Powell Valley Healthcare

2016
COMMUNITY HEALTH
NEEDS ASSESSMENT

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Powell Valley Healthcare

DEAR COMMUNITY:

As the interim Chief Executive Officer at Powell Valley Healthcare, I would like to share our Community Health Needs Assessment with you.

In 2016, Powell Valley Healthcare partnered with HealthTechS3, a national health care consulting firm, to complete our second Community Health Needs Assessment (CHNA).

Under the Patient Protection and Affordable Care Act (PPACA), tax-exempt hospitals are required to conduct a Community Health Needs Assessment (CHNA) every three years with input from our community, public health experts and key stakeholders.

The Community Health Needs Assessment outlines the priority health issues facing our community. Over the next several months we will be developing a plan, in collaboration with community partners, to address each of the prioritized health needs.

Building a healthy community requires multiple stakeholders working together. We must strive to build lasting partnerships and actively engage in finding solutions. We invite you to review our plan, provide feedback, and join us creating a healthier community.

Regards,

INTRODUCTION

Background and Purpose

The Patient Protection and Affordable Care Act (ACA), enacted on March 23, 2010 added new requirements that hospitals covered under section §501(c)(3) of the Internal Revenue Code must satisfy to maintain their tax-exempt status. The regulations require completion of a Community Health Needs Assessment (CHNA) to identify significant unmet health needs experienced by medically underserved, low-income, minorities and individuals with chronic disease, and to adopt an implementation strategy to address priority needs at least once every three years.   Medically underserved populations include populations experiencing health disparities or those who are at risk of not receiving adequate medical care as a result of being uninsured or underinsured or due to geographic, language, financial or other barriers.

The 2016 CHNA provides an analysis of the significant health needs that have been identified in the Powell Valley Healthcare (PVHC) service area and provides a framework upon which future assessments can be based.

The report includes:

- The community demographics and population served

- How the report's data was obtained, analyzed and synthesized

- The significant health needs in the community

- The process for consulting with persons representing the broad interests of the community, including those with special knowledge of or expertise in public health

- The process and criteria used in identifying health needs as significant and prioritizing those needs

- Resources to address community health needs

- Review of the community health priorities and action plan established as part of the 2012 CHNA

Powell Valley Healthcare Overview

Powell Valley Healthcare is located in Powell Wyoming. The primary service area includes the communities of Powell and Ralston. The secondary service area includes the communities of Lovell, Cowley, Frannie, Bryon and Deaver.

Powell Valley Healthcare programs and services include:

- 25-bed Critical Access Hospital
- Care Center (Long Term Care facility with a special memory care unit)
- Heartland Assisted Living
- Ambulance Service
- Powell Valley Clinic
- Express Care - Urgent Care Clinic

The mission and vision of PVHC is "to improve quality of life through excellent healthcare" and "to be the provider of choice for excellent health services".

PVHC values are:

- **Integrity.** We are honest and ethical in all our relationships and the use of our resources.
- **Respect.** We respect the dignity and equality of all people, regardless of their circumstances or position.
- **Compassion.** While providing care, we are sensitive and compassionate about our patients, residents and families, and each other.
- **Quality.** We are committed to providing quality healthcare services.
- **Accountability.** We are responsible for our actions.

Steering Committee

The Senior Leadership Team served as the Steering Committee for the development of the 2016 CHNA. The members included:

- Terry Odom   Interim Chief Executive Officer
- Dr. Nathaniel Rieb   Chief of Staff
- Dr. Sarah Durney   Medical Director Powell Valley Clinic
- Dr. Kelly Christensen   Medical Director Long Term Care
- Arleen Campeau   Chief Nursing Officer
- Mike Long   Chief Financial Officer
- Mike Gilmore   Vice President Physician Services
- Nicole Ostermiller   Vice President Long Term Care Services

Consultants

The Community Health Needs Assessment was facilitated by HealthTechS3 with guidance and direction from the Steering Committee. Carolyn St.Charles and Julie Haynes were the principal consultants. Cheri Benander assisted with key stakeholder interviews.

HealthTechS3 is an award-winning healthcare consulting and hospital management firm based in Brentwood, Tennessee with clients across the United States. HealthTechS3 is dedicated to the goal of improving performance, achieving compliance, reducing costs and ultimately improving patient care. Leveraging consultants with deep healthcare industry experience, HealthTechS3 provides actionable insights and guidance that supports informed decision making and drives efficiency in operational performance.

Carolyn St.Charles is the Regional Chief Clinical Officer for HealthTechS3 and the lead consultant for Community Health Needs Assessments. She earned a Bachelor's of Science in Nursing from Northern Arizona University and a Master's in Business Administration from the University of Washington Foster School of Business. She has experience and expertise in conducting community health needs assessments, strategic planning and working collaboratively with rural hospitals to improve quality, safety and financial performance.

Julie Haynes is the Strategic Planning Consultant for HealthTechS3. She earned a Bachelor's degree in Business Administration from Texas A&M University. She provides strategic planning services and consultation in preparing market and community health needs assessments, medical staff development plans, strategic retreat planning and facilitation.

Cheri Benander is the Director of Compliance Consulting and Long Term Care. She received her basic nursing education from Fort Scott Community College and a Bachelor's Degree and Master's Degree in Nursing from the University of Phoenix. She is a Certified Healthcare Compliance professional through the HealthCare Compliance Association and received a certification in Nursing and Healthcare Education from the University of Phoenix. She is licensed as a Registered Nurse in Wyoming, Kansas and Missouri and is a Nursing Home Administrator in Wyoming. She is also a member of the Healthcare Compliance Association.

EXECUTIVE SUMMARY

Methodology

A multi-faceted approach was used to gather information about the needs of the community including key stakeholder interviews, a focus group with community representatives, a community survey and review and analysis of data from secondary sources.

Steering Committee

The PVHC Administrative team served as the steering committee for the CHNA. The steering committee established the framework and methodology for conducting the CHNA and provided guidance and direction thru-out the process.

Stakeholder Interviews

Interviews with key stakeholders were conducted with individuals and groups that represented the broad interests of the community. These representatives included public health and individuals with knowledge of medically underserved, low-income, and minority populations and populations with chronic disease. The interviews were completed between February and April of 2016. A total of eighteen (18) individual interviews were conducted.

Focus Group

One focus group was held with representatives from community organizations including: Powell Kiwanis, Big Brothers and Big Sisters of Park County, Powell Chamber of Commerce, Absaroka Head Start, Red Hat Ladies, PVHC Volunteers, Powell Senior Center and Powell Rotary / Northwest College. The group was asked to both identify and prioritize community health needs.

Community Survey

A community survey was developed to solicit input regarding health needs that the community felt were the most important to improve the health of the community. The survey was widely advertised and input was solicited from each of the communities in the primary and secondary service area. A total of 273 surveys were completed.

In addition, the survey asked residents if they believed that the goals that were established as part of the 2012 CHNA had been met.

Secondary Data

Secondary data was obtained from a variety of sources to create a comprehensive community profile and to identify health disparities and barriers to accessing care including geographic, language and financial barriers. Every effort was made to obtain the most current and reliable data.

Big Horn County and Park County data were analyzed for comparison purposes with the State of Wyoming and with Healthy People 2020 targets when available.

Secondary data sources included, but were not limited to the following:

- Community Commons
- Community Need Index
- County Health Rankings
- Healthy People 2020
- iVantage Health Analytics
- United States Census Bureau American Community Survey
- Wyoming Department of Health
- Wyoming Health Matters
- Wyoming Hospital Association

Gap Analysis

Survey Responses

A total of 273 surveys were competed compared to 363 in 2012. Although significant efforts were made to capture feedback from residents in each of the communities in the primary and secondary service areas, there was a disproportionately high response rate from the Powell ZIP code, 89.3%, and a lower response rate from Lovell, Cowley, Frannie, Bryon and Deaver, 4.7%.

Secondary Data

Secondary data sources included both Park County and Big Horn County. 69.2% of the ZIP codes in Powell Valley Healthcare's strategic service area are in Park County and 47.2% in Big Horn County. There are three other hospitals in the two counties including West Park Hospital in Cody, North Big Horn Hospital in Lovell and South Big Horn Hospital in Basin.

Because the secondary data included both counties, the data includes communities that are not in the PVHC primary or secondary service area and are served by other healthcare facilities.

Prioritization Meeting

Five of the individuals with expertise and knowledge regarding community health needs invited to the prioritization meeting were unable to attend. An individual meeting was held with Bill Crampton, Park County Public Health Nurse Manager to discuss the recommendations. He concurred with the group's recommendations.

A summary of the secondary data and the group's recommendations were sent by e-mail to the other four individuals who were unable to attend with a request for feedback and comments.

Community Summary

The following is a brief overview of the demographics, economic profile and community health rankings for Big Horn and Park counties. Additional detail is included in the Secondary Data section of the report.

Demographics[1]

- The total service area of Park County and Big Horn County has an estimated population of 41,867 which is expected to increase to 44,297 by 2020, an increase of 5.5%.

- The majority of residents in the PVHC service area are adults between the ages of 25 – 65.

- The population over the age of 65 is expected to have the largest percentage increase between 2015 and 2020.

- The primary ethnicity in both counties is Caucasian. The second largest ethnic group is Hispanic, 6.6% in Park County and 9.3% in Big Horn County.

- The percent of the population with limited English proficiency is 2.31% in Big Horn County and 1.9% in Park County.

- The percent of the population with a disability is 13.2% in Big Horn County and 11.8% in Park County. The majority of individuals with a disability are over the age of 65.

Economic Profile

- The unemployment rate in 2015 was 4.3% in Big Horn County and 4.2% in Park County.[2]

- Children living below 200% of the poverty level is 42.8% in Big Horn County and 36.0% in Park County.[3]

- Population living below 200% of the poverty level is 32.2% in Big Horn County and 25.1% in Park County.[4]

Community Health Rankings[5]

- Park County is ranked 6th and Big Horn County is ranked 9th compared to 23 other counties in Wyoming for Health Outcomes which includes length of life and quality of life. (A higher ranking is better.)

- Park County is ranked 9th and Big Horn County is ranked 15th compared to 23 other counties in Wyoming for Health Factors which includes health behaviors, clinical care, social and economic factors and physical environment. (A higher ranking is better.)

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[1] iVantage Health Analytics

[2] US Bureau of Labor Statistics

[3] www.communitycommons.org

[4] www.community.commons.org

[5] www.countyhealthrankings.org/app/wyoming/2016

Summary of Community Health Needs

The community health needs described in the following paragraphs are a synthesis of information from both the primary and secondary data.

Access to Primary Care

Lack of access to primary care was identified as a high priority in the community survey, the community focus group and key stakeholders. The secondary data identified the most significant disparity in Big Horn County with a ratio of primary care physicians to population of 3000 to 1 compared to Park County with a ratio of 940 to 1 and the State of Wyoming with a ratio of 1500 to 1.[6]

100% of the population in Big Horn County and 3.6% in Park County live in a Health Professional Shortage Area (HPSA).[7] A HPSA is defined as an area having a shortage of primary medical care, dental or mental health professionals.

The majority of the feedback and comments received from the community related to primary care access in Powell. There were multiple comments about long wait times to obtain an appointment at Powell Valley Clinic as well as turnover which made it difficult to establish an ongoing relationship with a primary care provider.

Information obtained from Lisa Horton, Powell Valley Clinic Nurse Manager, identified 31 days as the average time from request to an appointment with a primary care physician and 34 days from request to follow-up appointment. Lisa Horton stated that wait times could be longer if a specific physician was requested.

Primary care providers in Powell, in addition to providers associated with Powell Valley Clinic, include: 307 Health, a direct primary care practice with two physicians, and Heritage Health Center, a Federally Qualified Health Center that opened in September of 2015 with a full-time physician assistant and a half-time internal medicine physician.

The agricultural clinic is scheduled to open a clinic later in the year with one provider.

Access to Specialty Care

Feedback from the community survey, focus group and key stakeholder interviews identified a lack of access to specialty care in the community. Although there are visiting specialist who see patients at Powell Valley Clinic, the perception was that availability was not sufficient to meet the needs of the community and that residents had to go out of the area, often to Billings, to access specialty care.

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[6] www.countyhealthrankings.org/app/wyoming/2016

[7] www.communitycommons.org

Access to Dental Care

Access to dental care was identified as a community health issue, especially for individuals who are low income and/or are insured thru Medicaid. There is no access to a dentist or oral surgeon in either county when extensive dental work is needed.

The secondary data identified access to dentists as worse in Big Horn County than Park County or the State of Wyoming with a ratio of population to dentists of 2980 to 1 (Big Horn County); 1450 to 1 (Park County) and 1660 to 1 (State of Wyoming).[8]

A new dentist is relocating to the area and has indicated a willingness to accept Medicaid patients. The same dentist will also be providing dental services to clients of Heritage Health Center.

Access to Mental Health Care

Barriers to mental health care, including counseling, were noted as particularly difficult for individuals with limited income and/or those who are uninsured. The stigma of seeking mental health care for many residents, regardless of income or insurance, was also identified as a barrier. Yellowstone Behavioral Health, located in Powell, offers a sliding scale fee schedule based on income for their clients.

Heritage Health Center provides basic mental health services to their clients thru an agreement with Yellowstone Behavioral Health. It was noted by several key stakeholders that Yellowstone Behavioral Health has improved their response to mental health emergencies, with an appointment or screening within 24 hours or less.

The rate of depression for the Medicare population was slightly worse than the State of Wyoming in both counties, but this may not represent a significant difference.[9]

Secondary data identified the ratio of population to mental health providers in Big Horn County as 800 to 1 compared to Park County of 340 to 1 and the State of Wyoming of 330 to 1. Both counties are worse than the State.[10]

Suicide[11]

Wyoming is currently ranked fourth (4th) for the rate of suicide compared to other states, according to the most recent data published from the American Foundation of Suicide Prevention.

The rate of suicide in Wyoming is 20.67 suicides per 100,000 people and is significantly higher than the Healthy People 2020 target of 10.2 per 100,000.

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[8] www.countyhealthrankings.org/app/wyoming/2016

[9] www.communitycommons.org

[10] www.countyhealthrankings.org/app/wyoming/2016

[11] American Society of Suicide Prevention

In Wyoming, Suicide is the seventh (7th) leading cause of death overall, the second (2nd) leading cause of death for ages 15 – 44, the fourth (4th) leading cause of death for ages 10-14 and the fifth (5th) leading cause of death for ages 45-65.

The State of Wyoming has implemented a "Zero Suicide" program and there is an active Suicide Prevention Alliance in Park County.

Access to Transportation

The percentage of the population who utilize public transportation is 0.0% in Big Horn County and 0.01% in Park County, compared to 1.61% in the State of Wyoming.[12] However, there is no public transportation available in either Big Horn or Park counties.

In Powell, the Senior Center provides transportation, although hours are limited. Transportation is also available for VA patients who have appointments in Billings.

The Powell Economic Partnership in partnership with Forward Cody is in the process of developing a transportation feasibility study for Park County.

Chronic Disease Management[13]

The community survey, focus group and key stakeholder interviews identified the lack of availability of specialist in Powell, specifically for chronic care management, as an unmet need. Many individuals stated they travel outside the community to see a specialist. The timeliness of appointments at Powell Valley Clinic was viewed as a barrier to chronic disease management and prevention.

The incidence of chronic disease that was worse than the State of Wyoming or was not meeting Healthy People 2020 targets included:

- Diabetes (Big Horn County)
- Cancer – Breast (Big Horn and Park County)
- Cancer – Colon and Rectum (Big Horn County)
- Cancer – Prostate (Big Horn and Park County)
- Heart Disease (Park County)

Mortality related to cancer and diseases of the heart were the most frequent causes of death for both counties in 2014 according to the Wyoming Department of Health data.[14]

Preventative Care[15]

Lack of access to preventative care was identified as the second highest priority in the community survey and also identified by the focus group and key stakeholders.

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[12] www.countyhealthrankings.org/app/wyoming/2016

[13] www.communitycommons.org

[14] Wyoming Department of Health

[15] www.communitycommons.org

Timeliness of appointments at Powell Valley Clinic, lack of transportation options, inability to take time off of work and a lack of insurance were all cited as barriers to accessing preventive care services.

The secondary data identified the following areas associated with preventative care that were worse than the State of Wyoming or not meeting Healthy People 2020 targets for one or both counties including:

Health Screening:

- Pap tests for women (Big Horn and Park County)

- Sigmoidoscopy or Colonoscopy (Big Horn County)

- HIV screening (Park County)

Vaccinations:

- Pneumonia Vaccination – Adults over 65 (Big Horn County)

Nutrition and Exercise

Lack of access to healthy food sources was identified in the community survey (although not as a priority issue), key stakeholder interviews and the secondary data. Several individuals interviewed stated that the lack of transportation options limits access to grocery stores with a larger selection of healthy food products for low income residents who do not have a car. One individual also noted that the Powell Farmers Market is not able to take Supplemental Nutrition Assistance Program (SNAP) benefits.

Low food access (food desert) and low food access for low income residents is worse in Park County than Big Horn County and the State of Wyoming. However, the population with low or no healthy food access based on the Racial Disparity Index was in the "high disparity" range for both counties.[16]

Population 65 and Older

The population over the age of 65 is expected to have the largest percentage increase between 2015 and 2020 in Big Horn and Park counties.[17] The population with a disability, 38.7% in Big Horn County and 30.8% in Park County, is higher for those over 65.[18]

Several key stakeholders commented on the impact of a growing older population on healthcare resources in the community, including an increased demand for chronic disease management. The need for additional support to live independently, increased availability of assisted living and long term care facilities, availability of palliative care and an enhanced emphasis on advance directives and end-of-life planning were all identified as important issues.

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[16] www.communitycommons.org

[17] iVantage

[18] iVantage

Priority Community Health Needs

A group of individuals that represented the interests of the community and/or had specific expertise regarding the health needs of vulnerable and underserved populations were asked to join the CHNA Steering Committee to identify priority community health needs. Of the individuals that were invited, twelve (12) attended the meeting, although one individual had to leave the meeting early.   The following individuals were invited but were unable to attend:

- Sharla Allen   Director of Wyoming Office of Rural Health
- David Blevins   Powell Council for Community Services
- Bill Crampton   Nurse Manager, Park County Public Health
- Kurt Hendershot   Yellowstone Behavioral Health Center
- Dr. Terresa Humphries-Wadsworth   Coordinator NW Regional and State Suicide Prevention

The following individuals attended the prioritization meeting:

- Jim Cannon   Director of Marketing, PVHC
- Sarah Durney, M.D.   Medical Director Powell Valley Clinic
- Mike Gilmore   Vice President Physician Services, PVHC
- Roxie Herman   Northwest College, Director of Student Health
- Mike Long   Chief Financial Officer, PVHC
- Terry Odom   Interim Chief Executive Officer, PVHC
- Nicole Ostermiller   Vice President Long Term Care Services, PVHC
- Nathaniel Rieb, M.D. Powell Valley Healthcare
- Juanita Sapp, M.D.   Chief Medical Officer – Heritage Health Center
- Betsy Spomer, M.D.   Powell Health Network

  (Branch of Powell Economic Partnership)
- Lorraine Steppe   Director of Social Services, PVHC
- Jennifer Tippets   Executive Director Powell Medial Foundation

An individual meeting was held with Bill Crampton, Park County Public Health, to review the data and priorities. He concurred with the groups' recommendations.

A summary of the meeting was distributed, including to those who were unable to attend, for review and feed-back.

Review of Primary and Secondary Data

An overview of primary and secondary data was provided by Carolyn St.Charles. The community health needs identified thru the community survey, focus group, key stakeholder interviews and secondary data included:

- Access to primary care
- Access to specialty care
- Access to dental care
- Access to mental health care
- Access to transportation
- Chronic disease prevention and management
- Preventative care
- Nutrition and Exercise
- Aging and Disability
- Home care services

Based on an initial discussion, the group determined that some of the community health needs, although important to the community and community health, were already being addressed by community initiatives or coalitions and did not need to be prioritized as part of the PVHC CHNA including:

- Access to mental health care and suicide prevention
- Access to transportation
- Access to dental care

The group strongly recommended that PVHC become active participants in those community groups and initiatives in which they were not currently participating.

The group also chose to not prioritize Home Care services due to the recent decision of PVHC to discontinue Home Health and Hospice services. They did however include palliative care as part of Aging and Disability.

Prioritization Matrix

Prioritization of the remaining community health needs was based on the following three criteria:

1. The number of residents impacted by the problem
2. The consequences to residents of not addressing the problem
3. The impact of the problem on vulnerable populations

Each community health need was rated as High (3 points), Medium (2 points) or Low (1 point).

Although rated separately, at the conclusion of the prioritization exercise, the group decided to combine wellness (nutrition and exercise), chronic disease management and preventative care together.

The top three community health needs were:

1. Increased access to primary care providers

2. Improved community wellness related to preventative healthcare, management of chronic disease, promotion of healthy food options and exercise

3. Services and support to meet the needs of the population over 65 and individuals with disabilities

   Strategies were recommended by the group to meet the needs of the over 65 population and individuals with disabilities including:

   - Palliative Care
   - Long Term Care
   - Promotion of Advance Directives
   - Care Giver Support
   - Coordination of services for individuals with disabilities

Community Resources

Community Resources currently available to meet the health needs of the community are included in Appendix 1.

Next Steps

Over the next several months PVHC, in collaboration with community partners, will develop an implementation plan for each of the priority health needs. The implementation plan will be published in a separate report.

2012 PRIORITY COMMUNITY HEALTH NEEDS

A Community Health Needs Assessment was completed in the fall of 2012. Five priority community health needs were identified and strategies developed to address each prioritized need. The action items established for each of the five priorities were met, with the exception of expanding the number of primary care providers and implementation of an open access model for primary care providers.

PRIORITY 1: INCREASE ACCESS TO PRIMARY CARE SERVICES

Strategy 1: Expand number of providers – Goal Not Met

Proposed Steps:

- Recruit two additional primary care physicians, one family medicine physician assistant and two OB/GYN physicians.

- Expand obstetrical program by creating a Certified Nurse Midwife Service.

Results / Outcomes:

	2013	2014	2015	2016
Family Practice / Internal Medicine	6	7	4	
Family Medicine Physician Assistants	2	2	2	
OB/GYN Physicians	2	2	2	
Certified Nurse Midwifes	1	2	1	
Express Care / Urgent Care	2	2	2	
Hospitalist	0	0	2	
TOTAL Not Including Hospitalist	**13**	**15**	**13**	

Primary Care

The number of family medicine physicians employed by Powell Valley Healthcare has decreased since 2013. There were a total of six family medicine physicians in 2013, seven in 2014 and four in 2015. However, two primary care physicians who had previously been employed by PVHC opened their own practice.

Although they do not see patients in the clinic, the Hospitalist program has increased the amount of time providers have to schedule patients in the clinic.

In addition, although not part of PVHC, Heritage Health has both a physician and physician assistant providing primary care services to the community.

Family Medicine Physician Assistants

The number of physician assistants employed by PVHC has not changed, although there has been a change in personnel. There were two physician assistants in 2013, two in 2014 and two in 2015.

OB/GYN

There are two OB/GYN physicians which is unchanged from 2013.

Certified Nurse Midwives

A nurse midwife was hired in 2013 and an additional nurse midwife in 2014. However, one midwife has since resigned and there is currently one.

Strategy 2:   Improve access to primary care – Goal Not Met

Proposed Steps:

Implement an "open access" model for all PVHC primary care providers.

Results / Outcomes:

One provider offered open access scheduling in 2013. This increased to two providers in 2014 and has not expanded to other providers.

The goal of implementing an "open access" model for all PVHC primary care providers was not met. There was turn-over in primary care providers and several other factors that limited the opportunities necessary to increase open access scheduling.

Strategy 3:   Improve Healthcare specific transportation – Goal Met

Proposed Steps:

Powell Medical Foundation will designate proceeds from the summer golf tournament to help create a healthcare specific transportation system.

Results / Outcomes:

See comments under Priority 3 – Public Transportation.

Strategy 4:   Participate in creation of a Federally Qualified Health Center (FQHC) – Goal Met

Proposed Steps:

PVHC will participate in ongoing discussions related to the creation of a FQHC. PVHC Foundation will contribute a total of $15,000 in cash and $25,000 in in-kind support as part of a $300,000 grant application submitted to the state of Wyoming.

Results / Outcomes:

PVHC participated in a total of 13 meetings regarding establishment of a FQHC between 2013 and 2015.

PVHC donated a total of $15,000 in cash and $30,000 in-kind support to establish a FQHC.

The FQHC opened in Powell Wyoming in September of 2015.

PRIORITY 2:   INCREASE ACCESS TO MENTAL HEALTH SERVICES

Strategy 1:   Improve access to mental health services – Goal Met

Proposed Steps:

Participate in ongoing discussions related to the creation of a FQHC which can help to fill the needed mental health related services.

Results / Outcomes:

PVHC participated in meetings to establish a FQHC and donated cash and in-kind support.

The FQHC opened in Powell Wyoming in September of 2015 and offers access to mental health services thru a contract with Yellowstone Behavioral Health.

Strategy 2:   Explore feasibility of a mental health distinct part unit – Goal Met

Proposed Steps:

As part of the facility master plan that is currently being developed, PVHC will explore the feasibility of a mental health distinct part unit.

Results / Outcomes:

It was determined that it was not feasible for PVHC to include a mental health distinct part unit as part of the master facility plan.

Strategy 3:   Increase healthcare professional's knowledge of resources available for mental health care – Goal Met

Proposed Steps:

Develop resource guide for mental health services and implement a mental health provider networking lunch.

Results / Outcomes:

Although not identified in the initial strategies, the following actions were taken to increase knowledge about services for mental health.

- Development of a Mental Health Professionals Resource Guide in July of 2013. The guide is updated annually.

- Implementation of a Mental Health provider networking lunch which is held every other month and rotated between Powell and Cody. The group is coordinated by Lorraine Steppe, Director of Social Services and Recreation. Six meetings were held in 2013, six in 2014 and six in 2015.

PRIORITY 3: ASSIST WITH DEVELOPMENT OF A HEALTHCARE SPECIFIC PUBLIC TRANSPORTATION SYSTEM

Strategy 1: Develop a Healthcare Specific Transportation System – Goal Met

Proposed Steps:

Powell Medical Foundation will designate proceeds from the summer golf tournament to help create a healthcare specific transportation system.

Results / Outcomes:

The PVHC Foundation designated $1,500 from the 2014 golf tournament for the initial funding for a project to help create a healthcare specific transportation system. $500 was given to the Powell Economic Partnership for the transportation study (survey process). The remaining $1,000 is being held by the Foundation for future use toward transportation related issues when needed.

In July 2015, the Powell economic partnership, along with Forward Cody, began working on a Park County transportation feasibility study. A public survey for this project was sent out by the Powell and Cody Chambers on December 8, 2015. PVHC shared this survey with staff by sharing the link to the survey through in-house email.

Following announcement of the grant awarded to the Public Economic Partnership and Forward Cody for a public transportation feasibility study, PVHC determined that they would wait to see the results of the study before making further decisions about transportation related needs.

PRIORITY 4: INCREASE ACCESS TO DENTAL HEALTH SERVICES

Strategy 1: Participate in creation of a FQHC which will increase access to dental services - Goal Met

Proposed Steps:

PVHC has agreed to contribute a total of $15,000 in cash and $25,000 in in-kind support as part of a $300,000 grant application submitted to the State of Wyoming.

Results / Outcomes:

PVHC participated in a total of 13 meetings regarding establishment of a FQHC between 2013 and 2015.

PVHC donated a total of $15,000 in cash and $30,000 in-kind support to establish a FQHC.

The FQHC opened in Powell Wyoming in September of 2015. They have contracted with a local dentist for preventative dental care which will be effective in April of 2016.

PRIORITY 5:   INCREASE ACCESS TO PREVENTATIVE SERVICES

Strategy 1: Communicate available services to the community - Goal Met

Proposed Steps:

Actively explore better ways to communicate available services to the community including print media, radio and social media. In addition, assure that employees are informed about all provided services.

Results / Outcomes:

Communications about available services were provided to the community thru print, radio and social media.

	2013	2014	2015
Number of communications by Print Media	51	39	51
Number of communications by Radio	20	13	8
Number of communications by Social Media	n/a	54	28
Number of communications to employees	60	64	42

In addition,

- PVHC continues to offer flu shot clinics during flu season.

- In 2014, PVHC ran an advertising campaign to inform the community of providers that offered colonscopy to screen for colon and rectal cancer.

- In 2015, PVHC provided a "health fair" blood screening at a discounted price during the month of March. On-line registration was available for this service to make it more convenient for the community to register and have their blood drawn.

Strategy 2: Provide educational and support opportunities for the community – Goal Met

Proposed Steps:

In spite of sporadic attendance patterns, PVHC continued to offer and promote a number of different educational and support opportunities for the community.

Results / Outcomes:

The following educational support opportunities were provided:

	2013	2014	2015
Emergency management presentation at Powell High School health class	50 students	50 students	51 students
Hands-only CPR training with PHS health classes	n/a	80 students	51 students
Parkside Elementary Healthy Muscles & Bones Tour	40 students	36 students	41 students
Powell High School child development class tour	30 students	30 students	n/a
Host student-to-work program for Powell High School	10 students	13 students	10 students
Alzheimer's support group	12 meetings	12 meetings	12 meetings
Grief/Bereavement support group	7 meetings	Not held	Not held
Diabetes education and support	6 meetings	5 meetings	7 meetings
Breastfeeding classes	8 classes	10 classes	7 classes
Childbirth (prenatal/refresher) & sibling classes	12 classes	12 classes	15 classes
Community class – "Parenting the Love and Logic Way"	6-week class	6-week class	6-week class
Host training for radiology students	1 student	1 student	1 student
Host training for pharmacy students	6 students	7 students	6 students
Participation in Powell Health and Safety Fair	7 booths	4 booths	4 booths
Community Safe Sitter classes for youth 11-14	2 classes 22 Students	2 classes 18 Students	3 classes 21 Students
Community First Aid and CPR classes - Attendance	48 classes 288 students	36 classes 216 students	30 classes 180 students

![Powell Valley Healthcare logo]

GEOGRAPHIC ASSESSMENT AREA

The strategic service area definition for PVHC is based on the patient ZIP Codes of origin for inpatient discharges. The PVHC primary service area (representing 63% of the 2014 discharges) includes the ZIP Codes of Powell and Ralston; the secondary service area (representing 19.3% of the 2014 discharges) includes Lovell, Cowley, Frannie, Bryon and Deaver; the tertiary service area (representing 5.9% of the 2014 discharges) includes Cody and Wapiti.

The PVHC strategic service area ZIP Codes are in both Park and Big Horn counties. In 2014, 69.2% of PVHC inpatients were from Park County and 26.5% from Big Horn County.

Of the ZIP Codes in Park County, 94.9% are in PVHC's strategic service area. Of the ZIP Codes in Big Horn County, 47.2% are in PVHC's strategic service area.
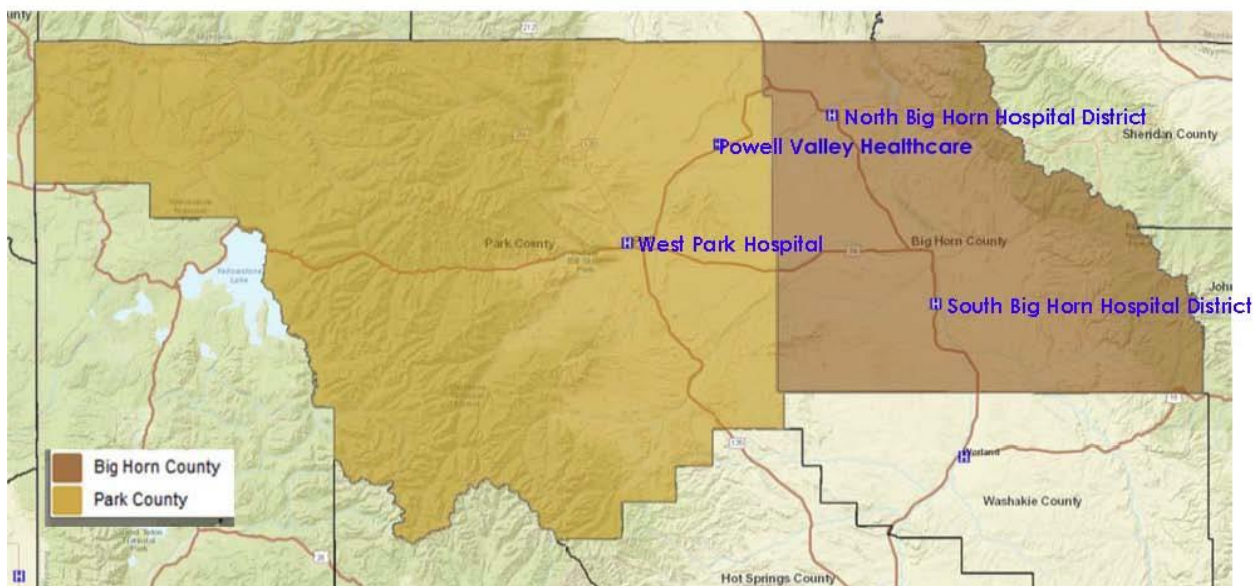
Source: iVantage Health Analytics

DEMOGRAPHIC PROFILE

The demographic information was obtained from Community Commons and iVantage Health Analytics.

Population

The total CHNA service area of Park and Big Horn County had an estimated population of 41,867 in 2015 which is expected to increase to 44,297 by 2020, an increase of 2,430 residents. This reflects an estimated population increase of 5.5%.

County	ZIP Code	Post Office	2015 Estimated Population	2020 Projected Population	2015-2020 Projected Population Change	2015-2020 Projected % Change
Park	82435, 82440	Powell/Ralston	12,275	12,933	658	5.1%
Park	82414	Cody/Wapiti	16,086	17,168	1,082	6.3%
Park	82433	Meeteetse	1,090	1,200	110	9.2%
Park	82190	Yellowstone National Park	374	408	34	8.3%
Subtotal (Park County)			**29,825**	**31,709**	**1,884**	**5.9%**
Big Horn	82431	Lovell	3,940	4,158	218	5.2%
Big Horn	82420	Cowley	608	623	15	2.4%
Big Horn	82423	Frannie	159	164	5	3.0%
Big Horn	82412	Byron	566	557	-9	-1.6%
Big Horn	82421	Deaver	423	434	11	2.5%
Big Horn	82426	Greybull	2,678	2,785	107	3.8%
Big Horn	82410	Basin	1,927	1,994	67	3.4%
Big Horn	82411	Burlington	791	875	84	9.6%
Big Horn	82432	Manderson	654	680	26	3.8%
Big Horn	82441	Shell	217	230	13	5.7%
Big Horn	82434	Otto	79	88	9	10.2%
Subtotal (Big Horn County)			**12,042**	**12,588**	**546**	**4.3%**
Total Service Area (Park and Big Horn County)			**41,867**	**44,297**	**2,430**	**5.5%**

Source: iVantage Health Analytics
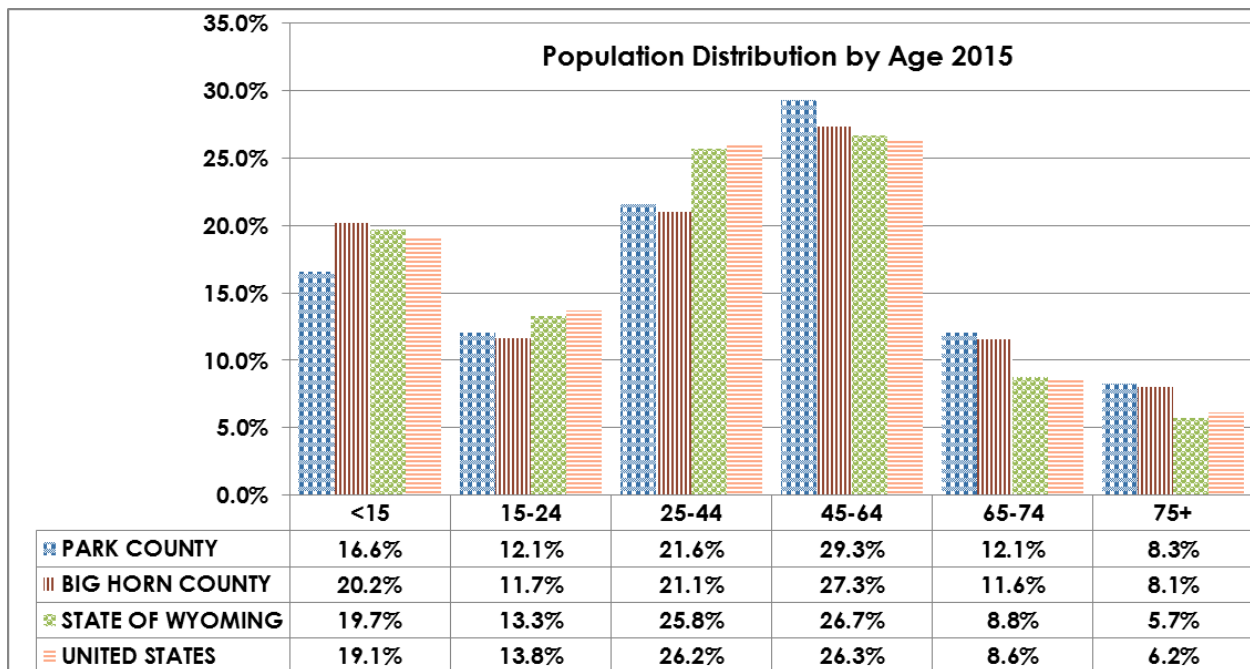
Population by Age

The majority of residents in the PVHC service area are adults between the ages of 25 and 64.

Compared to the State of Wyoming and the United States, both Park and Big Horn counties have a lower percentage of residents between the age of 15-24 and a higher percentage of residents 65 years of age and older.

The population over the age of 65 is expected to have the largest percent increase between 2015 and 2020.

Age Group	PARK COUNTY POPULATION 2015		BIG HORN COUNTY POPULATION 2015		STATE OF WYOMING POPULATION 2015		UNITED STATES POPULATION 2015	
<15	4,961	16.6%	2,433	20.2%	116,540	19.7%	60,703,764	19.1%
15-24	3,605	12.1%	1,410	11.7%	78,762	13.3%	43,805,862	13.8%
25-44	6,435	21.6%	2,537	21.1%	152,377	25.8%	83,329,651	26.2%
45-64	8,737	29.3%	3,291	27.3%	157,923	26.7%	83,728,979	26.3%
65-74	3,601	12.1%	1,400	11.6%	52,158	8.8%	27,325,058	8.6%
75+	2,486	8.3%	971	8.1%	33,865	5.7%	19,643,125	6.2%
TOTAL	29,825	100.0%	12,042	100.0%	591,625	100.0%	318,536,439	100.0%

Source: iVantage Health Analytics

	<15	15-24	25-44	45-64	65-74	75+
PARK COUNTY	16.6%	12.1%	21.6%	29.3%	12.1%	8.3%
BIG HORN COUNTY	20.2%	11.7%	21.1%	27.3%	11.6%	8.1%
STATE OF WYOMING	19.7%	13.3%	25.8%	26.7%	8.8%	5.7%
UNITED STATES	19.1%	13.8%	26.2%	26.3%	8.6%	6.2%

Age Group	PARK COUNTY POPULATION		BIG HORN COUNTY POPULATION		STATE OF WYOMING POPULATION		UNITED STATES POPULATION	
	2020		2020		2020		2020	
<15	5,237	16.5%	2,569	20.4%	123,010	19.7%	61,676,080	18.7%
15-24	3,567	11.2%	1,306	10.4%	78,574	12.6%	42,316,726	12.8%
25-44	6,927	21.8%	2,681	21.3%	161,631	25.9%	87,933,307	26.6%
45-64	8,460	26.7%	3,203	25.4%	152,922	24.5%	83,464,005	25.2%
65-74	4,340	13.7%	1,656	13.2%	66,509	10.7%	32,590,027	9.9%
75+	3,178	10.0%	1,173	9.3%	40,850	6.6%	22,642,430	6.8%
TOTAL	31,709	100.0%	12,588	100.0%	623,496	100.0%	330,622,575	100.0%

Source: iVantage Health Analytics

Population Distribution by Age 2020

	<15	15-24	25-44	45-64	65-74	75+
PARK COUNTY	16.5%	11.2%	21.8%	26.7%	13.7%	10.0%
BIG HORN COUNTY	20.4%	10.4%	21.3%	25.4%	13.2%	9.3%
STATE OF WYOMING	19.7%	12.6%	25.9%	24.5%	10.7%	6.6%
UNITED STATES	18.7%	12.8%	26.6%	25.2%	9.9%	6.8%
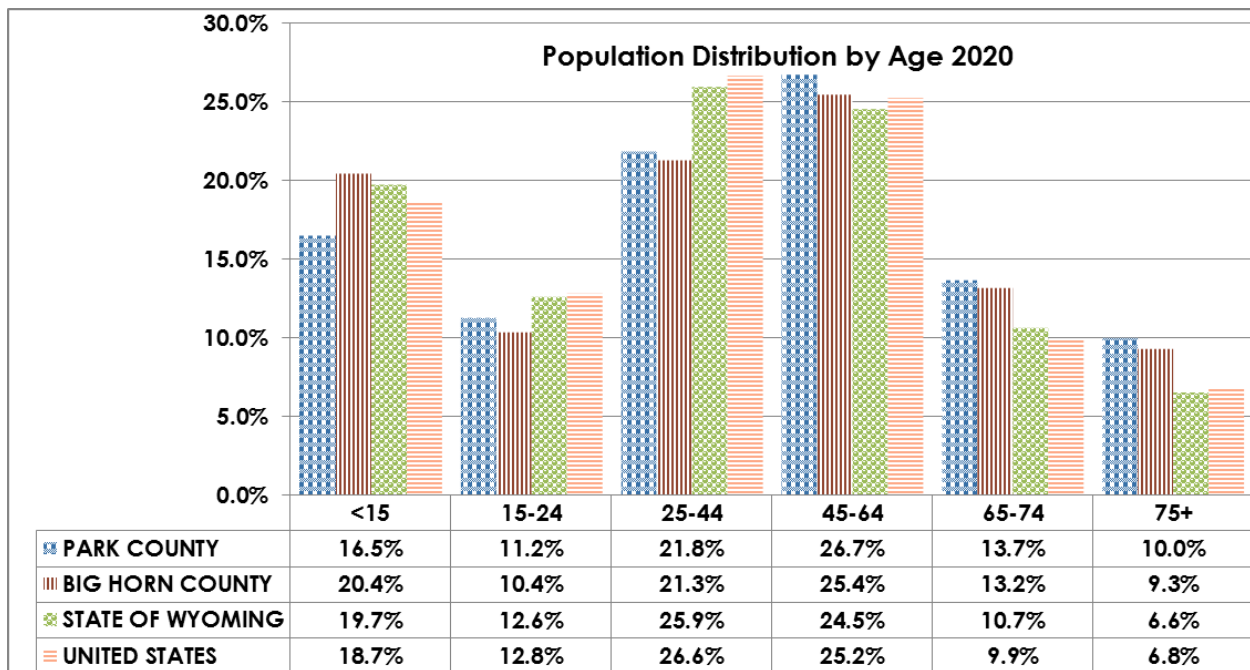
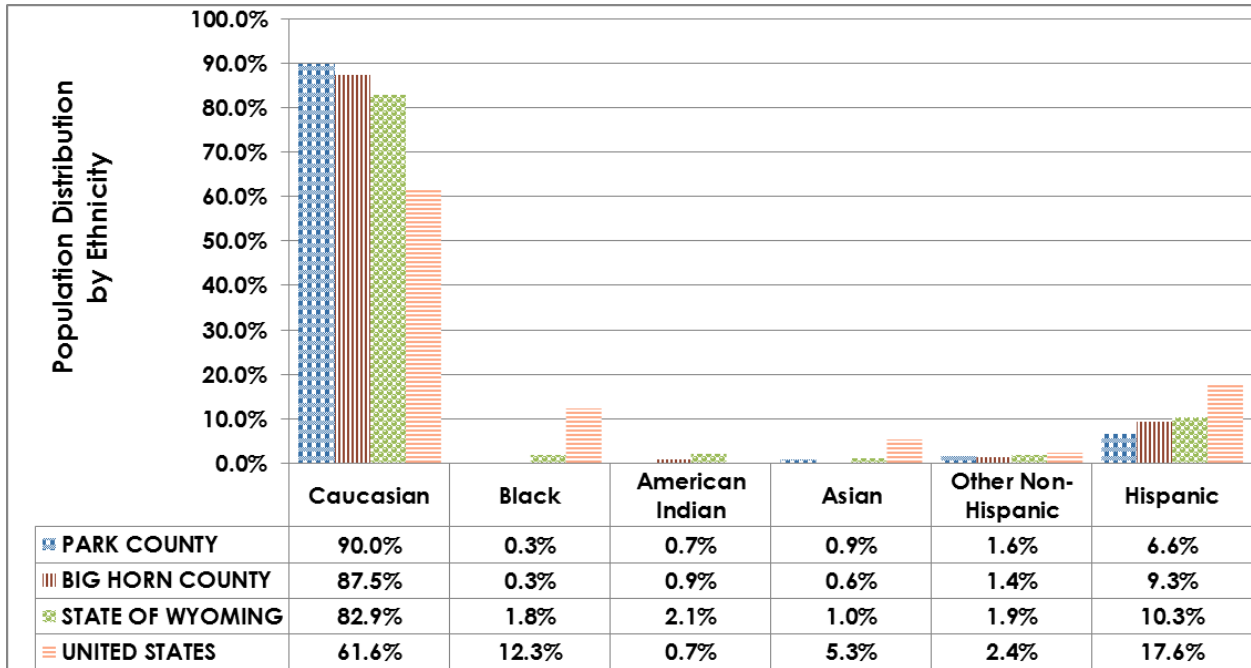| Age Group	POPULATION CHANGE							
	2015-2020 PARK COUNTY		2015-2020 BIG HORN COUNTY		2015-2020 STATE OF WYOMING		2015-2020 UNITED STATES	
	#	%	#	%	#	%	#	%
<15	276	14.6%	136	24.9%	6,470	20.3%	972,316	8.0%
15-24	(38)	-2.0%	(104)	-19.0%	(188)	-0.6%	(1,489,136)	-12.3%
25-44	492	26.1%	144	26.4%	9,254	29.0%	4,603,656	38.1%
45-64	(277)	-14.7%	(88)	-16.1%	(5,001)	-15.7%	(264,974)	-2.2%
65-74	739	39.2%	256	46.9%	14,351	45.0%	5,264,969	43.6%
75+	692	36.7%	202	37.0%	6,985	21.9%	2,999,305	24.8%
TOTAL	1,884	100%	546	100%	31,871	100%	12,086,136	100%

Source: iVantage Health Analytics

Population Distribution by Ethnicity

The primary ethnicity in both Park and Big Horn counties is Caucasian, 90% and 87.5% respectively. The second largest ethnic group is Hispanic, 6.6% in Park County and 9.3% in Big Horn County. Compared to both the State of Wyoming and the United States, the PVHC service area has a higher percentage of Caucasian residents and a lower percentage of other ethnic groups.

Race	PARK COUNTY POPULATION		BIG HORN COUNTY POPULATION		STATE OF WYOMING POPULATION		UNITED STATES POPULATION	
	#	%	#	%	#	%	#	%
Caucasian	26,837	90.0%	10,532	87.5%	490,582	82.9%	196,246,439	61.6%
Black	80	0.3%	38	0.3%	10,526	1.8%	39,280,020	12.3%
American Indian	202	0.7%	114	0.9%	12,473	2.1%	2,337,710	0.7%
Asian	276	0.9%	72	0.6%	6,066	1.0%	16,968,476	5.3%
Other Non-Hispanic	468	1.6%	164	1.4%	10,984	1.9%	7,547,553	2.4%
Hispanic	1,962	6.6%	1,122	9.3%	60,994	10.3%	56,156,241	17.6%
TOTAL	29,825	100.0%	12,042	100.0%	591,625	100.0%	318,536,439	100.0%

Source: iVantage Health Analytics

	Caucasian	Black	American Indian	Asian	Other Non-Hispanic	Hispanic
PARK COUNTY	90.0%	0.3%	0.7%	0.9%	1.6%	6.6%
BIG HORN COUNTY	87.5%	0.3%	0.9%	0.6%	1.4%	9.3%
STATE OF WYOMING	82.9%	1.8%	2.1%	1.0%	1.9%	10.3%
UNITED STATES	61.6%	12.3%	0.7%	5.3%	2.4%	17.6%

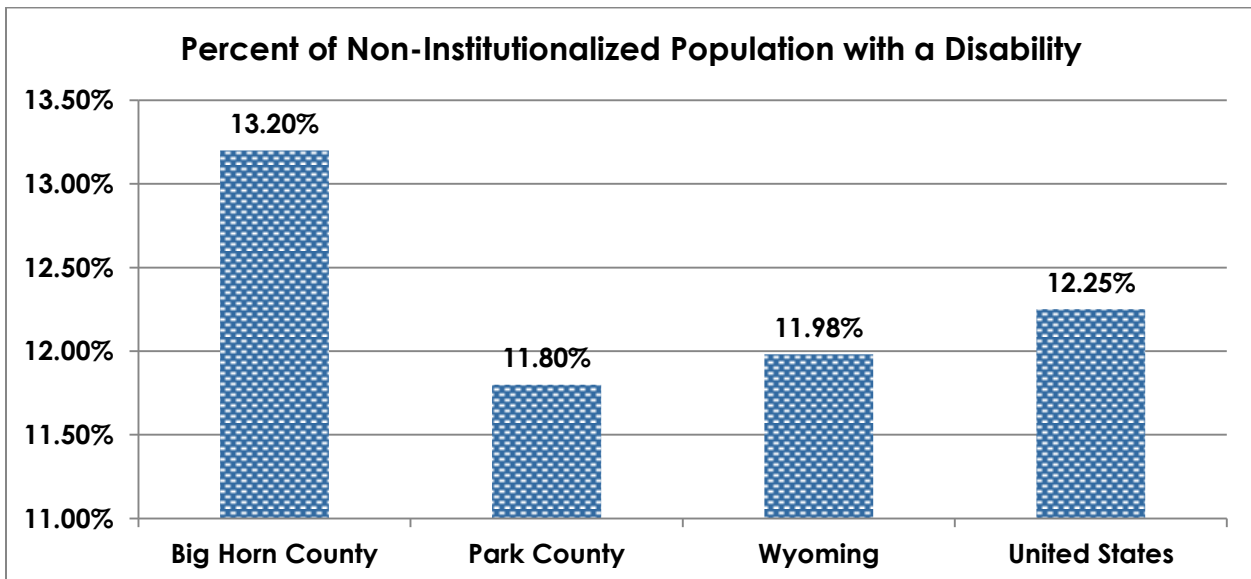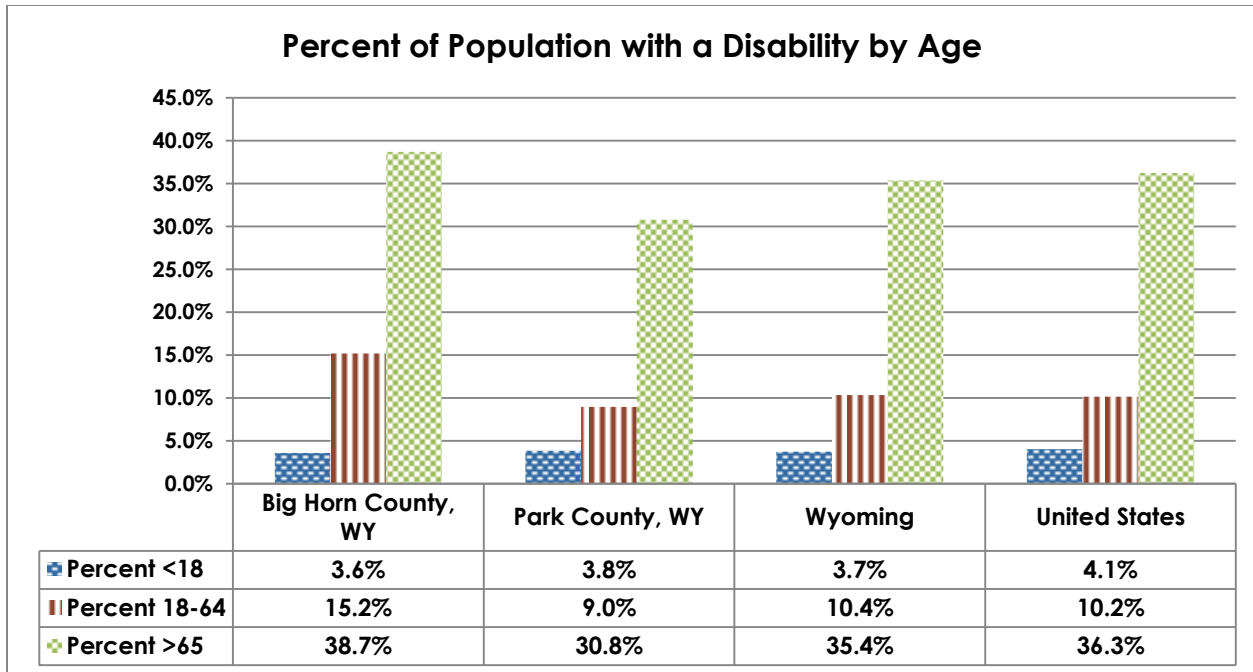## Population with a Disability

The percent of the population with a disability is higher in Big Horn County, 13.2%, than Park County and the State of Wyoming.

The majority of residents with disabilities in both counties are 65 years of age or older.

Percent of Non-Institutionalized Population with a Disability

Source: US Census Bureau, American Community Survey. 2010-14. Source geography: Tract

Percent of Population with a Disability by Age

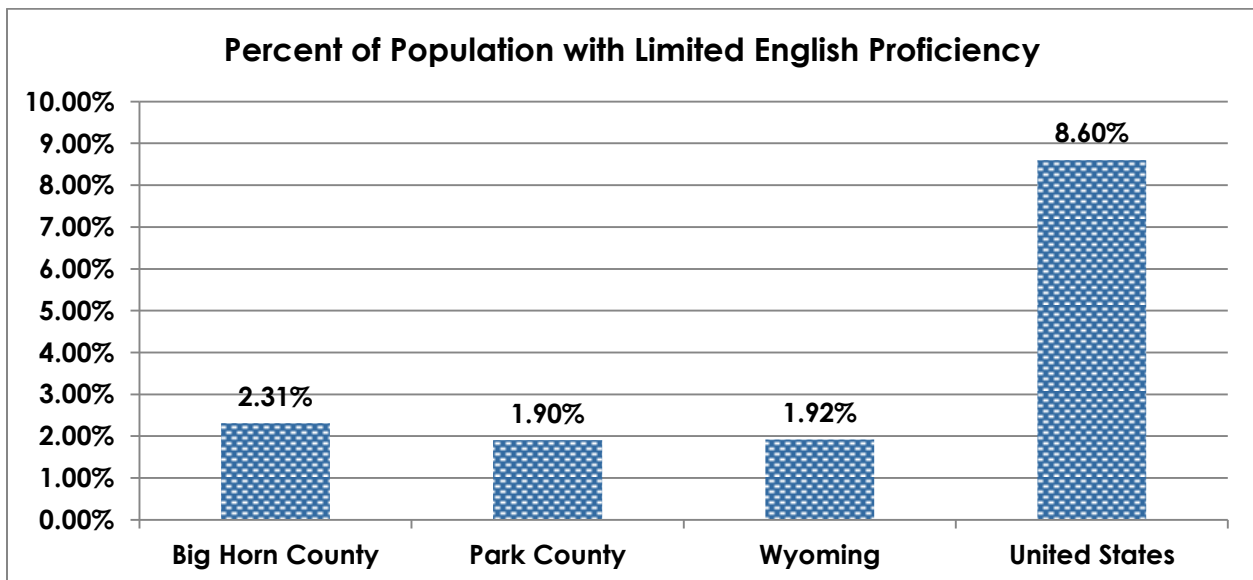|	Big Horn County, WY	Park County, WY	Wyoming	United States
Percent <18	3.6%	3.8%	3.7%	4.1%
Percent 18-64	15.2%	9.0%	10.4%	10.2%
Percent >65	38.7%	30.8%	35.4%	36.3%

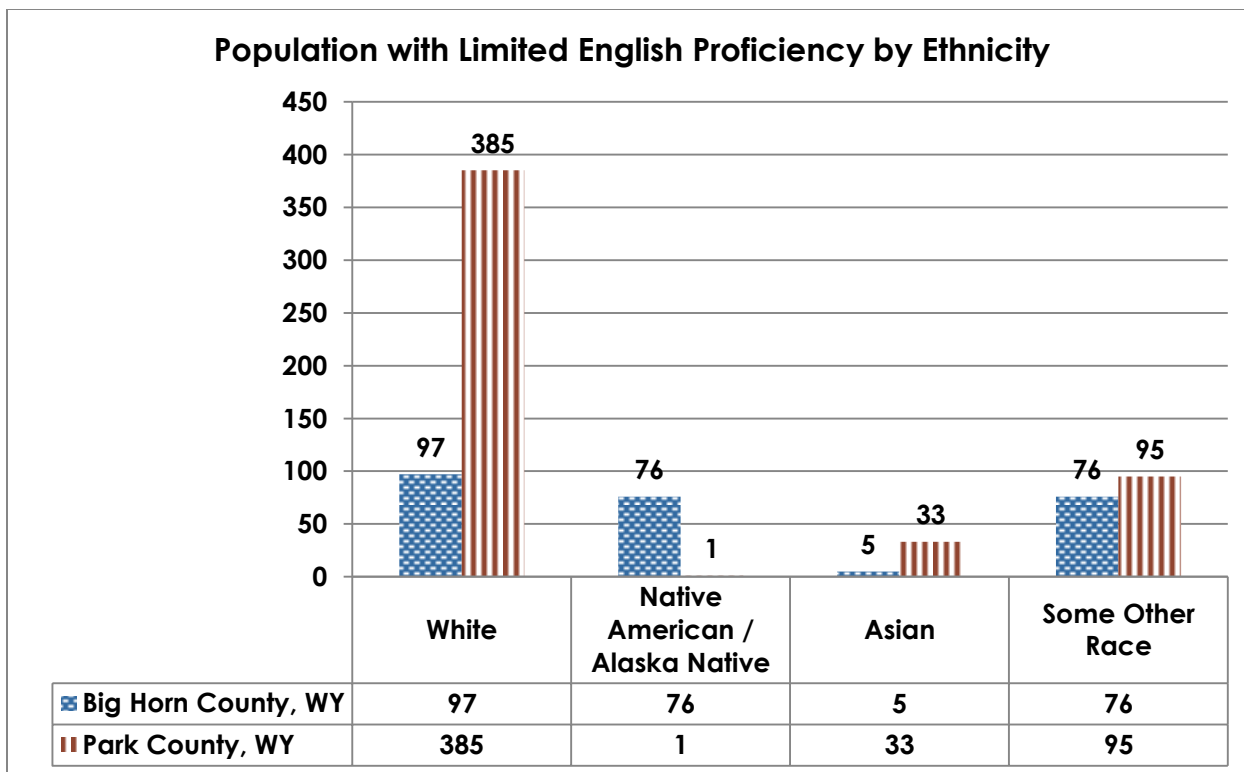Source: US Census Bureau, American Community Survey. 2010-14. Source geography: Tract

Population with Limited English Proficiency

The percent of the population with limited English proficiency is higher in Big Horn County than in Park County and the State of Wyoming.

Populations with limited English proficiency by race are predominantly White and some other race in Park County. Limited English proficiency in Big Horn County is relatively evenly distributed between White, Native American/Alaska Native and Other Race.

Percent of Population with Limited English Proficiency

Big Horn County	Park County	Wyoming	United States
2.31%	1.90%	1.92%	8.60%

Source: US Census Bureau, American Community Survey. 2010-14. Source geography: Tract

Population with Limited English Proficiency by Ethnicity

	White	Native American / Alaska Native	Asian	Some Other Race
Big Horn County, WY	97	76	5	76
Park County, WY	385	1	33	95

Source: US Census Bureau, American Community Survey. 2010-14. Source geography: Tract

COMMUNITY NEEDS INDEX

In 2005 Dignity Health, in partnership with Truven Health, pioneered the nation's first standardized Community Need Index (CNI). The CNI identifies the severity of health disparity for every ZIP Code in the United States and demonstrates the link between community need, access to care, and preventable hospitalizations. The CNI found a high correlation (95.5%) between hospitalization rates and CNI scores. Admission rates for the most highly needy communities, CNI of 5.0, are more than 60% higher than communities with the lowest need, CNI of 1.0.

Barriers to healthcare access include income, culture/language, education, insurance and housing. Every populated ZIP code in the United States is assigned a barrier score of 1, 2, 3, 4, or 5 depending upon the ZIP code national rank (quintile). A score of 1 represents the lowest rank nationally for the statistics listed, while a score of 5 indicates the highest rank nationally. For example, ZIP codes that score a 1 for the Education Barrier contain highly educated populations; ZIP codes with a score of 5 have a very small percentage of high school graduates.

Barriers to Healthcare Access	Indicator(s): Underlying causes of health disparity
Income	Percentage of households below poverty line, with head of household age 65 or more
	Percentage of families with children under 18 below poverty line
	Percentage of single female-headed families with children under 18 below poverty line
Culture/ Language	Percentage of population that is minority (including Hispanic ethnicity)
	Percentage of population over age 5 that speaks English poorly or not at all
Education	Percentage of population over 25 without a high school education
Insurance	Percentage of population in the labor force, aged 16 or more, without employment
	Percentage of population without health insurance
Housing	Percentage of households renting their home

Source: http://cni.chw-interactive.org; Community Need Index Methodology and Source Notes 2015

CNI Score (lowest is 1 and highest is 5)				
Average CNI Score (zip code): **2.8**				
Weighted Average CNI Score: **2.9**				
Median CNI Score: **2.6**				
Zip Code	CNI Score	Population	City	County
82426	3.8	3,033	Greybull	Big Horn
82434	3.4	105	Otto	Big Horn
82411	3.2	511	Burlington	Big Horn
82431	3.2	4,878	Lovell	Big Horn
82410	3	1,950	Basin	Big Horn
82428	2.6	84	Hyattville	Big Horn
82421	2.6	721	Deaver	Big Horn
82432	2.4	394	Manderson	Big Horn
82441	2.4	305	Shell	Big Horn
82435	3.2	12,822	Powell	Park
82433	2.4	883	Meeteetse	Park
82414	2.4	15,929	Cody	Park
82190	2.4	379	Yellowstone National	Park

Source: http://cni.chw-interactive.org
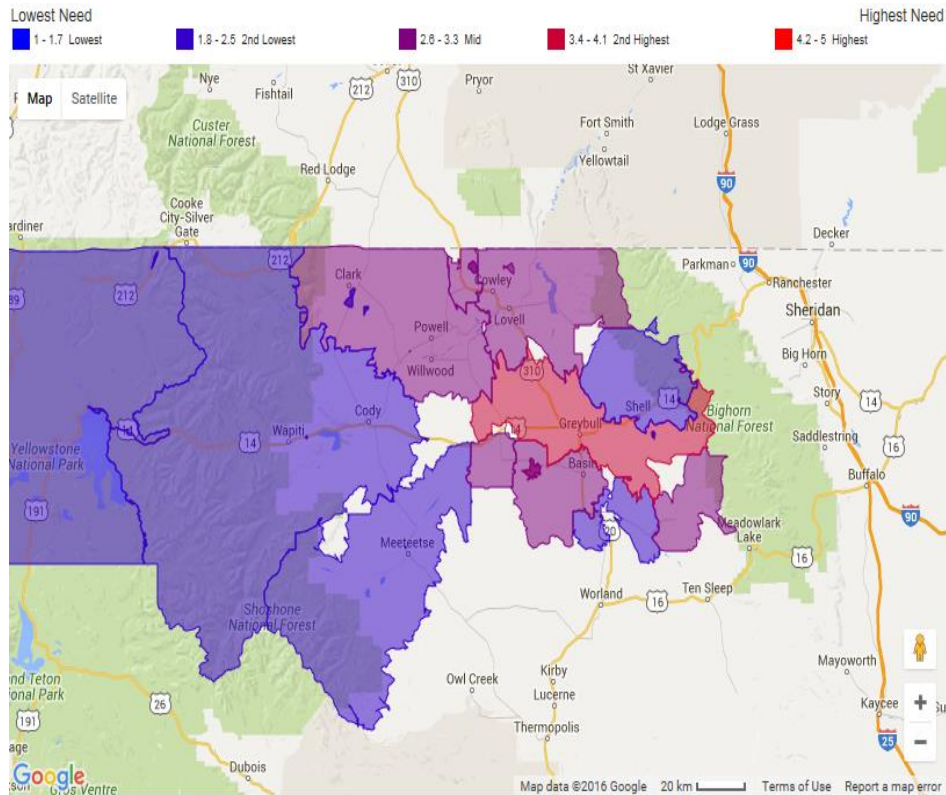
None of the CNI scores for the communities in Park and Big Horn County are in the highest need range. ZIP codes in the PVHC primary and secondary service area, Powell, Lovell and Deaver are in the medium need range (2.6 – 3.3). Cody, in the PVHC tertiary serve area, is in the second lowest need range (1.8 – 2.5).

COUNTY HEALTH RANKINGS

The *County Health Rankings & Roadmaps[19]* program is a collaboration between the Robert Wood Johnson Foundation and the University of Wisconsin Population Health Institute. The rankings are determined by the following factors:

Health Outcomes: "The overall rankings in health outcomes represent how healthy counties are within the state. The healthiest county in the state is ranked #1. The ranks are based on two types of measures: how long people live and how healthy people feel while alive."

Health Factors: "The overall rankings in health factors represent what influences the health of a county. They are an estimate of the future health of counties as compared to other counties within a state. The ranks are based on four types of measures: health behaviors, clinical care, social and economic, and physical environment factors."[20]

The rankings are based on a model of population health that emphasizes the many factors that, if improved, can help make communities healthier places to live, learn, work and play.

Rankings for Park and Big Horn Counties are from the 2016 County Health Rankings which was recently published. The methodology for ranking was changed for 2016 and comparisons cannot be made with prior years.
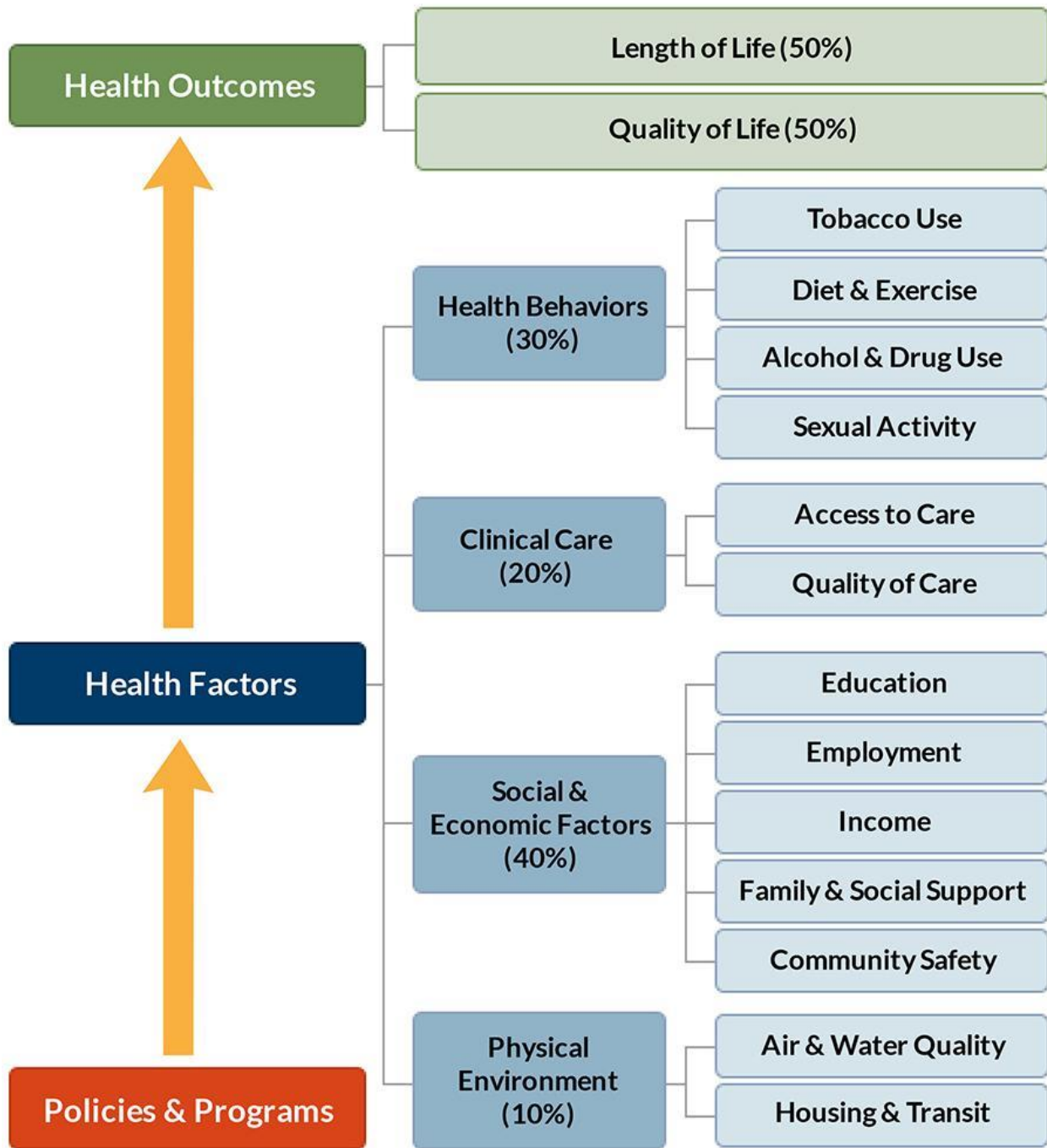
The graph below illustrates the quartile for each of the Health Factor and Health Outcome ratings for Big Horn and Park counties compared to 23 other counties in Wyoming. A lower rank is better.
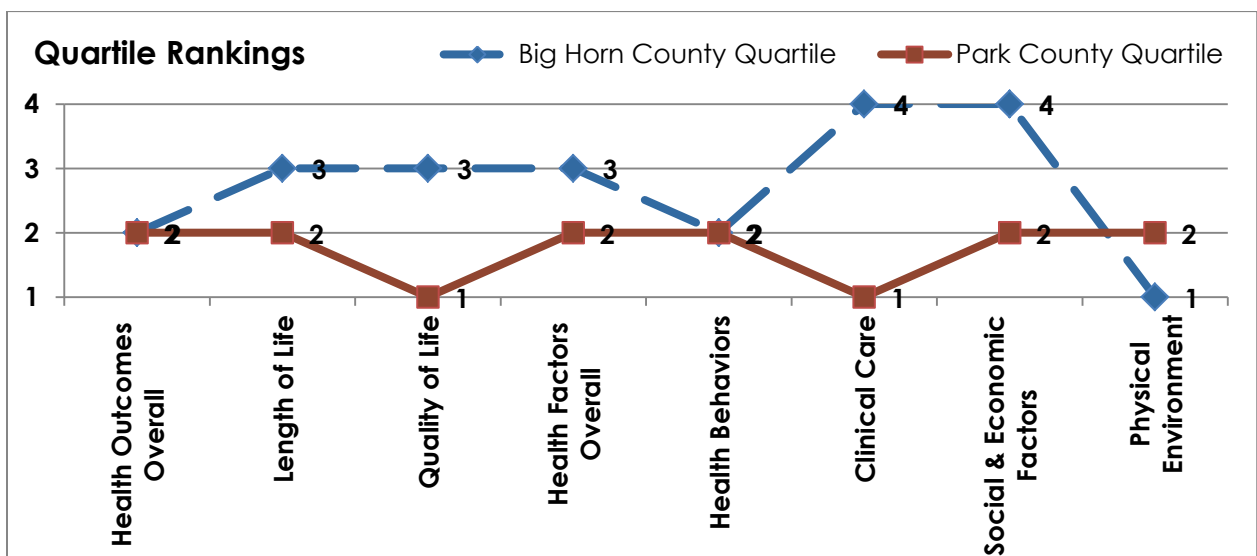
Source: www.countyhealthrankings.org: County Health Rankings 2016

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[19] www.countyhealthrankings.org

[20] www.countyhealthrankings.org

County Health Rankings model © 2014 UWPHI

Health Outcomes

Park County ranked 6th and Big Horn County 9th for overall Health Outcomes compared to 23 counties in Wyoming. A lower rank is better.
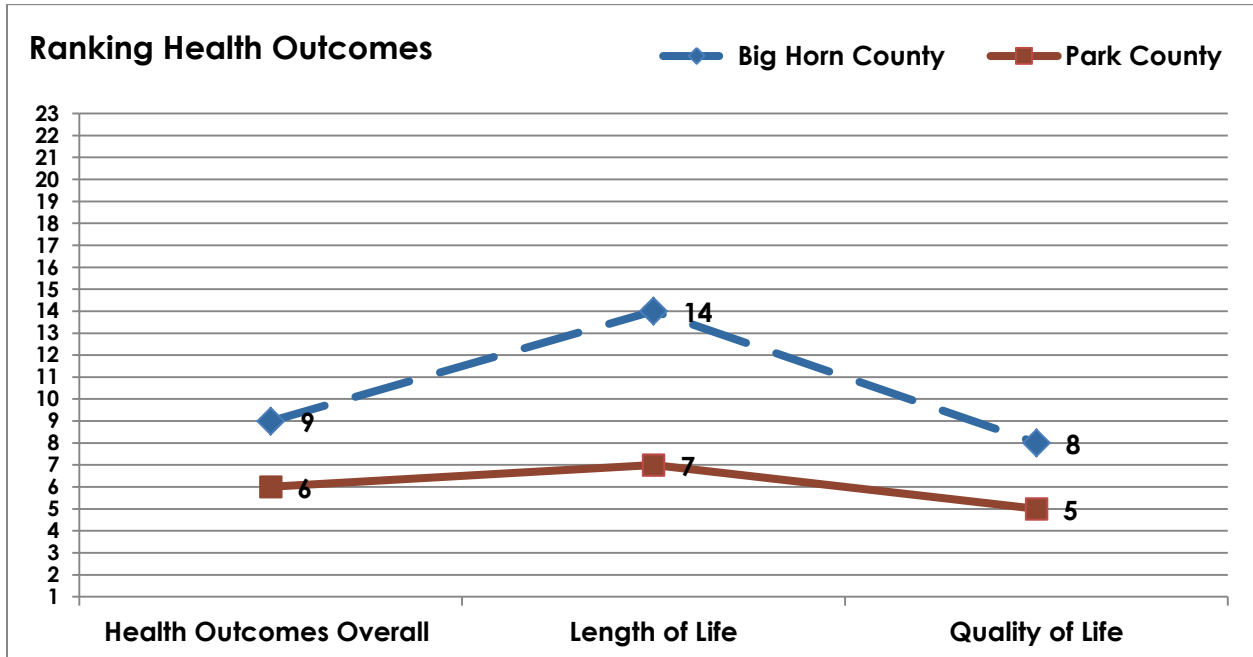
Source: www.countyhealthrankings.org
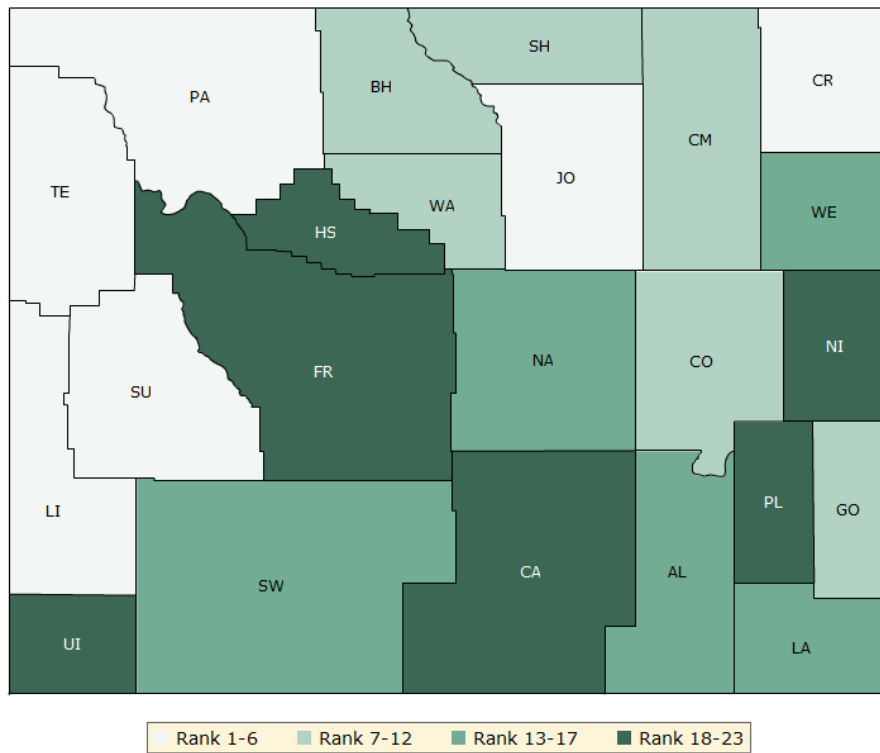
Health Factors

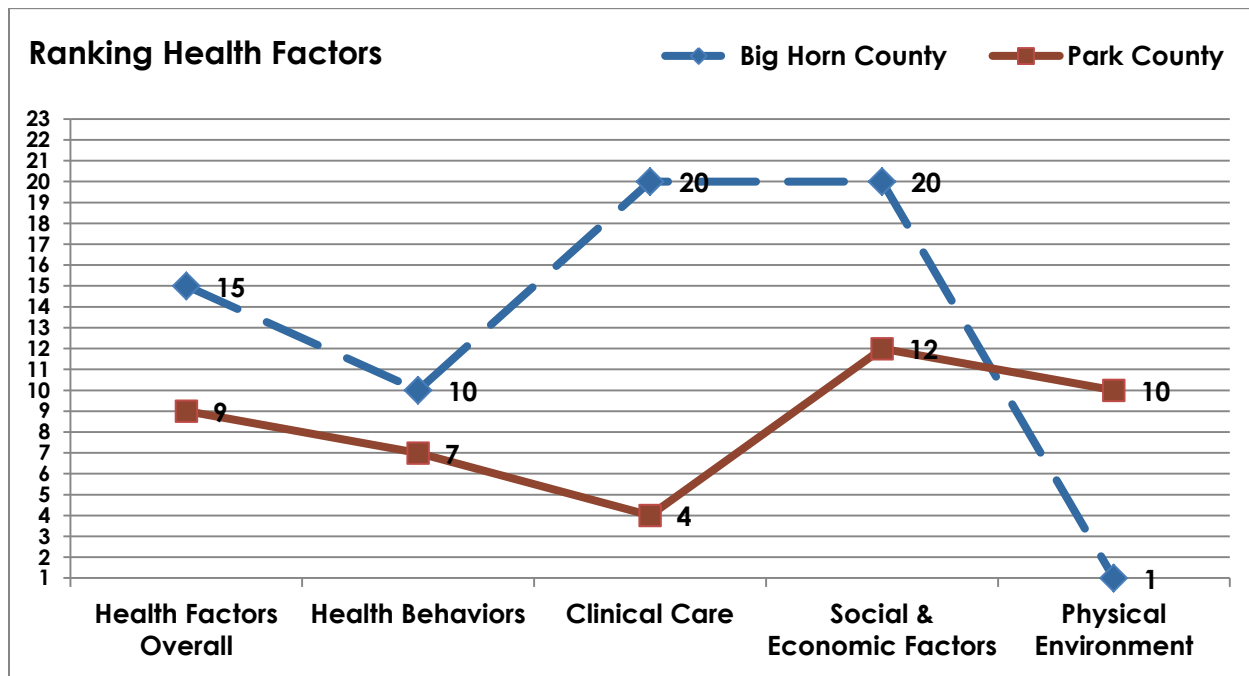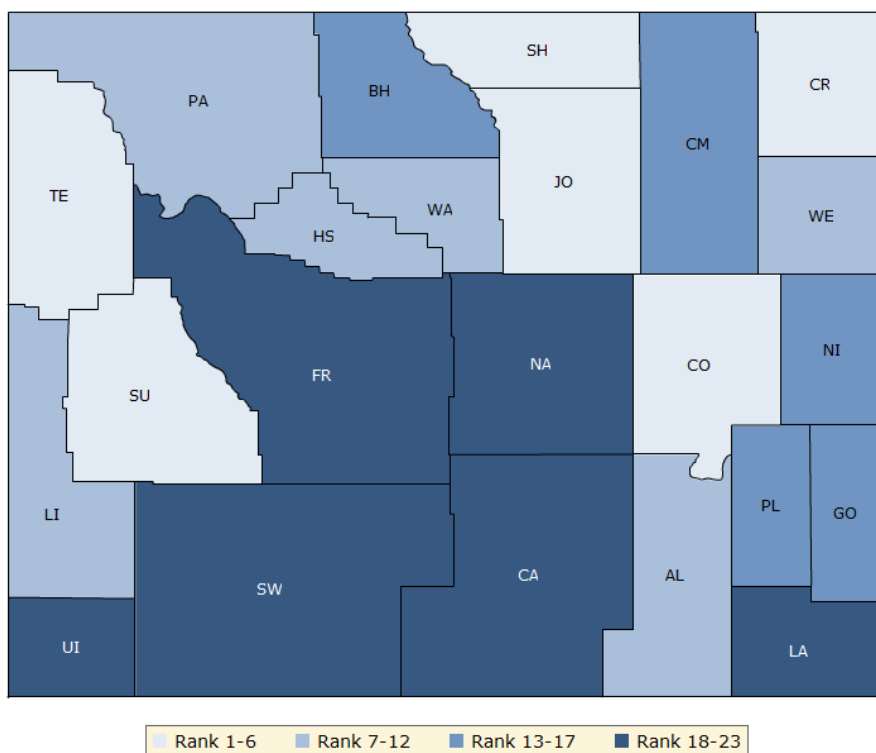Park County ranked 9th and Big Horn County 15th compared to 23 other counties in Wyoming for overall Health Factors. A lower rank is better.

Source: www.countyhealthrankings.org/app/wyoming/2016

HEALTH OUTCOMES AND HEALTH FACTORS SUMMARY

The information on the following pages describes each of the measures utilized by County Health Ranking to rank Big Horn and Park counties for 2016 with comparisons to the State of Wyoming, United States and Healthy People 2020 targets if available.

Additional measures are included from Community Commons and other sources if either the data was not included in the County Health Ranking or more current data was available.

When reviewing the data and the results please note that in some instances the data for Big Horn County or Park County may be better or worse than the State of Wyoming, United States or Healthy People 2020. This is not identified as worse or better than the comparative data if there was no significant difference based on the margin of error. The margin of error is displayed if available.

The table on the next page is an overview of those indicators that are "worse" than the State of Wyoming and/or Healthy People 2020 targets by county.

Data abstracted from Community Commons are included in Appendix 2.

Health Factors and Health Outcomes			
Indicator	**Big Horn County**	**Park County**	**Big Horn County & Park County**
Health Outcomes			
Infant Mortality	✓		
Mortality – Cancer	✓		
Mortality – Heart Disease	✓		
Mortality – Motor Vehicle Accident	✓		
Mortality - Stroke			✓
Mortality Suicide			✓
Mortality – Unintentional Injury			✓
Quality of Life			
Diabetes -Prevalence	✓		
Heart Disease - Adult		✓	
Cancer Incidence - Breast			✓
Cancer Incidence – Colon and Rectum	✓		
Cancer Incidence - Prostate			✓
Depression - Medicare			✓
Health Behaviors			
Access to exercise opportunities	✓		
Alcohol impaired driving deaths	✓		
Clinical Care			
Uninsured Under 65 years of age	✓		
Ratio of population to Primary Care Physicians	✓		
Ratio of population to Dentists	✓		
Ratio of population to Mental Health Providers	✓		
Pap Test			✓
Sigmoidoscopy or Colonoscopy adults 50 or older	✓		
Never screened for HIV		✓	
Pneumonia vaccination adults over 65	✓		
Social and Economic Factors			
Adults with some post-secondary education	✓		
Violent Crime		✓	
Deaths due to injury	✓		
Population receiving Medicaid	✓		
Children Below 200% of poverty level			✓
Population below 200% of poverty level	✓		
Physical Environment			
Food Access – Low Food Access		✓	
Food Access – Low Income – Low Food Access		✓	
Little or no healthy food access - Racial Disparity Index			✓
Use of public transportation			✓

Health Outcomes - Length of Life (50%)

Premature Death

Premature death is worse in Big Horn County than for Park County, however the difference is not significant based on the margin of error (i.e. the difference is not statistically significant).

Mortality

Both counties are worse than the State of Wyoming and Healthy People 2020 targets for stroke mortality, suicide and unintentional injury.

Big Horn County is worse than both Park County and the State of Wyoming or Healthy People 2020 targets for infant mortality and mortality related to cancer, heart disease and motor vehicle accidents.

Mortality related to cancer and diseases of the heart were the top two causes of death for both counties in 2014 as reported by the Wyoming Department of Health. Mortality related to Alzheimer's disease or other dementias was reported as the third most frequent cause of death.

Suicide

The State of Wyoming significantly exceeds the Healthy People 2020 target of 10.2 suicide deaths per 100,000 population. The most recent data from the American Foundation for Suicide Prevention includes the following information for the State:

- Suicide is the 7th leading cause of death overall
- Suicide is the 2nd leading cause of death for ages 15 - 44
- On average one person dies by suicide every 3 days
- Wyoming ranks 4th compared to other states for deaths by Suicide (This is an improvement over previous years.)[21]

Measure	Description	Weight	Healthy People 2020	US Top Performers	Wyoming	Big Horn County	Park County
Premature death	Years of potential life lost before age 75 per 100,000 population (age-adjusted) (2011-2013)	50%		7,700	7,200	*7,300 Margin 5300-9200	*6300 Margin 5300-7400

Source: www.countyhealthrankings.org/app/wyoming/2016
*Not statistically different from State of Wyoming due to margin of error

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[21] American Foundation for Suicide Prevention: https://afsp.org

Additional measures not included in County Health Rankings:

	Description	Healthy People 2020	US	Wyoming	Big Horn County	Park County
Infant Mortality (2006-2010)	Rate of death to infants less than one year of age per 1000 births	<=6.0	6.5	6.8	**8.4**	5.6
Mortality - Cancer (2009-2013)	Death due to malignant neoplasm per 100,000 population	<=160.6	168.9	158.9	**160.5**	152
Mortality - Heart Disease (2009-2013)	Death rate due to heart disease per 100,000 population	<=103.4	109.5	93.7	**105.6**	62.5
Mortality – Lung Disease (2009-2013)	Age-adjusted death due to chronic respiratory disease per 100,000 population		422	58.6	52.4	41.9
Mortality - Motor Vehicle Accident (2009-2013)	Death due to motor vehicle crashes per 100,000 population		10.8	17.8	**32.6**	15.4
Mortality - Stroke (2009-2013)	Age-adjusted death due to stroke per 100,000 population	<=33.8	37.9	37.3	**44.1**	**34.1**
Mortality - Suicide (2009-2013)	Death due to intentional self-harm per 100,000 population	<=10.2	12.3	23.4	**No data**	**23.3**
Mortality - Unintentional Injury (2009-2013)	Death due to unintentional injury (accident) per 100,000 population	<=36	38.6	55.4	**88.3**	**43.7**

Source: www.communitycommons.org: Community Commons

Health Outcomes - Quality of Life (50%)

Health

The percentage of adults reporting poor or fair health, physically unhealthy days and mentally unhealthy days are all better in Park County than the State of Wyoming.

Birthweight

Low birthweight births are better in Big Horn County than Park County and the State.

Cancer Incidence

Incidence of breast, colon and rectum, and prostate cancers are worse for one or both counties compared to the State of Wyoming or Healthy People 2020 targets.

Chronic Disease

Chronic Disease including Diabetes in Big Horn County and Heart Disease in Park County are worse than the State of Wyoming and the United States.

According to the Centers for Disease Control (CDC):

- Diabetes is the leading cause of kidney failure, lower-limb amputations other than those caused by injury, and new cases of blindness among adults.[22]
- Heart disease is the leading cause of death for both men and women.[23]

Depression

Depression in the Medicare population was worse than the State of Wyoming in both counties.

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[22] Centers for Disease Control and Prevention. *National Diabetes Fact Sheet, 2011*. Atlanta, GA: Centers for Disease Control and Prevention, US Dept. of Health and Human Services; 2011. http://www.cdc.gov/diabetes/pubs/pdf/ndfs_2011.pdf
[23] CDC, NCHS. Underlying Cause of Death 1999-2013 on CDC WONDER Online Database, released 2015. Data are from the Multiple Cause of Death Files, 1999-2013, as compiled from data provided by the 57 vital statistics jurisdictions through the Vital Statistics Cooperative Program.

Measure	Description	Weight	Healthy People 2020	US Top Performers	Wyoming	Big Horn County	Park County
Poor or fair health (2014)	Percentage of adults reporting fair or poor health (age-adjusted)	10%		16%	14%	*13% Margin 13% - 14%	12% Margin 11% - 12%
Poor physical health days (2014)	Average number of physically unhealthy days reported in past 30 days (age-adjusted)	10%		3.7	3.3	*3.3 Margin 3.1 – 3.4	3.1 Margin 3.0 – 3.2
Poor mental health days (2014)	Average number of mentally unhealthy days reported in past 30 days (age-adjusted)	10%		3.7	3.3	*3.2 Margin 3.0 - 3.3	3.0 Margin 2.9 – 3.2
Low birthweight (2007-2013)	Percentage of live births with low birthweight (< 2500 grams)	20%	<=7.8	8.00%	9%	6% Margin 5% - 8%	*8% Margin 6% - 9%

Source: www.countyhealthrankings.org/app/wyoming/2016: County Health Rankings 2016

*Not statistically different from State of Wyoming due to margin of error

Additional measures not included in the County Health Rankings:

	Description	Healthy People 2020	US	Wyoming	Big Horn County	Park County
Diabetes prevalence (2013)	Percentage of adults aged 20 and older who have ever been told by a doctor that they have diabetes			8%	**10%** **Margin 9%-10%**	8% Margin 8% - 9%
Asthma prevalence (2011-2012)	Percentage of adults aged 18 and older who self-report that they have ever been told by a health professional that they had asthma		13.40%	12.80%	no data	10.60%
Cancer Incidence – Breast (2008-2012)	Age Adjusted incidence rate per 100,000 females with breast cancer		123	111.2	**123**	**121.2**
Cancer Incidence – Colon and Rectum (2008-2012)	Age Adjusted incidence rate per 100,000 population	<=38.7	41.90%	38.7	**41.7**	32.4
Cancer Incidence – Lung (2008-2012)	Age adjusted incidence rate per 100,000 population		63.7	50.2	37.9	47.3
Cancer Incidence – Prostate (2008-2012)	Age Adjusted incidence rate per 100,000 population of males with prostate cancer		131.7	127.1	**135.1**	**156.1**
Heart Disease (Adult) (2011-2012)	Adults aged 18 and older who have told by a doctor that they have coronary heart disease or angina		4.40%	3.80%	no data	**5.10%**
Depression (2012)	Percentage of Medicare population with depression		15.40%	13.30%	**13.40%**	**13.70%**

Source: www.communitycommons.org: Community Commons

Health Factors - Health Behaviors (30%)

Tobacco Use

Tobacco use is better in both counties than the State of Wyoming.

Nutrition

Park County has low food access, commonly called a food desert, including low access to food for low income residents. These indicators are included in the section on Physical Environment.

Exercise

Access to locations for physical activity is worse in Big Horn County.

Alcohol and Drug

The percentage of adults reporting heavy drinking is better in both counties than the State. However, alcohol impaired driving deaths is significantly worse in Big Horn County (67%), than in Park County (47%), and the State (37%).

Sexual Activity

The rate of new cases of Chlamydia was worse in Park County than Big Horn County and the state of Wyoming in 2013. However, new data from Community Commons for 2014 shows both Big Horn and Park counties better than the State.

The teen birth rate is better in Park County than Big Horn County and the State.

Focus Area	Measure	Description	Weight	Healthy People 2020	US Top Performers	Wyoming	Big Horn County	Park County
Tobacco 10%	Adult smoking (2014)	Percentage of adults who are current smokers	10%		18%	20%	16% Margin 16% - 17%	16% Margin 15% - 17%
Diet and Exercise (10%)	Adult obesity (2012)	Percentage of adults that report a BMI of 30 or more	5%		31%	27%	*28% Margin 24% - 32%	*25% Margin 22% - 27%
	Food environment index) (2012/2013)	Index of factors that contribute to a healthy food environment, 0 (worst) to 10 (best)	2%		7.2	7.6	7.7	7.6
	Physical inactivity (2012)	Percentage of adults aged 20 and over reporting no leisure-time physical activity	2%		28%	23%	*23% Margin 20% - 27%	*23% Margin 21% - 26%
	Access to exercise opportunities (2014)	Percentage of population with adequate access to locations for physical activity	1%		62%	65%	47%	64%
Alcohol and Drug Use (5%)	Excessive drinking (2014)	Percentage of adults reporting binge or heavy drinking	2.50%		16.90%	17.60%	16% Margin 15% - 16%	17% Margin 16% - 17%
	Alcohol-impaired driving deaths (2010-2014)	Percentage of driving deaths with alcohol involvement	2.50%		31%	37%	67% Margin 59% - 73%	*47% Margin 35% - 58%
Sexual Activity (5%)	**Sexually transmitted infections (2013)	Number of newly diagnosed chlamydia cases per 100,000 population	2.50%		456.08	347.8	76.3	358.9
	Teen births (2007-2013)	Teen birth rate per 1,000 female population, ages 15-19	2.50%		40	40	*32 Margin 26 - 40	22 Margin 18 - 25

Source: www.countyhealthrankings.org/app/wyoming/2016: County Health Rankings 2016

*Not statistically different from State of Wyoming due to margin of error

**2014 data published by Community Commons indicates a Chalamydia Infection Rate of 216.78 in Big Horn County and 184.76 in Park County compared to a rate of 338.3 in the State.

Health Factors – Clinical Care (20%)

Uninsured Population

The uninsured population under 65 in Big Horn County is higher than the State of Wyoming and Park County. Neither county is meeting the Healthy People 2020 goal of 0% uninsured.

The following information was abstracted from healthinsurance.org for the most recent enrollment period.

"During the 2016 open enrollment period, 23,770 people enrolled in private plans through the Wyoming exchange, including new enrollees and renewals."

"18,065 people had in-force coverage through the Wyoming exchange as of June 2015 - about a 32 percent increase since the middle of 2015."

"As of mid-2015, 92.2 percent of the people enrolled in private plans through the Wyoming exchange were receiving premium tax credits (subsidies). That's higher than the percentage in every other state except Mississippi, and quite a bit higher than the national average of 83.7 percent."

"In 49 of the 50 states, the uninsured rate decreased from 2013 to 2015 – by a significant margin in many states. But in Wyoming, according to Gallup data, the uninsured rate was 16.6 percent in 2013, and had increased to 18.2 by the first half of 2015. The data has a margin of error of plus or minus 4 percentage points, but it's noteworthy that Wyoming is the only state where the results didn't show a decrease during the first year and a half of ACA implementation. Wyoming also didn't establish their own state-run exchange, but even among other states that followed the same path (no state-run exchange, and no Medicaid expansion), the average uninsured rate dropped 28 percent from 2013 to mid 2015."[24]

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[24] healthinsurance.org: "Wyoming health insurance exchange / marketplace". Louis Norris, February 15, 2016

<u>Access to Care</u>

The ratio of population to primary care physicians is significantly worse in Big Horn County than in Park County and Wyoming. However, other primary care providers, which include physician assistants, nurse practitioners and nurse midwives, is higher in both Big Horn County (983:1) and Park County (1160:1) than the State of Wyoming (866:1) according to data published by County Health Rankings.

There are approximately 25 providers associated directly with Powell Valley Healthcare, including hospital based providers.

- Powell Valley Clinic   11.6
- Visiting Specialists - Powell Valley Clinic   1.05 – 1.1
- Express Care / Urgent Care   2.0
- Hospital Based Providers   10.0

There are an additional 3.5 providers with offices or clinics in Powell including:

- 307 Health (Physician Clinic)   2.0
- Heritage Health Center (Federally Qualified Health Center)   1.5

The Agricultural Clinic plans to open later in 2016 with one provider. The Heritage Health Center, 307 Health and the planned Agricultural Clinic all represent additional providers in the community.

The ratio of population to dentists and mental health providers is significantly worse in Big Horn County than in Park County and Wyoming. Heritage Health Center is providing basic dental and mental health care as required for a Federally Qualified Health Center. In addition, a new dentist is relocating to the area and has indicated a willingness to accept Medicaid patients.

<u>Preventative Care</u>

Preventative health care, including recommended screenings, were worse than the State of Wyoming for one or both counties including:

- Pap Test (Park and Big Horn counties)
- Sigmoidoscopy or Colonoscopy (Big Horn County)
- Pneumonia Vaccination (Big Horn County)
- HIV Screening (Park County)

Focus Area	Measure	Description	Weight	Healthy People 2020	US Top Performers	Wyoming	Big Horn County	Park County
Access to Care (10%)	**Uninsured (2013)**	Percent of population under 65 without health insurance	5%	0%	17%	16%	20% **Margin 18% - 22%**	*17% Margin 15% - 19%
	Primary Care Physicians (2013)	Ratio of population to primary care physicians	3%		1990:1	1500:1	**3000:1**	940:1
	Dentists (2014)	Ratio of population to dentists	1%		2590:1	1660:1	**2980:1**	1450:1
	Mental Health Providers (2015)	Ratio of population to mental health providers	1%		1060:1	330:1	**800:1**	340:1
Quality of Care (10%)	**Preventable hospital stays (2013)**	Number of hospital stays for ambulatory-care sensitive conditions per 1,000 Medicare enrollees	5%		60	48	*50 Margin 40 - 61	*43 Margin 37 - 48
	Diabetic monitoring (2013)	Percentage of diabetic Medicare enrollees ages 65-75 that receive HbA1c monitoring	2.50%		85%	75%	*73% Margin 61% - 84%	*78% Margin 70% - 87%
	Mammogram screening (2013)	Percentage of female Medicare enrollees ages 67-69 that receive mammography screening	2.50%		61%	57%	*52% Margin 40% - 63%	*65.5% Margin 57% - 72%

Source: www.countyhealthrankings.org/app/wyoming/2016: County Health Rankings 2016
*Not statistically different from State of Wyoming due to margin of error

Additional measures not included in the County Health Rankings:

	Description	US	Wyoming	Big Horn County	Park County
Pap Test (2006-2012)	Percentage of women aged 18 and older who self-report that they have had a Pap test in the past three years	78.50%	73.80%	**69.90%**	**72%**
Sigmoidoscopy or Colonoscopy (2006-2012)	Percentage of adults over 50 who self-report that they had ever had a sigmoidoscopy or colonoscopy	61.30%	55.70%	**46.80%**	58.60%
HIV Screening (2011-2012)	Adults age 18-70 who self-report that they have never been screened for HIV	62.79%	70.01%	No data	**77.50%**
Pneumonia Vaccination adults over 65 (2006-2012)	Percent of adults aged 65 and older who self-report that they have ever received a pneumonia vaccine	67.50%	70.90%	**63.30%**	73.40%

Source: www.communitycommons.org: Community Commons

Health Factors - Social and Economic Environment (40%)

Education

Adults with post-secondary education is worse in Big Horn County than Park County, and the State of Wyoming. However, high school graduation rates are slightly better than the State in both counties.

Unemployment

Data from the US Bureau of Labor Statistics for 2015 indicates that the unemployment rate in Big Horn County was 4.3 and 4.2 in Park County. The unemployment rate in the State for the same period was 4.2. This is better than the 2014 unemployment rate utilized by the County Health Rankings.

Family and Social Support

The percentage of children living in a household with a single parent is better in Big Horn County than the State.

Community Safety

Violent crime is higher in Park County than Big Horn County and the State of Wyoming. The number of deaths due to injury is higher in Big Horn County.

Income

Children living below 200% of the Federal Poverty Level is worse in both counties than the State. The population living below 200% of the Federal Poverty Level is worse than the State in Big Horn County and better than the State in Park County.

Focus Area	Measure	Description	Weight	Healthy People 2020	US Top Performers	Wyoming	Big Horn County	Park County
Education (10%)	High school graduation (2012-2013)	Percentage of ninth-grade cohort that graduates in four years	5%		86%	78%	79%	79%
	Some college (2010-2014)	Percentage of adults ages 25-44 years with some post-secondary education	5%		56%	66%	58% Margin 51%-65%	*67% Margin 59% - 75%
Employment (10%)	**Unemployment (2014)	Percentage of population ages 16 and older unemployed but seeking work	10%		6.00%	4.30%	4.70%	4.70%
Income (10%)	Children in poverty (2014)	Percentage of children under age 18 in poverty	7.50%		23%	14%	*15% Margin 10% - 19%	*16% Margin 11% - 20%
	Income inequality (2010-2014)	Ratio of household income at the 80th percentile to income at the 20th percentile	2.50%		4.4	4.2	*4.0 Margin 3.5 – 4.5	3.4 Margin 3.0 – 3.8
Family and Social Support (5%)	Children in single-parent households (2010-2014)	Percentage of children that live in a household headed by single parent	2.50%		32%	28%	19% Margin 14% - 25%	20% Margin 13% - 27%
	Social associations (2013)	Number of membership associations per 10,000 population	2.50%		13	13.4	14.2	16.8
Community Safety (5%)	Violent crime (2010-2012)	Number of reported violent crime offenses per 100,000 population	2.50%		199	206	177	242
	Injury deaths (2009-2013)	Number of deaths due to injury per 100,000 population	2.50%	53.7	74	84	112 Margin 87 - 143	*77 Margin 63 - 92

Source: www.countyhealthrankings.org/app/wyoming/2016

*Not statistically different from State of Wyoming due to margin of error

** Unemployment rate in 2015 was 4.3 for Big Horn County, 4.2 for Park County and 4.2 for the State.

Additional measures not included in County Health Ratings:

	Description	US	Wyoming	Big Horn County	Park County
Receiving Medicaid (2010-2014)	Percentage of population with insurance enrolled in Medicaid.	20.75%	14.37%	18.94%	14.07%
Poverty - Children Below 200% FPL (2010-2014)	Children living in households with income below 200% of the Federal Poverty Level	44.20%	35.87%	42.80%	36.04%
Poverty – Population Below 200% FPL (2010-2014)	Individuals living in households with income below 200% of the Federal Poverty Level	34.54%	28.66%	32.17%	25.05%

Source: www.communitycommons.org: Community Commons

Health Factors - Physical Environment (10%)

Air and Water Quality

Air pollution in both counties is better than the State.

Housing

Severe housing problems is better in Big Horn County than Park County and the State.

Food Access

Low food access and low food access for low income residents is worse in Park County than the State. Big Horn County is better than the State.

Transportation

The use of public transportation is worse in both Big Horn and Park counties than the State. However, there is no public transportation system available in either county.

Focus Area	Measure	Description	Weight	Healthy People 2020	US Top Performers	Wyoming	Big Horn County	Park County
Air and Water Quality (5%)	**Air pollution - particulate matter (2011)**	Average daily density of fine particulate matter in micrograms per cubic meter	2.50%		11.9	11.2	9.5	10.4
	Drinking water violations (2013/2014)	Indicator of the presence of health-related drinking water violations.	2.50%		NA	NA	No	Yes
Housing and Transit (5%)	**Severe housing problems (2008/2012)**	Percentage of households with at least 1 of 4 housing problems: overcrowding, high housing costs, or lack of kitchen or plumbing facilities	2%		14%	12%	9% Margin 6% - 11%	*12% Margin 10% - 15%
	Driving alone to work (2010-2014)	Percentage of the workforce that drives alone to work	2%		80%	77%	71% Margin 69% - 75%	*76% Margin 72% - 79%
	Long commute - driving alone (2010-2014)	Among workers who commute in their car alone, the percentage that commute more than 30 minutes	1%		29%	15%	*12% Margin 9% - 15%	*18% Margin 14% - 22%

Source: www.countyhealthrankings.org/app/wyoming/2016
*Not statistically different from State of Wyoming due to margin of error

Measures not included in the County Health Rankings:

Measures not included in rating	Description	US	Wyoming	Big Horn County	Park County
Low Food Access (2010)	Percentage of population living in census tracts designated as food deserts.	23.61%	28.57%	18.65%	**39.30%**
Food Access – Low Income (2010)	Low Food Access Percent low income population with low food access	6.27%	7.35%	6.64%	**11.26%**
Food insecurity Rate (2013)	Percentage of the population that experienced food insecurity in the last year	15.21%	12.78%	12.26%	12.61%
Racial Disparity Index (A score of over 15 is considered high disparity)	Population with low or no healthy food access, racial disparity	16.59	16.85	**24.86**	**15.55**
Use of Public Transportation (2010-2014)	Percentage of population using public transportation as their primary means of commute to work	5.06%	1.61%	**0%**	**0.01%**

Source: www.communitycommons.org: Community Commons

KEY INFORMANT INTERVIEWS

The individuals selected for key informant interviews included individuals with expertise and special knowledge of underserved populations and the health needs of the community including social determinants of health. The Community Health Needs Assessment (CHNA) steering committee identified nineteen (19) individuals for interviews, including two representatives from the Park County Public Health Department.

Each of the individuals in the list below were interviewed with the exception of Sharla Allen, Director of the Wyoming Office of Rural Health who was unavailable at the times the interviews were scheduled.

1. Sharla Allen, Director of the Wyoming Office of Rural Health

2. William and Sharon Baker, Community Members

3. Colette Behrent, Executive Director, Heritage Health Center

4. Christine Bekes, Director Powell Economic Partnership

5. David Blevins, Powell Council for Community Services

6. Jan Cartwright, Executive Director, Wyoming Primary Care Association

7. Bill Crampton, Nurse Manager, Park County Public Health

8. Roy Eckerdt, Chief of Police, Powell

9. Ingrid Eickestedt, Powell Valley Community Education

10. Ronda Elias, RN Nurse Manager, Park County Public Health

11. Kristen Hendershot, Yellowstone Behavioral Health

12. Roxie Herman, Northwest College

13. Juanita Sapp, M. D. Chief Medical Officer – Heritage Health Center, Powell

14. Denise Schuler, Katherine Kendrick and Misty Asher, Park County District #1 School Nurses

15. Betsy Spomer, M.D., Powell Health Network (branch of Powell Economic Partnership)

16. Claudia Stephens, Montana / Wyoming Migrant Health Program

17. Lorraine Steppe, Director of Social Services, PVHC

18. Velma Stingley, Area Service Coordinator, Agricultural Worker Health and Services (Rosie VanDecort and Laurie King, Outreach Workers also participated)

19. Dr. Terresa Humphries-Wadsworth, Coordinator NW Regional and State Suicide Prevention

The majority of interviews were conducted in person by Carolyn St.Charles and Cheri Benander. A few interviews were conducted by phone. Specific questions were asked

of each person; however the interviews were also designed to be open-ended and to garner the expertise and knowledge of the individual being interviewed.

A summary of the interviews are included in the following paragraphs.

In your opinion what are the most critical health and quality of life issues in the PVHC service area?

The most frequent responses, identified by almost all of the individuals that were interviewed included: 1) access to mental health care; 2) transportation; 3) access to dental services; 4) access to primary care providers and/or specialists.

Mental Health

The need to improve mental health care for acute and chronic issues both from the perspective of improving access and by reducing the stigma of seeking mental health care was identified as a significant problem.

Several individuals noted that there have been improvements over the last three years with the addition of mental health providers in the community including psychiatric nurse practitioners, counselors and a psychologist. They also noted that Yellowstone Behavioral Health has increased access for individuals in crisis, including 24-hour response. However, access to mental health services, including counseling services, was noted as limited or unavailable for those with limited income.

Individuals who are a danger to themselves or others continue to be a significant challenge for the community. These individuals are frequently housed in the jail waiting placement, since that is the only safe environment available. In addition, placement options for inpatient care were noted to be limited for both adults and children, with the most significant need for children.

Dr. Terresa Humphries-Wadsorth, Director of Statewide Suicide Prevention, pointed out that suicide is not always tied to a mental health diagnosis and can be very difficult to understand. She noted that the Zero Suicide Program has made a big difference.

One individual commented that mental health services in the community are very fragmented and not well coordinated.

A lack of mental health services was identified by both focus groups and key stakeholder interviews in the 2012 CHNA.

Transportation

Transportation was identified as a significant need. The Senior Center provides transportation and there is a van service for seniors with VA coverage, however, it was noted by almost all of those interviewed, that transportation options are not sufficient to meet the needs of the community. There is no bus service in Powell.

The Chief of Police, Roy Eckerdt, stated that the police department is frequently called and asked to take residents to medical appointments or to the hospital because they do not want to pay for an ambulance and there are no other transportation options available.

A lack of transportation options was identified by focus groups and key stakeholder interviews in the 2012 CHNA.

Dental Services

Access to dental services, especially individuals who are low income and/or on Medicaid was identified as a continuing problem. The Heritage Health Center will offer some dental services although this is primarily focused on preventative dental care and does not include dental surgery or other extensive dental needs. A dentist who will be setting up practice in the community has agreed to take patients referred by Heritage Health Center as well as Medicaid patients.

Access to dental care for residents on Medicaid or without insurance was identified by focus groups and key stakeholder interviews in the 2012 CHNA.

Primary and Specialty Care

Access to primary care and specialists including access to preventative healthcare was identified as a community health issue. Several individuals stated that access to primary care has increased with the opening of Heritage Health Center and 307 Health (private physician practice). Others felt that primary care access, specifically at Powell Clinic, is worse than it was three years ago. They cited longer wait times for an appointment with many residents simply giving up and going outside the area for care.

The lack of specialty care was seen as a significant issue for all residents, but especially those with complex chronic diseases and those without adequate means of transportation.

Affordability of insurance was also identified. Wyoming did not enact Medicaid Expansion and WINHealth which was offered on the Exchange has ceased to operate leaving only one insurance carrier in the State.

A lack of access to primary care was identified by focus groups and key stakeholder interviews in the 2012 CHNA.

Other

Other issues that were identified included: substance abuse including smoking, child abuse and neglect, lack of hospice and palliative care services, and a lack of long term care options.

A lack of coordination and collaboration between various organizations and groups addressing various components of health and wellness was also identified as an issue. Several individuals stated that there were a variety of excellent

programs, but that they tended to work in silos and did not always collaborate on initiatives. It was noted that there is an effort currently underway to bring the various groups and collations together that are working on suicide prevention and that this effort should be emulated for other initiatives.

Social Determinants of Health

The following factors that impact health, commonly referred to as social determinants of health, were identified:

- Lack of access to healthy food options
    - Some communities including Deaver and Frannie do not have milk, fresh vegetables or whole wheat bread available
    - The Farmers Market in Powell is not able to take SNAP (food cards)
    - School lunches are "getting healthier" but there are still opportunities to provide more healthy options
    - 43.5% of children in the Southside Elementary School receive free or reduced cost meals
- Lack of exercise opportunities in the schools and for low-income
- Lack of affordable housing
- Low wages
- Lack of affordable child care
- Inability to pay for prescription drugs
- Social isolation due to language barriers – cultural issues– or lack of transportation
- Inability to take time off of work for healthcare appointments or services including preventative care

Are there people or groups that are more at risk for poor health outcomes?

The majority of those interviewed cited low income and the working poor, including senior citizens on a fixed income, at risk for poor health outcomes. Because Wyoming did not implement Medicaid expansion, many low income adults do not qualify for Medicaid and cannot afford to buy insurance on the Exchange. One individual also mentioned that there are cultural barriers in Wyoming that prevent many residents from "asking for help".

Several individuals identified the population with mental health issues, including those with depression, as both a vulnerable population and a population that does not have adequate access to resources. It was also noted that individuals with mental health problems may have a reduced ability to process information and therefore do not always make good decisions.

Agricultural workers were identified as an at risk population. Statistics shared by Claudia Stephens, Strategic Planning Specialist from the Montana Migrant Health Council, from the Department of Labor for the State of Wyoming identified that 90% of agricultural workers are below poverty level and 98% are uninsured. She also stated that this population does not generally want to be identified as farm workers, migrants or seasonal workers because they perceive that they are treated differently. And, because of this, they may not realize that they are eligible for reduced cost healthcare services. They also may not want to participate in free or reduced cost programs, which is viewed negatively.

Other vulnerable populations that were identified included: single parents including teen mothers, senior citizens, homeless, migrants, victims of domestic violence, foster kids who age out of the system, minorities, recent immigrants, teens, LBGT community (Lesbian, Bisexual, Gay, Transgender) and individuals with disabilities.

What resources are available in the community to meet the health needs of residents and improve the quality of life?

Almost all of those interviewed, identified the Heritage Health Center, a new Federally Qualified Health Center located in Powell, as a significant benefit to the community. Heritage Health Center provides increased access to primary care, mental health services and dental care for the community. Several individuals commented that the community is not always aware of the sliding scale services provided by Heritage Health Center and recommended that services should be more widely advertised.

The Agriculture Worker Health & Services Office opened in Powell in November of 2015 operated by the Montana Migrant Health Council. They provide services to farm workers and their immediate family members based on a sliding scale. Approximately 200 individuals have registered for the program as of February 2016. They plan to have a health clinic in the downtown office staffed by a mid-level provider.

The addition of the Lighthouse in Worland was noted as helping Title 25 patients receive services sooner. The crisis intervention training for the police force and other first responders, developed by the Suicide Prevention Group, was seen as an excellent program.

The Powell Aquatics Center was identified as a good improvement for the community. However, it was also noted that low-income families cannot afford the membership fee. The City Recreation Department was also mentioned, with a high participation in extracurricular activities.

PCCASA (Preventative Management Organization and Drug Free Communities) was viewed as a good example of bringing initiatives and programs under one umbrella for better coordination of initiatives.

Other resources that were mentioned as improving the health of the community included: 307 Health Clinic; Back Pack Blessings;   Powell Economic Partnership; Council for Community Services; Health Coalition of Powell County;   Suicide Alliance; Poverty Alleviation; Park County Health Collation; Park County Collation against Substance Abuse; Heart Mountain Volunteer Medical Clinic; Interagency Children's Coalition; and, Safe Kids Park County.

What needs to be done to address the significant unmet needs?

Strategies to Address Mental Health Needs

- Increase number of counselors available for both crisis and ongoing care
- Provide Applied Suicide Intervention Skills Training (ASIST) for staff at PVHC
- Develop a Mental Health provider recruitment and retention plan for Wyoming
- Find ways to decrease the stigma of asking for help
- Create Memo of Understanding or other methods so that information can be shared among healthcare providers and enable seamless patient care
- Focus on services for follow-up after suicide attempts and with individuals diagnosed with depression

Strategies to Address Transportation Needs

- Add a van service for healthcare needs including medical appointments

Strategies to Address Access to Dental Services

- Increase the number of dentists who will accept Medicaid in the community

Strategies to Address Healthcare Access and Improve Health

- Expand Medicaid – legislative initiative
- Advertise services provided by Heritage Health Center and Agriculture Worker Health & Services
- Extend primary care clinic hours to evenings and weekends
- Provide tele-medicine options to specialists
- Educate community on the importance of developing an Advance Directive
- Develop options for older adults to "age in place"
- Provide assistance for prescription medications
- Focus on preventative health
- Improve management of chronic disease including self-management

- Provide a Health Navigator for the community that can help residents identify health care services, sign up for Medicaid or purchase insurance. (Heritage Health Center has hired a position that is available to anyone in the community regardless of income.)

- Create more places where residents, including children and teens, can exercise

- Provide cooking and gardening classes

- Develop strategies to prevent or reduce obesity including education about diet and nutrition and increased access to fresh fruits and vegetables

Strategies to Leverage Community Initiatives

- Increase collaboration and communication between the various groups working on healthcare issues and/or issues impacting health

FOCUS GROUP

A focus group was held on Tuesday, February 2, 2016. Members of the focus group were identified by the CHNA Steering Committee and represented service organizations in the community. A total of eight individuals were invited to attend the focus group held at the PVHC Hospital. A total of nine individuals participated. The participants included:

- Rex Myers   Powell Kiwanis
- Abbey Scott   Big Brothers and Big Sisters of Park County
- Jamie Schmeiser   Powell Chamber of Commerce
- Bridget Anderson   Absaroka Head Start
- Miranda Buey   Absaroka Head Start
- Mary Jane See   Red Hat Ladies
- Coleen Metzler   PVHC Volunteers (Charter Member)
- Cathy Florian   Powell Senior Center
- Shelby Wetzel   Powell Rotary / Northwest College

The focus group was facilitated by Carolyn St.Charles. Cheri Benander assisted as a note taker. A round table approach was used, with each participant having an opportunity to speak. The group was asked three questions:

1. What are the issues affecting the health of residents in the Powell service area?

2. Of the issues identified, what do you believe are the most significant issues affecting the health of residents in the Powell service area? Each participant was asked to choose their top three.

3. What strategies would you recommend PVHC and community partners consider to address each of the priority issues?

Question 1:   **What are the issues affecting the health of residents in the Powell service area?**

- Access to primary care providers
  The group discussed at length the lack of access to primary care providers. They mentioned long wait times to get an appointment even if there was an acute illness. They identified long wait times as an issue not only at provider offices (clinic) but also at urgent care as well. Many in the user group stated they "want to use healthcare at PVHC" but are unable to get an appointment so go elsewhere for their healthcare.

In addition to the number of providers, the group also mentioned that the hours available for appointments is difficult for working families who can't take time off from work during the day.

The group identified not being able to see the same provider on a consistent basis as a significant barrier to health. They felt that providers may not be aware of the community needs.

- Access to dental care
  Access to dental care for both adults and children was identified as a significant health issue. The group stated that many dentists in Powell do not take Medicaid. They also stated there is no access to dental surgery in the area, including Cody.

- Access to ophthalmology

- Access to Mental Health services
  The group identified issues related to mental health care from both an access and an affordability perspective. They commented on the cost of seeing a counselor or therapist and the inability of most community residents to pay out of pocket.

- Inability to navigate the healthcare system
  The group identified the complexity of healthcare including finding adequate healthcare resources when they are needed and navigating the Wyoming Exchange. They felt this was significantly more complex for vulnerable populations such as senior citizens, individuals with Medicaid, and/or individuals without healthcare insurance coverage.

- Access to Hospice
  There was concern expressed regarding the decision by PVHC to close down their Home Health and Hospice program. They noted that there is no hospice provider in the PVHC service area, leaving patients and families without resources.

- Access to Home Health
  Similar to Hospice, the group felt community residents were left without resources when they needed Home Health care.

- Access to transportation options
  Lack of adequate transportation, particularly when needed for medical appointments, was seen as a significant impediment for residents. The group noted that although the Senior Citizen Center does provide transportation – it is not sufficient to meet the needs of the community.

Question 2: **Of the issues identified, what do you believe are the most significant issues affecting the health of residents in the Powell service area? Each participant was asked to choose their top three priorities.**

- 9 votes: Access to primary care, dental care and ophthalmology (Note: The group chose to group these into one category although the majority of comments were related to primary care and dental care.)

- 7 votes: Access to mental health services

- 7 votes: Access to a health navigator (assistance with access to healthcare insurance and healthcare resources)

- 1 vote: Hospice Services

- 1 vote: Home Health Services

Question 3: **What strategies would you recommend PVHC and community partners consider to address each of the priority issues?**

Access to Primary Care Providers

- Increase the number of providers

- Increase the number of providers that will accept Medicaid

- Extend provider office hours to include evenings and Saturday

- Increase provider consistency so that the same provider can be seen more than once

- Educate providers about the community needs and the fact that needs are not being met

Access to Mental Health Services

- Identify current resources that are available

- Increase the number of crisis counselors that are available

- Identify strategies to destigmatize "asking for help"

- Develop an awareness campaign focused on mental health issues. Avenues to publicize the awareness campaign included:
  - Hospital web site
  - Posters/flyers
  - Public Health directory
  - Local contact person to call
  - Healthcare portal with resources

<u>Access to a Health Navigator</u>

- Dedicate a "health navigator" at PVHC

- Communicate resources that are available to the community

- Consider working with service clubs to help community members with navigating the healthcare system and finding resources

- Promote information at the County Health Fair

- Work with other hospitals and providers to leverage efforts

- Develop a funding source for health navigator thru grants or other options

PRIMARY DATA – COMMUNITY SURVEY

A community survey was developed to solicit input regarding priority health needs, barriers to health including social determinants of health and recommendations to improve community health. A question was also included to solicit feedback relative to perception of progress on the priorities identified in the 2012 CHNA.

A total of 273 surveys were completed. The survey instrument is included in Appendix 3.

The Community Survey included twenty-four questions. Community members had the option of either completing the survey on-line through Survey Monkey® or completing a paper survey which was then manually entered.

A variety of methods were used to advertise the survey and solicit input.

Flyers and paper surveys were distributed in a variety of community locations including:

- PVHC Emergency Department

- Powell Valley Clinic

- Express Care (Urgent Care) Clinic

- Powell Valley Hospital front reception desk

- PVHC Laboratory Department

- PVHC Radiology Department

- PVHC waiting areas

- Powell Senior Center

- Absaroka Head Start

- Other locations within the community

In addition the survey was advertised thru the following channels:

- Emails were sent to PVHC Volunteer Services' members requesting them to complete the survey

- The Powell Valley Chamber of Commerce distributed a flyer about the survey via email to 300 local businesses

- The Powell Schools' Superintendent's Office sent out an informational email on the survey to Powell School District personnel

- The flyer and information on the survey was shared with PVHC personnel via email as well as at Department Leader meetings. Staff were asked to help spread the word about the survey

- An Email was sent to staff at Rocky Mountain High School/Middle School in Cowley, WY, requesting staff to complete the survey

- Print ads were placed in the local newspaper (Powell Tribune) and a 30 second radio spot was run on the local radio station (KPOW)

- Information on completing the survey was posted on the PVHC website and Facebook page

Summary of Survey Responses

Profile of Respondents

Gender - Q2

There were significantly more female respondents (n=215 than male (n=47).
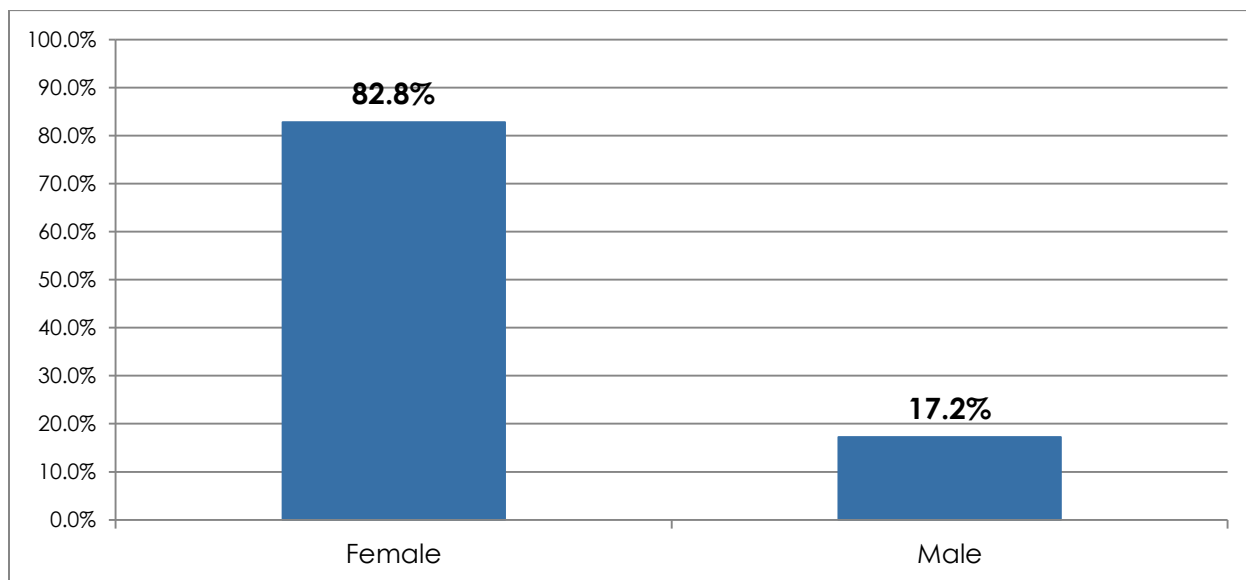
Ethnicity - Q3

Of the 273 respondents, the vast majority (93%) identified their ethnicity as White / Caucasian.
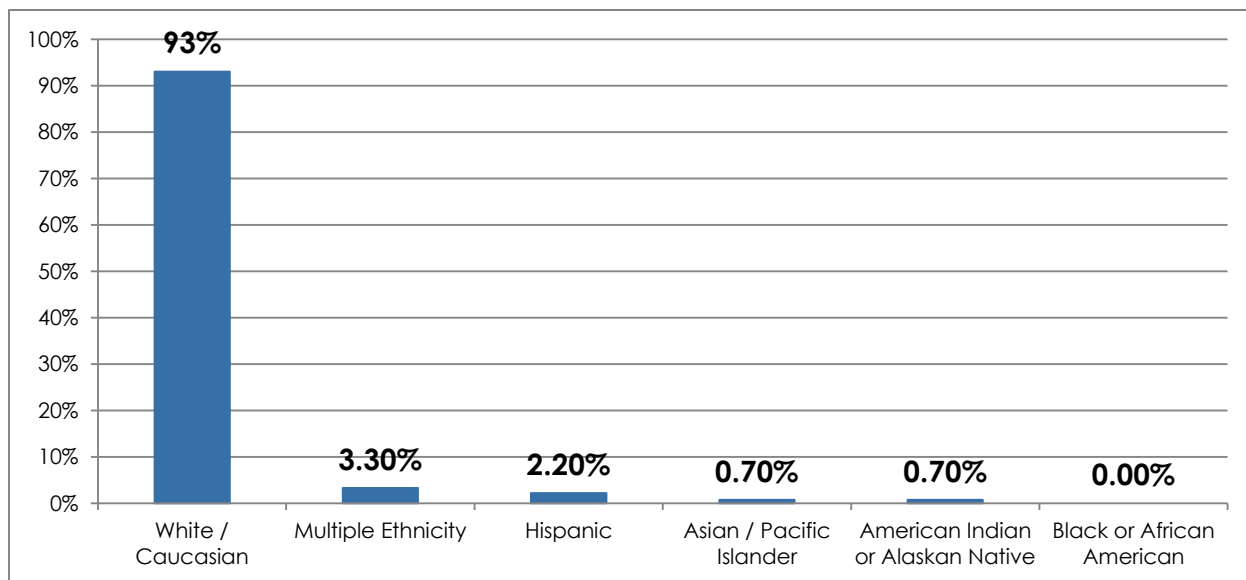
Residence by Zip Code - Q4

The majority of respondents, 89.3%, were from the Powell ZIP code.
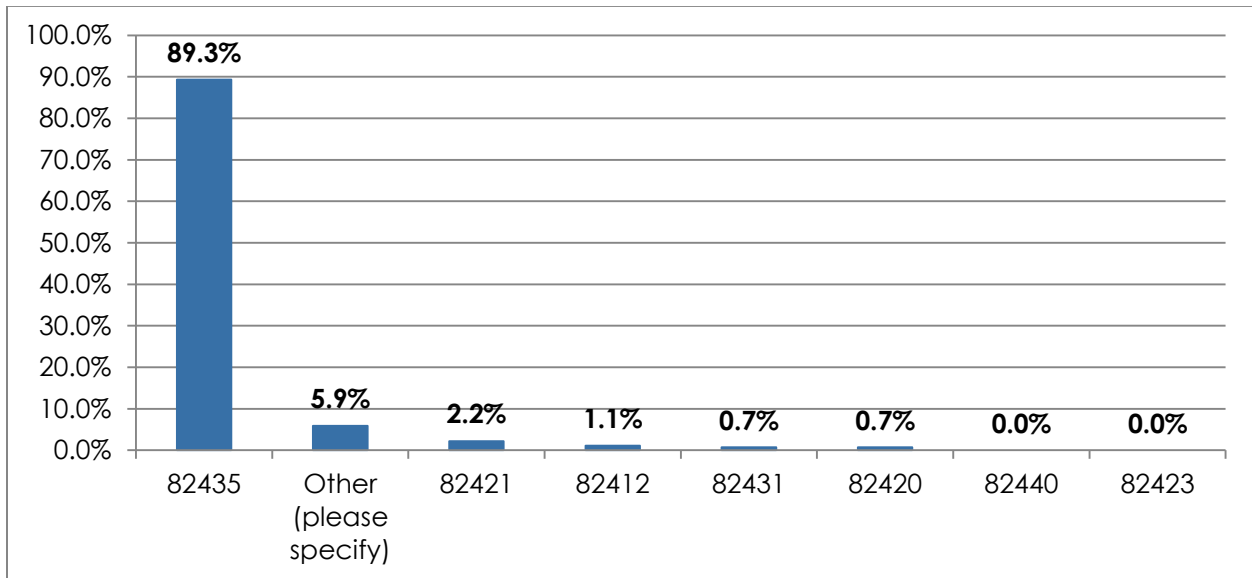
Affiliation - Q1

84 respondents (30.8%) indicated that they were affiliated with a Hospital, Urgent Care or Medical Clinic. 91 respondents (33.3%) identified themselves as a community member and 54 respondents (19.8%) indicated they were affiliated with public or private education.
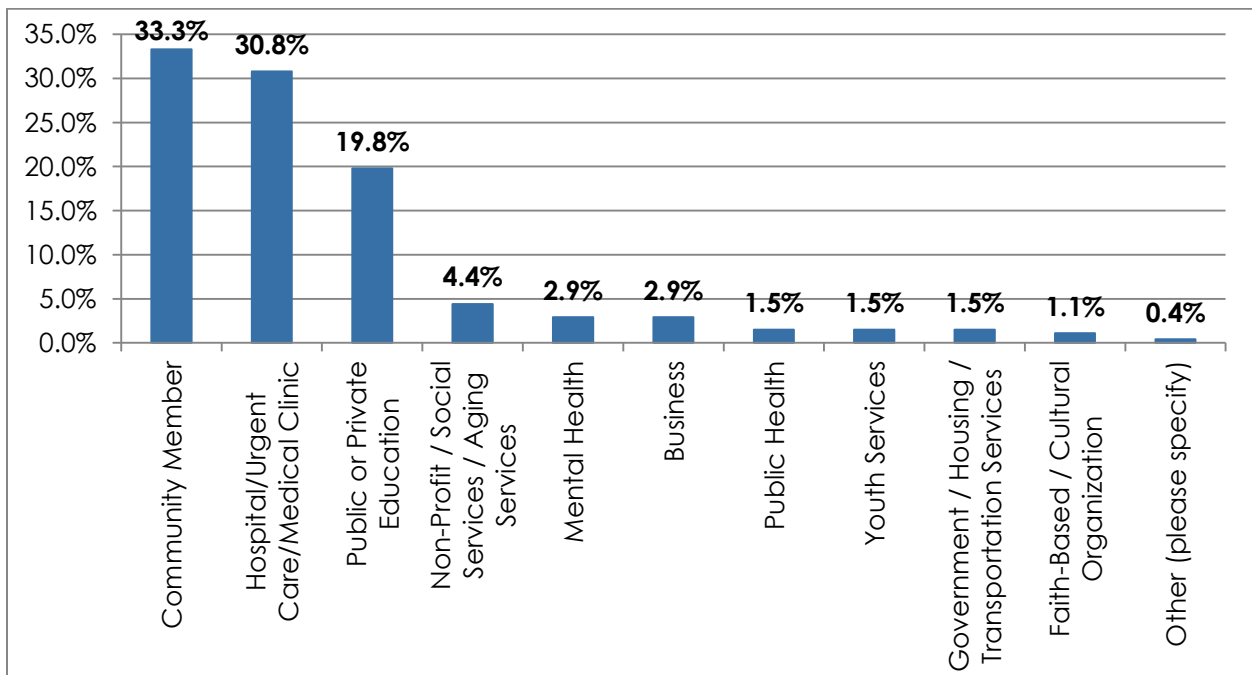
Health of the Community - Q8

Respondents were asked to rate the Health of the Community. 169 (67.3%) rated the health of the community as "somewhat healthy" and 62 (24.7%) as "healthy". A similar question was asked on the 2012 Community Survey. At that time 57.3% of respondents rated the health of the community as good, 25.5% fair and 6.4% excellent.
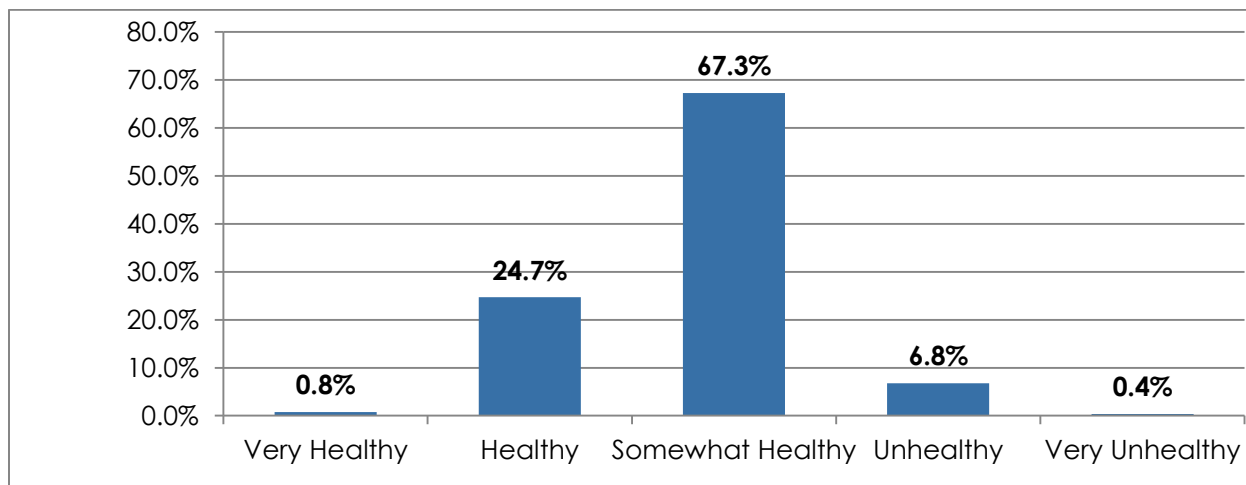
Important Health Problems – Q5, Q6, Q7

Q5: Respondents were asked to identify the most important health problems in the community, (those that have the greatest impact on overall community health). The most frequent response (61.1%) was access to healthcare. Mental health problems, Illegal drug use and overweight/obesity had a response rate of more than 40%. Response rates of 30% or higher are included in the graph below**.**
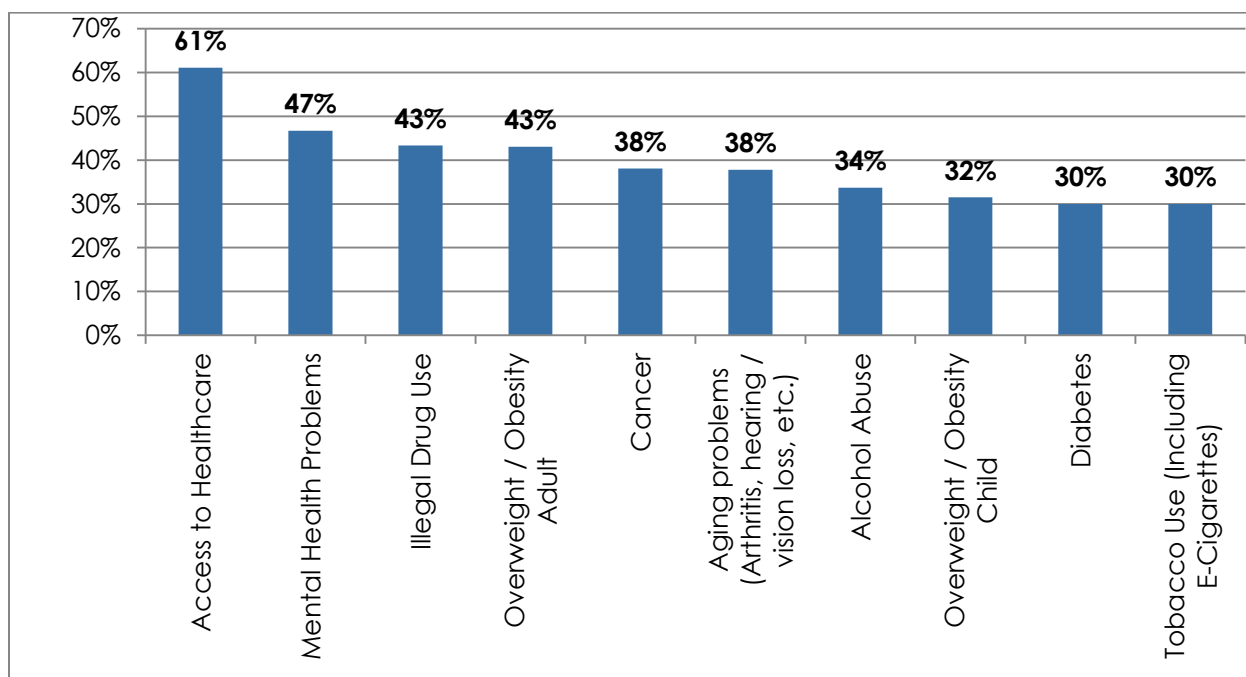
Q6: Respondents were then asked to choose the "three most important" health problems in the community. Again, access to healthcare was by far the most frequent response, chosen by more than 50% of respondents. The 2012 community survey identified the top three health concerns as alcohol / substance abuse, cancer and obesity. Of interest is that lack of access to healthcare was only 11.9% in the prior CHNA. Response rates greater than 20% are included in the graph below.
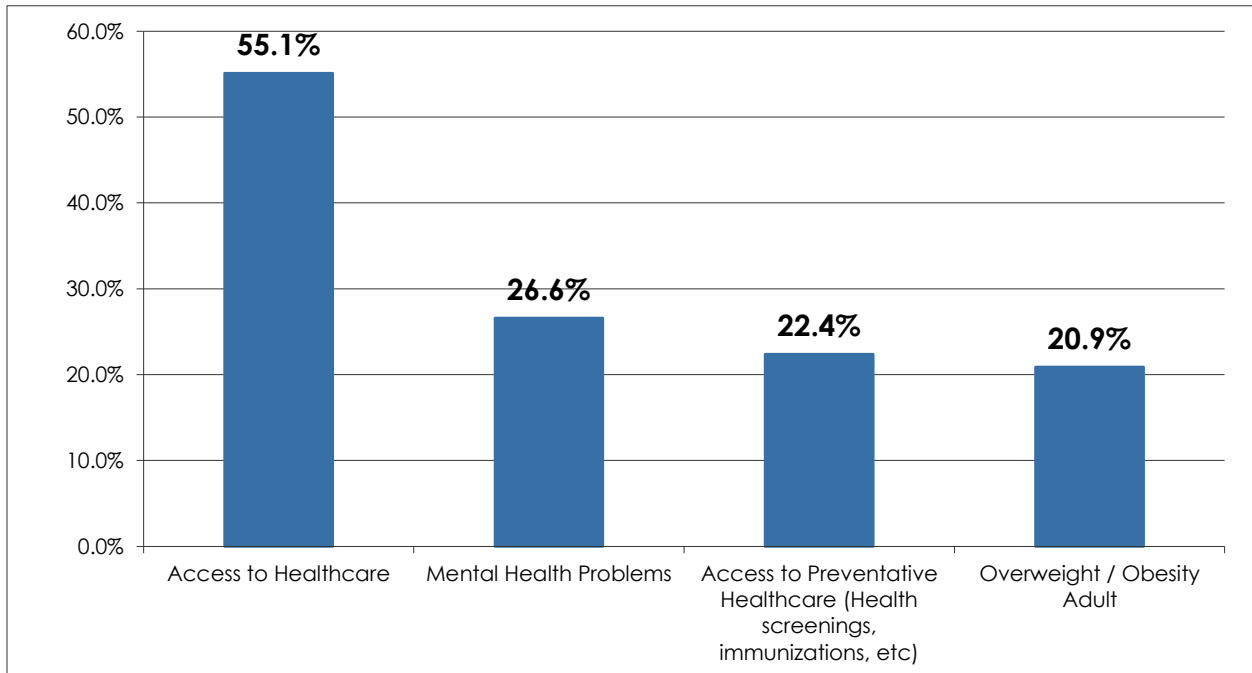
Q7: An open ended question was included asking respondents to share their reason for ranking community health problems the way they did. Many of the responses were related to the lack of access to primary care physicians including:

- Not enough primary care providers

- Difficult to find a family doctor

- Long waits to get an appointment with a primary care doctor

- Lack of specialists

One respondent stated, "It is really hard to get in to see a physician when you are sick. I don't even try anymore I just go to Express Care". Another respondent sees being referred to urgent care as a loss of "trust in the system".

Several respondents indicated they seek care in other cities, including Billings, due to the difficulty in getting an appointment with a provider in Powell.

Healthcare Access – Q9

Respondents were asked to rate twelve statements about Healthcare Access on a scale of 1 (Strongly Disagree) through 5 (Strongly Agree), The average ratings, with the exception of preventative health services, access to a dentist and obtaining prescription medications received an average rating of less than 3.0.
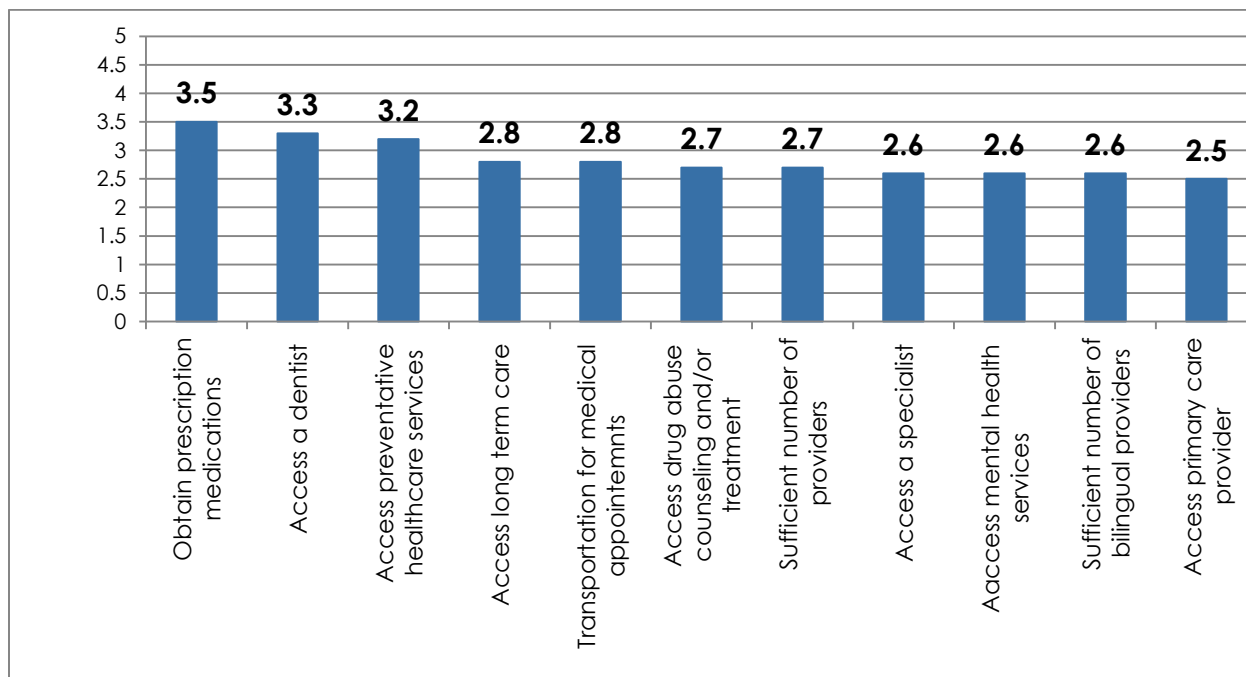
More than 40% of respondents strongly disagreed or disagreed with the following statements:

- o Residents have access to primary care

- o Residents have access to specialty care

- o Residents have access to mental health care

- o There are a sufficient number of providers

- o There are a sufficient number of bilingual providers

More than 40% of respondents agreed or strongly agreed with the following statements:

- o Residents are able to access preventative healthcare services when needed

- o Residents are able to access a dentist when needed

- o Residents are able to obtain prescription medications when needed

Residents are able to access a physician specialist

Strongly Disagree	15.1%	
Disagree	29.5%	
Somewhat Agree	34.3%	
Agree	17.1%	
Strongly Agree	4.0%	

Residents are able to access preventative healthcare services

Strongly Disagree	4.8%	
Disagree	16.7%	
Somewhat Agree	36.3%	
Agree	32.3%	
Strongly Agree	10.0%	

Residents are able to access long term care services

Strongly Disagree	9.6%	
Disagree	23.5%	
Somewhat Agree	43.0%	
Agree	19.9%	
Strongly Agree	4.0%	

Residents are able to acess a dentist

Response	Percentage
Strongly Disagree	6.0%
Disagree	15.9%
Somewhat Agree	30.3%
Agree	37.1%
Strongly Agree	10.8%

Residents are able to access mental health services

Response	Percentage
Strongly Disagree	16.7%
Disagree	24.3%
Somewhat Agree	41.0%
Agree	13.9%
Strongly Agree	4.0%

Residents are able to access drug abuse counseling & treatment

Response	Percentage
Strongly Disagree	12.4%
Disagree	22.7%
Somewhat Agree	48.2%
Agree	14.7%
Strongly Agree	2.0%

Residents are able to obtain prescription medications

	Strongly Disagree	Disagree	Somewhat Agree	Agree	Strongly Agree
	4.8%	7.2%	34.7%	35.9%	17.5%

There are a sufficent number of providers that accept Medicaid and Medicare

	Strongly Disagree	Disagree	Somewhat Agree	Agree	Strongly Agree
	18.3%	25.5%	31.1%	17.1%	8.0%

There is a sufficient number of bilingual providers

	Strongly Disagree	Disagree	Somewhat Agree	Agree	Strongly Agree
	13.5%	29.9%	41.4%	12.7%	2.4%

There is access to transportation for medical appointments

Barriers to Accessing Healthcare – Q10, Q11, Q12

Q10: Respondents were asked what they considered to be the most significant barriers to accessing healthcare. Availability of provider appointments and inability to pay out-of-pocket expenses, 70.9% and 69.7% respectively, were the most frequent responses. Lack of health insurance coverage, Lack of trust with healthcare system and time limitations were selected by more than 40% of respondents. Response rates of greater than 40% are included in the graph below.
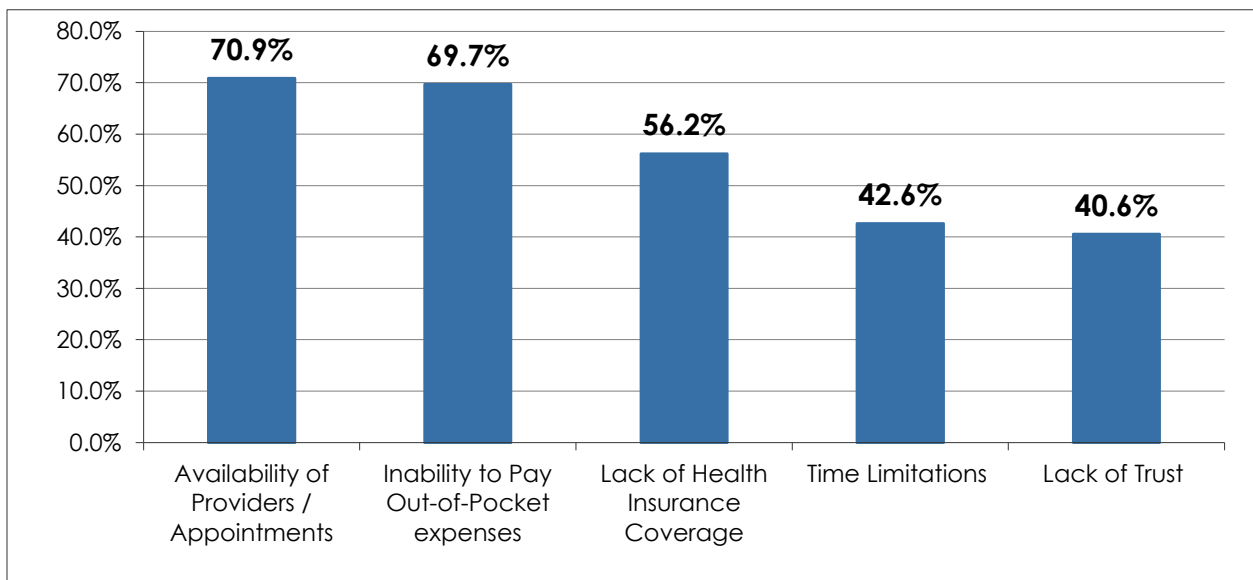
Q11: Respondents were asked to choose the "most significant barrier to accessing healthcare. 50.4% selected availability of providers. Response rates of more than 10% are included in the graph below.
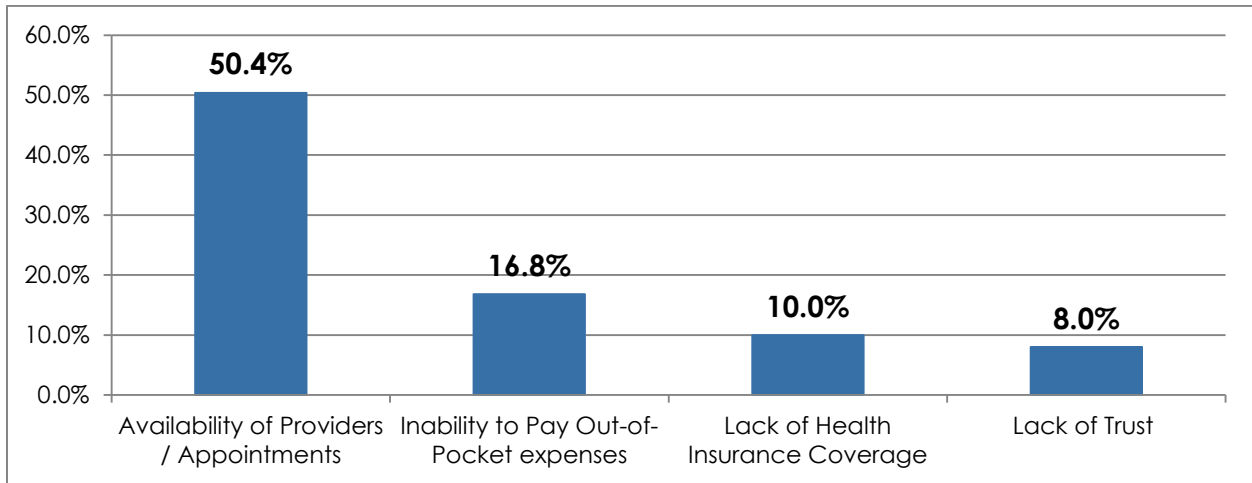
Q12: An open ended question was included asking respondents to share any additional information about barriers to healthcare.

The responses were again primarily related to lack of access to primary care providers and lack of access to specialists.

Underserved Populations – Q13, Q14, Q15, Q17

Q13 & Q14: Respondents were asked if they believed that there were any populations that they believed were not adequately served by local healthcare services. 32.2% answered yes, 54% answered not sure and 13.7% answered no. Of those that answered yes, uninsured or underinsured, low-income, seniors and Individuals with chronic disease all had response rates of greater than 20%.
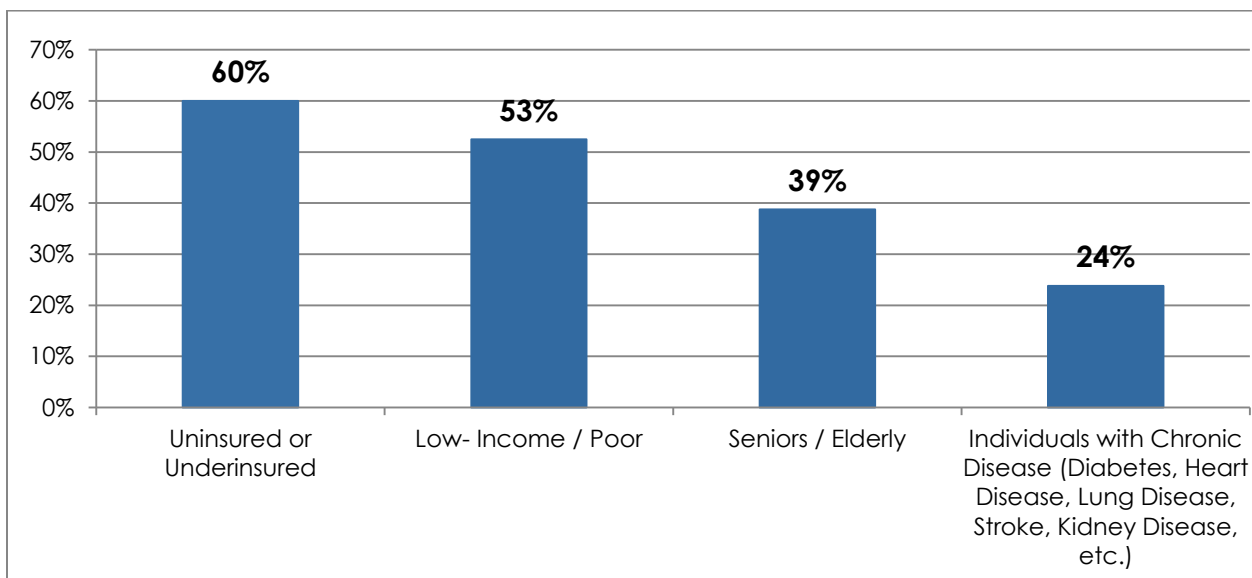
Q15: Respondents believe that most uninsured, underinsured or low income individuals living in the community go to a walk-in / urgent care clinic when they need healthcare, 33.2%, or to the emergency department, 31.6%.
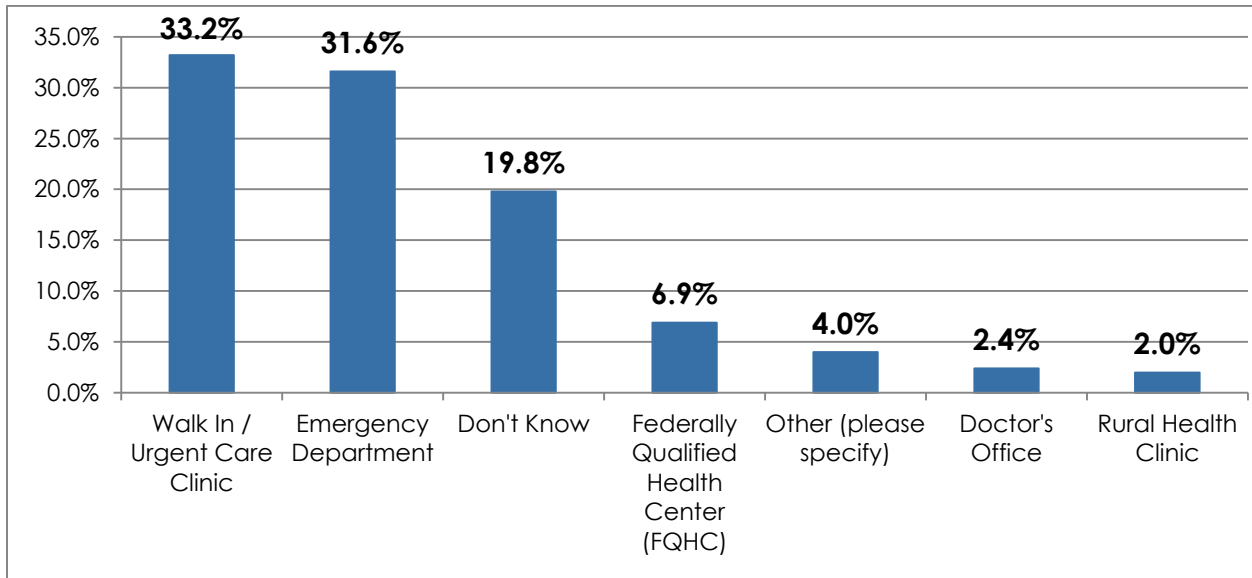
Q17: 54.3% of respondents believe that most individuals with a chronic disease go to a doctor's office when they need healthcare services.
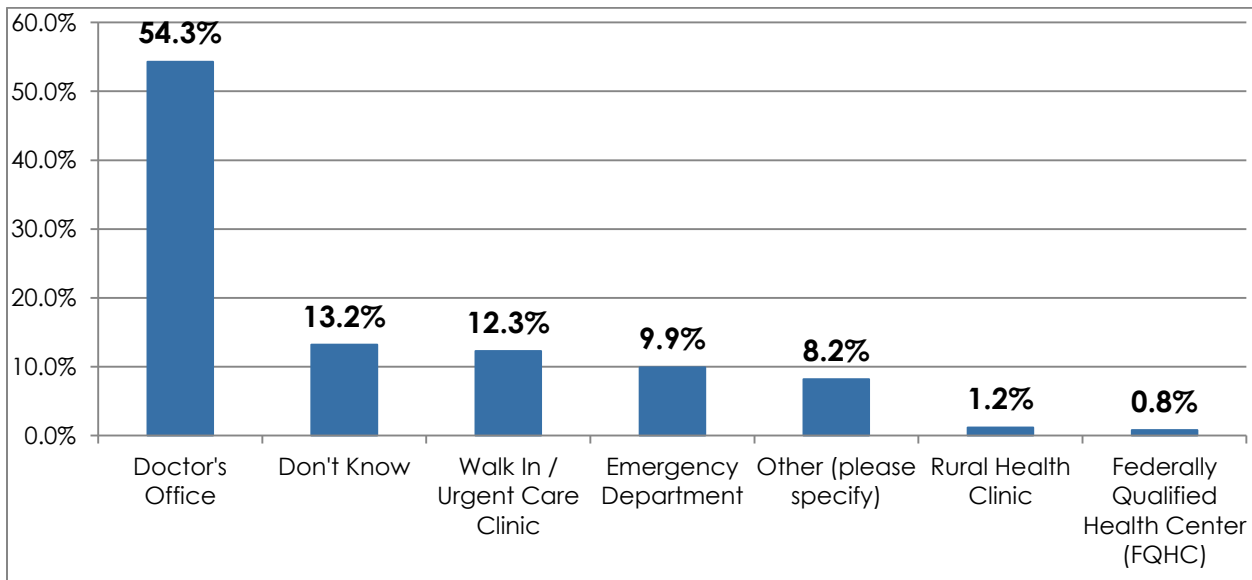
Community Strengths and Assets – Q19

Respondents were asked to choose the most important community strengths and assets. 82.5% chose good schools, 64.6% chose emergency response (Ambulance / Fire / Police) and 59.6% chose Environment / Clean Air. Response rates greater than 20% are included in the graph below.
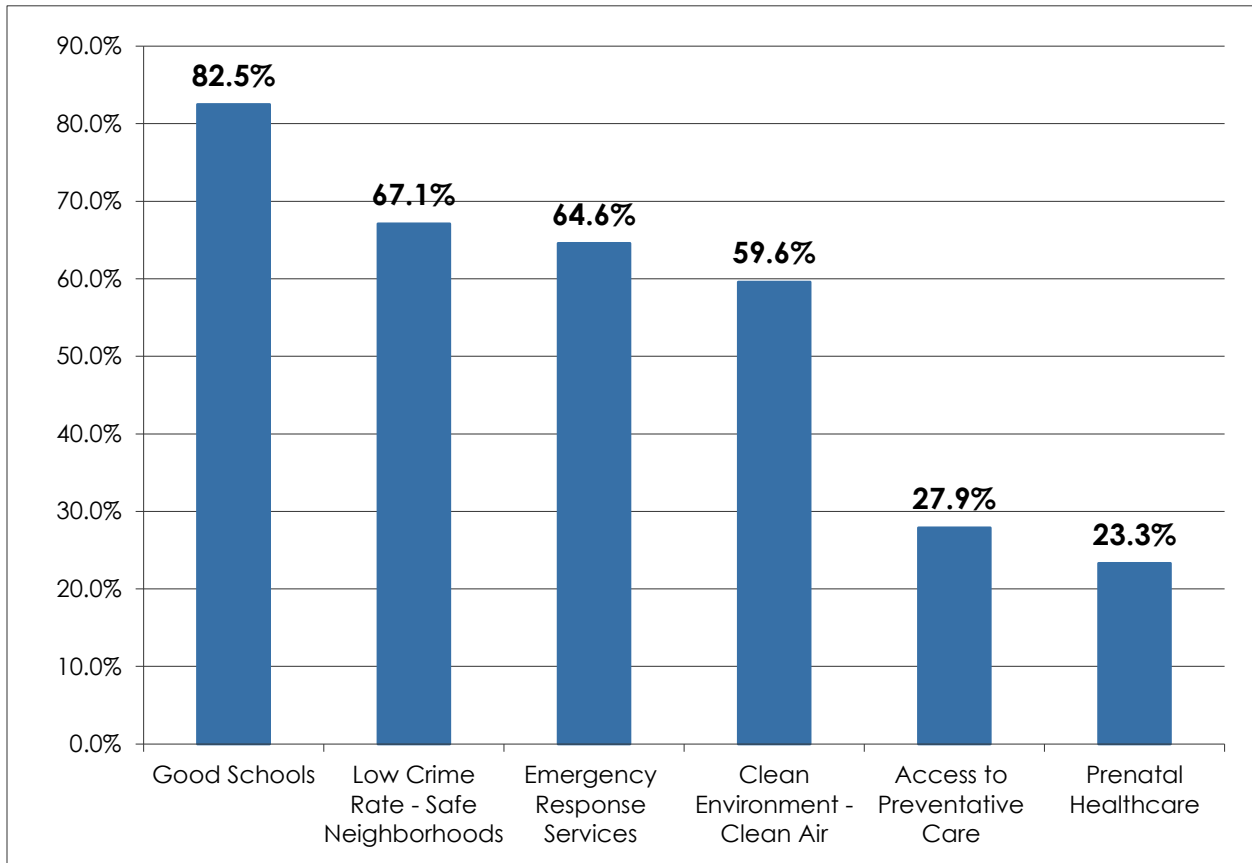
Healthy Community – Q20

Respondents were asked what they believed to be the most important factors for a healthy community. The most prevalent response was access to healthcare, 63.1%, followed by good schools, 37.3% and preventative care, 30.1%. Response rates of greater than 20% are included in the graph below.

The 2012 community survey also identified access to healthcare and good schools as one of the top three choices.
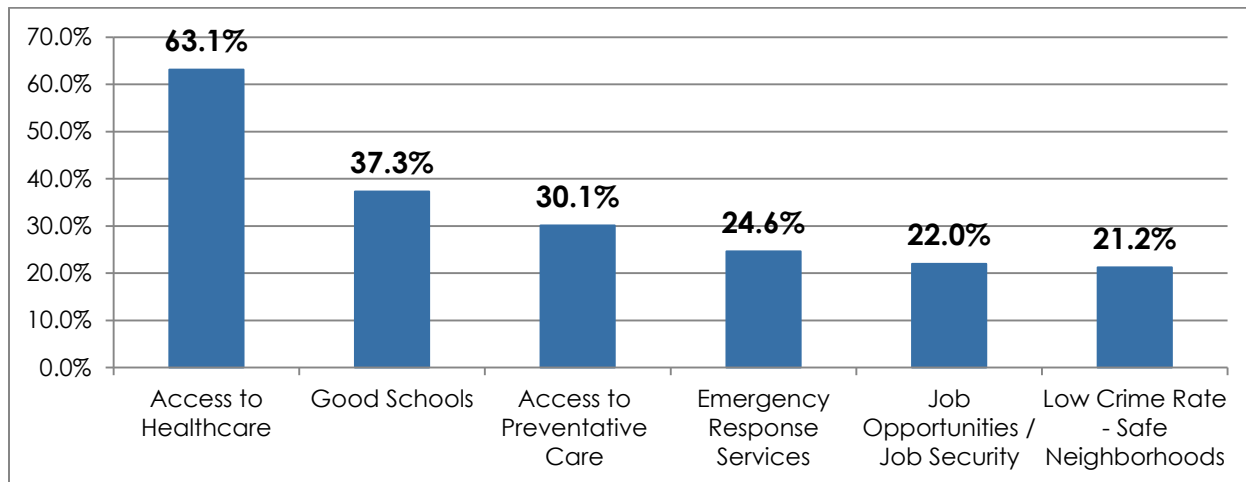
Community Health Improvements – Q22

Respondents were asked to rate statements about improvements in community health over the last three years on a scale of 1 (Strongly Disagree) through 5 (Strongly Agree). The statements were based on the improvement priorities developed as part of the 2012 CHNA.

The ratings except for access to dental services were all 3.0 or less. The lowest rating was access to primary care.
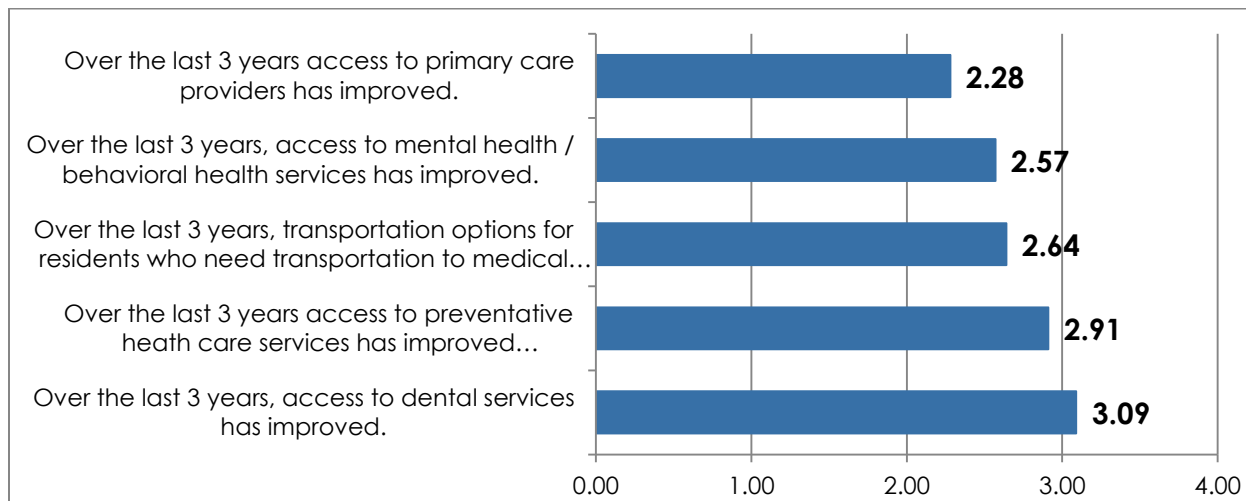
The following graphs represent the percentage of responses for each question.

Access to Primary Care Providers Has Improved

Strongly Disagree	Disagree	Somewhat Agree	Agree	Strongly Agree
29.8%	30.2%	24.3%	14.0%	1.7%

Access to Preventative Healthcare Services Has Improved

Strongly Disagree	Disagree	Somewhat Agree	Agree	Strongly Agree
10.2%	20.4%	41.7%	23.4%	4.3%

Access to Mental Health Services Has Improved

Strongly Disagree	Disagree	Somewhat Agree	Agree	Strongly Agree
17.0%	23.4%	46.0%	12.8%	0.9%

Access to Dental Health Services Has Improved

Access to Transportation for Medical Needs Has Improved

Community Health Priorities

Respondents were asked to identify three community health priorities for Powell Valley Healthcare and community partners to address over the next three years.

The overwhelming choice was improved access to healthcare, with a response rate of almost 70%. The survey in 2012 also identified the need for more primary care providers, more specialists, better access on weekends, and better coronation and linkages with larger hospitals. Response rates of greater than 20% are included in the graph below.
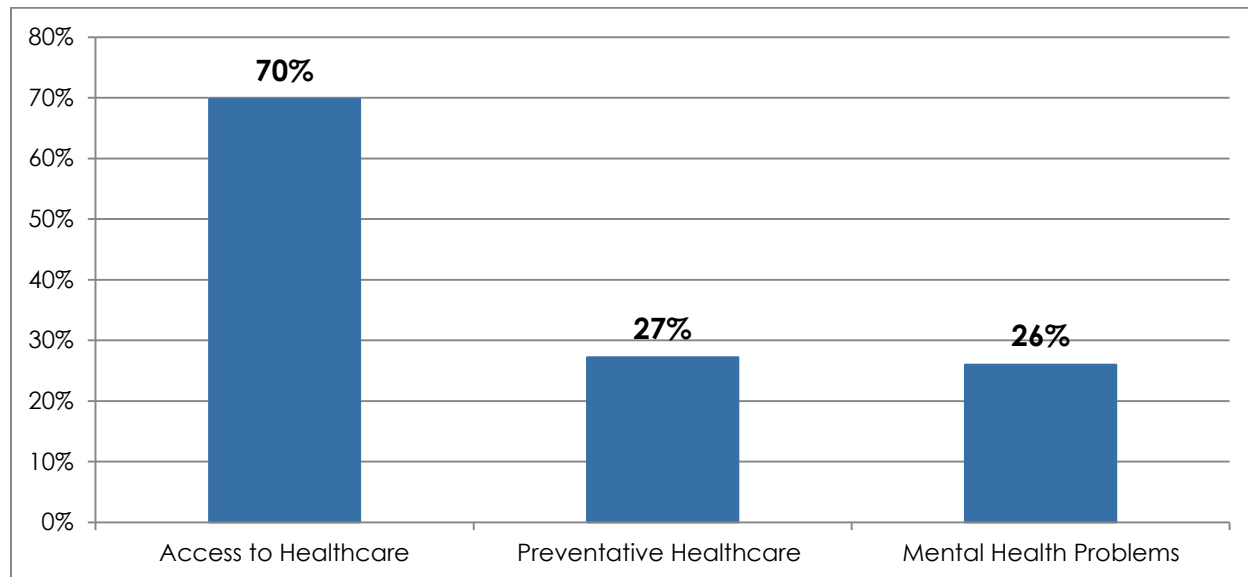
APPENDIX 1: COMMUNITY RESOURCES

The community resources listed are primarily located in Powell and serve the needs of the PVHC primary and secondary service area. Selected resources are also included that serve the broader communities of Big Horn and Park counties.

Every effort has been made to ensure the resources are current as of April 2016.

The information published in the "Community Connection"- Park County Resource Guide for 2015, is not duplicated in this report.

The resource guide includes an extensive listing of community resources and can be accessed at:

http://www.parkcounty.us/extension/docs/Park%20County%20Resource%20Guide%20-%20Final%20Draft_new%20cover.pdf

Park County and Regional Coalitions

Park County Health Coalition
Contact: Wendy Morris at West Park Hospital (WPH)

Suicide Prevention Alliance
Contact: Rachel Williams at Prevention Management Organization (PMO) (of Wyoming)

Park County Poverty Alleviation Coalition

Contact: Wendy Morris at WPH

Park County Coalition Against Substance Abuse
Contact: Wendy Morris at WPH

Safe Kids Wyoming, Park County
Contact: Lilian at Public Health

Crisis Intervention Team of Park County
Contact: Chief Eckerdt at Powell Police Department
Contact: Rachel Williams at PMO

Magellan Wrap-Around Advisory Council
Contact: Veronica Pedersen, MSW, CPM Community Liaison Wyoming's Care Management Entry
Magellan Healthcare, Inc. 855-883-8740 x-46161

The Wyoming Injury Prevention Program
Contact: dara.lawyer@wyo.gov

The Mental Health providers of the Big Horn Basin Networking Luncheon
Contact: Lorraine Steppe at Powell Valley Healthcare

Healthcare Resources

Acupuncture

Family Chiropractic & Acupuncture	754-5777
Drs. Rahim & Mary Khan	
401 Bent St	

Behavioral Health / Mental Health

Northwest College	754-6192
Roena Halbur	
Student Success Center: http://www.nwc.cc.wy.us/services/counseling/	

Positive Progressions	271-7017
152 N Absaroka St	

Yellowstone Behavioral Health	
Outpatient Office	754-5687
After Hours Emergency	(800)949-8839
627 Wyoming Avenue, Powell	

H.O.P.E. House	(307)587-3008
1002 Rumsey Ave, Cody	

Wallace H. Johnson Group Home	(307)587-5112
2713 Cougar Ave, Cody	
http://ybhc.org/	

Behavioral Health / Mental Health Private Practitioners

3 Amigos Clinic	272-3237
Ajakai Hassler, PhD, LMFT	
1071 Lane 11 ½	

Ty Barrus, LCSW	254-0575
1106 Julie Lane	

Tina Borcher, LPC	254-0661
450 Mountain View Street	

Gib Condie, PhD	254-0000
887 E. North St	

Devin Dutson, PCSW	254-3407
532 Hamilton Way	
Chris Gauger, LCSW	254-1818
887 E. North St.	

Beth Gilb, LCSW   271-2685
887 E. North St

Lauren Graham, LSCW   250-0645

Tabbie Ley, PPC, MSC   254-5323

Matthew McNiven, LPC   272-9224
887 E. North St

Psychiatric Nurse Practitioners

Beartooth Brainworks   254-2183
Brian O'Neill, PMHNP-BC
253 E 2nd St
http://beartoothbrainworks.com/

Sunlight Psychiatry   764-4130
Krista Blough, APRN
145 N. Bernard
http://sunlightpsychiatry.net/

Child Developmental Screenings/Therapy

Children's Resource Center (CRC   754-2864
Developmental screenings for children birth to five year of age
558 East 2nd Street
http://www.crcwyoming.org/

Chiropractors

Family Chiropractic & Acupuncture   754-5777
Dr. Rahim Kahn
Dr. Mary Khan
401 Bent St

Tobin Chiropractic   754-3436
Dr. Jessica Tobin
403 E 2nd St

Dentists

Dr. Larry D. Akin   754-3391
175 N Bernard St

Division Dental   754-8080
Dr. Jason Hoffmann
255 S Division St

Frontier Family Dental   754-4554
Dr. Scott M. Williams
303 N Division St
http://www.myfrontierfamilydental.com/

Dr. Melvin N. Ginest   754-5502
215 S Division St

Powell Family Dental   764-2378
Dr. Rock Hull
136 N. Bent St
www.RockHullDMD.com

Disability Services

Big Horn Enterprises   754-5101

Children Special Health Services (CSH   754-8870
http://health.wyo.gov/main/divisionsprograms.html

Division of Developmental Disability   (307)527-4181
(Including Acquired Brain Injury)
http://health.wyo.gov/DDD/index.html

Northern Developmental Disability Services   271-7017
152 N. Absaroka St., Suite D
http://www.northerninc.org/

NWC Disability Support Services   754-6227
231 West 6th Street
http://www.northwestcollege.edu/services

Parent Information Center (PIC)   (307)684-2277
Statewide parent center for families of children with disabilities
http://www.wpic.org/

Social Security   (307)587-8155

Universal Access 2000 ADA Consultant   754-0124

Services for Visually Impaired   754-2147
1201 E 7th St

Visually Impaired Program   (307)587-7881

WY Independent Living Rehabilitation (WILR)
29 Absaroka Dr, Cody
http://www.wilr.org/roster.html#vip

Vocational Rehabilitation   754-6411
N Beckman Street & 7th Street (NWC Campus)
http://wyomingworkforce.org/contact/Pages/vocational-rehabilitation.aspx

WY Services for Independent Living (WSIL)   (307)586-4141 or (800)280-0917
https://www.facebook.com/WySIL/info

Financial Assistance
Lainey Cole Memorial Women's Cancer Fund

Soroptimist International of Cody
Nena Graham-Burke   587-6702
Peg Pond Paul   899-5211 or 587-8866
Sponsored financial support during cancer treatment

Food/Nutrition
Dieticians/Nutritionists

Katy Asay, RD, LD, CDE   (307)388-4102
145 N Bernard

Jeanna Merritt, RD   754-8231
615 Avenue K

Tina Braet-Thomas RD   754-3604
PVHC, 777 Avenue H

Powell Senior Citizens Center   754-4223
Serves lunch for seniors and provides home-delivered meals for seniors
248 N Gilbert

Powell Valley Loaves & Fishes   754-8800
Emergency food assistance

Supplemental Nutrition Assistance Program (SNAP)   754-2245
Department of Family Services
Federal aid program providing financial assistance for food to low & no-income people

Taking Off Pounds Sensibly (TOPS)
Meets Thursday evenings at St. John's Episcopal Church, 308 Mtn. View St.
Katherine   754-0521
Pat   254-1439
http://www.tops.org/

UW Cent$ible Nutrition   754-8560
http://www.uwyo.edu/centsible/

Women, Infants & Children (WIC   754-0364
109 W 14th St. (Park County Annex Building)

Supplemental nutrition program for pregnant and women who had a baby within the last six months, infants, and children under five

Wyoming Natural Health Foods   754-9266
180 S Bent Street
https://www.facebook.com/pages/Wyoming-Natural-Health-Foods/140330549337293

Funeral Homes

Thompson Funeral Home   754-3322
http://www.thompsonfuneral.net/

Insurance

Affordable Care Act
https://www.healthcare.gov/
Danielle Allred – Certified Application Counselor

Farm Bureau Financial Services   754-5769
Larry French
David Gilliatt
762 E. 3rd Street
http://www.fbfs.com/Pages/AgentOfficeLocator/AgentInformation.aspx?AgentId=2456
0

Medicare   (307)587-8155

Medicaid & Kid Care   754-2245

Department of Family Services
109 W 14th St (Park County Annex Building)
http://dfsweb.wyo.gov/home/dfs-in-your-community

State Farm   754-9541
David Blevins
249 N. Clark St
https://www.statefarm.com/agent/US/WY/Powell/David-Blevins-QWMC41YS000

Wyoming Financial Insurance   754-7211
Brian Sullivan
109 N. Clark St
http://www.wyomingfinancialinsurance.com/

Medical Billing

Rocky Mountain Medical Services   754-3319
128 E 2nd St

Urgent Care / Emergency Care

Express Care Clinic   754-7708
777 Avenue H
Jana Keeler, PA-C
Mark Wurzel, M.D.
http://www.pvhc.org/

Powell Valley Clinic   754-7257
777 Avenue H
http://www.pvhc.org/

Home Health

Hands2Help   307)587-4601
1725 Sheridan Ave, Suite 128, Cody
http://www.hands2help.com/

Hospital

Powell Valley Healthcare   754-2267
777 Avenue H
www.pvhc.org

Medical Equipment

Senior Center Loan Closet   754-4223
248 N Gilbert St

Elks Loan Closet   754-2995
581 N Clark

Naturopathic Doctors

Natural Healthcare Clinic   (307)527-5577
Melanie Ellis, N.D.
20 Cedar Mountain Rd, Cody
http://www.naturalhealthnd.com/index.html

New Dimensions Holistic Health Care   (307)587-9944
Dr. Lee
2610 Big Horn Ave, Cody

Optometrists

Powell Vision Clinic   754-3349
Dr. Kim McDowell
106 S Absaroka St

Heart Mountain Eyecare Group   754-7151
Dr. Greg Toland
255 W 3rd St
http://heartmountaineyecare.com/

Big Horn Eyecare   754-7254
Dr. Kent Kienlen
401 S Bent St

Pharmacies

Powell Drug   754-2031
140 N Bent St

Shopko   754-2755
1005 W Coulter Ave
www.shopko.com

Practitioners

307 *Health*   307-764-3721
Michael Tracy, M.D.
Robert Chandler, M.D.

Heritage Health Center, Federally Qualified Health Center   764-4107
128 Brent St.
Juanita Sapp, MD
Dede Anders, PAC
Ashley Jarrett, RN

NWC Student Health Services   754-6442
Student Success Center, Lower level of Colter Hall
http://www.nwc.cc.wy.us/services/health/

Powell Valley Healthcare   754-7257
Anesthesia
Andy Baker, CRNA
Anthony Belmont III, CRNA
Stephan Katz, CRNA
Ryan Shedd, CRNA

Cardiology
Paul LaVeau, M.D.

Emergency Medicine
Aaron Billin, M.D.
Bradley North, M.D.
Kurt Pettipiece, M.D.

Family Practice
Michael Bohlman, M.D.
Kelly Christensen, M.D.
Sarah Durney, M.D.
Lisa Smith, PA-C
Valerie Lengfelder, M.D.
Jana Keeler, PA-C
Darlene Hauser, FNP

Family Practice w/Obstetrics
Kelly Christensen, M.D.

General Surgery
Nathaniel Rieb, M.D.

Hospitalist
Bradley North, D.O.
Adam Childers, D.O.
Aida Polson, M.D.

Women's Health and Wellness - Midwifery
Sharae Bischoff, APRN, CNM
Cathy Blanchard, WHNP-BC

Obstetrics/Gynecology
Jenkins L. Clarkson, M.D., PhD

Orthopedics
William Jarvis, M.D s
Gregory Clark, PA-C

Podiatry
Lael Beachler, D.P.M
Hugh Fraser, D.P.M.
www.bighornfootclinic.com

Radiology
Jacob Merrell, M.D.

Sports Medicine
William Jarvis, M.D.

Women's Health
Cathy Blanchard, WHNP-BC

Pregnancy Services

Hearthstone Wyoming   254-5243
Pregnancy & Childbirth Services
676 Avenue D

Northwest Wyoming Family Planning   754-5023
246 N. Hamilton
http://nwfamilyplanning.com/

Serenity Pregnancy Resource Center   (307)213-5025
1614 Beck Avenue, Cody
http://www.serenityprc.org/

Public Health

Park County Public Health   754-8870
109 W. 14th Street
http://www.parkcounty.us/publichealth/publichealth.html

Rehabilitative Services

Advantage Rehab   754-2019
443 W. Coulter Ave
www.advantagerehabcody.com

Gottsche Rehabilitation & Wellness   754-9262
639 W. Coulter Ave
Jody Jones PT, DPT
David Kessler, PTA
Haley Sorenson, Personal Trainer
www.gottsche.org

PVHC Rehabilitative Services   754-1235
469 Mountain View Street
http://www.pvhc.org/

Nursing Homes/Assisted Living
Assisted Living

The Heartland   754-7703
639 Avenue H
http://www.pvhc.org/

Nursing Home

Powell Valley Care Center   754-2267
777 Avenue H
http://www.pvhc.org/

Recreation/Gyms

NWC Johnson Fitness Center   754-6441
https://www.northwestcollege.edu/life/activities/fitness_center.dot

Powell Recreation District   754-5711
Youth programs: Basketball, Camps, Gymnastics, Soccer, Tennis, Martial Arts, Fitness, etc.
Adult programs: Dodgeball, Wallyball, Ice Skating, Basketball, Raquetball, Martial Arts, Volleyball, Zumba, etc.
http://www.powellrec.com/

Powell Aquatic Center   754-0639
http://www.powellaquatics.com/

The Gym/Force Fit Training LLC   764-2361
535 North Hamilton Street
307performancelab.com

Yoga Center   754-2323
163 N. Clark St
http://yogacenterwy.net

Services to Homebound/Elderly

Hands 2 Help   587-4601
1725 Sheridan Ave, Suite 128, Cody
http://www.hands2help.com/

Lifeline   754-2267
PVHC Volunteer Services
Medical alert system for home emergency use.

Mail Order Meals   (866)735-0921
Homestyle Direct
Meals for Medicaid and Non-Medicaid
http://www.homestyledirect.com/menu

Mom's Meals   (877)508-6667
http://www.momsmeals.com/

National Family Caregiver Support Program   (307)856-6880
www.wyomingseniors.com

Powell Senior Citizens Center   754-4223
Provides Meals and Transportation for Seniors
248 N Gilbert

Senior Companion Program   754-4223 or (307)856-6880
www.wyomingseniors.com

WY Services for Independent Living (WSIL)   754-4868
https://www.facebook.com/WySIL/info

Substance Abuse

Alcoholics Anonymous
12 Step Meetings   254-3267
NOON, Mon. & Fri., St. Barbara's classroom

12 Step Meetings   202-1561
146 S. Bent Street (Use north door)
7 p.m. Mon., Fri., Sat. closed.   Wed. open.

Licensed Addiction Therapists

Gregory Bennett   254-2038
249 E 2nd St, Suite 1

Narcotics Anonymous   (307)213-9434
146 S Bent
Meets Tues. open, Thurs. closed, Sat. closed at 10am & Sun. open at 7pm

Northwest Wyoming Treatment Center   271-7460
Inpatient adolescent drug treatment
1106 Julie Lane
https://www.facebook.com/pages/Northwest-Wyoming-Treatment-
Center/325194490824487

Support Groups

AL-ANON   754-4543 or 754-5988
146 S. Bent St (Big Horn Enterprise building)
Support for friends and relatives of alcoholics
Meets Tues. noon & Wed. 7 pm
www.wyomingal-anon.org

Breastfeeding Support   754-1212
Every Thursday at noon at Children's Resource Center
Led by Certified Lactation Counselors

Caregiver Support Group   754-1274
2nd Thursday of each month - 11am
Powell Valley Hospital Conference Room

Celiac Support Group   202-0380
Contact: Jill Smith
Support for people who suffer from celiac disease
Meets twice per year

Diabetes Support Group   754-7257 ext. 3309
Contact: Jill O'Donnell
Meets monthly in the hospital conference room

Divorce/Separated/Widowed Support Groups
Contact: Curtis   (307)463-2677
Contact: Rosanne   (307)865-5700
Contact: Rick   (307)265-3201
Beginning Experience of Wyoming: For the divorced, widowed, and separated
Weekend program that offers healing and renewal, usually held in Casper

NWC Student Support Groups:
http://www.northwestcollege.edu/services/groups/

Adult Continuing Education Students (ACES)
Contact: 754-6135
Provide non-traditional student support and programs

Gay Straight Alliance
Contact: Cynthia Garhart   754-6159
Contact: Jennifer Cannizzaro   754-6135
For lesbians, gay men, bisexuals, and supportive people of any sexual persuasion

Step Zero Group
Contact: Cynthia Garhart   754-6159
Contact: Jennifer Cannizzaro   754-6135
Education on alcohol and drugs, as well as identifying ways to avoid future
consequences related to substance use
Meets once a week for six weeks during fall and spring semesters

Veteran's Group
Contact: Jennifer Cannizzaro   754-6135
Meets weekly to discuss college life, access to services, common experiences,
adjustments to civilian life and simply to build friendships
Support Groups held in Cody

Parkinson's Support Group   587-9297
Contact: Joan Wright

Hope and Healing
Contact: YBHC   587-2197
Support for those affected by loss from suicide

Post Abortion Healing groups at Serenity
Contact: 213-5025

Traumatic Brain Injury Support Group
Contact: Bobbie   250-0865
Contact: Kathy   587-5151

Ostomy Support Group
Contact: West Park Hospital   527-7501

APPENDIX 2: SECONDARY DATA

Source: Community Commons (www.communitycommons.org)

Health Outcomes - Length Of Life

<u>Mortality - Cancer</u>

"This indicator reports the rate of death due to malignant neoplasm (cancer) per 100,000 population. Figures are reported as crude rates, and as rates age-adjusted to year 2000 standard. Rates are summarized for report areas from county level data, only where data is available. This indicator is relevant because cancer is a leading cause of death in the United States."

Report Area	Total Population	Average Annual Deaths, 2007-2011	Crude Death Rate	Age-Adjusted Death Rate
Report Area	40,298	88	217.4	154.5
Big Horn County, WY	11,751	27	226.4	160.5
Park County, WY	28,547	61	213.7	152
Wyoming	570,141	958	168	158.9
United States	311,430,373	577,313	185.4	168.9
HP 2020 Target				<= 160.6
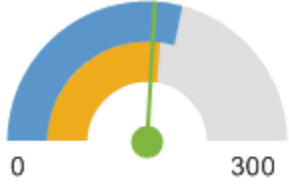
Cancer Mortality, Age-Adjusted Death Rate (Per 100,000 Pop.)
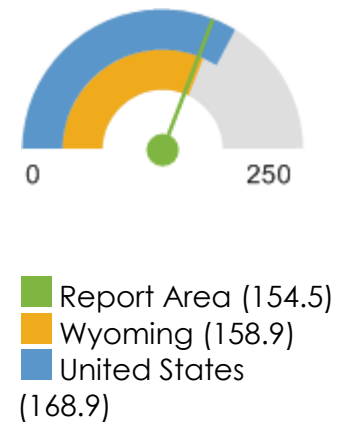
■ Report Area (154.5)
■ Wyoming (158.9)
■ United States (168.9)

Data Source: Centers for Disease Control and Prevention, National Vital Statistics System. Accessed via CDC WONDER. 2009-13. Source geography: County font size

Mortality - Heart Disease

"Figures are reported as crude rates, and as rates age-adjusted to year 2000 standard. Rates are summarized for report areas from county level data, only where data is available. This indicator is relevant because heart disease is a leading cause of death in the United States."

Report Area	Total Population	Average Annual Deaths, 2007-2011	Crude Death Rate	Age-Adjusted Death Rate
Report Area	40,298	88	218.87	154.89
Big Horn County, WY	11,751	29	246.78	178.9
Park County, WY	28,547	59	207.38	145
Wyoming	570,141	959	168.24	163.7
United States	311,430,373	600,899	192.95	175

Heart Disease Mortality, Age-Adjusted Death Rate (Per 100,000 Pop.)

- Report Area (154.89)
- Wyoming (163.7)
- United States (175)

Data Source: Centers for Disease Control and Prevention, National Vital Statistics System. Accessed via CDC WONDER. 2009-13. Source geography: County font size

Mortality - Lung Disease

"This indicator reports the rate of death due to chronic lower respiratory disease per 100,000 population. Figures are reported as crude rates, and as rates age-adjusted to year 2000 standard. Rates are summarized for report areas from county level data, only where data is available. This indicator is relevant because lung disease is a leading cause of death in the United States."

Lung Disease Mortality, Age-Adjusted Death Rate
(Per 100,000 Pop.)

Report Area	Total Population	Average Annual Deaths, 2007-2011	Crude Death Rate	Age-Adjusted Death Rate
Report Area	40,298	25	62.53	44.96
Big Horn County, WY	11,751	9	74.89	52.4
Park County, WY	28,547	16	57.45	41.9
Wyoming	570,141	338	59.28	58.6
United States	311,430,373	142,214	45.66	42.2

■ Report Area (44.96)
■ Wyoming (58.6)
■ United States (42.2)

Data Source: Centers for Disease Control and Prevention, National Vital Statistics System. Accessed via CDC WONDER. 2009-13. Source geography: County font size

Mortality - Motor Vehicle Accident

"This indicator reports the rate of death due to motor vehicle crashes per 100,000 population, which include collisions with another motor vehicle, a nonmotorist, a fixed object, and a non-fixed object, an overturn, and any other non-collision. This indicator is relevant because motor vehicle crash deaths are preventable and they are a cause of premature death."

Report Area	Total Population	Average Annual Deaths, 2007-2011	Crude Death Rate	Age-Adjusted Death Rate
Report Area	40,298	8	20.3	20.4
Big Horn County, WY	11,751	4	34	32.6
Park County, WY	28,547	4	14.7	15.4
Wyoming	570,141	103	18	17.8
United States	311,430,373	34,139	11	10.8

Motor Vehicle Crash Death, Age-Adjusted Death Rate (Per 100,000 Pop.)

■ Report Area (20.4)
■ Wyoming (17.8)
■ United States (10.8)

Data Source: Centers for Disease Control and Prevention, National Vital Statistics System. Accessed via CDC WONDER. 2009-13. Source geography: County font size
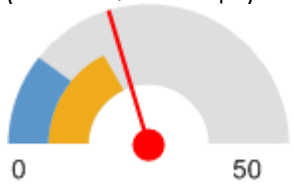
Mortality - Stroke

"Figures are reported as crude rates, and as rates age-adjusted to year 2000 standard. Rates are summarized for report areas from county level data, only where data is available. This indicator is relevant because stroke is a leading cause of death in the United States."

Report Area	Total Population	Average Annual Deaths, 2007-2011	Crude Death Rate	Age-Adjusted Death Rate
Report Area	40,298	21	51.1	37
Big Horn County, WY	11,751	7	59.6	44.1
Park County, WY	28,547	14	47.6	34.1
Wyoming	570,141	214	37.5	37.3
United States	311,430,373	128,955	41.4	37.9
HP 2020 Target				<= 33.8
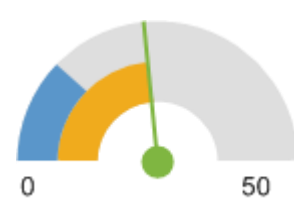
Stroke Mortality, Age-Adjusted Death Rate (Per 100,000 Pop.)

Report Area (37)
Wyoming (37.3)
United States (37.9)

Data Source: Centers for Disease Control and Prevention, National Vital Statistics System. Accessed via CDC WONDER. 2009-13. Source geography: County font size

Mortality - Suicide

"This indicator reports the rate of death due to intentional self-harm (suicide) per 100,000 population. Figures are reported as crude rates, and as rates age-adjusted to year 2000 standard. Rates are summarized for report areas from county level data, only where data is available. This indicator is relevant because suicide is an indicator of poor mental health."

Suicide, Age-Adjusted Death Rate (Per 100,000 Pop.)

- Report Area (23.3)
- Wyoming (23.4)
- United States (12.3)

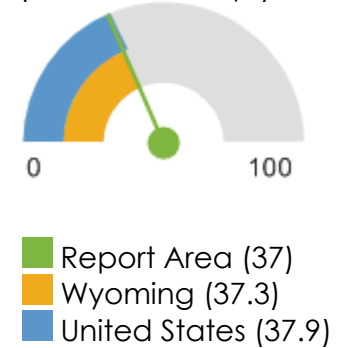| Report Area	Total Population	Average Annual Deaths, 2007-2011	Crude Death Rate	Age-Adjusted Death Rate
Report Area	40,298	8	27.3	23.3
Big Horn County, WY	11,751	0	no data	no data
Park County, WY	28,547	8	27.3	23.3
Wyoming	570,141	135	23.6	23.4
United States	311,430,373	39,308	12.6	12.3
HP 2020 Target				<= 10.2

Data Source: Centers for Disease Control and Prevention, National Vital Statistics System. Accessed via CDC WONDER. 2009-13. Source geography: County font size

Mortality - Unintentional Injury

"This indicator reports the rate of death due to unintentional injury (accident) per 100,000 population. Figures are reported as crude rates, and as rates age-adjusted to year 2000 standard. Rates are summarized for report areas from county level data, only where data is available. This indicator is relevant because accidents are a leading cause of death in the U.S."

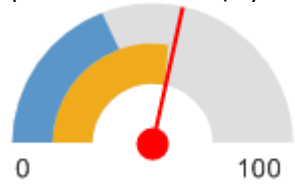| Report Area	Total Population	Average Annual Deaths, 2007-2011	Crude Death Rate	Age-Adjusted Death Rate	Unintentional Injury (Accident) Mortality, Age-Adjusted Death Rate (Per 100,000 Pop.)
Report Area	40,298	24	60.55	56.71	
Big Horn County, WY	11,751	11	97.01	112	
Park County, WY	28,547	13	45.54	77	
Wyoming	570,141	319	55.95	84	
United States	311,430,373	124,733	40.05	74	
HP 2020 Target				<= 53.7	

Report Area (56.71)
Wyoming (55.4)
United States (38.6)

Data Source: Centers for Disease Control and Prevention, National Vital Statistics System. Accessed via CDC WONDER. 2009-13. Source geography: County font size

Health Outcomes - Quality Of Life

Asthma Prevalence

"This indicator reports the percentage of adults aged 18 and older who self-report that they have ever been told by a doctor, nurse, or other health professional that they had asthma. This indicator is relevant because asthma is a prevalent problem in the U.S. that is often exacerbated by poor environmental conditions."

Report Area	Survey Population (Adults Age 18)	Total Adults with Asthma	Percent Adults with Asthma
Report Area	22,040	2,334	10.6%
Big Horn County, WY	no data	no data	no data
Park County, WY	22,040	2,334	10.6%
Wyoming	423,835	54,399	12.8%
United States	237,197,465	31,697,608	13.4%

Percent Adults with Asthma
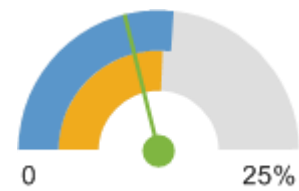
■ Report Area (10.6%)
■ Wyoming (12.8%)
■ United States (13.4%)

Data Source: Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System. Additional data analysis by CARES. 2011-12. Source geography: County font size

Cancer Incidence - Breast

"This indicator reports the age adjusted incidence rate (cases per 100,000 population per year) of females with breast cancer adjusted to 2000 U.S. standard population age groups (Under Age 1, 1-4, 5-9, ..., 80-84, 85 and older). This indicator is relevant because cancer is a leading cause of death and it is important to identify cancers separately to better target interventions."

Report Area	Sample Population (Female)	New Cases (Annual Average)	Cancer Incidence Rate
Report Area	2,629	32	121.7
Big Horn County, WY	731	9	123
Park County, WY	1,897	23	121.2
Wyoming	31,205	347	111.2
United States	17,902,845	220,205	123

Annual Breast Cancer Incidence Rate (Per 100,000 Pop.)

🟥 Report Area (121.7)
🟧 Wyoming (111.2)
🟦 United States (123)

Data Source: National Institutes of Health, National Cancer Institute, Surveillance, Epidemiology, and End Results Program. State Cancer Profiles. 2008-12. Source geography: County font size

Cancer Incidence - Colon and Rectum

"This indicator reports the age adjusted incidence rate (cases per 100,000 population per year) of colon and rectum cancer adjusted to 2000 U.S. standard population age groups (Under age 1, 1-4, 5-9, ..., 80-84, 85 and older). This indicator is relevant because cancer is a leading cause of death and it is important to identify cancers separately to better target interventions."

Annual Colon and Rectum Cancer Incidence Rate (Per 100,000 Pop.)

Report Area	Sample Population	New Cases (Annual Average)	Cancer Incidence Rate (Per 100,000 Pop.)
Report Area	5,691	20	35.14
Big Horn County, WY	1,678	7	41.7
Park County, WY	4,012	13	32.4
Wyoming	60,206	233	38.7
United States	33,516,229	140,433	41.9
HP 2020 Target			<= 38.7

Report Area (35.14)
Wyoming (38.7)
United States (41.9)

Data Source: National Institutes of Health, National Cancer Institute, Surveillance, Epidemiology, and End Results Program. State Cancer Profiles. 2008-12. Source geography: County

Cancer Incidence - Lung

"This indicator reports the age adjusted incidence rate (cases per 100,000 population per year) of colon and rectum cancer adjusted to 2000 U.S. standard population age groups (Under age 1, 1-4, 5-9, ..., 80-84, 85 and older). This indicator is relevant because cancer is a leading cause of death and it is important to identify cancers separately to better target interventions."

Report Area	Sample Population	New Cases (Annual Average)	Cancer Incidence Rate (Per 100,000 Pop.)
Report Area	5,649	23	40.71
Big Horn County, WY	1,691	8	47.3
Park County, WY	3,957	15	37.9
Wyoming	59,760	300	50.2
United States	33,565,463	213,812	63.7

Annual Lung Cancer Incidence Rate (Per 100,000 Pop.)

■ Report Area (40.71)
■ Wyoming (50.2)
■ United States (63.7)

Data Source: National Institutes of Health, National Cancer Institute, Surveillance, Epidemiology, and End Results Program. State Cancer Profiles. 2008-12. Source geography: County font size
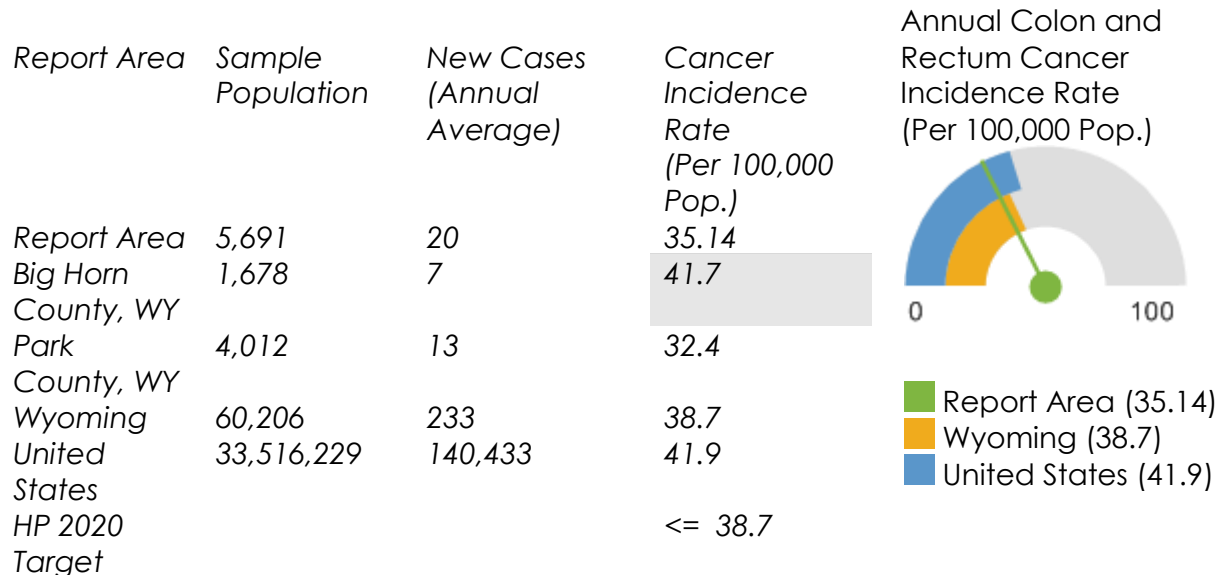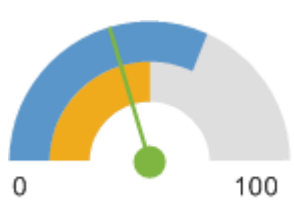
Cancer Incidence - Prostate

"This indicator reports the age adjusted incidence rate (cases per 100,000 population per year) of males with prostate cancer adjusted to 2000 U.S. standard population age groups (Under age 1, 1-4, 5-9, ..., 80-84, 85 and older). This indicator is relevant because cancer is a leading cause of death and it is important to identify cancers separately to better target interventions."

Annual Prostate Cancer Incidence Rate (Per 100,000 Pop.)

Report Area	Sample Population (Male)	New Cases (Annual Average)	Cancer Incidence Rate (Per 100,000 Pop.)
Report Area	2,864	43	150.13
Big Horn County, WY	814	11	135.1
Park County, WY	2,049	32	156.1
Wyoming	31,235	397	127.1
United States	15,967,881	210,297	131.7

■ Report Area (150.13)
■ Wyoming (127.1)
■ United States (131.7)

Data Source: National Institutes of Health, National Cancer Institute, Surveillance, Epidemiology, and End Results Program. State Cancer Profiles. 2008-12. Source geography: County font size
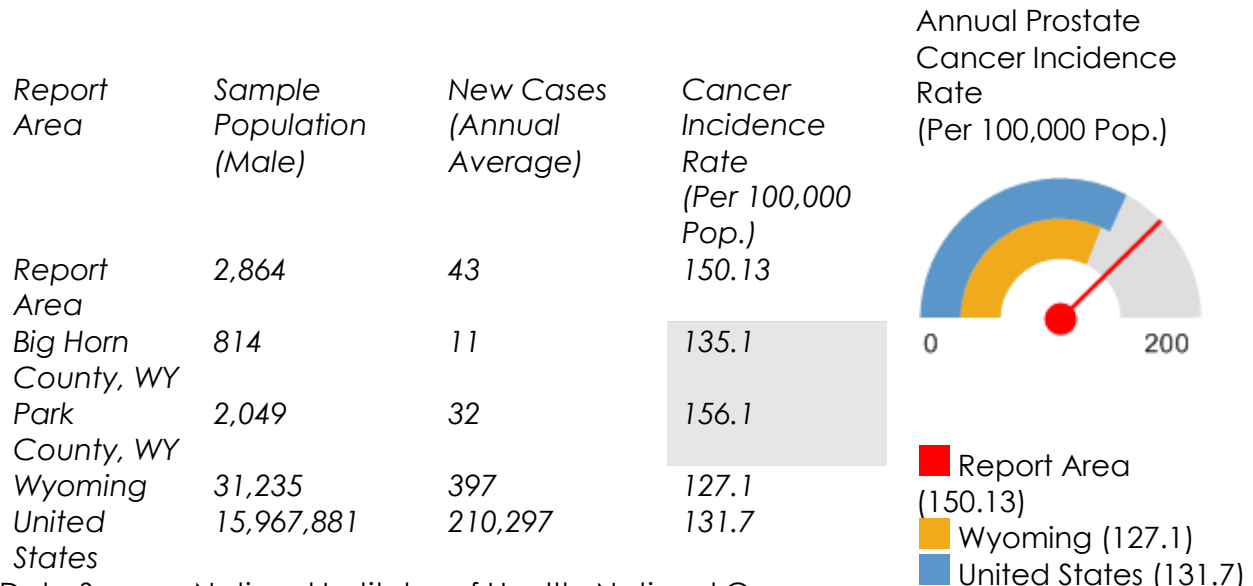
Depression (Medicare Population)

"This indicator reports the percentage of the Medicare fee-for-service population with depression."

Percentage of Medicare Beneficiaries with Depression

Report Area	Total Medicare Beneficiaries	Beneficiaries with Depression	Percent with Depression
Report Area	8,107	1,102	13.6%
Big Horn County, WY	2,211	296	13.4%
Park County, WY	5,896	806	13.7%
Wyoming	78,659	10,496	13.3%
United States	34,126,305	5,271,176	15.4%
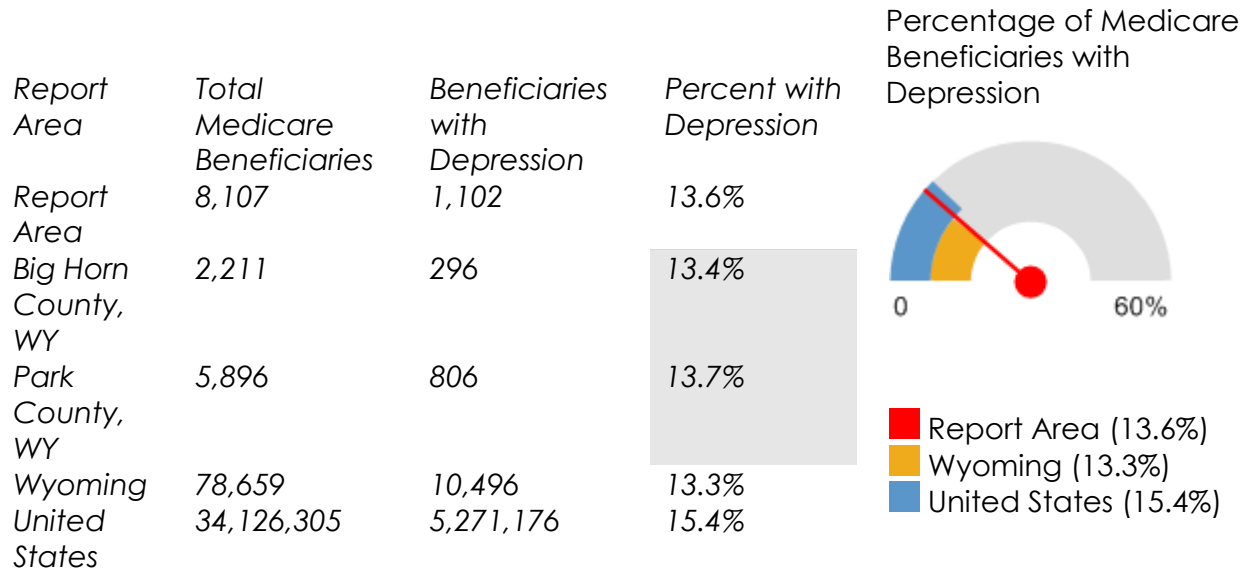
Data Source: Centers for Medicare and Medicaid Services. 2012. Source geography: County

Report Area (13.6%)
Wyoming (13.3%)
United States (15.4%)

Heart Disease (Adult)

"Adults aged 18 and older have ever been told by a doctor that they have coronary heart disease or angina. This indicator is relevant because coronary heart disease is a leading cause of death in the U.S. and is also related to high blood pressure, high cholesterol, and heart attacks."
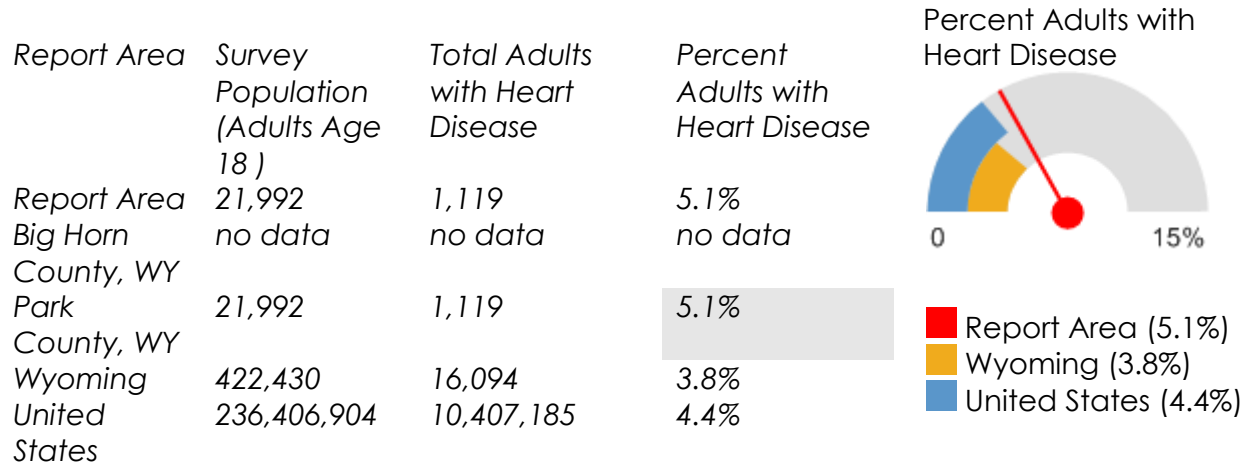
Percent Adults with Heart Disease

Report Area	Survey Population (Adults Age 18)	Total Adults with Heart Disease	Percent Adults with Heart Disease
Report Area	21,992	1,119	5.1%
Big Horn County, WY	no data	no data	no data
Park County, WY	21,992	1,119	5.1%
Wyoming	422,430	16,094	3.8%
United States	236,406,904	10,407,185	4.4%

Data Source: Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System. Additional data analysis by CARES. 2011-12. Source geography: County font size

Health Behaviors

Obesity

"Adults aged 20 and older self-report that they have a Body Mass Index (BMI) greater than 30.0 (obese) in the report area. Excess weight may indicate an unhealthy lifestyle and puts individuals at risk for further health issues."

Percent Adults with BMI > 30.0 (Obese)

Report Area	Total Population Age 20	Adults with BMI > 30.0 (Obese)	Percent Adults with BMI > 30.0 (Obese)
Report Area	30,445	7,739	25.5%
Big Horn County, WY	8,482	2,358	28%
Park County, WY	21,963	5,381	24.5%
Wyoming	424,682	112,903	26.4%
United States	231,417,834	63,336,403	27.1%

Report Area (25.5%)
Wyoming (26.4%)
United States (27.1%)
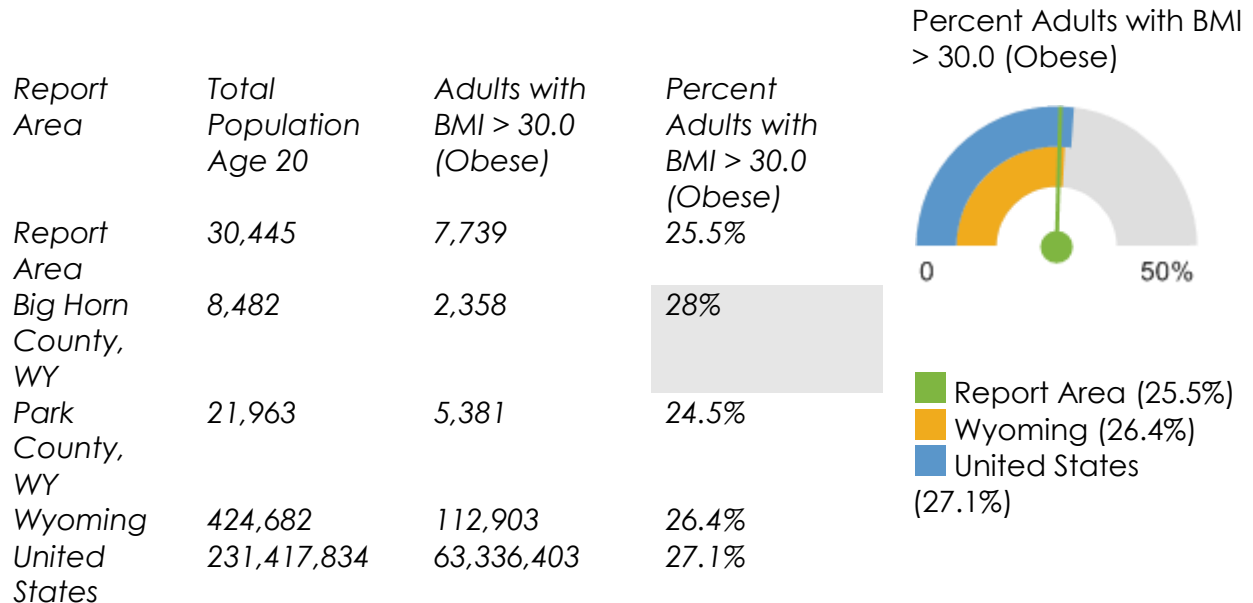
Data Source: Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion. 2012. Source geography: County

Sexually Transmitted Infection (STI) - Chlamydia Incidence

The incidence rate is lower in both counties than the State of Wyoming.

This indicator reports incidence rate of chlamydia cases per 100,000 population. This indicator is relevant because it is a measure of poor health status and indicates the prevalence of unsafe sex practices.

Chlamydia Infection Rate
(Per 100,000 Pop.)

Report Area	Total Population	Total Chlamydia Infections	Chlamydia Infection Rate
Report Area	41,221	80	194.08
Big Horn County, WY	11,994	26	216.78
Park County, WY	29,227	54	184.76
Wyoming	582,619	1,971	338.3
United States	316,128,839	1,441,789	456.08

Report Area (194.08)
Wyoming (338.3)
United States (456.08)

Data Source: US Department of Health Human Services, Health Indicators Warehouse. Centers for Disease Control and Prevention, National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention. 2014. Source geography: County

Clinical Care

Insurance - Population Receiving Medicaid

"This indicator reports the percentage of the population with insurance enrolled in Medicaid (or other means-tested public health insurance). This indicator is relevant because it assesses vulnerable populations which are more likely to have multiple health access, health status, and social support needs; when combined with poverty data, providers can use this measure to identify gaps in eligibility and enrollment."

"Wyoming Medicaid currently provides coverage to four broad categories of citizens: children, pregnant women, Family Care adults, and citizens who meet eligibility requirements as "aged, blind, or disabled" (ABD). A handful of other categories of people are eligible for assistance (subject to various income requirements), such as those needing assistance with Medicare premiums or cost sharing, women with breast or cervical cancer, and non-citizens (limited coverage for medical emergencies).

Report Area	Total Population (For Whom Insurance Status is Determined)	Population with Any Health Insurance	Population Receiving Medicaid	Percent of Insured Population Receiving Medicaid	Percent of Insured Population Receiving Medicaid
Report Area	40,109	34,743	5,375	15.47%	
Big Horn County, WY	11,636	10,002	1,894	18.94%	
Park County, WY	28,473	24,741	3,481	14.07%	■ Report Area (15.47%)
Wyoming	565,737	485,268	69,711	14.37%	■ Wyoming (14.37%)
United States	309,082,272	265,204,128	55,035,660	20.75%	■ United States (20.75%)
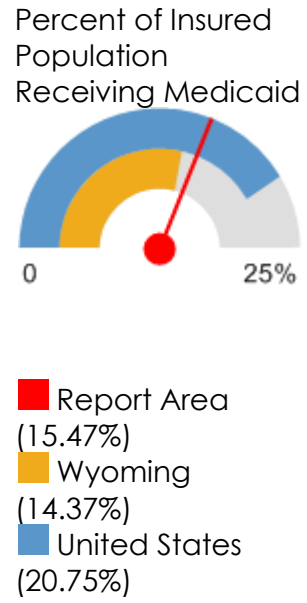
Data Source: US Census Bureau, American Community Survey. 2010-14. Source geography: Tract

Insurance - Uninsured Children

"The lack of health insurance is considered a key driver of health status. This indicator reports the percentage of children under age 19 without health insurance coverage. This indicator is relevant because lack of insurance is a primary barrier to healthcare access including regular primary care, specialty care, and other health services that contributes to poor health status."

Report Area	Total Population Under Age 19	Population with Medical Insurance	Percent Population With Medical Insurance	Population Without Medical Insurance	Percent Population Without Medical Insurance
Report Area	9,386	8,565	91.25%	821	8.75%
Big Horn County, WY	3,155	2,821	89.41%	334	10.59%
Park County, WY	6,231	5,744	92.18%	487	7.82%
Wyoming	141,642	131,593	92.91%	10,049	7.09%
United States	76,195,402	70,470,743	92.49%	5,724,663	7.51%

Percent Population Without Medical Insurance

■ Report Area (8.75%)
■ Wyoming (7.09%)
■ United States (7.51%)
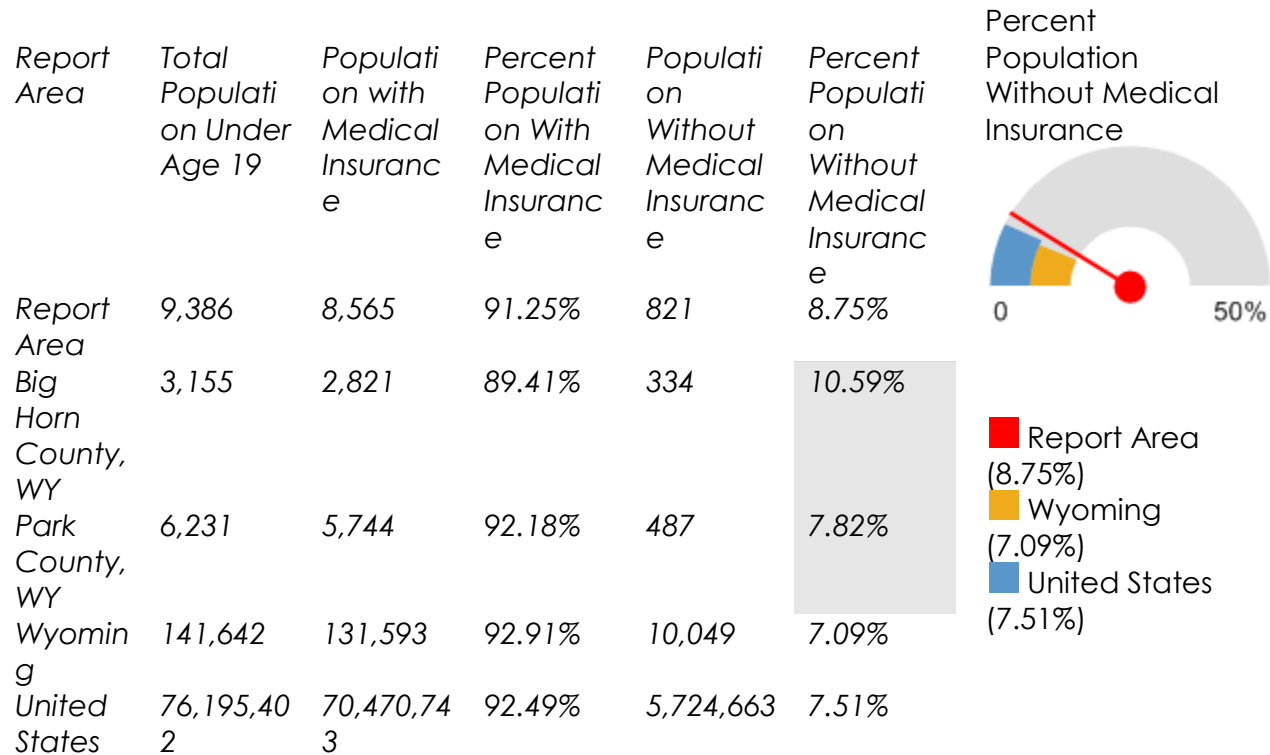
Data Source: US Census Bureau, Small Area Health Insurance Estimates. 2013. Source geography: County

Insurance - Uninsured Population

"The lack of health insurance is considered a key driver of health status. This indicator reports the percentage of the total civilian non-institutionalized population without health insurance coverage. This indicator is relevant because lack of insurance is a primary barrier to healthcare access including regular primary care, specialty care, and other health services that contributes to poor health status."

Percent Uninsured Population

Report Area	Total Population (For Whom Insurance Status is Determined)	Total Uninsured Population	Percent Uninsured Population
Report Area	40,109	5,366	13.38%
Big Horn County, WY	11,636	1,634	14.04%
Park County, WY	28,473	3,732	13.11%
Wyoming	565,737	80,469	14.22%
United States	309,082,272	43,878,140	14.2%
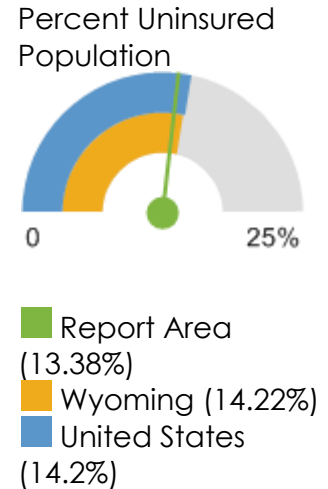
■ Report Area (13.38%)
■ Wyoming (14.22%)
■ United States (14.2%)

Data Source: US Census Bureau, American Community Survey. 2010-14. Source geography: Tract

Population Living in a Health Professional Shortage Area

"This indicator reports the percentage of the population that is living in a geographic area designated as a "Health Professional Shortage Area" (HPSA), defined as having a shortage of primary medical care, dental or mental health professionals. This indicator is relevant because a shortage of health professionals contributes to access and health status issues."

Percentage of Population Living in a HPSA

| Report Area	Total Area Population	Population Living in a HPSA	Percentage of Population Living in a HPSA
Report Area	39,873	12,680	31.8%
Big Horn County, WY	11,668	11,668	100%
Park County, WY	28,205	1,012	3.59%
Wyoming	563,626	170,604	30.27%
United States	308,745,538	105,203,742	34.07%

■ Report Area (31.8%)
■ Wyoming (30.27%)
■ United States (34.07%)
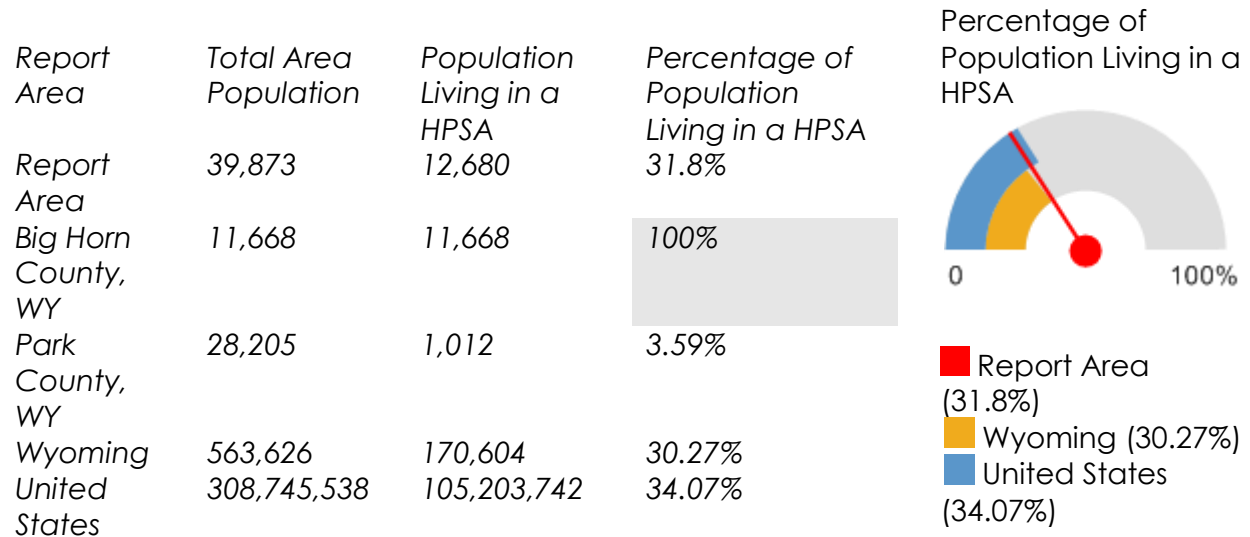
Data Source: US Department of Health Human Services, Health Resources and Services Administration, Health Resources and Services Administration. March 2015. Source geography: HPSA
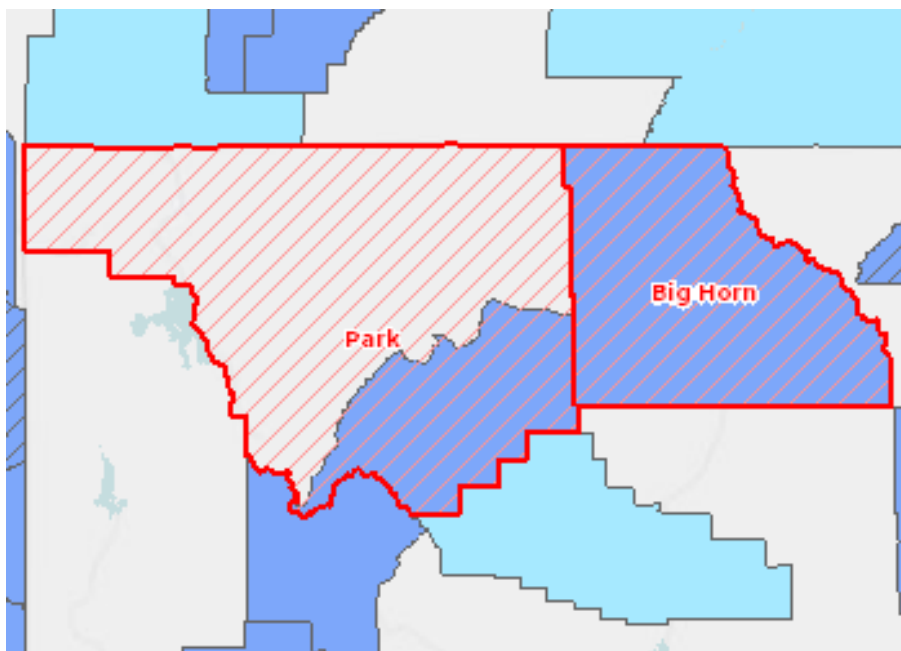
Primary Care HPSA Components, Type and Degree of Shortage by Tract / County, HRSA HPSA Database March 2015

Population Group; Over 20.0 FTE Needed

Population Group; 1.1 - 20.0 FTE Needed

Population Group; Under 1.1 FTE Needed

Geographic Area; Over 20.0 FTE Needed

Geographic Area; 1.1 - 20.0 FTE Needed

Geographic Area; Under 1.1 FTE Needed

Report Area

Cancer Screening - Pap Test

"This indicator reports the percentage of women aged 18 and older who self-report that they have had a Pap test in the past three years. This indicator is relevant because engaging in preventive behaviors allows for early detection and treatment of health problems.   This indicator can also highlight a lack of access to preventive care, a lack of health knowledge, insufficient provider outreach, and/or social barriers preventing utilization of services."

Report Area	Female Population Age 18	Estimated Number with Regular Pap Test	Crude Percentage	Age-Adjusted Percentage
Report Area	29,466	20,139	68.3%	71.4%
Big Horn County, WY	8,145	5,449	66.9%	69.9%
Park County, WY	21,321	14,690	68.9%	72%
Wyoming	390,848	284,537	72.8%	73.8%
United States	176,847,182	137,191,142	77.6%	78.5%

Percent Adults Females Age 18 with Regular Pap Test (Age-Adjusted)

■ Report Area (71.4%)
■ Wyoming (73.8%)
■ United States (78.5%)

Data Source: Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System. Accessed via the Health Indicators Warehouse. US Department of Health Human Services, Health Indicators Warehouse. 2006-12. Source geography: County

Cancer Screening - Sigmoidoscopy or Colonoscopy

"This indicator reports the percentage of adults 50 and older who self-report that they have ever had a sigmoidoscopy or colonoscopy. This indicator is relevant because engaging in preventive behaviors allows for early detection and treatment of health problems.   This indicator can also highlight a lack of access to preventive care, a lack of health knowledge, insufficient provider outreach, and/or social barriers preventing utilization of services."

Percent Adults Screened for Colon Cancer (Age-Adjusted)

Report Area	Total Population Age 50	Estimated Population Ever Screened for Colon Cancer	Crude Percentage	Age-Adjusted Percentage
Report Area	12,828	7,556	58.9%	55.2%
Big Horn County, WY	3,707	1,883	50.8%	46.8%
Park County, WY	9,121	5,673	62.2%	58.6%
Wyoming	139,390	81,543	58.5%	55.7%
United States	75,116,406	48,549,269	64.6%	61.3%

■ Report Area (55.2%)
■ Wyoming (55.7%)
■ United States (61.3%)
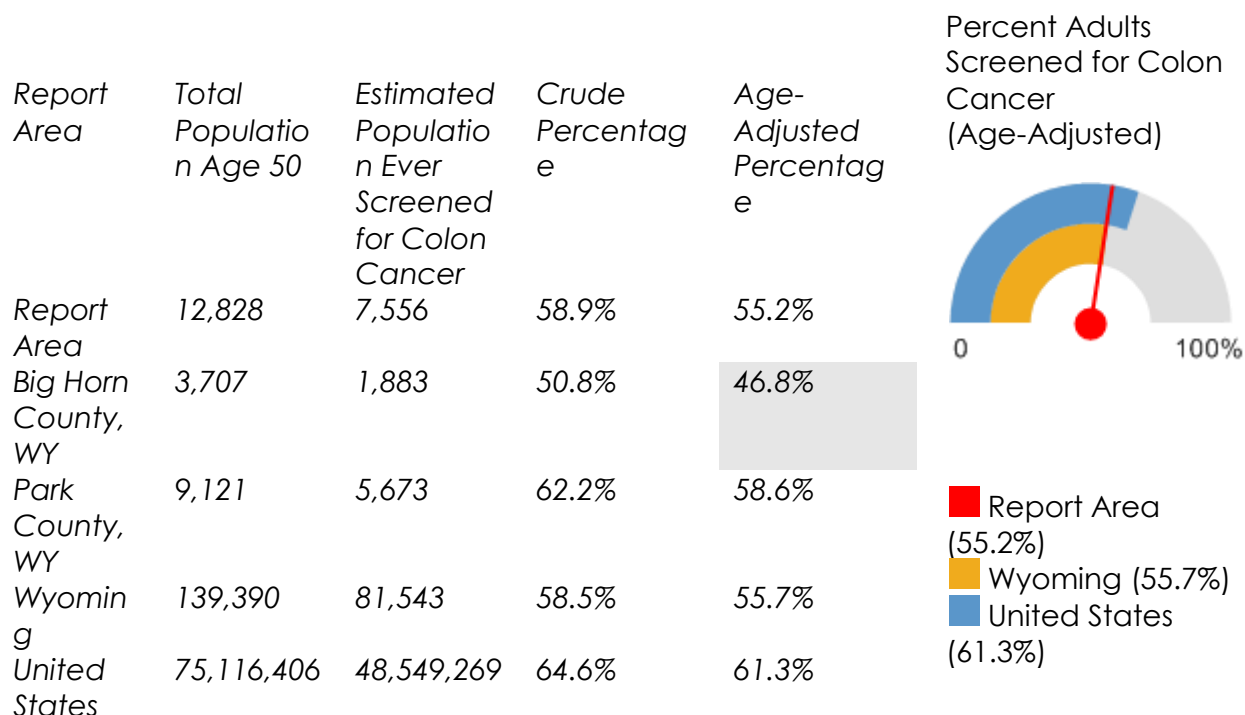
Data Source: Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System. Accessed via the Health Indicators Warehouse. US Department of Health Human Services, Health Indicators Warehouse. 2006-12. Source geography: County

HIV Screenings

"This indicator reports the percentage of adults age 18-70 who self-report that they have never been screened for HIV. This indicator is relevant because engaging in preventive behaviors allows for early detection and treatment of health problems. This indicator can also highlight a lack of access to preventive care, a lack of health knowledge, insufficient provider outreach, and/or social barriers preventing utilization of services."

Percent Adults Never Screened for HIV / AIDS

Report Area	Survey Population (Smokers Age 18)	Total Adults Never Screened for HIV / AIDS	Percent Adults Never Screened for HIV / AIDS
Report Area	20,909	16,197	77.5%
Big Horn County, WY	no data	no data	no data
Park County, WY	20,909	16,197	77.5%
Wyoming	390,100	273,124	70.01%
United States	214,984,421	134,999,025	62.79%

Report Area (77.5%)
Wyoming (70.01%)
United States (62.79%)

Data Source: Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System. Additional data analysis by CARES. 2011-12. Source geography: County

Pneumonia Vaccination

"This indicator reports the percentage of adults aged 65 and older who self-report that they have ever received a pneumonia vaccine. This indicator is relevant because engaging in preventive behaviors decreases the likelihood of developing future health problems.   This indicator can also highlight a lack of access to preventive care, a lack of health knowledge, insufficient provider outreach, and/or social barriers preventing utilization of services."

Report Area	Total Population Age 65	Estimated Population with Annual Pneumonia Vaccination	Crude Percentage	Age-Adjusted Percentage
Report Area	6,853	4,802	70.1%	70.4%
Big Horn County, WY	2,053	1,293	63%	63.3%
Park County, WY	4,800	3,509	73.1%	73.4%
Wyoming	68,268	48,061	70.4%	70.9%
United States	39,608,820	26,680,462	67.4%	67.5%

Percent Population Age 65 with Pneumonia Vaccination (Age-Adjusted)

■ Report Area (70.4%)
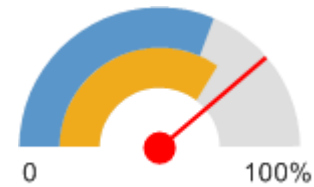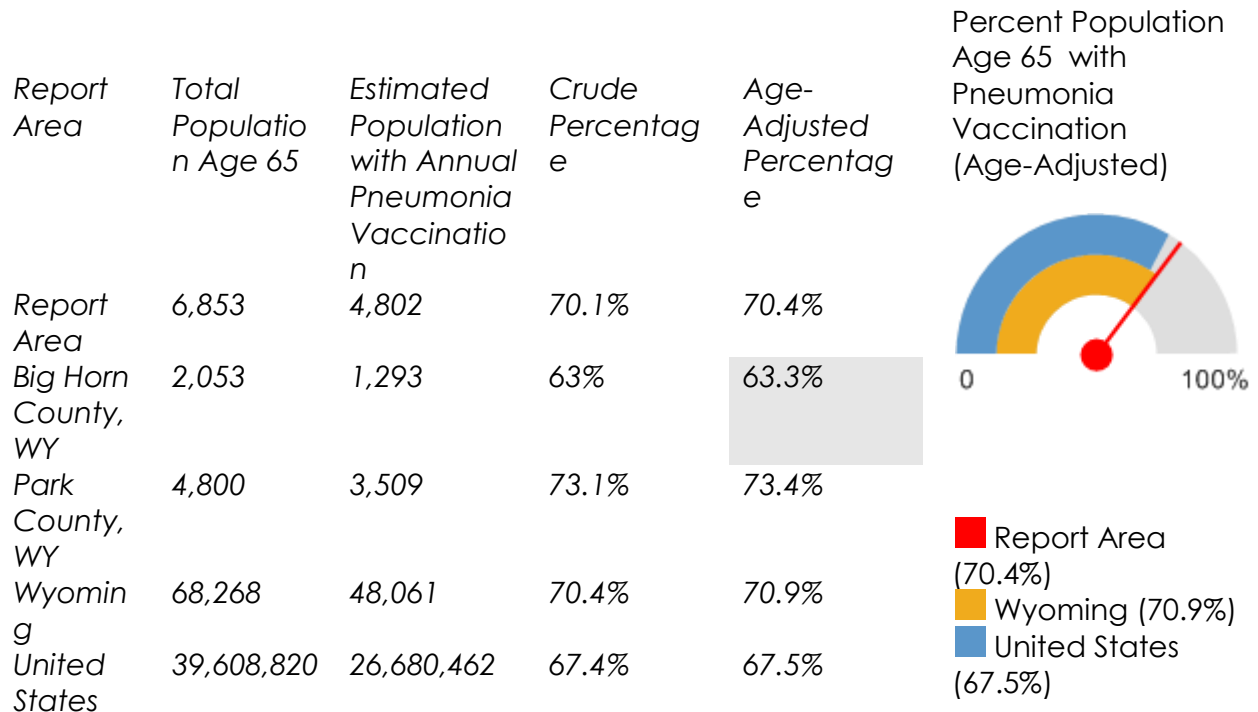■ Wyoming (70.9%)
■ United States (67.5%)

Data Source: Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System. Accessed via the Health Indicators Warehouse. US Department of Health Human Services, Health Indicators Warehouse. 2006-12. Source geography: County

Social And Economic Environment

Food Insecurity Rate

"This indicator reports the estimated percentage of the population that experienced food insecurity at some point during the report year. Food insecurity is the household-level economic and social condition of limited or uncertain access to adequate food."

Report Area	Total Population	Food Insecure Population, Total	Food Insecurity Rate
Report Area	40,298	5,040	12.51%
Big Horn County, WY	11,741	1,440	12.26%
Park County, WY	28,557	3,600	12.61%
Wyoming	582,658	74,470	12.78%
United States	320,750,757	48,770,990	15.21%

Data Source: Feeding America. 2013.
Source geography: County

Percentage of the Population with Food Insecurity
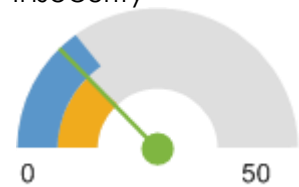
- Report Area (12.51)
- Wyoming (12.78)
- United States (15.21)

Educational Background

"Of the various social determinants of health that explain health disparities by geography or demographic characteristics (e.g., age, gender, race-ethnicity), the literature has always pointed prominently to education. Research based on decades of experience in the developing world has identified educational status (especially of the mother) as a major predictor of health outcomes, and economic trends in the industrialized world have intensified the relationship between education and health."[1]

High School Graduation Rate (EdFacts)

"Students are receiving their high school diploma within four years. This indicator is relevant because research suggests education is one the strongest predictors of health (Freudenberg Ruglis, 2007)."

Report Area	Total Student Cohort	Estimated Number of Diplomas Issued	Cohort Graduation Rate
Report Area	559	462	82.6
Big Horn County, WY	238	191	80.3
Park County, WY	321	271	84.4
Wyoming	6,905	5,439	78.8
United States	3,127,886	2,635,290	84.3

Data Source: US Department of Education, EDFacts. Accessed via DATA.GOV. Additional data analysis by CARES. 2013-14. Source geography: School District

Cohort Graduation Rate

■ Report Area (82.6%)
■ Wyoming (78.8%)
■ United States (84.3%)
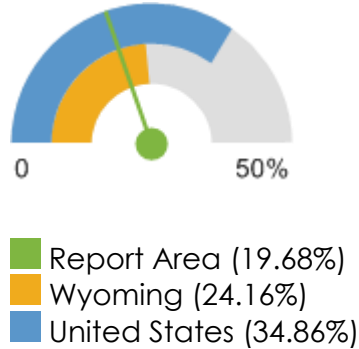
Homeownership

"This indicator shows the percentage of housing units that are occupied by homeowners. Homeownership has many benefits for both individuals and communities. Homeowners are more likely to improve their homes and to be involved in civic affairs, both of which benefit the individual and the community as a whole. In addition, homeownership provides tax benefits."[1]

	Park County	Big Horn County	State of Wyoming	United States
Home Ownership	72.3%	75.1%	69.3%	64.4%

Source: U.S. Census Bureau, 2010-2014 American Community Survey 5-Year Estimates

Housing Cost Burden (30%)
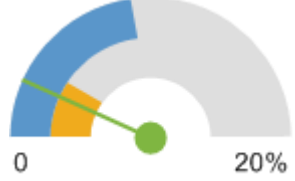
"This indicator reports the percentage of the households where housing costs exceed 30% of total household income. This indicator provides information on the cost of monthly housing expenses for owners and renters. The information offers a measure of housing affordability and excessive shelter costs. Spending a high percentage of household income on housing can create financial hardship, especially for lower-income owners and renters. With a limited income, paying a high housing payment may not leave enough money for other expenses, such as food, transportation and medical. Moreover, high housing payment reduces the proportion of income a household can allocate to savings each month. The data also serve to aid in the development of housing programs to meet the needs of people at different economic levels."

Percentage of Households where Housing Costs Exceed 30% of Income

Report Area	Total Households	Cost Burdened Households (Housing Costs Exceed 30% of Income)	Percentage of Cost Burdened Households (Over 30% of Income)
Report Area	16,114	3,172	19.68%
Big Horn County, WY	4,363	803	18.4%
Park County, WY	11,751	2,369	20.16%
Wyoming	225,514	54,483	24.16%
United States	116,211,096	40,509,856	34.86%

- Report Area (19.68%)
- Wyoming (24.16%)
- United States (34.86%)

Data Source: US Census Bureau, American Community Survey. 2010-14. Source geography: Tract

Households with No Motor Vehicle

"This indicator reports the number and percentage of households with no motor vehicle based on the latest 5-year American Community Survey estimates."

Report Area	Total Occupied Households	Households with No Motor Vehicle	Percentage of Households with No Motor Vehicle
Report Area	16,114	441	2.74%
Big Horn County, WY	4,363	143	3.28%
Park County, WY	11,751	298	2.54%
Wyoming	225,514	8,630	3.83%
United States	116,211,088	10,594,153	9.12%

Data Source: US Census Bureau, American Community Survey. 2010-14. Source geography: Tract

Percentage of Households with No Motor Vehicle

Report Area (2.74%)
Wyoming (3.83%)
United States (9.12%)

Income - Per Capita Income

"This includes all reported income from wages and salaries as well as income from self-employment, interest or dividends, public assistance, retirement, and other sources. The per capita income in this report area is the average (mean) income computed for every man, woman, and child in the specified area."

Report Area	Total Population	Total Income ($)	Per Capita Income ($)
Report Area	40,562	$1,124,798,912	$27,730
Big Horn County, WY	11,827	$295,205,312	$24,960
Park County, WY	28,735	$829,593,600	$28,870
Wyoming	575,251	$16,901,657,600	$29,381
United States	314,107,072	$8,969,237,037,056	$28,554

Data Source: US Census Bureau, American Community Survey. 2010-14. Source geography: Tract

Per Capita Income ($)

■ Report Area (27,730)
■ Wyoming (29,381)
■ United States (28,554)

Income - Public Assistance Income

"This indicator reports the percentage households receiving public assistance income. Public assistance income includes general assistance and Temporary Assistance to Needy Families (TANF). Separate payments received for hospital or other medical care (vendor payments) are excluded. This does not include Supplemental Security Income (SSI) or noncash benefits such as Food Stamps. Areas with more households on public assistance programs have higher poverty rates."

Report Area	Total Households	Households with Public Assistance Income	Percent Households with Public Assistance Income
Report Area	16,114	227	1.41%
Big Horn County, WY	4,363	45	1.03%
Park County, WY	11,751	182	1.55%
Wyoming	225,514	3,607	1.6%
United States	116,211,088	3,274,407	2.82%

Data Source: US Census Bureau, American Community Survey. 2010-14. Source geography: Tract

Percent Households with Public Assistance Income

- Report Area (1.41%)
- Wyoming (1.6%)
- United States (2.82%)

Poverty

Research shows that people living on limited incomes are more likely to forego visits to the doctor in order to meet their more pressing financial responsibilities. Low-income wage earners are also less likely to be covered by an employer's health insurance program, and if they are covered, they are often less able to pay their share of health expenses.[1]

Guidelines for people living in poverty in the U.S. are published annually in the Federal Register by the Department of Health and Human Services.

2015 Poverty Guidelines for the 48 Contiguous Stations and the District of Columbia	
Persons in Family / Household	**Poverty Guidelines**
1	$11,770
2	$15,930
3	$20,090
4	$24,250
5	$28,410
6	$32,570
7	$36,730
8	$40,890
For families / households with more than 8 persons, add $4,160 for each additional person.	

https://aspe.hhs.gov/2015-poverty-guidelines

Poverty - Children Below 200% FPL

"Children living in households with income below 200% of the Federal Poverty Level (FPL). This indicator is relevant because poverty creates barriers to access including health services, healthy food, and other necessities that contribute to poor health status."

Report Area	Total Population Under Age 18	Population Under Age 18 at or Below 200% FPL	Percent Population Under Age 18 at or Below 200% FPL
Report Area	8,898	3,408	38.3%
Big Horn County, WY	2,979	1,275	42.8%
Park County, WY	5,919	2,133	36.04%
Wyoming	134,312	48,180	35.87%
United States	72,637,888	32,116,426	44.21%

Percent Population Under Age 18 at or Below 200% FPL

- Report Area (38.3%)
- Wyoming (35.87%)
- United States (44.21%)
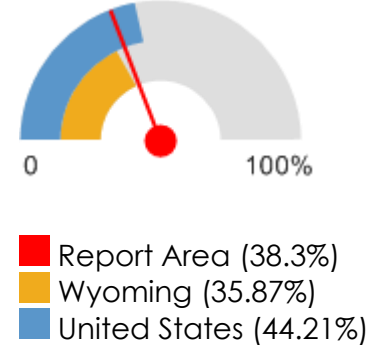
Data Source: US Census Bureau, American Community Survey. 2010-14. Source geography: Tract

Poverty - Population Below 200% FPL

"Individuals are living in households with income below 200% of the Federal Poverty Level (FPL). This indicator is relevant because poverty creates barriers to access including health services, healthy food, and other necessities that contribute to poor health status."

Report Area	Total Population	Population with Income at or Below 200% FPL	Percent Population with Income at or Below 200% FPL
Report Area	39,600	10,746	27.14%
Big Horn County, WY	11,596	3,731	32.17%
Park County, WY	28,004	7,015	25.05%
Wyoming	561,187	160,818	28.66%
United States	306,226,400	105,773,408	34.54%
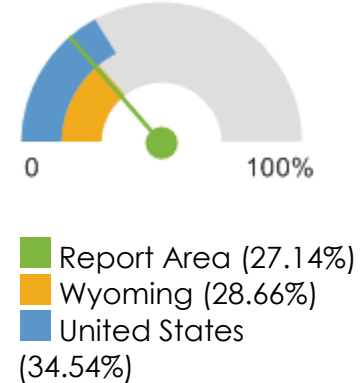
Data Source: US Census Bureau, American Community Survey. 2010-14. Source geography: Tract

Percent Population with Income at or Below 200% FPL

0   100%

■ Report Area (27.14%)
■ Wyoming (28.66%)
■ United States (34.54%)

Violent Crime

"This indicator reports the rate of violent crime offenses reported by law enforcement per 100,000 residents. Violent crime includes homicide, rape, robbery, and aggravated assault. This indicator is relevant because it assesses community safety."

Report Area	Total Population	Violent Crimes	Violent Crime Rate (Per 100,000 Pop.)
Report Area	38,737	87	224.5
Big Horn County, WY	10,189	18	176.7
Park County, WY	28,548	69	241.7
Wyoming	558,639	1,157	206.8
United States	306,859,354	1,213,859	395.5

Data Source: Federal Bureau of Investigation, FBI Uniform Crime Reports. Additional analysis by the National Archive of Criminal Justice Data. Accessed via the Inter-university Consortium for Political and Social Research. 2010-12. Source geography: County

Violent Crime Rate (Per 100,000 Pop.)

Report Area (224.5)
Wyoming (206.8)
United States (395.5)

Physical Environment

Food Access - Low Food Access

"This indicator reports the percentage of the population living in census tracts designated as food deserts.   A food desert is defined as a low-income census tract (where a substantial number or share of residents has low access to a supermarket or large grocery store. This indicator is relevant because it highlights populations and geographies facing food insecurity."
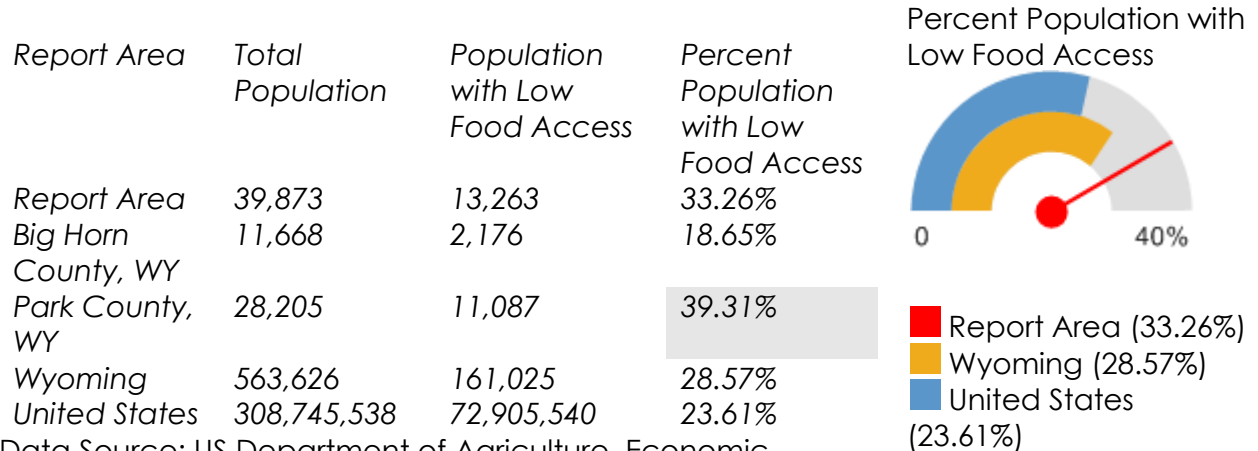
Report Area	Total Population	Population with Low Food Access	Percent Population with Low Food Access
Report Area	39,873	13,263	33.26%
Big Horn County, WY	11,668	2,176	18.65%
Park County, WY	28,205	11,087	39.31%
Wyoming	563,626	161,025	28.57%
United States	308,745,538	72,905,540	23.61%

Data Source: US Department of Agriculture, Economic Research Service, USDA - Food Access Research Atlas. 2010. Source geography: Tract

Percent Population with Low Food Access

Report Area (33.26%)
Wyoming (28.57%)
United States (23.61%)

Food Access - Low Income Low Food Access

"Percent Low Income Population with Low Food Access."

Percent Low Income Population with Low Food Access

Report Area	Total Population	Low Income Population with Low Food Access	Percent Low Income Population with Low Food Access
Report Area	39,873	3,951	9.91%
Big Horn County, WY	11,668	775	6.64%
Park County, WY	28,205	3,176	11.26%
Wyoming	563,626	41,421	7.35%
United States	308,745,538	19,347,047	6.27%
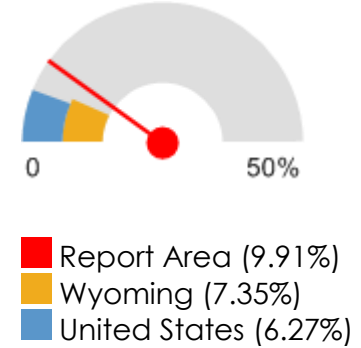
- Report Area (9.91%)
- Wyoming (7.35%)
- United States (6.27%)

Data Source: US Department of Agriculture, Economic Research Service, USDA - Food Access Research Atlas. 2010.
Source geography: Tract

Population with Low or No Healthy Food Access, Racial Disparity Index

Both Big Horn County and Park County have a "high disparity" index.

Report Area   *Disparity Index Score*
                       (0 = No Disparity; 1 - 15 = Some Disparity; Over 15 = High Disparity)
Report Area   *19.59*
Big Horn County, WY *24.86*
Park County, WY   *15.55*
Wyoming   *16.85*
United States   *16.59*

Use of Public Transportation

"This indicator reports the percentage of population using public transportation as their primary means of commute to work. Public transportation includes buses or trolley buses, streetcars or trolley cars, subway or elevated rails, and ferryboats."

Percent Population Using Public Transit for Commute to Work

Report Area	Total Population Employed Age 16	Population Using Public Transit for Commute to Work	Percent Population Using Public Transit for Commute to Work
Report Area	20,201	2	0.01%
Big Horn County, WY	5,186	0	0%
Park County, WY	15,015	2	0.01%
Wyoming	288,257	4,645	1.61%
United States	141,337,152	7,157,671	5.06%
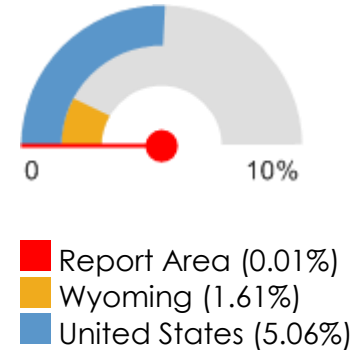
Data Source: US Census Bureau, American Community Survey. 2010-14. Source geography: Tract

■ Report Area (0.01%)
■ Wyoming (1.61%)
■ United States (5.06%)

APPENDIX 3: SURVEY RESPONSES

Which one of these categories would you say BEST represents your community affiliation? (Choose one)		
Answer Options	Response Percent	Response Count
Hospital / Urgent Care / Medical Clinic	30.8%	84
Public Health	1.5%	4
Mental Health / Behavioral Health	2.9%	8
Non-Profit / Social Services / Aging Services	4.4%	12
Faith-Based / Cultural Organization	1.1%	3
Public or Private Education	19.8%	54
Youth Services	1.5%	4
Government / Housing / Transportation Services	1.5%	4
Business	2.9%	8
Community Member	33.3%	91
Other (please specify)	0.4%	1
	answered question	273
	skipped question	0

What is your gender?		
Answer Options	Response Percent	Response Count
Female	82.8%	226
Male	17.2%	47
	answered question	273
	skipped question	0

Which race/ethnicity best describes you? (Choose one)		
Answer Options	Response Percent	Response Count
American Indian or Alaskan Native	0.7%	2
Asian / Pacific Islander	0.7%	2
Black or African American	0.0%	0
Hispanic	2.2%	6
White / Caucasian	93.0%	254
Multiple ethnicity / Other (please specify)	3.3%	9
	answered question	273
	skipped question	0

Please tell us the zip code where you live.		
Answer Options	Response Percent	Response Count
82435	89.3%	243
82440	0.0%	0
82431	0.7%	2
82420	0.7%	2
82423	0.0%	0
82412	1.1%	3
82421	2.2%	6
Other (please specify)	5.9%	16
	answered question	272
	skipped question	1

In the following list, please identify what you think are the IMPORTANT HEALTH PROBLEMS in our community. (Those problems which have the greatest impact on overall community health.) (Please choose all that apply)		
Answer Options	**Response Percent**	**Response Count**
Access to Healthcare	61.1%	165
Access to Preventative Healthcare (Health screenings, immunizations, etc.)	28.1%	76
Aging problems (Arthritis, hearing / vision loss, etc.)	37.8%	102
Diabetes	30.0%	81
Respiratory / Lung Disease	15.2%	41
Chronic kidney disease	4.8%	13
Arthritis or Osteoarthritis	15.9%	43
High blood pressure	28.9%	78
Heart disease and Stroke	27.8%	75
Cancer	38.1%	103
Alzheimer's Disease / Dementia	24.1%	65
Prenatal Care	12.6%	34
Poor Birth Outcomes	1.9%	5
Teenage Pregnancy	13.7%	37
Dental Health for Adults	18.9%	51
Dental Health for Children	14.8%	40
Mental Health Problems	46.7%	126
Suicide	28.1%	76
HIV / AIDS	0.7%	2
Overweight / Obesity Adult	43.0%	116
Overweight / Obesity Child	31.5%	85
Physical Activity / Exercise	27.0%	73
Sexually Transmitted Diseases	4.8%	13
Infectious Diseases (Hepatitis, TB, etc.)	3.7%	10
Alcohol Abuse	33.7%	91
Underage Drinking	29.3%	79
Illegal Drug Use	43.3%	117
Tobacco Use (Including E-Cigarettes)	30.0%	81
Rape / Sexual Assault	5.2%	14
Domestic Violence	19.3%	52
Child Abuse / Neglect	19.6%	53
School Violence / Bullying	18.1%	49
Elder Abuse / Neglect	5.9%	16
Firearm Related Injuries	2.6%	7
Industrial / Farming Injuries	7.8%	21
Lead Poisoning - Children	1.1%	3
Motor Vehicle Injuries	20.0%	54
Other (please specify)	5.6%	15
	answered question	**270**
	skipped question	**3**

Please identify what you think are the MOST IMPORTANT "HEALTH PROBLEMS" in the community. (Those problems which have the greatest impact on overall community health). (Please choose only 3)		
Answer Options	Response Percent	Response Count
Access to Healthcare	55.1%	145
Access to Preventative Healthcare (Health screenings, immunizations, etc.)	22.4%	59
Aging problems (Arthritis, hearing / vision loss, etc.)	17.9%	47
Diabetes	11.4%	30
Respiratory / Lung Disease	3.4%	9
Chronic kidney disease	1.1%	3
Arthritis or Osteoarthritis	3.0%	8
High blood pressure	7.6%	20
Heart disease and Stroke	11.0%	29
Cancer	16.0%	42
Alzheimer's Disease / Dementia	7.6%	20
Prenatal Care	3.8%	10
Poor Birth Outcomes	0.8%	2
Teenage Pregnancy	3.4%	9
Dental Health for Adults	4.6%	12
Dental Health for Children	1.9%	5
Mental Health Problems	26.6%	70
Suicide	5.7%	15
HIV / AIDS	0.0%	0
Overweight / Obesity Adult	20.9%	55
Overweight / Obesity Child	8.0%	21
Physical Activity / Exercise	5.7%	15
Sexually Transmitted Diseases	1.1%	3
Infectious Diseases (Hepatitis, TB, etc.)	0.4%	1
Alcohol Abuse	13.3%	35
Underage Drinking	4.9%	13
Illegal Drug Use	18.3%	48
Tobacco Use (Including E-Cigarettes)	3.4%	9
Rape / Sexual Assault	0.4%	1
Domestic Violence	3.0%	8
Child Abuse / Neglect	3.8%	10
School Violence / Bullying	3.8%	10
Elder Abuse / Neglect	1.1%	3
Firearm Related Injuries	0.4%	1
Industrial / Farming Injuries	0.4%	1
Lead Poisoning - Children	0.4%	1
Motor Vehicle Injuries	2.7%	7
Other (please specify)	4.6%	12
	answered question	263
	skipped question	10

On a scale of 1 (Strongly Disagree) through 5 (Strongly Agree), please rate each of the following statements about Healthcare Access in the community.						
Answer Options	**Strongly Disagree**	**Disagree**	**Somewhat Agree**	**Agree**	**Strongly Agree**	**Response Count**
Residents are able to access a primary care provider when needed. (Family Doctor, Pediatrician, General Practitioner, Nurse Practitioner, Physician Assistant)	63	63	70	44	11	251
Residents are able to access a specialist when needed. (Cardiologist, Neurologist, Surgeon, etc.)	38	74	86	43	10	251
Residents are able to access preventative healthcare services when needed (health screenings, immunizations, vaccinations, well-child checks, etc.)	12	42	91	81	25	251
Residents are able to access long term care (nursing home) when needed	24	59	108	50	10	251
Residents are able to access a dentist when needed	15	40	76	93	27	251
Residents are able to access mental health services when needed	42	61	103	35	10	251
Residents are able to access drug abuse counseling and/or treatment when needed	31	57	121	37	5	251
Residents are able to obtain prescription medications when needed	12	18	87	90	44	251
There are a sufficient number of providers (physicians, nurse practitioners, physician assistants) accepting Medicaid and Medicare in the community	46	64	78	43	20	251
There are a sufficient number of bilingual providers in the community	34	75	104	32	6	251
Transportation for medical appointments is available to area residents when needed	35	52	111	40	13	251
					answered question	251
					skipped question	22

What do you believe are the most significant BARRIERS that keep people in the community from ACCESSING HEALTHCARE when they need it? (Please select all that apply)		
Answer Options	**Response Percent**	**Response Count**
Availability of Providers / Appointments	70.9%	178
Basic Needs (Food / Shelter)	10.4%	26
Inability to Navigate the Healthcare System	28.7%	72
Inability to Pay Out-of-Pocket expenses (Co-pays, Prescriptions, etc.)	69.7%	175
Lack of Child Care	6.4%	16
Lack of Health Insurance Coverage	56.2%	141
Lack of Transportation	23.5%	59
Lack of Trust (with Healthcare System)	40.6%	102
Language / Cultural Barriers	8.0%	20
Time Limitations (Long Wait Times, Limited Office Hours, Time off of Work	42.6%	107
None / No Barriers	0.4%	1
Other (please specify)	5.2%	13
	answered question	**251**
	skipped question	**22**

Of the BARRIERS identified in Question 10, which do you believe are the most significant? (Please choose only 1. If you chose more than 1 or less than 1 you will receive an error message.)		
Answer Options	**Response Percent**	**Response Count**
Availability of Providers / Appointments	50.4%	126
Basic Needs (Food / Shelter)	0.8%	2
Inability to Navigate the Healthcare System	4.0%	10
Inability to Pay Out-of-Pocket expenses (Co-pays, Prescriptions, etc.)	16.8%	42
Lack of Child Care	0.0%	0
Lack of Health Insurance Coverage	10.0%	25
Lack of Transportation	2.4%	6
Lack of Trust (with Healthcare System)	8.0%	20
Language / Cultural Barriers	0.4%	1
Time Limitations (Long Wait Times, Limited Office Hours, Time off of Work	3.6%	9
None / No Barriers	1.6%	4
Other (please specify)	2.0%	5
	answered question	**250**
	skipped question	**23**

Are there specific populations in the community that you think are not adequately served by local health services?		
Answer Options	**Response Percent**	**Response Count**
Yes	32.3%	80
Not Sure	54.0%	134
No	13.7%	34
	answered question	248
	skipped question	25

If you answered YES to Question 13, which of the following populations do you believe are not being adequately served by local healthcare services? (Please select all that apply)		
Answer Options	**Response Percent**	**Response Count**
Uninsured or Underinsured	60.0%	48
Low- Income / Poor	52.5%	42
Homeless	8.8%	7
Black / African-American	2.5%	2
Hspanic	12.5%	10
Immigrant / Refugee	3.8%	3
Individuals with Chronic Disease (Diabetes, Heart Disease, Lung Disease, Stroke, Kidney Disease, etc.)	23.8%	19
Individuals with Cancer	8.8%	7
Individuals with Alzheimer's Disease / Dementia	16.3%	13
Individuals who are Disabled	7.5%	6
Young Adults	7.5%	6
Pregnant Women / Infants	3.8%	3
Seniors / Elderly	38.8%	31
Other (please specify)	12.5%	10
	answered question	80
	skipped question	193

In general, where do you think MOST uninsured, underinsured or low income individuals living in the community go when they are in need of medical care? (Please choose only 1)		
Answer Options	**Response Percent**	**Response Count**
Doctor's Office	2.4%	6
Rural Health Clinic	2.0%	5
Federally Qualified Health Center (FQHC)	6.9%	17
Emergency Department	31.6%	78
Walk In / Urgent Care Clinic	33.2%	82
Don't Know	19.8%	49
Other (please specify)	4.0%	10
	answered question	247
	skipped question	26

In general, where do you think MOST individuals with a CHRONIC DISEASE go when they are in need of medical care? (Please choose 1)		
Answer Options	**Response Percent**	**Response Count**
Doctor's Office	54.3%	132
Rural Health Clinic	1.2%	3
Federally Qualified Health Center (FQHC)	0.8%	2
Emergency Department	9.9%	24
Walk In / Urgent Care Clinic	12.3%	30
Don't Know	13.2%	32
Other (please specify)	8.2%	20
	answered question	**243**
	skipped question	**30**

In your opinion, what are the community's most important strengths and assets? (Please select all that apply.)		
Answer Options	**Response Percent**	**Response Count**
Access to Healthcare	19.2%	46
Access to Preventative Care (Well-Child, Immunizations, Vaccinations, Health Screenings, etc.)	27.9%	67
Emergency Response Services (Ambulance / Fire / Police)	64.6%	155
Access to Education about Health - How to Stay Healthy	10.4%	25
Healthy Food Sources (Affordable and Accessible)	13.3%	32
Clean Environment - Clean Air	59.6%	143
Affordable Housing	12.9%	31
Low Crime Rate - Safe Neighborhoods	67.1%	161
Emergency Preparedness	8.8%	21
Services for Individuals with Disabilities	14.6%	35
Prenatal Healthcare	23.3%	56
Strong Economy	5.0%	12
Good Schools	82.5%	198
Healthy Behaviors and Lifestyles	8.8%	21
Job Opportunities / Job Security	5.0%	12
Programs for Teenagers and Youth	4.2%	10
Childcare (Safe, Affordable, Available)	4.6%	11
Public Transportation	4.2%	10
Other (please specify)	1.7%	4
	answered question	**240**
	skipped question	**33**

What do you think are the MOST IMPORTANT FACTORS FOR A HEALTHY COMMUNITY? Choose those factors that you believe are most likely to improve the quality of life in the community. (Please choose 3. If you choose more than 3 or less than 3 you will receive an error message.)		
Answer Options	**Response Percent**	**Response Count**
Access to Healthcare	63.1%	149
Access to Preventative Care (Well-Child, Immunizations, Vaccinations, Health Screenings, etc.)	30.1%	71
Emergency Response Services (Ambulance / Fire / Police)	24.6%	58
Access to Education about Health - How to Stay Healthy	12.3%	29
Healthy Food Sources (Affordable and Accessible)	10.2%	24
Clean Environment - Clean Air	10.6%	25
Affordable Housing	13.6%	32
Low Crime Rate - Safe Neighborhoods	21.2%	50
Emergency Preparedness	2.1%	5
Services for Individuals with Disabilities	3.4%	8
Prenatal Healthcare	3.4%	8
Strong Economy	17.4%	41
Good Schools	37.3%	88
Healthy Behaviors and Lifestyles	17.8%	42
Job Opportunities / Job Security	22.0%	52
Programs for Teenagers and Youth	5.9%	14
Childcare (Safe, Affordable, Available)	1.7%	4
Public Transportation	2.5%	6
Other (please specify)	0.8%	2
	answered question	**236**
	skipped question	**37**

Answer Options	Strongly Disagree	Disagree	Somewhat Agree	Agree	Strongly Agree	Rating Average	Response Count
On a scale of 1 (Strongly Disagree) through 5 (Strongly Agree), please rate each of the following statements about improvements in community health over the last 3 years.							
Over the last 3 years access to primary care providers has improved.	70	71	57	33	4	2.28	235
Over the last 3 years access to preventative heath care services has improved (immunizations, vaccinations, health screenings, well-child checks, etc.)	24	48	98	55	10	2.91	235
Over the last 3 years, access to mental health / behavioral health services has improved.	40	55	108	30	2	2.57	235
Over the last 3 years, access to dental services has improved.	16	40	101	64	14	3.09	235
Over the last 3 years, transportation options for residents who need transportation to medical services has improved..	32	56	117	25	5	2.64	235
					answered question		**235**
					skipped question		**38**

Powell Valley Healthcare and its partners will be using the information gathered through this survey as well as other data sources to identify community health priorities and to develop a plan to improve community health. Please identify the three health priorities that you believe Powell Valley Healthcare and their community partners should focus on over the next 3-years. (Please choose only 3. If you choose more than 3 or less than 3 you will receive an error message.)

Answer Options	Response Percent	Response Count
Access to Healthcare	69.8%	164
Access to Preventative Healthcare (Health screenings, immunizations, etc.)	27.2%	64
Aging problems (Arthritis, hearing / vision loss, etc.)	17.4%	41
Diabetes	9.4%	22
Respiratory / Lung Disease	3.4%	8
Chronic kidney disease	0.4%	1
Arthritis or Osteoarthritis	2.1%	5
High blood pressure	3.8%	9
Heart disease and Stroke	8.5%	20
Cancer	11.5%	27
Alzheimer's Disease / Dementia	10.6%	25
Prenatal Care	4.3%	10
Poor Birth Outcomes	0.0%	0
Teenage Pregnancy	2.6%	6
Dental Health for Adults	5.5%	13
Dental Health for Children	3.0%	7
Mental Health Problems	26.0%	61
Suicide	5.5%	13
HIV / AIDS	0.0%	0
Overweight / Obesity Adult	16.2%	38
Overweight / Obesity Child	6.8%	16
Physical Activity / Exercise	7.2%	17
Sexually Transmitted Diseases	1.3%	3
Infectious Diseases (Hepatitis, TB, etc.)	0.4%	1
Alcohol Abuse	8.1%	19
Underage Drinking	4.3%	10
Illegal Drug Use	16.2%	38
Tobacco Use (Including E-Cigarettes)	2.6%	6
Rape / Sexual Assault	0.4%	1
Domestic Violence	4.3%	10
Child Abuse / Neglect	3.8%	9
School Violence / Bullying	3.8%	9
Elder Abuse / Neglect	0.9%	2
Firearm Related Injuries	0.4%	1
Industrial / Farming Injuries	0.9%	2
Lead Poisoning - Children	0.4%	1
Motor Vehicle Injuries	5.5%	13
Other (please specify)	5.5%	13
answered question		**235**
skipped question		**38**