We are of this place, not just from it.

COMMUNITY HEALTH NEEDS ASSESSMENT

FY 2020-2022

Essentia Health-St. Mary's Hospital (Cottonwood)

Essentia Health

Table of Contents

Lead Parties on the Assessment

Executive Summary

St. Mary's Hospital in Cottonwood, Idaho, is part of Essentia Health, a nonprofit, integrated health system caring for patients in Minnesota, Wisconsin, North Dakota and Idaho. Essentia Health is called to make a healthy difference in people's lives. To fulfill that mission, we seek opportunities to both enhance the care we provide and improve the health of our communities.

> Essentia Health is called to make a healthy difference in people's lives

Every three years, each Essentia Health hospital conducts a Community Health Needs Assessment (CHNA) to systematically identify, analyze and prioritize community health needs. The process is conducted in collaboration with many community partners including other health care systems, local public health departments, and organizations or individuals that represent broad interests in the community, including members of medically underserved, low-income, and populations at higher health risk.

Once priority health needs are identified, Essentia Health designed an implementation strategy to address the needs with internal stakeholders and community partners. The plan is designed to leverage existing community strengths and resources available to improve health.

From November 2018 to May 2019, Essentia Health analyzed data, convened community partners, sought input from community members, and led a process to identify the following priority areas for the 2020–2022 Community Health Needs Assessment:

1. Mental health education and support
2. Access to transportation
3. Access to quality care

The 2020-2022 Implementation Plan outlines the multiple objectives, activities and strategies to address each priority area.

Mental health education and support: Improve overall mental health and well-being in our service areas with a focus on suicide prevention/early intervention and addressing lack of education and stigma. Develop a curriculum to support education and communication within our communities.

Access to care: Develop a multi-pronged solution to the lack of transportation for our patients to obtain medical care, therapy services, healthy food, and medication.

Quality Care for Kids: 1.) Establish a licensed child care facility for employees and community members. 2) Support after-school and summer programs to ensure kids have a safe place to be. 3) Develop and implement a mentoring program for at-risk adolescents in our community.

Introduction

Essentia Health is called to make a healthy difference in people's lives. To fulfill that mission, we seek opportunities to both enhance the care we provide and improve the health of our communities. In conducting the Community Health Needs Assessment, Essentia Health has collaborated with community partners to embrace these guiding principles:
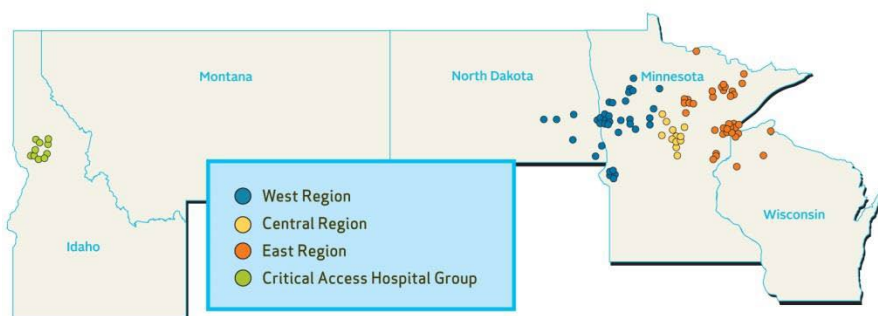
Essentia Health at a Glance

Essentia Health
together as one—
for the needs of all

14,079 total employees
907 physicians
920 advanced practitioners
12,252 other staff
68 clinics
15 hospitals
7 long-term care facilities
5 ambulance services
2 assisted living facilities
4 independent living facilities
1 research & education institute

St. Mary's Hospital serves all or part of Idaho, Lewis, and Clearwater counties in frontier northcentral Idaho. The hospital is located in Cottonwood, Idaho. Primary care clinics are located in the towns of Cottonwood, Kamiah, Grangeville, Nez Perce and Craigmont.

St. Mary's Hospital is a Level 4 Trauma Center and Critical Access Hospital. It offers emergency care 24 hours a day, seven days a week.

Residents of these counties are older and poorer than average, have high rates of suicide and stroke death, and are at increased risk for diabetes and other chronic conditions. The area has a high suicide rate for the state, and one of the highest suicide rates in the nation.

Residents are also at greater than national risk for not receiving preventive care services due to challenges of poverty and being in the state with the lowest rate of physicians per capita in the nation. This tri-county region is home to approximately 29,000 residents, who are among the most medically isolated in the Pacific Northwest.

These three counties span a service area the size of Maryland and Delaware combined. With an overall population density of just 2.5 people per square mile (1), each target county in the region is designated not only as rural (2), but as "frontier." Frontier regions are defined as the most geographically remote, sparsely populated, and undeveloped terrain in the United States. This designation represents significant access barriers, limited wellness resources, and resultant health disparities for area residents.

The service area also contains large tracts of the Nez Perce Reservation. The Reservation is home to an estimated 3,300 (3) members of the Nimiipuu tribe, descended from the Native Americans who first guided Lewis and Clark through this region in 1805. The Nimiipuu experience rurality-related health disparities, as well as additional disparities characteristic of Native American populations such as cirrhosis, diabetes mellitus, unintentional injuries, assault/homicide, intentional self-harm/suicide, and chronic lower respiratory diseases. (4)

[1] Calculated from 2013 population and land mass data found at:
http://quickfacts.census.gov/qfd/states/16000.html
[2] Confirmed by the National Center for Frontier Communities, www.frontierus.org/documents/2010_frontier-areaslist.htm
[3] Montana BCC, at www.mbcc.mt.gov/data/SAC/Tribal/IDAggreg.pdf.
[4] Disparities Fact Sheet by Indian Health Services, at https://www.ihs.gov/newsroom/factsheets/disparities/

Hospital Service Area

St. Mary's Hospital and Clinics (SMH) serves Idaho County and surrounding areas with 25 hospital beds and primary care clinics in Cottonwood, Craigmont, Nezperce, Grangeville, and Kamiah. Doctors rotate between these clinics in two counties. Established in 1930 as a Catholic facility by the Sisters of St. Benedict, the SMH system provided more than 20,000 outpatient visits last year. Doctors also round on hospital patients, deliver babies and cover the emergency department. The regional medical center is about an hour away, in Lewiston. Tertiary care is three hours away, in Spokane.

Thanks to our mission and our Benedictine roots, Essentia addresses the health needs of the area's most underserved populations. Residents of these counties are older and poorer than average, have high rates of suicide and stroke death, and are at increased risk for diabetes and other chronic conditions. The area has a high suicide rate for the state, and one of the highest suicide rates in the nation. Residents are also at greater than national risk for not receiving preventive care services due to challenges of poverty and being in the state with the lowest rate of physicians per capita in the nation.

Demographics & Socioeconomic Factors

Table A. Overall demographics (2013-2017)

Total Population	Clearwater County	Lewis County	Idaho County	Idaho	United States
Population	8,758	3,861	16,513	1,754,208	321,004,407
Population age 65 and over (%)	27.1%	25.5%	27%	15.4%	15.6%
Poverty					
Median household income	41,122	40,313	40,299	50,985	57,652
People of all ages living in poverty (%)	15.7%	14.4%	15.1%	14.5%	12.3%
People under 18 years living in poverty (%)	14.8%	19.2%	14.4%	17.8	
Unemployment rate	6.9%	5.9%	4.9%	3.2%	4.0%
Educational Attainment					
High school graduate or higher, percent, 2013-2017	89.4%	89.7%	89.9%	90.2%	87.3%
Population ages 25+ with bachelor's degree or higher	17.4%	16.3%	19.1%	26.8%	30.9%
Housing					
Percent of owner-occupied homes (%)	76.8%	73.9%	79.1%	69.2%	63.8%
Population spending more than 30% of income on rent (%)	*not available	*not available	*not available	45.8% (2017)	49.5% (2017))
Transportation					
Households with no motor vehicle available (%)	2.9%	5.8%	5%	4.2%	8.8%
Source: U.S. Census Bureau 2018, American Community Survey					

Table B. Race/Ethnicity Distribution (2017)

Race Distribution										
Race	Clearwater County	%	Lewis County	%	Idaho County	%	Idaho	%	United States	%
Total Population	8,533		3,824		16,275		1,657,375		321,004,407	
One Race	8,366	98%	3,703	96.8%	15,915	97.8%	1,613,461	97.4%	310,923,363	96.9%
White	7,979	93.5%	3,364	88%	15,195	93.4%	1,507,880	91.0%	234,370,202	73%
Black or African American	19	.2%	4	.1%	36	.2%	11,231	.7%	40,610,815	12.7%
American Indian and Alaska Native	188	2.2%	282	7.4%	524	3.2%	21,323	1.3%	2,632,102	.8%
Asian	46	.5%	30	.8%	45	.3%	22,720	1.4%	17,186,320	5.4%
Native Hawaiian/ Pacific Islander	30	.4%	1	.0%	15	.1%	2,343	.1%	570,116	.2%
Other Race	104	1.2%	22	.6%	100	.6%	47,964	2.9%	15.553,808	4.8%
Two or More Races	167	2.0%	121	3.2%	360	2.2%	43,914	2.6%	10,081,044	3.1%
Hispanic or Latino	332	3.9%	166	4.3%	523	3.2%	201,978	12.2%	56,510,571	17.6%
Source: U.S. Census Bureau 2017, American Community Survey										

County level data is used for all three counties served by St. Mary's Hospital and Clearwater Valley Hospitals: Clearwater, Lewis, and Idaho counties. Due to the frontier nature of the service area, data for populations smaller than county level is frequently unavailable or of limited value. North Central Idaho is one of the most remote and rugged regions in one of the nation's most rural states. Residents of these frontier counties experience profound medical isolation resulting from primary care provider shortages, great distances to care, high poverty, lack of insurance, and numerous other contributing factors. As a result, they experience poor health indicators and outcomes related to chronic disease states, including diabetes prevalence and mortality, obesity rates, hypertension prevalence, depression and suicide rates, and colon cancer prevalence and mortality. These conditions serve as the focus of community benefit interventions.

Evaluation of 2016 – 2019 Implementation Plan

During 2016-2019 SMH-CVHC addressed significant needs identified in the 2016 assessment: access to care; obesity and other contributors to chronic disease; and mental health. With few exceptions, the hospitals played the primary role in establishing the framework for progress in each of these areas. The following describes significant accomplishments and outcomes.

Priority Area #1: Access to Care

To address access to care, the hospitals increased the number of residents who have at least one annual health contact that could result in a measurable impact on their health. To do this, the hospitals created a corps of 11 community health workers (CHW) to serve three Idaho counties. This team held screening events, and, as part of the events, they performed HgbA1c testing; administered FIT tests screening for colon cancer; and conducted depression, body mass index (BMI), and blood pressure screenings. They were trained to lead CDSMP classes (Stanford Chronic Disease Self-Management Program), and referred patients to DSME (Diabetes Self-Management Education) and DPP (Diabetes Prevention Program) classes which were conducted by our partners. They created walking events and assisted in developing trails, community gardens and education centers.

A corps of community health workers varying from 3.0 to 4.25 FTE (full-time equivalent) staff conducted outreach events over a tri-county region from May 2017 to April 2019, and events are ongoing. Events were coordinated with Public Health, Tribal Health, and multiple social service agencies and community partners. They were conducted in settings which included food banks, workplaces, senior centers, and even livestock auctions. Residents were screened for at least one of the following: blood pressure, body mass index, A1C (blood sugar), colon cancer, depression, access to primary care provider, and health insurance status. Approximately 4,997 individuals, or about 6% of the total population, attended these outreach events. Community health workers provided 1,793 blood pressure checks and 1,559 blood sugar tests for diabetes. The FIT test target was met with 252 tests for community members. There were 281 participants who requested assistance in establishing care in a patient-centered medical home and over two-thirds of those requests were filled within two months.

The community health workers screened nearly 5,000 people at more than 167 events from May 2017 through April 2019, reaching approximately 6% of the population in the tri-county area. After June 2017, when a new screening question was added, it was discovered that more than 100 of those screened had not seen a doctor in the previous three years.

The hospitals also worked to improve the rate of residents who obtain, retain, and use health insurance. The hospitals utilized local insurance brokers, the State Affordable Care Act Marketplace, and CHNA consortium members to provide navigation services to existing resources.

As of December 2016, a full-time benefits counselor had been hired to serve Idaho, Lewis, and Clearwater counties. The counselor is far exceeding her targets. From May 2017 to April 2018, she has assisted 2,103 people with enrolling, retaining, or using their insurance coverage: 629 previously uninsured individuals attained coverage and an additional 867 people verified renewal of insurance coverage. In addition to the target numbers, the human impact of the program is high.

Priority Area #2: Obesity and other Contributors to Chronic Disease

To address obesity and other contributors to chronic disease, the hospitals have continued to develop and build community wellness resources. To do this, the hospitals are partnering with CHNA consortium members to increase health literacy and the use of health resources among residents. Actions taken by this partnership will include: improving residents' knowledge of healthy eating, active living, and other prevention measures; and introducing and marketing wellness classes and other initiatives, including the Diabetes Prevention Program and community gardens to multiple communities.

All participants who were screened at outreach events received prevention and self-care guidance which corresponded with their personal level of risk. The guidance included links to community-based wellness resources. In all, 3,768 attendees agreed to be screened for obesity.

Community health workers serve as "early detection agents," and represent a warm front door into primary care. Screenings help to identify residents at moderate to high risk for chronic disease. These individuals receive referrals to an appropriate level of provider, with a timeline to be seen (e.g. within 24 hours, within two months). Community health workers will support participants to clear socio-economic barriers – insurance, transportation, scheduling. Improved access to primary care, including HRSA-funded Medical Home Plus clinics, will lead to more timely interventions and better-controlled conditions. Timely access to care will lead to improved population health outcomes and population health status over time – healthier individuals and healthier communities.

There were four cohorts of the CDC-approved National Diabetes Prevention Program offered in two different locations from May 2017 through April 2019. A total of 63 participants were involved in those cohorts with average attendance of 17 out of 24 sessions. That gives an average total of meetings attended at 1,062.

Finally, three events were held in conjunction with elementary schools involving 63 families. Education was on healthy meal planning and shopping on a budget as well as fun activities for increasing physical activity for the whole family.

Priority Area #3: Mental Health Status

To address mental health status, the hospitals have worked to improve awareness, screening, and access to care by partnering with St. Alphonsus, the University of Utah, and CHNA consortium members. This partnership conducted screenings and enhanced access to care by conducting screenings in clinics, health fairs and outreach events; and providing access to psychiatrists via telehealth. Additionally, the hospitals have hired behavioral health specialists in both facilities.

From May 2017 to April 2019, 692 outreach individuals were screened for mental health status. These participants all received self-care guidance based on their risk levels, as well as links to community resources.

Between May 2017 and April 2019, 347 telehealth visits were conducted at Clearwater Valley Hospital and Clinics and St. Mary's Hospital. This provided help that people would have otherwise had to drive for six hours to receive.
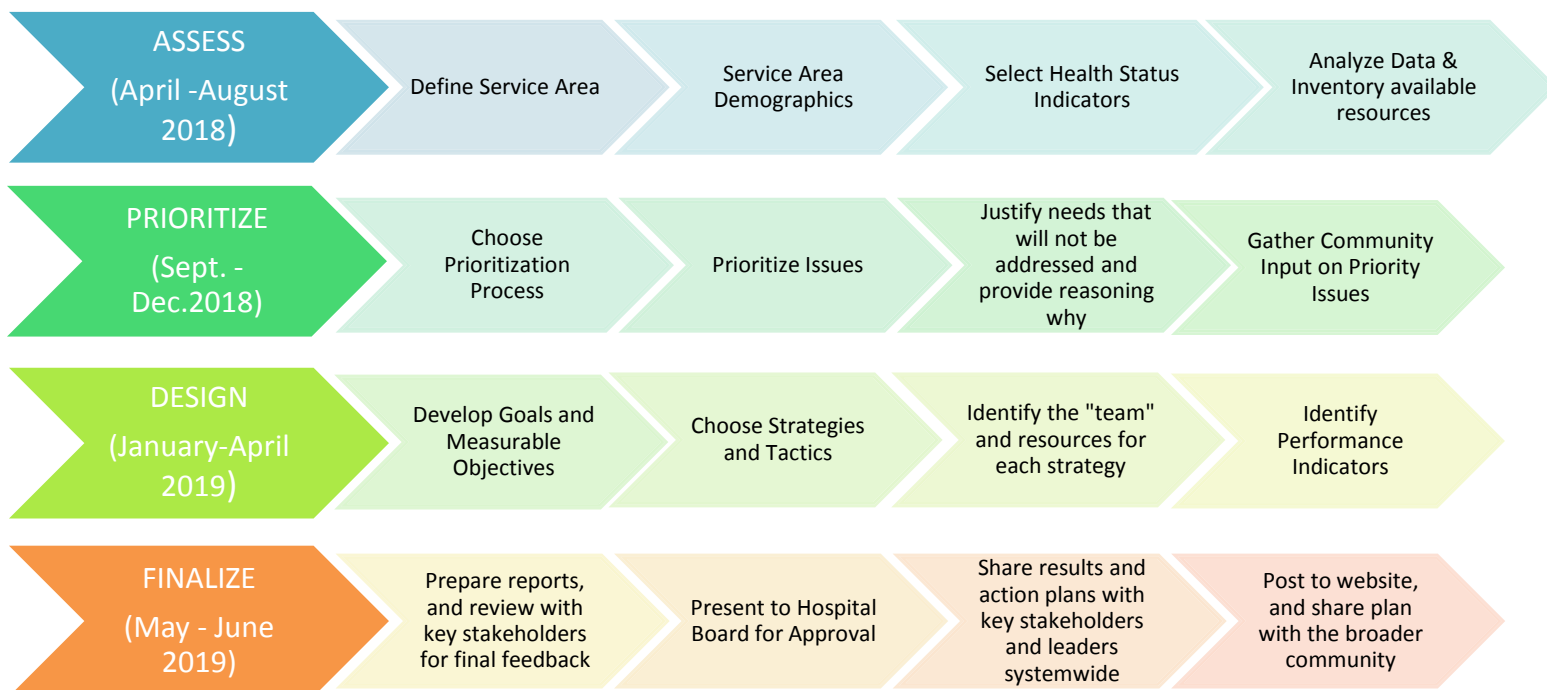
2020-2022 CHNA Process and Timeline

Essentia Health's Community Health Advisory Committee developed a shared plan for the 15 hospitals within the system. The plan was based on best practices from the Catholic Hospital Association and lessons learned from the 2016-2019 CHNA process. The process was designed to:

- Incorporate input from persons representing broad interests of the community
- Collaborate with local public health and other health care providers
- Utilize multiple sources of public health data to make data-driven decisions

Each individual hospital worked with community partners to carry out the plan in their service area. Aspects of the plan were adapted to meet the unique needs of each location. Hospital leadership teams and local hospital boards received and approved each implementation plan, followed by final approval by the Essentia Health Board of Directors. The following visual describes the assessment steps and timeline.

Timeline

ASSESS (April -August 2018)	Define Service Area	Service Area Demographics	Select Health Status Indicators	Analyze Data & Inventory available resources
PRIORITIZE (Sept. - Dec.2018)	Choose Prioritization Process	Prioritize Issues	Justify needs that will not be addressed and provide reasoning why	Gather Community Input on Priority Issues
DESIGN (January-April 2019)	Develop Goals and Measurable Objectives	Choose Strategies and Tactics	Identify the "team" and resources for each strategy	Identify Performance Indicators
FINALIZE (May - June 2019)	Prepare reports, and review with key stakeholders for final feedback	Present to Hospital Board for Approval	Share results and action plans with key stakeholders and leaders systemwide	Post to website, and share plan with the broader community

Adoption of implementation strategy: St. Mary's Hospital Board of Directors approved the Community Health Needs Assessment and implementation strategy on June 18, 2019.

Assess

Every three years, St. Mary's and Clearwater Valley Hospitals conduct a community health needs assessment (CHNA) for the Idaho, Clearwater, and Lewis counties. The CHNA is an evaluation of key health indicators of the community.

The following outline explains the process that St. Mary's Hospital followed to conduct the CHNA. Each process is described in more detail throughout the report.

- Formation of a CHNA Steering Committee
- Definition of the community served by the Steering Committee
- Demographics of the community were collected and reviewed
- Data collection and analysis was conducted through online and in-person surveys and interviews
- Identification and prioritization of community health needs and services necessary to meet community health needs
- Adoption of goals and implementation strategy to respond to prioritized needs in collaboration with community partners
- Dissemination of priorities and implementation strategy to the public.

Due to the rural nature of the community, data for populations smaller than county level are frequently unavailable or of limited value. In the assessment, data is presented at the county and state level.

The CHNA Steering committee included a diverse set of stakeholders representing interested of the community. The committee was tasked with completing key objectives outlined by the IRS CHNA requirements, including the identification of health issues and prioritized health needs within the community. These partners were selected to ensure the assessment process was guided by community stakeholders that represent the broad interests of the community. As such, the partners represented the public health perspective and the interests of members of medically underserved, low-income, and minority populations, or individuals.

Data was reviewed and discussed with the steering committee. Organizations represented on the steering committee included:

- Grangeville Board of Education
- UpRiver Youth Coalition
- Camas Prairie Food Bank
- Local business leaders
- Cottonwood Chamber of Commerce
- Grangeville Police Department
- North Idaho Correctional Institute
- Cottonwood City Police Department
- Cottonwood Senior Center
- Prairie High School
- Grangeville High School
- St. Mary's Hospital

Community Input

Primary Data

A community survey was published online and distributed by the steering committee and St. Mary's staff. The survey was developed based on an existing template utilized by Idaho Public Health, North Central Region among its affiliates and citizens, and augmented to capture input regarding unique health-related characteristics that exists within the St. Mary's service area. Results from the community survey can be found in Appendix A.

Secondary Data

Secondary data was collected from the following major sources:

- Idaho Bureau of Vital Statistics
- Idaho Youth Risk Behavior Survey
- County Health Rankings
- Medicaid.gov
- National Vital Statistics

The secondary data includes a variety of service areas, state and national measures to present a community profile, birth and death characteristics, access to health care, chronic diseases, social issues, and other demographic characteristics. Data was collected and presented at the service area level and wherever possible, compared to Alaska and National Benchmarks. County Health Rankings data is aggregated from the following national data sources: the Behavioral Risk Factor Surveillance System (BRFSS); National Vital Statistics System (NVSS); and US Census Bureau's Small Area Health Insurance Estimates (SAHIE) program. This report presents a summary that highlights the data findings, presents key priorities identified through the CHNA, and PSMCC Board-approved implementation plan. Participants in focus groups or key informant interviews came from the following areas:

- Cottonwood Board of Education
- Grangeville Board of Education
- UpRiver Youth Coalition
- Camas Prairie Food Bank
- Community members
- Cottonwood Chamber of Commerce
- North Idaho Correctional Institute
- Cottonwood City Police Department
- Cottonwood Senior Center
- Prairie Elementary/Junior/Senior High School
- Grangeville High School
- St. Mary's employees
- Camas Prairie Christian Coalition

Prioritize

Needs were prioritized based on the following criteria:

- *Alignment with facility's strengths/priorities/mission*
- *Magnitude – number of people impacted by problem*
- *Severity – the rate or risk of morbidity and mortality*
- *Opportunity for partnership*

The data review process included a formal prioritization based on key learnings from the "Results Based Accountability" process, which takes health priorities based on the criteria: size of the problem, seriousness of the problem, and effectiveness of available interventions.

The CHNA steering committee convened after individually rating the health issues to come up with the top priorities as a group. Three priorities were identified by the CHNA Steering Committee:

1. Access to quality child care
2. Mental health education and support
3. Transportation needs

Significant needs not addressed in the CHNA: Other issues identified through the process but not included among the top three priorities included lack of mental health counselors, school nurses, assisted living housing, family housing, and memory care facilities. Whenever possible we will seek to address these needs, in part, through the selected priorities as some of them are interrelated. Other identified issues will continue to be evaluated and strategies will be sought whenever possible.

Key Findings

Priority #1 Mental Health Education and Support

Supporting Data:

35% of students in grades 9-12 in Idaho stated they felt sad or hopeless more than half the time.

This is a priority because of the growing number of deaths by suicide in the state of Idaho.

Between 2013 and 2017, 110 Idaho school children (ages 6-18) died by suicide; 25 of those deaths were among children age 14 or younger. In Idaho, Clearwater, and Lewis counties we have seen a dramatic increase in at-risk behaviors, hospital and ER visits, and Emergency Services calls in children under the age of 18.

Sources: https://www.hhs.gov/ash/oah/facts-and-stats/national-and-state-data-sheets/adolescent-mental-health-fact-sheets/idaho/index.html

https://healthandwelfare.idaho.gov/Portals/0/Users/145/93/2193/Fact%20Sheet_September%202018.pdf

Community Input:

- Input from the community included statements that reflected the frustration at the lack of services and the desire to focus on what we can do to help.
    - "Heath education and mental health counseling would really add to the overall health of the community."
    - "We have many needs that are not being met based on our lack of mental health resources and education, along with rampant drug use. We need resources to help educate kids and parents alike on warning signs and what to do when a problem is identified."
    - "Our community is in desperate need of mental health treatment professionals and facilities."
    - "We lack mental health information and facilities to help those who struggle with their mental health. This area is on the CDC for suicide and our state ranks number 1 in suicide. Idaho needs help, starting small and helping communities such as ours is desperately needed. We need resources and education to help protect our kids and our families."

Community Strengths and Resources Available:

Idaho and Lewis counties currently do not have specific services aimed at addressing mental health issues in children under age 18; however, in this small, rural population there are many faith-based organizations, youth groups, and a strong 4-H program to help engage children and give them a sense of purpose. In Clearwater County, the Community Health Action Team offers suicide prevention training for the community, distributes gunlocks for those that want them, and the school district provides training to teachers to help identify and deal with mental health issues in students. Additionally, a "crisis intervention" facility is being created to help the hospital provide "respite" care on a short-term basis.

Priority #2 Access to Quality Day Care

Supporting Data:

There are 193 children (ages 0-14 years old) in Cottonwood, Idaho, whose parents do not have an option to take their children to a certified day care.

This is a priority because parents, married or single, need a consistent and dependable day care option that's certified and trained to care for their children.

https://factfinder.census.gov/faces/nav/jsf/pages/community_facts.xhtml?src=bkmk

Community Input:

- "For 30 years the issue of child care has been an issue in the community of Cottonwood, where the hospital and clinic are located. The working environment has changed for families but the option to have children looked after and cared for has not."

- "There is a critical need for quality child care in our area for infants through pre-school aged children."

- "There is a significant lack of resources in our area, most notably the absence of a licensed day care facility. For many working families, especially in single-parent households, it is imperative that they have access to a state-certified day care in order to receive day care assistance. If they don't have adequate, affordable child care, they simply cannot work. That burdens an already overwhelmed welfare system and only exacerbates the problems we currently see in our youth today. It's also important in this area of low wages and incomes that a "sliding scale" system of payment be built in."

Community Strengths and Resources Available:

Currently there are two private providers in the city of Cottonwood that have been an important resource for the community for many years. However, space is extremely limited and both providers are unlicensed. Working with these existing providers, along with other area businesses with a vested interest in recruiting and staffing, and bringing more people into the area such as doctors, nurses, teachers, and support industries, will be critical to the viability of creating and staffing a licensed facility with greater access and assistance eligibility. Additionally, the Center for Discovery provides limited after-school and summer programs and provides an excellent foundation/model to move forward with developing and expanding these types of services.

Priority #3 Access to Reliable Transportation

Supporting Data:

Data: Lewis County, Idaho County, and Clearwater County, all have between 14-30% of people who are either over the age of 65 or people with a disability under the age of 65. This is a population that is vulnerable in regards to transportation.

This is a priority because everyone should have an opportunity to receive medical care, appointments, and food.

Source: https://www.census.gov/quickfacts/fact/table/ID,idahocountyidaho,lewiscountyidaho,clearwatercountyidaho/PST045218

Community Input:

Transportation barriers were frequently cited as barriers to health care access in our extremely rural and vast region. Transportation barriers lead to rescheduled or missed appointments, delayed care, and missed or delayed medication use, as well as the inability to access food and medications. This leads to poorer management of chronic illness and poorer health outcomes.

Some information from the surveyed community members cited:
- o Lack of visiting nurse services for homebound seniors
- o No existing public transportation
- o Lack of volunteer resources to provide rides or delivery services
- o The people who are most sick or in need are least able to obtain them

Community Strengths and Resources Available:

This is a largely unaddressed priority in the region and work on this is in its infancy. With the absence of any type of public transportation, significant work will need to be done. There is one home-delivery option provided by an independent company but their scope of service and area is inadequate to meet the demand.

Design

Essentia Health worked with internal stakeholders as well as community partners to design a strategy to address each of the priority needs identified in the CHNA process. The plan outlines actions that will be taken to respond to the identified community needs including results, indicators, partners, and action steps.

The implementation plan is a three-year plan to address priority needs. The implementation plan will be reviewed annually, with progress shared with hospital leadership and the Board of Directors on an annual basis.

No written comments were received from the 2013 CHNA. Any comments would have been taken into consideration in this report.

Conclusion

As a nonprofit health system, Essentia Health is called to make a healthy difference in people's lives. This needs assessment illustrates the importance of collaboration between our hospitals and community partners. By working collaboratively, we can have a positive impact on the identified health needs in our community in FY 2020-2022.

For questions or comments about the community health needs assessment, please contact: chna.comments@essentiahealth.org

Copies of this plan can be downloaded from our website: https://www.essentiahealth.org/about/chna/
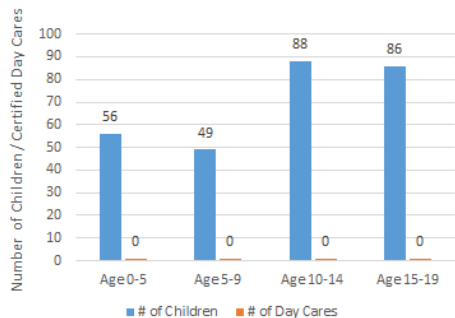
Essentia Health – St. Mary's Hospital, Idaho

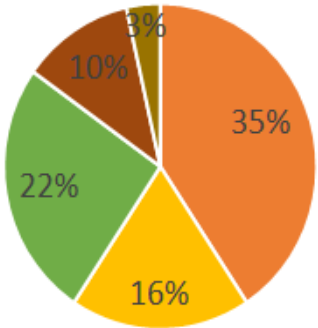**Our Mission:** Healthy Families, Fulfilled Lives.

St. Mary's Hospital will work with community partners to address each aspect of this implementation plan with mutually reinforcing activities. The hospital will work to carry out this implementation plan utilizing a multi-sector coalition-based approach. St. Mary's Hospital will consider the prioritized health needs identified through this community health needs assessment and develop implementation strategies to address each need. The purpose of the implementation strategy is to develop a clear set of goals to respond to the priorities identified through the CHNA. St. Mary's Hospital will also identify the resources the hospital plans to commit to address the health need. Because partnership is important to addressing health needs, St. Mary's will identify and implement planned collaborations between St. Mary's and other facilities or organizations in addressing the prioritized health needs.
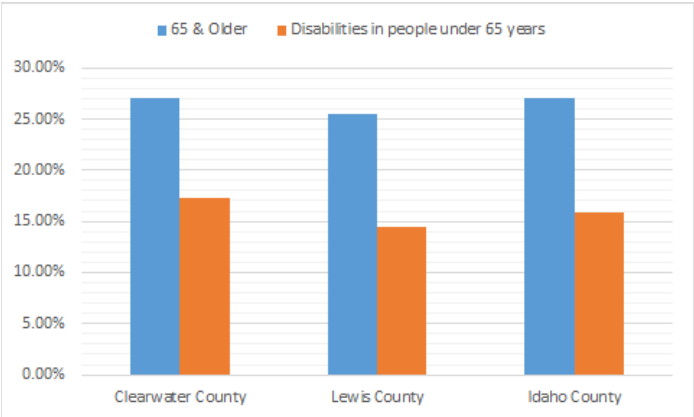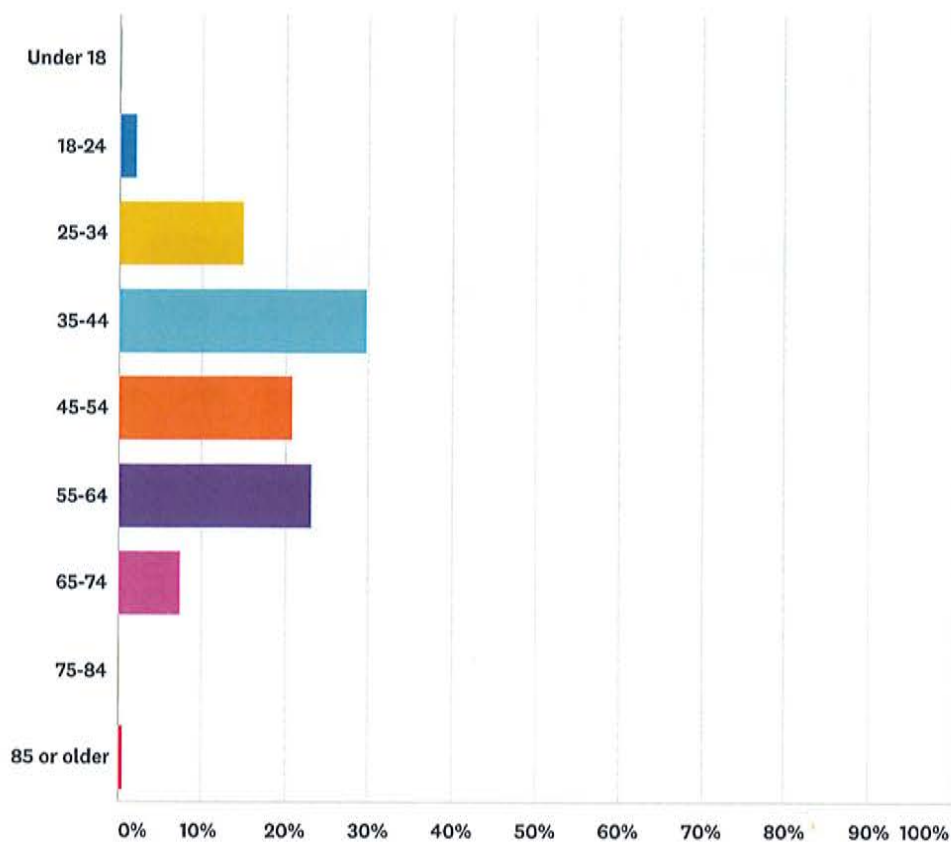
Our Results

Children have quality day care	Children are healthy in mind, body and spirit	People are able to access health care, healthy food and medicine

Our Indicators

Number of licensed day care providers	Percentage of students reporting depression	Number of elderly and disabled people who cannot drive
Absence of after-school programs for pre-teens and teens	Percentage of students who have contemplated suicide	No public transportation exists in service area
Percentage of two-parent working families	Percentage of students who have attempted suicide resulting in injury	People live far away from services such as hospitals, food banks, and pharmacies.

19

Result: Children have quality care	
Indicators	**Partners who can help**
Children vs. number of day cares in Cottonwood, ID **Families with children under 18: 47%** **Single males with children under 18: 2.8%** **Single females with children under 18: 10.5%** (American Community Survey, 2018)	• City of Cottonwood • North Idaho Correction Institute • Local business owners • Planning and Zoning Commission • Area schools/Parent-Teacher Organizations (Cottonwood Elementary, Summit Academy) • Grant writers • Department of Health and Human Services • State licensing agencies • Potential donors • St. Mary's Hospital Foundation • Cottonwood Chamber of Commerce
Story behind the data	**What we are going to do**
Factors that have contributed to improvements: ● Two private providers have provided limited services for many years in the area. ● Small after-school and summer program provides a safe, fun, educational and economical place for kindergarten to third grade **Limiting factors:** ● Higher cost rates ● Larger staff base caring for your child ● Lack of dedicated space/building ● Lack of available staffing ● Regulatory requirements ● Lack of resources and education to establish a new business	**Strategy #1: Establish a licensed day care facility in Cottonwood** Action Steps: ● Meet with current local providers to explore the barriers to licensing and space issues ● Form a committee of interested parties from the community to address the lack of a licensed day care and design a path forward ● Partner with other area licensed providers to assess the viability of creating a sustainable day care in this area. **Strategy #2: Enhance existing after-school and summer programs** Action Steps: ● Partner with the Center for Discovery to learn how we can enhance existing after-school and summer programs and increase availability.

Result: Children are healthy in mind, body and spirit

Indicators	Partners who can help
Idaho Adolescent Mental Health Facts 9th -12th grade ■ Depression symptoms ■ Depressive episodes ■ Seriously considered atempting suicide ■ Attempted suicide 1 or more times ■ Attempted suicide resulting in an injury, poisoning, or overdose that had to be treated by a doctor 3% 10% 35% 22% 16% (Source: HHS, 2017)	• Family Services • Local schools • Parents • Teachers • Law enforcement • Public health department • St. Mary's Hospital & Clinics • Local churches and youth groups • Paraprofessionals

Story Behind the Data	What we are going to do
Factors that have contributed to improvements: ● Prevention programs in schools ● Mental health awareness ● Suicide awareness ● Crisis Center ● Counselors ● Psychologists **Limiting factors:** ● Financials ● Availability ● Transportation ● Inconvenient ● Want to handle on own ● Perceived ineffectiveness ● Stigma ● Thoughts would get better ● Problem was not severe	**Strategy #1: Implement suicide prevention campaign** Action Steps: ● Provide enhanced "Gatekeeper Training" for communities ● Explore training lay people in the community to deal with crisis intervention **Strategy #2: Implement student "mental wellness" curriculum** Action Steps: ● Implement a regular "mental wellness" program within the area schools **Strategy #3: Establish "road to recovery" support programs** Action Steps: ● Form a committee to work with the Idaho Behavioral Health Board and other organizations to identify support programs and recovery groups that could be tailored to the needs of the communities such as: ● Drug/alcohol recovery ● Cancer support groups ● Sexual abuse support ● Suicide/self-harming support

Result: People have access to health care, food and medicine	
Indicators	**Partners who can help**
Vulnerable Populations ◼ 65 & Older ◼ Disabilities in people under 65 years 30.00% 25.00% 20.00% 15.00% 10.00% 5.00% 0.00% Clearwater County Lewis County Idaho County (American Community Survey, 2018)	• Uber/Lyft • County/City • Grant partners • Pharmacies • Ambulance services • Volunteers • Food banks • Senior centers • DHW • Meals on Wheels • Service organizations – Elks, Lions, Eagles, Masons, etc. • Idaho Department of Transportation • Food banks
Story behind the Data	**What we are going to do**
Factors that have contributed to improvements: • Community health workers • Referrals/case management • Gas vouchers **Limiting factors:** • Check travel referrals/Shawna • No public transportation • Existing services don't cover enough area • Low incomes • Inability to drive • Limited handicapped access • Large disabled population • Rural living • Roads conditions, weather	**Strategy #1: Purchasing our own transportation** Action Steps: • Explore options for purchasing/owning transportation to accommodate patient visits, pharmacy, and food deliveries. • Establish a committee to investigate other non-profit models for this service. **Strategy #2: Create "volunteer-based" system** Action Steps: • Establish a corps of volunteers to help transport and make deliveries as needed. • Identify and prioritize most underserved areas within large service area with high "at risk" population.

Q1 To which of the following age groups do you currently belong:

Answered: 319   Skipped: 0

ANSWER CHOICES	RESPONSES	
Under 18	0.31%	1
18-24	2.19%	7
25-34	15.05%	48
35-44	29.78%	95
45-54	21.00%	67
55-64	23.20%	74
65-74	7.52%	24
75-84	0.31%	1
85 or older	0.63%	2
TOTAL		319

Q2 Are you:

Answered: 309   Skipped: 10
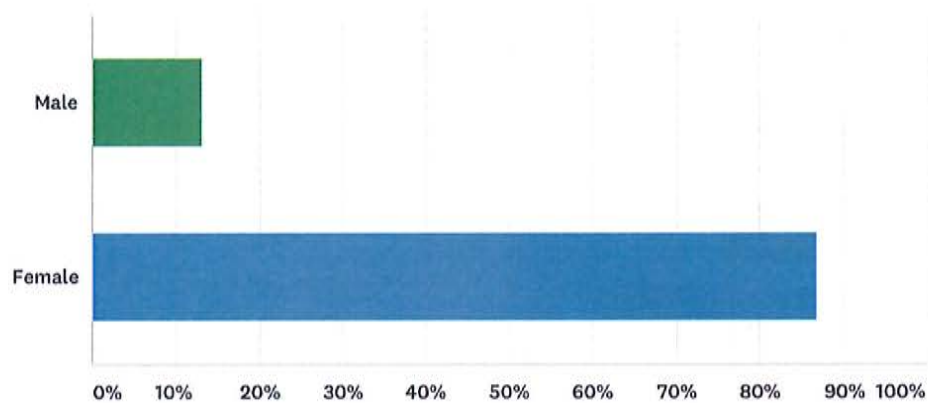
ANSWER CHOICES	RESPONSES	
Male	13.27%	41
Female	86.73%	268
TOTAL		309

Q3 Which of the following do you consider to be your primary race:

Answered: 317   Skipped: 2
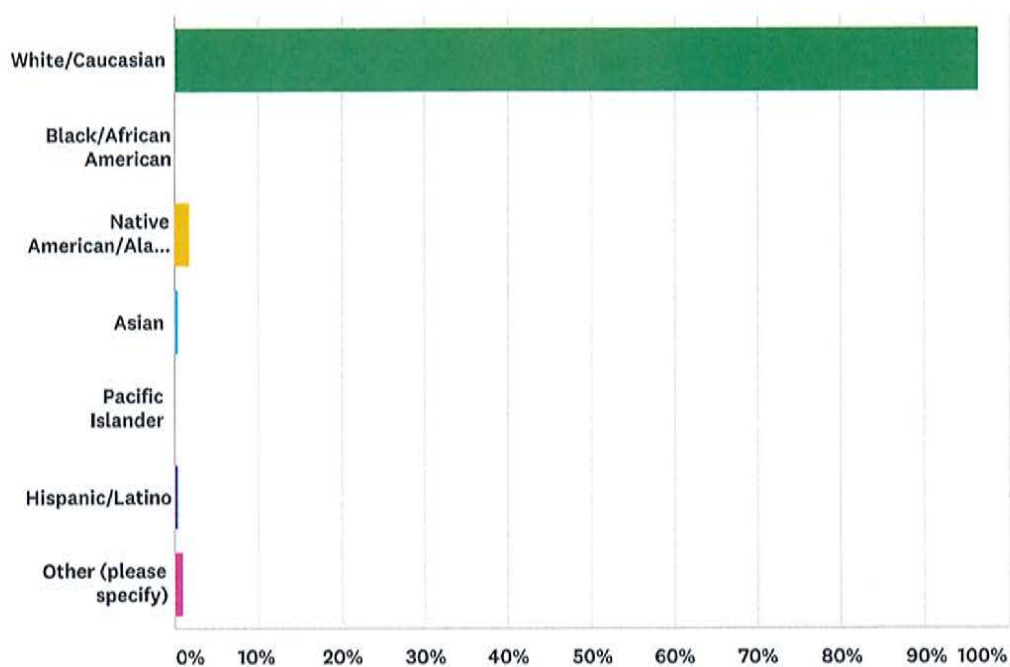
ANSWER CHOICES	RESPONSES	
White/Caucasian	96.53%	306
Black/African American	0.00%	0
Native American/Alaskan Native	1.89%	6
Asian	0.32%	1
Pacific Islander	0.00%	0
Hispanic/Latino	0.32%	1
Other (please specify)	0.95%	3
TOTAL		317

Q4 Counting income from all sources for everyone living in your household, which category below represents your annual household income for 2018 before taxes (gross income):

Answered: 310   Skipped: 9
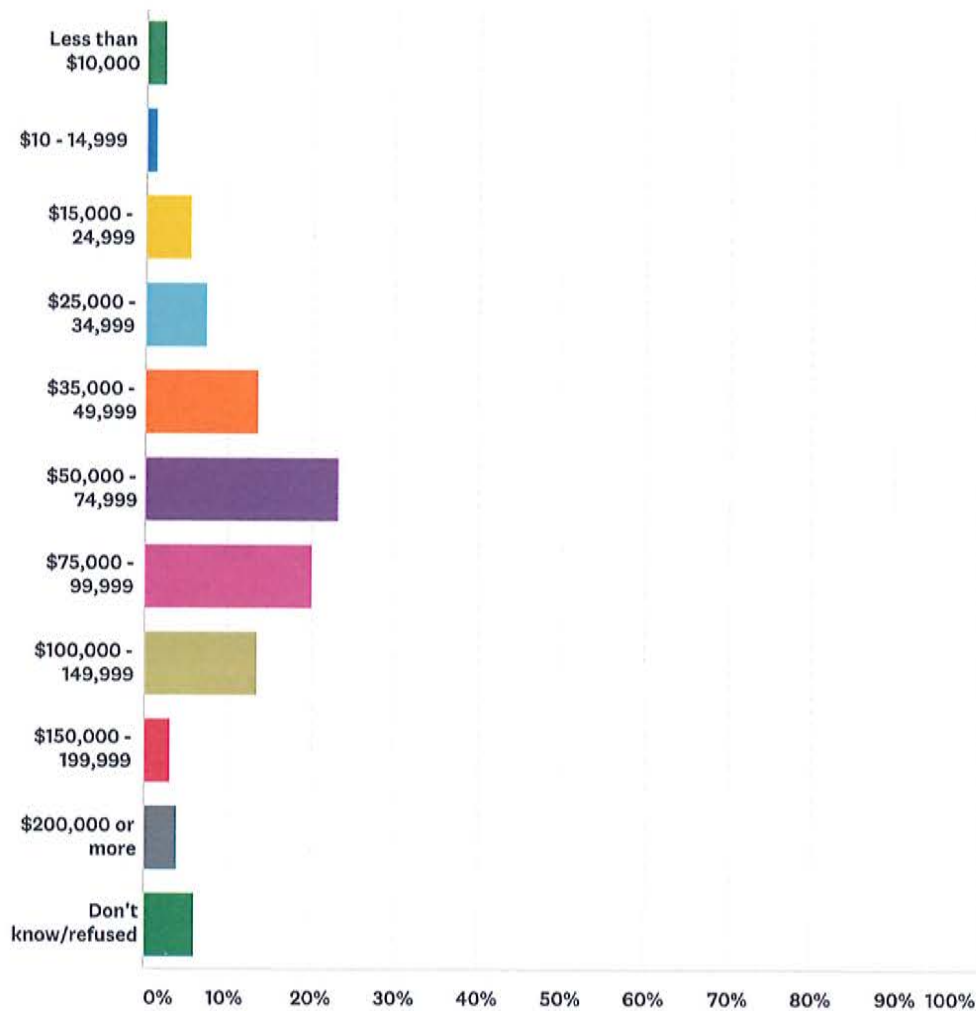
ANSWER CHOICES	RESPONSES	
Less than $10,000	2.26%	7
$10 - 14,999	1.29%	4
$15,000 - 24,999	5.48%	17
$25,000 - 34,999	7.42%	23
$35,000 - 49,999	13.55%	42
$50,000 - 74,999	23.23%	72
$75,000 - 99,999	20.00%	62
$100,000 - 149,999	13.55%	42

$150,000 - 199,999	3.23%	10
$200,000 or more	3.87%	12
Don't know/refused	6.13%	19
TOTAL		310

Q5 In what county do you live?

Answered: 309   Skipped: 10
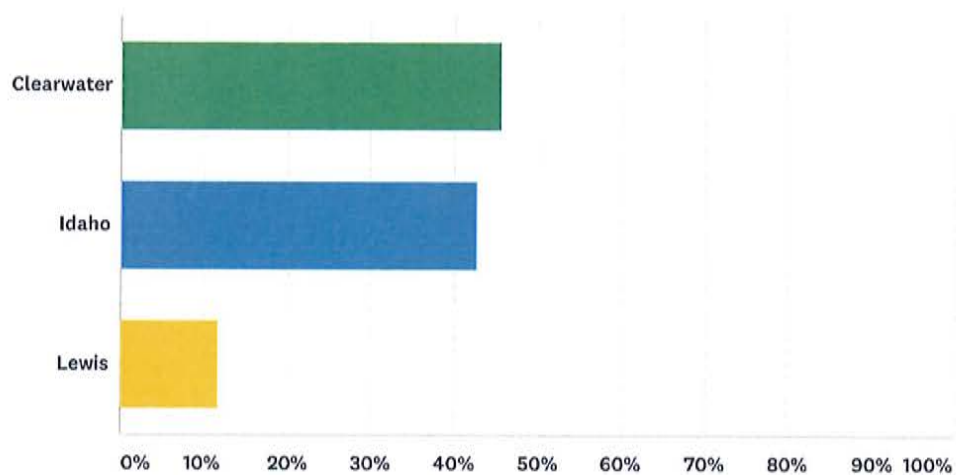
ANSWER CHOICES	RESPONSES	
Clearwater	45.63%	141
Idaho	42.72%	132
Lewis	11.65%	36
TOTAL		309

Q6 What is your zip code?

Answered: 287   Skipped: 32
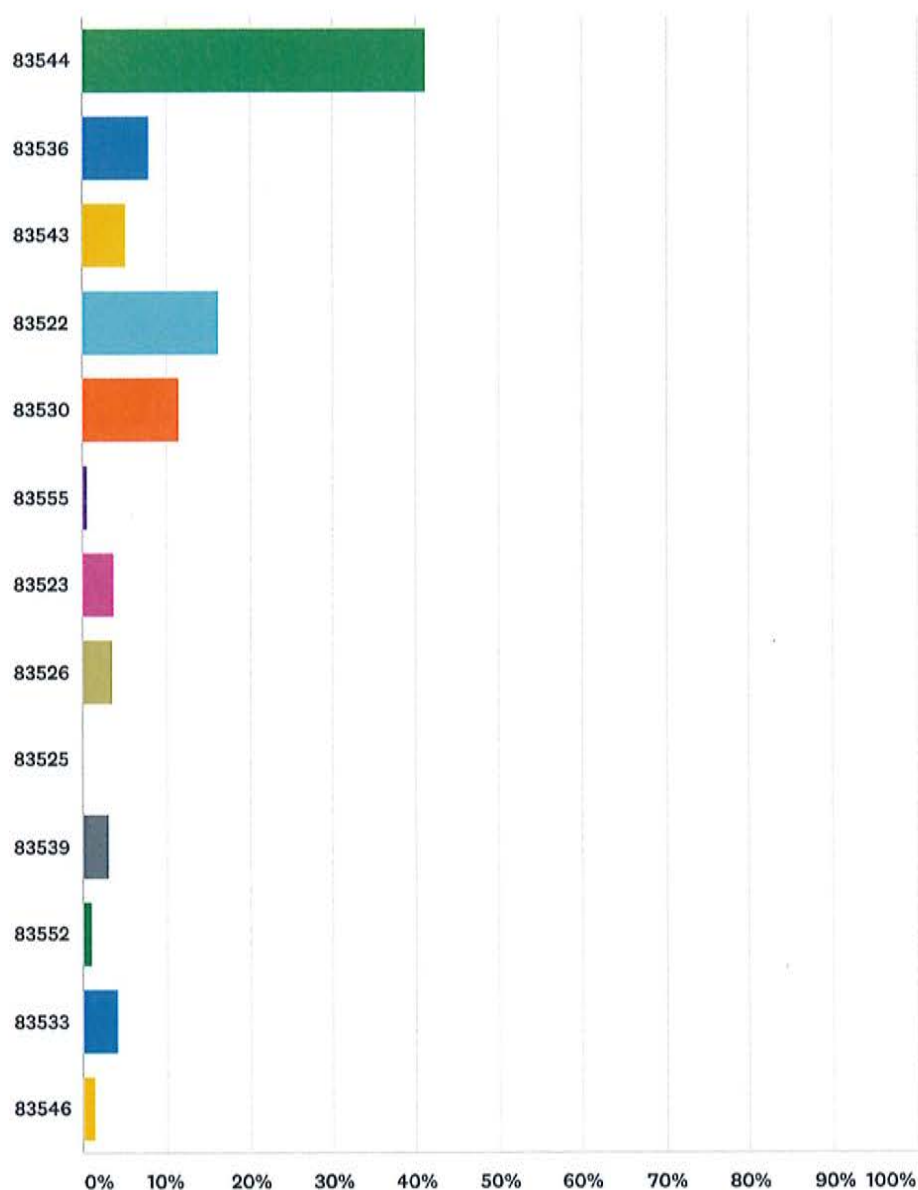
ANSWER CHOICES	RESPONSES	
83544	41.11%	118
83536	8.01%	23
83543	5.23%	15
83522	16.38%	47
83530	11.50%	33
83555	0.70%	2

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83523	3.83%	11
83526	3.48%	10
83525	0.00%	0
83539	3.14%	9
83552	1.05%	3
83533	4.18%	12
83546	1.39%	4
TOTAL		287

Q7 In what county do you work?

Answered: 317   Skipped: 2
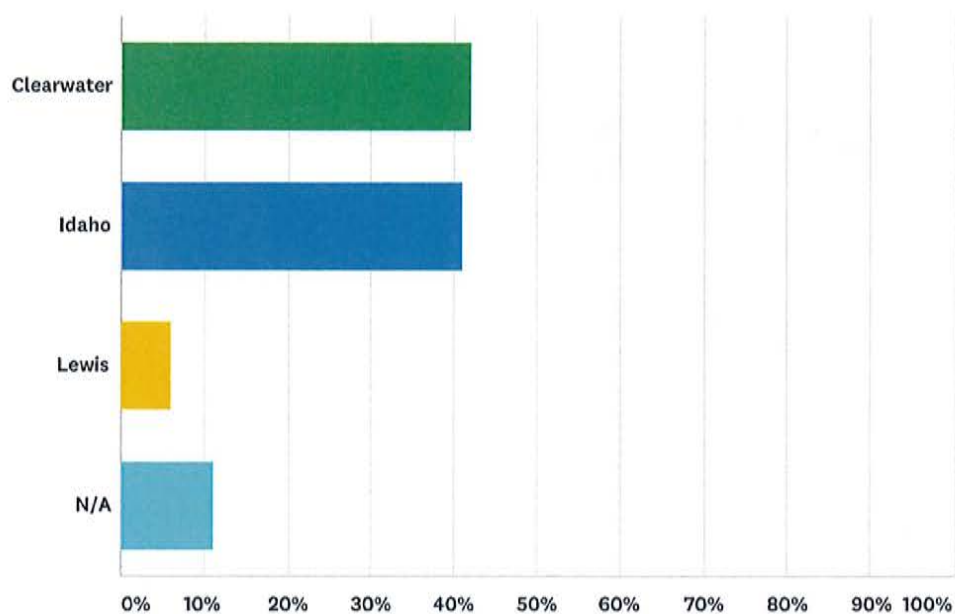
ANSWER CHOICES	RESPONSES	
Clearwater	41.96%	133
Idaho	41.01%	130
Lewis	5.99%	19
N/A	11.04%	35
TOTAL		317

Q8 How many people are currently living in your house?

Answered: 318   Skipped: 1
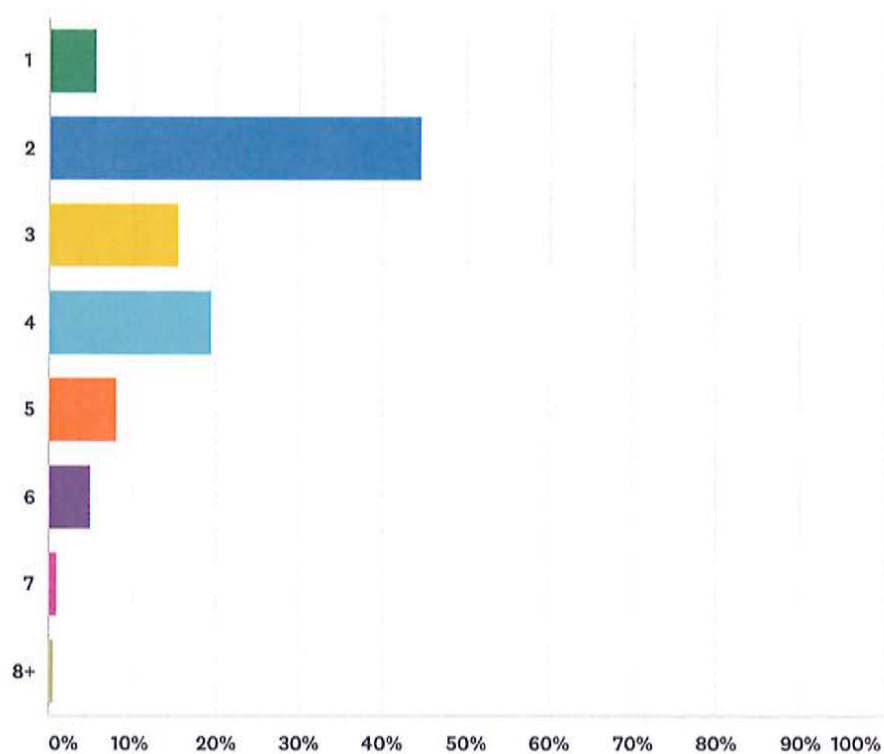
ANSWER CHOICES	RESPONSES	
1	5.66%	18
2	44.65%	142
3	15.41%	49
4	19.50%	62
5	8.18%	26
6	5.03%	16
7	0.94%	3
8+	0.63%	2
TOTAL		318

Q9 How many are adults age 65 years or older? (Include yourself if appropriate)

Answered: 317   Skipped: 2
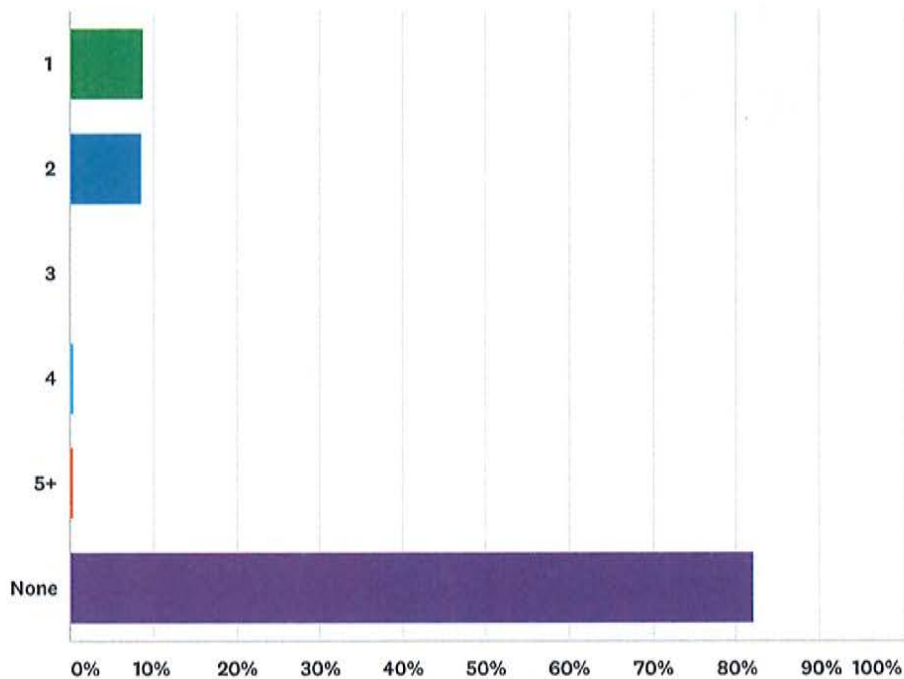
ANSWER CHOICES	RESPONSES	
1	8.83%	28
2	8.52%	27
3	0.00%	0
4	0.32%	1
5+	0.32%	1
None	82.02%	260
TOTAL		317

Q10 How many children under 18 years old?

Answered: 316   Skipped: 3
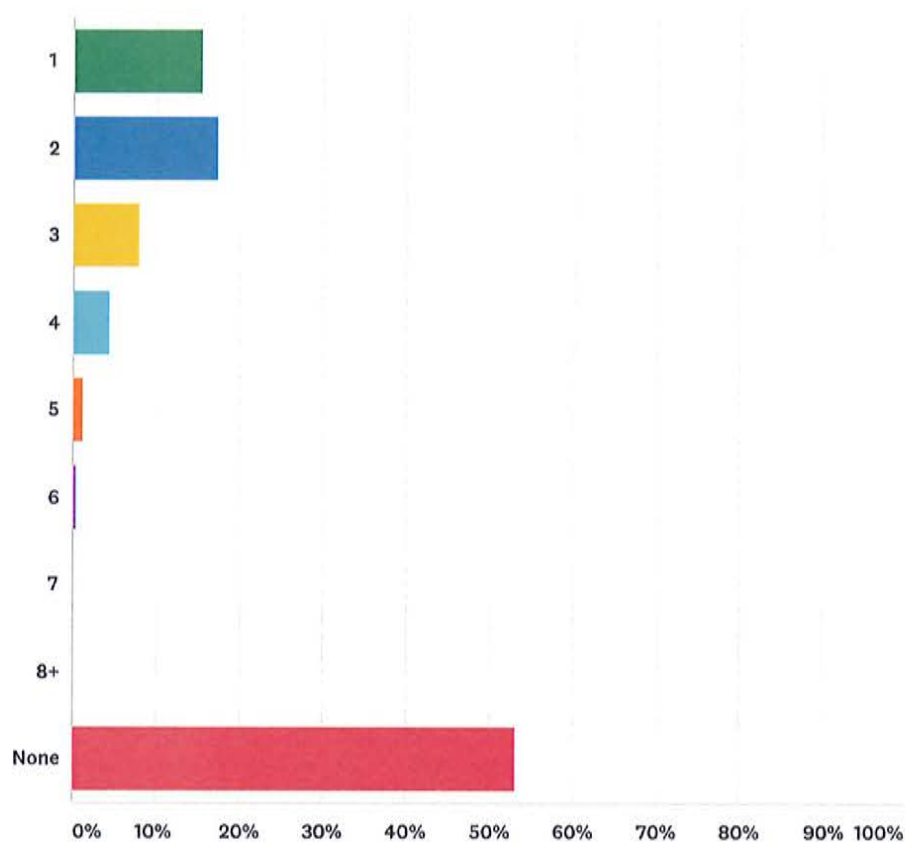
ANSWER CHOICES	RESPONSES	
1	15.51%	49
2	17.41%	55
3	7.91%	25
4	4.43%	14
5	1.27%	4
6	0.32%	1
7	0.00%	0
8+	0.00%	0
None	53.16%	168
TOTAL		316

Q11 Of those children, how many are:

Answered: 193   Skipped: 126

**Pre-Kindergarte
n in age**
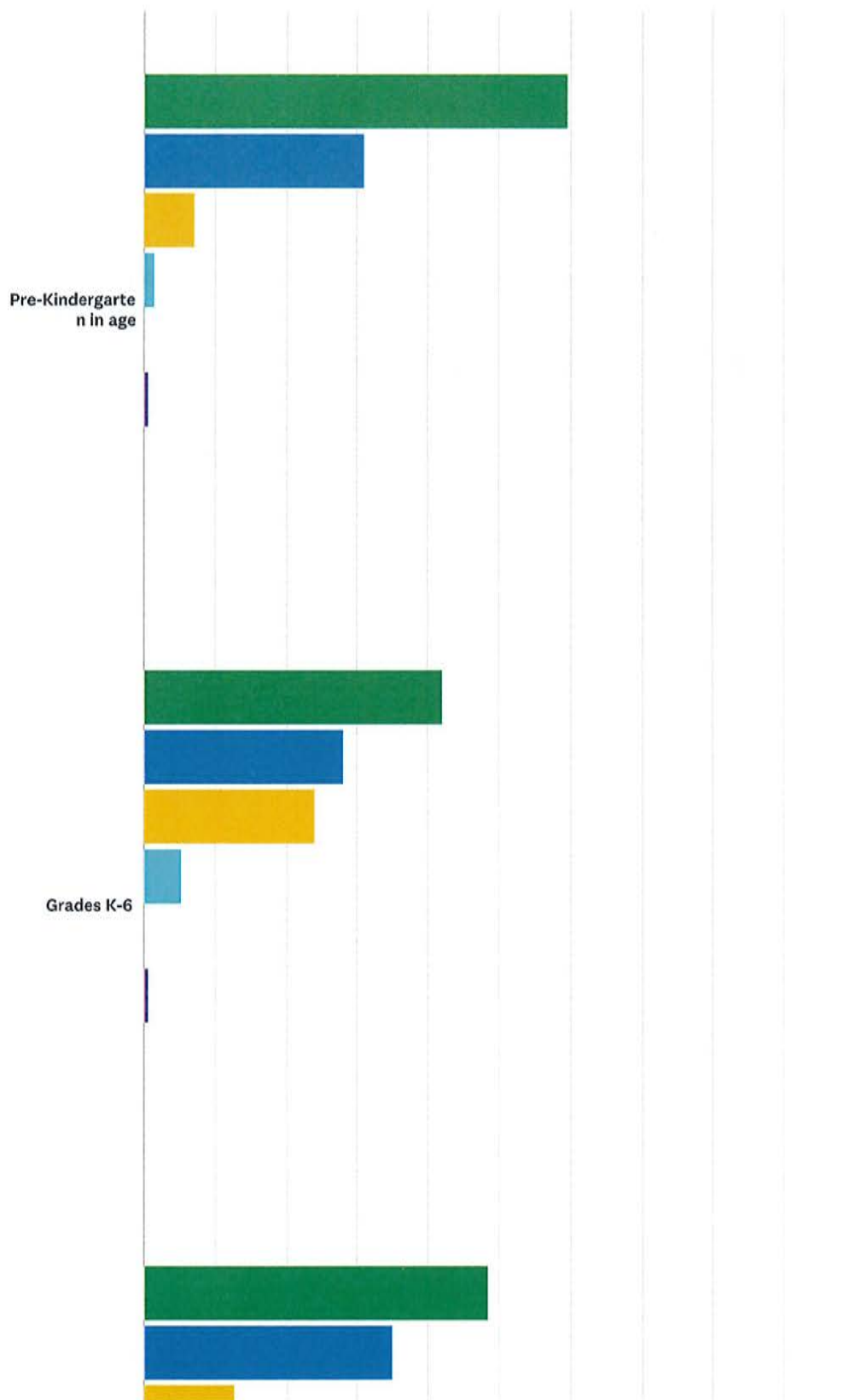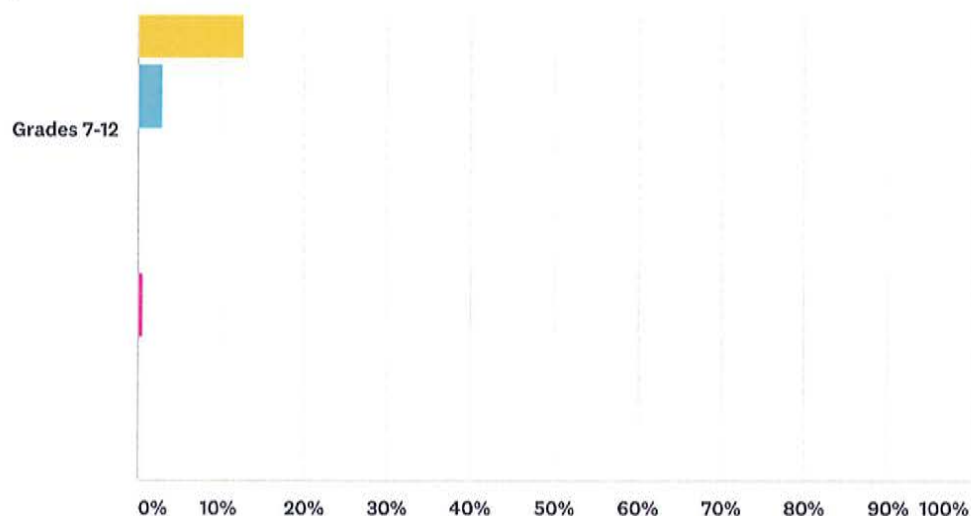
Grades K-6

| 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 |

	0	1	2	3	4	5	6	7	TOTAL
Pre-Kindergarten in age	59.71% 83	30.94% 43	7.19% 10	1.44% 2	0.00% 0	0.72% 1	0.00% 0	0.00% 0	139
Grades K-6	42.00% 63	28.00% 42	24.00% 36	5.33% 8	0.00% 0	0.67% 1	0.00% 0	0.00% 0	150
Grades 7-12	48.57% 68	35.00% 49	12.86% 18	2.86% 4	0.00% 0	0.00% 0	0.71% 1	0.00% 0	140

Q12 If you have children in your household under 18 years old, which of the following are they enrolled in:

Answered: 276   Skipped: 43
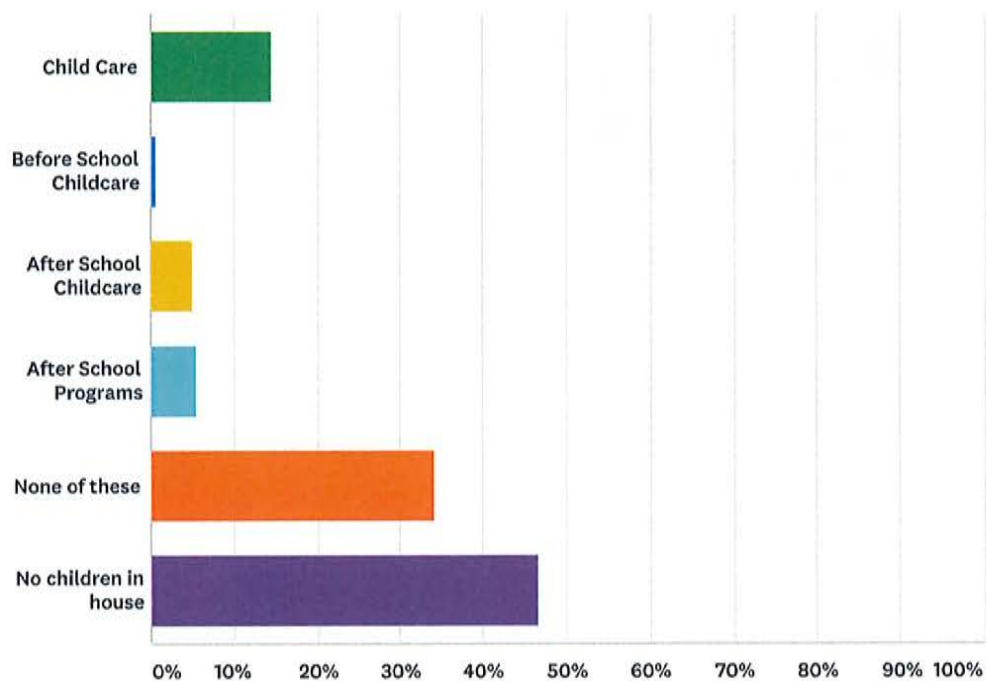
ANSWER CHOICES	RESPONSES	
Child Care	14.49%	40
Before School Childcare	0.72%	2
After School Childcare	5.07%	14
After School Programs	5.43%	15
None of these	34.06%	94
No children in house	46.74%	129
Total Respondents: 276		

Q13 When you or members of your household need basic, non-emergency medical care, where do you usually go?

Answered: 304   Skipped: 15
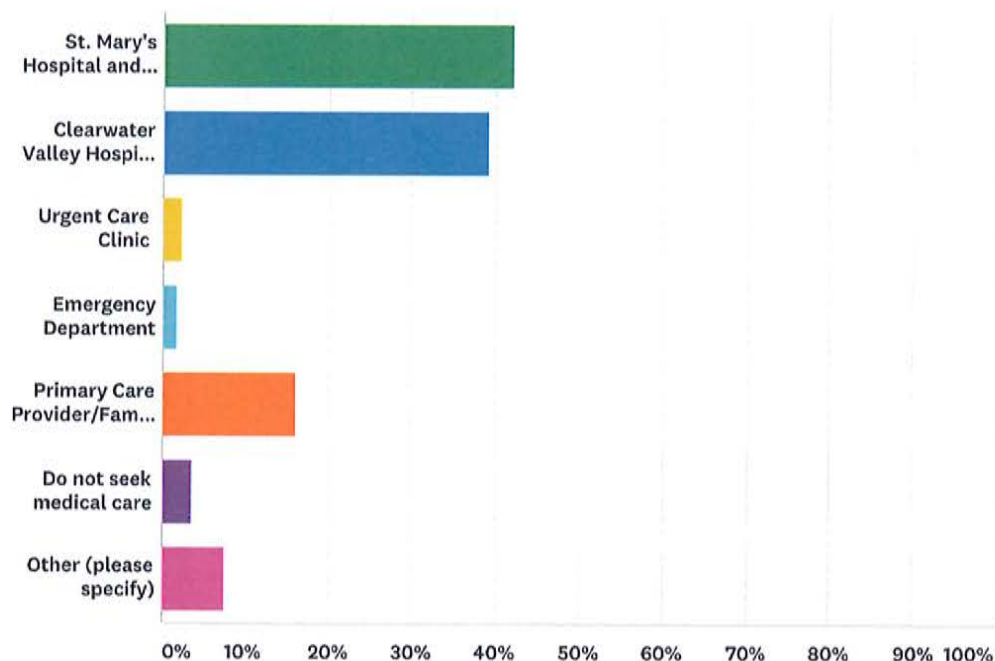
ANSWER CHOICES	RESPONSES	
St. Mary's Hospital and Clinics	42.11%	128
Clearwater Valley Hospital and Clinics	39.14%	119
Urgent Care Clinic	2.30%	7
Emergency Department	1.64%	5
Primary Care Provider/Family Physician/Nurse Practitioner	16.12%	49
Do not seek medical care	3.62%	11
Other (please specify)	7.57%	23
Total Respondents: 304		

Q14 Is everyone in your household covered by health insurance?

Answered: 305   Skipped: 14
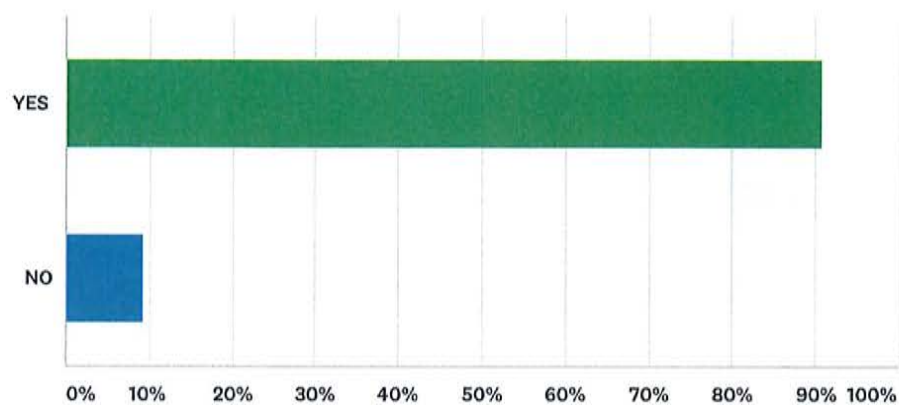
ANSWER CHOICES	RESPONSES	
YES	90.82%	277
NO	9.18%	28
TOTAL		305

Appendix A

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Q15 If YES, what coverage do you have (Mark all that apply):

Answered: 293   Skipped: 26
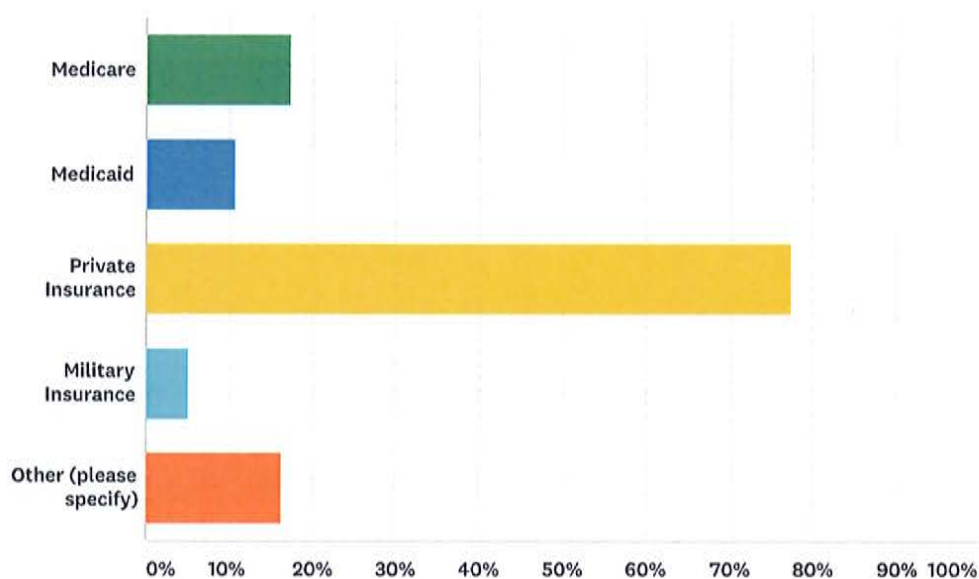
ANSWER CHOICES	RESPONSES	
Medicare	17.41%	51
Medicaid	10.58%	31
Private Insurance	77.47%	227
Military Insurance	5.12%	15
Other (please specify)	16.38%	48
Total Respondents: 293		

Q16 In 2018 did you or anyone in your household need:

Answered: 300   Skipped: 19

YES or NO

Category	YES	NO
Medical Care	~91%	~9%
Dental Care	~90%	~10%
Mental Health Care	~19%	~81%
Substance Abuse Care	~2%	~100%
Prenatal Care	~9%	~91%
Did you travel over 50 mile...	~41%	~59%

■ YES   ■ NO

If YES, was the care received?

Category	YES	NO
Medical Care	~100%	~2%
Dental Care	~95%	~6%
Mental Health Care	~42%	~58%
Substance Abuse Care	~11%	~88%
Prenatal Care	~33%	~67%
Did you travel over 50 mile...	~78%	~22%
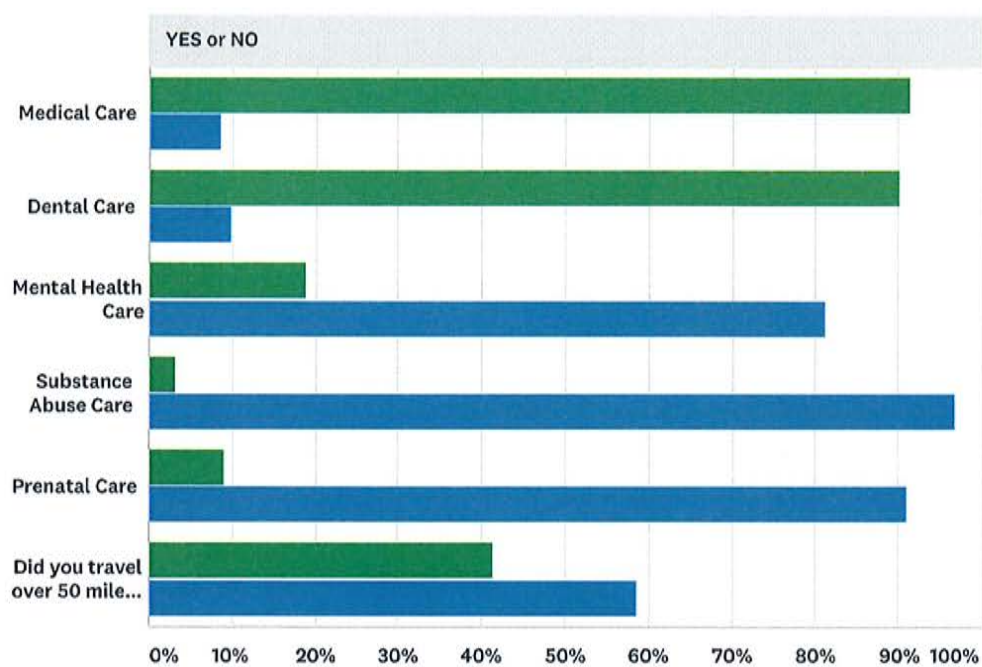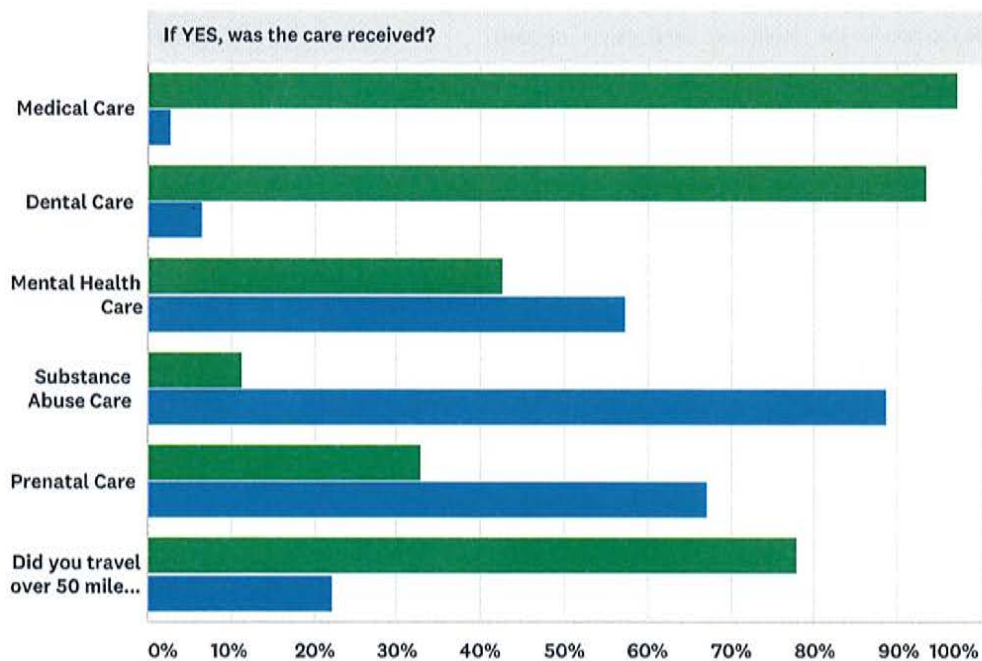
■ YES   ■ NO

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YES or NO

	YES	NO	TOTAL
Medical Care	91.50% 269	8.50% 25	294
Dental Care	90.07% 254	9.93% 28	282
Mental Health Care	18.82% 48	81.18% 207	255
Substance Abuse Care	3.17% 8	96.83% 244	252
Prenatal Care	8.98% 22	91.02% 223	245
Did you travel over 50 miles to receive the Healthcare services you needed?	41.40% 118	58.60% 167	285

If YES, was the care received?

	YES	NO	TOTAL
Medical Care	97.28% 250	2.72% 7	257
Dental Care	93.55% 232	6.45% 16	248
Mental Health Care	42.68% 35	57.32% 47	82
Substance Abuse Care	11.32% 6	88.68% 47	53
Prenatal Care	32.79% 20	67.21% 41	61
Did you travel over 50 miles to receive the Healthcare services you needed?	77.78% 84	22.22% 24	108

Q17 Are you currently employed?

Answered: 306   Skipped: 13
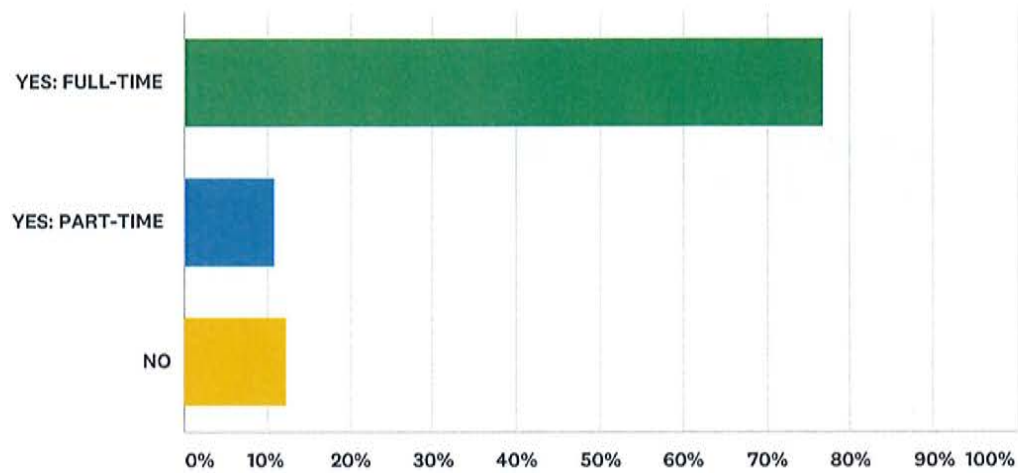
ANSWER CHOICES	RESPONSES	
YES: FULL-TIME	76.80%	235
YES: PART-TIME	10.78%	33
NO	12.42%	38
TOTAL		306

Q18 If NO, are you:

Answered: 42   Skipped: 277
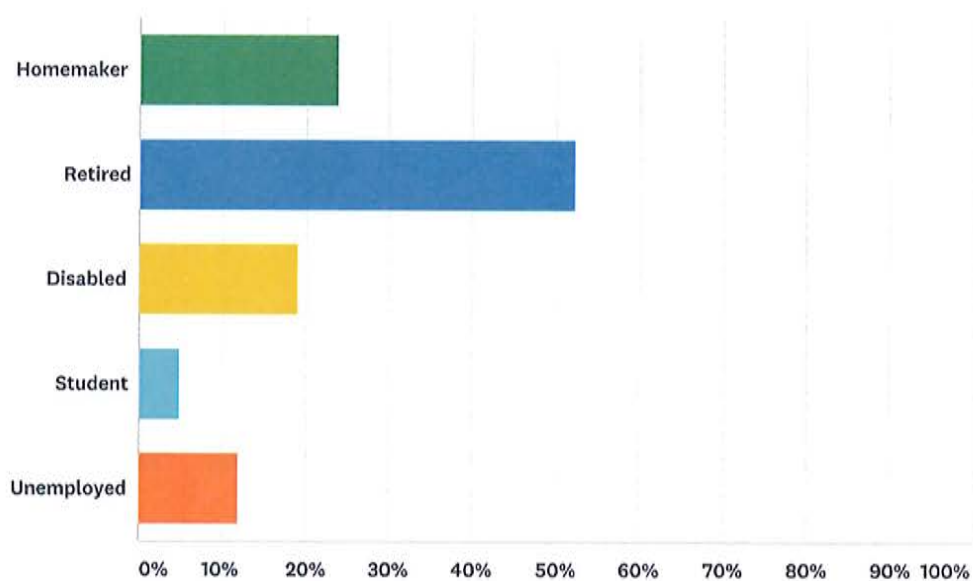
ANSWER CHOICES	RESPONSES	
Homemaker	23.81%	10
Retired	52.38%	22
Disabled	19.05%	8
Student	4.76%	2
Unemployed	11.90%	5
Total Respondents: 42		

Q19 Within the past 12 months, has anyone in your household sought education or training to qualify for a higher paying job?

Answered: 303   Skipped: 16
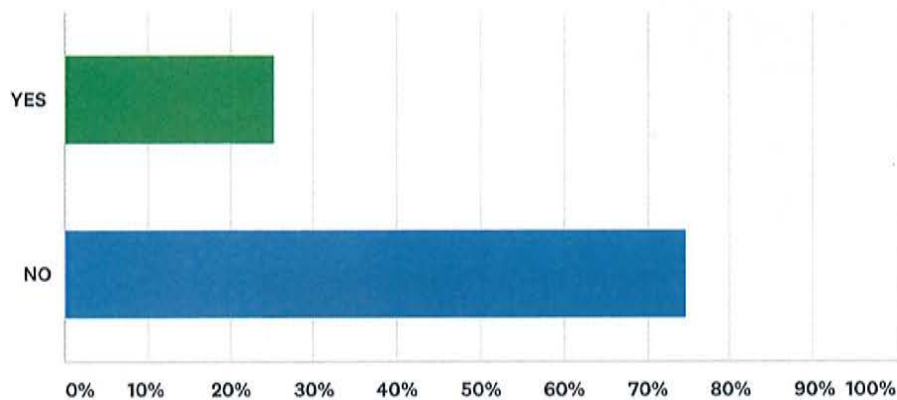
ANSWER CHOICES	RESPONSES	
YES	25.41%	77
NO	74.59%	226
TOTAL		303

Q20 If YES, were you able to obtain education or training?

Answered: 237   Skipped: 82
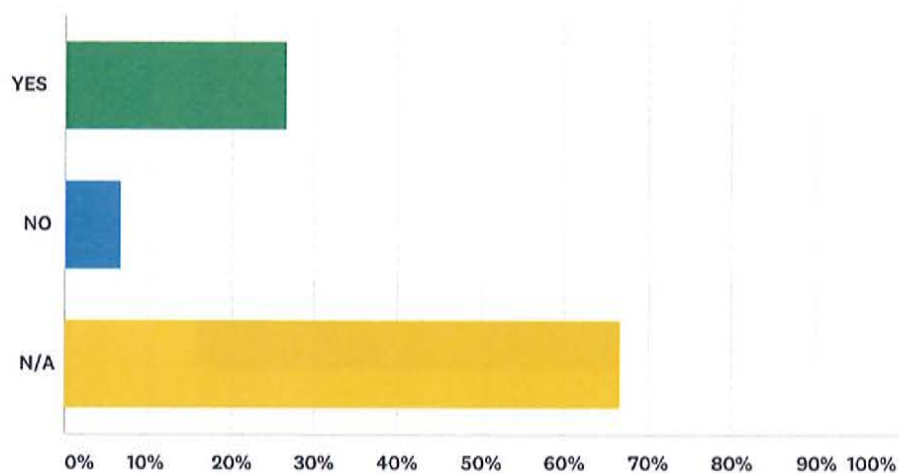
ANSWER CHOICES	RESPONSES	
YES	26.58%	63
NO	6.75%	16
N/A	66.67%	158
TOTAL		237

Q21 During the past 12 months, did you miss a rent, mortgage or utility payment because you did not have enough money?

Answered: 303   Skipped: 16
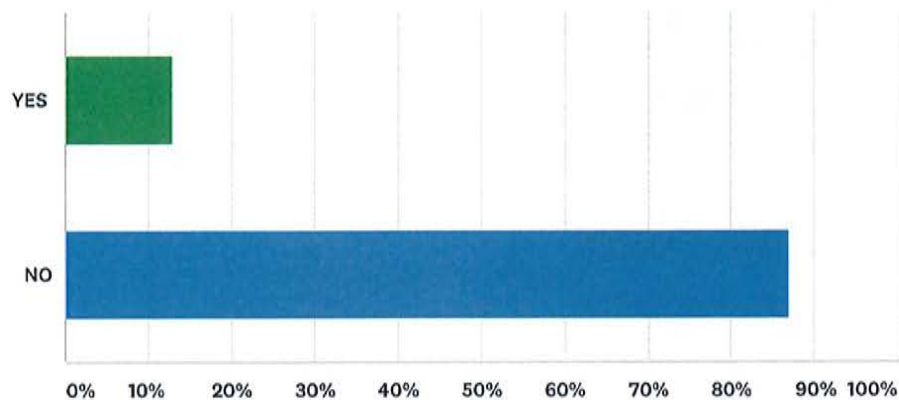
ANSWER CHOICES	RESPONSES	
YES	12.87%	39
NO	87.13%	264
TOTAL		303

Q22 EDUCATION CONCERNS

Answered: 277   Skipped: 42
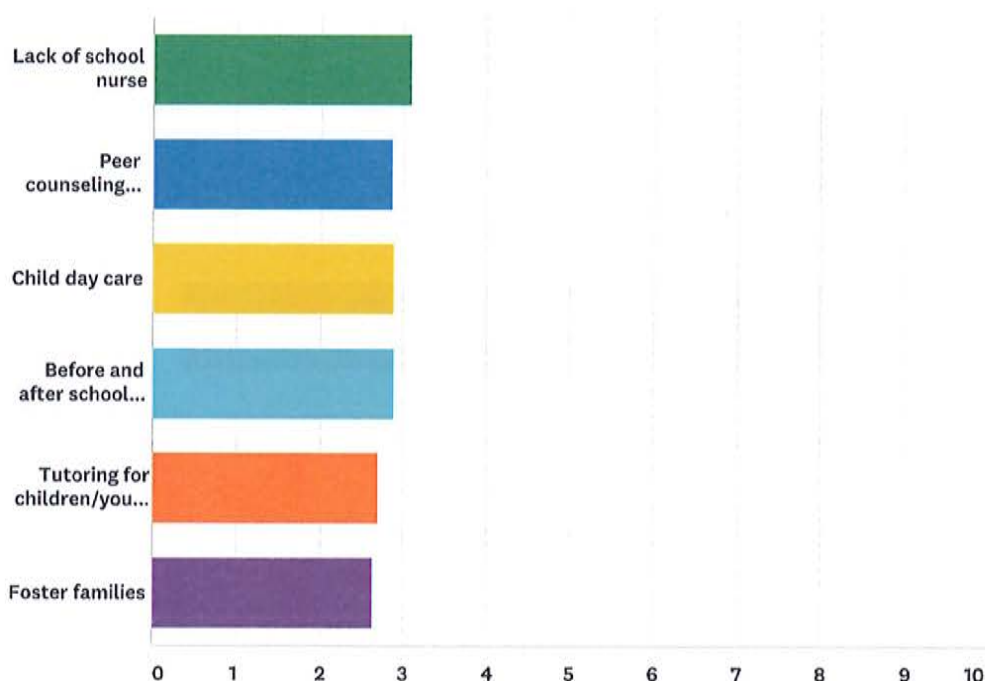
	MAJOR ISSUE	MODERATE ISSUE	MINOR ISSUE	NOT AN ISSUE	DON'T KNOW	TOTAL	WEIGHTED AVERAGE
Lack of school nurse	8.70% 24	16.67% 46	10.87% 30	42.03% 116	21.74% 60	276	3.10
Peer counseling options	14.23% 39	17.88% 49	10.22% 28	36.13% 99	21.53% 59	274	2.87
Child day care	18.41% 51	16.61% 46	6.14% 17	43.68% 121	15.16% 42	277	2.89
Before and after school services	18.48% 51	14.49% 40	7.25% 20	42.03% 116	17.75% 49	276	2.89
Tutoring for children/youth at risk of failure	20.58% 57	17.33% 48	6.14% 17	33.94% 94	22.02% 61	277	2.69
Foster families	23.47% 65	10.47% 29	2.53% 7	32.13% 89	31.41% 87	277	2.63

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Q23 HEALTH CONCERNS

Answered: 283   Skipped: 36
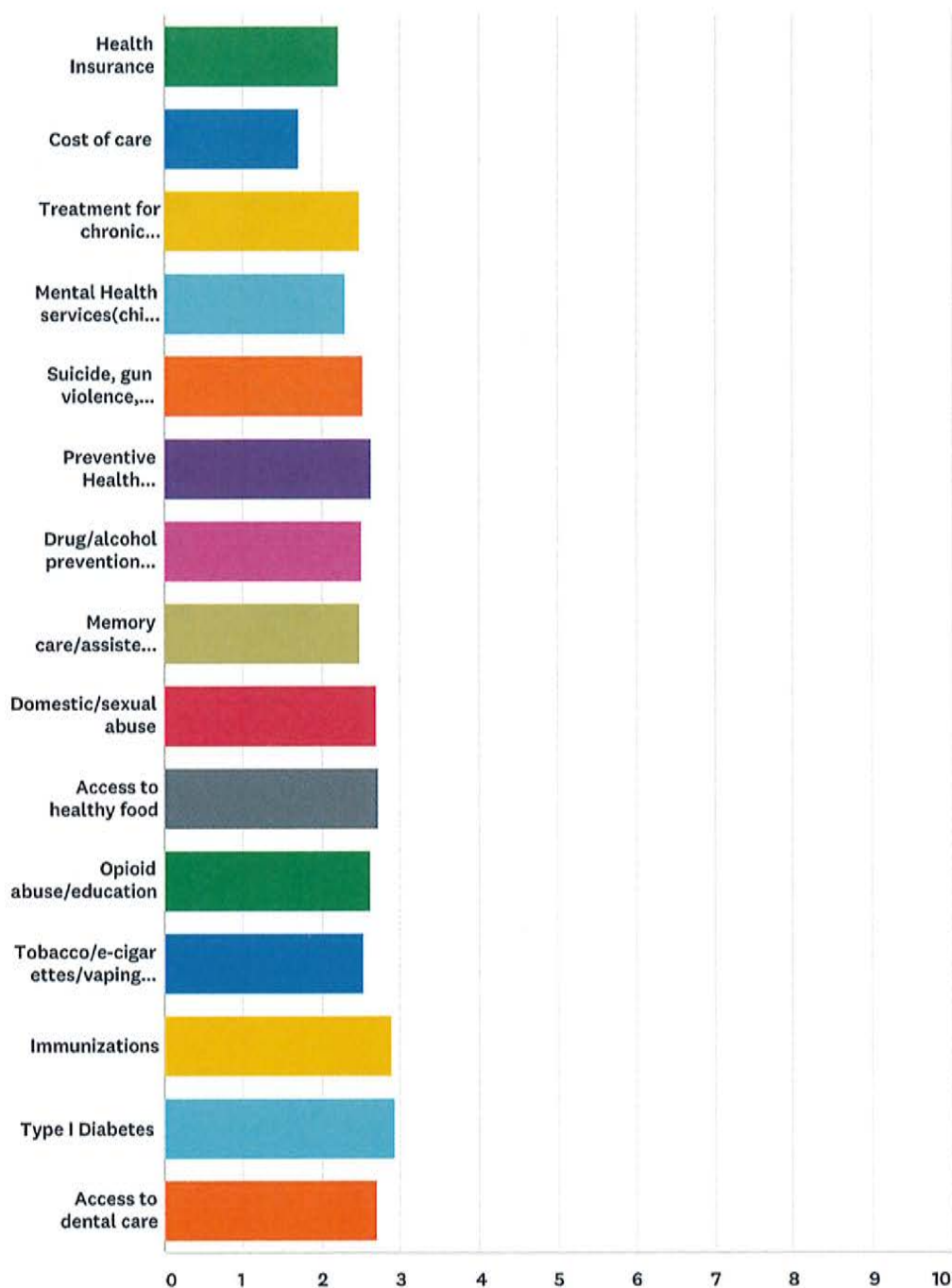
	MAJOR ISSUE	MODERATE ISSUE	MINOR ISSUE	NOT AN ISSUE	DON'T KNOW	TOTAL	WEIGHTED AVERAGE
Health Insurance	40.14% 112	20.07% 56	9.68% 27	25.09% 70	5.02% 14	279	2.21
Cost of care	57.45% 158	21.45% 59	7.27% 20	11.64% 32	2.18% 6	275	1.72

2019 Community Health Needs Assessment   SurveyMonkey

Treatment for chronic diseases (diabetes, heart disease, obesity)	23.02% 64	27.70% 77	10.43% 29	28.42% 79	10.43% 29	278	2.49
Mental Health services(children, youth, adults)	41.16% 114	12.64% 35	4.33% 12	32.49% 90	9.39% 26	277	2.31
Suicide, gun violence, trauma	28.88% 80	17.69% 49	8.30% 23	34.30% 95	10.83% 30	277	2.54
Preventive Health Education programs	19.20% 53	25.00% 69	15.58% 43	30.43% 84	9.78% 27	276	2.63
Drug/alcohol prevention education and treatment	26.71% 74	22.74% 63	8.30% 23	32.85% 91	9.39% 26	277	2.52
Memory care/assisted living	30.11% 84	17.56% 49	9.32% 26	32.26% 90	10.75% 30	279	2.49
Domestic/sexual abuse	22.46% 62	18.48% 51	6.88% 19	37.32% 103	14.86% 41	276	2.69
Access to healthy food	20.79% 58	20.79% 58	17.56% 49	34.77% 97	6.09% 17	279	2.71
Opioid abuse/education	25.90% 72	19.42% 54	6.12% 17	36.69% 102	11.87% 33	278	2.61
Tobacco/e-cigarettes/vaping education/cessation	25.63% 71	22.74% 63	7.94% 22	33.21% 92	10.47% 29	277	2.54
Immunizations	17.99% 50	16.19% 45	15.11% 42	41.73% 116	8.99% 25	278	2.89
Type I Diabetes	12.54% 35	17.56% 49	14.70% 41	36.92% 103	18.28% 51	279	2.93
Access to dental care	21.43% 60	23.21% 65	12.14% 34	36.79% 103	6.43% 18	280	2.69

Q24 INCOME AND SELF-SUFFICIENCY CONCERNS

Answered: 279   Skipped: 40
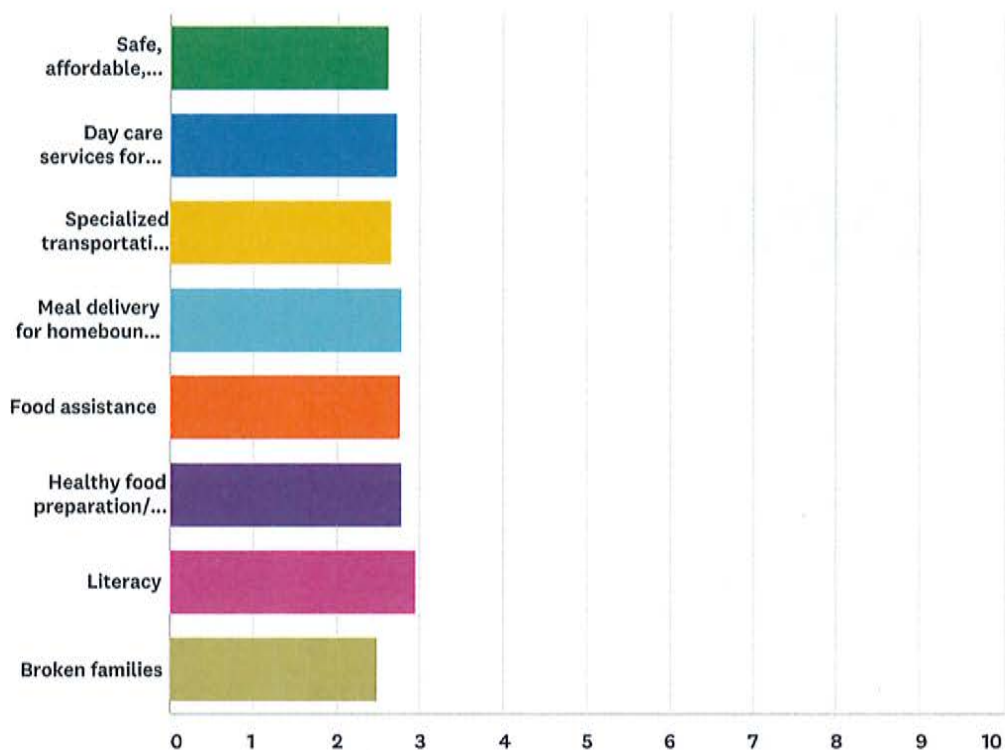
	MAJOR ISSUE	MODERATE ISSUE	MINOR ISSUE	NOT AN ISSUE	DON'T KNOW	TOTAL	WEIGHTED AVERAGE
Safe, affordable, accessible housing	25.81% 72	20.43% 57	13.62% 38	35.13% 98	5.02% 14	279	2.61
Day care services for mentally ill	22.74% 63	13.00% 36	7.58% 21	36.82% 102	19.86% 55	277	2.73
Specialized transportation for seniors/disabled	22.10% 61	19.93% 55	7.25% 20	35.14% 97	15.58% 43	276	2.66
Meal delivery for homebound seniors/disabled	16.36% 45	21.09% 58	10.18% 28	35.64% 98	16.73% 46	275	2.78
Food assistance	17.45% 48	20.36% 56	12.36% 34	35.64% 98	14.18% 39	275	2.77
Healthy food preparation/education	17.82% 49	19.64% 54	11.64% 32	36.73% 101	14.18% 39	275	2.78
Literacy	14.86% 41	14.86% 41	15.94% 44	39.49% 109	14.86% 41	276	2.94
Broken families	29.71% 82	18.48% 51	8.70% 24	31.88% 88	11.23% 31	276	2.48

Q25 KNOWLEDGE OF RESOURCES

Answered: 276   Skipped: 43
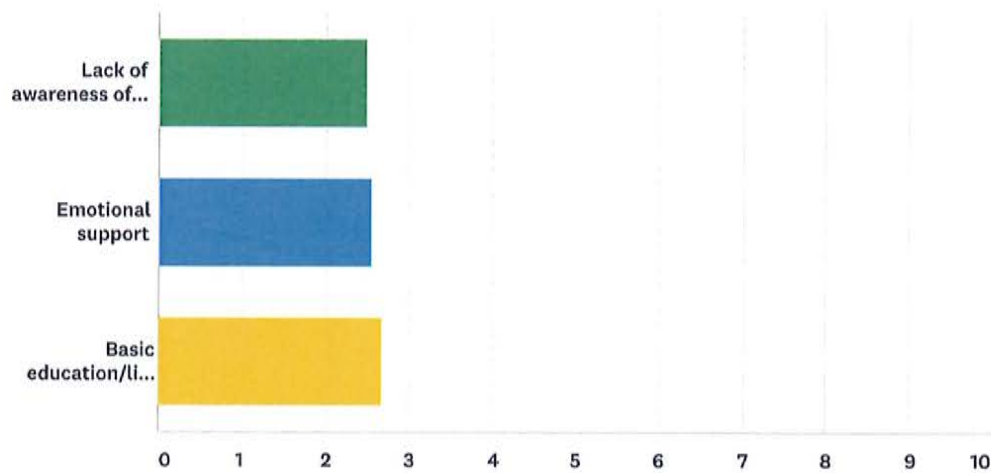
	MAJOR ISSUE	MODERATE ISSUE	MINOR ISSUE	NOT AN ISSUE	DON'T KNOW	TOTAL	WEIGHTED AVERAGE
Lack of awareness of existing resources	25.00% 69	26.81% 74	11.59% 32	28.62% 79	7.97% 22	276	2.48
Emotional support	22.99% 63	24.09% 66	9.85% 27	31.39% 86	11.68% 32	274	2.56
Basic education/life skills	20.51% 56	22.34% 61	11.72% 32	34.07% 93	11.36% 31	273	2.67

Q26 Where/How did you receive this survey?

Answered: 261   Skipped: 58
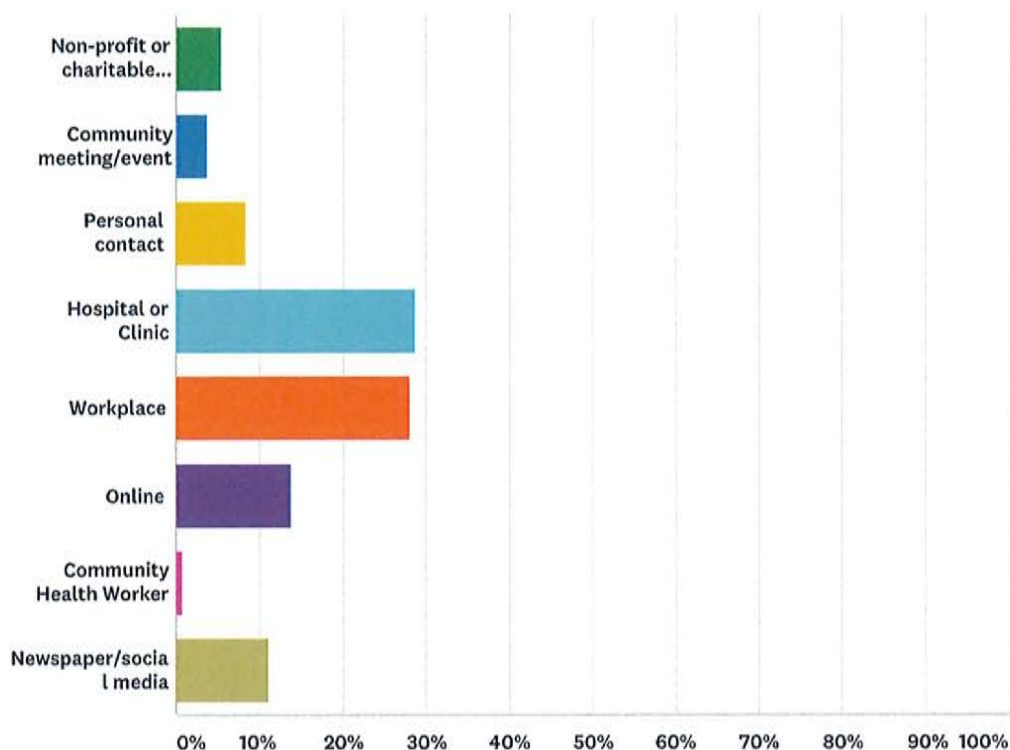
ANSWER CHOICES	RESPONSES	
Non-profit or charitable organization	5.36%	14
Community meeting/event	3.83%	10
Personal contact	8.43%	22
Hospital or Clinic	28.74%	75
Workplace	27.97%	73
Online	13.79%	36
Community Health Worker	0.77%	2
Newspaper/social media	11.11%	29
TOTAL		261

Q27 Any additional comments or thoughts you would like to share about the needs of our community?

Answered: 42   Skipped: 277

Q27 Any additional comments or thoughts you would like to share about the needs of our community?

Answered: 42   Skipped: 292

#	RESPONSES	DATE
1	Lack of indoor recreation esp. Pool, childcare options, grandparents support group	3/19/2019 5:01 AM
2	N/A	3/18/2019 7:30 PM
3	safe and sober housing	3/18/2019 4:22 PM
4	I have no issues with the above but many community members due	3/18/2019 12:07 PM
5	PEOPLE SHOULD BE ABLE TO ACCESS SERVICES REMOTELY (TELEPHONE/SKYPE) WITH PROVIDERS OF THEIR CHOICE FOR MENTAL HEALTH COUNSELING WITHOUT STIPULATIONS BY INSURANCE COMPANIES. THE RESOURCES ARE LIMITED, THE CREDENTIALS OF SOME PROVIDERS ARE LESS THAN IDEAL, SOME PEOPLE WOULD HAVE TO TRAVEL AN HOUR OR MORE TO ATTEND REGULAR COUNSELING SESSIONS AND PART OF THE SUCCESS IN MENTAL HEALTH IS HAVING AN ESTABLISHED RAPPORT WITH A TRUSTING COMPETENT COUNSELOR. THIS ALONE CAN HELP PEOPLE AVOID ACUTE MENTAL HEALTH CRISIS.	3/16/2019 12:43 PM
6	Mental health and life skills are of utmost concern to me.	3/15/2019 1:04 PM
7	The above were concerns that I have for our community as a whole. As a teacher in this community I see a huge need for nurse and counseling services for the children in our schools. I also see a need for education, drug abuse, and counseling services for our parents.	3/15/2019 9:01 AM
8	We lack mental health information and facilities to help those who struggle with their mental health. This area is on the CDC for suicide and our state is number one in suicide. Idaho needs help, starting small and helping communities such as the Clearwater Valley will be so beneficial and needed. We need resources and education, mental health is frowned upon in this area. Education is key.	3/15/2019 8:41 AM
9	We Love our Doctos and staff. We miss Dr. Jones	3/15/2019 8:01 AM
10	Definitely a housing shortage and childcare for those that need it.	3/14/2019 6:49 PM
11	No	3/14/2019 2:00 PM
12	Senior living apartments would be great	3/14/2019 12:06 PM
13	Mental Health Programs are needed	3/14/2019 10:16 AM
14	we need better communication from the hospital in newspaper and othe rmeans on a regular basis	3/14/2019 9:25 AM
15	house calls would be nice under certain conditions	3/12/2019 2:09 PM
16	We need actual mental health Doctors in the area and not through the tela health. Tela health is not cutting it they can not see how the child is doing just sitting in a chair for 5 minutes we need real live in person Dr. Appointment for mental health	2/14/2019 12:58 PM
17	Long term care facility	2/9/2019 9:29 PM
18	Willingness of physical/clinic staff to recommend to constituants community health activities such as excercise classes, yoga, tai chi or other forms of therapy.	2/6/2019 10:34 PM
19	Glad to have servivices of CVH and clinic in our community	2/6/2019 4:00 PM
20	Need access to a public fitness center in Cottonwood. Closest gym is a half hour round trip to Grangeville.	2/4/2019 7:28 PM
21	Our community trys very hard to work with an help those in need everyday	2/4/2019 4:19 PM
22	More mental health /support/care and education is needed based on what I see as an RN.	2/1/2019 1:21 PM

23	Lack of visiting nurses for homebound seniors in our area. Also, there is no central locations for seniors to get information on what services are available.	1/31/2019 11:34 PM
24	I value the very competent ER and hospital	1/31/2019 1:27 PM
25	Questions 22-25 were very hard to answer. I could easily answer for my household but could not always easily answer for my community so that is why I put "I don't know" on most everything. If you wanted accurate info, I think you might have divided these question into two separate parts - one asking about my household and then a separate one asking the same about my community.	1/31/2019 11:27 AM
26	better trained law enforcement to deal with major issues	1/31/2019 10:30 AM
27	Salaries need to be increased substantially. Housing prices are ridiculously high. Handyman services for elderly (yard maintenance, tree trimming, snow plowing, shoveling) is next to impossible to find.	1/30/2019 11:47 PM
28	no	1/30/2019 1:30 PM
29	I answered this survey for the persons presently in my home. My daughter is in foster care post a CPS call. The process was mishandled and so our case is difficult. This survey would have been answered differently if my 15 yr old daughter were presently in our home. She has mental health issues, drug, alcohol, smoking, vaping and sexual issues that would have been marked on this survey for my family.	1/30/2019 10:40 AM
30	For 30 years Child Care has been an issue in this community of Cottonwood. The working environment has changed for families but the options to have children looked after and cared for has not.	1/30/2019 8:31 AM
31	I think if people paid for their own health care they would be less abusive and more conscious of using the clinic vs the er, would be appreciative of their treatment as it gives people self respect. Education is so very helpful as the majority of our community do not know how to treat a fever, minor burn or cut, or manage their own health.	1/30/2019 6:36 AM
32	in desperate need for mental health treatment	1/30/2019 3:32 AM
33	A gym that could be utilized for a few by community members would be AWESOME in Cottonwood.	1/29/2019 8:44 PM
34	Health education and mental health counseling would really add to the community. There are a lot of people suffering because they lack basic knowledge of how to care for themselves or they believe that is only for "rich" people and not country people. I would love to see people overcome that mental barrier to health.	1/29/2019 4:53 PM
35	employment within the community	1/29/2019 2:45 PM
36	There are a lot of people struggling financially here and everywhere. There needs to be more help in place for our communities and people and not other countries and pets. We need more affordable health care so people would use it.	1/29/2019 2:41 PM
37	NONE	1/29/2019 1:49 PM
38	Law enforcement need more sensitivity training.	1/29/2019 1:20 PM
39	I believe that there is a lot of help for those who receive help, but not any help for those that are out there doing their best to help themselves. There is all the help in the world for those who don't work and don't try, and no food assistance, no utility assistance, no rent assistance for those who work everyday, and maybe our car broke down and our well went dry, and we are too scared to tell anyone that our fridge is empty and we don't know where our next meal is coming from and payday is still four days away.	1/29/2019 12:42 PM
40	We have many needs that are not being met in our community based on our location, poverty level, lack of parental education/motivation/drug use. There is a need for education on STD's, Drugs and Alcohol, Hygeine, basic life skills for all of these kids who are falling through the cracks. Also, educational tutoring and healthy meal prep for pre diabetic adults and teens would be great. Maybe something at the schools ?	1/29/2019 12:42 PM
41	A lot of the issues arise from the abuse of the Medicaid system, one they are in they do not get out and don't want to. They just want to be taken care of like their parents at the expense of everyone else.	1/29/2019 12:36 PM
42	I think there is a need for quality childcare in our area for infants up to preschool aged children	1/29/2019 12:20 AM