



Teton Valley  
Health Care

# Teton Valley Health Care

*Teton County, Idaho*

## 2025

## Community Health Needs Assessment

Approved by Board: *June 16<sup>th</sup>, 2025*



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# Executive Summary

Teton Valley Health Care (“TVHC” or the “Hospital”) performed a Community Health Needs Assessment (CHNA) together in partnership with Ovation Healthcare (“Ovation”) to assist in determining the health needs of the local community and an accompanying implementation plan to address the identified health needs. 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 2022 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 was gathered from multiple well-respected secondary sources to help build an accurate picture of the current community and its health needs. A broad community survey was performed to review and provide feedback on the prior CHNA and to support the determination of the Significant Health Needs of the community in 2025.

The significant health priorities identified by TVHC from this assessment are:

- Healthcare: Affordability
- Mental Health Services
- Cancer
- Women’s Health
- Healthcare: Prevention Services

In the Implementation Strategy section of the report, the Hospital addresses these areas through identified programs and resources with intended impacts included for each health need to track progress towards improved community health outcomes.

# Community Health Needs Assessment

## Overview

### CHNA Purpose

A CHNA is part of the required documentation of "Community Benefit" under the Affordable Care Act for 501(c)(3) hospitals and fulfills requirements for accreditation for many health and public health entities. However, regardless of status, a CHNA provides many benefits to an organization. This assessment 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.

### Organizational Benefits

- Identify health disparities and social drivers to inform future outreach strategies
- Identify key service delivery gaps
- Develop an understanding of community member's perceptions of health care in the region
- Support community organizations for collaborations

## CHNA Process

**1**

### Survey the Community

Develop a CHNA survey to be deployed to the broad community in order to assess significant health priorities.

**2**

### Data Analysis

Review survey data and relevant data resources to provide qualitative and quantitative feedback on the local community and market.

**3**

### Determine Top Health & Social Needs

Prioritize community health and social needs based on the community survey, data from secondary sources, and facility input.

**4**

### Implementation Planning

Build an implementation plan to address identified needs with actions, goals, and intended impacts on significant health needs.

# Process & Methods

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

- Several independent data analyses based on secondary source data
- Augmentation of data with community opinions through a community-wide survey
- Resolution of any data inconsistency or discrepancies by reviewing the combined opinions formed by local expert advisors and community members

## Data Collection and Analysis

This assessment relies on secondary source data, which primarily uses 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 community members cooperating in this study are displayed in the CHNA report appendix.

All data sources are detailed in the appendix of this report with the majority of the data used in this assessment coming from:

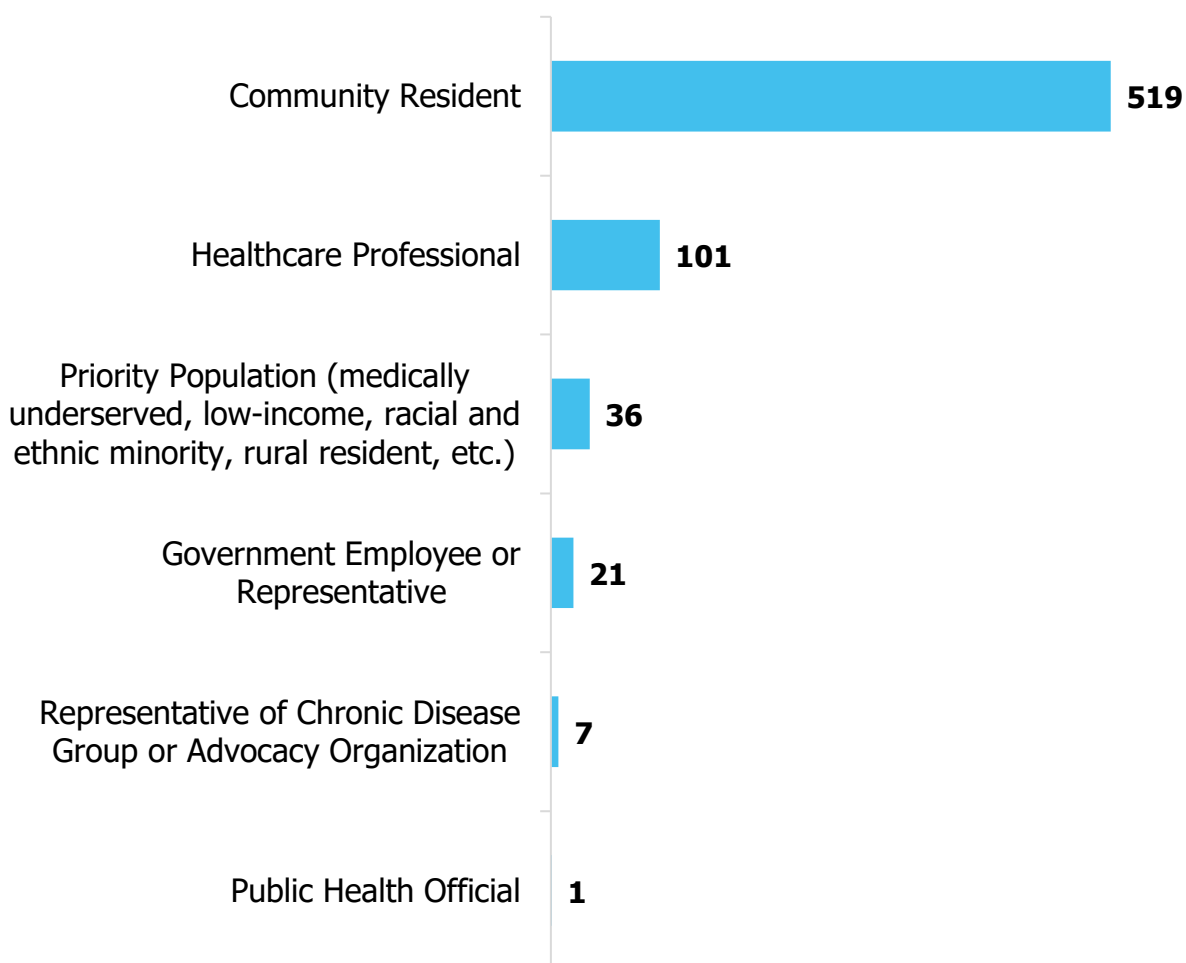
- County Health Rankings 2024 Report
- Centers for Medicare & Medicaid Services – CMS
- Centers for Disease Control and Prevention – CDC
- Health Resources & Services Administration – HRSA

A standard process of gathering community input was utilized. 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 economic, racial, and geographically diverse population. Six hundred and six (606) survey responses from community members were gathered in February 2025.

## Community Input

Input was obtained from the required three minimum federally required sources and expanded to include other representative groups. The Hospital 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. Additionally, survey respondents were asked to identify their age, race/ethnicity, and income level to ensure a diverse range of responses were collected.

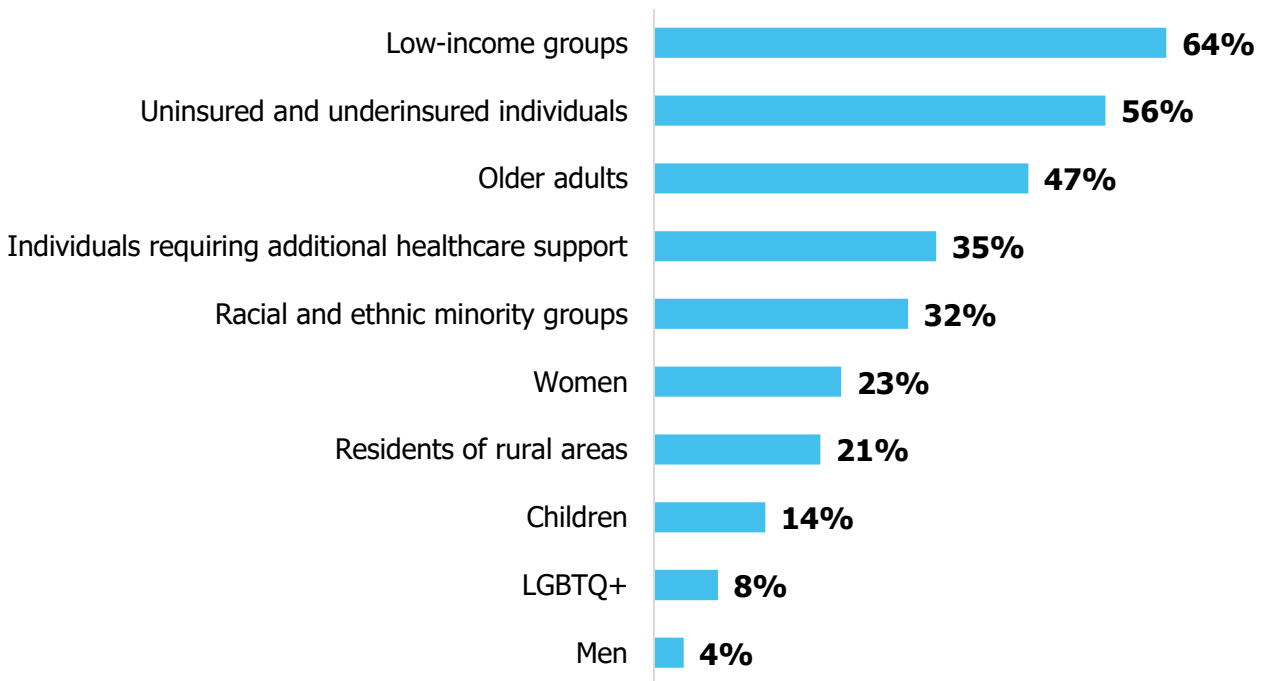
Survey Question: Please select all roles that apply to you (n=600)



## Priority Populations

Medically underserved populations are those who experience health disparities or face barriers to receiving adequate medical care because of income, geography, language, etc. The Hospital assessed what population groups in the community ("Priority Populations") would benefit from additional focus and asked survey respondents to elaborate on the key health challenges these groups face.

Survey Question: Which groups would you consider to have the greatest health needs (rates of illness, trouble accessing health care, etc.) in your community?



Local opinions of the needs of Priority Populations, while presented in their entirety in the appendix, were abstracted into the following key themes:

- The top three priority populations identified were low-income groups, uninsured/underinsured individuals, and older adults (65+).
- Summary of unique or pressing needs of the priority groups identified by the respondents:

Financial  
Stability

Lack of  
Transportation

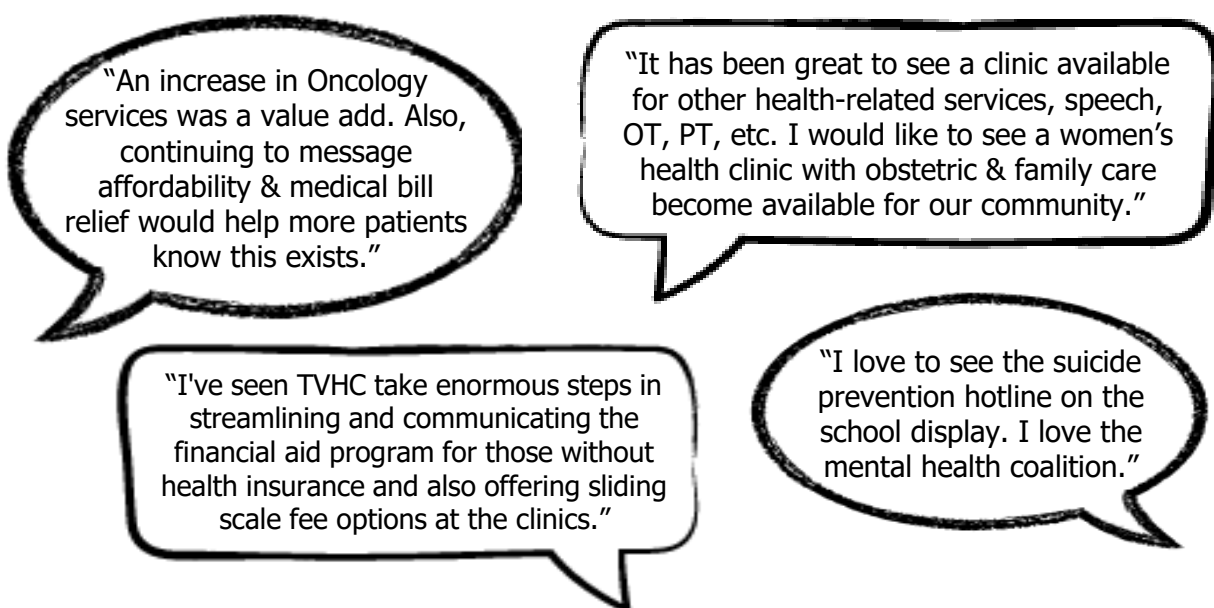
Access to  
Specialists



## Input on 2022 CHNA

The Hospital considered written comments received on the prior CHNA and Implementation Strategy as a component of the development of the 2025 CHNA and Implementation Strategy. Comments were solicited from community members to provide feedback on any efforts and actions taken by TVHC since the 2022 CHNA and Implementation Plan were conducted. These comments informed the development of the 2025 CHNA and Implementation Plan and are presented in full in the appendix of this report. The health priorities identified in the 2025 CHNA are listed below, along with a selection of survey responses.

- **Behavioral Health**
- **Affordability of Health Care**
- **Access to Health Care Services**
- **Cancer**



## Impact of Actions to Address the 2022 Significant Health Needs

- Health events and programs: Diabetes Self-Management Education, Chronic Care Management Program, Breast Health Support Fund.
- Core community benefits: medical screenings and free specialized clinics, on-site medical support for community events, community trainings, local school support, sponsorship of community events, and more.
- Community partnerships: training and certifications with EMS, law enforcement, and the Mental Health Coalition, free education and therapies provided monthly at Seniors West of the Teton, connection to community resources through Case Management Services.



# Community Served

The service area in this assessment is defined as Teton County, Idaho. The data presented in this report is based on this county-level service area and compared to state averages. Geographically, TVHC is centrally located within Teton County and serves as the county's sole hospital, making it the primary healthcare provider for residents in the region.

## Service Area

### Teton County, Idaho

Total Population: **12,544**



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*Source: County Health Rankings 2024 Report*

# Service Area Demographics

	Teton County	Idaho
<b>Demographics</b>		
Total Population	12,544	1,939,033
<b>Age</b>		
Below 18 Years of Age	22%	24%
Ages 19 to 64	64%	59%
65 and Older	14%	17%
<b>Race &amp; Ethnicity</b>		
Non-Hispanic White	81%	81%
Non-Hispanic Black	0%	1%
American Indian or Alaska Native	1%	2%
Asian	1%	2%
Native Hawaiian or Other Pacific Islander	0%	0%
Hispanic	16%	14%
<b>Gender</b>		
Female	48%	50%
Male	52%	50%
<b>Geography</b>		
Rural	100%	31%
Urban*	0%	69%
<b>Income</b>		
Median Household Income	\$95,580	\$72,634

Notes: \*Urban is defined as census blocks that encompass at least 5,000 people or at least 2,000 housing units  
Source: County Health Rankings 2024 Report

# Methods of Identifying Health Needs

## Collect & Analyze

Analyze existing data and collect new data



**737** indicators collected from data sources



**606** surveys completed by community members

## Evaluate

Evaluate indicators based on the following factors:



Worse than benchmark



Identified by the community



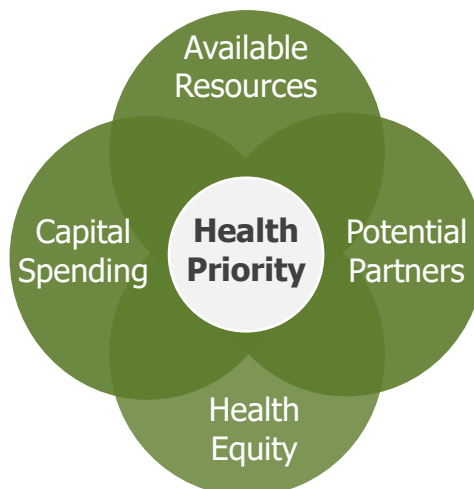
Impact on health disparities



Feasibility of being addressed

## Select

Select priority health needs for implementation plan



## 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 the Hospital's process, each survey respondent had the opportunity to prioritize community health needs. The survey respondents then ranked the importance of addressing each health need on a scale of 1 (not at all) to 5 (extremely), 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. The Hospital analyzed the health issues that received the most responses and established a plan for addressing them.

## Ranked Health Priorities

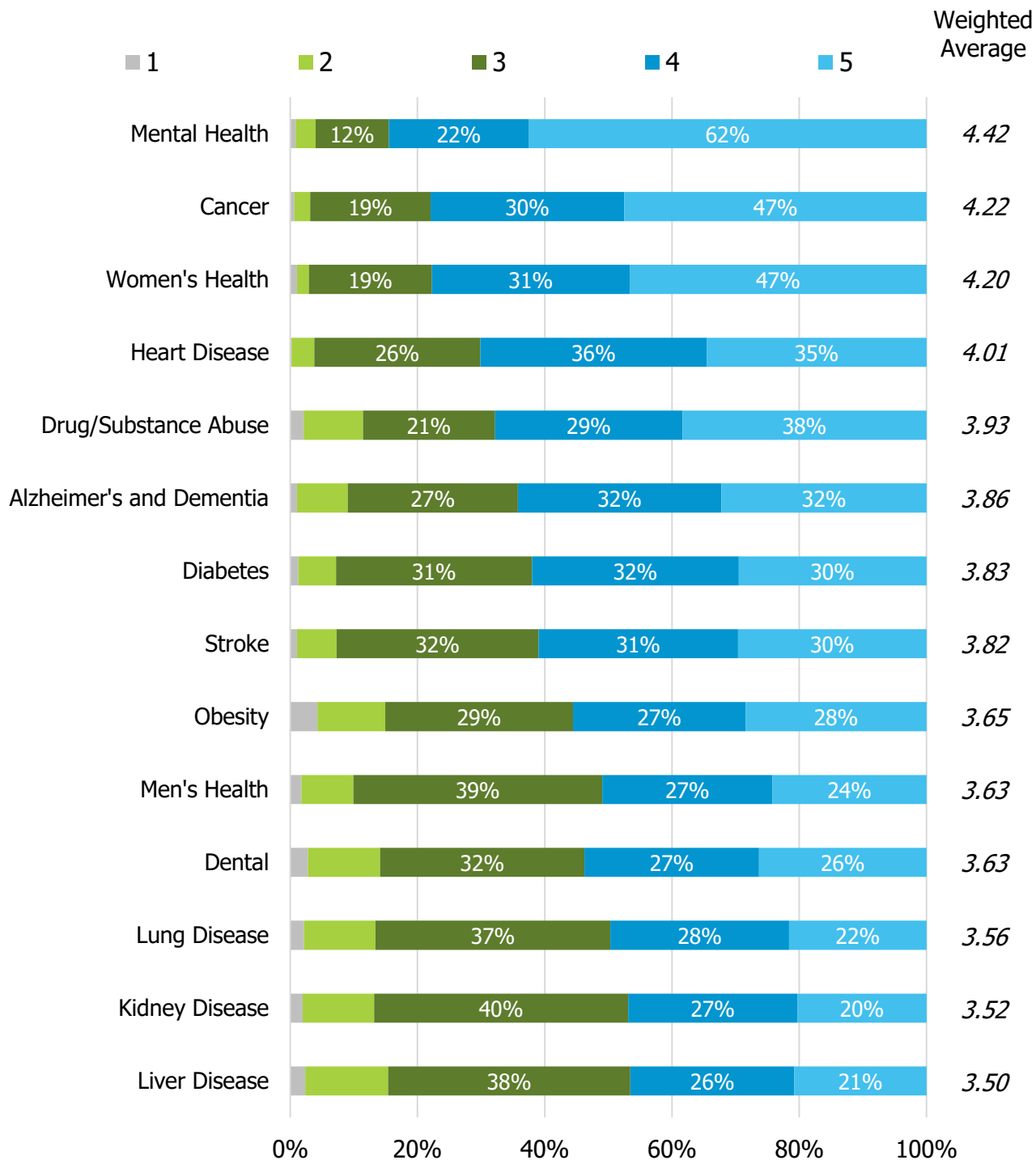
The health priority ranking process included an evaluation of health factors, community factors, and behavioral factors, given they each uniquely impact the overall health and health outcomes of a community:

- Health factors include chronic diseases, health conditions, and the physical health of the population.
- Community factors are the social drivers that influence community health and health equity.
- Behavioral factors are the individual actions that affect health outcomes.

In our 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:

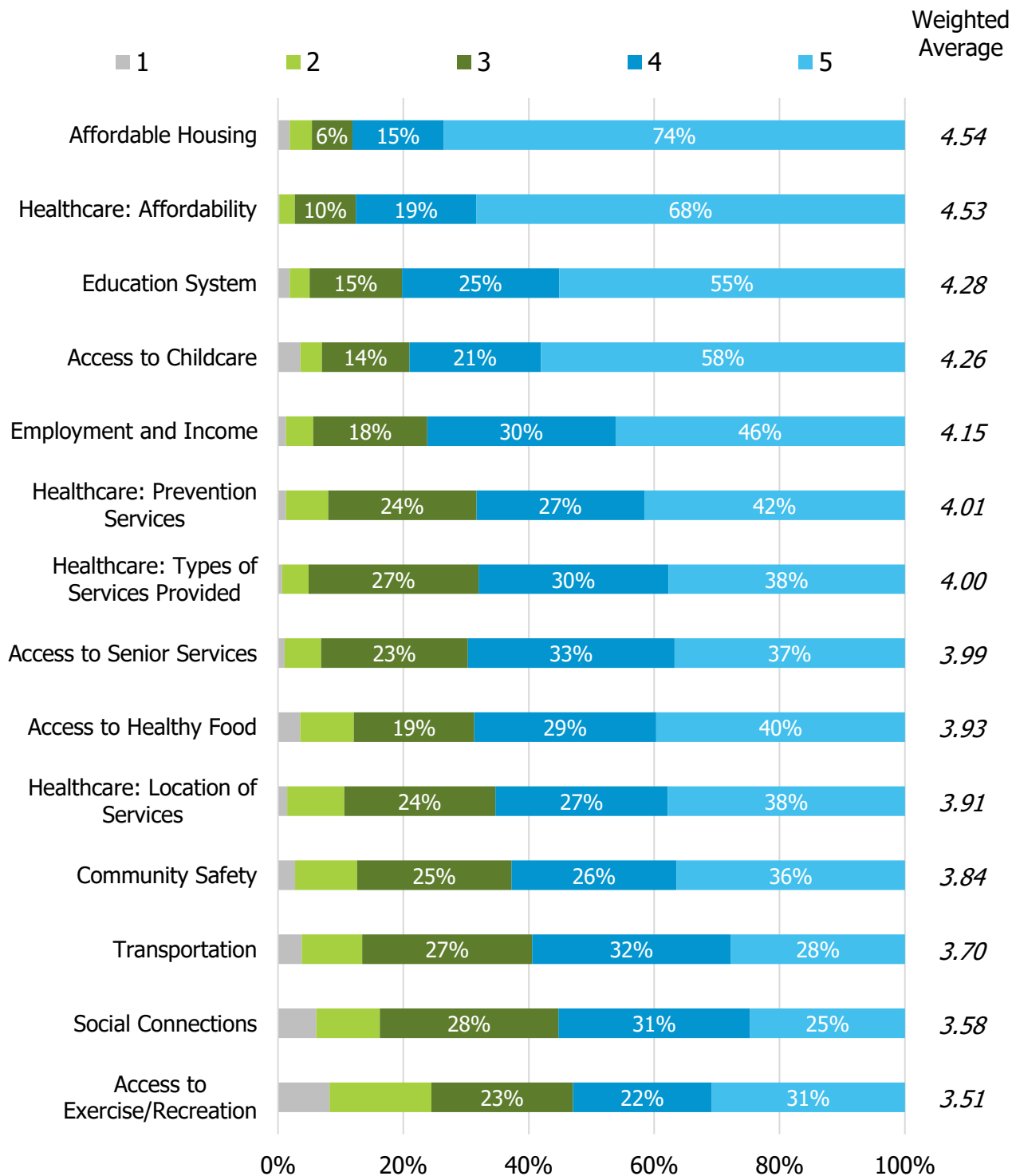
## Health Factors

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



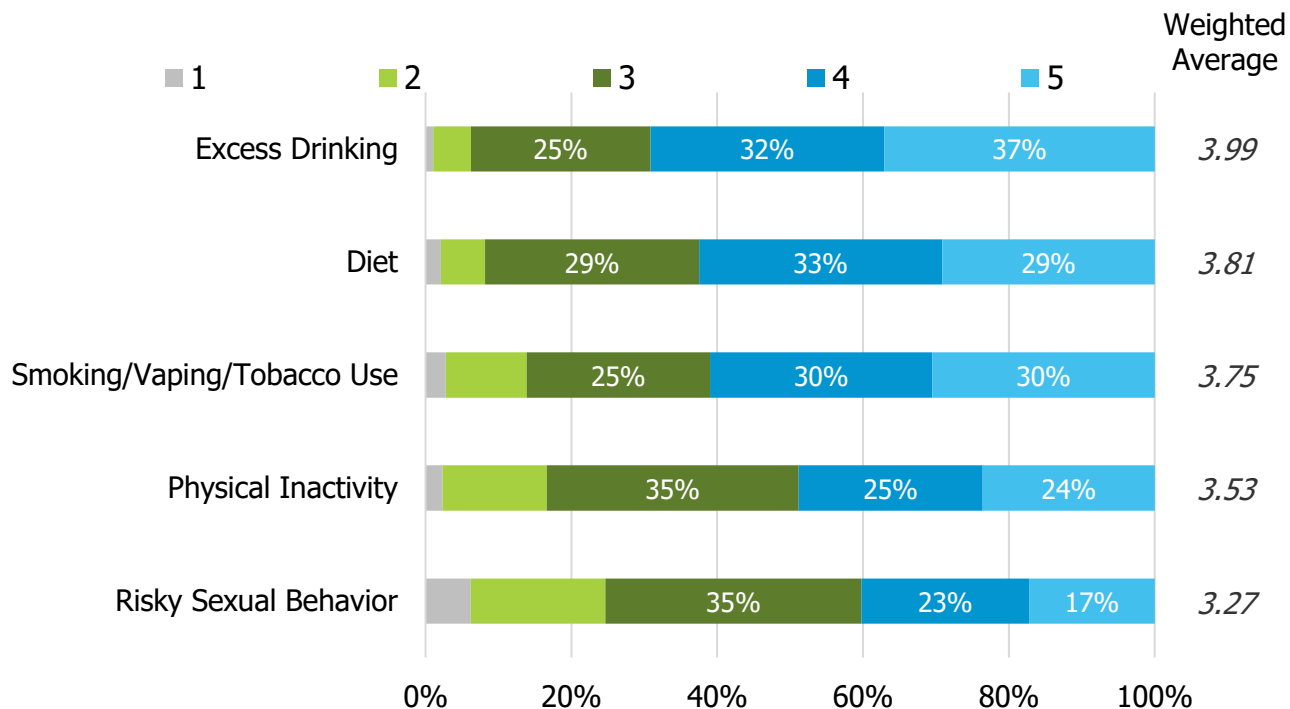
## Community Factors

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



## Behavioral Factors

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





## Overall Health Priority Ranking (Top 10 Highlighted)

Health Issue	Weighted Average (out of 5)	Combined 4 (Important) and 5 (Extremely Important) Rating
Affordable Housing	4.54	88.1%
Healthcare: Affordability	4.53	87.6%
Mental Health	4.42	84.5%
Education System	4.28	80.2%
Access to Childcare	4.26	79.0%
Cancer	4.22	77.9%
Women's Health	4.20	77.7%
Employment and Income	4.15	76.2%
Heart Disease	4.01	70.1%
Healthcare: Prevention Services	4.01	68.4%
Healthcare: Types of Services Provided	4.00	68.0%
Access to Senior Services	3.99	69.7%
Excess Drinking	3.99	69.2%
Drug/Substance Abuse	3.93	67.8%
Access to Healthy Food	3.93	68.7%
Healthcare: Location of Services	3.91	65.3%
Alzheimer's and Dementia	3.86	64.2%
Community Safety	3.84	62.7%
Diabetes	3.83	62.0%
Stroke	3.82	60.9%
Diet	3.81	62.5%
Smoking/Vaping/Tobacco Use	3.75	61.0%
Transportation	3.70	59.5%
Obesity	3.65	55.6%
Dental	3.63	53.8%
Men's Health	3.63	51.0%
Social Connections	3.58	55.3%
Lung Disease	3.56	49.7%
Physical Inactivity	3.53	48.8%
Kidney Disease	3.52	46.9%
Access to Exercise/Recreation	3.51	53.0%
Liver Disease	3.50	46.5%
Risky Sexual Behavior	3.27	40.2%

# Community Health Characteristics

This section highlights health status indicators, outcomes, and relevant data on the health needs in Teton County. The data at the county level is supplemented with benchmark comparisons to the state data. The most recently available data is used throughout this report with trended data included where available. A scorecard that compares the population health data of Teton County to that of neighboring counties and Idaho can be found in the report appendix.

## Behavioral Health

### Mental Health

Mental health was the #3 community-identified health priority with 84% of respondents rating it as important to be addressed in the community (important is categorized as a 4 or 5 rating on the community survey). The suicide mortality rate in Teton County is 20.6 which is similar to the Idaho average (CDC Final Deaths 2021).

Poor mental health disproportionately affects people in priority populations like racial and ethnic minority groups, residents of rural areas, and LGBTQ+ communities due to a lack of access to 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 County	Idaho
Suicide Mortality Rate per 100,000 (2021)	20.6	20.5
Poor Mental Health Days past 30 days (2021)	4.6	4.7
Population per 1 Mental Health Provider (2023)	697:1	399:1

*Source: CDC Final Deaths, County Health Rankings 2024 Report*

# Drug, Substance, and Alcohol Use

In the community survey, 68% of respondents rated drug/substance abuse as an important factor to address in the community. Additionally, 69% of respondents think excessive drinking and 61% think that smoking and tobacco use are major issues in the community.

While there is not enough data to evaluate the drug-related overdose death rate in Teton County the state has an overdose death rate of 16.4 per 100,000. The county's rate of excessive drinking is higher than Idaho's (19% and 17% respectively) though its smoking rate is lower than the state's (13% and 14% respectively).

	Teton County	Idaho
Drug-Related Overdose Deaths per 100,000 (2020-2022)	n/a	16.4
Excessive Drinking (2022)	19%	17%
Alcohol-Impaired Driving Deaths (2017-2021)	33%	31%
Adult Smoking (2022)	13%	14%

Source: County Health Rankings 2024 Report

## Chronic Diseases

### Cancer

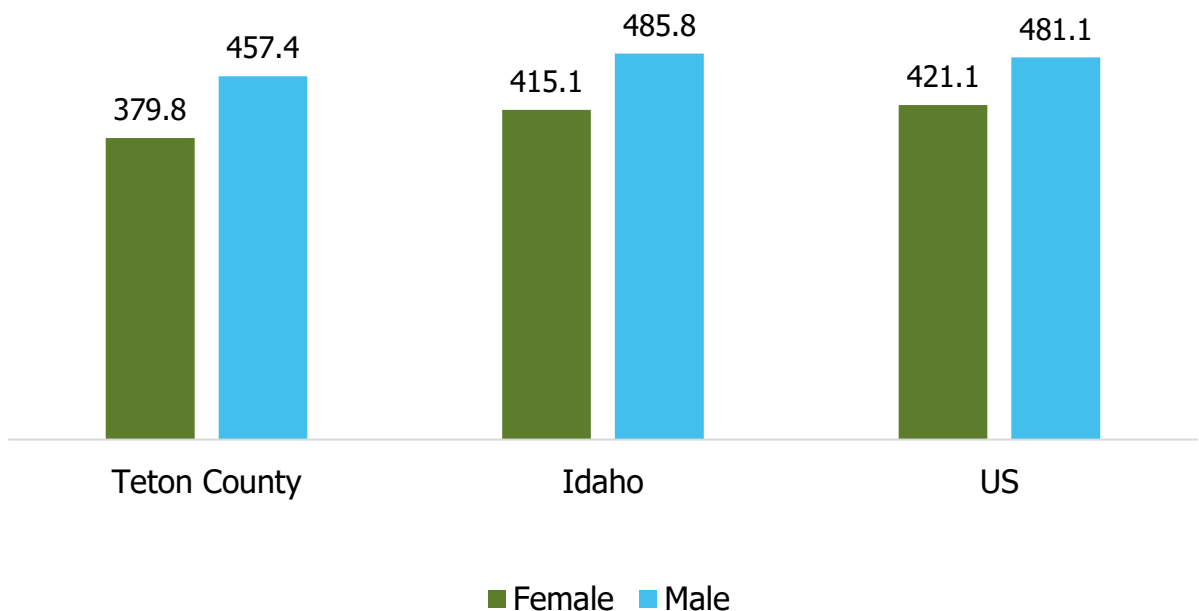
Cancer is the 2nd leading cause of death in Teton County (CDC Final Deaths). Additionally, 29% of survey respondents said they would like to see additional access to cancer care in Teton County.

Teton County has a lower prevalence of cancer and a lower cancer mortality rate than Idaho. When looking across genders, men have higher incidence rates of cancer compared to women. This disparity can be due to a multitude of factors including behavioral factors like tobacco use and diet, as well as health care utilization like preventative care and screening (CDC).

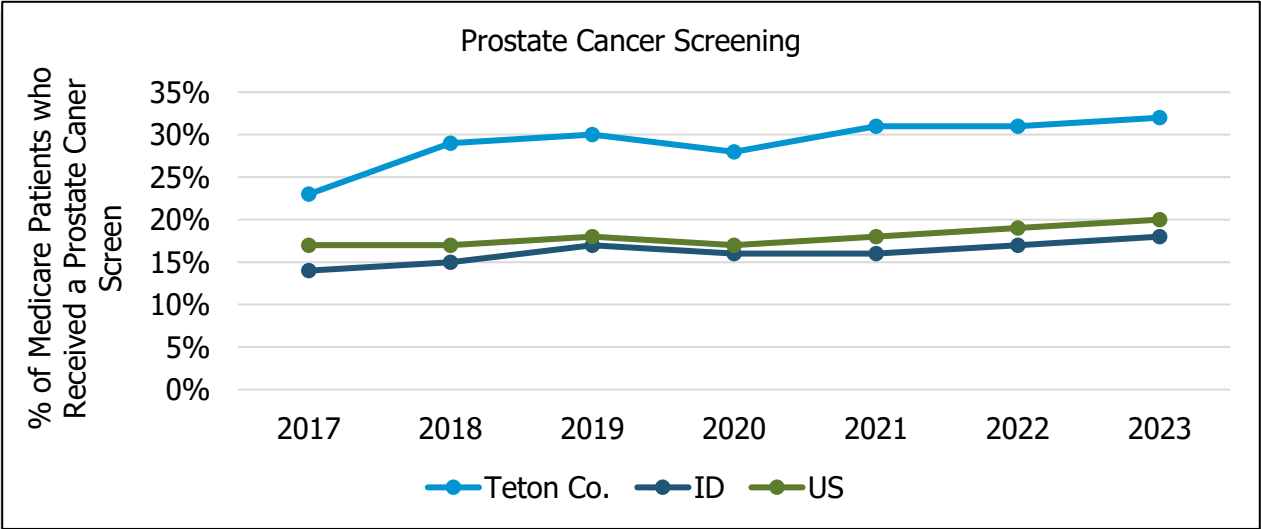
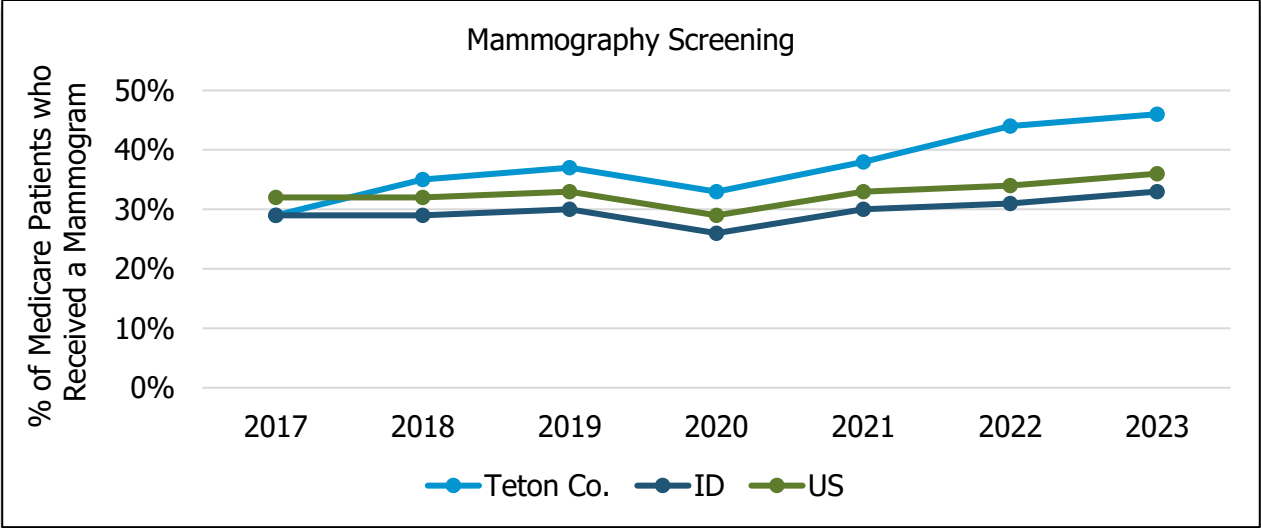
	Teton County	Idaho
Cancer Incidence Rate Age-Adjusted per 100,000 (2017-2021)	421.1	445.7
Cancer Mortality Rate per 100,000 (2022)	122.9	140.4

*Source: CDC, National Cancer Institute*

### Cancer Incidence Rates by Gender (*per 100,000*)



The rate of Medicare enrollees (women age 65+) in Teton County who have received a mammogram in the past year is higher than the Idaho and US averages. These rates have been increasing in recent years after a dip downward in 2020 during the COVID-19 pandemic. Among Medicare enrollees (men age 65+), Teton County also had a higher prostate cancer screening rate in the past year compared to both the state and the US overall.

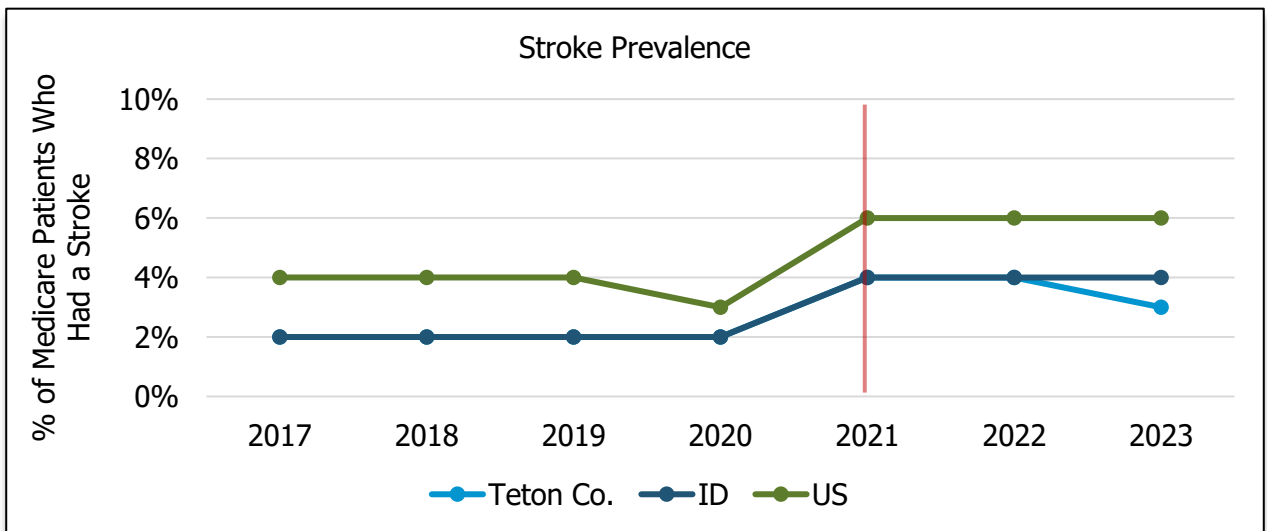
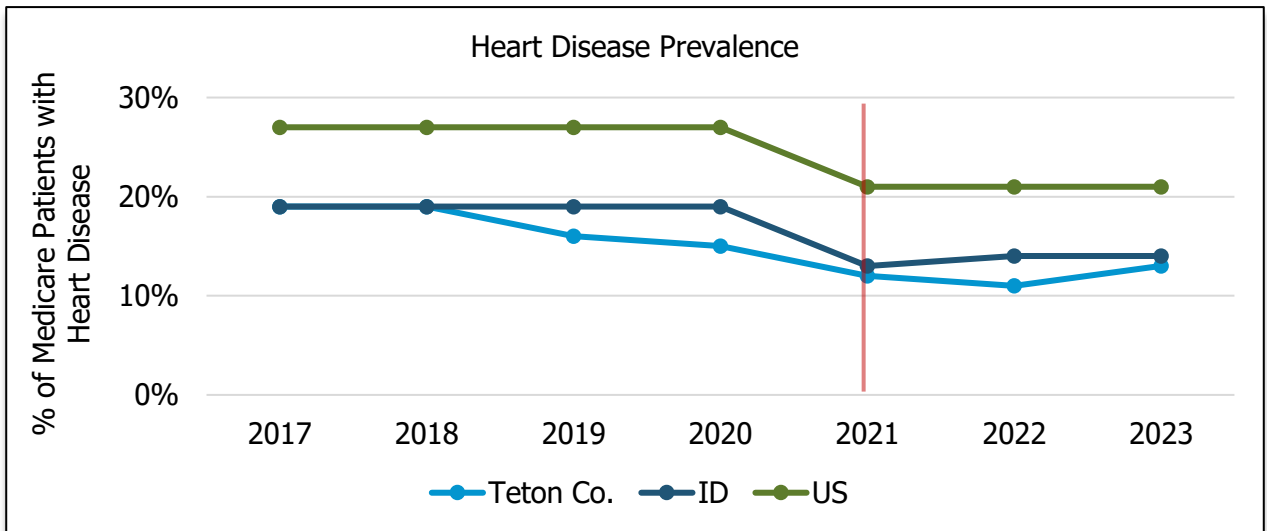


Source: Centers for Medicare & Medicaid Services: Mapping Medicare Disparities by Population

## Cardiovascular Health

Heart disease is the leading cause of death in Teton County though the county has a mortality rate lower than the state (133.8 compared to 166.4 per 100,000 respectively) (CDC Final Deaths). Stroke is the 4<sup>th</sup> leading cause of death in Teton County with a mortality rate of 37.0 per 100,000 compared to 36.8 in the state (CDC Final Deaths).

In the Medicare population, Teton County has a similar prevalence of both heart disease and stroke as Idaho. In the community survey, 23% of respondents said they would like to see additional cardiology services available in Teton County.



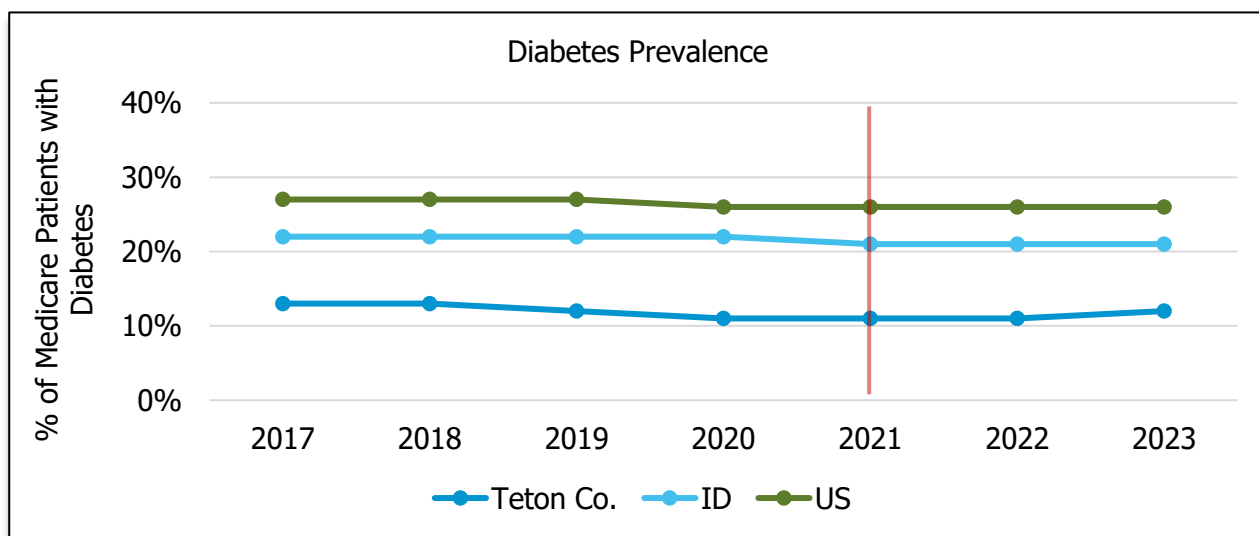
*Note: There was a change in algorithm in 2021, marked by the vertical red line representing a break in trend lines*  
*Source: Centers for Medicare & Medicaid Services: Mapping Medicare Disparities by Population*

## Diabetes

The prevalence of diabetes in Teton County is lower than in Idaho and the county also has a lower mortality rate than the state (CDC Final Deaths). When evaluating the Medicare population, Teton County has a lower prevalence of diabetes compared to the state and rates have remained stable over the past decade.

	Teton County	Idaho
Diabetes Mortality Rate per 100,000 (2022)	10.4	24.4
Diabetes Prevalence (2022)	8%	9%

*Source: CDC Final Deaths, County Health Rankings 2024 Report*



*Note: There was a change in algorithm in 2021, marked by the vertical red line representing a break in trend lines*  
*Source: Centers for Medicare & Medicaid Services: Mapping Medicare Disparities by Population*



# Obesity and Unhealthy Eating

In Teton County, adults have lower rates of obesity than in Idaho on average. Additionally, the county sees lower rates of physical inactivity than the state, as well as higher rates of access to exercise opportunities (proximity to a park or recreation facility). Obesity, physical inactivity, and diet are well-established risk factors for type 2 diabetes development and other chronic diseases (American Diabetes Association).

	Teton County	Idaho
Adult Obesity (2022)	27%	32%
Limited Access to Healthy Foods (2019)	2%	8%
Physical Inactivity (2022)	19%	20%
Access to Exercise Opportunities (2023)	83%	77%

*Source: County Health Rankings 2024 Report*

## Health Care Access

### Access & Affordability

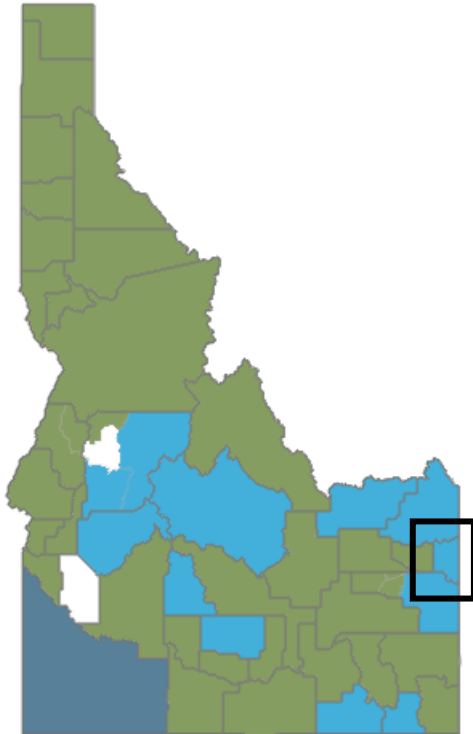
Access to affordable and quality health care services is a key driver to improved health outcomes, economic stability, and health equity. Teton County has a higher household income than the Idaho average but also has a higher uninsured population than the state. Additionally, Teton County has less access to primary care physicians, mental health providers, and dentists as shown in the following provider ratios and health professional shortage areas (HPSA).

	Teton County	Idaho
Uninsured Population (2022)	16%	10%
Median Household Income (2022)	\$95,580	\$72,634
Population per 1 Primary Care Physician (2022)	3,067:1	1,619:1
Population per 1 Dentist (2022)	2,509:1	1,534:1

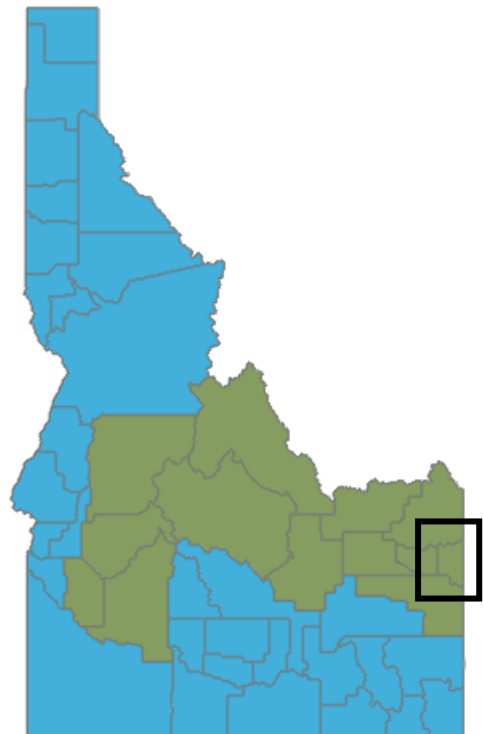
*Source: County Health Rankings 2024 Report*




## Idaho Health Professional Shortage Areas (HPSA)

### Primary Care



### Mental Health

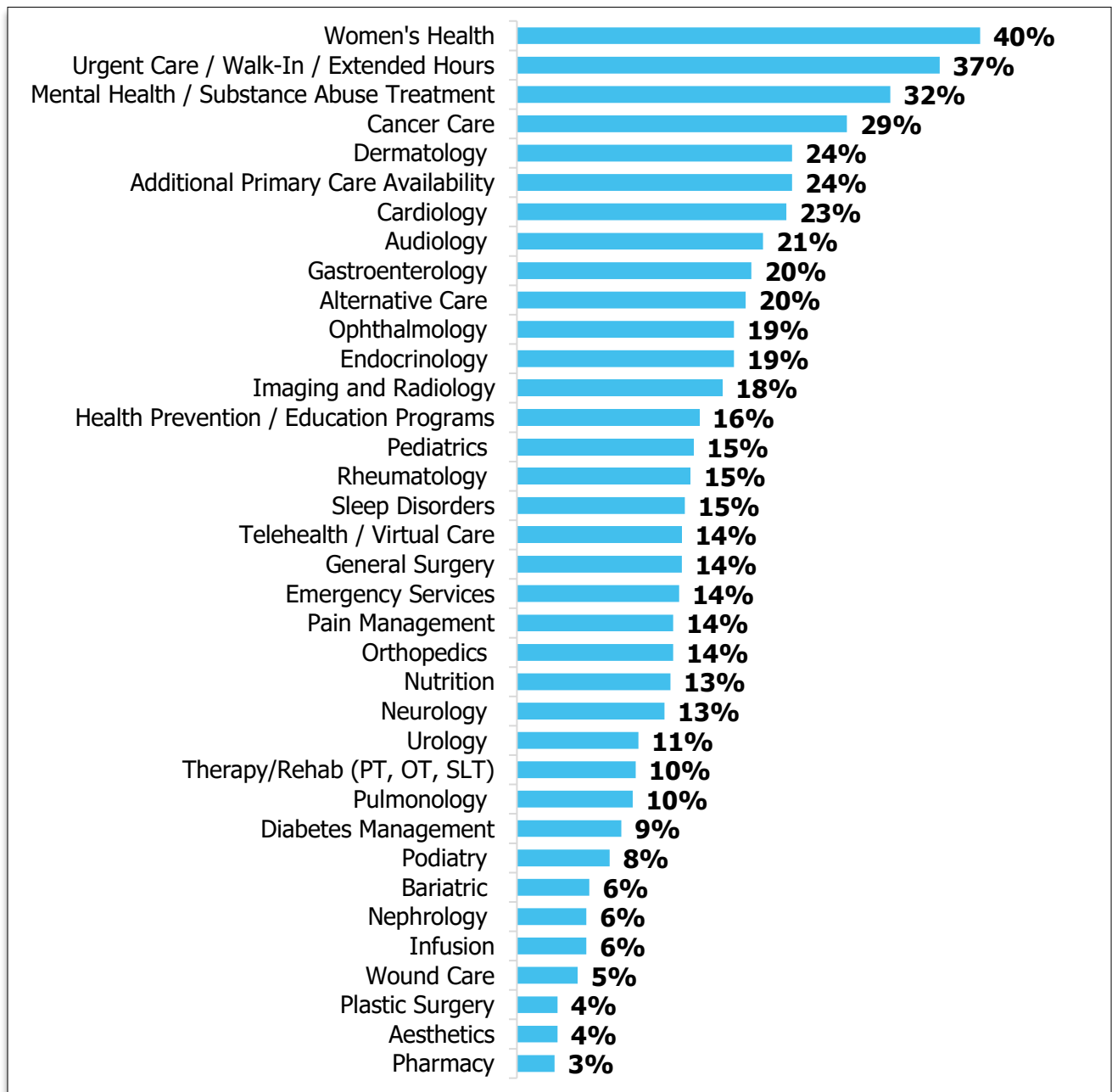


-  HPSA Population: *a shortage of services for a specific population subset within an established geographic area*
-  Geographic HPSA: *a shortage of services for the entire population within an established geographic area*
-  High Needs Geographic HPSA: *a Geographic HPSA in an area with unusually high needs based on criteria like income and death rates*

Source: [data.hrsa.gov](https://data.hrsa.gov)

In the community survey, respondents were asked to identify what health care services and programs they would like to see available in their community. Women's Health was the top identified service need with 40% of respondents saying they would like to see it available in Teton County followed by urgent care / walk-in / extended hours (37%) and mental health/ substance abuse treatment (32%).

Survey Question: What additional services/offerings would you like to see available in Teton County? (select all that apply)



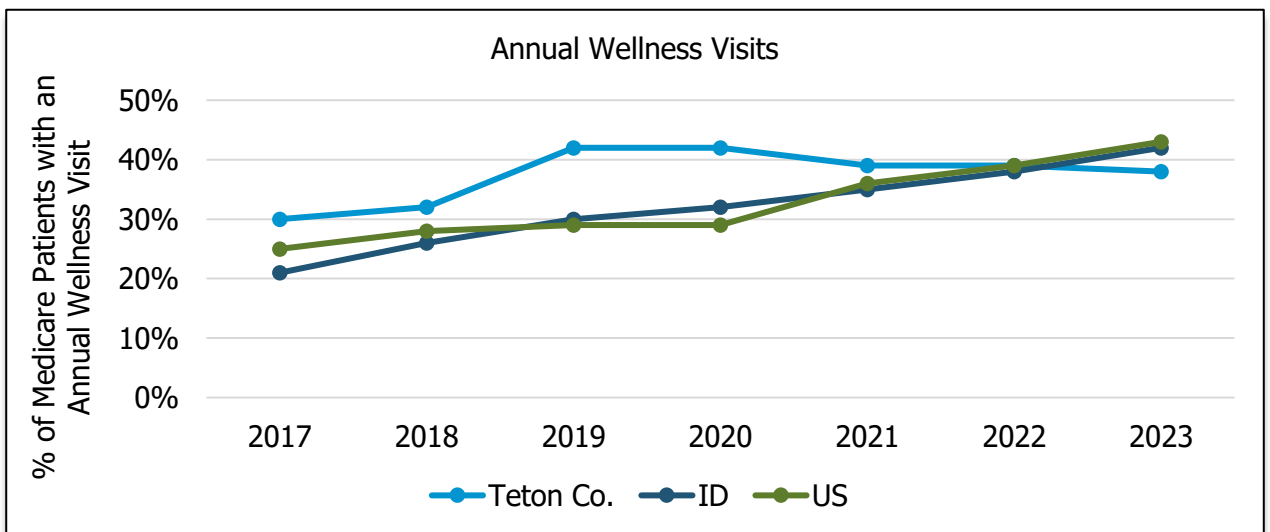
## Prevention Services

Prevention services including routine check-ups, health screenings, and education can help prevent or detect diseases early when they are easier to treat. Preventive care reduces the burden on health care systems by preventing unnecessary hospital stays and costly care. In the community survey, 16% of respondents said they would like to see additional health prevention and education programs available in the community.

Teton County has a lower flu vaccine adherence rate than the state and sees a higher rate of preventable hospital stays (hospital stays for ambulatory-care sensitive conditions). This rate represents the effectiveness of preventive care in a community, reflecting how well primary care services manage chronic conditions and prevent avoidable hospital admissions. Additionally, the rate of annual wellness visits in the Medicare population is lower in Teton County than in the state and rates have been slightly declining in recent years.

	Teton County	Idaho
Preventable Hospital Stays per 100,000 (2022)	1,749	1,478
Flu Vaccination (2022)	32%	39%

Source: County Health Rankings 2024 Report



Source: Centers for Medicare & Medicaid Services: Mapping Medicare Disparities by Population

# Women’s Health

Rural communities face significant barriers to women’s health, including provider shortages, long travel distances, and financial constraints, which limit access to preventive care, maternity services, and chronic disease management. This lack of access contributes to poorer health outcomes, such as higher rates of late-stage cancer diagnoses, maternal complications, and untreated chronic conditions. Strengthening women’s health services improves maternal and infant health while also supporting the local workforce and promoting long-term community sustainability.

	Teton County	Idaho
Female Population	48%	50%
Female Population of Reproductive Age (15-44)	39%	39%
Mammography Screening (2022)	44%	41%

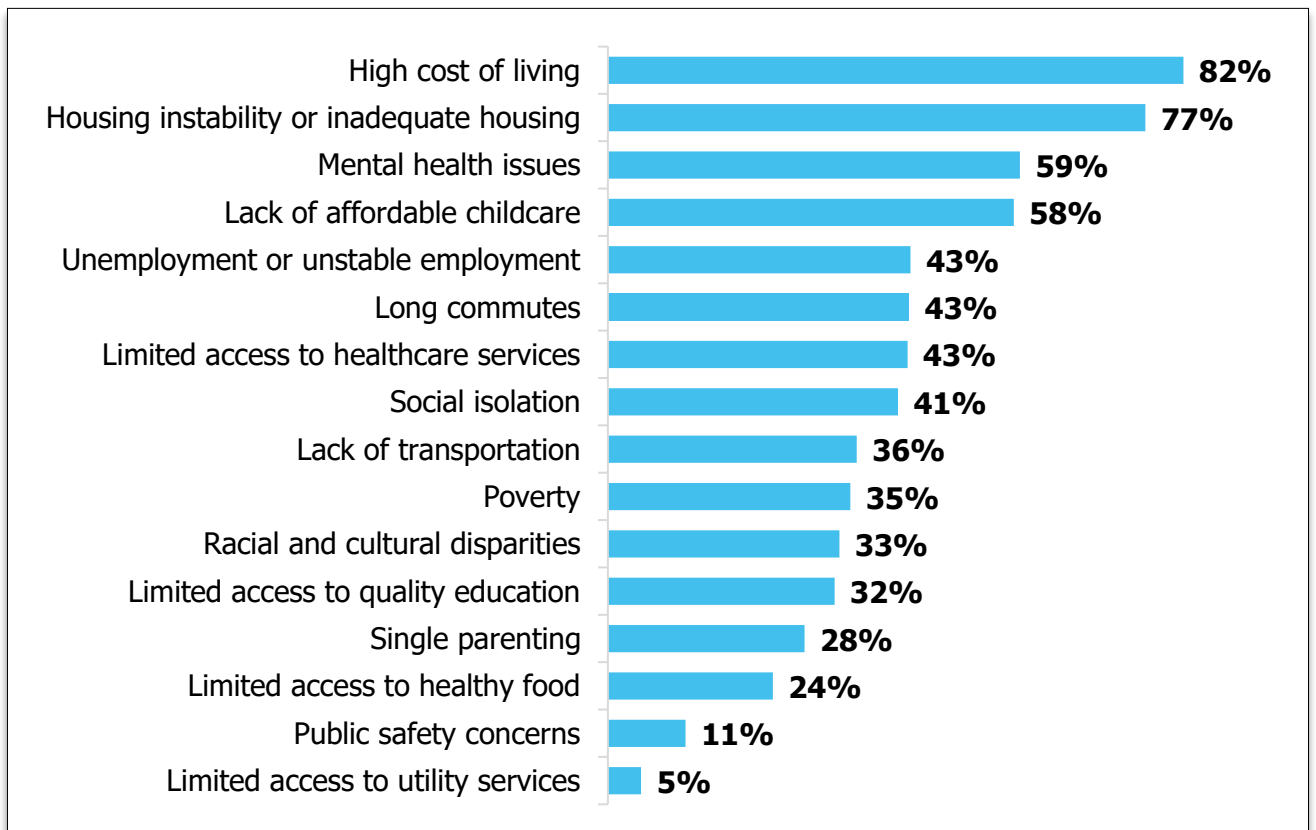
*Source: County Health Rankings 2024 Report, Advisory Board*

## Social Drivers of Health

Social drivers of health, such as economic stability, education, and access to health care, significantly influence health outcomes by shaping individuals' living conditions, behaviors, and access to resources necessary for maintaining good health. These factors can lead to health disparities, with marginalized groups often experiencing worse health outcomes due to these determinants.

Survey respondents were asked to identify the key social drivers of health (SDoH) that negatively impact the health of people in Teton County. The top SDoH identified was the high cost of living with 82% of survey respondents identifying it as negatively impacting the community's health followed by housing instability or inadequate housing, mental health issues, and lack of affordable childcare.

**Survey Question:** Social drivers of health (SDoH) are conditions in the environments in which people are born, live, learn, work, play, worship, and age that affect a wide range of health, functioning, and quality-of-life outcomes. Please select the key social drivers that negatively impact the health of you or your community (please select all that apply):





## Housing

Access to affordable and safe housing influences a wide range of factors that contribute to physical and mental well-being. There is evidence that a lack of access to affordable and stable housing can lead to negative health outcomes such as mental illnesses and stress, exposure to environmental hazards, and financial instability (Center for Housing Policy). Less Teton County residents experience severe housing problems (overcrowding, high housing costs, lack of plumbing) than the state average. Additionally, 11% of Teton County residents spend 50% or more of their household income on housing.

	Teton County	Idaho
Severe Housing Problems (2016-2020)	10%	13%
Severe Housing Cost Burden (2018-2022)	11%	11%
Broadband Access (2018-2022)	94%	90%

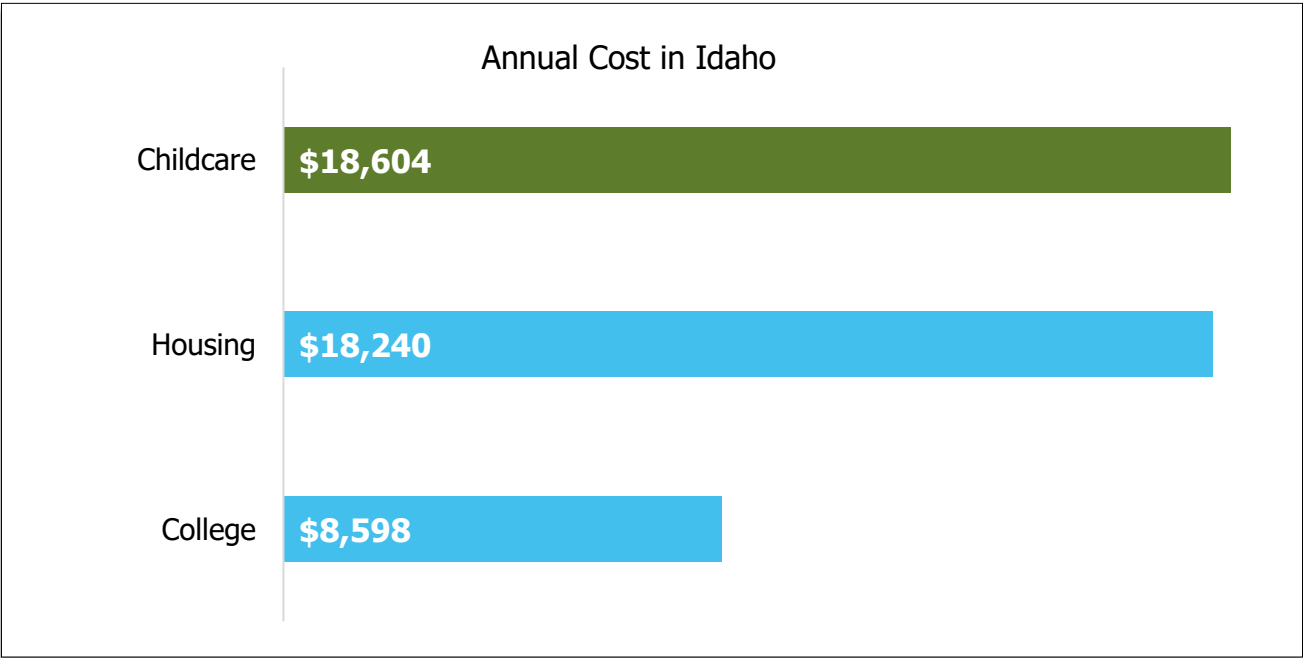
*Source: County Health Rankings 2024 Report*

## Access to Childcare

The average yearly cost of infant care in Idaho is \$10,108. The U.S. Department of Health and Human Services defines affordable childcare as being no more than 7% of a family's income (Child Care Aware). In Teton County, 21% of household income is required for childcare expenses and there are 6 childcare centers for every 1,000 children under age 5 in the county which is the same as the state average.

	Teton County	Idaho
Children in Single-Parent Households (2018-2022)	10%	17%
Child Care Cost Burden - % of HHI used for childcare (2023)	21%	22%
Child Care Centers per 1,000 Under Age 5 (2010-2022)	6	6

Source: County Health Rankings 2024 Report



Note: Annual childcare price for 2 children (an infant and 4-year-old) in a center  
Source: Child Care Aware (2023)

# Income, Employment, and Education

Income, employment, and education play a role in the community’s ability to afford health care and impact health outcomes through health literacy and access to health insurance. Educational attainment and employment impact mental health through poverty and unstable work environments, health behaviors like smoking, diet, and exercise, and access to health insurance (HealthAffairs). Additionally, these factors impact people’s ability to afford services to live healthy and happy lives like safe housing, transportation, childcare, and healthy food.

	Teton County	Idaho
High School Completion (2018-2022)	93%	91%
Some College – includes those who had and had not attained degrees (2023)	70%	67%
Unemployment (2023)	2%	3%
Children in Poverty (2022)	10%	12%

*Source: County Health Rankings 2024 Report, U.S. Bureau of Labor Statistics*

# Evaluation & Selection Process

## Worse than Benchmark Measure



Health needs were deemed “worse than the benchmark” if the supported county data was worse than the state and/or U.S. averages

## Identified by the Community



Health needs expressed in the online survey and/or mentioned frequently by community members

## Feasibility of Being Addressed



Growing health needs where interventions are feasible, and the Hospital could make an impact

## Impact on Health Equity



Health needs that disproportionately affect vulnerable populations and can impact health equity if addressed

Health Need Evaluation	Worse than Benchmark	Identified by the Community	Feasibility	Impact on Health Equity
Affordable Housing	✓	✓		✓
Healthcare: Affordability	✓	✓	✓	✓
Mental Health	✓	✓	✓	✓
Education System		✓		✓
Access to Childcare	✓	✓		✓
Cancer		✓	✓	✓
Women's Health		✓	✓	✓
Employment and Income		✓		✓
Heart Disease		✓	✓	✓
Healthcare: Prevention Services	✓	✓	✓	✓

# Implementation Plan

## Implementation Plan Framework

Teton Valley Health Care has identified important needs from the 2025 Community Health Needs Assessment (CHNA) and, within this plan, corresponding goals to address and overcome these needs, with the resources we have.



### Healthcare: Affordability

Goal: Provide financial assistance to qualified patients, connect individuals to helpful resources (ins. Community resources, foundation), consistently review and monitor TVHC charges, offer education to reduce financial barriers to healthcare.



### Mental Health Services

Goal: Improve access to mental health services in our community and connect patients to additional community resources.



### Cancer

Goal: Improve access to cancer care services in our community, work with collaborative partners for the best continuum of care.



### Women's Health

Goal: Improve access to Women's Care services in our community, work with collaborative partners for the best continuum of care.



### Healthcare: Prevention Services

Goal: Improve the management of chronic illness and disease through effective and equitable screening and prevention services.

TVHC has focused this action plan on the health care needs of the community and relies on and supports partner organizations in the community to lead action plans for other community needs like education, housing, and childcare.

# Healthcare: Affordability

## TVHC Services and Programs Committed to Respond to This Need

- TVHC has resources available to assist patients in applying for Medicare, Medicaid, and other assistance programs.
- Financial support services are available to patients based on eligibility with applications available in both English and Spanish.
- TVHC Foundation offers free screenings and assistance.
- Continue outreach efforts to educate the community about our services and financial support options.

## Goals and Objectives to Address this Significant Health Need

Goal: Provide financial assistance to qualified patients, connect individuals to helpful resources (ins. community resources, foundation), consistently review and monitor TVHC charges, and offer education to reduce financial barriers to healthcare.

### Objectives:

- Offer prompt payment discounts are available for self-pay patients.
- Annual review of financial assistance policy, uninsured discounts, and charges.
- Improve patient education about enrollment and financial services throughout the organization.
- Continue to advocate for state policies to increase access to health insurance coverage for low-income individuals.

## Impact of Actions and Access to Resources

- Increase community knowledge and health literacy around health insurance plans and financial assistance resources.
- Reduce cost barriers to care through an increase in utilization of the financial assistance program.

## Other Local Organizations Available to Respond to This Need

- Community Resource Center- [crctv.org](http://crctv.org)
- Eastern Idaho Public Health - <https://eiph.id.gov>

# Mental Health

## TVHC Services and Programs Committed to Respond to This Need

- TVHC provides 24-hour emergency telehealth care to patients who present in a mental health crisis in our Emergency Department.
- TVHC offers telehealth visits and in-person mental health visits in our clinics.
- TVHC maintains a regional guide of mental health services for staff and providers.

## Goals and Objectives to Address this Significant Health Need

Goal: Improve access to mental health services in our community and connect patients to additional community resources.

Objectives:

- Enhance partnership with MHC and other community mental health providers to increase care coordination for TVHC patients who present behavioral health needs.
- Expand education for providers and patients on available behavioral health resources in the community.

## Impact of Actions and Access to Resources

- Improve accessibility of mental health services in the community, where services are insufficient to meet the existing and growing need.
- Coordinate with other community resources to fill gaps in services.
- Better inform providers and patients of existing services.

## Other Local Organizations Available to Respond to This Need

- Teton Valley Mental Health Coalition - [tetonvalleymentalhealth.com](http://tetonvalleymentalhealth.com)



# Cancer

## TVHC Services and Programs Committed to Respond to This Need

- On-site oncologist twice per month beginning August 2024.
- Infusion center offers chemotherapy and hematology to support oncology patients.
- Infusion and drug consultation is available seven (7) days a week.
- TVHC employs a full-time oncology nurse navigator.
- Oncology-certified nursing staff.

## Goals and Objectives to Address this Significant Health Need

Goal: Improve access to cancer care services in our community and work with collaborative partners for the best continuum of care.

Objectives:

- Offer services for oncology patients in their community, for more affordable access to their care (e.g., travel costs).
- Strategically expand services to meet the needs of our growing community.
- Continue exploring the benefits of partnering with regional oncology experts.

## Impact of Actions and Access to Resources

- Continue ensuring patients have access to oncology services in their local community.
- Coordinate with regional resources to improve the continuum of care.

## Other Local Organizations Available to Respond to This Need

- Huntsman Cancer Institute Affiliation | St. John's Oncology
- Huntsman Cancer Institute | University of Utah Health

# Women's Health

## TVHC Services and Programs Committed to Respond to This Need

- TVHC is offering women's care through primary care providers in the Driggs and Victor health clinics.
- State-of-the-art 3D Mammography and ultrasound services.
- Hormone replacement therapy and aesthetics services offered.

## Goals and Objectives to Address this Significant Health Need

Goal: Improve access to Women's Care services in our community, work with collaborative partners for the best continuum of care.

Objectives:

- Explore the addition of GYN clinical and surgical services.
- Offer and improve services for women's care in response to the decline in availability statewide.

## Impact of Actions and Access to Resources

- Continue ensuring patients have access to oncology services in their local community.
- Coordinate with regional resources to improve the continuum of care.

## Other Local Organizations Available to Respond to This Need

- Eastern Idaho Public Health - <https://eiph.id.gov>

# Healthcare: Prevention Services

## TVHC Services and Programs Committed to Respond to This Need

- A range of primary care, specialty care services, diagnostic services, and telehealth visits are available to provide increased access to care for patients locally.
- TVHC utilizes marketing efforts and participates in community events to provide further access and education.
- Chronic care management is available through nurse navigators.
- TVHC offers 24/7 365 emergency and trauma care.

## Goals and Objectives to Address this Significant Health Need

Goal: Improve the management of chronic illness and disease through effective and equitable screening and prevention services.

Objectives:

- Increase appointment availability through expanded services and hours of operation.
- Improve the ease of use of our services for the community, through education and process improvement.
- Patient education on follow-up care to all patients with a special emphasis on diabetes and weight management, cardiac, pulmonary, and chronic diseases (marketing reels, newsletter, etc.).
- Engage with the community in wellness care to promote healthy activities like proper nutrition, exercise, and preventive care exams.
- Decrease onset and prevalence of chronic diseases.

## Impact of Actions and Access to Resources

- Improve the wellness of our community through preventative care.
- Ensure that our community members have high-quality preventative care in their community.

## Other Local Organizations Available to Respond to This Need

- Eastern Idaho Public Health - <https://eiph.id.gov>

# Appendix

# Community Data Tables

# 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's mortality rates are compared to the Idaho state average, and whether the death rate was higher (red), or lower (green) compared to the state average.

	Teton County	Idaho	U.S.
Heart Disease	133.8	166.4	173.8
Cancer	122.9	140.4	146.6
Accidents	59.4	59.9	64.7
Stroke	37.0	36.8	41.1
Lung	26.2	42.5	34.7
Suicide	20.6	20.5	14.1
Alzheimer's	20.1	40.5	31.0
Diabetes	10.4	24.4	25.4
Kidney	8.7	8.1	13.6
Flu - Pneumonia	6.9	7.8	10.5
Parkinson's	6.1	10.5	9.8
Liver	6.0	16.6	14.5
Hypertension	4.5	8.4	10.7
Blood Poisoning	3.7	5.7	10.2
Homicide	0.4	2.2	8.2

Source: worldlifeexpectancy.com, CDC (2022)

# County Health Rankings (ID)

	Teton	Bonneville	Fremont	Madison	Idaho	Top US %ile	US Overall
<b>Length of Life</b>							
Premature Death*	6,448	8,171	6,889	5,002	6,827	6,000	8,000
Life Expectancy*	82	77	78	79	78	81	79
<b>Quality of Life</b>							
Poor or Fair Health	13%	14%	15%	16%	13%	13%	14%
Poor Physical Health Days	3.3	4.0	3.7	4.3	3.3	3.1	3.3
Poor Mental Health Days	4.6	4.7	4.6	5.4	4.7	4.4	4.8
Low Birthweight*	8%	8%	7%	6%	7%	6%	8%
<b>Health Behaviors</b>							
Adult Smoking	13%	15%	17%	17%	14%	14%	15%
Adult Obesity	27%	36%	32%	37%	32%	32%	34%
Limited Access to Healthy Foods	2%	11%	15%	12%	8%	17%	12%
Physical Inactivity	19%	23%	23%	22%	20%	20%	23%
Access to Exercise Opportunities	83%	79%	72%	90%	77%	90%	84%
Excessive Drinking	19%	16%	17%	15%	17%	13%	18%
Alcohol-Impaired Driving Deaths	33%	26%	40%	10%	31%	10%	26%
Drug Overdose Deaths*	n/a	23.6	n/a	n/a	16.4	42	23
Sexually Transmitted Infections*	139	296	162	106	333	152	496
Teen Births (per 1,000 females ages 15-19)	12	17	18	4	15	9	17
<b>Clinical Care</b>							
Uninsured	16%	10%	13%	7%	10%	6%	10%
Primary Care Physicians	3067:1	2611:1	3398:1	2343:1	1619:1	1,030:1	1,330:1
Dentists	2509:1	1257:1	1553:1	2199:1	1534:1	1,180:1	1,360:1
Mental Health Providers	697:1	306:1	1165:1	696:1	399:1	230:1	320:1
Preventable Hospital Stays*	1,749	1,269	1,357	1,319	1,478	1,558	2,681
Mammography Screening	44%	44%	36%	37%	41%	52%	43%
Flu Vaccinations	32%	45%	40%	40%	39%	53%	46%
<b>Social &amp; Economic Factors</b>							
High School Completion	93%	92%	90%	97%	91%	94%	89%
Some College	70%	67%	55%	83%	67%	74%	68%
Unemployment	2.1%	2.3%	2.5%	1.8%	2.7%	2.3%	3.7%
Children in Poverty	10%	12%	17%	12%	12%	10%	16%
Children in Single-Parent Households	10%	18%	13%	6%	17%	13%	25%
Injury Deaths*	68.4	85.3	83.1	37.2	80.1	64	80
Child Care Cost Burden	21%	20%	20%	24%	22%	36%	27%
Child Care Centers (per 1,000 under age 5)	6	5	2	2	6	13	7
<b>Physical Environment</b>							
Severe Housing Problems	10%	14%	12%	27%	13%	8%	17%
Long Commute - Driving Alone	51%	15%	28%	18%	25%	17%	36%
Severe Housing Cost Burden	11%	10%	6%	14%	11%	15%	14%
Broadband Access	94%	91%	91%	80%	90%	90%	87%

\*Per 100,000 Population

## Key (Legend)

- Better than ID
- Same as ID
- Worse than ID

Source: County Health Rankings 2024 Report

# County Health Rankings (WY)

	Teton	Wyoming	Top US Performers	US Overall
<b>Length of Life</b>				
Premature Death*	● 4,268	8,747	6,000	8,000
Life Expectancy*	● 86	77	81	79
<b>Quality of Life</b>				
Poor or Fair Health	● 10%	13%	13%	14%
Poor Physical Health Days	● 2.5	3.5	3.1	3.3
Poor Mental Health Days	● 4.1	4.9	4.4	4.8
Low Birthweight*	● 8%	9%	6%	8%
<b>Health Behaviors</b>				
Adult Smoking	● 11%	17%	14%	15%
Adult Obesity	● 22%	32%	32%	34%
Limited Access to Healthy Foods	● 4%	8%	17%	12%
Physical Inactivity	● 16%	22%	20%	23%
Access to Exercise Opportunities	● 99%	78%	90%	84%
Excessive Drinking	● 23%	19%	13%	18%
Alcohol-Impaired Driving Deaths	● 33%	32%	10%	26%
Drug Overdose Deaths*	n/a	16.5	42	23
Sexually Transmitted Infections*	● 344	359	152	496
Teen Births (per 1,000 females ages 15-19)	● 7	20	9	17
<b>Clinical Care</b>				
Uninsured	● 16%	15%	6%	10%
Primary Care Physicians	1072:1	1433:1	1,030:1	1,330:1
Dentists	931:1	1408:1	1,180:1	1,360:1
Mental Health Providers	164:1	261:1	230:1	320:1
Preventable Hospital Stays*	● 1,772	2,215	1,558	2,681
Mammography Screening	● 44%	37%	52%	43%
Flu Vaccinations	● 54%	40%	53%	46%
<b>Social &amp; Economic Factors</b>				
High School Completion	● 96%	94%	94%	89%
Some College	● 75%	68%	74%	68%
Unemployment	● 2.7%	3.6%	2.3%	3.7%
Children in Poverty	● 5%	13%	10%	16%
Children in Single-Parent Households	● 16%	18%	13%	25%
Injury Deaths*	● 58.2	97.6	64	80
Child Care Cost Burden (% of HHI used for childcare)	● 35%	21%	36%	27%
Child Care Centers (per 1,000 under age 5)	● 17	10	13	7
<b>Physical Environment</b>				
Severe Housing Problems	● 16%	12%	8%	17%
Long Commute - Driving Alone (> 30 min. commute)	● 13%	16%	17%	36%
Severe Housing Cost Burden (50% or more of HHI)	● 13%	11%	15%	14%
Broadband Access	● 89%	88%	90%	87%

\*Per 100,000 Population

## Key (Legend)

- Better than WY
- Same as WY
- Worse than WY

Source: County Health Rankings 2024 Report



# Data and Inputs

## Data Limitations

Rural communities and those with low population sizes face several data limitations including but not limited to:

- Small sample sizes: small populations reduce the statistical power and do not capture the full diversity of the community
- Data privacy: to ensure the confidentiality of individuals in small communities, data may be aggregated or withheld
- Data gaps: some events may happen less frequently in small populations leading to limited data and gaps in time
- Resource constraints: rural areas often have less funding for data collection and access to data collection technologies
- Underrepresentation in national surveys: many national level data sources focus on urban areas due to the higher population making access to data in small communities more limited

This assessment is meant to capture the health status of the service area at a specific point in time, combining both qualitative data from the local community through survey collection and quantitative data from multiple sources where the county is available as the smallest unit of analysis.

## Local Expert Groups

Survey Respondents self-identify themselves into any of the following representative 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 organizations
- 3) **Chronic Disease Groups** – Representative of or member of Chronic Disease Group or Organization, including mental and oral health
- 4) **Community Resident** – Individuals, volunteers, civic leaders, medical personnel, and others to fulfill the spirit of broad input required by the federal regulations
- 5) **Priority Population** – Persons who identify as medically underserved, low-income, racial and ethnic minority, rural resident, or LGBTQ+
- 6) **Healthcare Professional** – Individuals who provide healthcare services or work in the healthcare field with an understanding / education on health services and needs.
- 7) **Other** (please specify)

## Data Sources

Source	Data Element	Date Accessed	Data Date
County Health Rankings 2024 Report	Assessment of health needs of the county compared to all counties in the state; County demographic data	March 2025	2013-2022
CDC Final Deaths	15 top causes of death	March 2025	2022
National Alliance on Mental Illness – NAMI	Statistics on mental health rates and services	March 2025	2022
NIH National Cancer Institute	State cancer profiles; incidence rates	March 2025	2017-2021
Centers for Medicare & Medicaid Services: Mapping Medicare Disparities by Population	Health outcome measures and disparities in chronic diseases	March 2025	2022
American Diabetes Association	Type 2 diabetes risk factors	March 2025	2005
Centers for Disease Control and Prevention – CDC	Gender disparities in cancer prevalence	March 2025	2025
Human Resources & Services Administration – data.hrsa.gov	HPSA designated areas	March 2025	2023
Advisory Board	Population demographic data and projections	March 2025	2024
Center for Housing Policy	Impacts of affordable housing on health	March 2025	2015
Child Care Aware	Childcare costs	March 2025	2023
Health Affairs: Leigh, Du	Effects of low wages on health	March 2025	2022

# Survey Results

Based on 606 survey responses gathered in February 2025.

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

Q1: Your role in the community (select all that apply)

Answer Choices	Responses	
Community Resident	86.50%	519
Healthcare Professional	16.83%	101
Priority Population (medically underserved, low-income, racial and ethnic minority, rural resident, or LGBTQ+)	6.00%	36
Government Employee or Representative	3.50%	21
Representative of Chronic Disease Group or Advocacy Organization	1.17%	7
Public Health Official	0.17%	1
	Answered	600
	Skipped	6

Q2: Race/Ethnicity (select all that apply)

Answer Choices	Responses	
White or Caucasian	90.17%	541
Asian or Asian American	1.83%	11
Hispanic or Latino	1.00%	6
American Indian or Alaska Native	0.50%	3
Native Hawaiian or other Pacific Islander	0.33%	2
Black or African American	0.17%	1
Choose to not disclose	5.33%	32
Other (please specify)	2.33%	14
	Answered	600
	Skipped	6

Q3: Age group

Answer Choices	Responses	
18-24	2.33%	14
25-34	7.82%	47
35-44	13.98%	84
45-54	16.81%	101
55-64	18.47%	111
65+	39.43%	237
Choose to not disclose	1.16%	7
	Answered	601
	Skipped	5

#### Q4: Gender

Answer Choices	Responses	
Female	63.79%	384
Male	33.55%	202
Choose to not disclose	1.66%	10
Other (please specify)	1.00%	6
	Answered	602
	Skipped	4

#### Q5: Household income

Answer Choices	Responses	
Under \$15,000	1.00%	6
Between \$15,000 and \$29,999	4.01%	24
Between \$30,000 and \$49,999	11.04%	66
Between \$50,000 and \$74,999	13.04%	78
Between \$75,000 and \$99,999	13.55%	81
Between \$100,000 and \$150,000	20.07%	120
Over \$150,000	21.40%	128
Choose to not disclose	15.89%	95
	Answered	598
	Skipped	8

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

Answer Choices	Responses	
1	15.34%	89
2	58.10%	337
3	11.55%	67
4	9.48%	55
5	3.79%	22
6	1.38%	8
7	0.34%	2
	Answered	580
	Skipped	26

## Q7: Residency

Answer Choices	Responses	
My primary home is in Teton Valley	89.74%	542
I do not reside in Teton Valley	5.79%	35
My second home is in Teton Valley	4.47%	27
	Answered	604
	Skipped	2

## Q8: What ZIP code do you primarily live in?

Answer Choices	Responses	
83455	34.41%	202
83422	32.71%	192
83452	17.38%	102
83414	4.26%	25
83440	2.04%	12
83420	1.19%	7
83422	0.68%	4
83424	0.68%	4
83448	0.51%	3
83436	0.34%	2
83442	0.34%	2
83445	0.34%	2
All Others (1 response each)	5.11%	30
	Answered	587
	Skipped	19



Q9: Which groups would you consider to have the greatest health needs (rates of illness, trouble accessing healthcare, etc.) in your community? (please select your top 3 responses if possible)

Answer Choices	Responses	
Low-income groups	63.77%	43
Uninsured and underinsured individuals	56.19%	304
Older adults	46.58%	190
Individuals requiring additional healthcare support	35.12%	112
Racial and ethnic minority groups	31.61%	252
Women	23.29%	75
Residents of rural areas	20.70%	20
Children	13.86%	126
LGBTQ+	7.95%	345
Men	3.70%	171
	Answered	541
	Skipped	65

What do you believe to be some of the needs of the groups selected above?

- Home health, assistance for Individuals to maintain their health at home when released from hospital settings.
- Money for co-pays so they comply with medication. Transportation and support to keep appointments.
- Current Health Care is not able to offer additional services because of location and cost.
- Health care access and dealing with the high cost of health care and prescription drugs
- Preventative care, women-specific care, health education, men-specific care
- Transportation to and from medical appointments or counseling,
- Mental health, access to specialists
- Translation needed, extra care and patience for older adults, and most patients are part of a rural area.
- Affordable healthcare services. A lot of people in these groups don't have insurance through their work, or Medicare has limited coverage. We need to have ways to provide affordable healthcare services for these groups of people.
- Availability and understanding of resources available. Minority groups are afraid to ask and don't feel they qualify for all resources available.

Q10: 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	4	15	55	105	298	477	4.42
Cancer	3	12	90	145	226	476	4.22
Women's Health	5	9	92	148	222	476	4.20
Heart Disease	1	17	124	169	164	475	4.01
Drug/Substance Abuse	10	44	98	139	181	472	3.93
Alzheimer's and Dementia	5	38	127	152	153	475	3.86
Diabetes	6	28	145	153	139	471	3.83
Stroke	5	29	148	146	138	466	3.82
Obesity	20	50	138	127	133	468	3.65
Dental	13	53	150	128	123	467	3.63
Men's Health	8	38	181	124	112	463	3.63
Lung Disease	10	52	171	130	100	463	3.56
Kidney Disease	9	52	185	123	94	463	3.52
Liver Disease	11	60	176	119	96	462	3.50
Other (please specify)	44						
						Answered	487
						Skipped	119

#### Comments:

- OB/GYN maternity
- Pediatric care
- more multi-symptom complex health issues
- Sports injuries
- Fetal/Maternal Health
- Disability care
- Prenatal care
- Hearing. Need ENT specialist
- Pediatrics
- Pediatric psychiatry
- Long term care

Q11: 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	9	17	31	70	353	480	4.54
Healthcare: Affordability	1	12	47	93	330	483	4.53
Education System	9	15	70	119	262	475	4.28
Access to Childcare	17	16	66	99	274	472	4.26
Employment and Income	6	21	87	144	221	479	4.15
Healthcare: Prevention Services	6	32	112	127	197	474	4.01
Healthcare: Types of Services Provided	3	20	127	142	177	469	4.00
Access to Senior Services	5	28	112	158	176	479	3.99
Access to Healthy Food	17	41	92	139	190	479	3.93
Healthcare: Location of Services	7	43	114	130	179	473	3.91
Community Safety	13	47	117	125	173	475	3.84
Transportation	18	46	129	151	132	476	3.70
Social Connections	29	48	135	145	117	474	3.58
Access to Exercise/Recreation	39	77	107	105	146	474	3.51
Other (please specify)	21						
						Answered	490
						Skipped	116

#### Comments:

- Affordable Childcare, attainable workforce housing
- Home health care for elderly or those with disabilities such as dementia/stroke
- More resources allocated to preventative care is essential
- Healthy foods are much more expensive than junk foods
- seasonal access to services specifically during the winter
- Doctors! Family medicine practitioners
- Updated/modern healthcare facilities

Q12: Please rate the importance of addressing each behavioral factor in your community on a scale of 1 (Not at all) to 5 (Extremely).

	1	2	3	4	5	Total	Weighted Average
Excess Drinking	5	25	118	154	178	480	3.99
Diet	10	29	140	159	139	477	3.81
Smoking/Vaping/Tobacco Use	13	52	118	143	143	469	3.75
Physical Inactivity	11	68	164	120	112	475	3.53
Risky Sexual Behavior	29	87	165	108	81	470	3.27
Other (please specify)	24						
						Answered	484
						Skipped	122

#### Comments:

- Vaping is a problem
- Zin and oral nicotine risk factors
- Drug use
- Illegal drug use
- Illicit drug use is high importance
- Drug abuse
- Vaccine education
- Recreational drug use (marijuana) in the schools
- Drugs
- Adolescents access, education and support for drug use, abuse, and addiction
- We need a public health office in Teton Valley
- Prescription drug abuse. Distracted driving.

Q13: Please provide feedback on any actions you've seen taken by TVHC to address the 2022 significant health needs in your community and what additional actions you would like to see.

- New Oncology and Chemotherapy program at TVH
- Need a weekend walk in clinic for non emergency visits.
- I'm not aware of many actions to address these concerns. However that doesn't mean there haven't been, I might just not be aware of them
- We've recently gained an oncologist which can help those in need have easier access. We need to address the cost of health care and our lack of behavioral healthcare over all.
- Glad to see that the hospital is prepared for heart attack and stroke victims. I believe that the hospital will need to offer more emergency health care services as helicopter transport to IF may be hard to rely on as the population grows.
- Healthcare still not affordable. Hospital doesn't openly share price list for procedures. It would be wonderful if at least the Driggs clinic was open Sunday as well.
- TVHC has added a visiting oncologist and an infusion room, great step in the right direction.
- Access to affordable medical care should be the most important issue addressed.
- We have podiatry and cardiac care consistently. The outpatient infusion clinic gives infusions of all sorts.
- Ongoing, continued access to specialty services. Even if not full time, visiting specialists are a definite boon to the community.
- I think that TVHC is doing a wonderful job of caring for our community. They've proven to be a source of care, resources, information, and support that residents can turn to in times of need. I appreciate the rotation of specialists who come in to see patients at Driggs clinic and the staff are always caring and friendly.
- I think TVHC has done a good job of bringing in specialist for specialty needs. I know there is a limit on funds available. I think there is an added need for Behavioral Health, Dementia, and Alzheimer issues.
- TVHC has implemented access to behavioral health services and is actively involved with other community resource offices that aid in addressing this issue.
- Having turned 65 yrs old last year, the Senior Center impressed me greatly.
- More affordable healthcare would be so helpful so didn't have to travel so far.
- You've done an excellent job of providing a wider selection of healthcare services in the valley.

Q14: Social drivers of health (SDoH) are conditions in the environments in which people are born, live, learn, work, play, worship, and age that affect a wide range of health, functioning, and quality-of-life outcomes. Please select the key social drivers that negatively impact the health of you or your community (please select all that apply):

Answer Choices	Responses	
High cost of living	82.13%	363
Housing instability or inadequate housing	76.70%	339
Mental health issues	58.82%	260
Lack of affordable childcare	57.92%	256
Unemployment or unstable employment	43.21%	191
Long commutes	42.99%	190
Limited access to healthcare services	42.76%	189
Social isolation	41.40%	183
Lack of transportation	35.52%	157
Poverty	34.62%	153
Racial and cultural disparities	33.03%	146
Limited access to quality education	32.35%	143
Single parenting	28.05%	124
Limited access to healthy food	23.53%	104
Public safety concerns	11.09%	49
Limited access to utility services	4.75%	21
Other (please specify)	5.66%	25
	Answered	442
	Skipped	164

#### Comments:

- We need an Assisted Living Facility here desperately
- Drug use and abuse by our children and adolescents.
- Lots of elderly people living here
- Limited access to affordable food, or affordable healthy food.
- rural isolationism of Seniors.
- Education about the services available prior to need

Q15: What is a barrier to you obtaining the best service at TVHC? (select all that apply)

Answer Choices	Responses	
Limited availability of services or specialties	44.80%	181
Billing issues or lack of clarity in billing statements	44.80%	181
High cost of services	36.14%	146
Unhappy with previous experience with providers or staff	21.04%	85
Difficulty getting an appointment (long wait times)	19.80%	80
Out-of-network for insurance plans	17.57%	71
Perception of low-quality care	17.33%	70
Limited facility hours (inconvenient for working individuals)	17.08%	69
Not aware of the hospital's services or programs	15.59%	63
Poor communication from providers or staff	14.85%	60
Language or cultural barriers	5.20%	21
Facility is too far from home	2.72%	11
Other (please specify)	14.85%	60
	Answered	404
	Skipped	202

### Comments

- The main barrier is the apparent disconnectedness between programs and departments. Please talk to each other, integrate, provide us the best medicine by not being siloed in each office or specialty.
- Billing, prior authorization needs, medications not authorized in a timely manner.
- Incompetent billing is HUGE problem! and one of the biggest if not the biggest reason why patients will not return for care here.
- Telephone service (given a number/extension and no one answers/ lack of 24h OR availability for General/Trauma Surgery
- I'm satisfied with the services.
- Facility age and size are inadequate for a growing population of people who have experience with modern healthcare systems.

Q16: Where do you and/or your family seek primary care (family practice or internal medicine) services? (select all that apply)

Answer Choices	Responses	
Driggs Health Clinic	70.63%	315
Teton Valley Hospital	44.17%	197
Victor Health Clinic	34.75%	155
St. John's Health	22.87%	102
Eastern Idaho Regional Medical Center	10.99%	49
Madison Memorial Hospital	8.07%	36
Mountain View Hospital	5.83%	26
University of Utah Hospital	5.61%	25
Idaho Falls Community Hospital	3.36%	15
Other	14.57%	65
	Answered	446
	Skipped	160

Q17: Where do you and/or your family seek specialty care (cardiology, dermatology, oncology, etc.) services? (select all that apply)

Answer Choices	Responses	
Teton Valley Hospital	49.76%	210
St. John's Health	36.97%	156
Eastern Idaho Regional Medical Center	25.36%	107
University of Utah Hospital	20.14%	85
Mountain View Hospital	15.40%	65
Madison Memorial Hospital	13.27%	56
Idaho Falls Community Hospital	6.16%	26
Other	20.14%	85
	Answered	422
	Skipped	184



Q18: Does the age or appearance of medical facilities affect your confidence in the medical system or care you receive?

Answer Choices	Responses	
Yes	40.63%	180
No	59.37%	263
	Answered	443
	Skipped	163

#### Comments:

- If the facility has the appearance of not having up-to-date technology or specialists, it has a negative first impression.
- This does affect it but I don't necessarily feel TVH facilities look aged.
- well organized and modern technical resources inspire confidence
- In my experience it's the staff and their commitment to patient care that makes the most difference.
- For me it is about the providers. Are they professional, responsive, do they see clients as humans and not just another appointment. Breach of confidence in provider makes a significant difference in returning or even following up on care.
- When facilities seem dated my confidence in the best available care seems low
- Response to phone calls and organized care matter more than the building to us.
- The TVH facilities are old but the quality of staff is excellent. I'm not at all concerned about the age of the facilities- quality of care matters infinitely more.
- The appearance is my first impression of the quality of health care offered.
- I have been here 40 years! You are the best you have ever been, despite the size that you still are.
- The level of care must be reflected somehow in the physical appearance of the place where services are rendered.
- It's not a deal breaker, but I do think if a medical facility looked really run-down my confidence in care would be lower. TVHC facilities look great.
- It's the coordination, knowledge, and care provided by the medical professionals that really matter.

Q19: What additional services / offerings would you like to see available locally?  
(select all that apply)

Answer Choices	Responses	
Women's Health	40.20%	160
Urgent Care / Walk-In / Extended Hours	36.68%	146
Mental Health / Substance Abuse Treatment	32.41%	129
Cancer Care	28.64%	114
Additional Primary Care Availability	23.87%	95
Dermatology (Skin)	23.87%	95
Cardiology (Heart)	23.37%	93
Audiology (Hearing Specialist)	21.36%	85
Gastroenterology (Digestive System/Stomach)	20.35%	81
Alternative Care (Massage, Chiropractic, Acupuncture)	19.85%	79
Endocrinology (Hormone and Diabetes)	18.84%	75
Ophthalmology (Eye)	18.84%	75
Imaging and Radiology	17.84%	71
Health Prevention / Education Programs	15.83%	63
Pediatrics (Children's Doctor)	15.33%	61
Rheumatology (Arthritis and Autoimmune Disease)	15.08%	60
Sleep Disorders	14.57%	58
General Surgery	14.32%	57
Telehealth / Virtual Care	14.32%	57
Emergency Services	14.07%	56
Orthopedics (Bone and Joint)	13.57%	54
Pain Management	13.57%	54
Nutrition	13.32%	53
Neurology (Brain and Nervous System)	12.81%	51
Urology (Urinary System and Male Reproductive)	10.55%	42
Physical Therapy, Occupational Therapy, Speech-Language Therapy (Rehabilitation Services)	10.30%	41
Pulmonology (Lung and Breathing)	10.05%	40
Diabetes Management	9.05%	36
Podiatry (Foot and Ankle)	8.04%	32
Bariatric (Weight Loss)	6.28%	25
Infusion	6.03%	24
Nephrology (Kidney)	6.03%	24
Wound Care	5.28%	21
Aesthetics	3.52%	14
Plastic Surgery	3.52%	14
Pharmacy	3.27%	13
Other (please specify)	14.07%	56
	Answered	398
	Skipped	208

Q20: Where do you get most of your health information? (Check all that apply)

Answer Choices	Responses	
Doctor/Health Care Provider	86.79%	381
Website/Internet	51.94%	228
Family or Friends	29.84%	131
Hospital	18.45%	81
Word of Mouth	11.62%	51
Newspaper/Magazine	10.02%	44
Social Media	8.20%	36
Workplace	8.20%	36
School/College	7.29%	32
Television	2.51%	11
Radio	0.91%	4
Other (please specify)	10.93%	48
	Answered	439
	Skipped	167

Comments:

- Research/ medical journals
- Education
- National organizations (i.e., NIH, academy of pediatrics, etc.)
- Work experience.
- Books
- Internet health website (WebMD, etc...)
- Website. The only one I use is Mayo Clinic
- Life experiences.
- Webinars
- NIH and medical journals
- Family medical professionals, reading trusted articles and trusted websites.
- Technical publications
- Family who are also doctors.