DATA BRIEF | NOVEMBER 2024

Idaho Survey Respondents Bear Health Care Affordability Burdens Unequally; Distrust of/Disrespect by Health Care Providers Leads Some to Delay/Go Without Needed Care

KEY FINDINGS

A survey of more than 1, 300 Idaho adults, conducted from September 6 to September 30, 2024, found that:

- Over 4 in 5 (**81%**) experienced at least one health care affordability burden in the past year;
- 4 in 5 (**80%**) worry about affording health care in the future;
- Respondents living in households with a person with a disability more frequently reported rationing medication due to cost (**41%** versus **28%**); delaying or going without care due to cost (**84%** versus **77%**); and experiencing a cost burden due to medical bills (**64%** versus **38%**).
- Respondents of color more frequently reported experiencing one or more health care affordability burdens in the past year compared to white respondents;
- Over a third (**34%**) percent of respondents of color skipped needed medical care due to distrust of or feeling disrespected by health care providers, compared to 29% of white alone, non-Hispanic respondents; and
- Over half (**56%**) of all respondents think that people are treated unfairly based on their race or ethnic background 'somewhat' or 'very often' in the U.S. health care system.

DIFFERENCES IN AFFORDABILITY BURDENS & CONCERNS

RACE AND ETHNICITY

Health disparities and a lack of affordable care negatively impact many communities of color, particularly Black, Hispanic and Latino communities.[1,2] Idaho respondents of color reported higher rates of any health care affordability worry when compared to white alone, non-Hispanic/Latino respondents, including cost burdens due to medical bills (see Table 1).[3] Respondents of color also more frequently reported difficulty attaining select types of care compared to white, non-Hispanic respondents (see Figure 1).

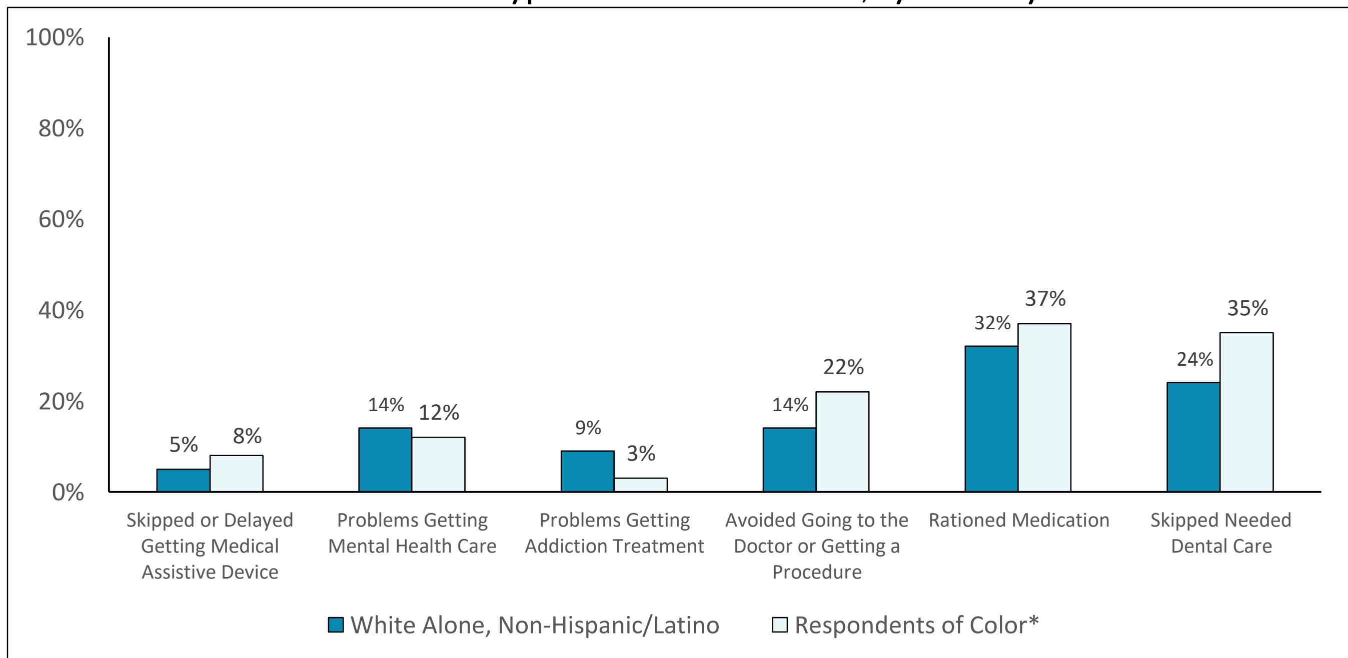
A small share of respondents also reported barriers to care that were unique to their ethnic or cultural backgrounds. Fifty-eight (3% of) respondents reported not getting needed medical care because they couldn't find a doctor of the same race, ethnicity or cultural background as them and 57 (3% of) respondents reported not getting needed care because they couldn't find a doctor who spoke their language.

Table 1
Percent Who Experienced Health Care Affordability Burdens, by Racial and Ethnicity Group

	White Alone, Non-Hispanic/Latino	Respondents of Color*
Any Health Care Affordability Burden	82%	78%
Any Health Care Affordability Worry	79%	88%
Rationed Medication Due to Cost	32%	37%
Delayed or Went Without Care Due to Cost	80%	77%
Experienced a Cost Burden due to Medical Bills	46%	52%

Source: 2024 Poll of Idaho Adults, Ages 18+, Altarum Healthcare Value Hub's Consumer Healthcare Experience State Survey
*The Respondents of Color category includes respondents who are: Black or African American, Hispanic or Latino, American Indian or Native Alaskan, Asian, Native Hawaiian or another Pacific Islander. The quantity of responses for individual groups not shown above were insufficient to report reliable estimates. We regret that we were not able to provide reliable estimates for each individual group to better represent the diverse communities of Idaho.

Figure 1
Percent Who Went Without Select Types of Care Due to Cost, by Ethnicity and Race



Source: 2024 Poll of Idaho Adults, Ages 18+, Altarum Healthcare Value Hub's Consumer Healthcare Experience State Survey
*The Respondents of Color category includes respondents who are: Black or African American, Hispanic or Latino, American Indian or Native Alaskan, Asian, Native Hawaiian or another Pacific Islander. The quantity of responses for individual groups not shown above were insufficient to report reliable estimates. We regret that we were not able to provide reliable estimates for each individual group to better represent the diverse communities of Idaho.

INCOME AND EDUCATION

The survey also highlighted differences in health care affordability burdens between different income and educational levels. Respondents living in households earning below $50,000 per year most frequently reported experiencing an affordability burden, with **84%** struggling to afford health care in the past twelve months (see Table 2). Additionally, **35%** of respondents with an annual household income of $50,000 or less reported not filling a prescription, skipping doses, or cutting pills in half due to cost.

These respondents also more frequently reported experiencing a cost burden due to medical bills, such as incurring medical debt, depleting savings or sacrificing basic needs like food, heat, or housing compared to those earning $100,000 or more annually (**48%** versus **38%**). Still, over half of respondents living in higher income households also faced affordability issues, indicating that these burdens affect all income groups. At least **80%** of respondents across all income levels expressed concern about affording health care now or in the future.

Table 2
Percent Who Experienced Health Care Affordability Burdens, by Income Group

	Less than $50k	$50,000 – $75,000	$75,001-$99,999	More than $100k
Any Health Care Affordability Burden	80%	85%	80%	81%
Any Health Care Affordability Worry	84%	81%	87%	72%
Rationed Medication Due to Cost	35%	37%	33%	28%
Delayed or Went Without Care Due to Cost	77%	82%	79%	80%
Experienced a Cost Burden due to Medical Bills	48%	52%	58%	38%

Source: 2024 Poll of Idaho Adults, Ages 18+, Altarum Healthcare Value Hub's Consumer Healthcare Experience State Survey

Similarly, Idaho respondents with a Bachelor's or graduate degree reported experiencing a health care affordability burden more frequently than respondents with lower educational attainment. In contrast, respondents who did not pursue additional education beyond a high school diploma or GED reported experiencing a health care affordability worry (87%), more frequently than other respondents. Those with some college, training, or certificate programs also reported experiencing rationing medication, (40%) more frequently than other respondents (see Table 3).

The relationship between education and income is well established, however higher education is also associated with better health outcomes, lower morbidity, and greater health care affordability.[4] This disparity is influenced by various mediators such as economic status and the likelihood of being employed in a position which offers employee benefits including paid time off, sick leave and health insurance, which are associated with greater utilization of preventive health care.[5]

Table 3
Percent Who Experienced Health care Affordability Burdens, by Education Level

	High School Diploma or GED	Some College, Training, or Certificate Program	Associate Degree	Bachelor's Degree	Graduate School
Any Health care Affordability Burden	78%	77%	83%	88%	78%
Any Health care Affordability Worry	87%	81%	76%	76%	82%
Rationed Medication Due to Cost	26%	40%	32%	30%	33%
Delayed or Went Without Care Due to Cost	74%	76%	82%	86%	77%
Experienced a Cost Burden Due to Medical Bills	43%	51%	30%	46%	53%

Source: 2024 Poll of Idaho Adults, Ages 18+, Altarum Healthcare Value Hub's Consumer Healthcare Experience State Survey
*Respondents who reported completing some high school, graduating from high school or receiving a GED are represented in the "High School Diploma or GED" row; respondents who reported that they attended some or completed a graduate degree program are represented in the "Graduate School" row.

DISABILITY STATUS

People with disabilities interact with the health care system more often than those without disabilities, which frequently results in greater out-of-pocket costs.[6] Additionally, individuals who receive disability benefits face unique coverage challenges that impact their ability to afford care, such as losing coverage if their income or assets exceed certain limits (e.g., after marriage).[7]

In Idaho, respondents with disabilities or who live with someone with a disability reported more affordability burdens compared to others (see Table 4). These respondents also worried more about health care affordability in general compared to respondents without a disability or who do not live with a person with a disability (**87%** versus **77%**) and losing health insurance compared to respondents without a disability or who do not live with a person with a disability (**50%** versus **33%**).

Table 4

Percent Who Experienced Health Care Affordability Burdens, by Disability Status

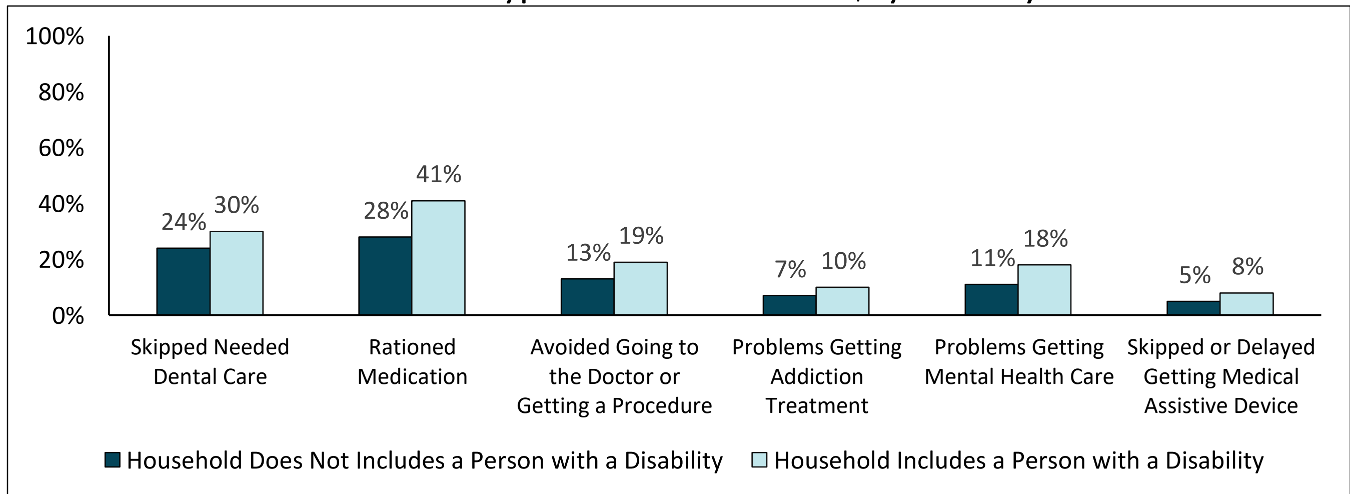
	Household Includes a Person with a Disability	Household Does Not Include a Person with a Disability
Any Health Care Affordability Burden	86%	78%
Any Health Care Affordability Worry	87%	77%
Rationed Medication Due to Cost	41%	28%
Delayed or Went Without Care Due to Cost	84%	77%
Experienced a Cost Burden due to Medical Bills	64%	38%

Source: 2024 Poll of Idaho Adults, Ages 18+, Altarum Healthcare Value Hub's Consumer Healthcare Experience State Survey

Individuals with disabilities also face unique health care affordability burdens compared to nondisabled individuals. Eight percent (**8%**) of respondents with a disability in their household delayed getting a medical assistive device such as a wheelchair, cane, walker, hearing aid or prosthetic limb due to cost, compared to only **5%** of respondents without a disability who may have required one of these tools for temporary support (see Figure 2). Additionally, **18%** of respondents with a disability in their household reported problems accessing mental health care, compared to **11%** of those without a disability.

Figure 2

Percent who Went Without Select Types of Care Due to Cost, by Disability Status



Source: 2024 Poll of Idaho Adults, Ages 18+, Altarum Healthcare Value Hub's Consumer Healthcare Experience State Survey

GENDER AND SEXUAL ORIENTATION

The survey revealed differences in health care affordability burdens and concerns based on gender and sexual orientation. Men reported higher rates of experiencing at least one affordability burden in the past year compared to women (**82%** versus **80%**) (see Table 5). Across both genders (**33%**) frequently reported delaying or forgoing care due to cost and reported higher rates of rationing medications by not filling prescriptions, skipping doses, or cutting pills in half. Although many respondents regardless of gender expressed concern about health care costs, a higher percentage of women worried about affording some aspect of coverage or care compared to men (**81%** versus **80%**).

Table 5
Percent Who Experienced Health Care Affordability Burdens, by Gender Identity

	Women	Men
Any Health Care Affordability Burden	80%	82%
Any Health Care Affordability Worry	81%	80%
Rationed Medication Due to Cost	33%	33%
Delayed/Went Without Care Due to Cost	79%	80%
Experienced a Cost Burden due to Medical Bills	45%	50%

Source: 2024 Poll of Idaho Adults, Ages 18+, Altarum Healthcare Value Hub's Consumer Healthcare Experience State Survey

The survey also revealed that LGBTQIA+ respondents more frequently experienced affordability burdens, with **40%** reporting rationing medication due to cost compared to **31%** of other respondents (see Table 6). Members of the LGBTQIA2S+ community may encounter unique challenges accessing health care and medications, including limited insurance coverage and discrimination within the health care system.[8,9] State and federal policies, particularly regarding gender-affirming treatments, can further hinder access or limit coverage, exacerbating financial strain and health disparities.[10] Unfortunately, due to the small sample size, this survey could not produce reliable estimates exclusively for transgender, genderqueer or nonbinary respondents.

Table 6
Percent Who Experienced Health Care Affordability Burdens, by LGBTQIA2S+ Status

	LGBTQIA2S+*	Not LGBTQIA2S+
Any Health Care Affordability Burden	90%	80%
Any Health Care Affordability Worry	89%	79%
Rationed Medication Due to Cost	40%	31%
Delayed/Went Without Care Due to Cost	89%	78%
Experienced a Cost Burden due to Medical Bills	67%	45%

Source: 2024 Poll of Idaho Adults, Ages 18+, Altarum Healthcare Value Hub's Consumer Healthcare Experience State Survey

*Respondents were asked if they are a member of the LGBTQIA2S+ community, including lesbian, gay, bisexual, transgender/nonbinary/gender expansive, queer and/or questioning, intersex, asexual, and Two-Spirit respondents, and any people who identify as part of a sexuality, gender or sex diverse community but who do not identify with one of those specific identities.

DISTRUST AND MISTRUST IN THE HEALTH SYSTEM

Whether a patient trusts or feels respected by their health care provider may influence their willingness to seek necessary care. In Idaho, more than a quarter (**26%**) of respondents reported feeling that their health care providers never, rarely or only sometimes treat them with respect. When asked *why* they felt that health care providers did not treat them with respect, respondents most frequently cited income or financial status (**44%**), disability (**23%**), ethnic background (**21%**), race (**15%**), educational attainment (**13%**), experience with violence or abuse (**13%**), and gender or gender identity (**12%**). In lesser numbers, some respondents also cited sexual orientation (**8%**), and religion (**6%**) as the primary reason.

When asked to describe *how* their identities or circumstances have impacted their ability to get affordable health care, many respondents offered examples of how they perceived their race, income, insurance status, gender and ethnicity to impact their health care.

Table 7

Select Responses to: "Over the last 12 months, how have your identities and/or circumstances impacted your ability to get affordable healthcare?"

- "Disability impacted affordability due to specialized care and accessibility needs."
- "Due to a shortage of accessible health care in my neighborhood, I have to travel a considerable distance to receive even basic medical care."
- "Due to lower income, doctors are unwilling to respect me."
- "I'm not able to work due to medical and mental health issues but because I'm not working I don't qualify. And even though I have applied for disability, I have been waiting for a decision, so I can't get help."
- "Fear of stigma associated with my health condition has prevented me from seeking timely care."
- "Fewer medical facilities and insufficient specialized medical personnel make it difficult for them to receive timely medical care when needed."
- "Finding someone who can and will treat trans-genders has been very difficult for our family. Finding the services we need has been even harder.
- "Financial situation has restricted my access to affordable health care, while cultural and language barriers have made it harder to find appropriate services."
- "I am Trans, trying to get a doctor that didn't tell me I was going against God and ruining myself for whoever would take me was a struggle for a while. So much so I got denied antidepressants which would have a positive effect on my chronic migraines and get them to ease up. All because the doctor thought I should go to church to cure my depression."
- "As a middle-age woman, I have had more experience than I'd like with male doctors talking down to me like any issue I have is somehow my fault; being dismissive to the issue."
- "I face transportation affordability issues, due to my disability."
- "I get treated poorly because I am poor. I am not able to receive needed medical care because I can't afford traditional insurance."
- "My language barrier interferes with my care."
- "I have a serious neurological disease that took months, and many hospital systems to diagnosis, and I could not go to Mayo Clinic because they stopped accepting Medicare, so I don't receive the care I need."
- "I have had multiple times I felt judged and almost instantly disregarded by a doctor, based off my appearance. I've had so many doctors seem to not believe what I was telling them which is why it took over six years to get the correct diagnosis. I had a brain tumor at 26 and some doctors even tried to tell me they believed the symptoms were just in my head."

Source: 2024 Poll of Idaho Adults, Ages 18+, Altarum Healthcare Value Hub's Consumer Healthcare Experience State Survey

The survey also revealed differences in the frequency of respondents who reported forgoing care because they distrusted or felt disrespected by their health care provider by coverage type, income, educational attainment, gender identity, orientation, disability, race and ethnicity (see Table 8).

INDIVIDUAL & SYSTEMIC RACISM

Respondents believe that both individual *and* systemic racism exist in the U.S. health care system. Fifty-six percent reported that they believe that people are treated unfairly by the health care system due to their race or ethnicity either 'somewhat' or 'very often'. When asked what they think causes health care systems to treat people unfairly, respondents most frequently responded with the following:

- Over 1 in 5 (**21%**) cited policies and practices built into the health care system;
- Over 1 in 5 (**21%**) cited the actions and beliefs of individual health care providers; and
- Nearly 2 in 5 (**36%**) believe it is an equal mixture of both.

Table 8

Percent who Distrusted/Felt Disrespected by a Health Care Provider in the Last Year, by Race and Disability Status

	Distrusted or Felt Disrespected by a Health Care Provider	Went Without Care Due to Distrust or Disrespect
All Respondents	46%	30%
Race/Ethnicity		
Respondents of Color*	56%	34%
White, Non-Hispanic/Latino	44%	29%
Disability Status		
Household does not include a person with a disability	39%	22%
Household includes a person with a disability	60%	44%
Insurance Type		
Health insurance through my or a family members employer	47%	31%
Health insurance I buy on my own	60%	51%
Medicare, coverage for seniors and those with disabilities	34%	15%
Idaho Medicaid, coverage for people with low-income	50%	32%
Income		
Less than $50,000	49%	23%
$50,000 - $75,000	47%	37%
$75,000 - $100,000	60%	41%
More than $100,000	37%	28%
Education Level**		
High School Diploma/GED	47%	24%
Some College, Training, or Certificate Program	44%	21%
Associate Degree	41%	32%
Bachelor’s Degree	45%	34%
Graduate School	52%	39%
Gender/Sexual Orientation***		
Female	44%	26%
Male	49%	33%
LGBTQIA2S+	72%	55%
Non-LGBTQIA2S+	43%	26%

Source: 2024 Poll of Idaho Adults, Ages 18+, Altarum Healthcare Value Hub's Consumer Healthcare Experience State Survey

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***Respondents were asked if they are a member of the LGBTQIA2S+ community, including lesbian, gay, bisexual, transgender/nonbinary/gender expansive, queer and/or questioning, intersex, asexual, and Two-Spirit respondents, and any people who identify as part of a sexuality, gender or sex diverse community but who do not identify with one of those specific identities.

DISATISFACTION WITH THE HEALTH SYSTEM AND SUPPORT FOR CHANGE

Given this information, it is not surprising that **68%** of Idaho respondents 'agree' or 'strongly agree' that the U.S. health care system needs to change. Recognizing how the health care system disproportionately harms some groups of people over others is key to creating a fairer and higher value system for all.

Making health care affordable for all residents is an area ripe for policymaker intervention, with widespread support for government-led solutions across party lines. For more information on the types of strategies Idaho residents want their policymakers to pursue, see: *Idaho Residents Struggle to Afford High Healthcare Costs; Worry about Affording Health Care in the Future; Support Government Action across Party Lines*, Health Care Value Hub, Data Brief (November 2024).

NOTES

1. Fadeyi-Jones, Tomi, et al., *High Prescription Drug Prices Perpetuate Systemic Racism. We Can Change It*, Patients for Affordable Drugs Now (December 2020), https://patientsforaffordabledrugsnow.org/2020/12/14/drug-pricing-systemic-racism/
2. Kaplan, Alan and O'Neill, Daniel, "Hospital Price Discrimination Is Deepening Racial Health Inequity," *New England Journal of Medicine—Catalyst* (December 2020), https://catalyst.nejm.org/doi/full/10.1056/CAT.20.0593
3. Survey participants were asked whether they have experienced any of the following due to the cost of medical bills in the past twelve months: use up all or most of their savings; sacrifice basic necessities, such as food, heat, or housing; borrow money, get a loan or take out another mortgage; use a crowdfunding platform to solicit donations; interact with a collections agency; go into credit card debt; be placed on a long-term payment plan; or declare bankruptcy.
4. Raghupathi, V., Raghupathi, W., "The influence of education on health: an empirical assessment of OECD countries for the period 1995–2015," Arch Public Health 78, 20 (2020), https://doi.org/10.1186/s13690-020-00402-5
5. Suhang S., et al., "Exploring the association of paid sick leave with healthcare utilization and health outcomes in the United States: a rapid evidence review," Global Health Journal, 7, 1 (2023), https://doi.org/10.1016/j.glohj.2023.01.002
6. Miles, Angel L., *Challenges and Opportunities in Quality Affordable Health Care Coverage for People with Disabilities*, Protect Our Care Illinois (February 2021), https://protectourcareil.org/index.php/2021/02/26/challenges-and-opportunities-in-quality-affordable-health-care-coverage-for-people-with-disabilities/
7. As of 2024, most people with disabilities risk losing their benefits if they earn more than $1,550 a month. According to the Center for American Progress, in most states, people who receive Supplemental Security are automatically eligible for Medicaid. Therefore, if they lose their disability benefits, they may also lose their Medicaid coverage. Forbes has also reported on marriage penalties for people with disabilities, including fears about losing health insurance. See: Seervai, Shanoor, Shah, Arnav, and Shah, Tanya, "The Challenges of Living with a Disability in America, and How Serious Illness Can Add to Them," Commonwealth Fund (April 2019), https://www.commonwealthfund.org/publications/fund-reports/2019/apr/challenges-living-disability-america-and-how-serious-illness-can; Fremstaf, Shawn and Valles, Rebecca, "The Facts on Social Security Disability Insurance and Supplemental Security Income for Workers with Disabilities," Center for American Progress (May 2013), https://www.americanprogress.org/article/the-facts-on-social-security-disability-insurance-and-supplemental-security-income-for-workers-with-disabilities/; and Pulrang, Andrew, "A Simple Fix For One Of Disabled People's Most Persistent, Pointless Injustices," Forbes (April 2020), https://www.forbes.com/sites/andrewpulrang/2020/08/31/a-simple-fix-for-one-of-disabled-peoples-most-persistent-pointless-injustices/?sh=6e159b946b71
8. Bosworth, Arielle, et al., *Health Insurance Coverage and Access to Care for LGBTQ+ Individuals: Current Trends and Key Challenges*, ASPE Office of Health Policy (July 2021), https://www.aspe.hhs.gov/sites/default/files/2021-07/lgbt-health-ib.pdf
9. Casanova-Perez R, Apodaca C, Bascom E, et al, "Broken down by bias: Healthcare biases experienced by BIPOC and LGBTQ+ patients," AMIA Annu Symp Proc. 2022;2021:275-284, Published 2022 Feb 21.
10. Baker K., Restar A., "Utilization and Costs of Gender-Affirming Care in a Commercially Insured Transgender Population," J Law Med Ethics, 2022;50(3):456-470, doi:10.1017/jme.2022.87

ABOUT THE ALTARUM HEALTHCARE VALUE HUB

With support from RWJF and Arnold Ventures, the Healthcare Value Hub provides free, timely information about the policies and practices that address high health care costs and poor quality, bringing better value to consumers. The Hub is part of Altarum, a nonprofit organization with the mission of creating a better, more sustainable future for all Americans by applying research-based and field-tested solutions that transform our systems of health and health care.

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ABOUT IDAHO SUPPORTS MEDICAID

Idaho supports Medicaid a network of health care providers, community organizations, and individuals advocates committed to preserving Medicaid for eligible Idahoans. We aim to keep Medicaid strong so Idahoans can get the care they need for children to grow and develop, parents to participate in the workforce and provide for their families, and to promote healthy communities. A project of Idaho Voices for Children.

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METHODOLOGY

Altarum's Consumer Healthcare Experience State Survey (CHESS) is designed to elicit respondents' views on a wide range of health system issues, including confidence using the health system, financial burden and possible policy solutions. This survey, conducted from September 6 to September 30, 2024, used a web panel from Dynata with a demographically balanced sample of approximately 1,300 respondents who live in Idaho. Information about Dynata's recruitment and compensation methods can be found here. The survey was conducted in English or Spanish and restricted to adults ages 18 and older. Respondents who finished the survey in less than half the median time were excluded from the final sample, leaving 1,365 cases for analysis. After those exclusions, the demographic composition of respondents was as follows, although not all demographic information has complete response rates:

Demographic Characteristic	Frequency	Percentage
Gender/Orientation		
Woman	534	39%
Man	812	59%
Transwoman	1	<1%
Transman	4	<1%
Genderqueer/Nonbinary	6	<1%
LGBTQ+ Community	148	11%
Insurance Type		
Health insurance through my or a family member's employer	488	36%
Health insurance I buy on my own	282	21%
Medicare, coverage for seniors and those with serious disabilities	188	14%
Idaho Medicaid, coverage for people with low-income	303	22%
TRICARE/Military Health System	21	2%
Department of Veterans Affairs	24	2%
No coverage of any type	50	4%
I don't know	9	<1%
Race		
American Indian/Native Alaskan	49	4%
Asian	21	2%
Black or African American	52	4%
Native Hawaiian/Other Pacific Islander	2	<1%
White	1,226	90%
Prefer Not to Answer	5	<1%
Two or More Races	39	3%
Ethnicity		
Hispanic or Latino	44	3%
Non-Hispanic or Latino	1,314	96%
Age		
18-24	222	16%
25-34	473	35%
35-44	285	21%
45-54	124	9%
55-64	109	8%
65+	147	11%
Party Affiliation		
Republican	561	41%
Democrat	451	33%
Neither	353	26%

Demographic Characteristic	Frequency	Percentage
Household Income		
Under $20K	110	8%
$20K-$29K	73	5%
$30K - $39K	74	5%
$40K - $49K	78	6%
$50K - $59K	114	8%
$60K - $74K	143	10%
$75K - $99K	253	19%
$100K - $149K	378	28%
$150K+	142	10%
Education Level		
Some high school	33	2%
High school diploma/GED	169	12%
Some college or training/certificate program	280	21%
Associate degree	90	7%
Bachelor's degree	457	33%
Some graduate school	103	8%
Graduate degree	233	17%
Self-Reported Health Status		
Excellent	335	25%
Very Good	541	40%
Good	344	25%
Fair	116	8%
Poor	26	2%
Disability		
Mobility	173	13%
Cognition	161	12%
Independent Living	135	10%
Hearing	106	8%
Vision	86	6%
Self-Care: Difficulty dressing or bathing	53	4%
No disability or long-term health condition	881	65%

Source: 2024 Poll of Idaho Adults, Ages 18+, Altarum Healthcare Value Hub's Consumer Healthcare Experience State Survey

Percentages in the body of the brief are based on weighted values, while the data presented in the demographic table is unweighted. An explanation of weighted versus unweighted variables is available here. Altarum does not conduct statistical calculations on the significance of differences between groups in findings. Therefore, determinations that one group experienced a significantly different affordability burden than another should not be inferred. Rather, comparisons are for conversational purposes. The groups selected for this brief were selected by advocate partners in each state based on organizational/advocacy priorities. We do not report any estimates under N=100 and a co-efficient of variance more than 0.30.

Appendix A

Rural Counties	Non-Rural Counties
Adams County, Idaho	Ada County, Idaho
Bear Lake County, Idaho	Bannock County, Idaho
Benewah County, Idaho	Bonneville County, Idaho
Bingham County, Idaho	Canyon County, Idaho
Blaine County, Idaho	Kootenai County, Idaho
Boise County, Idaho	Latah County, Idaho
Bonner County, Idaho	Twin Falls County, Idaho
Boundary County, Idaho	Ada County, Idaho
Butte County, Idaho	Bannock County, Idaho
Camas County, Idaho	
Caribou County, Idaho	
Cassia County, Idaho	
Clark County, Idaho	
Clearwater County, Idaho	
Custer County, Idaho	
Elmore County, Idaho	
Franklin County, Idaho	
Fremont County, Idaho	
Gem County, Idaho	
Gooding County, Idaho	
Idaho County, Idaho	
Jefferson County, Idaho	
Jerome County, Idaho	
Lemhi County, Idaho	
Lewis County, Idaho	
Lincoln County, Idaho	
Minidoka County, Idaho	
Oneida County, Idaho	
Owyhee County, Idaho	
Payette County, Idaho	
Power County, Idaho	
Shoshone County, Idaho	
Teton County, Idaho	
Valley County, Idaho	
Washington County, Idaho	
Madison County, Idaho	
Nez Perce County, Idaho	