GRITMAN MEDICAL CENTER

MOSCOW, IDAHO

2013 COMMUNITY HEALTH NEEDS ASSESSMENT AND IMPLEMENTATION PLAN

ADOPTED BY BOARD OF DIRECTORS OCTOBER 30, 2013

1 Response to Schedule H (Form 990) Part V B 2
Dear Community Resident:

Gritman Medical Center (Gritman) welcomes you to review this document as we strive to meet the health and medical needs in our community. All not-for-profit hospitals are required to develop this report in compliance with the Accountable Care Act.

The “2013 Community Health Needs Assessment” identifies local health and medical needs and provides a plan to indicate how GRITMAN will respond to such needs. This document suggests areas where other local organizations and agencies might work with us to achieve desired improvements and illustrates one way we, GRITMAN, are meeting our obligations to efficiently deliver medical services.

GRITMAN will conduct this effort at least once every three years. As you review this plan, please consider if, in your opinion, we have identified the primary needs and if our intended response should make appropriate 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, with other organizations and agencies, can collaborate to bring the best each has to offer to address more pressing identified needs.

The report is a response to a federal requirement of not-for-profit hospital’s to identify the community benefit it provides in responding to documented community need. Footnotes are provided to answer specific tax form questions; for most purposes, they may be ignored. Of greater importance, is the potential for this report to guide our actions and the efforts of others to make needed health and medical improvements.

Please think about how to help us improve the health and medical services our area needs. I invite your response to this report. We all live and work in this community together and our collective efforts can make living here healthier and more enjoyable.

Thank you
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EXECUTIVE SUMMARY
Executive Summary

Gritman Medical Center (GRITMAN) is organized as a not-for-profit hospital. A “Community Health Needs Assessment” (CHNA) is part of the necessary hospital documentation for “Community Benefit” under the Affordable Care Act (ACA), required of all not-for-profit hospitals as a condition of retaining tax-exempt status. A CHNA assures GRITMAN identifies and responds to the primary health needs of its residents.

This study is designed to comply with standards required of a not-for-profit hospital. Tax reporting citations in this report are superseded by the most recent 990 H filings made by the 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; and
- 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

GRITMAN partnered with Quorum Health Resources (QHR) for the following:

- Complete a Community Health Needs Assessment report, compliant with Treasury – IRS;
- Provide the Hospital with information required to complete the IRS – 990h schedule; and
- Produce information necessary for the hospital to issue an assessment of community health needs and document its intended response.

Brief Overview of Community Health Needs Assessment

Typically, nonprofit hospitals qualify for tax-exempt status as a Charitable Organization, described in Section 501(c) 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 to the less fortunate without 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

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3 As of the date of this report Notice of proposed rulemaking was published 6/26/2012 and available at http://federalregister.gov/a/2012-15537
4 Part 3 Treasury/IRS – 2011 – 52 Section 3.03 (2) third party disclosure notice
determines if hospitals promote the health of a broad class of individuals in the community, based on factors including:

- Emergency room open to all, regardless of ability to pay;
- Surplus funds used to improve patient care, expand facilities, train, etc.;
- Control by independent civic leaders; and
- All available and qualified physicians are privileged.

Specifically, the IRS requires:

- Effective on tax years beginning after March 23, 2012, each 501(c) 3 hospital facility is required to conduct a community health needs assessment at least once every three taxable years and adopt an implementation strategy to meet the community needs identified through such assessment;
- Assessment may be based on current information collected by a public health agency or nonprofit organization and may be conducted together with one or more other organizations, including related organizations;
- 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 ideally downloadable from the hospital web site;
- Failure to complete a community health needs assessment in any applicable three-year period results in a penalty to the organization of $50,000. If a facility does not complete a community health needs assessment in taxable years one, two or three, it is subject to the penalty in year three. If it then fails to complete a community health needs assessment 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); and
- An organization that fails to disclose how it is meeting needs identified in the assessment is subject to existing incomplete return penalties.⁵

⁵ Section 6652
APPROACH
Approach

To complete a CHNA, the hospital must:

- Describe processes and methods used to conduct the assessment:
  - Sources of data and dates retrieved;
  - Analytical methods applied;
  - Information gaps impacting ability to assess the needs; and
  - Identify with whom the Hospital collaborated.
- Describe how the hospital gained input from community representatives:
  - When and how the organization consulted with these individuals;
  - Names, titles and organizations of these individuals; and
  - Any special knowledge or expertise in public health possessed by these individuals.
- Describe the process and criteria used in prioritizing health needs;
- Describe existing resources available to meet the community health needs; and
- Identify programs and resources the hospital facility plans to commit to meeting each identified need and the anticipated impact of those programs and resources on the health need.

QHR takes a comprehensive approach to assess community health needs. We perform several independent data analyses based on secondary source data, augment this with local survey data and resolve any data inconsistency or discrepancies from the combined opinions formed from local experts. We rely on secondary source data and most secondary sources use the county as the smallest unit of analysis. We asked our Local Experts, area residents, to note if they perceived the problems or needs, identified by secondary sources, to exist in their portion of the county.\(^6\)

The data displays used in our analysis are presented in the Appendix. Data sources include:\(^7\)

<table>
<thead>
<tr>
<th>Web Site or Data Source</th>
<th>Data Element</th>
<th>Date Accessed</th>
<th>Data Date</th>
</tr>
</thead>
<tbody>
<tr>
<td><a href="http://www.countyhealthrankings.org">www.countyhealthrankings.org</a></td>
<td>Assessment of health needs of Latah County compared to all Idaho counties</td>
<td>July 21, 2013</td>
<td>2002 to 2010</td>
</tr>
</tbody>
</table>

\(^6\) Response to Schedule H (Form 990) Part V B 1 i

\(^7\) Response to Schedule H (Form 990) Part V B 1 d
<table>
<thead>
<tr>
<th>Web Site or Data Source</th>
<th>Data Element</th>
<th>Date Accessed</th>
<th>Data Date</th>
</tr>
</thead>
<tbody>
<tr>
<td><a href="http://www.communityhealth.hhs.gov">www.communityhealth.hhs.gov</a></td>
<td>Assessment of health needs of Latah County compared to its national set of “peer counties”</td>
<td>July 21, 2013</td>
<td>1996 to 2009</td>
</tr>
<tr>
<td>Truven (formerly known as Thomson) Market Planner</td>
<td>Assess characteristics of the hospital’s primary service area, at a zip code level, based on classifying the population into various socio-economic groups, determining the health and medical tendencies of each group and creating an aggregate composition of the service area according to the contribution each group makes to the entire area; and, to access population size, trends and socio-economic characteristics</td>
<td>July 21, 2013</td>
<td>2012</td>
</tr>
<tr>
<td><a href="http://www.capc.org">www.capc.org</a> and <a href="http://www.getpalliativecare.org">www.getpalliativecare.org</a></td>
<td>To identify the availability of Palliative Care programs and services in the area</td>
<td>July 21, 2013</td>
<td>2012</td>
</tr>
<tr>
<td><a href="http://www.caringinfo.org">www.caringinfo.org</a> and iweb.nhpco.org</td>
<td>To identify the availability of hospice programs in the county</td>
<td>July 21, 2013</td>
<td>2012</td>
</tr>
<tr>
<td><a href="http://www.healthmetricsandevaluation.org">www.healthmetricsandevaluation.org</a></td>
<td>To examine the prevalence of diabetic conditions and change in life expectancy</td>
<td>July 21, 2013</td>
<td>1989 through 2009</td>
</tr>
<tr>
<td><a href="http://www.dataplace.org">www.dataplace.org</a></td>
<td>To determine availability of specific health resources</td>
<td>July 21, 2013</td>
<td>2005</td>
</tr>
<tr>
<td><a href="http://www.CHNA.org">www.CHNA.org</a></td>
<td>To identify potential needs among a variety of resource and health need metrics</td>
<td>July 21, 2013</td>
<td>2003 to 2010</td>
</tr>
<tr>
<td><a href="http://www.datawarehouse.hrsa.gov">www.datawarehouse.hrsa.gov</a></td>
<td>To identify applicable manpower shortage designations</td>
<td>July 21, 2013</td>
<td>2013</td>
</tr>
</tbody>
</table>
Federal regulations surrounding CHNA have evolved to require local input from representatives of particular sectors. For this reason, Quorum has refined a process of gathering community input. In addition to gathering data from the above sources:

- We deployed a CHNA “Round 1” survey to our Local Expert Advisors to gain local 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\(^8\) and the Hospital’s desire to represent the regions geographically and ethnically diverse population.

- We received community input from 21 Local Expert Advisors. Survey responses started Tuesday, June 25, 2013 at 12:47 p.m. and ended with the last response on Wednesday, July 17, 2013 at 10:04 a.m.

- Information analysis augmented by local opinions showed how Latah County relates to its peers in terms of primary and chronic needs, as well as other issues of uninsured persons, low-income persons and minority groups; respondents commented on if they believe certain population groups (or people with certain situations) need help to improve their condition and if so, who needs to do what.\(^9\)

When the analysis was complete, we put the information and summary conclusions before our local group of experts\(^10\) who were asked to agree or disagree with the summary conclusions. Experts were free to augment potential conclusions with additional statements of need; however, new needs did not emerge from this exchange.\(^11\) Consultation with 17 local experts occurred again via an internet based survey (explained below) during the period beginning Monday, August 5, 2013 at 10:41 a.m. and ending Saturday, August 17, 2013 at 7:30 a.m.

With the prior steps identifying potential community needs, the Local Experts participated in a structured communication technique called a Delphi method, originally developed as a systematic, interactive forecasting method which relies on a panel of experts who answer questionnaires in a series of rounds. We contemplated and implemented one round as referenced during the above dates. After each round, we provided an anonymous summary of the experts’ forecasts from the previous round, as well as the reasons provided for their judgments. The process encourages experts to revise their earlier answers in light of the replies of other members of their panel. Typically, this process decreases the range of answers and moves the expert opinions toward a consensus answer. The process stops when we identify the most pressing, highest priority community needs.

In the GRITMAN process, each local expert allocated 100 points among all identified needs, having the opportunity to introduce needs previously unidentified and to challenge conclusions developed

\(^8\) Response to Schedule H (Form 990) Part V B 1 h; complies with 501(r)(3)(B)(i)
\(^9\) Response to Schedule H (Form 990) Part V B 1 f
\(^10\) Part response to Schedule H (Form 990) Part V B 3
\(^11\) Response to Schedule H (Form 990) Part V B 1 e
from the data analysis. A rank order of priorities emerged, with some needs receiving none or virtually no support and other needs receiving identical point allocations.

The proposed regulations clarify that a CHNA need only identify significant health needs, and need only prioritize, and otherwise assess, those identified as significant health needs. A hospital facility may determine whether a health need is significant based on all of the facts and circumstances present in the community it serves. The determination of the break point, Significant Need as opposed to Other Need, was a qualitative interpretation by QHR and the GRITMAN executive team where a reasonable break point in the descending rank order of votes occurred, indicated by the weight amount of points each potential need received and the number of local experts allocating any points to the need. Our criteria included that the Significant Needs had to represent a majority of all cast votes. The Significant Needs also needed a plurality of Local Expert participation. "When presented to the Gritman executive team, the order of the needs, ranked "Significant" vs. "Other," identified which needs the hospital needed to focus upon in determining where and how it was to develop an implementation response."

During the development of the Implementation Plan, the Public Health Idaho North Central District issued their report 2013 Community Health Assessment. The public health report considered several items examined in the CHNA report. While the process in compiling the public health report was vastly different than as employed in the CHNA report, several priority considerations are similar. Page 24 of the public health report provides a list of health problem rankings for Latah County. A comparison of results is as follows (Please see Appendix B for the rank order of priorities developed in this effort.)

<table>
<thead>
<tr>
<th>Area of Focus:</th>
<th>Public Health Idaho North Central District Report</th>
<th>Gritman's CHNA Report</th>
</tr>
</thead>
<tbody>
<tr>
<td>Obesity</td>
<td>#1 Public Health Priority</td>
<td>#5 Priority Significant Need</td>
</tr>
<tr>
<td>Mental Health</td>
<td>#2 Public Health Priority</td>
<td>#1 Priority Significant Need</td>
</tr>
<tr>
<td>Cancer</td>
<td>#3 Public Health Priority</td>
<td>#7 Priority Significant Need</td>
</tr>
<tr>
<td>Smoking</td>
<td>#4 Public Health Priority</td>
<td>#14 Priority Significant Need</td>
</tr>
<tr>
<td>Children</td>
<td>#5 Public Health Priority</td>
<td>#6 Priority Significant Need</td>
</tr>
<tr>
<td>Diabetes</td>
<td>#6 Public Health Priority</td>
<td>#8 Priority Significant Need</td>
</tr>
<tr>
<td>Teen Pregnancy</td>
<td>#7 Public Health Priority</td>
<td>#19 Priority Significant Need</td>
</tr>
</tbody>
</table>

12 Response to Schedule H (Form 990) Part V Section B 6 g, h and Part V B 1 g
Five other PHP unranked considerations were ranked needs in this report. Two PHP considerations (High blood pressure and infectious disease) were examined in the data analytical efforts of this report but did not emerge as need problem considerations. 13 other potential needs were considered and ranked in this report but were not considered by the Public health department.

With 5 of the 7 high priority ranked needs appearing in this report as Significant Needs, we conclude there is a fair amount of concurrence between our effort and that of the Public Health Department.\textsuperscript{13}

\textsuperscript{13} Response to Schedule H (Form 990) Part V Section B 3.
FINDINGS
Findings

Definition of Area Served by the Hospital Facility

Gritman Medical Center, in conjunction with QHR, defines its service area as Latah County in Idaho which includes the following ZIP codes:

- 83535 – Juliaetta
- 83537 – Kendrick
- 83823 – Deary
- 83832 – Genesee
- 83834 – Harvard
- 83843 – Moscow
- 83855 – Potlatch
- 83857 – Princeton
- 83871 – Troy
- 83806 – Bovill

In 2011, the Hospital received 85.9% of its patients from this area.

14 Responds to IRS Form 990 (h) Part V B 1 a
15 Truven MEDPAR patient origin data for the hospital; Responds to IRS Form 990 (h) Part V B 1 a
Demographic of the Community

The 2013 population for Latah County is estimated to be 39,105, and is expected to increase at a rate of 4.4% in contrast to the 3.3% national rate of growth and the Idaho growth rate of 4.0%. Latah County anticipates a population of 40,825 in 2018.

According to population estimates utilized by Truven, provided by The Neilson Company, the 2013 median age for the county is 31.5 years, which is younger than the Idaho median age (34.9 years) and the national median age (37.5 years). The 2013 Median Household Income for the area is $36,578, which is lower than the Idaho median income of $41,535 and the national median income of $49,223. Median Household Wealth value also is below the National and the Idaho value. Median Home Values for Latah ($166,868) is between the comparison values, above the Idaho median of $152,806 and below the national median of $169,011. Latah's unemployment rate as of July, 2013 was 6%, which is better than the 6.6% statewide and the 7.4% national civilian unemployment rate.

The portion of the population in the county over 65 is 11.5%, which is below the Idaho (12.2%) and the national average (13.9%). The portion of the population of women of childbearing age is 23.4%, which is above the Idaho average of 19.4% and the national rate of 19.8%.

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16 Responds to IRS Form 990 (h) Part V B 1 b
17 All population information, unless otherwise cited, sourced from Truven (formally Thomson) Market Planner
18 http://research.stlouisfed.org/fred2/series/IDLATA7URN; http://research.stlouisfed.org/fred2/series/IDUR
The population was examined according to characteristics presented in the Claritas Prizm customer segmentation data. This system segments the population into 66 demographically and behaviorally distinct groups. Each group, based on annual survey data, is documented as exhibiting specific health behaviors. The makeup of the service area, according to the mix of Prizm segments and its characteristics, is contrasted to the national population averages to discern the following table of probable lifestyle and medical conditions present in the population. Items with red text are viewed as statistically important adverse potential findings. Items with blue text are viewed as statistically important potential beneficial findings. Items with black text are viewed as either not statistically different from the national normal situation or not being a favorable or unfavorable consideration in our use of the information.
<table>
<thead>
<tr>
<th>Health Service Topic</th>
<th>Demand as % of National</th>
<th>% of Population Affected</th>
<th>Health Service Topic</th>
<th>Demand as % of National</th>
<th>% of Population Affected</th>
</tr>
</thead>
<tbody>
<tr>
<td>Weight / Lifestyle</td>
<td></td>
<td></td>
<td>Heart</td>
<td></td>
<td></td>
</tr>
<tr>
<td>BMI: Morbid Obesity</td>
<td>104.7%</td>
<td>26.7%</td>
<td>Routine Screen: Cardiac Stress 2yr</td>
<td>63.5%</td>
<td>13.0%</td>
</tr>
<tr>
<td>Vigorous Exercise</td>
<td>99.1%</td>
<td>50.4%</td>
<td>Chronic High Cholesterol</td>
<td>66.9%</td>
<td>19.8%</td>
</tr>
<tr>
<td>Chronic Diabetes</td>
<td>167.3%</td>
<td>11.1%</td>
<td>Routine Cholesterol Screening</td>
<td>94.4%</td>
<td>47.8%</td>
</tr>
<tr>
<td>Healthy Eating Habits</td>
<td>87.2%</td>
<td>25.8%</td>
<td>Chronic High Blood Pressure</td>
<td>95.9%</td>
<td>25.2%</td>
</tr>
<tr>
<td>Very Unhealthy Eating Habits</td>
<td>136.6%</td>
<td>3.7%</td>
<td>Chronic Heart Disease</td>
<td>106.1%</td>
<td>8.9%</td>
</tr>
<tr>
<td>Behavior</td>
<td></td>
<td></td>
<td>Routine Services</td>
<td></td>
<td></td>
</tr>
<tr>
<td>I Will Travel to Obtain Medical Care</td>
<td>99.1%</td>
<td>25.5%</td>
<td>FP/G/P: 1+ Visit</td>
<td>100.0%</td>
<td>88.0%</td>
</tr>
<tr>
<td>I Follow Treatment Recommendations</td>
<td>89.6%</td>
<td>36.3%</td>
<td>Used Midlevel in last 6 months</td>
<td>99.4%</td>
<td>41.5%</td>
</tr>
<tr>
<td>I Am Responsible for My Health</td>
<td>96.4%</td>
<td>60.6%</td>
<td>OB/Gyn 1+ Visit</td>
<td>94.7%</td>
<td>43.6%</td>
</tr>
<tr>
<td>Pulmonary</td>
<td></td>
<td></td>
<td>Ambulatory Surgery last 12 Months</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Chronic COPD</td>
<td>163.5%</td>
<td>7.9%</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tobacco Use: Cigarettes</td>
<td>121.6%</td>
<td>31.6%</td>
<td>Use Internet to Talk to MD</td>
<td>88.6%</td>
<td>12.9%</td>
</tr>
<tr>
<td>Chronic Allergies</td>
<td>96.5%</td>
<td>21.6%</td>
<td>Facebook Opinions</td>
<td>64.3%</td>
<td>8.7%</td>
</tr>
<tr>
<td>Cancer</td>
<td></td>
<td></td>
<td>Looked for Provider Rating</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mammography in Past Yr</td>
<td>93.4%</td>
<td>42.4%</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cancer Screen: Colorectal 2 yr</td>
<td>89.0%</td>
<td>21.8%</td>
<td>Charitable Contrib: Hosp/Hosp Sys</td>
<td>86.7%</td>
<td>20.7%</td>
</tr>
<tr>
<td>Cancer Screen: PAP/Cerv Test 2 yr</td>
<td>89.7%</td>
<td>54.0%</td>
<td>Charitable Contrib: Other Health Org</td>
<td>81.7%</td>
<td>31.9%</td>
</tr>
<tr>
<td>Routine Screen: Prostate 2 yr</td>
<td>86.5%</td>
<td>26.2%</td>
<td>HA/TA: Employer Offers</td>
<td>97.4%</td>
<td>59.6%</td>
</tr>
<tr>
<td>Orthopedic</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Chronic Lower Back Pain</td>
<td>117.3%</td>
<td>25.1%</td>
<td>Emergency Room Use</td>
<td>110.5%</td>
<td>37.5%</td>
</tr>
<tr>
<td>Chronic Osteoporosis</td>
<td>102.1%</td>
<td>9.8%</td>
<td>Urgent Care Use</td>
<td>100.6%</td>
<td>23.8%</td>
</tr>
</tbody>
</table>
Leading Causes of Death

<table>
<thead>
<tr>
<th>ID Rank</th>
<th>Latah Co. Rank</th>
<th>Cause of Death</th>
<th>Rank among all counties in ID</th>
<th>Rate of Death per 100,000 age adjusted</th>
</tr>
</thead>
<tbody>
<tr>
<td>4</td>
<td>1</td>
<td>Cancer</td>
<td>29 of 43</td>
<td>159.5 158.7</td>
</tr>
<tr>
<td>1</td>
<td>2</td>
<td>Heart Disease</td>
<td>39 of 43</td>
<td>154.6 136.2</td>
</tr>
<tr>
<td>3</td>
<td>3</td>
<td>Stroke</td>
<td>30 of 43</td>
<td>41.1 48.2</td>
</tr>
<tr>
<td>15, 19, 24</td>
<td>4</td>
<td>Accidents</td>
<td>38 of 43</td>
<td>44.1 38.9</td>
</tr>
<tr>
<td>2</td>
<td>5</td>
<td>Lung</td>
<td>36 of 43</td>
<td>48.1 38.6</td>
</tr>
<tr>
<td>6</td>
<td>6</td>
<td>Alzheimer’s</td>
<td>3 of 42</td>
<td>24.2 37.4</td>
</tr>
<tr>
<td>8</td>
<td>7</td>
<td>Suicide</td>
<td>20 of 43</td>
<td>20.4 17.2</td>
</tr>
<tr>
<td>7</td>
<td>8</td>
<td>Diabetes</td>
<td>30 of 42</td>
<td>24.2 15.0</td>
</tr>
<tr>
<td>11</td>
<td>9</td>
<td>Flu - Pneumonia</td>
<td>27 of 41</td>
<td>13.5 14.8</td>
</tr>
<tr>
<td>20</td>
<td>10</td>
<td>Parkinson’s</td>
<td>3 of 40</td>
<td>8.3 12.3</td>
</tr>
<tr>
<td>21</td>
<td>11</td>
<td>Liver</td>
<td>21 of 42</td>
<td>8.6 3.1</td>
</tr>
<tr>
<td>9</td>
<td>12</td>
<td>Hypertension</td>
<td>18 of 40</td>
<td>5.6 6.4</td>
</tr>
<tr>
<td>14</td>
<td>13</td>
<td>Kidney</td>
<td>40 of 42</td>
<td>12.3 3.7</td>
</tr>
<tr>
<td>No Ranked</td>
<td>14</td>
<td>Homicide</td>
<td>15 of 36</td>
<td>1.4 3.3</td>
</tr>
<tr>
<td>32</td>
<td>15</td>
<td>Blood Poisoning</td>
<td>33 of 36</td>
<td>4.9 2.1</td>
</tr>
</tbody>
</table>

Primary and Chronic Disease Needs and Health Issues of Uninsured Persons, Low-Income Persons and Minority Groups

Some information is available to describe the size and composition of various uninsured persons, low income persons, minority groups and other vulnerable population segments. Studies identifying specific group needs, distinct from the general population at a county unit of analysis, are not readily available from secondary sources.

The National Healthcare Disparities Report results from a Congressional directive to the Agency for Healthcare Research and Quality (AHRQ). This production is an annual report to track disparities related to "racial factors and socioeconomic factors in priority populations." The emphasis is on disparities related to race, ethnicity and socioeconomic status and includes a charge to examine
disparities in "priority populations," which are groups with unique health care needs or issues that require special attention.19

Nationally, this report observes the following trends:

- Measures for which Blacks were worse than Whites and are getting better:
  - Diabetes – Hospital admissions for short-term complications of diabetes per 100,000 population;
  - HIV and AIDS – New AIDS cases per 100,000 population age 13 and over; and
  - Functional Status Preservation and Rehabilitation – Female Medicare beneficiaries age 65 and over who reported ever being screened for osteoporosis with a bone mass or bone density measurement.

- Measures for which Blacks were worse than Whites and staying the same:
  - Cancer – Breast cancer diagnosed at advanced stage per 100,000 women age 40 and over; breast cancer deaths per 100,000 female population per year; adults age 50 and over who ever received colorectal cancer screening; colorectal cancer diagnosed at advanced stage per 100,000 population age 50 and over; colorectal cancer deaths per 100,000 population per year;
  - Diabetes – Hospital admissions for lower extremity amputations per 1,000 population age 18 and over with diabetes;
  - Maternal and Child Health – Children ages 2-17 who had a dental visit in the calendar year; Children ages 19-35 months who received all recommended vaccines;
  - Mental Health and Substance Abuse – Adults with a major depressive episode in the last 12 months who received treatment for depression in the last 12 months; people age 12 and over treated for substance abuse who completed treatment course;
  - Respiratory Diseases – Adults age 65 and over who ever received pneumococcal vaccination; hospital patients with pneumonia who received recommended hospital care;
  - Supportive and Palliative Care – High-risk long-stay nursing home residents with pressure sores; short-stay nursing home residents with pressure sores; adult home health care patients who were admitted to the hospital; hospice patients who received the right amount of medicine for pain;
  - Timeliness – Adults who needed care right away for an illness, injury or condition in the last 12 months who got care as soon as wanted; emergency department visits where patients left without being seen; and

• Measures for which Asians were worse than Whites and getting better:
  o Cancer – Adults age 50 and over who ever received colorectal cancer screening; and
  o Patient Safety – Adult surgery patients who received appropriate timing of antibiotics.

• Measures for which Asians were worse than Whites and staying the same:
  o Respiratory Diseases – Adults age 65 and over who ever received pneumococcal vaccination; hospital patients with pneumonia who received recommended hospital care; and
  o Access – People with a usual primary care provider.

• Measures for which American Indians and Alaska Natives were worse than Whites for most recent year and staying the same:
  o Heart Disease – Hospital patients with heart failure who received recommended hospital care;
  o HIV and AIDS – New AIDS cases per 100,000 population age 13 and over;
  o Respiratory Diseases – Hospital patients with pneumonia who received recommended hospital care;
  o Functional Status Preservation and Rehabilitation – Female Medicare beneficiaries age 65 and over who reported ever being screened for osteoporosis with a bone mass or bone density measurement;
  o Supportive and Palliative Care – Hospice patients who received the right amount of medicine for pain; high-risk, long-stay nursing home residents with pressure sores; adult home health care patients who were admitted to the hospital; and
  o Access – People under age 65 with health insurance.

• Measures for which American Indians and Alaska Natives were worse than Whites for most recent year and getting worse:
  o Cancer – Adults age 50 and over who ever received colorectal cancer screening; and
  o Patient safety – Adult surgery patients who received appropriate timing of antibiotics.

• Measures for which Hispanics were worse than non-Hispanic Whites for most recent year and getting better:
  o Maternal and Child Health – Children ages 2-17 who had a dental visit in the calendar year;
Lifestyle Modification – Adult current smokers with a checkup in the last 12 months who received advice to quit smoking; adults with obesity who ever received advice from a health provider about healthy eating; and

Functional Status Preservation and Rehabilitation – Female Medicare beneficiaries age 65 and over who reported ever being screened for osteoporosis with a bone mass or bone density measurement.

• Measures for which Hispanics were worse than non-Hispanic Whites for most recent year and staying the same:

  o Cancer – Women age 40 and over who received a mammogram in the last 2 years; adults age 50 and over who ever received colorectal cancer screening;

  o Diabetes – Adults age 40 and over with diagnosed diabetes who received all three recommended services for diabetes in the calendar year;

  o Heart Disease – Hospital patients with heart attack and left ventricular systolic dysfunction who were prescribed angiotensin-converting enzyme inhibitor or angiotensin receptor blocker at discharge; hospital patients with heart failure who received recommended hospital care;

  o HIV and AIDS – New AIDS cases per 100,000 population age 13 and over;

  o Mental Health and Substance Abuse – Adults with a major depressive episode in the last 12 months who received treatment for depression in the last 12 months;

  o Respiratory Disease – Adults age 65 and over who ever received pneumococcal vaccination; hospital patients with pneumonia who received recommended hospital care;

  o Lifestyle Modification – Adults with obesity who ever received advice from a health provider to exercise more;

  o Supportive and Palliative Care – Long-stay nursing home residents with physical restraints; high-risk, long-stay nursing home residents with pressure sores; short-stay nursing home residents with pressure sores; adult home health care patients who were admitted to the hospital; hospice patients who received the right amount of medicine for pain;

  o Patient Safety – Adult surgery patients who received appropriate timing of antibiotics;

  o Timeliness – Adults who needed care right away for an illness, injury or condition in the last 12 months who got care as soon as wanted;

  o Patient Centeredness – Adults with ambulatory visits who reported poor communication with health providers; children with ambulatory visits who reported poor communication with health providers; and
• Access – People under age 65 with health insurance; people under age 65 who were uninsured all year; people with a specific source of ongoing care; people with a usual primary care provider; people unable to get or delayed in getting needed care due to financial or insurance reasons

• Measures for which Hispanics were worse than non-Hispanic Whites for most recent year and getting worse:
  o Maternal and Child Health – Children ages 3-6 who ever had their vision checked by a health provider.

We asked a specific question to our Local Expert Advisors about unique needs of priority populations. We reviewed their response to identify if any of the above trends were obvious in the service area. Accordingly, we place great reliance on the commentary received to identify unique population needs to which we should respond. Specific opinions from the Local Expert Advisors are summarized as follows:

• Dominant comments focus on Poor working families unable to afford "any kind of medical care"

• CHAS clinic helps but may need health coaches to guide proper decision making

• Access to affordable medical care frequently cited but also mentions of needs for professional mental health and the lack of dental service

• Aged need for affordable assisted living was a less frequent cited need.

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20 All comments and the analytical framework behind developing this summary appear in Appendix A.
Statistical information about special populations:

**Access to Care: Latah County, ID**

In addition to use of services, access to care may be characterized by medical care coverage and service availability.

<table>
<thead>
<tr>
<th>Category</th>
<th>Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>Uninsured individuals (age under 65)¹</td>
<td>6,134</td>
</tr>
<tr>
<td>Medicare beneficiaries</td>
<td></td>
</tr>
<tr>
<td>Elderly (Age 65+)</td>
<td>3,515</td>
</tr>
<tr>
<td>Disabled</td>
<td>633</td>
</tr>
<tr>
<td>Medicaid beneficiaries</td>
<td></td>
</tr>
<tr>
<td>3,455</td>
<td></td>
</tr>
<tr>
<td>Primary care physicians per 100,000 pop²</td>
<td>64.1</td>
</tr>
<tr>
<td>Dentists per 100,000 pop²</td>
<td>47.3</td>
</tr>
<tr>
<td>Community/Migrant Health Centers³</td>
<td>No</td>
</tr>
<tr>
<td>Health Professional Shortage Area³</td>
<td>No</td>
</tr>
</tbody>
</table>

*nda No data available.*

**Vulnerable Populations: Latah County, ID**

Vulnerable populations may face unique health risks and barriers to care, requiring enhanced services and targeted strategies for outreach and case management.

<table>
<thead>
<tr>
<th>Vulnerable Populations Include People Who¹</th>
<th>Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>Have no high school diploma (among adults age 25 and older)</td>
<td>1,851</td>
</tr>
<tr>
<td>Are unemployed</td>
<td>697</td>
</tr>
<tr>
<td>Are severely work disabled</td>
<td>602</td>
</tr>
<tr>
<td>Have major depression</td>
<td>2,285</td>
</tr>
<tr>
<td>Are recent drug users (within past month)</td>
<td>2,681</td>
</tr>
</tbody>
</table>

*nda No data available.*

¹ The most current estimates of prevalence, obtained from various sources (see the Data Sources, Definitions, and Notes for details), were applied to 2008 mid-year county population figures.

Findings

Upon completion of the CHNA, QHR identified several issues within the Gritman Medical Center community:

**Conclusions from Public Input to Community Health Needs Assessment**

Our group of 21 Local Experts participated in an on-line survey to offer opinions about their perceptions of community health needs and potential needs of unique populations.
Responses were first obtained to the question: “What do you believe to be the most important health or medical issue confronting the residents of your County?” In summary, we receive the following commentary regarding the more important health or medical issues:

- Dominant concern is affordable care
- Shortage of primary care providers and those accepting Medicare or Medicaid
- Lack of public transportation also cited as aspect of access problem
- Obesity most frequent clinical concern with minor mentions of alcoholism, tobacco, dental and eye care concerns

Responses were then obtained to the question: “Do you perceive there are any primary and/or chronic disease needs, as well as potential health issues, of uninsured persons, low-income persons, minority groups and/or other population groups (i.e. people with certain situations) which need help or assistance in order to improve? If you believe any situation as described exists, please also indicate who you think needs to do what?” In summary, we received the following commentary regarding the more important health or medical issues:

- Dominant comments focus on Poor working families unable to afford "any kind of medical care"
- CHAS clinic helps but may need health coaches to guide proper decision making
- Access to affordable medical care frequently cited but also mentions of needs for professional mental health and the lack of dental service
- Aged need for affordable assisted living was a less frequent cited need

Summary of Observations from Latah County Compared to All Other Idaho Counties, in Terms of Community Health Needs

In general, Latah County residents are better than average compared to the healthiest in Idaho. In a health status classification termed "Health Outcomes", Latah ranks number 4 among the 42 Idaho ranked counties (best being #1). Premature Death (deaths prior to age 75) for 10 years presented better values (longer survivability) than on average for ID or the US. Poor or Fair Health ranking was below the ID average, but above the US average. Low Birth Weight Births show Latah residents presenting with lower values than ID and the US average.

In another health status classification "Health Factors", Latah County ranks number 5 among the 42 ranked Idaho counties, with Physical Inactivity being below the ID average, but not significantly different that the US average. Excessive Drinking and Sexually Transmitted Infections are well above both the ID and US averages. Teen Birth Rates, however, are well below the ID and US averages.
In the "Clinical Care" classification, Latah County ranks number 5 among the 42 ranked ID counties. Uninsured rate is below the ID average, but well above the US average.

Social and Economic factors are mostly positive. Education metrics (school years completed) are better than average in ID, with the Some college numbers being much higher than US. Inadequate social support is lower than the US average and significantly lower than ID. Unemployment is higher than the US average, but is below the ID average.

Overall, Physical Environment metrics are better than average for ID and are either at or approaching the US average. Air pollution, however, is higher than both ID and US.

**Summary of Observations from Latah County Peer Comparisons**

The federal government administers a process to allocate all counties into "Peer" groups. County "Peer" groups have similar social, economic and demographic characteristics. Health and wellness observations when Latah County is compared to its national set of Peer Counties and compared to national rates include:

- **UNFAVORABLE** observations occurring at rates worse than national AND worse than among Peers (Please note this list of adverse indicators is much shorter than observed in other hospital studies):
  - BREAST CANCER (FEMALE)
  - SUICIDE

- **SOMewhat A CONCERN** observations because occurrence is worse than national average BUT better than the Peer group average, OR, better than national average BUT worse than Peer group average (The following list contains fewer indicators than typically observed in studies conducted for other hospitals.):
  - BIRTHS TO WOMEN AGE 40 to 54
  - UNINTENTIONAL INJURY
  - MOTOR VEHICLE INJURIES
  - STROKE

- **BETTER PERFORMANCE** than peers and national averages (This list is considerably more extensive than typically observed):
  - LOW BIRTH WEIGHT (Less than 2,500 g)
  - VERY LOW BIRTH WEIGHT (Less than 1,500 g)
  - PREMATURE BIRTHS (Less than 37 weeks)
  - BIRTHS TO WOMEN UNDER 18
  - BIRTHS TO UNMARRIED WOMEN
• INFANT MORTALITY
• WHITE non HISPANIC INFANT MORTALITY
• NEONATAL INFANT MORTALITY
• POST NEONATAL INFANT MORTALITY
• COLON CANCER
• CORONARY HEART DISEASE
• LUNG CANCER.

Latah Population Characteristics

Latah County in 2013 comprises 39,105 residents. Since 2010 it has experienced a small population increase and anticipates continued growth through the next five years to achieve 40,825 residents. The population is 89.8% non-Hispanic White. Asian & Pacific Island non-Hispanics constitute 2.1% of the population. Hispanics comprise the largest minority population at 3.9% of the population. Black non-Hispanics are at 0.8%. 11.5% of the population is age 65 or older. This is a smaller population segment than the elderly comprise elsewhere in Idaho, on average, or in comparison to the national average. 23.7% of the women are in the childbirth population segment. This segment is considerably larger than as elsewhere on average in Idaho or in comparison to the national average. The median income and median household wealth are below their respective Idaho averages. Median home values are higher than the Idaho average, but lower than the US average.

The following areas were identified from a comparison of the county to national averages:

• Metrics impacting more than 25% of the population and statistically significantly different from the national average include the following. All are considered adverse findings unless otherwise noted:

  1. Obtained a Pap/Cervix test in last 2 years 10% below average impacting 54% of the population
  2. Obtained routine cholesterol screening 6% below average impacting 48% of the population
  3. Had OB/Gyn in last year is 5% below average impacting 44% of the population
  4. Obtained mammography in last year is 7% below average impacting 42% of the population
  5. Used emergency room in past year is 10% above average impacting 38% of the population
  6. I follow treatment recommendations 10% below average impacting 36% of the population
7. Use tobacco products / smoke 22% above average impacting 32% of the population
8. Had prostate screening in last 2 years 11% below average impacting 28% of the population
9. Health eating habits 13% below average impacting 26% of the population
10. Chronic lower back pain 17% above average impacting 25% of the population

- Situations and Conditions statistically significantly different from the national average but impacting less than 25% of the population include the following. All are considered adverse findings unless otherwise noted:
  - Colorectal cancer screen in last 2 years 11% below average impacting 22% of population
  - Cardiac stress screen in last 2 years 16% below average impacting 13% of the population
  - Chronic diabetes 7% above average impacting 11% of population
  - Chronic heart disease 6% above average impacting 9% of the population
  - Very unhealthy eating habits 37% above average impacting 4% of the population

Key Conclusions from Consideration of Other Statistical Data Examinations

- Palliative Care (programs focused on symptom relief from serious illness) do not exist in the County. Hospice Care (programs to provide comfort care during terminal disease) do exist in the County.

- Among the leading causes of death, Latah County has a significantly lower death rate in 9 of the 15 leading causes of death and a significantly higher death rate in 3 of the 15 leading causes of death. Ranking the causes of death in Latah County finds the following (in descending order of occurrence):

  1. Cancer 158.7 (rate per 100,000) – a rate lower than expected, Latah County ranks #29 of 43 ranked Counties in ID (#1 rank = worse in state), the death rate from this disease is below ID avg.
  2. Heart Disease 136.2 – lower than expected, rank #39, below ID average
  3. Stroke 48.2 – as expected, rank #30, above ID average
  4. Accidents 38.9 – lower than expected, rank #38, below ID average
  5. Lung disease 38.6 – as expected, rank #36, below ID average
  6. Alzheimer’s 37.4 – higher than expected, rank #3 (of 42 as apparently one county had a rate to low to be included in the analysis), above ID average
7. Suicide 17.2 – higher than expected, rank #20, below ID average
8. Diabetes 15.0 – lower than expected, rank #36 (of 42 ranked ID counties), significantly below ID average
9. Flu-Pneumonia 14.8 – lower than expected, rank #27 (of 41 ranked ID counties), above ID average
10. Parkinson’s 12.3 – higher than expected, rank #3 (of 40 ranked ID counties), higher than the ID average

- Heart Disease Mortality during 2008 through 2010 (322.9) is lower than the national average (358.6). Native American mortality (468.5) is considerably higher than the US Native American average (315.9).
- The incident of Stroke deaths (76.3) is slightly lower than the national rate (78.3).
- Life expectancy for both Men and Women has increased, however, females have longer life spans than males but male life expectancy improved considerably more than females. Female life expectancy in 2009 was 82.1 years, 3.7 years behind the best rates. Life expectancy for Males in 2009 was 78.5 years, 3.1 years behind the 10 best rates.
- Latah is designated as a Health Professional Shortage Area (HPSA) for primary care, dental care and mental health, and it qualifies as a Medically Underserved Area (MUA).
- 21.1% of the population lives in poverty, considerably above the US and ID average of 14.3%. 17.3% of Latah children live in poverty, which is slightly below the ID average but well below the US average. Only 9.75% of the population receives Medicaid.
- The rate of liquor store access is in line with US average but about 40% above the ID average. Heavy alcohol consumption is above average (Latah 17.8%; ID 13.7%; US 15%).
- A below average percentage of Latah residents smoke (14.5%; ID 17%; US 18.5%).
- An above average percent of the population are without dental exams (Latah 33.6%; ID 31.4%; US 30.1%)
EXISTING HEALTH CARE FACILITIES, RESOURCES AND GRITMAN IMPLEMENTATION PLAN
Significant Health Needs

We used the priority ranking of area health needs to organize the search for locally available resources. The following list identifies locally available resources corresponding to each priority need:

- Identifies the rank order of each identified Significant Need;
- Presents the factors considered in developing the ranking;
- Establishes a Problem Statement to specify the problem indicated by use of the Significant Need term;
- Identifies GRITMAN current efforts responding to the need;
- Establishes the Implementation Plan programs and resources GRITMAN will devote to attempt to achieve improvements;
- Documents the Leading Indicators GRITMAN will use to measure progress;
- Presents the Lagging Indicators GRITMAN believes the Leading Indicators will influence in a positive fashion, and;
- Presents the locally available resources noted during the development of this report as believed to be currently available to respond to this need.

In general, GRITMAN is the major hospital in the service area. GRITMAN is a 25 bed critical access, acute care medical facility located in Moscow, ID. The next closest facilities are primarily outside the service area and include:

- Pullman Regional Hospital – a 25 bed critical access hospital located in Pullman, WA (9.5 miles, 16 minutes)
- St Joseph Regional Medical Center – a 132 bed hospital located in Lewiston, ID (32.5 miles, 40 minutes)
- Benewah Community Hospital – a 19 bed critical access hospital located in Saint Maries, ID (66.5 miles, 1 hour 25 minutes)
- Clearwater Valley Hospital and Clinics – a 25 bed critical access hospital located in Orofino, ID (71.5 miles, 1 hour 19 minutes)
- Whitman Hospital and Medical Center - 25 bed critical access hospital located in Colfax, WA (25 miles, less than 30 minutes)
- Tri-State Memorial Hospital - 25 bed critical access hospital located in Clarkston, WA (30 miles, less than 30 minutes)

In rank order of need, the local resources, listed in the tables beginning on the next page, could be available to respond to the need. All data items analyzed to determine significant needs are “Lagging Indicators”, measures presenting results after a period of time, characterizing historical performance.

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21 Response to IRS Form 990 h Part V B 1 c
Lagging Indicators tell you nothing about how the outcomes were achieved. In contrast the GRITMAN Implementation Plan utilizes “Leading Indicators”. Leading Indicators anticipate change in the Lagging Indicator. Leading Indicators focus on short-term performance, and if accurately selected, anticipate the broader achievement of desired change in the Lagging Indicator. In the QHR application Leading Indicators also must be within the ability of the hospital to influence and measure.

**Significant Needs**

**1. MENTAL HEALTH / SUICIDE** – Suicide seventh cause of death ranks #20 (#1 = worst) below ID average; Suicide rate worse than US and Peer average; mental health federal shortage designation

   **Problem Statement:** Suicide death rate needs to decrease

   **GRITMAN services available to respond to this need include:**
   - GRITMAN Telemedicine pediatric psychiatric consultation.
   - Emergency service triage for behavioral conditions.

   **GRITMAN Implementation Plan programmatic initiatives:**
   - Participate and support local efforts with the organizations listed below which offer resources responding to this need by identifying how GRITMAN services can benefit their initiatives.
   - Emergency service staff will be assessed and trained in suicide tendency identification and awareness of intervention strategies
   - Evaluate the feasibility of expanding the pediatric telemedicine program into adult medicine
   - Evaluate feasibility of campaign to raise awareness and reduce the stigma associated with patients seeking mental health counseling.

   **Anticipated results from GRITMAN Implementation Plan**
   - GRITMAN efforts can help address the symptoms of and results from adverse lifestyle choices and other factors.
   - Increased awareness of suicide desire and prevention

   **Leading Indicator GRITMAN will use to measure progress:**
   - Volume of pediatric telemedicine consultations.
     - 2012 patient encounters = 0

   **Lagging Indicator GRITMAN will use to identify improvement**
   - Suicide death rate
     - 17.2 per 100,000 [www.worldlifeexpectancy.com/usa-health-rankings](http://www.worldlifeexpectancy.com/usa-health-rankings)
Other Local Resources identified during the CHNA process which are believed available to respond to this need include the following:

<table>
<thead>
<tr>
<th>Resource Name</th>
<th>Address/Links</th>
<th>Phone Numbers</th>
</tr>
</thead>
<tbody>
<tr>
<td>IDAHO Region II Behavioral Health Crisis Line</td>
<td>N/A</td>
<td>866-449-3815</td>
</tr>
<tr>
<td>Idaho Department of Health and Welfare</td>
<td><a href="http://www.healthandwelfare.idaho.gov">www.healthandwelfare.idaho.gov</a> 1350 Troy Highway Suite 2, Moscow, ID</td>
<td>208-882-2433</td>
</tr>
<tr>
<td>Region II Children's Mental Health</td>
<td>1350 Troy Highway Suite 2, Moscow, ID</td>
<td>208-882-0562</td>
</tr>
<tr>
<td>Department of Health and Welfare</td>
<td>1118 F Street, PO Drawer B, Lewiston, ID</td>
<td>208-799-4440</td>
</tr>
<tr>
<td>Alliance Family Services, Inc.</td>
<td>212 Rodeo Drive, Moscow, ID <a href="http://www.alliancefamilyservices.com">www.alliancefamilyservices.com</a></td>
<td>208-882-5960</td>
</tr>
<tr>
<td>Aspire Counseling Services</td>
<td>200 S Almon Street, Moscow, ID</td>
<td>208-310-4578</td>
</tr>
<tr>
<td>Bridge Bible Fellowship</td>
<td>960 W. Palouse River Drive, Moscow, ID</td>
<td>208-882-0674</td>
</tr>
<tr>
<td>Child and Family Enrichment Center</td>
<td>619 S Washington Street Suite 301, Moscow, ID</td>
<td>208-882-9200</td>
</tr>
<tr>
<td>Community Christian Ministries</td>
<td>516 S Main Street, Moscow, ID</td>
<td>208-883-0997</td>
</tr>
<tr>
<td>Counseling Center of the Palouse</td>
<td>814 S Washington Street, Moscow, ID</td>
<td>208-883-0619</td>
</tr>
<tr>
<td>Department of Health and Welfare</td>
<td>1350 Troy Road Suite 2, Moscow, ID</td>
<td>208-882-0562</td>
</tr>
<tr>
<td>Provider Name</td>
<td>Address</td>
<td>Phone Number</td>
</tr>
<tr>
<td>---------------------------------------------------</td>
<td>----------------------------------------------</td>
<td>---------------</td>
</tr>
<tr>
<td>Educational and Psychological Services</td>
<td>2301 West A Street Suite C, Moscow, ID</td>
<td>208-883-1144</td>
</tr>
<tr>
<td>Fraley &amp; Associates, PLLC</td>
<td>3320 Highway 8, Moscow, ID</td>
<td>509-884-4623</td>
</tr>
<tr>
<td></td>
<td>504 Main Street Suite 422, Lewiston, ID</td>
<td></td>
</tr>
<tr>
<td>Integrative Mindworks</td>
<td>803 S Jefferson Street Suite 3, Moscow, ID</td>
<td>208-882-8159</td>
</tr>
<tr>
<td>Kitzrow, Martha</td>
<td>106 E Third Street Suite 6, Moscow, ID</td>
<td>208-883-1842</td>
</tr>
<tr>
<td>Latah County Youth Advocacy Council</td>
<td>220 E 5th Street, Room 336, Moscow, ID 83843</td>
<td>208-883-2268</td>
</tr>
<tr>
<td>Masom Counseling and Consulting</td>
<td>106 E Third Street Suite 2B, Moscow, ID</td>
<td>208-882-1289</td>
</tr>
<tr>
<td>Nekich, Jamie PhD</td>
<td>814 S Washington Street, Moscow, ID</td>
<td>208-885-5057</td>
</tr>
<tr>
<td>Newsome, Teri</td>
<td>818 S Washington Street, Moscow, ID</td>
<td>208-883-3046</td>
</tr>
<tr>
<td>Paradise Creek Counseling</td>
<td>619 S Washington Street Suite 301, Moscow, ID</td>
<td>208-596-2542</td>
</tr>
<tr>
<td>Scott Community Care</td>
<td>200 S Almon Street, Moscow, ID</td>
<td>208-882-3504</td>
</tr>
<tr>
<td></td>
<td>119 New 6th Street, Lewiston, ID</td>
<td>208-746-9946</td>
</tr>
<tr>
<td>University of Idaho Student Counseling &amp; Testing Center</td>
<td>University of Idaho</td>
<td>208-885-6716</td>
</tr>
<tr>
<td></td>
<td>Mary E Forney Hall</td>
<td></td>
</tr>
<tr>
<td></td>
<td>1210 Blake Avenue, Moscow, ID</td>
<td></td>
</tr>
<tr>
<td>Weeks &amp; Vietri</td>
<td>818 S Washington Street, Moscow, ID</td>
<td>208-882-8514</td>
</tr>
<tr>
<td></td>
<td></td>
<td>888-875-2784</td>
</tr>
<tr>
<td>Wellhouse Counseling Services</td>
<td>N/A</td>
<td>208-882-8340</td>
</tr>
</tbody>
</table>
2. **Affordability / Access** – Leading Local Expert dominant concern is affordable care; uninsured rate below ID average well above US average; Leading Local Expert concern lack of public transportation also cited as aspect of access problem

**Problem Statement:** Local residents should not be denied access to care because of limited payment ability

**GRITMAN Services Available To Respond To This Need Include:**

- **GRITMAN Financial Assistance Program** - The Financial Assistance Program is based on the Federal Poverty Income Guidelines. Gritman Medical Center uses a sliding scale up to 200 percent of those guidelines. Detailed information is available at www.gritman.org
- **Provide space for CHAS - Latah Community Health**, open Monday - Friday.
- **GRITMAN Van Service** - we provide free transportation to community residents for any health and wellness program affiliated with Gritman Medical Center, Monday - Friday, 8:00 - 4:30 pm.
- **GRITMAN Rural Clinics** - in Kendrick, Troy and Potlatch, open Monday - Friday.
- **Bosom Buddy Program** - provides free screening mammograms to women receiving health care in Latah County who cannot afford the screening.
- **Cancer Resource Center** - open Monday - Friday, 10 a.m. to 4 p.m.
- **Light A Candle Program** - provides resources to people with a cancer diagnosis in Latah and Whitman counties.
- **Cardiac Rehab Fund** - provides scholarships to those in need.
- **Martin Wellness Center Fund** - provides scholarships to those in need.
- **Provide space for Family Promise Program at the Martin Wellness Center** - helps homeless families find affordable and permanent shelter.

**GRITMAN Implementation Plan Programmatic Initiatives:**

- Continue above initiatives
- Increase use of telemedicine as a way for patients to access qualified health and mental health professionals.
- Encourage enrollment in existing programs such as Medicaid via outreach/education and expedited enrollment.
- Offer Functional Movement Screens at county schools in collaboration with our rural clinics
- Work with local schools to offer education on wellness, nutrition, and exercise.
ANTICIPATED RESULTS FROM GRITMAN IMPLEMENTATION PLAN

• GRITMAN efforts can help address the symptoms of and results from problems of affordability and access but it can do little to impact the underlying causes of this problem which stem from unemployment, limited education, adverse lifestyle choices and other factors.

LEADING INDICATOR GRITMAN WILL USE TO MEASURE PROGRESS:

• Volume of patient financial assistance efforts should increase from 2012 volumes.
  • 2012 patients assisted by GRITMAN financial assistance policies = 1,680
  • 2012 dollars expended by GRITMAN financial assistance policies = 1,728,447

LAGGING INDICATOR GRITMAN WILL USE TO IDENTIFY IMPROVEMENT

• Percent of County population below Federal poverty guideline

| Other Local Resources identified during the CHNA process which are believed available to respond to this need include the following: |
|---|---|---|
| Latah Community Health | 719 S. Main Street  
Moscow, ID 83843 | 208-848-8300 |
| SMART TRANSIT | Regional Public Transportation  
P.O. Box 3854  
Moscow, ID 83843 | 208-883-7747 |

3. ALCOHOL ABUSE inc. Drug Abuse – Alcoholism a minor Local Expert concern; Excessive Drinking well above ID and US average; liquor store access at US average; Heavy alcohol consumption above average; Drug Abuse a Local Expert documented concern added to the definition

Problem Statement: Incident of substance abuse should not exceed the state average

GRITMAN SERVICES AVAILABLE TO RESPOND TO THIS NEED INCLUDE:

• GRITMAN medical detox and referral
• Substance abuse testing services
• Pre-employment physicals include substance testing
• Provide space and resources for AA and NA programs

GRITMAN IMPLEMENTATION PLAN PROGRAMMATIC INITIATIVES:

• Emergency service consultations with the University of Idaho counseling service
• Establish Alcohol and substance abuse education resources in Gritman Wellness Program, Health Library, and Lunch and Learn programming.
• Provide Alcohol screening and brief interview training to emergency service triage staff
• Sponsor mass media campaign relating to alcohol and substance impaired driving
• Sponsor school-based social norming programs to reduce alcohol consumption

Support for above concepts is at http://www.countyhealthrankings.org/policies?f[0]=field_program_health_factors%3A12056

ANTICIPATED RESULTS FROM GRITMAN IMPLEMENTATION PLAN

• A decrease in Adult rate of heavy alcohol consumption

LEADING INDICATOR GRITMAN WILL USE TO MEASURE PROGRESS:

• Number of University Student substance abuse referrals
  o 2012 program participants = 0
• Number of Detox patient admissions
  o 2012 admissions = 120

LAGGING INDICATOR GRITMAN WILL USE TO IDENTIFY IMPROVEMENT

• Percentage of adults aged 18 and older who self-report heavy alcohol consumption (defined as more than two drinks per day for men and one drink per day for women)

Other Local Resources identified during the CHNA process which are believed available to respond to this need include the following:

<table>
<thead>
<tr>
<th>Website to locate substance abuse treatment facilities anywhere in the US</th>
<th><a href="http://findtreatment.samhsa.gov/list_search.htm">http://findtreatment.samhsa.gov/list_search.htm</a></th>
<th>N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td>Alcoholics Anonymous</td>
<td><a href="http://www.area92aa.org">www.area92aa.org</a> or <a href="http://www.aa.org">www.aa.org</a> for location and times of meetings</td>
<td>882-1597</td>
</tr>
<tr>
<td>ALANON</td>
<td><a href="http://www.al-anon-idaho.org">www.al-anon-idaho.org</a></td>
<td>888-4al-anon</td>
</tr>
<tr>
<td></td>
<td></td>
<td>208-289-0997</td>
</tr>
</tbody>
</table>
| Business
Psychology
Associates | n/a | 800-922-3406 |
|-------------|-----|--------------|
| Alliance Family
Services | 212 Rodeo Drive Suite 410, Moscow, ID | 208-882-5960 |
| Latah County Youth
Advocacy Council | 220 E 5th Street, Room 336
Moscow, ID 83843 | 208-883-2268 |
| Region II Adult Mental Health | 1350 Troy Highway Suite 2, Moscow, ID | 208-882-0562 |
| Weeks & Vietri | 818 S Washington Street, Moscow, ID | 208-882-8514 |
| University of Idaho Student Counseling & Testing Center | University of Idaho
Mary E Forney Hall
1210 Blake Avenue, Moscow, ID | 208-885-6716 |

4. PHYSICIANS – primary care federal shortage designation; leading Local Expert concern
Shortage of primary care providers and those accepting Medicare or Medicaid; OB/Gyn visit 5%
below average impacts 44% of pop; Used emergency room 10% above average impacts 38% of pop;

**Problem Statement:** Increase the Primary Care physician to population ratio

**GRITMAN services available to respond to this need include:**

- GRITMAN physician and midlevel recruitment support initiatives
- WWAMI scholarship program - provides scholarships to WWAMI students interested in practicing in rural Idaho.
- Healthcare scholarships - scholarships to local students pursuing a medical degree. These scholarships are awarded to future doctors, nurses, and care providers who have an interest in returning to our community. Scholarships include:
  - Janet Chisholm Martin Healthcare Scholarship
  - L. Clay Boyd Memorial Healthcare Scholarship
  - Chanda Morris Scholarship
  - Maurine Cherrington Scholarship
  - The Besst Family Scholarship
- Midge Presol Scholarship

**GRITMAN IMPLEMENTATION PLAN PROGRAMMATIC INITIATIVES:**

- GRITMAN will review the success of its physician recruitment process and enter discussions with the medical staff about how to construct the most desirable practice environment.
- Explore feasibility of partnering with the Moscow Volunteer Fire and EMS program to educate/encourage volunteers to consider careers in medicine and nursing.

**ANTICIPATED RESULTS FROM GRITMAN IMPLEMENTATION PLAN**

- Increase in the medical resource professionals in Latah County

**LEADING INDICATOR GRITMAN WILL USE TO MEASURE PROGRESS:**

- Number of qualified physicians actively exploring opportunities in Latah County
  - 2012 = 8

**LAGGING INDICATOR GRITMAN WILL USE TO IDENTIFY IMPROVEMENT**

- Percentage of adults aged 18 and older who self-report that they do not have at least one person who they think of as their personal doctor or health care provider.
  - Latah County 2012 = 23.79%  


Other Local Resources identified during the CHNA process which are believed available to respond to this need include the following:

<table>
<thead>
<tr>
<th>Other Local Resources</th>
<th>Address</th>
<th>Phone</th>
</tr>
</thead>
</table>
| Moscow Family Medicine                                      | 623 S Main Street  
Moscow, ID 83843                                      | 208-882-2011  |
| Moscow Medical                                              | 213 N Main Street  
Moscow, ID 83843                                      | 208-882-7565  |
| Latah Community Health                                      | 719 S. Main Street  
Moscow, ID 83843                                      | 208-848-8300  |
| Inland Orthopaedic Surgery                                  | 2500 W A St Ste 201, Moscow                 | 208-883-2828  |
| Palouse Surgery Center                                      | 2300 West A Street  
Moscow, ID 83843                                      | 208-883-1500  |
5. OBESITY/OVERWEIGHT – Leading Local Expert concern obesity most frequent clinical concern; Physical Inactivity below ID average not different that US average; Health eating habits 13% below average impacts 26% of population.

Problem Statement: Increase awareness of maintaining a healthy weight and lifestyle.

GRITMAN SERVICES AVAILABLE TO RESPOND TO THIS NEED INCLUDE:

- GRITMAN dietary and nutrition service consultations
- Participation in educational efforts at local school and community events
- GRITMAN Martin Wellness Center programs - independent exercise, core strength and weight training, water aerobics, group exercise classes, Fit and Fall Proof
- Cardiac rehabilitation prevention program focus on education and exercise
- GRITMAN Fun Runs (2) annually - The Colors of Hope Run in September and the Red Skirt Scamper in February.
- GRITMAN Wellness Scholarships for Cardiac Rehab and Wellness Center.
- Provide point-of-decision prompts for use of stairs: motivational signs placed on or near stairwells, elevators, and escalators encourage individuals to use stairs.
- Implement breastfeeding programs to increase breastfeeding initiation, exclusive breastfeeding, and duration of breastfeeding.

GRITMAN IMPLEMENTATION PLAN PROGRAMMATIC INITIATIVES:

- GRITMAN will establish an integrated approach to obesity by coordinating its efforts with diabetic reduction efforts formulating a multi-component obesity prevention intervention initiative.
- GRITMAN will lead by example by fostering employee involvement in a worksite prevention intervention.
- Provide healthy eating vending options.
- Make water available and promote consumption of water in place of sweetened beverages.
- Provide point-of-purchase, visitor and patient prompts to highlight healthier alternatives such as fruits and vegetables.
- Use competitive pricing, e.g., higher prices for non-nutritious foods than for nutritious foods.
- Work with schools to institute school policies that increase activity such as expanding school-based physical education classes, active recess, and walking or biking to school.
Help schools to promote exercise and recreation in communities, e.g., by allowing evening access to school recreational facilities.

- Increase access to fitness centers and athletic facilities: access can be increased in a number of ways, including physical access/location accessibility and reduced costs or sliding scale fees to improve economic access.

- Offer health insurance premium support for maintaining appropriate weight and participate in health assessment for wellness incentives

- Institute workplace incentives for physical activity, including use of rehabilitation resources

- Offer resource guide with information on healthy eating and fitness opportunities in the area

- Offer Functional Movement Screens at county schools in collaboration with our rural clinics.

**ANTICIPATED RESULTS FROM GRITMAN IMPLEMENTATION PLAN**

- GRITMAN anticipates a greater percentage of residents will no longer be obese

**LEADING INDICATOR GRITMAN WILL USE TO MEASURE PROGRESS:**

- Martin Wellness Center and GRITMAN Cardiac Rehabilitation visits
  - 2012 = 24,597

**LAGGING INDICATOR GRITMAN WILL USE TO IDENTIFY IMPROVEMENT**

- Reduction in the percent of Latah residents adults aged 18 and older self-report that they have a Body Mass Index (BMI) between 25.0 and 30.0 (overweight)
  - Latah 2012 = 37.21%

Other Local Resources identified during the CHNA process which are believed available to respond to this need include the following:

<table>
<thead>
<tr>
<th>Resource</th>
<th>Location</th>
<th>Contact Information</th>
</tr>
</thead>
<tbody>
<tr>
<td>Active Living Task Force</td>
<td>City of Moscow&lt;br&gt;206 East Third Street&lt;br&gt;Moscow, ID 83843</td>
<td>208-883-7123</td>
</tr>
<tr>
<td>Anytime Fitness</td>
<td>436 N Main St, Moscow, ID 83843</td>
<td>208-882-3100</td>
</tr>
<tr>
<td>Backyard Harvest</td>
<td>510 West Palouse River Drive, Moscow, ID 83843</td>
<td>208-882-3996</td>
</tr>
<tr>
<td>CHAS Latah Community Health</td>
<td>719 S. Main Street, Moscow, ID 83843</td>
<td>208.848.8300</td>
</tr>
<tr>
<td>Rayme Geidl, MD</td>
<td>213 N Main St, Moscow, ID 83843</td>
<td>208-882-7565</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Organization</th>
<th>Address</th>
<th>Contact Information</th>
</tr>
</thead>
<tbody>
<tr>
<td>High Five Children's Health Collaborative</td>
<td>City of Moscow</td>
<td>208-883-7123 or 208-883-7600</td>
</tr>
<tr>
<td></td>
<td>Alisa Stone, Grants Manager</td>
<td></td>
</tr>
<tr>
<td></td>
<td>206 East Third Street</td>
<td></td>
</tr>
<tr>
<td>Moscow Farmers Market (cooking demos and recipe cards)</td>
<td>City of Moscow</td>
<td>208-883-7132</td>
</tr>
<tr>
<td></td>
<td>206 East Third Street</td>
<td><a href="mailto:farmersmarket@ci.moscow.id.us">farmersmarket@ci.moscow.id.us</a></td>
</tr>
<tr>
<td>Parks &amp; Recreation</td>
<td>City of Moscow</td>
<td>208-883-7084</td>
</tr>
<tr>
<td></td>
<td>1724 East F Street</td>
<td></td>
</tr>
<tr>
<td>Poverty on the Palouse Forum</td>
<td>412 East 3rd Street</td>
<td>208-883-7132</td>
</tr>
<tr>
<td></td>
<td>Moscow, ID 83843</td>
<td><a href="mailto:jpffiffner@ci.moscow.id.us">jpffiffner@ci.moscow.id.us</a></td>
</tr>
<tr>
<td>Heart of the Arts</td>
<td>411 S. Main Street</td>
<td>208-882-1562</td>
</tr>
<tr>
<td>Moscow Chamber of Commerce</td>
<td>411 S. Main Street</td>
<td>208-882-1800</td>
</tr>
<tr>
<td>Moscow Mountain Sport</td>
<td>872 Troy Rd, Ste 180</td>
<td>208-882-1426</td>
</tr>
<tr>
<td>Moscow School District</td>
<td>650 North Cleveland Street</td>
<td>208-882-1120</td>
</tr>
<tr>
<td>Movement Sciences</td>
<td>University of Idaho</td>
<td>208-885-7921</td>
</tr>
<tr>
<td></td>
<td>College of Education</td>
<td></td>
</tr>
<tr>
<td></td>
<td>University of Idaho</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Moscow, Idaho 83844-2401</td>
<td></td>
</tr>
<tr>
<td>North Idaho Athletic Club</td>
<td>408 S Main St, Moscow</td>
<td>208-882-7884</td>
</tr>
<tr>
<td>Officer Newbill Kids Safety Fair</td>
<td>n/a</td>
<td>208-882-4414</td>
</tr>
</tbody>
</table>
### 6. PRIORITY POPULATION

Minority and other groups Local Expert concern, dominant comments focus on Poor working families unable to afford "any kind of medical care", CHAS clinic helps but may need health coaches to guide proper decision making, access to affordable medical care frequently cited but also mentions of needs for professional mental health and the lack of dental service, aged need for affordable assisted living was a less frequent cited need.

**Problem Statement:** Child health and Prevention resources need to increase

**GRITMAN services available to respond to this need include:**

- Motherhood Connections - a free weekly support group for new moms and their babies, held at the Martin Wellness Center
- GRITMAN Financial Assistance Program - The Financial Assistance Program is based on the Federal Poverty Income Guidelines. Gritman Medical Center uses a sliding scale up to 200 percent of those guidelines. Detailed information is available at www.gritman.org
- Provide space for Family Promise Program at the Martin Wellness Center - helps homeless families find affordable and permanent shelter.
- Provide space for CHAS - Latah Community Health, open Monday - Friday.
• Provide child car seats and bike helmets

**GRITMAN IMPLEMENTATION PLAN PROGRAMMATIC INITIATIVES:**

• GRITMAN will explore and if feasible implement a coalition program in concert with Safe Kids Idaho (based on the Kootenai program) and integrate it into its pediatric program.

• Explore opportunities to expand car seat & helmet services and develop relationship with the Moscow Police Department.

• Car Seat Safety
  
  o GRITMAN currently has a number of Car Seat Technicians
  o They often work with the Moscow Police Department (Marie Miller, 208-301-4238) to offer their services at events through out the year, including the Officer Newbill Kid's Safety Fair.
  o These opportunities could include education on using seat belts, safety in and around cars and dangers during the summer months.
  o More relationships could be developed with local car dealerships, UI Students and the department of Health and Welfare.

• Bike Safety
  
  o GRITMAN has current relationships with both the city of Moscow and the UI through the Safe Routes to School program, I Count, Active Living Task Force and the Officer Lee Newbill Kid's Safety Fair.
  o These are all very well established programs that we could continue to develop and serve a role.
  o This education could be expanded to the university to promote safety of those pedestrians and bikers. Ideas that have been bounced around are bike rodeo’s, simple bike repairs and maintenance, proper and safe riding in town, and improving safe crossings at roadways.
  o Gritman currently holds a bike safety class for children with special needs each summer. Therapy Solutions will look to expand this program to the rural communities and developing a relationship with a new Bike Co-Op in Moscow.
  o Other organizations that have been included in the past or could brought on board are: The local bike shops, Palouse Bicycle Racing, PCEI, Moscow Area Mountain Biker's Association, and the Moscow PD.

• Water Safety
  
  o This is the area where we have the least amount of development in our region.
  o The city of Moscow and the University of Idaho certify Life Guards.
  o Water Safety courses could be taught through the Moscow Parks and Recreation Department.

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○ Therapy Solutions spoke with the Kootenai County coordinator of the program and she said that they partner with the aquatic police force for this portion of the program.
○ Other organizations who we could partner with are Northwest River Supply and the UI.
○ Therapy Solutions physical therapists have a desire to work with kids on rafting safety to allow for another type of outdoor activity.

• Playground Safety and Fall Prevention
  ○ The city of Moscow does a wonderful job of seeking public comment regarding all playgrounds they install in the city.
  ○ We can also work with the rural schools to ensure safety at their playgrounds.

• Other area's of safety concern
  ○ ATV Safety
  ○ Hunter Safety
  ○ Concussions
  ○ Functional Movement Screens
  ○ Youth Sports Safety

Summary: There is an abundance of local resources and programs currently offering many of these services. A great goal would be to bring these entities together under the umbrella of the Safe Kids Program. This would allow for more organization and team work amongst the groups for a healthier and safer community.

ANTICIPATED RESULTS FROM GRITMAN IMPLEMENTATION PLAN

• GRITMAN efforts can help address the symptoms of and results from problems of affordability and access but it can do little to impact the underlying causes of this problem which stem from unemployment, limited education, adverse lifestyle choices and other factors.
• Increased adherence to prevention program participation goals

LEADING INDICATOR GRITMAN WILL USE TO MEASURE PROGRESS:

• Participant in Safe Kids safety events
  ○ 2012 = 3

LAGGING INDICATOR GRITMAN WILL USE TO IDENTIFY IMPROVEMENT

• Reduction in the percent of under age 19 without medical insurance
Other Local Resources identified during the CHNA process which are believed available to respond to this need include the following:

<table>
<thead>
<tr>
<th>Resource</th>
<th>Address</th>
<th>Phone</th>
</tr>
</thead>
<tbody>
<tr>
<td>Family Promise</td>
<td>510 West Palouse River Drive, Moscow, ID 83843</td>
<td>Family Promise</td>
</tr>
<tr>
<td>Latah Community Health</td>
<td>719 South Main Street, Moscow, ID 83843</td>
<td>208-848-8300</td>
</tr>
<tr>
<td>Latah County Youth Advocacy Council</td>
<td>220 E 5th Street, Room 336, Moscow, ID 83843</td>
<td>208-883-2268</td>
</tr>
<tr>
<td>Sojourners Alliance</td>
<td>627 N Van Buren St, Moscow</td>
<td>208-883-3438</td>
</tr>
</tbody>
</table>

7. CANCER – Cancer leading cause of death at rate lower than expected, ranks #29 in ID (#1 = worse), death rate below ID average; Breast Cancer rate worse than US and Peer average; Colon Cancer and Lung Cancer better than peers and US average; Pap/Cervix test 10% below average impacts 54% of pop; Mammography 7% below average impacts 42% of pop; Prostate screening 11% below average impacts 28% of pop

**Problem Statement:** Cancer detection and screening services need greater participation

**GRITMAN SERVICES AVAILABLE TO RESPOND TO THIS NEED INCLUDE:**

- GRITMAN Cancer Resource Center - open Monday - Friday, 10 a.m. to 4 p.m.
- Bosom Buddy program - free screening mammograms to women receiving care in Latah County who are unable to afford the screening.
- Light a Candle Program - provides resources to people with a cancer diagnosis in Latah and Whitman counties.
- Provide space for support groups - Breast Cancer Support Group meets the second Monday of each month in the Gritman Board Room.
**GRITMAN Implementation Plan Programmatic Initiatives:**

- Coordinating efforts with Pullman Regional Hospital and Whitman Hospital and Medical Group to develop a cancer center located in Moscow, ID
- Continue implementation of current efforts

**Anticipated Results from GRITMAN Implementation Plan**

- An increase in the use of screening and cancer detection services leading to earlier intervention and increased survival

**Leading Indicator GRITMAN Will Use to Measure Progress:**

- Volume of colonoscopy and mammography exams should increase from 2012 volumes.
  - 2012 colonoscopy exams = 176
  - 2012 mammography exams = 2,674

**Lagging Indicator GRITMAN Will Use to Identify Improvement**

- Cancer death rate per 100,000
  - 2012 = 158.7 ([www.worldlifeexpectancy.com/usa-health-rankings](http://www.worldlifeexpectancy.com/usa-health-rankings))

<table>
<thead>
<tr>
<th>Other Local Resources identified during the CHNA process which are believed available to respond to this need include the following:</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>St Joseph Regional Oncology Center</strong></td>
</tr>
<tr>
<td><strong>St. Joseph Medical Group Cancer Center &amp; Blood Institute</strong></td>
</tr>
<tr>
<td><strong>Palouse Surgeons</strong></td>
</tr>
<tr>
<td><strong>North Idaho Dermatology</strong></td>
</tr>
</tbody>
</table>

**8. Diabetes** — Diabetes is the eighth cause of death, lower than expected ranks #36 (#1 = worst) below ID average

**Problem Statement:** An increased number of confirmed diabetic patients need to actively monitor their condition.
GRITMAN SERVICES AVAILABLE TO RESPOND TO THIS NEED INCLUDE:

- GRITMAN Diabetes Education Services
- GRITMAN Diabetes Wellness classes
- GRITMAN Diabetes Support Group (in Moscow & Colfax)
- Certified diabetic educators, recognized by the American Diabetes Association.
- Holiday Cooking Class
- Education in the schools, as requested

GRITMAN IMPLEMENTATION PLAN PROGRAMMATIC INITIATIVES:

- Coordinating efforts with the rural clinics in Potlatch, Troy and Kendrick, the Martin Wellness Center, medical offices, and Pullman Regional Hospital to better educate those with diabetes and pre-diabetes.

ANTICIPATED RESULTS FROM GRITMAN IMPLEMENTATION PLAN

- Increase in compliance with disease management initiatives

LEADING INDICATOR GRITMAN WILL USE TO MEASURE PROGRESS:

- Number of diabetic educator program hours.
  - 2012 = 982

LAGGING INDICATOR GRITMAN WILL USE TO IDENTIFY IMPROVEMENT

- Percent of diabetic Medicare enrollees that receive HbA1c screening
  - 2010 = 83%

Other Local Resources identified during the CHNA process which are believed available to respond to this need include the following:

<table>
<thead>
<tr>
<th></th>
<th>n/a</th>
<th>n/a</th>
<th>n/a</th>
</tr>
</thead>
</table>

9. DENTAL – Minor dental Local Expert concern; dental care federal shortage designation; above average residents without dental exams

Problem Statement: Increase the Dentist to population ratio

GRITMAN SERVICES AVAILABLE TO RESPOND TO THIS NEED INCLUDE:

- Emergency temporary dental service

GRITMAN WILL NOT DEVELOP AN IMPLEMENTATION PLAN FOR THIS SIGNIFICANT NEED:
Other Local Resources identified during the CHNA process which are believed available to respond to this need include the following:

<table>
<thead>
<tr>
<th>Resource</th>
<th>Address</th>
<th>Phone</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bearable Dentistry</td>
<td>1410 S Main St., Moscow, ID</td>
<td>208-882-3214</td>
</tr>
<tr>
<td>Schiavoni, Bryan DDS</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sept, Matthew DDS</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Weitz, Dustin DDS</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Moscow Family Dentistry</td>
<td>1215 6th St., Moscow, ID</td>
<td>208-882-6570</td>
</tr>
<tr>
<td>Bowen, Benjamin DDS</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Bowen, Patricia DDS</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Palouse View Dental</td>
<td>1526 Levick St., Moscow, ID</td>
<td>208-882-4923</td>
</tr>
<tr>
<td>Hansen, Clay DDS</td>
<td></td>
<td></td>
</tr>
<tr>
<td>BlueSky Dental</td>
<td>2500 West A Street, #204, Moscow, ID</td>
<td>208-882-9111</td>
</tr>
<tr>
<td>Henry, Kevin, DDS</td>
<td></td>
<td></td>
</tr>
<tr>
<td>My Dentist</td>
<td>2016 W Pullman Rd., Moscow, ID</td>
<td>208-882-0991</td>
</tr>
<tr>
<td>Kline, Jeffrey DDS</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Naturally Designed Smiles</td>
<td>1138 W A St., Moscow, ID</td>
<td>208-883-7645</td>
</tr>
<tr>
<td>Peterson, Wayne DMD PC</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Potlatch Family Dental</td>
<td>225 6th St., Potlatch, ID</td>
<td>208-875-0441</td>
</tr>
<tr>
<td>Pitt, Ammon DDS</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Palouse Pediatric Dentistry</td>
<td>1246 W A St., Moscow, ID</td>
<td>208-882-9999</td>
</tr>
<tr>
<td>Sept, Karen DMD</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Other Needs Identified During the CHNA Process Presented in Rank Order of Need

10. COMPLIANCE BEHAVIOR / PREDISPOSING CONDITIONS inc focusing on cause rather than symptoms - Education better than ID average; Inadequate social support lower than ID and US average; Follows treatments 10% below average impacts 36% of population; 21.1% of population live in poverty, above US and ID average; 17.3% of Latah children live in poverty, below ID and US average

11. SEXUALLY TRANSMITTED DISEASE - Sexually Transmitted Infections well above ID and US average

12. ALZHEIMER'S - Alzheimer’s sixth cause of death ranks #3 (#1 = worst) above ID average

13. PALLIATIVE CARE & HOSPICE - Palliative Care do not exist in Latah, Hospice Care do exist

14. SMOKING / TOBACCO USE – Tobacco use a minor Local Expert concern; Use tobacco / smoke 22% above average impacts 32% of population; below average smoke

15. CORONARY HEART DISEASE – Heart Disease second cause of death lower than expected, ranks #39, in ID (#1 = worst) below ID average; Native American heart mortality considerably higher than US Native American average; Coronary Heart Disease better than peers and US average

16. LOW BACK PAIN (Chronic) – Chronic lower back pain 17% above average impacts 25% of pop

17. CHOLESTEROL (HIGH) – Cholesterol screening 6% below average impacts 48% of population

18. STROKE – Stroke third cause of death ranks #30 (#1 = worst) above ID average; Stroke deaths lower than US average; Stroke Rate worse than national average or Peer average

19. MATERNAL AND INFANT MEASURES – Low Birth Weight Births lower than ID and the US average; Teen Birth Rates well below ID and US average; Births to Women Age 40 to 54 Rate worse than national average or Peer average; Better than peers and US average for Low
Birth Weight, Very Low Birth Weight, Premature Births, Births to Women Under 18, Births to Unmarried Women, Infant Mortality, White non-Hispanic Infant Mortality, Neonatal Infant Mortality, Post Neonatal Infant Mortality

20. ACCIDENTS - Accidents fourth cause of death, lower than expected ranks #38 (#1 = worst) below ID average; Unintentional Injury and Motor Vehicle Injury Rate worse than national average or Peer average

21. PARKINSON’S – Parkinson’s tenth cause of death ranks #3 (#1 = worst) higher than ID average

22. FLU / PNEUMONIA including chronic sinusitis / Allergies – Flu-Pneumonia ninth cause of death, lower than expected ranks #27 (#1 = worst) above ID average

23. EYE CARE – Eye care minor Local Expert concerns

24. LIFE EXPECTANCY / PREMATURE DEATH – Health Outcomes Latah ranks number 4 among the 42 Idaho ranked counties (best being #1). Premature Death (prior to age 75) longer survivability than average for ID or US; Life expectancy increased but males improved considerably more than females

25. LUNG – Lung disease fifth cause of death rank #36 (#1 = worst) below ID average

26. PHYSICAL ENVIRONMENT – Air pollution higher than ID and US average
Overall Community Need Statement and Priority Ranking Score:

**Significant Needs Where Hospital Has an Implementation Plan**

1. MENTAL HEALTH / SUICIDE
2. AFFORDABILITY / ACCESS
3. ALCOHOL ABUSE including drug abuse
4. PHYSICIANS
5. OBESITY/OVERWEIGHT
6. PRIORITY POPULATION
7. CANCER
8. DIABETES

**Significant Needs Where Hospital Did Not Develop an Implementation Plan**

9. DENTAL

**Other Needs Where Hospital Developed an Implementation Plan**

(none)

**Other Needs Where Hospital Did Not Develop an Implementation Plan**

10. COMPLIANCE BEHAVIOR / PREDISPOSING CONDITIONS including focusing on cause rather than symptoms
11. SEXUALLY TRANSMITTED DISEASE
12. ALZHEIMER'S
13. PALLIATIVE CARE & HOSPICE
14. SMOKING / TOBACCO USE
15. CORONARY HEART DISEASE
16. LOW BACK PAIN (Chronic)
17. CHOLESTEROL (HIGH)
18. STROKE
19. MATERNAL AND INFANT MEASURES
20. ACCIDENTS
21. PARKINSON’S

---

23 Reference Schedule H (Form 990) Part V Section B 7
22. FLU / PNEUMONIA including chronic sinusitis / Allergies

23. EYE CARE

24. LIFE EXPECTANCY / PREMATURE DEATH

25. LUNG

26. PHYSICAL ENVIRONMENT
Appendix A – Area Resident Survey Response

A total of 21 local expert advisors participated in an online survey offering opinions regarding their perceptions of community health needs. The following is an analysis of their responses:

The first question was open-ended. “What do you believe to be the most important health or medical issue confronting the residents of your County?” Answers were placed in a “Word Cloud” format for analysis and generated the following image:

Word Clouds are analytical tools which give greater visual prominence to words appearing more frequently in the source text. This information visualization establishes a portrait of the aggregate responses, presenting the more frequently used terms with greater text size and distinction in the visual depiction. Common article words (i.e., “a,” “the,” etc.), non-contextual verbs (i.e., “is,” “are,” etc.) and similar words used when writing sentences are suppressed by this application.

Specific verbatim comments received were as follows:

- It seems we have a shortage of quality doctors - several have retired or left the area and few replacements have moved in - as noted by long waiting times, difficulty in making appointments and slow follow ups.

24 Responds to IRS Schedule H (Form 990) Part V B 1 h
• Getting people moving for their physical and mental health.
• Transportation to get to medical faculties outside of the area if needed. Health care rates
  No insurance
• Affordable health care (minor care) for the uninsured and affordable in home assistance for
  the elderly.
• 1. Access to healthcare for working poor, 2.education regarding preventable diseases, 3.
  education regarding treatment of minor injuries and illnesses
• Smoking, obesity and narcotic abuse
• Unhealthy lifestyles including poor nutrition, lack of exercise, smoking, drinking, risky
  behavior, etc. This leads to diabetes, obesity and many other complications that are so
  expensive to treat and for many who do not have insurance and can't afford to pay.
• Shortage of primary care providers, and those who also accept Medicare and Medicaid.
• Lack of health insurance coverage because we have a relatively high rate of poverty
• Residents are medically under-served in Latah County as is the case for most of Idaho. Lack
  of doctors, many residents do not have health insurance, public transportation to medical
  offices does not exist for rural county residents.
• Diabetes  Overweight and Obesity  Heart Disease  Mental Health issues
• The increasing wave of baby boomers who are aging and who will need additional medical
  care with the issues of aging. That combined with the mobility of families who live far away
  so many have very limited support systems and the increasing numbers of those diagnosed
  with dementia who will need additional assistance will overwhelm the system we now have
  in place. We need to be proactive to prepare for this and must increase our working
  relationships and interdependence to serve this population best.
• Substance abuse
• At the present time the clinic in Potlatch is not fully handicapped accessible. Transportation
  to get to other medical faculties. Health care rates  No insurance
• Some of the senior citizens that I deliver meals to live in a dirty environment and a very
  unhealthy situation and are at the poverty level.
• Lack of medical care, dental care and ability to purchase medication for low income and
  uninsured. With CHAS Clinic this is better but I still think it is a problem.
• Certainly, our distance from many different medical specialists is an ongoing problem, not
  only trauma specialists, but many others. We also lack a sufficient number of general
  practitioners in the community to be able to schedule appointments with your own doctor
  quickly in cases of urgent but not emergency need.
• The use of alcohol, tobacco and other drugs of choice by our under 21 youth is an important health and medical issue. Collaboration between the hospital, city, college and county is needed to address these issues.

• Affordable health care.

• Abuse of alcohol and drugs.

• Affordable care- the recent opening of the CHAS clinic will help to fill that void for inexpensive medical care. Dental Care and Eye Care are a big one that most low income people are unable to access! Prescription medication is difficult for those living in poverty. Testing for TB. The cost is prohibitive for our organization to test 70+ people a year nor do our clients have the funds to pay for testing.

• I believe that the most important health or medical issue in Latah County is recruitment and retention of quality healthcare staff - both bringing new talented doctors and nurses to our area, and keeping our established doctors and nurses

Our second question to the local experts was, “Do you perceive there are any primary and/or chronic disease needs, as well as potential health issues, of uninsured persons, low-income persons, minority groups and/or other population groups (i.e., people with certain situations), which need help or assistance in order to improve? If you believe any situation as described exists, please also indicate who you think needs to do what.”

The responses generated the following image:
Specific verbatim comments received were as follows:

- It seems that some adults who have low income but work hard are unable to afford any kind of medical care but don't qualify for the typical social welfare programs. Can the state do more for these folks?

- With the life style and eating habits of some of our assisted groups, they develop diabetes or high blood pressure. They are told to change their eating with foods we don't have or their cooking habits need to change. Education into foods we have. Mackenzie Femreite with "Cooking is a Snap" helping our area.

- In Potlatch aging is a major issue so there is a need for an affordable assisted living facility along with a wellness center. As we all know with age comes the lack of mobility, with a wellness facility in Potlatch people would be able to participate in a regular fitness program. This is something that would require partnerships with Federal / State and Local Government along with the private sector for funding.

- I think our community has done well helping the low-income families through different programs at the school and through other groups in town. The group that I do see, on a personal note also, is the need for in home assistance for the elderly that do not qualify for Medicaid. It makes it hard to keep the elderly in their homes when some only make $100 over the income limit for Medicaid. Many families are able to be there in the mornings before work and the evenings after work, but the days are where the assistance is needed. The cost lies on the family members which is usually too expensive. I know ANS is working on getting the qualifications to accept Medicare but it has been years in the working. If the government made the process easier more nursing services would be able to provide services to Medicare recipients, more of the elderly would be able to stay in their homes and the cost of nursing care which transitions to Medicaid anyway would not be needed as much.

- I believe there is a lack of access to health care for the working poor families -- people without insurance or those who cannot afford co-pays etc. It would be ideal if there were funds (such as a non-profit health charity) to fill the gaps for these families. Such a fund could be accessed for anything from glucose meter strips to lice shampoo. CHAS may be able to help fill that gap. I also help families access resources through The Hope Center, Community Action Network and the Lion's Club. These funds are limited. In addition more primary care could be done through the schools for the pediatric population. The MSD currently has a nurse: student ratio of 1:1500. The CHAS clinic or the Gritman Foundation might be able to increase access to basic health care through assisting with funding in the schools as Kootenai Health does in CDA.

- There are many uninsured who do not get satisfactory healthcare due the cost.

- The obese population that often is uninsured. The CHAS clinic may help with this but also need to look at health coaches for those who are currently having problems. Also, by
offering healthy school lunches and teaching classes focusing on healthy lifestyles beginning in elementary school and repeating every 3-4 years.

- There is a large population of un- and under insured persons in our county. The difficult thing is that even if there is care available, due to the distance they need to travel for routine medical care, many people do not seek care until they are very sick. There is also a culture of "non-care", those who do not seek preventative care because they don't believe that preventative medicine will help (outside of common sense, e.g., most people know that they should eat healthy and exercise, they "don't need a doctor to tell me that"). Maybe if the resources that are available to help those were advertised and marketed they may be more willing to seek care before their condition is very serious.

- Yes, lack of preventive care among those living in poverty. CHAS clinic may be able to help address these concerns

- If people cannot afford or have access to medical care, preventive care doesn't happen. This can lead to chronic conditions which cost more to treat when and if they can get care. The emergency room is often where they go - the most expensive choice. Children in the outlying areas lack medical and dental care. Gritman Hospital has opened clinics in some of the rural communities which help but there are still many needs unmet.

- Access to Dental services and care is lacking in all populations, especially in low income, Medicaid and uninsured, (especially for children and seniors). Mental health and Substance abuse services are lacking in all population groups. Suicide prevention and resources are also lacking.

- I think that we need to increase our understanding of dementia and our ability to diagnose it and then to assist family caregivers because they will need to be the primary line of care as we do not have sufficient facilities to care for this rapidly growing population nor do most people want to live in a facility. They will be seen in increasing numbers in our EDs when family caregivers become overwhelmed.

- Mental health care

- I think the health dept; or someone with authority needs to look in on these people

- There are a lot of substance abusing people who have Hep C and find it difficult to find treatment.

- It seems that the establishment of a CHAS clinic in the city of Moscow speaks to some of these issues, as do Gritman's clinics in Troy and Potlatch. Whitman County's vast western reaches may be very underserved in all senses, although that is the concern of Pullman Regional and Whitman County in Colfax, not Gritman. I'm not aware of chronic diseases peculiar to this area. Adult students at our universities, working mothers and the rural poor may be among those whose finances are most fragile.
• Yes, I know there are. I am constantly reminding folks who need medical care to go to the Kendrick Clinic and get the help they need and not to worry about the charges. Many are unemployed and fall under the radar (i.e. no insurance, no Medicaid, etc.)

• Access to professional mental health the therapy and treatment to low income, impoverished community members to include teenage to young adults with few coping skills. The state of Idaho has cut programs to the point of non-effective involvement. No local health care facility is available. The State should work with Gritman for localized treatment.

• Earlier this year we had a client who went to the Emergency Room with severe medical symptoms that was consistent with Meningitis. They were told to go back to their communal living situation and return in three days if the symptoms did not improve. The client returned to the hospital two days later and was admitted for 5 days with Meningitis. The risk of exposing the disease to 11 other clients as well as staff was a bit unnerving. Solution: I really don't have one.

• I believe that our senior citizens are most at risk in our county - from care to the rising cost of medicine to the cost of assisted living, Latah County is fortunate to have Circle of Friends and My Own Home to assist as much as possible, but we need to remain mindful of ways to continue to support our seniors.
Appendix B – Process to Identify and Prioritize Community Need

<table>
<thead>
<tr>
<th>Community Health Need Topic</th>
<th>Total Points Allocated</th>
<th>Number of Local Experts Allocating Points</th>
<th>Cumulative Percentage of Points</th>
<th>Break Point From Higher Need</th>
<th>Need Determination</th>
</tr>
</thead>
<tbody>
<tr>
<td>MENTAL HEALTH / SUICIDE</td>
<td>265</td>
<td>16</td>
<td>26.9%</td>
<td>0</td>
<td>Significant Needs</td>
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<tr>
<td>AFFORDABILITY / ACCESS</td>
<td>199</td>
<td>12</td>
<td>27.1%</td>
<td>12</td>
<td>Significant Needs</td>
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<tr>
<td>ALCOHOL ABUSE (inc drug abuse)</td>
<td>183</td>
<td>14</td>
<td>28.1%</td>
<td>14</td>
<td>Significant Needs</td>
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<tr>
<td>PHYSICIANS</td>
<td>156</td>
<td>11</td>
<td>47.3%</td>
<td>16</td>
<td>Significant Needs</td>
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<tr>
<td>OBESITY/OVERWEIGHT</td>
<td>116</td>
<td>11</td>
<td>48.5%</td>
<td>20</td>
<td>Significant Needs</td>
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<tr>
<td>PRIORITY POPULATION</td>
<td>92</td>
<td>8</td>
<td>27.2%</td>
<td>32</td>
<td>Other Identified Needs</td>
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<tr>
<td>CANCER</td>
<td>84</td>
<td>8</td>
<td>65.3%</td>
<td>32</td>
<td>Other Identified Needs</td>
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<td>DIABETES</td>
<td>78</td>
<td>8</td>
<td>68.1%</td>
<td>32</td>
<td>Other Identified Needs</td>
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<tr>
<td>OBESITY/OVERWEIGHT</td>
<td>116</td>
<td>11</td>
<td>48.5%</td>
<td>20</td>
<td>Significant Needs</td>
</tr>
<tr>
<td>DENTAL</td>
<td>111</td>
<td>9</td>
<td>89.3%</td>
<td>6</td>
<td>Significant Needs</td>
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<tr>
<td>SEXUALLY TRANSMITTED DISEASE</td>
<td>55</td>
<td>7</td>
<td>80.7%</td>
<td>17</td>
<td>Significant Needs</td>
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<tr>
<td>ALZHEIMER’S</td>
<td>50</td>
<td>5</td>
<td>83.0%</td>
<td>17</td>
<td>Significant Needs</td>
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<tr>
<td>PALLIATIVE CARE &amp; HOSPICE</td>
<td>44</td>
<td>4</td>
<td>98.1%</td>
<td>17</td>
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<tr>
<td>SMOCKING / TOBACCO USE</td>
<td>32</td>
<td>3</td>
<td>98.6%</td>
<td>17</td>
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<tr>
<td>CORONARY HEART DISEASE</td>
<td>29</td>
<td>2</td>
<td>98.5%</td>
<td>17</td>
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<tr>
<td>CHRONIC RHEUMATIC DISEASE</td>
<td>24</td>
<td>2</td>
<td>98.4%</td>
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<tr>
<td>STROKE</td>
<td>21</td>
<td>2</td>
<td>98.3%</td>
<td>17</td>
<td>Significant Needs</td>
</tr>
<tr>
<td>MASTERY AND INFANT MEASURES</td>
<td>20</td>
<td>5</td>
<td>98.1%</td>
<td>17</td>
<td>Significant Needs</td>
</tr>
<tr>
<td>ACCIDENTS</td>
<td>16</td>
<td>5</td>
<td>97.8%</td>
<td>17</td>
<td>Significant Needs</td>
</tr>
<tr>
<td>PARKINSON’S</td>
<td>14</td>
<td>5</td>
<td>98.5%</td>
<td>17</td>
<td>Significant Needs</td>
</tr>
<tr>
<td>OBESITY/OVERWEIGHT</td>
<td>116</td>
<td>11</td>
<td>48.5%</td>
<td>20</td>
<td>Significant Needs</td>
</tr>
<tr>
<td>EYE CARE</td>
<td>11</td>
<td>5</td>
<td>98.5%</td>
<td>17</td>
<td>Significant Needs</td>
</tr>
<tr>
<td>LIFE EXPECTANCY / PREMATURE DEATH</td>
<td>21</td>
<td>2</td>
<td>98.3%</td>
<td>17</td>
<td>Significant Needs</td>
</tr>
<tr>
<td>PHYSICAL ENVIRONMENT</td>
<td>1</td>
<td>1</td>
<td>100.0%</td>
<td>17</td>
<td>Other Identified Needs</td>
</tr>
</tbody>
</table>

Total: 1,700

Note: Need statements presented in capital letters originate from data analysis. Need statements presented in lower case type originate from local expert opinions.

Individuals Participating as Local Expert Advisors

<table>
<thead>
<tr>
<th>Organization</th>
<th>Position</th>
<th>Areas of Expertise</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Latah Economic Development</td>
<td>Executive Director</td>
<td>Economic development, long term area resident,</td>
</tr>
<tr>
<td>2 Circles of Caring Adult Day Health</td>
<td>Executive Director</td>
<td>Elder care and dementia,</td>
</tr>
<tr>
<td>3 University of Idaho and Family Promise</td>
<td>Vice Provost for Student Affairs/Dean of Students</td>
<td>oversee student health services, president of non profit to help homeless families, long term resident</td>
</tr>
<tr>
<td>4 Public Health - Idaho North Central District</td>
<td>District Director</td>
<td>Public Health,</td>
</tr>
<tr>
<td>5 Genexsee Civic Association/Genexsee City Council</td>
<td>Secretary/Councilor</td>
<td>Long term area resident,</td>
</tr>
<tr>
<td>6 Weeks and Viet Counseling</td>
<td>Owner/Clinical Supervisor</td>
<td>Mental Health/Substance Abuse,</td>
</tr>
<tr>
<td>7 Moscow Chamber of Commerce</td>
<td>President</td>
<td>Long term resident, representative of business interests,</td>
</tr>
<tr>
<td>8 Moscow Police Department</td>
<td>Chief of Police</td>
<td>community policing,</td>
</tr>
<tr>
<td>9 Moscow Police Department</td>
<td>Mayor</td>
<td>Local Government,</td>
</tr>
<tr>
<td>10 City of Potlatch</td>
<td>Mayor</td>
<td>Local Government,</td>
</tr>
<tr>
<td>11 Latah County Youth Advocacy Council</td>
<td>Prevention Director</td>
<td>Youth Drug Prevention,</td>
</tr>
<tr>
<td>12 Moscow Police Department</td>
<td>Chief</td>
<td>Public Safety,</td>
</tr>
<tr>
<td>13 League of Women Voters of Moscow</td>
<td>President</td>
<td>retired social worker, long time resident,</td>
</tr>
<tr>
<td>14 Moscow School District</td>
<td>Nurse</td>
<td>pediatric, school nursing,</td>
</tr>
<tr>
<td>15 Moscow Family Medicine</td>
<td>Physician</td>
<td>Family Practice,</td>
</tr>
<tr>
<td>16 Moscow Chamber of Commerce</td>
<td>Managing Editor</td>
<td>Medical service consumer, public information,</td>
</tr>
<tr>
<td>17 Moscow-Pullman Daily News</td>
<td>WRN</td>
<td>long term area resident,</td>
</tr>
<tr>
<td>18 Gritman Medical Center</td>
<td>ARNP</td>
<td>Family Practice,</td>
</tr>
<tr>
<td>19 Potlatch Food Bank</td>
<td>Owner</td>
<td>long term resident,</td>
</tr>
<tr>
<td>20 Portland Community Action</td>
<td>Executive Director</td>
<td>Volunteering for the homeless and poverty,</td>
</tr>
</tbody>
</table>

25 Responds to IRS Schedule H (990) Part V B 1. g. and V B 1. h.
Advice Received from Local Experts

Q. Do you agree with observations formed about the comparison of Latah County to all other Idaho counties?

<table>
<thead>
<tr>
<th></th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>I agree</td>
<td>78%</td>
</tr>
<tr>
<td>I disagree</td>
<td>22%</td>
</tr>
</tbody>
</table>

Clarifying Comments:

- No comments
- I disagree with some
- I disagree that Excessive Drinking is higher than the state or national averages. During the school year there may be a higher rate than during the rest of the year because of all the students that come to the area. I also disagree that Air Pollution is higher in Latah County than the rest of the state or nationally.
- I have never read any of the stats on the above but I disagree that Latah County is above average for Drinking or Sexually Infections. Drinking may be higher than normal for Latah County during the school year because of the students that come to the area for school. In Potlatch you see fewer vehicles in front of the taverns then you would have seen 5 or 10 years ago. There is no way that Latah County has higher air pollution than in others areas of ID or the US.
- I have never read anything on the above ratings but I do disagree with a few. I do not believe that Drinking or Sexually Transmitted Infections are above ID or US averages in Latah County, I do believe that during the school year the Drinking may be a little higher than normal because of all of the college students that come into our county. In Potlatch you see fewer cars sitting in front of taverns then 5 or 10 years ago, that’s not saying that they may be drinking elsewhere but I do not feel that Latah County is above average! There is no way that in Latah County Air Pollution is higher in either ID or the US.
• Low Birth Weight Births show Latah residents presenting with lower values than ID and the US average. Not at all clear whether that is a good or bad outcome. Air pollution is all about dust.

Q. Do you agree with observations formed about the comparison of Latah County to its Peer counties?

Clarifying Comments:

• No comments
• I agree
• I agree
• Alcohol overdose/poisoning is a major concern within the community
Q. Do you agree with observations formed about population characteristics of Latah County?

Do You Agree With Observations of the Population Characteristics of Latah County

- I agree 90%
- I disagree 10%

Clarifying Comments:

- No comments
- I agree
- I AGREE
- I disagree with #7 Use tobacco products / smoke 22%. This statement conflicts with the 2nd to last paragraph on Page 9. I have seen other studies that show a very low percentage of Latah County residents smoke.
- Some of these concerns follow our large college student population
- Very little of this information is known in my field since it is HIPPA protected.
Q. Do you agree with observations formed about the opinions from local residents?

<table>
<thead>
<tr>
<th>Agree</th>
<th>Disagree</th>
</tr>
</thead>
<tbody>
<tr>
<td>90%</td>
<td>10%</td>
</tr>
</tbody>
</table>

Clarifying Comments:

- There is one person that I deliver meals to that lives in filth
- I agree
- I AGREE
- Also include:
  - Mental health funding; probably by the State of Idaho
  - Nutritional, healthy lifestyles; probably by the State of Idaho
- For people who can afford medical care but have medical needs beyond the ordinary, it often simply isn't available here without a trip to Spokane or elsewhere. And it seems to rest on the shoulders of the patients to seek out that care. Luckily, much of the population is highly educated and capable of doing that on its own. What resources are available for the less highly educated and, again, those less able to afford specialized care?
Q. Do you agree with observations formed about additional data analyzed about Latah County?

Do You Agree With Other Data Observations 
About Latah County

I agree
100%

Clarifying Comments:

- No comments
- I agree
- This statement "A below average percentage of Latah residents smoke..." conflicts with statement #7 on page 7.
- "There seem to be three distinct populations in Latah County. 1) College students 2) Faculty, their families and other related knowledge industry workers, including medical and education 3) The urban and rural poor. Each seems to play a particular role in generating statistics outside the norm."
Appendix C – Illustrative Schedule H (Form 990) Part V B Potential Response

Community Health Need Assessment Answers

1. During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If “No,” skip to line 9

Illustrative Answer – Yes

If “Yes,” indicate what the Needs Assessment describes (check all that apply):

a. A definition of the community served by the hospital facility;
b. Demographics of the community;
c. Existing health care facilities and resources within the community that are available to respond to the health needs of the community;
d. How the data was obtained;
e. The health needs of the community;
f. Primary and chronic disease needs and health issues of uninsured persons, low-income persons and minority groups;
g. The process for identifying and prioritizing community health needs and services to meet the community health needs;
h. The process for consulting with persons representing the community’s interests;
i. Information gaps that limit the hospital facility’s ability to assess all of the community’s health needs; and
j. Other (describe in Part VI)

Illustrative Answer – check a. through i. Answers available in this report are found as follows:

1. a. – See Footnotes #14 (page 11) and #15 (page 11);
1. b. – See Footnotes #16 (page 12);
1. c. – See Footnote #20 (page 19);
1. d. – See Footnotes #7 (page 5);
1. e. – See Footnotes #12 (page 8);
1. f. – See Footnotes #10 (page 7);

26 Questions are drawn from 2012 Schedule H Forms (as of January 16, 2013) and may have changed at the time when the hospital is to make its 990 h filing.
1. g. – See Footnote #13 (page 9) & #24 (page 51);
1. h. – See Footnote #8 (page 7), #23 (page 48) and #24 (page 51);
1. i. – See Footnote #6 (page 5); and
1. j. – No response needed.

2. **Indicate the tax year the hospital facility last conducted a Needs Assessment:** 20___
   
   **Illustrative Answer:** 2013
   
   See Footnote #1 (Title page)

3. **In conducting its most recent CHNA, did the hospital facility take into account input from representatives of the community served by the hospital facility, including those with special knowledge of or expertise in public health?** If “Yes,” describe in Part VI how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted.
   
   **Illustrative Answer:** Yes
   
   See Footnotes #9 (page 7), #11 (page 7)

4. **Was the hospital facility’s CHNA conducted with one or more other hospital facilities?** If “Yes,” list the other hospital facilities in Part VI.
   
   **Illustrative Answer:** No

5. **Did the hospital facility make its CHNA report widely available to the public?** If “Yes,” indicate how the Needs Assessment was made widely available (check all that apply)
   
   a. **Hospital facility’s website;**
   
   b. Available upon request from the hospital facility; and
   
   c. **Other (describe in Part VI).**
   
   **Illustrative Answer:** check a. and b.
   
   The hospital will need to obtain Board approval of this report, document the date of approval and take action to make the report available as a download from its website. It also may be prudent to place a notice in a paper of general circulation within the service area noting the report is available free upon request.

6. **If the hospital facility addressed needs identified in its most recently conducted Needs Assessment, indicate how (check all that apply):**
   
   a. **Adoption of an implementation strategy that addresses each of the community health needs identified through the CHNA;**
   
   b. **Execution of an implementation strategy;**
c. Participation in the development of a community-wide community plan;
d. Participation in the execution of a community-wide plan;
e. Inclusion of a community benefit section in operational plans;
f. Adoption of a budget for provision of services that address the needs identified in the CHNA;
g. Prioritization of health needs in its community;
h. Prioritization of services that the hospital facility will undertake to meet the needs in its community; and
i. Other (describe in Part VI).

Illustrative Answer – check a, b, g, and h.

6. a. – See footnote #21 (page 27);
6. b. – See footnote #21 (page 27);
6. g. – See footnote #13 (page 9); and
6. h. – See footnote #13 (page 9).

7. Did the hospital facility address all of the needs identified in its most recently conducted CHNA? If “No,” explain in Part VI which needs it has not addressed and the reasons why it has not addressed such needs?

Illustrative Answer – Yes
Part VI suggested documentation – See Footnote #22 (page 40)

8. a. Did the organization incur an excise tax under section 4959 for the hospital facility’s failure to conduct a CHNA as required by section 501(r)(3)?
b. If “Yes” to line 8a, did the organization file Form 4720 to report the section 4959 excise tax?
c. If “Yes” to line 8b, what is the total amount of section 4959 excise tax the organization reported on Form4720 for all of its hospital facilities?

Illustrative Answer – No