

Campbell County Health and Campbell County Public Health Community Health Needs Assessment --- A Process for Improvement

Action Plan --- 2016 - 2019



Purpose

The purpose of this Community Health Needs Assessment (CHNA) is to provide Campbell County Health and Campbell County Public Health with a functioning tool that meets the federal guidelines and provides strategic insight for resource development, clinical development, and regional and County networking and collaboration.

The results of the CHNA will guide the development of Campbell County Health's community benefit programs and implementation strategy. It is anticipated that this report will not only be used by Campbell County Health, but also by other community agencies in developing their programs to meet the health needs of Campbell County.

The CHNA is a community asset, providing information that will assist many organizations in strengthening the impact and effectiveness of their individual services toward improving health in our community.

■ Project Steering Committee

1. Andy Fitzgerald, CCH CEO
2. Veronica Taylor, CCH Director of Infection Prevention, Professional Development & Disaster Preparedness
3. Jane Glaser, RN, Campbell County Public Health Director
4. Bill Stangl, CCH V.P. of Physician Services
5. Deb Tonn, CCH V.P. of Patient Services

Process and Participation

In 2012, Campbell County Memorial Hospital (CCMH) embarked on the Community Health Needs Assessment project in joint research and study with Campbell County Public Health. The project would address Campbell County Health Needs and define health priorities and implement key actions to improve health status. Three community meetings were held from January to May 2013. The first Community Health Needs Assessment was approved by CCMH Board of Trustees and the Campbell County Board of Commissioners in August of 2013.

On May 31, 2016 Campbell County Health (CCH) and Campbell County Public Health (CCPH) hosted a comprehensive representation of community entities (names and organization affiliation is in the appendix) to review the 2013 Community Health Needs Assessment and Plan and begin the process to update and develop the 2016 second Community Health Needs Assessment. Three other meetings were held to prioritize healthcare needs and develop the improvement plan.

The Wyoming Institute of Population Health, a division of Cheyenne Regional Medical Center in partnership with the Wyoming Hospital Association gathered data on the county and state level to use as the basis of the community health improvement work.

Overview of Assessment...why do an assessment?

WHY and Benefits of the CHNA:

- The hospital is required to lead or be meaningfully involved in a comprehensive, multi-stakeholder, Community Health Needs Assessment (CHNA).
- The hospital must be meaningfully involved in health priority identification and the development of a community health improvement plan to address priorities.
- Community benefit resources must be used to support the action plan and meet the health needs of the community.
- The process walks the community members through the assessment process and SWOT analysis (Strength, Weaknesses, Opportunities, and Threats).
- Frames and understands the current status of community health.
- Allows communities to track progress so incremental changes can be noted.
- Allows work with stakeholders in a collaborative process to survey the community and address community needs.
- Provides feedback as changes occur to support healthy living in our community.

What is a Needs Assessment

A comprehensive Community Needs Assessment (CCNA) is a disciplined approach to collecting, analyzing and using local data to identify existing barriers to the health and well-being of residents in a given community. The CCNA identifies the problems, and its results aid in the development of targeted action plans. Additionally, suggestions are made regarding placement of resources, with the intention of directing them where they are most needed and can be most effective.

This report provides detailed data regarding the county's available statistics and reveals a number of health and well-being priorities.

With the continued commitment of partner organizations to improve the health status of our community, the community needs assessment will be used to identify the most pressing needs in the community and to improve the well-being of residents.

Review Action Plan: 2013 – How did we do?

Collaboration among the community – Vaccines for Influenza Project (VIP) is a cooperative venture between Campbell County Health Care Foundation, CCPH, CCH, CC School District (CCSD), and Health Care Coalition. Eighteen hundred vaccines were provided to children through the school district in fall of 2015. Data shared from the school district showed 86% success rate in decreasing flu rates in half and sick days by 2/3 in the 2016 school year. This program was successful and will continue in 2016/2017.

Suicide Prevention and Behavioral Health Services. This process has been started with a prevention group comprised of community members.

Kid Clinic was developed three years ago as a partnership between CCH and the CCSD. The Kids Clinic is staffed by a PA and 3 mental health therapists on site. The review stated very successful project by providing care to an average of 60 students per week.

Strengths and weaknesses of 2013 Plan Identified

STRENGTHS:

- If someone or an organization took responsibility for project it was successful.
- If a cooperative effort involved several agencies the project was successful.
- When goals are attainable and clearly stated it was easier to meet and exceed with the project.

WEAKNESSES (OPPORTUNITIES):

- Never identified or initiated a wellness council as stated in the plan.
- Reduce number of goals to enable success.
- Improve communication among community members.
- Revisit plan and goals annually at a minimum.

Campbell County Health and Service Area

- Campbell County Health is a health care system comprised of Acute Care, Long Term Care, Ambulatory Surgery, Home Health/Hospice, Dialysis, Oncology, EMS, Rehabilitation, Home Medical Resources and Physician Clinics.
- The client service area includes Campbell County, Crook County, Weston County, Johnson County and Sheridan County.

Campbell County Demographics

2015 Data	Campbell Co	Wyoming	US
Population estimates	49,220	586,107	321,418,820
White	46,685 (94.8%)	92.7%	77.1%
Hispanic/Latino	8.6%	9.9%	17.6%
African American	373 (0.8%)	1.4%	13.3%
American Indian	807 (1.6%)	2.7%	1.2%
Asian	312 (0.6%)	1.0%	5.6%
Hawaiian/Pacific	43 (0.1%)	0.1%	0.2%
Two or more races	1,000 (2.0%)	2.1%	2.6%
Hispanic	8.6%	9.9%	17.6%

Demographics

2015 Data	Campbell County	Wyoming	US
Age – 65 and older	7.5%	14.5%	14.9%
Veterans	2,775	49,465	20,700,711
Owner- occupied housing	74.1%	69.3%	64.4%
Median value of home – owner occupied	\$206,500	\$189,300	\$175,700
Households	17,316	225,514	116,211,092
Persons per household	2.71	2.49	2.63
Education - HS	91.2%	92.3%	86.3%
Education - BS	19.2%	25.1%	29.3%

Demographics

2015 Data	Campbell County	Wyoming	US
Health – disability < 65 yr age	7.5%	8.5%	8.5%
Health – no insurance, <65 yr	11.3%	13.4%	10.5%
Median household income (2014)	\$78,609	\$58,252	\$53,482
Persons in poverty	7.1%	11.1%	13.5%
Population/ Sq. mile (2010)	9.6	5.8	87.4
Land area in Sq. miles (2010)	4,802.71	97,093.14	3,531,905.43
* Obtained from U.S. Census Quick facts			

Cancer

While there are a number of factors that drive cancer, early detection (including recommended screenings) and preventative measures can lessen the burden of cancer on an individual's and community's health. In Wyoming, core indicators show that cancer remains a leading health concern. In 2011 and 2012, cancer was the number two leading cause of death, and in 2013, it was the number one leading cause of death.

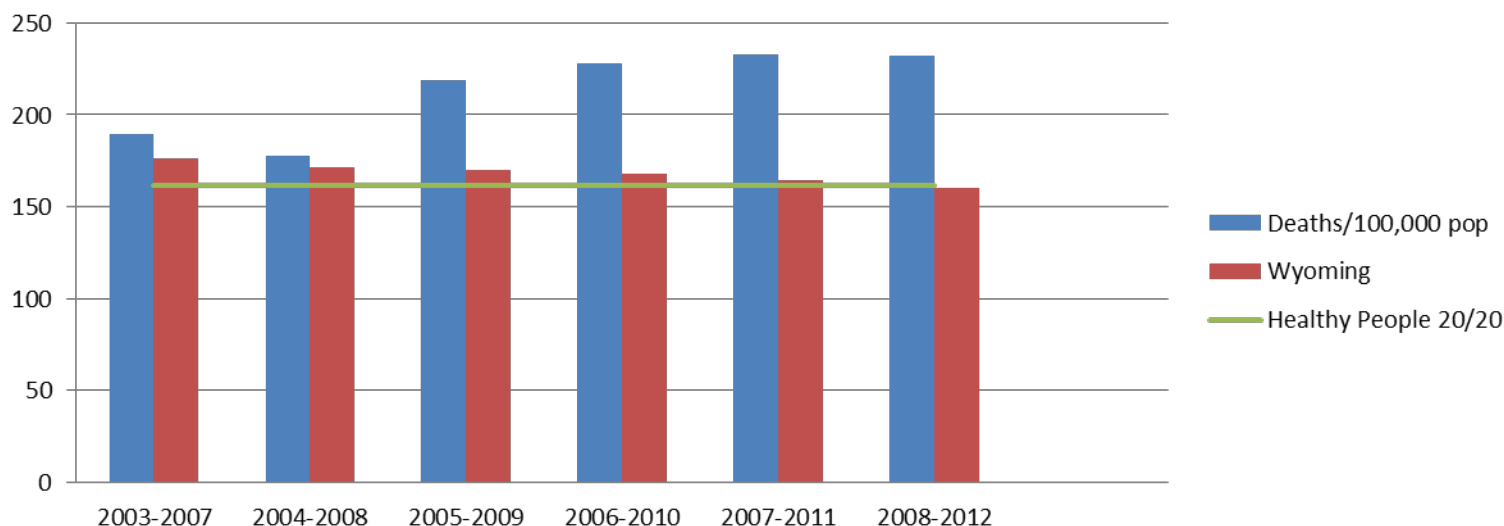
- A number of cancers are avoidable by reducing risk factors. Risky behaviors include, but are not limited to, tobacco use and physical inactivity.
- In Campbell County, Breast Cancer, Lung & Bronchus Cancer, and Colorectal Cancer, emerge as areas of potential concern. The data shows Campbell County is performing worse than the state average on certain indicators.

Cancer - Age Adjusted Death Rate Due to Cancer

Cancer is a leading cause of death in the United States. The National Cancer Institute (NCI) defines cancer as a term used to describe diseases in which abnormal cells divide without control and are able to invade other tissues. There are over 100 different types of cancer. According to the NCI, lung, colon and rectal, breast, pancreatic, and prostate cancer lead to the greatest number of annual deaths (Wyominghealthmatters.org)

The Healthy People 2020 target is to reduce the overall cancer death rate to 161.4 deaths per 100,000 population. (Note: Blue is Campbell County and Red is WY)

Age- Adjusted Death Rate due to Cancer



Cancer – Age adjusted death rate due to Breast Cancer

The age adjusted death rate for all cancers in Campbell County is higher than the state as a whole, and has been increasing over the past few years. Conversely, the death rate for the state has gradually decreased and has met the Healthy People 2020 goal.

Age Adjusted Death Rate Due to Breast Cancer

Breast cancer is a leading cause of cancer death among women in the United States. According to the American Cancer Society, about 1 in 8 women will develop breast cancer and about 1 in 36 women will die from breast cancer. Breast cancer is associated with increased age, hereditary factors, obesity, and alcohol use. Since 1990, breast cancer death rates have declined progressively due to advancements in treatment and detection (Wyominghealthmatters.org).

The Healthy People 2020 national health target is to reduce the breast cancer death rate to 20.7 deaths per 100,000 females. (Note: Blue is Campbell County and Red is WY)

Age Adjusted Death Rate Due to Breast Cancer



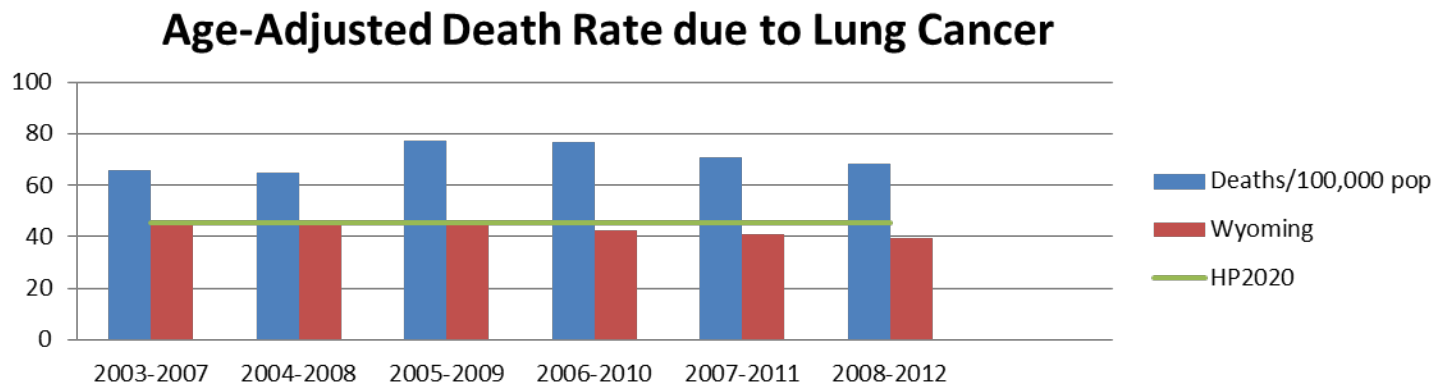
Cancer – Age adjusted death rate due to Lung Cancer

Similar to the death rate for all cancers, the death rate for Breast Cancer in Campbell County has been on the rise while the state rate has decreased below the Healthy People 2020 goal.

- **Age Adjusted Death Rate due to Lung Cancer**

According to the American Lung Association, more people die from lung cancer annually than any other type of cancer, exceeding the total deaths caused by breast cancer, colorectal cancer, and prostate cancer combined. The greatest risk factor for lung cancer is duration and quantity of smoking. While the mortality rate due to lung cancer among men has reached a plateau, the mortality rate due to lung cancer among women continues to increase. African Americans have the highest risk of developing lung cancer (Wyominghealthmatters.org).

- **The Healthy People 2020 national health target is to reduce the lung cancer death rate to 45.5 deaths per 100,000 population.** (Note: Blue is Campbell County and Red is WY)

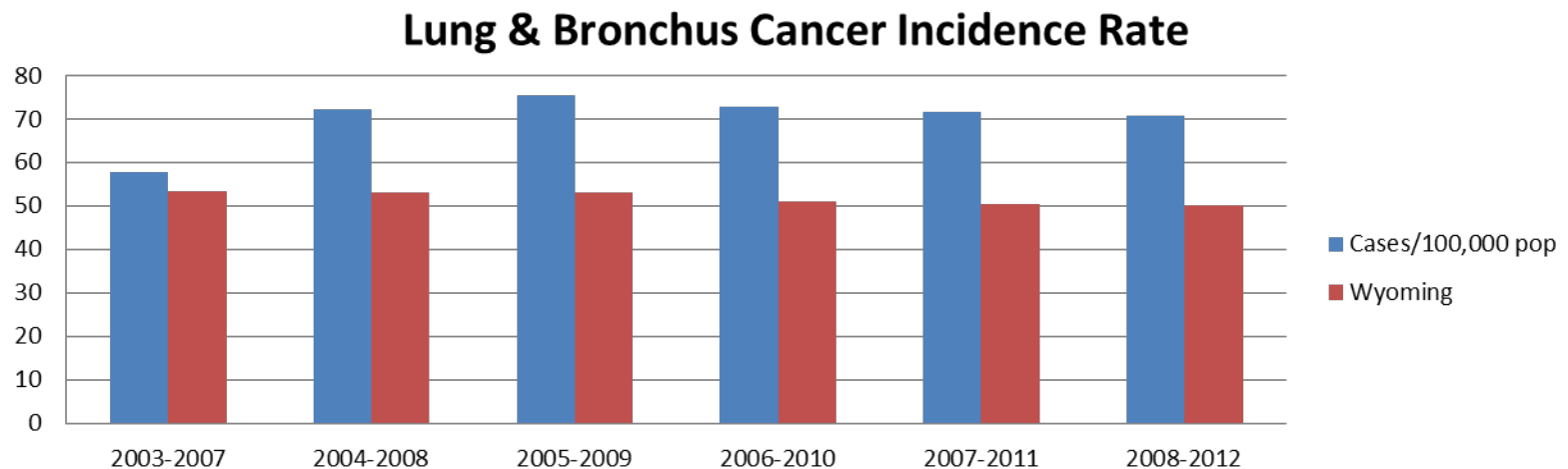


Cancer – Lung & Bronchus Cancer Incidence rate

While the death rate due to Lung Cancer in Campbell County is greater than the state rate, it has been decreasing since a spike in the 2005-2009 measurement period.

Lung & Bronchus Cancer Incidence Rate

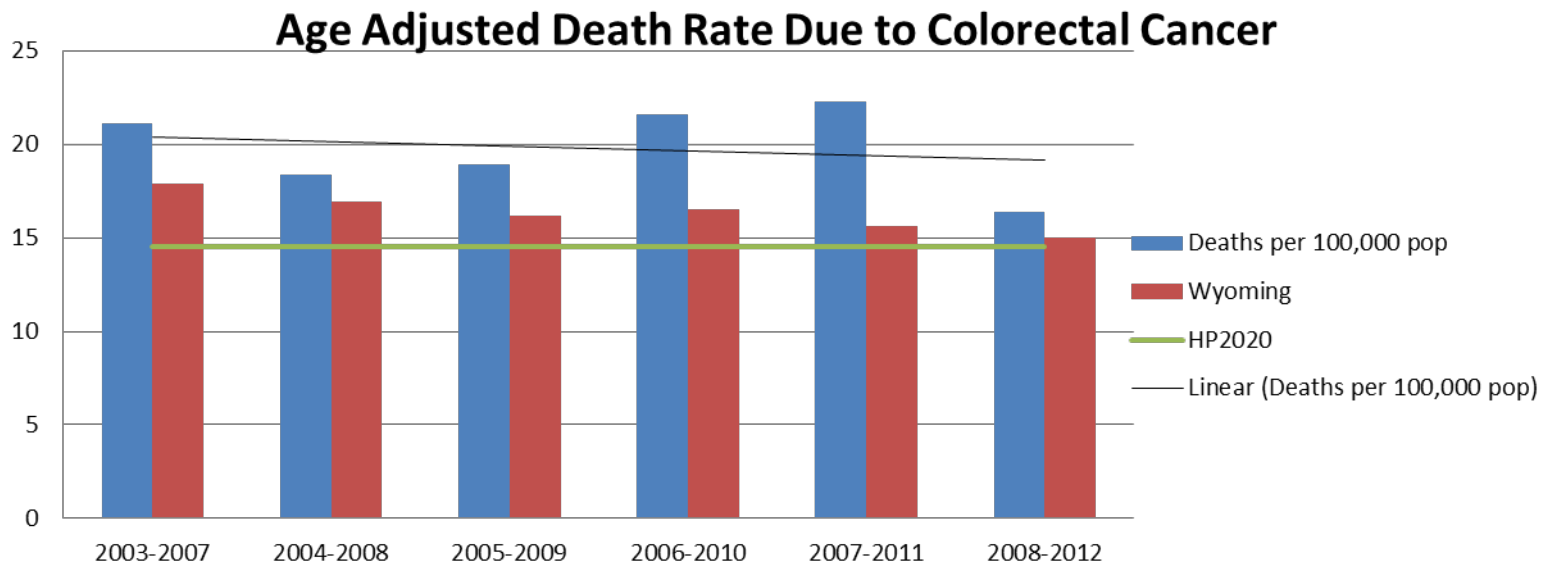
According to the American Lung Association, more people die from lung cancer annually than any other type of cancer, exceeding the total deaths caused by breast cancer, colorectal cancer, and prostate cancer combined. The greatest risk factor for lung cancer is duration and quantity of smoking. While the mortality rate due to lung cancer among men has reached a plateau, the mortality rate due to lung cancer among women continues to increase. African Americans have the highest risk of developing lung cancer (Wyominghealthmatters.org). (Note: Blue is Campbell County and Red is WY)



Cancer – Age Adjusted death rate due to Colorectal Cancer

Colorectal cancer—cancer of the colon or rectum—is a leading cause of cancer-related deaths in the United States. The Centers for Disease Control and Prevention estimates that if all adults aged 50 or older had regular screening tests for colon cancer, as many as 60% of the deaths from colorectal cancer could be prevented. While 90% of colorectal cancer cases occur in adults aged 50 or older, it is essential for individuals with risk factors (those with a family history of colorectal cancer, inflammatory bowel disease, or heavy alcohol use) to seek regular screening earlier (Wyominghealthmatters.org).

The Healthy People 2020 national health target is to reduce the colorectal cancer death rate to 14.5 deaths per 100,000 population. (Note: Blue is Campbell County and Red is WY)



- Colorectal Cancer is a health concern throughout the state and Campbell County has a death rate higher than that of the state as a whole. However, the rate has been trending in a positive direction since the 2003-2007 measurement period.

Access to Care

Access to quality healthcare has a profound effect on every aspect of a person's health. Regular and reliable access to health services can:

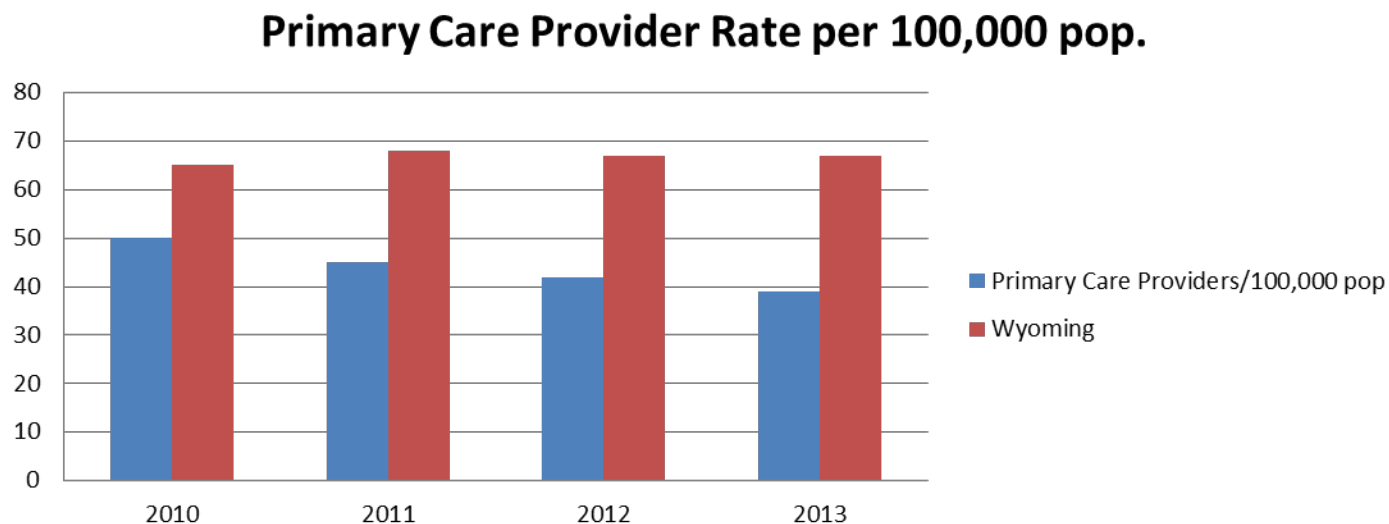
- Prevent disease and disability
- Lead to detection and treatment of illnesses and other health conditions
- Increase quality of life
- Reduce the likelihood of premature death

Clinical preventive services provide incredible opportunities for increased life expectancy and the maintenance of a higher quality of life. Access to care is about more than simply the cost.

Having access to quality healthcare requires adequate financial means as well as access to providers. Having a primary care physician is essential in order for people to receive preventive and primary care as needed, including referrals for specialty care when appropriate.

Access to Care – Primary Care Provider Rate

Access to primary care providers increases the likelihood that community members will have routine checkups and screenings. Moreover, those with access to primary care are more likely to know where to go for treatment in acute situations. Communities that lack a sufficient number of primary care providers typically have members who delay necessary care when sick and conditions can become more severe and complicated (Wyominghealthmatters.org) (Note: Blue is Campbell County and Red is WY)



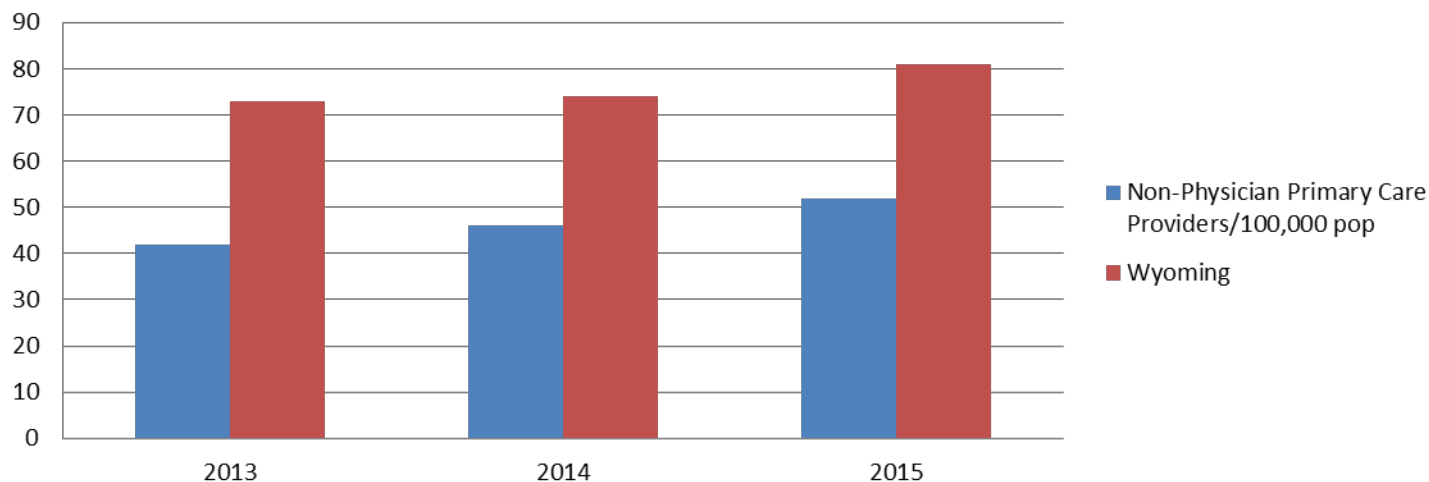
Access to Care – Non-Physician Primary Care Provider Rate

Wyoming trails the national average of 76 primary care providers per 100,000 population (76) and Campbell County falls below the state rate (67). A number of factors could contribute, including the rural nature of Wyoming and, potentially, fewer physicians selecting primary care as the focus of their practice.

Non-Physician Primary Care Provider Rate

This indicator shows the non-physician primary care provider rate per 100,000 population. Primary care providers who are not physicians include nurse practitioners (NPs), physician assistants (PAs), and clinical nurse specialists (Wyominghealthmatters.org). (Note: Blue is Campbell County and Red is WY)

Non-Physician Primary Care Provider Rate per 100,000 pop.



Wellness and Lifestyle – Adults who are Obese

Good nutrition, regular physical activity and a healthy body weight are essential components for overall health and well-being. Combined, these factors can help to greatly decrease a person's risk for developing serious health conditions – including high blood pressure, high cholesterol, diabetes, heart disease, stroke and cancer.

People who improve their lifestyles may regain an additional 10 years of quality life that they might have otherwise lost as a result of unhealthy behaviors.

Adults Who Are Obese

- The percentage of obese adults is an indicator of the overall health and lifestyle of a community. Obesity increases the risk of many diseases and health conditions including heart disease, Type 2 diabetes, cancer, hypertension, stroke, liver and gallbladder disease, respiratory problems, and osteoarthritis. Losing weight and maintaining a healthy weight help to prevent and control these diseases. Being obese also carries significant economic costs due to increased healthcare spending and lost earnings (Wyominghealthmatters.org).

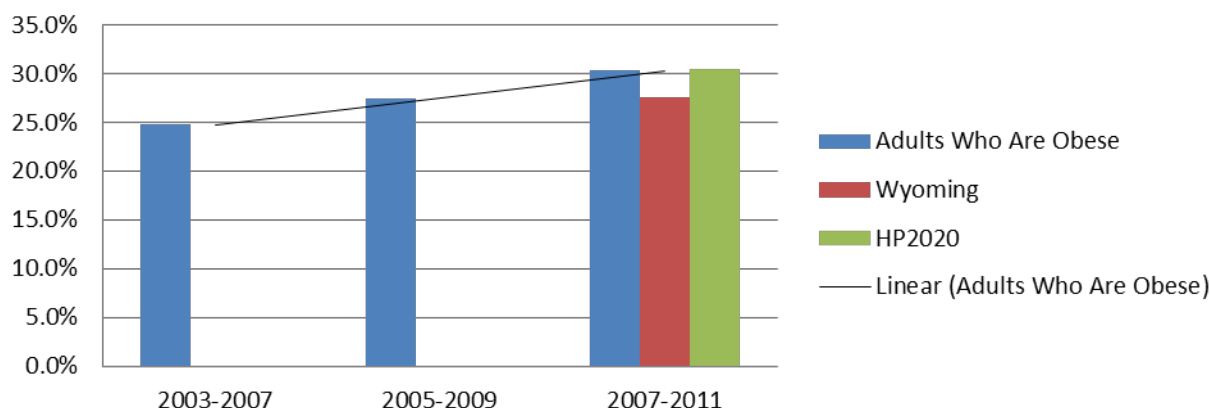
The Healthy People 2020 national health target is to reduce the proportion of adults aged 20 and older who are obese to 30.5%.

Wellness and Lifestyle – Adults who are Obese

Diet and body weight are directly related to the status of one's health. People who maintain a healthy weight are less likely to develop serious health problems.

“Obese” adults are those who are aged 18 and older and have a Body Mass Index (BMI) of greater than or equal to 30. (Note: Blue is Campbell County and Red is WY)

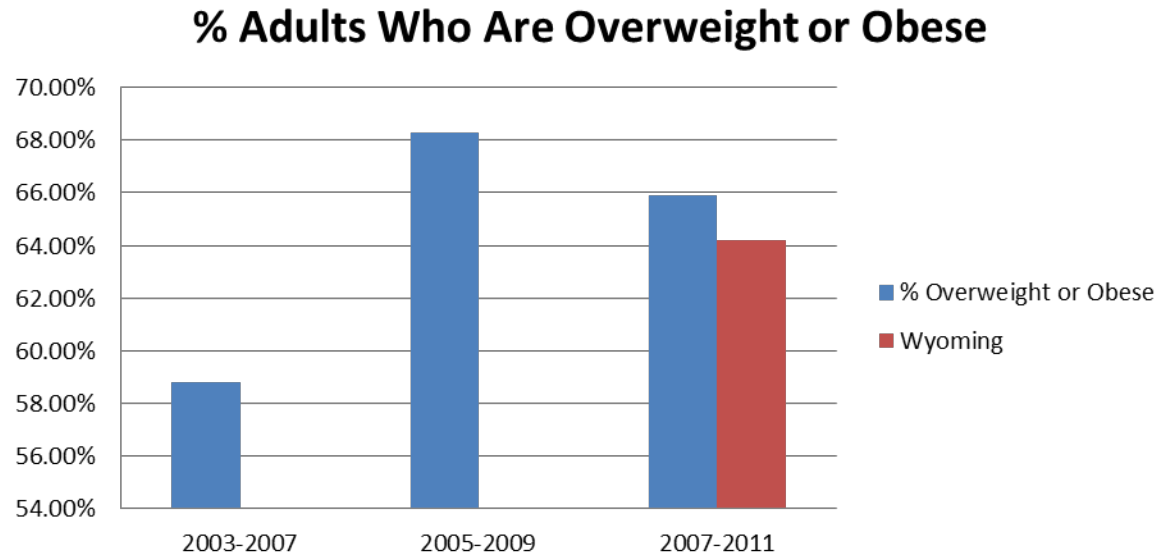
% of Adults Who Are Obese



Due to a change in methodology used by the Behavioral Risk Factor Surveillance System (BRFSS), prevalence data after 2011 should not be compared to previous years. At that time, cell phone sampling was included and a change to weighting methodology was made. In the years prior to 2011, Campbell County was already ahead of the Healthy People 2020 target. However, the data has trended upward.

Adults Who Are Overweight or Obese

This indicator is slightly different from the one above as it also includes those adults who are considered “overweight”. Adults who are overweight have a BMI between 25 and 29.9. (Note: Blue is Campbell County and Red is WY)

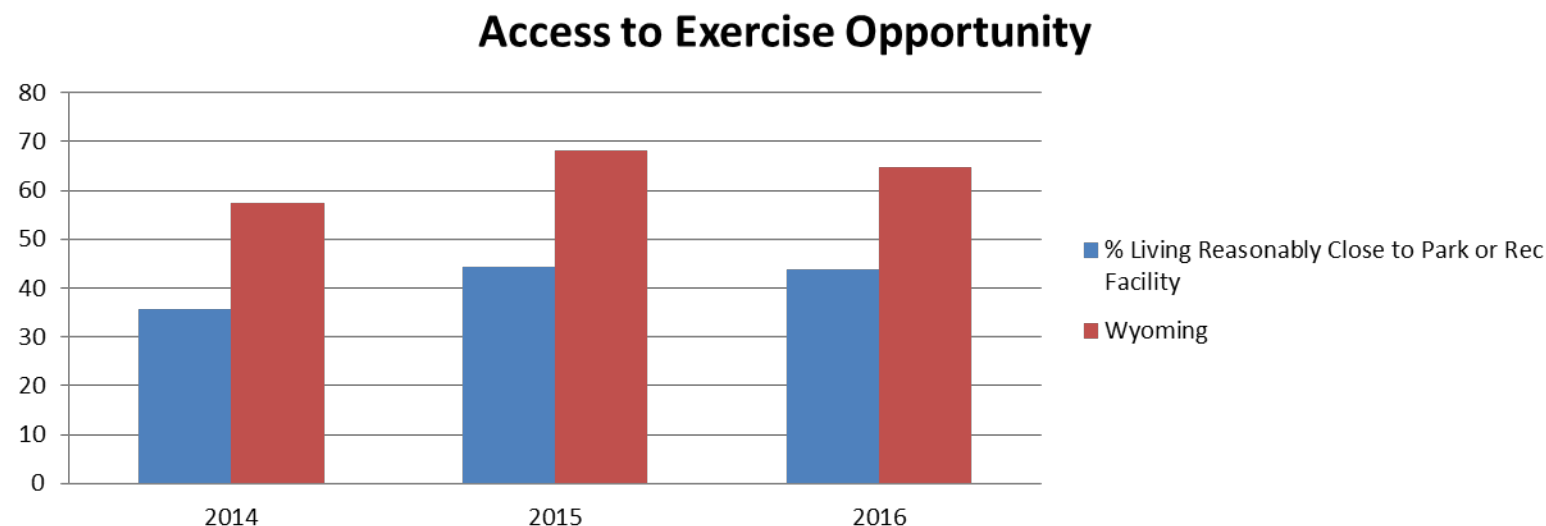


Statewide, the percentage of men who are overweight or obese (68.7%) is greater than the percentage of women (57.4%). The American Indian population statewide is experiencing 72.1% overweight or obese adults (Wyominghealthmatters.org).

Wellness and Lifestyle – Exercise Opportunities

Access to Exercise Opportunities

Proximity to exercise opportunities, such as parks and recreation facilities, has been linked to an increase in physical activity among residents. Regular physical activity has a wide array of health benefits including weight control, muscle and bone strengthening, improved mental health and mood, and improved life expectancy. Furthermore, exercise reduces the risk of cardiovascular disease, type 2 diabetes and metabolic syndrome, and some cancers. (Note: Blue is Campbell County and Red is WY)



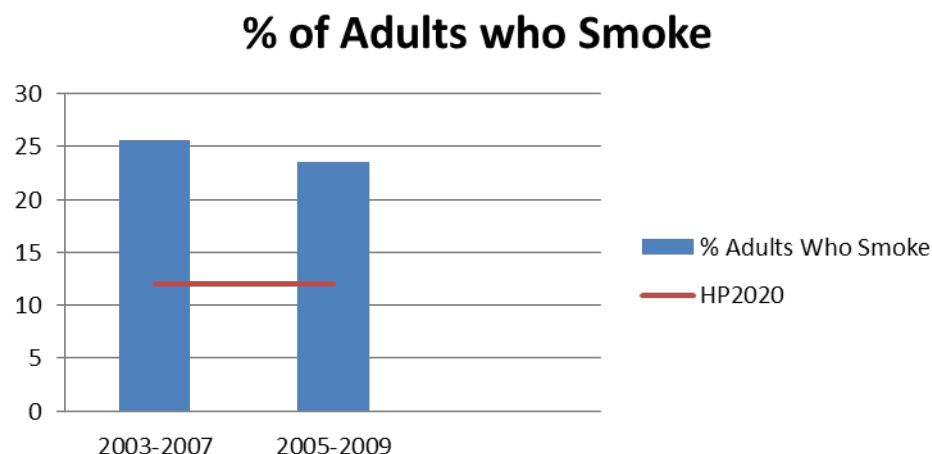
Wellness and Lifestyle – Adults who smoke

Adults Who Smoke

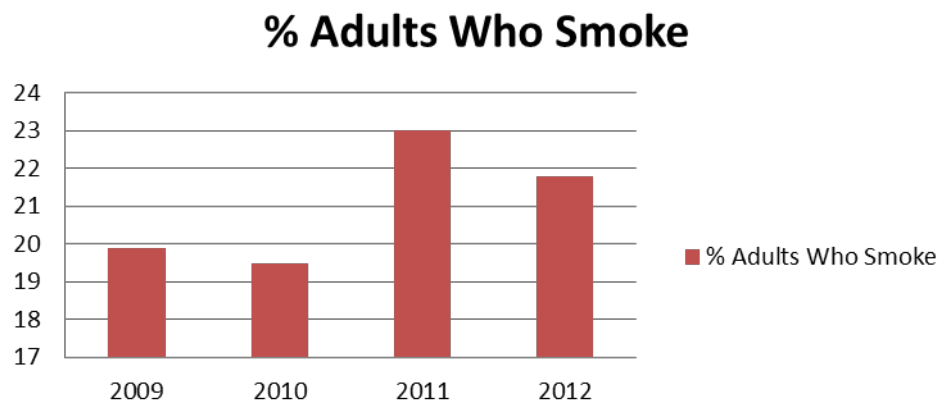
Tobacco is the agent most responsible for avoidable illness and death in America today. Tobacco use brings premature death to almost half a million Americans each year, and it contributes to profound disability and pain in many others. Approximately one-third of all tobacco users in this country will die prematurely because of their dependence on tobacco. Areas with a high smoking prevalence will also have greater exposure to secondhand smoke for non-smokers, which can cause or exacerbate a wide range of adverse health effects, including cancer, respiratory infections, and asthma (Wyominghealthmatters.org).

The Healthy People 2020 national health target is to reduce the proportion of adults aged 18 years and older who smoke cigarettes to 12.0%.

Wellness and Lifestyle – Adults Who Smoke



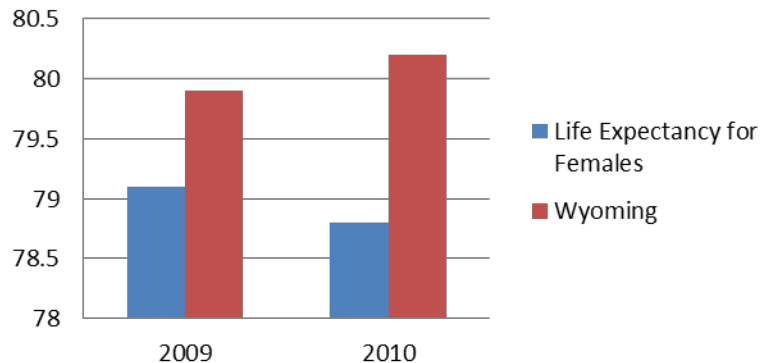
As with other indicators whose data come from the BRFSS, a change in methodology does not allow for a good comparison between years before and years after 2011. For demonstration purposes, the percentage of adults who smoked WY statewide between 2009 and 2012 is included below. (Note: Blue is Campbell County and Red is WY)



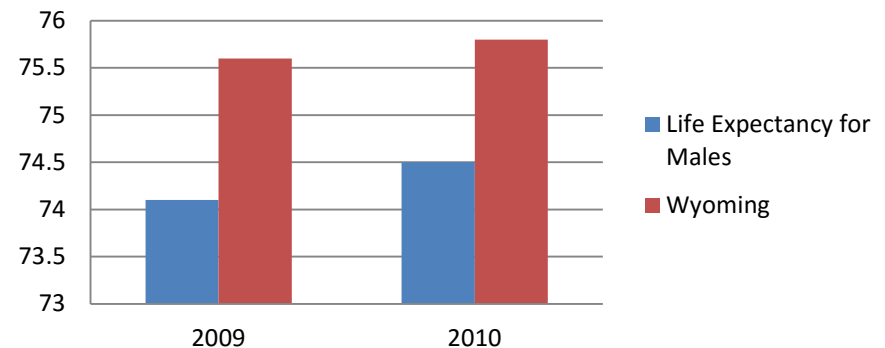
Wellness and Lifestyle – Life Expectancy

- Life expectancy is a good measure of a population's longevity and general health. It is highly dependent on infant mortality rates and all-cause death rates. Although the overall U.S. average life expectancy at birth has been steadily increasing, there are great variations in life expectancy between racial and ethnic groups. In addition, great variations in life expectancy exist worldwide. These variations are mostly caused by differences in public health infrastructure, medical care, and diet (Wyominghealthmatters.org).
- This indicator shows the total number of years a person in Campbell County can be expected to live if current mortality rates continue to apply (Wyominghealthmatters.org).
- Life expectancy for both males and females in Campbell County is a full year less than the state life expectancy. (Note: Blue is Campbell County and Red is WY)

Life Expectancy for Females



Life Expectancy for Males



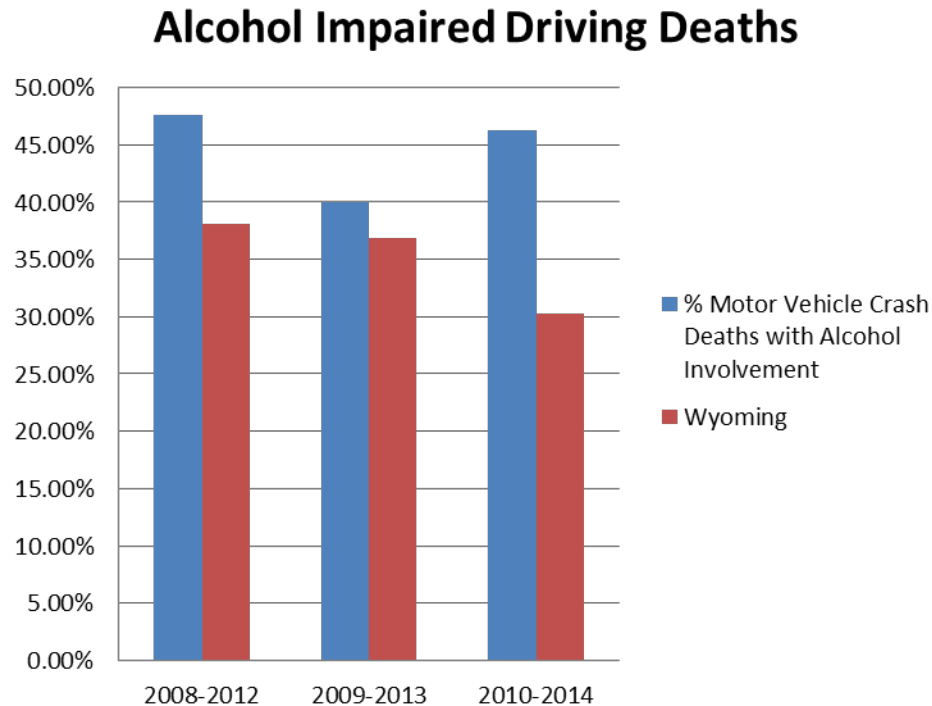
Safety and Violence – Alcohol Impaired Driving Deaths

Injury is the leading cause of death for Americans ages 1 to 44, according to Healthy People 2020. Injury was the fourth leading cause of death in Wyoming in 2013. Injury and violence impact a community in ways that extend beyond the injured person and the immediate health consequences. Injury and violence can cause permanent disability and increased medical costs, while also greatly impacting the injured person's family, friends, employers and coworkers.

Nearly one-third of all traffic-related deaths in the United States are caused by alcohol-impaired crashes. Alcohol-impaired traffic deaths are more likely to involve young adult drivers. Among drivers involved in fatal crashes in 2010 with blood alcohol concentrations of 0.08% or higher, 34% were between the ages of 21 and 24, 30% were 25 to 34 years of age, and 25% were 35 to 44 years of age. Effective measures to reduce deaths and injuries from alcohol-related crashes include sobriety checkpoints, ignition interlocks for people with a history of impaired driving, and community-based approaches to alcohol control and prevention of impaired driving (Wyominghealthmatters.org).

This indicator measures the percentage of motor vehicle crash deaths with alcohol involvement (Wyominghealthmatters.org).

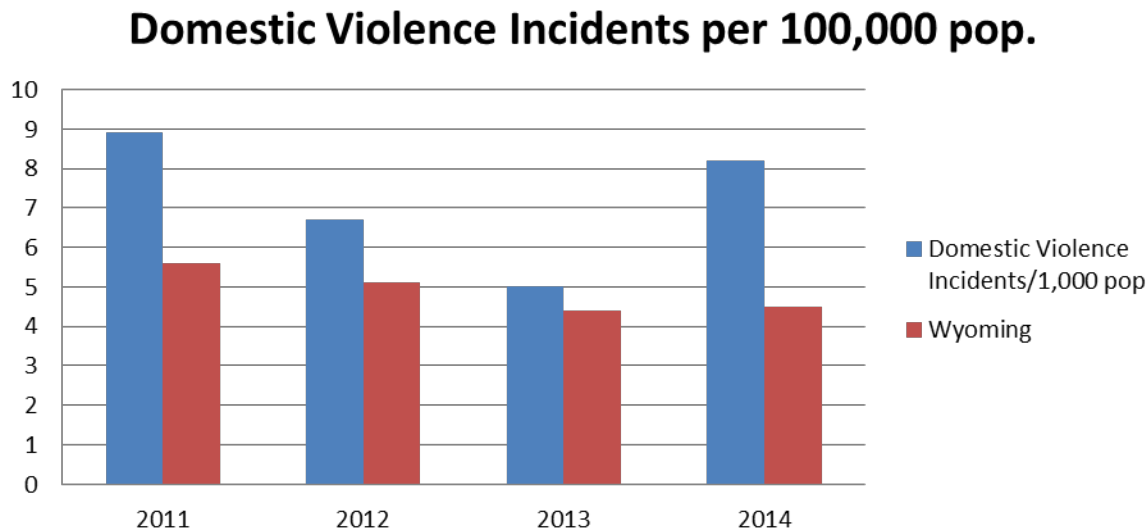
Safety and Violence – Alcohol Impaired Driving Deaths



As the chart shows, the percentage of motor vehicle crash deaths with alcohol involvement throughout Wyoming has decreased. Campbell County has not experienced a similar decrease. (Note: Blue is Campbell County and Red is WY)

Domestic Violence Incidents

Domestic violence is any criminal offense resulting in physical injury or death of one family or household member by another family or household member, including assault, battery, sexual assault, sexual battery, stalking, kidnapping, or false imprisonment. According to the Commission on Domestic Violence, domestic violence offenses typically account for about 14% of all criminal offenses annually (Wyominghealthmatters.org).



The overwhelming majority of domestic violence victims throughout the state are women. The likelihood of victims to be between the ages of 18 and 29 is greater than any other age group. (Note: Blue is Campbell County and Red is WY)

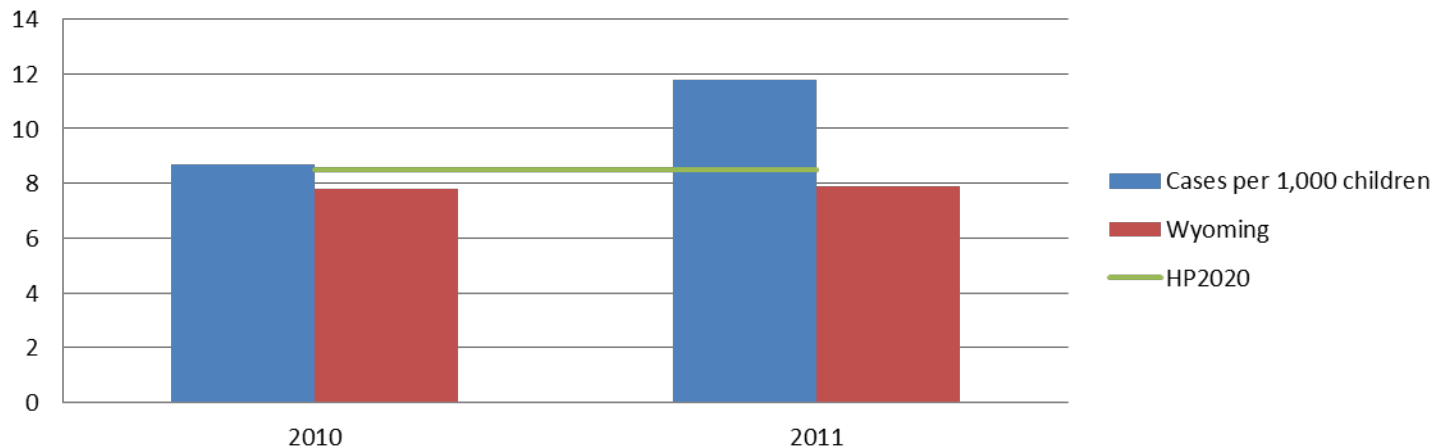
Child Abuse Rate

There are several types of child abuse including physical, sexual, and emotional abuse. Child abuse and neglect can have enduring physical, intellectual, and psychological repercussions into adolescence and adulthood. All types of child abuse and neglect have long lasting effects throughout life, damaging a child's sense of self, ability to have healthy relationships, and ability to function at home, at work, and at school (Wyominghealthmatters.org).

- **The Healthy People 2020 national health target is to decrease the number of maltreatment victims to 8.5 cases per 1,000 children aged 18 and younger.**
- This indicator shows the number of children under 18 years of age who experienced abuse or neglect in cases per 1,000 children (Wyominghealthmatters.org). (Note: Blue is Campbell County and Red is WY)

Abuse Cases per 1,000 Children

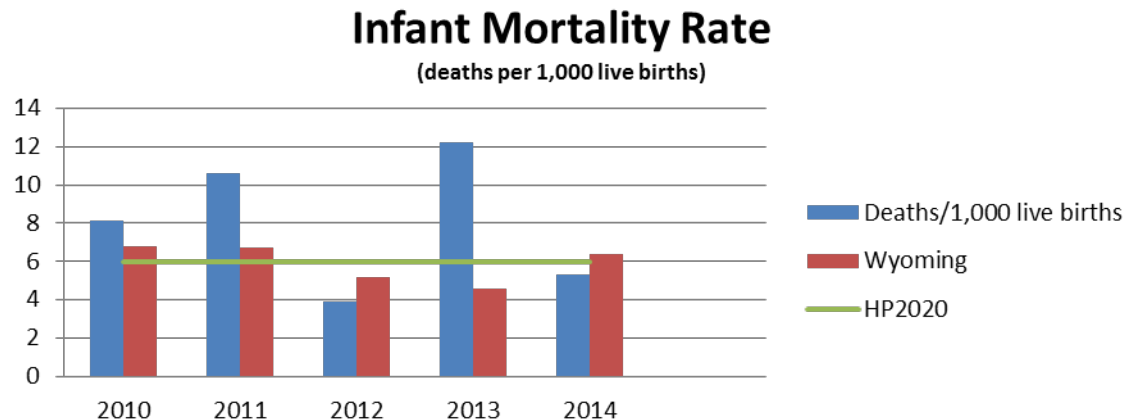
(Wyominghealthmatters.com)



Maternal, Fetal & Infant Health

Infant Mortality

- Infant mortality rate continues to be one of the most widely used indicators of the overall health status of a community. The leading causes of death among infants are birth defects, pre-term delivery, low birth weight, Sudden Infant Death Syndrome (SIDS), and maternal complications during pregnancy (Wyominghealthmatters.org).
- **The Healthy People 2020 national health target is to reduce the infant mortality rate to 6 deaths per 1,000 live births.** (Note: Blue is Campbell County and Red is WY)



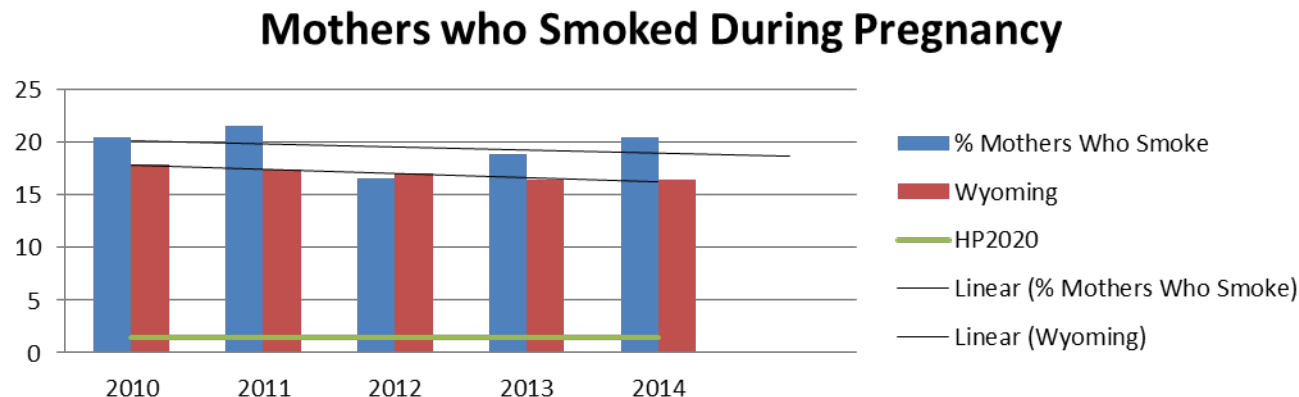
The infant mortality rate across Wyoming has failed to meet the Healthy People 2020 benchmark in multiple years since 2010. As displayed in the chart, Campbell County experienced a large spike in 2013, then decreased dramatically the following year. A deeper dive into the data may be needed to explain the disparity between years and identify what created the change.

Mothers Who Smoked During Pregnancy

Smoking during pregnancy poses risks for both mother and fetus. A baby born to a mother who has smoked during her pregnancy is more likely to have less developed lungs and a lower birth weight, and is more likely to be born prematurely. It is estimated that smoking during pregnancy causes up to ten percent of all infant deaths. Even after a baby is born, secondhand smoking can contribute to SIDS (Sudden Infant Death Syndrome), asthma onset, and stunted growth (Wyominghealthmatters.org).

- **The Healthy People 2020 national health target is to decrease the percentage of women who gave birth and who smoked cigarettes during pregnancy to 1.4%.**

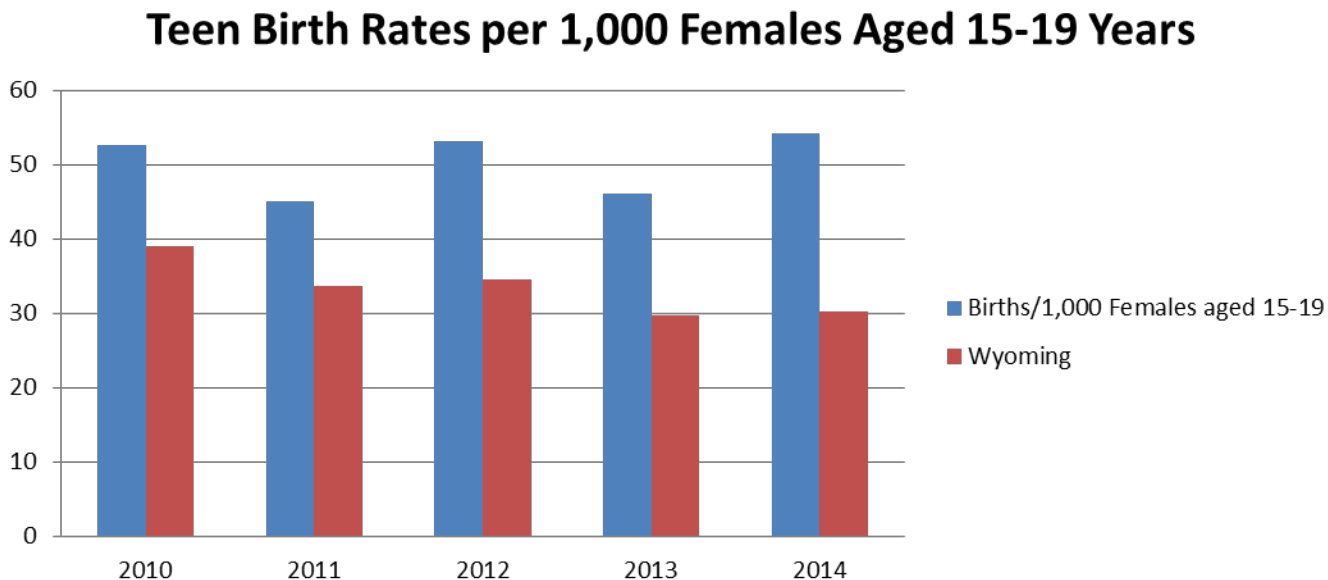
This indicator shows the percentage of mothers who smoked and/or used tobacco during pregnancy. (Note: Blue is Campbell County and Red is WY)



Wyoming and Campbell County are both far above desired benchmarks. However the county and the state are trending in the right direction.

Teen Birth Rate

Teen birth is of concern for the health outcomes of both the mother and the child. Pregnancy and delivery can be harmful to teenagers' health, as well as social and educational development. Babies born to teen mothers are more likely to be born preterm and/or low birth weight. Responsible sexual behavior reduces unintended pregnancies, thus, reduces the number of births to adolescent females (Wyominghealthmatters.org). (Note: Blue is Campbell County and Red is WY)



Chronic Disease

Chronic diseases are the leading cause of death and disability in the United States. Consider these statistics from the Centers for Disease Control and Prevention.

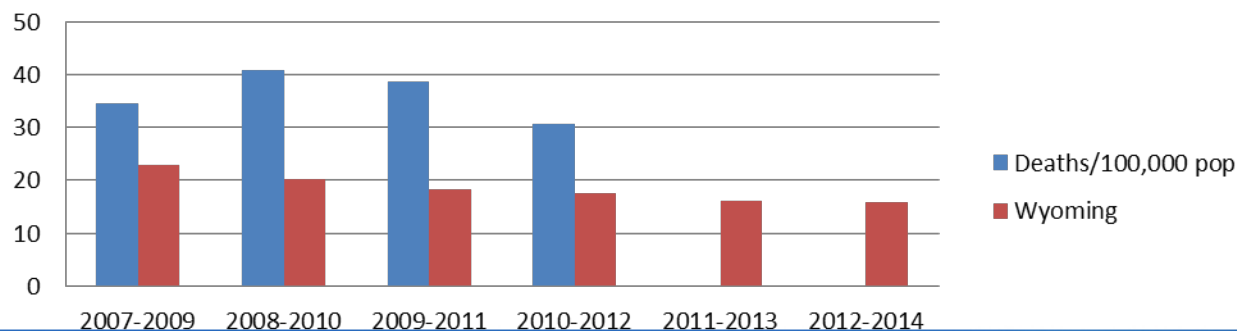
- Eighty-six percent of all health care spending in 2010 was for people with one or more chronic medical conditions.
- The total estimated cost of diagnosed diabetes in 2012 was \$245 billion, including \$176 billion in direct medical costs and \$69 billion in decreased productivity. Decreased productivity includes costs associated with people being absent from work, being less productive while at work, or not being able to work at all because of diabetes.

Age-Adjusted Death Rate due to Diabetes

Diabetes is a group of diseases marked by high levels of blood glucose, also called blood sugar, resulting from defects in insulin production, insulin action, or both. Diabetes is a leading cause of death in the United States. According to the Centers for Disease Control and Prevention (CDC), more than 25 million people have diabetes, including both diagnosed and undiagnosed cases. The prevalence of diagnosed type 2 diabetes increased six-fold in the latter half of the last century. Diabetes risk factors such as obesity and physical inactivity have played a major role in this dramatic increase. Age, race, and ethnicity are also important risk factors. Diabetes disproportionately affects minority populations and the elderly, and its incidence is likely to increase as minority populations grow and the U.S. population becomes older. This disease can have a harmful effect on most of the organ systems in the human body; it is a frequent cause of end-stage renal disease, non-traumatic lower-extremity amputation, and a leading cause of blindness among working-age adults. Persons with diabetes are also at increased risk for ischemic heart disease, neuropathy, and stroke.

Age-Adjusted Death Rate due to Diabetes

(Deaths per 100,000 pop.)



COPD: Medicare Population

Chronic obstructive pulmonary disease, or COPD, is a condition that restricts airflow into the lungs, making it difficult to breathe. COPD is most commonly a mix of chronic bronchitis and emphysema, and usually results from tobacco use, although it can also be a result of pollutants in the air, genetic factors, and respiratory infections. Common symptoms include shortness of breath, wheezing, and chronic cough. There is no cure for COPD, but smoking cessation, medications, and therapy or surgery can help individuals manage their symptoms.

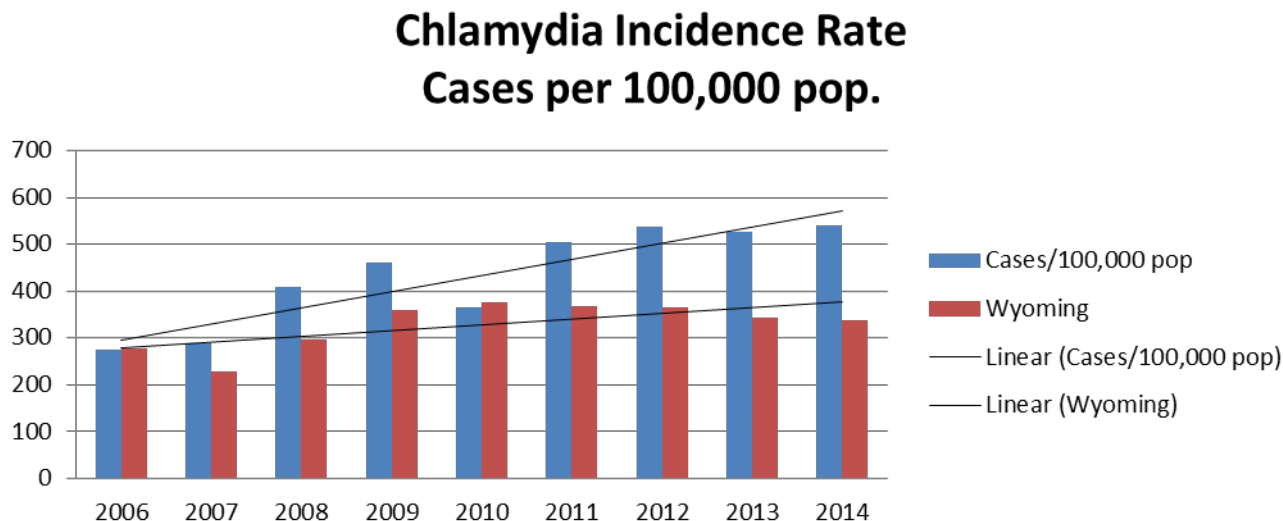
- According to the American Lung Association, Women are more vulnerable than men to lung damage as their lungs are smaller and estrogen plays a role in worsening lung disease. Additionally, the death rate from COPD is higher in women than in men (American Lung Association, 2016). (Note: Blue is Campbell County and Red is WY)

% Medicare Beneficiaries Treated for COPD



Infections: Chlamydia Incidence Rate

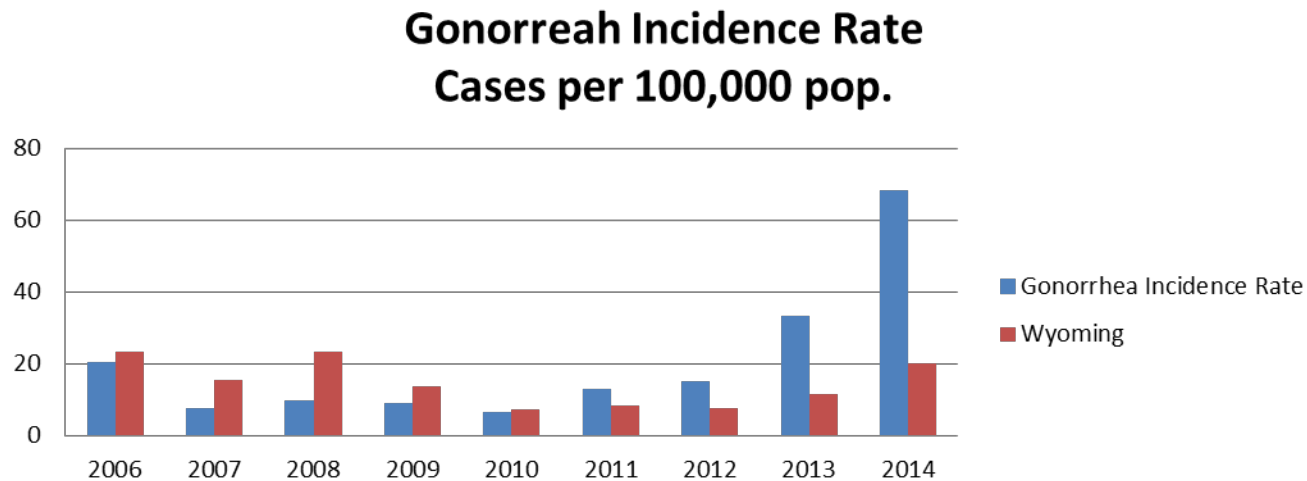
Chlamydia, the most frequently reported bacterial sexually transmitted infection (STI) in the United States, is caused by the bacterium *Chlamydia trachomatis*. Although symptoms of chlamydia are usually mild or absent, serious complications that cause irreversible damage, including infertility, can occur "silently" before a woman ever recognizes a problem. Chlamydia can also cause discharge from the penis of an infected man. Under-reporting of chlamydia is substantial because most people with chlamydia are not aware of their infections and do not seek testing (Wyominghealthmatters.org). (Note: Blue is Campbell County and Red is WY)



As the graph clearly demonstrates, the number of cases in Campbell County is growing sharply in relation to the increase throughout the state.

Infections: Gonorrhea Incidence Rate

Gonorrhea is a sexually transmitted infection (STI) caused by *Neisseria gonorrhea*. It is typically asymptomatic, but easy to treat. However, gonorrhea has developed resistance to antibiotics over the years, complicating treatment. Left untreated, gonorrhea can cause serious and permanent health problems in both women and men. In women, gonorrhea is a common cause of pelvic inflammatory disease. In the United States, the highest reported rates of infection are among sexually active teenagers, young adults, and African Americans (Wyominghealthmatters.org). (Note: Blue is Campbell County and Red is WY)



The incidence rate in Campbell County more than doubled between 2013 and 2014, and it increased by more than 5 times since 2011. A deeper examination of what caused the dramatic increase should be considered prior to the implementation of any effort to impact this indicator.

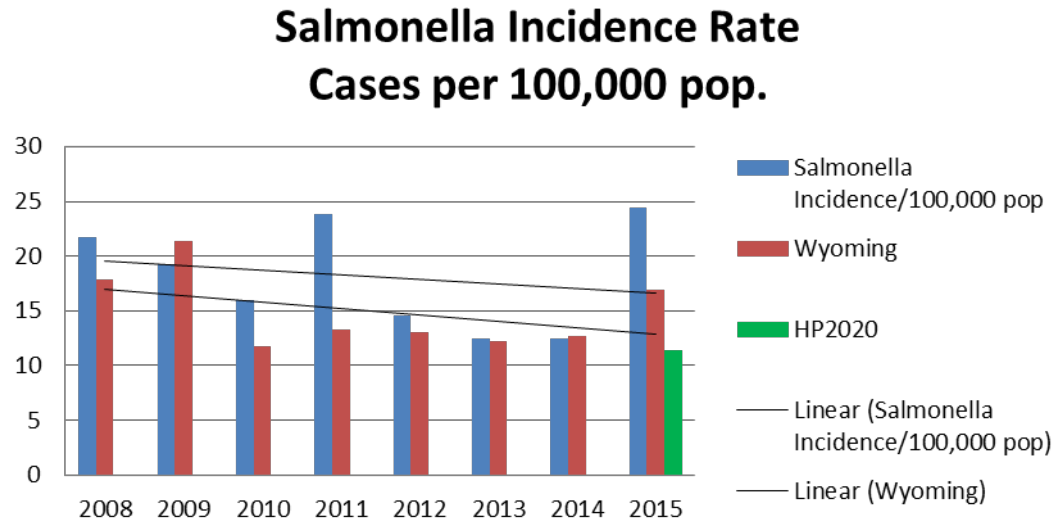
Infection: Food Safety – Salmonella Infection Incidence Rate

“The great majority of people will experience a food or water borne disease at some point in their lives. This highlights the importance of making sure the food we eat is not contaminated with potentially harmful bacteria, parasites, viruses, toxins and chemicals” (World Health Organization, 2015).

- Salmonellosis is an infection with Salmonella bacterium. Salmonella are usually transmitted to humans by eating foods contaminated with animal feces. Contaminated foods are often of animal origin, such as beef, poultry, milk, or eggs, but any food, including vegetables, may become contaminated. Most persons infected with Salmonella develop diarrhea, fever, and abdominal cramps 12 to 72 hours after infection. The illness usually lasts 4 to 7 days, and most persons recover without treatment. To prevent salmonellosis, people should not eat raw or undercooked eggs, poultry, or meat. Thoroughly cooking food kills Salmonella. Individuals should wash hands and surfaces often, separate raw meat, poultry, and seafood from other foods to prevent contamination, and refrigerate perishables promptly. Every year, approximately 40,000 cases of salmonellosis are reported in the United States. Because many milder cases are not diagnosed or reported, the actual number of infections may be thirty or more times greater.

Salmonella Infection Incidence Rate

The Healthy People 2020 national health target is to reduce the salmonella incidence rate to 11.4 cases per 100,000 population.



Campbell County's infection rate has been decreasing overall, but experienced spikes in 2011 and 2015. The state of Wyoming experience a spike as well, though not as great. (Note: Blue is Campbell County and Red is WY)

Suicide

Suicide is a leading cause of death in the United States, presenting a major, preventable public health problem. More than 33,000 people kill themselves each year according to the Centers for Disease Control and Prevention, but suicide deaths only account for part of the problem. Estimated 25-attempted suicides occur per every suicide death, and those who survive suicide may have serious injuries, in addition to having depression and other mental problems. Other repercussions of suicide include the combined medical and lost work costs on the community, totaling to over \$30 billion for all suicides in a year, and the emotional toll on family and friends. Men are about four times more likely than women to die of suicide, but three times more women than men report attempting suicide. Suicide occurs at a disproportionately higher rate among adults 75 years and older (Wyominghealthmatters.org).

The Healthy People 2020 national health target is to reduce the suicide rate to 10.2 deaths per 100,000 population.

Suicide

The state of Wyoming has long struggled with a high suicide rate, and often has the highest rate in the country along with Alaska. The Prevention Management Organization (PMO) of Wyoming has been tasked with addressing this issue in all 23 counties in Wyoming. The PMO is reporting four completed suicides taking place in Campbell County between January 1st and March 15th, 2016.

- *(Monte Haddix of the PMO who sourced his information from the Campbell County Coroner provided the following charts and data.)* (Note: Blue is Campbell County and Red is WY)

Age-Adjusted Death Rate due to Suicide per 100,000 pop.



Campbell County Suicide Statistics

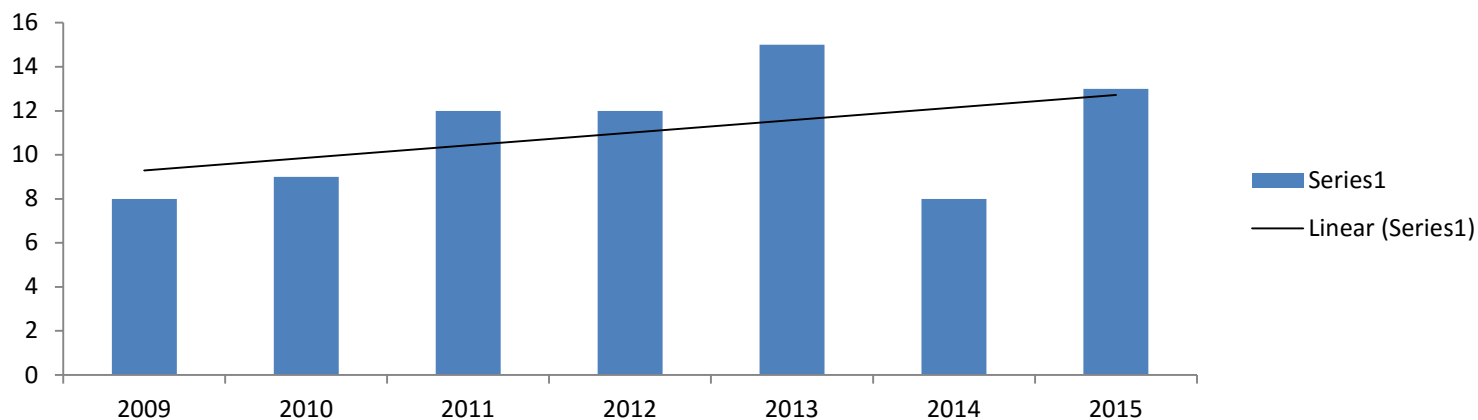
Campbell County Coroner Data –
Completions
January 2009 – August 2015

Method	#	%
Hanging	8	10%
Carbon Monoxide	2	3%
Firearm	52	68%
Drug Overdose	10	13%
Exsanguination	1	1%
Motor Vehicle Crash	1	1%
Haul Truck	0	0%
Train	1	1%
Vehicle	1	1%
Poison	1	1%
	77	

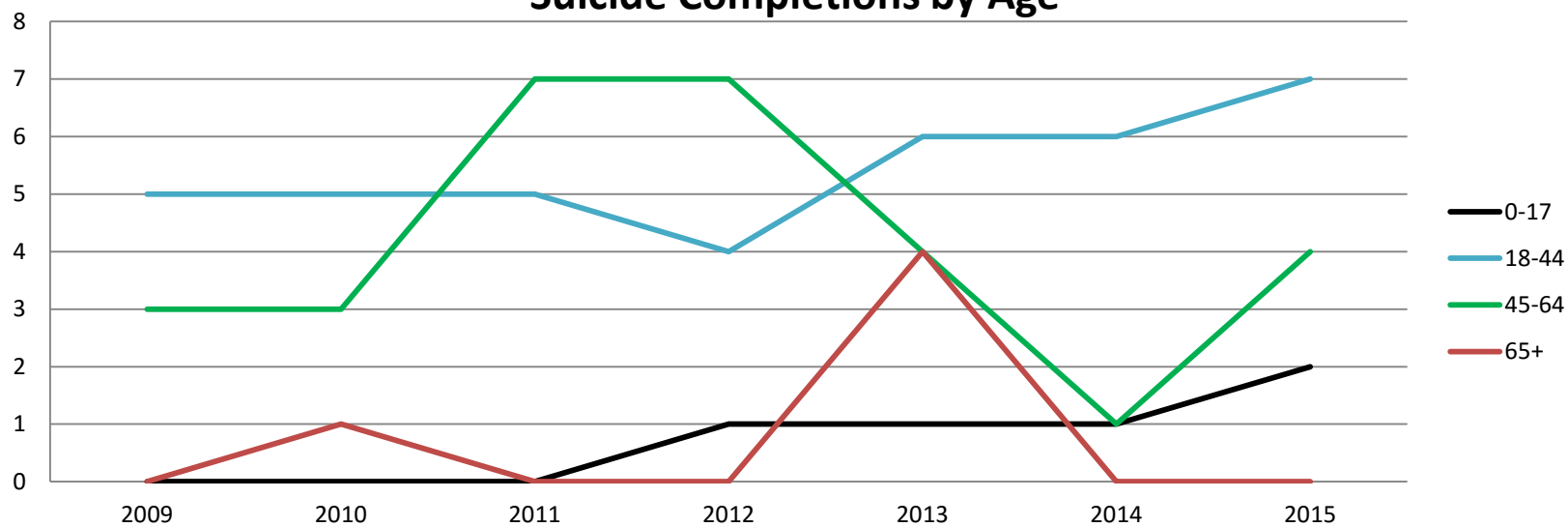
Gender	#	%
Male	61	79%
Female	16	21%
	77	

Campbell County Suicide Statistics

Completions By Year



Suicide Completions by Age



Process to identify priorities

Campbell County health data was reviewed. 10 topics were identified from data.

1. Cancer Prevention and early detection.
2. Access providers
3. Access non-insured or underinsured.
4. Wellness – lifestyle
5. Safety/violence
6. Domestic Abuse (adult and child)
7. Smoking and smoking while pregnant
8. Chronic disease management
9. Sexually transmitted diseases
10. Suicide Prevention

Prioritizing Health Concerns:

Members of the CHNA group completed a survey to rate the health concerns by 1-5. With 5 being the highest concern.

Top concerns identified were:

- Suicide
- Access to care – uninsured/underinsured
- Abuse – adult and child
- Cancer Prevention/early detection

Action Plan: Goals

- **Suicide:** 10% annual increase in people who report a decrease in suicidal ideation after treatment. (Example: currently 58% of clients with suicidal ideation have seen improvement of their condition after treatment). Second year goal is 68 % annually; data will come from BHS, Kid Clinic, physician, and counselors.
- **Access to Care – uninsured:** Decrease the number of uninsured community members by 10% through education and enrollment.
- **Domestic and Child Abuse – CC** will meet or be below HP 2020 goal for abuse cases.
- **Cancer Prevention and Early Detection** - To reduce the number of cancer mortality in CC to 161.4 deaths per 100,000 population (the HP 2020 goal) by early detection of cancer and focusing on cancer prevention and detection within our Region.

Action Plan

#	Priority	Strategy	Champion	Annual Goal	Three Year Goal
1	Suicide Prevention	<ol style="list-style-type: none"> 1. Group will continue to meet 2. Assessment tool provided to all physicians practicing in CC 3. Referral patterns established 4. Education to school teachers, health care providers, and all community partners identified. 	<p>Jeff Rice Jane Glaser</p> <p>Partners -medical community. Suicide coalition, schools, supports groups; driven by Advisory Board of BHS.</p>	<p>10% annual increase in people who report a decrease in suicidal ideation after treatment. (Example: currently 58% of clients with suicidal ideation have seen improvement of their condition after treatment). Second year goal is 68 % annually; data will come from BHS, Kid Clinic, physician, counselors</p>	<p>By 2017 78% of clients with suicidal ideation have seen improvement of their condition after treatment resulting in a reduction of successful suicides through screening and treatment.</p>
2	Access to Care for Uninsured	<ul style="list-style-type: none"> - Pediatrics (0-5yo): survey Public Health department, Kid Clinic to identify population. -Child & Adolescent (5-18yo): survey schools, Public Health department, Kid Clinic to identify population. -Adult (+18): survey various community agencies (Council, GARF, Public Health, Salvation Army) to identify population. - Confirm or bring in enrollment education resources to schools and community agencies. - Contact CHNA members from some of these agencies to inform them of this new CHNA project and encourage them to participate . 	<p>Bill Stangl, VP Physician Services. Kip Farnum, CCSD</p> <p>Partners - CCH, CCSD, providers, Council Community Services, GARF, Public Health, Senior Center, DFS, and Ministerial association.</p>	<p>Establish baseline numbers of uninsured in our community.</p>	<p>Decrease the number of uninsured community members by 10% through education and enrollment.</p>

Action Plan

#	Priority	Strategy	Champion (s)	1 year goal	3 year goal
3	Domestic and Child Abuse	<ol style="list-style-type: none"> 1. Review & refine data for CC 2. Identify Prevention & Treatment in CC 3. Track Prevention measures 4. Compile data of Education of public and Health care services 5. Coordination of services – bringing groups together 	Child protection team Adult protection team Jane Glaser, PHN Kelly Hubbard, PHN Partners – GARF, DFS, law enforcement, CASA, Victims advocacy, BACA, CCSD	Establish baseline numbers of abuse cases in CC and increase education and prevention strategies through group coordination to reduce cases of abuse in CC.	Meet at or below Healthy People 2020 goal for abuse by a reduction of 4 substantiated cases of abuse in CC by 2017. “HP 2020 goal to decrease the number of maltreatment victims to 8.5 cases per 1,000 children aged 18 and younger.” To decrease substantiated domestic violence abuse by 4 cases to meet the WY 2014 rate by 2017.
4	Prevention and Early Detection of Cancer	<ol style="list-style-type: none"> 1. CCH cancer center – hire coordinator 2. Obtain recent cancer data for CC 3. Work with providers on prevention tests and early treatment 4. Educate public on prevention tests by at least 90 community involved events/education presentations and one-on-one visits 	Leigh Worsley	To increase the number of cancer patient navigation surveys completed and reported to the Comprehensive Cancer Control by 5% based on previous years data.	To reduce the number of cancer mortality to 161.4 deaths per 100,000 population (the HP 2020 goal) by early detection of cancer and focusing on cancer prevention and detection within our Region.

Next Steps

- CCH and Campbell County Public Health approval within same year as designed – CCH Board of Trustees and County Commissioners approval of report and recommendations.
- The *Campbell County Health Action Plan* will be posted on CCH Website including which strategies the hospital will identify as their priorities – after board approval.
- Recommend that a representative from each organization also post the Community Action Plan. – Action plan will be presented to County Health board, City, and County.
- Recommend that a PowerPoint Presentation be developed to use with media, town hall presentations, service groups, and other community forums.
- Evaluate and report progress annually to CCH Board of Trustees, County Health Board, CCHCF, City of Gillette, and County Commissioners.

List of CHNA Community Participants

- Kip Farnum Campbell County School District
- Tatyana Walker Campbell County School District
- Mikel Smith Council of Community Services
- Deca Wassan City of Gillette
- Nachele McGrath Campbell County Health Care Foundation
- Tonya Obermire, RN Cloud Peak Energy
- Jane Glaser, RN Campbell County Public Health
- Charlie Messenheimer Campbell County Public Health/Emergency Management
- David King Campbell County Emergency Management
- Robert Palmer Campbell County Government
- Roxann Backer United Way of Campbell County
- Dana Miller Eiland Sign Boss
- Margie McWilliams GARF
- Tatyana Walker YES House
- Chuck Deaton Gillette Police Department
- Kevin Theis CC Sheriff Department
- Tracy Costello DFS
- Jessica Perez Prevention Management Organization
- John Sullivan CC Fire Department

List of Community Participants

▪ Nicholas Stamato, MD	Campbell County Health - Cardiology
▪ Lowell Amiotte, M.D.	Campbell County Health - Chief of Staff
▪ Leigh Worsley	Campbell County Health - Oncology
▪ Melissa Gorsuch, RN	Campbell County Health – Clinics
▪ Lonnie Schell	Campbell County Health - Clinics
▪ Sonya Wood	Campbell County Health – Physician Services
▪ Bill Stangl, VP	Campbell County Health – Administration – Physician Services
▪ Andy Fitzgerald, CEO	Campbell County Health - Administration
▪ Deb Tonn, VP	Campbell County Health – Administration – Patient Services
▪ John Fitch, VP	Campbell County Health – Administration – Human Resources
▪ Dalton Huber, VP	Campbell County Health – Administration – Financial Services
▪ Jeff Rice	Campbell County Health – Mental Health
▪ Maureen Hurley, RN	Campbell County Health – Home Health/Hospice
▪ Katie Golinvaux	Campbell County Health – Patient and Guest Services
▪ Jay Mahylis, PFC	Campbell County Health – Consumer Member
▪ Jack Clary, PFC	Campbell County Health – Consumer Member
▪ Danielle Wood	Campbell County Health - Infection Prevention
▪ Veronica Taylor	Campbell County Health - Infection Prevention