

**Rural Health Care Services Outreach Program  
Healthy Rural Hometown Initiative**

**Grant Number D04RH40260 Intermountain Healthcare REACH Cassia**

**Community Assessment Phase 1: Gap Analysis and Asset Mapping**

**Purpose**

The REACH Cassia asset mapping and gap analysis is being used to identify two key things: 1) resources that are available in the community to support those with heart disease and chronic lower respiratory disease (CLRD) so that we can establish a well-informed community paramedicine and coordinated care project with this grant funding, and 2) gaps in resources that we might be able to fill in part through Intermountain Healthcare’s telehealth services. This asset mapping and gap analysis is the first key step for our group to gain an understanding of the available resources in the region so that we can plan our implementation accordingly, but it is an ongoing process. We envision this map and analysis as a living document that our project director will update quarterly so that both our Community Health Worker (CHW, to be hired) and key stakeholders in this project will be kept informed about the available resources for those living with heart disease and CLRD in Cassia County.

**Scope**

We are using four different criteria to establish boundaries for our project’s ongoing asset mapping and gap analysis efforts. First, we are primarily interested in resources available within the geographic boundary of Cassia County, Idaho, as this is the service area for our project. Second, we are interested in a broad array of resources that individuals can utilize related to both heart disease and CLRD—everything from the availability of pulmonologists in the region to resources related to diabetes education and self-management, to resources that promote fitness, exercise, and well-being. Because so many individuals, social, and environmental factors can affect heart and lung health, we began this asset mapping with a very broad framework for potential resources we can both promote and utilize. However, due to the realities of resources available in more rural parts of the US, what might be a large list in the other part of the country only expands when we are able to extend our search beyond Cassia County; for example, the only nearby pulmonologist available exists outside of Cassia. As such, our third criteria for this asset mapping is the inclusion of what we see as substantial and critical resources, and the inclusion of the closest resource available to Cassia residents within these categories. Finally, fourth, because one of our goals with this project includes the implementation of telehealth to fill identified resource gaps and decrease health inequalities in the region, we include our out-of-state Intermountain Healthcare telehealth services in this map to highlight their availability for everyone who will use this tool going forward.

**Community Involvement**

Our two grant partners, Family Health Services Corporation, and South Central Public Health District, were integral to the creation of this first version of our asset mapping and gap analysis. Our Project Director, Adam Roth, had one on one conversations with individuals at both of these organizations, who helped us identify initial community resources, provided additional contacts in the community, and also helped us identify overlapping goals between our project work plan and the goals over other organizations in the region. These conversations were especially helpful in connecting us with others to begin to think through some ways in which we can work with additional stakeholders going forward.

We will provide access to this updated living document to our grant partners. The Project Director, in addition to keeping the document up to date, will also make sure that the CHW (soon to be hired) will have access to this document so that they can share it with patients we are working with through the REACH program, and so that they will also be able to work with community members and stakeholders to discuss how to disseminate these findings creatively and effectively to those who can benefit most from this knowledge.

**Rural Health Care Services Outreach Program  
Healthy Rural Hometown Initiative**

**Asset Collection & Gap Analysis**

The REACH project is aimed to reduce inappropriate ED utilization, reduce the 30-day readmission rates for heart disease and CLRD residents at Cassia Regional Hospital, improve blood pressure control, and increase workforce training in the target area. South Central Public Health District is one of the partners for this project. They have been a great resource for us in this asset mapping; they have provided lots of information about assets that they have already established in the district. Their main office is located in a nearby city (Twin Falls, Idaho, about 50 minutes away) though they have a hub in Cassia County. We have been working with them to help identify areas they have found to be beneficial in the region and have discussed what assets are strong and are useful when it comes to heart disease and CLRD. We will be able to utilize resources that South Central Public Health District has identified and/or created to help with poor eating habits and obesity, lack of motivation for physical activity, need for culturally sensitive education about healthy food choices, cost of mental health treatment and medications, and prevalence of depression and anxiety. However, during the process of gathering resources and assets that best support our project we identified two major gaps in our community.

Cassia County has a mostly homogenous population, but it does include various racial and ethnic minorities. Racial and ethnic minorities face a higher burden of chronic disease, more barriers to care, and less access to care than White individuals (HRSA, 2016). The service area does have a significantly large Hispanic population, 27.2% of residents, larger than that of the U.S. Hispanic population of 18.5% and more than double Idaho's Hispanic population of 12.8%. It should also be noted that 21.3% of Cassia County residents speak a language other than English at home, which is attributed to the large Hispanic population (U.S. Census Bureau, Quick Facts 2019). Despite the large Hispanic population in Cassia County we were only able to find one resource in Cassia County to support this group. There is a caregiver that goes once a week for two hours to the local Spanish radio broadcast station and provides education and a place for the community to contact with their questions. We also discovered that though there are several educational handouts and pamphlets in Spanish there is a large population of the Hispanics that are illiterate not only in English but in Spanish throughout Cassia County. Working with this caregiver to deliver education and resources for the Hispanic community will provide great opportunities for Cassia County community.

Another gap that was discovered is the lack of local pulmonologists and respiratory resources. The closest pulmonologist is approximately forty miles away and the respiratory resources that are available in the community are only for patients at Intermountain Cassia Regional Hospital. Residents, oftentimes, do not have access to reliable transportation to reach healthcare offered in the metropolitan service area. Even when transportation is available, the extreme winters, with an average of 22 inches of snow per year, make it difficult to travel (NOAA 2019). This results in residents choosing to forego preventative healthcare, which results in high rates of preventable chronic healthcare conditions, avoidable emergency room visits, and hospitalizations. As we continue to map and update the assets and resources in the region, and begin to implement our plans for this grant, we are looking into the possibilities of utilizing Intermountain's robust telehealth capabilities to help address some of the needs in this community, especially as they relate to distant and sometimes inaccessible pulmonology care and respiratory resources. Our current idea is for patients to be able to access follow-up appointments through the REACH program that will allow them to bridge the gap to access to care, whether that gap in access is due to transport, distance, or knowledge of what resources are available.

**ATTACHMENTS**

We have included one attachment, labeled "REACH Cassia\_Intermountain Healthcare Asset Mapping November 2021"