



Gateway to Health: The Health of Southeastern Idaho

County Level Health Profile

Health District 6

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INTRODUCTION

Southeastern Idaho is a great place to live and recreate. Mountains, rivers and farmland dominate the landscape, with abundant outdoor activity options for outdoor enthusiasts of all ages. Along with spectacular scenery, SE Idaho offers safe family-oriented communities, strong educational opportunities and an all-around down to earth atmosphere. As the population continues to grow and diversify, it requires support from all sectors of the community to make healthy living an easy option. Gateway to Health (G2H), a coalition of community stakeholders, was created in 2011 to assess the community health needs of SE Idaho and establish appropriate programs and/or infrastructure to promote healthy living within the region.

The World Health Organization (2006) defines health as “a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity”. This requires cooperation between many sectors in a community. Individuals, families, neighborhoods, teachers, employers, urban planners, architects, health professionals, health departments, environmentalists and local government all play a vital role in developing an overall consciousness of health in a community. It requires systemic changes that make the healthy choices easier and more attractive. This type of health occurs before the development of diseases or conditions and strives to involve all people, regardless of their race/ethnicity or their socioeconomic ability.

The objective of this project was to gather quantitative data to help document community health needs at a regional and county level. Ultimately, this document provides information for community organizational leaders to help determine priority areas to intervene in hopes of working towards a healthier and happier SE Idaho.

THE GATEWAY TO HEALTH PARTNERSHIP

The Partnership includes a diverse group of community leaders that have acknowledged the need for improved health in SE Idaho and have offered their expertise to help affect meaningful change. The coalition is responsible for determining health priorities and goals, suggesting evidence based best practices, and implementing suitable projects or programs supporting evidence for change. G2H strived to include the community throughout the process and hopes to provide a solid foundation for assessment and evaluation for future interventions

METHODS

In order to develop this county-level health profile, multiple sources of quantitative data was obtained. Existing data that was collected through required reporting surveys (i.e.: US Census) and population level surveys were accessed through the U.S. Census website and the Department of Health and Welfare (IDHW) website. Mortality and maternal health data came from the [2010 Vital Statistics](#) published by the IDHW. Health risk behaviors were collected from the [Network of Care](#) database as well as the [County Health Ranking](#) database. Unfortunately a central database with morbidity (disease and injury that exists in the population) data is unavailable in Idaho, so the majority of the statistics come from self-reported data collected by the Behavior Risk Factor Surveillance Survey (BRFSS) and the American Community Survey (ACS).

SCOPE OF DATA

Three types of data were collected for this report. First, socio-demographic data revolving around population size, gender distribution, diversity, age distribution and crude birth and death rate were compiled. Also amassed were economic indicators such as; median household income,

unemployment rate, number of people living in poverty, educational attainment and languages spoken at home.

Secondly, mortality data was gleaned from the 2010 Vital Statistics Report (IDHW, 2011) and reported findings regarding leading causes of death and years per life lost (YPLL) in the case of premature deaths.

Lastly, data surrounding morbidity and health risk factors were collected to identify county specific trends. Information regarding access to health care, smoking, obesity, motor vehicle accidents, alcohol consumption, crime, prenatal care, low birth weight babies, and accessibility of physical activity opportunities and healthy food options were assembled to identify trends in health determinants. Healthy People 2020 health objectives were added to act as a baseline or goal for Health District 6 initiatives.

TIME FRAME

The data collection process has been slow and labor intensive. Data pulled from online resources was easily accessible; the challenge came in identifying databases that provided county-level data.

Data requested from area hospital and critical care centers has been extremely difficult to obtain due to the “red tape” surrounding hospital rules and confidentiality. A few hospitals have co-operated after assurance that their data would be merged with other sources and no identifiable information would be utilized.

DEMOGRAPHICS (TABLE 1)

POPULATION

Health District 6 of Southeastern Idaho consists of 8 counties; Bannock, Bear Lake, Bingham, Butte, Caribou, Franklin, Oneida and Power. According to the 2010 US Census, the total population of the region is 169,175 people (U.S. Census, 2010), with 50.2% male and 49.8% female. Age distribution in the region showed that 32.6% of people were 0 to 19 years of age, 24.3% were 5 to 19 years of age, 22.0% were 20 to 39 years old, 24.3.0% were 40 to 59 years old, 15.1% were 60 to 79 years old and 3.8% were 80 years old or older (U.S Census, 2010). The counties with the highest proportion of young population (0-19 y) were Franklin County with 37.7% and Bingham County with 35.8%. Bear Lake and Butte County had the greatest proportion of senior citizens (60+ y), with 24.3% and 24.9% respectively.

BIRTH/DEATH/FERTILITY RATE

In 2010, the region reported a crude death rate of 7.7 per 1,000 population (Idaho Department of Health and Welfare (IDHW), 2010). The number of live births in District 6 totaled 2873, a live birth rate of 17.0 per 1,000 population. Life expectancy at birth in District 6 is 78.1 years, the shortest of any district in Idaho and 1.5 years shorter than the average life expectancy in Idaho. Fertility rates in this district vary from 87.4 per 1,000 women aged 15-44 in Bannock County to a rate of 100.3 per 1,000 women aged 15-44 in Oneida County. The average fertility rate in 2010 was reported as 87.4 per 1,000 women aged 15-44.

DIVERSITY

According to the 2010 U.S. Census, 93.8% of SE Idahoans identify as White. Ethnically, 10.3% of inhabitants identified themselves as Hispanic/Latino. Power and Bingham County

reported having the most diversity with 29.8% and 17.2% of their population being Hispanic. [Table](#)

[1](#) depicts all county-level data regarding demographics of Health District 6.

Table 1

Demographics (U.S. Census, 2010)

	<i>Bannock</i>	<i>Bear Lake</i>	<i>Bingham</i>	<i>Butte</i>	<i>Caribou</i>	<i>Franklin</i>	<i>Oneida</i>	<i>Power</i>	<i>District 6</i>	<i>Idaho</i>
Population	82,839	5,986	45,607	2,891	6,963	12,786	4,286	7,817	169,175	1,567,582
Males	41,298	2,972	22,885	1,485	3,509	6,486	2,191	4,025	84,851	785,324
Females	41,541	3,014	22,722	1,406	3,454	6,300	2,095	3,792	84,324	782,258
(Crude) Death Rate	7.4	12.4	7.1	9.7	10.2	7.3	10.7	6.4	7.7	7.3
(Crude) Birth Rate	17.3	15.2	17.3	10.4	15.8	17.0	15.2	17.3	17.0	14.8
Fertility Rate	82.2	97.3	91.9	69.4	98.0	94.9	100.3	98.0	87.4	75.7
Race/Ethnicity (%)										
White	89.3	96.3	80.6	98.5	95.3	94.4	96.7	75.1	93.8	95.5
Black	0.8	0.1	0.2	0.2	0.1	0.2	0.2	0.3	0.8	1.0
Amer. Indian/ Alaska Native	3.2	0.5	6.5	0.4	0.3	0.4	0.5	2.3	4.2	1.9
Asian or Paci. Islander	3.5	0.4	0.7	0.6	0.4	0.2	0.5	0.5	1.2	1.7
Hispanic	6.7	3.6	17.2	4.1	4.8	6.5	2.9	29.8	10.3	11.2
Age Distribution (%)										
0-19 y/o	30.8	29.5	35.8	30	30.9	37.7	32.2	34.0	32.6	30.3
20-39 y/o	29.8	20.0	24.2	18.4	21.7	20	18.8	23.6	22.0	26.4
40-59 y/o	23.2	25.6	24.0	27.3	23.1	22.4	26.3	22.2	24.3	25.5
60-79 y/o	13.1	19.9	5.0	20.0	17.4	13.1	17.6	14.6	15.1	14.5
80+ y/o	3.0	5.0	2.9	4.2	3.9	3.8	5.0	2.6	3.8	3.2

Note: Rates in this table are expressed per 1,000 persons unless otherwise stated.

Birth rate is expressed as number of live births per 1,000 persons.

Fertility rate is expressed as number of live births per 1,000 women 15-44 years of age.

Finder: [US Census, Factfinder, 2011](#)

ECONOMIC INDICATORS (TABLE 2)

MEDIAN HOUSEHOLD INCOME

In 2010, the median household income for people living in Southeastern Idaho was \$42,747, ranging between \$39,469 (Bear Lake County) and \$49,208 (Caribou County). The rate of unemployment (% of people unemployed) for District 6 was 6.9. Power County had exceeded all other counties in the region reporting an unemployment rate of 7.3%. This is 1.0% higher than the Idaho average of 6.3%.

POVERTY

The 2010 USDA Economic Research Service reported that on average 14.3% of Health District 6 was living in poverty (this included people of all ages); while 19.2% of children were living in poverty and 18.1% were living in single-parent households. Power County had the most adults and children living in poverty than any other county in Health District 6.

SOCIAL ASSISTANCE

A report by the Idaho Department of Health and Welfare reports that in 2011, twenty two percent of Health District 6 inhabitants were receiving some form of government assistance. More specifically, 1.2% received cash payments, 16.2% were Medicaid recipients, 12.0% collected food stamps, and 0.4% received child-care assistance (IDHW, 2012). Power County also has the greatest percentage of people receiving food stamps (19.1%). [Table 2](#) depicts county-level data regarding economic indicators.

Unemployment	6.9	5.5	6.0	5.3	6.1	5.1	5.7	7.3	6.9	6.3
People living in poverty	16.3	15.5	15.6	15.4	12.1	10.5	12.4	16.4	14.3	16.5
Children living in poverty (<18yrs)	20.3	20.3	19.6	21.5	16.1	14.7	16.6	24.3	19.2	20.4
County pop on food stamps	18.7	8.5	15.4	9.2	8.3	8.5`	8.6	19.1	12.0	14.3
Education (people 25 years or older)										
9 th -12 th grade (no diploma)	7.3	7.9	9.0	8.8	9.7	6.0	4.4	8.5	7.7	11.5
High school grad (includes equivalency)	26.0	38.0	33.3	31.4	36.3	41.1	37.4	31.1	34.3	28.4
Some college or Associate Degree	28.6	28.5	26.9	31.7	24.1	25.4	27.5	24.3	27.1	35.6
Bachelor Degree	18.4	12.9	11.9	12.5	12.8	12.5	9.7	13.2	13.0	16.9
Graduate or Professional degree	8.9	3.7	3.9	5.0	3.3	6.1	5.9	5.7	5.3	7.7
Language Spoken at Home										
English Only	93.6	96.7	84.5	97.7	96.1	93.6	97.5	75.0	91.8	89.7
Spanish	3.4	2.9	12.9	1.5	2.5	5.0	2.2	22.0	6.6	10.3
Span. speakers (who speak Eng. less than "very well")	0.9	0.1	6.3	0.8	1.8	2.5	0.0	12.1	3.2	3.9

All values are expressed as percentages, except median household income which is expressed in dollars.

Finder: [US Census, Factfinder, 2011](#)

MORTALITY (TABLE 3)

LIFE EXPECTANCY

The average life expectancy at birth for people living in the State of Idaho is 79.5 years (IDHW, 2010). Health District 6 has the lowest average life expectancy at birth, 78.1 years, compared to all other regions in the state. Males generally live shorter lives with a life expectancy from birth of 75.8 years and females live slightly longer with a life expectancy of 80.5 (IDHW, 2010).

LEADING CAUSES OF DEATH

Table 3 contains mortality data for the ten leading causes of death in Idaho. Heart disease was the leading cause of death in Health District 6 in 2010, with a rate of 189.7 deaths per 100,000 population, followed by malignant neoplasm (cancer) at 149.5.

When comparing death rates between counties, Bear Lake proves to have the highest rate of death (1236.2 per 100,000 population), nearly doubling the Idaho average of 727.9 per 100,000 population. In all counties where cancer related deaths are high, so too is disease of the heart.

Table 3 reports county-level mortality data which have not been adjusted for age.

Table 3

Mortality Rates in Southeastern Idaho (IDHW, Vital Statistics, 2011)

	<i>Bannock</i>	<i>Bear Lake</i>	<i>Bingham</i>	<i>Butte</i>	<i>Caribou</i>	<i>Franklin</i>	<i>Oneida</i>	<i>Power</i>	<i>District 6</i>	<i>ID</i>	<i>HP 2020</i>
Death Rate	737.6	1236.2	714.8	968.5	1019.7	727.4	1073.3	639.6	767.8	727.9	
YPLL	7011	7180	7072	-	7508	4783	-	6260	-	6351	-
Cause of Death											
Cancer	132.8	167.1	166.6	173.0	201.1	164.2	186.7	115.1	149.5	161.4	160.6
Disease of Heart	178.7	384.2	175.4	276.7	287.2	148.6	326.6	115.1	189.7	158.1	100.8
Chronic low respiratory disease	45.9	83.5	39.5	69.2	28.7	23.5	46.7	64.0	44.3	46.8	-
Accidents (unintentional Injury)	35.0	100.2	54.8	103.8	43.1	46.9	116.7	25.6	46.7	41.3	-
Cerebrovas. disease	44.7	83.5	35.1	69.2	57.4	39.1	23.3	76.8	44.9	30.0	33.8
Alzheimer's Disease	30.2	-	19.7	-	28.7	7.8	-	12.8	14.8	26.5	-
Diabetes Mellitus	14.5	33.4	21.9	69.2	43.1	46.9	70.0	64.0	33.1	22.5	21.2
Suicide	26.6	-	19.7	69.2	-	7.8	23.3	-	20.7	18.5	10.2
Influenza or Pneumonia	20.5	66.8	11.0	34.6	28.7	46.9	23.3	-	21.3	13.7	100.8
Nephritis, nephrotic syn. or nephrosis	19.3	16.7	15.3	-	28.7	39.1	23.3	38.4	20.7	11.9	-

Note: Rates are expressed as number of cases per 100,000 persons per year.

YPLL: Years per Life Lost measures years of potential life lost due to premature death before the age of 75 per 100,000 population

Finder: [Idaho Department of Health and Welfare: Vital Statistics, 2010](#)

The Network of Care Organization (2011) reported age adjusted death rates at the county level. Data was sparse in some counties, but an overall snapshot is given in [Table 4](#).

Table 4

Age-adjusted Death Rates of Specific Disease or Injury (Network of Care, 2011)

	<i>Bannock</i>	<i>Bear Lake</i>	<i>Bingham</i>	<i>Butte</i>	<i>Caribou</i>	<i>Franklin</i>	<i>Oneida</i>	<i>Power</i>	<i>District 6</i>	<i>ID</i>	<i>HP 2020</i>
Breast Cancer	20.1	-	25.9	-	-	-	-	-	22.1	21.2	20.6
Colorectal Cancer	15.7	-	-	-	-	-	-	-	15.7	-	14.5
Lung Cancer	36.1	-	23.6	-	50.8	-	-	-			45.5
Prostate Cancer	24.5	-	48.9	-	-	-	-	-	31.7	-	45.5
Diabetes	24.0	2.0	11.0	2.0	-	8.0	-	2.0	33.1	-	
Cerebrovascular Disease	70.6	49.7	46.1	-	55.7	68.9	-	60.9	16.7	-	
Coronary Heart Disease	148.3	127.4	135.1	134.9	111.5	101.2	104.7	164.9	128.5	150.9	
Influenza/Pneumonia	12.0	6.0	7.0	-	-	3.0	-	2.0	138.4	122.2	
Suicide	22.0	1.0	6.0	36.4	29.3	3.0	2.0	2.0	9.1	15.0	
MVA	6.0	5.0	10.0	-	4.0	3.0	2.0	2.0	6.4	15.9	12.4

Note: Rates are expressed as number of cases per 100,000 persons per year.

Finder: [Network of Care, Idaho \(2011\)](#)

IDAHO RESIDENT DEATHS Ten Leading Causes of Death by Age Group and Number of Deaths 2010

RANK	AGE GROUP											ALL AGES	
	<1	1-4	5-9	10-14	15-19	20-24	25-34	35-44	45-54	55-64	65-74		75+
1	Congenital malformations (33)	Accidents (14) (Trans: 6 MVA: 6 All Other: 8)	Accidents (7) (Trans: 4 MVA: 4 All Other: 3)	Accidents (5) (Trans: 4 MVA: 4 All Other: 1)	Accidents (31) (Trans: 24 MVA: 23 All Other: 7)	Accidents (52) (Trans: 35 MVA: 33 All Other: 17)	Accidents (78) (Trans: 39 MVA: 33 All Other: 39)	Accidents (77) (Trans: 29 MVA: 27 All Other: 48)	Malignant neoplasms (203)	Malignant neoplasms (465)	Malignant neoplasms (661)	Diseases of heart (1,656)	Malignant neoplasms (2,530)
2	Sudden infant death syndrome (21)	Congenital malformations (3)	Malignant neoplasms (3)	(Tie) Diseases of heart: Malignant neoplasms: Intentional self-harm (2 each)	Intentional self-harm (Suicide) (19)	Intentional self-harm (Suicide) (17)	Intentional self-harm (Suicide) (43)	Intentional self-harm (Suicide) (53)	Diseases of heart (129)	Diseases of heart (236)	Diseases of heart (396)	Malignant neoplasms (1,122)	Diseases of heart (2,478)
3	Short gestation and low birth weight (9)	Malignant neoplasms (2)	(Tie) Chronic lower respiratory diseases: Diseases of heart:	(Tie) Chronic lower respiratory diseases: Diseases of heart: Intentional self-harm (Suicide): (2 each)	Cerebrovascular diseases (3)	Malignant neoplasms (6)	Malignant neoplasms (20)	Malignant neoplasms (44)	Accidents (89) (Trans: 30 MVA: 23 All Other: 59)	Accidents (78) (Trans: 31 MVA: 26 All Other: 47)	Chronic lower respiratory diseases (185)	Cerebrovascular diseases (481)	Chronic lower respiratory diseases (730)
4	Maternal complications of pregnancy (5)	(Tie) Diabetes mellitus: Cerebrovascular diseases: Anemias: Chronic lower respiratory diseases: Influenza and pneumonia: Assault	Cerebrovascular diseases: Intentional self-harm (Suicide) (1 each)	(Tie) Malignant neoplasms: Diseases of heart: Congenital malformations (2 each)	(Tie) Malignant neoplasms: Diseases of heart: Congenital malformations (2 each)	Assault (Homicide) (3)	Diseases of heart (12)	Diseases of heart (38)	Intentional self-harm (Suicide) (48)	Chronic lower respiratory diseases (72)	Cerebrovascular diseases (88)	Chronic lower respiratory diseases (441)	Accidents (647) (Trans: 241 MVA: 212 All Other: 405)
5	Assault (Homicide) (4)	Cerebrovascular diseases: Anemias: Chronic lower respiratory diseases: Influenza and pneumonia: Assault	(Tie) Chronic lower respiratory diseases: Influenza and pneumonia: Assault	(Tie) Malignant neoplasms: Diseases of heart: Congenital malformations (2 each)	(Tie) Malignant neoplasms: Diseases of heart: Congenital malformations (2 each)	Pregnancy, childbirth, and the puerperium (6)	Chronic liver disease and cirrhosis (12)	Chronic liver disease and cirrhosis (43)	Chronic liver disease and cirrhosis (43)	Diabetes mellitus (59)	Diabetes mellitus (70)	Alzheimer's disease (381)	Cerebrovascular diseases (641)
6	(Tie) Bacterial Sepsis: Diseases of the circulatory system: Accidents (Transport; All other: 3)	(Tie) Bacterial Sepsis: Diseases of the circulatory system: Accidents (Transport; All other: 3)	(Tie) Chronic lower respiratory diseases: Influenza and pneumonia: Assault	(Tie) Malignant neoplasms: Diseases of heart: Congenital malformations (2 each)	(Tie) Malignant neoplasms: Diseases of heart: Congenital malformations (2 each)	Assault (Homicide) (5)	(Tie) Cerebrovascular diseases: Diabetes mellitus (11 each)	(Tie) Cerebrovascular diseases: Diabetes mellitus (11 each)	Chronic lower respiratory diseases (23)	Chronic liver disease and cirrhosis (46)	Chronic liver disease and cirrhosis (28)	Influenza and pneumonia (172)	Diabetes mellitus (352)
7	(Tie) Bacterial Sepsis: Diseases of the circulatory system: Accidents (Transport; All other: 3)	(Tie) Chronic lower respiratory diseases: Influenza and pneumonia: Assault	(Tie) Chronic lower respiratory diseases: Influenza and pneumonia: Assault	(Tie) Malignant neoplasms: Diseases of heart: Congenital malformations (2 each)	(Tie) Malignant neoplasms: Diseases of heart: Congenital malformations (2 each)	Diabetes mellitus (3)	(Tie) Cerebrovascular diseases: Diabetes mellitus (11 each)	(Tie) Cerebrovascular diseases: Diabetes mellitus (11 each)	Chronic lower respiratory diseases (22)	Chronic liver disease and cirrhosis (46)	Chronic liver disease and cirrhosis (28)	Influenza and pneumonia (172)	Diabetes mellitus (352)
8	(Tie) Bacterial Sepsis: Diseases of the circulatory system: Accidents (Transport; All other: 3)	(Tie) Chronic lower respiratory diseases: Influenza and pneumonia: Assault	(Tie) Chronic lower respiratory diseases: Influenza and pneumonia: Assault	(Tie) Malignant neoplasms: Diseases of heart: Congenital malformations (2 each)	(Tie) Malignant neoplasms: Diseases of heart: Congenital malformations (2 each)	Diabetes mellitus (3)	(Tie) Cerebrovascular diseases: Diabetes mellitus (11 each)	(Tie) Cerebrovascular diseases: Diabetes mellitus (11 each)	Chronic lower respiratory diseases (22)	Chronic liver disease and cirrhosis (46)	Chronic liver disease and cirrhosis (28)	Influenza and pneumonia (172)	Diabetes mellitus (352)
9	(Tie) Bacterial Sepsis: Diseases of the circulatory system: Accidents (Transport; All other: 3)	(Tie) Chronic lower respiratory diseases: Influenza and pneumonia: Assault	(Tie) Chronic lower respiratory diseases: Influenza and pneumonia: Assault	(Tie) Malignant neoplasms: Diseases of heart: Congenital malformations (2 each)	(Tie) Malignant neoplasms: Diseases of heart: Congenital malformations (2 each)	Diabetes mellitus (3)	(Tie) Cerebrovascular diseases: Diabetes mellitus (11 each)	(Tie) Cerebrovascular diseases: Diabetes mellitus (11 each)	Chronic lower respiratory diseases (22)	Chronic liver disease and cirrhosis (46)	Chronic liver disease and cirrhosis (28)	Influenza and pneumonia (172)	Diabetes mellitus (352)
10	(Tie) Bacterial Sepsis: Diseases of the circulatory system: Accidents (Transport; All other: 3)	(Tie) Chronic lower respiratory diseases: Influenza and pneumonia: Assault	(Tie) Chronic lower respiratory diseases: Influenza and pneumonia: Assault	(Tie) Malignant neoplasms: Diseases of heart: Congenital malformations (2 each)	(Tie) Malignant neoplasms: Diseases of heart: Congenital malformations (2 each)	Diabetes mellitus (3)	(Tie) Cerebrovascular diseases: Diabetes mellitus (11 each)	(Tie) Cerebrovascular diseases: Diabetes mellitus (11 each)	Chronic lower respiratory diseases (22)	Chronic liver disease and cirrhosis (46)	Chronic liver disease and cirrhosis (28)	Influenza and pneumonia (172)	Diabetes mellitus (352)
Residual ³	19	5	0	5	5	14	38	60	111	244	400	1,702	2,927
Total	112	32	14	16	65	98	213	320	701	1,336	1,950	6,554	11,411

Note: Number of deaths in parentheses. 'Accidents' is a shortened ICD-10 title for 'Accidents (unintentional injuries)'. 'Trans' is short for 'Transportation Accidents'. 'MVA' is short for 'Motor Vehicle Accidents'.
 1. Tie at rank 9 for aged <1: Atelectasis; Complications of placenta, cord and membranes; Meningitis; Intrauterine hypoxia and birth asphyxia; Influenza and pneumonia; Neonatal hemorrhage (2 each).
 2. Tie at rank 10 for aged 45-54: Influenza and pneumonia; Septicemia (5 each).
 3. Residual: Total number of deaths for all other leading causes not listed and all other causes not ranked for leading cause of death.

AGE ADJUSTED SITE SPECIFIC CANCER DEATH RATE (TABLE 6)

Further detail regarding site-specific cancer related deaths in Health District 6 is shown in [Table 6](#). These values are reported as age-adjusted rates and use age and sex-specific crude death rates for the remainder of the state of Idaho as a standard. Lung and bronchus cancer, prostate and pancreatic cancer are the most prevalent forms at the county-level.

Table 6

Age Adjusted Site Specific Cancer Death Rate (Idaho Cancer Data Registry, 2006-2010 data)

	<i>Bannock</i>	<i>Bear Lake</i>	<i>Bingham</i>	<i>Butte</i>	<i>Caribou</i>	<i>Franklin</i>	<i>Oneida</i>	<i>Power</i>	<i>HD 6</i>	<i>ID</i>	<i>HP 2020</i>
Site											
Bladder	2.1	2.4	5.6	-	9.2	-	-	2.7		3.6	
Brain & other nervous system	3.2	8.3	6.8	-	2.5	5.1	4.0	5.2	-	4.9	-
Breast	10.7	5.1	15.9	5.3	12.0	11.6	7.4	7.9	17.8	12.3	20.6
Cervix	1.6	11.6	1.9	-	-	-	-	5.3	-	1.0	-
Colorectal	13.0	14.8	17.1	26.1	11.8	11.4	10.7	10.7	16.6	13.7	14.5
Corpus Uteri	4.3	-	2.0	-	4.7	-	-	5.4	-	1.2	-
Esophagus	2.9	2.5	4.9	-	11.9	-	3.7	5.2	-	3.9	-
Hodgkin Lymphoma	0.5	-	-	5.8	2.5	-	-	-	-	0.4	-
Kidney	4.0	-	4.0	5.2	7.1	-	7.3	5.3	-	3.7	-
Larynx	0.5	5.0	0.5	-	4.7	-	-	-	-	0.7	-
Leukemia	6.9	9.8	9.5	5.2	9.5	6.4	10.6	8.1		6.4	
Liver & Bile Duct	2.9	-	2.4	-	4.8	3.4	3.8	-	-	3.3	-
Lung & Bronchus	32.2	17.1	33.3	10.2	41.8	13.1	14.3	26.4	26.6	41.5	45.5
Skin Melanoma	3.7	2.7	1.5	5.5	2.5	5.1	-	2.6	-	3.6	-
Myeloma	4.3	4.8	4.5	5.1	2.3	4.8	-	-		3.6	-
Non-Hodgkin Lymphoma	5.8	2.4	7.6	5.1	4.7	8.1	-	5.4	5.3	6.6	-
Oral Cavity & Pharynx	0.5	-	3.4	5.3	2.4	-	3.7	-	-	2.6	-
Ovary	8.0	5.0	11.1	-	-	6.6	14.7	5.4	-	3.6	-
Pancreas	10.4	14.8	8.5	10.4	4.7	26.4	18.0	7.9	12.4	10.1	-

Prostate	19.6	41.9	26.5	50.6	27.9	19.0	20.3	11.3	21.2	19.7	45.5
Stomach	4.0	-	2.0	-	-	3.3	-	-	-	2.4	-

Note: Rates are expressed as number of cases per 100,000 persons per year.

Age adjusted Mortality rates for county use age and sex-specific crude rates for the remainder of the state of Idaho as a standard.

Finder: [County Cancer Profiles, 2011](#)

YEARS OF POTENTIAL LIFE LOST (YPLL) (TABLE 7)

The 2010 Idaho Vital Statistics defines YPLL to be a measure of years of life lost in a population when persons in that population die prematurely (before age 75). This indicator provides valuable information regarding which causes of death lead to the most premature mortality. There are limitations when using YPLL, as it tends to put more emphasis on causes of death that happen more often in early childhood—such as congenital malformations and condition originating in the perinatal period. Therefore it may underestimate the impact of chronic conditions occurring later in life. Accidents (34.0 YPLL per death) and suicides (30.9 YPLL per death) are the two highest contributors to total YPLL in the general population of the Health District. Males and females follow the same trends in average number of YPLL per death. Table 7 shows the average number of years lost based on cause of death.

Table 7

Premature Death: Years of Potential Life Lost Before Age 75; Ten Leading Causes of Death Based on Premature Mortality by Gender (IDHW, Vital Statistics, 2010)

Cause of death	Person Aged Less than 75 Years		Years of Potential Life Lost (YPLL) Before Age 75		
	Number of deaths	Percent of Deaths	Average Number of YPLL per death	Total Number of YPLL	YPLL Rate
Total Population	4,857	100.0	18.1	88,086.5	5,942.0
1. Cancer	1,408	29.8	12.9	18,216.0	1,228.8
2. Accidents (unintentional injuries)	483	9.9	34.0	161,414.5	1,107.3
--transport accident	220	4.5	37.3	8,213.0	554.0
--motor vehicle accident	192	4.0	38.8	7,454.0	502.8
--Nontransport accident	263	5.4	31.2	8,201.5	553.2
3. Diseases of the heart	822	16.9	13.1	10,734.0	724.1

4. Suicide	264	5.4	30.9	8,158.0	550.3
5. Congenital malformations	54	1.1	59.2	3,197.0	215.7
6. Certain conditions originating in the perinatal period	42	0.9	74.4	3,125.0	210.8
7. Chronic lower respiratory disease	289	6.0	9.9	2,865.5	193.3
8. Chronic liver disease and cirrhosis	131	2.7	18.1	2,365.5	159.6
9. Diabetes mellitus	167	3.4	14.1	2,347.5	158.4
10. Cerebrovascular diseases	160	3.3	12.9	2,071.0	139.7
All Other Causes	658	13.5	18.7	12,330.0	831.7
Total Males	2,915	60.0	18.6	54,238.5	3,658.7
1. Accidents (unintentional injuries)	310	6.4	33.2	10,300.0	694.8
--transport accident	152	3.1	35.4	5,379.0	362.8
--motor vehicle accident	128	2.6	37.2	4,767.0	321.6
--Nontransport accident	158	3.3	31.1	4,921.0	332.0
2. Cancer	799	16.5	12.7	10,128.5	683.2
3. Diseases of the heart	573	11.8	13.7	7,863.5	530.4
4. Suicide	212	4.4	30.3	6,415.0	432.7
5. Certain conditions originating in the perinatal period	27	0.6	74.4	2,007.5	135.4
6. Congenital malformations	29	0.6	63.8	1,849.5	124.8
7. Diabetes mellitus	103	2.1	14.0	1,441.5	97.2
8. Chronic liver disease and cirrhosis	79	1.6	16.5	1,301.5	87.8
9. Chronic lower respiratory diseases	139	2.9	9.0	1,254.5	84.6
10. Cerebrovascular diseases	80	1.6	11.1	889.0	60.0
All other Causes	357	7.4	20.4	7,293.5	492.0
Total Females	1,942	40.0	17.4	33,848.0	2,283.3
1. Cancer	609	12.5	13.3	8,087.5	545.6
2. Accidents (unintentional injuries)	173	3.6	35.3	6,114.5	412.5
--transport accident	68	1.4	41.7	2,834.0	191.32
--motor vehicle accident	64	1.3	42.0	2,687.0	181.3
--Nontransport accident	105	2.2	31.2	3,280.5	221.3
3. Diseases of the heart	249	5.1	11.5	2,870.5	193.6
4. Suicide	52	1.1	33.5	1,743.0	117.6
5. Chronic lower respiratory diseases	150	3.1	10.7	1,611.0	108.7
6. Congenital malformations	25	0.5	53.9	1,347.5	90.9
7. Cerebrovascular diseases	80	1.6	14.8	1,182.0	79.7
8. Certain conditions originating in the perinatal	15	0.3	74.5	1,117.5	75.4

period					
9. Chronic liver disease and cirrhosis	52	1.1	20.5	1,064.0	71.8
10. Diabetes Mellitus	64	1.3	14.2	906.0	61.1
All other causes	301	6.2	16.7	5,036.5	339.7

Note: Ranking based on total number of years of potential life lost (YPLL); YPLL rate: total number of years of potential life lost per 100,000 population aged less than 75 years.

FINDER: [Premature Mortality, YPLL](#)

ACCESS TO HEALTH CARE (TABLE 8)

HEALTH INSURANCE

Data compiled from the University of Wisconsin Health Rankings revealed that 17.6% of adults living in Health District 6, who were less than 65 years old, did not have health insurance in 2010 (University of Wisconsin Health Rankings, 2011). A lack of health insurance can act as a barrier to receiving preventative screenings, acquiring necessary care early on and avoiding unnecessary hospitalizations (Healthy People, 2020). As mentioned earlier, 16.2% of people living within the health district were Medicaid recipients. A prominent objective of Healthy People 2020 is to ensure that nationally, 100% of the population has health insurance, in order to eliminate any obstacles to accessing appropriate and affordable care when needed.

Nineteen percent of people living in Idaho reported having no health insurance (UW, 2011). Power County showed the highest number of people living without health insurance (23.3%), with Oneida County (21.8%) and Butte County (20.3%) close behind. Bannock County has the least number of people without health insurance at 11.6% (UW, 2011).

PATIENT TO PRIMARY PHYSICIAN RATIO

Clinical care in SE Idaho shows that the ratio of primary care physicians compared to population size per county is very low but is not unlike the rest of the State. The counties that were more frontier or rural in nature had a much larger population per physician than did counties

where larger cities exist. For example, Oneida, the least populated county, reported a ratio of 1 primary care physician for every 4169 patients. More urban counties, like Bannock, reported having 1 primary care physician for every 726 people.

PREVENTATIVE SCREENING

Preventative screening of any kind requires access to the health care system for patients to be tested and then accurately diagnosed. This may act as a limitation to many that would otherwise seek screening if it were more readily available.

BREAST CANCER SCREENING. In 2011, the Department of Health and Welfare reported that Idaho was ranked last in the 50 states for mammography screening. More than a third of women over the age of 40 had not had preventative breast screening in the last 2 years (Department of Health and Welfare, 2011). These results are supported by the low number of female Medicare recipients reporting mammogram screening across Health District 6 (63%). Healthy People 2020 includes an objective to increase availability and cost of breast cancer screening. The objective is to ensure that 81.1% of females were regularly getting mammograms by the year 2020.

DIABETIC SCREENING. The average number of Medicare enrollees that reported receiving diabetic screening (HbA1c test) was consistent across the region. On average, 79.5% of Medicare enrollees in Idaho had reported an HbA1c test. All counties in the region had similar results.

COLON CANCER SCREENING. Health District 6 reported a very low number of people seeking colon cancer screening at 48.6%, especially when compared to the State average of 59.6%. This may have been due to meager reporting by other counties in the District, resulting in spotty data.

Healthy People 2020's national health goal is to ensure that 70.5% of the population receives colon cancer screening.

CERVICAL CANCER SCREENING. Data for the Behavioral Risk Factor Surveillance System (BRFSS) reported that in 2010, 70.8 percent of Idahoan females aged 18+ had received cervical cancer screening (PAP smear/test) in the last 2 years. Little data was available for the counties in Health District 6. Of the two counties that did have data available (Bannock and Bingham), both were below state percentages. Healthy People 2020 included cervical cancer screening as an objective and hopes to increase screening levels to reach 93.0% of the female population by the year 2020.

Table 8

Access to Health Care (Univ. of Wisconsin Health Rankings, 2011; Network of Care, 2012)

	<i>Bannock</i>	<i>Bear Lake</i>	<i>Bingham</i>	<i>Butte</i>	<i>Caribou</i>	<i>Franklin</i>	<i>Oneida</i>	<i>Power</i>	<i>HD 6</i>	<i>ID</i>	<i>HP 2020</i>
Clinical Care											
Uninsured adults (<65 y/o) (%)	11.6	16.4	17.6	20.3	16.1	19.7	21.8	23.3	17.6	19.0	0.0
Primary care physicians	726:1	727:1	2448:1	928:1	3420:1	2082:1	4169:1	2572:1	-	1,586:1	-
Adults with diabetes %	10.4	10.2	13.5	6.9	8.0	5.7	8.9	8.0	9.0	8.0	-
Diabetic screening (% Medicare enrollees)	76.4	76.4	77.8	78.7	86.2	82.1	78.9	74.3	78.9	79.5	-
Mammogram history for last 2 years of women 50+ (%)	72.2	-	66.9	-	-	-	-	-	70.3	69.9	81.1
Mammogram screening (% Medicare enrollees)	61.0	47.0	43.0	-	55.0	59.0	-	53.0	-	63.0	-
% 50+ reported colon cancer screen	50.4	-	44.1	-	-	52.7	-	-	48.6	59.6	70.5
% 18+ females reported pap test in last 3 years	67.3	-	66.1	-	-	-	-	-	67.8	70.8	93.0

Note: All rates are per 1,000 people unless otherwise stated

Prim. Care Physician: Ratio of population to primary care physicians. FINDER: [Screening, Access to Care](#)

HEALTH RISK FACTORS (TABLE 9)

SMOKING

Adult smoking was reported by 15.5% of the population in Health District 6, similar to the overall state frequency of 15.7%. Oneida and Butte County reported the highest percentage of smokers with 18.3% and 18.1% respectively. Healthy People 2020 set a national health target to decrease the number of adults that smoke to 12% by the year 2020.

ALCOHOL CONSUMPTION

The amount of binge drinking and excessive drinking reported by people in Health District 6 (9.3% and 7.8% respectively) was considerably lower than the statewide average of roughly 14% in both categories. All eight counties reported a varying amount of alcohol use among teenagers. The percentage of teens that used alcohol ranged from 7.7% (Oneida County) to 25.3% (Bannock County), and was reported by 20.0% of teens living in Health District 6.

VIOLENCE AND CRIME

A 2009 Agency Crime Report by Idaho State Police reported the county level motor vehicle accident (MVA) rate per 100,000 persons. Oneida reported the highest MVA rate at 3056.5 per 100,000 population, a rate considerably higher than all surrounding counties presumably due to the long stretch of high speed traffic on Interstate 15 that runs directly through the county. Also reported by the Idaho State Police 2010 Report was the county level violent crime rate. Violent crimes include homicides, assaults, rapes and robberies. Butte County had an excessively high violent crime rate with 248.1 crimes per 100,000 persons, with the next closest county being Oneida at 94.6 crimes per 100,000 persons.

OBESITY

Idahoans report less adult obesity (BMI>30) at 25.2% than most other states. The highest rate of adult obesity was reported in Franklin County at 32.3% and the lowest rate was in Oneida County at 18.0%. Overall, 30.5% of adults in District 6 reported being obese, putting it on par with Healthy People 2020's objective. Roughly 70% of the people in District 6 reported eating too few vegetables each day (less than 5 servings per day) and approximately 22% of adults reported being physically inactive (no physical activity during the past month outside of their job), a contributor to excessive weight. In terms of recreational and/or fitness facilities density (per 100,000 persons), all eight counties reported nearly non-existent facilities. The Healthy People 2020 national health goal is to increase the number of adults who engage in adequate physical activity to 47.9%.

FOOD ACCESSIBILITY

Built environment has been shown to affect an individual's amount of overall physical activity. The U.S. Department of Agriculture reported that seven of the eight counties in Health District 6 reported a higher density of fast food restaurants than grocery stores (exclusion is Caribou County). Health district 6 has 0.6 fast food restaurants and only 0.2 grocery stores per 1,000 people. The greatest discrepancy is found in Butte County with 1.1 fast food restaurants compared to 0.4 grocery stores per 1,000 people.

Table 9

Health Risk Factors by County (Network of Care, 2012, Idaho State Police, Agency Crime Report, 2009, University of Wisconsin Health Rankings, 2011)

	<i>Bannock</i>	<i>Bear Lake</i>	<i>Bingham</i>	<i>Butte</i>	<i>Caribou</i>	<i>Franklin</i>	<i>Oneida</i>	<i>Power</i>	<i>HD 6</i>	<i>ID</i>	<i>HP 2020</i>
Health Risk Factors											
Death rate due to drug use	14.8	23.0	9.1	24.2	24.4	5.4	-	8.7	13.1	11.3	-
MVA Rate	1950.7	1670.6	1712.5	2110	1450.5	1360.9	3056.5	2545.7	-	-	-
Violent Crime Rate	6.1	-	17.5	248.1	28.8	70.9	94.6	24.9	33.7	221.0	-
Adult smoking (%)	16.0	4.4	17.3	18.1	15.0	9.4	18.3	16.5	15.5	15.7	12.0
Adult binge drinkers (%)	13.4	6.6	10.1	13.2	7.4	6.4	6.3	10.1	9.3	13.8	24.4
Adult excessive drinking (%)	10.8	3.7	10.2	14.2	6.6	2.1	2.9	11.9	7.8	13.9	25.3
Teens reporting alcohol use (%)	25.3	24.3	14.8	22.5	11.3	8.6	7.7	24.2	20.0	-	-
Obese adults % (BMI>30)	29.7	25.4	28.7	25.1	24.4	32.3	18.0	29.7	30.5	25.2	30.5
Adults with high blood pressure (%)	29.6	28.1	27.1	19.3	-	19.5	-	31.2	-	25.9	-
Adults who eat too few fruits/vegs (<5serv) %	77.9	77.2	79.1	88.8	75.1	82.8	-	72.1	69.1	75.4	-
Adult physical inactivity (%)	20.2	30.9	23.1	25.0	27.5	23.9	27.3	24.5	22.4	-	-
Rec facility and fitness fac. Density	0.1	0	0.1	0	0	0	0	0	00	-	-
Sexually Transmitted Infections (STI)											
Chlamydia	342.3	52.4	185.1	106.4	72.1	102.4	118.3	149.2	242.7	-	-
Gonorrhea	4.8	0	2.2	0	0	0	0	0	3.0	-	-
Syphilis	2.4	0	2.2	0	0	0	0	0	1.8	1.4	-
Air Quality											
Particle Pollution (parts/mil/year)	17.8	-	12.0	1.0	-	42.0	-	-	19	4.5	-
Built Environment											
Fast food Restaurant Density	0.7	1.0	0.5	1.1	0.1	0.6	0.5	0.8	0.6	-	-
Grocery Store Density	0.1	0.5	0.2	0.4	0.4	0.2	0.2	0.3	0.2		
Healthy food outlets (%)	50.0	11.1	30.0	33.3	20.0	33.3	50.0	33.3	-	36.0	-
Farmer Market Density	0	0	0	0	0.1	0	0	0.1	0	-	-
Prenatal Care											

None/inadequate (%)	13.4	14.6	16.6	7.9	8.4	14.6	21.1	20.2	12.5	13.9	-
Mothers who received early prenatal care %	73.6	62.9	68.7	76.3	83.2	73.7	63.8	64.6	71.7	73.6	77.9
Substance Abuse During Pregnancy (%)											
Smoking during pregnancy	13.8	14.3	8.8	6.7	12.7	6.0	13.3	13.8	11.7	11.6	-
Teen Pregnancy Rate by Age											
<15 y/o	0.3	4.0	1.1	-	3.8	-	-	-	0.8	0.5	-
15-19 y/o	38.9	30.2	38.7	-	38.1	30.1	30.3	55.4	37.8	39.3	-
15-17 y/o	17.8	14.8	21.7	-	6.9	8.3	-	26.0	17.3	18.5	-
18-19y/o	63.8	62.5	73.8	-	106.1	88.2	93.0	113.4	70.5	69.4	-
WIC and Breastfed											
WIC Participation (%)	52.4	46.0	47.5	36.7	40.0	41.3	29.2	67.4	49.6	44.8	-
Breastfed (%)	86.3	74.7	82.8	96.7	82.7	84.0	75.0	84.4	84.4	88.6	81.9
Low Birth Weight											
Total LBW (<2500g) %	7.3	4.4	9.4	16.7	5.5	5.5	3.3	14.1	7.9	6.8	-
Very LBW (<1500g) % %13.3	1.1	-	0.3	3.3	1.8	0.5	-	3.7	0.9	1.1	1.4
Moderately LBW (1500-2499g) %	6.2	4.4	9.1	13.3	3.6	5.1	3.1	10.4	7.0	5.7	7.8
Delivery Payment Source (%)											
Self-pay	4.0	4.4	6.0	13.3	8.2	13.7	7.7	16.3	6.2	8.7	-
Private Insurance	49.2	58.2	51.9	66.7	58.2	47.2	72.3	34.8	55.2	47.9	
Medicaid	44.3	33.0	40.6	20.0	32.7	36.3	20.0	47.4	35.3	38.7	
Other Government	2.4	-	1.4	-	0.9	2.4	-	1.5	0.8	3.8	
Other/None	0.1	4.4	0.1	-	-	0.5	-	-	0.2	0.8	

Note: All rates are per 100,000 people unless otherwise stated

Binge Drinking: Average percent of males who consumed 5+ drinks and women who consumed 4+ drinks on an occasion in the last 30 days.

Excessive Drinking: Average percent of males who consumed >60 drinks and females who consumed >30 drinks in the last 30 days.

Violent Crime: total number of homicides, assaults, rapes and robberies per 100,000 population

Fast Food restaurant density: number of fast food restaurants per 1,000 population

Healthy food outlet: percent of people in zip codes in county with a health food outlet

Physical Inactivity: A person is considered physically inactive if during the past month, other than a regular job, he or she did not participate in any physical activities or exercises such as running, calisthenics, golf, gardening, or walking for exercise.

Teen live birth rate: number of pregnancies per 1,000 females in corresponding age group.

FINDER: [Health Risk Factors](#)

COUNTY SUMMARIES

Health outcome and factor scores are denoted for each county. They were collected from the University of Wisconsin’s County Health Rankings. Health outcomes measures how long people live (mortality) and how healthy people feel while alive (morbidity). Health factors measures health behaviors, clinical care, social and economic, and physical environment factors (County Health Rankings and Roadmaps, 2011). The county ranking is compared against other Idaho Counties only—there are 44 counties in Idaho. A score of 1 is the best health ranking, 44 is the worst.

BANNOCK COUNTY

Health outcomes: 30 Health factors: 12

Demographic and Economic Indicators

- Population: 82,839 (largest in Health District 6)
- Major cities and towns: Arimo, Chubbuck, Downey, Inkom, Lava Hot Springs, McCammon and Pocatello
- Slight racial diversity (90% White, 7% Hispanic)
- 94% speak English at home; 3% speak Spanish at home
- Young population (61% of population is under 39 y/o)
- Educational attainment is highest in Bannock County:
 - 18.4% of people have completed bachelor’s degree, compared to statewide average of 16.9% (includes people 25 years or older)
 - 8.9% have completed a graduate or professional program, compared to statewide average of 7.7%
- 2nd highest rate of unemployment in Region (6.9%)
- 2nd highest number of people living in poverty (16.3%); children living in poverty (18.7%)
- 2nd highest number people receiving food stamp assistance (19%)

Mortality

Top 2 Causes of Death:

- Diseases of the Heart (178.7 per 100,000 population)
- Cancer (132.8 per 100,000 population)

- Lung & Bronchus (32.2 per 100,000 population)
 - Prostate (19.6 per 100,000 population)
 - Colorectal (13.0 per 100,000 population)
- Age adjusted years per life lost was 7011 per 100,000 population in 2011
 - Highest death rate due to Alzheimer's disease in Health District (30.2 per 100,000 population)
 - Age-adjusted death rate due to **suicide** is high (22.0 per 100,000 population)
 - Age-adjusted death rate due to **influenza/pneumonia** is highest in Health District 6 (12.0 per 100,000 population)
 - Age-adjusted death rate due to **coronary heart disease** is 2nd highest in Health District 6 (148.3 per 100,000 population)
 - Age-adjusted death rate due to **cerebrovascular disease** is highest in Health District 6 (70.6 per 100,000 population)
 - Age-adjusted death rate due to **diabetes** is highest in Health District 6 (24.0 per 100,000 population)

Behavioral Risk Factors

- Adult obesity is high (30% of people being clinically obese (BMI>30))
- Adult binge drinking was highest in Health District 6(13%)
- Teenage alcohol use was the highest in Health District 6 (25%)
- Lowest violent crime rate in Health District 6 (6.1 per 100,000 people)
- Fewest adults living without health insurance (11.6%)
- Best ratio of primary care physicians per person in Health District 6 (726:1)
- More women reported having a breast cancer screening (72.2%) over the last 2 years than the statewide average of 69.9%
- Fewer people received a colonoscopy (50.4%) than in the rest of the state (59.6%)
- Most active adult population with only 20.2% reporting physical inactivity
- High rates of Chlamydia (342.3 per 100,000 population), Gonorrhea (4.8 per 100,000 population) and Syphilis (2.4 per 100,000 populations) compared to other counties in the Health District (collegiate population?)

Maternal Health

- 13.4% of mothers had inadequate or no prenatal care at all
- 14% of mothers smoked at some point during pregnancy
- 2nd highest teen pregnancy rate in 15-19 y/o females in Health District 6 (38.9 per 1,000 females)
- Lowest fertility rate in Health District (87.4 per 1,000 population)

BEAR LAKE COUNTY

Health outcomes: 39 Health factors: 10

Demographic and Economic Indicators

- Population: 5,986
- Major cities and towns: Bloomington, Georgetown, Montpelier, Paris and St. Charles
- 24% of population are senior citizens (60+ y/o)
- Minute racial diversity (96% White and 4% stated Hispanic)
- Aging population (25% of population is 60+ y/o)
- Educational attainment is mediocre
 - Highest number of high school graduates (38%) (includes people age 25+)
 - Well below statewide average in bachelor degree (12.9%) and graduate degree (3.7%) attainment
- Low unemployment rate (5.5%)
- 16% of people living in poverty; 20% of children living in poverty
- Lowest median household income per year in Health District 6 (\$39,469)
- 2nd lowest number of people receiving food stamp assistance (9%)

Mortality

Top 2 Causes of Death:

- Diseases of the Heart (384.2 per 100,000 population)
- Cancer (167.1 per 100,000 population)
 - Prostate (41.9 per 100,000 population)
 - Lung & Bronchus (17.1 per 100,000 population)
 - Colorectal (14.8 per 100,000 population)
- Age adjusted YPLL was 7180 per 100,000 population in 2011
- Highest **heart disease** death rate in Health District 6 (384.2 per 100,000 population)
- Highest **chronic low respiratory disease** death rate in Health District 6 (83.5 per 100,000 population)
- Highest **cerebrovascular disease** death rate in Health District 6 (83.5 per 100,000 population)
- Age-adjusted death rate due to **suicide** is lowest in Health District 6 (1.0 per 100,000 population)
- Age-adjusted death rate due to **diabetes** is lowest in Health District 6 (2.0 per 100,000 population)
- Highest rate of death in Health District 6 (1236.2 per 100,000 population)

Behavioral Risk Factors

- 2nd lowest adult obesity (25%)

- Lowest rate of adult smoking in region at 4%
- Binge drinking and excessive drinking were 2nd lowest in Region (7% and 4% respectively)
- 2nd highest average of teens using alcohol (24%)
- 16% of adult population does not have health insurance
- 2nd best ratio of primary care physician per person (727:1)
- Highest number of physically inactive people (31%)

Maternal Health

- 15% of mothers had inadequate or no prenatal care at all
- 14% of mothers smoked at some point while pregnancy (highest in Health District 6)
- 75% of mothers breastfed (lowest in Health District 6)

BINGHAM COUNTY

Health outcomes: 28

Health factors: 20

Demographic and Economic Indicators

- Population: 45,607
- Major cities and towns are Aberdeen, Atomic City, Basalt, Blackfoot, Firth and Shelley
- 2nd youngest population (36% of population are children or adolescents (0-19 y/o)
- More racially and ethnically diverse (81% White and 17% stating Hispanic)
- 85% speak English at home; 13% of population speak Spanish at home
 - 6% of population speaking English less than “very well”
- Young population (60% of population is 39 y/o or younger)
 - Educational attainment is mediocre Completion of high school (33%) is higher than statewide average
 - Very low numbers of bachelor degrees (12%)
- Comparable unemployment rates (6.0%) to rest of counties.
- Comparable poverty rates to state (16% people; 20% children)
- High number of people receiving food stamp assistance (15.4%)

Mortality

Top 2 Causes of Death:

- Diseases of the Heart (175.4 per 100,000 population)
- Cancer (166.6 per 100,000 population)
 - Lung & Bronchus (33.3 per 100,000 population)
 - Prostate (26.5 per 100,000 population)
 - Colorectal (17.1 per 100, population)
- Age adjusted YPLL was 7072 per 100,000 population in 2011
- Age-adjusted death rate due to **prostate cancer** is highest in Region (48.9 per 100,000 population)
- Highest percentage of people living with diabetes in Region (14%)
- Lowest death rate of all counties in Health District 6 (714.8 per 100,000 population)
- Lowest rate of deaths due to diabetes mellitus, suicide, influenza/pneumonia, and nephritis in Health District 6.

Behavioral Risk Factors

- High levels of adult obesity (29%)
- High number of adults with diabetes (14%)
- High levels of adults smoking (17%)
- Low levels of adult binge drinking and excessive drinking (both 10%)

- 15% of teenagers were using alcohol
- Rate of MVAs compared to other counties is similar (1712.5 per 100,000 population)
- Very low violent crime rate (17.5 per 100,000 population)
- 18% of adult population does not have health insurance

Maternal Health

- Highest live birth rate (17.3 per 1,000 women aged 15-44 y/o)
- 17% of mothers had inadequate or no prenatal care at all
- Teen pregnancy rate in the 15-19 y/o age group was high (38.7 per 100,000 population)

BUTTE COUNTY

Health outcomes: 38 Health factors: 27

Demographics and Economic Indicators

- Population: 2,891 (smallest in Region)
- Major towns and cities are Arco, Butte City, Darlington, Howe and Moore
- Oldest population in Health District (25% are 60+ y/o)
- Low racial diversity (96% White and 4% Hispanic)
- 98% speak English at home; 2% speak Spanish at home
- Aging population (24% of population is 60+ y/o)
- Education attainment is mediocre
 - High number of high school graduates (31 %) compared to statewide average of 28%
 - Low number of college degrees (13%) compared to statewide average of 17%
- Low unemployment rate (5%): *might be misleading due to presence of INL
- High number of children living in poverty (22%)
- Low number on food stamp assistance (9%)

Mortality

Top 2 Causes of Death:

- Diseases of the Heart (276.7 per 100,000 population)
- Cancer (173.0 per 100,000 population)
 - Prostate (50.6 per 100,000 population)
 - Colorectal (26.1 per 100,000 population)
 - Pancreas (10.4 per 100, population)
- Age adjusted **suicide** death rate was highest in Health District 6 (36.4 per 100,000 population)
- Ranked in top 3 of all counties in all causes of death

Behavioral Risk Factors

- Low levels of adult obesity (25%) compared to statewide averages (30.5%)
- Highest percent of people that did not consume recommended vegetable servings per day (88.8%)
- High levels of adult smoking (18%)
- Highest levels of binge and excessive drinking in the Region (13% and 14% respectively)
- High number of teens using alcohol (23%)
- High rate of MVAs compared to other counties in the Region (2110 per 100,000 population)
- Extremely high rate of violent crime (more than double the rate of the next county) (248.1 per 100,000 population)
- Greatest density of fast food restaurants (1.1 per 1,000 population)

- 20% of adult population does not have health insurance

Maternal Health

- 8% of mothers had inadequate or no prenatal care at all (lowest in Region)
- Lowest amount of smoking during pregnancy (9%)
- Highest number of low birth weight babies born in Health District 6 (16.7%)

CARIBOU COUNTY

Health outcomes: 26

Health factors: 7

Demographic and Economic Indicators

- Population: 6,963
- Major towns and cities are Bancroft, Grace and Soda Springs
- Low racial diversity (95% White, 4% Hispanic)
- 96% speak English at home; 3% speak Spanish at home
- Proportionate age distribution
- Educational attainment is decent
 - High number of high school graduates (36%) compared to statewide average (28%)
 - Low number of college graduates (13%) compared to statewide averages (17%)
- Unemployment rate is comparable to other counties
- Low numbers of people and children living in poverty (12% and 16% respectively)
- Lowest number of people on food stamp assistance (8%)
- Highest median household income per year in Health District 6 (\$49,208)

Mortality

Top 2 Causes of Death:

- Diseases of the Heart (287.2 per 100,000 population)
- Cancer (201.4 per 100,000 population)
 - Lung & Bronchus (41.8 per 100,000 population)
 - Prostate (27.9 per 100,000 population)
 - Breast (12.0 per 100, population)
- Age adjusted YPLL was 7508 per 100,000 population in 2011 (highest in Health District 6)
- Highest rate of death due to **cancer** in Health District 6 (201.1 per 100,000 population)
- 2nd highest age adjusted **suicide** rate in Health District 6 (29.3 per 100,000 population)

Behavioral Risk Factors

- Lowest levels of adult obesity in Health District 6 (24%)
- Average number of adult smokers is comparable to state averages (15% compared to 16% respectively)
- Low levels of binge drinking (7%) and excessive drinking (7%)
- Low levels of teens using alcohol (11%)
- Low rate of MVAs compared to other counties in Region (1450.5 per 100,000 population)
- Low rate of violent crime (28.8 per 100,000 population)
- Death rate due to suicide was 2nd highest in Region (29.3 per 100,000 population)—age adjusted

- 20% of adult population does not have health insurance
- Poor ratio of primary care physicians per person (3420:1)
- Highest number of Medicare enrollees receiving diabetics screening (86%)
- Lowest density of fast food restaurants (0.1 per 1,000 population); also the only county in Region that has a higher density of grocery stores than fast food restaurants

Maternal Health

- 8% of mothers had inadequate or no prenatal care at all (2nd lowest in Health District 6)
- 13% of mothers smoked at some point during their pregnancy

FRANKLIN COUNTY

Health outcomes: 4

Health factors: 4

Demographic and Economic Indicators

- Population: 12,786 (3rd largest in Region)
- Major towns and cities include Clifton, Dayton, Franklin, Mink Creek, Oxford, Preston, Thatcher, Weston and Whitney
- Youngest population in Health District (38% of population falls under 0-19 y/o)
- Low racial diversity (94% White, 6% Hispanic)
- 94% speak English at home; 5% speak Spanish at home
- Extremely young population (nearly 40% under the age of 19)
- Educational attainment is mediocre
 - Region's highest number of high school graduates (41%)
 - Low number of college graduates (13%)
- Unemployment rate is lowest in Region (5.1%)
- Lowest number of people and children living in poverty (11% and 15% respectively)
- Low number of people on food stamp assistance (9%)

Mortality

Top 2 Causes of Death:

- Cancer (164.2 per 100,000 population)
 - Pancreas (26.4 per 100,000 population)
 - Prostate (19.0 per 100,000 population)
 - Lung & Bronchus (13.1 per 100, population)
- Diseases of the heart (148.6 per 100,000 population)
- Age-adjusted YPLL was 4783 per 100,000 population (lowest in Health District 6) in 2011
- 2nd highest age-adjusted cerebrovascular disease death rate in Health District 6 (68.9 per 100,000 population)
- Lowest death rate due to Alzheimer's Disease in Health District 6 (7.8 per 100,000 population)
- Highest death rate due to Nephritis in Health District 6 (39.1 per 100,000 population)

Behavioral Risk Factors

- Highest amount of adult obesity in Region (32%)
- Low levels of adults smoking (9%)
- Very low levels of binge and excessive drinking (6% and 2% respectively)
- Low levels of teens using alcohol (9%)
- Lowest rate of MVAs in Region (1360.9 per 100,000 population)

- Low rate of violent crime compared to other counties in the region (70.9 per 100,000 population)
- 22% of adult population does not have health insurance
- Lowest percent of people living with Diabetes in Region (6%)
- 2nd highest number of Medicare enrollees receiving diabetic screening (82.1%)

Maternal Health

- 14.6% of mothers had inadequate or no prenatal care at all
- 6% of women smoked at some point during their pregnancy (lowest in Health District 6)
- Low number of low birth weight babies (6%)

ONEIDA COUNTY

Health outcomes: 17

Health factors: 11

Demographic and Economic Indicators

- Population: 4,286 (2nd smallest)
- Major town is Malad
- Least racially diverse (97% White, 3% Hispanic)
- 98% speak English at home; 2% speak Spanish
- Aging population (23% are 60+ y/o)
- Educational Attainment is mediocre
 - High number of high school graduates (37.4%)
 - Lowest number of college graduates (9.7%)
- Unemployment is comparable to other counties in Region (5.7%)
- Lower number of people and children living in poverty in comparison to the state
- Low number of people relying on food stamp assistance (9%)

Mortality

Top 2 Causes of Death:

- Diseases of the Heart (326.6 per 100,000 population)
- Cancer (186.7 per 100,000 population)
 - Prostate (20.3 per 100,000 population)
 - Pancreas (18.0 per 100,000 population)
 - Ovary (14.7 per 100, population)
- Low age adjusted suicide death rate (2.0 per 100,000 population)
- Highest death rate due to accidents in Health District 6 (116.7 per 100,000 population)
- Highest death rate due to diabetes in Health District 6 (70.0 per 100,000 population)
- Diseases of the heart death rate is 2nd highest in Health District 6 (326.6 per 100, 000 population).

Behavioral Risk Factors

- Lowest amount of obese adults in Region (18%)
- Highest level of adult smoking in the Region (18%)
- Lowest amount of binge and excessive drinking (6% and 2% respectively)
- Low number of teens that report using alcohol (9%)
- Highest rate of MVAs in Region (3056.5 per 100,000 population)
- 2nd highest rate of violent crime in Region (94.6 per 100,000 per population)
- 22% of population does not have health insurance
- Worst ratio of primary care physicians per person (4169:1) in Region

Maternal Health

- 21% of mothers had inadequate or no prenatal care (highest in Health District 6)
- 13% of mothers smoked at some point during their pregnancy
- Lowest percentage of low birth weight babies born (5.5%)
- Highest fertility rate in Health District 6 (100.3 per 1,000 women aged 15-44 years)

POWER COUNTY

Health outcomes: 19

Health factors: 22

Demographic and Economic Indicators

- Population: 7,817
- Major towns and cities are American Falls, Arbon Valley, Pauline and Rockland
- Most racially diverse in Health District 6 (75% White, 30% Hispanic)
- 75% speak English at home; 22% speak Spanish at home
 - 12% of Spanish speakers speak English less than “very well”
- Proportionate age distribution
- Educational attainment is good
 - High number of high school graduates (31%) compared to statewide average (28%)
 - 2nd highest number of college graduates (13%)
- Unemployment rate is highest in Region (7.3%)
- Highest number of people and children living in poverty in Region (16% and 24% respectively)
- 2nd lowest median household income per year in Health District 6 (\$39,555)
- Highest number of people relying on food stamp assistance in Region (19%)

Mortality

Top 2 Causes of Death:

- Diseases of the Heart (115.1 per 100,000 population)
- Cancer (115.1 per 100,000 population)
 - Lung & Bronchus (26.4 per 100,000 population)
 - Prostate (11.3 per 100,000 population)
 - Colorectal (10.7 per 100, population)
- Age adjusted YPLL was 6260 per 100,000 population in 2011
- Highest death rate due to **diabetes** (70.0 per 100,000)
- Highest age adjusted death rate due to **coronary heart disease** in Region (164.9 per 100,000 population)
- 2nd highest death rate due to **cerebrovascular disease** in Health District 6 (76.8 per 100,000 population)
- Lowest accident related death rate in Health District 6 (25.6 per 100,000 population)

Behavioral Risk Factors

- High levels of adult obesity (30%)
- Binge and excessive drinking was higher than most other counties (10% and 12% respectively)
- Very high level of teens reported using alcohol (24%)
- 2nd highest rate of MVAs in Region (2545.7 per 100,000 population)

- 2nd lowest rate of violent crime in Region (24.9 per 100,000 population)
- 23% of adult population does not have health insurance (highest in Region)
- Lowest number of Medicare enrollees receiving diabetics screening test (74%)

Maternal Health

- Highest birth rate in Health District 6 (17.3 per 1,000 persons)
- 20% of mothers had inadequate or no prenatal care at all (2nd highest amount in Health District 6)
- Highest teen pregnancy rate in Health District 6 (55.4 per 1,000 females aged 15-44 years)
- 2nd highest percentage of low birth weight babies (14.1%)

DISCUSSION

GENERAL HEALTH STATUS

According to the United Health Foundation (UHF) (2011)—a national foundation that has been ranking states' overall health status since 1990--Idaho's health ranking has dropped significantly in the past two years. In 2010, Idaho ranked in the top 10 of the healthiest states in the nation. Now, Idaho has plummeted to the 19th spot.

According to the 2011 America's Health Ranking report, Idaho, strengths include:

- Low incidence of infectious disease
- Low rate of preventable hospitalizations
- Low violent crime rate

Idaho's areas of weakness were reported to be:

- Limited availability of primary care physicians
- Low immunization coverage
- High rate of uninsured people

The report also noted some health disparities that need to be addressed. In Idaho, smoking is more prevalent in non-Hispanic American Indians at 29.1% than non-Hispanic Whites at 16.1% as is obesity prevalence at 41.1% in non-Hispanic American Indians compared to 25.1% in non-Hispanic Whites.

Additionally, Idaho ranks lower on health determinants (factors that affect an individual's health) than on health outcomes (disease, injury, death), indicating that overall healthiness may decline over time once outcomes start to catch up with determinants (UHF, 2011).

HOW DOES HEALTH DISTRICT 6 (HD6) COMPARE TO THE REST OF THE STATE OF IDAHO?

This report found that mortality rates in the counties in Health District 6 (HD6) were higher than statewide averages in the following areas:

- Shortest life expectancy (78.1 years) of all Idaho health districts; 1.5 years shorter than the average Idaho life expectancy
- Higher rates of death due to heart disease (189.7 per 100,000 people compared to 158.1 per 100,000 people in Idaho) resulting in an average of 13.1 YPLL per death
- Higher rates of accidents causing death (46.7 per 100,000 compared to Idaho's 41.3 per 100,000) resulting in an average of 34.0 YPLL per death
- Higher rates of death from cerebrovascular disease (44.9 per 100,000) than the statewide average (30.0 per 100,000) causing an average YPLL of 12.9 years per death
- More death due to diabetes mellitus in HD6 (33.1 per 100,000), especially in Butte County (69.2 per 100,000), and Oneida County (70.0 per 100,000) where rates are statewide rates (22.5 per 100,000), thus results in an average of 3.4 YPLL per death
- Higher rates of death attributed to suicide in HD6 (20.7 per 100,000) compared to Idaho (18.5 per 100,000), resulting in an average YPLL of 30.9 years per death—most notably a problem in Butte County where death rates were 69.2 per 100,000
- Higher rates of death from influenza/pneumonia in HD6 (21.3 per 100,000) compared to a statewide average of 13.7 per 100,000
- Greater death rate due to nephritis, nephrotic syndrome or nephrosis than Idaho (20.7 per 100,000 versus 11.9 per 100,000 respectively)

This report found that HD6 was better than Idaho in the following areas:

- Less people reporting binge drinking in HD6 (9.3%) compared to Idaho (13.8%)

This report also found that the counties in Health District 6 (HD6) were lagging behind Idaho

in the following areas:

- Lower median household income than Idaho's average (\$42,747 versus \$46,423 respectively)
- Higher levels of unemployment (6.9% in HD6 versus 6.3% in Idaho)
- Less college graduates than Idaho's average (13.0% compared to 16.9% respectively)
- 18% of the population in HD6 is uninsured; lower than Idaho's average of 19.0%, but greater than the national average of people without health insurance at 15.1%
- Shortage of primary care physicians
- 9.0% of people in HD6 have diabetes compared to 8.0% statewide
- Low vegetable consumption (roughly 70% of adults were not getting the recommended servings of vegetables each day)
- Higher levels of physical inactivity (25% of adults reported no physical activity outside of job related activity compared to 22% of all Idahoans)

HOW DOES HD6 COMPARE TO SOME OF THE HEALTHY PEOPLE 2020 (HP2020) OBJECTIVES?

Table 10

Health District 6 and Healthy People 2020 Objectives (USDHHS, 2010)

	HD6	HP2020	Goal
Death rate due to cancer	149.5	160.6	Met
Death rate due to breast cancer	17.8	20.6	Met
Death rate due to colorectal cancer	16.6	14.5	Unmet
Death rate due to lung/bronchus cancer	26.6	45.5	Met
Death rate due to prostate cancer	21.2	45.5	Met
Death rate due to diabetes	33.1	21.1	Unmet

Death rate due to heart disease	55.9	33.8	Unmet
Death rate due to influenza/pneumonia	138.4	100.8	Unmet
Uninsured adults (%)	17.6	0.0	Unmet
Population w/ breast cancer screen (%)	70.3	81.1	Unmet
Population w/ colon cancer screen (%)	48.6	70.5	Unmet
Population w/ PAP test (%)	67.8	93.0	Unmet
Adult obesity % (BMI>30)	30.5	30.5	Met
Physical activity (150mins/wk.) (%)	24.5	47.9	Unmet
Adequate prenatal care (%)	71.6	77.9	Unmet
Mothers who breastfeed (%)	84.4	81.9	Met
Adult Smoking %	15.5	12.0	Unmet
Adult binge drinking %	9.3	24.4	Met
Adult excessive drinking %	7.8	25.3	Met

Note: Rates are expressed as number of deaths per 100,000 population.

AREAS OF IMPROVEMENT

In order for SE Idaho to improve the life expectancy of its residents, the following areas of improvement are recommended:

- Accident prevention (leading cause of death for Idahoans 1-44 y/o)
 - An average of 34.0 years per life lost per death
- Suicide prevention
 - An average of 30.9 years per life lost per death
- Increase physical activity levels in adults and children
 - Increased physical activity has been shown to decrease risk of heart disease, cancer, diabetes, cerebrovascular disease, mental health—all leading causes of death in Idaho (Thune & Furberg, 2001; Lloyd-Jones D, Adams R, Brown T. 2010; Sturm, J. et al. 2012)
 - Increased physical activity helps with weight management and obesity development
- Increase prenatal care access and education

- Increase availability of health resources in Spanish, specifically in counties with high Spanish speaking populations (Bingham and Power Counties)
- Increase preventative screening rates (specifically for mammograms, colonoscopies and PAP tests and diabetes)
- Increase public awareness of resources that are already available versus creating more resources

LIMITATIONS

The size of certain counties and lack of county specific data proved to be the limiting in the development of this report, specifically among certain health indicators. Certain counties were so sparsely populated that comparison with more densely populated counties may have been inflated. Data gaps were found in the following areas: suicide rate, county-level preventative screenings and county-level environmental/air quality information. While interpreting these results, it is important to remember that rates and prevalence in some counties might be exaggerated due to their sizes (i.e. violent crime, MVAs, certain cancers, diabetes etc.).

Additionally, most information regarding health behaviors (vegetable consumption, smoking, obesity etc.) is self-reported data, which can be limiting because it requires respondents to recall their past behavior over lengthy time-periods, thus resulting in recall bias.

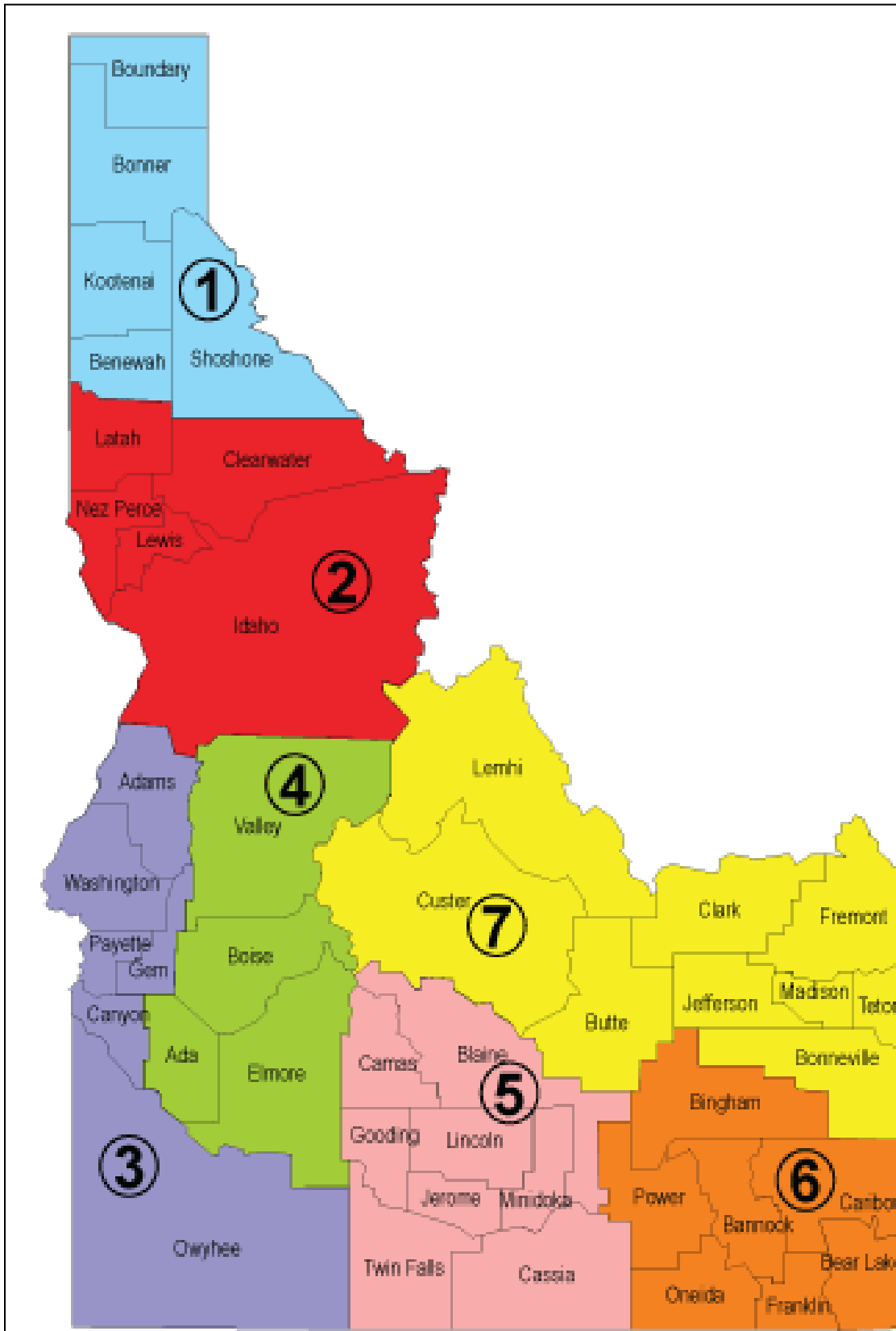
Finally, in order to gain a better understanding of the health problems and needs of each community, it is imperative that qualitative data be included in results. Oftentimes a deeper understanding of health risk behavior and disease outcome is discovered through the “perceived” health problems that residents identify. Not to mention, residents have first-hand experience with the barriers that exist in their communities to improving health outcomes.

FURTHER DIRECTION

Once qualitative findings have been merged with these quantitative results, the next step will be interpretation of hospital data. Two themes in the hospital data will be examined. First, areas of preventable hospital visits will be identified. Next, the utilization frequency by age and racial/ethnicity group will be examined. Ultimately, the goal of G2H is to consolidate the skills from all community stake-holders involved and determine priority areas to intervene in hopes of working towards healthier counties in SE Idaho.

APPENDIX: IDAHO MAP OF HEALTH DISTRICTS

(Vital Statistics, IDHW, 2011)



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