



Community Health Needs Assessment 2024

Contact Information

Natalie Stewart RN, BSN, BC, DipACLM, NBC-HWC

Director, Wellness Department St. John's Health
625 E. Broadway
PO Box 428, Jackson, WY 83001
(307) 739-7244
nstewart@stjohns.health

Jodie Pond, MPH, MCHES®

Director of Health, Teton County Health Department
460 E. Pearl Avenue
PO Box 937, Jackson, WY 83001
(307) 732-8461
jodie.pond@wyo.gov



HEALTHYTETONCOUNTY.ORG

CONTENTS

| | |
|-----------|---|
| 5 | Background |
| 6 | Community Overview and Demographics |
| 7 | Public Health Concepts |
| 8 | Introduction to Mapp 2.0 |
| 10 | Data Analysis |
| 14 | Data Analysis: <i>Data Review and Findings</i> |
| 24 | Data Analysis: <i>2023 Community Health Survey</i> |
| 45 | Data Analysis: <i>Focus Groups & Forces of Change</i> |
| 48 | Data Analysis: <i>Community Partner Assessment (CPA)</i> |
| 49 | Developing Theme Profiles: Steering Committee |
| 50 | Next Steps |
| 50 | Appendix |
| 51 | Data Sources and Community Resources |



Background

The Healthy Teton County (HTC) initiative began in 2013 with the partnership of Teton County Health Department (TCHD) and St. John's Health (SJH). The first comprehensive community health needs assessment (CHNA) was published in 2015 by utilizing Mobilizing for Action through Planning and Partnerships (MAPP), a step-by-step framework developed by the National Association of County and City Health Officials (NACCHO). There have been subsequent CHNA reports in 2018 and 2021. All previous CHNA reports utilized the original MAPP framework, which focused on community health data, a community health survey, and a key steering committee meeting during which the Forces of Change assessment was completed. To complete the 2024 CHNA report, HTC followed MAPP 2.0, the updated version of the framework. Detailed methodology will be described in the respective sections of this report.

HTC's vision of "a vibrant Greater Teton area where opportunities for health are available to all" has continued to guide this project since its inception. This year, HTC was excited to add a new partner, Voices JH, to the collaborative. Voices JH's mission is to engage and empower the immigrant communities of the Teton region. Its work includes outreach through a personalized communication network with immigrant families, inclusive qualitative and quantitative research, and support for the growth of immigrant leaders in the community.

Land Acknowledgement

Healthy Teton County acknowledges that Indigenous peoples and nations, including the Newe Sogobia (Eastern Shoshone), Cayuse, Umatilla, Walla Walla, Shoshone-Bannock, and Tsésthó'e (Cheyenne), have stewarded through generations the lands and waterways of what is now called the Teton region. We honor and respect the enduring relationship that exists between these peoples and nations and this land.

Language Acknowledgement

The language chosen throughout this document was based on research and discussion with valued community partners. Healthy Teton County (HTC) recognizes that we can help reduce stigma by being deliberate in the words we choose, and we acknowledge that language continuously evolves.

Community Overview and Demographics

This community health needs assessment (CHNA) addresses social determinants of health (SDOH) in Teton County. For the sake of this assessment, HTC has defined “Teton County” to include anyone who works, lives, or plays in Teton County, WY, including community members who may live in Teton County, ID, or northern Lincoln County, WY.

Teton County is a small county located in northwestern Wyoming with a population of 23,287, according to 2022 census data. Teton County can be described as a rural, frontier community with a robust tourism economy base. The county is well known for its geographical wonders, such as Grand Teton National Park and Yellowstone National Park. Historically, the area has been a mecca for wildlife conservation, dude ranching, recreation, and cattle ranching. This legacy is still seen today as tourism, residency, and commercial development continue to increase.

Demographics

for Teton County, WY

| | |
|--|--------|
| Population | 23,287 |
| % Below 5 years of age | 4.6% |
| % Below 18 years of age | 17.1% |
| % 65 and older | 17.6% |
| % Female | 47.6% |
| % Non-Hispanic Black | 0.8% |
| % American Indian and Alaskan Native | 1.1% |
| % Asian | 1.9% |
| % Native Hawaiian/Other Pacific Islander | 0.2% |
| % Hispanic or Latine | 15.8% |
| % Non-Hispanic white | 79.9% |

Source: [census.gov](https://www.census.gov)

Public Health Concepts

Health Equity

The state in which everyone has a fair and just opportunity to attain their highest level of health

Health Disparity

The differences in health outcomes or access

Social Determinants of Health (SDOH)

How the conditions in which people live, learn, work, and play allow them to achieve optimal health

Local Public Health System (LPHS)

All organizations or entities that contribute to the health or well-being of the community

The goal of the MAPP 2.0 framework is to achieve health equity, ensuring that everyone in the community is able to reach the highest level of health. There are many factors that impact a person's overall health besides direct healthcare; these additional factors are called social determinants of health (SDOH). Some examples of SDOH include the built environment, access to healthy foods, employment opportunities, safe and affordable housing, access to free, quality education, community connectedness, transportation, and more. When individuals in a community are unable to access all of the same resources as others, this leads to health disparities. Despite the public health systems' best efforts to tackle and reduce health inequities, communities must address the root causes of health inequities to ensure that change occurs.

As stated in the MAPP 2.0 framework:

In order to make advancements toward health equity, Teton County must do the following:

- Address power imbalances that have resulted in an inequitable distribution of wealth, power, and resources among privileged groups
- Recognize how the formation of our country created the current injustices that lead to health inequities
- Create new structures rooted in equity, community power, and community-identified strengths and assets

The goal of HTC and the MAPP process is to involve the community in working together on solutions to address health disparities in Teton County.

Introduction to MAPP 2.0

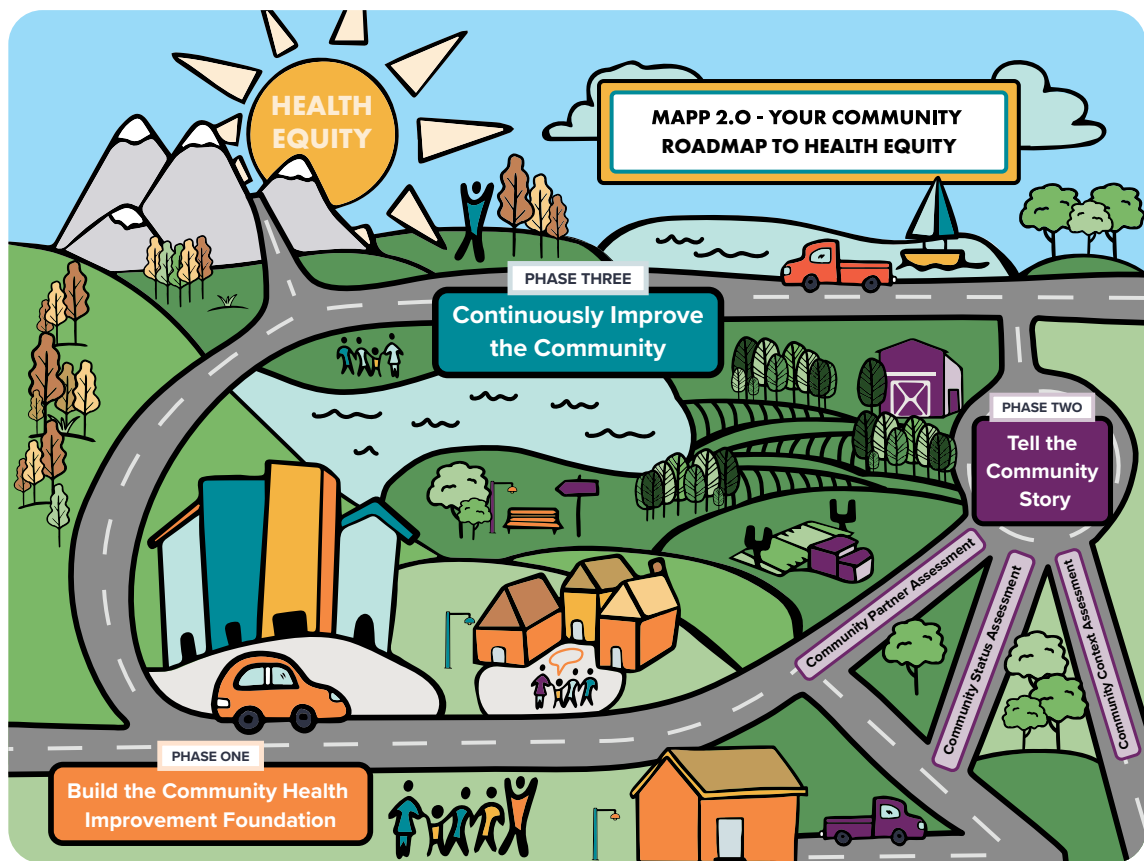
Mobilizing for Action through Planning and Partnerships

The MAPP 2.0 framework builds upon its predecessor, emphasizing the importance of community engagement, data-driven assessments, and a focus on health equity. In comparison to the original framework, MAPP 2.0 is streamlined from six to three phases, and from four to three assessment tools. MAPP 2.0 enables communities to identify health priorities, develop effective strategies, and mobilize partnerships to improve community health outcomes, empowering communities to create sustainable and equitable solutions for the well-being of their populations.

The MAPP 2.0 framework includes three main assessments:

- Community Partner Assessment (CPA)
- Community Status Assessment (CSA)
- Community Context Assessment (CCA)

These assessments will be discussed in more detail on the next page. Following the MAPP 2.0 process, the data was triangulated, and eight themes were identified and presented to community partners at a steering committee meeting. At that meeting, agencies helped to dive further into each of the eight themes, working to identify why it was occurring, to whom it was occurring, how big it was, and more. Agencies then looked at the root cause of each theme. The data collected at the steering committee meeting will be used to develop theme statements for each category.





CPA

The Community Partner Assessment (CPA) invited valued partners and organizations to look critically at their individual systems, processes, and capabilities, as well as their collective capacity as a local public health system to address health inequities.

CSA

The Community Status Assessment (CSA) provided quantitative data from a variety of sources on county, state, and national levels, including Healthy People 2030 goals. This data provided a snapshot of Teton County's key health, socioeconomic, environmental, and quality-of-life outcomes. This data also helped highlight populations that are experiencing inequities in these areas and identified the systems that influence these outcomes.

CCA

The Community Context Assessment (CCA) is a qualitative tool that explores the strengths, assets, lived experiences, and forces of change in Teton County. Three collection methods were conducted by HTC:

1. Community Health Survey

This survey focused on residents' perceptions of the health and quality of life in Teton County.

2. Focus Groups

HTC members conducted focus groups with high school students and seniors ages 60+ to gather information on what affects their health and what the greatest health risks are in our community. Focus groups were also asked about the events, factors, and trends that impact our community.

3. The Forces of Change Assessment

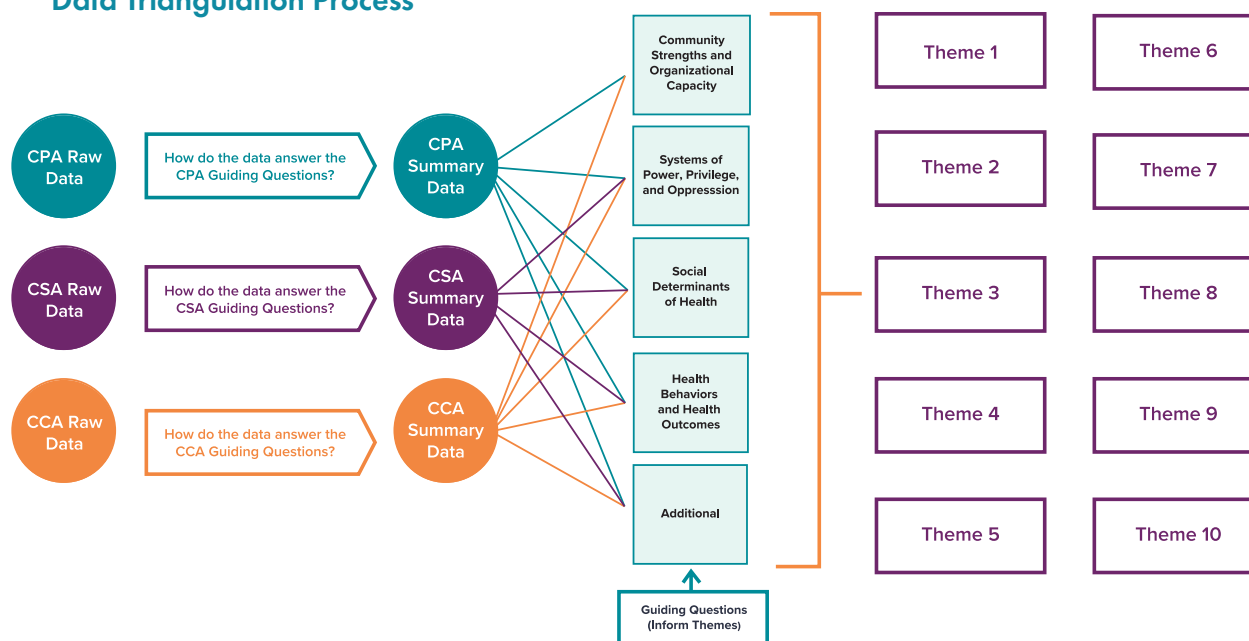
Community members were asked to identify events, factors, and trends that have impacted our community.



Data Analysis

Data Analysis

MAPP 2.0 Model of the Data Triangulation Process



Triangulation refers to the use of multiple methods or data sources in research to develop a comprehensive understanding of phenomena. (PubMed, MQ Patton, 1999)

Introduction of Umbrella Categories

Following the MAPP 2.0 framework, the CPA, CSA, and CCA data were organized under four categories through a data-triangulation process:

- ***Systems of Power, Privilege, and Oppression:***
The root causes or structural drivers of inequity.
- ***Social Determinants of Health:***
The conditions in the environments where people are born, live, learn, work, play, and age that affect a wide range of health function and quality-of-life outcomes and risks.
- ***Health Behaviors and Health Outcomes:***
Health behaviors are actions people take that affect their health; health outcomes represent how healthy a community is right now.
- ***Community Strengths and Organizational Capacity:***
The areas in which a community is doing well, based on the CCA data.

The eight cross-cutting themes that subsequently emerged from the data sets fell into the above categories, as described below.

Criteria to Become a Theme

The themes included in this report summarize the key findings from HTC's 2023 data collection and analysis. The HTC core committee selected indicators for analysis by first reviewing the updated data measures used in the 2021 CHNA. In addition, the committee reviewed updated data for each of the 2021 health issues along with emerging indicators that were identified or never reported on in the previous data updates.

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

- Teton County did not perform as well as the Healthy People 2030 goal
- Teton County did not perform as well as the State of Wyoming
- An issue was identified as a top issue in the Community Health Survey 2023
- An issue was previously identified as an area of concern/focus



Categories and Themes

| | |
|--|--|
| | |
| | Health Behaviors and Health Outcomes |
| | Cancer |
| | Mental Health |
| | Substance Use and Misuse: Adult and Youth |
| | Violence, Abuse, and Neglect |
| | |
| | Social Determinants of Health |
| | Access to Healthcare |
| | Safe and Affordable Housing |
| | |
| | Systems of Power, Privilege, and Oppression |
| | Good Jobs and Healthy Economy |
| | |
| | Community Strengths and Organizational Capacity |
| | Positive Indicators |

DATA ANALYSIS

Data Review and Findings

Data Sources Interpreted

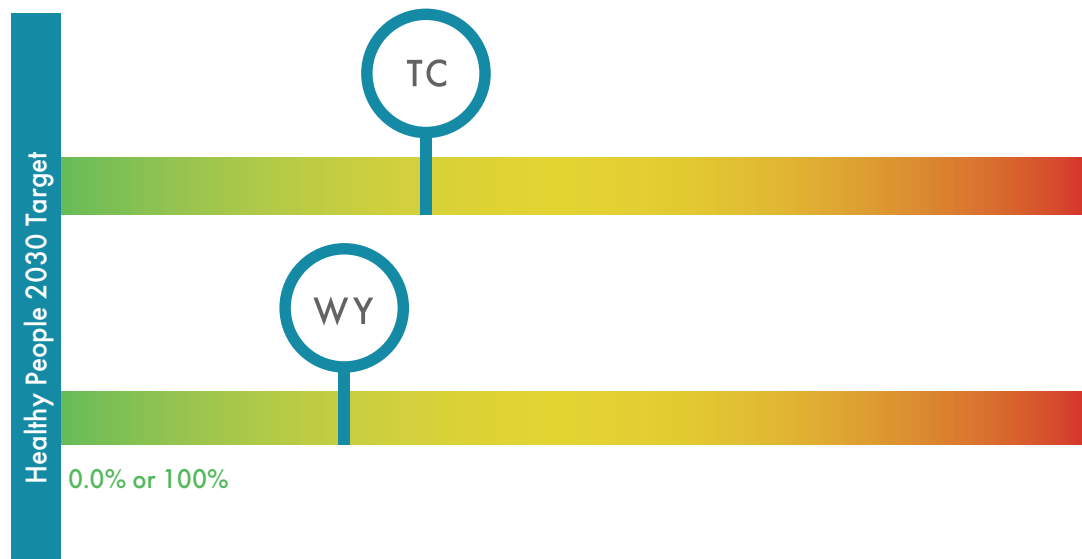
The data used by HTC throughout this initiative were drawn from a variety of sources, including the U.S. Centers for Disease Control and Prevention (CDC), the U.S. Census Bureau, the University of Wisconsin Population Health Institute's County Health Rankings & Roadmaps program, and Healthy Teton County's Network of Care web platform. The County Health Rankings & Roadmaps online resource, www.countyhealthrankings.org, annually reports on and ranks health statistics for almost every county in the United States. The rankings are determined from national and state data sets, such as Wyoming's Behavioral Risk Factor Surveillance System (BRFSS) surveys, and are utilized by counties nationwide to assess community health status. County Health Rankings also provides data trends for indicators whose data collection methods have remained consistent over time. Network of Care is an online database that features national and state sources and provides access to local resources through a searchable service directory: www.teton.wy.networkofcare.org/ph/HealthIndicatorsDashboard.aspx

It is important to consider the following while interpreting the data in this CHNA report:

- Due to the differences in methodology and timelines between data sources, the measures reported are not all from the same time period. The most recent data set available was used for each measure reported. The data source and the year(s) they were collected are listed for each measure.
- There is often a significant lag between the times the data are collected and when they are reported. As a result, any very recent changes in or progression of these measures may not be reflected in the data and may not be reported for some time.
- Data sources may use different methods or monitor different populations (e.g., slightly different age groups). This presents challenges to assessing progress toward a goal or differences between populations. When applicable, this has been noted for the relevant measure or goal.
- Data sources may change definitions or methods from year to year, making it difficult to assess new trends over time. This can be seen when a survey stops asking a question or asks a slightly different question from previous years.
- When the observed difference between two groups is said to be statistically significant, that indicates that it is unlikely to be due to random chance while sampling. That is, there is very likely a true difference between the measures. Such statistical analysis can be a powerful tool, but the results should be interpreted within a broader context. For example, if a measure for Teton County is not statistically worse than the same measure for the state of Wyoming or the United States as a whole, invested partners might still question whether that represents an acceptable endpoint or if it is justified to devote resources to achieve further improvement.

Data Key

The 2024 data will be displayed through graphics like the one shown below. When available, each image will list data for Teton County (TC) and the state of Wyoming (WY) in large circles along a gradient bar. Markers closer to the green end indicate high-performing measures, while markers closer to the red end indicate lower-performing measures. Healthy People (HP2030) target measures, when available, will be indicated by a vertical blue bar.



Additional resources:

A complete list of health indicators for Teton County can be found on Teton County's Network of Care website:
www.teton.wy.networkofcare.org/ph/index.aspx

Category: **Health Behaviors and Health Outcomes**

Theme: **Cancer**

Mammography screening frequency among Medicare enrollees in Teton County is declining, with only 34% receiving a mammogram annually (Mapping Medicare Disparities Tool, 2020).

Concurrently, breast cancer incidence rates are on the rise, with Teton County reporting a value of 161 per 100,000, up from 142 per 100,000 between 2013 and 2017 (National Program Cancer Registries, 2014-2018). Additionally, the cancer incident rate for Teton County is 439 per 100,000, compared to 434 per 100,000 in the previous period (National Program of Cancer Registries, 2014-2018).

In the 2023 Community Health Survey, US-born respondents ranked cancer as the second most important health problem, while non-US-born respondents identified cancer as the third most significant health concern, emphasizing the widespread recognition of cancer's impact on health (Community Health Survey Results).

Mammography Screenings

Percentage of female Medicare enrollees ages 65 – 74 that received an annual mammography screening.

Note: The Healthy People goal refers to women ages 50 – 74, therefore it is not directly comparable to the data for Teton County.



Data Source: 2020 Mapping Medicare Disparities Tool

Category: **Health Behaviors and Health Outcomes**

Theme: **Mental Health**

In Teton County, there is one mental health provider for every 180 residents. This ratio has trended downward from one per 200 residents in 2020 (County Health Rankings & Roadmaps, 2022). Housing emerged as a significant stressor for almost a third of residents, with behavioral health providers also acknowledging its impact on clients' mental health (Community Behavioral Health Needs Assessment, 2021). Access to behavioral health treatment is disproportionately limited for marginalized groups, with 58% of the Latine community and 54% of individuals with very low incomes lacking insurance coverage (Community Behavioral Health Needs Assessment, 2021). Furthermore, even those with insurance face barriers to care due to high deductibles, co-pays, or inadequate insurance acceptance by providers.

In Teton County, only 30% of behavioral health providers accept Medicare and 45% accept Medicaid, partly due to credentialing requirements (Community Behavioral Health Needs Assessment, 2021).

In the 2023 Community Health Survey, both U.S.-born and non-U.S.-born respondents identified mental health as their primary health concern. These data are underscored by findings from other sources, discussed below.

The youth focus group stated the following in regard to mental health in our community:

- Mental health disorders were identified as the top factor during the Forces of Change activity.
- Covid-19 created a sense of social isolation and increased poor coping skills for high school-aged youth.
- Students rely on trusted teachers, staff, and peers at the high school for mental health support.

Category: **Health Behaviors and Health Outcomes**

**Theme: Substance Use and Misuse:
Adults and Youth**

Recent data from the Wyoming Behavioral Risk Factor Surveillance System (WY BRFSS) shows that 9% of Teton County adults smoke (Wyoming Behavioral Risk Factor Surveillance System, 2017-2021).

Moreover, excessive drinking, particularly binge drinking, is prevalent, with 25% of adults engaging in this behavior. This is statistically worse than the state average of 18% (Wyoming Behavioral Risk Factor Surveillance System (WY BRFSS), 2017-2021). Alcohol use among 12th graders in Teton County is also significantly higher than the state average, with 47% reporting alcohol use in the past 30 days, compared to 31% statewide (Wyoming Prevention Needs Assessment Survey, 2017-2021). Driving under the influence (DUI) incidents have been escalating in Teton County, with 252 cases reported in 2023, marking an increase from 217 in 2022, and 202 in 2021 (Teton County sheriff's office, 2023).

These statistics are reinforced by the 2023 Community Health Survey, where alcohol misuse was listed as a top risky behavior by U.S.-born respondents and the second top risky behavior by Non-U.S.-born respondents. Both U.S.-born and non-U.S.-born participants identified drug misuse among Teton County's top three risky behaviors.

Among the youth focus group, alcohol consumption was the top identified trend. It was discussed in depth that Covid-19 impacted substance usage substantially among high school-aged youth. This includes alcohol consumption, marijuana usage, and use of e-cigarettes, and vaping.

Adult Binge Drinking

Percentage of adults reporting binge or heavy drinking.



Data Source: WY BRFSS

Category: **Health Behaviors and Health Outcomes**

Theme: Violence, Abuse, and Neglect

Wyoming has the third-highest percentage of children who experience adverse childhood experiences (ACEs) in the country. One-quarter of children in Wyoming have experienced two or more of the following events, which have been proven to affect long-term mental and physical health:

- poverty, violence in the home
- victim/witness of neighborhood violence
- lived with someone who struggles with mental illness or substance misuse/abuse
- had a parent or guardian divorced or separated

(National Survey of Children's Health, 2019). Additionally, there are a limited number of local pediatricians and nurses who are trained, qualified, and willing to perform sexual assault exams (Community Behavioral Health Needs Assessment, 2021).

14% of the community reported having been hit, slapped, pushed, kicked, or hurt by an intimate partner (Community Behavioral Health Needs Assessment, 2021).

In the 2023 Community Health Survey, angry behavior/violence was the third most listed risky behavior identified by all respondents as a concern in Teton County. Abuse (physical, emotional, psychological) was the third most pressing community health issue listed by all respondents and the second most pressing community health issue listed by non-U.S.-born respondents. U.S.-born respondents listed abuse as the fourth most pressing health issue.

Category: **Social Determinants of Health**

Theme: Access to Healthcare

Wyoming has 212 physicians per 100,000 people (the fourth-lowest state average), compared to the 283 physicians per 100,000 national average (State Physician Workforce Data report, 2022).

In Teton County, 15% of children do not have health insurance, compared to the 12% rate of children in Wyoming (Small Area Health Insurance Estimates- Census Bureau).

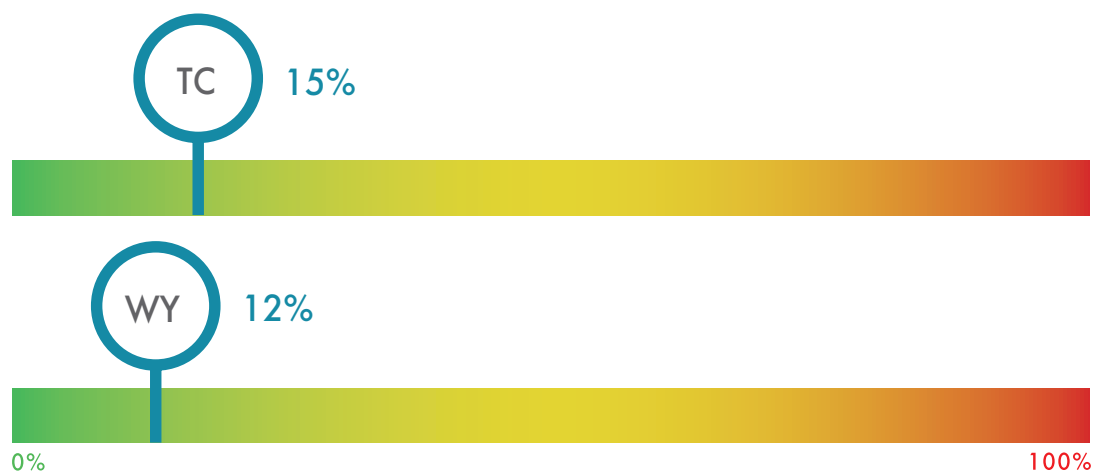
In 2020, Wyoming ranked 48th among states for retaining physicians who complete a residency in-state. The rate Wyoming's medical school graduates who stayed in the region to practice medicine was 56% (Center for Health Workforce Studies WWAMI AHEC report, 2022).

In the 2023 Community Health Survey, access to healthcare was the top-listed factor for a healthy community by all respondents. Access to healthcare was listed as the most important issue for a healthy community by both U.S.-born and non-U.S.-born respondents.

The senior focus group identified the challenge of getting an appointment with the provider they prefer or need due to long waiting lists. The focus group also discussed a lack of OB/GYN care in our community for women.

Children without Health Insurance

Percentage of those under age 19 without health insurance.



Data Source: Small Area Health Insurance Estimates – Census Bureau

Category: **Social Determinants of Health**

Theme: Safe and Affordable Housing

The median sale price of single-family homes in Teton County exceeds 200% of area median income (AMI) in all markets, meaning that even households earning in excess of \$200,000 may have trouble purchasing a home. Overall, 29% of homeowners and nearly half (46%) of renters are cost-burdened, which means a housing payment—rent or mortgage plus tax, insurance, and utilities—exceeds 30% of one's gross income (Teton Region Housing Needs Assessment, 2022). Overall, 11% of all households spend more than 50% of their income on housing.

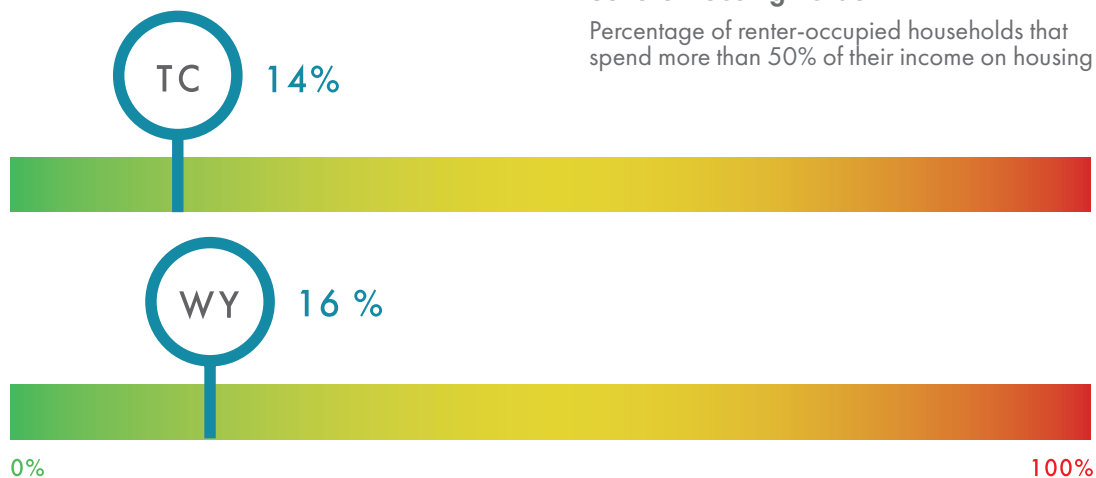
14% of all renters spend more than 50% of their income on housing, compared to only 9% of all homeowners (HUD Comprehensive Housing Affordability Strategy data, 2016-2020).

In Teton County, 30% of the total households surveyed have at least one of four housing problems: cost burden greater than 30%, incomplete kitchen facilities, incomplete plumbing facilities, more than one person per bedroom. In addition, 40% of renting households, compared to 23% of homeowners, experience one of four housing problems (HUD Comprehensive Housing Affordability Strategy data, 2016-2020).

The senior focus group stated the following in regard to safe and affordable housing options:

- There is a lack of affordable housing options for seniors. The one available option is poorly maintained, both internally and externally, and has long waiting lists for residents.
- Residents feel trapped during the winter due to the lack of sidewalk maintenance, which has resulted in several injuries from falls.
- High property taxes are causing longtime homeowners and community members to leave Teton County.

Among the youth-based focus group, affordable housing was identified as the highest-priority factor they would want to change about our community.



Data Source: HUD Comprehensive Housing Affordability Strategy data, 2016-2020

Category: **Systems of Power, Privilege, and Oppression**

Theme: Good Jobs and Healthy Economy

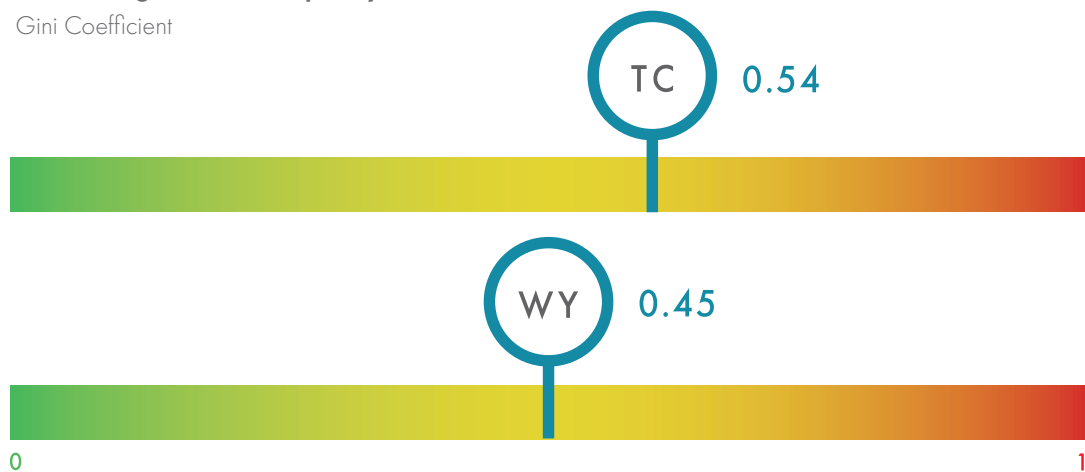
The Gini Index measures how income is distributed in a community, with a score of zero representing total equality (all individuals have the same income) and a score of 1 representing maximum inequality (a single individual has all the income while other individuals have none). In Teton County, that number is 0.54, which is statistically worse than the scores for Wyoming (0.45) and the U.S. (0.48) (American Community Survey 5-year Estimates).

The average cost of a nutritious and adequate meal in Teton County is \$5.06, compared to the Wyoming state average of \$3.50 (Feeding America 2023). Further, census participation in Teton County is statistically worse (41%) than the rest of Wyoming (65%).

In the 2023 Community Health Survey, good jobs and a healthy economy was the third most listed important factor for a healthy community by U.S.-born and non-U.S.-born respondents. Dropping out of school was the second most listed risky behavior identified by all respondents.

Measuring Income Inequality

Gini Coefficient



Data Source: American Community Survey 5 – year Estimates

Category: **Community Strengths and Organizational**

Theme: Positive Indicators

Due to the efforts of nonprofits, government entities, and others, Teton County provides a comprehensive array of services that enhance the community and improve the quality of life for citizens.

The following community health outcome metrics are all trending in a positive direction in this county, meaning Teton County is doing better in these areas than HP2030 goals and/or the state of Wyoming:

- Life expectancy
- Premature death
- Poor or fair health
- Poor or fair mental health days
- Diabetes prevalence
- High school completion
- Adult obesity
- Physical inactivity
- Teen births
- Insufficient sleep
- Dental care
- Higher education,
- Child poverty
- Gender pay gap
- Injury deaths
- Age-adjusted suicides
- Firearm fatalities
- Motor vehicle crash deaths
- Broadband access



DATA
ANALYSIS

Community Health Survey

DATA ANALYSIS

2023 Community Health Survey

A qualitative survey, called the 2023 Community Health Survey, was designed to gauge residents' perceptions of the health and quality of life in Teton County. The HTC core committee adapted the survey used in the 2021 CHNA process to ensure relevance and cultural sensitivity. Additional edits were made to the survey after a cultural competency review was conducted by Voices JH. These edits included considerations of language and context to ensure inclusivity. The survey was available in English and Spanish, both in print and online.

To ensure widespread distribution, multiple data collection methods were utilized, including:

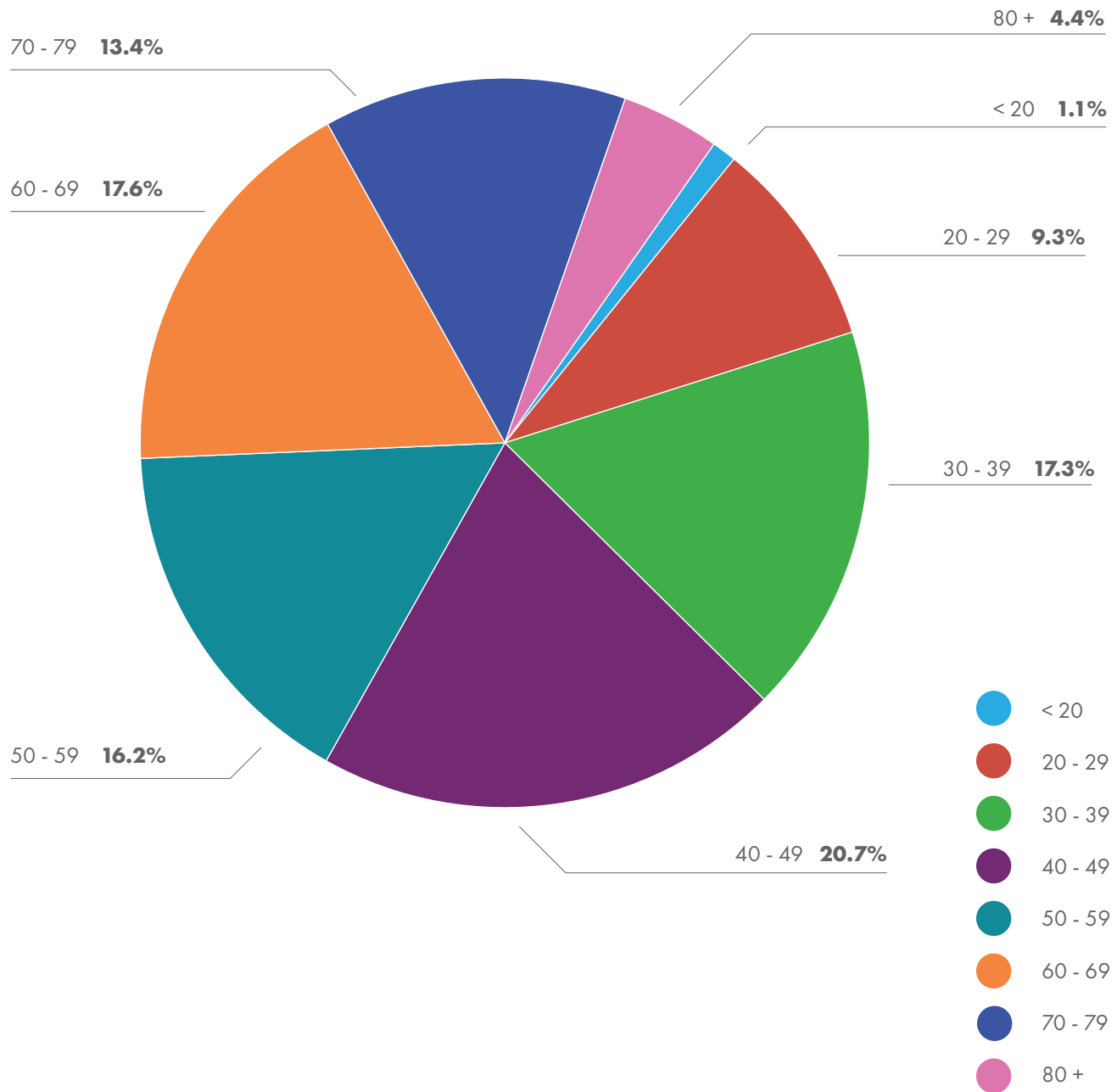
- Promotion of the survey online through social media channels and local media outlets
- Distribution of surveys to community social services and nonprofit partners
- Use of TCHD's community health outreach workers to collect survey responses at large community events
- Partnership with large employers for survey distribution to employees
- Collection of surveys from SJH patients during the appointment intake process

The core committee's target response rate was 1,500 surveys. When the survey period ended on December 15, 2023, community members had completed a total of 1,777 questionnaires. If a respondent did not answer a question on the survey, that respondent was not counted in the number of responses for that question.

*Please note: Survey data only describe individuals' perceptions about health and quality of life in the Greater Teton area and do not describe the true prevalence of health issues. Participants were able to decide what language they would like to use to complete the survey. Spanish-language responses could be from any community member who speaks Spanish. Previous CHNA reports showed Spanish-speaking respondents vs. non-Spanish-speaking responses. Due to the cultural changes in the survey compared to the last iteration, HTC will now show U.S.-born responses vs. non-U.S.-born responses.

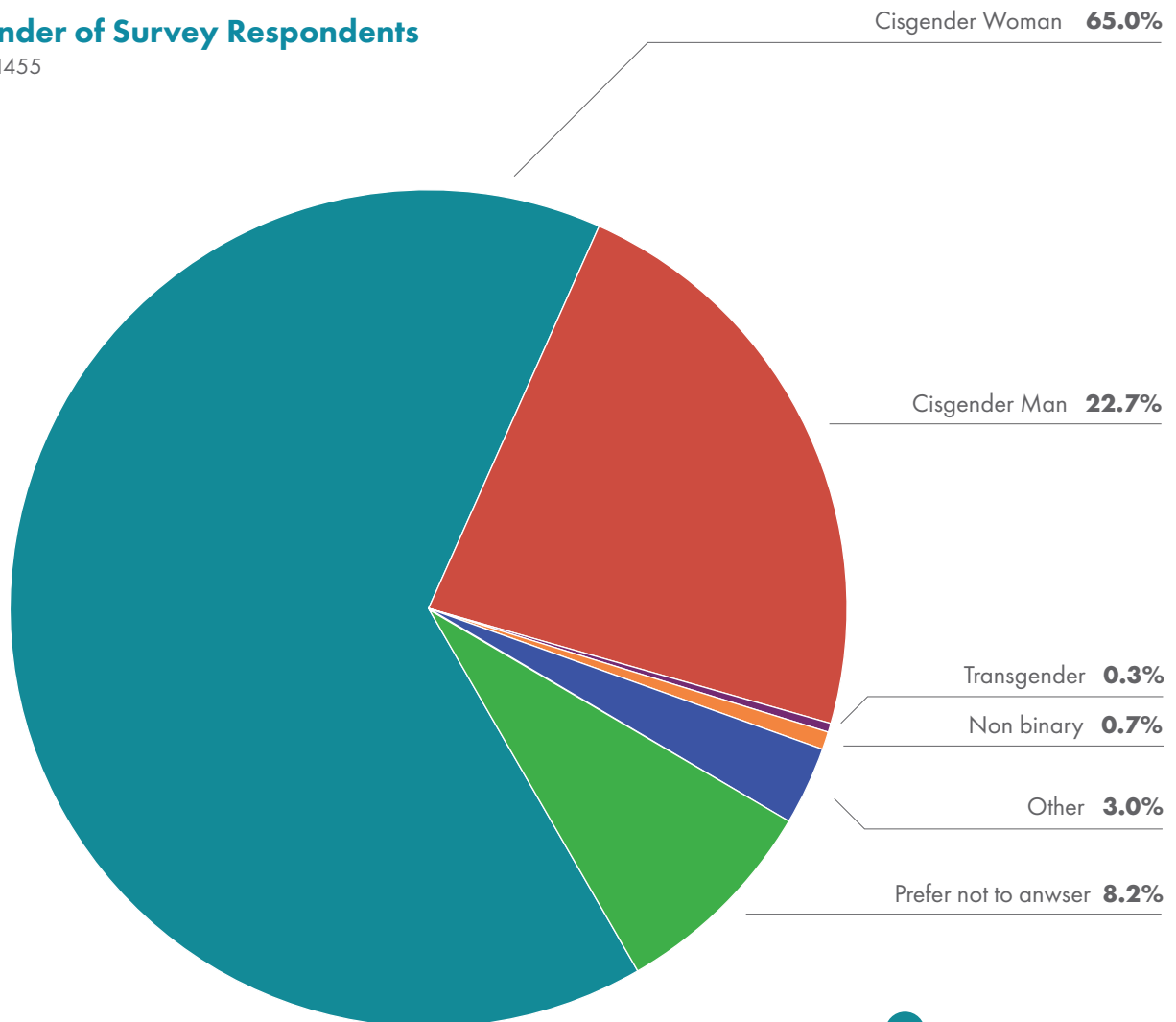
Age of Survey Respondents

N = 1466



Gender of Survey Respondents

N = 1455



DEFINITIONS

Cisgender Woman – assigned female gender at birth and identifies as a woman.

Cisgender Man – assigned male gender at birth and identifies as a man.

Transgender Woman – assigned male gender at birth and identifies as a woman.

Transgender Man – assigned female gender at birth and identifies as a man.

Nonbinary/Genderqueer – doesn't exclusively identify as a man or woman; doesn't categorize themselves as either a man or woman.

Two-Spirit – identifies as having both a masculine and a feminine spirit. (This term is used by some Indigenous people to describe their sexual, gender, and/or spiritual identity.)

- Cisgender Woman
- Cisgender Man
- Transgender
- Non binary
- Other
- Prefer not to answer

Sexual Orientation of Survey Respondents

N = 1338

| Sexual Orientation | Percent |
|-----------------------|---------|
| Asexual | 0.3% |
| Bisexual | 2.4% |
| Bisexual/Asexual | 0.1% |
| Bisexual/Queer | 0.1% |
| Gay | 0.7% |
| Lesbian | 0.5% |
| Lesbian/Queer | 0.1% |
| Other | 1.0% |
| Pansexual | 0.8% |
| Queer | 1.0% |
| Straight/Heterosexual | 92.8% |
| Prefer not to answer | 0.1% |

DEFINITIONS

Straight/Heterosexual – a person who is physically or romantically attracted to individuals of the opposite sex.

Lesbian – a woman who is physically or romantically attracted to another woman.

Gay – a person who is physically or romantically attracted to someone of the same sex.
This term is usually used to refer to men only.

Bisexual – an individual who is physically or romantically attracted to both men and women, or more than one sex or gender.

Asexual – a person who experiences little to no physical or romantic attraction to anyone.

Pansexual – a person who is physically or romantically attracted to people of all genders.

Queer – a person who doesn't fit neatly into identities, like male or female, gay or straight. Queer is a term used to express that sexuality and gender can be complicated, change over time, and might not fit neatly into a category.

Race and Ethnicity of Survey Respondents

N = 1508

| Race/Ethnicity | Percent |
|--|---------|
| African; Latina/Latino/Latine/Latinx/Latin@/Hispanic; White | 0.1% |
| African; White/European; Prefer not to answer | 0.1% |
| Asian | 0.7% |
| Asian American | 0.7% |
| Asian American; Latina/Latino/Latine/Latinx/Latin@/Hispanic | 0.1% |
| Asian American; White/European | 0.1% |
| Asian; White/European | 0.2% |
| Black/African American | 0.2% |
| Black/African American; Latina/Latino/Latine/Latinx/Latin@ | 0.1% |
| Black/African American; Native American/Indigenous/Alaska Native | 0.1% |
| Black/African American; Pacific Islander/Native Hawaiian; Latina | 0.1% |
| Black/African American; White/European | 0.1% |
| Latina/Latino/Latine/Latinx/Latin@/Hispanic | 12.3% |
| Latina/Latino/Latine/Latinx/Latin@/Hispanic; White/European | 0.4% |
| Middle Eastern/North African | 0.2% |
| Native American/Indigenous/Alaska Native | 0.7% |
| Native American/Indigenous/Alaska Native; White/European | 0.2% |
| Other | 1.5% |
| Prefer not to answer | 6.5% |
| Prefer not to answer; White/European | 0.1% |
| White/European | 75.3% |
| White/European; Asian American | 0.1% |
| White/European; Latina/Latino/Latine/Latinx/Latin@/Hispanic | 0.2% |
| White/European; Middle Eastern/North African | 0.1% |
| White/European; Native American/Indigenous/Alaska Native | 0.1% |
| White/European; Pacific Islander/Native Hawaiian | 0.1% |

Highest Level of Education of Survey Respondents

N = 1494

| Education Level | Percent |
|----------------------------|---------|
| Less than high school | 2.9% |
| High school diploma or GED | 12.4% |
| College degree | 46.3% |
| Master's degree or higher | 24.9% |
| Other | 1.9% |
| Prefer not to answer | 4.4% |
| Technical degree | 7.2% |

Total Annual Income of Survey Respondents

N = 1336

| Income Level | Percent |
|-----------------------|---------|
| Less than \$20,000 | 4.0% |
| \$20,000 - \$29,000 | 4.0% |
| \$30,000 - \$39,000 | 12.3% |
| \$40,000 - \$49,000 | 5.9% |
| \$50,000 - \$59,000 | 5.9% |
| \$60,000 - \$69,000 | 5.8% |
| \$70,000 - \$79,000 | 5.3% |
| \$80,000 - \$89,000 | 6.7% |
| \$90,000 - \$99,000 | 4.6% |
| \$100,000 - \$124,000 | 11.8% |
| \$125,000 - \$149,000 | 9.2% |
| \$150,000 - \$174,000 | 6.1% |
| \$175,000 - \$199,000 | 4.4% |
| \$200,000 or more | 14.1% |

Survey Responses to:

"How long have you lived in Teton County?"

N = 1490

| Years | Percent |
|----------------------|---------|
| 0 to 5 years | 18.5% |
| 6 to 10 years | 14.6% |
| 11 to 15 years | 10.4% |
| 16 years or longer | 53.0% |
| Prefer not to answer | 3.5% |

Survey Responses to:

"How long do you plan to stay in the area?"

N = 1380

| Months/Years | Percent |
|----------------------|---------|
| Less than 6 months | 1.2% |
| 6 months to 1 year | 2.5% |
| 1 to 3 years | 5.4% |
| 3 to 5 years | 7.4% |
| 5 to 10 years | 12.3% |
| More than 10 years | 60.4% |
| Prefer not to answer | 10.8% |

Overall Quality of Life Responses

When asked to **describe their quality of life** in Teton County, almost all respondents selected either “very good” or “good.” Only 3.9% of respondents reported their quality of life as “poor” or “very poor.”

N = 1697

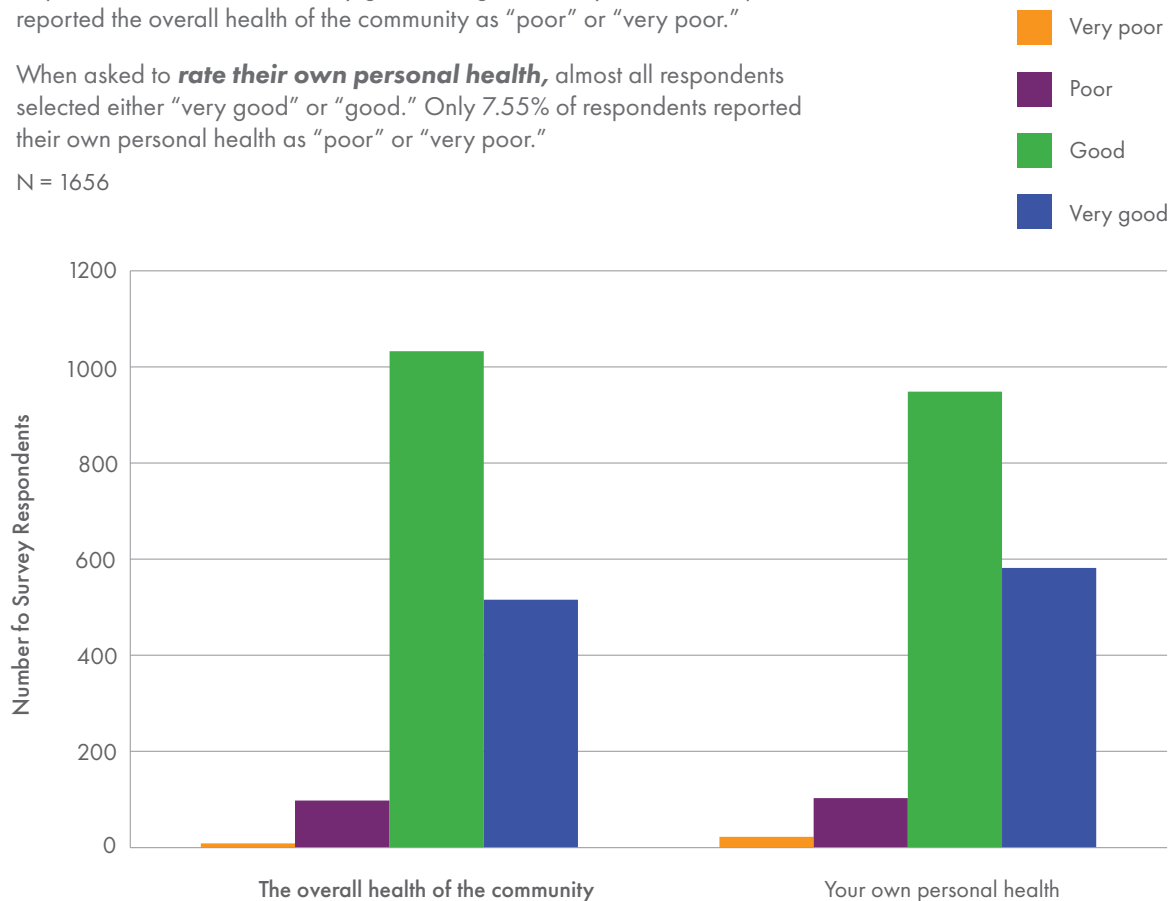
| Survey Respondents’ Reported Quality of Life | Percent |
|--|---------|
| Very good | 55.4% |
| Good | 40.7% |
| Poor | 2.8% |
| Very poor | 1.1% |

Overall Health of the Community Compared to Your Own Personal Health

When asked to **rate the overall health of the community**, almost all respondents selected either “very good” or “good.” Only 6.46% of respondents reported the overall health of the community as “poor” or “very poor.”

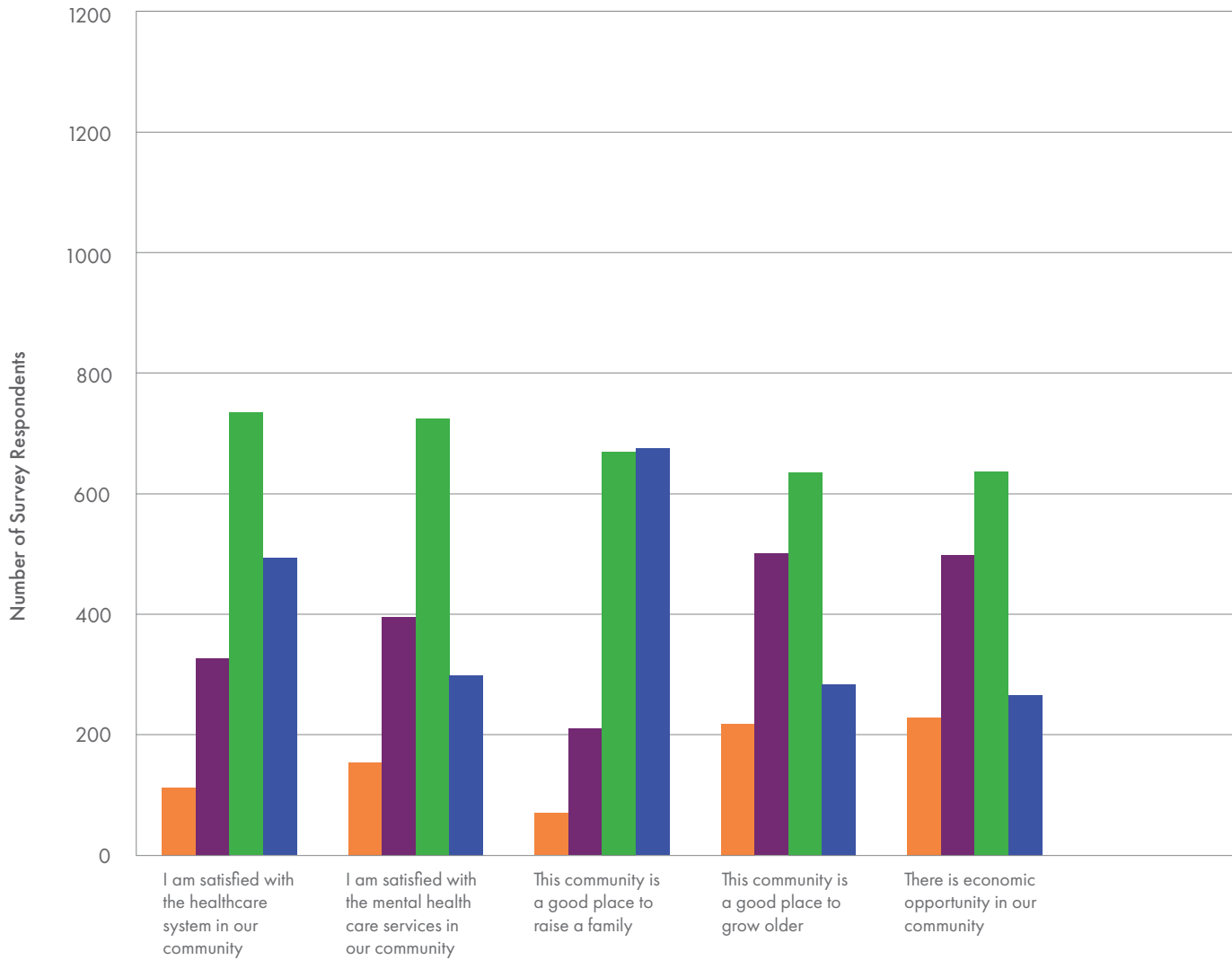
When asked to **rate their own personal health**, almost all respondents selected either “very good” or “good.” Only 7.55% of respondents reported their own personal health as “poor” or “very poor.”

N = 1656

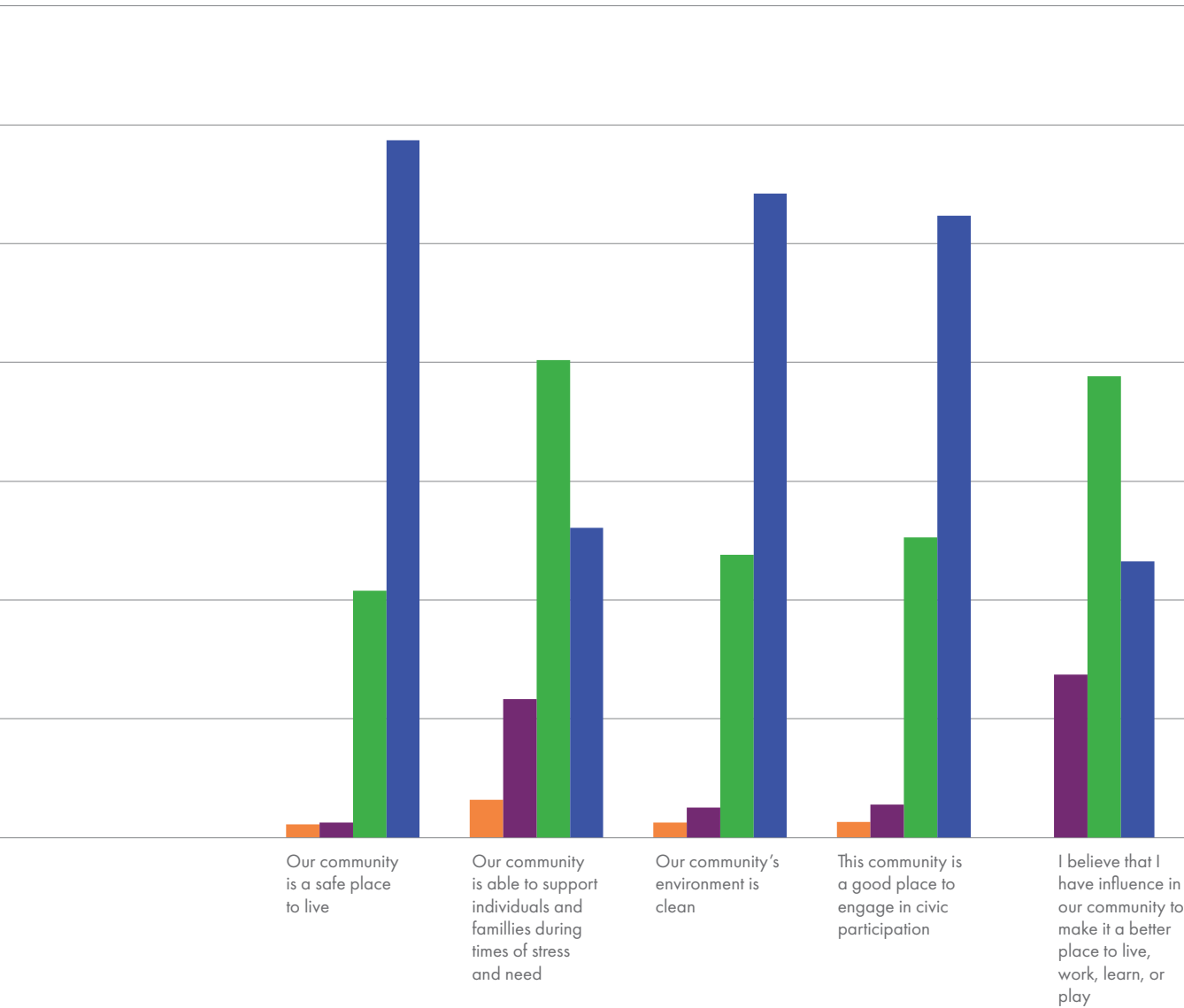


Satisfaction with Community Elements

The survey contained a series of questions asking about the respondents' satisfaction with various elements within the community. Answer options were "strongly agree," "somewhat agree," "somewhat disagree," and "strongly disagree."

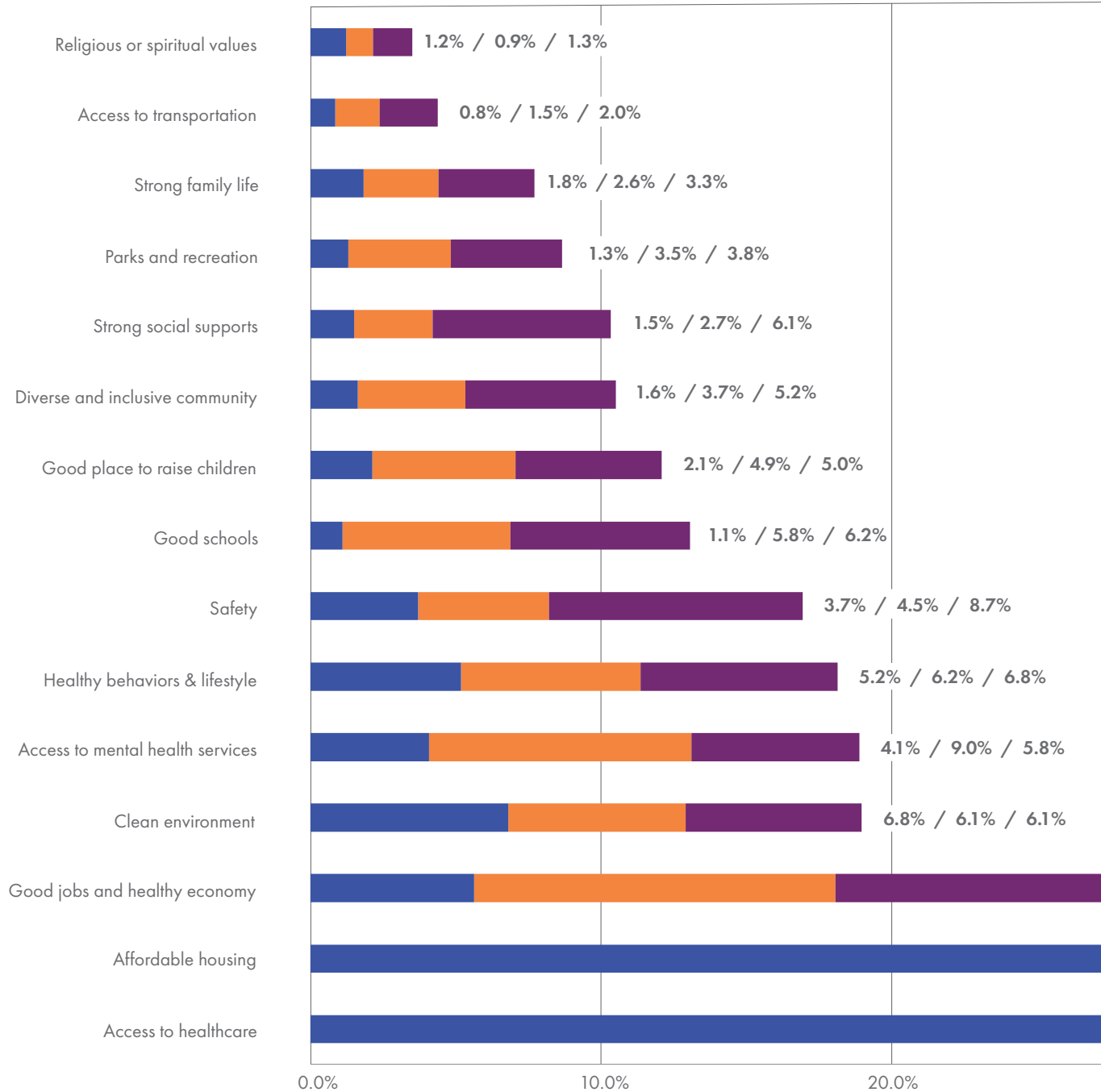


**Satisfaction with
Community Elements**
(continued)



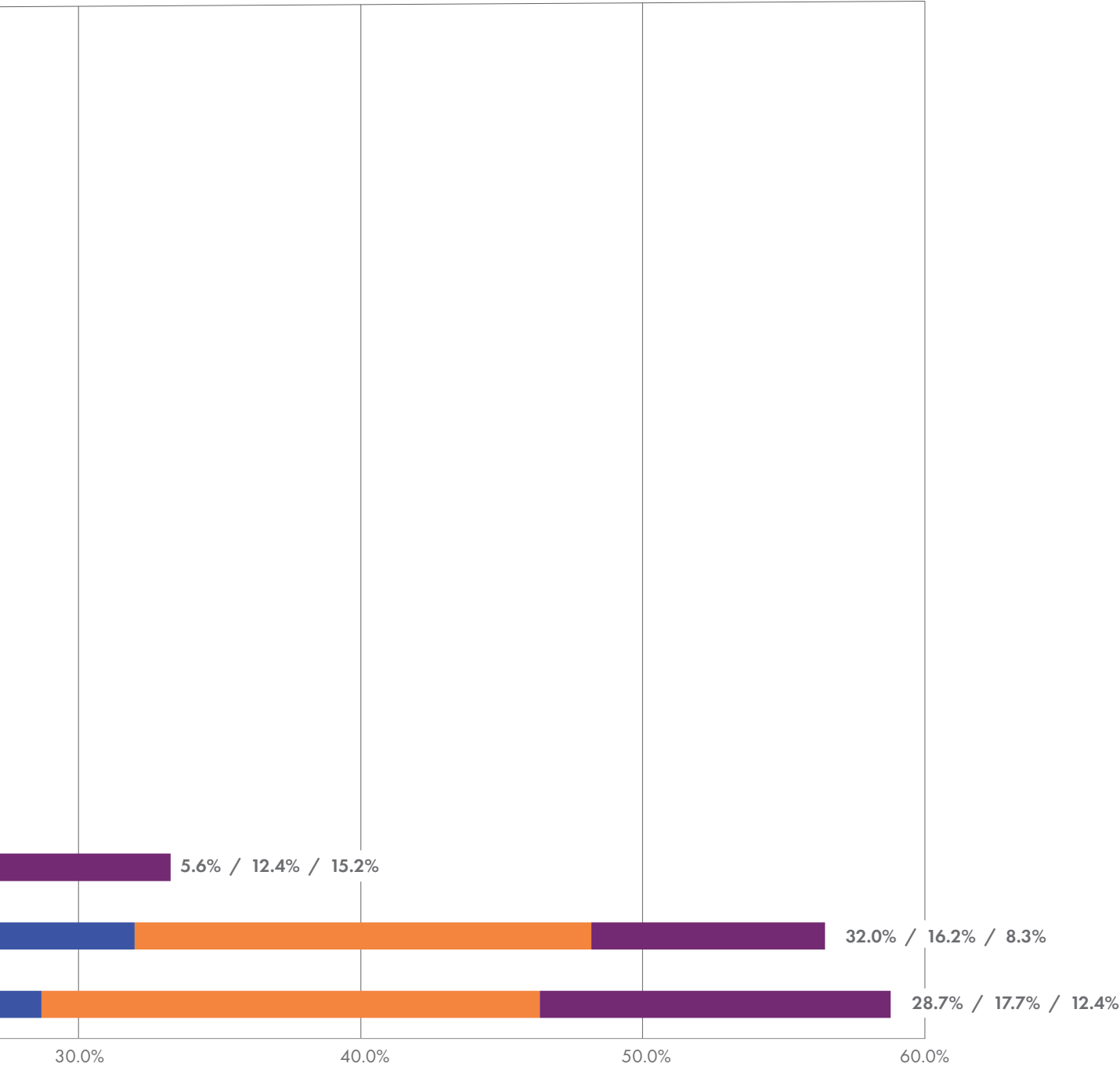
Most Important Things for a Healthy Community

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



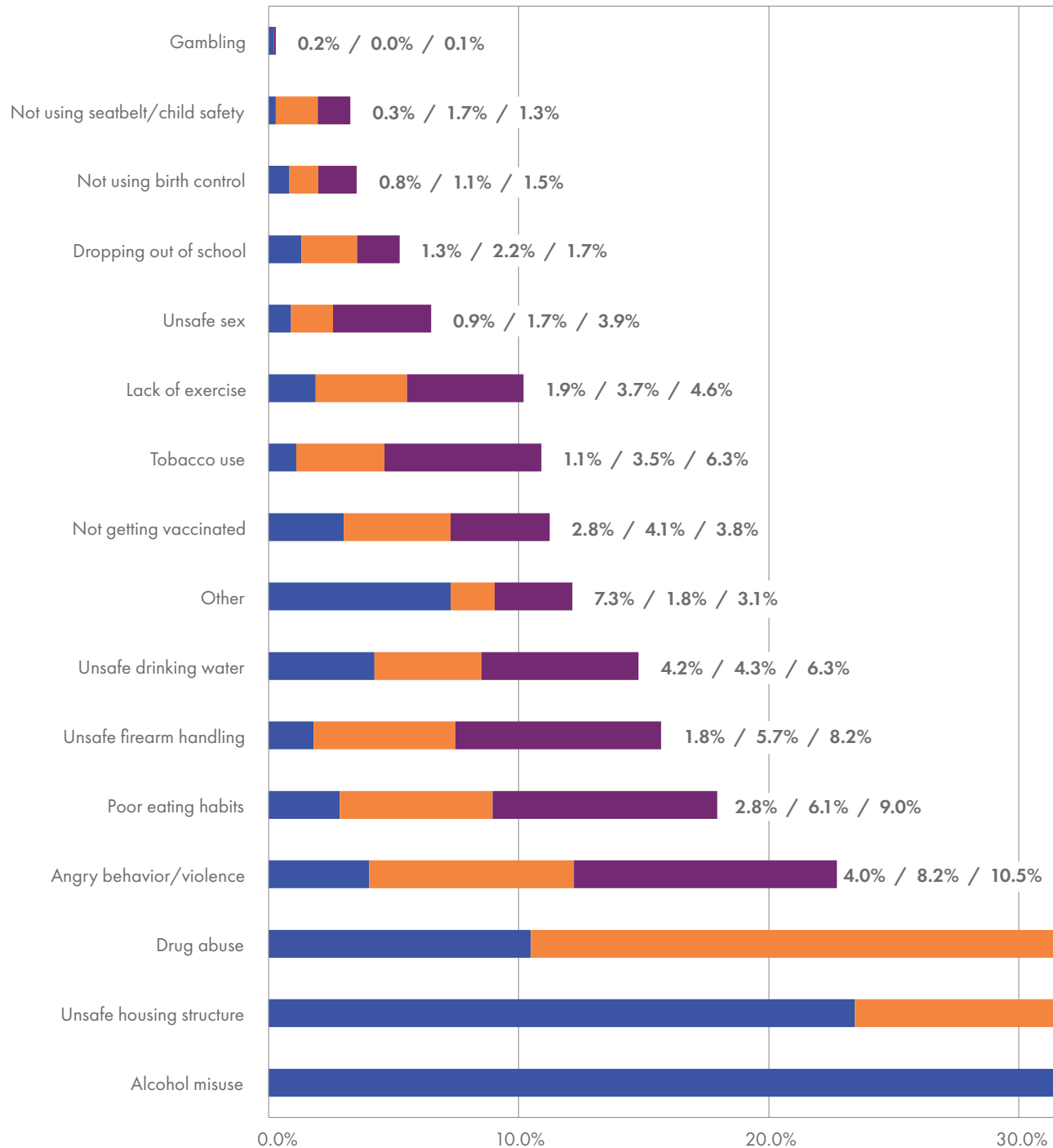
Most Important Things
for a Healthy Community
(continued)

- First most important
- Second most important
- Third most important



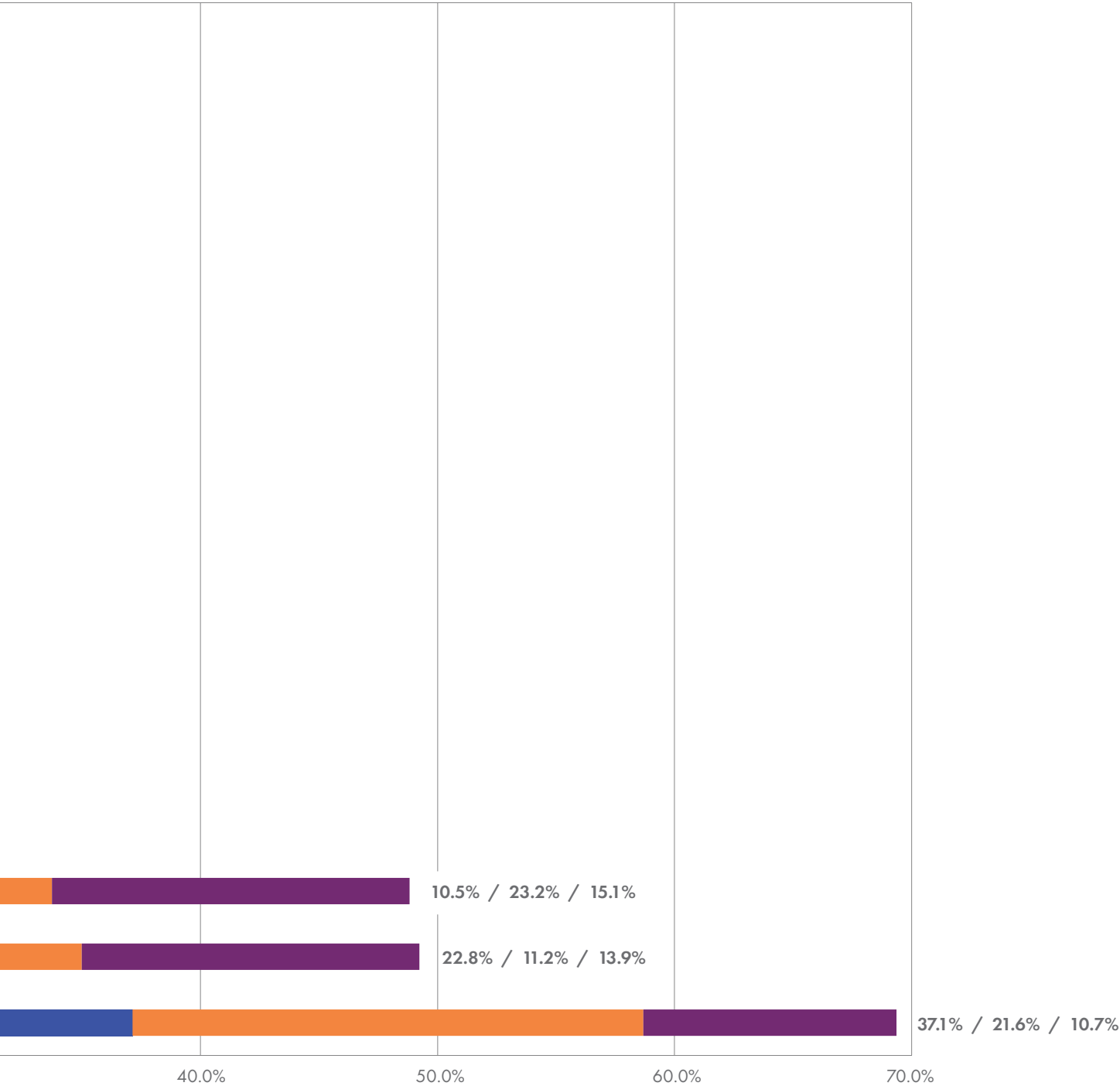
Main Risk Factors that Need to be Addressed in the Community

Respondents were asked to select and rank the top three risk factors that most need to be addressed in the community.



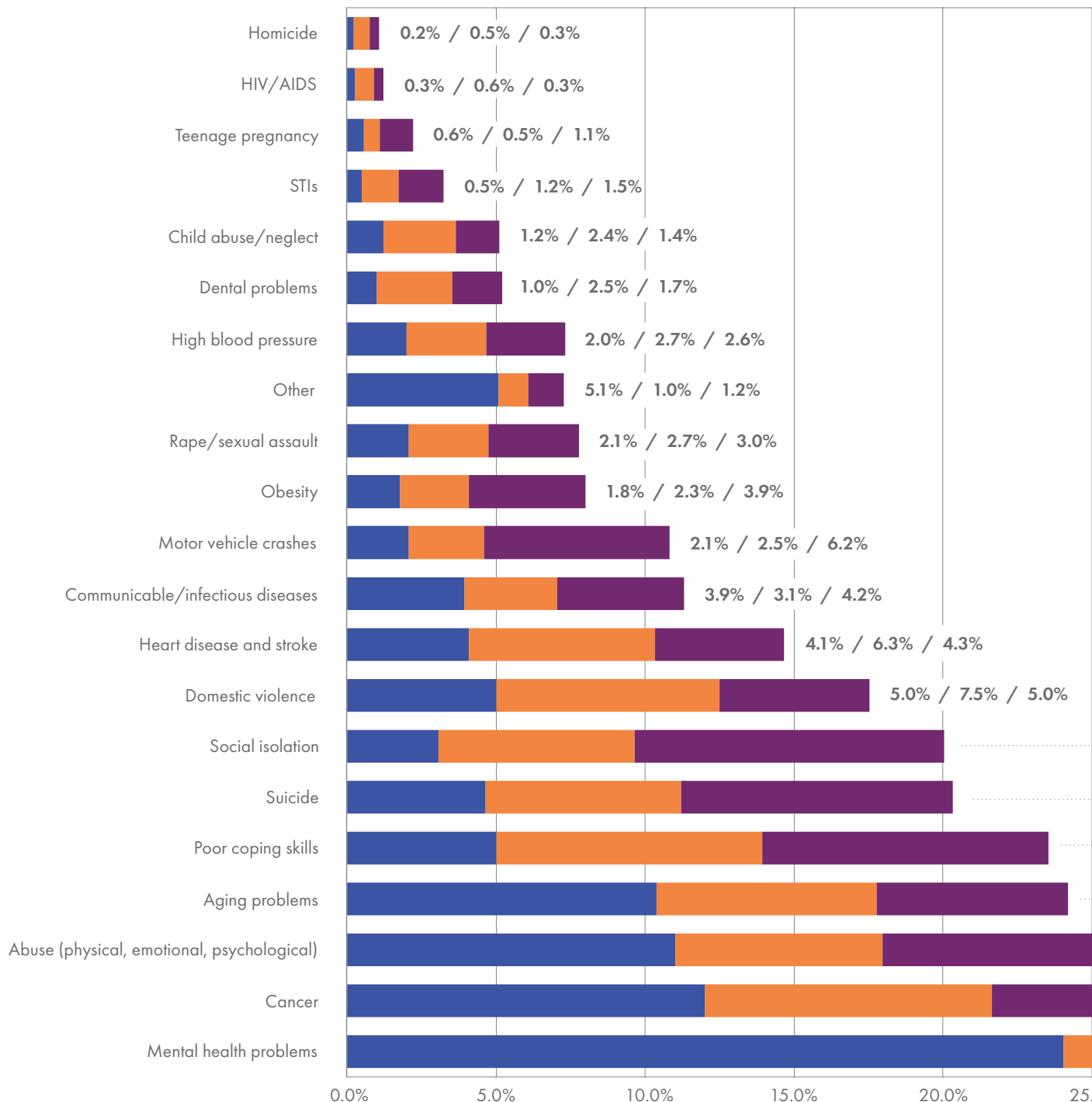
Main Risk Factors that
Need to be Addressed
in the Community
(continued)

- First most important
- Second most important
- Third most important



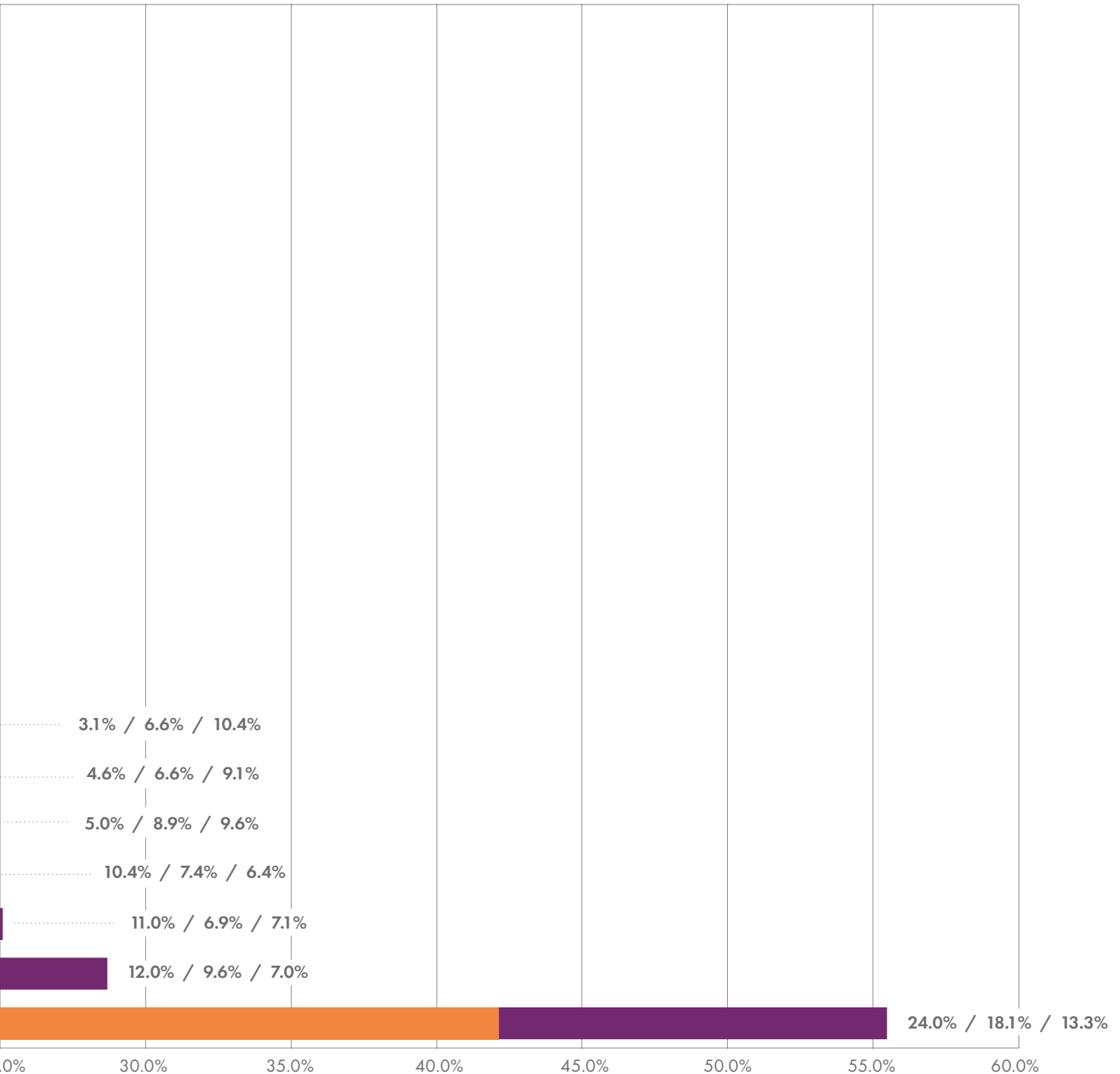
The Most Important Health Problems

Respondents were asked to select and rank the most important health problems in the community.



**The Most Important
Health Problems**
(continued)

- First most important
- Second most important
- Third most important



U.S.-Born vs. Non-U.S.-Born Survey Differences

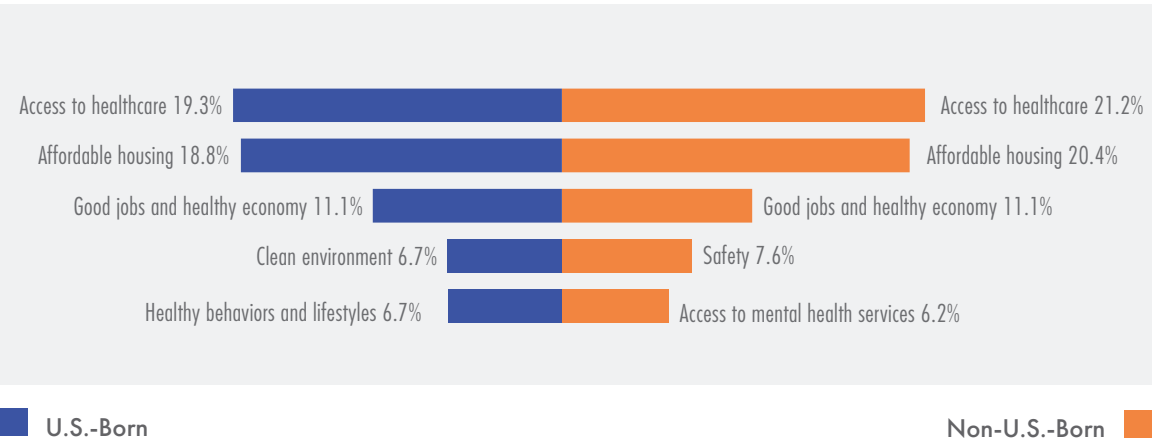
The non-U.S.-born respondents produced slightly different results for certain questions, as detailed below. These differences are important to note as they may guide implementation strategies and future interventions.

Survey Respondents' Differences in Perception of the Most Important Factors for a Healthy Community

Both U.S.-born and non-U.S.-born respondents ranked access to healthcare, affordable housing, and good jobs and healthy economy as their top three most important factors for a healthy community.

U.S.-born respondents ranked clean environment and healthy behaviors and lifestyles in the top five, while non-U.S.-born respondents ranked safety and access to mental health services in the top five.

| Top Important Factors for a Healthy Community | U.S.-Born Respondents | Non-U.S.-Born Respondents |
|---|---------------------------------|----------------------------------|
| 1 | Access to healthcare | Access to healthcare |
| 2 | Affordable housing | Affordable housing |
| 3 | Good jobs and healthy economy | Good jobs and healthy economy |
| 4 | Clean environment | Safety |
| 5 | Healthy behaviors and lifestyle | Access to mental health services |

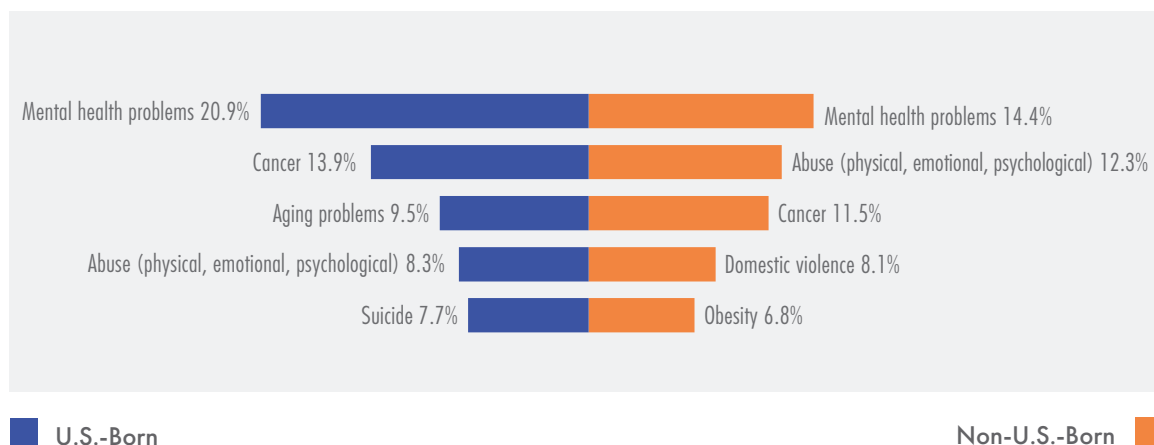


U.S.-Born vs. Non-U.S.-Born Survey Differences

Survey Respondents' Differences in Perception of the Most Important Health Problems in the Community

Respondents selected mental health problems and cancer in the top three health problems that need to be addressed by the community, and abuse (physical, emotional, psychological) in the top five health problems. U.S.-born respondents also ranked aging problems and suicide in the top five, while non-U.S.-born respondents ranked domestic violence and obesity in the top five.

| Most Important Health Problems in the community | U.S.-Born Respondents | Non-U.S.-Born Respondents |
|---|--|--|
| 1 | Mental health problems | Mental health problems |
| 2 | Cancer | Abuse (physical, emotional, psychological) |
| 3 | Aging problems | Cancer |
| 4 | Abuse (physical, emotional, psychological) | Domestic violence |
| 5 | Suicide | Obesity |

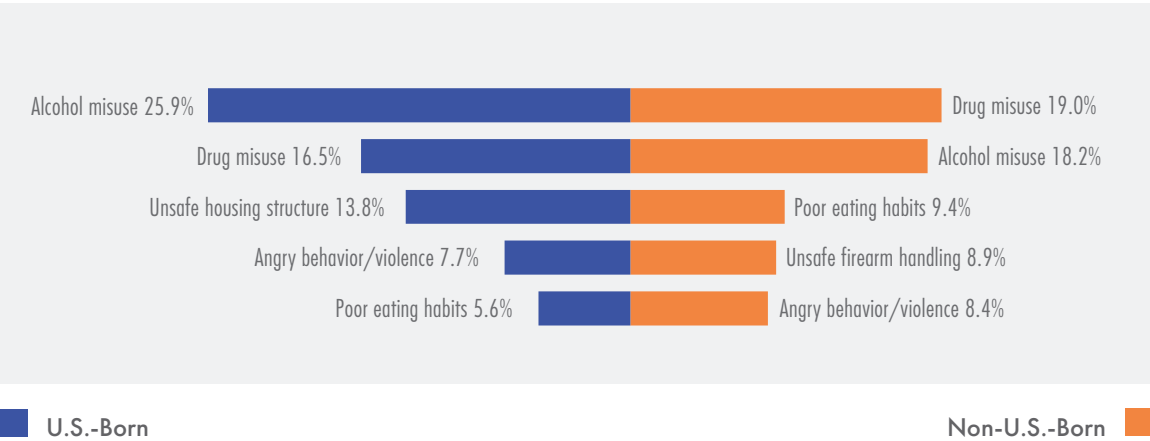


U.S.-Born vs. Non-U.S.-Born Survey Differences

Survey Respondents' Differences in Perception of the Main Risk Factors that Need to Be Addressed in the Community

Respondents who were born in the U.S. selected alcohol misuse, drug misuse, and unsafe housing structure as Teton County's three most concerning risky behaviors; while non-U.S.-born respondents ranked drug misuse, alcohol misuse, and poor eating habits in the top three. Both groups ranked angry behavior/violence in the top five most concerning risky behaviors. U.S.-born respondents also ranked poor eating habits in the top five, while non-U.S.-born respondents ranked unsafe firearm handling in the

| Main Risk Factors that Need to Be Addressed the Community | U.S.-Born Respondents | Non-U.S.-Born Respondents |
|---|--------------------------|---------------------------|
| 1 | Alcohol misuse | Drug misuse |
| 2 | Drug misuse | Alcohol misuse |
| 3 | Unsafe housing structure | Poor eating habits |
| 4 | Angry behavior/violence | Unsafe firearm handling |
| 5 | Poor eating habits | Angry behavior/violence |



DATA ANALYSIS

Focus Groups

Focus group participants included high school students and users of the Senior Center of Jackson Hole (SCJH). During the focus group sessions, community members participated in a collaborative activity to identify various trends, events, and factors that impact individuals and the community at large. Following the activity, the group members participated in a discussion for further

feedback on strengths, weaknesses, and barriers to health in our community. The focus group data provided context on pressing issues these groups experience and changes needed for future well-being.

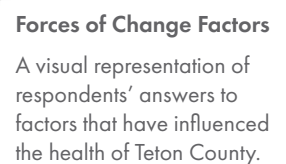
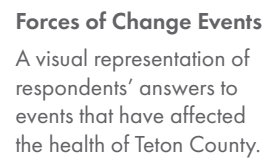
Questions and full results from the focus groups can be found at [healthytetoncounty.org](https://www.healthytetoncounty.org)

DATA ANALYSIS

Forces of Change

The Forces of Change Assessment gathered input on the overarching factors, trends, and events that are currently affecting Teton County, have the potential to affect Teton County in the future, or have previously affected Teton County. The assessment was conducted as part of each focus group and as an initial activity at the Steering Committee Meeting on March 5, 2024. The attendees of the Steering Committee Meeting were

sent a survey prior to the meeting asking them to identify trends, events, and factors that have affected the health of our community in the last two years. The responses were reviewed during the meeting and participants had a chance to add additional information. The word clouds provide a snapshot of the responses.





A visual representation of respondents' answers to trends that have affected the health of Teton County.

DATA ANALYSIS

Community Partner Assessment (CPA)

On October 20, 2023, HTC hosted the CPA meeting. Forty community entities were invited to join this process in Teton County. Of the 40 invited, 16 agencies were able to attend. In addition to the meeting activities, a CPA survey was sent to all relevant community partners to gauge the type of involvement each entity has in Teton County and the various populations each agency serves. Twenty-two organizations completed the survey. During the CPA meeting, activities were conducted to learn more about health equity, community engagement, the 10 Essential Services of Public Health, and how to move work more upstream of the current problems. The main activities used to understand the current work done in our community's public health system are described below.

10 Essential Public Health Services

This activity introduced the services related to public health and how they connect to our local public health system's collective work to promote community well-being. Partners were asked to write on colored sticky notes the top 5 to 10 activities of their organization. These notes were then attached to the correlating public health services. Once this process was complete, the group reflected on the services currently being worked on in Teton County, those that are missing from the county/CPA-partner meeting, etc.

On-the-River Activity

The purpose of this activity was to encourage discussions about how our public health systems can move upstream in the ways we listen, decide what to speak up about, and set priorities for our local, regional, or state organizations. Partners were first introduced to the "on-the-river" narrative, which is a common metaphor for understanding system-level work.

The definitions for each method of intervention (upstream, midstream, and downstream) were provided, along with examples for individual- and community-level impact. Partners were then asked to write on sticky notes their own organizations' interventions in the public health system and plot them along the diagram. After participation from all group members, the group reflected on the patterns and themes of the responses.

To see the full results from each activity, please visit: healthytetoncounty.org

DEVELOPING THEME PROFILES

Steering Committee Meeting

On March 5, 2024, HTC hosted a steering committee meeting. Of the 63 agencies invited, 25 attended. Each community entity received a Forces of Change assessment survey prior to the meeting. The survey asked respondents about trends, events, and factors impacting our local public health system/community. At the meeting, data from the three assessments were presented. The core committee members presented the triangulation methods and how they were used to categorize the identified themes. Steering committee members were asked to provide more information on the themes through two activities: the Five W's and a Tree-Branch-Root Cause Analysis. The information from the steering committee meeting will be used to develop issue profiles for each theme.

Who, How, What, When, Where

The purpose of this activity is to understand the background of how and why an issue is occurring. Steering committee members broke into small groups, which were asked to determine:

- Who is affected by the theme?
- How big is the issue?
- What contributes to the issue?
- When and where is the issue most likely to occur?

After the small-group discussion, the larger group reflected on what was brainstormed. The results from this activity added context and understanding to how the issues show up in the community.

Tree-Branch-Root Cause Analysis

The same small groups were asked to explore all the potential root causes of the themes using a tree-branch-root diagram. This included brainstorming categories for why the theme is occurring in Teton County and listing them at the ends of the branches on the diagram. Examples of categories included behaviors, funding, environment, culture, and more. The groups then brainstormed all potential reasons for the occurrence of these categories, noting them along the branches. Each institutional/systemic category was displayed as a “root” of the tree. A graphic of the Tree-Branch-Root Cause Analysis activity can be seen below.

To see the full results from each activity, please visit: [healthytetoncounty.org](https://www.healthytetoncounty.org)

Next Steps

The next steps for the HTC are to work with community members to prioritize the themes/issue statements and then develop implementation plans. Implementation plans will include target measures, intended actions to be taken, and identification of key community partners. This Community Health Improvement Plan will be published later in 2024.

Appendix

TERMINOLOGY

CCA – *Community Context Assessment*

CDC – *Centers for Disease Control and Prevention*

CHI – *Community Health Improvement*

A long-term (3-5-year), community-wide strategic planning process to improve a community's health outcomes. CHI engages members and organizations that contribute to public health in a comprehensive assessment, identification of priority issues, development of action steps to address issues and implementation, and evaluation of those steps.

CHIP – *Community Health Improvement Plan*

A strategy that a community develops to describe how it will work together to address the public health problems highlighted in the community health assessment. CHIPs are typically updated every three to five years.

CHNA – *Community Health Needs Assessment*

An evaluation of a community's health and issues at the state, tribal, local or territorial level based on systematic, comprehensive data collection and analysis. Nonprofit hospitals develop CHNAs.

CPA – *Community Partner Assessment*

CSA – *Community Status Assessment*

Forces of Change – Trends, factors, and events currently or historically at play in the community that impact community health and well-being

Health Behavior – An action people take that affects their health positively (e.g., exercise) or increases their risk for disease (e.g., smoking)

Health Disparity – The differences in health outcomes or access

Health Equity – Highest level of health for all

LPHS – *Local Public Health System*

MAPP – *Mobilizing for Action through Planning and Partnership*

NACCHO – *National Association of County and City Health Officials*

SDOH – *Social Determinants of Health*

Downstream – Services focusing on the immediate health needs of a population

Upstream – Services focusing on macro-level factors, such as structures and systems

Data Sources and Community Resources

Teton County Community Behavioral Health Needs Assessment, 2021

https://mentalhealthandrecoveryjh.org/wp-content/uploads/2021/12/Teton-County-Behavioral-Health-Report_11-12-21_vF.docx.pdf

Teton Region Housing Needs Assessment, 2022

<https://www.tetoncountywy.gov/DocumentCenter/View/21911/2022-Teton-Region-Housing-Needs-Assessment>

Wyoming Prevention Needs Assessment (PNA), 2022

<https://www.pnasurvey.org/>

Teton County Sheriff's Office, DUI Data

*no public digital report for this data set

County Health Rankings & Roadmaps, 2024

<https://www.countyhealthrankings.org/>

Family and Childhood Well-Being in Wyoming Report, 2023

<https://wycf.org/wp-content/uploads/2023/12/Small-Final-Family-Childhood-Well-Being.pdf>

Center for Health Workforce Studies Report, 2021

https://familymedicine.uw.edu/chws/wp-content/uploads/sites/5/2022/08/Wyoming_Physicians_FR_July_2022.pdf

Comprehensive Housing Affordability Strategy Data Through HUD (Housing and Urban Development), 2023

<https://www.huduser.gov/portal/datasets/cp.html>

Gini Index of Income Inequality

https://data.census.gov/table/ACSDT5Y2022.B19083?q=B19083&g=010XX00US_040XX00US56_050XX00US56039

United States Census, 2022

<https://www.census.gov/programs-surveys.html>

National Survey of Children's Health, 2022

<https://mchb.hrsa.gov/data-research/national-survey-childrens-health>

Teton County Network of Care

<https://teton.wy.networkofcare.org/ph/HealthIndicatorsDashboard.aspx>



HEALTHYTETONCOUNTY.ORG