SHERIDAN MEMORIAL HOSPITAL

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For Immediate Release – Aug. 23, 2023

Community Health Needs Assessment captures health status, behaviors, needs

Sheridan Memorial Hospital (SMH) conducts a Community Health Needs Assessment (CHNA) every three years that gathers and analyzes input regarding the health status, behaviors and needs of residents within the hospital's service area. In conjunction with Professional Research Consultants (PRC), Inc., a nationally recognized healthcare consulting firm, SMH completed the most recent iteration of this process.

PRC, Inc., conducted randomized telephone interviews of individuals ages 18 and older in Sheridan and Johnson counties as well as portions of southern Montana. In addition, the survey included online input from key informants in the community. These individuals were chosen based on their broad interest in the health of the community and their ability to identify primary concerns of the populations with whom they work, as well as the community as a whole. In total, the sample included more than 500 respondents and reflected the overall population of the area when considering gender, age and income.

The 2023 CHNA captures an array of benchmarks for SMH and other healthcare stakeholders to consider. Overall, the populations served by SMH scored better or similar to Wyoming residents as a whole in 84% of the health categories examined in the assessment. The populations served by SMH scored better or similar to the U.S. as a whole in 90% of the categories studied.

Among other topics, key informants listed mental health as a major concern within the community. Work has begun at SMH to offer a new Behavioral Health Unit that will serve Sheridan and northcentral Wyoming with an EmPATH (Emergency Psychiatric Assessment, Treatment, and Healing) Unit and a Crisis Stabilization Unit. The facility will offer walk-in behavioral health urgent care, a crisis stabilization area, eight adult inpatient psychiatric beds, two pediatric psychiatric beds, and therapy space. The goal of the project is to bring a behavioral health model of care to Wyoming that provides assessment, treatment and healing to patients experiencing crisis in a comforting setting.

Hospital staff and leadership will utilize the information gathered in the CHNA alongside other data to guide decisions over the coming years. The hospital is finalizing its 2023-2026 Strategic Plan, which aligns closely with identified needs of the community and the hospital's strategic priorities. SMH staff will also continue working with community partners to share insights from the CHNA and to serve the community with excellent patient-centered care.

For questions regarding content of this release contact:
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2023 COMMUNITY HEALTH NEEDS ASSESSMENT

Sheridan & Johnson Counties, Wyoming

Photo courtesy of Sheridan County Travel and Tourism

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2023-0100-02

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INTRODUCTION

PROJECT OVERVIEW

Project Goals

This Community Health Needs Assessment is a systematic, data-driven approach to determining the health status, behaviors, and needs of residents in the service areas of Sheridan Memorial Hospital. Subsequently, this information may be used to inform decisions and guide efforts to improve community health and wellness.

A Community Health Needs Assessment provides information so that communities may identify issues of greatest concern and decide to commit resources to those areas, thereby making the greatest possible impact on community health status. This Community Health Needs Assessment will serve as a tool toward reaching three basic goals:

- To improve residents' health status, increase their life spans, and elevate their overall quality of life. A healthy community is not only one where its residents suffer little from physical and mental illness, but also one where its residents enjoy a high quality of life.
- To reduce the health disparities among residents. By gathering demographic information along with health status and behavior data, it will be possible to identify population segments that are most at-risk for various diseases and injuries. Intervention plans aimed at targeting these individuals may then be developed to combat some of the socio-economic factors that historically have had a negative impact on residents' health.
- To increase accessibility to preventive services for all community residents. More accessible preventive services will prove beneficial in accomplishing the first goal (improving health status, increasing life spans, and elevating the quality of life), as well as lowering the costs associated with caring for late-stage diseases resulting from a lack of preventive care.

This assessment was conducted on behalf of Sheridan Memorial Hospital by PRC, Inc., a nationally recognized health care consulting firm with extensive experience conducting Community Health Needs Assessments in hundreds of communities across the United States since 1994.

Methodology

This assessment incorporates data from multiple sources, including primary research (through the PRC Community Health Survey and PRC Online Key Informant Survey), as well as secondary research (vital statistics and other existing health-related data). It also allows for comparison to benchmark data at the state and national levels.

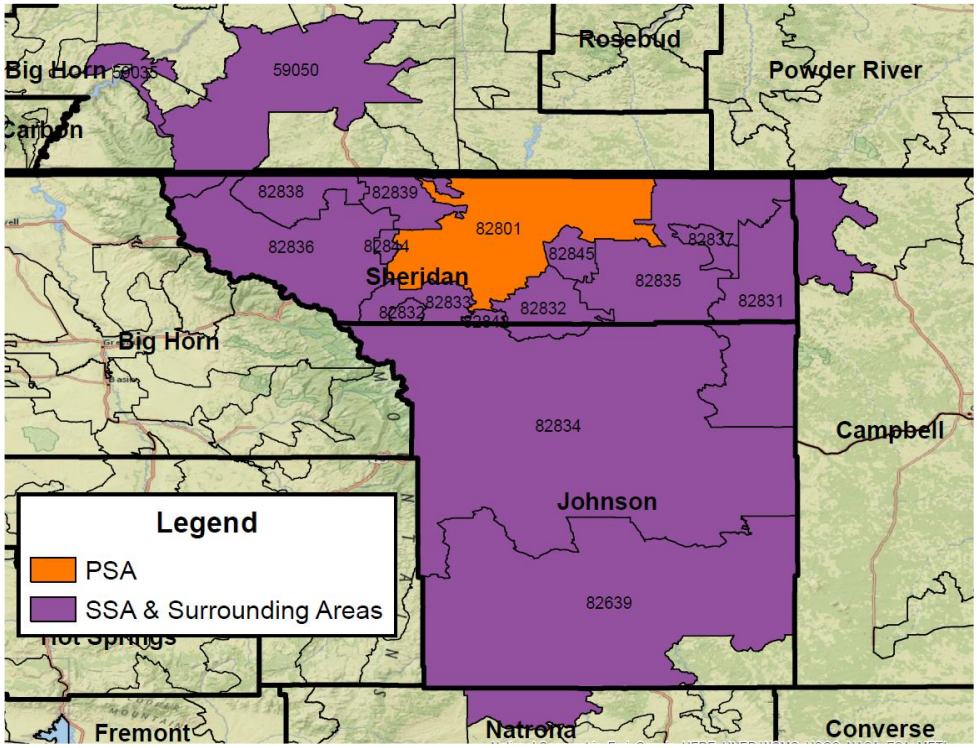
PRC Community Health Survey

Survey Instrument

The survey instrument used for this study is based largely on the Centers for Disease Control and Prevention (CDC) Behavioral Risk Factor Surveillance System (BRFSS), as well as various other public health surveys and customized questions addressing gaps in indicator data relative to health promotion and disease prevention objectives and other recognized health issues. The final survey instrument was developed by Sheridan Memorial Hospital and PRC.

Community Defined for This Assessment

The study area for the survey effort (referred to as “Total Area” in this report) includes Sheridan and Johnson Counties, Wyoming, and is defined as each of the residential ZIP Codes comprising the Primary Service Area or PSA (82801) and the Secondary Service Area (SSA) & Surrounding Areas, or “Surrounding Areas” (59035, 59050, 82639, 82831, 82832, 82833, 82834, 82835, 82836, 82837, 82838, 82839, 82842, 82844, and 82845). This community definition, determined based on the ZIP Codes of residence of recent patients of Sheridan Memorial Hospital, is illustrated in the following map.

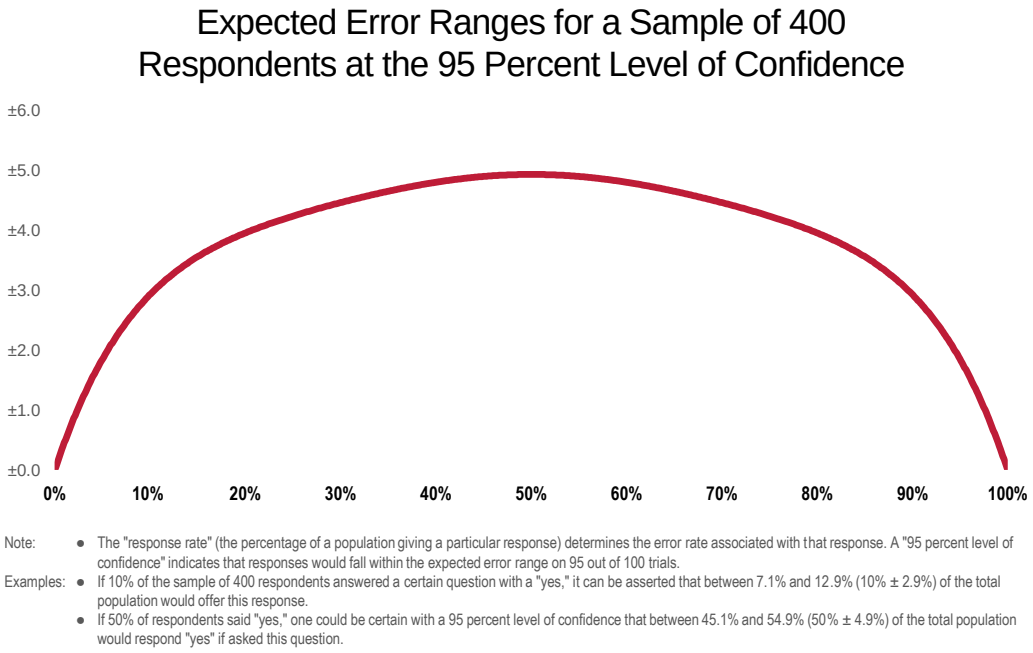


Sample Approach & Design

A precise and carefully executed methodology is critical in asserting the validity of the results gathered in the PRC Community Health Survey. Thus, to ensure the best representation of the population surveyed, a telephone interview methodology — one that incorporates both landline and cell phone interviews — was employed. The primary advantages of telephone interviewing are timeliness, efficiency, and random-selection capabilities.

The sample design used for this effort consisted of a stratified random sample of 400 individuals age 18 and older in the Total Area, including 300 in the Primary Service Area and 100 in the Surrounding Areas. Once the interviews were completed, these were weighted in proportion to the actual population distribution so as to appropriately represent the Total Area as a whole. All administration of the surveys, data collection, and data analysis was conducted by PRC.

For statistical purposes, the maximum rate of error associated with a sample size of 400 respondents is ±4.9% at the 95 percent confidence level.



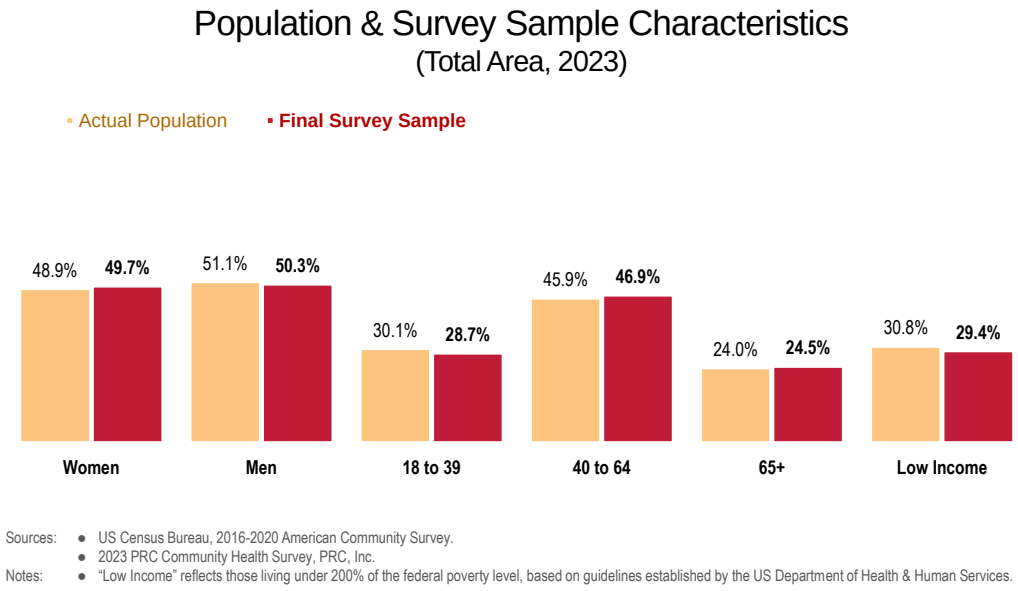
Note:
- The "response rate" (the percentage of a population giving a particular response) determines the error rate associated with that response. A "95 percent level of confidence" indicates that responses would fall within the expected error range on 95 out of 100 trials.

Examples:
- If 10% of the sample of 400 respondents answered a certain question with a "yes," it can be asserted that between 7.1% and 12.9% (10% ± 2.9%) of the total population would offer this response.
- If 50% of respondents said "yes," one could be certain with a 95 percent level of confidence that between 45.1% and 54.9% (50% ± 4.9%) of the total population would respond "yes" if asked this question.

Sample Characteristics

To accurately represent the population studied, PRC strives to minimize bias through application of a proven telephone methodology and random-selection techniques. While this random sampling of the population produces a highly representative sample, it is a common and preferred practice to “weight” the raw data to improve this representativeness even further. This is accomplished by adjusting the results of a random sample to match the geographic distribution and demographic characteristics of the population surveyed (poststratification), so as to eliminate any naturally occurring bias. Specifically, once the raw data are gathered, respondents are examined by key demographic characteristics (namely sex, age, race, ethnicity, and poverty status), and a statistical application package applies weighting variables that produce a sample which more closely matches the population for these characteristics. Thus, while the integrity of each individual’s responses is maintained, one respondent’s responses might contribute to the whole the same weight as, for example, 1.1 respondents. Another respondent, whose demographic characteristics might have been slightly oversampled, might contribute the same weight as 0.9 respondents.

The following chart outlines the characteristics of the Total Area sample for key demographic variables, compared to actual population characteristics revealed in census data. [Note that the sample consisted solely of area residents age 18 and older; data on children were given by proxy by the person most responsible for that child’s health care needs, and these children are not represented demographically in this chart.]



The sample design and the quality control procedures used in the data collection ensure that the sample is representative. Thus, the findings may be generalized to the total population of community members in the defined area with a high degree of confidence.

Online Key Informant Survey

To solicit input from key informants, those individuals who have a broad interest in the health of the community, an Online Key Informant Survey also was implemented as part of this process. A list of recommended participants was provided by Sheridan Memorial Hospital; this list included names and contact information for physicians, public health representatives, other health professionals, social service providers, and a variety of other community leaders. Potential participants were chosen because of their ability to identify primary concerns of the populations with whom they work, as well as of the community overall.

Key informants were contacted by email, introducing the purpose of the survey and providing a link to take the survey online; reminder emails were sent as needed to increase participation. In all, 123 community representatives took part in the Online Key Informant Survey, as outlined in the table that follows:

ONLINE KEY INFORMANT SURVEY PARTICIPATION	
KEY INFORMANT TYPE	NUMBER PARTICIPATING
Physicians	25
Public Health Representatives	1
Other Health Providers	23
Social Services Providers	4
Other Community Leaders	70

Through this process, input was gathered from individuals whose organizations work with low-income, minority, or other medically underserved populations. Final participation included representatives of the organizations outlined below.

- Advocacy & Resource Center
- Alpha Graphics
- Alpine Roots Counseling
- Balanced Healing Salt and Sauna
- Big Horn Beverage Co.
- Big Horn Mountain Radio Network
- Big Horn Psychological Services
- Bighorn Pediatric Dentistry, LLC
- Buchanan Chiropractic, PC
- Center for a Vital Community
- CENTURY 21 BHJ Realty, Inc.
- CHAPS Equine Assisted Therapy
- City of Sheridan
- Concept Z Home and Property
- Connect Speech Therapy LLC
- Creekside Dental, LLC
- Cross Creek Counseling
- D.A. Davidson & Co.
- Ebia Hearing & Sound, LLC
- Enroll Wyoming
- ERA Carroll Realty Co., Inc.
- First Bank of Wyoming
- First Congregational United Church of Christ
- First Federal Bank & Trust
- First Interstate Bank
- First Northern Bank of Wyoming - Sheridan
- Fortis Therapy
- Green House Living for Sheridan
- Herbert G. and Dorothy Zullig Foundation
- Homer A. Scott Jr. & Janet E. Scott Family Foundation
- LeRoy Family Dental, P.C.
- Montana-Dakota Utilities
- Navajo Transitional Energy Company
- Peldo Counseling Services
- Powder River Heating & AC, Inc.
- Purpose Physical Therapy
- Range
- Robbins Dermatology, PC
- Rocky Mountain Discount Sports
- Schultz Family Dental
- Sheridan Chamber of Commerce
- Sheridan College
- Sheridan Counseling Practice, LLC
- Sheridan County
- Sheridan County Government
- Sheridan County Public Health
- Sheridan County School District No. 1
- Sheridan County School District No. 2
- Sheridan County Sheriff's Office
- Sheridan County Title Insurance Agency
- Sheridan Funeral Home and Cremations
- Sheridan Media
- Sheridan Orthopedic Associates, PC
- Sheridan Pathology Associates
- Sheridan Recreation District
- Sheridan Rotary Club
- Sheridan Spine and Sports Medicine
- Sheridan Sundowner Lions Club
- Society for Human Resource Management
- Sugarland Walk-in Clinic, LLC
- The Food Group
- The Sheridan Press
- Tongue River Child's Place
- Town of Ranchester
- Uprising
- Wendtland & Wendtland, LLP
- Westview Health Care Center
- Whitney Plaza Dental
- Willow Creek Counseling Associates, LLC
- WyoVision Associates, Inc.

In the online survey, key informants were asked to rate the degree to which various health issues are a problem in their own community. Follow-up questions asked them to describe why they identify problem areas as such and how these might better be addressed. Results of their ratings, as well as selected verbatim comments, are included throughout this report as they relate to the various other data presented.

Public Health, Vital Statistics & Other Data

A variety of existing (secondary) data sources was consulted to complement the research quality of this Community Health Needs Assessment. Data for the Total Area were obtained from the following sources (specific citations are included with the graphs throughout this report):

- Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension, SparkMap (sparkmap.org)
- Centers for Disease Control & Prevention, Office of Infectious Disease, National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention
- Centers for Disease Control & Prevention, Office of Public Health Science Services, National Center for Health Statistics
- National Cancer Institute, State Cancer Profiles
- US Census Bureau, American Community Survey
- US Census Bureau, County Business Patterns
- US Census Bureau, Decennial Census
- US Department of Agriculture, Economic Research Service
- US Department of Health & Human Services
- US Department of Health & Human Services, Health Resources and Services Administration (HRSA)
- US Department of Justice, Federal Bureau of Investigation
- US Department of Labor, Bureau of Labor Statistics

Note that secondary data reflect county-level data.

Benchmark Comparisons

Wyoming Data

State-level findings are provided where available as an additional benchmark against which to compare local findings. For survey indicators, these are taken from the most recently published data from the CDC's Behavioral Risk Factor Surveillance System (BRFSS). For other indicators, these draw from vital statistics, census, and other existing data sources.

National Data

National survey data, which are also provided in comparison charts, are taken from the *2023 PRC National Health Survey*; these data may be generalized to the US population with a high degree of confidence. National-level findings (from various existing resources) are also provided for comparison of secondary data indicators.

Healthy People 2030 Objectives

Healthy People provides 10-year, measurable public health objectives — and tools to help track progress toward achieving them. Healthy People identifies public health priorities to help individuals, organizations, and communities across the United States improve health and well-being. Healthy People 2030, the initiative's fifth iteration, builds on knowledge gained over the first four decades.

The Healthy People 2030 framework was based on recommendations made by the Secretary's Advisory Committee on National Health Promotion and Disease Prevention Objectives for 2030. After receiving feedback from individuals and organizations and input from subject matter experts, the US Department of Health and Human Services (HHS) approved the framework which helped guide the selection of Healthy People 2030 objectives.

Note that Healthy People 2030 objectives are not available for all indicators in this assessment, but are provided where possible.

Determining Significance

Differences noted in this report represent those determined to be significant. For survey-derived indicators (which are subject to sampling error), statistical significance is determined based on confidence intervals (at the 95 percent confidence level), using question-specific samples and response rates. For the purpose of this report, "significance" of secondary data indicators (which do not carry sampling error but might be subject to reporting error) is determined by a 15% variation from the comparative measure.

Information Gaps

While this assessment is quite comprehensive, it cannot measure all possible aspects of health in the community, nor can it adequately represent all possible populations of interest. It must be recognized that these information gaps might in some ways limit the ability to assess all of the community's health needs.

For example, certain population groups — such as the homeless, institutionalized persons, or those who only speak a language other than English or Spanish — are not represented in the survey data. Other population groups — for example, pregnant women, LGBTQ+ residents, undocumented residents, and members of certain racial/ethnic or immigrant groups — while included in the overall findings, might not be individually identifiable or might not comprise a large-enough sample for independent analyses.

In terms of content, this assessment was designed to provide a comprehensive and broad picture of the health of the overall community. However, there are certainly medical conditions that are not specifically addressed.

Public Comment

Sheridan Memorial Hospital will use its website as a tool to solicit public comments and ensure that these comments are considered in the development of future CHNAs.

IRS FORM 990, SCHEDULE H COMPLIANCE

For nonprofit hospitals, a Community Health Needs Assessment (CHNA) also serves to satisfy certain requirements of tax reporting, pursuant to provisions of the Patient Protection & Affordable Care Act of 2010. To understand which elements of this report relate to those requested as part of hospitals' reporting on IRS Schedule H (Form 990), the following table cross-references related sections.

Sheridan Memorial Hospital is a county memorial hospital, which is a political subdivision of county government. Other hospitals may receive local taxpayer funding through mill levies. Sheridan Memorial Hospital does not receive taxpayer funding other than funds required by state statute.

IRS FORM 990, SCHEDULE H (2022)	See Report Page
Part V Section B Line 3a A definition of the community served by the hospital facility	6
Part V Section B Line 3b Demographics of the community	27
Part V Section B Line 3c Existing health care facilities and resources within the community that are available to respond to the health needs of the community	142
Part V Section B Line 3d How data was obtained	6
Part V Section B Line 3e The significant health needs of the community	14
Part V Section B Line 3f Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups	Addressed Throughout
Part V Section B Line 3g The process for identifying and prioritizing community health needs and services to meet the community health needs	14
Part V Section B Line 3h The process for consulting with persons representing the community's interests	9
Part V Section B Line 3i The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)	147

SUMMARY OF FINDINGS

Significant Health Needs of the Community

The following “Areas of Opportunity” represent the significant health needs of the community, based on the information gathered through this Community Health Needs Assessment. From these data, opportunities for health improvement exist in the area with regard to the following health issues (see also the summary tables presented in the following section).

The Areas of Opportunity were determined after consideration of various criteria, including: standing in comparison with benchmark data (particularly national data); the preponderance of significant findings within topic areas; the magnitude of the issue in terms of the number of persons affected; and the potential health impact of a given issue. These also take into account those issues of greatest concern to the key informants giving input to this process.

AREAS OF OPPORTUNITY IDENTIFIED THROUGH THIS ASSESSMENT	
CANCER	▪ Leading Cause of Death
HEART DISEASE & STROKE	▪ Leading Cause of Death ▪ Overall Cardiovascular Risk
INJURY & VIOLENCE	▪ Fall-Related Deaths [Age 65+]
MENTAL HEALTH	▪ Suicide Deaths ▪ Key Informants: *Mental Health* ranked as a top concern.
NUTRITION, PHYSICAL ACTIVITY & WEIGHT	▪ Low Food Access (Proximity to Grocery Stores) ▪ Overweight & Obesity [Adults]
ORAL HEALTH	▪ Dental Insurance Coverage
RESPIRATORY DISEASE	▪ Lung Disease Deaths ▪ Pneumonia/Influenza Deaths
SUBSTANCE USE	▪ Alcohol-Induced Deaths ▪ Cirrhosis/Liver Disease Deaths

Community Feedback on Prioritization of Health Needs

Prioritization of the health needs identified in this assessment ("Areas of Opportunity" above) was determined based on a prioritization exercise conducted among providers and other community leaders (representing a cross-section of community-based agencies and organizations) as part of the Online Key Informant Survey.

In this process, these key informants were asked to rate the severity of a variety of health issues in the community. Insofar as these health issues were identified through the data above and/or were identified as top concerns among key informants, their ranking of these issues informed the following priorities:

1. Mental Health
2. Substance Use
3. Nutrition, Physical Activity & Weight
4. Heart Disease & Stroke
5. Cancer
6. Oral Health
7. Respiratory Disease
8. Injury & Violence

Hospital Implementation Strategy

Sheridan Memorial Hospital will use the information from this Community Health Needs Assessment to develop an Implementation Strategy to address the significant health needs in the community. While the hospital will likely not implement strategies for all of the health issues listed above, the results of this prioritization exercise will be used to inform the development of the hospital's action plan to guide community health improvement efforts in the coming years.

Note: An evaluation of the hospital's past activities to address the needs identified in prior CHNAs can be found as an appendix to this report.

Summary Tables:
Comparisons With Benchmark Data

Reading the Summary Tables

In the following tables, Total Area results are shown in the larger, gray column.

The columns to the left of the Total Area column provide comparisons between the Primary Service Area and the Surrounding Areas, identifying differences for each as “better than” (), “worse than” (), or “similar to” () the opposing area.

The columns to the right of the Total Area column provide comparisons between local data and any available state and national findings, and Healthy People 2030 objectives. Again, symbols indicate whether the Total Area compares favorably (), unfavorably (), or comparably () to these external data.

Note that blank table cells signify that data are not available or are not reliable for that area and/or for that indicator.

Tip: Indicator labels beginning with a “%” symbol are taken from the PRC Community Health Survey; the remaining indicators are taken from secondary data sources.

SOCIAL DETERMINANTS	DISPARITY BETWEEN SUBAREAS: Primary Service Area	DISPARITY BETWEEN SUBAREAS: Surrounding Areas	Total Area	TOTAL AREA vs. BENCHMARKS: vs. WY	TOTAL AREA vs. BENCHMARKS: vs. US	TOTAL AREA vs. BENCHMARKS: vs. HP2030
Linguistically Isolated Population (Percent)			**0.3**	1.0	4.0	
Population in Poverty (Percent)			**10.5**	10.7	12.6	8.0
Children in Poverty (Percent)			**12.6**	12.8	17.1	8.0
No High School Diploma (Age 25+, Percent)			**4.3**	6.3	11.1	
Unemployment Rate (Age 16+, Percent)			**3.6**	3.6	3.3	
% Unable to Pay Cash for a $400 Emergency Expense	18.7	13.8	**16.9**		34.0	
% Worry/Stress Over Rent/Mortgage in Past Year	23.9	25.2	**24.4**		45.8	
% Unhealthy/Unsafe Housing Conditions	4.7	2.5	**3.9**		16.4	
Population With Low Food Access (Proximity to Grocery Stores, Percent)			**38.8**	29.7	22.2	
% Food Insecure	15.7	21.1	**17.7**		43.3	

better | similar | worse

OVERALL HEALTH	DISPARITY BETWEEN SUBAREAS: Primary Service Area	DISPARITY BETWEEN SUBAREAS: Surrounding Areas	Total Area	TOTAL AREA vs. BENCHMARKS: vs. WY	TOTAL AREA vs. BENCHMARKS: vs. US	TOTAL AREA vs. BENCHMARKS: vs. HP2030
% "Fair/Poor" Overall Health	15.0	15.1	**15.0**	13.9	15.7	

better | similar | worse

ACCESS TO HEALTH CARE	DISPARITY BETWEEN SUBAREAS		Total Area	TOTAL AREA vs. BENCHMARKS		
	Primary Service Area	Surrounding Areas		vs. WY	vs. US	vs. HP2030
% [Age 18-64] Lack Health Insurance	14.2	10.1	**12.7**	16.8	8.1	7.6
% Difficulty Accessing Health Care in Past Year (Composite)	37.2	46.0	**40.4**		52.5	
% Cost Prevented Physician Visit in Past Year	11.6	17.3	**13.7**	10.5	21.6	
% Cost Prevented Getting Prescription in Past Year	12.1	14.1	**12.9**		20.2	
% Difficulty Getting Appointment in Past Year	18.6	31.9	**23.5**		33.4	
% Inconvenient Hrs Prevented Dr Visit in Past Year	11.8	9.8	**11.1**		22.9	
% Difficulty Finding Physician in Past Year	13.5	20.6	**16.1**		22.0	
% Transportation Hindered Dr Visit in Past Year	4.5	8.8	**6.1**		18.3	
% Language/Culture Prevented Care in Past Year	0.0	1.2	**0.5**		5.0	
% Stretched Prescription to Save Cost in Past Year	7.5	9.5	**8.2**		19.4	
% Difficulty Getting Child's Health Care in Past Year			**12.3**		11.1	
Primary Care Doctors per 100,000			**104.2**	97.6	108.0	
% Have a Specific Source of Ongoing Care	70.3	68.3	**69.6**		69.9	84.0
% Routine Checkup in Past Year	66.3	69.3	**67.4**	68.2	65.3	
% [Child 0-17] Routine Checkup in Past Year			**88.1**		77.5	

ACCESS TO HEALTH CARE (continued)	DISPARITY BETWEEN SUBAREAS		Total Area	TOTAL AREA vs. BENCHMARKS		
	Primary Service Area	Surrounding Areas		vs. WY	vs. US	vs. HP2030
% Two or More ER Visits in Past Year	11.7	15.2	13.0		15.6	
% Rate Local Health Care "Fair/Poor"	16.0	13.7	15.2		11.5	
				better	similar	worse

CANCER	DISPARITY BETWEEN SUBAREAS		Total Area	TOTAL AREA vs. BENCHMARKS		
	Primary Service Area	Surrounding Areas		vs. WY	vs. US	vs. HP2030
Cancer Deaths per 100,000 (Age-Adjusted)			129.7	138.6	146.5	122.7
Cancer Incidence per 100,000 (Age-Adjusted)			395.4	405.7	449.4	
Lung Cancer Incidence per 100,000 (Age-Adjusted)			43.4	41.8	56.3	
Female Breast Cancer Incidence per 100,000 (Age-Adjusted)			107.8	113.0	128.1	
Prostate Cancer Incidence per 100,000 (Age-Adjusted)			90.6	113.6	109.9	
Colorectal Cancer Incidence per 100,000 (Age-Adjusted)			28.5	34.2	37.7	
% Cancer	9.3	7.9	8.8	13.2	7.4	
% [Women 50-74] Breast Cancer Screening			65.0	65.8	64.0	80.5
% [Women 21-65] Cervical Cancer Screening			70.5	72.0	75.4	84.3
% [Age 50-75] Colorectal Cancer Screening			76.2	61.6	71.5	74.4
				better	similar	worse

DIABETES	DISPARITY BETWEEN SUBAREAS: Primary Service Area	DISPARITY BETWEEN SUBAREAS: Surrounding Areas	Total Area	TOTAL AREA vs. BENCHMARKS: vs. WY	TOTAL AREA vs. BENCHMARKS: vs. US	TOTAL AREA vs. BENCHMARKS: vs. HP2030
Diabetes Deaths per 100,000 (Age-Adjusted)			20.3	20.2	22.6	
% Diabetes/High Blood Sugar	11.6	12.8	12.1	8.8	12.8	
% Borderline/Pre-Diabetes	5.9	7.9	6.6		15.0	
Kidney Disease Deaths per 100,000 (Age-Adjusted)			6.1	8.8	12.9	
				better	similar	worse

DISABLING CONDITIONS	DISPARITY BETWEEN SUBAREAS: Primary Service Area	DISPARITY BETWEEN SUBAREAS: Surrounding Areas	Total Area	TOTAL AREA vs. BENCHMARKS: vs. WY	TOTAL AREA vs. BENCHMARKS: vs. US	TOTAL AREA vs. BENCHMARKS: vs. HP2030
% 3+ Chronic Conditions	33.8	30.6	32.6		38.0	
% Activity Limitations	26.8	31.5	28.5		27.5	
% High-Impact Chronic Pain	26.3	16.9	22.8		19.6	6.4
Alzheimer's Disease Deaths per 100,000 (Age-Adjusted)			31.6	36.0	30.9	
% Caregiver to a Friend/Family Member	20.4	27.6	23.1		22.8	
				better	similar	worse

HEART DISEASE & STROKE	DISPARITY BETWEEN SUBAREAS: Primary Service Area	DISPARITY BETWEEN SUBAREAS: Surrounding Areas	Total Area	TOTAL AREA vs. BENCHMARKS: vs. WY	TOTAL AREA vs. BENCHMARKS: vs. US	TOTAL AREA vs. BENCHMARKS: vs. HP2030
Heart Disease Deaths per 100,000 (Age-Adjusted)			**145.6**	154.5	164.4	127.4
% Heart Disease	6.3	1.8	**4.7**	6.4	10.3	
Stroke Deaths per 100,000 (Age-Adjusted)			**36.8**	31.5	37.6	33.4
% Stroke	3.6	2.2	**3.0**	2.6	5.4	
% High Blood Pressure	33.6	40.1	**36.0**	29.8	40.4	42.6
% High Cholesterol	30.2	30.6	**30.4**		32.4	
% 1+ Cardiovascular Risk Factor	98.0	100.0	**98.8**		87.8	
				better	similar	worse

INFANT HEALTH & FAMILY PLANNING	DISPARITY BETWEEN SUBAREAS: Primary Service Area	DISPARITY BETWEEN SUBAREAS: Surrounding Areas	Total Area	TOTAL AREA vs. BENCHMARKS: vs. WY	TOTAL AREA vs. BENCHMARKS: vs. US	TOTAL AREA vs. BENCHMARKS: vs. HP2030
Teen Births per 1,000 Females 15-19			**18.9**	24.1	19.3	
Low Birthweight (Percent of Births)			**6.9**	9.1	8.2	
Infant Deaths per 1,000 Births			**6.3**	5.4	5.8	5.0
				better	similar	worse

INJURY & VIOLENCE	DISPARITY BETWEEN SUBAREAS: Primary Service Area	DISPARITY BETWEEN SUBAREAS: Surrounding Areas	Total Area	TOTAL AREA vs. BENCHMARKS: vs. WY	TOTAL AREA vs. BENCHMARKS: vs. US	TOTAL AREA vs. BENCHMARKS: vs. HP2030
Unintentional Injury Deaths per 100,000 (Age-Adjusted)			**53.5**	60.2	51.6	43.2
Motor Vehicle Crash Deaths per 100,000 (Age-Adjusted)			**13.3**	17.0	11.4	10.1
[65+] Fall-Related Deaths per 100,000 (Age-Adjusted)			**143.7**	95.8	67.1	63.4
Violent Crimes per 100,000			**114.7**	271.9	416.0	
% Victim of Violent Crime in Past 5 Years	0.5	0.6	**0.5**		7.0	
% Victim of Intimate Partner Violence	14.5	18.8	**16.0**		20.3	

better | similar | worse

MENTAL HEALTH	DISPARITY BETWEEN SUBAREAS: Primary Service Area	DISPARITY BETWEEN SUBAREAS: Surrounding Areas	Total Area	TOTAL AREA vs. BENCHMARKS: vs. WY	TOTAL AREA vs. BENCHMARKS: vs. US	TOTAL AREA vs. BENCHMARKS: vs. HP2030
% "Fair/Poor" Mental Health	13.9	14.1	**13.9**		24.4	
% Diagnosed Depression	30.5	21.7	**27.3**	21.1	30.8	
% Symptoms of Chronic Depression	38.1	28.6	**34.6**		46.7	
% Typical Day Is "Extremely/Very" Stressful	8.3	13.3	**10.2**		21.1	
Suicide Deaths per 100,000 (Age-Adjusted)			**22.7**	28.3	13.9	12.8
Mental Health Providers per 100,000			**182.9**	149.4	151.2	

MENTAL HEALTH (continued)	DISPARITY BETWEEN SUBAREAS: Primary Service Area	DISPARITY BETWEEN SUBAREAS: Surrounding Areas	Total Area	TOTAL AREA vs. BENCHMARKS: vs. WY	TOTAL AREA vs. BENCHMARKS: vs. US	TOTAL AREA vs. BENCHMARKS: vs. HP2030
% Receiving Mental Health Treatment	22.5	18.6	21.1		21.9	
% Unable to Get Mental Health Services in Past Year	4.2	7.2	5.3		13.2	

better | similar | worse

NUTRITION, PHYSICAL ACTIVITY & WEIGHT	DISPARITY BETWEEN SUBAREAS: Primary Service Area	DISPARITY BETWEEN SUBAREAS: Surrounding Areas	Total Area	TOTAL AREA vs. BENCHMARKS: vs. WY	TOTAL AREA vs. BENCHMARKS: vs. US	TOTAL AREA vs. BENCHMARKS: vs. HP2030
% "Very/Somewhat" Difficult to Buy Fresh Produce	20.7	23.1	21.5		30.0	
% No Leisure-Time Physical Activity	17.1	16.2	16.8	22.9	30.2	21.8
% Meet Physical Activity Guidelines	32.6	24.4	29.5	24.5	30.3	29.7
% [Child 2-17] Physically Active 1+ Hours per Day			58.7		27.4	
Recreation/Fitness Facilities per 100,000			17.8	14.2	11.9	
% Overweight (BMI 25+)	71.6	85.0	76.5	68.9	63.3	
% Obese (BMI 30+)	35.7	43.7	38.6	32.0	33.9	36.0
% [Child 5-17] Overweight (85th Percentile)			28.1		31.8	
% [Child 5-17] Obese (95th Percentile)			12.3		19.5	15.5

better | similar | worse

ORAL HEALTH	DISPARITY BETWEEN SUBAREAS: Primary Service Area	DISPARITY BETWEEN SUBAREAS: Surrounding Areas	Total Area	TOTAL AREA vs. BENCHMARKS: vs. WY	TOTAL AREA vs. BENCHMARKS: vs. US	TOTAL AREA vs. BENCHMARKS: vs. HP2030
% Have Dental Insurance	65.5	51.5	**60.4**		72.7	75.0
% Dental Visit in Past Year	72.9	65.5	**70.2**	65.4	56.5	45.0
% [Child 2-17] Dental Visit in Past Year			**91.7**		77.8	45.0
				better	similar	worse

RESPIRATORY DISEASE	DISPARITY BETWEEN SUBAREAS: Primary Service Area	DISPARITY BETWEEN SUBAREAS: Surrounding Areas	Total Area	TOTAL AREA vs. BENCHMARKS: vs. WY	TOTAL AREA vs. BENCHMARKS: vs. US	TOTAL AREA vs. BENCHMARKS: vs. HP2030
Lung Disease Deaths per 100,000 (Age-Adjusted)			**56.1**	54.6	38.1	
Pneumonia/Influenza Deaths per 100,000 (Age-Adjusted)			**20.7**	15.0	13.4	
COVID-19 Deaths per 100,000 (Age-Adjusted)			**35.0**	63.1	85.0	
% Asthma	11.9	8.8	**10.7**	9.7	17.9	
% [Child 0-17] Asthma			**8.2**		16.7	
% COPD (Lung Disease)	10.9	10.8	**10.8**	6.5	11.0	
				better	similar	worse

SUBSTANCE USE	DISPARITY BETWEEN SUBAREAS: Primary Service Area	DISPARITY BETWEEN SUBAREAS: Surrounding Areas	Total Area	TOTAL AREA vs. BENCHMARKS: vs. WY	TOTAL AREA vs. BENCHMARKS: vs. US	TOTAL AREA vs. BENCHMARKS: vs. HP2030
Alcohol-Induced Deaths per 100,000 (Age-Adjusted)			**36.8**	22.9	11.9	
Cirrhosis/Liver Disease Deaths per 100,000 (Age-Adjusted)			**16.6**	23.2	12.5	10.9
% Excessive Drinking	16.5	16.0	**16.3**	17.9	34.3	
Unintentional Drug-Induced Deaths per 100,000 (Age-Adjusted)			**7.1**	12.6	15.8	
% Used an Illicit Drug in Past Month	1.5	3.6	**2.2**		8.4	
% Used a Prescription Opioid in Past Year	11.9	15.6	**13.2**		15.1	
% Ever Sought Help for Alcohol or Drug Problem	3.3	12.4	**6.7**		6.8	
% Personally Impacted by Substance Use	41.9	50.5	**45.0**		45.4	
				better	similar	worse

TOBACCO USE	DISPARITY BETWEEN SUBAREAS: Primary Service Area	DISPARITY BETWEEN SUBAREAS: Surrounding Areas	Total Area	TOTAL AREA vs. BENCHMARKS: vs. WY	TOTAL AREA vs. BENCHMARKS: vs. US	TOTAL AREA vs. BENCHMARKS: vs. HP2030
% Smoke Cigarettes	14.1	12.9	**13.7**	16.5	23.9	6.1
% Someone Smokes at Home	5.3	5.7	**5.5**		17.7	
% Use Vaping Products	9.8	4.1	**7.7**	7.5	18.5	
				better	similar	worse

Photo courtesy of Sheridan County Travel and Tourism

COMMUNITY DESCRIPTION

POPULATION CHARACTERISTICS

Total Population

The Total Area (Sheridan and Johnson Counties), the focus of this Community Health Needs Assessment, encompasses 6,677.51 square miles and houses a total population of 39,269 residents, according to latest census estimates.

Total Population
(Estimated Population, 2017-2021)

	TOTAL POPULATION	TOTAL LAND AREA (square miles)	POPULATION DENSITY (per square mile)
Total Area	**39,269**	**6,677.51**	**6**
WY	576,641	97,088.75	6
United States	329,725,481	3,533,041.03	93

Sources:
- US Census Bureau American Community Survey, 5-year estimates.
- Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved June 2023 via SparkMap (sparkmap.org).

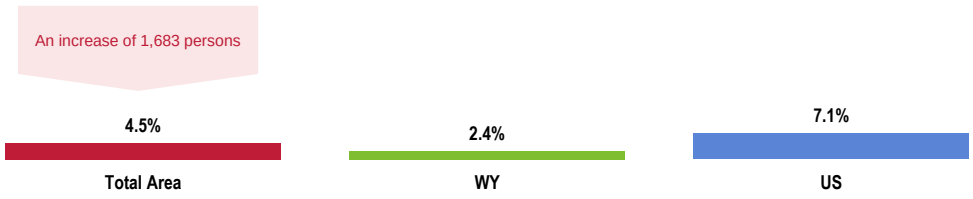
Population Change 2010-2020

A significant positive or negative shift in total population over time impacts health care providers and the utilization of community resources.

Between the 2010 and 2020 US Censuses, the population of the Total Area increased by 1,683 persons, or 4.5%.

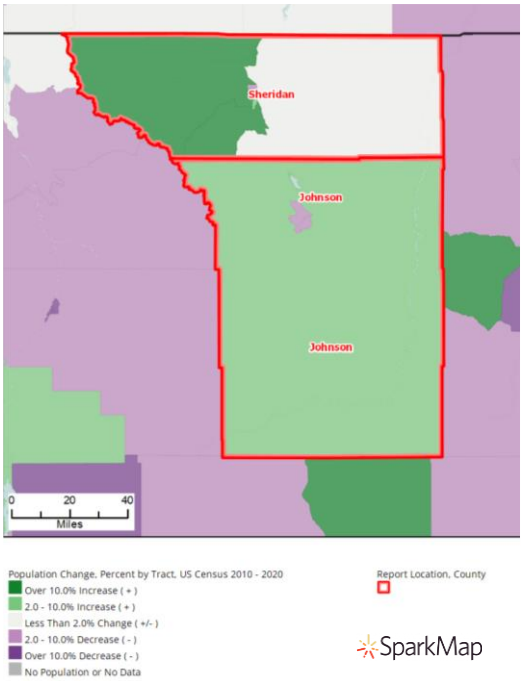
BENCHMARK ► The Total Area experienced a population increase that was proportionally higher than found statewide but lower than found nationally.

Change in Total Population
(Percentage Change Between 2010 and 2020)



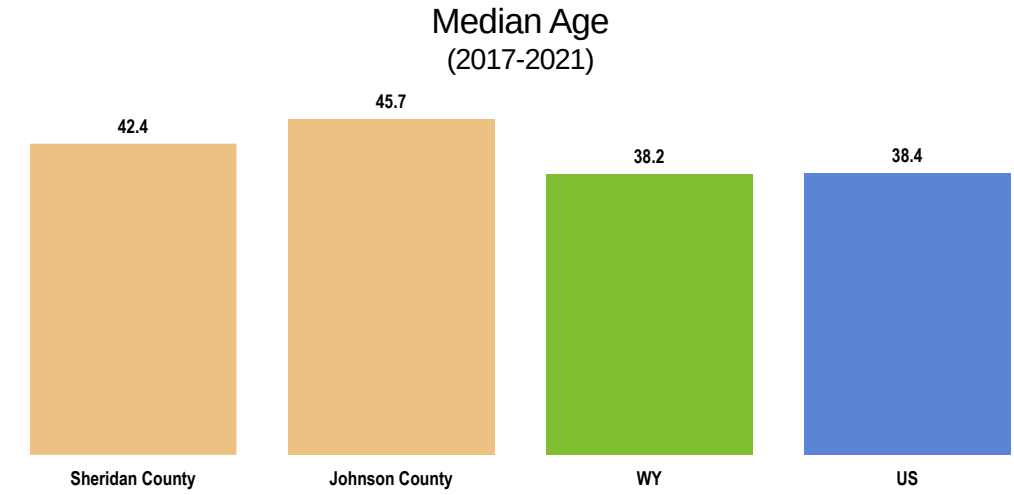
Sources:
- US Census Bureau Decennial Census (2010-2020).
- Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved June 2023 via SparkMap (sparkmap.org).

This map shows the areas of greatest increase or decrease in population between 2010 and 2020.



Age

The Sheridan and Johnson county populations are considerably "older" in that the median ages are significantly higher than found statewide or nationally.



Sources:
- US Census Bureau American Community Survey, 5-year estimates.
- Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved June 2023 via SparkMap (sparkmap.org).

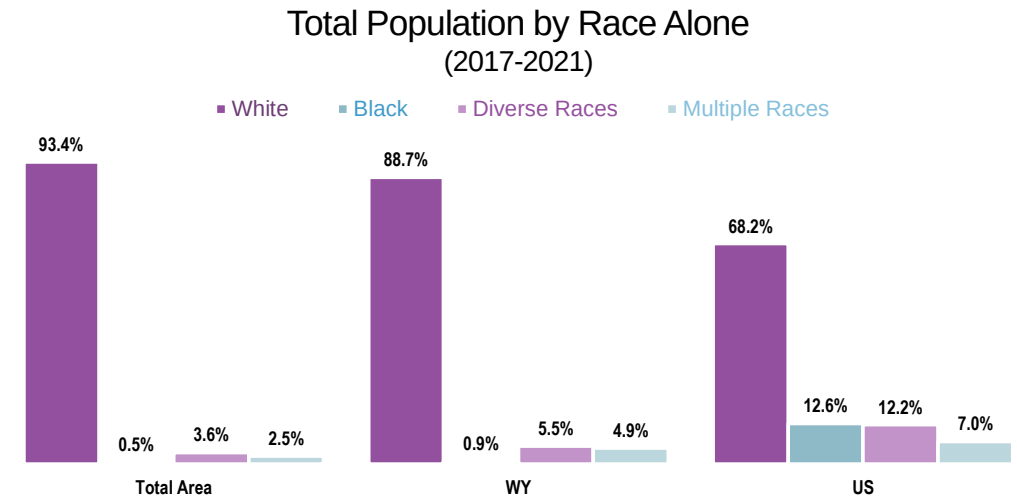
Race & Ethnicity

Race

Race reflects those who identify with a single race category, regardless of Hispanic origin. People who identify their origin as Hispanic, Latino, or Spanish may be of any race.

In looking at race independent of ethnicity (Hispanic or Latino origin), 93.4% of residents of the Total Area are White and 0.5% are Black.

BENCHMARK ► Less diverse than the state and the US.



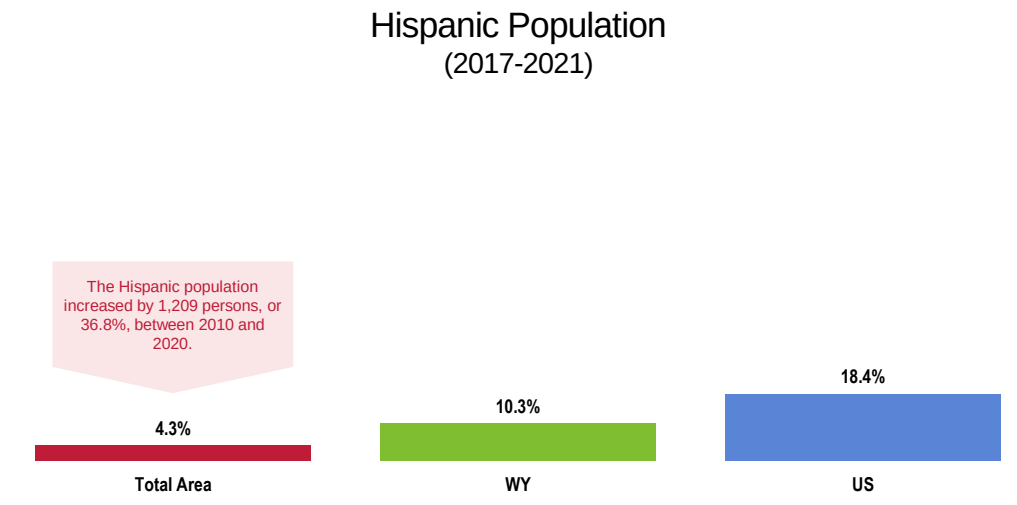
Sources:
- US Census Bureau American Community Survey, 5-year estimates.
- Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved June 2023 via SparkMap (sparkmap.org).

Notes:
- "Diverse Races" includes those who identify as American Indian or Alaska Native, Asian, or Native Hawaiian/Pacific Islander, without Hispanic origin.

Ethnicity

A total of 4.3% of Total Area residents are Hispanic or Latino.

BENCHMARK ► A much smaller proportion than found across Wyoming and the US.



Sources:
- US Census Bureau American Community Survey, 5-year estimates.
- Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved June 2023 via SparkMap (sparkmap.org).

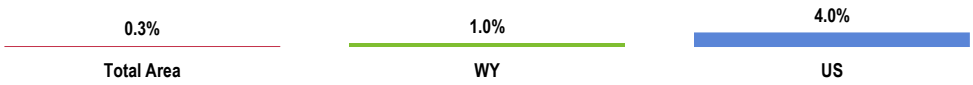
Notes:
- People who identify their origin as Hispanic, Latino, or Spanish may be of any race.

Linguistic Isolation

A total of 0.3% of the Total Area population age 5 and older live in a home in which no person age 14 or older is proficient in English (speaking only English or speaking English "very well").

BENCHMARK ► Lower than state and national percentages.

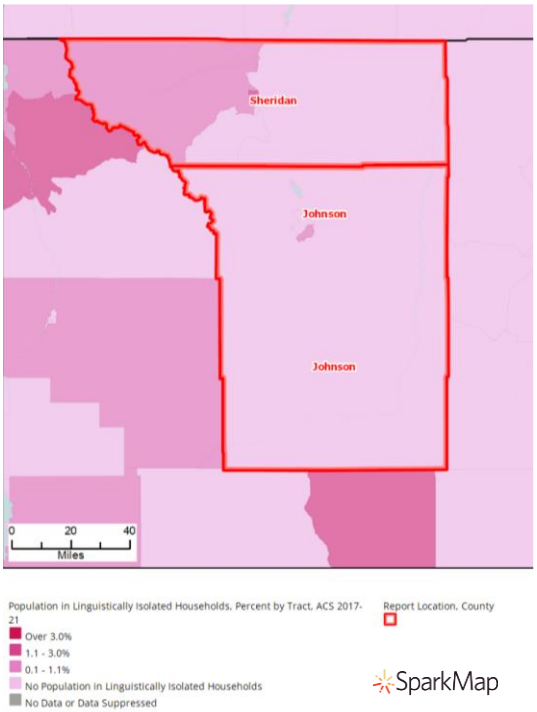
Linguistically Isolated Population
(2017-2021)



Sources:
- US Census Bureau American Community Survey, 5-year estimates.
- Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved June 2023 via SparkMap (sparkmap.org).

Notes:
- This indicator reports the percentage of the population age 5+ who live in a home in which no person age 14+ speaks only English, or in which no person age 14+ speaks a non-English language and speak English "very well."

Note the following map illustrating linguistic isolation throughout the Total Area.



SOCIAL DETERMINANTS OF HEALTH

ABOUT SOCIAL DETERMINANTS OF HEALTH

Social determinants of health (SDOH) are the conditions in the environments where people are born, live, learn, work, play, worship, and age that affect a wide range of health, functioning, and quality-of-life outcomes and risks.

Social determinants of health (SDOH) have a major impact on people's health, well-being, and quality of life. Examples of SDOH include:

- Safe housing, transportation, and neighborhoods
- Racism, discrimination, and violence
- Education, job opportunities, and income
- Access to nutritious foods and physical activity opportunities
- Polluted air and water
- Language and literacy skills

SDOH also contribute to wide health disparities and inequities. For example, people who don't have access to grocery stores with healthy foods are less likely to have good nutrition. That raises their risk of health conditions like heart disease, diabetes, and obesity — and even lowers life expectancy relative to people who do have access to healthy foods.

Just promoting healthy choices won't eliminate these and other health disparities. Instead, public health organizations and their partners in sectors like education, transportation, and housing need to take action to improve the conditions in people's environments.

– Healthy People 2030 (https://health.gov/healthypeople)

Poverty

Poverty is considered a key driver of health status because it creates barriers to accessing health services, healthy food, and other necessities that contribute to overall health.

The latest census estimate shows 10.5% of the Total Area total population living below the federal poverty level.

BENCHMARK ► Lower than the national percentage. Fails to satisfy the Healthy People 2030 objective.

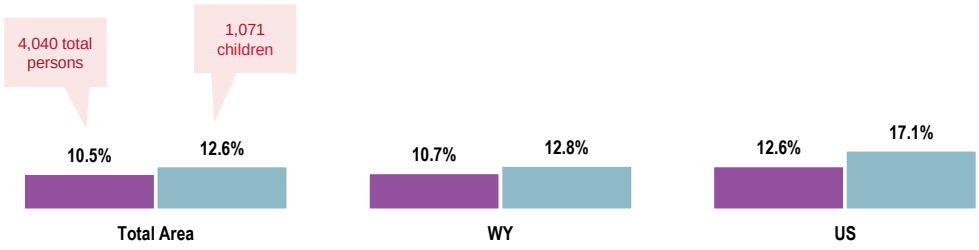
Among just children (ages 0 to 17), this percentage in the Total Area is 12.6% (representing an estimated 1,071 children).

BENCHMARK ► Lower than the national percentage. Fails to satisfy the Healthy People 2030 objective.

Percent of Population in Poverty

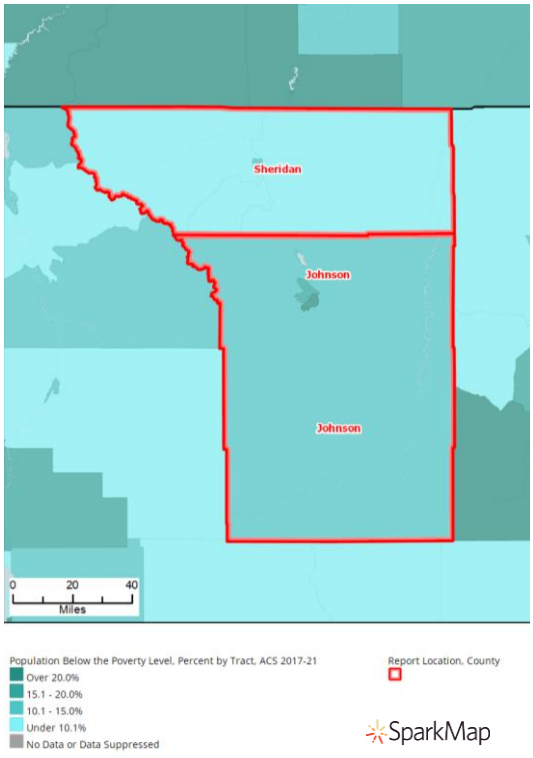
(2017-2021)

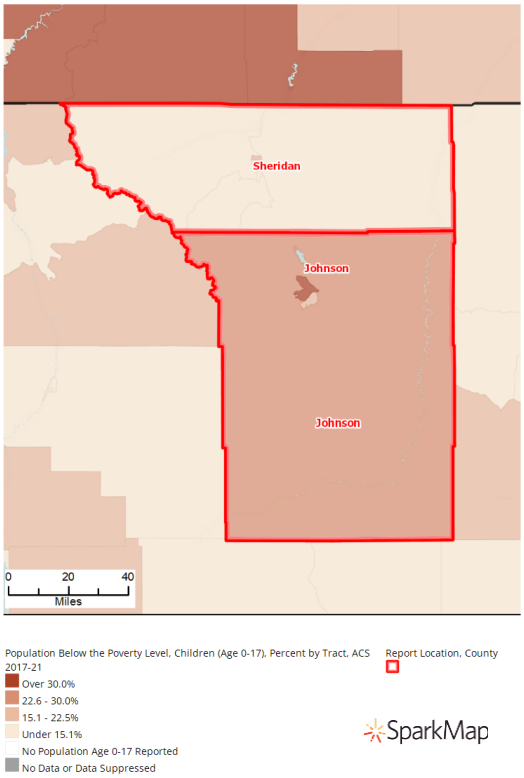
Healthy People 2030 = 8.0% or Lower



Sources:
- US Census Bureau American Community Survey, 5-year estimates.
- Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved June 2023 via SparkMap (sparkmap.org).
- US Department of Health and Human Services. Healthy People 2030. https://health.gov/healthypeople

The following maps highlight concentrations of persons living below the federal poverty level.



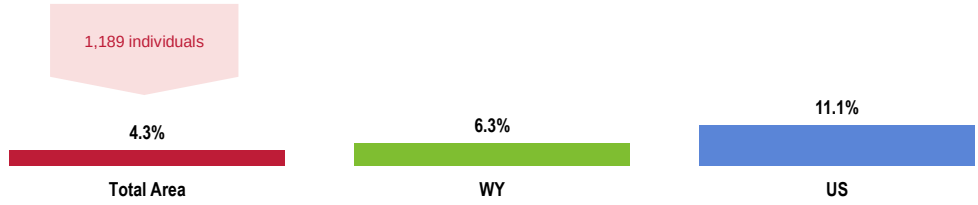


Education

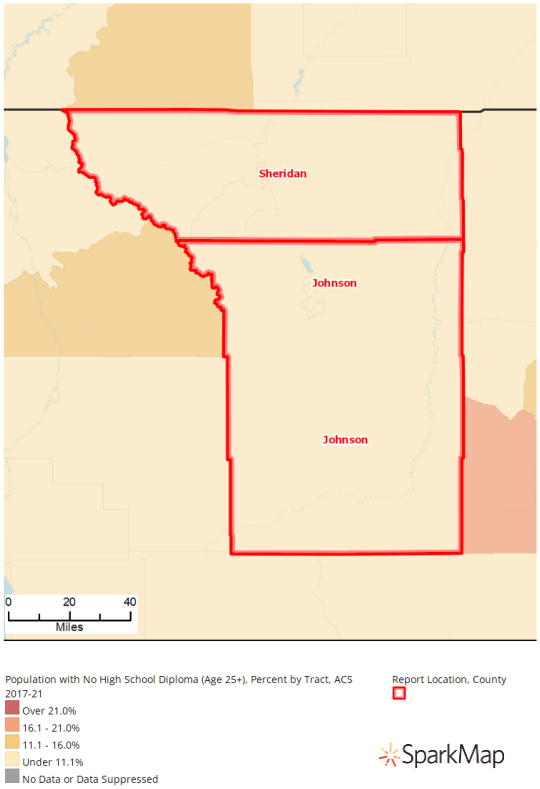
Among the Total Area population age 25 and older, an estimated 4.3% (over 1,000 people) do not have a high school education.

BENCHMARK ► Lower than found across Wyoming and the US.

Population With No High School Diploma
(Adults Age 25 and Older; 2017-2021)



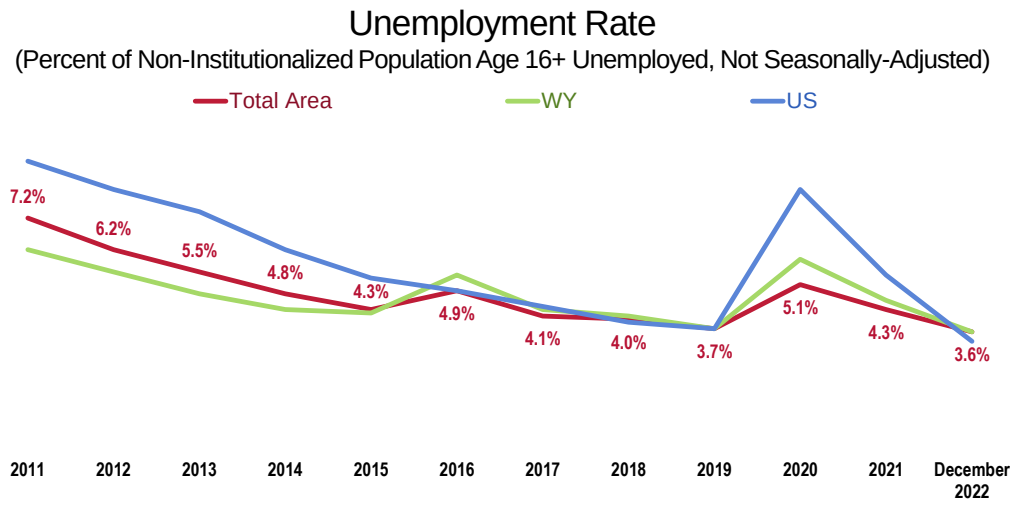
Sources:
- US Census Bureau American Community Survey, 5-year estimates.
- Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved June 2023 via SparkMap (sparkmap.org).



Employment

According to data derived from the US Department of Labor, the unemployment rate in the Total Area as of December 2022 was 3.6%.

TREND ► Following an increase in 2020 (attributed to the COVID-19 pandemic), unemployment has dropped below pre-pandemic levels, and is lower than at any point in the past decade.



Sources:
- US Department of Labor, Bureau of Labor Statistics.
- Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved June 2023 via SparkMap (sparkmap.org).

Financial Resilience

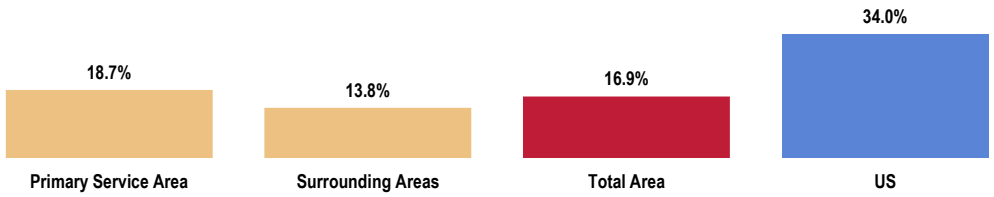
Respondents were asked: "Suppose that you have an emergency expense that costs $400. Based on your current financial situation, would you be able to pay for this expense either with cash, by taking money from your checking or savings account, or by putting it on a credit card that you could pay in full at the next statement?"

A total of 16.9% of Total Area residents would <u>not</u> be able to afford an unexpected $400 expense without going into debt.

BENCHMARK ► Represents half the national percentage.

DISPARITY ► More often reported among women, adults age 18 to 39, and especially lower-income respondents.

Do Not Have Cash on Hand to Cover a $400 Emergency Expense

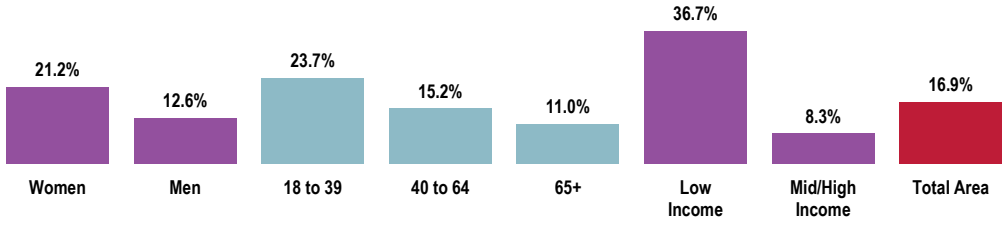


Sources:
- 2023 PRC Community Health Survey, PRC, Inc. [Item 53]
- 2023 PRC National Health Survey, PRC, Inc.

Notes:
- Asked of all respondents.
- Includes respondents who say they would not be able to pay for a $400 emergency expense either with cash, by taking money from their checking or savings account, or by putting it on a credit card that they could pay in full at the next statement.

NOTE: For indicators derived from the population-based survey administered as part of this project, text describes significant differences determined through statistical testing. The reader can assume that differences (against or among local findings) that are not mentioned are ones that are not statistically significant.

Do Not Have Cash on Hand to Cover a $400 Emergency Expense
(Total Area, 2023)



Sources:
- 2023 PRC Community Health Survey, PRC, Inc. [Item 53]

Notes:
- Asked of all respondents.
- Includes respondents who say they would not be able to pay for a $400 emergency expense either with cash, by taking money from their checking or savings account, or by putting it on a credit card that they could pay in full at the next statement.

INCOME & RACE/ETHNICITY

INCOME ► Income categories used to segment survey data in this report are based on administrative poverty thresholds determined by the US Department of Health & Human Services. These guidelines define poverty status by household income level and number of persons in the household (e.g., the 2022 guidelines place the poverty threshold for a family of four at $27,750 annual household income or lower). In sample segmentation: “low income” refers to community members living in a household with defined poverty status or living just above the poverty level, earning up to twice (<200% of) the poverty threshold; “mid/high income” refers to those households living on incomes which are twice or more (≥200% of) the federal poverty level.

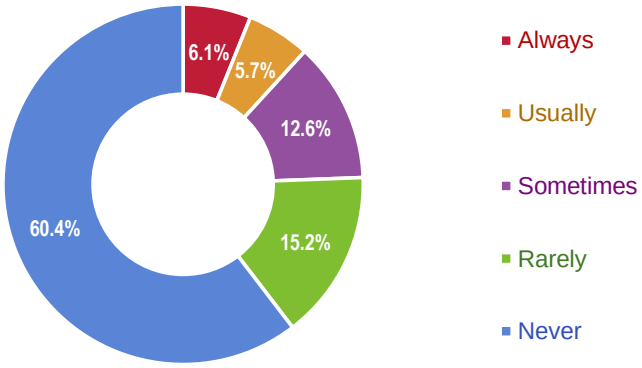
RACE & ETHNICITY ► While the survey data are representative of the full racial and ethnic makeup of the population, samples were not of sufficient size for independent analysis by race and/or ethnicity.

Housing

Housing Insecurity

Most surveyed adults rarely, if ever, worry about the cost of housing.

Frequency of Worry or Stress
Over Paying Rent or Mortgage in the Past Year
(Total Area, 2023)



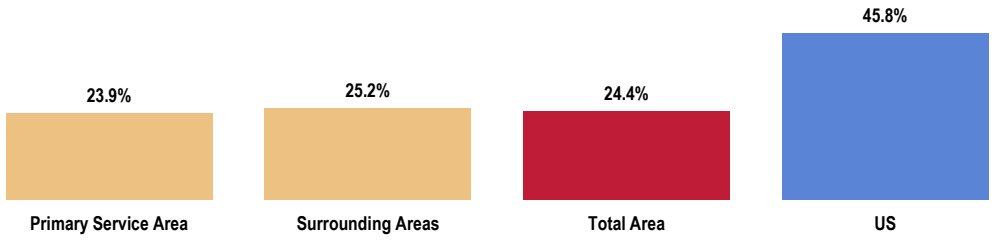
Sources: ● 2023 PRC Community Health Survey, PRC, Inc. [Item 56]
Notes: ● Asked of all respondents.

However, nearly one-fourth (24.4%) report that they were "sometimes," "usually," or "always" worried or stressed about having enough money to pay their rent or mortgage in the past year.

BENCHMARK ► Considerably lower than the US finding.

DISPARITY ► More often reported among women, adults age 18 to 39, lower-income residents, and those who rent their current homes.

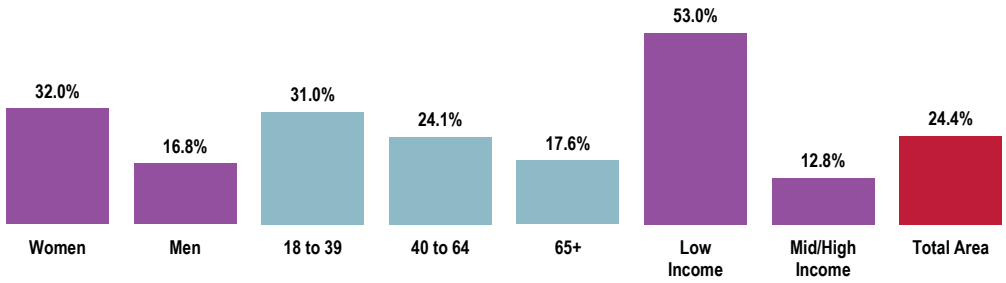
"Always/Usually/Sometimes" Worried About Paying Rent/Mortgage in the Past Year



Sources: ● 2023 PRC Community Health Survey, PRC, Inc. [Item 56]
● 2023 PRC National Health Survey, PRC, Inc.
Notes: ● Asked of all respondents.

"Always/Usually/Sometimes" Worried About Paying Rent/Mortgage in the Past Year
(Total Area, 2023)

Among homeowners	18.7%
Among renters	51.4%



Sources: ● 2023 PRC Community Health Survey, PRC, Inc. [Item 56]
Notes: ● Asked of all respondents.

Unhealthy or Unsafe Housing

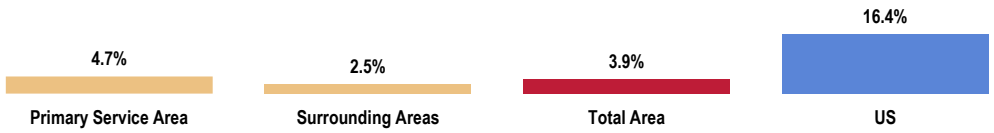
Respondents were asked: "Thinking about your current home, over the past 12 months have you experienced ongoing problems with water leaks, rodents, insects, mold, or other housing conditions that might make living there unhealthy or unsafe?"

A total of 3.9% of Total Area residents report living in unhealthy or unsafe housing conditions during the past year.

BENCHMARK ► Much lower than found across the US.

DISPARITY ► More often reported among adults age 18 to 39.

Unhealthy or Unsafe Housing Conditions in the Past Year

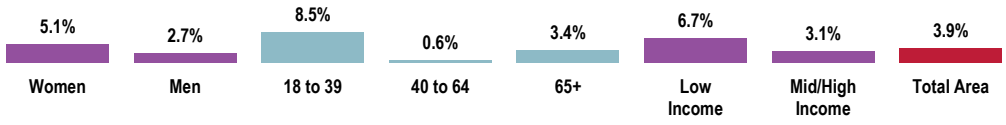


Sources:
- 2023 PRC Community Health Survey, PRC, Inc. [Item 55]
- 2023 PRC National Health Survey, PRC, Inc.

Notes:
- Asked of all respondents.
- Includes respondents who say they experienced ongoing problems in their current home with water leaks, rodents, insects, mold, or other housing conditions that might make living there unhealthy or unsafe.

Unhealthy or Unsafe Housing Conditions in the Past Year
(Total Area, 2023)

Among homeowners	3.0%
Among renters	8.9%



Sources:
- 2023 PRC Community Health Survey, PRC, Inc. [Item 55]

Notes:
- Asked of all respondents.
- Includes respondents who say they experienced ongoing problems in their current home with water leaks, rodents, insects, mold, or other housing conditions that might make living there unhealthy or unsafe.

Food Access

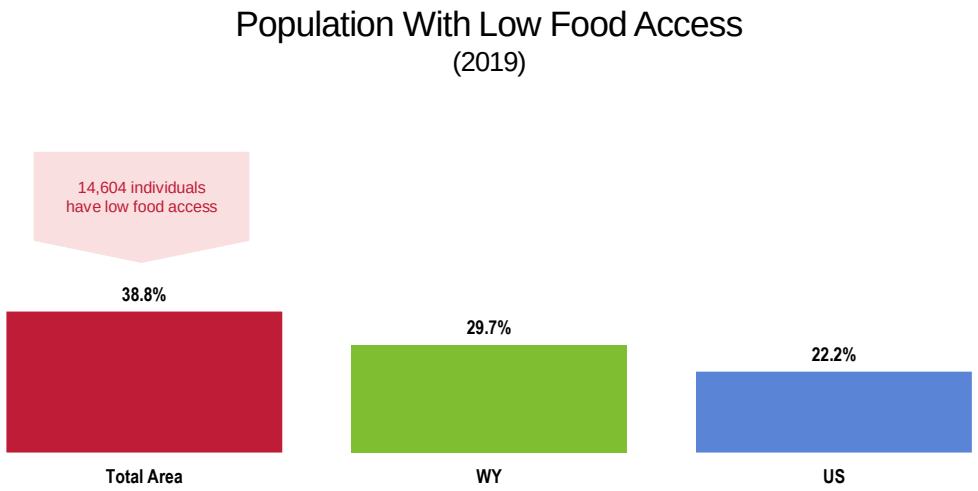
Low Food Access

Low food access is defined as living more than 1 mile (in urban areas, or 10 miles in rural areas) from the nearest supermarket, supercenter, or large grocery store.

RELATED ISSUE
See also Difficulty Accessing Fresh Produce in the *Nutrition*, *Physical Activity & Weight* section of this report.

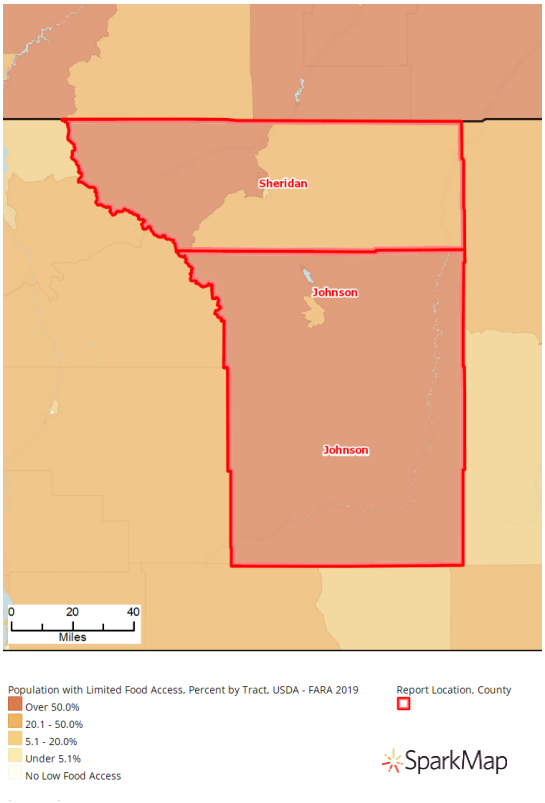
US Department of Agriculture data show that 38.8% of the Total Area population (representing over 14,500 residents) have low food access, meaning that they do not live near a supermarket or large grocery store.

BENCHMARK ► Higher than found statewide and nationally.



Sources:
- US Department of Agriculture, Economic Research Service, USDA - Food Access Research Atlas (FARA).
- Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved June 2023 via SparkMap (sparkmap.org).

Notes:
- This indicator reports the percentage of the population with low food access. Low food access is defined as living more than 1 mile from the nearest supermarket, supercenter, or large grocery store for urban census tracts, and 10 miles for rural ones.



Food Insecurity

Surveyed adults were asked: "Now I am going to read two statements that people have made about their food situation. Please tell me whether each statement was "often true," "sometimes true," or "never true" for you in the past 12 months:

I worried about whether our food would run out before we got money to buy more.

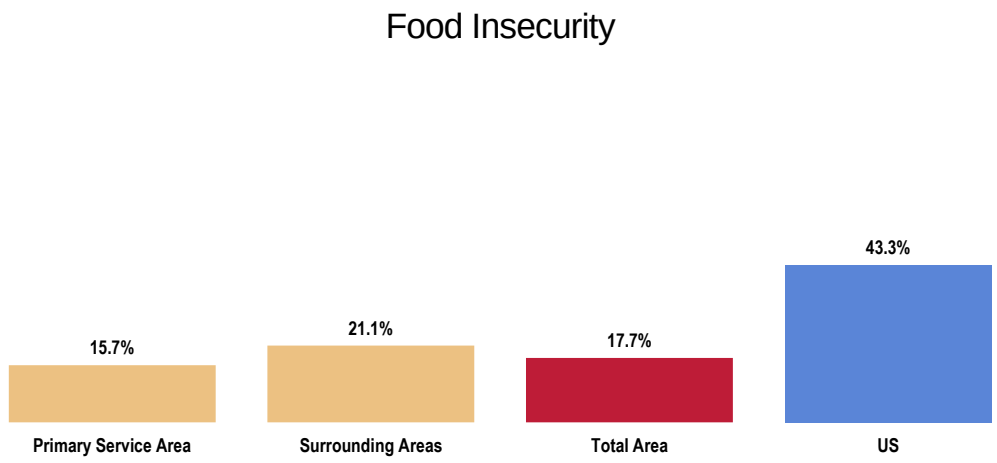
The food that we bought just did not last, and we did not have money to get more."

Those answering "often" or "sometimes" true for either statement are considered to be food insecure.

Overall, 17.7% of community residents are determined to be "food insecure," having run out of food in the past year and/or been worried about running out of food.

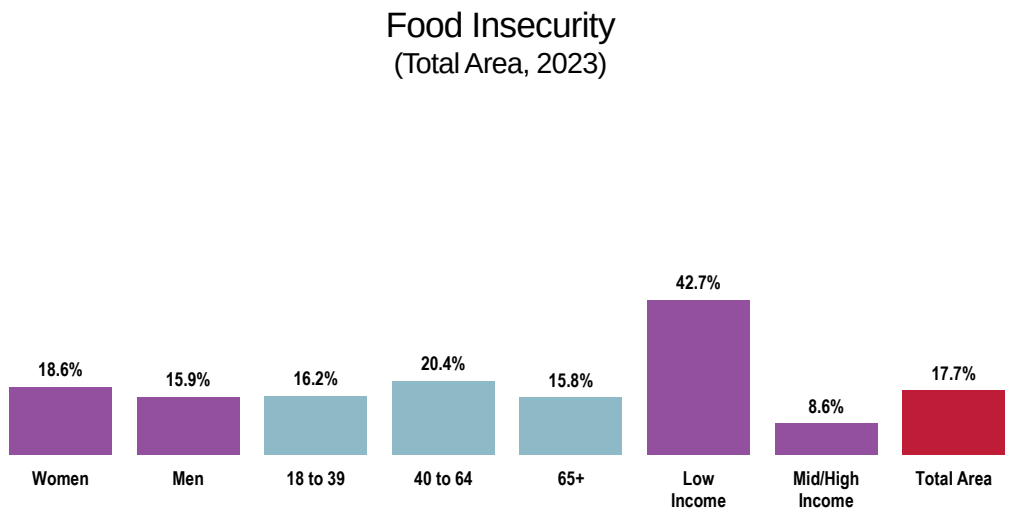
BENCHMARK ► Considerably lower than the US finding.

DISPARITY ► Especially high among lower-income households.



Sources:
- 2023 PRC Community Health Survey, PRC, Inc. [Item 98]
- 2023 PRC National Health Survey, PRC, Inc.

Notes:
- Asked of all respondents.
- Includes adults who A) ran out of food at least once in the past year and/or B) worried about running out of food in the past year.

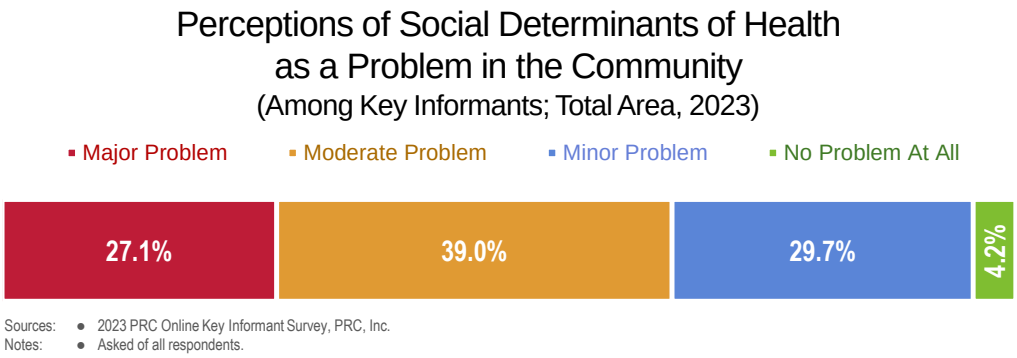


Sources:
- 2023 PRC Community Health Survey, PRC, Inc. [Item 98]

Notes:
- Asked of all respondents.
- Includes adults who A) ran out of food at least once in the past year and/or B) worried about running out of food in the past year.

Key Informant Input: Social Determinants of Health

Key informants taking part in an online survey most often characterized *Social Determinants of Health* as a "moderate problem" in the community.



Among those rating this issue as a "major problem," reasons related to the following:

Housing

There is no such thing as affordable housing in Sheridan beyond those who qualify for low-income housing. – Community Leader

Limited access to affordable housing is the largest issue I see currently. – Physician

We have incredibly expensive housing and costs of living, and people cannot work full-time and keep subsidized housing. That places many people in a precarious situation, financially. In hard financial times, social problems are worse. Many young, capable people are not in the workforce or are voluntarily underemployed. Many young people vape and smoke pot and drink. I think the proliferation of casinos in our community is creating problems as well – these are gambling, regardless of whether it's loosely based on historical anything. And that brings out the social ills with it. – Community Leader

Housing is a major problem and has a very high cost. Such high costs for mortgage and/or rent limit the ability of many citizens to afford healthcare, which also are higher in our community than elsewhere. – Community Leader

Very little housing here for new employees, all the housing is expensive and out of reach of the normal employee. – Community Leader

Our housing is too expensive for many people in Sheridan and income is too low for the housing prices. – Community Leader

A lack of affordable, safe, and sanitary rental housing for low- and moderate-income families. – Community Leader

Housing is an issue which is increasing as folks are basically price out of the market. Still the stigma that you don't need to seek help. Price point of health care in general. Poor choices regarding such things as alcohol and cigarettes. – Community Leader

The largest issue is housing. The effects the cost of rent and mortgages have on available money for health care costs within the individual families. Preventative health care takes a backseat to paying for food and housing. Pride also has a part in whether individuals will seek help for their health issues. Especially mental health in our first responders. Seeking help is perceived as a weakness. Educating our youth on the health concerns and health hazards within our community is a key issue. Preventative care is so important in improving the health of our community and is not receiving the funds necessary to keep it in the forefront of our citizens' minds. The final point would be that women's health needs to be prepared for the health care issues that abortion rights changes will inevitably cause. Especially in our younger adults and the increased need for social, economic, and health resources. – Community Leader

There is an extreme lack of rental and homes for purchase in our area. – Community Leader

Housing is costly, and anything somewhat affordable is in short supply. Wages cannot keep up with the cost of living and many jobs are minimum wage and in the service industry.– Community Leader

There is not enough affordable housing here! Young families cannot move here, and the "average Joe" folks are having to move out, leaving a bunch of elitists here. We DO NOT need to become a new Jackson Hole. – Other Health Provider

Housing is ridiculously expensive, good-paying jobs are hard to find, education and help with financial needs is minimal. Sheridan is becoming very "elite," and we are leaving our young families and workforce behind. – Other Health Provider

> We have a lack of affordable housing, so we cannot get more providers here. – Community Leader
>
> Working class or the service industry workers cannot afford to live in Sheridan. There is no "affordable housing," and the ones that say they are may not be safe for young families. – Social Services Provider

Cost of Living

> High cost of living here. Minimum wage jobs are no longer sufficient to make ends meet for many. – Physician
>
> Due to the cost of living and health care, there are very few stay-home-parents. – Community Leader
>
> The cost of living in our community has increased faster than wages for families to be able to afford to live in our area. To make ends meet, families bypass checkups for health care needs and cannot afford basic health care services, which in the long run makes for a less healthy community. Need universal health care. The lack of housing and the costs both for purchase and rent are not attenable for an average family income. All of the above enter into our community as problems that need to be addressed. – Community Leader

Access to Care/Services

> Limited access to services and knowledge as to what services are needed for their personal issues. – Other Health Provider

Affordable Care/Services

> Financial challenges create the perception that “going to the doctor” is too expensive, or if care is sought, physician practices and the hospital are left holding the bill. – Community Leader

Follow-Up/Support

> In-home support needs to be expanded. Many people who live here don't have the finances to expand support. – Social Services Provider

Vulnerable Populations

> People that have limited income or fit into the age group that makes them ineligible for Medicaid is a huge problem – housing is very expensive. People with limited education or mental health issues don’t know where to find help, and if they do, a lot of times they don’t follow through with applications. – Community Leader

Cultural Attitudes

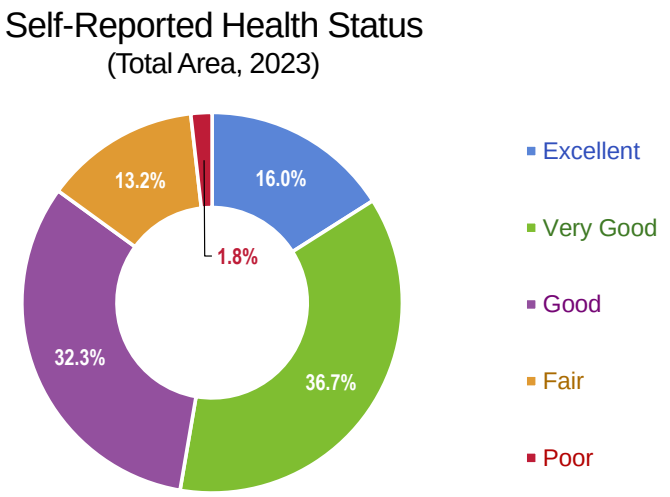
> We promote drinking on a regular basis with many drinking events. – Community Leader

HEALTH STATUS

OVERALL HEALTH STATUS

The initial inquiry of the PRC Community Health Survey asked: "Would you say that in general your health is excellent, very good, good, fair, or poor?"

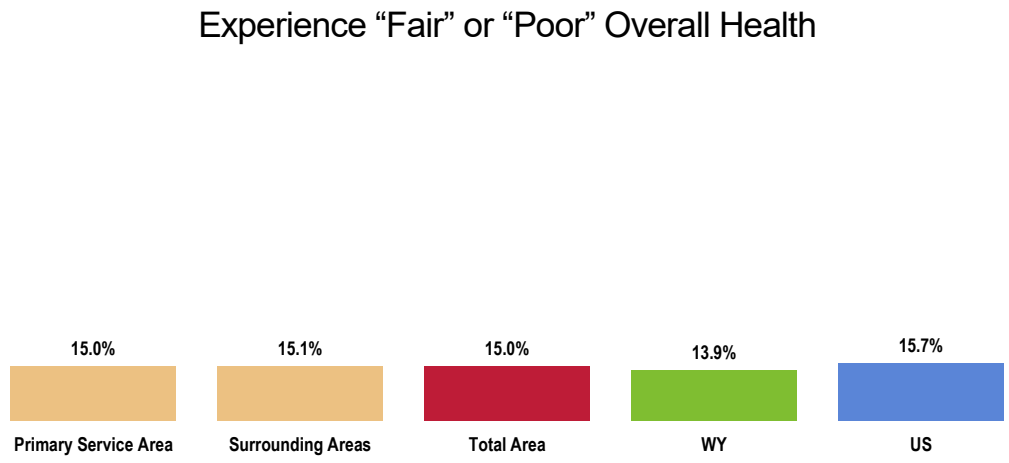
Most Total Area residents rate their overall health favorably (responding "excellent," "very good," or "good").



Sources: ● 2023 PRC Community Health Survey, PRC, Inc. [Item 4]
Notes: ● Asked of all respondents.

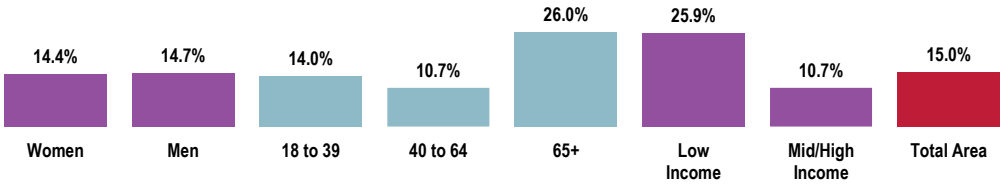
However, 15.0% of Total Area adults believe that their overall health is "fair" or "poor."

DISPARITY ► More often reported among adults age 65+ and those with lower incomes.



Sources: ● 2023 PRC Community Health Survey, PRC, Inc. [Item 4]
● Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2021 Wyoming data.
● 2023 PRC National Health Survey, PRC, Inc.
Notes: ● Asked of all respondents.

Experience “Fair” or “Poor” Overall Health
(Total Area, 2023)



Sources: ● 2023 PRC Community Health Survey, PRC, Inc. [Item 4]
Notes: ● Asked of all respondents.

MENTAL HEALTH

ABOUT MENTAL HEALTH & MENTAL DISORDERS

About half of all people in the United States will be diagnosed with a mental disorder at some point in their lifetime. …Mental disorders affect people of all ages and racial/ethnic groups, but some populations are disproportionately affected. And estimates suggest that only half of all people with mental disorders get the treatment they need.

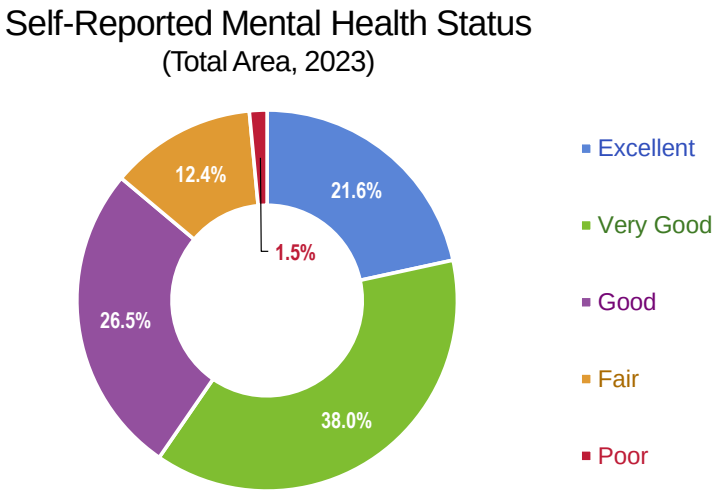
In addition, mental health and physical health are closely connected. Mental disorders like depression and anxiety can affect people's ability to take part in healthy behaviors. Similarly, physical health problems can make it harder for people to get treatment for mental disorders. Increasing screening for mental disorders can help people get the treatment they need.

– Healthy People 2030 (https://health.gov/healthypeople)

Mental Health Status

"Now thinking about your mental health, which includes stress, depression, and problems with emotions, would you say that, in general, your mental health is excellent, very good, good, fair, or poor?"

Most Total Area adults rate their overall mental health favorably ("excellent," "very good," or "good").

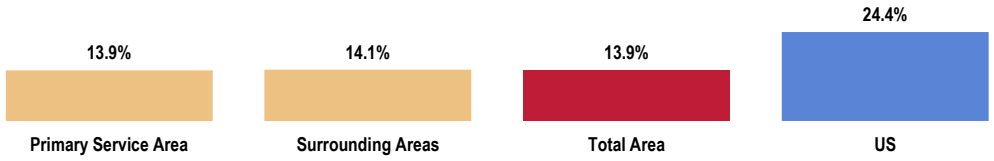


Sources: ● 2023 PRC Community Health Survey, PRC, Inc. [Item 77]
Notes: ● Asked of all respondents.

However, 13.9% believe that their overall mental health is "fair" or "poor."

BENCHMARK ► Much lower than found nationally.

Experience "Fair" or "Poor" Mental Health



Sources:
- 2023 PRC Community Health Survey, PRC, Inc. [Item 77]
- 2023 PRC National Health Survey, PRC, Inc.

Notes:
- Asked of all respondents.

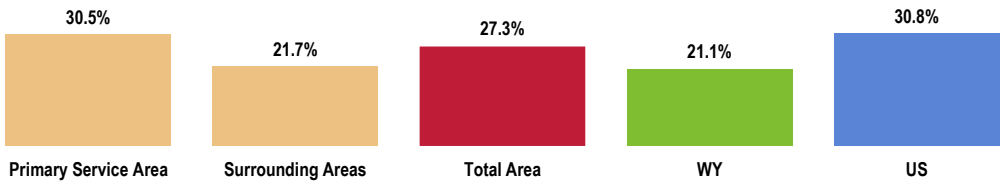
Depression

Diagnosed Depression

A total of 27.3% of Total Area adults have been diagnosed by a physician or other health professional as having a depressive disorder (such as depression, major depression, dysthymia, or minor depression).

BENCHMARK ► Higher than the statewide percentage.

Have Been Diagnosed With a Depressive Disorder



Sources:
- 2023 PRC Community Health Survey, PRC, Inc. [Item 80]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2021 Wyoming data.
- 2023 PRC National Health Survey, PRC, Inc.

Notes:
- Asked of all respondents.
- Depressive disorders include depression, major depression, dysthymia, or minor depression.

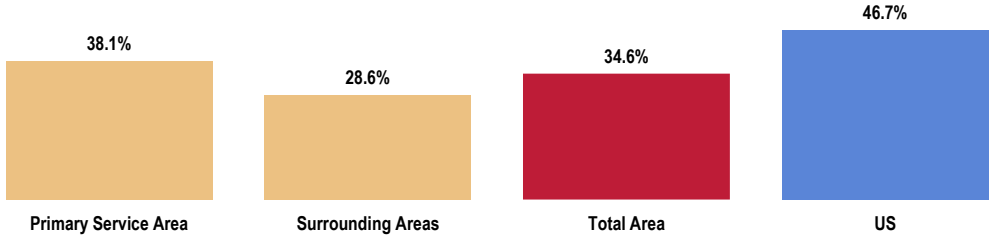
Symptoms of Chronic Depression

A total of 34.6% of Total Area adults have had two or more years in their lives when they felt depressed or sad on most days, although they may have felt okay sometimes (symptoms of chronic depression).

BENCHMARK ► Lower than the US finding.

DISPARITY ► More often reported among women, adults younger than 65, and those with lower incomes.

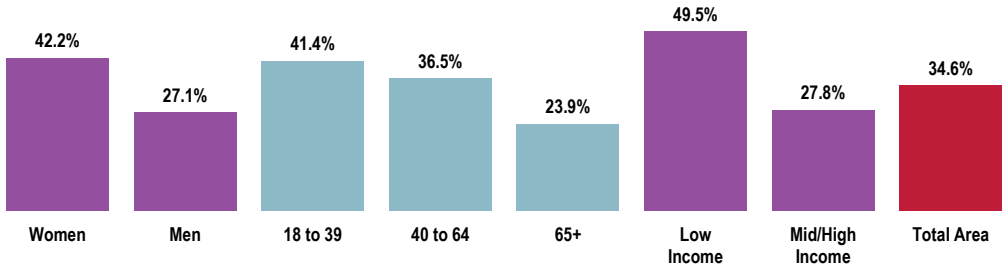
Have Experienced Symptoms of Chronic Depression



Sources:
- 2023 PRC Community Health Survey, PRC, Inc. [Item 78]
- 2023 PRC National Health Survey, PRC, Inc.

Notes:
- Asked of all respondents.
- Chronic depression includes periods of two or more years during which the respondent felt depressed or sad on most days, even if (s)he felt okay sometimes.

Have Experienced Symptoms of Chronic Depression
(Total Area, 2023)

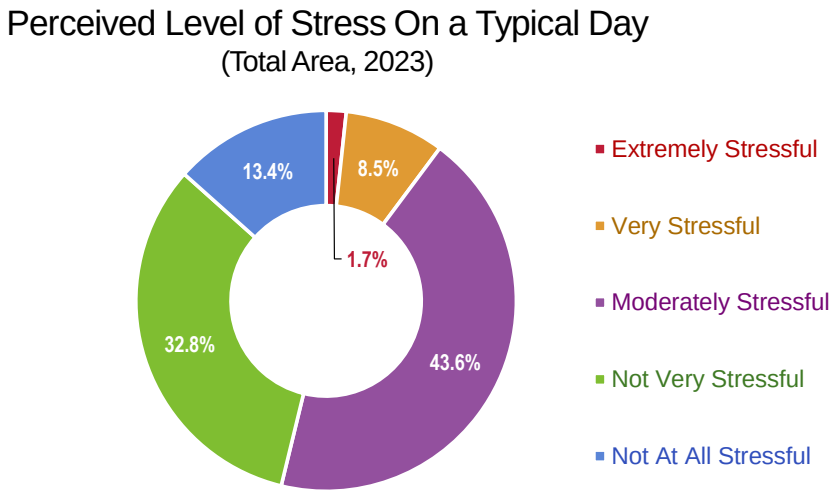


Sources:
- 2023 PRC Community Health Survey, PRC, Inc. [Item 78]

Notes:
- Asked of all respondents.
- Chronic depression includes periods of two or more years during which the respondent felt depressed or sad on most days, even if (s)he felt okay sometimes.

Stress

The majority of surveyed adults characterize most days as no more than "moderately" stressful.

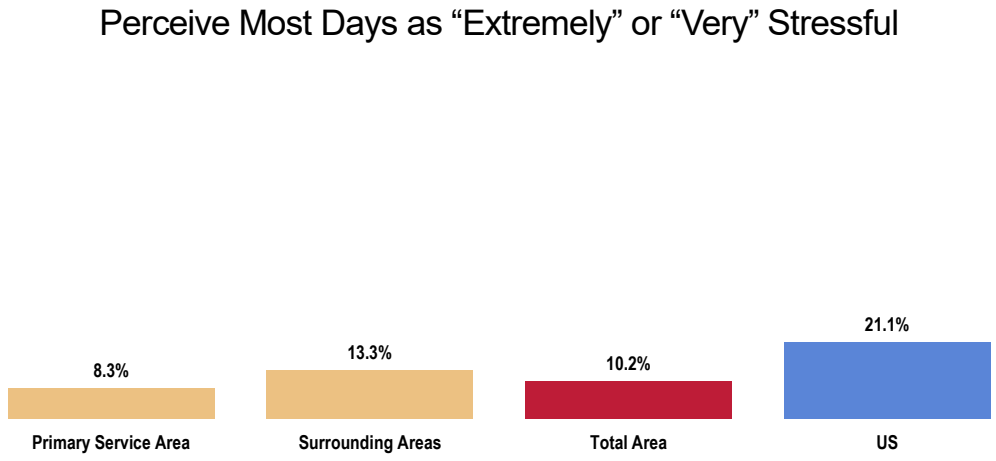


Sources: ● 2023 PRC Community Health Survey, PRC, Inc. [Item 79]
Notes: ● Asked of all respondents.

In contrast, 10.2% of Total Area adults feel that most days for them are "very" or "extremely" stressful.

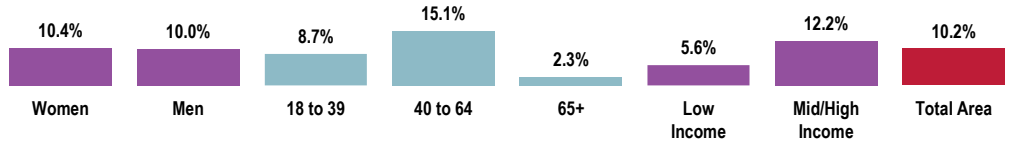
BENCHMARK ► Less than half the national percentage.

DISPARITY ► More often reported among adults age 40 to 64.



Sources: ● 2023 PRC Community Health Survey, PRC, Inc. [Item 79]
● 2023 PRC National Health Survey, PRC, Inc.
Notes: ● Asked of all respondents.

Perceive Most Days as “Extremely” or “Very” Stressful
(Total Area, 2023)



Sources: ● 2023 PRC Community Health Survey, PRC, Inc. [Item 79]
Notes: ● Asked of all respondents.

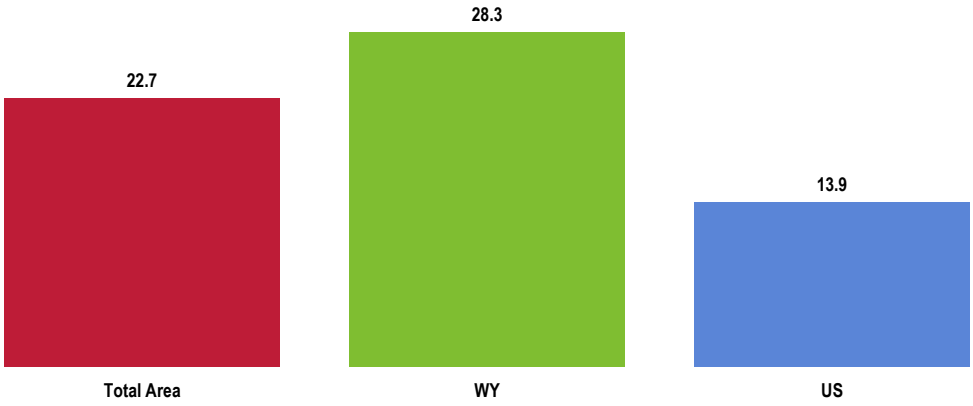
Suicide

Refer to “Leading Causes of Death” for an explanation of the use of age-adjusting for these rates.

In the Total Area, there were 22.7 suicides per 100,000 population (2018-2020 annual average age-adjusted rate).

BENCHMARK ► Lower than the statewide rate but higher than the national rate. Fails to satisfy the Healthy People 2030 objective.

Suicide: Age-Adjusted Mortality
(2018-2020 Annual Average Deaths per 100,000 Population)
Healthy People 2030 = 12.8 or Lower



Sources: ● CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted June 2023.
● US Department of Health and Human Services. Healthy People 2030. https://health.gov/healthypeople
Notes: ● Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
● Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.

Mental Health Treatment

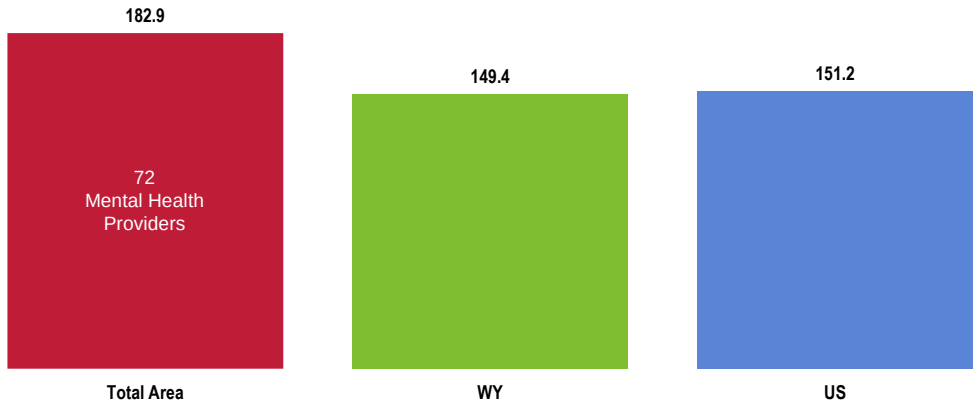
Mental Health Providers

Note that this indicator only reflects providers practicing in the Total Area and residents in the Total Area; it does not account for the potential demand for services from outside the area, nor the potential availability of providers in surrounding areas.

In the Total Area in 2023, there were 182.9 mental health providers (including psychiatrists, psychologists, clinical social workers, and counselors who specialize in mental health care) for every 100,000 population.

BENCHMARK ► More favorable than state and US ratios.

Number of Mental Health Providers per 100,000 Population
(2023)



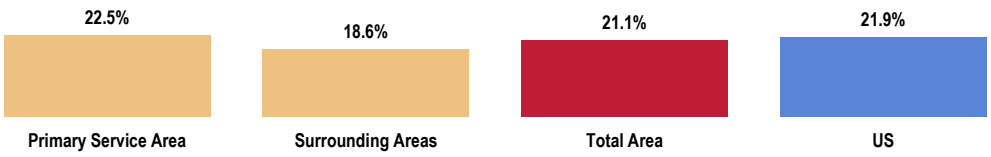
Sources:
- Centers for Medicare and Medicaid Services, National Plan and Provider Enumeration System (NPPES).
- Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved June 2023 via SparkMap (sparkmap.org).

Notes:
- This indicator reports the rate of the county population to the number of mental health providers including psychiatrists, psychologists, clinical social workers, and counselors that specialize in mental health care.

Currently Receiving Treatment

A total of 21.1% are currently taking medication or otherwise receiving treatment from a doctor or other health professional for some type of mental health condition or emotional problem.

Currently Receiving Mental Health Treatment



Sources:
- 2023 PRC Community Health Survey, PRC, Inc. [Item 81]
- 2023 PRC National Health Survey, PRC, Inc.

Notes:
- Asked of all respondents.
- Includes individuals now taking medication or otherwise receiving treatment for any type of mental health condition or emotional problem.

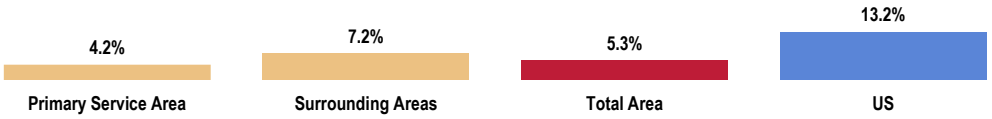
Difficulty Accessing Mental Health Services

A total of 5.3% of Total Area adults report a time in the past year when they needed mental health services but were not able to get them.

BENCHMARK ► Lower than the national finding.

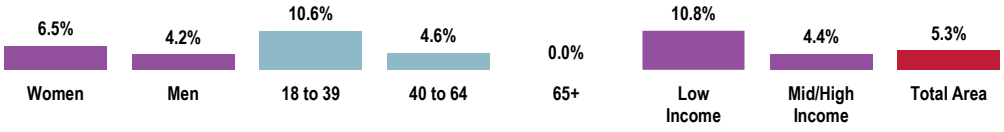
DISPARITY ► Negatively correlated with age.

Unable to Get Mental Health Services When Needed in the Past Year



Sources: ● 2023 PRC Community Health Survey, PRC, Inc. [Item 82]
● 2023 PRC National Health Survey, PRC, Inc.
Notes: ● Asked of all respondents.

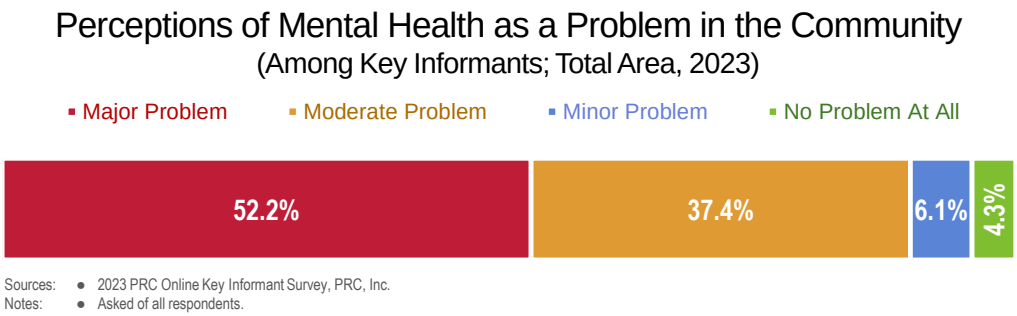
Unable to Get Mental Health Services When Needed in the Past Year
(Total Area, 2023)



Sources: ● 2023 PRC Community Health Survey, PRC, Inc. [Item 82]
Notes: ● Asked of all respondents.

Key Informant Input: Mental Health

A high percentage of key informants taking part in an online survey characterized *Mental Health* as a "major problem" in the community.



Among those rating this issue as a "major problem," reasons related to the following:

Access to Care/Services

Immediate and regular access to mental health professionals. – Community Leader

Acute crisis stabilization needs are the emergency department only. No resources in the community. – Physician

Access to treatment, counseling and stigma associated with the disease. – Physician

Stabilization and access to resources and help. – Community Leader

Very limited resources. VA patients have a difficult time going to the VA. School counselors offer little mental health help to adolescents. No psychiatrists on-call. No crisis centers. – Physician

A lack of space in regional facilities for those folks with significant mental health issues. – Community Leader

Limited access to resources. – Physician

Lack of resources and ability to get to them. I have seen multiple instances (friends and family) who need mental health care and they cannot receive them because the "incident" isn't severe enough. They actually have to harm someone or something before they can get help. – Community Leader

There are no appropriate services available. They must be sent out of state, based on severity. – Other Health Provider

Highly prevalent, large burden on care providers, and limited resources or no resources. – Physician

Access to acute mental health providers during a mental health crisis, along with follow-up care. – Community Leader

No psychiatry and lack of acute psychiatric care. – Physician

Access to care, stigmas, etc., but especially acute, immediate care and long-term maintenance of mental health. – Community Leader

Mental health is often talked about but poorly handled. Insurance may cover a situation somewhat. Many mental health individuals are young yet are adults. Parents may have insurance but have no access to personal records after the age of 18 (even though they are paying the bill). There should be limited access to a patient if a parent is paying with their insurance. Many more people are not insured ironically because they have mental illness. This can be draining to the parent or the system. There are no facilities in the region for mental illness requiring hospitalization, or frequent longer-term care. Doctors and therapists in the region cannot handle the load for intensive care requiring multiple sessions per day or week. – Physician

Access to psychiatry is very limited, as is access to inpatient stabilization with psychiatry, particularly for co-morbid disease with substance abuse. – Physician

Access to mental health professionals, resources, and treatment. – Community Leader

No psychiatry available. No local crisis stabilization unit. – Physician

Access to resources in a timely manner. Some mental health services are 6 months out from the time of need. The lack of mental health professionals in our area. Culturally specific resources for certain demographics of our community. Veteran mental health resources, first responder specific mental health practitioners, and proactive preventative programs in our community. – Community Leader

Minimal resources for mental health. – Physician

(1) Access to care, too many mental health patients and not enough providers, nor is there enough specialized providers or treatment facilities for certain population needs (i.e., trauma, severe and persistent mentally ill, sex offenders, substance abuse, eating disorders, child/family care needs, LGBTQ, personality disorders, TBI/DD suicide, grief/loss etc.). (2) Also, many people with chronic mental health conditions do not have insurance nor an income to be able to afford mental health care, so most go without it. (3) The community mental health systems are so overwhelmed with patients and trying to meet other community provider (courts, schools, hospitals, jails, etc.) expectations that clinicians become overwhelmed and burned out quickly, causing chronic employment issues for organizations, as well as continuity of care issues for mental health care patients. – Other Health Provider

Access to quality mental health services and being able to afford those services. There are wait lists at many of the offices in town. – Community Leader

Lack of resources and cost. – Social Services Provider

Ability to receive care in a non-emergency setting. Financial limitations and lack of insurance. – Community Leader

Lack of available resources and providers, waiting lists, financial concerns, lack of crisis stabilization beds, and lack of psychiatric providers, especially for adolescents. – Other Health Provider

Availability to counselors and/or therapists. – Community Leader

Not enough services or training as to how to deal with it. I think we have to honor people's wishes, but not at the expense of others. – Community Leader

Very limited access to psychiatry services. Difficulty finding a psychologist or counselor. Limited insurance coverage for counseling services. The cost of services is too high. – Physician

Access to immediate care is a huge issue. If someone is suicidal or struggling and needs to see someone quickly, either for counseling or meds, it's hard to find someone to take them. Also, there is such a stigma around mental health that even if someone realizes they're depressed or anxious, they won't admit it or seek help. – Community Leader

Access to services. I have heard too many stories of suicidal youngsters WHO CANNOT GET ANY PROFESSIONAL HELP. Make an appointment 3 weeks away? Seriously? If you are poor, there are apparently more interventions. But for normal families, there is simply no help or availability until someone is in the court system. – Community Leader

Availability of services. I'm guessing it isn't a problem unique to Sheridan, but rather a problem generally for low-population areas. – Community Leader

There is a lack of access, and Title 25 is such a challenge for everyone. – Community Leader

Access to care, stigma, and lack of state funding for support. – Other Health Provider

Access to not only immediate stabilization, but also to extended care. – Community Leader

Access to care. – Community Leader

Missing in Sheridan is psychology and psychiatry. Having competent professionals would be very important for the city because the need is so vital. The public would use the service and as consultants for schools and the hub. – Community Leader

Access to psychiatric care. There is only one psychiatrist in town, working part-time. – Other Health Provider

Lack of Providers

We have implemented a new program, LYRA, that helps with mental health issues and concerns. However, not many mental health professionals are enrolled. Have to do it manually to get the help employees need. – Community Leader

We do not have many providers. Again, getting into a provider is difficult and expensive. At the same time, providers can't afford to live here. – Community Leader

Lack of providers. – Physician

I cannot think of a single psychiatrist in our community, so there is not really anyone that can truly evaluate and prescribe medicine for mental health. Medicine is still prescribed – but I think medical professionals are just guessing. There is also a lack of counselors in our community. – Community Leader

Not enough providers and not enough financial support for the community to receive the mental health they need. Still a stigma around needing mental health help. Lack of training and education around mental health with law enforcement and schools. – Social Services Provider

Denial/Stigma

State and local governments are not taking the issue seriously. – Community Leader

Stigma is a huge barrier here. We have been told all our lives to suck it up. We need to combat the stigma, stop belittling those who speak up and, if necessary, make mental health a mandatory piece of self-care for our civil servants. – Other Health Provider

Stigma, access to transportation. – Other Health Provider

> Stigma in the community and not many options of mental health providers, especially those who are affordable. – Community Leader

Affordable Care/Services

> There are so many who need guidance for so many reasons, and cost and availability are deterrents. Therefore, I feel only a small portion of those in need are being addressed. We really need to understand why so many need help. – Community Leader
>
> Accessing affordable care. – Other Health Provider

Awareness/Education

> I believe the biggest challenge to caring for people with mental health needs is educating those people on how and where to get help. I think people have familiarity with doctor's visits, dental work, etc. but when the time comes to seek help for mental health reasons, it can be a new frontier for a lot of folks. The front-end education on how to get help, the resources available, and the "roadmap" to care are very important and often overlooked. – Community Leader
>
> Lack of education and understanding from the medical field. Shortage of individuals who can assist those with mental health needs. Lack of communication between providers in all areas. – Other Health Provider

Disease Management

> Counseling and case management for medications. – Community Leader
>
> Depression may be undetected. Don't feel connected to friends or the community. – Community Leader

Suicide Rates

> Suicide. – Community Leader

Children

> Have two thoughts about the unmet needs of children and teens who fall into the CHIP/Medicaid group … that of dermatology for serious acne, assistance for morbidly obese kids and braces. All of these issues contribute to the mental health of kids, as well as bullying and ostracizing. – Community Leader

Young People

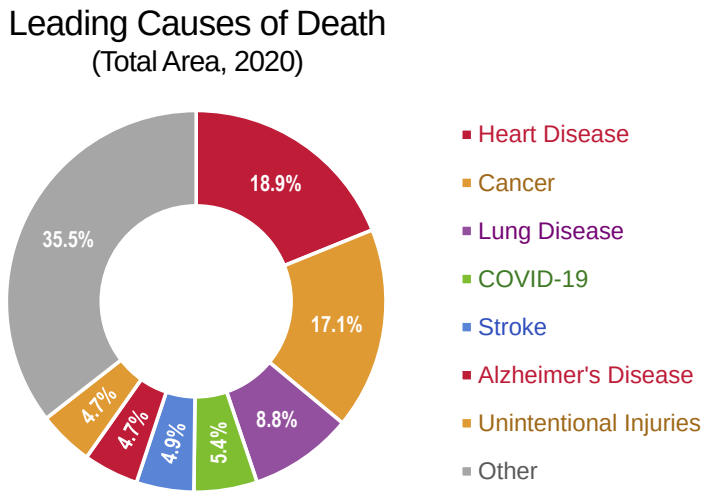
> Young people, especially men, and video games and porn. Both terrible addictions preventing real social development and relationships, and preventing health and productivity. – Community Leader

DEATH, DISEASE & CHRONIC CONDITIONS

LEADING CAUSES OF DEATH

Distribution of Deaths by Cause

Together, heart disease and cancers accounted for more than one-third of all deaths in the Total Area in 2020.



Sources: ● CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted June 2023.
Notes: ● Lung disease includes deaths classified as chronic lower respiratory disease.

Age-Adjusted Death Rates for Selected Causes

AGE-ADJUSTED DEATH RATES

In order to compare mortality in the region with other localities (in this case, Wyoming and the United States), it is necessary to look at rates of death — these are figures which represent the number of deaths in relation to the population size (such as deaths per 100,000 population, as is used here).

Furthermore, in order to compare localities without undue bias toward younger or older populations, the common convention is to adjust the data to some common baseline age distribution. Use of these “age-adjusted” rates provides the most valuable means of gauging mortality against benchmark data, as well as Healthy People 2030 objectives.

Note that deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10). Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.

The following chart outlines 2018-2020 annual average age-adjusted death rates per 100,000 population for selected causes of death in the Total Area.

Leading causes of death are discussed in greater detail in subsequent sections of this report.

For infant mortality data, see *Birth Outcomes & Risks* in the **Births** section of this report.

Age-Adjusted Death Rates for Selected Causes

(2018-2020 Deaths per 100,000 Population)

	Total Area	WY	US	Healthy People 2030
Heart Disease	145.6	154.5	164.4	127.4*
Falls [Age 65+]	143.7	95.8	67.1	63.4
Cancers (Malignant Neoplasms)	129.7	138.6	146.5	122.7
Lung Disease (Chronic Lower Respiratory Disease)	56.1	54.6	38.1	—
Unintentional Injuries	53.5	60.2	51.6	43.2
Stroke (Cerebrovascular Disease)	36.8	31.5	37.6	33.4
Alcohol-Induced Deaths	36.8	22.9	11.9	—
COVID-19 (Coronavirus Disease) [2020]	35.0	63.1	85.0	—
Alzheimer's Disease	31.6	36.0	30.9	—
Suicide	22.7	28.3	13.9	12.8
Pneumonia/Influenza	20.7	15.0	13.4	—
Diabetes	20.3	20.2	22.6	—
Cirrhosis/Liver Disease	16.6	23.2	12.5	10.9
Motor Vehicle Crashes	13.3	17.0	11.4	10.1
Unintentional Drug-Induced Deaths [2011-2020]	7.1	12.6	15.8	—
Kidney Disease [2016-2020]	6.1	8.8	12.9	—

Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted June 2023.
- US Department of Health and Human Services. Healthy People 2030. https://health.gov/healthypeople.

Note:
- *The Healthy People 2030 coronary heart disease target is adjusted here to account for all diseases of the heart.
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
- Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.

CARDIOVASCULAR DISEASE

ABOUT HEART DISEASE & STROKE

Heart disease and stroke can result in poor quality of life, disability, and death. Though both diseases are common, they can often be prevented by controlling risk factors like high blood pressure and high cholesterol through treatment.

In addition, making sure people who experience a cardiovascular emergency — like stroke, heart attack, or cardiac arrest — get timely recommended treatment can reduce their risk for long-term disability and death. Teaching people to recognize symptoms is key to helping more people get the treatment they need.

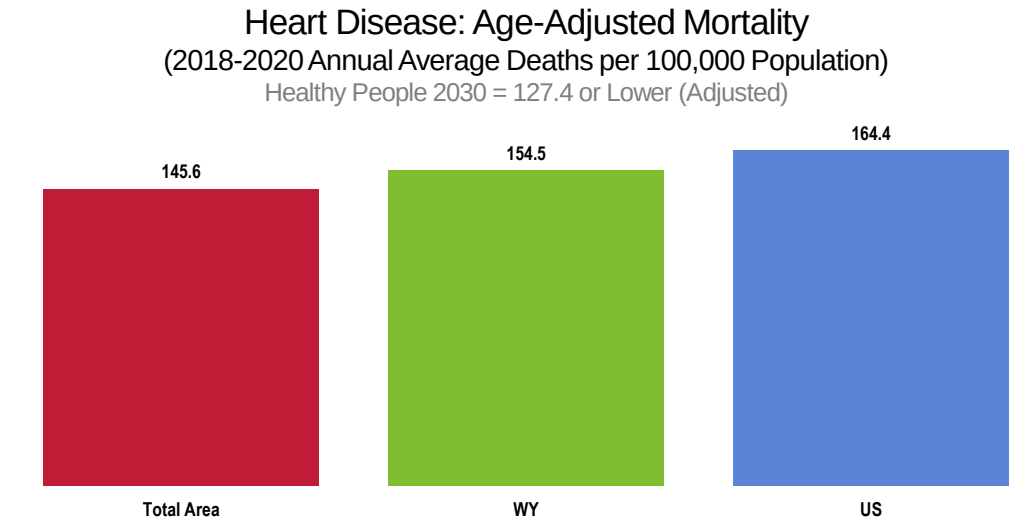
– Healthy People 2030 (https://health.gov/healthypeople)

Age-Adjusted Heart Disease & Stroke Deaths

Heart Disease Deaths

The greatest share of cardiovascular deaths is attributed to heart disease.

Between 2018 and 2020, there was an annual average age-adjusted heart disease mortality rate of 145.6 deaths per 100,000 population in the Total Area.

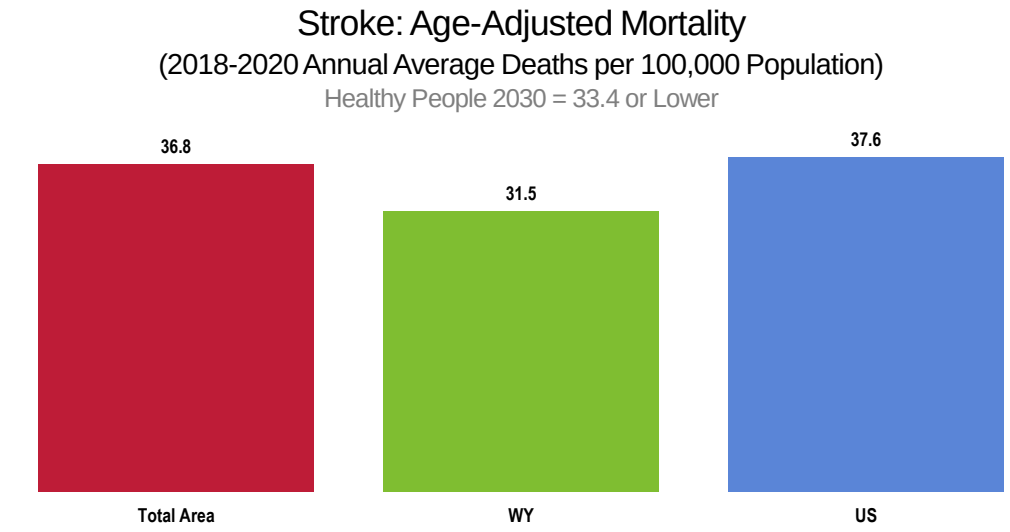


Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted June 2023.
- US Department of Health and Human Services. Healthy People 2030. https://health.gov/healthypeople

Notes:
- The Healthy People 2030 coronary heart disease target is adjusted here to account for all diseases of the heart.
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
- Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.

Stroke Deaths

Between 2018 and 2020, there was an annual average age-adjusted stroke mortality rate of 36.8 deaths per 100,000 population in the Total Area.



Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted June 2023.
- US Department of Health and Human Services. Healthy People 2030. https://health.gov/healthypeople

Notes:
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
- Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.

Prevalence of Heart Disease & Stroke

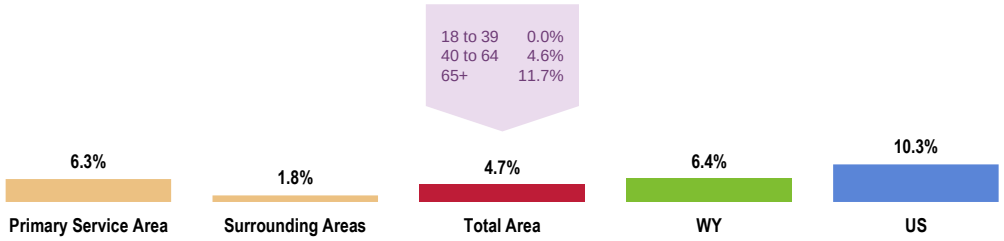
Prevalence of Heart Disease

A total of 4.7% of surveyed adults report that they suffer from or have been diagnosed with heart disease, such as coronary heart disease, angina, or heart attack.

BENCHMARK ► Lower than the US prevalence.

DISPARITY ► Higher in the Primary Service Area. More often reported among adults age 40+, especially those age 65+.

Prevalence of Heart Disease



Sources:
- 2023 PRC Community Health Survey, PRC, Inc. [Item 22]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2020 Wyoming data.
- 2023 PRC National Health Survey, PRC, Inc.

Notes:
- Asked of all respondents.
- Includes diagnoses of heart attack, angina, or coronary heart disease.

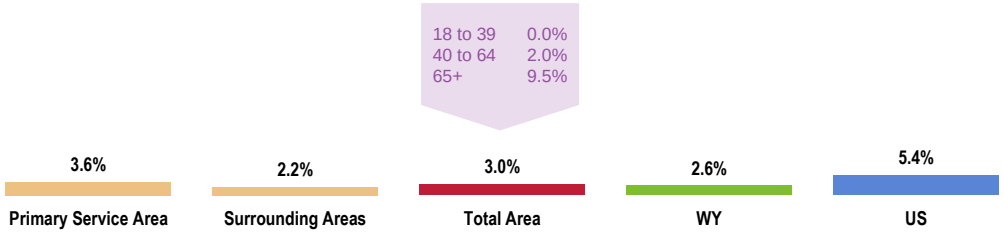
Prevalence of Stroke

A total of 3.0% of surveyed adults report that they suffer from or have been diagnosed with cerebrovascular disease (a stroke).

BENCHMARK ► Lower than the national finding.

DISPARITY ► Higher among those age 65+.

Prevalence of Stroke



Sources:
- 2023 PRC Community Health Survey, PRC, Inc. [Item 23]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2021 Wyoming data.
- 2023 PRC National Health Survey, PRC, Inc.

Notes:
- Asked of all respondents.

Cardiovascular Risk Factors

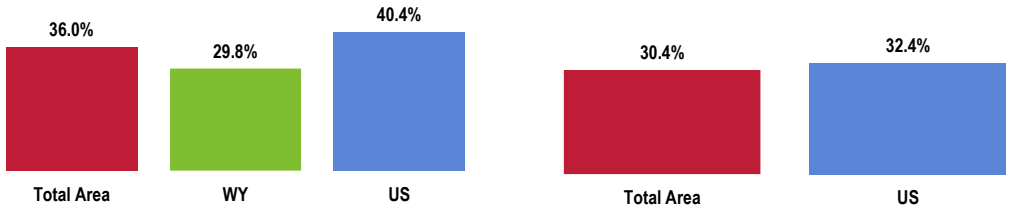
Blood Pressure & Cholesterol

A total of 36.0% of Total Area adults have been told by a health professional at some point that their blood pressure was high.

BENCHMARK ► Higher than found across Wyoming. Satisfies the Healthy People 2030 objective.

A total of 30.4% of adults have been told by a health professional that their cholesterol level was high.

Prevalence of
High Blood Pressure
Healthy People 2030 = 42.6% or Lower



Prevalence of
High Blood Cholesterol

Sources:
- 2023 PRC Community Health Survey, PRC, Inc. [Items 29-30]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2021 Wyoming data.
- 2023 PRC National Health Survey, PRC, Inc.
- US Department of Health and Human Services. Healthy People 2030. https://health.gov/healthypeople

Notes:
- Asked of all respondents.

Total Cardiovascular Risk

Total cardiovascular risk reflects the individual-level risk factors which put a person at increased risk for cardiovascular disease, including:

- High Blood Pressure
- High Blood Cholesterol
- Cigarette Smoking
- Physical Inactivity
- Overweight/Obesity

Modifying these behaviors and adhering to treatment for high blood pressure and cholesterol are critical both for preventing and for controlling cardiovascular disease.

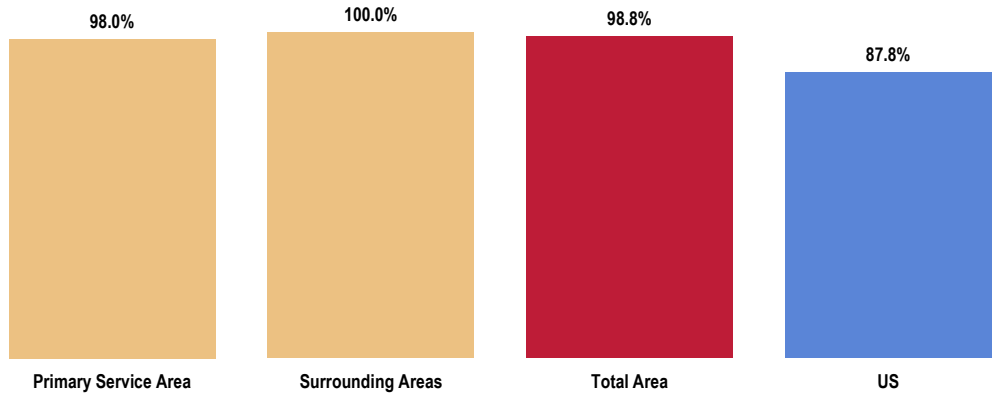
RELATED ISSUE
See also *Nutrition, Physical Activity & Weight* and *Tobacco Use* in the **Modifiable Health Risks** section of this report.

A total of 98.8% of Total Area adults report one or more cardiovascular risk factors, such as being overweight, smoking cigarettes, being physically inactive, or having high blood pressure or cholesterol.

BENCHMARK ► Higher than the US percentage.

DISPARITY ► Affects all surveyed respondents in the Surrounding Areas.

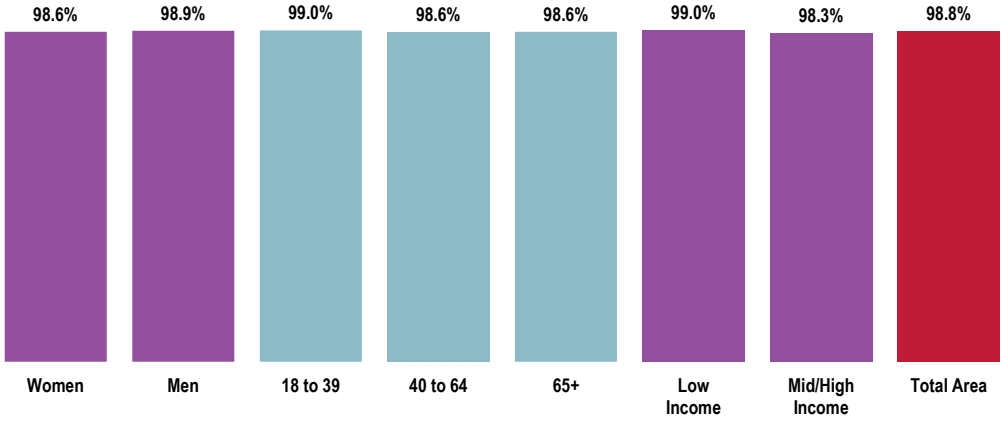
Exhibit One or More Cardiovascular Risks or Behaviors



Sources:
- 2023 PRC Community Health Survey, PRC, Inc. [Item 100]
- 2023 PRC National Health Survey, PRC, Inc.

Notes:
- Reflects all respondents.
- Cardiovascular risk is defined as exhibiting one or more of the following: 1) no leisure-time physical activity; 2) regular/occasional cigarette smoking; 3) high blood pressure; 4) high blood cholesterol; and/or 5) being overweight/obese.

Exhibit One or More Cardiovascular Risks or Behaviors
(Total Area, 2023)



Sources: 2023 PRC Community Health Survey, PRC, Inc. [Item 100]
Notes: Reflects all respondents.
Cardiovascular risk is defined as exhibiting one or more of the following: 1) no leisure-time physical activity; 2) regular/occasional cigarette smoking; 3) high blood pressure; 4) high blood cholesterol; and/or 5) being overweight/obese.

Key Informant Input: Heart Disease & Stroke

Key informants taking part in an online survey most often characterized *Heart Disease & Stroke* as a "moderate problem" in the community.

Perceptions of Heart Disease & Stroke as a Problem in the Community
(Among Key Informants; Total Area, 2023)

Sources: 2023 PRC Online Key Informant Survey, PRC, Inc.
Notes: Asked of all respondents.

Among those rating this issue as a "major problem," reasons related to the following:

Incidence/Prevalence

> Heart disease is a pervasive epidemic in the US as a whole, and Wyoming specifically. – Public Health Representative
>
> They are a leading cause of death in all communities, including ours. – Other Health Provider
>
> Major cause of death. – Community Leader
>
> Personally know numerous people directly affected. – Community Leader

Aging Population

> We have an aging population that has heart issues. – Community Leader
>
> Highly prevalent conditions, more common in the elderly, towards which our population is skewed. – Physician
>
> We are an aging population. To go to the doctor means you have to commit significant time and money. If I have arm and chest pain, I will not go to the doctor. If I can get in, thousands of dollars will be spent on tests only to determine if I have a pulled muscle. At this point, I seriously approach ailments as follows: How likely is it that this issue will kill me. If the likelihood is low, I learn to live with it. If the likelihood is high and obvious, I will force myself to go to the doctor. For me, the "advancements of medicine and medical care" have resulted in less medical care due to the costs. – Community Leader

Lifestyle

> People need to put health and wellness as a priority to put themselves in the best possible position for long-term living. – Community Leader
>
> I think the majority of our population is in the overweight and under-exercised category. Our population has high risk diet plans – lots of fast-food choices and eating out habits that lend to increased chance and problematic heart disease and stroke chances. – Community Leader

Lack of Providers

> Limited access to cardiologists and other specialists. – Community Leader

No Local Rehabilitation Facility

> Care for post-stroke and accident disability. There is one rehabilitative hospital in Casper. I suspect this is employee-driven. Our hospital was unable to care for a patient in the new rehab center after Friday afternoon until Monday morning. The person's stroke did not take the weekend off! I get employment but there is no way this can happen!!! – Physician

Awareness/Education

> If there are any specialists here, I don’t know about them. – Other Health Provider

Nutrition

> Americans' diet is not the best. Education for prevention is limited. – Social Services Provider

Tobacco Use

> Smoking is a huge factor in this area. Which of course leads to heart disease. – Other Health Provider

CANCER

ABOUT CANCER

The cancer death rate has declined in recent decades, but over 600,000 people still die from cancer each year in the United States. Death rates are higher for some cancers and in some racial/ethnic minority groups. These disparities are often linked to social determinants of health, including education, economic status, and access to health care.

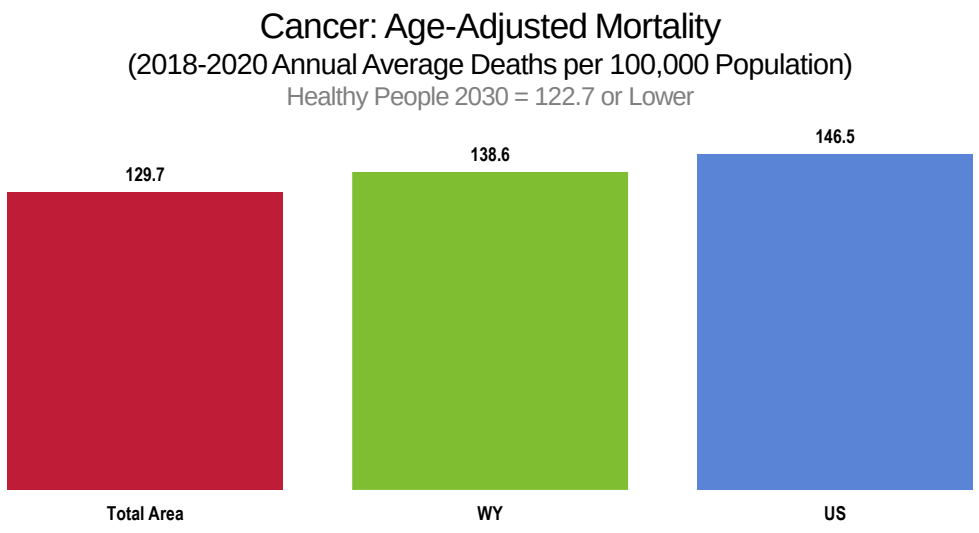
Interventions to promote evidence-based cancer screenings — such as screenings for lung, breast, cervical, and colorectal cancer — can help reduce cancer deaths. Other effective prevention strategies include programs that increase HPV vaccine use, prevent tobacco use and promote quitting, and promote healthy eating and physical activity. In addition, effective targeted therapies and personalized treatment are key to helping people with cancer live longer.

– Healthy People 2030 (https://health.gov/healthypeople)

Age-Adjusted Cancer Deaths

All Cancer Deaths

Between 2018 and 2020, there was an annual average age-adjusted cancer mortality rate of 129.7 deaths per 100,000 population in the Total Area.



Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted June 2023.
- US Department of Health and Human Services. Healthy People 2030. https://health.gov/healthypeople

Notes:
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
- Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.

Cancer Incidence

"Incidence rate" or "case rate" is the number of newly diagnosed cases in a given population in a given year, regardless of outcome. These rates are also age-adjusted. It is usually expressed as cases per 100,000 population per year.

The highest cancer incidence rates are for female breast cancer and prostate cancer.

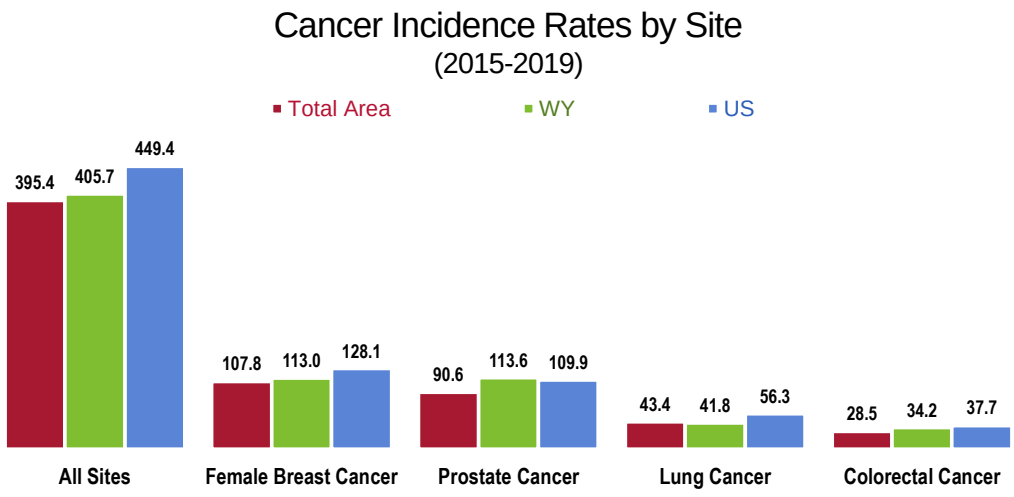
BENCHMARK

Female Breast Cancer ► Lower than the national rate.

Prostate Cancer ► Lower than both state and national rates.

Lung Cancer ► Lower than the national rate.

Colorectal Cancer ► Lower than both state and national rates.



Sources:
- State Cancer Profiles.
- Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved June 2023 via SparkMap (sparkmap.org).

Notes:
- This indicator reports the age-adjusted incidence rate (cases per 100,000 population per year) of cancers, adjusted to 2000 US standard population.

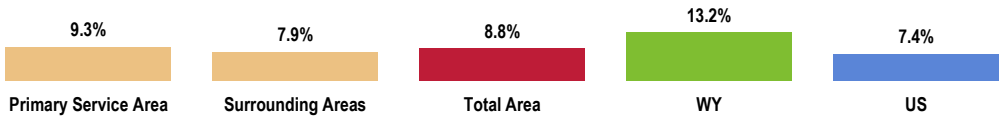
Prevalence of Cancer

A total of 8.8% of surveyed Total Area adults report having ever been diagnosed with cancer.

BENCHMARK ► Lower than the statewide percentage.

DISPARITY ► Correlated with age and especially high among those age 65+.

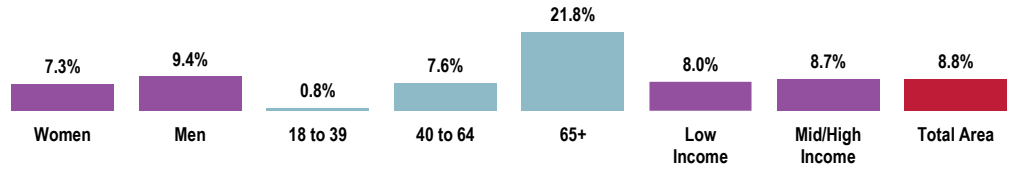
Prevalence of Cancer



Sources:
- 2023 PRC Community Health Survey, PRC, Inc. [Item 24]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2021 Wyoming data.
- 2023 PRC National Health Survey, PRC, Inc.

Notes:
- Asked of all respondents.

Prevalence of Cancer
(Total Area, 2023)



Sources:
- 2023 PRC Community Health Survey, PRC, Inc. [Item 24]

Notes:
- Asked of all respondents.

Cancer Screenings

The American Cancer Society recommends that both men and women get a cancer-related checkup during a regular doctor's checkup. It should include examination for cancers of the thyroid, testicles, ovaries, lymph nodes, oral cavity, and skin, as well as health counseling about tobacco, sun exposure, diet and nutrition, risk factors, sexual practices, and environmental and occupational exposures. Screening levels in the community were measured in the PRC Community Health Survey relative to the following cancer sites:

FEMALE BREAST CANCER

The US Preventive Services Task Force (USPSTF) recommends biennial screening mammography for women age 50 to 74 years.

CERVICAL CANCER

The US Preventive Services Task Force (USPSTF) recommends screening for cervical cancer every 3 years with cervical cytology alone in women age 21 to 29 years. For women age 30 to 65 years, the USPSTF recommends screening every 3 years with cervical cytology alone, every 5 years with high-risk human papillomavirus (hrHPV) testing alone, or every 5 years with hrHPV testing in combination with cytology (cotesting). The USPSTF recommends against screening for cervical cancer in women who have had a hysterectomy with removal of the cervix and do not have a history of a high-grade precancerous lesion (i.e., cervical intraepithelial neoplasia [CIN] grade 2 or 3) or cervical cancer.

COLORECTAL CANCER

The US Preventive Services Task Force (USPSTF) recommends screening for colorectal cancer starting at age 50 years and continuing until age 75 years.

– US Preventive Services Task Force, Agency for Healthcare Research and Quality, US Department of Health & Human Services

Note that other organizations (e.g., American Cancer Society, American Academy of Family Physicians, American College of Physicians, National Cancer Institute) may have slightly different screening guidelines.

Among women age 50 to 74, 65.0% have had a mammogram within the past 2 years.

BENCHMARK ► Fails to satisfy the Healthy People 2030 objective.

Among Total Area women age 21 to 65, 70.5% have had appropriate cervical cancer screening.

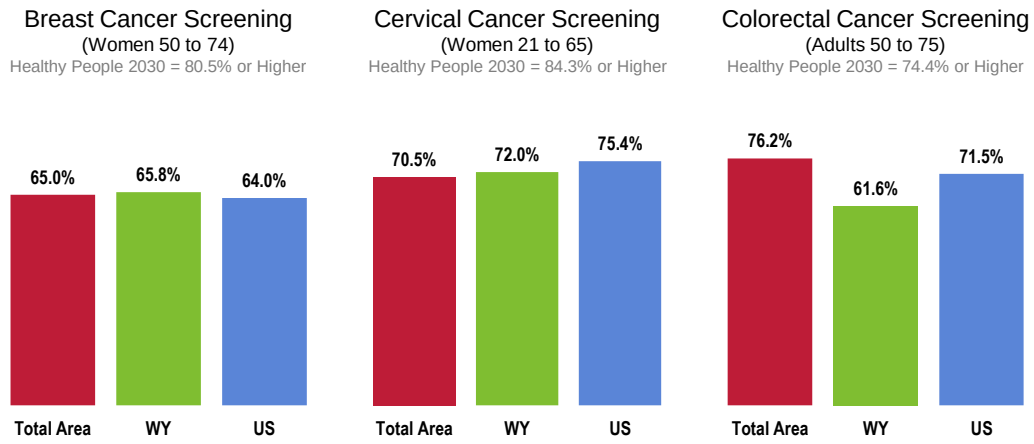
BENCHMARK ► Fails to satisfy the Healthy People 2030 objective.

Among all adults age 50 to 75, 76.2% have had appropriate colorectal cancer screening.

BENCHMARK ► More favorable than the statewide percentage.

"Appropriate cervical cancer screening" includes Pap smear testing (cervical cytology) every 3 years in women age 21 to 29 and Pap smear testing and/or HPV testing every 5 years in women age 30 to 65.

"Appropriate colorectal cancer screening" includes a fecal occult blood test within the past year and/or lower endoscopy (sigmoidoscopy or colonoscopy) within the past 10 years.

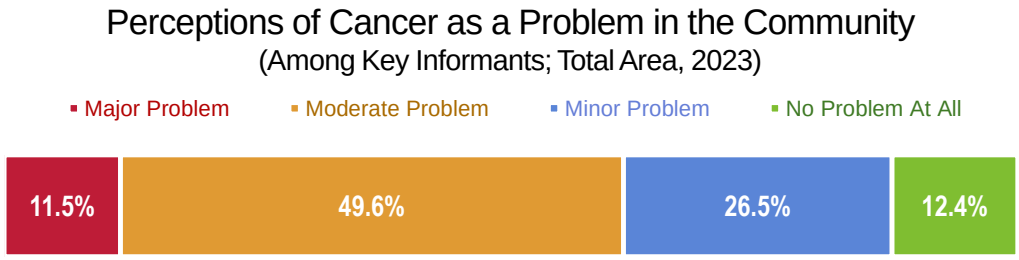


Sources:
- 2023 PRC Community Health Survey, PRC, Inc. [Items 101-103]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2020 Wyoming data.
- 2023 PRC National Health Survey, PRC, Inc.
- US Department of Health and Human Services. Healthy People 2030. https://health.gov/healthypeople

Notes:
- Each indicator is shown among the gender and/or age group specified.

Key Informant Input: Cancer

The greatest share of key informants taking part in an online survey characterized *Cancer* as a "moderate problem" in the community.



Sources:
- 2023 PRC Online Key Informant Survey, PRC, Inc.

Notes:
- Asked of all respondents.

Among those rating this issue as a "major problem," reasons related to the following:

Incidence/Prevalence

> It seems to be everywhere. – Community Leader
>
> Just by observation. I know quite a few folks over the years who had cancer. – Community Leader
>
> Cancer has impacted all of us, either personally or someone we love, or both. – Community Leader
>
> It appears that cancer is showing up more in the general population. – Community Leader
>
> Seems to impact more and more people I know or come in contact with. Having care in our community for cancer patients is critical. – Community Leader

Access to Care/Services

> Limited access to standard of care. – Other Health Provider
>
> There is a cancer center in our community, however, many patients travel to neighboring, bigger communities to receive care. Transportation issues, cost and inclement weather can all present challenges. – Other Health Provider
>
> Have several friends directly affected by various forms of cancer. Many have to travel considerable distances for treatment. – Community Leader

Impact on Quality of Life

> Because it kills people. – Community Leader
>
> Cancer affects a large number of people, most of them in major, life-changing ways. While treatment is, fortunately, available locally for most, some specialized cases require expensive, distant travel. The uncertainties of outcomes may have impacts as severe as the disease. – Community Leader

Affordable Care/Services

> Treatments are costly. Missing work and losing income. It affects the whole community. – Social Services Provider

Aging Population

> The older age population in our community. – Community Leader

RESPIRATORY DISEASE

ABOUT RESPIRATORY DISEASE

Respiratory diseases affect millions of people in the United States. …More than 25 million people in the United States have asthma. Strategies to reduce environmental triggers and make sure people get the right medications can help prevent hospital visits for asthma. In addition, more than 16 million people in the United States have COPD (chronic obstructive pulmonary disease), which is a major cause of death. Strategies to prevent the disease — like reducing air pollution and helping people quit smoking — are key to reducing deaths from COPD.

– Healthy People 2030 (https://health.gov/healthypeople)

Note that this section also includes data relative to COVID-19 (coronavirus disease).

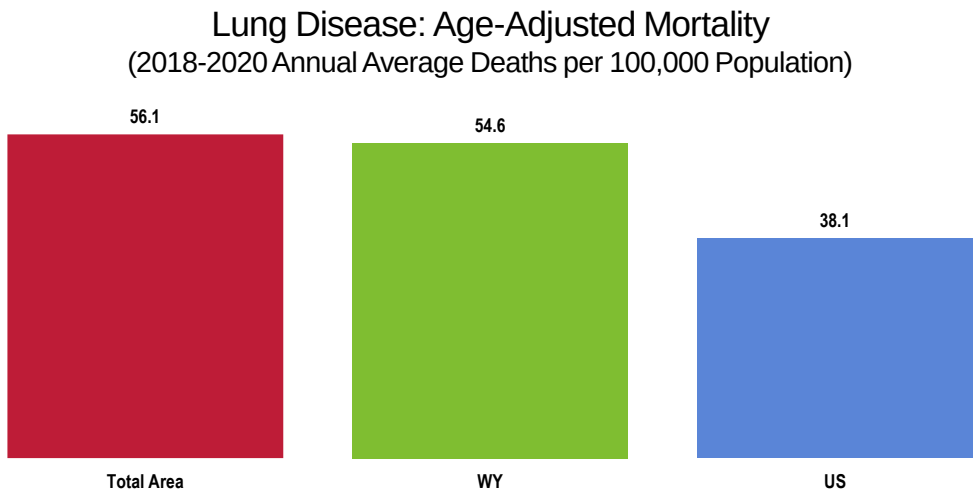
Age-Adjusted Respiratory Disease Deaths

Lung Disease Deaths

Note: Here, lung disease reflects chronic lower respiratory disease (CLRD) deaths and includes conditions such as emphysema, chronic bronchitis, and asthma.

Between 2018 and 2020, the Total Area reported an annual average age-adjusted lung disease mortality rate of 56.1 deaths per 100,000 population.

BENCHMARK ► Much higher than the national rate.



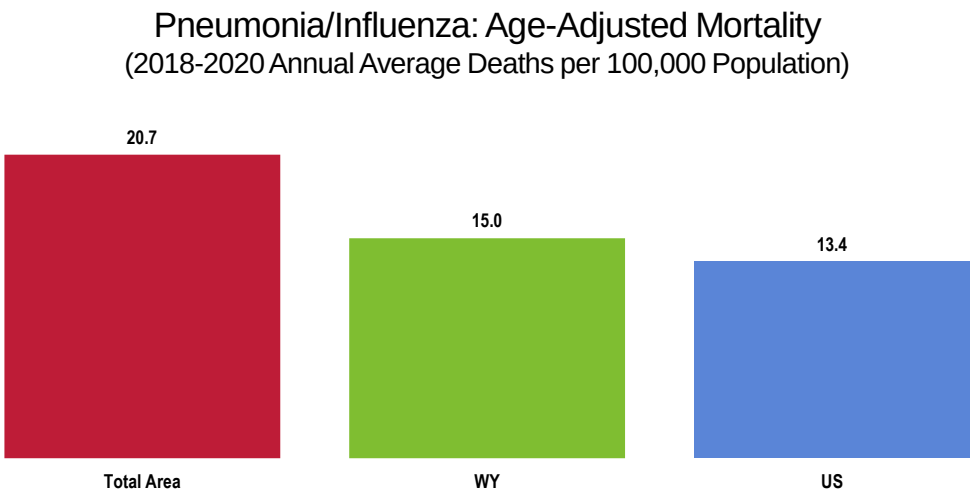
Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted June 2023.

Notes:
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
- Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.
- Here, lung disease reflects chronic lower respiratory disease (CLRD) deaths and includes conditions such as emphysema, chronic bronchitis, and asthma.

Pneumonia/Influenza Deaths

Between 2018 and 2020, the Total Area reported an annual average age-adjusted pneumonia/influenza mortality rate of 20.7 deaths per 100,000 population.

BENCHMARK ► Higher than state and national rates.

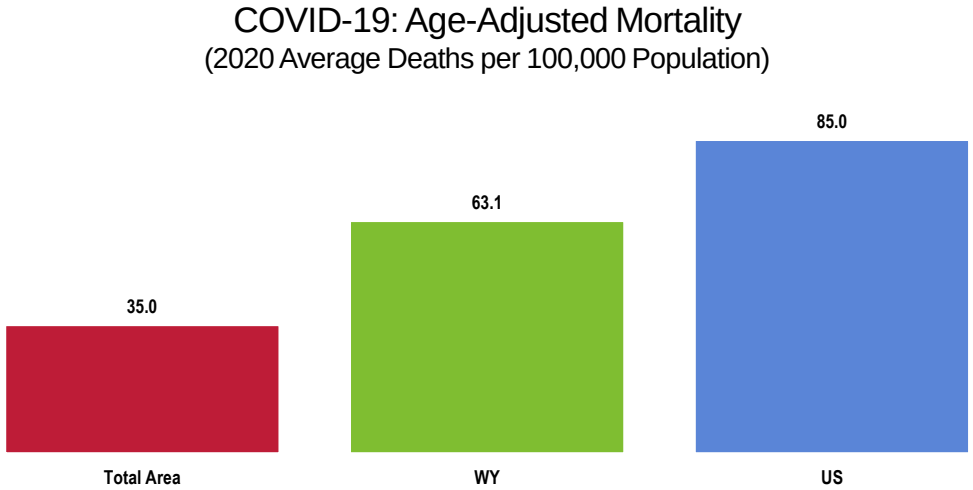


Sources: ● CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted June 2023.
Notes: ● Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
● Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.

COVID-19 (Coronavirus Disease) Deaths

The 2020 age-adjusted COVID-19 mortality rate was 35.0 deaths per 100,000 population in the Total Area.

BENCHMARK ► Much lower than state and national rates.



Sources: ● CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted June 2023.
Notes: ● Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
● Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.

Prevalence of Respiratory Disease

Asthma

Adults

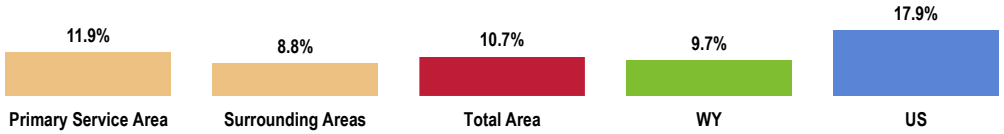
Survey respondents were asked to indicate whether they suffer from or have been diagnosed with various respiratory conditions, including asthma and COPD.

A total of 10.7% of Total Area adults have asthma.

BENCHMARK ► Lower than the US percentage.

DISPARITY ► More often reported among women and especially lower-income adults.

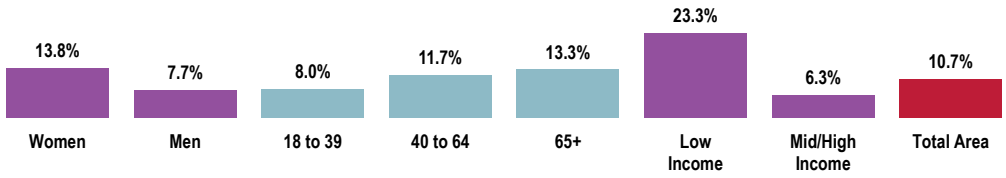
Prevalence of Asthma



Sources:
- 2023 PRC Community Health Survey, PRC, Inc. [Item 26]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2021 Wyoming data.
- 2023 PRC National Health Survey, PRC, Inc.

Notes:
- Asked of all respondents.

Prevalence of Asthma
(Total Area, 2023)



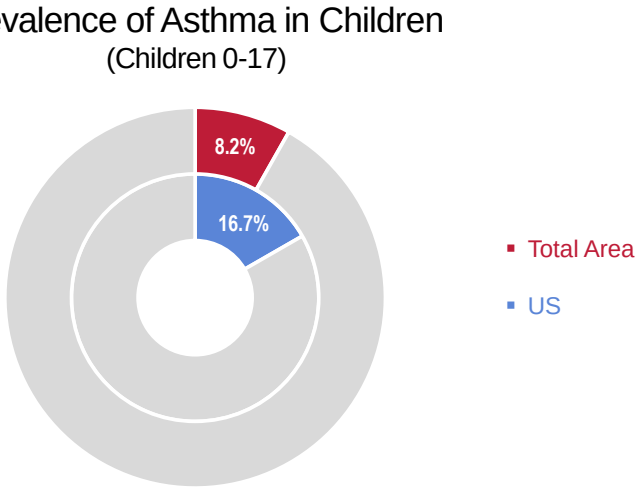
Sources:
- 2023 PRC Community Health Survey, PRC, Inc. [Item 26]

Notes:
- Asked of all respondents.

Children

Among Total Area children under age 18, 8.2% have been diagnosed with asthma.

BENCHMARK ► About half the national percentage.



Sources:
- 2023 PRC Community Health Survey, PRC, Inc. [Item 92]
- 2023 PRC National Health Survey, PRC, Inc.

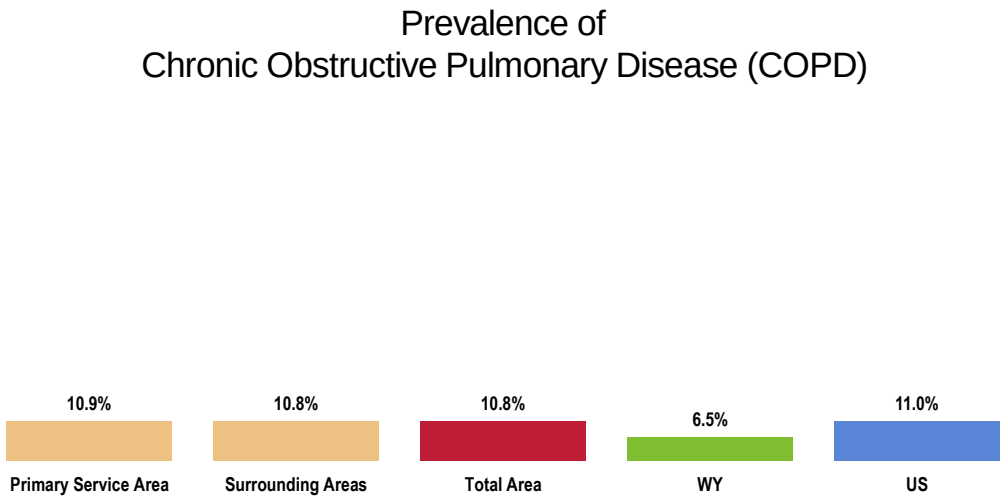
Notes:
- Asked of all respondents with children 0 to 17 in the household.

Chronic Obstructive Pulmonary Disease (COPD)

Note: COPD includes lung diseases such as emphysema and chronic bronchitis.

A total of 10.8% of Total Area adults suffer from chronic obstructive pulmonary disease (COPD).

BENCHMARK ► Higher than found statewide.

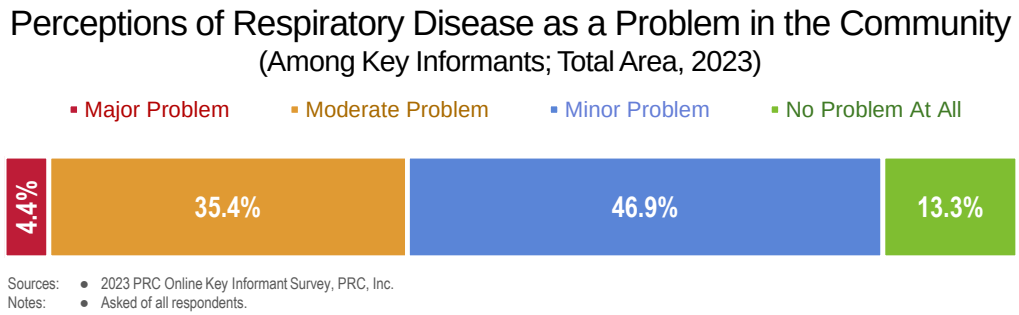


Sources:
- 2023 PRC Community Health Survey, PRC, Inc. [Item 21]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2021 Wyoming data.
- 2023 PRC National Health Survey, PRC, Inc.

Notes:
- Asked of all respondents.
- Includes conditions such as chronic bronchitis and emphysema.

Key Informant Input: Respiratory Disease

Key informants taking part in an online survey most often characterized *Respiratory Disease* as a "minor problem" in the community.



Among those rating this issue as a "major problem," reasons related to the following:

COVID-19

> COVID is still around, and some folks still have lingering COVID issues. A lot of people still smoke and don't really exercise. Asthma is also an issue for folks. – Community Leader

Diagnosis/Treatment

> Doctors don't seem to know what to do with these patients in the longer term. – Social Services Provider

INJURY & VIOLENCE

ABOUT INJURY & VIOLENCE

INJURY ► In the United States, unintentional injuries are the leading cause of death in children, adolescents, and adults younger than 45 years. …Many unintentional injuries are caused by motor vehicle crashes and falls, and many intentional injuries involve gun violence and physical assaults. Interventions to prevent different types of injuries are key to keeping people safe in their homes, workplaces, and communities.

Drug overdoses are now the leading cause of injury deaths in the United States, and most overdoses involve opioids. Interventions to change health care providers' prescribing behaviors, distribute naloxone to reverse overdoses, and provide medications for addiction treatment for people with opioid use disorder can help reduce overdose deaths involving opioids.

VIOLENCE ► Almost 20,000 people die from homicide every year in the United States, and many more people are injured by violence. …Many people in the United States experience physical assaults, sexual violence, and gun-related injuries. Adolescents are especially at risk for experiencing violence. Interventions to reduce violence are needed to keep people safe in their homes, schools, workplaces, and communities.

Children who experience violence are at risk for long-term physical, behavioral, and mental health problems. Strategies to protect children from violence can help improve their health and well-being later in life.

– Healthy People 2030 (https://health.gov/healthypeople)

Unintentional Injury

Age-Adjusted Unintentional Injury Deaths

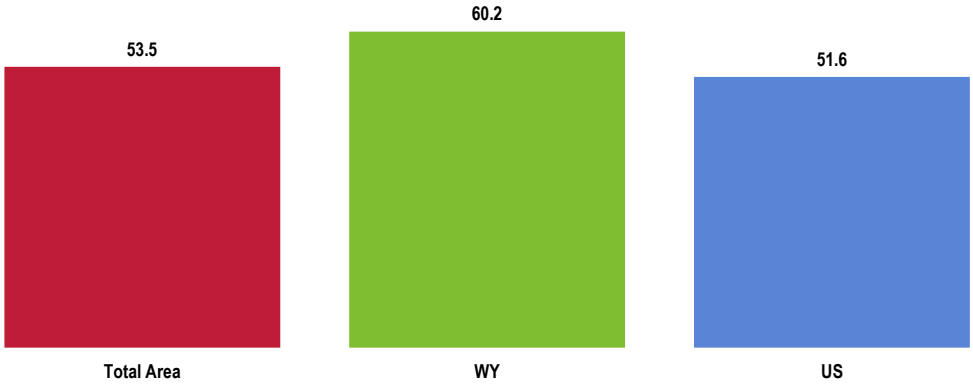
Between 2018 and 2020, there was an annual average age-adjusted unintentional injury mortality rate of 53.5 deaths per 100,000 population in the Total Area.

BENCHMARK ► Fails to satisfy the Healthy People 2030 objective.

Unintentional Injuries: Age-Adjusted Mortality

(2018-2020 Annual Average Deaths per 100,000 Population)

Healthy People 2030 = 43.2 or Lower



Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted June 2023.
- US Department of Health and Human Services. Healthy People 2030. https://health.gov/healthypeople

Notes:
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
- Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.

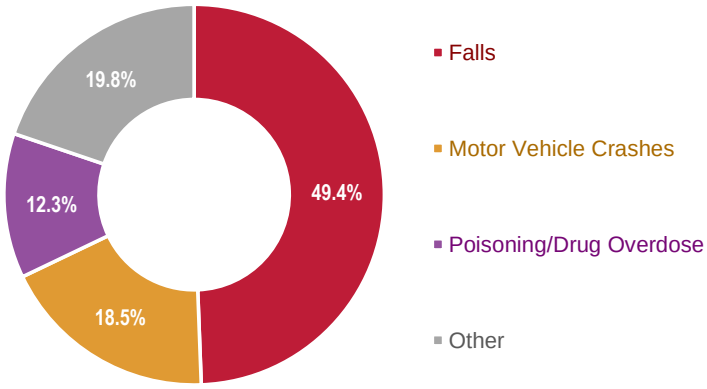
Leading Causes of Unintentional Injury Deaths

RELATED ISSUE
For more information about unintentional drug-related deaths, see also *Substance Use* in the **Modifiable Health Risks** section of this report.

Falls accounted for nearly half of unintentional injury deaths in the Total Area between 2018 and 2020. Motor vehicle crashes and poisoning (including unintentional drug overdose) were also leading causes.

Leading Causes of Unintentional Injury Deaths

(Total Area, 2018-2020)



Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted June 2023.

Intentional Injury (Violence)

Violent Crime

Violent Crime Rates

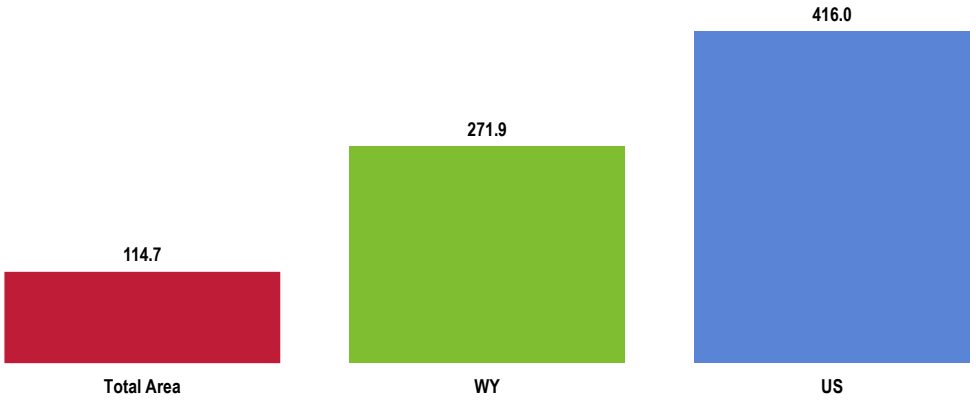
Violent crime is composed of four offenses (FBI Index offenses): murder and non-negligent manslaughter; forcible rape; robbery; and aggravated assault.

Note that the quality of crime data can vary widely from location to location, depending on the consistency and completeness of reporting among various jurisdictions.

Between 2015 and 2017, the Total Area experienced 114.7 violent crimes per 100,000 population.

BENCHMARK ► Considerably lower than the state and especially the national rate.

Violent Crime Rate
(Reported Offenses per 100,000 Population, 2015-2017)



Sources:
- Federal Bureau of Investigation, FBI Uniform Crime Reports (UCR).
- Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved June 2023 via SparkMap (sparkmap.org).

Notes:
- This indicator reports the rate of violent crime offenses reported by the sheriff's office or county police department per 100,000 residents. Violent crime includes homicide, forcible rape, robbery, and aggravated assault.
- Participation by law enforcement agencies in the UCR program is voluntary. Sub-state data do not necessarily represent an exhaustive list of crimes due to gaps in reporting. Also, some institutions of higher education have their own police departments, which handle offenses occurring within campus grounds; these offenses are not included in the violent crime statistics but can be obtained from the Uniform Crime Reports Universities and Colleges data tables.

Community Violence

Relatively few surveyed adults (0.5%) acknowledge being the victim of a violent crime in the area in the past five years.

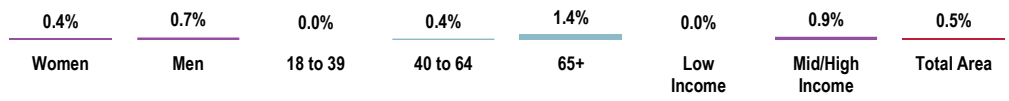
BENCHMARK ► Much lower than found across the US.

Victim of a Violent Crime in the Past Five Years

Sources:
- 2023 PRC Community Health Survey, PRC, Inc. [Item 32]
- 2023 PRC National Health Survey, PRC, Inc.

Notes:
- Asked of all respondents.

Victim of a Violent Crime in the Past Five Years
(Total Area, 2023)



Sources: • 2023 PRC Community Health Survey, PRC, Inc. [Item 32]
Notes: • Asked of all respondents.

Intimate Partner Violence

A total of 16.0% of Total Area adults acknowledge that they have ever been hit, slapped, pushed, kicked, or otherwise hurt by an intimate partner.

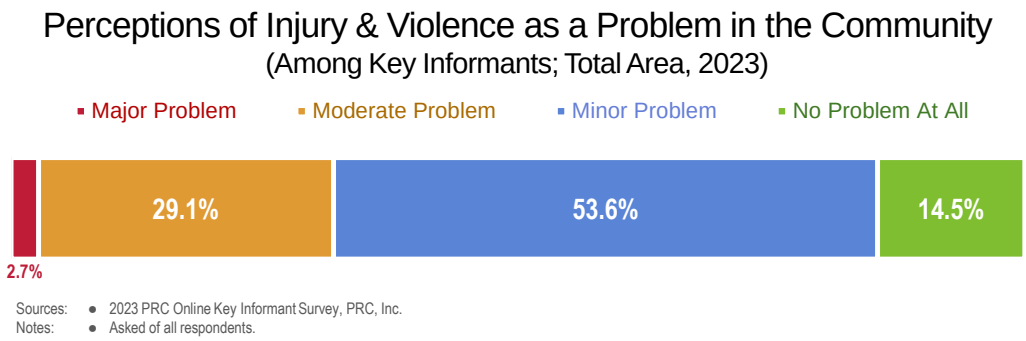
Respondents were read: "By an intimate partner, I mean any current or former spouse, boyfriend, or girlfriend. Someone you were dating, or romantically or sexually intimate with would also be considered an intimate partner."

Have Ever Been Hit, Slapped, Pushed, Kicked, or Hurt in Any Way by an Intimate Partner

Sources: • 2023 PRC Community Health Survey, PRC, Inc. [Item 33]
• 2023 PRC National Health Survey, PRC, Inc.
Notes: • Asked of all respondents.

Key Informant Input: Injury & Violence

A majority of key informants taking part in an online survey characterized *Injury & Violence* as a "minor problem" in the community.



Among those rating this issue as a "major problem," reasons related to the following:

Built Environment

> Not updating or repairing facilities. Are people held responsible? – Community Leader

Denial/Stigma

> People do not believe that it even exists in the community, so that creates more limitations for people who experience it. – Social Services Provider

Diagnosis/Treatment

> You go to the hospital; they tape you back together and send you on your way. There are minimal opportunities for mental health and trauma that the injury may cause. – Other Health Provider

DIABETES

ABOUT DIABETES

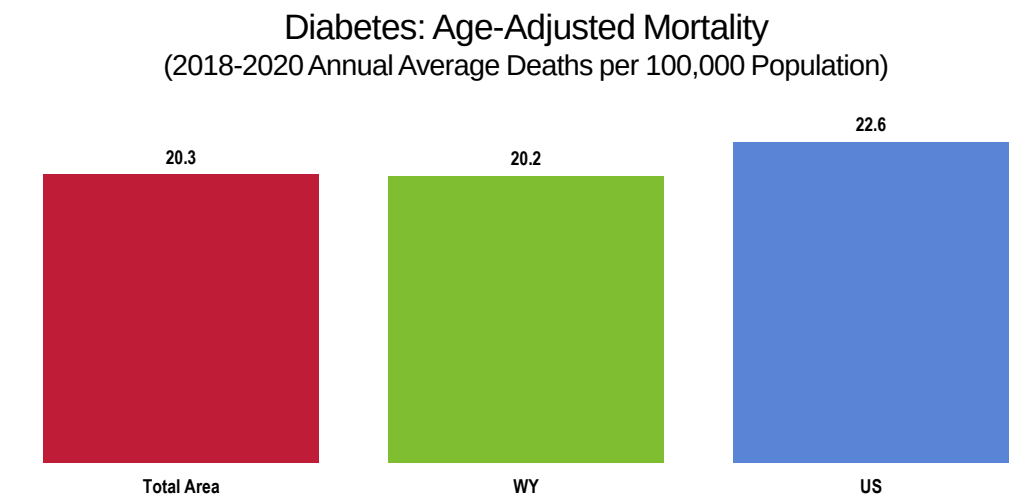
More than 30 million people in the United States have diabetes, and it's the seventh leading cause of death. …Some racial/ethnic minorities are more likely to have diabetes. And many people with diabetes don't know they have it.

Poorly controlled or untreated diabetes can lead to leg or foot amputations, vision loss, and kidney damage. But interventions to help people manage diabetes can help reduce the risk of complications. In addition, strategies to help people who don't have diabetes eat healthier, get physical activity, and lose weight can help prevent new cases.

– Healthy People 2030 (https://health.gov/healthypeople)

Age-Adjusted Diabetes Deaths

Between 2018 and 2020, there was an annual average age-adjusted diabetes mortality rate of 20.3 deaths per 100,000 population in the Total Area.



Sources: ● CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted June 2023.

Notes: ● Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
● Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.

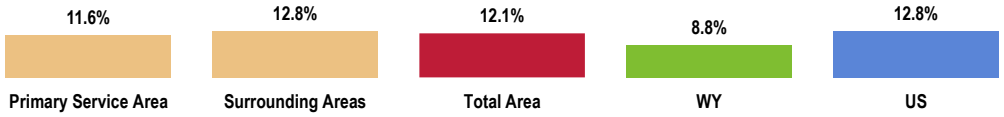
Prevalence of Diabetes

A total of 12.1% of Total Area adults report having been diagnosed with diabetes.

DISPARITY ► Note the correlation with age.

Prevalence of Diabetes

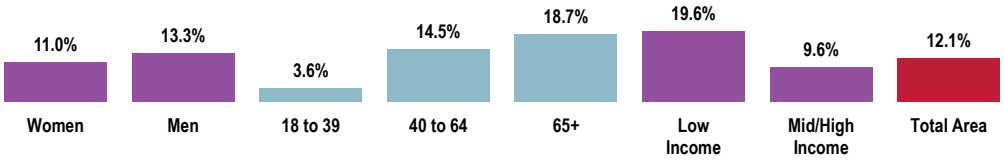
Another 6.6% of adults have been diagnosed with "pre-diabetes" or "borderline" diabetes.



Sources:
- 2023 PRC Community Health Survey, PRC, Inc. [Item 106]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2021 Wyoming data.
- 2023 PRC National Health Survey, PRC, Inc.

Notes:
- Asked of all respondents. Excludes gestational diabetes (occurring only during pregnancy).

Prevalence of Diabetes
(Total Area, 2023)



Sources:
- 2023 PRC Community Health Survey, PRC, Inc. [Item 106]

Notes:
- Asked of all respondents.
- Excludes gestational diabetes (occurring only during pregnancy).

Age-Adjusted Kidney Disease Deaths

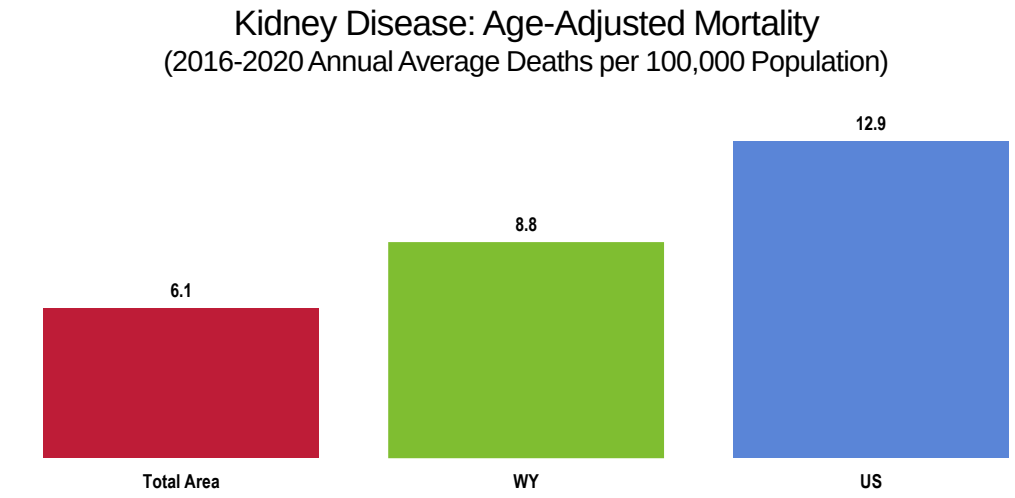
ABOUT KIDNEY DISEASE & DIABETES

Chronic kidney disease (CKD) is common in people with diabetes. Approximately one in three adults with diabetes has CKD. Both type 1 and type 2 diabetes can cause kidney disease. CKD often develops slowly and with few symptoms. Many people don't realize they have CKD until it's advanced and they need dialysis (a treatment that filters the blood) or a kidney transplant to survive.

– Centers for Disease Control and Prevention (CDC)
https://www.cdc.gov/diabetes/managing/diabetes-kidney-disease.html

Between 2016 and 2020, there was an annual average age-adjusted kidney disease mortality rate of 6.1 deaths per 100,000 population in the Total Area.

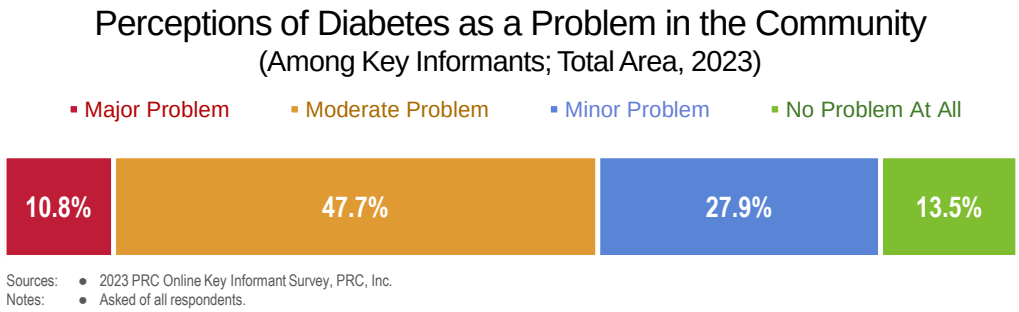
BENCHMARK ► Lower than state and national rates.



Sources: ● CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted June 2023.
Notes: ● Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
● Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.

Key Informant Input: Diabetes

A plurality of key informants taking part in an online survey characterized *Diabetes* as a "moderate problem" in the community.



Among those rating this issue as a "major problem," reasons related to the following:

Diagnosis/Treatment

> Undiagnosed diabetes in our population. Long term effects of individuals not following their health care plan. Diabetic ulcers, amputations, emergencies due to low and high blood sugar levels. The patient's attitude is one of the most important aspects of their treatment, recovery, and overall health. – Community Leader
>
> Being pre-diabetic and unaware of the condition. The cost involved with insulin when you do have diabetes. – Community Leader
>
> Doctors do not prescribe medicines to treat patients when they are pre-diabetic. There are studies and medicines available that can assist people with weight loss and insulin resistance before they become diabetic, but those treatments are rarely prescribed. – Community Leader

Access to Care/Services

> Access to quality medical care. Limited resources. – Social Services Provider
>
> Access to the best care possible. – Community Leader

Affordable Medications/Supplies

> Medication costs, diabetes education and not good follow-up options. – Other Health Provider
>
> Access to medications is difficult due to cost. No endocrinologist locally for people with more complex cases or complications of diabetes. – Physician

Access to Care for Uninsured/Underinsured

> Diabetes rates in the US are extremely high, and this is true in Sheridan, as well. Access to diabetes educators for those who are uninsured or underinsured is very limited. Financial hardships also make access to healthy nutrition a challenge. – Public Health Representative

Awareness/Education

> Lack of access to regular preventive education and lack of motivation or difficulty making lifestyle changes. – Other Health Provider

Disease Management

> Understand the importance of following the doctor's recommendation. – Community Leader

Incidence/Prevalence

> It seemed that diabetes was rare, now it is very common, so the biggest challenge seems to be the increasing portion of the population that are being diagnosed with diabetes. – Community Leader

Lack of Specialists

> We don't have an endocrinologist in town. – Community Leader

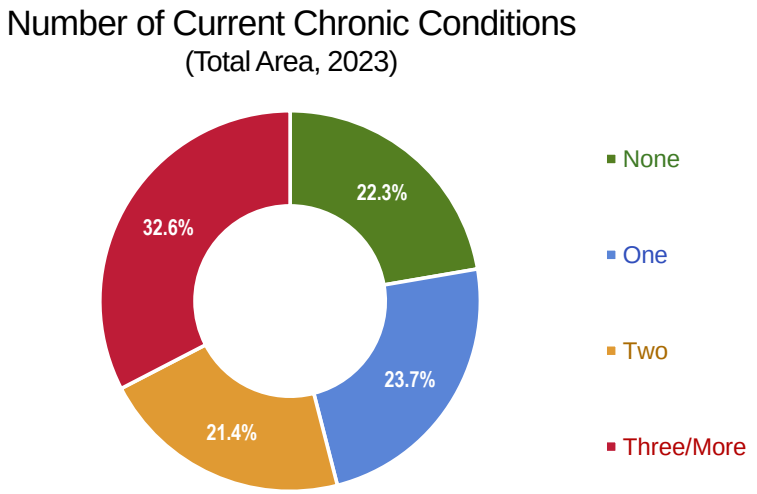
DISABLING CONDITIONS

Multiple Chronic Conditions

For the purposes of this assessment, chronic conditions include:

- Asthma
- Cancer
- Chronic pain
- Diabetes
- Diagnosed depression
- Heart disease
- High blood cholesterol
- High blood pressure
- Lung disease
- Obesity
- Stroke

Among Total Area survey respondents, most report having at least one chronic health condition.

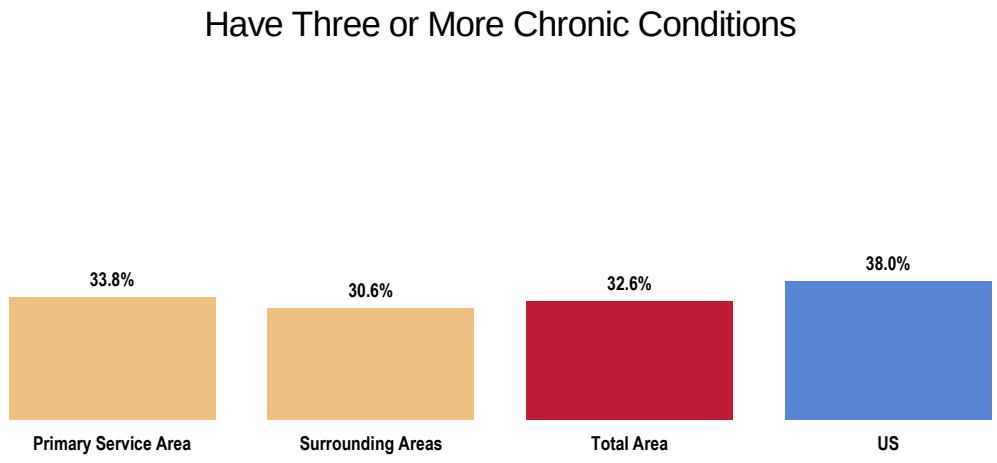


Sources:
- 2023 PRC Community Health Survey, PRC, Inc. [Item 107]

Notes:
- Asked of all respondents.
- In this case, chronic conditions include asthma, cancer, chronic pain, diabetes, diagnosed depression, heart disease, high blood cholesterol, high blood pressure, lung disease, obesity, and/or stroke.

In fact, 32.6% of Total Area adults report having three or more chronic conditions.

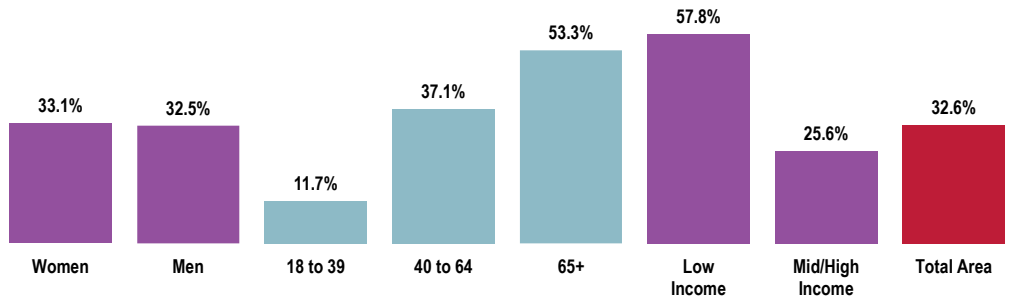
DISPARITY ► More often reported among adults age 40+ (especially those age 65+) and those with lower incomes.



Sources:
- 2023 PRC Community Health Survey, PRC, Inc. [Item 107]
- 2023 PRC National Health Survey, PRC, Inc.

Notes:
- Asked of all respondents.
- In this case, chronic conditions include asthma, cancer, chronic pain, diabetes, diagnosed depression, heart disease, high blood cholesterol, high blood pressure, lung disease, obesity, and/or stroke.

Have Three or More Chronic Conditions
(Total Area, 2023)



Sources: • 2023 PRC Community Health Survey, PRC, Inc. [Item 107]
Notes: • Asked of all respondents.
• In this case, chronic conditions include asthma, cancer, chronic pain, diabetes, diagnosed depression, heart disease, high blood cholesterol, high blood pressure, lung disease, obesity, and/or stroke.

Activity Limitations

ABOUT DISABILITY & HEALTH

Studies have found that people with disabilities are less likely to get preventive health care services they need to stay healthy. Strategies to make health care more affordable for people with disabilities are key to improving their health.

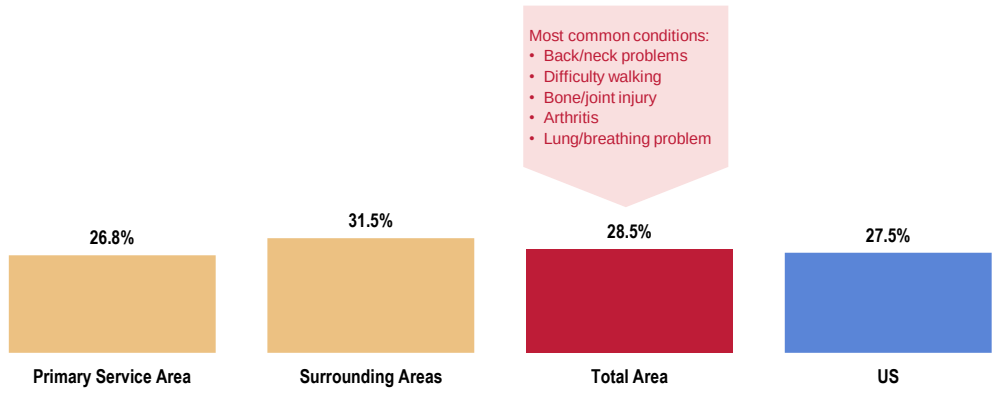
In addition, people with disabilities may have trouble finding a job, going to school, or getting around outside their homes. And they may experience daily stress related to these challenges. Efforts to make homes, schools, workplaces, and public places easier to access can help improve quality of life and overall well-being for people with disabilities.

– Healthy People 2030 (https://health.gov/healthypeople)

A total of 28.5% of Total Area adults are limited in some way in some activities due to a physical, mental, or emotional problem.

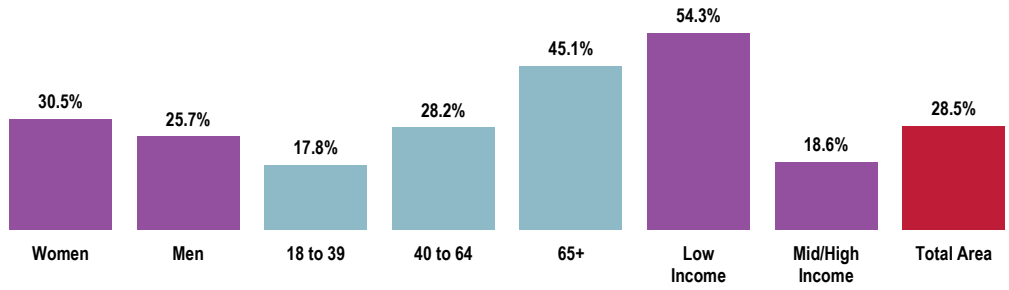
DISPARITY ► More often reported among adults age 65+ and those with lower incomes.

Limited in Activities in Some Way Due to a Physical, Mental, or Emotional Problem



Sources: ● 2023 PRC Community Health Survey, PRC, Inc. [Items 83-84]
● 2023 PRC National Health Survey, PRC, Inc.
Notes: ● Asked of all respondents.

Limited in Activities in Some Way Due to a Physical, Mental, or Emotional Problem
(Total Area, 2023)



Sources: ● 2023 PRC Community Health Survey, PRC, Inc. [Item 83]
Notes: ● Asked of all respondents.

Chronic Pain

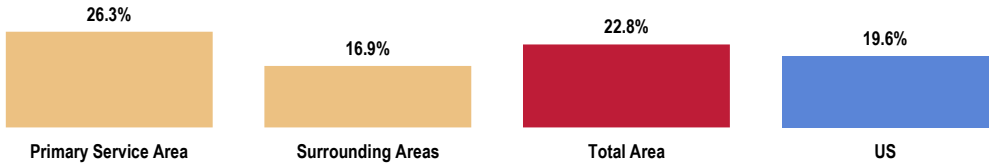
A total of 22.8% of Total Area adults experience high-impact chronic pain, meaning physical pain that has limited their life or work activities "every day" or "most days" during the past six months.

BENCHMARK ► Far from satisfying the Healthy People 2030 objective.

DISPARITY ► Higher in the Primary Service Area. Higher among respondents age 40+ and especially among lower-income adults.

Experience High-Impact Chronic Pain

Healthy People 2030 = 6.4% or Lower



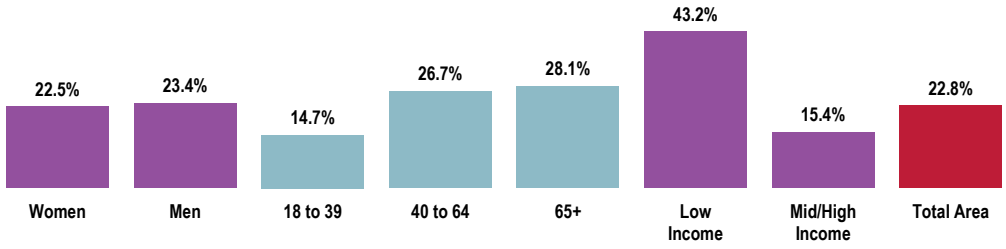
Sources:
- 2023 PRC Community Health Survey, PRC, Inc. [Item 31]
- 2023 PRC National Health Survey, PRC, Inc.
- US Department of Health and Human Services. Healthy People 2030. https://health.gov/healthypeople

Notes:
- Asked of all respondents.
- High-impact chronic pain includes physical pain that limits life or work activities on "most days" or "every day" of the past six months.

Experience High-Impact Chronic Pain

(Total Area, 2023)

Healthy People 2030 = 6.4% or Lower



Sources:
- 2023 PRC Community Health Survey, PRC, Inc. [Item 31]
- US Department of Health and Human Services. Healthy People 2030. https://health.gov/healthypeople

Notes:
- Asked of all respondents.
- High-impact chronic pain includes physical pain that limits life or work activities on "most days" or "every day" of the past six months.

Alzheimer's Disease

ABOUT DEMENTIA

Alzheimer's disease is the most common cause of dementia. Nearly 6 million people in the United States have Alzheimer's, and that number will increase as the population ages.

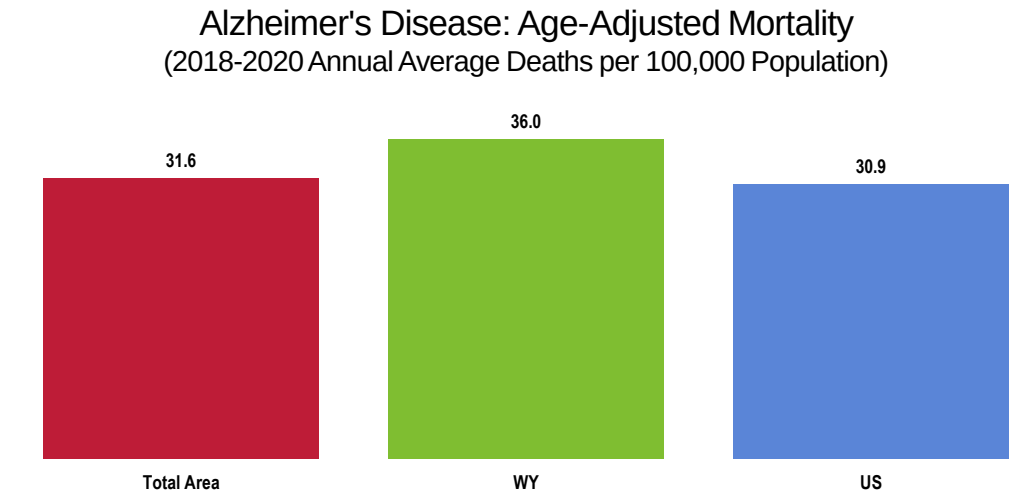
Dementia refers to a group of symptoms that cause problems with memory, thinking, and behavior. People with dementia are more likely to be hospitalized, and dementia is linked to high health care costs.

While there's no cure for Alzheimer's disease, early diagnosis and supportive care can improve quality of life. And efforts to make sure adults with symptoms of cognitive decline — including memory loss — are diagnosed early can help improve health outcomes in people with dementia. Interventions to address caregiving needs can also help improve health and well-being in people with dementia.

– Healthy People 2030 (https://health.gov/healthypeople)

Age-Adjusted Alzheimer's Disease Deaths

Between 2018 and 2020, there was an annual average age-adjusted Alzheimer's disease mortality rate of 31.6 deaths per 100,000 population in the Total Area.

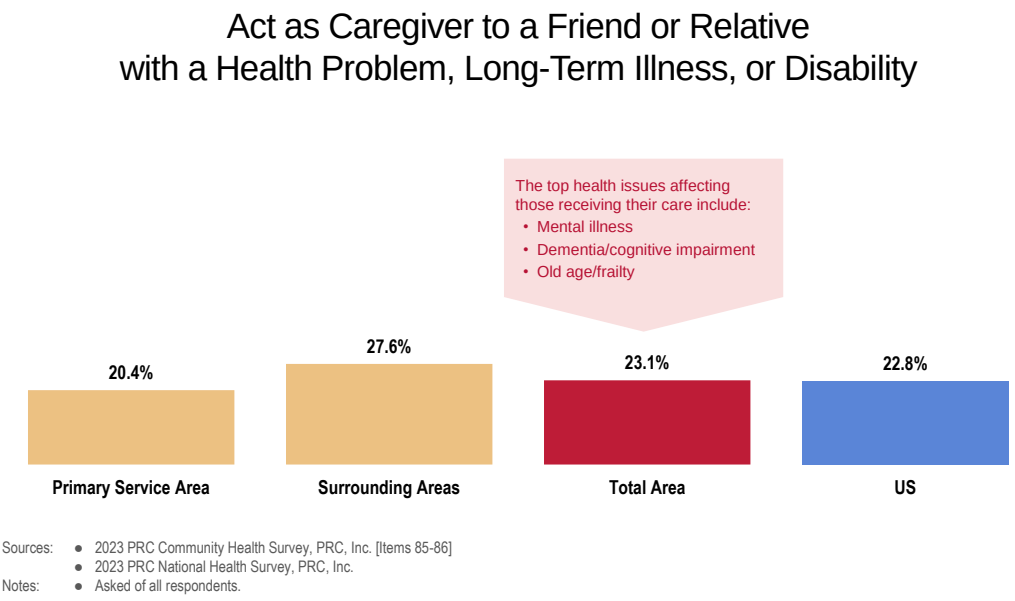


Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted June 2023.

Notes:
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
- Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.

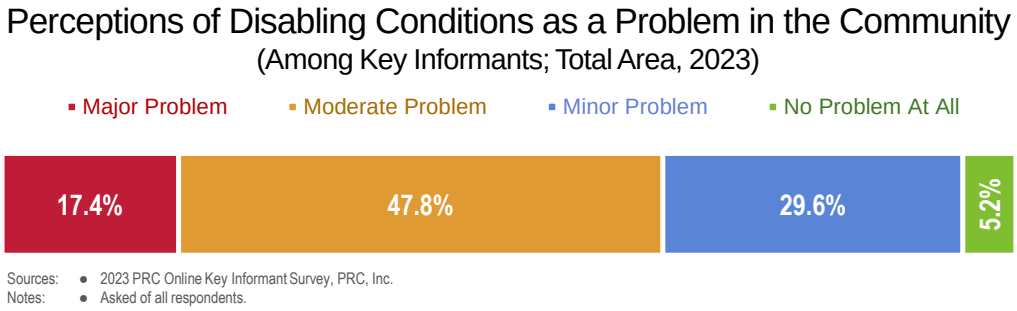
Caregiving

A total of 23.1% of Total Area adults currently provide care or assistance to a friend or family member who has a health problem, long-term illness, or disability.



Key Informant Input: Disabling Conditions

A large share of key informants taking part in an online survey characterized *Disabling Conditions* as a "moderate problem" in the community.



Among those rating this issue as a "major problem," reasons related to the following:

Access to Care/Services

> There are very limited services for people with these chronic conditions. We do not have many facilities for long-term care at all. Most people with chronic pain have to go to other towns for treatment. – Community Leader
>
> No long-term rehab options. – Other Health Provider
>
> Small community, few resources for people with severe disabilities. No chronic pain management practices in the community. – Physician
>
> Limited resources in our community to support those with disabling conditions. – Other Health Provider
>
> Dementia and dementia care, as well as caregiver support and assistance, are lacking and a very difficult problem to address. Many other disabling conditions do not have adequate support and are very difficult and costly for the families. – Community Leader

Diagnosis/Treatment

> People need to have the best care possible to help them enjoy life to the fullest. – Community Leader
>
> Dementia is hard to pinpoint. There seems to be only one cognitive testing doctor in the region. Baselines are hard to attain, and follow-ups after a baseline are even harder. There is one neurologist for the whole town who is covering musculoskeletal issues like carpal tunnel and other nerve entrapment issues. Meanwhile, we have persons with seizures, Parkinson's, and dementia. (Apathy runs low when this is a daily scenario). Vision and hearing are being handled satisfactorily. – Physician
>
> Limited financial resources, treatments, accurate diagnosis, and specialists. – Social Services Provider
>
> These conditions persist long after problems have been discussed with offices and officials. Are they passed from official to official? Are they lost in the system? – Community Leader

Incidence/Prevalence

> We have a large number of people in our community that struggle with drug and alcohol abuse and that have mental health issues. We also have an aging population that needs more immediate care. – Community Leader
>
> We have an abundance of patients currently treated for chronic pain. Dementia, loss of vision and hearing are probably about the same as other communities. – Other Health Provider

Lack of Providers

> There is not a full-time neurologist in our community. – Community Leader
>
> There are very few, if any, specialists in our area. We must travel outside the county, and that can be hazardous during certain times of the year. – Other Health Provider

Home Health

> Increased assistance for elders to be able to stay in their homes. – Community Leader
>
> Home health care for older individuals or people in need. – Community Leader

Aging Population

> We have a growing percentage of senior residents, many of whom are impacted by the above conditions. I am a member of the local senior board of directors, and I see the many ways that lives are impacted by these conditions. – Community Leader

Follow-Up/Support

> These are very common conditions, and the support that's available in the community may not be adequate for the amount of people suffering from the aforementioned conditions. – Community Leader

Built Environment

> Disabling conditions are a challenge in the community with limited alternatives in housing, employment, transportation, and access to things like protected parking, traffic cross walks, and other AFN accommodations during public events or community shopping. – Public Health Representative

BIRTHS

BIRTH OUTCOMES & RISKS

Low-Weight Births

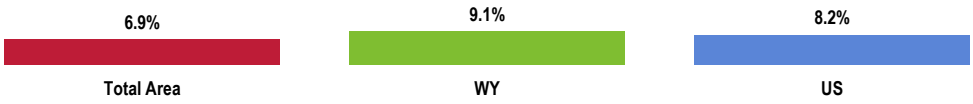
Low birthweight babies, those who weigh less than 2,500 grams (5 pounds, 8 ounces) at birth, are much more prone to illness and neonatal death than are babies of normal birthweight.

Largely a result of receiving poor or inadequate prenatal care, many low-weight births and the consequent health problems are preventable.

A total of 6.9% of 2014-2020 Total Area births were low-weight.

BENCHMARK ► Lower than the state and US percentages.

Low-Weight Births
(Percent of Live Births, 2014-2020)



Sources: ● University of Wisconsin Population Health Institute, County Health Rankings. Data extracted June 2023.
Note: ● This indicator reports the percentage of total births that are low birth weight (Under 2500g).

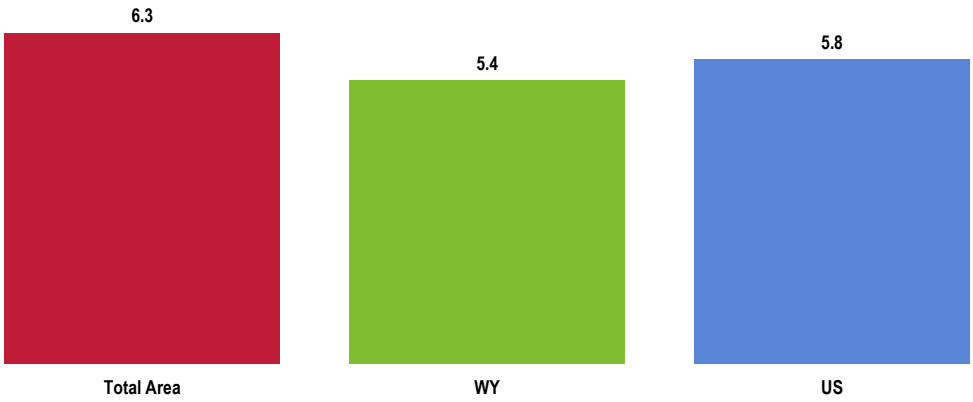
Infant Mortality

Infant mortality rates reflect deaths of children less than one year old per 1,000 live births.

Between 2011 and 2020, there was an annual average of 6.3 infant deaths per 1,000 live births.

BENCHMARK ► Fails to satisfy the Healthy People 2030 objective.

Infant Mortality Rate
(Annual Average Infant Deaths per 1,000 Live Births, 2011-2020)
Healthy People 2030 = 5.0 or Lower



Sources: ● CDC WONDER Online Query System. Centers for Disease Control and Prevention, National Center for Health Statistics, Division of Vital Statistics. Data extracted June 2023.
● US Department of Health and Human Services. Healthy People 2030. https://health.gov/healthypeople
Notes: ● Infant deaths include deaths of children under 1 year old.

FAMILY PLANNING

ABOUT FAMILY PLANNING

Nearly half of pregnancies in the United States are unintended, and unintended pregnancy is linked to many negative outcomes for both women and infants. …Unintended pregnancy is linked to outcomes like preterm birth and postpartum depression. Interventions to increase use of birth control are critical for preventing unintended pregnancies. Birth control and family planning services can also help increase the length of time between pregnancies, which can improve health for women and their infants.

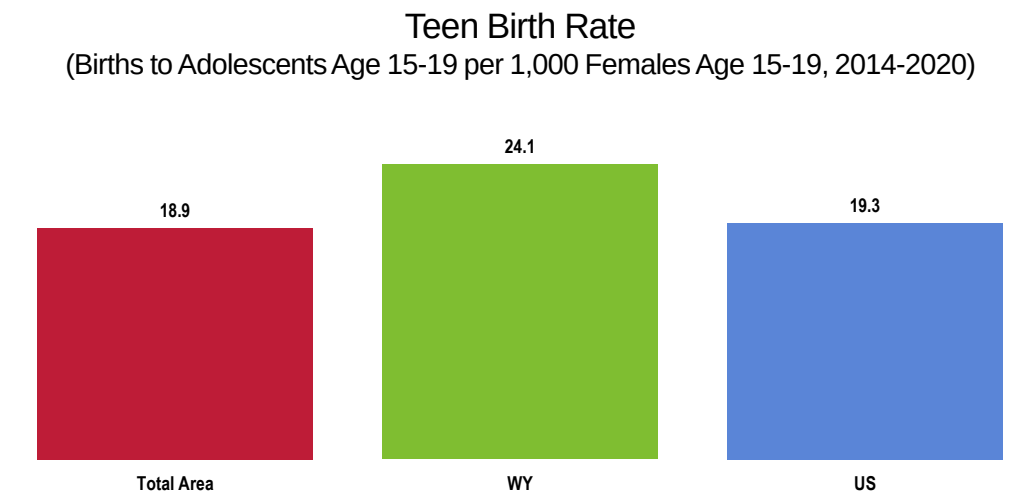
Adolescents are at especially high risk for unintended pregnancy. Although teen pregnancy and birth rates have gone down in recent years, close to 200,000 babies are born to teen mothers every year in the United States. Linking adolescents to youth-friendly health care services can help prevent pregnancy and sexually transmitted infections in this age group.

– Healthy People 2030 (https://health.gov/healthypeople)

Births to Adolescent Mothers

Between 2014 and 2020, there were 18.9 births to adolescents age 15 to 19 per 1,000 women age 15 to 19 in the Total Area.

BENCHMARK ► Lower than the Wyoming rate.

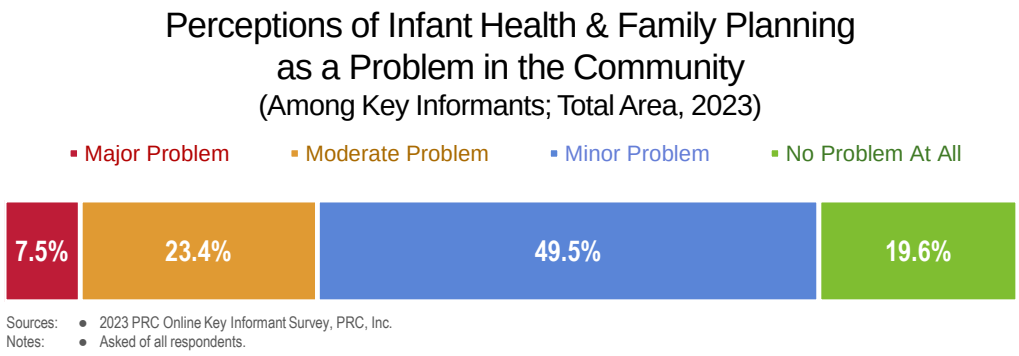


Sources:
- Centers for Disease Control and Prevention, National Vital Statistics System.
- Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved June 2023 via SparkMap (sparkmap.org).

Notes:
- This indicator reports the rate of total births to women under the age of 15–19 per 1,000 female population age 15–19.

Key Informant Input: Infant Health & Family Planning

Key informants taking part in an online survey largely characterized *Infant Health & Family Planning* as a "minor problem" in the community.



Among those rating this issue as a "major problem," reasons related to the following:

Access to Care/Services

> There are only two pediatrician's offices. Low-income families suffer from no access and no education on health care and parenting. Young people do not have education to prevent pregnancies without stigmas. – Social Services Provider
>
> Limited access to birth control and abortion services. – Physician
>
> There is little access to family planning, and a cultural stigma associated with family planning organizations. Infant health is an issue due to the long-term implications. We have good providers in pediatrics locally, but some segments of the population may not have access to the resources they need to ensure care for their infants. A lack of childcare/infant care facilities is also a frequent issue. – Physician
>
> Everyone is working to afford basic living. To get into the doctor and then follow-up takes time from work. – Community Leader

Unwanted Pregnancy

> Unwanted pregnancy. – Community Leader

Photo courtesy of Sheridan County Travel and Tourism

MODIFIABLE HEALTH RISKS

NUTRITION

ABOUT NUTRITION & HEALTHY EATING

Many people in the United States don't eat a healthy diet. …People who eat too many unhealthy foods — like foods high in saturated fat and added sugars — are at increased risk for obesity, heart disease, type 2 diabetes, and other health problems. Strategies and interventions to help people choose healthy foods can help reduce their risk of chronic diseases and improve their overall health.

Some people don't have the information they need to choose healthy foods. Other people don't have access to healthy foods or can't afford to buy enough food. Public health interventions that focus on helping everyone get healthy foods are key to reducing food insecurity and hunger and improving health.

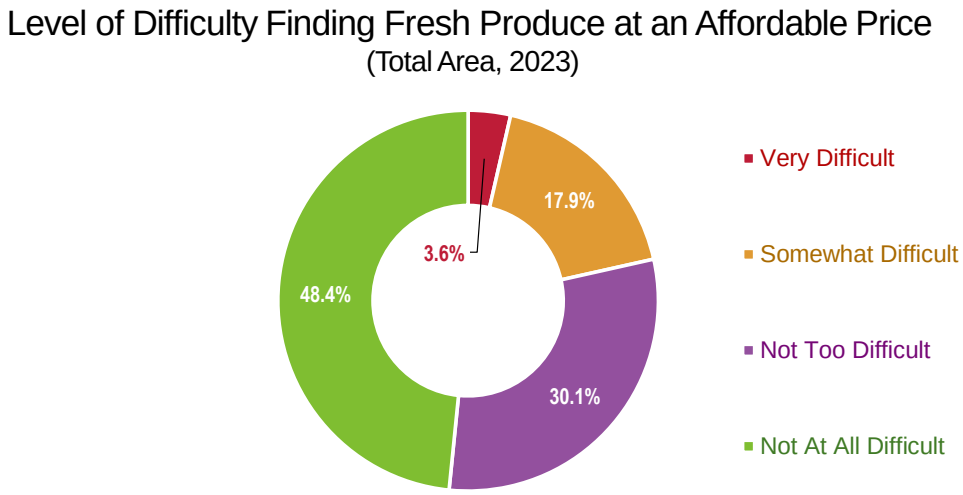
– Healthy People 2030 (https://health.gov/healthypeople)

Difficulty Accessing Fresh Produce

Respondents were asked, "How difficult is it for you to buy fresh produce like fruits and vegetables at a price you can afford? Would you say very difficult, somewhat difficult, not too difficult, or not at all difficult?"

RELATED ISSUE
See also *Food Access* in the **Social Determinants of Health** section of this report.

Most Total Area adults report little or no difficulty buying fresh produce at a price they can afford.



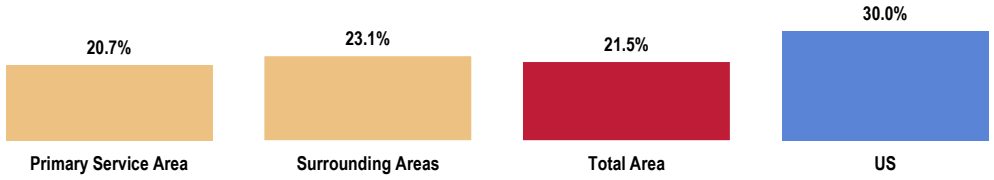
Sources: ● 2023 PRC Community Health Survey, PRC, Inc. [Item 66]
Notes: ● Asked of all respondents.

However, 21.5% of Total Area adults find it "very" or "somewhat" difficult to access affordable fresh fruits and vegetables.

BENCHMARK ► Lower than the US percentage.

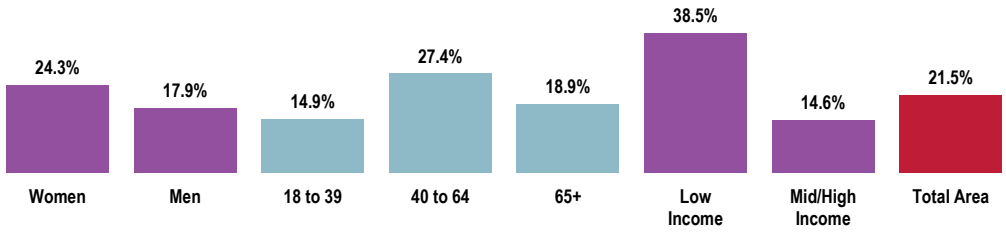
DISPARITY ► More often reported among adults age 40 to 64 and especially those with lower incomes.

Find It "Very" or "Somewhat" Difficult to Buy Affordable Fresh Produce



Sources: ● 2023 PRC Community Health Survey, PRC, Inc. [Item 66]
● 2023 PRC National Health Survey, PRC, Inc.
Notes: ● Asked of all respondents.

Find It "Very" or "Somewhat" Difficult to Buy Affordable Fresh Produce
(Total Area, 2023)



Sources: ● 2023 PRC Community Health Survey, PRC, Inc. [Item 66]
Notes: ● Asked of all respondents.

PHYSICAL ACTIVITY

ABOUT PHYSICAL ACTIVITY

Physical activity can help prevent disease, disability, injury, and premature death. The Physical Activity Guidelines for Americans lays out how much physical activity children, adolescents, and adults need to get health benefits. Although most people don't get the recommended amount of physical activity, it can be especially hard for older adults and people with chronic diseases or disabilities.

Strategies that make it safer and easier to get active — like providing access to community facilities and programs — can help people get more physical activity. Strategies to promote physical activity at home, at school, and at childcare centers can also increase activity in children and adolescents.

– Healthy People 2030 (https://health.gov/healthypeople)

Leisure-Time Physical Activity

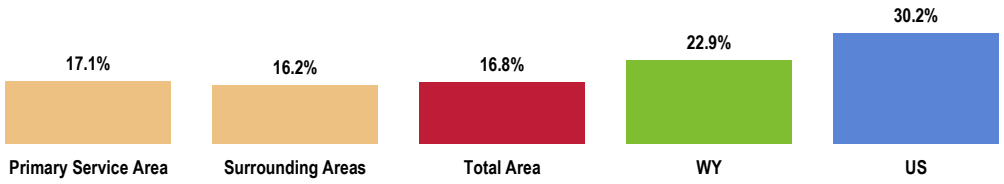
Leisure-time physical activity includes any physical activities or exercises (such as running, calisthenics, golf, gardening, walking, etc.) which take place outside of one's line of work.

A total of 16.8% of Total Area adults report no leisure-time physical activity in the past month.

BENCHMARK ► Better than found across the state and nation. Satisfies the Healthy People 2030 objective.

No Leisure-Time Physical Activity in the Past Month

Healthy People 2030 = 21.8% or Lower



Sources:
- 2023 PRC Community Health Survey, PRC, Inc. [Item 69]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2021 Wyoming data.
- 2023 PRC National Health Survey, PRC, Inc.
- US Department of Health and Human Services. Healthy People 2030. https://health.gov/healthypeople

Notes:
- Asked of all respondents.

Activity Levels

Adults

ADULTS: RECOMMENDED LEVELS OF PHYSICAL ACTIVITY

For adults, "meeting physical activity recommendations" includes adequate levels of both aerobic and strengthening activities:

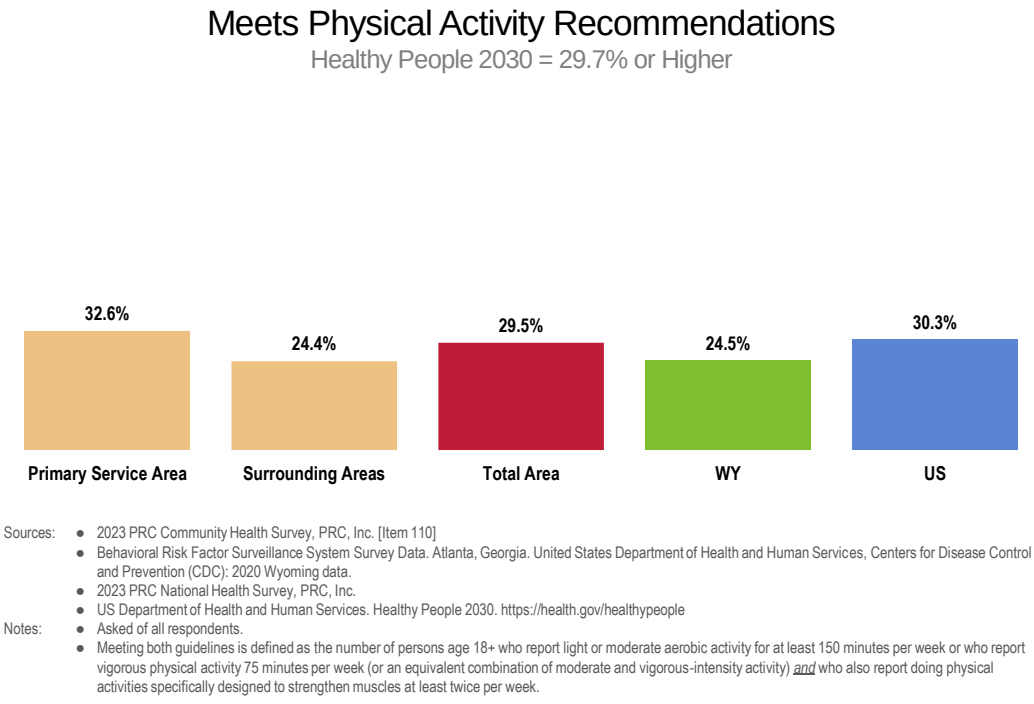
- **Aerobic activity** is one of the following: at least 150 minutes per week of light to moderate activity (such as walking), 75 minutes per week of vigorous activity (such as jogging), or an equivalent combination of both.
- **Strengthening activity** is at least two sessions per week of exercise designed to strengthen muscles (such as push-ups, sit-ups, or activities using resistance bands or weights).

– 2013 Physical Activity Guidelines for Americans, US Department of Health and Human Services. www.cdc.gov/physicalactivity

A total of 29.5% of Total Area adults regularly participate in adequate levels of both aerobic and strengthening activities (meeting physical activity recommendations).

BENCHMARK ► Higher than the statewide finding.

DISPARITY ► Respondents age 65+ are less likely to report meeting the recommendations.



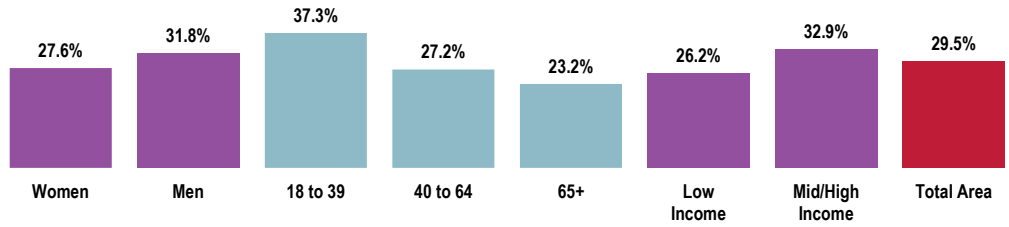
Sources:
- 2023 PRC Community Health Survey, PRC, Inc. [Item 110]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2020 Wyoming data.
- 2023 PRC National Health Survey, PRC, Inc.
- US Department of Health and Human Services. Healthy People 2030. https://health.gov/healthypeople

Notes:
- Asked of all respondents.
- Meeting both guidelines is defined as the number of persons age 18+ who report light or moderate aerobic activity for at least 150 minutes per week or who report vigorous physical activity 75 minutes per week (or an equivalent combination of moderate and vigorous-intensity activity) *and* who also report doing physical activities specifically designed to strengthen muscles at least twice per week.

Meets Physical Activity Recommendations

(Total Area, 2023)

Healthy People 2030 = 29.7% or Higher



Sources:
- 2023 PRC Community Health Survey, PRC, Inc. [Item 110]
- US Department of Health and Human Services. Healthy People 2030. https://health.gov/healthypeople

Notes:
- Asked of all respondents.
- Meeting both guidelines is defined as the number of persons age 18+ who report light or moderate aerobic activity for at least 150 minutes per week or who report vigorous physical activity 75 minutes per week (or an equivalent combination of moderate and vigorous-intensity activity) *and* who also report doing physical activities specifically designed to strengthen muscles at least twice per week.

Children

CHILDREN: RECOMMENDED LEVELS OF PHYSICAL ACTIVITY

Children and adolescents should do 60 minutes (1 hour) or more of physical activity each day.

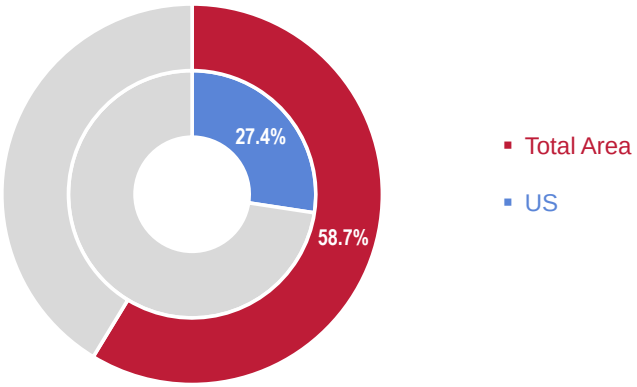
– 2013 Physical Activity Guidelines for Americans, US Department of Health and Human Services. www.cdc.gov/physicalactivity

Among Total Area children age 2 to 17, 58.7% are reported to have had 60 minutes of physical activity on <u>each</u> of the seven days preceding the interview (1+ hours per day).

BENCHMARK ► Much higher than found nationally.

Child Is Physically Active for One or More Hours per Day

(Children 2-17)



Sources:
- 2023 PRC Community Health Survey, PRC, Inc. [Item 94]
- 2023 PRC National Health Survey, PRC, Inc.

Notes:
- Asked of all respondents with children age 2-17 at home.
- Includes children reported to have one or more hours of physical activity on each of the seven days preceding the survey.

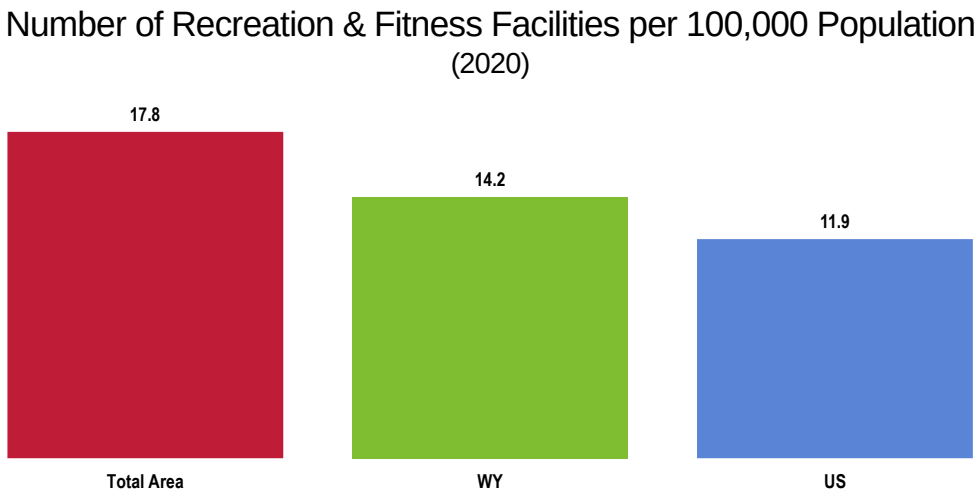
Access to Physical Activity Facilities

Here, recreation/fitness facilities include establishments engaged in operating facilities which offer "exercise and other active physical fitness conditioning or recreational sports activities."

Examples include athletic clubs, gymnasiums, dance centers, tennis clubs, and swimming pools.

In 2020, there were 17.8 recreation/fitness facilities for every 100,000 population in the Total Area.

BENCHMARK ► Higher than found across Wyoming and the US.



Sources:
- US Census Bureau, County Business Patterns. Additional data analysis by CARES.
- Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved June 2023 via SparkMap (sparkmap.org).

Notes:
- Recreation and fitness facilities are defined by North American Industry Classification System (NAICS) Code 713940, which include *Establishments engaged in operating facilities which offer "exercise and other active physical fitness conditioning or recreational sports activities." Examples include athletic clubs, gymnasiums, dance centers, tennis clubs, and swimming pools.*

WEIGHT STATUS

ABOUT OVERWEIGHT & OBESITY

Obesity is linked to many serious health problems, including type 2 diabetes, heart disease, stroke, and some types of cancer. Some racial/ethnic groups are more likely to have obesity, which increases their risk of chronic diseases.

Culturally appropriate programs and policies that help people eat nutritious foods within their calorie needs can reduce overweight and obesity. Public health interventions that make it easier for people to be more physically active can also help them maintain a healthy weight.

– Healthy People 2030 (https://health.gov/healthypeople)

Body Mass Index (BMI), which describes relative weight for height, is significantly correlated with total body fat content. The BMI should be used to assess overweight and obesity and to monitor changes in body weight. In addition, measurements of body weight alone can be used to determine efficacy of weight loss therapy. BMI is calculated as weight (kg)/height squared (m^2). To estimate BMI using pounds and inches, use: [weight (pounds)/height squared ($inches^2$)] x 703.

In this report, overweight is defined as a BMI of 25.0 to 29.9 kg/m^2 and obesity as a BMI ≥30 kg/m^2. The rationale behind these definitions is based on epidemiological data that show increases in mortality with BMIs above 25 kg/m^2. The increase in mortality, however, tends to be modest until a BMI of 30 kg/m^2 is reached. For persons with a BMI ≥30 kg/m^2, mortality rates from all causes, and especially from cardiovascular disease, are generally increased by 50 to 100 percent above that of persons with BMIs in the range of 20 to 25 kg/m^2.

– Clinical Guidelines on the Identification, Evaluation, and Treatment of Overweight and Obesity in Adults: The Evidence Report. National Institutes of Health. National Heart, Lung, and Blood Institute in Cooperation With The National Institute of Diabetes and Digestive and Kidney Diseases. September 1998.

Adult Weight Status

CLASSIFICATION OF OVERWEIGHT AND OBESITY BY BMI	BMI (kg/m^2)
Underweight	<18.5
Healthy Weight	18.5 – 24.9
Overweight	25.0 – 29.9
Obese	≥30.0

Source: Clinical Guidelines on the Identification, Evaluation, and Treatment of Overweight and Obesity in Adults: The Evidence Report. National Institutes of Health. National Heart, Lung, and Blood Institute in Cooperation With The National Institute of Diabetes and Digestive and Kidney Diseases. September 1998.

Overweight Status

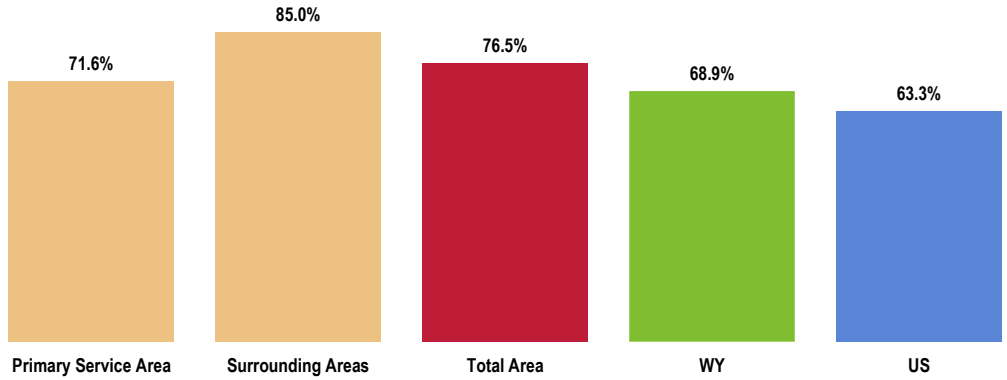
Here, "overweight" includes those respondents with a BMI value ≥25.

More than three-fourths of Total Area adults (76.5%) are overweight.

BENCHMARK ► Higher than state and national percentages.

DISPARITY ► Higher in the Surrounding Areas.

Prevalence of Total Overweight (Overweight and Obese)



Sources:
- 2023 PRC Community Health Survey, PRC, Inc. [Item 112]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2021 Wyoming data.
- 2023 PRC National Health Survey, PRC, Inc.

Notes:
- Based on reported heights and weights, asked of all respondents.
- The definition of overweight is having a body mass index (BMI), a ratio of weight to height (kilograms divided by meters squared), greater than or equal to 25.0. The definition for obesity is a BMI greater than or equal to 30.0.

"Obese" (also included in overweight prevalence discussed previously) includes respondents with a BMI value ≥30.

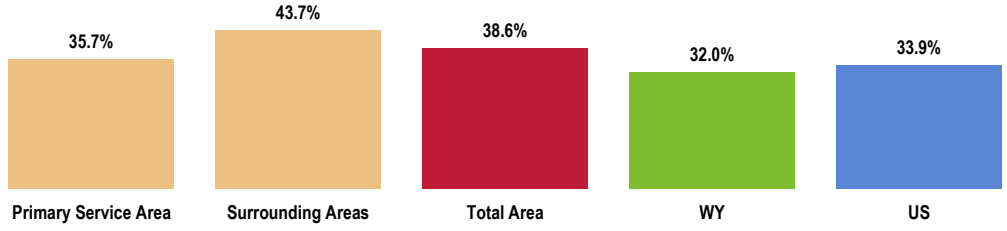
The overweight prevalence above includes 38.6% of Total Area adults who are obese.

BENCHMARK ► Higher than the statewide percentage.

DISPARITY ► Especially high among lower-income adults.

Prevalence of Obesity

Healthy People 2030 = 36.0% or Lower



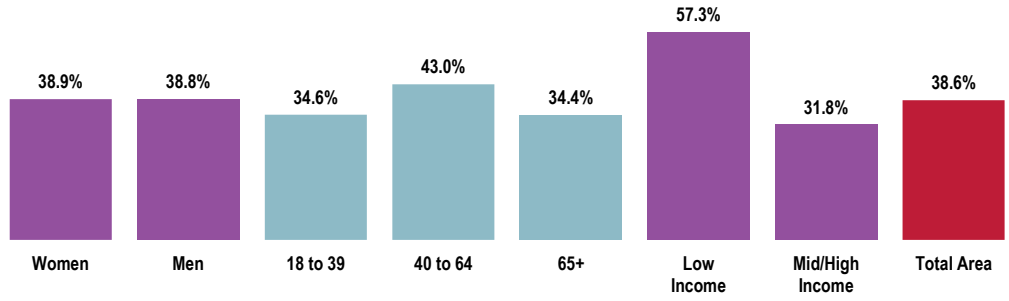
Sources:
- 2023 PRC Community Health Survey, PRC, Inc. [Item 112]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2021 Wyoming data.
- 2023 PRC National Health Survey, PRC, Inc.
- US Department of Health and Human Services. Healthy People 2030. https://health.gov/healthypeople

Notes:
- Based on reported heights and weights, asked of all respondents.
- The definition of obesity is having a body mass index (BMI), a ratio of weight to height (kilograms divided by meters squared), greater than or equal to 30.0.

Prevalence of Obesity

(Total Area, 2023)

Healthy People 2030 = 36.0% or Lower



Sources:
- 2023 PRC Community Health Survey, PRC, Inc. [Item 112]
- US Department of Health and Human Services. Healthy People 2030. https://health.gov/healthypeople

Notes:
- Based on reported heights and weights, asked of all respondents.
- The definition of obesity is having a body mass index (BMI), a ratio of weight to height (kilograms divided by meters squared), greater than or equal to 30.0.

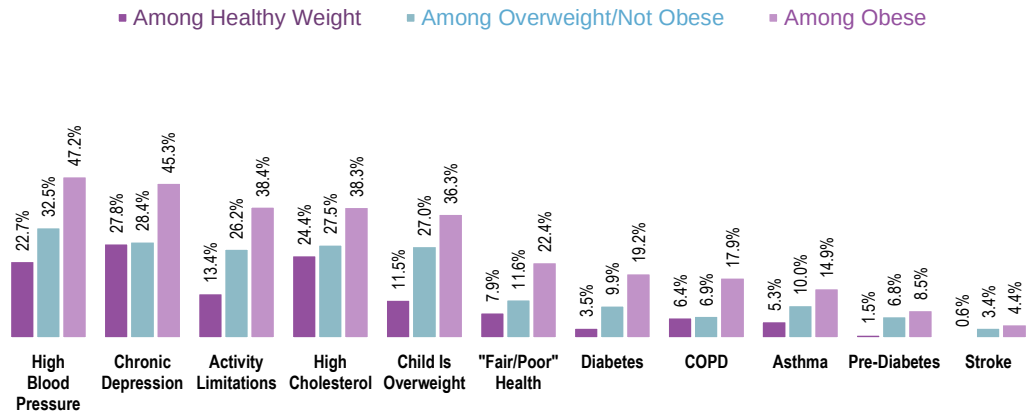
Relationship of Overweight With Other Health Issues

Overweight and obese adults are more likely to report a number of adverse health conditions, as outlined in the following chart.

The correlation between overweight and various health issues cannot be disputed.

Relationship of Overweight With Other Health Issues

(Total Area, 2023)



Sources:
- 2023 PRC Community Health Survey, PRC, Inc. [Item 112]

Notes:
- Based on reported heights and weights, asked of all respondents.

Children's Weight Status

ABOUT WEIGHT STATUS IN CHILDREN & TEENS

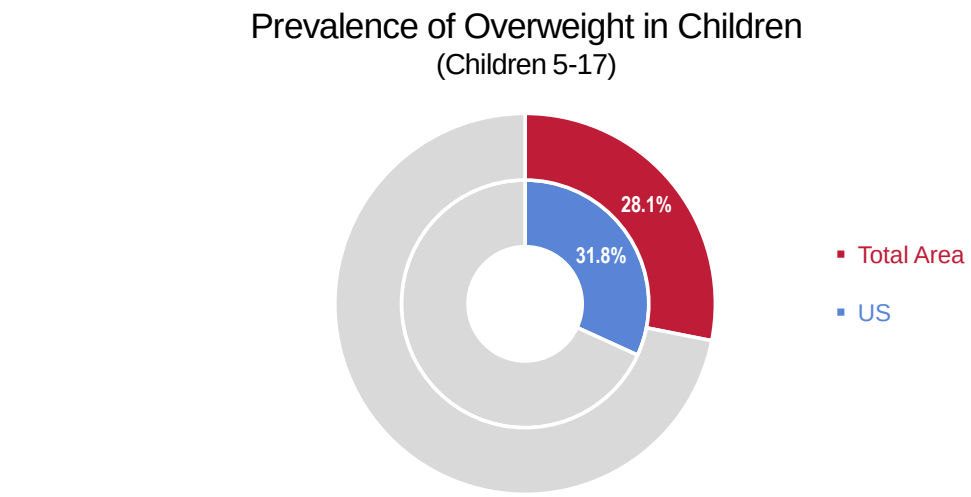
In children and teens, body mass index (BMI) is used to assess weight status – underweight, healthy weight, overweight, or obese. After BMI is calculated for children and teens, the BMI number is plotted on the CDC BMI-for-age growth charts (for either girls or boys) to obtain a percentile ranking. Percentiles are the most commonly used indicator to assess the size and growth patterns of individual children in the United States. The percentile indicates the relative position of the child's BMI number among children of the same sex and age.

BMI-for-age weight status categories and the corresponding percentiles are shown below:

- Underweight <5th percentile
- Healthy Weight ≥5th and <85th percentile
- Overweight ≥85th and <95th percentile
- Obese ≥95th percentile

– Centers for Disease Control and Prevention

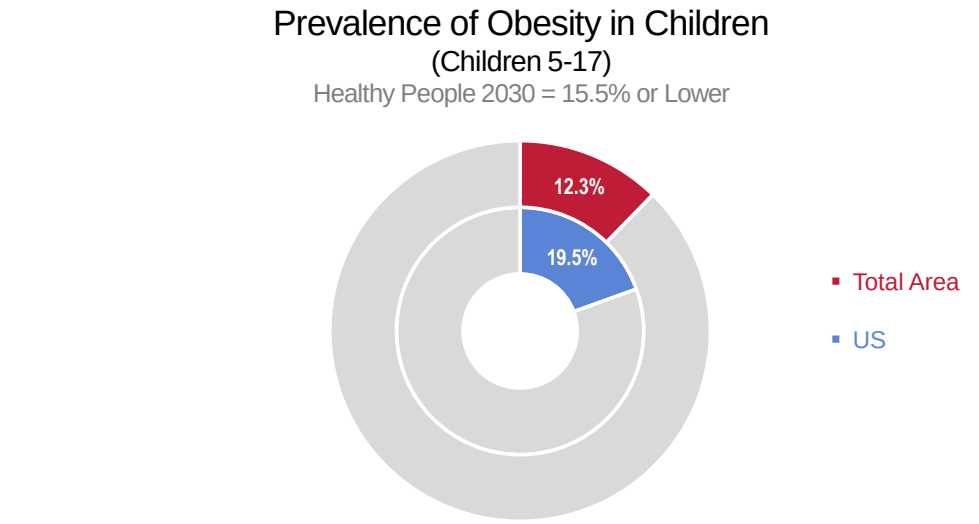
Based on the heights/weights reported by surveyed parents, 28.1% of Total Area children age 5 to 17 are overweight or obese (≥85th percentile).



Sources:
- 2023 PRC Community Health Survey, PRC, Inc. [Item 113]
- 2023 PRC National Health Survey, PRC, Inc.

Notes:
- Asked of all respondents with children age 5-17 at home.
- Overweight among children is determined by children's Body Mass Index status at or above the 85th percentile of US growth charts by gender and age.

The childhood overweight prevalence above includes 12.3% of area children age 5 to 17 who are obese (≥95th percentile).

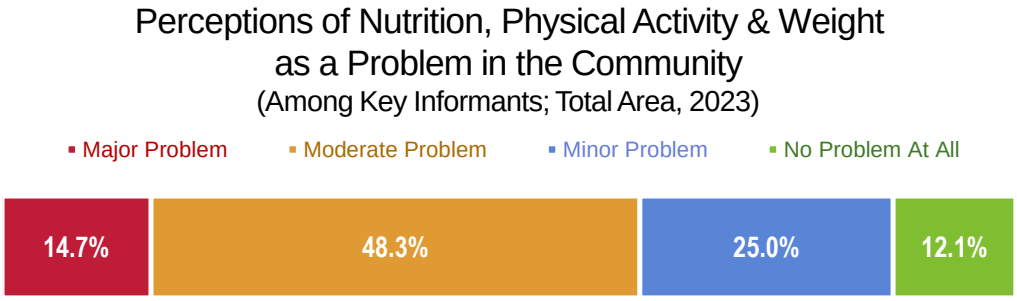


Sources:
- 2023 PRC Community Health Survey, PRC, Inc. [Item 113]
- 2023 PRC National Health Survey, PRC, Inc.
- US Department of Health and Human Services. Healthy People 2030. https://health.gov/healthypeople

Notes:
- Asked of all respondents with children age 5-17 at home.
- Obesity among children is determined by children's Body Mass Index status equal to or above the 95th percentile of US growth charts by gender and age.

Key Informant Input: Nutrition, Physical Activity & Weight

A large share of key informants taking part in an online survey characterized *Nutrition, Physical Activity & Weight* as a "moderate problem" in the community.



Sources:
- 2023 PRC Online Key Informant Survey, PRC, Inc.

Notes:
- Asked of all respondents.

Among those rating this issue as a "major problem," reasons related to the following:

Lifestyle

> Cost of good nutrition and lack of individual experience and knowledge or caring enough to change very poor habits. I believe obesity is an epidemic in our community. – Community Leader
>
> I see a lot of people in our community that are overweight. I don't know the reason, but surely it is different for each individual. I wonder if our eating habits and the food chain are the major cause. Physical activity is probably a cause, but I wonder if our eating habits and what is in our food are the major cause. – Community Leader
>
> Lots of processed food, affordable access to healthy foods, motivation, etc. Same issues faced nationally. – Community Leader

> Basically, people not being active enough to keep the weight down, poor food choices, such as fast food, too much highly processed food, and sugar or corn syrup in many products. – Community Leader
>
> Inactivity, poor education on the issues, poor eating habits. – Community Leader
>
> I do not believe people take these elements of their health seriously. Also, with the rising cost of groceries, nutrition is becoming an issue. – Community Leader
>
> Little community desire to be healthy. – Physician

Obesity

> Obesity epidemic, inactive lifestyles, too much fast food, educational deficit, lack of appreciation for long-term, irreversible health problems resulting from obesity. – Physician
>
> Obesity in all age groups. Not enough physical activity. – Community Leader
>
> Overweight when they don't want to be. – Other Health Provider

Access to Care/Services

> Lack of resources, education, and motivation. – Other Health Provider

Awareness/Education

> Education and encouragement with follow-up for those needing support. – Other Health Provider

Built Environment

> Need to have a place individuals can go with a large dome that lets in light so there is a reduction in depression and suicide. – Community Leader

Environmental Contributors

> I think mostly climate and geography can be a detriment, but it's also a huge asset. This last winter lasted forever. Not many, myself included, got out much. However, the summer is great for hiking, walking, running, biking, etc. – Other Health Provider

SUBSTANCE USE

ABOUT DRUG & ALCOHOL USE

Substance use disorders can involve illicit drugs, prescription drugs, or alcohol. Opioid use disorders have become especially problematic in recent years. Substance use disorders are linked to many health problems, and overdoses can lead to emergency department visits and deaths.

Effective treatments for substance use disorders are available, but very few people get the treatment they need. Strategies to prevent substance use — especially in adolescents — and help people get treatment can reduce drug and alcohol misuse, related health problems, and deaths.

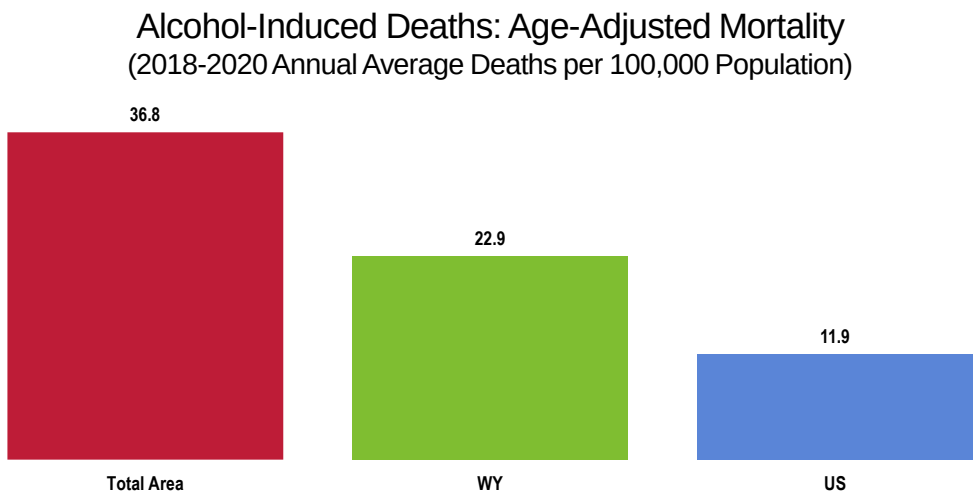
– Healthy People 2030 (https://health.gov/healthypeople)

Alcohol Use

Age-Adjusted Alcohol-Induced Deaths

Between 2018 and 2020, the Total Area reported an annual average age-adjusted mortality rate of 36.8 alcohol-induced deaths per 100,000 population.

BENCHMARK ► Much higher than state and national rates.



Sources: ● CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted June 2023.

Notes: ● Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
● Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.

Excessive Drinking

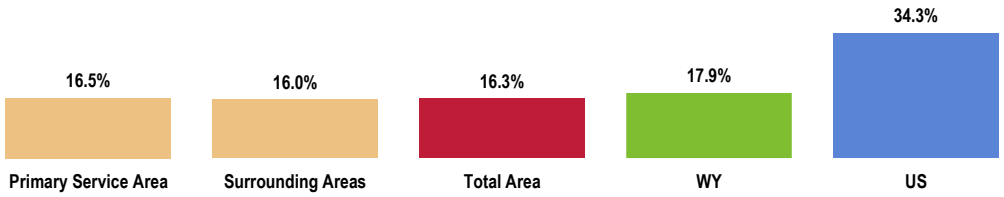
Excessive drinking includes heavy and/or binge drinkers:

- HEAVY DRINKING ► men reporting 2+ alcoholic drinks per day or women reporting 1+ alcoholic drink per day in the month preceding the interview.
- BINGE DRINKING ► men reporting 5+ alcoholic drinks or women reporting 4+ alcoholic drinks on any single occasion during the past month.

A total of 16.3% of area adults engage in excessive drinking (heavy and/or binge drinking).

BENCHMARK ► Less than half the national percentage.

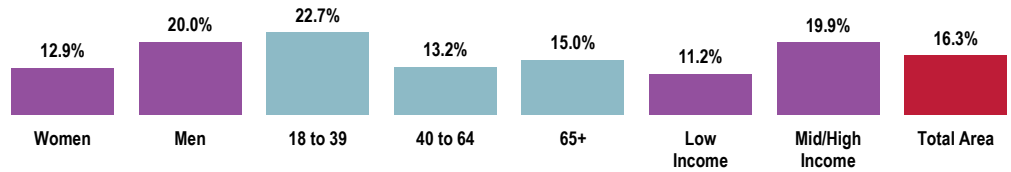
Engage in Excessive Drinking



Sources:
- 2023 PRC Community Health Survey, PRC, Inc. [Item 116]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2021 Wyoming data.
- 2023 PRC National Health Survey, PRC, Inc.

Notes:
- Asked of all respondents.
- Excessive drinking reflects the percentage of persons age 18 years and over who drank more than two drinks per day on average (for men) or more than one drink per day on average (for women) OR who drank 5 or more drinks during a single occasion (for men) or 4 or more drinks during a single occasion (for women) during the past 30 days.

Engage in Excessive Drinking
(Total Area, 2023)



Sources:
- 2023 PRC Community Health Survey, PRC, Inc. [Item 116]

Notes:
- Asked of all respondents.
- Excessive drinking reflects the percentage of persons age 18 years and over who drank more than two drinks per day on average (for men) or more than one drink per day on average (for women) OR who drank 5 or more drinks during a single occasion (for men) or 4 or more drinks during a single occasion (for women) during the past 30 days.

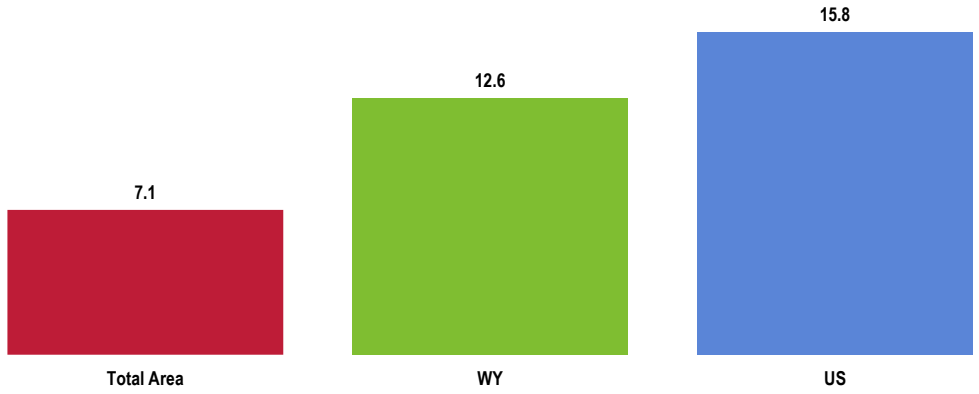
Drug Use

Age-Adjusted Unintentional Drug-Induced Deaths

Between 2011 and 2020, there was an annual average age-adjusted mortality rate of 7.1 unintentional drug-induced deaths per 100,000 population in the Total Area.

BENCHMARK ► Lower than state and national rates.

Unintentional Drug-Induced Deaths: Age-Adjusted Mortality
(2011-2020 Annual Average Deaths per 100,000 Population)



Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted June 2023.

Notes:
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
- Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.

Illicit Drug Use

A total of 2.2% of Total Area adults acknowledge using an illicit drug in the past month.

BENCHMARK ► Lower than the US percentage.

For the purposes of this survey, "illicit drug use" includes use of illegal substances or of prescription drugs taken without a physician's order.

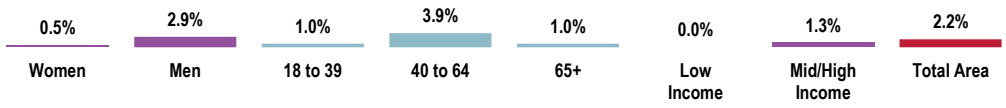
Note: As a self-reported measure – and because this indicator reflects potentially illegal behavior – it is reasonable to expect that it might be underreported, and that actual illicit drug use in the community is likely higher.

Illicit Drug Use in the Past Month

Sources:
- 2023 PRC Community Health Survey, PRC, Inc. [Item 40]
- 2023 PRC National Health Survey, PRC, Inc.

Notes:
- Asked of all respondents.

Illicit Drug Use in the Past Month
(Total Area, 2023)



Sources: • 2023 PRC Community Health Survey, PRC, Inc. [Item 40]
Notes: • Asked of all respondents.

Use of Prescription Opioids

A total of 13.2% of Total Area adults report using a prescription opioid drug in the past year.

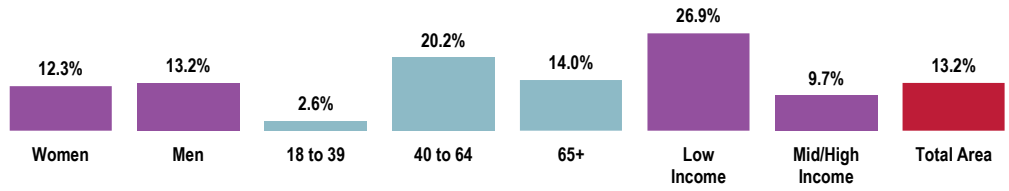
DISPARITY ► More often reported among adults age 40+ and among lower-income adults.

Opioids are a class of drugs used to treat pain. Examples presented to respondents include morphine, codeine, hydrocodone, oxycodone, methadone, and fentanyl. Common brand name opioids include Vicodin, Dilaudid, Percocet, OxyContin, and Demerol.

Used a Prescription Opioid in the Past Year

Sources: • 2023 PRC Community Health Survey, PRC, Inc. [Item 41]
• 2023 PRC National Health Survey, PRC, Inc.
Notes: • Asked of all respondents.

Used a Prescription Opioid in the Past Year
(Total Area, 2023)



Sources: • 2023 PRC Community Health Survey, PRC, Inc. [Item 41]
Notes: • Asked of all respondents.

Alcohol & Drug Treatment

A total of 6.7% of Total Area adults report that they have sought professional help for an alcohol or drug problem at some point in their lives.

DISPARITY ► Higher in the Surrounding Areas.

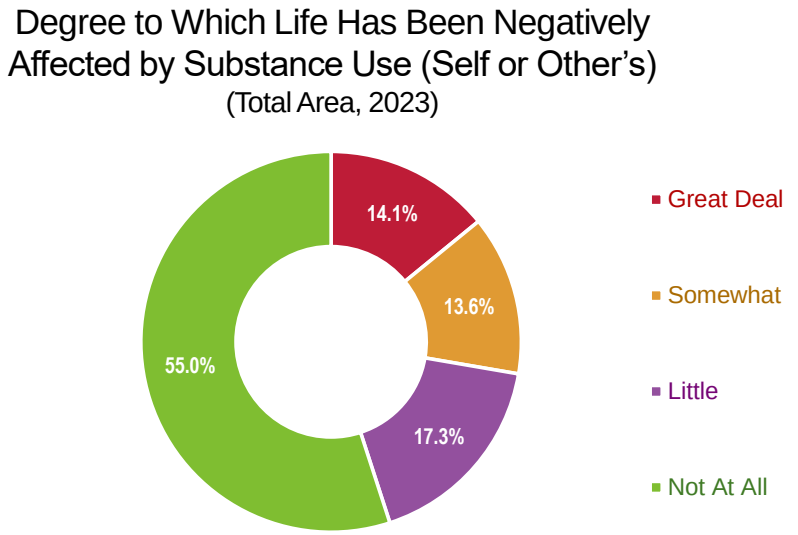
Have Ever Sought Professional Help for an Alcohol/Drug-Related Problem

Sources: • 2023 PRC Community Health Survey, PRC, Inc. [Item 42]
• 2023 PRC National Health Survey, PRC, Inc.
Notes: • Asked of all respondents.

Personal Impact From Substance Use

Surveyed adults were also asked to what degree their lives have been impacted by substance use (whether their own use or that of another).

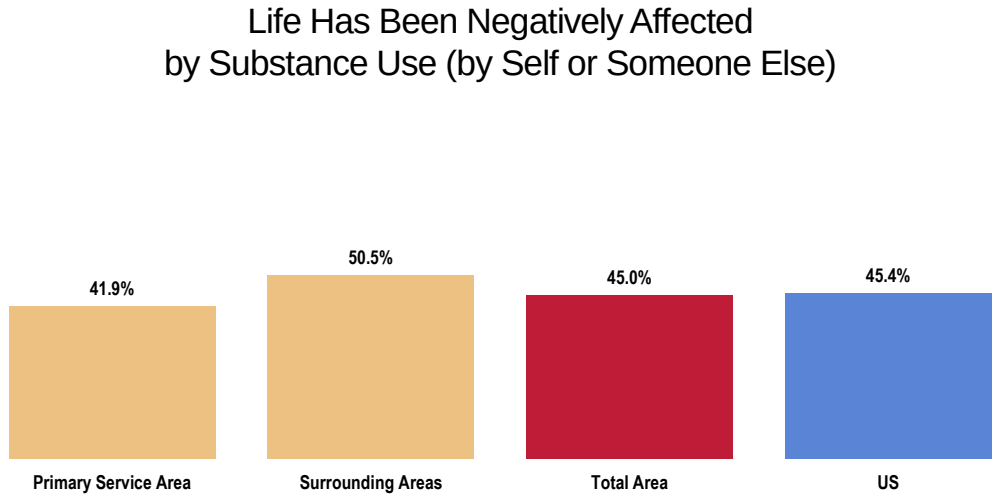
More than half of Total Area residents have <u>not</u> been negatively affected by substance use (either their own or someone else's).



Sources: • 2023 PRC Community Health Survey, PRC, Inc. [Item 43]
Notes: • Asked of all respondents.

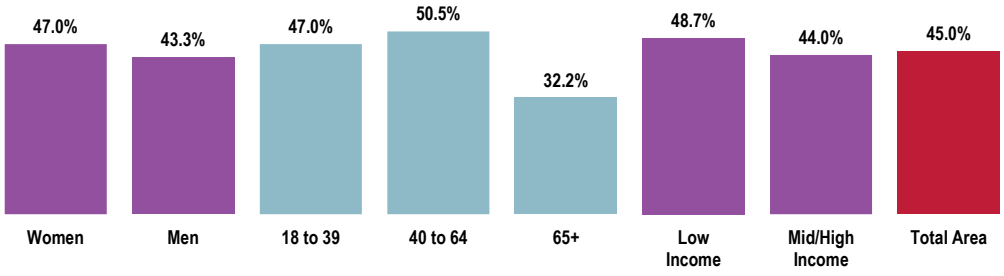
However, 45.0% have felt a personal impact to some degree ("a little," "somewhat," or "a great deal").

DISPARITY ► More often reported among adults younger than 65.



Sources: • 2023 PRC Community Health Survey, PRC, Inc. [Item 43]
• 2023 PRC National Health Survey, PRC, Inc.
Notes: • Asked of all respondents.
• Includes those responding "a great deal," "somewhat," or "a little."

Life Has Been Negatively Affected by Substance Use (by Self or Someone Else)
(Total Area, 2023)

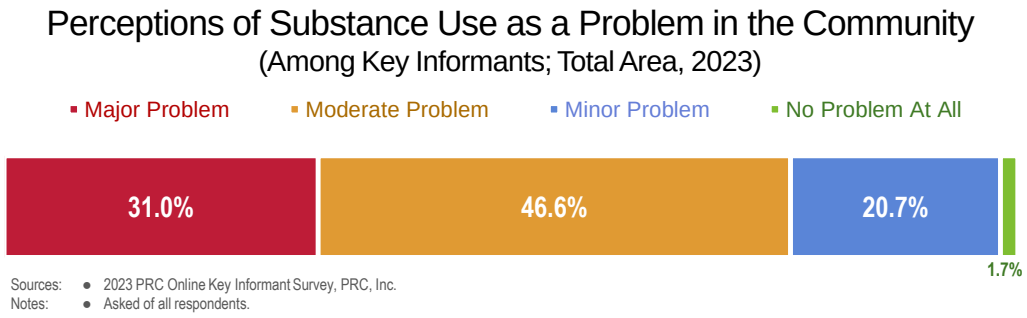


Sources:
- 2023 PRC Community Health Survey, PRC, Inc. [Item 43]

Notes:
- Asked of all respondents.
- Includes those responding "a great deal," "somewhat," or "a little."

Key Informant Input: Substance Use

Key informants taking part in an online survey most often characterized *Substance Use* as a "moderate problem" in the community.



Among those rating this issue as a "major problem," reasons related to the following:

Access to Care/Services

> Lack of services. – Community Leader
>
> Lack of resources. – Community Leader
>
> There is only one facility, and it is usually full. – Community Leader
>
> No beds available for people when they are ready and need them. Many go on waiting lists and just become hopeless and go back to drinking. The process to get into treatment is so cumbersome and confusing, without an advocate no one would be able to figure it out. Let me give you an example – patient goes to hospital for detox – they give them medication for detox and send them to VOA social detox program – At VOA the patient sits in room with a person monitoring them and giving them the medication as prescribed (they can sit in some classes if they want to while there in detox) as there is no beds available for treatment the person is given admission paperwork that is 30 pages long and sent home (side note I was even confused at the paperwork when trying help my client fill it out) if I would not have been with my client he would of just gave up. As there is not enough space more me to type the rest of the process, let me just say, it doesn't get any better. – Other Health Provider
>
> Lack of resources and the depth of resources needed. Population numbers, rural setting, and lack of qualified professionals. – Community Leader
>
> Financial limitations, lack of insurance, general understanding of the help that is available. – Community Leader
>
> Available resources. – Other Health Provider
>
> Space is a problem. The substance epidemic has higher user numbers than beds available in our area. – Other Health Provider
>
> Insufficient space and number of qualified personnel. – Physician
>
> No formal inpatient programs. – Other Health Provider

Denial/Stigma

> The perception of weakness if you seek help. Self-denial that you really don't have a problem. Potential costs and being able to afford such things as prescribed medications. – Community Leader
>
> Stigma, a bar on every corner, easy access. – Other Health Provider
>
> The stigma associated with it. – Community Leader
>
> In my opinion, the greatest barrier is always the willingness (or lack thereof) of the substance abuser to admit to a problem and seek help. After that, in my experience, the cost and distance to treatment centers often present a barrier to treatment. In a couple instances, the availability of room at a treatment center can be a barrier. – Community Leader
>
> Stigma, normalization of substance abuse, lack of public attention and awareness. – Other Health Provider
>
> A desire to get help first, then funding, then facility capacity, then lack of pay and help at the facilities. – Community Leader

Affordable Care/Services

> There are few treatment facilities that are affordable or accessible. There is a culture of drinking here and many opportunities to do so. – Community Leader

> Cost and availability. Good solid programs throughout the state are needed. Increase the support for those after treatment. – Other Health Provider
>
> Substance abuse counseling. Cost is still an issue. Stigma surrounding substance use treatment. The local inpatient treatment facility does not allow some medications to treat substance use disorder. – Physician

Awareness/Education

> Education, financial support, and facilities' availability. – Social Services Provider
>
> Mentors. – Other Health Provider

Lack of Providers

> The greatest barrier to substance abuse treatment is a lack of trained therapists to meet the need in the community. Additionally, there needs to be an aftercare plan, including housing, to support individuals after treatment. Post-treatment is a key to reducing recidivism. – Community Leader
>
> Limited providers, lack of inpatient and outpatient availability, and funding. – Other Health Provider

Cultural/Personal Beliefs

> A culture of drinking is encouraged. Only the VOA offers recovery service. AA and NA meetings are limited in number. – Community Leader

Most Problematic Substances

Key informants (who rated this as a “major problem”) identified **alcohol** as causing the most problems in the community, followed by **methamphetamine/other amphetamines**.

SUBSTANCES VIEWED AS MOST PROBLEMATIC IN THE COMMUNITY (Among Key Informants Rating Substance Use as a “Major Problem”)	
ALCOHOL	31.7%
METHAMPHETAMINE OR OTHER AMPHETAMINES	24.4%
MARIJUANA	14.6%
HEROIN OR OTHER OPIOIDS	13.4%
PRESCRIPTION MEDICATIONS	7.3%
COCAINE OR CRACK	2.4%
INHALANTS	2.4%
SYNTHETIC DRUGS (e.g. Bath Salts, K2/Spice)	2.4%
OVER-THE-COUNTER MEDICATIONS	1.2%

TOBACCO USE

ABOUT TOBACCO USE

Most deaths and diseases from tobacco use in the United States are caused by cigarettes. Smoking harms nearly every organ in the body and increases the risk of heart disease, stroke, lung diseases, and many types of cancer. Although smoking is widespread, it's more common in certain groups, including men, American Indians/Alaska Natives, people with behavioral health conditions, LGBT people, and people with lower incomes and education levels.

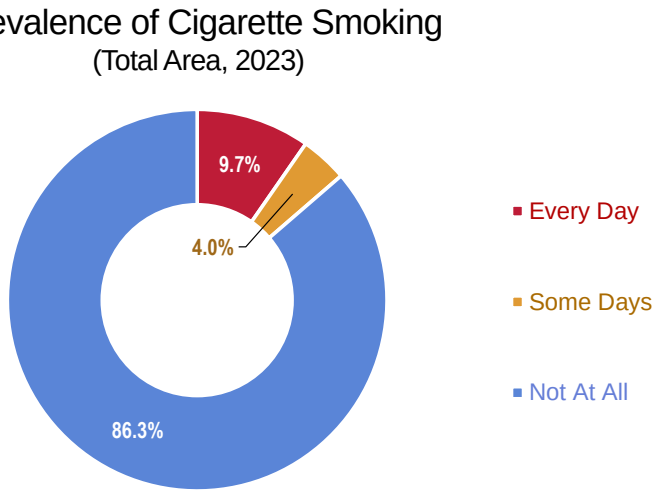
Several evidence-based strategies can help prevent and reduce tobacco use and exposure to secondhand smoke. These include smoke-free policies, price increases, and health education campaigns that target large audiences. Methods like counseling and medication can also help people stop using tobacco.

– Healthy People 2030 (https://health.gov/healthypeople)

Cigarette Smoking

Prevalence of Cigarette Smoking

A total of 13.7% of Total Area adults currently smoke cigarettes, either regularly (every day) or occasionally (on some days).



Sources: • 2023 PRC Community Health Survey, PRC, Inc. [Item 34]
Notes: • Asked of all respondents.

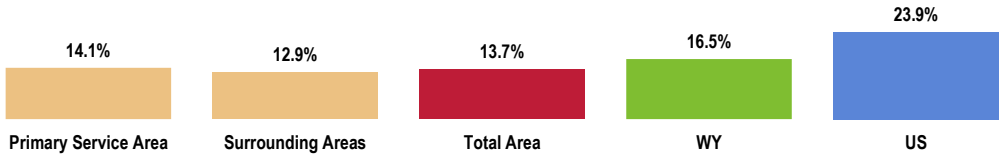
Note the following findings related to cigarette smoking prevalence in the Total Area.

BENCHMARK ► Lower than found nationally. Fails to satisfy the Healthy People 2030 objective.

DISPARITY ► Cigarette smoking is more prevalent among younger adults (age 18 to 39).

Currently Smoke Cigarettes

Healthy People 2030 = 6.1% or Lower



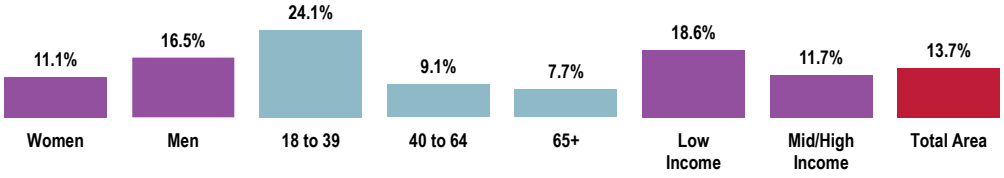
Sources:
- 2023 PRC Community Health Survey, PRC, Inc. [Item 34]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2021 Wyoming data.
- 2023 PRC National Health Survey, PRC, Inc.
- US Department of Health and Human Services. Healthy People 2030. https://health.gov/healthypeople

Notes:
- Asked of all respondents.
- Includes regular and occasional smokers (those who smoke cigarettes every day or on some days).

Currently Smoke Cigarettes

(Total Area, 2023)

Healthy People 2030 = 6.1% or Lower



Sources:
- 2023 PRC Community Health Survey, PRC, Inc. [Item 34]
- US Department of Health and Human Services. Healthy People 2030. https://health.gov/healthypeople

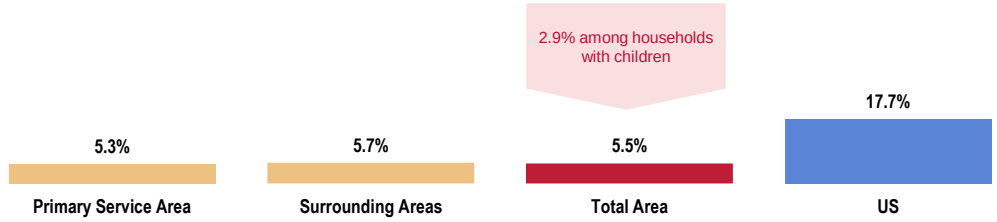
Notes:
- Asked of all respondents.
- Includes regular and occasion smokers (every day and some days).

Environmental Tobacco Smoke

Among all surveyed households in the Total Area, 5.5% report that someone has smoked cigarettes, cigars, or pipes in their home an average of four or more times per week over the past month.

BENCHMARK ► Much lower than the US percentage.

Member of Household Smokes at Home



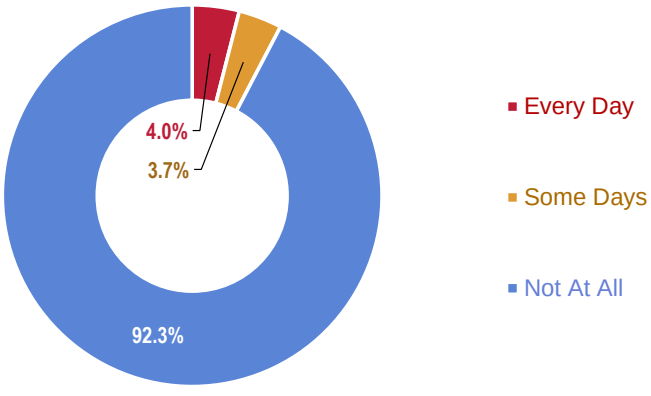
Sources:
- 2023 PRC Community Health Survey, PRC, Inc. [Items 35, 114]
- 2023 PRC National Health Survey, PRC, Inc.

Notes:
- Asked of all respondents.
- "Smokes at home" refers to someone smoking cigarettes, cigars, or a pipe in the home an average of four or more times per week in the past month.

Use of Vaping Products

Most Total Area adults do not use electronic vaping products.

Use of Vaping Products
(Total Area, 2023)



Sources:
- 2023 PRC Community Health Survey, PRC, Inc. [Item 36]

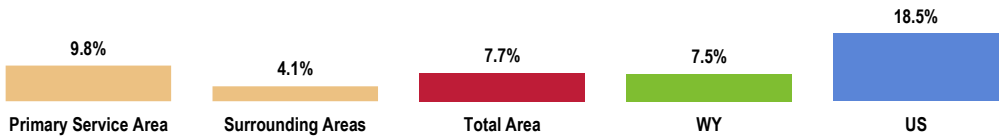
Notes:
- Asked of all respondents.

However, 7.7% currently use electronic vaping products either regularly (every day) or occasionally (on some days).

BENCHMARK ► Less than half the national percentage.

DISPARITY ► Higher in the Primary Service Area than in the Surrounding Areas. More often reported among adults younger than 65, especially those age 18 to 39.

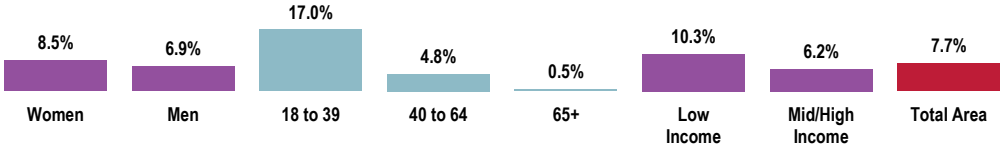
Currently Use Vaping Products
(Every Day or on Some Days)



Sources:
- 2023 PRC Community Health Survey, PRC, Inc. [Item 36]
- 2023 PRC National Health Survey, PRC, Inc.
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2021 Wyoming data.

Notes:
- Asked of all respondents.
- Includes those who use vaping products every day or on some days.

Currently Use Vaping Products
(Total Area, 2023)

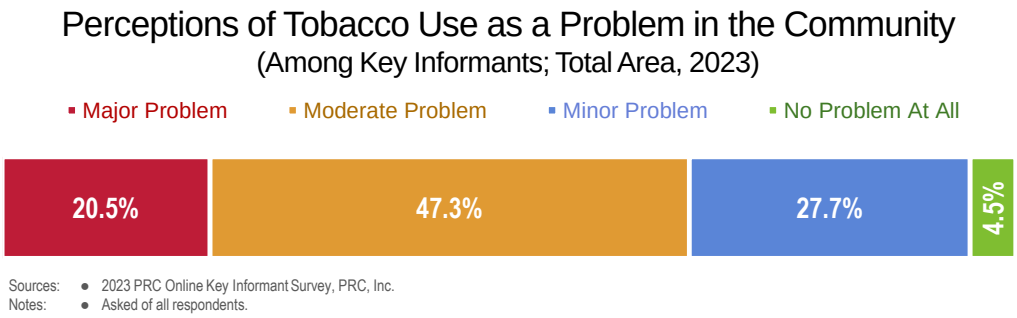


Sources:
- 2023 PRC Community Health Survey, PRC, Inc. [Item 36]

Notes:
- Asked of all respondents.
- Includes those who use vaping products every day or on some days.

Key Informant Input: Tobacco Use

The greatest share of key informants taking part in an online survey characterized *Tobacco Use* as a "moderate problem" in the community.



Among those rating this issue as a "major problem," reasons related to the following:

Incidence/Prevalence

> Continue to see widespread use amongst varying age groups. – Other Health Provider
>
> I don't believe it is a major problem anymore. I would say, as a guess, that less than 1/4 of the population smokes. – Other Health Provider
>
> I feel like it is a major problem until there is none. – Other Health Provider
>
> Numerous people in our community either smoke or chew tobacco, including teens. – Community Leader
>
> It seems cigarettes and chewing tobacco are still extremely prevalent in our area. Also, many young people have replaced smoking with vaping, which seems to be just as bad, if not worse than smoking. – Community Leader
>
> Simply based on a personal assessment of the area, our workforce, and the area's culture, smoking and use of smokeless tobacco seem to be used by a large percentage of the community. – Community Leader

Cultural/Personal Beliefs

> It is a part of our culture unfortunately, along with alcohol use. Education is needed, with compassion and understanding. – Other Health Provider
>
> Small rural community seems people pursue tobacco as a recreation. – Community Leader
>
> Culturally still fairly acceptable. – Physician
>
> Aforementioned drinking culture encourages smoking. – Community Leader

E-Cigarettes

> Many young kids are using vaping as a way to cope with the current stresses on our environment today. It's an easy, legal way to cope with the stress. – Community Leader
>
> As vaping increases, there is little to no information stating the risks to a person's health. – Other Health Provider
>
> Vaping is very widespread among youth and adults. It is often more addictive than tobacco and can create additional health issues. – Community Leader

Easy Access

> All forms of tobacco use are available to all ages. Programs in schools for educating youth are in use but seem to have little effect. What people are seen doing is seen more often and has more influence on individuals than programs presenting the problems with tobacco use. – Community Leader
>
> Cigarettes, chew, and vapes are available anywhere. – Other Health Provider

Impact on Quality of Life

> Even though it is known to cause extensive health issues, people still continue to use it. – Community Leader

SEXUAL HEALTH

ABOUT HIV & SEXUALLY TRANSMITTED INFECTIONS

Although many sexually transmitted infections (STIs) are preventable, there are more than 20 million estimated new cases in the United States each year — and rates are increasing. In addition, more than 1.2 million people in the United States are living with HIV (human immunodeficiency virus).

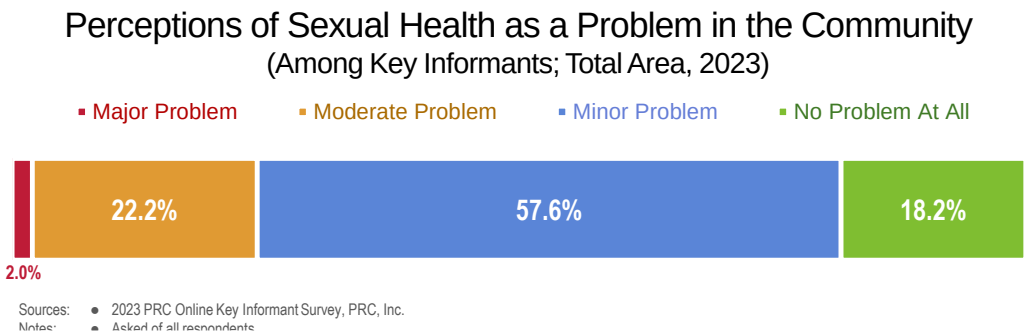
Adolescents, young adults, and men who have sex with men are at higher risk of getting STIs. And people who have an STI may be at higher risk of getting HIV. Promoting behaviors like condom use can help prevent STIs.

Strategies to increase screening and testing for STIs can assess people's risk of getting an STI and help people with STIs get treatment, improving their health and making it less likely that STIs will spread to others. Getting treated for an STI other than HIV can help prevent complications from the STI but doesn't prevent HIV from spreading.

– Healthy People 2030 (https://health.gov/healthypeople)

Key Informant Input: Sexual Health

A majority of key informants taking part in an online survey characterized *Sexual Health* as a "minor problem" in the community.



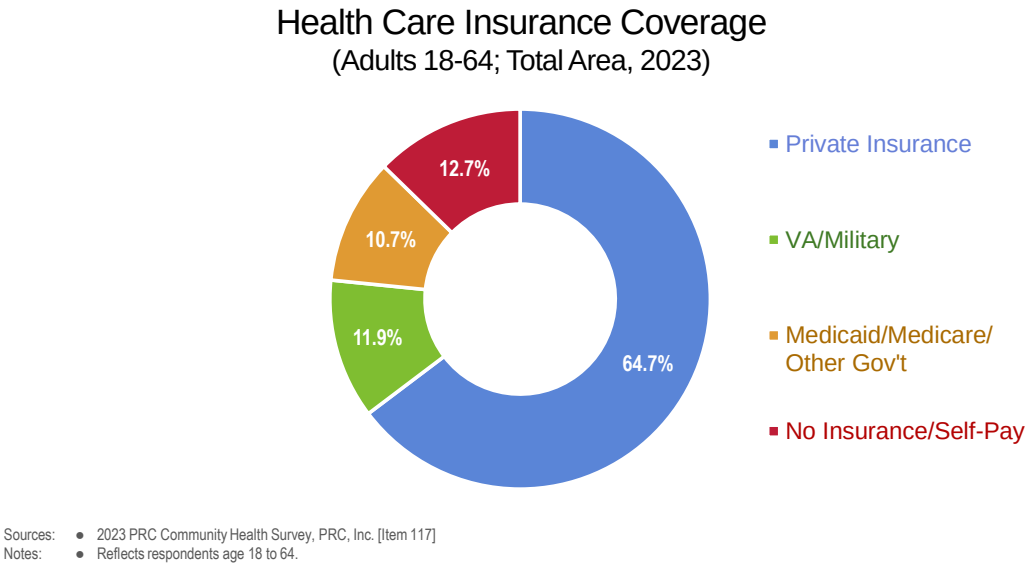
ACCESS TO HEALTH CARE

HEALTH INSURANCE COVERAGE

Type of Health Care Coverage

Survey respondents were asked a series of questions to determine their health care insurance coverage, if any, from either private or government-sponsored sources.

A total of 64.7% of Total Area adults age 18 to 64 report having health care coverage through private insurance. Another 22.6% report coverage through a government-sponsored program (e.g., Medicaid, Medicare, military benefits).



Sources: • 2023 PRC Community Health Survey, PRC, Inc. [Item 117]
Notes: • Reflects respondents age 18 to 64.

Lack of Health Insurance Coverage

Here, lack of health insurance coverage reflects respondents age 18 to 64 (thus, excluding the Medicare population) who have no type of insurance coverage for health care services – neither private insurance nor government-sponsored plans (e.g., Medicaid).

Among adults age 18 to 64, 12.7% report having no insurance coverage for health care expenses.

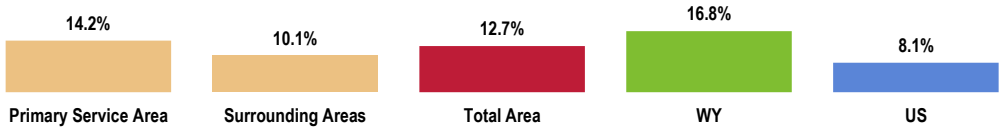
BENCHMARK ► Fails to satisfy the Healthy People 2030 objective.

DISPARITY ► Much more often reported among residents with lower incomes.

Lack of Health Care Insurance Coverage

(Adults 18-64)

Healthy People 2030 = 7.6% or Lower



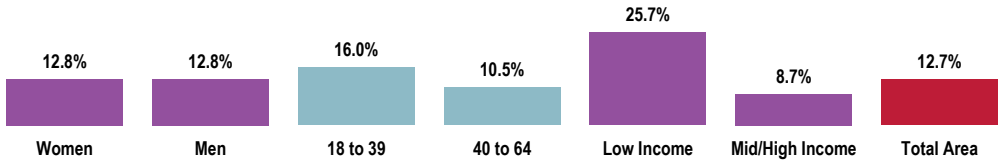
Sources:
- 2023 PRC Community Health Survey, PRC, Inc. [Item 117]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2021 Wyoming data.
- 2023 PRC National Health Survey, PRC, Inc.
- US Department of Health and Human Services. Healthy People 2030. https://health.gov/healthypeople

Notes:
- Reflects respondents age 18 to 64.

Lack of Health Care Insurance Coverage

(Adults 18-64; Total Area, 2023)

Healthy People 2030 = 7.6% or Lower



Sources:
- 2023 PRC Community Health Survey, PRC, Inc. [Item 117]
- US Department of Health and Human Services. Healthy People 2030. https://health.gov/healthypeople

Notes:
- Reflects respondents age 18 to 64.

DIFFICULTIES ACCESSING HEALTH CARE

ABOUT HEALTH CARE ACCESS

Many people in the United States don't get the health care services they need. …People without insurance are less likely to have a primary care provider, and they may not be able to afford the health care services and medications they need. Strategies to increase insurance coverage rates are critical for making sure more people get important health care services, like preventive care and treatment for chronic illnesses.

Sometimes people don't get recommended health care services, like cancer screenings, because they don't have a primary care provider. Other times, it's because they live too far away from health care providers who offer them. Interventions to increase access to health care professionals and improve communication — in person or remotely — can help more people get the care they need.

– Healthy People 2030 (https://health.gov/healthypeople)

Difficulties Accessing Services

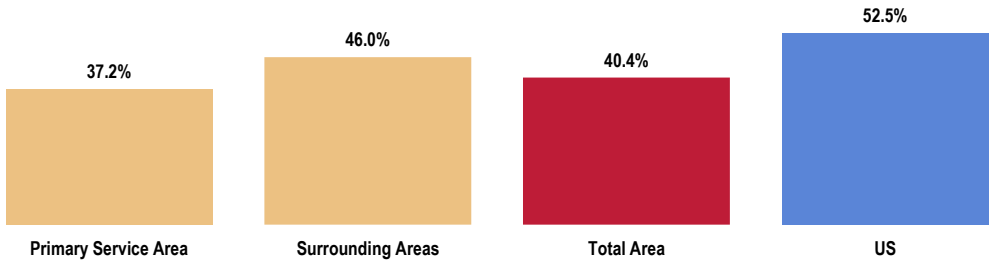
This indicator reflects the percentage of the total population experiencing problems accessing health care in the past year, regardless of whether they needed or sought care. It is based on reports of the barriers outlined in the following section.

A total of 40.4% of Total Area adults report some type of difficulty or delay in obtaining health care services in the past year.

BENCHMARK ► Much better than the US percentage.

DISPARITY ► More often reported among respondents age 18 to 39 and especially those with lower incomes.

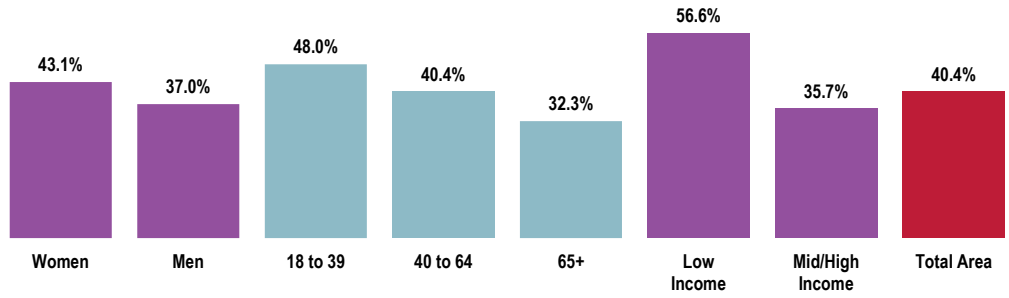
Experienced Difficulties or Delays of Some Kind in Receiving Needed Health Care in the Past Year



Sources:
- 2023 PRC Community Health Survey, PRC, Inc. [Item 119]
- 2023 PRC National Health Survey, PRC, Inc.

Notes:
- Asked of all respondents.
- Percentage represents the proportion of respondents experiencing one or more barriers to accessing health care in the past 12 months.

Experienced Difficulties or Delays of Some Kind in Receiving Needed Health Care in the Past Year
(Total Area, 2023)



Sources:
- 2023 PRC Community Health Survey, PRC, Inc. [Item 119]

Notes:
- Asked of all respondents.
- Percentage represents the proportion of respondents experiencing one or more barriers to accessing health care in the past 12 months.

Barriers to Health Care Access

Of the tested barriers, appointment availability impacted the greatest share of Total Area adults.

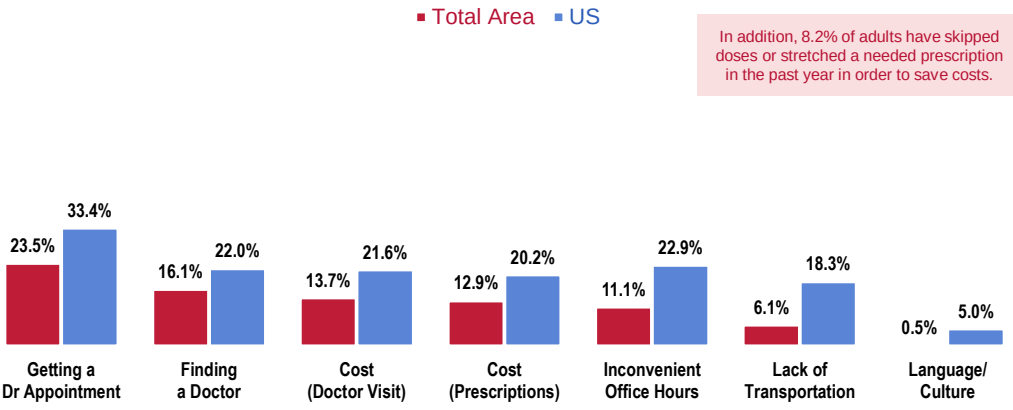
BENCHMARK ► All seven barriers were found to have less of an impact locally than nationally.

DISPARITY ► Mention of appointment availability as a barrier was higher in the Surrounding Areas than in the Primary Service Area (not shown).

To better understand health care access barriers, survey participants were asked whether any of seven types of barriers to access prevented them from seeing a physician or obtaining a needed prescription in the past year.

Again, these percentages reflect the total population, regardless of whether medical care was needed or sought.

Barriers to Access Have Prevented Medical Care in the Past Year



In addition, 8.2% of adults have skipped doses or stretched a needed prescription in the past year in order to save costs.

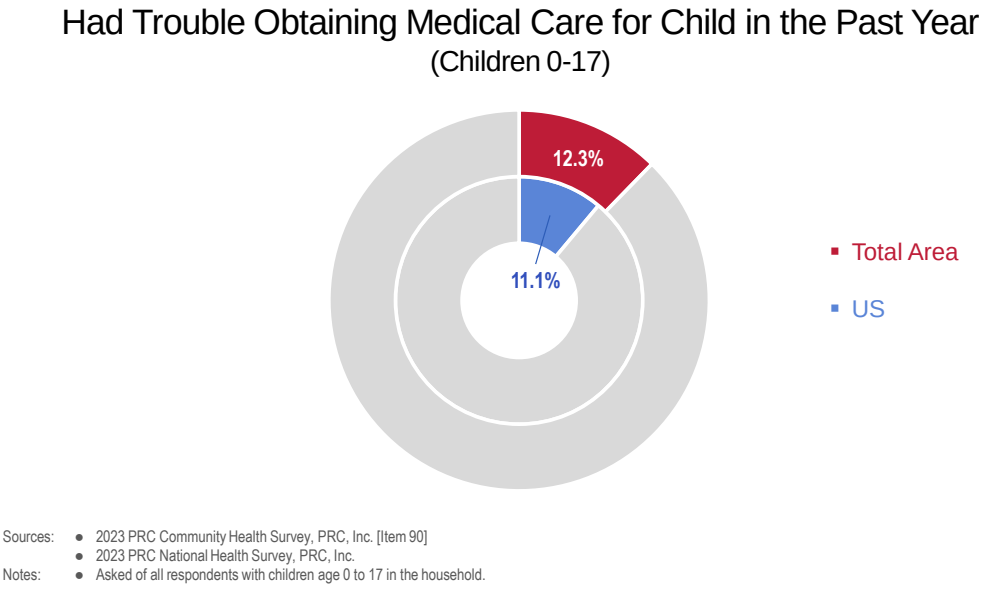
Sources:
- 2023 PRC Community Health Survey, PRC, Inc. [Items 6-13]
- 2023 PRC National Health Survey, PRC, Inc.

Notes:
- Asked of all respondents.

Accessing Health Care for Children

Surveyed parents were also asked if, within the past year, they experienced any trouble receiving medical care for a randomly selected child in their household.

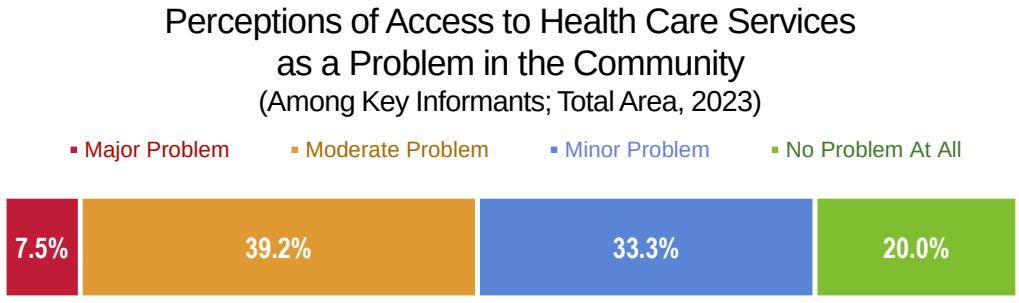
A total of 12.3% of parents say there was a time in the past year when they needed medical care for their child but were unable to get it.



Sources: 2023 PRC Community Health Survey, PRC, Inc. [Item 90]
2023 PRC National Health Survey, PRC, Inc.
Notes: Asked of all respondents with children age 0 to 17 in the household.

Key Informant Input: Access to Health Care Services

Key informants taking part in an online survey most often characterized *Access to Health Care Services* as a "moderate problem" in the community.



Sources: 2023 PRC Online Key Informant Survey, PRC, Inc.
Notes: Asked of all respondents.

Among those rating this issue as a "major problem," reasons related to the following:

Specialists

> Lack of specialists in the area. – Other Health Provider
> Rheumatology is limited. We only have one rheumatologist. – Community Leader
> Dermatology. – Community Leader

Lack of Providers

> We have no primary care doctors and no specialists! If you are sick, your options are to go to the emergency room or to urgent care. In both instances – you are only treated for the symptoms that is causing issues at that moment. At the ER, you will see an ER doctor that you may have never met or ever meet again. If you go to urgent care – you rarely see a doctor – on PA or NP. Again, they do not treat chronic issues. Recently we have used the new clinic that the hospital opened and was seen by a doctor. However, this doctor was not interested in being a primary care doctor and looking into resolving a reoccurring health issue. Trying to get appointments with specialists or to see a primary care doctor takes months, if those doctors are accepting any patients. – Community Leader

> Not enough physicians and long wait times for appointments. – Community Leader

Access to Care/Services

> Restrictions on parking. Often designated parking is not closest to the main door of facilities. Determining which facility will accept Medicare or non-insured. Signage. Offices move to other locations without notifying patients. Not until patients enter a facility are they notified of changes of location. – Community Leader

> The complaint we hear most frequently is that there is a lack of accessibility, especially with primary care. Specialty practices do not have appointments for several months. Another challenge is the cost of receiving medical services. – Other Health Provider

> Difficult to find primary care doctors taking new patients. – Community Leader

Access to Care for Uninsured/Underinsured

> Many do not have insurance, or their insurance does not cover true health care, such as mental health and preventative measures. – Community Leader

> I think the biggest problem has to do with access for people without insurance. – Community Leader

Affordable Care/Services

> The cost of health care is prohibitive. It takes months to get in to see a doctor. – Community Leader

Transportation

> Transportation to and from medical facilities. – Community Leader

Not Able to be Consistently Seen by the Same Doctor

> Not being able to consistently be seen by the same doctor, who you are familiar with. – Physician

Preventative Medicine

> Preventative medicine, such as a screening colonoscopy and mammograms, etc. – Other Health Provider

Local Independent Hospital

> Risk of our independent hospital being acquired by an organization that takes resources and services out of our community. – Physician

PRIMARY CARE SERVICES

ABOUT PREVENTIVE CARE

Getting preventive care reduces the risk for diseases, disabilities, and death — yet millions of people in the United States don't get recommended preventive health care services.

Children need regular well-child and dental visits to track their development and find health problems early, when they're usually easier to treat. Services like screenings, dental check-ups, and vaccinations are key to keeping people of all ages healthy. But for a variety of reasons, many people don't get the preventive care they need. Barriers include cost, not having a primary care provider, living too far from providers, and lack of awareness about recommended preventive services.

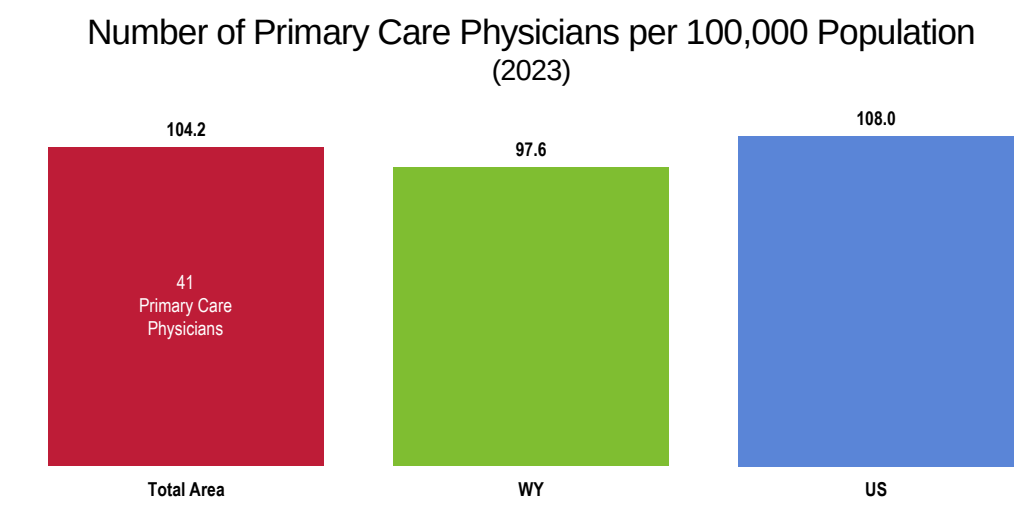
Teaching people about the importance of preventive care is key to making sure more people get recommended services. Law and policy changes can also help more people access these critical services.

– Healthy People 2030 (https://health.gov/healthypeople)

Access to Primary Care

Note that this indicator takes into account *only* primary care physicians. It does not reflect primary care access available through advanced practice providers, such as physician assistants or nurse practitioners.

In 2023, there were 41 primary care physicians in the Total Area, translating to a rate of 104.2 primary care physicians per 100,000 population.



Sources:
- Centers for Medicare and Medicaid Services, National Plan and Provider Enumeration System (NPPES).
- Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved June 2023 via SparkMap (sparkmap.org).

Notes:
- Doctors classified as "primary care physicians" by the AMA include general family medicine MDs and DOs, general practice MDs and DOs, general internal medicine MDs, and general pediatrics MDs. Physicians age 75 and over and physicians practicing sub-specialties within the listed specialties are excluded.

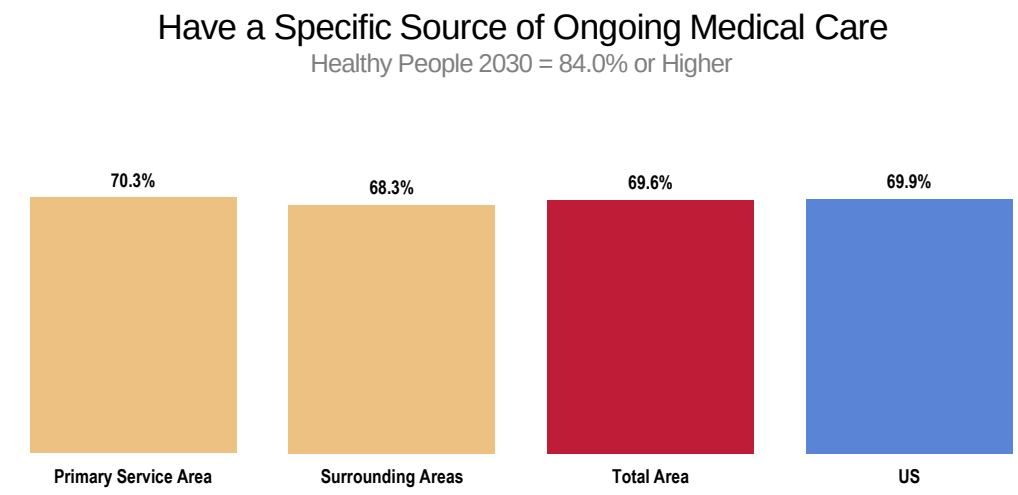
Specific Source of Ongoing Care

Having a specific source of ongoing care includes having a doctor's office, public health clinic, community health center, urgent care or walk-in clinic, military/VA facility, or some other kind of place to go if one is sick or needs advice about his or her health. This resource is crucial to the concept of "patient-centered medical homes" (PCMH).

A hospital emergency room is not considered a specific source of ongoing care in this instance.

A total of 69.6% of Total Area adults were determined to have a specific source of ongoing medical care.

BENCHMARK ► Fails to satisfy the Healthy People 2030 objective.



Sources:
- 2023 PRC Community Health Survey, PRC, Inc. [Item 118]
- 2023 PRC National Health Survey, PRC, Inc.
- US Department of Health and Human Services. Healthy People 2030. https://health.gov/healthypeople

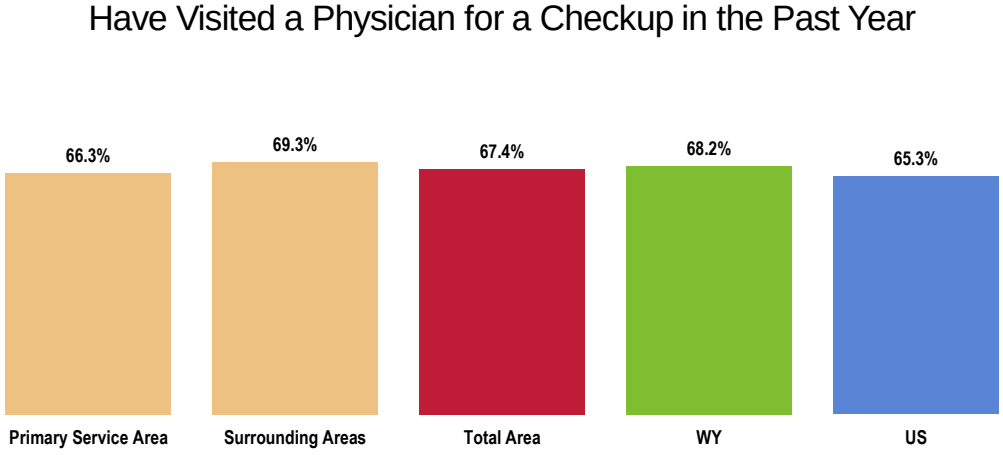
Notes:
- Asked of all respondents.

Utilization of Primary Care Services

Adults

More than two-thirds of adults (67.4%) visited a physician for a routine checkup in the past year.

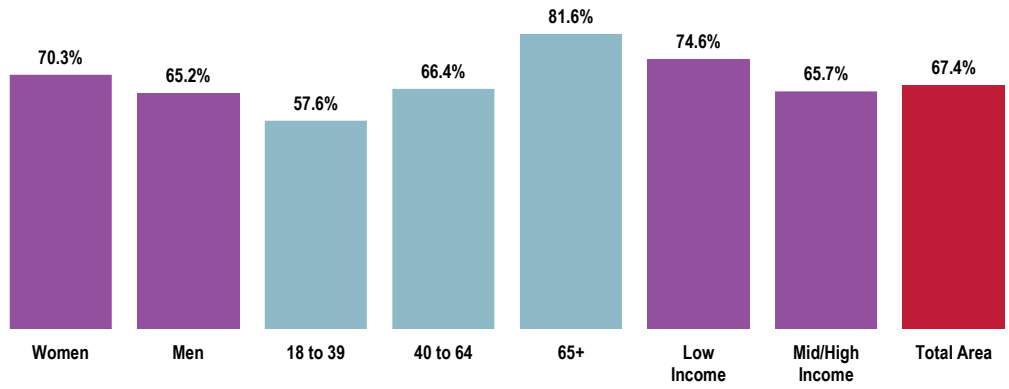
DISPARITY ► Those less likely to report having had a checkup include those younger than 65 and those with mid/high incomes.



Sources:
- 2023 PRC Community Health Survey, PRC, Inc. [Item 16]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2021 Wyoming data.
- 2023 PRC National Health Survey, PRC, Inc.

Notes:
- Asked of all respondents.

Have Visited a Physician for a Checkup in the Past Year
(Total Area, 2023)



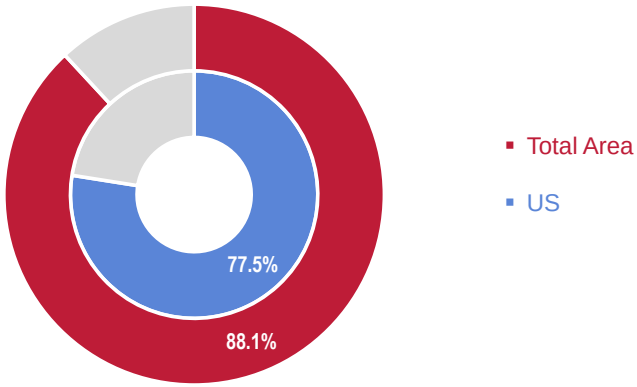
Sources: ● 2023 PRC Community Health Survey, PRC, Inc. [Item 16]
Notes: ● Asked of all respondents.

Children

Among surveyed parents, 88.1% report that their child has had a routine checkup in the past year.

BENCHMARK ► More favorable than the US percentage.

Child Has Visited a Physician for a Routine Checkup in the Past Year
(Children 0-17)



Sources: ● 2023 PRC Community Health Survey, PRC, Inc. [Item 91]
● 2023 PRC National Health Survey, PRC, Inc.
Notes: ● Asked of all respondents with children age 0 to 17 in the household.

EMERGENCY ROOM UTILIZATION

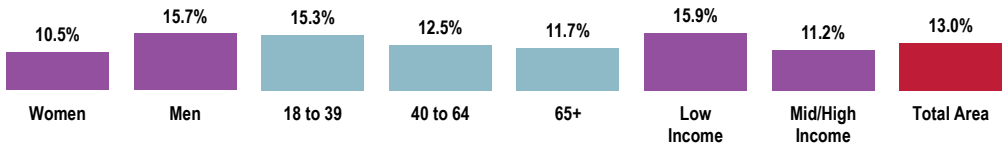
A total of 13.0% of Total Area adults have gone to a hospital emergency room more than once in the past year about their own health.

Have Used a Hospital Emergency Room More Than Once in the Past Year

Sources:
- 2023 PRC Community Health Survey, PRC, Inc. [Item 19]
- 2023 PRC National Health Survey, PRC, Inc.

Notes:
- Asked of all respondents.

Have Used a Hospital Emergency Room More Than Once in the Past Year
(Total Area, 2023)



Sources:
- 2023 PRC Community Health Survey, PRC, Inc. [Item 19]

Notes:
- Asked of all respondents.

ORAL HEALTH

ABOUT ORAL HEALTH

Tooth decay is the most common chronic disease in children and adults in the United States. …Regular preventive dental care can catch problems early, when they're usually easier to treat. But many people don't get the care they need, often because they can't afford it. Untreated oral health problems can cause pain and disability and are linked to other diseases.

Strategies to help people access dental services can help prevent problems like tooth decay, gum disease, and tooth loss. Individual-level interventions like topical fluorides and community-level interventions like community water fluoridation can also help improve oral health. In addition, teaching people how to take care of their teeth and gums can help prevent oral health problems.

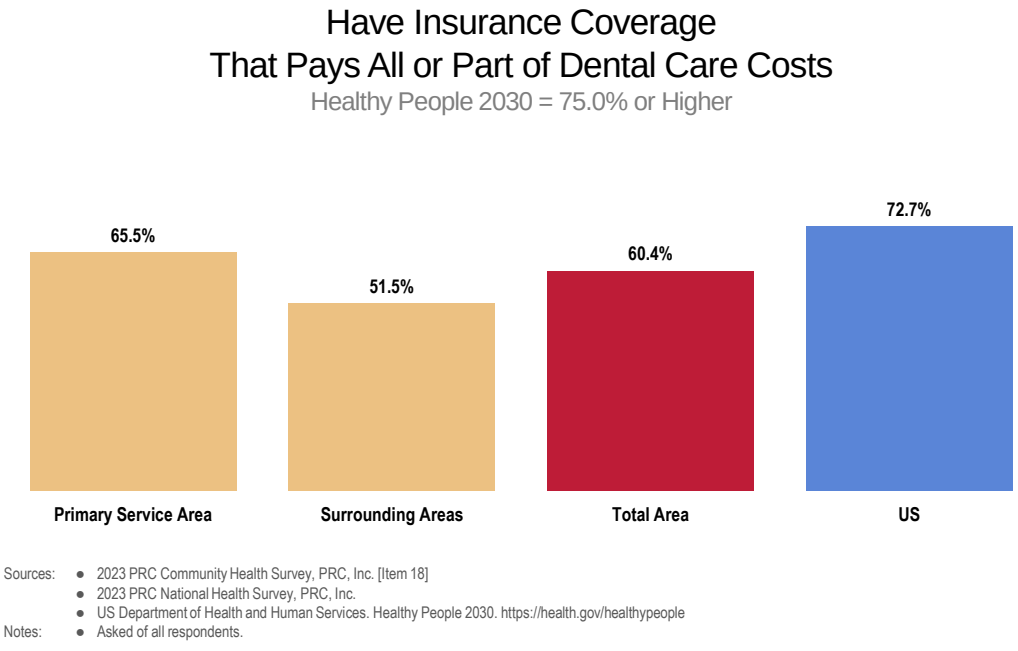
– Healthy People 2030 (https://health.gov/healthypeople)

Dental Insurance

A total of 6 in 10 Total Area adults (60.4%) have dental insurance that covers all or part of their dental care costs.

BENCHMARK ► Lower than found across the US. Fails to satisfy the Healthy People 2030 objective.

DISPARITY ► Lower in the Surrounding Areas.



Sources:
- 2023 PRC Community Health Survey, PRC, Inc. [Item 18]
- 2023 PRC National Health Survey, PRC, Inc.
- US Department of Health and Human Services. Healthy People 2030. https://health.gov/healthypeople

Notes:
- Asked of all respondents.

Dental Care

Adults

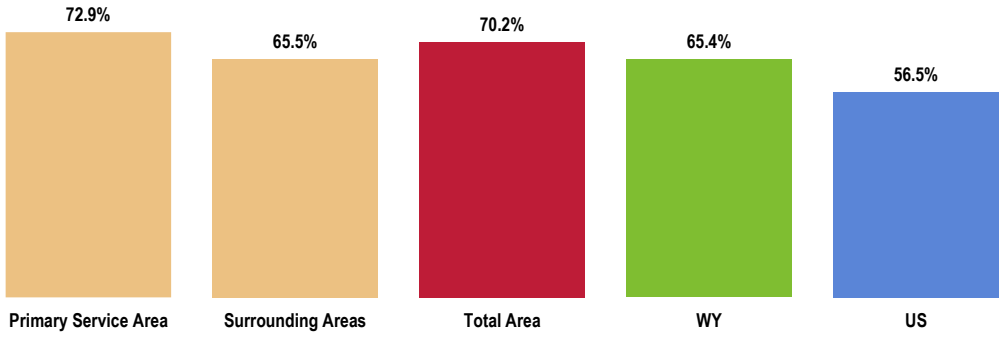
A total of 70.2% of Total Area adults have visited a dentist or dental clinic (for any reason) in the past year.

BENCHMARK ► More favorable than state and national findings. Satisfies the Healthy People 2030 objective.

DISPARITY ► Those with lower incomes and those without dental insurance are less likely to report having received dental care.

Have Visited a Dentist or Dental Clinic Within the Past Year

Healthy People 2030 = 45.0% or Higher



Sources:
- 2023 PRC Community Health Survey, PRC, Inc. [Item 17]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2020 Wyoming data.
- 2023 PRC National Health Survey, PRC, Inc.
- US Department of Health and Human Services. Healthy People 2030. https://health.gov/healthypeople

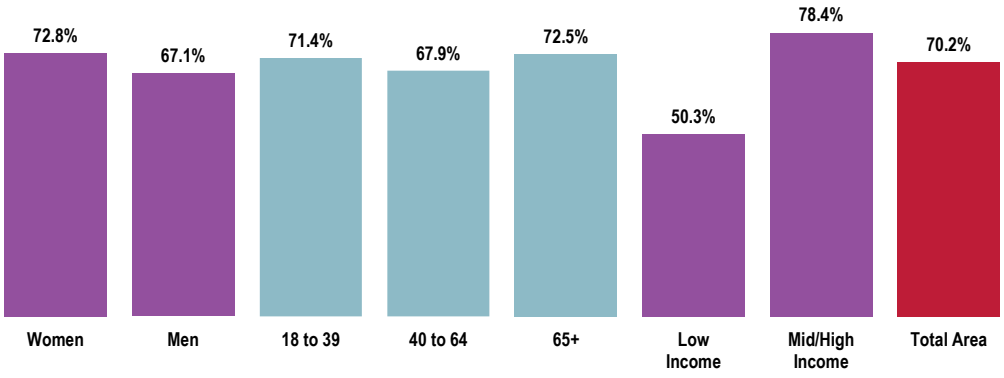
Notes:
- Asked of all respondents.

Have Visited a Dentist or Dental Clinic Within the Past Year

(Total Area, 2023)

Healthy People 2030 = 45.0% or Higher

With Dental Insurance	80.5%
No Dental Insurance	56.8%



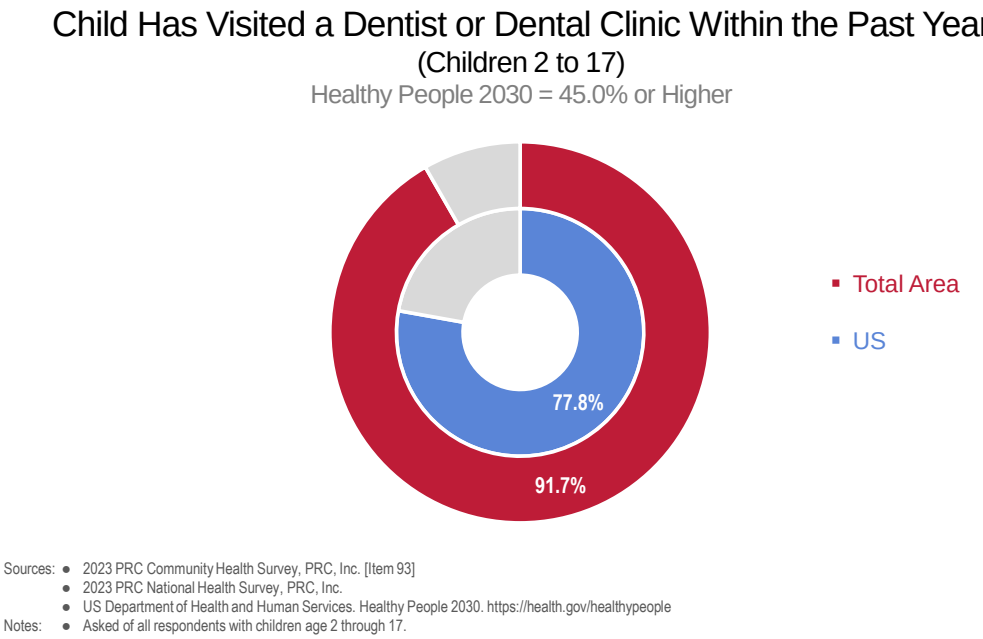
Sources:
- 2023 PRC Community Health Survey, PRC, Inc. [Item 17]
- US Department of Health and Human Services. Healthy People 2030. https://health.gov/healthypeople

Notes:
- Asked of all respondents.

Children

A total of 91.7% of parents report that their child (age 2 to 17) has been to a dentist or dental clinic within the past year.

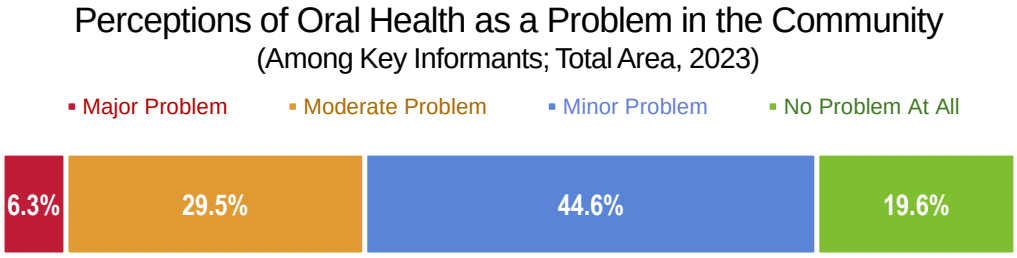
BENCHMARK ► More favorable than the US percentage. Satisfies the Healthy People 2030 objective.



Sources: ● 2023 PRC Community Health Survey, PRC, Inc. [Item 93]
● 2023 PRC National Health Survey, PRC, Inc.
● US Department of Health and Human Services. Healthy People 2030. https://health.gov/healthypeople
Notes: ● Asked of all respondents with children age 2 through 17.

Key Informant Input: Oral Health

Key informants taking part in an online survey most often characterized *Oral Health* as a "minor problem" in the community.



Sources: ● 2023 PRC Online Key Informant Survey, PRC, Inc.
Notes: ● Asked of all respondents.

Among those rating this issue as a "major problem," reasons related to the following:

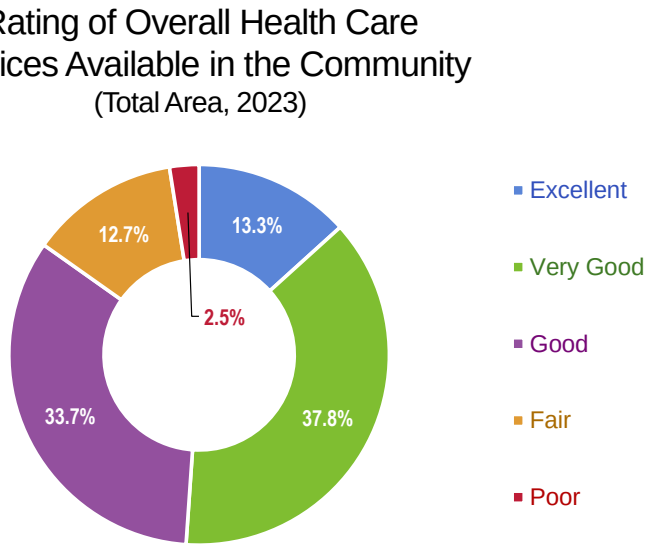
Affordable Care/Services

> Cost prohibits a lot of people from being able to access dental care. – Community Leader
>
> People just cannot afford it, especially if they are on a limited income. – Community Leader
>
> No access to affordable care without insurance. – Other Health Provider
>
> Dental care is extraordinarily expensive, and that's a major barrier for people who are financially struggling. The college offers free teeth cleaning, which is helpful, but if someone needs further help, they can't afford it, and few, if any, dentists offer free or reduced rates. – Community Leader
>
> Cost of accessing dental care. – Other Health Provider

LOCAL RESOURCES

PERCEPTIONS OF LOCAL HEALTH CARE SERVICES

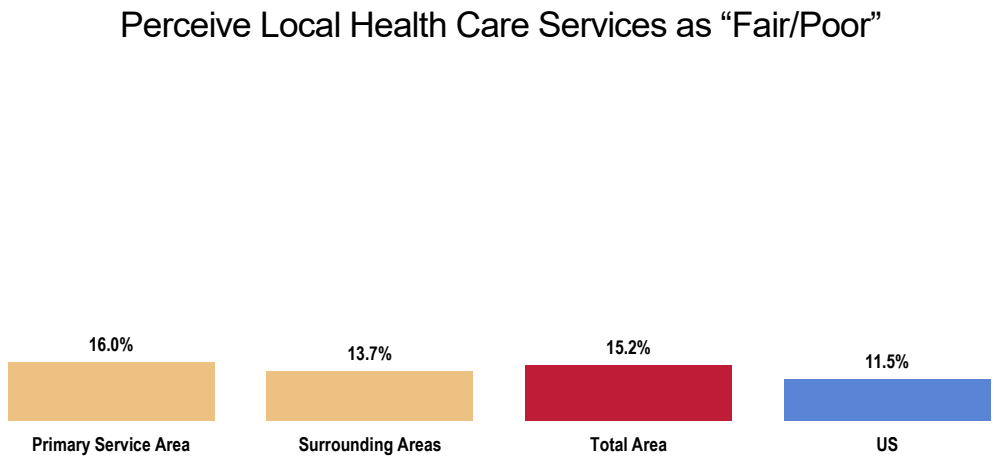
Just over one-half of Total Area adults rate the overall health care services available in their community as "excellent" or "very good."



Sources: ● 2023 PRC Community Health Survey, PRC, Inc. [Item 5]
Notes: ● Asked of all respondents.

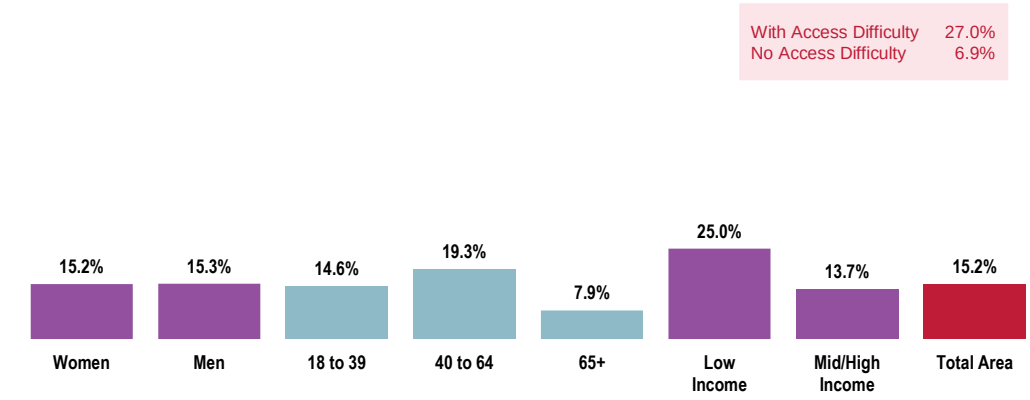
However, 15.2% of residents characterize local health care services as "fair" or "poor."

DISPARITY ► Residents age 40 to 64 and those with difficulty accessing services are much more likely to give low ratings of local health care services.



Sources: ● 2023 PRC Community Health Survey, PRC, Inc. [Item 5]
● 2023 PRC National Health Survey, PRC, Inc.
Notes: ● Asked of all respondents.

Perceive Local Health Care Services as “Fair/Poor”
(Total Area, 2023)

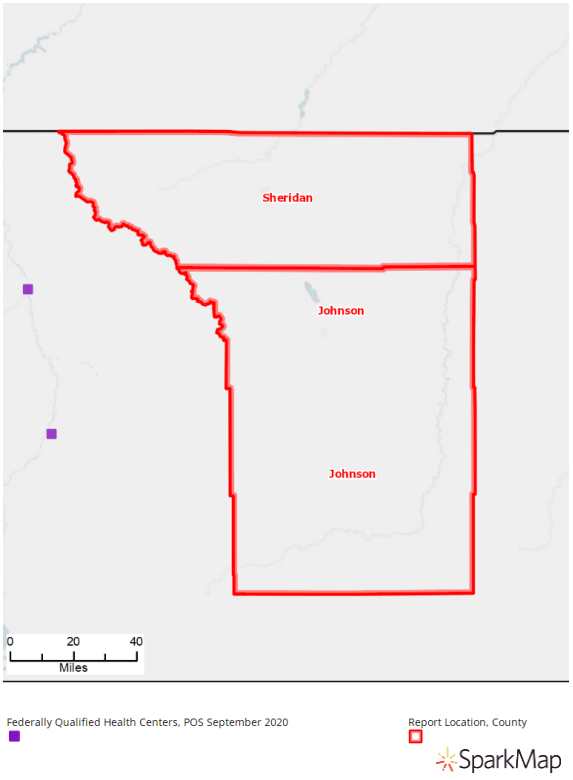


Sources: • 2023 PRC Community Health Survey, PRC, Inc. [Item 5]
Notes: • Asked of all respondents.

HEALTH CARE RESOURCES & FACILITIES

Federally Qualified Health Centers (FQHCs)

The following map details Federally Qualified Health Centers (FQHCs) within the Total Area as of September 2020.



Resources Available to Address Significant Health Needs

The following represent potential measures and resources (such as programs, organizations, and facilities in the community) identified by key informants as available to address the significant health needs identified in this report. This list only reflects input from participants in the Online Key Informant Survey and should not be considered to be exhaustive nor an all-inclusive list of available resources.

Access to Health Care Services

- National Alliance on Mental Illness
- One Health
- Perkins Foundation
- Reproductive Healthcare of the Big Horns
- Sheridan Memorial Hospital
- Sugarland Walk-In Clinic
- The Hub on Smith
- Medicaid
- Veterans Affairs Medical Center
- Volunteers of America Northern Rockies

Cancer

- Advertisements
- Big Horn Urology
- Doctors' offices
- Friends/family
- Media
- Medicaid
- Medications
- Mental health services
- Robbins Dermatology
- Sheridan Memorial Hospital Foundation
- Sheridan Memorial Hospital
- Sheridan Veterans Affairs Medical Center
- Smoking cessation groups
- Social media
- Sugarland Walk-In Clinic
- Welch Cancer Center
- Westview Health Care Center
- Whedon Cancer Foundation

Diabetes

- Sheridan or Johnson County Public Health
- Diabetes support group
- Doctors' offices
- Emergency medical services
- Home Health services
- Library
- Medicaid
- One Health
- Sheridan or Johnson County Public Health
- Sheridan County Public Health Chronic Disease Clinics
- Sheridan Memorial Hospital
- Sheridan Memorial Hospital Clinics
- Sugarland Walk-In Clinic
- The Hub on Smith
- Wyoming Medication Donation Program
- Sheridan County YMCA

Disabling Conditions

- Advocacy and Resource Center
- Alcoholics Anonymous/Narcotics Anonymous
- Court Appointed Special Advocates
- Dementia Friendly Wyoming
- Doctors' offices
- Ebia Hearing & Sound
- Green House Living For Sheridan
- Physical therapy
- The Hub on Smith Day Break
- Sheridan Foster Parent Exchange
- Sheridan Memorial Hospital
- Sheridan Veterans Affairs Medical Center
- The Hub on Smith
- Transitional Care Unit at Sheridan Memorial Hospital
- Treatment options
- Vocational rehabilitation
- Volunteers of America Northern Rockies
- Workforce Services

Heart Disease & Stroke

- Doctors' offices
- Farmers markets
- Nutrition services
- Physical therapy
- Sheridan Memorial Hospital
- Sheridan Veterans Affairs Medical Center
- The Hub on Smith
- Tongue River Valley Community Center
- Urgent Care
- Sheridan County YMCA

Infant Health & Family Planning

- Churches
- Compass Center for Families
- Court Appointed Special Advocates
- Department of Family Services
- Doctors' offices
- One Health
- Legacy Pregnancy Center
- Perkins Foundation
- Sheridan or Johnson County Public Health
- Reproductive Healthcare of the Big Horns
- Sheridan Memorial Hospital
- Medicaid

Injury & Violence

- Advocacy and Resource Center
- Behavioral health services
- Employer-supported programs
- First responders
- Law enforcement
- Medical assistance
- Mental health services
- School systems
- Sheridan Memorial Hospital
- Volunteers of America Northern Rockies

Mental Health

- 211
- 988
- Addiction Clinic
- Advocacy and Resource Center
- Alcoholics Anonymous/Narcotics Anonymous
- Behavioral health services
- Big Horn Psychological
- CHAPS Equine Assisted Therapy
- Churches
- Counselors
- Cross Creek Counseling
- Doctors' offices
- Employer-supported programs
- Inpatient stabilization
- Inspire Psychological Center
- Law enforcement
- Legal system
- Mental Health Counseling Associates
- Mental health services
- National Alliance on Mental Illness
- Northeast Wyoming Pediatric Associates
- One Health
- Online sites
- Piedmont Psychological Practice
- Psychiatrist
- Sheridan or Johnson County Public Health
- School systems
- Sheridan County Prevention
- Sheridan Memorial Hospital
- Sheridan Memorial Hospital Clinics
- Sheridan Veterans Affairs Medical Center
- State/county/municipalities
- The Hub on Smith
- Therapists
- Volunteers of America Northern Rockies
- WWAMI

Nutrition, Physical Activity, & Weight

- Company programs
- Doctors' offices
- Fitness centers/gyms
- Food banks
- Media
- Nutrisystem
- Nutrition services
- Parks and Recreation
- Sheridan or Johnson County Public Health
- School systems
- Sheridan College
- Sheridan Community Land Trust
- Sheridan Memorial Hospital
- The Hub on Smith
- Tongue River Valley Community Center
- Weight Watchers
- Sheridan County YMCA

Oral Health

- Dental Foundation of Wyoming
- Dental offices
- One Health
- School systems
- Sheridan College

Respiratory Diseases

- Asthma support groups
- Doctors' offices
- Pharmacies
- Respiratory therapy
- Sheridan Memorial Hospital

Sexual Health

- Counselors
- Advocacy and Resource Center

Social Determinants of Health

- 211
- Advocacy and Resource Center
- Sheridan County Attainable Housing Council
- Cheyenne Housing
- Churches
- Compass Center for Families
- Doctors' offices
- Habitat for Humanity
- KidsLife
- Legacy Pregnancy Center
- Local foundations
- Low-income housing
- Marketplace Navigators
- Nonprofits
- Perkins Foundation
- Sheridan or Johnson County Public Health
- Public-private partnerships
- Real estate agents
- Reproductive Healthcare of the Big Horns
- Rise
- Salvation Army
- School systems
- Sheridan Recreation District
- Sheridan Memorial Hospital
- Support groups
- The Food Group
- The Hub on Smith
- Medicaid
- Veteran Village
- Volunteers of America Northern Rockies
- Women, Infants and Children
- Sheridan County YMCA

Substance Use

- Addiction Clinic
- Alcoholics Anonymous/Narcotics Anonymous
- Celebrate Recovery
- Cloud Peak Initiatives
- Counselors
- Cross Creek Counseling
- Doctors' offices
- Medications
- Mental health services
- Quit smoking support groups
- Sheridan Memorial Hospital
- Sheridan Memorial Hospital Clinics
- Sheridan Veterans Affairs Medical Center
- Suboxone Clinic
- Volunteers of America Northern Rockies

Tobacco Use

- 1-880-QUIT-NOW
- Addiction Clinic
- Doctors' offices
- Mental health services
- My Life My Quit
- Sheridan or Johnson County Public Health
- QuitNet
- School systems
- Sheridan County Prevention
- Sheridan Memorial Hospital
- Sheridan Memorial Hospital Clinics
- Wyoming Department of Health
- Wyoming Department of Health

APPENDIX

EVALUATION OF PAST ACTIVITIES

SHERIDAN MEMORIAL HOSPITAL

Community Benefit

Over the past three years, Sheridan Memorial Hospital has invested in improving the health of our community's most vulnerable populations. Our commitment to this goal is reflected in:

- Over $9 million in Medical Assistance (cost of services not billed because a patient qualifies for assistance under SMH Medical Assistance Policy; a policy based on Federal Poverty Limit Guidelines).
- More than $24.7 million in Subsidized Health Services (unreimbursed cost of support for all clinics offered through SMH).
- Over $6.7 million in Bad Debt (cost of services billed but deemed uncollectable).
- $44 million in Unpaid Cost of Medicare/Medicaid (difference between the cost of services delivered and government reimbursement).
- **Total Community Benefit = $84.5 million**

Addressing Significant Health Needs

Sheridan Memorial Hospital conducted its last CHNA in 2020 and reviewed the health priorities identified through that assessment. We considered the top-identified needs — as well as hospital resources and overall alignment with the hospital's mission, goals and strategic priorities — and determined that Sheridan Memorial Hospital would focus on developing and/or supporting strategies and initiatives to improve:

- Access to Primary Care Services: The CHNA revealed that location and convenience was the primary reason that patients did not go to Sheridan Memorial for outpatient care.
- Limited Availability of Healthcare Services (i.e. Transitional Care)

Sheridan Memorial Hospital's Implementation Strategy outlined approaches for addressing these needs. Pursuant to IRS requirements, the following sections provide an evaluation of the impact of the actions taken by Sheridan Memorial Hospital to address these significant health needs in our community.

Evaluation of Impact

Priority Area: Access to Health Care Services	
Community Health Need	Improve access to primary care services.
Goal(s)	• Provide convenient location for patients • Increase number of primary care providers • Decrease wait times for patients to see their primary care provider

Strategy 1: Open New Primary Care Clinic in convenient downtown location.	
Strategy Was Implemented?	Yes
Target Population(s)	Residents in northcentral Wyoming
Partnering Organization(s)	Internal: SMH Clinics
Results/Impact	• Hospital opened a new Primary Care Clinic located conveniently in a downtown location.

Strategy 2: Recruit and hire additional primary care providers.	
Strategy Was Implemented?	Yes
Target Population(s)	Residents in northcentral Wyoming
Partnering Organization(s)	Internal: Internal Medicine External: WWAMI (Washington, Wyoming, Alaska, Montana, and Idaho) Regional Medical Education Program
Results/Impact	• Hospital hired four new primary care providers. • Hospital increased primary care appointments to over 100 per day.

Priority Area: Limited Availability of Healthcare Services	
Community Health Need	Expand healthcare services offered at SMH
Goal(s)	• Expand Transitional Care Services to meet the Community Need (8 TCU Rooms to 20 TCU Rooms)

Strategy 1: Build new Transitional Care Unit	
Strategy Was Implemented?	Yes
Target Population(s)	Residents in northcentral Wyoming
Partnering Organization(s)	Internal: Hospitalists, Medical-Surgical Unit, Case Management External: SMH Foundation Partners/Donors
Results/Impact	• New Transitional Care Unit opened in August 2022 • 20 Private Rooms Available for the Community