

Health assessment puts access atop priority list

Access to health care, mental health/suicide and substance use disorder top the list of concerns in Panhandle Health District's 2018 Community Health Assessment (CHA).

'Looking at the data, it makes sense,' PHD public information officer Katherine Hoyer said. 'But substance abuse and mental health in our area, knowing how big of health issues they are, is eye-opening, I think, even for the health district.'

The CHA was released last week after a yearlong process of data collection and analysis identifying county-specific health needs and issues in District 1, which comprises Boundary, Bonner, Kootenai, Benewah and Shoshone counties. A new CHA is conducted every five years.

'It's a significant undertaking for the health district, but we were able to gather feedback from over 1,600 citizens. We worked with over 60 community partners around the district,' Hoyer said. 'We had awesome input from our community members, and we have a really core team that's been working on the CHA for this entire year. It's a hefty project.'

Other issues that rose to the top during the analysis were housing, heart disease and obesity, as well as cancer, food security, diabetes, tobacco, employment inequity, heart disease and resources for aging population.

Categories of interest examined included socioeconomic factors, demographics, health behaviors, health outcomes, clinical care and physical environment. The largest sources of stress residents reported experiencing in the past 12 months were work, family, finances and health.

'It's amazing how everything is really connected,' Hoyer said, adding that the three main themes will serve as focal points that will in turn impact other parts of people's lives. 'It's a trickle-down effect.'

In Kootenai County specifically, CHA research found that 20 percent of household incomes are above \$100,000 and the median income is \$53,151.

Yet Kootenai County has 29.2 percent population with low food access. That compares to the entire district at 24.88 percent and the state of Idaho at 26.31 percent.

Low food access is defined as low-income census tract where a large number of residents have low access to supermarkets or large grocery stores.

PHD is inviting the public to review the CHA and provide feedback and solutions through the Community Health Improvement Plan (CHIP). The CHIP will identify ways Panhandle and community partners can address the health needs that were identified in the CHA.

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‘We look forward to the action items and associated strategies that will be developed as part of the Community Health Improvement plan,’ said Lora Whalen, director of PHD. ‘The CHIP will provide us a map to healthier North Idaho communities.’

Hoyer said that through the CHIP, PHD officials will be able to look at the roots of the main problems and accordingly implement programs and education opportunities. She said feedback collection and CHIP should wrap up this fall.

‘We need to be able to provide people in our community with those resources and education to make a difference,’ Hoyer said. ‘Hopefully we can do that through this process.’

To view the CHA or provide feedback for the CHIP, visit:

www.panhandlehealthdistrict.org/community-healthassessment-and-plan

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