

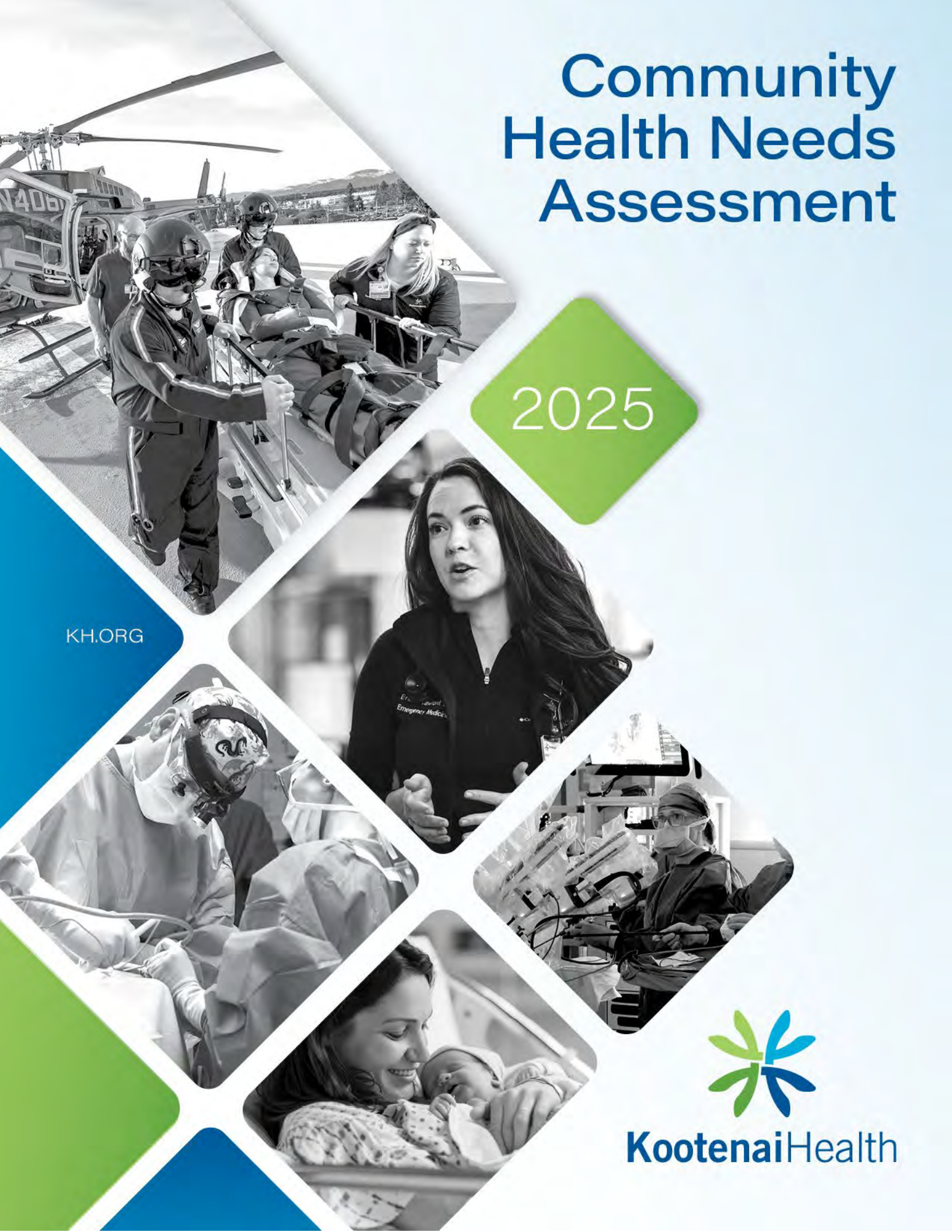
Community Health Needs Assessment

2025

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KootenaiHealth



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Letter from Kootenai Health Leadership

In 2025, Kootenai Health conducted a Community Health Needs Assessment that included the 10 northern counties of Idaho. I am pleased to share the results of that assessment in this document. At Kootenai Health, we are committed to meeting the health care needs of our community, and we value the role that data collection and evaluation play in keeping our focus on the most meaningful issues.

We appreciate the many North Idaho partners, community members, and health care leaders who contributed vital health data and insights that made this assessment possible. Our hope is that organizations throughout North Idaho will use these findings to make informed decisions that strengthen health outcomes across our region.

While this assessment represents a significant body of work, it is just the first step on the journey to improving health across our region. The next step is the development of a Community Health Improvement Plan which will move us closer to making a meaningful impact in people's lives. This will include identifying priority issues, developing and implementing action plans, and establishing accountability to ensure measurable health improvements.

Clearly, this will be a large body of work. Kootenai Health is committed to leading the effort, but we cannot do it alone. In the coming years we will be reaching out to engage community leaders to develop a collaborative approach which we are all pulling in the same direction to improve community health.

Kootenai Health looks forward to continuing to work alongside our community partners in the creation of a meaningful and effective Community Health Improvement Plan. Through this shared effort, we can help ensure that North Idaho remains a healthy place to live, work, and play—today and for generations to come.

Sincerely,

A handwritten signature in black ink, appearing to read "Jameson Smith", with a stylized, flowing script.

Jameson Smith, CEO

Executive Summary

The purpose of this CHNA is to identify and prioritize significant health needs of the community served by Kootenai Health. The priorities identified in this report help to guide the hospital's ongoing community health improvement programs and community benefit activities. This CHNA report meets the requirements of the Affordable Care Act (ACA) that nonprofit hospitals conduct a CHNA at least once every three years.

Overall Methodology

A mixed-methods approach consisting of a combination of primary and secondary quantitative and qualitative research methods designed to evaluate the perspectives and opinions of community stakeholders, especially those from underserved and vulnerable populations, was implemented between September 23 and November 14, 2025.



Secondary Data Highlights

For the 2025 Community Health Needs Assessment, Kootenai Health has defined its primary service area (PSA) as the 10 counties of northern Idaho, spanning two public health districts:

- **Panhandle Health District 1:** Boundary, Bonner, Kootenai, Benewah, and Shoshone counties
- **North Central Health District 2:** Latah, Clearwater, Nez Perce, Lewis, and Idaho counties

Although the PSA formally includes all 10 counties, the majority of patient volume originates from Kootenai County. As the region's designated referral center, however, Kootenai Health also provides substantial care to residents of the surrounding nine counties.

Key findings include the following:

- Family poverty rates vary widely across the service area, with the highest concentrations appearing in several rural and remote census tracts in Boundary, Lewis, and Benewah counties.
- Across the Kootenai Health service area, the share of households classified as ALICE (Asset Limited, Income Constrained, Employed) has remained persistently high over the past decade, indicating that many working families continue to struggle with the rising cost of basic necessities despite being employed.
- Food insecurity remains a persistent challenge across the Kootenai Health service area. Counties with higher levels of poverty, limited access to affordable groceries, and fewer employment

opportunities tend to experience greater risk of food insecurity. Overall food insecurity rates vary across the counties from 17.6% in Lewis County and 12.5% in Kootenai County.

- Across the Kootenai Health service area, most adults report having a doctor check-up in the past year, with rates ranging from 72.4% to 77.5%, similar to state and national percentages. The percentages of adults who have had a dental visit are lower and vary more, ranging from 54.9% to 70.2%, with several rural counties falling below the Idaho and U.S. percentages.
- Self-rated health is a recognized predictor of morbidity, mortality, and health system burden.¹ The percentage of individuals who report their general health as fair or poor ranges between 12.9% to 25.8% or approximately 1 in 4 adults. Counties with the highest level, Shoshone, Benewah, Lewis, and Idaho County, also tend to experience higher poverty rates, greater distances to care, and higher percentages of uninsured individuals.
- The percentage of adults who have completed preventive screenings across the region generally mirror Idaho but fall below national numbers, especially for cancer screenings that require further specialty care. Mammography and colorectal cancer screening show the largest gaps, with all counties trailing the U.S. average.
- Physical inactivity rates reveal a pronounced north-south divide. Counties in the northern part of the region, including Boundary, Bonner, and Kootenai, fall in the lowest tiers, whereas Shoshone, Clearwater, Lewis, and Idaho County show the highest levels, surpassing 30.8% of adults.
- COPD prevalence is notably high in several counties, especially Shoshone, Clearwater, Lewis, and Idaho County, where rates exceed 9.9%, meaning approximately 1 in 10 adults live with COPD. Elevated rates of asthma are seen in similar regions where elevated COPD percentages were seen.
- Across the Kootenai Health service area, chronic disease prevalence consistently surpasses or matches with state and national percentages. Arthritis is especially common, averaging 31.5% across counties and peaking above 35%, higher than the U.S. average of 26.6%. Diabetes (8.1%–15.0%) and coronary heart disease (5.6%–10.7%) also show elevated burdens in several rural counties, mirroring national patterns linking higher chronic disease rates to transportation barriers, limited preventive care access, and shortages of primary and specialty providers.²
- Depression affects roughly one in five adults across the Kootenai Health service area, with rates ranging from 21.2% to 24.7%, all above the U.S. percentage of 20.7%.
- Suicide rates in both Health District 1³ and Health District 2 remain well above the national average of 14–15 deaths per 100,000 population. District 2's rate has repeatedly exceeded 22–25 per 100,000 in recent years, nearly double the U.S. rate. National research shows that rural

¹ Bombak A. E. (2013). Self-rated health and public health: a critical perspective. *Frontiers in public health*, 1, 15. <https://doi.org/10.3389/fpubh.2013.00015>

² Rural Health Information Hub. (2023). Healthcare access in rural communities.

³ Health District 1 includes Bonner, Boundary, Kootenai, Benewah, and Shoshone Counties. Health District 2 includes Latah, Clearwater, Lewis, Nez Perce, and Idaho Counties.

communities face higher suicide mortality due to limited behavioral health access, greater firearm availability, social isolation, and longer response times for crisis services.⁴

- Across the Kootenai Health service area, the leading causes of death closely mirror statewide and national patterns, with cancer and heart disease consistently ranking as the top two causes in every county. Accidents and adverse effects, including motor vehicle crashes, overdoses, and unintentional injuries, are the third leading cause across nearly all counties, underscoring the impact of behavioral, environmental, and rural transportation factors.
- Across the Kootenai Health service area, excessive housing costs range from 21.9% of households to 30.7%, with most counties surpassing the U.S. rate of 25.3%⁵. Burden is highest in Bonner, Shoshone, Benewah, and Latah counties, where nearly one in three households is financially strained by housing costs.

Qualitative Research

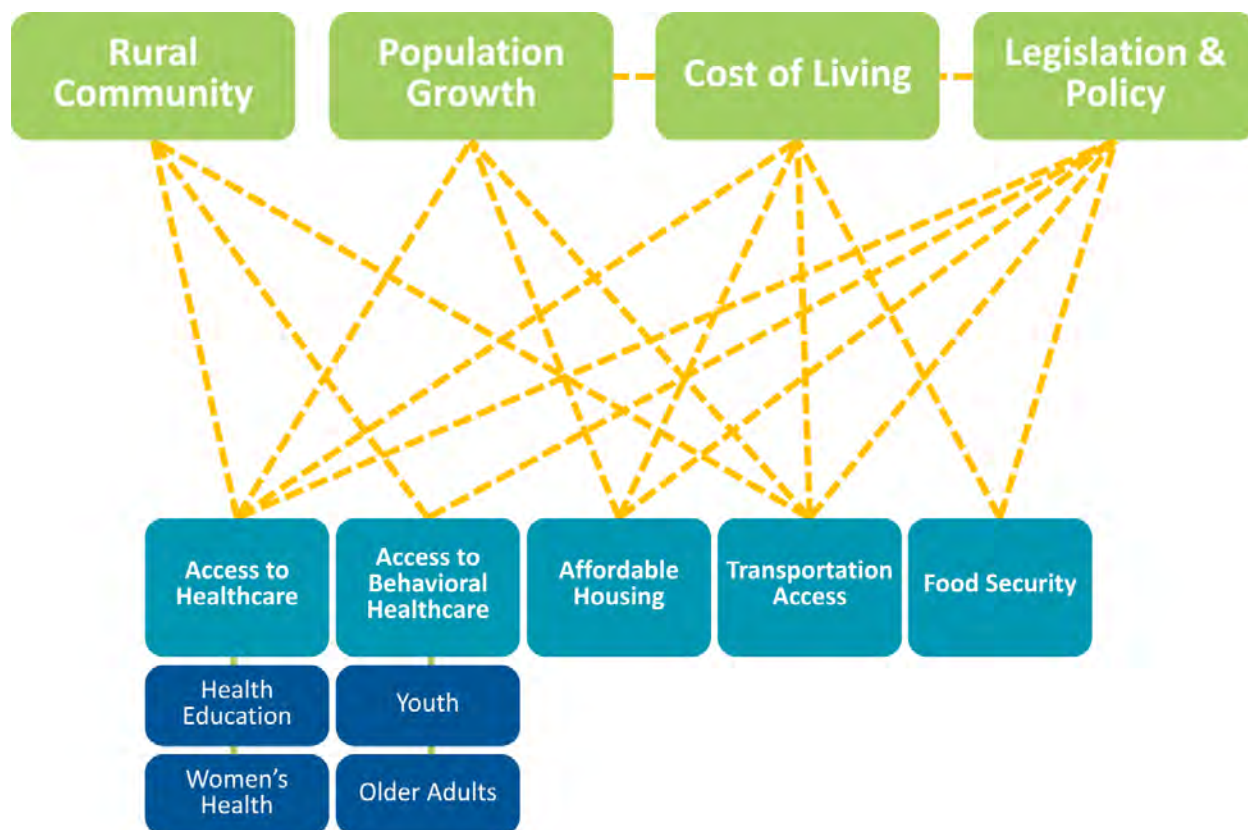
The qualitative research efforts sought to better understand the needs of the community and how these needs impact health and well-being. Qualitative activities included 34 one-on-one key informant interviews and four focus groups with 15 participants. Content and thematic analyses⁶ were conducted using ATLAS.ti software to extrapolate the community considerations, strengths, community need root causes, and action areas. The following graphic depicts the key findings from the qualitative research.



⁴ Prazak, M., Bacigalupi, R., & Hamilton, S. C. (2025). Rural Suicide: Demographics, Causes, and Treatment Implications. *Community mental health journal*, 61(1), 66–75. <https://doi.org/10.1007/s10597-024-01327-x>

⁵ U.S. Census Bureau, ACS Community Survey 5-year Estimates, 2019-2023

⁶ Content analysis and thematic analysis: Implications for conducting a qualitative descriptive study. <https://doi.org/10.1111/nhs.12048>



Community Survey Findings

To gather more quantitative data, a community survey was conducted to gather more data from the wider community. A total of 105 valid survey responses were collected. The majority of respondents reside in Kootenai County and identified as a White woman. Key findings include the following:

- Over 90% of survey respondents reported receiving routine health care from a family doctor, family health center, or clinic.
- Approximately five out of six respondents (84.6%) visited a doctor for a routine checkup within the past three years.
- One in ten respondents (10.5%) respondents reported there were one or more occasions when they needed medical care, but could not get it in the past year. The top three reasons why were: long wait times to make an appointment, doctor's office does not accept my insurance, and provider did not listen to my needs.
- One in eight respondents (13.3%) reported there were one or more occasions when they needed mental health care but could not get it in the past year. The top three reasons why were: providers unavailable in my community, long wait times to make an appointment, and no money /inability to pay.
- Survey respondents indicated that much more focus on safe, affordable housing (80.7%), livable wage job opportunities (75.9%), and affordable, quality childcare (73.5%) is needed in the community.

- Survey respondents indicated that psychiatry for both adults and children is missing or hard to find in the community.
- Survey respondents indicated that much more focus on outpatient counseling services for youth (77.8%) and adults (72.0%) is needed in the community followed by substance use recovery programs.
- Survey respondents indicated that much more focus is needed on reproductive health services including screening and birth control (48.8%) and education on the need for newborn screenings, follow-ups, immunizations and other childhood health promotion and prevention resources (45.1%).



Prioritized Needs

The needs prioritization process is a critical step in finalizing the Community Health Needs Assessment. A prioritization session was conducted on November 19, 2025, with the Kootenai Health Executive Team using a modified Hanlon Method. This session was facilitated by Crescendo Consulting Group. The meeting consisted of a data presentation, short discussion of the data and community needs, and prioritization voting.

The following six needs were ranked as the top needs.

Long wait times
for primary and
specialty care

Lack of
substance use
treatment
services

Prenatal
education

Lack of behavioral
health services
for youth and
young adults

Provider
shortages,
especially some
specialists

Provider
workforce



Introduction

The purpose of this CHNA is to identify and prioritize significant health needs of the community served by Kootenai Health. The priorities identified in this report help to guide the hospital's ongoing community health improvement programs and community benefit activities. This CHNA report meets the requirements of the Affordable Care Act (ACA) that nonprofit hospitals conduct a CHNA at least once every three years.

The findings from this CHNA report serve as a foundation for understanding the health needs found in the community and will inform the implementation strategies selected. This report complies with federal tax requirements set forth in Internal Revenue Code Section 501(r), requiring hospital facilities owned and operated by an organization described in Internal Revenue Code Section 501(c)(3) to conduct a CHNA at least once every three years. Regarding the CHNA, the ACA specifically requires nonprofit hospitals to:

1. Collect and take into account input from public health experts, community leaders, and representatives of high need populations – this includes minority groups, low-income individuals, medically underserved populations, and those with chronic conditions;
2. Identify and prioritize community health needs;
3. Document a separate CHNA for each individual hospital; and,
4. Make the CHNA report widely available to the public.

In addition, each non-profit hospital must adopt an implementation strategy that describes how the hospital will address the identified significant community health needs. This is the first cycle for Kootenai Health, which officially became a non-profit hospital on 1/1/2024. This CHNA report was adopted by Kootenai Health's board on December 9th, 2025.

Please use the following link to either submit written comments on these reports and / or request paper copies: CHNAcomments@kh.org.

About Community Health Needs Assessment

The Community Health Needs Assessment (CHNA) is a comprehensive process that identifies the health needs, barriers to accessing care, and the social drivers of health (SDoH) in a community. Intentional outreach was made to include the voices and lived experiences of the community members that may not have historically participated in this process in prior years. The Community Health Needs Assessment is also a requirement of all non-profit hospitals to complete every three years as part of the Patient Protection and Affordable Care Act (the ACA) and codified under IRS Section 501(r)(3). After a CHNA, hospitals must also complete a three-year Implementation Strategy Plan (ISP) that identifies how the hospital plans to address identified prioritized needs of the community.

About Kootenai Health

Kootenai Health provides comprehensive medical services to patients in northern Idaho and throughout the Inland Northwest. Our main campus is located in Coeur d'Alene, Idaho and includes a non-profit hospital licensed for up to 397 beds. St. Mary's Health in Cottonwood, Idaho, and Clearwater Valley Health in Orofino, Idaho are also part of Kootenai Health.

Kootenai is accredited by DNV. We also hold Magnet designation for nursing excellence, Level II ACS Trauma Center designation, Level III NICU designation, Level I STEMI designation, and accreditation from the American College of Surgeons Commission on Cancer. Kootenai Health has also achieved a Five Star Overall Hospital Quality Star Rating from the Centers for Medicare and Medicaid Services (CMS).

Kootenai Health is the largest employer in northern Idaho, with over 3,700 employees, 75% of which are women. Kootenai Health's growth and success help drive economic development in the region.

Mission

We improve health one patient at a time in a friendly and professional culture committed to superior quality and safety.

Vision

One connected team boldly transforming the health care experience to become a premier medical destination.

Values

The Kootenai Health Way is our shared commitment to safety, compassion, and engagement. Our focus on these values helps us create the best possible experiences for our patients, their families, and our co-workers. It is who we want to be every day to everyone.



Methodology

A mixed-methods approach consisting of a combination of primary and secondary quantitative and qualitative research methods designed to evaluate the perspectives and opinions of community stakeholders, especially those from underserved and vulnerable populations, was implemented between September 23 and November 14, 2025.

Input was solicited and provided by at least one state, local, tribal, or regional governmental public health department (or equivalent department or agency), or a State Office of Rural Health described in Section 338J of the Public Health Services Act, with knowledge, information, or expertise relevant to the health needs of the community.



Each activity is described below in more detail.

Secondary Data

These data provide a critical insight into the demographics of Kootenai Health’s primary service area (PSA), social drivers of health, health outcomes, and behavioral health-related measures, among others. The data was mainly collected from the U.S. Census Bureau American Community Survey and the United States Centers for Disease Control and Prevention.

Qualitative Research

Research included 34 one-on-one key informant interviews and four focus groups, speaking with a total of 15 participants. The primary qualitative data was collected between September 23 and November 14, 2025.

Community Survey

A survey was conducted via SurveyMonkey and paper copies in English and Spanish to evaluate and address healthcare, housing, employment, and other needs, gaps, and resources in the community. A total of 105 responses were collected and analyzed.

Needs Prioritization

On November 19, 2025, a Needs Prioritization process utilizing a modified Hanlon Method was utilized to prioritize the 20 community needs identified from the research. The Kootenai Health Executive Team participated in this process.

Data Limitations

Secondary data sources are often large-scale efforts that take time to collect, clean, and analyze data prior to publication. Due to the time required between data collection and publication, many of these sources publish data collected up to 18 to 24 months before publication. Therefore, while this report was published in 2025, many data sources cited herein are dated in prior years. Data available from rural areas can also be limited due to small numbers.

Qualitative data collection efforts can be affected by the rurality in the regions where data collection efforts were conducted. Participation is also often limited to those who choose to or can engage, which may not reflect the experiences of everyone in a community.

Social Drivers of Health

The social drivers of health (SDoH), also called social determinants of health, are the conditions in the environments where people are born, live, learn, work, play, worship, and age that affect a wide range of health, functioning, and quality-of-life outcomes and risks. Clinical care impacts only 20.0% of health outcomes, while social drivers impact as much as 50.0% of health outcomes. Examples of SDoH include economic stability, safe and affordable housing, access to nutritious foods, and many more. The social drivers of health model consists of five domains shown below in Exhibit 1.

Exhibit 1: Social Drivers of Health Framework



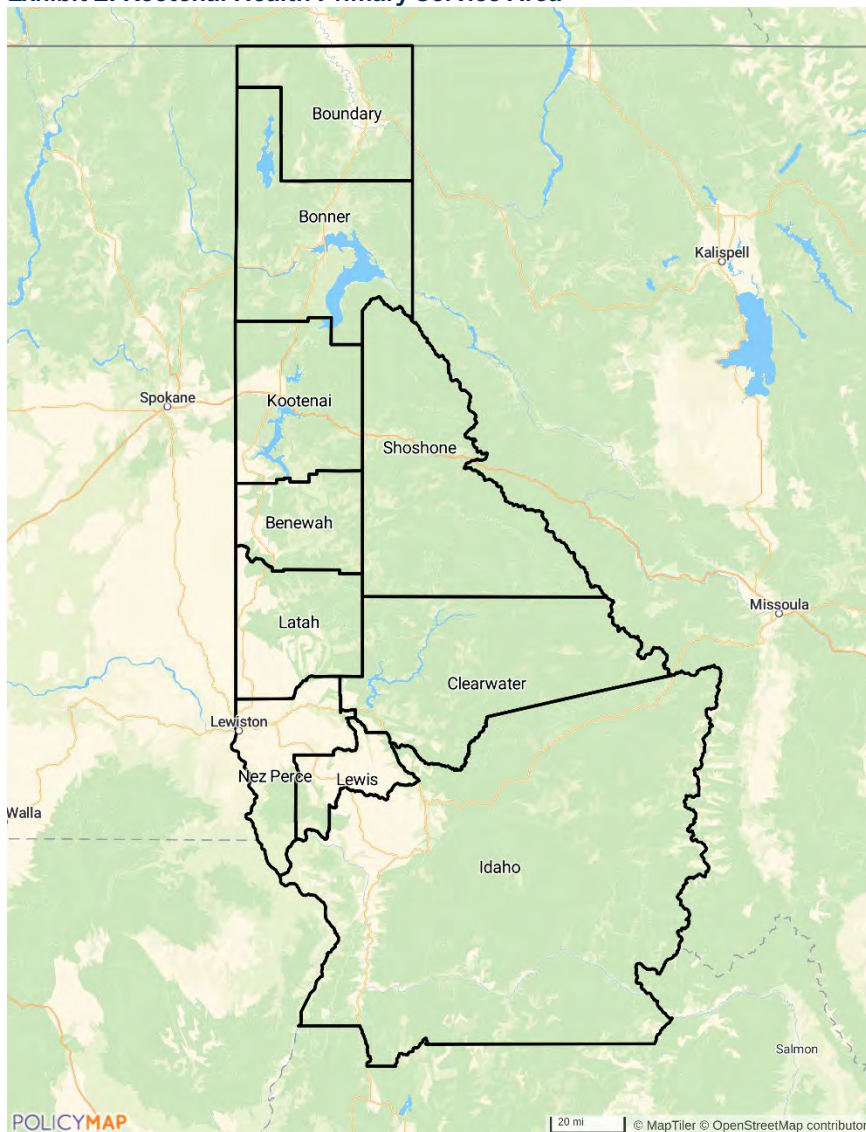
Secondary Data Findings

The following section contains the key secondary data highlights for the Kootenai Health service area. Additional data tables are found in Appendix B.

Kootenai Health Primary Service Area

For the 2025 Community Health Needs Assessment, Kootenai Health has defined their primary service area (PSA) as the 10 counties in northern Idaho. The counties are organized into two public health districts: District 1 (Panhandle) and District 2 (North Central). District 1 is comprised of Boundary, Bonner, Kootenai, Benewah, and Shoshone counties. District 2 is comprised of Latah, Clearwater, Nez Perce, Lewis, and Idaho counties.

Exhibit 2: Kootenai Health Primary Service Area



Demographics

Kootenai County, Idaho Demographic Overview

Total
Population
177,736

Population by Age


Age Under 18
22.6%


Age 18 to 64
57.7%


Age 65+
19.7%

Population Change



2010
138,465

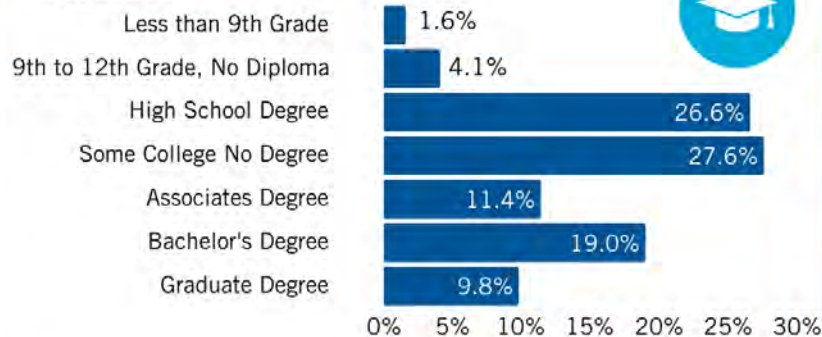
+28.4%

2023
177,736

+20.6%

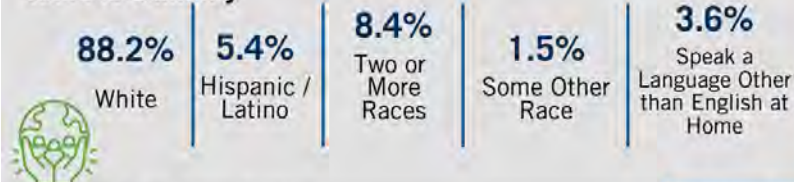
2032
214,278

Education



40.2% of Kootenai County residents have earned a higher education degree.

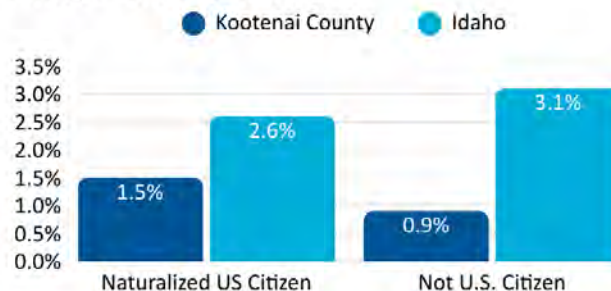
Race & Ethnicity



Economic Wellbeing



Foreign-Born Population



Source: U.S. Census Bureau American Community Survey 2019-2023 Five-year Estimates and One-Year Estimates

Trend of Households Living in Poverty



Lewis County, Idaho Demographic Overview

Total
Population
3,649

Population by Age


Age Under 18
23.3%


Age 18 to 64
53.1%


Age 65+
27.8%

Population Change



2010
3,822

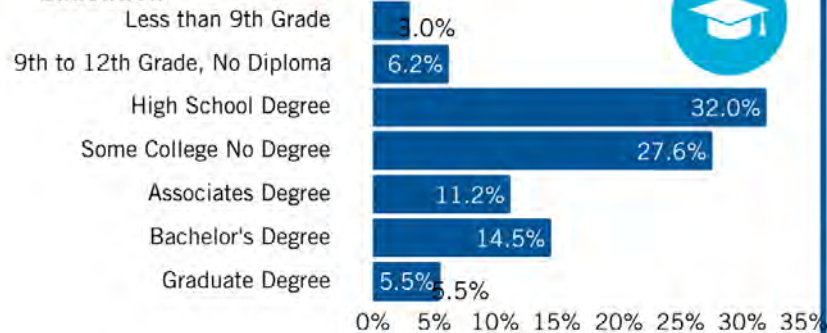
-4.5%

2023
3,822

+0.7%

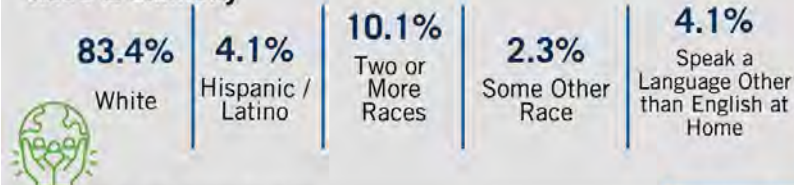
2032
3,674

Education



31.2% of Lewis County residents have earned a higher education degree.

Race & Ethnicity



Economic Wellbeing

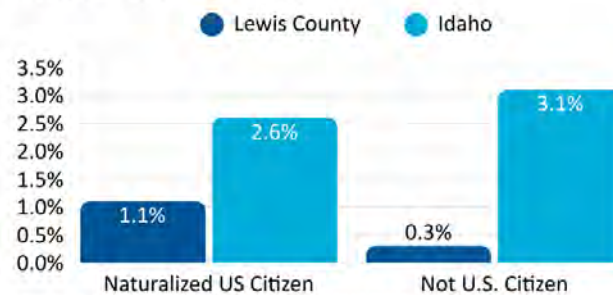

Median Household
Income
\$49,643


Low-Income Households
Severely Cost Burdened
18.2%


Unemployment Rate
3.5%


Households
Receiving SNAP
Benefits
10.9%

Foreign-Born Population



Source: U.S. Census Bureau American Community Survey 2019-2023 Five-year Estimates and One-Year Estimates

Trend of Households Living in Poverty



Shoshone County, Idaho Demographic Overview

Total
Population
13,580

Population by Age


Age Under 18
20.8%


Age 18 to 64
56.5%


Age 65+
22.8%

Population Change



2010
12,794

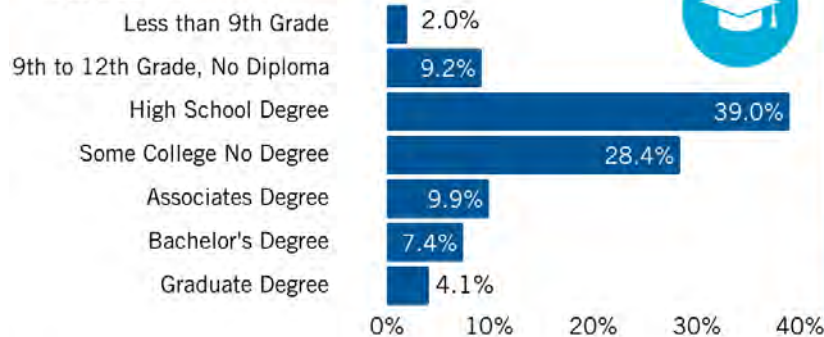
+6.1%

2023
13,580

-3.7%

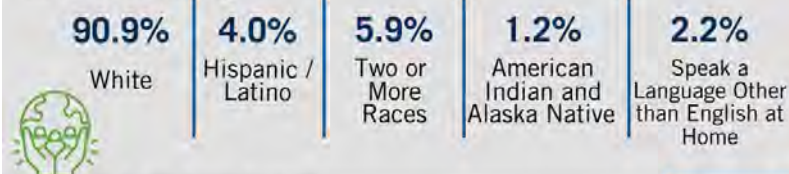
2032
13,076

Education



21.4% of Shoshone County residents have earned a higher education degree.

Race & Ethnicity



Economic Wellbeing

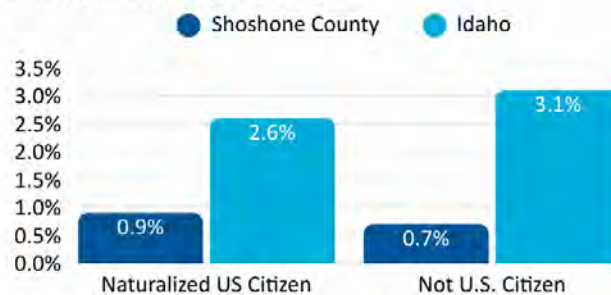

Median Household
Income
\$49,975


Low-Income Households
Severely Cost Burdened
17.1%


Unemployment Rate
5.1%


Households
Receiving SNAP
Benefits
11.7%

Foreign-Born Population



Source: U.S. Census Bureau American Community Survey 2019-2023 Five-year Estimates and One Year Estimates

Trend of Households Living in Poverty



Nez Perce County, Idaho Demographic Overview

Total
Population
42,477

Population by Age

Age Under 18
21.4%

Age 18 to 64
58.0%

Age 65+
20.6%

Population Change



2010
39,266

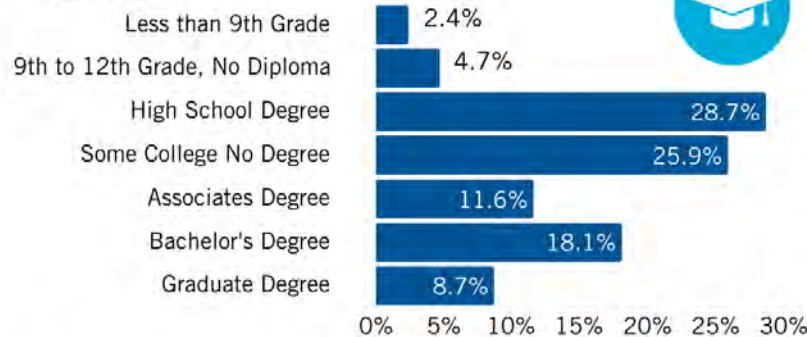
+8.2

2023
42,477

+7.0%

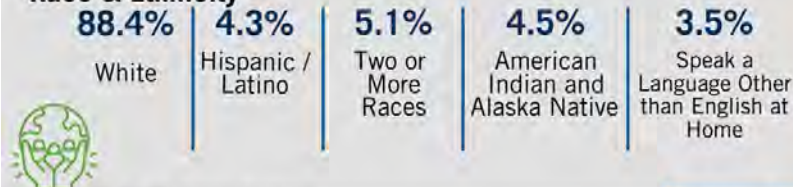
2032
45,462

Education



38.4% of Nez Perce County residents have earned a higher education degree.

Race & Ethnicity



Economic Wellbeing

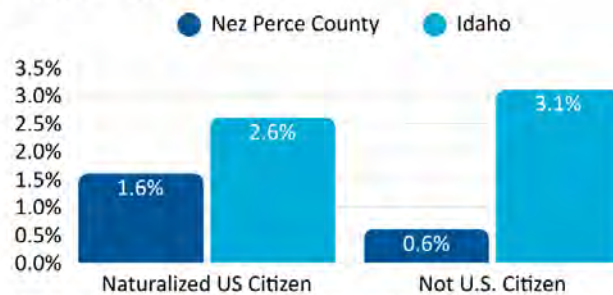
Median Household
Income
\$71,466

Low-Income Households
Severely Cost Burdened
35.5%

Unemployment Rate
2.9%

Households
Receiving SNAP
Benefits
7.2%

Foreign-Born Population



Source: U.S. Census Bureau American Community Survey 2019-2023 Five-year Estimates and One-Year Estimates

Trend of Households Living in Poverty



Latah County, Idaho Demographic Overview

Total
Population
40,315

Population by Age


Age Under 18
18.9%


Age 18 to 64
66.6%


Age 65+
14.5%

Population Change



2010
37,242

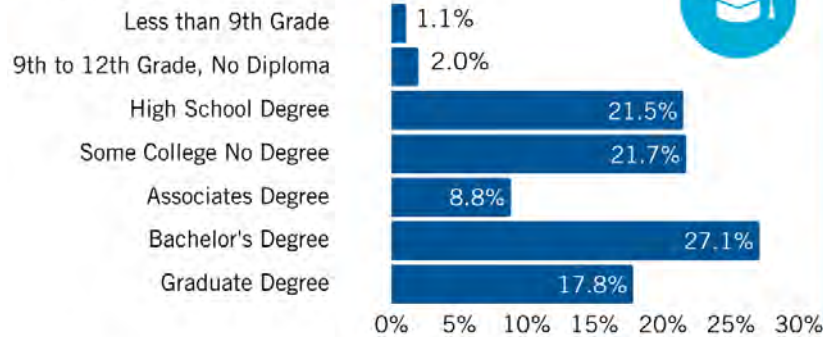
+8.3%

2023
40,315

+7.9%

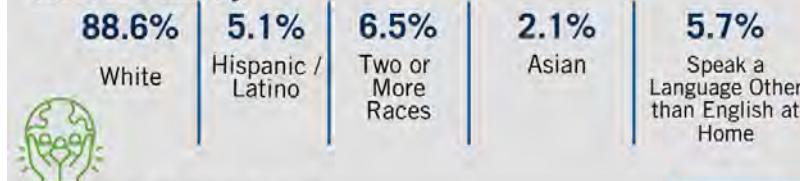
2032
43,481

Education



53.7% of Latah County residents have **earned a higher education degree.**

Race & Ethnicity



Economic Wellbeing

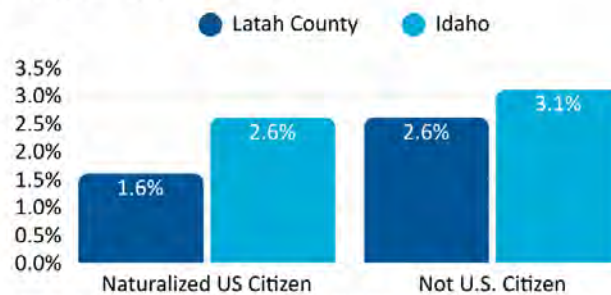

Median Household Income
\$65,179


Low-Income Households Severely Cost Burdened
31.1%


Unemployment Rate
6.1%


Households Receiving SNAP Benefits
4.9%

Foreign-Born Population



Source: U.S. Census Bureau American Community Survey 2019-2023 Five-year Estimates and One-Year Estimates

Trend of Households Living in Poverty



Idaho County, Idaho Demographic Overview

Total
Population
17,120

Population by Age

Age Under 18
19.8%

Age 18 to 64
51.6%

Age 65+
28.6%

Population Change



2010
16,267

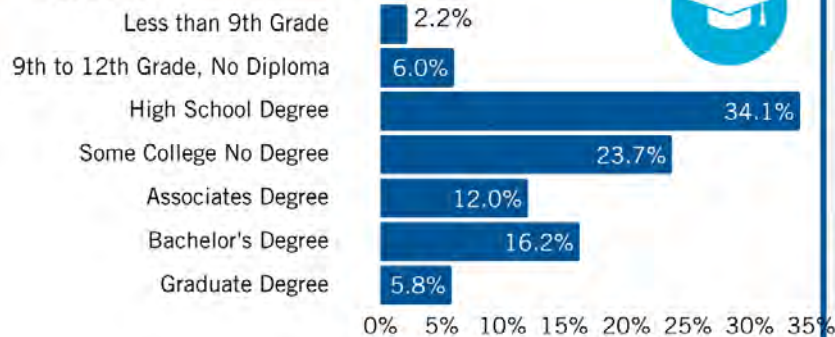
+5.0%

2023
17,120

+4.9%

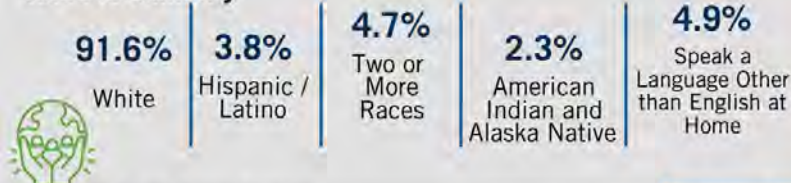
2032
17,964

Education



34.0% of Idaho County residents have earned a higher education degree.

Race & Ethnicity



Economic Wellbeing

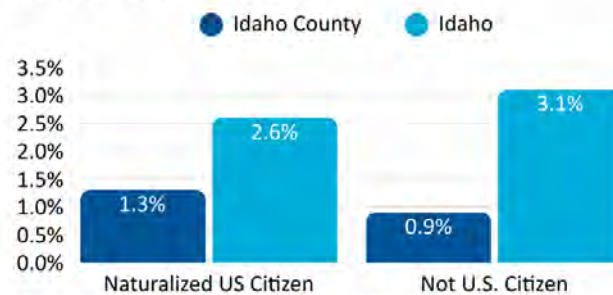
Median Household
Income
\$60,975

Low-Income Households
Severely Cost Burdened
17.2%

Unemployment Rate
3.7%

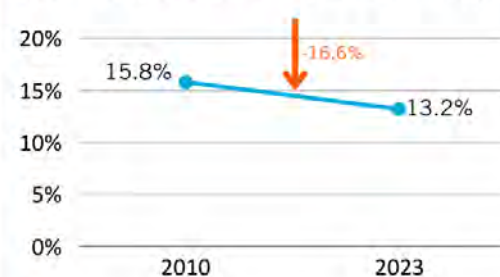
Households
Receiving SNAP
Benefits
4.1%

Foreign-Born Population



Source: U.S. Census Bureau American Community Survey 2019-2023 Five-year Estimates and One-Year Estimates

Trend of Households Living in Poverty



Clearwater County, Idaho Demographic Overview

Total
Population
8,921

Population by Age


Age Under 18
15.3%


Age 18 to 64
56.2%


Age 65+
28.5%

Population Change



2010
8,761

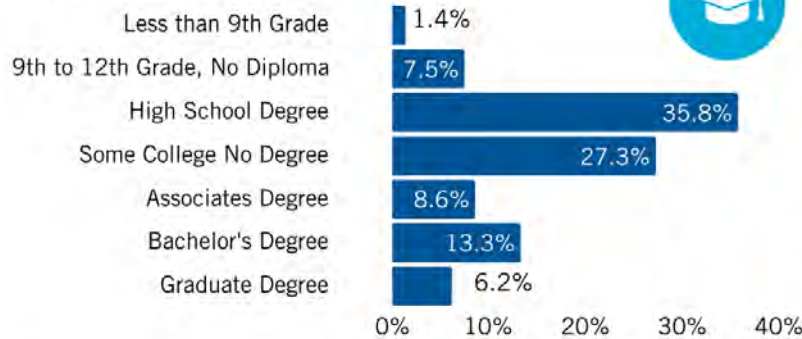
+1.8%

2023
8,921

-0.2%

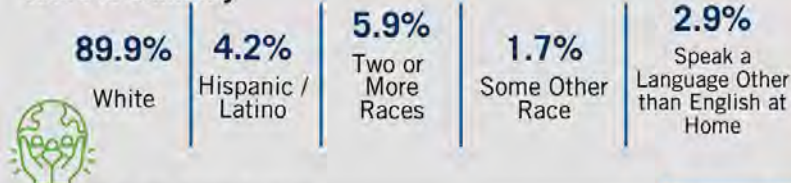
2032
8,899

Education



28.1% of Clearwater County residents have earned a higher education degree.

Race & Ethnicity



Economic Wellbeing



Median Household
Income
\$57,961



Low-Income Households
Severely Cost Burdened
19.5%

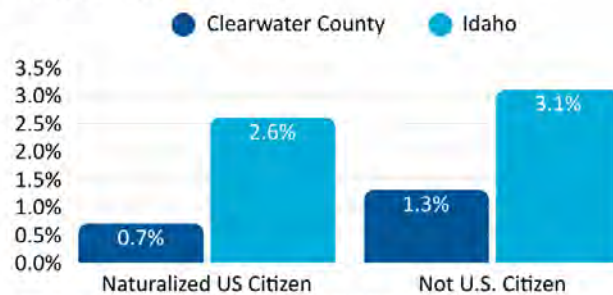


Unemployment Rate
3.5%



Households
Receiving SNAP
Benefits
6.9%

Foreign-Born Population



Source: U.S. Census Bureau American Community Survey 2019-2023 Five-year Estimates and One-Year Estimates

Trend of Households Living in Poverty



Benewah County, Idaho Demographic Overview

Total
Population
9,913

Population by Age


Age Under 18
22.1%


Age 18 to 64
54.5%


Age 65+
23.5%

Population Change



2010
9,283

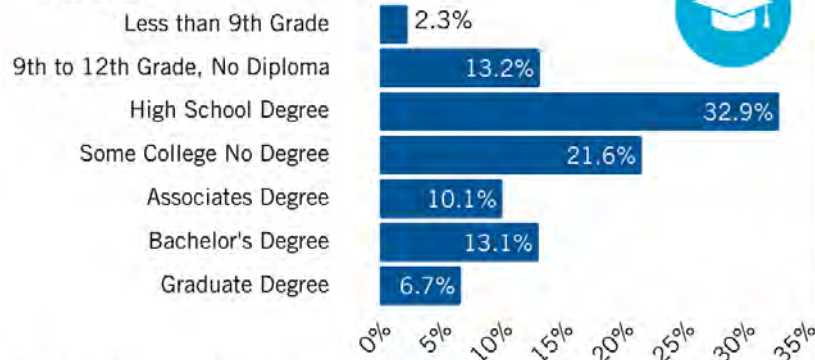
+6.8%

2023
9,913

+4.8%

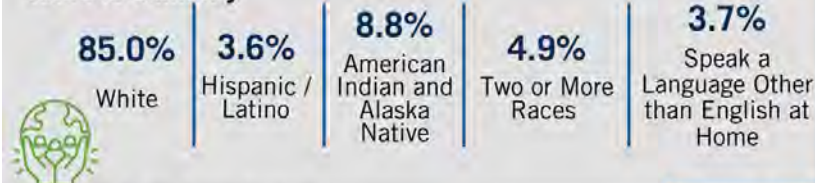
2032
10,391

Education



29.9% of Benewah County residents have earned a higher education degree.

Race & Ethnicity



Economic Wellbeing

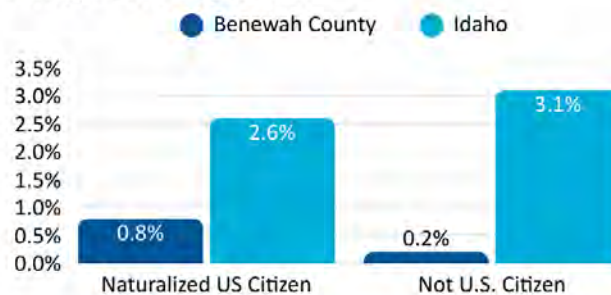

Median Household Income
\$56,553


Low-Income Households Severely Cost Burdened
24.8%


Unemployment Rate
3.9%

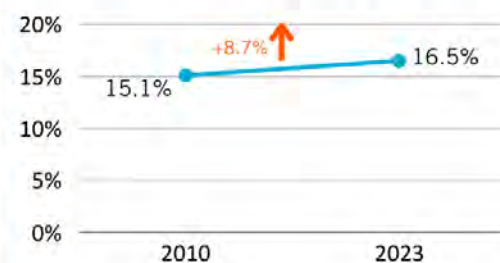

Households Receiving SNAP Benefits
10.7%

Foreign-Born Population



Source: U.S. Census Bureau American Community Survey 2019-2023 Five-year Estimates and One Year Estimates

Trend of Households Living in Poverty



Boundary County, Idaho Demographic Overview

Total
Population
12,695

Population by Age

Age Under 18
23.3%

Age 18 to 64
53.1%

Age 65+
23.6%

Population Change



2010
10,972

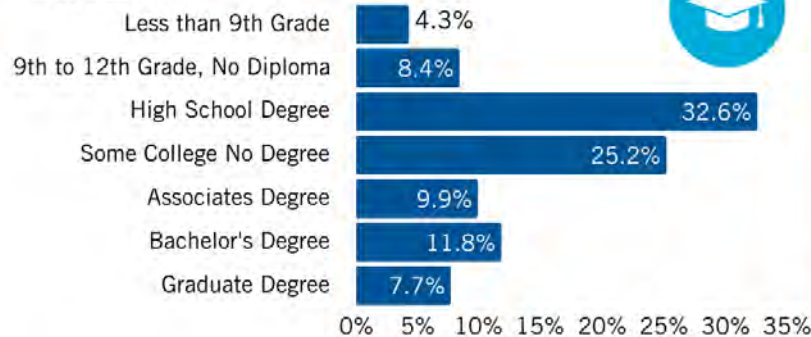
+15.7%

2023
12,695

+9.6%

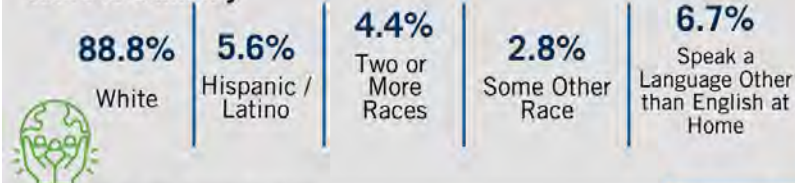
2032
13,908

Education



29.4% of Boundary County residents have earned a higher education degree.

Race & Ethnicity



Economic Wellbeing



Median Household
Income
\$62,438



Low-Income Households
Severely Cost Burdened
18.5%

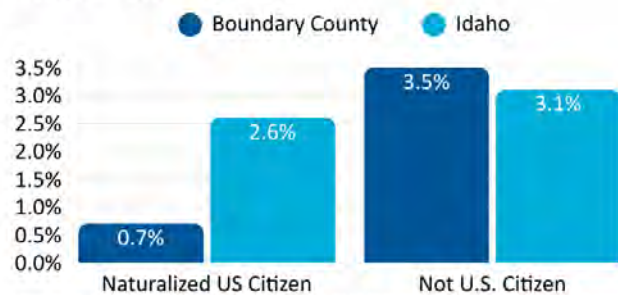


Unemployment Rate
3.3%



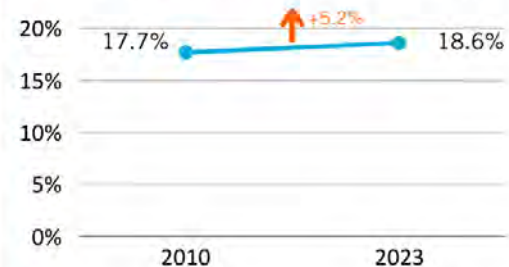
Households
Receiving SNAP
Benefits
12.4%

Foreign-Born Population



Source: U.S. Census Bureau American Community Survey 2019-2023 Five-year Estimates and One-Year Estimates

Trend of Households Living in Poverty



Bonner County, Idaho Demographic Overview

Total
Population
49,456

Population by Age

Age Under 18
19.6%

Age 18 to 64
54.2%

Age 65+
26.1%

Population Change



2010
40,878

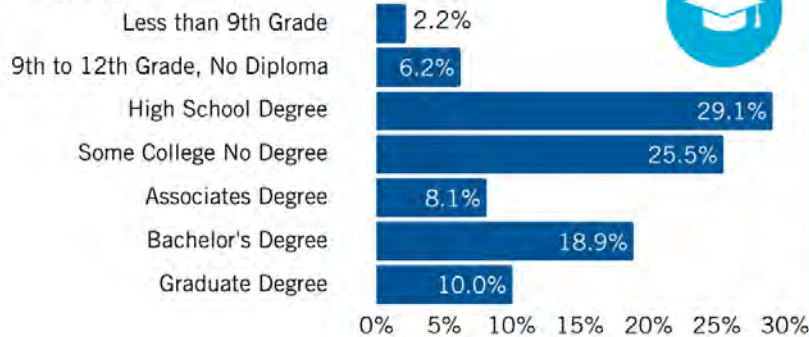
+21.0%

2023
49,456

+13.5%

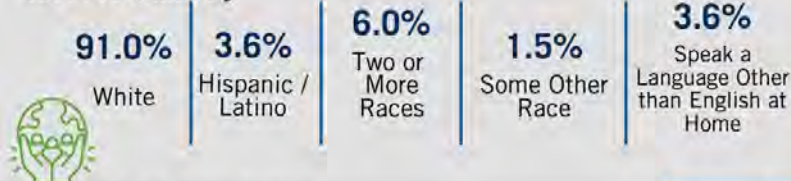
2032
56,149

Education



37.0% of Bonner County residents have earned a higher education degree.

Race & Ethnicity



Economic Wellbeing

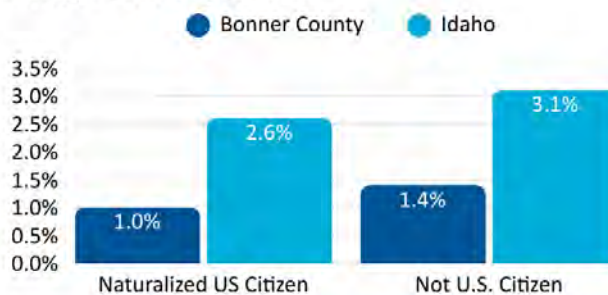
Median Household
Income
\$65,168

Low-Income Households
Severely Cost Burdened
27.2%

Unemployment Rate
3.9%

Households
Receiving SNAP
Benefits
6.9%

Foreign-Born Population



Source: U.S. Census Bureau American Community Survey 2019-2023 Five-year Estimates and One-Year Estimates

Trend of Households Living in Poverty



Idaho

Demographic Overview

Total
Population
1,893,296

Population by Age


Age Under 18
24.5%


Age 18 to 64
58.9%


Age 65+
16.8%

Population Change



2010
1,567,582

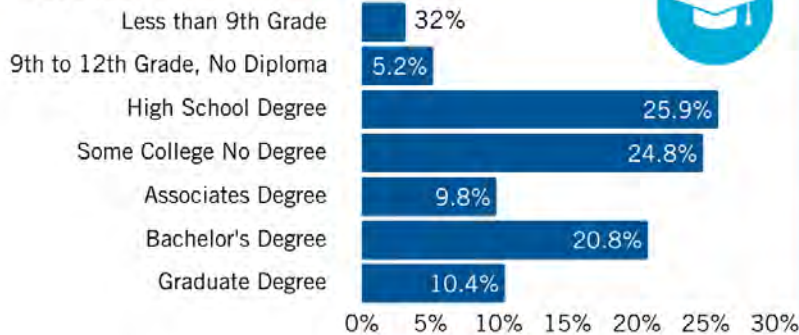
+20.8%

2023
1,893,296

+15.8%

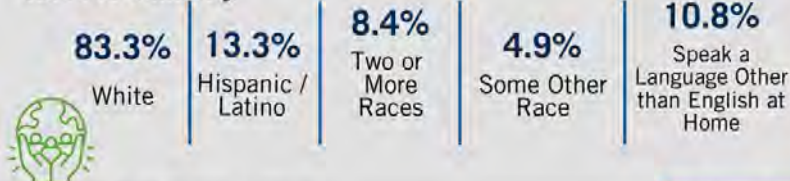
2032
2,192,302

Education



41.0% of Idaho residents have earned a higher education degree.

Race & Ethnicity



Economic Wellbeing



Median Household
Income
\$74,636



Low-Income Households
Severely Cost Burdened
25.0%

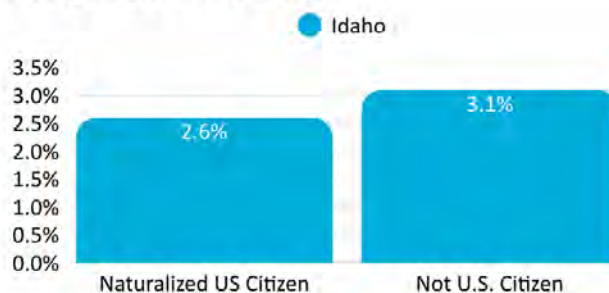


Unemployment Rate
3.7%



Households
Receiving SNAP
Benefits
7.8%

Foreign-Born Population



Source: U.S. Census Bureau American Community Survey 2019-2023 Five-year Estimates and One-Year Estimates

Trend of Households Living in Poverty

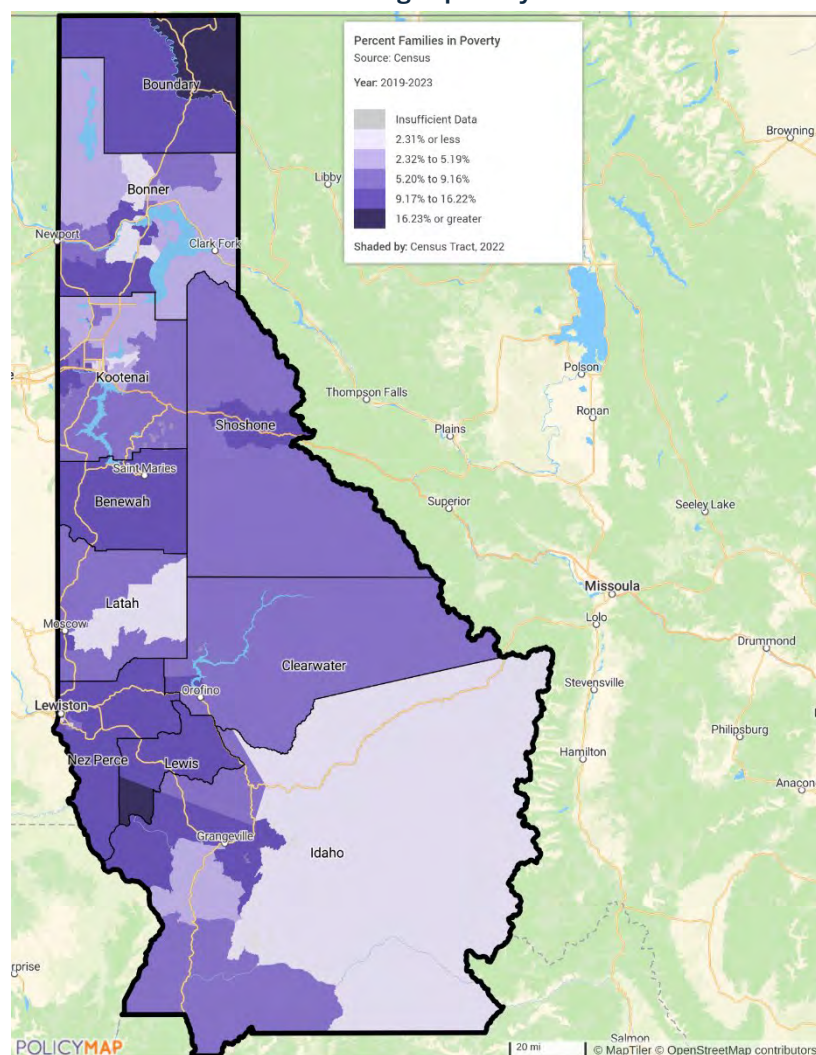


Economic Stability

Poverty and Financial Hardship

Family poverty rates vary widely across the service area, with the highest concentrations appearing in several rural and remote census tracts in Boundary, Lewis, and Benewah counties. These patterns reflect longstanding structural challenges in rural communities, including limited employment opportunities, lower wages, and reduced access to childcare and transportation.⁷ In contrast, areas with stronger economic anchors, such as parts of Kootenai and Latah counties, show lower poverty rates, consistent with more diverse labor markets and higher educational attainment. Elevated family poverty is closely linked to poorer health outcomes, increased chronic disease risk, and reduced access to timely care, making these disparities an important driver of health inequity across the region.⁸

Exhibit 3: Percent of families living in poverty



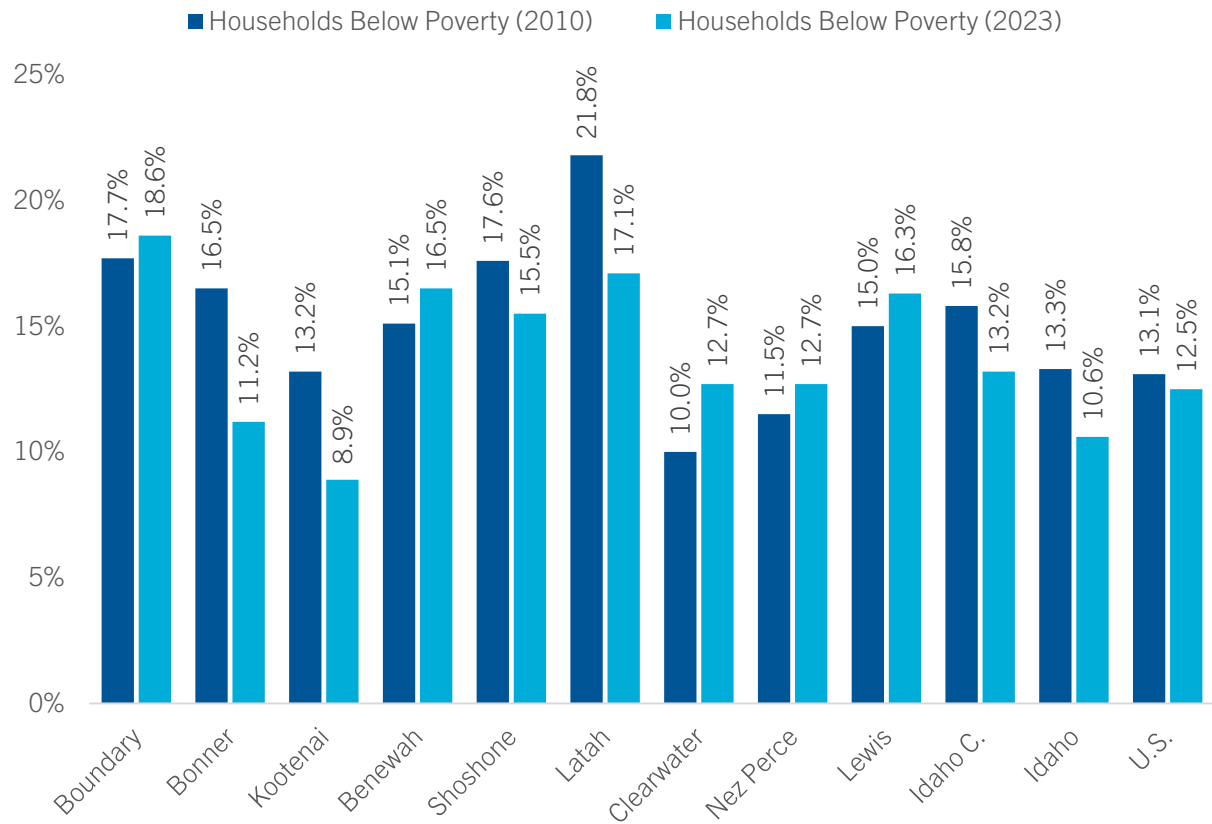
Source: U.S. Census Bureau, ACS Community Survey 5-year Estimates, 2019-2023

⁷ Shattuck, A., & Kozlowski, T. (2025, May 7). Strengthening early childhood health, housing, education, and economic well-being through holistic public policy. Center for American Progress.

⁸ Rural Health Information Hub. (2023). Social determinants of health for rural people.

Across the Kootenai Health service area, trends in household poverty since 2010 show a mixed pattern of progress and emerging concern. Several counties, particularly more urban or economically diversified areas, experienced notable declines in poverty over the past decade, reflecting stronger job markets, population growth, and expanded economic opportunity. In contrast, a subset of rural and resource-dependent counties saw little improvement or even increases in poverty, highlighting persistent socioeconomic vulnerabilities tied to limited employment options, lower wages, and geographic isolation.⁹

Exhibit 4: Trends in percentage of households below poverty level



Source: U.S. Census Bureau, ACS Community Survey 5-year Estimates, 2019-2023

⁹ Lichter, D. T., & Johnson, K. M. (2023). Urbanization and the Paradox of Rural Population Decline: Racial and Regional Variation. *Socius: Sociological Research for a Dynamic World*, 9. <https://doi.org/10.1177/23780231221149896>

Income-to-poverty ratios measure how a household's income compares to the federal poverty level, expressed as a percentage of that threshold. A ratio of 100% means a household is exactly at the poverty line, while values above or below indicate how far a household is from meeting basic income needs. Ratios between 100% and 199% capture families who are technically above poverty but still face significant financial strain, as incomes in this range often fall short of covering essentials such as housing, childcare, transportation, and health care.¹⁰

Across the region, a sizable share of households fall within the 125%–184% income-to-poverty range, often referred to as “near-poverty.” These near-poverty bands are important because families in this range frequently experience material hardship despite being “above” the poverty line.¹¹ Many safety net programs, such as Supplemental Nutrition Assistance Program (SNAP), Medicaid, and public health insurance subsidies, set eligibility thresholds based on a household's income relative to the federal poverty level, meaning that households in the 100–200% FPL range commonly qualify for at least one form of public support.¹²

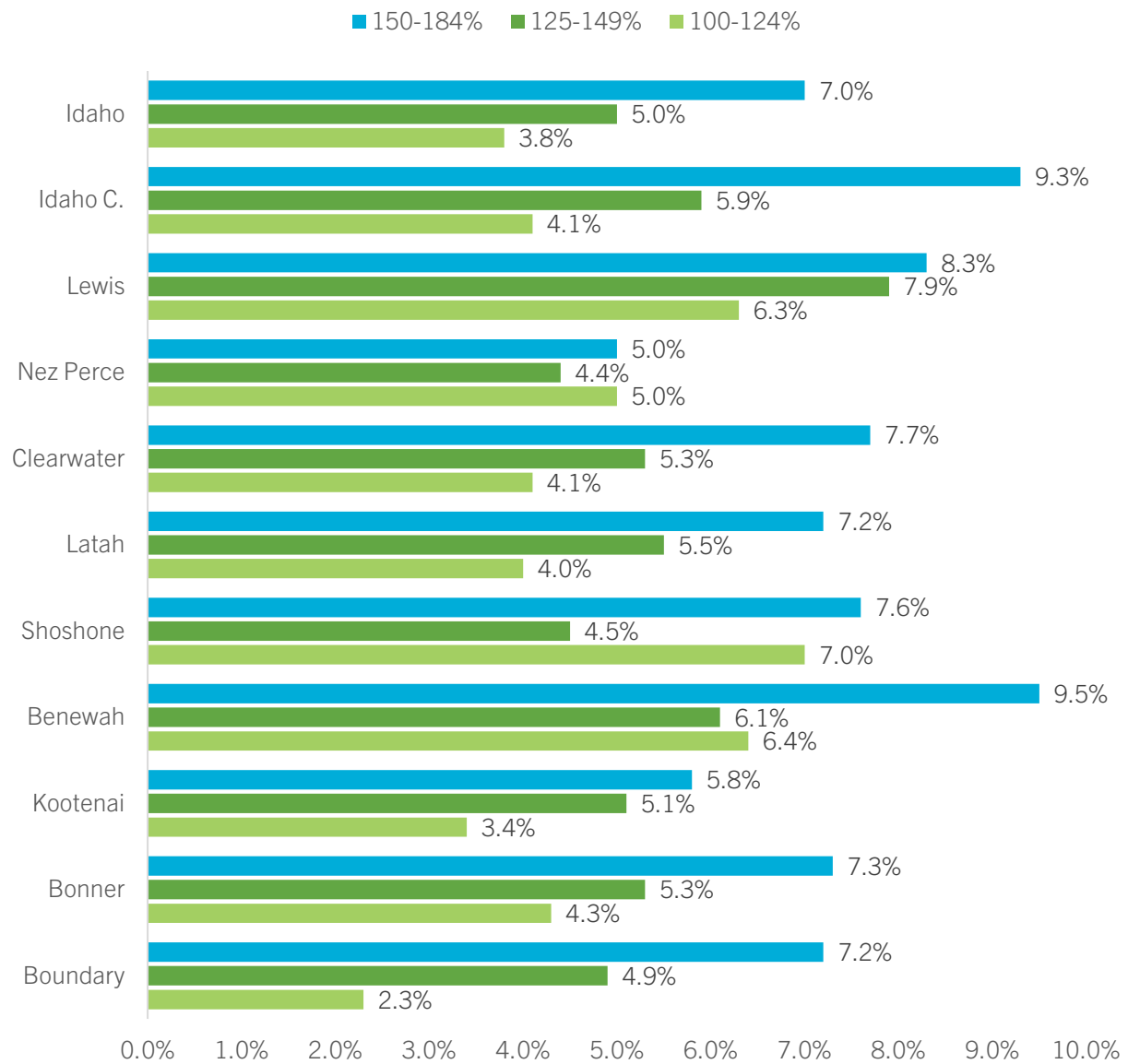


¹⁰ U.S. Census Bureau. (n.d.). Poverty thresholds and poverty guidelines.

¹¹ U.S. Census Bureau. (n.d.). Poverty measures: Guidance on income-to-poverty ratios.

¹² U.S. Department of Health and Welfare, Idaho. (2025, October 14). Medicaid program income limits.

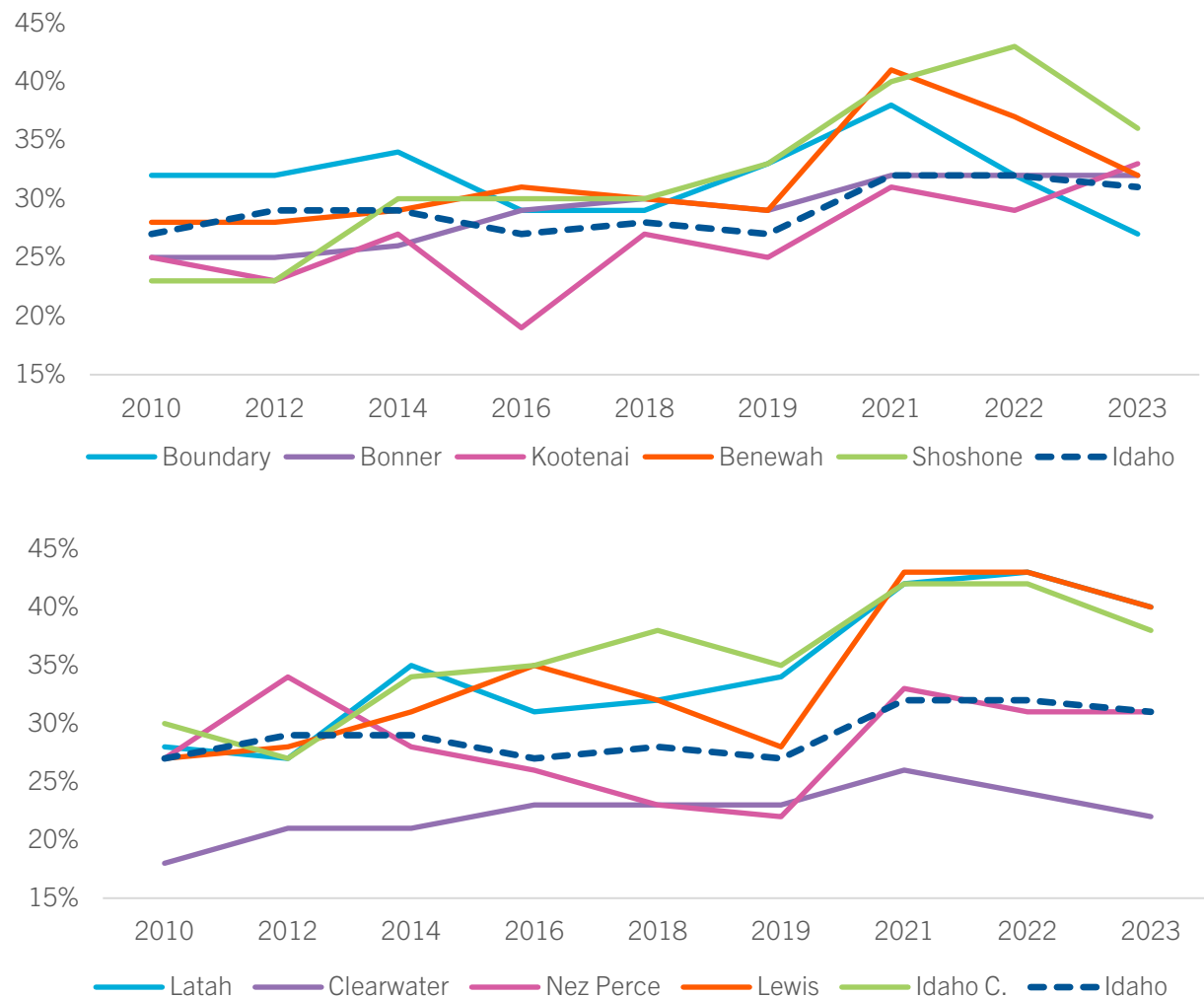
Exhibit 5: Income to poverty ratios



Source: U.S. Census Bureau, ACS Community Survey 5-year Estimates, 2019-2023

Across the Kootenai Health service area, the share of households classified as ALICE (Asset Limited, Income Constrained, Employed) has remained persistently high over the past decade, indicating that many working families continue to struggle with the rising cost of basic necessities despite being employed. ALICE households earn above the Federal Poverty Level but below the income needed to meet a county's actual cost of living, which includes housing, childcare, food, transportation, and healthcare.¹³ The trend data show that in several counties, the proportion of ALICE households increased notably following economic stressors such as the COVID-19 pandemic, reflecting how inflation, wage stagnation, and limited access to stable, higher-wage jobs disproportionately affect rural communities.¹⁴ Even in counties where ALICE rates have stabilized or declined slightly in recent years, levels remain elevated, suggesting ongoing financial vulnerability for a substantial portion of the population.

Exhibit 6: Trend of ALICE Households



Source: United Way, ALICE Households, 2010-2023

¹³ United For ALICE. (2023). The ALICE threshold: Methodology and measures. United Way of Northern New Jersey.

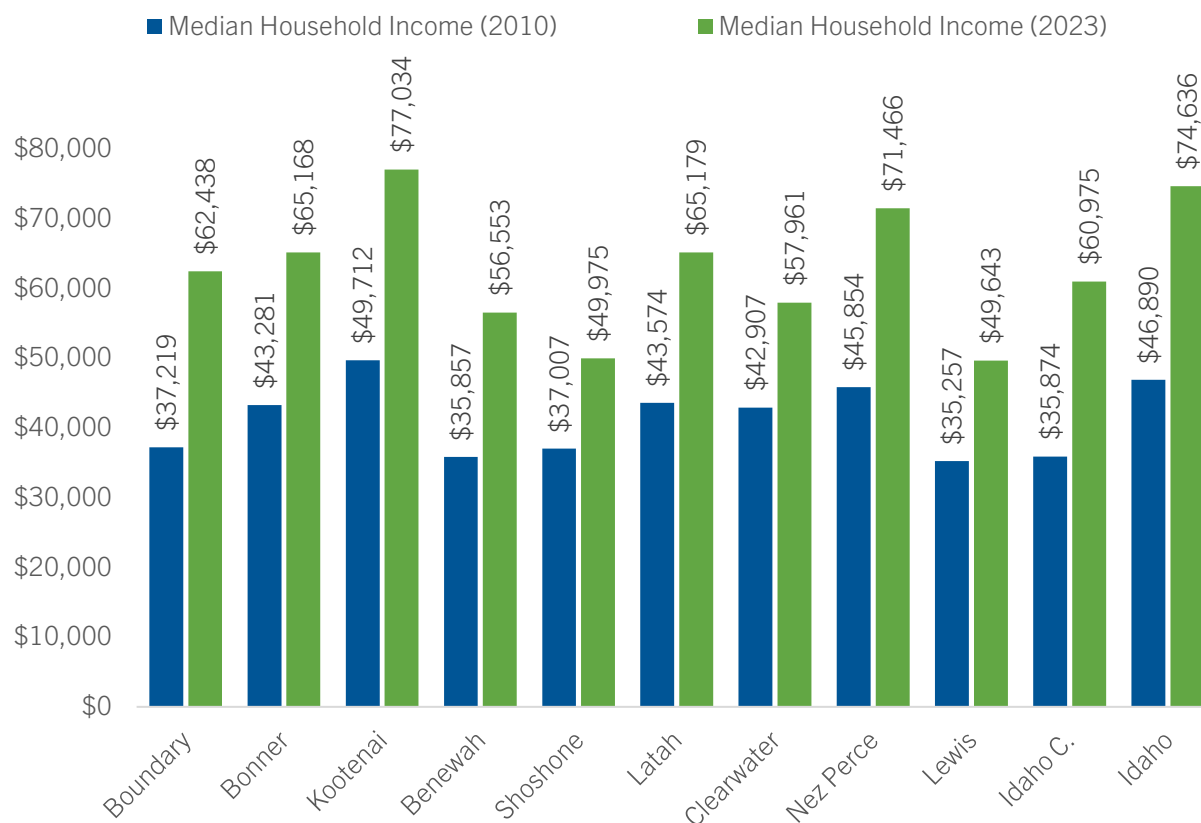
¹⁴ United For ALICE. (2024). ALICE in the crosscurrents: The impacts of inflation and the pandemic on financial hardship. United Way of Northern New Jersey.; U.S. Department of Agriculture, Economic Research Service. (2023). Rural America at a glance.

Household Income and Economic Opportunity

Median household income increased across all ten counties over the past decade, signaling broad economic growth throughout the region. However, the pace of that growth was uneven, reflecting differences in local economic structures, population change, and access to higher-wage employment. Counties with expanding populations and more diversified labor markets, particularly those closer to regional job centers, experienced faster income growth, suggesting that residents benefitted from newer industries, higher-wage employment opportunities, and increased investment.¹⁵ In contrast, more rural counties and communities with less economic diversification saw slower growth, which may indicate ongoing challenges such as limited job availability, dependence on historically lower-wage industries, or barriers to attracting new employers.

Despite this variation, income growth in much of the service area kept pace with or exceeded statewide, demonstrating that many communities are experiencing meaningful economic progress. At the same time, the gaps between counties widened, reinforcing long-standing economic differences between communities with stronger employment bases and those that remain more isolated or resource constrained.

Exhibit 7: Trends in median household income

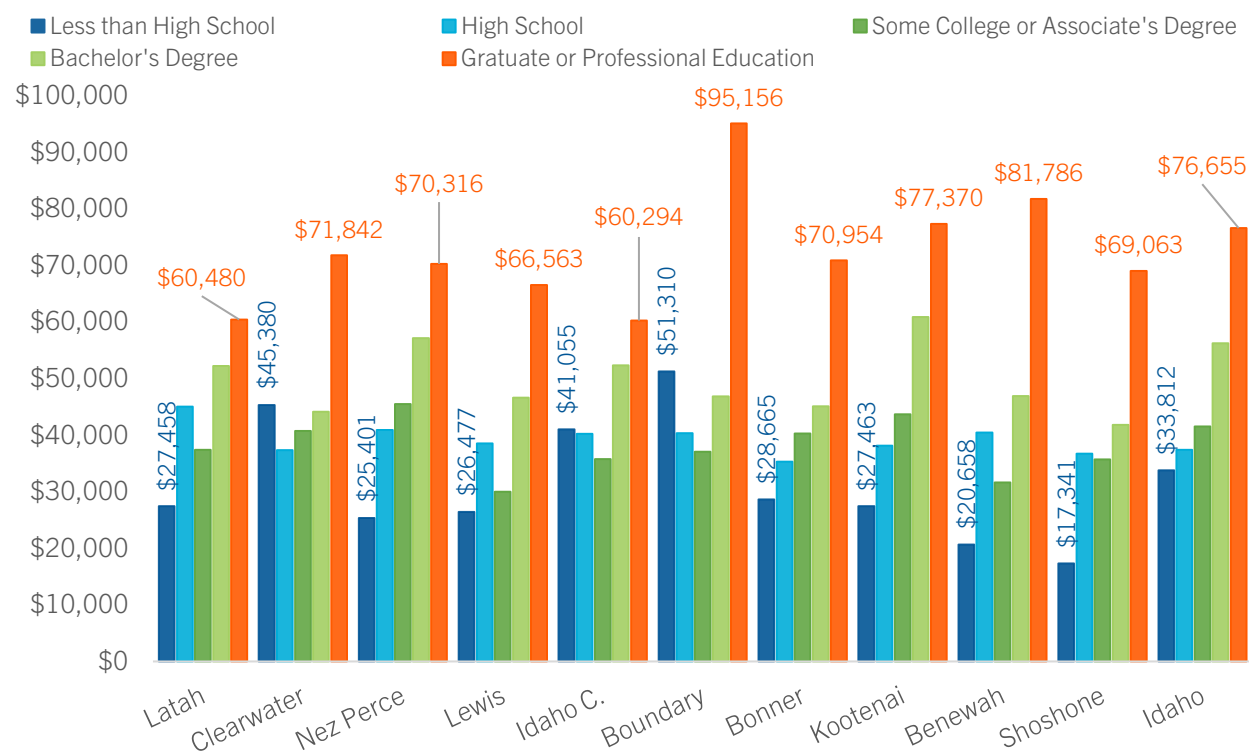


Source: U.S. Census Bureau, ACS Community Survey 5-year Estimates, 2019-2023

¹⁵ Davis, J.C., Cromartie, J., Farrigan, T., Genetin, B., Sanders, A., & Winikoff, J.B. (2023). Rural America at a glance: 2023 edition (Report No. EIB-261). U.S. Department of Agriculture, Economic Research Service. <https://doi.org/10.32747/2023.8134362.ers>

Income generally increases with higher levels of educational attainment across the region, reflecting well-established national patterns linking education to higher wages and improved economic stability.¹⁶ Counties with more diverse economies or stronger connections to regional job centers show larger wage advantages for residents with college or graduate degrees, suggesting that local labor markets shape the extent to which education translates into higher earnings.¹⁷ These patterns have important health implications, as higher educational attainment is closely tied to improved health outcomes and greater ability to meet basic needs.¹⁸

Exhibit 8: Median income by educational attainment



Source: U.S. Census Bureau, ACS Community Survey 5-year Estimates, 2019-2023

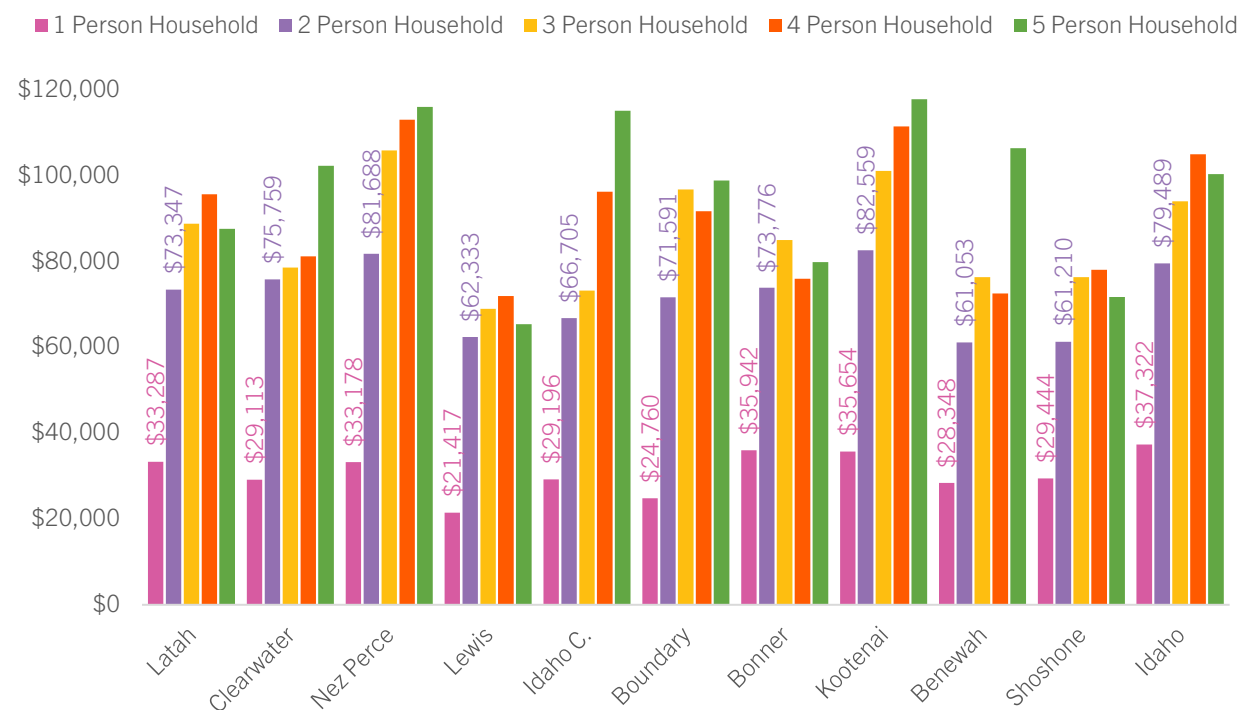
¹⁶ Carnevale, A. P., Cheah, B., & Hanson, A. R. (2021). The college payoff: More education doesn't always mean more earnings. Georgetown University Center on Education and the Workforce; Pew Research Center. (2023). The growing earnings gap between young adults with and without college degrees.

¹⁷ U.S. Department of Health and Human Services. (2023). Healthy People 2030: Social determinants of health.

¹⁸ U.S. Department of Health and Human Services. (2023). Healthy People 2030: Social determinants of health.

Median income increases as household size increases across the region, reflecting the higher combined earning potential of multi-adult or multi-earner households. Across the Kootenai Health service area, single- and two-person households are the most common household composition. Single-person households consistently have the lowest incomes, a pattern that aligns with national data showing that individuals living alone face greater financial vulnerability because they bear housing, transportation, food, and healthcare costs without the benefit of shared expenses or multiple earners.¹⁹ Larger households have substantially higher incomes, suggesting both the presence of multiple workers and the economic demands associated with supporting children or dependents. These differences are especially important in rural communities, where wages may be lower and the cost of essentials like housing, childcare, and transportation can strain smaller or single-income households.²⁰

Exhibit 9: Median household income by household size



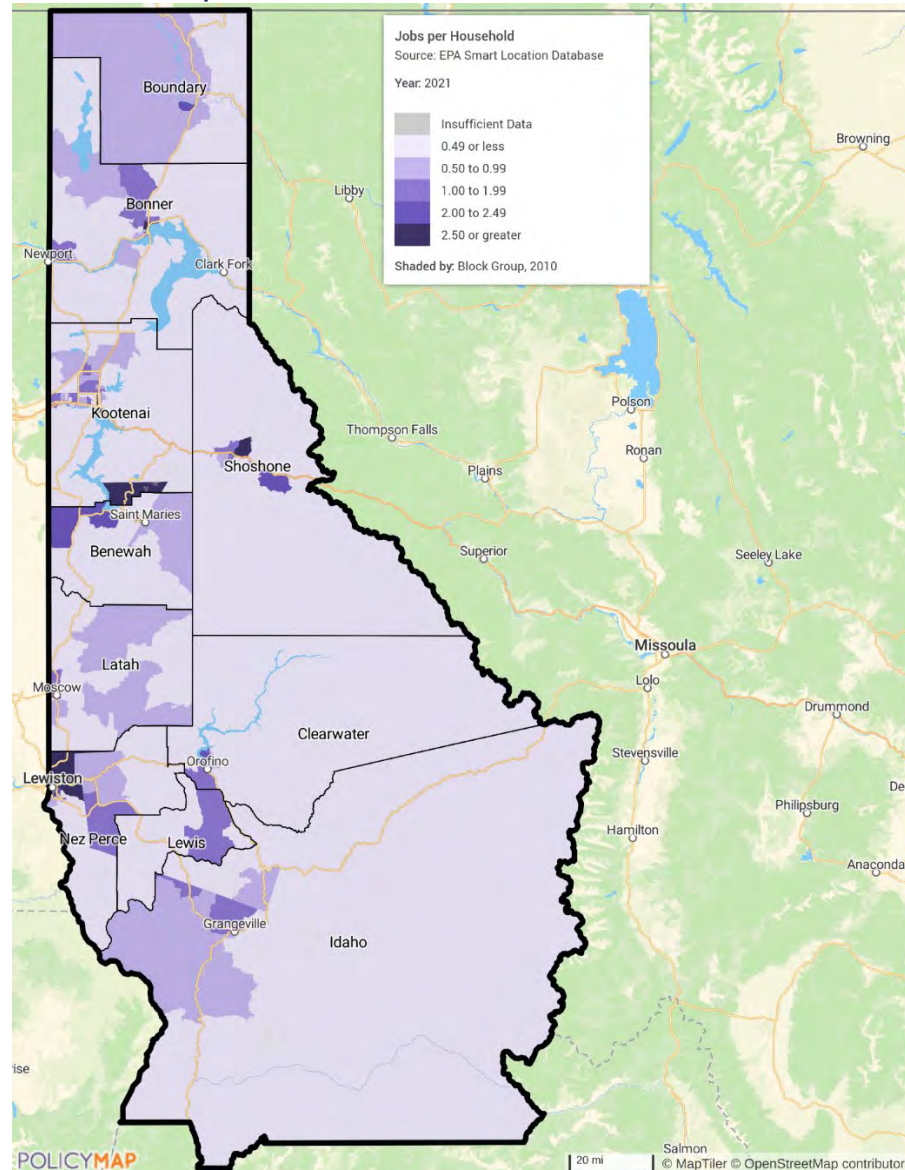
Source: U.S. Census Bureau, ACS Community Survey 5-year Estimates, 2019-2023

¹⁹ Joint Center for Housing Studies of Harvard University. (2023). The state of the nation's housing 2023.

²⁰ U.S. Department of Agriculture, Economic Research Service. (2023). Rural America at a glance.

Jobs per household across the region vary significantly, with the densest employment opportunities clustered around population centers and transportation corridors. Areas with higher concentrations of jobs generally reflect stronger local labor markets, greater economic diversification, and increased access to employment without long travel distances.²¹ In contrast, large rural areas, show very low job density, illustrating limited availability of local work and a reliance on commuting or seasonal employment.²² These geographic disparities in job access can contribute to economic strain, especially for low-income or single-earner households that face higher transportation costs when employment opportunities are spread across long distances.²³

Exhibit 10: Jobs per household



Source: EPA, Smart Location Database, 2021

²¹ Environmental Protection Agency. (2021). Smart Location Database. U.S. Environmental Protection Agency.

²² U.S. Department of Agriculture, Economic Research Service. (2023). Rural America at a glance.

²³ Federal Reserve Board. (2022). Economic well-being of U.S. households.

Across the service area, the most common employment industries include management, office and administrative support, sales, construction, and production-related occupations. This mix reflects a regional economy anchored by service-sector jobs, trade-related roles, and blue-collar industries that remain central to many rural communities.²⁴ Counties with larger urban centers or university presence show a stronger footprint in education, health, and professional fields, indicating more diverse employment opportunities. In contrast, more rural or resource-dependent counties rely heavily on construction, extraction, production, and administrative roles, which often offer lower wages and less long-term stability.²⁵



²⁴ Bureau of Labor Statistics. (2024). Occupational employment and wage statistics (OEWS). U.S. Department of Labor.

²⁵ U.S. Department of Agriculture, Economic Research Service. (2023). Rural America at a glance.

Exhibit 11: Top five employment industries by county

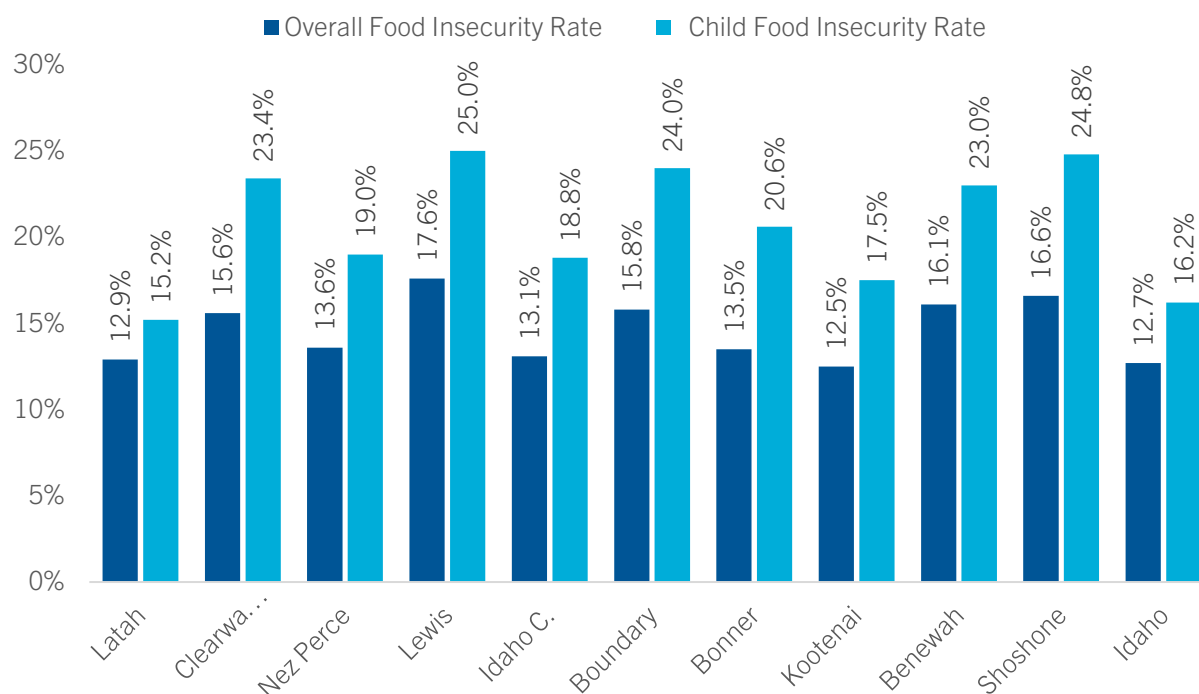
Boundary	Bonner	Kootenai	Benewah	Shoshone	Latah	Clearwater	Nez Perce	Lewis	Idaho C.	Idaho	U.S.
Office and Administrative Support	Management	Sales	Construction and Extraction	Sales	Management	Office and Administrative Support	Office and Administrative Support	Management	Management	Management	Management
Management	Sales	Office and Administrative Support	Management	Construction and Extraction	Office and Administrative Support	Construction and Extraction	Management	Office and Administrative Support	Office and Administrative Support	Office and Administrative Support	Office and Administrative Support
Construction and Extraction	Office and Administrative Support	Management	Sales	Office and Administrative Support	Education, Training and Library	Production	Sales	Construction and Extraction	Installation, Maintenance, and Repair	Sales	Sales
Production	Construction and Extraction	Construction and Extraction	Office and Administrative Support	Food Preparation and Serving	Food Preparation and Serving	Management	Production	Production	Sales	Construction and Extraction	Education, Training and Library
Material Moving	Production	Food Preparation and Serving	Production	Management	Sales	Health Diagnosis and Treating Practitioners	Education, Training and Library	Education, Training and Library	Construction and Extraction	Education, Training and Library	Business and Finance

Source: U.S. Census Bureau, ACS Community Survey 5-year Estimates, 2019-2023

Food Access

Food insecurity remains a persistent challenge across the Kootenai Health service area. Counties with higher levels of poverty, limited access to affordable groceries, and fewer employment opportunities tend to experience greater risk of food insecurity.²⁶ Rural families are often more vulnerable because they face higher transportation costs, longer distances to full-service grocery stores, and fewer safety net resources compared to urban communities.²⁷ National research shows that food insecurity is closely tied to poorer health outcomes, including elevated risks of chronic disease and difficulty managing existing conditions.²⁸

Exhibit 12: Food insecurity rates



Source: Feeding America. Map the Meal Gap, 2023.



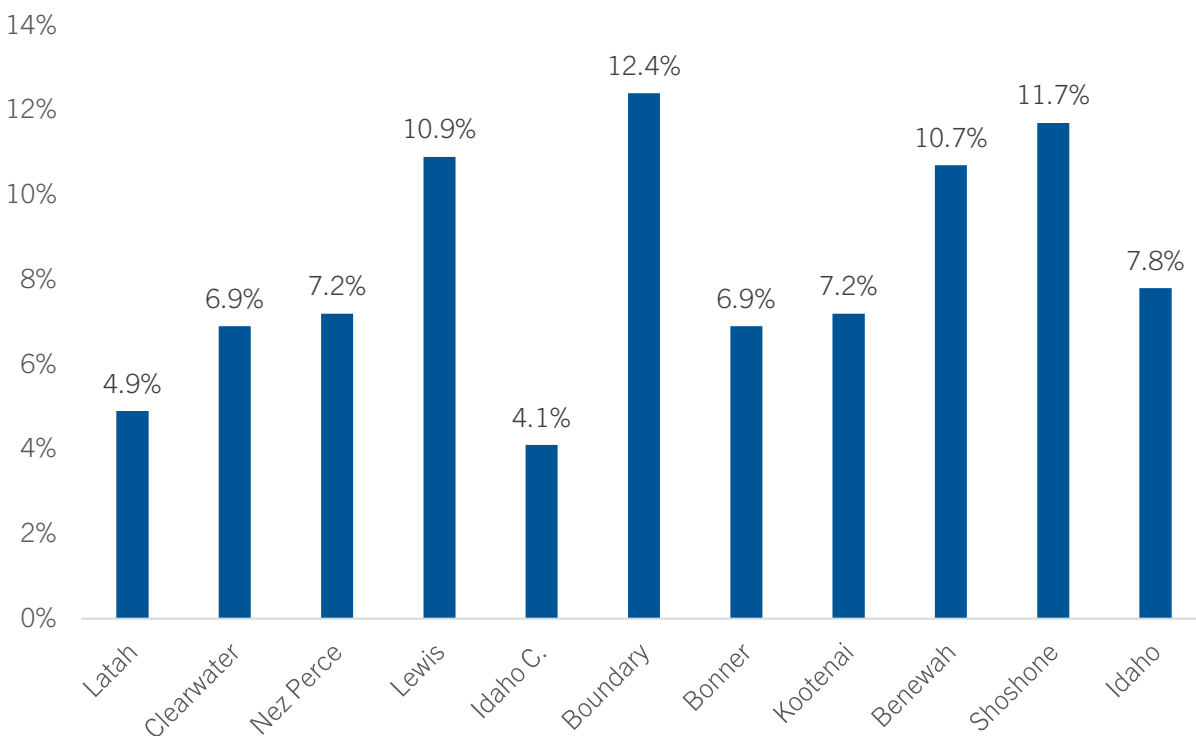
²⁶ Rural Health Information Hub. (n.d.). Food and hunger in rural communities.

²⁷ Rural Health Information Hub. (n.d.). Food and hunger in rural communities.

²⁸ Feeding America. (2024). Map the meal gap: Food insecurity and the cost of food.

SNAP participation varies across the service area, with the highest enrollment in counties experiencing deeper and more persistent economic hardship. Rural counties with lower wages, higher unemployment, and more seasonal or physically demanding workforces consistently show greater reliance on food assistance.²⁹ SNAP serves as a crucial support for these households, helping to offset gaps in income and stabilize access to basic nutrition. Many of the counties with higher SNAP enrollment also face limited childcare, higher housing cost burdens, and fewer job benefits, conditions that make it difficult for families to meet daily expenses even when working full time. These patterns mirror national research showing that rural residents are more likely to rely on safety-net programs due to structural economic disadvantages.³⁰

Exhibit 13: Percent of households receiving food stamps/SNAP benefits



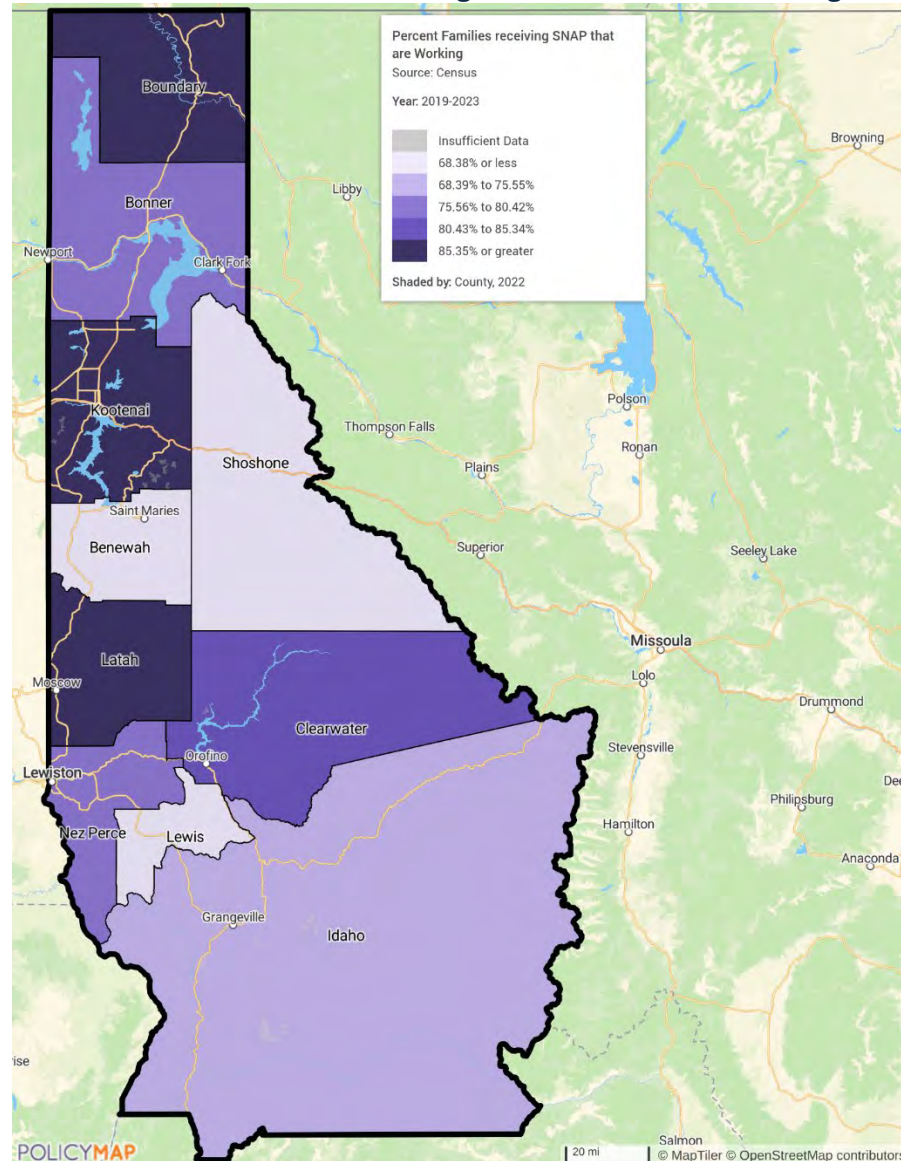
Source: U.S. Census Bureau, ACS Community Survey 5-year Estimates, 2019-2023

²⁹ Center on Budget and Policy Priorities. (2023, August 9). SNAP provides critical benefits to workers and their families.

³⁰ U.S. Department of Agriculture. (2023). Supplemental Nutrition Assistance Program (SNAP): Key characteristics and trends.

The map showing the percentage of families on SNAP who are also working families underscores a critical but often overlooked issue: employment does not guarantee economic security. In many counties, a large share of SNAP participants are employed yet still unable to afford basic needs, reflecting low wages, limited full-time positions, and rising costs of living.³¹ Nationally, a significant portion of SNAP-enrolled households include workers, demonstrating that the program functions as essential wage support for families navigating unstable or low-income employment.³² High rates of working-SNAP households signal economic strain even among those participating in the labor force.

Exhibit 14: Percent of families receiving SNAP benefits that are working families



Source: U.S. Census Bureau, ACS Community Survey 5-year Estimates, 2019-2023

³¹ Center on Budget and Policy Priorities. (2023, July 26). SNAP helps millions of workers in low-paying jobs.

³² Center on Budget and Policy Priorities. (2023, August 9). SNAP provides critical benefits to workers and their families.

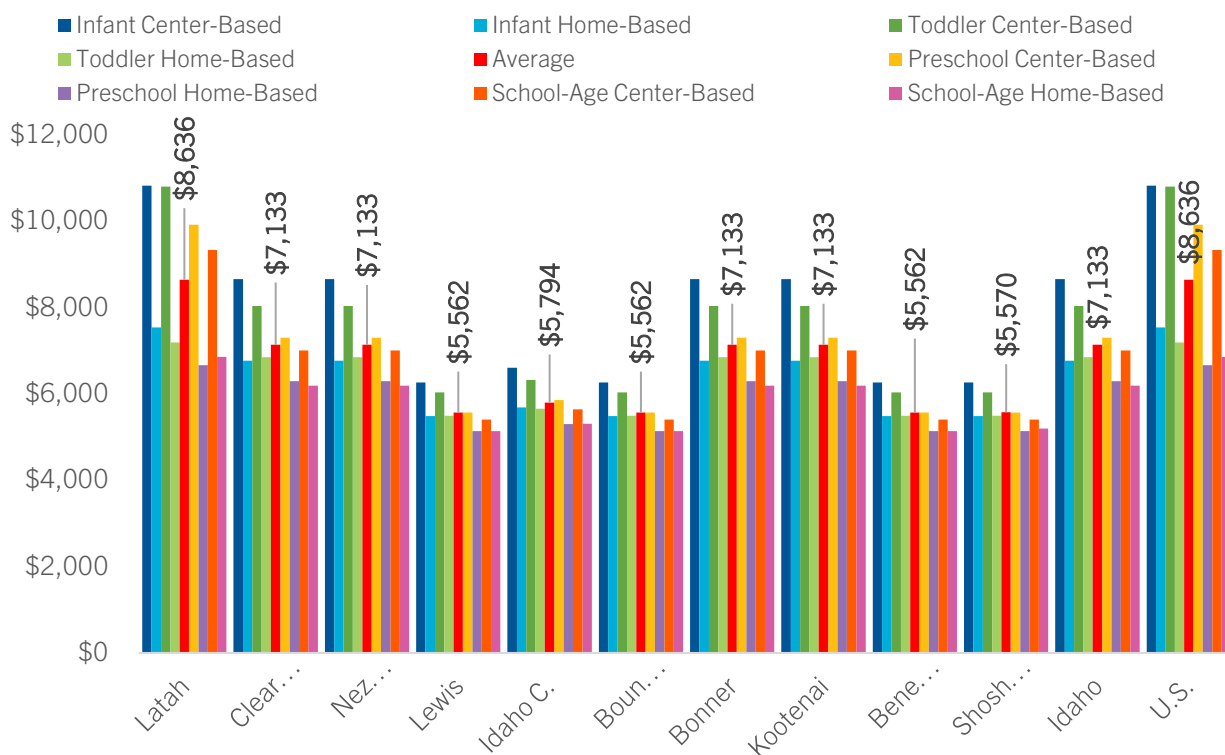
Education Access and Quality

Early Childhood Education

Access to early childhood education is shaped by the availability of licensed childcare centers, which provide structured environments, age-appropriate learning, and stable hours for working families.³³ Many rural counties in the region have few or no centers, reflecting statewide trends of limited child care supply in low-population areas.³⁴ When local options are scarce, families often rely on informal care, travel long distances, or reduce work hours, choices that can affect employment stability and children's early learning opportunities.³⁵

Childcare costs represent one of the largest expenses for families with young children, especially for infants and toddlers who require more intensive supervision and specialized staffing (Economic Policy Institute, 2020). Costs vary widely across counties and between center-based and home-based settings, but even lower-cost areas often exceed the federal affordability benchmark of spending no more than 7% of household income on care.³⁶ High child care costs can limit parents' ability to work full-time, reduce hours, or participate in job training—factors that disproportionately affect low-income families, rural communities, and single parents.³⁷

Exhibit 15: Childcare costs by type and age



³³ Child Care Aware of America. (2023). The U.S. and the high price of child care.

³⁴ Institute for Women's Policy Research. (2021). Child care deserts in the United States.

³⁵ U.S. Department of Labor. (2021). The economics of child care supply; Families in Rural Communities Face Acute Child Care Challenges. (n.d.). First Five Years Fund.

³⁶ U.S. Department of Health & Human Services. (2016). Child care and development fund (CCDF) program final rule.

³⁷ Source: U.S. Census Bureau, ACS Community Survey 5-year Estimates, 2019-2023

Educational Attainment

Educational attainment helps illustrate the region's workforce readiness and long-term economic opportunity. Across the ten counties, the largest share of adults hold a high school diploma or some college experience, reflecting patterns commonly seen in rural communities.³⁸ Counties vary in the proportion of residents with bachelor's or graduate degrees, which are strongly associated with higher lifetime earnings, increased employment stability, and improved health outcomes.³⁹ At the same time, several counties have higher rates of adults without a high school diploma, a factor linked to lower median income, fewer job opportunities, and increased vulnerability to economic hardship.⁴⁰

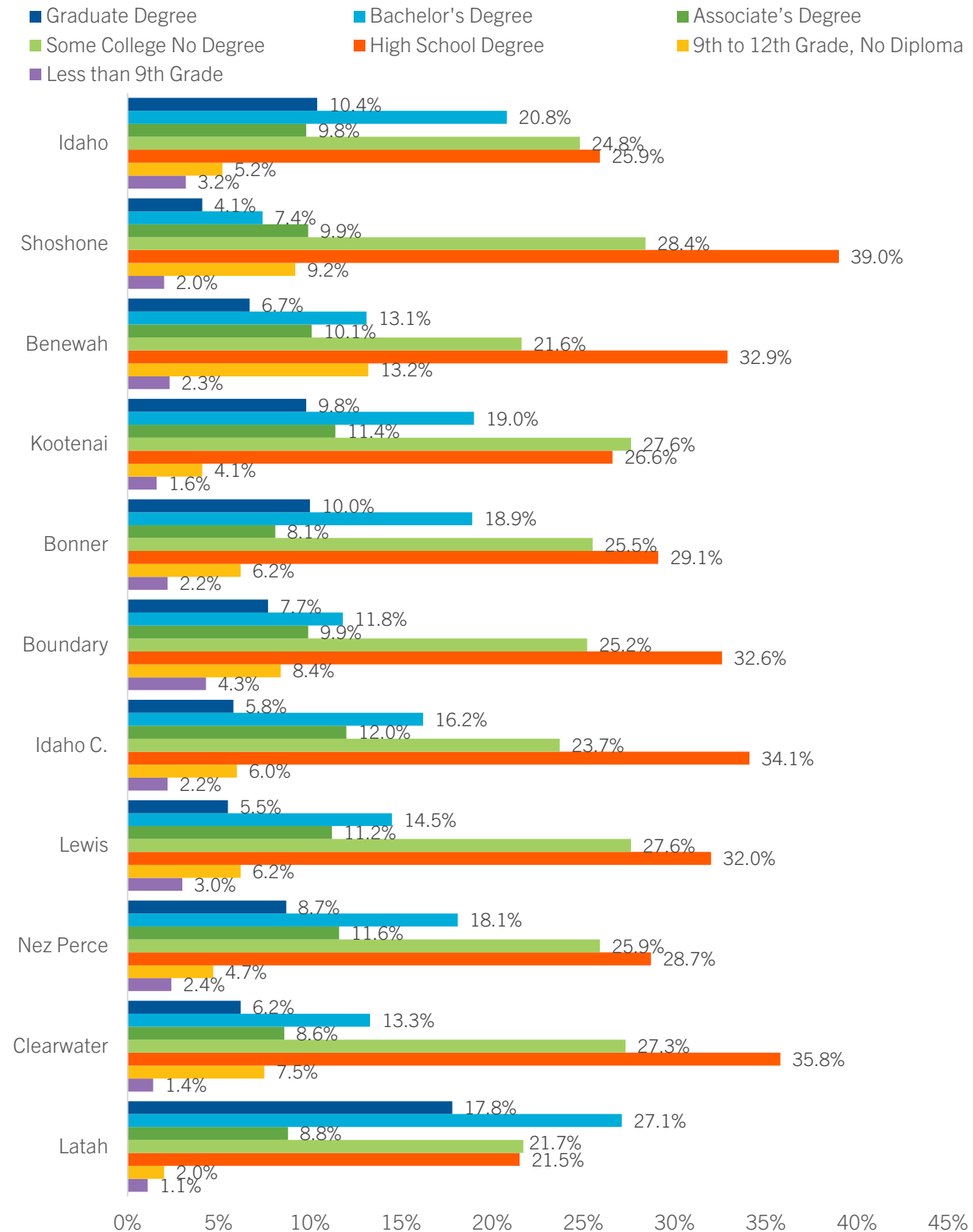


³⁸ National Center for Education Statistics, 2023

³⁹ Carnevale, A. P., Cheah, B., & Hanson, A. R. (2021). The college payoff: More education doesn't always mean more earnings. Georgetown University Center on Education and the Workforce.

⁴⁰The Annie E. Casey Foundation. (n.d.). Work, education, and income.

Exhibit 16: Educational Attainment



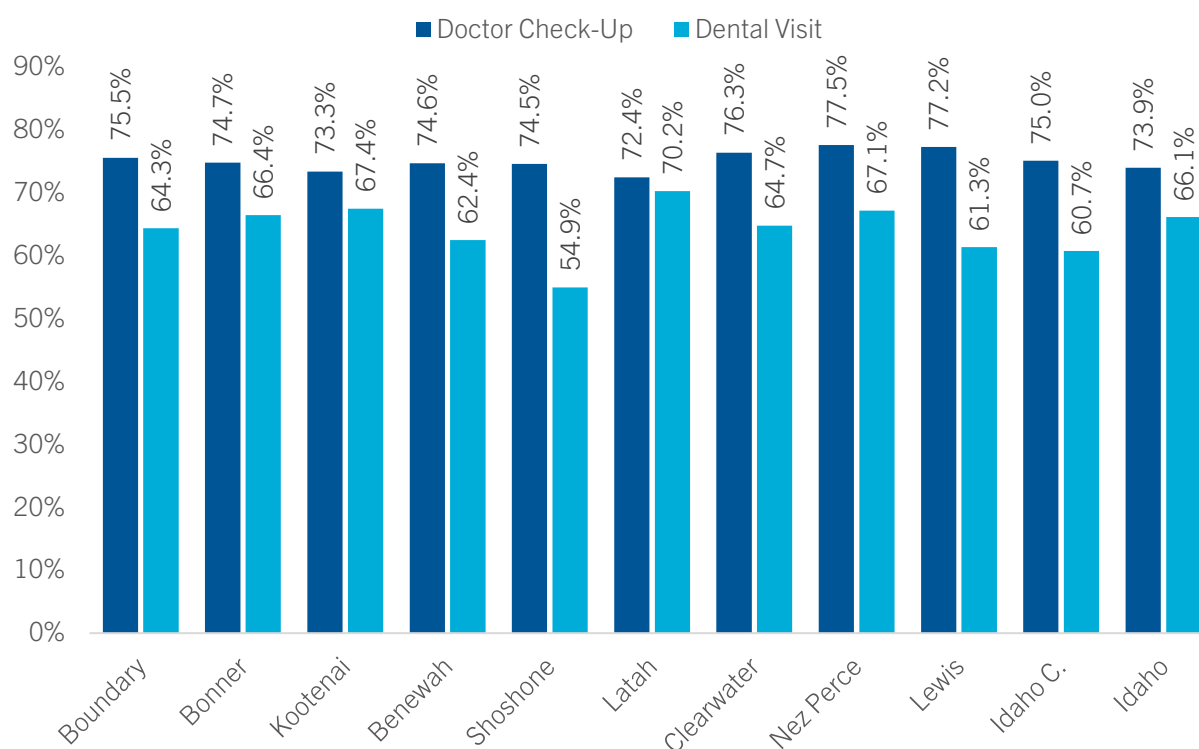
Source: U.S. Census Bureau, ACS Community Survey 5-year Estimates, 2019-2023

Healthcare Access and Quality

Access to Services

Across the Kootenai Health service area, most adults report having a doctor check-up in the past year, with rates ranging from 72.4% to 77.5%, similar to state and national percentages. The percentages of adults who have had a dental visit are lower and vary more, ranging from 54.9% to 70.2%, with several rural counties falling below the Idaho and U.S. percentages. These differences suggest that while primary care is generally accessible, oral health care remains harder to reach, particularly in smaller, geographically dispersed counties. Lower dental visit rates point to capacity shortages and affordability barriers, which are strongly associated with higher rates of untreated oral disease in rural communities.⁴¹

Exhibit 17: Check-ups in the past year

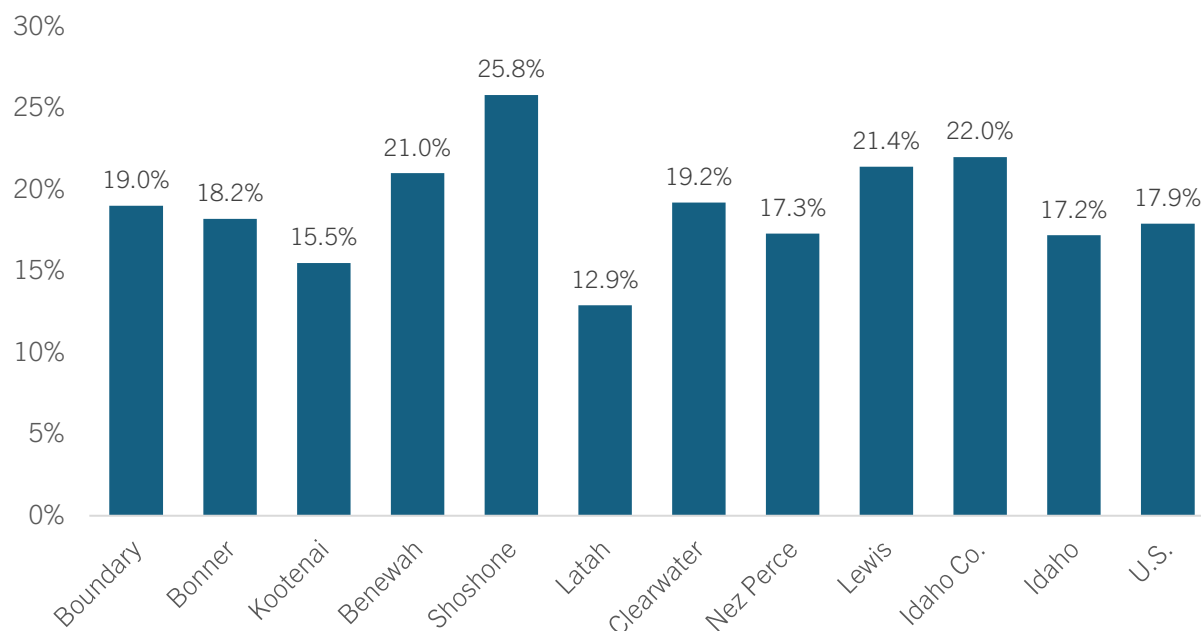


Source: CDC BRFSS PLACES 2022

⁴¹ Martin, P., Santoro, M., Heaton, L. J., Preston, R., & Tranby, E. P. (2023). Still searching: Meeting oral health needs in rural settings. CareQuest Institute for Oral Health.

Self-rated health is a recognized predictor of morbidity, mortality, and health system burden.⁴² The percentage of individuals who report their general health as fair or poor ranges between 12.9% to 25.8% or approximately 1 in 4 adults. Counties with the highest level, Shoshone, Benewah, Lewis, and Idaho County, also tend to experience higher poverty rates, greater distances to care, and higher percentages of uninsured individuals. Evidence shows that poorer self-rated health is closely linked to limited healthcare access, chronic disease burden, and socioeconomic hardship, particularly in rural areas.⁴³

Exhibit 18: Self-rated fair or poor adult general health



Source: CDC BRFSS PLACES 2022

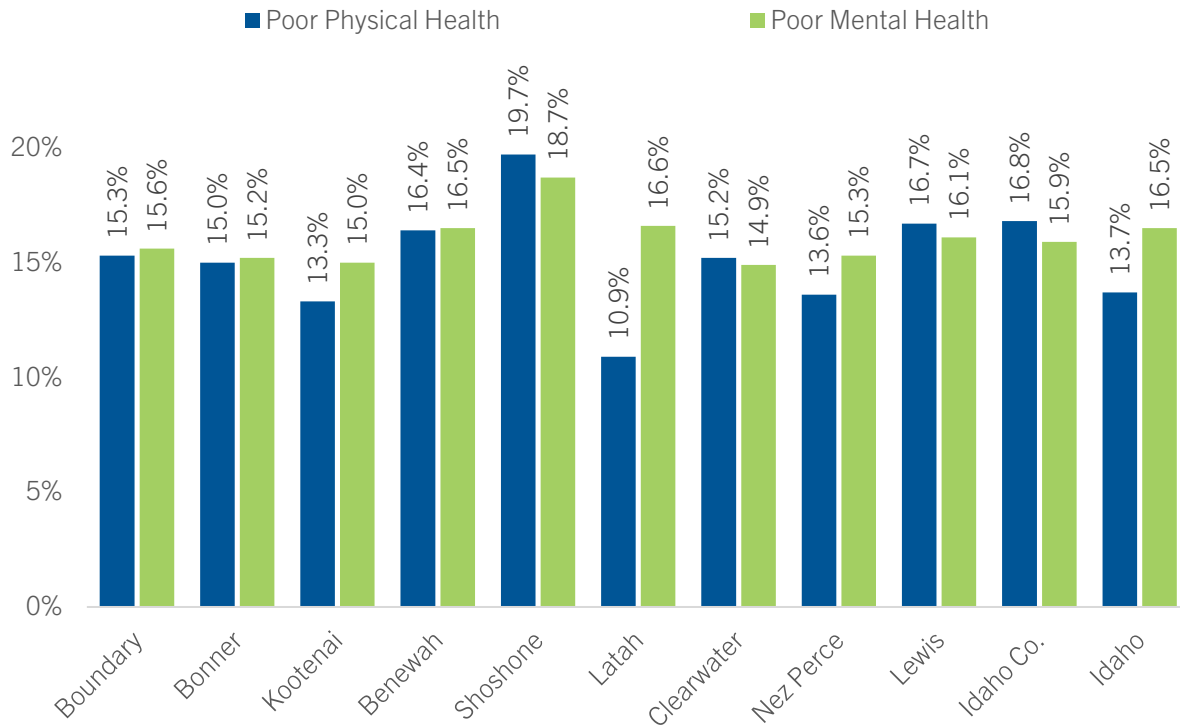


⁴² Bombak A. E. (2013). Self-rated health and public health: a critical perspective. *Frontiers in public health*, 1, 15. <https://doi.org/10.3389/fpubh.2013.00015>

⁴³ Benavidez, G. A., Boswell, E., Hung, P., & Crouch, E. (2025). Examining the Burden of Chronic Disease and Low SES to Identify High-Need Rural Counties. *Journal of public health management and practice : JPHMP*, 31(5), 691–699. <https://doi.org/10.1097/PHH.0000000000002181>

Poor physical health is defined as the percentage of adults who report 14 or more days in the past month when their physical health was “not good.” This measure reflects frequent illness, pain, or chronic condition flare ups.⁴⁴ In the Kootenai Health service area, the percentage of adults experiencing poor physical health ranges from 10.9% to 19.7%, meaning that nearly one in five adults experience ongoing physical health challenges in some counties. Poor mental health is defined the same way, 14 or more days in the past month when mental health was “not good.” Percentages fall between 14.9% and 18.7% of adults experiencing poor mental health, similar to state and national percentages. Frequent poor health days are strongly linked to chronic disease burden, disability, and reduced access to timely care.⁴⁵ Rural research further shows that limited provider availability, long travel distances, and fewer behavioral health resources contribute to higher rates of both poor physical and mental health.⁴⁶

Exhibit 19: Self-rated fair or poor adult physical and mental health



Source: CDC BRFSS PLACES 2022

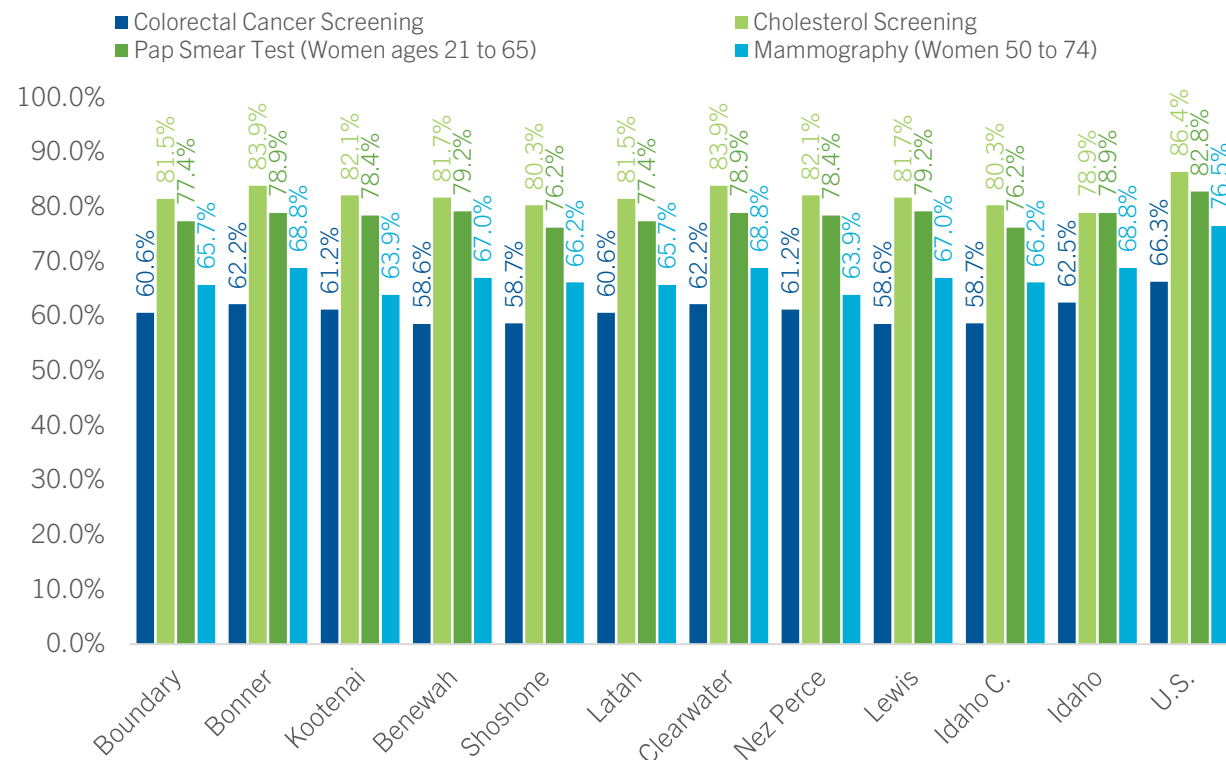
⁴⁴ CDC Behavioral Risk Factor Surveillance System, 2022

⁴⁵ Rural Health Information Hub. (n.d.). Healthcare Access in Rural Communities.

⁴⁶ Health Resources and Services Administration. (2023). Defining rural population. U.S. Department of Health and Human Services; Centers for Disease Control and Prevention. (2022). Health disparities in rural areas. U.S. Department of Health and Human Services.

The percentage of adults who have completed preventive screenings across the region generally mirror Idaho but fall below national numbers, especially for cancer screenings that require further specialty care. Mammography and colorectal cancer screening show the largest gaps, with all counties trailing the U.S. average. Pap smear and cholesterol screening are more consistent across the service area but still do not reach national percentages. These patterns reflect established rural barriers to preventive care, fewer local specialty providers, longer travel distances for imaging and diagnostic services, and cost-related challenges that reduce adherence to screening guidelines.⁴⁷

Exhibit 20: Percentage of adults who are up to date with screenings



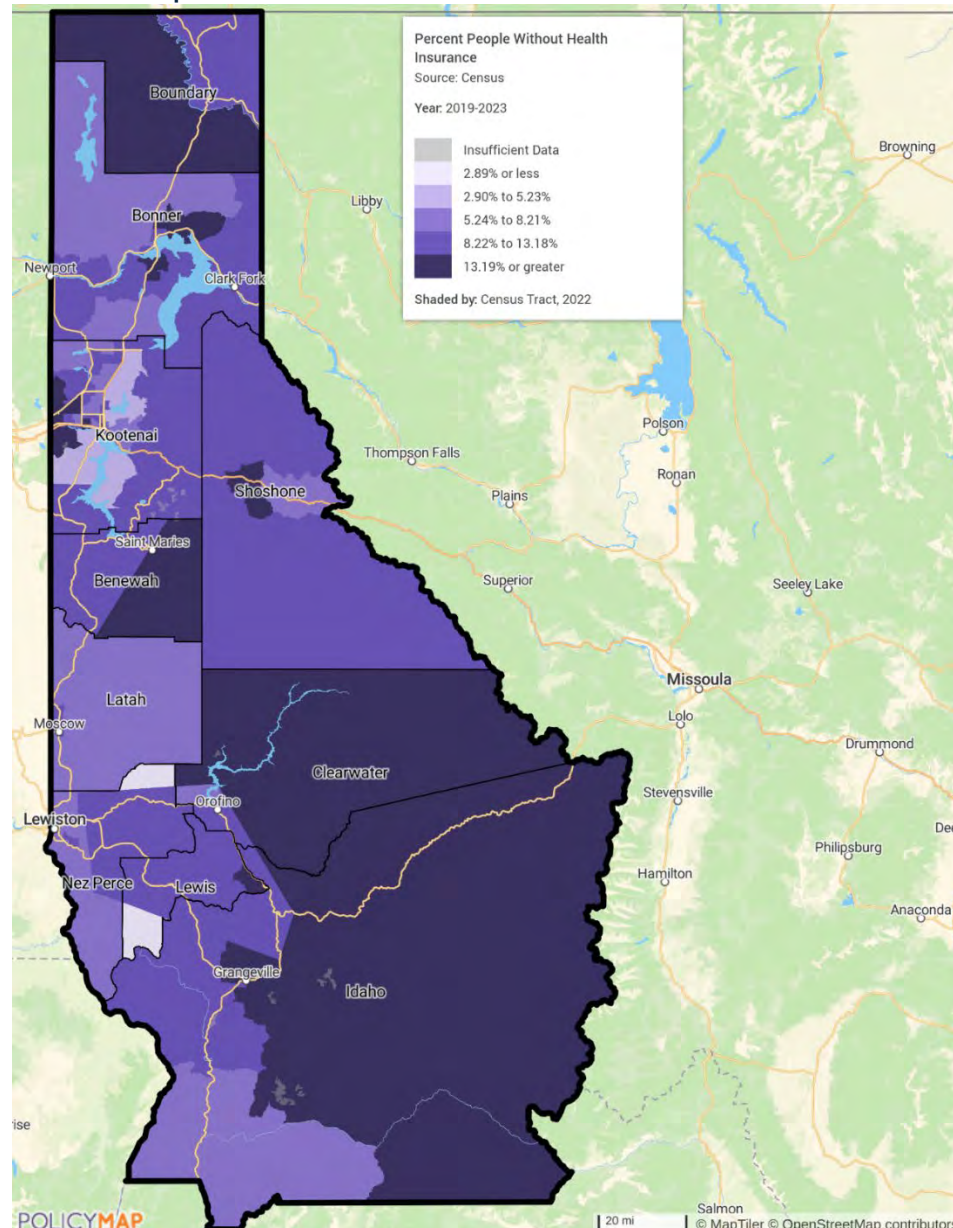
Source: CDC BRFSS PLACES 2022

⁴⁷ Maganty A, Byrnes ME, Hamm M, Wasilko R, Sabik LM, Davies BJ, Jacobs BL. Barriers to rural health care from the provider perspective. *Rural and Remote Health* 2023; 23: 7769. <https://doi.org/10.22605/RRH7769>

Insurance Coverage & Affordability

The percentage of residents without health insurance provides insight into the broader economic and structural barriers to care. In rural counties, the uninsured rate tends to be higher, seen in the darker purple color, than in urban areas, often due to limited employer-sponsored coverage and fewer affordable private options.⁴⁸ Without insurance, individuals are more likely to skip preventive care, delay needed treatments, and face greater financial strain when health issues arise.⁴⁹

Exhibit 21: Population without health insurance



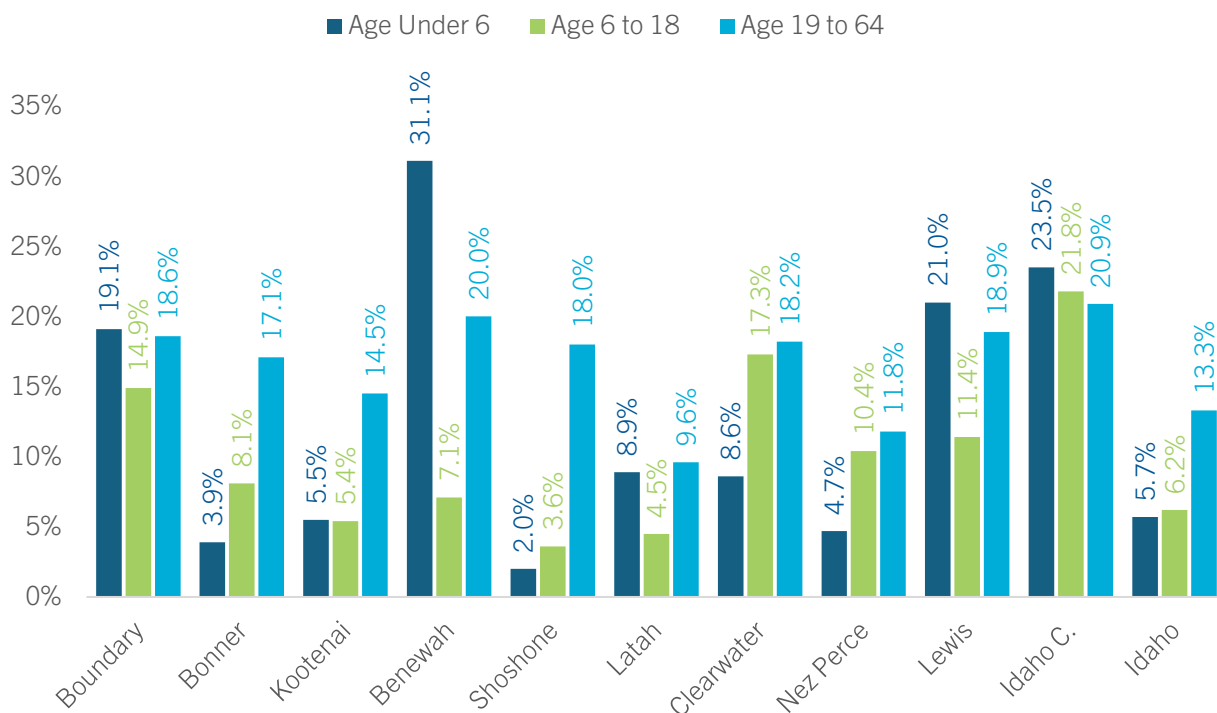
Source: U.S. Census Bureau, ACS Community Survey 5-year Estimates, 2019-2023

⁴⁸ Kaiser Family Foundation. (2024, December 18). Key facts about the uninsured population.

⁴⁹ Institute of Medicine (US) Committee on the Consequences of Uninsurance. Care Without Coverage: Too Little, Too Late. Washington (DC): National Academies Press (US); 2002. 3, Effects of Health Insurance on Health.

Looking at those without health insurance by age highlights how coverage gaps disproportionately affect the service area’s youngest and working-age residents. Children under six in several rural counties experience some of the highest uninsured rates, which is notable because children are typically eligible for Medicaid or CHIP.⁵⁰ Higher uninsured rates among youth often reflects limited awareness of eligibility or administrative barriers such as transportation, documentation challenges, or inconsistent access to enrollment assistance.⁵¹

Exhibit 22: Population without health insurance by age



Source: U.S. Census Bureau, ACS Community Survey 5-year Estimates, 2019-2023

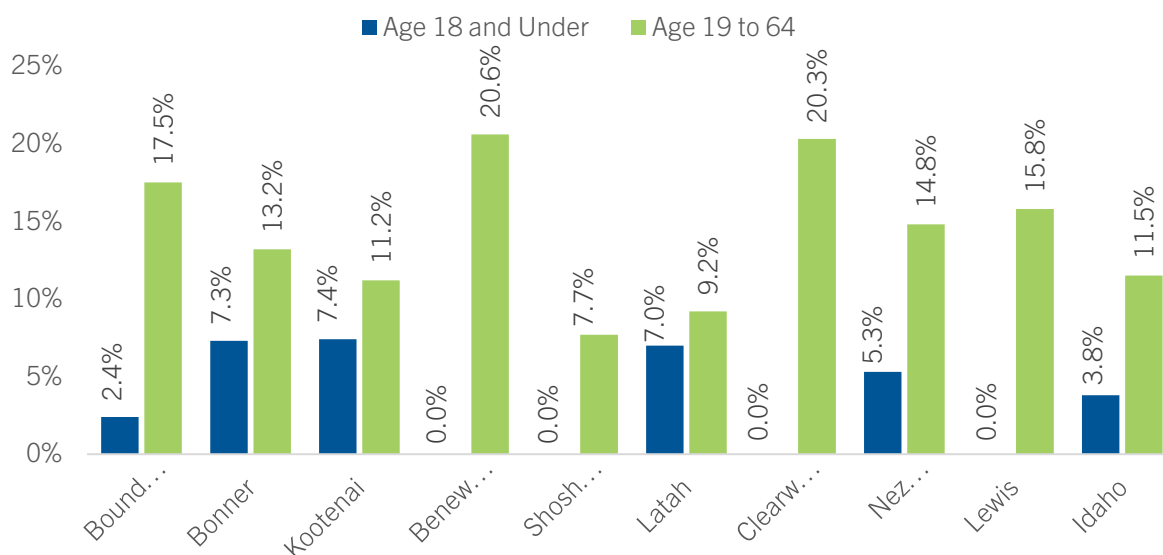


⁵⁰ Healthcare.gov, Medicaid and CHIP

⁵¹ Haley, J., McMorrow, S., Long, J., Kenney, G. M., Johnston, E. M., Willis, C., & Brown, K. (2023, April). Assessing health care access among Medicaid/CHIP-enrolled children: A national chartbook, 2016–19. Urban Institute.

Lack of health insurance among residents with disabilities highlights a critical gap in both coverage and access, especially given their higher health needs. Adults ages 19–64 with disabilities face particularly high uninsured rates in several rural counties, despite typically requiring more frequent medical care, durable medical equipment, and long-term supports.⁵² National studies show that people with disabilities often fall into Medicaid eligibility gaps or experience delays in qualifying for disability-related benefits, leaving them uninsured during periods of heightened medical vulnerability (National Council on Disability, 2022). These gaps amplify existing barriers, including transportation challenges, fewer specialists in rural communities, and long wait times, resulting in a higher risk of unmet medical needs.

Exhibit 23: Uninsured population with a disability by age



Source: U.S. Census Bureau, ACS Community Survey 5-year Estimates, 2019-2023

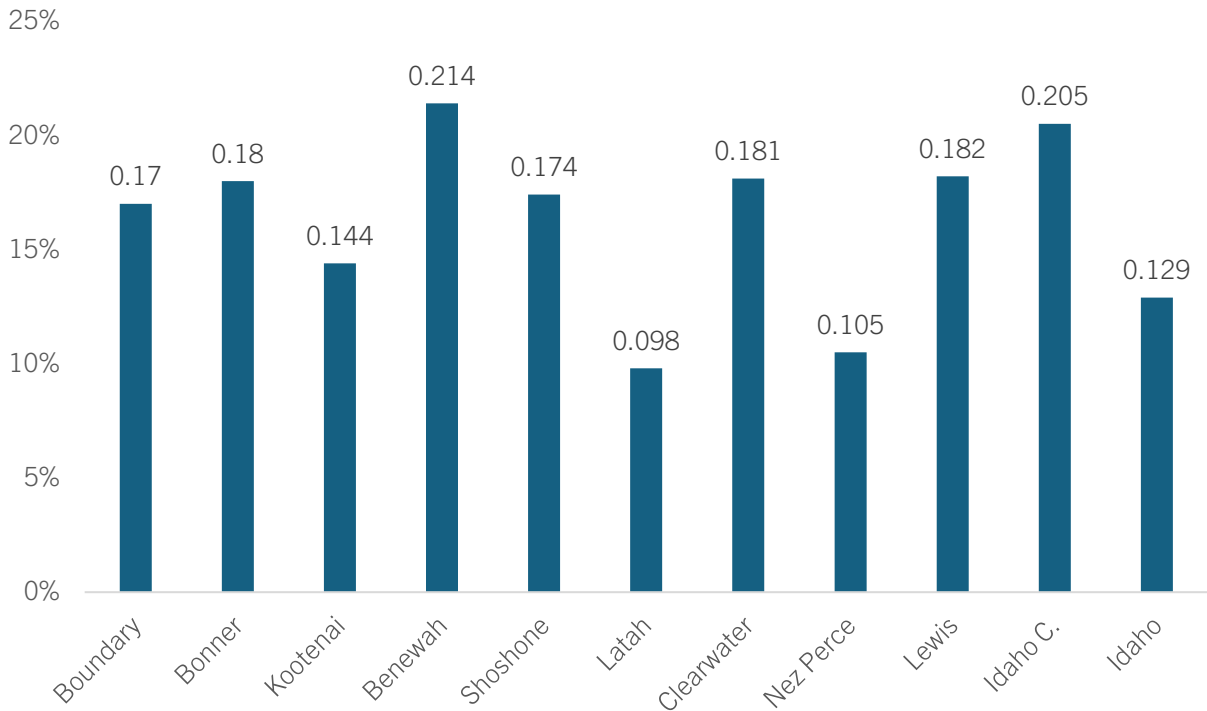


⁵² Swendener, A., Tuttle, M., Jacobson, I., Iezzoni, L. I., Barclay, R., & Henning-Smith, C. (2025). Barriers to health care among rural adults by disability status. *The Journal of rural health : official journal of the American Rural Health Association and the National Rural Health Care Association*, 41(4), e70086. <https://doi.org/10.1111/jrh.70086>

A notable percentage of the working population in the service area is uninsured. The region’s labor force is concentrated in sectors such as office and administrative support, management, sales, construction and extraction, production, material moving, food preparation and serving, and installation/ maintenance/repair. Many of these jobs are less likely to offer employer-sponsored health insurance or may provide plans with premiums that are unaffordable for workers.⁵³

This employment landscape aligns with national findings that rural workers are disproportionately employed in sectors that lack health benefits, contributing to higher rates of uninsurance and frequent churning in and out of coverage.⁵⁴ As a result, uninsured working adults are more likely to delay preventive care, postpone treatment until conditions worsen, and experience reduced productivity and higher long-term health risks.⁵⁵

Exhibit 24: Uninsured population in labor force



Source: U.S. Census Bureau, ACS Community Survey 5-year Estimates, 2019-2023

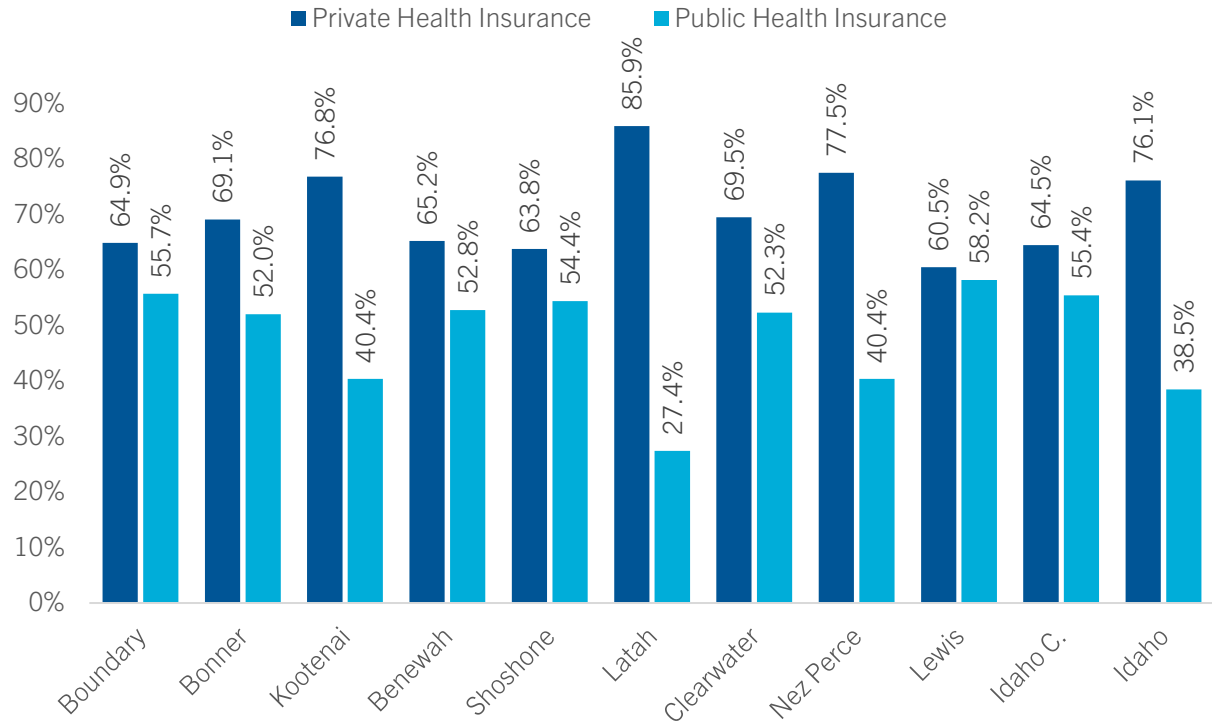
⁵³ Curchin, E., & Schmitt, J. (2025, May 13). A complicated maze: How workers navigate the US health care system. Center for Economic and Policy Research.

⁵⁴ Kaiser Family Foundation. (2024, December 18). Key facts about the uninsured population.

⁵⁵ McWilliams J. M. (2009). Health consequences of uninsurance among adults in the United States: recent evidence and implications. The Milbank quarterly, 87(2), 443–494. <https://doi.org/10.1111/j.1468-0009.2009.00564.x>

Insurance type varies widely across the region and highlights important differences in how residents access and afford healthcare. It is important to note that these percentages do not add up to 100% because some individuals are covered by both private and public insurance, such as those with Medicare and a supplemental private plan. Rural counties tend to rely more heavily on public insurance programs, such as Medicaid, Medicare, and VA coverage, reflecting a combination of older populations, lower household incomes, and employment in sectors that are less likely to offer employer-sponsored benefits.⁵⁶ Variation in insurance type also signals where residents may face affordability barriers, benefit limitations, or challenges navigating multiple coverage sources.⁵⁷

Exhibit 25: Insured population by type



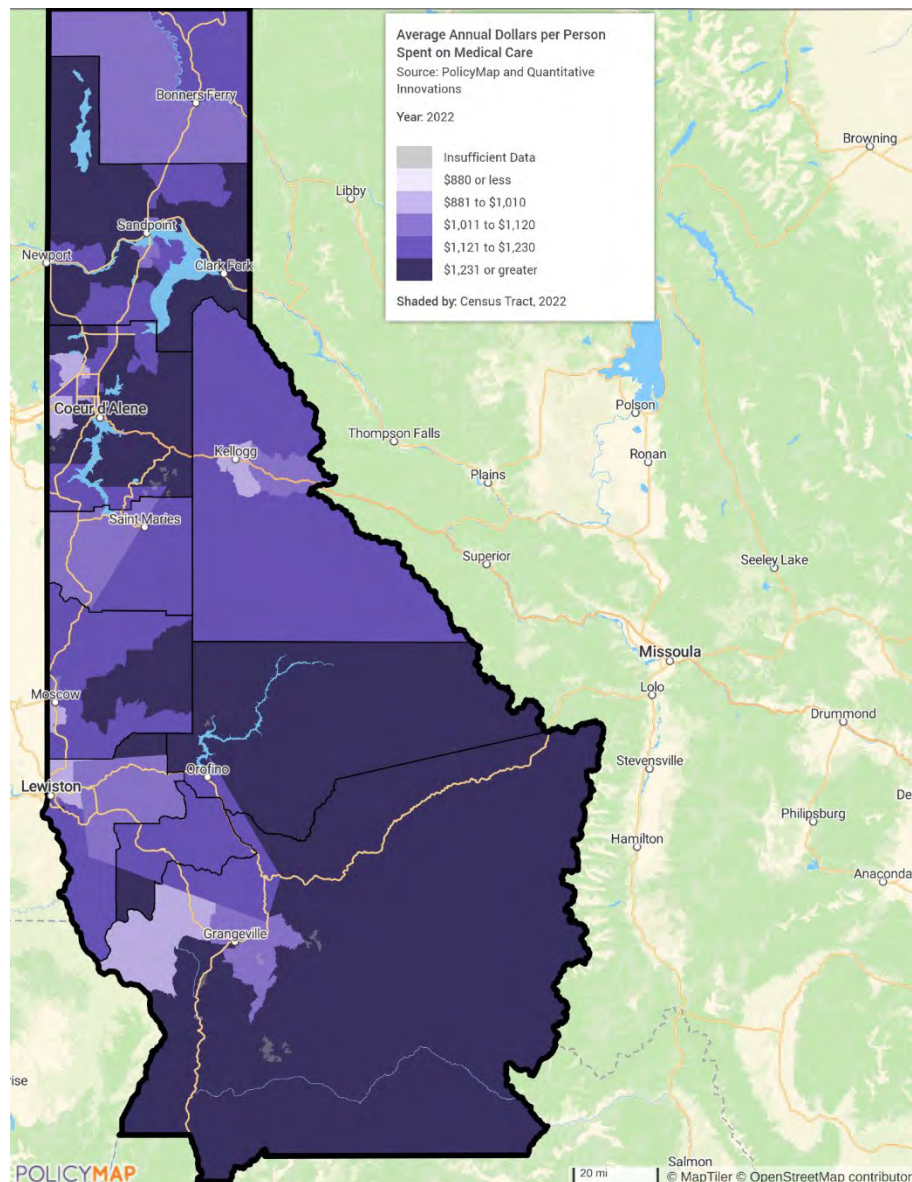
Source: U.S. Census Bureau, ACS Community Survey 5-year Estimates, 2019-2023

⁵⁶ Alker, J. (2025, January 15). Medicaid’s role in small towns and rural areas. Georgetown University Center for Children and Families.

⁵⁷ Rural Health Information Hub. (2023). Healthcare access in rural communities.

Average healthcare spending per person reflects both the cost of medical care and patterns of healthcare use. In rural counties, higher spending can indicate greater reliance on out-of-pocket payments or the need to travel long distances for care, which raises costs for fuel, time off work, and lodging.⁵⁸ Research shows that rural residents often delay care because of cost, even when they have insurance, particularly when plans carry high deductibles or limited in-network options.⁵⁹ These variations in medical spending provide insight into where affordability is most constraining residents' ability to receive timely, preventive, and specialty care.

Exhibit 26: Average dollars spent on medical care per person



Source: PolicyMap, Quantitative Innovations, U.S. Department of Health and Human Services Agency for Healthcare Research and Quality, and U.S. Census American Community Survey

⁵⁸ The Commonwealth Fund. (2023, October 3). Rural Americans struggle with medical bills and health-care affordability.

⁵⁹ Rural Health Information Hub. (2023). Healthcare access in rural communities.

Health Outcomes

Chronic Disease

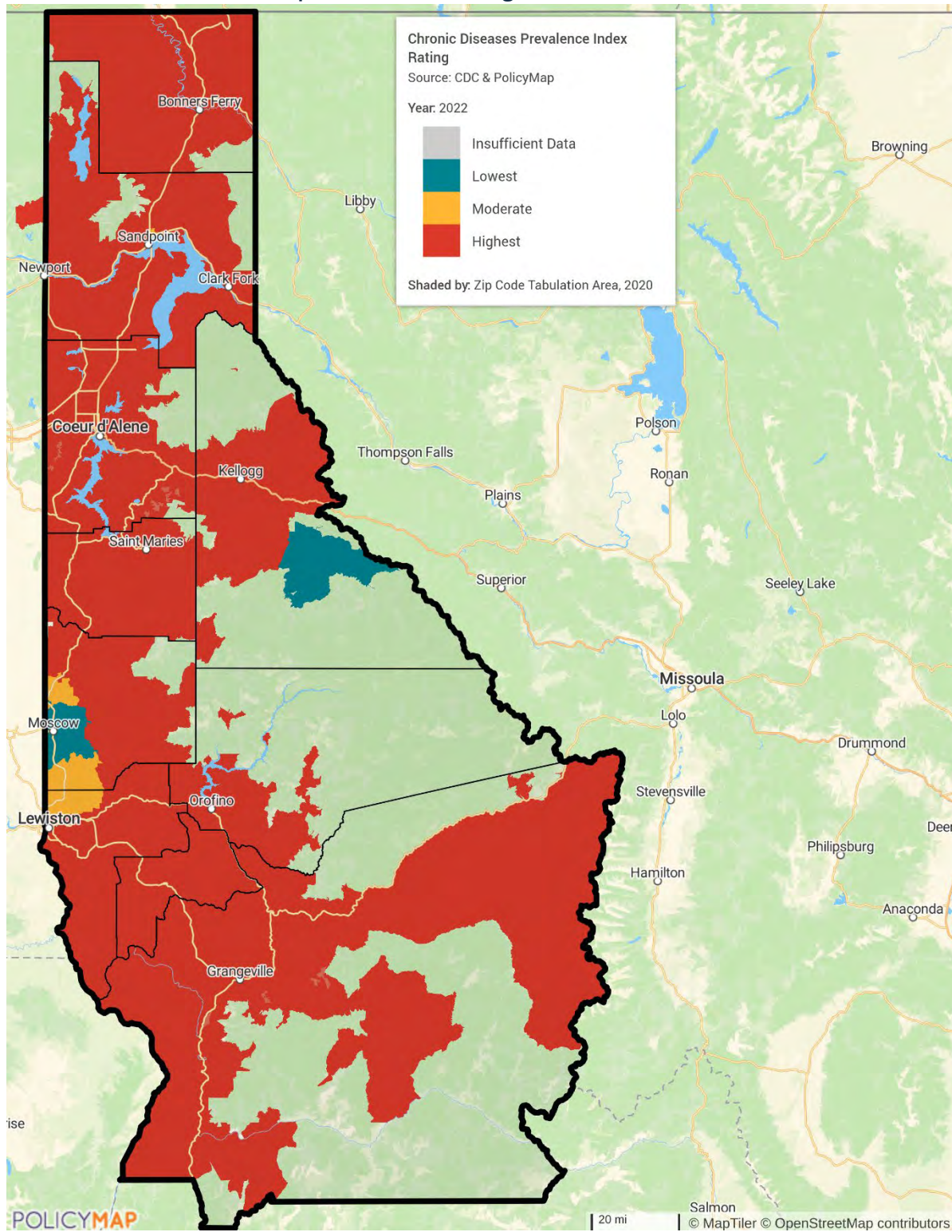
The Chronic Disease Prevalence Index provides an overview of chronic health burden across the Kootenai Health service area by combining rates of twelve major chronic conditions, including hypertension, diabetes, COPD, heart disease, chronic kidney disease, stroke, arthritis, asthma, depression, obesity, high cholesterol, and cancer. Each ZIP Code Tabulation Area (ZCTA) receives a score based on how its rates compared to other ZCTAs nationwide, creating a picture of where multiple chronic diseases cluster at higher levels.⁶⁰ Across the service area, many rural ZCTAs fall into the highest category, seen in red, reflecting the concentration of multiple chronic conditions in communities that also face known access barriers such as long travel distances, environmental exposures, and lower rates of preventive care use. These patterns align with national research showing that rural residents are more likely to experience overlapping chronic illnesses due to socioeconomic stressors, limited specialty care access, and higher rates of behavioral risk factors.⁶¹



⁶⁰ Centers for Disease Control and Prevention and PolicyMap, 2022

⁶¹ Rural Health Information Hub. (2022). Rural health disparities.

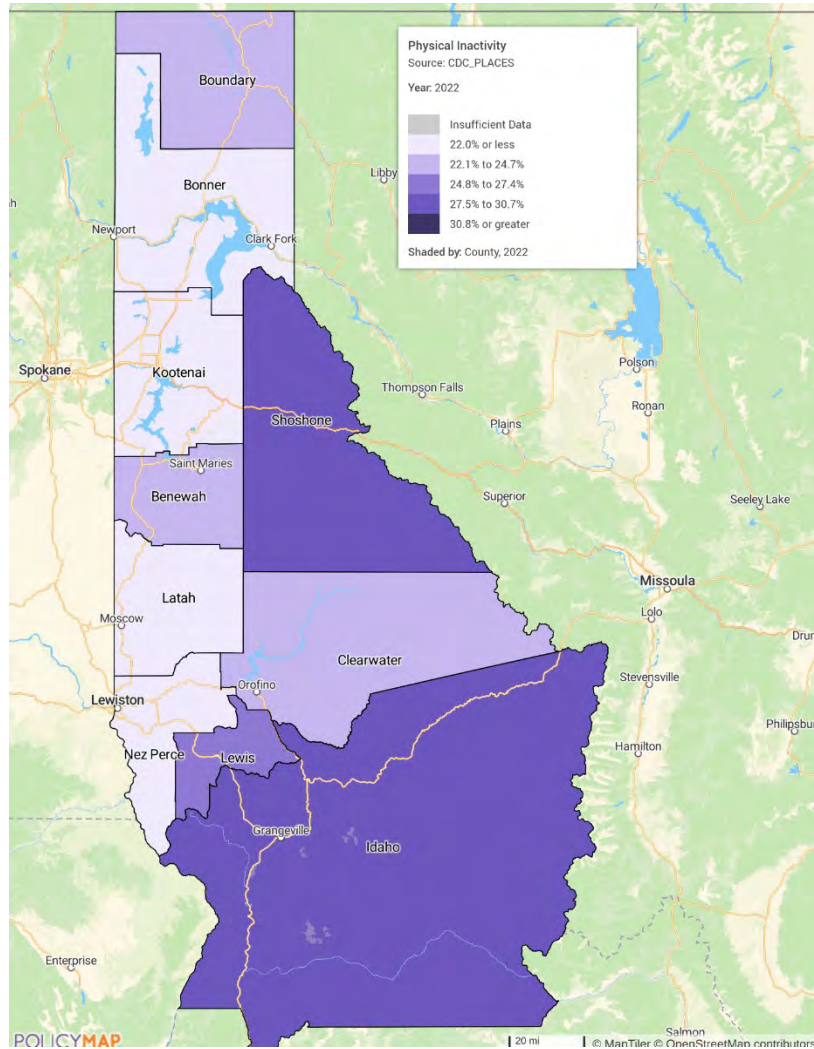
Exhibit 27: Chronic diseases prevalence index rating



Source: Centers for Disease Control and Prevention and PolicyMap, 2022

Physical inactivity rates reveal a pronounced north-south divide. Counties in the northern part of the region, including Boundary, Bonner, and Kootenai, fall in the lowest tiers, whereas Shoshone, Clearwater, Lewis, and Idaho County show the highest levels, surpassing 30.8% of adults. Physical inactivity is a major driver of chronic disease burden; nationally, communities with fewer recreational facilities, walkable infrastructure, or year-round access to safe outdoor environments have significantly higher rates of obesity, diabetes, and cardiovascular disease.⁶² The concentration of inactivity in the more rural, mountainous counties aligns with known challenges related to terrain, remoteness, and seasonal weather.⁶³

Exhibit 28: Physical inactivity among adults

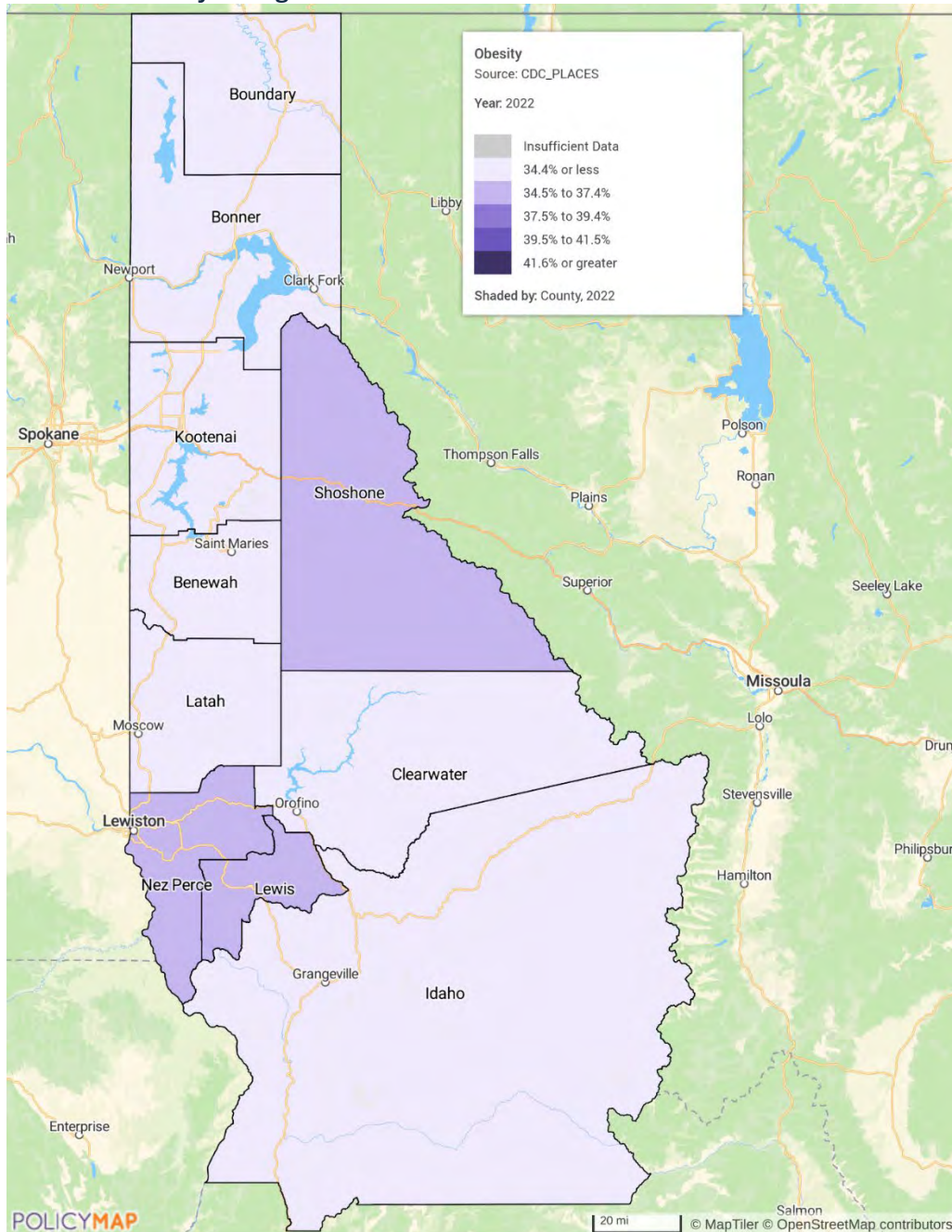


⁶² Howell, N. A., & Booth, G. L. (2022). The Weight of Place: Built Environment Correlates of Obesity and Diabetes. *Endocrine reviews*, 43(6), 966–983. <https://doi.org/10.1210/edrev/bnac005>

⁶³ Abildso, C. G., Daily, S. M., Meyer, M. R. U., Edwards, M. B., Jacobs, L., McClendon, M., Perry, C. K., & Roemmich, J. N. (2021). Environmental Factors Associated with Physical Activity in Rural U.S. Counties. *International journal of environmental research and public health*, 18(14), 7688. <https://doi.org/10.3390/ijerph18147688>

Obesity prevalence broadly mirrors the patterns seen in physical inactivity. While most counties fall in the lower tiers, most of the region—including Benewah, Shoshone, Clearwater, Nez Perce, Lewis, and Idaho County—show obesity rates between 34% and 41% or higher. Elevated obesity burden in rural areas is well-documented, driven by limited access to grocery stores, reliance on convenience foods, higher transportation costs, and lower availability of specialty care and weight-management services.⁶⁴

Exhibit 29: Obesity among adults

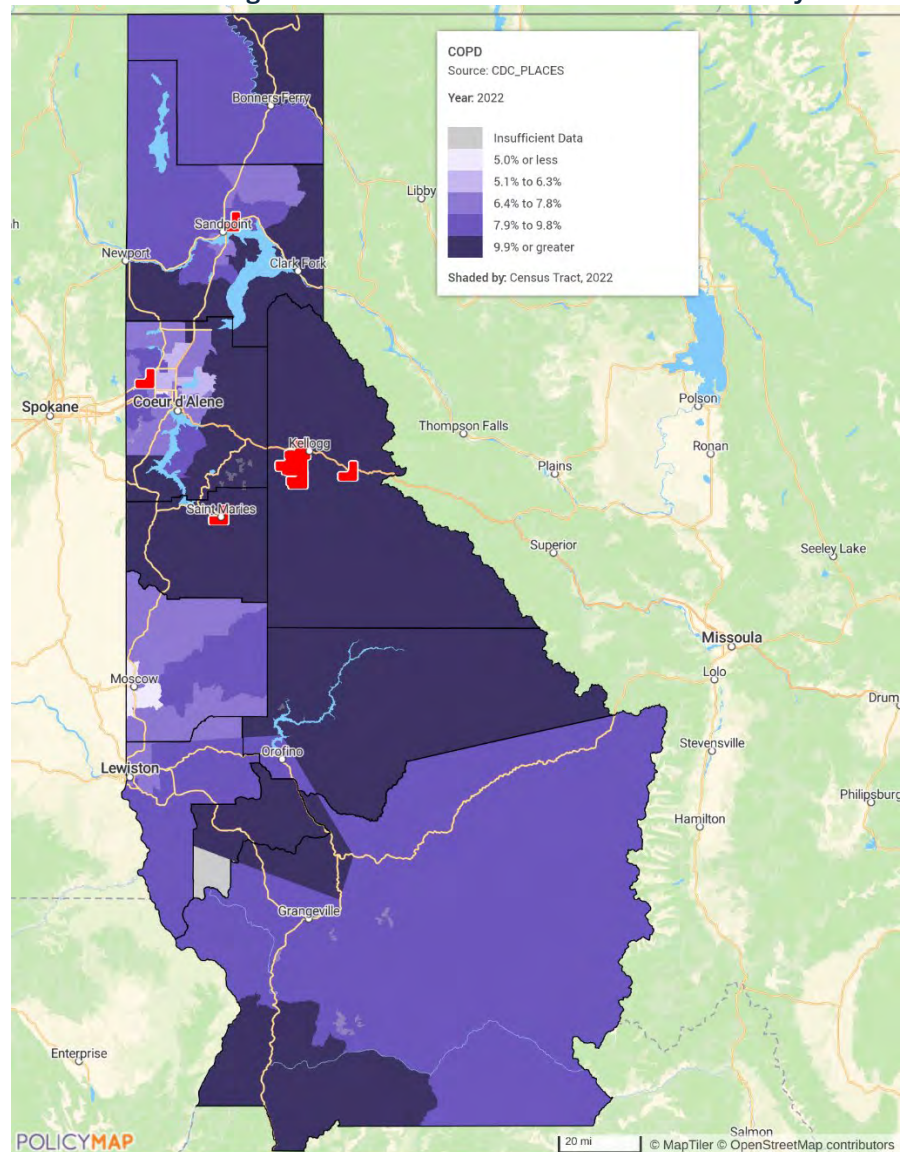


Source: CDC BRFSS PLACES 2022

⁶⁴ Rural Health Information Hub. (2025). Rural Hunger and Access to Healthy Food.

COPD prevalence is notably high in several counties, especially Shoshone, Clearwater, Lewis, and Idaho County, where rates exceed 9.9%, meaning approximately 1 in 10 adults live with COPD. The map also displays Superfund sites, seen in red, which are locations identified by the U.S. Environmental Protection Agency as contaminated with hazardous substances requiring long-term cleanup. Many of these sites, particularly around Kellogg and the Silver Valley, are historically linked to mining and smelting operations.⁶⁵ Long-term exposure to particulate matter, industrial pollution, and poor air quality significantly increases the risk of COPD and other respiratory illnesses. National evidence shows that rural communities located near legacy mining sites face disproportionately higher respiratory disease rates due to both environmental exposures and limited access to pulmonary specialists.⁶⁶

Exhibit 30: Percentage of adults with Chronic Obstructive Pulmonary Disease (COPD)



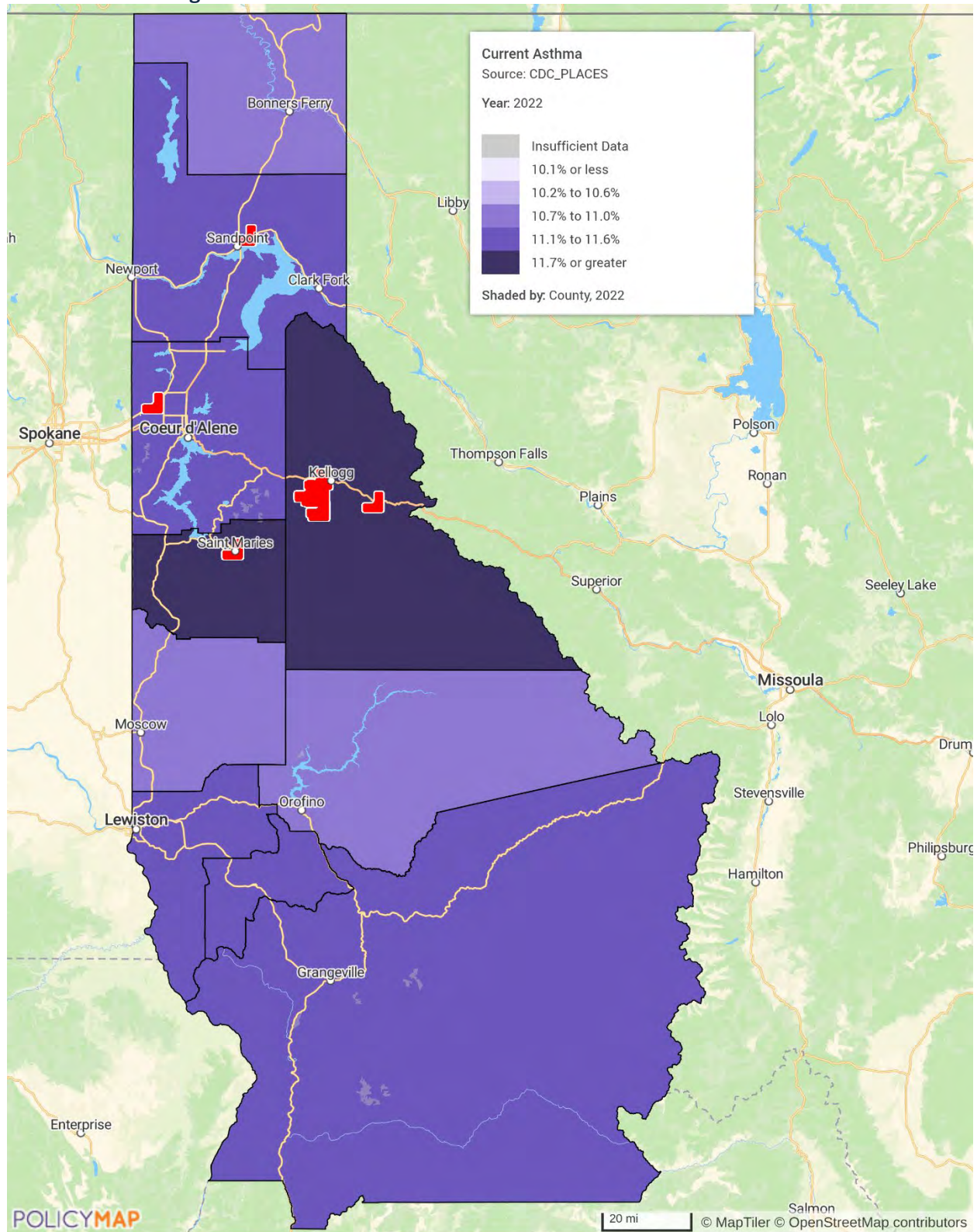
Source: CDC BRFSS PLACES 2022

⁶⁵ U.S. Environmental Protection Agency. (2017, January 3). Superfund sites in reuse in Idaho.

⁶⁶ American Lung Association. (n.d.). State of lung disease in America: Health

Elevated rates of asthma are seen in similar regions where elevated COPD percentages were seen.

Exhibit 31: Percentage of adults with current asthma

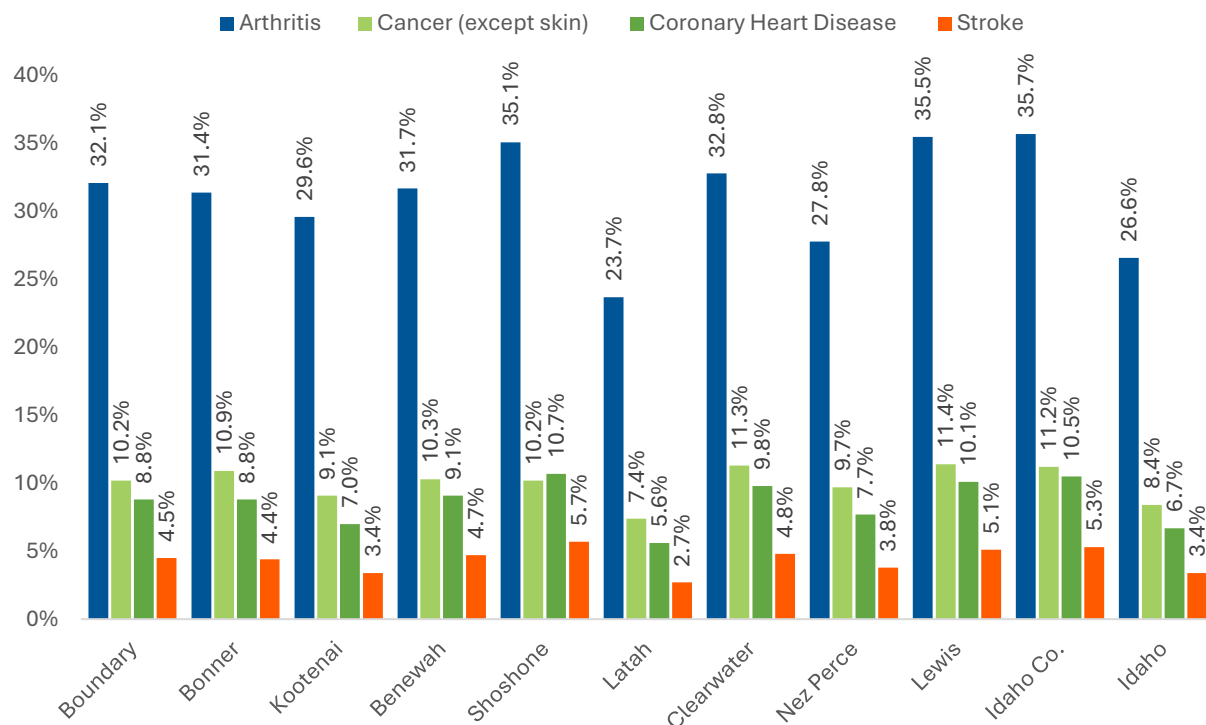


Source: CDC BRFSS PLACES 2022

Across the Kootenai Health service area, chronic disease prevalence consistently surpasses or matches with state and national percentages. Arthritis is especially common, averaging 31.5% across counties and peaking above 35%, higher than the U.S. average of 26.6%. Diabetes (8.1%–15.0%) and coronary heart disease (5.6%–10.7%) also show elevated burdens in several rural counties, mirroring national patterns linking higher chronic disease rates to transportation barriers, limited preventive care access, and shortages of primary and specialty providers.⁶⁷

Cancer prevalence (excluding skin cancer) falls between 7.4% and 11.4%, generally higher in more rural counties where screening rates are lower and distances to oncological services are greater. Stroke prevalence, while lower overall, is highest in counties that simultaneously experience high burdens of other cardiovascular risks. These patterns highlight a predictable rural health trend: when access to early detection, routine care, and chronic disease management is more difficult, conditions become more widespread and more severe.⁶⁸

Exhibit 32: Chronic disease rates among adults



Source: CDC BRFSS PLACES 2022

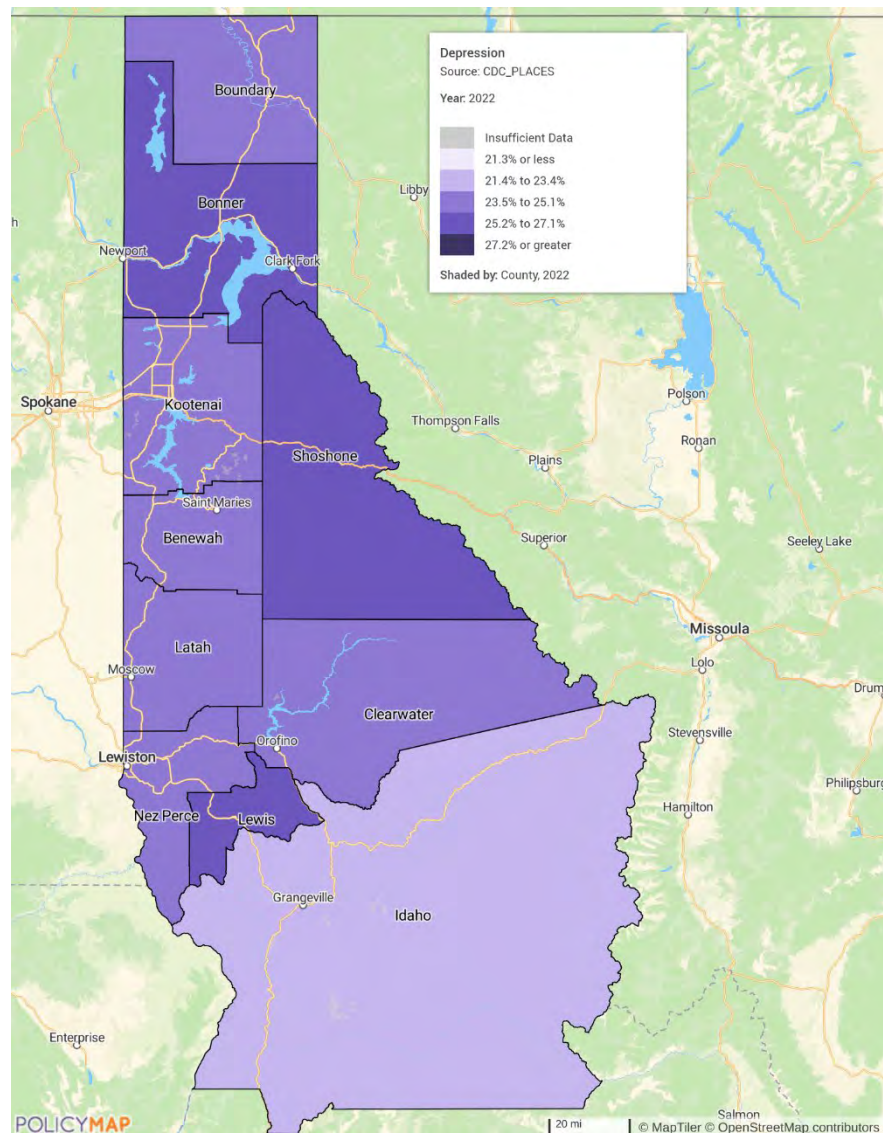
⁶⁷ Rural Health Information Hub. (2023). Healthcare access in rural communities.

⁶⁸ Rural Health Information Hub. (2022). Chronic Disease in Rural America.

Mental and Behavioral Health

Depression affects roughly one in five adults across the Kootenai Health service area, with rates ranging from 21.2% to 24.7%, all above the U.S. percentage of 20.7%. Counties with the highest prevalence are also areas that experience elevated chronic disease burdens, fewer mental health providers, and higher socioeconomic stressors. These conditions are known contributors to increased depression in rural communities, where access to behavioral health services is often limited by provider shortages, long travel distances, and cost barriers.⁶⁹

Exhibit 33: Diagnosed depression among adults

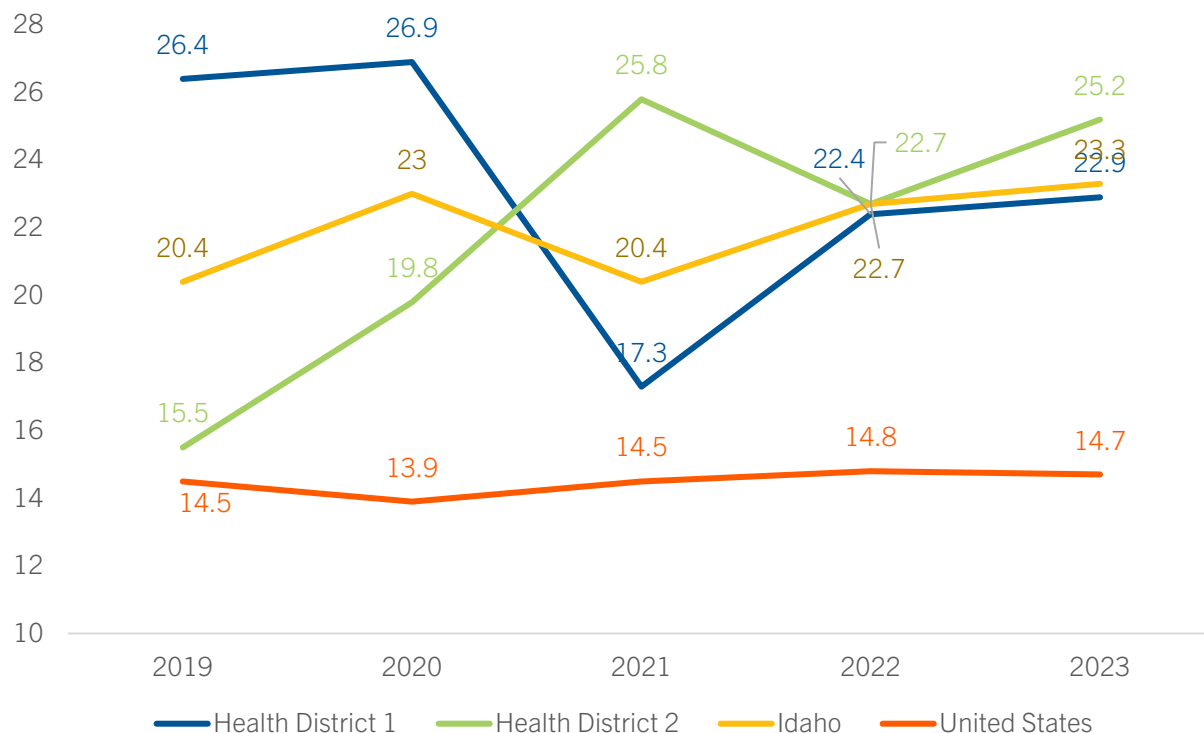


Source: CDC BRFSS PLACES 2022

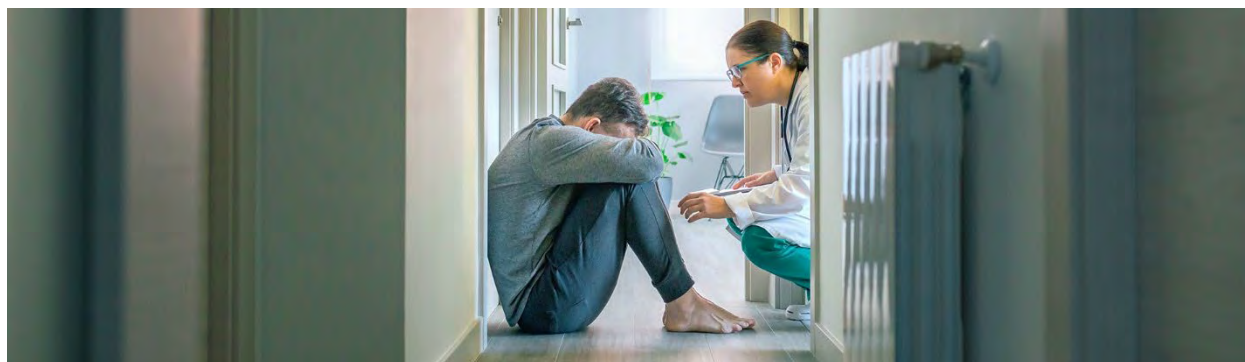
⁶⁹ ⁶⁹ Rural Health Information Hub. (2024). Rural Mental Health.

Suicide rates in both Health District 1⁷⁰ and Health District 2 remain well above the national average of 14–15 deaths per 100,000 population. District 2's rate has repeatedly exceeded 22–25 per 100,000 in recent years, nearly double the U.S. rate. National research shows that rural communities face higher suicide mortality due to limited behavioral health access, greater firearm availability, social isolation, and longer response times for crisis services.⁷¹

Exhibit 34: Suicide rate per 100,000 population



Source: Idaho Bureau of Vital Records and Health Statistics, Idaho Department of Health & Welfare, Division of Public Health. Population Health Data. Suicide Prevention

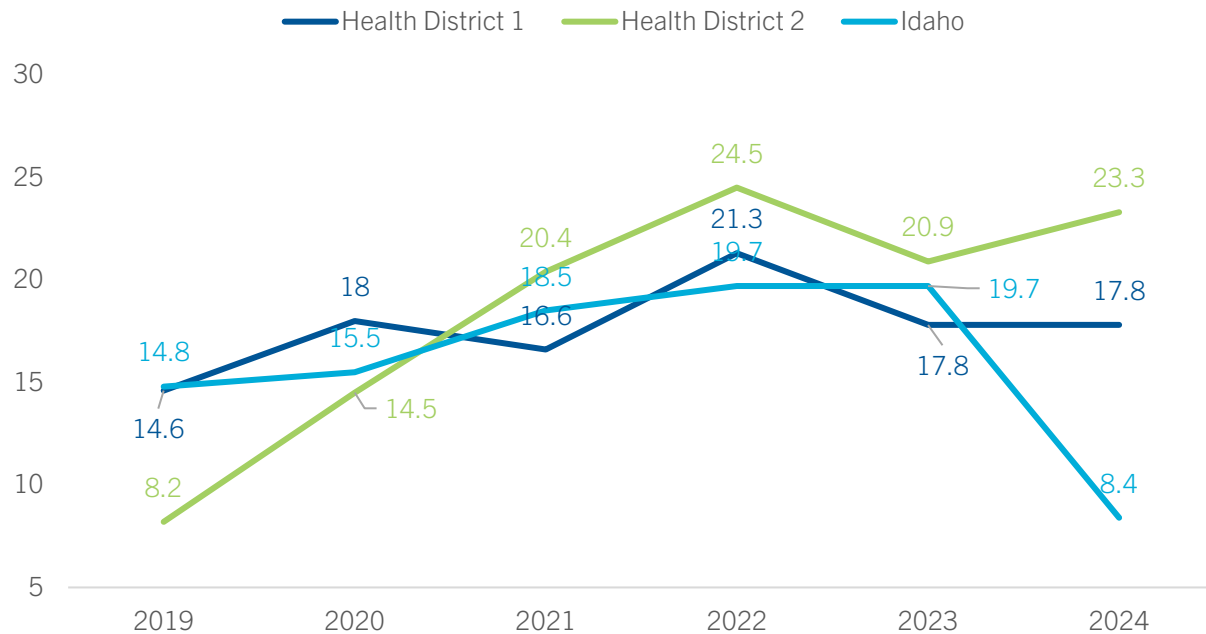


⁷⁰ Health District 1 includes Bonner, Boundary, Kootenai, Benewah, and Shoshone Counties. Health District 2 includes Latah, Clearwater, Lewis, Nez Perce, and Idaho Counties.

⁷¹ Prazak, M., Bacigalupi, R., & Hamilton, S. C. (2025). Rural Suicide: Demographics, Causes, and Treatment Implications. *Community mental health journal*, 61(1), 66–75. <https://doi.org/10.1007/s10597-024-01327-x>

Overdose mortality in both Health District 1 and Health District 2 fluctuates year to year but consistently remains at or above Idaho’s statewide rate. Although Idaho’s overall overdose rate is lower than the individual county rates, rural communities face disproportionate risk due to limited treatment access, fewer medication-assisted treatment (MAT) providers, stigma, and longer emergency response time, factors that increase the likelihood that overdoses become fatal.⁷² These patterns point to a continued need for expanded MAT availability, naloxone distribution, and harm-reduction support across the region.

Exhibit 35: Age-adjusted overdose death rate per 100,000 population



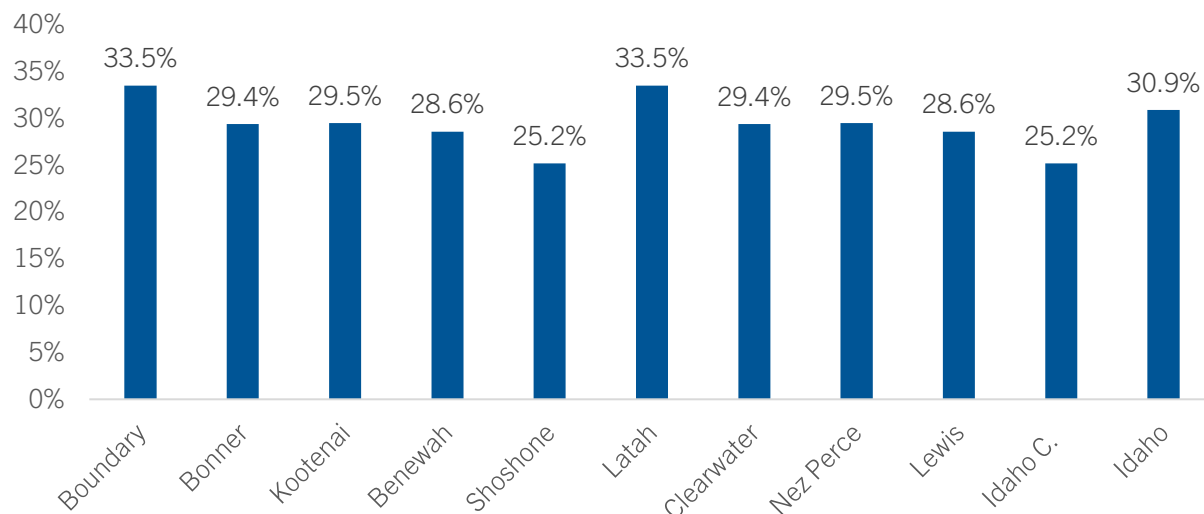
Source: Idaho Bureau of Vital Records and Health Statistics, Idaho Department of Health & Welfare, Division of Public Health. Population Health Data. Drug Overdose Prevention Program, 2019-2024



⁷² Substance Abuse and Mental Health Services Administration. (n.d.). *Rural behavioral health*.

Between one in four and one in three of adults across the region report feeling socially isolated. Social isolation is a major behavioral health risk factor linked to higher rates of depression, anxiety, substance use, cognitive decline, and suicide.⁷³ Rural communities often face unique challenges, including geographic dispersion, limited transportation, fewer community gathering spaces, and aging populations, which intensify isolation and reduce opportunities for informal support networks.⁷⁴

Exhibit 36: Adults self-reporting feeling socially isolated



Source: CDC BRFSS PLACES 2022



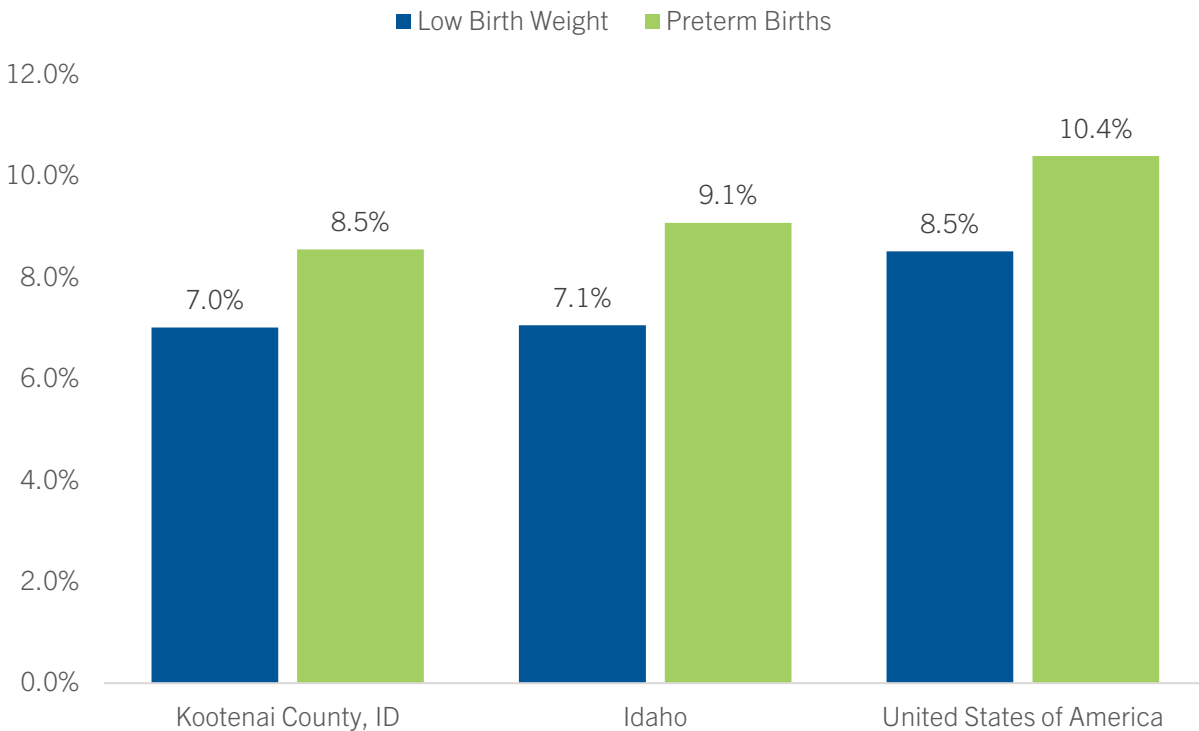
⁷³ National Academies of Sciences, Engineering, and Medicine; Division of Behavioral and Social Sciences and Education; Health and Medicine Division; Board on Behavioral, Cognitive, and Sensory Sciences; Board on Health Sciences Policy; Committee on the Health and Medical Dimensions of Social Isolation and Loneliness in Older Adults. Social Isolation and Loneliness in Older Adults: Opportunities for the Health Care System. Washington (DC): National Academies Press (US); 2020 Feb 27. PMID: 32510896.

⁷⁴ Rural Health Information Hub. (n.d.). Social infrastructure in rural communities.

Maternal and Child Health

Kootenai County's infant outcomes are generally more favorable than state and national benchmarks. Low birth weight occurs in 7.0% of births, nearly identical to Idaho (7.1%) and well below the U.S. percentage of 8.5%. Preterm birth follows a similar pattern: 8.5% locally compared with 9.1% statewide and 10.4% nationally. Research shows that adequate prenatal care, maternal health, and stable social conditions are key protective factors against adverse birth outcomes.⁷⁵

Exhibit 37: Infant characteristics



Source: CDC WONDER Natality, Live Births, 2024



⁷⁵ Malin, K. J., Vance, A. J., Moser, S. E., Zemlak, J., Edwards, C., White-Traut, R., Koerner, R., McGrath, J., & McGlothen-Bell, K. (2025). The impact of social determinants of health on infant and maternal health using a reproductive justice lens. *BMC pregnancy and childbirth*, 25(1), 577. <https://doi.org/10.1186/s12884-025-07693-y>

Across Health Districts 1 and 2, most mothers consistently begin prenatal care in the first trimester, with rates ranging from roughly 89% to 95%. This strong early engagement aligns with recommendations and supports healthier pregnancies by identifying medical risks, monitoring chronic conditions, and promoting fetal development.⁷⁶ However, access to timely care is closely shaped by coverage type and financial stability. Medicaid finances approximately 20% of births in Idaho and remains a critical resource for low-income mothers. In the Kootenai Health service area, Medicaid use fluctuates across years, reflecting shifts in employment, insurance coverage, and eligibility changes.⁷⁷ Such variation can influence whether pregnant individuals experience continuous, comprehensive care throughout pregnancy.

Participation in the WIC program, another major support for maternal and infant health ranges from approximately 16% to 28% and has declined in Health District 2 since 2018. WIC participation is strongly linked to improved nutrition, healthier pregnancies, and reduced risk of low-birth-weight deliveries, making it one of the most effective interventions for pregnant individuals facing economic hardships.⁷⁸ Declines in participation may point to barriers such as transportation, awareness, or administrative challenges, which could reduce the protective impact of these programs. Together, prenatal care access, Medicaid coverage, and WIC engagement provide a comprehensive picture of how economic stability and service availability shape maternal health in the region.



⁷⁶ Turlington, Z. (2025, October 22). A troubling gap: About one-in-four U.S. pregnant women don't receive prenatal care in the first trimester. ATLMed News.

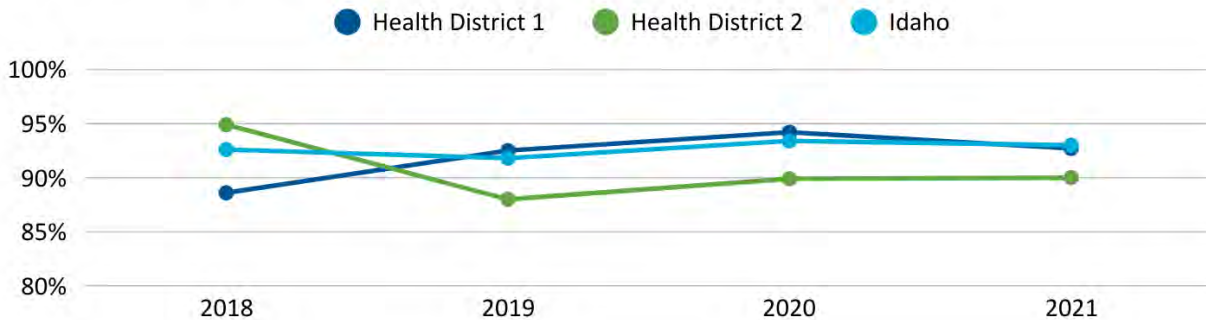
⁷⁷ Kaiser Family Foundation. (2023, May 31). Understanding the intersection of Medicaid and work: An update.

⁷⁸ Carlson, S., & Neuberger, Z. (2021, January 27). WIC works: Addressing the nutrition and health needs of low-income families for more than four decades. Center on Budget and Policy Priorities.

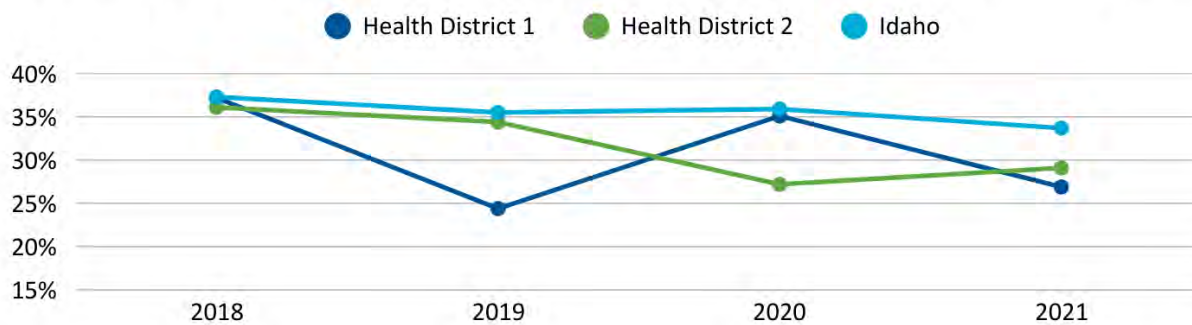
Maternal characteristics

Source: Idaho Bureau of Vital Records and Health Statistics, Idaho Department of Health & Welfare, Division of Public Health. Population Health Data. Idaho Pregnancy Risk Assessment Tracking System (PRATS).

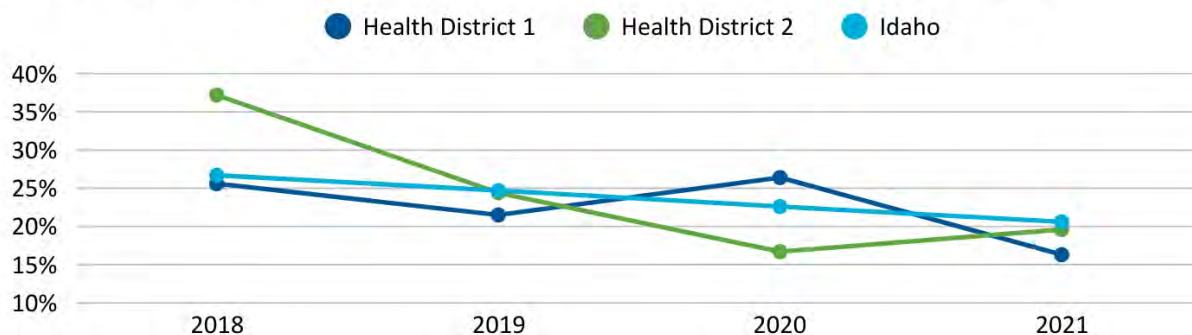
Percentage of mothers who began prenatal care in first trimester



Percentage of mothers who reported medicaid as a payment source for prenatal care



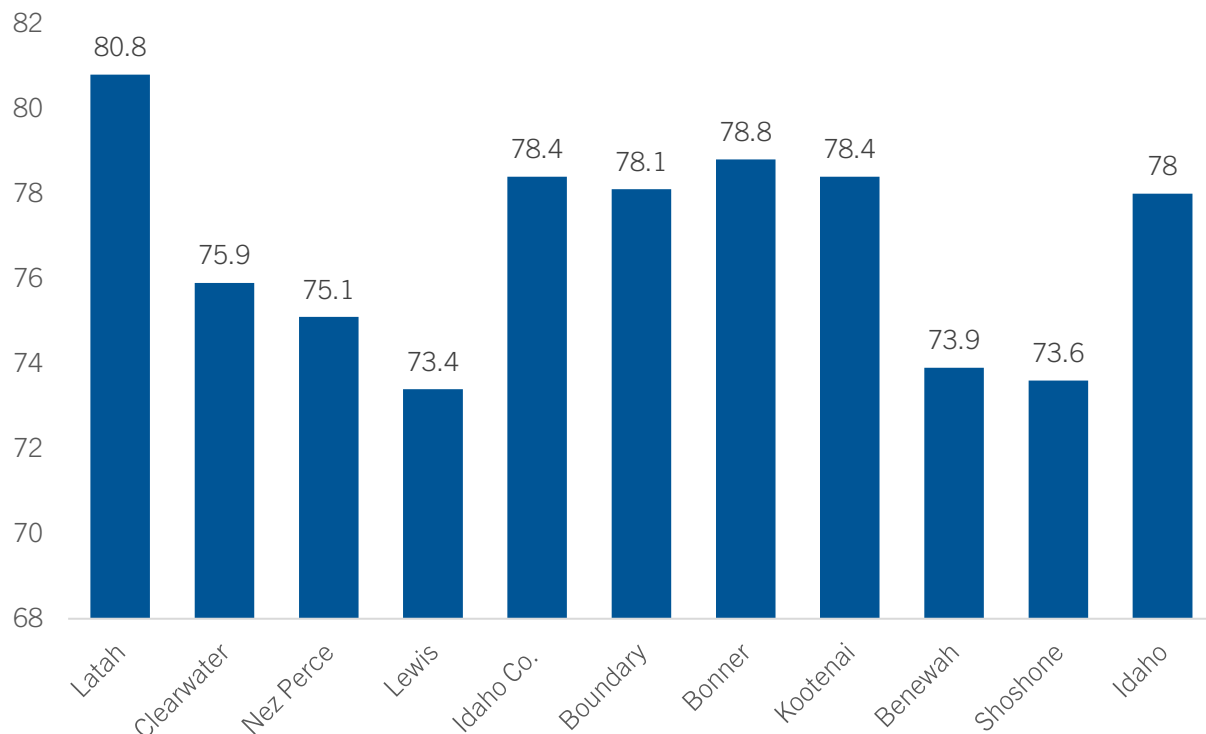
Percentage of mothers who participated in the WIC program during pregnancy



Mortality

Life expectancy shows clear geographic variation across the region, with some counties experiencing noticeably shorter lifespans than others. Communities with lower life expectancy tend to face a combination of higher chronic disease burden, elevated injury and suicide mortality, and greater socioeconomic barriers, all factors strongly associated with premature mortality in rural settings.⁷⁹ In contrast, counties with the longest life expectancy generally have younger populations, stronger economic conditions, and more consistent access to healthcare services.⁸⁰

Exhibit 38: Life expectancy



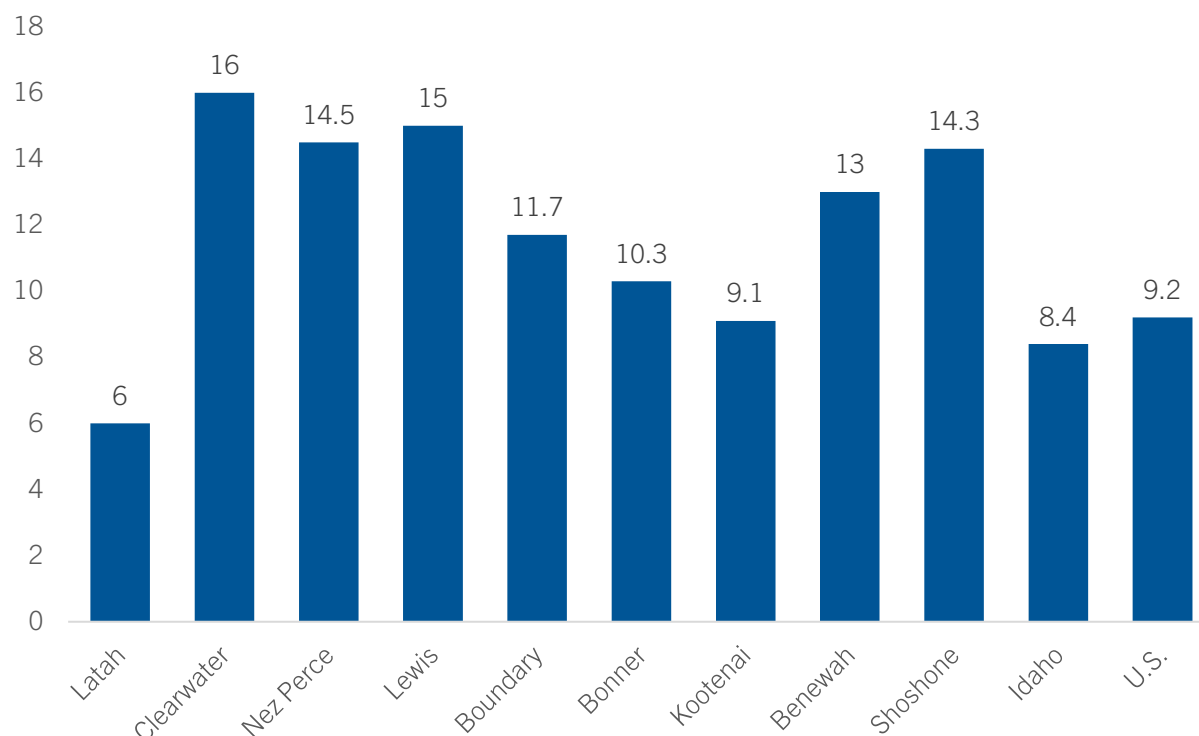
Source: County Health Rankings. National Center for Health Statistics - Natality and Mortality Files; Census Population Estimates Program. 2020-2022

⁷⁹ Rural Health Information Hub. (2022). Rural health disparities.

⁸⁰ Rural Health Information Hub. (2022). Rural health disparities.

Crude death rates also vary substantially across the service area, with several rural and geographically isolated counties experiencing noticeably higher mortality than the state and nation. These elevated rates often reflect older age structures, higher prevalence of chronic disease, and increased risk of injury-related deaths, common challenges in rural communities.⁸¹ Counties with younger, more urbanized populations tend to show lower crude death rates, aligning with broader trends in regional demographics, employment opportunities, and access to medical care.

Exhibit 39: Death rate per 1,000 population



Source: CDC WONDER Causes of Death, 2023.

Across the Kootenai Health service area, the leading causes of death closely mirror statewide and national patterns, with cancer and heart disease consistently ranking as the top two causes in every county. Accidents and adverse effects, including motor vehicle crashes, overdoses, and unintentional injuries, are the third leading cause across nearly all counties, underscoring the impact of behavioral, environmental, and rural transportation factors. Lower-ranking causes vary by county but commonly include chronic lower respiratory disease, cerebrovascular disease, Alzheimer’s disease, diabetes, and suicide, with suicide appearing among the top five in Shoshone and Idaho counties. These patterns highlight the region’s dual burden of chronic disease and injury-related mortality, both of which are amplified by rural health system constraints and limited specialty care access.⁸²

⁸¹ Curtin SC, Spencer MR. Trends in death rates in urban and rural areas: United States, 1999–2019. NCHS Data Brief, no 417. Hyattsville, MD: National Center for Health Statistics. 2021. DOI: <https://dx.doi.org/10.15620/cdc:109049>

⁸² Matthews, K. A., Spears, K. S., & Anderson-Lewis, C. (2025). Rural Health Disparities: Contemporary Solutions for Persistent Rural Public Health Challenges. *Preventing chronic disease*, 22, E27. <https://doi.org/10.5888/pcd22.250202>

Exhibit 40: Top five leading causes of death

Boundary	Bonner	Kootenai	Benewah	Shoshone	Latah	Clearwater	Nez Perce	Lewis	Idaho Co.	Idaho
Cancer	Cancer	Heart Disease	Heart Disease	Heart Disease	Heart Disease	Cancer	Cancer	Cancer	Cancer	Heart Disease
Heart Disease	Heart Disease	Cancer	Cancer	Cancer	Cancer	Heart Disease	Heart Disease	Heart Disease	Heart Disease	Cancer
Accidents and Adverse Effects	Accidents and Adverse Effects	Accidents and Adverse Effects	Accidents and Adverse Effects	Accidents and Adverse Effects	Accidents and Adverse Effects	Accidents and Adverse Effects	Accidents and Adverse Effects	Chronic Lower Respiratory Disease	Accidents and Adverse Effects	Accidents and Adverse Effects
Cerebro-vascular Diseases	Chronic Lower Respiratory Disease	Chronic Lower Respiratory Disease	Chronic Lower Respiratory Disease	Chronic Lower Respiratory Disease	Alzheimer's Disease	Chronic Lower Respiratory Disease	Chronic Lower Respiratory Disease		Chronic Lower Respiratory Disease	Chronic Lower Respiratory Disease
Chronic Lower Respiratory Disease	Cerebro-vascular Diseases	Cerebro-vascular diseases	Cerebro-vascular diseases	Suicide & Self-Inflicted Injury	Chronic Lower Respiratory Disease	Cerebrovascular Diseases	Diabetes Mellitus		Suicide & Self-Inflicted Injury	Alzheimer's Disease

Source: CDC WONDER Causes of Death, 2023.

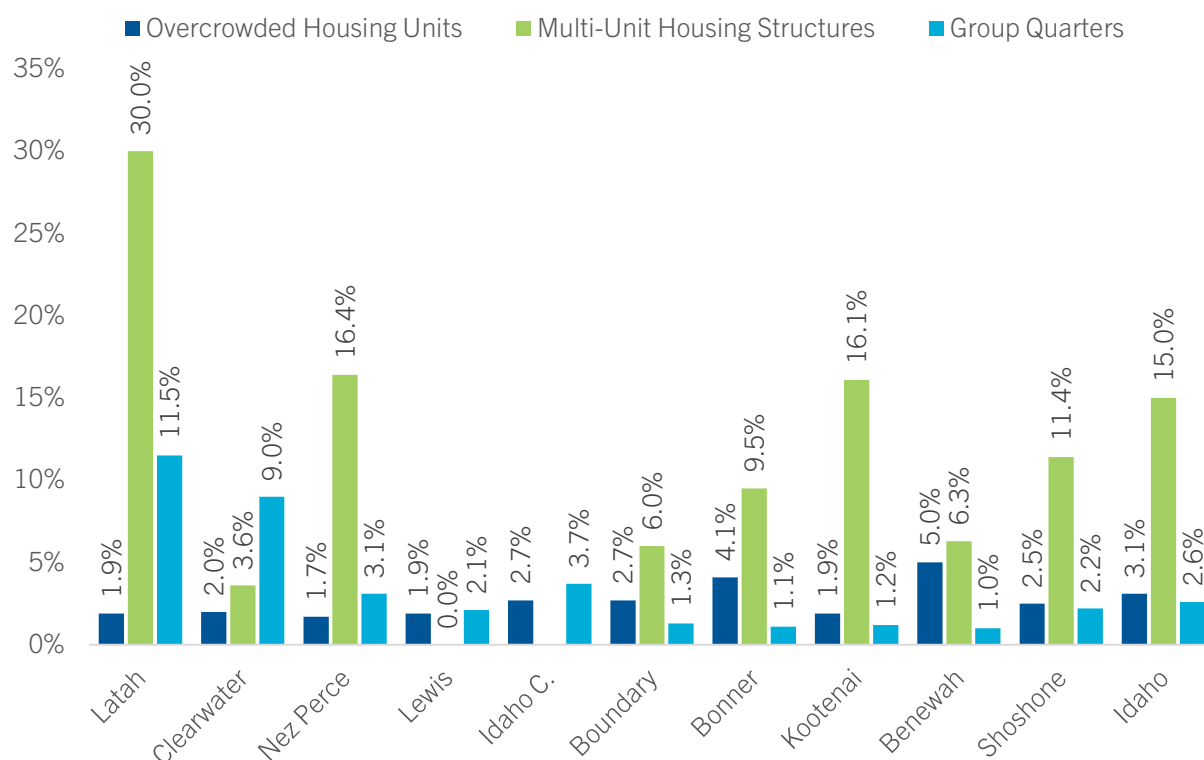
Neighborhood and Built Environment

Housing Stability and Affordability

Stable, affordable housing is a foundation for health, and the characteristics of local housing can shape nearly every aspect of daily life. These are significant concerns across the Kootenai Health service area, where there are many households facing costs due to rising costs, types of housing available, and the conditions of available housing.

Housing characteristics provide important context for understanding the types of environments residents live in and the potential health or resource needs associated with them. Overcrowded housing remains relatively limited across the region, which is positive given its association with higher risk of infectious disease transmission, stress, and poor health outcomes.⁸³ Multi-unit housing structures vary widely between counties and help indicate where denser rental housing or apartment-style living is more common also vary across communities and can influence service needs, emergency planning, and public health response.⁸⁴ Together, these indicators help clarify the mix of housing types across the region and the different populations they serve.

Exhibit 41: Housing Characteristics



Source: U.S. Census Bureau, ACS Community Survey 5-year Estimates, 2019-2023

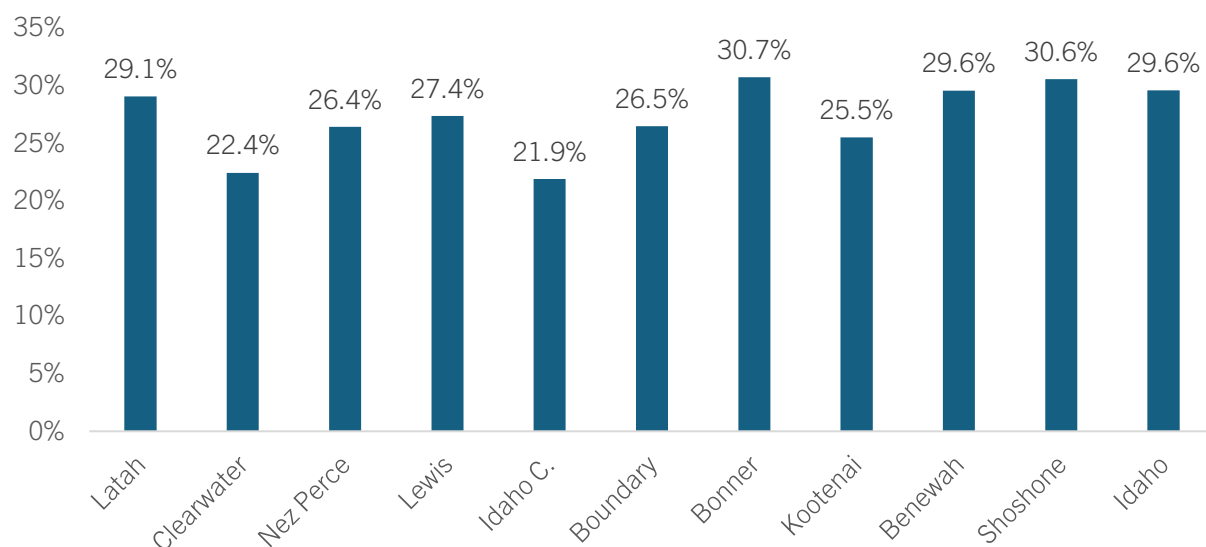
⁸³ Hu, Y., Lin, Z., Jiao, S., & Zhang, R. (2024). High-Density Communities and Infectious Disease Vulnerability: A Built Environment Perspective for Sustainable Health Development. *Buildings*, 14(1), 103. <https://doi.org/10.3390/buildings14010103>

⁸⁴ Committee on Post-Disaster Recovery of a Community's Public Health, Medical, and Social Services; Board on Health Sciences Policy; Institute of Medicine. *Healthy, Resilient, and Sustainable Communities After Disasters: Strategies, Opportunities, and Planning for Recovery*. Washington (DC): National Academies Press (US); 2015 Sep 10. 10, Healthy Housing.

Excessive housing costs, defined as spending 30% or more of household income on housing-related expenses⁸⁵, are a key indicator of economic stability and household vulnerability. When residents spend a large portion of their income on rent or mortgage payments, they have fewer resources available for essential needs like food, transportation, and healthcare. Research consistently links high housing cost burden with increased financial stress, overcrowding, and barriers to maintaining physical and mental health.⁸⁶

Across the Kootenai Health service area, excessive housing costs range from 21.9% of households to 30.7%, with most counties surpassing the U.S. rate of 25.3%⁸⁷. Burden is highest in Bonner, Shoshone, Benewah, and Latah counties, where nearly one in three households is financially strained by housing costs (Exhibit 42). In contrast, Clearwater and Idaho County experience notably lower levels of cost burden, falling well below both the state and national averages.

Exhibit 42: Households experiencing excessive housing costs



Source: U.S. Census Bureau, ACS Community Survey 5-year Estimates, 2019-2023

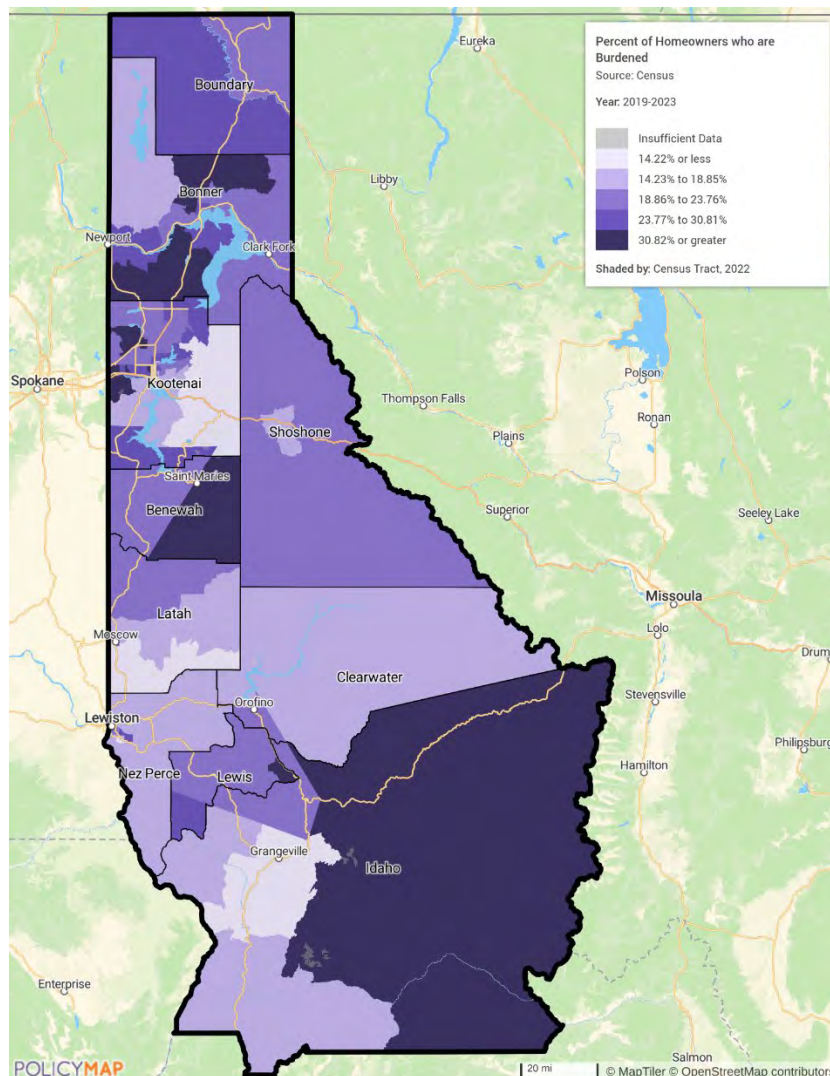
⁸⁵ U.S. Census Bureau, ACS Community Survey

⁸⁶ Grewal, A., Hepburn, K. J., Lear, S. A., Adshade, M., & Card, K. G. (2024). The impact of housing prices on residents' health: a systematic review. *BMC public health*, 24(1), 931. <https://doi.org/10.1186/s12889-024-18360-w>

⁸⁷ U.S. Census Bureau, ACS Community Survey 5-year Estimates, 2019-2023

Homeowners in the area experience a lower housing cost burden when compared to renters, however Exhibit 43 shows that affordability challenges are still present across several communities. Areas with one in three or more homeowners experiencing excessive housing costs are shown in dark purple on the map. High concentrations of homeowners experiencing these challenges are seen in Bonner, Benewah, and Idaho Counties. Multiple factors contribute to rising homeowner costs, including increasing property taxes, higher insurance premiums, and steadily climbing home values.⁸⁸ These pressures can be especially difficult for older adults on fixed incomes and long-term residents who purchased homes before recent market changes.⁸⁹ Research shows that when households struggle to afford ongoing housing expenses, they may postpone essential home repairs, delay energy efficiency improvements, or cut back on healthcare and other necessities.⁹⁰

Exhibit 43: Percent of homeowners who are cost burdened



Source: U.S. Census Bureau, ACS Community Survey 5-year Estimates, 2019-2023

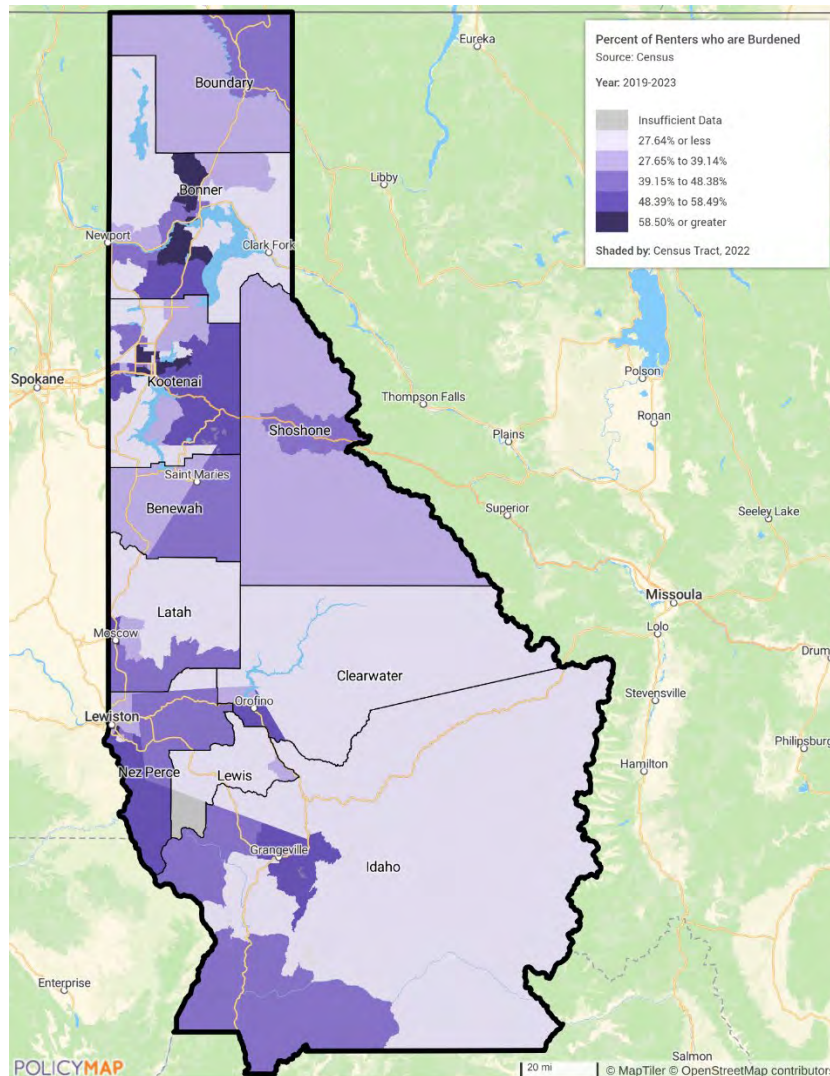
⁸⁸ Joint Center for Housing Studies of Harvard University. (2023). *State of the Nation's Housing 2023*.

⁸⁹ Joint Center for Housing Studies of Harvard University. (2023). *Housing America's Older Adults 2023*.

⁹⁰ National Housing Conference. (2022). *Bridging the gap between health and housing*.

Renter households in the region face significant and uneven housing cost pressures. The renter burden map (Exhibit 44) highlights clear geographic disparities, with several census tracts, seen in the darker purple, showing especially high levels of housing cost burden. In these areas, more than half (58% and above) of renters spend over 30% of their income on housing. Limited rental stock, wage–rent mismatches, and seasonal or low-wage employment further contribute to cost pressures in rural regions.⁹¹ High rental burden is consistently associated with increased risk of overcrowding, displacement, doubling up with other households, and long commute distances when residents must seek cheaper housing farther from job centers.⁹² These challenges directly affect residents’ ability to maintain stable employment, access healthcare services, and meet other basic needs that support overall well-being.⁹³

Exhibit 44: Percent of renters who are cost burdened



Source: U.S. Census Bureau, ACS Community Survey 5-year Estimates, 2019-2023

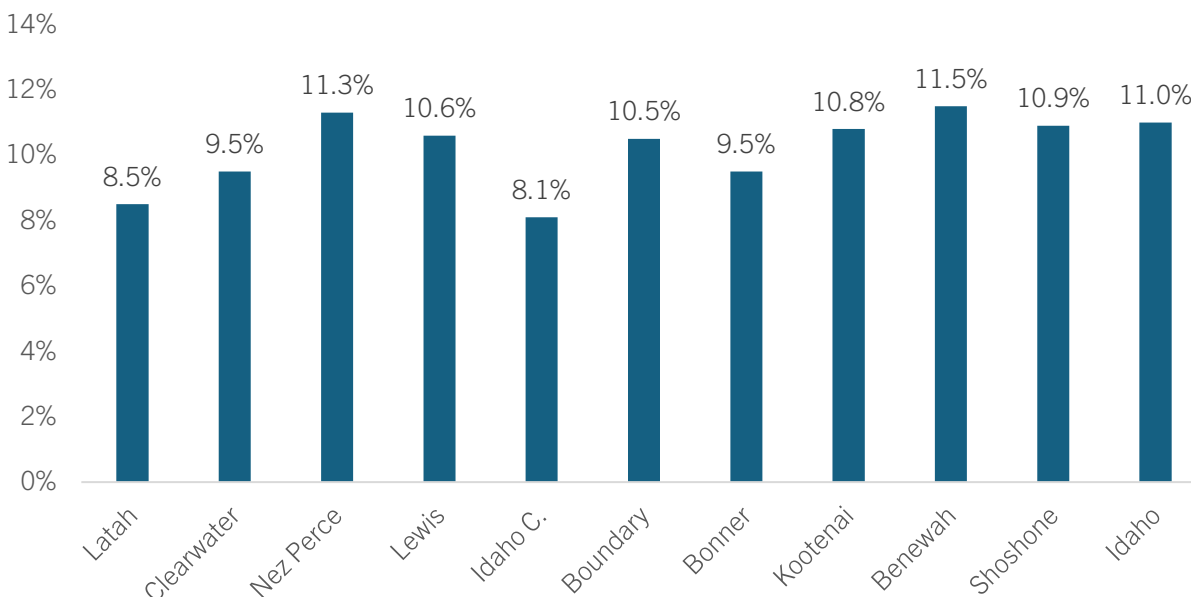
⁹¹ National Low Income Housing Coalition. (2024). *The Gap: A Shortage of Affordable Homes*.

⁹² Desmond, M., & Shollenberger, T. (2015). Forced displacement and residential instability among urban renters. *Social Service Review*, 89(2), 227–262.

⁹³ Rural Health Information Hub. (2024). *Social determinants of health for rural people*.

Self-reported housing insecurity reflects adults who indicate difficulty paying for housing or maintaining stable living arrangements, offering a resident-centered view of instability beyond traditional cost-burden measures. Housing insecurity is linked to delayed medical care, increased stress, and challenges of accessing transportation or essential services.⁹⁴ Rural communities may face added strain due to limited local resources and fewer safety-net supports.⁹⁵

Exhibit 45: Self-reported housing instability



Source: CDC BRFSS, PLACES, 2022

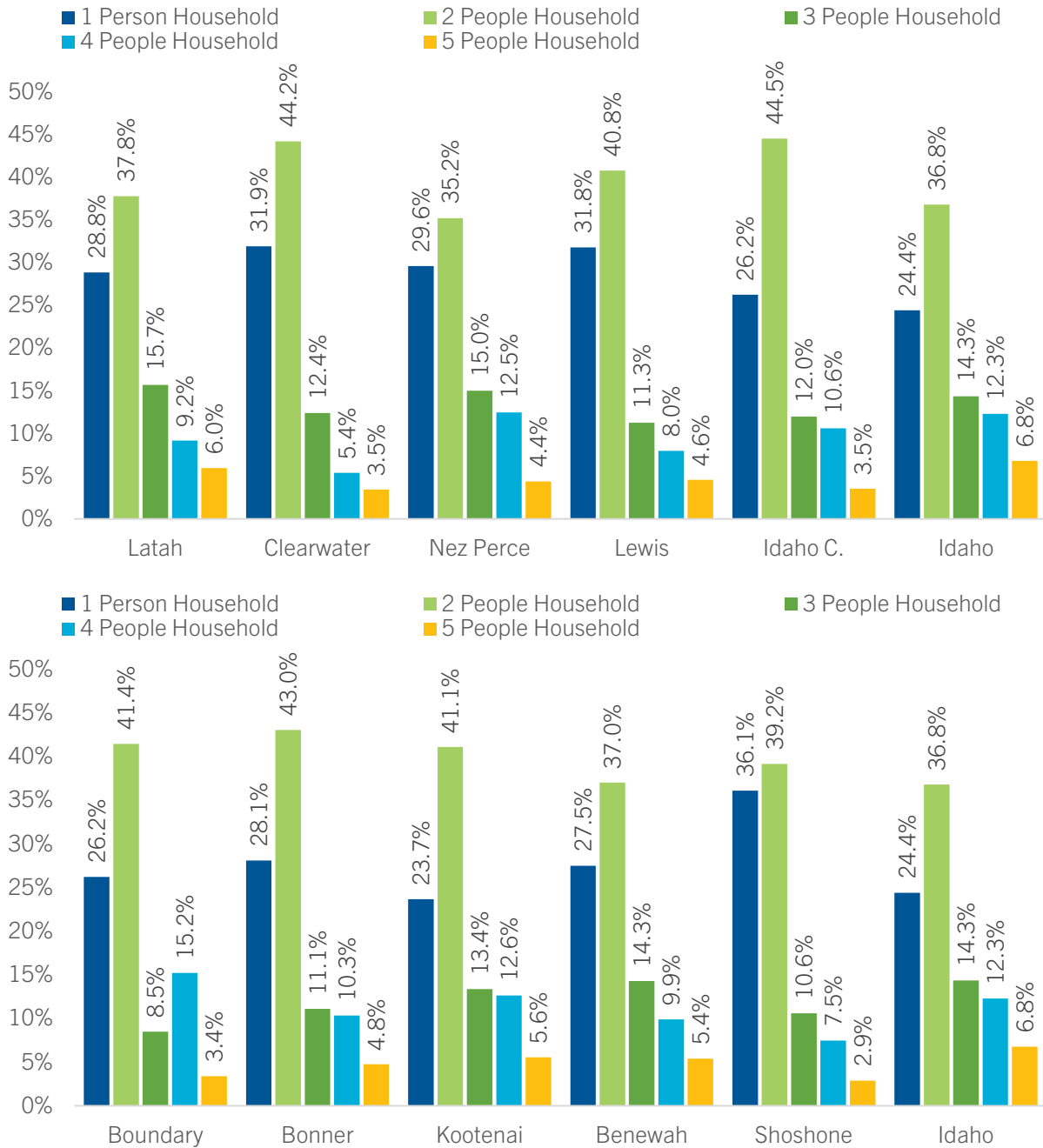
Household size across the region is generally aligned with state and national patterns, with one- and two-person households making up most occupied units in every county. Smaller households remain the most common structure nationwide due to trends such as aging populations, declining birth rates, and shifts in household composition.⁹⁶ Three- and four-person households make up a moderate share across counties.

⁹⁴ Centers for Disease Control and Prevention, 2022; Office of Disease Prevention and Health Promotion, n.d.

⁹⁵ Rural Health Information Hub, 2024

⁹⁶ Centers for Disease Control and Prevention. (2022). Social determinants of health: Housing; U.S. Census Bureau. (2023). America's Families and Living Arrangements: 2023.

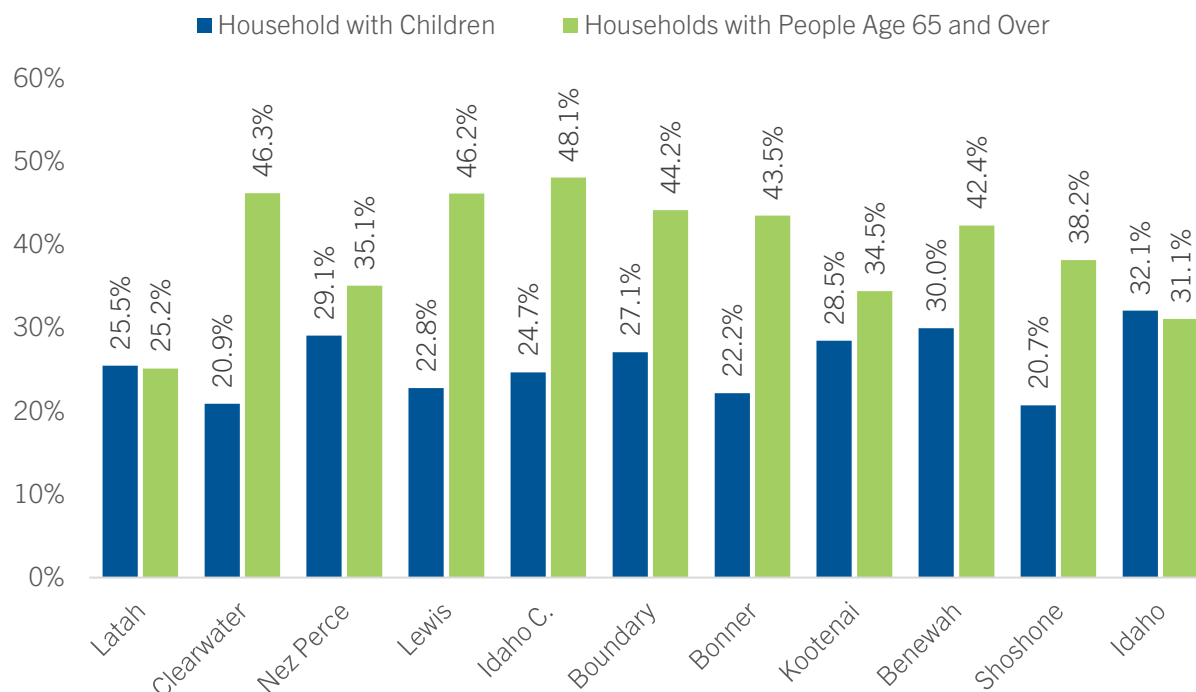
Exhibit 46: Household size distribution



Source: U.S. Census Bureau, ACS Community Survey 5-year Estimates, 2019-2023

Across the region, households with children make up a meaningful share of all occupied units, indicating ongoing demand for family-supportive resources such as childcare, schools, stable rental housing, and safe recreational spaces. At the same time, many counties have a large proportion of households that include adults age 65 and older, reflecting population aging and the importance of services that support aging in place, such as accessible housing, transportation, and in-home care. National research shows that families with children and older adults are more sensitive to housing affordability, neighborhood conditions, and access to essential services, all of which influence long-term health and stability.⁹⁷

Exhibit 47: Percentage of households with children or people age 65+



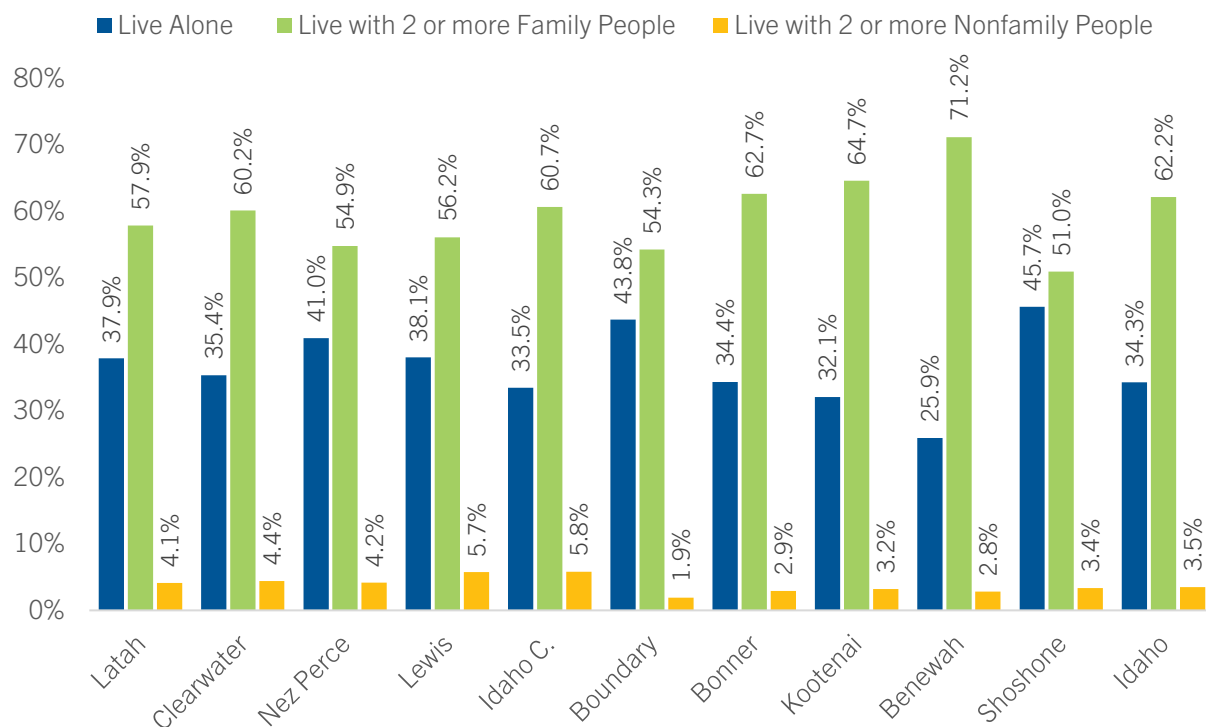
Source: U.S. Census Bureau, ACS Community Survey 5-year Estimates, 2019-2023



⁹⁷ Centers for Disease Control and Prevention. (2022). Social determinants of health: Housing; U.S. Census Bureau. (2023). America's Families and Living Arrangements: 2023.

Living arrangements play an important role in shaping the health and stability of older adults, many of whom rely on fixed incomes, retirement savings, and Medicare. Across the region, a substantial share of seniors live alone, consistent with national trends, which can increase vulnerability to social isolation, financial strain, and difficulty managing household expenses or home maintenance.⁹⁸ Many older adults also live with two or more family members, reflecting multigenerational caregiving, shared financial responsibilities, or the need for additional daily support as residents age in place. A smaller percentage live with nonfamily members.

Exhibit 48: Living arrangements of people age 65+



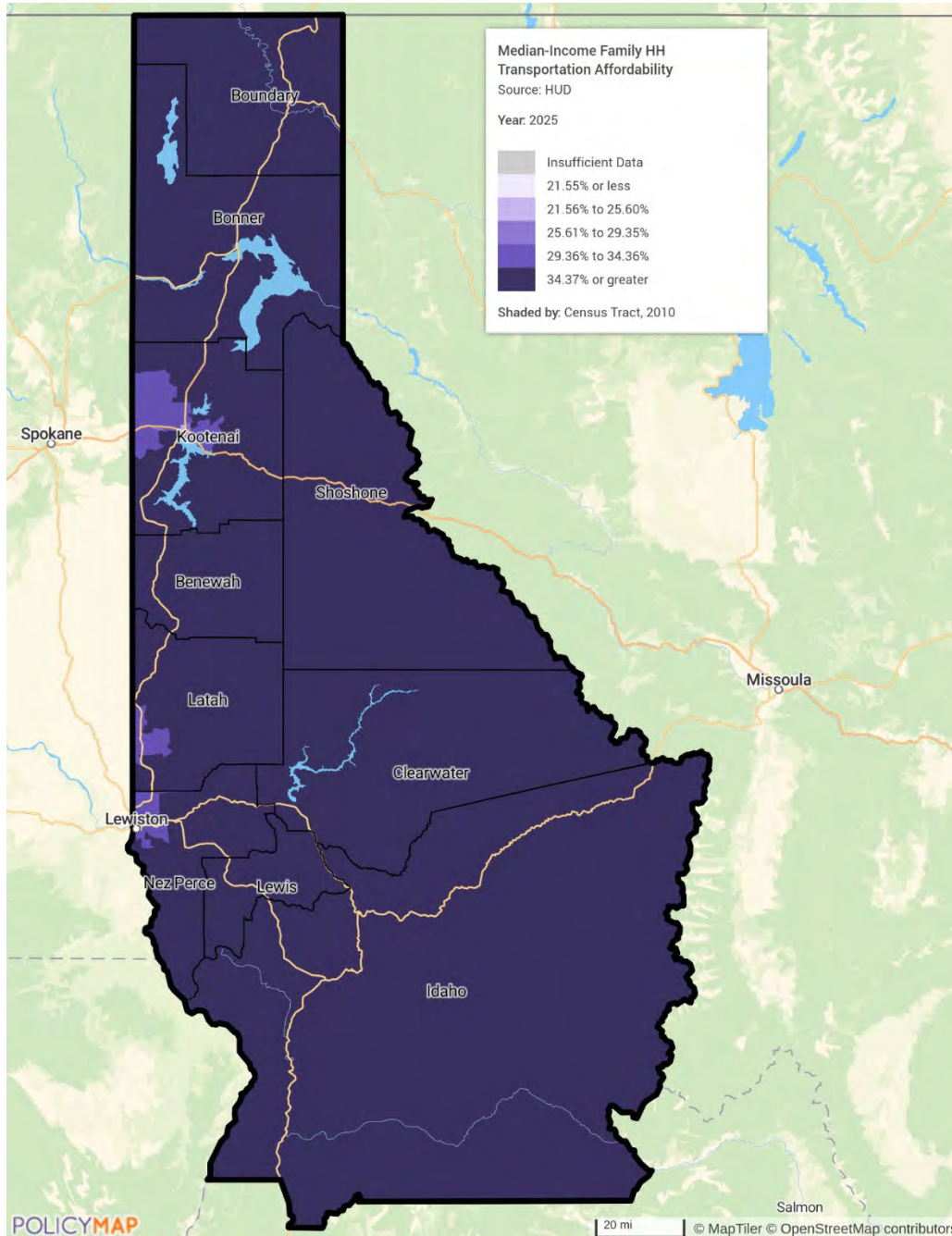
Source: U.S. Census Bureau, ACS Community Survey 5-year Estimates, 2019-2023

⁹⁸ Centers for Disease Control and Prevention. (2022). Social determinants of health: Housing; U.S. Census Bureau. (2023). America's Families and Living Arrangements: 2023.

Transportation

Transportation plays a critical role in how individuals move through their communities and access services, especially in rural regions. Limited public transit options, weather-related barriers, and the costs of fuel and vehicle maintenance further compound these challenges, to an even greater extent for older adults, low-income households, and families with limited vehicle access.

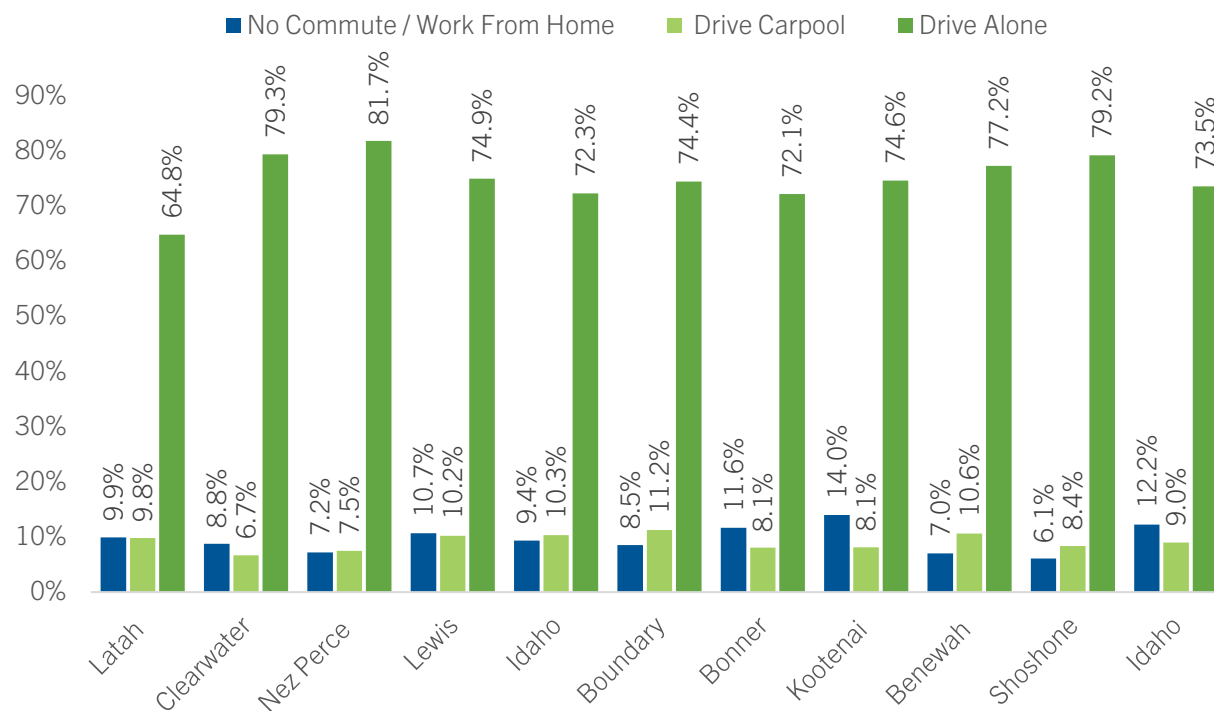
Exhibit 49: Percent of income spent on housing and transportation by a median-income family household



Source: HUD Location Affordability Index, 2025

Across the region, commuting patterns are led by driving alone, with most counties showing rates above 70%. Carpooling and other forms of shared transportation remain limited (see additional data in Appendix A), and only a small share of residents work from home. These trends reflect the rural layout of the service area, where long distances between communities and limited transit options make personal vehicles the most practical way to reach jobs.⁹⁹

Exhibit 50: Commute to work by type



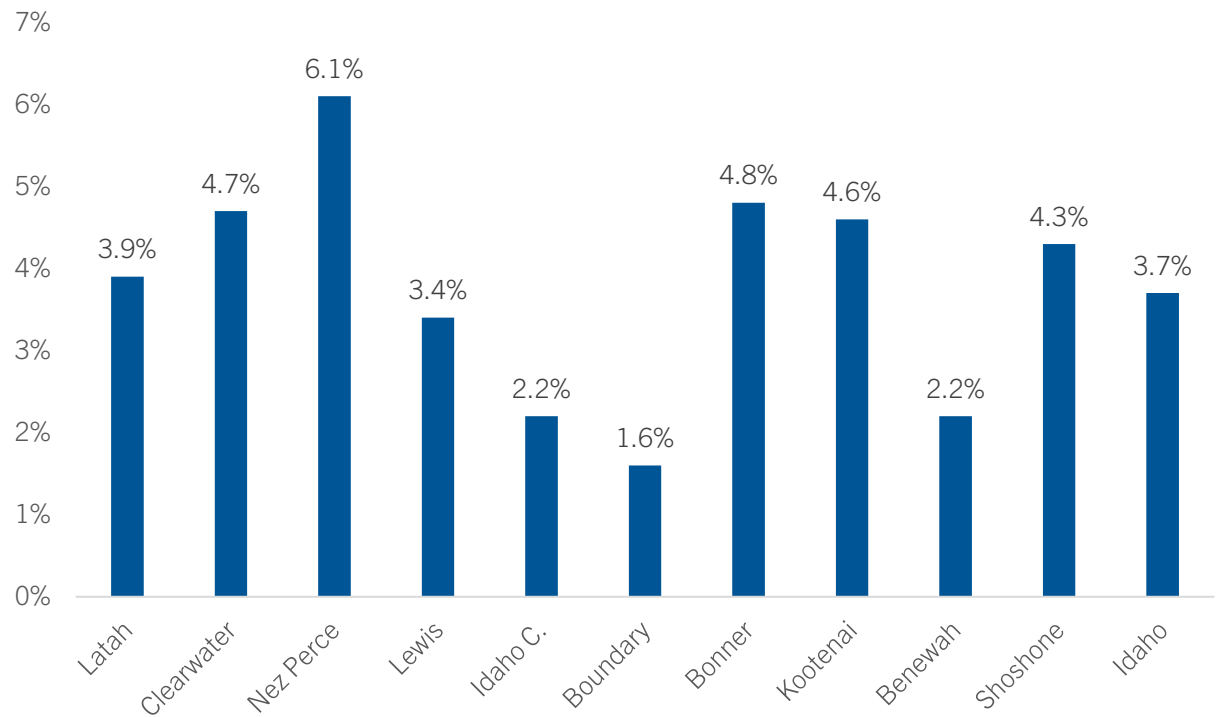
Source: U.S. Census Bureau, ACS Community Survey 5-year Estimates, 2019-2023



⁹⁹ Espeland and Rowangould, "Rural Travel Burdens in the United States.", 2024.

Although only a small share of households in the service lack a vehicle, these households may still face significant barriers to reaching jobs, healthcare, and grocery stores.¹⁰⁰ Without reliable transportation, residents are more likely to experience missed medical appointments, reduced access to healthy food options, and increased social isolation.¹⁰¹ These challenges can compound economic vulnerability, particularly for older adults, low-income households, and those living farther from essential services.

Exhibit 51: Percentage of households without a vehicle



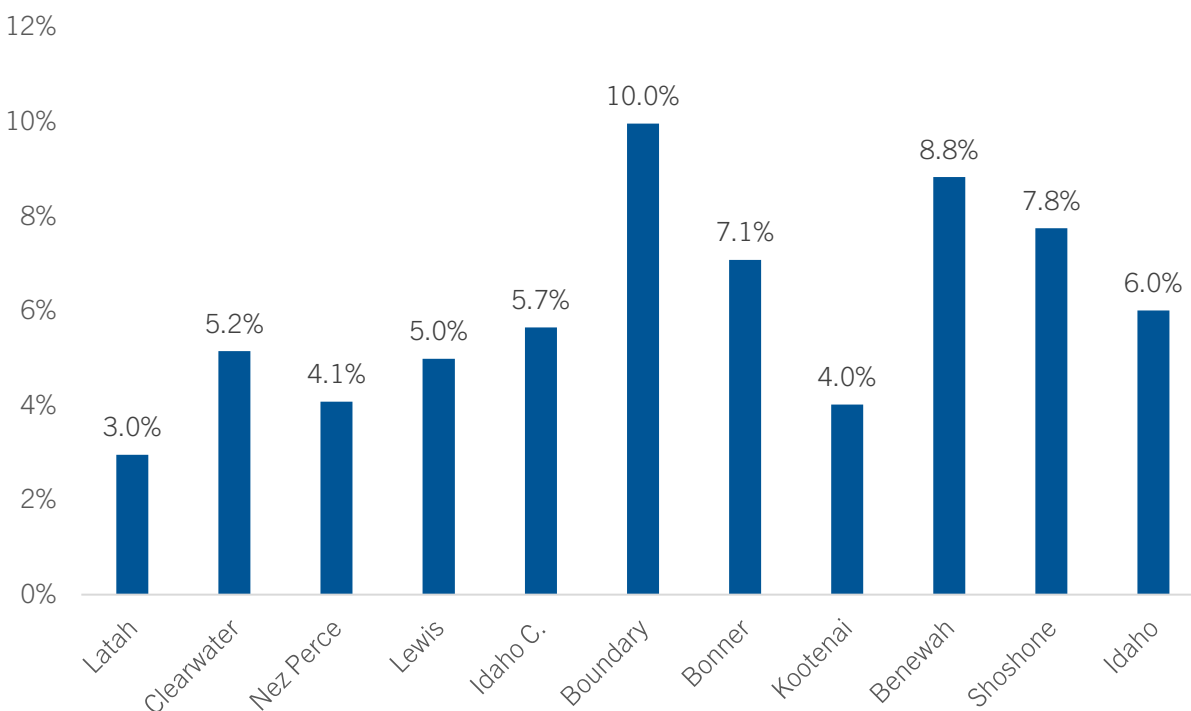
Source: U.S. Census Bureau, ACS Community Survey 5-year Estimates, 2019-2023

¹⁰⁰ Rural Health Information Hub. (2024). Social determinants of health for rural people.

¹⁰¹ Centers for Disease Control and Prevention. (2022). Social determinants of health: Transportation.

The share of households that receive SNAP benefits and have low access to a grocery store highlights where economic vulnerability overlaps with geographic barriers to food. In several counties, a notable portion of SNAP households live farther from a supermarket or large grocery store, a factor that limits the ability to purchase affordable, nutritious foods consistently.¹⁰² For families relying on SNAP, limited store access can contribute to higher food costs, restricted healthy food choices, and increased risk of food insecurity. These challenges are especially significant in rural regions, where long travel distances and limited public transit can make routine grocery shopping difficult.¹⁰³

Exhibit 52: Percentage of low-income households with low access to food stores



Source: U.S. Census Bureau, ACS Community Survey 5-year Estimates, 2019-2023

Walkability reflects how easily residents can reach destinations by walking, with lower scores reflecting more limited access to walkable locations.¹⁰⁴ Most areas in the region score low on the EPA's National Walkability Index, which is expected in rural communities where development is spread out, and daily destinations are farther apart.¹⁰⁵ Limited walkability can contribute to greater reliance on vehicles, reduced opportunities for routine physical activity, and increased transportation barriers for residents without reliable access to a car.¹⁰⁶

¹⁰² U.S. Department of Agriculture. (2023). Food Access Research Atlas

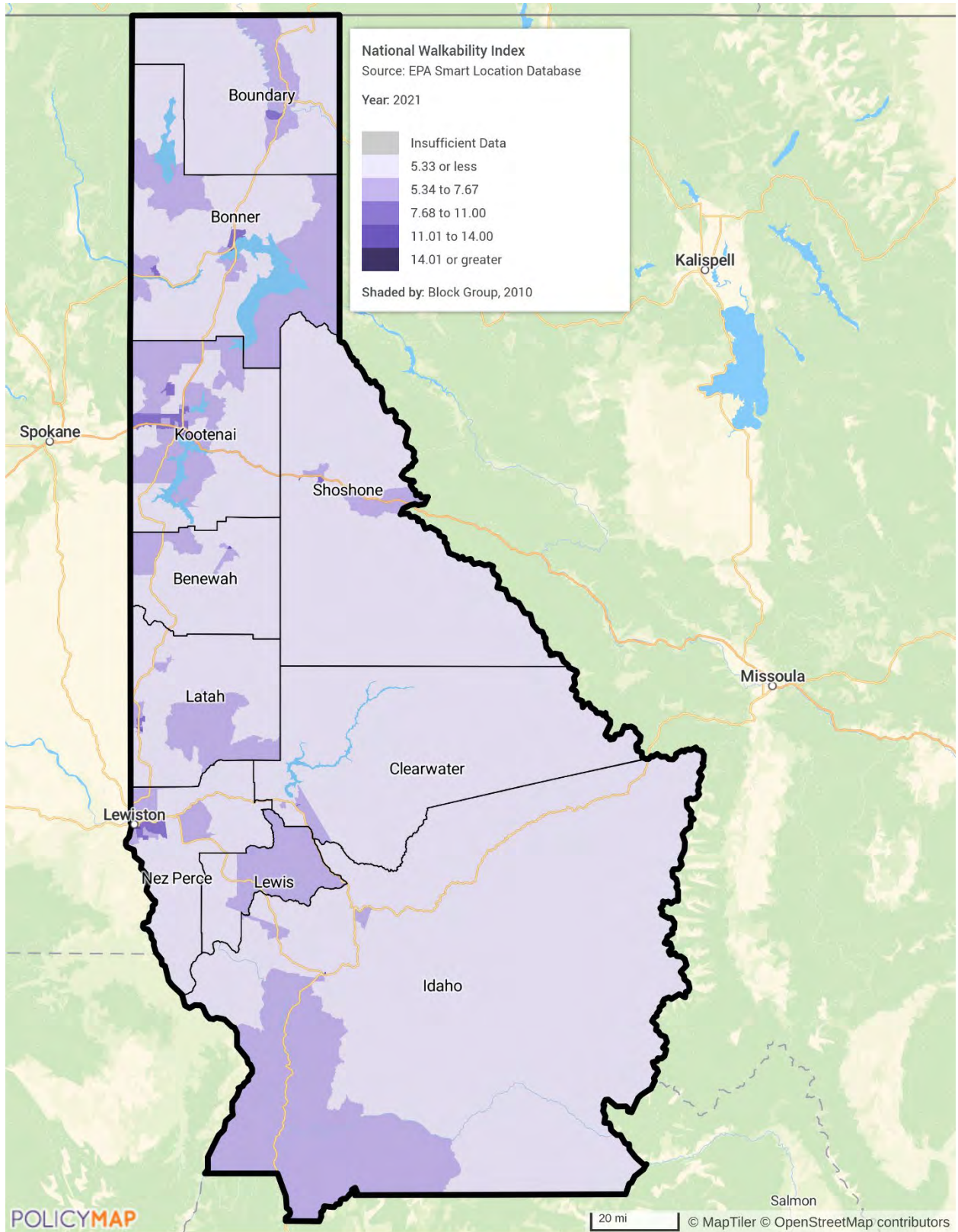
¹⁰³ Rural Health Information Hub. (2024). Transportation to Support Rural Healthcare.

¹⁰⁴ National Walkability Index. US Decennial Census 2010 SF 1, LEHD 2020, NAVTEQ NAVSTREETS 2018, GTFS 573 transit agencies, and Center for Transit Oriented Development TOD Database 2020.

¹⁰⁵ U.S. Environmental Protection Agency. (2023). Smart Location Database & National Walkability Index.

¹⁰⁶ Centers for Disease Control and Prevention. (2022). Physical activity and the built environment.

Exhibit 53: Walkability Index



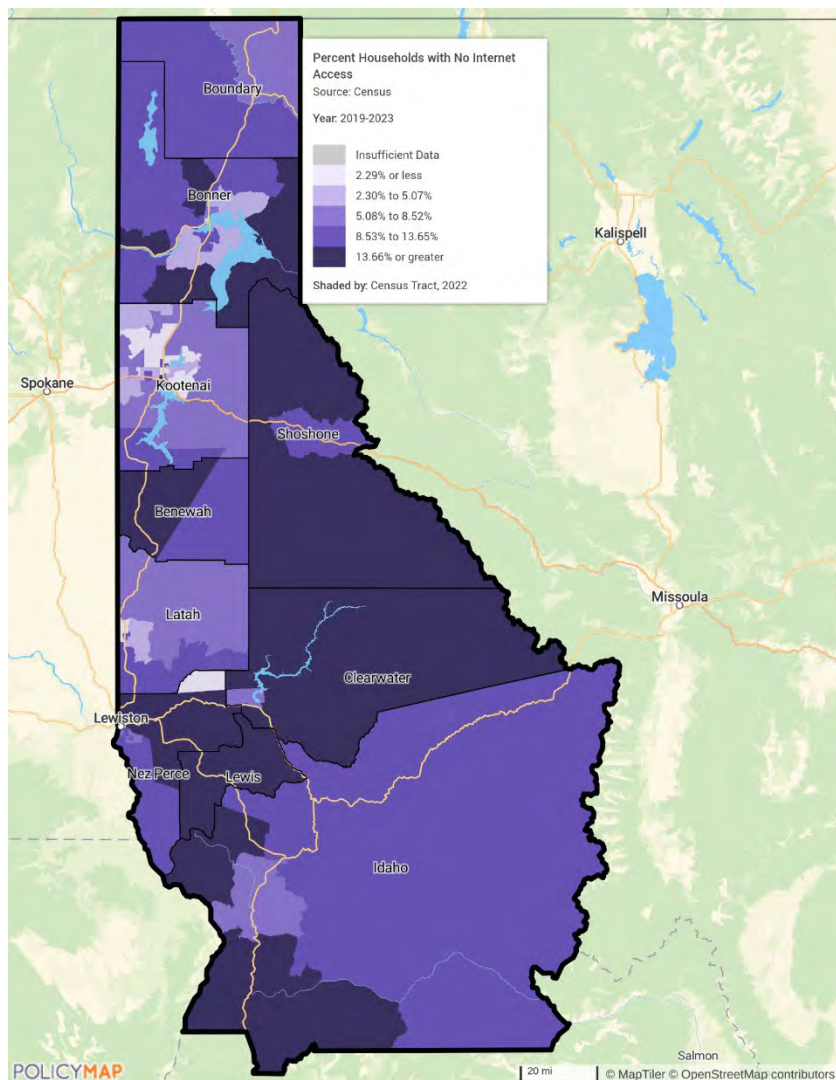
Source: EPA. Smart Location Database, 2021

Infrastructure & Connectivity

Reliable broadband access is now a core piece of community infrastructure, shaping how residents work, learn, communicate, and access essential services. Most households have an internet connection, but gaps remain, particularly in more rural and lower-income areas. These disparities affect students, families, and older adults who rely on digital tools for schoolwork, telehealth, employment, and getting information.

Across the service area, many census tracts show higher shares of households without internet access, shown in the darker purple color, which is a common challenge in rural areas where broadband infrastructure is limited, or service costs remain out of reach.¹⁰⁷

Exhibit 54: Percentage of households without internet access

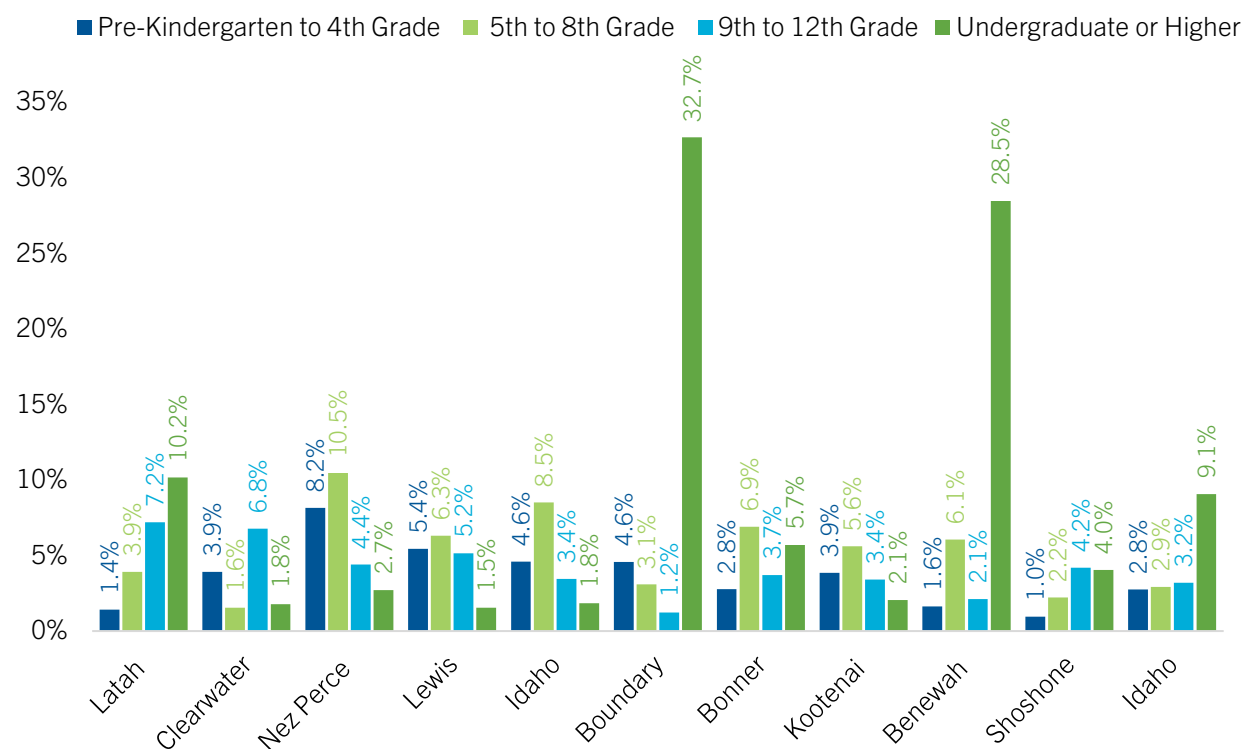


Source: U.S. Census Bureau, ACS Community Survey 5-year Estimates, 2019-2023

¹⁰⁷ Federal Communications Commission. (2023). Broadband availability and access report.

While many younger students in the region have adequate access at home, several counties show higher rates of limited access among middle and high school students, groups for whom online assignments, research, and virtual learning become increasingly prevalent. Limited digital access can widen educational disparities, contribute to lower academic performance, and make it harder for students to stay engaged or keep pace with peers.¹⁰⁸ Some counties also show elevated barriers among college-aged students, which may reflect affordability challenges, unstable housing, or rural broadband limitations. Ensuring reliable internet and device availability across all grade levels supports educational equity, strengthens family engagement, and expands opportunities for students preparing for higher education or the workforce.

Exhibit 55: Percentage of students without internet access or without a computer



Source: U.S. Census Bureau, ACS Community Survey 5-year Estimates, 2019-2023

¹⁰⁸ Federal Communications Commission. (2022). Report on broadband access and education.; National Center for Education Statistics. (2023). Student Access to Digital Learning Resources at Home.

Environmental Health & Environmental Justice

Environmental health conditions play a significant role in shaping community well-being. Clean air, safe drinking water, and healthy homes help people breathe easier, stay active, and avoid preventable illnesses. Communities located near industrial sites, major roadways, or aging housing often face higher exposure to pollutants that contribute to asthma, cancer risk, cardiovascular disease, and other health concerns.

The following data comes from the U.S. Environmental Protection Agency's EJSCREEN tool, which combines both environmental exposure and community demographics to show where pollution may disproportionately affect vulnerable populations. For each indicator, exposure percentiles (compared nationwide) and multiplies it by the proportion of low-income or individuals who belong to racial/ethnic minority groups. Higher Environmental Justice Index values indicate areas where environmental burdens and demographic vulnerability overlap more strongly.

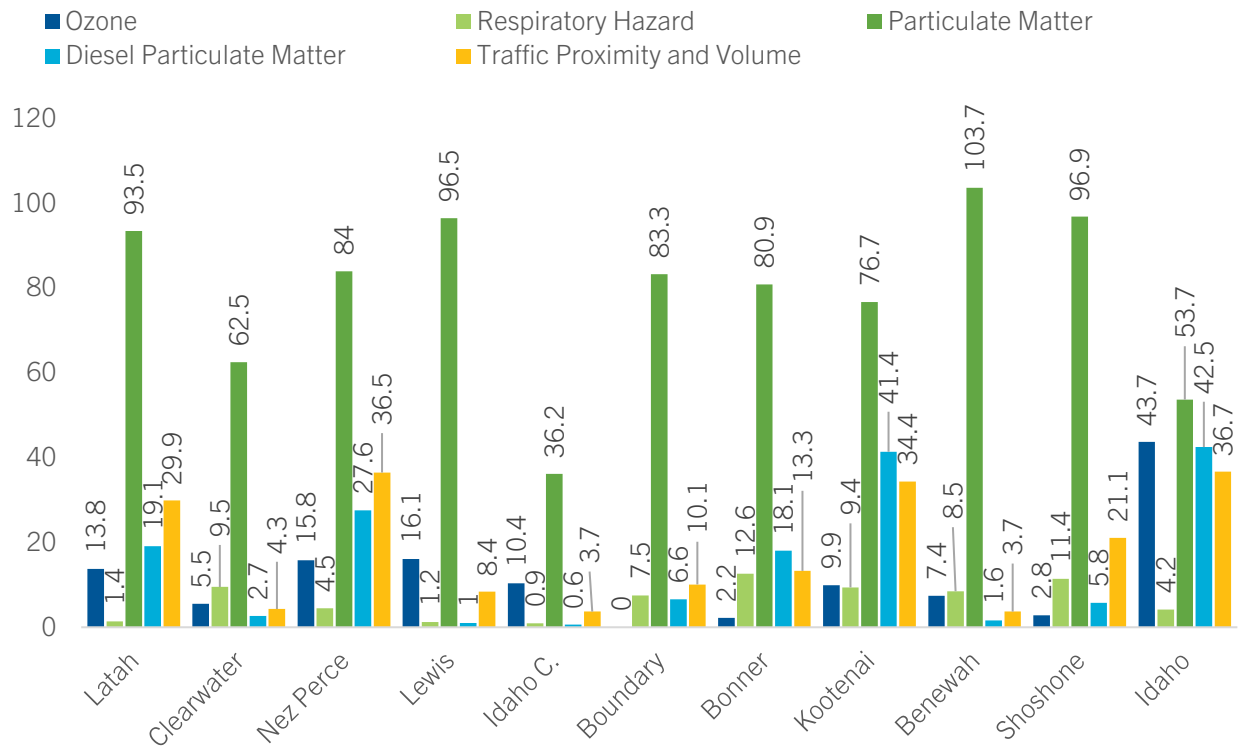
Air quality indicators measure the degree to which residents are exposed to pollutants that can affect respiratory and cardiovascular health. Ozone and particulate matter (PM_{2.5}) capture broader ambient air pollution, while diesel particulate matter and traffic proximity identify exposure to localized emissions from vehicles and transportation corridors.¹⁰⁹ These pollutants are linked to asthma attacks, COPD exacerbations, cardiovascular disease, and long-term lung function impacts, with children, older adults, and people with pre-existing conditions most at risk.¹¹⁰ Counties with higher values may face increased burdens from wildfire smoke, vehicle emissions, industrial sources, or geographic features that trap pollution.



¹⁰⁹ Environmental Protection Agency (EPA). Environmental Justice Screening and Mapping Tool (EJSCREEN) Version 2.32, 2024.

¹¹⁰ Centers for Disease Control and Prevention. (2022). *Air pollution and respiratory health*.

Exhibit 56: Air Quality & Pollution Exposure

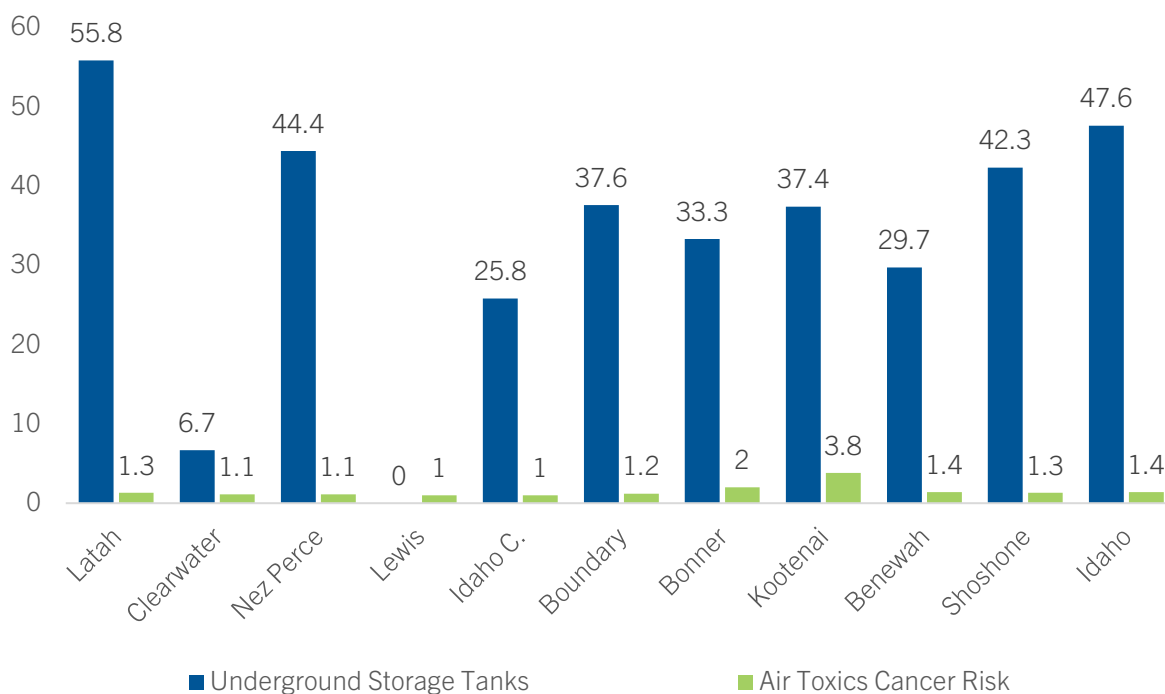


Source: Environmental Protection Agency (EPA). Environmental Justice Screening and Mapping Tool (EJSCREEN) Version 2.32, 2024.



Underground storage tanks (USTs) can pose risks when aging or leaking, as spills may contaminate soil or groundwater and require costly cleanup.¹¹¹ Air toxics cancer risk reflects estimated long-term cancer risk from exposure to hazardous airborne pollutants emitted from industrial facilities, traffic, and other stationary sources.¹¹² While values vary across the region, communities with more UST sites or elevated air-toxics risk may face added environmental monitoring needs or greater vulnerability if leaks, spills, or emissions occur.

Exhibit 57: Environmental Contamination & Hazardous Sites



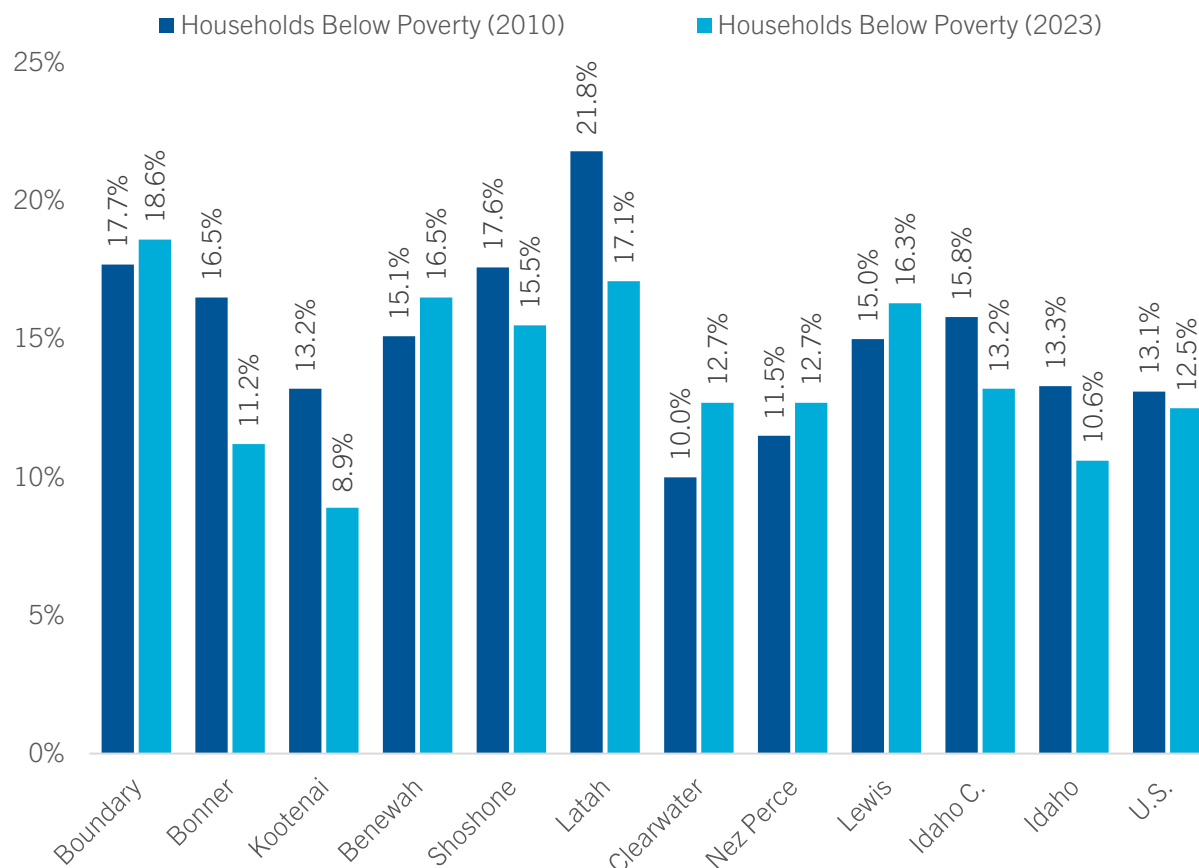
Source: Environmental Protection Agency (EPA). Environmental Justice Screening and Mapping Tool (EJSCREEN) Version 2.32, 2024.

¹¹¹ Environmental Protection Agency (EPA). Environmental Justice Screening and Mapping Tool (EJSCREEN) Version 2.32, 2024.

¹¹² Environmental Protection Agency (EPA). Environmental Justice Screening and Mapping Tool (EJSCREEN) Version 2.32, 2024.

Drinking water non-compliance reflects instances where public water systems violated federal or state safety standards, issues that can include treatment failures, contamination events, or monitoring inadequacies.¹¹³ Lead paint risk estimates the share of housing built before 1978, when lead-based paint was banned; these structures may present exposure risks if paint deteriorates, is disturbed during renovations, or contributes to contaminated household dust.¹¹⁴ Higher levels of non-compliance or older housing stock can increase the likelihood of exposure to contaminants that affect child development, chronic disease risk, and overall home safety.

Exhibit 58: Healthy Homes & Drinking Water Safety



Source: Environmental Protection Agency (EPA). Environmental Justice Screening and Mapping Tool (EJSCREEN) Version 2.32, 2024.

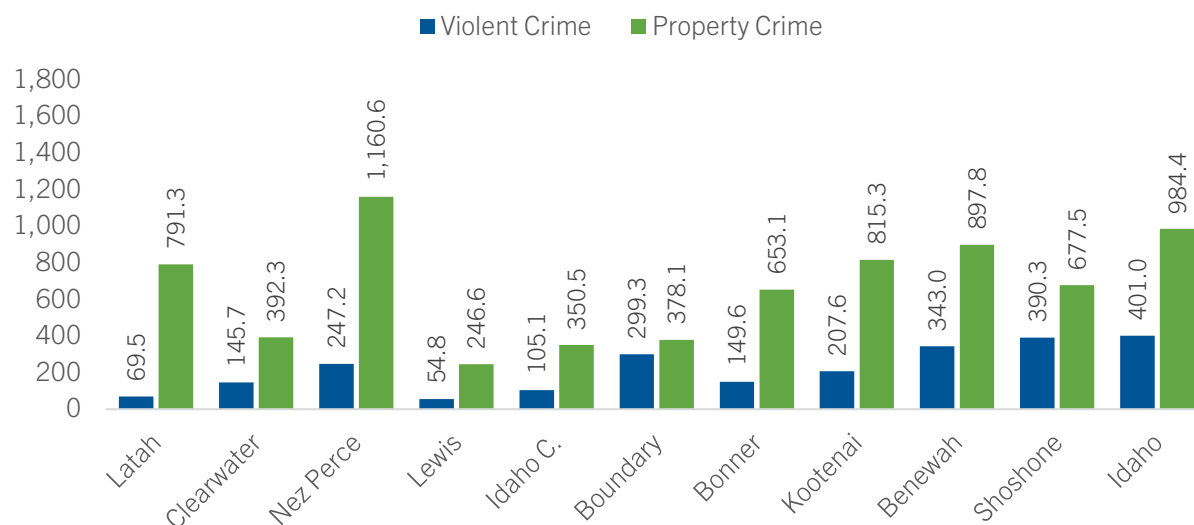
¹¹³ U.S. Environmental Protection Agency. (2023). *Safe Drinking Water Act compliance*.

¹¹⁴ Centers for Disease Control and Prevention. (2024). Lead poisoning prevention.

Social Community Context

Crime patterns vary widely across the region, with some counties experiencing higher rates of property and violent crime than others. Rural communities often see distinct crime profiles, with property offenses—such as larceny and burglary—tending to occur more frequently than violent crimes, reflecting limited economic opportunities, substance use challenges, and the geographic isolation that can affect both prevention and reporting.¹¹⁵ Several counties show elevated rates of aggravated assault and rape relative to other violent offenses, a trend that aligns with national research indicating that interpersonal violence can be more prevalent in rural areas due to social isolation, fewer support services, and under-resourced law enforcement.¹¹⁶ Vehicle theft, robbery, and homicide remain comparatively low across most of the region, consistent with broader rural crime patterns that show lower levels of organized or opportunistic urban-related offenses.¹¹⁷

Exhibit 59: Crime rate per 100,000 people by type



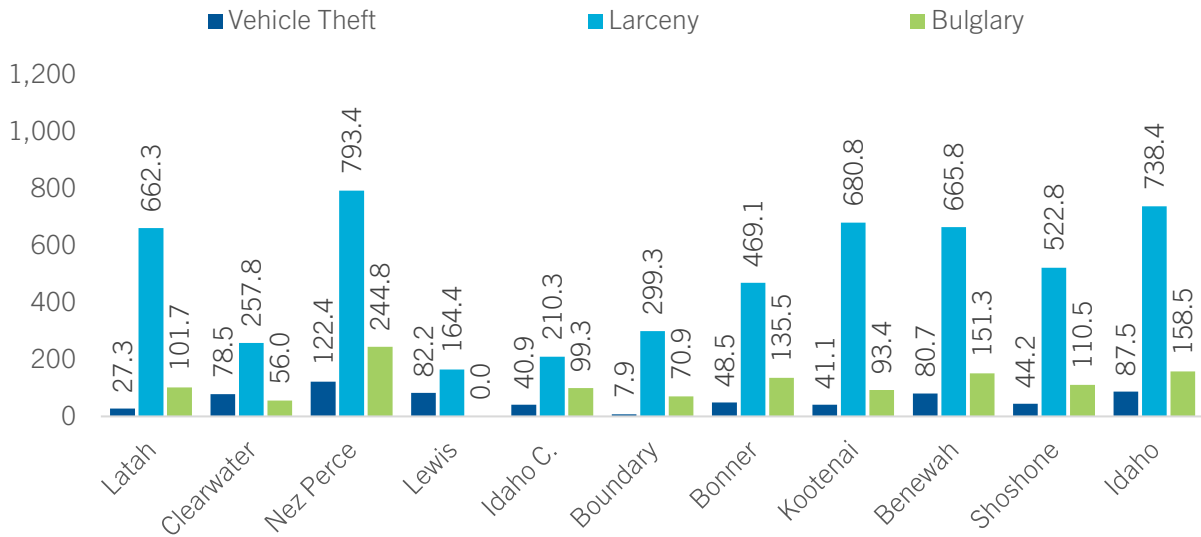
Source: US Department of Justice (DOJ), Federal Bureau of Investigation (FBI). Uniform Crime Reporting (UCR) Program. 2024

¹¹⁵ Federal Bureau of Investigation. (2024). Crime in the United States: Uniform Crime Reporting (UCR) Program.; Centers for Disease Control and Prevention. (2023). Preventing violence: Understanding the burden of violence in the United States. U.S. Department of Health and Human Services.

¹¹⁶ National Institute of Justice. (2022). Violence in rural America: Challenges and opportunities for prevention. U.S. Department of Justice.

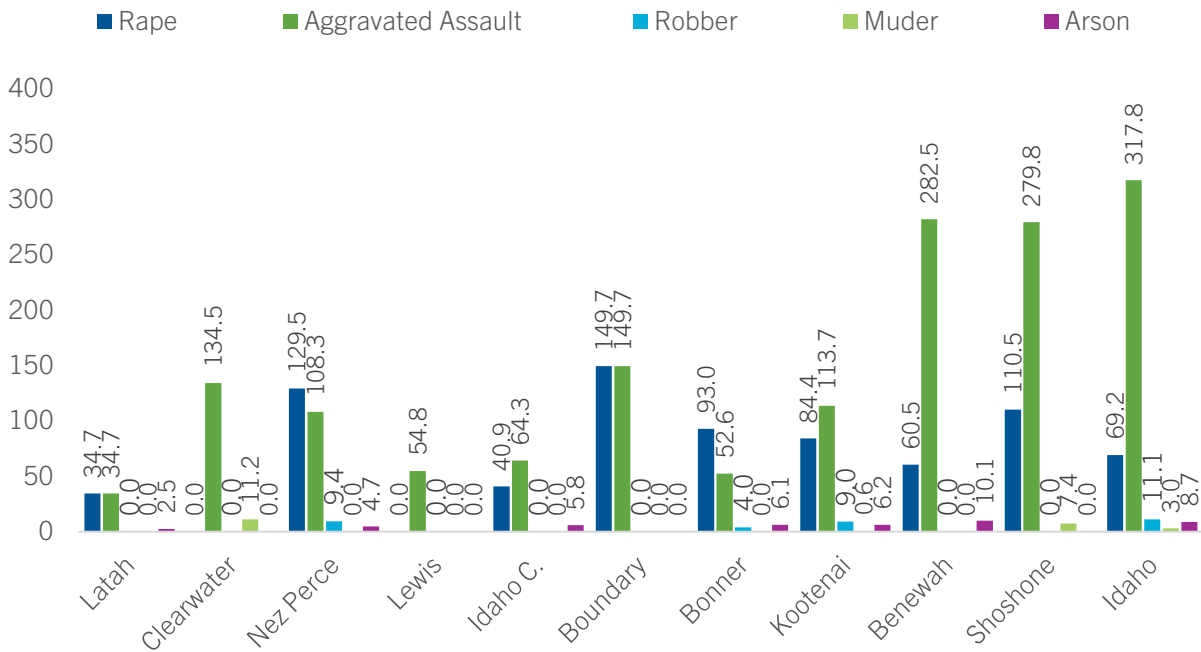
¹¹⁷ Federal Bureau of Investigation. (2024). Crime in the United States: Uniform Crime Reporting (UCR) Program.

Exhibit 60: Property crime rate per 100,000 people by type



Source: US Department of Justice (DOJ), Federal Bureau of Investigation (FBI). Uniform Crime Reporting (UCR) Program. 2024

Exhibit 61: Violent crime rate per 100,000 people by type



Source: US Department of Justice (DOJ), Federal Bureau of Investigation (FBI). Uniform Crime Reporting (UCR) Program. 2024

Qualitative Research Findings

Methodology

The qualitative research efforts sought to better understand the needs of the community and how these needs impact health and well-being. Qualitative activities included one-on-one key informant interviews and focus groups. Key informant interviews and focus groups were conducted with individuals who work closely with populations that may have unique or significant health needs. Key informant interviews and focus groups were conducted virtually. Both interviews and focus groups followed a similar question format that centered the conversation on the strengths, resources, gaps, and barriers present in the community and their impact on residents' well-being. The one-on-one key informant interviews provided an opportunity for in-depth discussions on the health of the community. Focus groups allowed participants to provide their firsthand experience and to identify areas of consensus and discordance with other community members.

Content and thematic analyses¹¹⁸ were conducted using ATLAS.ti software to extrapolate the community considerations, strengths, community need root causes, and action areas.

Community considerations are contextual factors that allow for a deeper understanding of the community so that needs and their root causes are addressed in a way that is responsive to the culture and identity of the community.

Strengths are assets within the community that can serve as resources to address the needs identified.

Community Need Root Causes are the underlying factors and conditions that drive the most pressing challenges, barriers, and concerns faced in the community.

Action Areas are the tangible gaps, barriers, and challenges that participants identified, as well as the strategies that were highlighted as opportunities to address them.

These four concepts are intertwined and must be considered holistically to better understand and utilize the data collected to make positive changes. Narrative summaries are based on qualitative data unless otherwise noted. Quotes from participants have been selected as a representation of the strengths, community considerations, community need root causes, and action areas identified in the data.



¹¹⁸ Content analysis and thematic analysis: Implications for conducting a qualitative descriptive study.
<https://doi.org/10.1111/nhs.12048>

Community Considerations

Community considerations are contextual factors that allow for a deeper understanding of the community so that needs and their root causes are addressed in a way that is responsive to the culture and identity of the community.

Rural Community

Kootenai Health and other organizations in the area serve residents from many of the rural areas in Northern Idaho. While this includes more populous areas such as Coeur d'Alene, it also includes residents from smaller towns and those in the most remote parts of the Panhandle. The large geographical area that many organizations cover affects how information is disseminated, how individuals access care, and the availability of resources.

Culture

The rural nature of the community is interconnected with the culture of the area. Participants shared that many residents in more rural areas value privacy and independence, often electing to live “off the grid.” This impacts if and how individuals access resources and is an important consideration when developing programming to meet community needs.

“I'm in the hills and there is no fiber optic internet here. There's no water service here. The buses rarely come out here. It takes a while for our roads to get plowed. The city is really well taken care of with infrastructure, but as soon as you step outside of that, you could feel like you're on the sticks, like you could be out there and it could be a lot tougher to get services.”

- **Community Member, Key Informant**

Population Growth

Participants shared the impacts felt from recent population growth in the area. They identified that over the past few years there has been an increase in the number of individuals moving to North Idaho and this has placed a strain on the systems and resources in the area. In turn, this has driven up the cost of living, especially the cost of housing. Many participants shared that they see the area transitioning to somewhat of a “resort town,” which has created cost of living barriers for long-term residents. Participants perceived that many of those moving to the area were older adults who have retired, which worries them about the sustainability of the community.

“I think a lot of attention is paid because there are so many retirees moving in that that's the big population, so we put a lot of focus on those services, but we are not going to be sustainable as a community if we don't bring more younger people in, and if we don't have the services, they're not going to move here either.”

- **Community Member, Focus Group**

Strengths

Strengths are assets within the community that can serve as resources to address the needs.

Natural Environment

Participants repeatedly identified the access to outdoors and the beauty of the area as a strength. They noted that access to trails, lakes, and rivers is a benefit to those living in the area. This access to nature and outdoor recreation opportunities may have a positive impact on both the physical and mental wellbeing of community members.

"I like the four seasons, and I like that when there's needs in the community, the community pulls together. I like the natural beauty of the area that we live in, all the seasons as well."

"I like being able to live in the woods but be 10 minutes from the city."

- **Community Members, Focus Group**

Tight-Knit, Safe Community

A sense of community and willingness to collaborate are strong assets that can be leveraged to work toward common goals. Participants reflected on the tight-knit nature of the community and shared that organizations and residents themselves are eager to help others in need. This tight-knit nature of the community fosters a strong sense of collaboration between local organizations. Many participants also shared that they feel safe in their community and perceived that there is minimal crime and strong public safety efforts.

"The town is big enough to be interesting, but small enough to feel like a hometown. The reason we made a decision to come back besides my wife being from here and her parents being here, is a sense of community."

- **Community Member, Focus Group**

Community Strengths



**Strong collaboration
between organizations**



**Access to outdoor
activities**



Public safety

Community Need Root Causes

Community Need Root Causes are the underlying factors and conditions that drive the most pressing challenges, barriers, and concerns faced in the community.

Legislation and Policy

Participants frequently shared that recent legislation has presented challenges within the community, but they also identified that future policy and legislation could be beneficial for addressing some of the concerns cited in the community, such as improving housing access and mitigating the impacts of the rising cost of living. They noted that recent legislation has impacted healthcare access for women and youth in the area by inhibiting providers' best practice of care and decreasing the reimbursement they receive for providing services. Additionally, first responders identified that financial resources for their services have not grown with the population, making it difficult to meet the growing needs of the community.

"I think providers are hesitant to practice in Idaho and having to balance current legislation with best care and practice to their patients can be challenging. [...] I'm concerned that legislation has been passed without the full understanding of the impacts to the realities of it. [...] My understanding from some providers is there's a fear to practice in Idaho [...]"

- **Community Member, Key Informant**

Cost of Living

The growing cost of living is impacting the lives of residents in compounding ways. Participants shared how the increased cost of essential needs like food, childcare, and housing, paired with low wages in the area are impacting vulnerable community members. They noted that those on a fixed income, such as older adults, and young families are most impacted, but these changes are being felt almost universally. This is leading to a growing ALICE population¹¹⁹ in the area and making it difficult for teachers, law enforcement, and other working-class professionals to afford the basic necessities.

"I'd say one of the biggest concerns community-wide is the cost of living in our area. There's been a huge influx of people into our area over the past five years. A lot of the people living here are able to work remotely so the job industry hasn't increased with the influx of people."

- **Community Member, Key Informant**

Legislative and Political Impacts:



Fewer providers for women and children



Fractured community trust

Legislative Strategies:



Interventions for affordable housing



Increased Medicare/Medicaid reimbursement

¹¹⁹ UNitedforALICE. <https://www.unitedforalice.org/national-overview#4.5/36.316/-95.842>

Action Areas

Action Areas are the tangible gaps, barriers, and challenges that participants identified, as well as the strategies that were highlighted as opportunities to address them.

Access to Healthcare

Participants identified a need for more access to both preventative and specialty healthcare in the community, specifically in more rural areas in Northern Idaho. The most commonly cited barrier to healthcare access was the number of providers in the area, which leads to community members traveling long distances or to neighboring states to receive care. Some participants identified primary care services as generally available through local providers, but many also noted an opportunity for more collaboration between local healthcare systems as a strategy for improving access to primary care and care coordination. Many participants emphasized the importance of telehealth for bridging the gaps in care in more rural areas.

"The hospital that primarily served as the tertiary center [...] they shut down a lot of services that were deemed not to be profitable that were needs for the community. Some services are no longer readily available. [...] Telemedicine, coming from Kootenai primarily, has helped close that gap some, but not entirely. If you have an acute need, instead of transferring a patient 45 minutes, it's three hours away. It creates financial stressors and psychological stressors, coupled with that, a disruption of EMS services."

- **Community Member, Key Informant**

Barriers to Healthcare Access:



High cost of co-pays, medications, and insurance barriers



Lack of accessible health education contributing to mistrust



Limited providers in the area



Limited transportation

Health Education

Participants discussed the prevalence of health misinformation among community members and identified importance of building community trust for effective health communication. Vaccine hesitancy was identified as an outcome of this mistrust, which has increased since the COVID-19 pandemic. Participants emphasized the importance of providing culturally appropriate health education for the area and meeting the community where they are at to build trust and facilitate productive communication.

"Also massive misinformation about vaccines. I think we have the lowest vaccination rate for kindergarteners entering school in the country. We no longer have even an inkling of herd immunity. [...] And I think not realizing that when you do have certain outbreaks, if you have an under or an unimmunized child, that child is excluded until 'x' amount of days. [...] So if we do end up with a measles outbreak, we will potentially have children out for [...] a minimum of 21 days for every unimmunized child. And a lot of parents can't afford to miss that much [work]- I can't miss 21 days of work."

- **Community Member, Key Informant**

Women's Health

Participants perceived that access to reproductive healthcare from obstetrics and gynecology (OB/GYN) providers has sharply decreased. They noted that ambiguous legislation has led to fear among providers which has restricted their ability to provide the best care for their patients. This has been particularly felt in rural areas, with some participants identifying Kootenai Health as a key resource that has stepped in to provide care in areas that have been impacted the most.

"Access to prenatal care and reproductive health services in the state is really trying. I mean, the state is being sued repeatedly by those who are having to leave the area to get health care, or like now we have labor and delivery shut down. [...] So if you live rural and you don't have a hospital, [...] you have potentially a two-hour one-way drive at night in the snow on single-lane logging roads if you go into labor."

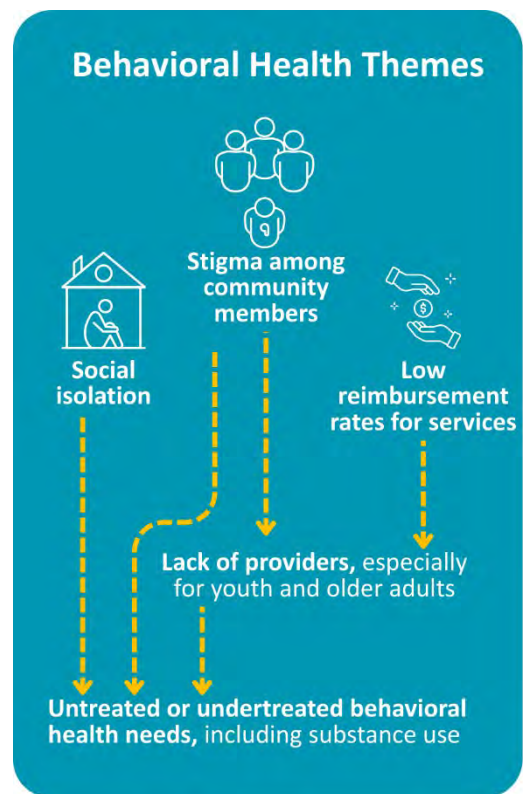
- **Community Member, Key Informant**

Behavioral and Mental Healthcare

Access to behavioral healthcare increases positive health outcomes, promotes care for the whole person, and reduces the risk of self-harm.¹²⁰ Community members described how individuals are impacted by a lack of behavioral healthcare resources and services in the community, with an emphasis on youth- and older adult-specific resources. They noted that both stigma and poor insurance reimbursement rates contribute to a lack of accessible care in the area, which makes accessing care hard for everyone, including those with the financial resources to do so. Participants noted that while behavioral health-related stigma has decreased recently, it is still a deterrent to seeking behavioral healthcare.

Key Populations: Youth and Older Adults

When discussing youth needs in the community, participants noted that both preventative and therapeutic behavioral health treatments are difficult to access, which can severely impact local youth's quality of life. With the growing older adult population in the area, participants shared concerns related to the intersection of social isolation, mental health, and dementia.



"Parents that have kids with special needs struggle a lot with isolation. I have a son with autism. [...] I could not find resources in the community. There is a sense of loneliness that comes with that - kids that have experienced a lot of trauma, getting the right amount of support. [Providers] are not walking step by step helping them figure out what they need."

- **Community Member, Focus Group**

¹²⁰ AMA, 2022. What is Behavioral Health?

Affordable Housing

Affordable housing was often cited as the top need in the North Idaho area. Due to recent population growth, the housing stock and the cost of available housing serve as major barriers to housing security for working class community members. Participants discussed how the rising cost of living, including rising housing costs, intersects with access to other basic needs like food and healthcare.

A lack of affordable housing leads to housing insecurity, and many participants noted that resources for unhoused individuals are lacking in the area, creating a cycle that is difficult to break out of. Resources for unhoused men, especially those with children, are particularly difficult to find.

"I figure if you solve housing, you solve a lot of other things. Housing, especially here, mortgages and rent go up and they take up such a huge part of people's paychecks. If we can solve that issue and remove that as a stress, remove that from people's plates, I think that would solve a lot of other issues too. I think that'd be a great place to start."

- Community Member, Focus Group

Transportation

The rural nature of northern Idaho makes traditional public transportation services difficult to implement and the lack of alternative options limits residents' ability to access essential health services with the burden of non-urgent medical transportation falling on local EMS services. While services such as Citylink are valued resources within the metropolitan areas of Kootenai County, residents in the outlying areas face transportation barriers that can be magnified during the winter months. Key informants that are working to improve transportation in the area cite funding as the biggest barrier to expanding services. These barriers lead to residents being dependent on personal transportation, which can be particularly difficult for low-income residents.

Food Security

Participants shared how the rising cost of living and ruralness of northern Idaho contribute to both physical and financial barriers to access nutrient-dense food. This is heavily impacting the local ALICE population and those on fixed incomes. They also noted how stigma plays a role in this, with some community members hesitant to access helpful food resources due to worry about public perception. Participants discussed how food costs fit into the bigger picture of cost of living in the area and the sustainability of the local workforce.

Impacts of low wages and high cost of living



Housing insecurity



Food insecurity



Transportation barriers



ALICE population

"People are able to now look at their [grocery store] shopping bag, and they can calculate the increase of a gallon of milk from last year to this year. That's increased dramatically. So you see just a general cost of living compounded with access to affordable housing. It's a dramatic impact on the workforce that's able to sustain living here because it eventually becomes so unaffordable that they have to move somewhere else."

- Community Member, Focus Group

Community Survey Findings

Methodology Overview

The community survey was made available online and via print copies in English, and Spanish. The questionnaire included need-specific questions and demographic questions. Flyers were provided to Kootenai Health to distribute via email and in-person. Participation was encouraged through reminder messages, and by highlighting how feedback would influence decisions. Additionally, the survey link was shared during the Focus Group meetings, to encourage community members to complete the survey and share the link if they had yet to do so.

There were 105 valid survey responses from Kootenai Health included in this analysis. To ensure valid responses, only participants who answered at least one question beyond basic demographics were included in the analysis. The survey was carefully designed to reduce potential sources of bias, such as how questions were worded or ordered.

While the survey served as a practical tool for capturing insights of individuals across Kootenai Health Center, this was not a random sample. Findings should not be interpreted as representative of the full population.

Additionally, sample sizes of demographic subpopulations are too small to be representative of their respective subgroupings. Differences in responses have not been tested for statistical significance as part of this assessment.

The full survey can be found in Appendix D.



Demographics

The majority of survey respondents reside in Kootenai County. It is important to note that the survey response rate did not yield a statistically significant sample size from each county. There were no responses from Idaho and Nez Perce Counties.

Exhibit 62: In what county do you live in?

	Frequency	Percent
Benewah	2	1.9%
Boundary	4	3.8%
Bonner	9	8.6%
Clearwater	1	1.0%
Idaho	0	0.0%
Kootenai	81	77.1%
Latah	2	1.9%
Lewis	1	1.0%
Nez Perce	0	0.0%
Shoshone	5	4.8%
Total	105	100%

As shown in Exhibit 63, among survey responses (n=105), a little over three out of four respondents (75.9%) identified as female, and majority of the respondents identified as White (91.6%). About three in ten respondents (30.1%) were aged 45-54 and nearly one in four respondents (24.1%) were aged 35-44.

Exhibit 63: Respondents demographics

	RESPONSE
GENDER	
Male	20.5%
Female	75.9%
Transgender	1.2%
Non-binary	0.0%
Do not understand the question	1.2%
I prefer not to answer	1.2%
I identify a different way	0.0%
RACE OR ETHNICITY	
White	91.6%
Black or African American	2.4%
Middle Eastern or North African	0.0%
Asian or Asian American	1.2%
Native American or Alaska Native	1.2%
Native Hawaiian or other Pacific Islander	0.0%
Hispanic or Latino	1.2%
I prefer not to answer	3.6%
Another race/ethnicity	0.0%
AGE	
Under 18	0.0%
18-24	2.4%

25-34	22.9%
35-44	24.1%
45-54	30.1%
55-64	13.3%
65-74	6.0%
75+	1.2%
I prefer not to answer	0.0%

As shown in **EXHIBIT 64**, about two in five respondents (43.4%) reported having income of \$100,000 and over, about one in five respondents (20.5%) reported having income of \$75,000 to \$99,999. A little over two in five respondents (41.0%) reported having bachelor's degree.

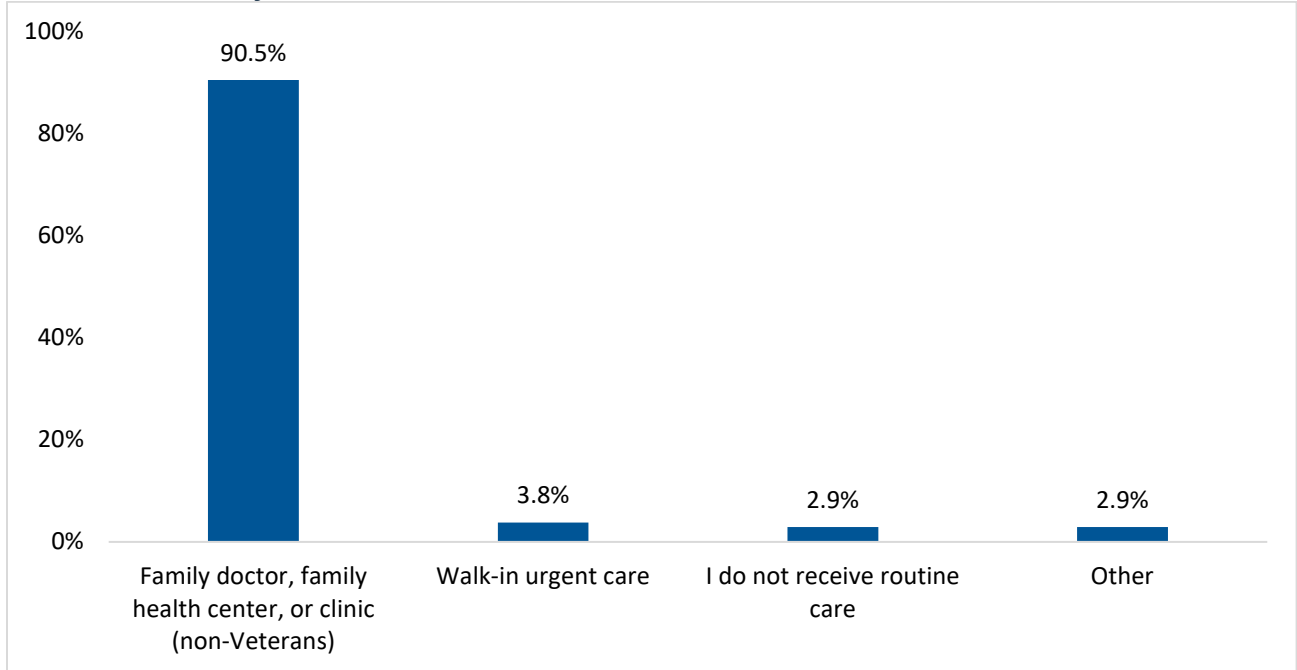
Exhibit 64: Respondents income and education

	RESPONSE
INCOME	
None	0.0%
Under \$15,000	0.0%
\$15,000 – \$24,999	1.2%
\$25,000 - \$34,999	4.8%
\$35,000 – \$44,999	9.6%
\$45,000 - \$54,999	6.0%
\$55,000 - \$64,999	2.4%
\$65,000 - \$74,999	2.4%
\$75,000 - \$99,999	20.5%
\$100,000 and above	43.4%
Unknown	1.2%
I prefer not to answer	8.4%
EDUCATION	
Less than a high school diploma	0.0%
High school degree or equivalent (such as GED/HiSET)	4.8%
Some college, no degree	15.7%
Associate's degree	15.7%
Bachelor's degree	41.0%
Master's degree	15.7%
Professional or doctorate (such as MD, DDS, DVM, PhD)	6.0%
I prefer not to answer	1.2%

Access to Health Care

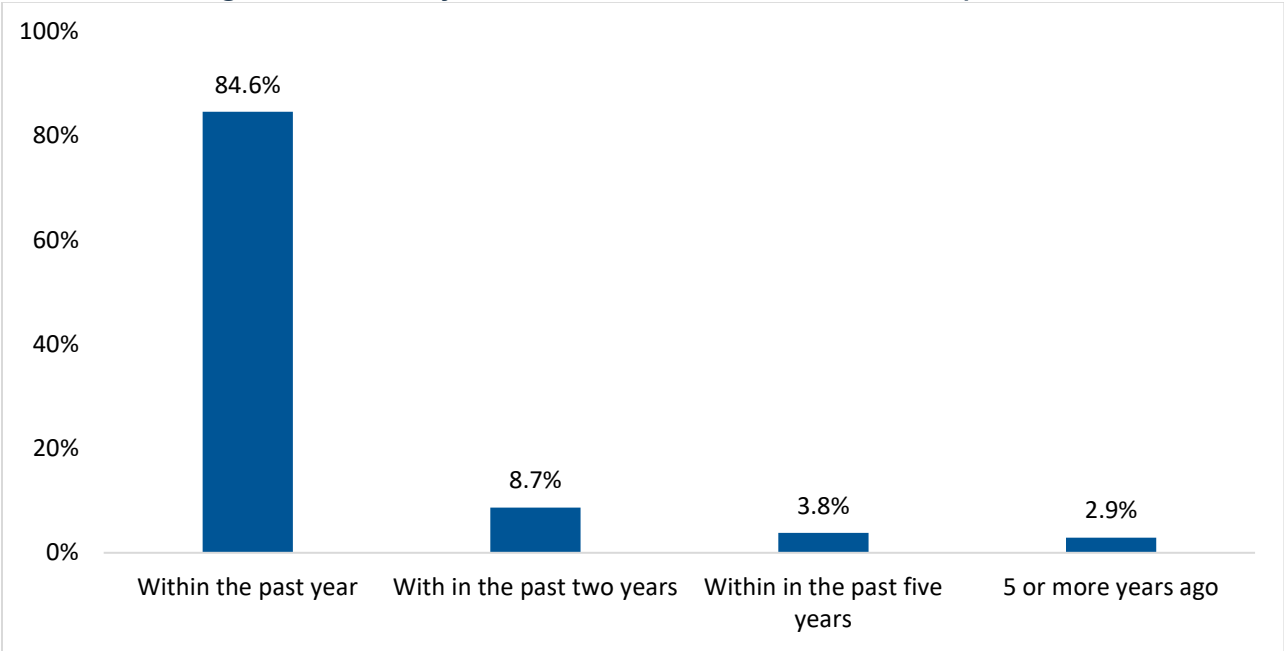
EXHIBIT 65 asked about routine care, the majority of the respondents (90.5%) reported having a primary care provider through a family doctor, health center or clinic. A small portion of respondents reported not receiving routine care (2.9%), while some reported using walk-in urgent care (3.8%) or other source (2.9%).

Exhibit 65: Where do you receive routine health care



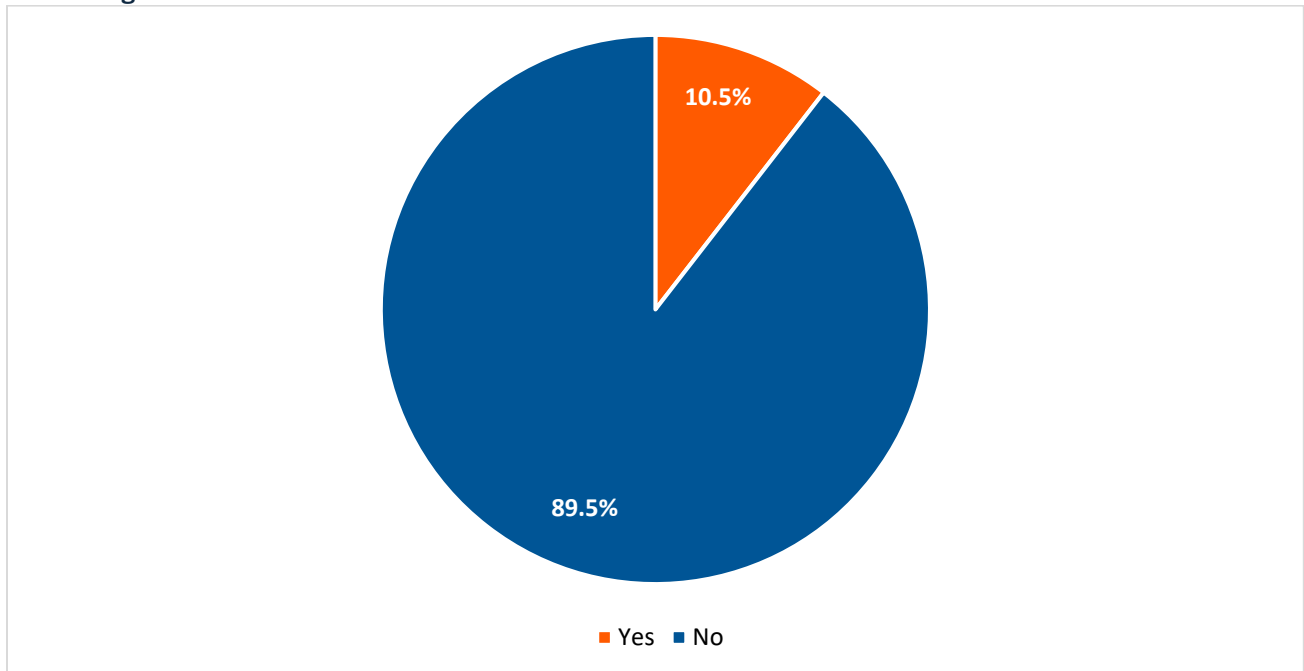
As shown in **EXHIBIT 66**, nearly five out of six respondents (84.6%) visited doctors for routine checkups within the past year. A little under one in ten respondents (8.7%) visited doctors within the past two years. A small portion of respondents visited doctors for a routine checkup within the past five years (3.8%) or five or more years ago (2.9%).

Exhibit 66: how long has it been since your last visted a doctor for a routine check up?



As shown in **EXHIBIT 67**, in the past year, about one in ten respondents (10.5%) reported there were one or more occasions when they needed medical care, but could not get it.

Exhibit 67: In the past year, have there been one or more occasions when you needed medical care but could not get it?

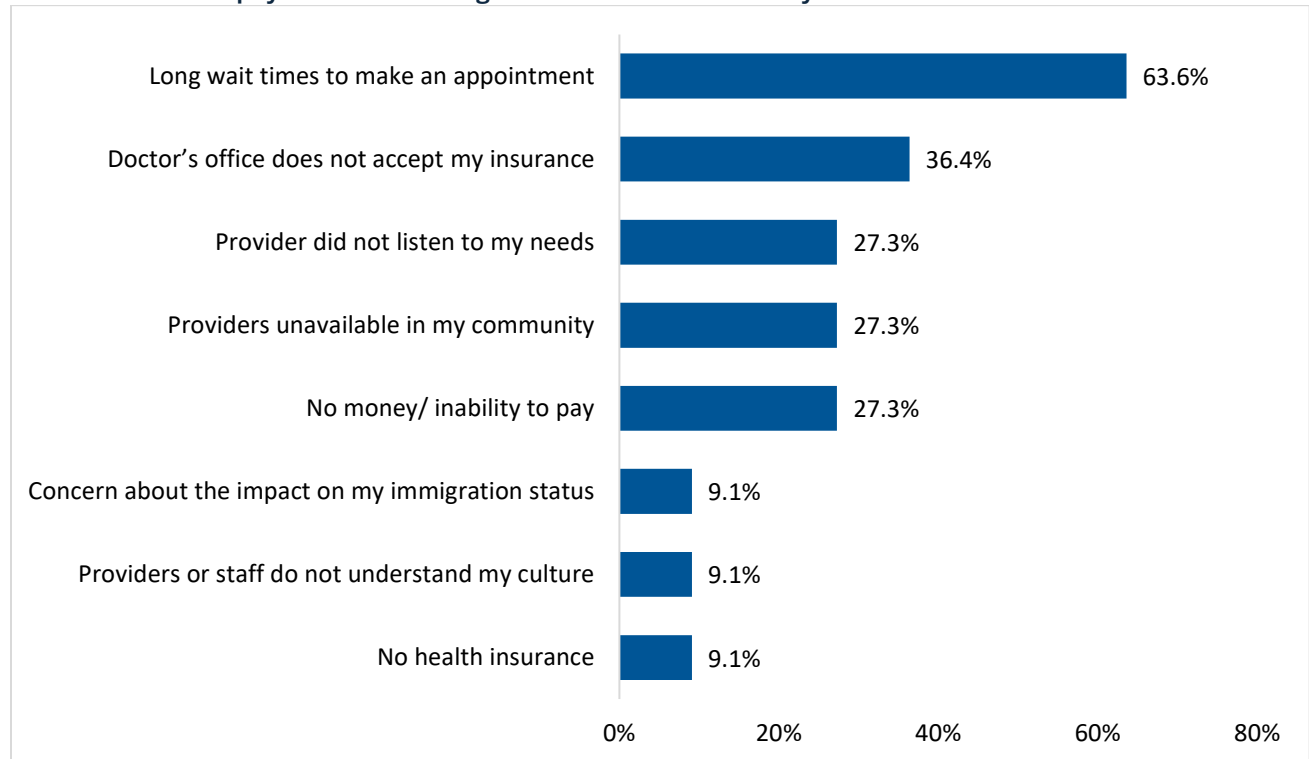


Response: Yes=11, No=94



EXHIBIT 68 shows respondents who needed but were unable to access care, the top reasons that prevented them from accessing care services were long wait time to make an appointment (63.6%), doctor's office does not accept their insurance (36.4%), provider did not listen to my needs (27.3%), providers unavailable in my community (27.3%), no money or ability to pay (27.3%), concerned about the impact on my immigration status (9.1%), providers or staff do not understand my culture (9.1%), and no health insurance (9.1%).

Exhibit 68: What kept you from accessing health care services when you needed them?

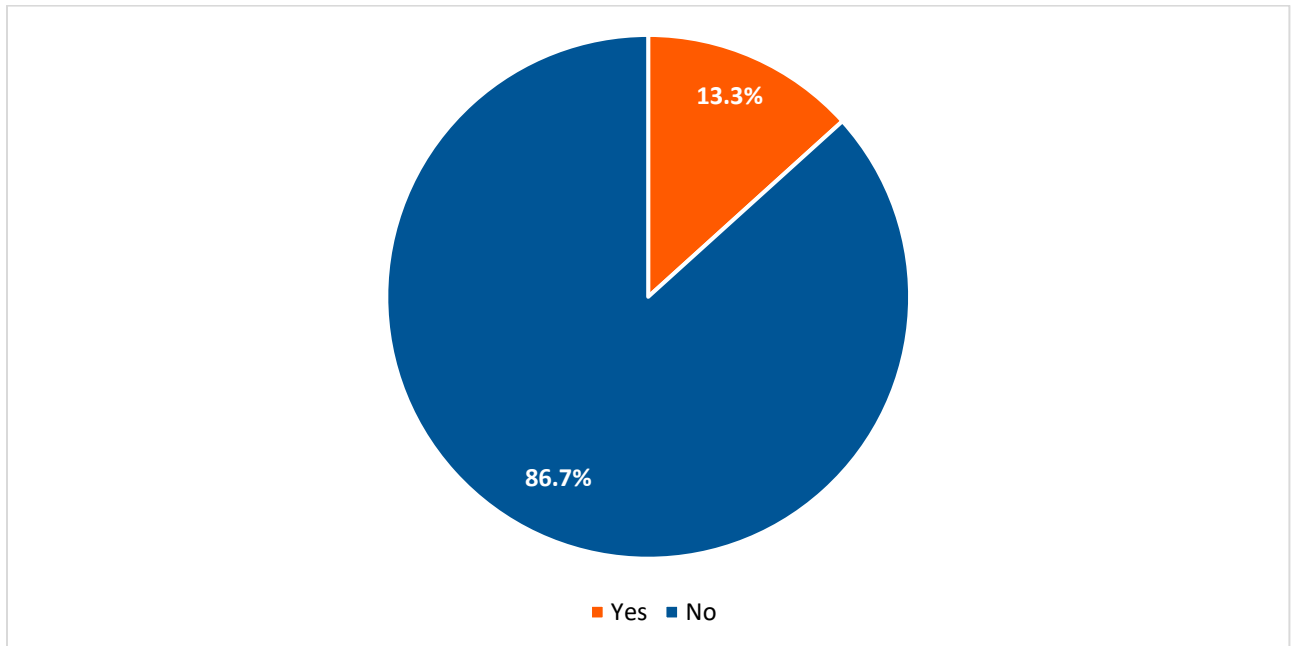


Response: Yes=11



As shown in Exhibit 69, in the past year, about one in eight (13.3%) respondents reported there were one or more occasions when they needed mental health or substance use services but could not get it.

Exhibit 69: In the past year, has there been one or more occasions when you needed mental health or substance use services but could not access it?

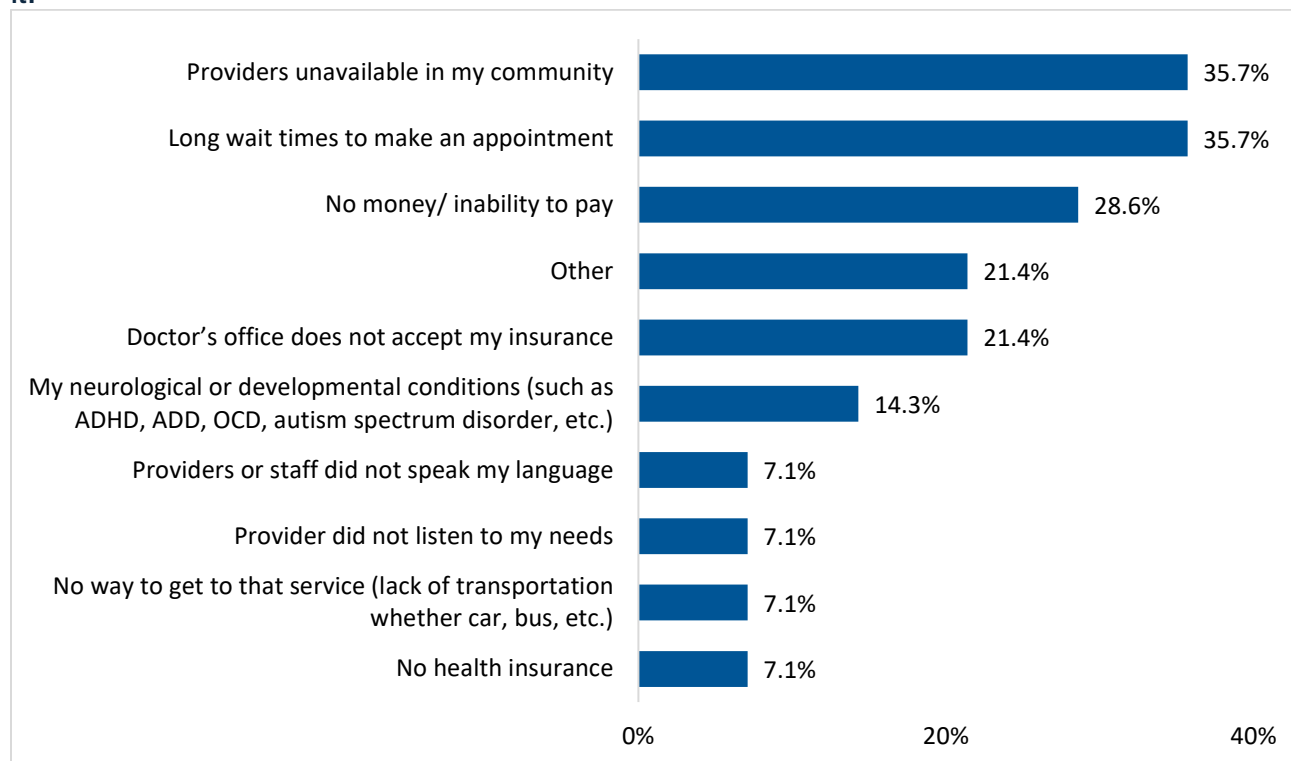


Response: Yes=14, No=91



Exhibit 70 shows respondents who needed but were unable to access mental health or substance use, the top reason that prevented them from accessing services including providers unavailable in my community (35.7%), long wait times to make an appointment (35.7%), no money or inability to pay (28.6%), other reasons (such as poor consultant or lack of preteen and teenage resources), doctor's office does not accept my insurance (21.4%), neurological or developmental conditions (14.3%), provider not listen to their needs (7.1%), provider not speaking the language (7.1%), no way to get to the service (7.1%), and no health insurance (7.1%).

Exhibit 70: What prevented you from accessing mental health or substance use services when you needed it?



Response: Yes=14

Community Health Needs

EXHIBIT 71 asked about health issues within the community, nearly four out of five (80.7%) respondents identified safe, affordable housing as needing high or much more focus. Other health issues that were identified as needing high or much more focus included livable wage job opportunities (75.9%), affordable and quality childcare (73.5%), access to quality education for youth (72.3%), and education and job training (60.2%).

Exhibit 71: on a scale of 1 to 5, how much attention do you think each of these community health issues needs focus in your community?

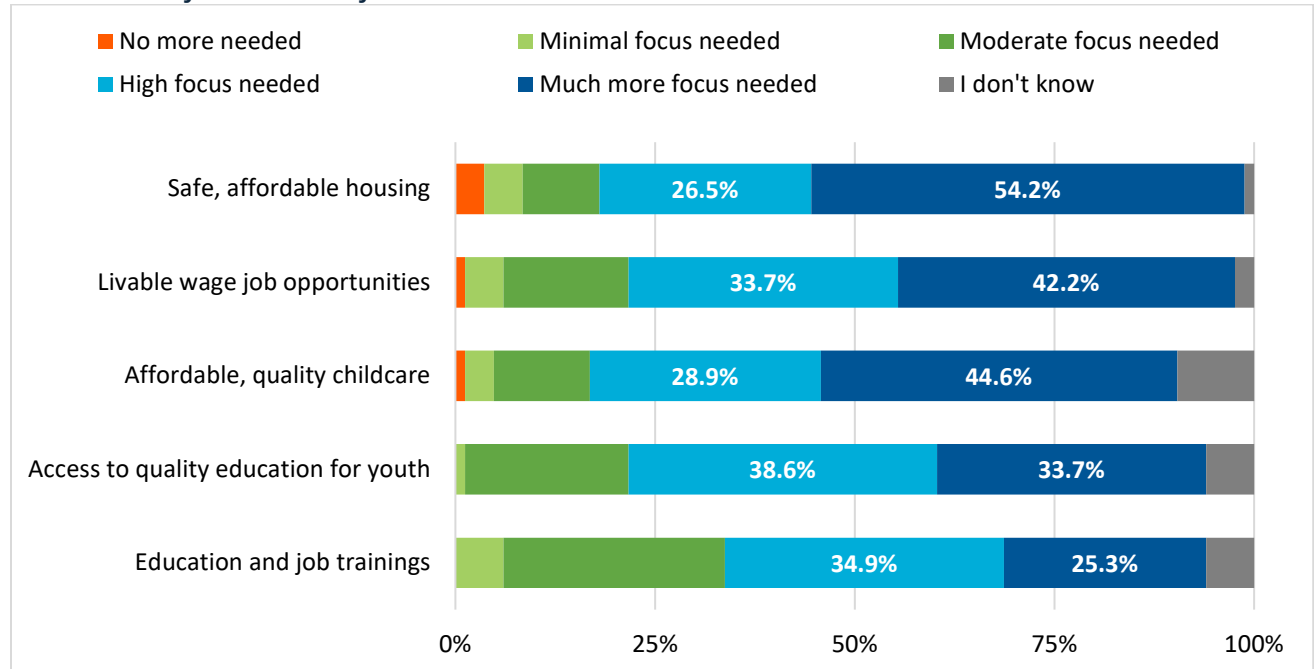


EXHIBIT 72 asked about climate concerns impacting respondents' health. Nearly half of the respondents (47.7%) identified outdoor air pollution as top climate concern. Other climate-related concerns included rising temperatures (44.6%), poor water quality (43.1%), severe weather events (24.6%), and disease caused by ticks or mosquitoes (23.1%).

Exhibit 72: Are you concerned about any of the following environmental or climate-related concerns impacting your health?

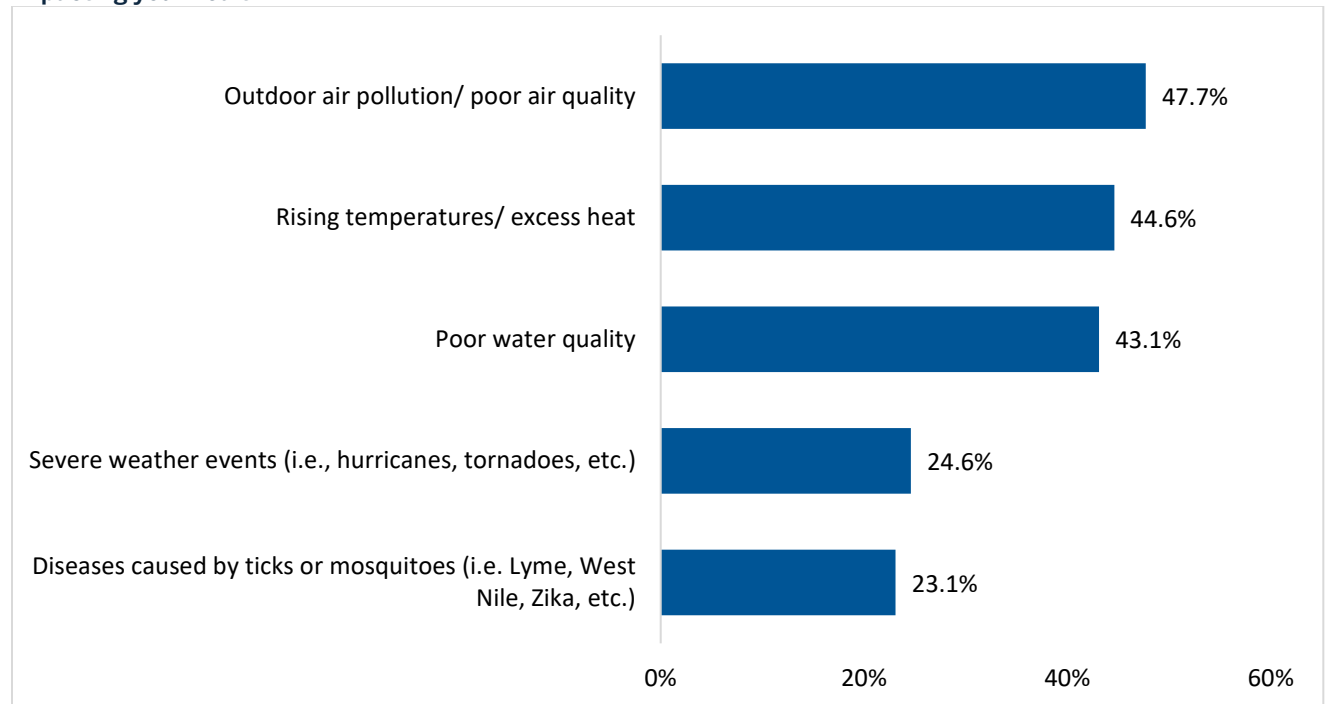
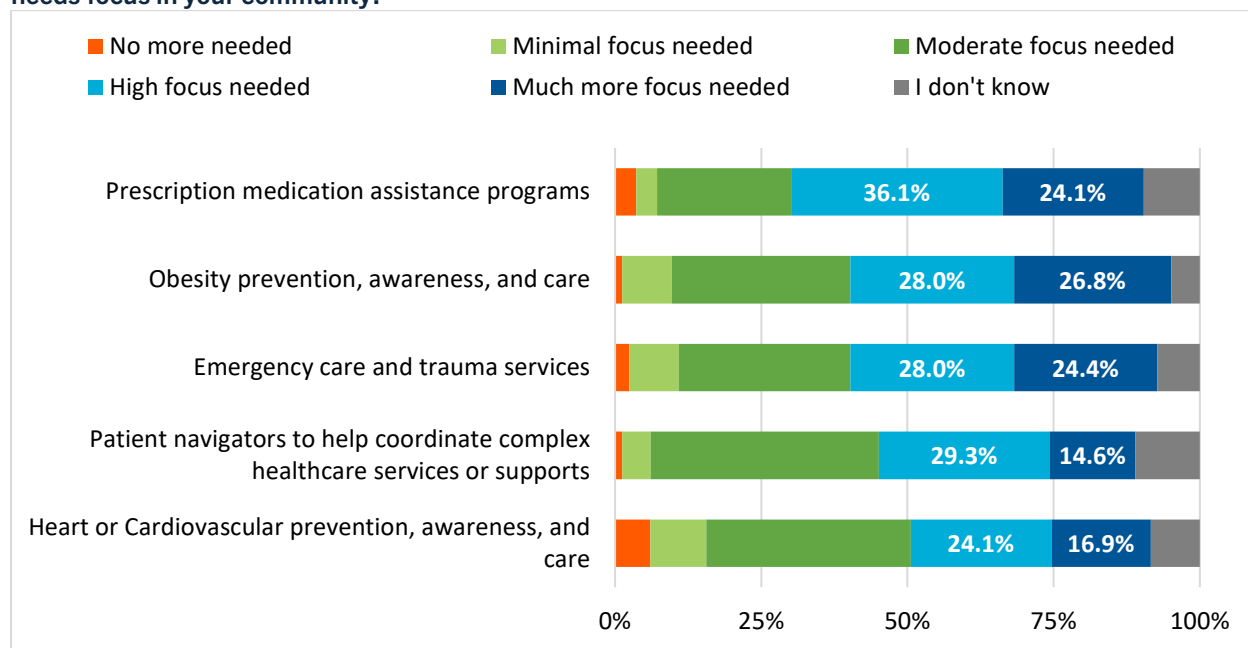


EXHIBIT 73 asked about health program services within the community, approximately three in five respondents (60.2%) identified prescription medication assistance programs as needing high or much more focus. Other programs or services that were identified as needing high or much more focus included obesity prevention, awareness, and care (54.8%), emergency care and trauma services (52.4%), patient navigators to help coordinate complex healthcare services or supports (43.9%), and heart or cardiovascular prevention, awareness, and care (41.0%).

Exhibit 73: on a scale of 1 to 5, how much attention do you think each of these health programs or services needs focus in your community?



As shown in **EXHIBIT 74**, when asking respondents about specialty care providers that are missing or hard to find, about three out of five respondents (60.8%) identified psychiatry for adults. Other specialty care providers that are missing or hard to find included psychiatry for children and youth (59.5%), psychiatrists (43.2%), rheumatology (36.5%), and obstetrics and gynecologists (35.1%).

Exhibit 74: which of the following speciality care providers are missing or hard to find in your community?

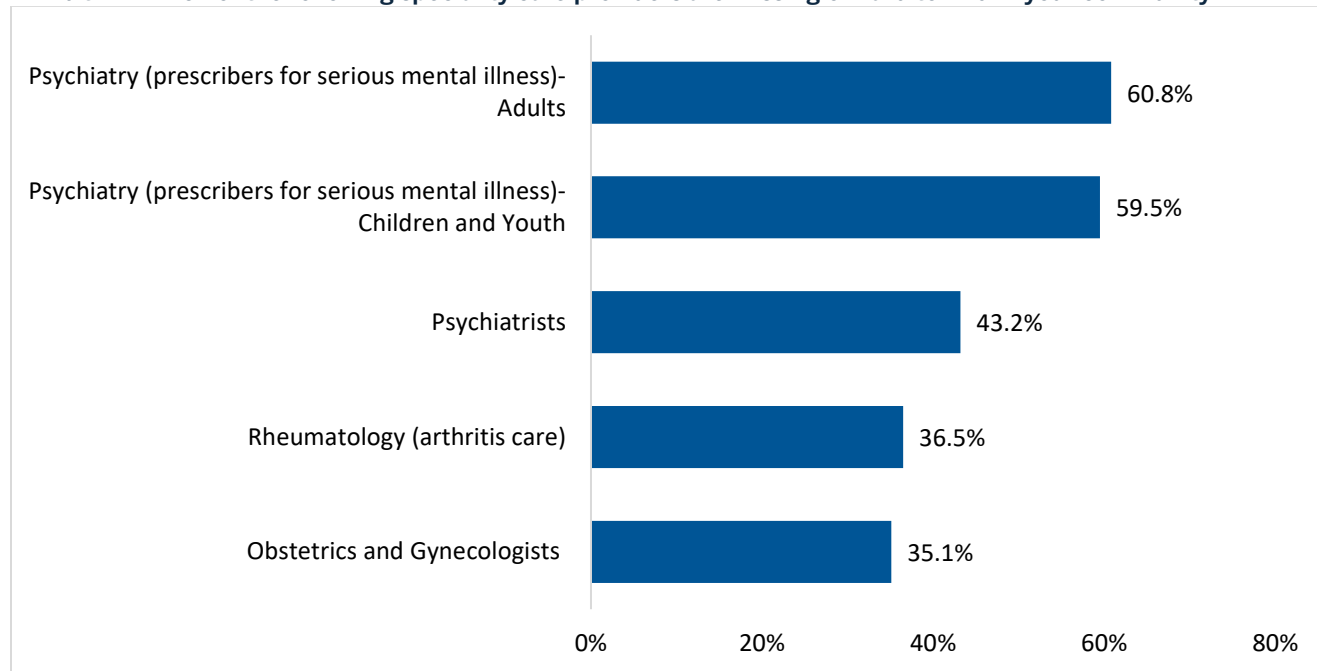


EXHIBIT 75 asked about older adult related issues, about three out of five respondents (60.2%) identified dementia or memory care as needing high or much more focus. Other older adult issues identified as needing much more focus included continuing care retirement communities (47.0%), caretaker supports (46.4%), home health aide services (42.7%), and older adult day programs (41.5%).

Exhibit 75: On a scale of 1 to 5, how much attention do you think each of these older adult issues needs focus in your community?

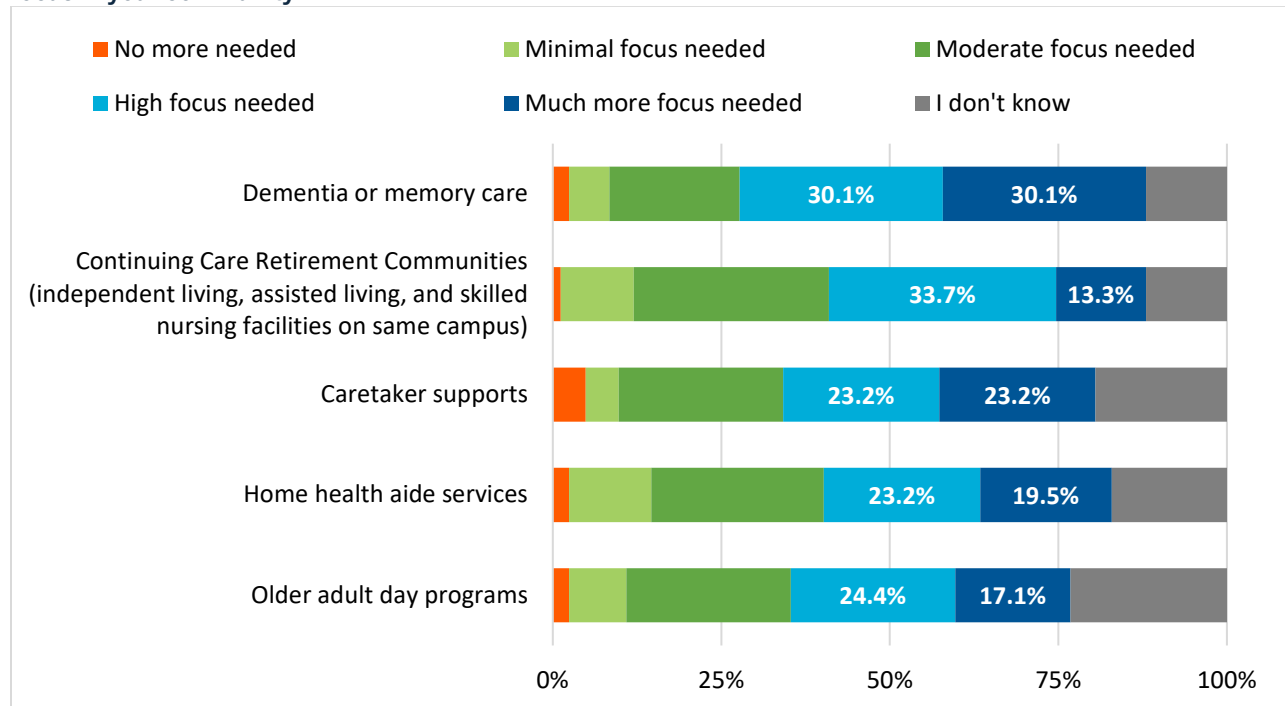


Exhibit 76 asked about behavioral and mental health related issues, approximately eight in ten respondents (77.8%) identified outpatient counseling services for youth as needing high or much more focus. Other behavioral and mental health issues needing high or much more focus included outpatient counseling services for adults (72.0%), substance use recovery programs (65.5%), inpatient mental health beds for youth (65.4%), and inpatient mental health beds for adults (61.0%).

Exhibit 76: On a scale of 1 to 5, how much attention do you think each of these behavioral and mental health issues needs focus in your community?

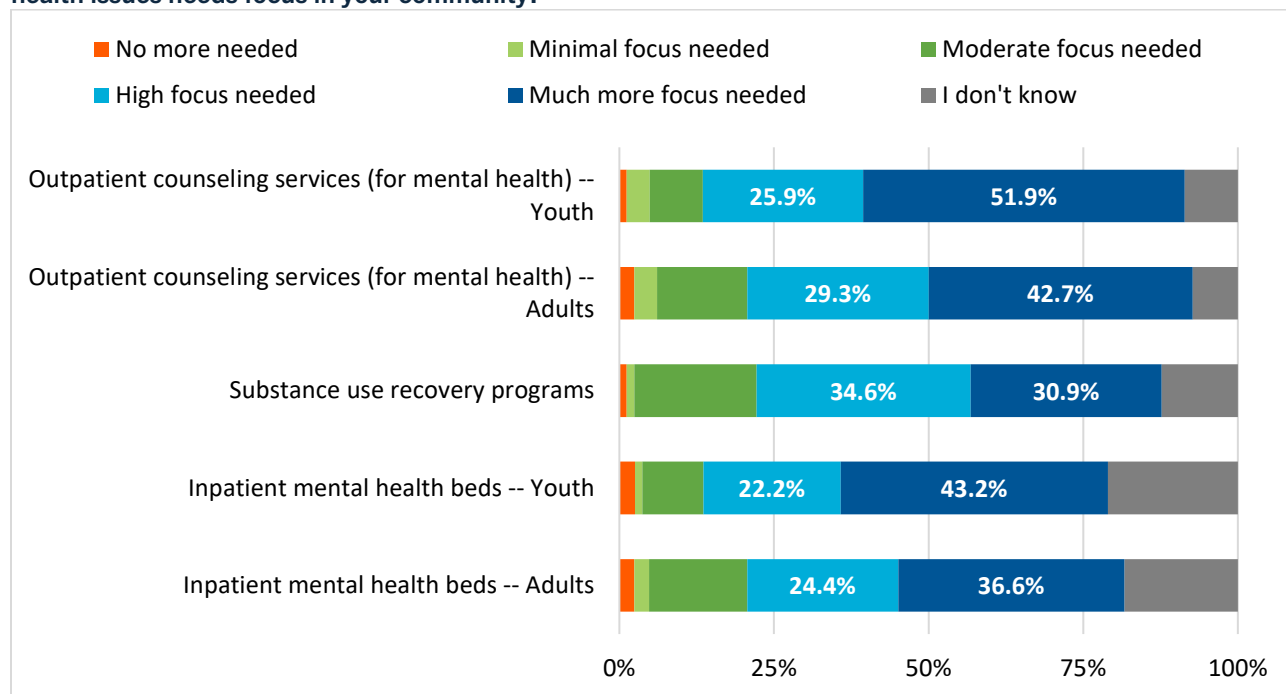
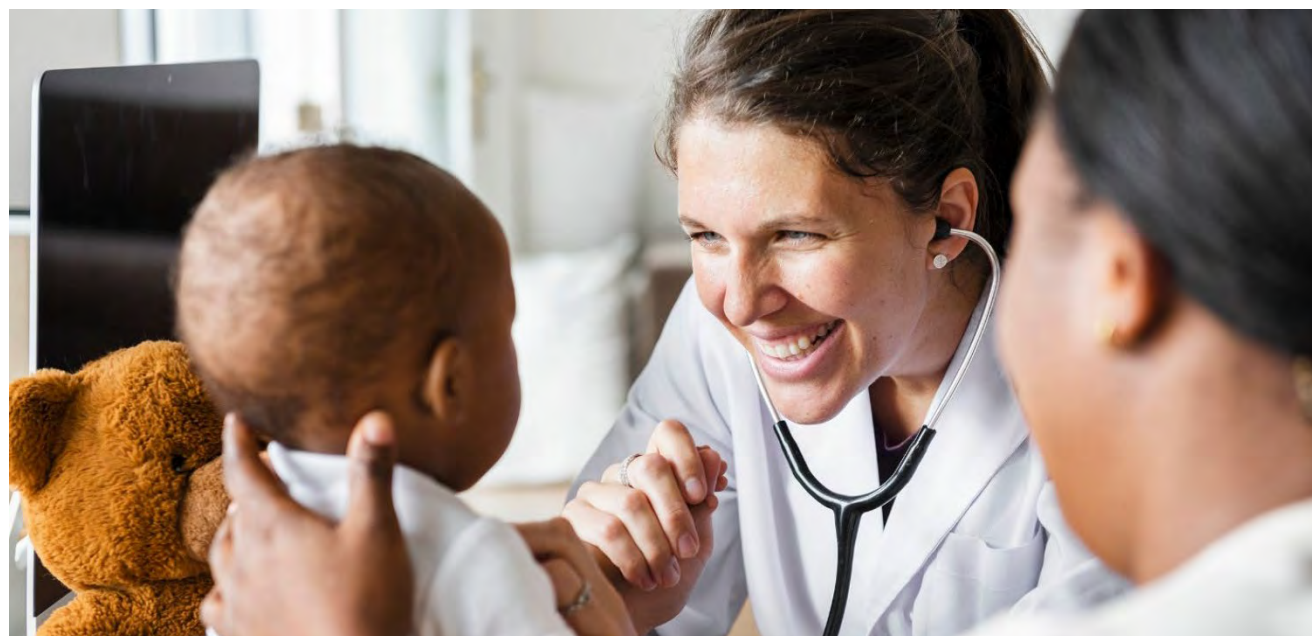
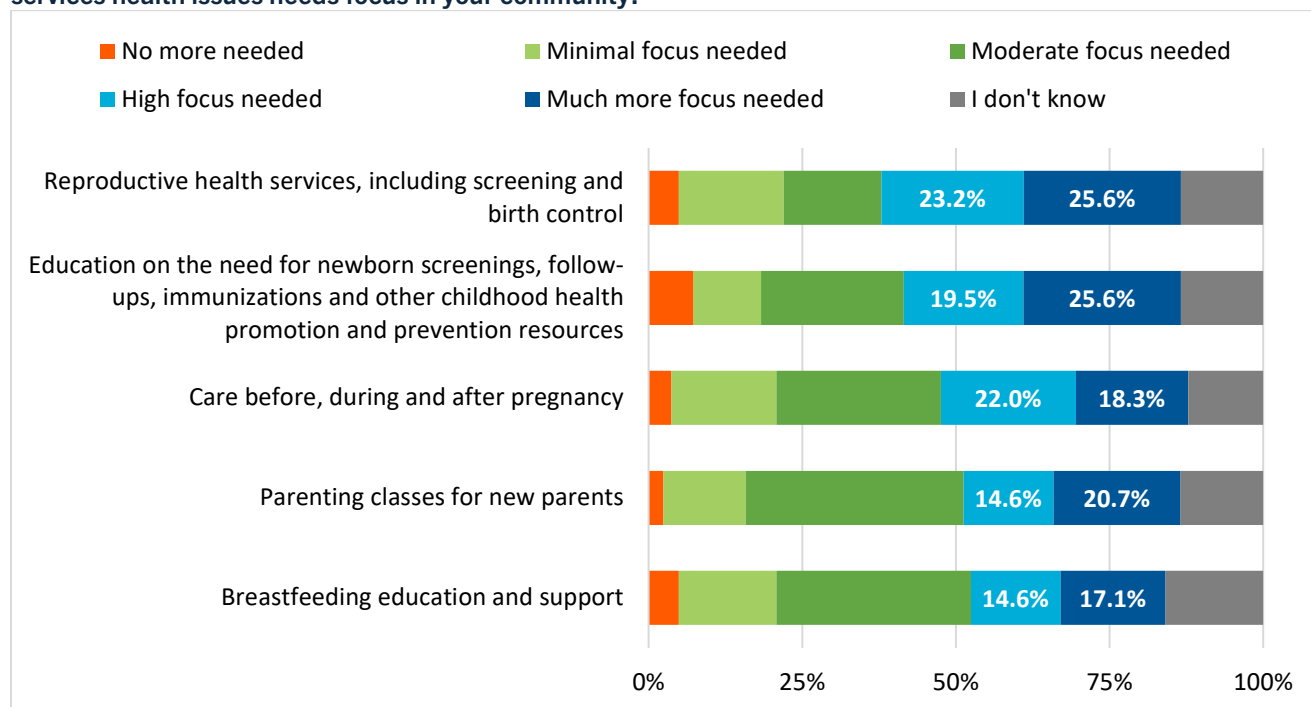


EXHIBIT 77 asked about maternal, child, and family services within the community, nearly half of the respondents (48.8%) identified reproductive health services including screening and birth control as needing high or much more focus. Other issues that need high or much more focus include education on the need for newborn screenings, follow-ups, immunizations and other childhood health promotion and prevention resources (45.1%), care before, during, and after pregnancy (40.3%), parenting classes for new parents (35.3%), and breastfeeding education and support (31.7%).

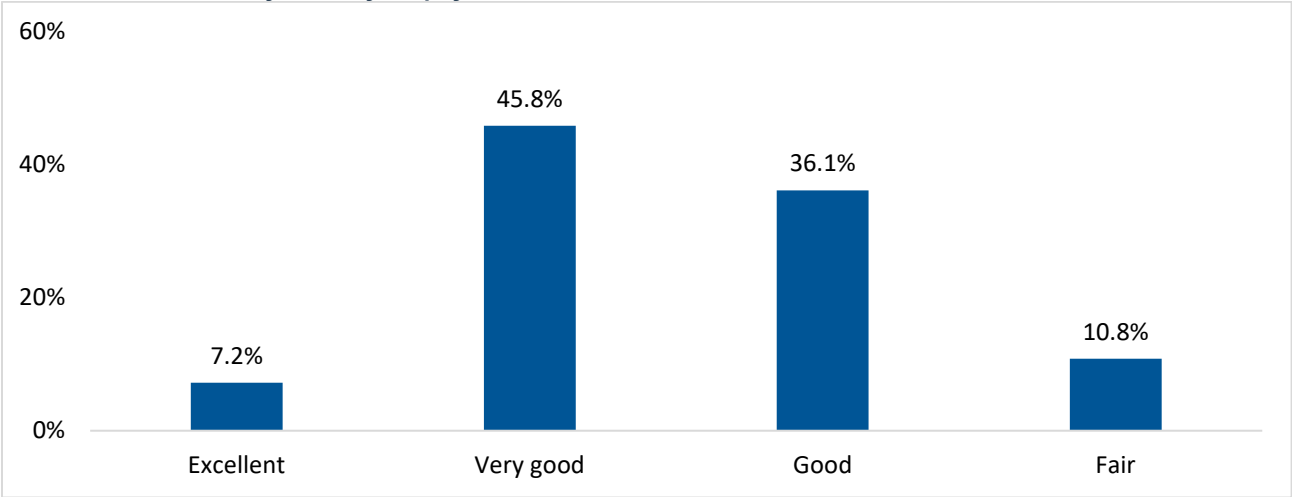
Exhibit 77: On a scale of 1 to 5, how much attention do you think each of these maternal, child, and family services health issues needs focus in your community?



Health Status

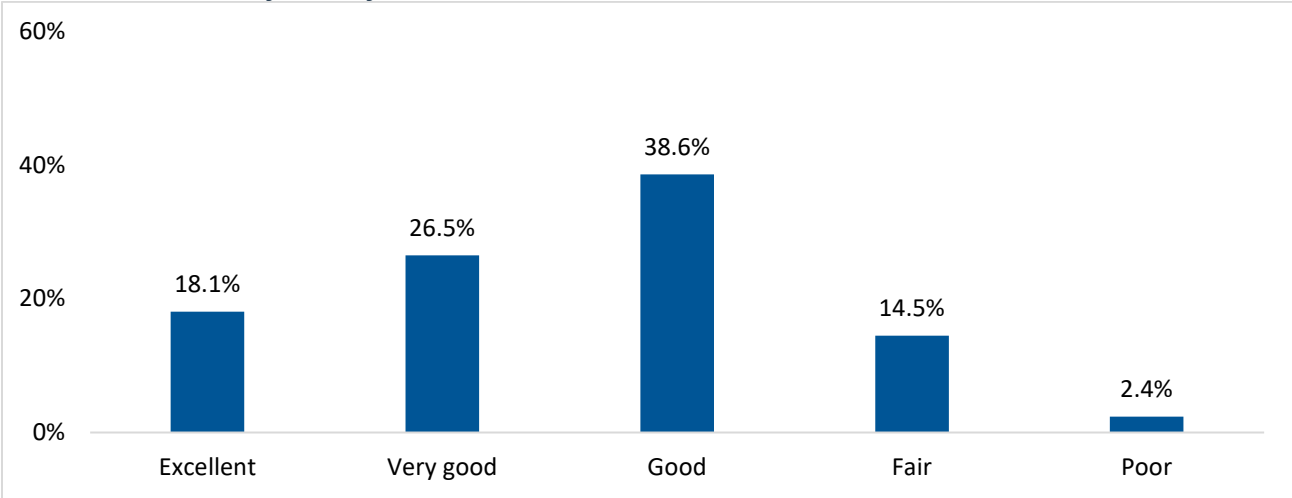
As shown in **EXHIBIT 78**, about one in fourteen (7.2%) respondents reported their physical health as ‘excellent’, nearly half of the respondents (45.8%) reported their physical health as ‘very good’, about one in three respondents (36.1%) reported their physical health as ‘good’, and a little over one in ten respondents(10.8%) reported their physical health as ‘fair’.

Exhibit 78: How would you rate your physical health?



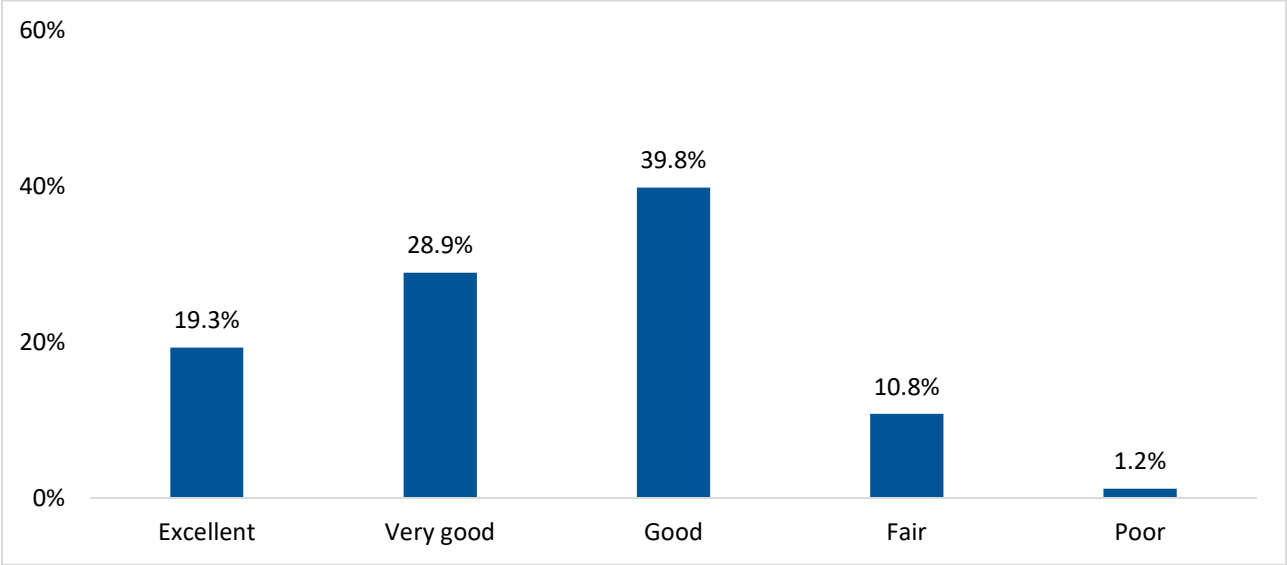
As shown in **EXHIBIT 79**, about one in five (18.1%) respondents reported their mental health as ‘excellent’, a little over one in four respondents (26.5%) reported their mental health as ‘very good’, about two in five respondents (38.6%) reported their physical health as ‘good’, and a little over one in six respondents reported their mental health as either ‘fair’ (14.5%) or ‘poor’ (2.4%).

Exhibit 79: How would you rate your mental health?



As shown in Exhibit 80, about one in five (19.3%) respondents reported their emotional and spiritual health as ‘excellent’, a little over one in four respondents (28.9%) reported their emotional and spiritual health as ‘very good’, about two in five respondents (39.8%) reported their emotional and spiritual health as ‘good’, and a little over one in ten respondents reported their emotional and spiritual health as either ‘fair’ (10.8%) or ‘poor’ (1.2%).

Exhibit 80: how would you rate your emotional and spiritual health?



Prioritized Needs

Prioritization Process

The needs prioritization process is a critical step in finalizing the Community Health Needs Assessment. A prioritization session was conducted on November 19, 2025, with the Kootenai Health Executive Team. This session was facilitated by Crescendo Consulting Group. The meeting consisted of a data presentation, short discussion of the data and community needs, and prioritization voting.

During the discussion topics included the magnitude and severity of the community need, potential barriers to addressing the needs, and what happens if the community need is not addressed in the hospital's service area. Following discussions, all participants were asked to rank each of the community needs on a scale for magnitude, severity, and feasibility. Using the Hanlon Method formula, a priority score was assigned to each community need. The results were provided for consideration as they build their hospital Implementation Strategy. See Appendix F for the Needs Prioritization PowerPoint presentation.

Identified Community Needs

Exhibit XX contains the list of 20 community needs that were identified during the community health needs assessment research and voted on during the prioritization sessions:

Exhibit 81: Identified Community Needs

Rank	Need	Score
1	Long wait times for primary and specialty care	15.57
2	Lack of substance use treatment services (i.e., detox beds, long-term SUD treatment)	16.30
3	Prenatal education	16.62
4	Lack of behavioral health services for youth and young adults	16.99
5	Provider shortages, especially some specialists	17.06
6	Provider workforce (OBGYN / Women's Health)	17.23
7	Suicide prevention	19.05
8	Reproductive and contraception access	19.12
9	Chronic diseases, including cancer, prevention and treatment	19.31
10	Workforce recruitment and retention (Providers)	20.31
11	Behavioral health workforce shortages	21.92
12	Health literacy	22.37
13	Growing gap between insured and uninsured / underinsured	22.72
14	Stigma (Behavioral Health)	25.62
15	Affordable housing	26.04

16	Immunization hesitancy and education	26.27
17	Food security	26.93
18	Transportation	28.17
19	Affordable childcare services	28.24
20	Increased cost of living	30.67

Appendix A: Activities Since Last CHNA

Kootenai Health became a nonprofit hospital on 1/1/2024. This Community Health Needs Assessment is the first CHNA that the hospital has completed as a non-profit hospital. Kootenai Health does not have a prior Community Health Needs Assessment or Implementation Strategy Plan.

Appendix B: Additional Secondary Data Tables

Kootenai Health Panhandle District Secondary Data Tables

Demographics

Exhibit 82: Socioeconomic status

	Boundary	Bonner	Kootenai	Benewah	Shoshone	Idaho	U.S.
Total Population	12,695	49,456	177,736	9,913	13,580	1,893,296	332,387,540
Population Below Poverty Level	17.2%	10.7%	9.3%	15.0%	15.1%	10.6%	12.4%
Unemployment Rate	3.3%	3.9%	3.3%	3.9%	5.1%	3.7%	5.2%
Median Household Income	\$62,438	\$65,168	\$77,034	\$56,553	\$49,975	\$74,636	\$78,538
Percent of Low-Income Households Severely Cost Burdened	18.5%	27.2%	29.7%	24.8%	17.1%	25.0%	31.0%
No High School Diploma	12.8%	8.4%	5.6%	15.6%	11.2%	8.3%	10.6%
Uninsured Population	13.5%	10.5%	9.5%	13.9%	10.6%	9.2%	8.4%

Source: U.S. Census Bureau American Community Survey 2019-2023 Five-year Estimates

Exhibit 83: household characteristics & Minority status

	Boundary	Bonner	Kootenai	Benewah	Shoshone	Idaho	U.S.
Population Under Age 18	23.3%	19.6%	22.6%	22.1%	20.8%	24.5%	22.2%
Population Age 65 and Over	23.6%	26.1%	19.7%	23.5%	22.8%	16.6%	16.8%
Living with a Disability	17.7%	17.7%	14.8%	21.0%	22.3%	13.6%	12.8%
Single Parent Households	8.1%	16.7%	18.6%	18.5%	27.8%	17.0%	24.8%

English Language Proficiency	2.6%	0.8%	0.8%	0.6%	0.8%	3.6%	8.4%
Racial & Ethnic Minority	13.0%	9.9%	13.7%	15.8%	10.7%	20.7%	41.8%

Source: U.S. Census Bureau American Community Survey 2019-2023 Five-year Estimates

Exhibit 84: Housing Type & Transportation

	Boundary	Bonner	Kootenai	Benewah	Shoshone	Idaho	U.S.
No Vehicle	1.6%	4.8%	4.6%	2.2%	4.3%	3.7%	8.3%
Overcrowded Housing Units	2.7%	4.1%	1.9%	5.0%	2.5%	3.1%	3.4%
Multi-Unit Housing Structures	6.0%	9.5%	16.1%	6.3%	11.4%	15.0%	26.7%
Group Quarters	1.3%	1.1%	1.2%	1.0%	2.2%	2.6%	2.4%

Source: U.S. Census Bureau American Community Survey 2019-2023 Five-year Estimates

Exhibit 85: Projected Percent Change in population, 2010 to 2032

	Boundary	Bonner	Kootenai	Benewah	Shoshone	Idaho	U.S.
Total Population (2010)	10,972	40,878	138,465	9,283	12,794	1,567,582	308,745,538
Total Population (2023)	12,695	49,456	177,736	9,913	13,580	1,893,296	332,387,540
Percent Change (2010-2023)	15.7%	21.0%	28.4%	6.8%	6.1%	20.8%	7.7%
Total Population (2032)	13,908	56,149	214,278	10,391	13,076	2,192,302	364,066,358
Percent Change (2023-2032)	9.6%	13.5%	20.6%	4.8%	-3.7%	15.8%	9.5%

Sources: U.S. Census Bureau American Community Survey 2010 One-year Estimates | U.S. Census Bureau American Community Survey 2019-2023 Five-year Estimates

Exhibit 86: Median age percent change, 2010 to 2023

	Boundary	Bonner	Kootenai	Benewah	Shoshone	Idaho	U.S.
Median Age (2010)	42.3	44.8	38.5	43.8	45.6	34.4	36.9
Median Age (2023)	42.8	48.2	40.8	46.0	45.1	37.1	38.7
Percent Change (2010-2023)	1.2%	7.6%	6.0%	5.0%	-1.1%	7.8%	4.9%

Sources: U.S. Census Bureau American Community Survey 2010 Five-year Estimates | U.S. Census Bureau American Community Survey 2019-2023 Five-year Estimates

Exhibit 87: Population by age group

	Boundary	Bonner	Kootenai	Benewah	Shoshone	Idaho	U.S.
Under Age 18	23.3%	19.6%	22.6%	22.1%	20.8%	24.5%	22.2%
Age 18 to 64	53.1%	54.2%	57.7%	54.5%	56.5%	58.9%	61.0%
Age 65 and Over	23.6%	26.1%	19.7%	23.5%	22.8%	16.6%	16.8%
Age Under 5	6.5%	4.5%	5.5%	5.3%	6.2%	6.0%	5.7%
Age 5 to 9	5.1%	6.1%	6.5%	6.0%	5.5%	6.8%	6.0%
Age 10 to 14	7.6%	5.6%	6.5%	6.7%	5.8%	7.3%	6.5%
Age 15 to 19	6.2%	5.2%	6.0%	5.8%	5.7%	7.6%	6.6%
Age 20 to 24	5.5%	3.7%	5.3%	4.9%	4.4%	6.6%	6.5%
Age 25 to 34	10.4%	9.6%	12.5%	9.8%	11.3%	12.9%	13.7%
Age 35 to 44	10.8%	11.5%	13.0%	10.5%	11.0%	13.0%	13.1%
Age 45 to 54	10.9%	11.8%	11.6%	11.5%	11.5%	11.3%	12.3%
Age 55 to 59	7.3%	7.5%	6.1%	7.1%	7.6%	5.7%	6.4%
Age 60 to 64	6.1%	8.5%	7.2%	8.9%	8.2%	6.1%	6.4%
Age 65 to 74	15.2%	16.9%	12.0%	15.4%	14.0%	10.2%	10.0%
Age 75 to 84	6.7%	6.9%	5.6%	6.5%	6.6%	4.8%	4.9%
Age Over 85	1.6%	2.4%	2.0%	1.6%	2.1%	1.6%	1.9%

Source: U.S. Census Bureau American Community Survey 2019-2023 Five-year Estimates

Exhibit 88: population by race (alone)

	Boundary	Bonner	Kootenai	Benewah	Shoshone	Idaho	U.S.
American Indian and Alaska Native	1.6%	0.5%	0.9%	8.8%	1.2%	1.1%	0.9%
Asian	1.7%	0.6%	0.8%	0.0%	0.3%	1.3%	5.8%
Black or African American	0.7%	0.3%	0.3%	0.7%	0.9%	0.7%	12.4%
Native Hawaiian and Other Pacific Islander	0.1%	0.0%	0.0%	0.2%	0.2%	0.2%	0.2%
Some Other	2.8%	1.5%	1.5%	0.4%	0.5%	4.9%	6.6%
Two or More Races	4.4%	6.0%	8.4%	4.9%	5.9%	8.4%	10.7%
White	88.8%	91.0%	88.2%	85.0%	90.9%	83.3%	63.4%

Source: U.S. Census Bureau American Community Survey 2019-2023 Five-year Estimates

Exhibit 89: Population by ethnicity

	Boundary	Bonner	Kootenai	Benewah	Shoshone	Idaho	U.S.
Hispanic or Latino	5.6%	3.6%	5.4%	3.6%	4.0%	13.3%	19.0%

Source: U.S. Census Bureau American Community Survey 2019-2023 Five-year Estimates

Exhibit 90: Population by sex

	Boundary	Bonner	Kootenai	Benewah	Shoshone	Idaho	U.S.
Females	48.9%	50.0%	50.1%	48.7%	50.2%	49.7%	50.5%
Males	51.1%	50.0%	49.9%	51.3%	49.8%	50.3%	49.5%

Source: U.S. Census Bureau American Community Survey 2019-2023 Five-year Estimates

Exhibit 91: language spoken at home (people over age 5)

	Boundary	Bonner	Kootenai	Benewah	Shoshone	Idaho	U.S.
English Only	93.3%	96.3%	96.5%	96.3%	97.8%	89.3%	78.0%
Spanish	2.3%	1.8%	2.1%	1.0%	0.9%	8.0%	13.4%
Asian-Pacific Islander	1.1%	0.3%	0.5%	0.3%	0.3%	0.9%	3.5%
Other Indo-European	2.3%	1.5%	0.8%	1.6%	0.9%	1.4%	3.8%
Other	1.0%	0.0%	0.2%	0.8%	0.1%	0.5%	1.2%

Source: U.S. Census Bureau American Community Survey 2019-2023 Five-year Estimates

Exhibit 92: foreign-born population

	Boundary	Bonner	Kootenai	Benewah	Shoshone	Idaho	U.S.
Naturalized US Citizen	0.7%	1.0%	1.5%	0.8%	0.9%	2.6%	7.3%
Not US Citizen	3.5%	1.4%	0.9%	0.2%	0.7%	3.1%	6.6%

Source: U.S. Census Bureau American Community Survey 2019-2023 Five-year Estimates

Population with a Disability

Exhibit 93: population living with disability by age

	Boundary	Bonner	Kootenai	Benewah	Shoshone	Idaho	U.S.
Age Under 5	0.0%	0.1%	0.4%	1.5%	1.4%	0.6%	0.7%
Age 5 to 17	11.9%	6.0%	5.7%	6.2%	6.9%	6.1%	6.1%
Age 18 to 34	8.3%	12.1%	6.9%	13.2%	10.3%	8.9%	7.7%
Age 35 to 64	16.1%	15.5%	14.4%	23.1%	24.2%	13.7%	12.4%
Age 65 to 74	34.6%	27.6%	27.4%	27.4%	41.7%	25.5%	24.0%
Age 75 and Over	41.9%	47.6%	51.8%	63.9%	55.5%	48.6%	46.5%

Source: U.S. Census Bureau American Community Survey 2019-2023 Five-year Estimates

Exhibit 94: Population living with disability by type

	Boundary	Bonner	Kootenai	Benewah	Shoshone	Idaho	U.S.
Hearing difficulty	4.8%	6.6%	5.3%	7.7%	7.3%	4.6%	3.6%
Vision difficulty	5.1%	2.6%	2.0%	4.3%	3.8%	2.4%	2.4%
Cognitive difficulty	9.0%	6.6%	5.3%	5.7%	7.1%	5.8%	5.4%
Ambulatory difficulty	9.4%	8.7%	7.9%	10.5%	13.2%	6.3%	6.7%
Self-care difficulty ¹²¹	2.7%	3.5%	2.9%	3.4%	3.9%	2.4%	2.6%

¹²¹ The ACS gives a definition for a person with self-care disability as having "serious difficulty dressing or bathing oneself..." (Source: <https://www.census.gov/glossary/?term=Self-care+disability>).

	Boundary	Bonner	Kootenai	Benewah	Shoshone	Idaho	U.S.
Independent living difficulty ¹²²	6.3%	7.6%	5.6%	7.1%	8.0%	5.5%	5.9%

Source: U.S. Census Bureau American Community Survey 2019-2023 Five-year Estimates

Exhibit 95: population living with disability by race

	Boundary	Bonner	Kootenai	Benewah	Shoshone	Idaho	U.S.
American Indian and Alaska Native	12.4%	44.7%	13.4%	16.0%	19.6%	18.2%	15.7%
Asian	15.3%	18.4%	17.4%	0.0%	0.0%	10.2%	7.9%
Black or African American	0.0%	21.2%	41.6%	1.4%	0.0%	9.6%	14.5%
Native Hawaiian and Other Pacific Islander	0.0%	13.6%	35.6%	36.8%	0.0%	15.3%	12.7%
Some Other Race	3.4%	14.8%	11.6%	0.0%	33.3%	13.4%	10.0%
Two or More Races	28.6%	22.2%	17.2%	22.3%	23.9%	12.6%	10.9%
White	18.1%	17.4%	14.7%	21.9%	22.8%	14.0%	13.9%

Source: U.S. Census Bureau American Community Survey 2019-2023 Five-year Estimates

Exhibit 96: population living with disability by ethnicity

	Boundary	Bonner	Kootenai	Benewah	Shoshone	Idaho	U.S.
Hispanic or Latino	5.7%	20.3%	7.9%	21.4%	24.2%	10.1%	9.9%

Source: U.S. Census Bureau American Community Survey 2018-2022 Five-year Estimates

¹²² The Census defines a disability as "a long-lasting physical, mental, or emotional condition. This condition can make it difficult for a person to do activities such as walking, climbing stairs, dressing, bathing, learning, or remembering. This condition can also impede a person from being able to go outside the home alone or to work at a job or business" (Source: <https://www.census.gov/glossary/?term=Disability>).

Education

Exhibit 97: population with a bachelor's degree or higher, percent change

	Boundary	Bonner	Kootenai	Benewah	Shoshone	Idaho	U.S.
Population with a Bachelor's Degree or Higher Education (2010)	11.9%	22.3%	23.1%	12.2%	12.9%	24.6%	28.2%
Population with a Bachelor's Degree or Higher Education (2023)	19.6%	28.9%	28.8%	19.8%	11.5%	31.2%	35.0%
Percent Change (2010-2022)	64.5%	30.0%	24.3%	62.8%	-10.5%	27%	24.1%

Sources: U.S. Census Bureau American Community Survey 2010 One-year Estimates | U.S. Census Bureau American Community Survey 2019-2023 Five-year Estimates

Exhibit 98: highest level of educational attainment

	Boundary	Bonner	Kootenai	Benewah	Shoshone	Idaho	U.S.
Less than 9th Grade	4.3%	2.2%	1.6%	2.3%	2.0%	3.2%	4.7%
9th to 12th Grade, No Diploma	8.4%	6.2%	4.1%	13.2%	9.2%	5.2%	5.9%
High School Degree	32.6%	29.1%	26.6%	32.9%	39.0%	25.9%	26.2%
Some College No Degree	25.2%	25.5%	27.6%	21.6%	28.4%	24.8%	19.4%
Associates Degree	9.9%	8.1%	11.4%	10.1%	9.9%	9.8%	8.8%
Bachelor's Degree	11.8%	18.9%	19.0%	13.1%	7.4%	20.8%	21.3%
Graduate Degree	7.7%	10.0%	9.8%	6.7%	4.1%	10.4%	13.7%

Source: U.S. Census Bureau American Community Survey 2019-2023 Five-year Estimates

Exhibit 99: educational attainment of bachelor's degree or higher by race

	Boundary	Bonner	Kootenai	Benewah	Shoshone	Idaho	U.S.
American Indian and Alaska Native	0.0%	7.9%	17.2%	13.0%	2.8%	15.7%	10.9%
Asian	27.0%	36.3%	45.6%	25.0%	12.5%	50.3%	15.7%
Black or African American	100.0%	3.7%	13.3%	0.0%	0.0%	23.1%	10.0%
Native Hawaiian and Other Pacific Islander	ND	0.0%	0.0%	0.0%	37.0%	26.3%	14.5%
Some Other Race	11.2%	17.0%	14.8%	22.9%	3.6%	12.3%	13.9%
Two or More Races	30.9%	16.8%	30.7%	11.0%	8.9%	24.1%	12.7%
White	19.5%	30.0%	28.8%	20.8%	11.8%	32.6%	7.9%

Source: U.S. Census Bureau American Community Survey 2019-2023 Five-year Estimates

Exhibit 100: educational attainment of bachelor's degree or higher by ethnicity

	Boundary	Bonner	Kootenai	Benewah	Shoshone	Idaho	U.S.
Hispanic or Latino	20.1%	22.7%	21.4%	2.5%	9.5%	15.5%	19.9%

Source: U.S. Census Bureau American Community Survey 2019-2023 Five-year Estimates

Exhibit 101: child care centers

	Boundary	Bonner	Kootenai	Benewah	Shoshone	Idaho	U.S.
Child Care Centers	0	13	42	0	0	448	77,383

Source: U.S. Census Bureau County Business Patterns 2021. <https://www.census.gov/programs-surveys/cbp.html>

Exhibit 102: child care Cost by age and type

	Boundary	Bonner	Kootenai	Benewah	Shoshone	Idaho	U.S.
Infant Center-Based	\$6,260	\$8,653	\$8,653	\$6,260	\$6,260	\$8,653	\$6,260
Infant Home-Based	\$5,480	\$6,760	\$6,760	\$5,480	\$5,480	\$6,760	\$5,480
Toddler Center-Based	\$6,031	\$8,031	\$8,031	\$6,031	\$6,031	\$8,031	\$6,031
Toddler Home-Based	\$5,488	\$6,848	\$6,848	\$5,488	\$5,488	\$6,848	\$5,488
Preschool Center-Based	\$5,565	\$7,294	\$7,294	\$5,565	\$5,565	\$7,294	\$5,565
Preschool Home-Based	\$5,136	\$6,288	\$6,288	\$5,136	\$5,136	\$6,288	\$5,136
School-Age Center-Based	\$5,403	\$7,002	\$7,002	\$5,403	\$5,403	\$7,002	\$5,403
School-Age Home-Based	\$5,136	\$6,186	\$6,186	\$5,136	\$5,197	\$6,186	\$5,136

Source: U.S. Census Bureau County Business Patterns 2021. <https://www.census.gov/programs-surveys/cbp.html>

Economic Stability

Exhibit 103: poverty percent change

	Boundary	Bonner	Kootenai	Benewah	Shoshone	Idaho	U.S.
Total Households Below Poverty Level per household (2010)	17.7%	16.5%	13.2%	15.1%	17.6%	13.3%	13.1%
Total Households Below Poverty Level per household (2023)	18.6%	11.2%	8.9%	16.5%	15.5%	10.6%	12.5%
Percent Change (2010-2023)	5.2%	-32.1%	-33.2%	8.7%	-11.9%	-20.8%	-5.2%

Sources: U.S. Census Bureau American Community Survey 2010 One-year Estimates | U.S. Census Bureau American Community Survey 2019-2023 Five-year Estimates

Exhibit 104: Income to poverty ratios

	Boundary	Bonner	Kootenai	Benewah	Shoshone	Idaho	U.S.
Income 100 to 124 the Poverty Level	2.3%	4.3%	3.4%	6.4%	7.0%	3.8%	3.8%
Income 125 to 149 the Poverty Level	4.9%	5.3%	5.1%	6.1%	4.5%	5.0%	4.0%
Income 150 to 184 the Poverty Level	7.2%	7.3%	5.8%	9.5%	7.6%	7.0%	5.7%
Income 185 to 199 the Poverty Level	2.9%	4.6%	2.7%	2.8%	4.7%	3.3%	2.6%
Income 200 and Over the Poverty Level	65.5%	67.8%	73.8%	60.3%	61.1%	70.3%	71.5%

Source: U.S. Census Bureau American Community Survey 2019-2023 Five-year Estimates

Exhibit 105: People living in poverty by race and ethnicity

	Boundary	Bonner	Kootenai	Benewah	Shoshone	Idaho	U.S.
People Below Poverty Level	17.2%	10.7%	9.3%	15.0%	15.1%	10.6%	12.4%
American Indian and Alaska Native	58.4%	14.1%	23.3%	25.7%	13.7%	24.3%	21.8%
Asian	36.3%	12.8%	9.8%	0.0%	0.0%	10.1%	9.9%
Black or African American	0.0%	0.0%	5.6%	45.0%	21.3%	18.0%	21.3%
Native Hawaiian and Other Pacific Islander	100%	0.0%	35.6%	0.0%	100%	20.3%	17.2%
Some Other Race	12.0%	13.3%	8.3%	16.2%	3.0%	15.3%	18.2%
Two or More Races	16.9%	6.0%	13.2%	15.1%	21.4%	13.0%	14.7%
White	16.3%	11.0%	8.8%	13.7%	14.5%	9.9%	9.9%
Hispanic or Latino	16.9%	11.0%	10.8%	16.0%	48.2%	14.9%	16.9%

Source: U.S. Census Bureau American Community Survey 2019-2023 Five-year Estimates

Exhibit 106: People living in poverty by age

	Boundary	Bonner	Kootenai	Benewah	Shoshone	Idaho	U.S.
People Below Poverty Level	17.2%	10.7%	9.3%	15.0%	15.1%	10.6%	12.4%
Age Under 5	19.6%	21.0%	17.5%	12.2%	33.4%	15.4%	17.6%
Age Under 18	23.7%	17.0%	12.4%	20.1%	20.3%	12.5%	16.3%
Age 18 to 64	15.9%	9.7%	8.9%	15.9%	14.9%	10.5%	11.6%
Age 65 and Over	13.5%	8.0%	6.6%	7.9%	10.7%	8.3%	10.4%

Source: U.S. Census Bureau American Community Survey 2019-2023 Five-year Estimates

Exhibit 107: median household income percent change

	Boundary	Bonner	Kootenai	Benewah	Shoshone	Idaho	U.S.
Median Household Income (2010)	\$37,219	\$43,280.64	\$49,712.38	\$35,856.52	\$37,007.39	\$46,890	\$52,762
Median Household Income (2023)	\$62,438	\$65,168	\$77,034	\$56,553	\$49,975	\$74,636	\$78,538
Percent Change (2010-2022)	67.8%	50.6%	55.0%	57.7%	35.0%	59.2%	48.9%

Sources: U.S. Census Bureau American Community Survey 2010 One-year Estimates | U.S. Census Bureau American Community Survey 2019-2023 Five-year Estimates

Exhibit 108: median household income by race

	Boundary	Bonner	Kootenai	Benewah	Shoshone	Idaho	U.S.
American Indian and Alaska Native	ND	ND	\$39,457	\$50,357	ND	\$51,762	\$59,393
Asian	ND	\$74,565	ND	ND	ND	\$81,008	\$113,106
Black or African American	ND	ND	ND	ND	ND	\$61,214	\$53,444
Native Hawaiian and Other Pacific Islander	ND	ND	ND	ND	ND	\$56,471	\$78,640
Other Race	ND	\$48,382	\$68,568	\$70,385	ND	\$64,090	\$65,558
Two or More Race	ND	\$51,192	\$75,644	\$56,193	\$49,615	\$69,309	\$73,412
White	\$67,188	\$66,024	\$78,010	\$57,173	\$50,272	\$76,208	\$83,784

Source: U.S. Census Bureau American Community Survey 2019-2023 Five-year Estimates

Exhibit 109: median household income by ethnicity

	Boundary	Bonner	Kootenai	Benewah	Shoshone	Idaho	U.S.
Hispanic or Latino	\$59,564	\$68,036	\$87,679	\$44,583	ND	\$65,963	\$68,890

Source: U.S. Census Bureau American Community Survey 2019-2023 Five-year Estimates

Exhibit 110: employment by industry

	Boundary	Bonner	Kootenai	Benewah	Shoshone	Idaho	U.S.
Sales	5.9%	9.6%	11.0%	8.2%	11.8%	8.9%	8.8%
Construction and Extraction	9.2%	8.0%	7.1%	9.8%	11.1%	6.4%	4.7%
Education, Training and Library	2.9%	3.3%	4.0%	2.8%	3.3%	5.8%	5.9%
Food Preparation and Serving	2.6%	5.9%	5.5%	5.4%	7.0%	5.5%	4.9%
Production	8.6%	7.9%	4.3%	7.6%	3.7%	5.2%	5.1%
Business and Finance	4.1%	3.6%	5.3%	2.3%	3.0%	4.6%	5.6%
Health Diagnosis and Treating Practitioners	2.9%	2.9%	4.3%	2.6%	2.6%	3.8%	4.2%
Transportation	5.8%	2.6%	3.8%	6.5%	5.3%	3.7%	3.6%
Material Moving	6.6%	4.1%	2.9%	5.1%	3.3%	3.5%	3.6%
Healthcare Support	1.7%	3.1%	4.0%	4.2%	3.9%	3.4%	3.1%
Building, Grounds Cleaning, and Maintenance	2.7%	4.0%	2.9%	4.5%	6.2%	3.3%	3.2%
Installation, Maintenance, and Repair	3.5%	2.9%	3.1%	4.6%	5.7%	3.3%	2.9%
Computer and Mathematical	1.4%	2.1%	2.0%	0.1%	0.9%	2.5%	3.5%
Personal Care and Service	2.0%	2.7%	3.0%	1.5%	2.7%	2.3%	2.4%
Architecture and Engineering	1.4%	1.6%	2.1%	1.1%	0.8%	2.2%	2.1%
Management	9.9%	10.0%	10.5%	9.5%	6.9%	10.9%	10.8%

	Boundary	Bonner	Kootenai	Benewah	Shoshone	Idaho	U.S.
Office and Administrative Support	13.5%	9.2%	10.8%	8.1%	7.1%	10.5%	10.1%
Community and Social Service	0.7%	1.9%	2.3%	1.7%	1.6%	1.8%	1.7%
Arts, Design, Entertainment, Sports and Media	1.1%	2.9%	1.5%	0.8%	1.5%	1.8%	2.0%
Farming, Fishing and Forestry	3.8%	1.1%	0.6%	2.5%	0.8%	1.7%	0.6%
Health Technologist and Technicians	2.6%	1.2%	2.3%	1.9%	2.0%	1.6%	1.8%
Life, Physical, and Social Science	1.8%	1.3%	1.0%	2.8%	0.9%	1.1%	1.1%
Legal	0.0%	1.1%	0.8%	0.2%	1.1%	0.8%	1.1%
Fire Fighting and Prevention	1.3%	1.9%	0.9%	1.5%	1.8%	0.8%	1.1%
Law Enforcement	0.7%	1.2%	0.6%	0.7%	0.1%	0.7%	0.9%

Source: U.S. Census Bureau American Community Survey 2019-2023 Five-year Estimates

Exhibit 111: household receiving SNAP

	Boundary	Bonner	Kootenai	Benewah	Shoshone	Idaho	U.S.
Households Receiving Food Stamps/SNAP	12.4%	6.9%	7.2%	10.7%	11.7%	7.8%	11.8%

Source: U.S. Census Bureau American Community Survey 2019-2023 Five-year Estimates

Exhibit 112: Percentage of adults who have received snap

	Boundary	Bonner	Kootenai	Benewah	Shoshone	Idaho	U.S.
Received Food Stamps	11.5%	9.4%	10.5%	12.7%	12.9%	10.5%	11.8%

Source: Centers for Disease Control and Prevention (CDC). Behavioral Risk Factor Surveillance System. Population Level Analysis and Community Estimates (PLACES). 2022

Exhibit 113: Food Insecurity rates by county

	Boundary	Bonner	Kootenai	Benewah	Shoshone	Idaho	U.S.
Overall Food Insecurity Rate	15.8%	13.5%	12.5%	16.1%	16.6%	12.7%	14.2%
Child Food Insecurity Rate	24.0%	20.6%	17.5%	23.0%	24.8%	16.2%	18.2%

Source: Centers for Disease Control and Prevention (CDC). Behavioral Risk Factor Surveillance System. Population Level Analysis and Community Estimates (PLACES). 2022

Neighborhood & Built Environment

Exhibit 114: housing cost & home value

	Boundary	Bonner	Kootenai	Benewah	Shoshone	Idaho	U.S.
Median Household Income	\$37,219	\$43,280	\$49,712	\$35,856	\$37,007	\$46,890	\$52,762
Homeowner Excessive Housing Costs ¹²³	22.6%	26.9%	23.8%	27.0%	19.9%	20.3%	22.1%
Renter Excessive Housing Costs ¹²⁴	35.7%	38.6%	48.1%	37.8%	40.6%	42.7%	46.9%
Owner Occupied Mobile Homes	11.2%	12.7%	8.3%	14.1%	12.6%	7.0%	5.8%
Renter Occupied Mobile Homes	17.4%	11.1%	3.8%	26.0%	6.9%	6.7%	4.0%
Homeowner Vacancy Rate	1.1%	1.1%	0.7%	0.3%	1.3%	0.7%	1.0%

Sources: U.S. HUD CHAS 2015-2019 | U.S. Census Bureau American Community Survey 2010 One-year Estimates | U.S. Census Bureau American Community Survey 2019-2023 Five-year Estimates

Exhibit 115: Housing Insecurity Among Adults

	Boundary	Bonner	Kootenai	Benewah	Shoshone	Idaho	U.S.
Percentage of Adults Experiencing Housing Insecurity	10.5%	9.5%	10.8%	11.5%	10.9%	11.0%	11.8%

Source: Centers for Disease Control and Prevention (CDC). Behavioral Risk Factor Surveillance System. Population Level Analysis and Community Estimates (PLACES). 2022

¹²³ Percentage of homeowners whose sum of housing costs (i.e., mortgage payments, real estate taxes, various insurances, utilities, fuels, mobile home costs, and condominium fees) exceeds 30% of household income.

¹²⁴ Percentage of renters whose sum of housing costs (i.e., contract rent, monthly cost of utilities and fuels if these are paid by the renter) exceeds 30% of household income.

Exhibit 116: Fair market rent (FMR), by bedroom number

	Boundary	Bonner	Kootenai	Benewah	Shoshone	Idaho
0 Bedrooms	\$707	\$819	\$1,001	\$662	\$680	\$1,042
1 Bedrooms	\$711	\$824	\$1,226	\$736	\$745	\$1,187
2 Bedrooms	\$933	\$1,081	\$1,460	\$965	\$977	\$1,447
3 Bedrooms	\$1,307	\$1,515	\$2,046	\$1,291	\$1,217	\$2,023
4 Bedrooms	\$1,567	\$1,733	\$2,452	\$1,551	\$1,641	\$2,415

Source: National Low-Income Housing Coalition. Out of Reach Housing Report – Idaho. 2025

Exhibit 117: income needed to afford FMR, by bedroom number

	Boundary	Bonner	Kootenai	Benewah	Shoshone	Idaho
0 Bedrooms	\$28,880	\$29,320	\$36,600	\$28,280	\$26,680	\$41,698
1 Bedrooms	\$31,320	\$29,520	\$36,840	\$28,440	\$29,640	\$47,488
2 Bedrooms	\$37,680	\$38,720	\$48,320	\$37,320	\$38,880	\$57,876
3 Bedrooms	\$52,800	\$54,160	\$67,720	\$52,280	\$53,880	\$80,927
4 Bedrooms	\$63,280	\$65,040	\$81,160	\$62,680	\$65,280	\$96,601

Source: National Low-Income Housing Coalition. Out of Reach Housing Report – Idaho. 2025

Exhibit 118: Housing wage¹²⁵ needed to afford fmr, by bedroom number

	Boundary	Bonner	Kootenai	Benewah	Shoshone	Idaho
0 Bedrooms	\$13.60	\$15.75	\$19.25	\$12.73	\$13.08	\$20.05
1 Bedrooms	\$13.67	\$15.85	\$23.58	\$14.15	\$14.33	\$22.83
2 Bedrooms	\$17.94	\$20.79	\$28.08	\$18.56	\$18.79	\$27.83
3 Bedrooms	\$25.13	\$29.13	\$39.35	\$24.83	\$23.40	\$38.91
4 Bedrooms	\$30.13	\$33.33	\$47.15	\$29.83	\$31.56	\$46.44

Source: National Low-Income Housing Coalition. Out of Reach Housing Report – Idaho. 2025

Exhibit 119: Work hours per week at minimum wage to afford fmr, by bedroom number

	Boundary	Bonner	Kootenai	Benewah	Shoshone	Idaho
0 Bedrooms	75	87	106	70	72	111
1 Bedrooms	75	87	130	78	79	126
2 Bedrooms	99	115	155	102	104	154
3 Bedrooms	139	161	217	137	129	215
4 Bedrooms	166	184	260	165	174	256

Source: National Low-Income Housing Coalition. Out of Reach Housing Report – Idaho. 2025

¹²⁵ The hourly wage a full-time worker must earn to afford a modest rental home at the U.S. Department of Housing and Urban Development Fair Market Rent (FMR) level, without spending more than 30 % of their gross income on housing costs.

Exhibit 120: number of jobs at minimum wage needed to afford fm, by bedroom number

	Boundary	Bonner	Kootenai	Benewah	Shoshone	Idaho
0 Bedrooms	1.9	2.2	2.7	1.8	1.8	2.8
1 Bedrooms	1.9	2.2	3.3	2.0	2.0	3.1
2 Bedrooms	2.5	2.9	3.9	2.6	2.6	3.8
3 Bedrooms	3.5	4.0	5.4	3.4	3.2	5.4
4 Bedrooms	4.2	4.6	6.5	4.1	4.4	6.4

Source: National Low-Income Housing Coalition. Out of Reach Housing Report – Idaho. 2025

Exhibit 121: wage information by county

	Boundary	Bonner	Kootenai	Benewah	Shoshone	Idaho
Minimum Wage	\$7.25	\$7.25	\$7.25	\$7.25	\$7.25	\$7.25
Estimated Mean Renter Wage	\$13.98	\$18.10	\$17.25	\$19.90	\$17.58	\$18.81

Source: National Low-Income Housing Coalition. Out of Reach Housing Report – Idaho. 2025

Exhibit 122: work hours per week at mean renter wage needed to afford fmr, by bedroom number

	Boundary	Bonner	Kootenai	Benewah	Shoshone	Idaho
0 Bedrooms	39	35	45	26	30	43
1 Bedrooms	39	35	55	28	33	49
2 Bedrooms	51	46	65	37	43	59
3 Bedrooms	72	64	91	50	53	83
4 Bedrooms	86	74	109	60	72	99

Source: National Low-Income Housing Coalition. Out of Reach Housing Report – Idaho. 2025

Exhibit 123: household composition

	Boundary	Bonner	Kootenai	Benewah	Shoshone	Idaho	U.S.
Household with Children	27.1%	22.2%	28.5%	30.0%	20.7%	32.1%	29.9%
Households with Grandparents Responsible for Grandchildren	0.1%	0.7%	0.8%	1.9%	1.3%	1.1%	1.3%

Source: U.S. Census Bureau American Community Survey 2019-2023 Five-year Estimates

Exhibit 124: transportation

	Boundary	Bonner	Kootenai	Benewah	Shoshone	Idaho	U.S.
Mean Travel Time to Work (in minutes)	20.6	23.7	22.4	23.2	20.3	21.6	26.6
Commute Transportation by Public Transit	0.0%	1.0%	0.4%	1.5%	0.8%	0.6%	3.5%
Commute Transportation by Drive Alone	74.4%	72.1%	74.6%	77.2%	79.2%	73.5%	70.2%

Sources: U.S. Census Bureau American Community Survey 2019-2023 Five-year Estimates

Exhibit 125: broadband

	Boundary	Bonner	Kootenai	Benewah	Shoshone	Idaho	U.S.
Household Without Internet Access	8.6%	10.5%	5.5%	12.2%	13.5%	5.9%	7.7%
Number of Internet Providers (2024)	8	16	12	10	9	57	2,106

Sources: Federal Communications Commission Fixed Broadband Deployment Data 2021 | U.S. Census Bureau American Community Survey 2019-2023 Five-year Estimates

Exhibit 126: ENVIRONMENTAL JUSTICE INDICES¹²⁶

	Boundary	Bonner	Kootenai	Benewah	Shoshone	Idaho
Ozone	0.0	2.2	9.9	7.4	2.8	43.7
Respiratory Hazard	7.5	12.6	9.4	8.5	11.4	4.2
Lead Paint	50.6	37.2	22.9	55.8	89.0	40.1
Particulate Matter	83.3	80.9	76.7	103.7	96.9	53.7
Diesel Particulate Matter	6.6	18.1	41.4	1.6	5.8	42.5
Underground Storage Tanks	37.6	33.3	37.4	29.7	42.3	47.6
Air Toxics Cancer Risk	1.2	2.0	3.8	1.4	1.3	1.4
Traffic Proximity and Volume	10.1	13.3	34.4	3.7	21.1	36.7
Drinking Water Non-Compliance	21.0	53.4	19.4	68.9	63.9	61.4

Sources: Environmental Protection Agency (EPA). Environmental Justice Screening and Mapping Tool (EJSCREEN) Version 2.32

¹²⁶ The Environmental Justice Indexes are used by EPA to identify geographic areas that are possibly impacted by environmental hazards, with emphasis on areas with populations which may experience disproportionate effects. Each environmental justice index is built by multiplying together 2 things: (1) the environmental indicator percentile for block group, (2) the demographic index for the block group. Lower index numbers indicate lower levels of disproportionate exposure and higher index numbers indicate higher numbers of disproportionate exposure.

Healthcare Access and Quality

Exhibit 127: health care provider ratio (people per provider), 2024

	Boundary	Bonner	Kootenai	Benewah	Shoshone	Idaho	U.S.
Primary Care Physician	705:1	1,337:1	867:1	496:1	905:1	742:1	734:1
Primary Care Nurse Practitioner	1,481:1	2,426:1	1,253:1	ND	ND	1,387:1	681:1
Dentist	ND	3,531:1	3,713:1	ND	ND	3,350:1	2,861:1
Mental Health Provider	ND	8,239:1	2,874:1	4,831:1	ND	5,472:1	7,026:1
Pediatrician	1,411:1	2,355:1	982:1	1,239:1	1,698:1	1,108:1	922:1
Obstetrics Gynecology / OBGYN	977:1	1,649:1	1,104:1	901:1	1,698:1	1,373:1	1,351:1
Midwife and Doula	1,058:1	727:1	526:1	472:1	1,509:1	575:1	465:1

Sources: National Plan & Provider Enumeration System NPI, 2024. <https://www.cms.gov/Regulations-and-Guidance/Administrative-Simplification/NationalProviderStand/DataDissemination>

Exhibit 128: uninsured population by age

	Boundary	Bonner	Kootenai	Benewah	Shoshone	Idaho	U.S.
People without Health Insurance	13.6%	10.5%	9.6%	14.0%	10.8%	9.3%	8.6%
Age Under 6	19.1%	3.9%	5.5%	31.1%	2.0%	5.7%	4.5%
Age 6 to 18	14.9%	8.1%	5.4%	7.1%	3.6%	6.2%	5.8%
Age 19 to 64	18.6%	17.1%	14.5%	20.0%	18.0%	13.3%	12.0%
Age 65 and Over	0.0%	0.1%	0.3%	0.2%	0.0%	0.6%	0.8%

Sources: U.S. Census Bureau American Community Survey 2019-2023 Five-year Estimates

Exhibit 129: insured population by coverage type

	Boundary	Bonner	Kootenai	Benewah	Shoshone	Idaho	U.S.
Private Health Insurance	64.9%	69.1%	76.8%	65.2%	63.8%	76.1%	73.6%
Public Health Insurance	55.7%	52.0%	40.4%	52.8%	54.4%	38.5%	39.7%

Sources: U.S. Census Bureau American Community Survey 2019-2023 Five-year Estimates

Exhibit 130: uninsured population with a disability by age

	Boundary	Bonner	Kootenai	Benewah	Shoshone	Idaho	U.S.
Age 18 and Under	2.4%	7.3%	7.4%	0.0%	0.0%	3.8%	4.0%
Age 19 to 64	17.5%	13.2%	11.2%	20.6%	7.7%	11.5%	10.0%

Sources: U.S. Census Bureau American Community Survey 2019-2023 Five-year Estimates

Exhibit 131: uninsured labor force

	Boundary	Bonner	Kootenai	Benewah	Shoshone	Idaho	U.S.
People in Labor Force without Health Insurance	17.0%	18.0%	14.4%	21.4%	17.4%	12.9%	11.2%

Sources: U.S. Census Bureau American Community Survey 2019-2023 Five-year Estimates

Exhibit 132: percentage of adults who have completed screenings

	Boundary	Bonner	Kootenai	Benewah	Shoshone	Idaho	U.S.
Colorectal Cancer Screening	60.6%	62.2%	61.2%	58.6%	58.7%	62.5%	66.3%
Cholesterol Screening	81.5%	83.9%	82.1%	81.7%	80.3%	78.9%	86.4%
Pap Smear Test (Women ages 21 to 65)	77.4%	78.9%	78.4%	79.2%	76.2%	78.9%	82.8%
Mammography (Women 50 to 74)	65.7%	68.8%	63.9%	67.0%	66.2%	68.8%	76.5%

Sources: U.S. Census Bureau American Community Survey 2019-2023 Five-year Estimates

Exhibit 133: Visits in the past year

	Latah	Clearwater	Nez Perce	Lewis	Idaho C.	Idaho	U.S.
Doctor Check-Up	75.5%	74.7%	73.3%	74.6%	74.5%	73.9%	76.1%
Dental Visit	64.3%	66.4%	67.4%	62.4%	54.9%	66.1%	63.9%

Sources: Centers for Disease Control and Prevention (CDC). Behavioral Risk Factor Surveillance System. Population Level Analysis and Community Estimates (PLACES). 2022

Health Outcomes

Exhibit 134: birth rate (per 1,000 people), 2023

	Boundary	Bonner	Kootenai	Benewah	Shoshone	Idaho	U.S.
Birth Rate	ND	ND	10.8	ND	ND	11.4	10.7

Source: CDC WONDER Natality Birth Rate, 2023 <https://wonder.cdc.gov/>

Exhibit 135: Life expectancy

	Boundary	Bonner	Kootenai	Benewah	Shoshone	Idaho
Life Expectancy	78.1	78.8	78.4	73.9	73.6	78.0

Source: County Health Rankings. National Center for Health Statistics - Natality and Mortality Files; Census Population Estimates Program. 2020-2022

Exhibit 136: death rate (per 100,000 people), 2023

	Boundary	Bonner	Kootenai	Benewah	Shoshone	Idaho	U.S.
Death Rate	11.7	10.3	9.1	13.0	14.3	8.4	9.2

Source: CDC WONDER Causes of Death, 2023. <https://wonder.cdc.gov/>

Exhibit 137: leading causes of death (per 100,000 people), 2023

	Boundary	Bonner	Kootenai	Benewah	Shoshone	Idaho	U.S.
Cancer	250.8	232.2	174.0	299.0	356.5	170.0	183.1
Heart Disease	250.8	177.0	187.0	192.9	285.2	167.6	203.3
Accidental Injuries	ND	57.1	54.6	ND	ND	63.1	66.5
Chronic Lower Respiratory Disease	ND	59.0	55.1	ND	ND	45.6	43.4
Stroke	ND	60.9	50.3	ND	ND	40.9	48.6
Alzheimer's Disease	ND	ND	34.1	ND	ND	39.4	34.0
Suicide	ND	ND	21.6	ND	ND	23.4	14.7
Diabetes	ND	ND	22.7	ND	ND	22.9	28.4
Chronic Liver Disease	ND	ND	16.2	ND	ND	16.6	15.6
Parkinson's Disease	ND	ND	16.2	ND	ND	12.9	12.0

Source: CDC WONDER Causes of Death, 2023. <https://wonder.cdc.gov/>

Exhibit 138: Suicide Rate by year (per 100,000 Population)

	Health District 1	Idaho	United States
2023	22.9	23.3	14.7
2022	22.4	22.7	14.8
2021	17.3	20.4	14.5
2020	26.9	23.0	13.9
2019	26.4	20.4	14.5

Source: Idaho Bureau of Vital Records and Health Statistics, Idaho Department of Health & Welfare, Division of Public Health. Population Health Data. Suicide Prevention

Exhibit 139: Age-Adjusted Overdose Death Rate (per 100,000 population)

	Health District 1	Year by Year Percent Change (HD 1)	Idaho	Year by Year Percent Change (ID)
2024	17.8	2.0%	8.4	-12.7%
2023	17.8	-15.5%	19.7	1.3%
2022	21.3	31.8%	19.7	7.9%
2021	16.6	-4.3%	18.5	23.0%
2020	18.0	27.8%	15.5	8.3%
2019	14.6	---	14.8	---

Source: Idaho Bureau of Vital Records and Health Statistics, Idaho Department of Health & Welfare, Division of Public Health. Population Health Data. Drug Overdose Prevention Program, 2019-2024

Exhibit 140: Age-Adjusted Overdose Death Rate by Substance (per 100,000 population), 2024

	Health District 1	Idaho
All Drug	17.8	8.4
Alcohol (Poisoning)	0.4	15.3
Any Opioid	12.1	5.3
Benzo	1.4	1.8
Cocaine	1.8	0.6
Fentanyl	9.3	6.4
Heroin	ND	0.3
Meth	7.1	6.7
Multiple	6.8	6.5
Opioid + Stimulant	5.3	2.1
Prescription Drugs	12.1	6.3
Stimulant	8.2	3.9

Source: Idaho Bureau of Vital Records and Health Statistics, Idaho Department of Health & Welfare, Division of Public Health. Population Health Data. Drug Overdose Prevention Program, 2019-2024

Exhibit 141: Age-Adjusted Death Rates (Rate per 100,000)

	Boundary	Bonner	Kootenai	Benewah	Shoshone	Idaho	U.S.
All Causes of Death	788.4	713.8	794.4	1,045.1	1,049.6	786.5	805.6
Accidents and Adverse Effects	52.8	58.8	52.0	101.6	73.1	56.6	59.7
Alzheimer's Disease	33.4	25.6	23.7	ND	20.4	38.2	30.8
Cancer	159.9	131.9	144.1	163.7	166.8	138.6	145.4
Cerebrovascular Diseases	43.6	35.3	39.7	58.8	31.7	36.5	39.8
Chronic Lower Respiratory Disease	36.4	38.4	42.3	71.2	65.8	42.0	35.9
Chronic Liver Disease & Cirrhosis	ND	11.9	14.9	ND	25.7	14.5	13.1
Diabetes Mellitus	ND	21.1	19.8	43.1	35.7	21.5	23.9
Heart Disease	136.0	123.3	149.6	172.5	184.6	156.8	168.9
Homicide and Legal Intervention	ND	ND	ND	ND	ND	3.0	7.6
Influenza	ND	ND	1.6	ND	ND	1.6	1.1
Kidney Disease (Neph. And Nephrosis)	ND	6.0	5.7	ND	17.8	8.0	13.4
Pneumonia	ND	ND	6.0	ND	ND	7.2	10.7
Septicemia	ND	ND	5.2	ND	ND	5.5	10.0
Suicide & Self-Inflicted Injury	21.0	25.6	21.3	ND	39.7	21.9	13.9

Source: National Institute on Minority Health and Health Disparities. HDPulse. Data Portal. Health Outcomes. Idaho Mortality – Table. 2019-2023

Exhibit 142: self-rated health status among Adults

	Boundary	Bonner	Kootenai	Benewah	Shoshone	Idaho	U.S.
Fair or Poor General Health	19.0%	18.2%	15.5%	21.0%	25.8%	17.2%	17.9%
Poor Physical Health	15.3%	15.0%	13.3%	16.4%	19.7%	13.7%	12.7%
Poor Mental Health	15.6%	15.2%	15.0%	16.5%	18.7%	16.5%	15.8%

Source: Centers for Disease Control and Prevention (CDC). Behavioral Risk Factor Surveillance System. Population Level Analysis and Community Estimates (PLACES). 2022

Exhibit 143: Chronic Disease Rates among adults

	Boundary	Bonner	Kootenai	Benewah	Shoshone	Idaho
Arthritis	32.1%	31.4%	29.6%	31.7%	35.1%	26.6%
Asthma	11.0%	10.8%	11.2%	11.5%	12.4%	11.0%
Cancer (except skin)	10.2%	10.9%	9.1%	10.3%	10.2%	8.4%
Chronic Obstructive Pulmonary Disease	9.0%	8.5%	6.7%	9.2%	12.2%	6.8%
Coronary Heart Disease	8.8%	8.8%	7.0%	9.1%	10.7%	6.7%
Diagnosed Diabetes	12.6%	11.7%	9.9%	13.0%	15.0%	10.2%
Obesity	31.0%	26.9%	34.4%	34.3%	34.9%	33.3%
Stroke	4.5%	4.4%	3.4%	4.7%	5.7%	3.4%

Source: Centers for Disease Control and Prevention (CDC). Behavioral Risk Factor Surveillance System. Population Level Analysis and Community Estimates (PLACES). 2022

Exhibit 144: no Leisure-time physical activity among adults

	Boundary	Bonner	Kootenai	Benewah	Shoshone	Idaho
Percentage of Adults Reporting No Leisure Time Physical Activity	25.7%	22.9%	21.3%	26.4%	32.8%	23.0%

Source: Centers for Disease Control and Prevention (CDC). Behavioral Risk Factor Surveillance System. Population Level Analysis and Community Estimates (PLACES). 2022

Mental and Behavioral Health

Exhibit 145: self-reported social isolation among adults, 2022

	Boundary	Bonner	Kootenai	Benewah	Shoshone	Idaho
Adults Feeling Socially Isolated	33.5%	29.4%	29.5%	28.6%	25.2%	30.9%

Source: Centers for Disease Control and Prevention (CDC). Behavioral Risk Factor Surveillance System. Population Level Analysis and Community Estimates (PLACES). 2022

Exhibit 146: self-reported social isolation among adults, 2022

	Boundary	Bonner	Kootenai	Benewah	Shoshone	Idaho
Adults with Depression	22.1%	23.0%	22.4%	22.8%	24.7%	23.9%

Source: Centers for Disease Control and Prevention (CDC). Behavioral Risk Factor Surveillance System. Population Level Analysis and Community Estimates (PLACES). 2022

exhibit 147: Health Behaviors among adults

	Boundary	Bonner	Kootenai	Benewah	Shoshone	Idaho
Binge Drinking	14.0%	15.4%	16.9%	14.5%	13.7%	15.8%
Regular Smoking	14.7%	13.7%	12.9%	16.4%	19.9%	13.7%

Source: Centers for Disease Control and Prevention (CDC). Behavioral Risk Factor Surveillance System. Population Level Analysis and Community Estimates (PLACES). 2022

Dental

Exhibit 148: Percentage of 3rd graders with caries

	Health District 1	Idaho
Third graders with caries	88%	63%

Source: Idaho Bureau of Vital Records and Health Statistics, Idaho Department of Health & Welfare, Division of Public Health. Population Health Data. Idaho's Oral Health Surveillance System, 2024

Exhibit 149: Percentage of 3rd graders with dental sealants on at least one molar

	Health District 1	Idaho
Third graders with dental sealant	40%	53%

Source: Idaho Bureau of Vital Records and Health Statistics, Idaho Department of Health & Welfare, Division of Public Health. Population Health Data. Idaho's Oral Health Surveillance System, 2024

Maternal Health

Exhibit 150: Percentage of mothers who began prenatal care during the first trimester, 2021

	Health District 1	Idaho
2021	92.7%	93.0%
2020	94.2%	93.4%
2019	92.5%	91.8%
2018	88.6%	92.6%

Source: Idaho Bureau of Vital Records and Health Statistics, Idaho Department of Health & Welfare, Division of Public Health. Population Health Data. Idaho Pregnancy Risk Assessment Tracking System (PRATS).

Exhibit 151: Percentage of mothers who reported medicaid as a payment source for prenatal care and/or delivery

	Health District 1	Idaho
2021	26.9%	33.7%
2020	35.1%	35.9%
2019	24.4%	35.5%
2018	37.2%	37.3%

Source: Idaho Bureau of Vital Records and Health Statistics, Idaho Department of Health & Welfare, Division of Public Health. Population Health Data. Idaho Pregnancy Risk Assessment Tracking System (PRATS).

Exhibit 152: Percentage of mothers who Participated in the Wic Program during pregnancy

	Health District 1	Idaho
2021	16.3%	20.6%
2020	26.4%	22.6%
2019	21.5%	24.7%
2018	25.6%	26.7%

Source: Idaho Bureau of Vital Records and Health Statistics, Idaho Department of Health & Welfare, Division of Public Health. Population Health Data. Idaho Pregnancy Risk Assessment Tracking System (PRATS).

Exhibit 153: Percentage of mothers who ever breastfed

	Health District 1	Idaho
2021	97.2%	93.8%
2020	95.9%	94.1%
2019	97.6%	94.1%
2018	25.6%	94.7%

Source: Idaho Bureau of Vital Records and Health Statistics, Idaho Department of Health & Welfare, Division of Public Health. Population Health Data. Idaho Pregnancy Risk Assessment Tracking System (PRATS).

Exhibit 154: Percentage of mothers who breastfed for at least six months

	Health District 1	Idaho
2021	79.9%	64.4%
2020	68.5%	64.3%
2019	65.8%	59.5%
2018	77.6%	63.0%

Source: Idaho Bureau of Vital Records and Health Statistics, Idaho Department of Health & Welfare, Division of Public Health. Population Health Data. Idaho Pregnancy Risk Assessment Tracking System (PRATS).

Emergency Department Visits and Hospitalizations

Exhibit 155: Percentage of Fall-related emergency department visits

	Health District 1	Idaho
Fall-Related Emergency Department Visits	5.5%	53%

Source: Idaho Bureau of Vital Records and Health Statistics, Idaho Department of Health & Welfare, Division of Public Health. Population Health Data. Idaho's Fall Data Dashboard, 2024

Exhibit 156: Emergency Department Visit Rate (per 1,000 visits)

	Health District 1	Year by Year Percent Change (HD 1)	Idaho	Year by Year Percent Change (ID)
2024	6.6	1.7%	6.2	-3.4%
2023	6.4	-14.4%	7.0	-8.8%
2022	7.7	-13.1%	7.8	-15.1%
2021	8.7	5.8%	9.4	10.4%
2020	9.9	-0.3%	9.7	8.5%
2019	9.6	---	10.2	---

Source: Idaho Bureau of Vital Records and Health Statistics, Idaho Department of Health & Welfare, Division of Public Health. Population Health Data. Drug Overdose Prevention Program, 2019-2024

Exhibit 157: Alcohol-Related Emergency Department visit rate (Per 10,000 population)

	Health District 1	Idaho
Alcohol-Related Emergency Department Visits	49.7	ND

Source: Idaho Bureau of Vital Records and Health Statistics, Idaho Department of Health & Welfare, Division of Public Health. Population Health Data. Alcohol & the Impact on Idaho's Health

Infectious Disease

Exhibit 158: Sexually Transmitted diseases, HIV, and Hepatitis (crude count) , 2024

	Health District 1	Idaho
Chlamydia	486	5,074
Gonorrhea	72	662
Syphilis, late or unknown	18	112
HIV Infection	ND	44
Congenital Syphilis	ND	1
Early Syphilis	14	78
Hepatitis A, acute	ND	1
Hepatitis B Virus Infection, chronic	10	66
Hepatitis B, acute	ND	3
Hepatitis C, Acute	1	16
Hepatitis C, chronic	130	796

Source: Idaho Bureau of Vital Records and Health Statistics, Idaho Department of Health & Welfare, Division of Public Health. Population Health Data. Sexually Transmitted Diseases (STD), Human Immunodeficiency Virus (HIV) Infection, and Viral Hepatitis.

Exhibit 159: Covid-19 Death Rate per 100,000 population by County

	Boundary	Bonner	Kootenai	Benewah	Shoshone	Idaho
2024	ND	5.8	15.3	28.9	14.3	ND
2023	22.5	29.2	28.9	28.5	57.9	ND
2022	134.9	87.5	84.4	78.5	78.5	ND
2021	331.9	284.1	215.7	275.7	248.7	ND
2020	71.1	42.7	77.4	53.0	224.6	ND

Source: Idaho Bureau of Vital Records and Health Statistics, Idaho Department of Health & Welfare, Division of Public Health. Population Health Data. COVID-19.2020-2024

Exhibit 160: number of idaho resident Influenza-associated deaths, by Season

	Health District 1	Idaho
2023-2024	13	45
2022-2023	16	68
2021-2022	5	23
2020-2021	1	5
2019-2020	10	39
2018-2019	7	53

Source: Idaho Bureau of Vital Records and Health Statistics, Idaho Department of Health & Welfare, Division of Public Health. Population Health Data. Tracking Influenza in Idaho.

Kootenai Health North Central District Secondary Data Tables

Demographics

Exhibit 161: Socioeconomic status

	Latah	Clearwater	Nez Perce	Lewis	Idaho C.	Idaho	U.S.
Total Population	40,315	8,921	42,477	3,649	17,120	1,893,296	332,387,540
Population Below Poverty Level	15.3%	12.5%	13.1%	17.4%	10.8%	10.6%	12.4%
Unemployment Rate	6.1%	3.5%	2.9%	3.5%	3.7%	3.7%	5.2%
Median Household Income	\$65,179	\$57,961	\$71,466	\$49,643	\$60,975	\$74,636	\$78,538
Percent of Low-Income Households Severely Cost Burdened	31.1%	19.5%	35.5%	18.2%	17.2%	25.0%	31.0%
No High School Diploma	3.1%	8.9%	7.1%	9.2%	8.2%	8.3%	10.6%
Uninsured Population	7.4%	11.2%	8.6%	12.4%	15.3%	9.2%	8.4%

Source: U.S. Census Bureau American Community Survey 2019-2023 Five-year Estimates

Exhibit 162: household characteristics & minority status

	Latah	Clearwater	Nez Perce	Lewis	Idaho C.	Idaho	U.S.
Population Under Age 18	18.9%	15.3%	21.4%	22.0%	19.8%	24.5%	22.2%
Population Age 65 and Over	14.5%	28.5%	20.6%	27.8%	28.6%	16.6%	16.8%
Living with a Disability	12.0%	21.3%	16.9%	24.6%	16.3%	13.6%	12.8%
Single-Parent Households	16.0%	13.8%	22.0%	16.6%		17.0%	24.8%

English Language Proficiency	1.4%	1.2%	1.4%	2.4%	2.1%	3.6%	8.4%
Racial & Ethnic Minority	14.4%	11.6%	13.9%	17.8%	10.1%	20.7%	41.8%

Source: U.S. Census Bureau American Community Survey 2019-2023 Five-year Estimates

Exhibit 163: Housing type & Transportation

	Latah	Clearwater	Nez Perce	Lewis	Idaho C.	Idaho	U.S.
No Vehicle	3.9%	4.7%	6.1%	3.4%	2.2%	3.7%	8.3%
Overcrowded Housing Units	1.9%	2.0%	1.7%	1.9%	2.7%	3.1%	3.4%
Multi-Unit Housing Structures	30.0%	3.6%	16.4%	6.7%		15.0%	26.7%
Group Quarters	11.5%	9.0%	3.1%	2.1%	3.7%	2.6%	2.4%

Source: U.S. Census Bureau American Community Survey 2019-2023 Five-year Estimates

Exhibit 164: projected percent change in population, 2010 to 2032

	Latah	Clearwater	Nez Perce	Lewis	Idaho C.	Idaho	U.S.
Total Population (2010)	37,242	8,761	39,266	3,822	16,267	1,567,582	308,745,538
Total Population (2023)	40,315	8,921	42,477	3,649	17,120	1,893,296	332,387,540
Percent Change (2010-2023)	8.3%	1.8%	8.2%	-4.5%	5.0%	20.8%	7.7%
Total Population (2032)	43,481	8,899	45,462	3,674	17,964	2,192,302	364,066,358
Percent Change (2023-2032)	7.9%	-0.2%	7.0%	0.7%	4.9%	15.8%	9.5%

Sources: U.S. Census Bureau American Community Survey 2010 One-year Estimates | U.S. Census Bureau American Community Survey 2019-2023 Five-year Estimates

Exhibit 165: median age percent change, 2010 to 2023

	Latah	Clearwater	Nez Perce	Lewis	Idaho C.	Idaho	U.S.
Median Age (2010)	27.9	48.1	40.6	47.6		34.4	36.9
Median Age (2019-2023)	30.7	52	40.9	48.9	49.6	37.1	38.7
Percent Change (2010-2023)	10.0%	8.1%	0.7%	2.7%		7.8%	4.9%

Sources: U.S. Census Bureau American Community Survey 2010 Five-year Estimates | U.S. Census Bureau American Community Survey 2019-2023 Five-year Estimates

Exhibit 166: population by age group

	Latah	Clearwater	Nez Perce	Lewis	Idaho C.	Idaho	U.S.
Under Age 18	18.9%	15.3%	21.4%	22.0%	19.8%	24.5%	22.2%
Age 18 to 64	66.6%	56.2%	58.0%	50.2%	51.6%	58.9%	61.0%
Age 65 and Over	14.5%	28.5%	20.6%	27.8%	28.6%	16.6%	16.8%
Age Under 5	4.9%	3.7%	5.4%	4.8%	5.4%	6.0%	5.7%
Age 5 to 9	5.3%	3.3%	6.2%	6.6%	6.7%	6.8%	6.0%
Age 10 to 14	5.3%	5.3%	5.9%	6.5%	3.9%	7.3%	6.5%
Age 15 to 19	11.3%	4.6%	6.6%	5.7%	5.3%	7.6%	6.6%
Age 20 to 24	14.5%	3.6%	5.9%	3.6%	4.5%	6.6%	6.5%
Age 25 to 34	14.1%	10.1%	12.0%	8.2%	9.9%	12.9%	13.7%
Age 35 to 44	11.0%	11.1%	12.1%	11.3%	9.7%	13.0%	13.1%
Age 45 to 54	9.1%	13.2%	11.7%	9.6%	10.2%	11.3%	12.3%
Age 55 to 59	5.3%	6.7%	6.8%	6.6%	7.0%	5.7%	6.4%
Age 60 to 64	4.8%	10.0%	6.9%	9.3%	9.0%	6.1%	6.4%
Age 65 to 74	8.9%	17.0%	11.6%	16.9%	17.5%	10.2%	10.0%
Age 75 to 84	4.1%	9.4%	6.2%	8.5%	8.8%	4.8%	4.9%
Age Over 85	1.5%	2.2%	2.7%	2.4%	2.3%	1.6%	1.9%

Source: U.S. Census Bureau American Community Survey 2019-2023 Five-year Estimates

Exhibit 167: population by race (alone)

	Latah	Clearwater	Nez Perce	Lewis	Idaho C.	Idaho	U.S.
American Indian and Alaska Native	0.6%	1.3%	4.5%	1.6%	2.3%	83.3%	63.4%
Asian	2.1%	1.0%	0.9%	0.9%	0.5%	8.4%	10.7%
Black or African American	1.0%	0.2%	0.1%	1.7%	0.1%	4.9%	6.6%
Native Hawaiian and Other Pacific Islander	0.2%	0.0%	0.3%	0.0%	0.0%	1.3%	5.8%
Some Other	0.9%	1.7%	0.8%	2.3%	0.8%	1.1%	0.9%
Two or More Races	6.5%	5.9%	5.1%	10.1%	4.7%	0.7%	12.4%
White	88.6%	89.9%	88.4%	83.4%	91.6%	0.2%	0.2%

Source: U.S. Census Bureau American Community Survey 2019-2023 Five-year Estimates

Exhibit 168: population by ethnicity

	Latah	Clearwater	Nez Perce	Lewis	Idaho C.	Idaho	U.S.
Hispanic or Latino	5.1%	4.2%	4.3%	4.1%	3.8%	13.3%	19.0%

Source: U.S. Census Bureau American Community Survey 2019-2023 Five-year Estimates

Exhibit 169: population by sex

	Latah	Clearwater	Nez Perce	Lewis	Idaho C.	Idaho	U.S.
Females	48.7%	44.9%	50.4%	50.0%	47.7%	49.7%	50.5%
Males	51.3%	55.1%	49.6%	50.0%	52.3%	50.3%	49.5%

Source: U.S. Census Bureau American Community Survey 2019-2023 Five-year Estimates

Exhibit 170: language spoken at home (people over age 5)

	Latah	Clearwater	Nez Perce	Lewis	Idaho C.	Idaho	U.S.
English Only	94.3%	97.1%	96.5%	95.9%	95.2%	89.3%	78.0%
Spanish	1.7%	1.7%	1.6%	2.3%	2.4%	8.0%	13.4%
Asian-Pacific Islander	1.6%	0.4%	0.5%	0.4%	0.4%	0.9%	3.5%
Other Indo-European	1.5%	0.6%	0.9%	0.2%	1.2%	1.4%	3.8%
Other	0.9%	0.2%	0.5%	1.2%	0.9%	0.5%	1.2%

Source: U.S. Census Bureau American Community Survey 2019-2023 Five-year Estimates

Exhibit 171: foreign-born population

	Latah	Clearwater	Nez Perce	Lewis	Idaho C.	Idaho	U.S.
Naturalized US Citizen	1.6%	0.7%	1.6%	1.1%	1.3%	2.6%	7.3%
Not US Citizen	2.6%	1.3%	0.6%	0.3%	0.9%	3.1%	6.6%

Source: U.S. Census Bureau American Community Survey 2019-2023 Five-year Estimates

Population with a Disability

Exhibit 172: population living with disability by age

	Latah	Clearwater	Nez Perce	Lewis	Idaho C.	Idaho	U.S.
Age Under 5	2.6%	0.0%	0.0%	1.1%	0.0%	0.6%	0.7%
Age 5 to 17	5.2%	0.9%	7.4%	8.1%	7.8%	6.1%	6.1%
Age 18 to 34	8.2%	5.5%	11.9%	10.2%	7.1%	8.9%	7.7%
Age 35 to 64	12.8%	18.5%	18.2%	26.6%	13.9%	13.7%	12.4%
Age 65 to 74	22.3%	37.0%	21.9%	38.5%	23.0%	25.5%	24.0%
Age 75 and Over	43.8%	70.0%	50.2%	51.8%	45.3%	48.6%	46.5%

Source: U.S. Census Bureau American Community Survey 2019-2023 Five-year Estimates

Exhibit 173: population living with disability by type

	Latah	Clearwater	Nez Perce	Lewis	Idaho C.	Idaho	U.S.
Hearing difficulty	3.5%	10.8%	5.2%	8.9%	7.0%	4.6%	3.6%
Vision difficulty	2.1%	2.9%	4.0%	7.2%	3.0%	2.4%	2.4%
Cognitive difficulty	5.7%	6.9%	8.4%	10.3%	5.6%	5.8%	5.4%
Ambulatory difficulty	4.5%	13.6%	8.9%	14.2%	8.2%	6.3%	6.7%
Self-care difficulty ¹²⁷	1.8%	4.5%	4.1%	4.6%	2.6%	2.4%	2.6%
Independent living difficulty ¹²⁸	4.3%	7.6%	7.0%	8.7%	3.6%	5.5%	5.9%

Source: U.S. Census Bureau American Community Survey 2019-2023 Five-year Estimates

¹²⁷ The ACS gives a definition for a person with self-care disability as having "serious difficulty dressing or bathing oneself..." (Source: <https://www.census.gov/glossary/?term=Self-care+disability>).

¹²⁸ The Census defines a disability as "a long-lasting physical, mental, or emotional condition. This condition can make it difficult for a person to do activities such as walking, climbing stairs, dressing, bathing, learning, or remembering. This condition can also impede a person from being able to go outside the home alone or to work at a job or business" (Source: <https://www.census.gov/glossary/?term=Disability>).

Exhibit 174: population living with disability by race

	Latah	Clearwater	Nez Perce	Lewis	Idaho C.	Idaho	U.S.
American Indian and Alaska Native	29.8%	57.0%	13.4%	24.1%	25.7%	18.2%	15.7%
Asian	8.9%	8.3%	18.9%	36.4%	32.9%	10.2%	7.9%
Black or African American	11.3%	0.0%	25.6%	0.0%	28.6%	9.6%	14.5%
Native Hawaiian and Other Pacific Islander	3.4%	100.0%	20.0%	ND	ND	15.3%	12.7%
Some Other Race	23.1%	10.7%	21.1%	44.0%	3.7%	13.4%	10.0%
Two or More Races	11.7%	19.4%	20.4%	27.6%	15.1%	12.6%	10.9%
White	12.0%	23.7%	17.2%	24.3%	16.2%	14.0%	13.9%

Source: U.S. Census Bureau American Community Survey 2019-2023 Five-year Estimates

Exhibit 175: population living with disability by ethnicity

	Latah	Clearwater	Nez Perce	Lewis	Idaho C.	Idaho	U.S.
Hispanic or Latino	11.7%	10.0%	11.6%	25.9%	9.6%	10.1%	9.9%

Source: U.S. Census Bureau American Community Survey 2018-2022 Five-year Estimates

Education

Exhibit 176: population with a bachelor's degree or higher, percent change

	Latah	Clearwater	Nez Perce	Lewis	Idaho C.	Idaho	U.S.
Population with a Bachelor's Degree or Higher Education (2010)	43.7%	14.2%	19.7%	15.2%	13.9%	24.6%	28.2%
Population with a Bachelor's Degree or Higher Education (2023)	44.9%	19.4%	26.8%	20.0%	22.0%	31.2%	35.0%
Percent Change (2010-2022)	2.8%	36.7%	35.8%	31.3%	58.7%	27.0%	24.1%

Sources: U.S. Census Bureau American Community Survey 2010 One-year Estimates | U.S. Census Bureau American Community Survey 2019-2023 Five-year Estimates

Exhibit 177: highest level of educational attainment

	Latah	Clearwater	Nez Perce	Lewis	Idaho C.	Idaho	U.S.
Less than 9th Grade	1.1%	1.4%	2.4%	3.0%	2.2%	3.2%	4.7%
9th to 12th Grade, No Diploma	2.0%	7.5%	4.7%	6.2%	6.0%	5.2%	5.9%
High School Degree	21.5%	35.8%	28.7%	32.0%	34.1%	25.9%	26.2%
Some College No Degree	21.7%	27.3%	25.9%	27.6%	23.7%	24.8%	19.4%
Associate's Degree	8.8%	8.6%	11.6%	11.2%	12.0%	9.8%	8.8%
Bachelor's Degree	27.1%	13.3%	18.1%	14.5%	16.2%	20.8%	21.3%
Graduate Degree	17.8%	6.2%	8.7%	5.5%	5.8%	10.4%	13.7%

Source: U.S. Census Bureau American Community Survey 2019-2023 Five-year Estimates

Exhibit 178: educational attainment of bachelor's degree or higher by race

	Latah	Clearwater	Nez Perce	Lewis	Idaho C.	Idaho	U.S.
American Indian and Alaska Native	2.4%	6.1%	27.7%	10.9%	4.6%	15.7%	16.2%
Asian	63.3%	40.7%	41.7%	27.6%	43.5%	50.3%	57.0%
Black or African American	36.9%	0.0%	17.4%	61.1%	0.0%	23.1%	24.7%
Native Hawaiian and Other Pacific Islander	66.7%	0.0%	3.4%	ND	ND	26.3%	19.0%
Some Other Race	70.4%	0.0%	23.8%	0.0%	0.0%	12.3%	15.6%
Two or More Races	42.2%	27.4%	23.8%	15.3%	19.4%	24.1%	28.2%
White	44.8%	19.5%	26.7%	20.8%	22.5%	32.6%	37.7%

Source: U.S. Census Bureau American Community Survey 2019-2023 Five-year Estimates

Exhibit 179: educational attainment of bachelor's degree or higher by ethnicity

	Latah	Clearwater	Nez Perce	Lewis	Idaho C.	Idaho	U.S.
Hispanic or Latino	36.7%	21.9%	22.4%	5.1%	15.2%	15.5%	19.9%

Source: U.S. Census Bureau American Community Survey 2019-2023 Five-year Estimates

Exhibit 180: child care centers

	Latah	Clearwater	Nez Perce	Lewis	Idaho C.	Idaho	U.S.
Child Care Centers	12	4	17	0	6	448	77,383

Source: U.S. Census Bureau County Business Patterns 2021. <https://www.census.gov/programs-surveys/cbp.html>

Exhibit 181: child care cost by age and type

	Latah	Clearwater	Nez Perce	Lewis	Idaho C.	Idaho	U.S.
Infant Center-Based	\$10,816	\$8,653	\$8,653	\$6,260	\$6,602	\$8,653	\$10,816
Infant Home-Based	\$7,536	\$6,760	\$6,760	\$5,480	\$5,680	\$6,760	\$7,536
Toddler Center-Based	\$10,789	\$8,031	\$8,031	\$6,031	\$6,322	\$8,031	\$10,789
Toddler Home-Based	\$7,188	\$6,848	\$6,848	\$5,488	\$5,650	\$6,848	\$7,188
Preschool Center-Based	\$9,912	\$7,294	\$7,294	\$5,565	\$5,855	\$7,294	\$9,912
Preschool Home-Based	\$6,660	\$6,288	\$6,288	\$5,136	\$5,298	\$6,288	\$6,660
School-Age Center-Based	\$9,328	\$7,002	\$7,002	\$5,403	\$5,640	\$7,002	\$9,328
School-Age Home-Based	\$6,856	\$6,186	\$6,186	\$5,136	\$5,307	\$6,186	\$6,856

Source: U.S. Census Bureau County Business Patterns 2021. <https://www.census.gov/programs-surveys/cbp.html>

Economic Stability

Exhibit 182: poverty percent change

	Latah	Clearwater	Nez Perce	Lewis	Idaho C.	Idaho	U.S.
Total Households Below Poverty Level per household (2010)	21.8%	10.0%	11.5%	15.0%	15.8%	13.3%	13.1%
Total Households Below Poverty Level per household (2023)	17.1%	12.7%	12.7%	16.3%	13.2%	10.6%	12.5%
Percent Change (2010-2023)	-21.2%	27.6%	10.5%	8.5%	-16.6%	-20.8%	-5.2%

Sources: U.S. Census Bureau American Community Survey 2010 One-year Estimates | U.S. Census Bureau American Community Survey 2019-2023 Five-year Estimates

Exhibit 183: income to poverty ratios

	Latah	Clearwater	Nez Perce	Lewis	Idaho C.	Idaho	U.S.
Income 100 to 124 the Poverty Level	4.0%	4.1%	5.0%	6.3%	4.1%	3.8%	3.8%
Income 125 to 149 the Poverty Level	5.5%	5.3%	4.4%	7.9%	5.9%	5.0%	4.0%
Income 150 to 184 the Poverty Level	7.2%	7.7%	5.0%	8.3%	9.3%	7.0%	5.7%
Income 185 to 199 the Poverty Level	2.3%	2.5%	3.2%	4.7%	1.6%	3.3%	2.6%
Income 200 and Over the Poverty Level	65.8%	67.9%	69.4%	55.5%	68.3%	70.3%	71.5%

Source: U.S. Census Bureau American Community Survey 2019-2023 Five-year Estimates

Exhibit 184: People living in poverty by race and ethnicity

	Latah	Clearwater	Nez Perce	Lewis	Idaho C.	Idaho	U.S.
People Below Poverty Level	15.3%	12.5%	13.1%	17.4%	10.8%	10.6%	12.4%
American Indian and Alaska Native	38.2%	19.0%	22.7%	16.7%	4.1%	24.3%	21.8%
Asian	12.6%	0.0%	8.3%	3.0%	0.0%	10.1%	9.9%
Black or African American	27.2%	0.0%	0.0%	82.3%	100.0%	18.0%	21.3%
Native Hawaiian and Other Pacific Islander	2.3%	0.0%	46.9%	ND	ND	20.3%	17.2%
Some Other Race	30.2%	22.8%	12.4%	54.8%	94.1%	15.3%	18.2%
Two or More Races	29.2%	24.3%	13.9%	9.0%	15.0%	13.0%	14.7%
White	13.9%	11.7%	12.5%	16.2%	10.1%	9.9%	9.9%
Hispanic or Latino	20.0%	21.6%	14.2%	38.8%	32.7%	14.9%	16.9%

Source: U.S. Census Bureau American Community Survey 2019-2023 Five-year Estimates

Exhibit 185: People living in poverty by age

	Latah	Clearwater	Nez Perce	Lewis	Idaho C.	Idaho	U.S.
People Below Poverty Level	15.3%	12.5%	13.1%	17.4%	10.8%	10.6%	12.4%
Age Under 5	8.8%	24.5%	25.6%	19.8%	20.4%	15.4%	17.6%
Age Under 18	11.3%	15.5%	17.6%	21.1%	10.8%	12.5%	16.3%
Age 18 to 64	18.6%	12.0%	13.2%	15.8%	11.3%	10.5%	11.6%
Age 65 and Over	7.2%	11.7%	8.0%	17.5%	10.0%	8.3%	10.4%

Source: U.S. Census Bureau American Community Survey 2019-2023 Five-year Estimates

Exhibit 186: median household income percent change

	Latah	Clearwater	Nez Perce	Lewis	Idaho C.	Idaho	U.S.
Median Household Income (2010)	\$43,574	\$42,907	\$45,854	\$35,257	\$35,874	\$46,890	\$52,762
Median Household Income (2023)	\$65,179	\$57,961	\$71,466	\$49,643	\$60,975	\$74,636	\$78,538
Percent Change (2010-2022)	49.6%	35.1%	55.9%	40.8%	70.0%	59.2%	48.9%

Sources: U.S. Census Bureau American Community Survey 2010 One-year Estimates | U.S. Census Bureau American Community Survey 2019-2023 Five-year Estimates

Exhibit 187: median household income by race

	Latah	Clearwater	Nez Perce	Lewis	Idaho C.	Idaho	U.S.
American Indian and Alaska Native	ND	\$80,455	\$62,955	ND	\$73,227	\$81,008	\$113,106
Asian	\$71,250	ND	\$60,382	ND	ND	\$76,208	\$83,784
Black or African American	ND	ND	ND	ND	ND	\$69,309	\$73,412
Native Hawaiian and Other Pacific Islander	ND	ND	\$64,028	ND	ND	\$64,090	\$65,558
Other Race	\$74,750	ND	\$53,403	ND	\$13,706	\$61,214	\$53,444
Two or More Races	\$68,733	\$34,412	ND	\$51,875	\$75,833	\$56,471	\$78,640
White	\$64,858	\$58,765	\$72,505	\$50,833	\$60,948	\$51,762	\$59,393

Source: U.S. Census Bureau American Community Survey 2019-2023 Five-year Estimates

Exhibit 188: median household income by ethnicity

	Latah	Clearwater	Nez Perce	Lewis	Idaho C.	Idaho	U.S.
Median Income of Hispanic or Latino	\$36,696	\$48,092	\$99,512	\$23,125	ND	\$65,963	\$68,890

Source: U.S. Census Bureau American Community Survey 2019-2023 Five-year Estimates

Exhibit 189: employment by industry

	Latah	Clearwater	Nez Perce	Lewis	Idaho C.	Idaho	U.S.
Sales	7.3%	5.3%	10.7%	4.9%	6.9%	8.9%	8.8%
Construction and Extraction	3.8%	9.1%	3.7%	8.2%	6.6%	6.4%	4.7%
Education, Training and Library	8.9%	3.9%	6.8%	6.2%	4.8%	5.8%	5.9%
Food Preparation and Serving	7.9%	5.1%	4.5%	4.1%	4.2%	5.5%	4.9%
Production	5.3%	8.6%	8.5%	7.2%	6.1%	5.2%	5.1%
Business and Finance	4.4%	2.1%	2.8%	2.0%	3.2%	4.6%	5.6%
Health Diagnosis and Treating Practitioners	4.1%	6.1%	4.0%	1.7%	3.5%	3.8%	4.2%
Transportation	2.1%	5.6%	3.9%	5.5%	3.6%	3.7%	3.6%
Material Moving	2.5%	3.4%	3.2%	2.8%	4.2%	3.5%	3.6%
Healthcare Support	2.0%	4.3%	3.3%	5.4%	5.0%	3.4%	3.1%
Building, Grounds Cleaning, and Maintenance	3.4%	2.8%	3.5%	3.0%	3.5%	3.3%	3.2%
Installation, Maintenance, and Repair	2.6%	2.7%	5.5%	4.0%	7.0%	3.3%	2.9%
Computer and Mathematical	2.2%	1.8%	1.6%	0.4%	0.9%	2.5%	3.5%
Personal Care and Service	1.9%	1.9%	1.7%	2.5%	2.1%	2.3%	2.4%
Architecture and Engineering	2.2%	0.3%	1.7%	2.3%	1.3%	2.2%	2.1%

	Latah	Clearwater	Nez Perce	Lewis	Idaho C.	Idaho	U.S.
Management	10.5%	8.3%	11.2%	11.3%	14.6%	10.9%	10.8%
Office and Administrative Support	10.2%	11.5%	12.1%	9.2%	10.9%	10.5%	10.1%
Community and Social Service	2.1%	1.8%	1.0%	2.5%	1.3%	1.8%	1.7%
Arts, Design, Entertainment, Sports and Media	1.9%	0.6%	1.6%	0.2%	0.6%	1.8%	2.0%
Farming, Fishing and Forestry	2.3%	1.8%	0.5%	3.5%	0.9%	1.7%	0.6%
Health Technologist and Technicians	1.7%	2.8%	1.4%	2.5%	2.6%	1.6%	1.8%
Life, Physical, and Social Science	2.6%	2.9%	1.1%	3.5%	1.0%	1.1%	1.1%
Legal	1.2%	1.3%	0.6%	0.7%	0.4%	0.8%	1.1%
Fire Fighting and Prevention	0.4%	1.0%	0.9%	1.7%	2.7%	0.8%	1.1%
Law Enforcement	0.4%	1.7%	1.2%	1.2%	2.3%	0.7%	0.9%

Source: U.S. Census Bureau American Community Survey 2019-2023 Five-year Estimates

Exhibit 190: Household receiving snap

	Latah	Clearwater	Nez Perce	Lewis	Idaho C.	Idaho	U.S.
Households Receiving Food Stamps/SNAP	4.9%	6.9%	7.2%	10.9%	4.1%	7.8%	11.8%

Source: U.S. Census Bureau American Community Survey 2019-2023 Five-year Estimates

Exhibit 191: Percentage of adults who have received snap

	Latah	Clearwater	Nez Perce	Lewis	Idaho C.	Idaho	U.S.
Received Food Stamps	7.0%	9.1%	11.5%	11.9%	8.0%	10.5%	11.8%

Source: Centers for Disease Control and Prevention (CDC). Behavioral Risk Factor Surveillance System. Population Level Analysis and Community Estimates (PLACES). 2022

Exhibit 192: Food Insecurity rates by county

	Latah	Clearwater	Nez Perce	Lewis	Idaho C.	Idaho	U.S.
Overall Food Insecurity Rate	12.9%	15.6%	13.6%	17.6%	13.1%	12.7%	14.2%
Child Food Insecurity Rate	15.2%	23.4%	19.0%	25.0%	18.8%	16.2%	18.2%

Source: Centers for Disease Control and Prevention (CDC). Behavioral Risk Factor Surveillance System. Population Level Analysis and Community Estimates (PLACES). 2022

Neighborhood & Built Environment

Exhibit 193: Housing costs & home value

	Latah	Clearwater	Nez Perce	Lewis	Idaho C.	Idaho	U.S.
Median Household Income	\$43,574	\$42,907	\$45,854	\$35,257	\$60,975	\$46,890	\$52,762
Homeowner Excessive Housing Costs ¹²⁹	16.9%	18.7%	19.7%	26.9%	17.6%	20.3%	22.1%
Renter Excessive Housing Costs ¹³⁰	47.8%	39.1%	43.7%	28.6%	39.1%	42.7%	46.9%
Owner Occupied Mobile Homes	14.5%	21.1%	7.4%	10.1%	10.5%	7.0%	5.8%
Renter Occupied Mobile Homes	3.8%	24.9%	11.9%	14.3%	19.8%	6.7%	4.0%
Homeowner Vacancy Rate	0.8%	0.5%	0.9%	2.0%	54.8%	0.7%	1.0%

Sources: U.S. HUD CHAS 2015-2019 | U.S. Census Bureau American Community Survey 2010 One-year Estimates | U.S. Census Bureau American Community Survey 2019-2023 Five-year Estimates

Exhibit 194: Housing Insecurity Among Adults

	Latah	Clearwater	Nez Perce	Lewis	Idaho C.	Idaho	U.S.
Percentage of Adults Experiencing Housing Insecurity	8.5%	9.5%	11.3%	10.6%	8.1%	11.0%	11.8%

Source: Centers for Disease Control and Prevention (CDC). Behavioral Risk Factor Surveillance System. Population Level Analysis and Community Estimates (PLACES). 2022

¹²⁹ Percentage of homeowners whose sum of housing costs (i.e., mortgage payments, real estate taxes, various insurances, utilities, fuels, mobile home costs, and condominium fees) exceeds 30% of household income.

¹³⁰ Percentage of renters whose sum of housing costs (i.e., contract rent, monthly cost of utilities and fuels if these are paid by the renter) exceeds 30% of household income.

Exhibit 195: fair market rent (FMR)

	Latah	Clearwater	Nez Perce	Lewis	Idaho C.	Idaho
0 Bedrooms	\$722	\$733	\$915	\$707	\$667	\$1,042
1 Bedrooms	\$783	\$738	\$921	\$711	\$741	\$1,187
2 Bedrooms	\$942	\$968	\$1,208	\$933	\$972	\$1,447
3 Bedrooms	\$1,320	\$1,354	\$1,693	\$1,307	\$1,347	\$2,023
4 Bedrooms	\$1,582	\$1,626	\$2,029	\$1,567	\$1,632	\$2,415

Source: National Low-Income Housing Coalition. Out of Reach Housing Report – Idaho. 2025

Exhibit 196: income needed to afford rent, by bedroom number

	Latah	Clearwater	Nez Perce	Lewis	Idaho C.	Idaho
0 Bedrooms	\$28,280	\$32,760	\$40,040	\$26,480	\$27,200	\$41,698
1 Bedrooms	\$28,440	\$32,960	\$49,040	\$29,440	\$29,800	\$47,488
2 Bedrooms	\$37,320	\$43,240	\$58,400	\$38,600	\$39,080	\$57,876
3 Bedrooms	\$52,280	\$60,600	\$81,840	\$51,640	\$48,680	\$80,927
4 Bedrooms	\$62,680	\$69,320	\$98,080	\$62,040	\$65,640	\$96,601

Source: National Low-Income Housing Coalition. Out of Reach Housing Report – Idaho. 2025

Exhibit 197: Housing wage¹³¹, by bedroom number

	Latah	Clearwater	Nez Perce	Lewis	Idaho C.	Idaho
0 Bedrooms	\$13.88	\$14.10	\$17.60	\$13.60	\$12.83	\$20.05
1 Bedrooms	\$15.06	\$14.19	\$17.71	\$13.67	\$14.25	\$22.83
2 Bedrooms	\$18.12	\$18.62	\$23.23	\$17.94	\$18.69	\$27.83
3 Bedrooms	\$25.38	\$26.04	\$32.56	\$25.13	\$25.90	\$38.91
4 Bedrooms	\$30.42	\$31.27	\$39.02	\$30.13	\$31.38	\$46.44

Source: National Low-Income Housing Coalition. Out of Reach Housing Report – Idaho. 2025

Exhibit 198: Work hours per week at minimum wage to afford fmr, by bedroom number

	Latah	Clearwater	Nez Perce	Lewis	Idaho C.	Idaho
0 Bedrooms	77	78	97	75	71	111
1 Bedrooms	83	78	98	75	79	126
2 Bedrooms	100	103	128	99	103	154
3 Bedrooms	140	144	180	139	143	215
4 Bedrooms	168	173	215	166	173	256

Source: National Low-Income Housing Coalition. Out of Reach Housing Report – Idaho. 2025

¹³¹ The hourly wage a full-time worker must earn to afford a modest rental home at the U.S. Department of Housing and Urban Development Fair Market Rent (FMR) level, without spending more than 30 % of their gross income on housing costs.

Exhibit 199: number of jobs at minimum wage needed to afford fm, by bedroom number

	Latah	Clearwater	Nez Perce	Lewis	Idaho C.	Idaho
0 Bedrooms	1.9	1.9	2.4	1.9	1.8	2.8
1 Bedrooms	2.1	2.0	2.4	1.9	2.0	3.1
2 Bedrooms	2.5	2.6	3.2	2.5	2.6	3.8
3 Bedrooms	3.5	3.6	4.5	3.5	3.6	5.4
4 Bedrooms	4.2	4.3	5.4	4.2	4.3	6.4

Source: National Low-Income Housing Coalition. Out of Reach Housing Report – Idaho. 2025

Exhibit 200: wage information by county

	Latah	Clearwater	Nez Perce	Lewis	Idaho C.	Idaho
Minimum Wage	\$7.25	\$7.25	\$7.25	\$7.25	\$7.25	\$7.25
Estimated Mean Renter Wage	\$12.21	\$15.07	\$13.16	\$16.43	\$12.88	\$18.81

Source: National Low-Income Housing Coalition. Out of Reach Housing Report – Idaho. 2025

Exhibit 201: work hours per week at mean renter wage needed to afford fmr, by bedroom number

	Latah	Clearwater	Nez Perce	Lewis	Idaho C.	Idaho
0 Bedrooms	45	37	54	33	40	43
1 Bedrooms	49	38	54	33	44	49
2 Bedrooms	59	49	71	44	58	59
3 Bedrooms	83	69	99	61	80	83
4 Bedrooms	100	83	119	73	97	99

Source: National Low-Income Housing Coalition. Out of Reach Housing Report – Idaho. 2025

Exhibit 202: household composition

	Latah	Clearwater	Nez Perce	Lewis	Idaho C.	Idaho	U.S.
Household with Children	25.5%	20.9%	29.1%	22.8%	24.7%	32.1%	29.9%
Households with Grandparents Responsible for Grandchildren	0.4%	0.7%	1.0%	0.8%	0.8%	1.1%	1.3%

Source: U.S. Census Bureau American Community Survey 2019-2023 Five-year Estimates

Exhibit 203: transportation

	Latah	Clearwater	Nez Perce	Lewis	Idaho C.	Idaho	U.S.
Mean Travel Time to Work (in minutes)	18.1	23.9	17.1	20.8	19.7	21.6	26.6
Commute Transportation by Public Transit	0.2%	0.0%	0.2%	0.0%	0.0%	0.6%	3.5%
Commute Transportation by Drive Alone	64.8%	79.3%	81.7%	74.9%	72.3%	73.5%	70.2%

Sources: U.S. Census Bureau American Community Survey 2019-2023 Five-year Estimates

Exhibit 204: broadband

	Latah	Clearwater	Nez Perce	Lewis	Idaho C.	Idaho	U.S.
Household Without Internet Access	5.5%	13.6%	11.3%	18.6%	11.6%	5.9%	7.7%
Number of Internet Providers (2024)	12	10	13	9	11	57	2,106

Sources: Federal Communications Commission Fixed Broadband Deployment Data 2021 | U.S. Census Bureau American Community Survey 2019-2023 Five-year Estimates

Exhibit 205: ENVIRONMENTAL JUSTICE INDICES¹³²

	Latah	Clearwater	Nez Perce	Lewis	Idaho C.	Idaho
Ozone	13.8	5.5	15.8	16.1	10.4	43.7
Respiratory Hazard	1.4	9.5	4.5	1.2	0.9	4.2
Lead Paint	47.0	44.8	60.7	94.6	47.5	40.1
Particulate Matter	93.5	62.5	84.0	96.5	36.2	53.7
Diesel Particulate Matter	19.1	2.7	27.6	1.0	0.6	42.5
Underground Storage Tanks	55.8	6.7	44.4	0.0	25.8	47.6
Air Toxics Cancer Risk	1.3	1.1	1.1	1.0	1.0	1.4
Traffic Proximity and Volume	29.9	4.3	36.5	8.4	3.7	36.7
Drinking Water Non-Compliance	14.0	63.0	48.7	101.7	38.6	61.4

Sources: Environmental Protection Agency (EPA). Environmental Justice Screening and Mapping Tool (EJSCREEN) Version 2.32

¹³² The Environmental Justice Indexes are used by EPA to identify geographic areas that are possibly impacted by environmental hazards, with emphasis on areas with populations which may experience disproportionate effects. Each environmental justice index is built by multiplying together 2 things: (1) the environmental indicator percentile for block group, (2) the demographic index for the block group. Lower index numbers indicate lower levels of disproportionate exposure and higher index numbers indicate higher numbers of disproportionate exposure.

Healthcare Access and Quality

Exhibit 206: health care provider ratio (people per provider), 2023

	Latah	Clearwater	Nez Perce	Lewis	Idaho C.	Idaho	U.S.
Primary Care Physician	630:1	446:1	447:1	3,649:1	856:1	742:1	734:1
Primary Care Nurse Practitioner	1,906:1	ND	535:1	ND	ND	1,387:1	681:1
Dentist	19,645:1	ND	1,783:1	ND	ND	3,350:1	2,861:1
Mental Health Provider	2,456:1	ND	7,131:1	1,823:1	ND	5,472:1	7,026:1
Pediatrician	2,880:1	2,230:1	664:1	1,216:1	2,140:1	1,108:1	922:1
Obstetrics Gynecology / OBGYN	2,240:1	2,230:1	1,214:1	1,825:1	2,140:1	1,373:1	1,351:1
Midwife and Doula	672:1	1,274:1	452:1	405:1	2,446:1	575:1	465:1

Sources: National Plan & Provider Enumeration System NPI, 2022. <https://www.cms.gov/Regulations-and-Guidance/Administrative-Simplification/NationalProviderStand/DataDissemination>

Exhibit 207: uninsured population by age

	Latah	Clearwater	Nez Perce	Lewis	Idaho C.	Idaho	U.S.
People without Health Insurance	7.4%	12.3%	8.8%	12.5%	15.3%	9.3%	8.6%
Age Under 6	8.9%	8.6%	4.7%	21.0%	23.5%	5.7%	4.5%
Age 6 to 18	4.5%	17.3%	10.4%	11.4%	21.8%	6.2%	5.8%
Age 19 to 64	9.6%	18.2%	11.8%	18.9%	20.9%	13.3%	12.0%
Age 65 and Over	0.2%	0.6%	0.1%	0.1%	0.5%	0.6%	0.8%

Sources: U.S. Census Bureau American Community Survey 2018-2022 Five-year Estimates

Exhibit 208: Insured population by coverage type

	Latah	Clearwater	Nez Perce	Lewis	Idaho C.	Idaho	U.S.
Private Health Insurance	85.9%	69.5%	77.5%	60.5%	64.5%	76.1%	73.6%
Public Health Insurance	27.4%	52.3%	40.4%	58.2%	55.4%	38.5%	39.7%

Sources: U.S. Census Bureau American Community Survey 2018-2022 Five-year Estimates

Exhibit 209: uninsured population with a disability by age

	Latah	Clearwater	Nez Perce	Lewis	Idaho C.	Idaho	U.S.
Age 18 and Under	7.0%	0.0%	5.3%	0.0%	0.0%	3.8%	4.0%
Age 19 to 64	9.2%	20.3%	14.8%	15.8%	0.0%	11.5%	10.0%

Sources: U.S. Census Bureau American Community Survey 2018-2022 Five-year Estimates

Exhibit 210: uninsured Labor FoRce

	Latah	Clearwater	Nez Perce	Lewis	Idaho C.	Idaho	U.S.
People in Labor Force without Health Insurance	9.8%	18.1%	10.5%	18.2%	20.5%	12.9%	11.2%

Sources: U.S. Census Bureau American Community Survey 2018-2022 Five-year Estimates

Exhibit 211: percentage of adults who have completed screenings

	Latah	Clearwater	Nez Perce	Lewis	Idaho C.	Idaho	U.S.
Colorectal Cancer Screening	60.6%	62.2%	61.2%	58.6%	58.7%	62.5%	66.3%
Cholesterol Screening	81.5%	83.9%	82.1%	81.7%	80.3%	78.9%	86.4%
Pap Smear Test (Women ages 21 to 65)	77.4%	78.9%	78.4%	79.2%	76.2%	78.9%	82.8%
Mammography (Women 50 to 74)	65.7%	68.8%	63.9%	67.0%	66.2%	68.8%	76.5%

Sources: U.S. Census Bureau American Community Survey 2019-2023 Five-year Estimates

Exhibit 212: Visits in the past year

	Latah	Clearwater	Nez Perce	Lewis	Idaho C.	Idaho	U.S.
Doctor Check-Up	72.4%	76.3%	77.5%	77.2%	75.0%	73.9%	76.1%
Dental Visit	70.2%	64.7%	67.1%	61.3%	60.7%	66.1%	63.9%

Sources: Centers for Disease Control and Prevention (CDC). Behavioral Risk Factor Surveillance System. Population Level Analysis and Community Estimates (PLACES). 2022

Health Outcomes

Exhibit 213: birth rate (per 1,000 people), 2023

	Latah	Clearwater	Nez Perce	Lewis	Idaho	U.S.
Birth Rate	ND	ND	ND	ND	11.4	10.7

Source: CDC WONDER Natality Birth Rate, 2023 <https://wonder.cdc.gov/>

Exhibit 214: Life expectancy

	Latah	Clearwater	Nez Perce	Lewis	Idaho Co.	Idaho
Life Expectancy	80.8	75.9	75.1	73.4	78.4	78.0

Source: County Health Rankings. National Center for Health Statistics - Natality and Mortality Files; Census Population Estimates Program. 2020-2022

Exhibit 215: death rate (per, 100,000 people), 2023

	Latah	Clearwater	Nez Perce	Lewis	Idaho	U.S.
Death Rate	6.0	16.0	14.5	15.0	8.4	9.2

Source: CDC WONDER Causes of Death, 2023. <https://wonder.cdc.gov/>

Exhibit 216: Leading causes of death (rate per 100,000 people), 2023

	Latah	Clearwater	Nez Perce	Lewis	Idaho	U.S.
Cancer	113.8	434.1	255.9	ND	170	183.1
Heart Disease	111.4	303.9	267.5	ND	167.6	203.3
Accidental Injuries	ND	ND	102.4	ND	63.1	66.5
Chronic Lower Respiratory Disease	ND	ND	88.4	ND	45.6	43.4
Stroke	ND	ND	81.4	ND	40.9	48.6
Alzheimer's Disease	ND	ND	51.2	ND	39.4	34
Suicide	ND	ND	ND	ND	23.4	14.7
Diabetes	ND	ND	79.1	ND	22.9	28.4
Chronic Liver Disease	ND	ND	ND	ND	16.6	15.6
Parkinson's Disease	ND	ND	ND	ND	12.9	12.0

Source: CDC WONDER Causes of Death, 2023. <https://wonder.cdc.gov/>

Exhibit 217: Suicide Rate by year (per 100,000 Population)

	Health District 2	Idaho	United States
2023	25.2	23.3	14.7
2022	22.7	22.7	14.8
2021	25.8	20.4	14.5
2020	19.8	23.0	13.9
2019	15.5	20.4	14.5

Source: Idaho Bureau of Vital Records and Health Statistics, Idaho Department of Health & Welfare, Division of Public Health. Population Health Data. Suicide Prevention

Exhibit 218: Age-Adjusted Overdose Death Rate (per 100,000 population)

	Health District 2	Year by Year Percent Change (HD 2)	Idaho	Year by Year Percent Change (ID)
2024	23.3	12.5%	8.4	-12.7%
2023	20.9	-14.3%	19.7	1.3%
2022	24.5	21.7%	19.7	7.9%
2021	20.4	43.8%	18.5	23.0%
2020	14.5	77.8%	15.5	8.3%
2019	8.2	---	14.8	---

Source: Idaho Bureau of Vital Records and Health Statistics, Idaho Department of Health & Welfare, Division of Public Health. Population Health Data. Drug Overdose Prevention Program, 2019-2024

Exhibit 219: Age-Adjusted Overdose Death Rate by Substance (per 100,000 population), 2024

	Health District 2	Idaho
All Drug	23.3	8.4
Alcohol (Poisoning)	3.5	15.3
Any Opioid	13.8	5.3
Benzo	ND	1.8
Cocaine	.17	0.6
Fentanyl	13.0	6.4
Heroin	ND	0.3
Meth	14.7	6.7
Multiple	12.1	6.5
Opioid + Stimulant	7.8	2.1
Prescription Drugs	16.4	6.3
Stimulant	16.4	3.9

Source: Idaho Bureau of Vital Records and Health Statistics, Idaho Department of Health & Welfare, Division of Public Health. Population Health Data. Drug Overdose Prevention Program, 2019-2024

Exhibit 220: Age-Adjusted Death Rates (Rate per 100,000)

	Latah	Clearwater	Nez Perce	Lewis	Idaho Co.	Idaho	U.S.
All Causes of Death	643.8	785.5	918.6	927.6	744.1	786.5	805.6
Accidents and Adverse Effects	48.7	72.4	75.0	ND	77.3	56.6	59.7
Alzheimer's Disease	41.2	ND	35.6	ND	14.1	38.2	30.8
Cancer	129.1	161.3	151.2	171.7	155.5	138.6	145.4
Cerebrovascular Diseases	26.8	38.8	42.0	ND	20.6	36.5	39.8
Chronic Lower Respiratory Disease	32.1	54.4	55.2	98.3	41.1	42.0	35.9
Chronic Liver Disease & Cirrhosis	12.0	ND	22.5	ND	23.8	14.5	13.1
Diabetes Mellitus	20.1	ND	47.7	ND	21.6	21.5	23.9
Heart Disease	129.5	131.1	148.8	145.9	139.2	156.8	168.9
Homicide and Legal Intervention	ND	ND	ND	ND	ND	3.0	7.6
Influenza	ND	ND	ND	ND	ND	1.6	1.1
Kidney Disease (Neph. And Nephrosis)	ND	ND	15.2	ND	ND	8.0	13.4
Pneumonia	ND	ND	8.3	ND	9.5	7.2	10.7
Septicemia	ND	ND	7.7	ND	ND	5.5	10.0
Suicide & Self-Inflicted Injury	14.1	38.5	21.1	ND	28.8	21.9	13.9

Source: National Institute on Minority Health and Health Disparities. HDPulse. Data Portal. Health Outcomes. Idaho Mortality – Table. 2019-2023

Exhibit 221: self-rated health status among Adults

	Latah	Clearwater	Nez Perce	Lewis	Idaho Co.	Idaho	U.S.
Fair or Poor General Health	12.9%	19.2%	17.3%	21.4%	22.0%	17.2%	17.9%
Poor Physical Health	10.9%	15.2%	13.6%	16.7%	16.8%	13.7%	12.7%
Poor Mental Health	16.6%	14.9%	15.3%	16.1%	15.9%	16.5%	15.8%

Source: Centers for Disease Control and Prevention (CDC). Behavioral Risk Factor Surveillance System. Population Level Analysis and Community Estimates (PLACES). 2022

Exhibit 222: Chronic Disease Rates among adults

	Latah	Clearwater	Nez Perce	Lewis	Idaho Co.	Idaho	U.S.
Arthritis	23.7%	32.8%	27.8%	35.5%	35.7%	26.6%	26.6%
Asthma	10.6%	10.6%	11.0%	11.1%	11.0%	11.0%	9.9%
Cancer (except skin)	7.4%	11.3%	9.7%	11.4%	11.2%	8.4%	8.2%
Chronic Obstructive Pulmonary Disease	5.3%	8.9%	7.1%	9.7%	10.4%	6.8%	6.8%
Coronary Heart Disease	5.6%	9.8%	7.7%	10.1%	10.5%	6.7%	6.8%
Diagnosed Diabetes	8.1%	13.0%	11.5%	14.2%	13.6%	10.2%	12.0%
Obesity	26.6%	32.3%	35.0%	35.9%	32.1%	33.3%	33.3%

Stroke	2.7%	4.8%	3.8%	5.1%	5.3%	3.4%	3.6%
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Source: Centers for Disease Control and Prevention (CDC). Behavioral Risk Factor Surveillance System. Population Level Analysis and Community Estimates (PLACES). 2022

Exhibit 223: no Leisure-time physical activity among adults

	Boundary	Bonner	Kootenai	Benewah	Shoshone	Idaho
Percentage of Adults Reporting No Leisure Time Physical Activity	16.0%	26.4%	23.5%	29.2%	30.1%	23.0%

Source: Centers for Disease Control and Prevention (CDC). Behavioral Risk Factor Surveillance System. Population Level Analysis and Community Estimates (PLACES). 2022

Mental and Behavioral Health

Exhibit 224: self-reported social isolation among adults, 2022

	Latah	Clearwater	Nez Perce	Lewis	Idaho	U.S.
Adults Feeling Socially Isolated	33.5%	29.4%	29.5%	28.6%	25.2%	30.9%

Source: Centers for Disease Control and Prevention (CDC). Behavioral Risk Factor Surveillance System. Population Level Analysis and Community Estimates (PLACES). 2022

Exhibit 225: diagnosed depression among adults

	Latah	Clearwater	Nez Perce	Lewis	Idaho	U.S.
Adults with Depression	24.5%	21.6%	22.7%	23.4%	21.2%	23.9%

Source: Centers for Disease Control and Prevention (CDC). Behavioral Risk Factor Surveillance System. Population Level Analysis and Community Estimates (PLACES). 2022

Exhibit 226: Health Behaviors among adults

	Latah	Clearwater	Nez Perce	Lewis	Idaho	U.S.
Binge Drinking	19.1%	14.8%	16.3%	12.4%	14.3%	15.8%
Regular Smoking	9.7%	13.8%	13.0%	16.5%	16.1%	13.4%

Source: Centers for Disease Control and Prevention (CDC). Behavioral Risk Factor Surveillance System. Population Level Analysis and Community Estimates (PLACES). 2022

Dental

Exhibit 227: Percentage of 3rd graders with caries

	Health District 1	Idaho
Third graders with caries	59%	63%

Source: Idaho Bureau of Vital Records and Health Statistics, Idaho Department of Health & Welfare, Division of Public Health. Population Health Data. Idaho's Oral Health Surveillance System, 2024

Exhibit 228: Percentage of 3rd graders with dental sealants on at least one molar

	Health District 2	Idaho
Third graders with dental sealant	56%	53%

Source: Idaho Bureau of Vital Records and Health Statistics, Idaho Department of Health & Welfare, Division of Public Health. Population Health Data. Idaho's Oral Health Surveillance System, 2024

Maternal Health

Exhibit 229: Percentage of mothers who began prenatal care during the first trimester

	Health District 2	Idaho
2021	90%	93.0%
2020	89.9%	93.4%
2019	88.0%	91.8%
2018	94.9%	92.6%

Source: Idaho Bureau of Vital Records and Health Statistics, Idaho Department of Health & Welfare, Division of Public Health. Population Health Data. Idaho Pregnancy Risk Assessment Tracking System (PRATS).

Exhibit 230: Percentage of mothers who reported medicaid as a payment source for prenatal care and/or delivery

	Health District 2	Idaho
2021	29.1%	33.7%
2020	27.2%	35.9%
2019	34.4%	35.5%
2018	36.1%	37.3%

Source: Idaho Bureau of Vital Records and Health Statistics, Idaho Department of Health & Welfare, Division of Public Health. Population Health Data. Idaho Pregnancy Risk Assessment Tracking System (PRATS).

Exhibit 231: Percentage of mothers who Participated in the Wic Program during pregnancy

	Health District 2	Idaho
2021	19.6%	20.6%
2020	16.7%	22.6%
2019	24.4%	24.7%
2018	37.2%	26.7%

Source: Idaho Bureau of Vital Records and Health Statistics, Idaho Department of Health & Welfare, Division of Public Health. Population Health Data. Idaho Pregnancy Risk Assessment Tracking System (PRATS).

Exhibit 232: Percentage of mothers who ever breastfed

	Health District 2	Idaho
2021	96.2%	93.8%
2020	97.0%	94.1%
2019	96.2%	94.1%
2018	97.1%	94.7%

Source: Idaho Bureau of Vital Records and Health Statistics, Idaho Department of Health & Welfare, Division of Public Health. Population Health Data. Idaho Pregnancy Risk Assessment Tracking System (PRATS).

Exhibit 233: Percentage of mothers who breastfed for at least six months

	Health District 2	Idaho
2021	73.2%	64.4%
2020	68.2%	64.3%
2019	69.2%	59.5%
2018	66.4%	63.0%

Source: Idaho Bureau of Vital Records and Health Statistics, Idaho Department of Health & Welfare, Division of Public Health. Population Health Data. Idaho Pregnancy Risk Assessment Tracking System (PRATS).

Emergency Department Visits and Hospitalizations

Exhibit 234: Percentage of Fall-related emergency department visits

	Health District 2	Idaho
Fall-Related Emergency Department Visits	4.6%	53%

Source: Idaho Bureau of Vital Records and Health Statistics, Idaho Department of Health & Welfare, Division of Public Health. Population Health Data. Idaho's Fall Data Dashboard, 2024

Exhibit 235: Emergency Department Visit Rate (per 1,000 visits)

	Health District 2	Year by Year Percent Change (HD 2)	Idaho	Year by Year Percent Change (ID)
2024	6.6	-2.6%	6.2	-3.4%
2023	6.0	-8.1%	7.0	-8.8%
2022	7.3	-5.0%	7.8	-15.1%
2021	7.0	11.1%	9.4	10.4%
2020	6.7	40.1%	9.7	8.5%
2019	10.2	---	10.2	---

Source: Idaho Bureau of Vital Records and Health Statistics, Idaho Department of Health & Welfare, Division of Public Health. Population Health Data. Drug Overdose Prevention Program, 2019-2024

Exhibit 236: Alcohol-Related Emergency Department visit rate (Per 10,000 population)

	Health District 2	Idaho
Alcohol-Related Emergency Department Visits	49.7	ND

Source: Idaho Bureau of Vital Records and Health Statistics, Idaho Department of Health & Welfare, Division of Public Health. Population Health Data. Alcohol & the Impact on Idaho's Health

Infectious Disease

Exhibit 237: SexuALLY tRANSMITTED diseases, HIV, and Hepatitis (crude count) , 2024

	Health District 2	Idaho
Chlamydia	210	5,074
Gonorrhea	34	662
Syphilis, late or unknown	10	112
HIV Infection	2	44
Congenital Syphilis	ND	1
Early Syphilis	4	78
Hepatitis A, acute	ND	1
Hepatitis B Virus Infection, chronic	7	66
Hepatitis B, acute	ND	3
Hepatitis C, Acute	1	16
Hepatitis C, chronic	57	796

Source: Idaho Bureau of Vital Records and Health Statistics, Idaho Department of Health & Welfare, Division of Public Health. Population Health Data. Sexually Transmitted Diseases (STD), Human Immunodeficiency Virus (HIV) Infection, and Viral Hepatitis.

Exhibit 238: Covid-19 Death Rate per 100,000 population by County

	Latah	Clearwater	Nez Perce	Lewis	Idaho Co.	Idaho
2024	17.1	77.6	23.3	ND	ND	ND
2023	29.3	44.4	25.6	26.6	17.1	ND
2022	31.7	110.9	95.3	212.6	85.3	ND
2021	85.7	248.7	176.7	469.0	160.5	ND
2020	17.1	79.1	115.3	130.3	89.2	ND

Source: Idaho Bureau of Vital Records and Health Statistics, Idaho Department of Health & Welfare, Division of Public Health. Population Health Data. COVID-19. 2020-2024

Exhibit 239: number of idaho resident Influenza-associated deaths, by Season

	Health District 2	Idaho
2023-2024	4	45
2022-2023	9	68
2021-2022	ND	23
2020-2021	ND	5
2019-2020	1	39
2018-2019	8	53

Source: Idaho Bureau of Vital Records and Health Statistics, Idaho Department of Health & Welfare, Division of Public Health. Population Health Data. Tracking Influenza in Idaho.

Appendix C: Qualitative Research Guides

Key Informant Interview Guide

Introduction

Good morning [or afternoon]. My name is [Interviewer Name] from Crescendo Consulting Group. We are working with Kootenai Health to conduct interviews for a Community Health Needs Assessment for its hospital system.

The purpose of this conversation is to learn more about the strengths and resources in the community as well as collect your insights regarding community health and related service needs. Specifically, we are interested in learning about the ways people seek services and your insights about equal access to health care across the community. While we will describe our discussion in a written report, specific quotes will not be attributed to individuals. Is that ok with you?

[IF RECORDING] Is it ok if I record and transcribe this meeting using an AI-based note taker?

Do you have any questions for me before we start?

Key Informant Name:

Organization Name:

County/Counties Served:

INTRODUCTION

1. Please tell me a little about yourself and how you interact with your local community.
[INTERVIEWER: use this information to guide your questions and probes throughout the interview]
2. What does a healthy community look like to you? *PROBE: How does this align with your community right now?*
3. What are the biggest concerns and/or conditions your community struggles with?

HEALTH

4. What, if any, health care services are difficult to find and/or access, and why?

NEED TO PROBE FOR EACH:

- Primary care
- Specialty care
- Women's health

OR

You indicated that **[restate top health needs mentioned above]** are significant health needs in your community. What are the biggest challenges to addressing each of these needs?

- a. *[PROMPT: Distance traveled for care; Quality primary care (Services for adults, children & adolescents); Specialty care services; Maternal and prenatal care for expectant mothers Other OB/GYN services; Labs/imaging; Immunizations/vaccines and preventative testing; Senior Services (hospice, end-of-life care, specialists); Dental, etc.]*
5. What are some of the reasons or barriers someone might experience when trying to access health care services? (Probe as needed: transportation, insurance, ability to pay, long wait times, etc.)

BEHAVIORAL HEALTH

6. What, if any, behavioral health care services (including mental health and substance use) are difficult to find and/or access? Why? OR You indicated that **[restate top behavioral health needs mentioned above]** are significant health needs in your community. What are the biggest challenges to addressing each of these needs?
7. What are some of the reasons you think people may be reluctant to seek treatment for mental health and/or substance use disorders?

SDOH

8. From your perspective what are the top non-healthcare-related needs in your community and why? OR You indicated that **[restate the top social needs mentioned above]** are significant needs in your community. What are one or two of the biggest challenges to addressing each of these needs?
9. What is needed to address these social needs in the community?

MEDICALLY UNDERSERVED

10. Are there certain populations, social groups or geographic areas that are affected by the issues we've been talking about more than others? How so?
11. What do you think can be done to address the barriers these communities experience? OR What strategies do you recommend for engaging with and building trust among these populations in the area?

COMMUNITY RESOURCES

12. What are the key community resources, assets or partnerships in [COUNTY/SERVICE AREA NAME] that can help address the needs we talked about today?
13. What is your perception of the interconnectedness of community resources?

AWARENESS AND COMMUNICATION

14. How do individuals learn about health or social resources that are available in the community?
15. [If the interviewee indicates that resources are not widely known] What recommendations do you have for increasing awareness of these resources?

CONCLUSION

16. If you had all the resources available, what is one thing you would do to improve community health in the area?
17. Are there any other thoughts or comments you would like to share that we have not discussed?

Thank you for your time and participation!

Focus Group Discussion Guide

Introduction

Good morning [or afternoon]. My name is [Interviewer Name] from Crescendo Consulting Group. We are working with Kootenai Health to conduct interviews for a Community Health Needs Assessment for its hospital system.

Explain the general purpose of the discussion

The purpose of this meeting today is to learn more about the strengths and resources in the community, as well as collect your insights regarding community health and related service needs. Specifically, we are interested in learning about the ways people seek services and your insights about equal access to health care across the community. While we will describe our discussion in a written report, specific quotes will not be attributed to individuals.

Explain the necessity for notetaking and recording

We're taking notes and recording the session to assist us in recalling your thoughts. We will describe our discussion in a written report; however, individual names will not be used. Please consider what you hear and say here to be confidential.

Describe protocol and logistics for those who have not been to a group before

For those of you who have not participated in a focus group before, the basic process is that I will ask questions throughout our session, however, please feel free to speak up at any time. In fact, I encourage you to respond directly to the comments other people make. If you don't understand a question, please let me know. We are here to ask questions, listen and make sure everyone has a chance to share and feel comfortable. If you need to take a break to use the restroom, please do.

If virtual

If you have a private question, feel free to type it in the Chat area of the software. Please be respectful of the opinions of others. Honest opinions are the key to this process and there are no right or wrong answers to the questions. I'd like to hear from each of you and learn more about your opinions, both positive and negative.

Do you have any questions for me before we start?

Note to moderator: Availability of services/care = are there services/resources in the community?
Access to services/care = hours of operation; providers accepting new patients; wait times; physical accessibility/location

Introduction

1. Please tell me a little about yourself and one thing you are hoping to talk about in today's focus group.
2. When you think of good things about living and/or working in your community, what are the first things that come to mind? [PROBE: things to do, parks or other outdoor recreational activities, a strong sense of family, cultural diversity]
3. If you had to pick the top two or three things people struggle with most here in your community right now, what comes to mind? [PROBE: behavioral health, access to care, housing, etc.]

Access to Care and Delivery of Services

4. What, if any, health care services are difficult to find and/or access? And why?
[PROBE List (As needed): Quality primary care (Services for adults, children & adolescents), Specialty care services, Maternal and prenatal care for expectant mothers Other OB/GYN services, Labs/imaging, Immunizations and preventative testing, Senior Services (PROBE: hospice, end-of-life care, specialists, etc.), Post-COVID-19/impacts of COVID-19 care, Dental]
5. What makes these services hard to access? [Probe as needed: transportation, insurance, ability to pay, long wait times, etc.]

Behavioral Health

6. What, if any, behavioral health care services (including mental health and substance use) are difficult to find and/or access? Why? PROBE LIST: Crisis Services, Inpatient Beds; Autism specialists, Outpatient services, transitional housing, integrated care/primary care, crisis services, etc.
7. What are some of the reasons you think people may avoid seeking treatment for mental health and/or substance use disorders?

Medically Underserved

8. Are there any groups in the community that are often overlooked when it comes to health or well-being? [PROMPT: veterans, youth, POC, older adults, people living with disabilities, families]
9. What services or resources are missing that would improve [insert groups mentioned above] health or make the health of your whole community better?
10. For the services that are here in your community, what barriers keep people from reaching them, if any?

Social Determinants, Neighborhood & Physical Environment

When we talk about health, we often think about doctors, hospitals or medicine. But our health is also shaped by everyday things—things like whether we have safe and affordable housing, steady jobs with fair pay, access to healthy food, reliable transportation, good schools and supportive policies. These are the social determinants of health. They are the factors that can make it easier—or harder—for people to stay healthy.

11. From your perspective what are the top needs in your community related to these social determinants of health? [PROBE LIST AS NEEDED: Affordable housing, Services for people experiencing homelessness, Food insecurity and access to healthy food, Childcare, Transportation, Internet and technology access, Employment and job training opportunities, Others]
12. How do individuals generally learn about what resources are available in the community?
13. What do you think are some challenges to learning about what services are available and how to access them?

Conclusion

14. If you could ask local community leaders to change one thing in the community, what would it be?
15. Are there any other thoughts or comments you would like to share that we have not discussed?

Appendix D: Community Survey

Introduction

Thank you for taking the time to complete this survey. Your responses will help the Kootenai Health's ability to detect and respond to emerging public health conditions and will provide critical insight into the health needs of your community. Your thoughts will help us learn about the community's health needs, ways to seek services (both challenges and opportunities), and any issues you face in seeking health options so that we can better meet the needs of you and the community.

The survey will take 7-10 minutes to complete. If you would like to enter to win one of five (5) \$50 Visa gift cards, please complete the survey, including the last question that asks for your contact information. We will conduct a random drawing in late November for five prizes. Your survey responses and contact information are kept separate and confidential and will not be used for marketing purposes. If you have any questions about the survey, please contact our research partner, Crescendo Consulting Group, by emailing katelynm@crescendocg.com.

1. In what county do you live? (choose 1)

Benewah
Boundary
Bonner
Clearwater
Idaho
Kootenai
Latah
Lewis
Nez Perce
Shoshone

2. What zip code do you live in?

Access to Health Care

3. Where do you receive routine health care?
- Family doctor, family health center, or clinic (non-Veterans)
Veterans Administration (VA)
Walk-in urgent care
Emergency room
I do not receive routine care
Other (please specify): _____

4. How long has it been since you last visited a doctor for a routine checkup?
- Within the past year
 - Within the past two years
 - Within the past five years
 - 5 or more years ago
 - I don't know
 - Other (please specify)
5. In the **past year**, have there been one or more occasions when you needed medical care but could **NOT** get it?
- Yes
 - No (skip to q5)
6. What kept you from accessing health care services when you needed them? (Check all that apply)
- No health insurance
 - No money / inability to pay.
 - Doctor's office does not accept my insurance.
 - Long wait times to make an appointment
 - Providers unavailable in my community
 - No way to get to that service (lack of transportation whether car, bus, etc.)
 - Do not trust providers or staff.
 - Provider did not listen to my needs.
 - Providers or staff do not understand my culture.
 - Providers or staff did not speak my language.
 - Concern about the impact on my immigration status
 - Providers or staff are not knowledgeable about people with my sexual orientation or gender identification.
 - My neurological or developmental conditions (such as ADHD, ADD, OCD, autism spectrum disorder, etc.)
 - Other (please specify): _____
7. In the **past year**, has there been one or more occasions when you needed mental health or substance use services (such as alcohol, opioids, and other legal or illicit drugs) but could **NOT** access it?
- Yes
 - No (skip to Q7)
8. What prevented you from accessing mental health or substance use services when you needed it? (Check all that apply)
- No health insurance
 - No money / inability to pay.
 - Doctor's office does not accept my insurance.
 - Long wait times to make an appointment

Providers unavailable in my community

No way to get to that service (Lack of transportation whether car, bus, etc.)

Do not trust providers or staff.

Provider did not listen to my needs.

Providers or staff do not understand my culture.

Providers or staff did not speak my language.

Concern about the impact on my immigration status

Providers or staff are not knowledgeable about people with my sexual orientation or gender identification.

My neurological or developmental conditions (such as ADHD, ADD, OCD, autism spectrum disorder, etc.)

Other (please specify): _____

Community Health Needs

A healthy community can include a variety of things to keep the people who live in it healthy such as the availability of healthcare services (including behavioral health), social services, economic and career growth opportunities, environmental factors, lifestyle topics (such as obesity, smoking, substance abuse, and healthy living issues), and others. The next set of questions asks you about your community health needs.

9. On a scale of 1 (no more focus needed) to 5 (much more focus needed), how much attention do you think each of these community health issues needs focus in your community?

Social Drivers	1: No more needed	2: Minimal Focus Needed	3: Moderate Focus Needed	4: High Focus Needed	5: Much More Focus Needed	I do not know
Transportation to medical appointments						
Public transportation in general						
Access to affordable, nutritious food						
Affordable, quality childcare						
Quality education for youth						
Education and job trainings						
Safe, affordable housing						
Homeless support services						
Safe places to play and exercise						
Activities for youth (swimming pool, roller skating rink, bowling alley, etc.)						
Activities for adults (concerts, festivals, book clubs, etc.)						
Livable wage jobs						

10. Are you concerned about any of the following environmental or climate-related concerns impacting your health? (Check all that apply)
- Diseases caused by ticks or mosquitoes (i.e., Lyme, West Nile, Zika, etc.)
 - Indoor air pollution / poor air quality
 - Outdoor air pollution / poor air quality
 - Poor water quality
 - Rising sea waters
 - Rising temperatures / excess heat

Severe weather events (i.e., hurricanes, tornadoes, etc.)
Other (please specify)

11. On a scale of 1 (no more focus needed) to 5 (much more focus needed), how much attention do you think each of these health programs or services needs focus in your community?

Health Programs or Services	1: No more needed	2: Minimal Focus Needed	3: Moderate Focus Needed	4: High Focus Needed	5: Much More Focus Needed	I do not know
Medical case management						
Patient navigators to help coordinate complex healthcare services or supports						
Diabetes prevention, awareness, and care						
Heart or cardiovascular prevention, awareness, and care						
Obesity prevention, awareness, and care						
Smoking cessation (including vaping)						
Emergency care and trauma services						
Prescription medication assistance programs						
Immunization (vaccine) programs						
HIV / HCV (hepatitis C) / STI (sexually transmitted infection) prevention, screening, and care						

12. Which of the following specialty care providers are missing or hard to find in your community?

Check all that apply:

Geriatric Care

Cardiologist

Neurology

Gastroenterology

Psychiatrists

Psychiatry (prescribers for serious mental illness)-Adult

Psychiatry (prescribers for serious mental illness)-Children and Youth

Dental care

Rheumatology (arthritis care)
 Oncology (cancer care)
 Obstetrics and Gynecologists
 Pediatricians
 Other (please specify):

13. On a scale of 1 (no more focus needed) to 5 (much more focus needed), how much attention do you think each of these older adult issues needs focus in your community?

Older Adults (55+)	1: No more needed	2: Minimal Focus Needed	3: Moderate Focus Needed	4: High Focus Needed	5: Much More Focus Needed	I do not know
Continuing Care Retirement Communities (independent living, assisted living, and skilled nursing facilities on same campus)						
Home health aide services						
Hospice care						
Age-friendly community designs (A.D.A compliant communities)						
Skilled nursing facilities						
Physical rehabilitation facilities						
Dementia or memory care						
Older adult day programs						
Caretaker supports						
Falls prevention and education						

14. On a scale of 1 (no more focus needed) to 5 (much more focus needed), how much attention do you think each of these behavioral and mental health issues needs focus in your community?

Behavioral and Mental Health	1: No more needed	2: Minimal Focus Needed	3: Moderate Focus Needed	4: High Focus Needed	5: Much More Focus Needed	I do not know
Case management						
Mental health stigma reduction						
Suicide prevention						
Outpatient counseling services (for mental health)-Adults						

Outpatient counseling services (for mental health)-Youth						
Inpatient mental health beds-Adult						
Inpatient mental health beds-Youth						
Substance use (such as alcohol, opioids, and legal or illicit drugs) prevention						
Substance use (such as alcohol, opioids, and legal or illicit drugs) treatment						
Substance use recovery programs						
Harm reduction programs (safe syringe programs, test strips, Narcan distribution, etc.)						
Developmental or intellectual support services						

15. On a scale of 1 (no more focus needed) to 5 (much more focus needed), how much attention do you think each of these maternal, child, and family services health issues need focus in your community?

Maternal, Child and Family Services	1: No more needed	2: Minimal Focus Needed	3: Moderate Focus Needed	4: High Focus Needed	5: Much More Focus Needed	I do not know
Access to screenings such as colon cancer, mammograms and pap smears						
Care before, during, and after pregnancy						
Breastfeeding education and support						
Education on the need for newborn screenings, follow-ups, immunizations and other childhood health promotion and prevention resources						
Reproductive health services						
Parenting support groups or classes						

Health Status

16. How would you rate your physical health?

- Excellent
- Very good
- Good
- Fair
- Poor

17. How would you rate your mental health?

- Excellent
- Very good
- Good
- Fair
- Poor

18. How would you rate your emotional and spiritual health?

- Excellent
- Very good
- Good
- Fair
- Poor

A little bit about you

19. To which gender identity do you most identify?

- Male
- Female
- Transgender
- Non-Binary

I identify a different way (please specify): _____

Do not understand the question.

I prefer not to answer.

20. What is your race and/or ethnicity? [Check all that apply]

- White
- Black or African American
- Middle Eastern or North African
- Asian or Asian American
- Native American or Alaska Native
- Native Hawaiian or other Pacific Islander
- Hispanic or Latino

Another race/ethnicity (please specify): _____

I prefer not to answer.

21. Which of the following ranges best describes your total annual household income in the past year?

None

Under \$15,000

\$15,000 – \$24,999

\$25,000 - \$34,999

\$35,000 – \$44,999

\$45,000 - \$54,999

\$55,000 - \$64,999

\$65,000 - \$74,999

\$75,000 - \$99,999

\$100,000 and above

Unknown

I prefer not to answer.

22. What is your age?

Under 18

18 – 24

25 – 34

35 – 44

45 – 54

55 – 64

65 – 74

More than 75 years old

I prefer not to answer.

23. What is the highest degree or level of school you have completed?

Less than a high school diploma

High school degree or equivalent (such as GED/HiSET)

Some college, no degree

Associate's degree

Bachelor's degree

Master's degree

Professional or doctorate (such as MD, DDS, DVM, PhD)

I prefer not to answer.

Appendix E: Kootenai Health Access Audit

Purpose

This phone-based access audit was conducted to assess how easily residents of Kootenai Health service area can reach and utilize health care and social services. Rather than evaluating individual facilities, the audit focused on understanding real-world access experiences and identifying barriers that community members may face when seeking care. The findings provide meaningful insights into existing gaps, variations in service delivery, and opportunities to improve access across the county.

Overview of Methods

Nineteen (19) health and social service facilities were included in the audit, spanning primary care, specialty care, and community-based resources. Organizations were included in the access audit if they were mentioned by community residents in focus groups, funders of the CHNA, or are organizations that provide services that were identified as challenging to access during the research.

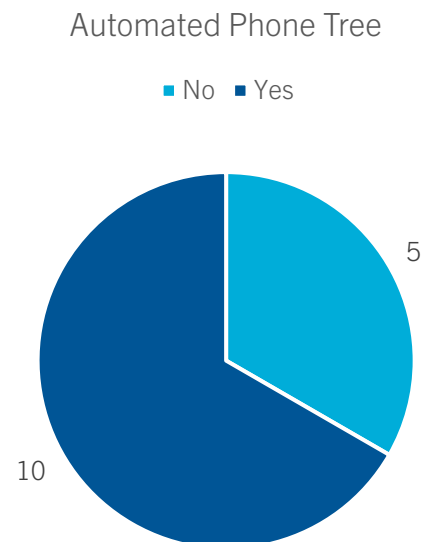
Key areas of inquiry included:

- Ability to reach a live person
- Availability of appointments for new patients
- Quality of information and referrals provided
- Inquiry into caller needs
- Language accessibility

Facilities Included:

- | | |
|--|---------------------------------------|
| • Gritman Medical Center | • Marimn Health |
| • Family Promise of the Palouse | • Benewah Community Hospital |
| • Boundary Community Hospital | • Lakeside Pediatrics |
| • Clearwater Valley Health | • Kootenai OBGYN |
| • Syringa Hospital- Primary Care Clinic- Grangeville | • Kootenai Health |
| • St. Joseph Regional Medical Center | • Heart Reach |
| • United Way | • Rathdrum Food Bank |
| • Bonner General Health | • Hope Pregnancy Resource Center |
| • Shoshone Medical Center | • Sandpoint Community Resource Center |
| | • Lifeline Food Pantry |

Phone calls were conducted at various times during standard business hours during the first two weeks of December 2025. Of the 19 facilities contacted, the caller successfully spoke with a staff member at 15. In five of those cases, the staff answered directly, while others required navigating automated systems. At facilities where direct contact was not made, callers were asked to leave a voicemail, or the listed number was no longer in service (Hope Pregnancy Resource Center). There were no calls returned from the three voicemails left. Helpful information, such as available providers, wait times, and referrals to other providers if the organization was not accepting new patients or clients, was obtained from all facilities that contact was made with. The wait time to speak to a person was below four minutes for each of the facilities.



Key Findings

Ability of facilities to accept new patients

The ability of facilities to accept new patients varied across the organizations reviewed. Most medical facilities indicated that they were accepting new patients; however, appointment availability differed significantly by service type. Urgent care, emergency, and basic needs services were often available on a same-day or walk-in basis, while primary care, behavioral health, and specialty services typically required longer wait times that varied by provider and department.

Ability of facilities to answer questions and refer the caller elsewhere when the desired services are unavailable

Facilities varied in their ability to provide referrals or alternative options when requested services were not available. Some organizations actively provided contact information for other clinics, hospitals, or community-based organizations, supporting continuity of care and reducing the burden on callers. In contrast, other facilities offered limited guidance beyond describing their own services or referring within their own organization, requiring callers to independently navigate websites, finding other resources, or eligibility processes. This inconsistency may create additional barriers for individuals seeking timely or appropriate care.

How staff inquiries help to determine prospective patient's needs

The extent to which staff asked questions to assess caller needs differed across facilities. In several cases, staff proactively asked about insurance status, service needs, and urgency of care, demonstrating a patient-centered approach that helped guide callers to appropriate services. However, other interactions

appeared more transactional, with staff providing general information without asking follow-up questions. In these instances, the focus was often on procedural steps, such as directing callers to specific departments, rather than fully understanding the caller's circumstances.

Ease of speaking with a person

The ease of speaking with a staff member differed across facilities. While some facilities had no phone trees, allowing for direct and immediate access to staff, others required callers to navigate lengthy automated systems. For example, one facility's phone tree listed departments very quickly, making it difficult to choose which department was needed without being transferred to an operator. Many of the phone tree systems did offer to repeat the options, making it easier to decide which department was the most fitting. There were very few language options prior to appointments. Facilities with simpler phone systems provide a better overall experience for callers, emphasizing the importance of intuitive and efficient navigation systems.

Language Offerings

Language accessibility across the facilities was primarily focused on Spanish if interpretation services were available. Some facilities included Spanish as an alternative language option in their phone systems, and some facilities had bilingual staff or interpreters to assist non-English-speaking callers upon request or dependent on availability. These efforts suggest that Spanish-speaking individuals may have some difficulties accessing the services they need. Other language options beyond Spanish were not stated, indicating a potential area for improvement in serving a more linguistically diverse population.

Summary of Implications

These findings highlight several system-level challenges affecting access to care across the Kootenai Health service area. Variability in appointment availability, reliance on phone-based scheduling, and variance regarding wait times may pose barriers for individuals with urgent needs or limited capacity to navigate complex systems. Inconsistent referral practices and uneven staff engagement may further limit access, particularly for individuals seeking services outside a facility's scope of care. While Spanish-language access is available at some organizations, limited information on broader multilingual support suggests an opportunity to better reflect the linguistic diversity of the community.

At the same time, the access audit identified promising practices that can inform future improvements. Several facilities demonstrated compassionate, patient-centered approaches by asking detailed intake questions, providing clear referrals, and offering same-day or low-barrier access to basic services. Building on these strengths through shared standards, improved transparency, and consistent referral and intake practices may support a more coordinated, equitable, and accessible system of care for residents.

Appendix F: Community Resource List

Community Action Partnership

4144 W. Industrial Loop, Coeur d'Alene, ID 83815
Social Services & Community Support
Energy assistance program, water assistance,
weatherization, food bank, budget classes, budget
counselors.
208-664-8757

Heart of the City Church

772 W. Kathleen Ave, Coeur d'Alene, ID 83815
Social Services & Community Support
Rent/utilities assistance
208-665-7808

Real Life Ministries

1866 N. Cecil Rd, Post Falls, ID 83854
Social Services & Community Support
Rent/utility assistance, food pantry
www.reallifeministries.com/communityassistance

St. George's Mission of Charity

2004 N. Lucas St., Post Falls, ID 83854
Social Services & Community Support
Rent/energy assistance, food vouchers
208-773-8599

St. Pius X

625 E. Haycraft Ave, Coeur d'Alene, ID 83815
Social Services & Community Support
Food pantry
208-765-5108

St. Vincent de Paul Help Center

201 E. Harrison Ave, Coeur d'Alene, ID 83814
Social Services & Community Support
Shelters, transitional housing, clothing, furniture,
utilities, rent
208-664-3095

2-1-1 Idaho CareLine

1720 N Westgate Dr STE A, Boise, ID 83704
Social Services & Community Support
Community resources referral
2-1-1 / 1-800-926-2588 / www.211.idaho.gov

North Country Chapel

2281 W. Seltice Way, Post Falls, ID 83854
Social Services & Community Support
Food pantry
208-773-7100

Goodwill Industries

1621 N. 3rd St., Suite 1000, Coeur d'Alene, ID 83814
Employment & Economic Support
Employment services
208-667-6463

Idaho Dept. of Labor Job Service

600 N. Thornton St., Post Falls, ID 83854
Employment & Economic Support
Job services
208-457-8789 / www.labor.idaho.gov

Legal Aid Services

610 W. Hubbard St., Suite 219, Coeur d'Alene, ID 83814
Social Services & Community Support
Legal assistance
208-667-9559 / www.idaholegalaid.org

Veterans Services

120 E. Railroad Ave., Post Falls, ID 83854
Social Services & Community Support
Benefits assistance
208-446-1090 / 208-446-1091

Idaho Housing & Finance

915 W. Canfield Ave., Coeur d'Alene, ID 83815
Social Services & Community Support
Rental assistance
208-762-5113

Idaho Dept. of Health & Welfare

1120 Ironwood Dr., Coeur d'Alene, ID 83814
Social Services & Community Support
TAFI, CHIP, food stamps, child care assistance
208-769-1456

Social Security Office

7400 N. Mineral Dr., Coeur d'Alene, ID 83815
Social Services & Community Support
Social Security services
866-931-2523 / www.ssa.gov

Heritage Health

1090 W. Park Place, Coeur d'Alene, ID 83814
Healthcare Services
Medical care, gynecological care, mental health,
prescriptions
208-620-5250

Heritage Health Dental

1090 W. Park Place, Coeur d'Alene, ID 83814
Healthcare Services
Emergency dental (extractions only)
208-620-5250

Panhandle Health District

8500 N. Atlas Rd., Hayden, ID 83835
Public Health & Prevention
Immunizations, WIC, family planning, clinical
services, home health
208-415-5100 / www.panhandlehealthdistrict.org

Safe Passage

850 N. 4th St., Coeur d'Alene, ID 83814
Social Services & Community Support
Domestic violence & sexual assault shelter/support
208-664-9303

Northern Idaho Crisis Center

2195 Ironwood Court, Coeur d'Alene, ID 83814
Mental Health & Behavioral Health
Mental health & substance use crisis stabilization
208-625-4884

CHIP – Children's Health Insurance Program

1720 N Westgate Dr STE A, Boise, ID 83704
Healthcare Services
Children's health insurance
800-926-2588

Kootenai Health Behavioral Health

2003 Kootenai Health Way, Coeur d'Alene, ID 83814
Mental Health & Behavioral Health
Mental Health Provider
208-625-4800

USDA Rural Development

7830 Meadowlark Way, Suite C3, Coeur d'Alene, ID
83815
Social Services & Community Support
Rural housing program
208-762-4939

Kootenai Health

2003 Kootenai Health Way, Coeur d'Alene, ID 83814
Healthcare Services
Hospital
208-625-4000

CHAS Health

803 S Main St STE 120, Moscow, ID 83843
Healthcare Services
Community Health Center
509-444-8200

Area Agency on Aging of North Idaho

402 W. Canfield Ave., Suite 1, Coeur d'Alene, ID 83815
Social Services & Community Support
Senior Services
208-667-3179

Elder Help of North Idaho

5067 N Bldg Center Dr, Coeur d'Alene, ID 83815
Social Services & Community Support
Senior Assistance
208-661-8870

Union Gospel for Women & Children

196 W. Haycraft Ave., Coeur d'Alene, ID 83815
Social Services & Community Support
Shelter
208-665-4673

Family Promise of North Idaho

501 E Wallace Ave, Coeur d'Alene, ID 83814
Social Services & Community Support
Shelter
208-777-4190

Marimn Health

427 N. 12th St., Plummer, ID 83851
Healthcare Services
Primary Care Provider
208-686-1110

North Idaho College Services – Adult Basic Education

1000 W. Garden Ave., Coeur d'Alene, ID 83814
Employment & Economic Support
Adult education
208-665-5099

Kootenai Health Transportation Services

2003 Kootenai Health Way | Coeur d'Alene, ID 83814
Social Services & Community Support
Transportation
208-625-5030

Idaho City Link

2400 W Riverstone Dr, Coeur d'Alene, ID 83814
Social Services & Community Support
Transportation
877-941-7433

Kootenai County Public Transportation

2400 W Riverstone Dr, Coeur d'Alene, ID 83814
Social Services & Community Support
Transportation
208-446-2255

Meals on Wheels – Coeur d'Alene Senior Center

1916 N. Lakewood Drive Coeur d'Alene, ID 83814
Social Services & Community Support
Meals on Wheels
208-667-4628

Meals on Wheels – Post Falls Senior Center

1215 E 3rd Ave, Post Falls, ID 83854
Social Services & Community Support
Meals on Wheels
208-773-9582

Meals on Wheels – Spirit Lake Senior Center

32564 4th Ave, Spirit Lake, ID 83869
Social Services & Community Support
Meals on Wheels
208-623-6125

Home Delivery Meals – Rathdrum Senior Center

8037 Montana St, Rathdrum, ID 83858
Social Services & Community Support
Home-delivered meals
208-687-2028