Idahoans recognize a robust social fabric — communities with a deep sense of cohesion and free of discrimination — is essential to health and socio-economic well-being. Many people outside of Idaho can look at the state’s natural resources — its beautiful snow-capped mountains, its river-cut canyons, and acres of tranquil farmland — as the state’s greatest strength. Idahoans, however, know the best part about living in Idaho is its people. Idaho ranks third in percentage of parents who reported their child is usually safe in their neighborhood, and they agree their neighbors can be counted on to watch out for their children if they get hurt or scared while playing outside.\(^50\) Despite having a lower per capita income, Idaho is one of the most charitable states. Idahoans making $50K or more give the 16th highest per capita in the nation.\(^51, 52\) In 2015, 34% of residents volunteered — making it the state with the fifth-highest volunteer rate.\(^53\)

Research also documents a lack of social connection and support and the presence of racism (both interpersonal and structural) are associated with poor health and societal outcomes.\(^54, 55\) Thus, communities evoking a sense of belonging and connectedness improve their residents’ health and well-being, and more innovatively and effectively address health-related concerns. In addition, the chronic, unmitigated stress children and families experience when the social fabric frays and unravels leads to both acute and longer-term physical, emotional, and developmental health.

Idaho’s robust social fabric does not sufficiently weave in all demographic groups, making it difficult for all of Idaho’s residents to lead healthy, happy, and successful lives and fully support Idaho’s economic vitality. Namely, Idaho’s communities of color, LGBTQ+ community, rural communities, and low-income families face specific barriers to being fully connected. Some of these barriers have already been discussed in this report in the ways in which demographic factors predict health, education, and economic outcomes. Given the social, economic, and demographic shifts Idahoans are recently facing, these communities face additional risks to their health and well-being, and their disproportionate burden of poor outcomes is increasingly relevant to all of Idaho.


\(^{55}\) County Health Rankings & Roadmaps, 2019.
THE LATINO POPULATION has been part of Idaho’s history since its founding and continues to be the fastest-growing demographic group in the state.\textsuperscript{56} While they have historically been an engine of economic growth and driver of the state’s agricultural success, Latinos face pressing barriers to social inclusion in Idaho, including: 1) increased fear related to the scrutiny of all Latinos associated with their immigration status, whether they are U.S. born or not and 2) the extent to which Idaho’s institutions can serve their need, particularly with regards to language and culture.

- Undocumented immigrants comprise 2.2% of Idaho’s population and are often associated with Latinos.\textsuperscript{57} One negative result of the recent attention on undocumented immigrants has resulted in amendments to the Public Charge rule. The Public Charge rule is a ground of inadmissibility, or a reason that a person could be denied a green card, visa, or admission to the U.S. It calls for immigration officers to consider whether an applicant is likely to become dependent on certain government benefits in the future.\textsuperscript{58} While the rule does not apply to all immigrants, nor does it apply to all government benefits, it strikes fear in the hearts of Idahoans who are seeking — or have family members seeking — a green card, visa, or citizenship. According to Irma Morin, CEO of the Community Council of Idaho, “Families are avoiding participation in crucial social services to prevent jeopardizing their future ability to obtain legal status. Including services that would not be considered a public charge and that’s concerning.” The misinformation spread about Public Charge has resulted in families steering clear of social services they qualify for, which are designed to mitigate against the economic, education, and health outcomes that keep families trapped in a cycle of poverty.

- Government organizations, businesses, educational and health institutions, and non-profit organizations could do more to understand the complex history and cultural nuances of Latinos in Idaho. When Sergio Gutierrez was the only Idaho Latino trial judge, he would aim to ensure psychiatric evaluations of Latinos were conducted by people who could speak Spanish and understand the individuals’ cultural context. Unfortunately, he struggled to find bilingual/bicultural health professionals in the state. Furthermore, even when translation services do exist, they are not always accurate, which can have extreme ramifications. As one Caldwell resident put it, “there are translation machines at some service sites, but they are not useful. When they are used in legal settings, they can contribute to miscommunications that could heavily impact someone’s freedom.” The additional barrier that Latinos face in seeking legal services may contribute to worse outcomes. While Latinos represent 11% of the population, they make up 16% of the state’s incarcerated population.\textsuperscript{59}

As the Latino population continues to rapidly grow in the state, Idaho will need to ensure Latinos receive the types of legal, economic, and educational services they need to participate in the state’s success.

IDAHO’S NATIVE AMERICAN COMMUNITIES continue to feel the ramifications of discriminatory federal policies, which affect the way they interact with various public systems today. Idaho is home to five tribes: Coeur d’Alene, Kootenai, Nez Perce, Shoshone-Bannock, and Shoshone-Paiute. Since the 1800s, the U.S. government changed the Native American way of life by forcibly removing people from their homelands and putting them on reservations, passing laws that prohibited Native Americans from practicing their spiritual traditions, and separating children from their families and tribes in efforts to “civilize the Indian.”\textsuperscript{60} These programs removed children

\textsuperscript{58} Immigrant Legal Resource Center, “Public Charge,” Immigrant Legal Resource Center, accessed May 7, 2020.
from their tribes and placed them in unsafe systems of care where they were often abused and forced to work. In 1976, 25-35% of all Native American children were placed in out-of-home care. As present-day parents and grandparents remember the traumas they endured in these institutions and failed to be educated to compete in modern labor markets, the effects of these programs are still felt today amongst Idaho’s tribes. As a result, Native American parents may distrust American institutions, including early childhood education programs, schools, and hospitals. When Native American youth seek greater economic opportunity, they are leaving their reservations and becoming socially and spiritually disconnected from their cultures. As State Senator Cherie Buckner-Webb said, “How does someone really recover from generations of emotional and other forms of trauma? Land loss, people loss, resource loss, lifestyle loss...” This historic and ongoing social and economic trauma has severe health consequences. For instance, in 2014 to 2018, Idaho’s highest age-adjusted suicide rate, by race and ethnicity, occurred among the Native American population, which saw rates and numbers double from those from 2009 to 2013.

REFUGEES have been relocating to Idaho since 1975 when Governor John Evans established the Indochinese Refugee Assistance program. Since then, Idaho has remained a refugee resettlement area, accepting refugees from all over the world. This year, Governor Brad Little was one of 19 Republican governors expressing a desire to take in refugees, mainly driven by resolutions supporting the Refugee Resettlement Program by Ada and Twin Falls county commissioners and the Twin Falls and Pocatello city councils. Unfortunately, some Idahoans have discriminated against asylum-seekers, and the program has received budget cuts that make it challenging to support job placement and training programs. Fortunately, Idahoans have also supported refugees with increased donations and volunteers at the Twin Falls Center.

LGBTQ+ communities face harassment and discrimination in schools, the workplace, housing, and even their own homes. As of 2018, 2.8% of adults in Idaho identified as LGBTQ+. Idaho is one of 30 states in the U.S. that does not adequately protect LGBTQ+ people from discrimination in employment, housing, and public accommodations. In most places in Idaho, LGBTQ+ people could be fired or denied a promotion, evicted from their homes or denied housing, denied service at public establishments, or even denied medical treatment. LGBTQ+ students in Idaho face significant amounts of discrimination at their schools, with 71% LGBTQ+ students reporting experiencing verbal harassment based on their sexual orientation and 32% reporting physical harassment based on their gender expression. Nationally, LGBTQ+ people are at higher risk than the general population for experiencing suicidal thoughts and suicide attempts; high school students who identify as LGB are almost five times as likely to attempt suicide compared to their heterosexual peers.

RURAL POPULATIONS have experienced disproportionate aging and economic stagnation, compared to Idaho’s urban communities. Older Idahoans may face particular challenges related to retirement, widowhood, and health decline. While the tranquility of rural areas can help cope with those changes, the lack of connectivity and lack of resources may become a challenge to older Idahoans who may drive less and require additional supports for their health. These demographic shifts have removed several of

67 Ibid.
70 Ibid.
71 Ibid.
Increased economic stress, fewer neighbors to check-in on them, and children leaving their hometowns to seek greater educational and economic opportunities have left rural Idahoans becoming more susceptible to social isolation, substance use, depression, and stress. Moreover, given the cultural values placed on independence and self-sufficiency, many Idahoans don’t reach out for help. Elke Shaw-Tulloch, Administrator of Public Health at the Idaho Department of Health and Welfare remarks, “I was born and raised here. Idaho tends to have a mentality around rugged individualism. Sometimes that can harm people because when they need help, they may not seek it. We have high suicide rates and drug addiction or ‘diseases of despair’. Counties with the highest suicide rates (Adams, Clearwater, and Custer counties) are all rural.”

No matter your geography or racial identity, being a low-income resident in Idaho brings its own set of social challenges. There are times where Idaho’s ideology of rugged individualism can cast blame on individuals as being solely responsible for their personal situation rather than acknowledging the role that external factors play. While people will always have the ability to make individual choices, they do so within particular circumstances and available opportunities. Kelli Badesheim, Executive Director of Valley Regional Transit, emphasizes, “[The working poor] are people working 1-2 jobs to make ends meet. When people ask, ‘why can’t they pull themselves up by their bootstraps?’ they do not understand that it’s not the people, it’s their circumstances [that are important].” Stereotyping and casting unjust blame on an individual for their circumstances can lead them to feel further ostracized by their peers. While Idaho today has relatively low-income inequality (ranked 11th for income equality), income inequality will continue to grow if the economic conditions continue to shift as they have. Without greater inclusion for these families, they will be further isolated from resources that could help them improve their health, well-being, and ability to contribute to Idaho’s prosperity.

Idaho’s youngest residents, who will be the stewards of the state’s future, are particularly vulnerable to the stress of a fraying social fabric. Children’s health experts have coined the term “Adverse Childhood Experiences” (ACEs) to describe harmful experiences and environments that undermine a child’s sense of safety, stability, and bonding such as experiencing violence, abuse, or neglect; feeling the burdens of poverty at home; or growing up in a household with substance misuse or mental health problems. Strong evidence links experiencing four or more ACEs in childhood to significantly increased risk of seven out of the ten leading adult causes...
of death, including heart disease, stroke, cancer, COPD, diabetes, Alzheimer’s, and suicide. A slightly higher portion of Idaho children has experienced at least one ACE (47%) when compared to all children in the U.S. (45%). In particular, Idaho children are more likely to experience trauma related to being in low-income families and living with someone with a mental illness (see Figure 5 below). Children of color were more likely to have experienced ACEs than their White peers. However, the fallout from ACEs is not only in the future. It is seen real-time in schools, correlated to the burden of missed school, behavior problems, and lower graduation rates, to name a few outcomes. It is in Idaho’s best interest to confront this challenge that is adversely affecting the next generation of Idaho’s leaders and residents.

**Figure 5. Percent of Idaho parents vs. U.S. reporting one or more types of ACEs**

Idaho’s current and future competitiveness is dependent on its people and their relationships with their communities. It is not a coincidence that the most marginalized communities are the same communities experiencing poorer education, economic, and health outcomes. For example, people of color experience worse outcomes in comparison to White Idahoans on indicators of length of life and health-related quality of life, including premature death, poor or fair health status, poor physical health days, poor mental health days, and low birthweight. When people feel like they belong, they are better positioned to have healthy lives and contribute to healthy communities. The exclusion felt by these communities is often systemic — addressing it will require shifting policies, practices, resource flows, power dynamics, relationships, and mental models. In a state where these communities are underrepresented (e.g., people of color make up 18% of Idaho’s population, but only 2% of elected officials), it is of even greater importance that these communities have channels to voice their concerns and address the barriers specific to each community for it to thrive. As Idaho manages the changes rippling out throughout its communities, the state faces an opportunity to create an Idaho where all people can be part of the thriving state.

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76. How ACEs Affect Health: Childhood Adversity Increases Risk for Long-Term Health and Behavioral Issues,” Center for Youth Wellness, 2017.
77. Sidmore, 2019
79. Sidmore, 2019