

2023–2025

community health needs assessment

REPORT FOR IVINSON MEMORIAL HOSPITAL



 **Iverson** MEMORIAL
HOSPITAL

AN AFFILIATE OF UHealth

2023–2025

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trusted partners
in **world-class**
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and **neighbors.**

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introduction

This report contains the 2023–2025 Community Health Needs Assessment (CHNA) for Iverson Memorial Hospital (Iverson), a 99-licensed-bed facility located in Laramie, Wyoming. It includes a comprehensive review of health data and community input on issues relevant to community health in Albany County. The CHNA was conducted to identify significant community health needs and to help inform the development of an implementation strategy to address those needs. In compliance with federal regulations, non-profit hospitals conduct CHNAs once every three years in collaboration with other healthcare providers, public health departments and community organizations. At Iverson, CHNAs also help guide our investments in community health programs and partnerships that extend Iverson's promise beyond our walls, allowing us to be trusted partners in world-class healthcare.

our commitments

EXCELLENCE

At Ivinson, we promise to be trusted partners in world-class healthcare. We seek to be the best at what we do for our family, friends and neighbors.

TRUST

Great things happen when we listen to and respect our patients and our employees. We focus on building loyal, long-term relationships by holding ourselves accountable, meeting each individual's needs and earning their trust.

HEALING

We heal our community with compassionate, inclusive care of the whole person.

INTEGRITY

Personal integrity and honesty are the foundation of our success. We bring respect, openness and honesty to each encounter with patients, families and fellow team members.

COMMUNITY

We strengthen our community by improving the health and wellness of our neighbors and friends. We create a culture that supports the growth and development of our people because our people are our most valuable asset.

hospital overview

HISTORY

Prior to the establishment of Ivinson Memorial Hospital, healthcare in Albany County was pioneered by various entities including the Union Pacific Railroad and the United States military. Even homes of physicians and nurses were sites of small medical facilities during the late 1800s and early 1900s. Ivinson Memorial Hospital was constructed in 1917.

In 1968, citizens of Laramie voted to develop a hospital district to aid in funding the construction of a new hospital building. The new building was completed in 1973 at its current location in Laramie.

Over the past 50 years, Ivinson has exponentially improved the care it provides in Albany County. Expansions to Ivinson have included construction of the Meredith and Jeannie Ray Cancer Center, as well as the addition of a medical office building for outpatient services and visiting providers. More recent expansions include:

- 30 new patient rooms, a new nine-chair dialysis unit and three state-of-the-art operating rooms.
- Updated lobby and cafeteria.
- New 64-slice CT machine, 3-D mammography machine and DaVinci surgical robot.
- New medical office with 98 exam rooms and six procedural rooms.
- New labor and delivery, gynecology, pediatrics and special-nursery unit.
- Redesigned inpatient rehabilitation.

Along with its rich history, impressive growth and enhanced capabilities, Ivinson continues to meet the community's needs and provide high quality, world-class healthcare in an efficient, effective and compassionate way.

CURRENT SERVICES

- Behavioral Health.
- Cancer Care.
- Cardiopulmonary Care.
- Dialysis.
- Emergency Medicine.
- Intensive Care Unit.
- Laboratory and Imaging Services.
- Medical/Surgical Care.
- Nutrition Therapy.
- Endoscopy.
- Rehabilitation Facility.
- Surgery Center with Robotic Assisted Surgery.
- Women and Children Center.

Ivinson also includes Ivinson Medical Group, which provides orthopedics, pediatric and family care, primary care, general surgery, dermatology, urology, otolaryngology (ear, nose and throat, ENT) and women's health.

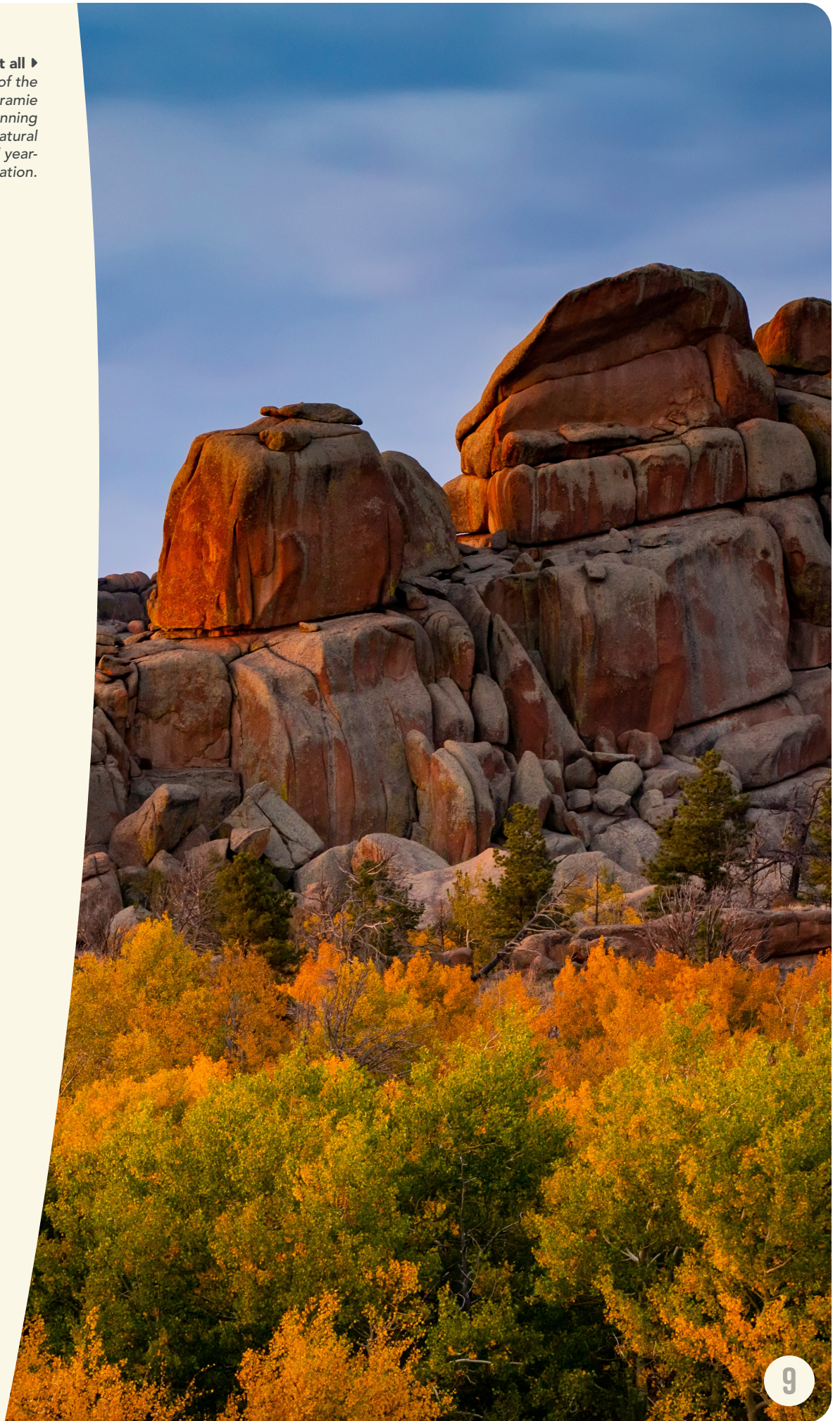
communities served

For the purpose of this CHNA, the community for Ivinson is defined as Albany County, Wyoming, located in the southeast section of Wyoming and encompasses 4,274 square miles. Albany County represents the geographic area most proximal to the hospital and the area in which a large portion of Ivinson patients reside.

The data shown here characterizes the service area and also supports the importance of addressing the prioritized health needs.

The center of it all ▶

Nestled in the foothills of the Rocky Mountains, Laramie is renowned for its stunning landscapes, engaging natural and cultural heritage, and year-round outdoor recreation.



demographic characteristics

Demographic characteristics of the population residing within the county, in comparison with the state overall, are shown in the tables below.

Values highlighted in teal indicate measures that vary from the state value (by 1% or more) and have the potential to influence the type or level of resources needed in the community.

	Albany Co.	Wyoming
Population	38,950	582,328

	Albany Co.	Wyoming
% Below 18 Years of Age	15.80%	22.90%
% 65 Years of Age and Older	12.90%	17.80%

	Albany Co.	Wyoming
% Non-Hispanic Black	1.30%	1.00%
% American Indian & Alaska Native	1.20%	2.80%
% Asian	3.60%	1.10%
% Native Hawaiian / Other Pacific Islander	0.10%	0.10%
% Hispanic	9.80%	10.40%
% Non-Hispanic White	82.50%	83.60%

Economic stability, poverty + social

	Albany Co.	Wyoming
Median Household Income	\$59,200	\$67,300
Food Insecurity	13%	12%
Limited Access to Healthy Foods	9%	8%
Income Inequality	5.4	4.3
Homeownership	52%	71%
Severe Housing Cost Burden	22%	10%
High School Completion	96%	94%
Some College	85%	67%
Unemployment	4.00%	5.80%
Children in Poverty	10%	10%
Children in Single-Parent Households	11%	18%
Violent Crime	138	220
Injury Deaths	65	95
Social Associations	12.9	13.8

This information is pulled from the 2022 County Health Rankings data. These data sets are compiled using a variety of data sources. The University of Wyoming is located in Laramie Wyoming/Albany County and there are some data points in the County Health Rankings data sets that can include students residing in Laramie.

There are several areas ranked by County Health Rankings (like living wage, high school completion, some college, unemployment, children in single-parent households, violent crime and injury deaths) that are better in Albany County than in the state of Wyoming.

health outcomes

Noted in the 2022 County Health Rankings, “Health outcomes represent how healthy a county is right now. They reflect the physical and mental well-being of residents within a community through measures representing not only the length of life but quality of life as well.” Albany County is the 6th ranked county in Wyoming out of a total of 23 counties (the lower the score, the better indication of positive health outcomes). Additional health outcomes data can be found in Appendix 1.



community health needs assessment

methods used

Iverson engaged support from UHealth Community Health Improvement to assist with the development of the CHNA. A multi-phased approach was used to identify the top health priorities for future impact. The process included:

- A comprehensive analysis of local, state and, where available, national population health indicators.
- Requisition of community input on local health issues through a public meeting and a web-based survey.
- A web-based survey distributed to healthcare providers at Iverson to gather input on community health needs.

After collecting data and obtaining input from the community and healthcare providers, the Iverson Senior Leadership Team (SLT) reviewed all information obtained from the activities described above and identified recommended health needs areas of focus for the 2023–2025 CHNA. As described later in this report, recommendations for priority areas of focus were presented to the Iverson Board of Directors for review and approval.

Care that's close to home ▶
Angie Sanford, registered nurse at the Meredith and Jeannie Ray Cancer Center, provides care for a patient.



The following illustrates the CHNA process components and participants.

Identify community health needs.

.....
Secondary data analysis:

- Population characteristics.
- Social and economic factors.
- Health data.

.....
Community and healthcare provider input:

- Reviewing health data and providing feedback about the community health issues.
- Ranking of community's most significant issues.

Prioritize significant community health needs.

.....
Consolidation and synthesis of information:

- In-depth secondary data analysis.
- Community and provider input.
- Senior Leadership Team recommendations.

.....
Prioritization of issues:

- Scope and severity of the health need.
- Potential for Iverson to impact the health need.
- Alignment with Iverson strategies, as well as local, state and national objectives.
- Economic feasibility to address the health need.

Between November 2022 and April 2023, Iverson conducted the CHNA which provided an opportunity for the hospital to engage public health experts, medical providers and community stakeholders in a formal process to ensure that community benefit programs and resources are focused on significant health needs identified within the community.

written comment on previously conducted needs assessment

The 2020 Iverson CHNA and corresponding implementation strategy reports have been available to the public on the Iverson website since 2020. Opportunities for the community to provide input on the hospital's efforts to impact community health needs have been provided in a variety of forums, including individual discussions with community leaders and attendance at local community meetings.

The 2019/2020 CHNA research identified more than 50 gaps in community services. Based on the aggregated results of the multimodal research approach, seven higher-priority needs were identified. In priority rank, they are listed below:

1. Behavioral health and substance use services.
2. Awareness of available services — especially in west Laramie.
3. Expansion of, or better access to, services in west Laramie.
4. Care coordination for higher-need patients.
5. Affordable housing.
6. Specialized medical care.
7. Care integration between Iverson and community providers.

In 2020, the Iverson implementation strategy was updated to reflect urgent needs related to the COVID-19 pandemic. The three areas of focus were:

1. Behavioral health.
2. COVID-19 — community health.
3. Care coordination for higher need patients.

secondary data review and analysis

The initial phase of the secondary data review included an assessment of local population health indicators obtained through the County Health Rankings (2022 report year) and the Wyoming Department of Health 2015–2019 County Data tables. Indicator values were assessed at the county and state levels and, where available, at the national level.

In 2019, Albany County Department of Health community needs assessment results noted that residents see affordable housing, healthcare access, transportation, child care and access to food as the five top concerns in Albany County. The report also noted that a lack of affordable, quality child care can greatly affect employment situations.

Summary tables of the key health indicators in the Iverson community were developed to illustrate the overall health of the community (see Appendix 1 for the data tables and related sources). Key health needs were determined based on the indicator values and trends, current priorities of the local county health department (maternal/child/family health, communicable diseases, immunizations and emergency preparedness), the potential to impact the issues using evidence-based practices and alignment with the priorities of Iverson.

Categories evaluated include:

- Demographics, education and socioeconomic status.
- Healthcare access and services.
- Health behaviors (including unintentional injury).
- Maternal and child health.
- Mental health.
- Nutrition, physical activity and body-mass index.
- Substance use disorders.

- Specific health conditions (including mortality rates).

From this review, the most significant issues identified were:

- Access to care.
- Behavioral health (including substance use disorders and suicide).
- Chronic conditions.
- Maternal health.
- Social and economic factors.

information gaps impacting ability to assess needs

Within the review of the secondary data, gaps were identified related to a lack of secondary data available for children ages 5 to 20 in Albany County.

community engagement synopsis

To gather input on the most significant health issues, Iverson provided a web-based survey to healthcare providers in Albany County. Iverson also hosted a public meeting with multi-sector representation where participants had the opportunity to respond to the survey and provide verbal feedback. Respondents were asked to rank each of the significant issues identified above and describe other health issues for consideration. Results from these surveys follow.

findings

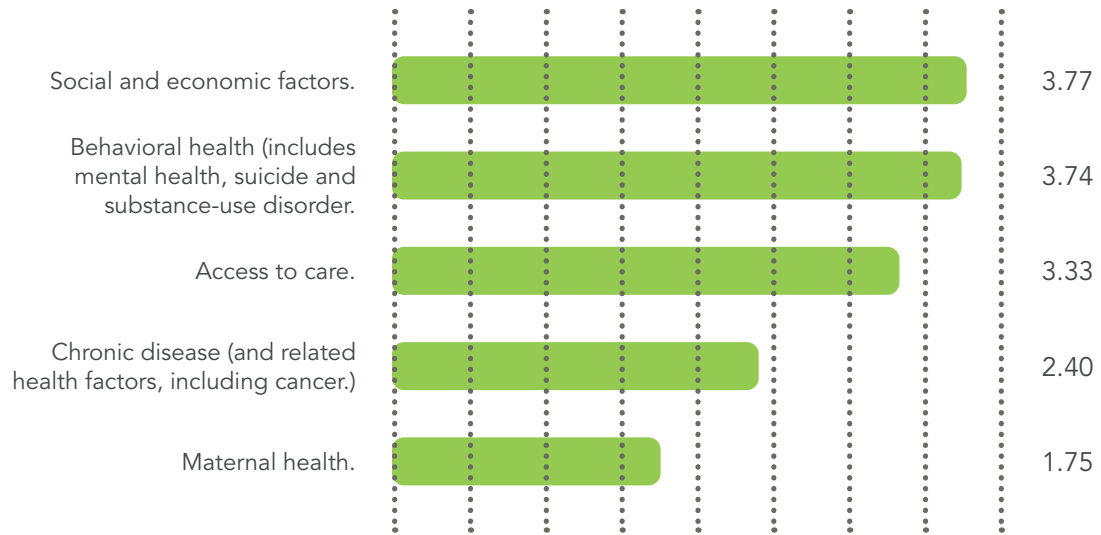
provider and community survey results

The survey asked respondents to rank a set of community health needs in order of importance to the community. Fifty-seven representatives from local community organizations and 52 providers responded to the survey. The results from both surveys are provided in the following tables. The score represents the weighted average for all responses on a scale from 1–5, and higher values indicate a higher priority.

Specific to social and economic factors, issues described by respondents included food insecurity, youth homelessness and affordable housing, cost of healthcare for those without insurance, and a large emphasis placed on transportation, “which limits access to employment, food, healthcare,” as shared by a community meeting participant.

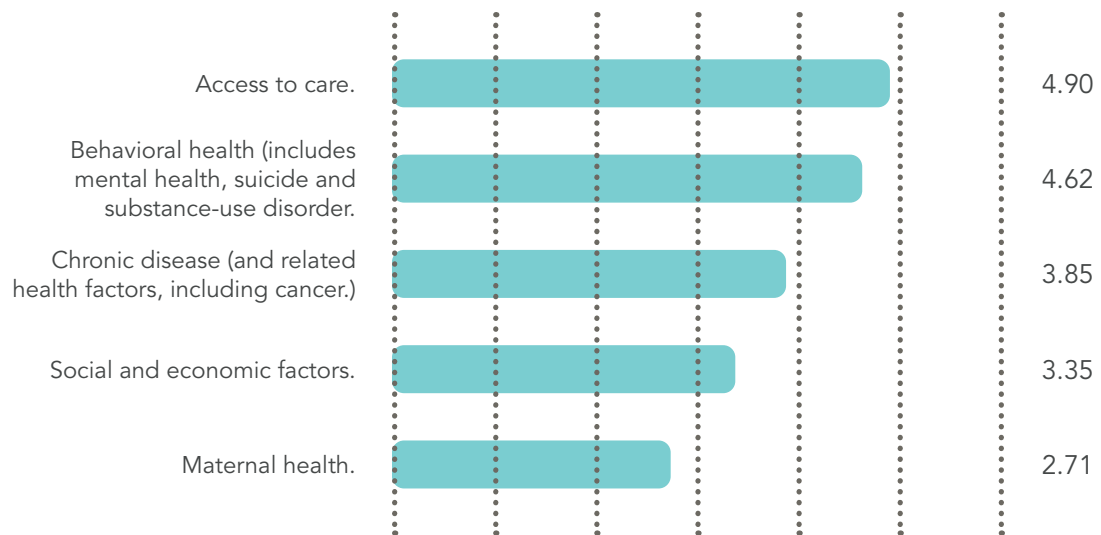
Survey respondents identified many community agencies addressing these issues and with whom Ivinson could potentially partner or help support. This input will be used during the development of the CHNA implementation strategy later this year.

Community survey ranking results.



Community meeting survey respondents prioritized social and economic factors and behavioral health as the top two health indicators.

Provider survey ranking results.



Healthcare providers survey respondents prioritized access to care and behavioral health as the top two health indicators.

community-wide healthcare resources available

Recognizing the current scope of services available to meet the healthcare needs of community members is an important component of a community health needs assessment. The Albany county community is served by:

- Acupuncture Services.
- Albany County Women, Infants, & Children (WIC).
- Community Health Clinic.
- Health Fairs.
- Home Health.
- Hospice.
- Ivinson Memorial Hospital.
- Low-Income Clinic.
- Mental and Medical Telehealth.
- Pregnancy Center.
- Private Practice Medical and Mental Health Providers (Including Reproductive Health).
- Rehabilitation, Skilled Nursing and Short-Term Care Facility.
- University of Wyoming Resources, including Speech/Hearing and Student Health.
- Urgent Care.

In addition, Ivinson Medical Group offers some virtual health options for existing patients. Though services may be available, the CHNA findings reveal that the ability to receive care in a timely and coordinated manner remains a challenge for many vulnerable residents, especially for those in need of behavioral healthcare and those that struggle with transportation issues.

proven strategies available to impact health issues

An important factor for consideration during the health issue prioritization process was recognizing the availability of proven strategies or evidence-based interventions that, if implemented, could make an impact on the significant health issues identified.

RESOURCES REVIEWED

County Health Rankings Guide — What Works for Health

> <https://www.countyhealthrankings.org/explore-health-rankings/wyoming/albany?year=2022>

Community Preventive Services Task Force Findings

> <https://www.thecommunityguide.org/media/pdf/CPSTF-All-Findings-508.pdf>

Healthy People 2030 Evidence-Based Resources

> <https://health.gov/healthypeople/objectives-and-data/browse-objectives>

Wyoming Behavioral Risk Factor Surveillance System (BRFSS)

> <https://health.wyo.gov/publichealth/chronic-disease-and-maternal-child-health-epidemiology-unit/wyoming-behavior-risk-factor-surveillance-system-2/brfss-data-2/2015-2019-county-data/>

summary of actions taken by hospital since last community health needs assessment

To understand the effectiveness and scope of actions taken by Ivinson since the completion of the 2020 CHNA, a review of community benefit activities was completed. The prior CHNA identified behavioral health services, COVID-19 community health and care coordination for higher-need patients as priorities. A few examples of programs and initiatives currently in process to address the 2019/2020 findings are listed below.

BEHAVIORAL HEALTH COMMUNITY PARTNER PLAN

- Worked with Albany County Mental Health board to research implementation of a Mental Health Crisis Response Team.
- Partnered with law enforcement on crisis intervention team training.
- Partnered with Albany County Attorney's office on emergency detentions and a gate-keeping program.
- Behavioral health services wraparound program to foster success for people following discharge.

COVID-19 TESTING AND VACCINATIONS

- Led COVID-19 community health initiatives.
- Provided drive-up COVID-19 testing.
- Hosted mobile testing on University of Wyoming campus.
- Opened an urgent care to test, treat and vaccinate.
- Partnered with Public Health and University of Wyoming to open mass vaccination clinics.
- Joined the City of Laramie and local partners in a vaccine incentive program.

prioritization and board of directors' approval

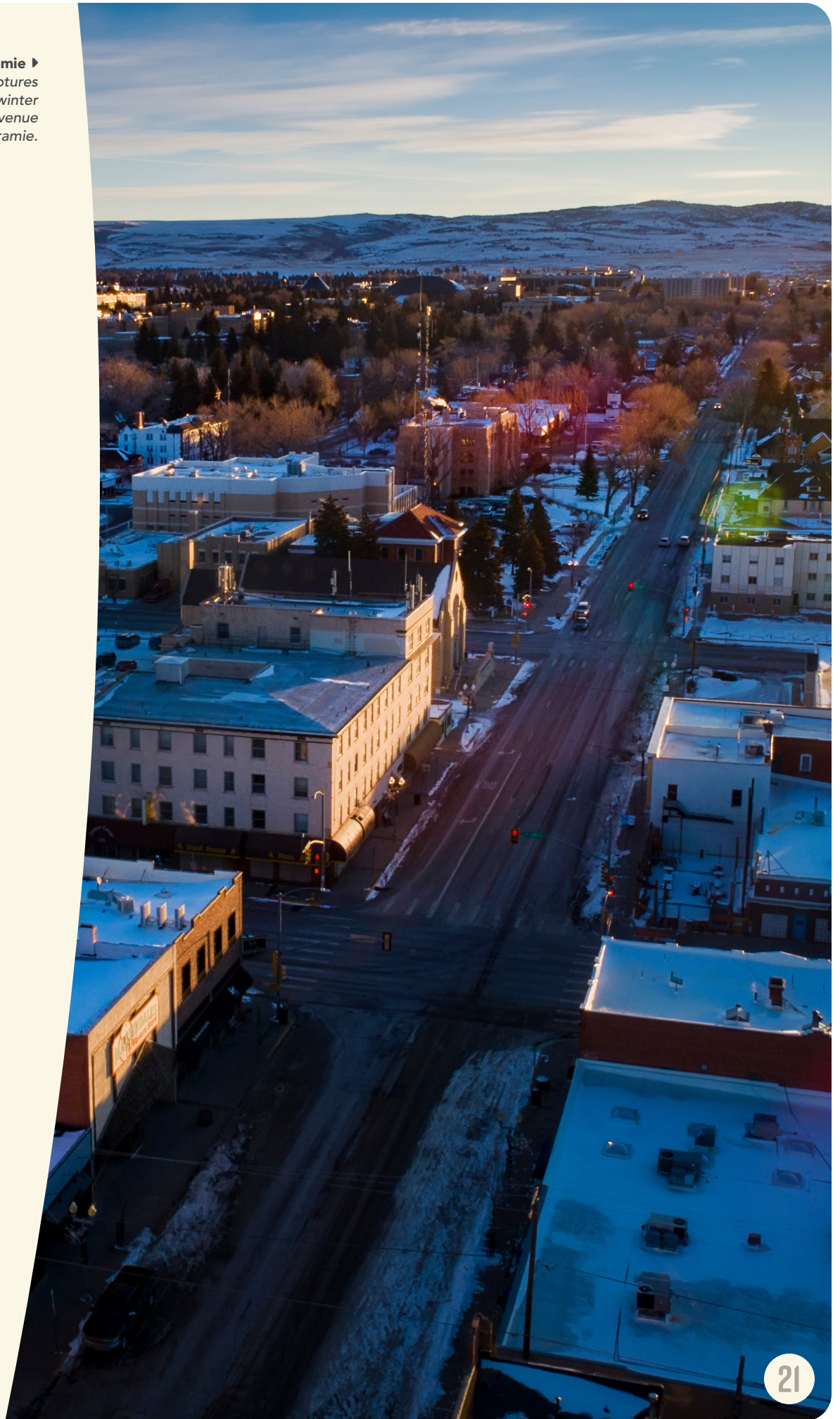
senior leadership team recommendations

Ivinson's Senior Leadership Team (SLT) reviewed all findings obtained from the activities described previously to identify health needs priorities for the CHNA and considered the following criteria during the decision-making process:

- Scope and severity of the health need.
- Potential for Ivinson to impact the health need.
- Alignment with Ivinson strategies, as well as local, state and national objectives.
- Economic feasibility to address the health need.

Ivinson's SLT identified the following health needs as priorities for the 2023–2025 CHNA: social and economic factors and behavioral health services. A synopsis of key CHNA findings specific to these issues is provided in the following sections of this report.

A Grand day in Laramie ▶
*An aerial photograph captures
the stillness of a quiet winter
morning on Grand Avenue
near downtown Laramie.*



social and economic factors

The CDC defines social determinants of health (SDOH) as the nonmedical factors that influence health outcomes. Social determinants of health are conditions within the environment 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. Healthy People 2030 has included SDOH as one of its three priority areas.

The physical environment in Albany County poses challenges for its residents. Severe housing problems, homeownership and severe housing cost burden all have metrics that are higher in Albany County than in the state of Wyoming and the United States.

See Appendix 1 for additional supporting information and relevant data sources. Values highlighted in teal indicate measures that are less favorable when compared to the state values.

Social + economic factors.

	Albany Co.	Wyoming	U.S.
Median household income	\$59,200	\$67,300	\$67,300
Childcare cost burden	27%	26%	25%
Homeownership (Percentage of owner-occupied housing units.)	52%	71%	64%
Severe housing cost burden (Percentage of households that spend 50% or more of their household income on housing.)	22%	10%	14%
Food insecurity	13%	12%	11%
Limited access to healthy foods	9%	8%	6%

The median household income is \$59,200 in Albany County compared to \$67,300 in Wyoming. The childcare cost burden is similar but still slightly higher in Albany County at 27% compared to 26% in Wyoming and 25% in the U.S. Food insecurity (13%) and limited access to healthy foods (9%) are both slightly higher in Albany County than compared to the State of Wyoming and tend to impact populations who are at greater risk for social determinants of health.

The Wyoming Behavioral Risk Factor Surveillance System (BRFSS) data from 2015–2019 shows that nearly 36% of Albany County adults reported not having a personal doctor or healthcare provider compared to 33% in Wyoming.

Wyoming Behavioral Risk Factor Surveillance System (BRFSS) data from 2015–2019.

	Albany Co.	Wyoming
No personal doctor (Wyoming adults who report they do not have one or more persons they think of as their personal doctor or healthcare provider.)	35.9%	33.0%

Research shows that access to primary care is associated with positive health outcomes. Individuals with an established primary care physician are more likely to receive recommended preventive services such as flu shots, blood pressure screenings and cancer screenings. Access to care becomes an issue with social and economic factors when patients can't afford to access the care they need.

Disparities in access to primary healthcare include language-related barriers, physical disabilities, inability to take time off work to attend appointments and transportation-related barriers. Despite a favorable ratio of the population to primary and behavioral healthcare providers in Albany County, these disparities may decrease access to services and increase the risk of poor health outcomes for individuals with limited resources.

In addition, feedback from the provider and community surveys indicates that access to mental and behavioral health services, primary care and specialty care remains a challenge in the community, particularly for those at higher risk of health inequities.

Not having access to a consistent healthcare provider can reduce positive health outcomes. Healthy People 2030 states that obesity is linked to chronic conditions including type 2 diabetes, heart disease, stroke and some types of cancer. Some racial/ethnic groups are more likely to have obesity which then increases the risk of chronic diseases.

While residents of Albany County are less overweight than the State of Wyoming as a whole (55% compared to the state at 65.2%), there is a large portion of the population who are overweight or obese. Obesity rates are at 30% in Albany County and the State of Wyoming. Lack of access combined with high obesity rates can be detrimental to the health and wellbeing of those who live in Albany County.

behavioral health

While the 2022 Wyoming County Health Rankings data show a ratio of 170:1 for mental health providers (which would indicate good access to care compared to the state and nation), the lived experience provided by participants during the community meeting painted a starkly different picture — noting major issues with access to behavioral health services. Feedback provided suggested that, due to the University of Wyoming being in Albany County, there may be more licensed therapists in Albany County than are actively seeing patients one on one to address behavioral health needs.

According to the U.S. Department of Health and Human Services, mental health disorders are among the most common causes of disability in the United States. The resulting disease burden of mental illness is among the highest of all diseases.

Healthy People 2030 states that mental health and physical health are closely connected, noting that health issues like depression and anxiety can affect people’s ability to take part in healthy behaviors and physical health problems can be a barrier to seeking care for mental disorders.

In the 2022 Wyoming County Health Rankings, 11% of those surveyed reported frequent physical distress and 13% reported frequent mental health distress in both Albany County and the State of Wyoming. While these numbers are slightly lower than the U.S. as a whole, it bears noting that frequent physical distress impacted 4,285 Albany County residents and frequent mental distress impacted 5,064 Albany County residents in 2019, prior to the COVID-19 pandemic.

County health rankings: additional health outcomes.

	Albany Co.	Wyoming	U.S.
Frequent physical distress (Percentage of adults reporting 14 or more days of poor physical health per month (age-adjusted). Data from 2019.)	11%	11%	12%
Frequent mental distress (Percentage of adults reporting 14 or more days of poor mental health per month (age-adjusted). Data from 2019.)	13%	13%	14%

SUBSTANCE USE DISORDERS

According to the National Institutes of Health, a substance use disorder (SUD) is a condition that affects a person’s brain and behavior, leading to a person’s inability to control their use of substances such as legal or illegal drugs, alcohol or medications.

According to Healthy People 2030, substance use disorders are linked to many health problems and can lead to overdose and death. In recent years, deaths from opioid use disorder have increased dramatically.

The Wyoming Behavioral Risk Factor Surveillance System (BRFSS) data from 2015–2019 shows that 22.9% of Wyoming men reported having 5 or more drinks on an occasion at least once in the past 30 days and women reported 4 or more drinks on an occasion in the past 30 days. Excessive drinking is also a risk factor for a variety of adverse health outcomes such as alcohol poisoning, motor vehicle crashes and suicide.

12.5% of Wyoming adults reported using marijuana in the past 30 days and 22.5% of adults reported being told they have a depressive disorder. All metrics are higher than the State of Wyoming.

Wyoming Behavioral Risk Factor Surveillance System (BRFSS) data from 2015–2019.

	Albany Co.	Wyoming
Binge drinking (Wyoming men reporting having 5 or more drinks on an occasion at least once in the past 30 days and women reporting 4 or more drinks on an occasion in the past 30 days.)	22.9%	17.7%
Marijuana use (Wyoming adults reporting marijuana use in the past 30 days.)	12.5%	9%
Depression (Wyoming adults reporting having been told they had a depressive disorder.)	22.5%	19.2%

DEATH BY SUICIDE

When a person dies by suicide, this serious public health problem can have long-lasting effects, not only on the individual’s family, but also on the community. According to the CDC, a comprehensive public health approach to suicide prevention can decrease risk.

Death by suicide.

	Albany Co.	Wyoming	U.S.
Suicides (Number of deaths due to suicide per 100,000 population (age-adjusted).)	23	27	14
Firearm fatalities (Number of deaths due to firearms per 100,000 population.)	16	22	12

Albany County’s suicide rate, at 23 deaths per 100,000, is lower than the State of Wyoming but is substantially higher than the national average of 14. According to the Centers for Disease Control and Prevention, Wyoming had the highest suicide rate in the U.S. in 2020.

The number of firearm fatalities of 16 per 100,000 in Albany County is lower than the State of Wyoming at 22 but is still above the national average of 12.

The category “suicide and self-inflicted injury” is the fourth leading cause of death in Albany County according to 2021 data from the State of Wyoming. According to the State of Wyoming 2021 Suicides by Means data, firearms make up 72.0% of deaths by suicide with hanging constituting 22.2% of deaths by suicide, poisoning: 3.7% and other: 2.1% in Wyoming.

board of directors review and approval

During the March 2023 Ivinson Memorial Hospital Governance and Community Benefit Committee Meeting, the committee approved the identified health needs and recommended advancing these health needs to the Board of Directors for their final approval at the Ivinson Board of Directors meeting in April 2023.

During their April 2023 meeting, the Ivinson Memorial Hospital Board of Directors — which includes representatives from the surrounding community — reviewed, discussed and approved the information contained within this report.

acknowledgments, recommendations and next steps

We would like to thank our partnering agencies as well as the medical providers and community members who provided insight and expertise that greatly assisted in the completion of this report.

In the following months, implementation strategies designed to address the identified health needs within Albany County will be prepared and presented to the Ivinson Board of Directors for approval.

The Ivinson CHNA report will be made available to the public for viewing or download on the Ivinson website, as well as in hard copy located in the Ivinson administrative offices.

appendix

appendix 1: data tables and sources

Demographics, 2022 County Rankings: Wyoming and Albany County

- > https://www.countyhealthrankings.org/app/wyoming/2022/compare/snapshot?counties=56_001

The Wyoming Behavioral Risk Factor Surveillance System (BRFSS)

- > <https://health.wyo.gov/publichealth/chronic-disease-and-maternal-child-health-epidemiology-unit/wyoming-behavior-risk-factor-surveillance-system-2/brfss-data-2/2019-data/>
- > <https://health.wyo.gov/publichealth/chronic-disease-and-maternal-child-health-epidemiology-unit/wyoming-behavior-risk-factor-surveillance-system-2/brfss-data-2/2015-2019-county-data/>

Causes of death by county in Wyoming

- > <https://health.wyo.gov/admin/vitalstatistics/reports/>

Causes of death in the State of Wyoming

- > <https://www.cdc.gov/nchs/pressroom/states/wyoming/wy.htm>

2019 Albany County Needs Assessment

- > <https://csnowyo.org/resources/Documents/2019%20Albany%20County%20CNA.pdf>

Length of life.

	Albany Co.	Wyoming	U.S.
Premature death	5,100	7,800	7,300
Poor or fair health	16%	16%	17%
Poor physical health days	3.6	3.5	3.9
Poor mental health days	3.9	4.1	4.5
Low birthweight	9%	9%	8%
COVID-19 age-adjusted mortality	33	63	85
Life expectancy	80.8	78.1	78.5
Premature age-adjusted mortality	260	370	360
Child mortality		50	50
Infant mortality		5	6
Frequent physical distress	11%	11%	12%
Frequent mental distress	13%	13%	14%
Diabetes prevalence	8%	7%	9%
HIV prevalence	35	72	378

Health behaviors.

	Albany Co.	Wyoming	U.S.
Adult smoking	15%	18%	16%
Adult obesity	30%	30%	32%
Food environment index	7.4	7.0	7.8
Physical inactivity	23%	24%	26%
Access to exercise opportunities	86%	73%	80%
Excessive drinking	20%	20%	20%
Alcohol-impaired driving deaths	28%	32%	27%
Sexually transmitted infections	452.7	378.2	551
Teen births	8	24	19
Food insecurity	13%	12%	11%
Limited access to healthy foods	9%	8%	6%
Drug overdose deaths	9	14	23
Motor vehicle crash deaths	11	18	12
Insufficient sleep	35%	34%	35%

Clinical care.

	Albany Co.	Wyoming	U.S.
Uninsured	13%	15%	11%
Primary care physicians	1,340:1	1,400:1	1,310:1
Dentists	2,290:1	1,440:1	1,400:1
Mental health providers	170:1	270:1	350:1
Preventable hospital stays	2,629	3,155	3,767
Mammography screening	37%	37%	43%
Flu vaccinations	48%	43%	48%
Uninsured adults	14%	16%	13%
Uninsured children	10%	11%	6%
Other primary care providers	780:1	800:1	870:1

Social + economic factors.

	Albany Co.	Wyoming	U.S.
High school completion	96%	94%	89%
Some college	85%	67%	67%
Unemployment	4.0%	5.8%	8.1%
Children in poverty	10%	10%	16%
Income inequality	5.4	4.3	4.9
Children in single-parent households	11%	18%	25%
Social associations	12.9	13.8	9.2
Violent crime	138	220	386
Injury deaths	65	95	76
High school graduation	88%	82%	86%
Disconnected youth		6%	7%
Reading scores	3.5	3.2	3.1
Math scores	3.6	3.3	3

Social + economic factors.

	Albany Co.	Wyoming	U.S.
School segregation (This index can range from 0 to 1, with lower values representing a school composition that more closely reflects the distribution of race and ethnicity in the community.)	0.03	0.16	0.25
School funding adequacy (In Albany County, Wyoming, on average, per-pupil spending among school districts was \$9,629 above the estimated amount needed to support students in achieving average U.S. test scores.)	\$9,629	\$9,064	\$741
Gender pay gap (Ratio of women's median earnings to men's median earnings for all full-time, year-round workers, presented as "cents on the dollar." In Albany County, Wyoming, women earned an average of \$0.82 for every \$1.00 men earned in annual income.)	0.82	0.7	0.81
Median household income	\$59,200	\$67,300	\$67,300
Living wage	\$35.03	\$35.89	\$38.11
Children eligible for free or reduced price lunch	24%	35%	52%
Residential segregation - Black/White (This index can range from 0 to 100, with lower values representing less residential segregation and a value of 100 representing complete segregation.)	60	69	63
Residential segregation - non-white/white (Index of dissimilarity where higher values indicate greater residential segregation between non-white and white county residents.)	32	37	46
Childcare cost burden (Child care costs for a household with two children as a percent of median household income. In Albany County, Wyoming, the average household spent 27% of its income on child care for two children.)	27%	26%	25%
Childcare centers (Number of child care centers per 1,000 population under 5 years old.)	12	12	6
Homicides (Number of deaths due to homicide per 100,000 population.)		4	6
Suicides (Number of deaths due to suicide per 100,000 population age-adjusted.)	23	27	14
Firearm fatalities (Number of deaths due to firearms per 100,000 population.)	16	22	12
Juvenile arrests (Rate of delinquency cases per 1,000 juveniles.)	10	9	19

Physical environment.

	Albany Co.	Wyoming	U.S.
Air pollution - particulate matter	5	5	7.5
Drinking water violations	No		
Severe housing problems (Percentage of households with at least 1 of 4 housing problems: overcrowding, high housing costs, lack of kitchen facilities, or lack of plumbing facilities.)	21%	12%	17%
Driving alone to work	71%	77%	75%
Long commute - driving alone	9%	15%	37%
Traffic volume (Average traffic volume per meter of major roadways in the county.)	284	208	395
Homeownership (Percentage of owner-occupied housing units.)	52%	71%	64%
Severe housing cost burden (Percentage of households that spend 50% or more of their household income on housing.)	22%	10%	14%
Broadband access	89%	86%	85%

Note: Blank values reflect unreliable or missing data.

2022 County Health Rankings

> <https://www.countyhealthrankings.org/explore-health-rankings/wyoming/albany?year=2022>

Local population health indicators.

	Albany Co.	Wyoming
Wyoming adults with body mass index \geq 25.0 (Weight in kg/height in meters squared.)	55.0%	65.2%
Wyoming adults with body mass index \geq 30.0 (Weight in kg/height in meters squared.)	24.0%	29.7%
No leisure time physical activity (Wyoming adults reporting not participating in any physical activities or exercises such as running, calisthenics, golf, gardening, or walking for exercise other than their regular job during the past month.)	15.1%	24.6%
Not living a healthy lifestyle (Wyoming adults reporting smoking, no leisure time activity, or not being at a healthy weight.)	62.8%	78.3%
Does not always wear seatbelts (Wyoming adults who ever ride in a car reporting not always wearing a seatbelt from choices of always, nearly always, sometimes, seldom, and never.)	26.2%	24.2%
Inadequate fruit and vegetable consumption (Wyoming adults reporting consuming fruits and vegetables less than 5 times per day.)	84.2%	89.0%
Binge drinking (Wyoming men reporting having 5 or more drinks on an occasion at least once in the past 30 days and women reporting 4 or more drinks on an occasion in the past 30 days.)	22.9%	17.7%
Cigarette smoking (Wyoming adults reporting having smoked at least 100 cigarettes in their lifetime and are currently smoking every day or some days.)	12.2%	18.4%
Smokeless tobacco use for males (Wyoming men reporting currently using smokeless tobacco products such as chewing tobacco or snuff.)	12.2%	16.4%
Any current tobacco use (Wyoming adults reporting current smoking or smokeless tobacco use.)	17.1%	24.8%
E-cigarette use (Wyoming adults reporting they ever used e-cigarettes.)	28.0%	27.6%
Marijuana use (Wyoming adults reporting marijuana use in the past 30 days.)	12.5%	9.0%
Diabetes (Wyoming adults who report they were told by a doctor they have diabetes. Women who were only told during pregnancy are counted as not having diabetes.)	5.8%	7.8%
Depression (Wyoming adults reporting having been told they had a depressive disorder.)	22.5%	19.2%
No healthcare coverage (Wyoming adults who report they have no healthcare coverage, including health insurance, prepaid plans such as HMOs, or government plans such as Medicare.)	11.8%	15.6%
No personal doctor (Wyoming adults who report they do not have one or more persons they think of as their personal doctor or healthcare provider.)	35.9%	33.0%
Unable to get needed care in past 12 months (Wyoming adults reporting they needed to see a doctor but couldn't because of the cost at least one time in the past 12 months.)	9.1%	13.5%
Any access issue (Wyoming adults reporting any of the 3 access to care issues.)	42.7%	42.8%

LOCAL POPULATION HEALTH INDICATORS

Wyoming Behavior Risk Factor Surveillance System, 2015-2019 County Data**

> <https://health.wyo.gov/publichealth/chronic-disease-and-maternal-child-health-epidemiology-unit/wyoming-behavior-risk-factor-surveillance-system-2/brfss-data-2/2015-2019-county-data/>

CAUSES OF DEATH

According to the Wyoming Department of Health, the top five most common causes of death in Albany County and the State of Wyoming are:

	Albany Co. (2021 data)	Wyoming (2020 data via the CDC)
1	Major cardiovascular	Heart disease
2	Cancers	Cancer
3	COVID-19	COVID-19
4	Suicide and self-inflicted injury	Chronic lower respiratory
5	Other unintentional injuries	Accidents

Albany County Data: Wyoming Vital Statistics 2017–2021

> <https://health.wyo.gov/wp-content/uploads/2022/11/2021ARD08-TopCause.pdf>

CDC Data

> <https://www.cdc.gov/nchs/pressroom/states/wyoming/wy.htm>

State of Wyoming data

> <https://www.cdc.gov/nchs/pressroom/states/wyoming/wy.htm>

appendix 2: community organizations

- ACPE Federal Credit Union.
- Albany Community Health Clinic.
- Albany County Attorney.
- Albany County Commissioner.
- Albany County Drug Court.
- Albany County Grants.
- Albany County Health Center.
- Albany County Sheriff's Office.
- Albany County Tourism Board.
- ANB Bank.
- ARK Regional Services.
- Big Brothers/Big Sisters of Wyoming.
- Blue Federal Credit Union.
- Cathedral Home.
- Cheyenne Veterans Affairs.
- City of Laramie Police Chief and Department.
- Climb Wyoming.
- The Clinic for Mental Health and Wellness.
- Community Resource Center (Cathedral Home).
- COPSSA (Coalition to prevent suicide and substance abuse).
- CSBG Grant Administrator.
- Developmental Preschool and Daycare Center.
- Department of Family Services.
- Downtown Clinic.
- Elk Ridge Builders and Design.
- Emergency Management Agency (EMA).
- Albany County Fire Warden.
- First Interstate Bank.

- FNBO.
- Dr. Frances Price Psychology Clinic.
- Gay Deitrich-MacLean, PhD, Psychologist.
- Groathouse Construction.
- Head Start of Laramie.
- Healthy Aging Coalition.
- HiViz.
- Hospice of Laramie.
- Kalen Marketing Solutions.
- Laramie Cares Foundation.
- Laramie County Community College.
- Laramie Emergency Medical Services.
- Laramie Fire Department.
- Laramie Police Department.
- Laramie Youth Crisis Center.
- LIV Health, Wyoming Office.
- MilliporeSigma.
- Mountain West Farm Bureau.
- Narcotics Anonymous.
- Pathways Mental Health Professionals.
- Pinnacle Bank.
- Plenty.
- Albany County Department of Public Health.
- Recover Wyoming.
- Riverstone Bank.
- SAFE Project Laramie.
- Seasons Psychiatric Clinic.
- Snowy Range Health Center.
- StagePoint Federal Credit Union.
- Tess M. Kilwein, PhD, University of Wyoming.
- Trihydro.
- United Way of Albany County.
- UniWyo Credit Union.
- University of Wyoming.
- University of Wyoming AWARE.
- University of Wyoming Counseling Center.
- University of Wyoming Dean of Students.
- University of Wyoming HOPES.
- University of Wyoming Police Department.
- University of Wyoming Psychology Center.
- University of Wyoming Student Health.
- University of Wyoming Wellspring Counseling Clinic.
- University of Wyoming WIND (Wyoming Institute for Disabilities).
- Volunteers of America PEAK Wellness Center.
- Western EcoSystems Technology, Inc.
- Wyoming Center on Aging.
- WyoTech.

appendix 3: prioritization matrix

Prioritization matrix.

Instructions: Rank each health issue against the prioritization criteria outlined in the table using the rating sheet below.

4 = High 3 = Moderate 2 = Low 1 = None

	Scope / severity of health issue	Budget feasibility	Potential for hospital to impact	Alignment with goals and strategies	Total score
	How many people are affected?	What are the costs to address (e.g., workforce, program support)?	What is the capacity/ capability for our hospital to impact the health need?	How does the health need align with Ivinson strategies and state and national objectives?	
Scoring example	3	3	4	4	14
Access to healthcare	—	—	—	—	—
Behavioral health (includes mental health, suicide and substance misuse)	—	—	—	—	—
Chronic disease (or related health factors) including cancer	—	—	—	—	—
Maternal health	—	—	—	—	—
Social and economic factors	—	—	—	—	—
Other (please describe)	—	—	—	—	—

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