Area Agency on Aging II
Planning and Service Area II
Community Action Partnership

Area Plan

October 1, 2017 – September 30, 2021

AREA PLANS. (IDAPA 15.01.20.052) Each AAA shall submit a four (4) year area plan to the Idaho Commission on Aging (ICOA) by close of business October 15, 2017. Annual updates shall be submitted by October 15 of each following year. The area plan and annual updates shall be submitted in a uniform format prescribed by ICOA to meet the requirements of the Older Americans Act and all pertinent state and federal regulations.

VERIFICATION OF INTENT

This Area Plan is hereby submitted for the four-year period beginning October 1, 2017 and ending September 30, 2021, pending approval by the Idaho Commission on Aging.

On behalf of all older persons in the Planning and Service Area II, the Area Agency on Aging II assumes the lead role relative to aging issues. In accordance with the Older Americans Act (OAA) and all pertinent federal and state regulations, the AAA serves as the public advocate for the development and enhancement of comprehensive, coordinated community-based service systems within each community throughout the PSA. IDAPA 15.01.20.041.

This Area Plan becomes part of ICOA's Annual Performance Agreement. It incorporates all assurances pertaining to the AAA required under the OAA, Idaho's State Senior Services Act, the Civil Rights Act, and other applicable federal or state statutes.

This Area Plan has been reviewed and approved by the AAA's governing body. The Area Council has had an opportunity to review and comment on the Plan; their remarks have been incorporated in Attachment J with the public comments.

GOVERNING BODY

Community Action Partnership
Lisa Stoddard

Signature: Lisa Stoddard Date: 6/21/17

AREA II ADVISORY COUNCIL CHAIRPERSON

Debbie Lemon, MN, RN

Signature: Debbie Lemon Date: 6/21/17

AREA AGENCY ON AGING

Area II Agency on Aging
Jenny Zorens, Director

Signature: Jenny Zorens Date: 6/21/2017

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Attachments Continued:

Executive Summary

The Area Agency on Aging, (AAA), the recognized Aging and Disability Resource Center for North-central Idaho—is delighted to present the AAA Area Plan, 2017-2021, for the Idaho Planning and Service Area II. This Plan guides how our agency will serve our community over the course of four years. It reflects the needs of older adults and family caregivers who desire to live and age in place in our 5-county community. The Area Plan highlights our goals in partnership with the Idaho Commission on Aging, Community Action Partnership, local businesses, service organizations, volunteers, healthcare providers, community leaders and more, in creating livable communities for all ages.

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The Area Plan establishes a Single Access Point for all consumers to access aging and disability resources and services available to Idahoans over the age of 60 and their families, as well as for certain vulnerable adults aged 18 and older who have been allegedly abused, neglected or exploited. The Plan defines an array of opportunities for individuals to access private and public long-term-care services and resources.

Every four years, with annual updates thereafter, the AAA, submits an Area Plan to the Idaho Commission on Aging (ICOA) for approval. The Area Plan is required for the AAA to continue to receive federal and state funding allocations through ICOA. The Area Plan is required by Section 306 of the Older Americans Act and the Idaho Administrative Code (IDAPA).

> AREA PLANS
> Section. 306. (42 U.S.C. 3025)
> a) Each area agency on aging designated under section 305(a)(2)(A) shall, to be approved by the State agency, prepare and develop an Area Plan for a Planning and service area for a two-, three-, or four-year period determined by the State agency, with such annual adjustments as may be necessary. Each such Plan shall be based upon a uniform format for Area Plans within the State prepared in accordance with section 307(a)(1).
>
> AREA PLANS. (IDAPA 15.01.20.052) Each AAA shall submit a four (4) year Area Plan to the Idaho Commission on Aging (ICOA) by close of business October 15. Annual updates shall be submitted by October 15 of each following year. The Area Plan and annual updates shall be submitted in a uniform format prescribed by ICOA to meet the requirements of the Older Americans Act and all pertinent state and federal regulations.

In the development of the Area Plan, the AAA deferred to ICOA's statewide goals and objectives as established in the Idaho Senior Services State Plan, which was approved by the Administration for Community Living (ACL) on September 8, 2016. The purpose of this Plan is to serve as a road map for the AAA in the Planning and Service Area (PSA), in establishing performance data, baselines and benchmarks to ensure that services are delivered efficiently and effectively with the best possible quality of service. The Plan also identifies partners throughout the PSA with whom the AAA will collaborate to assist in reaching the benchmarks and to identify needs and barriers which impact senior service delivery. This Area Plan is in effect from October 1, 2017 through September 30, 2021.

Local Leadership.

Recognized as the local leader in aging and long-term-care resources and services, the AAA is responsible for serving older adults and family caregivers in PSA II. The AAA is a program of Community Action Partnership, whose mission it is to act as a catalyst for building relationships that inspire and equip people to end poverty. CAP envisions a Community where all people are equipped to achieve their potential; have sufficient *resources*, *relationships* and *meaning* in their lives to thrive, and, are valued and able to meet their own needs by utilizing their talents, potential and passions to the greatest extent possible.

As such, Community Action Partnership is unique. Most poverty-related organizations focus on a specific area of need, such as job training, health care, housing or economic development. Community Action Partnership reaches out to diverse populations of low-income people *in their community*, addressing a multitude of needs through a comprehensive approach, by developing partnerships with other community organizations, involving low-income consumers in the agency's program Planning and implementation, and, administering a full-range of coordinated programs designed to have a measurable impact on poverty.

The AAA was first established in Idaho and at Community Action Partnership in 1973. The AAA is in the main CAP office in Lewiston and operates as a program of Community Action Partnership, CAP, and serves the five north-central Idaho counties.

The Area.

The PSA consists of five counties: Clearwater, Idaho, Latah, Lewis and Nez Perce Counties. PSA II is bordered by PSA I to the north, PSA III to the south and and PSA VI to the south-east. Lewiston is the largest city in north-central Idaho and is the home to Lewis Clark State College, followed by Moscow, home to the University of Idaho. The Nez Perce Tribe is also located in PSA II.

Aging and Disability Partnership.

As an aging and disability resource center focused on comparable needs of populations requiring essential long-term-care services, the AAA resources the work of Dr. Kay Toomb. Dr. Toombs education and firsthand experience of age and living with physical disability; her work in the care of the chronically ill, and, her presentation of the relationship between health care professionals and consumers and the meaning of healing, have provide context and contour in the Planning and development of our services and essential partnership with Disability Action Center, NW and the University of Idaho Assistive Technology Project as we strive to make aging in place real.
Guided by inspired vision and policy, the AIIAA is committed to establishing a foundation of home and community based long-term-care options, and, assuring a quality of life for those residing in congregate care facilities in our Community.

Services.

The AAA provides a wide range of senior services as described in the Older Americans Act and the Idaho State Senior Services Act. These services include transportation, outreach, information and assistance, case management, homemaker, chore, minor home modification, legal assistance, congregate meals, home delivered meals, disease prevention and health promotion, educational classes, caregiver support & respite, ombudsman and adult protection services.
We participate in discretionary programs such as Senior Medicare Patrol (SMP) and Medicare Improvements for Patients and Providers Act (MIPPA) services.

CAP signs a performance contract annually with ICOA, the agency of state government designated by the Governor as Idaho's State Unit on Aging (SUA). ICOA administers and ensures compliance of federally funded programs under the Older Americans Act and state funded programs under the Idaho Senior Services Act. Under the guidance of the ICOA, the AAA Plans and coordinates funds, monitors a regional program of services to address the present and future needs of older Idahoans residing within the PSA, and serves as a catalyst for improvement in the advocacy, organization, coordination, and delivery of aging services within the PSA.

AAA Funding.

ICOA receives an annual allocation of federal funds under Title III and VII of the Older Americans Act (OAA) from the ACL which is a department of the US Health and Human Services. The funding also includes annual state appropriations, used also as match the federal funding. Federal and State funds are allocated to the six Idaho AAAs based on a federally approved intrastate funding formula (Attachment B).

The funding formula considers the available statistics provided by the Idaho Department of Labor, on the geographical distribution of individuals aged 60 and older residing in Idaho, with attention to the number of individuals in greatest social or economic need. The formula projects anticipated demand for services by weighing in each PSA those population segments most likely to be vulnerable and frail. These segments include those who are over 75 or over 85; those who are over 60 living in rural areas; those who are racial or ethnic minorities; those who are over 65 living alone; and those who are in poverty.

Under the formula, regions of Idaho which have a higher percentage of residents who are very old, poor, living alone, etc., receive a higher proportion of funding to offset their expected higher service demands. Funds are then allocated among various programs and services utilizing funding parameters established by ICOA (Attachment C).

Every four years, a region-wide Request for Proposal (RFP) is conducted for Nutrition services following CAP Purchasing Policies. Each of our 13 Senior Meal Site programs are required to submit an RFP to continue as a service provider.

Homemaker and Respite services are based on the consumers' choices, from a list of contracted providers. Funds are provided to the local Idaho Legal Aid Services office, to assist with legal services for older people and Family Caregivers. Fixed Price Agreements are established with local transportation providers, to help assure rides for older people to essential services.

AAA Vision.

To bring elders and vulnerable adults into relationship by enhancing their quality of life, dignity and independence.

AAA Mission.

To provide leadership and advocacy, and to continue to develop a coordinated service system which maximizes family, community and public resources.

Summary of Planning Process

The planning process for the Area Plan encompassed a diverse spectrum of data collection and community engagement activities that were conducted in 2016 and early 2017 to gather information on community needs, emerging trends and promising practices.

The Area Plan template was provided to the Idaho Area Agencies on Aging by the State Unit on Aging, the Idaho Commission on Aging, to encourage a thorough and familiar process in the planning and development throughout the Aging Idaho network. The AAA incorporated ICOA's statewide goals and objectives approved by the Administration for Community Living (ACL) and incorporated data provided to the AAA by ICOA.

This Area Plan serves as a road map for the AAA in its Planning and Service Area, (PSA). PSA II planning activities included participation and input of a regionally diverse steering committee, consumers, and the public. Through a qualitative and quantitative analysis of the PSA, the AAA determined strategies, established baselines, and set measures incorporating the following data and methodology, including:

- Idaho Commission on Aging Needs Assessment Survey Results, published in February 2016, conducted by the Institute of Rural Health at Idaho State University
- Aging and Disability Resource Center (ADRC) No Wrong Door (NWD) Assessment
- Senior Capacity (Legal) Assessment
- AAA II 2017 Consumer Satisfaction Survey's
- AAA II Performance Outcome Measurement Project Surveys
- Community Action Partnership Needs Assessment, 2015
- 2016 Community Health Needs Assessment
- Public Comment

Census data was used to quantify targeted population segments as required by ACL. The ACL FY 2013 Report to Congress and the ICOA JFAC FY 2017 Budget Hearing provided national and statewide data that was instrumental in performing the qualitative analysis of services provided.

Funding parameters were established by the ICOA for certain services and service groupings. Specific percentages require the AAA to fund services with minimum percentages of total funding. Specifically, the AAA is required to budget at least 37% of our total funding to Home Delivered/Congregate Meals, 15% to Homemaker/Respite/Transportation (with a 2% minimum to each of those categories), and 3% of IIIB funds to Legal Assistance. Refer to Attachment C.

Since 2013, minimum and maximum percentage requirements have caused the AAA to expand the delivery of some services and restrict the delivery of other services. The data sets described above, assisted the AAA in determining how funding should be distributed within identified bands.

The Area II Agency on Aging (AAA), located in Lewiston and is program of Community Action Partnership. The AAA serves the five north-central Idaho Counties: Clearwater, Idaho, Latah, Lewis and Nez Perce Counties.

The AAA coordinated and collaborated with the ICOA, consumers, and the five other AAA's statewide in the development of assessments, reports, and area wide plans. Additional involvement included the development of a locally selected Area Plan Steering Committee (Attachment G) as well as input and approval from the Area II Agency on Aging Advisory Council (Attachment H) and Governing Body. The Area Plan was put out for public comment prior to being submitted to the ICOA for approval. The comments received are provided in Attachment J. The AAA will, to the best of its ability, integrate comments and suggestions into the Area Plan.

This section summarizes issues identified and provides a reference to the four areas identified in the State Plan (which the Area Plan is patterned after) along with the corresponding Objectives. Much of the data is derived from assessments that were coordinated by ICOA and provided to the Idaho Area Agencies on Aging.

- Focus Area A: Older American's Act (OAA) Core Programs
- Focus Area B: OAA Discretionary Programs
- Focus Area C: Participant-Directed/Person-Centered Planning
- Focus Area D: Elder Justice

Idaho State University Needs Assessment (Final Report, April 2016), Attachment K: The findings of this needs assessment clearly identify the urgent need to plan for the provision of resources to meet the emerging needs of the rapidly growing elderly population. ICOA coordinated with the Institute of Rural Health at Idaho State University to complete this needs assessment and the overall goal was to gain information on the current and future long-term care needs of Idahoans. There were 1,800 surveys mailed to Idaho residents age 50 and older based on target population demographics (greatest economic and social needs). Additional surveys were made available online as well as hardcopies provided to Senior Centers. There were 626 respondents across Idaho. 11% of total Survey Respondents were received from PSA II.

Identified Issues and Results:

- The top three current needs most often identified were Information and Assistance (61%) Disease Prevention & Health Promotion Programs (37%), and Transportation (34%). **Focus Area A:** Objective 3: Information and Assistance (I&A) and Objective 2: Outreach, Objective 11: Disease Prevention and Health Promotion, Objective 1: Transportation.
- When asked about specific long-term care services and supports, the need identified was formal Chore services (11%), Disease Prevention & Health Promotion (10%) and Legal Assistance (8%). Respondents had the most problems, both major and minor, with home maintenance (52%), housework (42%), and finding information about services (39%). Feeling lonely, sad, or isolated was also a problem for more than a third of

respondents (37%). **Focus Area A:** Objective 6: Chore, Objective 11: Disease Prevention and Health Promotion, Objective 8: Legal Assistance, Objective 7: Minor Home Modification, Objective 6: Chore and Objective 5: Homemaker.

- For future needs, Information & Assistance (I&A) (46%), Transportation (46%) and Home Delivered Meals (34%) were identified as most needed. **Focus Area A:** Objective 3: I&A, Objective 1: Transportation, Objective 10: Home Delivered Meals.
- 47% of respondents were not aware of services provided by the listed agencies and organizations. **Focus Area A:** Objective 2: Outreach

Aging and Disability Resource Center (ADRC) No Wrong Door (NWD) Assessment (Final Report, April 2015). This report presents the findings from a two-part needs assessment of Idaho's system of long-term services and supports. The first part gathered feedback from stakeholders. The second part surveyed 2,605 individuals over 60 and between the age of 18 and 60 with disabilities.

Identified Issues and Results:

- Long-term services and supports information was not reaching the people who needed it. **Focus Area A:** Objective 12: NFCSP, **Focus Area B:** Objective 2: MIPPA.
- Senior Centers are not being used as information hubs to the extent possible. **Focus Area A:** Objective 2: Outreach and 11: Disease Prevention and Health Promotions, **Focus Area B:** Objective 1: Senior Medicare Patrol (SMP) and Objective 2: MIPPA.
- Organizations operate in silos. **Focus Area A:** Objective 2: Outreach and Objective 3: I&A.
- ADRC is an unfinished product.
- The pressure on the long-term care system will continue to grow. **Focus Area A:** Objective 2: Outreach and Objective 3: I&A.
- The transformation of practice within the primary care system includes the prospect of enhancing the health care community's awareness and understanding of person-centered counseling practice. It also provides the possibility of creating linkages at the regional and local level among public health districts, behavioral health boards, long-term service providers, AAAs, CILs, and others. **Focus Area A:** Objective 2: Outreach, Objective 3: I&A, **Focus Area C:** Objective 1: Participating-Directed/Person-Centered Planning.
- Streamlining access to care requires collaboration and innovation. **Focus Area A:** Objective 3: I&A, and **Focus Area B**: Objective 2: MIPPA.
- Need for public outreach, coordinated applications for service, staff training, and service plan management (including quality assurance) **Focus Area A:** Objectives 2: Outreach, **Focus Area C:** Objective 1: Participating-Directed/Person-Centered Planning.
- People are open and interested in the ADRC, but know there are costs, benefits and challenges to change the existing system, so there needs to be a clear direction. **Focus Area C:** Objective 1: Participating-Directed/Person-Centered Planning.

Senior Capacity (Legal) Assessment (Final Report, April 2015): Data and information was collected on existing legal delivery system for low-income older adults. A focus group was

created, which consisted of elder law attorneys, legal aid attorneys, administrators of aging services programs, and representatives from community organizations. A research team also conducted interviews including AAA directors, AAA information and referral specialists, AP supervisors, county government and Idaho Legal Aid staff, and individuals involved with local boards of the community guardian (BOCG).

Identified Issues and Results:

- Need to further coordinate existing informational legal resources. **Focus Area A:** Objective 3: I&A, and Objective 8: Legal Assistance.
- Need to develop additional educational materials related to planning for less restrictive guardianship alternatives and Medicaid/government benefits. **Focus Area A:** Objective 3: I&A, and Objective 8: Legal Assistance.
- Work with health care providers to facilitate an additional point of contact through which to promote and distribute aging and Medicaid/government benefits planning educational materials. **Focus Area A:** Objective 2: Outreach, **Focus Area B:** Objective 2: MIPPA , **Focus Area D:** Objective 1: Ombudsman, Objective 2. State Adult Protection.
- Make the sustainability of the Senior Legal Hotline a priority. **Focus Areas A:** Objective 8: Legal Assistance.
- Capitalize on national efforts to implement person-centered and family-centered strategies in promoting less restrictive alternatives to full guardianship, including durable powers of attorney, care coordination, and limited guardianship. **Focus Area D:** Objective 1: Ombudsman, Objective 2. State Adult Protection. **Focus Area C:** Objective 1: Participating-Directed/Person-Centered Planning.
- Proactively pursue partnerships with hospitals, health care delivery systems, and other health care providers to address legal issues seniors face. **Focus Areas A:** Objective 8: Legal Assistance, Objective 3: I&A, and Objective 2: Outreach.
- Resources are not available to fully implement Idaho's protections for vulnerable adults, including the use of limited guardianships whereby the protected individual continues to retain some rights. **Focus Area D:** Objective 1: Ombudsman, Objective 2: State Adult Protection. **Focus Areas A:** Objective 8: Legal Assistance.
- Increase coordination between services for older adults and younger vulnerable adults at the state level to mirror such coordination at the federal level through the Administration for Community Living. **Focus Area D:** Objective 1: Ombudsman, Objective 2: State Adult Protection. **Focus Area C:** Objective 1: Participating-Directed/Person-Centered Planning.

Consumer Satisfaction Survey and Performance Outcome Measurement Project Survey, POMP Assessments

The AAA completes annual Consumer Satisfaction surveys. In 2017 the AAA utilized an AAA Survey Instrument to survey in-home services and the POMP Survey tool for AAA Congregate, Home Delivered Meal, Transportation and Family Caregiver services. 470 surveys were distributed and the AAA realized a 71% return. Congregate Meal, Home Delivered Meal, Transportation consumers report 90 + overall satisfaction while Family Caregivers report 100% satisfaction. In-home service consumers reported an overall average of 93% consumer satisfaction.

Identified issues: Consumers are, in general, very satisfied with services. Widespread caregiver shortage throughout the PSA, however, cause rural consumers to wait for Homemaker and Respite Services. The AAA strives to place in-home caregivers within one week of a consumer assessment. Waiting Lists: There are no waiting lists for AAA services.

Community Action Partnership Needs Assessment, 2015

Community Action Partnership, CAP, is the governing Body and work environment for the Area Agency on Aging. The AAA is a program of CAP. CAP community service and weatherization staff are an essential partner in identifying and referring low-income consumers for every demographic in our target population throughout the PSA. With one main office located in Lewiston and satellite offices in 3 rural communities, Idaho, Latah and Clearwater Counties older consumers and family caregivers have opportunity to meet face to face with CAP staff, and, obtain hard copy AAA resources as a comprehensive response to older consumer's needs. CAP staff provides access to Energy Assistance, Housing and Weatherization services and daily, refer consumers and/or seek information from AAA, putting face and voice to a helping hand at times of real need.

CAP seeks to provide services, develop projects and create initiatives that help under-resourced community members insure that their basic needs are secure and that they are employable, have sufficient resources and are resilient in the face of the difficult task of exiting poverty. All of CAP's work is strengthened in communities where others share our vision, are engaged in our mission and are working together to ensure that resources fully support everyone in the community.

To ensure that the work done by CAP is meeting the needs of the people in our communities as fully as possible, a cycle of assessment, planning, implementation, analysis of results and evaluation to improve outcomes is conducted. This **Community Needs Assessment report for 2015** is the first step in CAP's cycle of *managing for results*. The information gleaned through surveys of current program participants, community focus groups, and insights from CAP's staff and Board members will guide the next steps in our ongoing process of planning, implementing, analyzing results and evaluating for improvement.

- Overall, 196 CAP client households completed a 16-page comprehensive survey. These household sizes ranges from a single person to more than 8 in a household. During the spring of 2015, CAP conducted four focus groups with under-resourced individuals in our Future Story Initiatives work in Coeur d'Alene and Lewiston who are working on goals in their plans to move out of poverty. Nine additional focus groups were conducted throughout CAP's 11-county service area, inviting community partners, volunteers, and government officials to share their insights about the most pressing needs in the community, what programs are currently available to meet those needs, and what is still needed.
  For the 196 under-resourced households completing the survey, 46 respondents, or 24% completed the survey who were between 55-69 years of age, and, 17 respondents, or 9% of completed the survey who were 70+. 5 individuals or 2% of the respondents identified as grandparents raising grandchildren.

- **Nutrition**. Approximately 12% of respondents across CAP's service area received Supplemental Nutrition Assistance Program, SNAP, (food stamp) benefits during 2013.

During this same period, there were 11,794 households with income levels below the poverty level that were not receiving SNAP benefits.

- **Transportation**. Transportation in CAP's mostly rural service area is an issue that cannot be solved by looking at urban solutions. Even where public transit is available (in larger communities like Lewiston and Moscow), there are significant barriers to people using it if they must be at a specific place at a specific time and public transit is limited or not available during evenings and weekend, impacting those with late or weekend work shifts. Lack of available, affordable transportation options is often a barrier to obtaining and maintaining a job, attending an education or training program, access to healthy food, and access to health and other services. Because of the high cost of transportation, it is often unreliable (no money for gas, needed car repairs, etc.) or shared with others (reliant on the schedules and resources of others). In Idaho, the average price for a gallon of regular fuel exceeds the national average by nearly 29¢. (*Source: AAA Daily Fuel Gauge Report)*
  Nearly 60% of respondents to our survey indicated a car works best for them for transportation because no other service is available or routes and/or times of available service don't work for their schedules. 70% of respondents reported transportation problems.

2016 Community Health Needs Assessment

The 2016 Community Health Needs Assessment (CHNA) focused on Health, Education and Income and was accomplished through a collaborative effort spearheaded by the Twin County United Way, St. Joseph Regional Medical Center and Public Health – Idaho North Central District. The Community Health Needs Assessment was conducted in a five-county area of North Central Idaho encompassing Clearwater, Idaho, Latah, Lewis, and Nez Perce counties and one bordering eastern Washington County; Asotin. Nearly 2,000 respondents provided input via a survey and dozens of individuals provided input through community conversations and community engagement. A very special thank you is owed to all the volunteers, survey respondents and individuals who contributed to this project.

The CHNA is intended to identify the health, education and income needs and issues of the region and to provide useful information to public health, hospitals, health care providers, policy makers, collaborative groups, social service agencies, community groups and organizations, churches, businesses and consumers who are interested in improving the health and overall status of the community and region.

The top three identified needs that emerged from the findings for Health are:

- Overweight/Obesity & Chronic Diseases (Diabetes, Heart Disease, Obesity)
- Health Insurance
- Mental Health

The top three identified needs that emerged from the finds for Income are:

- Affordable Housing
- Food Assistance
- Managing Finances

This Community Health Needs Assessment: (CHNA) focused on the overlapping service areas of St. Joseph Regional Medical Center, Public Health – Idaho North Central District, Gritman Medical Center, St. Mary Hospital, Clearwater Valley Hospital, Syringa Hospital and the Twin County United Way, which includes the five North Central Idaho Counties: Clearwater, Idaho, Latah, Lewis and Nez Perce, as well as the Washington County: Asotin. Collectively these 6 counties represent nearly

130,000 people, of which 93% are White, 49% female and 18% over the age of 65 years. Within these counties, over 60% of the population resides in either Nez Perce or Latah County, wherein Lewiston, ID and Moscow, ID are located.

Area Plan Public Comment

The AAA will post the Area Plan for Public Comment on the Community Action Partnership website, Wednesday, June 7, 2017 – Thursday, June 16, 2017, as well as host an Area Plan Public Comment session on Friday, June 16, 2017 on the draft Area Plan.

All public comment received is documented in Attachment J: Comments on Area Plan.

The insight, information and suggestions gleaned from the Area Plan planning activities and events have been incorporated into this Area Plan.

For more information about the Area Plan development, contact Jenny Zorens at j.zorens@cap4action.org.

I8 Focus Area A:
Older Americans Act (OAA) Core Programs

ICOA Goal: Increase OAA core services by:

- Utilizing financial and operational data to increase services to older individuals and standardizing proven best practices for service delivery throughout the Planning and Service Area.
- Coordinating with health and social service partners to broaden access for long-term care services.

1: Transportation Objective: To utilize best available data and resources from current transportation systems to maximize available services to older individuals.

Service Description: Transportation funds are used for operating expenses only and are designed to transport older persons to and from community facilities and resources for the purpose of applying for and receiving services, reducing isolation, or otherwise promoting independent living. The funds need to be used in conjunction with local transportation service providers, public transportation agencies, and other local government agencies, that result in increased provision. Service is provided to: congregate meal sites, supportive services (health services, programs that promote physical and mental well-being and shopping) community facilities and resources for the purpose of applying for and receiving services, which include comprehensive counseling and legal assistance.

Service Eligibility: Individual 60 years of age or older.

Service Implemented by:

- COAST Transportation: M-F, 8:00 -4:30, (509) 397-2935;
- Interlink: M-Th 9:00 - 4:00, (509) 751-9143;
- Salmon River Transit: M-F, 8:00 - 5:00, (208) 628-2394, and,
- SMART Transit: M-F: 8:00 -5:00, (208) 883-7747.

Funding Source: (Actual expenditures for completed years and budget for current year)

State Fiscal Year (SFY)	State	Federal	Total
SFY 2016 (July 2015 – June 2016) Actual	$13,900	$16,850	$30,750
SFY 2017 (July 2016 – June 2017) Actual	$29,089	$22,592	$51,681
SFY 2018 (July 2017 – June 2018) Budget	$46,907	$0	$46,907
SFY 2019 (July 2018 – June 2019)			
SFY 2020 (July 2019 – June 2020)			

A. Transportation Service Delivery Strategy: Identify best practices in conjunction with local transportation service providers, public transportation agencies and/or private, not-for-profit community organizations that result in an increase in service provision in North-central Idaho.

Performance Measure:

- Effectiveness = Number of boardings.
- Quality = Consumer satisfaction (use ACL's POMP-Performance Outcome Management Project).

Baseline:

State Fiscal Year (SFY)	Annual Boardings	Average Cost per Boarding	Consumer Satisfaction %
SFY 2016 (July 2015 – June 2016) Actual	4,416	$6.96	Not Available
SFY 2017 (July 2016 – June 2017) Actual	7,383	$7.00	95.83%
SFY 2018 (July 2017 – June 2018) Actual			
SFY 2019 (July 2018 – June 2019)			
SFY 2020 (July 2019 – June 2020)			

Benchmark:

- Increase the number of boardings by 2% annually.
- Identify 2 new transportation providers with emphasis in underserved communities.
- Maintain consumer satisfaction at 75% or higher.

B. Transportation Coordination Strategy: Collaborate with the Metropolitan Planning Organization (MPO) and transportation provider network to improve access to senior transportation information and resources.

Performance Measure: Senior transportation provider resources in each county.

Baseline:

County	Current Senior Transportation Provider	Available Transportation Referral Resources
Clearwater	COAST	Appaloosa Express, Blue Mountain Action Council, VEYO
Idaho	Salmon River Seniors	Prairie Transportation, COAST, Blue Mountain Action Council, VEYO
Latah	SMART Transit, COAST	VEYO
Lewis		Appaloosa Express, VEYO, Blue Mountain Action Council
Nez Perce	Interlink, COAST	Lewiston Transit, Dial-a-Ride, VEYO, Blue Mountain Action Council, Appaloosa Express

Benchmark: Identify additional senior and disabled transportation provider resources.

2: Outreach Objective: To target outreach efforts that increase OAA core services.

Service Description: Outreach funds are used to seek out older persons, identify their service needs, and provide them with information and assistance to link them with appropriate services. Outreach efforts must emphasize the following: *(i) older individuals residing in rural areas. (ii)&(iii) older individuals with greatest economic and social need (with particular attention to low-income older individuals, including low-income minority older individuals, older individuals with limited English proficiency, and older individuals residing in rural areas). (iv) older individuals with severe disabilities; (v) older individuals with limited English-speaking ability; (vi) older individuals with Alzheimer's disease and related disorders with neurological and organic brain dysfunction (and the caretakers of such individuals).*

Service Eligibility: General public needing long-term care services and supports.

Service Implemented by:

- Area Agency on Aging, 124 New 6th St., Lewiston, ID 83501, 208-743-5580, M-F 8:00-5:00

Funding Source: (Actual expenditures for completed years and budget for current year)

State Fiscal Year (SFY)	State	Federal	Total
SFY 2016 (July 2015 – June 2016) Actual	$0	$0	$0
SFY 2017 (July 2016 – June 2017) Actual	$0	$8,327	$8,327
SFY 2018 (July 2017 – June 2018) Budget	$0	$10,074	$10,074
SFY 2019 (July 2018 – June 2019)			
SFY 2020 (July 2019 – June 2020)			

A. Outreach Service Delivery Strategy: Identify best practice through tracking core performance data for each OAA Core service prior to and for a period after outreach events to see if outreach was successful. Each outreach activity should emphasis reaching the six target areas:

1. **Seniors residing in rural areas**
2. **Greatest economic need**
3. **Greatest social need**
4. **Seniors with limited English ability**
5. **Seniors with severe disabilities**
6. **Seniors with Alzheimer's disease and related disorders**

Performance Measure: Outreach units for each OAA service.

Baseline:

State Fiscal Year (SFY)	One-to-one Contacts
SFY 2016 (July 2015 – June 2016) Actual	5,341
SFY 2017 (July 2016 – June 2017) Actual	41
SFY 2018 (July 2017 – June 2018) Actual	
SFY 2019 (July 2018 – June 2019)	
SFY 2020 (July 2019 – June 2020)	

Benchmark: Target outreach to specific services based on performance data. Outreach efforts must show a direct impact to the targeted service.

B. Outreach Coordination Strategy: The AAA will coordinate efforts with health care providers to increase "access to" and "participation in" OAA core services, specifically focusing on increasing participation in homemaker, home delivered meals, and national family caregiver support program through direct referrals from hospital and clinic discharge planners.

Performance Measure: The number of referrals received from health care providers.

Baseline: Creating partnerships with healthcare providers to increase number of referrals to homemaker, home delivered meals, and national family caregiver support programs.

State Fiscal Year (SFY)	Homemaker Referrals	HDM Referrals	NFCSP Referrals
SFY 2016 (July 2015 – June 2016)	N/A	N/A	N/A
SFY 2017 (July 2016 – June 2017)	36	48	6
SFY 2018 (July 2017 – June 2018)			
SFY 2019 (July 2018 – June 2019)			
SFY 2020 (July 2019 – June 2020)			

Benchmark: Increase the number of referrals received from health care providers following outreach efforts.

3: Information and Assistance (I&A) Objective: To provide older individuals with statewide access to comprehensive long-term care resource assistance and OAA core service eligibility determination in coordination with Aging and Disability Resource Center (ADRC) partners.

Service Description: Information and assistance (I&A) funds are used to: (1) Provide older individuals with current information on long-term care supports, services and opportunities available within their communities, including information relating to assistive technology; (2) Assess older individual's problems and capacities; (3) Link older individuals to long-term care supports, services and opportunities that are available; (4) To the maximum extent practicable, ensure that older individuals receive needed services, and are aware of available opportunities by establishing follow-up procedures; and (5) Serve the entire community of older individuals, particularly: (i) Older individuals with the greatest social need; (ii) Older individuals with the greatest economic need; and (iii) Older individuals at risk for institutional placement.

Service Eligibility: General public needing long-term care services and supports.

Service Implemented by:

- Area Agency on Aging, 124 New 6th St., Lewiston, ID 83501, 208-743-5580, M-F 8:00-5:00

Funding Source: (Actual expenditures for completed years and budget for current year)

State Fiscal Year (SFY)	State	Federal	Total
SFY 2016 (July 2015 – June 2016) Actual	$0	$31,964	$31,964
SFY 2017 (July 2016 – June 2017) Actual	$0	$37,775	$37,775
SFY 2018 (July 2017 – June 2018) Budget	$0	$35,135	$35,135
SFY 2019 (July 2018 – June 2019)			
SFY 2020 (July 2019 – June 2020)			

A. I&A Service Delivery Strategy: Expand I&A contacts to increase cost effectiveness.

Performance Measure:

- Efficiencies = Cost per contact, average contact per Full Time Equivalent/I&A staff.
- Effectiveness = Total contacts, total costs.

Baseline:

State Fiscal Year (SFY)	Total Annual Contacts	Average Cost per Contact	Allocated Number of I&A Staff	Average Monthly Contact per I&A Staff
SFY 2016 (July 2015 – June 2016) Actual	1,852	$17.26	0.52	154
SFY 2017 (July 2016 – June 2017) Actual	2,139	$17.66	0.62	178
SFY 2018 (July 2017 – June 2018) Actual			0.61	
SFY 2019 (July 2018 – June 2019)				
SFY 2020 (July 2019 – June 2020)				

Benchmark: Increase the number of I&A contacts by 10% each year.

B. I&A Coordination Strategy: Coordinate with identified focal points in each county in Region 2, to increase public awareness of AAA services by distributing literature to increase awareness of I&A services.

Performance Measure: The number of community partners identified as focal points.

Baseline:

State Fiscal Year (SFY)	SFY 2016 (July 2015 – June 2016) Focal Points	SFY 2017 (July 2016 – June 2017) Focal Points	SFY 2018 (July 2017 – June 2018) Focal Points	SFY 2019 (July 2018 – June 2019) Focal Points	SFY 2020 (July 2019 – June 2020) Focal Points
Clearwater	4	5			
Idaho	4	6			
Latah	4	7			
Lewis	0	3			
Nez Perce	16	15			

Benchmark: Establish community partners and focal points to increase awareness and referrals to I&A services.

4: Case Management Objective: To provide statewide access to Case Management service for older individuals who need an optimum package of long-term care services.

Service Description: : Case Management funds are used for eligible older individuals and disabled adults, at the direction of the older individual or a family member of the older individual, to assess the needs of the person and to arrange, coordinate, and monitor an optimum package of services to meet those needs. Activities of case management include: comprehensive assessment of the older individual; development and implementation of a service plan with the individual to mobilize formal and informal resources and services; coordination and monitoring of formal and informal service delivery; and periodic reassessment.

Service Eligibility: Individuals 60 years of age or older who cannot manage services on their own.

Service Implemented by:

- Area Agency on Aging, 124 New 6th St., Lewiston, ID 83501, 208-743-5580, M-F 8:00-5:00

Funding Source: (Actual expenditures for completed years and budget for current year)

State Fiscal Year (SFY)	State	Federal	Total
SFY 2016 (July 2015 – June 2016) Actual	$10,892	$0	$10,892
SFY 2017 (July 2016 – June 2017) Actual	$0	$0	$0
SFY 2018 (July 2017 – June 2018) Budget	$0	$0	$0
SFY 2019 (July 2018 – June 2019)			
SFY 2020 (July 2019 – June 2020)			

A. Case Management Service Delivery Strategy: Utilize AAA staff for those cased where no other Case Management service is available and an individual is unable to manage multiple services for his or her self. If Case Management is needed, cost and corresponding units of service will be accounted for under Case Management.

Performance Measure:

- Efficiencies = Cost per consumer, average cost per unit.
- Effectiveness = Total consumers, total costs, total unit hours.

Baseline:

State Fiscal Year (SFY)	Total Unduplicated Clients Served	Average Cost per Client	Total Annual Units (hrs.)	Average cost per Unit (hr.)
SFY 2016 (July 2015 – June 2016) Actual	Not Available	Not Available	Not Available	Not Available
SFY 2017 (July 2016 – June 2017) Actual	Not Applicable	Not Applicable	Not Applicable	Not Applicable
SFY 2018 (July 2017 – June 2018) Actual				
SFY 2019 (July 2018 – June 2019)				
SFY 2020 (July 2019 – June 2020)				

Benchmark: Account for Case Management costs and units provided by the AAA.

B. Case Management Coordination Strategy: Coordinate a standardized referral protocol between case management providers who serve the following: dual eligible (care coordinators); veterans (veterans service officer); health and welfare (IDHW navigators); facility residents (discharge planners); people with disabilities (independent living specialists); identified person centered medical home consumers (case manager), and seniors who are unable to manage multiple services (AAA).

Performance Measure: Standardized MOU that includes case management protocols.

Baseline:

Case Management Focus Area	Agency	Protocol in Place
Dual Eligible	Blue Cross True Blue	No
Veterans	Veterans Service Officer	No
Health and Welfare	Idaho Department of Health Welfare	No
Facility Residents	Idaho Home Choice	No
People with Disabilities	Disability Action Center	No
Identified PCMH consumers	Catalyst Medical Group/St. Mary's/CHAS	No

Benchmark:

Each year increase case management referral protocols.

5: Homemaker Objective: To provide statewide access to Homemaker services for eligible individuals.

Service Description: Homemaker funds are used to assist an eligible person with housekeeping, meal planning and preparation, essential shopping and personal errands, banking and bill paying, medication management, and, with restrictions, bathing and washing hair.

Service Eligibility: Seniors 60 years of age or older and meets any of the following requirements:
a. They have been assessed to have Activities of Daily Living (ADL) deficits, and/or Instruments of Activities of Daily Living (IADL) deficits, which prevent them from maintaining a clean and safe home environment.
b. Clients aged 60 years or older, who have been assessed to need homemaker service, may be living in the household of a family member (of any age) who is the primary caregiver.
c. They are Adult Protection referrals and homemaker service is being requested as a component of a Supportive Service Plan (SSP) to remediate or resolve an adult protection complaint.
d. They are home health service or hospice clients who may be eligible for emergency homemaker service.

Service Implemented by:

- Area Agency on Aging, 124 New 6th St., Lewiston, ID 83501, 208-743-5580, M-F 8:00-5:00

Funding Source: (Actual expenditures for completed years and budget for current year)

State Fiscal Year (SFY)	State	Federal	Total
SFY 2016 (July 2015 – June 2016) Actual	$83,082	$0	$83,082
SFY 2017 (July 2016 – June 2017) Actual	$116,482	$0	$116,482
SFY 2018 (July 2017 – June 2018) Budget	$123,008	$0	$123,008
SFY 2019 (July 2018 – June 2019)			
SFY 2020 (July 2019 – June 2020)			

Cost Share: Both federal and state funds are eligible; however different requirements apply: If only federal funds are used, the AAA must use individual income when determining cost-share and participants cannot be terminated for

refusal to pay. If only using state funds, the AAA must use household income when determining cost-share and person can be terminated for refusal to pay. If a combination of federal and state funds is used, the AAA follows federal requirements.

A. Homemaker Service Delivery Strategy: Standardize Homemaker services by utilizing data that shows the efficiency, effectiveness and quality.

Performance Measure:

- Efficiencies = Cost per consumer, average units per consumer.
- Effectiveness = Total consumers, total unit hours, total costs, and registered consumers by at risk factor.
- Quality= Consumer Satisfaction

Baseline:

State Fiscal Year (SFY)	Total Unduplicated Clients Served	Total Annual Units (hrs.)	Average cost per Unit (hr.)	Annual Units (hrs.) per Client	Annual Expense per Client	Consumer Satisfaction
SFY 2016 (July 2015 – June 2016) Actual	133	5,526	$15.03	42	$625	90%
SFY 2017 (July 2016 – June 2017) Actual	160	7,353	$15.84	46	$728	86%
SFY 2018 (July 2017 – June 2018) Actual						
SFY 2019 (July 2018 – June 2019)						
SFY 2020 (July 2019 – June 2020)						

Demographic Baseline:

Homemaker State Fiscal Year (SFY)	Census Data: % of Population Living in Rural Areas	% of Registered Consumers living in Rural Areas	Census Data: % of Population in *Greatest Economic Need	% of Registered Consumers with Greatest Economic Need	Census Data: % of Population in **Greatest Social Need	% of Registered Consumers with Greatest Social Need
SFY 2016 (July 2015 – June 2016)	9,179/25,245 = 36%	129/346 = 37%	1,487/25,245= 5.89%	242/346 = 70%	5,061/25,245 = 20.05%	219/346 = 63%
SFY 2017 (July 2016 – June 2017)	9,179/25,245 = 36%	159/384 = 41%	1,487/25,245= 5.89%	274/384 = 71%	5,061/25,245 = 20.05%	249/384 = 65%
SFY 2018 (July 2017 – June 2018)						
SFY 2019 (July 2018 – June 2019)						
SFY 2020 (July 2019 – June 2020)						

*Greatest Economic Need: 65 or older living in Poverty

**Greatest Social Need: 65 or older living alone

Benchmark:

- Maintain a standardized number of units per consumer.
- Increase the number of total consumers by 5% per year.
- Maintain consumer satisfaction scores above 80%.

B. Homemaker Coordination Strategy: Coordinate with ICOA to establish standardized service units. Utilize targeted outreach efforts to health care communities to increase effectiveness.

Performance Measure: Average units per consumer, number of consumers with emphasis on at risk populations.

Baseline:

State Fiscal Year (SFY)	Developed Average Units	Registered Consumers living in Poverty	Registered Consumers Living Alone	Registered Consumers Living in Rural Counties	Registered Consumers who are Minorities	Registered Consumers over 75
SFY 2016 (July 2015 – June 2016)	N/A	242	219	129	15	272
SFY 2017 (July 2016 – June 2017)	N/A	274	249	159	15	287
SFY 2018 (July 2017 – June 2018)						

SFY 2019 (July 2018 – June 2019)						
SFY 2020 (July 2019 – June 2020)						

Benchmark:

- Implement ICOA approved service units.
- Ensure at risk populations continue to be served based on population demographics.

6: Chore Objective: To expand chore services statewide.

Service Description: Chore funds are used to improve the client's or older individual's safety at home or to enhance the client's use of existing facilities in the home. These objectives shall be accomplished through one-time or intermittent service to the client. Providing assistance with routine yard work, sidewalk maintenance, heavy cleaning, or minor household maintenance to persons who have functional limitations that prohibit them from performing these tasks.

Service Eligibility: Seniors 60 years of age or older.

Service Implemented by:

- Interlink; 509-751-4193; 817 6th St. Clarkston, WA 99403; Monday-Thursday 8am-5pm
- Palouse Habitat for Humanity; 208-882-5246; 304 North Main St. Moscow, ID 83843 Tuesday-Saturday 9am-5pm
- LC Crew; 208-818-4846; 850 Main St. Lewiston, ID 83501 Monday-Friday 8am-5pm

Funding Source: (Actual expenditures for completed years and budget for current year)

State Fiscal Year (SFY)	State	Federal	Total
SFY 2016 (July 2015 – June 2016) Actual	$0	$0	$0
SFY 2017 (July 2016 – June 2017) Actual	$0	$0	$0
SFY 2018 (July 2017 – June 2018) Budget	$0	$0	$0
SFY 2019 (July 2018 – June 2019)			
SFY 2020 (July 2019 – June 2020)			

Cost Share: Both federal and state funds are eligible; however different requirements apply: If only federal funds are used, the AAA must use individual income when determining cost-share and participants cannot be terminated for refusal to pay. If only using state funds, the AAA must use household income when determining cost-share and person can be terminated for refusal to pay. If a combination of federal and state funds is used, the AAA follows federal requirements.

A. Chore Service Delivery Strategy: Expand Chore through community referrals.

Performance Measure: The number of referrals to volunteer based chore organizations.

Baseline:

State Fiscal Year (SFY)	Referral or Contracted Service	Total Unduplicated Clients Served	Total Annual Units (hrs.)	Average cost per Unit (hr.) and materials
SFY 2016 (July 2015 – June 2016) Actual	Referral	Not Applicable	Not Applicable	Not Applicable
SFY 2017 (July 2016 – June 2017) Actual	Referral	Not Applicable	Not Applicable	Not Applicable
SFY 2018 (July 2017 – June 2018) Actual	Referral	Not Applicable	Not Applicable	Not Applicable
SFY 2019 (July 2018 – June 2019)				
SFY 2020 (July 2019 – June 2020)				

Benchmark: Increase the number of referrals by 5%.

B. Chore Coordination Strategy: Coordinate with community partners to meet the need of chore services through volunteer groups.

Performance Measure: The number of identified volunteer based chore providers.

Baseline: Current partners:

- Interlink
- Palouse Habitat for Humanity
- LC Crew

Benchmark: Increase the number of volunteer chore providers by 1 annually.

7: Minor Home Modification Objective: Expand minor home modification statewide.

Service Description: Minor home modification funds are used to facilitate the ability of older individuals to remain at home where funding is not available under another program. Not more than $150 per client may be expended under this part for such modification. Types of modification: bathroom grab bars, handrails for outdoor steps, materials to help build wheelchair ramps, etc.

Service Eligibility: Seniors 60 years of age or older.

Service Implemented by:

- USDA; 208-762-4939; 7830 Meadowlark Way, Suite C3 Coeur d'Alene, ID Monday-Friday 8am-5pm
- Habitat for Humanity (Lewiston/Clarkston) 509-758-7396; 1242 Highland Ave. Clarkston, WA 99403 Monday-Friday 8am-5pm
- Disability Action Center; 800-475-0070; 330 5th St. Lewiston, ID Monday-Friday 8:30am-4:30pm

Funding Source: (Actual expenditures for completed years and budget

State Fiscal Year (SFY)	State	Federal	Total
SFY 2016 (July 2015 – June 2016) Actual	$0	$0	$0
SFY 2017 (July 2016 – June 2017) Actual	$0	$0	$0
SFY 2018 (July 2017 – June 2018) Budget	$0	$0	$0
SFY 2019 (July 2018 – June 2019)			
SFY 2020 (July 2019 – June 2020)			

Cost Share: Both federal and state funds are eligible; however different requirements apply: If only federal funds are used, the AAA must use individual income when determining cost-share and participants cannot be terminated for refusal to pay. If only using state funds, the AAA must use household income when determining cost-share and person can be terminated for refusal to pay. If a combination of federal and state funds is used, the AAA follows federal requirements.

A. Minor Home Modification Service Delivery Strategy: Expand Minor Home Modifications through community referrals.

Performance Measure: The number of referrals to minor home modification organizations.

Baseline:

State Fiscal Year (SFY)	Referral or Contracted Service	Total Unduplicated Clients Served	Total Annual Units (hrs.)	Average cost per Unit (hr.) and materials
SFY 2016 (July 2015 – June 2016) Actual	Referral	Not Applicable	Not Applicable	Not Applicable
SFY 2017 (July 2016 – June 2017) Actual	Referral	Not Applicable	Not Applicable	Not Applicable
SFY 2018 (July 2017 – June 2018) Budget	Referral	Not Applicable	Not Applicable	Not Applicable
SFY 2019 (July 2018 – June 2019)				
SFY 2020 (July 2019 – June 2020)				

Benchmark: Increase the number of referrals by 5%.

B. Minor Home Modification Coordination Strategy: Coordinate with community partners to meet the need of minor home modifications.

Performance Measure: The number of identified minor home modification providers.

Baseline:

- USDA
- Habitat for Humanity
- Disability Action Center

Benchmark: Increase the number of minor home modification providers by 1 annually.

8: Legal Assistance Objective: Provide access to legal information resources and legal assistance to priority services.

Service Description: Legal Assistance funds are used for the following priority of legal issues related to: income, health care, long-term care, nutrition, housing, utilities, protective services, defense of guardianship, abuse or neglect, and age discrimination.

Service Eligibility: Seniors 60 years of age or older.

Service Implemented by:

- Idaho Legal Aid Services Inc. Mon-Fri 8:30am-5:00pm (208)743-1556

Funding Source: (Actual expenditures for completed years and budget for current year)

State Fiscal Year (SFY)	State	Federal	Total
SFY 2016 (July 2015 – June 2016) Actual	$0	$4,739	$4,739
SFY 2017 (July 2016 – June 2017) Actual	$0	$3,815	$3,815
SFY 2018 (July 2017 – June 2018) Budget	$0	$3,990	$3,990
SFY 2019 (July 2018 – June 2019)			
SFY 2020 (July 2019 – June 2020)			

A. Legal Assistance Service Delivery Strategy: Track reported cases and analyze service delivery to maximize access to legal services.

Performance Measure:

- Effectiveness = Number of cases, number of hours and total costs.

Older Americans Act Service Priority	SFY16 Cases	SFY17Cases	SFY18 Cases	SFY19 Cases	SFY20 Cases
Income	3	4			
Health Care	7	3			
Long-term care	3	6			
Nutrition					
Housing					
Utilities					
Protective Services					
Defense of Guardianship		1			
Abuse					
Neglect					
Age Discrimination					
Total	13	14	0	0	0

Older Americans Act Service Priority	SFY16 Hours	SFY17 Hours	SFY18 Hours	SFY19 Hours	SFY20 Hours
Income	12	21.7			
Health Care	3.6	5.7			
Long-term care	13.2	13.5			
Nutrition	0				
Housing	37.4	10.2			
Utilities	0				
Protective Services	1.5				
Defense of Guardianship	0	3.4			
Abuse	0				
Neglect	0				
Age Discrimination	0				
Total	67.7	54.5	0	0	0
Cost Per hour	$70.00				

Benchmark:

- Analyze billed service categories for service delivery compliance.

B. Legal Assistance Coordination Strategy: Collaborate with Idaho Legal Aid to promote hotline usage.

Performance Measure: Number of calls to the Idaho Senior Legal Hotline.

Baseline:

State Fiscal Year (SFY)	Number of Calls to Senior Legal Hotline
SFY 2016 (July 2015 – June 2016) Actual	110
SFY 2017 (July 2016 – June 2017) Actual	71

SFY 2018 (July 2017 – June 2018)	
SFY 2019 (July 2018 – June 2019)	
SFY 2020 (July 2019 – June 2020)	

Benchmark: Increase utilization of the Idaho Senior Legal Hotline by 3% annually.

9: Congregate Meals Objective: Increase participation at meal sites to reduce isolation and increase socialization.

Service Description: Congregate Meal program funds are used to prepare and serve meals in a congregate setting (mostly at Senior Centers), which provide older persons with assistance in maintaining a well-balanced diet, including diet counseling and nutrition education. The purpose of the program is to reduce hunger and food insecurity, promote socialization and the health and well-being of older individuals in Idaho. This service assists seniors to gain access to nutrition and other disease prevention and health promotion services to delay the onset of adverse health conditions resulting from poor nutritional health or sedentary behavior.

Service Eligibility: Seniors 60 years of age or older. Additional eligibility: An adult under 60, whose spouse is 60 or older and receives a meal **(must attend together)**, Person with a disability under 60 living in the home with a person 60 or older **(must attend together)**, Person under 60 providing volunteer services during the meal hours.

Service Implemented by:

- Cottonwood Meal Site Tues. Noon (208)962-3231
- Grangeville Meal Site Mon., Fri. Noon (208)983-2033
- Kamiah Meal Site Mon., Wed., Fri. Noon (208)935-0244
- Kendrick Meal Site Mon., Wed., Fri. Noon (208)289-5031
- Lewiston Meal Site Mon., Tues., Wed. Noon (208)743-6983
- Lewiston Orchards Meal Site Mon., Tues., Wed. Noon (208)743-9201
- Moscow Meal Site Tues., Thurs. Noon (208)882-1562
- Nezperce Meal Site Mon., Thurs. Noon (208)937-2465
- Orofino Meal Site Tues., Fri. Noon (208)476-4238
- Potlatch Meal Site Tues., Fri. Noon (208)875-1071
- Riggins Meal Site Tues. Noon (208)628-4147
- Weippe Meal Site Mon., Thurs. Noon (208)435-4553
- Winchester Meal Site Wed. Noon (208)924-6581

Funding Source: (Actual expenditures for completed years and budget for current year)

State Fiscal Year (SFY)	State	Federal	Total
SFY 2016 (July 2015 – June 2016) Actual	$15,384	$160,002	$175,386
SFY 2017 (July 2016 – June 2017) Actual	$25,883	$127,812	$153,695
SFY 2018 (July 2017 – June 2018) Budget	$25,883	$109,736	$135,619
SFY 2019 (July 2018 – June 2019)			
SFY 2020 (July 2019 – June 2020)			

A. Congregate Meal Service Delivery Strategy: Enhance senior participation by increasing participation at meal sites, expanding service provision at existing sites and/or establishing new meal sites to meet needs in identified

underserved communities.

Performance Measure:

- Efficiencies = Average cost per meal, current AAA reimbursement, average consumer contribution, average other contribution.
- Effectiveness = Total consumers, total meals, to visitor meals, and total eligible meals.
- Quality = Consumer satisfaction (ACL's POMP (Performance Outcome Management Project).

Baseline:

State Fiscal Year (SFY)	Total Unduplicated Clients Served	Total Congregate Meals	*Average cost per Congregate Meal	AAA Contracted Meal Reimbursment Rate	Consumer Satisfaction
SFY 2016 (July 2015 – June 2016) Actual	1,672	53,804	$3.26	$3.07	71%
SFY 2017 (July 2016 – June 2017) Actual	1,714	48,537	$3.17	$3.07	94%
SFY 2018 (July 2017 – June 2018) Actual				$3.07	
SFY 2019 (July 2018 – June 2019)					
SFY 2020 (July 2019 – June 2020)					

Benchmark:

- Increase meal sites by 1 in PSA II.
- Maintain consumer satisfaction at 70% or higher.
- Increase number of participants at congregate meal site by 2%.
- Increase number of meals served at meal sites by 2%.

B. Congregate Meal Coordination Strategy: Coordinate with meal sites to determine barriers to participation. Conduct meal site cost analyses to ensure site efficiency. Conduct town meetings in Communities not currently being served to educate about the benefit of senior nutrition and establishing a senior nutrition site.

Performance Measure:

- Number of town meetings.
- Consumer participation per meal site.
- Average meal site cost per meal.

Baseline:

SFY 2016 **Number of town meetings: 0**

Meal Site/County	Number of Meals	Number of Registered Consumers	Average meal Site Cost Per Meal
Cottonwood/Idaho	2,366	124	N/A
Grangeville/Idaho	6,886	274	N/A
Kamiah/Lewis	4,405	130	N/A
Kendrick/Latah	3,469	107	N/A
Lewiston/Nez Perce	11,399	363	N/A
Moscow/Latah	5,953	245	N/A
Nezperce/Lewis	2,642	93	N/A
Orofino/Clearwater	4,980	151	N/A
Potlatch/Latah	3,701	96	N/A
Riggins/Idaho	2,087	84	N/A
Weippe/Clearwater	4,023	91	N/A
Winchester /Lewis	1,893	104	N/A

SFY 2017 **Number of town meetings: 1**

Meal Site/County	**Number of Meals**	**Number of Registered Consumers**	**Average Cost Per Meal**
Cottonwood/Idaho	2,701	153	7.32
Grangeville/Idaho	6,977	295	6.32
Kamiah/Lewis	4,702	138	Not available
Kendrick/Latah	3,156	119	6.73
Lewiston/Nez Perce	8,920	288	8.47
Moscow/Latah	5,777	263	7.02
Nezperce/Lewis	2,193	111	8.75
Orofino/Clearwater	5,393	196	4.58
Potlatch/Latah	3,452	116	8.02
Riggins/Idaho	1,596	91	5.90
Weippe/Clearwater	1,887	81	Not available
Winchester /Lewis	1,783	101	10.69

SFY 2018 **Number of town meetings:**

Meal Site/County	**Number of Meals**	**Number of Registered Consumers**	**Average Cost Per Meal**
Cottonwood/Idaho			
Grangeville/Idaho			
Kamiah/Lewis			
Kendrick/Latah			
Lewiston/Nez Perce			
Moscow/Latah			
Nezperce/Lewis			
Orofino/Clearwater			
Potlatch/Latah			
Riggins/Idaho			
Weippe/Clearwater			
Winchester /Lewis			

SFY 2019 **Number of town meetings:**

Meal Site/County	**Number of Meals**	**Number of Registered Consumers**	**Average Cost Per Meal**
Cottonwood/Idaho			
Grangeville/Idaho			
Kamiah/Lewis			
Kendrick/Latah			
Lewiston/Nez Perce			
Moscow/Latah			
Nezperce/Lewis			
Orofino/Clearwater			
Potlatch/Latah			
Riggins/Idaho			
Weippe/Clearwater			
Winchester /Lewis			

Benchmark:

- Conduct 3 town meetings in SFY 2018.
- Increase consumer participation per meal site by 5%.
- Monitor average cost per meal to establish a standardized reimbursement rate.

10: Home Delivered Meals Objective: To utilize best available resources to identify potential consumers or older individuals who could benefit from the program.

Service Description: Home Delivered Meal funds are used to provide meals five or more days a week (except in a rural area where such frequency is not feasible) and at least one meal per day, which may consist of hot, cold, frozen, dried, canned, fresh, or supplemental foods and any additional meals that the recipient of a grant or contract under this subpart elects to provide.

Service Eligibility: Seniors 60 years of age or older. Additional Requirements: (a) Persons age 60 or over who are frail, homebound by reason of illness or incapacitating disability, or otherwise isolated, shall be given priority in the delivery of services under this part. (b) The spouse of the older person, regardless of age or condition, may receive a home delivered meal if, according to criteria determined by the area agency, receipt of the meal is in the best interest of the homebound older person. Also, a client's eligibility to receive home delivered meals shall be based upon the degree to which Activities of Daily Living (ADLs)/Instrumental Activities of Daily Living (IADLs) limit ability to independently prepare meals.

Service Implemented by:

- Area Agency on Aging, 124 New 6th St., Lewiston, ID 83501, 208-743-5580, M-F 8:00-5:00

Funding Source: (Actual expenditures for completed years and budget for current year)

State Fiscal Year (SFY)	State	Federal	Total
SFY 2016 (July 2015 – June 2016) Actual	$85,191	$65,452	$150,643
SFY 2017 (July 2016 – June 2017) Actual	$50,672	$131,150	$181,822
SFY 2018 (July 2017 – June 2018) Budget	$43,498	$144,968	$188,466
SFY 2019 (July 2018 – June 2019)			
SFY 2020 (July 2019 – June 2020)			

A. Home Delivered Meal Service Delivery Strategy: Enhance participation in the home delivered meal program.

Performance Measure:

- Efficiencies = Average cost per meal, current AAA reimbursement, average consumer contribution, average other contribution.
- Effectiveness = Total consumers, total meals, and total eligible meals and registered consumers by at risk factor.
- Quality = Consumer satisfaction (ACL's POMP (Performance Outcome Management Project).

Baseline:

State Fiscal Year (SFY)	Total Unduplicated Clients Served	Total Home Delivered Meals	*Average cost per Home Delivered Meal	AAA Contracted HDM Reimbursment Rate	Consumer Satisfaction
SFY 2016 (July 2015 – June 2016) Actual	298	41,891	$3.60	$3.32	75%
SFY 2017 (July 2016 – June 2017) Actual	343	51,044	$3.56	$3.32	80%
SFY 2018 (July 2017 – June 2018) Actual				$3.32	
SFY 2019 (July 2018 – June 2019)					
SFY 2020 (July 2019 – June 2020)					

*Cost includes AAA wages, nutritionist and provider reimbursement.

Demographic Baseline:

Home Delivered Meals State Fiscal Year (SFY)	Census Data: % of Population Living in	% of Registered Consumers living in	Census Data: % of Population in *Greatest Economic Need	% of Registered Consumers with Greatest	Census Data: % of Population in **Greatest	% of Registered Consumers with Greatest

	Rural Areas	Rural Areas		Economic Need	Social Need	Social Need
SFY 2016 (July 2015 – June 2016)	9,179/25,245 = 36%	149/298 = 50%	1,487/25,245= 5.89%	167/298 = 56%	5,061/25,245 = 20.05%	163/298 = 55%
SFY 2017 (July 2016 – June 2017) Projected Year-End	9,179/25,245 = 36%	361/685 = 53%	1,487/25,245= 5.89%	389/685 = 57%	5,061/25,245 = 20.05%	337/685 = 49%
SFY 2018 (July 2017 – June 2018)						
SFY 2019 (July 2018 – June 2019)						
SFY 2020 (July 2019 – June 2020)						

*__Greatest Economic Need: 65 or older living in Poverty__

**__Greatest Social Need: 65 or older living alone__

Benchmark:

- Maintain consumer satisfaction at 75% or higher.
- Increase number of participants at congregate meal site by 2%.
- Increase number of meals served at meal sites by 2%.
- Maintain or exceed the number of at-risk consumers as identified in the demographic baseline.

B. Home Delivered Meal Coordination Strategy: Coordinate with existing meal sites and community members to identify consumers who could most benefit from the home delivered meal program.

Performance Measure: Numbers of home delivered meal consumers.

Baseline:

SFY 2016

Meal Site/County	Number of Meals	Number of Registered Consumers
Cottonwood/Idaho	779	10
Grangeville/Idaho	5,082	44
Kamiah/Lewis	8,337	57
Kendrick/Latah	939	8
Lewiston/Nez Perce	17,716	113
Moscow/Latah	2,144	21
Nezperce/Lewis	72	2
Orofino/Clearwater	2,738	24
Potlatch/Latah	237	9
Riggins/Idaho	0	0
Weippe/Clearwater	7,237	37
Winchester /Lewis	138	3

SFY 2017

Meal Site/County	Number of Meals	Number of Registered Consumers
Cottonwood/Idaho	965	11
Grangeville/Idaho	4,407	41
Kamiah/Lewis	10,617	72
Kendrick/Latah	1,265	12
Lewiston/Nez Perce	19,925	117
Moscow/Latah	1,967	15
Nezperce/Lewis	0	0
Orofino/Clearwater	3,202	33
Potlatch/Latah	275	4
Riggins/Idaho	30	2
Weippe/Clearwater	8,316	34
Winchester /Lewis	75	4

SFY 2018

Meal Site/County	Number of Meals	Number of Registered Consumers
Cottonwood/Idaho		
Grangeville/Idaho		
Kamiah/Lewis		
Kendrick/Latah		
Lewiston/Nez Perce		
Moscow/Latah		
Nezperce/Lewis		
Orofino/Clearwater		
Potlatch/Latah		
Riggins/Idaho		
Weippe/Clearwater		
Winchester /Lewis		

SFY 2019

Meal Site/County	Number of Meals	Number of Registered Consumers
Cottonwood/Idaho		
Grangeville/Idaho		
Kamiah/Lewis		
Kendrick/Latah		
Lewiston/Nez Perce		
Moscow/Latah		
Nezperce/Lewis		
Orofino/Clearwater		
Potlatch/Latah		
Riggins/Idaho		
Weippe/Clearwater		
Winchester /Lewis		

Benchmark: Increase home delivered meal participants by 5% annually.

11: Disease Prevention and Health Promotions Objective: Improve the wellness of seniors by ensuring that Disease Prevention and Health Promotion programs are delivered according to the evidence-based guidelines.

Service Description: Disease Prevention and Health Promotion funds are for evidence-based programs selected by the Area Agencies on Aging based on input from the consumers in the Planning and Service Area (PSA). Evidence-based programs support healthy lifestyles and promote healthy behaviors and reduce the need for more costly medical interventions. The purpose of the Aging and Disability Evidence-Based Programs and Practices (ADEPP) is to help the public learn more about available evidence-based programs and practices in the areas of aging and disability and determine which of these may best meet their needs.

Service Eligibility: Seniors 60 years of age or older.

Service Implemented by:

- Area Agency on Aging, 124 New 6th St., Lewiston, ID 83501, 208-743-5580, M-F 8:00-5:00

Funding Source: (Actual expenditures for completed years and budget for current year)

State Fiscal Year (SFY)	State	Federal	Total
SFY 2016 (July 2015 – June 2016) Actual	$0	$7,613	$7,613
SFY 2017 (July 2016 – June 2017) Actual	$0	$3,317	$3,317
SFY 2018 (July 2017 – June 2018) Budget	$0	$7,493	$7,493
SFY 2019 (July 2018 – June 2019)			
SFY 2020 (July 2019 – June 2020)			

A. Disease Prevention and Health Promotion Service Delivery Strategy: Increase the availability and awareness of Chronic Disease Self-Management (CDSMP) and Chronic Pain Self-Management (CPSMP) classes in PSA II.

Performance Measure:

- Efficiencies = Cost per consumer.
- Effectiveness = Total program cost and numbers of consumers.

Baseline:

Chronic Disease Self-Management Program

State Fiscal Year (SFY)	Evidence Based Program Expenses	Total Unduplicated Clients	Average cost per Client
SFY 2016 (July 2015 – June 2016) Actual	$7,613	39	$195
SFY 2017 (July 2016 – June 2017) Actual	$2,927	45	$65
SFY 2018 (July 2017 – June 2018) Budget	$6,893		
SFY 2019 (July 2018 – June 2019)			
SFY 2020 (July 2019 – June 2020)			

Chronic Pain Self-Management Program

State Fiscal Year (SFY)	Evidence Based Program Expenses	Total Unduplicated Clients	Average cost per Client
SFY 2016 (July 2015 – June 2016)	Not Applicable	Not Applicable	Not Applicable
SFY 2017 (July 2016 – June 2017) Actual	$390	6	$65
SFY 2018 (July 2017 – June 2018) Budget	$600		
SFY 2019 (July 2018 – June 2019)			
SFY 2020 (July 2019 – June 2020)			

Benchmark:

- Increase the number of CDSMP consumers by 32 in SFY2018.
- Increase the number of CPSMP consumers by 16 in SFY2018.

B. Disease Prevention and Health Promotion Coordination Strategy: Collaborate with Community Health Association of Spokane (CHAS), Partnership for Healthy Communities, University of Idaho Extension, and Patient Centered Medical Home Clinics to expand the CDSMP and CPSMP classes throughout the region. Identify other partnerships to increase trained lay-leaders and sustainability.

Performance Measure:

- Number of collaborative partners.
- Number of classes.

- Number of trained lay-leaders.

Baseline: Current MOU with Partnership for Healthy Communities. Reporting and training partnership with CHAS.

State Fiscal Year (SFY)	Number of CDSMP Classes	Number of CPSMP Classes	Location of Classes
SFY 2016 (July 2015 – June 2016)	2	0	Lenore, Lewiston
SFY 2017 (July 2016 – June 2017)	8	1	Moscow, Lewiston, White Bird, Grangeville, Cottonwood, Riggins
SFY 2018 (July 2017 – June 2018)			
SFY 2019 (July 2018 – June 2019)			
SFY 2020 (July 2019 – June 2020)			

State Fiscal Year (SFY)	Number of Trained CDSMP Lay-Leaders	Number of Trained CPSMP Lay-Leaders
SFY 2016 (July 2015 – June 2016)	3	0
SFY 2017 (July 2016 – June 2017)	8	3
SFY 2018 (July 2017 – June 2018)		
SFY 2019 (July 2018 – June 2019)		
SFY 2020 (July 2019 – June 2020)		

Benchmark:

- Increase the number of collaborative partners by one in SFY2018
- Increase the number of CDSMP classes by 4 in SFY2018
- Increase the number of CPSMP classes by 2 in SFY2018
- Increase the number of trained lay-leaders by 3 in SFY2018

12: National Family Caregiver Support Program (NFCSP) Objective: To strengthen the Idaho's Family Caregiver Support Program.

Service Description: NFCSP funds must be used to support and train caregivers to make decisions, resolve problems, and develop skills to carry out their caregiving responsibilities:

1. Caregiver information (large group presentations, printed materials, media);
2. Caregiver access assistance (assisting caregiver to access resources);
3. Caregiver Counseling including caregiver support groups and training;
4. Respite provides a brief period of relief to a full-time caregiver. The care recipient must have physical or cognitive impairments that require 24 hour care or supervision;
5. Supplemental Services.

Service Eligibility: (1) family caregivers who provide care for individuals with Alzheimer's disease and related disorders with neurological and organic brain dysfunction, the State involved shall give priority to caregivers who provide care for older individuals with such disease or disorder, (2) grandparents or older individuals who are relative caregivers, the State involved shall give priority to caregivers who provide care for children with severe disabilities, (3) caregivers who are older individuals with greatest social need, and older individuals with greatest economic need (with particular attention to low-income older individuals), and (4) older individuals providing care to individuals with severe disabilities, including children with severe disabilities.

Service Implemented by:

- Area Agency on Aging, 124 New 6th St., Lewiston, ID 83501, 208-743-5580, M-F 8:00-5:00

Funding Source: (Actual expenditures for completed years and budget for current year)

State Fiscal Year (SFY)	State	Federal	Total
SFY 2016 (July 2015 – June 2016) Actual	$57,646	$44,729	$102,375
SFY 2017 (July 2016 – June 2017) Actual	$39,072	$53,216	$92,288
SFY 2018 (July 2017 – June 2018) Budget	$13,104	$56,848	$69,952
SFY 2019 (July 2018 – June 2019)			
SFY 2020 (July 2019 – June 2020)			

Cost Share: Both federal and state funds are eligible; however different requirements apply: If only federal funds are used, the AAA must use individual income when determining cost-share and participants cannot be terminated for refusal to pay. If only using state funds, the AAA must use household income when determining cost-share and person can be terminated for refusal to pay. If a combination of federal and state funds is used, the AAA follows federal requirements.

A. National Family Caregiver Support Program (NFCSP) Service Delivery Strategy: Through community presentations, increase awareness of and referral to available family caregiver support services. Develop an interagency caregiver workforce marketing plan to address the shortage and retention of in-home caregivers.

Performance Measure:

- Efficiencies = Average cost per consumer.
- Effectiveness = Total consumers, total program cost, average # of hours, and number of caregiver presentations.
- Quality=Consumer satisfaction.

1. Caregiver Information Services

Baseline:

State Fiscal Year (SFY)	Annual Expense	Number of Activities
SFY 2016 (July 2015 – June 2016) Actual	$6,713	Not Available
SFY 2017 (July 2016 – June 2017) Actual	$7,404	Not Available
SFY 2018 (July 2017 – June 2018) Budget	$13,965	
SFY 2019 (July 2018 – June 2019)		
SFY 2020 (July 2019 – June 2020)		

2. Access Assistance (I&A)

Baseline:

State Fiscal Year (SFY)	Annual Expense	Number of Contacts	Program Expense per Contact
SFY 2016 (July 2015 – June 2016) Actual	$17,193	75	$229.24
SFY 2017 (July 2016 – June 2017) Actual	$22,524	201	$112.06
SFY 2018 (July 2017 – June 2018) Budget	$22,641		
SFY 2019 (July 2018 – June 2019)			
SFY 2020 (July 2019 – June 2020)			

3. Caregiver Counseling and Group Programs

Baseline:

State Fiscal Year (SFY)	Annual Expense	Number of Unduplicated Clients Served	Number of Sessions	Program Expense per Client
SFY 2016 (July 2015 – June 2016) Actual	$3,169	9	69	$352
SFY 2017 (July 2016 – June 2017) Actual	$8,434	28	87	$301
SFY 2018 (July 2017 – June 2018) Budget	$12,735			
SFY 2019 (July 2018 – June 2019)				
SFY 2020 (July 2019 – June 2020)				

4. Respite

Baseline:

State Fiscal Year (SFY)	Annual Expense	Number of Unduplicated Clients Served	Number of Hours	Program Expense per Client	Consumer Satisfaction
SFY 2016 (July 2015 – June 2016) Actual	$62,347	16	5,176	$3,897	90%
SFY 2017 (July 2016 – June 2017) Actual	$53,360	22	3,809	$2,425	100%
SFY 2018 (July 2017 – June 2018) Budget	$17,600				
SFY 2019 (July 2018 – June 2019)					
SFY 2020 (July 2019 – June 2020)					

5. Supplemental Service (Limited Basis)

Supplemental Caregiver Legal Assistance

Baseline:

State Fiscal Year (SFY)	Annual Expense
SFY 2016 (July 2015 – June 2016) Actual	$2,056
SFY 2017 (July 2016 – June 2017) Actual	$567
SFY 2018 (July 2017 – June 2018) Budget	$3,010
SFY 2019 (July 2018 – June 2019)	
SFY 2020 (July 2019 – June 2020)	

Supplemental Caregiver Nutritional Service

Baseline:

State Fiscal Year (SFY)	Annual Expense
SFY 2016 (July 2015 – June 2016) Actual	$10,897
SFY 2017 (July 2016 – June 2017) Actual	Not Applicable
SFY 2018 (July 2017 – June 2018) Budget	Not Applicable
SFY 2019 (July 2018 – June 2019)	
SFY 2020 (July 2019 – June 2020)	

Benchmark:

- Increase the number of NFCSP contacts by 5% annually.
- Increase the number of community presentations by 5 annually.
- Increase the number of NFCSP consumers by 2% annually.
- Maintain consumer satisfaction at 80% or higher.

B. NFCSP Coordination Strategy: Collaborate with the University of Idaho Extension (U of I), the Alzheimer Association, AARP Idaho, the Bellevue Health Center, Disability Action Center (DAC), Idaho DHW Children Services,

Idaho Legal Aid, Monastery of St. Gertrude, 211 Idaho Careline, The Nez Perce Tribe, and contracted service providers to provide access to National Family Caregiver Resource Support Program resources and support.

Performance Measure: The number of collaborative partners.

Baseline:

Service	Partner
Information Services	DAC, AARP Idaho, 211 Idaho Careline, The Nez Perce Tribe
Access Assistance	DAC, The Alzheimer's Association,
Counseling	U of I, Bellevue Health Center, IDHW Children's Services, Monastery of St. Gertrude, DAC
Respite	Addus, Seuberts, ANS, Compassionate Care, Devins, Sundance
Supplemental Services	Idaho Legal Aid

Benchmark:

Increase in coordinated efforts by identifying 2 new partners each year.

Focus Area B:
Older Americans Act (OAA) Discretionary Programs

ICOA Goal: To collaborate with aging network partners to implement discretionary programs that enhance Title III Core Services.

1: Senior Medicare Patrol (SMP) Objective: To have well educated and knowledgeable consumers who know how to identify, report, and prevent Medicare and Medicaid Fraud.

Service Description: SMP funds are used to educate Medicare and Medicaid beneficiaries to detect, report, and prevent health care fraud. Trained SMP staff and volunteers conduct group education sessions, provide one-to-one counseling with Medicare beneficiaries, and hold regional Scam Jams co-sponsored by the Idaho Scam Jam Alliance which includes the SMP, Idaho Attorney General's Office, Idaho Department of Insurance, Idaho Department of Finance, Idaho Legal Aid Services, AARP, Better Business Bureau and other valued partners to help consumers learn to protect against fraud.

Service Eligibility: Medicare beneficiaries and their Caregivers.

Service Implemented by:

- Area Agency on Aging, 124 New 6th St., Lewiston, ID 83501, 208-743-5580, M-F 8:00-5:00

Funding Source: (Actual expenditures for

State Fiscal Year (SFY)	State	Federal	Total
SFY 2016 (July 2015 – June 2016) Actual	$0	$18,000	$18,000
SFY 2017 (July 2016 – June 2017) Actual	$0	$20,000	$20,000
SFY 2018 (July 2017 – June 2018) Budget			
SFY 2019 (July 2018 – June 2019)			
SFY 2020 (July 2019 – June 2020)			

A. SMP Service Delivery Strategy: Expand the efficiency of the SMP program by increasing the number of volunteers, group presentations, community events, and one-to-one counseling sessions.

Performance Measure:

- Effectiveness = # of Volunteers, # of group presentation, # of community events, # of one-to-one counseling sessions and total program cost.

Baseline:

State Fiscal Year (SFY)	Volunteers	Group Presentations	Community Events	One-to-one Counseling
SFY 2016 (July 2015 – June 2016) Actual	2	60	14	133
SFY 2017 (July 2016 – June 2017) Actual	1	61	25	120
SFY 2018 (July 2017 – June 2018) Actual				
SFY 2019 (July 2018 – June 2019)				
SFY 2020 (July 2019 – June 2020)				

Benchmark: Meet or exceed the following:

- Recruit and retain 2 additional volunteer positions per year.
- 80 group presentations per year.
- Increase one-on-one counseling sessions by 5% per year.
- Increase community events by 2 each year.

B. SMP Coordination Strategy: Identify new area partners to collaborate with to present day-long community fraud events, which include education about Medicare fraud prevention, identity theft, and exploitation. Coordinate with the Senior Health Insurance Benefits Advisors (SHIBA) to train volunteers and staff to achieve efficient SMP program education about Medicare fraud prevention.

Performance Measure: Number of SMP partners, number of trained volunteers and consumer survey results from community fraud events.

Baseline: Current SHIBA partnership and fraud event survey results.

Contract Year	Total Volunteer Hours	Total Partners	Consumer Survey
2016 (May 2015 – May 2016)	338.5	30	78%
2017 (May 2016 – May 2017)	74	52	80%
2018 (May 2017 – May 2018)			
2019 (May 2018 – May 2019)			
2020 (May 2019 – May 2020)			

Benchmark:

- Increase the satisfaction of consumers who attend community fraud events by 75% or higher.
- Increase the number of area partners by 3 per year.
- Increase the number of volunteer hours by 10%.

2: Medicare Improvements for Patients and Providers Act (MIPPA) Objective: To provide statewide outreach and referral to eligible Medicare Savings Program and Low Income Subsidy beneficiaries throughout the State.

Service Description: MIPPA funds are used to provide education and outreach for Medicare Savings Programs (MSP), Low Income Subsidy (LIS), Medicare Part D and Prevention and Wellness benefits. The MIPPA project develops Medicare Improvement outreach partners statewide including, pharmacies, churches and not-for-profit organizations.

Service Eligibility: Low income Medicare beneficiaries.

Service Implemented by:

- Area Agency on Aging, 124 New 6th St., Lewiston, ID 83501, 208-743-5580, M-F 8:00-5:00

Funding Source: (Actual expenditures for completed

State Fiscal Year (SFY)	State	Federal	Total
SFY 2016 (July 2015 – June 2016) Actual	$0	$18,000	$18,000
SFY 2017 (July 2016 – June 2017) Actual	$0	$18,000	$18,000
SFY 2018 (July 2017 – June 2018) Budget			
SFY 2019 (July 2018 – June 2019)			
SFY 2020 (July 2019 – June 2020)			

A. MIPPA Service Delivery Strategy: Expand efficiency of MIPPA program by increasing the number of host agencies.

Performance Measure:

- Efficiencies = Average cost per participating agency.
- Effectiveness = Total Host Agency and total program cost.

Baseline:

State Fiscal Year (SFY)	Participating Host Agencies
SFY 2016 (July 2015 – June 2016) Actual	26
SFY 2017 (July 2016 – June 2017) Actual	40
SFY 2018 (July 2017 – June 2018) Actual	
SFY 2019 (July 2018 – June 2019)	
SFY 2020 (July 2019 – June 2020)	

Benchmark: Increase number of host agencies by 5 per year.

B. MIPPA Coordination Strategy: Coordinate with ICOA to develop public awareness materials and conduct a media campaign to increase the MIPPA participation.

Performance Measure: Public awareness materials and statewide media campaigns.

Baseline: Three-year MIPPA Media Campaign.

Benchmark: Identify if campaigns and MIPPA materials increase the number of applications.

Focus Area C: Older Americans Act (OAA) Participant-Directed/Person-Centered Planning

ICOA Goal: Integrate person-centered planning into existing service delivery system.

1: Participant-Directed/Person-Centered Planning Objective: To define and implement person centered processes with aging and disability network partners.

Service Description: The service directs eligible consumers to organizations that provide long-term care service coordination. Person-Centered Planning is a process that ensures an individual has a choice in determining the long-term care services that are best for them.

Service Eligibility: General public needing long-term care services and supports.

Service Implemented by:

- Area Agency on Aging, 124 New 6th St., Lewiston, ID 83501, 208-743-5580, M-F 8:00-5:00

A. Participant-Directed/Person-Centered Planning Service Delivery Strategy: Identify best practices from organization/s that provide Person-Centered Planning.

Performance Measure:

- Best practices.

Baseline:
Establish best practices in conjunction with Disability Action Center.

Benchmark: Implement Person-Centered- Planning standard practices at the AAA.

B. Participant-Directed/Person-Centered Planning Coordination Strategy: Coordinate with Disability Action Center to train AAA staff to work with individuals who have various types of disabilities.

Performance Measure:
Number of AAA trained staff.

Baseline: No baseline.

Benchmark:
Complete Person-Centered Planning training with aging and disability network partners.

Focus Area D: Elder Justice

ICOA Goal: Ensure all older individuals have access to OAA and SSA Elder Justice Services.

1: Ombudsman Objective: To develop Idaho specific policies and procedures to comply with new Older Americans Act (OAA) Ombudsman rules.

Service Description: The Ombudsman funds are used to:
(A) identify, investigate, and resolve complaints that—(i) are made by, or on behalf of, residents; and
(ii) relate to action, inaction, or decisions, that may adversely affect the health, safety, welfare, or rights of the residents (including the welfare and rights of the residents with respect to the appointment and activities of guardians and representative payees), of— (I) providers, or representatives of providers, of long-term care services; (II) public agencies; or (III) health and social service agencies;
(B) provide services to assist the residents in protecting the health, safety, welfare, and rights of the residents;
(C) inform the residents about means of obtaining services provided by providers or agencies described in subparagraph (A)(ii) or services described in subparagraph (B);
(D) ensure that the residents have regular and timely access to the services provided through the Office and that the residents and complainants receive timely responses from representatives of the Office to complaints;
(E) represent the interests of the residents before governmental agencies and seek administrative, legal, and other remedies to protect the health, safety, welfare, and rights of the residents;
(F) provide administrative and technical assistance to entities designated under paragraph (5) to assist the entities in participating in the program;
(G)(i) analyze, comment on, and monitor the development and implementation of Federal, State, and local laws, regulations, and other governmental policies and actions, that pertain to the health, safety, welfare, and rights of the residents, with respect to the adequacy of long-term care facilities and services in the State; (ii) recommend any changes in such laws, regulations, policies, and actions as the Office determines to be appropriate; and (iii) facilitate public comment on the laws, regulations, policies, and actions;

(H)(i) provide for training representatives of the Office; (ii) promote the development of citizen organizations, to participate in the program; and (iii) provide technical support for the development of resident and family councils to protect the well-being and rights of residents; and

(I) carry out such other activities as the Assistant Secretary determines to be appropriate.

Service Eligibility: Seniors 60 years of age or older.

Service Implemented by:

- Area Agency on Aging, 124 New 6th St., Lewiston, ID 83501, 208-743-5580, M-F 8:00-5:00

Funding Source: (Actual expenditures for completed years and budget for current year)

State Fiscal Year (SFY)	State	Federal	Total
SFY 2016 (July 2015 – June 2016) Actual	$0	$68,004	$68,004
SFY 2017 (July 2016 – June 2017) Actual	$0	$66,362	$66,362
SFY 2018 (July 2017 – June 2018) Budget	$0	$72,167	$72,167
SFY 2019 (July 2018 – June 2019)			
SFY 2020 (July 2019 – June 2020)			

A. Ombudsman Service Delivery Strategy: Use data to identify complaint trends; develop quarterly reports to analyze service delivery; recruit and sustain volunteers to increase effectiveness in volunteer management and data entry, and, to provide facility-based in-service presentations linked to LTC complaint trends.

Performance Measure:

- Average beds/Ombudsman
- Information and Education Presentation
- Reporting

Baseline:

State Fiscal Year (SFY)	Number of Ombudsman	Number of Skilled Nursing Facilities	Number of Assisted Living Facilities	Total Number of Beds	Average Bed Count per Ombudsman	Total Volunteer Ombudsman	Total Information and Education Presentation
SFY 2016 (July 2015 – June 2016) Actual	1	Not Available	Not Available	1,447	1447	30	4
SFY 2017 (July 2016 – June 2017) Actual	1	Not Available	Not Available	1,447	1447	21	0
SFY 2018 (July 2017 – June 2018) Actual	1	9	29	1,483	1483	22	
SFY 2019 (July 2018 – June 2019)							
SFY 2020 (July 2019 – June 2020)							

Ombudsman

Five Most Frequent Complaint Areas and Corresponding Number of Complaints (SFY 2016): **Data comes from GetCare report, Custom Export**

SFY16		SFY17		SFY18		SFY19		SFY20	
Type of Complaint	Total Complaints	Type of Complaint	Total Complaints	Type of Complaint	Total Complaints	Type of Complaint	Total Complaints	Type of Complaint	Total Complaints
Information	22	Care Plans #42	6						
Symptoms Unattended	7	Short Staff #97	6						
Medications	6	Symptoms unattend #48	4						
Care Plan	6	Billing #36	4						
Discharge	6	Discharge/Eviction #19	4						

Benchmark:

- Increase Volunteer Ombudsman by 2% annually.
- Develop quarterly reports from collected data to ensure improvement.
- Link 50% of Facility Based Presentations to top 3 complaint trends.

B. Ombudsman Coordination Strategy: Provide resident rights education and training to providers or representatives of providers of LTC services, public agencies, health and social services agencies to ensure that the health, safety, welfare and rights of residents are being met.

Performance Measure: Number of presentations.

Baseline:

State Fiscal Year (SFY)	Total Information & Education Presentations
SFY 2016 (July 2015 – June 2016)	4
SFY 2017 (July 2016 – June 2017)	0
SFY 2018 (July 2017 – June 2018)	
SFY 2019 (July 2018 – June 2019)	
SFY 2020 (July 2019 – June 2020)	

Benchmark:

- Increase the number of information and education presentations to 4 per year.

2: State Adult Protection Objective: To ensure that adult protection services are consistently implemented statewide to prevent abuse, neglect and exploitation.

Service Description: State Adult Protection Services (APS) funds must be used to provide safety and protection for vulnerable adults (age 18 and older). The APS program receives reports and investigates allegations of abuse, neglect, self-neglect, or exploitation and assists in reducing the risk of harm.

- Abuse means the intentional or negligent infliction of physical pain, injury or mental injury.
- Neglect means failure of a caretaker to provide food, clothing, shelter or medical care reasonably necessary to sustain the life and health of a vulnerable adult, or the failure of a vulnerable adult to provide those services for him/herself.
- Exploitation means an action which may include, but is not limited to, the unjust or improper use of a vulnerable adult's financial power of attorney, funds, property, or resources by another person for profit or advantage.

Service Eligibility: Vulnerable adults 18 years old and older.

Service Implemented by:

- Area Agency on Aging, 124 New 6th St., Lewiston, ID 83501, 208-743-5580, M-F 8:00-5:00

Funding Source: (Actual expenditures for completed years and budget for current year)

State Fiscal Year (SFY)	State	Federal	Total
SFY 2016 (July 2015 – June 2016) Actual	$72,609	$0	$72,609
SFY 2017 (July 2016 – June 2017) Actual	$77,941	$0	$77,941
SFY 2018 (July 2017 – June 2018) Budget	$80,740	$0	$80,740
SFY 2019 (July 2018 – June 2019)			
SFY 2020 (July 2019 – June 2020)			

A. Adult Protection Service Delivery Strategy: Use data of reported allegations by category and complaint allegations reported to Law Enforcement to assure the alleged risk of vulnerable adults is effectively reduced.

Performance Measure:

- Reporting

Baseline:

State Fiscal Year (SFY)	Abuse Allegations	Neglect Allegations	Self-Neglect Allegations	Exploitation Allegations	Reports to Law Enforcement	Total Information and Education Presentation
SFY 2016 (July 2015 – June 2016) Actual	5	16	34	15	15	37
SFY 2017 (July 2016 – June 2017) Actual	12	27	34	30	21	50
SFY 2018 (July 2017 – June 2018) Actual						
SFY 2019 (July 2018 – June 2019)						
SFY 2020 (July 2019 – June 2020)						

Benchmark: Maintain reporting and use data to focus training and presentations.

B. Adult Protection Coordination Strategy: Coordinate with the Idaho Department of Health and Welfare Regional Medicaid Unit, local law enforcement agencies, hospitals, medical providers, in-home care service providers, financial institutions, Boards of Community Guardians representing Latah, Nez Perce, Idaho and Clearwater/Lewis counties and Nez Perce Tribal Social Services to present information and education to facilitate reporting of abuse, neglect, self-neglect and exploitation of vulnerable adults.

Performance Measure: The number of presentations on Maltreatment of Vulnerable Adults.

Baseline:

State Fiscal Year (SFY)	Total AP Presentation focusing on Prevention of Maltreatment of Vulnerable Adults
SFY 2016 (July 2015 – June 2016)	37
SFY 2017 (July 2016 – June 2017)	50
SFY 2018 (July 2017 – June 2018)	
SFY 2019 (July 2018 – June 2019)	
SFY 2020 (July 2019 – June 2020)	

Benchmark: Increase community presentations by 5 presentations per year.

ATTACHMENT A

AREA PLAN ASSURANCES AND REQUIRED ACTIVITIES

Older Americans Act, As Amended April 19, 2016

By signing this document, the authorized official commits the Area Agency on Aging to performing all listed assurances and activities as stipulated in the Older Americans Act, as amended April 19, 2016.

AREA PLAN Section. 306.

Each Area Plan shall—

(a)(1) provide, through a comprehensive and coordinated system, for supportive services, nutrition services, and, where appropriate, for the establishment, maintenance, modernization, or construction of multipurpose senior centers (including a plan to use the skills and services of older individuals in paid and unpaid work, including multigenerational and older individual to older individual work),''within the planning and service area covered by the plan, including determining the extent of need for supportive services, nutrition services, and multipurpose senior centers in such area (taking into consideration, among other things, the number of older individuals with low incomes residing in such area, the number of older individuals who have greatest economic need (with particular attention to low-income older individuals, including low-income minority older individuals, older individuals with limited English proficiency, and older individuals residing in rural areas) residing in such area, the number of older individuals who have greatest social need (with particular attention to low-income older individuals, including low-income minority older individuals, older individuals with limited English proficiency, and older individuals residing in rural areas) residing in such area, the number of older individuals at risk for institutional placement residing in such area, and the number of older individuals who are Indians residing in such area, and the efforts of voluntary organizations in the community, evaluating the effectiveness of the use of resources in meeting such need, and entering into agreements with providers of supportive services, nutrition services, or multipurpose senior centers in such area, for the provision of such services or centers to meet such need;

(2) provide assurances that an adequate proportion, as required under section 307(a)(2), of the amount allotted for part B to the planning and service area will be expended for the delivery of each of the following categories of services—**(Attachment C, Budget Parameters)**

(A) services associated with access to services (transportation, health services (including mental and behavioral health services) outreach, information and assistance, (which may include information and assistance to consumers on availability of services under part B and how to receive benefits under and participate in publicly supported programs for which the consumer may be eligible) and case management services);

The Area Agency on Aging (AAA) staff develop recommendations for service delivery, procurement, budget parameter/s and the overall AAA budget in preparing the 4 year Area Plan. At the time of Area Plan development, the Budget parameters are provided to public

stakeholders for comment. The AAA Director and the AAA Advisory Council CAP Board liaison inform the CAP Board of AAA progress on regular basis, most often at monthly CAP Board meetings. During an Area Plan development year, the budget parameters are provided to the public and stakeholders for comment, which are considered during the advisory council recommendation to the CAP Board. Every four years, the AAA Advisory Council submits its full, final Area Plan recommendations and budget to the CAP Board for review and approval. This year, the AAA will seek this approval in early June 2017, prior to submitting the full budget to ICOA. Annually thereafter, the AAA Advisory Council advises AAA Director in making service, budget and budget parameter recommendations to the Community Action Partnership (CAP) Board for 2nd, 3rd and 4th year updates to the Area Plan.

(B) In-home services, including supportive services for families of older individuals who are victims of Alzheimer's disease and related disorders with neurological and organic brain dysfunction; and

Invested in the long term success of caregivers caring for loved ones at home with Alzheimer's Disease and related disorders with neurological and organic brain dysfunction, the AAA incorporates resource information and assistance to enhance caregiver knowledge about available AAA services in Powerful Tools for Caregivers classes, Rosalynn Carter Institute Interventionist training and Respite assessment process.

The budget parameters for in-home services, Homemaker, Respite, Chore and Home Delivered Meals, are identified in Attachment C, Budget Parameters. AAAII

Annually, the AAA Advisory Council makes a budget recommendation to the CAP Board in the month of June. During an Area Plan development year, the budget parameters are provided to the public and stakeholders for comment, which are considered during the advisory council recommendation to the CAP Board. The CAP Board approves the budget parameters at the June CAP Board Meeting, prior to submitting the full budget to ICOA.

(C) legal assistance; and assurances that the area agency on aging will report annually to the State agency in detail the amount of funds expended for each such category during the fiscal year most recently concluded; **(Reference: #8 Legal Services in Area Plan Strategies)**

(3) (A) designate, where feasible, a focal point for comprehensive service delivery in each community, giving special consideration to designating multipurpose senior centers (including multipurpose senior centers operated by organizations referred to in paragraph (6)(C)) as such focal point; and

Focal points are recognized community service organizations, who have both interest and capacity in serving as multipurpose entities for the AAA, serving as a source of information on a broad array of information and resources with long term care information and supportive resources, to many diverse entities throughout the PSA, including the Nez Perce Tribe and Disability Action Center, NW. The AAA already strategically plans with many Focal Point's to meet the LTC needs of older adults and family caregivers quickly and thoroughly. Focal Points have been identified in the "Coordination Strategies" section of the Area Plan.

The AAA will establish formal Memorandum's of Agreement with identified Focal Point organizations by SFY 2019.

The AAA will provide in-service education annually. Education will include AAA program education and information; service eligibility and resources; coordination and volunteer opportunities on a range of in-home and family caregiver services, health promotion & health education and printed resources.

Focal Point organizations will be encouraged to provide the AAA with best practices and outcomes in bi-annual reports to the AAA.

Focal Point organizations will be encouraged to participate in local AAA events that include AAA Advisory Council meetings, Listening Sessions, Public Hearings and interagency events.

List the AAA designated focal points:

Name of Focal Point	**Address**	**Contact**	**Telephone #**
Aging & Long Term Care *Asotin County, WA*	744 5th Street, Suite C, Clarkston, WA 99403	Sherry Greenup	509-758-2355
Clearwater Valley Hospital *Clearwater County*	301 Cedar Street, Orofino, ID 83544	Donna Hoopes	208-476-4555
Community Action Partnership *Clearwater County*	320 Michigan Avenue, Orofino, ID 83544	Tami Plank	208-476-4669
Idaho Department of Health & Welfare *Clearwater, Idaho, Latah, Lewis, and Nez Perce Counties*	1118 F Street, Lewiston, ID 83501	Ty Williams	800-926-2588
Partnership for Healthy Communities *Clearwater County and Idaho County*	301 Cedar Street, Orofino, ID 83544	Pam McBride	208.816.0794
Public Health, Idaho District II *Clearwater, Idaho, Latah, Lewis and Nez Perce Counties*	215 10th Street, Lewiston, ID 83501	Carol Moehrle	208-799-3100
Community Action Partnership *Idaho County*	117 West North Street, Grangeville, ID 83530	Heather McFrederick	208-983-0238

Grangeville Senior Meal Site *Idaho County*	108 Grangeville Truck Route, Grangeville, ID 83530	Joyce Forsmann	208-983-2033
Riggins Senior Meal Site *Idaho County*	121 South Lodge Street, Riggins, ID 83549	Nightfeather Bogan	208-628-4147
AARP *Latah County*	POB 9212 Moscow, ID 83843	Louise Regelin	208-882-2789
Moscow Family Medicine *Latah County*	623 South Main Street, Moscow, ID 83843	Pending	208-882-2011
Community Action Partnership *Latah County*	428 West 3rd Street, Moscow, ID 83843	Jenifer Womack	208-882-3535
Disability Action Center, NW *Latah County*	505 North Main Street, Moscow, ID 83843	Mark Leeper	208-883-0523
Moscow Senior Meal Site *Latah County*	412 3rd Street, Moscow, ID 83843	Bill Terrio	208-882-1562
Community Action Partnership *Lewis County*	615 4th Street, Kamiah, ID 83536	Luann Howard	208-935-1750
Burrell Street Station *Nez Perce County*	1124 Burrell Avenue, Lewiston, ID 83501	Lisa Cox	208-743-0185
Catalyst Medical Group, Valley Medical Center *Nez Perce, County*	2315 8th Street, Lewiston, ID 83501	Tim Dykstra, MD	208-746-1383
Lewiston Orthopedic *Nez Perce County*	320 Warner Drive, Lewiston, ID 83501	Gregory Dietrich, MD	800-841-3523
Community Action Partnership *Nez Perce County*	124 New 6th Street, Lewiston, ID 83501	Kristin Schmidt	208-746-3351
Disability Action Center, NW *Nez Perce County*	330 5th Street, Lewiston, ID 83501	Molly Sherpa	208-746-9033
Highlander Senior Complex *Nez Perce County*	616 Warner Avenue, Lewiston, ID 83501	Renee Rivers	208-746-1201

Interlink *Nez Perce County*	817 6th Street, Clarkston, WA 99403	Deb Snyder	509-751-9143
Lewiston Senior Meal Site *Nez Perce County*	1424 Main Street, Lewiston, ID 83501	Scot McGee	208-743-6983
Millcreek Senior Complex *Nez Perce County*	419 Miller Street, Lewiston, ID 83501	Deb Marbach	208-746-8137
Nez Perce Tribe Senior Citizen Program *Nez Perce County*	149 Lolo Street, Lapwai, ID 83540	Georgeanne Morrison	208-843-7311
Seapointe Senior Complex *Nez Perce County*	1129 Cedar Avenue, Lewiston, ID 83501	Sarah Rose	208-743-9925
Troon Senior Complex *Nez Perce County*	2945 Juniper Drive, Lewiston, ID 83501	Sarah Rose	208-746-1100
Tullamore Senior Complex *Nez Perce County*	908 Bryden Avenue, Lewiston, ID 83501	Linda Fischer	208-743-2800

(B) specify, in grants, contracts, and agreements implementing the plan, the identity of each focal point so designated;

The Area Agency on Aging recognizes diverse service providers as a community Focal Points. With the establishment of new service provider Agreements and/or Contracts in the next contract cycle, no later than 07/01/2018, the AAA will require the Provider to submit a service information and referral plan, with measurable outcomes to serve the target population in the community and provide information and referral to older adults and family caregivers to enhance a consumer's long term success of aging in place. The service provider will describe how they plan to coordinate and/or refer older individuals to the local or satellite Community Action Partnership/Area Agency on Aging (AAA) office. When feasible, the service provider is encouraged to recruit and engage trained volunteers in providing direct services delivered to older individuals and individuals with disabilities needing such services, and, whenever possible, work in coordination with other organizations experienced in providing, training, placement, and stipends for volunteers or participants.

Community is understood to mean the town/s, counties or PSA in which the service provider operates.

Current practice requires interested parties in the Nutrition RFP application, the only RFP process required, to complete the following:

Focal Point:

a. How will you educate nutrition site staff and/or volunteers on issues related to aged adults, and, how will such information be made available when requested by program participants?

(4)(A)(i) (I) provide assurances that the area agency on aging will—

(aa) set specific objectives, consistent with State policy, for providing services to older individuals with greatest economic need, older individuals with greatest social need, and older individuals at risk for institutional placement;

Description	Economic Need (Poverty)	Social Need (Lives alone)	Institutional Placement: 75 and over
BASELINE: % of population from the most current U.S. Bureau of the Census, American Community Survey 5-Year Estimates	**5.89%**	**20%**	**31.8%**
% of register clients receiving Homemaker service	**70%**	**63%**	**79%**
If applicable, % of register clients receiving Chore service	**N/A**	**N/A**	**N/A**
If applicable, % of register clients receiving Minor Home Modification service	**N/A**	**N/A**	**N/A**
% of register clients receiving Congregate Meal service	**23%**	**39%**	**63%**
% of register clients receiving Home Delivered Meal service	**53%**	**50%**	**80%**
% of register clients receiving Respite service	**27%**	**N/A**	**75%**
If applicable, % of register clients receiving Case Management service	**100%**	**100%**	**100%**

Based on the chart above, describe the mechanism that is in place to provide service to those in greatest economic and social needs, and those at risk of institutional placement:

Service Description	Describe the Mechanism that is in place to meet or exceed Census population %
N/A	N/A

(bb) include specific objectives for providing services to low-income minority older individuals, older individuals with limited English proficiency, and older individuals residing in rural areas; and

Description	Low Income 60 + Minority Population	60 + Limited English Population	60 + Living in Rural Areas Population
BASELINE: % of population from the most current U.S. Bureau of the Census, American Community Survey 5-Year Estimates	**ICOA provides per PSA**	**ICOA provides per PSA**	**36%**
% of register clients receiving Homemaker service	**N/A**	**N/A**	**37%**
% of register clients receiving Chore service	**N/A**	**N/A**	**N/A**
% of register clients receiving Minor Home Modification service	**N/A**	**N/A**	**N/A**
% of register clients receiving Congregate Meal service	**N/A**	**N/A**	**56%**
% of register clients receiving Home Delivered Meal service	**N/A**	**N/A**	**49%**
% of register clients receiving Respite service	**N/A**	**N/A**	**26%**
% of register clients receiving Case Management service	**N/A**	**N/A**	**100%**

(II) include proposed methods to achieve the objectives described in items (aa) and (bb) of subclause (I);

The AAA uses demographic Census data for Poverty, Lives Alone, Institutional Placement, and Rural populations to establish a baseline. The AAA compares registered consumers to this baseline to determine if it meets or exceeds the Census percentage. If it doesn't the AAA develops outreach methods to increase the percentage of registered consumers for those areas.
For low-income minority and limited English speakers, the AAA will coordinate with ICOA to identify the Census baseline. Currently, the AAA tracks non-English speakers, but will be working with ICOA to develop a method to track limited English Speakers.

Service Description	Describe the Mechanism that is in place to meet or exceed Census population %
N/A	N/A

(ii) provide assurances that the AAA will include in each agreement made with a provider of any service under this title, a requirement that such provider will—

(I) specify how the provider intends to satisfy the service needs of low-income minority individuals, older individuals with limited English proficiency, and older individuals residing in rural areas in the area served by the provider;

AAA Nutrition Contract Language:
The Service Provider will ensure that those individuals within the target population who have the greatest economic or social need, specifically those who qualify for low-income or minority status, will receive priority in service. The Service Provider shall maintain records, indicating that those served are in the target population by reporting the economic, social, and minority status observed of each individual served. *OAA, Title III sec. 1321.65 (b); IDAPA 15.01.20.053.01*
AAA assures Service provider is meeting a proportional percentage of the target population as service area population by;
The AAA measures a contractor's success at meeting the target population because all consumers in the Senior Nutrition Program are registered in the client database, GetCare. The AAA monitors the success of Contractor's by running periodic reports in GetCare. The Senior Nutrition Program exceeds target population baselines.
Transportation Fixed Price Agreement language:
All contractors must operate in accordance with the Older Americans Act, as amended, and Idaho Commission on Aging (ICOA) Rules IDAPA 15.01.21. Above documents are available for review at Area Agency on Aging during regular business hours.
Transportation providers must offer services to transit-dependent older persons in the service area, to and from health care services, essential shopping, meals programs, senior centers, social services, and recreational activities. It may include personal assistance for those with limited physical mobility.
An individual sixty (60) years of age or older.

1. The AAA does not require Transportation providers to register consumers. Pending capability of capturing demographic information, the AAA does not have ability to specifically monitor how well a contractor is serving the target population.

Legal:

1. The AAA establishes a sole-source contract with Idaho Legal Aid Services, Inc.
2. The contract requires ILAS to:
   Services are targeted to individuals aged 60+ with the greatest economic or social need, with attention to low income minority individuals and individuals residing in rural areas. In addition, the primary target population of all services is the vulnerable elderly who are characterized as: older individuals with physical and mental disabilities; older individuals with limited English-speaking or those older individuals with Alzheimer's disease or related disorders with neurological and organic brain dysfunction (and the caretakers of such individuals; and older individuals who are culturally, socially or geographically isolated, including isolation caused by racial or ethnic status that restricts the ability of the individual to perform daily tasks or threatens the capacity of the individual to live independently.
   Service Providers must establish and use criteria to determine who may receive priority for service if limited program resources are insufficient to serve all those requesting service. Although services should be targeted to low income persons, when Federal funding is contracted, Service Providers may not apply a means test and may not base eligibility for service on participant's income per Older Americans Act.

The incoming contract will require the Service Provider to provide quarterly focal point reports that indicate the number of consumers in each of the target population groups who were: a) provided information about other available services to enhance the long-term success of aging in place, b) referred to the Area Agency on Aging for further assistance, or c) referred to another community organization for assistance in obtaining needed services. The Service Provider shall include on the report their "Best Practice" in reaching the target population. The quarters are hereby established as March 31st, June 30th, September 30th, and December 31st.

(II) to the maximum extent feasible, provide services to low-income minority individuals, older individuals with limited English proficiency, and older individuals residing in rural areas in accordance with their need for such services; and

The language is in contract for Senior Nutrition, Transportation and Legal Services in contract and/or Fixed Price Agreements. Compliance is identified above in subsection (I) in this section.

(III) meet specific objectives established by the area agency on aging, for providing services to low-income minority individuals, older individuals with limited English proficiency, and older individuals residing in rural areas within the planning and service area; and

The AAA does not currently can capture demographic information for consumers receiving Legal and Transportation Services.

The AAA Contractor's have met the Benchmark in serving Congregate Nutrition Meal consumers.

Note: The AAA assesses Home Delivered Meal HDM consumers. The AAA is meeting the Benchmark in serving HDM consumers.

(iii) with respect to the fiscal year preceding the fiscal year for which such plan is prepared—

(I) identify the number of low-income minority older individuals in the planning and service area; **Reference Section: (4)(A)(i)(I)(bb) in this document**. The AAA tracks low-income minority registered consumers and will work with ICOA to establish a baseline from the Census data.

(II) describe the methods used to satisfy the service needs of such minority older individuals; and

Community Action Program, CAP, is the parent organization for the Area Agency on Aging, AAA. The CAP-AAA routinely do interagency referrals. Whenever CAP Energy Assistance, EA, staff provider EA assistance to a low-income (including minority) individual over the age of 60, the EA worker provides printed AAA program information to the older adult. If the older adult expresses need for services, the EA worker makes a referral on the consumer's behalf to the AAA. Similarly, EA staff make referrals on behalf of family caregivers in need of respite and/or home-delivered-meals.

The AAA identifies eligible EA consumers and makes referrals to CAP staff. If a consumer is not able to apply in person for EA benefits, the AAA coordinates with EA, to assure that the older, often rural consumer is signed up for benefits.

Disability Action Center, NW, DAC, is a primary partner of the AAA. DAC and the AAA meet on a monthly basis to staff difficult cases, share information, plan for events, train for family caregiver education, learn about assistive technology and offer health promotion education. DAC is a steadfast participant in DAC-AAA staff meetings. An example of cooperatively meeting the needs of a rural, disabled older consumer is in providing a portable ramp to homes to allow older adults to live at home safely.

Nez Perce Tribe, NPT. The AAA collaborates with the Nez Perce Tribe in a variety of ways, including the Later In Life coalition; Volunteer Ombudsman education, Family Caregiver Education, Tribal Health and Housing events. Two NPT social service staff who are also Family Caregivers, recently

participated in a Powerful Tools for Caregivers 6-week class. On another occasion, NPT Adult Protection staff were trained and certified as Volunteer Ombudsman, a knowledge and skill set that is useful in facility complaint investigations.

(III) provide information on the extent to which the area agency on aging met the objectives described in clause (i);

The Area Agency on Aging exceeded the minimum Benchmarks of the target population for Poverty, Lives Alone, Institutional Placement, and Rural populations. For Low-income minority and limited English speakers, the AAA will coordinate with ICOA to identify the Census baseline. Currently, the AAA tracks non-English speakers, but will be working with ICOA to develop a method to track limited English Speakers.

(B) provide assurances that the area agency on aging will use outreach efforts that will—

(i) identify individuals eligible for assistance under this Act, with special emphasis on—

(I) older individuals residing in rural areas;

(II) older individuals with greatest economic need (with particular attention to low-income minority individuals and older individuals residing in rural areas);

(III) older individuals with greatest social need (with particular attention to low-income minority individuals and older individuals residing in rural areas);

(IV) older individuals with severe disabilities;

(V) older individuals with limited English proficiency;

(VI) older individuals with Alzheimer's disease and related disorders with neurological and organic brain dysfunction (and the caretakers of such individuals); and

(VII) older individuals at risk for institutional placement; and

The Area Agency on Aging exceeds the minimum demographic percentage for Poverty, Lives Alone, Institutional Placement, and Rural populations. On an annual basis, the AAA reviews the demographics of the registered consumers and compares it to the US Census demographic percentage.

If a provider is underserving a certain demographic, the AAA will collaborate with the provider in providing outreach, information and assistance to those populations.

Effective July 1, 2017, the Area Agency on Aging Advisory Council will receive quarterly updated reports, identifying how well (or not) the AAA is reaching its demographic. The AAA Advisory Council, in its advisement role, will strategize with the AAA in meeting and/or continuing to exceed its Benchmarks.

For low-income minority, limited English Speakers, individuals with severe disabilities and those with Alzheimer's disease and related disorders, the

AAA works with Disability Action Center and other community partners to coordinate the distribution of information and access to services.

The AAA routinely provides Outreach and Public Information throughout the PSA at Senior Meal Sites, Senior Housing Complexes and to AAA recognized Focal Point organizations.

(ii) inform the older individuals referred to in sub-clauses (I) through (VII) of clause (i), and the caretakers of such individuals, of the availability of such assistance; and

The Area Agency on Aging exceeds the minimum demographic percentage for Poverty, Lives Alone, Institutional Placement, and Rural populations. On an annual basis, the AAA reviews the demographics of the registered consumers and compares it to the US Census demographic percentage.

If a provider is underserving a certain demographic, the AAA will collaborate with the provider in providing outreach, information and assistance to those populations.

Effective July 1, 2017, the Area Agency on Aging Advisory Council will receive quarterly updated reports, identifying how well (or not) the AAA is reaching its demographic. The AAA Advisory Council, in its advisement role, will strategize with the AAA in meeting and/or continuing to exceed its Benchmarks with a focus on Caregivers of such individuals.

(C) contain an assurance that the area agency on aging will ensure that each activity undertaken by the agency, including planning, advocacy, and systems development, will include a focus on the needs of low-income minority older individuals and older individuals residing in rural areas;

The Area Agency on Aging exceeds the minimum demographic percentage required in serving older adults. On an annual basis, the AAA reviews the demographics of the registered consumers and compares it to the US Census demographic percentage.

If a provider is underserving a certain demographic, the AAA will collaborate with the provider in providing outreach, information and assistance to those populations.

Effective July 1, 2017, the Area Agency on Aging Advisory Council will receive quarterly updated reports, identifying how well (or not) the AAA is reaching its demographic. The AAA Advisory Council, in an advisory role, will strategize with the AAA in meeting and/or continuing to exceed its Benchmarks.

The AAA requires thoughtful planning of a perspective provider in the RFP application, however, the AAA will require in all new contract s by July 1, 2018, that reports and projected outcomes, Service Provider Focal Point activity be submitted to the AAA, in service to the needs of low-income minority older individuals and individuals residing in rural areas.

(5) provide assurances that the area agency on aging will coordinate planning, identification, assessment of needs, and provision of services for older individuals with disabilities, with particular attention to individuals with severe disabilities, and individuals at risk for institutional placement with agencies that develop or provide services for individuals with disabilities;

The Area Agency on Aging is an Aging and Disability Resource Center. To realize this to our fullest potential, the AAA has established a close working relationship with our regional Center for Independent Living, Disability Action Center, NW., DAC. DAC attends monthly staff meetings at the AAA or vice versa. DAC staff are certified and trained in AAA evidence based training and are certified and teach cooperatively with AAA staff. One DAC staff is also trained and certified as a Rosalynn Carter Institute Interventionist. The Executive Director of DAC is a member of the AAA Advisory Council. The AAA and DAC partner in numerous health fairs directed to people living with disability, and, we have participated in regional Alzheimer's events like the Music and Memory film showing in Moscow, Idaho. The AAA seeks to partner with the Idaho Assistive Technology Project in future AAA events, at the request of the IATP, seeking opportunities to do training and technical assistance on assistive technology for aging and disability populations and family caregivers. The AAA intends to help facilitate AT trainings for home care agencies, community health workers, senior centers, occupational therapists working with elders, the long term care ombudsman and so forth. The AAA is a likely partner with the IATP in exploring funding opportunities to increase availability of assistive technology to these populations for ramp projects, dementia monitors, smoke detectors for those with hearing impairments or caregiver alerts and more.

(6) provide that the area agency on aging will—

(A) take into account in connection with matters of general policy arising in the development and administration of the area plan, the views of recipients of services under such plan;

(B) serve as the advocate and focal point for older individuals within the community by (in cooperation with agencies, organizations, and individuals participating in activities under the plan) monitoring, evaluating, and commenting upon all policies, programs, hearings, levies, and community actions which will affect older individuals;

The Area Agency on Aging has selected a diverse Steering Committee representative of diverse sectors of the PSA, including but not limited to member experience (in life and/or education) in: senior center planning and development; healthcare; rural development; disability planning; law; criminal investigation; volunteerism; and more. The Steering Committee has opportunity to comment on and suggest attention and planning in development of the Area Plan. The Area Agency on Aging will hold a Public Comment period and post the Area Plan on the AAA website. The AAA will also hold a Public Hearing. The AAA will seek comment and evaluate (along with the Steering Committee) suggested revision and/or edits, with the intent to construct a planning document reflects our broadest ability to address older consumers needs and family caregivers.

(C)(i) where possible, enter arrangements with organizations providing day care services for children, assistance to older individuals caring for relatives who are children, and respite for families, so as to provide opportunities for older individuals to aid or assist on a voluntary basis in the delivery of such services to children, adults, and families;

The PSA does not currently have an Adult Day Care or Adult Day Health facility. This noted, the Area Agency on Aging will evaluate opportunity with the University of Idaho Child Care and Referral office and LTC facilities to assess care possibilities for older

individuals to aid or assist on a voluntary basis in the delivery of such services to children, adults, and families

(ii) if possible regarding the provision of services under this title, enter arrangements and coordinate with organizations that have a proven record of providing services to older individuals, that-

(I) were officially designated as community action agencies or community action programs under section 210 of the Economic Opportunity Act of 1964 (42 U.S.C. 2790) for fiscal year 1981, and did not lose the designation as a result of failure to comply with such Act; or

The Area II Agency on Aging (AAA), located in Lewiston, Idaho, is responsible for serving older residents of Planning and Service Area (PSA) II. It operates as a part of Community Action Partnership, CAP, since 1973 and serves the geographic region commonly known as North Central Idaho. This region includes nine counties: Nez Perce, Latah, Lewis, Clearwater and Idaho Counties.

The CAP/AAA contracts with the Idaho Commission on Aging (ICOA) which is the agency of state government designated by the Governor as Idaho's State Unit on Aging. The ICOA monitors the AAA's compliance with all state and federal requirements pertaining to programs funded under the Federal Act or the Idaho Senior Services Act ("State Act"). Under the guidance of the ICOA, the AAA plans and coordinates funds, monitors a regional program of services to address the present and future needs of older Idahoans residing within the PSA, and serves as a catalyst for improvement in the delivery of services to the elderly within all the counties which make up the PSA.

The AAA has the authority to develop and manage budgets and programs to meet the needs and specific conditions and circumstances of service recipients within its geographic jurisdiction. To accomplish this, the AAA is required to periodically re-evaluate, through needs assessments, what clients' needs, conditions and circumstances currently are. The Federal Act authorizes the AAA to develop a four-year Area Plan to address the specific needs, conditions and circumstances of older Idahoans and vulnerable adults residing within the PSA.

(II) came into existence during fiscal year 1982 as direct successors in interest to such community action agencies or community action programs; and that meet the requirements under section 676B of the Community Services Block Grant Act; and

N/A

(iii) make use of trained volunteers in providing direct services delivered to older individuals and individuals with disabilities needing such services and, if possible, work in coordination with organizations that have experience in providing training, placement, and

stipends for volunteers or participants (such as organizations carrying out Federal service programs administered by the Corporation for National and Community Service), in community service settings;

The Area Agency on Aging contracts with Interlink Volunteers to provide transportation services provided by volunteers. In addition, the AAA, on behalf of consumers needing minor home improvement such as ramp installation, yard work, handyman services and moving services, refers to Interlink volunteers to assure that a variety of consumer needs are met. Interlink is a Faith In Action program founded in 1984 and serves Nez Perce County, Idaho and Asotin County, WA.

The Area Agency on Aging actively recruits and trains multiple CAP/AAA volunteer corps in the Ombudsman, Senior Medicare Patrol and Health Promotion/Disease Prevention Programs. Trained, certified volunteers, for example, provide evidence based teaching on Chronic Disease and Chronic Pain Self-Management Classes, Powerful Tools for Caregivers Classes and Family Caregiver Intervention to consumers throughout the PSA.

(D) establish an advisory council consisting of older individuals (including minority individuals and older individuals residing in rural areas) who are participants or who are eligible to participate in programs assisted under this Act, family caregivers of such individuals, representatives of older individuals, service providers, representatives of the business community, local elected officials, providers of veterans' health care (if appropriate), and the general public, to advise continuously the area agency on aging on all matters relating to the development of the area plan, the administration of the plan and operations conducted under the plan; **(Attachment H, PSA Advisory Council Profile)**

(E) establish effective and efficient procedures for coordination of—

(i) entities conducting programs that receive assistance under this Act within the planning and service area served by the agency; and

The Area Agency on Aging Advisory Council functions by its bylaws, our parent agencies governing board and its bylaws, contracts and Fixed Priced Agreements with service providers.

(ii) entities conducting other Federal programs for older individuals at the local level, with particular emphasis on entities conducting programs described in section 203(b), within the area;

(X) **title II of the Domestic Volunteer Service Act of 1973**—The Area II AAA's umbrella agency (CAP) is a volunteer recruitment and service entity. The AAA actively recruits, trains and certifies an average of 30 volunteers in its Volunteer Ombudsman program. The AAA also recruits, certifies and manages volunteers teaching evidence based Health Promotion classes. Contracted providers are encouraged to seek out and utilize volunteers in service to older adults and family caregivers.

(X) **sections 231 and 232 of the National Housing Act**—The AAA II parent agency is a Community Action Partnership program. CAP owns and operates

several housing properties for low-income and disabled families and individuals, including older adults and family caregivers.

(X) **the United States Housing Act of 1937**— The AAA II parent agency is a Community Action Partnership program. CAP owns and operates several housing properties for low-income and disabled families and individuals, including older adults and family caregivers.

(X) **section 202 of the Housing Act of 1959**— The AAA II parent agency is a Community Action Partnership program. CAP owns and operates several housing properties for low-income and disabled families and individuals, including older adults and family caregivers.

(X) **title I of the Housing and Community Development Act of 1974**— The AAA II parent agency is a Community Action Partnership program. CAP owns and operates several housing properties for low-income and disabled families and individuals, including older adults and family caregivers.

(X) **sections 3, 9, and 16 of the Urban Mass Transportation Act of 1964**—The AAA contracts by way of a Fixed Price Agreement with 4 providers of Transportation in the PSA.

(X) **the Low-Income Home Energy Assistance Act of 1981**— The AAA II parent agency is a Community Action Partnership program. CAP, receives funds to assist low-income families and individuals (including seniors), to pay for their primary heat source during the winter months.

(X) **part A of the Energy Conservation in Existing Buildings Act of 1976, relating to weatherization assistance for low income persons**— The AAA II parent agency is a Community Action Partnership program. CAP, that receives funds to assist low-income families and individuals (including seniors) make necessary changes to their homes to make them more energy efficient.

(X) **the Community Services Block Grant Act**— The AAA II parent agency is a Community Action Partnership program, CAP, that receives funds to assist low-income families and individuals (including seniors).

(X) **demographic statistics and analysis programs conducted by the Bureau of the Census under title 13, United States Code**—AAA II utilizes demographic statistics, provided to each AAA by the State Unit (ICOA), for the development of the Area Plan as well as to plan for the need for future services and plan accordingly with the annual budget.

(X) **parts II and III of title 38, United States Code**—AAA II is in the planning phase for securing VD-HCBS in Nez Perce, Latah, Lewis and Clearwater Counties. Idaho County falls in the Boise catchment area.

(X) **sections 4 and 5 of the Assistive Technology Act of 1998 (29 U.S.C. 3003, 3004)**—AAA II has an MOU in place with Disability Action Partnership, DAC, (which is a Center for Independent Living). DAC receives referrals from the AAA for assistance and the AAA coordinates, staffs and provides services to older DAC consumers in need of AAA provided services.

(F) in coordination with the State agency and with the State agency responsible for, mental and behavioral health services, describe how the AAA increases public awareness of mental health disorders, removes barriers to diagnosis and treatment, and coordinate, mental and behavioral health services (including mental health screenings) provided with funds expended by the area agency on aging, mental and behavioral health services provided by community health centers and by other public agencies and nonprofit private organizations;

The AAA is primarily engaged in increasing public awareness of mental health disorders, removing barriers to diagnosis and treatment, and, coordinating mental and behavioral health services in our work in Adult Protective Services. The Adult Protection Supervisor is an Ex-Officio member of our regional Boards of Community Guardians, BOG. As an interdisciplinary Board, the county specific BOG's convenes monthly in each county to address needs of adults who cannot advocate on their own behalf. Often, the individuals referred to a BOG are dually diagnosed with a primary diagnosis of mental illness or a type of dementia. In this work, the AAA collaborates with local law enforcement, the Idaho DHW Mental Health program; the Idaho DHW Disabilities and Medicaid programs; Crisis Recovery and the Suicide Prevention Action Network, SPAN.

The AAA intends to explore the Crisis Recovery Center's ability to assist family caregivers caring for loved ones with dementia who also experience exacerbated behavioral problems that require professional intervention.

(G) if there is a significant population of older individuals who are Indians in the planning and service area of the area agency on aging, the area agency on aging shall conduct outreach activities to identify such individuals in such area and shall inform such individuals of the availability of assistance under this Act; and

The AAA collaborates with the Nez Perce Tribe Senior and Health Services in the training and certification of Volunteer Ombudsman and the evidenced based curriculum, Powerful Tools for Caregivers. AAA Adult Protection staff have participated in a US Department of Justice Later in Life grant over time and with the intention of cooperatively strengthening staff in the investigation of abuse, neglect and exploitation.

The AAA is represented at tribal Housing and Health Fairs.

The AAA has welcomes the NPT to actively participate in the AAA Advisory Council.

(H) in coordination with the State agency and with the State agency responsible for elder abuse Prevention services, increase public awareness of elder abuse, neglect, and exploitation, and remove barriers to education, prevention, investigation, and treatment of elder abuse, neglect, and exploitation, as appropriate;

Service Description: State Adult Protection Services (APS) funds must be used to provide safety and protection for vulnerable adults (age 18 and older). The APS program receives reports and investigates allegations of abuse, neglect, self-neglect, or exploitation and assists in reducing the risk of harm.

- Abuse means the intentional or negligent infliction of physical pain, injury or mental injury.
- Neglect means failure of a caretaker to provide food, clothing, shelter or medical care reasonably necessary to sustain the life and health of a vulnerable adult.

Self-neglect is the choice of a vulnerable adult not to provide those services for themselves.

- Exploitation means an action which may include, but is not limited to, the unjust or improper use of a vulnerable adult's financial power of attorney, funds, property, or resources by another person for profit or advantage.

Service Eligibility: Vulnerable adults 18 years old and older.

Service Implemented by:

- Area Agencies on Aging (AAAs)

A. Adult Protection Coordination Strategy: Coordinate with the Idaho Department of Health and Welfare Regional Medicaid Unit, local law enforcement agencies, hospitals, medical providers, in-home care service providers, financial institutions, Boards of Community Guardians representing Latah, Nez Perce, Idaho and Clearwater/Lewis counties and Nez Perce Tribal Social Services to present information and education to facilitate reporting of abuse, neglect, self-neglect and exploitation of vulnerable adults.

Performance Measure: The number of presentations on Maltreatment of Vulnerable Adults.

Baseline:

State Fiscal Year (SFY)	Total AP Presentation focusing on Prevention of Maltreatment of Vulnerable Adults
SFY 2016 (July 2015 – June 2016)	37
SFY 2017 (July 2016 – June 2017) Projected Year-End	41
SFY 2018 (July 2017 – June 2018)	
SFY 2019 (July 2018 – June 2019)	
SFY 2020 (July 2019 – June 2020)	

Benchmark: Increase community presentations by 5 presentations per year.

(7) provide that the area agency on aging shall, consistent with this section, facilitate the area-wide development and implementation of a comprehensive, coordinated system for providing long-term care in home and community-based settings, in a manner responsive to the needs and preferences of older individuals and their family caregivers, by—

(A) collaborating, coordinating activities, and consulting with other local public and private agencies and organizations responsible for administering programs, benefits, and services related to providing long-term care;

The AAA collaborates with Disability Action Center in sponsoring region-wide learning that includes Music and Memory and, an ADA annual event and celebration; the Idaho Caregiver Alliance in family caregiver respite conferences for caregivers of all ages; evidence-based education for chronic illness, chronic pain and family caregiver support with the Community Health Association of Spokane and the Community Health Partnership; regional Community Action Partnership Community

Service Staff who, on an ongoing basis, serve and refer low income, rural elders to the AAA.

T*he AAA coordinate activities* at local senior housing complexes, tribal health and housing fairs; LCSC student intern and practicum onsite training; senior meal site education on a variety of educational topics including scam-jams, assistive technology, family caregiver education and information and assistive technology.

The AAA consults with the CAP Board at least biannually; the AAA II Advisory Council on a quarterly basis; Disability Action Center staff monthly; AAA Senior Meal Site Providers at bi-annual Provider meetings and/or on onsite reviews; the Community Health Partnership; the Alzheimer Association; in-home Service Providers at annual meetings and/or onsite reviews; Local Emergency Planning Committee's; the Patient Centered Medical Home consortium, Catalyst Medical Group, regularly; LCSC; the Nez Perce Tribe Senior and Human Service staff; the University of Idaho Extension; the Idaho Assistive Technology Project and the Regional Caregiver Shortage consortium which meets monthly.

(B) conducting analyses and making recommendations with respect to strategies for modifying the local system of long-term care to better—

(i) respond to the needs and preferences of older individuals and family caregivers;

The AAA is invested in supporting community based long-term-care of older individuals and family caregivers to the extent that the AAA offers 2 evidence-based programs: Rosalynn Carter Institute for Caregiving, Caregiver Intervention, a 12 step program crafted to assist a caregiver at risk of placing his/her loved one. In addition, the AAA has 2 staff and 1 volunteer trained and certified to teach Powerful Tools for Caregivers. Both programs are offered throughout the PSA.

The AAA provides caregiver Respite to Family Caregivers, diversely funded with public and private revenue. In addition, the AAA provides an array of printed resources for family caregivers and on a regular basis partners with the Alzheimer's Association for ongoing education. The AAA funds the availability of legal counsel for caregivers older individuals in need of legal planning and assistance, including assistance with Federal Spousal Impoverishment.

In addition, the AAA offers a diverse array of in-home services available to qualifying older adults and family caregivers that includes but is not limited to meals, homemaker, transportation, referral and assistance to energy assistance, minor home modification and chore services.

(ii) facilitate the provision, by service providers, of long-term care in home and community-based settings; and **(Reference: #5 Homemaker, #10 Home Delivered Meals and #12 Respite in Area Plan Strategies)**

(iii) target services to older individuals at risk for institutional placement, to permit such individuals to remain in home and community-based settings;

The AAA prioritizes service to older individuals and family caregivers through an telephonic assessment process. Qualifying individuals most often receive in-home services within one week and home delivered meals, often as quickly as the next meal service day and no longer than one week. The Area Agency on Aging has not had a waiting list for services. The greatest challenge, especially for very rural consumers, is locating a provider who can staff a home in need. AAA staff work closely with the older individual and family to identify people known to them who are willing and able to work part time to help fill service gaps.

The AAA does not have an Adult Day Care facility available to fill emergency needs of caregivers and will explore offering this service for emergency, short-term need.

(C) implementing, through the agency or service providers, evidence-based programs to assist older individuals and their family caregivers in learning about and making behavioral changes intended to reduce the risk of injury, disease, and disability among older individuals; and **(Reference: #11 Disease Prevention and Health Promotions in Area Plan Strategies)**

(D) providing for the availability and distribution (through public education campaigns, Aging and Disability Resource Centers, the area agency on aging itself, and other appropriate means) of information relating to—

(i) the need to plan in advance for long-term care; and

Provide as **Attachment O** the information the AAA has available and distributes that addresses "the need to plan in advance for long-term care".

(ii) the full range of available public and private long-term care (including integrated long-term care) programs, options, service providers, and resources;

Provide as **Attachment P** a list of the full range public and private long-term care programs, options, service providers and resources that AAA makes available.

(8) provide that case management services provided under this title through the area agency on aging will—

(A) not duplicate case management services provided through other Federal and State programs;

The AAA has not had a qualifying Case Management consumer. Case Management funds are used for eligible older individuals and disabled adults, at the direction of the older individual or a family member of the older individual, to assess the needs of the person and to arrange, coordinate, and monitor an optimum package of services to meet those needs. Activities of case management include: comprehensive assessment of the older individual; development and implementation of a service plan with the individual to mobilize formal and informal resources and services; coordination and monitoring of formal and informal service delivery; and periodic reassessment. The Area II AAA will not duplicate Case Management services that are provided by other State and/or Federal agencies. The AAA will utilize AAA staff for those cased where no other Case Management service is available and an individual is unable to manage multiple services for his or her self. If Case

Management is needed, cost and corresponding units of service will be accounted for under Case Management.

(B) be coordinated with services described in subparagraph (A); and

The AAA coordinates with the Idaho Department of Health and Welfare; the Veterans Administration; patient centered medical home providers, private providers and non-profit entities if an individual needs Case Management services.

(C) be provided by a public agency or a nonprofit private agency that—

(i) gives each older individual seeking services under this title a list of agencies that provide similar services within the jurisdiction of the area agency on aging;

The AAA provides non-AAA Case Management qualifying consumers with a printed referral resource to public and/or private Case Management agency's, and/or, will actually make the referral to an agency on behalf of the older adult.

(ii) gives each individual described in clause (i) a statement specifying that the individual has a right to make an independent choice of service providers and documents receipt by such individual of such statement;

The AAA provides consumers with a printed list of service providers and assists the consumer in understanding the options available to him/her. When appropriate, AAA staff will assist the consumer in successful contact with his/her chosen provider of choice.

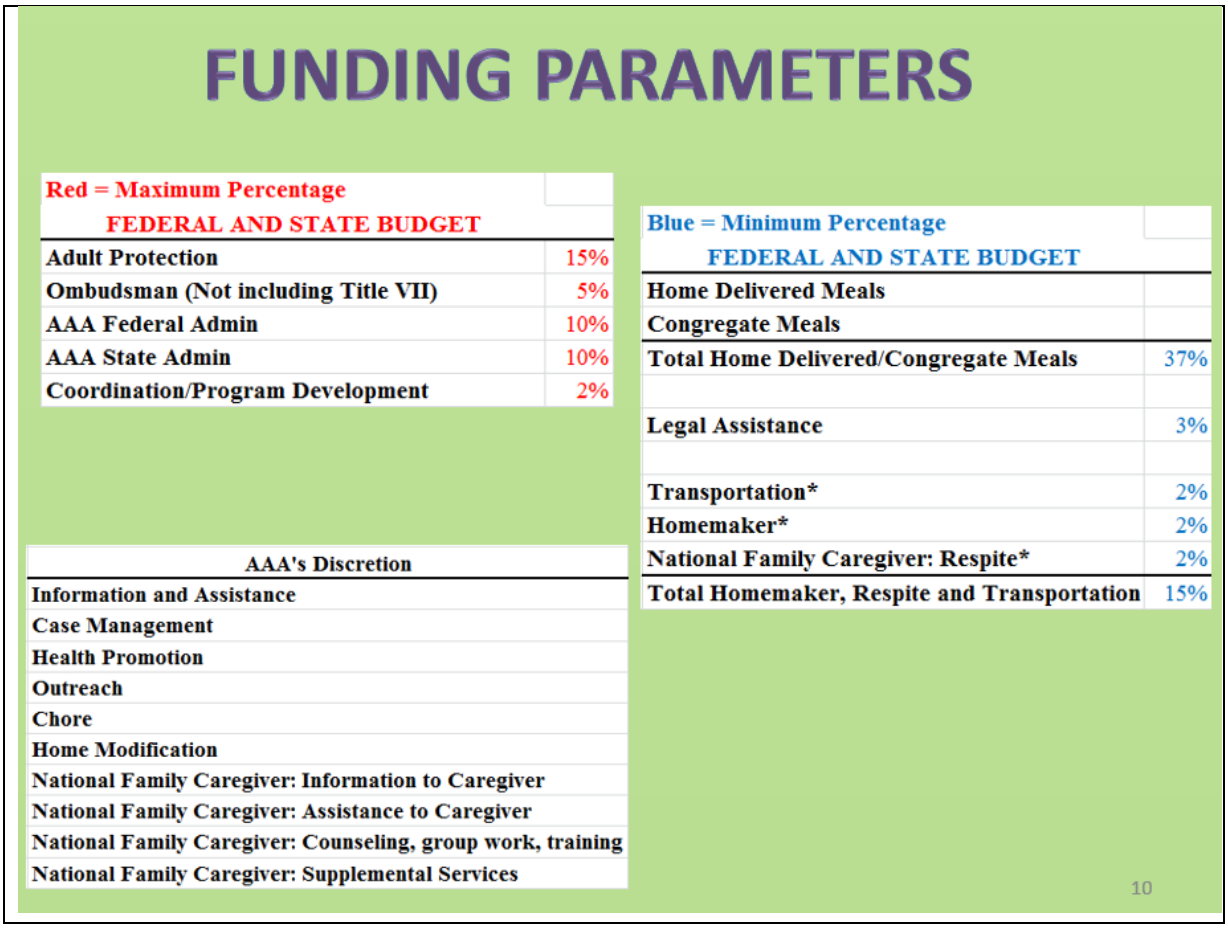
(iii) has case managers acting as agents for the individuals receiving the services and not as promoters for the agency providing such services; or

AAA staff will act as a case manager on a short term basis to assist qualifying consumers in establishing services only when an individual is unable to manage multiple services for him or herself.

(iv) is located in a rural area and obtains a waiver of the requirements described in clauses (i) through (iii);

ICOA provides guidance that the AAA may provide Case Management services for eligible older individuals and disabled adults, at the direction of the older individual or a family member of the older individual, to assess the needs of the person and to arrange, coordinate, and monitor an optimum package of services to meet those needs.

(9) provide assurances that the area agency on aging, in carrying out the State Long-Term Care Ombudsman program under section 307(a)(9), will expend not less than the total amount of funds appropriated under this Act and expended by the agency in fiscal year 2000 in carrying out such a program under this title;



(10) provide a grievance procedure for older individuals who are dissatisfied with or denied services under this title;

Provide as **Attachment Q** the AAA's Grievance policies for denial and termination of service.

(11) provide information and assurances concerning services to older individuals who are Native Americans (referred to in this paragraph as ''older Native Americans''), including—

(A) information concerning whether there is a significant population of older Native Americans in the planning and service area and if so, an assurance that the area agency on aging will pursue activities, including outreach, to increase access of those older Native Americans to programs and benefits provided under this title;

The AAA Advisory Council extends invitation for voting membership to the Nez Perce Senior Citizens Program with the intention that Native Americans in the planning and service area are best identified and that the AAA will succeed in its Outreach efforts older Native Americans and family caregivers. The AAA intends to better collaborate in the planning and delivery of OAA services.

AAA staff participate in tribal housing and health fairs and has certified and trained senior services staff as volunteer ombudsman and mentored tribal adult protection staff in investigation procedures.

(B) an assurance that the area agency on aging will, to the maximum extent practicable, coordinate the services the agency provides under this title with services provided under title VI; and

AAA staff provide public information at tribal meal sites and provide onsite assistance in Senior Medicare Patrol. The AAA will continue to explore opportunity to offer ongoing information and education on in-home services and family caregiver services.

(C) an assurance that the area agency on aging will make services under the area plan available, to the same extent as such services are available to older individuals within the planning and service area, to older Native Americans; and

AAA has enjoyed a rich history with members of the Nez Perce Tribe, from advisement on the AAA Advisory Council, to service provision to elders and family caregivers.

University of Idaho Extension staff based in Lapwai has requested that the AAA participate in a cultural sensitivity workshop. The AAA will assure that all staff participate in this training.

The Nez Perce Tribe radio station based in Kamiah, has offered ongoing opportunity to interview AAA staff in the presentation of services and access to services.

The AAA will explore marketing services in the NPT newspaper, the Ta'c Tito'ocan.

(12) provide that the area agency on aging will establish procedures for coordination of services with entities conducting other Federal or federally assisted programs for older individuals at the local level, with particular emphasis on entities conducting programs described in section 203(b) within the planning and service area. **(Reference Section: (6)E(ii) in this document)**

(13) provide assurances that the area agency on aging will—

(A) maintain the integrity and public purpose of services provided, and service providers, under this title in all contractual and commercial relationships;

The AAA has a long-standing Director familiar with the core requirements of the OAA and the Idaho SSA. On-the-job working knowledge of the program requirements, the CFR, as well as quality reviews by the state unit on aging, work to assure that the integrity of programs are upheld.

The AAA is a Community Action Partnership program. On an ongoing basis, the AAA provides information and assistance to and receives the same from the Community Services Block Grant, Low-Income Home Energy Assistance, Energy Conservation and the Housing and Community Development program staff to facilitate the AAA's working knowledge of the programs. The AAA will enhance its effort to strengthen our working knowledge of programs with Public Health, the Department of Labor and Transportation. Wherever a formal agreement with a provider exists, the AAA cites references and provides training and assistance to providers with the purpose of assuring that the integrity of programs are upheld.

(B) disclose to the Assistant Secretary and the State agency—

(i) the identity of each nongovernmental entity with which such agency has a contract or commercial relationship relating to providing any service to older individuals; and

(ii) the nature of such contract or such relationship;

As part of the AAA procurement process each entity submits a letter of intent that answers the following questions:

1. Provide the name of your agency/organization with current address(es) and phone number(s) (i.e., list if more than one location);
2. Give the name of the signing officer or representative of your agency/organization and the name of the principal contact person at each location;
3. Indicate whether the agency/organization is nonprofit or proprietary;
4. List the type and scope of services which the agency/organization proposes to provide under contract;
5. Provide written information on any education and/or training requirements which will be applicable for staff who will be involved in your services (include ongoing training and continuing education requirements);
6. Describe any geographic limitations that are applicable for the specific services.
7. Submit a copy of professional liability insurance documents.

(C) demonstrate that a loss or diminution in the quantity or quality of the services provided, or to be provided, under this title by such agency has not resulted and will not result from such contract or such relationship;

The AAA tracks consumers and service delivery, and, enters data into a data base monthly. On at least a quarterly basis, the AAA evaluates service and consumer gains and losses. Significant loss in service is identified and addressed. An example of service loss is in the AAA Respite and Homemaker programs where the shortage of in-home service workers radically impacted the availability of service in certain rural communities like Peck and Lenore. In this instance, the service provider serving these communities, took the time to work with the client in identifying who of persons known to them, might be interested in applying to the provider agency to be paid for serving (that elder) and others in the community.

(D) demonstrate that the quantity or quality of the services to be provided under this title by such agency will be enhanced as a result of such contract or such relationship; and

The AAA will soon be able to track all referrals with better accuracy and will be able to analyze and determine how well Federal programs for older individuals at the local level are improving in referrals for OAA services. It is the intention of the AAA to also track our success in connecting older Americans to other Federal programs. The AAA target weak referral sources with enhanced information and resources.

(E) on the request of the Assistant Secretary or the State, for the purpose of monitoring compliance with this Act (including conducting an audit), disclose all sources and expenditures of funds such agency receives or expends to provide services to older individuals;

The AAA budget is approved by its governing Board, Community Action Partnership and by the Idaho Commission on Aging. CAP is audited annually by an independent agency. The Idaho Commission on Aging monitors AAA service and consumer reports and conducts a onsite program and financial review on an annual basis. The AAA will disclose all sources and expenditures of funds received or expended for services to older individuals as required by the OAA.

(14) provide assurances that preference in receiving services under this title will not be given by the area agency on aging to particular older individuals as a result of a contract or commercial relationship that is not carried out to implement this title;

The AAA will identify and include language in our next issued contracts assuring that preference in receiving services under this title will not be given by the area agency on aging to particular older individuals as a result of a contract or commercial relationship that is not carried out to implement this title.

(15) provide assurances that funds received under this title will be used—

(A) to provide benefits and services to older individuals, giving priority to older individuals identified in paragraph (4)(A)(i); and **(Reference Section: (4)(A)(i) in this document)**

(B) in compliance with the assurances specified in paragraph (13) and the limitations specified in section 212; **(Reference Section: (13) in this document)**

(16) provide, to the extent feasible, for the furnishing of services under this Act, consistent with self-directed care; and

The AAA understands self-directed care to mean that participants, or their representatives if applicable, have decision-making authority over certain services and take direct responsibility to manage their services with the assistance of a system of available supports. The AAA offers older consumers self-directed care.

AAA consumers determine which in-home service provider agency the consumer wishes to have. The AAA then directs a consumer referral to that selected agency of choice. Every in-home service provider has a daily task sheet and the provider documents the date and time of service. The AAA serviced consumer is required to sign-off on this task sheet which is then submitted to the worker's employer for reimbursement.

(17) include information detailing how the area agency on aging will coordinate activities, and develop long-range emergency preparedness plans, with local and State emergency response agencies, relief organizations, local and State governments, and any other institutions that have responsibility for disaster relief service delivery. **(Attachment L, AAA Disaster and Emergency Preparedness Plan)**

Optional: (b)(1) An area agency on aging may include in the area plan an assessment of how prepared the area agency on aging and service providers in the planning and service area are for any anticipated change in the number of older individuals during the 10-year period following the fiscal year for which the plan is submitted.

(2) Such assessment may include—

(A) the projected change in the number of older individuals in the planning and service area;

(B) an analysis of how such change may affect such individuals, including individuals with low incomes, individuals with greatest economic need, minority older individuals, older individuals residing in rural areas, and older individuals with limited English proficiency;

(C) an analysis of how the programs, policies, and services provided by such area agency can be improved, and how resource levels can be adjusted to meet the needs of the changing population of older individuals in the planning and service area; and

(D) an analysis of how the change in the number of individuals age 85 and older in the planning and service area is expected to affect the need for supportive services.

(3) An area agency on aging, in cooperation with government officials, State agencies, tribal organizations, or local entities, may make recommendations to government officials in the planning and service area and the State, on actions determined by the area agency to build the capacity in the planning and service area to meet the needs of older individuals for—

(A) health and human services;

(B) land use;

(C) housing;

(D) transportation;

(E) public safety;

(F) workforce and economic development;

(G) recreation;

(H) education;

(I) civic engagement;

(J) emergency preparedness; ~~and~~

(K) protection from elder abuse, neglect, and exploitation; and’’

(L) any other service as determined by such agency.

(c) Each State, in approving area agency on aging plans under this section, shall waive the requirement described in paragraph (2) of subsection (a) for any category of services described in such paragraph if the area agency on aging demonstrates to the State agency that services being furnished for such category in the area are sufficient to meet the need for such services in such area and had conducted a timely public hearing upon request.

(d) (1) Subject to regulations prescribed by the Assistant Secretary, an area agency on aging designated under section 305(a)(2)(A) or, in areas of a State where no such agency has been designated, the State agency, may enter into agreement with agencies administering programs under the

Rehabilitation Act of 1973, and titles XIX and XX of the Social Security Act for the purpose of developing and implementing plans for meeting the common need for transportation services of individuals receiving benefits under such Acts and older individuals participating in programs authorized by this title.

(2) In accordance with an agreement entered into under paragraph (1), funds appropriated under this title may be used to purchase transportation services for older individuals and may be pooled with funds made available for the provision of transportation services under the Rehabilitation Act of 1973, and titles XIX and XX of the Social Security Act.

(e) An area agency on aging may not require any provider of legal assistance under this title to reveal any information that is protected by the attorney-client privilege.

The Legal Services contract states: All records and other information required by the Service Provider regarding the persons receiving services under this Contract are confidential and shall be maintained by and protected by the Service Provider to assure confidentiality. The Service Provider shall not disclose such information unless authorized by CAP.

(f) (1) If the head of a State agency finds that an area agency on aging has failed to comply with Federal or State laws, including the area plan requirements of this section, regulations, or policies, the State may withhold a portion of the funds to the area agency on aging available under this title.

(2)(A) The head of a State agency shall not make a final determination withholding funds under paragraph (1) without first affording the area agency on aging due process in accordance with procedures established by the State agency.

(B) At a minimum, such procedures shall include procedures for—

(i) providing notice of an action to withhold funds;

(ii) providing documentation of the need for such action; and

(iii) at the request of the area agency on aging, conducting a public hearing concerning the action.

(3) (A) If a State agency withholds the funds, the State agency may use the funds withheld to directly administer programs under this title in the planning and service area served by the area agency on aging for a period not to exceed 180 days, except as provided in subparagraph (B).

(B) If the State agency determines that the area agency on aging has not taken corrective action, or if the State agency does not approve the corrective action, during the 180-day period described in subparagraph (A), the State agency may extend the period for not more than 90 days. (42 U.S.C. 3026)

Area II Agency on Aging
Jenny Zorens, Director

Signature: Jenny Zorens _____ Date: _____

Digitally signed by Jenny Zorens
DN: cn=Jenny Zorens, o=Community Action Partnerhship, ou=Area II Agency on Aging, email=j.zorens@cap4action.org, c=US
Date: 2017.09.07 17:54:03 -07'00'

ATTACHMENT B

FY 2017 AREA PLAN INTRASTATE FUNDING FORMULA (IFF)

Intrastate Funding Formula (IFF)
Goal: To Provide funding in accordance with OAA guidelines that distribute priority funding to the target population identified in OAA 305(a)(2)(C).

Objective 1: Intrastate Funding Formula (IFF): The IFF is the methodology used to calculate how much Title III funding, including the Title IIID Disease Prevention and Health Promotion Services, goes to each Planning and Service Area (PSA). As seen in the Table below, it is based on the "At Risk" factors in each of the PSAs. This factor is then weighted and applied to the total available funding to determine the funding allocations. The formula provides that funding reaches individuals with the greatest economic and social needs for such services and reaches areas throughout the state that are medically underserved.

Formula Development: The Intrastate Funding Formula was developed in consultation with area agencies using the best available data, and published for review and comment taking into account —(i) the geographic distribution of older individuals in the State; and (ii) the distribution among planning and service areas of older individuals with greatest economic need and older individuals with greatest social need, with particular attention to low-income minority older individuals; OAA 305(a)(2)(C) and 45 CFR 1321.37.

Each Planning and Service Area (PSA) is allotted an equal amount of "base" funding. This funding is 10% of the total available State and Federal funding divided equally between each of the six PSAs. The remaining funding is then multiplied by the "At Risk" percentages and distributed to each of the PSAs accordingly.

At the February 4, 2016 ICOA Board of Commissioners' meeting, Commissioners and the AAAs agreed to form a subcommittee to analyze the IFF methodology. Multiple scenarios were developed by the subcommittee and presented to the AAAs. On February 25, 2016 all AAA Directors agreed to keep the existing IFF. After all stakeholder and public comments have been received, the ICOA Commissioners approved Idaho's Senior Services State Plan and the Intrastate Funding Formula at the June 21, 2016 special Commissioners' meeting. The funding formula for the current fiscal year (FY2017: July 1, 2016 – June 30, 2017 and reference explanation is provided below:

Idaho Intrastate Funding Formula — **Adopted April 30, 2013** — Dated 6/01/2016
OAA Title III Funds (not including Title VII) and State of Idaho General Funds — **Effective July 1, 2016**

Total OAA Federal Funds	$ 5,383,400											$ 538,340	$ 397,710	$4,845,060	$3,579,390	$9,360,500
Total State Funds	$ 3,977,100															
Total Funds	$ 9,360,500															
Less 10% Base Amount of Federal and State Funds	$ 936,050															
Balance to be Distributed by Formula:	**$ 8,424,450**															

			Factors used in Weighted Elderly Population (At Risk)														
PSA	2015 TOTAL PSA POPULATION	TOTAL PERSONS AGED 60+ IN PSA	NUMBER OF 65+ LIVING IN POVERTY	65+ LIVING ALONE	60+ RACIAL MINORITY (Not Hispanic)	60+ HISPANIC (ETHNIC MINORITY)	60+ LIVING IN RURAL COUNTY	AGED 75+	AGED 85+	WEIGHTED ELDERLY POPULATION (AT RISK)	WEIGHTED "At Risk" PERCENTAGE	Federal Fund Base	State Fund Base	Federal Funds Distributed by Formula	State Funds Distributed by Formula	TOTAL FUND ALLOCATION
I	216,363	52,773	2,970	8,807	1,489	887	20,647	14,786	3,826	53,412	17.05%	$ 89,723	$ 66,285	$ 825,872	$ 610,130	$ 1,592,010
II	106,381	25,245	1,487	5,061	961	279	9,179	8,040	2,178	27,185	8.68%	$ 89,723	$ 66,285	$ 420,343	$ 310,537	$ 886,888
III	712,261	127,236	7,621	23,163	4,269	6,204	25,218	36,117	10,646	113,239	36.14%	$ 89,723	$ 66,285	$ 1,750,937	$ 1,293,542	$ 3,200,488
IV	187,891	36,834	2,568	6,776	815	2,671	21,047	11,378	3,392	48,647	15.53%	$ 89,723	$ 66,285	$ 752,200	$ 555,704	$ 1,463,912
V	166,586	29,842	1,416	5,432	1,307	1,400	15,748	9,179	2,487	36,969	11.80%	$ 89,723	$ 66,285	$ 571,632	$ 422,305	$ 1,149,945
VI	209,982	33,677	1,430	5,041	710	1,144	12,731	9,811	3,027	33,894	10.82%	$ 89,723	$ 66,285	$ 524,076	$ 387,172	$ 1,067,257
TOTAL	1,599,464	305,607	17,492	54,280	9,551	12,585	104,570	89,312	25,556	313,346		$ 538,340	$ 397,710	$ 4,845,060	$ 3,579,390	$ 9,360,500
Column Ref. #	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16

The source documentation is from the ID Department of Labor.

Column 1	Source: U.S. Bureau of the Census,, 2010-2014 American Community Survey 5-Year Estimates, December 2015, Table S0101. Column used as a reference only.
Column 2	Source: U.S. Bureau of the Census,, 2010-2014 American Community Survey 5-Year Estimates, December 2015, Table S0101. Column used as a reference only.
Column 3	Source: U.S. Bureau of the Census, American Community Survey, 2006-2013, 5-year estimates, December 2015, Table B17001. Column 3 is used with columns 4 - 9 to calculate the total "Weighted Elderly Population (At Risk)" in Column 10.
Column 4	Source: U.S. Bureau of the Census, American Community Survey, 2006-2013, 5-year estimates, December 2015, Table B17001. Column 4 is used with columns 3 and 5 - 9 to calculate the total "Weighted Elderly Population (At Risk)" in Column 10.
Column 5	Source: U.S. Bureau of the Census, Population Estimates - County Characteristics: Vintage 2014, June 2015. Column 5 is used with columns 3 - 4 and 6 - 9 to calculate the total "Weighted Elderly Population (At Risk)" in Column 10.
Column 6	Source: U.S. Bureau of the Census, Population Estimates - County Characteristics: Vintage 2014, June 2016. Column 6 is used with columns 3 - 5 and 7 - 9 to calculate the total "Weighted Elderly Population (At Risk)" in Column 10.
Column 7	Source: U.S. Bureau of the Census,, 2010-2014 American Community Survey 5-Year Estimates, December 2015, Table S0101. Column 7 is used with columns 3 - 6 and 8 - 9 to calculate the total "Weighted Elderly Population (At Risk)" in Column 10.
Column 8	Source: U.S. Bureau of the Census,, 2010-2014 American Community Survey 5-Year Estimates, December 2015, Table S0101. Column 8 is used with columns 3 - 7 and 9 to calculate the total "Weighted Elderly Population (At Risk)" in Column 10.
Column 9	Source: U.S. Bureau of the Census,, 2010-2014 American Community Survey 5-Year Estimates, December 2015, Table S0101. Column 9 is used with columns 3 - 8 to calculate the total "Weighted Elderly Population (At Risk)" in Column 10.
Column 10	Column 10 sums each row for columns 3 - 9 and identify the total "Weighted Elderly Population (At Risk)" per PSA.
Column 11	Weighted At Risk percentage from the Intrastate Funding Formula: Column 11 turns Column 10's totals into percentages. These percentages are used to calculate federal funds in column 14 and state funds in column 15 for each of the PSAs.
Column 12	Federal "Base" funds are evenly divided amongst the 6 PSAs. Column 12 is used to record the total federal base funding located at the top of Column 12 into six even amounts for each of the PSAs.
Column 13	State "Base" funds are evenly divided amongst the 6 PSAs. Column 13 is used to record the total state base funding located at the top of Column 13 into six even amounts for each of the PSAs.
Column 14	Federal Funds multiplied by the Weighted Percentage: Column 14 shows the distribution of the remaining federal funds after the "base" was distributed. The remaining federal funding is located at the top of Column 14 and is multiplied by each "Weighted At Risk Percentage" in Column 11 to determine the appropriate distribution.
Column 15	State Funds multiplied by the Weighted Percentage: Column 15 shows the distribution of the remaining state funds after the "base" was distributed. The remaining state funding is located at the top of Column 15 and is multiplied by each "Weighted At Risk Percentage" in Column 11 to determine the appropriate distribution.
Column 16	Column 16 shows the total federal and state distribution and is a total of Columns 12, 13, 14 and 15.

Service Eligibility: “older individual” or “older persons” refers to an individual 60 years of age or older. OAA 102(a)(40) and Idaho Code Title 67-5006(4).

Developed by: ICOA in consultation with State Plan Steering Committee, AAAs, ICOA Commissioners and feedback from the Public. OAA 305(a)(2)(C).

Funding Source: OAA and SSA funds.

ATTACHMENT C

BUDGET PARAMETERS

Budget Parameters
Goal: Ensure each category of OAA and SSA service receives an adequate proportion of funds to serve the Older Individuals in each Planning and Service Area (PSA).

Objective 1: Budget Parameters: Ensure OAA and SSA services reach the target population and increase service provision to older individuals.

Authorization: The State agency plans, sets priorities, coordinates, develops policies, and evaluates state activities relative to the objectives of the OAA.

(a) The State agency on aging develops policies governing all aspects of programs operated under this part, including the ombudsman program. These policies shall be developed in consultation with other appropriate parties in the State. The State agency is responsible for enforcement of these policies.

(b) The policies developed by the State agency address the manner in which the State agency will monitor the performance of all programs and activities initiated under this part for quality and effectiveness. In monitoring the ombudsman program, access to files, minus the identity of any complainant or resident of a long-term care facility, shall be available only to the director of the State agency on aging and one other senior manager of the State agency designated by the State director for this purpose. In the conduct of the monitoring of the ombudsman program, the confidentiality protections concerning any complainant or resident of a long term care facility as prescribed in section 307(a)(12) of the Act shall be strictly adhered to.

The budget parameters earmark available funding to maximize OAA and SSA services to seniors. Area Agency as provided in agreements with the State Agency, Area Agencies earmark portions of their allotment. The typical earmarks are:
(1) A maximum amount or percentage for program development and coordination activities by that agency. (i) The State agency will not fund program development and coordinated activities as a cost of supportive services for the administration of area plans until it has first spent 10 percent of the total of its combined allotments under Title III on the administration of area plans; (ii) State and area agencies on aging will, consistent with budgeting cycles (annually, biannually, or otherwise), submit the details of proposals to pay for program development and coordination as a cost of supportive services, to the general public for review and comment; and (iii) The State agency certifies that any such expenditure by an area agency will have a direct and positive impact on the enhancement of services for older persons in the planning and service area.

(2) A minimum amount or percentage for services related to access, in-home services, and legal assistance. Provide assurances that an adequate proportion, as required under section 3027(a)(2) of this title, of the amount allotted for part B of this subchapter to the planning and service area will be expended for the delivery of each of the following categories of services— (A) services associated with access to services (transportation, health services (including mental health services), outreach, information and assistance (which may include information and assistance to consumers on availability of services under part B and how to receive benefits under and participate in publicly supported programs

for which the consumer may be eligible), and case management services); (B) in-home services, including supportive services for families of older individuals who are victims of Alzheimer's disease and related disorders with neurological and organic brain dysfunction); [1] and(C) legal assistance; and assurances that the area agency on aging will report annually to the State agency in detail the amount of funds expended for each such category during the fiscal year most recently concluded;

Percentages are based on total AAA budget.

Services where maximum funding can be lower but not higher.

Provider	Service	Maximum	AAA Budget Percentage
Direct AAA Service	AAA Administration	10%	10%
Direct AAA Service	AAA Coordination/Program Development	2%	2%
Direct AAA Service	Adult Protection	15%	9%
Direct AAA Service	Ombudsman	5%	7%
		32%	28%

Services where minimum funds can be higher, but not lower.

Provider	Service	Minimum	AAA Budget Percentage
Contracted Service	Home Delivered Meals	37%	15%
Contracted Service	Congregate Meals		22%
Contracted Service	Legal Assistance (3% of Title IIIB funding)	1%	1%
Contracted Service	Transportation	15%	2%
Contracted Service	Homemaker		14%
Contracted Service	National Family Caregiver Program (Respite only)		6%
		53%	60%

Services with variable percentage of funds.

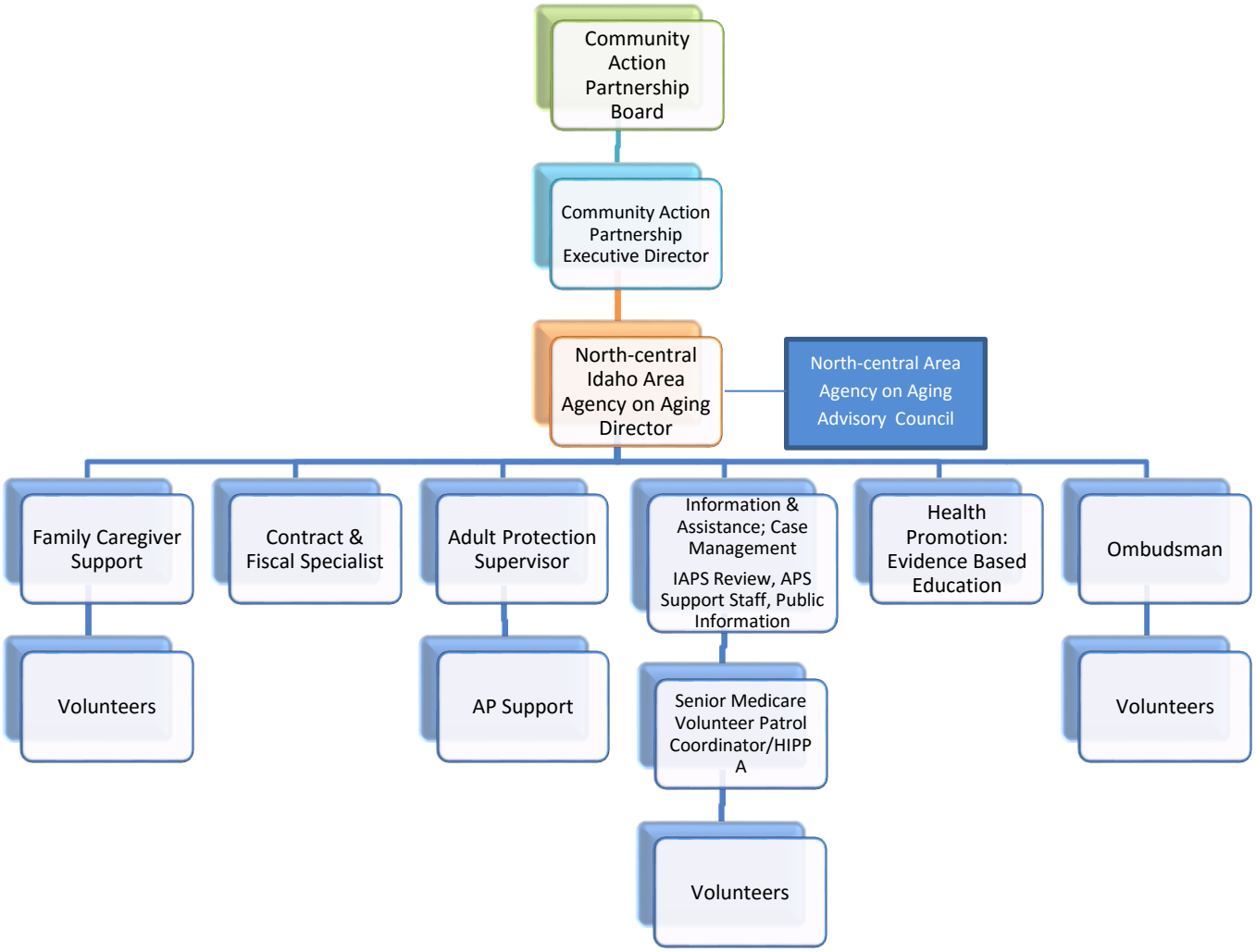
Provider	Service	Variable	AAA Budget Percentage
Direct AAA Service	Information & Assistance	15%	5%
Direct AAA Service	Case Management		1%
Direct AAA Service	Outreach		1%
Contracted Service	Chore		0%
Contracted Service	Home Modification		0%
Combination	National Family Caregiver (not including Respite)		4%
Contracted Service	Health Promotions & Disease prevention		1%
		15%	12%
Total OAA and State Formula Funding Allocations		100%	100%

Service Eligibility: Multiple: Services have different eligibility criteria.
Developed by: ICOA in consultation with AAAs, ICOA Commissioners and feedback from the Steering Committee and Public.
Funding Source: OAA and SSA funds.

1. **Service Delivery**: Maximize OAA and SSA funding to ensure adequate proportion of funding is distributed to each category of service.	**Performance Measure**: Minimum and maximum service earmark requirements.
	Baseline: See Table above.
	Benchmark: AAA budgets that meet earmark requirements.

ATTACHMENT D

AAA ORGANIZATION CHART INCLUDING AAA'S GOVERNING BODY



Attachment E
SLIDING FEE SCALE
(State Fiscal Year 2018)
(July 1, 2017 – June 30, 2018)

SLIDING FEE SCALE

State Law, Title 67, Chapter 50, Idaho Code, requires that fees to consumers for services provided under the Senior Services Act will be calculated by use of a sliding fee schedule, based upon household income. For Federal Funds utilize the individuals Income only. The Reauthorized OAA permits cost sharing for all services funded by this Act, with certain restrictions [OAA, Title III, Section 315 (a)]. The fee will be re-determined annually.
Income, for this purpose, means gross income from the previous year, including, but not limited to, Social Security, SSI, Old Age Assistance, interest, dividends, wages, salaries, pensions, and property income, less non-covered medical and prescription drug costs. This form should be used after completion of the Standard Income Declaration Form.

Circle the client's income range, then circle the Percentage of the hourly fee the client will be required to pay.

Client's Name: _____ Date: _____

MONTHLY INCOME			ANNUAL INCOME			FEE	HMK FEE	RESPITE FEE	ADULT DAY CARE FEE
Individual Income						____%	____%	____%	____%
		$1,005.00			$12,060.00	0%			
$1,005.00	-	$1,206.00	$12,060.00	-	$14,472.00	20%			
$1,207.00	-	$1,407.00	$14,473.00	-	$16,884.00	40%			
$1,408.00	-	$1,608.00	$16,885.00	-	$19,296.00	60%			
$1,609.00	-	$1,809.00	$19,297.00	-	$21,708.00	80%			
$1,810.00	-	& Over	$21,709.00	-	& Over	100%			
TWO Persons in Household						____%	____%	____%	____%
	-	$1,353.00		-	$16,240.00	0%			
$1,353.00	-	$1,624.00	$16,240.00	-	$19,488.00	20%			
$1,625.00	-	$1,895.00	$19,489.00	-	$22,736.00	40%			
$1,896.00	-	$2,165.00	$22,737.00	-	$25,984.00	60%			
$2,166.00	-	$2,436.00	$25,985.00	-	$29,232.00	80%			
$2,437.00	-	& Over	$29,233.00	-	& Over	100%			
THREE Persons in Household						____%	____%	____%	____%
	-	$1,702.00		-	$20,420.00	0%			
$1,702.00	-	$2,042.00	$20,420.00	-	$24,504.00	20%			
$2,043.00	-	$2,382.00	$24,505.00	-	$28,588.00	40%			
$2,383.00	-	$2,723.00	$28,589.00	-	$32,672.00	60%			
$2,724.00	-	$3,063.00	$32,673.00	-	$36,756.00	80%			
$3,064.00	-	& Over	$36,757.00	-	& Over	100%			
FOUR Persons in Household						____%	____%	____%	____%
	-	$2,050.00		-	$24,600.00	0%			
$2,050.00	-	$2,460.00	$24,600.00	-	$29,520.00	20%			
$2,461.00	-	$2,870.00	$29,521.00	-	$34,440.00	40%			
$2,871.00	-	$3,280.00	$34,441.00	-	$39,360.00	60%			
$3,281.00	-	$3,690.00	$39,361.00	-	$44,280.00	80%			
$3,691.00	-	& Over	$44,281.00	-	& Over	100%			

The full cost for one hour of Homemaker Service is: $ _____ The full cost for one hour of Respite Service is: $ _____

Percentage Above Poverty Line 100%

The 2017 poverty guidelines will be in effect as of January 31, 2017.
https://aspe.hhs.gov/poverty-guidelines
Area Plan: Attachment E
State Plan: Attachment F, page 30 of 143
GU_AD_01: Sliding Fee Scale 2/08/2017: Previous Editions are Obsolete

Attachment F

Poverty Guidelines
(State Fiscal Year 2018)
(July 1, 2017 – June 30, 2018)

Department of Health And Human Services 2017 Poverty Guidelines

Person In Family or Households	100% Poverty	125 % Poverty	150 % Poverty
1	12,060	15,075	18,090
2	16,240	20,300	24,360
3	20,420	25,525	30,630
4	24,600	30,750	36,900
5	28,780	35,975	43,170
6	32,960	41,200	49,440
7	37,140	46,425	55,710
8	41,320	51,650	61,980
Families with more than 8 persons	(100% add $4,180)	(125% add $5,225)	(150% add $6,270)

The 2017 poverty guidelines will be in effect as of January 31, 2017

HHS Website for obtaining program fiscal year poverty guidelines is located at

https://aspe.hhs.gov/poverty-guidelines

Note: the poverty guideline figures listed on HHS website normally are calculated at 100%. Provided is the HHS chart that has been calculated to meet the 100%, 125% and 150%.

When computing the percentage of poverty guidelines that are required for your program client eligibility, remember HHS charts are always at 100% of poverty. Agencies need to multiply the % of the threshold by your set program eligibility of poverty guidelines.

Area Plan: Attachment F
State Plan: Attachment G, page 32 of 143

Attachment G

Planning and Service Area II Area Plan Steering Committee

Name	Affiliation	Title
Kathryn Allen	Clearwater County	RN
Janet Marie Barnard, OSB	Idaho County/Monastery of St. Gertrude	RN
Kay Keskinen	Friendly Neighbors Senior Citizens, Inc. University of Idaho Database Manager, Emeritus	Treasurer Database Manager emeritus
Krista Kramer	University of Idaho Assistive Technology Project	AT Finance Program Coordinator
George McGinty	Idaho Department of Health & Welfare, Medicaid Fraud	DHW Investigator, Welfare Fraud Investigations Unit
Eric K. Peterson	Nez Perce County, City of Lewiston Disability Commission	Attorney, Retired Disability Activist
Danielle Scott	University of Idaho Extension, Nez Perce Reservation	University of Idaho Extension Educator
Cara Snyder	Nez Perce County, AAA Volunteer, Health Promotion & Disease Prevention	Licensed Social Geriatric Social Worker
Kathee Tift	University of Idaho Extension, Family & Consumer Science	University of Idaho Extension Educator
Gayle Worthington	Idaho Commission for the Blind	

Attachment H

PSA Advisory Council Profile

In Accordance with Section 306 (a)(6)(D) of the Older Americans Act and IDAPA 15.01.20.051.01, the Area Agency on Aging (AAA) shall establish an advisory council consisting of older individuals (including minority individuals and older individuals residing in rural areas) who are participants or who are eligible to participate in programs assisted under this Act, family caregivers of such individuals, representatives of older individuals, service providers, representatives of the business community, local elected officials, providers of veterans' health care (if appropriate), and the general public, to advise continuously the area agency on aging on all matters relating to the development of the area plan, the administration of the plan and operations conducted under the plan. More than fifty (50) percent of the advisory council shall consist of people 60 years old or older. (CFR 45 Section 1321.57)

Advisory Council Member's Name:	Rose Gehring
County of Residence:	Nez Perce
Beginning Term Date:	03/2016
Ending Term Date:	03/2018

Select **all** Categories that the Council Member Represents

Eligible Participant (60 or older)	Participates in OAA Program	Minority	Resides in Rural Area	Family Caregiver	Represents Older Individual/s	Service Provider	Business Community	Local Elected Official	Provider of Veterans Health Care	General Public
x	x				x			x		x

Advisory Council Member's Name:	Rodger Colgan
County of Residence:	Clearwater
Beginning Term Date:	03/2016
Ending Term Date:	03/2018

Select **all** Categories that the Council Member Represents

Eligible Participant (60 or older)	Participates in OAA Program	Minority	Resides in Rural Area	Family Caregiver	Represents Older Individual/s	Service Provider	Business Community	Local Elected Official	Provider of Veterans Health Care	General Public
x	x		x		x			x		x

Advisory Council Member's Name:	Patty Mathison
County of Residence:	Lewis
Beginning Term Date:	03/2016
Ending Term Date:	03/2018

Select **all** Categories that the Council Member Represents

Eligible Participant (60 or older)	Participates in OAA Program	Minority	Resides in Rural Area	Family Caregiver	Represents Older Individual/s	Service Provider	Business Community	Local Elected Official	Provider of Veterans Health Care	General Public
x	x		x		x			x		x

Advisory Council Member's Name:	Teresa Jackson, OSB
County of Residence:	Idaho
Beginning Term Date:	03/2016
Ending Term Date:	03/2018

Select **all** Categories that the Council Member Represents

Eligible Participant (60 or older)	Participates in OAA Program	Minority	Resides in Rural Area	Family Caregiver	Represents Older Individual/s	Service Provider	Business Community	Local Elected Official	Provider of Veterans Health Care	General Public
x			x	x	x			x		x

Advisory Council Member's Name:	Tom Trail
County of Residence:	Latah
Beginning Term Date:	03/2016
Ending Term Date:	03/2018

Select **all** Categories that the Council Member Represents

Eligible Participant (60 or older)	Participates in OAA Program	Minority	Resides in Rural Area	Family Caregiver	Represents Older Individual/s	Service Provider	Business Community	Local Elected Official	Provider of Veterans Health Care	General Public
x	x		x	x	x		x	x		x

Advisory Council Member's Name:	Mark Leeper
County of Residence:	Latah
Beginning Term Date:	03/2016
Ending Term Date:	03/2018

Select **all** Categories that the Council Member Represents

Eligible Participant (60 or older)	Participates in OAA Program	Minority	Resides in Rural Area	Family Caregiver	Represents Older Individual/s	Service Provider	Business Community	Local Elected Official	Provider of Veterans Health Care	General Public
x			x	x	x	x	x		x	x

Advisory Council Member's Name:	Jose Murillo
County of Residence:	Nez Perce
Beginning Term Date:	03/2016
Ending Term Date:	03/2018

Select **all** Categories that the Council Member Represents

Eligible Participant (60 or older)	Participates in OAA Program	Minority	Resides in Rural Area	Family Caregiver	Represents Older Individual/s	Service Provider	Business Community	Local Elected Official	Provider of Veterans Health Care	General Public
x	x	x		x	x					

Advisory Council Member's Name:	David Pankey
County of Residence:	Nez Perce
Beginning Term Date:	03/2016
Ending Term Date:	03/2018

Select **all** Categories that the Council Member Represents

Eligible Participant (60 or older)	Participates in OAA Program	Minority	Resides in Rural Area	Family Caregiver	Represents Older Individual/s	Service Provider	Business Community	Local Elected Official	Provider of Veterans Health Care	General Public
					x		x			x

Advisory Council Member's Name:	Debbie Lemon
County of Residence:	Nez Perce
Beginning Term Date:	03/2016
Ending Term Date:	03/2018

Select **all** Categories that the Council Member Represents

Eligible Participant (60 or older)	Participates in OAA Program	Minority	Resides in Rural Area	Family Caregiver	Represents Older Individual/s	Service Provider	Business Community	Local Elected Official	Provider of Veterans Health Care	General Public
x	x				x		x			x

Advisory Council Member's Name:	Don Strong
County of Residence:	Latah
Beginning Term Date:	03/2016
Ending Term Date:	03/2018

Select **all** Categories that the Council Member Represents

Eligible Participant (60 or older)	Participates in OAA Program	Minority	Resides in Rural Area	Family Caregiver	Represents Older Individual/s	Service Provider	Business Community	Local Elected Official	Provider of Veterans Health Care	General Public
x	x		x	x	x					x

Advisory Council Member's Name:	
County of Residence:	
Beginning Term Date:	
Ending Term Date:	

Select **all** Categories that the Council Member Represents

Eligible Participant (60 or older)	Participates in OAA Program	Minority	Resides in Rural Area	Family Caregiver	Represents Older Individual/s	Service Provider	Business Community	Local Elected Official	Provider of Veterans Health Care	General Public

Attachment I

Planning and Service Area II Area Plan Development Schedule

Date	Area Plan Task
November 2016	AAA Received Area Plan Template from ICOA
	Area Plan Template distributed to AAA Leadership
	Area Plan Process Overview presented to the AAA Advisory Council
December 2016	Steering Committee Member Selection, Recruitment and Confirmation Process
	AAA Advisory Council advised of established Area Plan Steering Committee
	Assimilation and Review of Needs Assessments
	Planning process introduced to the Steering Committee members
April 2017	Goals & Objectives distributed to Steering Committee Members for Review and Comment
May 2017	Steering Committee Comments Response
	Listening Sessions
	Draft Area Plan documents submitted to ICOA for Review and Comment
June 2017	Public Comment • Post to CAP Website • AAA Advisory Council Members • CAP Board
	AAA Advisory Council Approves Area Plan
	CAP Board Approves Area Plan
	Area Plan is submitted to ICOA

Attachment J

Comments on Area Plan in Planning and Service Area II

Executive Summary: None Received.

Planning Process: None Received.

Comments on the Core Services

General:

a) Several of your benchmarks include improvements or increases in services that are things you cannot control--number of transportation services or chore services, for example. But it's worth working to increase them. As for benchmarks in general, with baby boomers aging by the second, needs for these services will increase.

Outcome:

a) The AAA recognizes that both population and consumer need will grow. While we cannot control the distribution of public funding to support such increases, we do recognize responsibility to advance the ability of local leaders and partners to plan for and fund the development of livable communities.

Comment:

1. **Transportation**

Transportation Service Funding

Comments:

a) Is there any way to include people with disabilities in the service eligibility… even if OAA funding can't be used for that population? The providers and the needs are the same. The plan could reflect the collaborations with the disability funding sources

b) Transportation is a critical resource, especially in rural Idaho. A few years ago Latah County Commissioner Tom Lamar came to our meal site with a query about how helpful would it be to have a bus that ran to and from Cd'A to Lewiston transporting seniors to medical appointments. I don't know if that idea came to fruition.

Outcome:

a) Serving older people living with disability is a priority. The AAA is not able to track in our GetCare database or the current Idaho consumer assessment, if a consumer has a disability.
The AAA would like to identify with IATP, collaboration in identifying and/or enhancing funding resources to older people living with disability.

b) There is no complete service. Consumers must to Spokane via Northwestern Trailways and then travel East on Greyhound.
The AAA consulted with Suzanne Seigneur, the most recent PSA Mobility Manager, in regard to transportation in North and North-central Idaho. She replied that there is no bus that goes all the way. Citylink, the Coeur d'Alene Tribe's rural route, comes down as far as Des Met/Tensed – but not all the way to Moscow. Northwestern

Trailways comes up from Boise to Moscow, then over to Pullman, WA and up to Spokane. The route originally went all the way up to Sand Point but it wasn't profitable enough, so they discontinued. The loss of bus service in all of Northern Idaho has been a concern for quite some time. The Idaho Transportation Department has repeatedly attempted to get an organization to provide service. It is, however, expensive and the FTA will only pay half of the cost. The problem is coming up with the other half, (match), that is not working. Note that the State of Idaho does not put any operating dollars in for match.

A. <u>Comments on Transportation Service Delivery:</u> None received.

2. **Outreach**
<u>Outreach Service Funding</u>: None received.

A. <u>Comments on Outreach Service Delivery:</u>

a) How are you planning to reach the limited English speaking population? I know that translation of our materials into Spanish is on the agenda here at the IATP. From my vantage point, limited English reading and writing and hearing skills are a bigger issue in this region that also substantially limit functioning and ability to seek help for both people with disabilities and seniors, whether it is due to needing materials in large print, low reading comprehension levels, not being able to hear on the phone or process information well enough to navigate phone trees, not having internet access, etc. Attention to simplifying the language level and using graphic information can also help.
<u>Outcome:</u> "Limited English speaking" population is a named target population in the Older Americans Act. The AAA will collaborate with the Idaho Assistive Technology Project, IATP, to include limited English reading, writing and hearing into AAA outreach and incorporate this into our planning and development strategies in the Area Plan.

The AAA will collaborate with the Idaho Assistive Technology Project, IATP, to include limited English reading, writing and hearing into AAA outreach and incorporate this into our planning and development strategies in the Area Plan.

B. **<u>Comments on Outreach Coordination:</u>** None received.

3. **Information and Assistance (I&A)**
<u>Information and Assistance Service Funding</u>: None received.

A. <u>Comments on I&A Service Delivery:</u>

a) Anything the IATP can do to help educate your staff and the public about assistive technology, we are happy to help.

b) IATP & Moscow Friendly Neighbors have been intending to meet about some aspect of interactive technology devices. I wonder if web cams in senior homes would be helpful in monitoring (for family members)? Placing them in areas of the home, respecting people's privacy, might be a way to see that grandpa is up and around (and not fallen). Along with teaching seniors to use PCs or iPads or smartphones to connect with family and services might be beneficial.
c) Do you know that Moscow now has a CHAS clinic?
d) The University of Idaho has a Legal Aid Clinic, so that can be added as a resource

Outcome:

a) The AAA will collaborate with IATP in the development and planning of outreach with the IATP.
b) Web cams in senior homes are helpful for long term care monitoring of loved ones in in-home environments by family members. The AAA added Idaho Assistive Technology to the LTC Planning Guide.

B. **Comments on I&A Coordination:** None received.

4. **Case Management (CM)**

Case Management Service Funding

Comments:

a) On page, under the heading A. Case Management Service Delivery Strategy---on page 5 the Baseline graph shows 1 consumer getting 4 hours of service for a cost of $10,893. This is a huge cost for 4 hours of service.

It seems so different than the rest of the services offered and their costs. I wondered why this was such an outlier? I understand Case Management but wondered if some other agency/organization whose primary service includes case management, like a home health agency might be the ones to provide this service the same time they are providing other services to the person?

a) Can you use AAA funds to connect people to case management services… would that be a way of using that money in ways the data looks better?
Under the Homemaker Objective, there is a typo… it now says "Instruments of Activities of Daily Living" Tambourines?

Outcome:

a) It doesn't cost the AAA $10,893 per case management unit of service. The State Unit on Aging allowed the AAA to utilize the case management funds for related consumer activity in our Information and Assistance program in SFY 2016. The completed 4 hours of case management services. It was determined that staff time charged to this program was "information and assistance" and not case management. The cost per unit of 4 case management hours @ $10,893 is, again, not correct.

To qualify for AAA case management services, a consumer must be 60 years of age or older and not able to manage services on their own.

The consumer cannot *other support available to them for navigating and accessing services*. Support is defined as family, friends, neighbors, Medicaid HCBS, Veterans Administration, Centers for Independent Living, etc.

A consumer typically has a support and/or support system available, or, they can access services on their own, thus making them ineligible for case management services.

a) The AAA has not performed any case management services in SFY 2017.
b) The AAA currently provides information and assistance & referral to case management services. To date in this SFY 2017, the AAA has not provided Case Management services.

The AAA shifted SFY 2017 funds budgeted for Case Management into Transportation in the ninth month of the SFY in order to utilize funds where need presented. *Instruments of Activities* is a technical term customarily used to describe a persons ability and limitation in performing personal care tasks. The term is mirrored from the State Senior Services Act Plan.

A. <u>Comments on CM Service Delivery:</u> None received.

<u>Comments on CM Coordination:</u>

b) Should Idaho Home Choice and the Medicaid nurse reviewers (A&D Waiver) be added to the case management coordination list?

<u>Outcome:</u>

a) The AAA refers to Idaho Home Choice and Idaho Medicaid in provision of Information & Assistance to consumers and Family Caregivers.
b) The AAA currently provides information and assistance & referral to case management services. To date in this SFY 2017, the AAA has not provided Case Management services. The AAA shifted SFY 2017 funds budgeted for Case Management into Transportation in the ninth month of the SFY in order to utilize funds where need presented.
Instruments of Activities is mirrored from the State Senior Services Act Plan.

5. **Homemaker:** None received.

6. **Chore:**
<u>Chore Service Funding</u>: None received.

A. Comments on Chore Service Delivery:

a) Potential additional partners: Real Life Serve Fest & University of Idaho Center on Volunteerism?

Outcome:

a) The AAA does not currently fund Chore Services with Older Americans Act funds. The AAA will add Real Life Serve Fest & the University of Idaho Center on Volunteerism into our referral database.

B. **Comments on Chore Coordination:** None received.

7. **Minor Home Modification**

Minor Home Modification Service Funding

Comments:

a) Is this an area where the IATP might collaborate to do some fundraising for assistive technology like smoke detectors for hard of hearing, grab bars, alerting systems for door bell, phone, etc. Should Interlink be on that Baseline list?

Outcome:

a) The AAA does not currently fund Minor Home Modification with Older Americans Act funds. Baselines measures for the Area Plan only reflect OAA funds in a specific program.

The AAA refers to Community Action Partnership for smoke detectors and to Interlink & other volunteer organizations for other like minor home improvement projects.

IATP is a great resource in assisting the AAA to enhance assistive technology resources and referrals.

A. Comments on Minor Home Modification Service Delivery: None received.

B. **Comments on Minor Home Modification Coordination:** None received.

8. **Legal Assistance:** None received.

9. **Congregate Meals:** None received.

10. **Home Delivered Meals (HDM):** None received.

11. **Disease Prevention and Health Promotions:** None received.

12. **National Family Caregiver Support Program (NFCSP):** None received.

13. **Senior Medicare Patrol (SMP):** None received.

14. **Medicare Improvement for Patients and Providers Act (MIPPA):** None received.

15. **Participant-Directed/Person Centered Planning**
    A. **Comments on Participant-Directed/Person Centered Planning Service Delivery:**
        a) I'm wondering if there are resources via the Developmental Disabilities Program at H&W, or here at the Center on Disability and Human Development to help with this training.

        Outcome:

        a) The AAA will include in Area Plan strategies, the Developmental Disabilities Program and the Center on Disability and Human Development as possible funding resources.

    B. **Comments on Participant-Directed/Person Centered Planning Coordination:** None received.

16. **Ombudsman:** None received.

17. **Adult Protection Services:** None received.

18. **Elder Justice**
    A. **Comments on Elder Justice:**
        a) Elder Justice, item (F) provide admin and tech assistance to entities designated under paragraph (5) I didn't know where to find paragraph 5.

        Outcome:

        a) The cited reference is the Older Americans Act, Section 712 (a)(5)

19. **Emergency Plan**
    A. **Comments**
        a) Page 3-Emergency Assignment-AAA Director-Can the AAA Staff effectively communicate with LEPC's from the DAC in NW Lewiston? Communications during big events from my experience are often problematic but can be better with practice and testing of the process.
        b) Page 6-I don't see Latah County Disaster Coordinator on the list. His name is Mike Neelon and I could get his contact info if you want it.
        c) Pages 6 thru 8-Would the addition of the contact info for the fire departments and ambulance services be helpful. They are often familiar with the people in their areas and their needs.

        Outcome:

        a) The AAA Emergency Plan will be reviewed by the LEPC with the intention of adapting the Plan to address Special Populations in SFY 2018.

b) AAA added Mike Neelon as the Latah County Disaster Coordinator.

c) AAA determine with the LEPC if this addition to the Emergency Plan would be beneficial in SFY 2018 as the AAA works with the LEPC in effecting an Emergency Plan for Special Populations.

20. **Emergency Preparedness for Idahoans.**

A. Comments:

a) Fire extinguisher should be at least a 10BC rated extinguisher and serviced annually. This is a minimum fire code requirement and there are lesser extinguishers that can be purchased.

b) If they have and RV they could stock it and have it set up to operate for 72 hours. Might want to add this as another way to survive during a disaster.

c) Pet disaster preparedness-my experience with large wild land fires and floods, is people with large animals (horses, cows, goats, sheep, etc.), get very concerned and it is helpful if there is an evacuation plan that they are aware of and familiar with in these events.

d) Would the State Fire Marshal's office as a resource for info dissemination be helpful? They are another state agency and part of their role is to provide information for emergencies and help local fire departments. I could check with them if you thought this might be of value to the plan.

Outcome:

a) AAA included the rating capacity for fire extinguishers.

b) AAA included the recommendation/suggestion that RV's be set up to operate for a 72-hour period.

c) AAA will request that the LEPC provide a reference for help with the evacuation of large animals in the SFY 2018 Emergency Plan update.

d) AAA will request that the LEPC provide direction and/or reference regarding the State Fire Marshal's Office as a resource in the SFY 2018 Emergency Plan update.

Attachment K

IDAHO STATE UNIVERSITY STATEWIDE NEEDS ASSESSMENT

Needs Assessment of Older Adults in Idaho

Prepared for the Idaho Commission on Aging

by

Institute of Rural Health

Idaho State University

February 2016

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Suggested Reference

Kelchner, C., Spearman, R., & Piland, N. F. (2016). *Needs assessment of older adults in Idaho.* Institute of Rural Health, Idaho State University. Pocatello and Meridian, Idaho.

Short version: Needs Assessment of Older Adults in Idaho, 2016.

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Executive Summary

The purpose of this project is to develop, administer, and analyze a statewide needs assessment based on the Older Americans Act (OAA) and the Idaho Senior Services Act (SSA). The overall goal of the project is to gain information on the current and future long-term care needs of people in Idaho who are eligible for OAA and SSA services. Results from this assessment will be used to develop the Idaho Commission on Aging's (ICOA) four-year Senior Services State Plan and consequent Area Agency on Aging (AAA) local plans. The Institute of Rural Health at Idaho State University (ISU-IRH) was contracted by ICOA in 2015 to develop and administer the needs assessment, and to analyze and report the results.

The funded OAA and SSA service areas are as follows: information and assistance, home delivered and congregate meals, transportation, homemaker, chore, legal assistance, disease prevention and health promotion, caregiver (which includes respite), ombudsman, adult protection, and case management. To gain a better understanding of an individual's needs, ISU created a needs assessment addressing each of these service areas through a variety of questions. Gaining knowledge about the strengths and weaknesses within each service area will allow ICOA to develop a well-suited program that is able to cater to a variety of individuals. Furthermore, it will help ICOA understand which programs need more support and which programs are successful. The survey also asked participants to consider the needs of others in addition to their own needs. This will help ICOA assess a larger, more diverse population. Survey questions were intended not only to elicit responses for data collection purposes, but also to educate survey participants.

This survey was designed and administered to address a number of issues: (1) estimate the current perception of, need for, and utilization of services for Idaho's aging population, (2) determine the current demand for different types and categories of service, (3) estimate the level of need and demand for services as the population ages and the demographic structure of the population changes over time, and (4) estimate how the changing structure of the aging population will affect need, demand, and the success of services meeting the needs of Idaho's population. The service assessments were also created to gain a better understanding of whether services being used or needed were formal (provided by someone from an agency or organization) or informal (provided by family, friends, neighbors, church or other groups).

ISU used demographic data from the Idaho Department of Labor to ensure efforts were made to reach the following populations: (1) older individuals with low incomes by county, (2) older individuals who have greatest economic need by county (with particular attention to low-income older individuals, including low-income minority older individuals, older individuals with limited English proficiency, and older individuals residing in rural areas), (3) older individuals who have greatest social need by county (with particular attention to low-income older individuals, including low-income minority older individuals, older individuals with limited English proficiency, and older individuals residing in rural areas), (4) older individuals at risk for institutional placement by county, and (5) older individuals who are Indians residing in such area.

ISU contracted with Resolution Research, a health-related market research company, to administer the needs assessment survey and mail 1,800 paper surveys to a selected sample of Idaho residents age 50 and older based on target population demographics. Additional survey distribution methods included an online survey and paper surveys provided to Senior Centers upon request. Survey responses were received from each of the six Area Agency on Aging (AAA) regions of Idaho in adequate numbers for analysis by region, with a total of 626 respondents across Idaho. About half of the total responses came from the online version of the needs assessment, with more than a third from the targeted mailings and the rest from Senior Centers.

Findings

The top three current needs most often identified by respondents were (1) Information and Assistance (61%), (2) Disease Prevention & Health Promotion Programs (37%), and (3) Transportation (34%). When asked about specific long-term care services and supports, the largest immediate need is formal chore services which 11% report that they would like to use, followed by disease prevention & health promotion (10%) and legal assistance (8%). More respondents are using informal transportation services (19%) than any other service listed in this needs assessment, followed by congregate meals (17%) and informal

chore services (15%). Respondents had the most problems, both major and minor, with home maintenance (52%), housework (42%), and finding information about services (39%). Feeling lonely, sad, or isolated was also a problem for more than a third of respondents (37%), as was managing your own health (35%).

Older respondents are more likely to be using services, while more of the younger respondents would use services in future. Younger respondents are more likely to know others who could benefit from the services. The average difference between wanting and receiving services (would use vs using) ranged from less than 1% for those under age 70 to 4-6% for those age 80 and over.

For future needs, Information & Assistance and Transportation were tied for first place (46%), and the third most important need was Home Delivered Meals (34%). Home delivered meals were selected as a top need in the future more than twice as often as congregate meals (34% vs 16%). This supports the finding from the 2015 No Wrong Door System Assessment Report that Senior Centers, where most congregate meal sites are located, are not the choice for younger seniors.

The survey also identified problems with communication of the availability of services, as nearly half of respondents (47%) were not aware of services provided by the listed agencies and organizations. This result is similar to the 2015 Idaho Senior Capacity (Legal) Assessment in which 42% reported they had not heard of any of the organizations listed that assist people with legal problems. The information resource used most is individuals such as family, friends, or neighbors (84%). Online resources were the next most used (76%) for those under age 80, followed by newspaper, television, and other printed materials (68-70%). For those age 80 and older, Senior Centers (59%) was among the top five resources used, instead of online resources. The 2-1-1 Idaho Careline was rarely used (10%) even though more than 40% of respondents were aware of it. These results are similar to those from the No Wrong Door System report, except for its much lower reported use of online resources. The Idaho Senior Capacity (Legal) Assessment identified the best strategy for notifying seniors of available legal services as newspaper advertisement followed by email, Senior Center, and mail, and also noted that a single strategy is probably not sufficient.

The needs assessment questions were also intended to address specific outcomes identified by ICOA, as listed in the following table. The results are presented as a percentage of all respondents (N=626).

Table 1: Survey Outcomes

Outcomes	Survey Results	Source
Respondents who are aware of available services and agencies	46%	Table 33, Aware, average across all services
Respondents who have access to each type of service	7%	Table 54, Am Using, average across all services
Respondents who qualify for services:		
Percent of respondents with income less than $20,000	35%	Table 17
Percent of respondents with income less than $30,000	55%	Table 17
Percent of respondents covered by Medicare/Medicaid	77%	Table 18
Percent of respondents age 65 and older	70%	Age section, page 11
Respondents who use or might use services in the future, including formal and informal supports	37%	Table 54, Am Using + Would Use in Future, average across all services
Both formal and informal services that meet the respondents' needs	7%	Table 54, Am Using, average across all services
Activities in which respondents have interest	78%	Table 20

Recommendations

The findings of this needs assessment clearly identify the urgent need to plan for the provision of resources to meet the emerging needs of the rapidly growing elderly population. The planning needs to be both age and region specific. Considerable regional variability exists in the perceived need and potential demand for specific services. In addition, each region has substantially different capabilities to generate the health, caregiving, transportation, and social services that will be required to meet an increasing demand. Specific recommendations from this needs assessment of long-term care services and supports are provided below.

1. **Provide information about long-term care services and supports through sources that Idaho seniors actually use.** Information & Assistance was both the top current need and the top future need identified by respondents in this needs assessment. Each of the previous survey reports also identified information resources as a significant concern. As stated in the No Wrong Door System Assessment report (2015), it's important that people know what services are available, and for policy makers and others to see the real demand for services in order to adequately fund them. This means that all seniors need to be aware of services and able to ask for what they need, even if the availability of some services is currently limited.
    a. Less common sources of information should be advertised using the more common sources, for example, running newspaper and television ads for the 2-1-1 Careline or providing local Area Agency on Aging brochures through health care providers, churches, libraries, and Department of Health and Welfare offices.
    b. Information on services should be targeted to family members and caregivers in addition to seniors.
    c. Communications tailored for each AAA region may be needed as awareness of services varied somewhat across regions.
    d. It may be useful to further explore seniors' use of online resources such as specific websites, apps, and emails from agencies and organizations to determine actual usage and perceptions. As the population ages, the vast majority of older adults will be comfortable accessing information online. This can be a very effective information resource if accurate and timely information is provided in easy to use formats.
    e. Mechanisms should be established to assess if adequate information is being received, for example adding a brief survey on relevant websites, tracking the number of AAA brochures distributed at providers' offices, or asking callers how they found out about an organization.
    f. A list or registry of available service providers has been recommended previously for specific service areas such as respite care, and may be warranted for other service areas as well. Providing such lists online or printed in newspapers may help improve awareness of and access to these services.
2. **Expand the awareness of available transportation services between agencies and organizations** such that if someone is looking for transportation assistance they can find it, even if the organization they consult with does not provide the service themselves. Informal transportation services were the most commonly used service by respondents, and transportation was ranked as both a top current and future need. Transportation was also a problem for respondents in each of the previous survey reports which addressed it.
    a. Future research may seek to compare real versus perceived lack of transportation services to determine the optimal response for each region, and to clarify the nature of transportation difficulties such as lack of public transit, confusion of bus routes, long wait times, cost, or lack of information.
3. **Educate Idaho seniors, family members, and caregivers about prevention and the importance of being proactive in addressing minor concerns**, to help prevent more serious health and well-being problems including the future need for legal and other protection services. As stated in the 2015 Idaho Senior Capacity (Legal) Assessment Report, most civil legal problems for older adults

occur relatively infrequently, but when problems do arise, the stakes are often very high and occur at critical times for the individual.

   a. Disease prevention and health promotion programs were reported as a top current need, and also had among the highest rates for both receiving and wanting services. Providing additional programs and resources in this area could avoid or delay the need for more costly long-term care services and supports for many older adults.

   b. Providing accurate information resources for legal assistance is an important need. The future anticipated need for legal assistance is relatively high (38%) in the current survey, suggesting that some respondents are already aware of potential problems and might be interested in taking action to prevent or mitigate them.

4. **Low-cost services and information regarding other financial assistance options are important for seniors.** More than half of respondents (55%) reported a total household income of less than $30,000 per year, and 35% reported an income less than $20,000 per year. These rates were substantially higher for those age 80 and older (78% and 57%, respectively). Affording basic necessities was a problem for 29% of respondents.

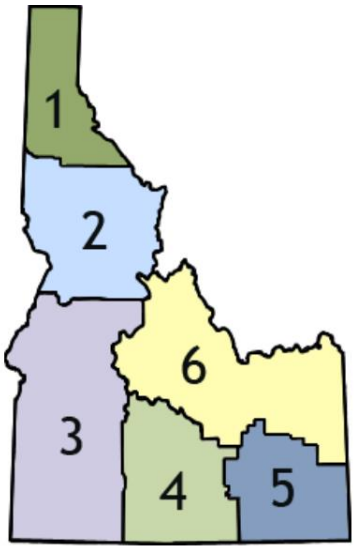
5. **Care coordination and planning services are critical** to help seniors maintain their independence and quality of life. The current systems of long-term care services and supports require substantial effort by both seniors and those assisting them. In many areas, these systems are not currently available or are inadequate. Further development of care coordination and planning services would greatly assist Idaho's growing population of seniors who will require an increasingly broad range of long-term care options and services.

The changes occurring in the structure of Idaho's population, and the perceptions reported in the needs assessment, predict a rapidly increasing need for expanded services. Changes in the organization, financing, and delivery of health services in Idaho are currently beginning to take place in Idaho. For example, Idaho's Statewide Healthcare Innovation Plan (SHIP) is currently under implementation. This CMS grant funded project fosters health system changes to improve access, quality, and outcomes. This program is regionally based to accelerate the expansion of patient centered medical homes that improve care coordination and access to services through the use of community health workers, community health emergency medical services, and expanded telehealth services. The SHIP model will provide health care workforce and communications resources that can be aimed directly at the needs of Idaho's elderly population in both rural and urban areas. All of these will be increasingly critical in meeting the growing demand for services by Idaho's aging population. Comprehensive across-program integration and coordination are especially important in light of the rapid increase in demand generated by a growing incidence in Alzheimer's disease and other forms of dementia.

Background

A target population of Idaho residents age 50 and over was selected across the six Area Agency on Aging (AAA) regions of the state to complete a needs assessment inquiring about their current use of long-term care services and supports, quality of life, current and future needs, and awareness of others who could potentially benefit from these services. A map of the six AAA regions is provided in Figure 1. The needs assessment survey was also made available online in an effort to capture additional responses, and was provided to additional individuals and organizations upon request. This needs assessment was carried out in November 2015, and the results are presented in this report.

Figure 1: Map of Area Agency on Aging (AAA) Regions in Idaho



Contact Information for Local Area Agencies on Aging

Area I	Coeur d'Alene	208-667-3179	www.aging.idaho.gov/aaa/area_1.html
Area II	Lewiston	208-743-5580	www.aging.idaho.gov/aaa/area_2.html
Area III	Meridian	208-332-1745	www.aging.idaho.gov/aaa/area_3.html
Area IV	Twin Falls	208-736-2122	www.aging.idaho.gov/aaa/area_4.html
Area V	Pocatello	208-233-4032	www.aging.idaho.gov/aaa/area_5.html
Area VI	Idaho Falls	208-522-5391	www.aging.idaho.gov/aaa/area_6.html

Idaho's Aging Population

The survey process was designed to yield responses from a representative sample of Idaho's population age 50 years and older in order to provide a basis for estimating the probable changes in need and demand that will occur as the population ages. However, it is important to understand that while age is the primary determining factor for both need and demand, many additional factors are important in optimizing the performance of current service programs and the design of programs to meet future needs. Changes in the Idaho population's proportion of those 65 and over and their estimated health and disability status will have a dramatic impact on the need for services and projected demand. Idaho's population is in the process of undergoing a significant change. U.S. Census figures show that from 2000 to 2010, Idaho's population of those age 65 and over only grew from 11.3% to 12% of the total state population. However, over the twenty year period from 2000 to 2020, the 65 and over age group is projected to grow by 85%, substantially faster than other age groups. The projections for 2030 are even more dramatic with percentage growth (over 2000 figures) of 147% for the 65 plus age group. This demonstrates the important changes in the population age structure and highlights the potential effects on the need for health, social, and supportive services targeted for the elderly.

In interpreting the results of this survey, it is important to remember these population dynamics. The need for specific services, availability of services, access to services, and acceptability of services will all have an effect upon the final demand for services and their utilization. There is considerable geographic and socioeconomic variation in Idaho. Access and utilization are affected by economic, insurance, and geographic factors as well as the availability of a range of services. Table 2 and Table 3 in this report illustrate the demographic variability across Idaho's six AAA regions and aid in interpreting the variation in response to specific questions. In addition, the differences in responses make it possible to identify areas of strength and problem areas in the provision and use of services. This information is instrumental in designing programs and services that are specific to different areas while maximizing the cost-effectiveness of the resources that are now and that may become available.

It is at least equally important to understand that the aggregate responses of younger age groups will vary substantially from those of older age groups in the initial time period of the survey. However, as aging occurs they will more closely mirror those of the older age groups as the health, economic, mobility, and disability factors take a larger role in their lives. Therefore, in planning for future programs it is necessary to carefully look at the needs and demands of the current elderly, estimate the demand generated by a larger and rapidly aging population, and estimate the level of resources that will be required to meet that level of need and demand. Changes in tastes and preferences, communications and adaptive technologies, modes of transportation, and means of financing through private and public insurance and

programs will all have a determining effect on the success of future systems in meeting the needs of the aging population. This demands increased attention to responses that indicate a higher level of currently unmet need. As the population ages it is increasingly likely that even small areas of unmet need or preference may evolve into sizeable gaps as the population grows progressively older. In addition, the number and size of these gaps will vary across areas and will make it more difficult to generate resources to provide services. Program efficiency and effectiveness will be greatly affected by the accuracy of the planning process.

Memory Care: Alzheimer's Disease and other Forms of Dementia

The aging population is differentially affected by Alzheimer's disease and other forms of dementia. While beyond the scope of this survey, it is important to recognize the probable effect of these conditions on the demand for forms and categories of health and long term care of the aging. In Idaho the prevalence of Alzheimer's disease alone is projected to increase 43.5% from 2015-2025. This will greatly increase the cost of community and residential care as well as overall health care. It will also greatly increase the demand for caregiver services, both formal and informal. The impact is currently substantial and will increase greatly in the near future. As noted, the aging of Idaho's population requires a highly flexible, dynamic, and comprehensive plan to anticipate the serious demands and challenges we will face in the coming years.

Survey Methodology

This needs assessment was developed, in part, by reviewing ICOA's Senior Services State Plan for Idaho (2012-2016),[1] the 2012 and 2008 BSU Needs Assessments, the Idaho Caregiver Needs and Respite Capacity Report from 2014, the Idaho Senior Capacity (Legal) Assessment from 2015, and the 2015 No Wrong Door System Assessment report. We also reviewed the Administration for Community Living Performance Outcome Measurement Project (POMP)[2] as well as other surveys that the ISU-IRH has developed over the past few years.[3] This approach allowed ISU to avoid duplication of recent surveys and to re-use or adapt some questions as appropriate. Along with conducting the 2015 statewide needs assessment, ISU also used the previous assessments listed above to inform this final report.

In addition, the ISU-IRH collaborated closely with ICOA staff regarding their expectations for the needs assessment. Demographic information regarding older adults in Idaho was gathered in an effort to fully describe the target population. The needs assessment was developed to collect information regarding current service use, services that participants would like to receive more of, future service use, and whether or not the participant knows of others who would benefit from specific services. Assessment items were also created to gain a better understanding of whether services being used or needed were formal (provided by someone from an agency or organization) or informal (provided by family, friends, neighbors, church or other groups). Research regarding survey bias, rating scales in survey methodology, statistical analysis, survey distribution, and survey structure was also conducted to ensure the assessment's efficacy and reliability. The ISU-IRH began work in August 2015 to develop the needs assessment survey, in collaboration with ICOA staff, and submitted it to ICOA for review on September 30, 2015. The final needs assessment instrument was approved by ICOA on October 21, 2015.

Survey Distribution

Resolution Research, a health-related market research company, was contracted to administer the needs assessment survey. In the past, the ISU-IRH has utilized Resolution Research to gather and analyze data with great success. Resolution Research provides "end-to-end solutions from problem definition, research

[1] Idaho Commission on Aging. Senior Services State Plan for Idaho, 2012-2016. http://www.idahoaging.com/Documents/ICOA_State_Plan_2012-2016_final_20121016.pdf

[2] Administration for Community Living Performance Outcome Measurement Project (POMP). http://www.aoa.acl.gov/Program_Results/POMP/Index.aspx

[3] Real Choices Systems Change Grants for Community Living (Money Follows the Person), 2001-2006; Traumatic Brain Injury State Plannning, Implementation, and Implementation Partnership Grants (2000-2018).

design, and data collection to data analysis, reporting and presentation."[4] Resolution Research was responsible for identifying the target population across Idaho, administering the survey (paper and online), data collection, and data entry. Once the results were entered, they provided the ISU-IRH with compiled data, frequency counts, and the requested cross-tabulations.

Resolution Research mailed 1,800 paper surveys via the USPS to Idaho residents based on target population demographics. As described in the Sampling Target Population section below, efforts were made to reach lower income and socially isolated individuals across the state, and additional surveys were distributed in some regions to ensure adequate feedback. Upon review of a draft press release on October 26, 2015, ICOA staff suggested that an online version of the needs assessment be made available in addition to the mailed surveys, so that everyone who saw the press release had a way to take the survey if desired. The ISU-IRH and Resolution Research agreed to do this.

The paper surveys were mailed the week of November 9 with a requested return date of November 20, 2015 to allow time for mailing and data entry. However, completed paper surveys were accepted through December 17, 2015. The online survey was available for participants from October 30 to November 30, 2015. Resolution Research provided all data results and frequency tables on December 18, 2015 and additional cross-tabulated results on January 5, 2016.

Sampling Target Population

There are a number of factors affecting an individual's ability to stay in their own home as they age. For example, older adults who live alone are more likely to need formal long-term care services as they age than those who live with someone else. These risk factors can be evaluated across a population using demographic data. From the scope of work for this needs assessment, the assessment must consider the following risk factors when identifying the target population:

1. The number of older individuals with low incomes by county
2. The number of older individuals who have greatest economic need by county (with particular attention to low-income older individuals, including low-income minority older individuals, older individuals with limited English proficiency, and older individuals residing in rural areas)
3. The number of older individuals who have greatest social need by county (with particular attention to low-income older individuals, including low-income minority older individuals, older individuals with limited English proficiency, and older individuals residing in rural areas)
4. The number of older individuals at risk for institutional placement by county
5. The number of older individuals who are Native Americans residing in such area

Detailed demographic data sets by zip code and by age for each of the above risk factors were obtained from the Department of Labor in September 2015, based on data from the American Community Survey 5-Year Estimates: 2009-2013. Table 2 and Table 3 present this demographic data for older adults in Idaho, which corresponds to the 2011 population estimates. Although the target population for the needs assessment was age 50 and older, some of these data sets were only available for age 65 and older as indicated in the tables below. Comparing statewide data to the survey results will allow us to assess whether the information we received reflects the demographics of Idaho.

Table 2: Population of Older Adults in Idaho, by Age and Living Alone

	2011 Total Population	Age 50+	Age 60+	Age 65+	Age 70+	Age 80+	Total Living Alone	Living Alone Age 65+
State	**1,583,780**	**496,622**	**293,532**	**204,523**	**137,080**	**25,119**	**138,692**	**51,540**
Area 1	252,401	92,510	55,979	38,785	25,076	8,857	24,958	8,664
Area 2	68,312	29,579	19,157	13,874	9,839	3,845	7,930	3,884
Area 3	700,086	209,053	121,142	83,385	55,212	21,120	61,254	21,895
Area 4	186,524	59,825	35,838	25,483	17,466	6,727	15,783	6,503
Area 5	171,413	53,118	30,736	21,919	15,057	5,638	15,133	5,595
Area 6	205,044	52,537	30,681	21,078	14,431	5,226	13,634	4,999

[4] Resolution Research. http://www.resolutionresearch.com/services.html

Table 3: Population of Older Adults in Idaho, by Income, Race, Rural

	Household income < $15,000	Household income < $25,000	Household income < $35,000	Racial Ethnic Minority	Total Living in Rural	Living in Rural Age 50+	Living in Rural Age 65+
State	**72,678**	**141,752**	**215,155**	**347,583**	**435,474**	**157,294**	**67,589**
Area 1	13,953	25,862	39,080	28,536	71,830	32,024	13,557
Area 2	3,528	7,659	11,729	9,476	28,846	13,934	6,565
Area 3	30,845	59,248	89,678	168,523	102,145	37,335	16,511
Area 4	8,032	16,834	26,362	63,141	88,077	27,950	11,472
Area 5	8,201	15,871	23,571	37,870	87,592	28,393	12,206
Area 6	8,118	16,277	24,734	40,037	56,984	17,657	7,278

These detailed data sets from the Department of Labor (DOL) were provided to Resolution Research, who analyzed the data by county and then by AAA Region. The top counties in each region, and then the top AAA Regions, were determined for the following criteria: Age, Low Income, Living Alone (age 65+), Living in a Rural Area (age 50+), Minority, Native American, and Limited English Speakers (age 65+). The following table shows the top three AAA Regions for each of these demographic criteria.

Table 4: Top AAA Regions Meeting Demographic Criteria for Persons at Risk

Rank	Age	Low Income	Living Alone, 65+	Rural, 50+	Minority	Native American	Limited English, 65+
1st Highest	Region 1	Region 1	Region 3	Region 3	Region 3	Region 5	Region 3
2nd Highest	Region 5	Region 3	Region 1	Region 1	Region 4	Region 3	Region 4
3rd Highest	Region 2	Region 5	Region 4	Region 5	Region 6	Region 2	Region 5

The number of surveys to be mailed to the target population in each AAA Region was determined based on these combined demographic criteria, as indicated in the table below. In addition, the three regions ranked lowest overall for the combined criteria (Regions 4, 2, and 6) were oversampled to ensure adequate response from each AAA Region. The total number of mailed surveys was 1,800 as described in the previous section.

Table 5: Combined Demographic Criteria and Surveys Mailed per AAA Region

Region	Population Rankings of Demographic Criteria	Surveys Mailed
Region 1	1st Highest: Oldest Population, Lowest Income 2nd Highest: Living Alone, Rural 3rd Highest:	300
Region 2	1st Highest: 2nd Highest: 3rd Highest: Oldest Population, Native American	225
Region 3	1st Highest: Living Alone, Rural, Minority, Limited English 2nd Highest: Low Income, Native American 3rd Highest:	450
Region 4	1st Highest: 2nd Highest: Minority, Limited English 3rd Highest: Living Alone	250
Region 5	1st Highest: Native American 2nd Highest: Oldest Population 3rd Highest: Low Income, Rural, Limited English	350
Region 6	1st Highest: 2nd Highest: 3rd Highest: Minority	225

Press Releases

A press release was drafted for distribution through Idaho State University's Marketing & Communications office, to raise awareness of the needs assessment and encourage those who received it to complete the

survey and send it back. The first press release announcing the assessment and its purpose, and providing the URL to take the online version (discussed below), was sent out on October 30, 2015. An updated press release was distributed on November 17, 2015 to encourage additional responses. This second press release generated wider media coverage including both radio and TV spots. Both press releases are provided in Appendix A.

Distribution list for first press release:

- Media in eastern Idaho and Treasure Valley, from ISU Marketing & Communications:
    - Newspapers: Sho-Ban News, Post-Register, Idaho Statesman, Idaho Press Tribune, Meridian Press, Valley Times, Idaho State Journal, Power County Press 4
    - TV news stations: Blackfoot Morning News, Channel 8, Channel 12 TV, KTVB, KIVI, KBOI
    - Radio: Boise State Public Radio
- AAA directors, from ICOA
- ISU New Knowledge Adventures: 177 adults enrolled for Fall semester in the Treasure Valley and over 500 members in the Pocatello area. This is a joint initiative between AARP and ISU offering classes for people age 50 and over.
- AARP Idaho posted on their website
- Other email lists as deemed appropriate by the above recipients

Distribution list for second press release:

- Idaho media, from ISU Marketing & Communications as listed above
    - Two television segments explaining the needs assessment appeared on KPVI News Channel 6 in Pocatello and one on KIDK Channel 3 in Idaho Falls
- AAA directors, from ICOA
- AARP Idaho posted on their Facebook page (9,000 people access this page, primarily women over 65)
- Executive Director of the Idaho Health Care Association
- The Lewiston Community Action Partnership, in conjunction with the North-central Idaho Area Agency on Aging, produced a radio ad encouraging community members' participation in the Statewide Needs Assessment
- An article announcing the survey appeared in *News and Notes Online,* an electronic newsletter released to approximately 3,500 faculty and staff members of Idaho State University

Online Survey

At ICOA's request, the paper survey was converted to an online survey in an effort to broaden the total number of potential respondents without significantly increasing the cost. The online version was also intended to enable participation by those interested individuals who heard about the needs assessment but did not receive one in the mail, or those who simply prefer to use online surveys. The online survey contained the same questions used in the paper survey and was expected to take the same amount of time for an individual to complete. The online survey substantially increased the number of total responses to the needs assessment, as described in the Response Rates section.

Additional Survey Distribution

Project staff mailed paper copies of the needs assessment to senior centers upon request, and instructed them to return all of the completed surveys in a single packet to Resolution Research, at their own cost. In this way, we were able to track which responses came from the senior centers. A couple of Senior Centers requested a copy of the PDF file so they could print their own copies for people to complete, rather than waiting for mailed copies to arrive.

The needs assessment was also emailed as a PDF file to ISU New Knowledge Adventures members so they could choose whether to take it online or print and return the survey by mail.

Response Rates

The online version of the needs assessment was clearly an important addition to the overall project as about half of the total responses (49%) came from the online survey, with 36% from the targeted mailings and 15% from Senior Centers. Further details of the results by survey source are presented near the end of this report.

Table 6: Responses by Survey Source

	Respondents	% of Total
All Sources	**626**	**100%**
Targeted Mailings	226	36%
Senior Centers	95	15%
Online	305	49%

The next table shows the response rate for the targeted mailings (13%).

Table 7: Response Rate for Surveys Mailed to Target Population

	Responses by Mail	Surveys Mailed	Response Rate
State	**226**	**1,800**	**13%**
Area 1	50	300	17%
Area 2	40	225	18%
Area 3	45	450	10%
Area 4	36	250	14%
Area 5	31	350	9%
Area 6	24	225	11%

The breakdown of responses by source per AAA Region is presented in the following figure and table. Responses were received from senior centers in five of the AAA Regions, but only three of the regions had a significant proportion of senior center respondents (19-28%). Online responses were at least a quarter of all responses in each region, and were as high as two-thirds of all responses in Region 3.

Figure 2: Survey Source by AAA Region

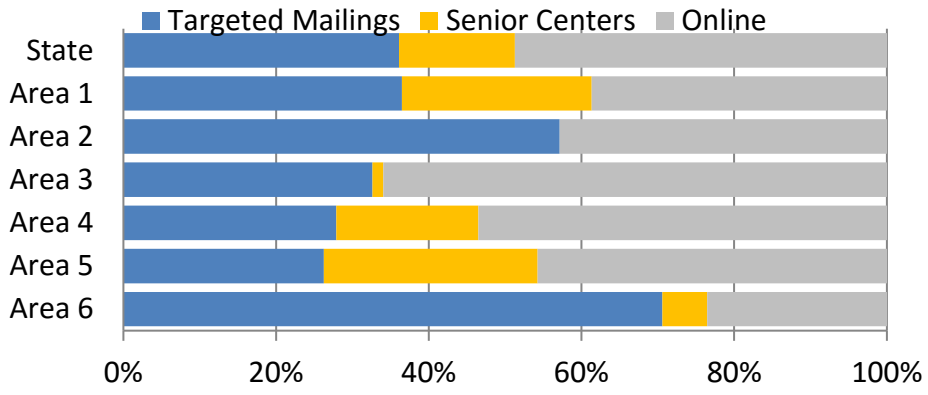


Table 8: Total Respondents by Region and Survey Source

	Respondents	% of Total	Mailed Responses	Senior Center Responses	Online Responses	*Total*
State	**626**	**100%**	**36%**	**15%**	**49%**	***100%***
Area 1	137	22%	36%	25%	39%	*100%*
Area 2	70	11%	57%	0%	43%	*100%*
Area 3	138	22%	33%	1%	66%	*100%*
Area 4	129	21%	28%	19%	53%	*100%*
Area 5	118	19%	26%	28%	46%	*100%*
Area 6	34	5%	71%	6%	24%	*100%*

Survey Results: Statewide and by Region

All survey results are presented as a percentage of respondents for ease of comparison between subgroups of data such as AAA regions. The number of respondents (N) is specified for each set of data so that the raw numbers can be calculated if desired. Note that the percentages may not add up to exactly 100% due to rounding in these tables. For those questions where multiple responses were allowed, the total may be more than 100%.

Demographics

In order to develop strategies to meet the needs of a diverse population, information regarding the respondent's birth year, gender, zip code, veteran status, race/ethnicity, household composition, employment status, household income, and insurance coverage were assessed. These questions will help target specific populations with greater needs.

Age

Overall, the age of respondents was well distributed, with about one-third in each of the 60-69 and 70-79 age ranges and half that in each of the 50-59 and 80-89 age ranges. Relatively few responses were received from those age 90 or older. Seventy percent (70%) of all respondents were age 65 and older. For each AAA region, the distribution was similar except for Regions 3 and 4 which had more respondents on the younger end of the target population.

Table 9: Age of Respondents

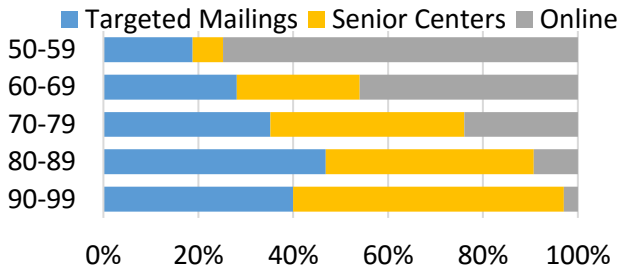
Age	50-59	60-69	70-79	80-90	90-99	*Total*
State (N=626)	14%	36%	32%	15%	3%	*100%*
Area 1 (N=137)	7%	35%	37%	19%	2%	*100%*
Area 2 (N=70)	13%	34%	36%	14%	3%	*100%*
Area 3 (N=138)	20%	40%	28%	11%	1%	*100%*
Area 4 (N=129)	23%	34%	26%	11%	5%	*100%*
Area 5 (N=118)	10%	35%	36%	18%	2%	*100%*
Area 6 (N=34)	12%	32%	32%	21%	3%	*100%*

The age distribution varied somewhat by survey source as shown in the table and figure below. For example, most of those age 50-59 responded via the online survey (82%), while most respondents age 80 or older responded via the targeted survey mailings (about 60%). The overall response numbers were similar for these two age groups (14% and 18% respectively of the total respondents), despite the different survey sources.

Table 10: Survey Source Distribution, by Age

Age	Targeted Mailings	Senior Centers	Online	*Total*
50-59	15%	2%	82%	*100%*
60-69	28%	11%	61%	*100%*
70-79	42%	20%	38%	*100%*
80-89	60%	24%	16%	*100%*
90-99	59%	35%	6%	*100%*

Figure 3: Survey Source Distribution, by Age



Looking at the results from each survey source separately, 29% of both the targeted mailing and Senior Center respondents were age 80 or older, but only 5% of online respondents were age 80 or older. Most Senior Center respondents (72%) were age 70 or older, whereas only 30% of online respondents were age 70 or older.

Table 11: Age Distribution, by Survey Source

Age	50-59	60-69	70-79	80-89	90-99	*Total*
All Respondents	**14%**	**36%**	**32%**	**15%**	**3%**	***100%***
Targeted Mailings	6%	27%	37%	25%	4%	*100%*
Senior Centers	2%	25%	43%	23%	6%	*100%*
Online	25%	45%	25%	5%	0%	*100%*

Gender and Veteran Status

About two-thirds of respondents were female, and 16% identified as veterans. It is not unusual for more women to respond to surveys than men, as seen here where 52% of Idaho's population age 50 and older are female yet 67% of respondents identified as female.

Table 12: Gender and Veteran Status of Respondents

	Female	Male	Veteran
State (N=626)	67%	33%	16%
Area 1 (N=137)	64%	36%	20%
Area 2 (N=70)	67%	33%	20%
Area 3 (N=138)	68%	32%	15%
Area 4 (N=129)	68%	32%	16%
Area 5 (N=118)	68%	32%	14%
Area 6 (N=34)	76%	24%	12%

Race and Ethnicity

Few respondents identified as racial or ethnic minorities, similar to the target population in Idaho. While this question was optional, there was a 96% response rate from all survey respondents.

Table 13: Race and Ethnicity

Region	White/ Caucasian	American Indian or Alaskan Native	Asian	Black or African American	Native Hawaiian/Other Pacific Islander	Other	Hispanic/ Latino
State (N=626)	94%	2%	1%	0%	1%	1%	1%
Area 1 (N=137)	90%	4%	2%	0%	2%	1%	1%
Area 2 (N=70)	96%	0%	0%	0%	0%	4%	0%
Area 3 (N=138)	96%	2%	1%	1%	0%	1%	1%
Area 4 (N=129)	95%	2%	0%	1%	1%	1%	3%
Area 5 (N=118)	93%	1%	2%	1%	3%	1%	2%
Area 6 (N=34)	94%	0%	3%	0%	0%	3%	0%

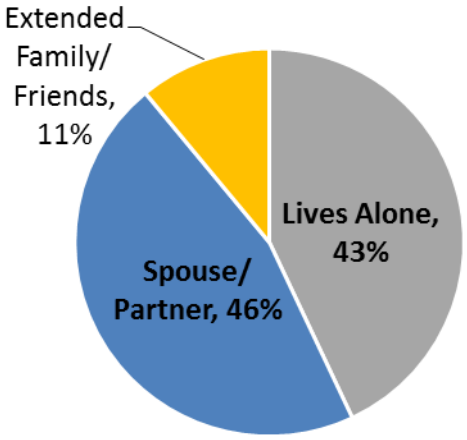
Household Composition

Older adults who live alone have a higher risk of not being able to stay in their homes as they age. A full 43% of survey respondents live alone, while 46% live with their spouse/partner and possibly others. About 11% of respondents live with some combination of extended family and friends but not a spouse or partner. Only one individual reported living with a paid caregiver and no one else.

Table 14: Household Composition, by AAA Region

Region	Spouse or Partner	Extended Family/Friends (No Spouse/ Partner)	Lives Alone
State (N=626)	46%	11%	43%
Area 1 (N=137)	42%	9%	49%
Area 2 (N=70)	39%	20%	41%
Area 3 (N=138)	50%	12%	38%
Area 4 (N=129)	47%	10%	43%
Area 5 (N=118)	52%	5%	43%
Area 6 (N=34)	35%	12%	53%

Figure 4: Household Composition



Living Alone and Age 65 and Older

Nearly 80% of those who reported living alone are age 65 or older. Considering only this age group, the percentage of respondents who live alone is significantly higher than that of Idaho's population age 65 and older (49% compared to 25% for the state), as shown in Table 15. The Idaho population percentages are calculated from the DOL data in Table 2. Area 3 has the highest percentage of people age 65 and older who live alone (55%), followed by Area 2 with 39% of those age 65 and older living alone. However since Area 2 has the smallest total population, it only has 8% of all Idahoans age 65 and older who live alone. The most respondents age 65 and older who live alone were from Area 1 (26%), not from Area 3 which has the highest population distribution of people in this category (42%).

Table 15: Age 65 and Older Who Live Alone, Idaho's Population Compared to Respondents

Region	% Living Alone of Idaho Population Age 65+	% Living Alone of Respondents Age 65+	Distribution of Idaho Population 65+ Living Alone	Distribution of Respondents 65+ Living Alone
State	**25%**	**49%**	**100%**	**100%**
Area 1	23%	51%	17%	26%
Area 2	39%	48%	8%	12%
Area 3	55%	44%	42%	18%
Area 4	29%	50%	13%	18%
Area 5	9%	47%	11%	19%
Area 6	16%	58%	10%	7%

Employment Status

Half of all respondents are not currently working or volunteering.

Table 16: Employment status, by AAA Region

Region	Working full-time	Working part-time	Volunteer	Not employed or volunteering at this time
State (N=626)	20%	12%	17%	51%
Area 1 (N=137)	9%	9%	18%	63%
Area 2 (N=70)	26%	11%	19%	44%
Area 3 (N=138)	19%	13%	18%	50%
Area 4 (N=129)	36%	9%	13%	42%
Area 5 (N=118)	14%	15%	23%	47%
Area 6 (N=34)	15%	12%	0%	74%

Household Income

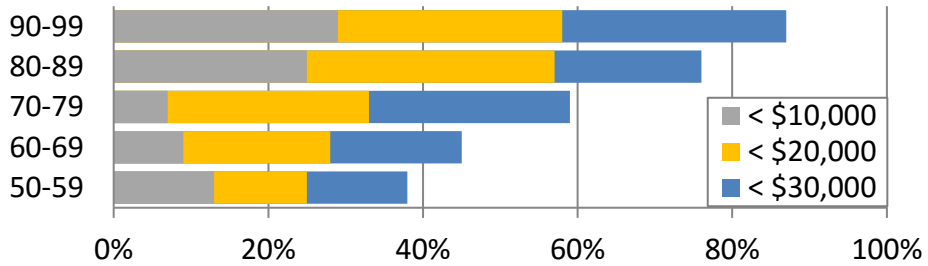
The reported household income was fairly well distributed with 10-24% in each level. AAA Regions 3 and 4 had a higher percentage of respondents in the highest income category while Region 6 had a significantly lower percentage. More respondents had a household income below $20,000 (35%) than that reported by Idaho DOL data which indicates that only 14% of Idaho's population makes less than $25,000 per year. Note that the comparative state data reflects the entire population of Idaho rather than the survey's target audience of those aged 50 and older.

Table 17: Estimated Household Income, by AAA Region

Region	Less than $10,000	$10,000 - $19,999	$20,000 - $29,999	$30,000 - $39,999	$40,000 - $49,999	Over $50,000
State (N=626)	12%	23%	20%	10%	11%	24%
Area 1 (N=137)	12%	31%	15%	12%	12%	18%
Area 2 (N=70)	11%	27%	27%	7%	6%	21%
Area 3 (N=138)	12%	13%	23%	10%	11%	30%
Area 4 (N=129)	13%	21%	17%	8%	12%	29%
Area 5 (N=118)	13%	21%	16%	10%	14%	26%
Area 6 (N=34)	9%	26%	35%	9%	15%	6%

The distribution of household income also varied with age. More than 75% of those age 80 and older reported a household income of less than $30,000 per year, and more than half in this age group had an income of less than $20,000. In contrast, only 38% of those age 50-59 reported income less than $30,000 per year.

Figure 5: Household Income by Age



Insurance Coverage

Nearly all respondents (96%) had some form of health insurance, mostly Medicare (69%) and/or private health insurance (58%). Multiple responses were allowed for this question.

Table 18: Type of Insurance Coverage, by AAA Region

Region	Medicare (for those over age 65 or disabled)	Veterans Affairs (VA)	Medicaid (for those with low income)	Private health insurance	None	I don't know
State (N=626)	69%	9%	8%	58%	4%	0%
Area 1 (N=137)	78%	12%	12%	51%	4%	0%
Area 2 (N=70)	66%	11%	13%	60%	7%	1%
Area 3 (N=138)	65%	9%	7%	55%	6%	0%
Area 4 (N=129)	58%	6%	4%	68%	2%	1%
Area 5 (N=118)	74%	7%	9%	59%	4%	1%
Area 6 (N=34)	76%	6%	3%	59%	3%	0%

Quality of Life

Quality of life indicates an individual's general well-being in terms of health and happiness. This may involve physical health, mental health, personal environment, social belonging, leisure activities, and overall ability to enjoy activities that are important to the individual. Most survey respondents (80%) reported a good or very good quality of life, with only 5% reporting poor or very poor.

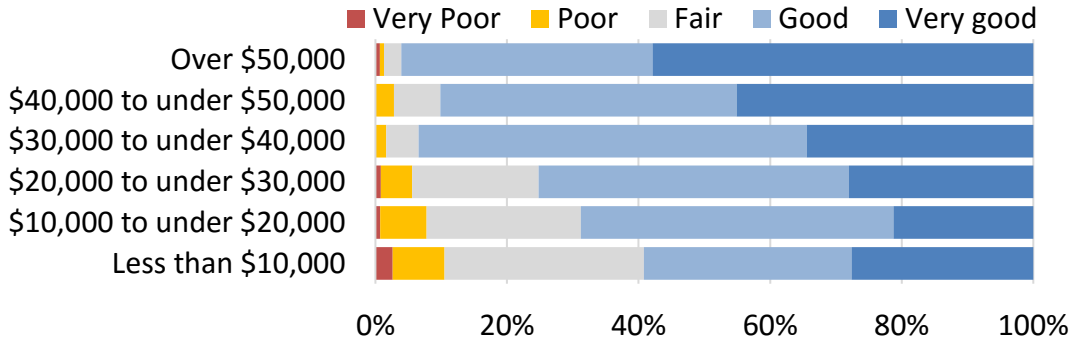
Table 19: Overall Quality of Life

Region	Very Good	Good	Fair	Poor	Very Poor
State (N=626)	36%	44%	15%	4%	1%
Area 1 (N=137)	33%	46%	15%	6%	0%
Area 2 (N=70)	31%	43%	16%	9%	1%
Area 3 (N=138)	37%	40%	20%	3%	0%
Area 4 (N=129)	47%	41%	9%	2%	2%
Area 5 (N=118)	36%	48%	11%	4%	1%
Area 6 (N=34)	21%	53%	24%	3%	0%

Quality of Life and Household Income

More than half of respondents (54%) have a household income less than $30,000 as shown earlier in Table 17, yet 80% of respondents reported a good or very good quality of life. Even for the 12% of respondents with very low income (less than $10,000), nearly 60% report that their overall quality of life is good or very good (Figure 6). Significantly more respondents in the lower three income levels reported a "fair" quality of life than those in the top three income levels.

Figure 6: Quality of Life Compared to Household Income



Participation in Activities

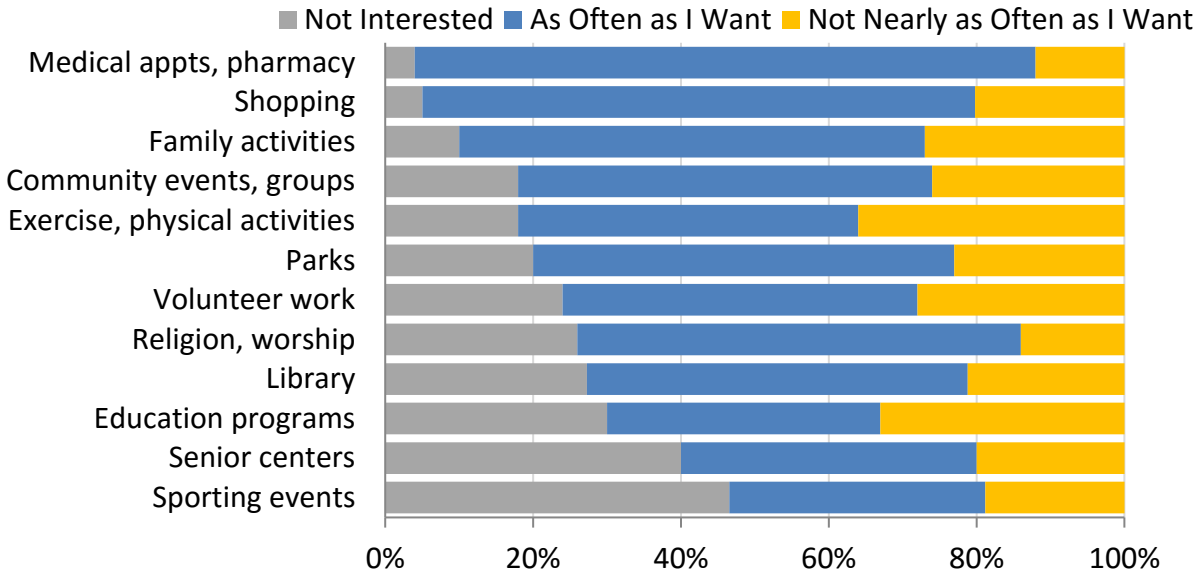
Another measure of quality of life is an individual's ability to participate in activities as much as they would like to do so. Response options were as often as I want, not nearly as often as I want, and not interested. Results are presented in Table 20 and Figure 7 for all respondents. The "Interested" column in the table

below (in italics) is the sum of the first two columns. Nearly 80% of respondents were interested in participating in these activities on average, although for specific activities the interest level ranged from 53% (sporting events) to 96% (medical appointments). Two-thirds of respondents (67%) were unable to participate in one or more activities as much as they wanted, and 45% were unable to participate in three or more desired activities. For example, about one-third of respondents reported that they are unable to attend education programs or take part in exercise or other physical activities as much as they want. Only 30% of respondents were not interested in participating in three or more of these activities.

Table 20: Participation in Activities, All Respondents

State (N=626)	As Often as I Want	Not Nearly as Often as I Want	Not Interested	*Interested*
Community events, groups	56%	26%	18%	*82%*
Sporting events	35%	19%	47%	*53%*
Volunteer work	48%	28%	24%	*76%*
Education programs	37%	33%	30%	*70%*
Exercise, physical activities	46%	36%	18%	*82%*
Family activities	63%	27%	10%	*90%*
Library	51%	21%	27%	*73%*
Medical appts, pharmacy	84%	12%	4%	*96%*
Parks	57%	23%	20%	*80%*
Religion, worship	60%	14%	26%	*74%*
Senior centers	40%	20%	40%	*60%*
Shopping	74%	20%	5%	*95%*
Average	*54%*	*23%*	*22%*	*78%*

Figure 7: Participation in Activities, Ordered by Level of Interest



Results are presented for each response option by AAA region in the next three tables. Most respondents reported that they were able to attend medical appointments (84%) and go shopping (74%) as often as they wanted.

Table 21: As Often as I Want, I Go to or Participate in the Following Activities

As Often as I Want	State (N=626)	Area 1 (N=137)	Area 2 (N=70)	Area 3 (N=138)	Area 4 (N=129)	Area 5 (N=118)	Area 6 (N=34)
Community events, social clubs, support groups	**56%**	62%	47%	46%	59%	65%	44%

As Often as I Want	State (N=626)	Area 1 (N=137)	Area 2 (N=70)	Area 3 (N=138)	Area 4 (N=129)	Area 5 (N=118)	Area 6 (N=34)
Sporting events	**35%**	28%	40%	32%	42%	38%	24%
Volunteer work	**48%**	44%	53%	42%	57%	47%	44%
Education programs	**37%**	29%	30%	38%	50%	41%	18%
Exercise, fitness, physical activities	**46%**	46%	41%	46%	50%	46%	44%
Family activities	**63%**	61%	54%	59%	67%	67%	79%
Library	**51%**	56%	44%	56%	50%	51%	32%
Medical appointments and pharmacy	**84%**	85%	79%	84%	84%	85%	85%
Parks	**57%**	59%	44%	58%	60%	57%	62%
Religion, worship	**60%**	58%	61%	53%	65%	63%	59%
Senior centers	**40%**	43%	36%	27%	50%	50%	21%
Shopping	**74%**	80%	66%	71%	75%	76%	76%

Lack of ability to participate as much as desired can lead to social isolation, which is a known risk factor for aging adults who want to remain in their own homes. Barriers to participation in desired activities may include issues such as physical ability, transportation, financial limitations, or depression. About one-third of respondents reported that they are unable to attend education programs and to exercise or take part in other physical activities as much as they want. About one-fourth reported that they do not participate in community events or groups, volunteer work, or family activities as much as they want.

Table 22: Not Nearly as Often as I Want, I Go to or Participate in the Following Activities

Not Nearly as Often as I Want	State (N=626)	Area 1 (N=137)	Area 2 (N=70)	Area 3 (N=138)	Area 4 (N=129)	Area 5 (N=118)	Area 6 (N=34)
Community events, social clubs, support groups	**26%**	24%	30%	34%	26%	18%	21%
Sporting events	**19%**	18%	14%	22%	20%	14%	21%
Volunteer work	**28%**	34%	19%	34%	26%	25%	21%
Education programs	**33%**	37%	37%	36%	26%	30%	41%
Exercise, fitness, physical activities	**36%**	38%	36%	37%	36%	34%	35%
Family activities	**27%**	26%	33%	31%	29%	22%	12%
Library	**21%**	18%	29%	22%	28%	12%	29%
Medical appointments and pharmacy	**12%**	12%	20%	13%	9%	12%	9%
Parks	**23%**	20%	29%	26%	22%	23%	15%
Religion, worship	**14%**	12%	19%	14%	13%	14%	12%
Senior centers	**20%**	23%	23%	18%	21%	14%	24%
Shopping	**20%**	15%	29%	22%	22%	17%	21%

A number of respondents reported that they were not interested in participating in particular activities. For example, nearly half said they were not interested in attending sporting events, and 40% were not interested in participating in senior center activities. At least one quarter were not interested in education programs, library, religious worship, or volunteer work.

Table 23: Not Interested in Going to or Participating in the Following Activities

Not Interested	State (N=626)	Area 1 (N=137)	Area 2 (N=70)	Area 3 (N=138)	Area 4 (N=129)	Area 5 (N=118)	Area 6 (N=34)
Community events, social clubs, support groups	**18%**	14%	23%	20%	16%	17%	35%
Sporting events	**47%**	54%	46%	46%	38%	47%	56%
Volunteer work	**24%**	23%	29%	24%	18%	28%	35%
Education programs	**30%**	34%	33%	26%	24%	30%	41%
Exercise, fitness, physical activities	**18%**	16%	23%	17%	15%	20%	21%
Family activities	**10%**	12%	13%	9%	5%	11%	9%
Library	**27%**	26%	27%	22%	22%	37%	38%
Medical appointments and pharmacy	**4%**	3%	1%	3%	6%	3%	6%

Not Interested	State (N=626)	Area 1 (N=137)	Area 2 (N=70)	Area 3 (N=138)	Area 4 (N=129)	Area 5 (N=118)	Area 6 (N=34)
Parks	**20%**	20%	27%	16%	18%	20%	24%
Religion, worship	**26%**	29%	20%	33%	22%	23%	29%
Senior centers	**40%**	34%	41%	55%	29%	36%	56%
Shopping	**5%**	5%	6%	7%	3%	7%	3%

Problems in Last 12 Months

The final quality of life question asked participants to think back over the last 12 months and identify how much of a problem each of the listed items has been for them. Response options were major problem, minor problem, and no problem. As seen in Figure 8 and Table 24, respondents had the most problems, both major and minor, with home maintenance (52%), housework (42%), and finding information about services (39%). Feeling lonely, sad, or isolated was also a problem for more than a third of respondents (37%), as was managing your own health (35%). About a quarter of respondents (24%) reported no problems in any of these areas, 44% reported only minor problems, 30% reported both major and minor problems, and fewer than 2% reported only major problems. These results are consistent with the overall quality of life question which 80% of respondents reported as good or very good.

Figure 8: Problems over the Last 12 Months

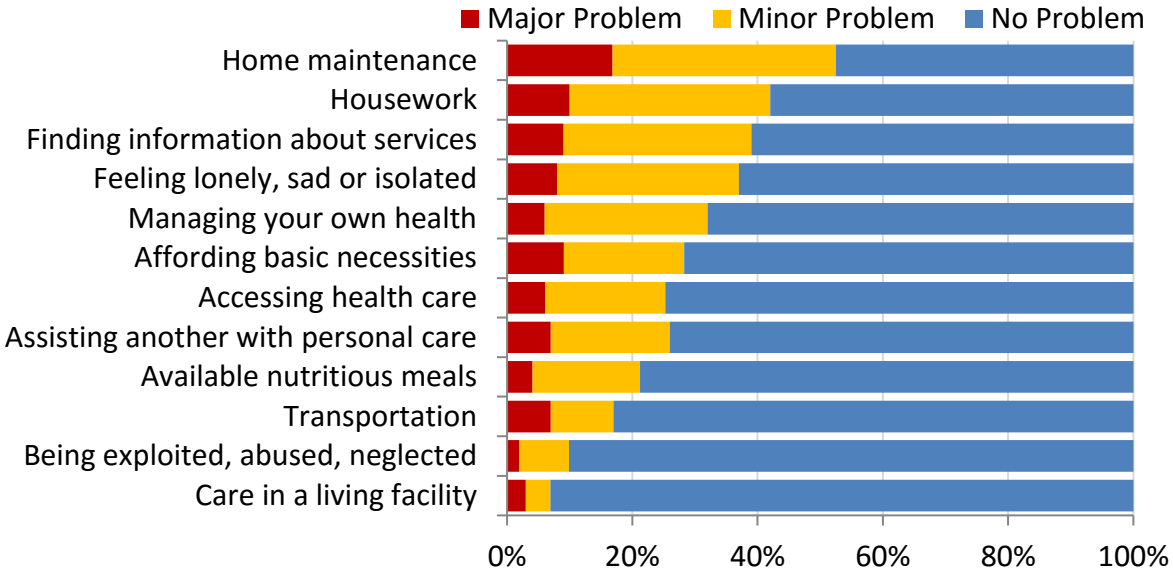


Table 24: Problems over the Last 12 Months

State (N=626)	Major Problem	Minor Problem	No Problem
Home maintenance	17%	36%	48%
Housework	10%	32%	58%
Finding information about services	9%	30%	61%
Feeling lonely, sad or isolated	8%	29%	63%
Managing your own health	6%	26%	68%
Affording basic necessities	9%	19%	71%
Accessing health care	6%	19%	74%
Assisting another with personal care	7%	19%	74%
Available nutritious meals	4%	17%	78%
Transportation	7%	10%	83%
Being exploited, abused, neglected	2%	8%	91%
Care in a living facility	3%	4%	94%

Results are presented for each response option by AAA region in the next three tables. Nearly one-third of respondents (31%) reported at least one major problem. The biggest problems were home maintenance (17%), housework (10%), finding information (9%), and affording basic necessities (9%). Transportation was also a major problem for 16% of respondents in Region 2, and feeling lonely, sad, or isolated was a major problem for 12-16% of respondents in Regions 2 and 6.

Table 25: Major Problems over the Last 12 Months

Major Problem	State (N=626)	Area 1 (N=137)	Area 2 (N=70)	Area 3 (N=138)	Area 4 (N=129)	Area 5 (N=118)	Area 6 (N=34)
Available nutritious meals	**4%**	4%	9%	1%	4%	5%	6%
Housework	**10%**	9%	13%	9%	10%	6%	15%
Home maintenance	**17%**	14%	23%	19%	16%	16%	15%
Accessing health care	**6%**	4%	11%	8%	5%	5%	6%
Transportation	**7%**	6%	16%	7%	6%	5%	3%
Care in nursing or assisted living facility	**3%**	2%	7%	2%	2%	3%	0%
Feeling lonely, sad or isolated	**8%**	8%	16%	5%	6%	8%	12%
Finding information about services and supports	**9%**	5%	20%	9%	8%	6%	15%
Being exploited, abused or neglected	**2%**	1%	4%	1%	1%	1%	3%
Assisting another individual with personal care	**7%**	4%	10%	7%	8%	5%	6%
Managing your own health	**6%**	5%	10%	5%	7%	7%	3%
Affording basic necessities such as groceries, gas, medications, utilities	**9%**	11%	14%	7%	11%	3%	15%

About a third of respondents reported minor problems with home maintenance and housework, and 25% to 30% reported minor problems with finding information about services and supports, feeling lonely or isolated, and managing their own health. Overall, 74% of respondents reported at least one minor problem in the last twelve months.

Table 26: Minor Problems over the Last 12 Months

Minor Problem	State (N=626)	Area 1 (N=137)	Area 2 (N=70)	Area 3 (N=138)	Area 4 (N=129)	Area 5 (N=118)	Area 6 (N=34)
Available nutritious meals	**17%**	18%	20%	20%	12%	16%	24%
Housework	**32%**	27%	37%	40%	22%	40%	26%
Home maintenance	**36%**	36%	34%	42%	26%	37%	41%
Accessing health care	**19%**	23%	29%	15%	16%	19%	21%
Transportation	**10%**	7%	11%	15%	7%	10%	15%
Care in nursing or assisted living facility	**4%**	7%	9%	1%	2%	3%	6%
Feeling lonely, sad or isolated	**29%**	32%	30%	33%	22%	31%	21%
Finding information about services and supports	**30%**	32%	27%	32%	25%	36%	21%
Being exploited, abused or neglected	**8%**	4%	8%	12%	8%	8%	6%
Assisting another individual with personal care	**19%**	19%	20%	17%	19%	20%	24%
Managing your own health	**26%**	26%	27%	38%	16%	24%	24%
Affording basic necessities such as groceries, gas, medications, utilities	**19%**	17%	19%	25%	16%	22%	15%

Only 24% of respondents reported no problems in all of these areas. For each specific area, the majority of respondents did not report any problems over the past twelve months, except for home maintenance where just under half reported no problems.

Table 27: No Problems over the Last 12 Months

No Problem	State (N=626)	Area 1 (N=137)	Area 2 (N=70)	Area 3 (N=138)	Area 4 (N=129)	Area 5 (N=118)	Area 6 (N=34)
Available nutritious meals	**78%**	78%	71%	79%	84%	79%	71%
Housework	**58%**	64%	50%	51%	68%	54%	59%
Home maintenance	**48%**	50%	43%	39%	58%	47%	44%
Accessing health care	**74%**	72%	60%	77%	79%	76%	74%
Transportation	**83%**	88%	73%	78%	87%	85%	82%
Care in nursing or assisted living facility	**94%**	91%	84%	96%	97%	95%	94%
Feeling lonely, sad or isolated	**63%**	60%	54%	62%	72%	61%	68%
Finding information about services and supports	**61%**	63%	53%	59%	67%	58%	65%
Being exploited, abused or neglected	**91%**	95%	86%	87%	91%	92%	91%
Assisting another individual with personal care	**74%**	77%	70%	76%	73%	75%	71%
Managing your own health	**68%**	69%	63%	57%	78%	69%	74%
Affording basic necessities such as groceries, gas, medications, utilities	**71%**	72%	67%	69%	73%	75%	71%

Long-Term Care Services and Supports

Information and Assistance

This service area provides information regarding local long-term care resources. These questions aim to find out whether participants are aware of services available from various agencies and organizations and to discover the most effective advertising media and educational sources.

Use of Information Resources

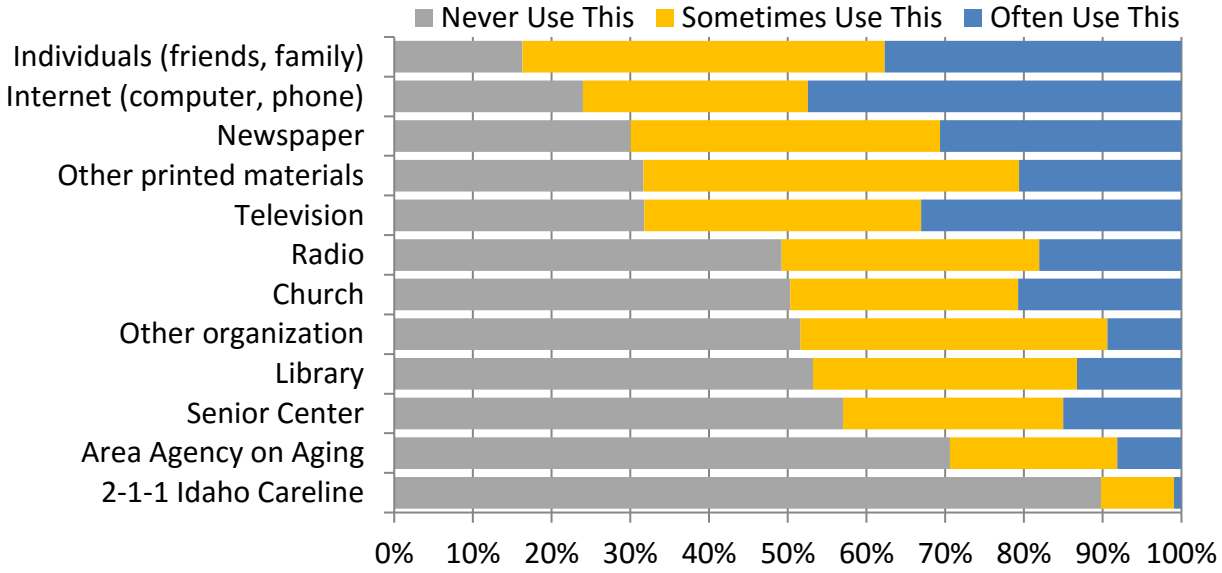
The first question asked how often the respondent has used the following information resources to find out about services and supports for seniors and people with disabilities. Results are presented in Table 28 and Figure 9 for all respondents (see next section for the use of these information resources by age group). Conversations with friends, family, and other individuals are an important source of information for most people, as 84% of respondents used this resource either often or sometimes. Online resources were the next most commonly used, with 76% of respondents reporting that they often (47%) or sometimes (29%) access these resources via a computer, tablet, or cell phone. Although about the same number (68-70%) get relevant information from television, newspaper, or other printed resources, the split is more evenly divided between often use and sometimes use for television and newspaper than it is for online resources, while other printed materials are often used by only 21% of respondents. The 2-1-1 Idaho Careline was rarely used (10% often or sometimes) and the local AAA was used by only 29% of respondents (often or sometimes). Fewer than 6% of respondents reported never using any of these resources to find out about services and supports for seniors.

Table 28: Use of Information Resources

Source	Often	Sometimes	Never
Area Agency on Aging	8%	21%	71%
2-1-1 Idaho Careline	1%	9%	90%
Senior Center	15%	28%	57%
Church	21%	29%	50%
Library	13%	34%	53%
Other organization	9%	39%	52%
Individuals (family, friends, neighbors)	38%	46%	16%
Radio	18%	33%	49%
Television	33%	35%	32%
Newspaper	31%	39%	30%

Source	Often	Sometimes	Never
Other printed materials	21%	48%	32%
Computer, tablet, or cell phone (internet)	47%	29%	24%

Figure 9: Use of Resources to Find Long-Term Care Services and Supports



Results by AAA region, as well as the statewide results shown above, are presented in the next three tables below.

Table 29: Often Use These Information Resources to Find Out about Services and Supports

Often Use This	State (N=626)	Area 1 (N=137)	Area 2 (N=70)	Area 3 (N=138)	Area 4 (N=129)	Area 5 (N=118)	Area 6 (N=34)
Area Agency on Aging	**8%**	7%	9%	4%	15%	9%	0%
2-1-1 Idaho Careline	**1%**	2%	0%	1%	0%	2%	0%
Senior Center	**15%**	20%	4%	5%	22%	21%	6%
Church	**21%**	23%	16%	16%	22%	25%	24%
Library	**13%**	20%	11%	12%	8%	16%	9%
Other organization	**9%**	13%	4%	8%	9%	12%	3%
Individuals (family, friends, neighbors)	**38%**	46%	29%	32%	39%	39%	38%
Radio	**18%**	20%	14%	20%	16%	16%	26%
Television	**33%**	39%	33%	29%	30%	32%	41%
Newspaper	**31%**	40%	31%	27%	23%	32%	29%
Other printed materials	**21%**	26%	19%	17%	16%	24%	21%
Computer, tablet or cell phone (internet)	**47%**	50%	41%	52%	45%	46%	44%

Table 30: Sometimes Use These Information Resources to Find Out about Services and Supports

Sometimes Use This	State (N=626)	Area 1 (N=137)	Area 2 (N=70)	Area 3 (N=138)	Area 4 (N=129)	Area 5 (N=118)	Area 6 (N=34)
Area Agency on Aging	**21%**	26%	27%	17%	22%	19%	15%
2-1-1 Idaho Careline	**9%**	7%	11%	12%	14%	3%	6%
Senior Center	**28%**	30%	31%	22%	28%	32%	24%
Church	**29%**	28%	37%	25%	35%	26%	18%
Library	**34%**	31%	31%	36%	40%	29%	32%
Other organization	**39%**	46%	37%	38%	33%	44%	26%

Sometimes Use This	State (N=626)	Area 1 (N=137)	Area 2 (N=70)	Area 3 (N=138)	Area 4 (N=129)	Area 5 (N=118)	Area 6 (N=34)
Individuals (family, friends, neighbors)	**46%**	42%	43%	54%	47%	44%	41%
Radio	**33%**	30%	41%	30%	33%	33%	32%
Television	**35%**	29%	30%	41%	41%	33%	29%
Newspaper	**39%**	35%	40%	41%	47%	36%	35%
Other printed materials	**48%**	47%	43%	55%	49%	45%	38%
Computer, tablet or cell phone (internet)	**29%**	29%	30%	30%	32%	25%	18%

Table 31: Never Use These Information Resources to Find Out about Services and Supports

Never Use This	State (N=626)	Area 1 (N=137)	Area 2 (N=70)	Area 3 (N=138)	Area 4 (N=129)	Area 5 (N=118)	Area 6 (N=34)
Area Agency on Aging	**71%**	67%	64%	80%	63%	72%	85%
2-1-1 Idaho Careline	**90%**	91%	89%	87%	86%	95%	94%
Senior Center	**57%**	50%	64%	73%	50%	47%	71%
Church	**50%**	48%	47%	59%	43%	49%	59%
Library	**53%**	50%	57%	52%	53%	55%	59%
Other organization	**52%**	41%	59%	54%	58%	44%	71%
Individuals (family, friends, neighbors)	**16%**	12%	29%	14%	14%	17%	21%
Radio	**49%**	50%	44%	50%	51%	51%	41%
Television	**32%**	32%	37%	30%	29%	35%	29%
Newspaper	**30%**	25%	29%	33%	30%	32%	35%
Other printed materials	**32%**	27%	39%	28%	35%	31%	41%
Computer, tablet or cell phone (internet)	**24%**	20%	29%	18%	23%	29%	38%

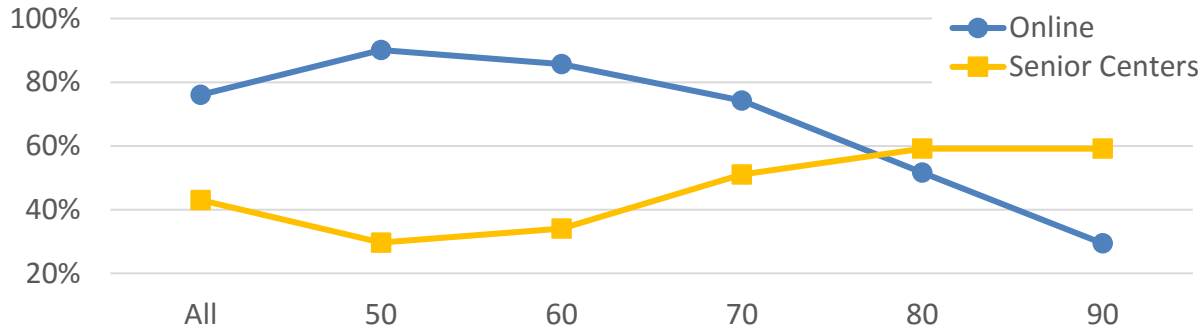
Use of Information Resources by Age

Conversations with friends, family, and other individuals are the most commonly used source of information for all age groups of respondents (80-90%), except for those age 60-69 who were slightly more likely to use online resources (86% vs 84%). The top five most important resources also included newspaper, television, and other printed materials for all age groups, with usage ranging from 59% to 74% as seen in Table 32. For those age 80 and older, Senior Centers was among the top five information resources, while online resources were among the top five (in fact, the top two) for those under age 80. The variation by age group for these two resources is illustrated in Figure 10.

Table 32: Information Resources Used by Age

Use Often or Sometimes	All	50-59	60-69	70-79	80-89	90-99
Individuals	**84%**	90%	84%	80%	84%	84%
Newspaper	**70%**	69%	71%	69%	73%	59%
Other printed materials	**68%**	66%	74%	66%	65%	65%
Television	**68%**	67%	65%	70%	74%	65%
Online	**76%**	90%	86%	74%	52%	29%
Senior Centers	**43%**	30%	34%	51%	59%	59%

Figure 10: Information Resources Used by Age



Awareness of Services Provided

The second question in this section asked about respondents' awareness (and use) of services provided by the Area Agency on Aging, 2-1-1 Idaho Careline, and Senior Centers as well as other agencies and organizations. Results for all respondents are presented in Table 33 and Figure 11. Response options were aware of the services, have used the services, and not aware of and have never used the services. While more than one response option was allowed for this question, only a few respondents who have used a particular service also reported that they were aware of it.

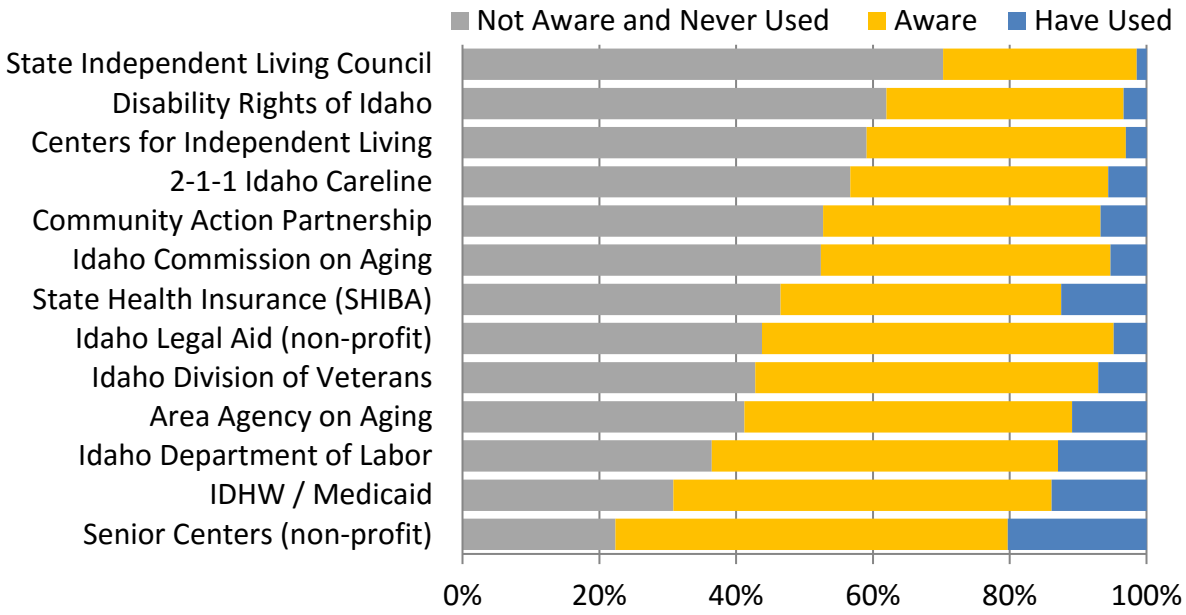
On average, about equal numbers of respondents were aware and not aware of the services provided by these agencies or organizations (46% and 47%), and fewer than 10% have used any of the services. However, there was a wide range of awareness reported for specific agencies and organizations. For example, 62% of respondents are aware of services provided by Senior Centers but only 28% are aware of those provided by the State Independent Living Council.

Table 33: Awareness and Use of Services Provided, All Respondents (N=626)

Agency/Organization	Aware	Have Used	Not Aware and Never Used
2-1-1 Idaho Careline	39%	6%	57%
Area Agency on Aging	51%	11%	41%
Idaho Commission on Aging	44%	5%	52%
Centers for Independent Living	38%	3%	59%
Disability Rights of Idaho	35%	3%	62%
Idaho Department of Health and Welfare/Medicaid	58%	14%	31%
Idaho Department of Labor	53%	13%	36%
State Independent Living Council	28%	1%	70%
State Health Insurance Benefits Advisors (SHIBA)	45%	12%	46%
Idaho Division of Veterans Services	51%	7%	43%
Idaho Legal Aid (non-profit)	52%	5%	44%
Community Action Partnership (non-profit)	41%	7%	53%
Senior Centers (non-profit)	62%	20%	22%
Average	***46%***	***8%***	***47%***

As shown in Figure 11, more than half of respondents were not aware of services provided by six of these organizations: State Independent Living Council, Disability Rights of Idaho, Centers for Independent Living, 2-1-1 Idaho Careline, Community Action Partnership, and Idaho Commission on Aging.

Figure 11: Awareness and Use of Services Provided from Agencies and Organizations



Results by AAA Region, as well as the statewide results shown in the above figure, are presented for each response option in the next three tables.

Table 34: Have Used the Services that Each Agency or Organization Provides

Have Used Services	State	Area 1 (N=137)	Area 2 (N=70)	Area 3 (N=138)	Area 4 (N=129)	Area 5 (N=118)	Area 6 (N=34)
2-1-1 Idaho Careline	**6%**	4%	6%	9%	7%	3%	3%
Area Agency on Aging	**11%**	7%	17%	4%	19%	13%	0%
Idaho Commission on Aging	**5%**	3%	4%	3%	11%	7%	0%
Centers for Independent Living	**3%**	5%	0%	2%	5%	2%	3%
Disability Rights of Idaho	**3%**	4%	6%	2%	3%	3%	0%
Idaho Department of Health and Welfare / Medicaid	**14%**	14%	20%	9%	13%	17%	15%
Idaho Department of Labor	**13%**	15%	11%	12%	16%	13%	6%
State Independent Living Council	**1%**	2%	0%	1%	3%	1%	0%
State Health Insurance Benefits Advisors (SHIBA)	**12%**	15%	11%	8%	13%	16%	6%
Idaho Division of Veterans Services	**7%**	7%	6%	7%	9%	5%	9%
Idaho Legal Aid (non-profit)	**5%**	6%	6%	2%	5%	5%	6%
Community Action Partnership (non-profit)	**7%**	8%	20%	1%	10%	3%	0%
Senior Centers (non-profit)	**20%**	24%	16%	9%	24%	31%	6%

If a respondent has used the services from a particular agency or organization, then they must also be aware of those services. A few respondents marked both of these options. For analysis purposes, the data presented in Table 35 and in Figure 11 have been corrected to remove these duplicate responses.

Table 35: Aware of the Services that Each Agency or Organization Provides

Aware of Services	State (N=626)	Area 1 (N=137)	Area 2 (N=70)	Area 3 (N=138)	Area 4 (N=129)	Area 5 (N=118)	Area 6 (N=34)
2-1-1 Idaho Careline	**39%**	42%	44%	36%	47%	33%	18%
Area Agency on Aging	**51%**	51%	50%	44%	64%	50%	29%
Idaho Commission on Aging	**44%**	45%	39%	43%	55%	38%	24%
Centers for Independent Living	**38%**	39%	30%	30%	58%	34%	24%
Disability Rights of Idaho	**35%**	42%	36%	25%	47%	31%	21%
Idaho Department of Health and Welfare / Medicaid	**58%**	56%	51%	57%	65%	56%	53%
Idaho Department of Labor	**53%**	50%	43%	53%	62%	54%	38%
State Independent Living Council	**28%**	31%	24%	20%	40%	28%	15%
State Health Insurance Benefits Advisors (SHIBA)	**45%**	47%	36%	43%	55%	43%	26%
Idaho Division of Veterans Services	**51%**	50%	47%	52%	59%	51%	32%
Idaho Legal Aid (non-profit)	**52%**	51%	57%	47%	61%	53%	32%
Community Action Partnership (non-profit)	**41%**	41%	50%	28%	57%	38%	26%
Senior Centers (non-profit)	**62%**	58%	63%	63%	66%	62%	62%

Table 36: Not Aware of and Have Never Used the Services that Each Agency or Organization Provides

Not Aware of and Have Never Used Services	State (N=626)	Area 1 (N=137)	Area 2 (N=70)	Area 3 (N=138)	Area 4 (N=129)	Area 5 (N=118)	Area 6 (N=34)
2-1-1 Idaho Careline	**57%**	55%	53%	59%	46%	64%	79%
Area Agency on Aging	**41%**	42%	33%	54%	21%	44%	71%
Idaho Commission on Aging	**52%**	52%	57%	56%	36%	58%	76%
Centers for Independent Living	**59%**	57%	70%	68%	37%	64%	74%
Disability Rights of Idaho	**62%**	53%	61%	73%	50%	67%	79%
Idaho Department of Health and Welfare / Medicaid	**31%**	31%	33%	36%	23%	31%	35%
Idaho Department of Labor	**36%**	35%	47%	38%	25%	36%	56%
State Independent Living Council	**70%**	66%	76%	79%	57%	71%	85%
State Health Insurance Benefits Advisors (SHIBA)	**46%**	42%	54%	54%	35%	45%	68%
Idaho Division of Veterans Services	**43%**	43%	47%	43%	34%	44%	62%
Idaho Legal Aid (non-profit)	**44%**	43%	39%	51%	35%	43%	62%
Community Action Partnership (non-profit)	**53%**	52%	33%	71%	33%	59%	74%
Senior Centers (non-profit)	**22%**	22%	21%	30%	16%	18%	32%

Congregate and Home Delivered Meals

This service area provides meals served in a community setting and/or at least one meal per day in the home. Additionally, it provides participants with nutrition counseling, education, and other nutrition services. Only a small percentage of respondents (2%) currently use home delivered meals, although twice that number would like to use them and 33% would use them in future. Table 38 shows a relatively high percentage of respondents are currently using congregate meals (17%), but this is largely due to those respondents who participated in the needs assessment at a Senior Center (59% of those respondents reported using congregate meals, compared to about 10% of respondents from other

sources). In general, respondents indicated a preference for home delivered meals in the future (33%) rather than congregate meals (24%). More also reported knowing others who could benefit from home delivered meals (23%) than from congregate meals (17%).

Table 37: Nutrition Services: Home Delivered Meals

Home Delivered Meals	State (N=626)	Area 1 (N=137)	Area 2 (N=70)	Area 3 (N=138)	Area 4 (N=129)	Area 5 (N=118)	Area 6 (N=34)
I am using this	**2%**	2%	1%	1%	2%	2%	3%
I would like to use this	**4%**	4%	4%	5%	2%	3%	3%
I don't use this	**56%**	58%	54%	52%	57%	58%	53%
I would use this in future	**33%**	31%	26%	43%	29%	35%	29%
I know others who could benefit from this	**23%**	19%	27%	19%	30%	21%	24%

Table 38: Nutrition Services: Congregate Meals

Congregate Meals	State (N=626)	Area 1 (N=137)	Area 2 (N=70)	Area 3 (N=138)	Area 4 (N=129)	Area 5 (N=118)	Area 6 (N=34)
I am using this	**17%**	23%	19%	6%	22%	23%	6%
I would like to use this	**4%**	4%	3%	6%	3%	3%	3%
I don't use this	**51%**	47%	51%	59%	47%	49%	62%
I would use this in future	**24%**	23%	21%	31%	25%	22%	18%
I know others who could benefit from this	**17%**	13%	19%	18%	21%	16%	18%

Homemaker Services

This service area provides participants with assistance with services related to the home such as meal preparation, medication management, shopping, light housework, and bathing/washing. Informal services are those provided by family, friends, neighbors, church, or other groups. Formal services are those provided by someone from an agency or organization. More respondents are using informal homemaker services than formal ones (11% vs 4%). However, more would like to use formal services (7%). About one-third of respondents would use these services in the future, with a few more willing to use formal homemaker services (34%) than informal services (28%).

Table 39: Formal Homemaker Services

Formal Homemaker Services	State (N=626)	Area 1 (N=137)	Area 2 (N=70)	Area 3 (N=138)	Area 4 (N=129)	Area 5 (N=118)	Area 6 (N=34)
I am using this	**4%**	3%	3%	7%	4%	2%	3%
I would like to use this	**7%**	9%	13%	9%	3%	5%	6%
I don't use this	**54%**	55%	44%	50%	58%	58%	59%
I would use this in future	**34%**	34%	41%	38%	25%	36%	18%
I know others who could benefit from this	**19%**	15%	23%	20%	22%	14%	24%

Table 40: Informal Homemaker Services

Informal Homemaker Services	State (N=626)	Area 1 (N=137)	Area 2 (N=70)	Area 3 (N=138)	Area 4 (N=129)	Area 5 (N=118)	Area 6 (N=34)
I am using this	**11%**	9%	17%	14%	7%	8%	15%
I would like to use this	**4%**	6%	6%	5%	2%	4%	3%
I don't use this	**54%**	55%	47%	46%	62%	57%	47%
I would use this in future	**28%**	26%	31%	34%	20%	31%	24%
I know others who could benefit from this	**17%**	12%	17%	22%	17%	19%	21%

Chore Services

This service area provides participants with household maintenance services such as pest control and minor house repairs. More respondents are using informal chore services than formal ones (15% vs 3%), although more respondents would like to use formal chore services than informal ones (11% vs 6%). Similarly, more would use formal chore services in future (32%) than informal ones (28%).

Table 41: Formal Chore Services

Formal Chore Services	State (N=626)	Area 1 (N=137)	Area 2 (N=70)	Area 3 (N=138)	Area 4 (N=129)	Area 5 (N=118)	Area 6 (N=34)
I am using this	**3%**	3%	7%	1%	2%	3%	3%
I would like to use this	**11%**	11%	11%	15%	6%	11%	9%
I don't use this	**56%**	53%	43%	55%	63%	59%	53%
I would use this in future	**32%**	37%	43%	34%	23%	31%	24%
I know others who could benefit from this	**16%**	11%	21%	19%	19%	14%	18%

Table 42: Informal Chore Services

Informal Chore Services	State (N=626)	Area 1 (N=137)	Area 2 (N=70)	Area 3 (N=138)	Area 4 (N=129)	Area 5 (N=118)	Area 6 (N=34)
I am using this	**15%**	12%	20%	17%	12%	13%	29%
I would like to use this	**6%**	8%	6%	6%	2%	9%	6%
I don't use this	**50%**	47%	39%	50%	57%	54%	41%
I would use this in future	**28%**	35%	34%	26%	22%	27%	18%
I know others who could benefit from this	**16%**	9%	17%	20%	19%	15%	15%

Transportation

This service area provides patrons with transportation to essential services such as social services, medical, health care, and meal programs. Informal services are those provided by family, friends, neighbors, church, or other groups. Formal services are those provided by someone from an agency or organization. The tables below show that informal transportation services are used nearly four times as often as formal services (19% vs 5% for all respondents). More respondents are using informal transportation services (19%) than any other service included in this needs assessment.

Table 43: Formal Transportation Services

Formal Transportation Services	State (N=626)	Area 1 (N=137)	Area 2 (N=70)	Area 3 (N=138)	Area 4 (N=129)	Area 5 (N=118)	Area 6 (N=34)
I am using this	**5%**	4%	10%	7%	5%	3%	0%
I would like to use this	**5%**	7%	3%	8%	2%	4%	3%
I don't use this	**59%**	55%	54%	59%	60%	65%	56%
I would use this in future	**33%**	35%	33%	38%	27%	32%	24%
I know others who could benefit from this	**19%**	16%	24%	18%	22%	15%	21%

Table 44: Informal Transportation Services

Informal Transportation Services	State (N=626)	Area 1 (N=137)	Area 2 (N=70)	Area 3 (N=138)	Area 4 (N=129)	Area 5 (N=118)	Area 6 (N=34)
I am using this	**19%**	20%	26%	23%	15%	14%	15%
I would like to use this	**2%**	4%	1%	3%	1%	3%	0%
I don't use this	**50%**	48%	44%	49%	52%	54%	47%
I would use this in future	**31%**	31%	34%	32%	28%	31%	24%
I know others who could benefit from this	**17%**	13%	19%	20%	19%	14%	15%

Legal Assistance

This service area provides participants with legal advice, counseling, or representation. Overall, only 2% of respondents use these services, including 6% of the respondents from Region 6 and none from Region 3. A higher percentage (8%) would like to use these services. However, nearly 40% indicated that they would use these services in future, which is the highest result for any of the service areas included in this needs assessment (see Table 54 in the Comparison section below).

Table 45: Legal Assistance Services

Legal Assistance Services	State (N=626)	Area 1 (N=137)	Area 2 (N=70)	Area 3 (N=138)	Area 4 (N=129)	Area 5 (N=118)	Area 6 (N=34)
I am using this	**2%**	3%	1%	0%	1%	3%	6%
I would like to use this	**8%**	12%	7%	12%	3%	4%	3%
I don't use this	**56%**	47%	50%	58%	66%	55%	53%
I would use this in future	**38%**	42%	40%	39%	29%	43%	29%
I know others who could benefit from this	**16%**	10%	20%	21%	19%	10%	12%

Disease Prevention and Health Promotion Programs

This service area promotes programs for improving health through health screenings, assessment, and organized fitness activities. Fifteen percent of respondents are using these programs, 10% would like to use them, and 33% would use these programs in future. Respondents in Region 3 indicated significantly more interest (43%) in future use of these services than those in other regions.

Table 46: Disease Prevention and Health Promotion Programs

Disease Prevention & Health Promotion Programs	State (N=626)	Area 1 (N=137)	Area 2 (N=70)	Area 3 (N=138)	Area 4 (N=129)	Area 5 (N=118)	Area 6 (N=34)
I am using this	**15%**	15%	16%	14%	16%	15%	15%
I would like to use this	**10%**	12%	11%	11%	5%	12%	9%
I don't use this	**47%**	45%	44%	46%	50%	49%	41%
I would use this in future	**33%**	31%	34%	43%	29%	29%	24%
I know others who could benefit from this	**15%**	9%	20%	17%	16%	18%	12%

Caregiver Services

This service area provides information, training, decision support, problem solving alternatives, and social supports to better take care of individuals with long-term physical, mental, and/or cognitive conditions. Very few respondents use these services (3%) and slightly more would like to use them (4%). More respondents in Region 3 would use these services in future (41%) than those in Region 6 (21%). Respondents in Region 1 were much less likely to know others who could benefit (9%) than those in Region 4 (25%).

Table 47: Caregiver Services

Caregiver Services	State (N=626)	Area 1 (N=137)	Area 2 (N=70)	Area 3 (N=138)	Area 4 (N=129)	Area 5 (N=118)	Area 6 (N=34)
I am using this	**3%**	2%	6%	4%	4%	3%	0%
I would like to use this	**4%**	4%	4%	4%	2%	4%	3%
I don't use this	**58%**	64%	47%	54%	59%	62%	56%
I would use this in future	**33%**	34%	36%	41%	26%	31%	21%
I know others who could benefit from this	**17%**	9%	21%	17%	25%	14%	24%

Respite Services

This is a specific service within the Caregiver Services area which provides participants with in-home or adult daycare in order to provide relief to caregivers. Informal services are those provided by family, friends, neighbors, church, or other groups. Formal services are those provided by someone from an agency or organization. Only 1% of respondents currently use formal respite services, while 8% use informal respite services. Fewer than 30% of respondents indicated that they would use respite services in future, either formal or informal.

Table 48: Formal Respite Services

Formal Respite Services	State (N=626)	Area 1 (N=137)	Area 2 (N=70)	Area 3 (N=138)	Area 4 (N=129)	Area 5 (N=118)	Area 6 (N=34)
I am using this	**1%**	1%	1%	1%	2%	1%	0%
I would like to use this	**3%**	4%	3%	3%	3%	3%	0%
I don't use this	**65%**	69%	54%	67%	60%	67%	76%
I would use this in future	**28%**	26%	36%	33%	26%	30%	12%
I know others who could benefit from this	**15%**	9%	20%	15%	22%	11%	15%

Table 49: Informal Respite Services

Informal Respite Services	State (N=626)	Area 1 (N=137)	Area 2 (N=70)	Area 3 (N=138)	Area 4 (N=129)	Area 5 (N=118)	Area 6 (N=34)
I am using this	**8%**	7%	7%	9%	7%	6%	12%
I would like to use this	**2%**	2%	3%	1%	2%	3%	0%
I don't use this	**62%**	66%	54%	62%	59%	66%	62%
I would use this in future	**26%**	25%	29%	30%	22%	27%	18%
I know others who could benefit from this	**15%**	11%	19%	15%	22%	9%	9%

Ombudsman Services

This service area protects the health, safety, welfare, and rights of long-term care residents. Additionally, the ombudsman service investigates complaints made by or on the behalf of residents with issues such as resident care, quality of life, or facility administration. Only 1% of respondents indicated current use of this service. In Region 2, 7% of respondents would like to use this service, which is noticeably higher than the other regions. A third of all respondents indicated they would use this service in the future, although this ranged from 18% of those in Region 6 to 39% of those in Regions 1 and 3.

Table 50: Ombudsman Services

Ombudsman Services	State (N=626)	Area 1 (N=137)	Area 2 (N=70)	Area 3 (N=138)	Area 4 (N=129)	Area 5 (N=118)	Area 6 (N=34)
I am using this	**1%**	1%	3%	1%	1%	1%	0%
I would like to use this	**2%**	2%	7%	1%	2%	2%	0%
I don't use this	**64%**	61%	57%	62%	66%	71%	65%
I would use this in future	**33%**	39%	27%	39%	26%	35%	18%
I know others who could benefit from this	**15%**	10%	24%	12%	22%	8%	18%

Adult Protection Services

This service area safeguards and protects vulnerable adults that are, or are suspected to be, victims of abuse, neglect, self-neglect, or exploitation. Relatively few respondents indicated any current or future need for these services. This service area had the lowest reported needs of any of the service areas included in this needs assessment (see Table 54 in the Comparison section below).

Table 51: Adult Protection Services

Adult Protection Services	State (N=626)	Area 1 (N=137)	Area 2 (N=70)	Area 3 (N=138)	Area 4 (N=129)	Area 5 (N=118)	Area 6 (N=34)
I am using this	**1%**	1%	0%	1%	2%	0%	0%
I would like to use this	**2%**	0%	1%	4%	2%	2%	0%
I don't use this	**74%**	70%	76%	77%	70%	75%	85%
I would use this in future	**21%**	25%	20%	21%	23%	20%	9%
I know others who could benefit from this	**13%**	12%	19%	10%	19%	12%	6%

Case Management Services

This service area assists individuals in managing their own in-home, long-term care services. Case managers are assigned to assess an individual's independent living needs, develop and implement a service plan, and coordinate and monitor in-home services. The overall use of this service area is quite low (2%). About 27% of respondents indicated that they would use this service in the future, although this ranged from 12% of those in Region 6 to 31% of those in Region 1.

Table 52: Case Management Services

Case Management Services	State (N=626)	Area 1 (N=137)	Area 2 (N=70)	Area 3 (N=138)	Area 4 (N=129)	Area 5 (N=118)	Area 6 (N=34)
I am using this	**2%**	1%	0%	3%	2%	2%	0%
I would like to use this	**2%**	1%	4%	2%	2%	3%	0%
I don't use this	**68%**	65%	61%	73%	66%	70%	74%
I would use this in future	**27%**	31%	29%	29%	24%	27%	12%
I know others who could benefit from this	**15%**	13%	20%	14%	22%	9%	18%

Comparison Across All Services

More informal services are being used than formal services, as shown in Table 53 for the four service areas which specifically asked about this. However, more respondents want to use formal services than informal ones, perhaps indicating that they would rather pay for such services than ask for additional assistance from busy family members and friends.

Table 53: Formal and Informal Services

	Using		Want to Use	
	Formal	**Informal**	**Formal**	**Informal**
Homemaker Services	4%	11%	7%	4%
Chore Services	3%	15%	11%	6%
Transportation Services	5%	19%	5%	2%
Respite Services	1%	8%	3%	2%

Table 54 presents the results across all of the different service areas described above for all survey respondents. The service area with the maximum percentage for each response is marked in orange, and the minimum for each is marked in gray. The results show that most respondents do not use Adult Protection Services (74%) and very few would like to use this service now (2%) or in future (21%). About half of the respondents reported that they do not use each of the service areas (average 58%, range from 47% to 74%). On average, about one third of all respondents would use each service area in the future, and 17% of respondents know others who could benefit from each service area.

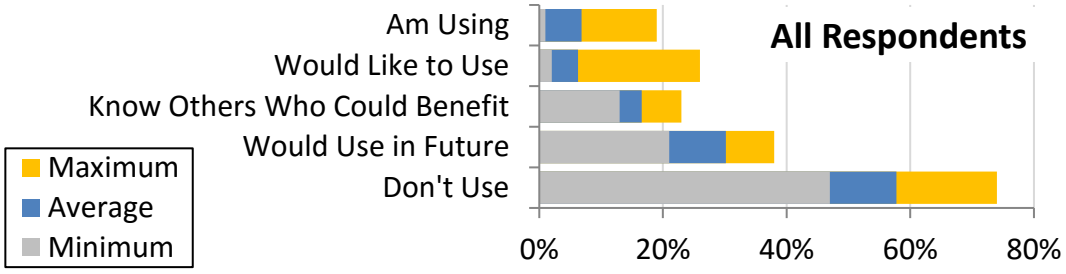
For each service area, between 2% and 11% of respondents would like to use these services (average of 5%). More people reported wanting a service than are currently receiving it for 9 of the 16 service areas included in the needs assessment. The largest difference is for formal chore services, which 11% report that they would like to use but only 3% currently use.

Table 54: Results for All Service Areas, from All Respondents

All Services, State (N=626)	Am Using	Would Like to Use	Know Others Who Could Benefit	Would Use in Future	Don't Use
Home-Delivered Meals	2%	4%	**23%**	33%	56%
Congregate Meals	17%	4%	17%	24%	51%
Formal Homemaker Services	4%	7%	19%	34%	54%
Informal Homemaker Services	11%	4%	17%	28%	54%
Formal Chore Services	3%	**11%**	16%	32%	56%
Informal Chore Services	15%	6%	16%	28%	50%
Formal Transportation Services	5%	5%	19%	33%	59%
Informal Transportation Services	**19%**	**2%**	17%	31%	50%
Legal Assistance Services	2%	8%	16%	**38%**	56%
Disease Prevention/Health Promotion Programs	15%	10%	15%	33%	**47%**
Caregiver Services	3%	4%	17%	33%	58%
Formal Respite Services	**1%**	3%	15%	28%	65%
Informal Respite Services	8%	2%	15%	26%	62%
Ombudsman Services	**1%**	**2%**	15%	33%	64%
Adult Protection Services	**1%**	**2%**	**13%**	**21%**	**74%**
Case Management Services	2%	**2%**	15%	27%	68%
Average	***7%***	***6%***	***17%***	***30%***	***58%***

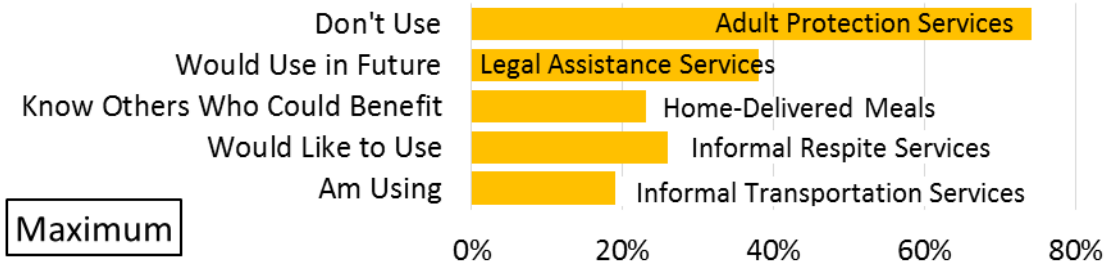
The range of responses across all service areas is shown in Figure 12. Fewer than 20% of respondents currently use any of these services (average 7%), and 21% to 38% would use each service area in future.

Figure 12: Range of Responses Across All Service Areas



The maximum percentage for each response option, along with its respective service area, is shown in the figure below. These are the same values marked in orange in Table 54 above.

Figure 13: Service Area with Maximum for Each Response Option



Comparison Across Services Areas by Age

Older respondents were more likely on average to be using services than younger respondents, ranging from 13% of those age 90-99 to 3% of those age 50-59. Younger age groups indicated that they would use services in future more than older age groups, from about 35% for those under age 70 down to 19% for those over 90. Younger respondents were also more likely to report knowing others who could benefit

from the services, with the average across all services decreasing steadily from 28% for age 50-59 to 4% for age 90-99. The percentage of respondents who would like to use services was fairly constant across all age groups at 4-6% across all services, increasing to 9% for those age 90 and older. The number of specific service areas which more people would use than are currently using ranged from six (age 80-89) to eleven (age 50-59) of the 16 service areas. However, the average difference between wanting and receiving services ranged from less than 1% for those under age 70 to 4-6% for those age 80 and over.

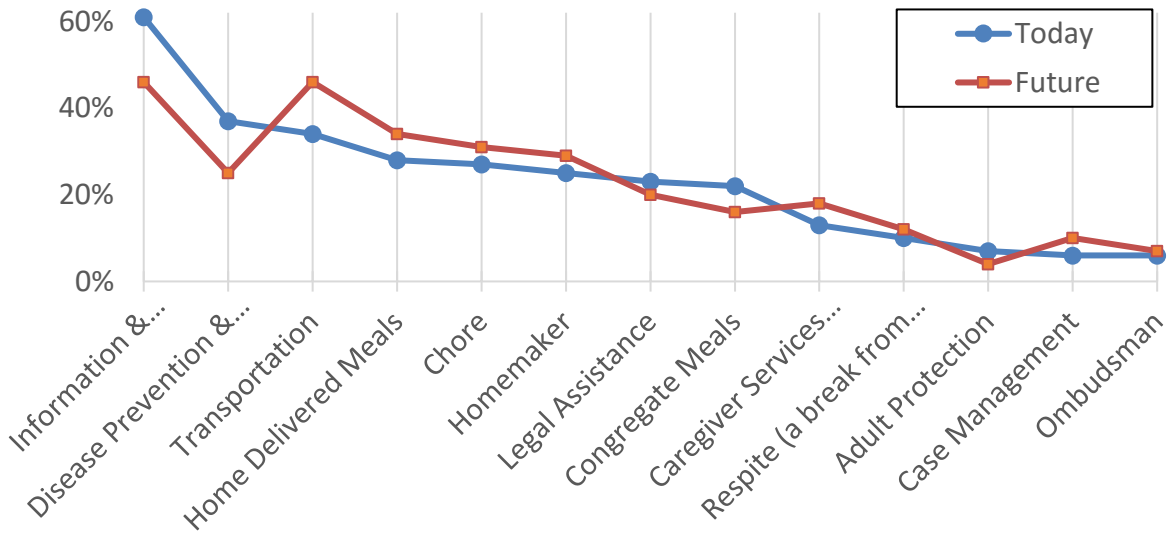
Top Needs for Services

The top three current needs most often identified by respondents overall were (1) Information and Assistance (61%), (2) Disease Prevention & Health Promotion Programs (37%), and (3) Transportation (34%). Home delivered meals were selected as a top need more often than congregate meals (28% vs 22%). For future needs, Transportation and Information & Assistance were tied for first place (46%), and the third most important need was Home Delivered Meals (34%). Respondents estimated that in the future they would need significantly less Information and Assistance and fewer Disease Prevention & Health Promotion Programs than they need today, but would need more Transportation and Home Delivered Meals. Home delivered meals were selected as a top need in the future more than twice as often as congregate meals (34% vs 16%).

Current Needs

The top three current needs most often identified by respondents overall were (1) Information and Assistance (61%), (2) Disease Prevention & Health Promotion Programs (37%), and (3) Transportation (34%) as shown by the blue line in Figure 14. Home delivered meals were selected as a top need more often than congregate meals (28% vs 22%).

Figure 14: Top 3 Needs for Services, Today and in Future, sorted by Today's Need



As shown in Table 55, the top three current needs selected most often were the same for all AAA regions except for the following:

- Region 4 reported that Home Delivered Meals are more important today than Disease Prevention & Health Promotion Programs (39% vs 30%).
- Region 6 reported that Legal Assistance is more important today and Transportation is less important (35% vs 26%).

The biggest differences between AAA regions for the top three current needs were seen for Home Delivered Meals, Congregate Meals, Disease Prevention & Health Promotions Programs, Information & Assistance, and Legal Assistance. Each of these five service categories had a 15-20 percentage point

spread across the regions. For example, 35% of Region 6 respondents identified legal assistance as a top current need compared to only 19% of Region 4 respondents.

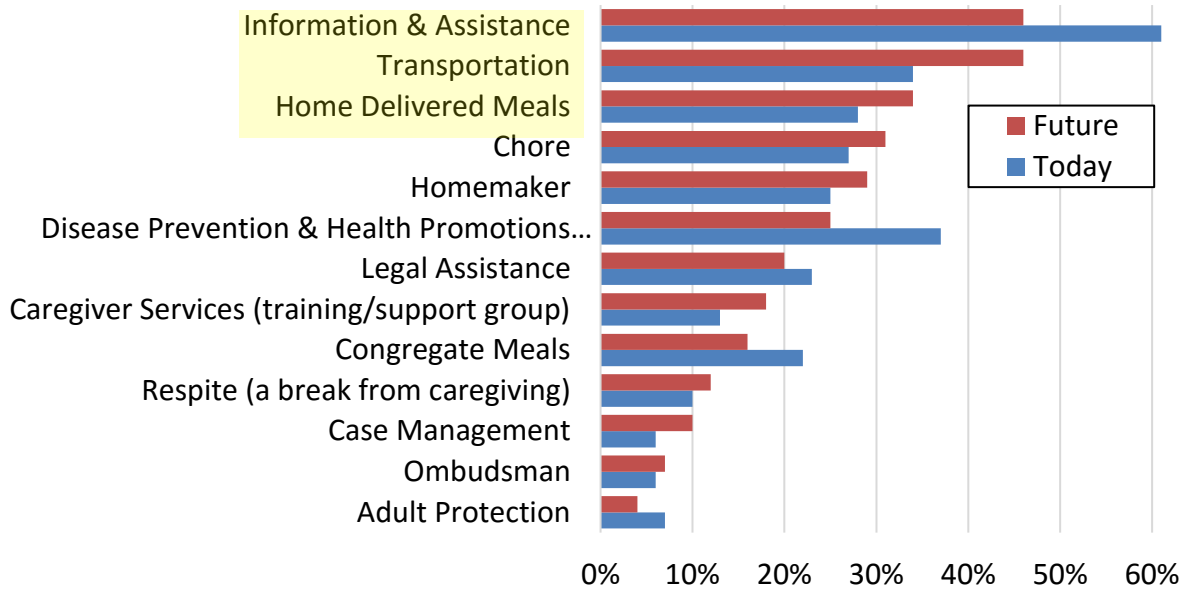
Table 55: Top Three Services that You Think are Most Important to You Today

Top 3 Needs - Today	State (N=626)	Area 1 (N=137)	Area 2 (N=70)	Area 3 (N=138)	Area 4 (N=129)	Area 5 (N=118)	Area 6 (N=34)
Information & Assistance	**61%**	58%	59%	63%	52%	69%	65%
Congregate Meals	**22%**	26%	20%	11%	29%	27%	12%
Home Delivered Meals	**28%**	26%	21%	25%	39%	25%	29%
Homemaker	**25%**	22%	26%	27%	29%	19%	24%
Chore	**27%**	26%	33%	34%	22%	25%	29%
Transportation	**34%**	34%	39%	35%	37%	29%	26%
Legal Assistance	**23%**	25%	24%	21%	19%	25%	35%
Disease Prevention & Health Promotions Programs	**37%**	39%	36%	36%	30%	42%	47%
Caregiver Services (training/support group)	**13%**	12%	16%	15%	12%	10%	21%
Respite (break from caregiving)	**10%**	7%	7%	15%	16%	7%	6%
Ombudsman	**6%**	10%	7%	9%	2%	5%	0%
Adult Protection	**7%**	8%	3%	5%	6%	11%	3%
Case Management	**6%**	8%	10%	4%	6%	6%	3%

Future Needs

For future needs, Transportation and Information & Assistance were tied for first place (46%), and the third most important need was Home Delivered Meals (34%) as shown by the red bars in Figure 15. Respondents estimated that in the future they would need significantly less Information and Assistance and fewer Disease Prevention & Health Promotion Programs than they need today, but would need more Transportation and Home Delivered Meals. Home delivered meals were selected as a top need in the future more than twice as often as congregate meals (34% vs 16%).

Figure 15: Top 3 Needs for Services, Today and in Future, sorted by Future Need



The top three future needs were similar for all regions except for the following:

- Regions 1 and 2 estimated that chore services would be more important to them in the future than home delivered meals (39% and 34% vs 31% and 21% for chore services and home delivered meals, respectively).
- Region 6 estimated that homemaker services would be more important to them in the future than either chore or home delivered meal services (41% vs 29% and 35%).

The biggest differences between AAA regions for the top three future needs were seen for Home Delivered Meals, Disease Prevention & Health Promotions Programs, and Homemaker Services. Each of these three service categories had a 15-20 percentage point spread across the regions. For example, 40% of Region 4 respondents identified home delivered meals as a top future need compared to only 21% of those in Region 2.

Table 56: Top Three Services that You Think are Most Important to You in the Future

Top 3 Needs - Future	State (N=626)	Area 1 (N=137)	Area 2 (N=70)	Area 3 (N=138)	Area 4 (N=129)	Area 5 (N=118)	Area 6 (N=34)
Information & Assistance	**46%**	45%	49%	41%	48%	47%	53%
Congregate Meals	**16%**	15%	17%	13%	22%	15%	9%
Home Delivered Meals	**34%**	31%	21%	35%	40%	38%	35%
Homemaker	**29%**	26%	30%	30%	29%	26%	41%
Chore	**31%**	39%	34%	32%	25%	27%	29%
Transportation	**46%**	41%	51%	50%	50%	43%	41%
Legal Assistance	**20%**	26%	21%	16%	17%	21%	26%
Disease Prevention & Health Promotions Programs	**25%**	25%	17%	27%	27%	25%	35%
Respite (a break from caregiving)	**12%**	8%	11%	16%	9%	13%	12%
Caregiver Services (Training/Support Group)	**18%**	19%	19%	23%	16%	14%	12%
Ombudsman	**7%**	10%	9%	4%	7%	8%	3%
Adult Protection	**4%**	4%	3%	3%	3%	9%	0%
Case Management	**10%**	11%	17%	9%	5%	12%	3%

Results by Respondent Source

As described in the Survey Distribution section, there were three ways that Idaho residents could participate in the needs assessment of older adults. The first method was via paper surveys mailed to a targeted population sample, second was the online survey, and third was paper surveys distributed and collected at Senior Centers. Each response was identified as coming from one of these three sources. About half of the total responses (49%) came from the online survey, with 36% from the targeted mailings and 15% from Senior Centers as shown in Figure 2. Selected results for each of these subgroups are presented in the following sections.

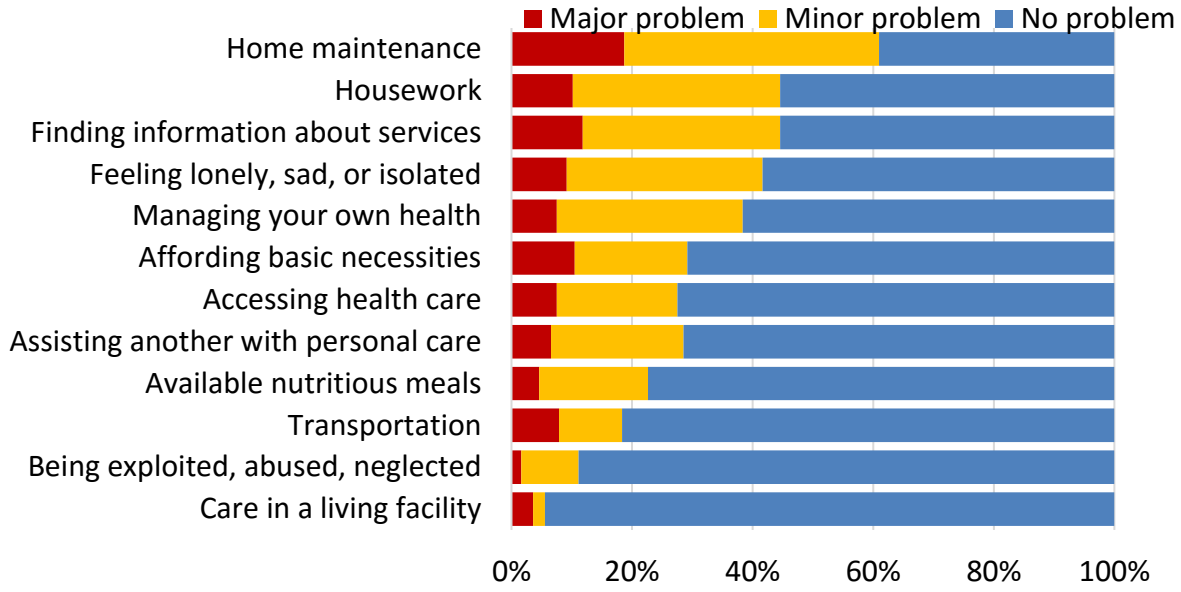
Online Surveys

Those who responded via the online survey tended to be younger, as shown earlier in Figure 3 and Table 11. Fewer online respondents were age 70 or older as compared to all respondents (30% vs 50%). The majority of those under age 70 responded via the online survey: 82% of respondents age 50-59 and 61% of respondents age 60-69.

The online respondents were much less likely to report no interest in participating in the listed activities, by 6% on average. The exception was senior centers for which 6% more of online respondents reported no interest, as compared to all respondents. More online respondents reported that they did not participate in activities nearly as often as they wanted, by an average of 3% across all listed activities.

Online respondents were significantly more likely to report major and/or minor problems over the last 12 months, with an average of 3% fewer respondents who reported no problems across all listed areas. Results from online respondents are presented in the following figure (see Figure 8 for all respondents).

Figure 16: Problems in Last 12 Months, from Online Respondents



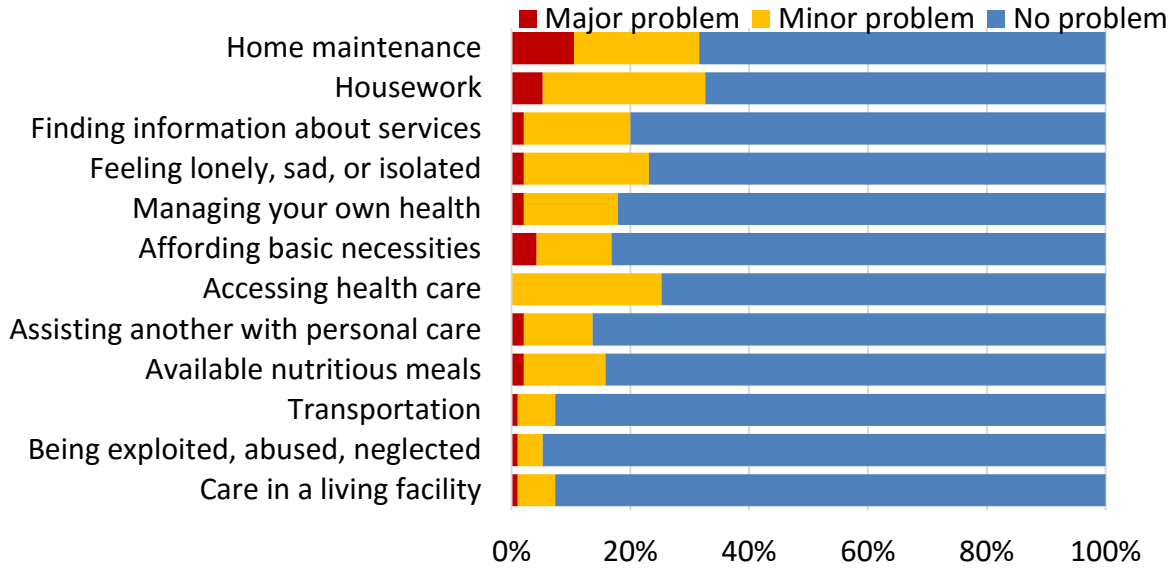
Overall, online survey respondents use slightly fewer services than all respondents.

Senior Center Surveys

The subgroup of Senior Center respondents was more likely to report no interest in the listed activities, by 3% on average. The biggest exception was senior centers for which 26% fewer of this subgroup reported no interest, as compared to all respondents. Fewer of these respondents reported that they did not participate in activities nearly as often as they wanted, by an average of 7% across all listed activities.

Respondents from Senior Centers were much less likely to report major and/or minor problems over the last 12 months. An average of 10% more respondents reported no problems across all listed areas as compared to all respondents, for example with home maintenance (68% vs 48%) and finding information about services (80% vs 61%).

Figure 17: Problems in Last 12 Months, from Senior Center Respondents



More Senior Center respondents reported using congregate meals by nearly a factor of six compared to the respondents from other sources (59% vs about 10%). However, only 11% would use congregate meals in future, compared to 24-29% of respondents from other sources. More respondents from Senior Centers are also using disease prevention and health promotion services (26% vs 15%), but 7% fewer use informal chore services or informal transportation. Overall, respondents from Senior Centers are using more services than all respondents, and reported only three service areas in which more respondents would like to use services than are currently using them (formal homemaker and chore services and legal assistance).

Targeted Mailed Surveys

The subgroup of targeted mailing respondents was much more likely to report no interest in participating in the listed activities, by 7% on average.

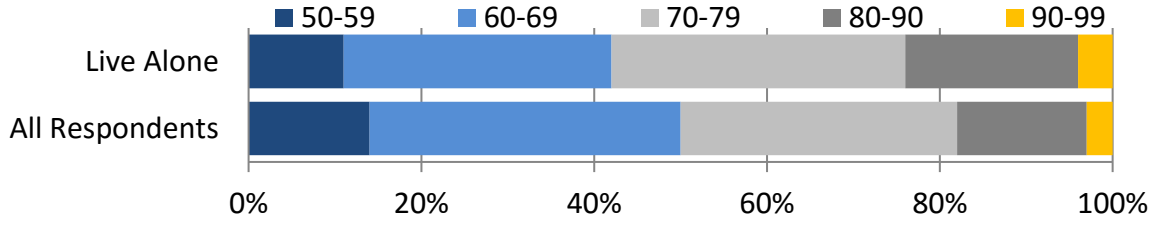
Most other differences between this subgroup and all respondents were small.

Results for Respondents Who Live Alone

Next we consider only those respondents who reported that they live alone. Living alone is a risk factor for older adults staying in their home as they age. This subgroup represented 43% of all respondents, which is higher than that indicated by population as discussed earlier in the Demographics section (see Table 15). The location of respondents in this subgroup was similar to that of all respondents, except for Region 1 which had a few more and Region 3 which had a few less (3% difference in each).

The age distribution of respondents who live alone is shifted toward the older age groups as compared to that of all respondents combined, as shown in Figure 18 below. Nearly 80% of those who reported living alone are age 65 or older. There were 9% fewer respondents in their 50s and 60s in this subgroup, and about 7% more in their 80s and 90s.

Figure 18: Age of Respondents Living Alone Compared to All Respondents



Of those respondents who live alone, 18% participated from a senior center, 37% participated via the online survey, and the remaining 46% participated through the targeted mailings. Looking at all respondents by source, one-third (33%) of online respondents live alone and about half of senior center (51%) and mail-in (55%) respondents live alone.

Fewer respondents in this subgroup were aware of services provided by most of the agencies and organizations, by as much as 7% compared to all respondents (average 2% difference), except for SHIBA which 2% more of those living alone knew about.

More respondents who live alone reported having major and/or minor problems in the past 12 months. For example, 9% more reported problems with feeling lonely, sad, or isolated than that reported by all respondents combined, and 6% more reported problems with available nutritious meals and finding information about services and supports. Regarding participation in activities, more respondents who live alone reported no interest in many of the listed activities, most differing by 3-6% from that reported by all respondents. The exceptions were religion/worship and community events and groups, which did not differ from that of all respondents, and senior centers which 4% fewer of this subgroup reported as not interested as compared to all respondents.

Additional selected results for this subgroup are compared with results for all respondents in Table 57. For example, significantly more respondents living alone reported an annual household income below $20,000 (55% vs 34%).

Table 57: Selected Results for Those Living Alone Compared to All Respondents

	Live Alone	All Respondents
Quality of life (good or very good)	75%	80%
Household income < $30,000	79%	54%
Household income < $20,000	55%	34%
Working full- or part-time	22%	32%
Medicare and/or Medicaid	85%	77%

Overall, those who live alone were slightly more likely to be using services compared to all respondents. More people reported wanting a service than were currently receiving it for 9 of the 16 service areas included in the needs assessment. Those who live alone were less likely to report knowing others who could benefit from the services, and fewer indicated that they would use services in the future except for home delivered meals and legal assistance. Those who live alone were less likely to select caregiver services or respite care as one of their top three needs now or in the future, by 5-8% for each of these services. They were more likely to select home delivered meals as a top need for the future, by about 6%.

Appendix A: ISU Press Releases Announcing Survey

Idaho State
UNIVERSITY

October 27, 2015

Released by Idaho State University, Marketing and Communications

Idaho Commission on Aging seeks feedback to improve senior services in Idaho

As you age, will you be able to take care of yourself or need to rely on others? What services and supports will you need? Are they available in your community?

These are a few of the questions that a new statewide assessment is trying to answer.

The Idaho Commission on Aging—in partnership with Idaho State University's Institute of Rural Health—are exploring the needs of older Idahoans, their awareness of services in their communities and if those services are adequate. The ICOA is developing a four-year statewide plan to assess senior needs in Idaho under the Older Americans Act and State Senior Services Act.

The online assessment can be accessed at www.tinyURL.com/AgingNeeds

Based on your responses, the ICOA and the aging network stakeholders will develop strategies to fund senior services in your community.

Responses are anonymous. The deadline to return the questionnaire is Nov. 20, and results will be posted on the ICOA's website at www.aging.idaho.gov in the coming months. If you have any questions, contact Russell Spearman at 208-373-1773 or Dr. Cyndy Kelchner at 208-282-6457.

###

Idaho State
UNIVERSITY

November 19, 2015

Released by Idaho State University, Marketing and Communications

Statewide assessment to

improve senior services in Idaho

As you age, will you be able to take care of yourself or need to rely on others? What services and supports will you need? Are they available in your community?

These are a few of the questions that a new statewide assessment is trying to answer. If you have received this survey in the mail, please complete and return it by the end of November.

If you are an Idaho resident age 50 or over and did not receive a survey, you can complete the assessment online at www.tinyURL.com/AgingNeeds

The Idaho Commission on Aging—in partnership with Idaho State University's Institute of Rural Health—are exploring the needs of older Idahoans, their awareness of services in their communities and if those services are adequate. The ICOA is developing a four-year statewide plan to assess senior needs in Idaho under the Older Americans Act and State Senior Services Act.

Based on your responses, the ICOA and the aging network stakeholders will develop strategies to fund senior services in your community.

Responses are anonymous. The deadline to complete the survey is November 30, and results will be posted on the ICOA's website at www.aging.idaho.gov in the coming months. If you have any questions, contact Russell Spearman at 208-373-1773 or Dr. Cyndy Kelchner at 208-282-6457.

###

Appendix B: Survey Instrument

See the following two PDF files for the final needs assessment survey instrument:

Print version: ICOA_Needs Assessment_to_print_30Oct15

Online version: ICOA_Needs_Assessment_Survey_online_version_6Nov15

Attachment L CIVIL

RIGHTS

Title VI, Civil Rights Act of 1964
Title VII, Equal Employment Opportunity Act of 1972 Sections 503 and 504 of the Rehabilitation Act of 1973 Age Discrimination Act of 1975
Title II, Americans with Disabilities Act of 1990

SECTION I: *STATEMENT OF POLICY*

As a recipient of federal and state funds, the Area Agency on Aging II (referenced in this document as AAA) complies with all anti-discrimination statutes which address provision of programs/ services, contracting for provision of programs/services, and/or hiring of employees.

The AAA does not discriminate against any person or class of persons based on race, color, national origin, sex, creed, age (subject to age eligibility requirements of the Older Americans Act of 1965, as amended, and requirements for participation in Older Worker Programs), marital status, veteran's status, or disability.

This statement is in accordance with the provisions of Title VI of the Civil Rights Act of 1964 which prohibits discrimination on the basis of race, color, or national origin, with Section 504 of the Rehabilitation Act of 1973 and Title II of the Americans with Disabilities Act (ADA) of 1990 which prohibit discrimination against qualified individuals with disabilities, and with regulations of the Department of Health and Human Services issued pursuant to the Acts (Title 45, Code of Federal Regulations [CFR], Parts 80 and 84). In addition to the provision of programs and services, Title VI, Section 504, and the ADA cover employment under certain conditions.

Any questions, concerns, complaints, or requests for additional information regarding the rights of individuals under any of the above-mentioned Acts may be obtained upon written request to:

Area II Agency on Aging 124 New 6th
Street Lewiston, ID 83501
208-743-5580, M-F, 8 – 5 PM

A. Nondiscrimination Policy

In accordance with Titles VI and VII of the Civil Rights Act, Executive Order 11246, as amended by Executive Order 11375, Section 504 of the Rehabilitation Act of 1973, and the Americans With Disabilities Act of 1990, AAA policy states that no qualified individual may, on the basis of race, color, national origin, sex, creed, age, marital status, veteran's status, or disability, be subjected to discrimination, or be excluded from participation, in any AAA program or activity receiving federal or state funds.

This policy applies to all aspects of AAA programs/services and other activities or by their contracting organizations-- all entities which use federal or state funds.

This policy *does not apply* to agencies, associations, corporations, schools and institutions operated by religious organizations such as churches and denominational societies, or other sectarian entities, with respect to employment of individuals of a particular religious affiliation to provide programs/services with funds not derived from federal or state sources.

B. Specific Discriminatory Practices Prohibited

1. The AAA, and all subcontractors may not, under any program, directly or through contractual or other arrangements, on the grounds of race, color, national origin, sex, creed, age, marital status, veteran's status, or disability:
   a) discharge, bar, or refuse to hire or promote any qualified individual;
   b) deny any qualified individual any service, financial aid, or other benefit;
   c) afford a qualified individual an opportunity to participate or benefit from aid or service that is *not equal to that afforded others;*
   d) provide a qualified individual with aid, benefits, or services that are *not as effective, or otherwise are inferior to, those provided to others;*
   e) provide different or separate benefits or services to a qualified individual or class of individuals *unless such action is necessary to provide such individuals with benefits or services that are as effective as those provided to others;*
   f) aid or perpetrate discrimination against an individual or class of individuals by providing assistance to an agency, organization, or person who discriminates against individuals or a class of individuals on the basis of race, color, national origin, sex, creed, age, marital status, veteran's status, or disability;
   g) deny a qualified individual the opportunity to participate as a volunteer, consultant, conferee, or member of a planning or advisory board.

2. Neither the AAA, and all subcontractors may, directly or through contractual or other arrangements, use criteria or methods of administration which:
   a) have the effect of subjecting any individual or class of individuals to discrimination; or
   b) have the effect of defeating or of substantially impairing accomplishment of the program's objectives.

3. In determining a program site or location, contracting agencies and grantees may not select facilities that have the effect of excluding individuals or a class of individuals, thereby denying them the benefits of participation in the program/receipt of services, or subjecting them to discrimination.

4. The AAA, and all subcontractors shall establish measures to assure that recruitment and employment practices do not discriminate against any qualified individual.

5. The AAA and all subcontractors shall actively solicit representative participation from local minority communities, as well as voluntary participation by persons with disabilities, on advisory councils and policy making boards which are integral elements of program planning and service provision;

6. The AAA and all subcontractors shall have procedures for monitoring all aspects of their operations to assure that no policy or practice is, or has the effect of being, discriminatory against beneficiaries or other participants. Monitoring shall include, but not be limited to:
    a) location of offices and facilities;
    b) manner of assigning applicants or clients to staff;
    c) dissemination of information;
    d) eligibility criteria for participation in programs/receipt of services;
    e) referral of applicants/clients to other agencies and facilities;
    f) contracts with minority, women's, and disability organizations;
    g) use of volunteers and/or consultants;
    h) provision of services;
    i) program accessibility;
    j) reasonable efforts to make accommodations and provide auxiliary aids for applicants/clients with disabilities;
    k) use of available statistical data pertaining to demographics and needs of low-income minority groups and other targeted classes residing in the region relative to their:
        i. potential participation in programs,
        ii. actual (historic) participation in programs,
        iii. employment patterns, especially, their use as employees or staff in programs administered by the agency or contractor,
        iv. membership on advisory councils,
        v. number and nature of complaints alleging discrimination which have been filed,
        vi. number of bilingual staff and staff qualified as sign language interpreters; and
    l) written assurances of compliance with Title VI, Sections 503 and 504, and the Americans With Disabilities Act.

7. The AAA and subcontractors shall assure that no qualified individual with a disability shall be denied the benefits of, be excluded from participation in, or otherwise be subjected to discrimination due to facilities being inaccessible to, or otherwise unusable by persons with disabilities.

8. The AAA shall take corrective action to overcome the effects of discrimination in instances where the AAA, or their subcontractors have discriminated against any persons on the basis of race, color, national origin, sex, creed, age, marital status, veteran's status, or disability.

9. Any contractor or subcontractor who refuses to furnish assurances of nondiscrimination, or who fails to comply with federal and/or state laws as outlined in this policy, must be refused federal or state financial assistance. Such action will be taken only after there has been an opportunity for review before the appropriate officials, and after a reasonable amount of time has been allowed for compliance with the policy. All incidents of noncompliance will be referred to the appropriate federal or state agencies in a timely manner.

SECTION II: *Nondiscrimination Language in Contracts and Employment*

A. Contract Reference to "Nondiscrimination in Client Services"

1. The AAA requires a policy of nondiscrimination in services as an integral part of each contract.

2. Each contract shall contain an inclusion, by reference or attachment, the following clause pertaining to nondiscrimination in client services:
   Nondiscrimination in Client Services: The contractor and any sub-contracting party will not, on grounds of race, color, national origin, sex, creed, age, marital status, veteran's status, or disability:
   a) deny a qualified individual any services or benefits provided under this agreement or any contracts awarded pursuant to this agreement;
   b) provide any services or other benefits to a qualified individual which are different, or are provided in a manner differing from that provided to others under this agreement, or any contract awards pursuant to this agreement;
   c) subject an individual to segregation or separate treatment in any manner in receipt of any service(s) or other benefit(s) provided to others under this agreement;
   d) deny any qualified individual the opportunity to participate in any program(s) provided by this agreement, or any contracts awarded pursuant to this agreement for the provision of services, or otherwise afford an opportunity to do so which is different from that afforded others.
   e) Contractors will not use criteria or methods of administration which have the effect of defeating or substantially impairing accomplishment of the objectives of this agreement with respect to individuals of a particular race, color, national origin, sex, creed, age, marital status, veteran's status, or disability.

B. Nondiscrimination in Employment

1. The AAA requires that a nondiscrimination in employment policy be an integral part of every agreement with its subcontractors.

C. The AAA Assurance of Compliance with Title VI of the Civil Rights Act of 1964, Section 504 of the Rehabilitation Act of 1973, Title IX of the Education Amendments of 1972, and the Age Discrimination Act of 1975

The AAA provides this assurance in consideration of and for the purpose of obtaining Federal grants, loans, contracts, property, discounts or other Federal financial assistance from the Department of Health and Human Services. The AAA hereby agrees to comply with:

a) **Title VI of the Civil Rights Act of 1964** (Pub. L. 88-352), as amended, and all requirements imposed by or pursuant to the Regulation of the Department of Health and Human Services (45 CFR Part 80), to the end that, in accordance with Title VI of the Act and the Regulation, no person in the United States shall, on the grounds of race, color, or national origin, be excluded from participation in, be denied the benefits of, or be otherwise subjected to discrimination under any program or activity for which the AAA receives Federal financial assistance from the Department.

b) **Section 504 of the Rehabilitation Act of 1973** (Pub. L. 93-112), as amended, and all requirements imposed by or pursuant to the Regulation of the Department of Health and Human Services (45 CFR Part 84), to the end that, in accordance with Section 504 of the Act and the Regulation, no otherwise qualified disabled individual in the United States shall, solely by reason of his disability, be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any program or activity for which the AAA receives Federal financial assistance from the Department.

c) **Title IX of the Educational Amendment of 1972** (Pub. L. 92-318), as amended, and all requirements imposed by or pursuant to the Regulation of the Department of Health and Human Services (45 CFR Part 86), to the end that, in accordance with Title IX and the Regulation, no person in the United States shall, on the basis of sex, be excluded from participation in, be denied the benefits of, or be otherwise subjected to discrimination under any education program or activity for which the AAA receives Federal financial assistance from the Department.

d) **The Age Discrimination Act of 1975** (Pub. L. 94-135), as amended, and all requirements imposed by or pursuant to the Regulation of the Department of Health and Human Services (45 CFR Part 91), to the end that, in accordance with the Act and the Regulation, no person in the United States shall, on the basis of age, be denied the benefits of, be excluded from participation in, or be subjected to discrimination under any program or activity for which the AAA receives Federal financial assistance from the Department. The AAA agrees that compliance with this assurance constitutes a condition of continued receipt of Federal financial assistance, and that it is binding upon the AAA, its successors, transferees and assignees for the period during which such assistance is provided. If any real property or structure thereon is provided or improved with the aid of Federal financial assistance extended to the AAA by the Department, this assurance shall obligate the AAA, or in the case of any transfer of such property, any transferee, for the period during which the Federal financial assistance is extended or for another purpose involving the provision of similar services or benefits. If any personal property is so provided, this assurance shall obligate the AAA for the period during which it retains ownership or possession of the property. The AAA further recognizes and agrees that the United States shall have the right to seek judicial enforcement of this assurance. The person or persons whose signature(s) appear(s) below is/are authorized to sign this assurance, and commit the AAA to the above provisions.

Section III: *COMMUNICATION WITH PERSONS WITH LIMITED ENGLISH PROFICIENCY STATEMENT OF POLICY*

The AAA will take reasonable steps to ensure that persons with Limited English Proficiency (LEP) have meaningful access and an equal opportunity to participate in our services, activities, programs and other benefits. The policy of the AAA is to ensure meaningful communication with LEP consumers and their authorized representatives. All interpreters, translators and other aids needed to comply with this policy shall be provided without cost to the person being served, and consumers and their families will be informed of the availability of such assistance free of charge.

Language assistance will be provided through use of competent bilingual staff, staff interpreters, contracts or formal arrangements with local organizations providing interpretation or translation services, or technology and telephonic interpretation services. All staff will be provided notice of this policy and procedure, and staff that may have direct contact with LEP individuals will be trained in effective communication techniques, including the effective use of an interpreter.

The AAA will conduct a regular review of the language access needs of consumers, as well as update and monitor the implementation of this policy and these procedures, as necessary.

A. **AAA *PROCEDURES:***

1. **Identifying Limited English Proficiency (LEP) persons and their language:** The AAA will identify the language and communication needs of the LEP person. If necessary, staff will use a language identification card (or "I speak cards," available online at www.lep.gov) or posters to determine the language. In addition, when records are kept of past interactions with consumers or family members, the language used to communicate with the LEP person will be included as part of the record.

2. **Obtaining a qualified interpreter:** The AAA is responsible for:
   (a) Maintaining an accurate and current list showing the name, language, phone number and hours of availability of bilingual staff;
   (b) Contacting the appropriate bilingual staff member to interpret, in the event that an interpreter is needed, if an employee who speaks the needed language is available and is qualified to interpret;
   (c) Obtaining an outside interpreter if a bilingual staff or staff interpreter is not available or does not speak the needed language. Some LEP persons may prefer or request to use a family member or friend as an interpreter. However, family members or friends of the LEP person will not be used as interpreters unless specifically requested by that individual and after the LEP person has understood that an offer of an interpreter at no charge to the person has been made by the facility. Such an offer and the response will be documented in the person's file. If the LEP person chooses to use a family member or friend as an interpreter, issues of competency of interpretation, confidentiality, privacy, and conflict of interest will be considered. If the family member or friend is not competent or appropriate for any of these reasons, competent interpreter services will be provided to the LEP person. Children and other clients/patients/residents will not be used to interpret, in order to ensure confidentiality of information and accurate communication.

3. **Providing written translations:** When translation of documents is needed, the AAAwill submit documents for translation into frequently-encountered languages. Original documents being submitted for translation will be in final, approved form with updated and accurate information.

4. **Providing notice to LEP persons:** The AAA will inform LEP persons of the availability of language assistance, free of charge, by providing written notice in languages LEP persons will understand. At a minimum, notices and signs will be posted. Notification will also be provided through one or more of the following: outreach documents, telephone voice mail menus, local newspapers, radio and television stations, and/or community-based organizations.

5. **Monitoring language needs and implementation:** On an ongoing basis, the AAA will assess changes in demographics, types of services or other needs that may require reevaluation of this procedure. In addition, the AAA will regularly assess the efficacy of these procedures.

GOVERNING BODY
Community Action Partnership
Lisa Stoddard, Executive Director

Signature: Lisa Stoddard Date: 5/24/17

AREA AGENCY ON AGING
Area II Agency on Aging
Jenny Zorens, Director

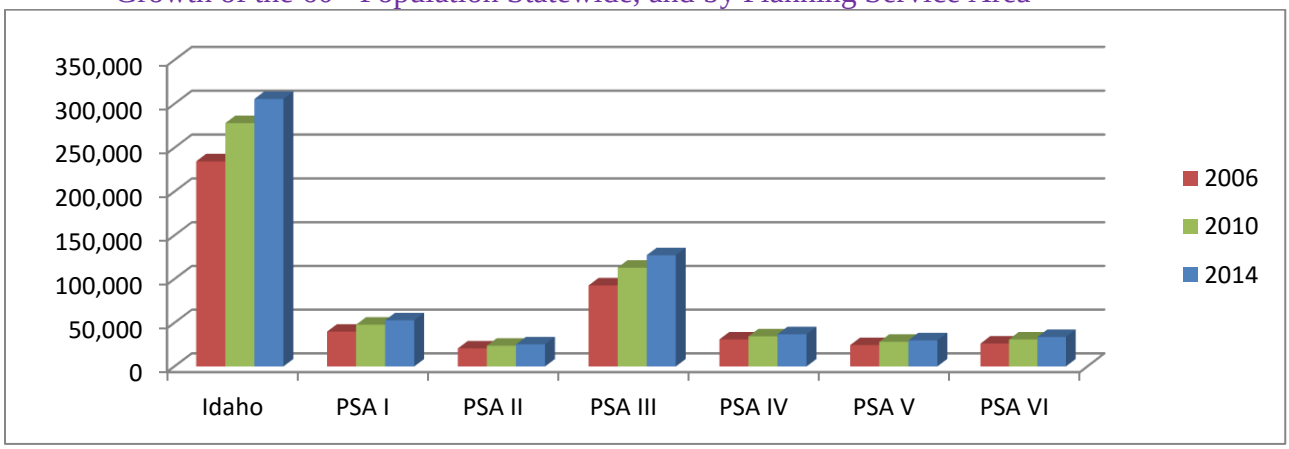
Signature: Jenny Zorens Digitally signed by Jenny Zorens
DN: cn=Jenny Zorens, o=Community Action Partnership, ou=Area Agency on Aging, email=j.zorens@cap4action.org, c=US
Date: 2017.05.24 16:22:08 -07'00' Date: _____

ATTACHMENT M

PLANNING AND SERVICE AREA DEMOGRAPHICS

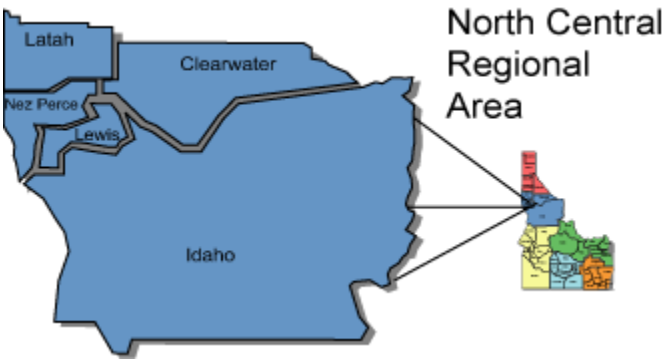
Overview

Growth of the 60+ Population Statewide, and by Planning Service Area



Prepared by the Idaho Commission on Aging from *Idaho Vital Statistics 2013*, Idaho Department of Health and Welfare, Division of Health, Bureau of Vital Records and Health Statistics, March 2014. U.S. Bureau of the Census, 2005-2013 American Community Survey 5-Year Estimates, December 2014, Table S0101

PSA II



Geographic Information:
The region in PSA II covers 13,403 square miles in five north-central Idaho counties: Lewis, Idaho, Clearwater, Latah, and Nez Perce. PSA II is mostly rural except for the major university cities of Lewiston and Moscow. Students come from all over the nation and several foreign countries to enroll at Lewis-Clark State College or the University of Idaho. Their presence has a strong influence on the character of the metropolitan area.

Beyond urbanized Lewiston, Idaho's only inland port city, the region's five counties present a diverse topography which includes expanses of prairie and farmland as well as rugged

mountainous terrain. Isolated communities tucked into the region's mountains and valleys are difficult to reach at any time; during the snowy winters, these tiny settlements are virtually inaccessible.

Demographic Information:
Based on the 2014 American Community Survey Estimates, the total population in PSA II was 106,381 of which 25,254 (23.7%) individuals were over the age of 60. The at risk populations which factors in Idahoans of 65 + living in poverty, Idahoans of 65+ living alone, Idahoans living in a rural county, racial minorities, Persons 60 + and Hispanic, Idahoans aged 75 and older & also 85 and older is 27,185. The Area Agency on Aging and Adult Services (AAA II) is a department within Community Action Partnership and has its office in Lewiston.

Exhibit 1A Idaho Growth Change and Demographics

Prior to the latter half of the Twentieth Century, the percentage of Americans who lived long enough to attain "old age" was relatively small. There were several reasons for this, including a high infant mortality rate and the fact that many women died in childbirth. Limited understanding of proper hygiene, good nutrition, and the mechanisms by which contagious diseases were spread also contributed to the premature deaths of many children and young adults. Additionally, most people in the past worked on farms, in mines and lumber mills, in manufacturing, or in other industrial occupations. At that time, attention to worker safety had not yet become a requirement of corporate or public policy. Thus, disabling or even immediately fatal job-related accidents were frequent occurrences.

U.S. Elderly Population by Age: 1900 to 2050 - Percent 65+ and 85+

Year and Census date	% 65+	% 85+
1900	4.1	0.2
1910	4.3	0.2
1920	4.7	0.2
1930	5.4	0.2
1940	6.8	0.3
1950	8.1	0.4
1960	9.2	0.5
1970	9.8	0.7
1980	11.3	1.0
1990	12.5	1.2
2000	12.4	1.5
2010	13	2.0
2020	16.3	2.2
2030	19.7	2.6
2040	20.4	3.9
2050	20.7	5.0

Numbers in this chart are from Census data and Census Bureau projections based on historic data.

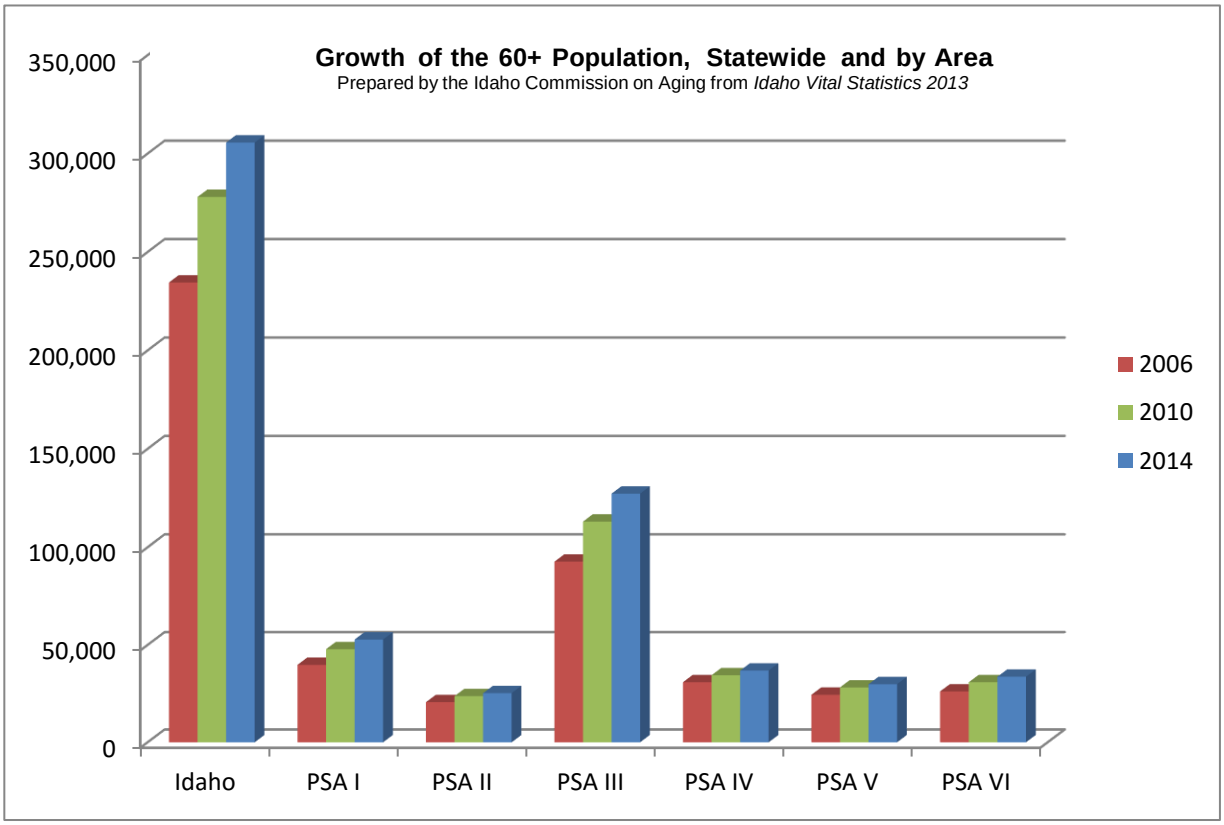
According to the Idaho State Historical Society, the entire population of Idaho numbered only 17,804 in 1870. By 1880 it had reached 32,610. When Idaho officially became the 43rd state on July 3, 1890, the population had reached 88,548— an increase of nearly 400 percent in just two decades. The state's two major industries were mining and logging. Frontier conditions, often involving a hard-scrabble lifestyle, persisted throughout much of the state well into the 20th Century. When Idaho celebrated its Statehood Centennial in 1990, the Census count evidenced a population increase to 1,006,749— over 1,000 percent.

Ten years later, the Millennial Census count showed 1,293,953 Idahoans. Nearly 15% of them were aged 60 or older. The most recent post-Census estimates (the 2014 American Community Survey Estimates) show that Idaho's overall population had increased another 23.6% to 1,599,464 and nearly 19% of them were aged 60 or older.

The raw number of older citizens has also continued to grow in every region as well as in the state as a whole. However, the proportionate percentage or ratio of seniors to younger Idahoans has declined somewhat as a consequence of overall population growth (all ages). The percentage of older people is highest in areas that have become attractive as retirement destinations. Most recently, this has been the situation in the northernmost region of the state, although the actual numbers for all age groups are highest in the most urbanized area of the state which includes several counties and rapidly growing cities.

Based on the 2014 American Community Survey Estimates, Idaho's total population is 1,599,464 people, 305,607 (19.1%) were aged 60 or older. Of that older subpopulation, 25,556 (8.3%) were at least 85 years old. This oldest group comprised 1.5% of the state's total population.

For those individuals who in the past did survive to the traditional age of retirement (65), their likelihood of living many more years was diminished by a level of medical knowledge and technology far below that which exists today. It has only been within the last few decades of the 20th century that medical advances have resulted in a high rate of long-term survival for victims of many chronic illnesses and conditions.



Idaho's highest percentage growth counties: April 1, 2010 to July 1, 2013 [1]

County	PSA	Percent Growth
Ada	III	6.1%
Canyon	III	5.3%
Kootenai	I	4.2%
Twin Falls	VI	3.5%

…and greatest loss counties:

County	PSA	Percent Decline
Clark	VI	-11.7%
Butte	VI	- 8.6%
Camas	IV	- 6.6%
Adams	III	- 3.7%

The state (overall):	Percent Growth	Number Added (all ages)
Idaho	2.8%	44,554

[1] From *2013 Idaho Vital Statistics, Annual Report* published by the Idaho Department of Health and Welfare Bureau of Vital Records and Health Statistics.

All these factors, combined with the dramatic growth of the nation's population overall and the aging of the Baby Boomers, has resulted in substantially increased numbers of older persons, many of whom continue to live well into their 80s and beyond. U.S. life expectancy in 2005 was 77.8 years overall (75.2 years for men and 80.4 years for women). The nation's elderly are projected to constitute 20% --a full fifth-- of the total U.S. population by 2030.

Idaho Resident Life expectancy 2013

If you have reached age:	Number of additional years expected by sex (Male/Female)[2] is:	
50	30.6	33.6
55	26.4	29.2
60	22.4	24.8
65	18.7	20.6
70	15.1	16.7
75	11.7	13.1
80	8.9	9.8
85	6.5	7.1

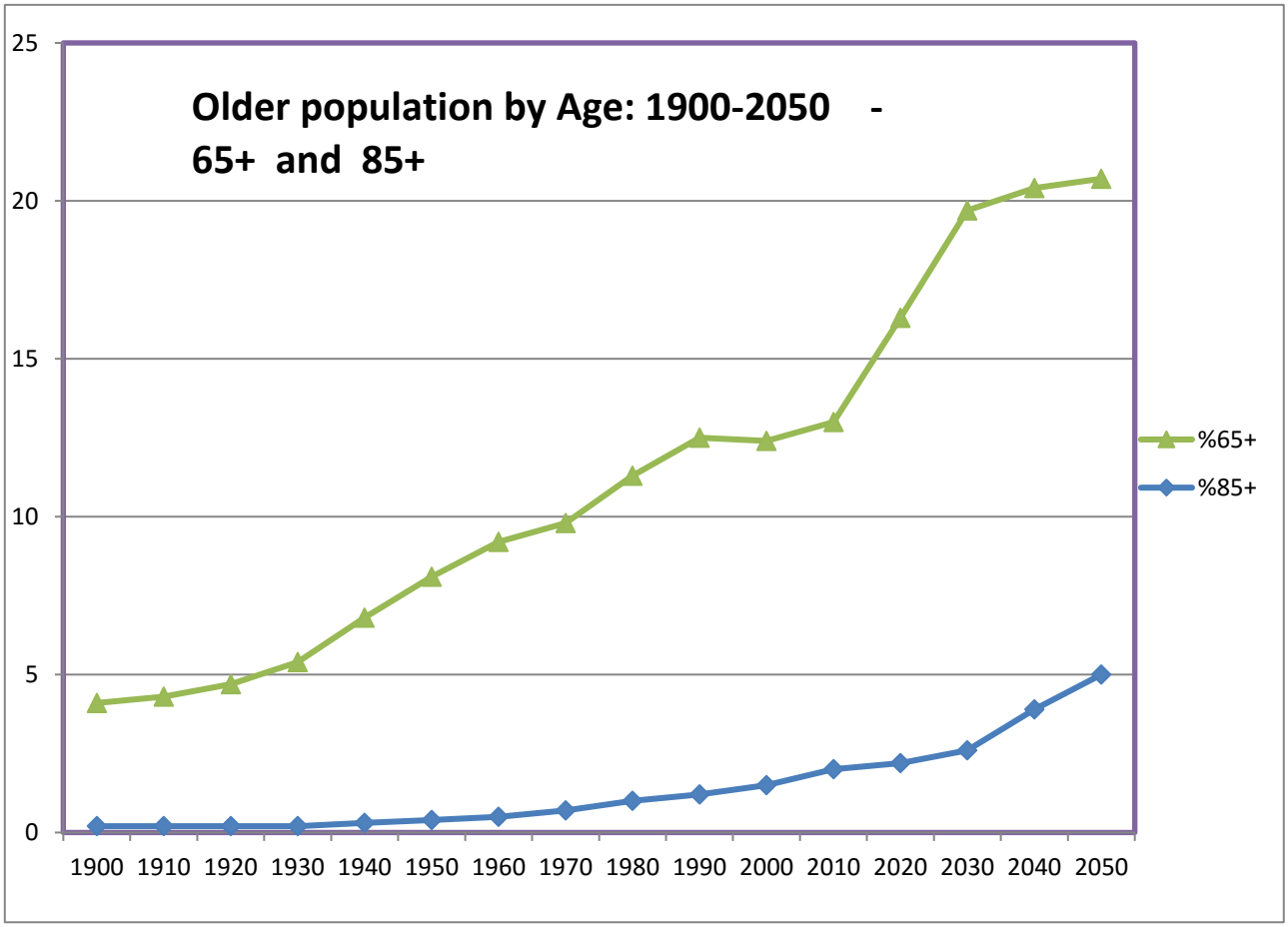
Idaho's population also reflects another national trend in that it is becoming more racially and ethnically diverse. This diversification is occurring across all age groups although it is most pronounced among younger people, leaving the oldest cohort the most homogeneous. Between 2010 and 2014, the state's white population (all age groups) increased by 3.6%, its black population by 23.2%, its American Indian/Alaska Native population by 9.1%, its Asian/Pacific Islander population by 16.6%, and its Hispanic population by 11%. The greatest increases have occurred in the most urbanized areas of the state.

But because Idaho is and remains one of the most racially and ethnically homogeneous states in the nation, large *percentage* increases in minority groups reflect only small increases in numerical population counts. Of Idaho's 2014 total population by race of 1,599,464 people, 1,552,607 (97.1%) are estimated to be white, while only 18,982 (1.2%) are black, 32,662 (2%) are American Indian or native Alaskan, 30,267 (1.9%) are Asian or Pacific Islander. Included in the race population is 196,502 (12.3%) who are ethnic Hispanics.[3]

Diversity in the older (aged 60+) segment of Idaho's population is less, but growth, in terms of percentages, has been dramatic. The 2010 Census found only 14,960 persons aged 60+ (5.2% of the state's total 60+) who identified themselves as belonging to an ethnic or racial minority; the 2014 estimate count was 22,136 (7.2% of all persons aged 60+ in Idaho). This is 48% growth in the number of minority seniors over just a four-year period. The entire 60+ segment of the population grew by 10% in the same time period.

[2] From *2013 Idaho Vital Statistics,* published by the Idaho Department of Health and Welfare Bureau of Vital Records and Health Statistics.

[3] Source: United States Department of Health and Human Services (US DHHS), Centers for Disease Control and Prevention (CDC), National Center for Health Statistics (NCHS), Bridged-Race Population Estimates, Vintage 2014

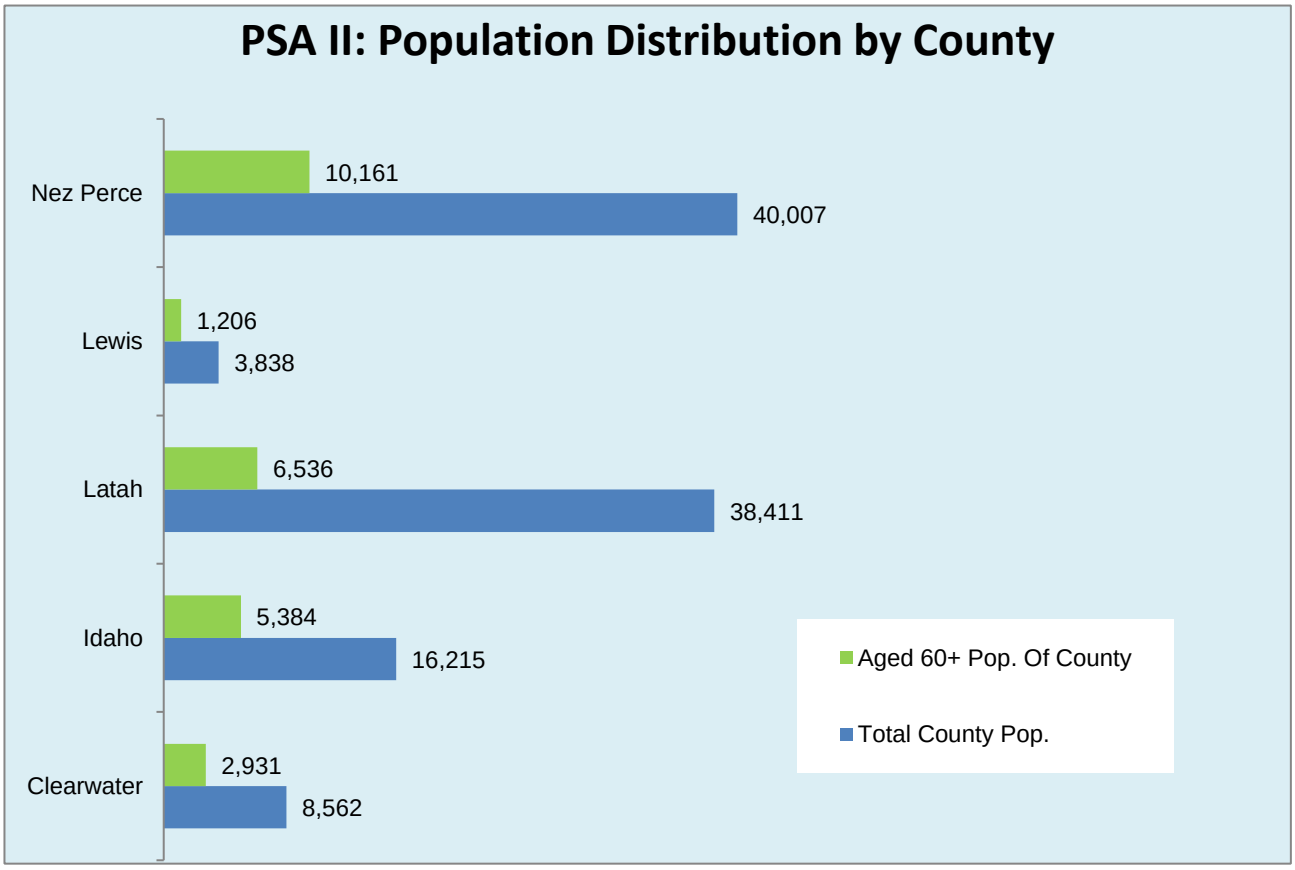


The growth of Idaho's older population reflects predicted growth in this population nationwide as a consequence of the aging of the Baby Boomer generation. The chart above depicts this anticipated growth in Idaho and *in the US overall.*

Planning and Service Area II

PSA II: Population Growth Comparison			
Total Population in 2010	*Total Population in 2014	Total 60+ in 2010	*Total 60+ in 2014
105,310	**106,381**	**23,712**	**25,245**

*Data comes from the 2014 American Community Survey Estimates



The chart shows the PSA's older population as a proportion of each county's total population. Prepared by the Idaho Commission on Aging from the U.S. Department of Health and Human Services, Bridged-Race Population Estimate, Vintage 2014

ATTACHMENT N

AREA AGENCY ON AGING II

EMERGENCY PREPAREDNESS PLAN

TO MEET THE NEEDS OF SENIORS IN THE EVENT OF NATURAL OR MAN-MADE DISASTER OR OTHER WIDESPREAD EMERGENCY

The Idaho Commission on Aging (ICOA) is actively involved in the emergency management planning and operations of the State of Idaho as a supporting agency. The Administrator of ICOA has appointed a staff member as the Emergency Preparedness/Disaster Coordinator, and two other as the alternates. These individuals work with the Idaho Bureau of Homeland Security (BHS), state agencies and the regional Area Agencies on Aging (AAAs) to plan for and respond to the needs of seniors in an emergency event. The State of Idaho`s Executive Order No. 2010-09 and the Idaho Emergency Operations Plan assign specific emergency support activities to the ICOA and the AAAs in assisting and in supporting local and state government prior to and during emergencies and disasters.

As the primary agency, BHS notifies the appropriate persons/agencies and activates the Idaho Emergency Operations Plan (IDEOP). The ICOA supports with following functions:

- Assessing the needs of the elderly and homebound elderly including older individuals with access and functional needs.
- Coordinating senior services through the AAAs during natural or man-made disasters.
- Providing information/assistance to their clientele and the public.
- Coordinating senior citizen centers for shelter, mass feeding, and rest centers.
- Identifying homebound/isolated elderly clients.

The Administration for Community Living (ACL) and the Aging Network composed of State and AAAs, Native American Tribal Organizations, service providers and educational institutions have the legislative mandate to advocate on behalf of older persons and to work in cooperation with other federal and state programs to provide needed services. The authority and responsibility of ACL and the Aging Network to provide disaster services is found within the charge from the Older Americans Act to serve older persons in greatest need and from Title III, Sec. 310, and Disaster Relief Reimbursements, which provides for limited resources to fund disaster response services.

Older adults and people with disabilities are frequently overlooked during the disaster planning, response, and recovery process. Emergency management planning integrates older adults and people with disabilities of all ages—and their caregivers—into community emergency planning, response, and recovery. ACL provides the following link

http://www.acl.gov/Get_Help/Preparedness/Index.aspx with best practices to support the needs of older adults and people of all ages with disabilities during an emergency.

Statement of Understanding (SOU) between the American National Red Cross and The Administration on Aging further demonstrates the commitment and responsibility of the Aging Network to prepare for and respond in disaster relief situations. This SOU emphasizes the Aging Network's ability to perform two basic types of disaster assistance service, which are:

- Advocacy and Outreach – assuring that older persons have access to and the assistance necessary to obtain needed services, including locating older persons; getting medical attention if needed, including medications and assistive devices; assisting in the completion and filing of applications for financial and other assistance; and follow-up monitoring to assure needs are met.
- Gap-filling – to assure that needed services and follow-up are provided beyond the timeframes and restrictions of other relief efforts if necessary. OAA funds can be used for chore, homemaker, transportation, nutrition, legal, and other temporary or one-time only expenses which help older persons retain maximum independent living.

Methods of Cooperation agreed upon and encouraged in the *Statement of Understanding* include; disaster planning and preparedness, sharing statistical and other data on elderly populations, establishment of disaster advocacy and outreach programs, and making congregate and home delivered meals programs available to the general public during a disaster.

To help meet these obligations, to ensure business continuity and to meet the needs of older citizens in an emergency, the Area Agency on Aging is required to develop an emergency disaster plan, that supports ICOA`s emergency disaster plan.

Basic Components of an Area-Wide Disaster Plan:

1. Name, title, and contact information of AAA person responsible for implementation of area's Disaster Plan:

NAME	TITLE/POSITION	TELEPHONE / EMAIL
Jenny Zorens	AIIAA	208-798-4202/j.zorens@cap4action.org

2. Names, titles and duties of other AAA staff with Emergency Assignments:

NAME (AAA STAFF)	TITLE / POSITION	TELEPHONE Desk & Cell	EMERGENCY ASSIGNMENT
Lisa Stoddard	Executive Director	208-798-4207	Determine if CAP is operationally sound. Establish initial contact with CAP management staff/employees.
Jenny Zorens	AAA Director	208-972-4202 or 208-791-0691	Convene AAA staff as necessary at a safe, designated location, either at CAP/AAA or the designated alternative location at Disability Action Center, NW, Lewiston. If neither site is safe and inhabitable, the AAA Director will work with the LEPC to determine a safe location. AAA Director will serve as the primary contact between AAA and emergency personnel; secure safe and operational office space as need/s present; assess and monitor staff and staff assignments & readjust responsibilities as need indicates; assure coordination with and regular updates to the ICOA. AAA Director will respond to requests for information and assistance made by the LEPC to the best capacity of the AAA.
Rachelle Haag	I &A Supervisor	208-798-4201 or 208-790-1187	I & A Supervisor will oversee I & A staff tasks and assign task division. I & A will pull a report in the agency database, detailing clients who live in the area; Identify homebound, frail, disabled and/or vulnerable adults based on the Idaho Comprehensive Assessment Tool. AAA staff will manually identify every person in an affected area who is receiving direct services to evaluate their scores and vulnerability given the presenting disaster. Staff will provide Information and Assistance relating to the needs of elders, family caregivers & providers to law enforcement and the LEPC as needed. Staff will perform duties as assigned by AAA Director.
Stephanie Bodden	I &A Specialist	208-798-4201 or 208-305-7502	At the direction of the I&A Supervisor, the I & A Specialist will pull a report in the agency database, detailing clients who live in the area; Identify homebound, frail, disabled and/or vulnerable adults based on the Idaho Comprehensive Assessment Tool. AAA staff will manually identify every person in an

			affected area who is receiving direct services to evaluate their scores and vulnerability given the presenting disaster. Staff will provide Information and Assistance relating to the needs of elders, family caregivers & providers to law enforcement and the LEPC as needed. Staff will perform duties as assigned by AAA Director.
Richard Kremer	Adult Protection Supervisor	208-798-4197 or 208-791-5311	APS staff will be the primary staff to respond to elders and/or vulnerable adults one on one in their own homes to assist and refer to resources as need indicates. Discovery of people with emergency needs will be referred to an onsite emergency worker for assistance. Staff will perform duties as assigned by AAA Director.
Julie Christianson	Contract and Fiscal Specialist	208-798-4200 or 208-791-0015	Staff member will contact AAA contracted provider agencies to determine if in-home service needs are being met and to what degree. For example, are all HMD clients in a designated disaster area with or without meals/food? Are all Homemaker or Respite clients with or without in-home service workers? Staff member will coordinate with provider agencies and/or the LEPC to best assure that needs are met. Staff will perform duties as assigned by AAA Director.
Ruth McQuinn	Ombudsman	208-798-4195 or 208-791-1177	The Ombudsman is the primary contact for LTC facilities in an affected area. Staff will Identify LTC facilities in affected area and work with LTC staff and the LEPC to secure safety and care for residents at another NH, Assisted Living or Hospital, as requested. Staff will perform duties as assigned by AAA Director.

3. Alternate AAA business location if primary office is inaccessible or uninhabitable:

LOCATION NAME AND ADDRESS	**TELEPHONE / OTHER CONTACT NUMBERS**
Disability Action Center, NW—Lewiston 330 5th St, Lewiston, ID 83501	208-746-9033

4. Describe the AAA's process to have personal and community disaster preparedness information available for clients, services providers and the general public:

Proactive planning and education: Information and Assistance staff provide community presentations at senior housing complexes on a regular, monthly basis. The AAA distributes and has available at the AAA at least emergency preparedness guides for older citizens: *The Calm Before the Storm; It Could Happen To Me, and Fire Sense. These well-developed resources are provided by The Hartford Financial Services Group, Inc.*
Distribution of information to homebound individuals receiving AAA Services: The AAA will annually partner with in-home provider agencies and senior meal sites to assure access of homebound individuals to emergency preparedness information. Distribution will be coordinated with provider staff and Home Delivered Meal Volunteers.
Annually, the AAA invites an Emergency Preparedness planner to the AAA Advisory Council meeting or hosts an emergency planner at a meal site to provide information, education and to disseminate resources. In the Spring of 2017, for example, the AAA is partnering with the Lewis County Emergency Planner to specifically address Cascadia Rising.
Emergency Care Needs for individual/s requiring Long Term Care: The AAA has coordinated with long term care, LTC, centers to accommodate high risk adults typically living at home with assistance, and, who have had to evacuate in an emergency. In this kind of a situation, the AAA and the LTC center, upon learning of an at-risk adult, made it possible for short term admission and care of the individual until such time that it was safe for her and her caregiver to return home.

5. Local Emergency coordinators and Red Cross coordinators in EACH county or city with whom the AAA coordinates emergency planning for the needs of older citizens, and will collaborate during an emergency or disaster situation:

AGENCY NAME AND ADDRESS	COUNTY/ OTHER JURISDICTION	CONTACT NAME	PHONE / E-MAIL
Idaho Office of Emergency Management	North-Central Idaho	Robert Feeley	208-272-7470
Nez Perce County Emergency Coordinator	Nez Perce County	Bryant Wolfe	208-799-3084
Latah County Emergency Management	Latah County	Mike Neelon	208-883-2265
Lewis County Emergency Management	Lewis County	Bob West	Work: 208-937-2380 Cell: 208-553-1799
Nez Perce Tribe Emergency Manager	Nez Perce Tribe	John Wheaton	Work: 208-621-3760 Cell: 208-790-3619
Clearwater County Emergency Management	Clearwater County	Don Gardner	208-476-4064
Idaho County Disaster Management	Idaho County	Jerry Zumalt	208-983-3074

6. Included clauses in contracts, grants and agreements with service providers describing and assuring their response during a disaster or emergency.

Disaster/Emergency Response
In the event of an emergency or disaster, the Service Provider will have timely contact and collaborate with CAP/AAA on a coordinated response following the CAP/AAA Disaster Plan.
In the next contract period, the AAA will develop more detailed contract language during the first year of the Area Plan that specifically addresses emergency provider contact information and client safety and annual emergency disaster preparedness education and information.

7. List service providers of major programs (transportation, nutrition, homemaker, etc.) with whom the AAA will coordinate emergency services.

SERVICE PROVIDER NAME AND ADDRESS	COUNTY/ OTHER JURISDICTION	CONTACT NAME	PHONE / E-MAIL
Alternative Nursing Services, 1029 Main St., Lewiston, ID 83501	Clearwater Co., Idaho Co., Latah Co., Lewis Co., Nez Perce Co. Homemaker / Respite Care	Branden Beier	208-746-3050 beierb@ansidaho.com
Addus 1034 Main Street Lewiston, ID 83501	Clearwater Co., Idaho Co., Latah Co., Lewis Co., Nez Perce Co. Homemaker / Respite Care	Jay Ostvig	208-746-8881 jostvig@addus.com
City of Lewiston Operating in Lewiston Community Center and the Orchards United Methodist Church	Nez Perce County Congregate and Home Delivered Meals	Scot McGee	208-746-6983 seniornutrition@cityoflewiston.org
Clearwater County Senior Citizens 930 Michigan Avenue	Clearwater County Congregate and Home Delivered Meals	Deryl Ketchum	208-476-4238 theridgeman@orofino-id.com
COAST Transportation 210 S Main Street Colfax, WA 98111	Clearwater County, Idaho County Transportation	Craig VanTine	509-397-2935 cvantinecoast@gmail.com
Compassionate Care 150 126th Street Orofino, ID 83544	Clearwater Co., Idaho Co., Lewis Co., Nez Perce Co. Homemaker / Respite Care	Branden Beier	208-476-6326 beierb@ansidaho.com
Devins Homecare, LLP 221 W Main, #5 83530	Idaho County, Lewis County Homemaker / Respite Care	Eddie Devin	208-983-1237 dhc@mtida.net
Friendly Neighbors Senior Citizens, INC 412 Third St. Moscow, ID 83843	Latah County Congregate and Home Delivered Meals	Bill Terrio	208-822-1562 weterrio@gmail.com
Interlink Volunteers 817 A 6th St. Clarkston, WA 99403	Nez Perce Co., Latah Co. Volunteer Transportation, Minor Home and Chore Assistance	Deb Snyder	509-751-9143 debsnyder@qwestoffice.net
Kamiah Senior Center 1215 N Maple Street	Lewis County Congregate and Home	Mel Tuttle	208-935-0244 melrobin.tuttle@gmail.com

Kamiah, ID 83536	Delivered Meals		
Kendrick Senior Center 104 s. 6th Street Kendrick, ID 83537	Latah County Congregate and Home Delivered Meals	Lisa Kaschmitter	208-289-5031 myseniormeals@gmail.com
Nezperce Senior Center 501 Cedar Street Nezperce, ID 83543	Lewis County Congregate and Home Delivered Meals	Marjorie McCully	208-937-2465 wc1mc@q.com
Open Arms Home Care, LLC 1141 Webster St. Clarkston, WA 99403	Clearwater Co., Idaho Co., Latah Co., Lewis Co., Nez Perce Co. Homemaker / Respite Care	Michelle Parson	208-791-2386 openarmshc@outlook.com
Potlatch Senior Citizens 645 Pine St. Potlatch, ID 83855	Latah County Congregate and Home Delivered Meals	Vicki Schott	208-875-1071 v.schott@frontier.net
Salmon River Senior Citizens, INC. POB 1285 Riggins, ID 83549	Idaho County Congregate and Home Delivered Meals	Nightfeather Bogan	208-628-4147 nightfeather@frontiernet.net
Salmon River Transit POB 1285 Riggins, ID 83549	Idaho County Transportation	Nightfeather Bogan	208-628-2394 nightfeather@frontiernet.net
Senior Citizens Dollar a Month Club 108 N. State St. Grangeville, ID 83530	Idaho County, Lewis County Congregate and Home Delivered Meals	Dolores Kindall	208-962-3231 srnutrition@mtida.net
Seubert's Quality Home Care 1702 16th Avenue Lewiston, ID 83501	Clearwater Co., Idaho Co., Latah Co., Lewis Co., Nez Perce Co. Homemaker / Respite Care	Karen McKinley	208-743-1818 sqhclewiston@cableone.net
SMART Transit 1006 Railroad Street Moscow, ID 83843	Latah County Transportation	Tara LeGresley	208-883-7747 tara@r2transit.com
Sundance Services 710 NW 5th Street Grangeville, ID 83530	Idaho Co., Lewis Co., Homemaker / Respite Care	Esther Owen	208-983-0041 sundance.eo@gmail.com
Weippe Hilltop Senior Citiziens 115 1st Street West Weippe, ID 83553	Clearwater County Congregate and Home Delivered Meals	Tressa Soles	208-435-4553 tressasoles@yahoo.com

8. Describe the AAA's process to identify homebound, frail, disabled, isolated and/or vulnerable clients who may need assistance in the event of a man-made or natural disaster:

The AAA collects certain client data during a client service assessment. The AAA can query the database for clients who receive service in (an affected) disaster zone. In the event of a disaster or perceived disaster, AAA staff can identify clients who live in the area, and, identify homebound, frail, disabled and/or vulnerable adults based on the Idaho Comprehensive Assessment Tool data collected.
In the event of a disaster, the AAA will attempt to contact all consumers receiving AAA services
The AAA does not have the capability to track consumers reliant on durable medical equipment, oxygen and/or drugs.
Staff will provide Information and Assistance relating to the needs of elders, family caregivers & providers to law enforcement and the LEPC as needed, based on the collected data in a client assessment.

9. Provide a process for "call downs" to service providers, nursing homes and residential care facilities, individual case management clients, etc., to check on their preparedness status and welfare in the event of an emergency:

A call down is a series of telephone calls from one person to the next used to relay specific information. An established and exercised call down protocol will be used during emergency situations to deliver urgent information to and for communication among members and staff. Please defer to the AAA staff call down procedure in #2 above, which indicates the name, title and duties of Community Action Partnership/Area Agency on Aging.

10. Describe the AAA's process for intake and recording of information about the disaster related needs of older people, providing access to needed services, and follow-up during and beyond the recovery period.

The capability and extent of assistance that the AAA can provide, in case of a disaster or emergency, is very limited. The AAA is primarily of greatest assistance in disaster relief, assistance and follow-up services to older adults and family caregivers. The AAA recognizes that the first 24 hours of a disaster or emergency are key to accessing relief and assistance. In case of a disaster or emergency the following information should be recorded on any known victims:

- Name
- Home address
- Telephone number, if working
- Known health conditions
- Next of kin and telephone number
- Nature of need
- Location of individual if not at home

The AAA understands that the above information should be relayed to local emergency personnel as quickly as possible. The AAA Director and the Administrator of the Idaho Commission on Aging should be made aware of all efforts accomplished by the AAA and local emergency personnel as soon as possible.
It is imperative any contracted nutrition providers who provide commodities or meals during a disaster or emergency, maintain accurate records of what was provided to

whom, when, and under what circumstances and at whose direction. The AAA understand that these services are reimbursable by the federal government if properly authorized and that good records to make a claim are required.
The AAA involved must be able to indicate how many older persons receiving AAA services are known to be residing in a given area and submit this information onto the Idaho Commission on Aging.

11. Describe the AAA's process for staff and service providers to record employee's time and expenses associated with disaster related activities (see example below: necessary to apply for reimbursement in the event of a presidential disaster declaration):

Authorized Peron's Name: _____

Date	Time Worked	Emergency Purchases Made	Purpose of Purchase	Costs of Emergency Purchase	Personnel Miles Driven	Store Purchase made and Location	Receipt Required	Instructions & information	Instructions Came From

12. Describe activities the AAA will undertake during the contract period to expand emergency preparedness of the Aging Network within the PSA (i.e. attend LEPC meetings, work with local emergency management officials to advocate for inclusion of older citizens' needs in emergency planning, establish CERT Training in senior centers, make 72-hour kits available for homebound clients, establish "call-down' lists and procedures to be used during emergencies, include emergency preparedness activities in contracts with providers, etc.)

The AAA will attend Local Emergency Management Meetings and offer Emergency Preparedness education in congregate settings, as well as to elders, homebound elders and family caregivers.
The AAA will update our call down roster annually.
AAA will require in contract in the next contract renewal, that all senior meal sites in the PSA, identify person who wish to become CERT trained.
AAA will work with the LEPC to assist senior centers to develop a call down procedure.

Emergency Preparedness for Idahoans

Idaho is a state with a large area. Idaho's most noteworthy natural disasters are flooding, wildfires and earthquakes, according to a report released by the Idaho Bureau of Homeland Security. Being prepared for any disaster could save time and lives.

Stocking up now on emergency supplies can add to your safety and comfort during and after any natural disaster. Store enough supplies for at least 72 hours.

Emergency Supply Checklist:

Survival

- Water-2 quarts to I gallon per person per day
- First aid kit, freshly stocked
- Food {packaged, canned, no-cook and baby food and food for special diets)
- Blankets or sleeping bags
- Portable radio flashlight and spare batteries
- Essential medication and glasses
- Fire extinguisher
- Money

Sanitation Supplies

- Soap and liquid detergent
- Toothpaste and toothbrushes
- Feminine and infant supplies
- Toilet paper
- Household bleach

Personal

- ID
- Will
- Insurance
- Credit cards
- Passport
- Green card
- Family records

Safety and Comfort

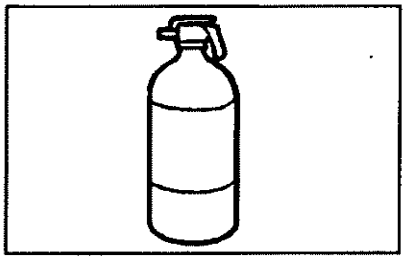
- Sturdy shoes
- Heavy gloves for clearing debris
- Candles and matches
- Knife or razor blades
- Tent
- Gun and ammunition

Cooking & Tools

- Camp stove, propane appliances
- Fuel for cooking (camp stove fuel, etc.)
- Paper towels
- Pot for cooking
- Shovel and chainsaw

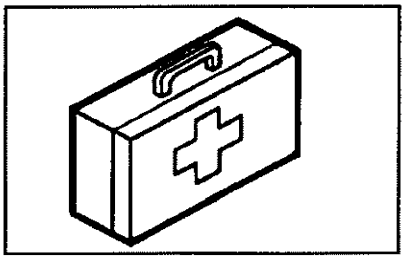
Emergency Supplies to Be Stored:

After a major earthquake, electricity, water and gas may be out of service. Emergency aid may not reach you for several days. Make sure you have the following items in your home, at your office or in your car.



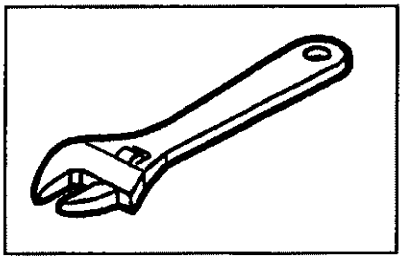
Fire extinguisher

Your fire extinguisher should be suit-able for all types of fires and should be easily accessible.



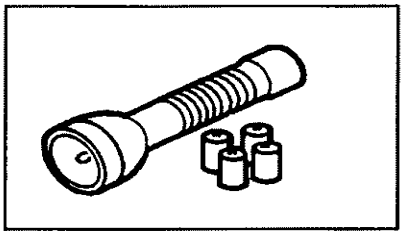
First aid kit

Put your first aid kit in a central location and include emergency instructions.

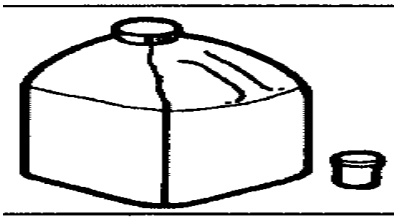


Wrench

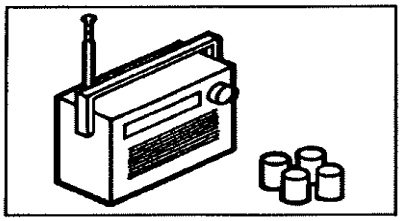
Have crescent or pipe wrench to turnoff gas and water valves if necessary.



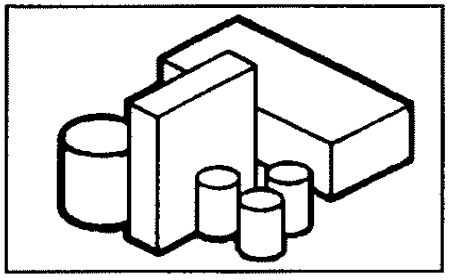
Flashlight and extra batteries: Keep flashlights in several locations in case of a power failure. Extra bat-teries last longer if you keep them in the refrigerator.



Water and disinfectant Store several gallons of water for each person. Keep a disinfectant such as iodine tablets or chlorine bleach to purify water if necessary.

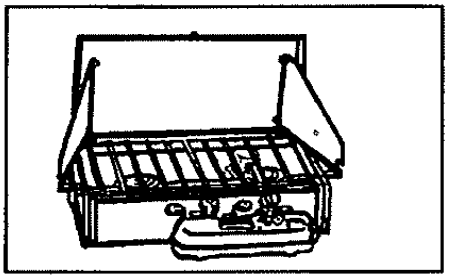


Radio and extra batteries Transistor radios will be useful for receiving emergency broadcasts and current disaster information.

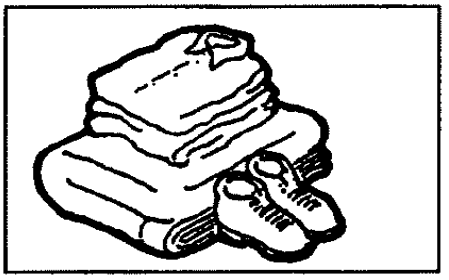


Dry or canned food

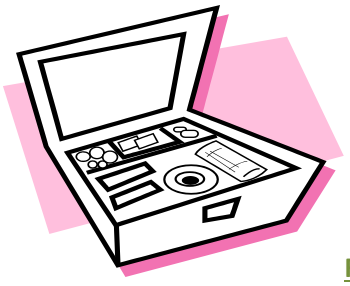
Store a one-week supply of food for each person. It is preferable to store food that does not require cooking.



Alternate cooking source Store fuels and appliances and matches for cooking in case utilities are out of service.



Blankets, clothes and shoes Extra blankets and clothing may be required to keep warm. Have shoes suitable for walking through debris.



Recommended Items to Include in a Basic Emergency Supply Kit:

- Water, one gallon of water per person per day for at least three days, for drinking and sanitation.
- Food, at least a three-day supply of non-perishable food.
- Battery-powered or hand crank radio and a NOAA Weather Radio with tone alert and extra batteries for both.
- Flashlight and extra batteries.
- Rain proved matches and a candle.
- First aid kit.
- Whistle to signal for help.
- Moist towelettes, garbage bags.
- Wrench or pliers to turn off utilities.
- Cell phone with solar charger or Spot unit.

Additional Items to Consider Adding to an Emergency Supply Kit:

- Prescription medications and glasses.
- Infant formula and diapers.
- Pet food and extra water for your pet.
- Sleeping bag or warm blanket for each person.
- Household chlorine bleach and medicine dropper- When diluted nine parts water to one ppart part bleach, bleach can be used as a disinfectant. Or in an emergency, you can use it to treat water by using 16 drops of regular household liquid bleach per gallon of water. Do not use scented, color safe or bleaches with added cleaners.

Pandemic Influenza &Emergency Preparedness:

Pandemic Flu

Pandemic Flu
Rarely happens (three times in 20th century)
People have little or no immunity because they have no previous exposure to the virus
Healthy people may be at increased risk for serious complications
Health care providers and hospitals may be overwhelmed
Vaccine probably would not be available in the early stages of a pandemic
Limited supplies http://www.cdc.gov/flu/antivirals/whatyoushould.htm
Number of deaths could be high (The U.S. death toll during the 1918 was approximately 675,000 http://wwwnc.cdc.gov/eid/article/12/1/05-0979_article)
Symptoms may be more severe
May cause major impact on the general public, such as widespread travel restrictions and school or business closings
Potential for severe impact on domestic and world economy

Plan for a Pandemic:

- Store a two week supply of water and food. During a pandemic, if you cannot get to a store, or if stores are out of supplies, it will be important for you to have extra supplies on hand. This can be useful in other types of emergencies, such as power outages and disasters.
- Periodically check your regular prescription drugs to ensure a continuous supply in your home.
- Have any nonprescription drugs and other health supplies on hand, including pain relievers, stomach remedies, cough and cold medicines, fluids with electrolytes, and vitamins.
- Talk with family members and loved ones about how they would be cared for if they got sick, or what will be needed to care for them in your home.
- Volunteer with local groups to prepare and assist with emergency response.
- Get involved in your community as it works to prepare for an influenza pandemic.

Make a Pet Disaster Supply Kit:

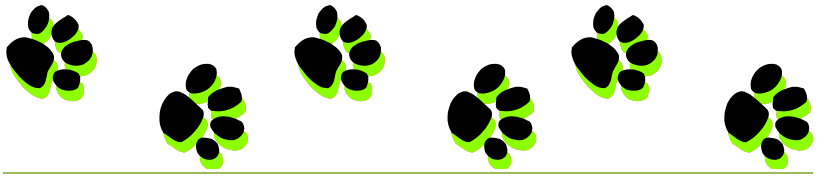
Your pet depends on you for care after a disaster. The following are items you should place in a pet disaster supply kit. Prepare your kit before a disaster occurs.

Pet Emergency Supplies:

- Sturdy crate as a pet carrier.
- Identification tag containing accurate, up-to-date information.
- A sturdy leash.
- Food and water for at least three days.
- Large plastic bags for cat litter disposal and dog clean up.
- Prescriptions and special medications.
- A copy of your pet's veterinary records.
- Recent photo of your pet.
- Blankets.
- Phone number of the local emergency veterinary clinic.
- Phone number of your local and county animal shelter.

Pet First Aid:

- Large and small bandages.
- Tweezers.
- Q-tips.
- Antibiotic ointment.
- Scissors.
- Elastic tape.
- Ear cleaning solutions.



Information Specific for people who are deaf or hard of hearing:

Hearing Aides

- Store hearing aid(s) in a consistent and secured location so they can be found and used after a disaster.

Batteries

- Store extra batteries for hearing aids and implants. If available, store and extra hearing aid with your emergency supplies.
- Maintain TTY batteries. Consult your manual for information.
- Store extra batteries for your TTY and light phone signaler. Check the owner's manual for proper battery maintenance.

Communication

- Determine how you will communicate with emergency personnel if there is no interpreter or if you don't have your hearing aids. Store paper and pens for this purpose.
- Consider carrying a pre-printed copy of important messages with you , such as: "I Speak American Sign Language (ASL) and need an ASL interpreter.
- If possible obtain a battery-operated television that has a decoder chip for access to signed or captioned emergency reports.
- Determine which broad casting systems will be accessible in terms of continuous news that will be captioned and/or signed. Advocate so that television stations have a plan to secure emergency interpreters for on-camera emergency duty.

Special Considerations for Those with a Disability:

- Find two friends or family members that would be willing to help you in the event of evacuation and know how to operate equipment you might need.
- Learn what to do in case of power outages and personal injuries. Know how to connect or start a back-up power supply for essential medical equipment.
- Learn your community's evacuation routes.
- Listen to battery-operated radio for emergency information.

Disaster Supply Kit:

- In addition to the general supply kit listed above persons with disabilities might want to include:
- Extra wheelchair batteries, oxygen, medication, catheters, food for guide or service dogs, or other special equipment you might need.
- A stock of non-perishable food items that may be necessary for diet restrictions.
- A list of the style and serial numbers of medical devices such as pacemakers.
- Store back-up equipment, such as a manual wheelchair, at your neighbor's home, school, or your workplace.
- If preparation is done ahead of time the following are suggestions on how you can prepare for an evacuation easier in regards to special consideration when caring for persons with disabilities and elderly caring for those with special needs:

Special Checklist Considerations:

- Remember your special needs family member or friend is under stress and may be preoccupied during the event of an evacuation and may not pack everything they need. Following is a checklist of important items to remember in an evacuation in addition to the checklist stated above.
- Have a list of all prescription medications; times they are to be take, and an extra supply of this medication.
- Have the names and phone numbers of their doctors, pharmacy and home health agency.
- Pack all of their personal hygiene articles, including denture cleansers and adhesives.

When Do You Get Involved?

Citizen Corps actively involves citizens in making our communities and our nation safer, stronger, and better prepared. We all have a role to play in keeping our hometowns secure from emergencies of all kinds. Citizen Corps works hard to help people prepare, train, and volunteer in their communities. **What role will you play?** Being ready starts with you, but it also takes everyone working together to make our communities safer. Citizen Corps provides a variety of opportunities for you to get involved. You can provide valuable assistance to local fire stations, law enforcement, emergency medical services, and emergency management. Get connected to disaster volunteer groups through your local Citizen Corps Council, so that when something happens, you can help in an organized manner. Citizen Corps programs build on the successful efforts that are in place in many communities around the country to prevent crime and respond to emergencies. You can join the Citizen Corps community by:

- Volunteering for local law enforcement agencies through the Volunteers in Police Service (VIPS) Program.
- Being part of a Community Emergency Response Team (CERT) to help people immediately after a disaster and to assist emergency responders.

For further information go to:

www.citizencorps.gov

www.fema.gov

www.bhs.gov

The next time disaster strikes, you may not have much time to act. Prepare yourself for a sudden emergency. Learn how to protect yourself and cope with disaster by planning ahead. This will help you get started. Discuss these ideas with your family, and then prepare an emergency plan. Post the plan where everyone will see it. For additional information about how to prepare for hazards in your community, contact your local emergency management or civil defense office and American Red Cross chapter.

Emergency Checklist:

- Call your Emergency Management Office or American Red Cross Chapter.
- Find out which disasters could occur in your area.
- Ask how to prepare for each disaster.
- Ask how you would be warned of an emergency.
- Learn your community`s evacuation routes.
- Ask about special assistance for children, elderly or disabled persons.
- Ask your workplace about emergency plans.

Create an Emergency Plan:

- Meet with household members to discuss emergency cases.
- Find the safe spots in your home for each type of disaster.
- Show family members how to turn off the water, gas and electricity at main switches when necessary.
- Have emergency phone numbers near to you.
- Teach persons when and how to use 911.
- Pick an emergency meeting place.
- Take a First Aid and CPR class.

Attachment O

Need to Plan in Advance for LTC

Long Term Care Planning Information

As we grow older and our health needs increase, we prefer services in our own homes. Fortunately, more and more services are now available. Below is a list of services that include: a brief description of each service and some groups or organizations that can provide the service. Please note that some services may have a fee, while other services are free or encourage donations. ***Some fees may be paid for by Medicare, private insurance, Medicaid or private pay.*** Please contact your local **Area Agency on Aging** for more information: **AIIAA Lewiston Office: 208-743-5580 or 1-800-877-3206.**

Emergency Telephone Service Connection: A special telephone line connected to a call center to call identified friends or relatives in cases of emergency.

Provided by: 1. Private providers: Walmart; LifeAlert, AssureLink, Phillips Lifeline, etc. (*private pay, Medicaid/HCBS if eligible*)

Or 2. Private Telephone Service set up (*private pay*)

Assistive Technology: Devices used to increase, maintain, or improve the functional capabilities of individuals with disabilities.

Provided by: 1. Area Agency on Aging-Durable Medical Equipment Loan Closet *(free)*

2. Idaho Assistive Technology Project; Idaho Assistive Technologies for All *(free/low cost)*

Or 3. Private organizations or businesses *(Medicare, VA)*

Homemaker: A program to assist an eligible person with housekeeping, meal planning and preparation, essential shopping and personal errands, banking and bill paying, medication management, and, with restrictions, bathing and washing hair.

Provided by: 1. Area Agency on Aging (*sliding fee scale)*

Or 2. Private individuals/organizations (*private pay*, *Medicaid/HCBS, VA*)

Chore Service: A program to improve the individual's safety at home or to enhance the client's use of existing facilities in the home. Chore includes helping with routine yard work, sidewalk maintenance, heavy cleaning, or minor household maintenance to persons who have functional limitations that prohibit them from performing these tasks.

Provided by: 1. Interlink, Palouse Habitat for Humanity *(free)*

2. Local Service organizations/groups: LC Crew *(free/donation)*

or 3. Private individuals or businesses *(private pay, Medicaid/HCBS)*

Minor Home Modification: A program to facilitate the ability of older individuals to remain safely at home. Types of modification may include: bathroom grab bars, handrails for outdoor steps, materials to help build wheelchair ramps, etc.

Provided by: 1. USDA, Habitat for Humanity, Disability Action Center *(free/low cost)*

Or 2. Private individuals or businesses *(private pay)*

Home Delivered Meals: A program to provide meals five or more days a week (except in a rural area where such frequency is not feasible) and at least one meal per day, which may consist of hot, cold, frozen, dried, canned, fresh, or supplemental foods.

Provided by: 1. Local Senior Center (*donation, Medicaid/HCBS)*

or 2. Private companies/restaurants/people (*private pay)*

Respite & Adult Day Care: A program that gives family members who are caring for an ill parent or spouse a needed break so they can rest or do other things. Respite provides a care giver in the home. Adult day care requires the ill person to go to an appropriate care facility.

Provided by: 1. Area Agency on Aging (*free*)

or 2. Private individuals/organizations (*private pay, Medicaid/HCBS, VA*)

Case Management: A program for eligible older individuals and disabled adults, at the direction of the older individual or a family member of the older individual, to assess the needs of the person and to arrange, coordinate, and monitor an optimum package of services to meet those needs.

Provided by: 1. Area Agency on Aging (*free)*

2. Private individuals/organizations (*Medicare, Medicaid, or private pay, VA)*

Home Health: A program that provides skilled nursing care; physical, occupational, or speech therapies; may also include bathing and/or dressing assistance. Home health is offered by various private organizations offering home health care programs. Each program has different requirements and offers different services. *(The program may be paid for by Medicare, Medicaid, private insurance or private pay.)*

Medicare is the health insurance program administered by the FEDERAL government that may pay for this program in full, if you meet all the requirements. Home Health requirements include:

1. a Doctor's order;

2. the need for a skilled medical need (e.g. skilled nurse, physical therapy, diabetic education, etc.);

3. the skilled need must be ordered for a limited time; and

4. you must be homebound.

Private health insurance may cover certain parts of home health. Check your policy.

Personal Care Services (PCS): A program that may provide several services including: bathing, dressing, grocery shopping, housekeeping, meal preparation, medication monitoring, exercise, etc. There are various private organizations offering personal care programs. Each program has different requirements and offers different services. *(The program may be paid for by Medicaid, VA, private insurance or private pay.)*

Medicaid is the health insurance administered by the State of Idaho. ***Medicaid*** may pay for Personal Care Services if you already have a Medicaid Card or if you need a combination of the above services to prevent you from going into a nursing home. This Medicaid program is called the **Home and Community Based Services (HCBS) Program.** This program allows aged or disabled individuals to receive services in their home, preventing nursing home placement. The program requirements include: (1) need for care, (2) a limited **individual** monthly income and (3) limited resources. This program has other names such as: an alternative to nursing home care, custodial care, chronic care, or the Medicaid Aged and Disabled "Waiver Program". **Please be aware that there are special rules for couples, if only one spouse needs care.** Also, be aware that certain resources are exempt such as the house you live in, your car and certain irrevocable burial plans. Contact your local Health & Welfare Office at 1-866-818-6463 for information and an application.

Private insurance may cover certain portions of personal care service. Check your policy.

Veterans Administration has a special program called "Aid and Attendance". If you are a veteran or your spouse was a veteran contact your local Veterans Affairs Office to see if you are eligible.

Private Pay: Once all other options are exhausted most of these services are available through private pay.

Hospice: This is a team approach to care for a terminally ill person and their family. These services are offered by Home Health and Hospice Agencies. Services are available in homes, assisted living centers and skilled nursing facilities. (*Medicare, Medicaid, insurance and/or donation.*)

Attachment P

List of Public and Private LTC Programs, Options, Service Providers & Resources

The following facilities provide assisted living care for older people, people with a diagnosis of dementia, people with physical disabilities or people with a mental health diagnosis, within these five counties. The Bureau of Facility Standards, in cooperation with the Centers for Medicare/Medicaid Services (CMS) and the Department of Health and Welfare, licenses and certifies health care providers/suppliers following state and federal regulatory requirements, as applicable. The Bureau also conduct complaints investigations relating to these providers/suppliers. Facility survey results can be found at: www.facilitystandards.idaho.gov.
The Bureau can be contacted at:
PO Box 83720
Boise, ID 83720-0009
(208) 334-6626 then Option 5
Email: fsb@dhw.idaho.gov

Licensed Residential and Assisted Living Facilities
Area II includes: Latah, Clearwater, Nez Perce, Lewis, and Idaho Counties

Clearwater County

Brookside Landing
431 Johnson Avenue
Orofino, ID 83544
208-476-2000
Contact: Daniel Dunham

Idaho County

B&B Residential Care
261 Big Buck Road
Kooskia, ID 83539
208- 926-0049
Contact: William and Barbara Shobe

Meadowlark Home I
709 W North 2nd St
Meadowlark Home II
Grangeville, ID 83530
208-983-3793
Contact: Diane Walker

Latah County

Good Samaritan Village
640 N. Eisenhower St.
Moscow, ID 83843
208-882-6560
Contact: Tammie Poe

Cottonwood Shelter Home
210 Foster Ave.
Cottonwood, ID 83522
208-962-8672
Contact: Susan Silvers

Lakeside Homes
605 Joseph
Winchester, ID 83555
208-924-6248
Contact: Brian Bagley

Nez Perce County

Golden Girls Manor
214 Larkspur Lane
Lewiston, ID 83501
208-798-1933
Contact: Pat Fowler

Pleasant Valley Residential Care
1911 17th Avenue
Lewiston, ID 83501
208-743-0026
Contact: Joy Cook

Serenity Place
1917 17th Avenue
Lewiston, ID 83501
208-743-5322
Contact: Joy Cook

Royal Plaza Care Center
2870 Juniper Drive
Lewiston, ID 83501
208-746-2855
Contact: Mary Egeland

Brookdale
2975 Juniper Drive
Lewiston, ID 83501
208-746-8676
Contact: Hope Brackett

Wedgewood Terrace
2114 Vineyard Avenue
Lewiston, ID 83501
208-743-4545
Contact: Tina Mielke

Unique Senior Care
1639 Birch Avenue
Lewiston, ID 83501
208-746-1077
Contact: Amy or Kelley Knapp

Living Spring Residential Care
1050 Hemlock Drive
Lewiston, ID 83501
208-743-2685
Contact: Pat Fowler

Lewis-Clark Care Center
1633 10th Avenue
Lewiston, ID 83501
208-743-1167
Contact: Ron Stoffer

Joyce's Orchards Residential Care
615 Cedar Ave
Lewiston, ID 83501
208-746-5695
Contact: Joy Cook

Guardian Angel Homes
2221 Vineyard Avenue
Lewiston, ID 83501
208-743-6500

Lewis County

Haven of Rest
3362 Willow Street
Kamiah, ID 83536
208-935-2954
Contact: Dot Bailey

Attachment Q

Grievance Policies for denial and termination of service

Appeals Template 1 for Denials

PSALogo

Datexx

PSAAddressxx

Namexx

Addressxx

Dear Applicant,

Recently you contacted our agency for ServiceType service, but were determined ineligible because ReasonForDenial

If you disagree with this decision, please submit a written appeal's letter to the AAA Director requesting reconsideration within 30 days of receiving the denial notification. The AAA Director will review the appeal and all related documentation and make a decision within 10 business days of receiving the letter.

If the dispute remains unresolved, you may file your appeal with the Idaho Commission on Aging (ICOA) within 30 days following the AAA Director's decision. ICOA will establish a complaint file containing all participant case information: the appeals statement, chronological log of events, relevant correspondence, and a record of the resolution attempted. Depending on the nature of the complaint, the ICOA Administrator will render a final determination.

PSAxx

PSAAddressxx

PSAPhone

Idaho Commission on Aging

PO Box 83720, Boise, ID 83720-0007

(208)-334-3833 Fax: 208-334-3033

icoa@aging.idaho.gov

Appeals Template 2 for Terminations

PSALogo

Datexx

PSAxx

PSAAddressxx

Namexx

Addressxx

Dear Applicant,

You have been receiving ServiceType service, and this letter is to inform you that your service will be discontinued on **Enter Day/Month/Year** because ReasonForTermination

If you disagree with this decision, please submit a written appeal's letter to the AAA Director requesting reconsideration within 30 days of receiving the denial notification. The AAA Director will review the appeal and all related documentation and make a decision within 10 business days of receiving the letter.

If the dispute remains unresolved, you may file your appeal with the Idaho Commission on Aging (ICOA) within 30 days following the AAA Director's decision. ICOA will establish a complaint file containing all participant case information: the appeals statement, chronological log of events, relevant correspondence, and a record of the resolution attempted. Depending on the nature of the complaint, the ICOA Administrator will render a final determination.

PSAxx

PSAAddressxx

PSAPhone

Idaho Commission on Aging

PO Box 83720, Boise, ID 83720-0007

(208)-334-3833 Fax: 208-334-3033

icoa@aging.idaho.gov

Attachment R

Community Needs Assessments and AAA Consumer Satisfaction Survey

2016 Community Health Needs Assessment

St. Joseph Regional Medical Center

United Way Twin County United Way

Public Health Idaho North Central District

Introduction

We are pleased to release the 2016 Community Health Needs Assessment (CHNA) for Public Health – Idaho North Central District. This report is a joint CHNA between Public Health, St. Joseph Regional Medical Center and Twin County United Way. This effort included updating key health indicators tailored to our community, and creating and conducting a public survey and listening sessions to understand the community members' concerns with health, education and income issues in our region.

The assessment continues to affirm that the health status of our region is very positive and compares favorably to our state and nation on many health indicators. It also shows more could be done in certain areas. Several opportunities for improving residents' overall health and wellness were identified, and through community process we will focus on three major social determinants: Health, Education and Income. Nearly every resident is touched by one or more of these issues, with our vulnerable populations often bearing a disproportionate burden. While the focus of our Community Health Improvement Plan will be these three major social determinants, it is critical that we continue the ongoing work in our communities that address the many social determinants of health.

We extend our thanks to the many community organizations that contributed to this effort and who provide valuable services every day to health keep our community healthy. In keeping with our community's tradition of strong inter-organizational collaboration, key leaders and organizations in the community have committed to addressing the priority issues identified in this community health needs assessment. Working together we can have lasting and meaningful effects on the health of our community.

Carol M. Moehrle
Director
Public Health – Idaho North Central District

Executive Summary

The 2016 Community Health Needs Assessment (CHNA) focused on Health, Education and Income and was accomplished through a collaborative effort spearheaded by the Twin County United Way, St. Joseph Regional Medical Center and Public Health – Idaho North Central District. The Community Health Needs Assessment was conducted in a five-county area of North Central Idaho encompassing Clearwater, Idaho, Latah, Lewis, and Nez Perce counties and one bordering eastern Washington County; Asotin. Nearly 2,000 respondents provided input via a survey and dozens of individuals provided input through community conversations and community engagement. A very special thank you is owed to all the volunteers, survey respondents and individuals who contributed to this project.

The CHNA is intended to identify the health, education and income needs and issues of the region and to provide useful information to public health, hospitals, health care providers, policy makers, collaborative groups, social service agencies, community groups and organizations, churches, businesses and consumers who are interested in improving the health and overall status of the community and region. Joining forces helps ensure that good use is being made of our community's charitable resources by identifying the most urgent needs of the underserved. In turn, this maximizes effort by reducing costs and coordinating research findings into a comprehensive document for use by others.

The following are the top three identified needs from each category that emerged from the findings of the Community Health Needs Assessment:

ASSESSED NEEDS	HEALTH	EDUCATION	INCOME
TOP NEED	Overweight/ Obesity & Chronic Diseases (Diabetes, Heart Disease, Obesity)	Post High School/ College Opportunities	Affordable Housing
2ND HIGHEST	Health Insurance	Tutoring for At-Risk	Food Assistance
3RD HIGHEST	Mental Health	Before & After School Options	Managing Finances/ Employment Assistance

The results of this collaborative assessment reveals several opportunities for improvement in a variety of areas enabling organizations to more strategically establish priorities, develop interventions and commit resources. The selected areas will provide many opportunities for community groups, working together, to make the biggest impact on the community's health, education & income. The following pages provide some of the information necessary to make informed decisions and set priorities.

Demographic Snapshot

This Community Health Needs Assessment: (CHNA) focused on the overlapping service areas of St. Joseph Regional Medical Center, Public Health – Idaho North Central District, Gritman Medical Center, St. Mary Hospital, Clearwater Valley Hospital, Syringa Hospital and the Twin County United Way, which includes the five North Central Idaho Counties: Clearwater, Idaho, Latah, Lewis and Nez Perce, as well as the Washington County: Asotin. Collectively these 6 counties represent nearly 130,000 people, of which 93% are White, 49% female and 18% over the age of 65 years. Within these counties, over 60% of the population resides in either Nez Perce or Latah County, wherein Lewiston, ID and Moscow, ID are located.

People QuickFacts[1] July 1, 2014 Unless otherwise Indicated	**Asotin**	**Clearwater**	**Idaho**	**Latah**	**Lewis**	**Nez Perce**	**Totals/ Average**
Population Estimates, July 1, 2015	22,105	8,496	16,272	38,778	3,789	40,048	129,488
Median Income Per Person (in 2014 dollars), 2010-2014	$24,836	$20,154	$19,527	$22,575	$21,542	$24,570	$23,006
Median household income (in 2014 dollars), 2010-2014	$42,689	$39,750	$38,320	$41,944	$36,159	$46,608	$42,733
Persons in poverty % below federal poverty level	16%	17%	16%	20%	14%	15%	17%
Persons under 18 years	21%	16%	20%	19%	23%	22%	20%
Persons 65 years and over	21%	25%	24%	12%	24%	19%	18%
Female persons	52%	45%	48%	49%	50%	51%	49%
White Only	94%	94%	94%	93%	90%	90%	93%
Persons without health insurance Under age 65 years	15%	20%	22%	16%	23%	16%	17%

[1] www.census.gov

Health Concerns

#1: OVERWEIGHT/OBESITY & CHRONIC DISEASES

The number 1 ranked health concern among all respondents, those without health insurance and those with income less than $50,000 is Overweight/ Obesity. Closely tied to obesity is chronic diseases, which is the 3rd highest health need among respondents with income less than $50,000 and those without health insurance.

HEALTH CONCERNS BY RANK*	All Respondents	Income less than $50,000	No Insurance
Overweight/Obesity	1	1	1
Treatment for Chronic Diseases (Diabetes, Heart Disease, Obesity)	4	3	3

The rate of obesity raises concern because of its implications for the health of Americans. Obesity increases the risk of many diseases and health conditions including[2]:

- Coronary Heart Disease
- Cancers (endometrial, breast, and colon)
- Osteoarthritis
- Liver and Gallbladder Disease
- Dyslipidemia (high total cholesterol or high levels of triglycerides)
- Type-2 Diabetes
- Hypertension (high blood pressure)
- Sleep Apnea and Respiratory Problem
- Gynecological Problems
- Stroke

Diabetes is the seventh leading cause of death in Idaho and about one third of Idaho adults living with diabetes do not know they have the disease[3]. Effectively managing diabetes will help Idahoans living with the disease lead more productive and healthier lives. An estimated 100,000 Idaho adults, or 8.4% of the adult population, live with diabetes and an estimated 84,000 Idaho adults, or 7.5% of the adult population, live with pre-diabetes.

HEALTH FACTORS BY COUNTY[4]	Clearwater	Idaho	Latah	Lewis	Nez Perce	ID State	Asotin	WA State	US Median
Adult obesity Percent of adults that report a BMI >= 30	29%	27%	27%	29%	32%	28%	32%	27%	31%
Food Environment Index Measure ranging from 0 (worst) to 10 (best)	6.3	5.8	6.7	5.7	7.4	7.1	7.3	7.5	7.2
Access to exercise opportunities % of the population with adequate access to locations for physical activity	21%	59%	66%	40%	79%	75%	73%	88%	62%
Diabetic monitoring — Percent of diabetic Medicare enrollees that receive HbA1c screening	83%	81%	88%	82%	84%	82%	82%	86%	85%

[2] NHLBI. 2013. Managing Overweight and Obesity in Adults: Systematic Evidence Review from the Obesity Expert Panel. http://www.nhlbi.nih.gov/sites/www.nhlbi.nih.gov/files/obesity-evidence-review.pdf

[3] Idaho Department of Health and Welfare, Division of Public Health, Get Healthy Idaho, 2015

[4] www.countyhealthrankings.org

#2: HEALTH INSURANCE

The second highest ranking health concern among all respondents, those without health insurance and those with income less than $50,000 was health insurance. This indicates that even those with health insurance acknowledge that a lack of health insurance is a leading need in the community.

HEALTH CONCERNS BY RANK*	All Respondents	Income less than $50,000	No Insurance
Health Insurance	2	2	2

Nearly one in five people in the service area are without Health Insurance (19%). Compared to people with health insurance, uninsured children and adults experience worse health and die sooner. Families can suffer emotionally and financially when even a single member is un- or under insured. Lack of health insurance at the community level is associated with financial instability for health care providers and institutions, reduced hospital services and capacity, and significant cuts in public health programs, which may diminish access to certain types of care for all residents, even those who have adequate coverage. The nation as a whole is economically disadvantaged as a result of the poorer health and premature death of uninsured Americans. The Institute of Medicine estimated the lost economic value of uninsurance is between $65 billion and $130 billion annually. [5]

HEALTH FACTORS BY COUNTY*	Clearwater	Idaho	Latah	Lewis	Nez Perce	ID State	Asotin	WA State	US Median
Uninsured adults — Percent of population under age 65 without health insurance	20%	22%	16%	23%	16%	19%	15%	16%	17%

Within the service area there is a significant difference in uninsured rates between Asotin County, located in Washington State, and all other counties located in Idaho. This is likely due to the expansion of Medicaid in Washington and not in Idaho.

5 *(Institute of Medicine. 2004. Insuring America's Health. Washington, DC: National Academy Press, p. xi)*

#3: MENTAL HEALTH & DRUG/ ALCOHOL USE

Mental health services and drug/alcohol prevention, education and treatment were both ranked in the top half of health concerns of all respondents. Mental health was the third highest rank of health concerns. 16 percent of respondents, or more than one in six people, reported a need for mental health services over the last year and nearly that many who needed care did not receive it. While only three percent of respondents indicated a need for drug/alcohol prevention, education & treatment, 33% of those who needed that care did not receive it. Mental health also has an impact on income concerns and is the 2nd highest need within the income category, specifically getting help for mental illness.

HEALTH CONCERNS	BY RANK All Respondents	% Needing Care	% Did Not Receive Needed Care
Mental Health Services	3	18%	16%
Drug/ Alcohol Prevention, Education & Treatment	6	3%	33%
INCOME CONCERNS	BY RANK-All Respondents		Income less than $50,000
Getting Help for Mentally Ill	2		5

The National Bureau of Economic Research (NBER) reports that there is a "definite connection between mental illness and the use of addictive substances". Mental health is a state of successful performance of mental function, resulting in productive activities, fulfilling relationships, and the ability to adapt to change and cope with adversity. Mental health is indispensable to personal well-being, family and interpersonal relationships, and contribution to community or society. There is increasing awareness and concern in the public health sector regarding the impact of stress, its prevention and treatment, and the need for enhanced coping skills. Stress may be experienced by any person and provides a clear demonstration of mind-body interaction.

Substance abuse has a major impact on individuals, families, and communities. The effects of substance abuse are cumulative, significantly contributing to costly social, physical, mental and public health problems. The nearest substance abuse facilities are more than 100 miles away.

HEALTH FACTORS BY COUNTY[6]	Clearwater	Idaho	Latah	Lewis	Nez Perce	ID State	Asotin	WA State	US Median
Poor mental health days Average number of mentally unhealthy days reported in past 30 days	3.4	3.5	3.5	3.8	3.6	3.7	3.5	3.4	3.7
Excessive drinking Binge plus heavy drinking	15%	17%	21%	14%	17%	18%	16%	20%	17%
Mental Health providers Ratio of population to mental health providers	780:1	900:1	670:1	960:1	470:1	460:1	520:1	380:1	1060:1
Suicide Rates (per 100,000) **5-Year Avg. Annual Rate 2010-2014**	27.8	19.7	13.2	25.9	30.8	18.8	24.0[7]	15.9	12.93

[6] www.countyhealthrankings.org

[7] Washington State Department of Health, Suicide Deaths in Washington, Sabel 2013 (2008-2012)

Education Concerns

#1: OPPORTUNITIES FOR COLLEGE EDUCATION OR POST HIGH SCHOOL TRAINING

EDUCATION CONCERNS BY RANK*	All Respondents	Respondents with Children	Income less than $50,000 with Children
Opportunities for college education or post high school training	1	1	1

The top ranking education concerns, among all respondent groups, is opportunities for college education or post high school training. A projected 60 percent of new jobs in the next decade will require job seekers to have some college, training or certification beyond high school. Another 27 percent are projected to require a Bachelor's degree or higher. Idaho is in the bottom 10 states in the nation when it comes to people continuing education after high school and completing a four-year college degree. Additionally, Idaho is 46th (of 50 states) of high school graduates continuing on to college directly from high school, 47th in the nation in the percentage of 18-24 year olds enrolled in college, 46th in retention rates for first time college freshman returning for their second year, and 44th in graduation rates from college (BA degree in 6 years)[8].

Compared to Idaho and Washington State averages, the service area is significantly under-educated beyond high school[9]. Except for Latah county, wherein the University of Idaho is located, every other county has more than 42% of the population with a high school diploma as the highest education level and for some areas, more than 50% of the population at most has a high school diploma

EDUCATION LEVEL (Population 25 years and over) [9]	Clearwater	Idaho	Latah	Lewis	Nez Perce	ID State	Asotin	WA State
% with NO High School Diploma	9.4%	6.6%	3.1%	7.1%	6.6%	6.4%	8.2%	5.5%
% High School Only	34%	37.3%	19.8%	34.3%	30.7	27.5%	30.5%	23.3%
% Some College	28.1%	25.5%	22.2%	31.2%	28.8%	26.9%	30.8%	24.6%
% Associate Degree	7.3%	7.3%	7.9%	7.9%	8.5%	9.2%	9.9%	9.8%
% Bachelor's Degree	12.1%	14.9%	27.8%	11.1%	16.7%	17.7%	12.9%	20.9%
% Graduate/ Professional Degree	4.9%	4.4%	17.9%	4.1%	6.7%	8.2%	5.3%	12%
% High school Graduate or Higher	86.4%	89.4%	95.5%	88.6%	91.3%	89.5%	89.4%	90.4%
% Bachelor's degree or higher	16.9%	19.3%	45.6%	15.2%	23.4%	25.9%	18.2%	32.9%

[8] *National Information Center for Higher Education Policy Analysis*
[9] US Census Bureau, American Community Survey 2011-2015

#2: TUTORING AT RISK

EDUCATION CONCERNS BY RANK	All Respondents	Respondents with Children	Income less than $50,000 with Children
Tutoring for At-Risk Children/ Youth	2	2	2

The second highest ranking education concern, among all respondent groups, is tutoring for children/ youth at risk of failure.

"At Risk" implies children, youth and teens whom face greater barriers to being successful in life due to a lifecycle of poverty, exposure to drug and alcohol use, abuse and neglect and/or trauma or other adverse childhood experiences.

The Center for Disease Control and Kaiser Permanente Adverse Childhood Experiences (ACE) Study is one of the largest investigations of childhood abuse and neglect and later-life health and well-being. The ACE study has uncovered how Adverse Childhood Experiences are strongly tied to development of risk factors for disease and well-being throughout the life course. ACE definitions include abuse (emotional, physical, sexual), household challenges (violence, substance abuse, mental illness, divorce, criminal history), and neglect (emotional and physical).

As the number of ACEs increases so does the risk for the following*

- Alcoholism and Alcohol Abuse
- Chronic Obstructive Pulmonary Disease
- Depression
- Fetal Death
- Health-related Quality of Life
- Illicit Drug Use
- Ischemic Heart Disease
- Liver Disease
- Poor Work Performance
- Financial Stress
- Risk for Intimate Partner Violence
- Multiple Sexual Partners
- Sexually Transmitted Diseases
- Smoking
- Suicide Attempts
- Unintended Pregnancies
- Early Initiation of Smoking
- Early Initiation of Sexual Activity
- Adolescent pregnancy
- Risk for Sexual Violence
- Poor Academic Achievement

*This list is not exhaustive.

Below are selected county health ranking that may be indicative of an adverse childhood event.

COUNTY HEALTH RANKINGS	Clearwater	Idaho	Latah	Lewis	Nez Perce	ID State	Asotin	WA State
Children in poverty — **Percent of children under age 18 in poverty**	24%	23%	16%	26%	18%	19%	24%	18%
Violent Crime Rate — **Violent crime rate per 100,000 population**	201	108	120	139	151	210	192	301
Children in single-parent households — **Percent of children that live in household headed by a single parent**	24%	24%	19%	25%	36%	25%	37%	24%

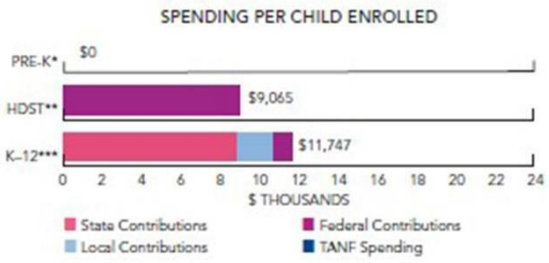
#3 CHILD DAY CARE

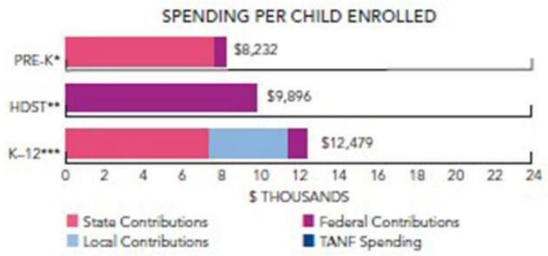
The 3rd highest need regarding education concerns among respondents with children and those with children/ income less than $50,000 was Child Day Care. This was the 4th highest need among all respondents.

EDUCATION CONCERNS BY RANK	All Respondents	Respondents with Children	Income less than $50,000 with Children
Child Day Care	4	3	3

In the context of educational needs, many 3- and 4-year olds still lack access to high-quality preschool education despite modest gains in enrollment, quality, and funding, according to an annual report by the nonpartisan National Institute for Early Education Research (NIEER) at Rutgers University. While several states made significant progress through a concerted effort to increase enrollment and funding and improve quality, progress is slow and uneven nationally, and quality standards are particularly low in some of the nation's largest states.

Idaho remains one of 8 states in the 2014-2015 year without a state-funded pre-K program. Washington created the Washington State Early Childhood Education and Assistance Program in 1985 with the intention of creating safe, healthy, and nurturing learning experiences for the state's 3- and 4-year-old citizens.[10]





Within the region, the ALICE report[11] indicates that between 22-31% of total monthly expenses for four person households with 1 infant and 1 toddler is child care.

CHILD CARE COST FOR 1 INFANT & 1 PRESCHOOLER	Clearwater	Idaho	Latah	Lewis	Nez Perce	ID State	Asotin	WA State
Total Child Care Costs	$807	$807	$939	$939	$939	$902	$1395	$1223
% of Monthly Cost for Child Care	22%	22%	24%	24%	24%	23%	31%	28%

[10] The State of Preschool 2015.

[11] http://www.unitedwayalice.org/reports.php

Income Concerns

#1: HOUSING

The number 1 ranking income concern was housing for all respondents and for those with income under $50,000. Additionally, a Needs Assessment completed by Community Action Partnership (CAP)[12] in 2015 also states affordable housing as "one of the top needs identified by program participants and focus group respondents".

INCOME CONCERNS BY RANK*	All Respondents	Income less than $50,000
Housing	1	1

The CAP survey reported that on average, over 60% of survey respondents reported they are unable to find affordable housing to purchase, while 67% reported they are unable to find affordable housing to rent. Survey responses indicated that Asotin County is the most difficult county in which to find affordable housing.
A benchmark for affordable housing is 30% of income. Families who pay more than 30% of their income for housing are considered "cost burdened" and may have difficulty affording necessities such as food, clothing, transportation and medical bills. A family with one full-time worker earning the minimum wage cannot afford the local fair-market rent for a 2-bedroom apartment anywhere in the U.S. (U.S. Department of Housing and Urban Development). The *2015 Corporation for Enterprise Development (CFED) Scorecard* for Idaho reports that 47.7% of renters are "housing cost burdened".

ALICE[13], an acronym for **A**sset **L**imited, **I**ncome **C**onstrained, **E**mployed, are households that earn more than the U.S. poverty level, but less than the basic cost of living for the county. The average annual Household Survival Budget for a family of four ranges from $46,176 in Idaho to $52,152 in Washington, double the U.S. poverty rate of $23,550. The number of poverty and ALICE households combined equals the total population struggling to afford basic needs. **In Idaho and Washington one in three households face financial hardships as ALICE households.** Part of the reason these numbers are so high is that jobs are not located near housing that is affordable and the cost of housing has gone up 11-17% between 2007-2013.

A.L.I.C.E. Factors BY COUNTY*	Clearwater	Idaho	Latah	Lewis	Nez Perce	ID State	Asotin	WA State
% of Population at Poverty and ALICE	40%	40%	43%	48%	33%	37%	37%	32%
% of Monthly Expenses for Housing (1 Adult)	35% $501	33% $475	35% $513	35% $506	31% $402	34% $470	31% $402	37% $528
% of Monthly Expenses for Housing (2 Adults, 2 Children)	17% $626	17% $626	17% $661	16% $626	17% $657	17% $656	15% $657	19% $805

[12] Community Action Partnership 2015 Community Needs Assessment
[13] http://www.unitedwayalice.org/reports.php

#2: FOOD ASSISTANCE

Food Assitance was the 2nd highest ranking income concern among respondents with income less than $50,000, and the 4th highest need amoung all respondents. Additionally, access to health food was indicated under Health Concerns as a top five need by all respondents and those without health insurance.

INCOME CONCERNS BY RANK	All Respondents	Income less than $50,000
Food Assistance	4	2
HEALTH CONCERNS BY RANK	**All Respondents**	**No Health Insurance**
Access to Healthy Food	5	4

Access to an adaquate quanitity of food and more specifically healthy food plays a significant role in a person's overall health. Diet is a major contributing factor to body weight. Fruits and vegetables contain essential vitamins, minerals, and fiber that may provide protection from chronic diseases. Compared with people who consume a diet with only small amounts of fruits and vegetables, those who eat more generous amounts are likely to have reduced risk of chronic diseases, including stroke and perhaps other cardiovascular diseases, and certain cancers.

Additionally, when children are hungry it can have adverse effects on learning and education. Throughout the region the percent of free and reduced lunch varies from county to county and more so from school to school. As an example, Grantham Elementary in Asotin County has nearly 90% of students on free or reduced price lunches[14]. The Supplemental Nutrition Assistance Program (SNAP) is a helpful resource for those receiving it, however the CAP survey[15] did note that some eligible people do not participate in the program because they feel the small amount is not worth it or there is too much pride to apply.

[15]	Clearwater	Idaho	Latah	Lewis	Nez Perce	ID State	Asotin	WA State
Households Receiving SNAP Total	409	700	1,458	193	2,058	74,696	1,761	380,611
% Households Receiving SNAP	11.2%	10.6%	9.7%	11.9%	12.8%	12.7%	18.9%	14.3%
Number of Free/ Reduced Price Lunch Eligible	534	825	1,864	560	2,423	138,886	1,871	489,870
% of Free/ Reduced Price Lunch	53.2%	47.1%	36.3%	68.1%	42.57%	47.4%	56.1%	46.3%

[14] (http://elementaryschools.org/directory/wa/cities/clarkston/grantham-elementary)
[15] Community Action Partnership 2013-2014 Community Needs Assessment
US Census Bureau, American Community Survey 2011-2015

#3: MANAGING FINANCES & EMPLOYMENT ASSISTANCE

The third highest income concern among respondents with incomes less than $50,000, those households considered living at the ALICE[16] level and for all respondents was Support to Better Manage Finances. Closely tied to managing finances is employment, which is noted as the fourth highest need among respondents with income less than $50,000.

INCOME CONCERNS BY RANK*	All Respondents	Income less than $50,000
Manage Finances	3	3
Employment Assistance		4

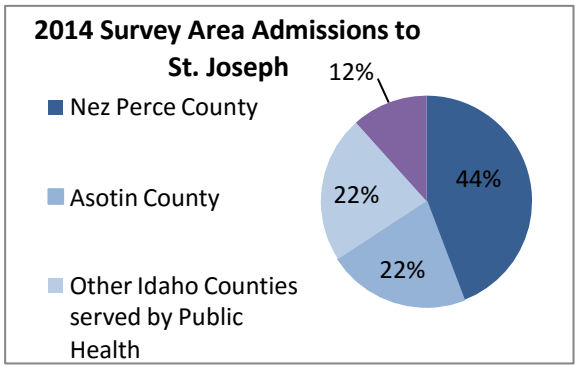
When households cannot make ends meets, they are forced to make difficult choices such as forgoing health care, accredited child care, healthy foods or car insurance. Effective financial management reduces mental stress, crises, risk taking, utilization of costly alternative financial systems to bridge gaps, hunger, homelessness and illness. Within the community as a whole, effective financial management creates a more stable workforce and reduces costs for homeless shelters, foster care homes and emergency health care.

Financial management is especially important when the bare minimum budget does not allow for savings, leaving a household vulnerable to unexpected expenses. Below is an example of the Household Survival Budget for Nez Perce County, as reported by the ALICE report. The budget calculates the actual costs of basic necessities (housing, child care, food, health care and transportation). This bare-minimum budget does not allow for savings, leaving a household vulnerable to unexpected expenses. Affording only a very modest living in each community, this budget is still significantly more than the U.S. poverty level of $11,490 for a single adult and $23,550 for a family of four.

HOUSEHOLD SURVIVAL BUDGET	Nez Perce County		Asotin County	
	Single Adult	2 Adults, 1 Infant, 1 Preschool	Single Adult	2 Adults, 1 Infant, 1 Preschool
Housing	$402	$657	$402	$657
Child Care	$-	$939	$-	$1,395
Food	$191	$579	$191	$579
Transportation	$350	$700	$350	$700
Health Care	$119	$474	$119	$474
Misc.	$118	$354	$118	$403
Taxes	$119	$192	$115	$221
Monthly Total	$1,299	$3,895	$1,295	$4,429
ANNUAL TOTAL	$15,588	$46,740	$15,540	$53,148
Hourly Wage	$7.79	$23.37	$7.77	$26.57

[16] http://www.unitedwayalice.org/reports.php

Communities Served



The Twin County United Way defines it service area as Asotin County, WA and Nez Perce County, ID. Public Health – Idaho North Central District is funded to provide services to the five North Central Idaho counties. Clearwater, Idaho, Latah, Lewis and Nez Perce County. St. Joseph Regional Medical Center, located in Lewiston, ID defines its primary service area as Lewiston, ID, Clarkston, WA, and a number of other communities throughout the region and included in this needs assessment. Its catchment area can extend further into Washington and northeastern Oregon for certain services. As a non-profit medical center, St. Joseph's patient population is not dependent on insurance coverage or type of coverage. For the purposes of the CHNA the selected six counties surveyed accounted for 88% of all patient admissions to St. Joseph in Fiscal Year 2014 (07/01/14-06/30/15).

DEMOGRAPHICS

People QuickFacts[17]	Asotin County, Washington	Clearwater County, Idaho	Idaho County, Idaho	Latah County, Idaho	Lewis County, Idaho	Nez Perce County, Idaho
Population estimates, July 1, 2015	22,105	8,496	16,272	38,778	3,789	40,048
Population estimates base, April 1, 2010	21,623	8,761	16,267	37,244	3,821	39,265
Population, percent change - April 1, 2010 (estimates base) to July 1, 2015	2.20%	-3.00%	Z	4.10%	-0.80%	2.00%
Population, Census, April 1, 2010	21,623	8,761	16,267	37,244	3,821	39,265
Persons under 5 years, percent, July 1, 2014	5.40%	4.00%	5.20%	5.80%	5.30%	6.20%
Persons under 18 years, percent, July 1, 2014	21.00%	16.30%	20.00%	18.50%	23.00%	21.70%
Persons 65 years and over, percent, July 1, 2014	20.90%	25.40%	24.00%	11.80%	24.10%	18.90%
Female persons, percent, July 1, 2014	51.80%	45.20%	47.80%	48.50%	49.80%	50.50%
White alone, percent, July 1, 2014,	94.40%	94.40%	94%	93.30%	90%	90.10%
Black or African American alone, percent, July 1, 2014	0.60%	0.50%	0.40%	1.10%	0.40%	0.50%
American Indian and Alaska Native alone, percent, July 1, 2014,	1.60%	2.20%	3%	0.90%	6%	5.80%
Asian alone, percent, July 1, 2014,	0.90%	0.60%	0.50%	1.90%	0.5	0.9
Native Hawaiian and Other Pacific Islander alone, percent, July 1, 2014	0.20%	0.10%	0.10%	0.20%	0.20%	0.10%
Two or More Races, percent, July 1, 2014,	2.40%	2.10%	2.10%	2.70%	2.80%	2.50%
Hispanic or Latino, percent, July 1, 2014	3.60%	3.60%	3.10%	4.10%	4%	3.70%
White alone, not Hispanic or Latino, percent, July 1, 2014,	91.30%	91.30%	91.50%	89.80%	86.80%	87.40%

[17] www.census.gov

People QuickFacts[18]	Asotin County, Washington	Clearwater County, Idaho	Idaho County, Idaho	Latah County, Idaho	Lewis County, Idaho	Nez Perce County, Idaho
Housing units, July 1, 2014, (V2014)	9,843	4,479	8,648	16,330	1,868	17,417
Owner-occupied housing unit rate, 2010-2014	67.10%	78.60%	79.80%	54.50%	73.30%	69.30%
Median value of owner-occupied housing units, 2010-2014	$170,000	$131,200	$151,600	$189,100	$114,800	$166,000
Median selected monthly owner costs -with a mortgage, 2010-2014	$1,217	$1,132	$980	$1,263	$943	$1,191
Median selected monthly owner costs -without a mortgage, 2010-2014	$371	$341	$310	$410	$351	$355
Median gross rent, 2010-2014	$681	$629	$602	$655	$573	$667
Building permits, 2014	35	19	1	136	10	55
Households, 2010-2014	9,405	3,560	6,523	15,069	1,657	16,159
Persons per household, 2010-2014	2.3	2.14	2.41	2.31	2.26	2.39
Living in same house 1 year ago, percent of persons age 1 year+, 2010-2014	82.00%	84.20%	85.30%	70.60%	86.70%	84.90%
Language other than English spoken at home, percent of persons age 5 years+, 2010-2014	3.60%	5.10%	2.10%	5.60%	3.90%	4.10%
High school graduate or higher, percent of persons age 25 years+, 2010-2014	88.70%	85.70%	89.80%	95.80%	88.50%	90.50%
Bachelor's degree or higher, percent of persons age 25 years+, 2010-2014	18.50%	15.80%	16.80%	44.00%	16.50%	22.10%
Persons without health insurance, under age 65 years, percent	14.70%	20%	22.30%	16.10%	22.60%	15.50%
Mean travel time to work (minutes), workers age 16 years+, 2010-2014	15.4	24.8	18.3	18	19.9	16.5
Median household income (in 2014 dollars), 2010-2014	$42,689	$39,750	$38,320	$41,944	$36,159	$46,608
Per capita income in past 12 months (in 2014 dollars), 2010-2014	$24,836	$20,154	$19,527	$22,575	$21,542	$24,570
Persons in poverty, percent	16.30%	16.60%	16.30%	19.90%	13.70%	14.60%
Population per square mile, 2010	34	3.6	1.9	34.6	8	46.3
Land area in square miles, 2010	636.21	2,457.27	8,477.35	1,076	478.8	848.09

[18] www.census.gov

Process and Methodology

The Community Health Needs Assessment is based on both primary and secondary data sources. The process of collecting this data included a publicly available survey, community meetings, an examination of existing health data, and input from health professionals within our communities.

The top needs identified in this report are based on the facts (demographics and secondary data) and circumstances (survey results).

To ensure that the implementation strategies specifically meet the true needs of the most vulnerable in the community, the assessment process involved the community at every phase, including planning, data collection, evaluation, identification of health issues and community strengths and development of strategies to address identified problems.

Survey

A Community Health Needs Assessment survey was used to collect primary quantitative data. The survey was developed and disseminated to provide insight into the issues of importance of the community. Paper copies were widely distributed through partner agencies and an on-line survey link was advertised through local and social media. A total of 1987 surveys were completed by the broad community.

Secondary Data

Secondary data was gathered from a wide range of sources that are cited throughout the full document.

Persons Representing the Broad Interest of the Community

Given the vital importance of community input in understanding the health, education and income needs of a community several methods were used to gather primary data. Representatives from the Twin County United Way, St. Joseph Regional Medical Center and the Public Health – Idaho North Central District held and attended numerous community meetings to collect information from community leaders, professionals and residents who have firsthand knowledge of the needs of the community.

Community Feedback and Attendees

Below summarizes the solicited input gathered from the community meetings, which included representatives from Public Health - Idaho North Central District, the Snake River Community Clinic (a free health clinic for the under/un-insured patient population), County Commissioners, Senior services, including home health agencies, assisted living facilities and skilled nursing facilitates, business owners, school districts, health care providers and nonprofit and community based organizations.

Community Meeting Input	
Strengths and Opportunities	**Weaknesses and Challenges**
1. A community that Cares 2. Key information and resources for the public 3. Snake River Community Clinic 4. National Night Out 5. ACE's training 6. Partnerships 7. Health Care providers 8. Getting people to events 9. Increase opportunities for multiple events 10. Job force training 11. Partnerships 12. ACE's training 13. Idaho expand Medicaid – grass roots 14. Fund SRCC 5 days a week 15. Communication Network (Partnerships) 16. Inventory of Resources (YWCA May 2016) 17. Early Childhood Education Ages 0-5	1. Isolation in Seniors 2. Drug issues are generational 3. Caregivers need support 4. Need to document Transportation options 5. No evening childcare to work around jobs 6. Hopelessness 7. Generational low education 8. Lack of connections 9. Need to increase sharing of resources 10. Stigmas around Mental/Behavioral Health 11. Access to Healthcare 12. Lack of Dental services 13. Lack of Mental Health providers 14. Provider Shortage all areas 15. Root Problems Mental Health/Behavioral Health 16. Affordable Housing shortage- low income 17. Working Poor – transportation, food issues 18. Child Abuse 19. Suicide 20. Homeless – Unemployment 21. Access to food/hunger- Children, Seniors

Twin County United Way Board Meeting Individual/ Community Leader Input

1. **What is the biggest health issue in our community?** Obesity, access to health care, prevention, mental, health literacy, diabetes, lack of low income providers in either NP county or Asotin.
2. **What do you think is causing these issues?** Food, poor nutritional choices, income, access is also affected by income, community funding for health districts. Hospitals and doctors are seeing sicker patients because people are waiting to be treated because they cannot afford health care. Idaho's refusal to expand Medicare.
3. **What are some challenges or barriers that communities face on these issues?** Lack of resources.
4. **Are there opportunities to improve and where are they?** Exercise, partnerships, education, program development, sometimes we think people know what we know. Education is key.

COMMUNITY INPUT

Community Needs Assessment Kick Off, Non-Profit Community Agencies, 26-Jan-2016

Aging & Long Term Care (WA)	Habitat for Humanity	Lewiston City Library	Twin County United Way
Boys and Girls Club of the LC Valley	Idaho Foodbank	Lewiston School District	Valley Meals on Wheels
CASA	Idaho Legal Aid	Lewis-Clark Service Corps	Valley Medical Center
City of Lewiston Fire Department	Idaho Stars (U of I)	Public Health - Idaho North Central District	WA-ID Volunteer Center
Clarkston Police Department	Interlink Volunteers	Quality Behavioral Health	Walla Walla Community College
Clarkston School District: EPIC Program	Lewis-Clark Early Childhood Program	Snake River Community Clinic	Willow Center
Community Action Partnership	Lewis-Clark State College	St. Joseph Regional Medical Center	YoungLife
Family Promise	Lewis-Clark Valley Young Life	Tri-State Hospital	YWCA

North Central Idaho Board of Health, Broad Community, 25-Feb-2016

Don Davis, Chair Latah County Commissioner	John Allen Clearwater County Commissioner	Douglas Zenner Nez Perce County Commissioner	Jerry Zumalt Disaster Management Coordinator Idaho County
Dave McGraw Latah County Commissioner	Shirley Greene Representative Nez Perce County	Glen Jefferson, M.D. Physician Representative Nez Perce County	Carol Moehrle District Director

Care Coalition North Central Idaho, Healthcare & Seniors, 17-Feb-2016

Clearwater Health & Rehab	Lewis-Clark State College	Prestige Care Center	Royal Plaza Assisted Living & Care Center
Clearwater Valley Hospital & Clinics	Norco	Public Health - Idaho North Central District	St. Joseph Regional Medical Center
Elite Home Health & Hospice	North Idaho Acute Care Hospital	Pullman Regional Hospital	Syringa Hospital & Clinics
Kindred Care (Skilled Nursing)	Orchards Rehab & Care Center	Rehab Hospital North	Tri-State Memorial Hospital

Twin County United Way Board of Directors, Broad Community, 18-Feb-2016

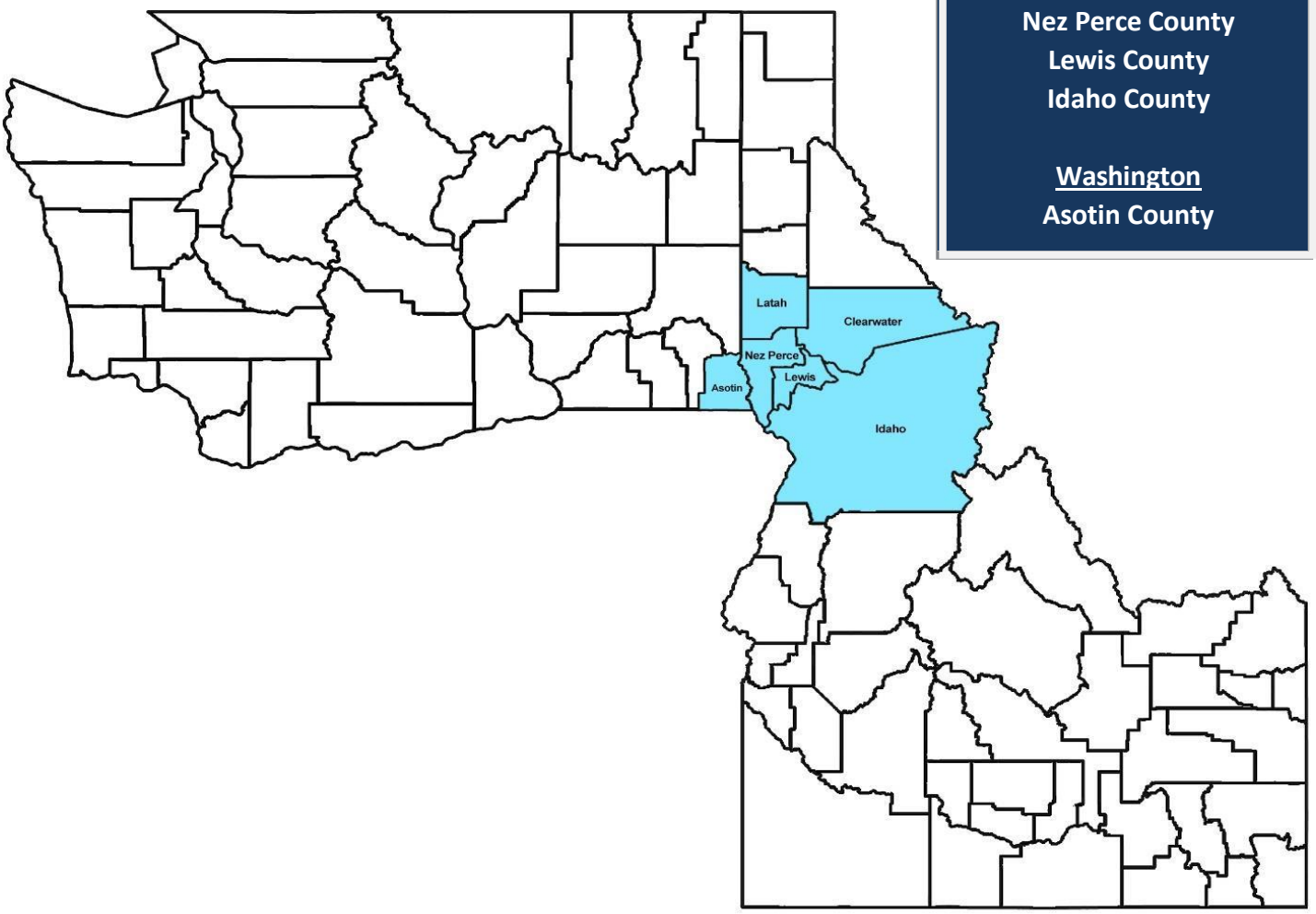
Debra Ausman, Stonebraker McQuary Agency	Susan Colburn, St. Joseph Regional Medical Center	Kim Matson, State of Idaho Department of Health & Welfare	Bert Sahlberg, Lewis-Clark State College
Nick Bacon Community Volunteer	Robert Donaldson, Lewiston School District	Mike Moser, P1FCU	Scott Shelden, Dwyer Chiropractic Center
Scott Baldwin, Stifel	Janis Forsmann, Clearwater Paper	Travis Myklebust, Lewiston Fire Department	Tim Winter, Clarkston School District
Tim Barker, City of Lewiston	Barb Fry, Nez Perce County Treasurer	Crystal Nelson, Wells Fargo Home Mortgage	Cathy Jo Witters, Stonebraker McQuary Agency
Mike Bly, Inland Cellular	Lisa Huddleston, Clements, Brown & McNichols	Jessanne Price, Public Consulting Group	Samantha Skinner, Executive Director
Kim Casey, Avista	Michelle King, WideOrbit	Steven Reed, Northwest Media	Charity Rapier, Clearwater Paper Corporation
Beverly Kloepfer, Lewis-Clark State College	Rhonda Mason, Tri-State Memorial Hospital		

Community Resource List	
Resource	**Focus Area**
Southeast Washington Aging & Long Term Care	Income
Area Agency on Aging	Health/Income
Asotin County Foodbank	Health/Income
Beautiful Downtown Lewiston	Income
2nd Judicial District CASA	Income
City of Lewiston Fire Department	Health
City of Lewiston	Health/Income/Education
Clearwater Medical Clinic	Health
Clearwater Paper	Income
Community Action Partnership	Health/Income/Education
Families Together	Education
Family Promise	Income
Habitat for Humanity	Income
Homes of Hope	Income
Idaho Department of Labor	Education
Idaho Digital Learning	Education
Idaho Foodbank	Health/Income
Interlink	Health/Income
Lewis Clark Valley Chamber of Commerce	Health/Income/Education
Lewis-Clark CHAS Clinic	Health
Lewis-Clark Early Childhood Program	Education
Lewis-Clark State College	Health/Education
Lewiston City Library	Education
Lewiston School District	Health/Income/Education
Nimiipuu Health	Health
Public Health - Idaho North Central District	Health/Income/Education
Quality Behavioral Health	Health
Snake River Community Clinic	Health
St. Joseph Regional Medical Center	Health/Education
Tri-State Hospital	Health
Twin County United Way	Health/Income/Education
UI STEM Access Upward Bound	Education
Valley Meals on Wheels	Health/Income
Valley Medical Center	Health
WA-ID Volunteer Center	Education
Walla Walla Community College	Health/Income/Education
Willow Center for Grieving Children	Health
YWCA	Health/Income

County Profile

Idaho
Latah County
Clearwater County
Nez Perce County
Lewis County
Idaho County

Washington
Asotin County



Clearwater County

COUNTY PROFILE

Clearwater County is located in the magnificent North Central region of Idaho. From steep river canyons to high mountain vistas, it has a wide variety of terrain and outdoor activities for both residents and visitors.

The county is home to the North Fork of the Clearwater River and a small portion of the South Fork as well as the main Clearwater. Also in the county is the Dworshak Reservoir which is 54 miles long with 19,000 surface acres of water. Boating and fishing spots are popular with visitors and residents. Additionally, Dworshak State Park, Dworshak National Fish Hatchery and the Dworshak Dam, which is the third highest dam in the U.S. and the tallest straight axis concrete dam in North America.

The scenery is breathtaking, with numerous hills, mountains, forests, valleys and rivers to delight any photographer. There are plenty of historic sites to experience, including the site where the starving Lewis and Clark met the Nez Perce Indians on the Camas Prairie after crossing the Bitterroot Mountains. In addition, the oldest town in Idaho, Pierce, which is a gold rush town and home to the oldest courthouse in the state.

For the outdoor enthusiasts, the area offers big game hunting, fishing, hiking, ATV trails, downhill and cross-country skiing, snowmobiling and camping. The modest Bald Mountain ski area is located between Orofino and Pierce.

DEMOGRAPHICS

Based on the 2010 census, the population of Clearwater County is 8,761. According to the census, 10.3% of the population of Clearwater County lives below poverty level.

"54 miles of outdoor possibilities!"

ASSETS

Clearwater County has many strengths and assets, which promote healthy lifestyles. Outdoor recreation is easily accessible throughout the county. Numerous trails provide seasonal recreational opportunities to residents.

- Clearwater Valley Hospital & Clinics
- State Hospital North
- Telehealth
- University of Idaho Extension Program
- Lewis Clark State College Outreach Center
- Law Enforcement
- Fire/EMS
- Outdoor Recreation
- Dworshak Dam
- Spiritual Health
- Local Media
- Libraries
- Safe place for kids
- Community Activities
- Farmer's Market
- Fishing/Hunting
- Parks/Reservoirs
- Historic Sites/Museums
- Arts/Theatre
- Agriculture
-

Idaho County

COUNTY PROFILE

One of the country's largest counties is Idaho County. It is bigger than the state of New Jersey yet boasts one of the smallest population stretches from Oregon to Montana with more than four million trees growing from border to border.

There are 4,431,720 acres of National Forest land within the county; more than any county outside of Alaska. National Forests within the county are Nez Perce National Forest, Clearwater National Forest, Payette National Forest, Bitterroot National Forest, Salmon National Forest, and Wallowa National Forest. The Nez Perce National Forest is located entirely within the county's borders and is the largest National Forest lying within a single county.

Idaho County is one of the few counties in the United States with two time zones, divided by the Salmon River. Most of the county is in the Pacific Time zone, but those areas south of the Salmon River, including Riggins, but not the towns of Burgdorf and Warren, are in the Mountain time zone.

DEMOGRAPHICS

Based on the 2010 census, the population of Idaho County is 16,267. With 8,477.35 square miles, Idaho County only has 1.9 persons per square mile. According to the census, 17.1% of the population of Idaho County lives below poverty level.

"Come for the scenery and stay for the lifestyle."

ASSETS

Idaho County has many strengths and assets, which promote healthy lifestyles. Outdoor recreation is available throughout the county. Numerous trails and waterways provide healthy recreation to residents throughout the winter and summer months.

- University of Idaho Extension Program
- Lewis Clark State College Outreach Center
- St. Mary's Hospital & Clinics
- Syringa General Hospital & Clinics
- Telehealth
- Clearwater Valley Clinics
- Northwest Passage Scenic Byway
- Law Enforcement
- Fire/EMS
- Outdoor Recreation
- Spiritual Health
- Local Media
- Libraries
- Safe place for kids
- Community Activities
- Farmer's Market
- Fishing/Hunting
- Parks/Reservoirs
- Historic Sites/Museums
- Arts/Theatre
- Agriculture

Latah County

COUNTY PROFILE

Latah County is located in the northern Idaho panhandle; to the immediate west lies Whitman County, Washington. These counties are referred to as "the Palouse," which produces a large share of the wheat, lentils, peas, oats and barley in the United States.

Latah County is mostly rural with striking contrasts between the rolling hills of the Palouse region and thick forests of pine, fir, and cedar. The northern part of the county boasted the largest stand of white pine in the nation, attracting the Potlatch Lumber Company.

Home to the University of Idaho and close neighbors with Washington State University, Latah County hosts a surprising array of fine dining spots, wineries, art galleries and performance art venues.

The Lionel Hampton Jazz Festival presents world-class musicians to hundreds of visitors each February and a network of locally supplied chefs has resulted in menus that yield a true taste of the region.

Outdoors, visitors will find a number of opportunities for bicycling, mountain biking, hiking, golf and wildlife viewing.

DEMOGRAPHICS

Based on the 2010 census, the population of Latah County was 37,244. According to the census, 21.3% of the population of Latah County is living below poverty level. Within Public Health District 2, Latah County has the highest proportion, 43.7% of residents with a Bachelor's Degree or higher.

"Latah County is unique, there's something for everyone."

ASSETS

Latah County has many strengths and assets, which promote healthy lifestyles. The University of Idaho provides great education, athletic options, as well as art and music programs. As a young town with a young population, residents are very active. Trails and bike paths are available for physical activity and community activities.

- University of Idaho
- University of Idaho Extension Program
- Gritman Medical Center
- Botanical Gardens
- Appaloosa Museum & Heritage Center Foundation
- White Pine Scenic Byway
- Law Enforcement
- Fire/EMS
- Outdoor Recreation
- Spiritual Health
- Local Media
- Libraries
- Safe place for kids
- Community Activities
- Farmer's Market
- Fishing/Hunting
- Parks/Reservoirs
- Historic Sites/Museums
- Arts/Theatre
- Community Health Association of Spokane

Lewis County, ID

COUNTY PROFILE

Home to wide-open acres of fragrant farm fields, friendly faces and small towns full of history, Lewis County is a perfect destination choice for vacationers who enjoy soft adventures and history.

Winchester Lake State Park surrounds a 103-acre lake nestled in a forested area at the foot of the Craig Mountains. The park has a modern campground. Picnicking and hiking are popular summer activities. In the winter, the park offers cross-country skiing, ice skating and ice fishing. There are healthy stands of Ponderosa Pine and Douglas Fir. White-tailed Deer, raccoon, muskrat and the Painted Turtle roam the area.

Off the trails and onto the highway, the Camas Prairie Driving Tour explores the history and sites of the region on a scenic tour traveled by automobile, motorcycle and cycling enthusiasts. Late spring and early summer are especially stunning; the Camas is in full bloom and turns the landscape into a sea of vibrant blue.

DEMOGRAPHICS

Based on the 2010 census, the population of Lewis County was 3,821. According to the census, 18.2% of the population of Lewis County is below poverty level. Within Health District 2, Lewis County at 478.8 square miles and only 8 persons per square mile is the smallest county.

"A destination for the whole family. Come explore!"

ASSETS

Lewis County has many strengths and assets, which promote healthy lifestyles. Residents enjoy the feel of small towns with easy access to the outdoors. This small county boasts an array of health services, including clinic and pharmacy, chiropractic, physical therapy, and dental services and Nimiipuu Health.

- St. Mary's Clinics
- Nimiipuu Health Satellite Clinic
- Wolf Education & Resource Center
- Law Enforcement
- Fire/EMS
- Outdoor Recreation
- Spiritual Health
- Local Media
- Libraries
- Safe place for kids
- Community Activities
- Farmer's Market
- Fishing/Hunting
- Parks/Reservoirs
- Historic Sites/Museums
- Arts/Theatre
- Agriculture

Nez Perce County, ID

COUNTY PROFILE

Nez Perce County, located in North Central Idaho, is noted for is forests, agricultural production, scenic beauty and unusual concentration of higher education institutions in a rural area.

Dominated by the Snake River, Clearwater River and opening on to the northern gateway to Hells Canyon, this region is a perfectly balanced destination choice for those who enjoy outdoor adventure as much as leisure experiences.

Hells Gate State Park is the gateway to both Idaho's Lewis and Clark country and to Hells Canyon, the deepest river gorge in North America.

Consistently ranked as one of the top ten destinations for outdoor sportsmen by Outdoor Life, and often in the top three, the region is paradise for sportsmen. The waters hold bass and trout but are famous for legendary steelhead, Chinook salmon and massive white sturgeon while the hills are home to deer, bear, bighorn sheep, elk, pheasant, chukar and other game.

Nez Perce County lifestyles are a mixture of outdoor recreational leisure, community events, arts and festivals. It is bordered by national forests, wilderness areas, pristine lakes, Whitewater Rivers, and rugged canyons. In less than an hour's drive, there is access to fishing, camping, hunting, skiing or sailing.

DEMOGRAPHICS

Based on the 2010 census, the population of Nez Perce County was 39,265. According to the census, 11.3% of the population of Nez Perce County is living below poverty level. Within Health District 2, Nez Perce County, at 46.3, has the highest number of people per square mile.

"I love living in Nez Perce County. All the big city amenities are near, but a small town feel."

ASSETS

Nez Perce County has many strengths and assets, which promote healthy lifestyles. An abundance of activities, from golf to trails and civic groups, all help build a strong sense of community pride. With an array of health services, including clinics, pharmacies, dentists and St. Joseph Regional Medical Center, residents do not have to travel far for many of their medical needs.

- Lewis Clark State College
- University of Idaho Extension
- University of Idaho Reservation Extension
- St. Joseph Regional Medical Center
- Nimiipuu Health Center
- Snake River Community Clinic
- Idaho Housing Authority
- YWCA
- Idaho Food Bank
- Boys & Girls Clubs of America
- Fire/EMS/Law Enforcement
- Community Health Association of Spokane
- Spiritual Health
- Local Media
- Libraries
- Safe place for kids
- Community Activities
- Farmer's Market
- Fishing/Hunting
- Parks/Reservoirs
- Historic Sites/Museums/Arts/Theatre
- Agriculture

Asotin County, WA

COUNTY PROFILE

Asotin County is the fifth-smallest county in Washington by area. It is part of the Palouse, a wide and rolling prairie-like region in the middle Columbia basin.

Asotin County is located at the confluence of the Snake and Clearwater rivers. The river system is home to a thriving aluminum jet boat manufacturing industry and provides the wood processing and other industrial users direct barge transportation to the West Coast.

There are three ports within the immediate area and adequate industrial land for business growth and expansion. The highway grid supports access to Idaho and the southern tier of Washington, as well as the northern tier of Oregon, with connections to north-south and east-west interstates.

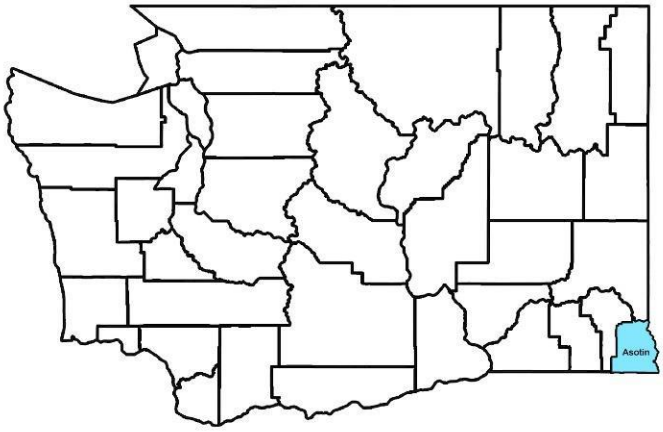
The warm climate, excellent health care facilities, year-round golfing and other recreational opportunities provide exceptional amenities for those looking for an active community for retirement.

The region boasts a safe, rural, educated lifestyle, attracting businesses with its small town hospitality and impressing them with its commitment to area commerce.

DEMOGRAPHICS

Based on the 2010 census, the population of Asotin County is 21,623. With 641 square miles, Asotin County only has 34 persons per square mile. According to the census, 15.7% of the population of Asotin County lives below poverty level.

"The gateway to Hells Canyon."



ASSETS

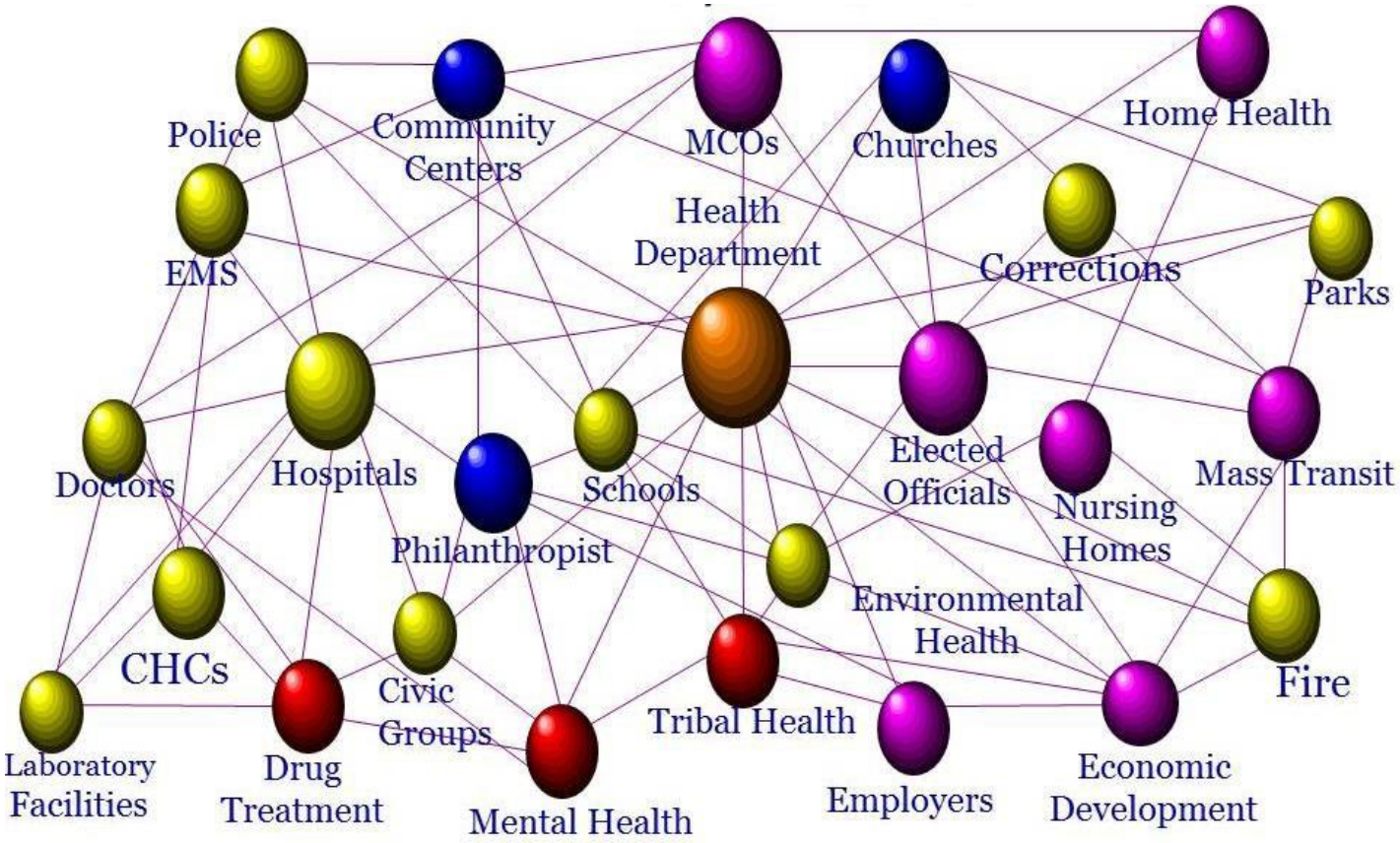
Asotin County has many strengths and assets, which promote healthy lifestyles. An abundance of activities, from golf to trails and civic groups, all help build a strong sense of community pride. With an array of health services, including clinics, pharmacies, dentists and Tri-State Memorial Hospital, residents do not have to travel far for many of their medical needs.

- Walla Walla Community College
- Tri-State Memorial Hospital
- Valley Medical Center
- Boys & Girls Clubs of America
- Asotin County Food Bank
- Port of Clarkston
- Port of Wilma
- Northwest Passage Scenic Byway
- Law Enforcement
- Fire/EMS
- Outdoor Recreation
- Spiritual Health
- Local Media
- Fishing/Hunting
- Parks/Reservoirs
- Historic Sites/Museums
- Arts/Theatre
- Agriculture

Idaho's Local Public Health System

What defines a public health system? In Idaho, the local public health system is comprised of many organizations (public, private and voluntary entities) and individuals that engage in activities that contribute to the delivery of the ten essential public health services. It takes more than healthcare providers and public health agencies to address the social, economic, environmental and individual factors which influence health.

PUBLIC HEALTH SYSTEM/PARTNERS



Idaho's Public Health Districts

Established in 1970 under Chapter 4, Title 39, Idaho Code, Idaho's Public Health Districts were created by the Legislature to ensure that preventive public health services are available to all citizens of the state — no matter how small or large their county population. It was the intent of the Legislature in creating the Public Health Districts that public health services be locally controlled and governed. Idaho's 44 counties are grouped into seven Public Health Districts and are governed by policy boards appointed by the county commissioners in those districts. The district partnership has served Idaho well since 1971 and has received national attention due to the way it provides decentralized public health services designed to meet the unique needs of the residents of each district. Each Board of Health adopts a budget and defines the public health services to be offered in its district based on the particular needs of the local populations served. Idaho Public Health Districts are not state agencies or part of any state department; they are recognized much the same as other single purpose districts and are accountable to their local Boards of Health.

Although services vary depending on local need, all seven Public Health Districts provide the essential services that assure healthy communities.

These may include:

- Monitoring health status and understanding health issues
- Protecting people from health problems and health hazards
- Giving people information they need to make healthy choices
- Engaging the community to identify and solve health problems
- Developing public health policies and plans
- Enforcing public health laws and regulations
- Helping people receive health services
- Maintaining a competent public health workforce
- Evaluating and improving programs and interventions
- Contributing to the evidence-based practice of public health

Idaho Public Health Districts make a difference every day and their work touches everyone. They play a critical role in improving and maintaining the health of Idaho residents. They strive to prevent diseases and help keep the food and water supplies safe. Idaho is fortunate to have a strong system of Public Health Districts—one that is the envy of many other states.

While Idaho Public Health Districts are locally based, they share a common vision and mission

VISION		**MISSION**
"*Healthy People in Healthy Communities*."		***Prevent*** disease, disability, and premature death, ***Promote*** healthy lifestyles, and ***Protect*** the health and quality of the environment

Community Health Needs Assessment

METHODOLOGY

This assessment incorporates both primary data from the 2016 Community Health Survey and secondary data from the Network of Care.

2016 Community Health Primary Data – Community Health Survey	2016 Community Health Secondary Data – Network of Care
▪ A survey was developed by public health partners in the 5 North Central Idaho counties (Clearwater, Idaho, Latah, Lewis, and Nez Perce) and one Washington county of Asotin. ▪ 1987 people from 6 counties completed the survey.	The Network of Care is a web portal provided by your local health districts. It is a resource for individuals, families and agencies concerned with community health. It provides information about community services, laws and related news as well as community health data and other resources. (See Appendix 3 – Network of Care.

North Central Idaho - Community Health Assessment

Serving: Clearwater, Idaho, Latah, Lewis and Nez Perce Counties

Public Health Idaho North Central District

St. Joseph Regional Medical Center

Twin County United Way

2016 Community Needs Assessment – Community Survey

Survey link: https://www.surveymonkey.com/r/3PLVYV7

RESPONDENT CHARACTERISTICS

1. **To which of the following age groups do you currently belong:**

___ Under 18
___ 18-24
___ 25-34
___ 35-44
___ 45-54
___ 55-64
___ 65-74
___ 75-84
___ 85 or older

2. **Are you:**

___ Male
___ Female

3. **Which of the following do you consider to be your primary race?**

___ White/Caucasian
___ Black/African American
___ Native American/Alaskan Native
___ Asian/Pacific Islander
___ Other (Please specify) _____

4. **Counting income from all sources for everyone living in your household, which category below represents your annual household income for 2015 before taxes (gross income):**

___ Less than $10,000
___ $10,000 – 14,999
___ $15,000 – 24,999
___ $25,000 – 34,999
___ $35,000 – 49,999
___ $50,000 – 74,999
___ $75,000 – 99,999
___ $100,000 – 149,999
___ $150,000 - $199,999
___ $200,000 or more

5. **In what county do you live?**

___ Nez Perce
___ Clearwater
___ Idaho
___ Latah
___ Lewis
___ Asotin

6. **In what county do you work?**

___ Nez Perce ___ Latah
___ Clearwater ___ Lewis
___ Idaho ___ Asotin

7. **How many people are currently living in your house?**

___ 1 ___5
___ 2 ___6
___ 3 ___7
___ 4 ___8+

8. **How many are adults age 65 years or older?** ____
(Include yourself if appropriate)

9. **How many are children under 18 years old?** ____ children
10. Of these children, how many are:

	0	1	2	3	4	5	6
Pre-Kindergarten in age	__	__	__	__	__	__	__
Grades k-6	__	__	__	__	__	__	__
Grades 7-12	__	__	__	__	__	__	__

EDUCATION CONCERNS

11. **If you have children in your household under 18 years old, which of the following are they enrolled in: (Mark all that apply).**

___Child Care ___After school programs
___Before-school childcare ___ None of these
___After school childcare ___ No children in household

HEALTH CONCERNS

12. **When you or members of your household need basic, non-emergency medical care, where do you usually go?**

___ Community Clinics (SRCC, CHAS, Public Health)
___ Urgent care clinic
___ Emergency department
___ Primary care provider/Family physician/Nurse Practitioner
___ Do not seek medical care
___ Other: Specify:_____

13. **Is everyone in your household covered by health insurance?** ___Yes ___ No
14. If yes, what coverage do you have: (Mark all that apply)

___ Medicare ___ Medicaid
___ Private Insurance ___ Military Insurance ___ Other_____

15. In 2015 did you or anyone in your household need:

	Yes	No		Yes	No
Medical care			If YES, was the care received?		
Dental care			If YES, was the care received?		
Mental health care			If YES, was the care received?		
Substance abuse care			If YES, was the care received?		
Prenatal care			If YES, was the care received?		
Did you travel over 50 miles to receive the healthcare services you needed?					

INCOME AND SELF-SUFFICIENCY CONCERNS

16. Are you currently employed? ___ Yes-full-time___Yes-part-time ___ No

17. If you answered "No" to #15, are you:

___Homemaker ___Retired ___Disabled
___Student ___Unemployed

18. Within the past 12 months, has anyone in your household sought education or training to qualify for a higher paying job? ___ Yes ___ No

19. If yes, were you able to obtain education or training? ___ Yes ___ No

20. During the past 12 months, did you miss a rent, mortgage or utility payment because you did not have enough money? ___ Yes ___ No

People and families often face problems and look for help. For each issue listed below, please tell us whether each concern is an issue for your household or a concern in our community.

21. Education Concerns	**Major Issue**	**Moderate Issue**	**Minor Issue**	**Not an Issue**	**Don't Know**
Early Childhood development/Home visiting program					
Pre-K education and school readiness for children					
Child day care					
Before and after school services					
Tutoring for children/youth at risk of failure					
Opportunities for college education or post high school training.					

	Major Issue	Moderate Issue	Minor Issue	Not an Issue	Don't Know
22. Health Concerns					
Health Insurance					
Basic medical care for low-income					
Treatment for chronic diseases (diabetes, heart disease, obesity)					
Mental Health services (Children, youth, adults)					
Prevention and Recovery from domestic violence and/or abuse					
Preventive Health Education programs					
Drug/alcohol prevention and education					
Teen pregnancy prevention and education					
Diabetes prevention and education					
Access to healthy foods					
Overweight/obesity prevention and education					
Tobacco/e-cigarettes education and cessation					
Prevention and Treatment of Cancer					
23. Income and Self-Sufficiency Concerns	**Major Issue**	**Moderate Issue**	**Minor Issue**	**Not an Issue**	**Don't Know**
Employment assistance for adults/seniors					
Support to better manage finances					
Safe, affordable, accessible housing					
Home repair and safety for seniors					
Emergency shelter for homeless adults/children/youth					
Day care services for mentally ill					
Adult day care services, and respite care					
Specialized transportation for seniors/disabled					
Meal delivery for homebound seniors/disabled					
Food assistance					

24. Where/How did you receive this survey?

___ Non-profit or Charitable Organization
___ Community meeting
___ United Way
___ Personal Contact
___ Workplace
___ Online
___ Hospital or Clinic
___ Other

25. Any additional comments or thoughts you would like to share about the needs of our community?

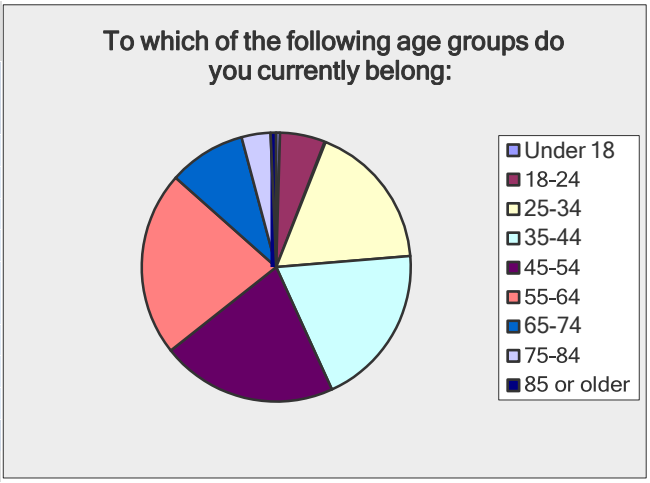
_____

_____

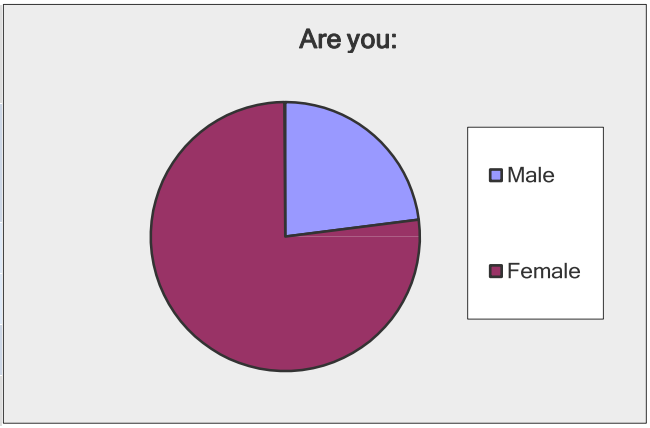
Thank you for participating in this Community Assessment.

Community Health Needs Assessment Results

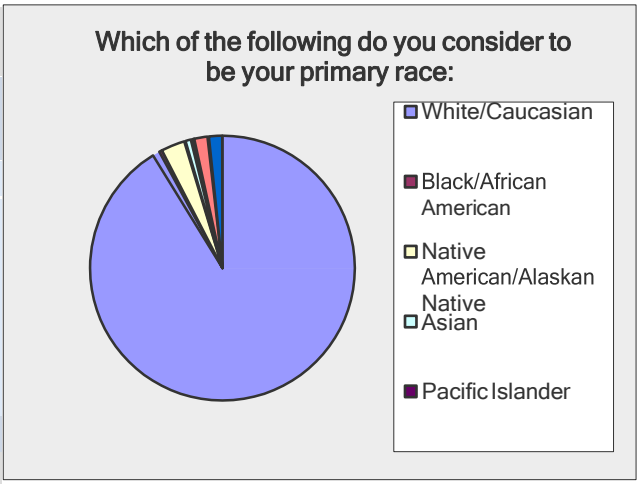
To which of the following age groups do you currently belong:		
Answer Options	**Response Percent**	**Response Count**
Under 18	0.5%	9
18-24	5.5%	109
25-34	17.7%	349
35-44	19.5%	385
45-54	21.1%	417
55-64	22.2%	438
65-74	9.3%	183
75-84	3.5%	69
85 or older	0.7%	13
answered question		**1972**
skipped question		**13**



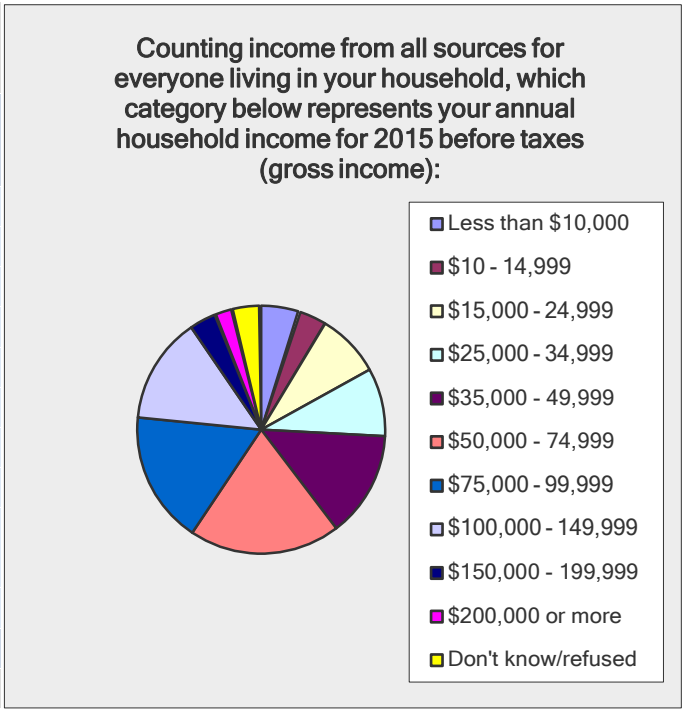
Are you:		
Answer Options	**Response Percent**	**Response Count**
Male	23.0%	434
Female	77.0%	1454
answered question		**1888**
skipped question		**97**



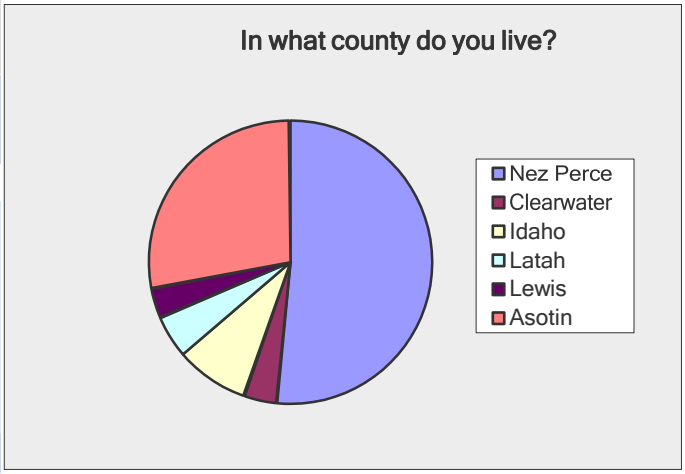
Which of the following do you consider to be your primary race:		
Answer Options	**Response Percent**	**Response Count**
White/Caucasian	92.1%	1803
Black/African American	0.4%	7
Native American/Alaskan Native	3.1%	60
Asian	0.8%	16
Pacific Islander	0.3%	5
Hispanic/Latino	1.8%	35
Other (please specify)	1.6%	32
answered question		**1958**
skipped question		**27**



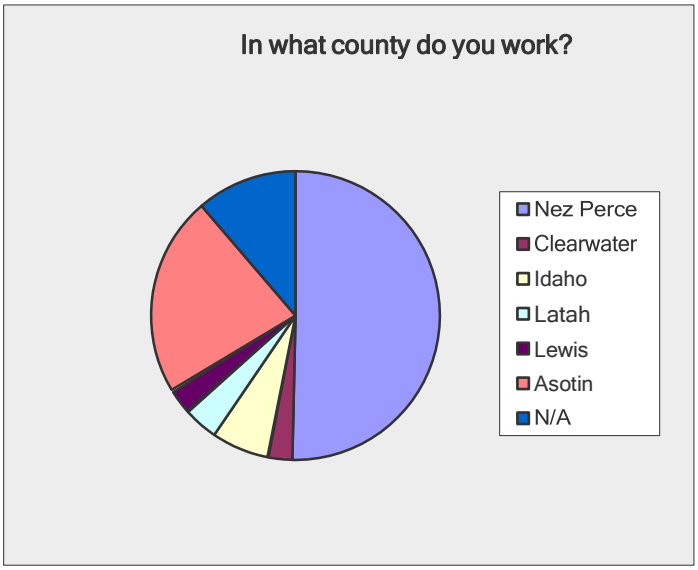
Counting income from all sources for everyone living in your household, which category below represents your annual household income for 2015 before taxes (gross income):		
Answer Options	**Response Percent**	**Response Count**
Less than $10,000	5.1%	100
$10 - 14,999	3.5%	68
$15,000 - 24,999	8.3%	162
$25,000 - 34,999	8.9%	173
$35,000 - 49,999	13.8%	269
$50,000 - 74,999	19.7%	384
$75,000 - 99,999	17.2%	335
$100,000 - 149,999	13.9%	270
$150,000 - 199,999	3.6%	70
$200,000 or more	2.3%	44
Don't know/refused	3.7%	72
	answered question	1947
	skipped question	38



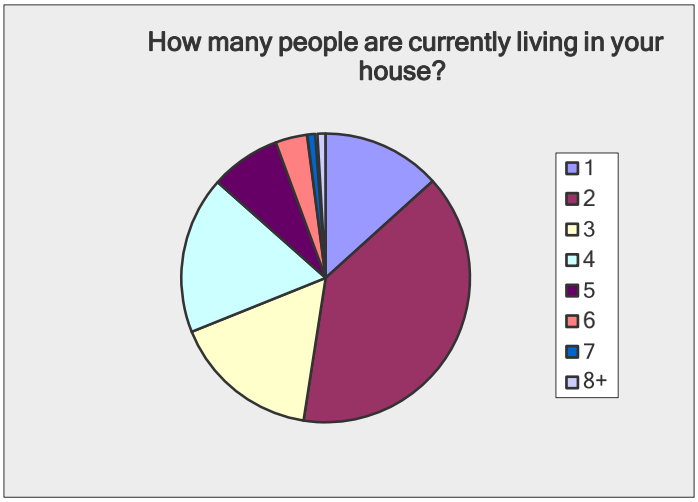
In what county do you live?		
Answer Options	**Response Percent**	**Response Count**
Nez Perce	51.6%	995
Clearwater	3.8%	73
Idaho	8.3%	160
Latah	4.9%	95
Lewis	3.4%	66
Asotin	27.9%	538
	answered question	1927
	skipped question	58



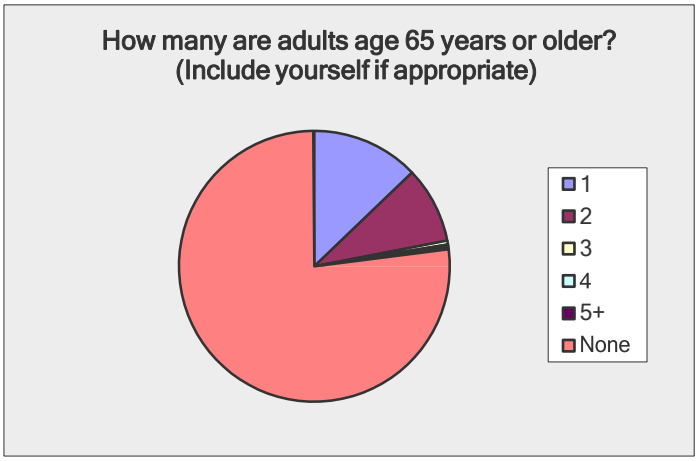
In what county do you work?		
Answer Options	**Response Percent**	**Response Count**
Nez Perce	53.1%	960
Clearwater	2.9%	53
Idaho	6.8%	122
Latah	4.2%	75
Lewis	3.1%	56
Asotin	23.6%	426
N/A	11.9%	215
	answered question	1807
	skipped question	78



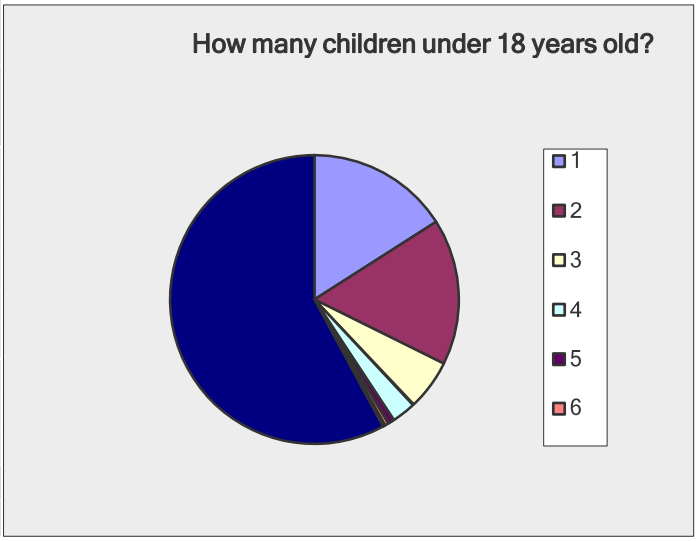
How many people are currently living in your house?		
Answer Options	Response Percent	Response Count
1	13.3%	261
2	39.1%	768
3	16.5%	323
4	17.6%	346
5	7.8%	154
6	3.6%	70
7	1.1%	22
8+	0.9%	18
answered question		**1962**
skipped question		**23**



How many are adults age 65 years or older? (Include yourself if appropriate)		
Answer Options	Response Percent	Response Count
1	12.8%	249
2	9.1%	177
3	0.5%	9
4	0.3%	5
5+	0.3%	6
None	77.0%	1494
answered question		**1940**
skipped question		**45**

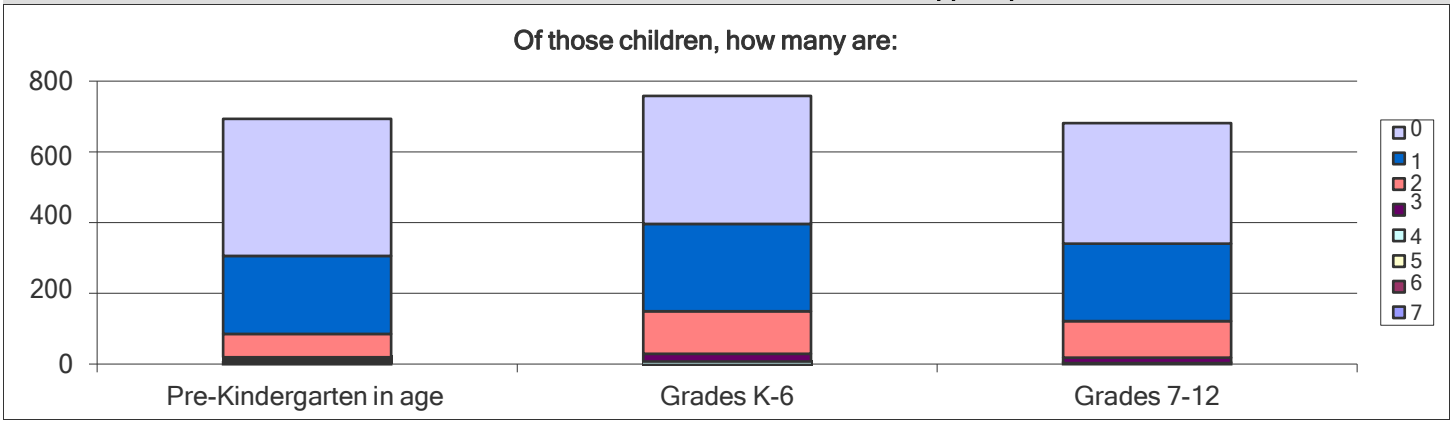


How many children under 18 years old?		
Answer Options	Response Percent	Response Count
1	16.0%	306
2	16.4%	314
3	5.7%	110
4	2.7%	52
5	0.7%	13
6	0.4%	8
7	0.1%	2
8+	0.2%	3
None	57.9%	1110
answered question		**1918**
skipped question		**67**



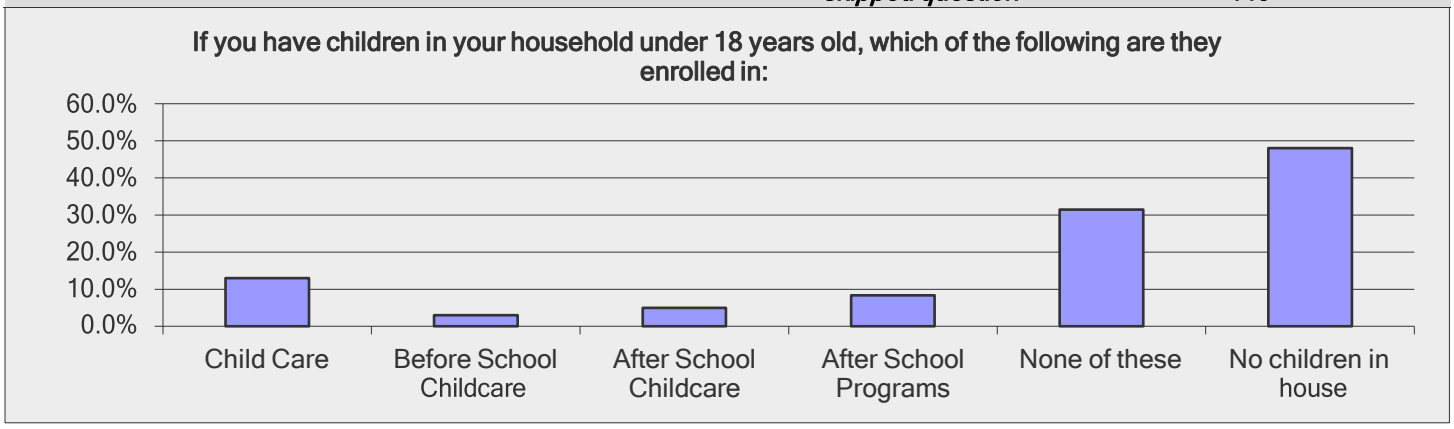
Of those children, how many are :

Answer Options	0	1	2	3	4	5	6	7	Response Count
Pre-Kindergarten in age	387	221	66	14	2	2	1	0	728
Grades K-6	362	247	120	22	5	1	1	0	802
Grades 7-12	341	219	103	15	0	2	0	1	734
							answered question		1087
							skipped question		898

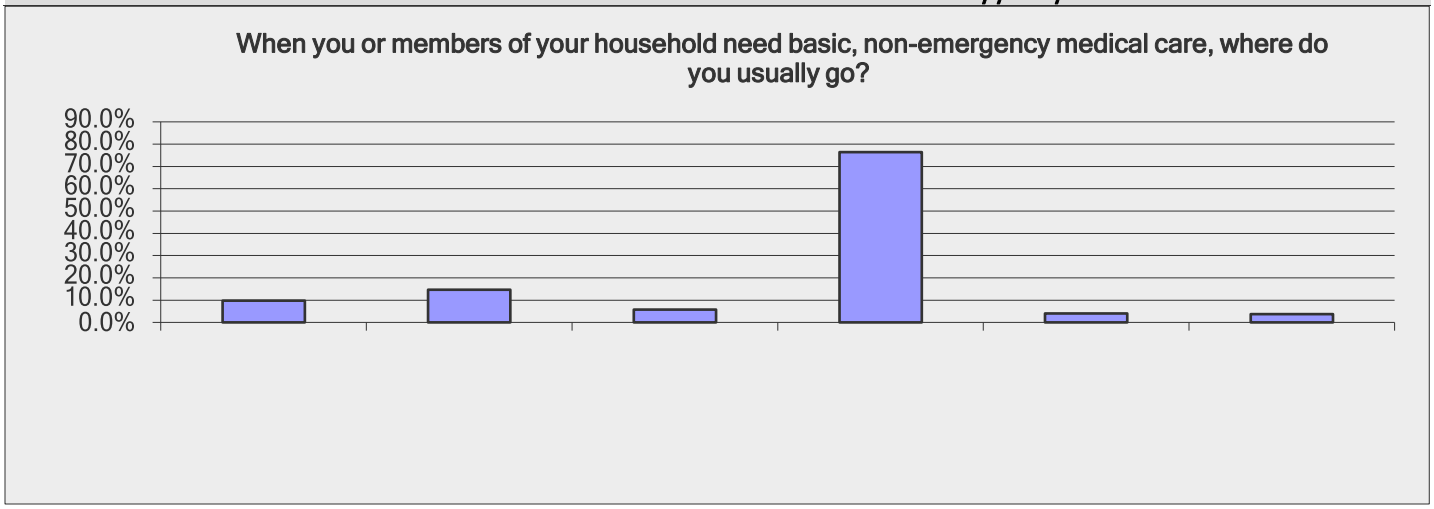


If you have children in your household under 18 years old, which of the following are they enrolled in:

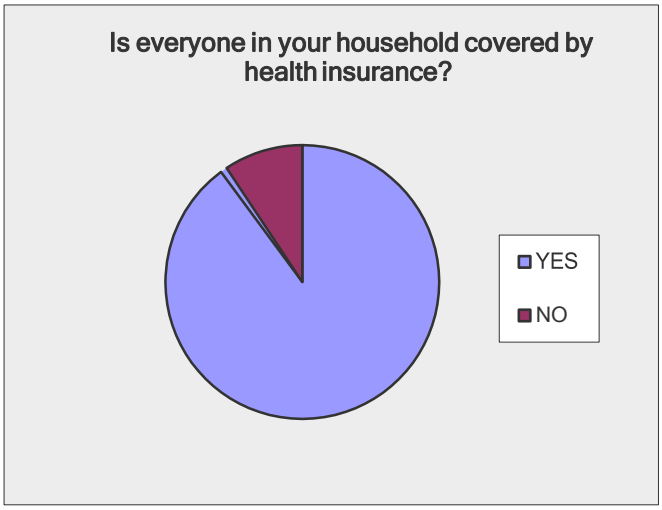
Answer Options	Response Percent	Response Count
Child Care	13.0%	228
Before School Childcare	3.0%	52
After School Childcare	5.0%	87
After School Programs	8.3%	146
None of these	31.5%	552
No children in house	48.1%	843
	answered question	1754
	skipped question	449



When you or members of your household need basic, non-emergency medical care, where do you usually go?		
Answer Options	**Response Percent**	**Response Count**
Community Clinics (SRCC, CHAS, Public Health)	9.8%	188
Urgent Care Clinic	14.7%	281
Emergency Department	5.7%	109
Primary Care Provider/ Family Physician/ Nurse Practitioner	76.5%	1463
Do not seek medical care	4.0%	76
Other (please specify)	3.8%	72
	answered question	**1913**
	skipped question	**72**

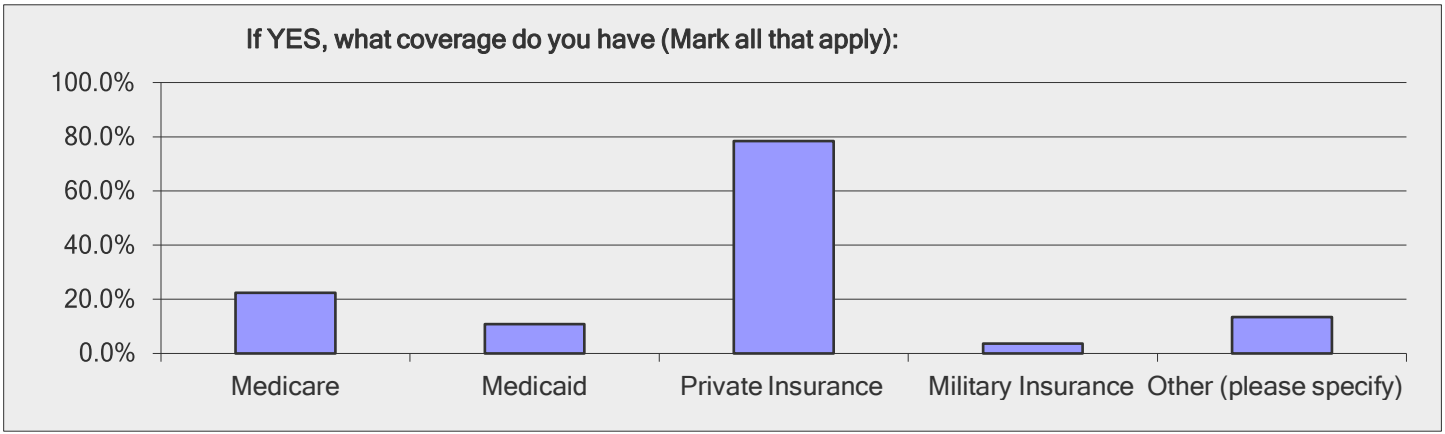


Is everyone in your household covered by health insurance?		
Answer Options	**Response Percent**	**Response Count**
YES	90.7%	1719
NO	9.3%	177
	answered question	**1896**
	skipped question	**89**



If YES, what coverage do you have (Mark all that apply):

Answer Options	Response Percent	Response Count
Medicare	22.5%	404
Medicaid	10.9%	196
Private Insurance	78.4%	1410
Military Insurance	3.6%	65
Other (please specify)	13.4%	241
	answered question	**1799**
	skipped question	**186**



In 2015 did you or anyone in your household need:

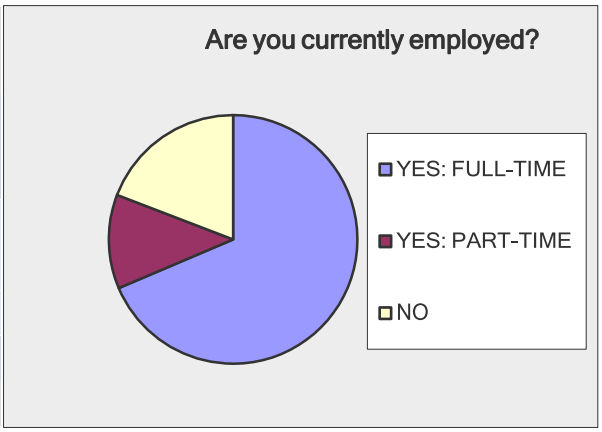
Answer Options	YES	NO	Response Count
Medical Care	1661	205	1866
Dental Care	1573	234	1807
Mental Health Care	316	1271	1587
Substance Abuse Care	46	1511	1557
Prenatal Care	112	1429	1541
Did you travel over 50 miles to receive the Healthcare services you needed?	440	1285	1725

If YES, was the care received?

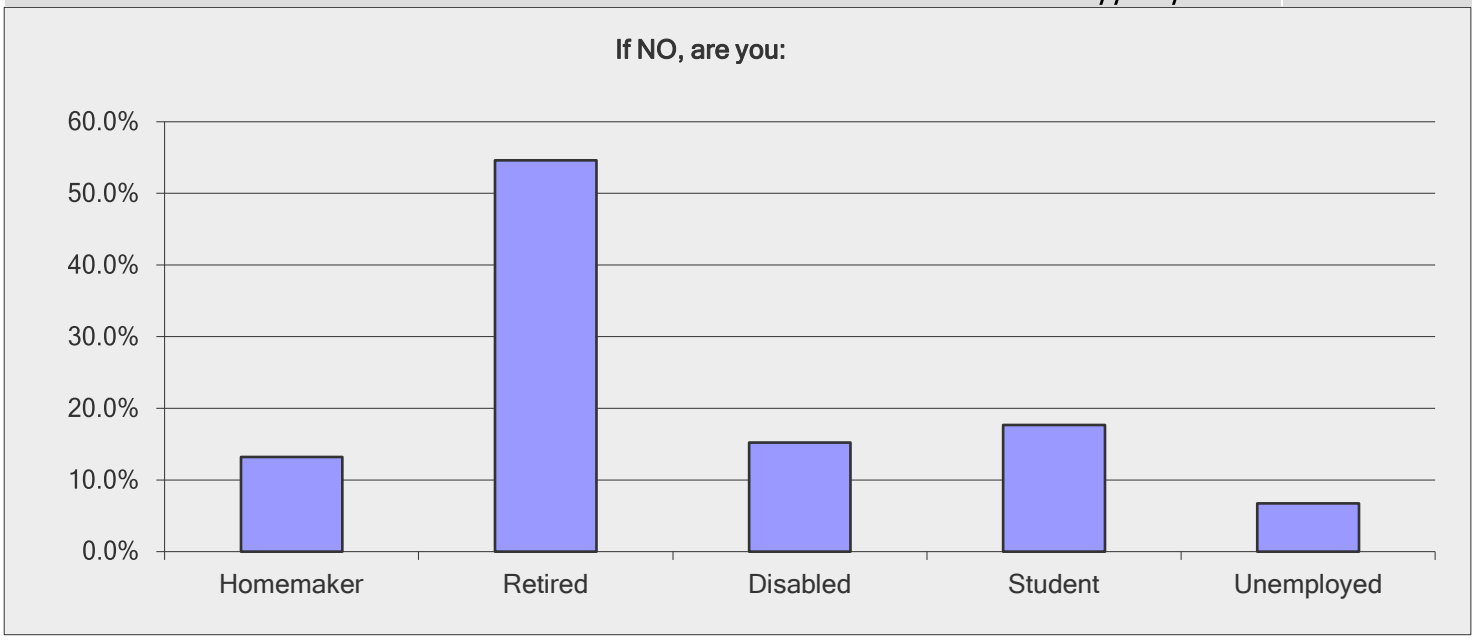
Answer Options	YES	NO	Response Count
Medical Care	1383	35	1571
Dental Care	1242	124	1490
Mental Health Care	233	240	498
Substance Abuse Care	22	267	306
Prenatal Care	86	252	359
Did you travel over 50 miles to receive the Healthcare services you needed?	262	191	488

	Question Totals
answered question	**1899**
skipped question	**86**

Are you currently employed?		
Answer Options	**Response Percent**	**Response Count**
YES: FULL-TIME	68.6%	1306
YES: PART-TIME	12.2%	233
NO	19.2%	365
answered question		**1904**
skipped question		**81**

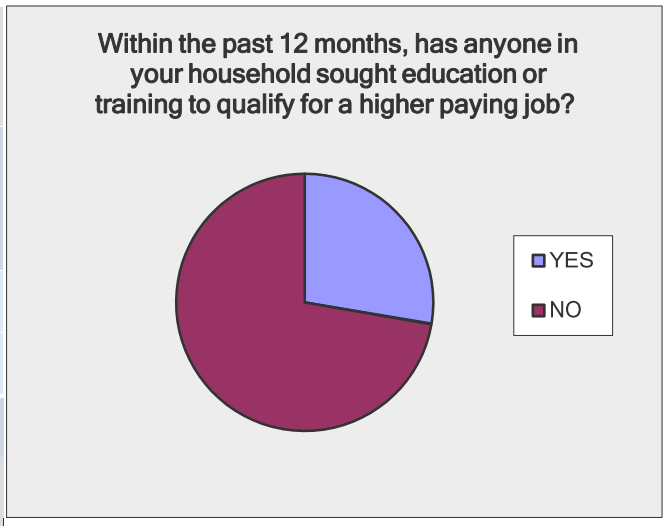


If NO, are you:		
Answer Options	**Response Percent**	**Response Count**
Homemaker	13.2%	53
Retired	54.6%	219
Disabled	15.2%	61
Student	17.7%	71
Unemployed	6.7%	27
Other (please specify)		23
answered question		**401**
skipped question		**1584**



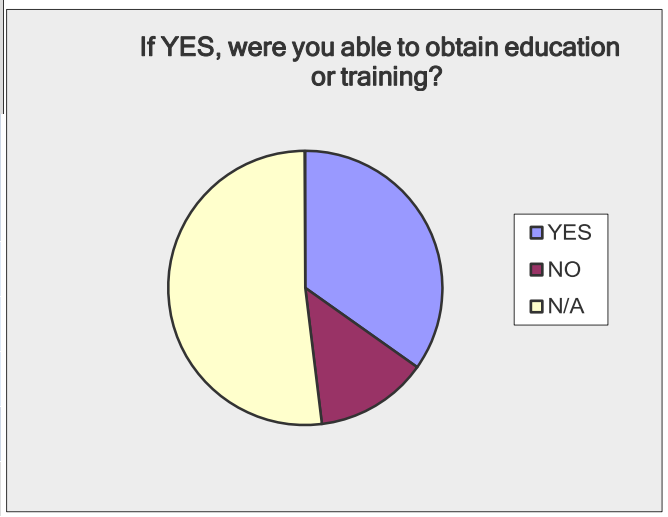
Within the past 12 months, has anyone in your household sought education or training to qualify for a higher paying job?

Answer Options	Response Percent	Response Count
YES	27.7%	523
NO	72.3%	1362
answered question		1885
skipped question		100



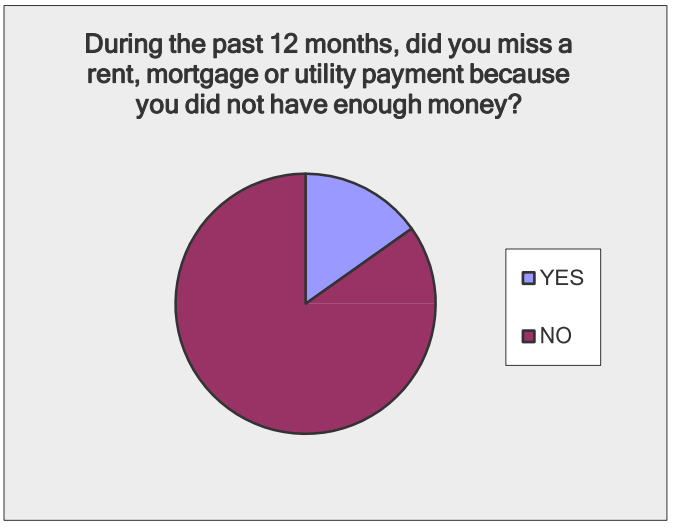
If YES, were you able to obtain education or training?

Answer Options	Response Percent	Response Count
YES	34.8%	449
NO	13.3%	171
N/A	51.9%	670
answered question		1290
skipped question		695



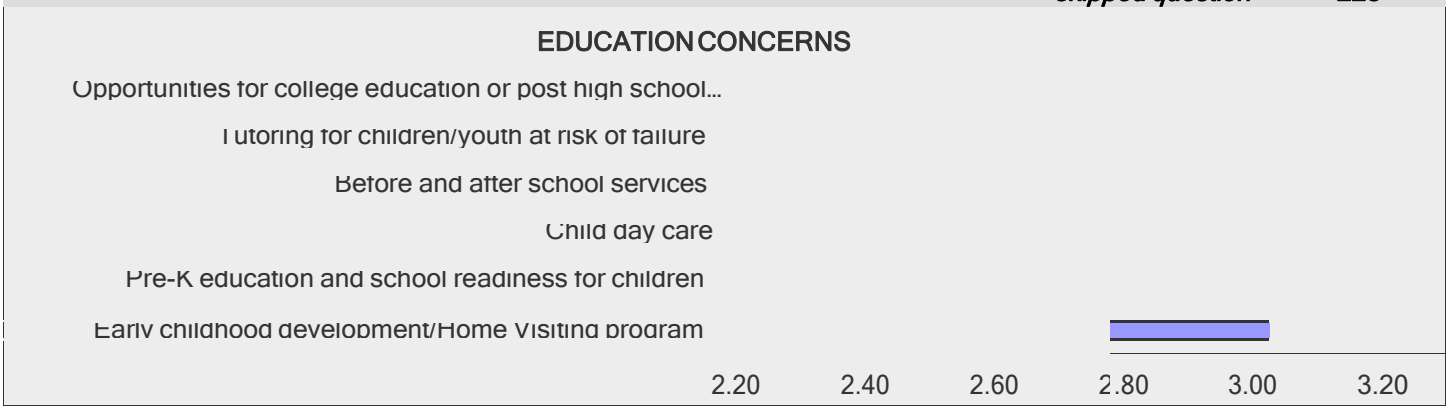
During the past 12 months, did you miss a rent, mortgage or utility payment because you did not have enough money?

Answer Options	Response Percent	Response Count
YES	15.2%	289
NO	84.8%	1613
answered question		1902
skipped question		83



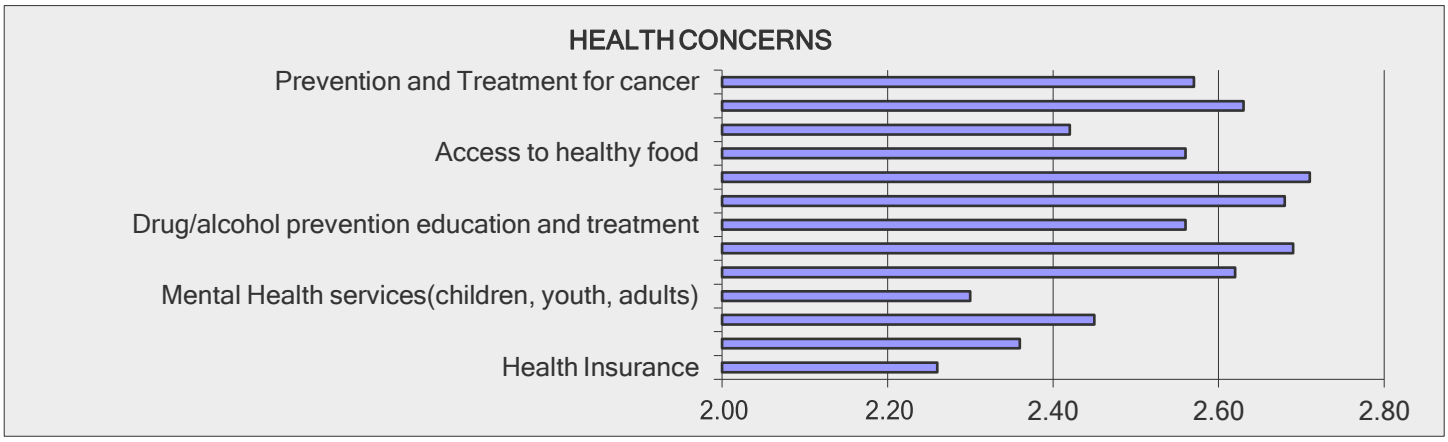
EDUCATION CONCERNS

Answer Options	Major Issue	Moderate Issue	Minor Issue	Not an issue	Don't Know	Rating Average	Response Count
Early childhood development/Home Visiting program	178	308	173	790	278	3.03	1727
Pre-K education and school readiness for children	239	332	178	761	212	2.90	1722
Child day care	283	327	191	718	198	2.85	1717
Before and after school services	278	353	196	707	181	2.81	1715
Tutoring for children/youth at risk of failure	360	365	130	646	228	2.65	1729
Opportunities for college education or post high school training	376	417	196	606	144	2.59	1739
						answered question	1757
						skipped question	228



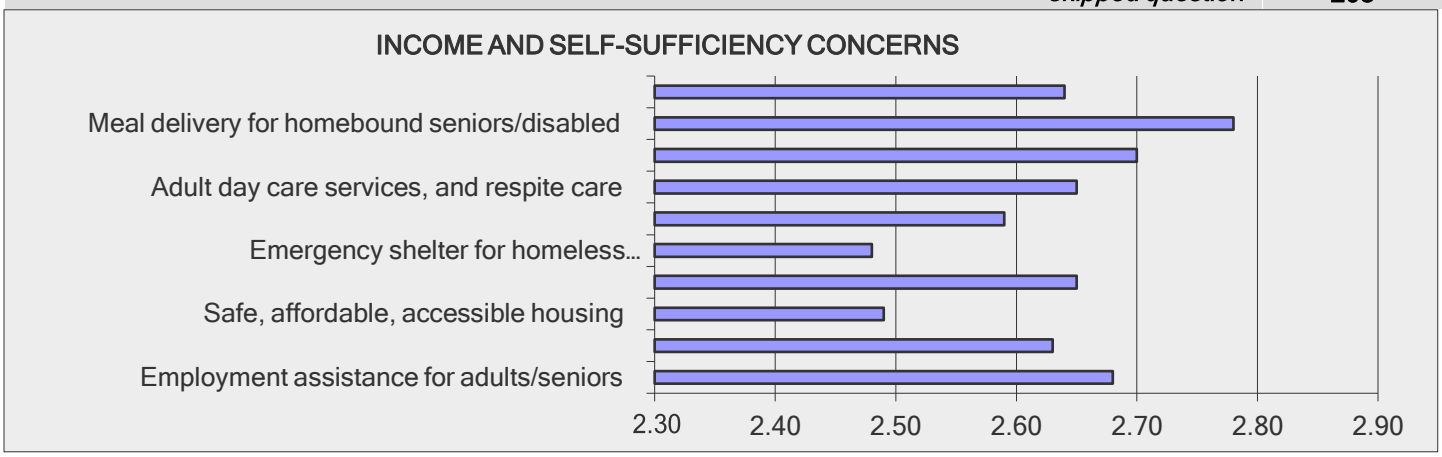
HEALTH CONCERNS

Answer Options	Major Issue	Moderate Issue	Minor Issue	Not an issue	Don't Know	Rating Average	Response Count
Health Insurance	565	376	151	402	68	2.26	1750
Basic medical care for low-income	527	319	151	452	110	2.36	1743
Treatment for chronic diseases (diabetes, heart disease, obesity)	397	409	181	426	150	2.45	1752
Mental Health services(children, youth, adults)	584	288	126	448	124	2.30	1760
Prevention and Recovery from domestic violence or abuse	359	361	130	543	166	2.62	1749
Preventive Health Education programs	268	397	231	503	160	2.69	1750
Drug/alcohol prevention education and treatment	414	339	136	535	138	2.56	1751
Teen pregnancy prevention and education	313	372	172	543	162	2.68	1748
Diabetes prevention and education	258	398	251	500	154	2.71	1752
Access to healthy food	370	390	221	487	87	2.56	1746
Overweight/obesity prevention and education	419	407	218	406	114	2.42	1752
Tobacco/e-cigarettes education/cessation	323	397	204	516	121	2.63	1749
Prevention and Treatment for cancer	363	350	221	475	151	2.57	1747
						answered question	1793
						skipped question	192

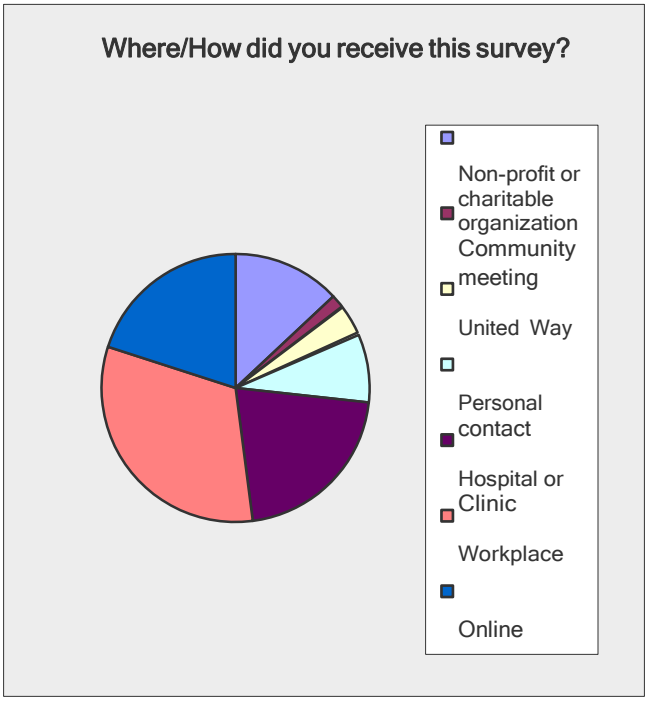


INCOME AND SELF-SUFFICIENCY CONCERNS

Answer Options	Major Issue	Moderate Issue	Minor Issue	Not an issue	Don't Know	Rating Average	Response Count
Employment assistance for adults/seniors	252	420	215	482	201	2.68	1763
Support to better manage finances	260	436	309	428	135	2.63	1758
Safe, affordable, accessible housing	413	374	202	461	112	2.49	1756
Home repair and safety for seniors	288	393	211	483	193	2.65	1763
Emergency shelter for homeless adults/children/youth	445	332	153	488	148	2.48	1759
Day care services for mentally ill	384	291	135	511	245	2.59	1758
Adult day care services, and respite care	312	353	172	508	221	2.65	1759
Specialized transportation for seniors/disabled	276	368	205	509	204	2.70	1755
Meal delivery for homebound seniors/disabled	248	353	234	548	181	2.78	1757
Food assistance	285	415	226	477	144	2.64	1731
					answered question		**1782**
					skipped question		**203**



Where /How did you receive this survey?		
Answer Options	**Response Percent**	**Response Count**
Non-profit or charitable organization	13.0%	279
Community meeting	1.7%	69
United Way	3.8%	58
Personal contact	8.2%	144
Hospital or Clinic	21.2%	349
Workplace	32.0%	517
Online	20.0%	321
Other		139
answered question		1697
skipped question		288



Data Resources

Primary Data

2016 Community Health Survey, Public Health Partners 2016 Community Health Assessment
http://www.idahopublichealth.com/files/data/community-health-assessment/2013/Community-Health-Assessment-D1-D2-09-06-13.pdf

Secondary Data

2012-2013 IDOL Idaho Primary Care Physicians Workforce Overview
http://issuu.com/idaholabor/docs/idaho_primary_care_physicians?e=3684643/1089552

2013 Idaho Dentists and Dental Specialists Workforce Supply and Demand Summary
http://labor.idaho.gov/publications/Dentist_Whitepaper.pdf)

2016 County Health Rankings
http://www.countyhealthrankings.org/app/idaho/2016/rankings/idaho/county/outcomes/overall/snapshot

For Maternal/Child indicators 2-7, Adolescents indicators, and Adults indicator 10: Vital Statistics, Bureau of Vital Records and Health Statistics
http://healthandwelfare.idaho.gov/Portals/0/Health/Statistics/2015-Reports/2015_District-County-Profile.pdf

Idaho BRFSS 2014
http://healthandwelfare.idaho.gov/Portals/0/Health/Statistics/BRFSS%20Reports/Idaho_BRFSS_Annual_Report_2014.pdf

Network of Care, Idaho
http://idaho.networkofcare.org

SPAN Idaho September 2016 Suicide Fact Sheet
http://www.spanidaho.org/uploads/2016%20sept%20fact%20sheet.pdf

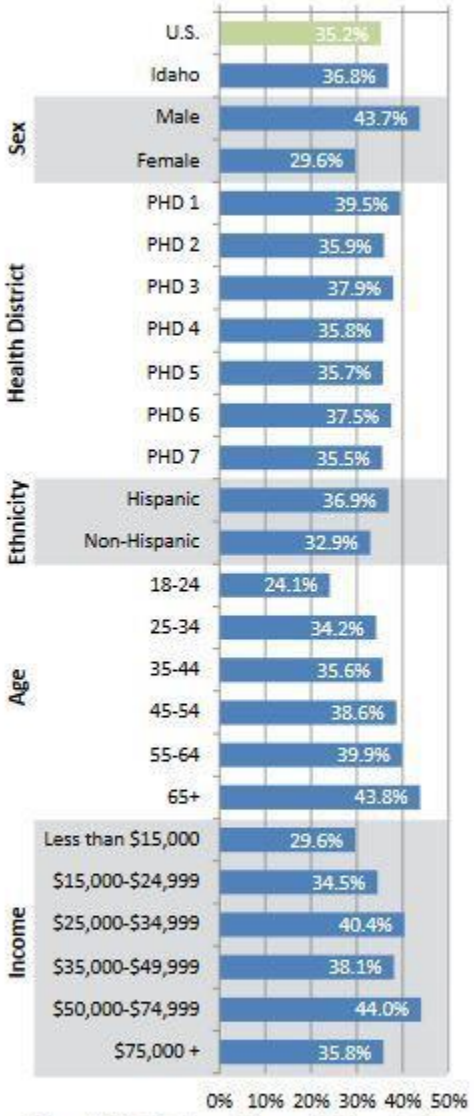
U.S. Census Bureau: State and County QuickFacts
http://quickfacts.census.gov/qfd/states/16000.html

ID Dept. of Health and Welfare- Get Healthy Idaho: Measuring & Improving Population Health Year 2 Update January 2017 http://healthandwelfare.idaho.gov/Portals/0/Health/GetHealthyIdahoV2017c.pdf

Get Healthy Idaho:
Measuring and Improving Population Health

Topic Area: Overweight/Obesity
Indicator: Percentage of adults who are overweight, 2014

The percentage of adults who are Overweight in Idaho does not differ significantly from the U.S. rate. Some significant differences exist among demographic groups.[1]



Overweight is defined as a self-reported height and weight resulting in a calculated BMI greater than or equal to 25.0 but less than 30.0.

How Many Adults?

425,000
37% of Idaho adults are overweight

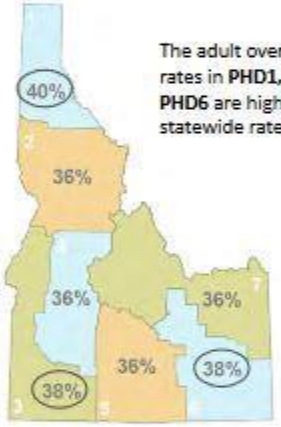
Who Are They?

Males
44% vs. 30% of females are overweight

Older Adults
The risk for being overweight increases with age

Hispanic Adults
37% vs. 33% of non-Hispanics are overweight

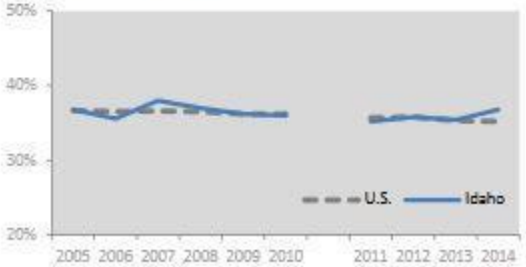
Where Are They?



The adult overweight rates in **PHD1, PHD3, and PHD6** are higher than the statewide rate of 37%

2005-2014

The percent of adults in Idaho who are overweight has remained relatively unchanged since 2005. Idaho's overweight prevalence has not differed significantly from the U.S. rate over the past 10 years.[1]



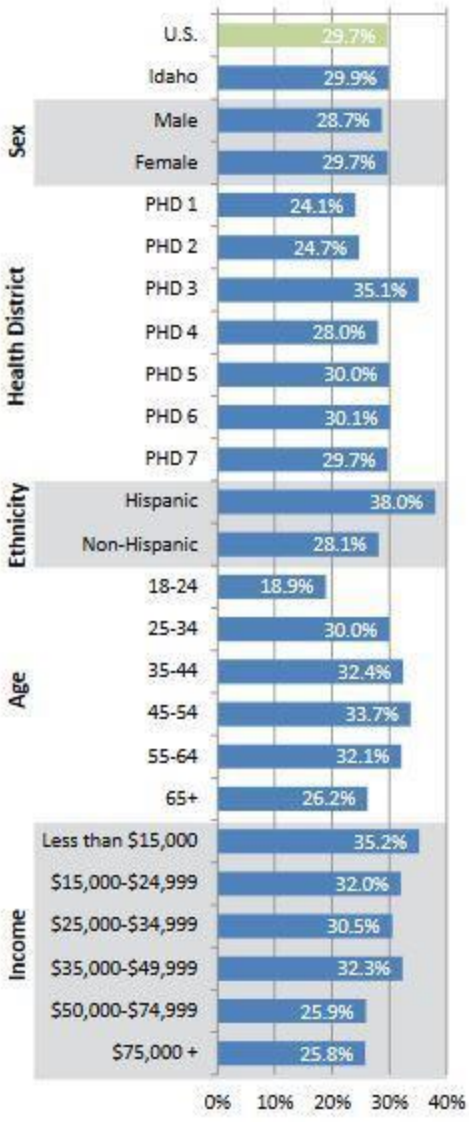
Due to changes in BRFSS methodology in 2011, data from 2011 and later are not directly comparable to 2010 and earlier.
1. Idaho Department of Health and Welfare, Division of Public Health, Behavioral Risk Factor Surveillance System, 2016.

Get Healthy Idaho, 2017

Topic Area: Overweight/Obesity

Indicator: Percentage of adults who are obese, 2014

The percentage of adults who are obese in Idaho does not differ significantly from the U.S. rate. Some significant differences exist among demographic groups.[1]



Obese is defined as a self-reported height and weight resulting in a calculated BMI greater than 30.0.

How Many Adults?

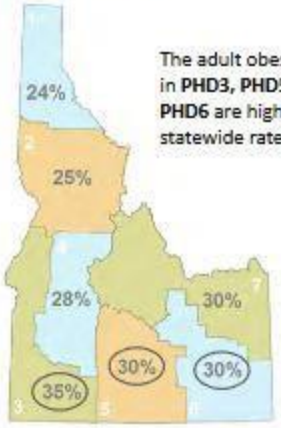
345,000
30% of Idaho adults are obese

Who Are They?

Lower Household Income
The obesity rate is significantly higher among lower income household adults

Hispanic Adults
38% vs. 28% of non-Hispanic adults are obese

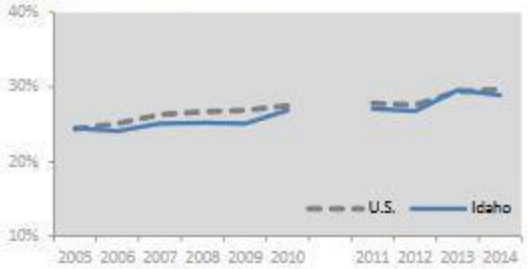
Where Are They?



The adult obesity rates in **PHD3, PHD5, and PHD6** are higher than the statewide rate of 30%

2005-2014

The percent of adults in Idaho who are obese has remained relatively unchanged since 2005. Idaho's overweight prevalence has not differed significantly from the U.S. rate over the past 10 years.[1]

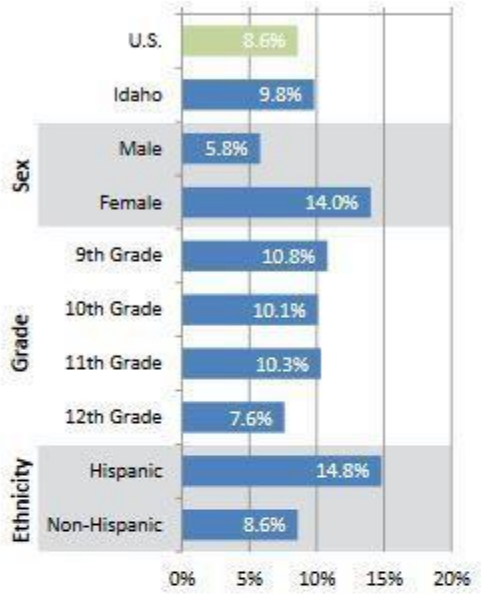


Due to changes in BRFSS methodology in 2011, data from 2011 and later are not directly comparable to 2010 and earlier.

1. Idaho Department of Health and Welfare, Division of Public Health, Behavioral Risk Factor Surveillance System, 2016.

Topic Area: Injury/Suicide
Indicator: Percentage of adolescents who have attempted suicide, 2015

The percentage of Idaho adolescents who have attempted suicide does not differ significantly from the U.S. rate. The attempted suicide rate is significantly higher among female students (vs. male students).[1]



How Many Adolescents?

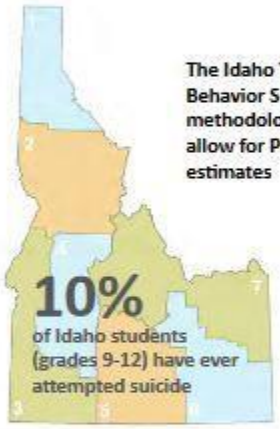
8,500
10% of Idaho adolescents (grades 9-12) have ever attempted suicide

Who Are They?

Female Students
14% vs. 6% of male students have attempted suicide

Hispanic Students
15% vs. 9% on non-Hispanic students have attempted suicide

Where Are They?

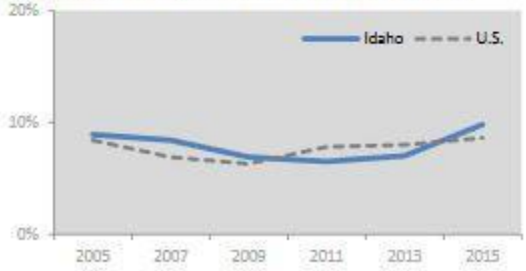


The Idaho Youth Risk Behavior Survey (YRBS) methodology does not allow for PHD-level estimates

10%
of Idaho students (grades 9-12) have ever attempted suicide

2005-2015

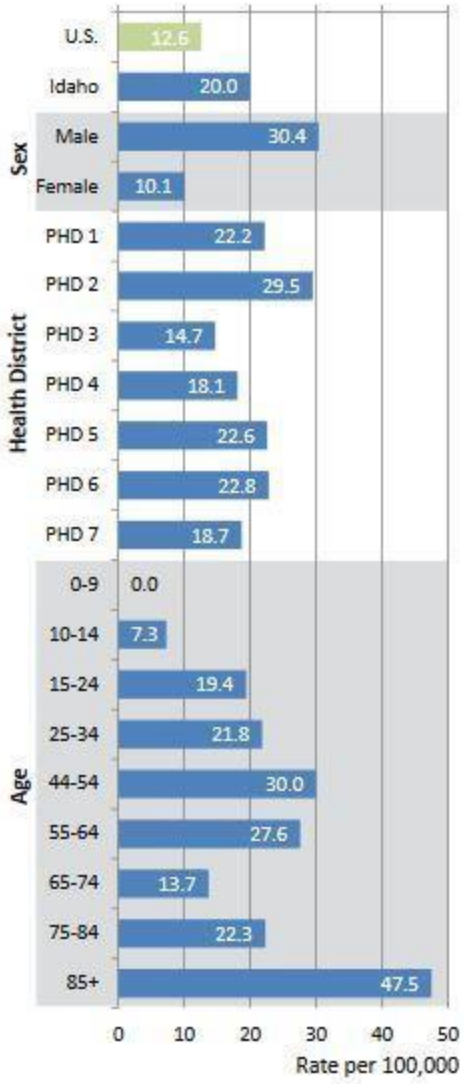
The percent of adolescents in Idaho who have ever attempted suicide has not changed significantly since 2005. Idaho's prevalence of suicide attempts has not differed significantly from the U.S. rate over the past 10 years.[1]



1. Centers for Disease Control and Prevention (CDC). 1991-2015 High School Youth Risk Behavior Survey Data. Available at http://nccd.cdc.gov/youthonline/. Accessed on July 5, 2016.

Topic Area: **Injury/Suicide**
Indicator: **Suicide death rate, 2014**

The suicide death rate (age-adjusted) in Idaho is higher than the age-adjusted U.S. suicide death rate. Some highly significant differences exist between males and females and some age groups.[1]



How Many Suicide Deaths?

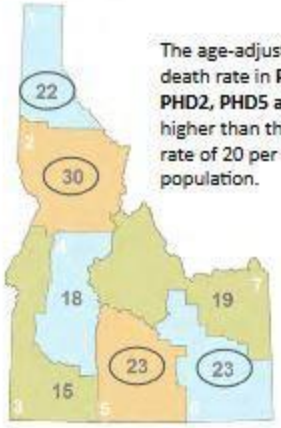
320
20 suicide deaths per 100,000 Idahoans

Who Are They?

Males
30 per 100,000 vs. 10 per 100,000 females died by suicide

Older Adults (85+ years)
The age-specific suicide death rate is highest among adults age 85 and older

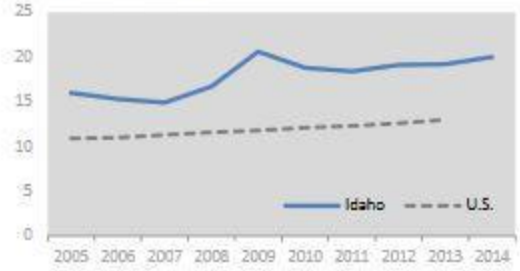
Where Are They?



The age-adjusted suicide death rate in **PHD1, PHD2, PHD5 and PHD6** is higher than the statewide rate of 20 per 100,000 population.

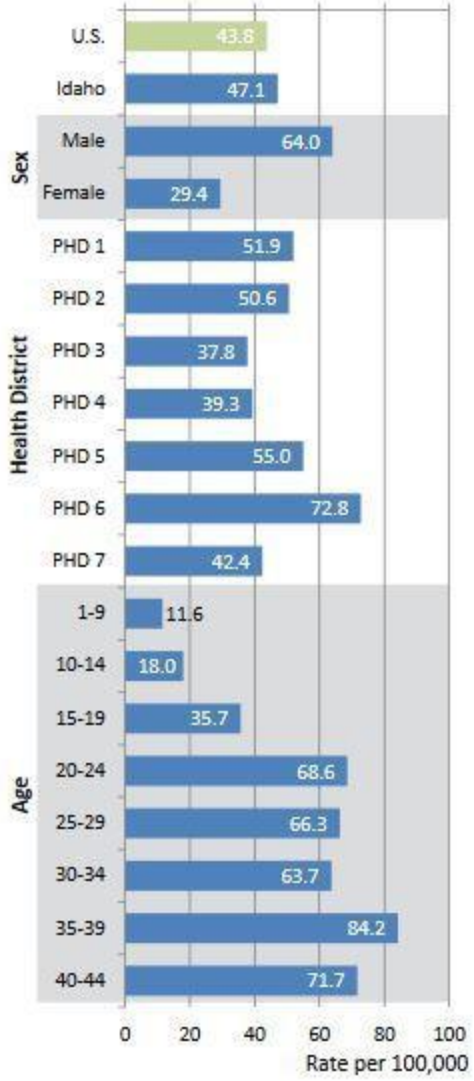
2005-2014

The age-adjusted suicide rate (per 100,000) among Idaho residents is significantly higher than the U.S. suicide rate over the past 10 years. The suicide death rate in Idaho has increased since 2005.[1]



1. Idaho Department of Health and Welfare, Division of Public Health, Bureau of Vital Records and Health Statistics. Special Request, 2016.

Injury Death Rate (age-adjusted) among Idahoans aged 1-44 is slightly higher than the U.S. injury death rate. Some significant differences exist between males and females and some age groups.[1]



How Many Injury Deaths?

461

47 injury deaths per 100,000 Idahoans aged 1-44 years

Who Are They?

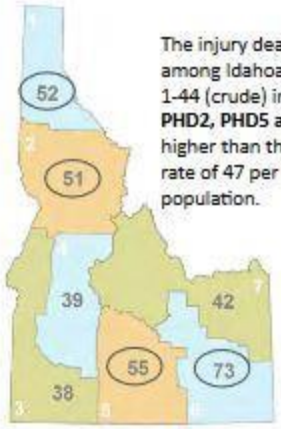
Males

64 per 100,000 vs. 29 per 100,000 females died from an injury

Adults (20-44 years)

The injury death rate increases with age

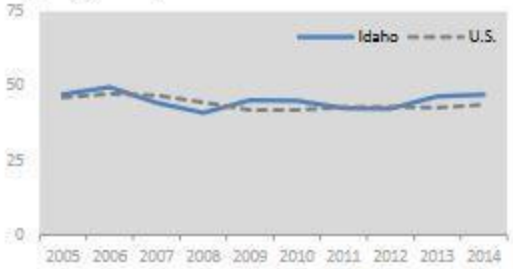
Where Are They?



The injury death rate among Idahoans aged 1-44 (crude) in **PHD1, PHD2, PHD5 and PHD6** is higher than the statewide rate of 47 per 100,000 population.

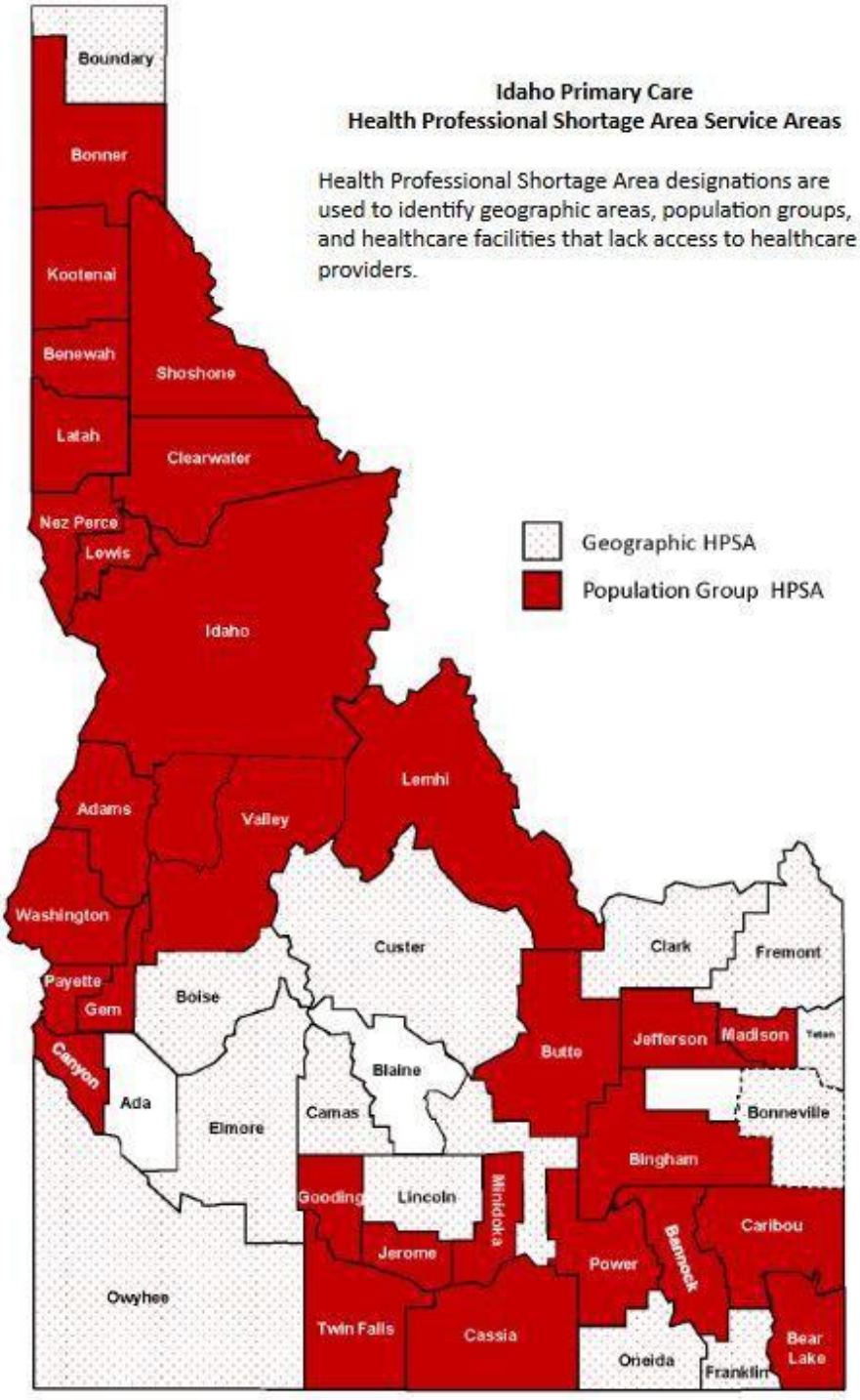
2005-2014

The injury death rate (per 100,000) among Idaho residents aged 1-44 is similar to the U.S. injury death rate over the past 10 years. The injury death rate in Idaho has not changed significantly since 2005.[1]

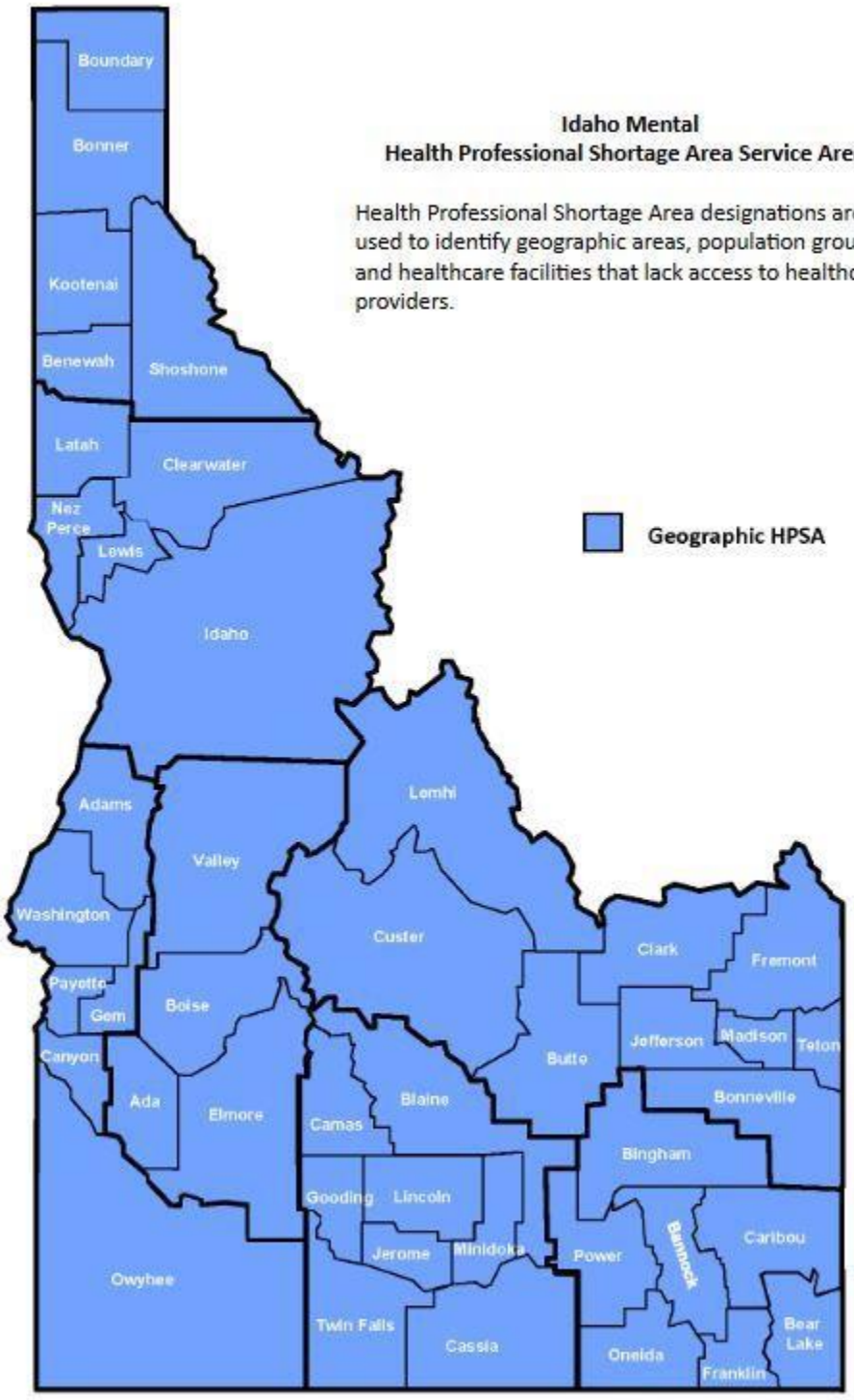


1. Idaho Department of Health and Welfare, Division of Public Health, Bureau of Vital Records and Health Statistics. Special Request, 2016.

Idaho Professional Shortage Area Maps



Get Healthy Idaho, 2017

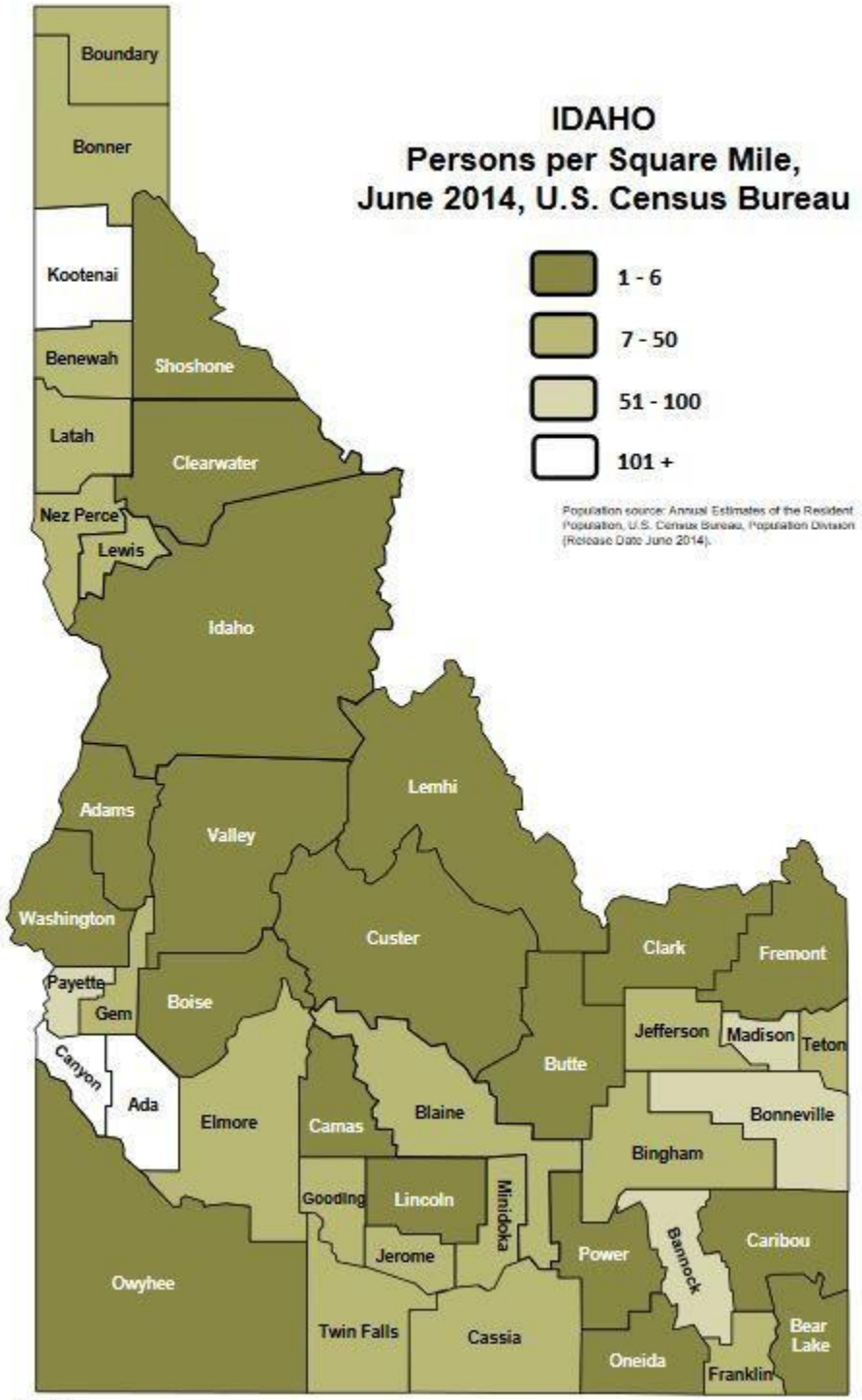


Idaho Mental
Health Professional Shortage Area Service Areas

Health Professional Shortage Area designations are used to identify geographic areas, population groups, and healthcare facilities that lack access to healthcare providers.

Geographic HPSA

Get Healthy Idaho, 2017



Get Healthy Idaho, 2017

Network of Care Web Portal

www.idaho.networkofcare.org

Network of Care is a community-based web portal that is a robust health information resource for individuals, families, and agencies concerned with community health or their personal health. Network of Care is available to anyone with internet access at no charge. The site can be viewed in multiple languages and in large print. This technology was brought to Idaho through a partnership between the Idaho Public Health Districts and Trilogy Integrated Resources, Inc.

The portal has a community health assessment side and a public side. The community health assessment side of the portal contains some 176 different health indicators that can be compared at the county or health district level against state and national benchmarks. Also included is a library of model practices that health care professionals and policy makers may use in their efforts to improve health in their communities.

The Network of Care web portal provides a vast library of resources for individuals and families to help them improve their health. Each indicator has a wide variety of information on prevention, testing, treatment, and key decision points as well as interactive self-assessment tools, forums, and news from across the country.

The Network of Care offers the best-in-class information on early intervention, prevention and health education in the country. Both the Health Indicator data and the wellness information are continuously updated for each district and county.

Crosswalk of Regional Community Health Assessments

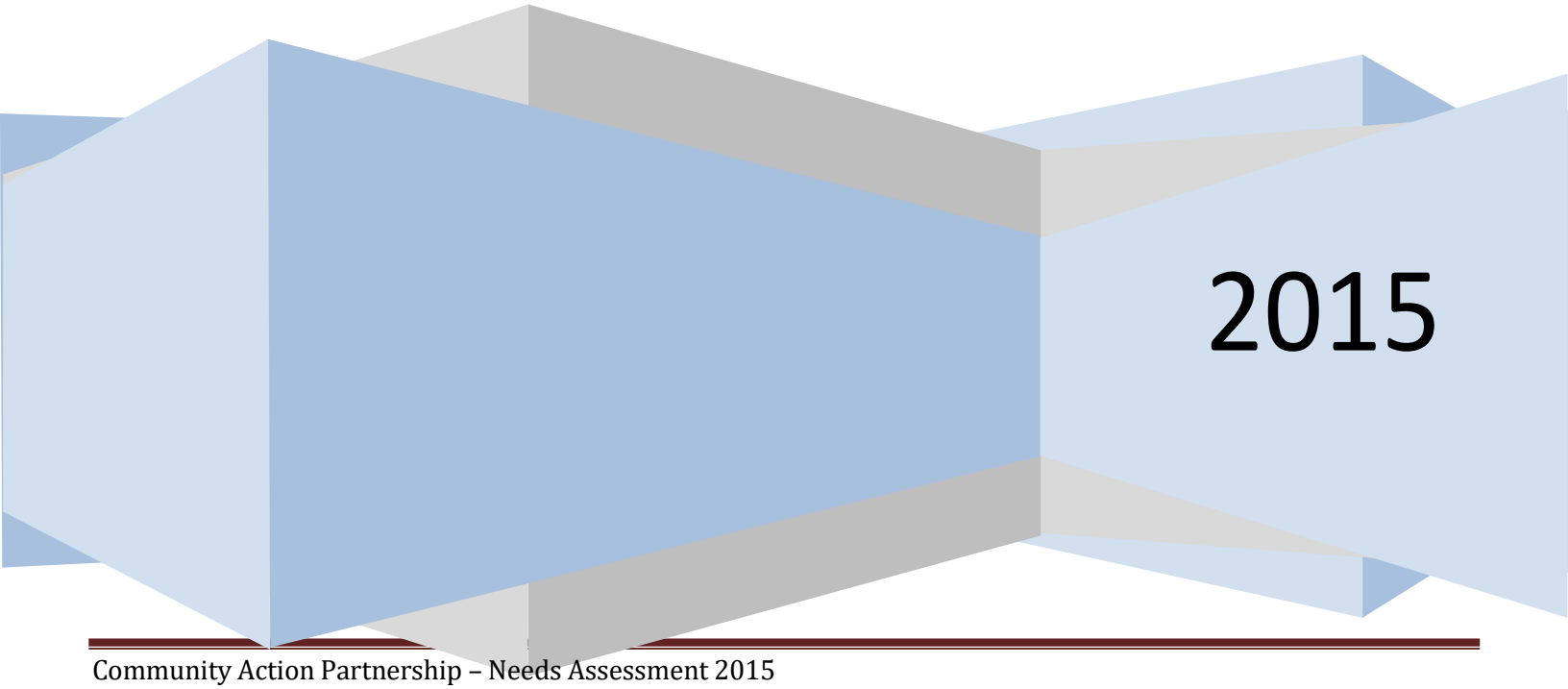
2016
Community Health Needs Assessment

Public Health
Idaho North Central District

Community Action Partnership

Community Needs Assessment

Counties Include: Benewah, Bonner, Boundary, Clearwater, Idaho, Kootenai, Latah, Lewis, Nez Perce and Shoshone in Idaho and Asotin County, Washington.



Acknowledgements

Thanks to 196 community members from eleven counties who completed 16 pages of questions sharing the most pressing needs in the community based on their experiences! Thanks to Community Action Partnership staff for conducting focus groups, distributing surveys, and completing data entry of those surveys into our survey database. Thanks to Natasha Carcas and Tahja Randall for organizing the data from all of the participant surveys into a usable format. Thanks to Erin Cassetto, Martie Beck, Heidi Hagen, Mark Haberman and Angie Titus for researching the issue areas and digging deeper into the data to understand the needs.

CAP staff members who conducted partner agency focus groups, with several also conducting participant focus groups.

Benewah County-Cindy Mottern
Bonner County-Kelly Heil & Shirley Paulison
Boundary County-Liz Bigsby
Idaho County-Heather McFrederick
Kootenai County-Lori Dahlke, Kim Spencer & Mark Haberman
Latah County-Jenifer Womack
Nez Perce & Asotin County-Angie Titus, Erin Cassetto, Martie Beck, Heidi Hagen
Shoshone County-Michael Basile
CAP Board of Directors-Lisa Stoddard & Angie Titus

Partners participating in focus groups from an 11-county area included, but are not limited to:

Aces Community Services
Aging and Long Term Care, Asotin County
American West Bank
Area Agency on Aging-CAP
Benewah County Assistance
Camas Prairie Food Bank
CDA 2030
Cedar Hills Church
Chamber of Commerce-Kellogg
CHAS-Community Health Association of Spokane (Latah County)
City of Post Falls
Community Action Partnership Board of Directors
Community United Methodist Church
Convoy of Hope
Department of Insurance
Early Head Start
Elder Advocates
Environmental Protection Agency
Families Together
Family Promise of Latah County
Feed Our Children
Fuller Center for Housing
Heritage Health
Homes of Hope
Idaho Department of Health and Welfare representatives
Idaho Department of Labor
Idaho Housing and Finance
Idaho Servant Adventures
Kellogg Police Department
Kellogg School District
Kootenai County United Way
Lewis Clark Early Childcare Program
Love, Inc.
Lutheran Church of the Master
Mayors and City officials or numerous cities
Ministerial Associations
NAMI Far North
North Idaho AIDS Coalition
North Idaho Children's Mental Health
North Idaho College
North Idaho Violence Prevention Center
Northern Lights, Inc.
Priest River Ministries/Homeless Shelter
Real Life Ministries
Sandpoint Charter School
Sandpoint Community Resource Center
Sandpoint Senior Center
Sojourner's Alliance
St. Luke's Episcopal Church
St. Pius X Catholic Church
Tavis Schmidt
Transitions in Progress Transitional Housing
Twin County United Way
United Methodist Church, Bonners Ferry
YWCA

Executive Summary

"Very often a lack of jobs and money is not the cause of poverty, but the symptom. The cause may lie deeper in our failure to give our fellow citizens a fair chance to develop their own capacities, in a lack of education and training, in a lack of medical care and housing, in a lack of decent communities in which to live and bring up their children." - Lyndon B Johnson, President of the United States, June, 1964

President Lyndon Johnson's insight into the issue of poverty was true then and still rings true today. Community Action Partnership believes that in working to solve the poverty puzzle, a multi-pronged approach is necessary. Not only does CAP help people to become more stable and more equipped to exit poverty, but also CAP works to insure that people can become more stable and more equipped in a healthy community, where all people understand their stake in creating that healthy community and where community systems effectively support all people to maximize their potential.

Operating under this ***Theory of Change***, CAP seeks to provide services, develop projects and create initiatives that help under-resourced community members insure that they are basic needs secure and that they are employable, have sufficient resources and are resilient in the face of the difficult task of exiting poverty. All of CAP's work is strengthened in communities where others share our vision, are engaged in our mission and are working together to insure that resources fully support everyone in the community.

To insure that the work done by CAP is meeting the needs of the people in our communities as fully as possible, a cycle of assessment, planning, implementation, analysis of results and evaluation to improve outcomes is conducted. This **Community Needs Assessment report for 2015** is the first step in CAP's cycle of managing for results. The information gleaned through surveys of current program participants, community focus groups, and insights from CAP's staff and Board members will guide the next steps in our ongoing process of planning, implementing, analyzing results and evaluating for improvement.

As this needs assessment informs CAP's work, it can hopefully serve as a tool for developing a shared understanding of the issues of poverty, creating a shared vision for how to address those issues, and guiding a coordinated and improved response to the needs it identifies.

Introduction

Community Action Partnership (CAP), serving the 10 northernmost counties in Idaho and Asotin County in Washington, conducts a community needs assessment every three years to understand the depth and detail of need for under-resourced individuals and families in our communities. This helps CAP staff and the board of directors to determine next steps in our strategic plan (aka The Pipeline) and identify outcomes that need to be met in order to achieve our mission of being *a catalyst for building relationships that inspire and equip people to end poverty in our community.*

Definitions

Throughout this report, some of the needs assessment data will include "households in poverty" which commonly refers to 100% of Federal Poverty Guidelines, effective July 1, 2015 100% of federal poverty level is $11,770 annual income ($980.83 monthly) for a single person or $24,250 annual income ($2,020.83 monthly) for a family of four. CAP income eligibility requirements typically fall between 125% of Federal Poverty level for individuals served under Community Services Block Grant guidelines and 200% of Federal Poverty Level for some individuals receiving weatherization services. Because CAP chooses to define poverty as a lack of resources, "under-resourced community members" is the phrase used most often in this report to describe individuals in poverty. Unless directly quoting a report that uses terms like "low income" or "in poverty, the term most often used by CAP to describe those we serve is "under resourced." Also, the geographic barrier of the Snake River and a state line dividing Nez Perce County, Idaho and Asotin County, Washington do not serve as actual separations for the people living in those communities. The proximity of those two counties often means that data and demographics for Asotin County, Washington mirror those of Nez Perce County, Idaho more closely than the rest of the State of Washington. When appropriate, Asotin County data and demographics are referenced separately. More often, they are included as part and parcel of the rest of CAP's service area in Idaho.

Surveys

Overall, 196 CAP client households completed a 16 page comprehensive survey. These household sizes ranges from a single person to more than 8 in a household. During the spring of 2015, CAP conducted four focus groups with under-resourced individuals in our Future Story Initiatives in Coeur d'Alene and Lewiston who are working on goals in their plans to move out of poverty. Nine additional focus groups were conducted throughout CAP's 11-county service area, inviting community partners, volunteers, and government officials to share their insights about the most pressing needs in the community, what programs are currently available to meet those needs, and what is still needed.

For the 196 under-resourced households completing the survey, demographics are described below:

Age Ranges

Age Range	# and Percentage completing surveys
Below Age 18	**0/0%**
18-23	**20/10%**
24-44	**75/39%**
45-54	**35/18%**
55-69	**46/24%**
70+	**17/9%**
Total completing survey that provided age	**193 out of 196 surveys**

Household Types

Household Make Up	# and Percentage completing surveys
Single Parent Female	**44/23%**
Single Parent Male	**11/6%**
Two-parent household	**36/18%**
Single Person	**55/28 %**
Two-parent no children	**23/12%**
Multi-family household	**11/6%**
Grandparents and Grandchildren	**5/2%**
*Other	**9/5%**
Total Sharing Housing Information	**194 out of 196 surveys**

*Most of the other column were adult children living with parents

Household sizes ranged from one to seven people in a household, with nearly 30% being single individuals. The next most common household type included two to three total household members.

Ethnicity/Race

While less than 10% of those surveyed were a race or ethnicity other than Caucasian or white, some households did identify as Native American and Hispanic. This falls in line with the demographics of the service area. 89% percent of the population of CAP's service area is categorized as white with the next largest population, 3.75% being Native American or Alaska Native.

Educational Background

Educational Background	Number/Percentage
Unsure	2/ 1%
Less than high school diploma	25/ 13%
High School graduate	50/ 26%
GED or high school equivalency	27/ 14%
Vocational or trade school	6/ 32%
Some college (or still in college)	47/ 24%
Two-year degree	16/ 8%
Four-year degree	14/7%
Other (specify)	6
Totals	193 out of 196 Surveys

*several of the other category were a certified nursing assistant

Income Sources

From the client assessment, nearly half of survey respondents had income from employment, with the other half indicating that financial resources mainly came from some form of social security (including social security disability.) Less than 3% received TANF and 1% received unemployment.

Key Findings of Needs from Survey and Focus Groups Respondents

- **Employment –** Jobs that pay and increased job skills
- **Education – E**ducation/training that leads to jobs that pay and education around financial management
- **Housing –** Affordable housing options, especially for special populations (felons, poor credit)
- **Nutrition –** Increased availability of nutritious food and nutrition education
- **Health Care –** Availability and affordability, specifically of mental health treatment, substance abuse treatment, dental care
- **Transportation –** Availability/access and affordability
- **Services –** Availability of services, targeted access (especially for people who are disabled, homeless, in crisis/emergency situations, outside larger communities, youth, offenders, seniors)

Employment

As of August 2015, Idaho's unemployment rate was 4.1%, while nationally the unemployment rate was 5.1%. In CAP's service area, two distinct labor markets exist. One, the northern Idaho Panhandle, is comprised of Boundary, Bonner, Kootenai, Shoshone and Benewah Counties. The other, the North Central Idaho region, is comprised of Latah, Clearwater, Nez Perce, Lewis and Idaho Counties. And, although located in a separate states, with just a river dividing Asotin County, Washington and Nez Perce County, their economies are closely tied enough to really be considered one and the same.

For the northern Idaho Panhandle, the unemployment rate for August 2015 was 6.2%. For the North Central region (including Asotin County), the unemployment rate for August 2015 was 4.9%, putting **both regions in CAP's service area above the statewide unemployment rate of 4.1% for the same timeframe.**

Additionally, **three of the four counties in Idaho experiencing an unemployment rate above 6% during August of 2015 are in CAP's service area**. Clearwater County's unemployment rate is 7.8%, Shoshone County's unemployment rate as 7.6%, and Benewah County's unemployment rate was 7.3%. And, **of the recognized Metropolitan Statistical Areas (MSAs) in Idaho (population of at least 50,000), Coeur d'Alene in the Idaho Panhandle has the highest unemployment rate in the state at 4.9%.** (*Source: Idaho Department of Labor)*

As employment is directly tied to income, a number of other forces contribute to the needs associated with employment is CAP's service area. In 2013, the per capita income (calculated by dividing the total income of all people 15 years old and over in a geographic area by the total population of that area) in the nation was $44,765. In the State of Idaho in 2013, per capita income was $36,146. But in CAP's service area, the per capita income was $34,832 in the northern Idaho Panhandle and $31,631 in the North Central region. *(Source: Idaho Department of Labor)*

Finally, also impacting the issues of employment in Idaho is the fact that according to statistics from the *U.S Bureau of Labor Statistics*, in 2013 Idaho lead the nation in the percentage of its workforce in part-time jobs with 23.9%. The national average for percentage of workers in part-time jobs was only 21.2%.

The good news is that projections for jobs and workforce growth in Idaho between now and 2022 are strong. The *Idaho Department of Labor Jobs Forecast* report for August 2014 projects the addition of 109,000 new jobs in Idaho by 2022. This includes 20% growth in the goods producing sector, 17% growth in the service providing sector, 27% growth in health care and social assistance jobs and a 39% increase in jobs in the construction industry. However, of these new jobs, analysts project that 27% will require job seekers to hold a Bachelor's degree or higher to be competitive and 60% of total projected openings will require some college, training or certificate beyond a high school diploma.

Education

With a projected 60% of new jobs in the next decade requiring job seekers to have some college, training or certification beyond high school, and another 27% projected to require a Bachelor's degree or higher, it is disheartening that Idaho is in the bottom 10 states in the nation when it comes to people going on after high school and completing a 4 year college degree. Additionally, Idaho is 46th (of 50 states) in college going rates of high school graduates (directly from high school), 47th in the nation in the percentage of 18-24 year olds enrolled in college, 46th in retention rates for first time college freshman returning for their second year, and 44th in graduation rates from college (BA degree in 6 years). (*Source: National Information Center for Higher Education Policy Analysis)*

Not only do these statistics impact future workforce preparation, they also impact employment and income challenges in CAP's service area. The *College Board, Education Pays 2012 report* states that for every year of school finished beyond high school, wages increase by 10%-20%. And, from an *Idaho Department of Labor* report in 2010, "Idahoans who end their education with high school can expect to earn half of what those with a 4-year degree."

And, states with higher educational attainment statistics tend to have higher per capita incomes. As stated previously, per capita income in Idaho is lower than the national average and per capita income in CAP's service area is even lower that the State of Idaho average. This statistic is directly impacted by educational attainment.

In early education, poverty itself is one of the biggest barriers to achievement. Poverty is identified as an adverse childhood experience (ACE) that negatively impacts brain development. While 17.7% of children in CAP's service area live at or below the federal poverty line, nearly half of K-12 students are low income as defined by eligibility for free and reduced cost lunch programs. Besides poverty, other adverse childhood experiences include domestic violence, sexual abuse, neglect, substance abuse, hunger, divorce or loss of a loved one due to death or prison, substance abuse, and mental illness.

"The Adverse Childhood Experiences (ACE) Study is one of the largest investigations ever conducted to assess associations between adverse childhood experiences and later-life health and well-being.
The ACE Study findings suggest that certain experiences are major risk factors for the leading causes of illness and death as well as poor quality of life in the United States. It is critical to understand how some of the worst health and social problems in our nation can arise as a consequence of adverse childhood experiences. Realizing these connections is likely to improve efforts towards prevention and recovery."
-Centers for Disease Control

The effects of these adverse early childhood experiences are also compounded by the fact that according to the *Idaho Kids Count* data book, in 2013 less than half (45%) of low-income children entering kindergarten were ready to read. In Idaho, only 35% of 3 and 4-year old children are enrolled in some form of preschool or enrichment program, as compared to the national average of 48%, and Idaho is one of only ten states not offering any form of public preschool programming.

Report Area	Percent No High School Diploma	Percent High School Only	Percent Some College	Percent Associates Degree	Percent Bachelors Degree	Percent Graduate or Professional Degree
Report Area	9.26	31.05	27.95	9.13	15.19	7.41
Benewah County, ID	12.57	43.5	24.2	6.3	8.7	4.7
Bonner County, ID	9.33	30.8	29.6	9.2	14.7	6.4
Boundary County, ID	15.12	37.3	25.3	6.9	9.2	6.1
Clearwater County, ID	15.15	36.7	24.3	8.3	10.8	4.7
Idaho County, ID	11.11	41.1	25.8	7.2	11.3	3.5
Kootenai County, ID	7.86	29.4	29.4	10.1	16	7.3
Latah County, ID	4.69	20.6	23.2	7.4	25.9	18.2
Lewis County, ID	11.7	35.4	27.8	8.9	13.4	2.8
Nez Perce County, ID	10.05	31.7	27.7	9.4	14.6	6.5
Shoshone County, ID	15.19	33.4	29.3	8.7	9.8	3.6
Asotin County, WA	10.37	34.1	28.2	9.6	11.7	6
Idaho	11.2	27.8	27.1	8.8	17.2	7.8
Washington	9.98	23.6	25.1	9.5	20.4	11.5
United States	13.98	28.1	21.3	7.8	18.1	10.8

Note: This indicator is compared with the lowest state average. Data breakout by demographic groups are not available.
Data Source: US Census Bureau, American Community Survey. Source geography: County

The Educational Attainment chart above shows the distribution of education attainment levels in the CAP service area. Educational attainment is calculated for persons over 25, and is an average for the period from 2009 to 2013.

Housing

Affordable housing continues to be one of the top needs identified by program participant and focus group respondents in CAP's service area. Specific needs identified are the need for more affordable rental housing units, the need for housing options for special populations (offenders, poor credit), and the need for transitional housing for single adults.

On average, over 60% of survey respondents reported they are unable to find affordable housing to purchase, while 67% reported they are unable to find affordable housing to rent. Survey responses indicated that Asotin County is the most difficult county in which to find affordable housing, followed by Bonner County, Clearwater and Lewis Counties.

A benchmark for affordable housing is 30% of income. Families who pay more than 30% of their income for housing are considered "cost burdened" and may have difficulty affording necessities such as food, clothing, transportation and medical bills. A family with one full-time worker earning the minimum wage cannot afford the local fair-market rent for a 2-bedroom apartment anywhere in the U.S. (U.S. Department of Housing and Urban Development). The *2015 Corporation for Enterprise Development (CFED) Scorecard* for Idaho reports that 47.7% of renters are "housing cost burdened".

The table below illustrates the "housing wage" for a 2-bedroom apartment at fair market rental rates in CAP's service area. The **"housing wage" is the hourly wage a household with a single full-time worker must earn in order to afford the fair market rent for a 2-bedroom unit at 30% of their household income**.

County	Housing Wage
Boundary	$12.25
Bonner	$12.75-$13.49
Kootenai	$13.50-$17.81
Shoshone	$12.25
Benewah	$12.25
Latah	$12.50-$12.74
Nez Perce/Asotin	$12.50-$12.74
Clearwater	$12.25
Lewis	$12.25
Idaho	$12.25

(Source: National Low-Income Housing Coalition

Nutrition

In community partner focus groups, food and nutrition was identified as a top community need in many counties. Responses included the need for increased emphasis on weekend nutrition for school-aged children, availability of more protein, fresh fruits and vegetables in food banks, and educational information on selection and preparation of healthy foods. It was also noted that larger quantities of food (through food banks) is a significant need. And while the Supplemental Nutrition Assistance Program (food stamps) were identified as a resources, it was noted that some aren't receiving food stamps because they don't feel the small amount is worth it or there is too much pride to apply for food stamps.

The table below shows that 16,628 households (or 12%) across CAP's service area received SNAP benefits during 2013. During this same period, there were 11,794 households with income levels below the poverty level that were not receiving SNAP benefits.

Report Area	Households Receiving SNAP Total	Households Receiving SNAP Percent	Households Receiving SNAP Income Below Poverty	Households Receiving SNAP Income Above Poverty	Households **Not** Receiving SNAP Income Below Poverty
CAP Service Area	16,628	12%	8,635	7,993	11,794
Benewah County, ID	437	11.24%	212	225	317
Bonner County, ID	1,989	11.44%	1,093	896	1,762
Boundary County, ID	362	8.74%	261	101	561
Clearwater County, ID	327	9.22%	191	136	263
Idaho County, ID	705	10.79%	401	304	624
Kootenai County, ID	7,036	12.64%	3,405	3,631	3,971
Latah County, ID	1,478	9.89%	959	519	2,222
Lewis County, ID	175	10.54%	112	63	162
Nez Perce County, ID	1,559	9.73%	803	756	945
Shoshone County, ID	939	16.43%	496	443	487
Asotin County, WA	1,621	17.9%	702	919	480
Idaho	70,901	12.23%	35,891	35,010	48,518
Washington	358,728	13.64%	162,340	196,388	155,200
United States	14,339,330	12.4%	7,498,398	6,840,932	8,917,586

Data Source: US Census Bureau, American Community Survey. 2009-13. Source geography: County

Childhood Hunger

In the Education section, the impact of hunger and poverty on childhood learning was discussed and described as an adverse childhood experience. The chart below shows the county-level data for children on free and reduced-priced lunches, with the greater majority in all of these counties being eligible for free lunch. Although many of these counties indicate an average ranging anywhere from 40-65% of children who are eligible for free and reduced-priced lunches, there are schools that have up to 80-95% of their children on free and reduced-priced lunches. For example, while the Asotin County average is 56%, Grantham Elementary School in Asotin County has 89% of their students on free or reduced-priced lunch (80% free, 9% reduced-priced.) (http://elementaryschools.org/directory/wa/cities/clarkston/grantham-elementary)

Report Area	Total Students	Number Free/Reduced Price Lunch Eligible	Percent Free/Reduced Price Lunch Eligible
Report Area	48,612	22,488	**46.26%**
Benewah County, ID	1,360	851	**62.57%**
Bonner County, ID	5,150	2,915	**56.6%**
Boundary County, ID	1,478	833	**56.36%**
Clearwater County, ID	980	567	**57.86%**
Idaho County, ID	1,684	849	**50.42%**
Kootenai County, ID	21,517	9,280	**43.13%**
Latah County, ID	4,904	1,762	**35.93%**
Lewis County, ID	885	548	**61.92%**
Nez Perce County, ID	5,486	2,084	**37.99%**
Shoshone County, ID	1,849	932	**50.41%**
Asotin County, WA	3,319	1,867	**56.25%**
Idaho	282,965	134,560	**48.18%**
Washington	1,051,694	474,940	**45.19%**
United States	49,936,793	25,615,437	51.7%

Note: This indicator is compared with the lowest state average.
Data Source: National Center for Education Statistics, NCES - Common Core of Data. 2012-13. Source geography: Address

The United States Department of Agriculture defines ***food insecurity*** as the lack of "consistent, dependable access to enough food for active healthy living." According to a **2013 report issued by the Economic Research Service/USDA, 15.1% of Idaho residents and 14.3% of Washington residents experienced food insecurity.** Rates of food insecurity were substantially higher for households with incomes near or below the federal poverty line, households with single parents, and Black or Hispanic-headed households. Food insecurity was also more common in large cities and rural areas. (*Source: Household Food Security in the United States in 2013, Economic Research Service/USDA)*

This report is supported by the results of CAP's survey of participants. Of the nearly 200 individuals completing participant/client surveys, 33% of respondents indicated that they had gone hungry because they were not able to get enough food, 67% indicated that they had skipped or cut back on the size of their meals because there wasn't enough money for food, and 87% indicated that they used food assistance services such as food stamps, food banks or other programs that helped with food or food costs.

Health Care

Community partner focus groups provided the deepest insight into this issue, sharing about the gaps in mental health services, substance abuse treatment, and the lack of dental and medical providers in our region who will take under-resourced patients, many of whom have Medicaid as a form of payment. Focus group participants shared that there was no available crisis support for mental health or substance abuse issues other than calling 911.

For residents in CAP's service area in Idaho, Coeur d'Alene is the nearest Idaho-based substance abuse facility. For Asotin County residents, Spokane County Detox, 100 miles away, is the nearest facility. Due to the distance for many of these treatment centers, lack of availability of open slots and high cost, people facing substance abuse issues detox at home, in jail, or in the hospital for a short period of time.

The Latah County focus group shared that health care services are needed for those that are not Medicaid eligible, needing prescriptions and needing mental health services. The group reported needing programs that fill in the gap between Medicaid and Affordable Care Act subsidies along with prescription programs for uninsured individuals and mental health services.

Orofino also listed mental health at the top of the list, with prevention services and mental health treatment being their largest need. Respondents stated that people usually have to go to Lewiston, Spokane, and Boise to get help and that often community members have to commit a crime and get involved with law enforcement before they can access mental health services.

"Community members have to commit a crime before they can be picked up."
-Orofino Partner Agencies Focus Group

The same kind of information about lack of availability and affordability came out in CAP's survey or program participants. Of the nearly 200 participant respondents, 51% reported that when care was needed (in the areas of medical, dental, mental health care, prescription medication, or drug/alcohol treatment) they were not able to receive it. Not surprisingly some of our most rural counties (Bonner, Boundary, Clearwater, and Idaho Counties) had the highest percentages of respondents (over 60%) noting there is a lack of receipt of care when needed. There seem to be a number of factors, not simply limited availability of primary care physicians, contributing to why people who needed care didn't receive care:

- 63% said medical care cost too much.
- 73% stated dental care cost too much.
- 51% stated that prescriptions cost too much.
- 69% reported that a lack of medical insurance was a barrier.
- 75% respondents reported lack of dental insurance was a barrier.
  **Lack of insurance was a fairly dramatic barrier for those living in Nez Perce, Latah, Kootenai, Idaho, Clearwater and Benewah counties.*
- 65% of surveyed said there were too many other things their household needed so resources couldn't be spent on health care.
- 78% of respondents would place other expenses as a priority over dental care

Uninsured

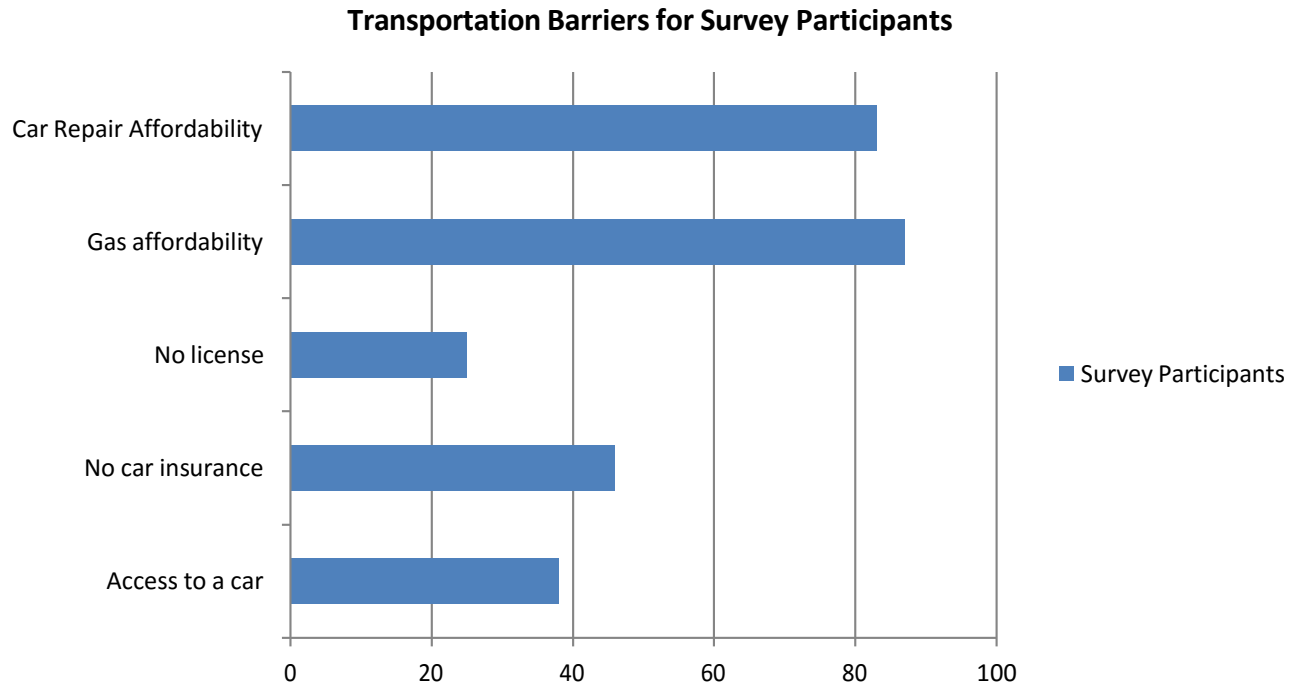
Lack of Insurance was a barrier for most individuals surveyed, not just those seeking care. Of 196 under-resourced community members surveyed, 41% had no insurance, 29% had Medicare, 20% reported other forms of insurance, 10% did not respond. 2013 census data for CAP's service area showed that 19.4% of the population under 65 was uninsured. When looking at this same area and age range, but accounting for poverty, 28% of individuals at or below 138% of the federal poverty line were uninsured. CAP's survey respondents indicate a significantly higher number for whom having no insurance is a barrier to accessing health care services.
http://www.census.gov/did/www/sahie/data/interactive/cedr/sahie.html?s_appName=sahie&s_statefips=16,53&s_stcou=16009,16017,16021,16035,16049,16055,16057,16069,16079,16061,53003&menu=grid_proxy)

Despite these numbers, Idaho's overall health ranks 18th among the states, according to America's Health Rankings report. (http://www.americashealthrankings.org) Hawaii was the healthiest of the states, Washington ranked 13th and Mississippi was 50th. Washington's strengths were: low prevalence of physical inactivity, low prevalence of low birthweight, and low rate of preventable hospitalizations. Washington's challenges: high rate of drug deaths, high incidence of pertussis, and large disparity in health status and educational attainment. Idaho's strengths were: low incidence of infectious disease, high per-capita public health funding, and low rate of preventable hospitalizations. Idaho's challenges: high levels of air pollution, low immunization coverage among teens, and limited availability of primary care physicians. (http://www.americashealthrankings.org)

Transportation

Transportation in CAP's mostly rural service area is an issue that cannot be solved by looking at many urban solutions. Even where public transit is available (in larger communities like Lewiston and Coeur d'Alene), there are significant barriers to people using it if they have to be at a specific place at a specific time and public transit is limited or not available during evenings and weekend, impacting those with late or weekend work shifts. Lack of available, affordable transportation options is often a barrier to obtaining and maintaining a job, attending an education or training program, access to healthy food, and access to health and other services. Because of the high cost of transportation, it is often unreliable (no money for gas, needed car repairs, etc.) or shared with others (reliant on the schedules and resources of others). In Idaho, the average price for a gallon of regular fuel exceeds the national average by nearly 29¢. (*Source: AAA Daily Fuel Gauge Report)*

Nearly 60% of respondents to our survey indicated a car works best for them for transportation because no other service is available or routes and/or times of available service don't work for their schedules. 70% of respondents reported transportation problems. The chart below details the transportation issues shared by those responding to CAP's survey.



Community Action Partnership's Pipeline to End Poverty

	Target Outcomes	*Fallout Costs*	*Strategies*
Birth to Six	Kindergarten Readiness Brain Development Early Immunizations	Rate of return to investment in human capital is the highest for prenatal to age three programs. The returns can be as high as 15-17%[1]	Kindergarten Boot Camp 7 Habits Resilience Skill Building Parent Emotional and Financial Stability
K-12	Reading at Grade Level, Resilience Skills Present Immunizations Dental/medical Services	Accumulated traumas (poverty, violence, etc.) result in students having higher behavior and health disorders and a lower likelihood of academic success.[2]	Leader in Me Resilience Building 7 Habits for Families Bridges out of Poverty Clothing Exchange Immunization Clinics
Post-Secondary	Retention Rates Graduation Certifications	Two of three new jobs in Idaho will require education beyond high school.[3]	Bridges out of Poverty Investigations Course Poverty Simulation GEDs
Employment	Employment Rates Job Retention Increased Income	The average turnover cost for an employee ranges from $1,062 to $5,582 per employee depending on the industry.[5]	Bridges to Work Poverty Simulation Future Story Initiative 7 Habits
Financial Stability	Access to fair credit Asset development Retirement Savings Basic needs being met	In 2011, 32% of working families were below 200% of Federal Poverty Level. ($22,811 before taxes for a family of 4 with 2 children)[6]	Bridges to Work Matched Savings /EITC Direct Services-Energy Assistance, WX, Food, Housing
Quality of Life	Access to quality community living for all-specifically older adults & disabled individuals Reduced re-admissions to the hospital	There is a significant increase in the risk of depression (and other problems) for seniors with a lack of social support in a community.[74]	Project GRACE Alive Inside Bridges out of Poverty

[1] Heckman, James J. The Heckman Equation &"Investing in Disadvantaged Young Children is an Economically Efficient Policy."
[2] Blodgett, C. (2012). Adopting ACEs Screening and Assessment in Child Serving Systems.
[3] Idaho Department of Labor, 2012 and Georgetown University Center for Education and the Workforce Report.
[5] SHRM Human Capital Benchmarking Database (2011)
[6] US Census Bureau, American Community Survey
[7] Department of Psychiatry, Tokohu Graduate School of Medicine, Miyagi, Japan, aglaia-thk@umin.ac.jp

"The Pipeline" serves as CAP's strategic roadmap to address the various issues of poverty facing people of all ages in our community through a variety of approaches, including direct service delivery, community-based initiatives, strategic partnerships and community engagement.

At every step of a person's life, CAP is committed to intentionally targeting the causes and conditions of poverty in order to maximize impact and results. Outcomes drive the strategy and the people who are directly impacted by CAP's work are fully engaged partners at the planning table.

Currently CAP is implementing strategies to increase brain development and kindergarten readiness in low-income children, prepare high school students from under-resourced families for education and training beyond high school, develop essential skills in entry-level workers to provide opportunity for better employment, offer a variety of services intended to help low-income people meet basic needs stabilize their families, and engage our community so that local systems support all people and there is high quality community living for all.

APPENDIX A – Participant Survey 2015

Please complete this 46 question survey (15-20 minutes) and you will be entered in our drawing for VISA gift cards up to $100. The goal of this survey is to help us give you the resources you need.
***Please answer both the front and back of each page.**

HOUSING
Please circle yes or no.
Q1. Have any of the following housing situations happened to you in the last 12 months?
Shared housing with another household to prevent being homeless • Yes • No
Had to choose between paying rent OR paying for other basic needs • Yes • No
Have had to move multiple times • Yes • No
Was homeless for a week or less • Yes • No
Was homeless for a more than a weekYes No •
Was evicted from my home • Yes • No
Stayed in shelter or transitional housing (including motel vouchers) • Yes • No
Other housing problems? (PLEASE DESCRIBE BELOW) • Yes • No

_____

Q2. Which best describes the place where you are living this week? (CHECK ONLY ONE)

- **Rental housing**
- **Live in home that I/we own**
- **Sharing a home with another household**
- **Transitional or emergency shelter**
- **Employer-provided housing**
- **I am homeless • PLEASE SKIP TO Q7**

Q3. What is your monthly payment for housing?

- **Don't know**
- **If in OWNER housing Mortgage payment per MONTH $_____per MONTH**
- **If in RENTAL housing Rent payment per MONTH $_____per MONTH**

Q4. Do you receive financial help with your rent or house payment from a government or agency program?

- **Yes**
- **No**

_ Don't know

Q5. Do any of these housing problems apply to you? Please circle yes or no.
I am at risk of foreclosure on home that I own • Yes • No
I am at risk of eviction from home that I rent • Yes • No
I cannot find affordable housing to buy • Yes • No
I cannot find affordable housing to rent • Yes • No
I cannot afford to make needed repairs to my home • Yes •No
Mental illness makes it hard to find a place to rent Yes No •
Bad credit makes it hard to find a place to rent • Yes • No
Criminal background makes it hard to rent a home Yes No •
Lost housing after family's wage earner was deported • Yes • No
Any other housing problems? (please describe below) • Yes • No

_____

Q6. Which of the following five statements best represents your opinion about the condition of your residence?
(CHECK ONLY ONE)

- **Don't know**
- **In good shape, needs no repairs**
- **Needs minor repairs**
- **Safe, but needs major repairs**
- **Unsafe / poor condition**
- **Needs disability access improvements, (wheelchair ramps, wider doorways, etc.)**

Q7. Do you hope to buy a home someday?

- **Yes**
- **No**

Don't know

Q8. Do any of the following prevent you from buying a home? Don't know
Cannot afford the monthly payments • Yes • No
Cannot afford a down payment • Yes • No
Do not have good credit • Yes • No
Will not be in this area very long • Yes • No
The home buying process is too complicated • Yes • No
Other reason? (PLEASE DESCRIBE BELOW) • Yes • No

_____

INFORMATION AND LITERACY

Q9. Here is a list of skills that some people are interested in improving. Please indicate if you, or other adults in your household, want help to improve any of these skills. (CHECK ALL THAT APPLY.)

- **Reading**
- **Writing**
- **Math**
- **Job search skills**
- **Learning English**
- **Driver's training**
- **Get your GED (or high school equivalency)**
- **Learn or improve computer skills**
- **Financial and budgeting skills**
- **Citizenship education**
- **Other skills you would like to learn**

_____

Q10. How do you communicate and/or get information at your home? (CHECK ALL THAT APPLY)

☐ **Internet**
☐ **Land-line telephone**
☐ **Cell phone**
☐ **Public Access TV Channels**
☐ **Newspaper**

FINANCIAL AND LEGAL ASSISTANCE

Q11. Which of these situations apply to you or anyone in your home this last 12 months? (CHECK ALL THAT APPLY)

- **Bills turned over to collection agency**
- **House foreclosure**
- **Have fines or legal fees that are hard to pay**
- **Have built up too much credit card debt**
- **Have debt from medical/dental bills**
- **Don't know how to file taxes**
- **Received credit or budget counseling**
- **Declared personal bankruptcy**
- **Can't save for unexpected expenses**
- **Can't save for retirement or child's education**
- **None of these apply**

Q12. Do you have a checking or savings account at a bank or credit union?

- **Yes**
- **No**

Don't know

Q13. Have you ever claimed the Earned Income Tax Credit (EITC)?

- **Yes**
- **No**

Don't know

Q14. About how often did each of the following things happen to you during the last 12 months?

1-Did not happen 2-Happened once 3-Happened a few times 4-Happened frequently

Fell behind in paying rent or mortgage		**1**	**2**	**3**	**4**
Pressured to pay bills by stores, creditors, or bill collectors		**1**	**2**	**3**	**4**
Car, household appliances, or furniture repossessed		**1**	**2**	**3**	**4**
Pawned or sold-off valuables to make ends meet	**1**	**2**	**3**	**4**	
Used a payday loan service	**1**	**2**	**3**	**4**	
Borrowed money from friends or family		**1**	**2**	**3**	**4**
Had utilities (water, heat, or electricity) shut off		**1**	**2**	**3**	**4**
Had gambling losses	**1**	**2**	**3**	**4**	
Paid utility or other bills through grocery store		**1**	**2**	**3**	**4**

Q15. Has anyone in your home needed legal assistance for any of these issues…?

Please circle Yes or No

Family law · Yes · No
Housing issues · Yes · No
Consumer debt · Yes · No
Employment or job issues · Yes · No
Public benefits (including denial appeals) · Yes · No
Immigration issues · Yes · No
Wills, trusts or estates · Yes · No
Removing adult or juvenile criminal records · Yes · No
Domestic violence (including protection orders) ·Yes ·No
Other legal needs? (PLEASE DESCRIBE BELOW) · Yes · No

_____

Q15A. If yes to any of the above, did you get the help you needed?

- **No**
- **Yes (Please tell us where you got help in the space below)**

_____

FOOD AND NUTRITION –Please circle yes or no

Q16. In the last 12 months, have you or anyone in your home…
Q16A. Gone hungry because you were not able to get enough food?
・ Yes ・ No
Q16B. Skipped or cut back on the size of your meals because there wasn't enough money for food?
・ Yes ・ No
Q16C. Used any food assistance services such as food stamps, food banks, or any other program that helps with food or food costs?
・ Yes ・ No
Q16D. If you got help with food, which of the following has your household used in the last 12 months? (CHECK ALL THAT APPLY)

- **Did not get help with food**
- **Food Banks**
- **Food Stamps**
- **Food voucher from DSHS or other agency**
- **WIC**
- **Churches**
- **Food grown in my garden or a community garden**
- **Hot meal programs or Reverie BBQ**
- **Senior or WIC Farmer's Market vouchers**
- **Senior Center Meals**
- **Meals on Wheels**
- **Free or Reduced price breakfast or lunch at school**
- **Community Action Mobile Food Express**
- **Other *(please describe)***

☐ _____

Q17. Where do you usually get most of your family's food? (CHECK ALL THAT APPLY)

- **Grocery stores**
- **Natural food store/Farmers Markets**
- **Ethnic markets (Russian, Mexican, etc.)**
- **Restaurants and fast food places**
- **Convenience stores/gas stations**
- **Food banks**
- **Other? (PLEASE DESCRIBE)**

_____

TRANSPORTATION

Q18. In the last 12 months, which of the following transportation problems has your household experienced?

(CHECK ALL THAT APPLY)

- **No transportation problems**
- **No access to a car**
- **No car insurance**
- **No drivers license or license suspended**
- **Unable to afford gas**
- **Unable to afford car repairs**
- **Other problem? (PLEASE DESCRIBE)**

_____

Q19. If the bus or public transit does not work for your household, why not? (CHECK ALL THAT APPLY)

- **Prefer to use car**
- **No service where I am going**
- **No bus stop close to home**
- **Bus times or days do not work for me**
- **Can't afford cost of bus fare**
- **A physical or mental disability**
- **Other reason? (PLEASE DESCRIBE)**

_____

HEALTH AND HEALTH CARE

Q20. Would you say that in general your health is…? (CHECK ONLY ONE)

Excellent
Very good
Good
Fair
Poor

Q21. Was there a time during the past 12 months when anyone in your household needed medical, dental, mental health care, prescription medication, or drug/alcohol treatment but did not get it?

___Yes____No ・FOR NO, PLEASE SKIP TO Q23

Q22. If YES to Q21, for each type of care, what are the main reasons they did not get the care or medication you or your family needed? CHECK ALL THAT APPLY

	Medical	Dental	Mental	Prescriptions	Drug/Alc Treatment
A. Costs too much					
B. No insurance					
C. Too many days to get an appointment					
D. No way to get to appointment					
E. Nervous or afraid about the experience					
F. Didn't know where to go for help					
G. Could not get child care					
H. Too many other things I need to purchase					

K. Other reasons (PLEASE DESCRIBE): _____

Q23. What kind of health insurance do you have? (CHECK ALL THAT APPLY)

_Don't know

☐ **None**
☐ **DSHS Medical Coupon**
☐ **Medicare**
☐ **Self-insurance (I pay for coverage myself)**
☐ **Health insurance group plan through employer, union or association**
☐ **Military plan**
・ **Other plan? (PLEASE DESCRIBE) _____**

Q24. When you are sick or need medical care, where do you usually go? (CHECK ALL THAT APPLY)

☐ **The hospital emergency room**
☐ **An urgent care clinic**
☐ **A doctor's office**
☐ **CHAS, Heritage Health (Dierne Community Health)**
☐ **VA Clinic**
☐ **Volunteer Clinics-Snake River Clinic, Bonner Partners in Care, etc.**
☐ **A Tribal Health clinic**
☐ **Other place (PLEASE DESCRIBE)**

_____

Q25. When you need dental care, where do you usually go? (CHECK ALL THAT APPLY)

☐ **The hospital emergency room**
☐ **A dentist's office**
☐ **A Tribal Health clinic**
☐ **Volunteer Clinics-Snake River Clinic, Bonner Partners in Care, etc.**
☐ **CHAS, Heritage Health (Dierne Community Health)**
☐ **Other place (PLEASE DESCRIBE)**

_____

Q26. If you or someone in your household needed mental health care, where would you go? (CHECK ALL THAT APPLY)

☐ **Does not apply to my household**
☐ **The hospital emergency room**
☐ **Don't know what resources are available**
☐ **Community Mental Health Center**
☐ **A walk-in clinic**
☐ **A doctor's office**
☐ **A Tribal Health clinic**
☐ **Volunteer Clinics-Snake River Clinic, Bonner Partners in Care, etc.**
☐ **CHAS, Heritage Health (Dierne Community Health)**
☐ **VA Clinic**
☐ **Pastor or priest**
☐ **Other place? (PLEASE DESCRIBE)** _____

Q27. If you or someone in your household needed alcohol/drug treatment, where would you go? (CHECK ALL THAT APPLY)

☐ **Does not apply to my household**
☐ **I do not know where to go**
☐ **The hospital emergency room**
☐ **Alcohol/drug treatment agency**
☐ **An urgent care clinic**
☐ **A doctor's office**
☐ **VA Clinic**
☐ **Private counselor**
☐ **A Tribal health clinic**
☐ **Other place? (PLEASE DESCRIBE)** _____

Q28. Where do you live now? County _____

Please check your age range:

Below 18

- ☐ **18-23**
- ☐ **24-44**
- ☐ **45-54**
- ☐ **55-69**
- ☐ **70+**

Q29. Which best describes your household? (CHECK ONLY ONE)

- **Single parent female**
- **Single parent male**
- **Two-parent household**
- **Single person**
- **Two adults NO children**
- **Multi-family household**
- **Grandparent(s) and grandchildren**
- **Other (Please describe)**

_____

Q30. Including yourself, how many people live in your household?
_____PERSONS (PLEASE BE SURE TO INCLUDE YOURSELF IN THIS NUMBER)

Q31. PLEASE GO TO Q34 IF YOU DO NOT HAVE CHILDREN LESS THAN 18 YEARS OLD IN YOUR HOUSEHOLD. Here is a list of problems some parents experience with their children. Please check those problems you have had with your child(ren)? (CHECK ALL THAT APPLY.)

- **Skipping or dropped out of school**
- **Trouble with law enforcement**
- **Emotional or behavior problems**
- **Learning disability**
- **My child is bullied at school**
- **Worried about overweight or underweight**
- **No adult supervision after school for my child at home**
- **Have had no problems**
- **Other *(please describe)* _____**

Q32. How long have you lived in your community? (IF LESS THAN ONE YEAR, WRITE "<1")
_____YEARS

Q33. I helped my neighbors and community in the past 12 months in the following ways:
(CHECK ALL THAT APPLY)

- **Served on a committee or other leadership role at my church**

- **Helped at my child's school, Head Start, or other community group**
- **Exchanged favors with my friends or neighbors (car repair, childcare, errands, etc)**
- **Voted in local elections**
- **Other (PLEASE DESCRIBE) _____**

Q34. Do you experience any of the following problems with an elderly family member or parent? (CHECK ALL THAT APPLY)

- **A parent or other family member has difficulty caring for themselves while living at home alone**
- **Need resources to help with caring for an elderly family in my home**
- **Have an elderly family member in a nursing home, assisted living, or adult family home**
- **Have issues with care of an elderly family member in a long-term care facility**
- **Does not apply to me**
- **Other issue with an elderly family member (PLEASE DESCRIBE)**

_____

Q35. What best describes your race and ethnicity? (CHECK ALL THAT APPLY)

- **African American or Black**
- **Asian**
- **Caucasian or White**
- **Hispanic or Latino**
- **Native American or Alaskan Native**
- **Native Hawaiian / Pacific Islander**
- **Other (Specify) _____**

Q36. What is the highest level of education you have completed? (CHECK ONLY ONE)

- **Don't know**
- **Less than high school diploma**
- **High school graduate**
- **GED or high school equivalency**
- **Vocational or trade school**
- **Some college (or still in college)**
- **Two-year degree**
- **Four-year degree or more**
- **Other *(please describe)*** _____

EMPLOYMENT AND INCOME
This last section is about employment and income. Your answers are completely confidential.

Q37. Here is a list of common sources of household income. Which of these has been a source of income for anyone in your home during the last 12 months? (CHECK ALL THAT APPLY)

- **Wages or income from a job**
- **Self-employed or family business**
- **VA benefits**
- **Social Security**
- **SSI**
- **SSD**
- **Workers' compensation (L & I)**
- **TANF (Welfare assistance)**
- **ABD or HEN**
- **Unemployment insurance**
- **Child Support**
- **Pension**
- **Investment income**
- **Other *(please describe)***

_____

Q38. Including yourself, how many persons in these age groups that live in your household worked for pay at any time in the last 12 months?
Persons under 16 years old _____
Persons 16 – 18 years old _____
Persons 19-64 _____
Persons 65 and up _____

Q39. In the last 12 months, what was your average estimated total MONTHLY household income from all sources?
Dollars per MONTH $_____ _ Don't know

Q40. Has getting or keeping a good job been hard for you or anyone in your home in the last 12 months?

- **Yes**
- **No**

Don't know

Q41. If Yes, what's been hard about getting or keeping a good job?
(CHECK ALL THAT APPLY)

- **Not enough jobs available**
- **Recent layoff or hours cut**
- **Not the right job skills or experience**
- **Don't know how to search for a job effectively**
- **Tools, clothing, or equipment for the job**
- **Transportation**
- **Childcare**
- **Credit issues**
- **Immigration status**
- **Available work is only seasonal**
- **A criminal record**
- **Regular place to sleep at night**
- **Telephone**
- **Language barriers**
- **Physical or mental disability**
- **Age**
- **Other *(please describe)* _____**

Q42. If Childcare was/is an issue for you, what problems did/do you have? (CHECK ALL THAT APPLY)

- **Infant care not available/hard to find**
- **Evening care not available/hard to find**
- **Weekend care not available/hard to find**
- **Part-time care not available/hard to find**
- **Couldn't find affordable care**
- **Couldn't find special needs childcare**
- **Childcare choices were not good enough**
- **My child was expelled from childcare due to behavior problems**
- **Other *(please describe)* _____**

Q43. How much time does it usually take you to get to work? (CHECK ONLY ONE)

- **Doesn't apply / unemployed**
- **Within walking distance**
- **Must travel less than 20 minutes to get to work**
- **Must travel more than 20 minutes but less than 1 hour**

- **Must travel over one hour**
- **Other (Please describe) _____**

Q44. Have you worked as a volunteer anywhere in the last 12 months?

_ Yes

_ No

Q44A. If yes, where did you volunteer? _____

Q44B. How many hours per week did you volunteer? _____

Your answers to the next questions will help us find out which of the services listed below are the most important and hardest to get.

Q45. On a scale of 1 to 5, please rate how important this service is to your household now?
Use 1 for *"not important"* and 5 for *"extremely important"*
PLEASE CIRCLE ONE NUMBER FOR EACH SERVICE

Not Important — Extremely Important					
Housing help (help finding way to afford rent or mortgage)	1	2	3	4	5
Childcare	1	2	3	4	5
Basic Education/English (ESL)/GED	1	2	3	4	5
Legal help	1	2	3	4	5
Food (help getting enough food)	1	2	3	4	5
Nutritious food (help getting enough fruits and vegetables)	1	2	3	4	5
Help with how to buy and cook good meals	1	2	3	4	5
Transportation that meets my needs	1	2	3	4	5
Affordable medical care	1	2	3	4	5
Affordable dental care	1	2	3	4	5
Living wage jobs	1	2	3	4	5
Help with heating & electric bills	1	2	3	4	5
Mental health services or family counseling	1	2	3	4	5
Domestic violence shelter and/or counseling services	1	2	3	4	5
Drug/alcohol treatment & counseling	1	2	3	4	5

Help with basic financial health (such as budgeting & money management, fixing credit, how to save money, etc.)
1 2 3 4 5

Volunteer opportunities to build skills and/or give back to my community
1 2 3 4 5

Q46. On a scale of 1 to 5, how easy is it for your household to find and get these services?
Use 1 for *"very hard to get"* and 5 for *"very easy to get".*
PLEASE CIRCLE ONE NUMBER FOR EACH SERVICE

Housing help (help finding way to afford rent or mortgage)	1 2 3 4 5 OR _ Don't know
Childcare	1 2 3 4 5 OR _ Don't know
Basic Education/English (ESL)/GED	1 2 3 4 5 OR _ Don't know
Legal help	1 2 3 4 5 OR _ Don't know
Food (help getting enough food)	1 2 3 4 5 OR _ Don't know

Nutritious food (help getting enough fruits and vegetables) **1 2 3 4 5 OR _ Don't know**

Help with how to buy and cook good meals **1 2 3 4 5 OR _ Don't know**

Transportation that meets my needs **1 2 3 4 5 OR _ Don't know**

Affordable medical care **1 2 3 4 5 OR _ Don't know**

Affordable dental care **1 2 3 4 5 OR _ Don't know**

Living wage jobs **1 2 3 4 5 OR _ Don't know**

Help with heating & electric bills **1 2 3 4 5 OR _ Don't know**

Mental health services or family counseling **1 2 3 4 5 OR _ Don't know**

Domestic violence shelter and/or counseling services **1 2 3 4 5 OR _ Don't know**

Drug/alcohol treatment & counseling **1 2 3 4 5 OR _ Don't know**

Help with basic financial health (such as budgeting & money management, fixing credit, how to save money, etc.) 1 2 3 4 5 OR _ Don't know

Volunteer opportunities to build skills and/or give back to my community 1 2 3 4 5 OR _ Don't know

Q.47.We would appreciate your answering the following question.
What would it take for every member of our community to have their basic needs met?

Thank you for your participation. Your answers are very helpful.
If you have any questions, please contact Community Action Partnership, 208-746-3351

Your survey is confidential. The below entry form will be cut off from your survey.
---------- ENTRY FORM----------
As thanks for your help, we would like to enter you in a drawing for visa gift cards of up to $100. To be eligible for this drawing, you must write your first name, phone number and/or address on this page so that we can enter you in the drawing and so that we know how to contact you.

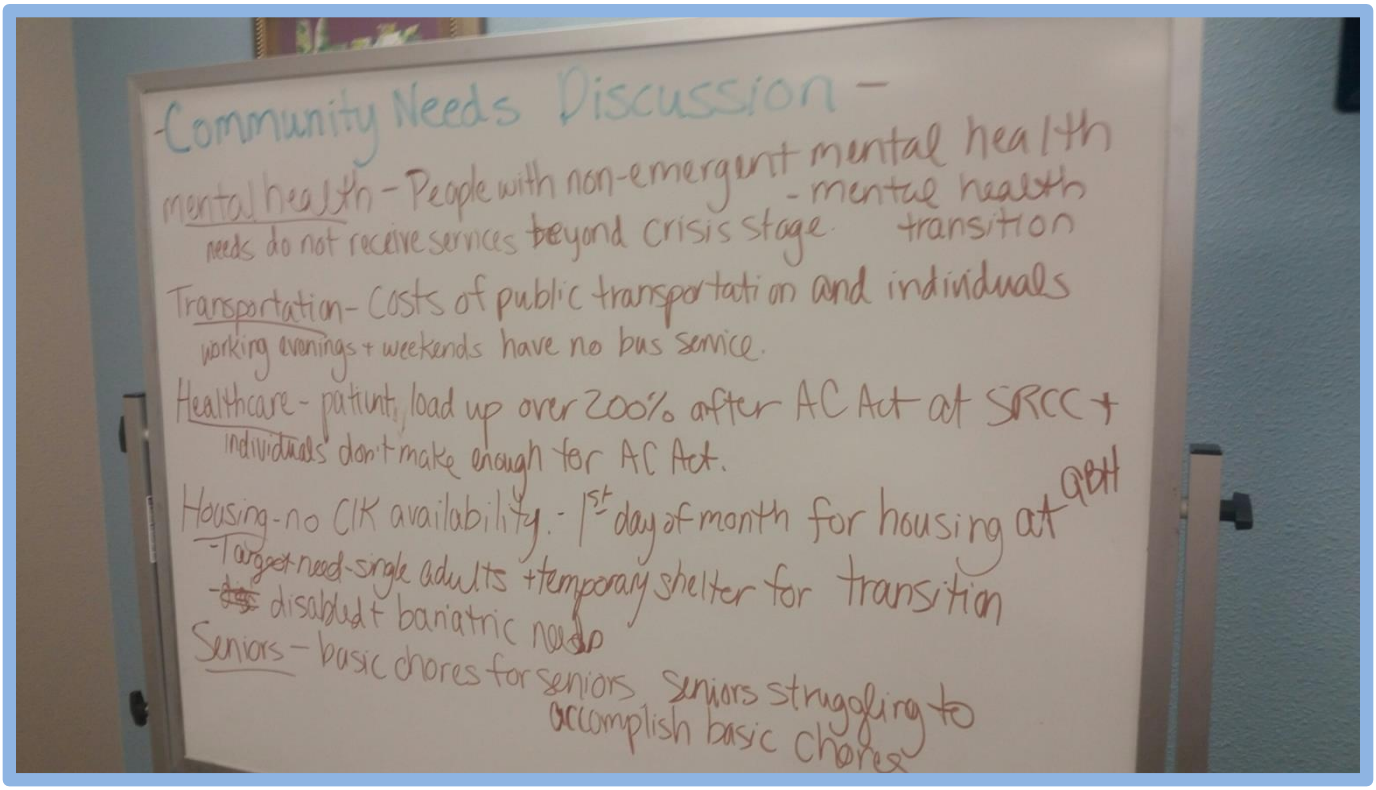
You must complete the entire survey and this survey form to be eligible for the drawing. The drawing will take place on June 26th, 2015.

Your first name _____
Your phone number _____
OR
Your mailing address (we need a contact phone number or mailing address to tell you if you win)
Street address or PO Box_____City _____

_____
State_____Zip code _____
_ _

APPENDIX B – FOCUS GROUP REPORTS

Focus groups were conducted in various communities across CAP's service area to discuss the needs in that county. Nine focus groups were attended by nonprofit community partners, partners from education, businesses and government officials. Four focus groups were conducted with CAP client participants who are under-resourced. Each group discussed services that exist in their communities and identified gaps in their community that need to be filled to resolve the issues. Responses are transcribed below.



Asotin/Nez Perce

Health

Mental Health-People with non-emergent mental health needs do not receive services beyond crisis stage. There isn't a mental health transition process set up.
Healthcare-patient load up over 200% after AC Act at SRCC & individuals don't make enough for AC Act.
Rehab & Long term rehab needs-Families are normally going to Yakima and Spokane for services or going to jail or hospital for short term rehab. Treatments that accommodate families.
Seniors-basic chores for seniors, seniors struggling to accomplish basic chores.

Transportation

Costs of public transportation and individuals working evening and weekends have no bus service.

Housing

Housing-no Clarkston availability, 1st day of month for housing at QBH-largest need is for single adults and temporary shelter for transitioning disabled individuals. Barriers of first and last month's rent, deposits, etc.

Nutrition

SNAP-some in poverty that aren't receiving food stamps don't feel the small amount is worth it or there is too much pride for the elderly.

Not able to purchase nutritional supplements with SNAP (ensure, etc.)

Families are more comfortable with processed and dry foods, there is a need for cooking education for frozen and fresh foods. Educating on the importance of nutrition while including the relational aspect.

What exists vs. what should be?

Training and recruiting volunteers to fulfill needs (Meals on Wheels, etc.) How to train drivers to connect those in need to services.

Better communication and coordination between various agencies. Examples, Meal delivery, food pantries, etc.

ACES/Resilience-Parenting classes, types of parenting & utilizing a different approach

Baby boomers who are aging that aren't qualifying for non-profit agency services but are needing support (assisted living, etc.)

Benewah

Community Needs:

- Transportation (Lack of transportation linking the east & west side of the county)
  (Lack of gas vouchers to assist community members with emergency travel)
- Affordable Housing (Closure of the last trailer park in St Maries which houses mostly low income)
  (Lack of descent, affordable housing)
- Services for disabled (Lack of available services, especially for youth)
- Medical (Lack of available participating dentists for Medicaid)
- Food (More resources needed)
- Utility Assistance (More resources for help with utilities)
- Financial Management (Need for help & training on budget management)
- Education (Need more resources for job skills training and better computer access)
- Substance Abuse (For drug & alcohol treatment)
- Homeless Services

Programs available to meet these needs:

Transportation:

- Gas vouchers: Community Action Partnership, Depart. of Labor (for program participants), Ministerial Assn. (short term emergency assistance)
- BAT Bus (Medical transportation)
- Citilink Bus (Only available on the west side)

Housing:

- Low income housing (Ridgeview & Lincoln Terrace Apartments)

Medical:

- Medicaid
- Community Clinic
- Community Action Partnership (rx vouchers)

- Lutheran Church (Welcome Baby Layette Program)
- Benewah County Assistance (last resort for medical assistance)
- Benewah Medical Center - Plummer

Food:

- Community Action Partnership Food Bank
- Lutheran Church (2nd Harvest Truck and "meat locker")
- Soup Kitchens (7th Day Adventist, Presbyterian, & Lutheran Churches)
- Senior Mealsites

Utility Assistance:

- Community Action Partnership (LIHEAP, Project Share/Helping Hands, WX program)
- Churches (Emergency Benevolence Funds)
- Benewah County Assistance (Utilities & rent assistance)

Education:

- Department of Labor (job skills training, youth & dislocated worker programs)
- Community Action Partnership (B2W employee classes – in planning stage)

Other Resources Identified:

- Community Action Partnership (Personal care Items, baby care items, school supplies,)
- Child Abuse Task Force
- Department of Labor (computers available for job search)

What is needed to bridge the gaps:

Transportation: Bus service to connect the east side of the county to Hwy 95

Housing: A trailer park, more available, affordable low cost housing options for all (singles, seniors, family, transitional & Habitat). (Funding is difficult to obtain to establish apartments.)

Medical: Need for more dentists that take Medicaid.

General: The key to many needed programs is funding. The idea of having a "Community Fund Raiser" was suggested with the money going to support needed programs in the community to benefit low income programs/projects. The Ministerial Association is exploring the idea of opening a youth center. The group wants to improve communication and awareness of available programs and resources within the community by reinstating the "community meetings" begun by the Horizons program on a quarterly basis. This will help to identify and forge new partnerships.

Bonner

Community Greatest Needs

Mental Health Services

- No ACT (Assertive Community Treatment) Team
- No Crisis support, just 911
- Adults without Medicaid to cover the cost of care
- CBSR Report lacking for kids
- Emergency Housing
- Priest River Ministries getting 20 or more calls per week for housing assistance for single men, single women and families
- Snowball effect, lose housing, lose job, etc.

Regular Affordable Housing

- Not enough housing for people with chronic limited income (i.e., disabled) and the working poor

Financial Counseling

Financial Assistance for Emergencies and Crisis situations

Community Awareness about Poverty

Transportation between Cities

Wages are too low

- Created the working poor

Hard for felons to get jobs and housing

Substance Abuse Help

- No local substance abuse facilities. The nearest one is in Coeur d'Alene

Childcare

- Childcare for people who work nights and sick care not available

Dental Care

- We have some facilities but they are focused on pulling teeth, not root canal. Patients left with no teeth and no money to afford dentures.

Services are too Sandpoint-centric. A Lack of access to services in rural areas like Priest Lake.

A vote was taken to see what the top needs are in they were:

- **Mental Health**
- **Housing**

Programs Currently Available

Mental Health

- Counselors who take Medicaid
- Counselors who work on sliding fee scale
- Well trained law enforcement – CIT (Crisis Intervention Training)

- One full time psychiatrist at BGH (prior to this we had no local doctor)
- Bonner Partners in Care have one volunteer psychiatrist
- Health and Welfare Mental Health Program
- Some crisis support from NAMI Far North

Emergency Housing

- Priest River Ministries for women and children escaping domestic violence
- Bonner Gospel Mission for men only. If they haven't found Jesus in 5 days, they have to find another place to live
- PR Ministries can also house some men, but it sounds like in very crowded conditions. 4 men to a mobile home

Regular Affordable Housing

- 5 Section 8 housing apartment buildings in Bonner County, including Riverwood in Priest River and St Vincent DePaul in Clark Fork
- 2 over 55yrs old/senior apartment buildings. But not very big places and a waiting list
- Multiple low income apartments, long waiting lists and not enough of them
- Bonner County Housing Agency

Needed to Bridge the Gaps

Housing

- More housing of all kinds that is affordable.
- More Section 8
- More affordable housing for working families
- Housing that is affordable for people who are only receiving disability income

Mental Health

- Get the 24/7 crisis hotline up and running
- Qualify more people for Medicaid
- More CBSRs (formally PSR) for children

Boundary

1. WHAT ARE THEGREATEST NEEDS IN BOUNDARY COUNTY? 14

TRANSITIONAL HOUSING	1=ELDERLY	1=YOUTH
TRANSPORTATION	6	
HUNGER	3	
FINANCIAL ASSISSTANCE	1	

CASE MANAGEMENT FOR THOSE AFRAID TO ASK DUE TO LIVING CONDITIONS

- OBTAIN WORK, FOOD, FURNITURE (THIS REALLY GOES ALONG WITH THE RESOURCE BOARD IDEA)

MENTORS ADVOCATES	3	(ELDERLY)
EDUCATION	2	EDUCATION ON SUBSTANCE ABUSE
ASSISSTANCE FOR ELDERLY		
HOMELESSNESS	2	
YOUTH HOMELESSNESS	7	
APPROPRIATE RESOURCES FOR MENTAL HEALTH	2	
AFFORDABLE HOUSING/SINGLE PARENTS WHO WORK		
BETTER LIVING CONDITIONS FOR LOW-INCOME HOUSING/RENTALS		
PLANNING/FUNDING IN PLACE		
MORE SUMMER FOOD PROGRAMS		
*RESOURCE BOARD	7	

* THIS WAS A NEED AS WELL AS A SUGGESTION TO FILL THE GAPS. SEE COMENTS BELOW.

2. WHAT RESOURCES ARE ALREADY IN PLACE TO MEET THOSE NEEDS?

FOOD BANK
SECOND HARVEST MOBILE FOOD BANK
MEDICAID (BUT NO DENTAL)
SEVERAL COUNSELING AGENCIES
MINISTERIAL ASSOCIATION
LIBRARY
HOPE HOUSE (CLOTHING AND SOME FOOD)
NO RESOURCES AVAILBLE
* FOR SOME OF THE LARGER NEEDS

3. WHAT ARE SOME BARRIERS PREVENTING BOUNDARY CO. FROM FILLING THE GAPS?

LACK OF MANAGEMENT/COORDINTAION	3
FEAR BY CLIENTS BECAUSE OF LIFESTYLE, POVERTY, REPERCUSSIONS	3
MONEY, BUILDING, STAFFING, TRANSPORTAION, TRANSITIONAL HOUSING,	4
NO YOUTH GROUPS, PROGRAMS FOR YOUTH,	2
DRUGS, SUBSTANCE ABUSE	3
HOMELESSNESS/HOMELESS YOUTH	7
LACK OF EDUCATION OR EDUCATIONAL PROGRAMS	7

- OVERALL, GROUP AGREED THEY WOULD LIKE TO SEE A RESOURCE “BOARD” OR RESOURCE CENTER.

  THIS CENTER WOULD BE ONE THAT HAS CLIENTS SIT WITH THE HELPER/ADVOCATE AND GETS THE HELP IN FILLING OUT APPLICATIONS OR SOCIAL SECURITY PAPERWORK. IT WOULD ALSO PROVIDE CLASSES ON HOW TO PRESENT ONESELF WHEN SEEKING EMPLOYMENT OR HOLDING AN INTERVIEW FOR AN APARTMENT/HOME.

  THIS CENTER WOULD DO A NUMBER OF SERVICES MORE FOR PREPARATION AND OFFERING TOOLS TO THE CLIENT THAN ONE THAT DIRECTS THE CLIENT –TO—A SERVICE OR GIVES A PHONE NUMBER OUT TO CALL FOR A SERVICE.

ONE RESOURCE MEMBER COMMENTED THAT THERE IS A HIGH NEED FOR RECREATIONAL FACILITY FOR OUR YOUTH. THIS WOULD BRIDGE GAPS IN NEEDS AND WORK FOR PREVENTION/EDUCATION.
10 COMMUNITY MEMBERS WERE ASKED THREE QUESTIONS:

1. WHAT ARE THE GREATEST NEEDS IN BOUNDARY COUNTY?
2. WHAT PROGRAMS OR RESOURCES ARE AVAILABLE TO MEET THOSE NEEDS?
3. WHAT'S NEEDED TO BRIDGE THOSE GAPS OR WHAT BARRIERS PREVENT US FROM FILLING THOSE GAPS?

* QUESTION #1:
    JOBS=4
    HOUSING=6
    RENTALS=2
    FOOD BANK WITH MORE FOOD=5
    INCREASED FOOD FOR WINTER MONTHS=5
    RECREATIONAL CENTER =3
    UTILITY HELP FOR PEOPLE WHO ARE JUST A FEW DOLLARS OVER ELIGIBILITY REQUIREMENTS=2

*QUESTION #2:
    LOCAL FOOD BANK
    CHURCHES AND MINISERIAL ASSOCIATION
    NOT ENOUGH OF OVERALL RESOURCES
*QUESTION #3:
    MORE FOOD PROGRAMS
    RENTALS WITH EASIER REQUIREMENTS SOMEONE TO PLAN THINGS/ HELP TO FIND JOBS

Idaho County

Needs:
*Communication – Multi-level conferencing (partnerships) between ALL entities with similar goals and networking with associative groups that can provide resources and financial support. More outreach to city council, county commissioners & state representatives.

*Affordable Housing – no housing and if there is some then it's way too expensive. Possibly based on income? Educating the landlords about Section 8 housing and that some $ has to be put into it and that it's not an easy process.

*Transitional Housing

*Jobs – More jobs that pay better – Customer service training

*Education – Emphasis on high school or GED completion (a requirement for continuous public assistance?) – Birth control/family planning – Life style change classes (health, financial etc)

*Public Transportation – Funding, grants for more transportation. Transportation to and from Lewiston for clients that are **not** on Medicaid.

*Clothing – Needs to be accessible

*Daycare – Needs to be more affordable for single working parents. Single Mother's work and ½ or more of their check goes to childcare.

*Wages – Low wages here in Grangeville. Need cost of living wage increases each year to keep up w/housing & grocery costs.

*Food – Camas Prairie Food Bank - Need more protein (meats & fish, nuts & seeds) & fresh fruits and veggies. GAPs is needed here.

*Foster Homes – There is only one family in Grangeville who will take in foster children. Most of them have to be taken from Grangeville and sent to Moscow.

*Access to services – Idaho County is HUGE & Rural – accessing resources can be difficult. Some services need to be more accessible. Medical care, Dental care, food, clothing, transportation, LIHEAP

Kootenai County

What are community barriers to greater self-sufficiency?

- Transportation (the public transportation desert between Post Falls, ID (Spokane Street and Mullan Avenue) and Liberty Lake, WA was noted, in particular)
- Housing (particularly for those with felonies or poor credit, etc.)
- Men's Shelter (additional capacity)
- Livable wage jobs
- Jobs for people with felonies
- Treatment Options
- Affordable childcare (particularly for shift workers)
- Women's Shelter (capacity)
- No Free STD Testing
- Basic Workforce Skills
- Summer Reading Programs
- Pre K Programs
- Kindergarten programs
- Generational cycles (poverty, addiction, etc.)
- Early Head Start (more needed)
- Good nutrition/quantity of food
- Knowledge on how to prepare healthy meals
- Summer slide (issues with retention of academic learning during the summer)
- After school programs
- Student loan debt
- Lake of full-time job opportunities
- Domestic violence issues

- No Medicare expansion in Idaho

What is present to meet these needs?

- St. Pius has a women's shelter (post incarceration) 7 beds
- City Link Bus
- Health GPS
- Bridges to Work
- Workforce Skills Curriculum – Dept of Labor
- Good referral system/communication

What is still needed?

- Ease of expanding/Starting small businesses (city process difficult)
- Transportation to Spokane
- Timeline on getting into affordable housing
- Lack of government funding (no Medicaid expansion as an example)
- Support systems/mentors (for people who have completed probation, treatment and etc. and need support or "someone to talk to")
- Affordable childcare
- How to build bridges economically

Latah County

Contributing organizations that provided input to date: Sojourners' Alliance (Tanya Salada), CHAS Latah Community Health (Ayla), Family Promise (Lindsey Rinehart & Masen Matthews), Families Together (Denise Wetzel), ATVP (Erin Simmons), LCECP Head Start (Monica Medina), Dept of Insurance (Angie Mackin)

Community Needs:

- **Affordable Housing** (felon friendly, more units, rental funds)
- **Transportation** (between communities, long term, gas money)
- **Health Care** (programs for low income that are not Medicaid eligible, prescriptions, mental health services)
- **Financial & Skills Training** (budgeting classes, job skills training)
- **Affordable Child Care** (for nontraditional working hours)

Programs available to meet these needs:

Housing:

- Sojourners' Alliance (transitional housing, felon friendly, 2 years max residency)
- Family Promise (families with children only)
- Idaho Housing (lengthy waiting list)
- Low Income Apartment Complexes (most do not accept felons)

Transportation:

- SMART transit (free, does not connect communities, limited hours/routes)

- COAST (fee based, limited hours)
- Medicaid Transportation (must be pre-arranged, based on services)

Health Care:
- Medicaid (income qualify)
- CHAS Clinic
- Benevolence groups that provide rx assistance
- Community Action Partnership rx vouchers
- Salvation Army rx vouchers
- SHIBA

Financial & Skills Training:
- U of I extension

Affordable Child Care:
- ICCP through Health and Welfare

What is still needed to bridge the gaps:

Housing: more units, felon-friendly units, more rental programs/assistance
Transportation: after-hours transportation, transportation that connects communities (Moscow/Pullman), more gas funding
Health Care: programs for those that fall in gap between Medicaid and Affordable Care Act subsidies, prescription programs for uninsured, mental health services
Financial Skills & Training: free life/job classes, free financial budgeting classes, education resources, more employment skills/options
Child Care: more affordable options for all hours/days
General: clearinghouse for dissemination of information about available resources in our community, more community funding available, greater accessibility to programs, more integrated support between Moscow, U of I, and community organizations

Shoshone County

It was agreed by all that poverty touches us all and that sometimes we are not sure where to refer a community member when they need help that we are not able to offer. The following summarizes what the group felt were needs within the community and possible solutions for some of those needs.

What do you feel are the biggest needs within the Community?
- Affordable mental health accessibility
- Substance abuse counseling
- Affordable housing
- Better paying jobs
- Financial counseling for all that under resourced
- Weekend food programs for kids
- Summer Recreation Programs
- More volunteers to fill opportunities at various non profits
- Available low cost /no cost tutoring

- Affordable childcare
- Expanded public transportation for evening and weekends
- More discussion on how to engage high school students for community service
- Affordable food programs for children
- Available payee services
- More Senior Programs

Programs available to meet these and other needs

Affordable Healthcare

- **Heritage Health** Kellogg, Idaho mental health and primary care RX (Sliding scale)
- **Heritage Health** Wallace, Idaho dental clinic (Sliding scale)
- **Heritage Health** Mullan, Idaho primary care (Sliding Scale)
- **Panhandle Health District** Kellogg, Idaho (Low income clinic Wednesday and Fridays)
- **Lions Club** free eyeglasses (Dr Miller in Kellogg, Idaho)
- **Shoshone Medical Center** (Cost prohibitive)
- **Aces Community Services** Wallace, Idaho (Counseling, outpatient mental health)
- **Dialysis / Wellness Center** Smelterville, Idaho

Food Programs

- **Bite to Go** weekend meals for low income children (Food is distributed throughout the school district for weekend meals for low income)
- **Community Action Partnership** Kellogg, Idaho (Food Bank M-F 9 AM-Noon & 1 pm-4 pm)
- **Real Life Ministries** Pinehurst, Idaho (Food Bank Fridays 10 AM – 1 PM)
- **Silver Valley Worship** Smelterville, Idaho (Food Bank Tuesday 5:00 PM)
- **Wallace Methodist Church** Wallace, Idaho (Food Bank 3rd Thursday of each month 3-5pm)

Senior Programs

- **Circuit Breaker Shoshone County** (Income qualifying reduces property taxes)
- **Silver Valley Express Shoshone County** (Door to door service for doctors appointments)
- **Idaho Servant Adventures** (Low cost minor House repairs homeowner pays for materials volunteers do the work)
- **Silver Valley Fuller Center Greater Blessings Program** (Home repairs done by volunteers)

Substance Abuse Counseling

- **Aces Community Services** Wallace, Idaho
- **Alliance Family Services** Kellogg, Idaho
- **Real Life Ministries** Pinehurst, Idaho

Public Transportation

- **Silver Valley Express Bus** (Loops through the valley Monday-Friday 8 AM-5:30 PM Coeur d'Alene on Tuesdays and Thursdays by reservation only)

Budgeting and Money Management

- **Community Action Partnership**
- **Silver Valley Fuller Center for Housing**
- **Health and Welfare Navigation services**
- **Real Life Ministries**

Multi Service Providers

- **Health and Welfare Navigation Services** (Rental & Energy Assistance/Water/Sewage Bills)
  Also provide assistance with employment needs (specialized tools, clothing or car repairs if needed to get to/from work in order to support children in the home)
- **Community Action Partnership** (Energy assistance, budget help, Project Share, Salvation Army vouchers, temporary lodging, food bank)

Victim Services

- **Shoshone County Crisis and Resource Center** (Domestic violence, sexual assault, Stalking, Suicide 24 hour hotline 556-0500)

Skills Building

- **Shoshone County Crisis and Resource Center** (Business Clothing)

Youth Recreation

- **Wallace Boxing Club**
- **Pump Track BMX bicycle track**

What is needed to bridge the gaps?

- Expanded Public Transportation (Discussion is started with county commissioners)
- More after school programs throughout the valley and volunteers to run them**.**
- More help for seniors
- Low cost / no cost payee programs for those unable to manage their money
- Mental Health In-patient treatment center
- More volunteer engagement from high school students
- Tutoring for GED arts and crafts and general schooling
- Affordable child care done on a sliding scale
- Summer recreation programs for intramural sports
- Outdoor exercise area at the Shoshone Wellness Center (opening soon)

Shoshone County and its families have the unique misfortune of being the epicenter of the nation's largest Superfund site resulting in a century of millions of tons of lead and heavy metal contamination.

The five thousand men, women and children who reside in the area otherwise known as the Silver Valley live with the following documented limitations:

- Housing; Due to the contamination, 100% of the homes in the towns of Kellogg, Wardner, Page and Smelterville have 2 to 50 times more lead than yards that are being remediated. Causing them to be

unacceptable to reside. Source of data, EPA, Interior House Dust studies, Unpopulated Record of Decision, 1999.

- Nutrition; The Public Health Dept. and EPA warn residents of the dangers of growing gardens, eating wildfowl and fish severely limiting access to good eating. Source of data, Panhandle Health District, "Public Awareness Message) he Early, Periodic Screening, Diagnosis and Treatment case management of mandated Medicaid lead testing of children prioritizes good nutrition eating habits.

- Health Care; Six generations of families are living within the parameters of 21 sq. mile Superfund site with chronic lead health conditions. They have never received any medical help or proactive medical attention with the exception of the Silver Valley Community Resource Center, Children Run Better Unleaded project. Source of data, Johns Hopkins University, Ethical Issues Using Children's Blood Lead Levels as a Remedial Action Objective, U.S. Dept. of Health and Human Services, National Academy of Sciences, 2005.

- Education; Due to the lead exposure, learning capacity is adversely impacted. Parents, teachers including those who teach special education work overtime to try and meet students' needs.

- Income: EPA estimates per capita income for Shoshone County; $12, 519

Community supported recommendations for improved quality of life for Shoshone County;

The establishment of a Community Lead Health clinic/center to bridge existing services as well as those which are unmet specifically to the lead and heavy metal contamination.

Acquire a significant amount of the approximate $700,000,000 settlement funds EPA is trustee to be used for the CLHC.

The Silver Valley Community Resource Center has a blueprint for the clinic/center endorsed by national experts in the field of children's lead exposure, universities and invested community agencies.

The expansion of Idaho Medicaid

Community Action Partnership

Community Needs Assessment Online Tool

Report Area

Asotin County, WA; Benewah County, ID; Bonner County, ID; Boundary County, ID; Clearwater County, ID; Idaho County, ID; Kootenai County, ID; Latah County, ID; Lewis County, ID; Nez Perce County, ID; Shoshone County, ID

Data Category

Population Profile | Employment | Education | Housing | Income | Nutrition | Health Care

Population Profile

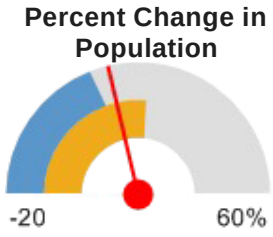
Data Indicators: Population Profile

- Population Change
- Age and Gender Demographics
- Race Demographics
- Veterans, Age and Gender Demographics
- Poverty
- Poverty Rate Change
- Households in Poverty
- Poverty Rate (ACS)
- Households in Poverty by Family Type
- Household Poverty Rate by Family Type
- Poverty Rate Change (Age 0-17)
- Poverty Rate Change (Age 0-4)
- Poverty Rate Change (Age 5-17)
- Child Poverty Rate (ACS) Ages 0-17
- Child Poverty Rate (ACS) Ages 0-4
- Child Poverty Rate (ACS) Ages 5-17
- Seniors in Poverty

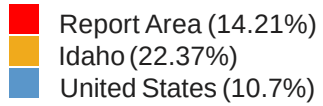
Population Change

Population change within the report area from 2000-2013 is shown below. During the thirteen-year period, total population estimates for the report area grew by 14.21 percent, increasing from 299,417 persons in 2000 to 341,963 persons in 2013.

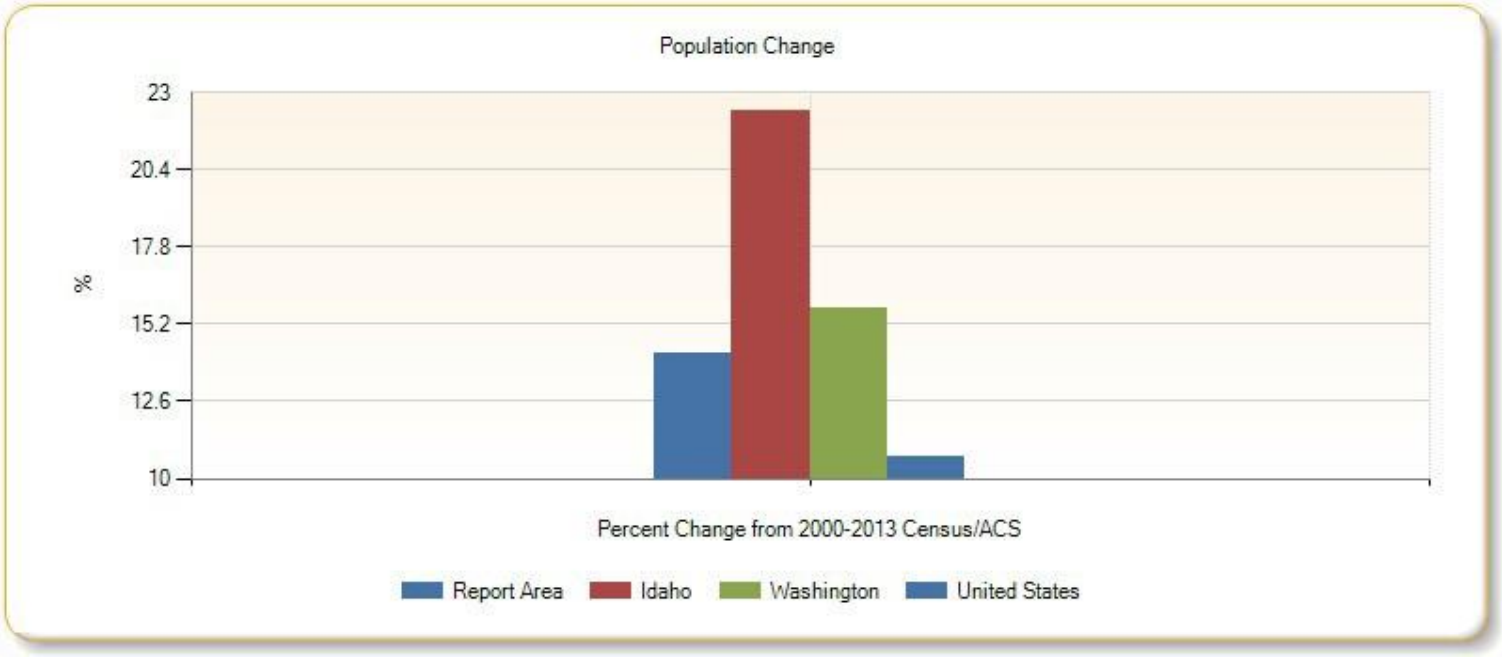
Report Area	Total Population, 2013 ACS	Total Population, 2000 Census	Population Change from 2000-2013 Census/ACS	Percent Change from 2000-2013 Census/ACS
Report Area	341,963	299,417	42,546	**14.21%**
Benewah County, ID	9,186	9,171	15	**0.16%**

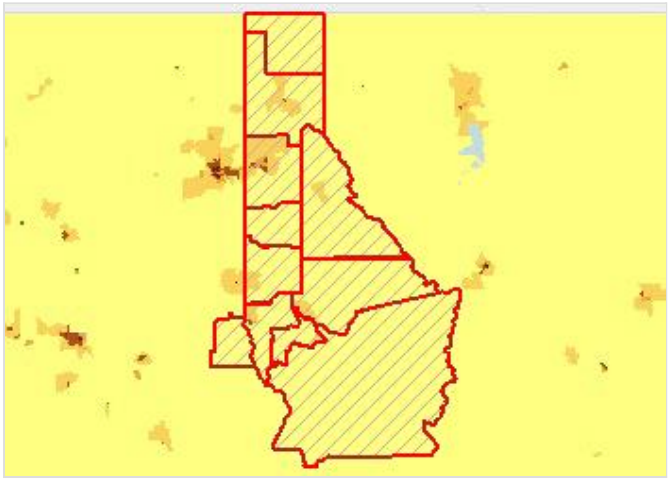


Report Area	Total Population, 2013 ACS	Total Population, 2000 Census	Population Change from 2000-2013 Census/ACS	Percent Change from 2000-2013 Census/ACS
Bonner County, ID	40,743	36,835	3,908	**10.61%**
Boundary County, ID	10,866	9,871	995	**10.08%**
Clearwater County, ID	8,638	8,930	-292	**-3.27%**
Idaho County, ID	16,269	15,511	758	**4.89%**
Kootenai County, ID	140,785	108,685	32,100	**29.53%**
Latah County, ID	37,636	34,935	2,701	**7.73%**
Lewis County, ID	3,851	3,747	104	**2.78%**
Nez Perce County, ID	39,458	37,410	2,048	**5.47%**
Shoshone County, ID	12,729	13,771	-1,042	**-7.57%**
Asotin County, WA	21,802	20,551	1,251	**6.09%**
Idaho	1,583,364	1,293,953	289,411	22.37%
Washington	6,819,579	5,894,121	925,458	15.7%
United States	311,536,591	281,421,906	30,114,685	10.7%



Note: This indicator is compared with the highest state average. Data breakout by demographic groups are not available.
Data Source: US Census Bureau, American Community Survey. US Census Bureau, Decennial Census. Source geography: County





Population, Density (Persons per Sq Mile) by Tract, ACS 2009-13

- Over 5,000
- 1,001 - 5,000
- 501 - 1,000
- 51 - 500
- Under 51
- No Data or Data Suppressed

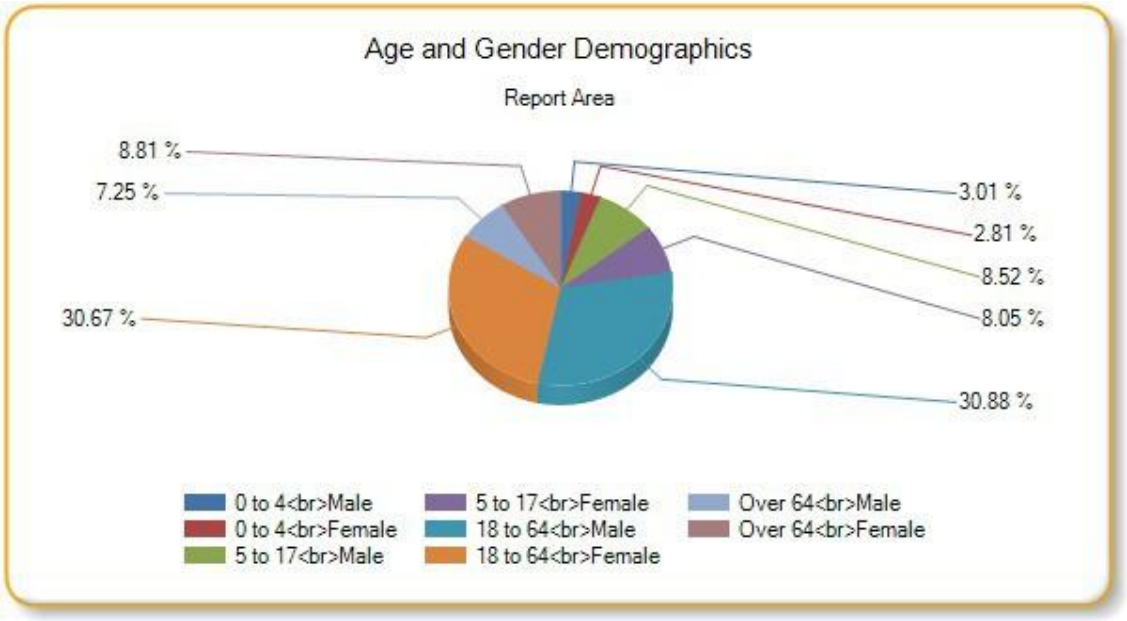
- Report Area

Age and Gender Demographics

Population by gender within the report area is shown below. According to ACS 2009-2013 5 year population estimates for the report area, the female population comprised 50.34% of the report area, while the male population represented 49.66%.

Report Area	0 to 4 Male	0 to 4 Female	5 to 17 Male	5 to 17 Female	18 to 64 Male	18 to 64 Female	Over 64 Male	Over 64 Female
Report Area	10,213	9,532	28,935	27,319	104,840	104,133	24,624	29,928
Benewah County, ID	270	281	854	723	2,661	2,640	837	863
Bonner County, ID	1,048	1,005	3,371	3,165	12,298	12,353	3,562	3,758
Boundary County, ID	371	262	1,030	1,035	3,181	3,048	950	921
Clearwater County, ID	186	154	615	514	2,902	2,260	961	976
Idaho County, ID	444	420	1,290	1,194	4,899	4,409	1,703	1,765
Kootenai County, ID	4,538	4,286	12,922	12,465	41,927	43,360	8,966	11,403
Latah County, ID	1,047	1,060	2,621	2,284	13,892	12,727	1,705	2,141
Lewis County, ID	103	104	314	300	1,104	1,060	374	458
Nez Perce County, ID	1,254	1,025	3,256	2,919	11,937	11,915	2,680	3,963
Shoshone County, ID	332	290	1,032	967	3,819	3,715	1,102	1,365
Asotin County, WA	620	645	1,630	1,753	6,220	6,646	1,784	2,315
Idaho	60,389	57,366	159,106	150,157	479,360	472,452	85,592	109,681
Washington	226,020	215,514	585,323	558,043	2,198,819	2,164,541	350,510	479,942
United States	10,247,162	9,804,950	27,536,556	26,288,810	97,303,216	98,504,848	16,290,099	23,690,560

Note: Data breakout by demographic groups are not available.
Data Source: US Census Bureau, American Community Survey. Source geography: County



Median Age by Tract, ACS 2009-13

- Over 45.0
- 40.1 - 45.0
- 35.1 - 40.0
- Under 35.1
- No Data or Data Suppressed

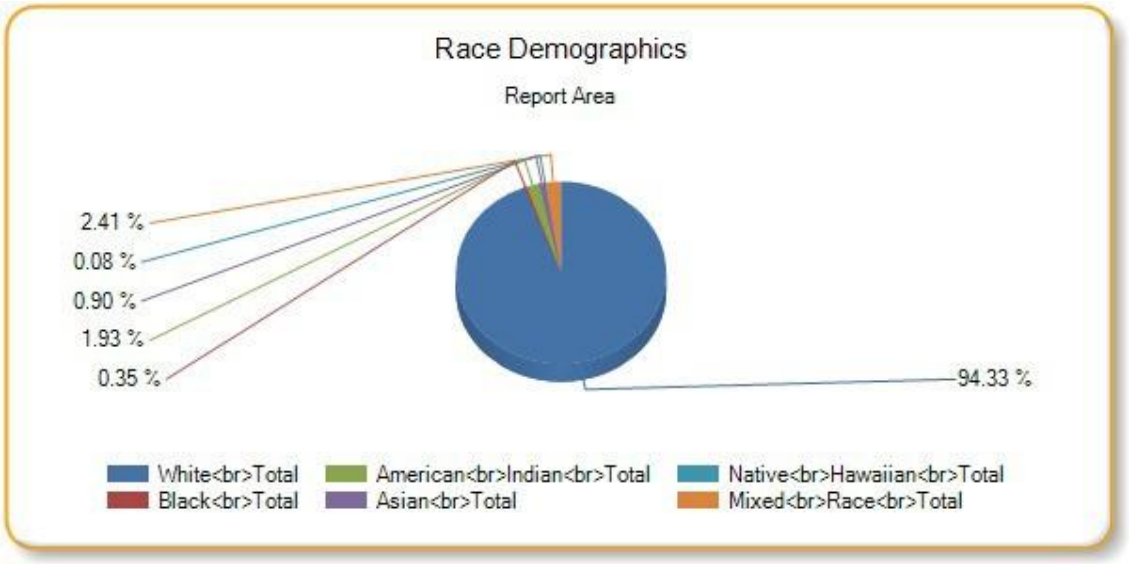
- Report Area

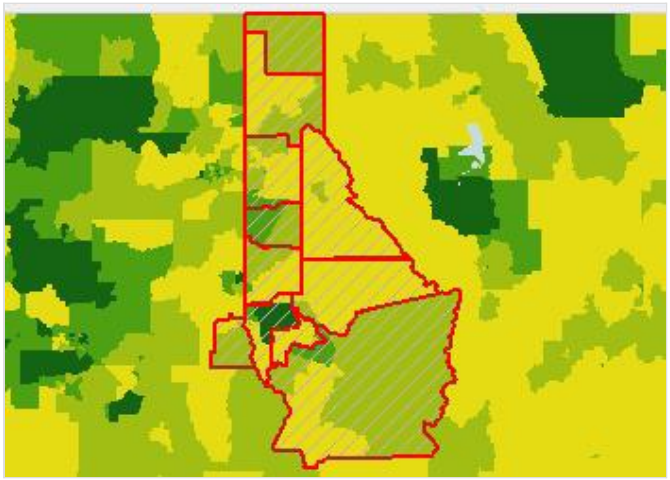
Race Demographics

Population by gender within the report area is shown below. According to ACS 2009-2013 5 year population estimates, the white population comprised 94.33% of the report area, black population represented 0.35%, and other races combined were 5.32%. Persons identifying themselves as mixed race made up 2.41% of the population.

Report Area	White Total	Black Total	American Indian Total	Asian Total	Native Hawaiian Total	Mixed Race Total
Report Area	321,264	1,176	6,576	3,066	285	8,208
Benewah County, ID	7,960	154	706	90	4	258
Bonner County, ID	39,101	90	338	231	33	809
Boundary County, ID	10,239	20	260	63	14	194
Clearwater County, ID	8,143	25	200	69	7	183
Idaho County, ID	15,320	28	436	24	3	394
Kootenai County, ID	133,515	411	1,834	1,150	127	3,221
Latah County, ID	35,183	185	149	764	13	1,192
Lewis County, ID	3,523	0	163	19	12	126
Nez Perce County, ID	35,576	118	2,190	408	21	969
Shoshone County, ID	12,228	23	137	76	0	251
Asotin County, WA	20,476	122	163	172	51	611
Idaho	1,455,692	8,957	19,984	20,141	2,216	39,459
Washington	5,350,938	245,041	94,194	498,941	40,695	324,471
United States	230,592,584	39,167,010	2,540,309	15,231,962	526,347	8,732,333

Data Source: US Census Bureau, American Community Survey. Source geography: County





Population, Minority (Non-White), Percent by Tract, ACS 2009-13

- Over 25.0%
- 10.1 - 25.0%
- 5.1 - 10.0%
- Under 5.1%
- No Minority Population Reported
- No Data or Data Suppressed

- Report Area

Race Demographics - Male

Report Area	White Male	Black Male	American Indian Male	Asian Total	Native Hawaiian Male	Mixed Race Male
Report Area	160,614	750	3,398	1,407	172	3,975
Benewah County, ID	4,073	94	336	18	0	152

Report Area	White Male	Black Male	American Indian Male	Asian Total	Native Hawaiian Male	Mixed Race Male
Bonner County, ID	19,646	54	159	105	27	401
Boundary County, ID	5,232	20	151	33	7	104
Clearwater County, ID	4,440	12	144	31	0	96
Idaho County, ID	7,975	28	224	3	3	203
Kootenai County, ID	65,812	238	969	458	84	1,446
Latah County, ID	18,007	163	99	411	9	663
Lewis County, ID	1,773	0	87	5	6	58
Nez Perce County, ID	17,618	81	1,081	240	21	493
Shoshone County, ID	6,124	16	78	30	0	130
Asotin County, WA	9,914	44	70	73	15	229
Idaho	728,530	5,545	9,831	9,251	1,082	20,102
Washington	2,666,933	133,067	47,596	229,811	20,091	161,723
United States	113,846,008	18,685,702	1,263,498	7,227,755	263,945	4,342,446

Race Demographics - Female

Report Area	White Female	Black Female	American Indian Female	Asian Female	Native Hawaiian Female	Mixed Race Female
Report Area	160,650	426	3,178	1,659	113	4,233
Benewah County, ID	3,887	60	370	72	4	106
Bonner County, ID	19,455	36	179	126	6	408
Boundary County, ID	5,007	0	109	30	7	90
Clearwater County, ID	3,703	13	56	38	7	87
Idaho County, ID	7,345	0	212	21	0	191
Kootenai County, ID	67,703	173	865	692	43	1,775

Report Area	White Female	Black Female	American Indian Female	Asian Female	Native Hawaiian Female	Mixed Race Female
Latah County, ID	17,176	22	50	353	4	529
Lewis County, ID	1,750	0	76	14	6	68
Nez Perce County, ID	17,958	37	1,109	168	0	476
Shoshone County, ID	6,104	7	59	46	0	121
Asotin County, WA	10,562	78	93	99	36	382
Idaho	727,162	3,412	10,153	10,890	1,134	19,357
Washington	2,684,005	111,974	46,598	269,130	20,604	162,748
United States	116,746,576	20,481,308	1,276,811	8,004,207	262,402	4,389,887

Veterans, Age and Gender Demographics

Veterans, Age and Gender Demographics show the number of veterans living in the report area. 12.7% of the adult population in the report area are veterans, which is more than the national average of 8.99%.

Report Area	Veterans Total	Veterans Male	Veterans Female	% Pop over 18 Total	% Pop over 18 Males	% Pop over 18 Females
Report Area	33,771	31,815	1,956	12.7	24.13	1.46
Benewah County, ID	1,019	980	39	14.44	27.57	1.11
Bonner County, ID	4,676	4,343	333	14.54	27.07	2.07
Boundary County, ID	1,263	1,199	64	15.46	28.55	1.61
Clearwater County, ID	1,041	978	63	14.56	24.94	1.95
Idaho County, ID	1,877	1,787	90	14.54	26.54	1.46
Kootenai County, ID	13,296	12,513	783	12.48	24.16	1.43
Latah County, ID	2,141	2,012	129	6.99	12.78	0.87
Lewis County, ID	468	443	25	15.45	29.3	1.65
Nez Perce County, ID	4,190	3,919	271	13.51	25.91	1.71

Report Area	Veterans Total	Veterans Male	Veterans Female	% Pop over 18 Total	% Pop over 18 Males	% Pop over 18 Females
Shoshone County, ID	1,605	1,526	79	15.89	30.35	1.56
Asotin County, WA	2,195	2,115	80	12.8	25.81	0.89
Idaho	122,955	115,067	7,888	10.66	20.14	1.36
Washington	582,265	532,242	50,023	11.23	20.9	1.9
United States	21,263,780	19,709,452	1,554,327	8.99	17.21	1.27

Data Source: US Census Bureau, American Community Survey. Source geography: County

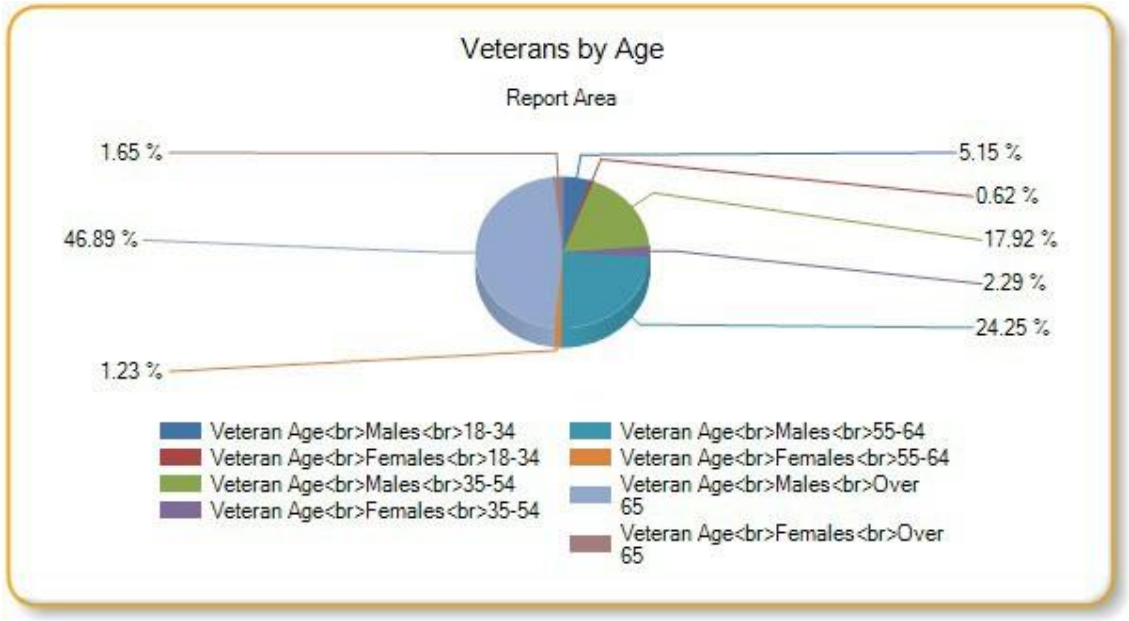
Veterans, Percent of Total Population by Tract, ACS 2009-13

- Over 13%
- 11.1 - 13.0%
- 9.1 - 11.0%
- Under 9.1%
- No Data or Data Suppressed
- Report Area

Veterans by Age

Report Area	Veteran Age Males 18-34	Veteran Age Females 18-34	Veteran Age Males 35-54	Veteran Age Females 35-54	Veteran Age Males 55-64	Veteran Age Females 55-64	Veteran Age Males Over 65	Veteran Age Females Over 65
Report Area	1,740	211	6,053	772	8,188	416	15,834	557
Benewah County, ID	93	2	162	9	253	9	472	19
Bonner County, ID	127	36	756	134	1,367	95	2,093	68
Boundary County, ID	51	0	304	5	206	17	638	42

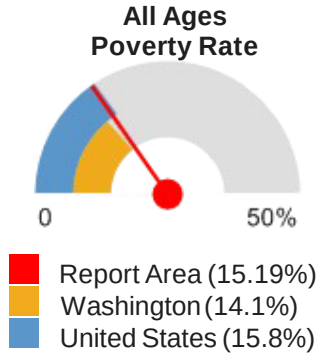
Report Area	Veteran Age Males 18-34	Veteran Age Females 18-34	Veteran Age Males 35-54	Veteran Age Females 35-54	Veteran Age Males 55-64	Veteran Age Females 55-64	Veteran Age Males Over 65	Veteran Age Females Over 65
Clearwater County, ID	34	12	118	12	310	13	516	26
Idaho County, ID	66	0	347	44	509	23	865	23
Kootenai County, ID	798	80	2,571	239	2,996	192	6,148	272
Latah County, ID	164	0	318	77	622	25	908	27
Lewis County, ID	25	0	36	8	130	4	252	13
Nez Perce County, ID	190	63	746	153	1,022	16	1,961	39
Shoshone County, ID	40	17	354	37	411	10	721	15
Asotin County, WA	152	1	341	54	362	12	1,260	13
Idaho	8,338	1,392	26,723	3,425	27,888	1,419	52,118	1,652
Washington	40,241	10,221	138,920	22,187	132,853	9,487	220,228	8,128
United States	1,397,538	325,905	4,634,244	711,580	4,649,009	259,380	9,028,661	257,462



Poverty

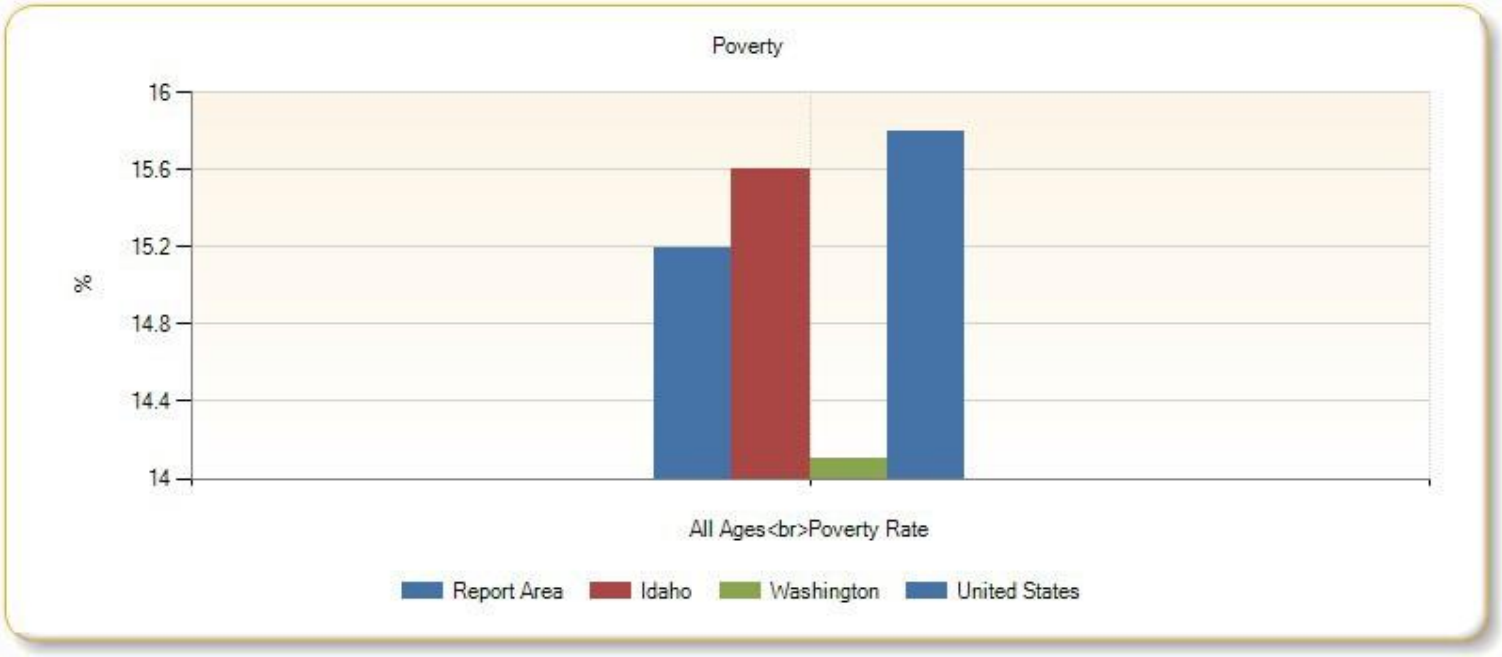
2013 poverty estimates show a total of 51,388 persons living below the poverty level in the report area. Poverty information is at 100% of the federal poverty income guidelines

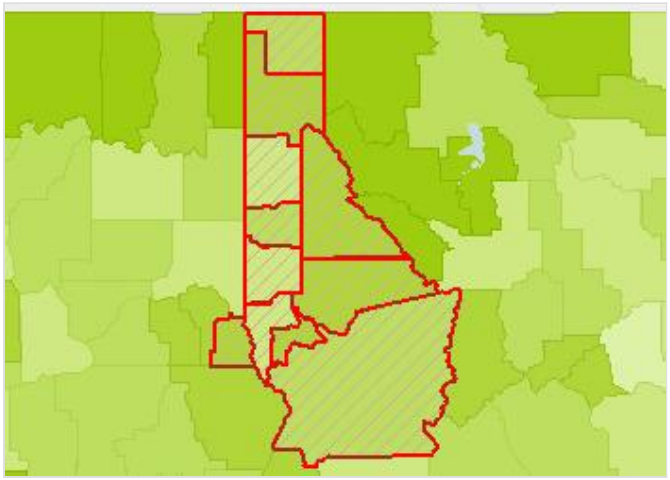
Report Area	All Ages No of Persons	All Ages Poverty Rate	Age 0-17 No of Persons	Age 0-17 Poverty Rate	Age 5-17 No of Persons	Age 5-17 Poverty Rate
Report Area	51,388	**15.19%**	15,053	20.25%	10,276	18.85%
Benewah County, ID	1,477	**16.5%**	481	24.3%	334	22.7%
Bonner County, ID	6,834	**17%**	2,118	25.9%	1,470	23.8%
Boundary County, ID	1,915	**17.8%**	630	24.9%	452	23.4%
Clearwater County, ID	1,418	**17.8%**	362	26.4%	256	24.4%
Idaho County, ID	2,467	**15.8%**	738	23.3%	527	22.8%



Report Area	All Ages No of Persons	All Ages Poverty Rate	Age 0-17 No of Persons	Age 0-17 Poverty Rate	Age 5-17 No of Persons	Age 5-17 Poverty Rate
Kootenai County, ID	18,941	**13.3%**	6,061	17.9%	4,140	16.6%
Latah County, ID	6,345	**18.1%**	1,058	15.2%	695	14.6%
Lewis County, ID	658	**17%**	221	25.3%	156	23.5%
Nez Perce County, ID	5,225	**13.4%**	1,504	18%	990	16.5%
Shoshone County, ID	2,431	**19.4%**	702	28.3%	476	25.6%
Asotin County, WA	3,677	**16.8%**	1,178	25.8%	780	23.2%
Idaho	246,708	15.6%	81,389	19.2%	56,633	18.3%
Washington	963,088	14.1%	291,841	18.6%	197,126	17.6%
United States	48,810,868	15.8%	16,086,960	22.2%	10,958,232	20.8%

Note: This indicator is compared with the lowest state average. Data breakout by demographic groups are not available.
Data Source: US Census Bureau, Small Area Income & Poverty Estimates. Source geography: County





Population Below the Poverty Level, Children (Age 0-18), Percent by County, SAIPE 2013

- Over 30.0%
- 25.1 - 30.0%
- 10.1 - 25.0%
- 15.1 - 20.0%
- Under 15.1%

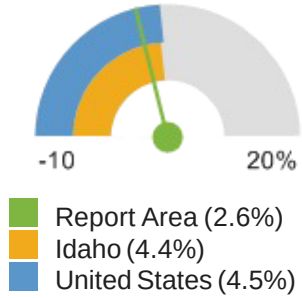
Report Area

Poverty Rate Change

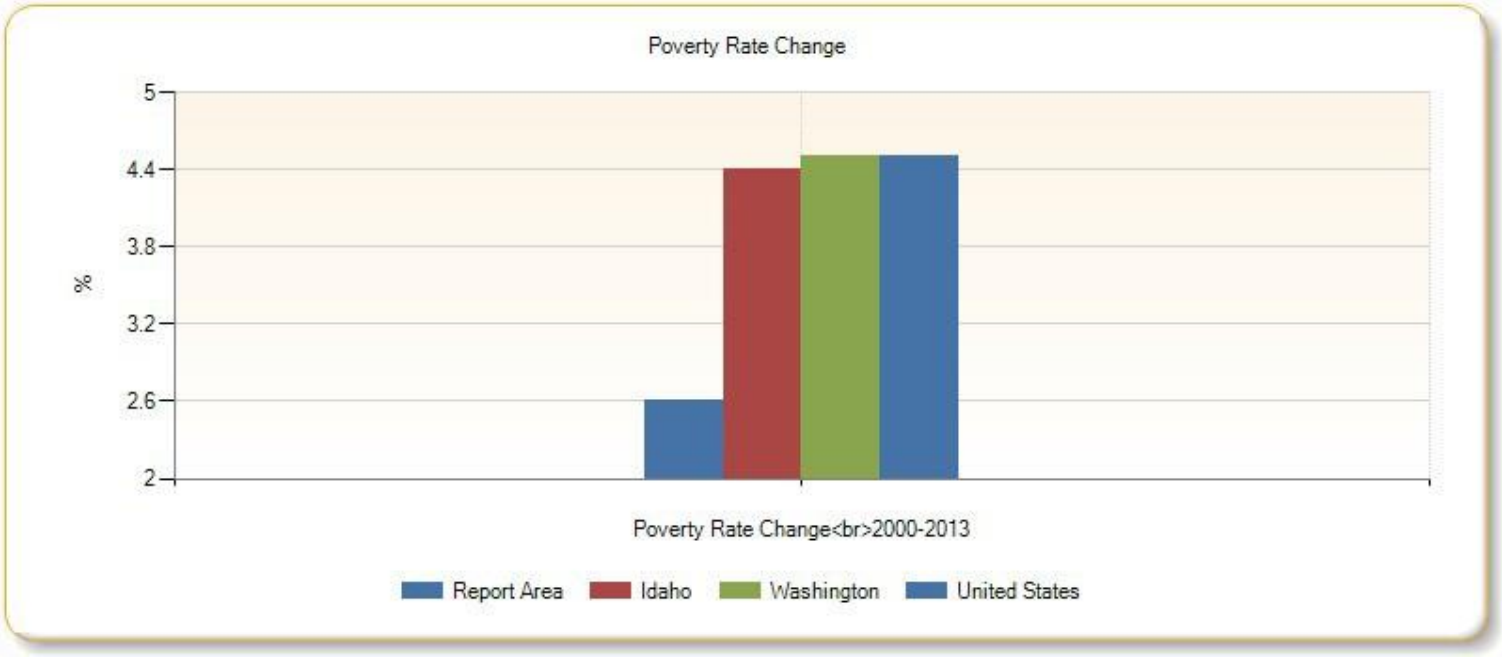
Poverty rate change in the report area from 2000 to 2013 is shown below. According to the U.S. Census, the poverty rate for the area increased by 2.6%, compared to a national increase of 4.5%.

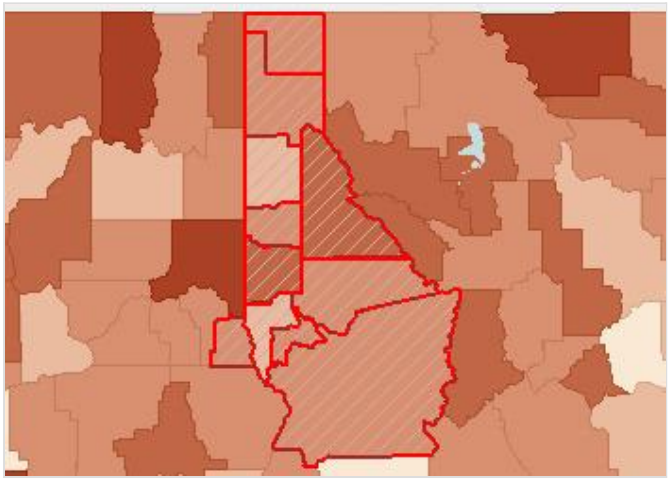
Poverty Rate Change

Report Area	Persons in Poverty 2000	Poverty Rate 2000	Persons in Poverty 2013	Poverty Rate 2013	Poverty Rate Change 2000-2013
Report Area	37,051	12.6%	51,388	15.2%	**2.6%**
Benewah County, ID	1,230	13.8%	1,477	16.5%	**2.7%**
Bonner County, ID	5,081	13.7%	6,834	17%	**3.3%**
Boundary County, ID	1,519	15.4%	1,915	17.8%	**2.4%**
Clearwater County, ID	1,148	14.3%	1,418	17.8%	**3.5%**
Idaho County, ID	2,240	14.9%	2,467	15.8%	**0.9%**
Kootenai County, ID	11,730	10.6%	18,941	13.3%	**2.7%**
Latah County, ID	4,239	13.6%	6,345	18.1%	**4.5%**
Lewis County, ID	494	13.7%	658	17%	**3.3%**
Nez Perce County, ID	4,162	11.4%	5,225	13.4%	**2%**
Shoshone County, ID	2,232	16.8%	2,431	19.4%	**2.6%**
Asotin County, WA	2,976	14.7%	3,677	16.8%	**2.1%**
Idaho	290,086	11.2%	493,416	15.6%	4.4%
Washington	1,135,150	9.6%	1,926,177	14.1%	4.5%
United States	63,160,495	11.3%	97,615,776	15.8%	4.5%



Note: This indicator is compared with the lowest state average. Data breakout by demographic groups are not available.
Data Source: US Census Bureau, Small Area Income & Poverty Estimates. Source geography: County





Population Below the Poverty Level, Percent by County, SAIPE 2013

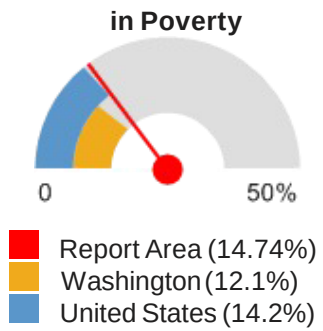
- Over 22.0%
- 18.1 - 22.0%
- 15.1 - 18.0%
- 12.1 - 15.0%
- Under 12.1%
- Report Area

Households in Poverty

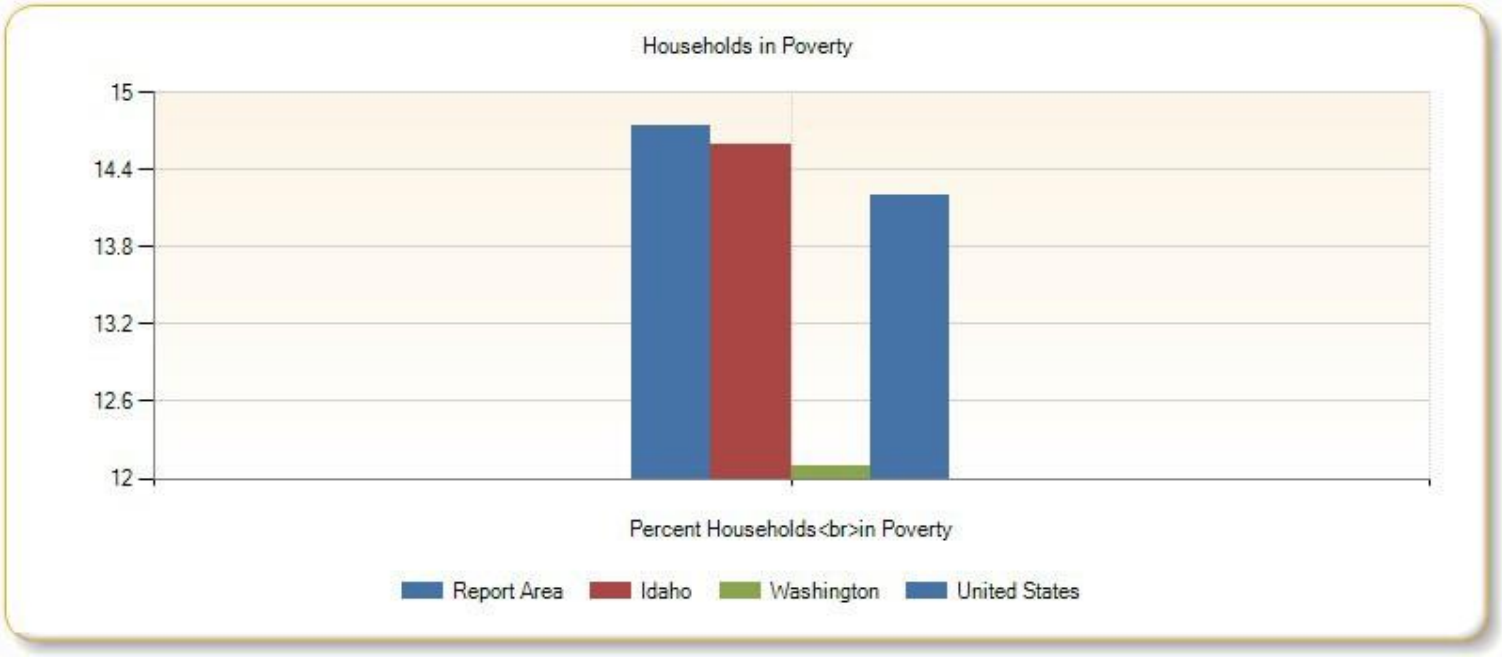
The number and percentage of households in poverty are shown in the report area. In 2012, it is estimated that there were 20429 households, or 14.74%, living in poverty within the report area.

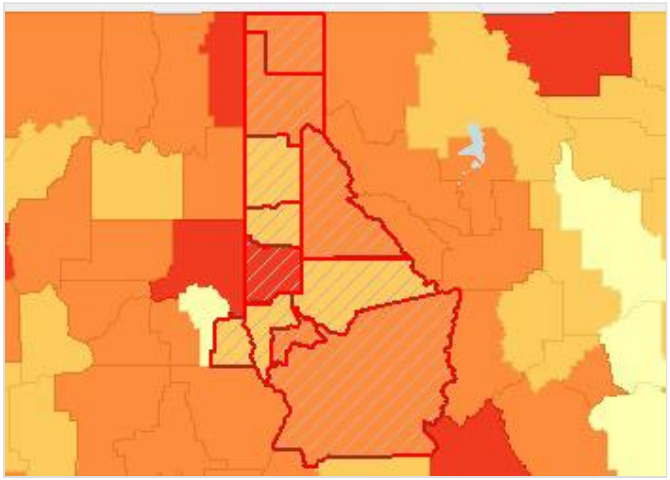
Percent Households

Report Area	Total Households	Households in Poverty	Percent Households in Poverty
Report Area	138,570	20,429	**14.74**
Benewah County, ID	3,888	529	**13.6**
Bonner County, ID	17,388	2,855	**16.4**
Boundary County, ID	4,144	822	**19.8**
Clearwater County, ID	3,545	454	**12.8**
Idaho County, ID	6,534	1,025	**15.7**
Kootenai County, ID	55,679	7,376	**13.3**
Latah County, ID	14,941	3,181	**21.3**
Lewis County, ID	1,660	274	**16.5**
Nez Perce County, ID	16,019	1,748	**10.9**
Shoshone County, ID	5,714	983	**17.2**
Asotin County, WA	9,058	1,182	**13.1**
Idaho	579,797	84,409	14.6
Washington	2,629,126	317,540	12.1
United States	115,610,216	16,415,984	14.2



Note: This indicator is compared with the lowest state average. Data breakout by demographic groups are not available.
Data Source: US Census Bureau, American Community Survey. Source geography: County





Households Living Below the Poverty Level, Percent by County, ACS 2009-13

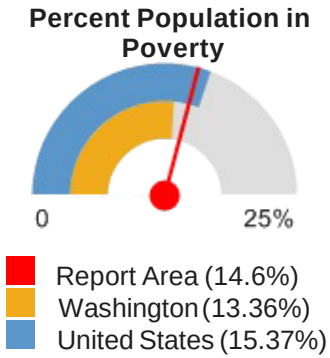
- Over 20.0%
- 15.1 - 20.0%
- 10.1 - 15.0%
- Under 10.1%
- No Data or Data Suppressed

- Report Area

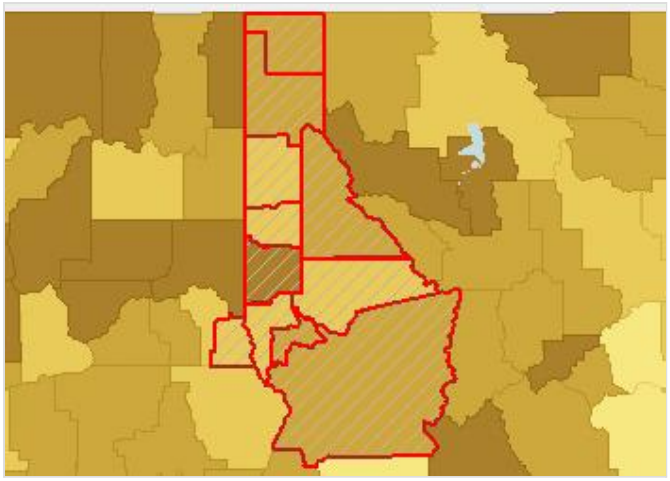
Poverty Rate (ACS)

The following report section shows population estimates for all persons in poverty for report area. According to the American Community Survey 5 year estimates, an average of 14.6 percent of all persons lived in a state of poverty during the 2009 - 2013 period. The poverty rate for all persons living in the report area is less than the national average of 15.37 percent.

Report Area	Total Population	Population in Poverty	Percent Population in Poverty
Report Area	333,016	48,618	**14.6%**
Benewah County, ID	9,069	1,330	**14.67%**
Bonner County, ID	40,161	6,099	**15.19%**
Boundary County, ID	10,651	1,753	**16.46%**
Clearwater County, ID	7,771	971	**12.5%**
Idaho County, ID	15,778	2,756	**17.47%**
Kootenai County, ID	139,113	18,693	**13.44%**
Latah County, ID	34,469	7,028	**20.39%**
Lewis County, ID	3,784	677	**17.89%**
Nez Perce County, ID	38,570	4,286	**11.11%**
Shoshone County, ID	12,177	2,114	**17.36%**
Asotin County, WA	21,473	2,911	**13.56%**
Idaho	1,552,767	240,298	15.48%
Washington	6,686,172	893,211	13.36%
United States	303,692,064	46,663,432	15.37%



Note: This indicator is compared with the lowest state average.
Data Source: US Census Bureau, American Community Survey. Source geography: Tract



Population Below the Poverty Level, Percent by County, ACS 2009-13

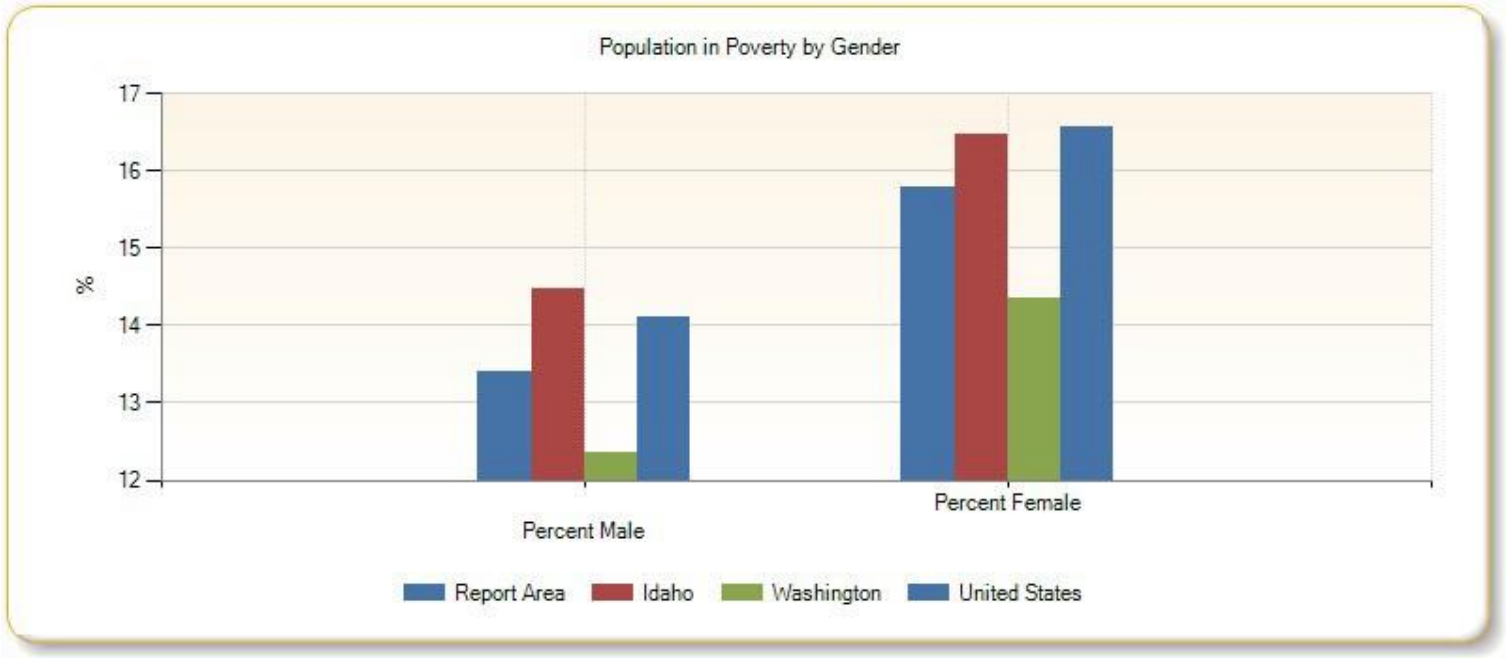
- Over 20.0%
- 15.1 - 20.0%
- 10.1 - 15.0%
- Under 10.1%
- No Data or Data Suppressed

- Report Area

Population in Poverty by Gender

Report Area	Total Male	Total Female	Percent Male	Percent Female
Report Area	22,206	26,412	13.39%	15.79%
Benewah County, ID	634	696	13.73%	15.63%
Bonner County, ID	2,790	3,309	13.82%	16.56%
Boundary County, ID	916	837	16.73%	16.17%
Clearwater County, ID	485	486	12.38%	12.61%
Idaho County, ID	1,256	1,500	15.59%	19.43%
Kootenai County, ID	7,859	10,834	11.5%	15.31%
Latah County, ID	3,804	3,224	21.35%	19.36%
Lewis County, ID	281	396	14.97%	20.77%
Nez Perce County, ID	1,934	2,352	10.09%	12.13%
Shoshone County, ID	1,047	1,067	17.39%	17.33%
Asotin County, WA	1,200	1,711	11.67%	15.3%
Idaho	112,262	128,036	14.48%	16.47%
Washington	410,494	482,717	12.36%	14.35%

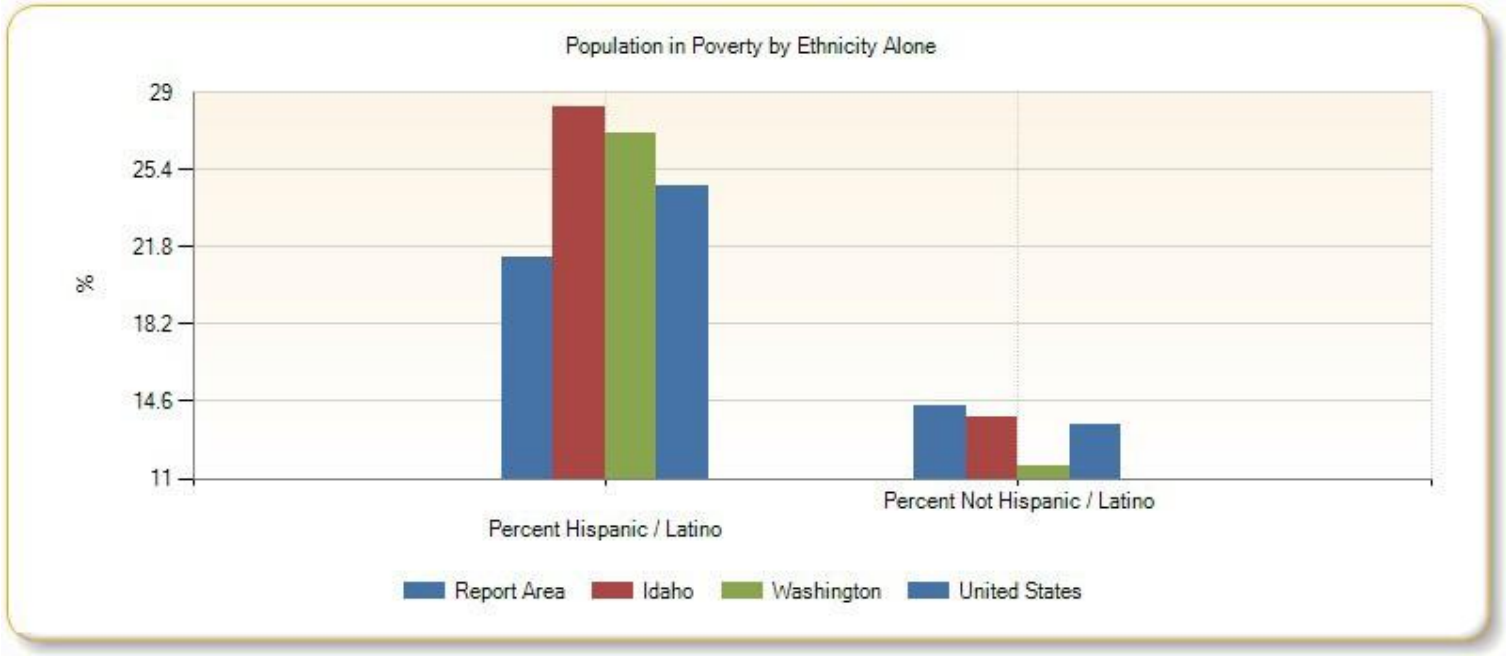
Report Area	Total Male	Total Female	Percent Male	Percent Female
United States	20,955,836	25,707,598	14.11%	16.57%



Population in Poverty by Ethnicity Alone

Report Area	Total Hispanic / Latino	Total Not Hispanic / Latino	Percent Hispanic / Latino	Percent Not Hispanic / Latino
Report Area	2,331	46,287	21.29%	14.37%
Benewah County, ID	145	1,185	56.86%	13.44%
Bonner County, ID	87	6,012	9.32%	15.33%
Boundary County, ID	61	1,692	15.1%	16.51%
Clearwater County, ID	42	929	23.6%	12.23%
Idaho County, ID	85	2,671	22.67%	17.34%
Kootenai County, ID	872	17,821	16.03%	13.33%
Latah County, ID	194	6,834	17.2%	20.5%

Report Area	Total Hispanic / Latino	Total Not Hispanic / Latino	Percent Hispanic / Latino	Percent Not Hispanic / Latino
Lewis County, ID	16	661	12.8%	18.07%
Nez Perce County, ID	435	3,851	39.12%	10.28%
Shoshone County, ID	65	2,049	19.29%	17.31%
Asotin County, WA	329	2,582	49.47%	12.41%
Idaho	50,032	190,266	28.35%	13.82%
Washington	207,765	685,446	27.08%	11.58%
United States	12,507,866	34,155,568	24.66%	13.5%

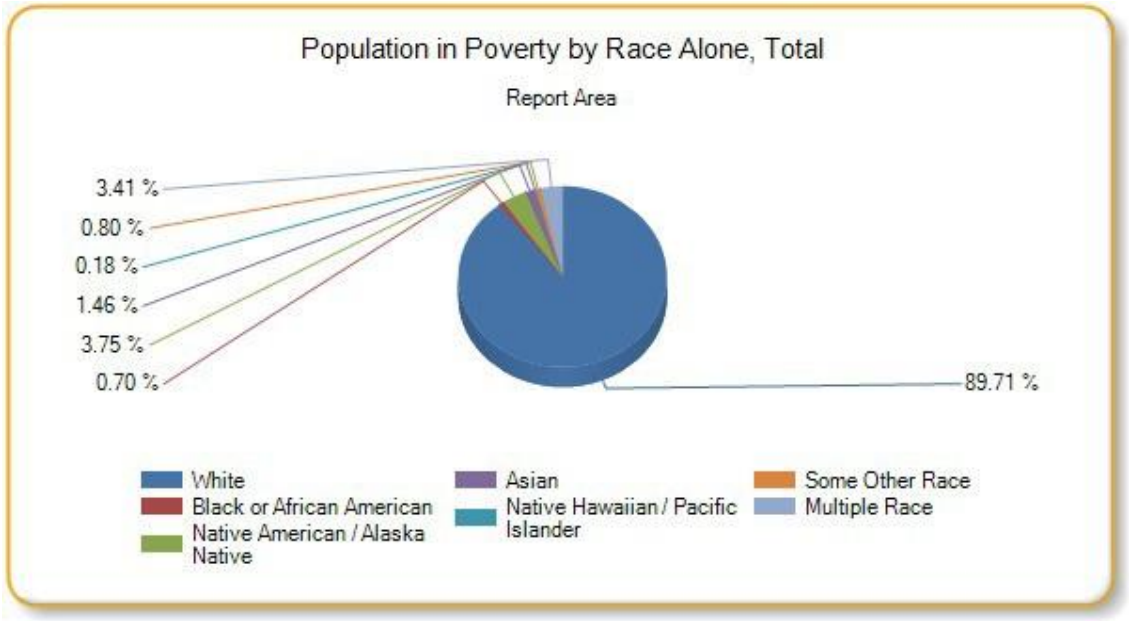


Population in Poverty, Percent by Race Alone

Report Area	White	Black or African American	Native American / Alaska Native	Asian	Native Hawaiian / Pacific Islander	Some Other Race	Multiple Race

Population in Poverty by Race Alone, Total

Report Area	White	Black or African American	Native American / Alaska Native	Asian	Native Hawaiian / Pacific Islander	Some Other Race	Multiple Race
Report Area	43,614	338	1,824	709	86	389	1,658
Benewah County, ID	1,075	15	178	10	0	0	52
Bonner County, ID	5,745	0	51	79	0	17	207
Boundary County, ID	1,586	0	79	25	0	0	63
Clearwater County, ID	899	0	37	2	4	0	29
Idaho County, ID	2,428	6	218	0	3	5	96
Kootenai County, ID	16,806	204	685	259	33	115	591
Latah County, ID	6,437	76	2	260	0	47	206
Lewis County, ID	566	0	54	2	2	8	45
Nez Perce County, ID	3,583	9	443	48	0	66	137
Shoshone County, ID	1,934	1	51	0	0	0	128
Asotin County, WA	2,555	27	26	24	44	131	104
Idaho	208,785	2,007	5,364	3,742	366	10,670	9,364
Washington	609,656	58,479	24,001	59,658	6,573	81,581	53,263
United States	28,254,648	10,165,935	701,439	1,872,394	99,943	3,872,191	1,696,884



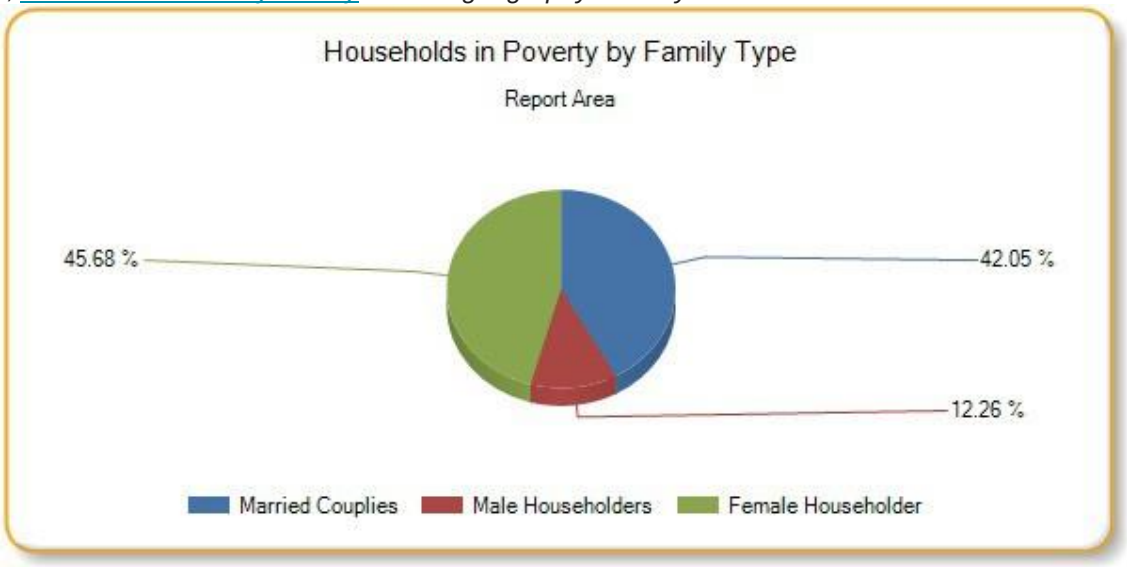
Households in Poverty by Family Type

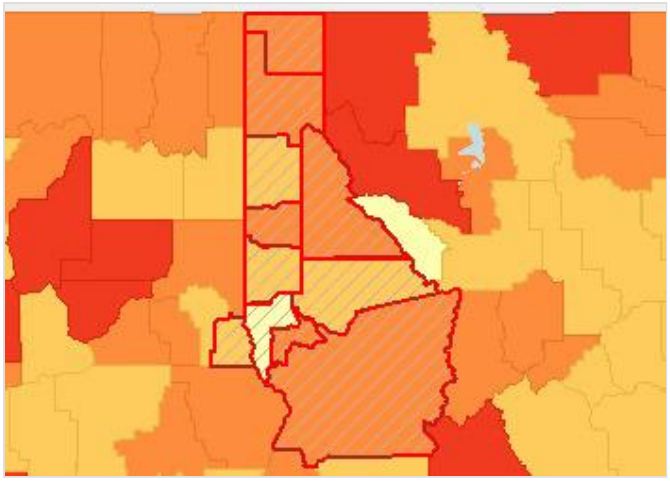
The number of households in poverty by type are shown in the report area. The U.S. Census Bureau estimates that there were 9060 households living in poverty within the report area.

Report Area	Total Households	Households in Poverty Total	Households in Poverty Married Couples	Households in Poverty Male Householder	Households in Poverty Female Householder
Report Area	91,733	9,060	3,810	1,111	4,139
Benewah County, ID	2,653	300	158	29	113
Bonner County, ID	11,470	1,228	589	77	562
Boundary County, ID	2,900	450	201	80	169
Clearwater County, ID	2,347	170	92	6	72
Idaho County, ID	4,509	591	238	113	240
Kootenai County, ID	38,681	3,669	1,382	424	1,863
Latah County, ID	8,474	733	422	103	208

Report Area	Total Households	Households in Poverty Total	Households in Poverty Married Couples	Households in Poverty Male Householder	Households in Poverty Female Householder
Lewis County, ID	1,051	125	65	13	47
Nez Perce County, ID	10,304	712	228	87	397
Shoshone County, ID	3,576	495	227	100	168
Asotin County, WA	5,768	587	208	79	300
Idaho	404,646	44,581	21,443	4,608	18,530
Washington	1,697,886	152,929	60,391	16,847	75,691
United States	76,744,360	8,666,630	3,148,540	923,063	4,595,027

Note: Data breakout by demographic groups are not available.
Data Source: US Census Bureau, American Community Survey. Source geography: County





Married Family Households Living Below the Poverty Level, Percent by County, ACS 2009-13

- Over 9.0%
- 6.1 - 9.0%
- 3.1 - 6.0%
- Under 3.1%
- No Married Families Reported
- No Data or Data Suppressed

- Report Area

Household Poverty Rate by Family Type

The percentage of households in poverty by household type are shown for the report area. It is estimated that 9.9% of all households were living in poverty within the report area, compared to the national average of 11.3%. Of the households in poverty, female headed households represented 4.5% of all households in poverty, compared to 4.2 and 1.2% of households headed by males and married couples, respectively.

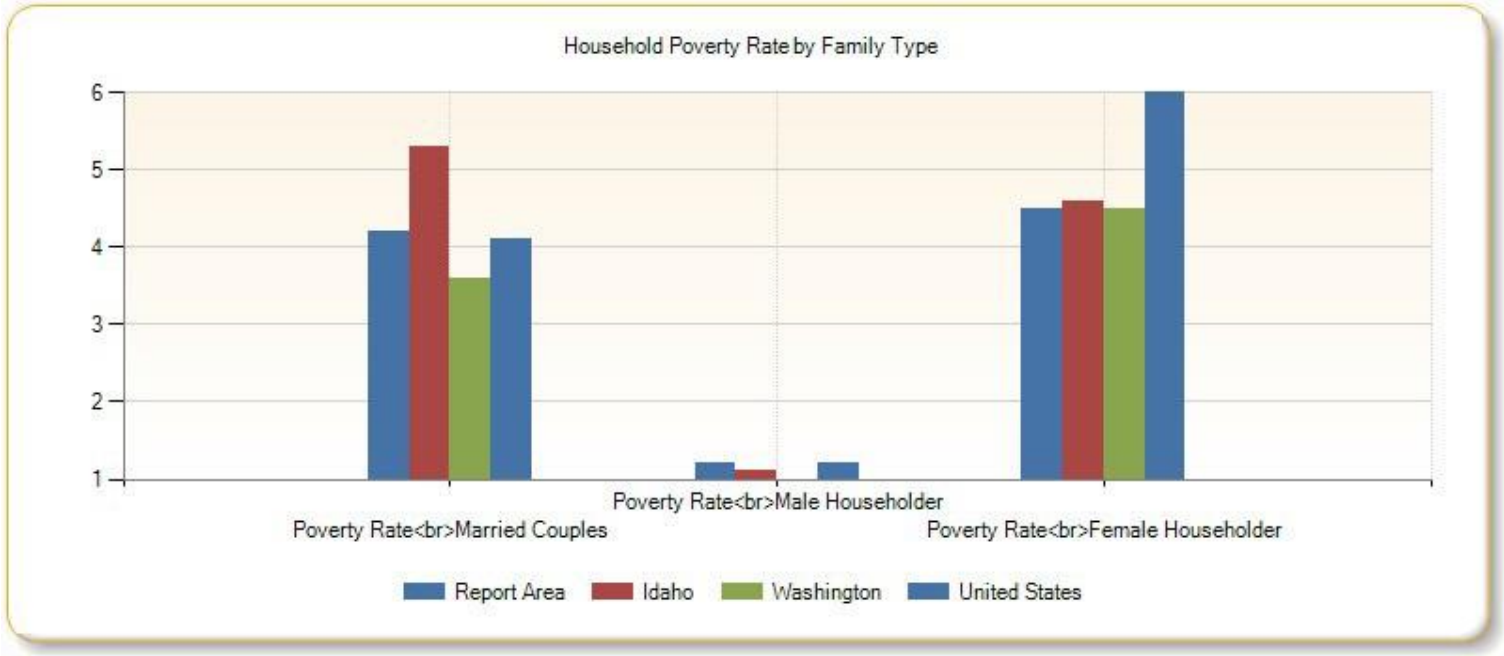
Report Area	Poverty Rate All Types	Poverty Rate Married Couples	Poverty Rate Male Householder	Poverty Rate Female Householder
Report Area	9.9	4.2	1.2	**4.5**
Benewah County, ID	11.3	6	1.1	**4.3**
Bonner County, ID	10.7	5.1	0.7	**4.9**
Boundary County, ID	15.5	6.9	2.8	**5.8**
Clearwater County, ID	7.2	3.9	0.3	**3.1**
Idaho County, ID	13.1	5.3	2.5	**5.3**
Kootenai County, ID	9.5	3.6	1.1	**4.8**
Latah County, ID	8.6	5	1.2	**2.5**
Lewis County, ID	11.9	6.2	1.2	**4.5**
Nez Perce County, ID	6.9	2.2	0.8	**3.9**

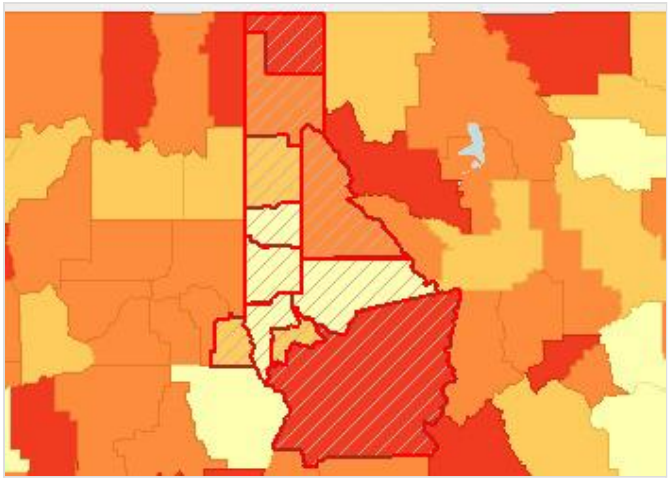
Poverty Rate Female Householder

- Report Area (4.5%)
- Washington (4.5%)
- United States (6%)

Report Area	Poverty Rate All Types	Poverty Rate Married Couples	Poverty Rate Male Householder	Poverty Rate Female Householder
Shoshone County, ID	13.8	6.3	2.8	**4.7**
Asotin County, WA	10.2	3.6	1.4	**5.2**
Idaho	11	5.3	1.1	4.6
Washington	9	3.6	1	4.5
United States	11.3	4.1	1.2	6

Note: This indicator is compared with the lowest state average. Data breakout by demographic groups are not available.
Data Source: US Census Bureau, American Community Survey. Source geography: County





Single Parent Family Households Living Below the Poverty Level, Percent by County, ACS 2009-13

- Over 37.0%
- 30.1 - 37.0%
- 23.1 - 30.0%
- Under 23.1%
- No 1 Parent Households Reported
- No Data or Data Suppressed

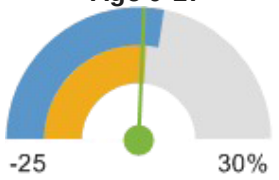
- Report Area

Poverty Rate Change (Age 0-17)

The poverty rate change for all children in the report area from 2000 to 2013 is shown below. According to the U.S. Census, the poverty rate for the area increased by 3.2%, compared to a national increase of 6 percent.

Report Area	Poverty Age 0-17 2000	Poverty Rate Age 0-17 2000	Poverty Age 0-17 2013	Poverty Rate Age 0-17 2013	Difference in Rate Age 0-17 2000 - 2013
Report Area	12,535	17.1%	15,053	20.3%	**3.2%**
Benewah County, ID	441	19.2%	481	24.3%	**5.1%**
Bonner County, ID	1,831	20.1%	2,118	25.9%	**5.8%**
Boundary County, ID	623	22.7%	630	24.9%	**2.2%**
Clearwater County, ID	383	20.6%	362	26.4%	**5.8%**
Idaho County, ID	769	21.1%	738	23.3%	**2.2%**
Kootenai County, ID	4,295	14.7%	6,061	17.9%	**3.2%**

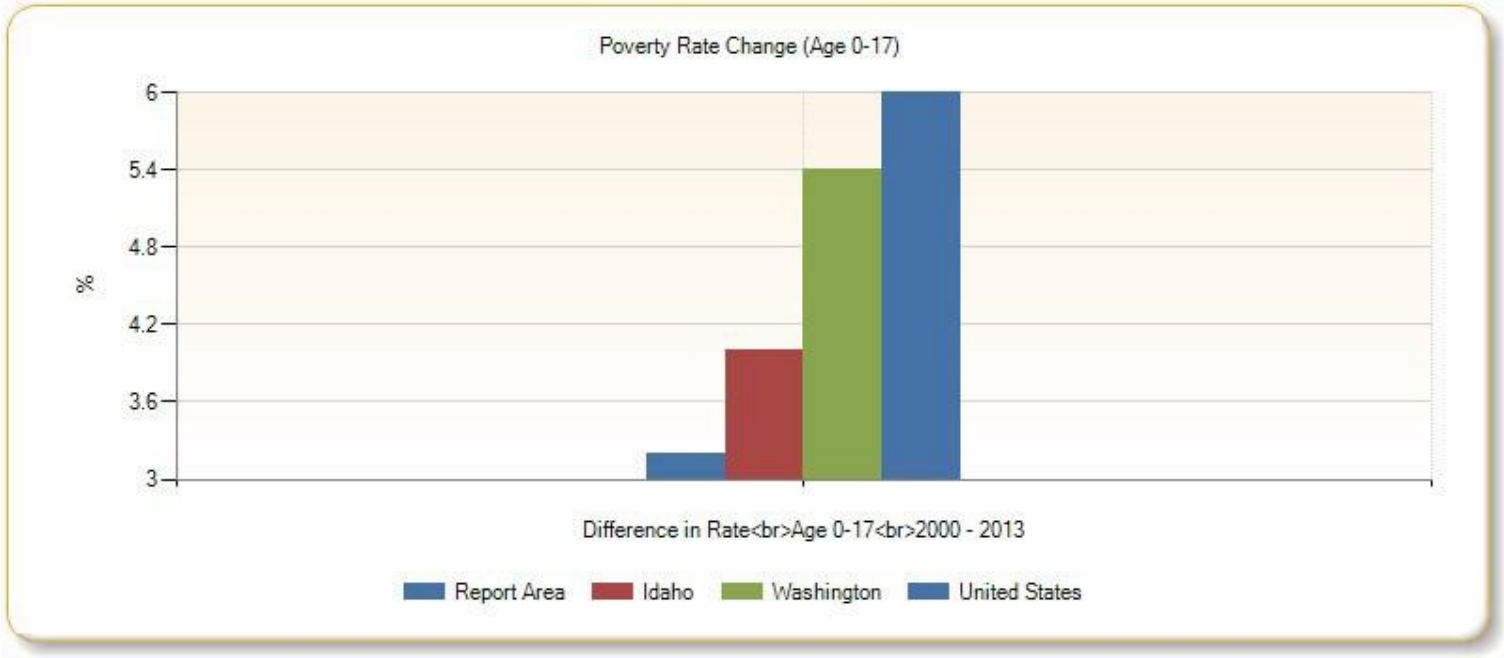
Poverty Rate Change Age 0-17

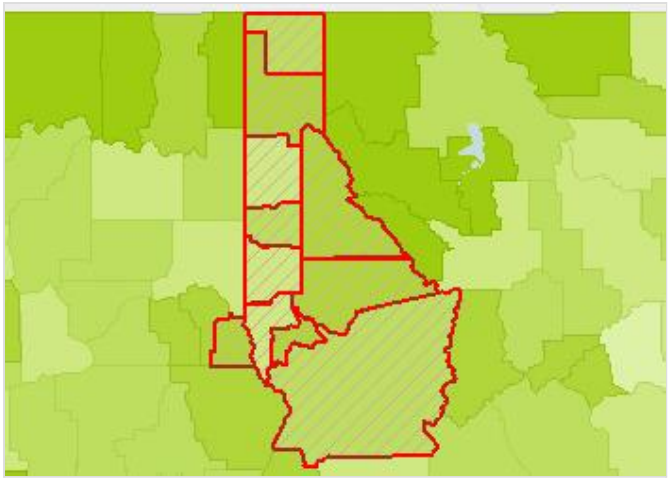


- Report Area (3.2%)
- Idaho (4%)
- United States (6%)

Report Area	Poverty Age 0-17 2000	Poverty Rate Age 0-17 2000	Poverty Age 0-17 2013	Poverty Rate Age 0-17 2013	Difference in Rate Age 0-17 2000 - 2013
Latah County, ID	909	13.1%	1,058	15.2%	**2.1%**
Lewis County, ID	176	19.7%	221	25.3%	**5.6%**
Nez Perce County, ID	1,314	15.5%	1,504	18%	**2.5%**
Shoshone County, ID	711	23.4%	702	28.3%	**4.9%**
Asotin County, WA	1,083	21.7%	1,178	25.8%	**4.1%**
Idaho	111,658	15.2%	162,779	19.2%	4%
Washington	393,601	13.2%	583,681	18.6%	5.4%
United States	23,173,638	16.2%	32,172,182	22.2%	6%

Note: This indicator is compared with the lowest state average. Data breakout by demographic groups are not available.
Data Source: US Census Bureau, Small Area Income & Poverty Estimates. Source geography: County





Population Below the Poverty Level, Children (Age 0-18), Percent by County, SAIPE 2013

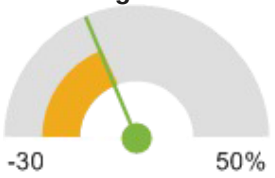
- Over 30.0%
- 25.1 - 30.0%
- 10.1 - 25.0%
- 15.1 - 20.0%
- Under 15.1%
- Report Area

Poverty Rate Change (Age 0-4)

The poverty rate change for all children in the report area from 2000 to 2013 is shown below. According to the U.S. Census, the poverty rate for the area decreased by -0.2%, compared to a national increase of 5.6 percent.

Report Area	Poverty Age 0-4 2000	Poverty Rate Age 0-4 2000	Poverty Age 0-4 2013	Poverty Rate Age 0-4 2013	Difference in Rate Age 0-4 2000 - 2013
Report Area	4,868	24.4%	15,053	24.1%	**-0.2%**
Benewah County, ID	173	28.8%	147	28.9%	**0.1%**
Bonner County, ID	678	30.2%	648	32.4%	**2.2%**
Boundary County, ID	208	27.8%	178	29.7%	**2%**
Clearwater County, ID	140	33.2%	106	32.9%	**-0.3%**
Idaho County, ID	262	30.5%	211	24.7%	**-5.9%**
Kootenai County, ID	1,705	20.9%	1,921	21.5%	**0.6%**

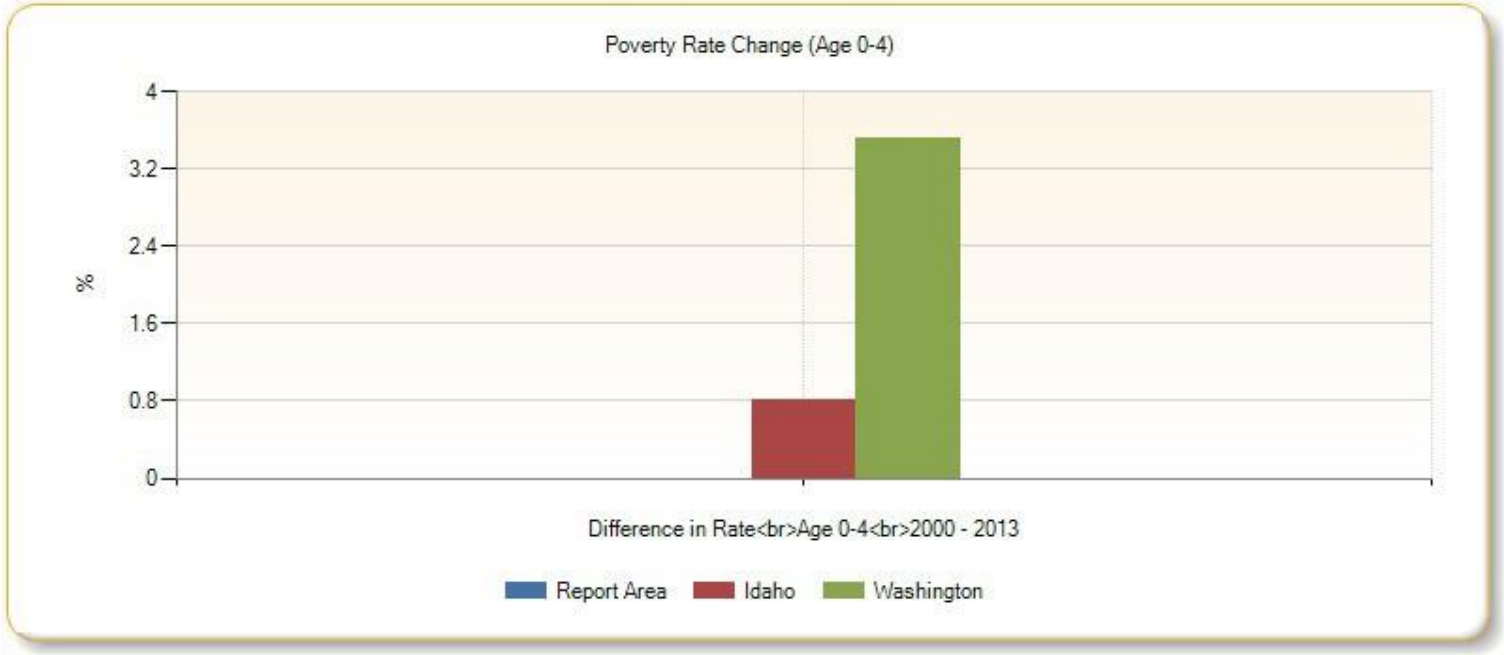
Poverty Rate Change Age 0-4

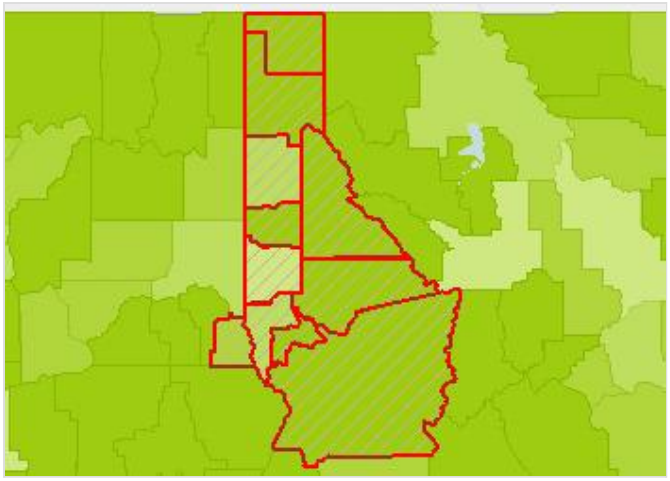


- Report Area (-0.2%)
- Idaho (0.81%)

Report Area	Poverty Age 0-4 2000	Poverty Rate Age 0-4 2000	Poverty Age 0-4 2013	Poverty Rate Age 0-4 2013	Difference in Rate Age 0-4 2000 - 2013
Latah County, ID	390	18.7%	363	16.5%	**-2.2%**
Lewis County, ID	69	32.6%	65	31%	**-1.6%**
Nez Perce County, ID	546	22.9%	514	21.8%	**-1.1%**
Shoshone County, ID	287	34.1%	226	36.4%	**2.3%**
Asotin County, WA	410	28.7%	398	33.1%	**4.4%**
Idaho	44,502	20.79%	49,513	21.6%	0.81%
Washington	148,491	17.72%	189,429	21.25%	3.52%

Note: This indicator is compared with the lowest state average. Data breakout by demographic groups are not available.
Data Source: US Census Bureau, Small Area Income & Poverty Estimates. Source geography: County





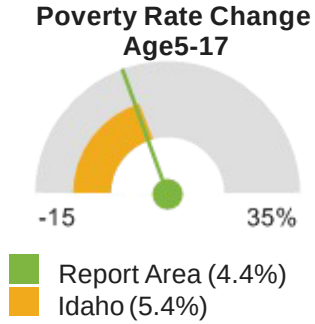
Population Below the Poverty Level, Children (Age 0-4), Percent by County, SAIPE 2012

- Over 30.0%
- 25.1 - 30.0%
- 10.1 - 25.0%
- 15.1 - 20.0%
- Under 15.1%
- Report Area

Poverty Rate Change (Age 5-17)

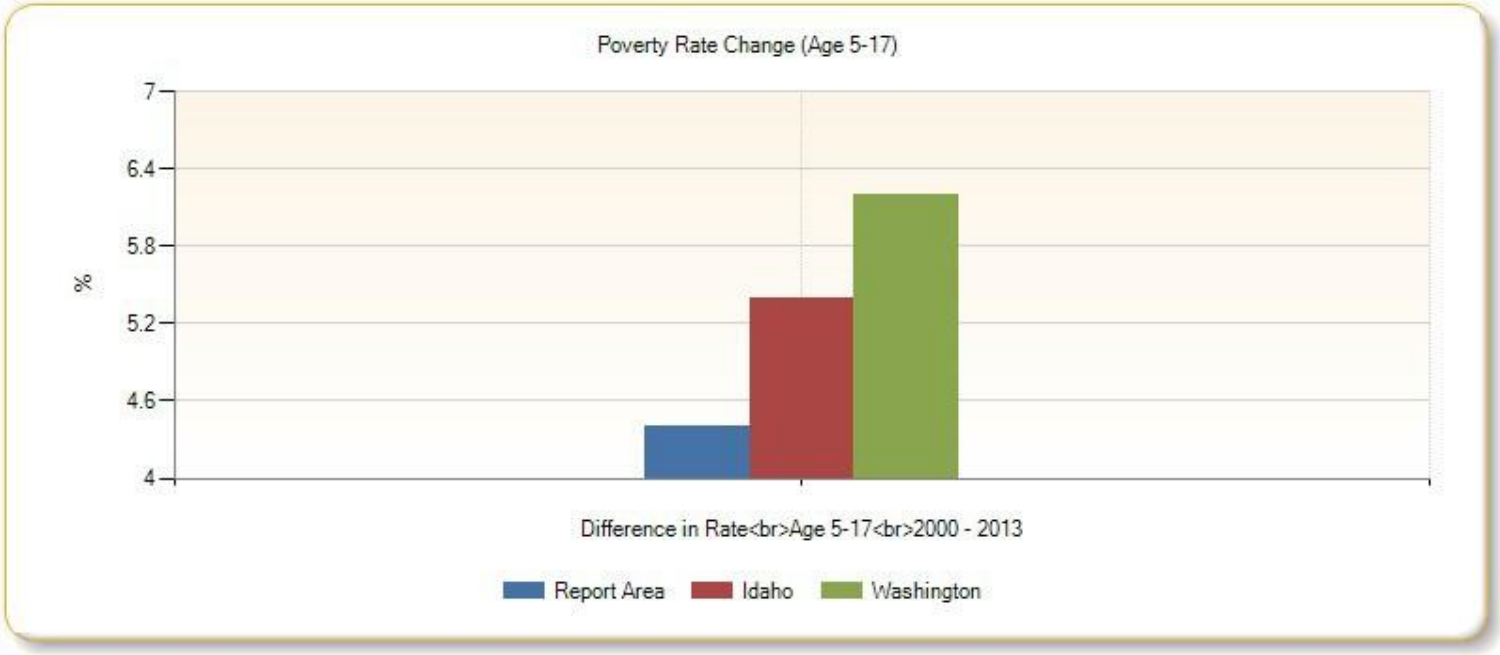
The poverty rate change for all children in the report area from 2000 to 2013 is shown below. According to the U.S. Census, the poverty rate for the area increased by 4.4%, compared to a national increase of 6.2 percent.

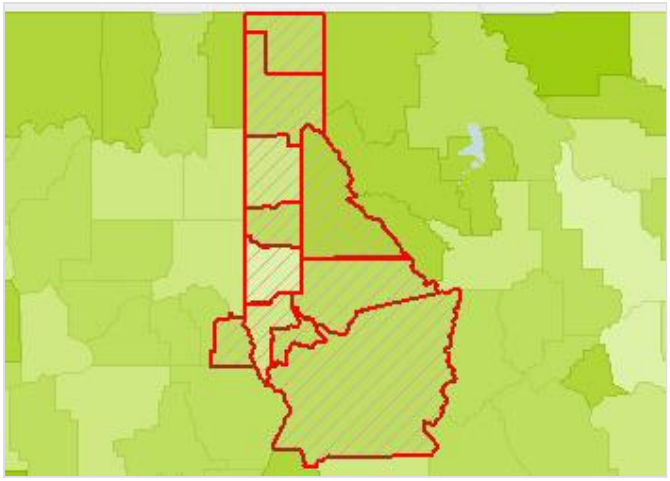
Report Area	Poverty Age 5-17 2000	Poverty Rate Age 5-17 2000	Poverty Age 5-17 2013	Poverty Rate Age 5-17 2013	Difference in Rate Age 5-17 2000 - 2013
Report Area	7,667	14.4%	10,276	18.8%	**4.4%**
Benewah County, ID	268	15.8%	334	22.7%	**6.9%**
Bonner County, ID	1,153	16.8%	1,470	23.8%	**7%**
Boundary County, ID	415	20.8%	452	23.4%	**2.6%**
Clearwater County, ID	243	16.9%	256	24.4%	**7.5%**
Idaho County, ID	507	18.2%	527	22.8%	**4.6%**
Kootenai County, ID	2,590	12.3%	4,140	16.6%	**4.3%**



Report Area	Poverty Age 5-17 2000	Poverty Rate Age 5-17 2000	Poverty Age 5-17 2013	Poverty Rate Age 5-17 2013	Difference in Rate Age 5-17 2000 - 2013
Latah County, ID	519	10.7%	695	14.6%	**3.9%**
Lewis County, ID	107	15.7%	156	23.5%	**7.8%**
Nez Perce County, ID	768	12.6%	990	16.5%	**3.9%**
Shoshone County, ID	424	19.3%	476	25.6%	**6.3%**
Asotin County, WA	673	18.9%	780	23.2%	**4.3%**
Idaho	67,156	12.9%	113,266	18.3%	5.4%
Washington	245,110	11.4%	394,252	17.6%	6.2%

Note: This indicator is compared with the lowest state average. Data breakout by demographic groups are not available.
Data Source: US Census Bureau, Small Area Income & Poverty Estimates. Source geography: County





Population Below the Poverty Level, Children (Age 5-17), Percent by County, SAIPE 2013

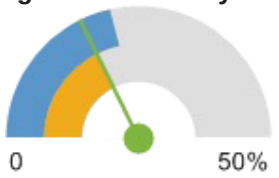
- Over 30.0%
- 25.1 - 30.0%
- 10.1 - 25.0%
- 15.1 - 20.0%
- Under 15.1%
- Report Area

Child Poverty Rate (ACS) Ages 0-17

Population and poverty estimates for children age 0-17 are shown for the report area. According to the American Community Survey 5 year data, an average of 17.7 percent of children lived in a state of poverty during the survey calendar year. The poverty rate for children living in the report area is less than the national average of 21.6 percent.

Report Area	Ages 0-17 Total Population	Ages 0-17 In Poverty	Ages 0-17 Poverty Rate
Report Area	74,187	13,142	17.7
Benewah County, ID	2,109	364	17.3
Bonner County, ID	8,314	1,610	19.4
Boundary County, ID	2,596	482	18.6
Clearwater County, ID	1,454	255	17.5
Idaho County, ID	3,328	878	26.4
Kootenai County, ID	33,381	5,667	17
Latah County, ID	6,881	1,024	14.9
Lewis County, ID	804	206	25.6
Nez Perce County, ID	8,324	1,350	16.2

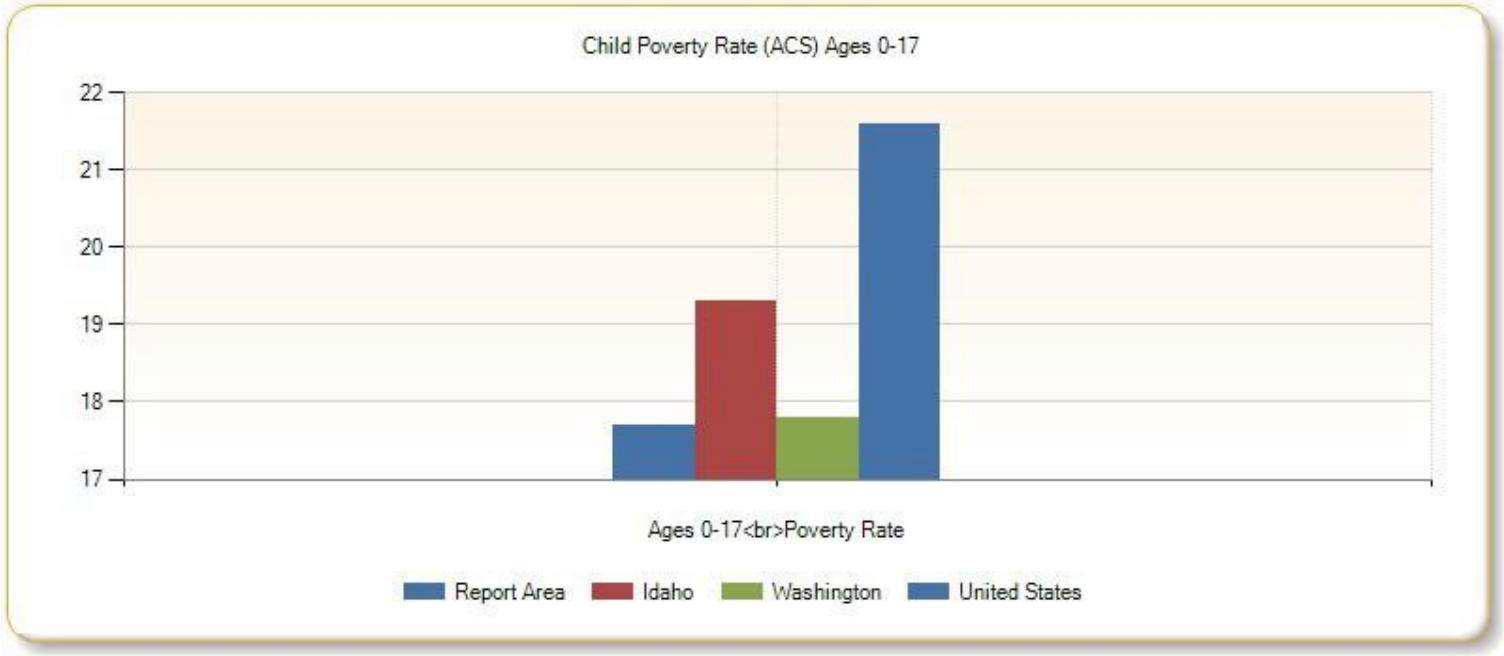
Ages 0-17 Poverty Rate

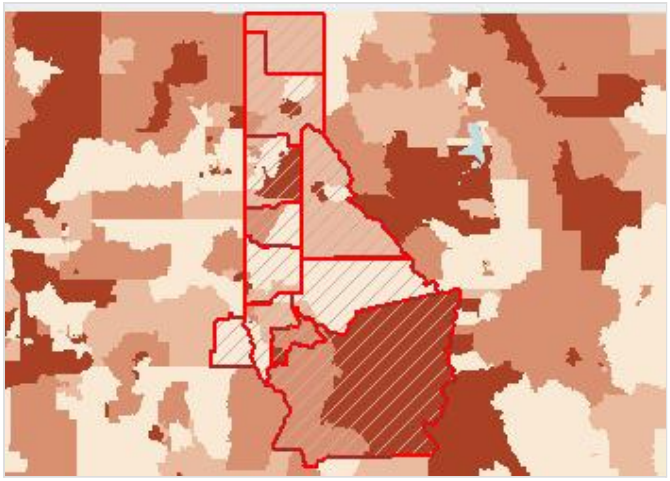


- Report Area (17.7%)
- Washington (17.8%)
- United States (21.6%)

Report Area	Ages 0-17 Total Population	Ages 0-17 In Poverty	Ages 0-17 Poverty Rate
Shoshone County, ID	2,411	535	**22.2**
Asotin County, WA	4,585	771	**16.8**
Idaho	420,622	81,019	19.3
Washington	1,556,920	277,250	17.8
United States	72,748,616	15,701,799	21.6

Note: This indicator is compared with the lowest state average. Data breakout by demographic groups are not available.
Data Source: US Census Bureau, American Community Survey. Source geography: County





Population Below the Poverty Level, Children (Age 0-17), Percent by Tract, ACS 2009-13

- Over 30.0%
- 22.6 - 30.0%
- 15.1 - 22.5%
- Under 15.1%
- No Population Age 0-17 Reported
- No Data or Data Suppressed

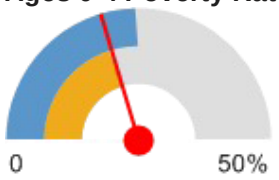
- Report Area

Child Poverty Rate (ACS) Ages 0-4

Population and poverty estimates for children age 0-4 are shown for the report area. According to the American Community Survey 5 year data, an average of 20.4 percent of children lived in a state of poverty during the survey calendar year. The poverty rate for children living in the report area is less than the national average of 24.7 percent.

Report Area	Ages 0-4 Total Population	Ages 0-4 In Poverty	Ages 0-4 Poverty Rate
Report Area	19,349	3,944	**20.4**
Benewah County, ID	551	59	**10.7**
Bonner County, ID	1,947	467	**24**
Boundary County, ID	603	178	**29.5**
Clearwater County, ID	336	60	**17.9**
Idaho County, ID	855	319	**37.3**
Kootenai County, ID	8,739	1,588	**18.2**
Latah County, ID	2,064	395	**19.1**
Lewis County, ID	198	71	**35.9**
Nez Perce County, ID	2,240	341	**15.2**

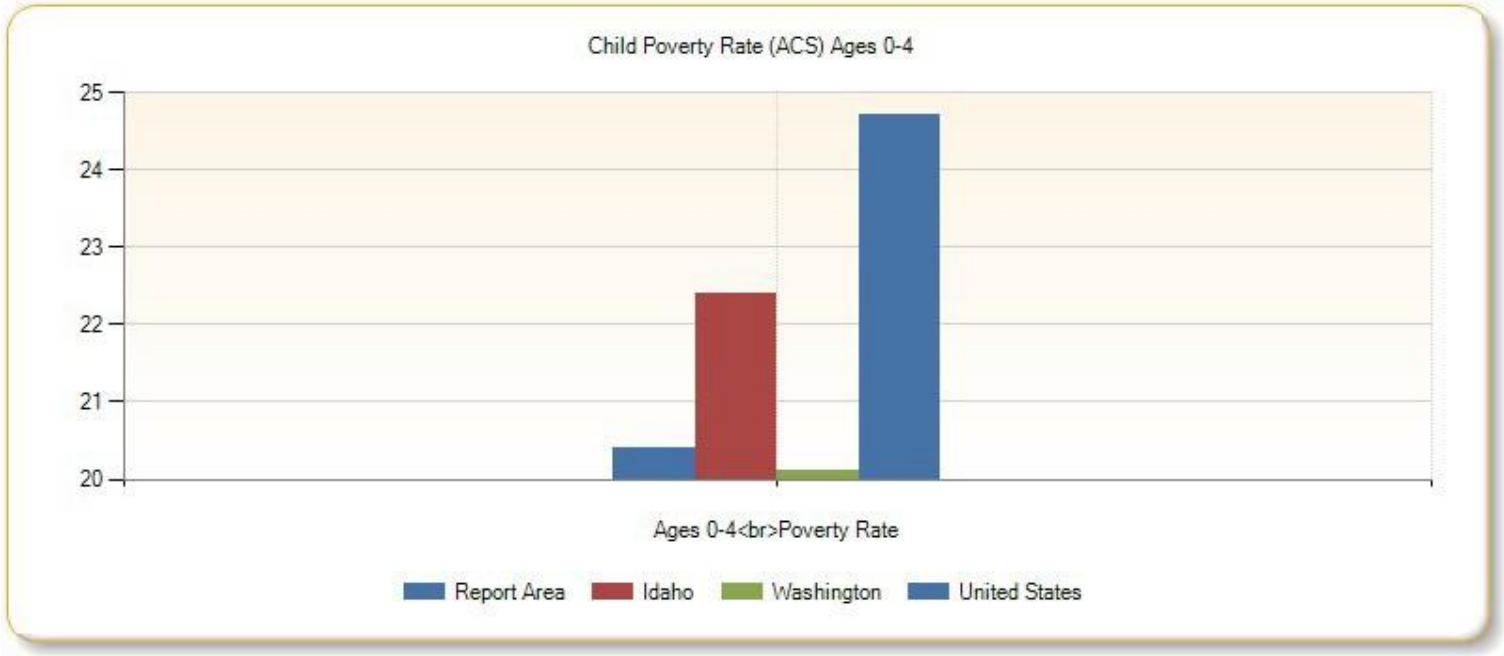
Ages 0-4 Poverty Rate

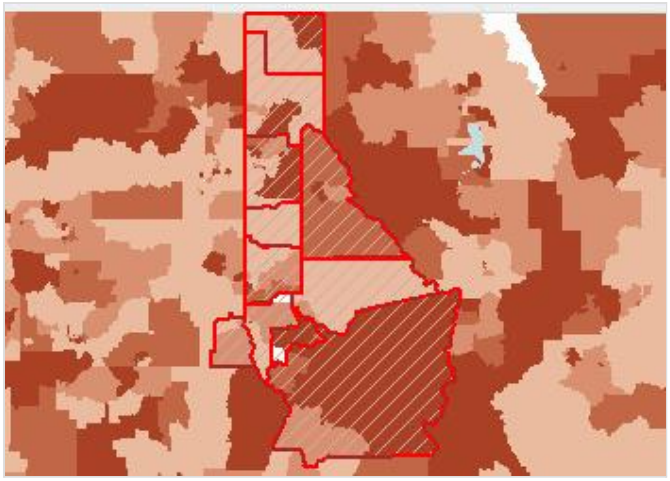


- Report Area (20.4%)
- Washington (20.1%)
- United States (24.7%)

Report Area	Ages 0-4 Total Population	Ages 0-4 In Poverty	Ages 0-4 Poverty Rate
Shoshone County, ID	551	205	**37.2**
Asotin County, WA	1,265	261	**20.6**
Idaho	116,246	26,002	22.4
Washington	432,375	86,999	20.1
United States	19,743,544	4,881,767	24.7

Note: This indicator is compared with the lowest state average. Data breakout by demographic groups are not available.
Data Source: US Census Bureau, American Community Survey. Source geography: County





Population Below the Poverty Level, Children (Age 0-4), Percent by Tract, ACS 2009-13

- Over 37.0%
- 27.1 - 37.0%
- 17.1 - 27.0%
- Under 17.1%
- No Population Age 0-4 Reported
- No Data or Data Suppressed

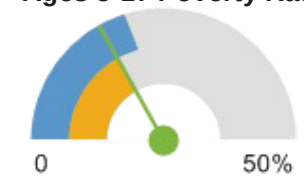
- Report Area

Child Poverty Rate (ACS) Ages 5-17

Population and poverty estimates for children age 5-17 are shown for the report area. According to the American Community Survey 5 year data, an average of 16.8 percent of children lived in a state of poverty during the survey calendar year. The poverty rate for children living in the report area is less than the national average of 20.4 percent.

Report Area	Ages 5-17 Total Population	Ages 5-17 In Poverty	Ages 5-17 Poverty Rate
Report Area	54,838	9,198	16.8
Benewah County, ID	1,558	305	19.6
Bonner County, ID	6,367	1,143	18
Boundary County, ID	1,993	304	15.3
Clearwater County, ID	1,118	195	17.4
Idaho County, ID	2,473	559	22.6
Kootenai County, ID	24,642	4,079	16.6
Latah County, ID	4,817	629	13.1
Lewis County, ID	606	135	22.3
Nez Perce County, ID	6,084	1,009	16.6

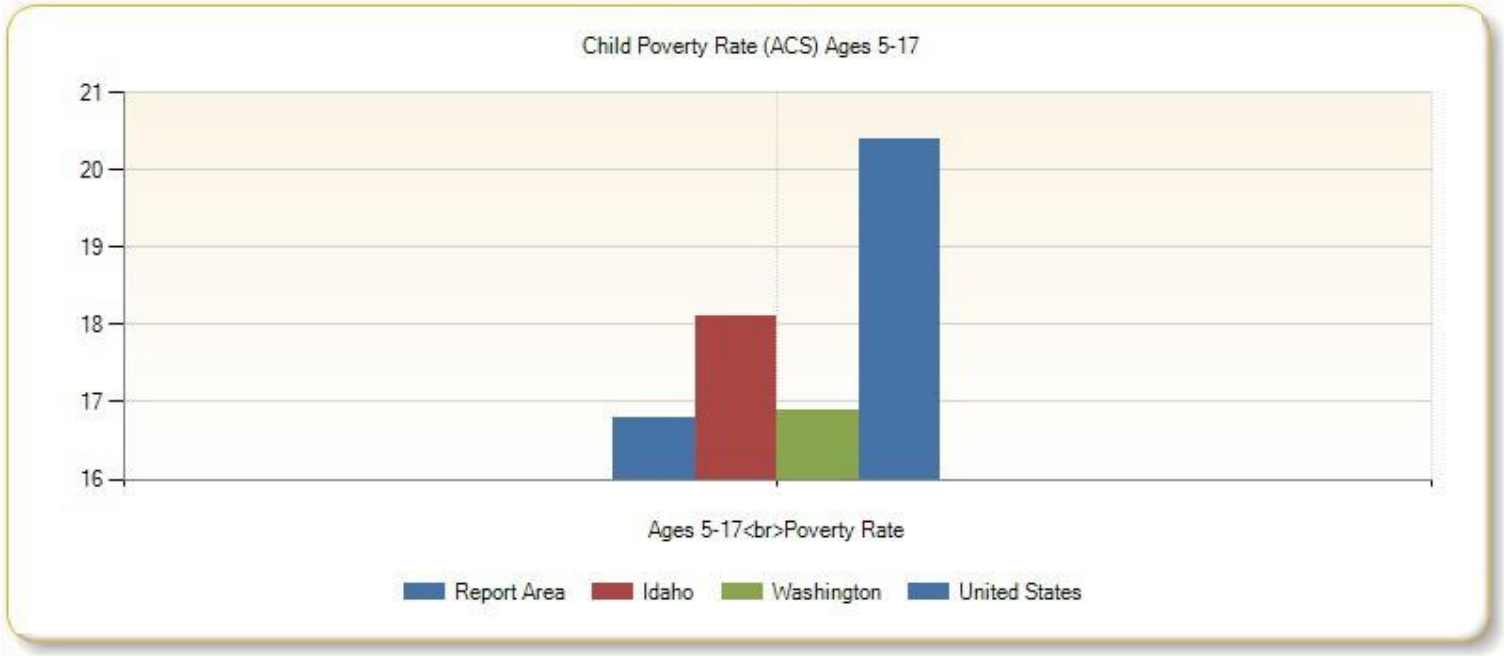
Ages 5-17 Poverty Rate

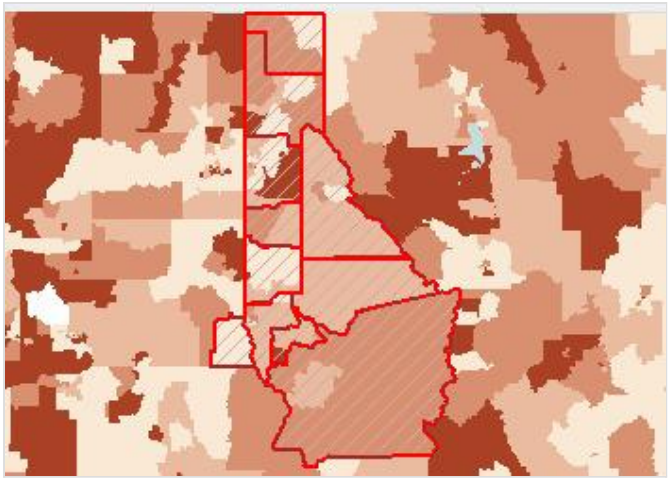


- Report Area (16.8%)
- Washington (16.9%)
- United States (20.4%)

Report Area	Ages 5-17 Total Population	Ages 5-17 In Poverty	Ages 5-17 Poverty Rate
Shoshone County, ID	1,860	330	**17.7**
Asotin County, WA	3,320	510	**15.4**
Idaho	304,376	55,017	18.1
Washington	1,124,545	190,251	16.9
United States	53,005,064	10,820,032	20.4

Note: This indicator is compared with the lowest state average. Data breakout by demographic groups are not available.
Data Source: US Census Bureau, American Community Survey. Source geography: County





Population Below the Poverty Level, Children (Age 5-17), Percent by Tract, ACS 2009-13

- Over 29.0%
- 21.1 - 29.0%
- 13.1 - 21.0%
- Under 13.1%
- No Population Age 5-17 Reported
- No Data or Data Suppressed

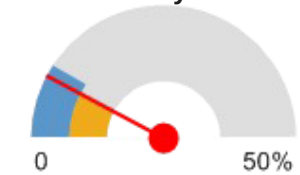
- Report Area

Seniors in Poverty

Poverty rates for seniors (persons age 65 and over) are shown below. According to American Community Survey estimates, there were 4414 seniors, or 7.9 percent, living in poverty within the report area.

Report Area	Seniors Total	Seniors in Poverty	Senior Poverty Rate
Report Area	55,557	4,414	7.9
Benewah County, ID	1,692	152	9
Bonner County, ID	7,407	525	7.1
Boundary County, ID	1,900	204	10.7
Clearwater County, ID	1,960	101	5.2
Idaho County, ID	3,544	339	9.6
Kootenai County, ID	20,901	1,642	7.9
Latah County, ID	3,858	180	4.7
Lewis County, ID	865	95	11
Nez Perce County, ID	6,785	573	8.4
Shoshone County, ID	2,469	257	10.4

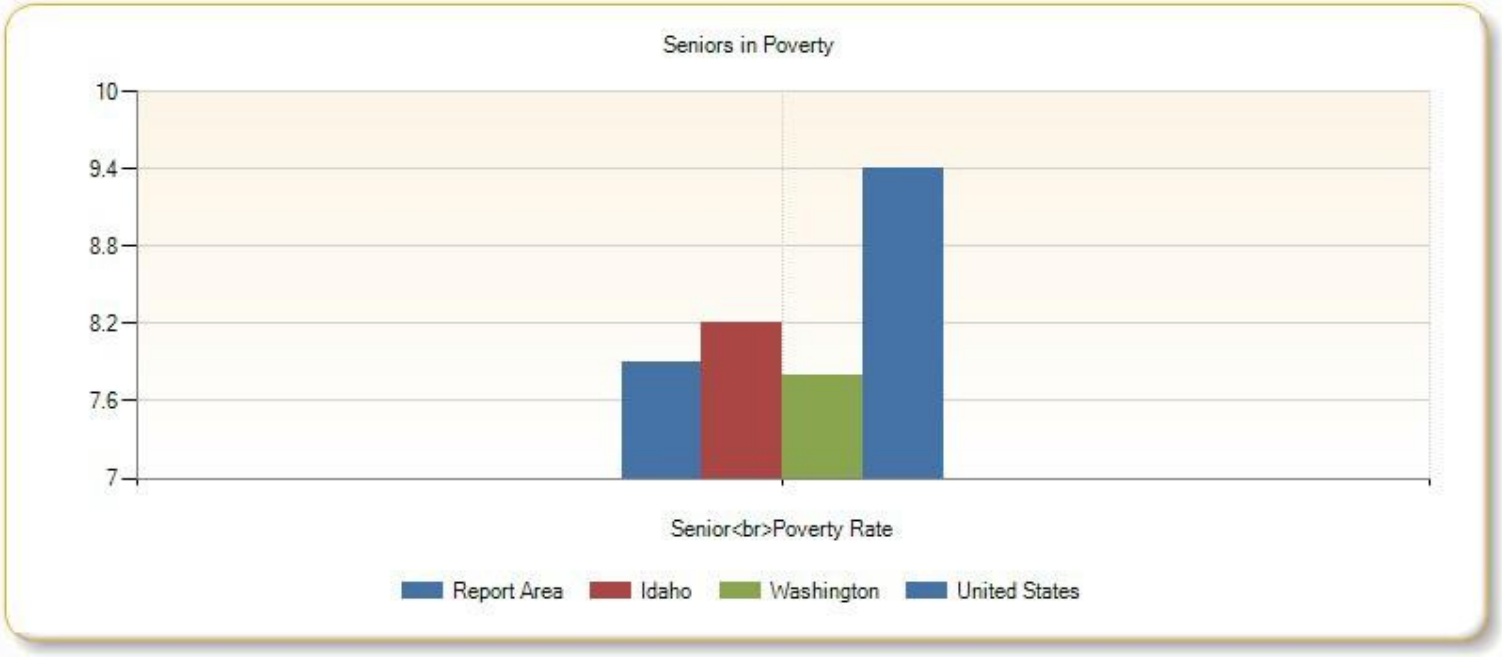
Senior Poverty Rate

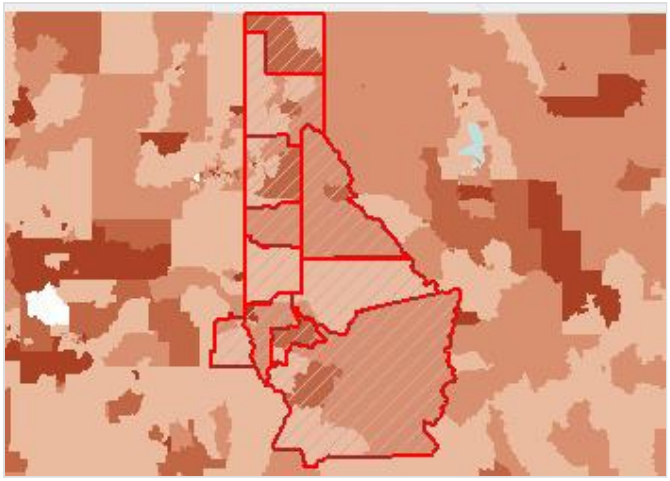


- Report Area (7.9%)
- Washington (7.8%)
- United States (9.4%)

Report Area	Seniors Total	Seniors in Poverty	Senior Poverty Rate
Asotin County, WA	4,176	346	**8.3**
Idaho	200,357	16,452	8.2
Washington	851,875	66,755	7.8
United States	40,544,640	3,793,577	9.4

Note: This indicator is compared with the lowest state average. Data breakout by demographic groups are not available.
Data Source: US Census Bureau, American Community Survey. Source geography: County





Population Below the Poverty Level, Senior (Age 65), Percent by Tract, ACS 2009-13

- Over 17.0%
- 12.1 - 17.0%
- 7.1 - 12.0%
- Under 7.1%
- No Population Age 65 Reported
- No Data or Data Suppressed

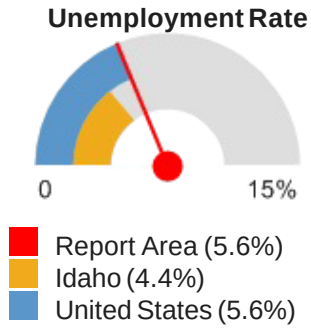
- Report Area

Employment

Current Unemployment

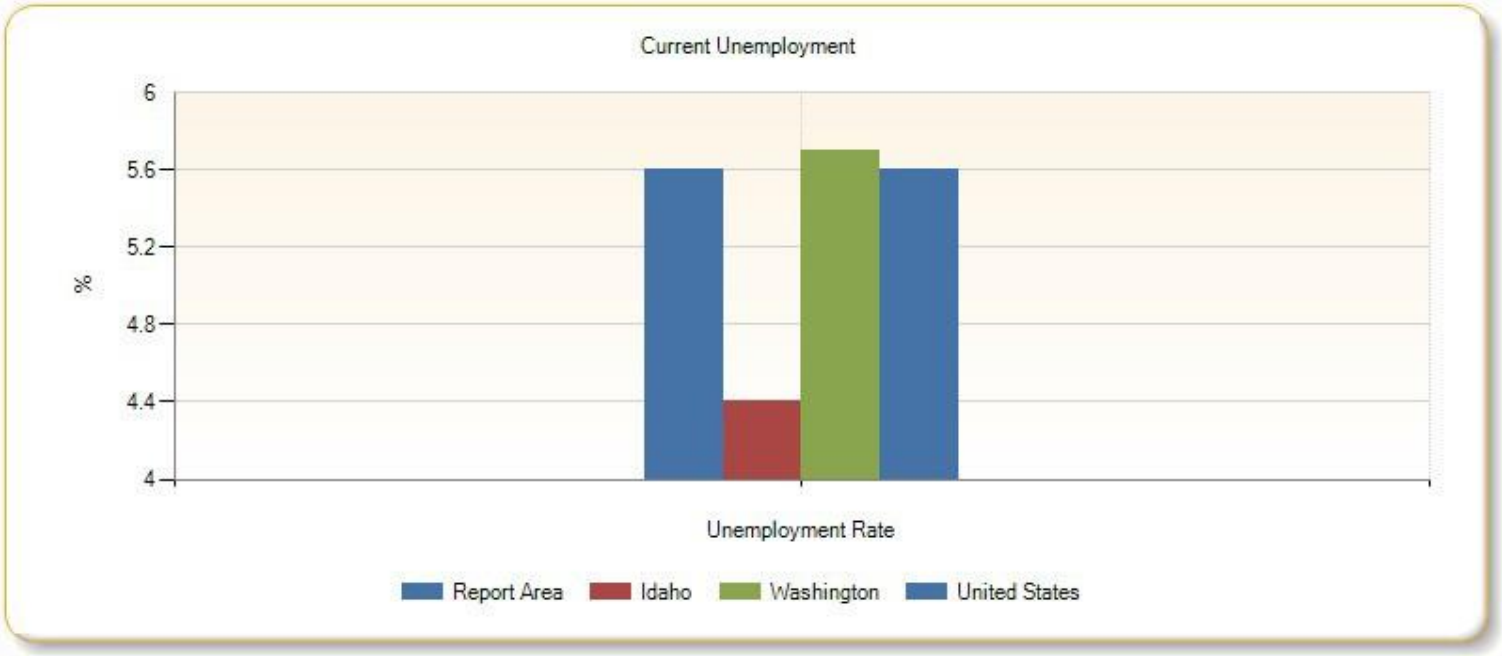
Labor force, employment, and unemployment data for each county in the report area is provided in the table below. Overall, the report area experienced an average 5.6% percent unemployment rate in March 2015.

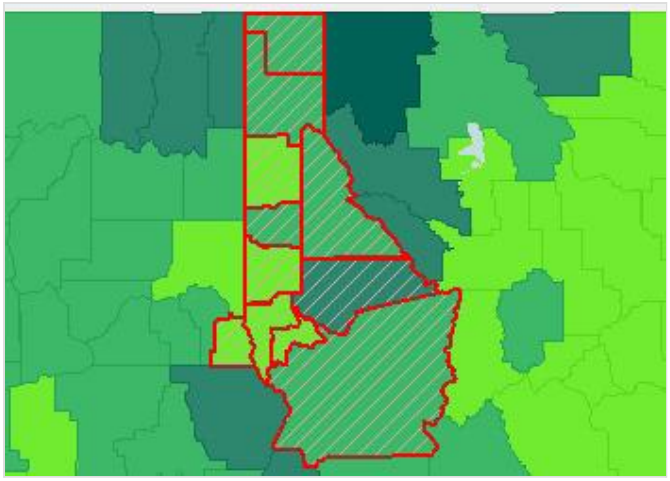
Report Area	Labor Force	Number Employed	Number Unemployed	Unemployment Rate
Report Area	165,054	155,845	9,209	**5.6%**
Benewah County, ID	3,868	3,564	304	**7.9%**
Bonner County, ID	18,001	16,749	1,252	**7%**
Boundary County, ID	4,843	4,539	304	**6.3%**
Clearwater County, ID	3,047	2,746	301	**9.9%**
Idaho County, ID	6,290	5,845	445	**7.1%**
Kootenai County, ID	72,452	68,484	3,968	**5.5%**
Latah County, ID	19,299	18,537	762	**3.9%**
Lewis County, ID	1,555	1,483	72	**4.6%**
Nez Perce County, ID	20,771	19,938	833	**4%**



Report Area	Labor Force	Number Employed	Number Unemployed	Unemployment Rate
Shoshone County, ID	5,135	4,696	439	**8.5%**
Asotin County, WA	9,793	9,264	529	**5.4%**
Idaho	787,712	752,864	34,848	4.4%
Washington	3,543,991	3,342,302	201,689	5.7%
United States	157,465,357	148,638,040	8,827,317	5.6%

Note: This indicator is compared with the lowest state average. Data breakout by demographic groups are not available.
Data Source: US Department of Labor, Bureau of Labor Statistics. Source geography: County





Unemployment, Rate by County, BLS 2015 - March

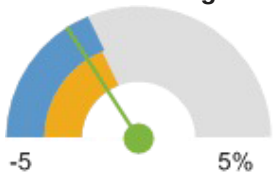
- Over 12.0%
- 9.1 - 12.0%
- 6.1 - 9.0%
- 3.1 - 6.0%
- Under 3.1%
- Report Area

Unemployment Change

Unemployment change within the report area during the 1-year period from March 2014 to March 2015 is shown in the chart below. According to the U.S. Department of Labor, unemployment for this one year period fell from 12,030 persons to 9,209 persons, a rate change of -1.83% percent.

Report Area	Unemployment March 2014	Unemployment March 2015	Unemployment Rate March 2014	Unemployment Rate March 2015	Rate Change
Report Area	12,030	9,209	7.41%	5.58%	**-1.83%**
Benewah County, ID	529	304	13.36%	7.86%	**-5.5%**
Bonner County, ID	1,620	1,252	8.96%	6.96%	**-2.01%**
Boundary County, ID	375	304	7.99%	6.28%	**-1.72%**
Clearwater County, ID	458	301	14.47%	9.88%	**-4.59%**
Idaho County, ID	655	445	10.23%	7.07%	**-3.15%**
Kootenai County, ID	4,981	3,968	7.2%	5.48%	**-1.73%**
Latah County, ID	989	762	5%	3.95%	**-1.05%**

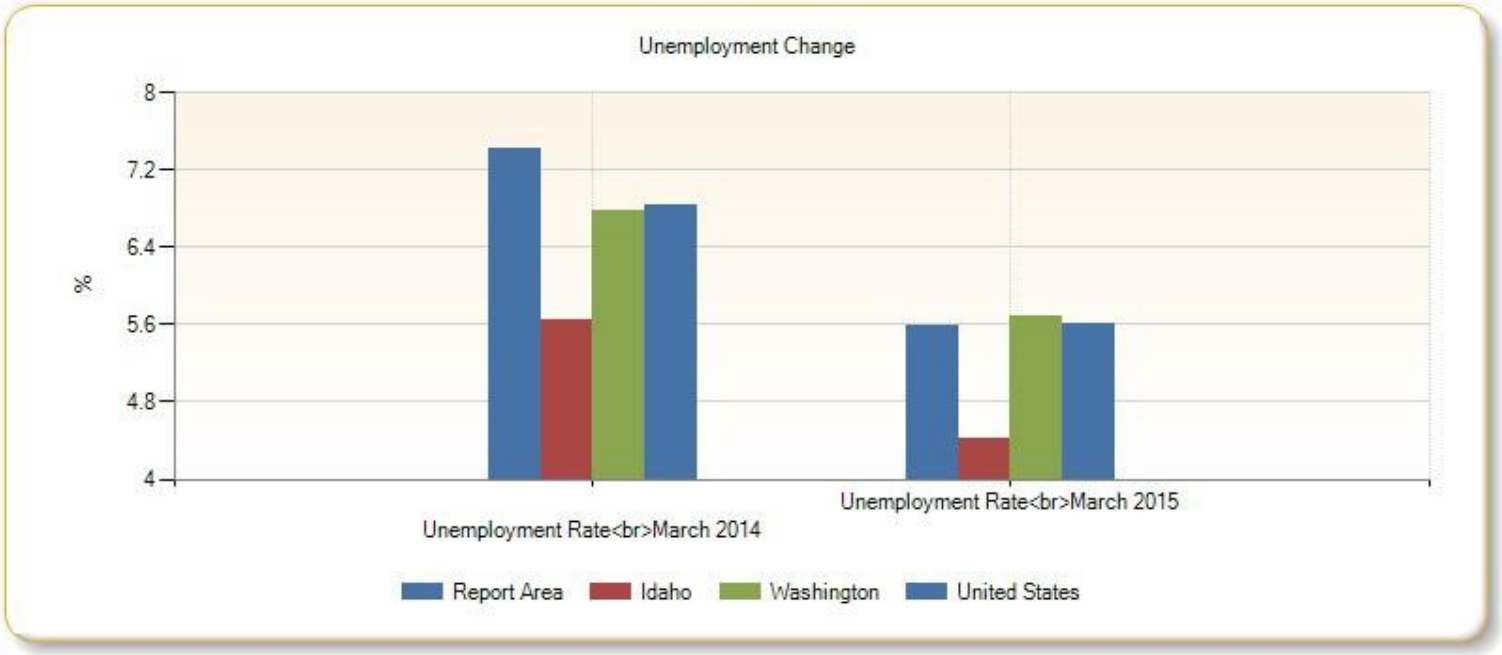
Rate Change

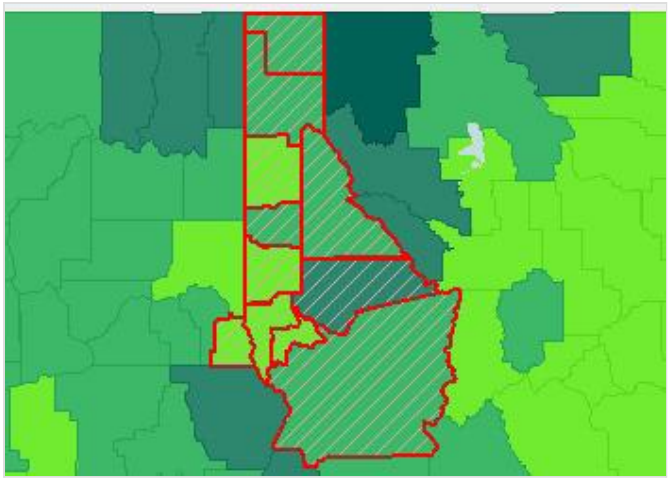


- Report Area (-1.83%)
- Idaho (-1.22%)
- United States (-1.22%)

Report Area	Unemployment March 2014	Unemployment March 2015	Unemployment Rate March 2014	Unemployment Rate March 2015	Rate Change
Lewis County, ID	81	72	5.25%	4.63%	**-0.62%**
Nez Perce County, ID	968	833	4.75%	4.01%	**-0.74%**
Shoshone County, ID	699	439	13.04%	8.55%	**-4.49%**
Asotin County, WA	675	529	6.86%	5.4%	**-1.46%**
Idaho	43,620	34,848	5.65%	4.42%	-1.22%
Washington	235,727	201,689	6.78%	5.69%	-1.09%
United States	10,719,745	8,827,317	6.83%	5.61%	-1.22%

Note: This indicator is compared with the lowest state average. Data breakout by demographic groups are not available.
Data Source: US Department of Labor, Bureau of Labor Statistics. Source geography: County





Unemployment, Rate by County, BLS 2015 - March

- Over 12.0%
- 9.1 - 12.0%
- 6.1 - 9.0%
- 3.1 - 6.0%
- Under 3.1%
- Report Area

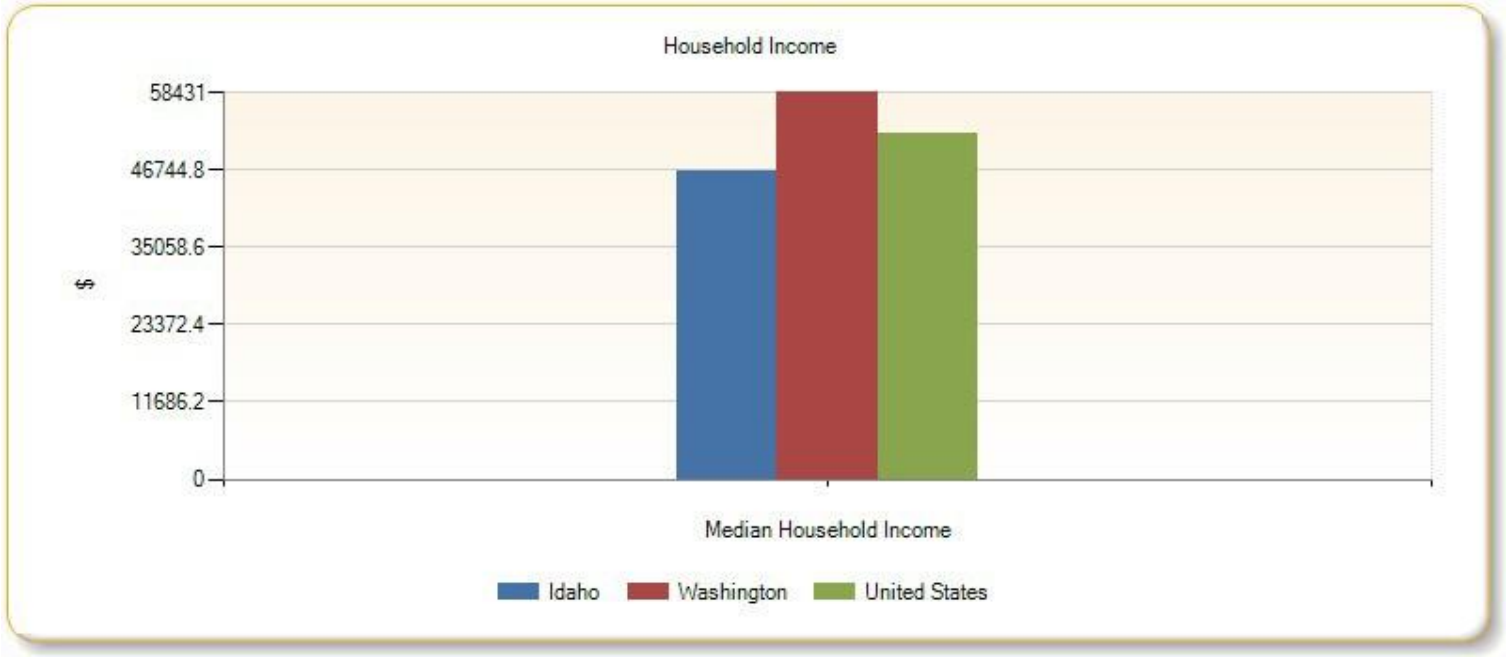
Household Income

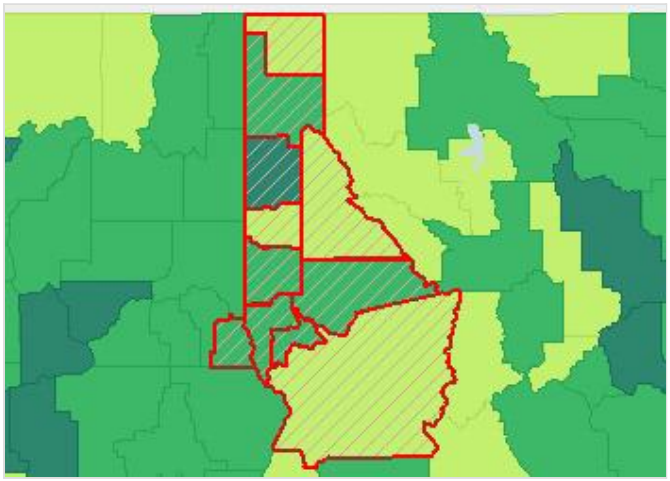
Median annual household incomes in the report area are shown below.

Report Area	Median Household Income
Benewah County, ID	$39,530
Bonner County, ID	$41,797
Boundary County, ID	$39,681
Clearwater County, ID	$40,068
Idaho County, ID	$39,434
Kootenai County, ID	$51,681
Latah County, ID	$43,699
Lewis County, ID	$41,190
Nez Perce County, ID	$46,753
Shoshone County, ID	$37,431
Asotin County, WA	$42,842
Idaho	$46,621
Washington	$58,431

Report Area	Median Household Income
United States	$52,250

Note: Data breakout by demographic groups are not available.
Data Source: US Census Bureau, Small Area Income & Poverty Estimates. Source geography: County





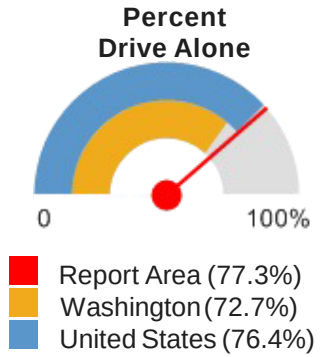
Median Household Income by County, SAIPE 2013

- Over $70,000
- $50,001 - $70,000
- $40,001 - $50,000
- Under $40,001
- Report Area

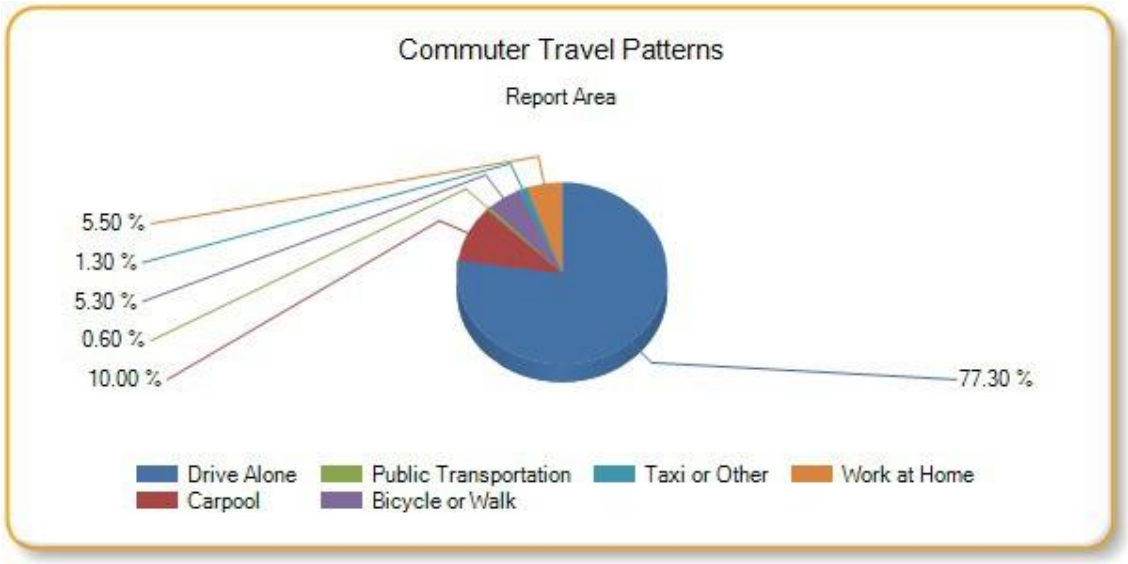
Commuter Travel Patterns

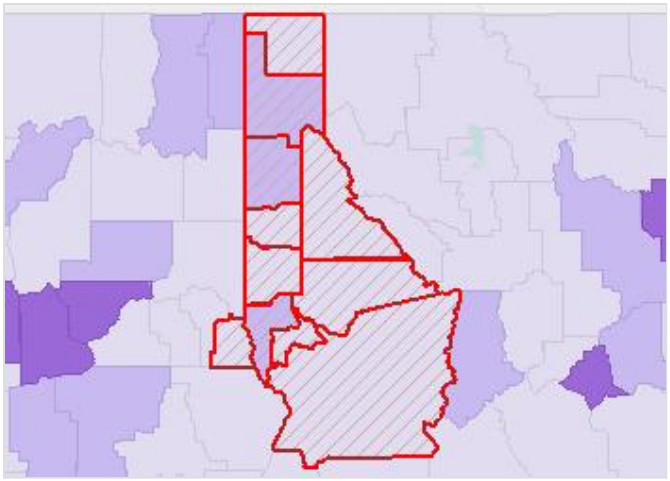
This table shows the method of transportation workers used to travel to work for the report area. Of the 144938 workers in the report area, 77.3% drove to work alone while 10% carpooled. 0.6% of all workers reported that they used some form of public transportation, while others used some optional means including 5.3% walking or riding bicycles, and 1.3% used taxicabs to travel to work.

Report Area	Workers 16 and Up	Percent Drive Alone	Percent Carpool	Percent Public Transportation	Percent Bicycle or Walk	Percent Taxi or Other	Percent Work at Home
Report Area	144,938	**77.3%**	10%	0.6%	5.3%	1.3%	5.5%
Benewah County, ID	3,605	**76.8%**	9.3%	0.6%	7.8%	1.9%	3.6%
Bonner County, ID	15,936	**76.4%**	11.8%	0.5%	4.6%	1.3%	5.3%
Boundary County, ID	3,753	**73.3%**	10.3%	0.1%	4.5%	2.7%	9.1%
Clearwater County, ID	2,926	**80.6%**	6.6%	0%	5.7%	1.6%	5.6%
Idaho County, ID	6,182	**71.5%**	11.2%	0.5%	9.8%	0.5%	6.4%
Kootenai County, ID	61,378	**80%**	9.6%	0.7%	2.3%	1.1%	6.4%
Latah County, ID	17,825	**66.8%**	11.7%	0.6%	15.7%	0.9%	4.2%
Lewis County, ID	1,488	**74.6%**	7.1%	0.1%	10.2%	2.4%	5.7%
Nez Perce County, ID	18,301	**81.3%**	9.1%	0.3%	3.4%	1.9%	4.1%
Shoshone County, ID	4,694	**78%**	9.7%	0.5%	6%	1.6%	4.2%
Asotin County, WA	8,850	**78.4%**	9.5%	1.6%	4.8%	1.2%	4.6%
Idaho	684,393	77.7%	10.2%	0.8%	4.1%	1.5%	5.7%
Washington	3,126,887	72.7%	10.6%	5.8%	4.4%	1.2%	5.4%
United States	139,786,640	76.4%	9.8%	5%	3.4%	1.2%	4.3%



Note: This indicator is compared with the lowest state average. Data breakout by demographic groups are not available.
Data Source: US Census Bureau, American Community Survey. Source geography: County





Workers Traveling to Work by Car, Percent by County, ACS 2009-13

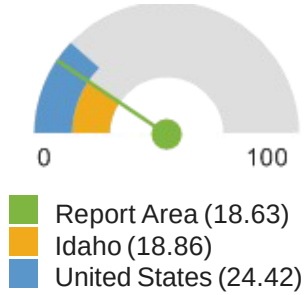
- Over 94.0%
- 91.1 - 94.0%
- 88.1 - 91.0%
- Under 88.1%
- Report Area

Travel Time to Work

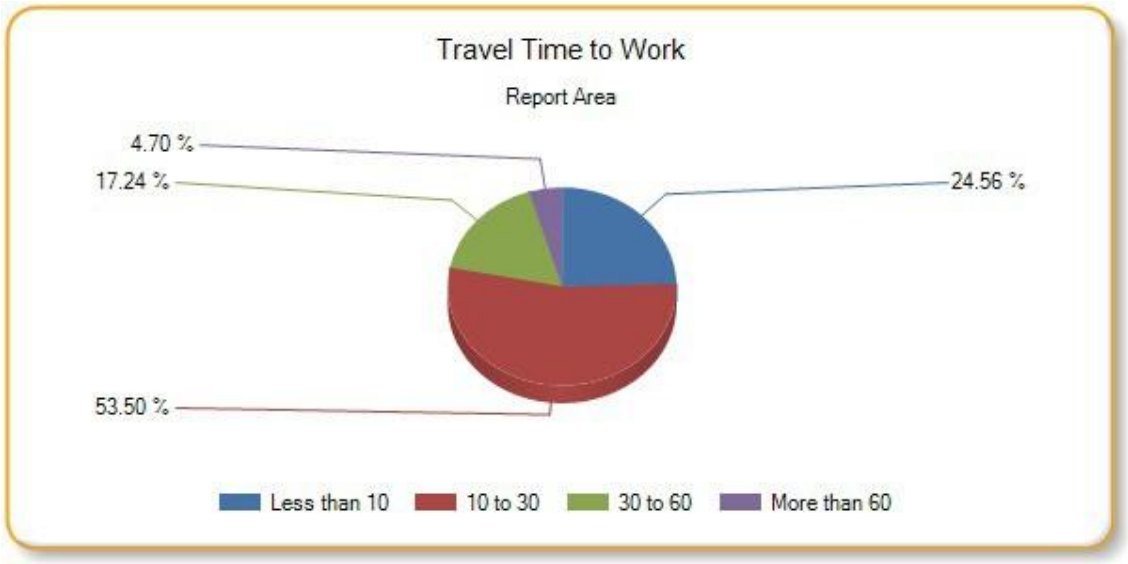
Travel times for workers who travel (do not work at home) to work is shown for the report area. The median commute time for the report area of 18.63 minutes is shorter than the national median commute time of 24 minutes.

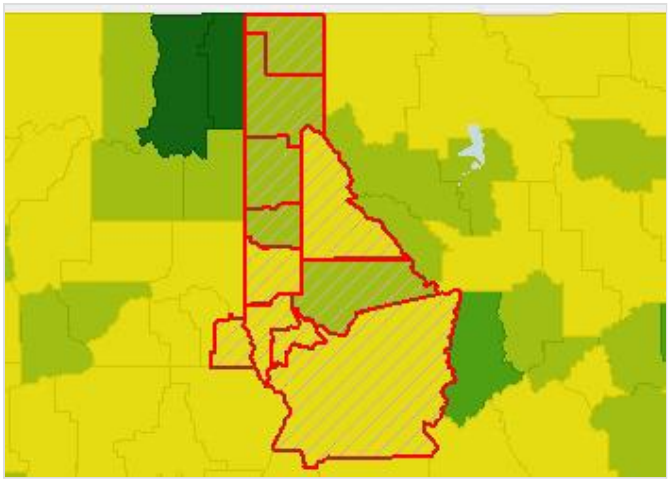
		Travel Time	Travel Time	Travel Time	Travel Time		**Average Commute Time (mins)**

Report Area	Workers 16 and Up	in Minutes (Percent of Workers) Less than 10	in Minutes (Percent of Workers) 10 to 30	in Minutes (Percent of Workers) 30 to 60	in Minutes (Percent of Workers) More than 60	Average Commute Time (mins)
Report Area	144,938	23.21	50.56	16.29	4.44	**18.63**
Benewah County, ID	3,605	36.51	38.26	16.48	8.75	**20.91**
Bonner County, ID	15,936	21.85	47.09	23.17	7.89	**22.09**
Boundary County, ID	3,753	29.65	45.71	17.08	7.56	**18.32**
Clearwater County, ID	2,926	28.89	44.57	14.99	11.55	**21.49**
Idaho County, ID	6,182	45.3	33.13	16.01	5.57	**16.48**
Kootenai County, ID	61,378	18.76	56.98	20.12	4.14	**19.5**
Latah County, ID	17,825	29.4	50.5	16.76	3.34	**17.28**
Lewis County, ID	1,488	43.76	26.09	22.45	7.7	**18.43**
Nez Perce County, ID	18,301	27.75	60.4	8.89	2.96	**15.64**
Shoshone County, ID	4,694	31.64	48.92	14.44	5.01	**17.93**
Asotin County, WA	8,850	22.86	66.43	7.9	2.81	**15.47**
Idaho	684,393	22.11	55.35	18.05	4.48	18.86
Washington	3,126,887	13.01	50.88	28.23	7.89	24.27
United States	139,786,640	13.48	50.76	27.64	8.12	24.42



Note: This indicator is compared with the lowest state average. Data breakout by demographic groups are not available.
Data Source: US Census Bureau, American Community Survey. Source geography: County





Average Work Commute Time (Minutes), Average by County, ACS 2009-13

Over 27.0
23.1 - 27.0
19.1 - 23.0
Under 19.1

Report Area

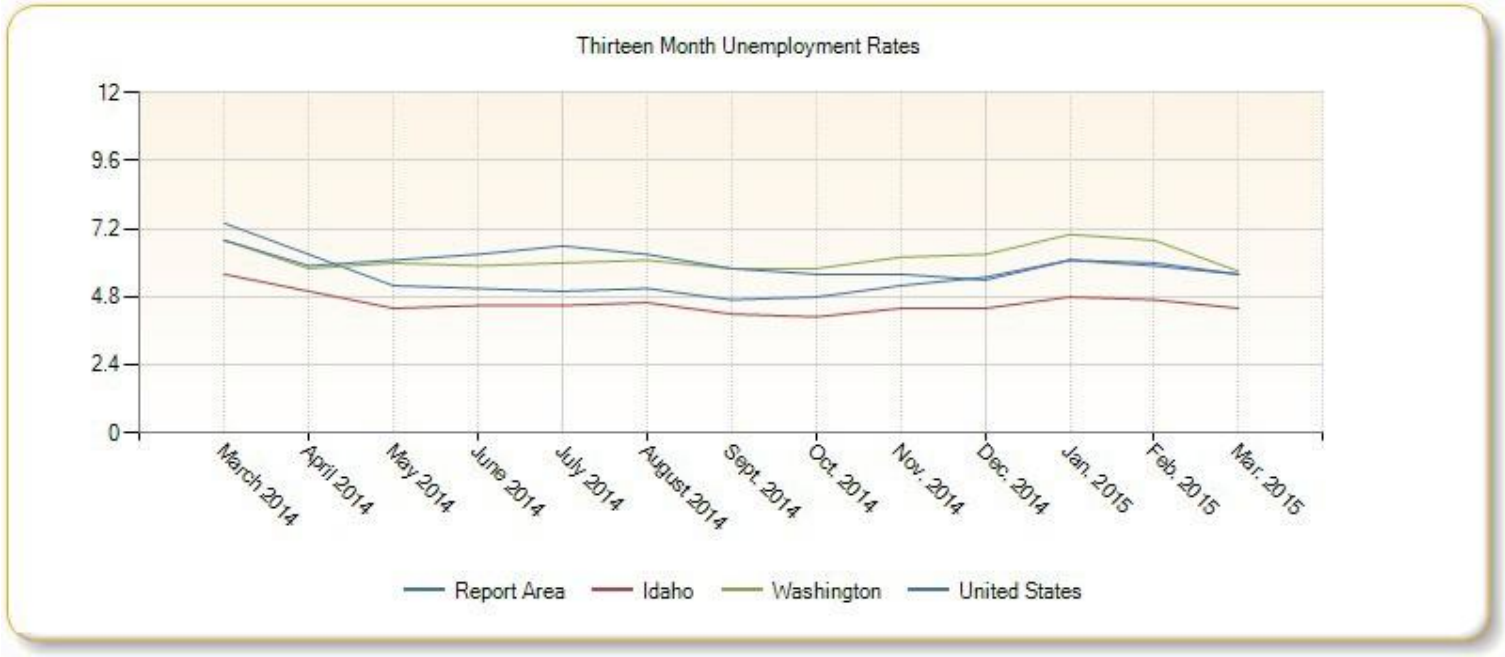
Thirteen Month Unemployment Rates

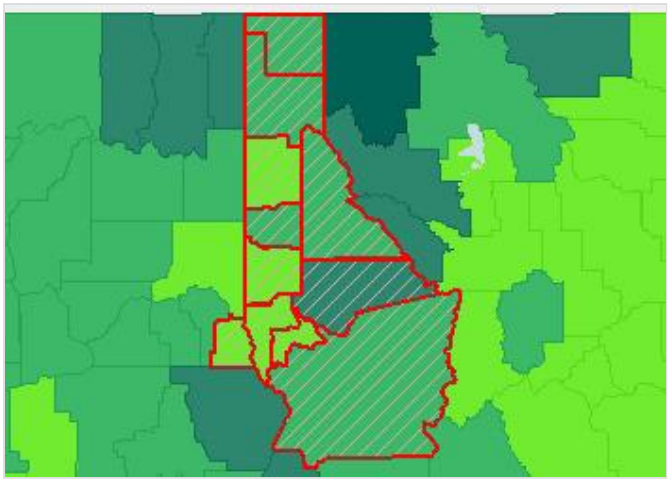
Unemployment change within the report area from March 2014 to March 2015 is shown in the chart below. According to the U.S. Department of Labor, unemployment for this thirteen month period fell from 7.4 percent to 5.6 percent.

Report Area	March 2014	April 2014	May 2014	June 2014	July 2014	August 2014	Sept. 2014	Oct. 2014	Nov. 2014	Dec. 2014	Jan. 2015	Feb. 2015	Mar. 2015
Report Area	7.4	6.3	5.2	5.1	5	5.1	4.7	4.8	5.2	5.5	6.1	6	5.6

Report Area	March 2014	April 2014	May 2014	June 2014	July 2014	August 2014	Sept. 2014	Oct. 2014	Nov. 2014	Dec. 2014	Jan. 2015	Feb. 2015	Mar. 2015
Benewah County, ID	13.4	11.5	7.4	6.4	6.1	6.1	5.9	6.1	7	7.6	7.9	7.9	7.9
Bonner County, ID	9	7.6	6.3	6.3	6.1	6.1	5.9	6.3	6.5	6.8	7.3	7.2	7
Boundary County, ID	8	6.5	5.3	5.1	5	5.1	4.5	5	5.5	6	7	7.3	6.3
Clearwater County, ID	14.5	12.8	9.1	8.1	7.9	7.7	6.7	6.7	7.6	9	8.9	9.7	9.9
Idaho County, ID	10.2	8.7	7	6.5	6.2	6.2	5.8	5.8	6.6	7	7.5	7.4	7.1
Kootenai County, ID	7.2	5.9	4.9	4.9	4.8	4.9	4.6	4.7	5.2	5.4	6.1	5.7	5.5
Latah County, ID	5	4.5	3.9	4.2	4.1	4.1	3.4	3.3	3.6	3.7	4.1	4.4	3.9
Lewis County, ID	5.3	4.7	4.1	3.8	3.7	3.7	3.6	3.7	4.1	3.8	4.4	4.7	4.6
Nez Perce County, ID	4.8	4.2	3.7	3.8	3.7	4	3.5	3.6	3.9	3.8	4.5	4.3	4
Shoshone County, ID	13	11.9	9.5	8.8	8.2	8.1	7.9	8.7	8.9	8.9	9.3	8.7	8.5
Asotin County, WA	6.9	5.7	6	5.3	5.5	5.8	5.2	5	5.3	6.4	6.5	7.1	5.4
Idaho	5.6	5	4.4	4.5	4.5	4.6	4.2	4.1	4.4	4.4	4.8	4.7	4.4
Washington	6.8	5.8	6	5.9	6	6.1	5.8	5.8	6.2	6.3	7	6.8	5.7
United States	6.8	5.9	6.1	6.3	6.6	6.3	5.8	5.6	5.6	5.4	6.1	5.9	5.6

Note: Data breakout by demographic groups are not available.
Data Source: US Department of Labor, Bureau of Labor Statistics. Source geography: County





Unemployment, Rate by County, BLS 2015 - March

- Over 12.0%
- 9.1 - 12.0%
- 6.1 - 9.0%
- 3.1 - 6.0%
- Under 3.1%

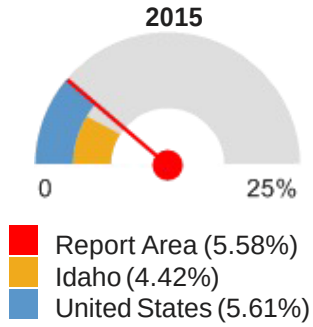
Report Area

Five Year Unemployment Rate

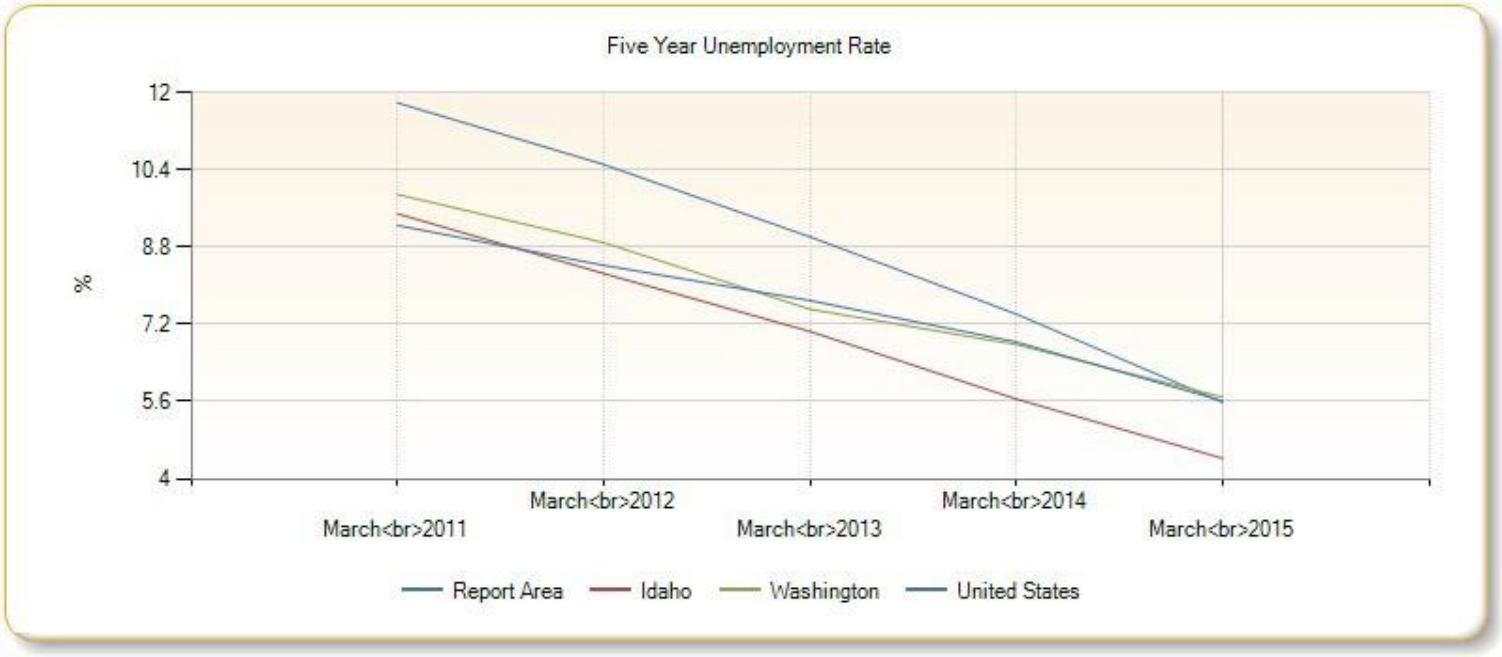
Unemployment change within the report area from March 2011 to March 2015 is shown in the chart below. According to the U.S. Department of Labor, unemployment for this five year period fell from 11.79% percent to 5.58% percent.

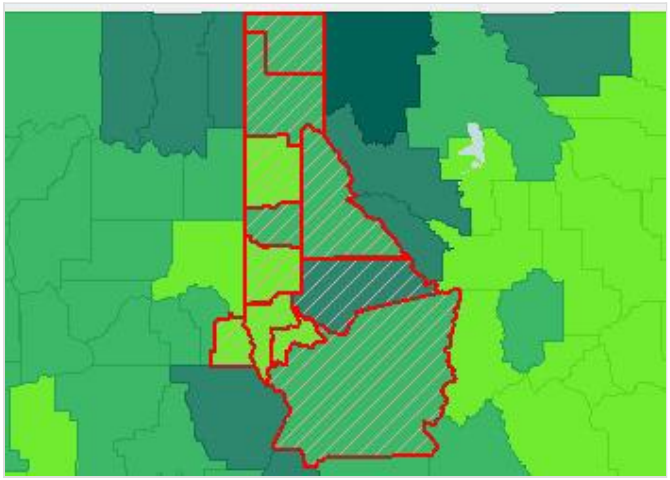
March

Report Area	March 2011	March 2012	March 2013	March 2014	March 2015
Report Area	11.79%	10.51%	9.01%	7.41%	**5.58%**
Benewah County, ID	18.1%	16.95%	14.97%	13.36%	**7.86%**
Bonner County, ID	15.26%	13.09%	11.32%	8.96%	**6.96%**
Boundary County, ID	14.31%	11.96%	10.42%	7.99%	**6.28%**
Clearwater County, ID	18%	17.15%	16.32%	14.47%	**9.88%**
Idaho County, ID	15.18%	14.08%	12.6%	10.23%	**7.07%**
Kootenai County, ID	12.36%	10.66%	9.02%	7.2%	**5.48%**
Latah County, ID	7.1%	6.78%	5.64%	5%	**3.95%**
Lewis County, ID	7.35%	6.08%	5.78%	5.25%	**4.63%**
Nez Perce County, ID	6.94%	6.54%	5.52%	4.75%	**4.01%**
Shoshone County, ID	17.34%	15.25%	13.95%	13.04%	**8.55%**
Asotin County, WA	9.51%	10.04%	8.46%	6.86%	**5.4%**
Idaho	9.49%	8.25%	7.05%	5.65%	4.42%
Washington	9.89%	8.89%	7.51%	6.78%	5.69%
United States	9.25%	8.42%	7.69%	6.83%	5.61%



Note: This indicator is compared with the lowest state average. Data breakout by demographic groups are not available.
Data Source: US Department of Labor, Bureau of Labor Statistics. Source geography: County





Unemployment, Rate by County, BLS 2015 - March

- Over 12.0%
- 9.1 - 12.0%
- 6.1 - 9.0%
- 3.1 - 6.0%
- Under 3.1%
- Report Area

Education

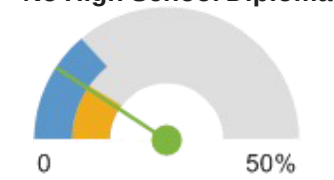
Educational Attainment

Educational Attainment shows the distribution of educational attainment levels in the report area. Educational attainment is calculated for persons

over 25, and is an average for the period from 2009 to 2013.

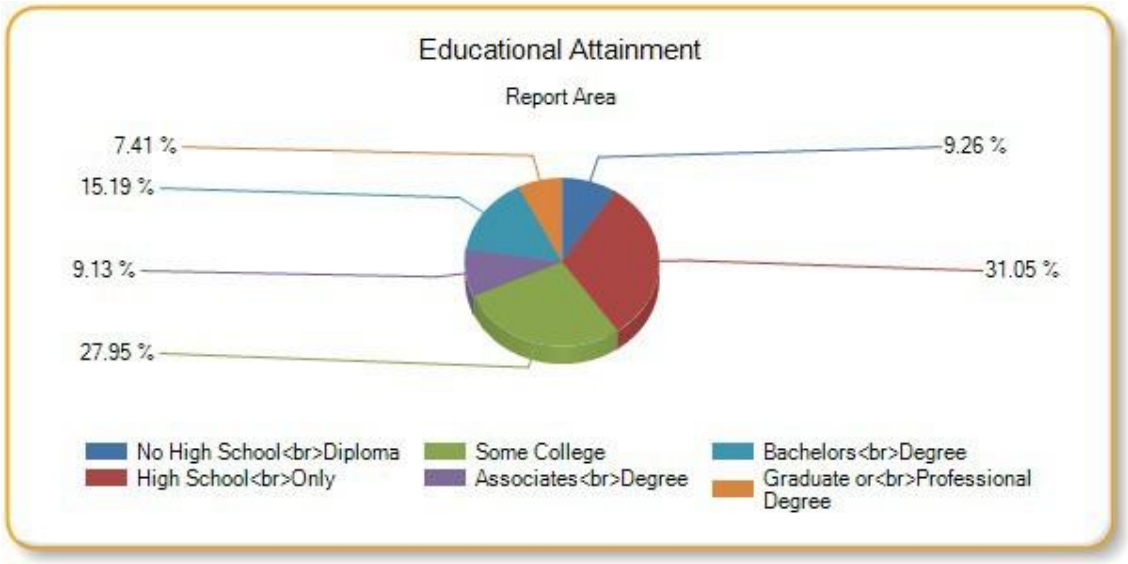
Report Area	Percent No High School Diploma	Percent High School Only	Percent Some College	Percent Associates Degree	Percent Bachelors Degree	Percent Graduate or Professional Degree
Report Area	**9.26**	31.05	27.95	9.13	15.19	7.41
Benewah County, ID	**12.57**	43.5	24.2	6.3	8.7	4.7
Bonner County, ID	**9.33**	30.8	29.6	9.2	14.7	6.4
Boundary County, ID	**15.12**	37.3	25.3	6.9	9.2	6.1
Clearwater County, ID	**15.15**	36.7	24.3	8.3	10.8	4.7
Idaho County, ID	**11.11**	41.1	25.8	7.2	11.3	3.5
Kootenai County, ID	**7.86**	29.4	29.4	10.1	16	7.3
Latah County, ID	**4.69**	20.6	23.2	7.4	25.9	18.2
Lewis County, ID	**11.7**	35.4	27.8	8.9	13.4	2.8
Nez Perce County, ID	**10.05**	31.7	27.7	9.4	14.6	6.5
Shoshone County, ID	**15.19**	33.4	29.3	8.7	9.8	3.6
Asotin County, WA	**10.37**	34.1	28.2	9.6	11.7	6
Idaho	11.2	27.8	27.1	8.8	17.2	7.8
Washington	9.98	23.6	25.1	9.5	20.4	11.5
United States	13.98	28.1	21.3	7.8	18.1	10.8

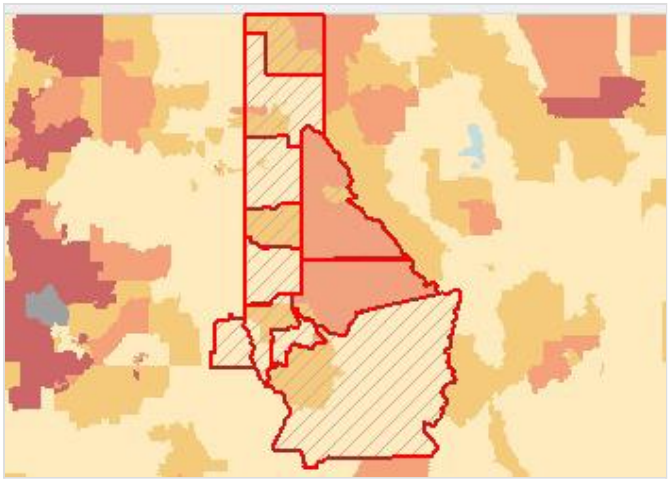
Percent Population with No High School Diploma



Report Area (9.26%)
Washington (9.98%)
United States (13.98%)

Note: This indicator is compared with the lowest state average. Data breakout by demographic groups are not available.
Data Source: US Census Bureau, American Community Survey. Source geography: County





Population with No High School Diploma (Age 18), Percent by Tract, ACS 2009-13

- Over 21.0%
- 16.1 - 21.0%
- 11.1 - 16.0%
- Under 11.1%
- No Data or Data Suppressed
- Report Area

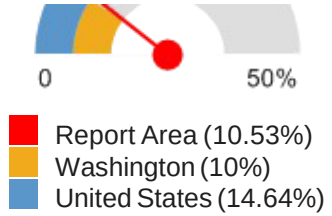
Adult Literacy

The National Center for Education Statistics (NCES) produces estimates for adult literacy based on educational attainment, poverty, and other factors in each county.

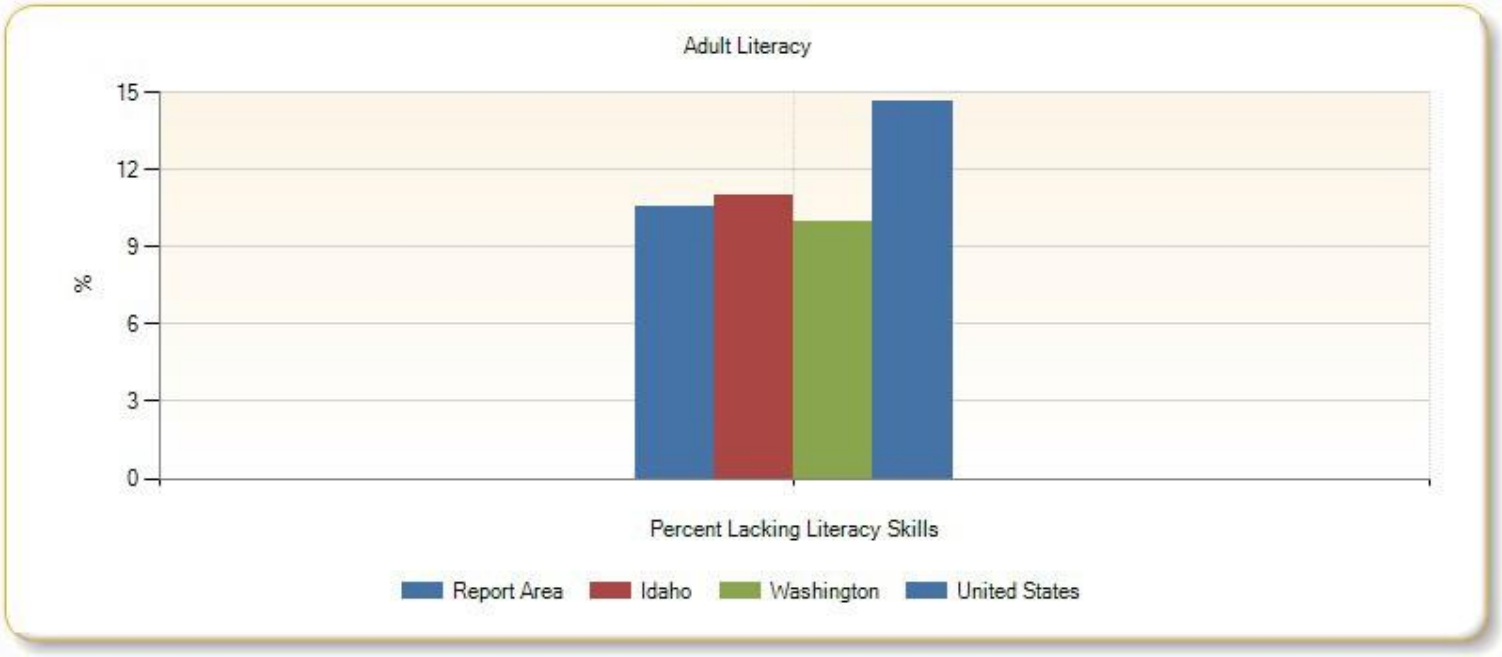
Report Area	Estimated Population over 16	Percent Lacking Literacy Skills
Report Area	236,022	**10.53%**

Percent Lacking Literacy Skills

Report Area	Estimated Population over 16	Percent Lacking Literacy Skills
Benewah County, ID	6,846	12%
Bonner County, ID	30,665	10%
Boundary County, ID	7,564	12%
Clearwater County, ID	6,470	11%
Idaho County, ID	11,939	11%
Kootenai County, ID	88,790	12%
Latah County, ID	25,380	8%
Lewis County, ID	2,922	10%
Nez Perce County, ID	29,292	9%
Shoshone County, ID	10,266	13%
Asotin County, WA	15,888	9%
Idaho	1,000,313	11%
Washington	4,641,680	10%
United States	219,016,209	14.64%



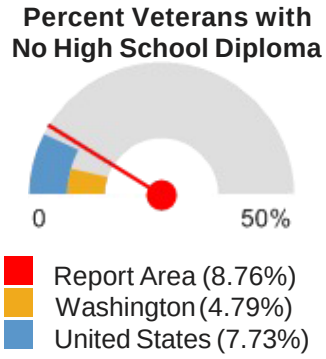
Note: This indicator is compared with the lowest state average. Data breakout by demographic groups are not available.
Data Source: National Center for Education Statistics, NCES - Estimates of Low Literacy. Source geography: County



Veterans - Educational Attainment

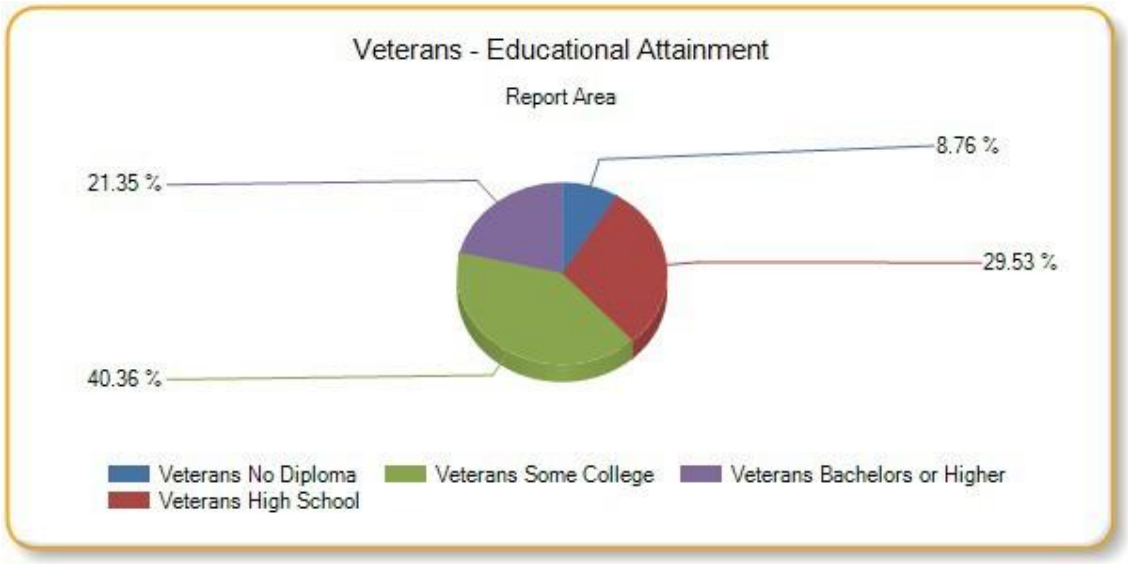
Veterans Educational Attainment contrasts the distribution of educational attainment levels between military veterans and non-veterans in the region. Educational attainment is calculated for persons over 25, and is an average for the period from 2009 to 2013.

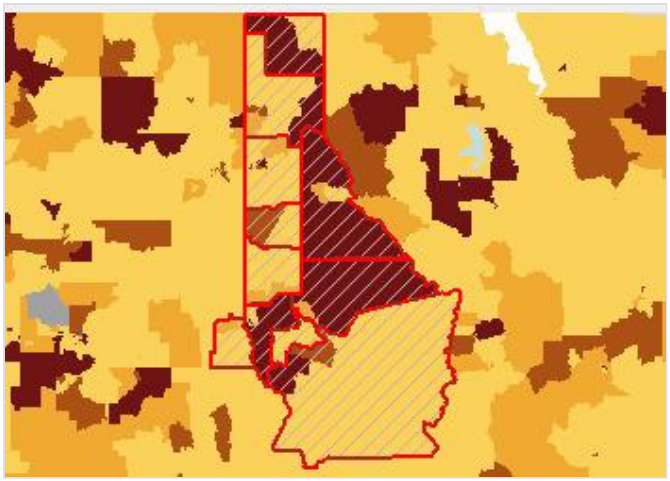
Report Area	**Veterans** % No Diploma	**Veterans** % High School Diploma	**Veterans** % Some College Diploma	**Veterans** % Bachelors or Higher Diploma	**Non-Veterans** % No Diploma	**Non-Veterans** % High School Diploma	**Non-Veterans** % Some College Diploma	**Non-Veterans** % Bachelors or Higher Diploma
Report Area	**8.76**	29.53	40.36	21.35	9.35	31.31	36.52	22.82
Benewah County, ID	**9.35**	48.18	28.87	13.6	13.14	42.63	30.82	13.41
Bonner County, ID	**7.13**	26.58	48.62	17.67	9.74	31.58	36.92	21.77
Boundary County, ID	**12.75**	32.3	38.88	16.07	15.6	38.31	30.88	15.21



Report Area	**Veterans** % No Diploma	**Veterans** % High School Diploma	**Veterans** % Some College Diploma	**Veterans** % Bachelors or Higher Diploma	**Non-Veterans** % No Diploma	**Non-Veterans** % High School Diploma	**Non-Veterans** % Some College Diploma	**Non-Veterans** % Bachelors or Higher Diploma
Clearwater County, ID	**11.82**	35.35	40.25	12.58	15.82	37.07	31.02	16.09
Idaho County, ID	**7.78**	37.41	39.13	15.67	11.74	41.74	31.89	14.63
Kootenai County, ID	**8.16**	25.86	40.78	25.2	7.81	29.98	39.25	22.95
Latah County, ID	**3.04**	22.89	32.98	41.1	4.88	20.35	30.33	44.44
Lewis County, ID	**5.59**	37.42	42.8	14.19	12.93	35.03	35.46	16.59
Nez Perce County, ID	**11.64**	32.94	40.36	15.07	9.76	31.53	36.48	22.23
Shoshone County, ID	**11.16**	37.78	36.35	14.71	16.05	32.48	38.31	13.15
Asotin County, WA	**11.73**	31.03	36.78	20.47	10.16	34.59	37.95	17.31
Idaho	7.64	27.36	40.38	24.61	11.71	27.95	35.21	25.12
Washington	4.79	23.4	42.32	29.49	10.8	23.64	33.32	32.23
United States	7.73	29.53	36.42	26.32	14.74	28.01	28.15	29.11

Note: This indicator is compared with the lowest state average. Data breakout by demographic groups are not available.
Data Source: US Census Bureau, American Community Survey. Source geography: County





No High School Diploma, Veterans, Percent by Tract, ACS 2009-13

- Over 14.0%
- 11.1 - 14.0%
- 8.1 - 11.0%
- Under 8.1%
- Of Veterans Age 25 , No Population with No High School Diploma
- No Data or Data Suppressed
- Report Area

Housing

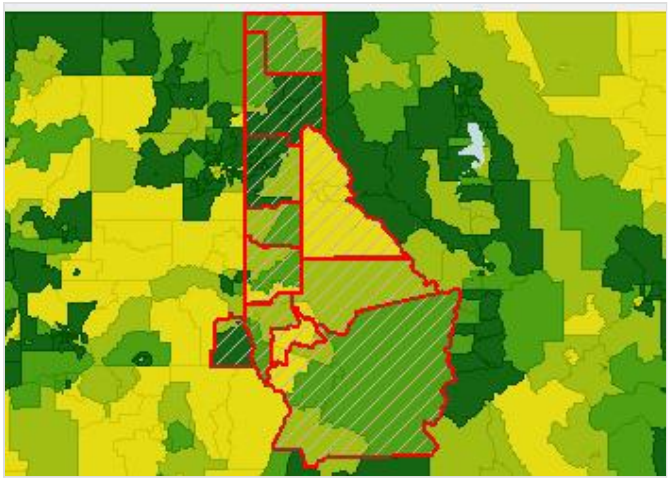
Housing Age

Total housing units, median year built and median age in 2013 for the report area are shown below. Housing units used in housing age include only those where the year built is known.

Report Area	Total Housing Units	Median Year Built	Median Age (from 2013)

Report Area	Total Housing Units	Median Year Built	Median Age (from 2013)
Report Area	163,276		no data
Benewah County, ID	4,616	1977	36
Bonner County, ID	24,490	1985	28
Boundary County, ID	5,171	1982	31
Clearwater County, ID	4,445	1973	40
Idaho County, ID	8,672	1975	38
Kootenai County, ID	63,692	1991	22
Latah County, ID	16,059	1977	36
Lewis County, ID	1,879	1966	47
Nez Perce County, ID	17,395	1973	40
Shoshone County, ID	7,027	1957	56
Asotin County, WA	9,830	1974	39
Idaho	670,084	1982	31
Washington	2,899,538	1979	34
United States	132,057,808	1976	37

Note: Data breakout by demographic groups are not available.
Data Source: US Census Bureau, American Community Survey. Source geography: County



Housing Constructed After 1999, Percent by Tract, ACS 2008-12

- Over 16.0%
- 12.1 - 16.0%
- 8.1 - 12.0%
- Under 8.1%
- No Data or Data Suppressed
- Report Area

Homeowners

The U.S. Census Bureau estimated there were 84,571 homeowners in the report area in 2000, and 72.28% owner occupied homes in the report area for the 5 year estimated period from 2008 - 2012.

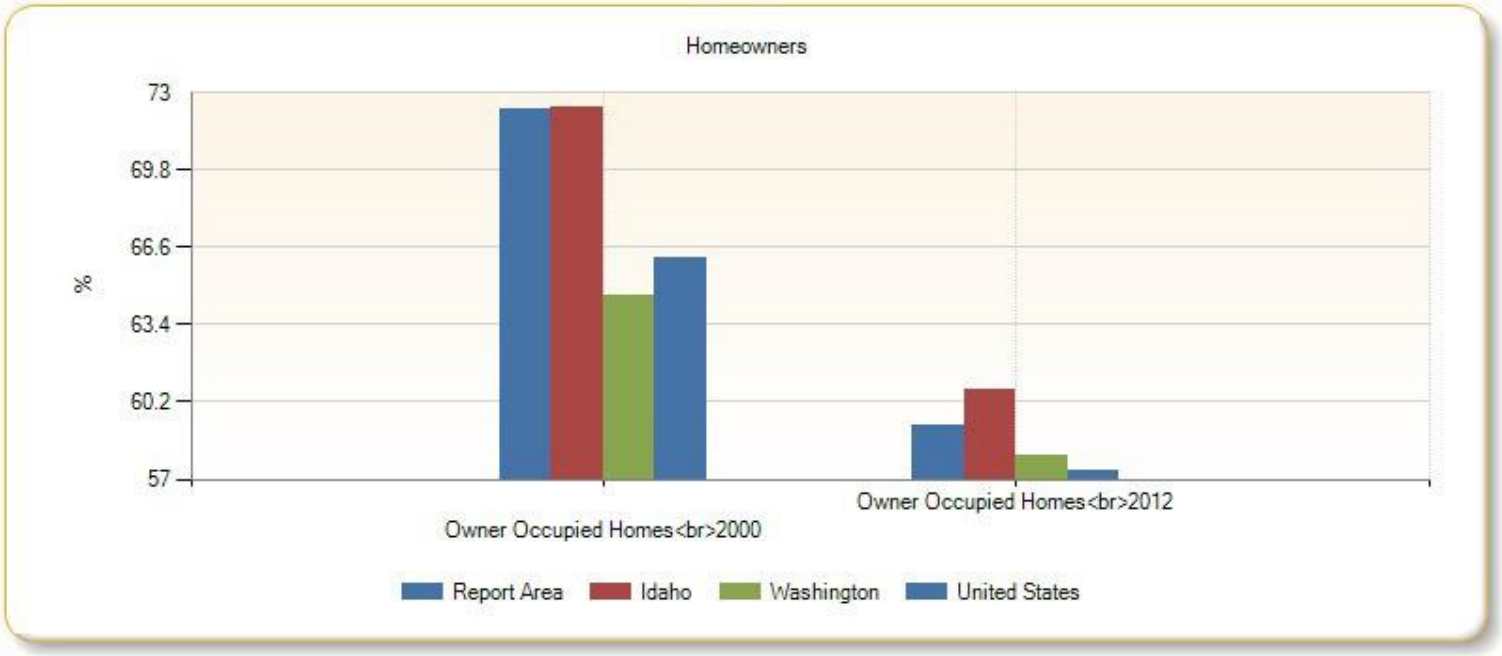
Report Area	Owner Occupied Homes 2000	Owner Occupied Homes 2000	Owner Occupied Homes 2012	Owner Occupied Homes 2012
Report Area	84,571	72.28%	96,304	**59.24%**
Benewah County, ID	2,812	78.55%	2,847	**61.81%**
Bonner County, ID	11,442	77.87%	12,961	**53.09%**
Boundary County, ID	2,904	78.34%	3,096	**60.16%**
Clearwater County, ID	2,695	77.98%	2,906	**65.32%**
Idaho County, ID	4,694	77.15%	5,167	**59.53%**
Kootenai County, ID	30,785	74.53%	38,866	**61.55%**
Latah County, ID	7,670	58.73%	8,282	**51.88%**
Lewis County, ID	1,159	74.58%	1,249	**66.54%**
Nez Perce County, ID	10,512	68.77%	10,803	**62.12%**

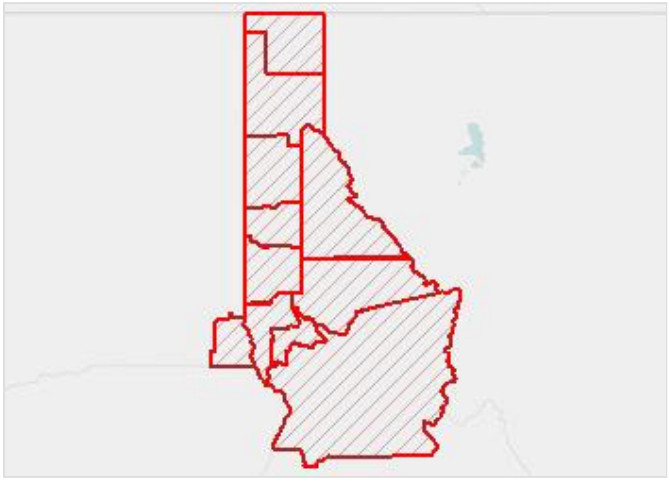
Owner Occupied Homes 2012

- Report Area (59.24%)
- Idaho (60.72%)
- United States (57.34%)

Report Area	Owner Occupied Homes 2000	Owner Occupied Homes 2000	Owner Occupied Homes 2012	Owner Occupied Homes 2012
Shoshone County, ID	4,286	72.57%	3,973	**56.23%**
Asotin County, WA	5,612	67.1%	6,154	**62.64%**
Idaho	339,960	72.39%	404,863	60.72%
Washington	1,467,009	64.59%	1,671,388	57.95%
United States	69,815,753	66.19%	75,484,661	57.34%

Note: This indicator is compared with the highest state average. Data breakout by demographic groups are not available.
Data Source: US Census Bureau, American Community Survey. Source geography: County





Owner-Occupied Housing Units, Percent by Tract, ACS 2008-12

- Over 82.0%
- 74.1 - 82.0%
- 66.1 - 74.0%
- Under 66.1%
- No Data or Data Suppressed

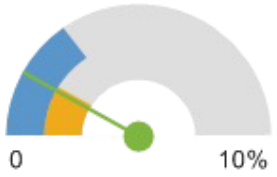
- Report Area

Vacancy Rates

The U.S. Postal Service provided information quarterly to the U.S. Department of Housing and Urban Development on addresses identified as vacant in the previous quarter. Residential and business vacancy rates for the report area in the second quarter of 2014 are reported.
For this reporting period, a total of 2,520 residential addresses were identified as vacant in the report area, a vacancy rate of 1.6%, and 911 business addresses were also reported as vacant, a rate of 5.8% .

Report Area	Residential Addresses	Vacant Residential Addresses	Residential Vacancy Rate	Business Addresses	Vacant Business Addresses	Business Vacancy Rate
Report Area	154,813	2,520	1.6%	15,596	911	5.8%
Benewah County, ID	3,413	136	4%	255	22	8.6%
Bonner County, ID	20,891	132	0.6%	2,256	108	4.8%
Boundary County, ID	3,895	0	0%	176	0	0%
Clearwater County, ID	2,711	2	0.1%	146	0	0%
Idaho County, ID	5,290	186	3.5%	340	27	7.9%
Kootenai County, ID	69,009	434	0.6%	7,656	258	3.4%

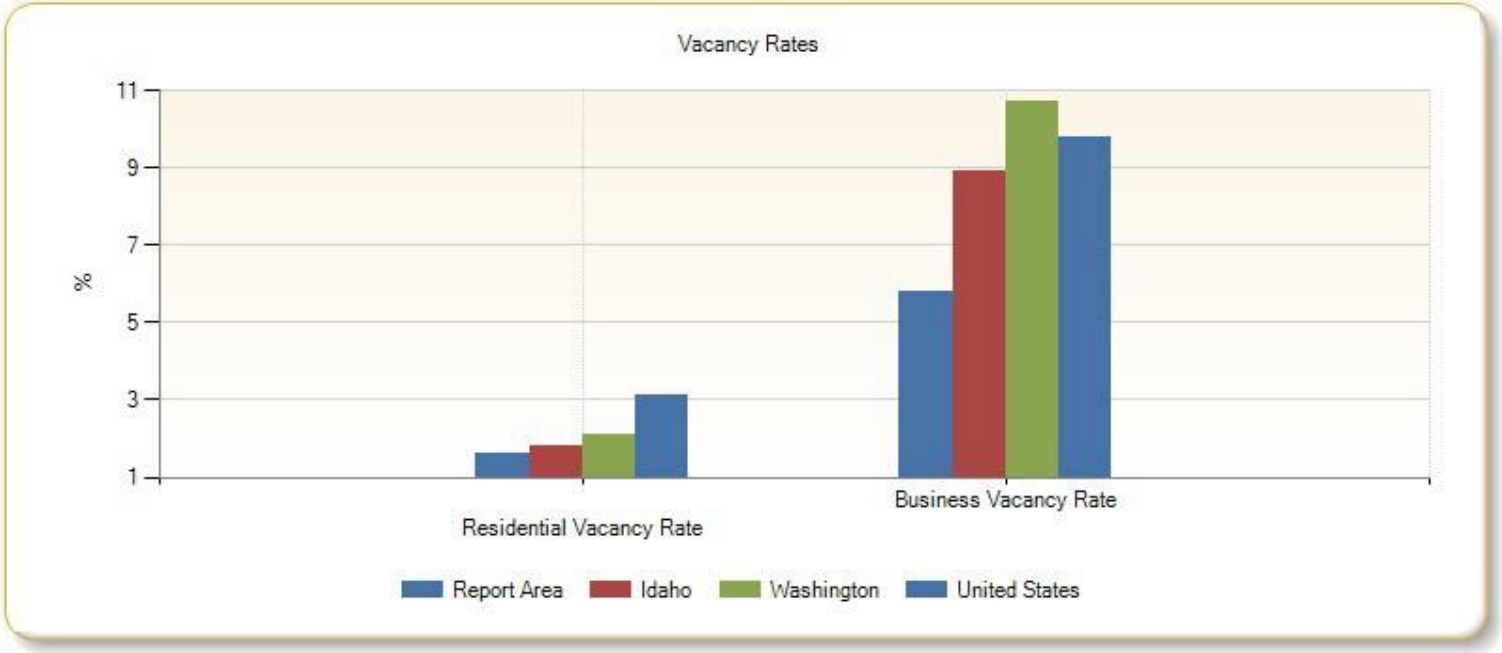
Residential Vacancy Rate

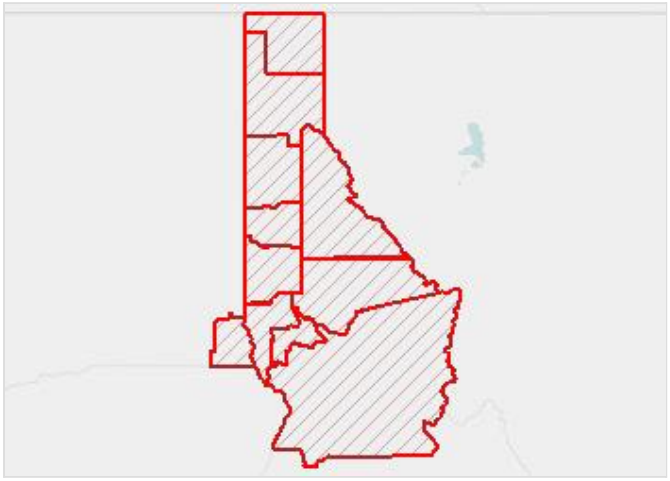


- Report Area (1.6%)
- Idaho (1.8%)
- United States (3.1%)

Report Area	Residential Addresses	Vacant Residential Addresses	Residential Vacancy Rate	Business Addresses	Vacant Business Addresses	Business Vacancy Rate
Latah County, ID	16,030	260	**1.6%**	1,413	102	7.2%
Lewis County, ID	1,230	1	**0.1%**	53	0	0%
Nez Perce County, ID	18,545	471	**2.5%**	2,068	204	9.9%
Shoshone County, ID	3,906	450	**11.5%**	492	133	27%
Asotin County, WA	9,893	448	**4.5%**	741	57	7.7%
Idaho	669,093	11,940	1.8%	66,233	5,862	8.9%
Washington	3,121,303	66,529	2.1%	272,189	29,041	10.7%
United States	142,365,117	4,450,031	3.1%	13,422,801	1,320,000	9.8%

Note: This indicator is compared with the lowest state average. Data breakout by demographic groups are not available.
Data Source: US Department of Housing and Urban Development. Source geography: County





Residential Vacancies, Percent by Tract, HUD 2014-Q2

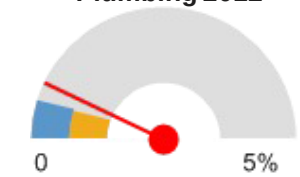
- Over 10.0%
- 5.1 - 10.0%
- 2.1 - 5.0%
- Under 2.1%
- No Residential Vacancies
- No Residential Addresses or No Data
- Report Area

Number of Unsafe, Unsanitary Homes

The number and percentage of occupied housing units without plumbing are shown for the report area. U.S. Census data shows 1,132 housing units in the report area were without plumbing in 2000 and ACS five year estimates show 1,212 housing units in the report area were without plumbing in 2012.

Report Area	Occupied Housing Units 2000	Occupied Housing Units without Plumbing 2000	Percent without Plumbing 2000	Occupied Housing Units 2012	Occupied Housing Units without Plumbing 2012	Percent without Plumbing 2012
Report Area	116,997	1,132	1%	162,562	1,212	**0.7%**
Benewah County, ID	3,580	99	2.34%	4,606	104	**2.76%**
Bonner County, ID	14,693	454	2.31%	24,413	531	**2.97%**
Boundary County, ID	3,707	91	2.22%	5,146	105	**2.57%**
Clearwater County, ID	3,456	34	0.82%	4,449	61	**1.68%**
Idaho County, ID	6,084	88	1.17%	8,680	124	**1.87%**
Kootenai County,	41,308	155	0.33%	63,146	120	**0.22%**

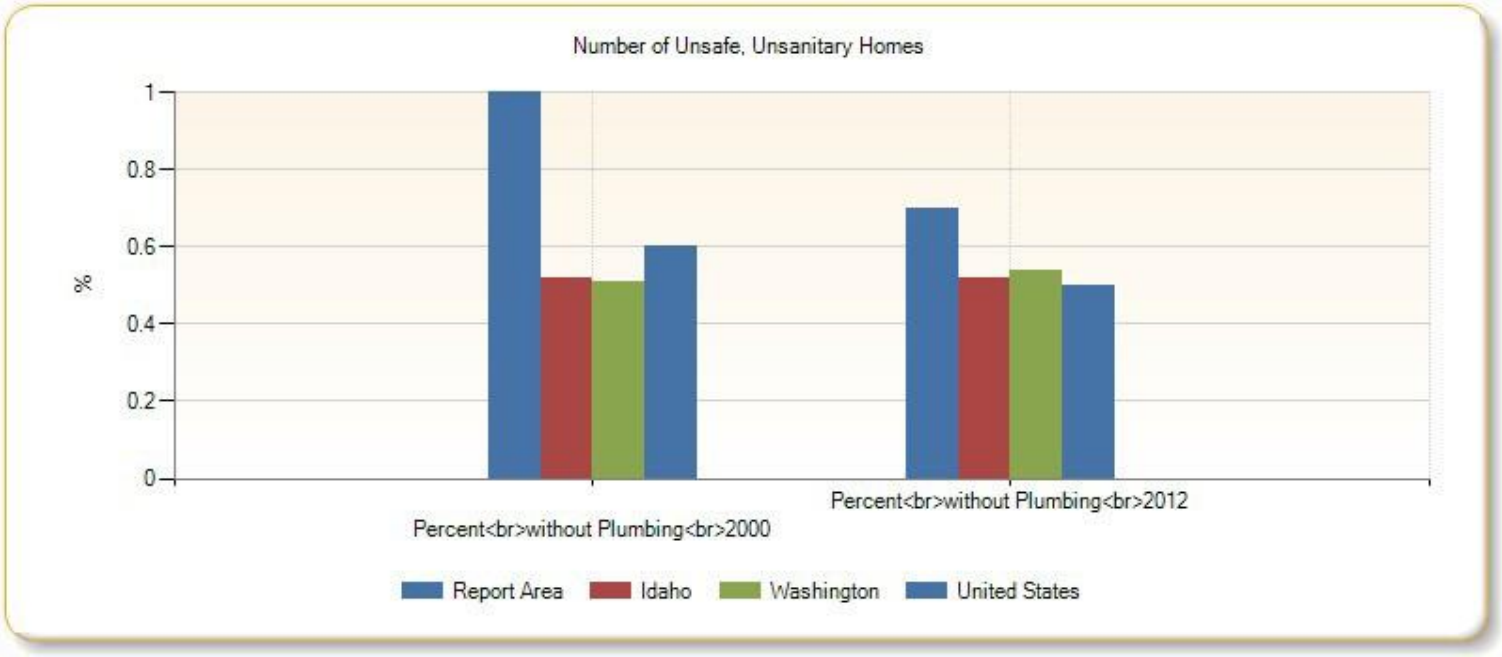
Percent Without Plumbing 2012

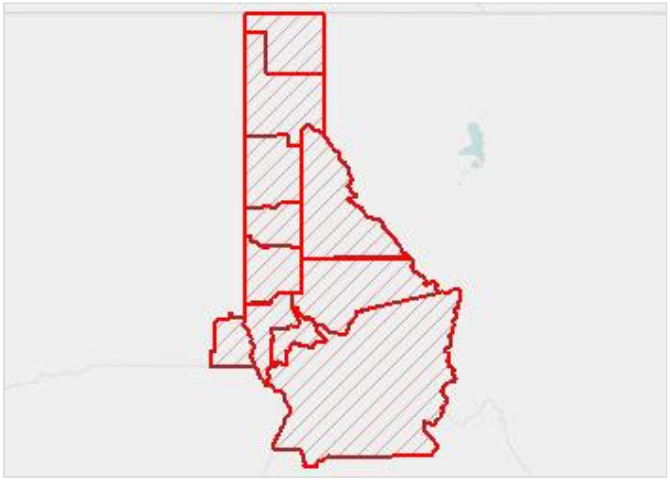


- Report Area (0.7%)
- Idaho (0.52%)
- United States (0.5%)

Report Area	Occupied Housing Units 2000	Occupied Housing Units without Plumbing 2000	Percent without Plumbing 2000	Occupied Housing Units 2012	Occupied Housing Units without Plumbing 2012	Percent without Plumbing 2012
ID						
Latah County, ID	13,059	88	0.64%	15,963	70	**0.47%**
Lewis County, ID	1,554	2	0.11%	1,877	8	**0.48%**
Nez Perce County, ID	15,286	40	0.25%	17,391	12	**0.07%**
Shoshone County, ID	5,906	36	0.51%	7,066	24	**0.41%**
Asotin County, WA	8,364	45	0.49%	9,825	53	**0.59%**
Idaho	469,645	2,720	0.52%	666,718	3,021	0.52%
Washington	2,271,398	12,457	0.51%	2,884,186	14,146	0.54%
United States	105,480,101	670,986	0.6%	131,642,457	628,104	0.5%

Note: This indicator is compared with the lowest state average. Data breakout by demographic groups are not available.
Data Source: US Census Bureau, American Community Survey. Source geography: County





Housing Units Lacking Complete Plumbing Facilities, Percent by Tract, ACS 2008-12

- Over 2.0%
- 1.1 - 2.0%
- 0.1 - 1.0%
- 0.0%
- No Data or Data Suppressed

Report Area

Income

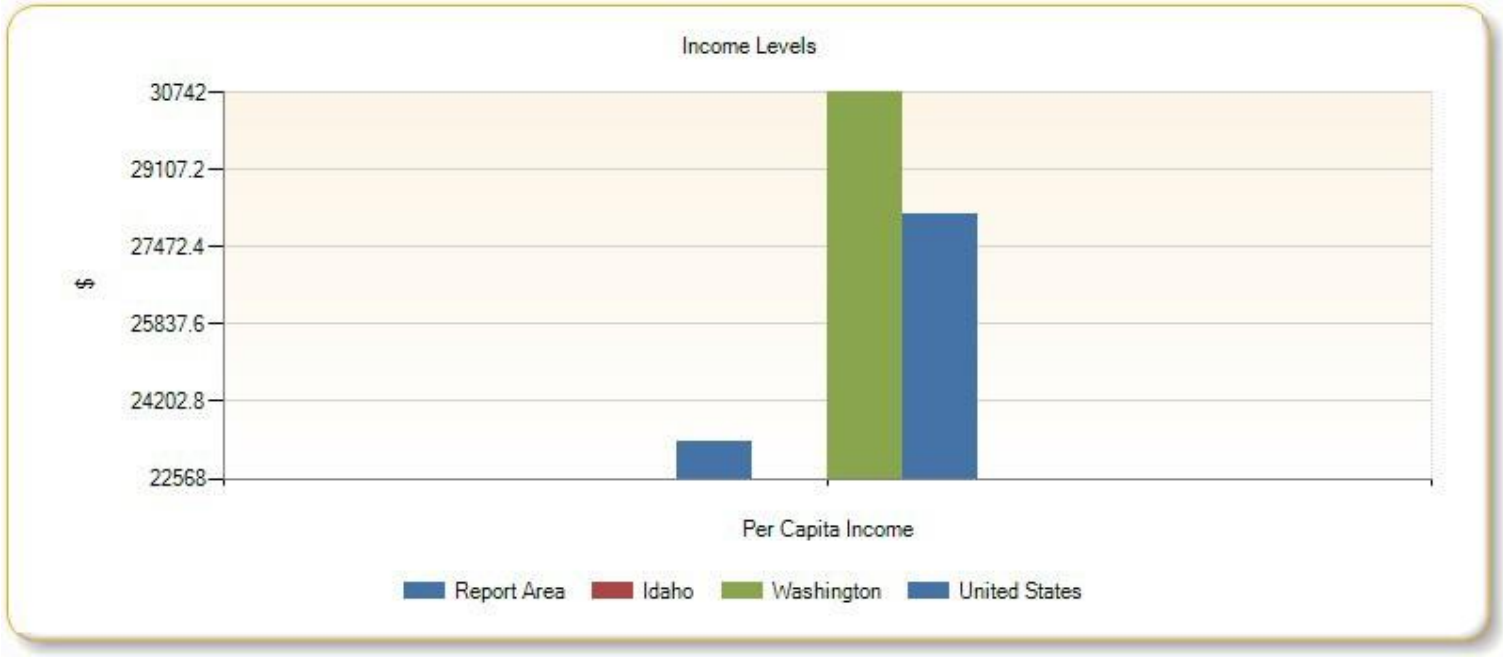
Income Levels

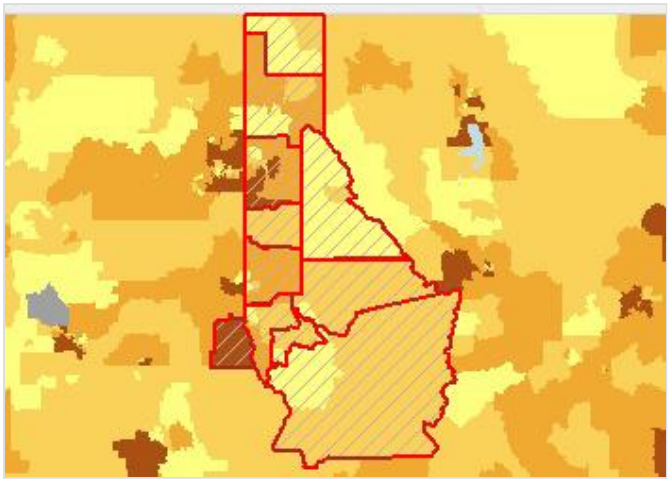
Two common measures of income are Median Household Income and Per Capita Income, based on U.S. Census Bureau estimates. Both

measures are shown for the report area below. The average Per Capita income for the report area is $23341.75, compared to a national average of $28,155.

Report Area	Median Household Income	Per Capita Income
Report Area	no data	$23,341.75
Benewah County, ID	$39,049	$20,198
Bonner County, ID	$41,414	$23,221
Boundary County, ID	$37,003	$19,877
Clearwater County, ID	$40,134	$20,256
Idaho County, ID	$37,349	$19,168
Kootenai County, ID	$49,002	$24,685
Latah County, ID	$41,735	$22,322
Lewis County, ID	$36,000	$19,910
Nez Perce County, ID	$46,503	$24,257
Shoshone County, ID	$38,440	$20,487
Asotin County, WA	$43,175	$24,659
Idaho	$46,767	$22,568
Washington	$59,478	$30,742
United States	$53,046	$28,155

Note: Data breakout by demographic groups are not available.
Data Source: US Census Bureau, American Community Survey. Source geography: County





Per Capita Income by Tract, ACS 2009-13

- Over 30,000
- 25,001 - 30,000
- 20,001 - 25,000
- Under 20,001
- No Data or Data Suppressed

- Report Area

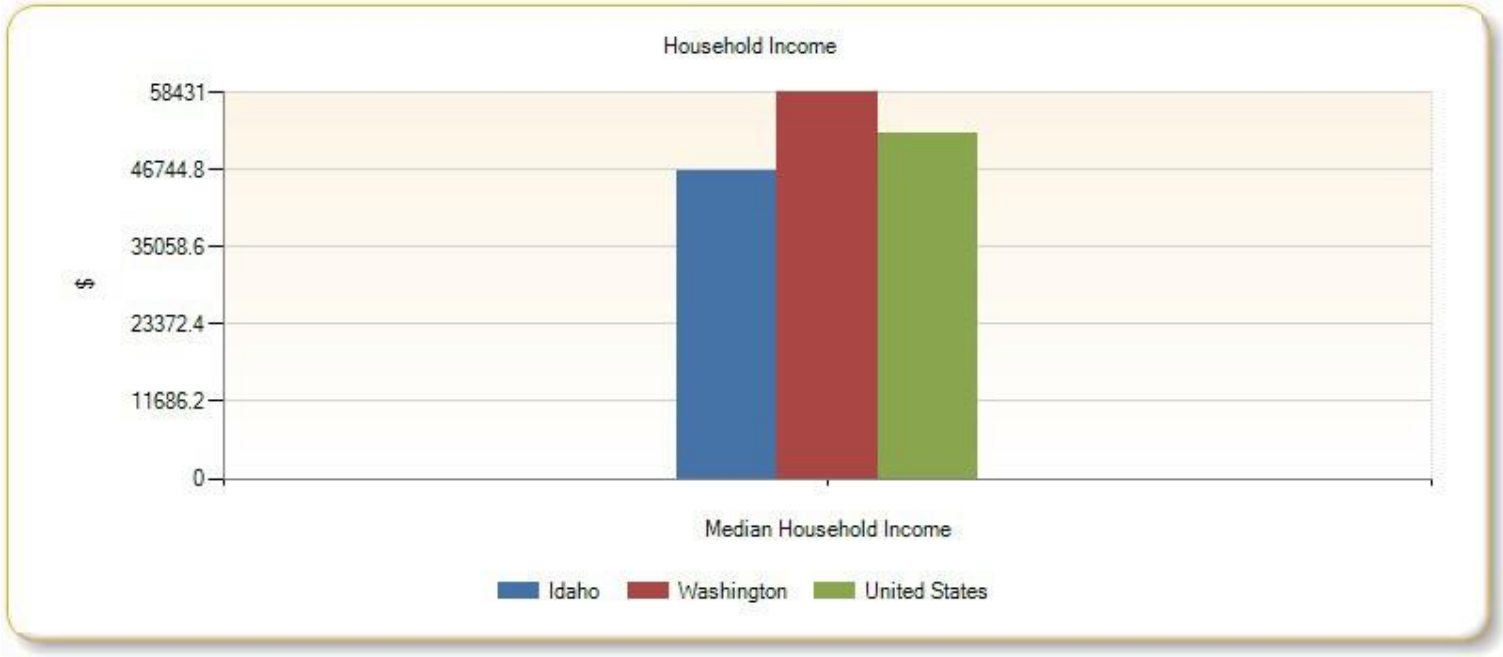
Household Income

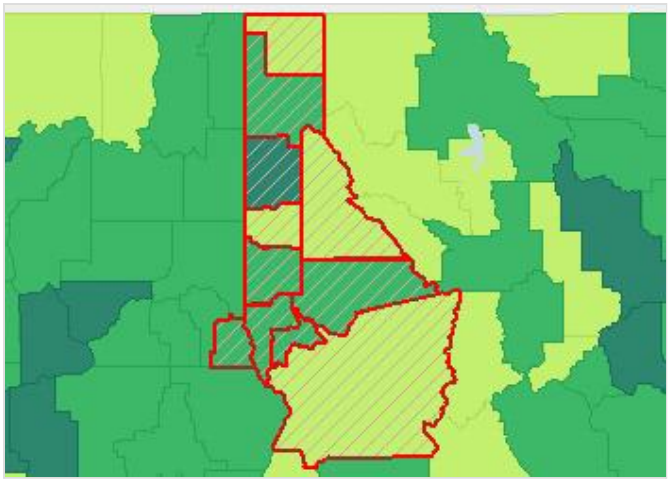
Median annual household incomes in the report area are shown below.

Report Area	Median Household Income

Report Area	Median Household Income
Benewah County, ID	$39,530
Bonner County, ID	$41,797
Boundary County, ID	$39,681
Clearwater County, ID	$40,068
Idaho County, ID	$39,434
Kootenai County, ID	$51,681
Latah County, ID	$43,699
Lewis County, ID	$41,190
Nez Perce County, ID	$46,753
Shoshone County, ID	$37,431
Asotin County, WA	$42,842
Idaho	$46,621
Washington	$58,431
United States	$52,250

Note: Data breakout by demographic groups are not available.
Data Source: US Census Bureau, Small Area Income & Poverty Estimates. Source geography: County





Median Household Income by County, SAIPE 2013

- Over $70,000
- $50,001 - $70,000
- $40,001 - $50,000
- Under $40,001

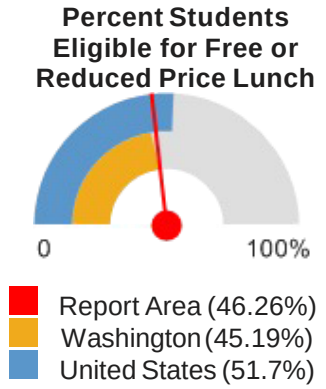
Report Area

Nutrition

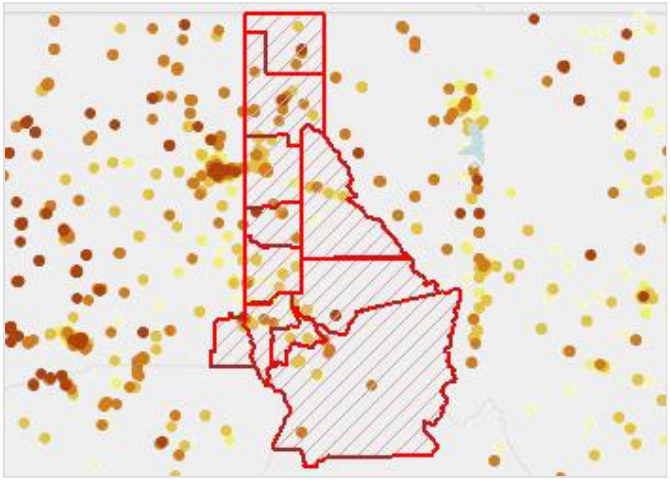
Free and Reduced Lunch Program

The following report shows that 22488 students (or 46.26 percent) were eligible for free or reduced price lunches during the 2011 - 2012 school year, which is more than the national average of 48.34 percent.

Report Area	Total Students	Number Free/Reduced Price Lunch Eligible	Percent Free/Reduced Price Lunch Eligible
Report Area	48,612	22,488	**46.26%**
Benewah County, ID	1,360	851	**62.57%**
Bonner County, ID	5,150	2,915	**56.6%**
Boundary County, ID	1,478	833	**56.36%**
Clearwater County, ID	980	567	**57.86%**
Idaho County, ID	1,684	849	**50.42%**
Kootenai County, ID	21,517	9,280	**43.13%**
Latah County, ID	4,904	1,762	**35.93%**
Lewis County, ID	885	548	**61.92%**
Nez Perce County, ID	5,486	2,084	**37.99%**
Shoshone County, ID	1,849	932	**50.41%**
Asotin County, WA	3,319	1,867	**56.25%**
Idaho	282,965	134,560	48.18%
Washington	1,051,694	474,940	45.19%
United States	49,936,793	25,615,437	51.7%



Note: This indicator is compared with the lowest state average.
Data Source: National Center for Education Statistics, NCES - Common Core of Data. Source geography: Address



Students Eligible for Free or Reduced-Price Lunch by Location, NCES CCD 2012-13

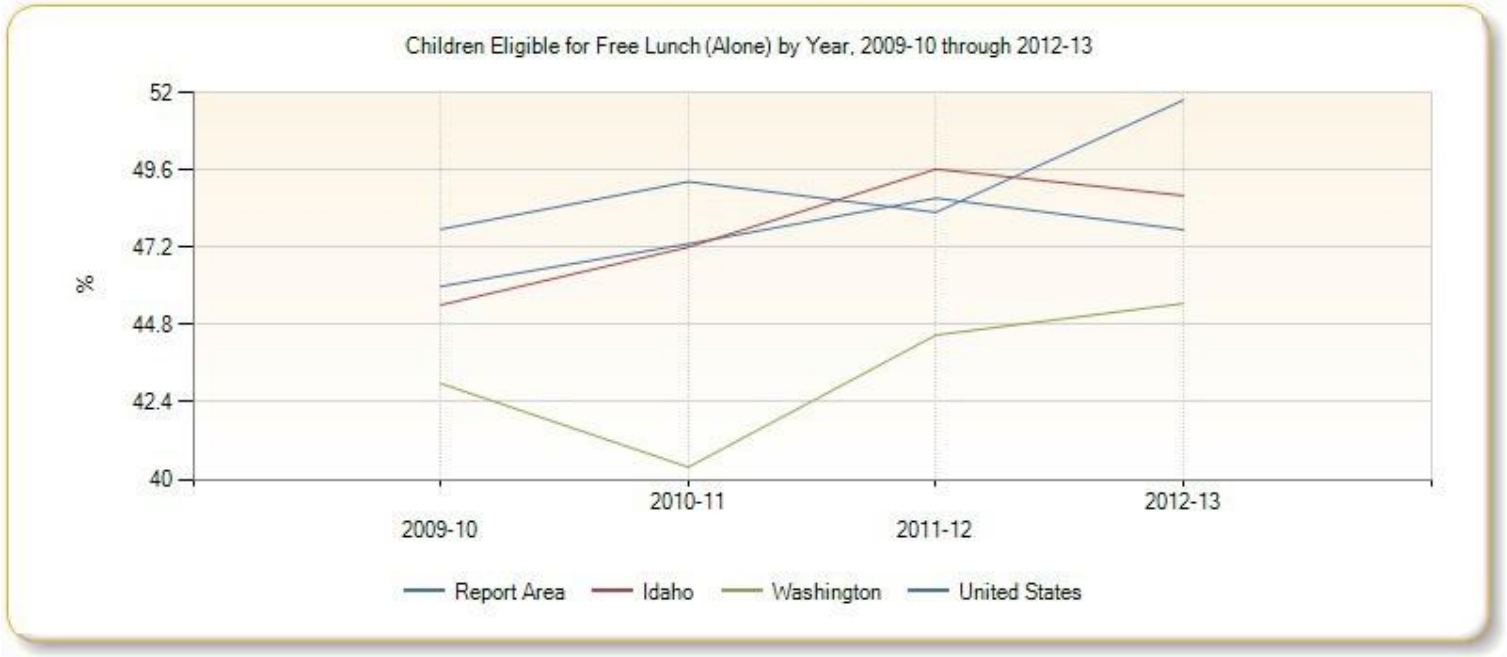
- Over 80.0%
- 60.1 - 80.0%
- 40.1 - 60.0%
- 20.1 - 40.0%
- Under 20.1%
- Not Reported

Report Area

Children Eligible for Free Lunch (Alone) by Year, 2009-10 through 2012-13

Report Area	2009-10	2010-11	2011-12	2012-13
Report Area	45.99%	47.31%	48.73%	47.75%
Benewah County, ID	55.14%	60.33%	59.35%	62.57%
Bonner County, ID	47.22%	48.44%	53.09%	56.6%
Boundary County, ID	54.85%	52.84%	59.06%	56.36%
Clearwater County, ID	52.23%	52.53%	61.38%	57.86%
Idaho County, ID	50%	49.57%	53.86%	50.42%
Kootenai County, ID	42.94%	44.48%	46.37%	43.13%
Latah County, ID	25.5%	27%	36.14%	35.93%
Lewis County, ID	53.91%	52.62%	60.82%	61.92%
Nez Perce County, ID	39.39%	41.1%	40.85%	37.99%
Shoshone County, ID	46.68%	46.66%	51.8%	50.41%
Asotin County, WA	52.54%	52.84%	53.96%	56.25%
Idaho	45.41%	47.21%	49.63%	48.81%
Washington	42.98%	40.38%	44.48%	45.46%

Report Area	2009-10	2010-11	2011-12	2012-13
United States	47.76%	49.24%	48.29%	51.77%



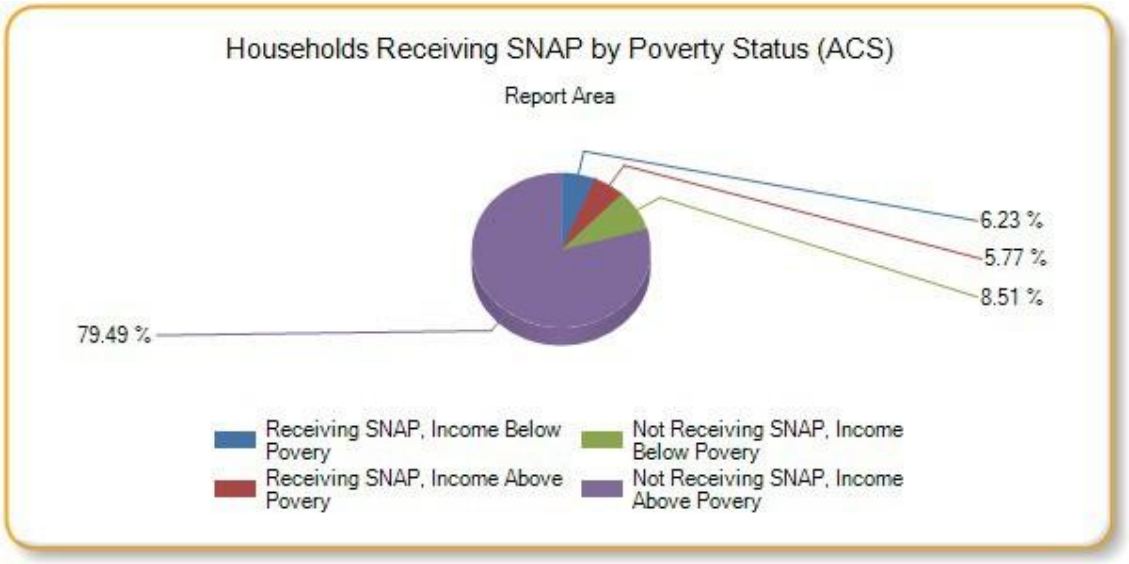
Households Receiving SNAP by Poverty Status (ACS)

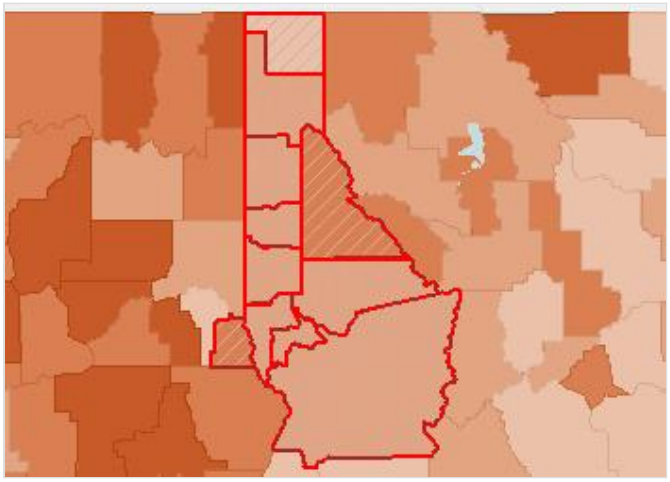
The below table shows that 16628 households (or 12% percent) received SNAP payments during 2013. During this same period there were 11794 households with income levels below the poverty level that were not receiving SNAP payments. The national average is 7.7 percent.

Report Area	Households Receiving SNAP Total	Households Receiving SNAP Percent	Households Receiving SNAP Income Below Poverty	Households Receiving SNAP Income Above Poverty	Households **Not** Receiving SNAP Total	Households **Not** Receiving SNAP Percent	Households **Not** Receiving SNAP Income Below Poverty	Households **Not** Receiving SNAP Income Above Poverty
Report Area	16,628	12%	8,635	7,993	121,942	88%	11,794	110,148
Benewah County, ID	437	11.24%	212	225	3,451	88.76%	317	3,134
Bonner County, ID	1,989	11.44%	1,093	896	15,399	88.56%	1,762	13,637

Report Area	Households Receiving SNAP Total	Households Receiving SNAP Percent	Households Receiving SNAP Income Below Poverty	Households Receiving SNAP Income Above Poverty	Households **Not** Receiving SNAP Total	Households **Not** Receiving SNAP Percent	Households **Not** Receiving SNAP Income Below Poverty	Households **Not** Receiving SNAP Income Above Poverty
Boundary County, ID	362	8.74%	261	101	3,782	91.26%	561	3,221
Clearwater County, ID	327	9.22%	191	136	3,218	90.78%	263	2,955
Idaho County, ID	705	10.79%	401	304	5,829	89.21%	624	5,205
Kootenai County, ID	7,036	12.64%	3,405	3,631	48,643	87.36%	3,971	44,672
Latah County, ID	1,478	9.89%	959	519	13,463	90.11%	2,222	11,241
Lewis County, ID	175	10.54%	112	63	1,485	89.46%	162	1,323
Nez Perce County, ID	1,559	9.73%	803	756	14,460	90.27%	945	13,515
Shoshone County, ID	939	16.43%	496	443	4,775	83.57%	487	4,288
Asotin County, WA	1,621	17.9%	702	919	7,437	82.1%	480	6,957
Idaho	70,901	12.23%	35,891	35,010	508,896	87.77%	48,518	460,378
Washington	358,728	13.64%	162,340	196,388	2,270,398	86.36%	155,200	2,115,198
United States	14,339,330	12.4%	7,498,398	6,840,932	101,270,886	87.6%	8,917,586	92,353,292

Note: Data breakout by demographic groups are not available.
Data Source: US Census Bureau, American Community Survey. Source geography: County





Households Receiving SNAP Benefits, Percent by County, ACS 2009-13

- Over 19.0%
- 14.1 - 19.0%
- 9.1 - 14.0%
- Under 9.1%
- No Data or Data Suppressed
- Report Area

Health Care

Federally Qualified Health Centers

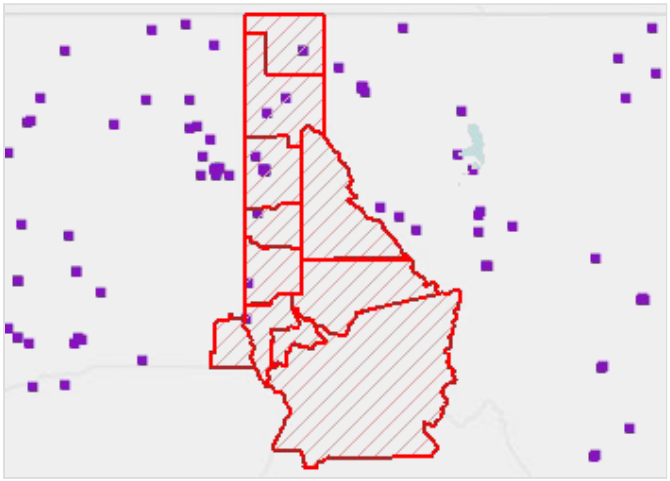
Federally Qualified Health Centers in this selected area.

County	Provider Number	FQHC Name	Address	City	Phone
Benewah County	PN: 131814	BENEWAH	1115 B STREET (P O	PLUMMER	(208) 686-1931

County	Provider Number	FQHC Name	Address	City	Phone
		MEDICAL CENTER	BOX 388)		
Bonner County	PN: 131832	KANIKSU HEALTH SERVICES-SUPERIOR STREET CLINIC	30410 HIGHWAY 200	SANDPOINT	(208) 263-7101
Bonner County	PN: 131847	KANIKSU HEALTH SERVICES	6509 HIGHWAY 2, SUITE 101	PRIEST RIVER	(208) 448-2321
Boundary County	PN: 131822	BOUNDARY REGIONAL COMMUNITY HEALTH CTR	6615 COMACHE STREET	BONNERS FERRY	(208) 267-1718
Boundary County	PN: 131828	BOUNDARY REGIONAL COMMUNITY HEALTH - MOBILE UNIT 1	6635 COMANCHE STREET	BONNERS FERRY	(208) 267-1718
Kootenai County	PN: 131823	DIRNE CHC HOMELESS WALK IN CLINIC	201 EAST HARRISON AVENUE	COEUR D'ALENE	(208) 292-0292
Kootenai County	PN: 131824	DIRNE COMMUNITY HEALTH CENTER	1106 IRONWOOD DRIVE	COEUR D'ALENE	(208) 666-2557
Kootenai County	PN: 131837	DIRNE COMMUNITY HEALTH CENTER - DENTAL CLINIC	1800 LINCOLN WAY, SUITE 203	COEUR D'ALENE	(208) 292-0697
Kootenai County	PN: 131848	DIRNE RATHDRUM CLINIC	14775 N KIMO COURT, SUITE B	RATHDRUM	(208) 687-5627
Kootenai County	PN: 131849	DIRNE CHC UGM CLINIC	196 W HAYCRAFT AVENUE	COEUR D ALENE	(208) 292-0292
Kootenai County	PN: 131850	DIRNE BEHAVIORAL HEALTH AND COUNSELING	2025 W PARK PLACE, SUITE B	COEUR D'ALENE	(208) 620-5210
Latah County	PN: 131853	LATAH COMMUNITY HEALTH	719 S MAIN STREET	MOSCOW	(208) 848-8300

County	Provider Number	FQHC Name	Address	City	Phone
Nez Perce County	PN: 131840	CHAS LEWIS AND CLARK MEDICAL CLINIC	338 6TH STREET	LEWISTON	(208) 848-8300

Note: Data breakout by demographic groups are not available.
Data Source: US Department of Health & Human Services, Center for Medicare & Medicaid Services, Provider of Services File. Source geography: County



Federally Qualified Health Centers by Location, POS June 2014

Report Area

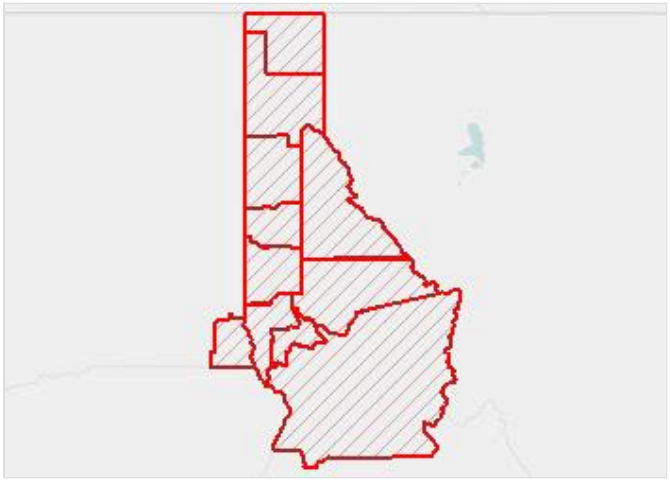
Medicare and Medicaid Providers

Total institutional Medicare and Medicaid providers, including hospitals, nursing facilities, Federally qualified health centers, rural health clinics and community mental health centers for the report area are shown. According to the U.S. Department of Health and Human Services, there were 111 active Medicare and Medicaid institutional service providers in the report area in the third quarter of 2013.

Report Area	Total Institutional Providers	Hospitals	Nursing Facilities	Federally Qualified Health Centers	Rural Health Clinics	Community Mental Health Centers
Report Area	111	13	21	12	9	0
Benewah County, ID	4	1	1	1	1	0
Bonner County, ID	12	1	2	2	0	0
Boundary County, ID	5	1	1	2	1	0
Clearwater County, ID	3	1	1	0	1	0

Report Area	Total Institutional Providers	Hospitals	Nursing Facilities	Federally Qualified Health Centers	Rural Health Clinics	Community Mental Health Centers
Idaho County, ID	7	2	1	0	3	0
Kootenai County, ID	44	3	5	6	0	0
Latah County, ID	12	1	2	0	3	0
Lewis County, ID	14	1	5	1	0	0
Nez Perce County, ID	4	1	2	0	0	0
Shoshone County, ID	6	1	1	0	0	0
Idaho	471	52	77	49	45	0
Washington	1,045	129	225	136	117	0
United States	70,657	7,191	15,683	5,768	4,013	537

Note: Data breakout by demographic groups are not available.
Data Source: US Department of Health & Human Services, Center for Medicare & Medicaid Services, Provider of Services File. Source geography: County



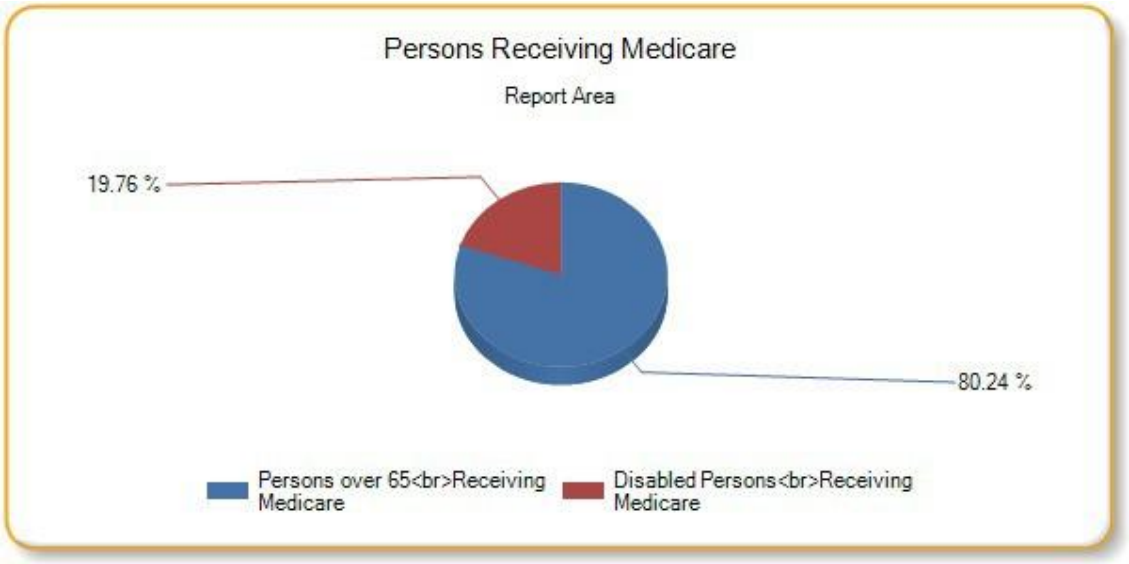
Persons Receiving Medicare

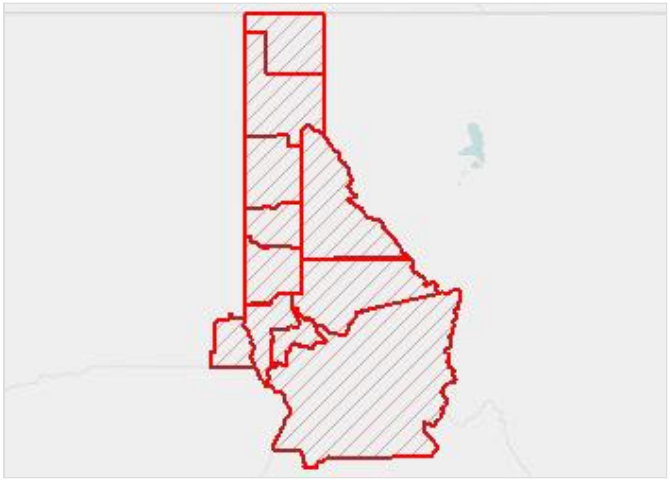
The total number of persons receiving Medicare is shown, broken down by number over 65 and number of disabled persons receiving Medicare for the report area. The U.S. Department of Health and Human Services reported that a total of 76,826 persons were receiving Medicare benefits in the report area in 2012. A large number of individuals in our society are aware that persons over 65 years of age receive Medicare; however,

many of them are unaware that disabled persons also receive Medicare benefits. A total of 15,182 disabled persons in the report area received Medicare benefits in 2012.

Report Area	Persons over 65 Receiving Medicare	Disabled Persons Receiving Medicare	Total Persons Receiving Medicare
Report Area	61,644	15,182	76,826
Benewah County, ID	1,858	585	2,443
Bonner County, ID	7,936	1,782	9,718
Boundary County, ID	2,175	509	2,684
Clearwater County, ID	2,143	577	2,720
Idaho County, ID	3,148	692	3,840
Kootenai County, ID	23,911	5,449	29,360
Latah County, ID	4,357	948	5,305
Lewis County, ID	1,431	458	1,889
Nez Perce County, ID	7,439	2,036	9,475
Shoshone County, ID	2,714	824	3,538
Asotin County, WA	4,532	1,322	5,854
United States	43,739,904	10,384,773	54,124,727

Note: Data breakout by demographic groups are not available.
Data Source: US Department of Health & Human Services, Center for Medicare & Medicaid Services, Provider of Services File. Source geography: County





Access to Primary Care Providers (Including Nurses), Rate per 100,000 Population by Tract, CMS 2012

- Over 150.0
- 50.1 - 150.0
- 25.1 - 50.0
- 0.1 - 25.0
- No Providers
- No Population

- Report Area

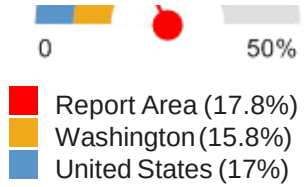
Uninsured Population

The uninsured population is calculated by estimating the number of persons eligible for insurance (generally those under 65) minus the estimated number of insured persons.

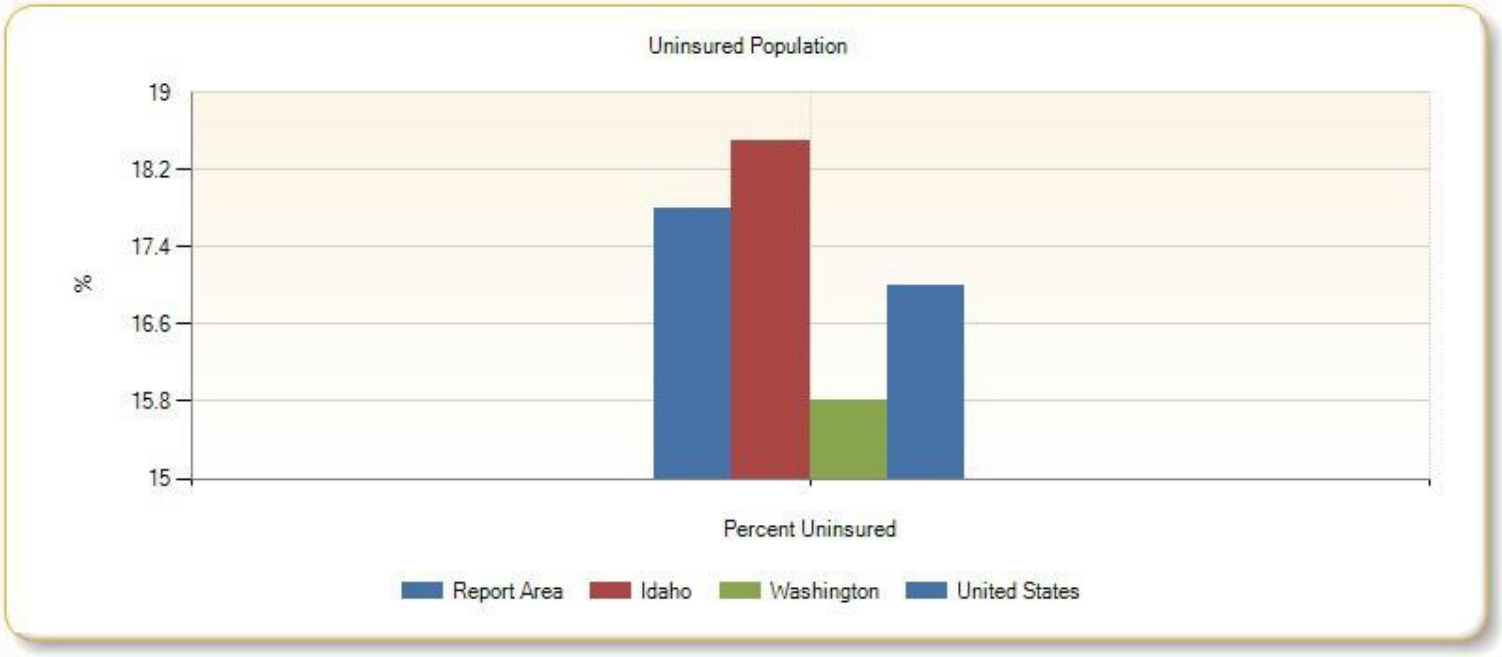
Report Area	Insurance Population	Number Insured	Number Uninsured	Percent Uninsured
Report Area	278,570	229,041	49,528	**17.8%**

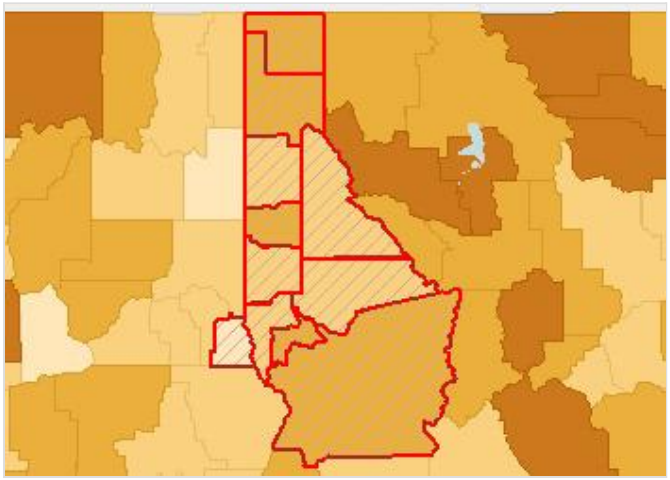
Percent Uninsured

Report Area	Insurance Population	Number Insured	Number Uninsured	Percent Uninsured
Benewah County, ID	7,271	5,691	1,580	**21.7%**
Bonner County, ID	32,380	25,857	6,523	**20.1%**
Boundary County, ID	8,701	6,656	2,045	**23.5%**
Clearwater County, ID	5,950	4,838	1,113	**18.7%**
Idaho County, ID	12,149	9,561	2,588	**21.3%**
Kootenai County, ID	119,032	98,303	20,729	**17.4%**
Latah County, ID	30,943	26,237	4,706	**15.2%**
Lewis County, ID	2,967	2,357	609	**20.5%**
Nez Perce County, ID	31,772	26,527	5,244	**16.5%**
Shoshone County, ID	9,972	8,197	1,775	**17.8%**
Asotin County, WA	17,433	14,817	2,616	**15%**
Idaho	1,355,894	1,105,648	250,246	18.5%
Washington	5,887,630	4,954,447	933,183	15.8%
United States	264,246,236	219,286,188	44,960,048	17%



Note: This indicator is compared with the lowest state average. Data breakout by demographic groups are not available.
Data Source: US Census Bureau, Small Area Health Insurance Estimates. Source geography: County





Uninsured Population, Percent by County, SAHIE 2012

- Over 25.0%
- 20.1 - 25.0%
- 15.1 - 20.0%
- Under 15.1%
- No Data or Data Suppressed

- Report Area

FOOTNOTES

Population Change

Data Background

The American Community Survey (ACS) is a nationwide, continuous survey designed to provide communities with reliable and timely demographic, housing, social, and economic data. The ACS samples nearly 3 million addresses each year, resulting in nearly 2 million final interviews. The ACS replaces the long-form decennial census; however, the number of household surveys reported annually for the ACS is significantly less than the number reported in the long-form decennial census. As a result, the ACS combines detailed population and housing data from multiple years to produce reliable estimates for small counties, neighborhoods, and other local areas. Negotiating between timeliness and accuracy, the ACS annually releases current, one-year estimates for geographic areas with large populations; three-year and five-year estimates are also released each year for additional areas based on minimum population thresholds.

Citation: U.S. Census Bureau: A Compass for Understanding and Using American Community Survey Data (2008).

For more information about this source, including data collection methodology and definitions, refer to the American Community Survey website.

The U.S. Census counts every resident in the United States. It is mandated by Article I, Section 2 of the Constitution and takes place every 10 years. The census collects information about the age, sex, race, and ethnicity of every person in the United States. The data collected by the decennial census determine the number of seats each state has in the U.S. House of Representatives and is also used to distribute billions in federal funds to local communities. For more information about this source, refer to the United States Census 2010 website.

Methodology

Population data for years 2000 and 2010 from the U.S. Census Bureau Decennial Census. Mapped data are summarized to 2010 census tract boundaries. Population change is calculated using the following formula:

Total Change = [Total Population 2010] - [Total Population 2000]

Rate Change = (([Total Population 2010] - [Total Population 2000]) / [Total Population 2000]) * 100

Age and Gender Demographics

Data Background

The American Community Survey (ACS) is a nationwide, continuous survey designed to provide communities with reliable and timely demographic, housing, social, and economic data. The ACS samples nearly 3 million addresses each year, resulting in nearly 2 million final interviews. The ACS replaces the long-form decennial census; however, the number of household surveys reported annually for the ACS is significantly less than the number reported in the long-form decennial census. As a result, the ACS combines detailed population and housing data from multiple years to produce reliable estimates for small counties, neighborhoods, and other local areas. Negotiating between timeliness and accuracy, the ACS annually releases current, one-year estimates for geographic areas with large populations; three-year and five-year estimates are also released each year for additional areas based on minimum population thresholds.

Citation: U.S. Census Bureau: A Compass for Understanding and Using American Community Survey Data (2008).

For more information about this source, including data collection methodology and definitions, refer to the American Community Survey website.

Methodology

Population counts for demographic groups and total area population data are acquired from the U.S. Census Bureau's American Community Survey. Data represent estimates for the 5 year period 2009-2013. Mapped data are summarized to 2010 census tract boundaries. Area demographic statistics are measured as a percentage of the total population based on the following formula:

Percentage = [Subgroup Population] / [Total Population] * 100

For more information on the data reported in the American Community Survey, please see the complete American Community Survey 2013 Subject Definitions.

Notes

Trends Over Time

The American Community Survey (ACS) multi-year estimates are based on data collected over 5 years. The US Census Bureau also performed 10 year counts in 2000 and 2010. Please use caution when comparing 2000 or 2010 Census data to the estimates released through the ACS. Boundary areas may have also changed for sub-county areas.

Race Demographics

Data Background

The American Community Survey (ACS) is a nationwide, continuous survey designed to provide communities with reliable and timely demographic, housing, social, and economic data. The ACS samples nearly 3 million addresses each year, resulting in nearly 2 million final interviews. The ACS replaces the long-form decennial census; however, the number of household surveys reported annually for the ACS is significantly less than the number reported in the long-form decennial census. As a result, the ACS combines detailed population and housing data from multiple years to produce reliable estimates for small counties, neighborhoods, and other local areas. Negotiating between timeliness and accuracy, the ACS annually releases current, one-year estimates for geographic areas with large populations; three-year and five-year estimates are also released each year for additional areas based on minimum population thresholds.

Citation: U.S. Census Bureau: A Compass for Understanding and Using American Community Survey Data (2008).

For more information about this source, including data collection methodology and definitions, refer to the American Community Survey website.

Methodology

Population counts for demographic groups and total area population data are acquired from the U.S. Census Bureau's American Community Survey. Data represent estimates for the 5 year period 2009-2013. Mapped data are summarized to 2010 census tract boundaries. Area demographic statistics are measured as a percentage of the total population based on the following formula:

Percentage = [Subgroup Population] / [Total Population] * 100

For more information on the data reported in the American Community Survey, please see the complete American Community Survey 2013 Subject Definitions.

Notes

Race and Ethnicity

Race and ethnicity (Hispanic origin) are collected as two separate categories in the American Community Survey (ACS) based on methods established by the U.S. Office of Management and Budget (OMB) in 1997. Indicator race and ethnicity statistics are generated from self-identified survey responses. Using the OMB standard, the available race categories in the ACS are: White, Black, American Indian/Alaskan Native, Asian, and Other. An ACS survey respondent may identify as one race alone, or may choose multiple races. Respondents selecting multiple categories are racially identified as "Two or More Races". The minimum ethnicity categories are: Hispanic or Latino, and Not Hispanic or Latino. Respondents may only choose one ethnicity. All social and economic data are reported in the ACS public use files by race alone, ethnicity alone, and for the white non-Hispanic population.

Data Limitations

Beginning in 2006, the population in group quarters (GQ) was included in the ACS. Some types of GQ populations have age and sex distributions that are very different from the household population. The inclusion of the GQ population could therefore have a noticeable impact on demographic distribution. This is particularly true for areas with a substantial GQ population (like areas with military bases, colleges, or jails).

Veterans, Age and Gender Demographics

Data Background

The American Community Survey (ACS) is a nationwide, continuous survey designed to provide communities with reliable and timely demographic, housing, social, and economic data. The ACS samples nearly 3 million addresses each year, resulting in nearly 2 million final interviews. The ACS replaces the long-form decennial census; however, the number of household surveys reported annually for the ACS is significantly less than the number reported in the long-form decennial census. As a result, the ACS combines detailed population and housing data from multiple years to produce reliable estimates for small counties, neighborhoods, and other local areas. Negotiating between timeliness and accuracy, the ACS annually releases current, one-year estimates for geographic areas with large populations; three-year and five-year estimates are also released each year for additional areas based on minimum population thresholds.

Citation: U.S. Census Bureau: A Compass for Understanding and Using American Community Survey Data (2008).

For more information about this source, including data collection methodology and definitions, refer to the American Community Survey website.

Methodology

Counts for population subgroups and total area population data are acquired from the U.S. Census Bureau's American Community Survey (ACS). Data represent estimates for the 5 year period 2009-2013. Data are summarized to 2010 census tract boundaries. Veteran status is classified in the ACS according to yes/no responses to questions 26 and 27. ACS data define civilian veteran as a person 18 years old and over who served (even for a short time), but is not now serving on acting duty in the U.S. Army, Navy, Air Force, Marine Corps or Coast Guard, or who served as a Merchant Marine seaman during World War II. Individuals who have training for Reserves or National Guard but no active duty service are not considered veterans in the ACS.

Indicator statistics are measured as a percentage of the population aged 18 years and older using the following formula:

Percentage = [Veteran Population] / [Total Population Age 18 and up] * 100

For more information on the data reported in the American Community Survey, please see the complete American Community Survey 2013 Subject Definitions.

Notes

Data Limitations

Beginning in 2006, the population in group quarters (GQ) was included in the ACS. Some types of GQ populations have age and sex distributions that are very different from the household population. The inclusion of the GQ population could therefore have a noticeable impact on demographic distribution. This is particularly true for areas with a substantial GQ population (like areas with military bases, colleges, or jails).

Poverty

Data Background

The U.S. Census Bureau's Small Area Income and Poverty Estimates (SAIPE) provides annual estimates at the state, county, and school district level of income and poverty statistics for the administration of federal programs. This data is used to supplement the income and poverty estimates available from the American Community Survey (ACS), which only releases single-year estimates for counties and other areas with population size of 65,000 or more. SAIPE data is modeled using estimates by combining survey data (from the American Community Survey) with population estimates and administrative records (from the SNAP Benefit Program and SSA Administration). For school districts, the SAIPE program uses the model-based county estimates and inputs from federal tax information and multi-year survey data.

For more information, please refer to the US Census Bureau's Small Area Income and Poverty Estimates website.

Methodology

Indicator data are acquired for 2012 from the US Census Bureau's Small Area Income and Poverty Estimates (SAIPE) series. Estimates are modelled by the US Census Bureau using both American Community Survey (ACS) data, as well as SNAP program data and IRS tax statistics. The SAIPE estimates consider a person to be in poverty when their household income is as at or below 100% of the federal poverty level. Poverty rates are calculated as a percentage of the total population based on the following formula:

Percentage = [Poverty Population] / [Total Population] * 100

For more information about the data used in these estimates, please visit the Small Area Income and Poverty Estimates website or view the SAIPE Methodology web page.

Notes

Race and Ethnicity

Statistics by race and ethnicity are not provided for this indicator from the data source. Detailed race/ethnicity data may be available at a broader geographic level, or from a local source.

Poverty Rate Change

Data Background

The U.S. Census Bureau's Small Area Income and Poverty Estimates (SAIPE) provides annual estimates at the state, county, and school district level of income and poverty statistics for the administration of federal programs. This data is used to supplement the income and poverty estimates available from the American Community Survey (ACS), which only releases single-year estimates for counties and other areas with population size of 65,000 or more. SAIPE data is modeled using estimates by combining survey data (from the American Community Survey) with population estimates and administrative records (from the SNAP Benefit Program and SSA Administration). For school districts, the SAIPE program uses the model-based county estimates and inputs from federal tax information and multi-year survey data.

For more information, please refer to the US Census Bureau's Small Area Income and Poverty Estimates website.

Methodology

Indicator data are acquired for 2012 from the US Census Bureau's Small Area Income and Poverty Estimates (SAIPE) series. Estimates are modelled by the US Census Bureau using both American Community Survey (ACS) data, as well as SNAP program data and IRS tax statistics. The SAIPE estimates consider a person to be in poverty when their household income is as at or below 100% of the federal poverty level. Poverty rates are calculated as a percentage of the total population based on the following formula:

Percentage = [Poverty Population] / [Total Population] * 100

For more information about the data used in these estimates, please visit the Small Area Income and Poverty Estimates website or view the SAIPE Methodology web page.

Notes

Trends Over Time

The American Community Survey (ACS) multi-year estimates are based on data collected over 5 years. The US Census Bureau also performed 10 year counts in 2000 and 2010. Please use caution when comparing 2000 or 2010 Census data to the estimates released through the ACS. Boundary areas may have also changed for sub-county areas.

Households in Poverty

Data Background

The American Community Survey (ACS) is a nationwide, continuous survey designed to provide communities with reliable and timely demographic, housing, social, and economic data. The ACS samples nearly 3 million addresses each year, resulting in nearly 2 million final interviews. The ACS replaces the long-form decennial census; however, the number of household surveys reported annually for the ACS is significantly less than the number reported in the long-form decennial census. As a result, the ACS combines detailed population and housing data from multiple years to produce reliable estimates for small counties, neighborhoods, and other local areas. Negotiating between timeliness and accuracy, the ACS annually releases current, one-year estimates for geographic areas with large populations; three-year and five-year estimates are also released each year for additional areas based on minimum population thresholds.

Citation: U.S. Census Bureau: A Compass for Understanding and Using American Community Survey Data (2008).

For more information about this source, including data collection methodology and definitions, refer to the American Community Survey website.

Methodology

Population counts for demographic groups and total area population data are acquired from the U.S. Census Bureau's American Community Survey. Data represent estimates for the 5 year period 2009-2013. Mapped data are summarized to 2010 census tract boundaries. Area demographic statistics are measured as a percentage of the total population based on the following formula:

Percentage = [Subgroup Population] / [Total Population] * 100

For more information on the data reported in the American Community Survey, please see the complete American Community Survey 2013 Subject Definitions.

Notes

Trends Over Time

The American Community Survey (ACS) multi-year estimates are based on data collected over 5 years. The US Census Bureau also performed 10 year counts in 2000 and 2010. Please use caution when comparing 2000 or 2010 Census data to the estimates released through the ACS. Boundary areas may have also changed for sub-county areas.

Poverty Rate (ACS)

Data Background

The American Community Survey (ACS) is a nationwide, continuous survey designed to provide communities with reliable and timely demographic, housing, social, and economic data. The ACS samples nearly 3 million addresses each year, resulting in nearly 2 million final interviews. The ACS replaces the long-form decennial census; however, the number of household surveys reported annually for the ACS is significantly less than the number reported in the long-form decennial census. As a result, the ACS combines detailed population and housing data from multiple years to produce reliable estimates for small counties, neighborhoods, and other local areas. Negotiating between timeliness and accuracy, the ACS annually releases current, one-year estimates for geographic areas with large populations; three-year and five-year estimates are also released each year for additional areas based on minimum population thresholds.

Citation: U.S. Census Bureau: A Compass for Understanding and Using American Community Survey Data (2008).

For more information about this source, including data collection methodology and definitions, refer to the American Community Survey website.

Methodology

Population counts for demographic groups and total area population data are acquired from the U.S. Census Bureau's American Community Survey. Data represent estimates for the 5 year period 2009-2013. Mapped data are summarized to 2010 census tract boundaries. Area demographic statistics are measured as a percentage of the total population based on the following formula:

Percentage = [Subgroup Population] / [Total Population] * 100

For more information on the data reported in the American Community Survey, please see the complete American Community Survey 2013 Subject Definitions.

Notes

Trends Over Time

The American Community Survey multi-year estimates are based on data collected over 5 years. For any given consecutive release of ACS 5-year estimates, 4 of the 5 years overlap. The Census Bureau discourages direct comparisons between estimates for overlapping periods; use caution when interpreting this data.

Race and Ethnicity

Race and ethnicity (Hispanic origin) are collected as two separate categories in the American Community Survey (ACS) based on methods established by the U.S. Office of Management and Budget (OMB) in 1997. Indicator race and ethnicity statistics are generated from self-identified survey responses. Using the OMB standard, the available race categories in the ACS are: White, Black, American Indian/Alaskan Native, Asian, and Other. An ACS survey respondent may identify as one race alone, or may choose multiple races. Respondents selecting multiple categories are racially identified as “Two or More Races”. The minimum ethnicity categories are: Hispanic or Latino, and Not Hispanic or Latino. Respondents may only choose one ethnicity. All social and economic data are reported in the ACS public use files by race alone, ethnicity alone, and for the white non-Hispanic population.

Data Limitations

Beginning in 2006, the population in group quarters (GQ) was included in the ACS. The part of the group quarters population in the poverty universe (for example, people living in group homes or those living in agriculture workers’ dormitories) is many times more likely to be in poverty than people living in households. Direct comparisons of the data would likely result in erroneous conclusions about changes in the poverty status of all people in the poverty universe.

Households in Poverty by Family Type

Data Background

The American Community Survey (ACS) is a nationwide, continuous survey designed to provide communities with reliable and timely demographic, housing, social, and economic data. The ACS samples nearly 3 million addresses each year, resulting in nearly 2 million final interviews. The ACS replaces the long-form decennial census; however, the number of household surveys reported annually for the ACS is significantly less than the number reported in the long-form decennial census. As a result, the ACS combines detailed population and housing data from multiple years to produce reliable estimates for small counties, neighborhoods, and other local areas. Negotiating between timeliness and accuracy, the ACS annually releases current, one-year estimates for geographic areas with large populations; three-year and five-year estimates are also released each year for additional areas based on minimum population thresholds.

Citation: U.S. Census Bureau: A Compass for Understanding and Using American Community Survey Data (2008).

For more information about this source, including data collection methodology and definitions, refer to the American Community Survey website.

Methodology

Population counts for demographic groups and total area population data are acquired from the U.S. Census Bureau's American Community Survey. Data represent estimates for the 5 year period 2009-2013. Mapped data are summarized to 2010 census tract boundaries. Area demographic statistics are measured as a percentage of the total population based on the following formula:

Percentage = [Subgroup Population] / [Total Population] * 100

For more information on the data reported in the American Community Survey, please see the complete American Community Survey 2013 Subject Definitions.

Notes

Trends Over Time

The American Community Survey (ACS) multi-year estimates are based on data collected over 5 years. The US Census Bureau also performed 10 year counts in 2000 and 2010. Please use caution when comparing 2000 or 2010 Census data to the estimates released through the ACS. Boundary areas may have also changed for sub-county areas.

Household Poverty Rate by Family Type

Data Background

The American Community Survey (ACS) is a nationwide, continuous survey designed to provide communities with reliable and timely demographic, housing, social, and economic data. The ACS samples nearly 3 million addresses each year, resulting in nearly 2 million final interviews. The ACS replaces the long-form decennial census; however, the number of household surveys reported annually for the ACS is significantly less than the number reported in the long-form decennial census. As a result, the ACS combines detailed population and housing data from multiple years to produce reliable estimates for small counties, neighborhoods, and other local areas. Negotiating between timeliness and accuracy, the ACS annually releases current, one-year estimates for geographic areas with large populations; three-year and five-year estimates are also released each year for additional areas based on minimum population thresholds.

Citation: U.S. Census Bureau: A Compass for Understanding and Using American Community Survey Data (2008).

For more information about this source, including data collection methodology and definitions, refer to the American Community Survey website.

Methodology

Population counts for demographic groups and total area population data are acquired from the U.S. Census Bureau's American Community Survey. Data represent estimates for the 5 year period 2009-2013. Mapped data are summarized to 2010 census tract boundaries. Area demographic statistics are measured as a percentage of the total population based on the following formula:

Percentage = [Subgroup Population] / [Total Population] * 100

For more information on the data reported in the American Community Survey, please see the complete American Community Survey 2013 Subject Definitions.

Notes

Trends Over Time

The American Community Survey (ACS) multi-year estimates are based on data collected over 5 years. The US Census Bureau also performed 10 year counts in 2000 and 2010. Please use caution when comparing 2000 or 2010 Census data to the estimates released through the ACS. Boundary areas may have also changed for sub-county areas.

Poverty Rate Change (Age 0-17)

Data Background

The U.S. Census Bureau's Small Area Income and Poverty Estimates (SAIPE) provides annual estimates at the state, county, and school district level of income and poverty statistics for the administration of federal programs. This data is used to supplement the income and poverty estimates available from the American Community Survey (ACS), which only releases single-year estimates for counties and other areas with population size of 65,000 or more. SAIPE data is modeled using estimates by combining survey data (from the American Community Survey) with population estimates and administrative records (from the SNAP Benefit Program and SSA Administration). For school districts, the SAIPE program uses the model-based county estimates and inputs from federal tax information and multi-year survey data.

For more information, please refer to the US Census Bureau's Small Area Income and Poverty Estimates website.

Methodology

Indicator data are acquired for 2012 from the US Census Bureau's Small Area Income and Poverty Estimates (SAIPE) series. Estimates are modelled by the US Census Bureau using both American Community Survey (ACS) data, as well as SNAP program data and IRS tax statistics. The SAIPE estimates consider a person to be in poverty when their household income is as at or below 100% of the federal poverty level. Poverty rates are calculated as a percentage of the total population based on the following formula:

Percentage = [Poverty Population] / [Total Population] * 100

For more information about the data used in these estimates, please visit the Small Area Income and Poverty Estimates website or view the SAIPE Methodology web page.

Notes

Trends Over Time

The American Community Survey (ACS) multi-year estimates are based on data collected over 5 years. The US Census Bureau also performed 10 year counts in 2000 and 2010. Please use caution when comparing 2000 or 2010 Census data to the estimates released through the ACS. Boundary areas may have also changed for sub-county areas.

Poverty Rate Change (Age 0-4)

Data Background

The U.S. Census Bureau's Small Area Income and Poverty Estimates (SAIPE) provides annual estimates at the state, county, and school district level of income and poverty statistics for the administration of federal programs. This data is used to supplement the income and poverty estimates available from

the American Community Survey (ACS), which only releases single-year estimates for counties and other areas with population size of 65,000 or more. SAIPE data is modeled using estimates by combining survey data (from the American Community Survey) with population estimates and administrative records (from the SNAP Benefit Program and SSA Administration). For school districts, the SAIPE program uses the model-based county estimates and inputs from federal tax information and multi-year survey data.

For more information, please refer to the US Census Bureau's Small Area Income and Poverty Estimates website.

Methodology

Indicator data are acquired for 2012 from the US Census Bureau's Small Area Income and Poverty Estimates (SAIPE) series. Estimates are modelled by the US Census Bureau using both American Community Survey (ACS) data, as well as SNAP program data and IRS tax statistics. The SAIPE estimates consider a person to be in poverty when their household income is as at or below 100% of the federal poverty level. Poverty rates are calculated as a percentage of the total population based on the following formula:

Percentage = [Poverty Population] / [Total Population] * 100

For more information about the data used in these estimates, please visit the Small Area Income and Poverty Estimates website or view the SAIPE Methodology web page.

Notes

Trends Over Time

The American Community Survey (ACS) multi-year estimates are based on data collected over 5 years. The US Census Bureau also performed 10 year counts in 2000 and 2010. Please use caution when comparing 2000 or 2010 Census data to the estimates released through the ACS. Boundary areas may have also changed for sub-county areas.

Poverty Rate Change (Age 5-17)

Data Background

The U.S. Census Bureau's Small Area Income and Poverty Estimates (SAIPE) provides annual estimates at the state, county, and school district level of income and poverty statistics for the administration of federal programs. This data is used to supplement the income and poverty estimates available from the American Community Survey (ACS), which only releases single-year estimates for counties and other areas with population size of 65,000 or more. SAIPE data is modeled using estimates by combining survey data (from the American Community Survey) with population estimates and administrative records (from the SNAP Benefit Program and SSA Administration). For school districts, the SAIPE program uses the model-based county estimates and inputs from federal tax information and multi-year survey data.

For more information, please refer to the US Census Bureau's Small Area Income and Poverty Estimates website.

Methodology

Indicator data are acquired for 2012 from the US Census Bureau's Small Area Income and Poverty Estimates (SAIPE) series. Estimates are modelled by the US Census Bureau using both American Community Survey (ACS) data, as well as SNAP program data and IRS tax statistics. The SAIPE estimates consider a person to be in poverty when their household income is as at or below 100% of the federal poverty level. Poverty rates are calculated as a percentage of

the total population based on the following formula:

Percentage = [Poverty Population] / [Total Population] * 100

For more information about the data used in these estimates, please visit the Small Area Income and Poverty Estimates website or view the SAIPE Methodology web page.

Notes

Trends Over Time

The American Community Survey (ACS) multi-year estimates are based on data collected over 5 years. The US Census Bureau also performed 10 year counts in 2000 and 2010. Please use caution when comparing 2000 or 2010 Census data to the estimates released through the ACS. Boundary areas may have also changed for sub-county areas.

Child Poverty Rate (ACS) Ages 0-17

Data Background

The American Community Survey (ACS) is a nationwide, continuous survey designed to provide communities with reliable and timely demographic, housing, social, and economic data. The ACS samples nearly 3 million addresses each year, resulting in nearly 2 million final interviews. The ACS replaces the long-form decennial census; however, the number of household surveys reported annually for the ACS is significantly less than the number reported in the long-form decennial census. As a result, the ACS combines detailed population and housing data from multiple years to produce reliable estimates for small counties, neighborhoods, and other local areas. Negotiating between timeliness and accuracy, the ACS annually releases current, one-year estimates for geographic areas with large populations; three-year and five-year estimates are also released each year for additional areas based on minimum population thresholds.

Citation: U.S. Census Bureau: A Compass for Understanding and Using American Community Survey Data (2008).

For more information about this source, including data collection methodology and definitions, refer to the American Community Survey website.

Methodology

Population counts for demographic groups and total area population data are acquired from the U.S. Census Bureau's American Community Survey. Data represent estimates for the 5 year period 2009-2013. Mapped data are summarized to 2010 census tract boundaries. Area demographic statistics are measured as a percentage of the total population based on the following formula:

Percentage = [Subgroup Population] / [Total Population] * 100

For more information on the data reported in the American Community Survey, please see the complete American Community Survey 2013 Subject Definitions.

Notes

Trends Over Time

The American Community Survey (ACS) multi-year estimates are based on data collected over 5 years. The US Census Bureau also performed 10 year counts in 2000 and 2010. Please use caution when comparing 2000 or 2010 Census data to the estimates released through the ACS. Boundary areas may have also changed for sub-county areas.

Child Poverty Rate (ACS) Ages 0-4

Data Background

The American Community Survey (ACS) is a nationwide, continuous survey designed to provide communities with reliable and timely demographic, housing, social, and economic data. The ACS samples nearly 3 million addresses each year, resulting in nearly 2 million final interviews. The ACS replaces the long-form decennial census; however, the number of household surveys reported annually for the ACS is significantly less than the number reported in the long-form decennial census. As a result, the ACS combines detailed population and housing data from multiple years to produce reliable estimates for small counties, neighborhoods, and other local areas. Negotiating between timeliness and accuracy, the ACS annually releases current, one-year estimates for geographic areas with large populations; three-year and five-year estimates are also released each year for additional areas based on minimum population thresholds.

Citation: U.S. Census Bureau: A Compass for Understanding and Using American Community Survey Data (2008).

For more information about this source, including data collection methodology and definitions, refer to the American Community Survey website.

Methodology

Population counts for demographic groups and total area population data are acquired from the U.S. Census Bureau's American Community Survey. Data represent estimates for the 5 year period 2009-2013. Mapped data are summarized to 2010 census tract boundaries. Area demographic statistics are measured as a percentage of the total population based on the following formula:

Percentage = [Subgroup Population] / [Total Population] * 100

For more information on the data reported in the American Community Survey, please see the complete American Community Survey 2013 Subject Definitions.

Notes

Trends Over Time

The American Community Survey (ACS) multi-year estimates are based on data collected over 5 years. The US Census Bureau also performed 10 year counts in 2000 and 2010. Please use caution when comparing 2000 or 2010 Census data to the estimates released through the ACS. Boundary areas may have also changed for sub-county areas.

Child Poverty Rate (ACS) Ages 5-17

Data Background

The American Community Survey (ACS) is a nationwide, continuous survey designed to provide communities with reliable and timely demographic, housing, social, and economic data. The ACS samples nearly 3 million addresses each year, resulting in nearly 2 million final interviews. The ACS replaces the long-

form decennial census; however, the number of household surveys reported annually for the ACS is significantly less than the number reported in the long-form decennial census. As a result, the ACS combines detailed population and housing data from multiple years to produce reliable estimates for small counties, neighborhoods, and other local areas. Negotiating between timeliness and accuracy, the ACS annually releases current, one-year estimates for geographic areas with large populations; three-year and five-year estimates are also released each year for additional areas based on minimum population thresholds.

Citation: U.S. Census Bureau: A Compass for Understanding and Using American Community Survey Data (2008).

For more information about this source, including data collection methodology and definitions, refer to the American Community Survey website.

Methodology

Population counts for demographic groups and total area population data are acquired from the U.S. Census Bureau's American Community Survey. Data represent estimates for the 5 year period 2009-2013. Mapped data are summarized to 2010 census tract boundaries. Area demographic statistics are measured as a percentage of the total population based on the following formula:

Percentage = [Subgroup Population] / [Total Population] * 100

For more information on the data reported in the American Community Survey, please see the complete American Community Survey 2013 Subject Definitions.

Notes

Trends Over Time

The American Community Survey (ACS) multi-year estimates are based on data collected over 5 years. The US Census Bureau also performed 10 year counts in 2000 and 2010. Please use caution when comparing 2000 or 2010 Census data to the estimates released through the ACS. Boundary areas may have also changed for sub-county areas.

Seniors in Poverty

Data Background

The American Community Survey (ACS) is a nationwide, continuous survey designed to provide communities with reliable and timely demographic, housing, social, and economic data. The ACS samples nearly 3 million addresses each year, resulting in nearly 2 million final interviews. The ACS replaces the long-form decennial census; however, the number of household surveys reported annually for the ACS is significantly less than the number reported in the long-form decennial census. As a result, the ACS combines detailed population and housing data from multiple years to produce reliable estimates for small counties, neighborhoods, and other local areas. Negotiating between timeliness and accuracy, the ACS annually releases current, one-year estimates for geographic areas with large populations; three-year and five-year estimates are also released each year for additional areas based on minimum population thresholds.

Citation: U.S. Census Bureau: A Compass for Understanding and Using American Community Survey Data (2008).

For more information about this source, including data collection methodology and definitions, refer to the American Community Survey website.

Methodology

Population counts for demographic groups and total area population data are acquired from the U.S. Census Bureau's American Community Survey. Data represent estimates for the 5 year period 2009-2013. Mapped data are summarized to 2010 census tract boundaries. Area demographic statistics are measured as a percentage of the total population based on the following formula:

Percentage = [Subgroup Population] / [Total Population] * 100

For more information on the data reported in the American Community Survey, please see the complete American Community Survey 2013 Subject Definitions.

Notes

Trends Over Time

The American Community Survey (ACS) multi-year estimates are based on data collected over 5 years. The US Census Bureau also performed 10 year counts in 2000 and 2010. Please use caution when comparing 2000 or 2010 Census data to the estimates released through the ACS. Boundary areas may have also changed for sub-county areas.

Current Unemployment

Data Background

The Bureau of Labor Statistics (BLS) is the principal Federal agency responsible for measuring labor market activity, working conditions, and price changes in the economy. Its mission is to collect, analyze, and disseminate essential economic information to support public and private decision-making. As an independent statistical agency, BLS serves its diverse user communities by providing products and services that are objective, timely, accurate, and relevant.

Methodology

Unemployment statistics are downloaded from the US Bureau of Labor Statistics (BLS) Local Area Unemployment Statistics (LAUS) database. The LAUS is dataset consists of modelled unemployment estimates. It is described by the BLS as follows:

The concepts and definitions underlying LAUS data come from the Current Population Survey (CPS), the household survey that is the official measure of the labor force for the nation. State monthly model estimates are controlled in "real time" to sum to national monthly labor force estimates from the CPS. These models combine current and historical data from the CPS, the Current Employment Statistics (CES) program, and State unemployment insurance (UI) systems. Estimates for seven large areas and their respective balances of State are also model-based. Estimates for the remainder of the sub-state labor market areas are produced through a building-block approach known as the "Handbook method." This procedure also uses data from several sources, including the CPS, the CES program, State UI systems, and the decennial census, to create estimates that are adjusted to the statewide measures of employment and unemployment. Below the labor market area level, estimates are prepared using disaggregation techniques based on inputs from the decennial census, annual population estimates, and current UI data.

From the LAUS estimates, unemployment is recalculated as follows:

Unemployment Rate = [Total Unemployed] / [Total Labor Force] * 100

For more information, please visit the Bureau of Labor Statistics Local Area Unemployment Statistics web page.

Unemployment Change

Data Background

The Bureau of Labor Statistics (BLS) is the principal Federal agency responsible for measuring labor market activity, working conditions, and price changes in the economy. Its mission is to collect, analyze, and disseminate essential economic information to support public and private decision-making. As an independent statistical agency, BLS serves its diverse user communities by providing products and services that are objective, timely, accurate, and relevant.

Methodology

Unemployment statistics are downloaded from the US Bureau of Labor Statistics (BLS) Local Area Unemployment Statistics (LAUS) database. The LAUS is dataset consists of modelled unemployment estimates. It is described by the BLS as follows:

The concepts and definitions underlying LAUS data come from the Current Population Survey (CPS), the household survey that is the official measure of the labor force for the nation. State monthly model estimates are controlled in "real time" to sum to national monthly labor force estimates from the CPS. These models combine current and historical data from the CPS, the Current Employment Statistics (CES) program, and State unemployment insurance (UI) systems. Estimates for seven large areas and their respective balances of State are also model-based. Estimates for the remainder of the sub-state labor market areas are produced through a building-block approach known as the "Handbook method." This procedure also uses data from several sources, including the CPS, the CES program, State UI systems, and the decennial census, to create estimates that are adjusted to the statewide measures of employment and unemployment. Below the labor market area level, estimates are prepared using disaggregation techniques based on inputs from the decennial census, annual population estimates, and current UI data.

From the LAUS estimates, unemployment is recalculated as follows:

Unemployment Rate = [Total Unemployed] / [Total Labor Force] * 100

For more information, please visit the Bureau of Labor Statistics Local Area Unemployment Statistics web page.

Household Income

Data Background

The U.S. Census Bureau's Small Area Income and Poverty Estimates (SAIPE) provides annual estimates at the state, county, and school district level of income and poverty statistics for the administration of federal programs. This data is used to supplement the income and poverty estimates available from the American Community Survey (ACS), which only releases single-year estimates for counties and other areas with population size of 65,000 or more. SAIPE data is modeled using estimates by combining survey data (from the American Community Survey) with population estimates and administrative records (from the SNAP Benefit Program and SSA Administration). For school districts, the SAIPE program uses the model-based county estimates and

inputs from federal tax information and multi-year survey data.

For more information, please refer to the US Census Bureau's Small Area Income and Poverty Estimates website.

Methodology

Total income and total area population data are acquired from the U.S. Census Bureau's American Community Survey. Data represent estimates for the 5 year period 2009-2013. Mapped data are summarized to 2010 census tract boundaries. Per capita income is the mean money income received in the past 12 months computed for every man, woman, and child in a geographic area. It is derived by dividing the total income of all people 15 years old and over in a geographic area by the total population in that area based on the following formula:

Per Capita Income = [Total Income of Population Age 15 and up] / [Total Population]

For more information on the data reported in the American Community Survey, please see the complete American Community Survey 2013 Subject Definitions.

Notes

The data shown represents data acquired though the Census Bureau at the county and state level. Raw figures used to determine the median income were not provided, preventing the inclusion of median income from being calculated for report areas.

Commuter Travel Patterns

Data Background

The American Community Survey (ACS) is a nationwide, continuous survey designed to provide communities with reliable and timely demographic, housing, social, and economic data. The ACS samples nearly 3 million addresses each year, resulting in nearly 2 million final interviews. The ACS replaces the long-form decennial census; however, the number of household surveys reported annually for the ACS is significantly less than the number reported in the long-form decennial census. As a result, the ACS combines detailed population and housing data from multiple years to produce reliable estimates for small counties, neighborhoods, and other local areas. Negotiating between timeliness and accuracy, the ACS annually releases current, one-year estimates for geographic areas with large populations; three-year and five-year estimates are also released each year for additional areas based on minimum population thresholds.

Citation: U.S. Census Bureau: A Compass for Understanding and Using American Community Survey Data (2008).

For more information about this source, including data collection methodology and definitions, refer to the American Community Survey website.

Methodology

Population counts for demographic groups and total area population data are acquired from the U.S. Census Bureau's American Community Survey. Data represent estimates for the 5 year period 2009-2013. Data are summarized to 2010 census tract boundaries. Area demographic statistics are measured as a percentage of the total population using the following formula:

Percentage = [Subgroup Population] / [Total Population] * 100

For more information on the specific data elements reported in the American Community Survey, please see the complete American Community Survey 2013 Subject Definitions.

Travel Time to Work

Data Background

The American Community Survey (ACS) is a nationwide, continuous survey designed to provide communities with reliable and timely demographic, housing, social, and economic data. The ACS samples nearly 3 million addresses each year, resulting in nearly 2 million final interviews. The ACS replaces the long-form decennial census; however, the number of household surveys reported annually for the ACS is significantly less than the number reported in the long-form decennial census. As a result, the ACS combines detailed population and housing data from multiple years to produce reliable estimates for small counties, neighborhoods, and other local areas. Negotiating between timeliness and accuracy, the ACS annually releases current, one-year estimates for geographic areas with large populations; three-year and five-year estimates are also released each year for additional areas based on minimum population thresholds.

Citation: U.S. Census Bureau: A Compass for Understanding and Using American Community Survey Data (2008).

For more information about this source, including data collection methodology and definitions, refer to the American Community Survey website.

Methodology

Population counts for demographic groups and total area population data are acquired from the U.S. Census Bureau's American Community Survey. Data represent estimates for the 5 year period 2009-2013. Data are summarized to 2010 census tract boundaries. Area demographic statistics are measured as a percentage of the total population using the following formula:

Percentage = [Subgroup Population] / [Total Population] * 100

For more information on the specific data elements reported in the American Community Survey, please see the complete American Community Survey 2013 Subject Definitions.

Thirteen Month Unemployment Rates

Data Background

The Bureau of Labor Statistics (BLS) is the principal Federal agency responsible for measuring labor market activity, working conditions, and price changes in the economy. Its mission is to collect, analyze, and disseminate essential economic information to support public and private decision-making. As an independent statistical agency, BLS serves its diverse user communities by providing products and services that are objective, timely, accurate, and relevant.

Methodology

Unemployment statistics are downloaded from the US Bureau of Labor Statistics (BLS) Local Area Unemployment Statistics (LAUS) database. The LAUS is dataset consists of modelled unemployment estimates. It is described by the BLS as follows:

The concepts and definitions underlying LAUS data come from the Current Population Survey (CPS), the household survey that is the official measure of the labor force for the nation. State monthly model estimates are controlled in "real time" to sum to national monthly labor force estimates from the CPS. These models combine current and historical data from the CPS, the Current Employment Statistics (CES) program, and State unemployment insurance (UI) systems. Estimates for seven large areas and their respective balances of State are also model-based. Estimates for the remainder of the sub-state labor market areas are produced through a building-block approach known as the "Handbook method." This procedure also uses data from several sources, including the CPS, the CES program, State UI systems, and the decennial census, to create estimates that are adjusted to the statewide measures of employment and unemployment. Below the labor market area level, estimates are prepared using disaggregation techniques based on inputs from the decennial census, annual population estimates, and current UI data.

From the LAUS estimates, unemployment is recalculated as follows:

Unemployment Rate = [Total Unemployed] / [Total Labor Force] * 100

For more information, please visit the Bureau of Labor Statistics Local Area Unemployment Statistics web page.

Five Year Unemployment Rate

Data Background

The Bureau of Labor Statistics (BLS) is the principal Federal agency responsible for measuring labor market activity, working conditions, and price changes in the economy. Its mission is to collect, analyze, and disseminate essential economic information to support public and private decision-making. As an independent statistical agency, BLS serves its diverse user communities by providing products and services that are objective, timely, accurate, and relevant.

Methodology

Unemployment statistics are downloaded from the US Bureau of Labor Statistics (BLS) Local Area Unemployment Statistics (LAUS) database. The LAUS is dataset consists of modelled unemployment estimates. It is described by the BLS as follows:

The concepts and definitions underlying LAUS data come from the Current Population Survey (CPS), the household survey that is the official measure of the labor force for the nation. State monthly model estimates are controlled in "real time" to sum to national monthly labor force estimates from the CPS. These models combine current and historical data from the CPS, the Current Employment Statistics (CES) program, and State unemployment insurance (UI) systems. Estimates for seven large areas and their respective balances of State are also model-based. Estimates for the remainder of the sub-state labor market areas are produced through a building-block approach known as the "Handbook method." This procedure also uses data from several sources, including the CPS, the CES program, State UI systems, and the decennial census, to create estimates that are adjusted to the statewide measures of employment and unemployment. Below the labor market area level, estimates are prepared using disaggregation techniques based on inputs from the decennial census, annual population estimates, and current UI data.

From the LAUS estimates, unemployment is recalculated as follows:

Unemployment Rate = [Total Unemployed] / [Total Labor Force] * 100

For more information, please visit the Bureau of Labor Statistics Local Area Unemployment Statistics web page.

Educational Attainment

Data Background

The American Community Survey (ACS) is a nationwide, continuous survey designed to provide communities with reliable and timely demographic, housing, social, and economic data. The ACS samples nearly 3 million addresses each year, resulting in nearly 2 million final interviews. The ACS replaces the long-form decennial census; however, the number of household surveys reported annually for the ACS is significantly less than the number reported in the long-form decennial census. As a result, the ACS combines detailed population and housing data from multiple years to produce reliable estimates for small counties, neighborhoods, and other local areas. Negotiating between timeliness and accuracy, the ACS annually releases current, one-year estimates for geographic areas with large populations; three-year and five-year estimates are also released each year for additional areas based on minimum population thresholds.

Citation: U.S. Census Bureau: A Compass for Understanding and Using American Community Survey Data (2008).

For more information about this source, including data collection methodology and definitions, refer to the American Community Survey website.

Methodology

Population counts for population by educational attainment and total area population data are acquired from the U.S. Census Bureau's American Community Survey. Data represent estimates for the 5 year period 2009-2013. Mapped data are summarized to 2010 census tract boundaries. Area demographic statistics are measured as a percentage of the total population aged 25 based on the following formula:

Percentage = [Subgroup Population] / [Total Population Age 25 and up] * 100

For more information on the data reported in the American Community Survey, please see the complete American Community Survey 2013 Subject Definitions.

Notes

Data Limitations

Beginning in 2006, the population in group quarters (GQ) was included in the ACS. Some types of GQ populations may have educational attainment distributions that are different from the household population. The inclusion of the GQ population could therefore have a noticeable impact on the educational attainment distribution. This is particularly true for areas with a substantial GQ population.

Adult Literacy

Data Background

In response to a demand for estimates of the percentage of adults with low literacy in individual states and counties, the National Center for Education Statistics (NCES) has produced estimates of the percentage of adults lacking Basic Prose Literacy Skills (BPLS) for all states and counties in the United States in 2003 and 1992.

Methodology

County indirect estimates were produced applying small area estimation techniques that use a statistical model to relate the estimated percentage of adults lacking Basic Prose Literacy Skills (BPLS) in a county with sample members to predictor variables available from external sources, such as levels of educational attainment obtained from the decennial censuses. On the basis of the observed relationship between the survey county estimates of the percentages lacking BPLS and predictor variables from the external sources, it is possible to estimate the percentage lacking BPLS for any county in the United States using that county's values on the predictor variables.

For more information on methodology used to develop literacy estimates, please see the complete State and County Estimates of Low Literacy.

Veterans - Educational Attainment

Data Background

The American Community Survey (ACS) is a nationwide, continuous survey designed to provide communities with reliable and timely demographic, housing, social, and economic data. The ACS samples nearly 3 million addresses each year, resulting in nearly 2 million final interviews. The ACS replaces the long-form decennial census; however, the number of household surveys reported annually for the ACS is significantly less than the number reported in the long-form decennial census. As a result, the ACS combines detailed population and housing data from multiple years to produce reliable estimates for small counties, neighborhoods, and other local areas. Negotiating between timeliness and accuracy, the ACS annually releases current, one-year estimates for geographic areas with large populations; three-year and five-year estimates are also released each year for additional areas based on minimum population thresholds.

Citation: U.S. Census Bureau: A Compass for Understanding and Using American Community Survey Data (2008).

For more information about this source, including data collection methodology and definitions, refer to the American Community Survey website.

Methodology

Counts for population subgroups and total area population data are acquired from the U.S. Census Bureau's American Community Survey (ACS). Data represent estimates for the 5 year period 2009-2013. Data are summarized to 2010 census tract boundaries. Veteran status is classified in the ACS according to yes/no responses to questions 26 and 27. ACS data define civilian veteran as a person 18 years old and over who served (even for a short time), but is not now serving on acting duty in the U.S. Army, Navy, Air Force, Marine Corps or Coast Guard, or who served as a Merchant Marine seaman during World War II. Individuals who have training for Reserves or National Guard but no active duty service are not considered veterans in the ACS. Indicator statistics are measured as a percentage of the population aged 18 years and older using the following formula:

Percentage = [Veteran Population] / [Total Population Age 18 and up] * 100

For more information on the data reported in the American Community Survey, please see the complete American Community Survey 2013 Subject Definitions.

Notes

Data Limitations

Beginning in 2006, the population in group quarters (GQ) was included in the ACS. Some types of GQ populations have age and sex distributions that are very different from the household population. The inclusion of the GQ population could therefore have a noticeable impact on demographic distribution. This is particularly true for areas with a substantial GQ population (like areas with military bases, colleges, or jails).

Housing Age

Data Background

The American Community Survey (ACS) is a nationwide, continuous survey designed to provide communities with reliable and timely demographic, housing, social, and economic data. The ACS samples nearly 3 million addresses each year, resulting in nearly 2 million final interviews. The ACS replaces the long-form decennial census; however, the number of household surveys reported annually for the ACS is significantly less than the number reported in the long-form decennial census. As a result, the ACS combines detailed population and housing data from multiple years to produce reliable estimates for small counties, neighborhoods, and other local areas. Negotiating between timeliness and accuracy, the ACS annually releases current, one-year estimates for geographic areas with large populations; three-year and five-year estimates are also released each year for additional areas based on minimum population thresholds.

Citation: U.S. Census Bureau: A Compass for Understanding and Using American Community Survey Data (2008).

For more information about this source, including data collection methodology and definitions, refer to the American Community Survey website.

Methodology

Counts of housing units by age and condition are acquired from the U.S. Census Bureau's American Community Survey. Data represent estimates for the 5 year period 2009-2013. Mapped data are summarized to 2010 census tract boundaries. Area estimates are developed at the U.S. Census Bureau, and given as a value for each geographic area. Raw counts are not provided, inhibiting the ability to produce median ages for report areas.

For more information on the data reported in the American Community Survey, please see the complete American Community Survey 2013 Subject Definitions.

Homeowners

Data Background

The American Community Survey (ACS) is a nationwide, continuous survey designed to provide communities with reliable and timely demographic, housing, social, and economic data. The ACS samples nearly 3 million addresses each year, resulting in nearly 2 million final interviews. The ACS replaces the long-form decennial census; however, the number of household surveys reported annually for the ACS is significantly less than the number reported in the long-form decennial census. As a result, the ACS combines detailed population and housing data from multiple years to produce reliable estimates for small counties, neighborhoods, and other local areas. Negotiating between timeliness and accuracy, the ACS annually releases current, one-year estimates for geographic areas with large populations; three-year and five-year estimates are also released each year for additional areas based on minimum population thresholds.

Citation: U.S. Census Bureau: A Compass for Understanding and Using American Community Survey Data (2008).

For more information about this source, including data collection methodology and definitions, refer to the American Community Survey website.

Methodology

Population counts for household program participation and total household data are acquired from the U.S. Census Bureau's American Community Survey. Data represent estimates for the 5 year period 2008-2012. Mapped data are summarized to 2010 census tract boundaries. This indicator is a measure of population-level living conditions based on structure type. A structure is a separate building that either has open spaces on all sides or is separated from other structures by dividing walls that extend from ground to roof. This data subdivides the inventory of housing units into one-family homes, apartments (of various size), and mobile homes. Area statistics are measured as a percentage of total occupied households based on the following formula:

Percentage = [Population in Housing Type] / [Total Population] * 100

For more information on the data reported in the American Community Survey, please see the complete American Community Survey 2012 Subject Definitions.

Notes

Race and Ethnicity

Statistics by race and ethnicity are not provided for this indicator from the data source. Detailed race/ethnicity data may be available at a broader geographic level, or from a local source.

Vacancy Rates

Data Background

The US Department of Housing and Urban Development (HUD) is a department of the Federal Government enacted to secure affordable housing for all Americans. With numerous housing assistance programs available, HUD acts to support home ownership, access to affordable housing free from discrimination, and community development.

Methodology

The US Department of Housing and Urban Development (HUD) is a department of the Federal Government enacted to secure affordable housing for all Americans. With numerous housing assistance programs available, HUD acts to support home ownership, access to affordable housing free from discrimination, and community development.

The United States Postal Service (USPS) supplies data to HUD on addresses that have been either identified as "vacant" or "No-Stat" for the previous reporting period, and HUD allows this data to be explored by researchers and practitioners for use in tracking neighborhood change.

Number of Unsafe, Unsanitary Homes

Data Background

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Citation: U.S. Census Bureau: A Compass for Understanding and Using American Community Survey Data (2008).

For more information about this source, including data collection methodology and definitions, refer to the American Community Survey website.

Methodology

Population counts for household program participation and total household data are acquired from the U.S. Census Bureau's American Community Survey. Data represent estimates for the 5 year period 2008-2012. Mapped data are summarized to 2010 census tract boundaries. This indicator is a measure of population-level living conditions based on structure type. A structure is a separate building that either has open spaces on all sides or is separated from other structures by dividing walls that extend from ground to roof. This data subdivides the inventory of housing units into one-family homes, apartments (of various size), and mobile homes. Area statistics are measured as a percentage of total occupied households based on the following formula:

Percentage = [Population in Housing Type] / [Total Population] * 100

For more information on the data reported in the American Community Survey, please see the complete American Community Survey 2012 Subject Definitions.

Notes

Race and Ethnicity
Statistics by race and ethnicity are not provided for this indicator from the data source. Detailed race/ethnicity data may be available at a broader geographic level, or from a local source.

Income Levels

Data Background

The American Community Survey (ACS) is a nationwide, continuous survey designed to provide communities with reliable and timely demographic, housing, social, and economic data. The ACS samples nearly 3 million addresses each year, resulting in nearly 2 million final interviews. The ACS replaces the long-form decennial census; however, the number of household surveys reported annually for the ACS is significantly less than the number reported in the long-form decennial census. As a result, the ACS combines detailed population and housing data from multiple years to produce reliable estimates for small counties, neighborhoods, and other local areas. Negotiating between timeliness and accuracy, the ACS annually releases current, one-year estimates for geographic areas with large populations; three-year and five-year estimates are also released each year for additional areas based on minimum population thresholds.

Citation: U.S. Census Bureau: A Compass for Understanding and Using American Community Survey Data (2008).

For more information about this source, including data collection methodology and definitions, refer to the American Community Survey website.

Methodology

Total income and total area population data are acquired from the U.S. Census Bureau's American Community Survey. Data represent estimates for the 5 year period 2009-2013. Mapped data are summarized to 2010 census tract boundaries. Per capita income is the mean money income received in the past 12 months computed for every man, woman, and child in a geographic area. It is derived by dividing the total income of all people 15 years old and over in a geographic area by the total population in that area based on the following formula:

Per Capita Income = [Total Income of Population Age 15 and up] / [Total Population]

For more information on the data reported in the American Community Survey, please see the complete American Community Survey 2013 Subject Definitions.

Notes

The data shown represents data acquired though the Census Bureau at the county and state level. Raw figures used to determine the median income were not

provided, preventing the inclusion of median income from being calculated for report areas.

Household Income

Data Background

The U.S. Census Bureau's Small Area Income and Poverty Estimates (SAIPE) provides annual estimates at the state, county, and school district level of income and poverty statistics for the administration of federal programs. This data is used to supplement the income and poverty estimates available from the American Community Survey (ACS), which only releases single-year estimates for counties and other areas with population size of 65,000 or more. SAIPE data is modeled using estimates by combining survey data (from the American Community Survey) with population estimates and administrative records (from the SNAP Benefit Program and SSA Administration). For school districts, the SAIPE program uses the model-based county estimates and inputs from federal tax information and multi-year survey data.

For more information, please refer to the US Census Bureau's Small Area Income and Poverty Estimates website.

Methodology

Total income and total area population data are acquired from the U.S. Census Bureau's American Community Survey. Data represent estimates for the 5 year period 2009-2013. Mapped data are summarized to 2010 census tract boundaries. Per capita income is the mean money income received in the past 12 months computed for every man, woman, and child in a geographic area. It is derived by dividing the total income of all people 15 years old and over in a geographic area by the total population in that area based on the following formula:

Per Capita Income = [Total Income of Population Age 15 and up] / [Total Population]

For more information on the data reported in the American Community Survey, please see the complete American Community Survey 2013 Subject Definitions.

Notes

The data shown represents data acquired though the Census Bureau at the county and state level. Raw figures used to determine the median income were not provided, preventing the inclusion of median income from being calculated for report areas.

Free and Reduced Lunch Program

Data Background

The National Center for Education Statistics (NCES) is the primary federal entity for collecting, analyzing, and reporting data related to education in the United States and other nations. It fulfils a congressional mandate to collect, collate, analyze, and report full and complete statistics on the condition of education in the United States; conduct and publish reports and specialized analyses of the meaning and significance of such statistics; assist state and local education agencies in improving their statistical systems; and review and report on education activities in foreign countries.
Citation: Documentation to the NCES Common Core of Data Public Elementary/Secondary School Universe Survey (2013).

The National Center for Education Statistics releases a dataset containing detailed information about every public school in the United States in their annual Common Core of Data (CCD) files. The information from which this data is compiled is supplied by state education agency officials. The CCD reports information about both schools and school districts, including name, address, and phone number; descriptive information about students and staff demographics; and fiscal data, including revenues and current expenditures.

For more information, please visit the Common Core of Data web page.

Methodology

The National School Lunch Program is a federally assisted meal program operating in public and nonprofit private schools and residential child care institutions. Children from families with incomes at or below 130 percent of the poverty level are eligible for free meals. Those with incomes between 130 percent and 185 percent of the poverty level are eligible for reduced-price meals, for which students can be charged no more than 40 cents.

Total student counts and counts for students eligible for free and reduced price lunches are acquired for the school year 2012-2013 from the NCES Common Core of Data (CCD) Public School Universe Survey. Point locations for schools are obtained by mapping the latitude and longitude coordinates for each school provided in the CCD file. School-level data is summarized to the county, state, and national levels for reporting purposes. For more information, please see the complete dataset documentation.

Notes

Race and Ethnicity
Statistics by race and ethnicity are not provided for this indicator from the data source. Detailed race/ethnicity data may be available at a broader geographic level, or from a local source.

Households Receiving SNAP by Poverty Status (ACS)

Data Background

The American Community Survey (ACS) is a nationwide, continuous survey designed to provide communities with reliable and timely demographic, housing, social, and economic data. The ACS samples nearly 3 million addresses each year, resulting in nearly 2 million final interviews. The ACS replaces the long-form decennial census; however, the number of household surveys reported annually for the ACS is significantly less than the number reported in the long-form decennial census. As a result, the ACS combines detailed population and housing data from multiple years to produce reliable estimates for small counties, neighborhoods, and other local areas. Negotiating between timeliness and accuracy, the ACS annually releases current, one-year estimates for geographic areas with large populations; three-year and five-year estimates are also released each year for additional areas based on minimum population thresholds.

Citation: U.S. Census Bureau: A Compass for Understanding and Using American Community Survey Data (2008).

For more information about this source, including data collection methodology and definitions, refer to the American Community Survey website.

Methodology

Population counts for household program participation and total household data are acquired from the U.S. Census Bureau's American Community Survey. Data represent estimates for the 5 year period 2009-2013. Mapped data are summarized to 2010 census tract boundaries. This indicator is a measure of household-level SNAP participation based on survey response about "receipts of food stamps or a food stamp benefit card in the past 12 months" by one or more household members. Area statistics are measured as a percentage of total occupied households based on the following formula:

Percentage = [Participating Households] / [Total Households] * 100

For more information on the data reported in the American Community Survey, please see the complete American Community Survey 2013 Subject Definitions.

Federally Qualified Health Centers

Data Background

Providers of Service (POS) data is compiled quarterly by Research and Planning Consultants, LP (RPC) for the Centers for Medicare and Medicaid Services (CMS). The Provider of Services (POS) Extract is created from the QIES (Quality Improvement Evaluation System) database. These data include provider number, name, and address and characterize the participating institutional providers. The data are collected through the Centers for Medicare & Medicaid Services (CMS) Regional Offices. The file contains an individual record for each Medicare-approved provider and is updated quarterly.

Methodology

Population figures are acquired for this indicator from the U.S. Census Bureau, 2010 Decennial Census, Summary File 1. Addresses for all active federally qualified health centers (FQHCs) were acquired from the Centers for Medicare and Medicaid Services (CMS) Providers of Service (POS) data file from June 2014. FQHC addresses were geocoded using the ESRI ArcGIS Online API to obtain the coordinates (point-location) of each facility. The resulting point location file was intersected with standard geographic areas (tracts, counties, and states) to generate a count of the total FQHCs in each area.

Medicare and Medicaid Providers

Data Background

Providers of Service (POS) data is compiled quarterly by Research and Planning Consultants, LP (RPC) for the Centers for Medicare and Medicaid Services (CMS). The Provider of Services (POS) Extract is created from the QIES (Quality Improvement Evaluation System) database. These data include provider number, name, and address and characterize the participating institutional providers. The data are collected through the Centers for Medicare & Medicaid Services (CMS) Regional Offices. The file contains an individual record for each Medicare-approved provider and is updated quarterly.

Methodology

Population figures are acquired for this indicator from the U.S. Census Bureau, 2010 Decennial Census, Summary File 1. Addresses for all active federally qualified health centers (FQHCs) were acquired from the Centers for Medicare and Medicaid Services (CMS) Providers of Service (POS) data file from June 2014. FQHC addresses were geocoded using the ESRI ArcGIS Online API to obtain the coordinates (point-location) of each facility. The resulting point location file was intersected with standard geographic areas (tracts, counties, and states) to generate a count of the total FQHCs in each area.

Persons Receiving Medicare

Data Background

Providers of Service (POS) data is compiled quarterly by Research and Planning Consultants, LP (RPC) for the Centers for Medicare and Medicaid Services (CMS). The Provider of Services (POS) Extract is created from the QIES (Quality Improvement Evaluation System) database. These data include provider number, name, and address and characterize the participating institutional providers. The data are collected through the Centers for Medicare & Medicaid Services (CMS) Regional Offices. The file contains an individual record for each Medicare-approved provider and is updated quarterly.

Methodology

Indicator percentages are acquired for 2012 from Centers for Medicare and Medicaid Services (CMS) Chronic Conditions Warehouse. The data used in the chronic condition reports are based upon CMS administrative enrollment and claims data for Medicare beneficiaries enrolled in the fee-for-service program. Beneficiaries who died during the year are included up to their date of death if they meet the other inclusion criteria. Chronic condition prevalence estimates are calculated by CMS by taking the beneficiaries with a particular condition divided by the total number of beneficiaries in our fee-for-service population, expressed as a percentage. For more information and to view the original data, please visit the CMS Chronic Conditions web page.

Uninsured Population

Data Background

The Small Area Health Insurance Estimates (SAHIE) program was created to develop model-based estimates of health insurance coverage for counties and states. It is currently the only dataset providing complete health-insurance coverage estimates. The models predict state and county level insurance estimates for total populations, as well as population groups defined by age, sex, race and income.

The SAHIE program models health insurance coverage by combining survey data with population estimates and administrative records. SAHIE estimates are a product of the US Census Bureau with funding from the Centers for Disease Control and Prevention.

The SAHIE health insurance models use data from the following sources:

- *American Community Survey*
- *Internal Revenue Service: Federal Tax Returns*
- *Supplemental Nutrition Assistance Program (SNAP): Participation Records*
- *County Business Patterns*
- *Medicaid and Children's Health Insurance Program (CHIP): Participation Records*
- *US Census 2010*

Methodology

Counts of the number of persons without medical insurance are modelled for the Small Area Income and Health Insurance Estimates (SAHIE) datasets by the Census Bureau using both survey and census data. In this reporting platform, indicator percentages are summarized from the SAHIE estimates based on the following formula:

Percentage = SUM [Uninsured Population] / SUM [Total Population] * 100

For more information about the data used in these estimates, please visit the Small Area Health Insurance Estimates website and view the provided Data Inputs page.

Report prepared by Community Commons, May 13, 2015.

Consumer Satisfaction Surveys 2017

POMP Surveys

Congregate Meals

*470 surveys distributed with 336 completed (71% return)

Overall Quality		**Smells**	**Looks**	**Tastes**	**Variety**	**Hot/ cold**	**Cooked**	**Recommend to others**
Satisfaction with Quality: 94.05%		**Satisfaction with the Food**						
		91.37%	91.96%	92.56%	91.96%	92.26%	92.26%	90.48%

Home Delivered Meals

*228 surveys distributed with 103 completed (45% return)

Overall Quality		**Smells**	**Looks**	**Tastes**	**Variety**	**Hot/ cold**	**Cooked**	**Recommend to others**
Satisfaction with Quality: 80.39%		**Satisfaction with the Food**						
		90.20%	91.18%	94.12%	91.18%	93.14%	89.22%	90.20%

Transportation

*288 surveys distributed with 98 completed (34% return)

Overall Quality		**On-time pick up**	**Polite driver**	**Easy to get into**	**Comfortable vehicle**	**On-time arrival**	**Takes to place needing to go**	**Recommend to others**
Satisfaction with Quality: 95.83%		**Satisfaction with staff and vehicle**						
		96.88%	95.83%	94.79%	94.79%	95.83%	94.79%	95.83%

Caregiver

*18 surveys distributed with 10 completed (56% return)

Satisfaction with Quality: 100.00%

Recommend to others
100.00%

Satisfaction with Quality: 86.20%		**Is honest**	**Handles things with care**	**Respect privacy**	**Friendly**	**Respectful**	**Appearance is clean**
		Satisfaction with staff					
		94.82%	96.55%	94.82%	93.10%	98.27%	98.27%