appropriate healthcare (appointments and medicine) or ability to remember to take the medications they have acquired."
- Higher quality affordable health care
- Basic health care
- P T, rehab
- Chronic diseases: obesity, diabetes, hypertension. Some will need basic healthcare screening.
- Low cost care, whether medicaid or medicare. Home health care.
- Lack of understanding of how to access health care, understanding importance of following plan of care.
- Assisted living, nursing home, specialty services

- Good preventative care; help getting to appointments (travel options); childcare for kids so parent can get to appt.
- These groups probably need more healthcare services access and at an affordable price.
- I believe all individuals of the ttc and the usa are underserved in healthcare and mental health. The only exception are those individuals that can afford the high costs of healthcare/insurance. The US citizens spend at the world's highest rate for health care and is one of the least healthy industrialized countries. Access to wellness, rather than sickness needs to be addressed/improved.
- Adequate health insurance, money, mental health services
- Can't afford health visits
- I feel these populations need the most attention
- Aging weakens virtually all elements of a healthy body.
- Working low paying jobs (more than one,) perhaps many mouths to feed, little time for getting into the outdoors for exercise.
- Gynecological services and medical professionals for women. More internists who specialize in the care of adults, I personally do not like family care services, there should be separate doctors and waiting rooms for children and adults. More local services for specialty doctors.
- More specialty providers. Gastrointestinal and autoimmune.
- Lgbtq+ individuals need gender-affirming care. I know a number of transgender youth who have to travel 2+ hours for transgender focused health care. Racial and ethnic minority groups - particularly the undocumented community, needs improved access to health care via financial assistance. I have heard that the community assistance program through the hospital requires participants to first apply for medicaid - this is a HUGE barrier to anyone who is undocumented. Policies need to be changed to make that program more accessible to those who might need it the most.
- Mental health patients. Medicare patients - fewer and fewer local providers are accepting medicare.
- Physical therapy in a pool is unavailable locally. As is physical therapy at the patients residence. All of it focusses on sports injuries.
- Older adults need access to a full range of health services especially cardiology and stroke assistance. If I need emergency help, having to take the time to go to driggs first and then EIRMC won't help-too much wasted time.
- Attention
- Lack of annual wellness checks. Low levels of education & knowledge about health. Poor self-care (smoking, poor diet, lack of exercise).
- Specialists that live in teton valley full time to help those in need of special care. I don't like to have to leave the valley to get care that could be here.
- Several socioeconomic reasons
- More specialized doctors

- Mental issues
- Easy and affordable access
- Our racial and ethnic minorities tend to be our low-income neighbors. Access to health care is limited by limited income. The access to consistently healthy foods and decent shelter is limited. Access to dental care is limited. Unfortunately, with the present cost of gasoline, dollars available to address housing, food, and health care is more restricted.
- Supplemental health care. Healthy nutrition & education.
- More affordable healthcare services
- Mental healthcare for everyone is a huge need, making it available and affordable for all.
- Healthcare access at an affordable cost.
- Financial, dental, hearing, vision
- Preventative and education
- Hospice that comes to driggs, more discounts for seniors, women's support groups
- Given the current legal terrain, I believe women's healthcare is essential and will continue to be of utmost importance as long as it is under threat (particularly in regards to access to reproductive health and family planning). Along the same lines, healthcare for LGBTQ+ folks is incredibly important as we see increases in threats to their care. We also have a substantial population of older/aging folks in the valley and for those who do not have family in the immediate area who can help with transportation and care, accessing health services can be challenging. On top of all of that, the current housing shortage, which is most seriously impacting low income households, could compound existing health concerns for that population and make their need for comprehensive and compassionate care even greater.
- Specialists in geriatric care.
- I would like to add groups with disabilities to this list and mark it a high priority!! Most families are missing out on a wide variety of resources available. Also, the families are straining financialy to provided healthcare and other needed supports outside of teton valley.
- Affordable health care, specialty support services, prescription medication assistance.
- Affordable medical and dental care. Access to services such as mental health providers within our area, that accepts the insurance they may have.
- Affordable health care. More choices besides teton valley health care's clinic and hospital providers and billing system.
- Child wellness, all-things women's health, and those with terminal illness needing specialists out of the valley
- Prohibitive insurance costs and medical costs affect low-income groups. They often do not seek medical care when needed because they cannot afford it and it means not putting food on the table or paying rent. Women lack access to comprehensive medical care in our valley (regular check-ups, birth control support, birth services, abortion services). Pediatrician visits are limited which causes families to skip visits. Most people are lacking affordable access to mental health resources for ongoing support.

- Affordable, quality of care in teton valley.
- Access to affordable healthcare
- Less access to preventative and healthy life choices
- Affordable health care; available health care appt after 5pm for employees; education for minorities and immigrants that they can trust our health system and the health care that's available
- Additional options for payment of services.
- The money needed to afford to go to the doctors.
- Minimal health care options due to lack of insurance
- Easy access to affordable, appropriate, health care. Easy education and access to preventable health activities.
- Financial assistance
- Costs and insurance or lack of
- Preventive care and how important it is to overall health. Sadly they do not always have the resources to make it happen.
- Cultural and linguistic barriers
- Ability to get transportation to appointments. Mental health, social isolation.
- Mental health care, diabetes care, overall health
- Good doctors to treat heart and blood pressure issues.
- General medicine, health care needs for elderly, support for handicapped and those undergoing cancer treatment.
- Medication management
- Keeping active
- To expensive to go to the doctor so they dont go
- Knowledge of available help, mental health awareness/help, finances
- It's the same for all of them--easily accessible, high-quality, cost-effective health care both ongoing and for more serious issues or surgeries.
- Access to information, services and financial support
- Additional attention.
- Financial
- Lower costs
- Affordable drugs and services
- Affordable health care
- We need options for nursing home and assisted living care
- Moms need mental health support. People need support regarding ageing issues. People with health conditions/chronic health conditions need support. LGBTQ+ people need support and to know that they are loved.
- Additional advocacy and support.

- Food insecurity, mental health, medical treatment
- Access to healthcare
- Diagnostic and treatment of various diseases common to the elderly.
- Mental health. Improved geriatric care. Cost effective preventive care.
- Better access to government funded programs. Expanded medicare and medicaid programs. Urgent care.
- Health care is expensive, and low income individuals need options.
- Low income folks need general support and education. Why is that particular person in a low income bracket? Obviously many reasons may apply, however if it is a mental or physical health issue, this person's LIFE could be drastically changed with support and education. An individual requiring additional healthcare, may not have a lot of options due to the fact we are a small community and can not provide specialized care due to factors such as budget. Our older population is growing. A healthcare professional that has exceptional knowledge in geriatric health issues would greatly benefit this community.
- Food, clothing, medical
- Availability of specialty services
- Lack of in-home senior support services; communication challenges for our latino community; lack of affordable housing for all low-income groups.
- Support for adults and children with special needs (downs, physical and mental disabilities, etc.)
- Mental health care, easier access to mental health services for uninsured
- Everyone needs equal access and care. I think I worry most about those with low income or little to no health insurance.
- Unhealthy and old people have the greatest healthcare needs.
- Money is the biggest obstacle, as well as not enough mental healthcare workers
- Insurance
- Affordable care and access. Nonjudgmental care. Mental health. Health prevention and screenings. Coordination of care for those with multiple health concerns
- Affordable preventative healthcare (to prevent higher-cost emergency visits or when conditions escalate), and free mental health resources
- Affordable health care. Nonjudgmental care. Mental health. Education. Health prevention and screenings. Coordination of multiple health concerns.
- Housing insecurity, inaccessibility of services, isolation
- Basic check-ups, needs that go beyond WIC or medicare, mental health / therapy needs.
- Having accessible and affordable health and mental care
- Primary care, assisted living
- Hispanic population and low income groups not knowing about healthcare and resources available to them.
- It appears the illegal hispanics likely have the least access to health care.

- Affordable mental health services
- I'm not a public health expert but believe that good health can and should be universal. Education and awareness to all should help people "opt-in" to good health.
- They need access to affordable healthcare.

Q9: Please share comments or observations about the actions TVH has taken to address Affordability/Accessibility of healthcare.

- It is very important to have accessibility for all types of medical problems but especially there has been a large percentage of mental health problems not only in our county but in the entire united states.
- The no-insurance clinic (cash only), but still too much $
- I think that the dpc program is a great idea, it just needs to be announced more throughout the valley. Especially more in the spanish-speaking community. It felt like most didn't even knew there was such a program in the valley to begin with.
- I believe in terms of accessibility i have never seen any issues. I can't speak to affordability because i'm still covered by family insurance.
- I appreciate tvh offering easy access to covid tests, both at home and the drive through tests that were offered.
- Cache clinic.
- I've never heard about the community assistance program or the sliding scale pay fee. I do think the cache clinic is great for offering healthcare to individuals without health insurance.
- The dpc program though it's not well advertised.
- I haven't seen (or do not have knowledge of) any significant improvements
- I am happy to learn, there still will be more to be done to help the accessibility of healthcare.
- Unknown
- I appreciate the new plan tvh has if you don't have insurance.
- I appreciate the "free clinics and health screenings", although i recognize that these have been limited over the last two years due to covid.
- The cache clinic is great.
- Cache clinic is a good start. Maybe screening events (like the old health fair) which could provide one time low cost per year... Perhaps at cache clinic
- Sliding fee scales for low income patients
- I like the actions from cache clinic. Low cash pay, hours, etc
- Cache clinic and direct health care programs
- Partnering with seniors west of the tetons, church groups and business owners to offer affordable services via direct primary care designed specifically for uninsured and under-insured community members

- Cache clinic and the new subscription based plan there. Supporting the mental health coalition.
- Not aware of any actions taken
- I have heard about special (family) plans one could sign up for. Also free covid testing for some time negated what could have been a big cost to those in need.
- Starting the cache clinic -
- Cache clinic!
- I apeciation the urgent care facility, cache, that has a set price to be seen that is reasonable.
- It is difficult to dispel the amount of information that is often not factual about the socioeconomic efforts of healthcare providers to educate the public to participate in a philosophy of "population health" and prevention
- They have tried offering cache clinic and plans to cover cost by monthly costs.
- Telehealth appointments, specialists at tvh specialty clinic, i don't know much about financial assistance offers but know that medicaid applications are given.
- Sounds like tvh has made an insurance plan that is affordable according to a brochure that i read at the hospital.
- Accessibility after clinic hours for needs not requiring emergency room visit/expense were addressed by cache clinic. However the current after hours of cache clinic only tues/thurs evenings are not enough for the needs of the community. This leaves the working class with little access after regular business hours and weekend. Affordability for clinic visits without insurance leaves many waiting to get better/worse because of lack of funds. Another reason for extended hours for cache clinic.
- Cache clinic?
- None observed personally
- Addition of the clinic in victor
- Food bank has positive impact.
- Unsure if this has been addressed? I know many out of pocket expenses are more affordable at larger facilities elsewhere.
- I am unsure about this.
- Excellent job conducting covid immunization clinics
- Love having a local clinic and hospital. Patient portal is helpful and a great way to communicate. Scheduling, prior-authorization, insurance claims and billing is still a struggle - not sure how much is covid related thought.
- The cache clinic development seems to be one service that attempts to address the affordability/accessibility issue. Also the program of payment of a flat fee for all preventive care and minor illnesses seems to be an effort to help in this arena. I do not personally know, however, of positive impacts nor have I seen reports.
- I've lived in teton valley since before 2019 and i haven't noticed that anything is more affordable.

- The family one cost plan might be a step in the right direction
- I feel that TVH is very accessible but I don't think there's much effort to be affordable.
- I have noticed more medical clinics in victor which is great. That makes receiving medical attention much easier for the local community
- I am unaware of what actions have been taken to address this issue.
- I have not seen any changes
- I have utilized the cache clinic once with my son and was very impressed with the services and affordibility.
- Cache clinic and health and welfare, provide services at a low cost or free of charge. Easily accessible for those in need. Friendly staff and knowledgeable.
- There is an option to buy into a plan at the hospital, i think, that makes it more affordable and accessible? I'm not sure
- Positive - moving in the right direction
- Cache clinic, affordable package for non insured
- Multiple locations to access healthcare
- Adding cache clinic and the medical membership
- Above average
- Like the chronic pain management!
- This still needs to be addressed and improved.
- I'm not aware of any
- Too much red tape. Portal is not user friendly especially for low vision patients.
- Direct primary care. Sliding scale clinic.
- Need to be updated and more accessible
- Cache clinic
- I think that people get a discount if they pay at the time of services. I'm not aware of any other actions.
- The cache clinic seems to help address this need. Lack of ability to pay for care is a huge problem but since I am not necessarily a member of the community struggling to access/pay for care it is hard for me to speak to their needs
- TVH is doing a good job within the context of the funding needed to support our community demographic.
- None known.
- Health care is currently more unavailable and expensive then in 2019. As far as I can see your TVH has not improved.
- Direct primary care. TVH works with you on bills.
- Doing the best they can
- Open cache clinic
- They have offered limited "care insurance" through the hospitial

- No specific comment. Just need to attempt to improve health care costs.
- Healthcare is too expensive
- Direct primary care is a huge asset in promoting affordable access to healthcare! Cache clinic is good for one-off visits as well.
- Accessibility is great but affordability is a huge problem for those without insurance or those with insurance but high deductibles. Paying out of pocket for medical and mental health services is unaffordable for most people, and it's getting worse!
- Cache clinic helps those without insurance for basic needs but cannot provide support needed for any more extensive illness or injury.
- The billing department occasionally offers a discount on a bill if the amount is paid in full. This is helpful for some.
- Tvh does very good in these areas
- I don't know what actions TVH has taken to reduce their costs.
- Still frustrated by inability to get live person on phone. Waiting for call back to answer billing questions or scheduling appointments and then missing call is frustrating
- TVH is not always clear about the prices of care and need to be better at getting bills out in a timely manner
- Providing affordable care at cache clinic
- With the growing hispanic and low income populations I think these groups need ongoing outreach.
- Hard to comment as i have good insurance and am not a frequent user of medical services. The little we have had to utilize has been very affordable.
- I think the cache clinic is a great idea. It seems to have provided an opportunity for those who need health care at an anticipated expense. I honestly do not know how well its is working though.
- Tvh has added a new direct primary care program to make health care more accessible and affordable for those without health insurance coverage.
- It seems that the teton valley has many resources and the support in order to address affordability/accessibility of healthcare and each of the other needs as well, however its going to take the community working together to make sure sure everybody receives that help and services that they need.

Q10: Please share comments or observations about the actions TVH has taken to address Mental Health/Suicide.

- I am not really aware of the actions taken by NIHD
- The actions TVH has taken are great. We need to start normalizing mental health rather than chastising people who seek mental health care.
- I feel that while tvh is doing a lot we can always strive for more. Our valley has seen a lot of suicide and if we can offer more hotlines, trainings, or even just resource centers I know it'll make a difference.

- I think pairing with the teton valley health coalition is a great move, i know the tvhc offers 6 free counseling sessions.
- When trying to schedule an appointment with a mental health provider is very difficult. The appointments are too far out. Worse is that all a regular provider does is prescribe medicine to "help" the patient's mental health.
- I haven't seen any educational/promotional material regarding this.
- Mental health care awareness and advocacy is one of the few themes i have seen promoted in the valley since moving here last year.
- I think it is helpful to open up more lines, and i have noticed that my doctors have helped and check up on mental health periodically which is good. There's always more that could be done to understand mental health
- Unknown
- It's a good start.
- I appreciated the collaboration with the mental health coalition. Mental health is a big issue in teton county. I would like to see more involvement by TVH.
- I see other nonprofits addressing mental health and suicide prevention; not necessarily tvh.
- I am aware of the mental health coalition and of one staff member in the hospital - not sure how closely they work togther
- I have not observed
- Telehealth for timely screening of suicide ideology and establishing an individualized plan of care for mental health diagnoses or patients experiencing an episodic crisis
- Supporting and partnering with the mental health coalition
- Not aware of any actions taken
- I'm not sure if it was TVH, but I know a few years ago there was some training locally available on watching for signs and things that could be done to help those with these kind of troubles.
- I have referred some students to tvh as they are the only option available to our students.
- Being a provider or referral for psychiatric help. Screening patients for mental health issues/depression/idealogy. Being the care provider for those who attempt.
- Don't know
- I do not know of what TVH has done to address. When in past that I have looked for information it was very limited.
- This area is the most dramatically and dangerous unmet health need on the planet. It needs to receive top priority or all other healthcare efforts will be negatively impacted
- Mental health coalition, public outreach with education
- Have supported community awareness and always encouraging those with these needs to seek assistance. Screening upon clinic visits is often an eye opener for some to realize they have a need for some mental health care as well.

- None observed personally
- Unaware of community wide actions? I know they offer employees therapy assistance
- Ive seen a bunch of pamphlets. It impossible to find a mental health provider that takes medicare. Most are not certified.
- Country as a whole is doing a much better job to de-stigmatize mental health issues. On-line resources, telemedicine and such have greatly improved access to resources but fear some still need face to face treatment so having additional local resources would be great.
- Tvh clinic is doing depression screening for older adults on a regular basis. I don't know if this has been implemented for all ages.
- I know the mental health coalition offers free sessions for those in need but i'm not aware of any similar offerings through tvh.
- No knowledge about this endeavor
- Not enough communications within the community
- It is easy to get appointments and medications, but counseling is not as easy.
- I see a more concerned effort to provide resources in the valley address this. Even more effort to educate and inform the community on what ia available and how to connect them would be welcome.
- It does seem like the rate of suicides has dropped since 2019, but beyond that i am unaware of action taken by tvh.
- The efforts put towards growing the teton valley mental health coalition
- Increase awareness
- Contributed to TVMHC
- I feel that the hospital could do much much more to support the mental health coalition in supporting this need.
- The mental health coalition has done a great job at creating wrap-around services for those in need.
- Positive - moving in the right direction
- I see the mental health coalition as the action behind this initiative
- Telehealth evaluate is great, shortage of mental heath workers
- So much help needed here!
- In the past 17 years i have noticed metal health awareness and suicide information
- Some improvement has been made, but is more important now than ever before.
- I'm not aware of any
- Not aware of any
- I don't know anything about this
- None
- Anna palmer as a provider at TVH. Direct primary care to allow greater accessibility.
- Not aware of any

- Some progress has been made…
- I know free counseling is available. I would really like to see more mental health social emotional education in schools. It would be nice if each grade could participate in mindfulness instruction. The flourish foundation in hailey, idaho does an amazing job. Free yoga classes and a nondenominational place for meditation that people could go to and practice while they wait for their kids sports or have extra time in town.
- This area is in need of great improvement in our valley.
- Support the mental health coalition
- I have not observed
- There is a lot of room for improvement in mental health services in teton valley. People are depressed and or have anxiety because of inflation and the resulting financial hardships. I haven't seen anything done to improve access and affordability of mental health services. People who need financial help to see someone for mental health care feel bad enough to byatt with, then the staff (not the providers) make you feel even WORSE about yourself because they are very judgmental.
- I don't know what has been done on this.
- I don't know what actions tvh has taken to reduce suicides and/or improve mental health
- Big void in cmmunity
- Are psychiatric services available. Not really advertised. Support groups?
- Supporting mental health coalition
- I believe that TVH has address these issues very well.
- Again, i do not know the effectiveness but i do know that the rest rooms in my building have contact information posted in them on how to access help.

Q11: Please share comments or observations about the actions TVH has taken to address Prevention/Wellness.

- Radio/newspaper ads
- The prevention programs are an awesome way to stop a situation before it is too late. Again, we need to advertise it more, I feel like many people didn't know there were such programs available in the valley.
- Tvh and the family safety network do a great job to provide resources in this area.
- I think the preventive concussion screening is very beneficial for the younger high school contact sport athletes.
- It would be great to see more social media posts. To see the hospital more engaged in community outreach / education.
- I haven't seen any educational/promotional material regarding this.
- My doctor has been very helpful in prevention medication and giving tips and tricks for general wellness.
- It's a good start.

- Don't know; seems like advertising when you fill out the check in questions about this.
- Increased awv's, focusing on depression screenings to google help capture depression before it worsens
- I have not observed
- Our family gets reminders about wellness checks for the children.
- Partnering with community groups/business owners to provide educational offering on weight management, healthy living strategies, how to be your own or someone you love's best health care advocate.
- Not aware of any actions taken
- None that I know about - besides being a primary care hospital.
- I know tvh has participated in teton valley cares
- We are working hard to market and influence the   knowledge and desire of the community to voluntarily engage in prevention which stimulates greater wellness at more affordable costs.
- They have improved their medicare interviews and medical follow up.
- More could be done here. More click on it information on the website. Some very basic education. Handwashing videos, basic healthcare: eat, exercise, sleep: how much, how often, how to.   People don't seem to understand basic first aid: wash a cut or abrasion with soap and water, how to apply ice and heat and when, cold and flu management, when to bring a person to dr (after tried tylenol and ibuprofen, signs of dehydration, rehydration techniques), safety: wear a helmet, footwear, sunscreen, beacons in the winter.
- Annual medicare wellness exams
- Upon visiting clinic you are asked specific questions regarding prevention that we were not asked before eg: vaccination status for several diseases, last mamo, colonoscopy etc. Providers are always teaching prevention and wellness during their visit as well.
- None observed personally
- The fact that they notify me on the yearly for my annual wellness exam
- Walking trails expanded. Group hikes available.
- Unsure of this? I do know I get an email, text and multiple notifications to come every year for a wellness visit.
- Ive seen a lot of pamphlets etc about prevention and wellness events.
- Have received many postcard ads in the mail regarding new providers in the area offering specialized help for pain and such. Covid tests and screenings have been a god send!
- Working together with pharmacies and eiph to offer covid vaccines was a positive step.
- I have only experienced the medicare wellness exam
- I don't see much in any area of standard healthcare and insurance geared toward prevention.
- This is a pretty active community anyway but overall, i do not notice much in the way of prevention/wellness

- I am unaware of what actions have been taken to address this issue.
- There are fun activities that tvh has done for women in breast cancer awareness.
- They do encourage wellness exams and send reminders about mammos.
- Great to have reminders sent for wellness checkups.
- Positive - moving in the right direction
- Wellness visits in affordable package for non insured
- Outreach using local media sources to address actions such as regular screenings. Signage hanging in the community.
- I was so impressed with the dietician sarah. We are blessed to have her here.
- Tvh has participated in mass vaccination efforts due to covid.
- Health fare
- They are attempting to improve. Certainly not enough staff to accomplish this goal.
- I'm aware of their wellness program for non-profits
- Not aware of any
- Primary care expansion. Increase in the number of providers in the clinics.
- Trying to get annual visits payed by medicare…but it is not with a md
- Was pro-active during covid
- Unless you have insurance you can't afford it.
- Health fairs have helped
- I'm not aware of these actions.
- Unknown
- Here i see real progress on tvh efforts to educate people on solid health habits.
- Our health prevention and wellness has been our main focus. With the help of troy weston.
- None known.
- Vaccines during the pandemic were great.   Testing is available.
- Wish the health fair still existed
- Emails regarding scheduling annual wellness exam for medicare enrollees
- Improved over time
- Having only one traveling gynecologist one day a week isn't enough
- The providers do a good job with prevention and wellness - if you can afford to see a provider. There should be more free community services to promote prevention and wellness.
- I have gotten covid shots there do good!
- Unaware
- Would like to see discounted screening labs for lipids and blood sugar maybe once a month or every other month for cash patients. Is there a cash pay discount at time of service option?

- Supporting health/wellness oriented organizations and events
- I believe that tvh has address these issues very well.
- Seems like you provide sponsorship for activities like walks, other outdoor events that foster an increase in healthy activity.

Q12: Please share comments or observations about the actions TVH has taken to address Drug/Substance Abuse.

- I think the whole pain management is awesome. It's a great start and can definitely be built up some more.
- As someone who was seeking a substance abuse support group i wish there were more regular scheduled meetings
- TVH will have to try to do more to help with the substance abuse problem. Prescription give backs are great but how about implementing something to target and raise awareness to younger high school aged kids?
- Sometimes providers think the best answer is prescribe medicine/opioids/narcotics rather than find a different approach.
- I haven't seen any educational/promotional material regarding this.
- Opening this up to the community and allowing the individuals to help themselves can be very helpful.
- It's a good start.
- I do not know much about tvh involvement in addressing substance abuse. Are there classes sponsored at the high school or middle school to inform children of the dangers of substance abuse, how to cope with substance abusing family members, how to deal with substance abusing peers?
- Don't know
- See lots of signs in the hospital. I assume the medical staff are slow to prescribe anything addicitive
- Pain contracts and consistent apts with anna palmer and dr. Smith
- I have not observed
- Adding anna palmer and her work around this issue
- Not aware of any actions taken
- I am not aware of the actions at TVH for this issue.
- None that i know about. Drug and substance abuse is a huge issue in teton valley that goes under the radar. More outreach needs to be done in schools starting at a young age.
- It is great health community that cares about these folk and helps them.
- I see na mtgs in community calendar. Not sure who is responsible.
- None observed personally
- I don't know

- This area is well encompassed in the issues by the lack of a higher level of mental health. Public education and community information during the early developmental years of a child's life must receive a higher priority on the health, anatomy, and physiology of the human body. Such education is direly missing in our public and community education programs.
- Unaware of action
- There are a lot of pamphlets, but no one has made alternatives to opiods more available for pain control. PT, massage, acupuncture/acupressure, etc….
- Seems to be on the rise in tv and would like to see more resources.
- There remains a chronic problem with drug abuse and substance abuse in the valley. I see it each week in the sheriffs report. I would always welcome more public outreach, awareness, roeurces dedicated to helping improve this abuse in the community
- I am unaware of what actions have been taken to address this issue. I do think that this is still a major issue in this valley, regardless of what actions have been taken.
- I haven't seen too much about this or the services available.
- I don't think they can do much in those areas.
- Positive - moving in the right direction
- Below average...Substance use is a huge issue in both adults and kids
- Not an item I am familiar with. No comment.
- This is an area that needs desperate help in our valley. Alcohol abuse is out of control.
- Hired providers dealing with chronic pain
- I have not observed
- I have no knowledge on this topic
- I haven't seen any actions taken.
- Other than signs in waiting room about opioids i am not aware of what has been done
- TVH has implemented pain management program - but substance abuse seems like a big challenging problem to address
- I believe that TVH has address these issues very well.
- I have seen a shift in the doctors not prescribing pain medication or limiting the amount of a rx more recently.

Q13: Please share comments or observations about the actions TVH has taken to address Alcohol Use.
- Normalize AA meetings in the valley for those who struggle with alcoholism.
- I feel this could be better. We have a very high DUI rate in this area.
- I haven't seen any educational/promotional material regarding this.
- I did not see much for the alcohol use but opening the community is good to show awareness for the issue.

- Have seen little on this
- It's a good start.
- I don't know much about what you have done in this area.
- Adding anna palmer and her work around this issue
- Not aware of any actions taken
- Unknown. May just not have noticed or remembered.
- I am not aware of actions at tvh for this issue. I do know we have a huge problem with alcohol in this valley.
- None that i know of, other than being a primary care facility.
- I don't have contact with anyone with addiction problems at present.
- A greater emphasis on the fact that alcohol is a dangerous and toxic drug if used improperly. Social acceptance of its use should be carefully monitored and such education must be truthful allow the individual to have knowledge of its dangers and consequences of abuse.
- Don't know
- They have done AA group meetings and addiction recovery meetings.
- I see aa mtgs in the calendar.
- Educated on what is acceptable
- No idea what's available. I've not seen or heard anything.
- Seems to be on the rise in tv and would like to see more resources.
- There remains a chronic problem with alcohol abuse in the valley. I see it each week in the sheriffs report. I would always welcome more public outreach, awareness, roeurces dedicated to helping improve this abuse in the community
- I am unaware of what actions have been taken to address this issue.
- I haven't seen too much about this or the services available.
- Same as drug/substance abuse, right?
- Positive - moving in the right direction
- Not aware of any actions
- I haven't seen any actions taken.
- I believe that tvh has address these issues very well.

Q14: Please share comments or observations about the actions TVH has taken to address Accidents.
- Ability to transport most needs to another facility (better equipped)
- I think the free bystander CPR needs to be publicized, as i've never heard about it yet.
- I haven't seen any educational/promotional material regarding this.
- Accidents are always happening and it is good to keep working on making that easier for individuals and families in accidents.

- I have not seen any thing addressed for accidents there may have been an address made that i just am not aware of.
- It's a good start.
- Tvh seems very competent in dealing with injuries resulting from accidents. I appreciate the care and the prompt transfers to more advanced care.
- I know swot offers fall prevention class - don't know if the hospital is connected to that. Any training with sports coached regarding head injuries...
- Increase in falls screenings: fall risk assessments
- Parenting with community organizational groups to provide safety tips/educational offering on use of helmets, first aid etc.
- None that i know about besides being a primary care provider for those who are physically hurt.
- Public awareness for dangers in the recreational environment of teton county have been a focus of public health and all the agencies that seek to keep people safe and help prevent accidents. TVH has worked closely with other community partners to increase this level of population safety practices. Efforts for TVH to work as partners have been established with teton county fire/ EMS, county sherriff / TCISAR, recreational venues/ grand targhee, national park system, and local sporting organizations and event sponsors. These efforts must be continually upgraded and enhanced as our efforts are to increase safety and prevention.
- All dogs must be leashed 24/7. Way too many dog bites in this area.
- Pleased with all efforts in this area and feel safe/secure if something did happen.
- I do not see much effort on this front.
- I am unaware of what actions have been taken to address this issue.
- When we have had an accident, we know which facility to go to and have always had a pleasant experience.
- Positive - moving in the right direction
- TVH has participated in an accident response exercise.
- Another area where i see real efforts on educating seniors in particular on accident prevention.
- Tvh has a good emergency room facility and transport.
- I have not observed
- Improved over time
- I haven't seen any actions taken.
- I have seen ads for this. When I have been at hoapital, accident patients seem to be taken care of quickly.
- I don't know what actions tvh has taken to address accidents
- Working with other organizations
- I believe that TVH has address these issues very well.

- I believe that there have been significant actions taken to ensure the emergency room is staffed. I also think the combination of the fire and ambulance district has improved service?

Q15: Do you believe the above data accurately reflects your community today? (data included in this report)

Answer Choices	Responses	
Yes, the data accurately reflects my community today	75.13%	145
No, the data does not reflect my community today	24.87%	48
	Answered	193
	Skipped	220

Comments:

- I think the race and ethnicity and income stats may be off. And I think the excessive alcohol use is underreported.
- Poverty in our community is not the federal definition.
- Our Hispanic / Latino community has increased drastically in the past couple of years and due to the lack of mental health providers in the valley, it does not accurately reflect the number of people who are in need or seeking mental health treatment.
- Underrepresented: excessive drinking, poor mental health days, adult smoking. Please consider the median household income not as a stand-alone piece of data but comparable to cost of living (i.e. housing, groceries, etc).
- Population and growth numbers seem to be low. Socioeconomic factors/income/education data may be skewed by second home owners.
- Every one of those numbers is too low some of them extremely low.
- I agree with the ratio of health care professionals to population, It seems our providers can be overwhelmed.
- As far as mental health, I have to say no. When out and about in Driggs and Victor, I have noted a number of people who seem, "Off their game." I have noted depressed behaviors, some confusion, manic behaviors, anger, etc. These could be personality traits, of course, but I have been concerned for individuals on a number of occasions. These behaviors could also be substance abuse related. I have seen enough to believe your numbers are low.
- It is obvious that the healthcare providers are overwhelmed by their caseload. There is not enough time allotted for providers to truly assist each patient... 20 minutes per visit, and if you are not given an early day appointment, you will be seen as much as 1-2 hours after your appointment.
- The population number seems low, as well as the percent that drink excessively and children in poverty.

- It doesn't reflect the entry level employment status vs the cost of housing / living in the valley
- I'm curious how recent this data is given the impacts of Covid and the uptick of death by suicide we've experienced locally.
- It's hard to verify this data...but I believe IF the mean income in the Valley is 76K we have really extreme highs and lows. Everyone I work with makes less than this, myself included.
- I bet the children in Poverty is higher, although ""poverty"" does not always mean destitute.
- If the suicide rate is that much better over Idaho in general, we have improved a lot over what it used to be.
- I have seen a big change in our community that is not reflected on this chart.
- Race and Ethnicity: The Latinx community is much much higher -- at least 20-25% Socioeconomics: The poverty rate is much higher based on the number of families/students as evidenced by the number of students who qualify for school district's free and reduced rates. It's more about 40%.   In year's past -- ALL of Teton School District schools, with the exception of Victor Elementary were Title I schools; meaning over 40% of the student population were from low income families. Health Behaviors: Drug use (marijuana - is that qualfied as a drug anymore? I'm not sure) at the high school is prevalent, but doesn't seem to be listed. Who's going to tick the box of drug use on a community survey though?
- I struggle with ""poverty"" federal poverty income rates is silly low. There is a large gap between federal poverty level and livable income. I think something that makes Teton County interesting that I think most people have moved here and don't have family here. When a child is sick there is little extended family to help.
- I do not have statistical data to comment on the accuracy of the data. Obesity, for example is the extreme level of BMI>30; what is the distribution and for what period. What was the sample size? However, the data is believable.
- Since the last census I believe the factors have changed dramatically and are dynamically different. The growth in Teton Valley is not and may not have been a linear curve but has become more exponential.   Both the economic and healthcare impact of the SARS COV2 pandemic and the manner in which public health and government have tried to manage it have taken us into new and uncharted territory. Our population has entered into unknown and unpredictable demographics. I feel we will be quite surprised by what is happening.
- yes, though I wonder about the alcohol use, seems we see quite a bit of excessive alcohol use. We have many people who are here enjoying the outdoor recreational activities and are relatively fit. Would be helpful to compare nationally also. Maybe Idaho is poor in all the above so we don't actually rank all that well.
- Median income must be skewed by a few very high income earners.
- I'm surprised by the median HH income. Seems like there's a growing spread of those at the bottom and top income levels and middle is shrinking.
- The difficulty is that the figures are incomplete and tend to overstate the positives. The healthcare access information is alarming!

- I don't know if this data is the extent of info that helps address health needs for a community. I also think it may miss several groups like seasonal workers and more transient workers.
- Im not sure about the median income being that much. Most people I know make significantly less. Would be interesting to know how many people live with others to afford housing.
- I don't think the data on excessive drinking is accurate. I think the percentage should be higher.
- I think poverty rates are far too low.
- I really don't know. The excessive drinking number seems a little high.... I definitely believe the unemployment rate is super low.
- I'm surprised that the children in poverty rate is not higher as the community's average income is quite low compared to the cost of living.
- I think the survey is underestimating the Poor Mental Health Days, Children in Poverty by TV standards is much higher due to cost of living, and Single Parent Households.
- Excessive drinking should be higher. Hispanic percentage should be higher.
- Definitely more mental health issues. And unequal socioeconomic statistics. The haves and have nots, to coin the phrase.
- I believe the hispanic community is more hidden than reflected in numbers shown
- Not the hispanic population - I feel they are under represented. I'm pleased with the number of people receiving mental health support.
- I think as housing costs go up so quickly, heath care is going to be a luxury for some residents that they can only access in times of crisis.
- It seems consistent with what I would expect.
- Most people in our valley today are ALICE- Asset Limited Income Constrained Employed- especially since rent, gas and groceries have made it difficult for most households to maintain a level of security.
- I think mental health providers are significantly lower. Due to request vs. actually patients
- As the Valley is quickly changing, this data probably will evolve rapidly over a short time frame.
- I feel the percentage of children in poverty is inaccurately reflected, partially due to the increased cost of living in Teton Valley with no relative increase in the poverty line and also because Latino families tend to be poorly surveyed/counted and also more likely to living close to/in poverty.
- Sounds pretty accurate. Alarming that we have so few primary healthcare providers.
- More or less. Though the community is changing rapidly.
- I think the children in poverty rate is higher
- I don't disbelieve the data, but I would have guessed the children in poverty rate and suicide rate would both be higher.

- I think that there is a larger hispanic population that is shown. Its a hard statistic to gain though. Also I think we have a very active community. There seem to be a lot more people out exercising here than in other parts of Idaho so I'm surprised by the poor physical health days statistic. I guess I do not know what that measures. Otherwise its probably accurate?
- For the most part it reflects the community but there might be other factors that contribute to the data.

Q16: Please rate the importance of addressing each health factor on a scale of 1 (Not at all) to 5 (Extremely)

	1	2	3	4	5	Total	Weighted Average
Mental Health	3	4	22	39	129	197	4.46
Cancer	2	6	33	63	94	198	4.22
Drug/Substance Abuse	2	6	34	59	96	197	4.22
Women's Health	3	1	35	76	78	193	4.17
Heart Disease	1	3	45	78	69	196	4.08
Diabetes	0	10	50	75	62	197	3.96
Stroke	3	6	53	73	60	195	3.93
Dental	2	8	57	68	62	197	3.91
Obesity	4	9	54	62	65	194	3.90
Alzheimer's and Dementia	2	13	62	62	59	198	3.82
Lung Disease	3	15	79	64	34	195	3.57
Liver Disease	2	18	76	67	31	194	3.55
Kidney Disease	3	18	77	63	33	194	3.54
Other (please specify)						15	
						Answered	200
						Skipped	213

Comments:
- Access to contraceptives and abortions
- I cannot stress enough mental health. The winters are long here, and it is extremely expensive to live here and the pay rate is extremely low.
- Chronic wound care/ostomy care
- Disabilities that isolate individuals and their families
- The need for access to abortion is very high.
- Child and family health and safety.

- Women's access to reproductive services!
- Chronic illness in general, not just for elderly.
- Autoimmune
- Auto immune disorders
- High function autism expertise/care

Q17: Please rate the importance of addressing each community factor on a scale of 1 (Not at all) to 5 (Extremely)

	1	2	3	4	5	Total	Weighted Average
Affordable Housing	2	5	19	24	146	196	4.57
Healthcare Services: Affordability	0	4	26	45	121	196	4.44
Education System	3	5	24	40	125	197	4.42
Healthcare Services: Physical Presence (location, services, physicians)	2	3	35	53	105	198	4.29
Access to Childcare	4	6	35	44	109	198	4.25
Access to Healthy Food	1	8	38	49	102	198	4.23
Access to Senior Services	1	6	31	69	91	198	4.23
Healthcare Services: Prevention	1	3	33	79	79	195	4.19
Employment and Income	2	9	37	60	87	195	4.13
Community Safety	1	11	43	59	83	197	4.08
Access to Exercise/Recreation	11	15	45	49	77	197	3.84
Transportation	4	14	61	59	57	195	3.77
Social Connections	6	18	57	62	51	194	3.69
Social Support	6	21	54	61	54	196	3.69
Other (please specify)						7	
						Answered	200
						Skipped	213

Comments:

- The access to healthy food it also needs to be affordable.
- TTC has a good start on alternative transportation, but has much to build on. More designated pedestrian and bicycle pathways need to be added to promote safe, efficient and enjoyable alternatives to the automobile.
- Supports for families of neurodiverse individuals- 5+++
- These all indicate quality of life in a community

Q18: Please rate the importance of addressing each personal factor on a scale of 1 (Not at all) to 5 (Extremely)

	1	2	3	4	5	Total	Weighted Average
Livable Wage	5	2	39	41	111	198	4.27
Diet	3	9	53	59	72	196	3.96
Excess Drinking	10	12	41	60	73	196	3.89
Smoking/Vaping/Tobacco Use	13	13	32	65	71	194	3.87
Employment	8	10	61	54	63	196	3.79
Physical Inactivity	10	25	54	47	58	194	3.61
Risky Sexual Behavior	18	25	54	46	50	193	3.44
Other (please specify)						9	
						Answered	199
						Skipped	214

Comments:

- Knowledge is power
- Spiritual and social opportunities .
- Designing and promoting more social community activities to form a more connected and sense of belonging in TTC. An activity center made up of outdoor space (sports fields, tennis/pickle ball/basketball, indoor facility with locker room, health professionals, yoga.
- Mental health resources
- Looking at this based on what I have seen community members struggling with as hardships. One big one is vaping with our teenagers along with drug use (pot)
- Loneliness

Q19: Overall, how much has the COVID-19 pandemic affected you and your household?

Answer Choices	Responses	
Noticeable impact, planning for changes to daily behavior	37.97%	71
Some impact, does not change daily behavior	34.22%	64
Significant daily disruption, reduced access	14.97%	28
No impact, no change	9.09%	17
Severe daily disruption, immediate needs unmet	3.74%	7
	Answered	187
	Skipped	226

Q20: What has been negatively impacted by the COVID-19 pandemic in your community? (Please select all that apply)

Answer Choices	Responses	
Social support systems	56.42%	101
Employment	54.75%	98
Housing	53.07%	95
Education	48.60%	87
Childcare	48.60%	87
Public safety	36.87%	66
Access to healthcare services	35.20%	63
Poverty	34.64%	62
Food security	31.84%	57
Racial and cultural disparities	24.02%	43
Transportation	20.67%	37
Nutrition	17.32%	31
Other (please specify)	8.94%	16
	Answered	179
	Skipped	234

Comments:

- Mental health, i wasn't greatly affected but the weight for others was hard
- I am aware that it has had great negative effects on many , especially families with children in many of those areas.

- COVID was a disrupter in the early stages for prevention, school and employer closures that led to social isolation, and increased pressure for food security. It has also led to people moving into the valley and driving up housing affordability. So, it has negatively impacted local residents on so many levels. I'm not sure what the hospital can do about that, except a focus on access and affordability since the cost of living has gone up exponentially.
- We need to get back to normal life…as it was before covid
- I feel the community has been impacted by all of the above, but at different levels for individuals.
- Mental health
- Social interaction
- Our education system has taken a huge silent hit. Teachers and administrators are so stressed they've lost their resiliency and ability to care and support kids in the ways necessary and how they have in the past. I used to work at the high school from 01-08; the culture is not the same. It's sad and concerning.
- Help the people who want and need help.   Don't minimize in any way their needs to address woke issues that are distracting.
- Closing businesses and schools back in 2020 caused a lot of harm. Not sure if it did any good, or if it did more good than harm.
- Politics

Q21: Have you or your family delayed using any of the following healthcare services during the COVID-19 pandemic? (Please select all that apply)

Answer Choices	Responses	
Primary care (routine visits, preventative visits, screenings)	29.67%	54
Elective care (planned in advance opposed to emergency treatment)	20.88%	38
Specialty care (care and treatment of a specific health condition that require a specialist)	17.03%	31
All types of healthcare services	14.84%	27
I npatient hospital care (care of patients whose condition requires admission to a hospital)	7.69%	14
Urgent care/Walk-in clinics	7.14%	13
Emergency care (medical services required for immediate diagnosis and treatment of medical condition)	4.40%	8
None of the above	46.70%	85
Other (please specify)	3.85%	7
	Answered	182
	Skipped	231

Comments:

- Fortunately, did not need healthcare
- dental care, eye care
- We have no health insurance so we rarely use medical services.
- I've put wellness care aside due to costs, not Covid
- Physical Therapy, Dental, Eye Exams
- Tests and ER care. For those patients with chronic and rare disease that brings them to the ER often.
- I do feel we've returned to normal now.

Q22: How can healthcare providers continue to support the community through the challenges of COVID-19? (please select all that apply)

Answer Choices	Responses	
Serving as a trusted source of information and education	81.77%	148
Offering alternatives to in-person healthcare visits	53.59%	97
Connecting with patients through digital communication channels (e.g., patient portal, social media)	53.04%	96
Posting enhanced safety measures and process changes to prepare for your upcoming appointment	44.75%	81
Sharing local patient and healthcare providers stories and successes with the community	25.97%	47
Other (please specify)	16.02%	29
	Answered	181
	Skipped	232

Comments:

- Prepare for future disruptions. Healthcare workers, as well as community members. More communications & connections vs. Costly ad campaign. Walk the talk.
- Providing free care
- Make healthcare affordable
- Public updates about the latest protocols for testing, etc
- Provide PCR testing
- All of the above
- Continue to provide health care in person and allow visitors that are approved by patient.
- Really like the patient portal for communication on appts, results, etc
- Information of how the risk to immune deficient patients is being mitigated?

- Better and longer visits with patients
- I don't really feel that COVID is quite the major issue anymore. Not too different from other colds and flus at this point.
- Support in accessing financial supports to pay for Healthcare
- It's more important to hear from the medical people than the nonmedical leadership.
- Just be there when needed
- Increase availability to doctors via email and or phone.
- Focus on caring for your employees and providing a safe place to work
- I think you've done what you can. No suggestions on improvement. Can you focus on debunking misinformation from internet/Facebook?

Q23: What healthcare services/programs will be most important to supporting community health as we move into the future? (please select all that apply)

Answer Choices	Responses	
Primary care	83.06%	152
Mental health	71.58%	131
Elder/senior care	63.39%	116
Urgent care/Walk-in clinics	59.56%	109
Emergency care	54.64%	100
Specialty care	47.54%	87
Pediatrics/children's health	43.72%	80
Women's health	42.62%	78
Substance abuse services	40.44%	74
Chronic disease management programming	36.07%	66
Other (please specify)	7.65%	14
	Answered	183
	Skipped	230

Comments:

- Mental health treatment center, where those in crisis can stay until the crisis is over. Dental
- Education
- Expenses down low

- Again, universal access to all these services to ALL individuals is a priority. As well as access and promotion of wellness rather than treating sickness.
- All of the above.
- Functional medicine and finding the root cause of disease. Support immunity and health instead of giving drugs to treat symptoms.
- Neurodiverse individuals
- All health care and social services are important
- All are equally important
- Email, phone & video consultation

Q24: COVID-19 has led to an increase in virtual and at-home healthcare options, including telemedicine, telephone visits, remote monitoring, etc. What alternative care options do you believe would benefit the community most? (please select all that apply)

Answer Choices	Responses	
Video visits with a healthcare provider	68.39%	119
Patient portal feature of your electronic medical record to communicate with a healthcare provider	61.49%	107
Smartphone app to communicate with a healthcare provider	45.98%	80
Remote monitoring technologies to manage chronic diseases (e.g., wearable heart monitor, Bluetooth-enabled scale, Fitbit)	43.68%	76
Telephone visits with a healthcare provider	41.38%	72
Virtual triage/screening option before coming to clinic/hospital	36.78%	64
Other (please specify)	9.77%	17
	Answered	174
	Skipped	239

Comments:
- My husband and I have enjoyed the current portal system.
- Technological replacement for the human contact causes significant challenges for treating people in a holistic manner to include mind body and spiritual healthcare.
- Not everyone has internet. This is important to remember.
- All of the above if necessary.
- Online education on diet and exercise
- Please remember not everyone has access or understands how to use the modern technical apps and tools.

- In person visits are best!
- All good options
- Probably all of the above.
- Face to face always the best diagnostics
- I prefer face to face. Not a fan of virtual
- Accurate billing, transparency of operations
- Although in person is best for health care
- I'm not familiar with any of these. Maybe the app because it's the easiest to use? When using technology we lose the elderly and non english speaking.
- 24 hour availability of remote virtual consultation.
- Would be nice to get an email notification if tvh has left a message on my patient portal so i'd know.
- Face to face

Q25: Please share resources and solutions that would support you and the community during the COVID-19 pandemic and in the future.

- Possibly some at-home tests? Rather than having to drive to the clinic/hospital.
- Continued availability of vaccines and covid tests.
- Access to extended mental health services
- Telehealth appointments have been very helpful.
- Free access to care
- More emotional and mental health resources.
- I am doing well during this covid-19 crisis. Without doubt, it has been a challenge. I am concerned about the children. This tragedy (along with the various school shootings) has been very difficult for them. Supporting social activities for the children (sports, art, music, and other activities), along with mental health workshops/lessons, and organizing "doing for others" activities, would be a start.
- Centralized daily updates on what is happening locally which is promoted so visitors know
- Increased care options delivered in a variety of ways that address mental health, substance use, and the social determinants of health.
- How to live our lives with covid
- Mental health support
- I think the community has done a good job coping with the crisis.
- Encourage higher vaccination rates. Encourage masking.
- Get back to living, stop fearing, trust god and pray!
- Options for those of us who struggle breathing in a mask
- More people getting vaccinated & boosted.

- Helping people navigate all the disinformation from the science.
- Mental health access was extremely important as i still feel like we have leftover stress/ anxiety/ depression within our community. A culture shift of work life balance and working less hours and priorities shifting to family.
- Patient portal system is good but doesn't always save updated patient info. Often sends multiple emails/texts asking same information for same visit.
- I think you've done a great job of handling the pandemic in our community. Thank you for your service.
- Increase locasupportrt for families with neurodiverse individuals
- Internet - information posted was up to date. Ongoing communication. Creating a network between the healthcare field and schools so that everyone was on the same page.
- Offer personal protective item recycling (terracycle)...Way too much garbage on the ground and in the trash. Thank you!
- Mental health coalition- free sessions and community support, support for daycare providers to remain open and affordable, increased access to pediatric and women's health providers- either virtual or physical
- Regular, frequent in home testing and isolation if positive
- Sharing science-based information that will support community/public health
- Feeling like someone cares
- Community all participating in health guidelines in time of high infection
- Continue to offer testing and vaccination for the disease at a reasonable cost.
- Accurate and easy to understand data
- The online health reports.
- Work based incentives are so helpful. TCSD - jackson school district partners with st. John on many wellness initiatives which result in financial incentives as well as discounts for massages and exercise classes and health clubs. It's fabulous. We have enough wealthy people in our valley now to make this happen for our community too.
- One information source for all residents regarding pandemic safety.
- Nurse line with reliable updated resources. Availability of N95 masks. Home visits for ill patients for testing.
- Easily available and free test kits, sanitizer, alcohol wipes, vaccinations, boosters and pavloxid.
- Communication with updates on newest data and recommendations
- Reliable information and enforcement of mask mandates, if needed.
- This community needs to make mental health care services available to the uninsured, low income, and insured with high deductibles. That would improve the overall health of teton valley. Mental health affects all aspects of physical health!
- You, tvh, have a good story to tell that is often unknown to the community in general.
- 211 idaho careline