



**St. John's Medical Center**

**Community Benefit Report**

Includes the 2015 Community Health Needs Assessment  
& Implementation Plan

April 2015

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## EXECUTIVE SUMMARY

Teton County Hospital District, dba St. John's Medical Center (SJMC), is proud to present its 2015 Community Health Needs Assessment (CHNA) and Implementation Plan (IP). This document provides a comprehensive overview of the primary health needs in Teton County, WY – derived from the Healthy Teton County (HTC) initiative, a partnership between SJMC and Teton County Public Health. HTC began over 18 months ago and included four distinct, comprehensive assessments, more than 10 community meetings, a survey of 1,200 residents, an examination of existing health data, and consultations with health professionals and over 40 human service organizations from across Teton County.

The findings from the 2015 CHNA indicate that while Teton County is very healthy in certain categories, there is still work to be done in other areas. After examining both qualitative and quantitative data, the list of key health issues includes both traditional clinical indicators as well as social determinants of health. The full HTC report can be found at [www.healthytetoncounty.org](http://www.healthytetoncounty.org) (to be published May 2015).

This report defines the results from the 2015 CHNA as they relate to SJMC's role in the community. Also included in this document is SJMC's Implementation Plan (IP), which describes a set of organizational strategies to address the primary identified community health needs.

SJMC's IP was developed by the SJMC Wellness Department in consultation with key SJMC staff, and created in tandem with the HTC community health implementation plan (CHIP). The SJMC IP describes specific organizational actions, while the HTC CHIP approaches the issues from a more broad community-based perspective. The final HTC CHIP will be published June 2015.

SJMC's CHNA and IP are in full compliance with IRS regulation 26 CFR Parts 1, 53, and 602. SJMC will provide the community with annual IP updates via the SJMC website: [www.tetonhospital.org](http://www.tetonhospital.org).

## 2015 COMMUNITY HEALTH NEEDS ASSESSMENT

SJMC's 2012 CHNA stated that the hospital intended to collaborate with Teton County Public Health (TCPH) on future CHNAs. This goal came to fruition through the HTC initiative, a partnership established between SJMC and TCPH in fall 2013. HTC is a community coalition focused on assessing and improving the health of Teton County residents through evidence-based strategies and collaborative problem-solving. The HTC vision, developed by the Teton County community, is "a vibrant Greater Teton community where opportunities for excellent health are available to all." SJMC and TCPH hope to continue this partnership for future CHNAs.

This 2015 CHNA meets all of the IRS requirements as described in IRS form 26 CFR Parts 1, 53, and 602, including: input from persons who represent broad interests of the community, identification of significant community health needs, prioritization of community health needs, and identification of specific measures and resources to address health needs. This report also contains a description of the community served, CHNA process and methods, primary and chronic health needs (including those of underserved populations), community partners, and community resources.

### Definition of the Community

IRS Section 501(r) requires that the CHNA focus on the communities served by the hospital facility. For the purposes of this report, the community served by SJMC has been defined as Teton County, WY for the following reasons:

- St. John's Hospital became a Wyoming Hospital Tax District in the election of November 1975.
- Teton County Hospital District, dba St. John's Medical Center, was created to ensure local healthcare for county residents would be available.
- The Hospital District shares the same geographic boundaries as the county of Teton, WY.
- SJMC receives property tax revenues from Teton County, WY residents. In FY 2014, SJMC received approximately \$3.67 million in county property tax revenues – these revenues partially cover the cost of providing uncompensated care to the community.
- SJMC has a public election of Trustees, all of whom must be residents of Teton County, WY.
- The data collected throughout the 2015 CHNA were focused on the population of Teton County, WY.

It should also be noted that due to its rural location, SJMC has an extensive secondary service area including neighboring counties in Idaho and Wyoming. Furthermore, due to its prominence as an international tourism destination, SJMC regularly provides medical care to patients from around the world who fall ill while visiting Jackson Hole. Nevertheless, St. John's Medical Center's primary community remains Teton County, WY.

## Demographics

In 2012 Teton County had a population of 21,326 residents. The majority of residents reside in or near the county seat of Jackson, Wyoming. The primary ethnic group is Caucasian, and there is also a substantial Latino population (15.1%).<sup>1</sup>

The demographics chart in Table 1 provides more detailed information.

**Table 1. Teton County Demographics**

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

Source: American Community Survey, 5-year Estimates

## Socioeconomics

According to IRS data, Teton County frequently ranks among the top 10 richest counties in the United States. In 2012 the median income was \$66,592, which is higher than Wyoming at \$55,104.<sup>2</sup> However, substantial socioeconomic disparities exist in Teton County. The mean wage for the tourism industry, which employed 45.0% of the workforce in 2013, was approximately \$26,000.<sup>3</sup>

<sup>1</sup> County Health Rankings. [www.countyhealthrankings.org](http://www.countyhealthrankings.org)

<sup>2</sup> County Health Rankings. [www.countyhealthrankings.org](http://www.countyhealthrankings.org)

<sup>3</sup> Jackson Hole Compass. 2014.

## CHNA Methodology

The 2015 CHNA utilized the Mobilizing for Action through Planning and Partnerships (MAPP) framework<sup>4</sup>. MAPP was developed by the National Association of County and City Health Officials in the late 1990s as a response to the Institute of Medicine calling for more active community involvement in public health monitoring. Since that time, MAPP's ensuing iterations have been used by communities nation-wide as an evidence-based model for assessing population health status and developing community health improvement plans.

The MAPP framework has six phases that were completed over the course of 18 months:

- 1) Organize for Success** (October – December 2013)  
Community members and agencies formed a partnership and learned about the MAPP process.
- 2) Visioning** (January – March 2014)  
Those who work, learn, live, and play in Teton County created a common understanding of what they would like to achieve.
- 3) Assessments** (April – November 2014)  
Qualitative and quantitative data were gathered to provide a comprehensive picture of health in the community.
- 4) Identification of Strategic Issues** (December 2014 – January 2015)  
The data were analyzed to uncover the underlying themes that need to be addressed in order for the community to achieve its vision.
- 5) Formulation of Goals & Strategies** (February – March 2015)  
The community identified goals it wants to achieve and created implementation strategies for prioritized issues.
- 6) Action** (April 2015 and beyond)  
The community will implement and evaluate action plans to meet goals, address strategic issues, and achieve the community's vision.

A Core Committee comprised of representatives from SJMC, TCPH, and the Teton District Board of Health (TDBH) provided oversight and completed required tasks for each phase, while a Steering Committee, made up of over 45 community members representing the healthcare, social services, government, public safety, cultural, and recreation sectors, served as the approving body throughout the project.

## Community Partners

The MAPP framework places a strong emphasis on collaboration, and as a result SJMC worked closely with a variety of community partners to collect, assess, and interpret health data. Key partners were experts in public health, underserved populations, health policy, and healthcare. They included:

### **Teton County Public Health**

TCPH is the county's public health department. TCPH partnered with SJMC to assist with funding, resources, and CHNA leadership.

### **Teton District Board of Health**

TDBH serves as the, "rule making and appellate body of the Teton County Health District in accordance with Wyoming Statutes §§ 35-1-301 et seq."<sup>5</sup> TDBH members played an active role in all phases of the 2015 CHNA.

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<sup>4</sup> National Association of County and City Health Officials. [www.naccho.org/mapp](http://www.naccho.org/mapp)

<sup>5</sup> Teton County. <http://www.tetonwyo.org/ph/topics/organization-rules/252400/>

### **Town of Jackson**

The Town of Jackson is the county seat of Teton County, WY. Representatives from the Town Council regularly attended Steering Committee meetings.

### **Teton County School District**

Teton County School District #1 (TCSD) is the only public school district in Teton County. TCSD was involved in all phases of the 2015 CHNA, and staff members served on multiple assessment committees.

### **Additional Partners**

Many other community partners contributed to various aspects of the CHNA. Steering Committee members included representatives from local government, social services, public safety, parks and recreation, healthcare providers, and more. All participating organizations are listed below.

### **HTC Steering Committee Members**

Children's Learning Center	Senior Center of Jackson Hole
Community Foundation of Jackson Hole	Slow Food in the Tetons
Curran-Seeley	St. John's Episcopal Church
El Puente	St. John's Hospital Foundation
Friends of Pathways	Teton County Government
Grand Teton National Park	Teton County Housing Authority
Jackson Hole Chamber of Commerce	Teton County Library
Jackson Hole Community Counseling	Teton County Search & Rescue
Jackson Pediatrics	Teton County Sheriff's Office
Latino Resource Center	Teton County Women Infant Children Office
Morning Star Assisted Living	Teton County/Jackson Parks and Recreation
Parents, Families, and Friends of Lesbians and Gays	Teton Free Clinic
Prevention Management Organization	Teton Youth and Family Services
Rotary Club of Jackson Hole	Town of Jackson
	Town of Jackson Police Department
	United States Forest Service

### **Community Outreach & Representation of Underserved Populations**

Community participation was a key construct of the MAPP framework, and input from community members was integrated into each phase of the CHNA.

#### **Community Outreach Efforts**

Outreach to the general community was conducted during multiple phases of the MAPP process. During the Visioning phase community members were asked to respond to the question, "What does a healthy community mean to you?" Residents had the opportunity to submit their thoughts (in English or Spanish) online, at community events, and via email. Over 85 submissions were received and were integrated into the final HTC community vision: "We envision a vibrant Greater Teton community where opportunities for excellent health are available to all."

Extensive community outreach was also conducted throughout the data collection process. Community surveys were distributed at regional events, organizational meetings, and at local businesses. Additionally, the survey was advertised in local newspapers and was available online in both English and Spanish. The committee's target response rate was 1,000 surveys; when the survey closed on September 30, 2014, community members had completed a total of

1,278 questionnaires. This overwhelming response rate indicates a high level of community participation.

### **Representation of Underserved Populations**

*Program Leadership:* Underserved populations were represented on the Steering Committee and on assessment committees by community leaders who work with the identified populations. Specifically, the Latino community was represented by staff from the nonprofits El Puente and the Latino Resource Center, both of which work with Spanish-speaking residents on a daily basis. There were multiple social services agencies represented on the Steering Committee and on assessment committees, all which work directly with low-income residents. Seniors were another population of interest throughout this assessment and they were represented by community members and by staff from senior services throughout the valley. In addition, TCSD administrators participated in the Steering Committee and Assessment Committees representing the interests of youth. Lastly, those who struggle with mental health issues were represented by mental health providers.

*Data Collection:* Along with the representation of underserved populations on the Steering Committee and assessment committees, many underserved individuals participated in focus groups. The focus groups were aimed at using constructive dialogue to gather feedback about how individuals experience health and quality of life in Teton County. Participants were recruited through community members actively working with each target population and included seniors, youth, Latinos, low-income, and those who struggle with mental health. The participation of underserved populations resulted in the collection of useful data that will help community leaders better serve these individuals and families.

### **CHNA Comments**

IRS regulations require SJMC to consider any public comments that were received about the 2012 CHNA as it develops the 2015 document. SJMC's 2012 CHNA has remained on the hospital website since the time of approval; no comments were received. SJMC plans to post the 2015 CHNA in a visible location on the home page of the website with clear directions to the public on how they may comment. These comments will be utilized in future CHNA iterations.

### **CHNA Consultants & Contractors**

The HTC initiative utilized professional contractors to conduct data analysis and meeting facilitation.

#### **Epidemiologist: Meghan Balough, MPH**

Meghan Balough, MPH obtained her Bachelor of Science (BS) degree in health promotion from Weber State University and became a Certified Health Education Specialist (CHES) in 2006. In 2010, she obtained her Master of Public Health (MPH) at Westminster College in Salt Lake City, UT. Balough is an epidemiologist/evaluator at the Utah Department of Health, Violence and Injury Prevention Program.

#### **Meeting Facilitator: Eriksen-Meier Consulting, LLC**

Susan Eriksen-Meier holds a dual Master's degree from Antioch New England Graduate School, a Bachelor's degree from the University of Massachusetts and is a graduate of the Excellence in Nonprofit Management Certificate Program through the University of Wisconsin. She is licensed by the Standards for Excellence Institute and Certified in Board Education by BoardSource and is the only consultant in Wyoming licensed by the Standards of Excellence Institute.

## Data Collection & Analysis

Phase three of the MAPP framework entailed four separate assessments of the community's health. Each assessment was conducted independently and was advised by a community committee with leadership from a Core Committee member who had expertise in the topic area. The four assessments conducted were:

**1) Community Health Status Assessment (CHSA)**

The CHSA collected and analyzed data on community health indicators including disease morbidity and mortality, environmental conditions, and health behaviors. This assessment answered questions such as: "How healthy is the community?" and "What does the health status of the community look like?"

**2) Community Themes & Strengths Assessment (CTSA)**

The CTSA focused on describing, as accurately as possible, how community members perceived their health, resources, environment, and quality of life. Through a community survey and focus groups, this assessment answered questions such as: "What is important to the community?" and "How is quality of life perceived in the community?"

**3) Forces of Change Assessment (FoC)**

The FoC assessment gathered community input on the overarching factors, trends, and events that were currently affecting Teton County, that had potential to affect Teton County in the future, or had previously affected Teton County. This assessment answered questions such as: "What has occurred, what is occurring, or what might occur that affects the health of the community or the local public health system?" and "What specific threats or opportunities are generated by these occurrences?"

**4) Local Public Health System Assessment (LPHSA)**

The LPHSA focused on assessing the community's performance in the 10 Essential Public Health Services as defined by the Center for Disease Control. This assessment answered questions such as: "What are the activities, competencies, and capacities of the local public health system?" and "How are the 10 Essential Public Health Services being provided to the community?"

## Selection of Data Indicators

Data indicators for the CHSA and CTSA assessments were identified by the respective assessment committees. Both committees considered previous CHNA data, health trends, data collection methods, and the desire for new insights during the selection process.

The primary CHSA data indicators were selected due to their inclusion in the national County Health Rankings (CHR) data set. CHR are updated annually and provide a valid and reliable platform for performance assessment on the local, state, and national levels. Secondary indicators were based upon a recommended health indicator list provided by MAPP. Additional local indicators were included when further information was desired on a topic of interest. The CHSA utilized a total of 143 measures to describe the demographics, health behaviors, morbidity rates and mortality rates in Teton County. A complete list of indicators and their sources can be found in Appendix A.

The indicators assessed in the CTSA were selected from sample surveys provided by MAPP. The CTSA committee members chose indicators that they felt would best describe the quality of life that residents experienced in Teton County.

## Description of Data Sources

### CHSA

*Behavioral Risk Factor Surveillance System (BRFSS):* “The BRFSS is the world’s largest, ongoing telephone health survey system and collects national health data.”<sup>6</sup>

*County Health Rankings:* “The CHR measure vital health factors, including high school graduation rates, obesity, smoking, unemployment, access to healthy foods, the quality of air and water, income, and teen births in nearly every county in America.”<sup>7</sup>

*Wyoming Behavioral Risk Factor Surveillance System:* “The Wyoming BRFSS is an ongoing statewide telephone survey of adults age 18 and older. The purpose of the survey is to gather information on the prevalence of health behaviors and conditions which are known to contribute to or increase the risk of chronic disease, acute illness, injury, disability and premature death.”<sup>8</sup>

*Wyoming Vital Statistics:* “The Wyoming Vital Statistics include birth, death, stillbirth, marriage, divorce records, and related data. Records are registered with the registrar of the county in which the event happened, and then are filed with the state.”<sup>9</sup>

*Additional Data Sources:* Many additional data sources were utilized for indicators which were not measured by some of the larger surveys. Reference Appendix A for a full list of indicators and sources.

### CTSA

*CTSA Community Survey:* The CTSA Community Survey (Appendix B) collected data about how community members perceived the health and quality of life in Teton County. The survey was available on paper and online and was offered in both English and Spanish. 1,278 individuals completed the survey. The majority of survey respondents were females (63.82%), were between 30 and 50 years of age (61.47%), non-Hispanic (82.42%), and white (93.02%). The majority had a college degree or higher (73.44%) and had an income of \$50,000 to \$99,999 per year.

*CTSA Focus Groups:* The CTSA Focus Groups were aimed at collecting perceptions about the quality of life in Teton County from underserved populations. Participants included youth, seniors, Latinos, and those who struggle with mental health issues. All focus groups were facilitated in a prescribed format, and the dialogue was recorded by a designated note-taker.

### FoC & LPHSA

The FoC and LPHSA data were obtained using specific processes recommended by MAPP. The FoC data resulted from a facilitated three-hour assessment meeting with community representatives. LPHSA data were collected during a series of four facilitated meetings; each meeting was focused on completing specific National Public Health Performance Standard (NPHPS) modules created by the Center for Disease Control.

## Data Analysis

CHSA and CTSA data were analyzed by epidemiologist Meghan Balough, MPH. Balough provided thorough reports for inclusion in the final HTC Community Report. FoC data were summarized by the committee chair. LPHSA data were analyzed by a NPHPS tool that accompanied the LPHSA assessment modules.

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<sup>6</sup> Behavioral Risk Factor Surveillance System. [www.cdc.gov/brfss/](http://www.cdc.gov/brfss/)

<sup>7</sup> County Health Rankings. [www.countyhealthrankings.org](http://www.countyhealthrankings.org)

<sup>8</sup> Wyoming Behavioral Risk Factor Surveillance system. [www.health.wyo.gov/phsd/brfss/index.html](http://www.health.wyo.gov/phsd/brfss/index.html)

<sup>9</sup> Wyoming Vital Statistics. [www.health.wyo.gov/rfhd/vital\\_records/index.html](http://www.health.wyo.gov/rfhd/vital_records/index.html)

## Health Needs of the Community & Issue Prioritization

The assessments' findings indicate that while Teton County is very healthy in certain categories, there is still work to be done in other areas. After examining both qualitative and quantitative data, the list of key health issues includes both traditional clinical indicators as well as social determinants of health.

### Issue Prioritization

The primary health issues for the 2015 CHNA were selected by the HTC Steering Committee. Findings from all four MAPP assessments were presented to the Steering Committee at a meeting on January 28, 2015. The presentation included information on whether quantitative indicators were statistically significant, whether specific health issues had been identified in more than one of the four assessments, and whether the Teton County data met Healthy People 2020 (HP2020) goals. HP2020 is a national framework for health improvement that sets quantitative targets for community health indicators.<sup>10</sup>

Following the data presentations and a review of the HTC Community Report, attendees determined the primary health issues with a weighted voting system. Attendees were prompted to consider three primary criteria: what value the issue had to the community, whether there were proven solutions available to implement, and the consequences of inaction. Other important criteria that were assessed during the data analysis phase included: number of people affected, seriousness of the health issue, whether there was an observed data trend, and if certain groups were disproportionately affected. Additional criteria that will be considered during the action phase are feasibility of interventions and social determinants of health. All criteria utilized during the data analysis, issue prioritization, and action phases were adopted from a list provided by MAPP.

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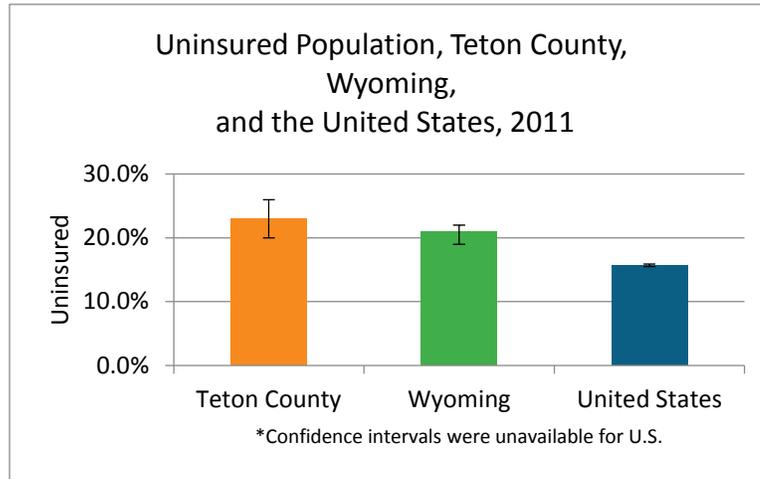
<sup>10</sup> *Healthy People 2020*. [www.healthypeople.gov](http://www.healthypeople.gov)

## Prioritized Health Needs

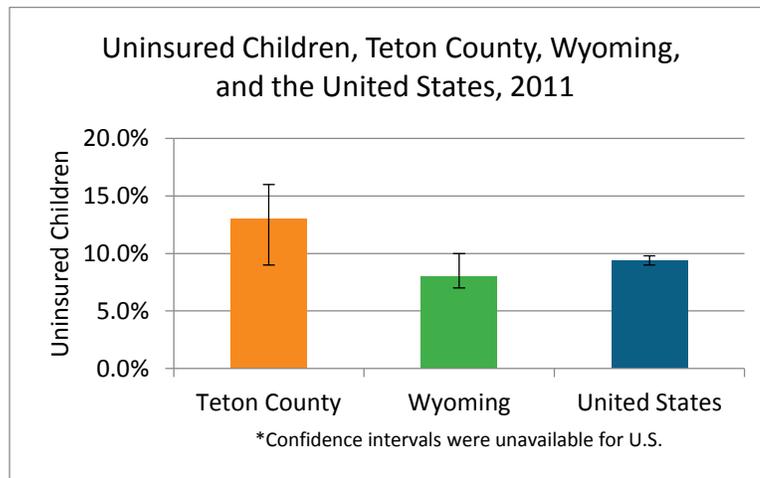
The top 10 prioritized health issues for Teton County were:

### 1. Access to Health Services

In 2011, 23.0% of Teton County residents between the ages of 18 and 65 were uninsured, higher to the state of Wyoming. In the United States as a whole, 15.7% of the population was uninsured, significantly lower than Teton County and Wyoming.<sup>11</sup>



Similarly, Teton County also reports a high rate of uninsured children. In 2011, 13.0% of Teton County children were uninsured. This is significantly higher when compared to 8.0% in Wyoming.<sup>12</sup>



Cost as a barrier to doctor's visits was an additional measure of access to health services. Cost was reported as a barrier to doctor's visits for 11% of the population, compared with 12% in Wyoming.<sup>13</sup>

<sup>11</sup> County Health Rankings. [www.countyhealthrankings.org](http://www.countyhealthrankings.org)

<sup>12</sup> County Health Rankings. [www.countyhealthrankings.org](http://www.countyhealthrankings.org)

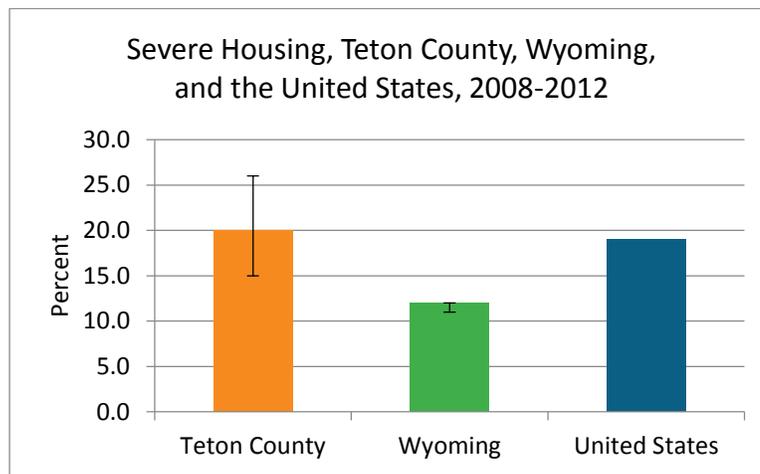
<sup>13</sup> County Health Rankings. [www.countyhealthrankings.org](http://www.countyhealthrankings.org)

Access to health services was also indicated as a primary concern for the local population through the CTSA community survey (Appendix B), with “access to healthcare” being ranked as the #1 most important factor for a healthy community by 44.3% of respondents.

## 2. Severe Housing

Severe housing is defined by the United States Department of Housing and Urban Development as, “A household that has one or more of the following: housing unit lacks complete kitchen facilities, lacks complete plumbing, severely overcrowded (1.5 persons or more per room), or severely cost burdened (monthly costs including utilities exceed 50% of monthly income).”<sup>14</sup>

The 2015 CHNA found that between 2006 and 2010, Comprehensive Housing Affordability Strategy data showed 20.0% of Teton County households had severe housing issues. This is significantly higher when compared to 12.0% of Wyoming households.



Additionally, housing was indicated by community members as the third most important factor for a healthy community in the CTSA Community Survey. Housing was also mentioned in all of the CTSA focus groups as a challenge of living in Teton County.

## 3. Food Insecurity

Food insecurity is defined by the United States Department of Agriculture as, “Uncertain access to adequate food.”<sup>15</sup>

In 2011, 13.5% of Teton County residents experienced food insecurity compared with 12.0% of Wyoming residents and 15.9% of the United States as a whole.<sup>16</sup> Additionally, 27.2% of students in Teton County were eligible for the free or reduced lunch programs in the 2014-2015 school year.<sup>17</sup>

The issue of food insecurity was also raised by participants of the CTSA focus groups. Youth and adults noted that it was difficult for low-income individuals and families to afford

<sup>14</sup> United States Department of Housing and Urban Development. [www.huduser.org/portal/datasets/cp/CHAS/bg\\_chas.html](http://www.huduser.org/portal/datasets/cp/CHAS/bg_chas.html)

<sup>15</sup> United States Department of Agriculture. <http://www.ers.usda.gov/topics/food-nutrition-assistance/food-security-in-the-us/definitions-of-food-security.aspx>

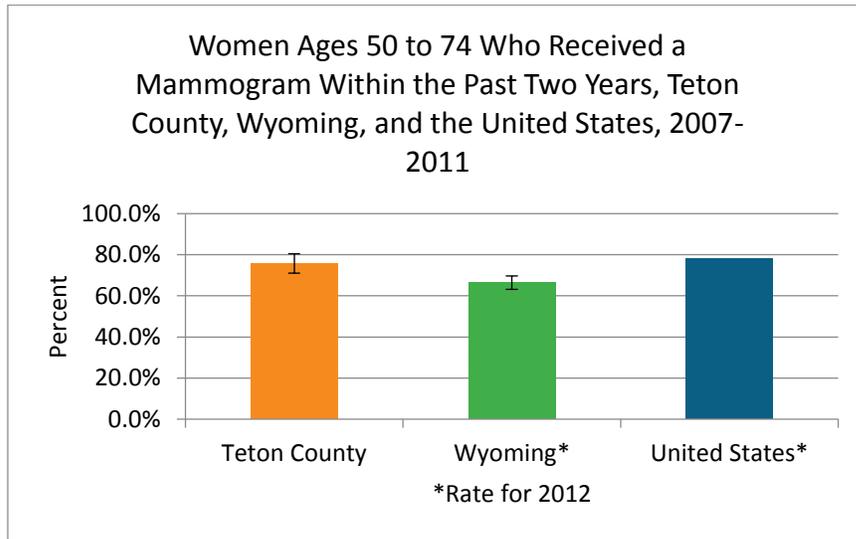
<sup>16</sup> County Health Rankings. [www.countyhealthrankings.org](http://www.countyhealthrankings.org)

<sup>17</sup> Wyoming Department of Education

healthy food in Teton County; many families drive to Idaho Falls, ID, on a weekly or bi-weekly basis to purchase groceries from discount stores.

#### 4. Routine Health Screenings

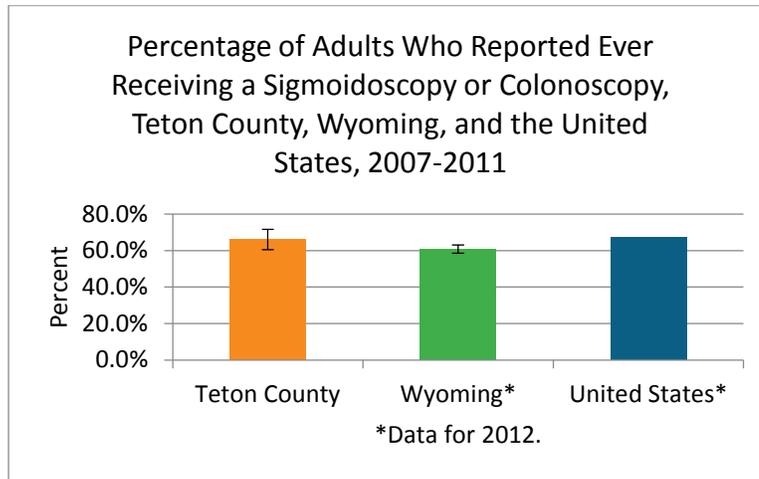
The percentages of individuals who receive routine health screenings were low in Teton County compared to national rates and compared to the Healthy People 2020 goals. Among Teton County Medicare female recipients, 68.8% had current mammograms, compared to 57.4% in Wyoming as a whole.<sup>18</sup> Among Teton County females 50 to 74 years of age, 75.7% received a mammogram within the past two years, significantly higher when compared to 66.5% in Wyoming.<sup>19</sup> In 2012, Wyoming ranked last in the nation for mammography screenings. Additionally, all Teton County rates are below the Healthy People 2020 goal of 81.1% for mammography.



<sup>18</sup> County Health Rankings. [www.countyhealthrankings.org](http://www.countyhealthrankings.org)

<sup>19</sup> Wyoming Behavioral Risk Factor Surveillance System (BRFSS). <http://www.health.wyo.gov/phsd/brfss/index.html>

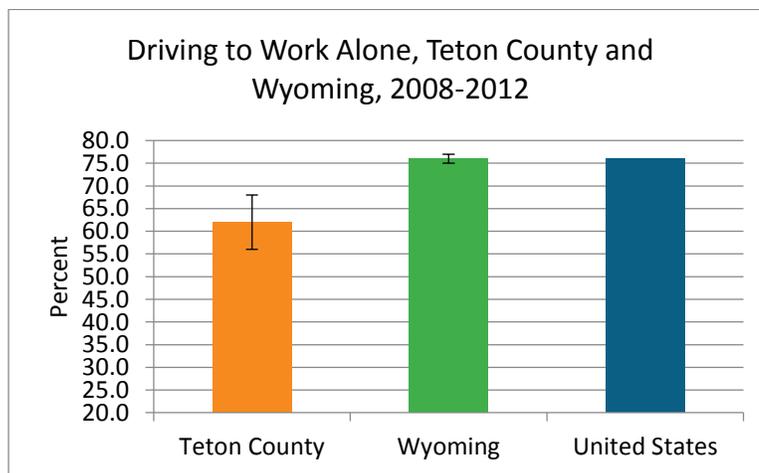
Colorectal screening rates were also low, with 66.3% of adults aged 50+ reported having received a sigmoidoscopy or colonoscopy.<sup>20</sup> This is below the United States rate of 67.3% and lower than the Healthy People 2020 goal of 70.5%.



## 5. Transportation

Transportation was included in the top 10 health issues due to the frequency that this topic was discussed in the CTSA focus groups and the FoC assessment. Focus group participants were concerned about the difficulty, safety, and accessibility of traveling throughout Teton County by means other than a private vehicle. FoC data indicates that traffic congestion is a primary concern for residents with regards to quality of life, safety, and infrastructure degradation.

Additionally, quantitative data show that 62.0% of Teton County residents reported driving to work alone.<sup>21</sup> Many individuals also commute to Teton County from Idaho and must drive over Teton Pass, which averages 5,259 vehicles per day.<sup>22</sup>



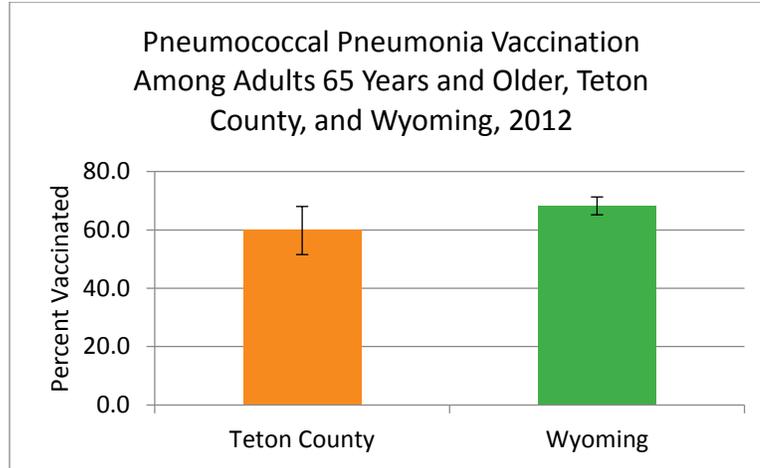
<sup>20</sup> Wyoming Behavioral Risk Factor Surveillance System. <http://www.health.wyo.gov/phsd/brfss/index.html>

<sup>21</sup> County Health Rankings. [www.countyhealthrankings.org](http://www.countyhealthrankings.org)

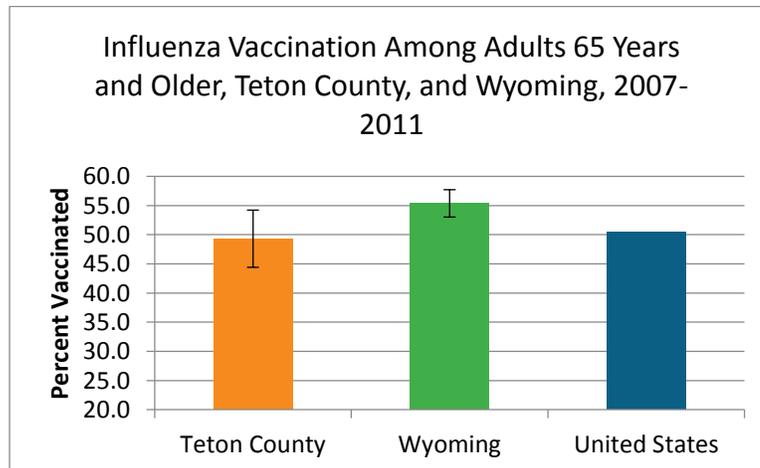
<sup>22</sup> START Bus. Jackson, WY. [www.startbus.com](http://www.startbus.com)

## 6. Immunizations for 65+

Older adults in Teton County are immunized at lower rates than the rest of Wyoming. Specifically, in 2012, 60.1% of Teton County adults aged 65 years or older reported receiving an immunization for pneumococcal pneumonia. This is significantly lower than Wyoming at 68.3%.<sup>23</sup> The HP2020 target for older adult immunizations is 90.0%.



Additionally, between 2007 and 2011, 49.3% of Teton County adults aged 50 years and older reported receiving an influenza immunization within the past twelve months. This is significantly lower than the state as a whole at 55.4%.<sup>24</sup> The HP2020 target for older adult immunizations is 90.0%.

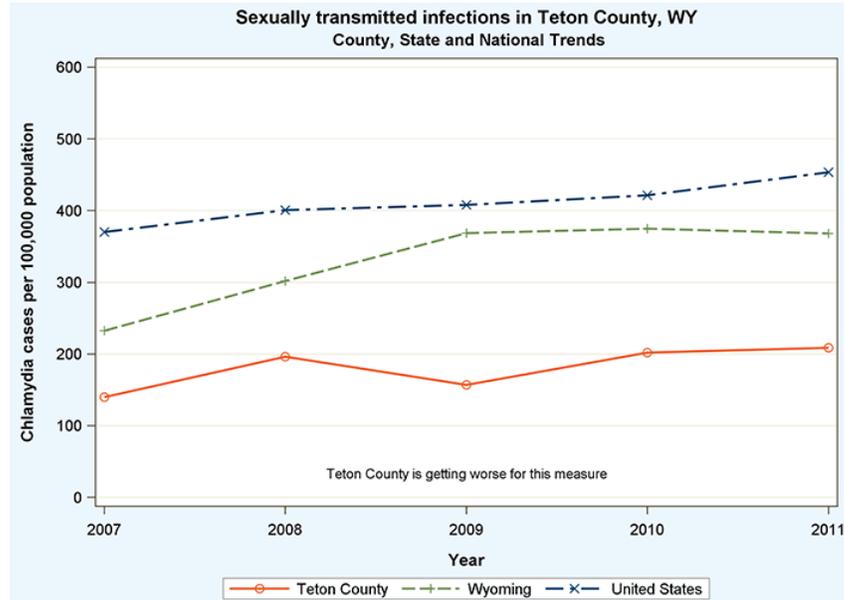


<sup>23</sup> Wyoming BRFSS. <http://www.health.wyo.gov/phsd/brfss/index.html>

<sup>24</sup> Wyoming BRFSS. <http://www.health.wyo.gov/phsd/brfss/index.html>

## 7. Sexually Transmitted Infections (STIs)

According to the County Health Rankings, although the Teton County STI rate (209 per 100,000) is lower than the state and national rates, the prevalence of sexually transmitted infections in Teton County, WY is on an upward trend.<sup>25</sup> Chlamydia rates are associated with unsafe sexual activity and are used as indicators for other STIs.



## 8. Smokeless Tobacco

Among Teton County adults, 9.0% reported using smokeless tobacco products in 2013, slightly higher compared to 8.8% in Wyoming and 7.8% in the United States.<sup>26</sup> The Healthy People 2020 goal for smokeless tobacco use is 0.3%.

## 9. Radon

In 2013, 36.0% of home radon tests showed levels greater than 4 picocuries per liter (pCi/L). In 2014, 43.0% of tests detected elevated levels.<sup>27</sup> The Healthy People 2020 goal for radon is 30.0%

<sup>25</sup> County Health Rankings. [www.countyhealthrankings.org](http://www.countyhealthrankings.org)

<sup>26</sup> Wyoming BRFSS. <http://www.health.wyo.gov/phsd/brfss/index.html>

<sup>27</sup> Teton County Environmental Health. [www.tetonwyo.org/ph/topics/environmental-health/252401/](http://www.tetonwyo.org/ph/topics/environmental-health/252401/)

## 10. Youth Alcohol Use

In 2012, 31% of Teton County 12<sup>th</sup> grade students reported binge drinking (5 or more drinks in a row), compared to 26% of 12<sup>th</sup> grade students in Wyoming.<sup>28</sup> The percentages of students ever reporting substance use is listed in the table below.

	Teton County	Wyoming
8 <sup>th</sup> Grade Alcohol Use	42.0%	41.0%
10 <sup>th</sup> Grade Alcohol Use	73.0%	60.0%
12 <sup>th</sup> Grade Alcohol Use	81.0%	70.0%
10 <sup>th</sup> Grade Marijuana Use	39.0%	30.0%
12 <sup>th</sup> Grade Marijuana Use	45.0%	39.0%

## Needs of Underserved Populations

### Uninsured

The primary health need of the uninsured population in Teton County is access to health services. Wyoming has not chosen to expand Medicaid, therefore the state has a number of residents who remain uninsured because they do not qualify for Affordable Care Act coverage or Medicaid. The uninsured may defer care because they are worried about payments; these delays in care may lead to more severe chronic conditions. Potential solutions to this issue will be discussed in the Implementation Plan portion of the document.

### Low-income

The income disparities discussed in the Socioeconomics section on page five describe a gap in Teton County between the working class and high-income earners. Low-income residents in Teton County often struggle with basic social determinants of health such as safe and affordable housing, transportation, and food insecurity. These needs, though not specifically related to healthcare, can contribute to the development of chronic disease and are major factors in one's health and quality of life.

### Minority Groups

The primary minority group in Teton County is Latino. These individuals may struggle with language barriers which pose challenges when navigating the healthcare system. Access to health services and assistance with health system navigation is a primary need for this population.

### Seniors

The senior residents in Teton County are in need of additional health education and outreach in order to boost immunization rates. Pneumococcal and influenza vaccine rates need to be improved in order to keep this vulnerable population at peak health.

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<sup>28</sup> Wyoming Prevention Needs Assessment. [www.pnasurvey.org/](http://www.pnasurvey.org/)

## Positive Health Indicators

While there are health issues in Teton County that need improvement, there are also many indicators that describe a healthy population. Teton County is ranked the healthiest county in Wyoming according to County Health Rankings. Additional positive health indicators include:

Indicator	Teton County	Wyoming	United States	HP2020 Goal
<b>Cancer incidence</b> (per 100,000)	412.4	428.1	443.7	NA*
<b>Cancer mortality</b> (per 100,000) <i>(Significantly lower than WY &amp; US)</i>	124.2	158.5	168.5	161.4/100,000
<b>Reported poor or fair health</b> <i>(Significantly lower than WY &amp; US)</i>	6.0%	13.0%	12.4%	NA*
<b># of poor physical health days</b> <i>(Significantly lower than WY &amp; US)</i>	2.1 days/mo	3.2 days/mo	3.7 days/mo	NA*
<b># of poor mental health days</b> <i>(Significantly lower than WY &amp; US)</i>	2.3 days/mo	3.2 days/mo	3.5 days/mo	NA*
<b>Suicide rate</b> (per 100,000) <i>(Significantly lower than WY)</i>	6.6	21.4	13.9	10.2
<b>Adult obesity</b> <i>(Significantly lower than WY &amp; US)</i>	13.0%	26.0%	28.0%	30.5%
<b>Diabetes prevalence</b> <i>(Significantly lower than WY &amp; US)</i>	2.8%	8.6%	9.6%	NA*
<b>Diabetes mortality</b> (per 100,000)	7.9	18.6	19.8	In development
<b>Diabetic Medicare patients with current screenings</b>	79.0%	75.0%	No data	80.1%
<b>Physical inactivity</b> <i>(Significantly lower than WY &amp; US)</i>	11.0%	23.0%	30.0%	32.6%
<b>Access to physical activity</b> <i>(Significantly higher than WY and US)</i>	94.0%	54.0%	77.0%	NA*
<b>Prenatal care</b>	100.0%	No data	No data	77.6%
<b>Low birth weight</b> <i>Less than 2500 grams</i>	6.3%	8.6%	8.1%	7.8%
<b>Teen birth rate</b> (per 1,000 women) <i>(Significantly lower than WY)</i>	31.0	43.0	31.3	NA*
<b>Smoking rate</b> <i>(Significantly lower than WY and US)</i>	10.0%	20.0%	18.1%	12.0%
<b>Quality of life</b>	97.7% of CTSA survey respondents ranked their quality of life as “good” or “very good”			

\*HP2020 Goals labeled as “NA” indicate that HP2020 used slightly different metrics than this assessment

## Information Gaps

Although the 2015 CHNA was extremely comprehensive, information gaps still exist. The state and national data sources that were used in this assessment often utilize phone survey instruments to collect information. These strategies may not provide equitable representation of populations that do not have access to a phone, use a cellular phone with an out-of-state area code, or are not available during standard calling hours. Additionally, individuals who are not legally in the United States may be apprehensive to share personal information with data collectors. Therefore, the current data may not accurately represent all of the true health needs in Teton County. It is important that the community continues its efforts to overcome logistical, language, and data collection barriers.

## IMPLEMENTATION PLAN

The 2015 SJMC Implementation Plan (IP) describes how SJMC will address the community’s identified health needs through programs and resources. While the IP addresses each of the 10 prioritized health issues, SJMC has focused its efforts upon the three action areas that fit most clearly under SJMC’s mission: “*Patient Centered, Clinical Excellence and Community Wellness*”<sup>29</sup>.

SJMC will also continue to improve and expand services related to the other prioritized health needs by working internally and collaborating with community partners and initiatives dedicated to addressing those needs.

As required by the IRS, the IP includes the following information:

- Existing facilities and community resources
- Description of how SJMC plans to address primary health needs identified by the 2015 CHNA
- Identification of programs and resources intended to address the indicators
- Description of planned collaborations with other entities
- Evaluation strategies to assess impact

### Existing Facilities & Community Resources

Due to the rural location of Teton County, most facilities and resources are concentrated in or around the town of Jackson. SJMC is Teton County’s only hospital and provides the community with 46 acute-care beds, a 24/7 emergency room, comprehensive inpatient and outpatient services, physician clinics, wellness programs, and more. It is unusual for counties of similar size to maintain such a robust spectrum of health services; Teton County is unique in this respect.

The resources listed below are an overview of the health, social service, and nonprofit services available in the community. Many of these entities are identified as collaborators in the IP on pages 24-29.

Resource	Services Provided
Coordination of Services & Community Awareness	<p><u>Community-wide:</u> Teton County Systems of Care Human Services Planning Council Teton County Systems of Education</p> <p><u>Alcohol/Drug:</u> Teton County Drug Court AL-ANON &amp; Alcoholics Anonymous Prevention Management Organization of Wyoming</p> <p><u>Mental Health:</u> Mental Health Systems of Care Mental Health Resource Booklet Suicide Coalition Integrated Mental Health Project TCSD</p> <p><u>Prenatal Care:</u> Maternal Child Health/Interagency Coordinating Council</p>

<sup>29</sup> St. John’s Medical Center. <http://www.tetonhospital.org/about/mission>

	<p>Maternal Child Health Resource Booklet Teton County Public Health</p> <p><u>General:</u> Latino Services Network Teton County Childcare Association Teton County Victim Services</p>
Health and Human Service Providers	<p>CLIMB Wyoming Children’s Learning Center Community Entry Services Community Resource Center Community Safety Network Curran Seeley Foundation Department of Family Services El Puente Habitat for Humanity Jackson Cupboard Jackson Hole Community Counseling Center Latino Resource Center Senior Center of Jackson Hole Treatment Court Program Teton Literacy Program Teton Youth and Family Services Turning Point Crisis Pregnancy Center Uplift Western Wyoming Family Planning + over 100 Integrative Healthcare Providers</p>
Health Centers	<p>Ambulatory Care Surgery Center Emergent/urgent care centers (2) SJMC seasonal clinic at Teton Village SJMC Audiology Clinic SJMC General Surgery Clinic SJMC Ear, Nose, Throat, and Allergy Clinic SJMC Institute for Cognitive Health SJMC Internal Medicine Clinic SJMC Urgent Care Clinic Teton County Public Health Teton Free Clinic</p>
Physicians	<p>More than 20 primary care providers, and more than 70 physicians representing more than 25 medical specialties (see the SJMC website<sup>30</sup> or the 2015 SJMC Directory of Services for a complete listing).</p>

<sup>30</sup> St. John’s Medical Center. [www.tetonhospital.org](http://www.tetonhospital.org)

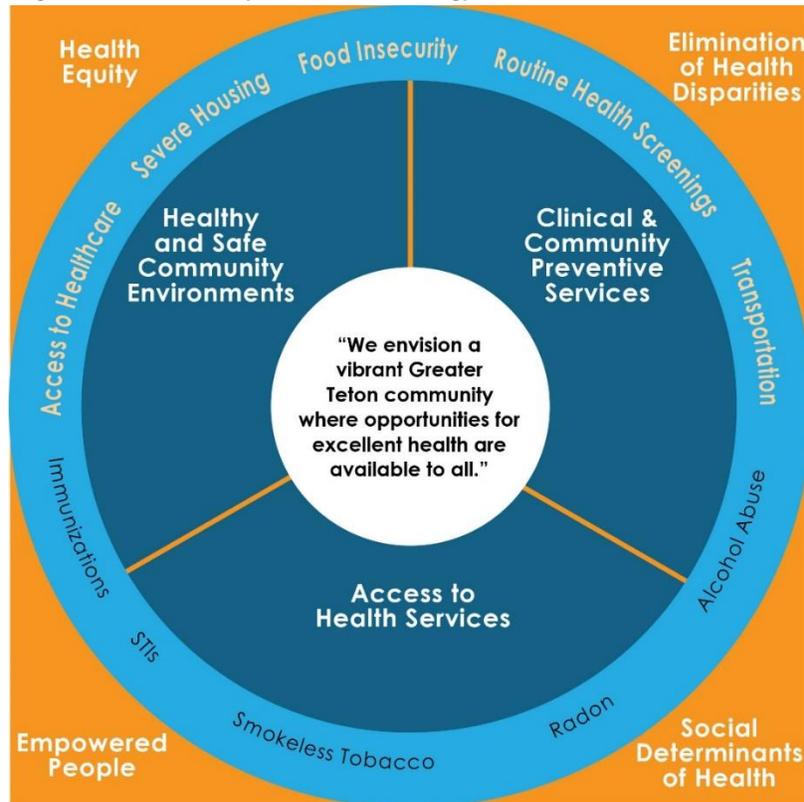
Additional community resources can be found in the Community Resource Manual published by the Jackson Hole Community Counseling Center<sup>31</sup> and in the Non-profit Directory published by the Community Foundation of Jackson Hole<sup>32</sup>.

### Strategic Framework

The prioritized health needs identified in the 2015 CHNA are comprised of traditional health indicators as well as social determinants of health. While SJMC may be able to address the clinical issues as an independent organization, making progress on other indicators requires a more collaborative community approach. The National Prevention Strategy (NPS)<sup>33</sup> provides a framework for addressing community health needs in a strategic and organized manner. The 10 prioritized health indicators have been grouped into three broad strategic directions which fit into the NPS.

Adhering to the NPS, which has been tailored to suit the needs of Teton County, will allow SJMC and the community to coordinate outreach and prevention efforts, create common goals and measurements, and avoid duplicative efforts. Figure 1 provides a visual representation of the Teton County Prevention Strategy. The HTC vision is listed in the middle, the strategic directions are located in the dark blue circle, and the 10 prioritized health issues are listed in the light blue circle. The four corners indicate four guiding community health values drawn from the NPS.

Figure 1. Teton County Prevention Strategy



<sup>31</sup> [http://www.jhccc.org/images/clientid\\_295/community\\_resource\\_manual/CMR\\_Revised\\_10.13.pdf](http://www.jhccc.org/images/clientid_295/community_resource_manual/CMR_Revised_10.13.pdf)

<sup>32</sup> Community Foundation of Jackson Hole. <http://www.cfjacksonhole.org/nonprofits/nonprofit-directory/>

<sup>33</sup> Surgeon General's Office. [www.surgeongeneral.gov/initiatives/prevention/strategy/](http://www.surgeongeneral.gov/initiatives/prevention/strategy/)

Strategic questions were developed for each strategic direction to help guide action planning and the implementation of interventions. The strategic questions for each direction are:

**1. Access to Health Services**

How does the community ensure that all individuals have timely access to affordable, quality, comprehensive health and wellness services?

*This strategic direction includes the indicators: insurance coverage, cost of care, and access to services.*

**2. Healthy and Safe Community Environments**

How does the community create conditions that promote healthy and safe community environments?

*This strategic direction includes the indicators: severe housing, food insecurity, transportation, and radon.*

**3. Clinical and Community Preventive Services**

How does our community create a culture of prevention throughout the lifespan?

*This strategic direction includes the indicators: includes routine screenings, immunizations, sexually transmitted infections, smokeless tobacco, and youth alcohol use.*

## Intended Actions

In order to address each of the 10 identified health needs, SJMC has created an action framework for the three strategic directions. This framework describes comprehensive action plans and includes information on current initiatives, plans for the future, and community collaborations. The SJMC IP framework was created in tandem with the HTC Community Health Improvement Plan (CHIP) in order to ensure that all organizations were working in coordination. Complete IP charts can be found in Appendix C.

SJMC will focus on three Action Areas (AAs) that are most relevant to the clinical setting: access to health services, routine screenings, and immunizations for 65+. The AAs are identified on the following pages with the symbol: \*\*. Action plan summaries are listed below.

### \*\*Strategic Issue 1: Access to Health Services

SJMC plans to utilize two strategies in its effort to improve access to health services for Teton County residents. These strategies will be implemented in concert with additional community-wide strategies as outlined in the CHIP. SJMC will focus on Affordable Care Act navigation and assisting patients with navigation through the health care system.

#### **Affordable Care Act Navigation**

SJMC currently has five staff members who are certified through the Federal Insurance Marketplace as Marketplace navigators. Navigators are also trained to provide information and assistance to patients applying for Medicare, Medicaid and KidCare CHIP.

Marketplace navigation is available Monday through Friday at SJMC's main campus between the hours of 8 a.m. and 5 p.m. One Navigator is bilingual in English and Spanish. During open enrollment periods, SJMC also collaborates with the Teton County Library to provide Marketplace navigation one day a week, in the evening, and on Saturday mornings. The library has two additional Marketplace navigators on staff.

In the future, SJMC plans to continue these Marketplace navigation efforts and expand them by: creating more awareness in the community about the navigation service, training more navigators as-needed and, whenever possible, connecting patients to insurance prior to care.

Providing Marketplace navigation to patients of SJMC is an important service to the community. Uninsured individuals or families who become covered by the Federal Insurance Marketplace will have better access to low or no cost preventive health services such as screenings and routine exams. With more insured patients, and a focus on prevention, SJMC anticipates that

medical intervention costs could be reduced. This may also result in a reduction in the amount of charity care that SJMC spends annually; these monies could then be directed to improving other important services.

The effectiveness of the Marketplace navigation program will be evaluated by tracking the number of local residents who enroll in Federal Insurance Marketplace coverage and by calculating the proportion of payments that SJMC receives from Marketplace insurance plans. SJMC's navigation efforts will be reviewed annually to ensure that community needs are being met. Adjustments to the program will be made if necessary.

### **Health System Navigation**

SJMC intends to address access to health services in Teton County by exploring the implementation of a Patient Guide pilot program. Patient Guides are trained professionals who assist patients through the entire healthcare process including insurance applications, appointment scheduling, attending appointments (as needed), medication assistance, and more. SJMC is currently working with the Teton Free Clinic, El Puente and the St. John's Hospital Foundation to define the target population for this pilot program – likely patients who are uninsured and are experiencing challenges managing chronic disease conditions.

The Patient Guide program will also peripherally address the social determinants of health that were identified as community priorities: housing, transportation, and food insecurity. Patient Guides will connect patients with these additional community resources as needed by working closely with local social service agencies to identify patient needs.

Success will be measured by tracking the number of patients participating in the program and whether participation in the program results in enhanced disease management skills.

### **Strategic Issue 2: Healthy and Safe Community Environments**

SJMC recognizes the role that social conditions have on health status and is dedicated to supporting community efforts that improve the social determinants of health. While the following four identified health needs do not fit squarely under SJMC's mission as a medical center, SJMC remains committed to advancing efforts to address housing, food insecurity, transportation, and radon in the community.

#### **Housing**

SJMC currently manages 19 off-campus residential properties as well as The Hitching Post which is a short-term lodging facility across the street from SJMC's main campus. SJMC's residential properties are reserved for full-time staff, while the Hitching Post's 33 cabins are utilized by patients, patients' families, on-call staff, and temporary employees. SJMC plans to maintain these properties and will continue to explore other housing options for staff. Finally, SJMC's Patient Guide pilot program will connect patients with local housing resources when needed.

Recent studies of the housing crisis in Teton County have resulted in the formation of dedicated community coalitions committed to developing housing solutions. SJMC continues to support and participate in the efforts of these coalitions.

#### **Food Insecurity**

SJMC currently implements a variety of healthy eating initiatives that include improvements in the hospital cafeteria, vending, and organizational policies. Cafeteria changes include a subsidized salad bar, reduced costs on other healthy dining options, free sparkling water, no-fry days, the *Eat to Thrive* campaign, Meatless Mondays, and more. In addition, SJMC is committed to purchasing as much locally-produced food as possible and has signed the Health

Care Without Harm pledge<sup>34</sup>, which focuses on providing safe, healthy, and sustainable food in health care settings. SJMC will continue to pursue this directive by expanding the amount of products purchased from local farmers and ranchers, within budgetary and seasonal limits.

SJMC also plans to install two small garden plots in spring 2015. Raised beds on the Living Center patio and the Living Center solarium will produce vegetables and flowers for use within the hospital. This effort is in partnership with Teton Botanical Gardens.

Additionally, SJMC hopes to remain involved in complementary food insecurity initiatives that are currently underway in Teton County. Vertical Harvest, an innovative year-round indoor growing facility, will provide the community with a new source of fresh, local produce during all four seasons. A SJMC staff member will also be an active participant on a food security coalition that is in its formative stages as a part of the CHIP. Moving forward, SJMC's Food Plan committee will continue to meet bi-monthly to assess these programs and plan for expanded initiatives focused upon sourcing more foods locally and encouraging the selection of healthy food choices through reduced costs on these items.

### **Transportation**

SJMC is located along the main START Bus route in Jackson and will consider how it can promote increased use of this alternative transportation option. SJMC is also in the process of developing a transportation flier in partnership with Age-Friendly Jackson Hole which will provide information about alternative public transportation options and will be tailored to those with mobility issues. This flier will be distributed to interested SJMC visitors by front-desk staff, discharge nurses, and Patient Guides.

Additionally, in 2014, SJMC was designated by the League of American Bicyclists (LAB) as a silver-level Bicycle-Friendly Business. Bicycle-Friendly Businesses are organizations that encourage biking through environmental supports and additional programming. The LAB provided a number of suggestions for further improvement of SJMC's biking facilities; these will be reviewed, and when possible addressed, each spring. Progress will be tracked by keeping a list of which improvements have been made. SJMC will also continue to provide free Wellness Bikes for its employees for utilization during lunchtime or breaks.

### **Radon**

The Environmental Health Department of TCPH will spearhead local efforts to promote radon testing, and mitigation when necessary. SJMC will support these efforts by distributing resources to patients who inquire about radon, providing written pamphlets in visible locations such as the Wellness Department, and referring patients to these services.

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<sup>34</sup> Health Care Without Harm. [www.noharm.org](http://www.noharm.org)

### Strategic Issue 3: Clinical and Community Preventive Services

The clinical and hospital settings and services of SJMC allow for robust strategies to be implemented in this Strategic Area.

#### **\*\*Routine Screenings**

Increasing rates of routine screenings will be a primary focus for SJMC. SJMC currently offers mammography, colorectal screenings, and diabetic screenings; specific strategies will be implemented around each of these three areas. Increased dissemination of educational materials will be central to all three screenings and are integrated in the specific topical action plans.

*Colorectal Screenings:* SJMC's efforts to increase colorectal screenings will include marketing, education, and increasing awareness of the financial resources available to assist with the cost of these screenings. SJMC intends to provide outreach to the community about who needs this screening, how often the screening should be performed, and where it can be done through a number of channels.

Face-to-face education by providers will occur at events such as Walk with a Doc, Dinner with a Doc, and community talks in adjacent counties. In addition, the annual Community Health Fair that occurs every spring draws a large audience of 1000+ community members; staff members, including a general surgeon, will be present to distribute fliers about colonoscopies and answer questions. Information about financial assistance opportunities will be provided at all educational events. Financial resources are available through the Wyoming Colorectal Cancer Screening Program, the SJMC patient assistance program and the St. John's Hospital Foundation Women's Healthcare Fund.

The SJMC Wellness department will continue to meet monthly with the Physician Services department to assess physician and facility capacity, and strategize around new outreach efforts. Program impact will be evaluated by tracking the number of screenings performed at the SJMC facility, and by utilizing the Wyoming Behavioral Risk Factor Surveillance System to assess the county's overall performance in this indicator on an annual basis.

*Mammography:* SJMC will focus on financial barriers, community education, and facility capacity in its efforts to increase the percentage of women who receive regular mammograms in its service area. SJMC will promote the use of financial assistance programs for women who meet the application requirements. Three funds are currently available: St. John's Women's Health Care Fund, Wyoming Foundation for Cancer Care, and the Caring Foundation of Wyoming. Information about these programs, including applications whenever possible, will be distributed to women's health clinics and key departments within the hospital. The St. John's Hospital Foundation plans to track applications over time to assess the degree to which these resources are being utilized.

Expanding community awareness about the financial assistance programs is a complementary strategy; this information will also be available at community events such as the annual Health Fair. Community education about how often mammograms should be conducted, and at what age, will also be conducted whenever appropriate.

SJMC's mammography staff often operate at capacity, with October (Breast Cancer Awareness Month) historically being the busiest month. Encouraging women to book their appointments during all months of the year will help to ease the workload of those who conduct mammograms and those who read the scans. Additionally, SJMC will continue to explore the purchase of a breast Tomosynthesis mammography machine, which will provide more thorough images and could ultimately reduce the duration of many appointments, thus increasing capacity.

SJMC hopes to increase the percentage of women receiving mammograms; program impact will be evaluated by tracking the number of mammograms performed at the SJMC facility, and by utilizing County Health Rankings to assess the county's overall performance in this indicator.

*Diabetes:* SJMC will focus on education, frequency of screenings, and program awareness as strategies to increase diabetic screening rates. Community members will have opportunities to be educated about diabetes and whether they are at risk at the annual Health Fair and online via an interactive survey on the SJMC website (in development). Those at-risk for diabetes will be referred to the Diabetes Education department for further consultation. SJMC hopes to increase the marketing for this department and its services, including an increased number of screening days each year.

Increased screenings will also be promoted by exploring how the Diabetes Educators can connect into the electronic medical records and receive direct referrals from other providers. SJMC Diabetes Educators plan to connect with the Free Clinic and discuss how to enhance referrals from the Free Clinic providers. Lastly, the SJMC Diabetes Education department also plans to implement a pilot of the Diabetes Prevention Program, an evidence-based diabetes management program developed by the Center for Disease Control.

The success of all three programs will be evaluated by tracking the screening rates over time. SJMC will also attempt to track process evaluation measures such as number of people educated, quantity of educational materials disseminated, and frequency of clinics and/or programming.

#### **\*\*Immunizations for 65+**

SJMC, with strong support from TCPH, will work to increase pneumococcal and influenza immunization rates for those over the age of 65. Strategies to increase immunizations include: distribution of educational materials, face-to-face community education, and facilitating provider/patient conversations about immunizations. Informational materials will be distributed at locations such as the Senior Center of Jackson Hole, Morning Star Assisted Living, and Teton County/Jackson Recreation Center. Additionally, SJMC staff will discuss the importance of these immunizations with community members at events such as the annual Health Fair. Finally, SJMC will explore how to increase the number of providers that utilize electronic medical records to alert them when a patient is due for an immunization. Progress will be evaluated by tracking the number of people educated as well as county immunization rates.

#### **Sexually Transmitted Infections**

Historically, TCPH has served as the primary community resource for information and testing for STIs and so will spearhead local efforts to curb the upward trend of sexually transmitted infections (STIs) in Teton County. SJMC will continue to support these efforts by participating in TCPH's action efforts around STIs, distributing information about the STI resources which TCPH offers, and referring patients to these services.

#### **Smokeless Tobacco and Youth Alcohol Use**

SJMC employs a Mayo Clinic Certified Tobacco Treatment Specialist (CTTS) who is available to consult with patients and community members free of charge. The CTTS provides treatment for individuals seeking to stop using tobacco and, through individual counseling, helps individuals stay motivated to avoid or address relapse, and gain confidence in their ability to stay tobacco-free. The CTTS also may refer clients to the Wyoming Quit Tobacco Program<sup>35</sup> where they can receive free or subsidized nicotine replacement therapies. SJMC will continue to provide this service and advertise it throughout the community.

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<sup>35</sup> Wyoming Quit Tobacco Program. [www.wyo.quitlogix.org](http://www.wyo.quitlogix.org)

SJMC is also a community partner in a new coalition spearheaded by the Prevention Management Organization of Wyoming to address substance abuse in Teton County. The group seeks to reduce youth alcohol use through education and raising awareness about distorted community norms around substance abuse. In addition, Teton County School District, along with the Wyoming Department of Family Services, the Curran-Seeley Foundation, Teton Youth and Family Services, and the Treatment Court Program provide education and intervention services around youth alcohol use. SJMC will continue to support and participate, as appropriate, in these community efforts.

## **Evaluation**

Specific evaluation methods for each AA have been provided within the Action Plan narrative. Additionally, all measures will be reanalyzed on an annual basis to assess whether there has been any change.

## CONCLUSION

The 2015 Community Health Needs Assessment (CHNA) – the product of Healthy Teton County (HTC), an 18-month partnership between St. John’s Medical Center (SJMC) and Teton County Public Health – is the most comprehensive, collaborative community health needs assessment ever performed in Teton County, WY. SJMC’s own CHNA reflects a small slice of this work and provides direction for future programming as well as further inquiry.

The SJMC Implementation Plan describes specific actions to be carried out in the ensuing years with a focus upon the areas that specifically relate to SJMC’s mission: *“Patient Centered, Clinical Excellence and Community Wellness”*. In this document, SJMC outlines its efforts for improving access to health services, the primary identified health need in the community. In addition, SJMC defines its plans for increasing routine preventive screenings and boosting immunization rates for those over the age of 65. The implementation strategies for these three Action Areas will be multi-modal in nature, utilizing strategies such as community education, promotion of services, and assessment of organizational capacity.

Along with enacting its organizational IP, SJMC will remain engaged in community initiatives to address the other primary health needs that are less based in clinical practice, including housing, food insecurity, transportation, STIs, and radon.

Moving forward, SJMC intends to further develop its relationships with community partners – relationships that have been forged through this first iteration of the MAPP process. The hospital clearly understands that the completion of this phase is only one step toward accomplishing the HTC vision of “a vibrant Greater Teton community where opportunities for excellent health are available to all”. This vision can only be accomplished through ongoing community partnerships and collaborations. SJMC remains committed to its role in this process and in moving our community toward making this vision our Teton County reality.

## **APPENDICES**

A: Data Indicators and Sources

B: Community Themes and Strengths Survey

C: Implementation Plan Charts

## Appendix A – Data Indicators and Sources

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

Indicator	County Health Rankings?		Source
Adult smoking	Y		BRFSS (2006-2012)
Smokeless tobacco			WY BRFSS 2013
Excessive drinking	Y		BRFSS (2006-2012)
Youth lifetime substance abuse			Wyoming Prevention Needs Assessment 2012 General Fact Sheet for Teton Co. & WY
Youth 30-day substance abuse			Wyoming Prevention Needs Assessment 2012 General Fact Sheet for Teton Co. & WY
Youth heavy substance use			Wyoming Prevention Needs Assessment 2012 General Fact Sheet for Teton Co. & WY
Problem behaviors committed in past 12 months by youth			Wyoming Prevention Needs Assessment 2012 General Fact Sheet for Teton Co. & WY
Substance abuse (Curran-Seeley & Apex Substance Abuse Counseling in Teton County) Drug & Alcohol Abuse			Gaps Analysis Report/Mental Health & Substance Abuse Services System (2010)
Alcohol-related fatal, injury, and property crashes			WYDOT 2009-2013
Alcohol-impaired driving deaths	Y		Fatality Analysis Reporting System (2012)
Total alcohol involved crashes			WYDOT Vehicle accident/collision 2009-2014
Total alcohol involved crashes with driver under 21			WYDOT Vehicle accident/collision 2009-2014
Total % alcohol involved crashes with driver under 21			WYDOT Vehicle accident/collision 2009-2014
DUI arrests (youth & adult)			Department of Criminal Investigation 2009-2013
DUI arrests as a percentage of All Arrests in Teton Co. & WY			Wyoming Association of Sheriffs & Chiefs of Police: Alcohol & Crime in Wyoming 2013
Average DUI BAC			Wyoming Association of Sheriffs & Chiefs of Police: Alcohol & Crime in Wyoming 2013
Drug poisoning deaths (all ages)	Y		CDC WONDER mortality data (2004-2010)/Teton County Coroner 2013
Injury deaths (rate)	Y		CDC WONDER mortality data (2006-2010)
Death rate			Wyoming Vital Statistics 2013
Premature death	Y		National Center for Health Statistics (2008-2010)
All causes of death			Wyoming Vital Statistics (2008-2012)
Motor vehicle crash deaths (rate) (excluding boats and airplanes)	Y		National Center for Health Statistics (2004-2010)/CDC Wonder (USA only)
Crime rate (Violent crime, hate crime, sexual assault) (rate)	Y		Uniform Crime Reporting - FBI (2009-2011)
Alcohol involved arrests as a percentage of All Arrests in Teton Co. & WY			Wyoming Association of Sheriffs & Chiefs of Police: Alcohol & Crime in Wyoming 2013
Total alcohol-related arrests			Department of Criminal Investigation 2009-2013
Homicide rate	Y		National Center for Health Statistics (2004-2010)

Category 3: Health Behaviors/Social & Mental Health

		County Health Rankings?	Source
Cat	Domestic violence (Lifetime Prevalence of Rape, Physical violence, and/or Stalking by an intimate partner)		CDC National Intimate Partner & Sexual Violence Survey (NISVS) 2010/Community Safety Network 2013
	Refuge in emergency shelters, hotline calls & non-residential assistance		Sept. 17, 2013 Wyoming National Census of Domestic Violence Services (1-day census)/Community Safety Network 2013
	Psychiatric admissions/assessments		Jackson Hole Community Counseling Center (2011-2012 specific to Teton County residents)
	Past 30 days, avg. number of days adults report ill mental health		WY BRFS (2007-2011)
	Treatment for mental disorders - Detox and Title 25		St. John's Medical Center (Social Work 10/12 - 10/14)
	Suicide rate		Wyoming Vital Statistics (2013)
	Mammography screening (Medicare enrollees)	Y	Dartmouth Atlas of Health Care (2011)
	Mammography screening (women aged 50+ who have had mammogram w/in past 2 years)		WY BRFS 2007-2011, 2012
	Diabetic screening (% HbA1c - diabetic Medicare enrollees)	Y	Dartmouth Atlas of Health Care (2011)
	Colorectal cancer screening (adults ages 50+ who have ever had sigmoidoscopy or colonoscopy)		WY BRFS 2007-2011, 2012
	Teen births (rate)	Y	National Center for Health Statistics (2005-2011)
	Drug abuse violation arrests (adults)		Department of Criminal Investigation 2009-2013
	Drug abuse violation arrests (youth)		Department of Criminal Investigation 2009-2013
	Public Intoxication as a percentage of All Arrests in Teton Co. & WY		Wyoming Association of Sheriffs & Chiefs of Police: Alcohol & Crime in Wyoming 2013
	Meth-involved offenses		Wyoming Association of Sheriffs & Chiefs of Police: Alcohol & Crime in Wyoming 2013
	Drug-involved offenses		Wyoming Association of Sheriffs & Chiefs of Police: Alcohol & Crime in Wyoming 2013
	Heavy Drinking (Men >2 drinks/day, Women >1 drink/day)		WY BRFS (2011-2013)
	Binge Drinking (Men 5+ drinks in one occasion, Women 4+ drinks in one occasion)		WY BRFS (2011-2013)
	Teens who never drank one day in their life (grades 9-12)		WY Dept of Ed (2013)/CDC YRBSS (2013)
	Confirmed cases of child abuse/neglect		Wyoming Children's Action Alliance: Kid's Count (2011)
	Uninsured adults	Y	Small Area Health Insurance Estimates (2011)
	Uninsured children	Y	Small Area Health Insurance Estimates (2011)

Indicator	County Health Rankings?		Source
	Y	N	
Health care costs (price-adjusted Medicare spending Parts A & B per enrollee in given county)	Y		Dartmouth Atlas of Health Care (2011)
Could not see doctor due to cost	Y		BRFSS (2006-2012)
Other primary care providers (ratio) population to primary care provider	Y		CMS, National Provider Identification (2013)
Primary care physicians (ratio) population to primary care physician	Y		HRSA Area Resource File (2011)
Dentists (ratio) population to dentist	Y		HRSA Area Resource File (2012)
Mental health providers (ratio) population to mental health	Y		CMS, National Provider Identification (2013)
Proportion of population without a regular source of primary care including dental services			WY BRFSS (2012) (Teton Co. included in Northwest region category covering Big Horn, Hot Springs, Park, Teton & Washakie counties)
Proportion of adults satisfied with health care system in community			Community Themes & Strengths Assessment (CTSA) Survey/Focus Groups 2014
Preventable hospital stays (Ambulatory Care Sensitive Conditions) (rate per 1,000 Medicare enrollees)	Y		Dartmouth Atlas of Health Care (2011)
Medicaid/Medicare/Private insurance patients			St. John's Medical Center 2013-2014 & Wyoming Hospital Association Data FY 2014
ACA enrollees (Zip codes 83001, 83002, 83014)			Health Insurance Marketplace Plan Selections by Zip Code of 36 States (Oct 2013 - Apr 2014)
Total patient encounters (inpatient, outpatient, ER)			St. John's Medical Center 7/1/13 - 6/30/14 & Wyoming Hospital Association Data FY 2014
Measures of access - free clinic services (2003-2014 based on 3,850 patients)			Teton Free Clinic
Measures of access - amount of charity care per year (# charity patients or charity dollars)			St. John's Medical Center 2013-2014 & Wyoming Hospital Association Data FY 2014
Nursing home beds (Medicare & Medicaid)			St. John's Medical Center (Living Center)
Adult living facility beds			River Rock Assisted Living in Jackson, WY
Licensed hospital beds			St. John's Medical Center 2014
Hospital occupancy (avg. daily census including OB, ICU, PCU per licensed beds)			St John's Medical Center 2014 (up to 6/30/14) & Wyoming Hospital Association Data FY2014
WIC eligibles			USDA Food & Nutrition Service WIC Program Monthly Data FY 2013/Teton County WIC FY 2014
Prenatal care & C-section rate			St. John's Medical Center 2014 & Wyoming Hospital Association Data FY 2014
Medicaid eligibles			Division: Analytics, Informatics, MMIS, and Special Projects Unit (AIMS) SY 2014

Category 4: Health Resource Availability

	Indicator	County Health Rankings?	Source
	Number of openings in child care facilities (childcare availability rate = # licensed childcare spaces per 100 children under age 5)		2012 Teton County Childcare Assessment (pg 31)/American Factfinder (2012)
	Low birthweight	Y	National Center for Health Statistics (2005-2011)
Category 5 & 6: Length of Life/Quality of Life/Death, Illness, Injury/Communicable Disease/Sentinel Events	Poor or fair health	Y	BRFSS (2006-2012)
	Poor physical health days	Y	BRFSS (2006-2012)
	Poor mental health days	Y	BRFSS (2006-2012)
	Unintentional injuries (mortality)		Wyoming Vital Statistics (2008-2012)
	All cancers incidence		Wyoming Cancer Surveillance Program (2008-2012)
	All cancers mortality		Wyoming Cancer Surveillance Program (2008-2012)
	Diabetes mellitus - prevalence		BRFSS (2007-2011)
	Diabetic screening (ever been told by a doctor you have diabetes)	Y	WY BRFFS 2007-2011, 2013
	Diabetes mellitus - mortality		Wyoming Vital Statistics (2008-2012)
	Stroke - prevalence		BRFSS (2007-2011)
	Stroke - mortality		Wyoming Vital Statistics (2008-2012)
	Asthma - prevalence		WY BRFFS (2007-2011)
	Sexually transmitted infections Chlamydia (rate)	Y	National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention (2011)
	Tuberculosis (active cases)		WY Vital Statistics 2008-2012
	HIV/AIDS		WY Vital Statistics 2013 (Communicable Disease Unit @ Wy Dept of Health)
	Hepatitis B and C		WY Vital Statistics 2013 (Communicable Disease Unit @ Wy Dept of Health)
	Comorbidities (2+ chronic conditions: asthma, diabetes, cancer other than skin, COPD, arthritis, any CVD)		WY BRFFS 2013
	2 yr. old children who have received all age-appropriate vaccines		Wyoming Dept. of Health Immunization Unit 2013
	Proportion of adults aged 65 or older immunized for pneumococcal pneumonia		WY BRFFS (2012) (Teton Co. included in Northwest region category covering Big Horn, Hot Springs, Park, Teton & Washakie counties)
	Proportion of adults aged 65 and older who have been immunized in past 12 months for influenza		WY BRFFS (2007-2011)
	Vaccine preventable disease (pertussis, measles, mumps)		WDH Infectious Disease Epidemiology Surveillance 2013
	Level of vaccine coverage for vulnerable populations		Wyoming Dept. of Health Immunization Unit 2014 (Reporting of race/ethnicity/demographics not required by State)

Indicator	County Health Rankings?		Source
Air pollution - particulate matter (Average daily PM2.5 in micrograms per cubic meter including vehicle emissions, forest fires, power plants & industries)	Y		CDC WONDER environmental data (2011)
Vehicle Air Pollution (PM2.5 in lbs/day)			WY DEQ 2011
Drinking water violations (% pop in viol)	Y		Safe Drinking Water Information System (FY2012-FY2013)
Waterborne disease (Giardia, Cryptosporidiosis)			WDH Infectious Disease Epidemiology Surveillance 2013
Fluoridated water			Town of Jackson 2013 Water Quality Report (Sample in 2011, Maximum Contaminant Level (MCL))
Contaminated private water system (total coliform, E. coli) includes residences, ranches/guest lodgings			Teton County Environmental Health (2013)
Contaminated public water system (total coliform positive)			EPA Region 8 data 2013
Lead exposure in homes			American Factfinder US Census 2008 - 2012
Avg. blood lead levels for children 5 and under			WDH Environmental & Occupational Health Program 2008-2013/2014
Septic tanks per total population			Teton County Engineering
Septic tanks rate of failure			Teton County Engineering
Radon detection percent homes tested or remedied for excessive levels			Wyoming Radon Levels (1992-2003)
-Radon 2014			AirChek 2013-2014 data (radon.com)
Hazardous waste sites percent of population within exposure area			WYDEQ: Wyoming Storage Tank Semi-Annual Reports to EPA (April 2014)/Teton County Integrated Solid Waste & Recycling 2014
Number of subsidized housing			Western Greater Yellowstone Region Housing Needs Assessment 2014 (pg 19)
Severe housing problems (percent households)	Y		Comprehensive Housing Affordability Strategy (CHAS) data (2006-2010)
Homeless persons			Jackson Hole Community Resource Center (Oct 1, 2013 - Sept. 30, 2014, rough estimate of only those served by CRC)
Driving alone to work	Y		American Community Survey, 5-year estimates (2008-2012)
Long commute - driving alone (work by car, truck or van driving more than 30 min. to work)	Y		American Community Survey, 5-year estimates (2008-2012)
Teton County commuter information			WYDOT Planning/Projects/Research Traffic Data 2013
START Bus ridership			START Bus Annual Ridership spreadsheet

Category 7: Environmental Conditions

Indicator	County Health Rankings?	Source
Percent food establishments that passed inspection (no temperature violations, lack of sanitization, pest problems, poor hygiene, cross-contamination)**		Teton County Environmental Health (2013)/Wy. Dept of Ag.
Percent pools/spas that failed inspection (poor water chemistry, unsafe physical conditions)**		Teton County Environmental Health (2013)/Wy. Dept of Ag.
Safely prepared food (rate of foodborne illness)		WDH Infectious Disease Epidemiology Surveillance 2013
Salmonella cases		WDH Infectious Disease Epidemiology Surveillance 2013
Other Enteric diseases (Shiga-toxin E. coli, shigella, Hepatitis A) due to animal handling, etc.		WDH Infectious Disease Epidemiology Surveillance 2013
Incidence of animal/vector-borne disease (West Nile, Rocky Mountain Spotted Fever)		WDH Infectious Disease Epidemiology Surveillance 2013
Rabies-Animal		WDH Infectious Disease Epidemiology Surveillance 2013
LHD FTEs		Teton County Public Health 2014
Total operating budget of local health department: dollars per total population		Teton County Public Health 2014

## Appendix B – Community Themes and Strengths Survey



### Healthy Teton County: Quality of Life Survey

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

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

1) Zip code where you live: \_\_\_\_\_

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

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

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

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

*Please see other side*

Online survey available at: [healthytetoncounty.org](http://healthytetoncounty.org)

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

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

Other:

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

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

Motor vehicle crashes      Other:

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

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

**8) What is your age?** \_\_\_\_\_

**9) What is your gender?**    Female  
    Male  
    Transgendered

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

**11) Are you Hispanic or Latino?**    Yes    No

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

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

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

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

## Appendix C – Implementation Plan Charts

Access to Health Services		
Action Area	Program	
Insurance Coverage	<p><b>Program Description</b></p> <p>SJMC currently has five staff members who are certified through the Federal Insurance Marketplace as Marketplace navigators. Navigators are also trained to provide information and assistance to patients applying for Medicare, Medicaid and KidCare CHIP. Marketplace navigation is available Monday through Friday at SJMC's main campus between the hours of 8 a.m. and 5 p.m. One Navigator is bilingual in English and Spanish. During open enrollment periods, SJMC also collaborates with the Teton County Library to provide Marketplace navigation one day a week, in the evening, and on Saturday mornings. The library has two additional Marketplace navigators on staff.</p> <p><b>Health System Navigation</b></p> <p>SJMC plans to continue these Marketplace navigation efforts and expand them by: creating more awareness in the community about the navigation service, training more navigators as-needed and, whenever possible, connecting patients to Marketplace insurance prior to care.</p> <p>SJMC intends to explore the implementation of a Patient Guide pilot program. Patient Guides are trained professionals who assist patients through the entire healthcare process including insurance applications, appointment scheduling, attending appointments (as needed), medication assistance and more. SJMC is currently working with the Teton Free Clinic, El Puenite and the SJMC Foundation to define the target population for this pilot program – likely patients who are uninsured who have experiencing challenges when managing chronic disease conditions.</p>	<p><b>Program Impact &amp; Evaluation</b></p> <p>SJMC's navigation efforts will be reviewed annually to ensure that community needs are being met. The effectiveness of the Marketplace navigation program will be evaluated by tracking the number of local residents who enroll in Federal Insurance Marketplace coverage and by calculating the proportion of payments that SJMC receives from Marketplace insurance plans.</p>
	<p><b>Target Population</b></p> <p><b>Uninsured individuals &amp; families</b></p>	<p>Success will be measured by tracking the number of patients participating in the program and whether participation in the program resulted in enhanced disease management skills and therefore lower healthcare costs.</p>

<b>Cost of Care</b>	<b>Patient assistance fund</b>	SJMC provides financial assistance for patients who do not have the means to pay their bills. This program will continue.	<b>Those who are uninsured or under-insured</b>	These programs will be assessed by tracking the number of participants on an annual basis.
	<b>Foundation funds</b>	The St. John's Hospital Foundation distributes funds for certain types of care, including a women's fund, oncology fund, and a prenatal entry program.	<b>Those who are uninsured or under-insured</b>	

<b>Clinical &amp; Community Preventive Services</b>				
<b>Action Area</b>	<b>Program</b>	<b>Program Description</b>	<b>Target Population</b>	<b>Program Impact &amp; Evaluation</b>
<b>Routine Screenings</b>		SJMC will focus on cost, community education, and facility capacity in its efforts to increase the percentage of women who receive regular mammograms in its service area.		
	<b>Mammography</b>	SJMC plans to promote the use of financial assistance programs for women who meet the application requirements. Expanding community awareness about the financial assistance programs is a complementary strategy; this information will also be available at community events such as the annual Health Fair. Community education about how often mammograms should be conducted and at what age will also be conducted whenever appropriate. SJMC will also encourage women to book their appointments during all months of the year in order to ease the workload of those who conduct mammographies and those who read the scans. Additionally, SJMC will continue to explore the purchase of a Tomosynthesis mammography machine, which will provide more thorough images and could ultimately reduce the duration of many appointments, thus increasing capacity.	<b>Women of age for mammograms</b>	SJMC hopes to increase the percentage of women receiving mammograms; program impact will be evaluated by tracking the number of mammograms performed at the SJMC facility, and by utilizing County Health Rankings to assess the county's overall performance in this indicator.  Additionally, The St. John's Hospital Foundation plans to track applications over time to assess whether these resources are being fully utilized.
	<b>Colorectal Screenings</b>	SJMC's efforts to increase colorectal screenings will include marketing, education, and increasing awareness of the financial resources available to assist with the cost of these screenings. SJMC intends to provide outreach to the community	<b>Individuals over the age of 50</b>	SJMC hopes to increase the percentage of adults over 50 receiving colorectal screenings; program impact will be evaluated by tracking the number of screenings performed at the SJMC facility, and by utilizing the Wyoming Behavioral Risk Factor

	<p>about who needs this screening, how often the screening should be performed, and where it can be done through a number of channels. Face-to-face education by providers will occur at events such as Walk with a Doc, Dinner with a Doc, and community talks in adjacent counties. In addition, the annual Community Health Fair that occurs every spring draws a large audience of 1000+ community members; staff members, including a general surgeon, will be present to distribute fliers about colonoscopies and answer questions. Information about financial assistance opportunities will be provided at all educational events.</p>		<p>Surveillance System to assess the county's overall performance in this indicator on an annual basis.</p>
<p><b>Diabetic Screenings</b></p>	<p>SJMC will focus on education, frequency of screenings, and program awareness as strategies to increase diabetic screening rates. Community members will have opportunities to be educated about diabetes and whether they are at risk at the annual Health Fair and online via an interactive survey on the SJMC website (in development). Those at-risk for diabetes will be referred to the Diabetes Education department for further consultation.</p> <p>SJMC hopes to increase the marketing for this department and its services, including an increased number of screening days each year. Increased screenings will also be promoted by exploring how the Diabetes Educators can connect into the electronic medical records and receive direct referrals from other providers. SJMC Diabetes Educators plan to connect with the Free Clinic and discuss how to facilitate referrals from its providers. Lastly, the SJMC Diabetes Education department also plans to implement a pilot of the Diabetes Prevention Program (DPP), an evidence-</p>	<p><b>Those who are at risk for diabetes</b></p>	<p>SJMC intends to increase the number of at-risk individuals who participate in a diabetes screening, and connect them to appropriate hospital services. The success of this program will be evaluated by tracking the number of participants in the DPP and the number of screenings performed both in the clinic and at external events such as the Community Health Fair.</p>

		based diabetes management program developed by the Center for Disease Control.	
<b>Immunizations (65+)</b>		<p>SJMC, with strong support from TCPH, will work to increase pneumococcal and influenza immunization rates for those over the age of 65. Strategies to increase immunizations include: distribution of educational materials, face-to-face community education, and facilitating provider/patient conversations about immunizations.</p> <p>Informational materials will be distributed at locations such as the Senior Center of Jackson Hole, Morning Star Assisted Living, and Teton County/Jackson Recreation Center. Additionally, SJMC staff will discuss the importance of these immunizations with community members at events such as the annual Health Fair. Finally, SJMC will explore how to increase the number of providers that utilize electronic medical records to alert them when a patient is due for an immunization</p>	<p>Progress will be evaluated by tracking the number of people educated and the number of materials distributed, as well as county immunization rates.</p>
	<b>Individuals over the age of 65</b>		
<b>Ongoing Chronic Disease Prevention Strategies</b>		<p>SJMC aims to coordinate more effectively with community partners in prevention efforts including immunizations, STI treatment and prevention, mental health, and family planning.</p> <p>SJMC offers affordable blood panels on a year-round basis.</p> <p>SJMC's Wellness Department organizes health education programming in the community including Lunchtime Learnings, Words on Wellness speakers, the annual Community Health Fair, and education in the classroom. These efforts will continue. The Wellness Department will also continue to serve as community liaison to the Healthy Teton County initiative and ongoing community health improvement efforts.</p>	<p>Community members</p> <p>Community members</p> <p>Community members</p> <p>These programs will be evaluated by tracking participation in coalitions, number of educational efforts, and number of program participants.</p>
		<p><b>Outreach and coordination with community organizations</b></p> <p><b>Health Fair Blood Screenings</b></p> <p><b>Wellness Department</b></p>	