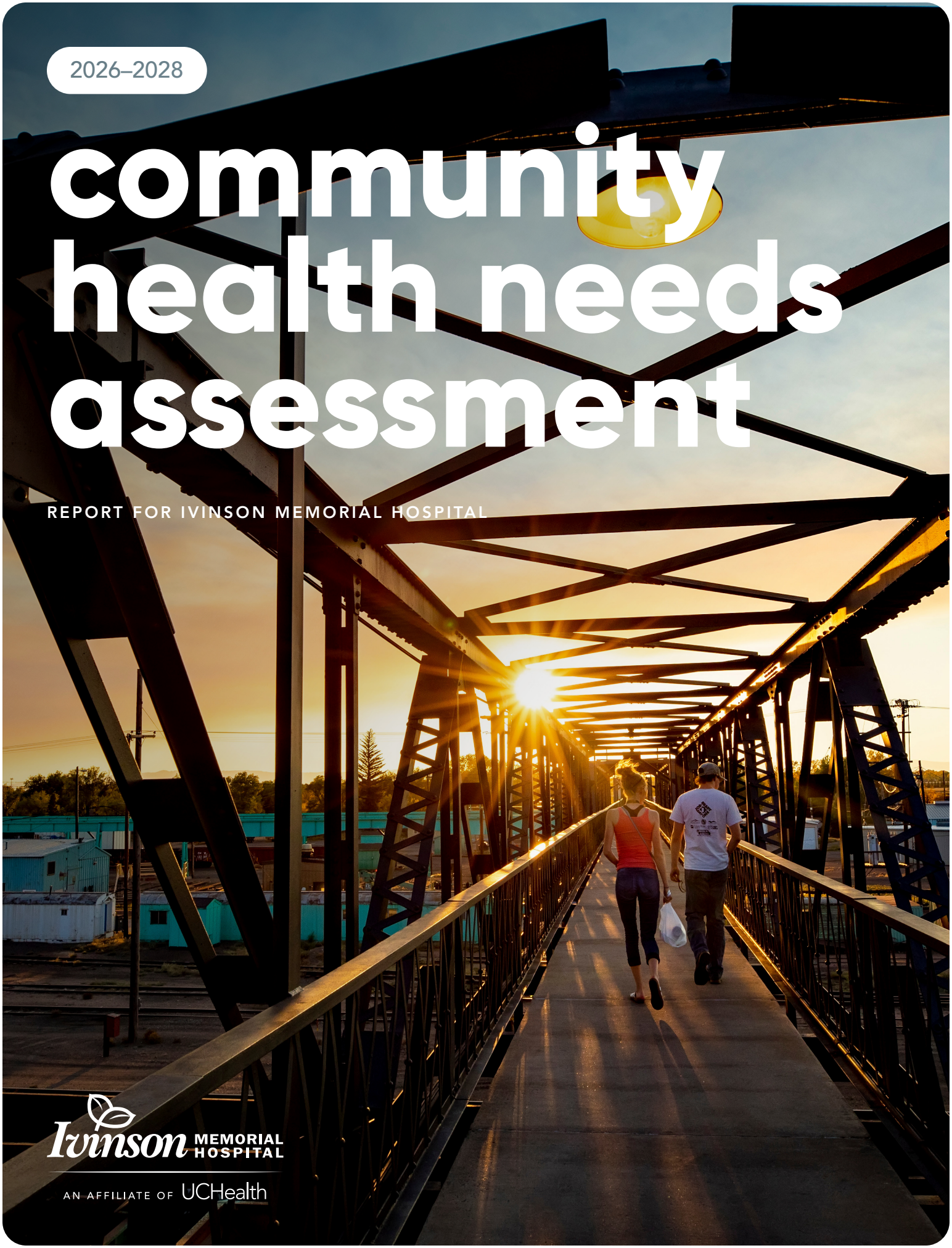
2026–2028

community health needs assessment

REPORT FOR IVINSON MEMORIAL HOSPITAL



Ivinson MEMORIAL HOSPITAL

AN AFFILIATE OF UCHealth

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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.

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introduction

This report contains the 2026–2028 Community Health Needs Assessment (CHNA) for Ivinson Memorial Hospital (Ivinson), 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 Ivinson, CHNAs also help guide our investments in community health programs and partnerships that extend Ivinson'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.

SAFETY

Safety is our top priority. In all that we do, we prevent harm and champion an environment of care that prioritizes the highest standards of safety.

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 Women and Children Center.
- Redesigned inpatient rehabilitation.
- Renovated Emergency Services Department.

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.

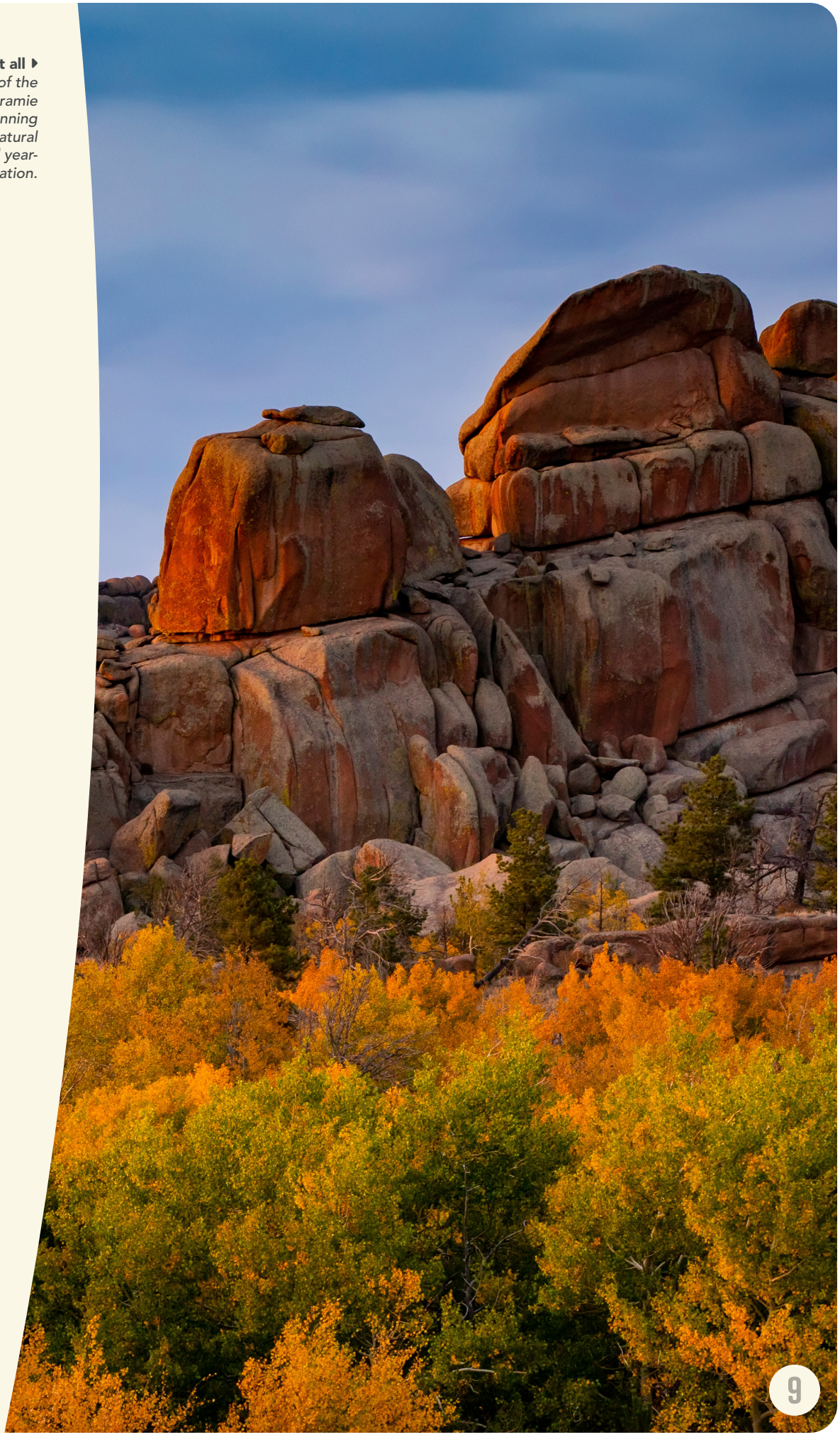
communities served

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.

Population

	Albany Co.	Wyoming
Population	38,257	584,057

Age

	Albany Co.	Wyoming
% Below 18 Years of Age	15.10%	22.20%
% 65 Years of Age and Older	13.80%	19.20%

Race + ethnicity

	Albany Co.	Wyoming
% Non-Hispanic Black	1.20%	1.00%
% American Indian & Alaska Native	1.20%	2.80%
% Asian	**3.80%**	1.20%
% Native Hawaiian / Other Pacific Islander	0.20%	0.10%
% Hispanic	10.60%	10.80%
% Non-Hispanic White	81.40%	83.10%

Economic stability, poverty + social

	Albany Co.	Wyoming
Median Household Income	**$59,600**	$73,600
Food Insecurity	**17%**	15%
Limited Access to Healthy Foods	**9%**	8%
Income Inequality	**5.7**	4.4
Homeownership	**49%**	72%
Severe Housing Cost Burden	**19%**	11%
High School Completion	97%	94%
Some College	85%	68%
Unemployment	2.70%	3.20%
Children in Poverty	12%	12%
Children in Single-Parent Households	16%	18%
Violent Crime	65	95
Social Associations	12.9	13.8

This information is pulled from the 2025 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 2025 County Health Rankings, "Population health and well-being is something we create as a society, not something an individual can attain in a clinic or be responsible for alone. Health is more than being free from disease and pain; health is the ability to thrive. Well-being covers both quality of life and the ability of people and communities to contribute to the world. Population health involves optimal physical, mental, spiritual and social well-being." Albany County health ranking scores are average for a county in Wyoming and better than average when compared nationally. Additional health outcomes data can be found in Appendix 1.

community health needs assessment

methods used

Ivinson spent the 2023–2025 CHNA cycle increasing awareness of its prioritized community health needs, expanding community benefit programs and strengthening partnerships across the community. The 2026–2028 CHNA cycle began with support from UCHealth Community Health Improvement and renewed engagement with local organizations and community groups.

A multi-phase approach was used to identify priority health needs for future focus. This process included:

- A comprehensive review of local, state and national population health data.
- Community input gathered through multi-sector community meetings, events and a web-based survey.
- A survey of local healthcare providers to capture clinical and community perspectives.

A range of local, state and national data sources were used, including targeted datasets to better understand the needs of specific populations such as youth and older adults. After data collection and community input were complete, findings were synthesized to identify priority areas for the 2026–2028 CHNA cycle, reflecting consistent themes across community input, provider perspectives and data analysis. These recommendations were presented to the Ivinson Board of Directors for review and approval.

These efforts ensured that identified priorities reflect both community voice and data-driven need.

Embedded Faculty ▸
Tina O'Connor, registered nurse, gives tips to nursing students as part of Ivinson's partnership with University of Wyoming Fay W. Whitney School of Nursing (UW) on an innovative embedded clinical faculty position. This collaboration stations a practicing Ivinson nurse as UW faculty, bridging the gap between classroom education and hands-on, real-world clinical experience.

Identify community health needs.

Secondary data analysis:

- Population characteristics.
- Social and economic factors.
- Community health indicators.

Community and healthcare provider input:

- Review of health data.
- Feedback on lived experience of community health gaps.
- Identification and ranking of the most significant needs.

Prioritize significant community health needs.

Consolidation and synthesis of information:

- In-depth review of secondary data.
- Community and provider input.
- Senior Leadership Team (SLT) recommendations.

Prioritization of issues:

- Scope and severity of the health need.
- Opportunity for Ivinson to make an impact.
- Alignment with Ivinson's strategic priorities and local, state and national initiatives.
- Financial and operational feasibility.

Between November 2025 and February 2026, Ivinson conducted the CHNA. This process provided an opportunity to engage public health experts, healthcare providers and community stakeholders in a collaborative effort. Input gathered through community meetings, partner outreach and provider engagement informed a shared understanding of the most significant health needs in Albany County. This process combined a comprehensive data review with community and provider input to ensure a well-rounded understanding of health needs.

written comment on previously conducted needs assessment

2023–2025 CHNA CYCLE: IMPLEMENTATION AND COMMUNITY ENGAGEMENT

During the 2023–2025 CHNA cycle, Ivinson focused on addressing prioritized community health needs related to behavioral health and the social and economic factors that influence health outcomes.

A central focus of this cycle was strengthening community relationships through intentional engagement. Ivinson brought its CHNA findings and Implementation Plan directly into community spaces, including meetings with local organizations, partner agencies and community groups. These efforts created opportunities to share information, listen to community perspectives and build stronger connections across sectors.

Through this approach, Ivinson worked to:

- Strengthen partnerships with organizations addressing behavioral health and social and economic needs
- Create space for dialogue around community health challenges and emerging needs
- Support and align with existing community programs by connecting hospital resources with community-identified priorities

This work reinforced the importance of ongoing collaboration and community-informed strategies to address behavioral health needs and the broader social and economic factors that impact health.

secondary data review and analysis

The initial phase of the secondary data review included an assessment of local population health indicators using the most recent available data from a range of local, state and national sources. Key data sources included County Health Rankings & Roadmaps (2025), Wyoming Department of Administration and Information Economic Analysis Division (2024), Wyoming Behavioral Risk Factor Surveillance System (2023), America's Health Rankings (2024) and the Centers for Disease Control and Prevention (2023).

In addition to these sources, targeted datasets were incorporated to better understand the needs of specific populations within Albany County. The Wyoming Prevention Needs Assessment (2025) provided insight into youth health behaviors and risk factors, while the Wyoming Healthy Aging Data Report (2023) and local housing data from the Albany County Housing Coalition (2025) offered additional context on the needs of older adults and housing-related factors impacting health.

Indicator values were assessed at the county, state and national levels where available. Data were reviewed across multiple domains, including access to care, behavioral health, chronic disease, maternal health, injury prevention and social and economic factors. Summary tables were developed to illustrate the overall health of the community and identify areas where Albany County experiences less favorable outcomes compared to state and national benchmarks.

Key health needs were identified based on indicator values and trends, alignment with community input and consideration of the potential to impact these areas through available resources and partnerships. This approach ensured that findings reflect a comprehensive understanding of community health across the lifespan, including the needs of youth, working-age adults and older adults. The consistency of findings across multiple data sources strengthened confidence in the identified health needs.

information gaps impacting ability to assess needs

While a wide range of data sources were reviewed, some limitations exist, including reliance on multi-year estimates and limited availability of county-level data for certain populations. Targeted datasets were used to better understand youth and older adult populations; however, gaps remain for some groups.

community engagement synopsis

Community engagement was a key component of the CHNA process, with input gathered through community meetings, partner outreach and provider surveys. Participation increased compared to the previous CHNA cycle and included a broad range of perspectives.

findings

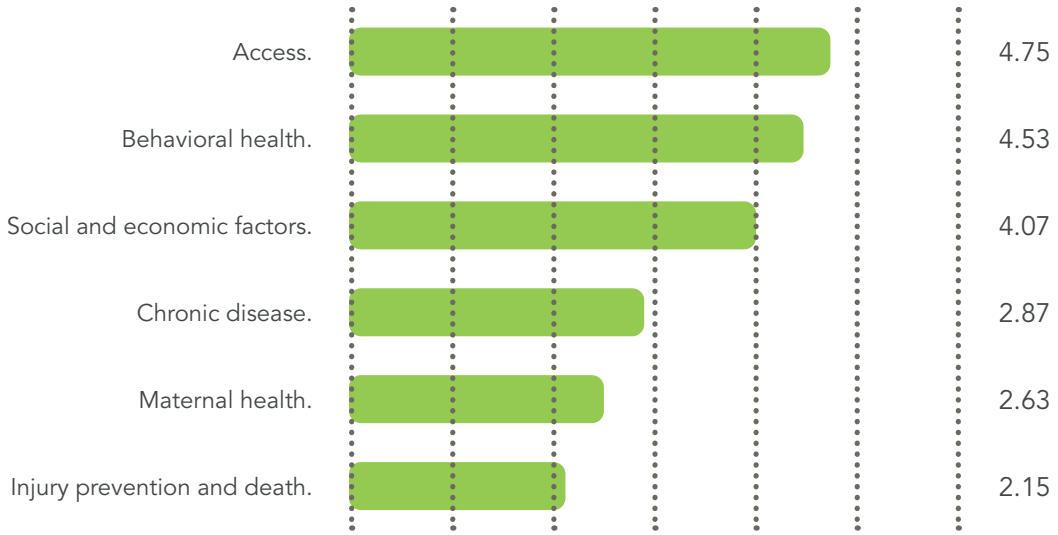
provider and community survey results

The survey asked respondents to rank a set of community health needs in order of importance. Input was gathered from community partners and organizations through in-person meetings, events and follow-up outreach, as well as from healthcare providers through an online survey.

Community participation increased significantly compared to the previous CHNA cycle, with more than double the level of engagement from community partners. The results from both groups are reflected in the following tables, with higher scores indicating higher priority.

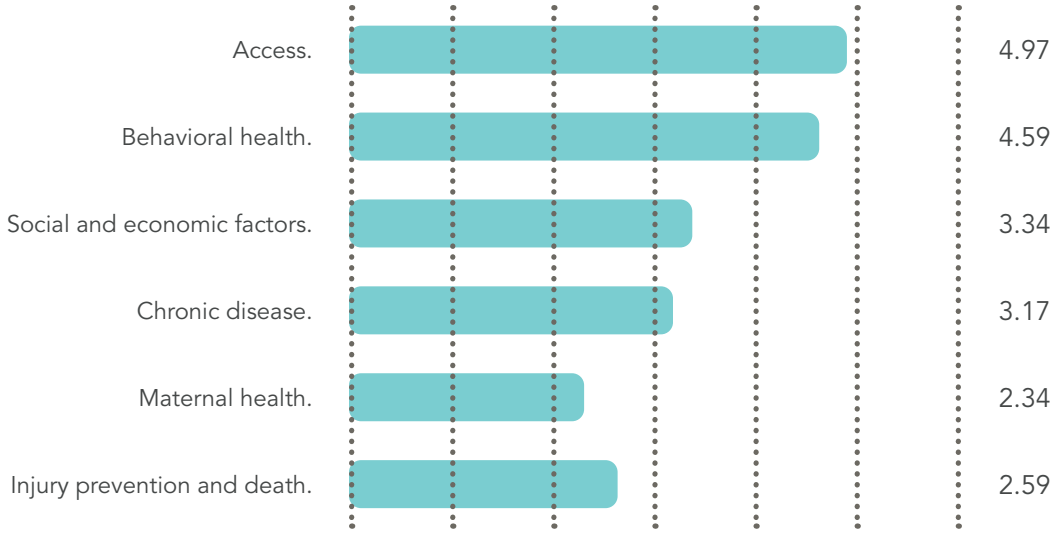
Across both community and provider input, there was strong alignment in the identification of key health needs. Themes that emerged consistently reflected shared experiences and challenges within the community, reinforcing the priority areas identified through data analysis. Feedback reflected differing but complementary perspectives on access to care, including both system capacity and barriers experienced by community members.

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.

While a range of healthcare and community services are available within Albany County, findings from the CHNA indicate that timely access to care and coordination across services remain ongoing challenges.

These challenges are particularly evident for individuals experiencing behavioral health needs and those impacted by social and economic barriers.

DATA SOURCES

The CHNA incorporated data from multiple validated local, state and national sources to ensure a comprehensive and well-rounded assessment of community health needs. Key sources included:

County Health Rankings & Roadmaps (2025)

- https://www.countyhealthrankings.org/health-data/wyoming/albany?year=2025

WY Department of Administration & Information

- Economic Analysis Division (2024) PDF

Wyoming Healthy Aging Data Report (2023)

- https://healthyagingdatareports.org/wy/wy-healthy-aging-indicators/

Albany County Housing Coalition

- 2025 Housing Report PDF

WY Prevention Needs Assessment (2025)

- https://www.pnasurvey.org/

America's Health Rankings (2024)

- https://www.americashealthrankings.org/explore/measures/Overall/WY

Wyoming Behavior Risk Factor Surveillance System — BRFSS (2023)

- https://health.wyo.gov/publichealth/chronic-disease-and-maternal-child-health-epidemiology-unit/wyoming-behavior-risk-factor-surveillance-system-2/brfss-data-2/2023-data/

Center for Disease Control (2023)

- https://cdc.gov/index.html

These sources include datasets specific to youth and older adult populations, allowing for a more comprehensive understanding of health needs across the lifespan.

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

Since the previous CHNA, Ivinson focused on addressing the identified priority areas of behavioral health and social and economic factors through community partnerships and targeted support.

Efforts included collaboration on behavioral health initiatives such as suicide prevention training and crisis response, as well as partnership with organizations addressing housing, transportation and other economic barriers impacting health. In addition, Ivinson brought CHNA findings and implementation strategies into community settings to strengthen relationships, increase awareness and support alignment with existing programs.

This work informed the current CHNA process and contributed to a stronger understanding of community needs and priorities.

prioritization and board of directors' approval

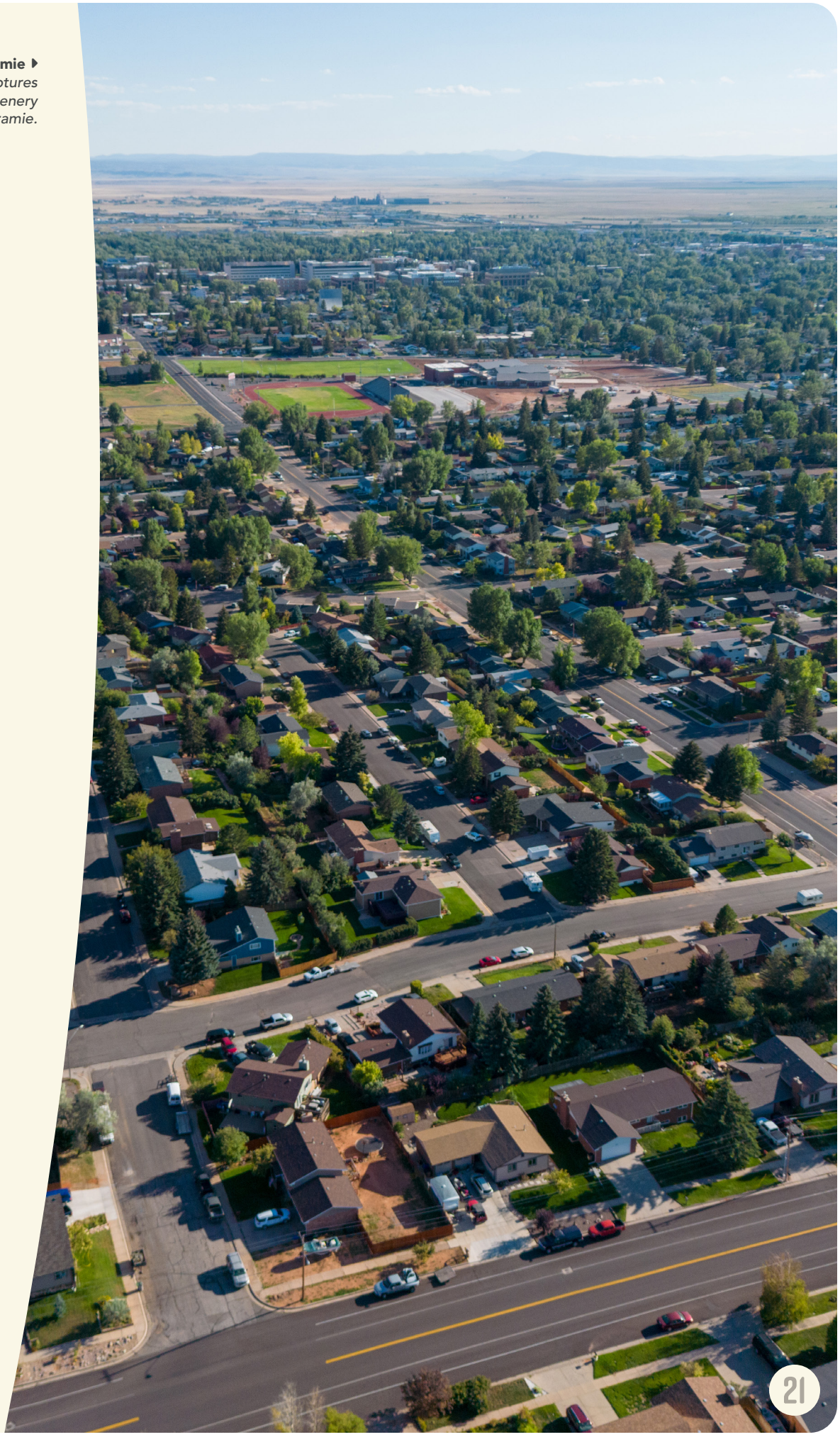
senior leadership team recommendations

Findings from community input, provider feedback and data analysis showed strong alignment in the identification of priority health needs. Access to care and behavioral health consistently emerged as the most significant areas of need across all inputs.

These priorities reflect a shared understanding of the challenges facing the community and will guide Ivinson's focus for the 2026–2028 CHNA cycle. The consistency of findings across multiple data sources, community input and provider feedback strengthened confidence in the identified priorities.

Access to care was prioritized based on consistent input across perspectives, with recognition that both availability of services and barriers to accessing those services contribute to unmet need.

A Grand day in Laramie
An aerial photograph captures the vibrant summer greenery of central Laramie.



access to care

Access to care emerged as the highest priority across community input, provider feedback and data analysis. Access is influenced by both healthcare system capacity and the barriers individuals experience when seeking care.

To reflect these perspectives, access to care was considered across three key areas: availability of care, care navigation and social and economic barriers.

Availability of Care

Availability of care refers to the capacity of the healthcare system to provide timely access to services, including primary care and specialty care.

Local data indicate that a notable portion of the population does not have an established primary care provider, with nearly one-third of residents reporting no personal doctor. In addition, more than one-third of adults report experiencing at least one barrier to accessing care.

Provider feedback further emphasized challenges related to capacity, including difficulty establishing care and extended wait times for both primary and specialty services.

Care Navigation

Care navigation refers to the ability of individuals to understand and move through the healthcare system, including insurance coverage, referral processes and coordination across providers and organizations.

Both community and provider input highlighted the complexity of navigating healthcare services. Respondents described challenges related to understanding insurance coverage, managing referrals and identifying available resources. Providers also noted that system complexity can create barriers even when services are available, contributing to delays in care.

Social and Economic Barriers of Care

Social and economic barriers refer to external factors that influence an individual's ability to seek and receive care.

Community input consistently identified transportation challenges, cost of care and other economic factors as significant barriers. These factors can limit an individual's ability to access healthcare services, particularly when competing priorities or financial constraints are present.

Local data related to housing cost burden, income levels and other economic indicators further reinforce the impact of these barriers on access to care in Albany County. These conditions can contribute to delays in seeking care and challenges in maintaining ongoing health services.

SUMMARY

Together, these findings demonstrate that access to care in Albany County is shaped by both healthcare system capacity and the real-world barriers individuals face when seeking care.

behavioral health

Behavioral health emerged as a consistent priority across community input, provider feedback and data analysis. Feedback highlighted the broad impact of behavioral health on individuals, families and the healthcare system, as well as the ongoing need for accessible and coordinated services.

Community and provider perspectives were closely aligned in identifying key challenges, particularly related to access to services, crisis response and availability of ongoing support.

Access to Behavioral Health Services

Access to behavioral health services was a central theme across all inputs. While available data may suggest a relatively strong supply of mental health providers in Albany County, community and provider input indicate that timely access to services remains a challenge. Respondents described difficulty obtaining appointments and identifying available providers, particularly for ongoing care and specialized services.

Crisis Response and Higher-Acuity Needs

Both community and provider input highlighted the importance of crisis response services. Feedback indicated a need for timely, appropriate support for individuals experiencing acute behavioral health needs, including mental health crises and substance use-related emergencies. Behavioral health data indicate ongoing need for crisis-level services within the community. Suicide rates in Albany County remain significantly higher than the national average, highlighting the need for accessible and timely behavioral health support.

Ongoing and Community-Based Support

In addition to acute needs, respondents emphasized the importance of ongoing behavioral health support, including outpatient services and connections to community-based resources.

Community input consistently emphasized the need for outpatient mental health services, substance use treatment and services for individuals with cognitive or developmental conditions. Providers similarly identified the importance of strengthening connections with community-based organizations to support patients outside of clinical settings.

SUMMARY

Findings from this assessment demonstrate that behavioral health needs in Albany County span a continuum of care, from crisis response to ongoing support services. Local data indicate that a notable portion of the population experiences ongoing mental health challenges, including frequent mental distress and reported depression, reinforcing the need for accessible and sustained behavioral health services.

board of directors review and approval

The findings and identified priority health needs from this assessment were reviewed with the Ivinson Governance and Community Benefit Committee and recommended for approval by the Ivinson Board of Directors.

The Ivinson Board of Directors, which includes representatives from the community, reviewed and approved the CHNA, reflecting alignment with community input, provider perspectives and data analysis.

acknowledgments, recommendations and next steps

Ivinson would like to thank the community organizations, healthcare providers and community members who contributed their time, insight and expertise to this assessment process. Their input was essential in identifying and understanding the health needs of Albany County.

The findings from this assessment will be used to guide the development of implementation strategies to address the identified priority areas. These strategies will be developed in collaboration with community partners and will focus on opportunities to improve health outcomes and strengthen existing efforts within the community.

The CHNA report will be made available to the public on the Ivinson website in accordance with federal requirements.

Ivinson remains committed to working alongside community partners to address identified needs and improve the health of the community.

appendix

appendix 1: data tables and sources

The following data tables and sources were used to inform the Community Health Needs Assessment. Data were compiled from multiple validated local, state and national sources to provide a comprehensive view of health indicators in Albany County.

Where available, data reflect trends across the lifespan, including youth and older adult populations, and were used in conjunction with community and provider input to identify priority health needs.

County Health Rankings & Roadmaps (2025)

- https://www.countyhealthrankings.org/health-data/wyoming/albany?year=2025

WY Department of Administration & Information

- Economic Analysis Division (2024) PDF

Wyoming Healthy Aging Data Report (2023)

- https://healthyagingdatareports.org/wy/wy-healthy-aging-indicators/

Albany County Housing Coalition

- 2025 Housing Report PDF

WY Prevention Needs Assessment (2025)

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America's Health Rankings (2024)

- https://www.americashealthrankings.org/explore/measures/Overall/WY

Wyoming Behavior Risk Factor Surveillance System — BRFSS (2023)

- https://health.wyo.gov/publichealth/chronic-disease-and-maternal-child-health-epidemiology-unit/wyoming-behavior-risk-factor-surveillance-system-2/brfss-data-2/2023-data/

Center for Disease Control (2023)

- https://cdc.gov/index.html

Mental Health

	Albany Co.	Wyoming	U.S.
Poor Mental Health Days (in last month)	5.5	4.80	5.10
Frequent Mental Distress (Percentage of adults reporting 14 or more days of poor mental health per month)	17%	15%	16%
Suicides per 100,000 population (age-adjusted)	26	29	14
Students reporting having considered suicide in last 12 months	14.89%	14.23%	
Students attmpting suicide in the last 12 months	6.95%	7.56%	
Percentage of adults reporting that they always, usually or sometimes feel lonely	32%	27%	33%
Student report "Often" or "Always" to feeling lonely in the last 7 days	22%	23.94%	
Students reporting "all of the time" or "most of the time" to feeling depressed in last 30 days	12%	12.47%	
65+ population with depression	14%	12.90%	

Physical environment.

	Albany Co.	Wyoming	U.S.
Students that report vaping in last month	8.88%	10.58%	
General population E-cigarette use	NR	7.60%	
Percent of 60+ population with E-Cigarette use in last 30 days	7.50%	8.30%	
Students that report drinking alcohol in last 30 days	10.86%	12.50%	
Percent of Adults who reported having 5 or more drinks on an occasion at least once in the past 30 days (2019-2023)	24.40%	14.50%	
Excessive Drinking (Percentage of adults reporting binge or heavy drinking (age-adjusted).	22%	22%	19%
60+ excessive drinking	7.90%	7.8	

Preventable death and injuries.

	Albany Co.	Wyoming	U.S.
Child Mortality (deaths per 100,000 children under age 20)	60	60	50
Alcohol-Impaired Driving Deaths	30	31	26
Occupational Fatalities per 100,000 workers (3-year estimate)	NR	5.7	4.2
60+ who fell within last year	40.2	30.8	
60+ who were injured in a fall within last year	15.7	10.7	

Access to care.

	Albany Co.	Wyoming	U.S.
Uninsured Adults	15%	17%	11%
Uninsured Children	7%	8%	5%
Ratio of population to Primary Care Physicians	1,310:1	1,420:1	1,310:1
Ratio of population to Mental Health Providers	160:1	240:1	290:1
Ratio of population to Dentists	1,910:1	1,380:1	1,340:1
Other Primary Care Providers	740:1	680:1	680:1
Population with no personal Dr	NR	23.5%	
60+ population with no regular doctor	11.3%	14.3%	

Social and economic factors.

	Albany Co.	Wyoming	U.S.
Median Household Income	$59,600	$73,600	$77,700
Individuals below the poverty level	21%	10.70%	
With Food Stamp/SNAP benefits	3.7%	5%	
Limited Access to Healthy Foods	9%	8%	6%
Food Insecurity	16%	14%	14%
Owner-occupied housing	49.4	71.9	
Renter-occupied housing	50.6	28.1	
Severe Housing Problems	22%	12%	17%
Rent greater than 30% of household income	55.3%	43.5%	
Severe Housing Cost Burden (half/or more of income spent on housing)	19%	11%	15%
Child Care Cost Burden (percent of income spent of childcare)	44%	22%	28%

Maternal Health

	Albany Co.	Wyoming	U.S.
Teen Births per 1,000 females ages 15-19	5	18	16
Sexually Transmitted Infections per 100,000 people	410.2	308.4	495.0
Low Birth Weight (under 5 pounds, 8 ounces)	11%	9%	8%

CHRR Data (2025) for Publication.

	Albany Co.	Wyoming
Population	38,257	584,057
Age		
% Below 18 Years of Age **	15.10%	22.20%
% 65 and Older **	13.80%	19.20%
Race		
% American Indian or Alaska Native **	1.20%	2.80%
% Asian **	3.80%	1.20%
% Hispanic **	10.60%	10.80%
% Native Hawaiian or Other Pacific Islander **	0.20%	0.10%
% Non-Hispanic Black **	1.20%	1.00%
% Non-Hispanic White **	81.40%	83.10%

Chronic diseases and cancer.

	Albany Co.	Wyoming	U.S.
Adult Obesity	35%	35%	34%
Diabetes Prevalence	9%	8%	10%
% 65+ with diabetes	20.1%	19.7%	
Cancer Screenings (mammogram & colorectal)	NR	49.6%	56%
Colorectal Cancer Screening	NR	55.4%	61.8%
Mammography Screening	36%	38%	44%
Multiple Chronic Conditions	NR	10.7%	10.7%

appendix 2: community organizations

- ACPE Federal Credit Union
- Albany Community Health Clinic
- Albany County Attorney
- Albany County Commission
- Albany County Department of Family Services (DFS)
- Albany County Drug Court
- Albany County Grants
- Albany County Library
- Albany County Public Health Nurse
- Albany County School District
- Albany Count Sherriff's Office
- ANB Bank
- Ark Regional Services
- Big Brother/Big Sister program
- Blue Federal Credit Union
- Cathedral Home for Children
- City of Laramie Police Department
- CLIMB Wyoming
- COPSSA (Coalition to Prevent Suicide and Substance Abuse)
- CSBG
- Developmental Daycare / Preschool
- Downtown Clinic
- Elkridge Construction
- Emergency Management Agency (EMA)
- Eppson Center
- Fire Marshall
- First Interstate Bank
- FNBO
- Groathouse Construction
- Head Start
- HiViz
- Hospice of Laramie
- Laramie Cares
- Laramie County Community College
- Laramie Fire Dept and EMS
- Laramie Interfaith
- Laramie Reproductive Health
- Laramie Soup Kitchen
- LIV Health, Wyoming Office
- Mountain West Farm Bureau
- Open School
- Parents as Teachers
- Pathways Mental Health Professionals
- Pinnacle Bank
- Plenty
- Recover Wyoming
- Riverstone Bank
- Robbie's House
- SAFE Project Laramie
- StagePoint Federal Credit Union
- Trihydro
- United Way of Albany County
- UniWyo Credit Union
- University of Wyoming (UW)
- UW Cooperative Extension
- UW Counseling Center
- UW Dean of Students
- UW ECHO
- UW Police Department
- UW Psychology Center
- UW Residence Life and Dining Services
- UW Student Health
- UW WIND
- Visit Laramie
- Volunteers of America (VOA)
- Western ECO System Technology
- Wyoming Center on Aging
- Wyoming 211
- 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	—	—	—	—	—
Injury Prevention and Death	—	—	—	—	—
Maternal health	—	—	—	—	—
Social and economic factors	—	—	—	—	—
Other (please describe)	—	—	—	—	—