A Study of

Poverty in Latah County, Idaho in 2012

December 2012

LEAGUE OF
WOMEN VOTERS®

League of Women voters of Moscow

Moscow, ID

REPORT PREPARED BY:

Nancy Chaney and Nancy Lyle, Chairs

Jennifer O'Laughlin, Elaine Broyles,
and Karen Lewis
Housing

Jennifer O'Laughlin
Food Insecurity

Louise Davison, Kisha Bayly, and Della Bayly
Child Care

Nancy Chaney
Transportation

Maree McHugh, Nancy Lyle, Sally Fredericks, Louise Davison,
Liz Sullivan, and Ellen Thiem
Health Care

Louise Davison and Jennifer O'Laughlin
Manuscript Preparation

POVERTY IN LATAH COUNTY IN 2012

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A STUDY OF POVERTY IN LATAH COUNTY IN 2012

DECEMBER 2012

The members of the League of Women Voters of Moscow at the 2011 Annual Meeting voted to study poverty in Latah County.

SCOPE OF THE STUDY

The study covers five areas that greatly impact low-income residents of Latah County. Those five areas include Housing, Food Insecurity, Transportation, Health Care and Child Care. The study of each area was organized on the following topics:

- Extent of the problem
- How the problem is being addressed and with what resources.
- Identifying deficiencies
- Interactions among interest groups/organizations.

The purpose of the study was to provide a snapshot in time of the current state of poverty in Latah County and the resources currently available to assist those in need. The study is meant to be used by stakeholders in hopes that a common knowledge of the current status of poverty and the services provided can lead to a coordinated approach to improve the efficiency and effectiveness of programs.

INTRODUCTION

Poverty is sometimes invisible in Latah County. As such, needs may be overlooked by those who might otherwise help. A variety of resources is available, but gaps in communication limit cooperation between service providers and access by people who need their services.

The problem became apparent when various service providers approached local government to express concern over increasing demands on their services without commensurate increases in support. Rather than address issues piecemeal, the City of Moscow convened a series of well-attended forums among stakeholders, and recognized their enthusiasm over the prospect of cooperation.

Members of the League of Women Voters of Moscow realized the need for a basic gathering of information on the current state of poverty in Latah County and studied the problem for over a year before an initial report was produced. The League of Women Voters of Moscow approved the study and its positions by consensus in November 2012. The board adopted the positions in December of 2012. The study and the positions adopted can be viewed at LWV-Moscow website: community.palouse.net/lwvm.

Housing

Extent of the Problem

Housing challenges in Latah County mirror those in the rest of the country: the immediate need for safe housing for homeless families, the lack of affordable housing for households below or near the poverty line, and the demand for temporary housing for homeless individuals.

According to the National Coalition for the Homeless, one of the fastest growing segments of the homeless population is families with children. In their 2007 study, they found that families comprised 41% of the homeless population and 25% of the homeless population are children. Homeless families are most commonly headed by single mothers in their late 20s with an average of two children. (www.nationalhomeless.org)

Persons living in poverty are most at risk of becoming homeless. People have been driven into poverty by unemployment, eroding work opportunities and wage stagnation making rent payments difficult or impossible. Other contributing causes include the high cost of medical care and resulting financial devastation from a medical emergency, domestic violence, mental illness, and addiction. People experiencing homelessness have certain basic needs including affordable housing, adequate incomes, and health care.

Of the households in Latah County, 46% are rental units and the fair market rent for a two-bedroom apartment is $612/month, which requires a household income of at least $24,480 per year, or $11.77 per hour for full-time employment. An estimated 56% of renters are unable to afford this.[1]

In 2010 23% of Latah County's residents lived below the poverty line. The segment of the population most in need is families headed by a single female with children under age five; 85% of these families are below the poverty level.[1]

Each January, local shelters conduct the Point in Time Count, a one-night statewide census of Idaho's homeless population. Volunteers go out to homeless shelters and to streets and other locations where homeless people congregate. The volunteers ask homeless people a variety of questions: age, race, disability status, whether or they are staying in a shelter, whether they are a veteran, if they have been a victim of domestic violence, and what caused them to become homeless. The homeless are a notably difficult group to survey, and it is impossible to find every homeless person. The Count does not include people without homes of their own who are staying with friends or relatives, "couch-surfing," although these people should be regarded as homeless. It is a thorough effort at counting and describing the people in our state who spend their night in a homeless shelter or somewhere "not intended for human habitation." The one-day count in 2012 in our region, North Central, was 112. The "Where are the Homeless" report from the Public Policy Center at Boise State University provides statewide results and

additional data: http://sspa.boisestate.edu/publicpolicycenter/interactive-charts/where-are-the-homeless/

In December 2011 the City of Moscow conducted a forum on poverty on the Palouse and has convened several subsequent meetings on all aspects of poverty. The most significant gap in resources was determined to be the scarcity of housing for homeless families. Housing for households below or near the poverty level is also a critical need.

How is the problem being addressed and with what resources?

Sojourner's Alliance: Sojourner's Alliance is a Moscow nonprofit that operates a transitional housing facility for homeless men, women, and families. It is currently the only shelter for single individuals between Boise and Coeur d'Alene. In an effort to help clients become self-sufficient, the program offers long-term housing, supplemental food assistance, on-site case management, counseling services, and referrals to other area agencies. Clients are expected to participate in weekly case management meetings, agree to an entry urinalysis for drug testing and random urinalyses if needed, and they must comply with all policies for housing clients including maintaining a drug, alcohol, and violence free environment. Individuals stay in the program for an average of nine months. The program provides ten apartments for households headed by a homeless person with a diagnosed disability and can serve up to 23 people at the main facility. Two of the apartments are limited to families with children. In the past year Sojourner's has served 85 people, but according to the facility's Executive Director, 15 to 25 households are turned away each week, and many are families with children. Sojourner's office is located at 627 North Van Buren Street in Moscow (208-883-3438).

Alternatives to Violence of the Palouse: Alternatives to Violence provides housing for individuals and families who are in immediate danger from domestic or sexual violence. The program can house 17 people and has the capability to handle overflow in extreme situations. An average stay is 30 days. In the past year, the program has not denied service to anyone who is in a threatening situation. Their office is at 627 North Van Buren Street in Moscow, in the same building as Sojourner's Alliance (208-883-4357). They also have a Pullman office at 1125 NW Nye Street (509-332-4357). The ATV 24-hour crisis hotline phone number is 877-334-2887. The housing location is necessarily confidential.

Community Action Partnership [CAP]: CAP is a private, nonprofit organization. Since 2011 Community Action Partnership has experienced a 50% increase in requests for lodging for the homeless, primarily single men and families who have been evicted or have had their homes damaged by floods or fires. CAP can pay for 1–2 nights of emergency lodging at the Royal Motor Inn or Hillcrest Motel and refer people to Sojourner's and St. Vincent de Paul (208-882-3535).

St. Vincent de Paul: This is a service organization affiliated with the Roman Catholic Church that reaches out to families and individuals in crisis. People needing housing assistance contact

them via their hotline (208-883-3284). A volunteer returns the call, usually within 24 hours. A volunteer visits the requestor in person, and a committee determines at the weekly meeting how best to help. St. Vincent's assisted 750 Latah County residents in 2011 and was able to provide some aid to all, but could not provide as much as needed. They can give financial assistance for back rent, rent deposits to get into new housing, and emergency housing in a motel for a limited time, depending on the situation. St. Vincent's pays money directly to the landlord. They also provide referral information for local low-income housing, other agencies, and shelters.

U. S. Department of Housing and Urban Development [HUD]: HUD is the principal federal agency that distributes funds for affordable housing, public housing, and rental assistance, through the programs described below.

1. The Section 8 Housing Choice Voucher Program. This is the federal government's major program for assisting very low-income families, the elderly, and the disabled to afford decent, safe, and sanitary housing in the private market. It is administered by the Idaho Housing and Finance Association, which has an office in Lewiston. Housing assistance is provided on behalf of the family or individual. Participants are able to find their own housing, including single-family homes, townhouses, and apartments, and they are not limited to subsidized housing projects. The voucher is paid directly to the landlord, with the household paying the difference between the voucher and the actual rent. Eligibility for a housing voucher is determined by the total annual gross income and family size. In general, the family's income may not exceed 50% of the median income for the county or metropolitan area in which the family lives. By law, 75% of the vouchers must be awarded to applicants whose incomes do not exceed 30% of the area's median income. Building owners do run credit and background checks on applicants. At this time there is an 18- to-24- month waiting list. They do not provide emergency assistance. See www.ihfa.org/ for more information. (The Lewiston office's phone number is toll free (1-866-566-1727).

2. The HUD sliding-scale project-based assistance program. This program bases rent on income and no voucher is required. Eight complexes in Latah County are part of the program: Mountain View Apartments, Oakridge, Hawthorne Village, Towne House, Edenmoor Apartments, and Ridge Road Apartments in Moscow, Hiawatha Apartments in Potlatch, and Hillcrest Apartments in Genesee. None of these has openings and there is a long waiting list.

The Federal Emergency Management Agency's Emergency Food and Shelter Program allotted $13,140 to Latah County in FY 2011 for food, meals, shelter in a mass sheltering facility or hotel, rent/mortgage assistance, and utility assistance. The allocation was based on county size and the determination of needs according to federal guidelines. The funds were distributed by the United Way of Latah County to Sojourner's Alliance, Alternatives to Violence, Community Action Partnership, and St. Vincent de Paul. Future funding for this program is uncertain.

Family Promise: The Poverty on the Palouse committee identified Family Promise as the program with the most potential for creating housing for homeless families. Family Promise is a faith-based, nonsectarian, non-proselytizing nonprofit with 181 affiliates in the U. S., including Lewiston/Clarkston and Coeur d'Alene. Nationally, nearly 80% of the families served by Family Promise go on to long-term housing. Moscow and Pullman citizens are in the process of establishing the program on the Palouse. It is designed to serve families with children and can accommodate about 12 people at a time. The families spend nights and are fed nutritious meals in area churches, and the adults use a designated day center while the children are in school. The day center is used solely by the Family Promise program and its participants. Counseling and educational services are provided by a paid director, social worker, and committed volunteers. Families average 58 days in the program, which means as many as 70 people could benefit from the program per year. The local Family Promise has received some grants and hopes that the program will be operational in 2013.

The Idaho Department of Health and Welfare provides information and some funding for housing for people with disabilities. Latah County has $6000 in its budget for indigent housing. There is an application process and a Latah County resident can receive assistance for only one month in a twelve-month period. It is to be used as a last resort and since October 2011 has provided $605 to two people.

What are the deficiencies?

There is no single point of access to information regarding housing;

The number of homeless families exceeds local capacity to house them;

Housing for homeless individuals, especially men, is needed to ease the burden carried by Sojourner's Alliance;

Affordable, low-cost housing is needed for those at or near the poverty level; and,

There is a need for emergency shelter, especially in harsh weather.

Interactions among interest groups/organizations

The Poverty on the Palouse forums highlighted the critical need for housing for the homeless, and the different nonprofits and governmental providers are aware of all the available resources and freely refer those who need housing assistance to the appropriate program. The Family Promise of the Palouse is comprised of people from Whitman and Latah counties, and is expected to use churches for overnight stays in both. Churches have historically been on the front line for providing help, and it is still true. Sojourner's Alliance is usually the first agency that the homeless contact, and its director is aware of all the variety of complementary programs that exist. The Idaho Housing Assistance Guide,

http://www.housingidaho.com/HousingAssistanceGuide.html, provides information on temporary and low-income housing.

References Cited

[1]Selected Economic Characteristics on pp. 47–49, this report.

Food Insecurity

Extent of the problem

"Food insecurity" is a condition assessed in the Current Population Survey and represented in USDA food security reports. It is a household-level economic and social condition of limited or uncertain access to adequate food. The food-insecurity rate measures the percent of the population that experienced food insecurity at some point during the year. It does not mean that the household lacked adequate food for the entire year. The food insecurity rate for Idaho's general population in 2010 was 17% and for Latah County was 17.6%. The rate for children in Latah County was 20.7%, or 1380 children.[1] Inadequate food supply and nutrition adversely affects the health of all humans, and in children is especially detrimental: it affects their physical health, behavior and mental health, development, and school readiness and achievement.

Food prices have steadily increased since the advent of the great recession and are projected to increase by 2.5–3.5% in 2012 and by 3–4% in 2013.[2] People in poverty spend a greater proportion of their incomes on food and other necessities than do people with higher incomes, and are immediately affected by food price increases. The Federal Reserve has reported that the recent economic crisis left the median American family in 2010 with no more wealth than in 1990, erasing almost two decades of accumulated prosperity and forcing some families from the middle class into poverty.

In 2010, 58% of food-insecure households in Latah County participated in at least one of the three major food assistance programs—the Supplemental Nutrition Assistance Program [SNAP], formerly known as food stamps, the National School Lunch Program, and the Special Supplemental Nutrition Program for Women, Infants and Children [WIC].[3] The number of families in the U. S. drawing federal benefits for food assistance has grown sharply in the past decade. Since 2008, the number of SNAP participants has swelled from 28 million to 46 million and costs have doubled. (These programs are part of the "Farm Bill" that expired on September 30, 2012. There could be significant cuts; however, a poll conducted by the Food Research and Action center showed that more than three in four voters say cutting food stamp funding is the wrong way to reduce government spending (http://frac.org/pdf/poll_summary_jan_2012.pdf).)

The recent downturn in the economy has resulted in a surge in demand at all nonprofit and governmental agencies that address this problem.

How is the problem being addressed and with what resources?

School Nutrition Programs: The Free and Reduced Meal Program is available to qualifying families based on income and household size. Applications are sent home at the beginning of the school year and are available anytime at school offices. For eligibility guidelines see http://www.fns.usda.gov/cnd/Governance/notices/iegs/IEGs.htm.

The student participation rate for Latah County school districts in the 2009–10 school year was 19.7% for Genesee, 11.1% for White Pine, 47.4% for Kendrick, 39.2% for Troy and 44.5% for Potlatch, and these numbers have increased in the last two years. In the 2011--2012 Moscow school year, 33% of the students were eligible for meal benefits; however, individual schools are as high as 57%.[4] Clearly, this program provides crucial childhood nutrition. The downside is that the meals are served Monday through Friday when school is in session. Severely food-insecure children are not getting essential nutrition on weekends, holidays, or during the summer. There are numerous reports of children taking extra food on Fridays to eat during the weekend and children coming to school very hungry on Mondays.

Beginning in June 2012, the Moscow School District participated in the Summer Food Program, a USDA program for children between the ages of one and eighteen. All children in Latah County were eligible to receive these meal benefits, which were served at West Park School. The total cost of meals was reimbursed by the Idaho Department of Education. Moscow school district food service staff prepared the food, and volunteers served the meals to children. The program would not have been sustainable without the help of volunteers. Participating children were served 4484 meals during 49 serving days, or about 100 meals per day. The district will continue the program in 2013, assuming the USDA funds it. Unfortunately, the program is not available in other Latah County towns or in other locations in Moscow.

Supplemental Nutrition Assistance Program: SNAP is a central component of American policy to alleviate hunger and poverty. It is the largest of the domestic food and nutrition assistance programs administered by the USDA's Food and Nutrition Service. The program is handled in Idaho by the Idaho Department of Health and Welfare. An eligible family receives an Idaho Quest Card, which is used in card scanners at grocery stores, and also at the Moscow Farmers' Market. The benefit amount depends on a variety of circumstances, such as the number of people in the household, income, and other factors. The card debits funds from a Food Stamp account set up for the eligible family to pay for food items. The card cannot be used for nonfood items, such as cigarettes, alcohol, pet foods, soaps, diapers, paper products, and household supplies**.** The SNAP threshold is 130% of the poverty line. For guidelines by household size see http://aspe.hhs.gov/poverty/12poverty.shtml#guidelines (p. 51, this report).

The U. S. Census Bureau's estimate of the percentage of Latah County families whose income is below the poverty level ranges from 13.3% for all families to 85% of families with a female head of household and related children under five years of age, or 23% for the total population.[5] Participation in Idaho increased 150.9% between 2007 and 2011.[6] The participation rate in the SNAP program for Idaho is 55% of those eligible, which is the sixth lowest in the United States, which indicates that there are hundreds of eligible families that do not apply for needed assistance.[7] For Latah County in July 2012, 7.8% of the population received SNAP benefits while about 25% were eligible.[8] In Idaho, effective June 2011, family resources must be under $5000 to qualify for Food Stamps. Resources include, but are not limited to, cash, bank accounts, stocks, bonds, real property, household vehicles, and recreational vehicles. Household vehicles might be excluded based on use and other factors. While participation in

the SNAP program is not nearly what it could be, it has been the primary source for nutrition supplementation for those below the poverty line since the 1960s.

Women, Infants and Children Program: WIC is a USDA program that provides federal grants to states for supplemental foods, health-care referrals, and nutrition education for low-income pregnant, breastfeeding, and non-breastfeeding postpartum women, and to infants and children up to age five who are found to be at nutritional risk. The service is provided through the Public Health-Idaho North Central District. Latah County is in District 2, administered from Lewiston. The Moscow office phone number is 208-882-7353. Income guidelines are more generous than those for SNAP: for a household of two, the maximum gross income allowed is $27,214. See http://idahopublichealth.com/83-wic/ for more information about eligibility. The health care chapter of this report contains more information about the services provided by this program.

Food Banks: All the towns in Latah County have at least one food bank. Most are supplied by the Idaho Foodbank out of its Lewiston office and also receive significant donations of money and goods from individuals and groups. The Idaho Foodbank manages the Mobile Food Pantry Program, which features a 34-foot trailer that visits rural communities, including Bovill, Potlatch, and Juliaetta. Call the Idaho Foodbank, 208-746-2288, for hours and locations of Mobile Food Pantry stops.

Food banks are independent nonprofit organizations that rely on monetary contributions and donations of foodstuffs and non-foodstuffs, such as household cleaners, diapers, soaps, personal care items, and paper products.

Latah County Food Banks

Town	Name	Address	Phone
Deary	Adventist Community Service	405 Main Street	208-877-7414
Genesee	Genesee Food Bank	732 W. Walnut Street	208-285-1195
Kendrick	J-K Good Samaritan Food Bank	614 Main Street	208-276-4510
Moscow	Moscow Food Bank	618 E.1st Street	208-882-4813
Moscow	Trinity Moscow Food Pantry	711 Fairview	208-882-2015
Potlatch	Potlatch Food Bank	195 6th Street/Room 102	208-875-0385
Troy	Troy Food Bank	106 E. 6th Street	208-835-4357

The School Backpack Program, managed by the Idaho Foodbank, is offered at Russell and West Park elementary schools in Moscow. The program discreetly distributes backpacks weighing about six pounds that contain two breakfasts, two lunches, two dinners, and two snacks to

participating children on the last day of the school week. In the State of Idaho 2000 backpacks are distributed each week and an estimated 7000 are needed. Other Latah County towns would like to participate in this program.

Backyard Harvest: Backyard Harvest is an innovative local nonprofit that connects local gardeners, farmers, and fruit tree owners to area food pantries and meal programs. The weekly farm share program, mobile food stand, and food bank and meal site drop-off program have delivered fresh foods to struggling families living across the Palouse and Lewiston-Clarkston Valley. Backyard Harvest has partnered with the City of Moscow and the Moscow Food Co-op to allow for the acceptance of federal food assistance funds—SNAP—at both the Saturday Moscow Farmers' Market and the Tuesday Growers' Market.

"Friendly Neighbors" Senior Lunches. The Moscow senior meal site, operated by "Friendly Neighbors," serves low-cost, nutritious lunches on Tuesdays and Thursdays in the Great Room of the 1912 Center. Everyone is welcome and seniors unable to pay the $4.00 charge are subsidized. The Area Agency on Aging in Lewiston (800-877-3206) will arrange home delivery, if needed. The Moscow Meals on Wheels program dissolved several years ago, but the need still exists.

What are the deficiencies?

There is no single point of access to information regarding food insecurity;

Latah County needs the Idaho Foodbank's School Backpack Program in all towns;

The Summer Food Program should be more widely available. For instance, New Haven, Connecticut uses a summer food truck to deliver the summer food program meals. As most children in Latah County cannot go to West Park School in Moscow, this would be an inventive way to distribute meals;

The State of Idaho needs to market the SNAP program more aggressively. Only 55% of eligible households participate;

There is a need for more coordination between the food banks. A local foods facility would help with problems of storage and distribution, reliability of resources, and the wide variability of supplies; and,

Idaho sales tax applies to food, which is not the case in many states. This is a regressive tax and affects the poor the most because food requires a greater proportion of low-income budgets. The Idaho Grocery Credit refund is available to Idaho citizens who do not file an income tax return, but food stamp recipients do not qualify, and the refund is allotted in a lump sum after February of the following year, which does not alleviate the constant, week-to-week anxiety about grocery bills.

Interactions among interest groups/organizations

Latah County nonprofits and governmental organizations have been drawn together through the meetings of Moscow's Poverty on the Palouse. The public is now more aware of the extent of poverty and hunger in Latah County.

References Cited:

[1] Feeding America. 2012. http://feedingamerica.org/hunger-in-america/hunger-studies/map-the-meal-gap.

[2] U. S. Department of Agriculture, Economic Research Service. August 2012. Food Price Outlook. http://www.ers.usda.gov/data-products/food-price-outlook.aspx.

[3] Feeding America. 2012. http://feedingamerica.org/hunger-in-america/hunger-studies/map-the-meal-gap.

[4] Indicators Northwest. 2011. University of Idaho, and Community Action Partnership. http://www.indicatorsnorthwest.org/ and conversations with Moscow School District.

[5] U. S. Census Bureau. Selected Economic Characteristics. 2008-2010 American Community Survey 3-Year Estimates. DP03. (See pp. 47--49, this report).

[6] Food Research and Action Center. 2010. National and State Program Data. http://frac.org/reports-and-resources/reports-2/.

[7] See http://idahohunger.org/Resources/Reaching2008.pdf for full report.

[8] Idaho Department of Health and Welfare. Food Stamp Recipients by County (July 2012). http://www.healthandwelfare.idaho.gov/Portals/0/FoodCashAssistance/FoodStamps/data_FSparticipationByCounty.pdf.

Child Care

Extent of the problem

"State budgets that began shrinking in 2007 signaled the early warning signs of the magnitude of the recession's impact on children's programs. Since then, state after state has made annual deep budget cuts. Children have paid an enormous price. Many states began their new fiscal years with additional cuts that will make it even more difficult to prepare children for success."[1] (Idaho's 2011 budget is underfunded by over $84 million dollars.)

Any discussion of child care should begin with the elements of a quality child-care environment. They include: 1) highly skilled teachers; 2) small group or class sizes and high staff/child ratios; 3) age-appropriate and stimulating materials to play with in a safe physical setting; 4) a language-rich environment; and 5) warm, responsive interactions between staff and children. (Appendices A-C have fuller information relating to quality programming.)

As can be seen in the tables and text below, Idaho and Latah County do not have enough child-care providers; many of those who work in the field are unqualified and under-trained; there are too many children per provider (who are often undercompensated); thorough inspections are not routinely required; the financial assistance that exists is not known to those who need it, and thus is underutilized; and, increasingly, due to the recession, child care may very well come last on the list of living expenses. All this, in spite of the fact that the return on investment from effective early childhood programs is from $4.10 to $9.20 per dollar invested (some estimates place the savings in future costs at $17/dollar invested); the community benefits include less crime, less welfare, reduced educational remediation, and increased tax revenue due to greater earning potential in adulthood.[2]

"In Latah County, there is the financial *need* for both parents to work outside the home and if it is a single-parent home . . . [it is required] for the parent to work outside the home. Over the years there has also been a very steady increase in the number of grandparents raising grandchildren, creating the need for the grandparent to remain in the work force or reenter the workforce. Although many of these families are eligible for support of child-care costs through the Idaho Child Care Program [ICCP], the rates of most facilities, especially high-quality facilities, are higher than the support through ICCP, making these impossible options for families. Families then are turning to the only other options that they have. These options include children being left home alone far before having the developmental skills and abilities to be alone and often times are left caring for their even younger siblings. Other times you find these families having an unfamiliar neighbor or very new boyfriend or girlfriend provide the care for the children. All of these options put these children at extreme risk of abuse and neglect. The statistics of children being abused while in the care of their mother's boyfriend are staggering . . . . With the downturn in the economy I have witnessed many more parents and caregivers having to accept positions with split shifts or graveyard type schedules. It is very

difficult for these families because most child-care facilities or in-home providers do not operate during those hours. When this happens . . . this is putting a very vulnerable population at high risk of being abused, neglected, and not receiving the support that they need to successfully reach each developmental milestone" (personal communication, 7/2012, Mandy Maxcer, Program Supervisor, Infant Toddler Early Intervention Program, Department of Health and Welfare; she added that there are far fewer options for rural county residents). See Table 1 for an overview of specific Latah County information.

Table 1: Specific Idaho/Latah information.

	Idaho	**Latah**
Children under 18 below FPL*	70,315 (17%)	1249 (from 6666 or 18.7%)
Children under 6 with all available parents working/thus presumably needing child care	79,535	1021 (from 2162 or 47.2%)
Children 3–4 years of age NOT enrolled in any type of school	30,487 (64.5%)	444 (from 825 or 53.8%)
Children under 18 in households receiving SSI, cash public assistance income, or food stamps/SNAP in past year	75,821 (18.1%)	1352 (from 6752 or 20.0%)
Under 19, uninsured (year 2009)	50,983 (11.7%)	842 (from 7958 or 10.6%)

Information above from Idaho Kids Count, Census Data Highlights: Child well-being in Idaho, January 2012/ *= Federal Poverty Level

The Federal Child Care Development Fund [CCDF] exists to provide child care to low-income families who work or are going to school, as well as child-care resource and referral services. The Idaho Child Care Program [ICCP] is funded by the federal government and administered by the Idaho Department of Health and Welfare (http://healthandwelfare.idaho.gov/Children/ChildCareAssistance/tabid/292/Default.aspx). However, in 2007 only 25% of income-eligible children under age six and living at the Federal Poverty Level [FPL] received child-care subsidies in Idaho: the percentage of young children living in families with incomes between 150-200% of FPL ($30,975–$41,300) is greater than any other state in the nation. Idaho is one of only seven states that does not make child care available for all income-eligible families.[3] Rule changes in 2008 allowed for more eligible families, but no additional federal funds have been or are expected to be made available. The funding shortfall has to be made up through measures such as higher co-payments or collecting

delinquent child support payments prior to awarding subsidies. Eighty-five percent of Idaho families receiving these subsidies must make co-payments ranging from 7% to 66% of their monthly income. (In 2007, subsidized families paid an average of 11% of their income for child care.) From 2006 on, the average reimbursement rate to registered providers was $280, which has meant that many providers elect *not* to accept ICCP subsidies because this figure is so low. The costs of child care in Idaho are included in Table 2.

An important problem related to affordability should be noted. At the poverty level, small improvements in family income rarely help families become financially stable and able to independently fund child care. In Idaho, ICCP is structured to terminate when a family reaches the eligibility limits (called a "cliff"), and to gradually get smaller as earnings increase (called a "phase out"). When these occur as a result of families working more, or earning more, the loss of financial supports can hinge on very small increases, essentially resulting in a pay cut.[3] This alone can cause parents to have to make choices such as lower quality or less reliable child care; but because these families often receive multiple work support subsidies, including those for food and medical care, and because these supports are structured similarly to the ICCP policy, getting ahead can take you down!

Table 2: Specific child-care information for Idaho:

Total number of children under 6 potentially needing child care	82,700	
Total number of available spaces/ spots available in any type of care	44,522	
Child-care centers	589*	(nationally accredited: 4%)
Child-care center costs	$5834	(annually, for an infant)
	$5059	(annually, child 4 years old)
Family child-care providers	530**	(nationally accredited: 2%)
Family child-care costs	$5354	(annually, for an infant)
	$4889	(annually, child 4 years old)

Table 2: Specific child-care information for Idaho, continued:

Percent of income, married couple	9%	(on average)
Percent of income, single mother	26%	(on average)
Average income of child-care worker	$18,760	(annually)

Information from Child Care Aware of America, 2012/ *up 100 from 2011/ **half the number reported in 2011

How is the problem being addressed and with what resources?

Idaho Health and Welfare/Idaho Child Care Program. ICCP care providers are registered and complete annual health inspections. (These visits are pre-planned; thus providers have time to prepare for inspection.) The program targets low-income families. IdahoSTARS successfully manages the child-care provider eligibility component for the Idaho Child Care Program to assist low-income families. IdahoSTARS, created to improve the quality of child care in Idaho, developed a fully coordinated statewide resources and referral system [CCR&R] with seven regional offices to provide resources to child-care providers and parents http://www.healthandwelfare.idaho.gov/Children/ChildCareAssistance/tabid/292/Default.aspx Latah County is in Region 2 (http://idahostars.org/; see Appendix D).

The Lewis-Clark Early Childhood Program is a regional provider of early childhood education and family support services (http://lcearlychildhood.org/programs/). Better known as Head Start, the Moscow branch currently serves 54 low-income families with children from 3 to 5 years of age. Head Start is a federal grant program directed by the Administration for Children and Families (Department of Health and Human Services). Early Head Start is a complementary extension of the original Head Start effort, providing parental support and learning activities for expectant parents and families with newborn to 3-year-old children. These programs are free to income-eligible families; Moscow currently has three fully enrolled classrooms; however, there is a wait list of 20 families and 15 more that are just above the income-eligible cutoff; no Head Start exists elsewhere in the county. Expansion of this valuable resource would be very beneficial. All staff and aides have some early childhood education training and the trend is to require more. Moscow considers itself fortunate because it can draw on students studying at the UI School of Family and Consumer Sciences to volunteer. The basic Head Start services include: 1) education; 2) family support services (including referral to other agencies, crisis intervention, and limited, as-needed assistance with transportation); 3) parent involvement; 4) nutritional, health and dental services (two meals/class day, assistance with getting medical and dental examinations and immunizations; Early Head Start addresses prenatal care); and, 5) mental health (mental health professionals as needed), special needs, and disabilities services (assistance by local early intervention specialists or partnerships with school districts).

In all of Latah County as of September 2012, 23 child-care facilities applied for ICCP assistance, 15 of which are located in the City of Moscow. They represent the entire range from centers to group homes (7–12 children), and relatives caring for children. The list for Moscow can be found in Appendix E. Importantly, the University of Idaho Children's Center serves about 130 families (mostly university-related families), but also accepts ICCP-subsidized children; it is accredited by the National Academy of Early Childhood Programs.

Regarding child-care licensing, there is *no* county ordinance; the City of Moscow's ordinance is currently undergoing changes, but has been one of the strongest in the state (see \https://www.ci.moscow.id.us/storage/public_records/agendas/06%20Proposed%20Day%20Care%20Ordinance%20Code%20Changes.pdf for the draft ordinance). The ordinance applies only to child care within city limits; compare with Idaho's code (Appendix F). In Moscow facilities that are known to the city, the current (2012) Deputy City Clerk who is responsible for day care enforcement, the city's building inspector, the fire inspector, and the electrical hazard inspector conduct an inspection before a license is granted (and work with those who do not meet code to become compliant). The license is good for one year and must be reapplied for, with an annual inspection by these four city agents. A fire drill is conducted with all the children in a facility at this same time. Additionally, the Deputy City Clerk and the building inspector go to each facility two to three other times during the year to make sure all is up to code. This includes the 15 ICCP-accepting facilities within the city limits of Moscow. Furthermore, Moscow's ordinance requires the on-going training of providers at licensed facilities. Moscow alternately registers child-care providers, in which case the requirements are that the provider may care for only five children (plus his/her own) with only a background check and a fire inspection.

The UI Children's Center is nationally accredited. New Discoveries Playschool (Moscow) is an Idaho STAR-rated child-care provider (see Appendix D). Moscow Day School and Pea Pods and Sprouts (Troy) are currently undergoing the STAR-rating evaluation. This is a voluntary facility improvement rating system (Quality Rating and Improvement System [QRIS] run by IdahoSTARS).

Some parenting and personal-skills training is provided by IdahoSTARS, Gritman Medical Center, and the Moscow Parks and Recreation Department (however, see Appendix G for the trends in funding and programming, as well as a child-care professional's anecdotal observations in the county).

What are the deficiencies?

There is no single point of access to information about child care;

In 2007, over 40,000 Idaho children lived with parents who were low-wage workers whose incomes were above the Federal Poverty Level, but below a living wage; this figure has not gone down in recent years;

Idaho does not require a license—or inspection—for small family child-care homes until there are seven children in care. Idaho received a score of "zero" because this number is considered to be too high.[4] Additionally, Idaho did not meet any of the standards for Small Family Child Care Homes in the 2012 update (see Appendix A). In other words, there are too many children in many facilities and they are in unlicensed homes. Note: the actual number of children in a home is important because it affects the safety of the children as well as the provider's ability to effectively interact with each child. In Idaho, a family home with the care-giver's own children does not have to be licensed;

Uninspected homes may mean children are being cared for in a setting in which the safety of the home is unknown. Outside the City of Moscow, the state enforces much weaker regulations and probably only a fire inspection is conducted at those facilities/homes attempting to become licensed by the state; licensing, however, is not mandatory in Idaho;

ICCP-participating child-care provider numbers are going down, even as the number of ICCP-served families is rising;

Child care needs to expand to rural areas where a high proportion of low-income families live; and,

Funding for education in parenting and personal skills has repeatedly decreased or been eliminated (Young Children and Family Services has ceased to exist; see Appendix G for specific information regarding programming and the county).

Interaction among interest groups/organizations

IdahoSTARS partners with many other Idaho agencies and organizations to coordinate early care and education throughout the state. There are quarterly meetings to network and exchange ideas, etc. At regional CCR&R offices there is a team of professionals to answer questions. They are available to work directly with child-care providers and directors/owners in meeting child-care needs and providing support and resources toward increasing the quality of care. The Region 2 CCR&R staff helps child-care businesses and provides professional development opportunities for providers.

The UI School of Family and Consumer Sciences is a major player in the research and development of programming. Their M.S. program prepares students for careers as child-care directors and teachers of children from birth to 8-year-old. They provide science-based training information throughout the state, and their students volunteer in facilities in the Moscow area.

The director of New Discoveries Playschool, Moscow, is planning a series of providers' forums and currently conducts monthly "Family Fun Nights" at Eastside Mall. On their website, http://newdiscoveriesplayschool.com/ there are parenting tips (book suggestions, articles, etc.), an important source for parents since the programming in early childhood education and

parenting has been so severely reduced; Moscow Day School also provides parenting tips on their website, http://moscowdayschool.org.

When the inter-denominational Family Promise nonprofit is up and running, there will be some support provided to perhaps as many as 3–4 families with children at a time; families average 58 days in the program, which means as many as 24 families/year could benefit.

References Cited

[1]http://www.naccrra.org/publications/naccrra-publications/2011/10/state-budget-cuts-america%E2%80%99s-kids-pay-the-price-2011-update.

[2]In Brief: Early Childhood Program Effectiveness from http://developingchild.harvard.edu/.

[3]www.idahokidscount.org: Affordability of Child Care in Idaho.

[4]Ranked in Leaving Children to Chance: NACCRRA's Ranking of State Standards and Oversight for Small Family Child Care Homes (2012 update) [National Association of Child Care Resource and Referral Agencies, now Child Care Aware in America]. [http://www.naccrra.org/publications/research-reports/2012/3/leaving-children-to-chance-2012-update].

[5]In Brief: Early Childhood Program Effectiveness from http://developingchild.harvard.edu/.

Transportation

Extent of the problem

According to the U. S. Census, 23% of Latah County residents lived below the poverty level in 2010. That measure, defined by the U. S. Department of Health and Human Services as $22,350/year for a family of four, does not take into account transportation expenses or other costs associated with holding a job and earning an income. According to the Poverty in America Living Wage Calculator, baseline monthly transportation expenses in Latah County for a single person with no dependents is $285, and for a two-parent household with two children, $686.[1]

Gas prices have greater than average effects on low-income households because the money spent on transportation amounts to a larger percentage of overall expenses. Americans with incomes in the bottom 20% spend about 10% of their income on gasoline.[2] Low-income rural area populations are hit hardest by rising gas prices because they tend to drive farther to work. Housing options may be less expensive in outlying areas, but the majority of jobs are in Moscow, Idaho or Pullman, Washington. With few rural public transit options, those residents are obligated to commute. Low-income households are also less likely to be able to afford new, fuel-efficient vehicles, and costs associated with frequent repairs of older vehicles may make it more difficult for those households to manage financially. Low-income households are more likely to rely on public transit and non-motorized transportation options, when available and more practicable. Dominant investment in infrastructure for motorized transportation disfavors the poor, who may rely on non-motorized options.[3]

Time and money spent on transportation—not spent or invested elsewhere—might be a contributing factor to slowing down or actually preventing movement out of poverty. There are social costs related to transportation, as well. Limited transportation options may contribute to social isolation, separation from decision-making processes, participation in community events, and the development of social relations that keep communities strong. Transportation costs may require tradeoffs in other areas. For example, people may have to choose between food and fuel, choose jobs based on ease and affordability of transportation rather than opportunities for advancement, or not participate in after-school activities or other social activities. They may have difficulty keeping jobs, due to the difficulty getting to and from work reliably. Transportation and fuel costs influence individuals' and communities' access to goods and services, affect shipping, farm production, manufacturing, and the price of goods, including food.

How is the problem being addressed and with what resources?

Vehicles and Services

Regional Public Transit, Inc. [RPT] is a 501(c)(3) nonprofit that began in Lewiston in 1993. It has done business in Moscow as Moscow Valley Transit [MVT] since 2004, and due to shifts in funding, now serves Moscow exclusively. It provides two fixed routes, served by six buses (some with bicycle racks and/or wheelchair lifts), and Dial-a-Ride/para-transit service with three buses for people with disabilities, senior citizens, those who are economically disadvantaged, and non-driving members of the population. For some, Dial-a-Ride is the only transportation option for health care appointments, grocery shopping, and other basic needs. The ridership for Moscow Valley Transit fixed route service has increased steadily over the past five years, from just over 80,000 rider trips in 2007 to more than 175,000 in 2011. (The record-high monthly ridership was 18,246 in March 2011). Public transit has become a valued and expected part of our community, and citizens have embraced it. At present, fares are not charged.

RPT/MVT Dial-a-Ride continues to provide a crucial service to at-risk members of the Moscow community. The system combines the services of a bus and a taxi: riders call in advance to schedule curb-to-curb or even door-to-door transport to their destination. No fare is charged for ADA Priority Para-transit-eligible riders, but all others are charged $1.50 per boarding, or $30 for a pass for 30 rides, valid for 90 days. Service is available the same times as the fixed route service, from 6:40 a.m. (first pick-up) to 6:00 p.m. (last drop-off) Monday through Friday. Contact J. R. VanTassel, Executive Director, or Gary Riedner, president of RPT (phone 208-883-7747) for reservations.

COAST is a specialized transportation program overseen by the Council on Aging and Human Services based in Colfax, Washington. Trained volunteer and paid drivers serve Asotin, Garfield, and Whitman counties in Washington, and Nez Perce, Idaho, Latah, Clearwater, and Lewis counties in Idaho. Transportation is free, but donations are accepted. According to its web site (www.coa-hs.org), "when existing public transit is not an option, COAST provides direct or purchased services for citizens without access to an automobile or the ability to drive who face increasing isolation and the inability to have access to basic necessities or activities enhancing the quality of their lives, including the elderly, low income, disabled, and children" (800-967-2899).

The Medicaid Transportation Unit of Idaho's Department of Health and Welfare offers transportation to and from medical appointments that are pre-approved by Medicaid. Restrictions apply (http://www.idahonemt.net/ or http://www.healthandwelfare.idaho.gov/Medical/Medicaid/MedicalCare/MedicalTransportation/tabid/704/Default.aspx ; email medicaidtransport@dhw.idaho.gov; or (208-287-1173). Independently owned taxi services are licensed in Moscow: Pegasus (208-874-7500); Blue's A-Z Taxi Service (509-336-5050 or www.a-ztaxi.com); and ABC Limousine Service, LLC (208-882-8504).

The Van Pool started in 1985, offering cost-based commuter service within Moscow, between Moscow and Lewiston, and as-needed for other work-related trips. The program is coordinated by the City of Moscow, and made possible by grants from the Idaho Transportation Department [ITD] and the American Recovery and Reinvestment Act [ARRA] that, when that funding was available, helped make possible the acquisition of equipment and start-up of operations for the Van Pool. It involves approved commuters' private operation of any of three vans (a 7-, an 8-, and a 15-passenger van) for a modest fee. Van Pool for Lewiston-Moscow commuter service, Monday through Friday, costs $120/mo. or $10 per ride. Riders from a shared household receive a 10% discount. Payroll deductions are available (email vanpool@ci.moscow.id.us or 208-883-7141).

Volunteer Driver Program, coordinated by the Disability Action Center, AmeriCorps, and COAST, provides free transportation for people traveling to or from their residences to appointments in town. Donations are accepted. The service allows people who might otherwise be housebound, or who do not have reliable access to transportation, to get to their destinations affordably, safely, and with their dignity intact. Contact Nancy Hoobler or Krista Kramer at Disability Action Center (208-883-0523).

Vandal Access Shuttle has provided free on-campus transportation since 2008 for riders who are elderly or disabled. It is managed by UI Parking and Transportation Services, and operates a twelve-person biodiesel-powered double-wheelchair capacity bus on a fixed route, Monday through Friday, 7:30 a.m.–5:30 p.m., except holidays and academic breaks. Established with an ITD grant, operational assistance is provided by the Associated Students of the University of Idaho ($2.65/student/semester), the ITD, Idaho Commons/Student Union Building, Academic Affairs, Disability Support Services, Dean of Students, and the Human Rights Compliance Office. See www.uidaho.edu/parking or contact the Shuttle Coordinator at 208-885-8025 or Disability Support Services at 208-885-6307.

University of Idaho Zip Cars' members pay an application fee, membership fee, and hourly/daily/weekend rates to access a corporately owned shared vehicle. Insurance and fuel are included. According to the web site, this resource is available to the general public, as well as the campus community (http://www.zipcar.com/uidaho/learn-more?plan_key=odp).

Bike loan programs are available from the UI for international students on campus ($30 refundable deposit/year), http://www.uidaho.edu/international/issfs/iep/studentresources/bikeloanprogram/bikeform. The City of Moscow loans bicycles to city employees for free. Paradise Creek Bicycles and possibly other independent bike shops also have bikes and helmets for rent.

Northwestern Trailways has provided regional inter-city bus service to the region for more than sixty years (www.northwesterntrailways.com; 208-882-5521).

Measures to improve non-motorized mobility by users of all abilities include: 1) in 2011–12, Moscow's volunteer Mobility Task Force identified locations that pose mobility challenges and that, if rectified, would vastly improve access for a relatively modest public investment, and/or would help leverage private improvements nearby; and, 2) Moscow is making strategic efforts to improve bicycle-pedestrian connectivity and safety through a developing integrated multimodal transportation plan, to complement the Comprehensive Plan and programs such as Safe Routes to School.

Facilities

Intermodal Transit Center will house RPT/MVT operations, as well as UI Parking Services, covered bike parking, taxi lanes, Vandal Access Shuttle, pull-in for Northwestern Trailways, and other multimodal resources. Located near the Paradise Path, Moscow's new Center opened in December 2012 (Sweet Avenue at Railroad Street on the University of Idaho campus). Public infrastructure in Moscow includes Americans with Disabilities Act-accessible bus shelters, curb drops, and a strategic plan to incrementally replace, repair, and maintain multimodal amenities.

Funding: According to RPT, the cost of operating MVT is $697,000/year, and the projected shortfall in 2012 could exceed $200,000. The subsidized cost per ride is $2.83. The Associated Students of the University of Idaho voted to approve a $24,000 contribution from ASUI to local public transit in December 2011 and again in Spring 2012. At that same time, UI Administration determined that a single unified contribution from the University to public transit was appropriate, and has tentatively committed to ongoing funding to help sustain the service. RPT has requested $110,000 from UI for the upcoming fiscal year. New Saint Andrews College has voluntarily contributed $10 for each FTE student ($1390 in 2011) toward public transit. The city, university and other regional interests continue to apply for, match, and otherwise support applications for public transportation grant funds. RPT is requesting monetary contributions of $110,000 each from the city, UI, and the local business community, to augment $380,000 anticipated from the Federal Transit Association [FTA] this year. Some or all of the $110,000 sought previously from ASUI is likely to be sought from other sources.

What are the deficiencies?

There is no single point of access for information on transportation;

The demise of Wheatland Express service between Moscow/UI and Pullman/WSU is a major deficiency, as is the cessation of bus service between Moscow and Elk River and the communities in between. Bus service is no longer available between Moscow and the free/low-cost medical clinics in Lewiston; however, according to the director of Sojourner's Alliance, a Moscow transitional housing nonprofit, even when the service existed, the last shuttle left Lewiston so early that evening patients were stranded until the next day. The director also noted that job seekers without cars have limited choices for work outside of Moscow and that some clients at Sojourner's have biked at night to and from jobs in Pullman;

Within the City of Moscow, RPT acknowledges the public's demand for a third fixed-route and Saturday service. Additionally, access by large multi-family housing complexes could be better (for example, public transit does not serve the Grove Apartments at the south end of town). Bus service to the 1912 Center has been reduced from two trips per hour to one, Monday-Friday; this community center houses Moscow Senior Programs and Friendship Hall for people with developmental disabilities; and,

Regional Public Transit's para-transit bus is 13 years old and is estimated to be 30,000 miles past its useful life expectancy. (In February 2012, RPT applied to the federal government for funding to replace it.)

(Federal and state formula and competitive grants for transit and transportation infrastructure and programs are increasingly harder to come by).

Interaction among interest groups / organizations

Pullman City Council recently articulated interest in exploring the viability of becoming a micro-metropolitan area to compete for federal transit funding, although when Moscow and RPT looked into it previously, it was impractical due to the trade-offs (losing eligibility for rural transit funding and competition with the Lewiston-Clarkston Valley and others for scarce monetary resources).

The Hope Center in Moscow offers assistance for transportation-related expenses such as the cost for car insurance, based on a work-exchange model (Contact Mary Walsh, 208-882-4144). Community Action Partnership offers gas vouchers, dependent on their availability of funds (Contact Jennifer Womack, 208-882-3535).

References Cited

[1]See the Poverty in America Living Wage Calculator (pp. 45–46, this report).

[2]"Energy Poverty American Style" by Trevor Houser and Shashank Mohan, 9-26-11, Peterson Institute for International Economics (http://www.piie.com/realtime/?p=2388).

[3]Although the numbers pertain to larger cities than Moscow, it is notable that according to a report from the American Public Transportation Association, "individuals who . . . ride public transportation instead of driving a car can save, on average, $844 (monthly), and $10,120 annually," based on the AAA-reported March 26, 2012 national average gas price of $3.90 per gallon and unreserved monthly parking rates.

Health Care

Extent of the problem

For many people in America and here in Latah County, lack of access to appropriate health care contributes to poverty, and in turn, poverty contributes to the lack of appropriate or preventive physical and mental health care. The primary reason individuals do not have access to necessary health care is the absence of insurance to cover the high costs of medical care, medications, and treatments for both chronic and acute illness. Often urgent and unexpected, health-care expenses can be financially devastating for individuals and families, resulting in homelessness and a worsening health status. Chronic untreated health problems, both physical and mental, can decrease an individual's ability to become gainfully employed or to continue to work, and may progress to a permanent disability. Persons with disabilities are more than twice as likely to live in poverty and in 2010, 11.4% of Latah County residents had no health insurance.[1]

Those who do not have health insurance, or who have inadequate health insurance, habitually do not seek usual and necessary health-care services to address their health-care needs. Their care, when sought, is most frequently in emergency rooms—the least cost-effective option. This occurs because the average cost of a visit to a medical provider in the Moscow area for a person without insurance is at least $100, which must be paid at the time of service. This fee, often higher, does not include diagnostic tests or medications. Those who do not have insurance generally do not have the funds to cover this cost.

Additionally, Latah County is a designated medically underserved area (as are most Idaho counties), which contributes to the problem of access to health care: There is a shortage of primary care providers in Latah County, particularly in the outlying communities.[2]

The medically disenfranchised come from all economic backgrounds and live anywhere in America, but they all share one common feature: they are without a regular and continuous source of primary care. Many uninsured persons seek care for chronic physical and mental health conditions in community emergency departments. Community hospitals, emergency departments, and law enforcement agencies respond to the needs of medically indigent people (see Appendix H; Latah County's 2012 annual budget for indigent care was $529,000). Gritman Medical Center provided $1.2 million in charity care for 2011.[3] The cost of care in an emergency room is proportionately greater than a visit to a primary care provider. Thus, the cost of healthcare for those without health insurance places a burden on the existing health-care system.

Federally Qualified Health Centers [FQHC] do provide access to primary health, dental, and mental health care on a sliding-scale/affordable fee basis. Latah County does not have an FQHC; the closest ones are located in Lewiston (35 miles away), Plummer (50 miles away), and Coeur d'Alene (90 miles away).[4] Transportation is a barrier for many who need to access these

facilities. The Health Resources and Services Administration [HRSA] reported that 121,329 patients were served by the existing twelve centers in Idaho during 2010; 52,965 were uninsured, and 94.8% of all patients seen in an Idaho community health center were living below the poverty line.[5] (See Appendix I for a fuller description of federally qualified health centers. During the preparation of this report, CHAS of Spokane announced plans to open a FQH Center in Moscow, perhaps by as early as spring 2013.)

People with marginal financial resources can lose what assets they have to pay for necessary health care and subsequently be pushed below the poverty line. People already living in poverty are frequently unable to pay for housing, food, child care, and education—let alone health care. Housing absorbs a high percentage of income and for families and individuals struggling to pay the rent, a serious illness or disability can start a downward spiral into homelessness, beginning with a lost job, depletion of savings to pay for care, and eventual eviction. "If you are poor, you are essentially an illness, an accident, or a paycheck away from living on the streets."[6] In 2009, 33% of Idahoans surveyed said they had trouble affording medical care in the past 12 months, and 64% indicated that having affordable health care makes a "big difference" in a family's ability to make ends meet.[7] The numbers are undoubtedly higher after these last few years of a depressed economy.

One in four Americans experiences a mental health disorder in a given year, and one in seventeen Americans lives with a serious mental illness. Clearly, the mental health of Americans is an important concern for our public health system. In Idaho approximately 54,000 adults and 18,000 children live with serious mental illness.[8] According to the American Psychological Association's Office on Socioeconomic Status (http://www.apa.org/pi/ses/), individuals with low income are two to five times more likely to suffer from a diagnosable mental health disorder. Within families, economic hardship can lead to marital distress and inadequate parenting and can result in mental health problems among children, such as depression, substance abuse, and behavioral problems. Access to health insurance and preventive services are part of the reason for socio-economic health disparities. Those with low socio-economic status often experience barriers to obtaining mental health services, including lack of, or limited access to, mental health care, child care, and transportation.

Those persons who require mental health service are already vulnerable and underserved. As with medical care, if a person does not have insurance or cannot afford the care, there is limited access. The Idaho Legislature cut the mental health service budget in the years 2009 to 2011 and as a result Region II Mental Health, which was previously providing counseling and psychiatric care, has changed their priorities to crisis intervention: 1) providing mandated evaluations for those in the judicial system as ordered by a judge; and, 2) treatment for those who are mandated by a judge. Region II Mental Health no longer provides direct service for mental health clients, except in a few cases when a person was already receiving services and did not have Medicaid or other resources. Those with Medicaid are referred to the private sector (personal communication, 8/23/2012, Vickie Malone, Region II Mental Health Program Manager).

In August 2012, the *Idaho Statesman* reported that over the past two years, police in Boise have responded to 13,000 mental health-related calls, due to Idaho's lack of help for people needing mental health care. Moscow police and Latah County's deputies are often the first contact for a person experiencing an obvious mental health crisis, in which case they are taken to Gritman Medical Center.

How is the problem being addressed and with what resources?

Community hospitals. For the full range of services provided by Gritman Medical Center, Moscow, see http://www.gritman.org/services.html. Pullman Regional Hospital services can be found at http://www.pullmanregional.org/patient-services. St. Joseph Regional Medical Center in Lewiston is the largest full service Medical Center between Boise and Spokane (http://www.sjrmc.org/services.aspx.

Public Health Services (see Appendix J): The Public Health-Idaho North Central District [PH-INCD] accomplishes the mission of community education and preventive medicine through the following programs, which include services with no fee, set fees, sliding-scale fees, insurance and/or private-pay fees:

- Public health education
- Immunizations (children and adults)
- School health visits
- Nutritional services for Women, Infants, and Children [WIC]
- Prenatal and child health clinics
- Solid waste services for ground water protection
- Land development actions
- Family planning
- Food safety (all commercial kitchen inspections; education)
- Communicable disease control
- AIDS education and testing

Staff reductions have occurred due to budget cuts from all sources of income budgeted for staffing for the PH-INCD. Children birth to 18 are fairly well covered for required vaccines through the health department, but adults have less coverage for vaccines and other services and may be referred to other health resources. However, "immunizations of older people in Idaho produce a savings of approximately $1.3 million per year in flu epidemic costs. For every food-borne illness hospitalization prevented, an estimated $2255 is saved in direct hospital costs."[9] Children in the WIC program are covered for service from birth to 5 years of age. "Every dollar invested in the Women, Infants and Children nutrition program reduces the number of low birth-weight infants and saves $3 in hospital costs. Every dollar spent on children's immunizations saves $10 in medical costs."[9]

Currently, a single public health nurse [PHN] provides the health care-related services listed above (see Appendix J), and she is also the only school nurse in some of the outlying towns of

Latah County (Moscow has a school nurse, Potlatch has a part-time school nurse; St. Mary's School has a nurse-parent (see Appendix K). The PHN school-nurse services include:

- Screening for hearing and vision for all students, with follow-up referrals; scoliosis screening in junior high school;
- Reviewing immunization status for each student for compliance with state requirements, with recommendations and referrals for follow-up as needed;
- Assisting with assessment of children who are special-needs students or with learning or medical issues that affect learning;
- Participating in Individual Educational Program [IEP] planning for students with special needs;
- Participating in health department clinics as scheduled;
- Providing consultation regarding family planning; (pap smears and breast examinations are available twice a month by a registered nurse practitioner from Lewiston); and,
- Being the community liaison for medical questions and answers regarding children in the schools.

Two problems for low-income families needing services from PH-INCD are: 1) families' lack of information about the services or eligibility requirements for health department programs; and, 2) families' lack of information about transportation options when they are unable to get to the health department.

Indigent Health Care in Latah County. The county provides "necessary medical services" to any legal resident of the county who is in need of such services and does not have income, medical insurance, or other means to pay for these services and is not eligible for Medicaid. The person must have lived in the county for at least thirty days and provide proof of residence. Children are covered by the Children's Health Insurance Program [CHIP], a U. S. Department of Health and Human Services program that provides matching funds to states for health insurance to families with children. For a fuller explanation of the process and funding mechanisms for indigent care, see Appendix H.

Senior Services. "As the aging population in Idaho and across the country continues to grow, states are placing more focus on the services provided to seniors. The delivery of most senior services relies on the efforts of local communities to fully meet the needs of eligible seniors; the state plays a relatively limited role in the actual delivery of services funded through the Older Americans Act and the Idaho Senior Services Act. In Idaho, the Commission on Aging coordinates with the U. S. Administration on Aging, six area agencies on aging [AAAs], and a variety of providers in order to reach seniors in need. The AAAs and the providers vary in how they fund, deliver, and report services" (the report lists further recommendations to better coordinate local, state, and federal efforts).[10] See Appendix L, Aging and Disability Resource Connections / North Central Idaho Area Agency on Aging. Additionally, see http://accessonthepalouse.org/ ; search the same site for senior safety, additional forms of assistance, and specific senior-related issues, such as dementia.

The Snake River Community Clinic, a nonprofit 501(c)(3) clinic, is not supported by federal or state funding, but with local donations. Located in the Department of Health office in Lewiston, it is open Tuesday and Thursday evenings only. It serves the lowest-income adults with no insurance and without Medicaid or Medicare. Staffed entirely by volunteers (including physicians, nurse practitioners, physician's assistants, pharmacists, dentists, registered nurses, and its clerical staff), it accepts patients from the eight surrounding counties. Services and medications are free. The clinic has been a functioning member of the area's medical infrastructure for a decade.

Adult Day Health/Gritman (http://www.gritman.org/services-adult-health.html). As of this writing, future financial stability is uncertain, but a friends' group is working to establish nonprofit status to secure sustainable funding.

For general information, see The Palouse Resource Guide for Families (http://accessonthepalouse.org/prg); there is a printed brochure, "Project Access: Mental Health Resource Guide."

Neill Public Library (Pullman) provides a free database called "Consumer Health Information" (in English, Japanese, Mandarin, and Spanish)—www.neill-lib.org ; Latah County Library, through the LiLI Project, also has databases pertaining to health—www.latahlibrary.org

What are the deficiencies?

There is no single point of access to information regarding health-care services;

Moscow does not [yet] have a federally qualified health center;

More options are needed for transportation for medical needs; for instance, there is no bus to the PH-INCD (Moscow). No option exists for health-related transportation between Lewiston and Moscow;

Mental illness remains stigmatized and misunderstood, and is therefore often inadequately addressed. Funding for and the existence of programs is woefully inadequate; and,

Computer-literacy education and access to online resources (e.g., how to locate and understand services) is a very limiting problem for those with health- and mental health-care needs.

Interaction among interest groups / organizations

Project Access online guide (constantly being updated; not comprehensive, but as close as one could hope).

Many community providers make referrals to other agencies, clinics, practitioners when services cannot be provided (e.g., PH-INCD makes frequent referrals to its clients; with the publication of more information, such as this report, there should be an increase in referrals by providers).

References Cited

[1]Selected Economic Characteristics (pp. 47–49, this report).

[2]U. S. Department of Health and Human Services. Health Resources and Service Administration. (Data and statistics.) www.hrsa.gov. Note: "Medically underserved" areas' Criteria: "Medically underserved" populations are currently determined by Section 332 of Public Health Service Act of 1980. The Section's criteria allows communities and areas to be rated and scored using an Index of Medical Underservice [IMU]; if the score is </= 62% the geographic area qualifies as a medically underserved area. The criteria also take into account the percentage of people living under the poverty line, those 65 years or older, the 5-year average of infant mortality, and the number of full-time equivalent physicians. In rural areas, the time it takes to get to a health-care facility is 30 minutes or more on a U. S. highway (or 15 minutes if the terrain is mountainous, or the travel is on state highways or county roads); the travel distance is 25 miles in flat terrain or in areas connected by interstate highways; in metropolitan areas (considered to be a minimum of 20,000 people) the same geographic distance applies as in flat terrain. The ratio of care providers to population is 1:3,500. Full time is 36 hours or more.

[3]Gritman Medical Center End of Year Report, 2011.

[4]National Association of Community Health Centers. August 2011. http://www.nachc.com/.

[5]U. S. Department of Health and Human Services, Health Resources and Service Administration [HRSA]. Data and statistics.

[6]*National Coalition for the Homeless, July 2009.* www.nationalhomeless.org.

[7]Indicators Northwest. 2011. University of Idaho, and Community Action® Partnership. www.indicatorsnorthwest.org.

[8]National Alliance on Mental Illness [NAMI], 2006. "Grading the States: A Report on America's Health Care System for Serious Mental Illness" http://www.nami.org/Template.cfm?section=Search&Template=Search/SearchDisplay.cfm .

[9]The Idaho North Central District Newsletter (http://idahopublichealth.com/).

[10]Report 11–02, Feb. 2011, Office of Performance Evaluations: Coordination and Delivery of Senior Services in Idaho.

Appendices—Child Care

Appendix A: The National Child Care Resources and Referral Agency's "Leaving Children to Chance: A Ranking of State Standards and Oversight for Small Family Child Care Homes," 2012 update. Their standards included:

Oversight Standards: inspection before licensing, at least quarterly, or when there is a complaint; in order to ensure adequate oversight, licensing-staff caseload should not exceed 50:1; encouraging caregivers to have a high school diploma and be working on a Child Development Associate credential or an associate degree in early childhood education or a related field; and inspection- and complaint-reports need to be available to parents on the Internet.

Program Standards included things such as background checks for providers, assistants, etc.; fingerprinting to check state and federal records (child abuse registry, sex offender registry, and juvenile records); having a Child Development Associate credential, or education in early childhood development; requiring that providers have initial training in child development, child abuse prevention, learning activities, health and safety, child guidance, business practices, CPR and first aid; requiring that providers have 24 hours or more annual training; and requiring the home to have toys and materials in eight specific developmental domains [see Appendix B]; requiring that providers offer activities in eight specific developmental domains; requiring that providers follow requirements addressing 10 health and 10 safety areas [see Appendix C]; requiring that providers communicate with parents, have contracts with parents, allow parents access to the home, inform parents about the use of substitutes, and give written policies to parents; and requiring them to limit the total number of children based on the ages of the children in care.

Appendix B: Eight Developmental (Learning) Domains

1. Introduce math concepts
2. Offer dramatic play
3. Read to children
4. Provide for active play
5. Limit TV viewing
6. Encourage self-help skills
7. Offer creative activities
8. Plan learning activities

Appendix C: 10 basic recommended health and 10 basic recommended safety practices

Health Recommendations:

1. Hand-washing
2. Meals and snacks

3. Immunizations
4. Exclusion of ill children
5. Universal health requirements to prevent staff and children from the spread of human immunodeficiency virus, Hepatitis B, C, and D
6. Medicines administered precisely/medicines kept completely away from children
7. Toxic substances out of children's reach
8. Hygienic diapering procedures
9. Home sanitation and disinfection to reduce spread of germs
10. Weekend/evening care should have special precautions defined (such as sleep arrangements)

Safety Recommendations:

1. Place infants on backs to sleep (recommended by the American Association of Pediatricians and the American Public Health Association)
2. Appropriate discipline/child guidance
3. Crib safety
4. Electrical hazards/cords
5. Water-body precautions
6. Fire emergency plans
7. Outdoor surfaces softened
8. Supervision
9. Door locks/safety gates
10. Transportation guidelines/seat belts/care seats/no child left in vehicle
11. Corporal punishment is forbidden

Appendix D: IdahoSTARS Region 2 Staff and Project Background

Region 2 is located in Lewiston: Lead Quality Child Care Consultant, Darla Amundson, CCR&R Specialist, Danielle Scott, and Relative and Family Child Care Consultant, Shelly Wiemer; (208-798-4165).

On July 1, 2003, the University of Idaho's Center on Disabilities and Human Development [CDHD] and Idaho Association for the Education of Young Children [Idaho AEYC], funded by the Idaho Department of Health and Welfare [DHW], began a statewide project to lead Idaho's early care and education professional development system called IdahoSTARS (or the Idaho **S**tate **T**raining **a**nd **R**egistry **S**ystem). Many individuals and programs had worked for decades to advocate for the development of a professional development system. They paved the way for this historic opportunity.

The roots of IdahoSTARS were planted in 1999 when an oversight committee was convened by Idaho DHW to make recommendations for improving the Idaho Child Care Program [ICCP]. Creating a voluntary Professional Development System [PDS] to improve the quality of child

care in Idaho was one of the recommendations. The Child Care Advisory Panel continues to provide input on the content of the state's professional development system through the IdahoSTARS Project.

A key goal of the PDS system has been that its development should be consumer driven with increased quality of child care for the children in our state the ultimate outcome. When this outcome is achieved, research shows that children will enter school ready to learn and parents will be more productive in their work.

IdahoSTARS accomplishments to date:

Successfully managed the child-care provider eligibility component for the ICCP child-care assistance for low-income families.

Created and developed a fully coordinated statewide idahoSTARS.org [CCR&R], with 7 regional offices, to provide resources to child-care providers and parents.

Created and developed a statewide Professional Development System for child-care providers with a trainer/training approval component, mentor/coaching, Child Care Health Consultation, academic and training scholarships, facility improvement component through a Quality Rating and Improvement System [QRIS], and individual cash incentives for increasing skills and knowledge.

Increased the cultural competency of the IdahoSTARS project through a Multi-Cultural Community Liaison staff position.

Partnered with many other Idaho agencies and organizations to coordinate early care and education throughout the state.

Appendix E: Licensed and Registered Day Cares in Moscow, Idaho (8/2012)

In addition to the nationally accredited UI Children's Center, which serves 130 families, the licensed child care facilities in Moscow include:

Name	Size	Contact (all area code 208)	
Blue Willow Preschool	Large, 21+	Kate Sweet	596-4329
Emmanuel Preschool	Large, 21+	Terri Schmidt	882-1463
Gold Mountain Community School	Small, 13-20	Leeanne Hoffman	301-1608
Grandma Bea's Day Care	Large, 21+	Jordan Roesler	882-3166
Gritman Child Care Center	Large, 21+	[Heather Havey]	883-6024
Just Like Home Children's Center	Large, 21+	Karon Neville	882-0170
Lewis-Clark Early Childhood Program	Large, 21+	Annette Smith	883-3940
Moscow Day School	Large, 21+	Brooke McGuire	882-8426
New Discoveries Playschool	Large, 21+	Kisha Bayly	882-4073
Palouse Early Learning Center	Large, 21+	Tami Stinebaugh	882-5437
Peek A Boo Preschool	Small, 13-20	Megan Rogalski	230-1734
Small Steps Day Care	Large, 21+	Kelley Parsons	882-6391

Licensed and Registered Day Cares in Moscow, continued

St. Rose's Garden	Large, 21_	Kathy Burton	882-4014
White Pine Montessori	Small, 13-20	Mike/Tammy Bonney	882-2671

One has been added since 2011; one has stopped operating

Registered child care facilities in Moscow:

Charmian Caren	Family (5 or fewer)	669-2017
Erin Cox	Family (5 or fewer)	882-1179
Bailey Smith	Family (5 or fewer)	310-0209

Moscow Daycare Ordinance [http://www.moscow.id.us/citycode/title09/toc.aspx] regulates only those facilities within the city of Moscow.

Appendix F: Idaho Code for Child Care
http://healthandwelfare.idaho.gov/Children/ChildCareAssistance/tabid/292/Default.aspx:

Idaho: 39-1110. Health standards. Day care facilities shall comply with the following health standards:
(1) Food for use in day care facilities shall be prepared and served in a sanitary manner with sanitized utensils and on surfaces that have been cleaned, rinsed and sanitized prior to use to prevent contamination;
(2) All food that is to be served in day care facilities shall be stored in such a manner that it is protected from potential contamination;
(3) Diaper changing shall be conducted in such a manner as to prevent the spread of communicable diseases;
(4) Sleeping and play areas, restrooms and fixtures shall be maintained in a safe, sanitary condition;
(5) Children and facility personnel shall be provided with individual or disposable towels for hand washing and the hand washing area shall be equipped with soap and hot and cold running water;
(6) The water supply, where the source is other than a public water system, must be approved in accordance with the rules adopted by the Health Department;
(7) Medicines, cleaning supplies and other hazardous substances must be stored out of reach of children;
(8) Smoking or alcohol consumption is prohibited on the premises of a daycare facility during the daycare facility's hours of operation; and
(9) Representatives of health and safety inspectors shall not be denied access to a daycare facility during hours of operation for purposes of control of communicable disease or inspection.

Appendix G: Observations and Experiences in Latah County (Della Bayly, Early Childhood Educator)

I home-visited throughout Latah County from 1998 to 2007 as an early childhood and high-risk parent educator. I was employed by Young Children and Family Programs [YCFP], which was based in Gritman Medical Center. YCFP had a wide range of services for children and families. They are listed below:

First Steps was one of the programs that specially trained its cost-effective volunteers to visit families of newborns in the hospital to give them an educational Expecting Baby or Welcome Baby packet filled with information, community resources, a developmental calendar, a child's book, song booklet, and book of rhymes. The program also offers three months of supportive phone calls, visits, and mailings to the family. This program, intended to prevent child abuse, is still at Gritman, but on a much smaller scale. In 2003–04, Gritman Medical Center received $8,000 for First Steps to serve Latah County. In 2005–06 Gritman Medical Center/First Steps Program received $2500.

Ages and Stages was a part of the First Step's visits. Each family was given information about child development and a screening they would complete in their home to help them track their child's growth and development over the course of five years. They also received personal feedback from a specialist in YCFP when they returned their completed screener. This program is offered to some families through Health and Welfare, but again on a much smaller scale and not offered to all families. Ages and Stages is a screening that helps identify delays in a child's development. Identifying a delay in development early is so important for long-term success for the child in school.

In 2006–07 Gritman Medical Center created WINGS (Working in Networks to Gain Strength) and at the same time Palouse Industries started the Moscow Circle of Parents Support Group, part of a Young Children and Families Program for families coping with disability.

Parents as Teachers was available to families who wanted to learn more about child development and how to enhance learning in their own home. As with all the YCFP programs, they were at no cost to the family. This program is no longer available in Latah County.

High Risk Parent Education was designed to educate, teach, and support parents and any other providers who were caring for young children. I was hired as the educator and worked with Idaho Children's Trust Fund to prevent child abuse and neglect and later with Idaho Department of Juvenile Corrections to work with parents, children, and care providers to help prevent juvenile delinquency. The program involved an intensive home visiting service for families with children (prenatal through age 13) most at-risk for abuse and neglect. The goal was to work with the family and community to help build their resources and help them learn more about challenging behaviors and hope to cope and teach their child new skills. Services

would be enhanced by consultation with a local psychologist and a simple library of parenting videos. Again, no cost to those that needed the services.

In 2004–05 Young Children and Family Programs of the Palouse (located in Moscow) received $8000 for the High Risk Parent Education program. From 2005 to 2008, this program received $40,000.

The wonderful thing, or the reason these programs were so successful, was that they were offered to all families. You did not have to complete paperwork or fit any income requirements to qualify. If you wanted services, you received them. And, because the services were not connected to social service agencies, they were appealing to families as there was no stigma to be a part of any one program.

One thing that occurred over time was the addition of child-care providers to my high risk parenting caseload. Child Protective Services would refer a family to me, and over time I began to see families that had been referred for abuse and/or neglect of their own child, but who also had an in-home child care. In these cases I visited at least once a week and sometime more, depending upon the need. This was a great way to improve the care for all of the children in that home. The child-care providers appreciated the information and help implementing new strategies, but they also appreciated and looked forward to the visits because it was contact with another adult and some social support. Fortunately, as my caseload would increase, I could have the Parents As Teachers provider (program no longer available) take over and continue to visit with the parents or care providers. This home visitor provided information on child development and ways to make toys and activities at home and how to enhance early learning.

Impoverished Communities and Child Care: During my years of home visiting, which ended in 2007 due to funding limitations at both the state and federal level, I had the privilege and joy of visiting in many homes. What I discovered was that in Latah County there existed some in-home child care that barely met basic needs of children. I gained access to five over the course of two years but only *after* they had been referred by Child Protective Services. Typically these were run by a parent who either wanted to stay at home with her own child and supplement the family income, or was not employable anywhere else. Some of the common characteristics were not just a lack of cleanliness, but filth, lack of knowledge about child development and behavior, and a lack of any educational toys or activities—all this in total social isolation. By filth, I mean animal feces on the floor, cigarette butts on the playground, children exposed to garbage, old food on tables and counters, and bathrooms that had not been cleaned in a long time. Children often slept on sheets in cribs that smelled of urine and were grey and soiled.

Typically the care provider had no knowledge of child development and almost always used punitive measures to "make children behave." They just did not know and had not seen more appropriate ways to guide children. Due to the lack of resources for the provider and simply

not knowing what children need to grow and thrive, educational toys and activities were not part of the day for the children in these homes.

In most of the cases, the provider was alone with anywhere from 8–12 young children. She was often socially isolated, living in a small community or on a farm, and was responsible for children 24 hours a day with no break. These women would be tired, overwhelmed, and in some cases bitter. As a result, child abuse was common, whether it be physical or emotional. What these individuals needed was education, support, social networks, and resources. That is what YCFP provided. I am still in contact with social services agencies and it does not seem that things have improved in this regard. The problem, however, is that now services do not exist to address these issues and provide parents and caregivers with what they need.

Appendices—Health Care

Appendix H: Indigent Health Care in Latah County is guided by Title 31, Chapter 35 of the Idaho Code.

An application for indigent care is usually begun by the hospital, which has already or will provide the services. The person with the health issue ("applicant") signs the application, which is faxed to the Department of Health and Welfare, which in turn evaluates eligibility for Supplemental Security Income [SSI] or Medicaid. The application is then sent to the county as the resource of last resort where the Latah County Social Services representative further investigates potential personal resources that the applicant may possess. The agent uses documents in this investigation, such as driver's license, Social Security number, residences for the previous five years. The applicant—who may already have received the appropriate medical care—is then interviewed by the county social services agent. (In the event that the applicant does not appear for the social services interview, the county agent does everything possible to contact the person and facilitate his/her coming for an interview. If the person does not appear, the county commissioners deny his/her application. In such cases, the hospital may appeal the denial and a subpoena is forwarded to the applicant.)

During the interview, the agent and applicant go over the application and the applicant is required to sign a "lien" in the event that he/she may come into unanticipated resources. The county expects the medical expenses to be repaid when/if possible and the beneficiary of the county's resources is billed monthly until they are repaid. (The county commissioners may eventually "release" the lien). The social services agent and the county auditor review applications weekly with the county commissioners.

Most applicants have *no* resources. However, if the applicant has resources that would pay for the expenses over a 60-month period, he/she is not considered indigent and the application is denied. The hospital/care provider must accept the 60-month arrangement and cannot appeal it.

The county pays up to $11,000/year, after which the expenses are paid for by the state's Catastrophic Health Care Program. The county sends all of their information to the state Catastrophic Board. The county's indigent care budget is currently $529,000 for FY 2012 (10/1/2011–9/30/2012). (It was $584,000 for FY 2011, $400,000 for FY2010, and $317,000 for FY2007.) The county usually uses all of the money budgeted. They pay at the Medicaid rate. If the claim is greater than $75,000, the Catastrophic Board may ask that a medical doctor review the case (for length of stay or treatment). Additionally, there are Preexisting Condition Insurance Plans (PCIP), funded through a federal stimulus plan that still exists; there are three plans: the Standard Plan, the Extended Plan, and the HSA Plan (premiums for the Standard Plan are $199/month for ages 19–34 and $424/month for age 55+. The county pays for cremation ($750). Note: the county usually does not see full repayment for expenditures on behalf of an indigent person.

Additional facts: The average age of a Latah applicant is about thirty. The Board of Commissioners estimate that they discuss 3–10 applicants per week, and some of the applicants are discussed more than once. A University of Idaho student does not gain or lose residence because he/she is in college. The county is responsible for an indigent college student from another state. A student from another country must have health insurance before they are admitted to the university, but the spouse and children may not be insured, and could place an additional burden on these limited funds.

If the indigent person has property, sells it and moves, the amount owed to the county is transferred with the indigent person to the new county (called a "subordination agreement").

Appendix I: **Facts and information about Federally Qualified Health Centers [FQHC]**:
FQHCs offer affordable health care and provide one-quarter of all primary health-care visits for the nation's low-income population. They do not turn people away who are in need.

FQHCs operate in more than 8000 locations and serve more than 20 million patients. They provide one-quarter of all primary care visits for the nation's low-income population, thereby making up a substantial share of the nation's primary care infrastructure.

They are federally funded, through Health Resources and Service Administration [HRSA]; they are also known as Community Health Centers [CHC]. They serve people based on a sliding scale and will not deny those on Medicare or Medicaid.

In disproportionately serving Medicaid, uninsured, and other high-risk patients compared to other providers, FQHCs present a unique and comprehensive approach to health care that has been repeatedly found to propel system-wide cost savings and improve patient health.

Over the past ten years, community health centers have doubled the number of patients served and extended their reach into twice as many underserved communities. With their expansion has come improved access to care and patient outcomes, as well as jobs and resources for impoverished communities and health system efficiencies.

For example, the Community Health Center units in Spokane [CHAS] served 34,491 patients in 2010, 50% of which were below the poverty line.

There are twelve federally funded FQHCs available in Idaho. The list of grantees includes:

Adams County Health Center, Inc., Council
Benewah Medical Center, Plummer
Boundary Regional Community Health Center, Bonners Ferry
Community Council of Idaho, INC., Caldwell
Dirne Community Health Center, INC., Coeur d'Alene

Family Health Services Corporation, Twin Falls
Glenns Ferry Health Center, INC., Glenns Ferry
Health West, INC., Pocatello
CHAS Lewis and Clark Community Health Center, Lewiston
Terry Reilly Health Services, Nampa
Upper Valley Community Health Services, INC., Saint Anthony
Valley Family Health Care, INC., Payette

Additionally, Community Health Association of Spokane [CHAS] services are available to those living in Idaho.

[The references for this appendix come from two sources: 1) Northwest Area Foundation. 2009. Struggling to Make Ends Meet. www.nwaf.org; and 2) the National Association of Community Health Centers. August 2011. Access Endangered; www.nachc.org]

Appendix J: Public Health/Community Health: Prevention through Research and Education

Public health is the branch of medicine concerned with the health of a community as a whole. It has been said that health care will be vitally important to all of us at some time but public health is vital to all of us all of the time. Notable public health achievements in the twentieth century include:

1. Vaccinations;
2. Motor vehicle safety;
3. Education about communicable disease prevention and surveillance;
4. Decline in deaths from heart disease and stroke;
5. Safer workplaces;
6. Healthier mothers and babies;
7. Family planning;
8. Fluoridation of drinking water; and,
9. Recognition of tobacco as a health hazard.[1]

Idaho is divided into seven public health districts and includes all 44 counties in the state. A Board of Health governs each district with members appointed by the county commissioners from that district. The districts are not state agencies or part of any state department. However, they are recognized much the same as other single-purpose districts and are accountable to their local boards of health. The public health districts were created in Idaho in 1970 with the common mission of: 1) preventing disease, disability, and premature death; 2) promoting healthy lifestyles; and, 3) protecting the health and quality of the environment.

Public health programs offered by the individual county offices in the district are set up to meet the needs of each county/district and may vary from district to district. An informational

pamphlet, "Public Health in Idaho," states that "the law stipulates that public health districts provide the basic services of public health education, physical health, environmental health, and health administration. However, the law does not restrict the districts solely to these categories." The public health districts receive 31% of their funding from the counties and the state. The remaining 69% comes from contracts, fees, grants, and a small part from donations. Joint funding from the county property taxes and the state general fund creates a partnership that provides all Idaho residents access to their local health department programs. The Idaho Department of Health and Welfare is a state agency and is the source of several grants supporting the work of the public health districts.

The Palouse, the geographical area involved in the LWV study on poverty, is included in the Public Health-Idaho North Central Health District [PH-INCD]. The district includes five counties in central Idaho—Latah, Nez Perce, Lewis, Clearwater, and Idaho counties. The main office is located in Nez Perce County. The district department located on the Palouse is the Latah County office, formerly North Central Health Department. The office is staffed by public health specialists, including a public health nurse, an environmental health specialist, and a single support staff. The PH-INCD accomplishes the mission of community education and preventive medicine through the services listed in the main Health Care chapter.

A 2012 report states that Latah County is the third healthiest county in Idaho.[2]

During a visit to the PH-INCD all individuals receive the same personal attention without exception. Appointments are necessary and can be made by phone (208-882-7506). At present, there is no public transportation to the Latah Health Department on Palouse River Drive, located on the south edge of Moscow. Many walk, and often friends drive clients there or Coast can be arranged for the appointment (see Transportation chapter). The client is interviewed to determine his/her need for service and plans are made to initiate care. If it is found that they cannot be served for any reason, the health department staff will research every possible referral to see that the client's concern/s are addressed. That may involve referrals to other local individuals/agencies or resources in nearby communities.

References Cited:

[1]www.medicinenet.com—Definition of Public Health. The reference identifies "Ten Great Public Health Achievements—United States 1900–1999 by the U. S. Centers for Disease Control and Prevention [CDC].

[2]"County Health Rankings and Roadmaps," found at http:countyhealthrankings.org/ourapproach. The website has additional information related to the study.

Carol Moehrle, District Director, PH-INCD kindly proofed this material for factual accuracy.

APPENDIX K: The School Nurse

School nursing is a contracted service available by the Public Health Nursing staff in each county. Schools pay for ca. 50% of the total cost of school nursing services, and local funding from counties helps with the remaining cost. The Latah County Public Health Nurse [PHN] is contracted for school nursing services about 50% of her time during the school year. In addition to the list in the Health Care chapter of services provided, the PHN is involved in the evaluation of students who are being assessed for learning and/or medical issues that affect their ability to learn effectively without additional assistance and may be special-needs students. She also works as a liaison between physicians, parents, and school staff to plan for students with medical issues to attend school and gain an education in the least restrictive environment. Conferences related to Individual Educational Programs (IEP) are scheduled outside of regular contracted PHN time. The PHN also provides information for school staff as needed for the management of student health conditions for those students who may need medications or special medical treatments during the school day as ordered by their physicians. The PHN also maintains a one-person clinic in the PH-INCD office. Many clinic days begin at 8:00 a.m. and end at 5:00 p.m. (not necessarily including the time for the paperwork); an average of 15 to 16 clients are seen for various physical symptoms/complaints. The clinic time is interspersed with all of the visits to the various schools; these services are currently provided by a single PHN.

Appendix L: Aging and Disability Resource Connections / North Central Idaho Area Agency on Aging

Community Action Partnership's Aging and Disability Resource Connections/Area Agency on Aging [ADRC/AAA] is the officially designated Aging and Disability Resource Connections/Area Agency on Aging for Clearwater, Idaho, Latah, Lewis and Nez Perce counties. CAP's ADRC/AAA is part of a nationwide network and one of six ADRC/AAA's in Idaho created through the Older Americans Act. Our hope is to realize Aging in Abundance by eliminating economic poverty, poverty of meaning, and poverty of relationship.

The North Central Idaho ADRC/AAA is designed to streamline access to long-term care information for people of all ages, incomes, and disabilities. Our goals as an ADRC/AAA are:

> To create a person-centered, community-based environment that promotes independence and dignity for all individuals;
>
> To provide easy access to information to assist consumers in exploring a full range of long-term support options and planning;
>
> To provide resources and services that support the range of needs for family care givers in planning and support.

North Central Idaho ADRC/AAA programs provide information and assistance to individuals utilizing public or private resources, to professionals seeking assistance on behalf of their clients, and to individuals planning for their future long-term care needs.

Our intent is to provide leadership that encourages planning for present and future long-term care needs to help ensure that older Americans and their families have the information and assistance they need to make informed decisions and choices about life. Life-care choices help families care for their loved ones, help people stay in their homes, and provide care options other than nursing home facilities.

Programs and Services provided by the ADRC/AAA include:

• Adult Protection	• Benefits Counseling
• Case Management	• Durable Medical Equipment
• Family Care giver Support Programs	• In-Home Support Services
• Information and Assistance	• Long-Term Care Options Counseling
• Medicare Information	• Nutrition Services
• Ombudsman	• Oral Health Services
• Referral Services	• Additional Services may be available

Definitions and Tables

We used the definitions and tables found in this appendix for the terms "living wage," "minimum wage," and "poverty."

Living Wage: a theoretical wage level that allows the earner to afford adequate shelter, food and other necessities of life. The living wage should be substantial enough to ensure that no more that 30% of it needs to be spent on housing. The goal of the living wage is to allow employees to earn enough income for a satisfactory standard of living and the ability to deal with emergencies without resorting to welfare or other public assistance.

Living Wage Calculation for Latah County, Idaho

displaying_results

The living wage shown is the hourly rate that an individual must earn to support their family, if they are the sole provider and are working full-time (2080 hours per year). The state minimum wage is the same for all individuals, regardless of how many dependents they may have. The poverty rate is typically quoted as gross annual income. We have converted it to an hourly wage for the sake of comparison. Wages that are less than the living wage are shown in red.

Hourly Wages	1 Adult	1 Adult, 1 Child	1 Adult, 2 Children	1 Adult, 3 Children	2 Adults	2 Adults, 1 Child	2 Adults, 2 Children	2 Adults, 3 Children
Living Wage	**$8.05**	**$16.85**	**$21.76**	**$28.48**	**$12.68**	**$15.85**	**$17.25**	**$20.84**
Poverty Wage	$5.21	$7.00	$8.80	$10.60	$7.00	$8.80	$10.60	$12.40
Minimum Wage	$7.25	$7.25	$7.25	$7.25	$7.25	$7.25	$7.25	$7.25

Typical Expenses

These figures show the individual expenses that went into the living wage estimate. Their values vary by family size, composition, and the current location.

Monthly Expenses	1 Adult	1 Adult, 1 Child	1 Adult, 2 Children	1 Adult, 3 Children	2 Adults	2 Adults, 1 Child	2 Adults, 2 Children	2 Adults, 3 Children
Food	$242	$357	$536	$749	$444	$553	$713	$904
Child Care	$0	$421	$808	$1,196	$0	$0	$0	$0
Medical	$108	$389	$412	$399	$250	$384	$363	$375
Housing	$493	$622	$622	$907	$515	$622	$622	$907
Transportation	$285	$555	$639	$686	$555	$639	$686	$698
Other	$68	$157	$213	$292	$118	$155	$177	$210
Required monthly income after taxes	$1,196	$2,501	$3,230	$4,229	$1,882	$2,353	$2,561	$3,094
Required annual income after taxes	$14,352	$30,012	$38,760	$50,748	$22,584	$28,236	$30,732	$37,128
Annual taxes	$2,397	$5,026	$6,494	$8,499	$3,785	$4,732	$5,148	$6,220
Required annual income before taxes	**$16,749**	**$35,038**	**$45,254**	**$59,247**	**$26,369**	**$32,968**	**$35,880**	**$43,348**

Typical Hourly Wages

These are the typical hourly rates for various professions in this location. Wages that are below the living wage for one adult supporting one child are marked in red.

Occupational Area	Typical Hourly Wage
Management	$31.89
Business and Financial Operations	$24.60
Computer and Mathematical	$27.29
Architecture and Engineering	$30.91
Life, Physical and social Science	$21.23
Community and Social Services	$17.75
Legal	$27.66
Education, Training and Library	$18.45

Occupational Area	Typical Hourly Wage
Arts, Design, Entertainment, Sports and Media	$14.00
Healthcare Practitioner and Technical	$26.58
Healthcare Support	$11.06
Protective Service	$16.84
Food Preparation and Serving Related	$8.68
Building and Grounds Cleaning and maintenance	$10.51
Personal care and Services	$9.01
Sales and Related	$11.05
Office and Administrative Support	$13.31
Farming, Fishing and Forestry	$11.34
Construction and Extraction	$17.07
Installation, Maintenance and Repair	$17.60
Production	$13.61
Transportation and Material Moving	$13.35

U.S. Census Bureau

AMERICAN FactFinder

DP03

SELECTED ECONOMIC CHARACTERISTICS
2008-2010 American Community Survey 3-Year Estimates

Although the American Community Survey (ACS) produces population, demographic and housing unit estimates, for 2010, the 2010 Census provides the official counts of the population and housing units for the nation, states, counties, cities and towns. For 2008 to 2009, the Population Estimates Program provides intercensal estimates of the population for the nation, states, and counties.

Supporting documentation on code lists, subject definitions, data accuracy, and statistical testing can be found on the American Community Survey website in the Data and Documentation section.

Sample size and data quality measures (including coverage rates, allocation rates, and response rates) can be found on the American Community Survey website in the Methodology section.

Subject	Latah County, Idaho			
	Estimate	Estimate Margin of Error	Percent	Percent Margin of Error
EMPLOYMENT STATUS				
Population 16 years and over	30,768	+/-154	30,768	(X)
In labor force	19,637	+/-808	63.8%	+/-2.6
Civilian labor force	19,626	+/-806	63.8%	+/-2.6
Employed	18,313	+/-803	59.5%	+/-2.6
Unemployed	1,313	+/-308	4.3%	+/-1.0
Armed Forces	11	+/-17	0.0%	+/-0.1
Not in labor force	11,131	+/-818	36.2%	+/-2.6
Civilian labor force	19,626	+/-806	19,626	(X)
Percent Unemployed	(X)	(X)	6.7%	+/-1.5
Females 16 years and over	14,928	+/-134	14,928	(X)
In labor force	9,102	+/-481	61.0%	+/-3.3
Civilian labor force	9,102	+/-481	61.0%	+/-3.3
Employed	8,547	+/-485	57.3%	+/-3.3
Own children under 6 years	2,215	+/-175	2,215	(X)
All parents in family in labor force	1,048	+/-273	47.3%	+/-12.3
Own children 6 to 17 years	4,341	+/-190	4,341	(X)
All parents in family in labor force	2,894	+/-315	66.7%	+/-6.7
COMMUTING TO WORK				
Workers 16 years and over	17,534	+/-818	17,534	(X)
Car, truck, or van -- drove alone	11,237	+/-638	64.1%	+/-3.2
Car, truck, or van -- carpooled	2,206	+/-479	12.6%	+/-2.6
Public transportation (excluding taxicab)	143	+/-114	0.8%	+/-0.7
Walked	2,236	+/-555	12.8%	+/-3.0
Other means	955	+/-273	5.4%	+/-1.6
Worked at home	757	+/-198	4.3%	+/-1.1
Mean travel time to work (minutes)	18.1	+/-1.2	(X)	(X)
OCCUPATION				
Civilian employed population 16 years and over	18,313	+/-803	18,313	(X)
Management, business, science, and arts occupations	7,557	+/-717	41.3%	+/-3.8
Service occupations	3,399	+/-478	18.6%	+/-2.5
Sales and office occupations	3,810	+/-565	20.8%	+/-2.9
Natural resources, construction, and maintenance occupations	2,148	+/-376	11.7%	+/-1.9
Production, transportation, and material moving occupations	1,399	+/-316	7.6%	+/-1.7
INDUSTRY				
Civilian employed population 16 years and over	18,313	+/-803	18,313	(X)
Agriculture, forestry, fishing and hunting, and mining	956	+/-259	5.2%	+/-1.4
Construction	1,059	+/-245	5.8%	+/-1.3
Manufacturing	910	+/-263	5.0%	+/-1.5
Wholesale trade	198	+/-93	1.1%	+/-0.5
Retail trade	2,088	+/-396	11.4%	+/-2.0
Transportation and warehousing, and utilities	544	+/-170	3.0%	+/-0.9
Information	176	+/-103	1.0%	+/-0.6
Finance and insurance, and real estate and rental and leasing	680	+/-206	3.7%	+/-1.1
Professional, scientific, and management, and administrative and waste management services	1,211	+/-314	6.6%	+/-1.7
Educational services, and health care and social assistance	7,719	+/-699	42.2%	+/-3.3
Arts, entertainment, and recreation, and accommodation and food services	1,609	+/-364	8.8%	+/-1.9

Subject	Latah County, Idaho			
	Estimate	Estimate Margin of Error	Percent	Percent Margin of Error
Other services, except public administration	533	+/-161	2.9%	+/-0.9
Public administration	630	+/-176	3.4%	+/-1.0
CLASS OF WORKER				
Civilian employed population 16 years and over	18,313	+/-803	18,313	(X)
Private wage and salary workers	10,675	+/-852	58.3%	+/-3.6
Government workers	6,394	+/-663	34.9%	+/-3.4
Self-employed in own not incorporated business workers	1,225	+/-270	6.7%	+/-1.5
Unpaid family workers	19	+/-23	0.1%	+/-0.1
INCOME AND BENEFITS (IN 2010 INFLATION-ADJUSTED DOLLARS)				
Total households	15,069	+/-472	15,069	(X)
Less than $10,000	2,258	+/-472	15.0%	+/-2.9
$10,000 to $14,999	834	+/-204	5.5%	+/-1.4
$15,000 to $24,999	2,441	+/-486	16.2%	+/-3.1
$25,000 to $34,999	1,890	+/-409	12.5%	+/-2.7
$35,000 to $49,999	1,972	+/-346	13.1%	+/-2.3
$50,000 to $74,999	2,603	+/-344	17.3%	+/-2.3
$75,000 to $99,999	1,439	+/-244	9.5%	+/-1.7
$100,000 to $149,999	1,193	+/-223	7.9%	+/-1.5
$150,000 to $199,999	258	+/-116	1.7%	+/-0.8
$200,000 or more	181	+/-91	1.2%	+/-0.6
Median household income (dollars)	35,665	+/-3,348	(X)	(X)
Mean household income (dollars)	48,739	+/-2,885	(X)	(X)
With earnings	12,741	+/-428	84.6%	+/-2.3
Mean earnings (dollars)	46,201	+/-2,712	(X)	(X)
With Social Security	3,036	+/-251	20.1%	+/-1.6
Mean Social Security income (dollars)	16,453	+/-1,015	(X)	(X)
With retirement income	2,065	+/-220	13.7%	+/-1.5
Mean retirement income (dollars)	20,513	+/-2,552	(X)	(X)
With Supplemental Security Income	268	+/-105	1.8%	+/-0.7
Mean Supplemental Security Income (dollars)	9,856	+/-2,494	(X)	(X)
With cash public assistance income	362	+/-161	2.4%	+/-1.1
Mean cash public assistance income (dollars)	2,626	+/-1,823	(X)	(X)
With Food Stamp/SNAP benefits in the past 12 months	1,122	+/-253	7.4%	+/-1.7
Families	9,144	+/-506	9,144	(X)
Less than $10,000	544	+/-182	5.9%	+/-2.0
$10,000 to $14,999	394	+/-160	4.3%	+/-1.7
$15,000 to $24,999	1,046	+/-300	11.4%	+/-3.1
$25,000 to $34,999	1,015	+/-256	11.1%	+/-2.6
$35,000 to $49,999	1,505	+/-360	16.5%	+/-3.7
$50,000 to $74,999	1,943	+/-295	21.2%	+/-3.3
$75,000 to $99,999	1,251	+/-222	13.7%	+/-2.6
$100,000 to $149,999	1,086	+/-221	11.9%	+/-2.4
$150,000 to $199,999	183	+/-92	2.0%	+/-1.0
$200,000 or more	177	+/-91	1.9%	+/-1.0
Median family income (dollars)	50,929	+/-4,669	(X)	(X)
Mean family income (dollars)	61,750	+/-4,087	(X)	(X)
Per capita income (dollars)	20,317	+/-986	(X)	(X)
Nonfamily households	5,925	+/-537	5,925	(X)
Median nonfamily income (dollars)	20,591	+/-1,868	(X)	(X)
Mean nonfamily income (dollars)	27,167	+/-3,294	(X)	(X)
Median earnings for workers (dollars)	18,120	+/-2,232	(X)	(X)
Median earnings for male full-time, year-round workers (dollars)	40,927	+/-3,435	(X)	(X)
Median earnings for female full-time, year-round workers (dollars)	30,858	+/-2,212	(X)	(X)
HEALTH INSURANCE COVERAGE				
Civilian noninstitutionalized population	36,813	+/-181	36,813	(X)
With health insurance coverage	32,604	+/-757	88.6%	+/-2.1
With private health insurance	29,202	+/-945	79.3%	+/-2.6
With public coverage	7,692	+/-770	20.9%	+/-2.1
No health insurance coverage	4,209	+/-762	11.4%	+/-2.1
Civilian noninstitutionalized population under 18 years	6,858	+/-99	6,858	(X)
No health insurance coverage	470	+/-234	6.9%	+/-3.4
Civilian noninstitutionalized population 18 to 64 years	26,367	+/-101	26,367	(X)
In labor force:	18,931	+/-820	18,931	(X)
Employed:	17,730	+/-813	17,730	(X)
With health insurance coverage	15,348	+/-846	86.6%	+/-2.9
With private health insurance	14,890	+/-825	84.0%	+/-2.8

Subject	Latah County, Idaho			
	Estimate	Estimate Margin of Error	Percent	Percent Margin of Error
With public coverage	1,013	+/-314	5.7%	+/-1.7
No health insurance coverage	2,382	+/-523	13.4%	+/-2.9
Unemployed:	1,201	+/-304	1,201	(X)
With health insurance coverage	864	+/-268	71.9%	+/-9.5
With private health insurance	789	+/-265	65.7%	+/-10.9
With public coverage	75	+/-59	6.2%	+/-5.0
No health insurance coverage	337	+/-126	28.1%	+/-9.5
Not in labor force:	7,436	+/-828	7,436	(X)
With health insurance coverage	6,423	+/-774	86.4%	+/-4.5
With private health insurance	5,595	+/-805	75.2%	+/-5.6
With public coverage	1,002	+/-289	13.5%	+/-4.2
No health insurance coverage	1,013	+/-355	13.6%	+/-4.5
PERCENTAGE OF FAMILIES AND PEOPLE WHOSE INCOME IN THE PAST 12 MONTHS IS BELOW THE POVERTY LEVEL				
All families	(X)	(X)	13.3%	+/-3.1
With related children under 18 years	(X)	(X)	21.6%	+/-6.4
With related children under 5 years only	(X)	(X)	46.7%	+/-15.5
Married couple families	(X)	(X)	10.0%	+/-3.4
With related children under 18 years	(X)	(X)	16.6%	+/-7.5
With related children under 5 years only	(X)	(X)	32.1%	+/-18.9
Families with female householder, no husband present	(X)	(X)	31.0%	+/-12.3
With related children under 18 years	(X)	(X)	35.6%	+/-15.2
With related children under 5 years only	(X)	(X)	85.0%	+/-19.8
All people	(X)	(X)	23.0%	+/-2.9
Under 18 years	(X)	(X)	21.4%	+/-7.1
Related children under 18 years	(X)	(X)	20.8%	+/-7.1
Related children under 5 years	(X)	(X)	37.1%	+/-12.6
Related children 5 to 17 years	(X)	(X)	14.1%	+/-6.4
18 years and over	(X)	(X)	23.4%	+/-2.7
18 to 64 years	(X)	(X)	26.2%	+/-3.2
65 years and over	(X)	(X)	5.0%	+/-2.6
People in families	(X)	(X)	13.9%	+/-3.5
Unrelated individuals 15 years and over	(X)	(X)	49.0%	+/-6.6

Source: U.S. Census Bureau, 2008-2010 American Community Survey

Explanation of Symbols:
An '**' entry in the margin of error column indicates that either no sample observations or too few sample observations were available to compute a standard error and thus the margin of error. A statistical test is not appropriate.
An '-' entry in the estimate column indicates that either no sample observations or too few sample observations were available to compute an estimate, or a ratio of medians cannot be calculated because one or both of the median estimates falls in the lowest interval or upper interval of an open-ended distribution.
An '-' following a median estimate means the median falls in the lowest interval of an open-ended distribution.
An '+' following a median estimate means the median falls in the upper interval of an open-ended distribution.
An '***' entry in the margin of error column indicates that the median falls in the lowest interval or upper interval of an open-ended distribution. A statistical test is not appropriate.
An '*****' entry in the margin of error column indicates that the estimate is controlled. A statistical test for sampling variability is not appropriate.
An 'N' entry in the estimate and margin of error columns indicates that data for this geographic area cannot be displayed because the number of sample cases is too small.
An '(X)' means that the estimate is not applicable or not available.

Data are based on a sample and are subject to sampling variability. The degree of uncertainty for an estimate arising from sampling variability is represented through the use of a margin of error. The value shown here is the 90 percent margin of error. The margin of error can be interpreted roughly as providing a 90 percent probability that the interval defined by the estimate minus the margin of error and the estimate plus the margin of error (the lower and upper confidence bounds) contains the true value. In addition to sampling variability, the ACS estimates are subject to nonsampling error (for a discussion of nonsampling variability, see Accuracy of the Data). The effect of nonsampling error is not represented in these tables.

There were changes in the edit between 2009 and 2010 regarding Supplemental Security Income (SSI) and Social Security. The changes in the edit loosened restrictions on disability requirements for receipt of SSI resulting in an increase in the total number of SSI recipients in the American Community Survey. The changes also loosened restrictions on possible reported monthly amounts in Social Security income resulting in higher Social Security aggregate amounts. These results more closely match administrative counts compiled by the Social Security Administration.

Workers include members of the Armed Forces and civilians who were at work last week.

Industry codes are 4-digit codes and are based on the North American Industry Classification System 2007. The Industry categories adhere to the guidelines issued in Clarification Memorandum No. 2, "NAICS Alternate Aggregation Structure for Use By U.S. Statistical Agencies," issued by the Office of Management and Budget.

Occupation codes are 4-digit codes and are based on the Standard Occupational Classification (SOC) 2010. The 2010 Census occupation codes were updated in accordance with the 2010 revision of the SOC. To allow for the creation of 2006-2010 and 2008-2010 tables, occupation data in the multiyear files (2006-2010 and 2008-2010) were recoded to 2010 Census occupation codes. We recommend using caution when comparing data coded using 2010 Census occupation codes with data coded using previous Census occupation codes. For more information on the Census occupation code changes, please visit our website at http://www.census.gov/hhes/www/ioindex/.

While the 2008-2010 American Community Survey (ACS) data generally reflect the December 2009 Office of Management and Budget (OMB) definitions of metropolitan and micropolitan statistical areas; in certain instances the names, codes, and boundaries of the principal cities shown in ACS tables may differ from the OMB definitions due to differences in the effective dates of the geographic entities.

Minimum wage: Under the Fair Labor Standards Act (FLSA), the federal minimum wage for covered nonexempt employees is $7.25 per hour effective July 24, 2009. Many states also have minimum wage laws. Where an employee is subject to both the state and federal minimum wage laws, the employee is entitled to the higher minimum wage rate. Covered non-exempt employees are nonsupervisory non-farm private sector workers. With only some exceptions, overtime ("time and one-half") must be paid for work over forty hours a week. Child labor regulations prohibit persons younger than eighteen years old from working in certain jobs and additionally set rules concerning the hours and times employees less than sixteen years of age may work. Idaho's minimum wage is the same as the federal minimum wage ($7.25); Washington's minimum wage is $9.04; Oregon's is $8.50. The majority of states have minimum wages equal to or less than the federal minimum wage. See http://www.dol.gov/whd/minwage/america.htm for a map of state minimum wages. A worker who receives an annual salary rather than an hourly wage, for example a university professor, is an exempt employee and is not entitled to overtime pay.

Poverty: There are two slightly different versions of the federal poverty measure:

- The poverty thresholds, and
- The poverty guidelines.

The **poverty thresholds** are the original version of the federal poverty measure. They are updated each year by the **Census Bureau** (although they were originally developed by Mollie Orshansky of the Social Security Administration). The thresholds are used mainly for **statistical** purposes — for instance, preparing estimates of the number of Americans in poverty each year. (In other words, all official poverty population figures are calculated using the poverty thresholds, not the guidelines.) Poverty thresholds since 1973 (and for selected earlier years) and weighted average poverty thresholds since 1959 are available on the Census Bureau's Web site. For an example of how the Census Bureau applies the thresholds to a family's income to determine its poverty status, see "How the Census Bureau Measures Poverty" on the Census Bureau's web site.

The **poverty guidelines** are the other version of the federal poverty measure. They are issued each year in the *Federal Register* by the **Department of Health and Human Services** (HHS). The guidelines are a simplification of the poverty thresholds for use for **administrative** purposes — for instance, determining financial eligibility for certain federal programs. The *Federal Register* notice of the 2012 poverty guidelines is available.

The poverty guidelines are sometimes loosely referred to as the "federal poverty level" (FPL), but that phrase is ambiguous and should be avoided, especially in situations (e.g., legislative or administrative) where precision is important.

Key differences between poverty thresholds and poverty guidelines are outlined in a table under Frequently Asked Questions (FAQs). See also the discussion of this topic on the Institute for Research on Poverty's web site.

NOTE: The poverty guideline figures below are NOT the figures the Census Bureau uses to calculate the number of poor persons.
The figures that the Census Bureau uses are the poverty thresholds.

2012 Poverty Guidelines for the 48 Contiguous States and the District of Columbia

Persons in family/household	Poverty guideline
1	$11,170
2	15,130
3	19,090
4	23,050
5	27,010
6	30,970
7	34,930
8	38,890

For families/households with more than 8 persons, add $3,960 for each additional person.

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