

2018 Community Health Needs Assessment



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In May 2015, the Healthy Teton County (HTC) coalition completed its first comprehensive community health needs assessment (CHNA) on the health status of Teton County, Wyoming. This project — led by Teton County Health Department (TCHD) and St. John's Medical Center (SJMC), in partnership with over 35 community organizations — identified and prioritized the primary health issues facing Teton County by utilizing Mobilizing for Action through Planning and Partnerships (MAPP). MAPP is a step-by-step framework developed by the National Association of County and City Health Officials.

Following the completion of the 2015 CHNA report, action plans for each of the prioritized health issues were developed by community action groups. Action groups followed a Collective Impact model of implementation which emphasizes a common agenda, shared measurement, and mutually reinforcing activities. These action plans were summarized in the Community Health Improvement Plan (CHIP), which was released in November 2015. Action groups worked from late 2015 onward to carry out their action plans through strategic partnerships, program development, and policy change.

An Annual Update report published in 2016 presented new data and updated the community on progress made by each of the action groups. MAPP recommends a three-year cycle of data collection, analysis, and action. Thus, the HTC Core Committee dedicated 2017 to data collection and analysis with the intent of publishing an updated CHNA in 2018. The following report presents the results of the second iteration of the MAPP process in Teton County, Wyoming.

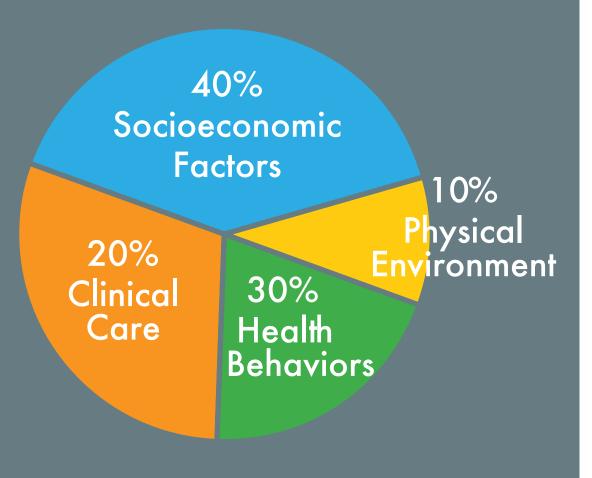
Healthy Teton County

HTC is coordinated by a Core Committee with representatives from SJMC, TCHD, and the Teton District Board of Health. A community stakeholder Steering Committee provides topical expertise and participates in key decision-making discussions. The HTC vision of "a vibrant Greater Teton area where opportunities for health are available to all" has continued to guide this project since its inception. HTC's 2015 CHNA followed all six phases of the MAPP framework (Appendix A) and laid the groundwork for future

CHNA iterations through the development of a vision statement and four comprehensive assessments. The 2018 CHNA utilized MAPP in an abbreviated manner, focusing on only three assessments: community health data, a quality of life survey, and a key stakeholder meeting and discussion during which the Forces of Change assessment was completed. Detailed methodology for each of the three assessments will be described in the respective sections of this report.



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Social Determinants of Health

This report includes analyses of both quantitative and qualitative measures of health. Social Determinants of Health (SDOH) are key qualitative factors that are intertwined with more direct measures of behaviors and disease. Understanding the relationship between how population groups experience "place" and the impact of "place" on health is fundamental to SDOH — including both social and physical influences. The term SDOH is defined by the World Health Organization as "the conditions in which people are born, grow, live, work and age." SDOH include factors such as the built environment, access to health services, social connections, education, and economic stability.

SDOH are directly tied to the concepts of health equity and health disparities. Health equity is defined by the Center for Disease Control (CDC) as the "attainment of the highest level of health for all people." The CDC goes on to say that when health equity exists, no one is "disadvantaged from achieving their highest potential because of social position or other socially determined circumstances." Health inequities are reflected through differences in length of life; quality of life; rates of disease, disability, and death; severity of disease; and access to treatment. Health equity is achieved when health disparities, described below, are eliminated.

The National Prevention Strategy describes health disparities as "differences in health outcomes across subgroups of the population, often linked to social, economic, or environmental disadvantages (e.g., less access to good jobs, unsafe neighborhoods, and lack of affordable transportation options). Health disparities adversely affect groups of people who have systematically experienced greater obstacles to health based on their racial or ethnic groups, religion, socioeconomic status, gender, age, mental health, cognitive, sensory or physical disability; sexual orientation or gender identity; geographic location; or other characteristics historically linked to discrimination or exclusion."

SDOH, health equity, and health disparities are factors that affect communities of every size and description; the Greater Teton area is no exception. To ensure that the SDOH that were identified during this assessment are analyzed and addressed appropriately, readers will notice that SDOH are reviewed in a section separate from the quantitative measures in this report. Addressing and changing SDOH often requires unique strategies that involve multisectoral strategies and influences.

The term SDOH is defined by the World Health Organization as "the conditions in which people are born, grow, live, work and age." SDOH include factors such as the built environment, access to health services, social connections, education, and economic stability.



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Data Analysis: 2018 Prioritized Health Issues

The health issues included in this report summarize the key findings from HTC's 2017 data collection and analysis. The HTC Core Committee selected indicators for analysis by first reviewing updated data for an extensive group of measures used in the 2015 CHNA. In addition, the committee reviewed updated data for each of the 2015 prioritized health issues along with any emerging or surveillance indicators that were identified in the 2016 Annual Update.

Indicators that met at least one of the following criteria were selected for inclusion in this report:

- » Teton County did not perform as well as the Healthy People 2020* goal *Healthy People 2020 (HP2020) is a national framework for health improvement that sets quantitative targets for community health indicators.
- » Teton County did not perform as well as the state of Wyoming
- » If Teton County's measures were trending in a concerning direction, that indicator was placed in the emerging trends section that will be addressed separately in the report.

Terminology

Issues: Issues are broad, overarching topics that include multiple data points.

Indicators: Indicators are the specific factors that contribute to each issue.

Measures: Measures are the numerical data associated with each indicator.

Prioritization

The MAPP framework emphasizes community involvement in each step of the process; HTC continues to be committed to this principle. Once the primary health issues were identified using the criteria listed above, the Core Committee turned to community members for data review and prioritization. Findings were presented to the Steering Committee at a meeting on November 1, 2017.

Following the data presentations, attendees determined the primary health issues with a weighted voting system. Attendees were prompted to consider three primary criteria: what value the issue had to the community (measured through the CHNA's community opinion survey), whether there were proven solutions available for implementation, and the consequences of inaction.

Prioritized Health Issues

After following the processes described above, the list of Teton County's primary health behaviors and conditions for 2018 was as follows:

- 1. Mental Health
- 2. Alcohol Use
- 3. Sexual/Reproductive Health
- 4. Chronic Disease/Cancer Screenings
- 5. Nicotine Use
- 6. Immunizations 65+

The prioritized SDOH that were identified during the above process and were:

- 1. Severe Housing
- 2. Access to Care
- 3. Food Insecurity

These issues will be addressed separately in the report.

For reference, the 2015 list of prioritized health issues, which included SDOH, is below:

- 1. Access to Health Services
- 2. Severe Housing
- 3. Food Insecurity
- 4. Routine Screenings
- 5. Transportation
- 6. Immunizations for 65+
- 7. Sexually Transmitted Infections
- 8. Nicotine Use
- 9. Radon
- 10. Youth Alcohol Use

Interpreting the Data

The primary data sources used by HTC throughout this initiative have been, and will continue to be, County Health Rankings (CHR) and Network of Care (NoC). CHR is an online resource (www. countyhealthrankings.org) managed by the University of Wisconsin that annually reports on and ranks vital statistics for almost every county in the United States. The rankings are comprised of data from state and national data sets, including the Center for Disease Control's Behavioral Risk Factor Surveillance Surveys (BRFSS). They are reliable, valid, and utilized by counties nationwide to assess community health status. CHR also provides data trends for indicators whose data collection methods have remained consistent over time. In this report, trend data will be reported through line charts when available. NoC is an online database that utilizes additional national and state sources; this site contains a broader spectrum of measures than CHR.

It is important to point out that although CHR report data as "2017," the most recent data available is often from 2015 or 2016. Similarly, BRFSS data reported in 2017 is describing population statistics from one or two years ago. The data source, including the year the data was collected, is listed for every indicator reported in this document.

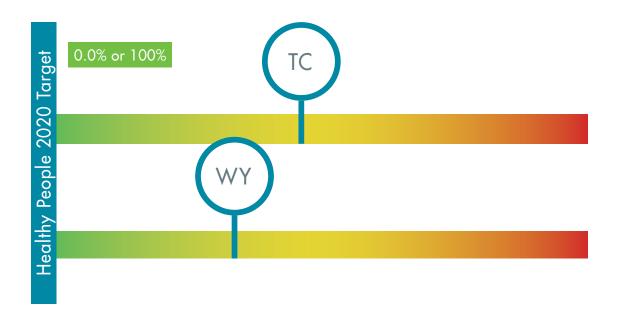
This lag in the release of data is important to keep in mind as we track progress and report on key indicators; the work being done presently in 2018 to improve Teton County's health measures will not be reflected in the standardized data until approximately 2020.

Additionally, note that while some data points can be compared year to year in order to create trend lines, BRFSS data collection methods changed in 2016. This alteration of methodology means that data collected in 2015 or earlier may not be directly comparable to the data reported in the ensuing years. This discrepancy should be kept in mind for measures that use BRFSS as their data source.

Statistical significance is a concept utilized throughout this report. When two measures are statistically significant, it means that the difference between the numbers is not attributable to chance.

Data Key

2017 data will be displayed through a graphic like the one shown below. When available, each image will list data for Teton County (TC) and Wyoming (WY), in large circles along a gradient bar. Markers closer to the green end indicate higher performing measures while markers closer to the red end indicate lower performing measures. HP2020 target measures, when available, will be indicated by a vertical blue bar.



Additional Resources

A complete list of health indicators for Teton County can be found on Teton County's Network of Care website (http://teton.wy.networkofcare.org/ph/index.aspx). See Appendix B for a list of additional community health reports and data resources.

Community Overview

Teton County, Wyoming is a small county in western Wyoming with an estimated population of 23,125 according to the most recent estimate by County Health Rankings. 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: 2017 Jackson Hole Compass).



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Demographics

Population	23,125
% below 18 years of age	18.80%
% 65 and older	13.00%
% Non-Hispanic African American	0.60%
% American Indian and Alaskan Native	1.10%
% Asian	1.30%
% Native Hawaiian/Other Pacific Islander	0.10%
% Hispanic	15.00%
% Non-Hispanic white	81.40%
% not proficient in English	4%
% Females	48.40%
% Rural	46.40%

Health Behavior and Condition 1

Mental Health

Suicide Rate, Teton County CHNA 2018



The suicide rate in Teton County (23.89/100,000) is significantly higher than that of Wyoming (21.4/100,000). The rate has also increased from the measure reported in the 2015 CHNA report (6.99/100,00). These factors, along with mental health being selected in the 2017 community survey as the primary

"most pressing health issue" that needs to be addressed by 24% of respondents, led mental health to be included as a prioritized issue. 49% of respondents chose mental health for their first, second, or third choice of most pressing health issue.

Mental Health Measures

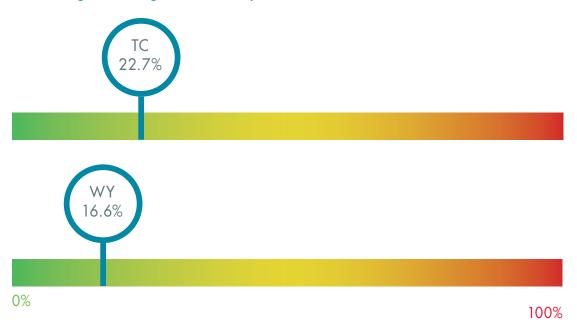
	TC 2015 CHNA	TC 2018 CHNA	HP2020 Target Measure
Suicide rate	6.99/100,000	23.89/100,000	10.2/100,000
	Source: WY Vital Statistics 2013	Source: WY Vital Statistics 2015	



Health Behavior and Condition 2

Alcohol Use

Adult Binge Drinking, Teton County CHNA 2018



Both adult and youth drinking measures met criteria to be included in the prioritized list of issues. Binge drinking is defined as five or more drinks for men, or four or more drinks for women, per occasion. The adult binge drinking rate of 22.7% in Teton County was significantly higher than Wyoming's rate of 16.6%. Excessive drinking (a CHR indicator that is described as percentage of adults reporting binge or heavy drinking) was also identified in HTC's 2016 Annual Update as a possible emerging issue. In future rounds of the CHNA, excessive drinking will also be used as an indicator for the health issue alcohol use.

Similarly, the rate of youth who reported that their parents were their primary means of availability of alco-

hol was 61.6% for 8th graders in Teton County, while the Wyoming rate for this measure was 45.0%. Teton County's rate is significantly higher than Wyoming. In addition, the percentage of 12th graders who reported using alcohol in the past 30 days was higher in Teton County (47.0%) than Wyoming (36.0%) in 2015.

Alcohol was also an area of concern for community members as seen in the community health survey. 54% of respondents identified Alcohol Use as the primary risky behavior that needs to be addressed in the community; 84% of respondents chose Alcohol Use for their first, second, or third choice of risky behaviors.

During the prioritization process, alcohol was ranked as the number two health issue in Teton County.

Alcohol Use Measures

	TC 2015 CHNA	TC 2018 CHNA
Adult Binge Drinking	22.7%	22.7%
	Source: 2011-2013 WY BRFSS	Source: 2011-2015 WY BRFSS
Parents as primary means of availability of alcohol	No data collected	61.6%
		Source: 2016 Wyoming Prevention Needs Assessment (PNA)
Youth alcohol use within the past 30 days (12th grade)	49.0%	47.0%
	Source: 2013 WY PNA (PNA)	Source: 2015 WY PNA



Health Behavior and Condition 3:

Sexual/Reproductive Health

Youth Condom Use, Teton County CHNA 2018



Sexual/Reproductive Health continues to be an issue of concern in Teton County. The 2015 CHNA identified this issue based upon the sexually transmitted infection (STI) rate. The indicator used to estimate the presence of STIs is chlamydia incidence per 100,000 population. The STI rate in Teton County rose from 209/100,000 in 2015 (2011 data) to 353/100,000 (2015 data) in 2018. A new indicator for this year is youth condom use.

Data suggests a downward trend among usage for 6th to 12th graders in WY; Teton County's youth condom use rate is 25%. In addition, Teton County's HIV rate remains above the HP2020 target.

Unsafe Sex was the third most selected choice in the most recent community health survey; 24% of respondents chose Unsafe Sex for their first, second, or third choice of risky behaviors that need to be addressed in the community.

Sexual/Reproductive Health Measures

for Teton County, WY, 2018 CHNA

	TC 2015 CHNA	TC 2018 CHNA	HP2020 Target Measure
Youth condom use	No data collected	25%	87.6%
		Source: 2015 Youth Risk Behavior Surveillance Survey (YRBSS)	
HIV rate	88/100,000	83/100,000	12.4/100,000
	Source: 2010 WY Vital Statistics	Source: 2013 County Health Rankings	
Chlamydia	209/100,000	353.2/100,000	N/A
rate	_		
	Source: 2011 Center for Disease Control (CDC) Atlas	Source: 2015 CDC Atlas	

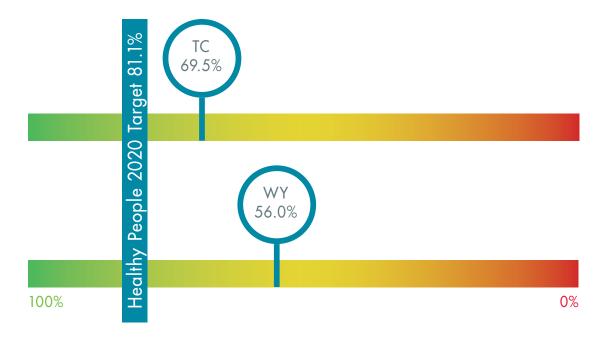


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Health Behavior and Condition 4

Chronic Disease/Cancer Screenings

Mammography Screening Rates, Teton County CHNA 2018



Chronic Disease and Cancer Screenings is another issue that remains on the prioritized health issue list from 2015. Mammography screening rates in Teton County have declined from 75.7% (2007-2011 data) to 69.5% (2014 data) at the time of this report. Mammography screening is a measure of women from the ages of 50 to 74 who have received a mammogram in the past two years. Similarly, the colorectal screening rate of 66.3% is below the HP2020 target of

70.5%. Deaths from colorectal cancer is a new indicator in this category; the Teton County rate of 22.1/100,000 is higher than the Wyoming rate of 14.3/100,000 and the HP2020 target rate of 14.5/100,000.

Cancer was the second most selected choice in the community health survey; 23% of respondents chose Cancer as the most pressing health issue in the community, and 42% selected it as their first, second, or third choice.

Chronic Disease/Cancer Screening Measures

	TC 2015 CHNA	TC 2018 CHNA	HP2020 Target Measure
Mammography	75.7%	69.5%	81.1%
screening	Source: 2007-2011 WY BRFSS	Source: 2014 WY BRFSS	
Colorectal	66.3%	No new data	70.5%
Screening			
	Source: 2007-2011 BRFSS		
Deaths from	No data collected	22.1/100,000	14.5/100,000
colorectal cancer			
		Source: 2009-2013 National Cancer Institute	



Health Behavior and Condition 5

Nicotine Use

Smokeless Tobacco Use (Males), Teton County CHNA 2018



Nicotine Use continues to be a health issue in Teton County due to the increasing mainstream use of e-cigarettes, vape pens, e-hookahs and other electronic nicotine delivery devices. The 2016 Wyoming Prevention Needs Assessment (PNA) data shows that in Teton County 9% of 8th graders, 26% of 10th graders and 27% of 12th graders have reported using e-cigarettes in the last 30 days. The Wyoming 2016 PNA data also shows that e-cigarettes were the second most commonly reported substance used by 8th and 12th graders in the last 30 days.

For 10th graders, e-cigarettes tied with alcohol as the most commonly reported substance. More data on nicotine use will be included in future reports as the trend of using electronic nicotine delivery devices increases.

Smokeless Tobacco Use is defined as the percentage of males that reported using smokeless tobacco products. The current data available indicates that the Teton County rate is 6.7% for the period 2011-2015. This is substantially higher than the HP2020 target of 0.3%.

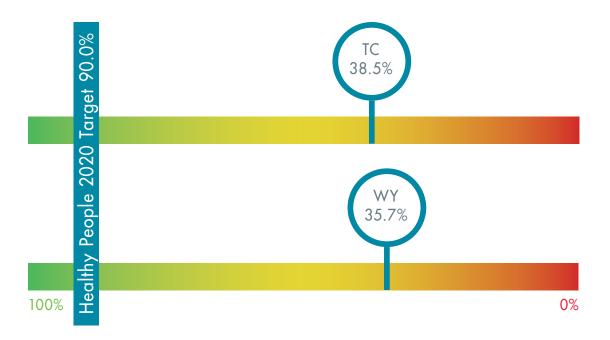
Smokeless Tobacco Use (Males) Measures

	TC 2015 CHNA	TC 2018 CHNA	HP2020 Target Measure
Smokeless Tobacco Use (Males)	6.7%	Data not available	0.3%
	Source: 2011-2015 WY BRFSS		



Health Behavior and Condition 6

Influenza Immunizations for 65+, Teton County CHNA 2018



The issue of Immunizations for 65+ includes two measures: influenza immunization rates and pneumococcal immunization rates. Teton County's influenza immunization rate from the 2015 report dropped from 49.3%

(2007-2011 data) to 38.5% (2011-2015 data). The HP2020 target for both measures is 90.0%. Though closer to the target at 74.8% (2011-2013 data), the pneumococcal immunization rate is still below the target.

Immunization Measures for 65+

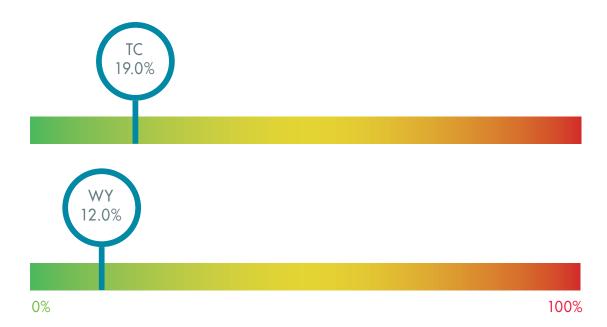
	TC 2015 CHNA	TC 2018 CHNA	HP2020 Target Measure
Immunizations for 65+	49.3%	38.5%	90.0%
S	Source: 2007-2011 WY BRFSS	Source: 2011-2015 WY BRFSS	
Pneumococcal 7 Immunizations	74.8% Source: 2011-2013 BRFSS	No new data	90.0%



Social Determinant of Health Issue 1

Severe Housing

Severe Housing, Teton County CHNA 2018



Severe Housing is defined as "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 exceeding 50% of monthly income)" by CHR. Teton County's rate of 19.0% is significantly higher than the Wyoming rate of 12.0%. A similar measure is overcrowding, which is defined by the U.S. Department of Housing and Urban Development (HUD) as either more than one person per room, or more than two persons per bedroom. The Teton County overcrowding rate of 3.76% (2009-2013 data)

is higher than the Wyoming rate of 2.1% (2009-2013 data). In addition, the homeownership rate for Teton County is 60.5% compared to Wyoming, which is 69.1%. The US census considers a housing unit to be owner occupied if the owner or co-owners live in the unit.

When asked about the most important factors for a healthy community in the community health survey, respondents chose Affordable Housing as their primary issue. 52% of respondents selected Affordable Housing as their first, second, or third choice, while 25% of respondents chose this issue as the most important factor for them.

Severe Housing Measures

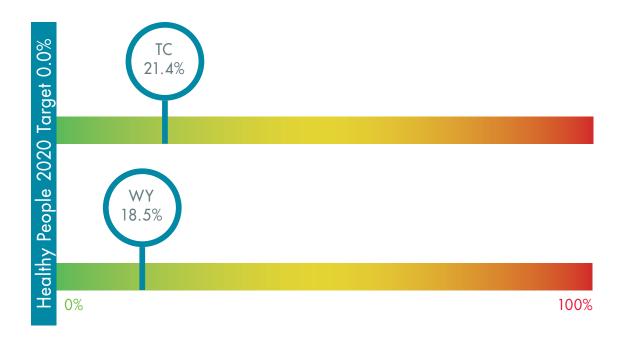
	TC 2015 CHNA	TC 2018 CHNA	HP2020 Target Measure
Severe Housing	20.0%	19.0%	N/A
	Source: 2006-2010 CHR	Source: 2009-2013 CHRS	
Overcrowding	No data collected	3.76%	N/A
		Source: 2009-2013 HUD	
Homeownership	No data collected	60.5%	N/A
Rate		Source: US Census (2011- 2015)	
Renters spending 30% or more of income on rent	No data collected	43.8%	N/A
		Source: ACS 2016	



Social Determinant of Health Issue 2

Access to Care

Uninsured Adults, Teton County CHNA 2018



Access to Care was the primary health issue identified in the 2015 CHNA. Uninsured rates are the primary measures that contribute to this issue. The adult uninsured rate has dropped since 2015, but it still remains above the HP2020 target of 0.0%.

The community health survey identified Access to Healthcare as the second most important factor for a healthy community. 48% of respondents selected Access to Care as their first, second, or third choice, while 20% of respondents chose this issue as the most important factor for them.

Access to Care Measures

	TC 2015 CHNA	TC 2018 CHNA	HP2020 Target Measure
Uninsured Adults	23.0%	21.4%	0.0%
	Source: 2011 American Community Survey (ACS)	Source: 2011-2015 ACS	
Uninsured Children (under 19 years old)	13.0%	10.0%	0.0%
	Source: 2011 CHR	Source: 2014 CHR	
Disabled Individuals without Insurance	No data collected	35.5%	0.0%
		Source: 2011-2015 ACS	



Social Determinant of Health Issue 3

Food Insecurity

Food Insecurity, Teton County CHNA 2018



Food Insecurity is defined as not having access to a reliable source of food and was a prioritized issue in the 2015 CHNA. Teton County's Food Insecurity rate has dropped from 13.5% in 2015 to 10.0% in 2018, which indicates an improvement in local access to food. However, according to national

statistics, 25.0% of children in Teton County are eligible for free or reducedprice lunch, which is an increase of over 10% from the 2015 CHNA (14.0%). These data demonstrate the complexity of addressing SDOH, due to the many contributing factors that affect each measure.

Food Insecurity Measures

	TC 2015 CHNA	TC 2018 CHNA	HP2020 Target Measure
Food Insecurity	13.5%	10.0%	N/A
	Source: 2011 Map the Meal Gap	Source: 2015 Map the Meal Gap	
Children Eligible for Free or Reduced Price Lunch (19 years old)	14.0%	25.0%	N/A
, , ,	Source: 2011 National Center for Education Statistics	Source: 2015-2016 National Center for Education Statistics	



Data Analysis: Community Survey

A survey that focused on residents' perceptions of the health and quality of life in Teton County was completed during the summer of 2017. The purpose of the survey was to gather opinions from adults aged 18+ about health issues and quality of life from a broad spectrum of residents. Surveys were available in Spanish and English; see Appendix C for the full survey.

To ensure widespread distribution of the survey, the HTC Core Committee conducted a variety of outreach efforts including:

- » Staffed booths at seven well-attended community events
- » Attended meetings of community organizations to provide information about the survey
- » Distributed surveys to community social services and nonprofit partners
- » Promoted the survey online and through social media channels
- » Contacted large local employers for survey distribution to employees

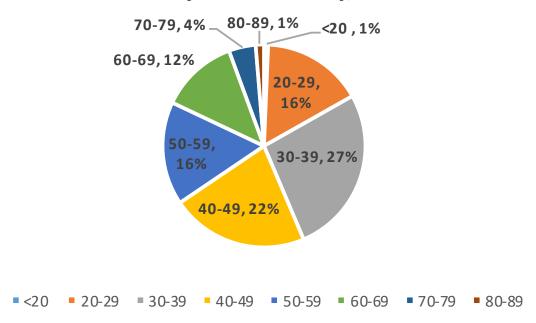
The committee's target response rate was 1,100 surveys; when the survey closed on September 30, 2017, community members had completed a total of 1,345 questionnaires. After removing invalid surveys, 1,335 were used in the following analyses. 253 of the surveys were completed in Spanish, which reflects 18.9% of the total responses.

23% of respondents reported commuting to Jackson for work.

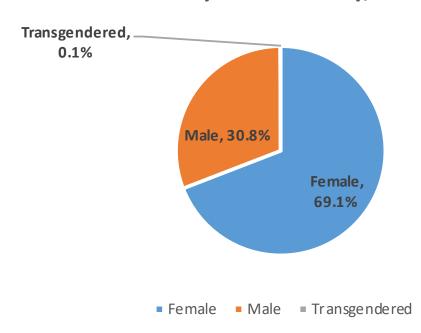
*Please note: survey data only describe individuals' perceptions about health and quality of life in the Greater Teton area and do not describe the true prevalence of health issues.

Demographics

Age of Respondents, Teton County Health & **Quality of Life Survey, 2018**



Gender of Respondents, Teton County Health & **Quality of Life Survey, 2018**



Data Analysis: Community Survey

Race of Respondents

Teton County Health & Quality of Life Survey, 2018

African American/Black	0.1%
Asian/Pacific Islander	1.2%
Mixed	0.7%
Native American	0.5%
White/Caucasian	88.4%
Did not specify	9.1%

Ethnicity, Self Reported

Teton County Health & Quality of Life Survey, 2018

Latino/a	21%
Non-Latino/a	79%

Quality of Life, All Respondents

Teton County Health & Quality of Life Survey, 2018

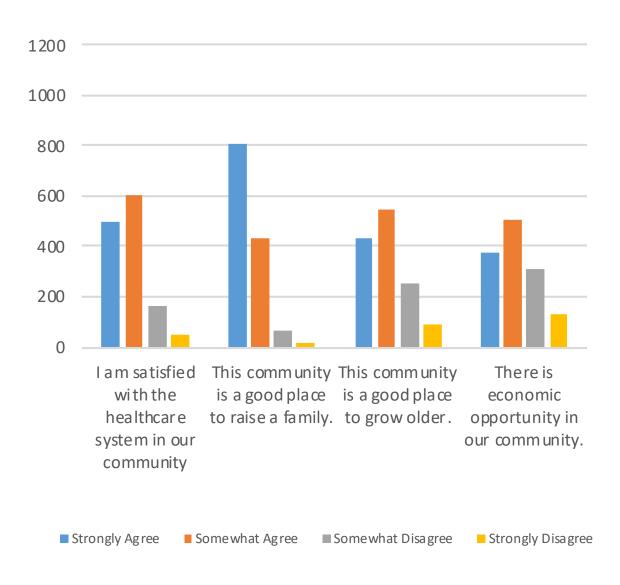
	All Respondents (n=1,335)	Spanish-speaking Respondents (n=253)
Very Good	56.3%	28.0%
Good	41.1%	65.0%
Poor	2.4%	7.0%
Very Poor	0.2%	0.0%

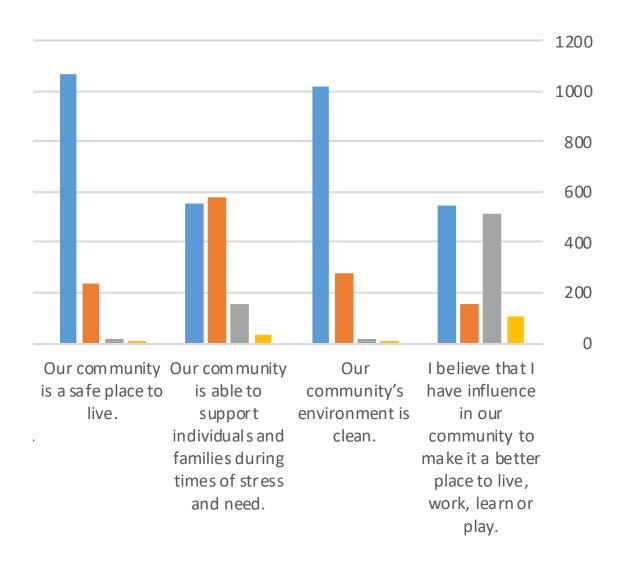
When asked to describe the Quality of Life (QoL) in Teton County ("Please circle the level of QUALITY OF LIFE that you experience living in the greater Teton community"), almost all respondents selected either "Very Good" or "Good". Only 2.6% of respondents reported the QoL as "Poor" or Very Poor".

Satisfaction with Community Elements

The survey contained a series of questions asking about the respondents' satisfaction with a series of elements within the community. Answer options were "Strongly Agree", "Agree", "Disagree", and "Strongly Disagree".

Community Satisfaction Results, Teton County Health & Quality of Life Survey, 2018

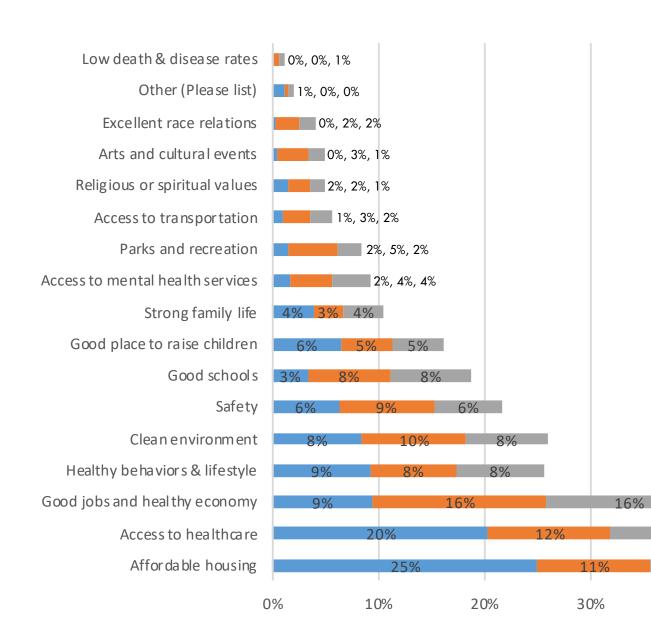


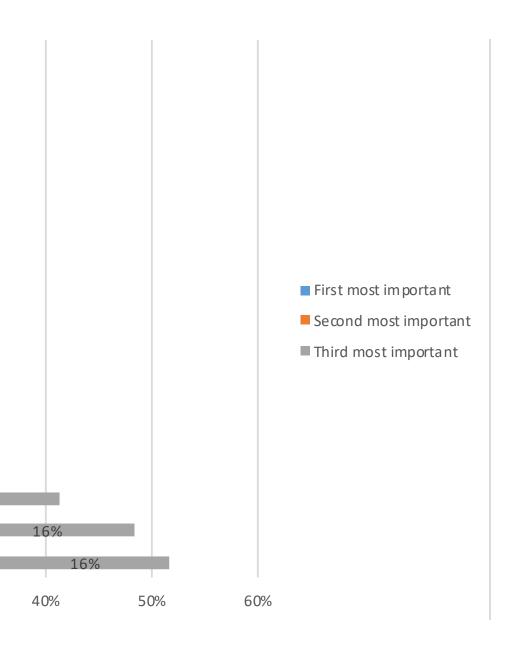


Most Important Factors for a Healthy Community

Respondents were asked to select and rank their three most important factors for a healthy community.

Factors for a Healthy Community, Teton County Health & Quality of Life Survey, 2018

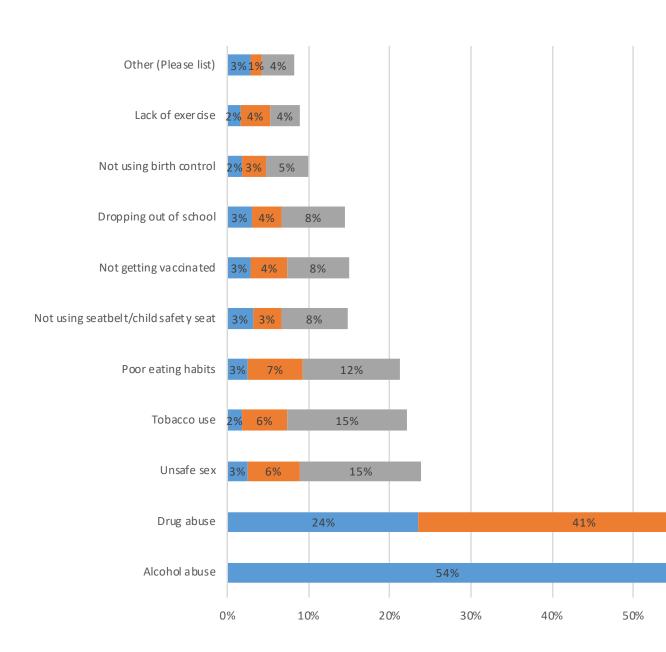


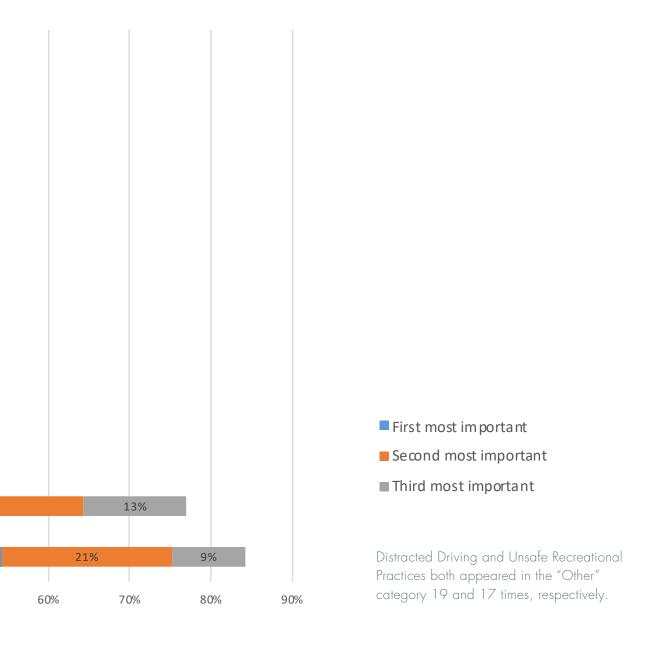


Risky Behaviors that Need to be Addressed in the Community

Respondents were asked to select and rank the top three risky behaviors that they felt needed to be addressed in the community.

Risky Behaviors that Need to be Addressed, Teton County Health & Quality of Life Survey, 2018

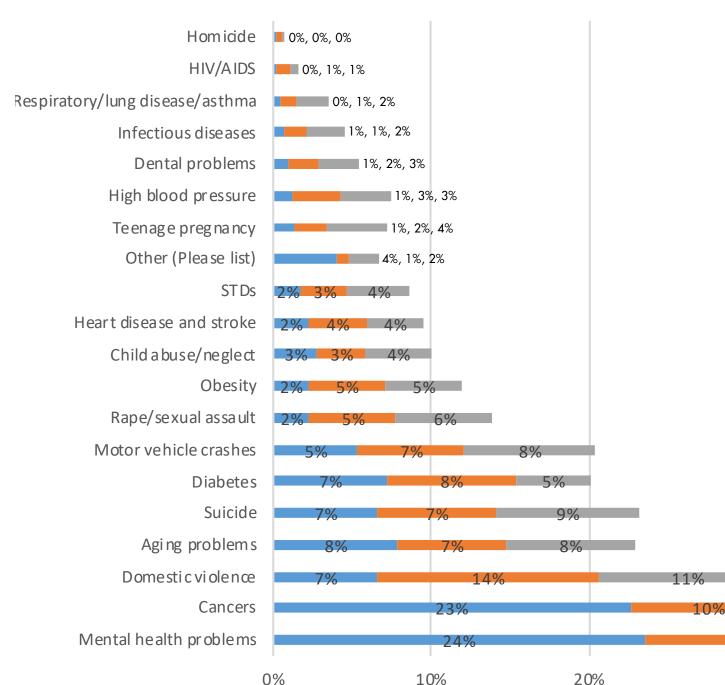


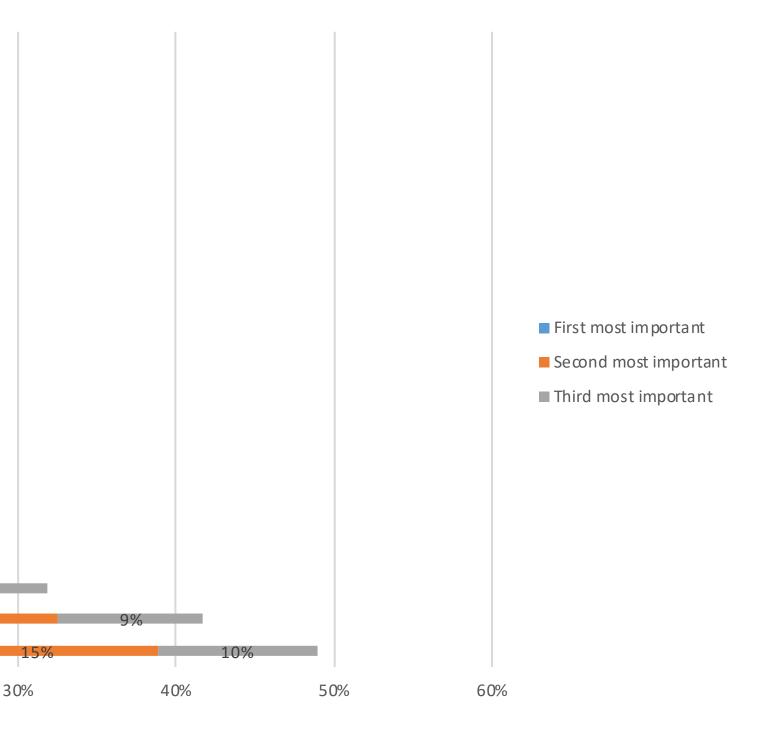


Most Pressing Health Issues in the Community

Respondents were asked to select and rank the top three most pressing healthy issues that they felt were prevalent in the community.

Most Pressing Health Issues in the Community, Teton County Health & Quality of Life Survey, 2018





Spanish-language Survey Differences

The Spanish-language survey saw slightly different results for certain survey measures. These differences are important to note as they may guide implementation strategies and future interventions.

The top three most important factors for a healthy community for Spanish-speakers were:

- 1. Access to healthcare
- 2. Affordable housing
- 3. Good jobs and a healthy economy

The top three risky behaviors that need to be addressed for Spanish-speakers were:

- 1. Drug abuse
- 2. Alcohol abuse
- 3. Not using vehicle safety belt

The top three most pressing health issues in the community for Spanish-speakers were:

- 1. Cancer
- 2. Diabetes
- 3. Domestic violence

Data Analysis: Forces of Change

The aim of the Forces of Change (FoC) assessment was to solicit 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. This assessment was conducted as a part of the HTC Steering Committee meeting on November 1, 2017. 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. The following charts provide a summary of the topics that were discussed.

What are some factors that have influenced the health of our community over the last two years?

(Factors are discrete elements, such as a community's large ethnic population, an urban setting or a jurisdiction's proximity to a major waterway.)

- » Our economy is dependent on tourism and 2nd home owners
- » Proximity and frequency to recreational opportunities
- » Peer pressure around extreme activities
- » Increase in low-income, uninsured accessing services
- » Highly competitive environment (especially post-partum)
- » No middle class for outdoor opportunities
- » Access to recreational opportunities for kids
- » Access to daycare (especially affordable)
- » Social media impacting health. Constant (not always accurate, often exaggerated)
- » "Keeping up" parents- i.e. phones
- » Education for parents about kids social/emotional needs
- » Over-employment leads to lack of time, increased stress
- » Climate change! (size of storms-also a trend)
- » Geographic isolation leads to high travel for families with kids in sports
- » Transportation for health care
- » Ease of access to opioids
- » Changes in local and state funding (trend as well)
- » High cost of healthcare (especially preventative care)
- » Air quality (trend as well)
- » Light pollution
- » Public safety related to transportation
- » Construction (road rage, poor roads, distracted driving)

- » Housing issues, proximity to public lands, overcrowding/traffic, childcare difficulties (affordability and just finding space at centers)
- » Alcohol abuse
- » Increase in opioid abuse, increase in local public events—in general that also corresponds to an increase in events that serve and promote serving alcohol, lack of parental/guardian access to awareness, education, prevention affects social norms and trends that today's youth in our community are exposed to on a regular basis that ultimately affect their health and the health of our community.
- » The ever-increasing needs of middle class not just our Latino population
- » Housing scarcity seems to be getting even worse as prices increase to own and to rent. Access to alcohol is still abundant and for some reason I have heard more about alcohol related incidents lately. Access to an active lifestyle continues to improve with path22 completed. At Friends of Pathways (FOP), we've seen an increase in e-bikes that give people more access to commuting by bicycle.
- » Limited access to medical care for those without health insurance and Latinos
- » E-bikes
- » Mental health access, instability of the health insurance system
- » Influx of tourists
- » Cost of living in Teton County—formulas based on federal poverty income levels may disqualify individuals that could use assistance, but don't qualify because of higher incomes. The higher incomes, however, are still not enough to manage the high cost of living.
- » Continued increases in visits to the national parks
- » Wealth disparity
- » Lack of services to address mental health needs and increase in drug use
- » Transportation infrastructure is lacking—proximity to two national parks
- » Increased stress with housing and overall affordability to live in Jackson and serving outlying commuter communities more and more.
- » Proximity to public lands, tourism-based economy
- » Resort community with large seasonal population and workforce changes, weather difficulties six months of the year, cultural norm of play/recreate hard or extreme, one of the highest cost of living communities in the country with wages that don't support this
- » Housing, weather & natural events, road conditions, proximity of grocery stores
- » Getting the word out there.
- » Stress from housing and wages
- » Lack of housing people having to work multiple jobs lack of health insurance or expensive health insurance

What are some trends that have affected the health of our community over the last two years?

(Trends are patterns over time, such as migration in and out of a community or a growing disillusionment with the government.)

- » Increase in diverse community
- » Increase in activity and recreation
- » Sense of surrounding community members associating more with Teton County than the community in which they reside since they work, seek care and at one time were residents in Teton County
- » A growing community of commuters
- » Growing tourism/overcrowding
- » Greater economic division between the working class and the visitors/second home owners
- » Heroin and opiates
- » More and more ineffective government decision making and resolution. A good example is our County's inability to look at changing zoning for housing or population growth needs
- » In our counts at FOP, we've seen an increase in people using bike paths and lanes for what looks like commuting when they expect there will be congestion, like during the eclipse or holidays. It seems like more people are moving out of the community, especially the Hispanic community.
- » Latinos growing fear of deportation, costs of medical care
- » Housing uncertainty. Cultural divisions exacerbated by Trump presidency.
- » Increase in housing costs
- » Costs of medical care
- » Off season specials
- » Increase in cost of childcare/ lack of it
- » Many citizens commute long distances to work in Teton County
- » 1) Uncertainty about ACA its continued existence, policy and resource directions and how that affects rates of insured and insurance companies willing to stay in the Marketplace, insurance rate affordability; 2) Changes in tenor and direction of national immigration policy bearing on the mental health and of immigrants and their children; possibly an increased reluctance to seek health care and assistance related to safety and well-being
- » Increased cost and decreased accessibility of housing
- » Availability of health options: food choices, active lifestyles and good decisions.
- » Housing shortage continues with no end in sight to increases in rent
- » Growing fear among our community's immigrant population, rising financial insecurity and related stress
- » Availability of information has increased dissatisfaction with government and community leaders
- » Increasing tourism with a more diverse population, transportation bottlenecks housing challenges escalating into a crisis
- » Growing level of need, meaning higher intensity needing crisis intervention rather than early intervention

Data Analysis: Forces of Change

- » Migratory nature of population, increase in commuting workforce, increase in income disparity
- » Increased accessibility and availability of heroin and methamphetamine in our region, more jobs than workforce causing more stress and responsibility on current workforce, decreased county law enforcement, increasing cost of living, increasing traffic congestion, longer commute times, increased population, decreased housing, increased stress and lower overall well-being due to all the above
- » Employee turnover, local quality foods
- » Media coverage
- » Increasing numbers of people passing through town; longer and more crowded tourist season; increased tension and stresses
- » Increase in stress and responsibility on workforce
- » Seasonal residents more sophisticated about healthcare needs
- » Politically active community/ engaged/ voter turnout
- » Increase transition in TCSD = increased accommodation
- » Increase in active transportation (alternative transportation)
- » Increase of lower SES class
- » Shrinking middle class
- » Decrease in volunteers/lack of interest. Rotation of same pool of people.
- » Decrease in funding for early intervention services and prevention
- » Low income moving but still using TC services
- » Increase in food cost/hard to have healthy options with diet of low income individuals and families
- » Lack of indoor recreation space (especially for impaired mobility and young parents)

What are some events that have affected health in Teton County over the last two years?

(Events are one-time occurrences, such as a hospital closure, a natural disaster or the passage of new legislation.)

- » New presidency affecting ACA confidence, immigration/dreamers, funding for social services
- » Power outages and other closures during winter 2017 wildfires/smoke
- » Budget strains of the state of Wyoming
- » Winter storm of 2016 that eliminated power for many residents in Teton and surrounding areas.
- » Traffic. Our community voted loudly not to expand our START bus system and with that comes expansion of highways. Enough said for the crybabies who don't want highways next to neighborhoods they live in yet full well knowing these were planned well before they built houses. Example: let's get the Brown connector built
- » The eclipse planning group had all the authorities from Town, County, Park, Wildlife Refuge, Forest, etc. working together to form a disaster preparedness plan. I think this is an incredible thing for public safety

- » Power outage in February
- » Presidential election. School reconfiguration.
- » Van Vleck temporary closure. New president/legislation. ICE
- » The great eclipse of 2017
- » Closure of Western Wyoming Family Planning this happened more than 2 years ago. I don't know if the gap has been fully filled by Teton County Public Health. Perhaps resources are not available to do so.
- » National parks' 100-year anniversary. Solar eclipse.
- » Divisive immigration discourse unstable/unpredictable deportation protocol
- » Lack of housing, increase in families living with other families increase in homeless population in school district. Increase in students receiving free or reduced lunch support.
- » Eclipse totality
- » Political climate and culture with healthcare insurance. Lack of responsiveness
- » Financial budget crisis at state level resulting in decreased funding/reduction in services/loss of services
- » State budget issues, Park Anniversary brought in record numbers of visitors, JHMR seeing record numbers of skiers in 2017
- » Road closures due to natural events, power outages, all weather-related events
- » Preparations for the eclipse
- » Immigration rule changes
- » Portrait gate
- » Old Bill's fun run
- » PMO budget cuts
- » Severe weather elsewhere
- » Terrorist and other events (elsewhere)
- » Ferguson
- » Social media reactions
- » Bike and walk to school days
- » Multiple walk/run events available
- » Opening new elementary school
- » Free services days: health, legal, taxes
- » Suicide (-)
- » Gaining designation as Age Friendly
- » (-/+) Special events
- » 1st Sat in June marathon- road closures
- » Remember civil discourse (+)
- » Grove (+)
- » Church/ Latino immigration meeting (+)

Data Surveillance

HTC plans to continue monitoring and addressing the prioritized issues from the 2015 report that did not meet the criteria for inclusion during this iteration of the CHNA. Those issues include transportation and radon. Data and action updates are provided below.

Transportation

Long travel time to work



In the 2015 CHNA report transportation was prioritized as a top health issue. Since the 2015 report, Teton County and the Town of Jackson have completed an Integrated Transportation Plan. The entire plan can be found here: http://tetoncountywy.gov/DocumentCenter/View/1992. Teton County has also hired an Integrated Transportation Plan coordinator to begin implementation of the plan in the years to come.

Additionally, the Town of Jackson has created a Complete Streets Plan, this plan can be found here: http://tetoncountywy.gov/DocumentCenter/View/2028. From 2011 to 2015, 12.9% of Teton County residents reported that their commute was longer than 30 minutes, compared to 15% of commuters in Wyoming. This is not a statistically significant difference.

Transportation Measures

for Teton County, WY, 2018 CHNA

	TC 2015 CHNA	TC 2018 CHNA
Long commute	12.0%	12.9%
	Source: American Community Survey (5-year estimate 2008-2012)	Source: American Community Survey (5-year estimate 2011-2015)
Drive alone to work	62.18%	63.96%
	Source: American Community Survey (5-year estimate 2008-2012)	Source: American Community Survey (5-year estimate 2011-2015)

Annual Average Daily Traffic in Teton County, WY

from WYDOT, 2018 CHNA

Junction	2016	2015	2014
Teton Pass	4,944	5,214	5,057
(From Mile Marker 11.021 to 17.40)			
Hoback Junction	8,413	7,912	6,288
(Mile Marker 141.3)			
WY 22 Junction into Jackson	18,204	20,203	19,596
Junction of Hwy 89/191 and Teton Park Rd.	5,231	4,922	4,816
Junction of Hwy 390 and WY 22	11,249	10,715	10,161
Middle School Rd. to Range View Dr.	3,329	3,017	2,733

Radon

In the 2015 CHNA, radon was prioritized as a top health issue for Teton County. Since 2015, the community action group for Radon has focused on public outreach and education to raise community awareness about radon.

Radon is a colorless, odorless, tasteless gas that forms naturally when radioactive metals break down in rocks, soil, and groundwater. This gas enters buildings from the soil beneath and can build up to dangerous levels inside any home. Radon is a proven carcinogen; according to the U.S. Environmental Protection Agency (EPA), exposure to radon gas is the number one cause of lung cancer among non-smokers, causing more than 21,000 deaths annually. The EPA designates Teton County, along with most of Wyoming, a Zone 1 Radon Area. This means that the predicted average indoor

screening levels are greater than the EPA's threshold of 4 pCi/L (picocuries per liter, a unit of radioactivity measurement).

Teton County Environmental Health (TCEH) sells short-term radon test kits to the public. These kits measure the amount of radon gas in the given room over a period of 3-7 days. Of the 131 results returned from those kits in 2016, 41% of homes tested high for radon (greater than the 4 pCi/L threshold). In 2017, 40% of the 95 results came back above the threshold.

If high levels of radon are detected with a short-term test kit, TCEH recommends re-testing, and possibly pursuing a home mitigation system to reduce radon levels in the indoor environment. TCEH is available to assist county residents with resources and more information.

Positive Indicators

Indicators in which Teton County performed better than either Wyoming or the United States are listed below. These indicators will be reviewed during each CHNA iteration to ensure that the measures continue to perform well.

- » Adult obesity
- » Physical inactivity (Age 20+)
- » Access to exercise opportunities
- » Poor or fair health
- » Poor physical health days
- » Frequent physical distress
- » Poor mental health days
- » Frequent mental distress

- » Teen births
- » Low birthweight
- » Preventable hospital stays
- » Prostate cancer incidence
- » Diabetic monitoring
- » Diabetes prevalence
- » Radon



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Areas to Explore or Emerging Issues

Topics that have been discussed as emerging within the community will be further analyzed as time and resources allow. Current issues of interest that will be monitored include:

Opioid Use

This has been observed in the community by social services professionals and indicated as an issue by community members in the community survey. The County Coroner reports seven deaths due to opioids in 2016-2017. Additionally, over 25 clients are currently seeking opioid-related substance abuse services in Teton County.

Domestic Violence

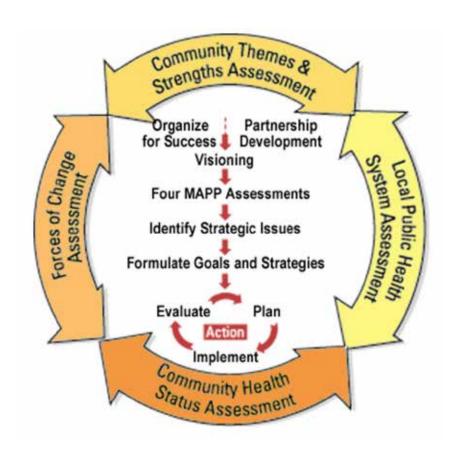
The number of adult primary victims served in Teton County has risen from 175 to 176 to 184 in the years 2015, 2016 and 2017, respectively.

Next Steps

The next step for HTC is to work with community members to develop implementation plans for each of the issues discussed in this report. Implementation plans will include target measures, actions to be taken, and key community partners. The Community Health Improvement Plan (CHIP) will be published later in 2018.



Appendix A - MAPP Cycle

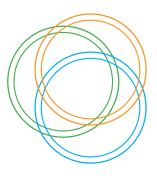


Appendix B - Other Community Resources

- 1. Teton County Network of Care https://www.tetoncountywy.gov/1291/Network-of-Care
- 2. 2015 Teton County Latino Community Assessment http://eriksen-meierconsulting.com
- 3. 2016 Teton County Mental Health Assessment https://stjohnshospitalfoundation.org/program/mentalhealth/
- 4. 2017 Teton County Community Youth Needs Analysis https://www.one22jh.org/news/youth

Healthy Teton County Community 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.



Instructions: 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, learn, and /or play. Your responses are completely anonymous.

1 Zip code where you live:		Do you commute to Teton C	ounty for work?
Please circle the level of (Consider your sense of safet	f QUALITY OF LIFE that you or ty, well-being, participation in con		ater Teton community.
Very Good	Good	Poor	Very poor

3 Please indicate how strongly you agree or disagree with each of the following statements by placing a check mark in the appropriate box:

check mark in the appropriate box.				
	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, mental health services, 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, mental health providers, 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:



Please see other side

5) Using numbers, tell us what the THREE MOST IMPORTANT FACTORS FOR A HEALTHY **COMMUNITY** are for you. Rank your top three factors ONLY: 1=most important, 2=second most important, 3=third most important.

Access to healthcare
Access to mental health services
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 death & disease rates
Parks and recreation
Religious or spiritual values
Safety
Strong family life
Other:
Using numbers, tell us which THREE RISKY BEHAVIORS you think need to be addressed in our community. Rank your top three factors ONLY: 1=most important, 2=second most important, 3=third most important.
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:

Using numbers, tell us what our community's THREE MOST PRESSING HEALTH PROBLEMS are, in your opinion. Rank your top three factors ONLY: 1=most important, 2=second most important, 3=third

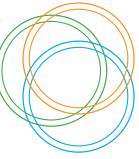
most important.

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
Motor vehicle crashes
Obesity
Rape/sexual assault
Respiratory/lung disease/asthma
STDs
Suicide
Teenage pregnancy
Other:
What is your age?
To which gender do you most identify? Female Male Transgendered
What race do you most identify with?
African American/Black Asian/Pacific Islander
Native American
White/Caucasian
Other
Are you Hispanic or Latino? Yes No



Encuesta de la Comunidad del Condado de Teton Saludable

Condado de Teton saludable quiere saber lo que piensa de vivir en el área de Teton. Su voz nos ayudará a pintar un cuadro de la vida en esta región e identificar áreas donde podemos mejorar los servicios, los recursos y la colaboración.



Instrucciones: Por favor tome unos minutos para hablarnos sobre usted y sus experiencias en la comunidad de Teton. Al pensar en su comunidad, considere los barrios o áreas donde vive, trabaja, aprende y / o juega. Sus respuestas son completamente anónimas.

1 Código posta	ıl donde vive:		Usted conmut	a al condado	de Teton para el trabajo?	
Por favor circ	cule el nivel de CALID entido de seguridad, bier	AD DE VIDA que estar, participació	e experimenta ón en la vida como	viviendo en la Initaria, etc.)	a comunidad de Teton.	
Muy B	ien	Bien		Pobre	Muy Pobre	

3 Por favor indique qué tan fuertemente está de acuerdo o en desacuerdo con cada una de las siguientes afirmaciones colocando una marca de verificación en el recuadro correspondiente:

animaciones colocando una marca de vermicación en el ter	cudaro corre	spondicine.		
	Totalmente de acuerdo	Parcialmente de acuerdo	Algo en desacuerdo	Muy en desacuerdo
Estoy satisfecho con el sistema de salud en nuestra comunidad. (Considere el acceso, costo, disponibilidad, calidad, opciones en salud, servicios de salud mental, etc.)				
Esta comunidad es un buen lugar para criar una familia. (Considere la calidad de la escuela, guardería, programas después de la escuela, recreación.)				
Esta comunidad es un buen lugar para envejecer. (Considere la posibilidad de vivienda para los ancianos, el transporte a los servicios médicos, recreación, etc.)				
Hay oportunidades económicas en nuestra comunidad. (Considere la cantidad de empresas de propiedad local, la disponibilidad de empleo y la formación, el crecimiento de la carrera, la vivienda asequible, conmutados, etc.)				
Nuestra comunidad es un lugar seguro para vivir. (Considere en casa, en el trabajo, en las escuelas, parques infantiles, parques, etc.)				
Nuestra comunidad es capaz de apoyar a individuos y familias durante momentos de estrés y necesidad. (Considere vecinos, grupos de apoyo, proveedores de salud mental, comunidad de fe, agencias y organizaciones.)				
El ambiente de nuestra comunidad es limpio. (Considere el aire, el agua, la basura, etc.)				
Creo que tengo influencia en nuestra comunidad para que sea un lugar mejor para vivir, trabajar, aprender o jugar.				

4	Por favor escriba cualquier pensamientos adicionales sobre la CALIDAD DE VIDA en el condado de Tetor
	aqui:



Otro lado

5) Usando numeros, díganos cuáles son los TRES FACTORES MÁS IMPORTANTES para una comunidad saludable para usted. Clasifique sus_ tres factores principales solamente: 1=Lo más importante, 2=Segundo más importante, 3=Tercer más importante.

Acceso a la salud

Acceso a servicios de salud mental
Acceso al transporte
Vivienda asequible
Eventos artísticos y culturales
Ambiente limpio
Excelentes relaciones raciales
Buenos empleos y economía saludable
Buen lugar para criar a los niños
Buenas escuelas
Comportamientos saludables/estilo de vida
Bajas tasas de muerte y enfermedad
Parques y Recreación
Valores religiosos o espirituales
Seguridad
Vida familiar fuerte
Otro: Usando numeros, díganos cuáles son los TRES COMPORTAMIENTOS DE RIESGO MÁS IMPORTANTES que usted piensa que deben abordarse en nuestra comunidad. Clasifique sus tres factores principales solamente: 1=Lo más importante, 2=Segundo más importante, 3=Tercer más importante.
Abuso de alcohol
Abandonar la escuela
Abuso de drogas
Falta de ejercicio
Los malos hábitos alimenticios
No vacunarse
El consumo de tabaco
No usar anticonceptivos
No usar el cinturón de seguridad
Sexo inseguro
Otro:

Usando numeros, cuáles son los TRES PROBLEMAS DE SALUD MÁS URGENTES de nuestra comunidad, en tú opinión. Clasifique sus <u>tres factores principales solamente</u>: 1=Lo más importante, 2=Segundo más importante, 3=Tercer más importante.

Problemas de envejecimiento
Cancer
Abuso infantil/negligencia
Problemas Dentales
Diabetes
Violencia doméstica
Enfermedad Cardíaca y Accidente Cerebrovascular
Alta Presion Sanguinea
VIH/SIDA
Homicidio
Enfermedades Infecciosas
Problemas de salud mental
Accidentes de vehículos
Obesidad
Violación/Asalto sexual
Respiratorio/asma
Enfermedades de transmisión sexual
Suicidio
Embarazo en la adolescencia
Otro:
Cual es tu edad?
A qué género te identificas más? Feminina Masculino Transgénero
Con que raza te identificas más? Afroamericano Asiático/Iseleno Pacifico Nativo Americano Blanco/Caucásio
Other
Eres Hispano or Latino? Si No



