

SOUTH BIG HORN COUNTY HOSPITAL DISTRICT



Community Health Needs Assessment (CHNA)

388 South U. S. Highway 20
Basin, WY 82410
Jackie Claudson, Administrator

TABLE OF CONTENTS

- INTRODUCTION
 - o Patient Protection and Affordable Care Act
- Background: South Big Horn County
- Community Health Needs Assessment Process
 - o Community Input
 - o Survey of Area Residents
 - Verbatim Responses
 - o Service Area Community Overview
- Children
 - o Wyoming School Health Profile
- Obesity as it Effects the Population

- Implementation Strategy

INTRODUCTION

In 2010, the Patient Protection and Affordable Care Act (PPACA) was passed by congress. The PPACA included many provisions and requirements for not-for-profit hospitals.

The passage of the PPACA established four new federal requirements for tax-exempt hospitals under the Internal Revenue Code. One of the requirements states that not-for-profit hospitals must conduct a community health needs assessment every three years and adopt an implementation strategy to meet needs identified in the assessment.

Also amended by the PPACA was the requirement for a hospital organization to report on its Form 990 a description of how the organization is addressing the needs identified in each CHNA and a description of any needs that are not being addressed with the reasons why the needs are not being addressed. To satisfy this requirement, the Department of Treasury and Internal Revenue Service require a hospital organization to attach the most recently adopted implementation strategy to its annual Form 990.

Throughout this process an extensive amount of data associated with health indicators was reviewed and analyzed to support the hospital's development of a health improvement plan. Care was taken to solicit involvement from community leaders, organizations and residents to satisfy the requirements of the PPACA. To further support this process a CHNA Steering Committee was organized which meets regularly to discuss the development and implementation of the assessment.

As required by the PPACA, non-profit hospitals are mandated to obtain input from persons who represent the communities they serve, especially those with expertise in public health.

This document fulfills the requirement to make results of the CHNA publicly available.

BACKGROUND

Big Horn County is located in the northwest quadrant of Wyoming. It is comprised of several small communities located in an area where gas and oil development, benonite mining, farming, ranching and tourism are the primary occupations.

The South Big Horn County Hospital is the only hospital located in the southern half of Big Horn County. Located between Greybull, WY and Basin, WY, the hospital offers four staffed beds and a full spectrum of inpatient and outpatient services. In 2012, the hospital provided more than \$\$\$\$\$ in charity care to patients.

The following overview of Big Horn County is based on U. S. Census Bureau estimates.

	<u>Wyoming</u>	<u>Big Horn County</u>
<u>Total Population</u>	554,697	11,553
Male	282,671	5,816
Female	272,026	5,737
<u>Age</u>		
Under 15	110,956	2,416
Between 15 – 35	153,582	2,460
Between 36 – 55	150,769	2,970
Between 56 – 75	109,185	2,767
76 and over	30,205	940
<u>Household Income</u>		
Total Households	219,628	4,612
\$15,000 and under	21,222	427
\$15,000 - \$24,999	20,818	467
\$25,000 - \$49,999	54,971	1,293
\$50,000 - \$74,999	44,469	918
\$75,000 - \$99,999	31,675	771
Over \$100,000	46,473	736
<u>Education</u>		
Population over 25	364,833	7,776
Less than 9 th grade	9,111	238
High School Grad	111,146	2,464
Some College	99,220	2,298
Associates Degree	36,483	722
Bachelor or higher	88,328	1,478

Community Health Needs Assessment Process

South Big Horn County Hospital District reached out to community leaders, organizations and residents to assist in satisfying the requirements of the Patient Protection and Affordable Care Act. A Steering Committee was organized, which met regularly to discuss the community assessment and implementation strategy. The Committee will also follow the roll out of the programs and monitor progress over the next three years. The following organizations participate in the Steering Committee:

- Big Horn Public Health
- South Big Horn Senior Center
- Prevention Management Organization of Wyoming
- Midway Clinic
- Wyoming Cancer Resource Services
- Cent\$ible Nutrition Program

Throughout the initial process special attention was paid to the various subsets of the population in southern Big Horn County to help accurately identify the most critical issues of need. The Steering Committee gathered available data on community demographics, socioeconomic characteristics and major health indications in order to establish public health priorities.

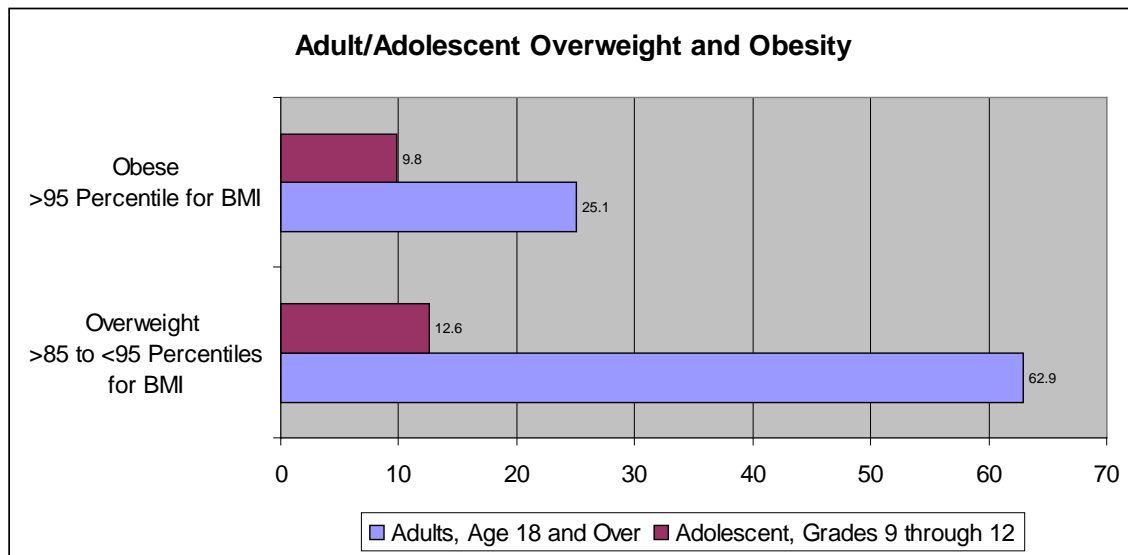
Community input meetings started in April of 2013 and included open-ended questions regarding local health needs as well as discussions on health priorities. In-depth interviews were conducted with 100 area residents.

Facilitators guided the interviews where participants were asked open-ended questions about health issues. Overweight, obesity and related chronic diseases were the clear health priority for the South Big Horn County area. Obesity and chronic disease are complex issues that involve many factors.

In 2008, overall medical care cost related to obesity for U.S. adults were estimated to be as high as \$147 billion. People who were obese had medical costs that were \$1,429 higher than the cost for people of normal body weight. Obesity also has been linked with reduced worker productivity and chronic absence from work.

Obesity is common, serious, and costly and has important consequences on our nations' health and economy. In 2009, about 2.4 million more adults were obese than in 2007. This epidemic has affected every part of the United States. In every state, more than 15% of adults are obese and in nine states, over 30% of adults are obese. The medical care costs of obesity in the United States are staggering.

More than one-third of the U. S. adults and 17% of U. S. children are obese. During 1980 – 2008, obesity rates doubled for adults and tripled for children. During the past several decades, obesity rates for all population groups – regardless of age, sex, race, ethnicity, social economic status, education level, or geographic region have increased markedly.



Obesity increases the risk of many health conditions, including the following:

- Coronary heart disease, stroke, and high blood pressure
- Type 2 diabetes
- Cancers such as endometrial, breast and colon cancer
- High total cholesterol or high levels of triglycerides
- Liver and gallbladder disease
- Sleep apnea and respiratory problems
- Degeneration of cartilage and underlying bone within a joint (osteoarthritis)
- Reproductive health complications such as infertility
- Mental health conditions

Many American communities are filled with unhealthy food options when it comes to diet. Compound the issue of food options with the difficulty of finding physical activity in our community; no YMCA, no health club, no swimming pool, no bowling alley. Parents shuttle their children so that they can participate in different activities. We need public health approaches that make healthy options available, accessible, and

affordable for residents of Big Horn County. More efforts are needed to change our communities into places that strongly support healthy eating.

In a September 2010 Centers for Disease Control (CDC) report on dietary behaviors, 30.3% of Wyoming adults reported having consumed fruits at the recommended level or two or more times per day. Twenty-six point nine percent (26.9%), of Wyoming adults reported having consumed vegetables at the recommended level or 3 or more times per day.

It is a complex problem, but poor eating habits appear to be primarily responsible for much of the illness, disability and premature death related to chronic disease. It is the belief of the Steering Committee that improvement of community health can be achieved through healthier eating habits. Using input from all sources, a decision was made by South Big Horn Hospital to target healthy eating and reduce overweight and obesity. The focus of the community benefit plan will be on multiple settings; workplace, school and home.

Issues and needs that emerged from the open-ended questions have been included in this report.

The following questions were asked:

Do you feel you and your family eat health balanced meals? Why or why not?

- *Yes. We try to have a vegetable every night at dinner.*
- *Yes. We read the nutrition information.*
- *Yes. We eat a lot of healthy meals at our house as in a lot of fruits and vegetables.*
- *Not as much as we should.*
- *Yes. I make an effort to serve a variety and healthy.*
- *Yes because I like eating healthy.*
- *Yes as much as possible.*
- *Yes. I am aware of the components to balanced eating habits.*
- *Yes. The way I was taught and my knowledge of what we should have.*
- *Probably not. Not as often as I should. Pretty bad about skipping lunch if I'm in the middle of something. Just busy doing stuff especially in the winter my appetite decreases and my activity level has decreases.*
- *We do.*
- *For the most part yes. I try to include all the food groups while watching the amount of dyes, process, calories and carbs.*
- *Well, we try. Our family is a patchwork family and we span three generations. We try to do good for each family member's requirements .*

One member eats emotionally and has probably never watched his diet apart from going long times without eating. He is over 80 years old and can really eat what he wants. He obviously grew up with lots of canned food and a diet high in meat and potatoes. Astonishingly he has adapted to a certain extent to our cooking and enjoys a fresh salad and 2-3 times a week fresh vegetables. I myself have inherited a cholesterol / arthritis problem and have adjusted my diet in the last 10 years accordingly. Fresh vegetables, only unsaturated fats and very little, lots of fresh fruit and high quality carbs as “fuel”. Little meat, usually fish or chicken if the budget allows. Chocolate, ice cream etc. are rare treats and enjoyed in small portions. Some nutritional supplement as fish oil. Son grew up with fresh veggies and fruit and is now feeding himself responsibly at college. Teenagers have so much room for extra food that we don't have any more. I personally feel that eating healthy to meet your body's requirements is very important to stay as healthy as possible. How is the saying – an apple a day keeps the doctor away.

- *Yes. I'm a retired lunch lady. I try to serve three of the five times from the food pyramid – follow those guidelines.*
- *Sometimes. We are a large family with active children. We don't always have time to prepare healthy meals.*
- *For the most part. My husband and I are very health conscious but it's hard to get a variety of fresh fruit and vegetables in Basin.*
- *Yes. We enjoy our health and know that it comes from clean living and eating. We have veggies with our lunches and dinner and have fruit or juice with breakfast every morning. We don't eat a lot of processed pre-made meals. We enjoy our home cooked meals and home grown food. I can in the summer and fall and some times get fresh milk and eggs from a farm not the store.*
- *We eat a lot of veggies with almost every meal. Fruit to snack on. Small portions of lean protein. We very rarely eat processed or pre-cooked/packages meals.*
- *We do but sometimes time hinders us from a homemade meal. Easy to grab a premade item.*

What are the biggest challenges or obstacles you face in trying to eat healthy?

- *Eating quick – on the run.*
- *Unhealthy foods taste better.*
- *Access to fresh produce.*

- *I work in fast food.*
- *We don't really have any.*
- *Money.*
- *Don't have a lot of time.*
- *It seems healthy food costs more.*
- *Price of produce in stores.*
- *We don't eat many veggies.*
- *Buying fresh produce.*
- *Local prices.*
- *The healthy food and meat is expensive. I personally do not have a time problem. Cooking is fun and I enjoy spending time in the kitchen to prepare a delicious meal. The availability of fresh vegetables and fruit is sometimes a challenge because we live far away from a bigger city. Ron's tries but unfortunately is sometimes cost prohibitive for our budget. This is not Ron's fault, it's just our budget.*
- *Snacking at night and not good snacks. As we have gotten older our appetites have diminished. We tend to eat what we like first. If I serve fried chicken that gets eaten first and sometimes the vegetables sit and don't get eaten because we are full. You can lead a horse to water but you can't make it drink.*
- *Lack of opportunity for buying the healthy food. Also where I work there's a lot of temptation. Stress and having been overweight my whole life.*
- *Just making myself eat the three meals a day. Opportunities to eat healthy and less in our area are few and far between. Living as one person in the house it's hard to cook for just one. It's hard to buy for just one.*
- *Produce – availability of things is bad. Everything is so seasonal.*
- *Cost and availability along with time.*
- *Time needed to make healthy meals. The expenses. Good fresh produce is not accessible.*
- *I like salt, bread, cheese and pasta so I tend to carb overload.*
- *Finding goof produce for a good price is my biggest problem, mostly with the fruit. It's work but it's worth it.*
- *None really . . . the price of local produce is high but we don't have to drive to get it so it works out.*
- *Time with two working adults.*
-

What would make it easier for you and your family to eat healthier?

- *Making more time to have healthy meals every night.*
- *If you oldest would eat a lot more than he does.*
- *Easier access to fresh produce.*

- *Trying harder.*
- *Healthy food not costing so much.*
- *More time.*
- *Availability, lower costs.*
- *Lower product prices.*
- *Just making better choices.*
- *Me to try new foods and my partner to eat more veggies.*
- *Having a local WalMart.*
- *Having a Costco in Cody.*
- *Be more careful of what I buy. Don't buy the snacky things. Also service smaller portions. Buying locally with the cost is a problem for some. I'm a military wife. My husband was in the service. I'm used to shopping big – once a month. Going to Billings or Cody to shop for just the two of us has to be worth it with the price of gas.*
- *Having a support group. Loved it in Weight Watchers when you shared recipes. Just support – could be email.*
- *If I just set a schedule. Set times for meals and then just ate them.*
- *A book with great kid friendly meals and a shopping list to go with it. How realistic is that? Not much. I am fairly good at making sure they get the things they need and staying away from the things they don't.*
- *A healthy food restaurant. Easy quick recipes.*
- *Better grocery store in Basin.*
- *Better quality and price worthy produce.*
- *More healthy options when eating out. A local juice bar with fresh juices and fresh real fruit smoothies.*
- *An in house cook. Really just more planning and better grocery shopping choices.*
- *Getting fresh produce all the time.*

In a statewide longitudinal study conducted by the Wyoming Department of Health, the following table shows the percentage of our population who are overweight or obese by subgroup.

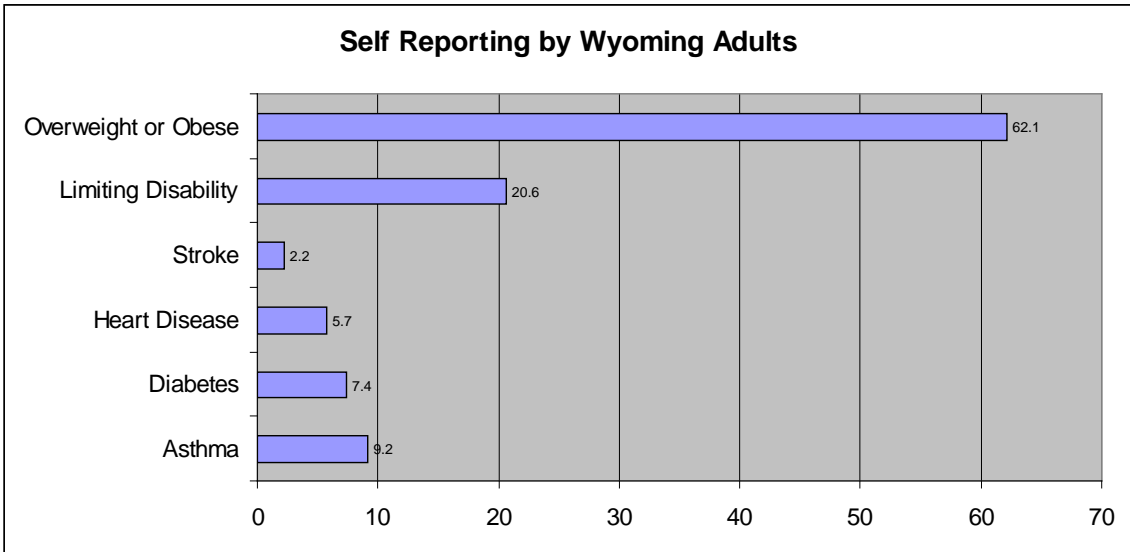
**Wyoming Behavioral Risk Factor
Weight: Overweight or Obese***

	2011	2010	2009	2008	2007	2006	2005	2004	2003
	%	%	%	%	%	%	%	%	%
TOTAL	61.3	63.8	62.2	62.2	62.2	61.3	61.6	57.8	57.1
<hr/>									
<u>Gender</u>									
Male	68.7	72.1	70.6	68.6	69.0	68.8	70.2	68.2	66.3
Female	53.1	54.9	53.1	55.3	55.0	53.4	52.6	46.8	47.6
<u>Age</u>									
18 – 24	37.5	45.9	49.5	42.4	36.3	46.4	44.3	43.5	42.6
25 - 34	58.7	62.1	55.8	59.4	61.7	59.5	58.1	51.4	54.4
35 – 34	66.4	67.0	65.4	67.6	67.6	62.3	65.0	59.4	57.2
45 – 54	70.0	68.7	68.6	67.3	67.3	68.2	65.9	63.0	62.7
55 – 64	71.1	71.8	69.3	71.0	71.1	70.0	71.0	68.2	67.8
65+	59.9	63.5	61.0	61.5	64.7	58.8	63.1	59.0	57.5
<u>Race/Ethnicity</u>									
White	60.1	63.1	61.5	61.5	61.5	60.8	61.5	57.2	56.5
Hispanic	73.7	72.1	70.0	70.6	75.2	59.0	58.8	64.3	63.5
<u>Education</u>									
< High School	61.7	55.4	63.6	58.9	61.1	54.7	61.7	55.5	51.1
High School	62.5	63.8	63.4	63.7	62.9	64.2	62.0	60.2	61.7
Some College	61.7	66.0	64.9	63.8	64.7	64.6	63.6	59.4	55.7
College Grad	58.4	63.0	57.8	59.5	58.8	56.2	59.0	53.5	55.1
<u>Income</u>									
<\$25k	59.4	63.1	63.0	59.6	63.0	60.9	57.8	55.6	58.0
\$25k - \$49,999	60.7	63.8	64.4	62.7	64.1	61.6	64.5	56.8	57.8
\$50k - \$74,999	64.7	66.4	61.9	65.8	62.0	63.8	65.9	63.2	57.7
\$75k +	65.3	64.6	62.2	65.2	62.7	61.2	61.1	61.5	57.7

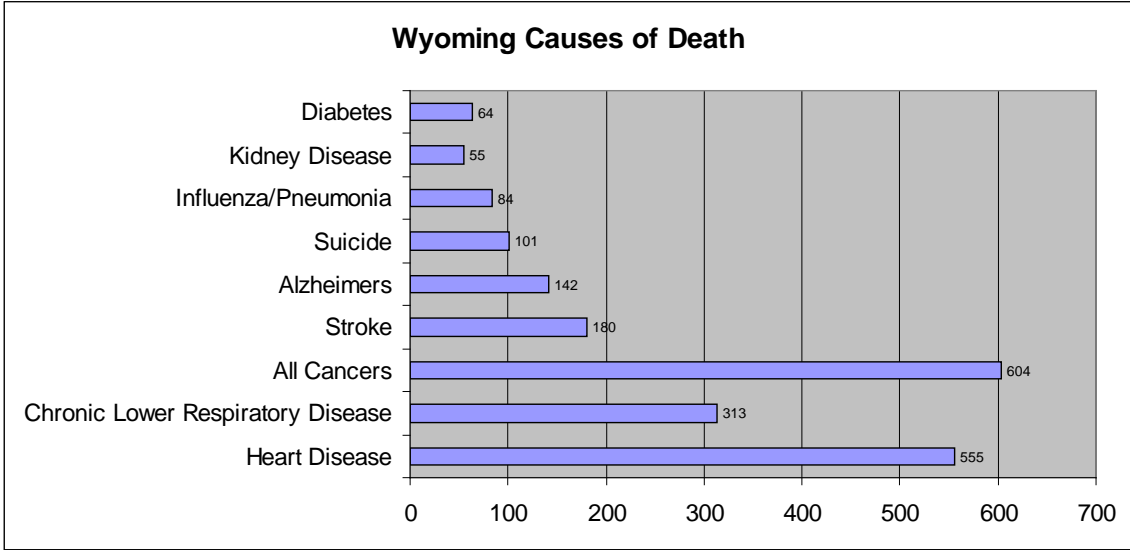
* Wyoming Department of Health

In a ranking of all Wyoming counties, Big Horn County was 10th highest in overweight and/or obese residents. The county ranks 13th in obese residents.

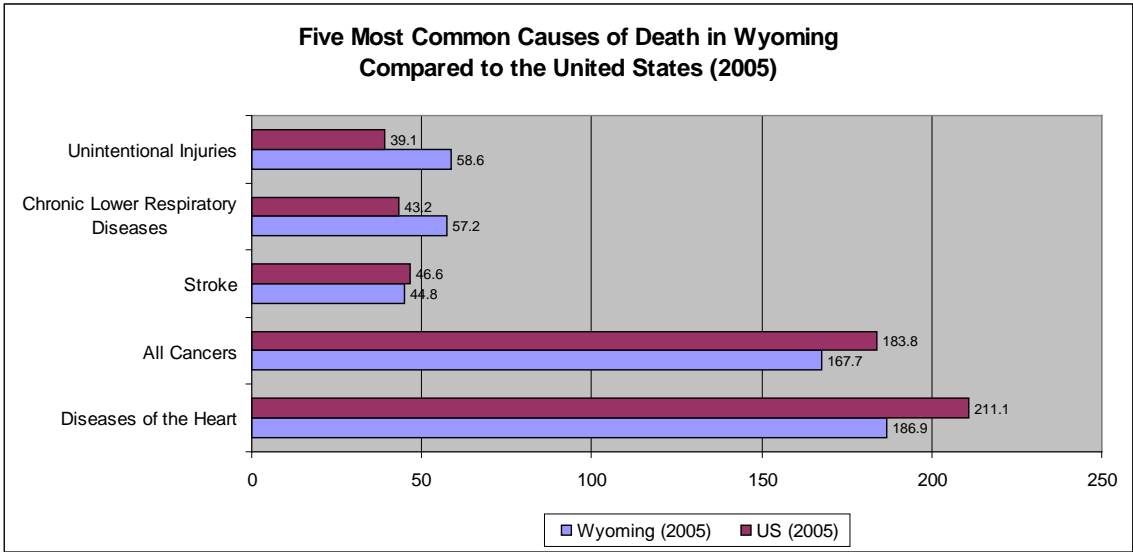
Wyoming Behavioral Risk Factor Weight: Overweight or Obese*			Wyoming Behavioral Risk Factor Weight: Obese		
Years 2007 through 2011					
Ranking	County	%	Ranking	County	%
1	Teton	43.7	1	Teton	10.9
2	Johnson	54.8	2	Albany	20.5
3	Albany	56.5	3	Lincoln	20.7
4	Park	58.1	4	Platte	21.1
5	Weston	59.4	5	Park	21.4
6	Niobrara	60.4	6	Johnson	21.7
7	Sublette	60.8	7	Sublette	21.8
8	Crook	62.2	8	Crook	23.3
9	Lincoln	62.5	9	Laramie	24.7
10	Big Horn	62.7	10	Hot Springs	25.2
11	Fremont	63.0	11	Sheridan	25.4
12	Laramie	63.0	12	Washakie	25.6
13	Natrona	63.3	13	Big Horn	25.6
14	Sheridan	63.4	14	Fremont	25.8
15	Carbon	64.7	15	Goshen	25.8
16	Hot Springs	64.7	16	Natrona	27.1
17	Platte	65.2	17	Niobrara	27.1
18	Sweetwater	65.5	18	Carbon	27.9
19	Converse	65.7	19	Converse	28.1
20	Campbell	65.9	20	Sweetwater	28.9
21	Washakie	66.7	21	Uinta	29.3
22	Uinta	66.8	22	Campbell	30.3
23	Goshen	67.0	23	Weston	31.0
	ALL COUNTIES	62.5		ALL COUNTIES	25.2



CDC, 2008

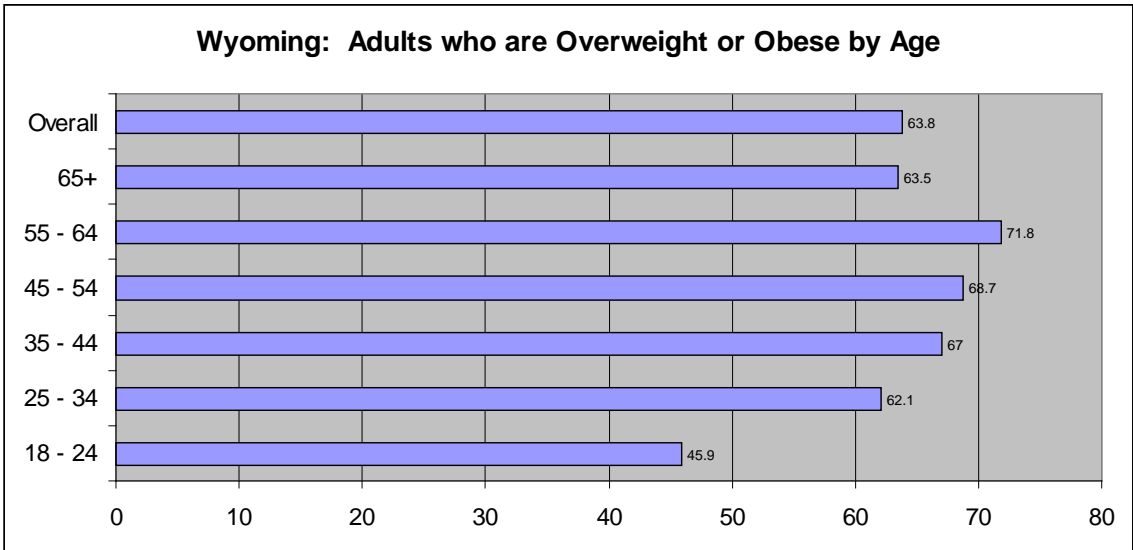


CDC Official Final Deaths 2010



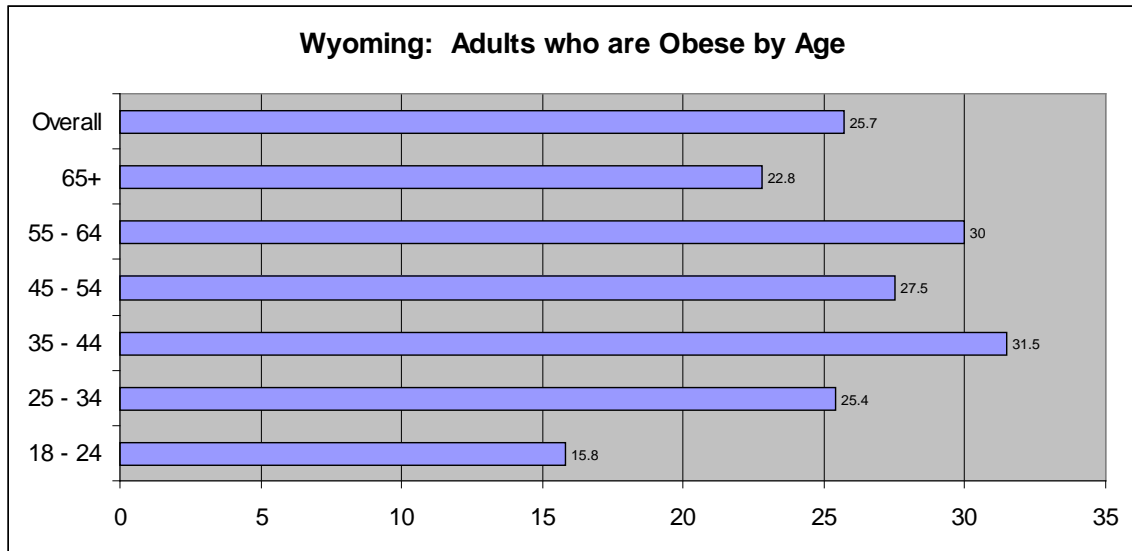
Rate per 100,000 Population
Centers for Disease Control 2008

According to the Wyoming Department of Health in 2011, only 28.7% of Wyoming adults are considered to be of a healthy weight and 61.3% of the population is considered to be overweight or obese.



Wyoming Health Matters, 2010

In a 2010 study, Wyoming Health Matters, the following breakdown by age was found.



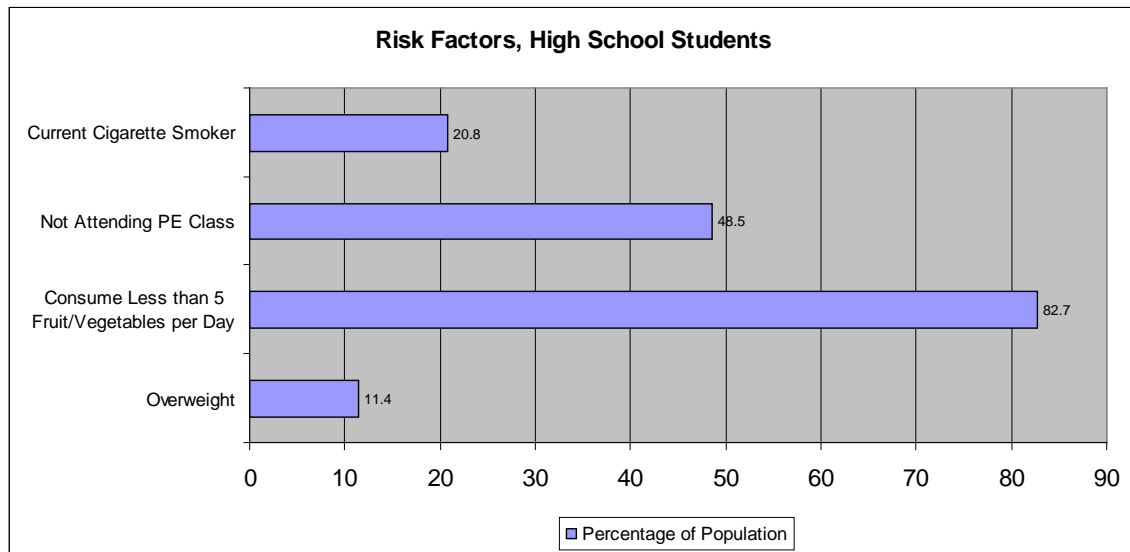
Wyoming Health Matters, 2010

CHILDREN AND ADOLESCENTS

In a 2010 Wyoming School Health Profile conducted to assess the school environment, the following issues were determined to have a large impact on overall health of students:

- Thirty-one point nine percent (31.9%) did not sell less nutritious foods and beverages anywhere outside the school food service program.
- Eight point seven percent (8.7%) always offered fruits or non-fried vegetables in vending machines and school stores, canteens, or snack bars, and during celebrations whenever foods and beverages were offered.
- Thirty-eight point nine percent (38.9%) prohibited all forms of advertising and promotion of candy, fast food restaurants, or soft drinks in all locations.

All school-related locations were defined as in school buildings, on school grounds, including on the outside of the school building, on playing fields, or other areas of the campus, on school buses or other vehicles used to transport student,; and in school publications.



Center for Disease Control 2008

Overweight and Obesity among Wyoming Adolescent Population*

- 12.6% were overweight (>85th and <95th percentiles for BMI by age and sex)
- 9.8% were obese (>95th percentile BMI by age and sex)

Unhealthy Dietary Behaviors:

Fruit Consumption:	73.2% ate fruits or drank 100% fruit juice less than 2 times per day
Vegetable Consumption:	84% ate vegetables less than 3 times per day (green salad, potatoes [excluding French fries, potato chips] or carrots, or other vegetables)
Sugar Sweetened Beverage Consumption:	27% drank a can, bottle or glass of soda or pop at least once per day

*CDC, Division of Adolescent and School Health. The 2010 School Health Profiles

Why is this epidemic happening?

- Weight gain occurs when people eat too much food and get too little physical activity.
- Societal and community changes have accompanied the rise in obesity; i.e., family makeup changes, single parent households, lack of time, stress.
- People eat differently:
 - Some Americans have less access to stores and markets that provide health, affordable food such as fruits and vegetables, especially in rural and lower income neighborhoods.
 - Restaurants, snack shops and vending machines provide food that is often higher in calories and fat than food made at home.
 - There is too much sugar in our diet. Six out of 10 adults drink at least one sugary a day.
 - It is often easier and cheaper to get less health foods and beverages.

- Foods high in sugar, fat and salt are highly advertised and marketed.

The causes of obesity in the United States are numerous. American society has become characterized by environments that promote physical inactivity and increased consumption of less health food. Public health approaches are needed to help people make healthier choices. Obesity is being defined as a body mass index of greater than >30 or about 30 pounds overweight.

Obesity Index*

If you are this tall you are obese if you weigh more than this

5'0	153
5'1	159
5'2	164
5'3	169
5'4	175
5'5	180
5'6	186
5'7	191
5'8	197
5'9	203
5'10	209
5'11	215
6'0	221
6'1	227
6'2	234
6'3	240
6'4	246

*Source – National Heart, Lung, and Blood Institute Table Calculate Your Body Mass Index Web Site

WHAT CAUSES CHILDHOOD OBESITY?

American society has become characterized by environments that promote increased consumption of less healthy foods and less physical inactivity. It can be difficult for children to make health food choices and get enough physical activity when they are exposed to environments in their home, child care center, school, or community that are influenced by:

- Sugary drinks and less healthy foods on school campuses, students have access to sugary drinks and less healthy foods at school throughout the

day from vending machines and school canteens and at fundraising events, school parties and sporting events.

- Advertising of less health food. Foods high in total calories, sugars, salt and fat and low in nutrients are highly advertised and marketed through media targeted to children and adolescents while advertising for healthier foods is almost nonexistent in comparison.
- Limited access to healthy affordable foods. Supermarket access is associated with a reduced risk for obesity (Larson N, Story M, Nelson M. Neighborhood Environments: Disparities in Access to Healthy Foods in the U.S. Am J Prev Med. 2009)
- Greater availability of high-energy-dense foods and sugary drinks. A recent study among children showed that a high-energy-dense diet is associated with a higher risk for excess body fat during childhood. (Amer J Clin Nutr, 2008) Sugary drinks are the largest source of added sugar and an important contributor of calories in the diets of children. (J Am Diet Assoc, 2010) High consumption of sugary drinks, which have few, if any nutrients, has been associated with obesity. (Am J Public Health, 2007) On a typical day, 80% of youth drink sugary drinks. (Pediatrics, 2008)
- Increased portion sizes. Portion sizes of less health foods and beverages have increased over time in restaurants, grocery stores and vending machines. Research shows that children eat more without realizing it if they are served larger portions. (Amer J Clin Nutr, 2003) This can mean they are consuming a lot of extra calories, especially when eating high-calorie foods.

It is essential that hospitals and clinics work with the local public health system to address the etiology of this epidemic at the individual and community level and to be able to make impact on obesity and chronic disease prevalence.

IMPLEMENTATION

Results of the community assessment process are being used to develop a three-year implementation strategy. South Big Horn Hospital staff, planners, administrators and community members with expertise in health, including community health educators, county and state health department staff will be involved in the implementation. The Steering Committee identified a significant local health need where there was both an opportunity to make measurable health improvements over the next three years across numerous community venues; residents, school age youth, senior citizens.

The Steering Committee identified potential collaborative partnerships with county and/or state health departments, schools, health coalitions and other advocacy agencies that were already engaged in health initiatives.

Based on the information attained South Big Horn Hospital identified the following focus and steps to implement their plan:

- Partnership with Wyoming Cancer Resource Services; *Weight of the Nation* and *Weight of the Nation Kids*
- Nutrition session, Cent\$ible Nutrition Program
- Community Education Events
- Expansion of Community Health Fair
- Health lunch program, Ron's Food Farm/Wheeler's
- Healthy Family Meals Program – Ron's Food Farm/Wheeler's