2015

HEALTHY TETON COUNTY
COMMUNITY HEALTH NEEDS ASSESSMENT

HEALTHY
TETON COUNTY

ACKNOWLEDGMENTS

THIS PAGE INTENTIONALLY LEFT BLANK

MESSAGE TO THE COMMUNITY

May 13, 2015

Dear Community Member,

We are very pleased to share the results of the 2015 Healthy Teton County (HTC) community health needs assessment with you. This community-driven initiative, which began over 18 months ago, included more than 10 community meetings, an extensive survey of 1,200 residents, an examination of existing health data, and consultations with health professionals and human service organizations from across Teton County. We would like to extend our deepest gratitude to all of the community partners who participated in this process.

The assessment's findings indicate that while Teton County is very healthy in certain categories, there is still work to be done in other areas. After examining both qualitative and quantitative data, the list of key health issues includes both traditional clinical indicators as well as social determinants of health. The top issues identified by the HTC Steering Committee are: access to healthcare, housing, food security, routine health screenings, and transportation.

This report is designed to provide the community with a brief overview of health in Teton County at a specific point in time. It is our hope that local organizations will use the findings from this study and the resources in this document to help the community move closer to the HTC vision of, "a vibrant Greater Teton community where opportunities for excellent health are available to all."

What's next for HTC?
HTC is in the process of creating a community health improvement plan (CHIP) based on the results of this assessment. The CHIP will involve collaboration with a wide variety of community partners as we enter the implementation phase of this project. Additionally, we plan to publish annual data updates and more specific topical reports on issues that are important to the local community.

We hope that this document will be the first step in helping our community make informed choices, set relevant priorities, and build a healthier Teton County.

Sincerely,

Jodie Pond, MPH, MCHES, Director
Teton County Public Health

Lou Hochheiser, MD, CEO
St. John's Medical Center

"A healthy community means a living wage for all employees. Safe, suitable, affordable housing for all members of our community regardless of income."

- Community Visioning Participant

TABLE OF CONTENTS

INTRODUCTION

Figure 1. Social Determinants of Health

The World Health Organization (WHO) defines individual health as,

> **...a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity.**

Similarly, the health of a community can be assessed not only by the rate of disease within a given population, but also whether a community has adequate social support and physical resources for its population throughout all phases of a person's lifespan. Factors such as environmental conditions, access to healthcare, housing situations, employment status, and socioeconomics all play a role in the health of a community and are considered social determinants of health. Figure 1 provides a visual representation of the various elements that can affect the health and well-being of an individual.

Source: Adapted from www.thehealthculture.com

The term social determinants of health is defined by the WHO as, "the conditions in which people are born, grow, live, work and age." Life circumstances are often shaped by influences far beyond an individual's control, and the WHO goes on to say that social determinants of health "are mostly responsible for health inequities — the unfair and avoidable differences in health status seen within and between countries." The complex nature of health inequities necessitates a multifactorial approach to assess and improve health.

This document summarizes the first three phases of the Healthy Teton County initiative. Healthy Teton County is a community health needs assessment conducted in and around Teton County, Wyoming, from November 2013 — January 2015. The assessment addresses basic health statistics obtained through traditional data collection as well as more broad measures that examine social determinants of health. Throughout the course of this project, the population of interest is considered to be, "those who reside or work in the Greater Teton area, identify as Teton area community members, or regularly use Teton County services."

For a full glossary of definitions, reference Appendix A.

Healthy Teton County (HTC) is a community coalition focused on assessing and improving the health of Teton County residents through evidence-based strategies and collaborative problem-solving.

The HTC initiative began in fall 2013 with a series of conversations between St. John's Medical Center (SJMC) and Teton County Public Health (TCPH). Federal Affordable Care Act legislation mandated that all hospitals wishing to maintain 501(c)(3) status participate in a community health needs assessment and create an implementation plan based upon the results; SJMC fell subject to these requirements. At the same time, TCPH was mobilizing to collect data and update their biennial health assessment of the county's population.

SJMC and TCPH decided to combine their efforts into a large comprehensive assessment utilizing the Mobilizing for Action through Planning and Partnerships (MAPP) framework as depicted in Figure 2. MAPP allowed the partners to address the social determinants of health while also evaluating vital statistics, demographics, health behaviors, disease morbidity, and disease mortality.

The implementation of MAPP marked a paradigm shift for Teton County. Previous Teton County community health assessments (available on the TCPH website) had presented a more limited focus and involved few community partners. In contrast, the evidence-based MAPP framework dictates a more participatory and community-centric approach. In sum, over 50 community partners have contributed to the success of this project.

Figure 2. MAPP Cycle

Source: MAPP Clearinghouse of Resources; www.naccho.org/mapp

About Teton County

Teton County is a small county in western Wyoming with a population of 21,326, according to the most recent United States Census. The region offers acclaimed outdoor recreation throughout all four seasons, and tourism is a central driver of the local economy. Wilderness, National Forest, and National Parks make up over 97% of the county's 2.7 million acres. Although remote, Teton County attracts residents and visitors of great wealth and as a result is home to a large working class and observes substantial socio-economic disparities (Source: 2014 Jackson Hole Compass).

THE MAPP PROCESS

The MAPP framework was developed by the National Association of County and City Health Officials in the late 1990s as a response to the Institute of Medicine calling for more active community involvement in public health performance monitoring. Since that time, MAPP's ensuing iterations have been used by communities nationwide as an evidence-based model for assessing population health status and developing community health improvement plans.

MAPP follows six steps on the "roadmap to health":

1 **ORGANIZE FOR SUCCESS/PARTNERSHIP DEVELOPMENT**
Community members and agencies form a partnership and learn about the MAPP process.

2 **VISIONING**
Those who work, learn, live, and play in the MAPP community create a common understanding of what they would like to achieve.

3 **FOUR MAPP ASSESSMENTS**
Qualitative and quantitative data are gathered to provide a comprehensive picture of health in the community.

4 **IDENTIFY STRATEGIC ISSUES**
The data are analyzed to uncover the underlying themes that need to be addressed in order for the community to achieve its vision.

5 **FORMULATE GOALS AND STRATEGIES**
The community identifies goals it wants to achieve and creates implementation strategies for prioritized issues.

6 **ACTION CYCLE**
The community implements and evaluates action plans to meet goals, address strategic issues, and achieve the community's vision.

The following sections will provide detailed accounts of how HTC accomplished the first three MAPP phases. Phases four through six will be detailed in a Community Health Improvement Plan document to be published Summer 2015.

PHASE ONE
ORGANIZE FOR SUCCESS

Photo credit: Flickr Creative Commons user Diana Robinson

PHASE 1: ORGANIZE FOR SUCCESS

Phase 1 answers the following questions: Who should be involved? What are the resources needed? How will the community proceed through the MAPP process?

The Healthy Teton County MAPP process began with the identification of key community partnerships and the development of a leadership structure. The initial partnership between SJMC and TCPH evolved into the HTC Core Committee with a total of eight members including a representative from the Teton District Board of Health (TDBH). The HTC Core Committee provided broad project oversight, meeting coordination, logistical details, and funding.

In addition to the Core Committee, the MAPP framework's emphasis on community participation necessitated the formation of a decision-making body that was representative of the larger community. The Core Committee developed a comprehensive list of community partners and sent invitations to join the HTC Steering Committee to 45 community representatives on January 27, 2014.

The HTC Steering Committee had its initial meeting on March 5, 2014. Among the 28 attendees were representatives from healthcare, social services, local non-profits, faith-based groups, Grand Teton National Park, the Town of Jackson, and Teton County. For a complete list of Steering Committee member organizations, reference the Acknowledgments on Page 2. Agenda items for this first meeting included an overview of the MAPP process, an explanation of the Steering Committee's role as the approving body throughout the project, and a facilitated exercise aimed at creating the HTC vision statement.

Following the first Steering Committee meeting, the HTC initiative began to quickly gain momentum. Core Committee members gave presentations about HTC throughout the community and staffed booths at a variety of community events.

HTC LEADERSHIP
WHO IS INVOLVED?

CORE COMMITTEE
Number of members: 8
Responsible for: project oversight, meeting coordination, funding, providing direction to steering committee

- St. John's Medical Center
- Teton County Public Health
- Teton District Board of Health
- Town of Jackson & Teton County

STEERING COMMITTEE
Number of members: 45
Responsible for: contributing expertise, final decision-making

- Teton County and Town of Jackson representatives
- Medical providers
- Social services
- Emergency response
- Business community
- Philanthropic organizations
- Non-profit organizations
- Educational institutions
- Civic organizations
- Faith-based groups
- Parks & pathways

ASSESSMENT SUBCOMMITTEES
Number of Members: varied per assessment
Responsible for: oversight of assessments, contribution of work-related data, outreach to target populations, approval of data collection methods

24
4
5
11

The HTC Core Committee organized the first five phases of MAPP to be completed in an 18-month time period, and planned to keep Phase 6, the Action Cycle, ongoing. A timeline was developed for January 2014 - June 2015 (Table 1). A full timeline is available in Appendix C.

Table 1. HTC Timeline

MAPP PHASE / DESCRIPTION OF ACTIVITY	TETON COUNTY MAPP TIMELINE																	
	2014												2015					
	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN
PHASE 1: ORGANIZE FOR SUCCESS / PARTNERSHIP DEVELOPMENT	█	█																
PHASE 2: VISIONING			█	█														
PHASE 3: THE MAPP ASSESSMENTS					█	█	█	█	█	█								
COMMUNITY THEMES AND STRENGTHS ASSESSMENT					█	█	█	█	█	█								
COMMUNITY HEALTH STATUS ASSESSMENT					█	█	█	█	█									
LOCAL PUBLIC HEALTH SYSTEM ASSESSMENT									█	█	█							
FORCES OF CHANGE ASSESSMENT							█	█										
PHASE 4: IDENTIFY STRATEGIC ISSUES											█	█						
PHASE 5: FORMULATE GOALS AND STRATEGIES													█	█				
PHASE 6: THE ACTION CYCLE															█	█	█	█

Funding for HTC was divided between SJMC and TCPH. The budget for year one of the HTC initiative was minimal, with most expenses being provided in-kind by the two organizations. Expenses are detailed in Table 2.

Table 2. HTC Budget

Category	Notes
Personnel	In-kind
Meeting space	In-kind
Printing	In-kind
Food for meetings	$900
Supplies for meetings	$500
Contractual costs	Includes epidemiologist and meeting facilitator

With all the logistical details in place, HTC was prepared to transition to Phase Two: Visioning.

THIS PAGE INTENTIONALLY LEFT BLANK

PHASE TWO
Visioning

Photo credit: Flickr Creative Commons user chrisschoenbohm

PHASE 2: VISIONING

Phase 2 answers the following questions: Where do we, as a community, see ourselves in three to five years? What values will support us through the MAPP process?

The Visioning phase of the HTC MAPP process began with gathering feedback from a broad range of community members. Answers to the question, "What does a healthy community mean to you?" were collected through: an online survey (offered in English or Spanish), questionnaires at community meetings, fliers and newspaper advertisements that included a scannable QR code, and one dedicated community visioning meeting on March 13, 2014, at Snow King Resort. HTC received 87 submissions during these outreach efforts.

Common themes that were mentioned more than 20 times included:

- Access to health care
- A clean environment
- An active community
- Education
- Access to good food
- Housing

For a complete summary of visioning submissions, contact Sara Salo at ssalo@tetonhospital.org or 307.739.7242. A submission overview chart is available in Appendix D.

The Visioning phase concluded with a Steering Committee meeting on May 21, 2014. Attendees submitted their final suggestions for a vision statement and discussed guiding values. In the following weeks the Core Committee synthesized this information and worked with a facilitator to develop vision and value statements that accurately reflected the community's opinions. The vision statement is as follows:

> **"We envision a vibrant Greater Teton community where opportunities for excellent health are available to all."**

PHASE 2: VISIONING

A series of value statements were also developed to accompany the HTC Vision Statement. These values describe the guiding principles of HTC and were identified by the Steering Committee during the visioning session.

As a community we embrace the following values in pursuit of our vision:

TEAMWORK

We believe that partnerships and collaboration are critical to our success

We share the workload and all take responsibility for improving the health of our community

We pledge our commitment to the Healthy Teton County vision

We work to ensure that connectivity and communication exist between all system partners

LEADERSHIP

We lead by example and act as role models within the community

We value researched-based strategies and follow best practices within our professions

ACCESSIBILITY

We emphasize justice in our efforts to create an equitable health system

We apply fairness in our decision-making

We employ kindness as a guiding principle

We practice compassion with our clients, partners, and all community members

Both the vision and value statements were created with longevity in mind and are meant to guide HTC in its work throughout all six phases of MAPP. In a large collaborative initiative such as HTC, the creation of a common goal and mutually accepted values allows the project to stay on course. The vision and value statements were publicized on the HTC website, announced via email to the Steering Committee, and were displayed prominently at all subsequent community events.

With a functioning Steering Committee, an approved vision, and operational value statements in place, the stage was set for HTC to move into Phase Three: The MAPP Assessments.

THIS PAGE INTENTIONALLY LEFT BLANK

PHASE THREE
THE FOUR MAPP ASSESSMENTS

PHASE 3: ASSESSMENTS

The assessment phase of MAPP was focused on collecting and analyzing data to provide a comprehensive picture of health and health-related factors in the community. The HTC team conducted four assessments, each with a different focus:

The Four MAPP Assessments:

COMMUNITY HEALTH STATUS ASSESSMENT
Provides quantitative information on health conditions in the community

COMMUNITY THEMES AND STRENGTHS ASSESSMENT
Describes community members' perceptions of health and identifies issues that are important to the community

FORCES OF CHANGE ASSESSMENT
Identifies broad forces that may affect a community as well as opportunities and threats associated with those forces

LOCAL PUBLIC HEALTH SYSTEM ASSESSMENT
Measures how well different local public health system partners work together to deliver the Ten Essential Public Health Services

All HTC assessments were conducted between June and November 2014; the amount of time needed to complete each assessment ranged from a single stakeholder meeting to a series of public meetings and events over many months. Data collection strategies were implemented based on guidelines provided by MAPP and varied according to each assessment. The assessments were overseen by four separate subcommittees made up of Steering Committee members and additional interested members of the public. All subcommittees were chaired by a Core Committee member with expertise in the topic area.

Assessment data can be found on the following pages:

Community Health Status Assessment: Pages 21-68
Community Themes and Strengths Assessment: Pages 69-82
Forces of Change Assessment: Pages 83-87
Local Public Health System Assessment: Pages 89-98

Each assessment summary includes: a brief overview, a timeline, committee chair, number of committee members, the type of data collected, and data collection methods.

The Community Health Status Assessment (CHSA) answers the following questions: How healthy is the community? What does the health status of the community look like?

Timeline: June & July 2014

Committee chair: Eric Baird, TCPH

Committee members: 11

Type of data collected: Quantitative

Data collection method: Existing databases

The focus of the CHSA was to collect and analyze data on community health indicators such as disease morbidity and mortality. The CHSA committee began by reviewing an extensive list of suggested indicators from MAPP and County Health Rankings (www.countyhealthrankings.org). This list of indicators was pared down to a final 143 measures that the committee felt best described health in the Greater Teton area.

The County Health Rankings database was selected as the primary data source due to the reliability, validity, and universality of the information. Additionally, the annual updates of the County Health Rankings will allow HTC to complete yearly reports on the community's health status. The MAPP indicators referenced above were designated as a secondary data source. An indicator master list was created and committee members set to work identifying data sources for each indicator. The committee chair worked with an epidemiologist to obtain current and accurate data.

A complete list of the health indicators and data sources was compiled by the end of September at which time the data was sent to an epidemiologist for analysis. The list of data sources can be found in Appendix E.

PHASE 3: ASSESSMENTS
I. Community Health Status

EXECUTIVE SUMMARY

Data analysis indicates that Teton County is healthier in many areas compared to the state of Wyoming and the United States. There are, however, some indicators that show room for improvement when compared to the Healthy People 2020 targets. The executive summary is an overview of those measures and other noteworthy community characteristics. The data categories are aligned with MAPP's recommended framework. Definitions can be found in Appendix A.

Category 1: Demographics

The percentage of Latino residents in Teton County is 15.1%, which is higher than in Wyoming (9.1%).

Category 2: Socioeconomics

Free and Reduced Lunch Participation

Wyoming Department of Education reported that 27.2% of Teton County School District students were eligible to participate in the free or reduced lunch programs during the 2014-2015 school year, compared to 37.6% in Wyoming.

Food Insecurity
Healthy People 2020 Target: 6.0%

In 2011, 13.5% of Teton County residents experienced food insecurity versus 12.0% of Wyoming residents and 15.9% of the United States as a whole.

Income

Teton County reported a median wage of $66,592 in 2013, while the mean wage for the tourism industry was approximately $26,000. The tourism industry employed 45% of the workforce in 2013.

Category 3: Health Behaviors/Social and Mental Health

Smokeless Tobacco Use
Healthy People 2020 Target: 0.3%

In 2013 9.0% of Teton County adults reported using smokeless tobacco products, compared to 8.8% in Wyoming and 7.8% in the United States.

Youth Alcohol Use
Healthy People 2020 Target: 69.5%

Eighty-one percent of Teton County 12th grade students reported having tried drinking compared to 70.0% of 12th grade students in Wyoming. 31.0% of Teton County 12th graders reported binge drinking (5 or more drinks in a row), compared to 26.0% across Wyoming.

Category 4: Health Care/Clinical Care/Health Resource Availability/ Maternal and Child Health

Health Care Access
Healthy People 2020 Target: 100.0%

In 2011 23.0% of Teton County adults were uninsured, similar to the state of Wyoming at 21%. Thirteen percent of Teton County children were uninsured, which is significantly higher when compared to 8.0% of Wyoming children.

Cost as a Barrier to Doctor Visits
Healthy People 2020 Target: 9.0%

Between 2006 and 2012, 11.0% of Teton County adults reported being unable to see a doctor due to cost compared to 12.0% of Wyoming adults. There was no statistical significance when comparing these areas.

Mammography
Healthy People 2020 Target: 81.1%

Among Teton County females 50 to 74 years of age, 75.7% received a mammogram within the past two years. This is significantly higher when compared to 66.5% of females in Wyoming. In 2012, Wyoming ranked last in the nation for mammograms. Across the United States, 78.4% of women 50 to 74 years of age received a mammogram within the past two years.

Mammography Among Medicare Patients
Healthy People 2020 Target: 81.1%

Among Teton County female Medicare recipients, 68.8% had current mammograms, compared to 57.4% in Wyoming as a whole.

Colorectal Cancer Screening
Healthy People 2020 Target: 70.5%

Among Teton County adults aged 50 and over, 66.3% reported ever having a sigmoidoscopy or colonoscopy, statistically similar to 60.9% across Wyoming. In 2012, Wyoming was ranked 4th worst in the nation for colonoscopies. In the United States, 67.3% of adults aged 50 and over reported ever having a sigmoidoscopy or colonoscopy.

Category 6: Quality of Life/Death, Illness, Injury/Communicable Diseases/ Sentinel Events

Childhood Immunizations
Healthy People 2020 Target: 80.0%

According to the Wyoming Department of Health Immunization Unit, in 2013 58.0% of 2-year-old children in Teton County had received all age-appropriate vaccines.

PHASE 3: ASSESSMENTS
I. COMMUNITY HEALTH STATUS

Adult Immunizations
Healthy People 2020 Target: 90.0%

In 2012, 60.1% of adults in the Northwest Region (Big Horn, Hot Springs, Park, Teton & Washakie Counties) aged 65 years or older reported receiving an immunization for pneumococcal pneumonia. This is significantly lower than Wyoming at 68.3%.

Between 2007 and 2011, 49.3% of Teton County adults aged 50 years and older reported receiving an influenza immunization within the past twelve months. This is significantly lower than Wyoming at 55.4%.

Chlamydia
Healthy People 2020 Target: Reduce the proportion of adolescents and young adults with chlamydia

According to the National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention, in 2011 the rate of chlamydia in Teton County was 209 per 100,000 population, while Wyoming experienced a rate of 368 per 100,000 and the United States experienced a rate of 458 per 100,000. The rate of chlamydia in Teton County is increasing.

Category 7: Physical Environment/Environmental Health

Radon
Healthy People 2020 Target: 30.0%

In 2013 35.0% of home radon tests showed elevated levels greater than 4 picocuries per liter (pCi/L). 43.0% of radon tests in 2014 detected elevated levels.

Severe Housing Problems
Healthy People 2020 Target: In development

Between 2006 and 2010, Comprehensive Housing Affordability Strategy data showed 20.0% of Teton County households had severe housing issues. This is significantly higher when compared to 12.0% of Wyoming households. Nineteen percent of households across the United States had severe housing issues.

Conclusion

This community health status assessment provides direction to the MAPP process and will play a pivotal role in identifying strategic issues.

CATEGORY 1: DEMOGRAPHICS

Table 3. Demographics of Teton County, Wyoming, and U.S., 2008-2012

Demographics	Area					
	Teton County		Wyoming		U.S.	
	N	%	N	%	N	%
Sex						
Male	11,120	52.4	286,644	51.00	152,018,799	49.2
Female	10,206	47.6	276,159	49.00	157,119,912	50.8
Age Group						
<18 yrs	4,234	20.1	136,526	24.0	73,708,179	23.9
18-24 yrs	1,392	6.2	57,864	10.1	31,353,406	10.0
25-44 yrs	7,632	36.0	149,404	25.7	82,813,486	26.6
45-64 yrs	5,965	28.0	157,335	27.8	82,854,869	26.4
65+ yrs	2,425	9.7	75,497	12.5	43,143,745	13.2
Ethnicity						
Hispanic	3,107	15.1	50,313	9.1	50,545,275	17.1
Non-Hispanic White	17,611	82.0	481,842	85.6	196,903,968	73.7
Not Proficient in English	1,013	5.0	4,800	0.9	25,081,122	8.5
Race						
Non-Hispanic African American	40	0.3	4,529	0.9	37,786,591	12.6
American Indian/Alaska Native	83	1.0	11,117	2.6	2,050,766	0.8
Asian	116	1.2	4,351	0.9	14,692,794	5.1
Native Hawaiian/Pacific Islander	13	0.1	170	0.1	480,063	0.2
Rural Population						
Rural	9,887	46.4	198,633	35.2	59,492,267	19.3

Source: County Health Rankings (American Community Survey, 5-year estimates)

The percentage of Latino residents in Teton County is 15.1%, which is higher than Wyoming (9.1%)

PHASE 3: ASSESSMENTS

I. COMMUNITY HEALTH STATUS

Income

The median income among Teton County residents is significantly higher than the state as a whole, $66,592 compared to $55,104, respectively. Median income in the U.S. is $43,020. The mean wage for the tourism industry in Teton County, which employed 45.0% of the workforce in 2013, is approximately $26,000.

Figure 3

Median Income by County, State, and US, 2012

*Confidence intervals were unavailable for US
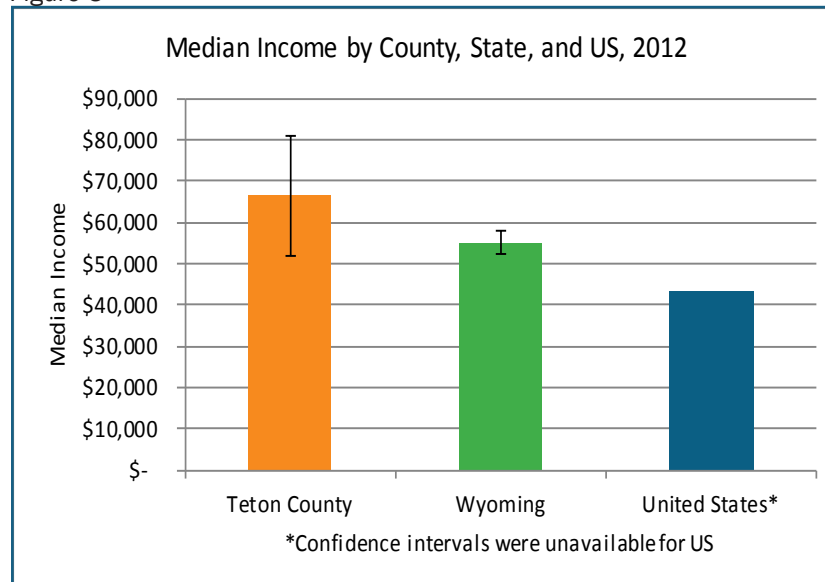
Source: County Health Rankings (Small Area Income and Poverty Estimates)

Employment

According to the Western Greater Yellowstone Region Housing Needs Assessment, in 2013 the Teton County average annual wage was higher than the state and the U.S. among several sectors including:

- Accommodations & food services
- Real estate & rental & leasing
- Retail trade

Teton County average annual wages are lower among Government/Public Administration and Construction.

Figure 4

Type of Employment by Sector, Teton County, Wyoming, and United States, 2013
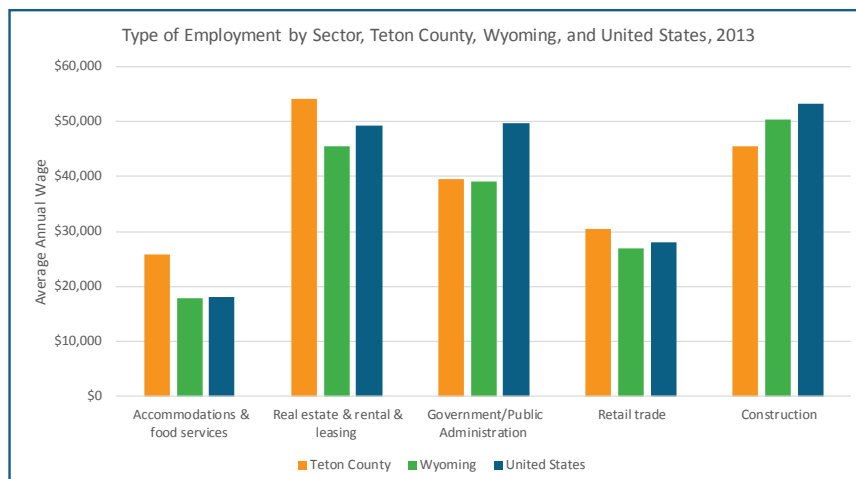
Source: Western Greater Yellowstone Region Housing Needs Assessment

In 2013, seasonal and non-seasonal jobs in Teton County increased in the summer months and tapered off in the fall. The number of jobs in Wyoming as a whole increased in April but tapered off by June. The number of jobs in the United States continues to grow.

Figure 5

Seasonal and Non-seasonal Jobs by Month, Teton County, 2013
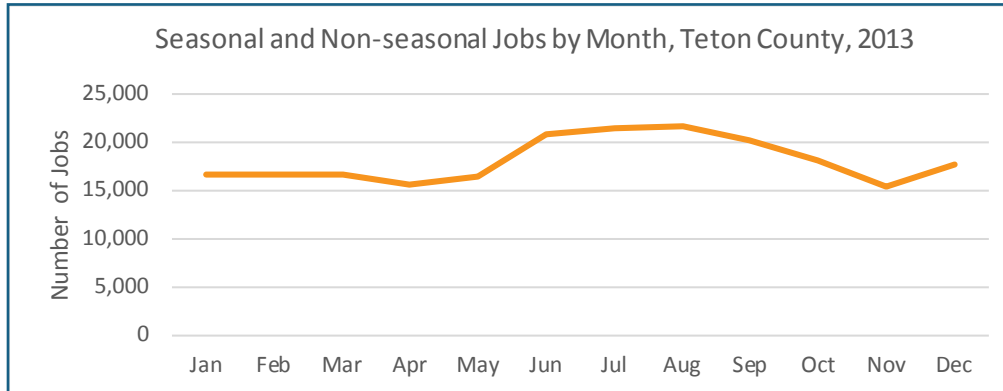
Source: Bureau of Labor Statistics/Quarterly Census of Employment and Wages

Figure 6
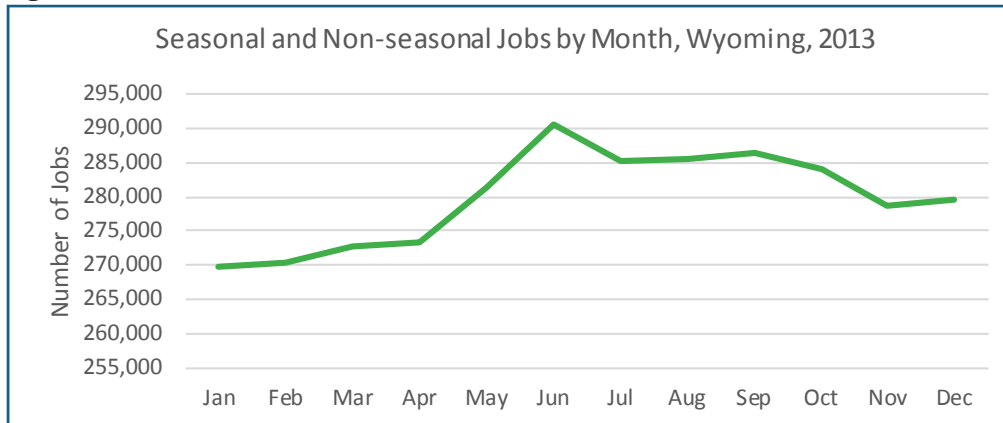
Seasonal and Non-seasonal Jobs by Month, Wyoming, 2013

Source: Bureau of Labor Statistics/Quarterly Census of Employment and Wages, 2013

Figure 7

Seasonal and Non-seasonal Jobs by Month, United States, 2013
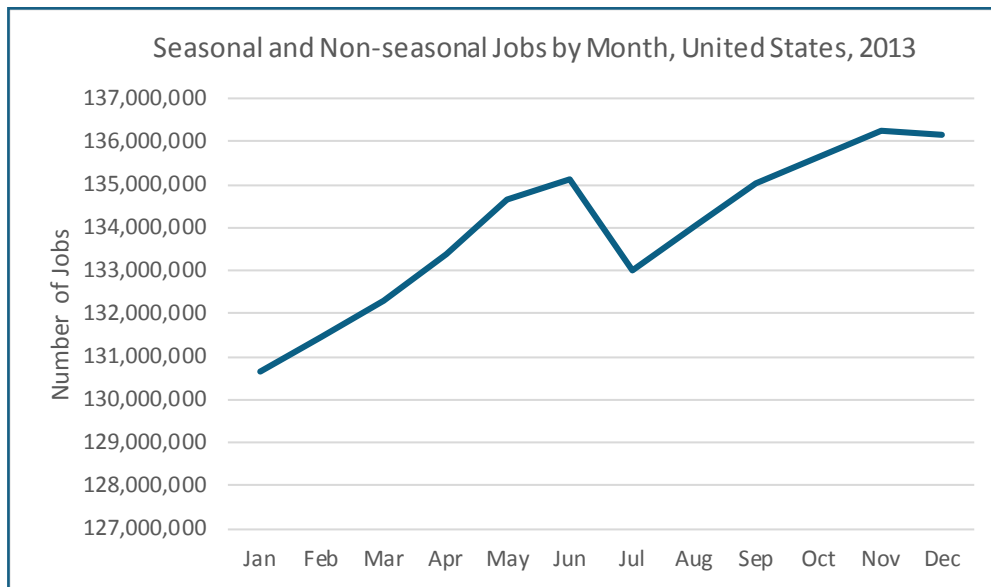
Source: Bureau of Labor Statistics/Quarterly Census of Employment and Wages

Unemployment

In 2012, unemployment in Teton County was 6.6%, slightly higher than the state at 5.4%, and lower than the United States at 8.1%.

Education

Between 2008 and 2012, 69.6% of Teton County residents between the ages of 25 and 44 reported attending some college, compared to 65.2% of Wyoming residents, and 63.0% of the U.S. as a whole. These differences were not significant.

Children in Poverty

In 2012, 14.0% of Teton County children were below the poverty level compared to 15.0% of Wyoming children. These differences were not significant. More than 21.2% of American children were below the poverty level in the same year.

Children in Single-parent Households

Between 2008 and 2012, 18.0% of Teton County children were members of single-parent households compared with 27.0% of Wyoming children. While lower, this difference is not statistically significant. Nearly 18% of American children were members of single-parent households.

Food Stamps

According to the Food Research and Action Center, 1.0% of Teton County residents received food stamps in 2009. Nearly 7% of Wyoming residents received food stamps in 2012 and 15.2% in the United States.

Food Insecurity

In 2011, 13.5% of Teton County residents experienced food insecurity compared with 12.0% of Wyoming residents and 15.9% of the United States as a whole.

Free Lunch for Children

In 2011, the National Center for Education reported that 14.0% of Teton County children qualified for free lunches, significantly lower when compared with 27.0% of Wyoming residents and 42.9% of the United States. However, the Wyoming Department of Education reported that 27.2% of students in Teton County were eligible to participate in the free or reduced lunch programs during the 2014-2015 school year.

CATEGORY 3: HEALTH BEHAVIORS, SOCIAL & MENTAL HEALTH

Health Behaviors

Healthy Food Access

According to the USDA Food Environment Atlas, in 2012, 5.0% of Teton County residents had limited access to healthy foods (meaning they are low income and do not live close a grocery store) compared to 8% among Wyoming residents.

Food Environmental Index Ranking

According to Feeding America and the USDA, the Teton County Food Environmental Index is an eight on a scale of zero (worst) to ten (best). Wyoming also received an eight, while the US received a 7.6.

Obesity and Exercise

Thirteen percent of Teton County adults were obese in 2010, significantly lower than Wyoming (26.0%) and the United States (28.0%). Teton County also has significantly lower rates of physical inactivity (11.0%) compared to Wyoming (23.0%) and the United States (30.0%). In 2010, Teton County had significantly more access to exercise opportunities (94.0%), compared to 57.0% in Wyoming and 77.0% in the United States.

Tobacco Use

Between 2006 and 2012, 10.0% of Teton County adults reported currently smoking, significantly lower than Wyoming adults at 20.0% and American adults 18.1%.

Figure 8

Current Smoking Among Adults, Teton County, Wyoming and the United States, 2007-2011

*Confidence intervals were unavailable for U.S.
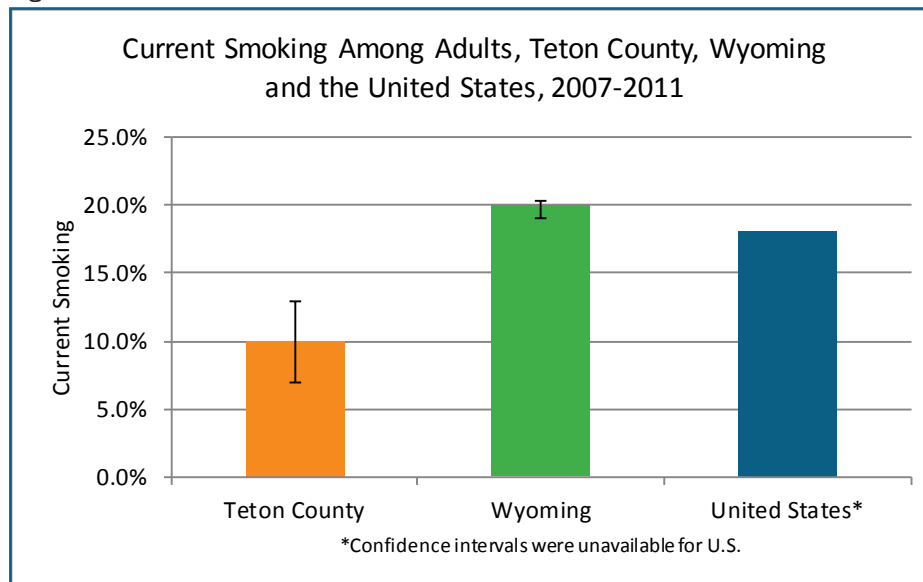
Source: County Health Rankings (Behavioral Risk Factor Surveillance System)

Among Teton County adults, 9.0% reported using smokeless tobacco products (2013), compared to 8.8% in Wyoming and 7.8% in the United States.

Alcohol Use

Between 2006 and 2012, 21.0% of Teton County adults reported excessive alcohol use. This is statistically similar to Wyoming adults at 17.0%. Fifteen-percent of adults across the United States reported excessive alcohol use.

Figure 9

Excessive Alcohol Use Among Adults, Teton County, Wyoming and the United States, 2006-2012

*Confidence intervals were unavailable for U.S.
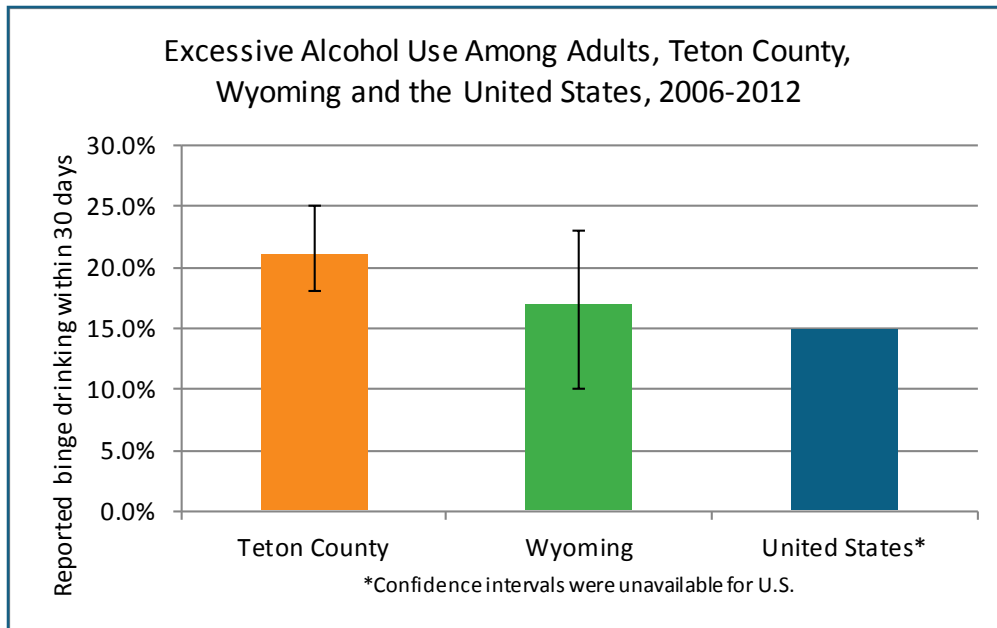
Source: County Health Rankings (Behavioral Risk Factor Surveillance System)

Youth Substance Use

Thirty-one percent of Teton County 12th grade students reported binge drinking (5 or more drinks in a row), compared to 26% of 12th grade students in Wyoming. The percentage of students ever reporting substance use are listed in Table 4 below.

Table 4. Youth Lifetime Alcohol & Marijuana Use

	Teton County	Wyoming
8th Grade Alcohol Use	42%	41%
10th Grade Alcohol Use	73%	60%
12th Grade Alcohol Use	81%	70%
10th Grade Marijuana Use	39%	30%
12th Grade Marijuana Use	45%	39%

Source: Wyoming Prevention Needs Assessment

Substance Abuse

According to the Gap Analysis Report/Mental Health and Substance Abuse Services System, in 2010 2.0% of the Teton County population abused drugs and/or alcohol, compared to 1.4% across the state of Wyoming.

PHASE 3: ASSESSMENTS
I. COMMUNITY HEALTH STATUS

Mortality

Alcohol-related Driving

According to the Fatality Analysis Reporting System, in 2012 19.0% of Teton County driving deaths were alcohol-related compared to 38.0% in Wyoming, and 32.0% in the United States. Arrests for driving under the influence accounted for 42.3% of all arrests in Teton County.

Drug Poisoning Deaths

Between 2004 and 2010, the Wyoming drug poisoning mortality rate was 11.1 per 100,000 population. The United States experience a similar rate at 11.3 per 100,000 population. Data were too small to provide a mortality rate for Teton County.

Deaths from Injury

Deaths resulting from injury were significantly lower among Teton County residents (52 per 100,000 population) compared to Wyoming (84 per 100,000 population). There was no statistical difference between Teton County and the United States as a whole (59 per 100,000 population).

Figure 10
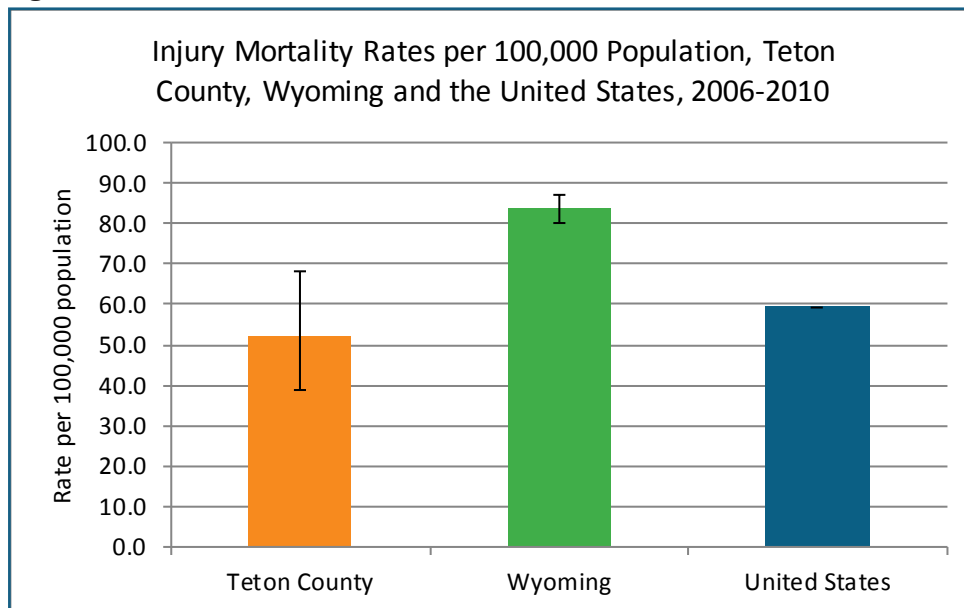
Source: County Health Rankings (CDC WONDER Data)

Death Rates

Teton County death rates are significantly lower than the state; there have not been significant increases or decreases in these rates since 2000.

Figure 11. Teton County Death Rates
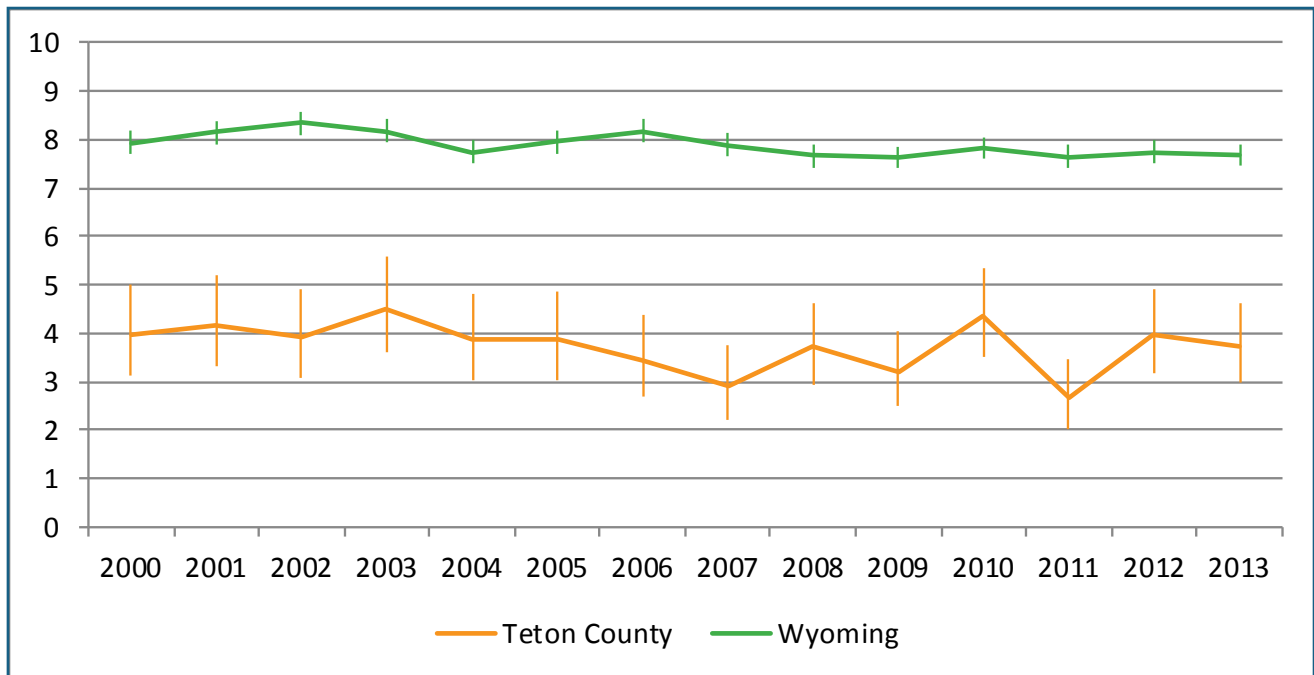
Source: Wyoming Vital Statistics

Premature Death

According to the National Center for Health Statistics, between 2008 and 2010, Teton County years of productive life lost (YPLL) was 4,054. This is significantly lower than Wyoming YPLL at 7,532 and the United States YPLL at 6,811.

Figure 12

Years of Productive Life Lost (YPLL) Among Adults 75 Years and Younger, Teton County, and Wyoming, 2008-2010
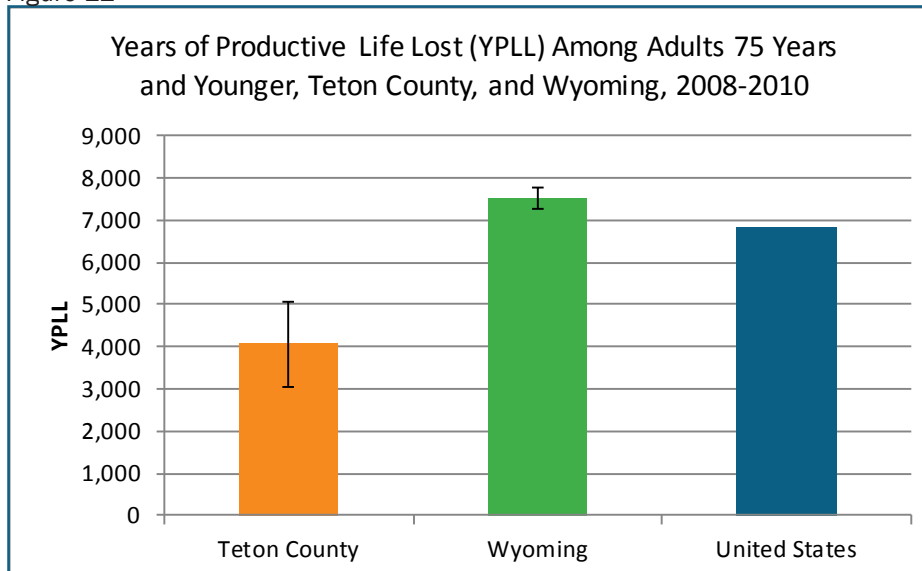
Source: County Health Rankings (National Center for Health Statistics)

PHASE 3: ASSESSMENTS
I. COMMUNITY HEALTH STATUS

Mortality From All Causes

Between 2009 and 2013, the Teton County age-adjusted mortality from all causes was lower than the state of Wyoming (456.3 per 100,000 population and 741.5 per 100,000 population, respectively). United States rates are similar to Wyoming at 740.3 per 100,000 population.

Figure 13
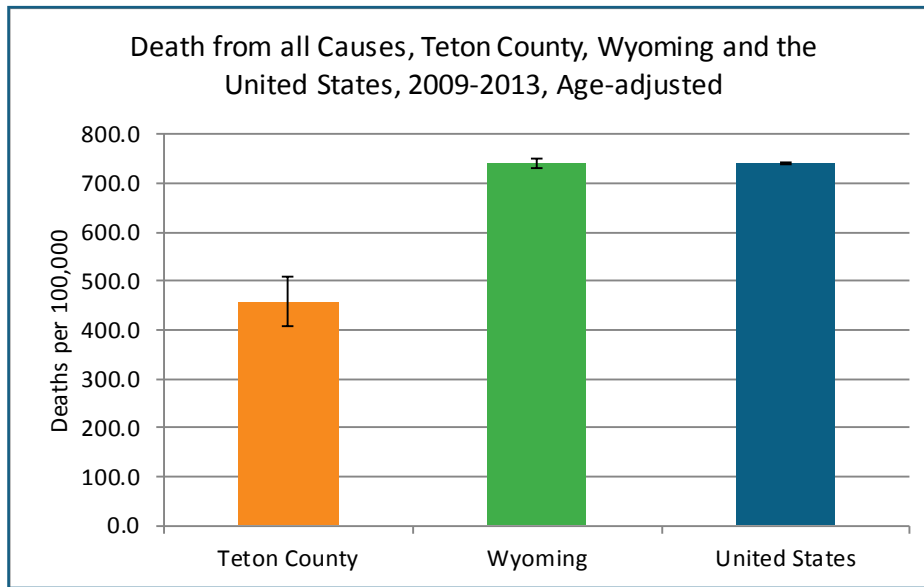
Source: Wyoming Vital Statistics

Top Causes of Death

The top causes of death in Teton County are cancer, diseases of the heart, Alzheimer's disease and other dementias, and accidents (unintentional injuries).

Table 5. Top Causes of Death in Teton County

Rank	Teton County	Wyoming
1	Cancer	Diseases of the Heart
2	Diseases of the Heart	Cancer
3	Alzheimer's Disease and Other Dementias	Chronic Respiratory Diseases
4	Accidents (Unintentional Injuries)	Accidents (Unintentional Injuries)
5	Too few deaths	Intentional Self-harm (Suicide)

Source: Wyoming Vital Statistics

Motor Vehicle Accident Deaths

Deaths resulting from motor vehicle accidents (excluding boats and airplanes) were significantly lower among Teton County residents (14 per 100,000 population) compared to Wyoming (24 per 100,000 population). There was no statistical difference between Teton County and the United States as a whole (14 per 100,000 population).

Figure 14

Motor Vehicle Crash Deaths per 100,000 Population, Teton County, Wyoming and the United States, 2004-2010
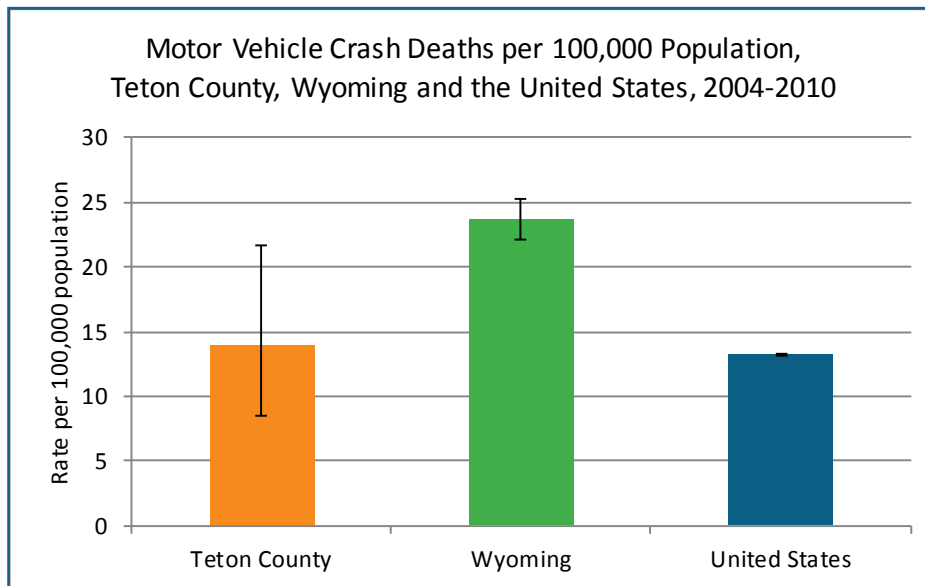
Source: County Health Rankings (National Center for Health Statistics)

Violence

Crime

According to Uniform Crime Reporting, Federal Bureau of Investigation (FBI), between 2009 and 2011, the crime rate (violent crime, hate crime, sexual assault) in Teton County was 264 per 100,000 compared with 215 per 100,000 across Wyoming. The Wyoming Association of Sheriffs & Chiefs of Police reported that over 80% of all arrests in Teton County were alcohol-related (83.9%).

Homicide

According to National Center for Health Statistics, between 2004 and 2010 the homicide rate in Wyoming was 3.0%. Data was too small to report a Teton County percentage.

Domestic Violence

According to Teton County's Community Safety Network (CSN), in 2013, 148 women and 13 men reported being victims of domestic violence, and 54 individuals sought refuge in emergency shelters. The CSN hotline fielded 82 calls in this same time period.

PHASE 3: ASSESSMENTS
I. COMMUNITY HEALTH STATUS

Mental Health

Between 2011 and 2012, 49 out of 72 (68.0%) individual mental health assessments conducted for Teton County residents at Jackson Hole Community Counseling Center resulted in psychiatric admissions. According to the Behavioral Risk Factor Surveillance System (BRFSS), 6.0% of Teton County adults reported ill mental health in the past 30 days versus 9.9% in Wyoming and 11.7% in the United States.

Between October 2012 and October 2014, 144 of 313 (46.0%) patients receiving treatment for a mental disorder at St. John's Medical Center went through detoxification while 169 (54.0%) received Title 25 emergency detention and involuntary hospitalization for acute mental illness.

Suicide

According to Wyoming Vital Statistics, in 2013 the rate of suicide in Teton County was 6.6 per 100,000 population. The suicide rate across Wyoming was significantly higher at 21.4 per 100,000. The United States suicide rate was 13.9.

Health Screenings

Medicare Recipient Mammography Screenings

Among Teton County Medicare female recipients, 68.8% had current mammograms, compared to 57.4% in Wyoming as a whole.

Figure 15
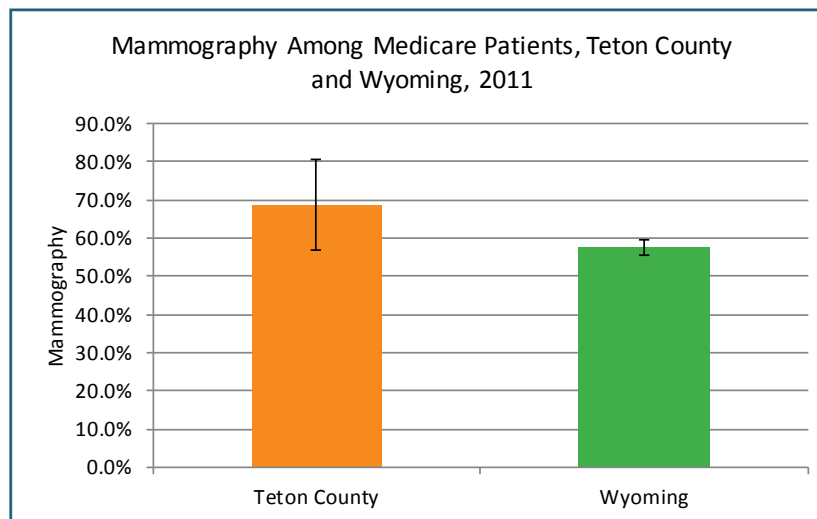
Source: County Health Rankings (Dartmouth Atlas of Health Care)

General Population Mammography Screenings

Among Teton County females 50 to 74 years of age, 75.7% received a mammogram within the past two years. This is significantly higher when compared to 66.5% in Wyoming. In 2012, Wyoming ranked last in the nation for mammography screenings. Across the United States, 78.4% received a mammogram within the past two years.

Figure 16

Women Ages 50 to 74 Who Received a Mammogram Within the Past Two Years, Teton County, Wyoming, and the United States, 2007-2011

*Rate for 2012
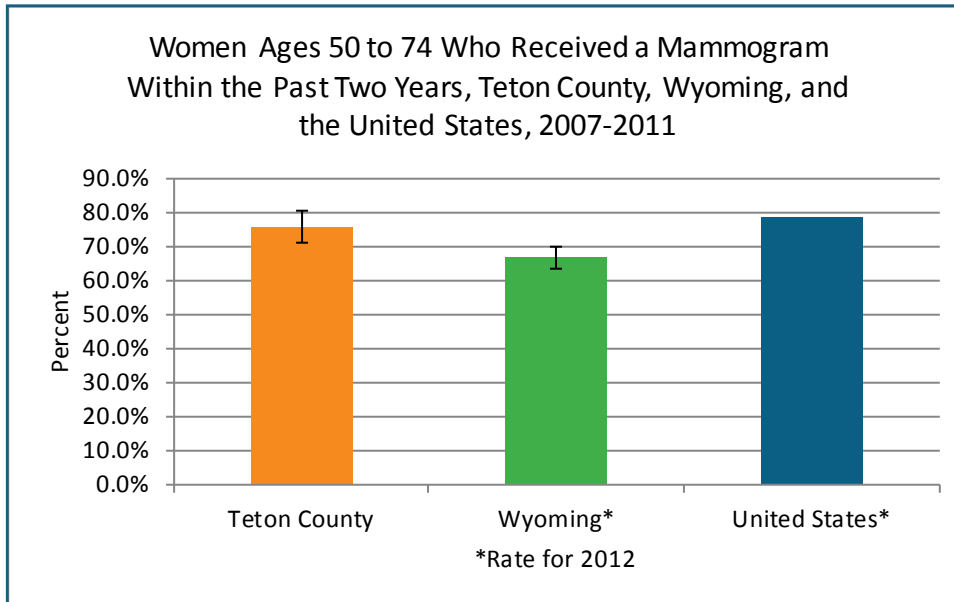
Source: Wyoming Behavioral Risk Factor Surveillance System

Medicare Recipient Diabetes Screening

Among Teton County Medicare recipients with diabetes, 79.0% had current HbA1c screenings, compared to 75.0% in Wyoming as a whole. This was not a statistically significant difference.

Figure 17
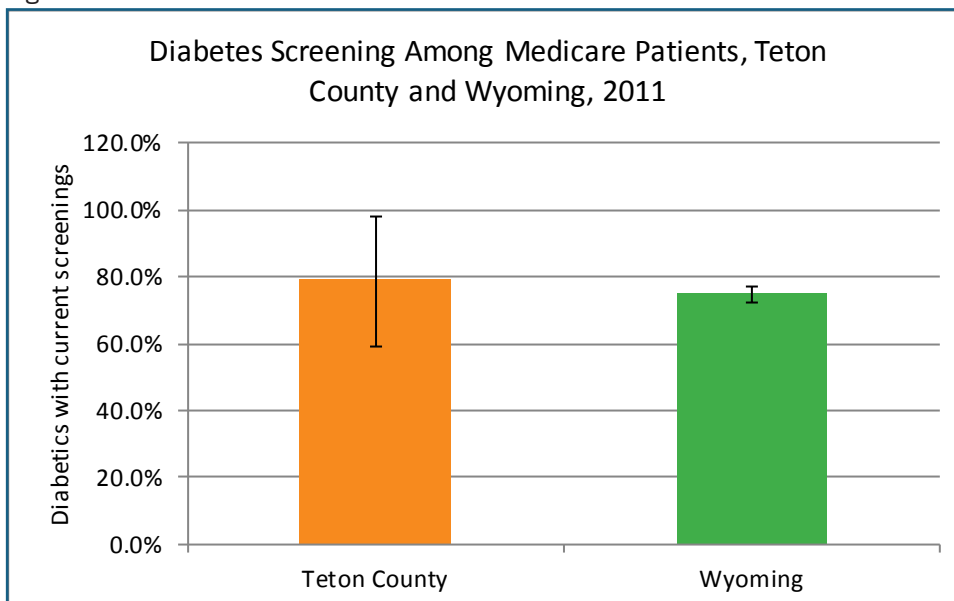
Diabetes Screening Among Medicare Patients, Teton County and Wyoming, 2011

Source: County Health Rankings (Dartmouth Atlas of Health)

Colorectal Cancer Screenings

Among Teton County adults aged 50 and over, 66.3% reported ever having a sigmoidoscopy or colonoscopy, statistically similar to 60.9% across Wyoming. In 2012, Wyoming was ranked 4th worst in the nation for colorectal screenings. In the United States, 67.3% of adults aged 50 and over reported ever having a sigmoidoscopy or colonoscopy.

Figure 18

Percentage of Adults Who Reported Ever Receiving a Sigmoidoscopy or Colonoscopy, Teton County, Wyoming, and the United States, 2007-2011

*Data for 2012.
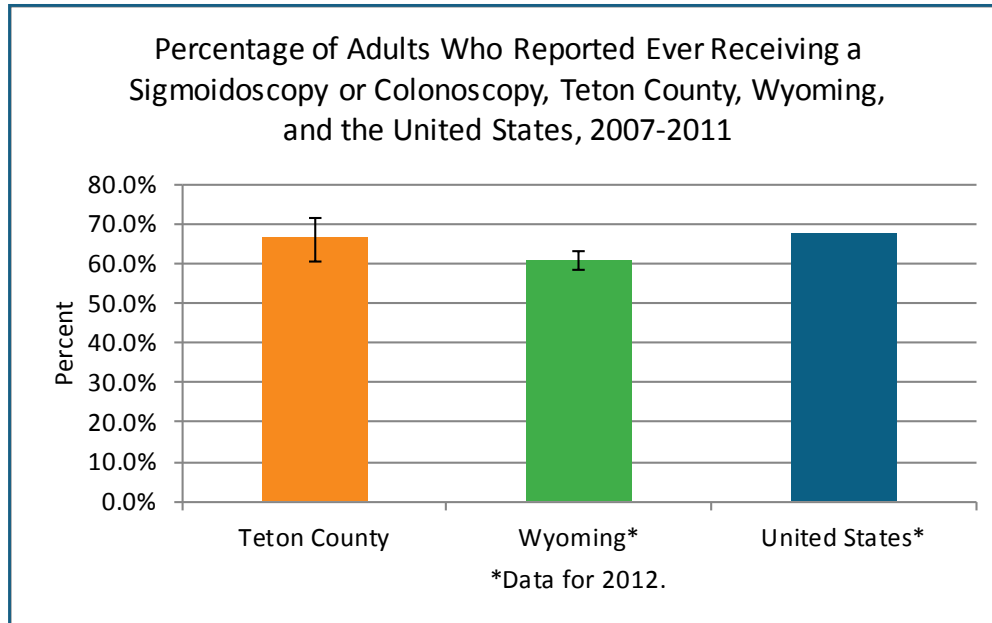
Source: Wyoming Behavioral Risk Factor Surveillance System

Teen Birth Trends

The Teton County Teen Birth Rate is 31.0 births per 1,000 women. This rate is similar to the United States and lower than Wyoming (43 per 1,000).

Figure 19
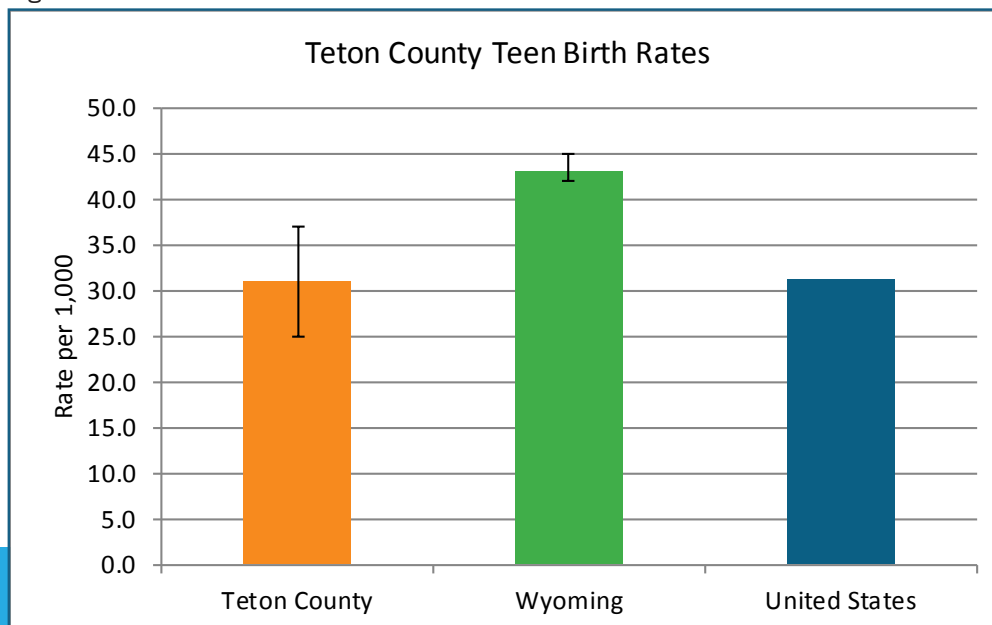
Teton County Teen Birth Rates

Source: County Health Rankings (National Center for Health Statistics)

CATEGORY 4: HEALTH RESOURCE AVAILABILITY

Health/Clinical Care

Uninsured Adults

In 2011, 23% of Teton County residents between the ages of 18 and 65 were uninsured, similar to the state of Wyoming at 21.0%. In the United States as a whole, 15.7% of the population was uninsured, significantly lower than Teton County and Wyoming.

Figure 20

Uninsured Population, Teton County, Wyoming and the United States, 2011

*Confidence intervals were unavailable for U.S.
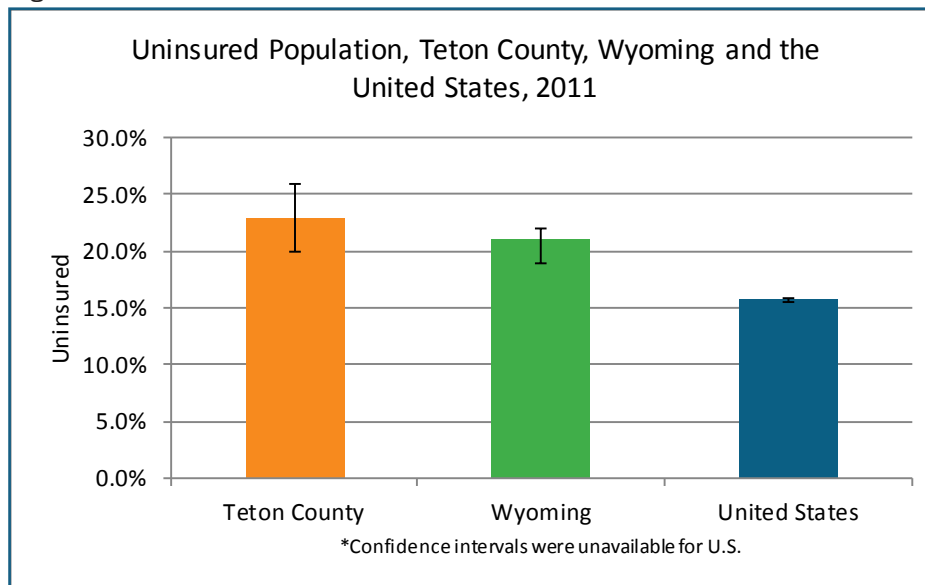
Source: County Health Rankings (Small Area Health Insurance Estimates)

Uninsured Children

In 2011, 13.0% of Teton County children were uninsured. This is significantly higher when compared to 8.0% of Wyoming. In the United States as a whole, 9.4% of children were uninsured.

Health Care Costs

In 2011, Medicare spending (Parts A and B) averaged $7,005 per enrollee. This is significantly lower than the Wyoming average Medicare spending of $7,913 per enrollee.

Cost as a Barrier to Doctor Visits

Between 2006 and 2012, 11.0% of Teton County adults reported being unable to see a doctor due to cost compared to 12.0% of adults in Wyoming. There was no statistical significance when comparing these areas.

PHASE 3: ASSESSMENTS
I. COMMUNITY HEALTH STATUS

Doctor Patient Ratios

According to the Health Resources and Services Administration's Area Health Resources Files, the ratio of the population to primary care physicians was 798 to 1 in 2011 (1,476 to 1 in Wyoming and 1,355 to 1 in the United States). The ratio of the population to dentists was 1,204 to 1 (1,774 to 1 in Wyoming). The ratio of population to mental health providers was 529 to 1 in 2012 (510 to 1 in Wyoming). The ratio of the Teton County population to other primary care providers was 1,204 to 1 in 2013.

Primary Care Access

In 2012, 13.1% of adults in the Northwest Region (including Big Horn, Hot Springs, Park, Teton, and Washakie Counties) reported no regular source of primary care including dental care. In Wyoming, 14.8% of adults reported no regular source of primary care. These areas were not statistically different.

Health Care System Satisfaction

According to the CTSA Community Survey conducted in 2014, 84.57% of respondents reported that they were "Very Satisfied" or "Somewhat satisfied" with the healthcare system, while 15.4% of respondents were somewhat or strongly dissatisfied.

Preventable Hospital Stays

In 2011, the rate of preventable hospital stays (ambulatory care sensitive conditions) among Medicare enrollees in Teton County was 27 per 1,000. This was significantly lower than the Wyoming rate of 55 per 1,000 population, and 65 per 1,000 in the United States.

Figure 21
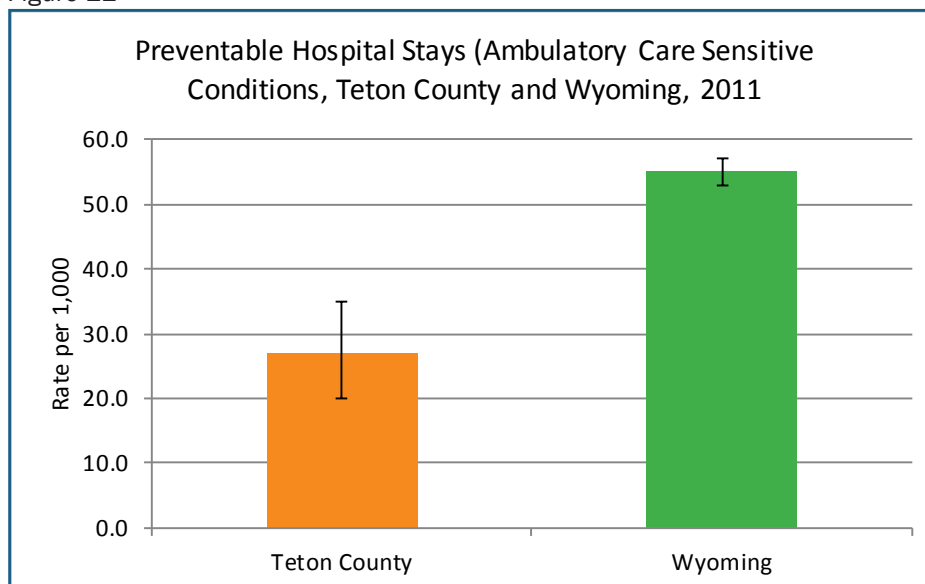
Source: County Health Rankings (Dartmouth Atlas of Health Care)

St. John's Medical Center Overview

Patients by Health Insurance Type

In fiscal year 2014, nearly 50% of St. John's Medical Center patients were privately insured. Twenty-three percent of patients had Medicare. Underinsured patients also made up 23%. Note that in the figure below individuals may fall into more than one category.

Figure 22

St. John's Medical Center Patients by Health Coverage Type, Teton County, FY 2014

Health Coverage Type	Percent
Private Ins	49.0%
Medicare	23.0%
Under-insured	23.0%
Self-pay	16.0%
Other Ins	5.0%
Medicaid	3.0%
ACA Coverage	3.0%
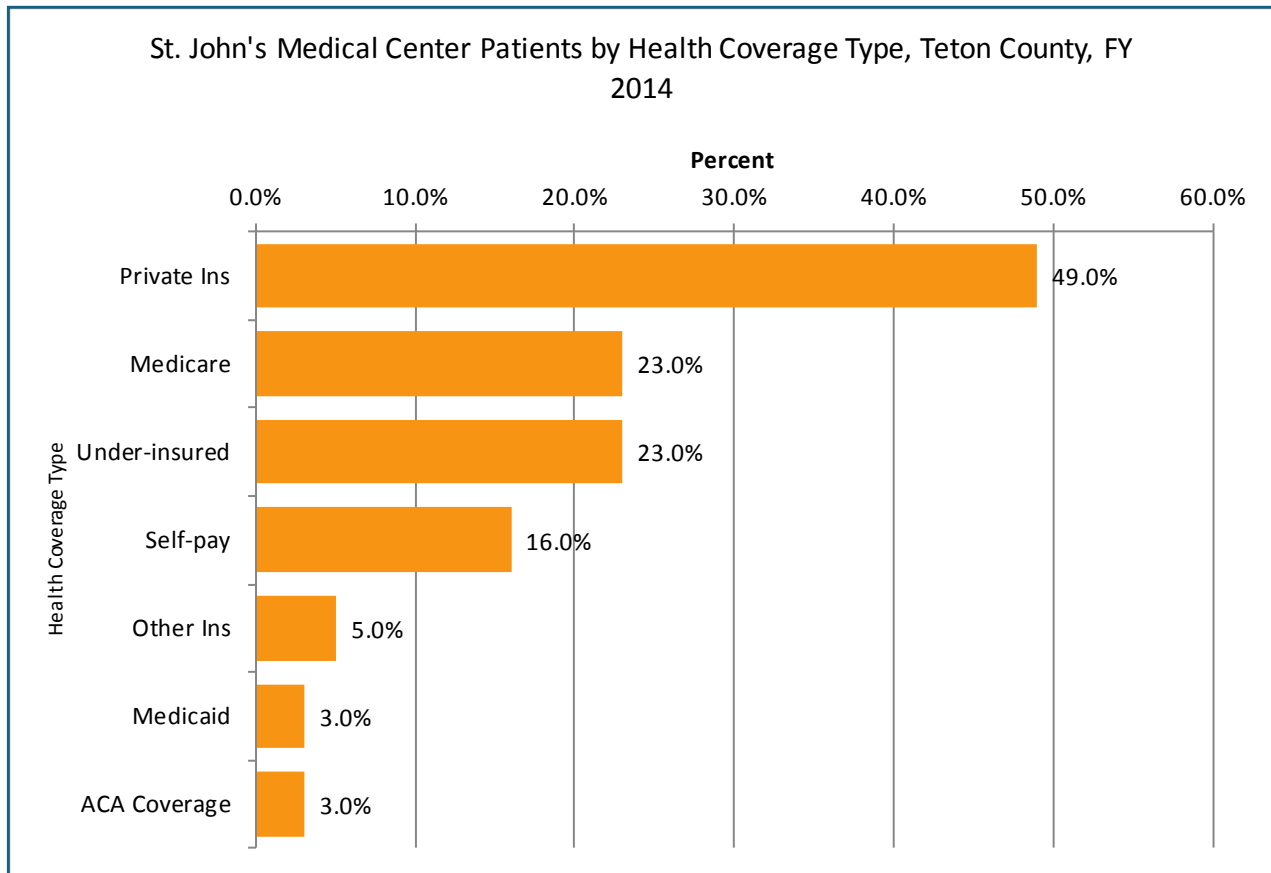
Source: St. John's Medical Center

Between October 2013 and April 2014, 1,574 patients from ZIP Codes 83001, 83002, and 83014 enrolled in Affordable Care Act Marketplace coverage. Currently, on a national scale, there are over five million people enrolled. As of February 15, 2015, there were 21,148 enrolled in Wyoming.

Patient Encounters

Between July 1, 2013 and June 30, 2014, SJMC reported 72,275 patient encounters; 1,887 were inpatient, while 62,098 were outpatient. Emergency Department visits totaled 8,290.

Measures of Access

Free Clinic Services

Between 2003 and 2014, 100% of services at the Teton Free Clinic were provided to patients without health insurance coverage and below the poverty level. The majority of these patients were Hispanic and were not proficient in English.

Table 6. Teton Free Clinic Patient Information, 2003-2014

Teton Free Clinic	Count	Percent
Total Patients	3,850	100.0%
Hispanic	2,926	76.0%
Non-Hispanic White	924	24.0%
Not proficient in English	2800	72.7%
Male	1,617	42.0%
Female	2,233	58.0%
% below poverty level	100%	0.0%
Limited access to healthy foods	2,000	51.9%
Adult smoking	376	9.8%
Excessive drinking	16	0.4%
Psychiatric admissions	3	0.1%
Uninsured adults	3,850	100.0%
Unintentional injuries	5	0.1%
Diabetes mellitus	978	25.4%
Asthma	36	0.9%

Source: Teton Free Clinic

Charity Care

Between 2013 and 2014, a total of 1,982 patients received charity care at SJMC. In fiscal year 2014, the total costs of charity care in the state of Wyoming totaled $75,691,000.

Nursing Home Beds

In 2014 there were 60 nursing home beds for Medicare and Medicaid at St. John's Living Center. There were 65 beds at Morning Star Assisted Living (formerly River Rock) during the same year.

Hospital Beds

In 2014, the number of licensed hospital beds at St. John's Medical Center totaled 46; all of which were considered acute. There were no specialty beds. The daily occupancy average was 33.0%, while hospitals across Wyoming saw an average of 35-40% occupancy.

Maternal and Child Health

Women, Infants, and Children (WIC) Eligibility

In fiscal year 2014, the number of participants in the WIC Program in Teton County averaged 446 per month according to USDA Food & Nutrition Service WIC Program monthly data. The number of women in the program averaged 92 per month. The cost of nutrition services and administration for fiscal year 2014 totaled $45,417.

Pregnancy and Birth

Between 2011 and 2013, 100.0% of pregnant women received prenatal care in the third trimester. The proportion of cesarean sections decreased slightly during the same time frame.

Table 7. Prenatal Care

Year	3rd Trimester Care	No Prenatal Care	C-section Rate
2011	436 patients	0	25.9%
2012	463 patients	0	24.0%
2013	464 patients	0	23.0%

Source: St. John's Medical Center

Childcare Facilities

In 2012, there were 11 daycares in Teton County with a rate of 58 openings per 100 children under the age of five. In the state of Wyoming there were 223 daycares with a rate of availability of 51.

Medicaid

According to the Wyoming Department of Health's Healthcare Financing Division, in 2014 there were 86,188 Medicaid-eligible residents in Wyoming and 1,724 in Teton County.

Low Birth Weight Trends

Teton County low birth weights* rates are not significantly different than the state and have not changed significantly since 2002.

Figure 23

Low Birth Weight Percentage, Teton County and Wyoming, 2002-2012
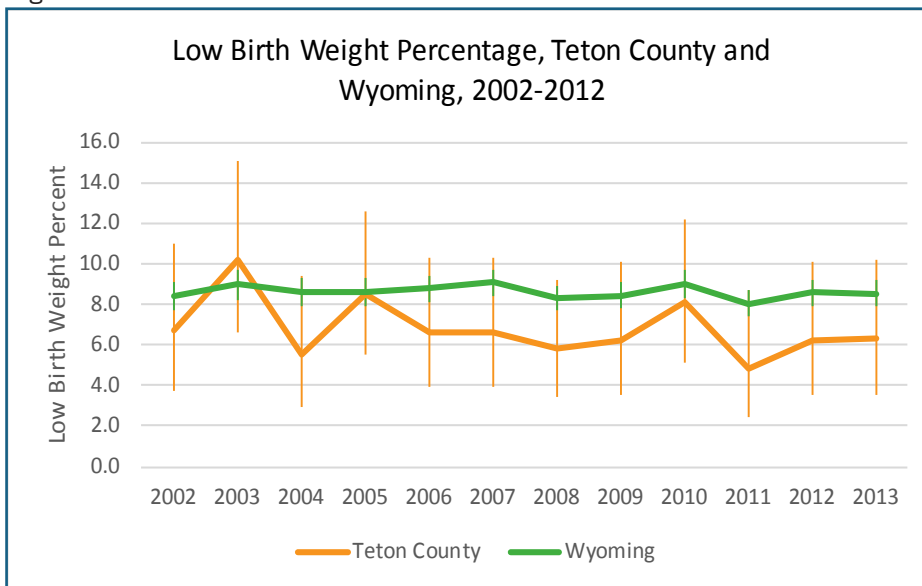
Source: County Health Rankings (National Center for Health Statistics)

Table 8: Low Birth Weight

Low Birth Weight		
Year	Teton County	Wyoming
2002	6.7%	8.4%
2003	10.2%	9.0%
2004	5.5%	8.6%
2005	8.6%	8.6%
2006	6.6%	8.8%
2007	6.6%	9.1%
2008	5.8%	8.3%
2009	6.2%	8.4%
2010	8.1%	9.0%
2011	4.9%	8.0%
2012	6.3%	8.6%
2013	6.3%	8.6%

Source: County Health Rankings (National Center for Health Statistics)

*Less than 2500 grams

CATEGORY 5: HEALTH OUTCOMES, LENGTH OF LIFE

Quality of Life

Fair or Poor Health

According to the Behavioral Risk Factor Surveillance System (BRFSS), between 2006 and 2012, 6.0% of Teton County adults reported fair or poor health. This is significantly lower than Wyoming (13.0%) and the United States as a whole (12.4%).

Figure 24

Adults Reporting Fair or Poor Health, Teton County, Wyoming, and United States, 2006-2012

*Confidence inverals were unavailable for US.
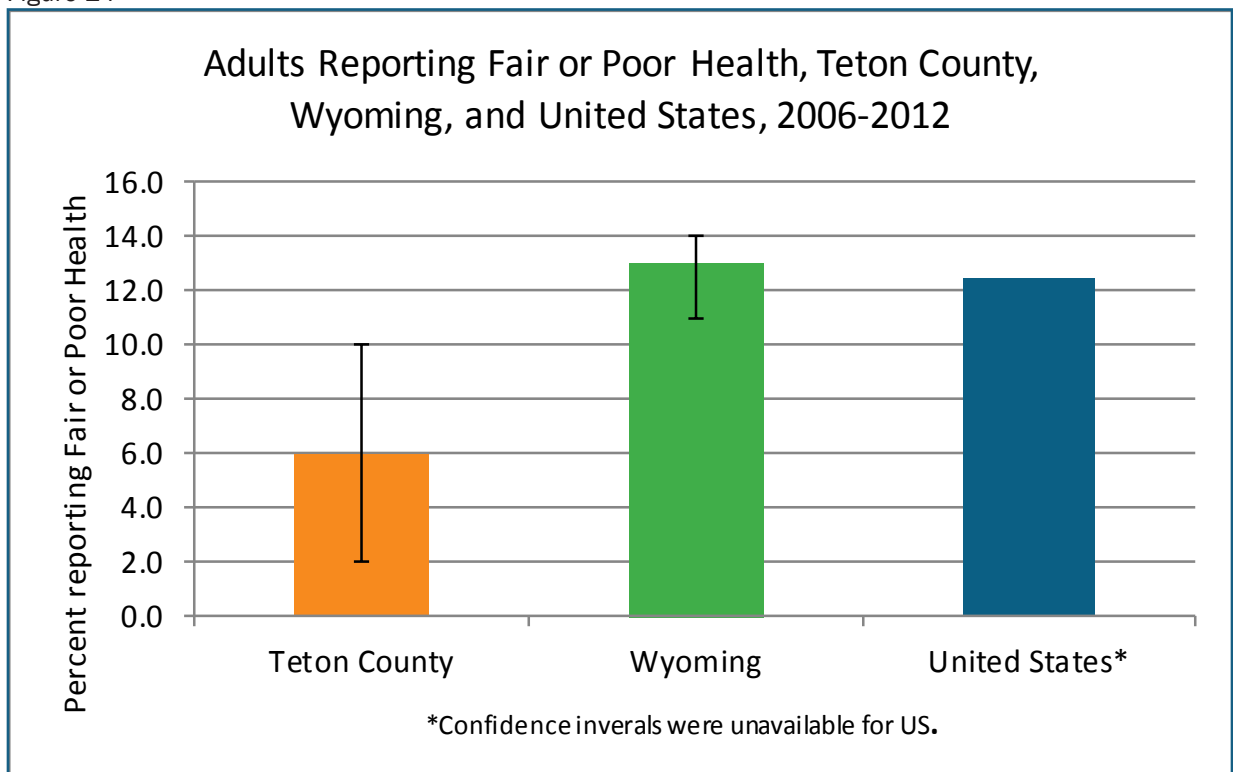
Source: County Health Rankings (Behavior Risk Factor Surveillance System)

PHASE 3: ASSESSMENTS
I. COMMUNITY HEALTH STATUS

Poor Physical Health Days

Between 2006 and 2012 Teton County adults reported an average of 2.1 poor physical health days per month. This is significantly lower than Wyoming (3.2 days) and the United States as a whole (3.7 days).

Figure 25

Average Number of Poor Physical Health Days per Month,
Teton County, Wyoming and the United States, 2006-2012

*Confidence intervals were unavailable for U.S.
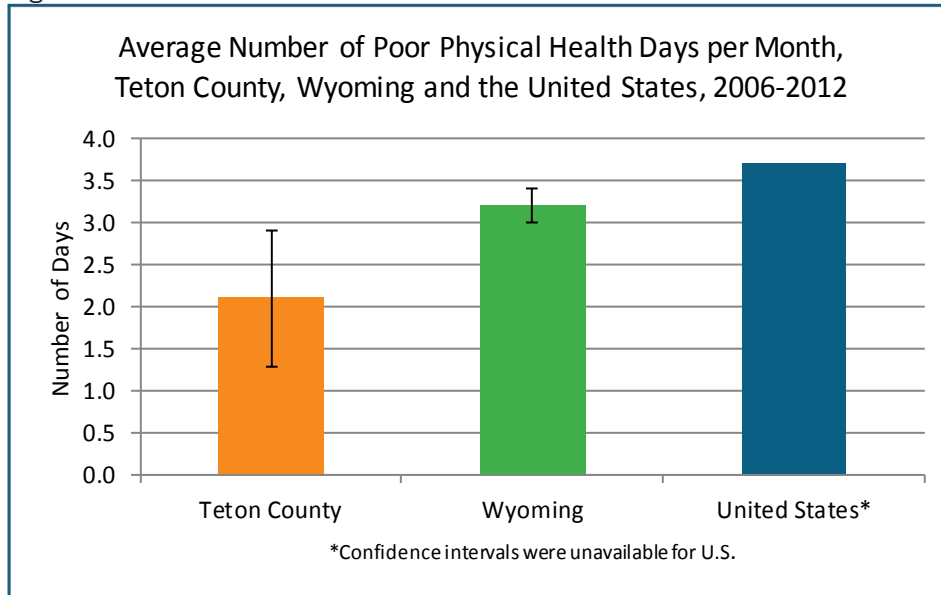
Source: County Health Rankings (Behavior Risk Factor Surveillance System)

Poor Mental Health Days

Between 2006 and 2012, Teton County adults reported an average of 2.3 poor mental health days per month. This is significantly lower than Wyoming (3.2 days) and the United States as a whole (3.5 days).

Figure 26

Average Number of Poor Mental Health Days per Month,
Teton County, Wyoming and the United States, 2006-2012

*Confidence intervals were unavailable for U.S.

Source: County Health Rankings (Behavior Risk Factor Surveillance System)

Illness and Injury

Unintentional Injury Deaths

Between 2008 and 2012, the Teton County unintentional injury death rate was significantly lower than the state of Wyoming (30.1 per 100,000 population and 57.3 per 100,000 population, respectively). United States rates are slightly higher than Teton County (38.6 per 100,000).

Figure 27

Unintentional Injury Deaths, Teton County, Wyoming and the United States, 2008-2012, Age-adjusted
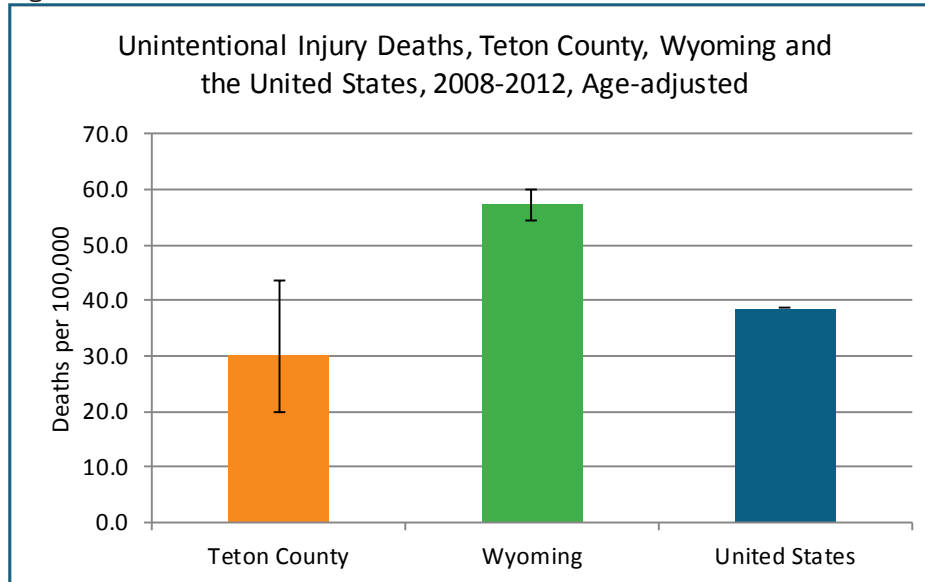
Source: Wyoming Vital Statistics

Cancer Incidence

Between 2008 and 2012, the Teton County age-adjusted cancer incidence rate was slightly lower than the state of Wyoming (412.4 per 100,000 population and 428.1 per 100,000 population, respectively). The United States rate was 443.7 per 100,000 population. These rates were not statistically significant.

Figure 28

Cancer Incidence, Teton County, Wyoming, and the United States, 2008-2012, Age-adjusted
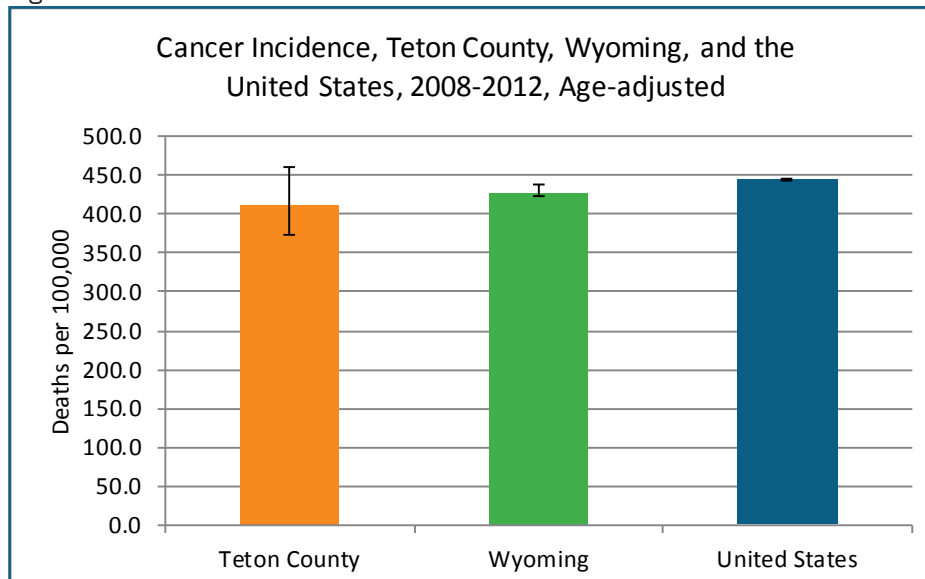
Source: Wyoming Cancer Surveillance Program

PHASE 3: ASSESSMENTS
I. COMMUNITY HEALTH STATUS

Cancer Mortality

Between 2008 and 2012, the Teton County age-adjusted cancer mortality rate was significantly lower than the state of Wyoming (124.2 per 100,000 population and 158.5 per 100,000 population, respectively). United States rates are similar to Wyoming at 168.5 per 100,000 population.

Figure 29

Cancer Mortality, Teton County, Wyoming and the United States, 2008-2012, Age-adjusted
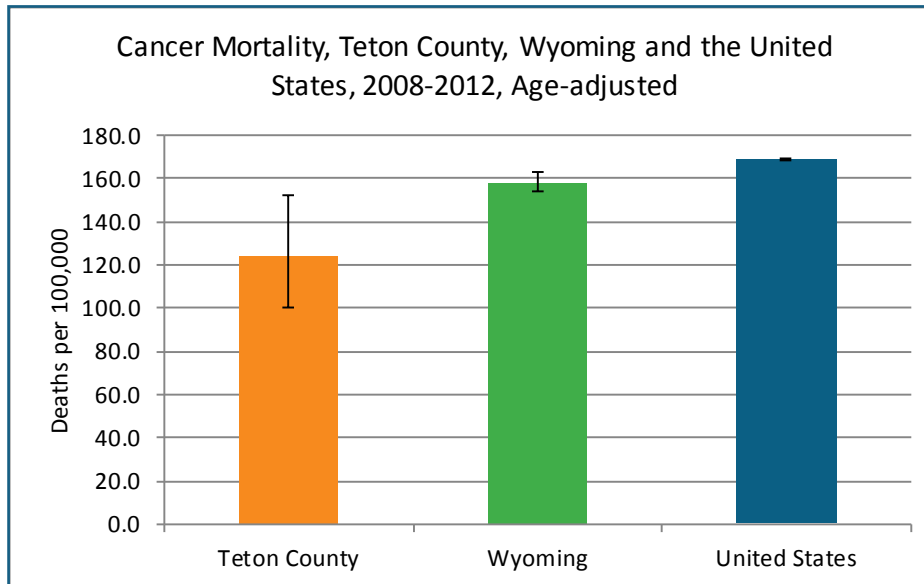
Source: Wyoming Cancer Surveillance Program

Diabetes

Among Teton County adults, 2.8% reported being told by a doctor that they had diabetes. This is significantly lower than 8.6% across Wyoming and 9.6% in the United States.

Figure 30

Percentage of Adults who were told by a doctor that they had diabetes, Teton County, Wyoming, and the United States, 2007-2011

*Data for 2013.
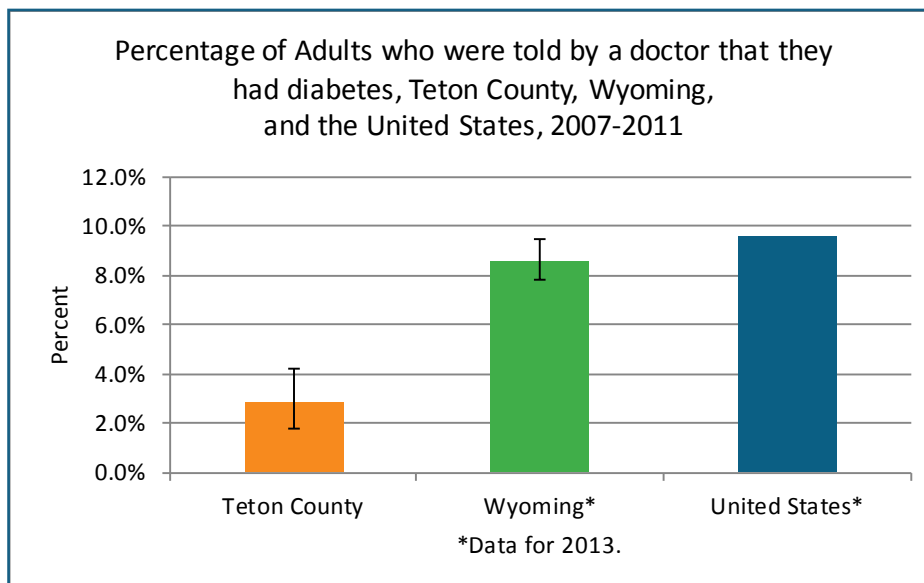
Source: Wyoming Behavioral Risk Factor Surveillance System

Between 2008 and 2012, the Teton County diabetes mortality rate was 8.8 per 100,000 population, compared to 17.8 across Wyoming and 19.8 across the United States.

Additionally, between 2007 and 2011, 3.0% of Teton County residents were living with diabetes, compared to 8.0% and 9.5% in Wyoming and the United States, respectively.

Stroke

Between 2007 and 2011, 0.6% of Teton County adults reported having a stroke, compared to 2.9% of Wyoming adults and 2.9% of the United States.

Between 2008 and 2012, the Teton County stroke mortality rate was 21.3 per 100,000 population, compared to 37.2 per 100,000 population across Wyoming and 36.3 per 100,000 population across the United States.

Asthma

Between 2007 and 2011, 7.3% of Teton County adults reported having asthma, compared to 9.1% of Wyoming adults and 9.1% of the United States. These differences were not statistically significant.

Communicable Diseases

Chlamydia

According to the National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention, in 2011, the rate of chlamydia in Teton County was 209 per 100,000 population, while Wyoming experienced a rate of 368 per 100,000 and the United States experienced a rate of 458 per 100,000. The chlamydia rate in Teton County is increasing.

Tuberculosis

Based on Wyoming Vital Statistics, between 2008 and 2012, new cases of tuberculosis rates were 0.0 per 100,000 population in Teton County and 0.5 per 100,000 population in Wyoming.

HIV/AIDS

According to the Wyoming Department of Health, as of December 31, 2013, Teton County had 8 people living with HIV in the county corresponding to a rate of 37.6 per 100,000 population, with no new cases. Wyoming had 247 cases corresponding to a rate of 43.8 per 100,000.

Hepatitis B and C

Based on Wyoming Vital Statistics, in 2013 the rate of Hepatitis B and C was significantly lower among Teton County residents when compared to the state of Wyoming (9.4 per 100,000 population and 71.7 per 100,000 population, respectively).

Co-morbidities

According to the Behavioral Risk Factor Surveillance System (BRFSS), 15.5% of Wyoming adults surveyed reported having two or more chronic conditions including asthma, diabetes, cancer, COPD, arthritis, or cardiovascular disease. Numbers were too small to calculate at the County level.

Vaccines

Childhood Immunizations

According to the Wyoming Department of Health Immunization Unit, in 2013, 58.0% of 2-year old children in Teton County had received all age-appropriate vaccines. 58% of 2-year-old children in Wyoming had also received all age-appropriate vaccines.

Older Adult Pneumococcal Immunizations

In 2012, 60.1% of adults in the Northwest Region (Big Horn, Hot Springs, Park, Teton & Washakie Counties) aged 65 years or older reported receiving an immunization for pneumococcal pneumonia. This is significantly lower than Wyoming at 68.3%.

Figure 31
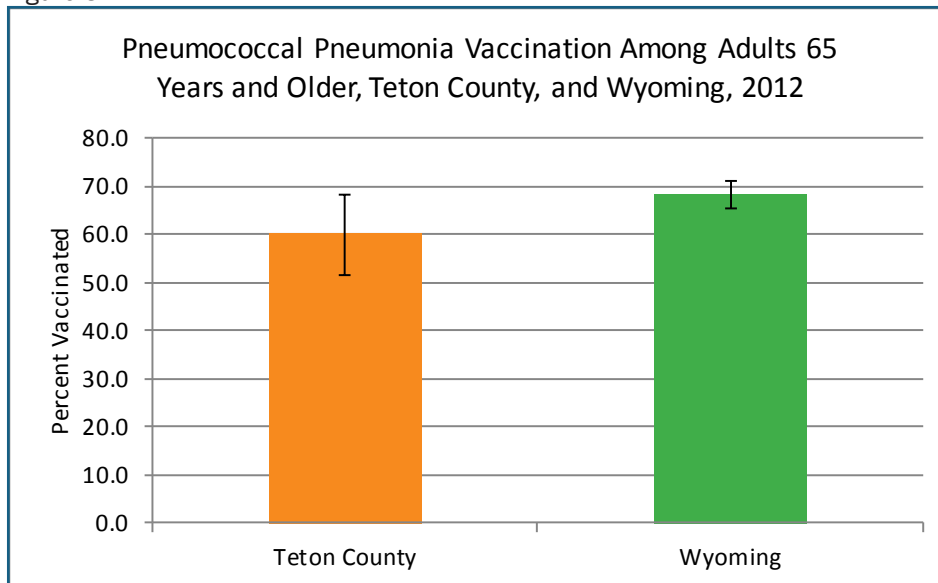
Pneumococcal Pneumonia Vaccination Among Adults 65 Years and Older, Teton County, and Wyoming, 2012

Source: Wyoming Behavioral Risk Factor Surveillance System

Older Adult Influenza Immunizations

Between 2007 and 2011, 49.3% of Teton County adults aged 65 years and older reported receiving an influenza immunization within the past twelve months. This is significantly lower than the state as a whole. Among Wyoming adults in the same age group, 55.4% reported receiving the immunization, while 50.4% of United States adults reported receiving the immunization.

Figure 32

Influenza Vaccination Among Adults 65 Years and Older, Teton County, and Wyoming, 2007-2011
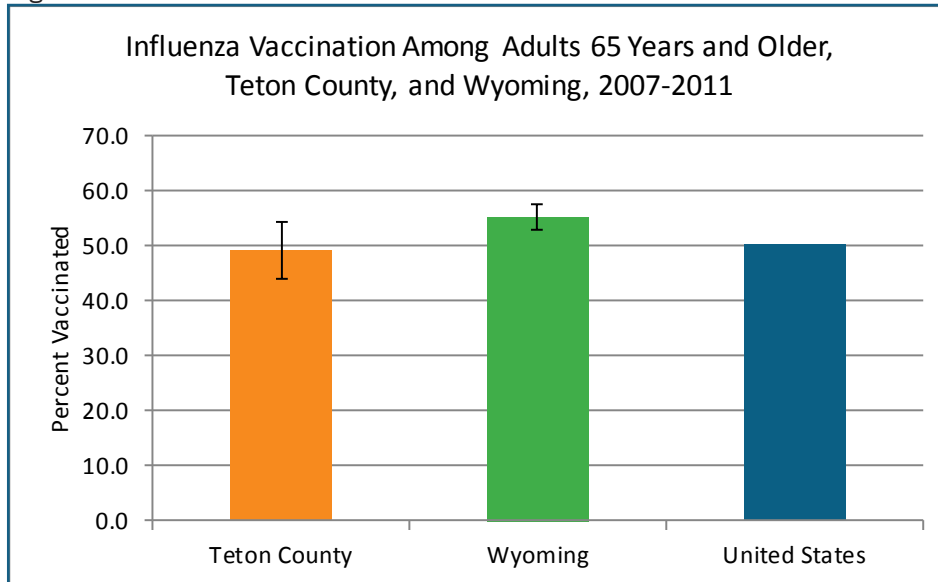
Source: Wyoming Behavioral Risk Factor Surveillance System

Vaccine Preventable Diseases

In 2013, Teton County received no reports of pertussis, measles, or mumps. Wyoming experienced a rate of 12.5 per 100,000 population of these vaccine preventable diseases and the United States experienced 8 per 100,000 population.

PHASE 3: ASSESSMENTS
I. COMMUNITY HEALTH STATUS

CATEGORY 6: PHYSICAL ENVIRONMENT

Air Pollution

In 2011, the average daily level of particulate matter (PM2.5) for Teton County was 10.2 µg/m³ compared to 11.2 µg/m³ in Wyoming and 11.1 µg/m³ across the United States.

Water

Drinking Water

In 2012, less than 1.0% of Teton County's population were in violation of drinking water regulations, while 2.0% of the Wyoming population and 8.0% of the United States population were in violation.

Waterborne Disease

In 2013, the rate of Teton County waterborne diseases, including giardia and cryptosporidiosis, was 9.3 per 100,000 population, compared with 36 per 100,000 in Wyoming and 7.4 per 100,000 across the United States.

Water Contamination

In 2013, according to the Town of Jackson Water Quality Report, the fluoride level was 0.3 ppm, well below the maximum contaminant level of 4 ppm. Teton County Environmental Health reported that in 2013, 37 out of 271 tests showed contaminated water (total coliform, E. coli) in private water systems including: residences, ranches, and guest lodgings. Among public water system inspections, including routines, repeat positives, and new construction, 28 tests were coliform positive.

Lead Exposure

Table 9. Lead Exposure

Homes/Children	East Jackson	Wilson Area	South Jackson	North of Jackson
Total Number of Homes	4,033	3,766	3,854	1,168
Homes built between 1960 and 1979	35.0%	20.0%	30.0%	25.0%
Homes built before 1940	3.0%	3.0%	7.0%	11.0%
Children 5 years and under	7.0%	9.0%	6.0%	5.0%
Average blood lead levels in children 5 years and under	Not Available	Not Available	Not Available	Not Available

Source: US Census American Factfinder

Radon

In 2013 36.0% of home radon tests showed levels greater than 4 picocuries per liter (pCi/L). Forty-three percent of tests in 2014 detected elevated levels.

Housing

Subsidized Housing

According to the Western Greater Yellowstone Region Housing Needs Assessment, in 2014 there were 178 subsidized housing units in Teton County.

Severe Housing Problems

Between 2006 and 2010, Comprehensive Housing Affordability Strategy data showed 20.0% of Teton County households had severe housing issues. This is significantly higher when compared to 12.0% of Wyoming households. Nineteen percent of households across the United States had severe housing issues.

Figure 33
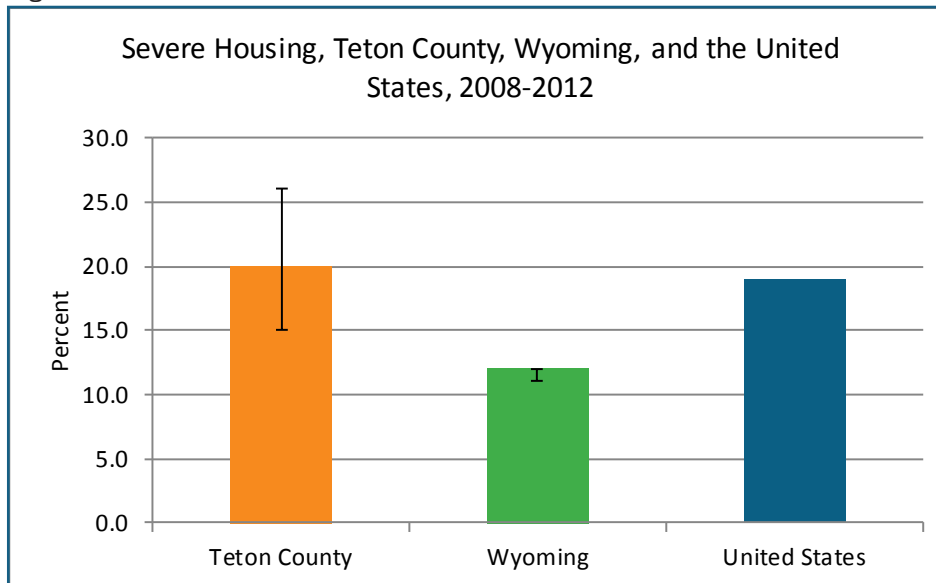
Source: County Health Rankings (Comprehensive Housing Affordability Strategy)

Homelessness

Between October 2013 and September 2014, the Jackson Hole Community Resource Center estimated that there were 89 homeless persons in Teton County. This number does not reflect multiple families in homes, couch surfers, or people paying for hotel rooms unless they identify themselves as homeless.

Transportation

Commuting to Work

Between 2008 and 2012, American Community Survey 5-year estimates 62.0% of Teton County workers reported driving to work alone. This is significantly lower than Wyoming at 76.0% and the United States at 76.0%

Figure 34

Driving to Work Alone, Teton County and Wyoming, 2008-2012
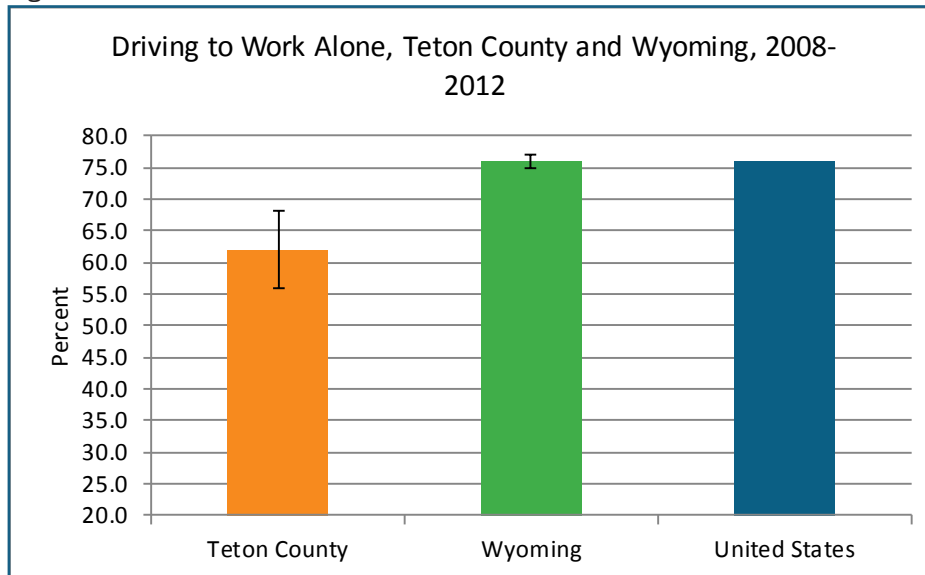
Source: County Health Rankings (American Community Survey)

Twelve percent of Teton County workers reported a long commute (driving 30 minutes or more), compared to 15.0% in Wyoming, and 34.0% of the United States. This was not a statistically significant difference.

Vehicle Trips per Day

The Wyoming Department of Transportation reported the following traffic volumes for 2013.

Teton Pass	5,259
High School Road	19,258
Hoback Junction	6,269
WY 22 Junction into Jackson	17.800
START Bus Star Valley one-way trips	116
START Bus Teton Valley one-way trips	101
START Bus rider one-way trips	2,675

Environmental Health Inspections

In 2013, Teton County Environmental Health reported that 70.0% of restaurants passed inspection. Reasons for failing inspection ranged from temperature violations, lack of sanitization, pest problems, poor hygiene, and cross-contamination.

Eighty-three percent of public pools/spas passed inspection. Reasons for failing inspection ranged from poor water chemistry to unsafe physical conditions.

Foodborne Illness

In 2013, the rate of foodborne illness in Teton County was less than 1.0 per 100,000 population compared with 0.53 per 100,000 population in Wyoming. The rate of salmonella in Teton County was 9.3 per 100,000 compared with 12.0 per 100,000 population in Wyoming and 14.7 per 100,000 in the United States.

Rates of other enteric diseases including Shiga-toxin E. coli, shigella, and Hepatitis A were 9.3 per 100,000 in Teton County, compared with 7.4 per 100,000 in Wyoming, and 5.7 per 100,000 in the United States.

Animal/Vector-borne Disease

In 2013, there were no reports of animal/vector-borne diseases in Teton County. These diseases include West Nile Virus, and Rocky Mountain Spotted Fever. The rate of animal and vector-borne disease in the state of Wyoming was 7.4 per 100,000 population and 1.7 per 100,000 in the United States.

There were no reports of animal rabies cases in Teton County, while there were nine reports across the state and 3,164 cases in the United States.

Teton County Public Health Overview

Full-time Equivalents (FTEs)

In 2014, there were sixteen FTEs at Teton County Public Health. An FTE of one equals one full time employee. The operating budget for the same year totaled $1,070,403.

PHASE 3: ASSESSMENTS
I. COMMUNITY HEALTH STATUS

DATA TRENDS

Along with the point-in-time data contained in the previous sections, it is also important to examine how data change over time. The County Health Rankings (www.countyhealthrankings.org) survey tool evaluates long-term trends for key community health measures.

In the following table, measures with a green icon beside them are getting better, yellow icons indicate the measure is staying the same, and red icons indicate the measure is getting worse.

Table 10. County Health Rankings Data Trends

	Teton County	Trend ⓘ	Error Margin	Top U.S. Performers*	Wyoming	Rank (of 23)
Health Outcomes						**1**
Length of Life						**1**
Premature death	4,054	∿	3,055-5,054	5,317	7,532	
Quality of Life						**1**
Poor or fair health	6%		4-8%	10%	13%	
Poor physical health days	2.1		1.7-2.5	2.5	3.2	
Poor mental health days	2.3		1.8-2.7	2.4	3.2	
Low birthweight	6.7%		5.6-7.8%	6.0%	8.6%	
Health Factors						**1**
Health Behaviors						**1**
Adult smoking	10%		7-13%	14%	20%	
Adult obesity	13%	∿	11-16%	25%	26%	
Food environment index	8.0			8.7	7.9	
Physical inactivity	11%	∿	8-13%	21%	23%	
Access to exercise opportunities	94%			85%	57%	
Excessive drinking	21%		18-25%	10%	17%	
Alcohol-impaired driving deaths	19%			14%	38%	
Sexually transmitted infections	209	∿		123	368	
Teen births	31		25-37	20	43	

Clinical Care						2
Uninsured	21%	～	19-24%	11%	17%	
Primary care physicians	798:1			1,051:1	1,476:1	
Dentists	1,204:1			1,392:1	1,774:1	
Mental health providers	529:1			521:1	510:1	
Preventable hospital stays	27	～	20-35	46	55	
Diabetic screening	79%		59-98%	90%	75%	
Mammography screening	69%		57-81%	71%	57%	
Social & Economic Factors						**11**
High school graduation	88%				80%	
Some college	70%		58-81%	70%	65%	
Unemployment	6.6%	～		4.4%	5.4%	
Children in poverty	14%	～	10-18%	13%	15%	
Inadequate social support	15%		12-18%	14%	16%	
Children in single-parent households	18%		9-27%	20%	27%	
Violent crime	264	～		64	215	
Injury deaths	52		39-68	49	84	
Physical Environment						**5**
Air pollution - particulate matter	10.2	～		9.5	11.2	
Drinking water violations	0%			0%	2%	
Severe housing problems	20%		15-26%	9%	12%	
Driving alone to work	62%		56-68%	71%	76%	
Long commute - driving alone	12%		7-17%	15%	15%	

Data Source: County Health Rankings

Unemployment: Getting worse

Figure 35
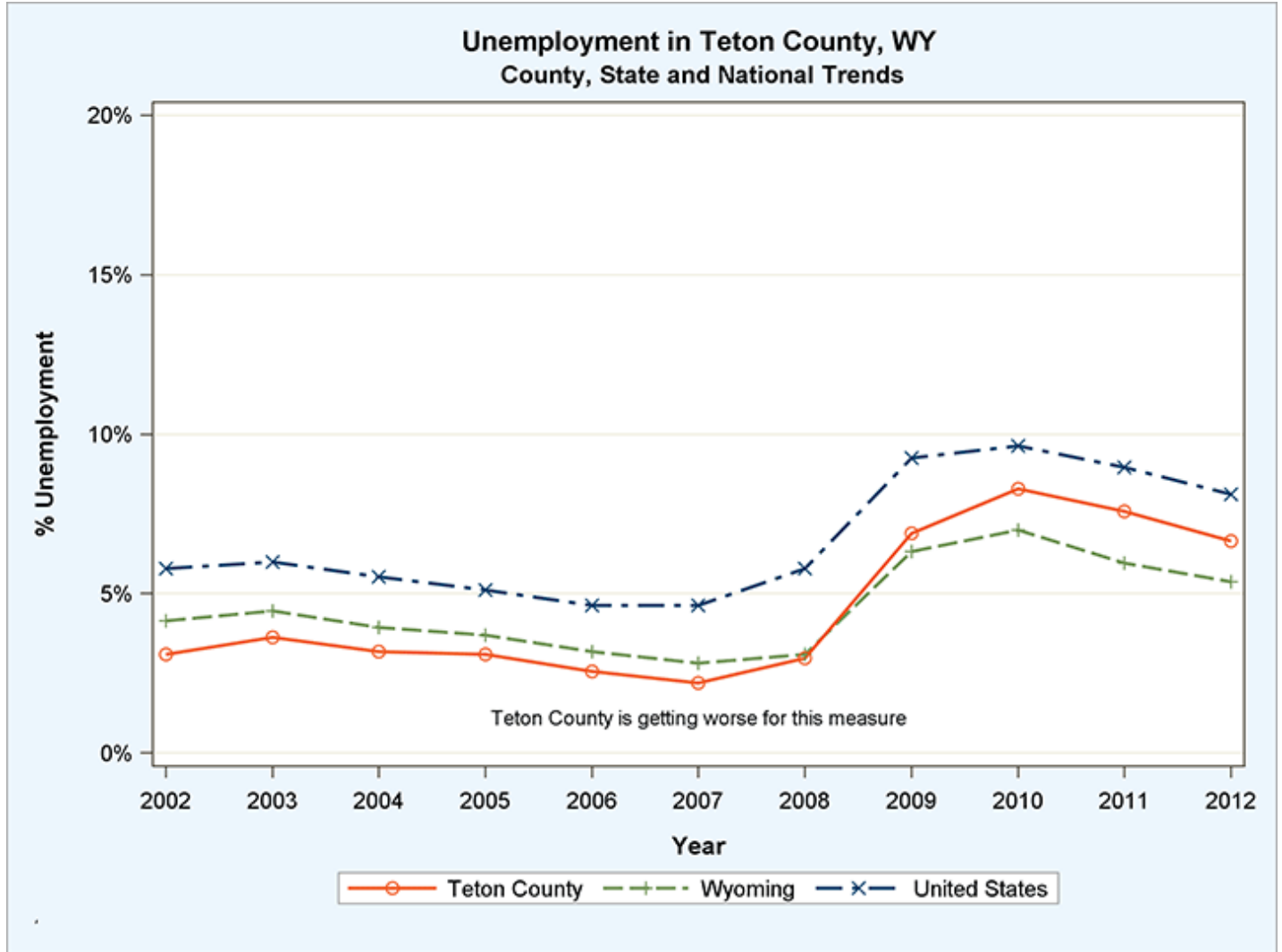
Source: County Health Rankings

Child Poverty: Getting worse

Figure 36
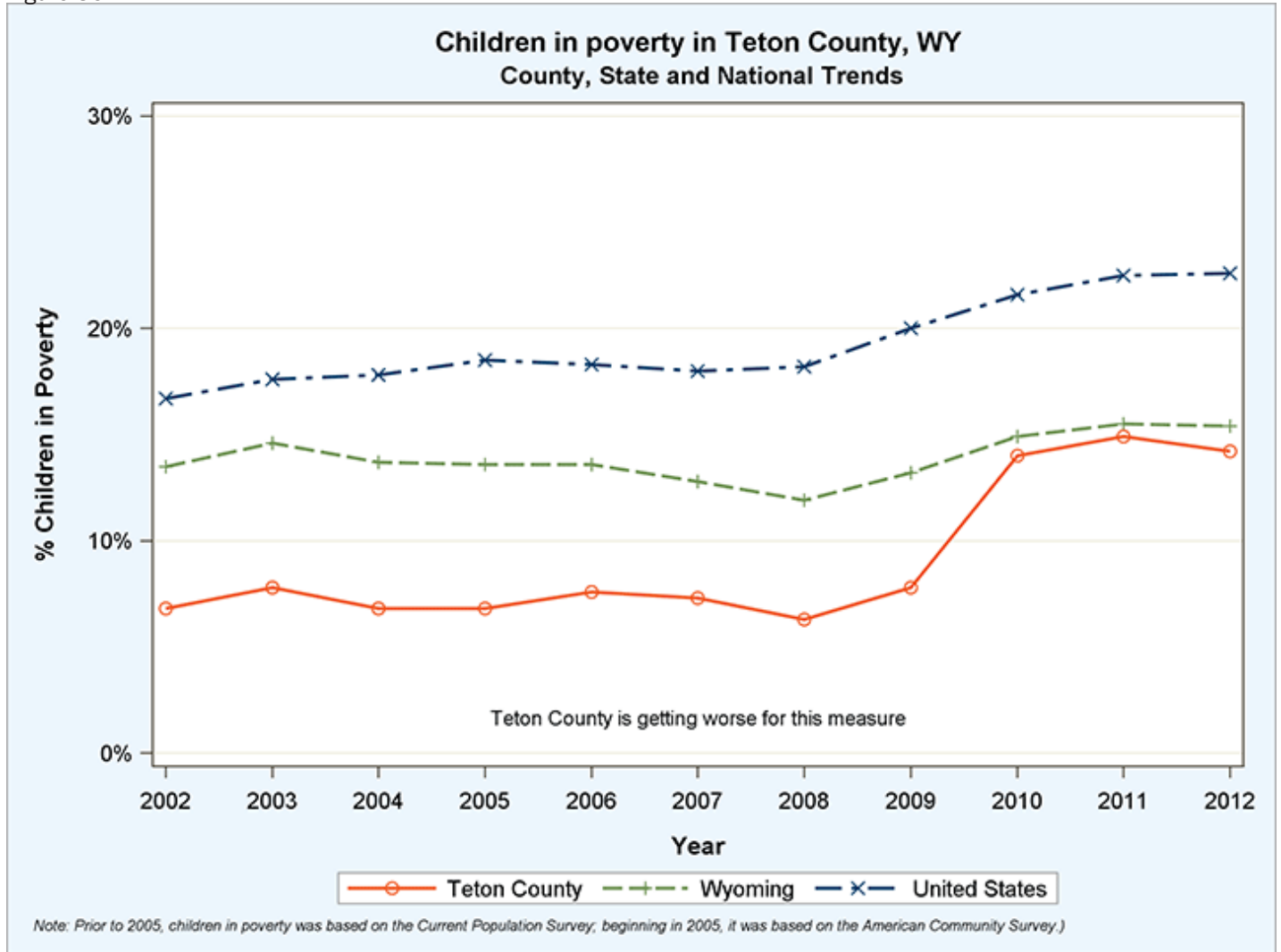
Children in poverty in Teton County, WY
County, State and National Trends

Teton County is getting worse for this measure

Note: Prior to 2005, children in poverty was based on the Current Population Survey; beginning in 2005, it was based on the American Community Survey.)

Source: County Health Rankings

Uninsured: Staying the same

Figure 37

Source: County Health Rankings

Violent Crime: Getting better

Figure 38
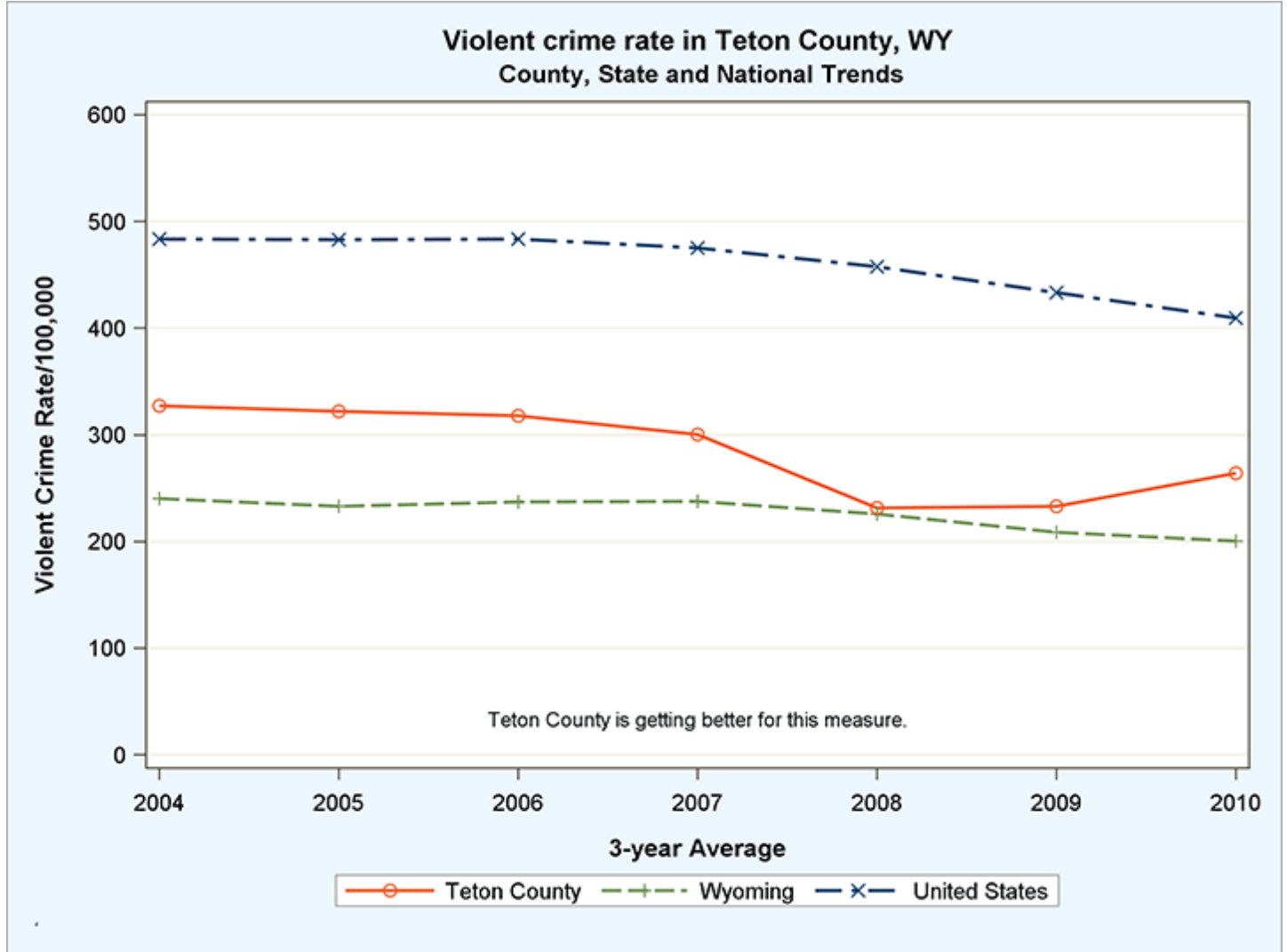
Source: County Health Rankings

Adult Obesity: Staying the same

Figure 39
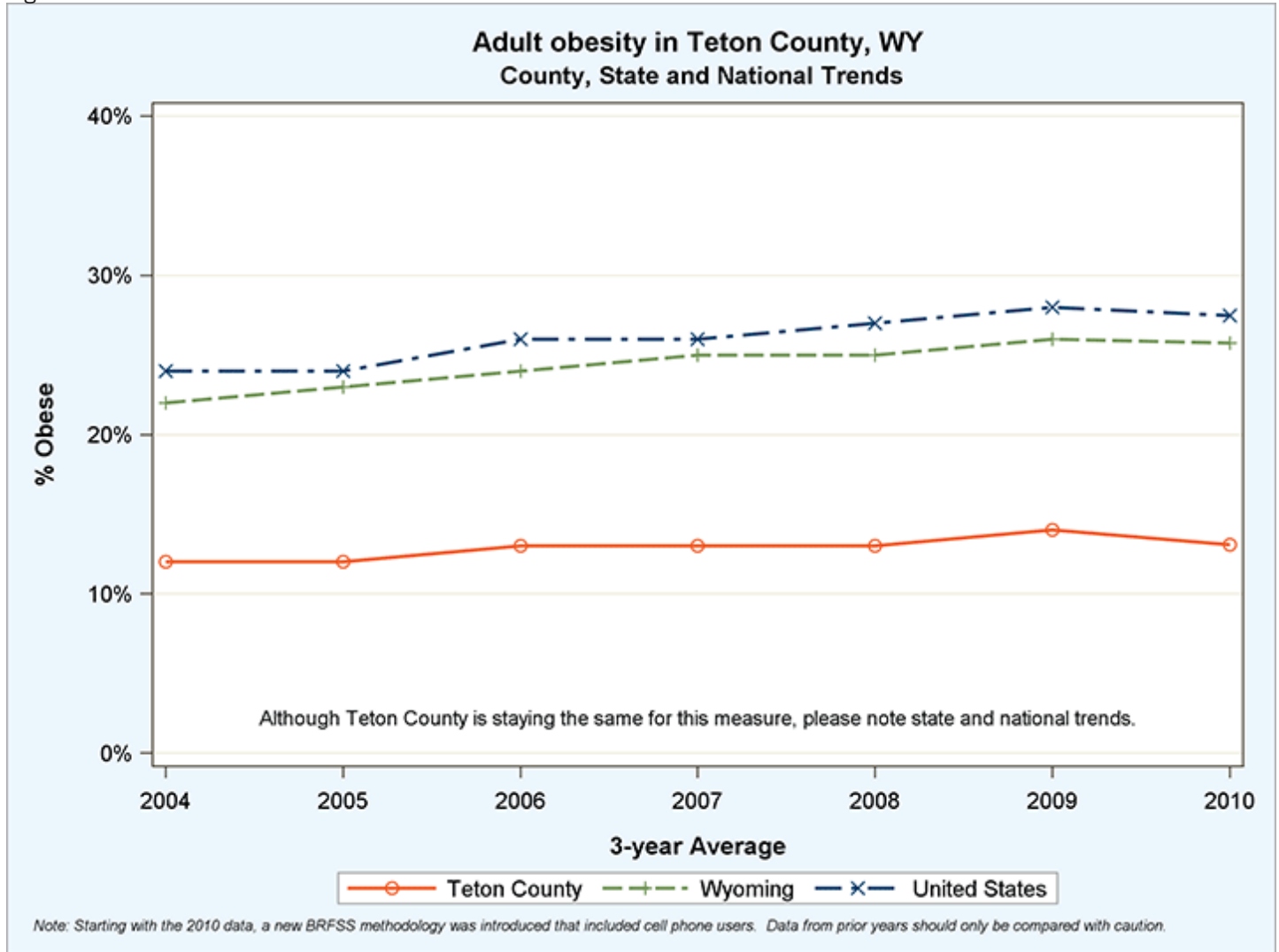
Adult obesity in Teton County, WY
County, State and National Trends

Although Teton County is staying the same for this measure, please note state and national trends.

Legend: Teton County, Wyoming, United States

Note: Starting with the 2010 data, a new BRFSS methodology was introduced that included cell phone users. Data from prior years should only be compared with caution.

Source: County Health Rankings

Physical Inactivity: Staying the same

Figure 40
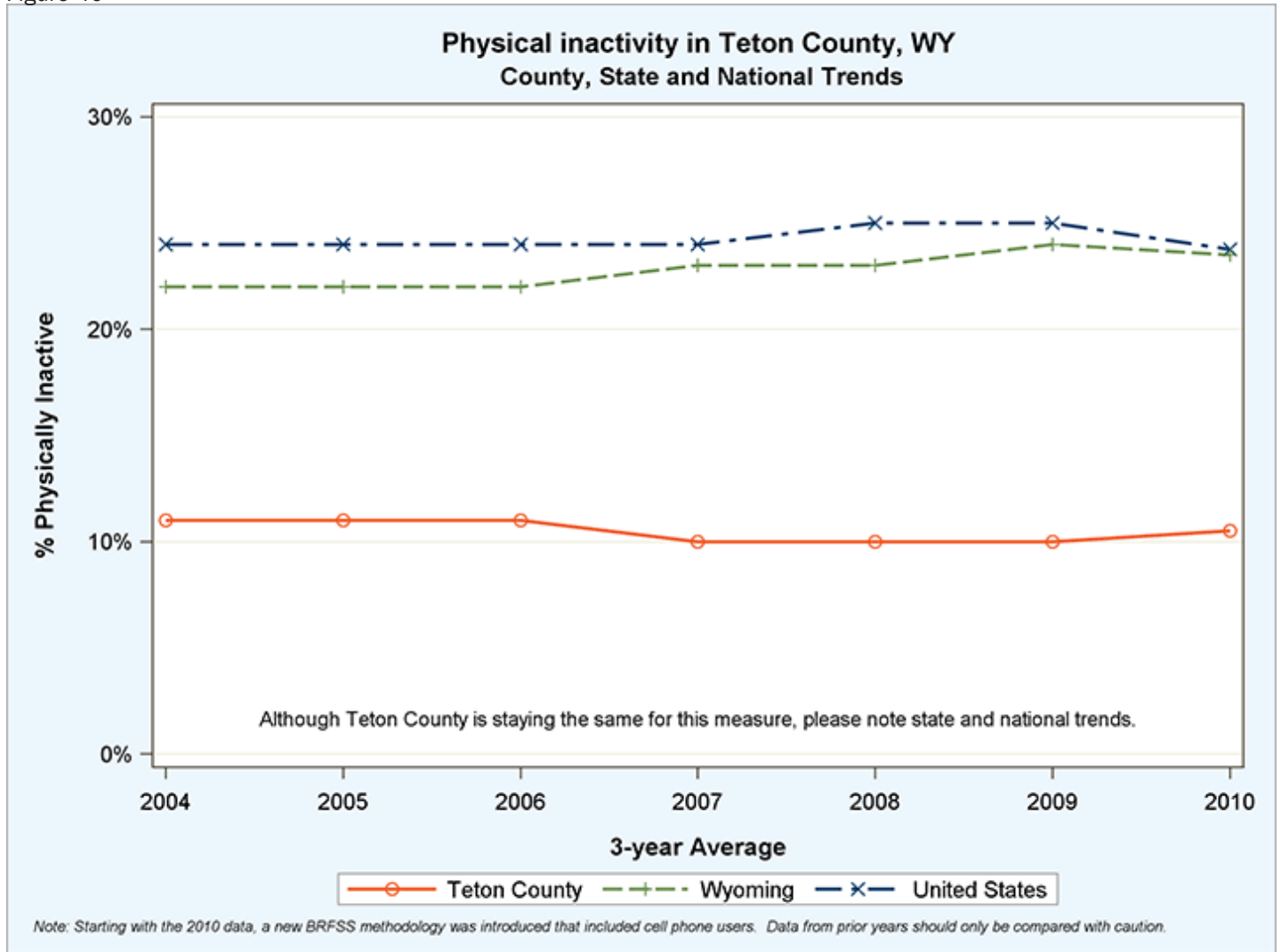
Physical inactivity in Teton County, WY
County, State and National Trends

Although Teton County is staying the same for this measure, please note state and national trends.

Legend: Teton County — Wyoming — United States

Note: Starting with the 2010 data, a new BRFSS methodology was introduced that included cell phone users. Data from prior years should only be compared with caution.

Source: County Health Rankings

Preventable Hospital Stays: Getting better

Figure 41
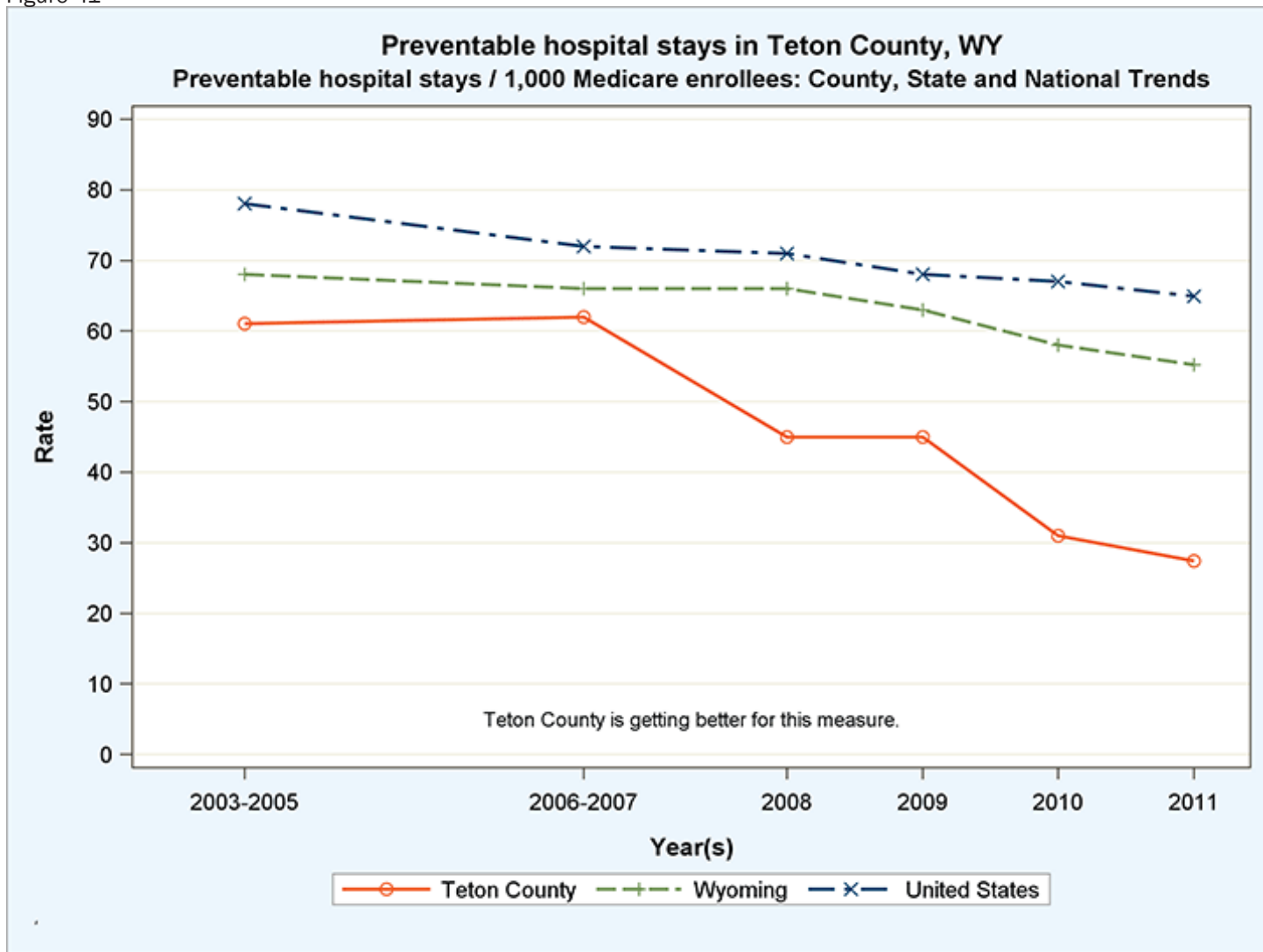
Source: County Health Rankings

Premature Death: Getting better

Figure 42
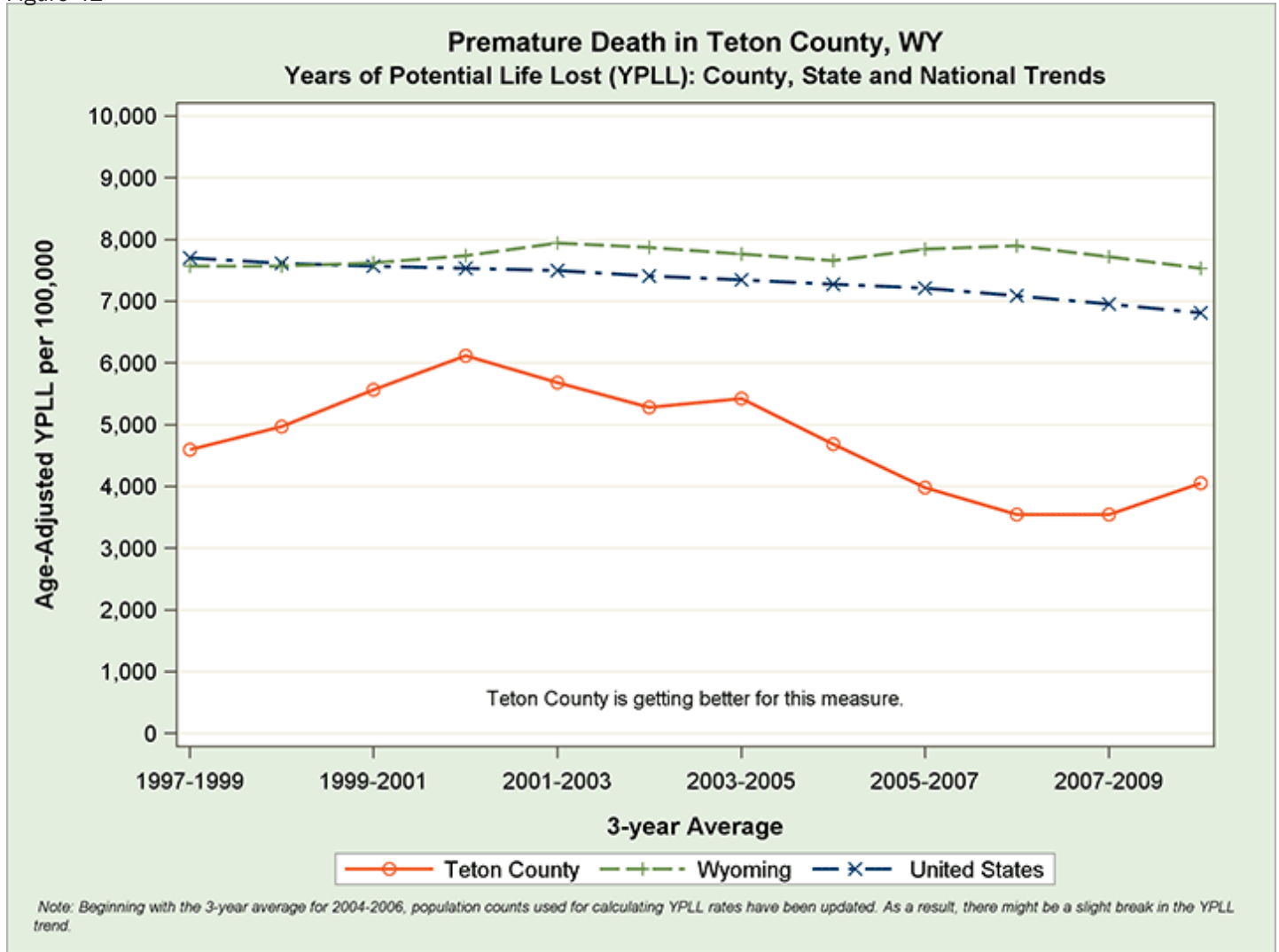
Premature Death in Teton County, WY
Years of Potential Life Lost (YPLL): County, State and National Trends

Teton County is getting better for this measure.

Note: Beginning with the 3-year average for 2004-2006, population counts used for calculating YPLL rates have been updated. As a result, there might be a slight break in the YPLL trend.

Source: County Health Rankings

Sexually Transmitted Infections: Getting worse

Figure 43
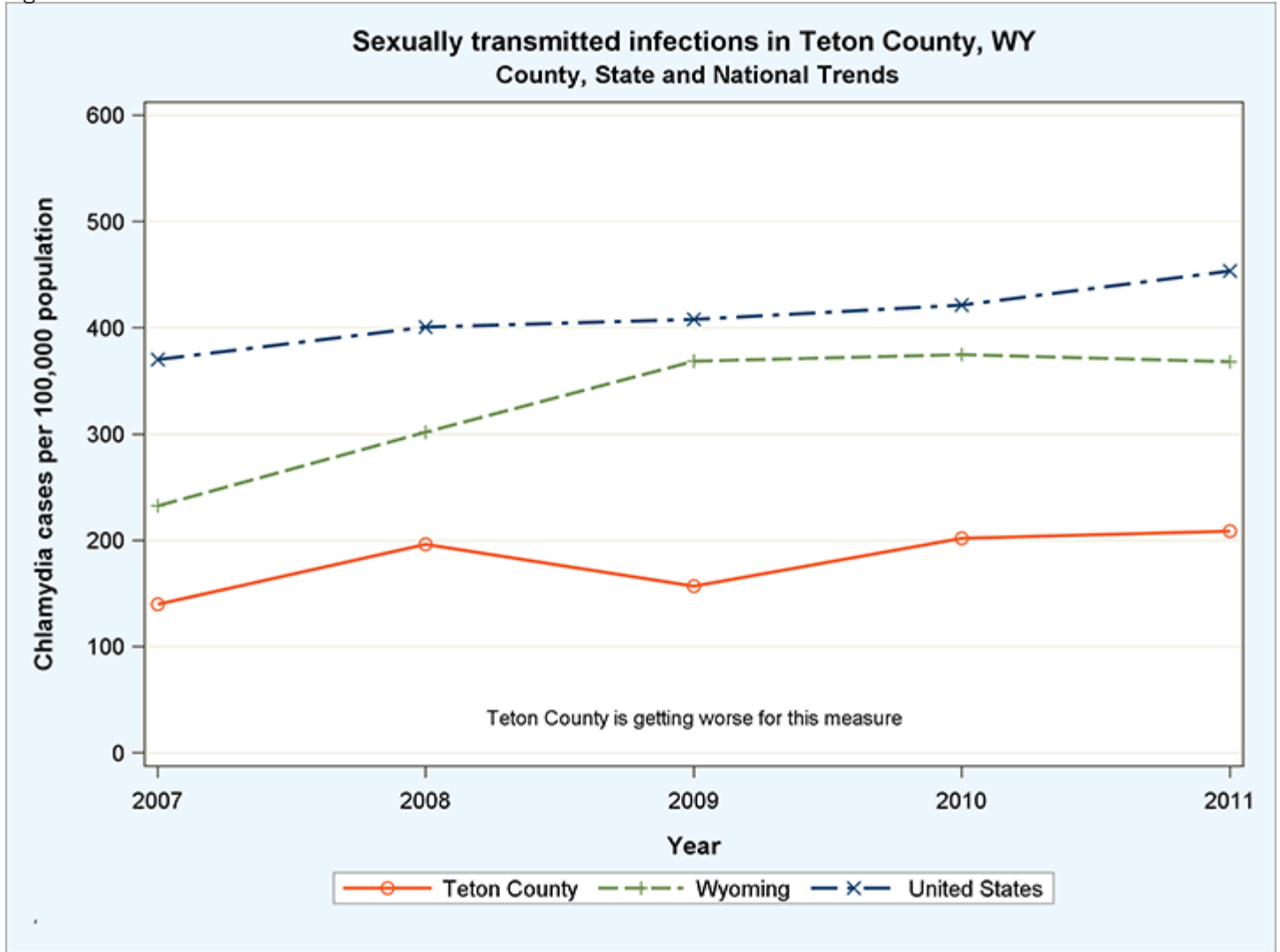
Sexually transmitted infections in Teton County, WY
County, State and National Trends

Teton County is getting worse for this measure

Legend: Teton County — Wyoming — United States

Source: County Health Rankings

Air Pollution: Getting worse

Figure 44

Daily fine particulate matter in Teton County, WY
County, State and National Trends

Teton County is getting worse for this measure

Legend: Teton County — Wyoming — United States
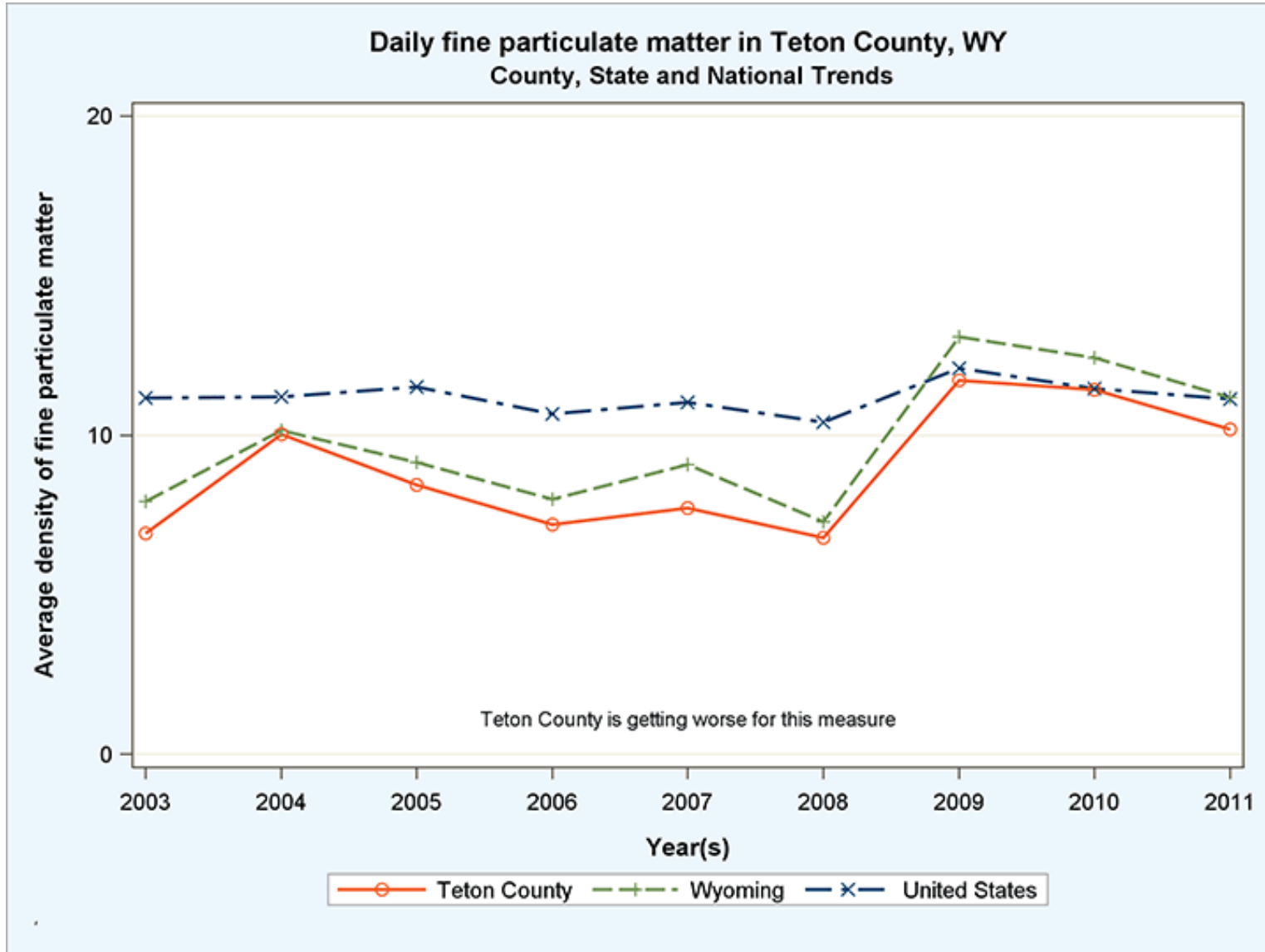
Source: County Health Rankings

THIS PAGE INTENTIONALLY LEFT BLANK

The Community Themes and Strengths Assessment (CTSA) answers the following questions: What is important to the community? How is quality of life perceived in the community?

Timeline: June - September 2014

Committee chair: Sara Salo, SJMC

Committee members: 20+

Type of data collected: Qualitative & quantitative

Data collection method: Quality of life survey & focus groups

The CTSA committee's goal was to describe, as accurately as possible, how community members perceived their health, resources, environment, and quality of life. This assessment was specifically charged with the task of reaching out to traditionally underrepresented populations such as elderly, youth, Latinos, un- and under-employed, homeless, and those who struggle with mental health issues. In order to ensure that the diverse needs of those living in and around Teton County were addressed, the committee chair recruited over 20 committee members who represented a variety of area residents.

The CTSA committee held its initial meeting on April 23, 2014, and decided to take the following steps:

1) Create an outreach matrix

   The CTSA Outreach Matrix (Appendix F) was designed to ensure that each target population was considered and that they were appropriately engaged during data collection.

2) Identify community gatekeepers for each target population

   Community gatekeepers were considered to be those individuals who held in-depth knowledge about a subpopulation and who were engaged with the subpopulation on a regular basis. Additionally, a committee member was designated as the liaison for each target population. Liaisons were responsible for coordinating outreach efforts.

3) Determine an outreach strategy for each target population

   Outreach strategies were chosen from a list provided in the MAPP handbook.

4) Implement identified strategies

   Community outreach and data collection were conducted from June - September 2014 through two methods: focus groups and a quality of life survey.

PHASE 3: ASSESSMENTS
II. COMMUNITY THEMES & STRENGTHS

FOCUS GROUPS

The CTSA focus groups were conducted throughout fall 2014 with participants that represented specific target subpopulations. The purpose was to gather feedback about living the Greater Teton area through constructive dialogue. All groups were facilitated by a CTSA committee member and followed a standardized protocol. Questions for each group included:

> What do you enjoy about living in the Tetons?
>
> What things (resources, people, programs) here make it easy for you and your family to be healthy?
>
> What additional resources, programs or policies do you think that we need to make our community healthier than it is now?
>
> What challenges do you face living in Teton County?
>
> Let's make a wish list. What is the ONE change that you think would improve the quality of life in Teton County?

Focus group meetings occurred from July - October 2014 with group sizes ranging from 5 to 15 attendees. The subpopulations identified for participation in the focus groups are indicated below and were selected from the CTSA Outreach Matrix (Appendix F) by the CTSA committee. Participants were recruited by community members who actively worked with each target subpopulation.

FOCUS GROUP PARTICIPANTS	
YOUTH (AGES 11-14)	SENIORS
SPANISH-SPEAKERS (ADULTS AND YOUTH)	THOSE WHO STRUGGLE WITH MENTAL HEALTH

Results are summarized below and are organized by common themes that emerged throughout the series of conversations.

Outdoor Recreation

Youth: Participants expressed appreciation for the multitude of outdoor recreation opportunities that are present in the Greater Teton area. Youth stated that they would like to see more sports opportunities, particularly more non-competitive activities.

70

Seniors: Older participants expressed enjoyment of the outdoors but voiced concerns about accessibility challenges in areas such as trails, pathways, county parks, and national parks. Lack of seating at recreation locations was an additional concern.

Transportation

Youth: Alternative transportation options such as buses and pathways were extremely important to this demographic. Specifically, a START bus to the Melody Ranch neighborhood was mentioned as a community need.

Seniors: Older participants identified transportation as a primary challenge of living in the Greater Teton area. Winter travel is especially difficult for those with limited mobility due to treacherous

> " If it weren't for the bike path, I couldn't get to my friend's house since I live north of town. "
>
> - Middle School Student

conditions. Residents at the Morning Star Assisted Living Facility suggested that expanded transportation options, particularly in the evening, were highly desirable.

Latinos: Spanish-speaking participants expressed a desire to more easily obtain a driver's license.

Those who struggle with mental health: Participants were interested in longer bus hours for those who need transportation at night.

Cost of Living

Youth: The high cost of living in the Greater Teton area can be a stress on families of participants; youth in the English as a Second Language (ESL) focus group stated that their parents' long work hours keep moms and dads away from families. Older children are sometimes required to take on caregiver responsibilities for younger siblings due to parents' work schedules. When money is tight and bills such as cell phones aren't paid, communication becomes difficult and can have social and academic impacts. Additionally, many families travel over 80 miles to Idaho Falls, ID

on a weekly or bi-weekly basis for groceries and household supplies.

Seniors: Seniors discussed the disparity between wages and cost of living, and highlighted the fact that this factor has been present in the Greater Teton area for many years.

Latinos: Cost of living was a major concern for Latino residents. Many families feel overwhelmed by long work hours and have little time for family or friends. Participants would like to spend less time working and worrying about money.

Community Involvement

Youth: Participants stated that they and their families try to take advantage of social opportunities available in the Greater Teton area such as concerts and fairs. Youth also expressed an interest in participating in more community service activities; there are currently very

limited volunteer options or job opportunities for adolescents.

Seniors: Older participants expressed appreciation for the many social activities available to them; events offered through the

Senior Center of Jackson Hole were repeatedly mentioned. Cost was cited as a prohibitive factor for community events at other locations.

Latinos: Participants perceived the community as supportive and expressed appreciation for social services and youth enrichment activities.

Those who struggle with mental health: Social support from community members was a very positive feature of living in this area for participants. There was a desire for more job opportunities that would allow those with mental illness to more fully integrate into the community.

Housing

Youth: Housing availability and cost were cited by youth as a challenge of living in the Greater Teton area. When families spend a large portion of income on rent, there are fewer resources for other necessities such as cell phones and transportation.

Seniors: Senior housing is an ongoing concern for older residents of the Greater Teton area. Participants stated that affordable housing options have gradually diminished over the years, and voiced concerns over housing policies. Independence and privacy were both highly valued by the attendees; some existing housing options feel restrictive to residents or don't meet the mark for independence and privacy. Participants expressed interest in exploring new models for senior living such as shared homes.

Those who struggle with mental health: Participants stated that finding an affordable place to live in Jackson was extremely difficult; many attendees lived in one of the outlying communities such as Star Valley. An additional challenge cited by participants was completing the required paperwork for housing assistance properly and in a timely manner.

Healthcare

Seniors: Older participants were generally very pleased with the quality of care that they received from providers in the Jackson area. Traveling out of town for certain appointments with a specialist (such as a cardiologist or macular degeneration doctor) was cited as a challenge.

Latinos: Access to providers, access to health information, and cost of care were the three most important healthcare factors for Spanish-speaking residents. Participants expressed a desire for less expensive healthcare as well as the importance of health insurance for undocumented individuals. Lack of information about women's health issues was an additional concern.

Those who struggle with mental health: Participants expressed gratitude for the excellent mental health care that they received from local providers. However all attendees agreed that they would like to have appointments more frequently than once per week, and additional assistance available to them in times of crisis. There was interest from the group for more local support groups on topics such as suicide and mental illnesses. Participants also stressed the importance of continued community education about mental health issues in order to reduce the stigma around their diseases. Dental appointments were an additional concern, with participants citing cost as a prohibitive factor to receiving care.

Quality of Life

Youth: The community features most frequently highlighted by youth as positively impacting their lives were associated with outdoor recreation and included resources such as parks, rivers, pathways, trails, and access to a variety of activities. The ESL group's opinion varied slightly, with these youth citing the calmness, freedom, and safety of a small town as the primary features that they enjoyed. The ESL participants cited the ability to obtain a good education as an additional benefit to living in the Greater Teton area.

> **"We have lived in a lot of places, and Jackson is definitely the most pleasant."**
>
> - Elderly Resident of Morning Star Assisted Living

Seniors: Seniors placed high value on the small town characteristics of the Greater Teton area and expressed appreciation for the many social connections that they have maintained throughout their varying years of residency.

"Neighbors helping neighbors" was seen as the normative behavior in this area. More interactions with local youth was suggested as a strategy to facilitate intergenerational socialization.

Latinos: Spanish-speaking participants were very appreciative of the many educational opportunities available to children in the Greater Teton area. Other positive attributes included safety and employment. The stress of living in this area as an undocumented individual was cited as a major concern.

Those who struggle with mental health: Participants cited a supportive community and natural beauty of the area as the two primary features that enhanced their quality of life.

Summary

Detailed focus group notes are available through the CTSA Committee Chair. Please contact Sara Salo at ssalo@tetonhospital.org or 307.739.7242, if you are interested in further information about the focus group data.

PHASE 3: ASSESSMENTS
II. COMMUNITY THEMES & STRENGTHS

QUALITY OF LIFE SURVEY

Data Summary

The CTSA Quality of Life survey (Appendix G) was developed through materials in the MAPP Clearinghouse of Resources (www.naccho.org/mapp) and from surveys used in other MAPP communities. The final questionnaire was approved by an epidemiologist prior to distribution. The purpose of the survey was to gather opinions about quality of life from a broad spectrum of residents. Surveys were available in Spanish and English. In order to ensure widespread distribution of the survey, the CTSA committee conducted a variety of outreach efforts including:

- Staffed booths at 11 well-attended community events
- Attended meetings of community organizations to provide information about the survey
- Promoted the survey online and through social media channels
- Published an ad in local newspapers
- Contacted large local employers for survey distribution to employees

The committee's target response rate was 1,000 surveys; when the survey closed on September 30, 2014, community members had completed a total of 1,278 questionnaires.

*Please note: CTSA data only describe individuals' perceptions about health and quality of life in the Greater Teton area and do not describe the true prevalence of health issues.

Demographics

The majority of survey respondents were females (63.82%), were between 30 and 50 years of age (61.47%), non-Hispanic (82.42%), and white (93.02%). The majority had a college degree or higher (73.44%) and had an income of $50,000 to $99,999 per year. An overwhelming majority of respondents plan to stay in the Teton County area for more than three years (91.13%).

Quality of Life

The majority of respondents ranked their quality of life living in the greater Teton community as very good or good (97.7%), while only 2.3% ranked their quality of life at poor or very poor. On a scale of 1 (very good) to 4 (very poor), the average rank was 1.4.

Regarding Teton County, the majority of respondents agree or strongly agree with the following:

- I am satisfied with the healthcare system in our community.
- This community is a good place to raise a family.
- This community is a good place to grow older.
- Our community is a safe place to live.
- Our community is able to support individuals and families during times of stress and need.
- Our community's environment is clean.
- I believe that I have influence in our community to make it a better place to live, work, learn, or play.

More than one-third of respondents disagree or strongly disagree that there is economic opportunity in our community.

Important Factors for a Healthy Community

When asked to rank the most important factors for a healthy community, the factors ranked most often were good jobs and a healthy economy, access to healthcare, affordable housing, healthy behaviors and lifestyle, and a clean environment.

Access to healthcare was most often ranked number one regarding the most important factors for a healthy community.

Community Health Problems

When asked to rank the most important health problems that need to be addressed, the conditions ranked most often were mental health problems, cancer, aging problems, heart disease and stroke, and domestic violence.

Cancer was most often ranked first among the most important health problems that need to be addressed.

Community Risky Behaviors

When asked to rank the most important risky behaviors that need to be addressed, the behaviors ranked most often were alcohol abuse, drug abuse, tobacco use, poor eating habits, and dropping out of school.

Alcohol abuse was most often ranked first among the most important risky behaviors that need to be addressed.

Demographics

A total of 1,278 surveys were completed between September and October, 2014. The majority of respondents filled out the English language survey (86.3%, n = 1,103). Of those surveyed, 84.8 % (1,084) listed a ZIP code within Teton County.

Additional demographic data can be found in Table 11.

Table 11: Quality of Life Survey Demographic Characteristics

Demographics	Survey Version					
	English		Spanish		Both	
	N	%	N	%	N	%
Sex						
Male	356	33.40	80	53.33	436	35.86
Female	706	66.23	70	46.67	776	63.82
Transgender	4	0.38	0	0.00	4	0.33
Total	1066	100.00	150	100.00	1216	99.67
Age Group						
<20 yrs	14	1.34	7	41.18	21	1.75
20-29 yrs	148	14.15	41	241.18	189	15.71
30-39 yrs	257	24.57	61	358.82	318	26.43
40-49 yrs	195	18.64	35	205.88	230	19.12
50-59 yrs	191	18.26	10	58.82	201	16.71
60-69 yrs	136	13.00	0	0.00	136	11.31
70-79 yrs	83	7.93	0	0.00	86	7.15
80+ yrs	22	2.10	0	0.00	22	1.83
Total	1046	100.00	17	100.00	1203	100.00
Ethnicity						
Hispanic	63	6.13	143	99.31	206	17.58
Non-Hispanic	965	93.87	1	0.69	966	82.42
Total	1028	100.00	144	100.00	1172	100.00
Race						
African American/Black	3	0.29	2	1.50	5	0.45
Asian/Pacific Islander	16	1.55	1	0.75	17	1.51
Native American	14	1.36	17	12.78	31	2.76
White/Caucasian	975	94.57	70	52.63	1045	93.05
Other	23	2.23	43	32.33	25	2.23
Total	1031	100.00	133	100.00	1123	100.00

Education						
Less than HS	24	2.33	53	38.69	77	6.60
HS or GED	163	15.83	70	51.09	233	19.97
College Degree or higher	843	81.84	14	10.22	857	73.44
Total	1030	100.00	137	100.00	1167	100.00
Income						
<$20,000	80	7.94	52	38.52	132	11.56
$20,000 - $29,999	62	6.16	49	36.30	111	9.72
$30,000 - $49,999	188	18.67	28	20.74	216	18.91
$50,000 - $99,999	368	36.54	4	2.96	372	32.57
$100,000+	309	30.69	2	1.48	311	27.23
Total	1007	100.00	135	100.00	1142	100.00
Length of Stay						
Less than 6 months	59	5.61	2	1.75	61	5.62
6 months to 1 year	28	2.66	7	6.14	35	3.23
1 year to 3 years	81	7.70	29	25.44	110	10.14
More than 3 years	884	84.03	105	92.11	989	91.15
Total	1052	100.00	114	100.00	1085	100.00

Source: Teton County Community Themes and Strengths Survey

Quality of Life

The majority of respondents ranked their quality of life living in the greater Teton community as very good or good (97.7%), while only 2.3% ranked their quality of life as poor or very poor. On a scale of 1 (very good) to 4 (very poor), the average rank was 1.4.

Figure 45. Quality of Life Perceptions
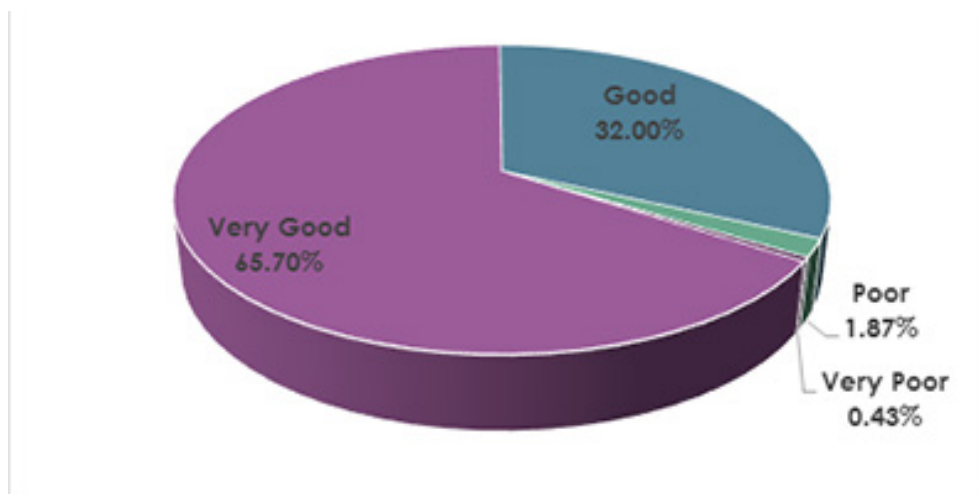
Source: Teton County Community Themes and Strengths Survey

Respondents were asked to rank how much they agreed or disagreed with the following statements:

Table 12. CTSA Community Satisfaction

Statement	Strongly Agree (1)	Somewhat Agree (2)	Somewhat Disagree (3)	Strongly Disagree (4)	Average Rank
I am satisfied with the healthcare system in our community.	36.77%	47.80%	12.71%	2.72%	1.81
This community is a good place to raise a family.	63.91%	30.01%	4.95%	1.14%	1.43
This community is a good place to grow older.	36.58%	45.42%	14.55%	3.46%	1.85
There is economic opportunity in our community.	25.82%	40.55%	25.02%	8.61%	2.16
Our community is a safe place to live.	79.15%	18.85%	1.52%	0.48%	1.23
Our community is able to support individuals and families during times of stress and need.	42.07%	45.85%	9.94%	2.14%	1.72
Our community's environment is clean.	77.64%	20.31%	1.64%	0.41%	1.25
I believe that I have influence in our community to make it a better place to live, work, learn or play.	40.84%	42.29%	12.03%	4.84%	1.81

Source: Teton County Community Themes and Strengths Survey

The majority of respondents agreed with most of these statements; although, one-third of respondents disagreed or strongly disagreed that there is economic opportunity in our community.

Important Factors for a Healthy Community

When asked to rank the most important factors for a healthy community, the factors ranked most often were:

1) Access to healthcare
2) Good jobs and a healthy economy
3) Affordable housing
4) Healthy behaviors and lifestyle
5) Clean environment

Table 13. CTSA Important Factors for a Healthy Community

Factor	Percent of Respondents	Average Rank (Scale 1-3)
Access to healthcare	44.29%	1.79
Good jobs and a healthy economy	43.27%	1.96
Affordable housing	34.90%	1.84
Healthy behaviors and lifestyle	31.22%	1.91
Clean environment	26.13%	1.98

Source: Teton County Community Themes and Strengths Survey

Access to healthcare was most often ranked number one regarding the most important factors for a healthy community.

Community Health Problems

When asked to rank the most important health problems that need to be addressed, the conditions ranked most often were:

1) Mental health problems
2) Cancer
3) Aging problems
4) Heart disease and stroke
5) Domestic violence

Table 14. CTSA Community Health Problems

Factor	Percent of Respondents	Average Rank (Scale 1-3)
Mental health problems	36.78%	1.89
Cancer	35.60%	1.79
Aging problems	24.33%	1.92
Domestic violence	17.21%	2.08
Heart disease and stroke	16.59%	2.02

Source: Teton County Community Themes and Strengths Survey

Mental health problems was most often ranked number one regarding the most important health problems that need to be addressed.

Community Risky Behaviors

When asked to rank the most important risky behaviors that need to be addressed, the behaviors ranked most often were:

1) Alcohol abuse
2) Drug abuse
3) Tobacco use
4) Poor eating habits
5) Dropping out of school

Table 15. CTSA Risky Behaviors that Need to be Addressed

Factor	Percent of Respondents	Average Rank (Scale 1-3)
Alcohol abuse	74.02%	1.35
Drug abuse	49.61%	2.08
Tobacco use	27.46%	2.43
Poor eating habits	27.00%	2.29
Dropping out of school	13.85%	2.13

Source: Teton County Community Themes and Strengths Survey

Alcohol abuse was most often ranked number one regarding the most important risky behaviors that need to be addressed.

PHASE 3: ASSESSMENTS
II. Community Themes & Strengths

The CTSA data provided information about the quality of life in the Greater Teton area. Below is a list of strengths and opportunities that were identified during the course of this assessment.

Table 16. CTSA Challenges and Opportunities

CHALLENGES	OPPORTUNITIES
Transportation (particularly to and from locations on the edge of town such as Melody Ranch)	Promotion of alternative transportation options Advocacy for expanded START bus service
High cost of living (including housing and employment opportunities)	Motivation to create more innovative and affordable housing solutions Employee retention strategies
Access to healthcare	Expanding access to care through new partnerships and care delivery models
Mental health	Continued community education and increased awareness
Substance abuse (including alcohol, drugs, and tobacco)	Expanded substance abuse treatment services in the community Creating change in social and organizational norms New policies to address controlled substances

THIS PAGE INTENTIONALLY LEFT BLANK

The Forces of Change Assessment (FoC) answers the following questions: What has occurred, what is occurring, or what might occur that affects the health of the community or the local public health system? What specific threats or opportunities are generated by these occurrences?

Timeline: August 2014

Committee chair: Rachael Levitz, TCPH

Committee members: 4

Type of data collected: Qualitative

Data collection method: One two-hour meeting
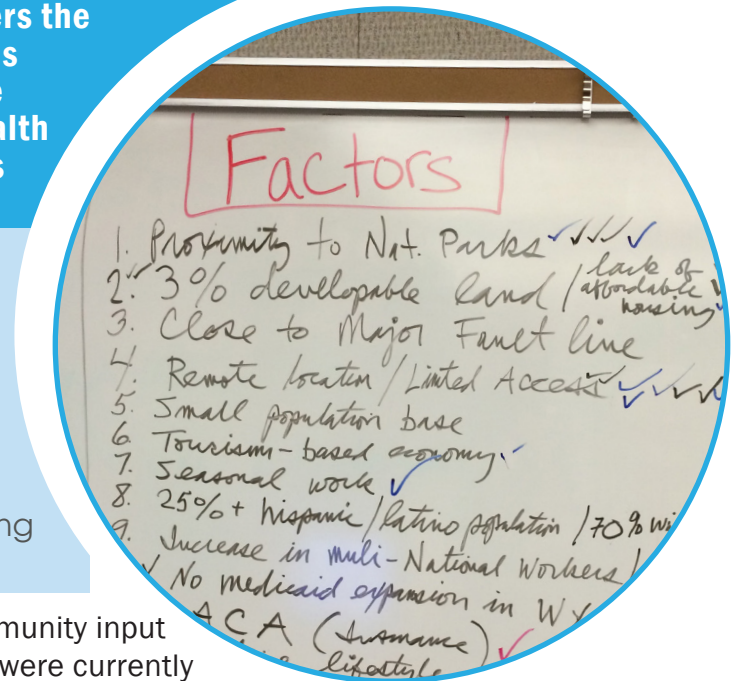
The goal of the FoC assessment was to gather community input on the overarching factors, trends, and events that were currently affecting Teton County, had potential to affect Teton County in the future, or had previously affected Teton County. The committee initially met on July 29, 2014, to discuss the assessment's structure and timeline. Following the recommendation of the MAPP user's guide, the committee members decided to conduct the assessment in one two-hour meeting.

The FoC assessment meeting took place on August 27, 2014. In order to gather feedback from a representative sample of residents in the Teton County area, all Steering Committee members received an invitation to participate; there were 15 attendees on August 27. The goal of the assessment was to complete the FoC Threats and Opportunities Worksheet (Appendix H).

The meeting began with an introductory presentation that explained the meeting objectives and format. Participants also reviewed examples of the three types of forces: trends, factors, and events. The rest of the meeting was split into three segments:

1) Participants were separated into three groups and rotated through stations where facilitators assisted with the identification of either trends, factors, or events present in Teton County.
2) Once a list of forces was created at each station, participants completed a second rotation to determine what threats or opportunities may result from each force listed.
3) Lastly, a third rotation allowed participants to vote on the factors that they believed had the most substantial impact on Teton County. Voting was conducted using different colored stick-on dots.

All data were then digitally recorded and transcribed for analysis.

PHASE 3: ASSESSMENTS
III. FORCES OF CHANGE

The data from the FoC assessment meeting were transcribed into the FoC Threats and Opportunities worksheet. Tables 17-19 below summarizes the key trends, factors, and events that were identified in this assessment. For a complete summary of data, reference Appendix H.

Table 17. FoC Trend Data

TRENDS	VOTES	THREATS	OPPORTUNITIES
Impacted housing *Including lack of, high cost, lack of diversity in rental market*	12	Inability to hire critical employees	Motivation to create housing options
Increase in the demand for and use of infrastructure *Such as roads, water lines, etc.*	8	Concern for public safety — potential for longer emergency response times	Strong partnership between county and town to address this issue
Lots of discussions, no solutions	7	Lack of solutions leads to pressure for quick fixes rather than long-term planning	Create an action plan with delegated responsibilities to facilitate solutions
Increased demand for employees but decreased ability to hire due to cost of living	4	High turnover of employees	Opportunity for employers to develop new and creative solutions for employee retainment
Increase in traffic congestion	4	More accidents and poor access to healthcare facilities during peak times	Motivation to increase density and promote alternative transportation options

Source: Teton County Forces of Change Assessment

Table 18. FoC Event Data

	VOTES	THREATS	OPPORTUNITIES
Shortages: housing, police, lifeguards, etc.	10	Housing shortage leads to inability of employees to live in community	Motivation to create housing options
Weather events	8	Isolation and separation from family and/or resources	Multi-agency emergency response coordination
Elections	7	Low voter turnout	Educate new elected officials about health issues
Special Events: Hill Climb, LOTOJA	5	Emergency responders not living in close proximity	Multi-agency emergency response coordination
Suicides	5	Low community morale	More education & awareness through coalitions; possible grant funding

EVENTS

Source: Teton County Forces of Change Assessment

PHASE 3: ASSESSMENTS
III. Forces of Change

Table 19. FoC Factor Data

FACTORS		VOTES	THREATS	OPPORTUNITIES
	Rural location	8	Puts strain on care systems	Innovative health services such as telemedicine
	No Medicaid expansion in WY	5	No healthcare leads to poor health outcomes	Foster an informed community through education and advocacy
	Lack of affordable housing	5	97% of land is federally owned so there is not much room for development	Create innovative solutions for land development regulations
	Proximity to national parks	5	More traffic congestion	Boosts economy by bringing in tourists

Source: Teton County Forces of Change Assessment

The FoC Assessment provided summary of broad forces that affect health in the Greater Teton area. Below is a list of strengths and opportunities that were identified during the course of this assessment.

Table 20. FoC Challenges & Opportunities

CHALLENGES	OPPORTUNITIES
Affordability of resources (including housing and healthcare)	New collaborations and strategies to provide accessible services to all residents
Employment shortages	Creation of employment incentives by employers
High demand on physical resources and human capital (including streets, water system, employers, etc.)	Sustainable city planning, user strategies, creative asset management, promotion of alternative transportation options

THIS PAGE INTENTIONALLY LEFT BLANK

The Local Public Health System Assessment (LPHSA) answers the following questions: What are the activities, competencies, and capacities of the local public health system? How are the 10 Essential Public Health Services being provided to the community?

Timeline: November 2014

Committee chair: Rachael Levitz, TCPH & Sara Salo, SJMC

Committee members: 4

Type of data collected: Qualitative & quantitative

Data collection method: Series of four three-hour meetings

The LPHSA focused on the community's performance in the 10 Essential Public Health Services as defined by the Center for Disease Control (CDC) (Table 21). The 10 Essential Public Health Services examine public health as a complete system rather than individual entities. The CDC defines the public health system as "all public, private, and voluntary entities that contribute to the delivery of essential public health services within a jurisdiction." This definition recognizes the contributions of a diverse group of organizations and individuals to the health of a community.

> **"**The public health system consists of all public, private, and voluntary entities that contribute to the delivery of essential public health services within a jurisdiction.**"**

Features of a Strong Public Health System

When represented visually, the complexity of the public health system and the vast number of players is immediately evident. Figure 46 displays the local public health system as a network of entities that connect together and coordinate with each other.

Figure 46. Teton County Local Public Health System

Source: PartnerTool

According to the CDC's Public Health 101 presentation (www.cdc.gov/nphpsp), features of a strong public health system include:

- Strong partnerships where partners recognize they are part of the public health system
- Effective channels of communication
- System-wide health objectives
- Resource sharing
- Leadership by governmental public health agency
- Feedback loops among state, local, tribal, territorial, and federal partners

Karen Glanz, PhD, explained that when working together as a system:

> **"** It is logical to expect that there is strength in numbers and that partnerships can mobilize material and human resources and be more effective at achieving desired goals than individuals working alone. **"**

Assessment Procedure

The LPHSA was the most structured of the four MAPP assessments and followed a specific, prescribed format: the National Public Health Performance Standards (NPHPS) Local Assessment Instrument. This tool has been approved by NACCHO and is used nationwide as a standardized approach to assessing a community's local public health system.

Table 21

10 ESSENTIAL PUBLIC HEALTH SERVICES	
1	Monitor health status to identify and solve community health problems.
2	Diagnose and investigate health problems and health hazards in the community.
3	Inform, educate, and empower people about health issues.
4	Mobilize community partnerships and action to identify and solve health problems.
5	Develop policies and plans that support individual and community health efforts.
6	Enforce laws and regulations that protect health and ensure safety.
7	Link people to needed personal health services and assure the provision of health care when otherwise unavailable.
8	Assure competent public and personal health care workforce.
9	Evaluate effectiveness, accessibility, and quality of personal and population-based health services.
10	Research for new insights and innovative solutions to health problems.

Source: LPHSA Handbook

The assessment instrument is designed to be used in a meeting setting with a group of community stakeholders. The LPHSA committee decided to conduct the assessment through a series of four, half-day meetings; attendees were invited based on the meeting topic and their area of expertise.

The NPHPS Local Assessment Instrument broke down each of the 10 Essential Services into multiple model standards; each Model Standard contained a list of specific performance measures. The level of the local public health system's performance for each performance measure was assessed through a vote by attendees. All meetings were facilitated by a local consultant, and electronic clickers (program/ model) were used to record attendees' votes. Before voting, attendees were encouraged to think about how the Local Public Health System COORDINATED, COMMUNICATED, and CONNECTED around each issue.

Answer choices for each Model Standard were:

NO ACTIVITY	MINIMAL	MODERATE	SIGNIFICANT	OPTIMAL
○	○	○	○	○

The answer choices were equivalent to the following rates of activity:

Table 22. LPHSA Rates of Activity

No Activity (0%)	**0% or absolutely no activity**
Minimal Activity (1-25%)	**Greater than zero, but no more than 25% of the activity described within the question is met**
Moderate Activity (26-50%)	**Greater than 25%, but no more than 50% of the activity described within the question is met.**
Significant Activity (51-75%)	**Greater than 50%, but no more than 75% of the activity described within the question is met**
Optimal Activity (75-100%)	**Greater than 75% of the activity described within the question is met.**

Source: LPHSA Handbook

The 10 Essential Services contained a total of 182 performance measures. Following completion of the four assessment meetings, all 182 of the rated performance measures were entered into an evaluation spreadsheet provided by NPHPS. Results are summarized in Figure 47 and Table 23. To access the complete report, contact Jodie Pond, Teton County Public Health Director, at jodie.pond@wyo.gov.

Figure 47
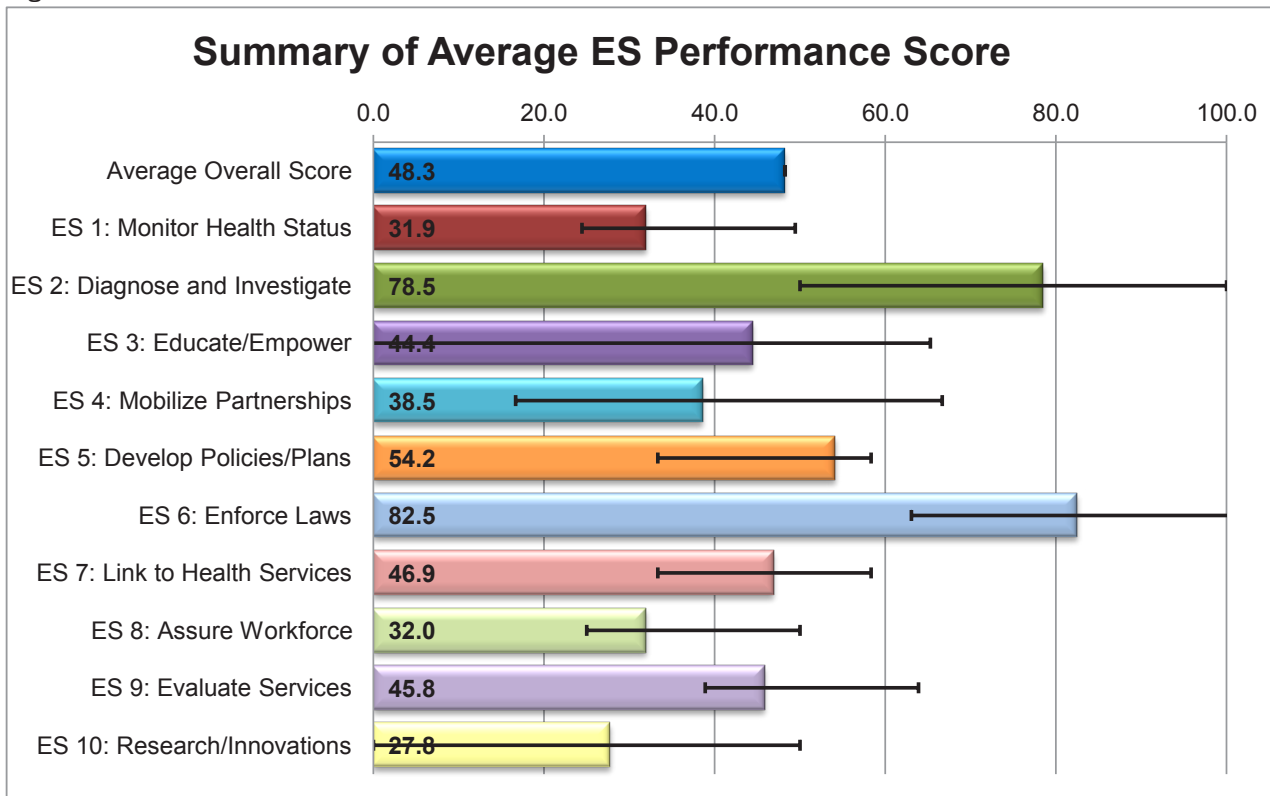
Summary of Average ES Performance Score

Average Overall Score	48.3
ES 1: Monitor Health Status	31.9
ES 2: Diagnose and Investigate	78.5
ES 3: Educate/Empower	44.4
ES 4: Mobilize Partnerships	38.5
ES 5: Develop Policies/Plans	54.2
ES 6: Enforce Laws	82.5
ES 7: Link to Health Services	46.9
ES 8: Assure Workforce	32.0
ES 9: Evaluate Services	45.8
ES 10: Research/Innovations	27.8

Source: LPHSA Assessment

As demonstrated in Table 23, Essential Services 2 and 6 were rated by participants at the Optimal Activity level with performance scores of approximately 80%. Only one Essential Service, #5, was evaluated as Significant Activity with a performance score of 54.2%. The remaining Essential Services 1, 3, 4, 7, 8, 9, and 10 all landed in the Moderate Activity category with scores between 27.8% and 48.3%.

The next step in the LPHSA process combines these results with a prioritized list of Essential Services. The prioritization process is described on pages 94-97.

Table 23. LPHSA Results by Essential Service

Model Standards by Essential Services	Performance Scores
ES 1: Monitor Health Status	31.9
1.1 Community Health Assessment	33.3
1.2 Current Technology	25.0
1.3 Registries	37.5
ES 2: Diagnose and Investigate	78.5
2.1 Identification/Surveillance	66.7
2.2 Emergency Response	87.5
2.3 Laboratories	81.3
ES 3: Educate/Empower	44.4
3.1 Health Education/Promotion	33.3
3.2 Health Communication	41.7
3.3 Risk Communication	58.3
ES 4: Mobilize Partnerships	38.5
4.1 Constituency Development	43.8
4.2 Community Partnerships	33.3
ES 5: Develop Policies/Plans	54.2
5.1 Governmental Presence	50.0
5.2 Policy Development	75.0
5.3 CHIP/Strategic Planning	16.7
5.4 Emergency Plan	75.0
ES 6: Enforce Laws	82.5
6.1 Review Laws	87.5
6.2 Improve Laws	75.0
6.3 Enforce Laws	85.0
ES 7: Link to Health Services	46.9
7.1 Personal Health Service Needs	56.3
7.2 Assure Linkage	37.5
ES 8: Assure Workforce	32.0
8.1 Workforce Assessment	33.3
8.2 Workforce Standards	33.3
8.3 Continuing Education	30.0
8.4 Leadership Development	31.3
ES 9: Evaluate Services	45.8
9.1 Evaluation of Population Health	37.5
9.2 Evaluation of Personal Health	50.0
9.3 Evaluation of LPHS	50.0
ES 10: Research/Innovations	27.8
10.1 Foster Innovation	31.3
10.2 Academic Linkages	33.3
10.3 Research Capacity	18.8
Average Overall Score	48.3
Median Score	45.1

Source: LPHSA Assessment

PHASE 3: ASSESSMENTS
IV. LOCAL PUBLIC HEALTH SYSTEM

Prioritization of Essential Services

As depicted in Figure 48, each of the 10 Essential Services plays a critical role in a local public health system. Every community delivers these ten services using a method most appropriate for its own geographic area, local population, and available resources. Therefore, a community may place more or less emphasis on each of the 10 Essential Services based upon a region's unique needs.

Figure 48. 10 Essential Public Health Services
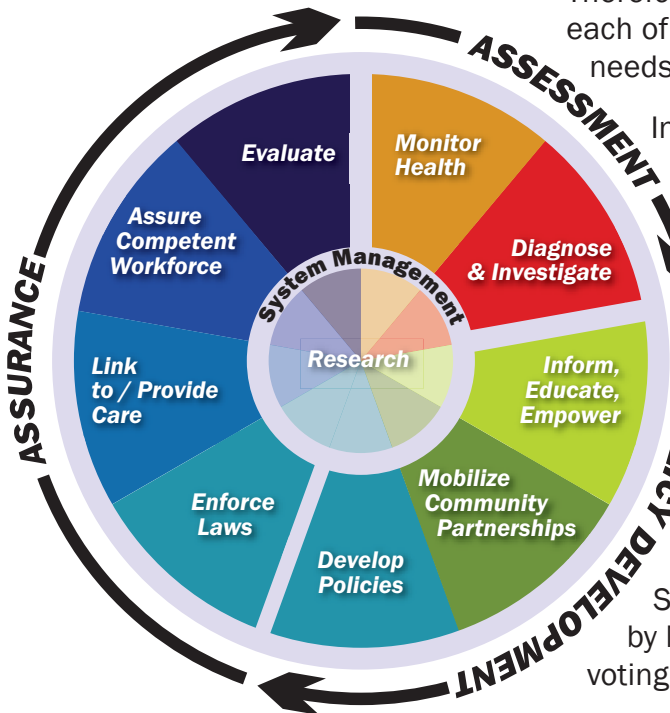
Source: LPHSA Handbook

In order to ensure that the LPHSA results discussed on pages 92 & 93 were framed within a local context in the ensuing phases of MAPP, HTC also identified which of the 10 Essential Services were most critical for the health of Teton County. Prioritization of the 10 Essential Services provided HTC with a customized framework for addressing system strengths and weaknesses that were identified during the course of the four LPHSA meetings.

On December 24, 2014, employees of Teton County Public Health, members of the HTC Core Committee, convened to discuss prioritization of the 10 Essential Services. The group utilized a supplementary tool provided by NPHPS that guided them through the discussion and voting process. Results are described in Table 24.

Table 24. LPHSA Prioritized Essential Services

PRIORITIZED ESSENTIAL SERVICES FOR TETON COUNTY, WY		
Rank	ES	Essential Service Description
1	8	Assure competent public and personal health care workforce.
2	1	Monitor health status to identify and solve community health problems.
3	10	Research for new insights and innovative solutions to health problems.
4	5	Develop policies and plans that support individual and community health efforts.
5	3	Inform, educate, and empower people about health issues.
6	7	Link people to needed personal health services and assure the provision of health care when otherwise unavailable.
7	6	Enforce laws and regulations that protect health and ensure safety.
8	4	Mobilize community partnerships and action to identify and solve health problems.
9	2	Diagnose and investigate health problems and health hazards in the community.
10	9	Evaluate effectiveness, accessibility, and quality of personal and population-based health services.

Source: LPHSA Assessment

Prioritized Essential Services

Essential Services 8, 1, and 10 provide the critical foundations necessary to develop an effective public health system. Prioritizing these as the top three Essential Services will allow the Greater Teton area to create a strong knowledge and skills base from which all other Essential Services will build upon.   The Essential Services prioritized as 4th, 7th, 9th, and 10th examine policy and procedure. Lastly, the Essential Services ranked 5th, 6th, and 8th focus on program delivery and community outreach.

1) **Essential Service 8: Assure competent public and personal health care workforce.**
   A knowledgeable, skilled, and competent workforce is essential for delivering high quality services.

2) **Essential Service 1: Monitor health status to identify and solve community health problems.**
   In order to properly address health problems, a community first needs to know which problems exist in its population.

3) **Essential Service 10: Research for new insights and innovative solutions to health problems.**
   Following best practices within an industry will assure that health issues are addressed using the most current research available.

4) **Essential Service 5: Develop policies and plans that support individual and community health efforts.**
   Good health policy provides a supportive framework for improving population health.

5) **Essential Service 3: Inform, educate, and empower people about health issues.**
   Once the workforce is trained to address identified health issues using best practices, the next step is to educate community members.

6) **Essential Service 7: Link people to needed personal health services and assure the provision of health care when otherwise unavailable.**
   Providing access to health services is a critical step for a healthy population

7) **Essential Service 6: Enforce laws and regulations that protect health and ensure safety.**

Policies and plans can be enforced through regulation by government and organizations.

8) Essential Service 4: Mobilize community partnerships and action to identify and solve health problems.

A robust network of health professionals who coordinate, communicate, and connect will ensure broad access to health services and dissemination of information.

9) Essential Service 2: Diagnose and investigate health problems and health hazards in the community.

Continued monitoring of health issues allows the public health system to react to threats in a timely and appropriate manner.

10) Essential Service 9: Evaluate effectiveness, accessibility, and quality of personal and population-based health services.

Evaluation of services provides data for regular quality improvement.

LPHSA Next Steps

In Phases four and five of MAPP, Strategic Issue Identification and Action Planning respectively, the LPHSA results will be compared to the prioritized list of the 10 Essential Services. Areas where system gaps have been identified or where the gap falls under one of the higher priority Essential Services will be considered for inclusion in the action plan.

Table 25. LPHSA Priority Quadrants

Quadrant A	(High Priority and Low Performance) – These activities may need increased attention.
Quadrant B	(High Priority and High Performance) – These activities are being done well, and it is important to maintain efforts.
Quadrant C	(Low Priority and High Performance) – These activities are being done well, consideration may be given to reducing effort in these areas.
Quadrant D	(Low Priority and Low Performance) – These activities could be improved, but are of low priority. They may need little or no attention at this time.

Source: LPHSA Handbook

The quadrant system in Table 25 defines whether an Essential Service is considered High Priority and Low Performance, Low Priority and Low Performance, or somewhere in between.

Table 26. LPHSA Results with Prioritized Essential Services

Quadrant	Model Standard	Performance Score (%)	Priority Rating
Quadrant A	10.3 Research Capacity	18.8	8
Quadrant A	10.2 Academic Linkages	33.3	8
Quadrant A	10.1 Foster Innovation	31.3	8
Quadrant A	8.4 Leadership Development	31.3	10
Quadrant A	8.3 Continuing Education	30.0	10
Quadrant A	8.2 Workforce Standards	33.3	10
Quadrant A	8.1 Workforce Assessment	33.3	10
Quadrant A	5.3 CHIP/Strategic Planning	16.7	7
Quadrant A	3.2 Health Communication	41.7	6
Quadrant A	3.1 Health Education/Promotion	33.3	6
Quadrant A	1.3 Registries	37.5	9
Quadrant A	1.2 Current Technology	25.0	9
Quadrant A	1.1 Community Health Assessment	33.3	9
Quadrant B	5.4 Emergency Plan	75.0	7
Quadrant B	5.2 Policy Development	75.0	7
Quadrant B	5.1 Governmental Presence	50.0	7
Quadrant B	3.3 Risk Communication	58.3	6
Quadrant C	9.3 Evaluation of LPHS	50.0	1
Quadrant C	9.2 Evaluation of Personal Health	50.0	1
Quadrant C	7.1 Personal Health Services Needs	56.3	5
Quadrant C	6.3 Enforce Laws	85.0	4
Quadrant C	6.2 Improve Laws	75.0	4
Quadrant C	6.1 Review Laws	87.5	4
Quadrant C	2.3 Laboratories	81.3	2
Quadrant C	2.2 Emergency Response	87.5	2
Quadrant C	2.1 Identification/Surveillance	66.7	2
Quadrant D	9.1 Evaluation of Population Health	37.5	1
Quadrant D	7.2 Assure Linkage	37.5	5
Quadrant D	4.2 Community Partnerships	33.3	3
Quadrant D	4.1 Constituency Development	43.8	3

Source: LPHSA Assessment

Framing the LPHSA data within the context of the prioritized Essential Services will streamline the identification of actionable steps that will improve the effectiveness of the local public health system.

PHASE 3: ASSESSMENTS
IV. LOCAL PUBLIC HEALTH SYSTEM

The LPHSA data provided an evaluation of the public health system in the Greater Teton area. Below is a list of strengths and opportunities that were identified during the course of this assessment.

Table 27. LPHSA Challenges & Opportunities

CHALLENGES	OPPORTUNITIES
Working together as a system	More coordination, communication, and connection resulting in better health outcomes
Limited workforce training opportunities	Creation of new workforce training opportunities
Low scores in research and innovation	Encourage use of best practices in all professional fields New resources and strategies for staying up to date on current research
Weak strategic planning scores	Continue the MAPP process and conduct iterations once every 5 years with yearly updates

NEXT STEPS
STRATEGIC ISSUE IDENTIFICATION & PRIORITIZATION

NEXT STEPS

The HTC Steering Committee reconvened on January 28, 2015, to identify and prioritize the major health issues affecting the Greater Teton area. An action plan using evidence-based strategies will be created to address the top five prioritized health issues.

All adopted strategies will be aimed at moving the community closer towards its vision of "a vibrant Greater Teton community where opportunities for excellent health are available to all." Figure 49 describes how the HTC vision will guide the development of goals and strategies. The HTC Strategic Plan will be published Summer 2015.

Additionally, an interactive community health asset map will be available on the HTC website Spring 2015.

Figure 49. MAPP Planning Schematic

How do the MAPP components Relate?

- The ultimate outcome the community is working toward
- Planning, implementation, and evaluation yield progress toward vision
- How issues will be addressed
- The manageable goals that are set for each strategic issue
- Issues that need to be addressed
- Foundation - source of information for the process
- Foundation - elements for an effective process

Source: MAPP Handbook

APPENDICES

APPENDIX A: GLOSSARY

Age-adjusted   Age-adjusted rates allow for data to be fairly compared between groups with different age distributions.

Adults   In this report, adults are considered to be individuals of age 18 or older.

Affordable Care Act   Federal legislation passed in 2010 that expanded health insurance coverage options for Americans.

County Health Rankings   Partnership between the Robert Wood Johnson Foundation and the University of Wisconsin Population Health Institute focused on measuring vital health factors in nearly every county in America.

Excessive alcohol use   Consuming more than 4 (women) or 5 (men) alcoholic beverages on a single occasion in the past 30 days, or heavy drinking, defined as drinking more than one (women) or 2 (men) drinks per day on average.

Food Environment Index   The food environment index is a statistical measure used by the United States Department of Agriculture ranging from 0 (worst) to 10 (best) which equally weights two indicators: limited access to healthy foods and food insecurity. Access to or use of food stamps among eligible families is not included.

Food insecurity   Lack of access, at times, to enough food for an active, healthy life for all household members, and limited or uncertain availability of nutritionally adequate food.

Focus group   A small-group qualitative data collection technique that focuses on discovering individual viewpoints through facilitated conversation.

Greater Teton area   The geographic area of Teton County and surrounding counties whose populations rely on Teton County for resources and services.

Hemoglobin A1c Screening   Diagnostic test for diabetes which provides a long-term picture of blood sugar levels over a matter of months.

Health   A state of complete physical, mental and social well-being and not merely the absence of disease or infirmity.

Health inequities   The unfair and avoidable differences in health status seen within and between populations.

APPENDIX A: GLOSSARY

HTC	Healthy Teton County; a community coalition focused on assessing and improving the health of Teton County residents through evidence-based strategies and collaborative problem-solving.
Incidence	The number of new cases of a disease.
Local public health system	All public, private, and voluntary entities that contribute to the delivery of essential public health services within a jurisdiction.
Low income	Those who are at or below 200% of the Federal Poverty Threshold
Mammogram	Screening test for breast cancer.
MAPP	Mobilizing for Action through Planning and Partnerships. Community health assessment framework created by NACCHO. See section Phase 1: Organizing for Success for more information.
Medicaid	Medicaid is a joint federal and state health insurance program for low-income individuals and families.
Medicare	Medicare is a federal health insurance program for those over 65 years of age and certain other people with disabilities.
Morbidity	Prevalence of a disease in a population.
Mortality	Number of deaths from a disease.
NACCHO	National Association of County and City Health Officials; creator of MAPP.
NPHPS	National Public Health Performance Standards
Qualitative data	Descriptive, non-numerical data
Quantitative data	Numerical data
Severe housing problems	A household that has one or more of the following: Housing unit lacks complete kitchen facilities; lacks complete plumbing; severely overcrowded (1.5 persons or more per room); severely cost burdened (monthly costs including utilities exceed 50% of monthly income).

APPENDIX A: GLOSSARY

Social determinants of health
The conditions in which people are born, grow, live, work and age, including factors such as environmental conditions, access to healthcare, housing situations, employment status, and socioeconomics.

Target population
The target population for HTC is the group of people who reside or work in the Greater Teton area, identify as Teton area community members, or regularly use Teton County services.

Ten essential public health services
"The 10 Essential Public Health Services describe the public health activities that all communities should undertake." (CDC)

Title 25
A state statute in Wyoming that allows for the temporary emergency detention or involuntary hospitalization of persons with mental illnesses who are deemed a danger to themselves or others.

Uninsured
Those who do not have health insurance.

Years of Productive Life Lost (YPLL)
A measure of premature death.

Youth
Those under 18 years of age.

APPENDIX B: INDEX OF FIGURES & TABLES

APPENDIX B: INDEX OF FIGURES & TABLES

APPENDIX B: INDEX OF FIGURES & TABLES

Tables

Teton County MAPP Timeline

MAPP Phase / Description of Activity	2014												2015					
	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun
PHASE 1: Organize for Success / Partnership Development																		
-Determine why the MAPP process is needed																		
-Identify, organize, and recruit participants																		
-Design the planning process																		
-Assess resource needs																		
-Conduct a readiness assessment																		
-Develop a workplan, timeline, and other tools																		
PHASE 2: Visioning																		
-Prepare for and design the visioning process																		
-Hold visioning sessions																		
-Celebrate successes and achievements to date																		
PHASE 3: The MAPP Assessments																		
Community Themes and Strengths Assessment																		
-Identify subcommittee, approaches, and resources																		
-Hold community dialogues and focus groups																		
-Develop/disseminate/collect a community survey																		
-Conduct interviews with residents / key leaders																		
-Compile results/identify challenges and opportunities																		
Local Public Health System Assessment																		
-Prepare for the LPHSA/ establish subcommittee																		
-Discuss the Essential Services/identify org. activities																		
-Respond to the performance measures instrument																		
-Discuss results/identify challenges and opportunities																		
Community Health Status Assessment																		
-Conduct data collection of core indicators																		
-Select and collect additional indicators																		
-Analyze the data / create a health profile																		
-Disseminate health profile																		

Teton County MAPP Timeline

MAPP Phase / Description of Activity	2014												2015					
	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun
-Establish a system to monitor data over time										▓								
-Identify CHSA challenges and opportunities										▓								
Forces of Change Assessment																		
-Prepare for the Forces of Change Assessment						▓	▓											
-Hold brainstorming session with committee							▓											
-Simplify list / identify threats and opportunities								▓										
PHASE 4: Identify Strategic Issues																		
-Celebrate successes and completion of assessments												▓						
-Identify potential strategic issues												▓	▓					
-Discuss issues-why they are strategic and urgency													▓					
-Consolidate strategic issues													▓					
-Arrange issues in priority order													▓					
PHASE 5: Formulate Goals and Strategies																		
-Develop goal statements												▓	▓					
-Develop strategy alternatives and barriers													▓					
-Explore implementation details													▓					
-Select and adopt strategies														▓				
-Draft the planning report														▓				
-Celebrate successes and recognize achievements														▓				
PHASE 6: The Action Cycle																		
-Organize for action															▓			
-Develop objectives and agree on accountability															▓			
-Develop action plans															▓			
-Coordinate action plans and implement																▓	▓	
-Prepare for evaluation / determine the methodology															▓			
-Gather evidence and justify conclusions																▓	▓	
-Share results																	▓	▓

The chart shows visioning submissions ranked by frequency (horizontal axis 0 to 60):

- Good personal health
- Awareness of radiation
- Youth programs
- Emergency services
- Faith
- Individualism
- Infrastructure
- Mental health
- Outdoor facilities
- Peaceful
- planning
- part-time residents
- Substance abuse
- Cultural enrichment
- Employment
- Respect
- Happy neighbors
- Economic stability
- Healthy population
- Social support
- Early childhood
- Equity
- Connectivity
- Integrated HC
- Engaged community
- Safety
- Recreation
- Access to transportation
- Housing
- Access to good food
- Education
- Active community
- Clean environment
- Access to HC

APPENDIX E: DATA SOURCES

Indicator	Page #	County Health Rankings?	Source
Category 1: Demographics			
Age Groups	25		American Community Survey, 5-year estimates (2008-2012)
Rate of change in population (births, deaths, migration patterns)	25		US Census Bureau
Race & Ethnicity	25	Y	American Community Survey, 5-year estimates (2008-2012)
Language	25	Y	American Community Survey, 5-year estimates (2008-2012)
Gender	25	Y	American Community Survey, 5-year estimates (2008-2012)
Rural (town, county)	25	Y	Census Population Estimates (2010)
Category 2: Socioeconomics			
Income (by bands) (median household income)	26	Y	Small Area Income and Poverty Estimates (2012)
Type of employment by sector (avg. annual wage):	26		Western Greater Yellowstone Region Housing Needs Assessment/QCEW (2013)
Seasonal & non-seasonal jobs (all industries by employee):	27-28		Bureau of Labor Statistics/Quarterly Census of Employment and Wages (2013)
Percent of adults aged 25-44 years with some post-secondary education	28	Y	American Community Survey, 5-year estimates (2008-2012)
Unemployment	28	Y	Bureau of Labor Statistics (2012)
Children in poverty	28	Y	Small Area Income and Poverty Estimates (2012)
Children in single-parent households (% Single-Parent Households)	28	Y	American Community Survey, 5-year estimates (2008-2012)
Food stamp recipients (includes disaster assistance)	28		Food Research & Action Center (2009 for county & 2012 for state)
Food insecurity	28	Y	Map the Meal Gap (2011)
Children eligible for free lunch	28	Y	National Center for Education Statistics (2011)
Children eligible for free or reduced lunch	28		Wyoming Dept of Education Statistical Report Series #2 Free & Reduced Lunch Eligibility - District & State Level 2014-15
Limited access to healthy foods	30	Y	USDA Food Environment Atlas (2012)
Food environment index (0 worst, 10 best)	30	Y	Map the Meal Gap from Feeding America (2011)/USDA Food Environment Atlas (2010)
Adult obesity	30	Y	National Center for Chronic Disease Prevention and Health Promotion, Division of Diabetes Translation (2010)
Physical inactivity	30	Y	National Center for Chronic Disease Prevention and Health Promotion, Division of Diabetes Translation (2010)
Access to exercise opportunities	30	Y	OneSource Global Business Browser, Delorme map data, ESRI, & US Census Tigerline Files (2010 & 2012)

APPENDIX E: DATA SOURCES

	Indicator	Page #	County Health Rankings?	Source
Category 3: Health Behaviors/Social & Mental Health	Adult smoking	30	Y	BRFSS (2006-2012)
	Smokeless tobacco	30		WY BRFSS 2013
	Excessive drinking	31	Y	BRFSS (2006-2012)
	Youth lifetime substance abuse	31		Wyoming Prevention Needs Assessment 2012 General Fact Sheet for Teton Co. & WY
	Youth 30-day substance abuse	31		Wyoming Prevention Needs Assessment 2012 General Fact Sheet for Teton Co. & WY
	Youth heavy substance use	31		Wyoming Prevention Needs Assessment 2012 General Fact Sheet for Teton Co. & WY
	Problem behaviors committed in past 12 months by youth	31		Wyoming Prevention Needs Assessment 2012 General Fact Sheet for Teton Co. & WY
	Substance abuse (Curran-Seeley & Apex Substance Abuse Counseling in Teton County) Drug & Alcohol Abuse	31		Gaps Analysis Report/Mental Health & Substance Abuse Services System (2010)
	Alcohol-related fatal, injury, and property crashes	32		WYDOT 2009-2013
	DUI arrests (youth & adult)	32		Department of Criminal Investigation 2009-2013
	DUI arrests as a percentage of All Arrests in Teton Co. & WY			Wyoming Association of Sheriffs & Chiefs of Police: Alcohol & Crime in Wyoming 2013
	Drug poisoning deaths (all ages)	32	Y	CDC WONDER mortality data (2004-2010)/Teton County Coroner 2013
	Injury deaths (rate)	32	Y	CDC WONDER mortality data (2006-2010)
	Death rate	33		Wyoming Vital Statistics 2013
	Premature death	33	Y	National Center for Health Statistics (2008-2010)
	All causes of death	34		Wyoming Vital Statistics (2008-2012)
	Motor vehicle crash deaths (rate) (excluding boats and airplanes)	35	Y	National Center for Health Statistics (2004-2010)/CDC Wonder (USA only)
	Crime rate (Violent crime, hate crime, sexual assault) (rate)	35	Y	Uniform Crime Reporting - FBI (2009-2011)
	Alcohol involved arrests as a percentage of All Arrests in Teton Co. & WY	35		Wyoming Association of Sheriffs & Chiefs of Police: Alcohol & Crime in Wyoming 2013
	Total alcohol-related arrests	35		Department of Criminal Investigation 2009-2013
	Homicide rate	35	Y	National Center for Health Statistics (2004-2010)
	Domestic violence (Lifetime Prevalence of Rape, Physical violence, and/or Stalking by an intimate partner)	35		CDC National Intimate Partner & Sexual Violence Survey (NISVS) 2010/Community Safety Network 2013
	Refuge in emergency shelters, hotline calls & non-residental assistance	35		Sept. 17, 2013 Wyoming National Census of Domestic Violence Services (1-day census)/Community Safety Network 2013
	Psychiatric admissions/assessments	36		Jackson Hole Community Counseling Center (2011-2012 specific to Teton County residents)

Indicator	Page #	County Health Rankings?	Source
Past 30 days, avg. number of days adults report ill mental health	36		WY BRFSS (2007-2011)
Treatment for mental disorders - Detox and Title 25	36		St. John's Medical Center (Social Work 10/12 - 10/14)
Suicide rate	36		Wyoming Vital Statistics (2013)
Mammography screening (Medicare enrollees)	36	Y	Dartmouth Atlas of Health Care (2011)
Mammography screening (women aged 50+ who have had mammogram w/in past 2 years)	37		WY BRFSS 2007-2011, 2012
Diabetic screening (% HbA1c - diabetic Medicare enrollees)	37	Y	Dartmouth Atlas of Health Care (2011)
Colorectal cancer screening (adults ages 50+ who have ever had sigmoidoscopy or colonoscopy)	38		WY BRFSS 2007-2011, 2012
Teen births (rate)	38	Y	National Center for Health Statistics (2005-2011)
Uninsured adults	39	Y	Small Area Health Insurance Estimates (2011)
Uninsured children	39	Y	Small Area Health Insurance Estimates (2011)
Health care costs (price-adjusted Medicare spending Parts A & B per enrollee in given county)	39	Y	Dartmouth Atlas of Health Care (2011)
Could not see doctor due to cost	39	Y	BRFSS (2006-2012)
Other primary care providers (ratio) population to primary care provider	40	Y	CMS, National Provider Identification (2013)
Primary care physicians (ratio) population to primary care physician	40	Y	HRSA Area Resource File (2011)
Dentists (ratio) population to dentist	40	Y	HRSA Area Resource File (2012)
Mental health providers (ratio) population to mental health	40	Y	CMS, National Provider Identification (2013)
Proportion of population without a regular source of primary care including dental services	40		WY BRFSS (2012) (Teton Co. included in Northwest region category covering Big Horn, Hot Springs, Park, Teton & Washakie counties)
Proportion of adults satisfied with health care system in community	40		Community Themes & Strengths Assessment (CTSA) Survey/Focus Groups 2014
Preventable hospital stays (Ambulatory Care Sensitive Conditions) (rate per 1,000 Medicare enrollees)	40	Y	Dartmouth Atlas of Health Care (2011)
Medicaid/Medicare/Private insurance patients	41		St. John's Medical Center 2013-2014 & Wyoming Hospital Association Data FY 2014
ACA enrollees (Zip codes 83001, 83002, 83014)	41		Health Insurance Marketplace Plan Selections by Zip Code of 36 States (Oct 2013 - Apr 2014)
Total patient encounters (inpatient, outpatient, ER)	41		St. John's Medical Center 7/1/13 - 6/30/14 & Wyoming Hospital Association Data FY 2014
Measures of access - free clinic services (2003-2014 based on 3,850 patients)	42		Teton Free Clinic

Category 4: Health Resource Availability

113

APPENDIX E: DATA SOURCES

Indicator	Page #	County Health Rankings?	Source
Measures of access - amount of charity care per year (# charity patients or charity dollars)	42		St. John's Medical Center 2013-2014 & Wyoming Hospital Association Data FY 2014
Nursing home beds (Medicare & Medicaid)	42		St. John's Medical Center (Living Center)
Adult living facility beds	42		River Rock Assisted Living in Jackson, WY
Licensed hospital beds	42		St. John's Medical Center 2014
Hospital occupancy (avg. daily census including OB, ICU, PCU per licensed beds)	42		St John's Medical Center 2014 (up to 6/30/14) & Wyoming Hospital Association Data FY2014
WIC eligibles	43		USDA Food & Nutrition Service WIC Program Monthly Data FY 2013/Teton County WIC FY 2014
Prenatal care & C-section rate	43		St. John's Medical Center 2014 & Wyoming Hospital Association Data FY 2014
Medicaid eligibles	43		Analytics, Informatics, MMIS, and Special Projects Unit (AIMS) SY 2014
Number of openings in child care facilities (childcare availability rate = # licensed childcare spaces per 100 children under age 5)	43		2012 Teton County Childcare Assessment (pg 31)/American Factfinder (2012)
Low birthweight	44	Y	National Center for Health Statistics (2005-2011)
Poor or fair health	45	Y	BRFSS (2006-2012)
Poor physical health days	46	Y	BRFSS (2006-2012)
Poor mental health days	46	Y	BRFSS (2006-2012)
Unintentional injuries (mortality)	47		Wyoming Vital Statistics (2008-2012)
All cancers incidence	47		Wyoming Cancer Surveillance Program (2008-2012)
All cancers mortality	48		Wyoming Cancer Surveillance Program (2008-2012)
Diabetes mellitus - prevalence	49		BRFSS (2007-2011)
Diabetic screening (ever been told by a doctor you have diabetes)	48	Y	WY BRFFS 2007-2011, 2013
Diabetes mellitus - mortality	48		Wyoming Vital Statistics (2008-2012)
Stroke - prevalence	49		BRFSS (2007-2011)
Stroke - mortality	49		Wyoming Vital Statistics (2008-2012)
Asthma - prevalence	49		WY BRFSS (2007-2011)
Sexually transmitted infections Chlamydia (rate)	49	Y	National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention (2011)
Tuberculosis (active cases)	49		WY Vital Statistics 2008-2012
HIV/AIDS	49		WY Vital Statistics 2013 (Communicable Disease Unit @ Wy Dept of Health)
Hepatitis B and C	49		WY Vital Statistics 2013 (Communicable Disease Unit @ Wy Dept of Health)
Comorbidities (2+ chronic conditions: asthma, diabetes, cancer other than skin, COPD, arthritis, any CVD)	49		WY BRFSS 2013

APPENDIX E: DATA SOURCES

	Indicator	Page #	County Health Rankings?	Source
Category 5 & 6: Length of Life	2 yr. old children who have received all age-appropriate vaccines	50		Wyoming Dept. of Health Immunization Unit 2013
	Proportion of adults aged 65 or older immunized for pneumococcal pneumonia	50		WY BRFSS (2012) (Teton Co. included in Northwest region category covering Big Horn, Hot Springs, Park, Teton & Washakie counties)
	Proportion of adults aged 65 and older who have been immunized in past 12 months for influenza	51		WY BRFSS (2007-2011)
	Vaccine preventable disease (pertussis, measles, mumps)	51		WDH Infectious Disease Epidemiology Surveillance 2013
Category 7: Environmental Conditions	Air pollution - particulate matter (Average daily PM2.5 in micrograms per cubic meter including vehicle emissions, forest fires, power plants & industries)	52	Y	CDC WONDER environmental data (2011)
	Drinking water violations (% pop in viol)	52	Y	Safe Drinking Water Information System (FY2012-FY2013)
	Waterborne disease (Giardia, Cryptosporidiosis)	52		WDH Infectious Disease Epidemiology Surveillance 2013
	Fluoridated water	52		Town of Jackson 2013 Water Quality Report (Sample in 2011, Maximum Contaminant Level (MCL))
	Contaminated private water system (total coliform, E. coli) includes residences, ranches/guest lodgings	52		Teton County Environmental Health (2013)
	Contaminated public water system (total coliform positive)	52		EPA Region 8 data 2013
	Lead exposure in homes	52		American Factfinder US Census 2008 - 2012
	Avg. blood lead levels for children 5 and under	52		WDH Environmental & Occupational Health Program 2008-2013/2014
	Septic tanks per total population			Teton County Engineering
	Septic tanks rate of failure			Teton County Engineering
	Radon detection percent homes tested or remedied for excessive levels	53		Teton County Environmental Health
	-Radon 2014	53		Teton County Environmental Health
	Number of subsidized housing	53		Western Greater Yellowstone Region Housing Needs Assessment 2014 (pg 19)
	Severe housing problems (percent households)	53	Y	Comprehensive Housing Affordability Strategy (CHAS) data (2006-2010)
	Homeless persons	53		Jackson Hole Community Resource Center (Oct 1, 2013 - Sept. 30, 2014, rough estimate of only those served by CRC)
	Driving alone to work	54	Y	American Community Survey, 5-year estimates (2008-2012)

APPENDIX E: DATA SOURCES

Indicator	Page #	County Health Rankings?	Source
Long commute - driving alone (work by car, truck or van driving more than 30 min. to work)	54	Y	American Community Survey, 5-year estimates (2008-2012)
Teton County commuter information	54		WYDOT Planning/Projects/Research Traffic Data 2013
START Bus ridership	54		START Bus Annual Ridership spreadsheet
Percent food establishments that passed inspection (no temperature violations, lack of sanitization, pest problems, poor hygiene, cross-contamination)**	55		Teton County Environmental Health (2013)/Wy. Dept of Ag.
Percent pools/spas that failed inspection (poor water chemistry, unsafe physical conditions)**	55		Teton County Environmental Health (2013)/Wy. Dept of Ag.
Safely prepared food (rate of foodborne illness)	55		WDH Infectious Disease Epidemiology Surveillance 2013
Salmonella cases	55		WDH Infectious Disease Epidemiology Surveillance 2013
Other Enteric diseases (Shiga-toxin E. coli, shigella, Hepatitis A) due to animal handling, etc.	55		WDH Infectious Disease Epidemiology Surveillance 2013
Incidence of animal/vector-borne disease (West Nile, Rocky Mountain Spotted Fever)	55		WDH Infectious Disease Epidemiology Surveillance 2013
Rabies-Animal	55		WDH Infectious Disease Epidemiology Surveillance 2013
LHD FTEs	55		Teton County Public Health 2014
Total operating budget of local health department: dollars per total population	55		Teton County Public Health 2014

APPENDIX F: CTSA OUTREACH MATRIX

CTSA Outreach Matrix

Groups	Community Meeting	Community Dialogue	Focus Groups	Surveys	Photovoice	Individual Interviews
Youth						
Seniors						
Part-time residents						
Seasonal workers						
Latino						
Outlying communities						
Commuters						
Disabled						
Men						
Working moms (women's health?)						
Business owners						
Uninsured						
Those who don't qualify for the ACA						
Public service workers						
Providers (reimbursement issues)						
General community members						

APPENDIX G: CTSA SURVEY

HEALTHY TETON COUNTY

Healthy Teton County: Quality of Life Survey

Healthy Teton County wants to know what YOU think of living in the greater Teton area. Your voice will help us to paint a picture of life in this region and identify areas where we can improve services, resources and collaboration.

Please take a few minutes to tell us about yourself and your experiences in the Teton community. When thinking of your community, consider the neighborhoods or areas where you live, work, and /or play. Your responses are completely anonymous.

1) Zip code where you live: _____

2) Please rate the quality of life that you experience living in the greater Teton community. (Consider your sense of safety, well-being, participation in community life and associations, etc.)

Very Good	Good	Poor	Very poor

3) Please indicate how strongly you agree or disagree with each of the following quality of life statements by circling the corresponding dot:

	Strongly agree	Somewhat agree	Somewhat disagree	Strongly disagree
I am satisfied with the healthcare system in our community. *(Consider access, cost, availability, quality, options in healthcare, etc.)*	●	●	●	●
This community is a good place to raise a family. *(Consider school quality, day care, after school programs, recreation)*	●	●	●	●
This community is a good place to grow older. *(Consider elder-friendly housing, transport to medical services, recreation, etc.)*	●	●	●	●
There is economic opportunity in our community. *(Consider amount of locally-owned businesses, job availability & training, career growth, affordable housing, commute, etc.)*	●	●	●	●
Our community is a safe place to live. *(Consider at home, at work, in the schools, playgrounds, parks, etc.)*	●	●	●	●
Our community is able to support individuals and families during times of stress and need. *(Consider neighbors, support groups, faith community, agencies, and organizations.)*	●	●	●	●
Our community's environment is clean. *(Consider air, water, trash, etc.)*	●	●	●	●
I believe that I have influence in our community to make it a better place to live, work, learn or play.	●	●	●	●

4) Please write any additional thoughts about the quality of life in Teton County below:

5) In the following list, what do you think are the THREE MOST IMPORTANT FACTORS FOR A HEALTHY COMMUNITY? (Rank your TOP THREE choices as 1, 2, & 3 to the left of each answer.)

Access to healthcare	Access to transportation	Affordable housing
Arts and cultural events	Clean environment	Excellent race relations
Good jobs and healthy economy	Good place to raise children	Good schools
Healthy behaviors & lifestyle	Low crime/safety	Low death & disease rates
Parks and recreation	Religious or spiritual values	Strong family life
Other:		

6) In the following list, what do you think are the THREE MOST IMPORTANT HEALTH PROBLEMS in our community? (Rank your TOP THREE choices as 1, 2, & 3 to the left of each answer.)

Aging problems	Cancers	Child abuse/neglect
Dental problems	Diabetes	Domestic violence
Heart disease and stroke	High blood pressure	HIV/AIDS
Homicide	Infectious diseases	Mental health problems
Obesity	Rape/sexual assault	Respiratory/lung disease/asthma
STDs	Suicide	Teenage pregnancy
Motor vehicle crashes	Other:	

7) In the following list, what do you think are the THREE MOST IMPORTANT RISKY BEHAVIORS that need to be addressed in our community? (Those behaviors that have the greatest impact on overall community health. Rank your TOP THREE choices as 1, 2, & 3 to the left of each answer.)

Alcohol abuse	Dropping out of school	Drug abuse
Lack of exercise	Poor eating habits	Not getting vaccinated
Tobacco use	Not using birth control	Not using seatbelt/child safety seat
Unsafe sex	Other:	

8) What is your age? _____

9) What is your gender?
Female
Male
Transgendered

10) What race do you most identify with?
African American/Black
Asian/Pacific Islander
Native American
White/Caucasian
Other_____

11) Are you Hispanic or Latino?   Yes   No

12) What is your highest level of education?
Less than high school
High school diploma or GED
College degree or higher

13) What is your total annual household income?
Less than $20,000
$20,000 to $29,999
$30,000 to $49,999
$50,000 to $99,999
$100,000 or more

14) How long do you plan to stay in the Teton area?
Less than 6 months
6 months to a year
1 year to 3 years
More than 3 years

THANK YOU! YOUR INPUT IS GREATLY APPRECIATED AND WILL HELP TO MAKE TETON COUNTY A HEALTHIER PLACE TO LIVE.

Forces of Change - Threats and Opportunities Worksheet

Factors	Threats Posed	Opportunities Created
Proximity to national parks **(5 extra votes)**		Brings in tourists/ boosts economy – is the economy
3% developable land/ lack of affordable housing **(5 extra votes)**	97% of land is federally owned	Create solutions for land development
Remote location/ Limited access **(8 extra votes)**	Strain on care systems	
Small population base	Strain on care systems	
Tourism-based economy **(1 extra vote)**	Strain on care systems	Brings in tourists/ boosts economy – is the economy
25% Hispanic /Latino population/ 70% White **(1 extra vote)**		Family focused
Increase in multi-national workers and visitors **(2 extra votes)**	Communication barriers on health related issues	
	Strain on care systems	
No Medicaid expansion in WY **(5 extra votes)**	Increase in "outsiders" means we can't depend on workers caring for place/long-term issues.	
	Limited/no healthcare services/ poor health outcomes	
Affordable Care Act (Insurance) **(2 extra votes)**		Help more people gain access to insurance
Active lifestyle of residents (#1 health ranked County in WY) **(2 extra votes)**	Injury/death due to high risk activities	Healthy residents
		Can be leveraged to improve care/health
Alpine climate **(1 extra vote)**		
Good schools **(1 extra vote)**		Can be leveraged to improve care/health
Strong business climate, very powerful		
Federal Government Agencies		
Good access to healthcare - for some conditions (hospital/ Healthcare providers) **(3 extra votes)**		

Forces of Change - Threats and Opportunities Worksheet

Factors	Threats Posed	Opportunities Created
Lack of childcare	Strain on care systems	
Political isolation in WY	State politics work to protect mining, local econ. Depends on pristine environment. Climate Change	
Needs across the generations/ generational needs **(2 extra votes)**	Strain on care systems	
Use of land	State politics work to protect mining, local econ. Depends on pristine environment. Climate change	
Well connected population		Potential to rally for solutions, caring for each other
Can be leveraged to improve care/health
Close to major fault line		
Well educated population		Potential to rally for solutions, caring for each other
Can be leveraged to improve care/health
Teton County "non-partisan"		
Income gap (wealth) **(2 extra votes)**		
Land development regulations **(2 extra votes)**		
Taxes (no state income tax)		
Utilities (water, electricity) **(1 extra vote)**		
Environmental focus		
Construction costs		
Health care costs (mental health/ SA coverage) **(3extra votes)**		
Commuters/ Public transportation **(1 extra vote)**		
Low voter turnout		
Transient population – seasonal workers/ past-time residents **(1 extra vote)**		
Government budget **(1 extra vote)**		
Services populations health – many not healthy		
Number of non-profit organizations		Can be leveraged to improve care/health
Traffic **(1 extra vote)**	No space for additional roads	Smart Mass Transit solutions, such as roundabouts **(1 extra vote)**

Forces of Change - Threats and Opportunities Worksheet

Trends	Threats Posed	Opportunities Created
Increase in sales tax revenue (and philanthropy). Trend towards events/ large groups		$$, Economic opportunity
Increase in people (children) with special needs		
State movement to party system		
Increase in domestic violence (last 6-8 months) Police violence → fear of enforcement?		Opportunity for prevention, cross training, awareness
Increase in number of young children (% Latino)	Overcrowded schools	Innovations in education/ design
Increase in economy = decrease participation and less free time for service individuals	Lack of space for development	
Decrease in labor force (often due to lack of housing) (3 extra votes)		
Impacted housing (lack of, cost, lack of diversity in rental market) (12 extra votes)	Inability to hire key/critical response employees, like police	Motivation to create housing (prioritize, fund)
	Hiring challenges disrupt marketplace, decrease level of service	
Increase in visa workers (e.g. foreign, seasonal workers) (1 extra vote)	More demand on systems. Basic healthcare needs become harder to meet	Increase diversity of housing stock (apartments)
Increase in traffic congestion (4 extra votes)	Access to hospital/healthcare during peak times	Motivation for alternative modes of transportation, motivation to create link/work development.
Increase in non-motorized transportation	More accidents likely	Motivation to increase density. Critical mass to make alternative modes operational
High suicide rate (1 extra vote)		Opportunity for prevention, cross training, awareness
Increase in environmental friendly options (ex. Green power) (1 extra vote)		
Increased demand for employees while Decreased ability to hire (ex. Law enforcement) (4 extra votes)		
Increase in new college graduates		

Forces of Change - Threats and Opportunities Worksheet

Trends	Threats Posed	Opportunities Created
Increase out of pocket healthcare costs **(2 extra votes)**	People cannot afford to get the care they need	
Increase in visitation and Increase in Park visitations **(2 extra votes)**	More demand on systems	$$, Economic opportunity
Increase in Chinese tourism (and other nationalities) **(1 extra vote)**		
Increase in senior populations		More volunteers
<mark>Increase in the demand for infrastructure (due to increase populations)</mark> **(8 extra votes)**		
Increase in non-profits (no sales tax) (contributions= less city $)		
Increase in reliance on nonprofits and social service (increase in volunteers/ decrease in staff)		
Increase in number of businesses		
Housing connected to employment/ more visibility		Greater visibility → other businesses recognize need to provide housing; creates models
Increase in STI's		Opportunity for prevention, cross training, awareness
Increase in extreme weather events **(1 extra vote)**		
Increase in development		
Decrease in funding for social services **(2 extra votes)**	Increased stress for individuals and families with lack of available services	
	Decrease in health of population	
<mark>Lots of discussions, no solutions</mark> **(7 extra votes)**	The issue creates more pressure to provide quick fixes (unaddressed)	
Increase reliance on technology		
Increase in teen pregnancy		
Lack of affordable daycare		
Increase in special events **(1 extra vote)**		
Decrease in volunteer firefighters		

123

Forces of Change - Threats and Opportunities Worksheet

Events	Threats Posed	Opportunities Created
Affordable Care Act		
Green Knoll Fire	Response employees not living in close proximity <30 minutes away	Multi-agency emergency response coordination
Horsethief Fire	Response employees not living in close proximity <30 minutes away	Multi-agency emergency response coordination
Budge Landslide	Response employees not living in close proximity <30 minutes away	Multi-agency emergency response coordination
Fundraising Events: Old Bill's/ Chicken Fry/ Spring Fling, etc.		Create community building/ networking, as well as raising funds for great causes
Special Events: Hill Climb, LOTOJA **(5 extra votes)**	Response employees not living in close proximity <30 minutes away	Multi-agency emergency response coordination
Accidents/Transportation: 5-way road construction, bus accidents with Chinese Tourists, Canyon closure	Response employees not living in close proximity <30 minutes away	Multi-agency emergency response coordination
Elections- SPET **(7 extra votes)**		
Ferguson- police militarization		
Closing of Western Wyoming Family Planning. Increase in teen pregnancy **(1 extra vote)**		
Snow King financial problems → Town assistance	Local Ownership → Corporate investors trending? Community focus suffers	Long-term economic stability
2013 draining of Jackson Lake.	Impact on fishing, guides, rafting	
Moving of Jackson Whole Grocer		
Closing of Enclosure Climbing Center		
Shortages: housing, police, lifeguards, VRBO **(10 extra votes)**	Housing shortage → inability for employees to live in community	Motivation to government or employees to create housing
Medicaid not being expanded **(8 extra votes)**	Lack of healthcare coverage for most vulnerable populations; Health care costs increase for whole community to subsidize	
Federal Education Standards and Wyoming Science Standards	Wyoming falls behind the nation because they are not adopting similar standards; More rigorous standards lead to sedentary behaviors	Creative, local solutions- possibly; Increase in science/health literacy, rates of higher education
Bomb Threats at JHHS and JHMS **(1 extra vote)**	Response Employees not living in close proximity <30 minutes away	Multi-agency emergency response coordination
Suicides **(5 extra votes)**		

Forces of Change - Threats and Opportunities Worksheet

Events	Threats Posed	Opportunities Created
Lighting Strike Emergency		
Avalanches: Taylor avalanche		
Weather: Affecting T\(transportation, health, etc. (8 extra votes)	Isolation & separation from family and resources	Multi-agency emergency response coordination
	Response employees not living in close proximity <30 minutes away	
Operation Save America: Abortion Protestors		
Dignitary visits/ Public figure visits: visitors and residents stress the system	Puts the area on a world stage: focus	Chance to spotlight issues & improve/solve problems
Flat Creek flooding	Response Employees not living in close proximity <30 minutes away	Multi-agency emergency response coordination
Search and rescue response for rescuing visitors. Helicopter use, accidents		

APPENDIX I: ADDITIONAL SOURCES

For further investigation into the topics contained in this report, HTC recommends the following data sources:

Behavioral Risk Factor Surveillance System (BRFSS)
The BRFSS is a national telephone survey of the adult population in the United States.
www.cdc.gov/brfss

Community Health Status Indicators
Interactive county health profiles compiled by the CDC.
www.cdc.gov/CommunityHealth

County Health Rankings
Database of vital health indicators for counties in the United States.
www.countyhealthrankings.org

Healthy People 2020
Federal resource for goals, objectives, and strategies to address key health issues in the United States.
www.healthypeople.gov

Jackson Hole Compass
Annual magazine with a comprehensive overview of Teton County facts and figures.
www.jhcompass.com

Teton County Childcare Assessment (2012)
2012 report on the state of childcare in Teton County.
http://www.tetonwyo.org/bcc/news/county-releases-childcare-needs-assessment/11547

Teton County Environmental Health
The environmental health department of Teton County, WY.
www.tetonwyo.org/ph/topics/environmental-health/252401/

WYDOT Planning/ Projects/Research
Wyoming Department of Transportation data resources.
www.dot.state.wy.us/home/planning_projects.html

Wyoming Behavioral Risk Factor Surveillance System
A state-wide health survey conducted by telephone.
www.health.wyo.gov/phsd/brfss/index.html

Wyoming Cancer Surveillance Program
Cancer database for the state of Wyoming.
http://www.health.wyo.gov/PHSD/wcsp/index.html

Wyoming Department of Education
Wyoming Department of Education data resources.
http://edu.wyoming.gov/data/statisticalreportseries2/

Wyoming Prevention Needs Assessment:
State-wide substance abuse survey.
www.pnasurvey.org/

APPENDIX I: ADDITIONAL SOURCES

Wyoming Vital Statistics: Division of the Wyoming Department of Health

Vital records for the state of Wyoming.
http://health.wyo.gov/rfhd/vital_records/index.html

For more information please contact:

Jodie Pond, MPH, MCHES, Director
Teton County Public Health
460 East Pearl Ave.
Jackson, WY 83001

307.732.8461

www.HealthyTetonCounty.org

Teton County Public Health
Teton District Board of Health