



2019 Community Health Needs Assessment

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Letter From HSCMH CEO ..... 4

Letter From Public Health ..... 5

Hot Springs County Memorial Hospital ..... 6

Community Health Needs Assessment Steering Committee ..... 7

Research Methodology..... 9

Quantitative & Qualitative Data Summary ..... 10

Demographics ..... 10

Health Status..... 11

Socioeconomic Factors ..... 11

Income ..... 12

Poverty..... 14

Socioeconomically Disadvantaged Children ..... 16

Educational Attainment..... 17

Unemployment ..... 18

Language ..... 18

People Over 65 Live Alone ..... 19

Homelessness..... 19

Obesity..... 20

Physical Exercise ..... 21

Access to Healthy Food ..... 22

Diet – Exercise – Nutrition..... 24

Tobacco, Alcohol, & Drugs ..... 25-36

Opioid Prescriptions ..... 37

Criminal Justice System ..... 39

Sexually Transmitted Diseases ..... 40

Domestic Violence..... 41

Uninsured..... 42

Community HealthCare Available ..... 43



<u>Rural Health Ranking</u> .....	45
<u>Dental Care</u> .....	45
<u>Influenza</u> .....	46
<u>Transportation</u> .....	46
<u>Maternal and Infant Health</u> .....	47
<u>Suicide</u> .....	51
<u>Behavioral Health</u> .....	52
<u>Title 25</u> .....	53
<u>Disability</u> .....	54
<u>Chronic Disease</u> .....	55
<u>Leading Cause of Death</u> .....	61
<u>Hospital Related Visits</u> .....	63
<u>Ambulance Runs</u> .....	65
<u>Fire Department Calls</u> .....	66
<u>CHNA 2016 Goals/Outcomes</u> .....	67
<u>Community Health Needs &amp; Recommended Services</u> .....	69
<u>Community Health Needs</u> .....	69
<u>Community Programs In Place</u> .....	69
<u>Community Health Need Priorities</u> .....	70
<u>Priority 1: Behavioral Health Care</u> .....	71
<u>Priority 2: Poverty</u> .....	72
<u>Priority 3:Healthcare</u> .....	73
<u>Priority Services and Programs</u> .....	74
<u>Other Community Health Needs</u> .....	74
<u>Community Survey Summary Results</u> .....	75-84
<u>Additional Comments</u> .....	85
<u>Key Stakeholder Interviews</u> .....	86-94
<u>Community Survey Questions</u> .....	95-105



Dear Community,

As the Chief Executive Officer of Hot Springs County Memorial Hospital, I would like to share our Community Health Needs Assessment with you.

“Partnering with our community for quality health and healing” is our mission. This one sentence also summarizes what we are trying to accomplish through the Community Health Needs Assessment (CHNA). We understand that outstanding care is more than just medicine; it's treating each individual and their families with the care and respect they expect and deserve. It is partnering with our constituents, organizations and community groups to make Hot Springs County more healthy and health conscious.

We have gathered information from a wide-variety of sources and individuals, including conducting community surveys. The Community Health Needs Assessment (CHNA) team and other key stakeholders reviewed the information that was collected and identified priority health needs for review and approval by the HSCMH governing board.

HSCMH is fortunate to be nestled on the grounds of Hot Springs State Park, an oasis in Wyoming. Our new organizational values spell out the word OASIS; by definition a place where you can find safety, sustenance and a pleasant change from the usual.

Over the next several months we will be developing a plan, in collaboration with community partners, to address the prioritized needs. We invite you to review our plan, provide feedback, and join us in strengthening this OASIS by creating a healthier community for all people in Hot Springs County.

Margie Molitor, CEO

Hot Springs County Memorial Hospital

Hot Springs County  
April 11, 2019

Dear Community,

The CHNA steering committee and other key stakeholders in our community are compiling a Community Health needs assessment. This information is then reviewed to assist in identifying priority health needs in Hot Springs County. Through a collaborative effort we are hopeful this strategic prevention framework will be successful and enriching to our community.

We as a community have an opportunity to lead and direct how plans directly impact our community. Please join us in creating and maintaining the healthiest county for people across all ages. Hot Springs County has the opportunity for all partner systems in the county to work together and address local health priorities. The vision is to create a shared ownership between local health departments and organizations throughout the community. This process includes an assessment, planning, investment, implementation and performance monitoring to address our county's healthcare needs.

Help coordinate and align with other community stakeholders to create a healthier community.

Thank you for your consideration,

Tricia McPhie

Hot Springs County Nurse Manager

## **HOT SPRINGS COUNTY MEMORIAL HOSPITAL**

Hot Springs County Memorial Hospital was formed in 1958. It is a non-profit, critical access/rural hospital with 25 acute care beds, including a 3 bed monitored bed unit, 2-bed Obstetrics unit, and a 4-bed emergency department. Services include cardiopulmonary services and rehab, dietary, laboratory, medical imaging, pharmacy, inpatient services, obstetrics, physical therapy, occupational therapy, speech therapy, social services, financial services, ambulatory services, chemotherapy services, general surgery (both inpatient and outpatient), orthopedic surgery (both inpatient and outpatient), outpatient wound care, labwell blood draws, pain clinic, and swing bed. In November of 2016, the 1% special purpose tax and establishment of a hospital district was passed. New construction is currently taking place to ensure full service healthcare for the southern Big Horn Basin into the future, quoted from the groundbreaking press by Margie Molitor CEO.

HSCMH has a pledge of partnership taking the team approach for patient care excellence and safety. This includes; coordinating care, explaining care and treatment, listening to patients, addressing any questions or concerns, and managing pain.

### **OUR MISSION STATEMENT:**

Partnering with our community for quality health and healing.

### **OUR VISION STATEMENT:**

Hot Springs County Memorial Hospital will be the hub for the development and provision of quality health services while ensuring the viability of Hot Springs County Memorial Hospital as a valued healthcare partner in the community.

### **OUR CORE VALUES**

Five core values form the foundation for our culture at HSCMH: Ownership, Always Better than yesterday, Service first, Integrity, and Stewardship of our resources (OASIS). Our behavior creates our OASIS - a place where we can find safety, sustenance, and a pleasant change from the usual.



<b>Hot Springs County Memorial Hospital Board of Directors</b>	Dr. Bill Williams Board of Director Hot Springs County Memorial Hospital	David Koerwitz Board of Director Hot Springs County Memorial Hospital
Heath Overfield Board of Director Hot Springs County Memorial Hospital	Melissa Johnson Board of Director Hot Springs County Memorial Hospital	Dan Herdt Board of Director Hot Springs County Memorial Hospital

**HOT SPRINGS COUNTY MEMORIAL HOSPITAL SERVICE AREA**

Hot Springs County Memorial Hospital's service area includes medically underserved, low-income, and minority populations. All communities in the Hot Springs County Memorial District were included in the CHNA.

**Primary Area**

Thermopolis, Wyoming  
East Thermopolis, Wyoming  
Kirby, Wyoming

**Secondary**

Worland, Wyoming  
Basin, Wyoming

**Tertiary**

Riverton, Wyoming (Obstetrical)  
Shoshoni, Wyoming

**HOT SPRINGS COUNTY MEMORIAL HOSPITAL STEERING COMMITTEE**

<b>Miranda Nelson BSW</b> Social Worker Hot Springs County Memorial Hospital	<b>Margie Molitor RN</b> Chief Executive Officer (CEO) Hot Springs County Memorial Hospital	<b>Nina Landis RN</b> Chief Nursing Officer (CNO) Hot Springs County Memorial Hospital
<b>Tricia McPhie RN</b> Public Health Officer Hot Springs County Public Health	<b>Jennifer Cheney</b> Community Prevention Coordinator Hot Springs County Community Prevention Program	



**Hot Springs County Prevention Coalition**



**Katie Hilmer Wellspring Counseling, Curtis Cheney Assistant County Attorney, MaryAnn Rush Thermopolis Chamber of Commerce Executive Director, Ranae Baldes Hot Springs County Victim Witness Program, Sharon Skiver Wyoming Pioneer Home Administrator, Mary Gordon Public Health Response Coordinator, Sheriff Jerimie Kraushaar Hot Springs County Sheriff Department, Miranda Nelson Hot Springs County Memorial Hospital Social Worker, Catherine Crumpler Wisdom Tree Counseling, Tricia McPhie Hot Springs County Public Health Nurse Manager, Allan Braaten Wellspring Counseling Services Executive Director, Daisy Torres Hope Agency Executive Director, Beth Lewis Children Resource Center Executive Director, Jennifer Cheney Hot Springs County Prevention Coalition Specialist, Penny Herdt Hot Springs County Commissioners Administrative Assistant, Barb Rice Hot Springs County Youth Alternatives, Pennie Anderson Department of Family Services Supervisor, (Not pictured; Elisa Daniels Hot Springs County School District Counselor, Jill Van Hule Head Start)**

## RESEARCH METHODOLOGY

The CHNA was conducted from March 1, 2019 through June 30, 2019. Quantitative and qualitative methods were utilized.

*Quantitative Data:* A variety of sources were used to identify community health trends and health disparities including but not limited to: Hot Springs County Public Health, and the Centers for Disease Control (CDC). Every effort was made to obtain the most current data. Data was analyzed for comparison purposes with the state, other counties within the state, and local data collected by the Hot Springs County Prevention Coalition.

*Qualitative Data:* Qualitative data collection included interviews with key stakeholders, a community survey, and four focus groups.

*Key Stakeholder Interviews:* Stakeholder interviews were conducted with individuals that represented the broad interests of the community including public health and individuals with knowledge of medically underserved, low-income, minority populations, and populations with chronic disease. The interviews were completed in person or by phone between March 1, 2019 and May 30, 2019. A total of 16 key stakeholder surveys completed and 7 one on one interviews were completed.

*Community Survey:* A community survey was conducted between March 9, 2019 and May 1, 2019. The survey was available on paper. The survey was distributed through a variety of methods including E-mails to the hospital staff, Gottsche Rehabilitations and Wellness staff; hand delivered to Thermopolis Rotary Club members, Community Home Health, Risen Son Baptist Church food pantry and clothing giveaway, River of Life Fellowship commodities giveaway, and local businesses in the community. A total of 207 surveys were completed out of the 371 distributed.

*Focus Groups:* Four focus groups were held with the Hot Springs County Prevention Coalition, Thermopolis Rotary Club, Hot Springs County Ministerial Association, and the Hot Springs County Senior Center.

## CONSULTANTS

Hot Springs County Memorial Hospital contracted with HealthTechS3 to assist in conducting the 2019, Community Health Needs Assessment. HealthTechS3 is a healthcare consulting and hospital management company based in Brentwood, Tennessee. Carolyn St.Charles was the principal consultant.

## QUANTITATIVE & QUALITATIVE DATA SUMMARY

### DEMOGRAPHICS

There are approximately 4,696, residents in the HSCMH service area according to the 2017 census, which was a decrease from 2010 with 4,812. Geographically, we are a rural community located in central Wyoming. Largely an agricultural and ranching community, the largest employers include Hot Springs County School District and Hot Springs County Memorial Hospital.

Hot Springs County is a rural community with only a single stoplight in the entire county. Being one of the smallest counties in the state, we are largely an agricultural and ranching community averaging 2.4 persons per square mile.

Tourism is looked at as a large contributor to the community. Dinosaurs, outdoor opportunities, petroglyphs, and mineral hot springs help to define our community. The Wyoming Dinosaur Center is a 16,000 square foot complex housing 30 mounted skeletons and a 35ft T-Rex. Dig sites are available to observe and assist in carving out history by finding more ancient creatures. Legend Rock Petroglyph site is one of the most impressive petroglyph areas in the world. The protected site features at least 283 different petroglyphs on 92 sandstone panels. Some of these ancient masterpieces date back 10,000 years. Hot Springs State Park is home to The Big Spring. This mineral laden spring produces 2.2 million gallons of water per day. This spring feeds three hot springs pools to enjoy and relax in after a day of exploring the county. Whitewater rafting, hunting, hiking, and fishing are only a few of the opportunities available when visiting.

### Population and population by age

Hot Springs County population of persons under the age of five is 5.3%, persons under 18 is 21.3%, and persons over age 65 is 25.5%. The percent of females in the county is 49.3%.

### **Race/Ethnicity**

Hot Springs County has 95.5% white alone, 0.7% black or African American, 1.5% American Indian or Alaska native, 0.5% Asian alone, 0.1% Pacific Islander, 1.7% two or more races, and 3.8% Hispanic or Latino.

### **Population Characteristics**

Veterans from the years of 2013-2017, totaled 612 individuals. Hot Springs County ranks above the Wyoming average with 12.71% of our residents having veteran status. Foreign born persons from 2013-2017, is 0.7%.

### **Housing**

There is a total of 2,588 housing units with 76.9% being owner occupied. The median value of owner-occupied housing units is \$147,700, averaging the monthly mortgage to be \$1,181. The median gross rent is \$725 a month.

### **Families and Living Arrangements**

From 2013-2017, there were 2,246 households with an average of 2.07 people per household. The percentage of people living in the same household as they were one year prior is 84.5%. At least 85.1% of household have a computer with 74.4% having internet broadband subscription.

### **HEALTH STATUS**

The Community Needs Index (CNI) and County Health Rankings (CHR) illustrate a service area and county with significant needs.

All of the communities in the HSCHD service areas are ranked in the second highest need category based on the CNI index.

### **SOCIOECONOMIC FACTORS**

County Health Rankings & Roadmaps is a collaboration between the Robert Wood Johnson Foundation and the University of Wisconsin Population Health Institute. The rankings are based on a model of population health that emphasizes the many factors that, if improved, can help make communities healthier places to live, learn, work, and play. The rankings are determined by both **Health Outcomes** and **Health Factors**, which are weighted to determine an overall ranking for each county.

**Health Outcomes:** The overall rankings in health outcomes represent how healthy counties are within Wyoming State. The healthiest county in Wyoming State is ranked #1. The ranks are based on two types of measures: how long people live and how healthy people feel while alive. Hot Springs County ranked 21<sup>st</sup> healthiest county in the state.

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

### COUNTY HEALTH RANKINGS

Hot Springs County ranks the 21<sup>st</sup> for Health Outcomes and 9<sup>th</sup> for Health Factors out of 23 counties in Wyoming.

22<sup>nd</sup> Length of Life

7<sup>th</sup> Quality of Life

8<sup>th</sup> Health Behaviors

12<sup>th</sup> Clinical Care

15<sup>th</sup> Social & Economic Factors

11<sup>th</sup> Physical Environment

### INCOME INEQUALITY

*While it is long established that socioeconomic status and personal income are strongly correlated with an individual's health status, newer studies show that the level of economic inequality in a community is a strong predictor of population-level health.*

*Moreover, there is growing evidence that relative wealth influences health outcomes as much or more than the absolute level of wealth an individual possesses.*

**INCOME**

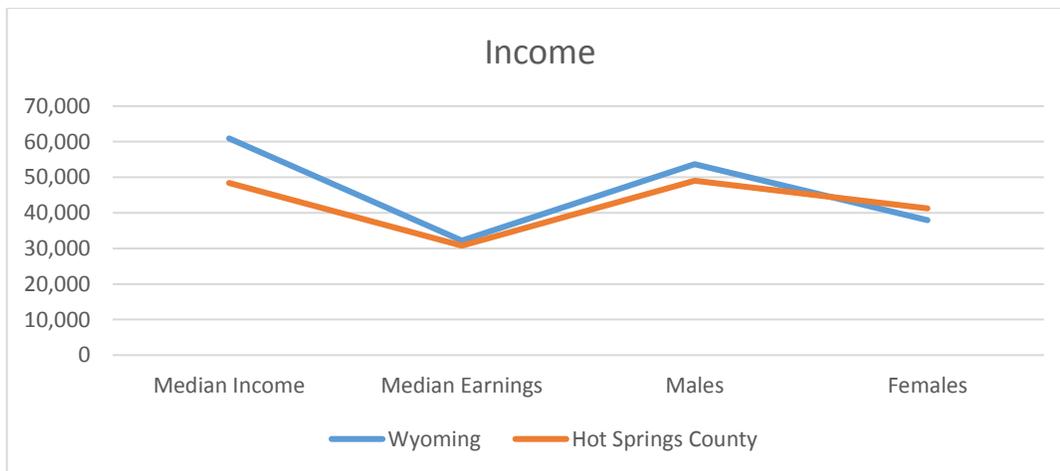
*Median household income reflects the relative affluence and prosperity of an area.*

*Areas with higher median household incomes are likely to have more educated residents and lower unemployment rates.*

*Higher employment rates lead to better access to healthcare and better health outcomes since many families get their health insurance through their employer.*

The median household income in Hot Springs County for 2017 was \$48,403, mean household income was \$64,864, and per capita income in the past 12 months of 2017 was \$30,939. For Wyoming the median household income is \$60,938 and the mean household income is \$76,731. The median earning for workers in Wyoming was \$32,205 and in Hot Springs County was \$30,775. The median earnings for males working full-time in Wyoming was \$53,727 and in Hot Springs County \$49,038. The median earnings for female workers full-time in Wyoming is \$37,915 and in Hot Springs County is \$41,220.

There is commuting in and out of the county for work. A total of 202 people commute to a different county for work with the highest county being Washakie County at 135 people, next is Fremont County at 23 people. People whom commute into Hot Springs County totaled 152 with the most coming from Fremont County at 56 people and then Washakie County with 34 people commuting in.



## **POVERTY**

Poverty levels are determined each year by the Census Bureau. For 2018 the poverty level for one person was \$12,140.

Poverty and the consequences of poverty are significant factors in the overall health of a community. The percentage of the population (adults and children) living below the poverty level is 19.3%, with a 7% increase over the last 3 years of the data collected. SNAP provides 7.8% of our households with assistance, but WIC enrollments continue to decrease.

Hot Springs County also exceeds the state average in relation to poverty at 12.1% vs the state average of 11.3%. Our population has also decreased 2.4% since the last 2010 census in probable relation to the decrease in the oil industry.

Hot Springs School District is a Title 1 school. Free and reduced meals are provided to 53.5% of elementary school families and 39.68% of the entire district. Single family homes equal 26% of our population.

Hot Springs County provides an after school program called Lights On to enable a safe after school option which encourages opportunities to improve one's educational achievements and participate in social, academic, and enriching activities.

A significant barrier to the community is access and availability to affordable, quality, and after-hours childcare services. More than one quarter of our population is age 65 or older. Of those aged 60 yrs and older, 20% receive food stamps.

The median household income is \$48,403 and per capita income in the past 12 months from 2013-2017, was \$30,939.

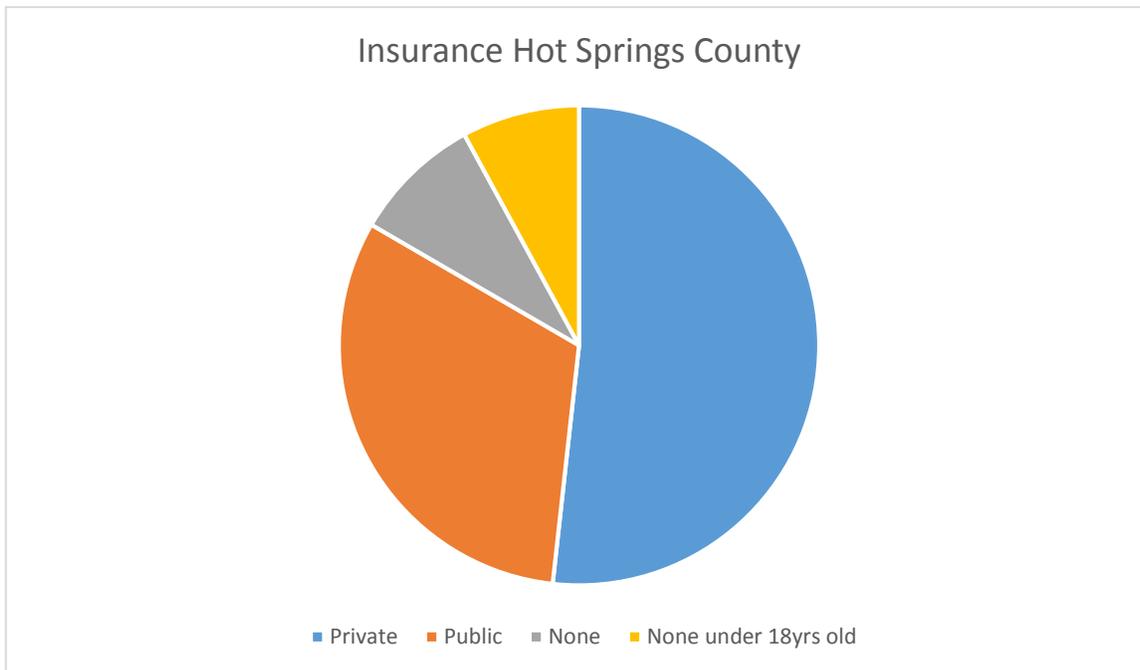
*Family income has been shown to affect a child's well-being in numerous studies.*

*Compared to their peers, children in poverty are more likely to have physical health problems like low birth weight or lead poisoning, and are also more likely to have behavioral and emotional problems.*

*Children in poverty also tend to exhibit cognitive difficulties, as shown in achievement test scores, and are less likely to complete basic education.*

Multiple stakeholders identified the impact of poverty on children and families, including the impact of inter-generational poverty.

Wyoming Medicaid has provided insurance for poverty level low income residents. In 2017, there were 61,603 Medicaid enrollment and in 2018, 58,705 enrollments.



The community poverty forum took place on May 8, 2019, at the county museum with a great community response. The discussion of poverty consisted of thoughts around what poverty looks like in Hot Springs County, the causes of poverty, the effects of poverty, and what the next step is. There was great ideas on how to better inform the community such as providing all the front line people with information and education to assist others, putting together an accurate list of resources, send lists out at the start of every school year, more use of the social sites to get information out, have more stable housing, and the community needing to be more flexible with empathy for others.

**SOCIOECONOMICALLY DISADVANTAGED CHILDREN**

Socioeconomically disadvantaged is defined as:

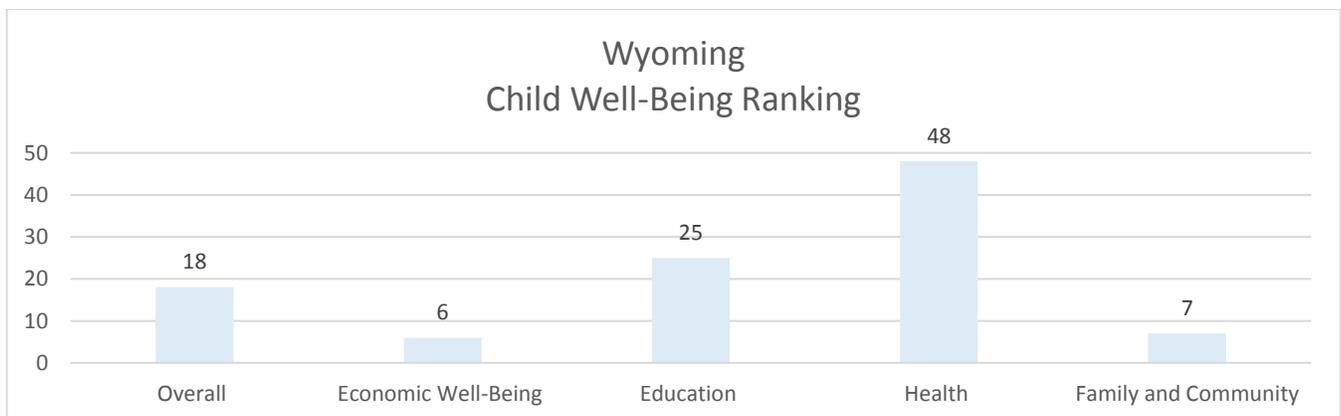
*“A student whose parents both have not received a high school diploma*

*OR*

*A student who participates in the free or reduced-price lunch program, also known as the National School Lunch Program (NSLP).”*

The 2018 Kids Count Profile ranked Wyoming overall 18th compared to 50 other states. Wyoming ranked within the top 15% for economic well-being and family & community.

The backpack program is district wide which sends home non-perishable food with kids every week during the school year. There are 150 bags delivered each Friday which includes Head Start and grades K-12.



Source: Annie E. Casey Foundation, 2018 Kids Count Profile

## Educational Attainment

*Graduating high school is an important personal achievement and is essential for an individual's social and economic advancement.*

*According to the Office of Disease Prevention and Health Promotion, high school graduation leads to lower rates of health problems as well as risk for incarceration.*

Hot Springs County School District #1 has 15% of students currently on an Individual Education Plan (IEP). According to the Wyoming Special Education Guide students whom qualify for an IEP are under the following categories; intellectual disabilities, hearing impairments, speech or language impairments, visual impairments, serious emotional disturbance, orthopedic impairments, autism, cognitive disability, emotional disability, traumatic brain injury, other health impairments, and/or specific learning disabilities. There is currently one student with a chronic medical condition requiring adaptive measures.

From 2013-2017 census bureau residents in the community age 25 and older with a high school diploma or higher was 92.5%. Those with a bachelors degree or higher age 25 or older is 21.6%.

HSCSD has experienced various numbers of students not completing their high school education. The current graduation rate is 80.4% and the Wyoming rate is 81.7%.

The Children Resource Center currently serves 38 children in the community ages 0-5years of age. They offer physical therapy, occupational therapy, speech therapy, and in classroom learning.

## UNEMPLOYMENT

Job creation, including opportunities for teenagers to learn basic work skills was identified as a community need by key stakeholders. This may also help to keep the youth out of crime activity.

*The unemployment rate is a key indicator of the local economy.*

*A high rate of unemployment has personal and societal effects. During periods of unemployment, individuals are likely to feel severe economic strain and mental stress.*

*Unemployment is also related to access to health care, as many individuals receive health insurance through their employer.*

According to the Department of Administration and Informational Economic Analysis Division for 2018, the unemployment rate was at 3.9% showing at least 90 people in Hot Springs County unemployed. However the percent of the population 16 years and over in labor force for the community is 61.7% and the Wyoming percent is at 67.6%.

## LANGUAGE

Language that is spoken at home other than English for people over the age of five from 2013-2017, was at 3.0%. Hot Springs County School District does not have any current students needing an interpreter for education.

## PEOPLE OVER 65 WHO LIVE ALONE

*People over age 65 who live alone may be at risk for social isolation, limited access to support, or inadequate assistance in emergency situations.*

*The Commonwealth Fund Commission on the Elderly Living Alone indicated that one-third of older Americans live alone, and that one-quarter of those living alone live in poverty and report poor health.*

*Rates of living alone are typically higher in urban areas and among women.*

*Older people living alone may lack social support, and are at high risk for institutionalization or losing their independent life style.*

*Living alone should not be equated with being lonely or isolated, but many older people who live alone are vulnerable due to social isolation, poverty, disabilities, lack of access to care, or inadequate housing.*

## HOMELESSNESS

*“What impacts health is not just what happens within the four walls of our medical office buildings and our hospitals. Housing stability is a key determinant of health – health and housing are totally connected.”*

Hot Springs County does have some individuals that are considered homeless. According to the surveys sent out into the community there was one person whom identified with this. The local school district provided the data of having two students that are homeless.

**OBESITY**

*The percentage of obese adults is an indicator of the overall health and lifestyle of a community.*

*Obesity increases the risk of many diseases and health conditions, including heart disease, type 2 diabetes, cancer, hypertension, stroke, liver and gallbladder disease, respiratory problems, and osteoarthritis.*

*Being obese also carries significant economic costs due to increased healthcare spending and lost earnings.*

A study published by the Journal of the American Medical Association (JAMA), in 2018, identified risk-factors that contributed to Disability-Adjusted Life-Years. In Wyoming, the third and fourth highest risks were High Body Mass Index and Dietary Risks.

**Obesity**

Hot Springs County is 64.9% obese from 2013-2017, with the BMI greater than 25.

Wyoming has the 34th highest adult obesity rate in the nation and the 14th lowest obesity rate for youth ages 10 to 17. There are 32.2% of children in Wyoming overweight or obese ages 10-13, nationally there are 36.4%, 22% of Wyoming high school students are overweight or obese. Wyoming's adult obesity rate is 28.8%, an increase from 16.6% in 2000. Poor nutrition and physical inactivity are important factors contributing to the epidemic of obesity and overweight in children and adults. Obesity among children 6-11 years of age and teens 12-19 years of age has increased more than threefold from 1980 to 2008. According to the data collected in 2011, 35.7% of women in Hot Springs County and 32.3% of men were obese.

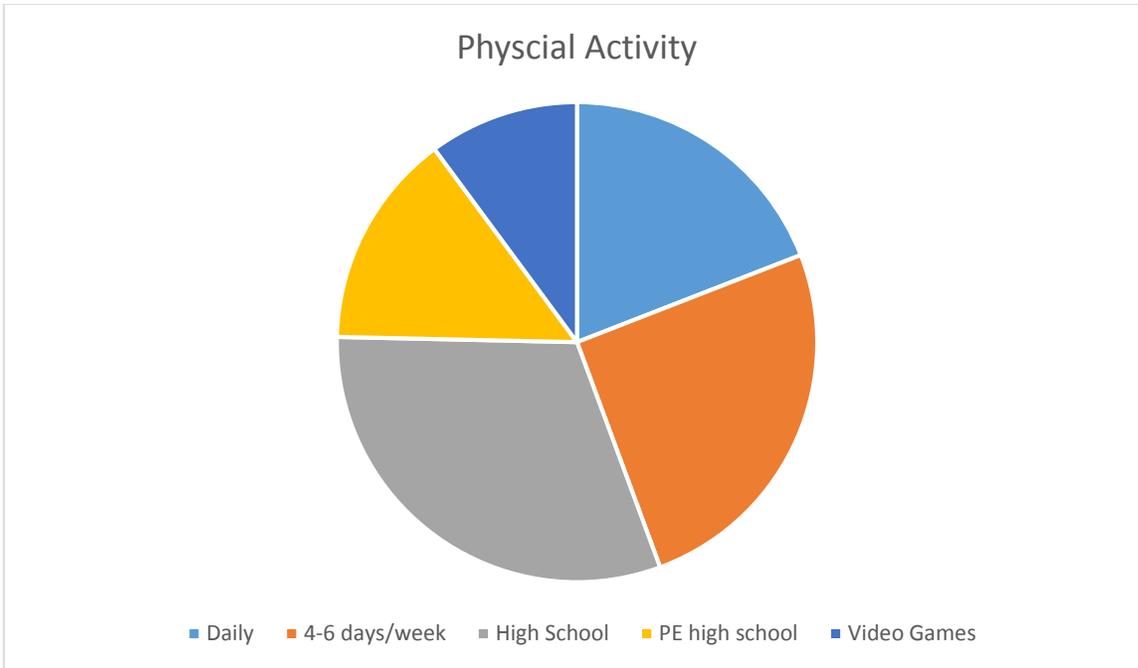
Overweight and obese children suffer a multitude of consequences. One study found 70% of obese children had at least one cardiovascular risk factor, and were more likely to have several cardiovascular risk factors than normal weight children. Obesity, along with physical inactivity and increased caloric and fat intake, are risk factors for insulin resistance, glucose intolerance and type 2

diabetes. Obese children are also at risk for breathing problems such as sleep apnea, asthma and exercise intolerance. Other risks associated with obesity include joint problems and musculoskeletal discomfort. Respiratory and musculoskeletal problems can limit a child's ability to exercise, exacerbating weight gain. Obesity related chronic disease can have severe consequences on development, learning abilities, behavior and emotional health. Obese children have a higher likelihood of becoming overweight or obese adults, and obesity is likely to be more severe in adults who were obese as children. If children remain obese as adults, they face even more severe consequences including heart disease, diabetes, some cancers, and death. Studies have estimated that obesity contributes to at least 100,000 deaths in U.S. annually.

Healthcare costs for obese children are about three times more than those for the average child. The direct costs of treating childhood obesity nationally is estimated at \$14 billion annually, including \$11 billion for children with private insurance and \$3 billion for those with Medicaid.

#### **PHYSICAL EXERCISE**

Adults who walk regularly is decreasing as are teens who engage in regular physical activity, and 7<sup>th</sup>-grade students who are physically fit. Only 30.2% of children in Wyoming are active daily, however, the percent of children who were engaged in vigorous physical activity 4-6 days per week in Wyoming (40%) was significantly higher than the national percentage (34%). Significantly more Wyoming high school students (49%) were physically active for 60 minutes on five of the last seven days compared to the nation (37%). The percentage of Wyoming high school students (23%) who attended physical education (PE) classes daily was significantly lower than the national percentage (33%). The percentage of Wyoming students (22%) who watched three or more hours per day of TV on an average school day was significantly lower than the national percentage (33%). The percentage of Wyoming high school students (16%) who played video or computer games or used a computer for something other than school work three or more hours/day on an average school day was significantly lower than the national percentage (25%).



The federal guideline for physical activity for children 6-17 years old is 60 minutes or more of physical activity every day.

In Hot Springs County 28.5% of adults from 2013-2017, stated they do not participate in any physical activity or exercise such as running, calistenics, golf, gardening, or walking other than what is completed at their job.

**ACCESS TO HEALTHY FOOD**

The food environment index combines two measures of food access: the percentage of the population that is low-income and has low access to a grocery store, and the percentage of the population that did not have access to a reliable source of food during the past year (food insecurity). The index ranges from 0 (worst) to 10 (best) and equally weights the two measures.

*Food insecurity is an economic and social indicator of the health of a community.*

*The U.S. Department of Agriculture (USDA) defines food insecurity as limited or uncertain availability of nutritionally adequate foods or uncertain ability to acquire these foods in socially acceptable ways.*

*Poverty and unemployment are frequently predictors of food insecurity in the United States. A survey commissioned by the Food Research and Action Center (FRAC) found that one in four Americans worries about having enough money to put food on the table in the next year. Food insecurity is associated with chronic health problems in adults including diabetes, heart disease, high blood pressure, hyperlipidemia, obesity, and mental health issues including major depression.*

A study in 2015 showed in the Wyoming the following for students grades 9-12;

Students who do not eat vegetables: 31.1%

Students who do not eat fruit or drink 100% fruit juice: 38.8%

Students who do not eat breakfast everyday: 60.6%

Students who drank soda at least one time a day: 24.3%

In Wyoming only 32% of schools have always offered fruit or non-fried vegetables at school. Wyoming schools that have priced nutritious food and beverages at a lower cost while increasing the price of less nutritious food is at 6.7%. Schools prohibiting all forms of advertising and promotion of candy, fast food, and/or softdrinks in the building is at 51.2%

The percentage of Wyoming students (19%) who ate fruits and vegetables five or more times per day during the past seven days was significantly lower than the national percentage (22%). There were no significant differences by gender.

The percentage of Wyoming students (27%) who drank a soda one or more times per day during the past seven days was not significantly different from the national percentage (23%). Significantly fewer females than males drank soda one or more times per day in Wyoming and nationally.

**DIET- EXERCISE-NUTRITION**

*Active adults reduce their risk of many serious health conditions including obesity, heart disease, diabetes, colon cancer, and high blood pressure. In addition, physical activity reduces the symptoms of anxiety and depression, improves mood and feelings of well-being, and promotes healthy sleep patterns.*

*More than 60% of adults in the United States do not engage in the recommended amount of activity, and about 25% of adults are not active at all.*

*In addition to reducing the risk of multiple chronic diseases, physical activity helps maintain healthy bones, muscles, joints, and helps to control weight, develop lean muscle, and reduce body fat.*

*Physical fitness has been linked to higher academic performance, better concentration, and increased confidence and self-esteem.*

*Students who are more physically fit are less likely to suffer from stress, anxiety, and depression. In addition, physical fitness helps to develop lifelong habits that can reduce the likelihood of chronic diseases such as diabetes, high blood pressure, and heart failure.*

Federal guidelines recommend 4-5 cups of fruit and vegetables a day; only 19% of Wyoming high school students eat fruits or vegetables five or more times a day. In Hot Springs County 86.9% of adults report consuming fruits and vegetables less than five times a day. There were 83.9% of adults that reported not having a healthy lifestyle.



**TOBACCO**

*Tobacco is the agent most responsible for avoidable illness and death in America today.*

*According to the Centers for Disease Control and Prevention, tobacco use brings premature death to almost half a million Americans each year, and it contributes to profound disability and pain in many others.*

*The World Health Organization states that approximately one-third of all tobacco users in this country will die prematurely because of their dependence on tobacco.*

*Areas with a high smoking prevalence will also have greater exposure to secondhand smoke for non-smokers, which can cause or exacerbate a wide range of adverse health effects such as cancer, respiratory infections, and asthma.*

Hot Springs County 8th graders complete an anonymous teen survey re: ATOD and suicide. 7.5% of the 8th graders have used chewing tobacco in the last month.

The American Lung Association awards a grade to each of five indicators related to tobacco control. As noted below, Wyoming received an F for every measure except access to cessation services, which received a grade of D.

<b>Tobacco Control Grade Factors</b>	<b>Wyoming</b>
Tobacco Prevention and Cessation Funding	<b>F</b>
Smoke-free Air	<b>F</b>
Tobacco Taxes	<b>F</b>
Access to Cessation Services	<b>D</b>
Age to purchase Tobacco 21	<b>F</b>

Source: American Lung Association: State of Tobacco Control 2018- Wyoming Local Grades

According to the American Lung Association, adult and youth cigarette smoking rates are near historically low levels in the U.S., but there was a staggering 78 percent increase in youth e-cigarette use from 2017 to 2018 that caused both the FDA Commissioner and U.S. Surgeon General to declare youth e-cigarette use an epidemic.

In 2011, the Wyoming Department of Health published teens are significantly more likely to use chewing tobacco at 15.1% as opposed to teens nationally at 7.7%. Additionally, 30% of Wyoming teens reported using any form of tobacco including cigarettes, cigars, and chewing tobacco in the past 30 days.

## ALCOHOL

*Binge drinking is a common pattern of excessive alcohol use in the United States.*

*Binge drinking can be dangerous and may result in vomiting, loss of sensory perception, and blackouts.*

*The prevalence of binge drinking among men is twice that of women. In addition, it was found that binge drinkers are 14 times more likely to report alcohol-impaired driving than non-binge drinkers.*

*Alcohol abuse is associated with a variety of negative health and safety outcomes including alcohol-related traffic accidents and other injuries, employment problems, legal difficulties, financial loss, family disputes and other interpersonal problems.*

Alcohol use has been identified as a major risk factor for acute and chronic health problems and greatly impacts economic, health, and social costs to individuals, communities, and societies. In comparison, Hot Springs County exceeds and leads the state in prescription medication misuse among high school students. The states average is 3.5% whereas Hot Springs County's percentage is 10.5%. Wyoming statistics from 2015 show a decrease in alcohol related arrests, but other drug related arrests have increased. The number of meth-involved arrests has more than doubled in the state of Wyoming from 2012-2015 according to the Wyoming Association of Sheriffs and Chiefs of Police. Hot Springs County is very similar with data showing the increase in meth related arrests.

Binge drinking is the most common, costly and deadly pattern of excessive alcohol use in the United States. Hot Springs County is not exempt from the statistics. 48.86% of all arrests in Hot Springs County are alcohol related. DUI arrests in the county are under the Wyoming average, but still account for 21.59% of all arrests in the county. Binge drinking is more prevalent among males than females, both in the county and the state. Binge drinking is most common among younger adults 18-34 years of age. One in 10 pregnant women in the US report alcohol use. PRAMS data reports 8% of WY pregnant mothers consume alcohol in the last 3 months of pregnancy.

Local law enforcement have grants that allow officers to strictly work DUI enforcement along with minor in possessions. The Chief has implemented a 24 hr coverage for the community which previously only covered active law enforcement from 7am-3am. The Chief is hopeful with the 24 hr coverage, it will allow law enforcement to deal with potential alcohol related incidents.

In 2017, the data showed 64% of Wyoming Boys School residents were there for alcohol/drug violations.

Alcohol wreaks havoc on a person's cognitive functions, decreasing a person's capability of reasoning, reducing their judgement and self-control, impairing their decision-making skills, decreasing their inhibitions, and increasing their propensity towards risky behaviors. Alcohol may also aggravate and imbalance a person's emotional and mental states, increasing the likelihood of a person developing aggressive or confrontational behavior. Combined, these factors may create greater risk of a person becoming involved in violence or crime, either as the individual perpetrating these things, or a person who becomes the victim. Hot Springs County lacks in mental health resources to combat the ramifications of the misuse of alcohol. The high percentage of social availability has the potential to increase not only harmful effects of an individual's health but also harm more broadly within our families and communities. The increase need of medical attention, induces an additional strain on the low number of medical providers in the community.

The Governor's Council data on impaired driving reports Wyoming has averaged 1,100 alcohol involved crashes for each of the last ten years. More than 50 people die each year in Wyoming as a

result of alcohol involved crashes. The national data is 27 alcohol involved crashes per year. When reviewing arrest data, 57% of Wyoming arrests are alcohol related, 23.46% of those are DUI's.

Participating in risky behaviors surrounding drugs and alcohol at a young age can become an ingrained pattern of behavior for youth leading to an increased likelihood of exhibiting problems drinking later in life. Alcohol use and misuse can have a number of adverse impacts on the workplaces. Contributable factors include: employer liabilities; loss of skills and employees; and the related costs of replacement and training new employees. People who binge drink are more likely to have unprotected sex and multiple sex partners. These activities increase the risks of unintended pregnancy and sexually transmitted diseases. Along with unwanted pregnancies, women who drink alcohol while pregnant increase their risk of having a baby with birth defects, increased risk of SIDS, or forms of Fetal Alcohol Syndrome. Binge drinking is a risk factor for sexual assault. Studies show an increase in the risk of rape or sexual assault when both the attacker and victim have used alcohol prior to the attack. Health concerns such as liver disease, impacts to the brain and heart, and types of cancers are a concern when discussing treatment facilities and access to medical resources in a rural setting like Hot Springs County. Substance abuse has a large impact on the Child Welfare System. According to the US Department of Health and Human Services, research has demonstrated that children of substance abusing parents are more likely to experience abuse—physical, sexual, or emotional—or neglect than children in non-substance abusing households.

Hot Springs County has higher liquor license rate than the state rate. Rated the 4th highest county in the state. Fourteen liquor licenses: 8 retail, 1 club, 3 restaurants, 1 bar/grill, and 1 microbrewery. Hot Springs County has held 28 events in the community since July 2018. At least 50% of those events include the option to obtain alcohol. Statewide, Wyoming youth are five times more likely to be arrested for a liquor law violation than the national average.

HSCSD#1 has strict rules and consequences in regards to the use of or possession of alcoholic beverages. Consequences of usage include involvement with law enforcement, school suspension and possible expulsion. The county shares similar statistics with the state of Wyoming. Wyoming ranks first in the nation for percentage of youth drinking alcohol before the age of thirteen. Hot Springs County ranks first in drug abuse violation arrests under the age of 18. It is critical for the county to

address the growing substance abuse issues in order to ensure a safe and healthy community for all residents.

According to WYSAC 2016, no data was collected in Hot Springs County in regards to compliance checks. Hot Springs County has the opportunity for change and improvement with a multitude of newly elected officials in our community. The image is an effective, vision-driven coalition working in partnership with elected officials and community stakeholders to improve the health of our community. Although minimum drinking age laws enacted and enforced by law enforcement and the criminal justice system predicate society's efforts, their effectiveness depends on the active support of parents and other adults, businesses, and many other organizations in every community. The responsibility for preventing and reducing underage drinking lies with everyone.

The majority of youth obtain alcohol from their parents in Hot Springs County. The county exceeds the WY average. Per data collected, the majority of buyers are over 21 years of age, with 47% of high school parents buying the alcohol. Comparatively, WY minors obtain alcohol from home 27.7%, private party 28.9% and a bar 21.69%. A concern for Hot Springs County is those individuals age 21 yrs old living independently and hosting underage parties and serving alcohol. Education needs to be focused on peer pressure and coping skills for youth. Education also needs to be implemented on the consequences of providing for minors as a consistent consequence in the community.

Hot Springs County's youth experiences are slightly higher, but comparable to the state youth experiences. One topic of discussion was the majority of our community events involving alcohol. That was also one concern addressed in conversation with Chief Mathews. Families are participating in events as a family, but indirectly exposing their children to adults who are drinking and/or intoxicated. Where as in a larger community, there is a larger variety to family activities. Again, underage drinking is seen as a social norm and rite of passage into adulthood in the county. Ultimately, there is simple oversight to the consequences and long term effects of youth initiating a drink at a young age, because the focus is on the social norm of "that's just what kids do."

Hot Springs county data shows the overwhelming data of parents providing alcohol for youth in the community. Which poses concerns over the ability to influence and change the perception of harm

to underage drinking. Also, the overwhelming number of community events which provide alcohol is an indicator to the strong influence of social norms surrounds alcohol use and misuse. The higher than state average number of alcohol related arrests and convictions in the county also attest to the strong presence of alcohol use and misuse in the community. The rise in risky behaviors associated with alcohol use is also a consequence to the community norms of the county. The retail availability of alcohol and the high percentage liquor licenses in the county in comparison to the states, increases the opportunity for youth to obtain products illegal to their age.

A study published by the Journal of the American Medical Association (JAMA), in 2018, identified risk-factors that contributed to Disability-Adjusted Life-Years. In Wyoming, the second highest risk factor was alcohol and drug use.

Based upon the PNA data of 2016, it is difficult to obtain data related to the low number of data collected. Public intoxication arrests have increased by 4% from 2015 to 2016 data. DUI arrests involving alcohol have decreased in the community. The average DUI BAC is 0.1546, slightly under the 0.1574 Wyoming average. Traffic crashes related to alcohol has not significantly changed. Hot Springs County exceeds the Wyoming average on alcohol-related fatal injury, and property crashes. The percentage of Hot Springs County 10th-12th grade students reporting having attended community events where adults were intoxicated sometime during the past year is under the Wyoming average, but nevertheless is still 59 percent. Twenty-two liquor permits and 3 malt beverage permits were obtained in 2018 for Hot Springs County. There are 14 active liquor licenses in Hot Springs County. The majority of community events provide alcohol. Of the 88 total offenses in Hot Springs County, >48% were alcohol related in 2015 according to Alcohol and Crime in Wyoming. Alcohol also factors in to 80% of domestic violence offenses in the county. The use of alcohol in Hot Springs County is an accepted social norm for all ages.

Hot Springs County 8th graders complete an anonymous teen survey re: ATOD and suicide. 10% of 8th graders have drank alcohol in the last month

With minimal resources in mental health, affordable health care, and lack of treatment facilities, Hot Springs County's direction towards AOD abuse and crimes is currently punitive in measure. Prevention methods may assist in opportunities for education to include the severity of consequences of providing to minors. The average BAC of an underage MIP arrest in HSC is 0.2385, which is ranked 2nd highest BAC in the state of WY.

Hot Springs County ranks 3rd highest for drunkenness arrests and 3rd highest for juvenile liquor law violations. Local Youth Alternatives 2017 data includes: 49 citations for 39 individuals. Of those citations, 59% involved alcohol, tobacco, and marijuana offenses. 2018 data (through 10/2018) also collected from local Youth Alternatives include: 67 total citations for 35 individuals. Of those citations, 64% involve alcohol, tobacco and drug offenses.

The number of events with social availability to youth exceeds the WY state average. 64% of our youth report attending a community event where adults are intoxicated. 3.3 % of adults reporting extreme drinking (10 or more on any occasion in past 30 days) is data collected from BRFSS is an average from 2011-2015. Excessive drinking has been linked to unintentional injury, unplanned pregnancies, various cancers, including an increased risk of breast cancer in women, liver diseases, cardiovascular complications, including stroke, digestive problems, and various mental health disorders, including depression and anxiety. Alcohol can also hinder a person's vocational or professional success which greatly impacts our community.

According to data collected for Hot Springs County, the biggest influence comes from parents themselves. Examples include modeling behaviors related to alcohol and drug use, providing youth with access to alcohol, and the number of community events serving alcohol. Promoting compliance checks, consistency of consequences of drugs and alcohol usage, and providing education to adults are necessary efforts needed to increase awareness of underage alcohol and drug use in our community. Lack of TIPS or other related trainings in the community decreases the important message to the public in relation to the possible life-long severity of consequences from underage or binge drinking. Due to lack of funding and staff availability in rural communities, there is a challenge to providing a uniform message regarding the harmful effects and consequences of drugs and alcohol misuse.

One of Chief Mathews concerns related to alcohol and drug use is seeing youth following parental lead or lack of parental involvement which she feels leads to discipline later in the child's life resulting in family fights and possible outside placement for the child. Chief Mathews believes youth involvement is on a rise with elicit behaviors, be it alcohol, drugs, or risky sexual behavior. She also believes youth exposure to more inappropriate material via TV, internet, and social media than in prior generations. Local law enforcement note a growing population of youth 18 years of age and older supplying underage youth with alcohol, tobacco and other drugs. Chief Mathews reports the availability and the exposure to the youth from growing up in an unhealthy environment are factors that need to be addressed. Chief Mathews reports additional training is on the agenda for officers in the future regarding these issues. Also, to address the above concerns, Chief Mathews is addressing community policy. One officer has already been assigned to public relations and will begin visiting the schools in the near future.

Hot Springs County School District #1 health curriculum covers an variety of topics of AOD abuse both at the middle school and high school levels. Topics covered include: the effects of drugs and alcohol on the physical body, what a healthy lifestyle encompasses, peer pressure, social norms, and the consequences of the use and misuse of alcohol and other drugs. HSCSD #1 also offers a variety of after school activities to engage the students in positive environments. Alcohol use is an accepted social norm within the community and is reflected in the collected data. 2018 data collected, reports 4 juveniles were issued citation for prescription drug charges. Inhalants have recently become a concern throughout the school system. Of the high school students polled, there is an lack of awareness to the consequences of juuling or using e-cigarettes and students are unaware of the ingredients in the inhalants. According to the National Institute of Drug Abuse, teens that use e-cigarettes are 30% more likely to begin smoking cigarettes.

Perceived attitudes is fairly comparable between Hot Springs County and state data. A question was discussed in relation to the timing of the survey. There is a perceived notion that youth who involve themselves in high school sports or activities refrain from using alcohol while participating in the activity. Would a difference be noted if the survey was completed during the summer with less school sponsored activity involvement? Currently, 87% of youth in the high school at HSCD#1 are involved in some type of activity. The community continues to work to provide opportunities for youth to belong to a group or team to help decrease the draw to participate in risky or illegal behaviors. Also, due to

the social norm of using youth alcohol misuse as a rite of passage into adulthood, there is a decrease in parental concern of their children using/abusing alcohol.

Compliance check investigations can help reduce alcohol-related problems and crimes using a preventative strategy. Compliance operations send a message to the community that providing alcohol to young people is not acceptable. Publicity surrounding compliance check operations may affect the attitudes of parents and other legal age alcohol providers; they begin to view underage drinking as less acceptable.

## DRUGS

*Hot Springs County's population ranks among the highest percentage for adolescents participating in dangerous behaviors combined with a high percentage of adolescents that believe their parents think substance use is acceptable.*

*These beliefs are risk factors for developing substance abuse disorders in the adolescent's future.*

The Independent Record released 2018 call data from both the Thermopolis Police Department and the Hot Springs County Sheriff's Department. The Thermopolis Police Department responded to 2,098 calls in 2018 and the Sheriff's Department responded to 1,424 calls. Many of those reports are directly related to alcohol and drug-related crimes

According to the data collected from the Wyoming State Epidemiological Outcomes Work group, Hot Springs County has the second highest drug arrest rate out of the 23 counties. Wyoming youth are 3.5 times more likely to be arrested for a drug violation than the national average.

Arrests involving meth is a growing problem in the community and exceeds the average for the state of Wyoming.

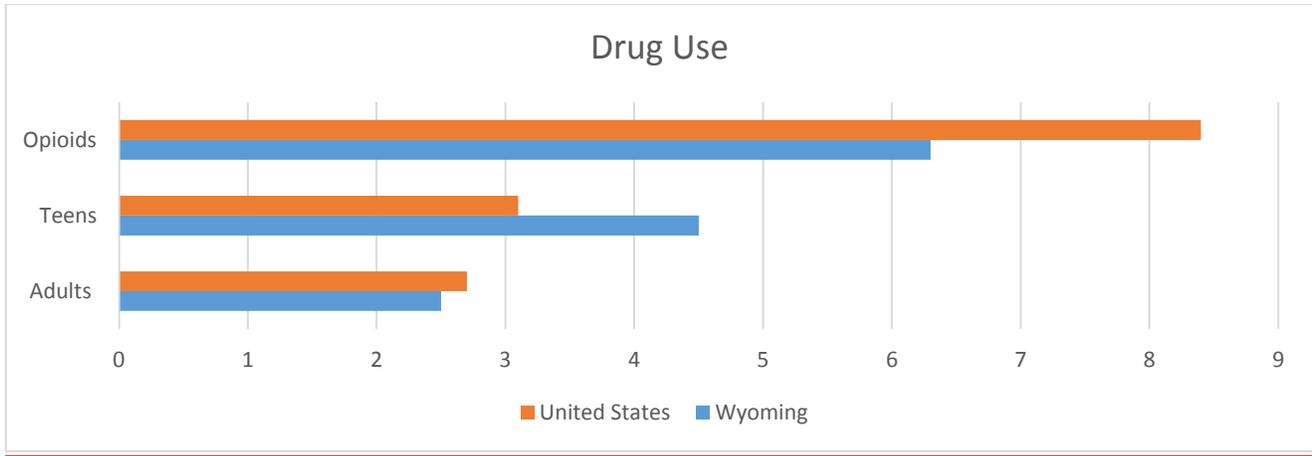
According to the Department of Criminal Investigation, Hot Springs County is ranked the highest in WY for drug abuse violations for those under the age of 18. Hot Springs County ranks among the highest in percentage of youth at high-risk for participating in dangerous behaviors in addition to a high percentage of youth that believe their parents think substance use is acceptable.

The use of methamphetamines are prevalent in both Hot Springs County and the state of Wyoming. 6.47% of reported arrests in WY involved meth. Hot Springs County has a significantly higher statistic with 11.36% of arrests involving methamphetamines. WY juvenile arrests account of 2.27% involving meth.

HSCSD#1 employees receive no formal training or education for suspicion of AOD in students or parents. The school reports the school nurse (if available) and law enforcement are contacted with any suspicious activity or anything pertaining to breaking the law. Other community entities have broad policies in their handbooks. Lights On after school program have increased their awareness in parental behaviors when picking their child/children up. If there is concern, parents are detained and the police are called. Children's Resource Center have a working relationship with the Department of Family Services whom they contact with any parental concerns when picking up the children. HSCSD#1 does have a clear written policy on ATOD and weapons on school property. Local citizens also have the right to call is suspicious driving behaviors to dispatch for law enforcement to follow up on.

Hot Springs County 8th graders complete an anonymous teen survey re: ATOD and suicide. Smoking marijuana in the last month includes 5% of the 8th grade population, and 27.5% believe marijuana is a safe drug. Questions related to getting high with inhalants in the last month, 7.5% report using inhalants in the last month. 7.5% of the 8th graders have used chewing tobacco in the last month.

Illicit drug dependence or abuse, including opioid use, is not significantly different than the United States for adults. However, the percent of teens ages 12 - 17 –who reported using illicit drugs and the percent who reported needing but not receiving treatment is higher than the state.



Drug Dependence	Wyoming	United States
Adults reporting Illicit drug dependence or abuse in the past year (2016-2017)	2.5%	2.7%
Teens ages 12 – 17 reporting Illicit drug dependence or abuse in the past year (2016 – 2017)	4.5%	3.1%
Individuals reporting past year opioid use disorder per 1,000 population (2015 – 2016)	6.3%	8.4%

Source: Henry J. Kaiser Family Foundation: Alcohol & Drug Dependence, Abuse, and Treatment

<b>Drug Treatment</b>	<b>Wyoming</b>	<b>United States</b>
Adults reporting needing but not receiving treatment for drug use in the past year (2016 – 2017)	2.5%	2.7%
Teens ages 12 – 17 reporting needing but not receiving treatment for drug use in the past year (2016 – 2017)	4.5%	3.1%

Source: Henry J. Kaiser Family Foundation: Alcohol & Drug Dependence, Abuse, and Treatment

*Drug abuse and its related problems are among society's most pervasive health and social concerns.*

*Causes of drug-induced deaths include dependent and non-dependent use of drugs (both legal and illegal use) and also poisoning from medically prescribed drugs.*

*Addicted persons frequently engage in self-destructive and criminal behavior, which can result in injury or death. In addition, recreational drug-use can lead to unintentional overdose and death.*

## Opioid Prescriptions

*Opioids are natural or synthetic chemicals that bind to receptors in your brain or body. Common opioids include heroin and prescription drugs such as oxycodone, hydrocodone, and fentanyl. Opioid abuse is a serious public health issue, but preventive actions, limiting the number of opioid prescriptions, and treatment for addiction to prevent future use can help.*

*The majority of drug overdose deaths involve an opioid, and at least half of all opioid overdose deaths involve a prescription opioid. Since 1999, the rate of overdose deaths involving opioids (including prescription opioid pain relievers) nearly quadrupled. According to the CDC, overdoses from prescription opioid pain relievers are a driving factor in the increase in opioid overdose deaths.*

The only local clinic, Red Rock Family Practice, has a contract for controlled substances prescriptions. Every patient receiving a prescription for a controlled substance long-term is required to sign the contract. It entails education, safe practices and clear guidelines to ensure medication are used and disposed of properly. Currently there are 175 active contracts. Red Rock Family Practice will soon be offering outpatient addiction treatment for opioid addiction. In collaboration with other community entities; treatment may include medications such as buprenorphine and naltrexone, counseling, education and support. Effective counseling will include cognitive behavior therapy and motivational interviewing. Recovery support groups are also being formed for additional support. The Hope Agency has a SMART recovery program to provide local support.

It is difficult to gather local, accurate data re: prescription drug fills. Hot Springs County has only one pharmacy due to the recent closure of Shopko. Many patrons use mail orders prescriptions or seek pharmacies out of town. Hot Springs County does engage in a drug take back initiative, where the local law enforcement agency provides a safe, convenient, and responsible way to dispose of unused or expired prescription drugs.

There is now in place a memorandum of understanding with Cody Regional Health in regards to opioid addiction. The partners for this include; Wellspring Counseling Center, Red Rock Family Practice, and Vicklund Pharmacy. More details to come as the program unfolds.

Both Red Rock Family Practice and Hot Springs County Memorial Hospital utilizes the state website for controlled substances to ensure best patient care when filling controlled substance medications. All providers have access to the Wyoming State Board of Pharmacy.

An article published in July 2017 in the CDC Morbidity and Mortality Weekly Report outlines characteristics of counties with higher amounts of prescribed opioids:

*“After adjustment in the multivariable model, the following characteristics were associated with higher amounts of opioids prescribed:*

- *a larger percentage of non-Hispanic whites;*
- *higher rates of uninsured and Medicaid enrollment;*
- *lower educational attainment;*
- *higher rates of unemployment;*
- *micropolitan status;*
- *more dentists and physicians per capita;*
- *higher prevalence of diagnosed diabetes, arthritis, disability, and suicide rates.*

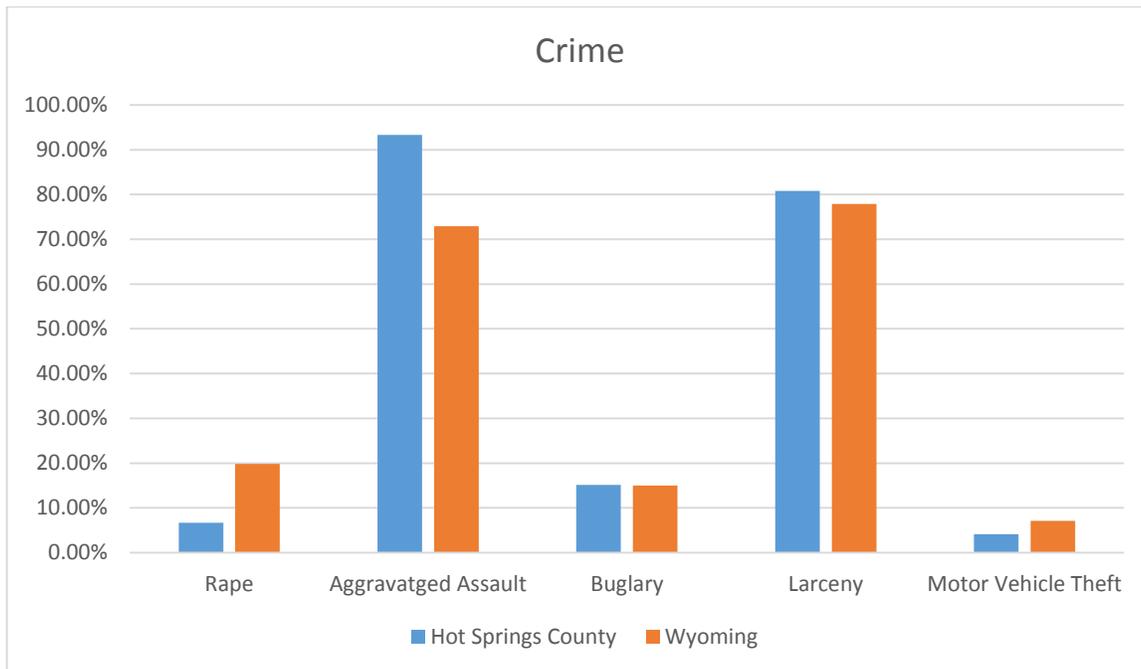
Age-adjusted opioid deaths and all drug overdose deaths are lower in Wyoming than the United States. There was no increase from 2016 to 2017.

<b>Opioid and Drug Deaths</b>	<b>All Opioid overdose deaths (Age-adjusted per 100,000)</b>	<b>Percent change in Opioid death rate from prior year</b>	<b>All Drug overdose deaths (Age-adjusted per 100,000)</b>	<b>Percent change in all Drug Overdose death rate from prior year</b>
<b>Wyoming (2017)</b>	8.7	0%	12.2	-0.31%
<b>United States (2017)</b>	14.9	12%	21.7	10%

Source: Henry J. Kaiser Family Foundation: Opioid Overdose Death Rates

**Criminal Justice System**

The Thermopolis Police Department responded to 2,098 calls in 2018, down from 2,148 calls in 2017. Of those 2,098 calls, 54 were related to controlled substances, 27 intoxicated subjects, 20 driving under the influence of alcohol or drugs, and four minor in possessions. The Hot Springs County Sheriff's Office saw 1,424 calls in 2018, down from 1,920 calls in 2017. 18 of those calls were related to driving under the influence, 21 drug-related incidents, six minor in possession, and three intoxicated subjects. These statistics were collected from the 2/14/19 issue of the Independent Record.



The criminal justice system has a large impact on the alcohol-related problems in Hot Springs County. The extent crimes are consistently enforced is a question brought up by the coalition. The Youth Alternatives program is a major support for youth in the community. What are the consequences of re-offending? Currently, there are 28 youth in the local youth alternatives program. There is a process in place for 48 hour holds of youth as needed. The idea of implementing a drug court in Hot Springs County has been discussed over the years, but currently Hot Springs County does not have a local drug court. Some of the discussion relates to lack of funding for a program. Also, the lack of counselors in the county compromises the mental health system. The county does have a Single Point of Entry team, to help offer juveniles appropriate interventions and opportunities for other

programs/services than strictly punitive consequences. The team has found better outcomes with diversion than punitive measures. The number of youth involved in the court system is a huge red flag as to the need for ACE's training in the community. Multiple youth have a poor support system and would benefit greatly from education in coping mechanisms and behavior strategies at a young age.

Data collected from our local youth alternatives indicates the increase in youth involvement with the criminal justice system. But one has to consider, the rise in the youth alternative's numbers may be related to the efficacy of the program and long term results. It is an overall concern from the coalition for the need of community organizations to be educated in trauma informed care practices to better serve the community. The coalition sees an opportunity for community collaboration with multiple newly elected officials in the community. This community collaboration will help to provide education to the community, pooling of resources, and consistency in the criminal justice system for an improved outcome in the community. Lack of funding is always a concern for rural counties, but the coalition sees the prevention grant as the ability to initiate the first steps in providing and implementing sustainable programs and strong foundations in the community.

**SEXUALLY TRANSMITTED DISEASES**

Sexually transmitted diseases were not identified as a community health priority except by public health representatives. This may be because public health devotes a significant number of resources to preventing and managing sexually transmitted diseases.

Sexual Activity	Wyoming
Chlamydia rate per 100,000 (2016)	351.5

Source: County Health Rankings & Roadmaps

The Public Health Department 2018 State Health Assessment HIV data included the following regarding HIV:

- In 2016 there were 52 people per 100,000 population in Wyoming living with HIV
- In 2017, the rate of newly diagnosed HIV cases was 1.9 per 100,000 population, a decline from 3.3 per 100,000 in 2016
- The rate of newly diagnosed HIV cases in Wyoming is consistently lower than the rate in the U.S.
- IN Wyoming in 2017, men were over six times as likely to be newly diagnosed with HIV compared with women
- All newly diagnosed HIV cases in 2017 were among patients who were 25 – 54 years old

In Wyoming 15.3% of sexually active adolescents reported no method to prevent pregnancy at last sexual intercourse. There were 21.6% of high school students whom admitted to drinking alcohol or using drugs before last intercourse. Hot Springs County adults reporting to never have been tested for HIV from 2011-2015 was 70.3% and from 2013-2017 77%.

### **Domestic Violence**

In Wyoming 2015, 13.2% of high school females and 6.8% of males reported forced sex. According to the Maternal and Child Health through the Wyoming Department of Health Intimate Partner Violence statistics of 2011, 14.2% of Wyoming high school students report a boyfriend/girlfriend has hit, slapped, or physically hurt them on purpose with the national average being 9.4%.

In Hot Springs County the Hope Agency is available to those in need related to domestic violence. From 2015-present there has been 188 individuals helped in the county and a total of \$36,272 has been used for emergency financial support.

## Uninsured

As of 2017, Wyoming had the sixth highest uninsured rate in the country, with a rate of 12.3%, an increase from 2016. From 2013-2017, there were 10.1% reported to have no insurance in Hot Springs County.

The rate of uninsured in Hot Springs County for people under the age of 65 is 13.6%.

The CDC uses the following definition for uninsured:

*“A person was defined as uninsured if he or she did not have any private health insurance, Medicare, Medicaid, Children’s Health Insurance Program (CHIP), state-sponsored or other government-sponsored health plan, or military plan. A person was also defined as uninsured if he or she had only Indian Health Service coverage or had only a private plan that paid for one type of service, such as accidents or dental care.”*

*Medical costs in the United States are extremely high, so people without health insurance may not be able to afford medical treatment or prescription drugs.*

*They are also less likely to get routine checkups and screenings, so if they do become ill they will not seek treatment until the condition is more advanced and therefore more difficult and costly to treat.*

In 2013-2017, there was 10% of adults in Hot Springs County without health coverage which had decreased from the data of 2011-2015 at 14.7%.

The data provided for 2011-2015, shows there were 18.6% of adults needing to see a doctor but could not due to cost at least one time in the past 12 months. There was an increase in the collection of data from 2013-2017 showing 19.8% of adults.

**ACCESS TO CARE/PRIMARY CARE**

Red Rock Family Practice (RRFP) currently has a total of seven providers. Travis Bomengen MD, Jason Weyer DO, Hallie Bischoff DO, Mattson Mathey MD, Colleen Hanson PA-C, Mitch Volin PA-C, and Lindsay Brooks NP. HSCMH and RRFP has partnered with the University of Wyoming and the Casper Family Practice Residency Program to educate and train Wyoming's future physicians. Residents are licensed physicians through the State of Wyoming and Medical students are in training to become physicians. Both are supervised by one of the local physicians.

Approximately 33% of Wyoming adults do not have a person they consider their personal doctor or healthcare provider. In Wyoming, approximately 61% of adults, 80% of children and 76% of adolescents have had a preventive medical visit within the last year. 59% of adults over aged 65 received a flu vaccination, and 73% received a pneumonia vaccination.

At least 59.4% of Wyoming children had a personal doctor, a usual source of sick care, family centered care, ability to get referrals, and effective care coordination. For the yearly well visit 81.1% of children were seen. When transitioning from youth to adulthood 47.4% of people were seen. In Hot Springs County 28% of adults reported to not have a personal or primary provider.

Approximately 14.4% of Wyoming children ages 0-17 years (95% CI 13.5%-15.4%) have a special health care need .The prevalence is higher among children in poverty. One in five Wyoming children living below 100% of the Federal Poverty Level (FPL) have a special health care need. In 2005–06, approximately 14.4% of Wyoming children and youth had a special health care need.

From 2013-2019 there were 19.8% of residents whom reported they needed to see a doctor but could not due to the financial burden. In the same survey there were 39.2% of residents that reported an access to care barrier.

**SPECIALTY CARE PROVIDERS**

Dr. Bill Hayes Acupuncture and Chiropractic, Leila Porath Physical Therapy, Gottsche Rehabilitation and Wellness physical therapy, occupational therapy, speech therapy; Dr. Dana McDermott optometrist, Dr. Vernon Miller general surgery, Dr. Brandon Butte general surgery,

In Wyoming 37.3% of children needed care coordination for specialty services and 68% of those received the services.

**SPECIALTY CARE TRAVELING PROVIDERS**

There are many providers from out of county whom choose to come to Hot Springs County and see patients.

At HSCMH the following see patients;

Dr. Brian Lagreca Ophthalmology, Dr. Bennion/Nancy Brown PA Dermatology, Dr. Jared Lee/Bret Argeris PA Orthopedic, Ryan Shedd CRNA, NSPM-C/Amanda Bisby NP Pain Management, Dr. James Anderson Cardio-Vascular, Dr. Flippin Ocology, Dr. Gail Kleman Dermatology, and Diane Truchot Oncology.

At Gottsche Rehabilitation and Wellness the following see patients;

Wyoming Cardiopulmonary Cardiologist group (Dr. Wesley Hiser, Dr. Alan Wicks, Dr. Robert Novick, Dr. John Pickrell, Dr. Adrian Fluture, Dr. Michael Eisenhauer, and Dr. Oleg Ivanov) and Dr. Jimmie Biles Jr MD orthopedic

At other locations:

Dr. Sameh Abuerreish MD Oncology, Dr. Podiatrist, Dr. Jenny Titus DNP, FPMHNP-BC Psychiatric Nurse, Dr. Mathew Moss DDS, MS Orthodontics, Dr. Kramer Podiatrist

## Rural Health Ranking

Wyoming ranks 14<sup>th</sup> in the nation for rural health out of 47 states with rural counties and received an overall grade of B from the F. Marie Hall Institute for Rural and Community Health. Wyoming ranks higher (better) than all mountain division region states (Arizona, Idaho, Montana, Nevada, New Mexico, and Utah), except Colorado.

## DENTAL CARE

*Oral health has been shown to impact overall health and well-being. In children, this can have serious consequences on development and ability to learn.*

*According to the Centers for Disease Control and Prevention, tooth decay is the most common chronic, infectious disease in American children.*

HSC has one dental clinic, Paintbrush Dental, located in the State Park. There are many in surrounding counties serving residents of HSC. Paintbrush Dental is able to provide services to children, adults, and seniors. Dr. Leif Polson DDS and Dr. William Robinson DDS make efforts to encourage oral health to all clients. Currently there is an incentive board in the lobby for children to have their picture placed if there are no cavities. Unfortunately, adults on Medicaid whom need teeth fixed are unable to have this service as Medicaid only pays for extractions. This creates a higher number of tooth loss for adults. Paintbrush Dental has 104 patients under 21 years old and has 240 patients with the age of 21 and older on Medicaid. This does not count towards the residents whom choose to go out of county for dental services.

**Influenza**

The Wyoming Department of Health data for Hot Springs County adults reporting to have not had a flu shot in the past 12 months from 2011-2015 was 66.6% and from 2015-2017 69.5%. The 2017-2018 reported cases for Wyoming was 8,485 and of those in Hot Springs County was 45. Healthcare facilities in Hot Springs County offer shots to be provided to staff. The pharmacy and local clinic is also able to administer the shots as well as public health. If residents are admitted to the Hot Springs County Memorial Hospital during the flu season a shot is offered to them.

**TRANSPORTATION**

Hot Springs County Senior Center provides transportation to residents of the county for local needs by appointment. The bus runs until 4:00pm Monday – Friday. It was brought up in the surveys as well as community conversations how it would be beneficial to have extended hours of even weekend hours. For patients receiving treatment for cancer in Cody there is transportation which will pick up and drop off daily. There are no cabs or other public transportations options at this time.

*In general, people living in a household without a car make fewer than half the number of journeys compared to those with a car.*

*This limits their access to essential local services such as supermarkets, post offices, doctors' offices, and hospitals.*

*Most households with above-average incomes have a car while only half of low-income households do.*

**MATERNAL AND INFANT HEALTH**

*Babies born to mothers who do not receive prenatal care are three times more likely to have a low birth weight and five times more likely to die than those born to mothers who do get care.*

*Early prenatal care (i.e. care in the first trimester of a pregnancy) allows women and their health care providers to identify and, when possible, treat or correct health problems and health-compromising behaviors that can be particularly damaging during the initial stages of fetal development.*

*Increasing the number of women who receive prenatal care, and who do so early in their pregnancies, can improve birth outcomes and lower health care costs by reducing the likelihood of complications during pregnancy and childbirth.*

Hot Springs County birth rate by occurrence for 2017 was 72 however the residential birth rate was 45 at a rate of 9.6. The teen birth rate for Hot Springs County is 17.3 from 2006-2012, 30.8 from 2000-2005 with the rate percentage change of -43.7. The Wyoming teen birth decreased by 51% according to the Wyoming Department of Health although Wyoming remains higher than the United States. There has been an increase in deliveries over the past year due to teaming up with Dr. Frost in Riverton, Wyoming. The total deliveries from patients in 2018; Red Rock Family Practice 42, Community Health Center of Central Wyoming 36, Casper Clinic 1, Big Horn Clinic 1, and Cowboy Medical Group 15. The hospital auxiliary was able to purchase more bassinets in order to accommodate the influx of deliveries.

About one in seven teen mothers were married when they gave birth (15.8%). A higher proportion of older teens (18-19 years) were married (18.5%) than younger teens (15-17 years) (6.4%). Among Wyoming teen mothers, about one-third (29.4%) reported that their pregnancy was intended<sup>6</sup>; and 13.7% of Wyoming teen births are to a mother who already has at least one child. In Wyoming 10.5% of births were too early and the leading cause of death.

Deliveries to teen moms were more likely to be paid by Medicaid compared to adults aged 25-30 years. Among teens 15-19 years, 73.8% of deliveries were paid by Medicaid or other government

insurance. This is significantly higher than the 31.8% of births to 25-30 year olds paid by Medicaid or other government insurance.

At least 33% of women in Wyoming reported having an unintended birth. There were 19.9% of Wyoming postpartum women that used a long acting reversible contraceptive.

Every year in the United States there are about 3,500 sleep-related infant deaths, including those from sudden infant death syndrome (SIDS), accidental suffocation and strangulation in bed, and unknown causes.

Standard PRAMS indicator	Wyoming			Subset of PRAMS Sites	
	2012	2013	2014	2015	2015
			<b>% (95% CI)*</b>	<b>% (95% CI)*</b>	
Any soft bedding**	51.6 (46.6-56.5)	48.4 (43.5-53.3)	38.1 (33.6-42.9)	41.1 (36.2-46.1)	38.5 (37.5-39.5)
Pillows	7.9 (5.5-11.4)	8.5 (6.0-11.9)	11.3 (8.4-15.1)	6.8 (4.6-9.9)	7.1 (6.6-7.7)
Plush or thick blankets	22.4 (18.4-26.9)	20.4 (16.7-24.7)	17.4 (14.1-21.4)	20.6 (16.8-25.0)	17.5 (16.8-18.3)
Bumper pads	29.4 (25.0-34.2)	26.9 (22.7-31.6)	17.0 (13.8-20.8)	20.4 (16.6-24.8)	19.1 (18.3-19.9)
Stuffed toys	4.5 (2.8-7.2)	3.4 (1.9-6.0)	3.2 (1.8-5.6)	3.4 (2.0-5.9)	3.1 (2.8-3.5)
Infant positioner	11.1 (8.1-14.9)	8.9 (6.4-12.0)	4.0 (2.5-6.4)	8.9 (6.4-12.3)	6.2 (5.7-6.7)

In 2015, 7 out of 34 PRAMS sites did not meet the Healthy People 2020 target to put 75.8% of infants to sleep on their back.

-One in five (21.6%) respondents from 33 states and New York City reported placing their baby on their side or stomach to sleep most of the time.

-Two in five (38.5%) respondents from 13 states and New York City reported using soft bedding when placing their baby to sleep.

-Over half (61.3%) of respondents from 15 states reported sharing a bed with their baby.

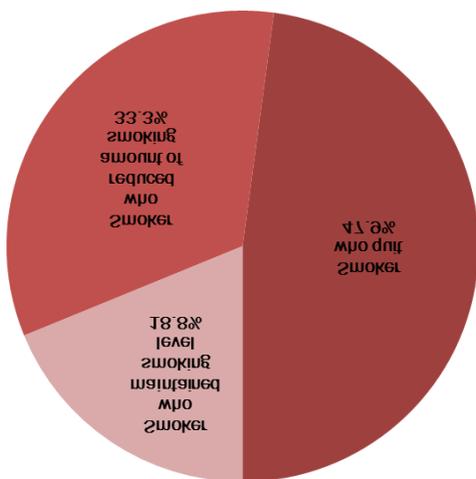
-Unsafe sleep practices with babies are common. To increase awareness and uptake of AAP safe sleep recommendations public health efforts can:

-Improve safe sleep practices in child-care and hospital settings by training providers.

-Use WIC and other programs that serve mothers and babies to deliver culturally appropriate messaging about safe sleep for babies.

-Monitor and evaluate safe sleep campaigns and programs.

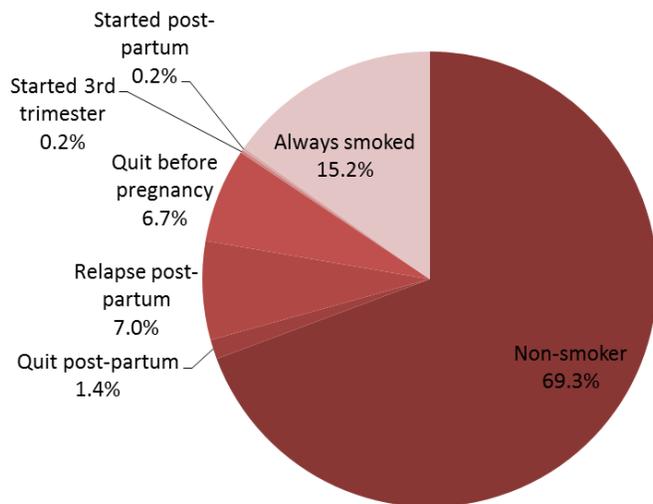
Cigarettes are highly addictive and contain over 7,000 chemical compounds known to have toxic effects on health<sup>1</sup>. Smoking during pregnancy can result in negative health effects for both the mother and the infant.



Between 2007 and 2011, 30.6% of Wyoming mothers smoked in the three months prior to their pregnancy compared with 23.0% nationally in 2008. Among women that smoked before pregnancy, just under half quit (47.8%), a third reduced their smoking (33.6%), and 18.6% maintained their smoking level during their pregnancy.

Smoking during pregnancy leads to increased risk of: sudden infant death syndrome, preterm delivery, reduced lung function, low birth weight, and other adverse birth outcomes

Between 2007 and 2011, 16.1% of Wyoming women smoked in the last three months of their pregnancy compared with 12.8% of women nationally.



Between 2007 and 2013, 87.4% of Wyoming mothers initiated breastfeeding compared to the national average of 82.5% (2010). Recent data with the Wyoming Department of Health shows that 90.1% of mothers initiate breastfeeding and 25.8% of babies are breastfed exclusively until 6 months of age.

In Wyoming, about a quarter of women who had attempted breastfeeding discontinued breastfeeding before their infant was eight weeks old, reflecting the national trend for this measure (2012-2013 PRAMS).

Women < 20 years of age were less likely to initiate (80.2%) as compared to women aged 25—34 years (90.6%). Only 68% of teen moms reported breastfeeding when their infant was 4 weeks old, as compared to 82% of older moms (2012-2013 PRAMS). In 2012-2013, Non-Hispanic women were more likely to initiate (90.4%) than Hispanic women (81.3%) and were also more likely to be breastfeeding at 4 weeks (79.3%) than Hispanic women (66.8%).

87.4% of women who participated in PRAMS in 2007-08 correctly identified that folic acid may help prevent some birth defects. Daily multivitamin intake among Wyoming women who gave birth in 2007 and 2008 ranged from 14.9% among teens to 43.2% among women 35 or more years of age. The percent-age of women who took a daily multivitamin increased with increasing age. Teens and young women 20-24 years of age reported a similar daily intake, but were both significantly less likely to take a daily multivitamin compared to women 25 years of age or older.

WIC is a nutritional subsidy program for children, infants and pregnant women who meet income guidelines. Because participants must be  $\leq 185\%$  of the federal poverty level, WIC is used as a measure of poverty. Only 19.9% (95% CI: 16.8%-23.5%) of Wyoming women that received WIC during their most recent pregnancy reported taking a daily multivitamin during the month before getting pregnant. This is significantly lower than the percentage of women who did not receive WIC (33.4%, 95% CI: 30.5%-36.5%).

## **SUICIDE**

According to the Kaiser Family Foundation, 4.3% of adults in Wyoming reported having serious thoughts of suicide in the past year (2016 – 2017). This is slightly higher than in the United States, which has a rate of 4.1%.

The CDC, National Center for Health Statistics ranks Wyoming 3<sup>rd</sup> highest compared to other States for age-adjusted rate of suicide in 2017. Overall suicide is the 6<sup>th</sup> leading cause of death in Wyoming, 2<sup>nd</sup> leading cause for ages 15-44, 5<sup>th</sup> for ages 45-54, 8<sup>th</sup> for 55-64, and 14<sup>th</sup> for ages 65 and older in Wyoming.

## **BEHAVIORAL HEALTH**

Access to mental health services, both inpatient and outpatient, was identified as a critical need by both key stakeholders and the community.

Hot Springs County lacks mental health specialists who can prescribe medications and who have an expertise in children. The ability to provide adequate mental health support ensures the safety and well-being of children and families. Parents with mental health conditions often struggle with a multitude of issues that impact their ability to parent, influence their number of life stressors, rural isolation, lack of support and substance use disorders.

The Wyoming Department of Health statistics show in 2015, there were 17,993 individuals whom used the publicly funded mental health system and 7,448 individuals used the publicly funded substance use treatment system.

In Hot Springs County from 2013-2017, 24.4% of adults reported to have been diagnosed at some time in their life with a depressive disorder. At this time there is one counseling center and three private practice counselors.

Wellspring counseling center has four licensed counselors with interns whom are welcome to complete internships there, a case manager, and a peer specialist. Wellspring offers cognitive behavior therapy, intensive outpatient treatment, substance abuse treatment outpatient, equine therapy, couples/family counseling, anger rehabilitation, eye movement desensitization reprocessing (EMDR), theraplay, and emergency services. Wellspring is also the gatekeeper with the state for risk assessments of any person whom may be suicidal or homicidal and for mental health screenings for preadmission screening and resident review (PASRR).

Tonya Casciato has TLC counseling services which is a faith based service providing cognitive behavioral therapy along side of the Bible.

Wisdom Tree Counseling Services is owned by Catherine Crumpler whom see clients out of the Gottsche facility.

Kathy Smith has a practice in Hot Springs County open only a few days a week and sees clients in a shared building with Dr. Hayes. She uses neurofeedback as part of the therapy along with cognitive behavioral therapy.

## **TITLE 25 INVOLUNTARY TREATMENT**

The Wyoming State legislature defines Title 25 involuntary detention as:

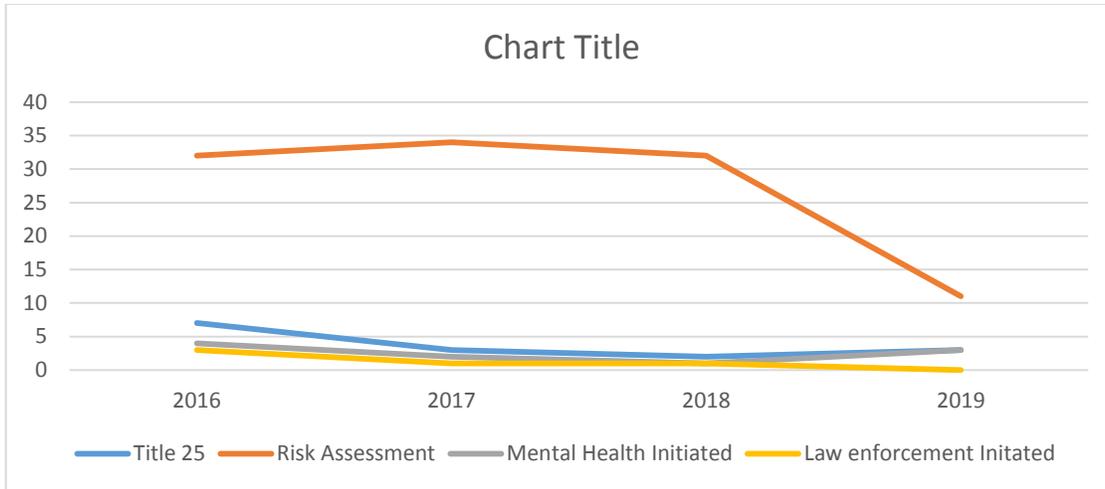
*(ii) Dangerous to himself or others" means that, as a result of mental illness, a person:*

*(A) Evidences a substantial probability of physical harm to himself as manifested by evidence of recent threats of or attempts at suicide or serious bodily harm; or*

*(B) Evidences a substantial probability of physical harm to other individuals as manifested by a recent overt homicidal act, attempt or threat or other violent act, attempt or threat which places others in reasonable fear of serious physical harm to them; or*

*(C) Evidences behavior manifested by recent acts or omissions that, due to mental illness, he is unable to satisfy basic needs for nourishment, essential medical care, shelter or safety so that a substantial probability exists that death, serious physical injury, serious physical debilitation, serious mental debilitation, destabilization from lack of or refusal to take prescribed psychotropic medications for a diagnosed condition or serious physical disease will imminently ensue, unless the individual receives prompt and adequate treatment for this mental illness. No person, however, shall be deemed to be unable to satisfy his need for nourishment, essential medical care, shelter or safety if he is able to satisfy those needs with the supervision and assistance of others who are willing and available.*

Hot Springs County has had Title 25 hearings for people in need of additional services for stabilizing mental health. The following amount of people went through the Title 25 process waiving the 109 hearing and moving to the 110: 2016-7, 2017-3, 2018-2, and so far in 2019-3.



A risk assessment is completed by an examiner when a person expresses suicidal or homicidal ideations. The state statute defines an examiner as: "An examiner may be a licensed psychiatrist, licensed physician, advanced practitioner nurse with a psychiatric and mental health specialty working with a physician, licensed psychologist, licensed professional counselor, licensed addictions therapist, licensed clinical social worker, or a licensed marriage or family therapist."

Hot Springs County contacts the gatekeeper with the state for these risk assessments when warranted which is Wellspring Counseling. The following amount of risk assessments were completed; In 2016-32, 2017-34, 2018-32, and so far in 2019-11.

**Disability**

According to the Department of Administration and Information for 2018, there is 728 people in Hot Springs County with a disability which is 15.6% compared to Wyoming at 12.9%. There are 68 people whom receive Social Security Income with the mean income of \$9,650 and the Wyoming mean of \$10,281. The cash public assistance helps 19 people in the community and 173 people on food stamps.



**CHRONIC DISEASE**

Respondents to the community survey identified people with a chronic disease as having the most problems with staying healthy.

**Respiratory Disease:**

A study published by the Journal of the American Medical Association (JAMA), in 2018, identified risk-factors that contributed to Disability-Adjusted Life-Years. In Wyoming, the tenth major cause was air pollution, which is a contributor to asthma.

6.7% of adults in Wyoming have been diagnosed with COPD and 9.1% with asthma. Adults who have been told that they have ever had asthma is 13.6%. American Medical Association

Indicator	Wyoming
COPD (2017)	6.7%
Asthma (2017)	9.1%
Adults who have been told they have ever had Asthma (2017)	13.6%

Source: CDC BRFSS Prevalence & Trends Data

**Diabetes:**

A study published by the Journal of the American Medical Association (JAMA), in 2018, identified risk-factors that contributed to Disability-Adjusted Life-Years. In Wyoming, the sixth highest risk factor was high fasting plasma glucose.

*Diabetes is a leading cause of death in the United States. According to the Centers for Disease Control and Prevention (CDC), more than 25 million people have diabetes, including both diagnosed and undiagnosed cases.*

*This disease can have a harmful effect on most of the organ systems in the human body; it is a frequent cause of end-stage renal disease, non-traumatic lower-extremity amputation, and a leading cause of blindness among working age adults.*

*Persons with diabetes are also at increased risk for ischemic heart disease, neuropathy, and stroke.*

*According to the CDC, the direct medical expenditures attributable to diabetes are over \$116 billion.*

*Diabetes disproportionately affects minority populations and the elderly, and its incidence is likely to increase as minority populations grow and the U.S. population ages.*

9.0% of adults have been diagnosed with diabetes in the state, and the rate increases with age. The CDC reported in 2017 that nationally approximately 25% of adults with diabetes don't know they have the condition and only 11.6% of adults were aware that they had prediabetes.<sup>1</sup>

According to the *State of Obesity*, Wyoming ranks 40<sup>th</sup> out of 51 states for the current rate of adult diabetes. There were a total of 48,566 cases in 2010 with a projected increase to 73,889 cases by 2030 if the current pace continues. Hot Springs County has 12.6% of residents with diabetes.

<b>Diabetes</b>	<b>Wyoming</b>
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	<b>Yes</b>	<b>Pregnancy-Related</b>	<b>Pre-Diabetes or Borderline Diabetes</b>
Ever told by a doctor that you have diabetes (2017)	9.0%	0.8%	0.8%

Source: CDC BRFSS Prevalence & Trends Data

<b>Diabetes</b>	<b>Wyoming</b>				
	<b>All</b>	<b>35 - 44</b>	<b>45 - 54</b>	<b>55 - 64</b>	<b>65 +</b>
Adult Diabetes Rate (2017)	9.0%	4.9%	11.8%	13.7%	18.2%

CDC BRFSS Prevalence & Trends Data

**Chronic Kidney Disease:**

A study published by the Journal of the American Medical Association (JAMA), in 2018, identified risk-factors that contributed to Disability-Adjusted Life-Years. In Wyoming, the ninth major cause was impaired kidney function.

There is 2.2% of adults in Wyoming have kidney disease.

<b>Kidney Disease</b>	<b>Wyoming</b>
Kidney Disease (2017)	2.2%

Source: CDC BRFSS Prevalence & Trends Data

**CANCER**



Cancer is the second leading cause of death in the United States. Only heart disease kills more people. Roughly 600,000 Americans died from cancer in 2016—nearly 185 deaths for every 100,000 people. Nationally, the death rate for cancer has steadily declined since the 1990's. The American Cancer Society attributes this drop to a concurrent decline in smoking rates, as well as better methods for early detection and treatment of cancer. While cancer mortality rates have declined, the rate of new cancer cases among the population—or *incidence rate*—has remained relatively stable

Cancer is caused by the development of *neoplasms* (tumors) which divide uncontrollably, spreading to and destroying surrounding tissues. There are many kinds of cancer, and many risk factors associated with them—notably tobacco and alcohol use. This report, based on data from the Centers for Disease Control and Prevention (CDC), shows cancer mortality trends for Wyoming.

Nationally, men are more likely to die from cancer than women. In 2016, 185 men per 100,000 died from cancer; for women, the rate was 134 deaths per 100,000. A chronic disease, cancer disproportionately affects the elderly. For young Americans, deaths from cancer, while tragic, are relatively rare. In many localities, the cancer death rate among younger people is rare enough that the CDC only reports it as "unreliable." Both men and women have experienced major declines in cancer death rates. In 1999, 252 men per 100,000 died of cancer; for women, the rate in 1999 was 167 per 100,000. The disparity in cancer mortality between men and women is known to the medical community and may reflect a complex set of factors, including differences in behavioral risk factors, access to medical care, and biological differences

## **DEMENTIA & ALZHEIMER'S DISEASE**

Dementia is a broad umbrella term used to describe a range of progressive neurological disorders. There are many different types of dementia and some people may present with a combination of types. Regardless of which type is diagnosed, each person will experience their dementia in their own unique way.

### **Symptoms of dementia can include:**

**Memory problems** – short term memory is often affected and new information is difficult to retain for a person with dementia. People with dementia can get lost in seemingly familiar places and may experience confusion with names. Families may notice that their loved one is increasingly forgetful and loses items regularly. However, we all forget a name or face once in a while and this is nothing to worry about. When noticed on a more frequent basis it is advisable to seek medical advice.

**Cognitive Ability** – people with dementia may experience confusion in environments which are unfamiliar to them. They may have difficulty orientating in time and place, for example, getting up in the middle of the night to go to work, despite being retired. Their ability to focus on specific tasks may be affected, concentration may be difficult to sustain. These symptoms may be noticed in activities such as shopping, where there may be confusion over goods and payment. Their ability to reason may also be affected. For many people with dementia they get a sense of restlessness and prefer to keep moving than sitting still.

**Communication** – problems with communicating may be noticed. People with dementia may repeat themselves often or have difficulty finding the right words. Reading and writing may become challenging for a person with dementia. They may experience changes in personality and behavior, mood swings, anxiety and depression. As a result, people with dementia may lose interest in engaging with others socially. Often following and engaging in conversation can be difficult and tiring and so a formerly outgoing person may become quieter and more introverted. Self-confidence will be affected.

Dementia can be a combination of one or all the above symptoms, which have been occurring for a period and are progressively getting worse. In familiar places, it is easier to hide some of the difficulties experienced by people with dementia; plus the symptoms can be seen gradually over time and are initially easily explained away.

According to the Alzheimer's Association 9,400 people are currently living with Alzheimer's Disease in Wyoming. This does not include those living with other types of dementia.

28,000 unpaid caregivers (a three to one ratio) are supporting those living with Alzheimer's. This number is decreasing drastically creating a greater need for community involvement.

By 2025 13,000 people will have Alzheimer’s Disease, a 39% increase, the 9th highest in the U.S. 70% of all of those living with dementia continue to live in the community (not in an institution) and one in seven of those lives alone.

**CARDIOVASCULAR & CEREBROVASCULAR DISEASE**

A study published by the Journal of the American Medical Association (JAMA), in 2018, identified risk-factors that contributed to Disability-Adjusted Life-Years. In Wyoming, the fifth major cause was high systolic blood pressure, and the seventh was high total cholesterol.

According to the *State of Obesity*, Wyoming ranks 30<sup>th</sup> out of 51 states for the current rate of adult hypertension. There were a total of 118,620 cases in 2010 with a projected increase to 151,312 cases by 2030 if the current pace continues.

There were a total of 35,021 cases of heart disease in Wyoming in 2010 with a projected increase to 167,970 cases by 2030.

<b>Cardiovascular and Cerebrovascular Disease</b>	<b>Wyoming</b>
Adult Hypertension (2017)	30.8%
Adult Heart Disease (2017)	3.7%
Stroke (2017)	3.2%

Source: CDC BRFSS Prevalence & Trends Data

**LEADING CAUSE OF DEATH**

A study published by the Journal of the American Medical Association (JAMA), in 2018, identified life expectancy and healthy life expectancy by state. In Wyoming, the healthy life expectancy is approximately 12 years less for females, and 10 years less for males than total life expectancy.

<b>Gender</b>	<b>Wyoming Life Expectancy 2016</b>	<b>Wyoming Healthy Life Expectancy</b>
Male and Female	78.4	67.4
Female	80.8	68.6
Male	76.2	66.3

Source: *The US Burden of Disease Collaborators. The State of US Health, 1900 – 2016 Burden of Disease, injuries, and Risk Factors among US States. JAMA. 2018;319(14):1444-1472. doi:10.1001/jama.2018.0158*

The AMA study identified risk factors for Disability-Adjusted Life-Years. The top ten risk factors in Wyoming, from highest risk to lowest risk were:

1. Tobacco Use
2. Alcohol and Drug Use
3. High Body Mass Index
4. Dietary Risks
5. High Systolic Blood Pressure
6. High Fasting Plasma Glucose
7. High Total Cholesterol
8. Occupational Risks
9. Impaired kidney function
10. Air pollution

According to data published by the Wyoming Department of Public Health, more Wyoming resident's ages 1-44 years die from unintentional injuries than any other cause including heart disease and cancer.

Unintentional injury mortality rates are highest among males, and those 75 years and older. The leading mechanisms of unintentional injury mortality are motor vehicle crashes, unintentional poisoning, and falls.

In Hot Springs County the total deaths of 2017, was 84 at a rate of 1,788.8 which was the highest death rate by county in Wyoming. This was an increase of deaths compared to 2016, with 62 deaths and the lowest year being in 2006 at 53. There were 67 cremations in 2017, and 17 burials.

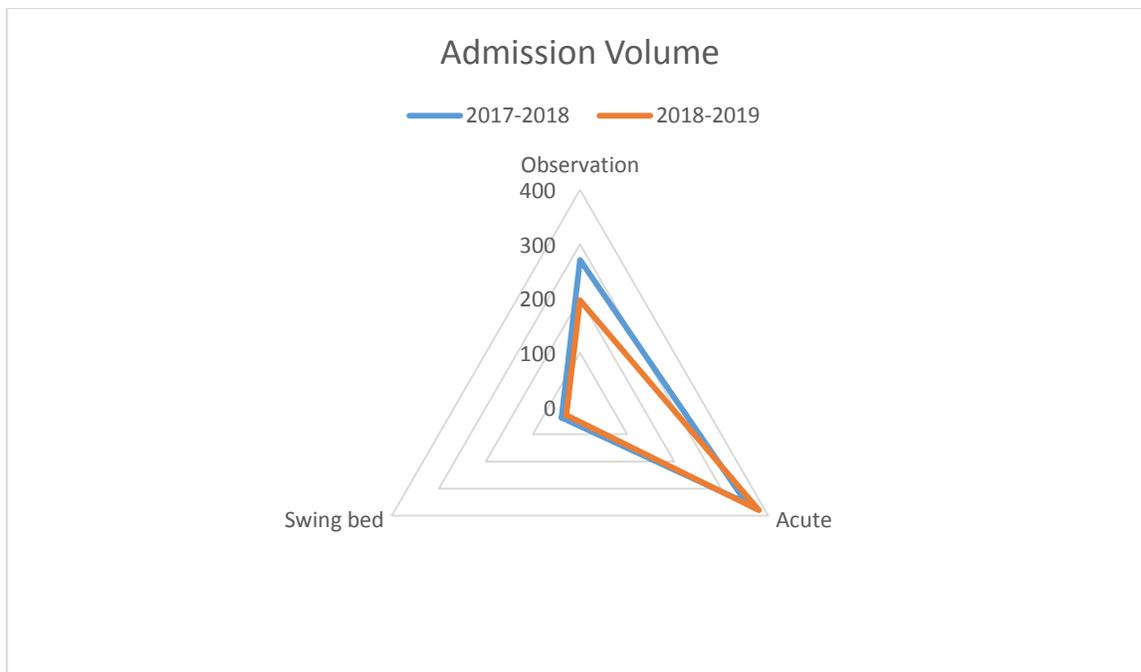
The lead causes of death for Hot Springs County for 2017, were cardiovascular with 318 deaths per 100,000 and cancer. The 3<sup>rd</sup>-5<sup>th</sup> causes had too little of data to result. There were also 54 deaths per 100,000 caused from stroke.

In 2018, there were two infant deaths recorded, one by occurrence and the other by residence of Hot Springs County. In Wyoming there were 235 injury deaths of children between 2010-2016, which is the third highest in the United States. At least 52% of those deaths were unintentional injury involving a motor vehicle. Boys are two times more likely to die due to unintentional injury compared to girls.

## HOSPITAL STATISTICS

### HSCMH INPATIENT VOLUME

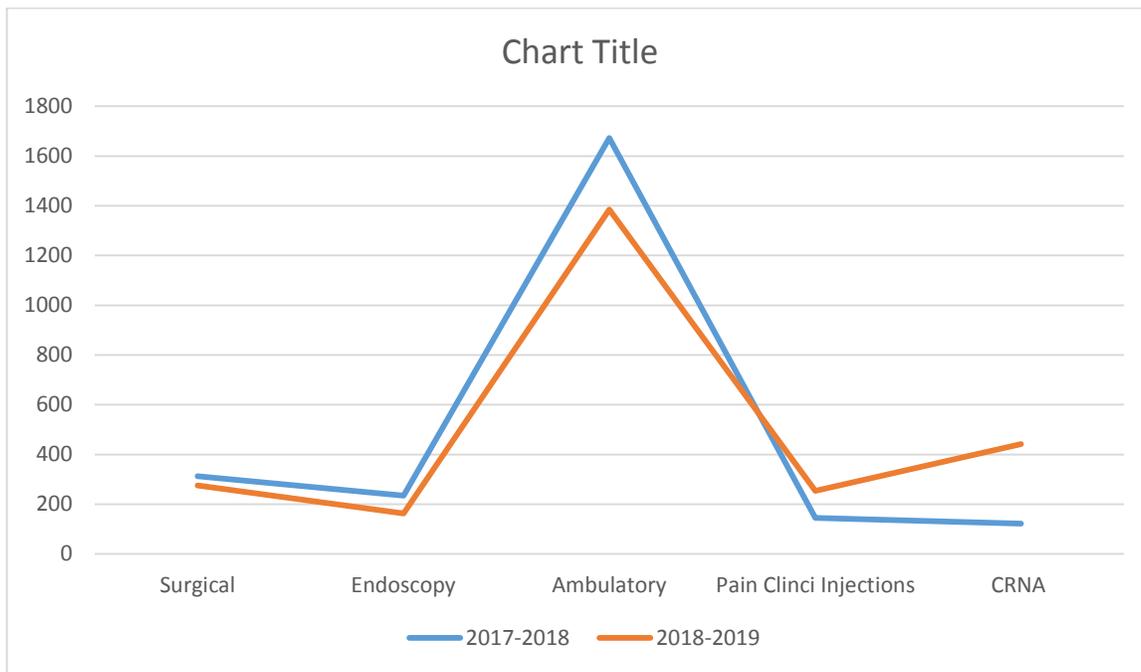
There has been a gradual increase of patient admission to Hot Springs County Memorial Hospital. For the fiscal year of 2017-2018 there were a total of 271 patients placed in observation with the average length of stay 23.2 hours, 354 admitted to acute with the average length of stay 69.92 hours, and 39 swing bed patients with the average length of stay 12.63 days. The fiscal year of 2018-2019 so far shows a total of 197 patients placed in observation with the average length of stay 23.41 hours, 380 admitted to acute with the average length of stay 63.45 hours, and 29 swing bed patients with the average length of stay at 14.06 days.



As a critical access hospital with limited resources for major events patients are transferred to a higher level of care mostly to Wyoming Medical Center in Casper, WY or to Billings Clinic, St. Vincent's in Billings, MT.

**HSCMH SURGERY AND GI PROCEDURE VOLUME**

Type of Service	July 2017-June 2018	July 2018-March 2019
Surgical Cases	313	275
Endoscopy Cases	234	163
Ambulatory Visits	1672	1384
Pain Clinic	145	254
CRNA Procedure	122	442



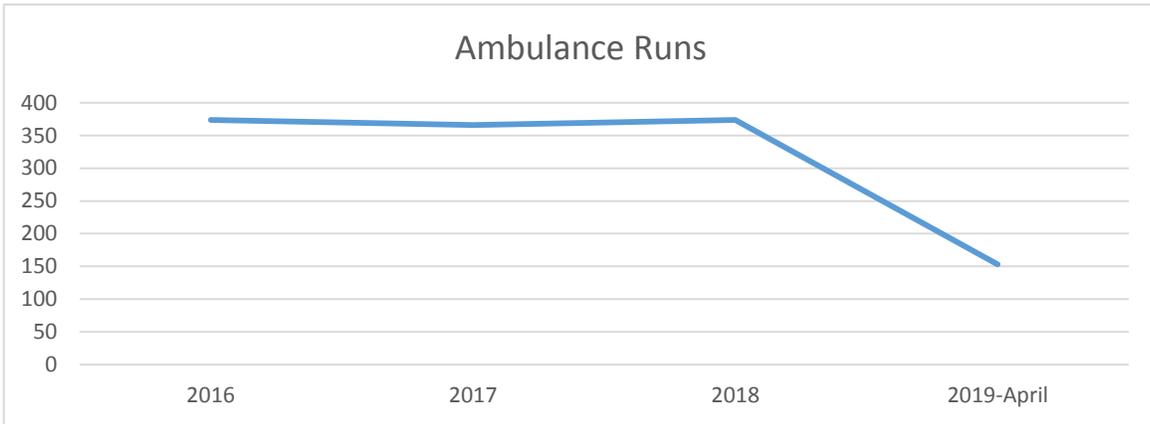
**HSCMH DIAGNOSTIC SERVICE VOLUME**

Type of Service	2017	2018	2019 January-April
XRay's	2,967	3,519	1,239
CT Scans	823	1,085	417
Ultrasounds	654	867	306
MRI's	367	341	127
Nuclear Medicine	106	164	39
Mammogram	346	409	132

**Ambulance Services**

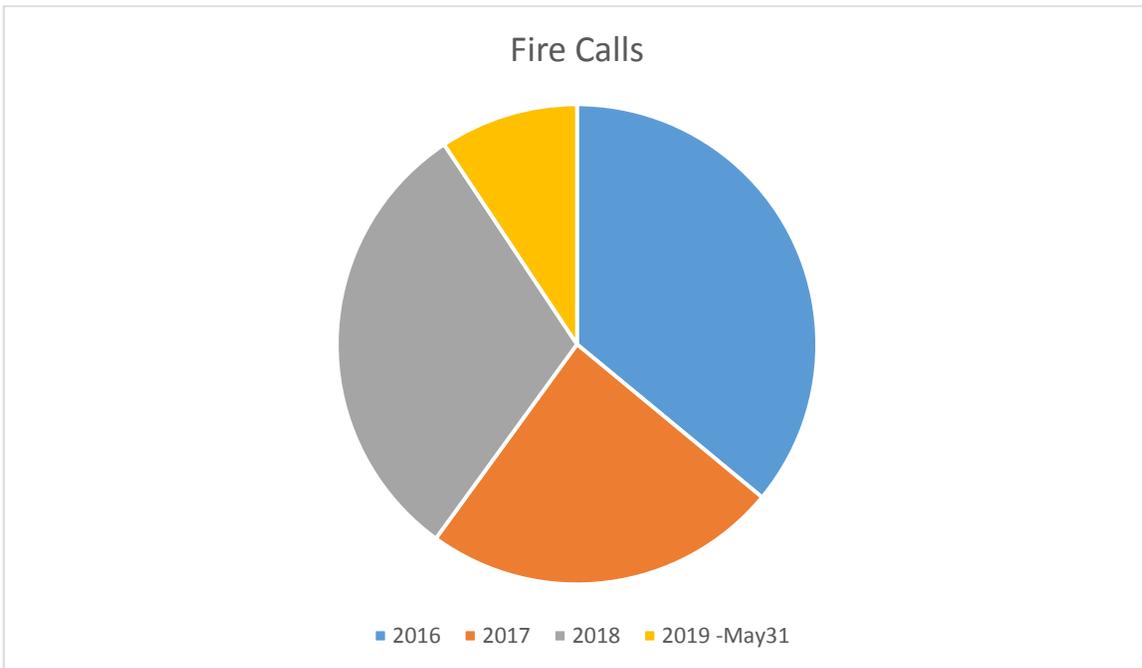
There is one local ambulance service, Mortimore Ambulance Service which has three ambulances to be used. The crew is made up of individuals in the community whom have completed the needed courses and were hired. The calls tracked were ones that resulted in transportation of the individuals.

Month	2016	2017	2018	2019
January	19	28	32	46
February	33	36	30	37
March	41	38	27	42
April	19	34	39	28
May	29	39	36	
June	35	25	19	
July	46	36	29	
August	24	25	35	
September	45	23	45	
October	25	27	26	
November	19	29	30	
December	39	26	26	
TOTALS	374	366	374	153



### Fire Department Calls

The Hot Springs County Fire Department is an active part of the community responding to many different situations. The total calls are as follows:



### **Previous Community Health Needs Assessment**

#### **Goal 1: Reduce smoking during Pregnancy**

Outcome: Hospital obstetrics patients are sent home after delivery of their baby with education on smoking. This information is also available to patients at discharge when being seen for a pregnancy related visit. Red Rock Family Practice is diligent about sending home information on smoking during pregnancy to all obstetrical patients. The measuring outcome of how many women decreased or stopped smoking during pregnancy is undetermined. The goal will be finalized and new goals will replace this.

#### **Goal 2: Reduce infant mortality in Hot Springs County, Wyoming**

Outcome: Hospital staff provides education on proper infant care as well as referrals to prenatal classes at public health. All soon to be mothers are assessed and if further concerns present then staff will address those and provide education on the best practices. There were two infant deaths in 2018, one was a resident of Hot Springs County and the other was from a different county but primary physician was from Red Rock Family Practice.

#### **Goal 3: Decrease tooth loss after 40**

Outcome: Dr. William Robinson is focusing on both community and early childhood prevention. Dr. Robinson is currently working on tracking the high cavity population in Hot Springs County to ensure proper education is made available. Community health events he has participated in include:

-2/17/17 Tiffany did kindergarten presentation at Ralph Witters Elementary. Saw 50 children and gave them all OHI, tooth brushes, floss, toothpaste and sticker

-2/23/17 Dr Robinson did dental presentation for 17 pre-kindergarteners and teachers at Child Recourse Center. gave them all OHI, tooth brushes, floss, toothpaste and sticker

-2/24/17 Tiffany did 1<sup>st</sup> grade presentation for 50 children at RW Elementary. gave them OHI, all tooth brushes, floss, toothpaste and sticker

-3/24/17 Jen did Middle School Health Fair and saw 224 children and gave OHI, them all tooth brushes, floss, toothpaste and sticker

-3/24/17 Tiffany saw 15 Thermopoilis Girls Scouts and gave them all OHI tooth brushes, floss, toothpaste and sticker

-3/25/17 Tiffany Hot Springs County Health Fair 100+ participants. Gave them all OHI, tooth brushes, floss, toothpaste and sticker

-1/12/18 Jennifer Porter lectured Thermopolis Rehab and Wellness Center staff on importance and direction of patient OH

-1/17/18 PD donated to 4H for Veterans 75 tooth brushes and tooth paste.

-2/21/18 Dr. Robinson did oral health care instruction and presentation for Thermopolis Child Development Center. 12 children and six teachers all received Dental Bags (toothbrush, toothpaste, floss and education material)

-3/24/18 Jennifer Porter supported table clinic for TMS Health Fair. She gave OHI and consequences of sugar consumption to 300 middle school students and teachers. Gave out as many toothbrushes.

-5/4/18 Dr. Robinson and Tiffany Brush presented during career day at Ralph Witters Elementary. 48 students and 4 teachers received toothbrushes, floss and toothpaste.

-5/10/18 Paintbrush Dental provided toothbrush and toothpaste kits for 33 students on Host Springs HS Track Team for WY Sate qualifying tack meet

-5/11/18 PB hosted 32 7<sup>th</sup> and 8<sup>th</sup> grade students from TMS in clinic and instructed on harm of sugar drinks and proper OHI. We also presented a prosthodontic case and instruction on radiographs. Dispensed a toothbrush for each.

## COMMUNITY HEALTH NEEDS & RECOMMENDED SERVICES

### **COMMUNITY HEALTH NEEDS**

Community health needs, including social determinants of health, identified from both primary and secondary data sources are summarized in the following table. Services or programs recommended by key stakeholders or the community to address community health needs are included.

### **Community Programs In Place**

Hot Springs County offers an Alive at 25 program to all youth. Alive at 25 is a highly interactive 4 hour National Law Enforcement curriculum structured to encourage young drivers to take responsibility for their driving behavior. The class is offered four times per year and has impacted many youth in the community.

**COMMUNITY HEALTH NEED PRIORITIES**

**PRIORITIZATION COMMITTEE**

A group of individuals that represented the interests of the community and had specific expertise regarding the health needs of vulnerable and underserved populations were asked to join the CHNA Steering Committee to identify priority community health needs. Attendees included:

**PRIORITIZATION PROCESS**

Miranda Nelson BSW presented the primary and secondary data, including input from key stakeholders and the community.

Community health needs were prioritized based on the following five (5) criteria.

<p><b>MAGNITUDE / SCALE OF THE PROBLEM</b></p> <p>The health need affects a large number of people within our community.</p>
<p><b>SEVERITY OF THE PROBLEM</b></p> <p>The health need has serious consequences (morbidity, mortality, and economic burden) for those affected. There are significant consequences to the community if the problem is not addressed.</p>
<p><b>HEALTH DISPARITIES</b></p> <p>The health need disproportionately impacts the health status of one or more vulnerable populations or groups.</p>
<p><b>IMPORTANCE TO THE COMMUNITY</b></p> <p>The health need is of significant importance to the community.</p>
<p><b>ABILITY TO LEVERAGE</b></p> <p>The opportunity to collaborate with existing community partnerships to address the health need or to build on current programs.</p>

## **PRIORITIZED COMMUNITY HEALTH NEEDS**

Three priority community health needs were chosen:

### **PRIORITY 1: BEHAVIORAL HEALTH**

### **PRIORITY 2: POVERTY**

### **PRIORITY 3: OPIOIDS**

The individuals who participated in the prioritization process believe that by concentrating on these three priorities, many of the other issues identified by key stakeholders and the community will also be addressed.

Goals, potential strategies, and community partners for each of the three priority community health needs were identified.

### **PRIORITY 1: BEHAVIORAL HEALTH**

**GOAL:** More access to Behavioral Health Services and Prevention

#### **POTENTIAL STRATEGIES:**

1. Expand access to mental health counselors through recruitment and retention for practices and possible telemedicine program provided for the community.
2. Expand services for children with a variety of behavioral health needs including developmental delays and behavioral issues through the school system.
3. Provide a way for Addiction Severity Index (ASI) to be completed for treatment and a possible funding source.
4. Create more community awareness on suicide, alcohol/drugs/tobacco use and abuse, and mental health crisis.

#### **PARTNERS:**

- Hot Springs County Prevention Coalition
- Hot Springs County School District #1
- Wellspring Counseling Center
- Hot Springs County Memorial Hospital

- Law Enforcement
- County Attorney's Office
- Hope Agency
- Wisdom Tree Counseling
- Youth Alternatives Program
- Help Center

**PRIORITY 2: POVERTY**

**GOAL:** DECREASE Poverty and Increase Services

**POTENTIAL STRATEGIES:**

1. Educate the community on lower cost preventative services
2. Establish people in the community willing to help with insurance applications.
3. Educate the front line workers with resources.
4. Develop a current list of services.
5. Provide programs to assist with financial empowerment (budgeting and sensible nutrition).

**COMMUNITY PARTNERS:**

- Yellowstone Community Assistance Network
- Hope Agency
- Hot Springs County Prevention Coalition
- Hot Springs County School District #1
- Hot Springs County Memorial Hospital
- Department of Family Services
- Help Center
- Hot Springs County Public Health
- Ministerial Alliance

- Law Enforcement
- River of Life Fellowship (Commodities)
- Hot Springs County Senior Center
- Messiah's Mall

**PRIORITY 3: OPIOID CRISIS**

**GOAL:** Decrease opioid use in the community and educate

**POTENTIAL STRATEGIES:**

1. Red Rock Family Practice closely monitor the pain contracts.
2. Red Rock Family Practice and Hot Springs County Memorial Hospital complete education on every patient with opioids.
3. Education to be completed within the school district.
4. Medication Assistance Treatment Program ( MOU signed with Cody Regional Health) Partners will be: Wellspring Counseling Center, RRF, and Vicklund Pharmacy

**PARTNERS:**

- Hot Springs County Prevention Coalition
- Red Rock Family Practice
- Hot Springs County Memorial Hospital
- Hot Springs County School District #1
- Wellspring Counseling Center
- Law Enforcement
- Thermopolis Rehabilitation and Wellness
- Wyoming Pioneer Home
- Hot Springs County Senior Center
- Wisdom Tree Counseling Services
- Hope Agency

- Gottsche Rehabilitation and Wellness
- Youth Alternatives Program
- Help Center

### **PRIORITY SERVICES AND PROGRAMS**

In addition to the community health priorities that were identified, HSCD is committed to expanding services provided to the community. The services listed below are either in process or are currently being evaluated:

1. Hot Springs County Prevention Coalition
2. Outpatient treatment and/or groups for addictions
3. Key people in the community to assist with applications
4. Recruit more mental health counselors
5. Expand transportation availability
6. Healthy habits and promoting the importance of a healthy weight

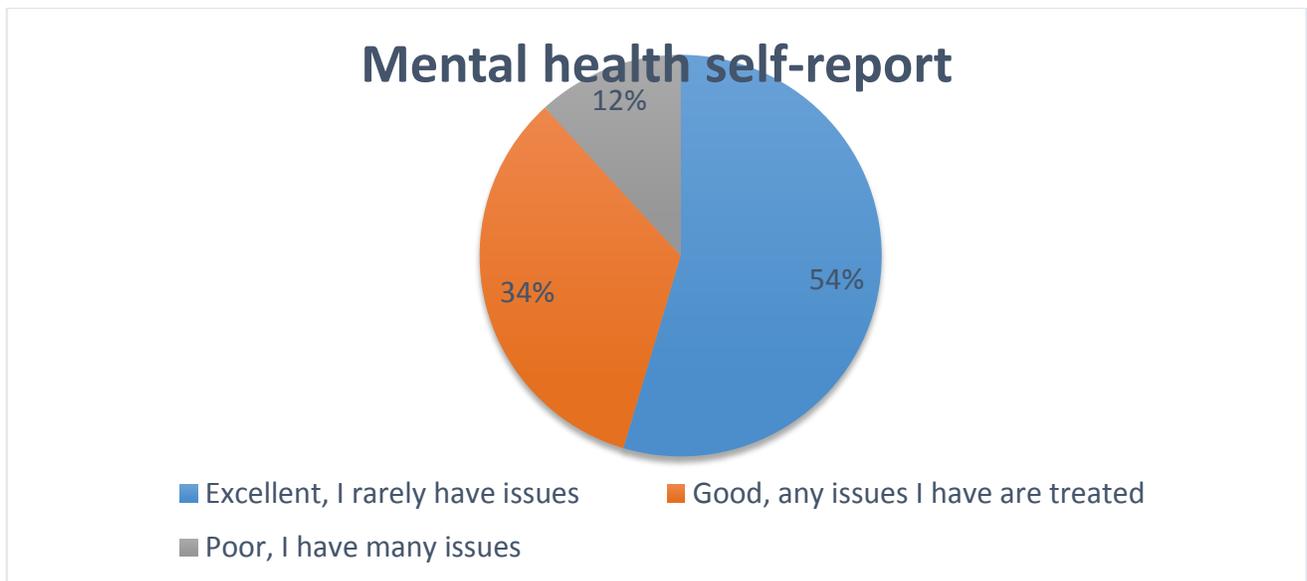
### **OTHER COMMUNITY HEALTH NEEDS**

HSCD will utilize other community health needs and services identified in the CHNA as a resource for future program development.

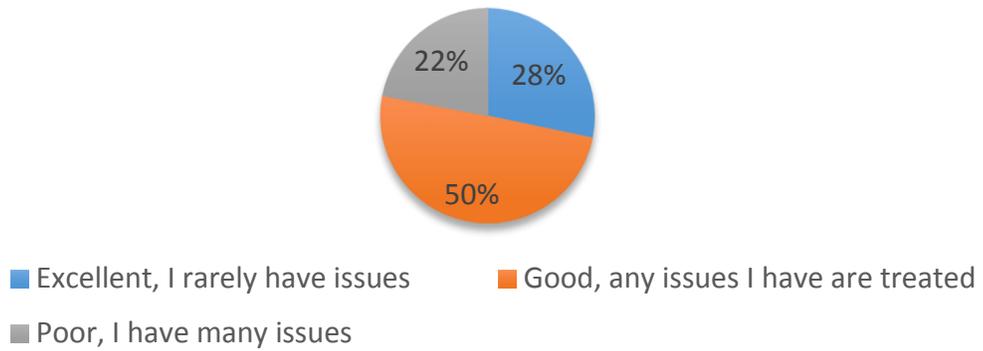
Respondent demographics

- ▶ We had a total of 207 completed surveys returned to us.
- ▶ 89.6% of respondents reported living in Thermopolis, 9.5% reported living in east Thermopolis and .95% live in Kirby.
- ▶ Of 182 respondents 94.5% identify as white, 2.2% are Hispanic/Latino, 1.65% reported other, .55% American Indian, .5% Black/African American, .5% Asian.
- ▶ Of 168 respondents 93.5% spoke English only, 6% spoke both Spanish and English and .6% claimed other.
- ▶ The age range of respondents was 18-75+ and was broken down into 6 age groups-- of those responses, 22.2% of respondents were 26-35 years old, and represent the largest response group. The median age for respondents was 46-55 and the smallest group turnout came from the 18-25 year-olds who represent 1% of the turn out.
- ▶ Of 195 respondents 5% have less than a high school degree, 41% have a High school diploma or GED, 9.2% attended a trade school or certificate program, 20.5% have an associates degree, 24% have a Bachelors degree.

Tell us how you feel about your health

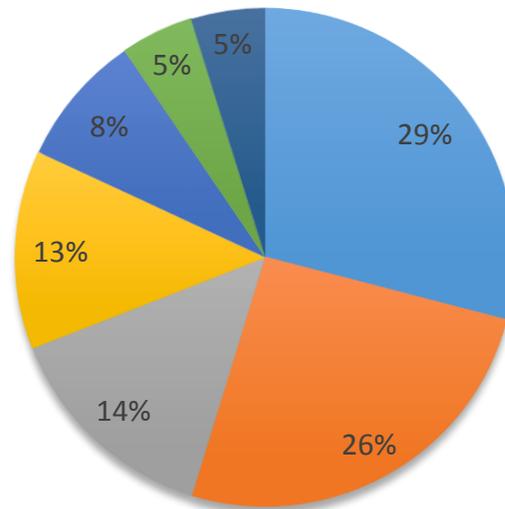


## Physical health self-report

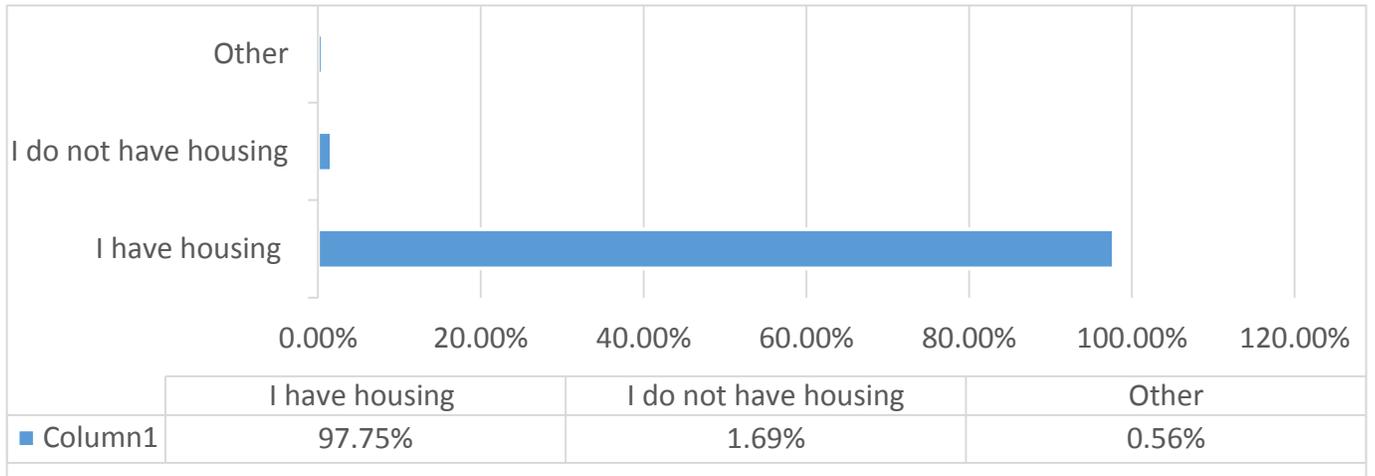


How many people, including yourself, live in the same house?

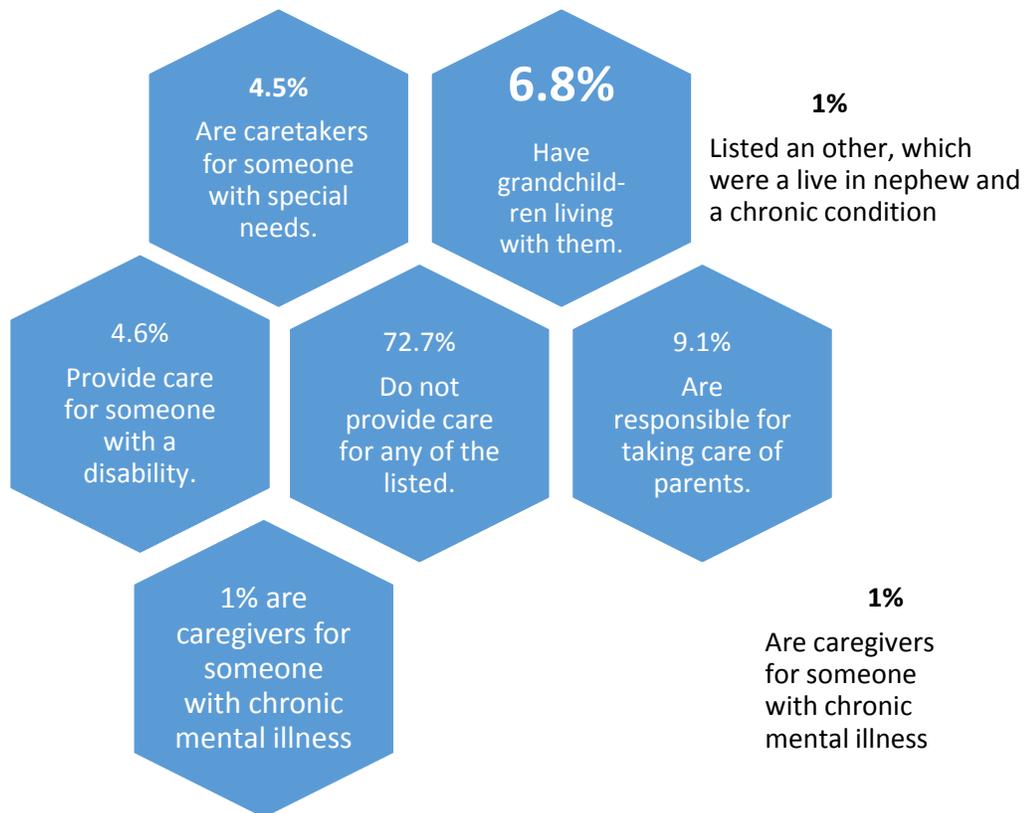
■ 1 Person   ■ 2 People   ■ 3 People   ■ 4 People



What is your housing situation?



Do you provide care for someone else in your family?

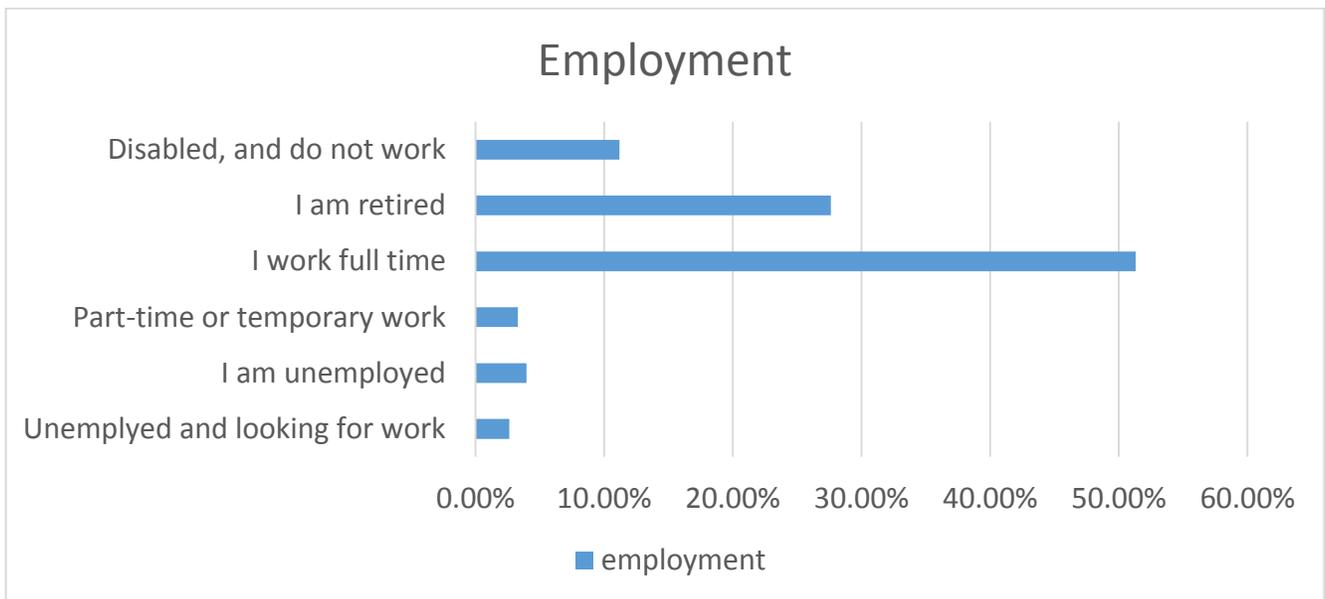
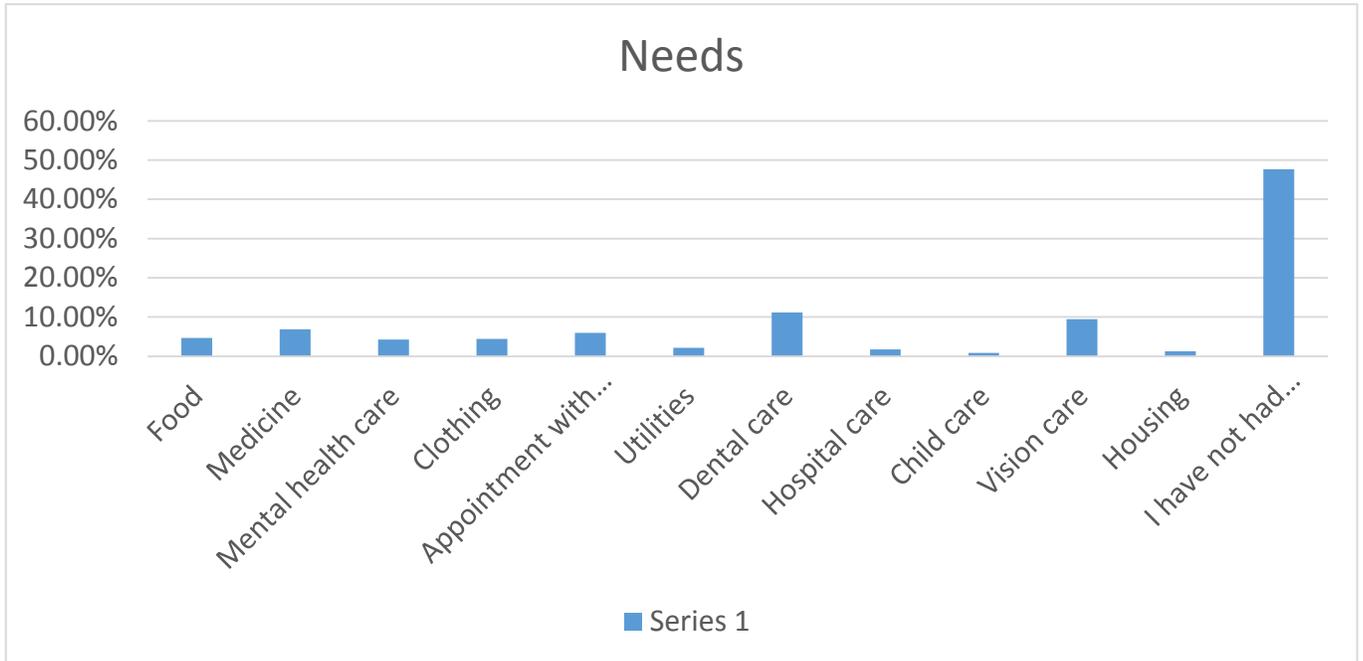


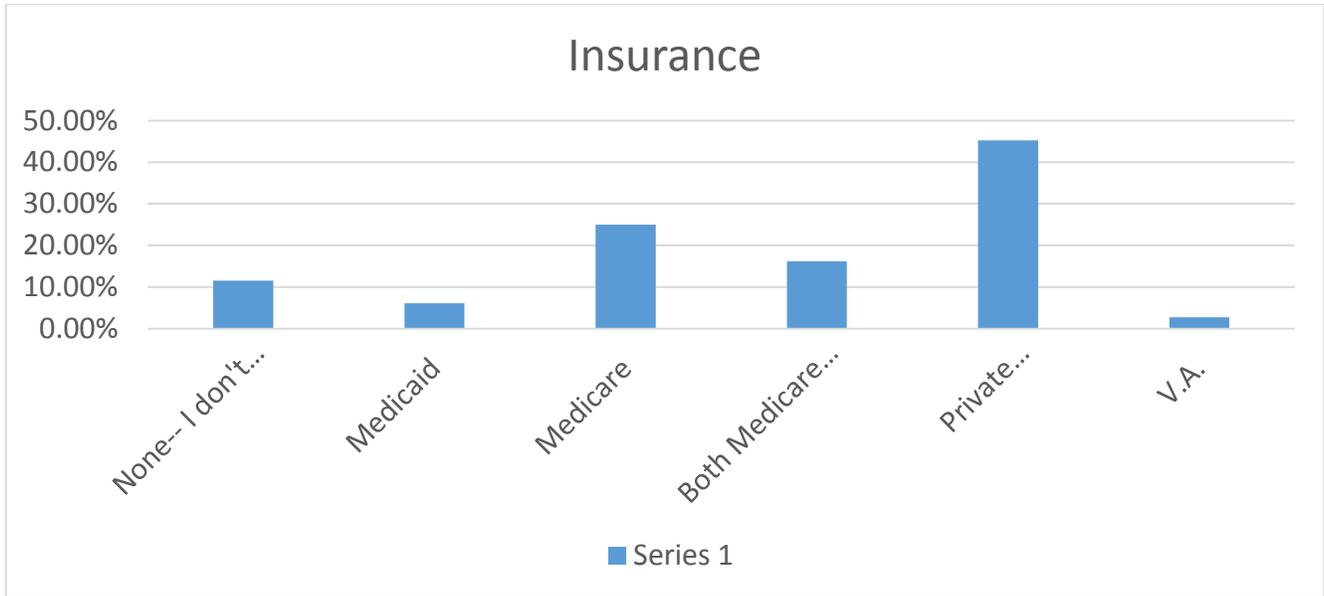
What do you think would help you and your family improve your health? Choose all that apply



There were 233 responses to this question, other notable responses were: Help to stop using alcohol (4), Help to stop using opioids (1), Help to stop using illegal drugs (1). In the other category there were two responses, Depression and Primary prevention.

In the past year have you or your family been unable to get any of the following when was really needed?





What are the reasons that you don't use healthcare services available in Hot springs county?  
Choose all that apply



To this question, there were 231 responses; of those responses 126 said that they do receive services in Hot Springs county. Other notable responses were– I don't have transportation (3), My insurance makes me go out of Hot Springs county for care (1).

What behaviors put youth and teens under age 18 at risk in Hot Springs county? Select all that apply.



What behaviors put adults over age 18 at risk in Hot Springs county? Select all that apply.



In the past six months, have you used a smart application on your phone, computer or tablet to do any of the following:



What would you like to see Hot springs county memorial hospital, in cooperation with community partners, focus on over the next three years?



Other responses: Help stop teen pregnancy (3%), Help prevent sexually transmitted diseases (2.8%), in the Other category we had Free prenatal classes, rental assistance, help applying for insurance, competent physicians who care.

### Additional Written Comments on Community Surveys

1. Law enforcement needs training in ADA, mental health, use of meds to control chronic illness. (Take folks off their meds cold turkey, don't recognize symptoms of illness and treat as a criminal, mistreat the mentally ill.
2. Why is there no longer exercise in the park where people can go after work; free with somebody to volunteer to show others how to do it?
3. There's a lot of homeless people in Thermopolis, lots of children getting abused by parents and nothing is done.
4. There needs to be more opportunity for community involvement.
5. Outpatient treatment for drug and alcohol in the community would be great.
6. Have electronic check in system at the hospital and Red Rock Family Practice.
7. This community has a huge drug problem. We need to be helping these people instead of jailing them and demanding punishment. They need inpatient treatment that lasts over 30 days in order to learn new coping skills. We need to promote all our churches as God is the only one to bring internal peace. We also need to promote the counseling center.
8. Possible education on distractive driving.
9. We need more outreach and activities for social and education interaction. Especially for those that are homebound.
10. We need a community health center that provides dental and mental health.

Dustin Hunt Superintendent Hot Springs County School District #1

1. How long have you been in this community as a professional?  
12 years
2. What have you seen as the top five greatest health needs for the community? (physical, mental)
  - Mental health education stigma
  - Obesity childhood; poor nutrition, lack of physical activity
  - Illegal drug use such as vaping and meth
  - Suicide Prevention
  - Financial literacy
3. Has there been interventions used? Did it work in your opinion?
  - Having stiffer penalties for adults to give examples for the youth on consequences
  - Rachels Challenge was done years ago, believe this would be a good consistent program
  - Challenge Days had a "tremendous" impact on students and staff
4. What barriers, if any, exist to address needs of the community?
  - Cultural barriers hold the community back
  - Attitude of things never changing or the "can't mentality"
5. How can your agency/position be a support to improving the health of the community?
  - Nutrition and obesity food initiatives with more meals from scratch
  - Increase physical education in the schools
  - Working with the prevention coalition monthly and annually on prevention and interventions
  - There is a new counseling team coming into the school year of 2019-2020, new modules to break down stigmas of mental health
  - In a small community we do a great job with activities as there is a wide variety

Brenna Huckfield RN Hot Springs County School District #1 Nurse

1. How long have you been in this community as a professional?

9 years

2. What have you seen as the top five greatest health needs for the community? (physical, mental)

-Mental health access and education

-Immunization increase of the rates

-Drug use such as vaping, tobacco, THC, controlled substances (Adderall, opioids)

-Underage drinking

-Stress/socioeconomic status of community

-Prevention with good food choices

3. Has there been interventions used? Did it work in your opinion?

-There needs to be consistency with any intervention that takes place in the community.

4. What barriers, if any, exist to address needs of the community?

-Finances

-Access to care

-Lack of insurance

-We as a community can do better at working together as a group

5. How can your agency/position be a support to improving the health of the community?

-Worked with the police department to talk about vaping to the community about people attended

-Obesity and the school food program, schools are tracking student BMI, Thermopolis Middle School is learning how to cook healthy

-Lack of education with parents

Tony Deromedi Pharmacist Vicklunds Pharmacy

1. How long have you been in this community as a professional?

13 years as a pharmacist

2. What have you seen as the top five greatest health needs for the community?(physical, mental)

-Staying healthy (exercise, taking medication as prescribed)

-Emotional, psychological, self-esteem concerns

-Hospice care

-Financial assistance in all areas

3. Has there been interventions used? Did it work in your opinion?

-Drug disposing at law enforcement is working

-Gottsche exercising all year round with the equipment and the classes

-Health fair/annual blood work (would like to see this come back)

4. What barriers, if any, exist to address needs of the community?

-Creating coalitions/meetings to discuss issues and target solutions

-Financial barriers especially for emotional disorders

-Hard for the community with change

5. How can your agency/position be a support to improving the health of the community?

-Continue with immunizations such as pneumonia, flu, and shingles

-Have given medications for free at times depending on the circumstances

-Reminders are sent about medication refills, tests, and calls for reminders as well especially with chronic medical conditions

-Medication therapy or management (medication reconciliation)

-Deliver medications for those in need

-Make medication dosing packs for easy administering currently 20-30 use this service monthly

-Can fill for 90 days at time to assist with convenience for customers

Jerimie Kraushaar Sheriff Hot Springs County Sheriff Department

1. How long have you been in this community as a professional?

15 years as a deputy, recently elected as sheriff in November 2018, took office in January 2019

2. What have you seen as the top five greatest health needs for the community? (physical, mental)

-Mental Health

-Drug treatment

-Drug aftercare such as Alcoholics Anonymous and Narcotics Anonymous

-Youth programs to keep the youth out of trouble

3. Has there been interventions used? Did it work in your opinion?

- Alcoholics Anonymous and Narcotics Anonymous are both faith based and work well there is a demand for more groups

-Wellspring has IOP with good results

-Drug Court would be a great asset to the community

4. What barriers, if any, exist to address needs of the community?

-Financial

-Stigmas for getting help

5. How can your agency/position be a support to improving the health of the community?

-Educate the community on drugs

-Educate the community on domestic violence

Dr. William Robinson DDS Paintbrush Dental

1. How long have you been in this community as a professional?  
4 years
2. What have you seen as the top five greatest health needs for the community?(physical, mental)
  - Nutrition as everything starts with consumption
  - Access to care
  - Mental health; there seems to be a high number of the community needing intervention and preventative services
3. Has there been interventions used? Did it work in your opinion?
  - With 7 or more cavities the patient is considered high risk so extra education is completed with them to assist with success
  - 2019 started a cavity free picture board for the youth
4. What barriers, if any, exist to address needs of the community?
  - Financial concerns (dentures no longer covered by Medicaid)
  - Education on various topics
5. How can your agency/position be a support to improving the health of the community?
  - Provide kids with extra assistance
  - Attend the health fair yearly to educate the community (would like for this to come back)
  - Go into the schools, CRC, BOCES, Big Horn Enterprises, and pre-schools to educate on proper oral hygiene

Dr. Ben Willford DO University of Wyoming Residency Program

1. How long have you been in this community as a professional?

Completed 1 month as a resident both in the clinic setting and the hospital

2. What have you seen as the top five greatest health needs for the community? (physical, mental)

-Access to healthcare and availability

-Psych or mental health appears to be huge

-Education on health especially chronic conditions and new conditions

3. Has there been interventions used? Did it work in your opinion?

Not aware of any due to limited time in community

4. What barriers, if any, exist to address needs of the community?

-Difficult in supporting specialty care

-Budgeting

5. How can your agency/position be a support to improving the health of the community?

-Education to patients, staff, and caretakers

Dr. Susan Bright MD Hot Springs County Memorial Hospital Provider

1. How long have you been in this community as a professional?

11 months

2. What have you seen as the top five greatest health needs for the community? (physical, mental)

1. Addiction treatment
2. Hospice Care
3. Mental health treatment/day center

3. Has there been interventions used? Did it work in your opinion?

Addiction treatment is available, but the distance to the centers is a barrier to access. There is a hospice program, but it is limited. The mental health center does good work but a day program for patients with chronic mental illness would be helpful to monitor symptoms and address behaviors.

4. What barriers, if any, exist to address needs of the community?

I am not sure.

5. How can your agency/position be a support to improving the health of the community?

-The hospital provides a stabilization for acute intoxication and withdrawal as well as a gateway to treatment.

-The hospital provides inpatient end of life care.

-The hospital also serves to link patients with the available community mental health resources.

Dr. Travis Bomengen

1. How long have you been in this community as a professional?

19 years full time and 20 years part time

2. What have you seen as the top five greatest health needs for the community?(physical, mental)

1. Mental health Care
2. Lack of health awareness (diet, exercise, prevention)
3. Tobacco use (getting better but still a problem) alcohol use and THC use
4. Dietary Education (chronic conditions, starting to eat healthy, and dieting safely)

3. Has there been interventions used? Did it work in your opinion?

1. Public Health with pregnant mom's pre and post-delivery education has been effective
2. The state had a psychiatrist available that served the Big Horn Basin with consults to various areas that was very helpful.
3. Tela-medicine has been explored with rheumatology and psychiatric that will be effective once in place.
4. Joint camp with therapy 6 weeks prior to surgery was making a big difference in the recovery process.
5. Pharmacy taking over the medication reconciliation at the hospital has helped.
6. The health fair was a good public awareness and education in many areas.

4. What barriers, if any, exist to address needs of the community?

1. Financial barriers. There are sliding fees but paperwork seems to be an issue for people to complete. Need a designated person to help with this.
2. Lack of services available for the community such as psychiatry, dietary assistance, etc.

5. How can your agency/position be a support to improving the health of the community?

1. Education to all
2. Utilize resources such as social media, advertising
3. Focus on preventative medicine
4. Access to tela-medicine and other resources
5. Residency Program
6. Physician education for nursing
7. EMT expanding services

Ron Phillips Help Center

1. How long have you been in this community as a professional?

I returned to Thermopolis 25 years ago. I spent nine years working for the local paper, and eleven years working for the school district. I have been an episcopal priest for the last five years, and have been operating the Help Center at Common Ground for three years.

2. What have you seen as the top five greatest health needs for the community? (physical, mental)

1. I always say there is more than just one problem. The poorest people are going without health care, but this is exacerbated by their poor mental health and general lack of education. Even if the care is available, they have difficulty accessing it.
2. Generally it seems to me, poor mental health is present in any instance where someone is not getting care.
3. Other cost factors impinge on peoples' ability to get health care. An example is the high cost of housing.
4. Dental care. Most people who have medical problems also seem to have severe dental issues. And dental care is very expensive. Insurance is expensive. Free care is largely unavailable. And service agencies and assistance funds usually do not cover dental care.
5. The cost of prescriptions is prohibitive for too many people, especially when coupled with other cost-of-living factors like rent.

3. Have there been interventions used? Did they work in your opinion?

I can only speak from my perspective. Too much of what we do as intervention is just putting a bandaid on the problems. We can perhaps get someone or a family through an emergency, but many health care problems are closely tied to economic issues: jobs, cost-of-living, etc. There is also a lack of education and poor employment opportunities. And these problems are frequently generational, i.e. handed down from generation to generation.

4. What barriers, if any, exist to addressing the needs of the community?

The economy in general. The lack of good paying jobs. The lack of low cost housing. Then there is the complexity of health care insurance plans and Medicare. The paperwork may seem simple, but to a person who is mentally challenged, under educated and/or elderly it is a huge barrier. As a simple example, I see a lot of people who need assistance of some sort. A surprisingly large number have no identification. They have no driver's license, or it's expired, or they only have a xeroxed copy, or they've lost it. The same is true of social security cards. Caring for our personal identification is something we take for granted. Another quick example of something we take for granted today is internet access.

5. How can your agency/position be a support to improving the health of the community?

At the Help Center we provide a totally free GED program and internet access. We provide emergency help with food, rent and utilities, and limited help with glasses and prescriptions. We also simply help people wade through paperwork and to access online connections and assistance.

**Tell us about yourself.**

1. What community do you live in? Please choose only one.

- Thermopolis
- East Thermopolis
- Kirby

2. What is your race or ethnicity? Please choose only one.

- American Indian
- White
- Black / African American
- Hispanic or Latino
- Asian
- Pacific Islander
- Other

3. What is your age?

- Under 18 years old
- 18 – 25 years old
- 26 – 35 years old
- 36 – 45 years old
- 46 – 55 years old
- 56 – 64 years old
- 65 – 75 years old
- 76 years or older

4. What language do you speak?

- English
- Spanish
- Both English and Spanish
- Other

5. What is the highest level of school you attended? Please choose only one.

- Less than a high school degree
- High school diploma or GED
- Trade School or Certificate program
- Associates Degree
- Bachelor's Degree or higher

6. Tell us about your physical health. Please choose only one.

- Excellent, I rarely have issues
- Good, any issues I have are treated
- Poor, I have many issues

7. Tell us about your mental health. Please choose only one.

- Excellent, I rarely have issues
- Good, any issues I have are treated
- Poor, I have many issues

**Tell us about your living situation.**

8. How many people, including yourself, live in the same house? Please choose only one.

- |                            |                                       |
|----------------------------|---------------------------------------|
| <input type="checkbox"/> 1 | <input type="checkbox"/> 7            |
| <input type="checkbox"/> 2 | <input type="checkbox"/> 8            |
| <input type="checkbox"/> 3 | <input type="checkbox"/> 9            |
| <input type="checkbox"/> 4 | <input type="checkbox"/> 10           |
| <input type="checkbox"/> 5 | <input type="checkbox"/> More than 10 |
| <input type="checkbox"/> 6 |                                       |

9. What is your housing situation? Please choose only one.

- I have housing
- I do not have housing (staying with others, living in a hotel, living in a shelter, living outside on the street, living in a car)
- Other (Please specify)

10. Tell us if you are providing care for someone else in your family.

- I am a grandparent and my grandchildren live with me
- My parents or older relatives live with me and I am responsible for taking care of them
- I provide care for someone with special needs
- I provide care for someone with a disability
- I provide care for someone with a chronic mental illness
- I do not provide care for any of these listed
- Other (please specify)

11. What is your work situation? Please choose only one.

- |  |  |
|--|--|
| <input type="checkbox"/> I am unemployed and actively looking for work | <input type="checkbox"/> I am working part-time or have temporary work |
| <input type="checkbox"/> I am unemployed                               | <input type="checkbox"/> I work full-time                              |
| <input type="checkbox"/> Other (please specify)                        | <input type="checkbox"/> I am retired                                  |
|  | <input type="checkbox"/> I am disabled and not able to work            |

12. What is your main insurance? Please choose only one.

- |  |   |
|--|---|
| <input type="checkbox"/> None – I don't have insurance | <input type="checkbox"/> Both Medicaid and Medicare |
|--|---|

- Medicaid
- Medicare
- Other (please specify)
- Private insurance like Tri-Care, Blue Cross, United, Aetna
- V.A.

**Tell us about problems getting the things you need.**

13. In the past year, have you or your family that you live with been unable to get any of the following when was Really Needed? Choose all that apply.

- Food
- Medicine
- Mental health care
- Clothing
- Appointment with a Doctor
- Utilities
- Other (please specify)
- Dental care
- Hospital care
- Child care
- Vision (eye) care
- Housing
- I have not had any problems getting these things

14. Has lack of transportation kept you from medical appointments, meetings, work or from getting the things you need? Choose all that apply.

- YES – Transportation has kept me from medical appointments with a doctor – or – other medical care
- YES – Transportation has kept me from getting medicine
- YES – Transportation has kept me from getting to meetings, appointments, or other things I need
- NO – Transportation is not a problem

**Tell us about improving your health.**

15. What do you think would help you and your family improve your health? Please choose all that apply.

- Access to housing we can afford
- Access to healthy food
- Help to stop smoking
- More education opportunities
- Help to resolve legal issues
- More times available for doctor appointments (more times when you can schedule an appointment)
- Other (please specify)
- More opportunities for steady work
- Access to specialty medical care
- Having a family doctor
- Access to transportation
- Insurance coverage
- Access to mental health care
- Help to stop using alcohol
- Help to stop using opioids
- Help to stop using illegal drugs

16. What behaviors put adults over age 18 at risk in Hot Springs County?

- Alcohol use
- Overweight or obese
- Driving when intoxicated (drugs or alcohol)
- Tobacco use or vaping
- Poor eating habits (not eating healthy food)
- Other (please specify)
- Not managing a chronic disease like diabetes or heart disease
- Illegal Drug use
- Risky sexual behaviors (for example not using a condom)
- Not accessing preventative care including regular doctor visits, immunizations etc.

17. What behaviors put youth and teens under age 18 at risk in Hot Springs County?

- Alcohol use
- Overweight or obese
- Driving when intoxicated (drugs or alcohol)
- Illegal drug use
- Risky sexual behaviors (for example not using a condom)

- Tobacco use or vaping
- Poor eating habits (not eating healthy food)
- Teen pregnancy
- Other (please specify)
- Not accessing preventative care including regular doctor visits and immunizations
- Unsafe use of firearms (guns)
- School absences
- Unsupervised parties

18. What are the reasons you or your family don't use healthcare services that are available in Hot Springs County? Please choose all that apply.

- No insurance coverage
- High insurance cop-pays – I can't afford care for me or for my family
- My doctor recommended I go out of Hot Springs County for care
- My insurance made me go out of Hot Springs County for care
- I don't have transportation
- Other (please specify)
- Quality of care in Hot Springs County
- Doctor appointments are not available at a time I can go due to work or other reasons
- Not comfortable with local doctors
- I use healthcare services in Hot Springs County

19. What doctors or providers do you or your family travel outside of Hot Springs County to see? Please choose all that apply.

- Primary care (Family Doctor)
- Internal Medicine
- Allergy
- Cardiology (Heart)
- Mental Health Providers (mental health therapists and counselors)
- Nephrology (Kidney)

- |  |   |
|--|---|
| <input type="checkbox"/> Dermatology (Skin)                | <input type="checkbox"/> Neurology                          |
| <input type="checkbox"/> Endocrinology (Diabetes, Thyroid) | <input type="checkbox"/> Neurosurgery                       |
| <input type="checkbox"/> ENT (Ear, Nose and Throat)        | <input type="checkbox"/> Obstetrics                         |
| <input type="checkbox"/> Gastroenterology (GI)             | <input type="checkbox"/> Oncology (Cancer)                  |
| <input type="checkbox"/> Gerontology (Older Adults)        | <input type="checkbox"/> Orthopedics                        |
| <input type="checkbox"/> General Surgery                   | <input type="checkbox"/> Pediatrics                         |
| <input type="checkbox"/> Gynecology                        | <input type="checkbox"/> Plastic Surgery                    |
| <input type="checkbox"/> Infectious Disease                | <input type="checkbox"/> Psychiatry                         |
| <input type="checkbox"/> Others (please specify)           | <input type="checkbox"/> Pulmonology (Lung and Respiratory) |
|  | <input type="checkbox"/> Rheumatology)                      |
|  | <input type="checkbox"/> Urology                            |

20. The following doctors or providers are available in Hot Springs County. Please tell us if you have any trouble getting an appointment or accessing care. Please choose all that apply.

- |  |  |
|--|--|
| <input type="checkbox"/> Primary care (Family Doctor)  | <input type="checkbox"/> Obstetrics              |
| <input type="checkbox"/> Cardiology (Heart)  | <input type="checkbox"/> Oncology (Cancer)       |
| <input type="checkbox"/> General Surgery   | <input type="checkbox"/> Orthopedics             |
| <input type="checkbox"/> Mental Health Providers including mental health therapists and counselors | <input type="checkbox"/> Psychiatry              |
|  | <input type="checkbox"/> Others (please specify) |

**Tell us about technology you use.**

21. In the past six months, have you used a smart application on your phone, computer or tablet to do any of the following:

- Help you lose weight
- Track how many miles you are walking or running
- Helped you to remember to schedule a routine doctor's appointment
- Help you remember to take your medicine
- Other (please specify)
- Looked at the information available on-line from your doctor's office about your health
- Help you to manage a chronic disease like diabetes or congestive heart failure
- Virtual care
- I don't use smart applications to manage my health

### **What do you think are the priorities for community health?**

22. What would you like to see Hot Springs County Memorial Hospital, in cooperation with community partners, focus on over the next three years? Please choose up to three (3).

- Help people get to doctor appointments (transportation)
- Help people sign up for insurance
- Help people get the medicine they need to stay healthy
- Increase the number of family doctors – or – increase the number of appointments
- Increase the number of specialists (doctors)
- Help people to lose weight and eat more healthy foods
- Help people to stay healthy who have a chronic disease like diabetes, heart failure, lung disease, cancer, Alzheimer's disease
- Help stop teen pregnancy
- Help prevent sexually transmitted diseases
- Help people get mental health care
- Help adults and teens to stop using illegal drugs, opioids, alcohol, or tobacco

- Help women who are pregnant to have a healthy baby
- Help stop domestic violence, child abuse and neglect, or elder abuse and neglect
- Help support caregivers. For example: grandparents caring for grandchildren, families caring for older adults, families caring for a child or an adult with special needs, families caring for a child or adult with a disability, families caring for a child or adult with a chronic mental illness
- Other (please specify)

23. If you think one of the priorities should be chronic disease, what chronic diseases would you recommend the Hospital and community partners focus on?

- This is important, but I don't think it should be one of the priorities
- COPD (Chronic Obstructive Pulmonary Disease)
- Diabetes
- Osteoporosis
- Cancer
- Chronic Mental Illness
- Heart Disease
- Alzheimer's disease or dementia
- Asthma
- Chronic Kidney Disease
- Arthritis
- Depression
- Other (please specify)

24. If you think one of the priorities should be Supporting Caregivers, what would you recommend the Hospital and community partners focus on?

- This is important, but I don't think it should be one of the priorities
- Grandparents caring for grandchildren
- Families caring for an older adult
- Families caring for a child or an adult with special needs
- Families caring for a child or adult with mental health needs
- Families caring for a child or adult with a disability
- Parenting classes
- Caregiver support classes

25. If you think one of the priorities should be Drugs, Alcohol or Tobacco should be a priority, what would you recommend the Hospital and community partners focus on?

- This is important, but I don't think it should be one of the priorities
- Adult alcohol abuse
- Alcohol use by youth and teens
- Illegal drug use by adults
- Other (please specify)
- Illegal drug use by youth and teens
- Opioid use
- Tobacco use including smoking and vaping by adults
- Tobacco use including smoking and vaping by teens

26. If you think Domestic Violence, Abuse, or Neglect should be a priority, what would you recommend the Hospital and community partners focus on?

- This is important but I don't think domestic violence, abuse or neglect should be one of the priorities
- Child abuse or neglect
- Elder abuse or neglect
- Other (please specify)
- Domestic violence or abuse
- Intimate partner violence or abuse

27. Please feel free to share any comments. We appreciate you taking the time to complete this survey.