Gritman MEDICAL CENTER

# Gritman Medical Center 2023-2025 *Community Health Needs Assessment*

Approved by Gritman Board of Directors on December 14, 2022

Gritman MEDICAL CENTER

Dear Community Member:

At Gritman Medical Center, we have spent more than 125 years providing high-quality compassionate healthcare to the Palouse. The 2023-2025 Community Health Needs Assessment identifies local health and medical needs and provides a plan of how Gritman will help respond to such needs. This document illustrates one way we are meeting our commitment to efficiently deliver medical services.

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

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

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

Thank You,

Kara Besst
President & CEO
Gritman Medical Center

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# Executive Summary

Gritman Medical Center ("GMC" or the "Hospital") performed a Community Health Needs Assessment (CHNA) together in partnership with QHR Health ("QHR") to determine the health needs of the local community and an accompanying implementation plan to address these identified health needs.

This CHNA report consists of the following information:

1) a definition of the community served by the Hospital and a description of how the community was determined;
2) a description of the process and methods used to conduct the CHNA;
3) a description of how the Hospital solicited and considered input received from persons who represent the broad interests of the community it serves;
4) commentary on the 2019 CHNA Assessment and Implementation Strategy efforts
5) a prioritized description of the significant health needs of the community identified through the CHNA, along with a description of the process and criteria used in identifying certain health needs as significant and prioritizing those significant health needs; and
6) a description of resources potentially available to address the significant health needs identified through the CHNA.

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

***The Significant Health Needs identified for Latah County are:***

- Behavioral Health: Mental Health, Alcohol/Substance Abuse
- Access and Affordability of Healthcare
- Prevention
- Chronic Disease Management: Diabetes, Cancer

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

# Community Health Needs Assessment (CHNA) Overview

## CHNA Purpose

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

## Strategic Benefits

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

## The CHNA Process

**1 Identification of Local Experts**

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

**2 Community Survey**

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

**3 Data Analysis**

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

**4 Implementation Planning**

*Facilitation of session with CHNA team to build plans and finalize the CHNA report.*

# Process and Methods used to Conduct the Assessment

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

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

## Data Collection and Analysis

The Hospital relies on secondary source data, which primarily uses the county as the smallest unit of analysis. Area residents were asked to note if they perceived that the opportunities and issues identified by secondary sources existed in their portion of the county.

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

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

- *Stratasan*
- *www.countyhealthrankings.org*
- *Centers for Disease Control and Prevention (CDC) Final Deaths*
- *U.S. Bureau of Labor Statistics*
- *NAMI*
- *Centers for Medicare & Medicaid Services: Mapping Medicare Disparities by Population*
- *Economic Policy Institute*
- *Center for Housing Policy*
- *Idaho Department of Health and Welfare*
- *The U.S. Census Bureau*
- *Health Affairs: Leigh & Du*
- *SAMHSA – Behavioral Health Barometer, Idaho, Volume 6*
- *American Diabetes Association*

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

- A CHNA survey was deployed to local expert advisors and the general public to gain input on local health needs and the needs of priority populations. Local expert advisors were local individuals selected according to criteria required by the Federal guidelines and regulations and the Hospital's desire to represent the region's geographically diverse population. 136 survey responses from community members were gathered from August through September 2022.

## Prioritizing Significant Health Needs

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

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

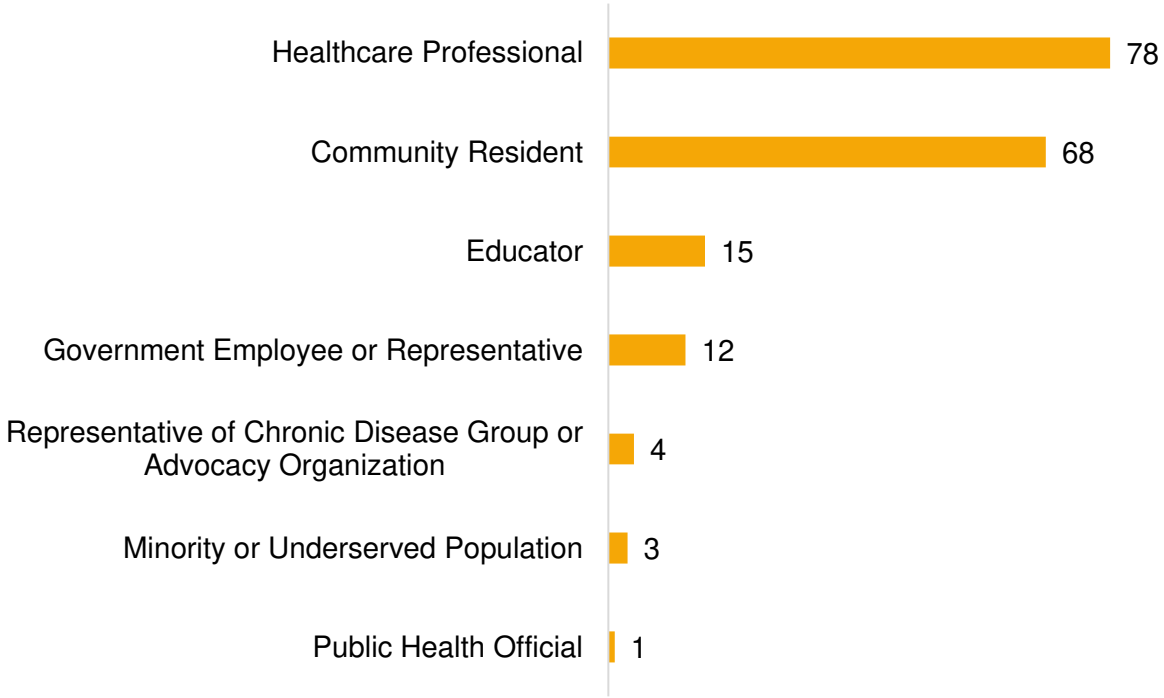
The ranked needs were divided into "Significant Needs" and "Other Identified Needs." The determination of the breakpoint — "Significant" as opposed to "Other" — was a qualitative interpretation where a reasonable breakpoint in rank order occurred. The Hospital analyzed the health issues that received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

## Input from Persons Who Represent the Broad Interests of the Community

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

1) **Public Health Official**
2) **Government Employee or Representative**
3) **Minority or Underserved Population**
4) **Chronic Disease Groups**
5) **Community Resident**
6) **Educator**
7) **Healthcare Professional**
8) **Other** (please specify)

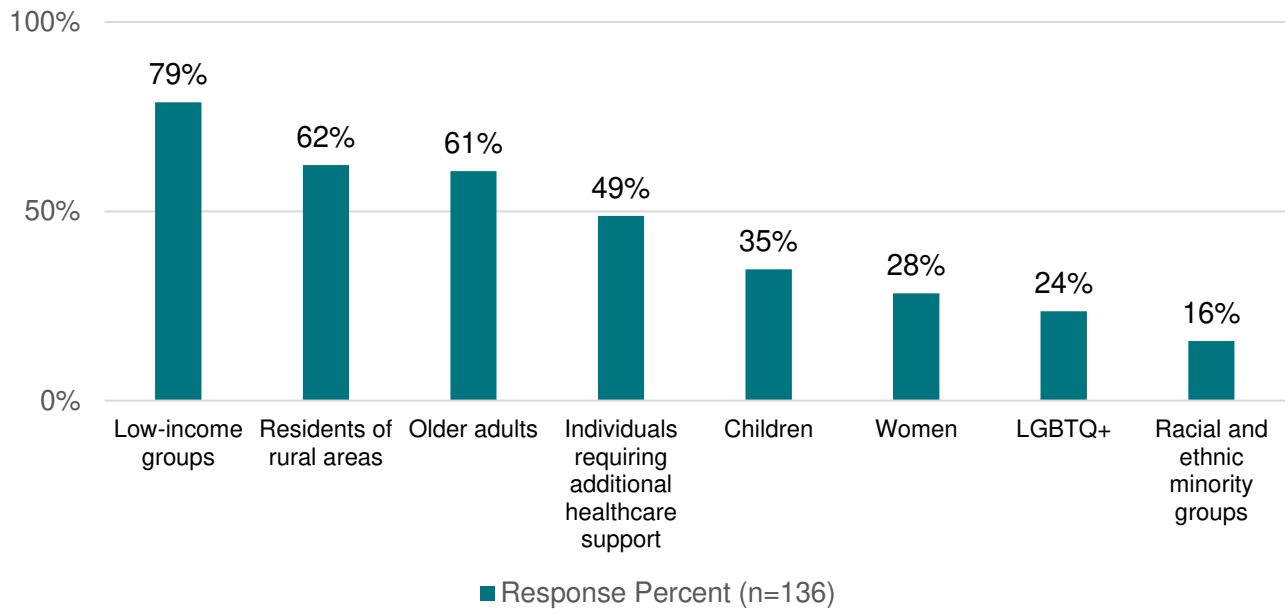
**Survey Question: Please select all roles that apply to you (n=136)**



## Input on Priority Populations

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

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




- Local opinions of the needs of Priority Populations, while presented in their entirety in the appendix, were abstracted into the following "take-away" bulleted comments:
  - The top three priority populations identified by the local experts were low-income groups, residents of rural areas, and older adults
  - Summary of unique or pressing needs of the priority groups identified by the surveyors:
    - Affordable healthcare
    - Access to care
    - Transportation

### Input on 2019 CHNA

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

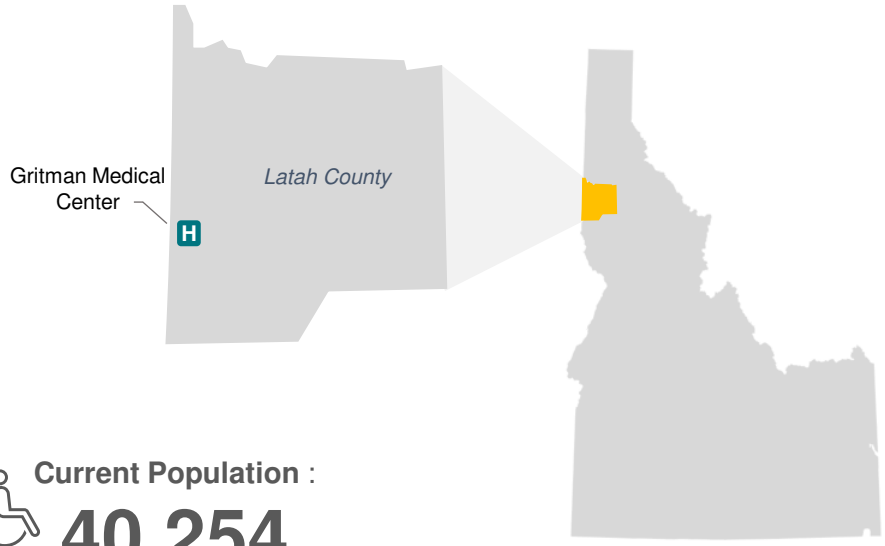
# Community Served

For the purpose of this study, GMC defines its service area as Latah County in Idaho which includes the following Zip codes:

| | | | |
|---|---|---|---|
| 83535 – Juliaetta | 83537 – Kendrick | 83806 – Bovill | 83823 – Deary |
| 83832 – Genesee | 83834 – Harvard | 83843 – Moscow | 38355 – Onaway |
| 83855 – Potlatch | 83857 – Princeton | 83871 – Troy | 83872 - Viola |

During 2021, GMC received 92% of its Medicare inpatients from this area.

## Latah County Demographics




**Current Population** :

**40,254**

### Age

| | Latah County | Idaho |
|---|---|---|
| 0 – 17 | *16.8%* | *24.9%* |
| 18 – 44 | *48.2%* | *36.0%* |
| 45 – 64 | *20.3%* | *22.9%* |
| 65 + | *14.6%* | *16.2%* |

*Source: Stratasan, ESRI (2022)*

## Race/Ethnicity

| | Latah County | Idaho |
|---|---|---|
| White | *86.5%* | *81.7%* |
| Black | *0.9%* | *0.9%* |
| Asian & Pacific Islander | *2.7%* | *1.7%* |
| Other | *9.9%* | *15.7%* |
| Hispanic* | *5.2%* | *13.1%* |

*Ethnicity is calculated separately from Race

## Education and Income

| | Latah County | Idaho |
|---|---|---|
| Median Household Income | *$60,024* | *$66,671* |
| Some High School or Less | *3.2%* | *7.4%* |
| High School Diploma/GED | *17.9%* | *25.8%* |
| Some College/ Associates Degree | *29.5%* | *36.1%* |
| Bachelor's Degree or Greater | *49.5%* | *30.7%* |

*Source: Stratasan, ESRI (2022)*

# Community Health Characteristics

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

## Health Status Indicators

### Health Behaviors

| Teen Births *per 1,000* | Adult Smoking | Physical Inactivity | Adult Obesity | Driving Deaths Involving Alcohol | Excessive Drinking |
|---|---|---|---|---|---|
| **6** | **15%** | **21%** | **29%** | **31%** | **21%** |
| *ID: 18* | *ID: 16%* | *ID: 23%* | *ID: 30%* | *ID: 31%* | *ID: 20%* |

### Quality of Life

**Suicide Rate: 13.7**

*Per 100,000*
*Compared to 23.1 in ID*

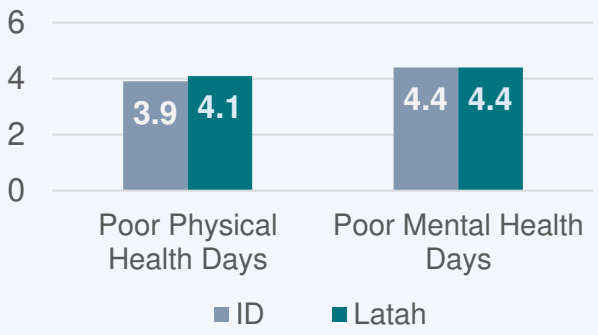
**Poor or Fair Health: 15%**

*Compared to 15% in ID*

**Low Birthweight: 5%**

*Compared to 7% in ID*

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




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

# Socioeconomic Factors

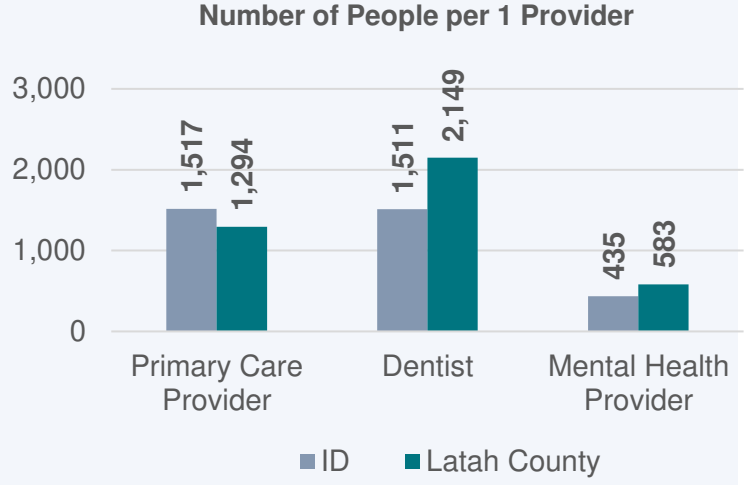
| Income Inequality* | Unemployment | Children in Single Parent Households | Children in Poverty | Violent Crime *per 100,000* | Injury Deaths *per 100,000* |
|---|---|---|---|---|---|
| **4.7** | **3.0%** | **11%** | **11%** | **105** | **55** |
| *ID: 4.1* | *ID: 3.6%* | *ID: 17%* | *ID: 12%* | *ID: 221* | *ID: 78* |

# Access to Health

**Uninsured: 7%**
*Compared to 10% in ID*

**Preventable Hospital Stays: 1,801**
*Per 100,000*
*Compared to 2,123 in ID*

**Access to Exercise Opportunities: 64%**
*Compared to 67% in ID*




# Physical Environment

| Air Pollution (µg/m³) | Severe Housing Problems** | Driving to Work Alone | Broadband Access |
|---|---|---|---|
| **10.1** | **19%** | **66%** | **87%** |
| *ID: 6.8* | *ID: 14%* | *ID: 78%* | *ID: 86%* |

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

# Methods of Identifying Health Needs

## Collect & Analyze

**Analyze existing data and collect new data**

**737** indicators collected from data sources

**136** surveys completed by community members

## Evaluate

**Evaluate indicators based on the following factors:**

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

## Select

**Select priority health needs for implementation plan**

# Community Survey Data

This process included evaluation of health factors, community factors, and personal factors, given they each uniquely impact the overall health and health outcomes of a community:

- Health factors include chronic diseases, health conditions, and the physical health of the population.
- Community factors are the external social determinants that influence community health.
- Personal factors are the individual decisions that affect health outcomes.

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

### Health Factors

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

| Answer Choices | Weighted Average of Votes (out of 5) |
|---|---|
| Mental Health | **4.62** |
| Alcohol/Substance Abuse | **4.23** |
| Diabetes | **4.22** |
| Cancer | **4.20** |
| Heart Disease | **4.19** |
| Women's Health | **4.17** |
| Obesity | **4.04** |
| Stroke | **3.97** |
| Alzheimer's and Dementia | **3.95** |
| Lung Disease | **3.86** |
| Kidney Disease | **3.82** |
| Dental | **3.77** |
| Liver Disease | **3.76** |
| Smoking/Tobacco Use | **3.65** |
| Sexually Transmitted Infections/Diseases | **3.61** |
| Other (please specify) | See appendix |

## Community Factors

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

| Answer Choices | Weighted Average of Votes (out of 5) |
|---|---|
| Access to Childcare | **4.45** |
| Healthcare Services: Affordability | **4.44** |
| Affordable Housing | **4.41** |
| Healthcare Services: Physical Presence (location, services, physicians) | **4.38** |
| Healthcare Services: Prevention | **4.27** |
| Access to Senior Services | **4.18** |
| Access to Healthy Food | **4.09** |
| Education System | **4.09** |
| Community Safety | **4.03** |
| Employment and Income | **3.98** |
| Transportation | **3.91** |
| Access to Internet Services | **3.88** |
| Access to Exercise/Recreation | **3.84** |
| Social Connections | **3.77** |
| Other (please specify) | See appendix |

### Personal Factors

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

| Answer Choices | Weighted Average of Votes (out of 5) |
|---|---|
| Livable Wage | **4.30** |
| Diet | **4.15** |
| Physical Inactivity | **4.12** |
| Risky Sexual Behavior | **3.71** |
| Other (please specify) | See appendix |

## Overall health priority ranking (top 10 highlighted)

| Answer Choices | Weighted Average of Votes (out of 5) |
|---|---|
| Mental Health | **4.62** |
| Access to Childcare | **4.45** |
| Healthcare Services: Affordability | **4.44** |
| Affordable Housing | **4.41** |
| Healthcare Services: Physical Presence (location, services, physicians) | **4.38** |
| Livable Wage | **4.30** |
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| Alcohol/Substance Abuse | **4.23** |
| Diabetes | **4.22** |
| Cancer | **4.20** |
| Heart Disease | **4.19** |
| Access to Senior Services | **4.18** |
| Women's Health | **4.17** |
| Diet | **4.15** |
| Physical Inactivity | **4.12** |
| Access to Healthy Food | **4.09** |
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| Community Safety | **4.03** |
| Employment and Income | **3.98** |
| Stroke | **3.97** |
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| Transportation | **3.91** |
| Access to Internet Services | **3.88** |
| Lung Disease | **3.86** |
| Access to Exercise/Recreation | **3.84** |
| Kidney Disease | **3.82** |
| Dental | **3.77** |
| Social Connections | **3.77** |
| Liver Disease | **3.76** |
| Risky Sexual Behavior | **3.71** |
| Smoking/Tobacco Use | **3.65** |
| Sexually Transmitted Infections/Diseases | **3.61** |

# Evaluation & Selection Process

### Worse than Benchmark Measure

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

### Identified by the Community

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

### Feasibility of Being Addressed

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

### Impact on Health Disparities

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

**Health Need Evaluation**

| | Worse than Benchmark | Identified by the Community | Feasibility | Impact on Health Disparities |
|---|---|---|---|---|
| Mental Health | ✓ | ✓ | ✓ | ✓ |
| Access to Childcare | ✓ | ✓ | | ✓ |
| Healthcare Services: Affordability | ✓ | ✓ | ✓ | ✓ |
| Affordable Housing | | ✓ | | ✓ |
| Healthcare Services: Physical Presence | ✓ | ✓ | ✓ | ✓ |
| Livable Wage | ✓ | ✓ | | ✓ |
| Healthcare Services: Prevention | ✓ | ✓ | ✓ | ✓ |
| Alcohol/Substance Abuse | | ✓ | ✓ | ✓ |
| Diabetes | ✓ | ✓ | ✓ | ✓ |
| Cancer | ✓ | ✓ | ✓ | ✓ |

# Overview of Priorities

## Mental Health

Mental health was the #1 community-identified health priority with 91% of respondents rating it as an important factor to be addressed (important is categorized as a 4 or 5 rating on the community survey). Suicide is the 9th leading cause of death in Latah County and ranks 41st out of 44 counties (with 1 being the worst in the state) in Idaho for suicide death rate (CDC Final Deaths).

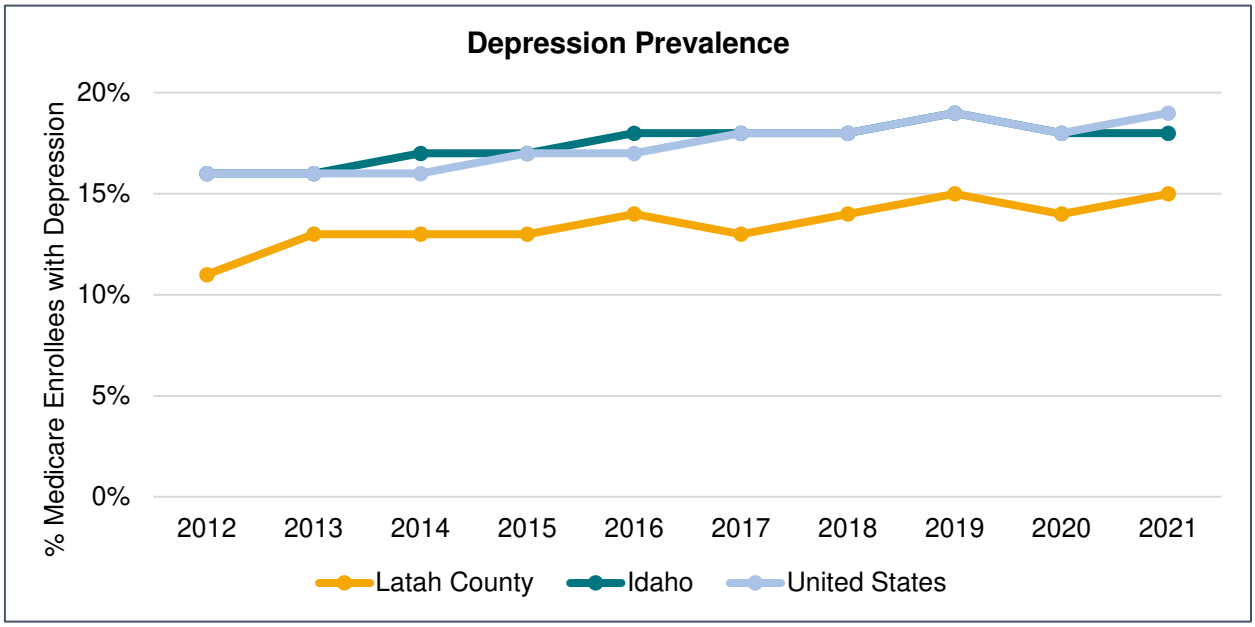
Additionally, lack of access to mental healthcare perpetuates disparities in priority populations like racial and ethnic minority groups, residents of rural areas, and LGBTQ+ communities due to a lack of providers and an inclusive behavioral health workforce (NAMI).

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

| | Latah Co. | Idaho |
|---|---|---|
| Poor mental health days (*past 30 days*) | 4.5 | 4.4 |
| Number of people per 1 mental health provider | 583 | 435 |
| Suicide death rate (*per 100,000*) | 13.7 | 23.2 |
| Frequent mental distress | 14.4% | 13.7% |

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

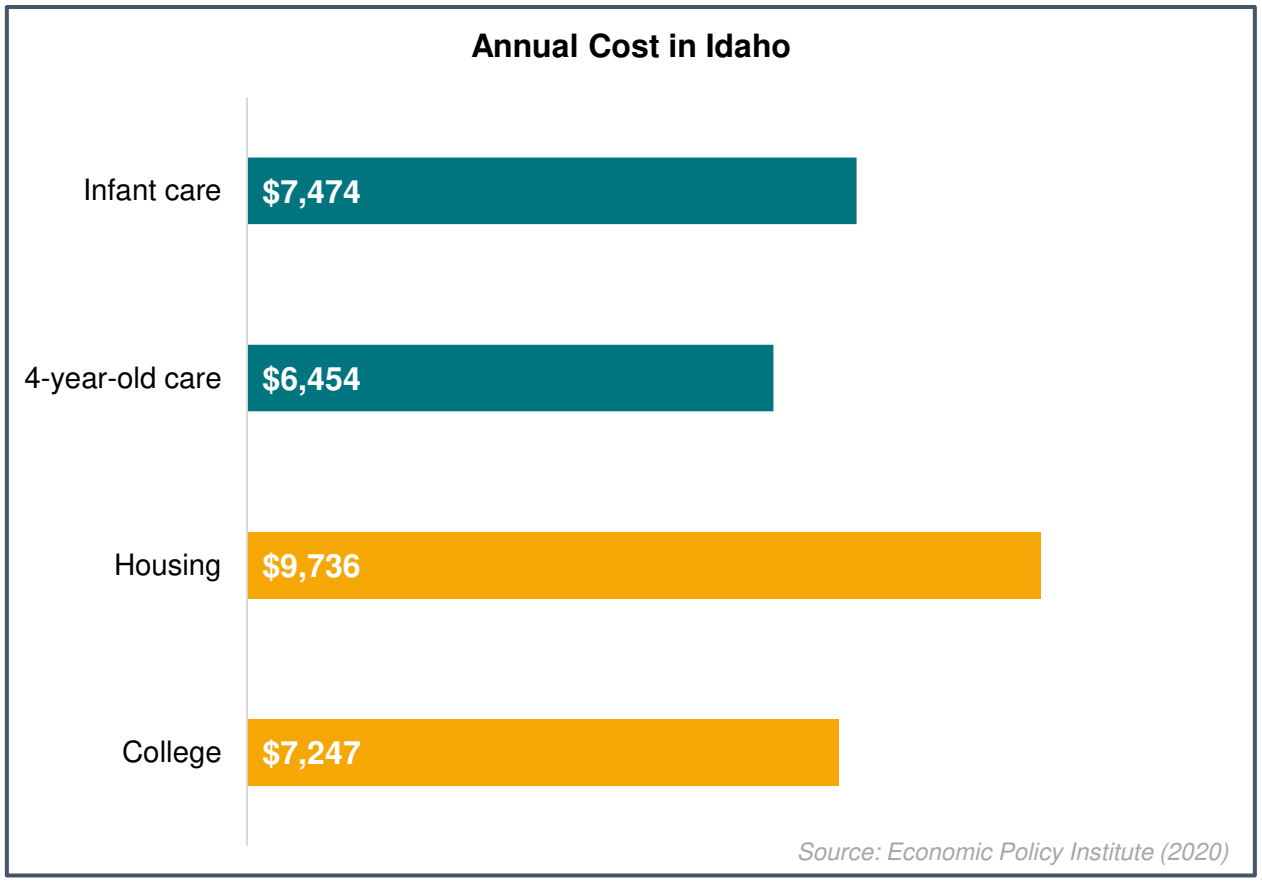
The prevalence of depression in the Medicare population in Latah County was 15% in 2021 compared to 18% in Idaho and 19% in the U.S. This rate has been slightly rising in recent years.




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

## Access to Childcare

Access to childcare was identified as the #2 priority with 84% of respondents identifying it as being important to address in the community. The average yearly cost of childcare in Idaho is $7,474. The U.S. Department of Health and Human Services defines affordable childcare as being no more than 7% of a family's income (Economic Policy Institute). In Latah County, 24% of household income is required for childcare expenses. There are 8 childcare centers for every 1,000 population under 5 years old in Latah County compared to 4 in the state. Additionally, 11% of children live in poverty, 11% live in single-parent households, and 27% are enrolled in free or reduced lunch (County Health Rankings).

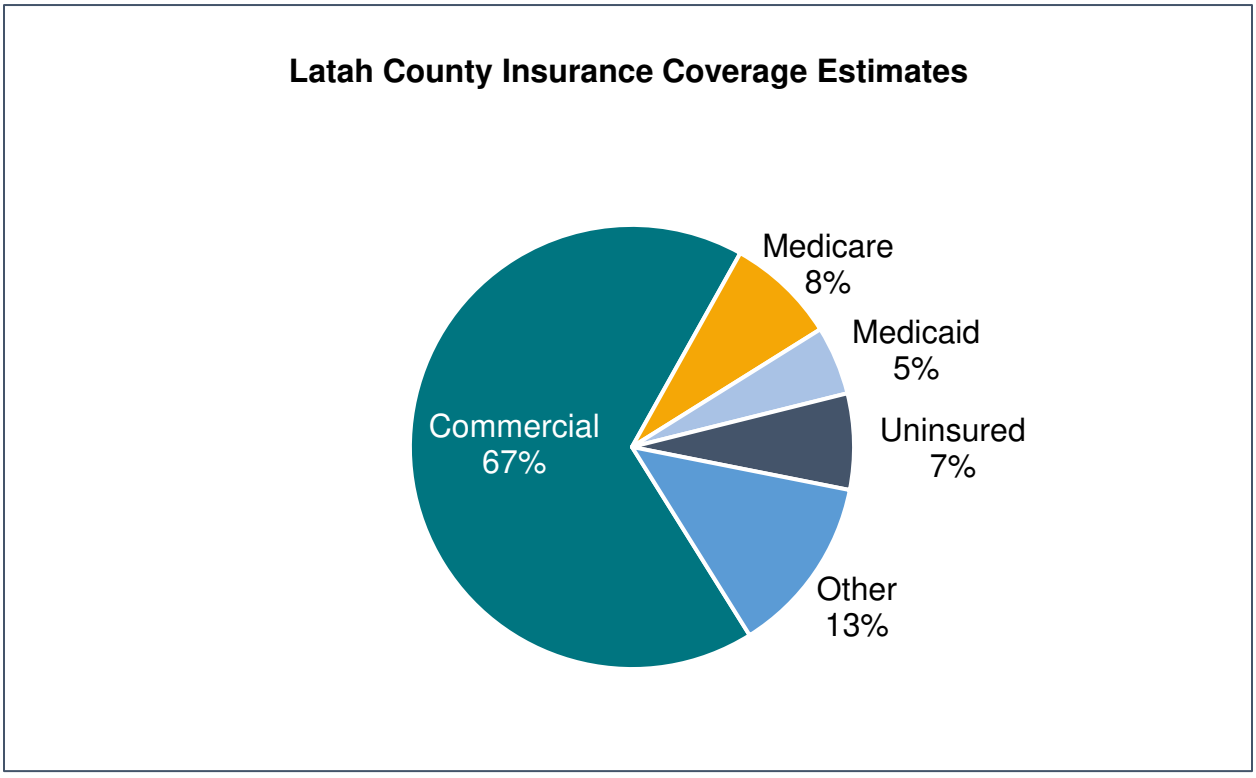


## Healthcare Services: Affordability

Affordability of healthcare services was the #3 identified health need in the community with 83% of survey respondents rating it as an important factor to be addressed. Approximately 7.0% of Latah County's population is uninsured which is lower than the Idaho rate (Stratasan, ESRI). Additionally, low-income groups were identified as one of the top priority populations in the community making the affordability of healthcare services an important need.

| | Latah Co. | Idaho |
|---|---|---|
| Uninsured | 7.0% | 10.4% |
| Median household income | $60,024 | $66,671 |

*Source: Stratasan, ESRI (2022)*




*Source: Stratasan, ESRI (2022)*

## Affordable Housing

Affordable housing was identified as the #4 priority with 87% of respondents rating it as important to address in the community. While affordable housing is not traditionally a health priority, there is evidence that a lack of access to affordable and stable housing can lead to negative health outcomes such as mental illnesses, exposure to environmental hazards, and limited funds to afford healthcare (Center for Housing Policy).

| | Latah Co. | Idaho |
|---|---|---|
| Severe housing cost burden* | 16.7% | 11.1% |
| Sever housing problems** | 18.8% | 14.1% |
| Homeownership | 55.4% | 70.8% |
| Median household income | $60,024 | $66,671 |
| Median monthly owner costs – with a mortgage | $1,459 | $1,312 |
| Median gross rent | $728 | $887 |

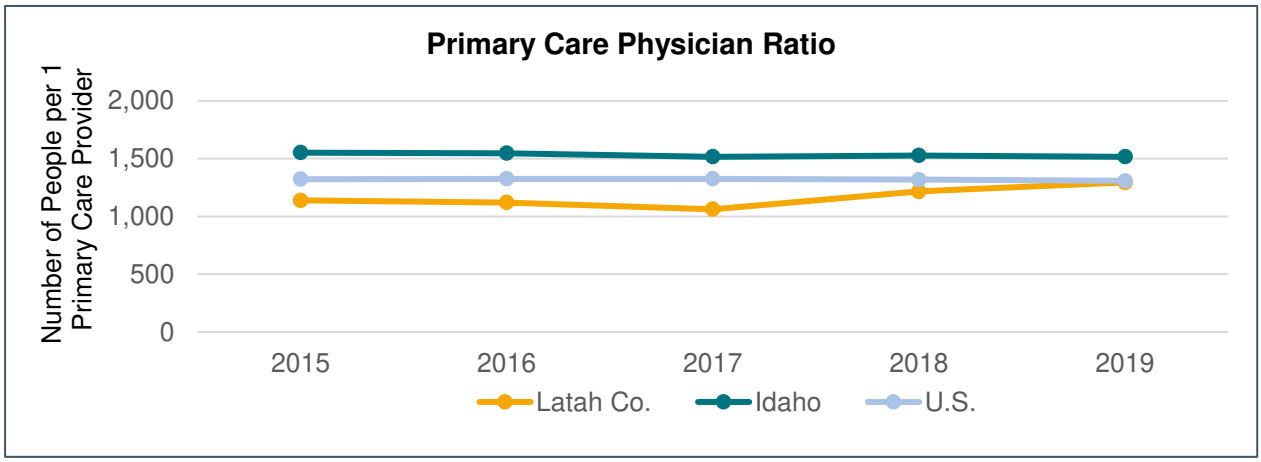
*Source: County Health Rankings (2016-2020), Stratasan ESRI (2022), U.S. Census Bureau (2016-2020)*
*Notes: *Percentage of households that spend 50% or more of their household income on housing*
***Overcrowding, high housing costs, lack of kitchen facilities, or lack of plumbing facilities*

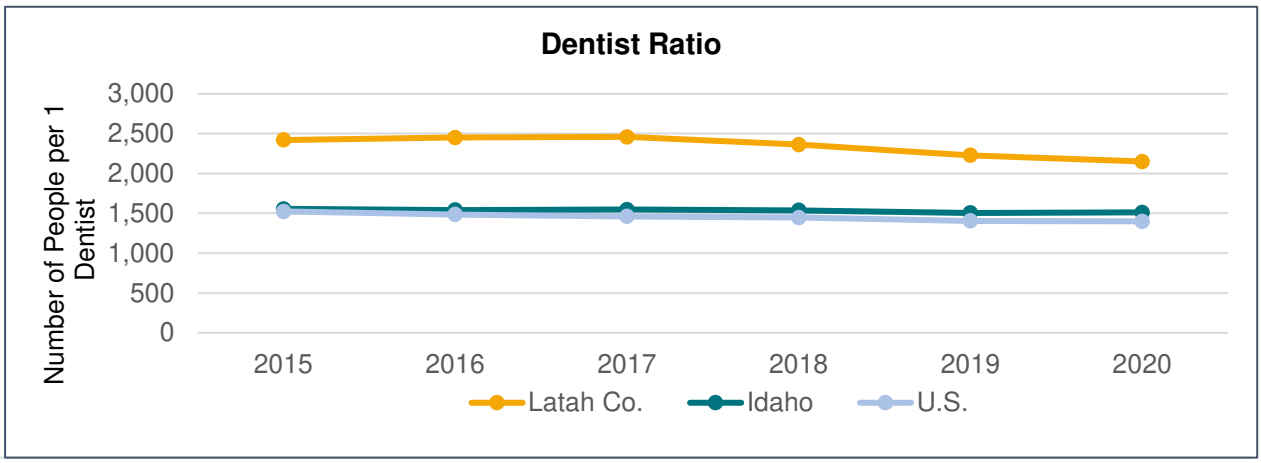
## Healthcare Services: Physical Presence

The physical presence of healthcare services was the #5 identified health need in the community with 83% of survey respondents rating it as important to be addressed. Latah County has a slightly lower primary care physician-to-population ratio than Idaho, but this rate has been increasing in recent years (note that the primary care physician ratio includes M.D.s and D.O.s only and excludes advanced practice providers). The dentist ratio in Latah County is higher than in the state but has been slightly declining in recent years. Latah County is classified as a population group health professional shortage area for primary care.

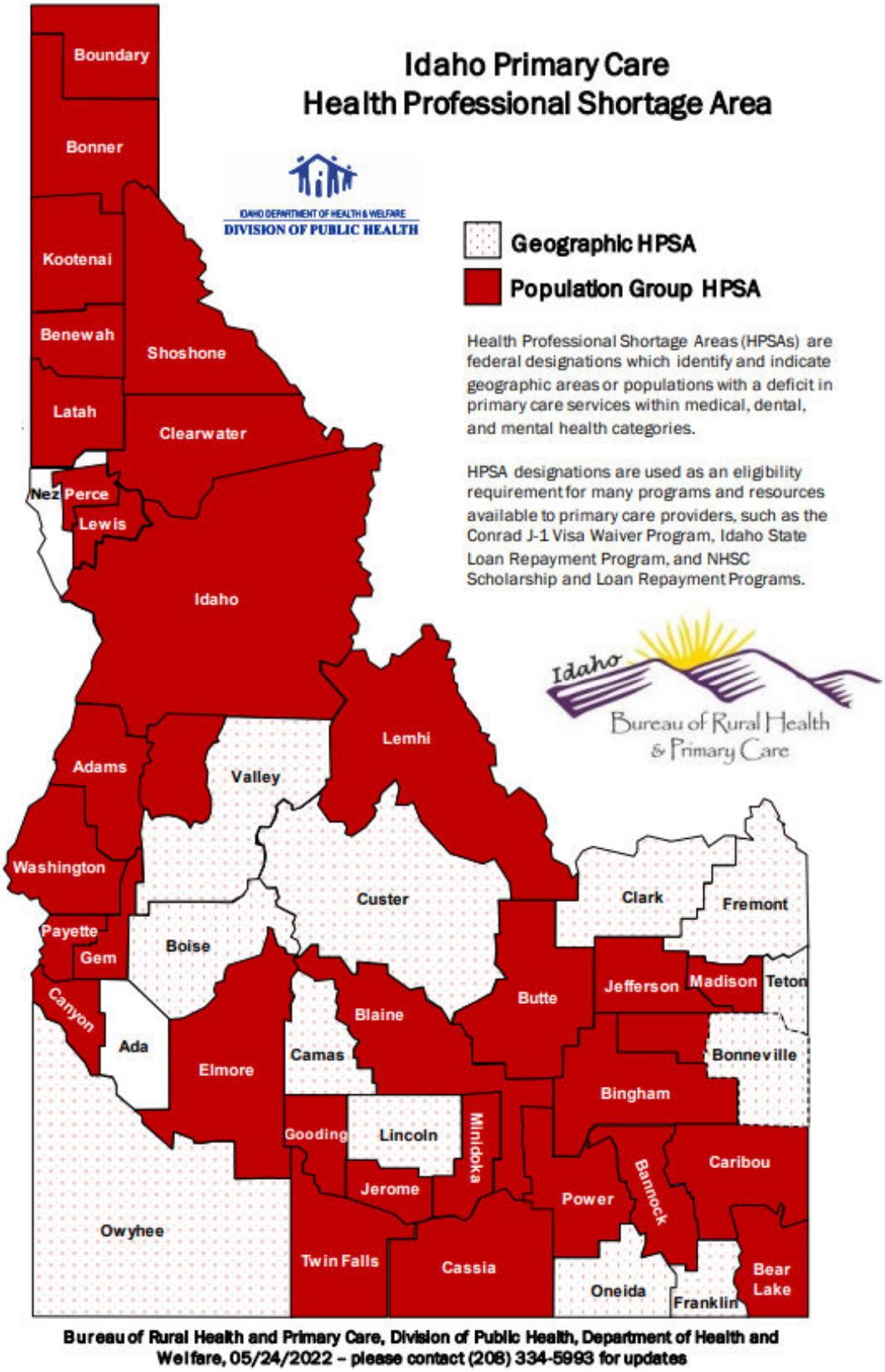
| | Latah Co. | Idaho |
|---|---|---|
| Number of people per 1 primary care physician | 1,294 | 1,517 |
| Number of people per 1 dentist | 2,149 | 1,511 |

*Source: County Health Rankings (2019, 2020)*




*Source: County Health Rankings 2022 Report*




*Source: [Idaho Department of Health and Welfare]*

## Livable Wage

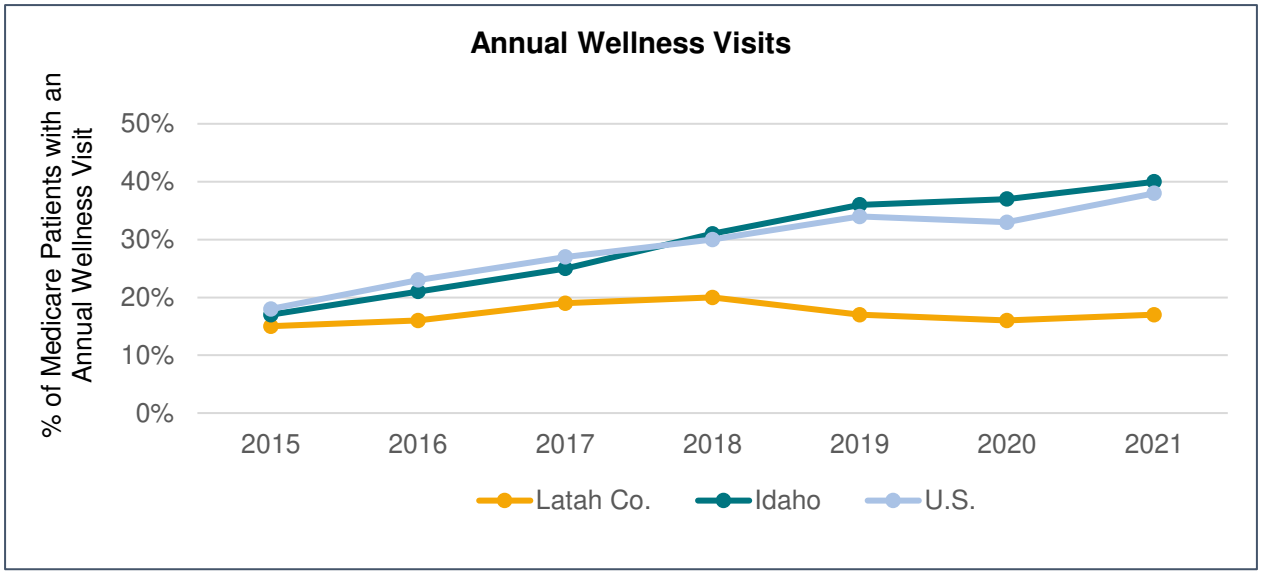
Livable Wage was identified as the #6 priority with 84% of survey respondents rating it as an important factor to address in the community. Though livable wage was not identified as a priority in previous CHNA reports, this social indicator plays a role in the community's ability to afford healthcare and impacts health outcomes. A livable wage can impact health by affecting mental health through poverty and unstable work environments, health behaviors like smoking, diet, and exercise, and access to health insurance (HealthAffairs). Average weekly wages in Latah County are $830, below the state average of Idaho at $982/week and the national average of $1,374/ week (U.S. Bureau of Labor Statistics)

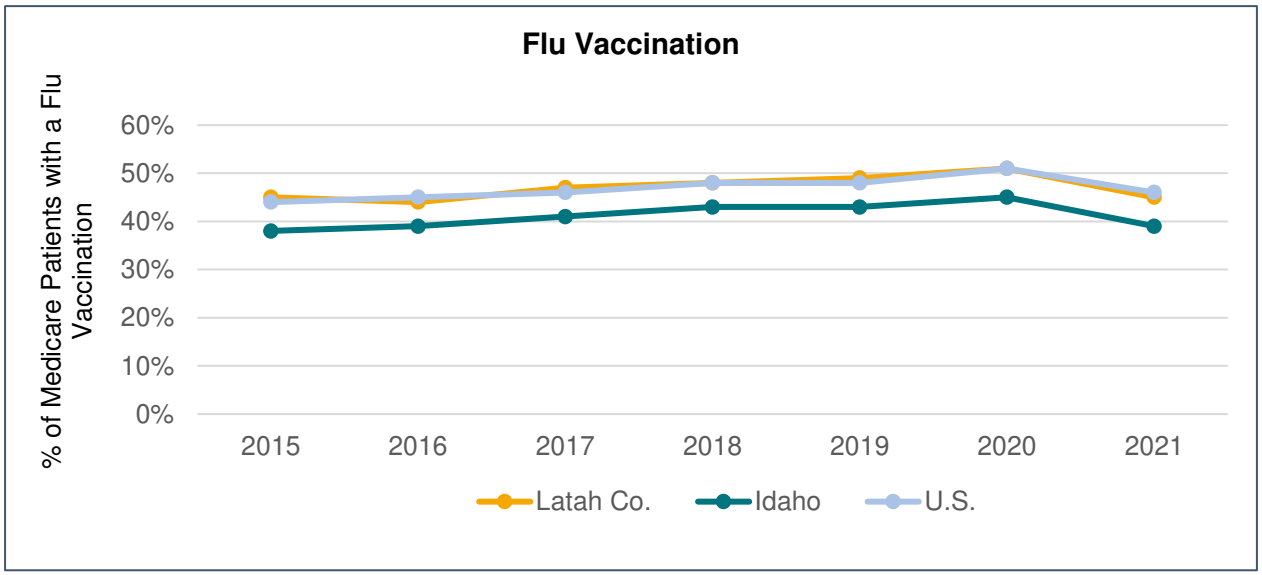
| | Latah Co. | Idaho |
|---|---|---|
| Median household income | $60,024 | $66,671 |
| Income inequality* | 4.7 | 4.1 |
| Children in poverty | 10.7% | 11.6% |
| Unemployment | 3.0% | 3.6% |

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

## Healthcare Services: Prevention

Prevention was the #7 identified health need in the community with 82% of survey respondents rating it as important to be addressed. Among Medicare enrollees, Latah County had 17% of patients complete an annual wellness exam in 2021 compared to 40% in Idaho and 38% in the U.S. Additionally, 45% of Medicare patients in Latah county received a flu shot in 2021 compared to 39% in Idaho and 46% in the U.S though all saw a decrease in this rate between 2020 and 2021.




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

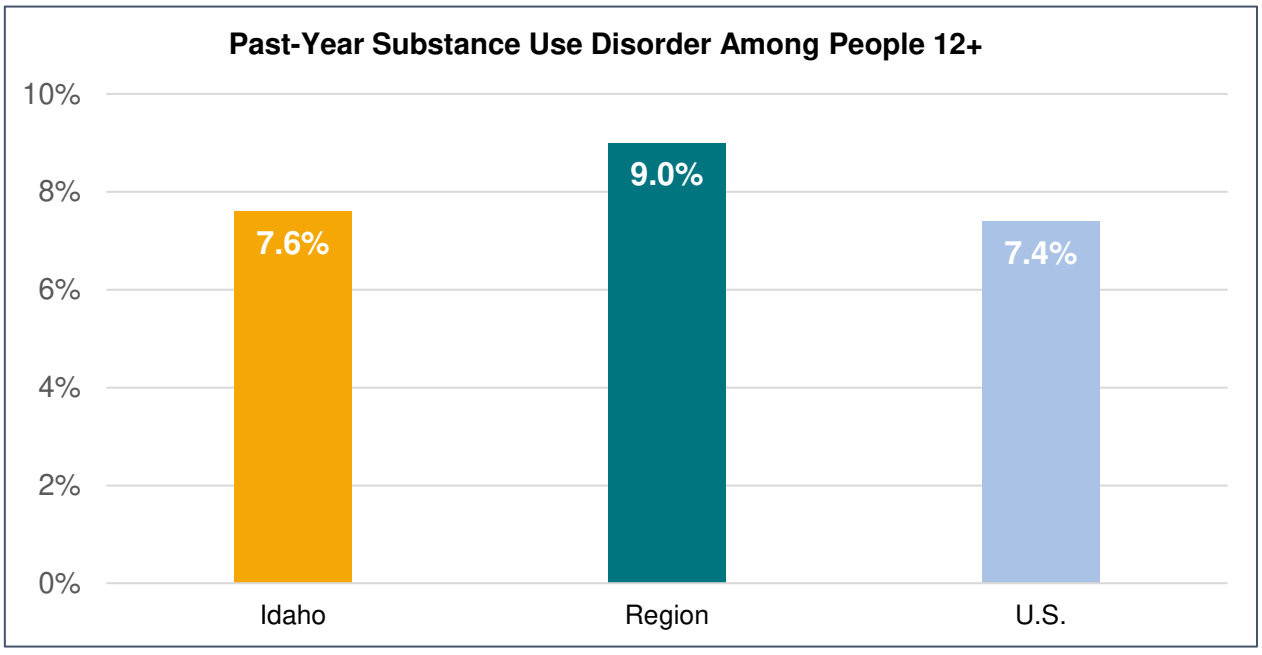
## Alcohol/Substance Abuse

Alcohol/substance abuse was identified as the #8 health priority with 83% of survey respondents rating it as extremely important to be addressed. Drug and substance abuse was identified as a top health priority in 2019.

Latah County has a lower rate of drug overdose death than Idaho and similar rates of driving deaths with alcohol involvement and excessive drinking compared to the State. Idaho has a lower past-year substance use disorder percentage compared to other regional states but has a similar percentage to the U.S.

| | Latah Co. | Idaho |
|---|---|---|
| Drug overdose mortality rate (*per 100,000*) | 12.4 | 14.9 |
| Driving deaths with alcohol involvement | 30.8% | 31.1% |
| Excessive drinking | 20.8% | 19.6% |

*Source: County Health Rankings (2018-2020)*




*Source: SAMHSA (2019)*
*Note: Region states include Alaska, Idaho, Oregon, and Washington*

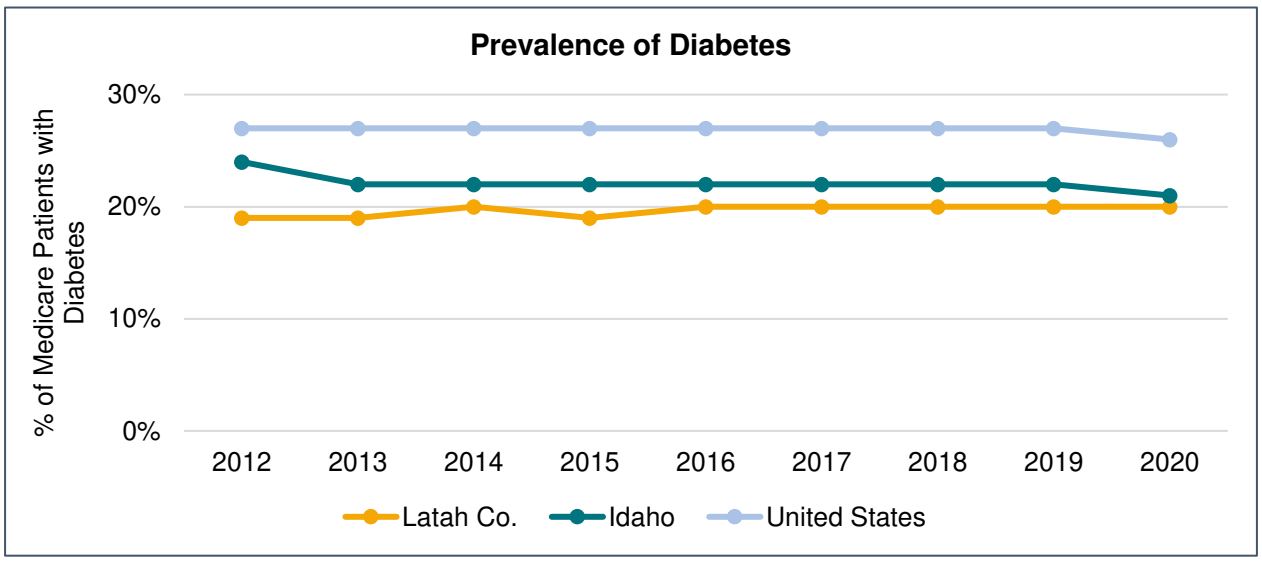
## Diabetes

Diabetes was identified as the #9 health priority with 79% of respondents rating it as important to address. Diabetes is the 8th leading cause of death in Latah County and ranks 38th out of 44 counties (with 1 being the worst in the state) in Idaho for diabetes death rate (CDC Final Deaths).

Latah County also has slightly lower rates of adult obesity and physical inactivity in comparison to Idaho. Both are well-established risk factors for type 2 Diabetes development (American Diabetes Association).

| | Latah Co. | Idaho |
|---|---|---|
| Diabetes mortality (*per 100,000*) | 15.2 | 22.7 |
| Adult obesity | 28.5% | 29.5% |
| Physical inactivity | 21.0% | 23.3% |

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




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

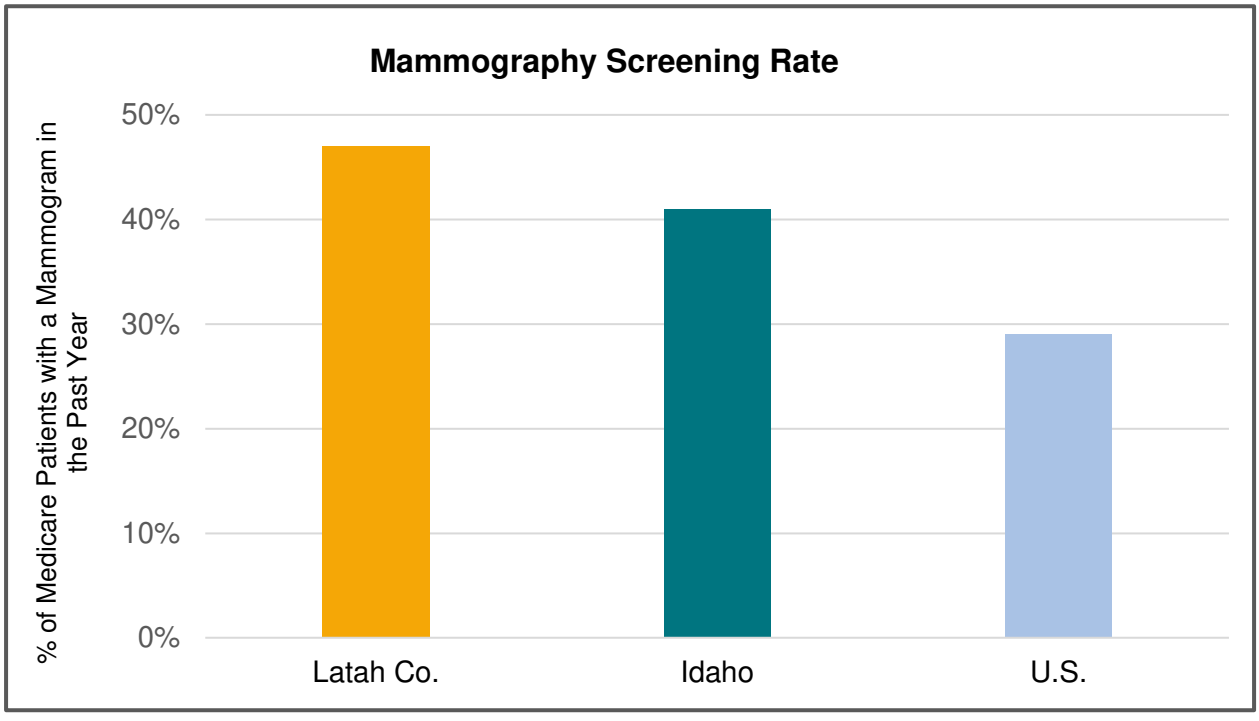
## Cancer

Cancer was identified as the #10 health priority with 79% of survey respondents rating it as important to be addressed. Cancer is the 1st leading cause of death in Latah County and ranks 27th out of 44 counties (with 1 being the worst in the state) in Idaho for cancer death rate (CDC Final Deaths).

Latah County has a higher cancer mortality rate than Idaho. Additionally, 47% of women in Latah County received a mammogram in 2019; this percentage is greater than Idaho and U.S. rates.

| | Latah Co. | Idaho |
|---|---|---|
| Cancer mortality (*per 100,000*) | 149.2 | 136.5 |
| Cancer incidence (*per 100,000*) | 419.9 | 445.1 |

*Source: CDC Final Deaths (2020)*

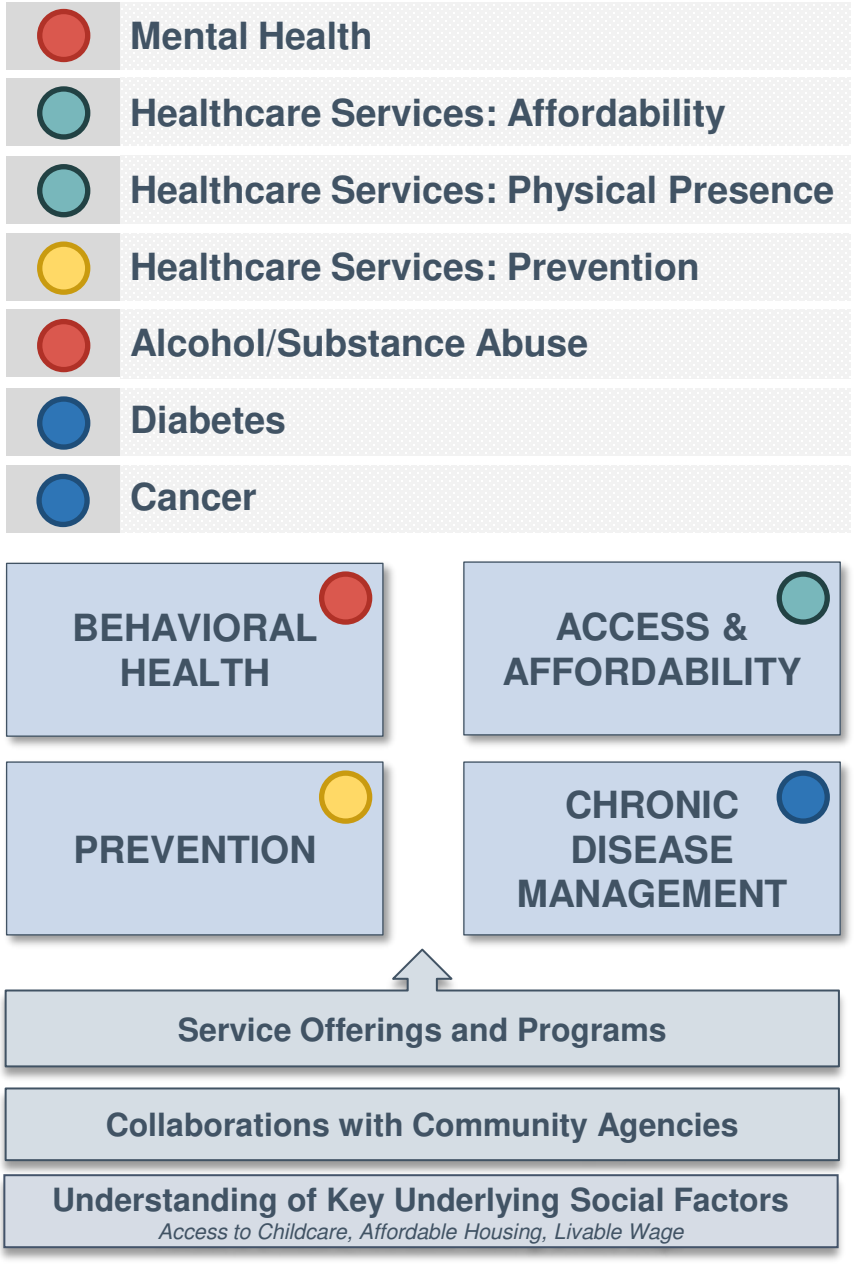



*Source: County Health Ranking (2019)*

# Implementation Plan Strategy

### Implementation Plan Framework

The Hospital has determined that the action plan to address the identified health priorities will be organized into key groups in order to adequately address the health needs with available time and resources. Note that the Hospital has not chosen to develop programming to address the social determinants of health identified by the community. The Hospital believes there are other organizations in the community better positioned to address the identified community needs and is choosing to focus on the health needs of the community where it feels it can make the greatest impact.



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

- Safe room available in the emergency department (ED) for patients presenting with mental health issues
- Employee Assistance Program available to GMC employees and family members that includes four free visits to mental health professionals per topic per year
- GMC hosts and is represented on a multi-agency Community Behavioral Health Team that helps expedite care, facilitate placement, and organize community-wide plans and solutions
- GMC works with Latah Recovery Center, which provides resources, classes, and coaching to help people recover
- Intake form includes screening questions regarding mental health and substance abuse; following a positive screening, the provider will address and connect the patient to needed resources
- Offer training programs aimed at identifying individuals at risk of suicide
- Provide crisis intervention training and debriefs of critical scenarios for first responders (EMS/police)
- Provide “safe sitter” and “safe at home” training for children and teens
- Case manager, counselors, and psychiatrist work together to assist patients in crisis
- In-house resources available to provide materials, education, and resources for mental health and substance abuse issues
- Pain management clinic – the only program of its kind in the region
- Electronic ordering of controlled substances
- Strict requirements in the ED for dispensing controlled substances, including education and counseling on proper usage and disposal

**The impact of actions taken since the immediately preceding CHNA:**

- Hired a licensed clinical social worker (LCSW) who serves the hospital as well as all three rural health clinics
- Conducted more in-person crisis training opportunities
- Started the ALTO project which aims to reduce opioid use by providing alternatives for pain management
- Promotion of 988 Suicide and Crisis Lifeline and other suicide prevention resources on social media

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

- Work to establish integrated behavioral health with primary care to better serve the brief intervention needs of patients
- Conduct additional employee training on crisis intervention
- Explore opportunities to work with the University of Idaho on excessive drinking initiatives
- Expand the ALTO project
- Promote continued training for LCSW to be able to provide more therapy sessions for patients
- Develop safety plans for patients to successfully transition back into the community without needing to be transferred to a higher level of care

**Identified measures and metrics to progress:**

- Number of behavioral health visits
- Number of behavioral health visits where the patient needs to be transferred to a higher level of care

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

| Organization | Contact/Information |
|---|---|
| Latah Recovery Center – Rural Crisis Center Network | 531 S Main St, Moscow, ID 83843<br>(208) 883-1045<br>https://latahrecoverycenter.org/ |
| Potlatch School District | https://www.psd285.org/ |
| Moscow School District | https://www.msd281.org/ |
| Mosco Police Department | 155 Southview<br>Moscow, ID 83843<br>https://www.ci.moscow.id.us/234/Police |
| University of Idaho | 875 Perimeter Drive<br>Moscow, ID 83844<br>https://www.uidaho.edu/ |
| Business Psychology Associates | https://www.bpahealth.com/ |
| Idaho Department of Health and Welfare | https://healthandwelfare.idaho.gov/ |
| Latah County Sherriff Department | https://latahcountyid.gov/sheriff/ |

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

- WWAMI rural medicine scholarship program provided through hospital foundation to encourage new medical graduates to practice in the area
- Palouse Surgeons and Palouse Specialties – partnerships with Pullman Regional Hospital and Whitman Hospital and Medical Group to employ specialty physicians to provide coverage in Latah and Whitman counties
- Traveling specialties available – pediatrics, cardiology, nephrology, asthma/allergy, and neurosurgery
- CME Program provides additional training and education to providers
- Tele-stroke technology, in partnership with Providence Sacred Heart Medical Center, allows the local care team to collaborate with specialists at Sacred Heart to quickly diagnose and treat stroke patients
- Bosom Buddies program provides free mammograms to anyone in need
- Participate in health fairs providing health and wellness information as well as free screenings for blood pressure, wound care assessments, and massage
- Provide discounted wellness labs
- Diabetes Wellness classes and cooking classes hosted on site and free to the public; free Fit & Fall Proof class; discounted osteoporosis fitness group; Motherhood Connections (new mother support group); cancer resource center
- Gritman Van Service – provides free transportation for health and wellness classes and for appointments
- Gritman Family Clinics in Kendrick, Troy, and Potlatch
    - Services include wellness Checks, infant to senior care, chronic disease management, immunizations, pregnancy and reproductive health testing, care for coughs, colds, minor cuts and injuries, DOT & pre-employment physicals, women's health, dermatology, sports physicals
- Financial Assistance Program with sliding fee scale available for imaging and CHAS Clinic
- Cardiac Rehab and Martin Wellness Center scholarships
- Cancer care fund to assist with cancer-related care and services
- Financial Counselors available to help patients apply for insurance programs
- Local EMS personnel rotate through GMC for training
- Free blood pressure checks available at clinics and in the ED
- Care Coordinator available to help patients manage chronic conditions and get connected with appointments and services

- Vandal Health Clinic on the University of Idaho campus to provide healthcare access to students
- Area Health Education Coalition provides scholarships for medical and nursing assistants to create a healthcare workforce pipeline in the community
- Fully-mobile website, which provides features for patients such as: online appointment scheduling (not all services), patient bill pay, online education center and health resources, including embedded content on service-specific pages

**The impact of actions taken since the immediately preceding CHNA:**

- Recruited an additional primary care provider
- Added an extender role to the busiest primary care locations where an advanced practice provider (APP) and physician can manage appointment overflow
- Added patient coordination services to assist patients with getting into the first available appointment
- Increased specialty care access through recruitment of additional providers: orthopedic surgeon, general surgeon, sleep medicine, podiatry, neurology, pulmonology

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

- Continue to recruit primary care physicians to the community
- Evaluate opportunities for additional clinic locations to increase access to services
- Expanding patient care at the GMC downtown medical office building to increase access for patients and make it easier for patients to receive care all in one place
- Utilize patient coordination services to help make accessing appointments easier for patients

**Identified measures and metrics to progress:**

- Primary care clinic visits
- Second next available appointment

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

| Organization | Contact/Information |
|---|---|
| University of Idaho | 875 Perimeter Drive<br>Moscow, ID 83844<br>https://www.uidaho.edu/ |
| Kootani County | https://www.kcgov.us/ |
| Palouse Specialty Physicians | https://www.palousespecialty.com/ |
| SMART Transit | 1006 Railroad St, Moscow, ID 83843<br>(208) 883-7747<br>www.smarttransit.org |
| CHAS Latah Community Health (FQHC) | 719 S Main St, Moscow, ID 83843<br>(208) 848-8300<br>chas.org/locations/latah-community-health |
| Providence Sacred Heart Medical Center | https://www.providence.org/locations/wa/sacred-heart-medical-center/stroke-program |

# Prevention

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

- Providers adhere to US public health guidelines for screenings and interventions (e.g., BMI)
- GMC provides lunch and learns on a variety of health topics (open to employees)
- GMC offers athletic trainer programs at some local schools
- Gritman Van Service – provides free transportation for health and wellness classes and for appointments
- Participate in health fairs providing health and wellness information as well as free screenings for blood pressure, wound care assessments, and massage
- Offer PT/OT/Speech at local schools
- Offer Stewards of Children Program aimed at training the trainer on the prevention of child exploitation and abuse
- Offer health days and career days at schools and provide internship opportunities for students interested in the healthcare field
- Provide "safe sitter" and "safe at home" training for children and teens
- GMC leadership team members sit on college advisory boards for WWAMI and Walla Walla
- GMC offers a "Teddy Bear Clinic" focused on bringing children and their families to the hospital to become familiar with GMC services and ensure a positive future experience
- Cardiac Rehabilitation Program offering exercise training, education on heart-healthy living and nutrition, and counseling to reduce stress
- CME program is the only accredited program among 5 hospitals within a 35-mile radius; GMC is a participant in the University of Washington stewardship program, which provides education and training on infection prevention and infectious diseases
- Offer a 12-month weight management class accredited through CDC and American Diabetes Program
- Teaching and education kitchen available for diabetes, nutrition, and cardiology patient classes
- GMC provides wellness opportunities for employees: discounts on health insurance for participating in health programs, after-hour access to the cardiac rehabilitation program
- Expanded value-based care contracts with payers to track patient population screening rates (e.g., AC1, mammograms, colonoscopies) and promote better care coordination

**The impact of actions taken since the immediately preceding CHNA:**

- Continuous recruitment of primary care providers
- Hosted free education and wellness classes for the community – cooking and nutrition, safe sitter, weight management, childbirth
- Hosted COVID-19 vaccine clinics
- Participated in multiple community events to provide education on wellness and health resources

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

- Explore grant opportunities for addressing social determinants of health (SDoH) in the community
- Evaluate expanding school programs like hosting vaccine clinics and sports physical clinics
- Restart in-person classes and educational classes that were stopped during the COVID-19 pandemic

**Identified measures and metrics to progress:**

- Number of health fairs performed
- Number of preventative screenings performed

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

| Organization | Contact/Information |
|---|---|
| City of Moscow | https://www.ci.moscow.id.us/ |
| Latah County | https://latahcountyid.gov/ |
| University of Idaho | 875 Perimeter Drive<br>Moscow, ID 83844<br>https://www.uidaho.edu/ |
| Moscow Food Bank – Idaho Department of Health and Welfare | https://healthandwelfare.idaho.gov/food-banks-food-sites-and-food-pantries/moscow-food-bank |
| Family Promise of the Palouse | https://www.familypromisepalouse.org/ |
| Potlatch School District | https://www.psd285.org/ |
| Moscow School District | https://www.msd281.org/ |
| City of Moscow Parks and Recreation | https://www.ci.moscow.id.us/214/Parks-Recreation |
| University of Washington | https://www.uwhealth.org/antimicrobial-stewardship-program |

# Chronic Disease Management

*Diabetes, Cancer*

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

- Certified Diabetes Prevention Program
- Diabetes wellness classes hosted on site and free to the public - free Fit & Fall Proof class; discounted osteoporosis fitness group; Motherhood Connections (new mother support group); cancer resource center
- Gritman Family Clinics in Kendrick, Troy, and Potlach offer chronic disease management
- Teaching and education kitchen available for diabetes, nutrition, and cardiology patient classes
- Cardiac Rehabilitation Program offering exercise training, education on heart-healthy living and nutrition, and counseling to reduce stress
- Bosom Buddies program provides free mammograms to anyone in need
- Sponsor the region's longest-running breast cancer awareness and fundraising event
- Prostate screenings offered once per year
- Weight Management and Diabetes Prevention Program
- Cancer care fund to assist with financing cancer-related care and services
- Care Coordinator available to help patients manage chronic conditions and get connected with appointments and services
- Offer Rocksteady Boxing program at Wellness Center to assist Parkinson’s patients
- Wound Healing Care Center with two barometric chambers
- Oncology & Hematology provided through Palouse Specialty Physicians
- Gritman Infusion Services co-located with Palouse Oncology and Hematology
- Women’s Imaging Center – 3D mammography, breast MRI, stereotactic breast biopsy, needle localization breast biopsy, breast ultrasound, ultrasound-guided breast biopsy, osteoporosis screening
- Participate in health fairs providing health and wellness information as well as free screenings for blood pressure, wound care assessments, and massage
- GMC employees can access free visits with a dietitian

**The impact of actions taken since the immediately preceding CHNA:**

- Added an ambulatory care pharmacist who is integrated into primary care for patients with comorbidities
- Hosted many cancer awareness and support events
- Shared resources and education on health and wellness on social media
- Participated in multiple community events to provide education on chronic diseases

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

- Expanding cancer clinic space to provide twice as many infusion chairs and exam rooms
- Recruit an oncologist
- Add a nurse practitioner (NP) to the cancer clinic
- Explore opportunities to add a liner accelerator (LINAC) in the cancer clinic

**Identified measures and metrics to progress:**

- Participation in the diabetes prevention program
- Cancer screening utilization
    - Mammography
    - Colonoscopy
    - Pap smear

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

| Organization | Contact/Information |
|---|---|
| Palouse Specialty Physicians | https://www.palousespecialty.com/ |
| Cancer Care Northwest | https://www.cancercarenorthwest.com/ |

# Appendix

# Community Data

# Community Demographics

**Demographic Profile**

| | Latah County | | | | Idaho | | | | US AVG. | |
|---|---|---|---|---|---|---|---|---|---|---|
| | 2022 | 2027 | % Change | % of Total | 2022 | 2027 | % Change | % of Total | % Change | % of Total |
| **Population** | | | | | | | | | | |
| ***Total Population*** | ***40,254*** | ***41,323*** | ***2.7%*** | ***100.0%*** | ***1,919,403*** | ***2,041,206*** | ***6.3%*** | ***100.0%*** | ***3.6%*** | ***100.0%*** |
| **By Age** | | | | | | | | | | |
| 00 - 17 | 6,772 | 6,898 | *1.9%* | *16.8%* | 478,346 | 511,083 | *6.8%* | *24.9%* | *0.0%* | *21.7%* |
| 18 - 44 | 19,415 | 19,786 | *1.9%* | *48.2%* | 690,264 | 727,157 | *5.3%* | *36.0%* | *0.3%* | *36.0%* |
| 45 - 64 | 8,182 | 7,788 | *-4.8%* | *20.3%* | 439,492 | 441,175 | *0.4%* | *22.9%* | *-4.3%* | *24.9%* |
| 65+ | 5,885 | 6,851 | *16.4%* | *14.6%* | 311,301 | 361,791 | *16.2%* | *16.2%* | *12.8%* | *17.4%* |
| **Female Childbearing Age (15-44)** | 9,663 | 9,889 | *2.3%* | *24.0%* | 376,227 | 396,556 | *5.4%* | *19.6%* | *0.0%* | *19.5%* |
| **By Race/Ethnicity** | | | | | | | | | | |
| White | 34,828 | 35,293 | *1.3%* | *86.5%* | 1,568,575 | 1,649,291 | *5.1%* | *81.7%* | *-1.3%* | *61.0%* |
| Black | 346 | 371 | *7.2%* | *0.9%* | 16,690 | 18,258 | *9.4%* | *0.9%* | *0.8%* | *12.4%* |
| Asian & Pacific Islander | 1,086 | 1,181 | *8.7%* | *2.7%* | 32,383 | 35,395 | *9.3%* | *1.7%* | *5.6%* | *6.3%* |
| Other | 3,994 | 4,478 | *12.1%* | *9.9%* | 301,755 | 338,262 | *12.1%* | *15.7%* | *7.8%* | *20.3%* |
| Hispanic* | 2,111 | 2,174 | *3.0%* | *5.2%* | 251,677 | 270,900 | *7.6%* | *13.1%* | *3.4%* | *19.0%* |
| **Households** | | | | | | | | | | |
| **Total Households** | 16,418 | 16,940 | *3.2%* | | 706,800 | 753,212 | *6.6%* | | | |
| **Median Household Income** | $ 60,024 | $ 70,157 | | | $ 66,671 | $ 78,785 | | | *US Avg. $64,730 \| $72,932* | |
| **Education Distribution** | | | | | | | | | | |
| Some High School or Less | | | | *3.2%* | | | | *7.4%* | | *10.1%* |
| High School Diploma/GED | | | | *17.9%* | | | | *25.8%* | | *27.1%* |
| Some College/Associates Degree | | | | *29.5%* | | | | *36.1%* | | *27.7%* |
| Bachelor's Degree or Greater | | | | *49.5%* | | | | *30.7%* | | *35.1%* |

*Ethnicity is calculated separately from Race

*Source: Stratasan, ESRI (2022)*

# Leading Cause of Death

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

| Cause of Death | | | Rank among all counties in ID (#1 rank = worst in state) | Rate of Death per 100,000 age adjusted | | Observation (Latah County Compared to U.S.) |
|---|---|---|---|---|---|---|
| ID Rank | Latah Rank | Condition | | ID | Latah | |
| 2 | 1 | Cancer | 27 of 44 | 136.5 | 149.2 | ***Higher than expected*** |
| 1 | 2 | Heart Disease | 38 of 44 | 151.9 | 142.0 | ***Lower than expected*** |
| 4 | 3 | Accidents | 39 of 44 | 50.8 | 44.6 | ***Lower than expected*** |
| 6 | 4 | Stroke | 24 of 44 | 37.4 | 44.0 | ***Higher than expected*** |
| 5 | 5 | Lung | 36 of 44 | 39.5 | 33.9 | ***As expected*** |
| 7 | 6 | Alzheimer's | 15 of 44 | 36.7 | 26.9 | ***Lower than expected*** |
| 3 | 7 | COVID-19 | 42 of 44 | 63.9 | 17.2 | ***Lower than expected*** |
| 9 | 8 | Diabetes | 38 of 44 | 22.7 | 15.2 | ***Lower than expected*** |
| 8 | 9 | Suicide | 41 of 44 | 23.2 | 13.7 | ***As expected*** |
| 12 | 10 | Flu - Pneumonia | 33 of 44 | 8.6 | 12.1 | ***As expected*** |
| 11 | 11 | Parkinson's | 2 of 44 | 11.4 | 11.8 | ***As expected*** |
| 10 | 12 | Liver | 35 of 44 | 15.5 | 7.5 | ***Lower than expected*** |
| 14 | 13 | Hypertension | 25 of 44 | 8.0 | 5.9 | ***As expected*** |
| 13 | 14 | Kidney | 41 of 44 | 8.2 | 4.5 | ***Lower than expected*** |
| 15 | 15 | Blood Poisoning | 34 of 44 | 5.1 | 3.5 | ***Lower than expected*** |
| 16 | 16 | Homicide | 29 of 44 | 2.5 | 2.1 | ***Lower than expected*** |

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

*Source: worldlifeexpectancy.com (2020)*

# County Health Rankings

| | Latah | Idaho | U.S. Median | Top U.S. Performers |
|---|---|---|---|---|
| ***Length of Life*** | | | | |
| Overall Rank *(best being #1)* | ***6/44*** | | | |
| - Premature Death* | **5,150** | 6,328 | 8,200 | 5,400 |
| ***Quality of Life*** | | | | |
| Overall Rank *(best being #1)* | ***3/44*** | | | |
| - Poor or Fair Health | **15%** | 15% | 17% | 12% |
| - Poor Physical Health Days | **4.1** | 3.9 | 3.9 | 3.1 |
| - Poor Mental Health Days | **4.4** | 4.4 | 4.2 | 3.4 |
| - Low Birthweight | **5%** | 7% | 8% | 6% |
| ***Health Behaviors*** | | | | |
| Overall Rank *(best being #1)* | ***5/44*** | | | |
| - Adult Smoking | **15%** | 16% | 17% | 14% |
| - Adult Obesity | **29%** | 30% | 33% | 26% |
| - Physical Inactivity | **21%** | 23% | 27% | 20% |
| - Access to Exercise Opportunities | **64%** | 67% | 66% | 91% |
| - Excessive Drinking | **21%** | 20% | 18% | 13% |
| - Alcohol-Impaired Driving Deaths | **31%** | 31% | 28% | 11% |
| - Sexually Transmitted Infections* | **436.3** | 384.0 | 327.4 | 161.4 |
| - Teen Births *(per 1,000 female population ages 15-* | **6** | 18 | 28 | 13 |
| ***Clinical Care*** | | | | |
| Overall Rank *(best being #1)* | ***2/44*** | | | |
| - Uninsured | **11%** | 13% | 11% | 6% |
| - Population per Primary Care Provider | **1,294** | 1,517 | 2,070 | 1,030 |
| - Population per Dentist | **2,149** | 1,511 | 2,410 | 1,240 |
| - Population per Mental Health Provider | **583** | 435 | 890 | 290 |
| - Preventable Hospital Stays | **1,801** | 2,123 | 4,710 | 2,761 |
| - Mammography Screening | **47%** | 41% | 41% | 50% |
| - Flu vaccinations | **49%** | 43% | 43% | 53% |
| ***Social & Economic Factors*** | | | | |
| Overall Rank *(best being #1)* | ***3/44*** | | | |
| - High school graduation | **96%** | 91% | 90% | 96% |
| - Unemployment | **4.7%** | 5.4% | 3.9% | 2.6% |
| - Children in Poverty | **11%** | 12% | 20% | 11% |
| - Income inequality** | **4.7** | 4.1 | 4.4 | 3.7 |
| - Children in Single-Parent Households | **11%** | 17% | 32% | 20% |
| - Violent Crime* | **105** | 221 | 205 | 63 |
| - Injury Deaths* | **55** | 78 | 84 | 58 |
| - Median household income | **$59,834** | $62,603 | $50,600 | $69,000 |
| - Suicides | **16** | 22 | 17 | 11 |
| ***Physical Environment*** | | | | |
| Overall Rank *(best being #1)* | ***24/44*** | | | |
| - Air Pollution - Particulate Matter (µg/m³) | **10.1** | 6.8 | 9.4 | 6.1 |
| - Severe Housing Problems*** | **19%** | 14% | 14% | 9% |
| - Driving to work alone | **66%** | 78% | 81% | 72% |
| - Long commute - driving alone | **24%** | 24% | 31% | 16% |

***Per 100,000 Population***

****Ratio of household income at the 80th percentile to income at the 20th percentile***

*****Overcrowding, high housing costs, lack of kitchen facilities, or lack of plumbing facilities***

**Key (Legend)**

- Better than ID
- The same as ID
- Worse than ID

*Source: County Health Rankings 2022 Report*

# Detailed Approach

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

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

- Financial assistance policy and policies relating to emergency medical care
- Billing and collections
- Charges for medical care

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

### Project Objectives

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

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

### Overview of Community Health Needs Assessment

Typically, non-profit hospitals qualify for tax-exempt status as a Charitable Organization, described in Section 501(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 for those who did not have the means to pay. With the introduction of Medicare, the government met the burden of providing compensation for such care.

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

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

Specifically, the IRS requires:

- Effective on tax years beginning after March 23, 2012, each 501(c)(3) hospital facility must conduct a CHNA at least once every three taxable years and adopt an implementation strategy to meet the community needs identified through the assessment.
- The assessment may be based on current information collected by a public health agency or non-profit organization and may be conducted together with one or more other organizations, including related organizations.
- The assessment process must take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge or expertise of public health issues.
- The hospital must disclose in its annual information report to the IRS (Form 990 and related schedules) how it is addressing the needs identified in the assessment and, if all identified needs are not addressed, the reasons why (e.g., lack of financial or human resources).
- Each hospital facility is required to make the assessment widely available and downloadable from the hospital website.
- Failure to complete a CHNA in any applicable three-year period results in an excise tax to the organization of $50,000. For example, if a facility does not complete a CHNA in taxable years one, two, or three, it is subject to the penalty in year three. If it then fails to complete a CHNA in year four, it is subject to another penalty in year four (for failing to satisfy the requirement during the three-year period beginning with taxable year two and ending with taxable year four).
- An organization that fails to disclose how it is meeting needs identified in the assessment is subject to existing incomplete return penalties.

### Community Health Needs Assessment Subsequent to Initial Assessment

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

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

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

To complete a CHNA:

> *"… the final regulations provide that a hospital facility must document its CHNA in a CHNA report that is adopted by an authorized body of the hospital facility and includes:*
>
> 1) *A definition of the community served by the hospital facility and a description of how the community was determined;*
> 2) *a description of the process and methods used to conduct the CHNA;*
> 3) *a description of how the hospital facility solicited and took into account input received from persons who represent the broad interests of the community it serves;*
> 4) *a prioritized description of the significant health needs of the community identified through the CHNA, along with a description of the process and criteria used in identifying certain health needs as significant and prioritizing those significant health needs; and*
> 5) *a description of resources potentially available to address the significant health needs identified through the CHNA.*
>
> *… final regulations provide that a CHNA report will be considered to describe the process and methods used to conduct the CHNA if the CHNA report describes the data and other information used in the assessment, as well as the methods of collecting and analyzing this data and information, and identifies any parties with whom the hospital facility collaborated, or with whom it contracted for assistance, in conducting the CHNA."*

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

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

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

1) **Public Health Official** – Persons with special knowledge of or expertise in public health
2) **Government Employee or Representative** – Federal, tribal, regional, State, or local health or other departments or agencies, with current data or other information relevant to the health needs of the community served by the Hospital
3) **Minority or Underserved Population** – Leaders, representatives, or members of medically underserved, low-income, and minority populations, and populations with chronic disease needs in the community served by the Hospital facility. Also, in other federal regulations the term Priority Populations, which includes rural residents and LGBT interests, is employed and for consistency is included in this definition
4) **Chronic Disease Groups** – Representative of or member of Chronic Disease Group or Organization, including mental and oral health
5) **Community Resident** – Individuals, volunteers, civic leaders, medical personnel, and others to fulfill the spirit of broad input required by the federal regulations
6) **Educator** – Persons whose profession is to instruct individuals on a subject matter or broad topics
7) **Healthcare Professional** – Individuals who provide healthcare services or work in the healthcare field with an understanding/education on health services and needs.
8) **Other** (please specify)

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

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

Data sources include:

| Website or Data Source | Data Element | Date Accessed | Data Date |
|---|---|---|---|
| Stratasan | Assess characteristics of the primary service area, at a zip code level; and, to access population size, trends and socio-economic characteristics | September 2022 | 2022 |
| www.countyhealthrankings.org | Assessment of health needs of the county compared to all counties in the state. | September 2022 | 2013-2020 |
| Centers for Disease Control and Prevention (CDC) Final Deaths | 15 top causes of death | September 2022 | 2020 |
| U.S. Bureau of Labor Statistics | Unemployment rates and county wages | September 2022 | 2021 |
| NAMI | Statistics on mental health rates and services | October 2022 | 2021 |
| Centers for Medicare & Medicaid Services: Mapping Medicare Disparities by Population | Health outcome measures and disparities in chronic diseases | October 2022 | 2020 |
| Economic Policy Institute | Childcare costs in Idaho | October 2022 | 2020 |
| Center for Housing Policy | Impact of housing on health | October 2022 | 2015 |
| Idaho Department of Health and Welfare | Map of Health Professional Shortage Areas (HPSA) in Idaho | October 2022 | 2022 |
| The U.S. Census Bureau | County-level statistics for housing | October 2022 | 2016-2020 |
| Health Affairs: Leigh & Du | Impact of wage on health | October 2022 | 2018 |
| SAMHSA – Behavioral Health Barometer, Idaho, Volume 6 | Drug use and health indicators | October 2022 | 2019 |
| American Diabetes Association | Risk factors for type 2 diabetes | October 2022 | 2005 |

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

- A CHNA survey was deployed to Local Expert Advisors and the general community to gain input on local health needs and the needs of priority populations. Local Expert Advisors were local individuals selected according to criteria required by the Federal guidelines and regulations and GMC's desire to represent the region's geographically diverse population. Community input from 136 survey respondents was received. Survey responses started on August 22nd and ended on September 19th, 2022.

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

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

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

# Survey Results

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

### Q1: Please select all roles that apply to you.

| Answer Choices | Responses | |
|---|---|---|
| Healthcare Professional | 59.54% | 78 |
| Community Resident | 51.91% | 68 |
| Educator | 11.45% | 15 |
| Government Employee or Representative | 9.16% | 12 |
| Representative of Chronic Disease Group or Advocacy Organization | 3.05% | 4 |
| Minority or Underserved Population | 2.29% | 3 |
| Public Health Official | 0.76% | 1 |
| | Answered | 131 |
| | Skipped | 25 |

### Q2: Race/Ethnicity (select all that apply)

| Answer Choices | Responses | |
|---|---|---|
| White or Caucasian | 97.69% | 127 |
| Black or African American | 0.77% | 1 |
| Asian or Asian American | 0.77% | 1 |
| American Indian or Alaska Native | 0.77% | 1 |
| Hispanic or Latino | 0.00% | 0 |
| Native Hawaiian or other Pacific Islander | 0.00% | 0 |
| Other (please specify) | 3.08% | 4 |
| | Answered | 130 |
| | Skipped | 6 |

### Q3: Age group

| Answer Choices | Responses | |
|---|---|---|
| 18-24 | 4.58% | 6 |
| 25-34 | 10.69% | 14 |
| 35-44 | 17.56% | 23 |
| 45-54 | 23.66% | 31 |
| 55-64 | 25.95% | 34 |
| 65+ | 17.56% | 23 |
| | *Answered* | 131 |
| | *Skipped* | 5 |

### Q4: What zip code do you primarily live in?

| Answer Choices | Responses | |
|---|---|---|
| 83843 | 65.65% | 86 |
| 83871 | 6.11% | 8 |
| 83832 | 5.34% | 7 |
| 83872 | 4.58% | 6 |
| 99163 | 4.58% | 6 |
| 83501 | 3.82% | 5 |
| 83857 | 3.05% | 4 |
| 83855 | 2.29% | 3 |
| 99111 | 0.76% | 1 |
| 99403 | 0.76% | 1 |
| 83537 | 0.76% | 1 |
| 83535 | 0.76% | 1 |
| 83823 | 0.76% | 1 |
| 82843 | 0.76% | 1 |
| | Answered | 131 |
| | Skipped | 5 |

### Q5: Where do you receive your healthcare services? (please select all that apply)

| Answer Choices | Responses | |
|---|---|---|
| Gritman (Gritman Medical Center and regional network of clinics) | 81.40% | 105 |
| Somewhere else (please specify) | 18.60% | 24 |
| | Answered | 129 |
| | Skipped | 7 |

Comments:

- Palouse Medical (7)
- Pullman Family Medicine (3)
- Valley Medical Center (3)
- Tristate Memorial Hospital (2)
- Moscow Medical (2)
- All others 1 or less

### Q6: Which groups would you consider to have the greatest health needs in your community? (please select all that apply)

| Answer Choices | Responses | |
|---|---|---|
| Low-income groups | 78.74% | 100 |
| Residents of rural areas | 62.20% | 79 |
| Older adults | 60.63% | 77 |
| Individuals requiring additional healthcare support | 48.82% | 62 |
| Children | 34.65% | 44 |
| Women | 28.35% | 36 |
| LGBTQ+ | 23.62% | 30 |
| Racial and ethnic minority groups | 15.75% | 20 |
| | Answered | 127 |
| | Skipped | 9 |

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

- All these groups need access to good healthcare, but the LGBTQ community may have a harder time finding supportive, knowledgeable healthcare providers, particularly for gender-affirming care among transgender patients.
- Mental health care, insurance coverage and education.
- Mental health resources.
- More availability for home health services, more beds available for skilled nursing, more mental health services, more appointment availability for primary care and quick care.
- Access to care, knowledgeable care.
- These groups often have the least access to care due to distance from medical centers or income. We only have one pediatrician within Gritman. There is just not a lot of child-oriented care options either.
- Cardiac stent placements and tests, pediatric specialty, elder care specialty and diagnoses, rheumatology specialist--I believe the nearest one is in Spokane, Coeur 'd'Alene, and the other one I get requests to see a lot are endocrinologists, and mental health psychiatry.
- Transportation assistance and help navigating healthcare system including computer assistance.
- More options for care that is closer to home, more in-home care for special healthcare needs, counseling/mental health services.
- Low-Income groups have a difficult time knowing if they can afford services. Insurance is not easy to navigate, and it is very difficult to predict what the patient will owe, which can stop them from accessing services that they may have insurance coverage for. Older Adults sometimes have difficulty getting to appointments as driving in the dark or in snow is a challenge. Parking at medical appointments can also be a problem. Navigating the healthcare system is confusing for them as well.
- Advocates and resources based on needs.
- Preventative care, home health, food, sexual health, mental health, substance use disorders.
- Residents must drive to other communities for health care. It’s not always easy to get in and it is a long trip to quick care if you are ill.
- I selected most everyone as I feel that most of these groups may have trouble getting good consistent health care, based on their ability to have or not have health insurance. We as a country have failed in providing consistent, quality health care to everyone regardless of their economic, racial or sexual preference standings.

- Mental health services, substance abuse awareness, housing and food stability and patient advocacy.
- Access to affordable housing and food.
- Low-income groups tend to have higher acuity cases when they do come in for fear of the bill. They also have many issues that fall under the social determinants of health. Rural residents also have more issues with access to medical care and access to specializations within healthcare that can lead to more issues. This issue with specializations goes along with individuals requiring additional healthcare support as well as older adults.
- Wider education to the healthcare community on the needs of LGBTQ+, outreach to older adults in rural areas, clinics offering preventative services for low-income groups.
- Geri-psych seems to be a significant area of need.  This need is amplified when considering individuals with a dual-diagnosis (mental health and intellectual disability), and options for care are even fewer if Alzheimer's/Dementia co-occurs with intellectual disability or mental health diagnoses. Where can these individuals receive care when local/regional facilities are unable/unwilling to accept them?
- Low-income groups should have access to Medicaid but since it can't cover everything, they may find they can't afford all the medical treatment they could benefit from. Older adults may struggle with understanding the complexities of the medical system and may have transportation issues once they can no longer drive.
- Mental health, CHF/cardiology.
- Affordable health care, For the LGBTQ+ need health care that focuses on their needs.
- Equal medical care for all (women's reproductive rights specifically).
- Low-income groups that I work with rarely have medical insurance and if they do it is Medicaid which is not accepted where they need to receive treatment. They almost never receive the mental health care services at the level needed. I would also add that they do not receive much needed dental care.
- Mental health and psychiatry services, endocrinology
- Insurance systems that are not always supportive of taking care of health problems, elongating assessment time. Need more languages that are translated better (more accurately) on information, more informed and diversity minded patient advocates would be great. Now women will certainly become a  major group that will have greatest critical health needs, especially with the Idaho laws. People with physical disabilities such as tetraplegia do not always have easy and clear access to identifying and resolving their health needs.  One feels like they are the only ones struggling (or the only one with disability in this town).

- Routine care and medications.
- regular & preventative care - - too often Not covered by insurance & unaffordable. It's easier & better to avoid health emergency needs than to result in more serious health emergencies &/or issues.
- Access to health care but I also believe it has been better the last few years.
- More resources are needed, not enough are available.
- Not all have access to technology where tele-health would be available. Travel is required for outlying areas.
- Access to care.
- Lack of providers willing to prescribe/treat transgender individuals. Lack of transportation for Residents of rural areas.
- Access, transportation, income, structured and dependable schedules.
- Lower income groups often do not access routine health treatments in a timely way. The result can be that easily treatable problems become more acute before help is sought. Older adults require more medical resources because of age related health problems.
- Overall-for both, access to affordable healthcare.
- Wellness and preventative care.
- There are not enough long-term nursing units in this area. It is frustrating to send my grandparents to an understaffed nursing home where the residents far outnumber the staff available.
- Access to healthcare, transportation issues.
- Aging population and challenges with the pandemic.
- Access to easier care. People are struggling to get into primary clinics or spend all day trying to be seen at quick care.
- Mental health services.
- Mental health, low-income, and older adults have challenges getting healthcare across the board.
- Limited social service support options and challenges of living remotely plus cost of care and potentially access to providers willing/able to provide some types of care.
- Tobacco related morbidities, diabetes, obesity, and mental illness.
- All selected regardless of race, ethnicity or sexual preference.
- Fewer rules from Legislators to prevent needed care to women.
- Access to care, transportation and financial support.

- Low-income groups - preventative care, good medical advice re: vaccination, low-cost medical care when ill. Women - accurate and timely reproductive health care, including access to abortion services and medical care covering miscarriages, ectopic pregnancies, and pregnancies that endanger their physical, mental, or emotional health. Older adults - access to high quality oncology and cardiac care.
- All these groups have a hard time with insurance and payment. Finances are a big barrier to care. The Financial Aid packet is very helpful but is difficult for the patients to navigate and for many with literacy issues and other barriers (not computer access to gain bank information, no transportation to gain copies of bank information etc.) many just give up.
- Its difficult to navigate the health care system. When an individual hits a barrier to difficulty trying to access healthcare or additional healthcare they often stop or put it off until the problem is much worse.
- Each area above can be isolated from proper heath care due to concerns about care for their niche, prevailing attitudes stigmatizing of each group can influence care and uncertainties about how to pay for care can limit care in many of these groups.
- Mental illness and access to specialty services.  Cardiac, cancer treatment, psych
- Racial and ethnic minority groups have limited ( if any?) providers of color or providers who speak multiple languages. Very little awareness in the healthcare community to medical beliefs in religions present here in the area.
- Social determinants of health.
- Access to care (transportation); food security.
- Shortage of childcare.
- Individuals needing additional healthcare support or residents of rural areas may not have access to drive to even the rural clinics for care.  There are no home health agencies to help them stay in their homes of care either.  These groups also tend to be low-income.
- Access to basic health care, access to primary care physicians, preventative care
- Primary care, family planning, age related changes in living situations.
- Check ups and aging care
- They need more access to medical care and help.
- They can't afford care and because most lack insurance, they are not able to schedule regular appointments, so when things go wonky, they must use Quick Care or the ER.
- I don't see mental health as an option and believe that is our greatest area of need. Older adults, need help to manage care. Residents of rural areas tend to not get needed care until they are very ill. I think our area could use some care management case managers.

- Being able to afford insurance, transportation, and lack of in-home health care.
- The rising cost of health care has some residents I know having to choose between basic needs...medication or rent? I also know people who are reluctant to see a doctor because they're apprehensive about the cost. Older adults that I know struggle with mobility. COAST is under supported, in my opinion. And LGBTQ+ people often must rely on a whisper network to find providers who will treat them with kindness and respect.
- There are very few counseling resources
- Rural, low-income and older adults typically have the highest health care needs, in my opinion. Those requiring additional healthcare support I feel must travel outside of the area to get specialized attention.
- Additional Pediatrician with a resume including intensive care and trauma, an actual Geriatric physician, and greater benefits offered to physicians that are needed in our rural clinics.
- Access and affordability.
- Lack of access and cost.
- Lack of insurance for some; additional needs required due to substance abuse and/or chronic mental illness
- Access to support care.
- Specialists for women and children. Transportation for all listed. Affordable insurance options.
- Preventive care including fitness (Physical and Mental).
- Although current information is available about the various health care opportunities in the area, I wonder if that information is reaching these groups.
- Access to health care, affordable health care, and patient advocates.
- Better access to healthcare, financial help and transportation to and from appts
- Anyone requiring mental/behavioral health services
- Limited access to care, inability to pay for care and meds, isolated by rural settings, no home health care.
- Low income - better education or access to resources pertaining to substance abuse. Children - mental health and psych support. Additional support - mental health and psych resources in the community.
- Lifestyle education and prevention.
- Rehab care, pediatric mental health, and pediatric specialists.

**Q7: Please rate how well Gritman has addressed Mental Health/Suicide on a scale of 1 (not at all) to 5 (extremely well).**

| 1 | 2 | 3 | 4 | 5 | Total | Weighted Average |
|---|---|---|---|---|---|---|
| 6 | 28 | 49 | 26 | 7 | 116 | 3.00 |
| | | | | | Answered | 116 |
| | | | | | Skipped | 20 |

*Comments:*

- New provider at MFM to try to help with these issues.
- I have not seen any actions taken by Gritman to address mental health.
- We have oriented several volunteers and some paid sitters to help when we are boarding. Continue to receive education on the Crisis Center. We also have secure transport which has been a real asset to our community.
- Neutral opinion, have limited observations to reflect on.
- I don’t know if any programs, so I think that’s a problem. More outreach to community, parents in schools. I have a psychologist for my children I found myself.
- There are wait-list for mental health care providers longer than a year in this area. Gritman has one counselor that works at MFM, and she has a wait-list that's 10-12 months long. That's not great.
- I am neither aware or unaware of actions Gritman has taken to address the mental health. Suicide issues. I do know we donate to the Recovery Center. I do think we need more help in Moscow regarding this issue. I think there is a large need for this in Moscow. It is difficult to find even in this whole area.
- I believe Gritman has worked hard to provide care for patients waiting for placement. The issue impacting Gritman is the lack of resources beyond them.
- I think Gritman does a good job of dealing with this issue with the tools they have (which aren't many). The lack of care outside of the hospital, places to send people that are struggling (often patients being kept for several days because there is no accepting facility) But this is beyond the Hospitals control and thus I think the hospital does as well as it can with the given situations
- Healthcare providers are limited, not enough resources to provide resources
- I feel that more could be done on this front. I have seen too many times where a nurse does not treat a mental health patient with compassion, where instead they react with aggression.

- Unfortunately, I think the pandemic has likely mitigated any efforts taken - which is no fault of Gritman. Excellent work partnering with the Crisis Center to reduce the chance of individuals who are not at risk of harm to self or others from ending up in the ER.
- No more mental health providers.
- Our community needs better mental health/suicide prevention awareness along with actual resources that individuals may access and receive care without prejudice.
- Once a person has access to Gritman services I feel they receive the care needed. I think there is a need for people who could be helped before getting to the point of a hospital.
- Gritman does all it can however the problem is huge., and we are not a licensed psych war, so, the solutions appear sometimes like a drop in the bucket. Gritman did a great job identifying and supporting partners so together the problem can be better addressed. Appreciate the continuous looking for trained psych Dr's and providers.
- Moscow has limited resources for psychological help.
- lack of state resources to help those in need.
- GMC has some 'attitude' issues that may result in people Not feeling welcome or deserving of health care.
- Hard to address the big picture when its very hard to find the personnel to help.
- Better education of the ER physicians, better education of staff overall of community resources.
- I have no idea.
- I am not aware of efforts by Gritman to address mental health/suicide.
- Presence of the Recovery Center and Crises Center should take some of the burden off of direct use of Gritman and associated groups.
- I think Gritman has done it's best to help address\ Mental Health/Suicide. We are still in the middle of an unanticipated pandemic. It is hard to find staff members/physicians/health professionals to facilitate the proper channels for this need. I think Gritman has done it's best.
- Gritman has adapted to an increased number of patients needing mental health care including increasing ability to hold patients until they can be transferred.
- Having a psychiatric unit/area may be helpful for individuals needing hospitalization. Currently individuals are held in the ER, which is not an ideal location.

- I think Gritman is trying very hard. I think the state needs to start spending some time and money on the Idaho mental health system.
- There is a significant need for additional mental health service availability and treatment.
- This field has a shortage nationwide but could improve services provided for this area.
- Addition of new psychiatrist.
- Gritman has actively recruited for a psychiatrist but has not been successful due to lack of qualified providers willing to practice in smaller towns. Perhaps they should concentrate more on hiring several clinical psychologists, assuming there is more of them than psychiatrists.
- Gritman has recently hired an LCSW as an integrated behavioral health consultant in their clinics. There is still so much need for consistent BH response in our Gritman health system. I believe we would be able to serve our community better if we had another full-time therapist and crisis intervention for ED.
- Currently the biggest need in our community. Covid has dramatically impacted the mental wellness in our community. Mental illness goes hand in hand with addiction and Chronic pain.
- The cost and wait time for mental health have been largely ignored
- Idaho Behavioral Health System is lacking in general. The state needs to improve. Gritman is doing the best they can with what they have!
- During the pandemic there was an increased need of mental health services. Gritman did have access through their clinics with a counselor.
- We need more mental health practitioners. This is a statewide issue.
- I may not be fully aware of all actions taken - however, I can still see the gap, as well as recruiting efforts to bring services to support this population. Also, the national suicide hotline was published and promoted by Gritman. An LCSW was recently hired on the clinic side to help with real time challenges for patients in need of semi-acute, short-term intervention.
- We have filled a vacancy for a much-needed mental health provider. This is a hard position to maintain in a rural setting. This is still short of a robust program however, recruiting continues.
- Protocols and guidelines in place, have worked with health and welfare for crisis management.

- I'm glad Gritman added a behavioral health bed. However, I still feel like we have a shortage of psychiatrists locally, and those we have tend to have a long waiting list. I often find myself suggesting people go to Lewiston/Clarkston or Spokane. I think it's harder for people in crisis to be so far away from family. It would be great if we could expand our local capacity further.
- Gritman is working to increase counselors and LCSW throughout the clinics. Would love to see Gritman establish their own mental health clinic.
- Although I believe Gritman is ADDRESSING the needs, I think there is a critical shortage of mental health care providers throughout the US, and we are not able to reach a level where we have enough providers in our community.
- Increased knowledge, coordination and awareness.
- Seems to vary. Sometimes excellent, sometimes people feel not supported.
- I believe that steps are being taken, however, it is a long process. There are not enough mental health professionals.
- Gritman does not admit behavioral health patients and referrals are still limited.
- Gritman has done an excellent job with the resources available. However, as a nation we are not providing the resources that will impact the mental health needs required.
- More information and access to locations for help is now available. Hopefully, people are using that information.
- Not really sure. Maybe a psychiatrist was hired. Maybe Gritman affiliated physicians have had more training in suicide prevention.
- GMC worked towards providing safe areas for staff and for patients that require suicide / self harm prevention & monitoring. The amount of patient holds in the ED pertaining to mental health related conditions has greatly increased during the pandemic years and continues to be a struggle for our team. More attention needs to be given to this topic; training resources, community partner assistance, state level assistance, etc.
- No one is addressing mental health well in the US. Gritman is not alone.
- Gritman has been proactive in providing counseling services in rural health designated clinics and Moscow clinic. Gritman also is actively recruiting mental health providers.
- Good coordination with region 2, but limited resources and dependent on primary care for most mental health care.

**Q8: Please rate how well Gritman has addressed Affordability/Accessibility on a scale of 1 (not at all) to 5 (extremely well).**

| 1 | 2 | 3 | 4 | 5 | Total | Weighted Average |
|---|---|---|---|---|---|---|
| 3 | 17 | 39 | 42 | 15 | 116 | 3.42 |
| | | | | | Answered | 116 |
| | | | | | Skipped | 20 |

*Comments:*

- Accessibility is still difficult.
- Gritman has opened the rural clinics, which address accessibility. However, they are constantly changing the hours of opening, so now patients are not finding as great of accessibility.
- We do have access to hospice care and home health care for our community
- Affordability unknown to this writer. Accessibility needs to improve as it is very difficult to make appointments w/PCPs due to overloaded schedules. Wait times are hours long at quick care.
- While there are programs available for patient’s they are not easy to apply to.
- Gritman is very accessible and has programs in place to assist those in need of financial assistance.
- Gritman is by far the most expensive hospital in this region (vs Pullman or St. Joe's). They have done a good job of making the rural clinics available to our rural communities.
- Gritman's Financial Aid.
- I believe Gritman is very accessible. Of course, affordability is an issue that is not just the hospital but the entire medical care mess that overcharges in so many aspects. This is where nationalized health care that may curb the greed from medical suppliers, pharmacy's and down the line would be helpful.
- patients are often billed as private pay despite having insurance or pay out of pocket due to poor insurance coverage- results are refusing care or poor customer service.
- They have worked to add things for the accessibility part, and they have made progress there. I do believe that affordability might still be a bit more of an issue, but they did make progress on the accessibility part.
- Gritman is committed to bringing primary care services to its urban and rural communities.
- Good accessibility lots of areas to get in from.

- Both my spouse and myself had minor surgeries at Gritman this past year. We are fortunate to have excellent insurance, yet there appeared to be a lack of transparency regarding what the out-of-pocket costs would be and a lack of coordination regarding the associated billing, all of which was linked to Gritman. Multiple separate bills with no explanation of what each was for led to significant frustration with the system and concerns of duplicate billings.
- I have not honestly witnessed any offerings for those dealing with affordability/accessibility for those dealing with mental health issues.
- financial counseling is great. I wish there is a better clearer system for billing by the patient (not by the visit).
- Progress is being made, but more needs to be done.
- Health care in general is too expensive.  Can't really tell you what has been done recently.
- Partnership with CHAS, indigent fund and sliding fee scale.
- It very expensive.
- Not aware of this either.
- I'm not sure Gritman should be held responsible for making care affordable or accessible. The hospital it there to provide care for all.  Low-income residents are not turned away.
- This mostly through CHAS and Latah County indigent care support.
- The purchase of MFM has made a difference in terms of access.
- Again, unaware.
- I feel like Gritman is extremely accessible.  We have increased our clinic numbers and expanded our services.  I can't speak to the affordability of the services as it is hard to compare our services with other facilities in our area.  I have learned a lot about reimbursement rates regarding rural health care/profit vs. non-profit, etc.
- Gritman has added more clinic services improving ability for community members to obtain care in their own community.
- I think Gritman is trying.  Times are difficult and when you don't have staff you don't have accessibility.
- Gritman has a robust financial assistance program.
- As I understand it, Gritman has good scholarship opportunities and works with people to find solutions.

- Addition of new many new physicians and improvement in outreach clinics to address accessibility, provides appropriate payment plans, and needs to improve billing and charge transparency.
- Don’t know.
- Gritman has successfully recruited several new family care doctors and hired specialists, including a neurologist and pulmonologist so residents don’t have t travel out of area for these services
- In a time where providers are extremely difficult to recruit, Gritman has managed to bring in multiple providers.
- Community clinics increase accessibility in some ways. GRITMAN managed Moscow Family Medicine is highly inaccessible to community members given the program dysfunction and overload of providers.
- Not really sure.
- No different than the other hospitals.
- Gritman was able to recruit primary care providers and increased access to primary care due to this.
- Chas Clinic serves more of the low-income residents in our area. Gritman does accept Medicaid, which is a plus.
- There is good visibility of financial support and counseling, as well as charity care when needed.
- Gritman really pays attention and takes action to keep costs at a manageable level and stay within our tax exempt and rural health guidelines.  We have a very solid patient counseling program to help our patients manage their medical bills whether by reduced payments or charity care. We have a free patient transportation service to help our patients get to the care they need, we have a very robust physician recruiting agenda to address the vacancies in our programs, we have already retained new surgeons that offer "close to home" surgery procedures, and we have made several advancements in the care we offer by purchasing new equipment with new technology.
- I have not seen anyone denied care due to financial issues.
- Gritman does not turn anyone away for services based on ability to pay, has a generous charity care policy and works collaboratively with patients regarding financial plans when needed.

**Q9: Please rate how well Gritman has addressed Physicians on a scale of 1 (not at all) to 5 (extremely well).**

| 1 | 2 | 3 | 4 | 5 | Total | Weighted Average |
|---|---|---|---|---|---|---|
| 2 | 12 | 24 | 54 | 25 | 117 | 3.75 |
| | | | | | Answered | 117 |
| | | | | | Skipped | 19 |

*Comments:*

- New physicians have been hired for primary care as well as adding new specialties. More would still be helpful, as wait times can still be long.
- The need for increased coverage in the busy times.
- Great physicians in hospital setting. Primary care needs more providers/more availability to accommodate community needs.
- My issue with physicians is that it is hit or miss about the quality of care and long waits to see physicians who have strong reputations. But being in a small area is a problem, and that is a challenge to attract good physicians or giving them a broad base of experiences. Having to go to Lewiston, Spokane or Seattle has been ongoing for many healthcare needs.
- Wait times for most clinics are 3 months or more. Doctors don't even have staff to help support them for the patients they are seeing.
- Just in the last year, I feel that Gritman has really done a good job with adding new physicians to our area.  Good things.
- It seems the GMC is trying to recruit qualified physicians to the area. More specialists would be an improvement.
- Gritman has brought multiple new providers to the area.
- Unknown.
- New services provided by GMC Orthopedic, General Surgery, Oncology to name a few.
- It takes too long to get an appointment to establish care. People should not have to go to quick care and then spend more.
- I am not sure what you mean by this question. They do have some outstanding Physicians that are newer as hospitalists and new providers.
- They have done a great job at recruiting in a difficult to recruit to area! It is awesome to see and the physicians that they are onboarding are great.

- Gritman has brought numerous primary care physicians and mid level providers to our communities.
- Have brought in several specialists and more docs to MFM.
- Excellent recruitment and engagement. Gritman deserves the star for this one.
- Many Drs & others could use more training in human relations skills.  I've been fortunate, but I'm Not a 'shy' or 'scared' individual.
- They have certainly brought more physicians in to the area.
- Constant strive to bring additional services and physicians to area.
- I think Gritman needs to do a better job communicating to Providers gratitude for their service.  Gritman needs to communicate a willingness to work together with them.
- Not so much the salary for physicians but marketing the area as an attractive location for a practice.  Lobbying the legislature and state board of education for expanded WWAMI slots - AND residency spaces would help a lot in obtaining more qualified physicians moving forward.  Also lobbying the legislature to get their political noses out of health care and begin accepting federal support money would also help.
- This continually needs to be focused on; however, efforts have been made to be inclusive and meet needs of physicians.
- Gritman has added more physicians and surgeons to their services.
- Physicians have come and gone several times in my community.
- Gritman has worked hard to expand the diversity of physicians across the organization and is continuing the process. Gritman works with physicians to help them provide excellent patient care and support staff.
- Addition of many new physicians.
- Not sure I understand question, assume it means how well has it addressed physician satisfaction. If so, it has improved in this area but still has a way to go as being perceived by doctors and other providers as being truly on their side.
- Gritman has recruited and retained a number of providers to our area. They have also been able to bring in specialist to help individuals get healthcare in the community they live in.
- Multiple new physicians working at Gritman.  Glad to see the hospital growing and adding service lines taking care of our residents.

- Many new providers are coming to the area, good recruitment efforts. Longevity of providers is a notable concern.
- Gritman hires great physicians and then they leave.  There is a fair amount of unhappiness about this “pattern”
- Gritman recruited specialty and primary care providers. They went from having 4 clinics to 14 clinics.
- still have a shortage of primary care in our area.
- Gritman has onboarded many key provider positions and has built much provider support into the health system. The structure itself, surrounding the physicians is still running to catch up with the onboarding, but is in full motion that direction. Physician impact on culture, staff retention and staff recruiting is a topic that is alive and being woven into our fiber.
- Gritman has made great strides in recruiting to meet the needs of the community. Our Leadership team now has positions that are strictly focused on Clinic business which includes Primary Care, Rural Health, and Specialty services. We have added 2 new specialty clinics with 2 new General Surgeons and a new Orthopedic Surgeon. Their schedules have been full since the clinic doors opened and recruiting continues for additional surgeons.  We are opening additional specialty clinics the end of 2022 to mid 2023.  They will expand our extremely busy Pain Center and Oncology/Infusion center along with, Urology, Sleep, and Behavioral Health.  The only hurdle is getting the physicians that want to come to a rural setting and stay.
- Weird question. I like my physician a lot, but in terms of how Gritman has addressed physicians, do you mean addressing their needs (very poorly), having enough physicians (we don't have enough), or the amount of time they spend with us (they don't spend enough time with patients, and I can't help but think this comes from administration or insurance companies. Regardless, this is very poor).
- Continues to add service lines, still have needs for primary physicians so that the length to get into physician is not so prolonged.
- I observe a continued shortage, resulting in very long delays for people seeking care.
- Lots of physicians recruited, and working with different reimbursement models, we can retain more physicians, likely due to increased payments.
- Gritman has done an excellent job in seeking and hiring new physicians and specialists in the areas of need and demand as much as possible.

**Q10: Please rate how well Gritman has addressed Substance Abuse on a scale of 1 (not at all) to 5 (extremely well).**

| 1 | 2 | 3 | 4 | 5 | Total | Weighted Average |
|---|---|---|---|---|---|---|
| 7 | 34 | 17 | 26 | 3 | 113 | 2.78 |
| | | | | | Answered | 113 |
| | | | | | Skipped | 23 |

*Comments:*

- Don't know.
- Our community has limited resources. We have outpatient behavioral therapy available as well as the crisis center and Latah Recovery Center.
- Neutral opinion, this writer does not have experiences to reflect on.
- Not knowledgeable on this.
- I have not seen any efforts from Gritman for this.
- This is being handled well the ER staff but is a problem with out great solutions as outside facilities do not have placement for these patients and local facilities seem overwhelmed
- Unknown.
- ED screening not prescribing pain killers to drug seekers.
- I guess I do not know how to answer this question either, as I do not know what the hospital does other than it care for those that are in having medical problems due to their substance abuse. But the hospital is not responsible for people's personal choices.
- Limited resources in community and overbooked ER restrict the ability to address substance abuse adequately.
- Anecdotally not well. I have never had firsthand experience with this, but I have heard anecdotally that it is not the best handled in house.
- I haven't seen much action into substance abuse, especially alcoholism.
- Again, lack of state resources.
- This is an exploding area & has increased in both severity & frequency in past 3 years. Dealing with younger people (5-18) has become more necessary & frequent.
- I have no idea on this.
- Not aware of efforts taken to address Substance Abuse.
- Other than helping to educate the public about substance abuse, I don't think Gritman should be involved.

- I am not aware of efforts in this direction. Perhaps Gritman support the Crisis Center in Moscow?
- I’m unaware
- I don't know of any services for substance abuse that have been added by Gritman.
- Not aware of any services in my community.
- I am not aware of much support in Gritman or the community to support substance abuse.
- It has partnered with the Latah Recovery Center and supported their programs.
- Continues to be a problem nationally and remains a problem locally as well.
- I have no community awareness of what efforts Gritman is making towards this effort other than to continue supporting the one small recovery center in the community. The needs remain staggering.
- Programs are all traditional. There are no outside-the-box attempts to take care of the problem.
- Idaho Behavioral Health System is lacking in general. The state needs to improve. Gritman is doing the best they can with what they have!
- I am less familiar with this topic, however, from what I can see - the PCP's have engaged and are strongly aligned with this work, however, it appears to me that the primary care group may welcome additional services to support these patients, such as MAT and behavioral health access.
- There have been many instances in the ED regarding the presence of perceived drug seekers and at GMC clinics. These situations have not been handled in the best way for patients and continues to be an issue that affects the reputation of the organization. This is endemic to the US, though so it is a difficult topic to tackle. More work is needed, and this should be a prime focus for our system.
- Little support for people going through withdrawal.
- Unknown if any action has been taken. The need is only growing without professional services available in the community.
- I don't see much engagement.
- There may be improvements, but I am not aware of them.
- Please continue supporting the Recovery Center, as well!

**Q11: Please rate how well Gritman has addressed Education/ Prevention on a scale of 1 (not at all) to 5 (extremely well).**

| 1 | 2 | 3 | 4 | 5 | Total | Weighted Average |
|---|---|---|---|---|---|---|
| 2 | 18 | 36 | 43 | 18 | 117 | 3.49 |
| | | | | | Answered | 117 |
| | | | | | Skipped | 19 |

*Comments:*

- Gritman makes its employees constantly engage in education materials such as HealthStream's, MOAB and AIDET training.
- Education is a big focus of our patient care.
- Have heard of some outreach/education programs.
- Gritman offers classes for some things, but the times are not accessible for working adults.
- Gritman has an excellent education department who is easy to work with.
- More community education could be focused on lifestyle choices, rather than mostly medication options. (Smoking cessation, education about healthy diets/obesity prevention, etc.)
- Gritman has supported the DPP program, which focuses on prevention.
- Not sure what Gritman as an institution has done along these lines.
- I would like to see more community outreach and communication on health literacy and preventative care.
- Lots of educational opportunities and classes.
- Our community is missing a great deal of information in regard to being educated and having reasonable access to materials that would be helpful in prevention.
- the work that Gritman did around COVID 19 is stellar. Thank you.
- Has been improvement - - needless to say, need has expanded & increased.
- I think they have been proactive with the COVID issue.
- Always more opportunities to provide community-based education. I'd like to see continued focus on Zoom, online, and in-person options. Need to make sure the community knows what is available. The announcement for the diabetes education classes is a great example.
- Unaware.

- Gritman offers some prevention courses for community members like Rock Steady Boxing and offers childbirth education.
- Not in my community.
- Gritman devoted a large amount of time, attention and money during the pandemic, creating testing sites, providing vaccinations and publishing readily available information about COVID in general and specifically to cases in our area
- If there are programs, they are not successfully marketed. There needs to be levels of education that go from pamphlets to websites to classes to coaches helping individuals be successful.
- Through the clinics preventative medicine has been a focus and have seen an increase in access.
- On the primary care clinic side, this has been and continues to be a strong focus. As new specialties have been added, opportunity exists to educate around specific issues such as colon cancer, etc. On the hospital side, patient education printed for discharge should continue to be updated - as some may not be fully accurate. For Orthopedic Knee and Hip patients, Gritman has hired a nurse navigator who has build education: books, website, classes, etc. HCAHPS scores I believe, indicated that we were doing fairly well at education patients about medications.
- Community programs abruptly halted during the pandemic. The one thing that Gritman did above and beyond was support the community with education on COVID19. Gritman partnered with the University of Idaho to run community testing sites and then community vaccine clinics. The Gritman website offered daily updates on many stats relating to COVID as well as where and how to get tested and where to get vaccinated.
- I've heard good things about the diabetic cooking class.
- Pandemic certainly got in way, but Gritman is receptive to education offerings.
- They have been a great partner with the local school districts. Dr. Day is a great asset to our community's families.
- Gritman's community outreach and services regarding Covid has been great.
- All publications are valuable and helpful. Hopefully, people are taking advantage of what is being provided.
- Probably all heath care organizations could do a better job of education and prevention teaching.

**Q12: Please rate how well Gritman has addressed Chronic Pain Management on a scale of 1 (not at all) to 5 (extremely well).**

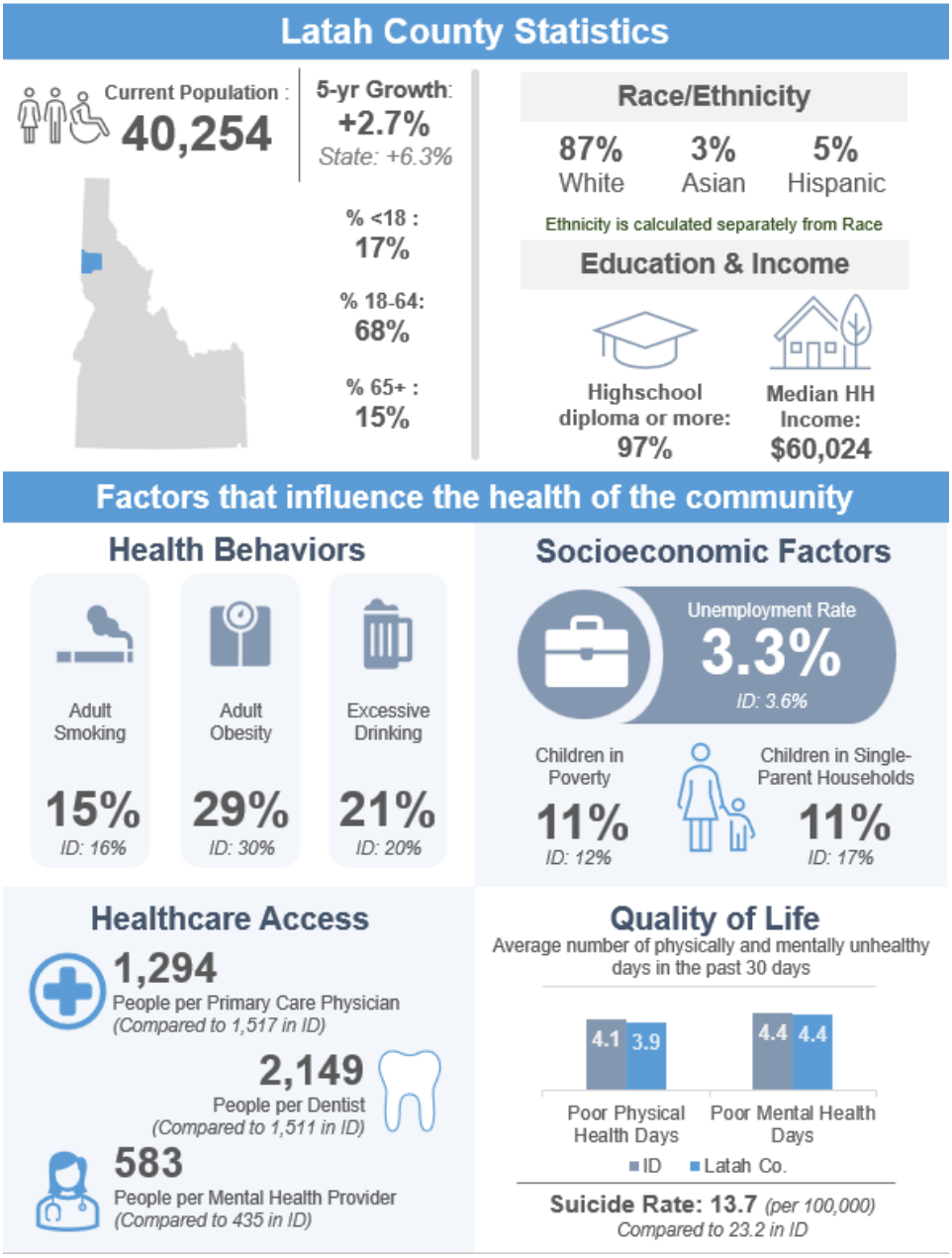
| 1 | 2 | 3 | 4 | 5 | Total | Weighted Average |
|---|---|---|---|---|---|---|
| 2 | 8 | 37 | 41 | 29 | 117 | 3.74 |
| | | | | | Answered | 117 |
| | | | | | Skipped | 219 |

*Comments:*

- Pain Clinic is available, but not many PCPs will take new chronic pain patients.
- We now have CRNA that have pain clinic and can offer patients output therapy.
- Pain is frequently assessed and addressed.
- This is not a critique of Gritman but if insurance and health care systems. I lived through chronic back pain for so long that when something bad happened I didn't know I needed more immediate care and suffer long-term nerve damage because of it.
- Patients struggle to get their medications from their PCPs due to understaffing at the clinics.
- The pain management team is excellent and willing to seek new technology to manage pain including ablation for pain control. I appreciate a non-narcotic option being available for pain management.
- The Interventional Pain clinic and pain injection offerings seem to have really helped the community and helped patients to avoid opiates as the only option for pain control.
- I've heard good things about the pain clinic.
- I know they have a pain clinic and many count on the relief that they get through that.
- The addition of the pain clinic I feel was a great thing, but I have heard a lot of talk that it is not a great experience, and I am not sure why.
- Interventional pain clinic
- Internal med and pain clinic are growing. Please allow growth.
- I am unfamiliar with how this is being addressed.
- No opinion in this area - - do hear some comments in this area, but not familiar w/it
- I believe the pain center is very busy.
- Expansion of interventional pain services.
- They have instituted a CPM clinic.
- I don't really have enough information to address this topic.

- Gritman has expanded pain clinic services.
- By referral only after a visit with a physician at the clinic.
- Gritman is making improvements in this area, and I have hope that this will continue to grow over time.
- interventional pain clinic is a good component, would be good to develop a Gritman family of clinics program for buprenorphine prescribing.
- IPC does a great job at providing high quality, modernized and compassionate care for those with chronic pain.
- Interventional pain clinic was started and is filling a large need for our community.
- The pain management clinic is well received. Se Gritman providers are still readily prescribing opioids which is a significant concern.
- I think pain management is ethical and medically sound. I'm not sure patients feel "cared about" and often feel like they are treated like drug seekers.
- Gritman has opened an Interventional Pain Clinic that really has met a need in our area.
- Gritman is part of the way through addressing this issue. They have invested in bringing on interventional chronic pain services and are building out a new clinic and procedural area to support the high volume and community need. However, we have not arrived. There is still work to be done by educating and collaborating with the PCP referral base, as well as the community as a whole.
- Gritman has a very robust Pain Management Program that continues to grow as the pandemic recedes. The new Pain Center will be opening in 2023 and will more than double the capacity as well as offer updated equipment and technology.
- I really don't know what to say about this one. Most of the people dealing with chronic pain that I know go further afield for their care.
- Gritman has put resources into their pain clinic - they are addressing the problem, even if they are still waiting on construction or providers.
- The resource is available; however, the need is substantially greater than what is offered which makes it difficult to get services in a timely manner.
- The addition of the Pain Clinic has increased the availability of pain management. Information is available for those who are interested.
- The new Pain Management clinic with new Physicians is a great service for the community.

**Q13: Do you believe the above data accurately reflects your community today?**




| Answer Choices | Responses | |
|---|---|---|
| Yes, the data accurately reflects my community today | 85.71% | 102 |
| No, the data does not reflect my community today | 14.29% | 17 |
| | Answered | 119 |
| | Skipped | 17 |

Comments:

- I feel like the adult obesity is much higher than shown. And I feel that we have a larger ethnic diversity than shown.
- I believe there are more single parent homes and children in poverty than what is reflected in the data.
- I have no way to confirm these data so I assume they are accurate if Gritman collected the data along with State health databases
- The one thing that seems off is that there are less people per PCP compared to the rest of Idaho. It is extremely hard to get in to see my PCP at MFM (appointments are usually at least a month out; for physicals and non-urgent needs that is fine, but not for acute issues. And telling pts to go to QuickCare isn't the answer for continuity of care purposes when they want to see their PCP). It is also difficult lately to even have someone answer the phone at MFM. I've tried multiple times in the past month and been on hold at least 10 min without even speaking to anyone. Most of the time I hang up. So it surprises me that our PCPs have less patients than other parts of Idaho.
- The lack of mental health support (lack of specialties, excessive wait times, etc) is highly concerning.
- I would love to get the source of this. I agree with it but I would love to look at different counties as well! This is a great information set! I do believe it though! I was surprised about the dentist statistic but not much else!
- Gritman is a major community player and works hard to care for people in this area.
- Yes, we need more dental health people of all kinds - - long waits for apptmts &/or treatment. Many numbers skewed due to UI student population. More need for Mental health, drug addiction, youth mental health, but seem to be working on it.
- I have no reason not to agree with it.
- I marked no because it feels rosier than my observations. My work puts in me in contact with children who are in poverty - but maybe that skews my perception.
- I've always thought of Latah County has having access to reasonable basic healthcare. It seems we align with the state on most of these parameters. I was surprised to read that dental care is so problematic, especially with the CHAS clinic in our community.
- The data seem to reflect what the state of health in Latah County, but in Idaho in general, within statistical errors. However, a deeper dive might reveal the extent to which college students, both traditional and nontraditional skew the numbers (eg. average income). This bias will greatly affect the response to the data.

- I believe these numbers accurately reflect what I have seen in Latah County.  I have children in school in this county and from observing that process and from working in Healthcare, I believe this is accurate.
- Seems accurate although I thought the three health behaviors would be much higher for our community.
- No.  There are more poverty, drug, and mental health issues and the population has more retired/elderly.
- From my corner of the community this information paints a much healthier community than I experience. I have a difficult time accepted the 4.4/30 mental health and health days.
- Primary care physicians are overburdened.  Mental health care is inadequate and that pushes that burden to mental health care.  Our community also has no practitioners available to fully diagnose ADHD and autism.  Again, pushing that burden to primary care physicians or forcing families to go out of town for that help.
- The growth in Moscow may be a little higher than the overall growth in Latah county.
- I didn't realize that we also need more dentists!
- From what information I have, it seems to match this data.
- Seems generally accurate.
- The median income seems too high as most people who seek services are low income.
- May be skewed due to student population.
- I've lived here 35 years and this data seems accurate.
- This data seems to be an accurate depiction or at least nothing here seems to be too surprising. Mental health, obesity, and substance abuse are all areas that need to be addressed and this seems to confirm that.
- Maybe, but I'm skeptical regarding the low number for children in poverty and how many folks have a primary care physician. They may say they have one, but I doubt they see them every year.

**Q14: Please rate the importance of addressing each health factor on a scale of 1 (Not at all) to 5 (Extremely)**

| | 1 | 2 | 3 | 4 | 5 | Total | Weighted Average |
|---|---|---|---|---|---|---|---|
| Mental Health | 0 | 1 | 9 | 23 | 84 | 117 | 4.62 |
| Alcohol/Substance Abuse | 0 | 3 | 17 | 47 | 50 | 117 | 4.23 |
| Diabetes | 0 | 0 | 24 | 43 | 50 | 117 | 4.22 |
| Cancer | 0 | 3 | 21 | 42 | 50 | 116 | 4.20 |
| Heart Disease | 0 | 1 | 22 | 46 | 47 | 116 | 4.19 |
| Women's Health | 0 | 2 | 27 | 35 | 50 | 114 | 4.17 |
| Obesity | 3 | 7 | 20 | 39 | 48 | 117 | 4.04 |
| Stroke | 0 | 1 | 36 | 43 | 35 | 115 | 3.97 |
| Alzheimer's and Dementia | 0 | 1 | 38 | 43 | 34 | 116 | 3.95 |
| Lung Disease | 0 | 3 | 38 | 46 | 28 | 115 | 3.86 |
| Kidney Disease | 0 | 4 | 43 | 40 | 30 | 117 | 3.82 |
| Dental | 1 | 9 | 36 | 38 | 31 | 115 | 3.77 |
| Liver Disease | 0 | 5 | 43 | 44 | 25 | 117 | 3.76 |
| Other (please specify) | | | | | | 8 | |
| | | | | | | Answered | 117 |
| | | | | | | Skipped | 19 |

Comments:

- Information about sex and gender for youths
- COVID and other ongoing diseases and conditions
- Endocrinology for people with diabetes
- Gastroenterology
- ADHD and autism
- Women’s health care
- All are important

### Q15: Please rate the importance of addressing each community factor on a scale of 1 (Not at all) to 5 (Extremely)

| | 1 | 2 | 3 | 4 | 5 | Total | Weighted Average |
|---|---|---|---|---|---|---|---|
| Access to Childcare | 0 | 3 | 15 | 25 | 73 | 116 | 4.45 |
| Healthcare Services: Affordability | 0 | 0 | 20 | 25 | 71 | 116 | 4.44 |
| Affordable Housing | 3 | 1 | 11 | 32 | 70 | 117 | 4.41 |
| Healthcare Services: Physical Presence (location, services, physicians) | 0 | 2 | 18 | 30 | 67 | 117 | 4.38 |
| Healthcare Services: Prevention | 0 | 1 | 20 | 41 | 53 | 115 | 4.27 |
| Access to Senior Services | 0 | 1 | 24 | 43 | 46 | 114 | 4.18 |
| Access to Healthy Food | 1 | 9 | 20 | 35 | 52 | 117 | 4.09 |
| Education System | 1 | 4 | 28 | 35 | 49 | 117 | 4.09 |
| Community Safety | 1 | 10 | 21 | 37 | 47 | 116 | 4.03 |
| Employment and Income | 1 | 6 | 29 | 39 | 42 | 117 | 3.98 |
| Transportation | 0 | 6 | 35 | 39 | 36 | 116 | 3.91 |
| Access to Internet Services | 2 | 7 | 30 | 41 | 36 | 116 | 3.88 |
| Access to Exercise/Recreation | 1 | 13 | 27 | 39 | 37 | 117 | 3.84 |
| Other (please specify) | | | | | | 3 | |
| | | | | | | Answered | 117 |
| | | | | | | Skipped | 19 |

Comments:

- Access to contraception, sex education, and women's reproductive freedom
- Mental health access as a top priority. Safe parents support.
- Again, all are important for any community.

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

| | 1 | 2 | 3 | 4 | 5 | Total | Weighted Average |
|---|---|---|---|---|---|---|---|
| Livable Wage | 0 | 6 | 13 | 37 | 60 | 116 | 4.30 |
| Diet | 0 | 3 | 22 | 47 | 45 | 117 | 4.15 |
| Physical Inactivity | 0 | 5 | 22 | 44 | 46 | 117 | 4.12 |
| Risky Sexual Behavior | 6 | 8 | 32 | 38 | 32 | 116 | 3.71 |
| Other (please specify) | | | | | | 2 | |
| | | | | | | Answered | 117 |
| | | | | | | Skipped | 19 |

Comments:

- Isolation, lack of access to services, cost of services
- Preventable disease

### Q17: Where do you receive your healthcare services? (please select all that apply)

| Answer Choices | Responses | |
|---|---|---|
| Had to wait too long for an appointment | 78.82% | 67 |
| Out-of-pocket cost was too expensive | 40.00% | 34 |
| Unable to make an appointment | 37.65% | 32 |
| No insurance | 17.65% | 15 |
| No doctor close by | 17.65% | 15 |
| Insurance not accepted | 11.76% | 10 |
| Lack of transportation | 2.35% | 2 |
| Language barrier | 1.18% | 1 |
| Other (please specify) | 8.24% | 7 |
| | Answered | 85 |
| | Skipped | 51 |

Comments:

- Most doctors don't seem to specialize… such as endocrinologists
- Not  problem for me or family members
- Pandemic
- None of these listed (2)
- Turn over in Primary Care Providers
- Timely referral responses

### Q18: In the last 12 months, have you needed to see a doctor, but could not because of cost?

| Answer Choices | Responses | |
|---|---|---|
| Yes | 12.07% | 14 |
| No | 87.93% | 102 |
| | Answered | 116 |
| | Skipped | 20 |

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

| Answer Choices | Responses | |
|---|---|---|
| Noticeable impact, planning for changes to daily behavior | 43.48% | 50 |
| Some impact, does not change daily behavior | 38.26% | 44 |
| Significant daily disruption, reduced access | 11.30% | 13 |
| No impact, no change | 4.35% | 5 |
| Severe daily disruption, immediate needs unmet | 2.61% | 3 |
| | Answered | 115 |
| | Skipped | 21 |

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

| Answer Choices | Responses | |
|---|---|---|
| Social support systems | 67.26% | 76 |
| Employment | 60.18% | 68 |
| Childcare | 59.29% | 67 |
| Education | 57.52% | 65 |
| Access to healthcare services | 53.98% | 61 |
| Public safety | 34.51% | 39 |
| Food security | 31.86% | 36 |
| Housing | 30.97% | 35 |
| Poverty | 30.09% | 34 |
| Nutrition | 21.24% | 24 |
| Transportation | 20.35% | 23 |
| Racial and cultural disparities | 15.93% | 18 |
| Other (please specify) | 10.62% | 12 |
| | Answered | 113 |
| | Skipped | 23 |

Comments:

- Mental health care
- Our family was fortunate to not be impacted in any of these areas, but we know individuals who were
- No impact
- Increased diabetes
- Stress of people and isolation- mental health
- Mental health and stress especially for kids
- Community tension and wellness
- Mental health and substance abuse services
- Overall mental health

### Q21: What has been negatively impacted by the COVID-19 pandemic in your community? (Please select all that apply)

| Answer Choices | Responses | |
|---|---|---|
| Primary care (routine visits, preventative visits, screenings) | 35.71% | 40 |
| Specialty care (care and treatment of a specific health condition that require a specialist) | 25.00% | 28 |
| Elective care (planned in advance opposed to emergency treatment) | 20.54% | 23 |
| Urgent care/Walk-in clinics | 17.86% | 20 |
| All types of healthcare services | 7.14% | 8 |
| Emergency care (medical services required for immediate diagnosis and treatment of medical condition) | 6.25% | 7 |
| Inpatient hospital care (care of patients whose condition requires admission to a hospital) | 1.79% | 2 |
| None of the above | 41.96% | 47 |
| Other (please specify) | 6.25% | 7 |
| | Answered<br>Skipped | 112<br>24 |

Comments:

- Dental care (3)
- Immunizations
- Telehealth

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

| Answer Choices | Responses | |
|---|---|---|
| Serving as a trusted source of information and education | 88.60% | 101 |
| Offering alternatives to in-person healthcare visits | 76.32% | 87 |
| Connecting with patients through digital communication channels (e.g., patient portal, social media, etc.) | 63.16% | 72 |
| Posting enhanced safety measures and process changes to prepare for your upcoming appointment | 42.98% | 49 |
| Sharing local patient and healthcare providers stories and successes with the community | 40.35% | 46 |
| Other (please specify) | 6.14% | 7 |
| | Answered<br>Skipped | 114<br>22 |

Comments:

- Increasing availability
- Start a weekly column in Daily News
- Providing quality unbiased care when needed
- Time to get back to normal
- Take the masks off and connect with your patients
- Keep the lines of communication open at all times

**Q23: How can healthcare providers continue to support the community through the challenges of COVID-19? (please select all that apply)**

| Answer Choices | Responses | |
|---|---|---|
| Mental health | 87.83% | 101 |
| Primary care | 80.87% | 93 |
| Specialty care | 65.22% | 75 |
| Elder/senior care | 61.74% | 71 |
| Substance abuse services | 61.74% | 71 |
| Chronic disease management programming | 54.78% | 63 |
| Urgent care/Walk-in clinics | 53.91% | 62 |
| Pediatrics/children's health | 53.04% | 61 |
| Women's health | 46.96% | 54 |
| Emergency care | 43.48% | 50 |
| Other (please specify) | 10.43% | 12 |
| | Answered | 115 |
| | Skipped | 21 |

Comments:

- LGBTQIA health
- Cardiac stent placements, cardiac specialist
- Diabetes care
- Dietary for type 2 diabetes
- Endocrinologist
- All health care issues
- Home health care
- Long COVID
- Wound Care and Dermatology
- Gender affirming care for trans individuals
- Care coordination for those having difficulty navigating the healthcare system
- All are important in order to serve all community needs

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

| Answer Choices | Responses | |
|---|---|---|
| Video visits with a healthcare provider | 73.21% | 82 |
| Patient portal feature of your electronic medical record to communicate with a healthcare provider | 61.61% | 69 |
| Remote monitoring technologies to manage chronic diseases (e.g., wearable heart monitor, Bluetooth-enabled scale, Fitbit, etc.) | 59.82% | 67 |
| Smartphone app to communicate with a healthcare provider | 52.68% | 59 |
| Virtual triage/screening option before coming to clinic/hospital | 48.21% | 54 |
| Telephone visits with a healthcare provider | 44.64% | 50 |
| Other (please specify) | 8.93% | 10 |
| | Answered<br>Skipped | 112<br>24 |

Comments:

- More in person availability
- Home visits
- There's no substitute for telephone for most people and having a real person answer the phone
- I think there is no substitute for an actual physical exam
- Please make the patient portals user friendly and intuitive
- I do not feel that the virtual care is adequate long-term care
- Access to more patient care coordinators
- It is hard to place everything in a bucket the community is diverse in age, education, and the use of technology
- All if proper technology is available to individuals
- Face to face is the most important

**Q25: Please share resources and solutions that would help you and the community get through the COVID-19 crisis.**

- Easier access to doctors.
- This area really needs an Endocrinologist. Wellness programs are not sufficient and primary care doctors in the area don't seem to have enough specific knowledge in Diabetes prevention, maintenance, and secondary complications.
- More providers. Need to fix our staffing shortage!
- mandatory vaccines for healthcare providers
- Thank you for all you have done to support the community during this time! Gritman staff are amazing.
- I think the community has been well served with information, access to testing, as well as vaccinations. We are fortunate.
- No more shutdowns and no more masks.
- Testing, vaccine, masking, and social distancing, knowing that what we do impacts not only ourselves, but our loved ones and community and when we are all in it together, we turn the corner better.
- Keep making information and options available in multiple formats - - newspaper is good, regular columns in places like Church & Chamber of Commerce newsletter.
- New physicians have been hired for primary care as well as adding new specialties. More would still be helpful, as wait times can still be long.
- Free home Covid tests.
- A care management EMT/paramedicine program for chronic users for home visits to prevent frequent ER visits, hospital admissions or chronic disease patients with lack of access.
- Consistent messaging.
- Telehealth.
- Providing alternatives to assure TIMELY access to physicians and/or urgent care
- Just using common sense. CDC information has been very unreliable, and the vaccine push still does not solve the problem.
- Increased mental health services including but not limited to more counseling and outpatient psych services
- Take the masks off and reconnect with your pts. Mental illness awareness.
- Get vaccinated

- Stop requiring masks in the clinics.
- Ivermectin distribution.
- Telehealth, access to vaccines and anti-viral, education on current covid-19 status/variants, education on navigating health care during pandemic.
- Detox services.
- Nothing more comes to mind.
- Visit the local pharmacy and be aware of what programs are available to the community.
- Joint communication with the larger businesses and schools.
- We need patients to be able to come into the hospitals and clinics to receive the care they need.  Patients need to be seen in person by a physician/provider.
- I don't know.
- Telehealth has been very valuable.  Less insurance company interference in prescribing.