2025-2028

COMMUNITY HEALTH NEEDS ASSESSMENT

BinghamHealthcare

Community Health Needs Assessment (CHNA)
Bingham Memorial Hospital 2025-2028

Introduction

Internal Revenue Code (IRC) Section 501(r) requires health care organizations to assess the health needs of their communities and adopt implementation strategies to address identified needs. Per IRC Section 501(r), a byproduct of the *Affordable Care Act*, to comply with federal tax-exemption requirements, a tax-exempt hospital facility must: Conduct a Community Health Needs Assessment (CHNA) every three years; Adopt an implementation strategy to meet the community health needs identified through the assessment; Report how it is addressing the needs identified in the CHNA as well as a description of needs that are not being addressed with the reasons why such needs are not being addressed.

The CHNA considers input from persons including those with special knowledge of or expertise in public health, those who serve or interact with vulnerable populations and those who represent the broad interest of the community served by the hospital facility. The hospital facility must make the CHNA widely available to the public.

This CHNA, which describes both a process and a document, is intended to document Bingham Memorial Hospital compliance with IRC Section 501(r)(3). Health needs of the community have been identified and prioritized so that the Hospitals may adopt an implementation strategy to address specific needs of the community.
The *process* involved:

- An evaluation of the implementation strategy for 2022 CHNA which was adopted by the Hospital's board of directors in 2022.
- Collection and analysis of a large range of data, including demographic, socioeconomic and health statistics, health care resources and hospital data.
- Obtaining community input from key stakeholders through an electronic survey on health and quality of life issues impacting the CHNA community.

This *document* is a summary of all the available evidence collected during the CHNA conducted in tax year 2025. It will serve as a compliance document, as well as a resource, until the next assessment cycle. Both the *process* and *document* serve as the basis for prioritizing the community's health needs and will aid in planning to meet those needs.

The Community Health Needs Assessment (CHNA) for Bingham Memorial Hospital (BMH, INC) uses a health data framework to evaluate health needs in Bingham County and surrounding areas. It includes population trends, maternal health indicators, and demographic data. Key stakeholders and residents completed health needs surveys to contribute to this report. The report identifies key health priorities and outlines strategies for improvement. The healthcare system uses this data to align health care services with needs of the community.

Contents

1) Executive Summary

Bingham County is a fast growing, largely rural county anchored by Blackfoot and the Fort Hall Reservation. Access to care challenges persist across rural Idaho due to provider shortages and maternity care deserts in nearly a third of counties.[^13] Locally, BMH provides a broad set of inpatient and outpatient services to an increasingly diverse population, including ~17.8% Hispanic/Latino and ~6.8% American Indian/Alaska Native (AI/AN) residents.

Maternal health remains an area of concern locally and statewide after a sharp rise in pregnancy related mortality through 2021.

Bingham continues to invest strongly in primary care, maternal care, and care of diverse populations.

2) Bingham Healthcare CHNA Performance Summary (2022)

2.1 Evaluation of Prior Implementation Strategy

Key Priorities & Actions

- Maternal & newborn care: Sustained Grove Creek Medical Center Obstetrics and Gynecology provider group and added additional providers in a shared OB model; Maintained Baby-Friendly® designation, Blue Distinction® Center for Maternity Care, expanded midwifery, and birthing education.
- Mental & behavioral health: Sustained outpatient psychiatry and psychology providers, and licensed clinical social workers. Added Senior Life Solutions outpatient program.
- Health literacy & navigation: Updated Community Resource Booklet. Launched and maintained Bingham Espanol outreach program with targeted community events and social media presence. Expanded tele interpretation services to all clinic locations.
- Access to care: Broadened women's health footprint and mitigated OB-GYN shortages with expanded services. Added urgent care sites.
- Chronic disease prevention: Continued annual wellness visit campaigns, chronic care management nurse and pharmacy programs; bariatric program resources. Continued 340B program for affordable access to prescriptions.

Priority Needs Table 2022-2025

Priority Need	What We Promised	What We Delivered	2022–2025 Signal	Remaining Gaps / Next Move
Maternal care	Improve access & quality; emphasize perinatal mental health	GCMC Blue Distinction; Baby-Friendly designation; expanded midwifery; community birthing education	State PRMR improved; local high-quality access maintained amid statewide OB workforce losses	Track postpartum depression screening; expand tele-lactation & perinatal behavioral health navigation
Mental health (older adults)	Increase services & access	New Leaf inpatient sustained; Senior Life Solutions outpatient program	Increased local capacity vs 2019 baseline	Add perinatal mental health pathways; integrate warm hand-offs from OB clinics
Health literacy	Expand education & resources	Community Resource Booklet; free monthly seminars	Continued distribution; good partner uptake	Track referrals closed-loop; offer Spanish materials & CHW navigation
Uninsured & affordability	Improve insurance navigation & access	Resource booklet content covers insurance; staff support	County poverty/income trends favorable but uninsured remains a barrier statewide	Embed on-site coverage assists; measure % uninsured among ED and OB discharges
Provider shortage & access	Mitigate rural access challenges	Midwives + broader women's health network across the region	Statewide OB-GYN exodus heightened access risk; local service continuity is a strength	Formalize tele-consults for high-risk OB; expand CHW transport supports
Obesity & chronic disease	Prevention & self-management	Exercise & Nutrition classes; bariatric program resources; booklet referrals	Ongoing prevention activities; need better local KPI tracking	Stand up dashboard: A1c control, BP control, LDL, BMI counseling rates

3) CHNA 2025 Assessment and Methodology:

- **Data review**: Data for this CHNA utilizes US census data, Idaho Health and government data, March of Dimes, HRSA designations, and Healthiest Community/County level data. [^1] [^5] [^6] [^7] [^8] [^9] [^10] [^11] [^13] [^14] [^16] [^17] [^18]
- **Social Determinants and Population Health**: Social determinants of health (SDOH) help identify the non-medical factors—like housing, education, and income—that impact community health outcomes. Analyzing SDOH reveals key barriers and opportunities for improving health equity and guiding resource allocation.
- **Stakeholder and community input:** Community stakeholder input and survey data help ensure the CHNA reflects real experiences, needs, and priorities from those who live and work in the area. This information guides decisions by highlighting what matters most to the community and where support is needed.

4) Hospital and Community

Bingham Memorial Hospital (BMH). BMH and affiliates offer a wide variety of inpatient and outpatient services to residents of Eastern Idaho and update clinical programs as community needs evolve (e.g., emergency, obstetrical, surgical, specialty services).[^2] [^3]

Community definition. The primary service area is Bingham County, Idaho (Blackfoot, Shelley, Firth, Aberdeen and surrounding areas) with significant cross county patient movement to/from Bannock, Bonneville, Jefferson, Power, Caribou, and Butte counties.[^5] [^6]. The county serves as a hub for agricultural production and is home to the Fort Hall Reservation, creating a unique blend of cultural and economic influences. Its geographic spread and rural nature present challenges in healthcare access, transportation, and workforce availability.

Population and growth.

- Bingham County population rose from 47,992 (2020) to 50,889 (2024 estimate, +6.1%).[^1]
- Neighboring counties (Bonneville, Bannock, Jefferson, Power, Caribou, Butte) have also grown, shaping regional healthcare demand (see Table 1).[^7] [^8] [^9] [^12]

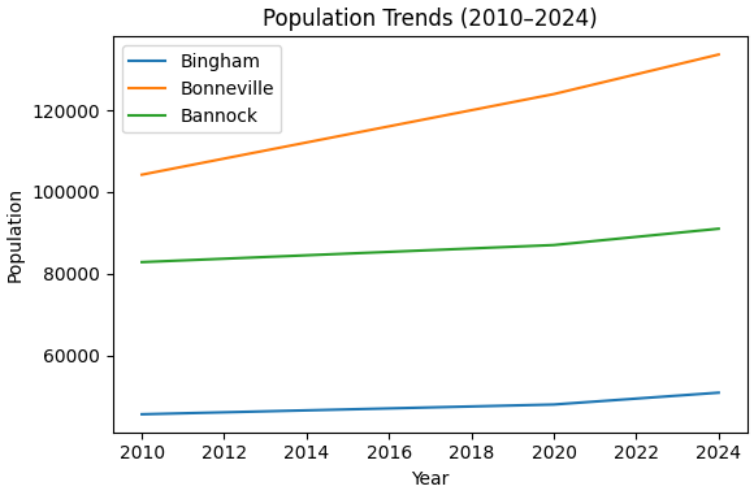

Figure 1. Population trends for Bingham, Bonneville, and Bannock counties.

5) Community Demographic Data

5.1 Core population

- **Total population (Bingham County)**: **50,889 (2024 est.)**; **47,992 (2020 Census)**; **45,607 (2010)**.[^1]

Table 1. Population over time—Bingham County and border counties
(Census 2010, Census 2020, latest estimate 2023–2024)

County (State)	2010 Census	2020 Census	Latest Estimate (Year)
Bingham, ID	45,607	47,992	**50,889 (2024)**[^1]
Bonneville, ID	104,234	123,964	**133,644 (2024)**[^7]
Bannock, ID	82,839	87,018	**91,010 (2024)**[^8]
Jefferson, ID	26,140	30,891	**34,198 (2023)**[^9]
Power, ID	7,817	7,878	**8,381 (2024)**[^12]
Caribou, ID	6,971	**7,027**	**7,190 (2022)**[^19]
Butte, ID	2,891	2,574	**2,758 (2023)**[^20]

Notes. Latest estimates reflect the most recent QuickFacts release where available; Caribou County's 2022 value shown (latest publicly surfaced in sources cited).[^19] [^20]

5.2 Race/ethnicity and cultural context

These demographics underscore the need for culturally responsive care, language access, and community health workers to bridge gaps in trust and communication.

- **Bingham County (ACS 2019–2023):** Hispanic/Latino ≈ 17.8%, AI/AN ≈ 6.8%, White (Non-Hispanic) ≈ 74.7%.[^1]
- **Fort Hall Reservation** (Shoshone Bannock Tribes) overlaps Bingham and neighboring counties; reservation population ~4,785 (ACS 2019–2023) with ~55% AI/AN ancestry; poverty is higher than the U.S. average, underscoring equity needs.[^4]

5.3 Age of Residents

Table 2. Bingham County—Selected demographic indicators (latest available)

Indicator	Bingham County
Persons under 18 years	**28.7%**[^1]
Persons 65 years and over	**15.7%**[^1]
Hispanic/Latino (of any race)	**17.8%**[^1]
American Indian/Alaska Native	**6.8%**[^1]
Persons per household	**3.03**[^1]

5.4 Economic Stability and Education

Bingham County's median household income is around $76,000, with an estimated poverty rate near 11%. While unemployment remains low, economic disparities persist, particularly among Hispanic and Native American populations. Economic stability influences health outcomes by shaping access to insurance, nutritious food, and preventive care.

- **Income & poverty.** Bingham County median household income ≈ **$76,842**; poverty ≈ **11%** (ACS 2019–2023).[^5]
- **Labor market.** Unemployment has remained low in recent years with slight year over year improvements (2024–2025), consistent with Idaho's statewide trends.[^5]
- **Title V priorities** include **well woman care**, **substance use reduction**, **home visiting**, and **access to medical/dental home** outcomes.[^18]

5.5 Neighborhood and Built Environment

The county's rural geography means long travel distances to hospitals and specialty care, limited public transportation, and fewer recreational facilities. These factors contribute to delayed care and higher reliance on emergency services. Improving telehealth infrastructure and transportation support is critical to overcoming these barrier

- **Rurality and distance.** Many county residents travel across county lines for specialty care (including high risk OB), increasing reliance on transportation and telehealth solutions.[^5] [^13]

5.6 Social and Community Context

Social and community context refers to relationships, cultural norms, and support systems that influence health behaviors and outcomes. In Bingham County, strong family ties and tribal affiliations can be leveraged to improve health education and engagement. Conversely, social isolation, stigma around mental health, and cultural barriers can hinder care-seeking behaviors, making community-based strategies essential. Beyond cultural norms, social context includes education, language access, and trust in healthcare systems. In Bingham County, Spanish-speaking families and tribal communities often face barriers in navigating insurance and care. Building culturally competent programs and community health worker networks fosters equity and improves adherence to preventive and chronic care plans.

- **Cultural responsiveness.** Given the AI/AN and Hispanic population shares and the tribal health context, navigation, language services, and community health workers (CHWs) can improve trust, adherence, and continuity in care.[^1] [^4]
- **Community assets.** BMH and area clinics, local public health districts, WIC, home visiting, and tribal programs form a foundation for collaborative improvement.[^2] [^18]

6) Key Health Metrics

6.1 Population Health and Census Benchmarks: Bingham vs. Idaho

Narrative summary: Bingham County shows higher uninsured, smoking, and physical inactivity rates than Idaho and lower life expectancy. Adults are more likely to report poor/fair health. These differences align with survey findings on affordability and access barriers and priority conditions (mental health, chronic disease, obesity).

Table 3. (Legend: *Red = Worse than Idaho; Green = Better than Idaho; Gray = Similar)*

Indicator	Bingham County	State of Idaho
Population (2024 estimate)	50,889	2,001,619
Uninsured (%)	11.9%	10.5%
Life expectancy (years)	75.7	78.4
Adults reporting poor/fair health (%)	17.0%	14.5%
Smoking (adults, %)	17.1%	15.5%
No leisure-time physical activity (%)	25.3%	21.9%

6.2 Maternal Care Access & Quality

Maternal care is a cornerstone of community health because it impacts two generations—mothers and infants—and sets the trajectory for long-term well-being. In southeastern Idaho, maternity care deserts and OB-GYN shortages threaten access to safe deliveries and postpartum support. Addressing maternal health ensures lower mortality, better child development, and stronger family stability, which are vital for the region's future.

- **Maternity care access.** In Idaho, ~29.5% of counties are maternity care deserts; nearly 1 in 5 women lack a birthing hospital within 30 minutes. Rural care gaps and provider shortages disproportionately affect outcomes in frontier counties.[^13]
- **OB workforce stressors.** Statewide reports and media describe labor & delivery unit closures and OBGYN outmigration since 2022, which intensifies rural access barriers—especially for prenatal complications and postpartum followup.[^16]
- **Local access proxies.** Bingham County's teen birth rate is ~19.1 per 1,000 females 15–19 (U.S. News Healthiest Communities).[^15]

- **Pregnancy related mortality trend.** Idaho's pregnancy related mortality ratio (PRMR) increased from 18.1 (2019) to 40.1 (2021), then decreased in the 2023 MMRC report to a calculated PRMR of 22.6 per 100,000 live births.[^11] [^10]
- **Timing & causes.** The MMRC notes ~37.7% of maternal deaths since 2018 occurred 43 days–1 year postpartum; mental health conditions & hemorrhage each accounted for ~40% of pregnancy related deaths in 2023 reviews, highlighting the need for perinatal mental health care and hemorrhage readiness.[^10]
- **Prenatal care & postpartum depression.** State partners report gaps in prenatal care initiation/continuity and postpartum depression screening/treatment, with ~1 in 4 Idaho mothers reporting moderate to severe postpartum depression in the three months after birth in recent survey years—well above national averages.[^11]

Table 4. Maternal health indicators—Idaho (trend snapshot)

Indicator	2019	2021	2023 (latest reported)
Pregnancy Related Mortality Ratio (per 100,000 live births)	**18.1**	**40.1**	**22.6**
Timing: deaths 43–365 days postpartum	–	**56%**	**~37.7%***

*Sources: Idaho Kids Covered synthesis of state data (2019–2021); Idaho MMRC 2023 Annual Report (2023 reviews). Exact denominators/methods vary; interpret trend directionally. [^11] [^10]

6.3 Chronic Disease Indicators

Bingham County shows higher uninsured, smoking, and physical inactivity rates than Idaho and lower life expectancy. Adults are more likely to report poor/fair health. These differences align with survey findings on affordability and access barriers and priority conditions (mental health, chronic disease, obesity). [^21]

- **Obesity**: Approximately **41.1%** of adults in Bingham County are obese
- **Diabetes**: The **diabetes prevalence** is reported at **9.3%** among adults
- **Heart Disease**: Around **5.7%** of adults report having heart disease
- **Smoking**: About **17.1%** of adults in the county are current smokers.
- **Physical Inactivity**: **25.3%** of adults report no leisure-time physical activity.
- **Mental Health**: **16.5%** of adults experience frequent mental distress, and the county has a **suicide rate** of approximately **26 per 100,000.**

6.4 Stakeholder Survey Data

In 2025, Bingham Healthcare conducted a comprehensive community health survey to gather input on local health priorities and barriers to care. A total of 72 surveys were

returned, with 38 responses from English-speaking constituents and 34 from individuals who identified as Spanish speaking. This bilingual approach ensured that voices from diverse cultural and linguistic backgrounds were represented in the assessment process.

Respondents reported several persistent barriers to health, including language access challenges, affordability concerns, transportation difficulties, and limited health literacy. Spanish-speaking participants emphasized the need for culturally responsive care and healthcare navigation support, highlighting gaps in health education and Spanish-language educational materials. English-speaking respondents prioritized reducing appointment wait times and improving access to preventive health education.

These findings underscore the importance of targeted strategies in the upcoming CHNA cycle. Addressing language and cultural barriers, expanding provider capacity, and strengthening health literacy initiatives will be critical to improving equity and outcomes across Bingham County.

Additionally, BMH currently provides several financial services such as sliding scale fees, transparent pricing, and medication cost assistance, transportation services, and bilingual services, however, in the survey, respondents are unable to articulate or list these services. Therefore, an evaluation of our current community messaging and education will be analyzed for improvement.

The survey results will inform implementation plans and resource allocation for 2025–2028 priorities.

Table 5

Rank	Barriers to care: English respondents	Spanish respondents
1	Cost of healthcare	Cost of healthcare
2	Long wait times for appointments	Long wait times for appointments
3	Lack of insurance or not enough coverage	Lack of insurance or insufficient coverage
4	Lack of providers (doctors, nurse practitioners, physician assistants)	Health literacy or understanding health conditions
5	Inconvenient healthcare operating hours	Fear due to immigration status

7) CHNA Priority (2025–2028)

Using findings obtained through data review and stakeholder survey data, BMH completed an analysis of these inputs to identify community health needs as outlined:

1. **Access to Care (OB, primary care, behavioral health).** Improve accessibility and appointment scheduling. Continue to address provider shortages and distance via patient portal and tele integration, transportation supports; continue OB services to prevent maternity care deserts. [^13] [^16] . Educate community about financial services.
2. **Chronic disease treatment, education, and risk factor reduction.** Smoking cessation, hypertension management, chronic care education and navigation, healthy weight, and diabetes control following best practice and Medicare quality provider standards.
3. **Maternal & Perinatal Health (clinical + behavioral).** Sustain the PRMR improvement by scaling perinatal mental health screening/treatment, postpartum follow-up to 1 year, and hemorrhage protocols and staff education across hospitals and EDs; emphasize rural outreach and continuity after discharge. [^10] [^11]
4. **Culturally responsive, equity focused care.** Continue to expand language and cultural care services and Bingham's Espanol initiatives, codesign education with tribal and Hispanic community leaders.[^4]

8) Implementation and Evaluation of Plan

- **Executive and Board Leadership**: Review annually
- **Community Patient and Family Advisory Council will** advise and review health outcome data and implementation activities at quarterly meetings.

6.1 Measurement.

- **Track Key Performance Indicators:**
    - Completion rate of perinatal depression screening/treatment,
    - Completion of Education for Emergency staff in maternal emergencies.
    - Core Medicare quality measure results: A1c, HTN control, depression screening.
    - Annual Wellness Visits: Completions for patients.
    - Healthcare Navigation: Report on utilization of patient healthcare navigator and appointment services.
    - Language and Cultural care services: Data on interpreter services utilized.
    - Espanol Initiatives: Report activities annually

8.1 How BMH Will Use This CHNA

- **IRS 501(r) compliance**: to inform the 3-year implementation plan and public reporting.

- **Operational planning**: resource allocation for perinatal services, Portal and patient engagement infrastructure, workforce, and patient navigation.
- **Regional coordination**: align with public health districts, tribal health, and neighboring hospitals/clinics.

9) Limitations

- Some **population estimates** vary in available year (2023 vs. 2024) by county; the table clearly labels the year used. Survey data depends on returned surveys and may not accurately describe all barriers or concerns.
- Maternal mortality metrics differ across sources (e.g., PRMR vs. MMRC review **cohorts**); trends are interpreted cautiously, and context is provided.

10) References

[^1]: U.S. Census Bureau QuickFacts, **Bingham County, Idaho** (2010, 2020, 2023–2024). [1]
[^2]: **Bingham Memorial Hospital—Services** (hospital website program description). [2]
[^3]: **Bingham Healthcare—Hospital Services** (affiliate site). [3]
[^4]: **Fort Hall Reservation** (ACS 2019–2023 profile; population, race/poverty). [4]
[^5]: **Bingham County Economic & Demographic Profile (June 2025)**—Idaho Department of Labor (ACS indicators; commuting). [5]
[^6]: Census Reporter, **Bingham County, ID** (ACS 2019–2023 5year). [6]
[^7]: U.S. Census Bureau QuickFacts, **Bonneville County, Idaho** (2010, 2020, 2024). [7]
[^8]: U.S. Census Bureau QuickFacts, **Bannock County, Idaho** (2010, 2020, 2024). [8]
[^9]: U.S. Census Bureau QuickFacts, **Jefferson County, Idaho** (2010, 2020, 2023). [9]
[^10]: **Idaho MMRC Annual Report 2023** (causes; timing; 2023 PRMR calculation). [10]
[^11]: **Idaho Kids Covered—Maternal & Infant Health Report 2023** (PRMR 2019–2021 trend; postpartum depression prevalence; prenatal coverage). [11]
[^12]: U.S. Census Bureau QuickFacts, **Power County, Idaho** (2010, 2020, 2024). [12]
[^13]: **March of Dimes—Maternity Care in Idaho** (maternity care deserts; distance to birthing hospitals). [13]
[^14]: **March of Dimes—2024 Idaho Report Card** (preterm birth rate trend). [14]
[^15]: **U.S. News Healthiest Communities—Bingham County** (teen birth rate; beds/1,000; selected outcomes). [15]
[^16]: **Idaho Capital Sun (2024)**—OBGYN exodus & rural access; closures. [16]
[^17]: **Idaho DHW—Rural Health & Underserved Areas**; HRSA shortage designations & maternal target areas. [17][18]
[^18]: **Idaho DHW—Maternal & Child Health (Title V priorities)**. [19]
[^19]: **Caribou County, ID**—2020 Census **7,027** (Idaho Department of Labor "2020 Census Figures by County"); 2010 **6,971** (USAFacts historical). [20][21]
[^20]: U.S. Census Bureau QuickFacts, **Butte County, Idaho** (2010, 2020, 2023). [22] [21]
County_Report_Bingham_County_Idaho - healthdata.org

11) Hyperlinks

[1] U.S. Census Bureau QuickFacts: Bingham County, Idaho

[2] Services - Bingham Memorial Hospital
[3] Hospital Services - Bingham Healthcare
[4] Fort Hall Reservation - Profile data - Census Reporter
[5] Bingham County Labor Force And Economic Profile - lmi.idaho.gov
[6] Bingham County, ID - Profile data - Census Reporter
[7] U.S. Census Bureau QuickFacts: Bonneville County, Idaho
[8] U.S. Census Bureau QuickFacts: Bannock County, Idaho
[9] U.S. Census Bureau QuickFacts: Jefferson County, Idaho
[10] Idaho MMRC Annual Report 2023
[11] IDAHO MATERNAL AND INFANT HEALTH REPORT
[12] U.S. Census Bureau QuickFacts: Power County, Idaho
[13] MATERNITY CARE IN - March of Dimes
[14] 2024 March Of Dimes Report Card For Idaho
[15] How Healthy Is Bingham County, Idaho? | US News Healthiest Communities
[16] Idaho's OB-GYN exodus throws women in rural towns into a care void
[17] Rural Health and Underserved Areas - Idaho Department of Health and Welfare
[18] What Is Shortage Designation? | Bureau of Health Workforce
[19] Idaho Maternal and Child Health - Idaho Department of Health and Welfare
[20] 2020 Census Figures By County - Idaho Labor Market Information
[21] Caribou County, ID population by year, race, & more | USAFacts
[22] U.S. Census Bureau QuickFacts: Butte County, Idaho

Acknowledgements The CHNA Committee was the convening body for this project which included the Bingham Directors of Patient Experience, Quality, Risk, Population Health, Public Relations, and the Patient Family Advisory Council. Many other individuals including community residents, key stakeholders and community-based organizations contributed to this Community Health Needs Assessment.