Natrona County

Community Health Needs Assessment and Focus Group Summary Report
August 2011
Natrona County
Community Health Needs Assessment
Summary Report

Introduction

Wyoming Medical Center, Wyoming Business Coalition on Health, Community Health Center, Wyoming Kids First-Natrona County and the city of Casper participated in a community engagement project. Wyoming Medical Center serves as the lead representative in coordinating the logistics of this project. The coalition of members will be noted in this report as Natrona County. This project includes a community needs assessment and focus groups administered by the National Rural Health Resource Center (The Center) of Duluth, Minnesota.

In the spring of 2011, a random stratified sample within Wyoming Medical Center’s service area was surveyed about the utilization and perception of local health care services. This report details the results of the survey in both narrative and chart format, as well as a summary report of focus group findings. Included in the analysis are recommendations for developing and implementing plans that address key health issues identified by the community. A copy of the survey instrument is included at the end of the report (Appendix A).

Findings from this report may be used for:

- Developing and implementing plans to address key issues as required by the Patient Protection and Affordable Care Act §9007 for 501(c)3 charitable hospitals
- Promoting collaboration and partnerships within the community or region
- Writing grants to support the community’s engagement with local health care services
- Educating groups about emerging issues and community priorities
- Supporting community advocacy or policy development
- Establishing baselines as a reference point for measuring progress over time
- Supporting community-based strategic planning
Survey Methodology

Survey Instrument
In February 2011, The Center conferred with leaders from Natrona County to discuss the objectives of a regional community health needs assessment survey. A survey instrument was developed to assess the health care needs and preferences in the Wyoming Medical Center service area. The survey was designed to assemble information from local residents regarding:

- Access to local health services
- Community health factors
- Demographics of respondents

The survey instrument was designed to be easily completed by respondents. Responses were electronically scanned to maximize accuracy.

Sampling
Wyoming Medical Center provided The Center with a list of inpatient hospital admissions. Zip codes with the greatest number of admissions were stratified in the initial sample selection. Each area was represented in the sampling proportionately to both the overall served population and the number of past admissions. Eight hundred residents were selected randomly from Prime Net Data Source, a marketing organization. Although the survey samples were proportionately selected, actual surveys returned from each population area varied. This may result in slightly less proportional results.

Survey Implementation
In May 2011, the community health needs assessment, a cover letter on letterhead from Natrona County and a postage paid reply envelope were mailed first class to 800 randomly selected residents in the targeted region. A press release was sent to local newspapers prior to the survey distribution announcing that Natrona County would conduct a community health needs assessment throughout the region in cooperation with The Center.

One hundred seventy-two of the mailed surveys were returned providing a 22% response rate. Based on the sample size, surveyors are 95% confident that the responses are representative of the service area population, with a margin of error of 6.62%. Note that 17 of the original 800 surveys sent were returned by the U.S. Postal Service as undeliverable.

Percentages indicated on the following tables and graphs are based upon the number of responses for each individual question from the survey and are rounded to the nearest whole number. The top three percentages in each table have been bolded for easy reference.
**Key Findings**

Key Findings provide the reader with an overview of the most frequent responses for each question. Percentages indicated in the key findings below are based upon the total number of responses for each individual question, as some respondents did not answer all questions, as a result the denominator can vary between questions. (N=172)

**Demographics**

- 83% (n=143) of respondents reside in Casper
- 23% (n=40) of respondents were aged 56-65 years old
- 69% (n=118) of respondents were female
- 90% (n=155) of respondents identified themselves as White/Caucasian
- 44% (n=76) of respondents are married
- 35% (n=61) of respondents have a high school diploma or GED
- 16% (n=28) of respondents have an annual household income range of $50,000-$74,999

**Health Insurance**

- 33% (n=55) of respondents have Medicare
- 80% (n=138) of respondents indicate they are not prohibited by insurance from seeking medical services locally

**Healthy Community**

- 57% (n=98) of respondents rate the overall health of Natrona County residents as good; on a scale of excellent, very good, good, fair and poor
- Access to health care was the most frequent (78%, n=134) response when asked to identify the most important factors for a healthy community
- Better communication between health providers/agencies was the most frequent (69%, n=118) response when asked to identify factors that would help make Natrona County a healthier place to live, work, and play
- 42% (n=72) of respondents rate their personal health as good; on a scale of excellent, very good, good, fair and poor

**Access to Health care**

- Cost of medical care was identified as the top barrier in accessing medical care by 66% (n=67/102) of respondents (note: not all respondents chose to answer this question)
- 84% (n=145) of respondents report seeing a physician on a regular basis (at least once every three years)
- 78% (n=135) of respondents report they have been referred to a specialist
- 45% (n=75) of respondents identified diabetes (A1C) screening as the most frequent screening program they would like available in Natrona County
• 60% (n= 95) of respondents report better insurance coverage would improve access to health care in Natrona County

**Coordination of Health Care**

• Coordination between one’s physician and specialist received the top average weighted score of 3.53 out of 5.00 when respondents were asked to rate the level of coordination of health care in Natrona County using a scale of 1-5 where 5= Excellent, 4= Very good, 3= Good, 2= Fair, and 1= Poor

**Health Education**

• 47% (n= 93) of respondents were familiar the most with the availability of exercise classes in Natrona County
• 12% (n=23) of respondents currently use exercise classes in Natrona County
• 4%(n=6) of respondents were most likely to use the internet for health education regarding healthy eating
• 68% (n=104) of respondents suggested increasing advertisements of available programs to increase access to health education
Survey Respondent Demographics

The following tables indicate the demographic characteristics of survey respondents. Information on place of residency, gender, age, ethnicity, and education is included. Percentages indicated in the tables and graphs are based upon the total number of responses for each individual question, as some respondents did not answer all questions.

Place of Residence (Question 15)

Zip codes with the greatest number of admissions were stratified in the initial sample selection so that each area would be represented in proportion to both the overall served population and the proportion of past admissions. Based on this selection, 31% (n=53) of respondents reside in zip code 82601 in Casper. The top three zip codes total 83% of respondents residing within the city of Casper. (N=172)

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<tr>
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</tr>
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<td>82602 Casper</td>
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</tr>
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<td>82643 Midwest</td>
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<td>0%</td>
</tr>
<tr>
<td>82646 Natrona</td>
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<td>0%</td>
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</table>
Age of Respondents (Question 16)

Twenty-three percent (n=40) of respondents were between the ages of 56-65 years old, 16% (n=28) were between the ages of 46-55 and 16% (n=28) were 66-75 years old. The increasing percentage of elderly residents in rural communities is a trend that is seen throughout rural America and will likely have a significant impact on the need for health care services during the next 10-20 years. Older residents are also more invested in health care decision making; therefore they are more likely to respond to health care surveys, as reflected by the graph below. However, 13% (n=23) of survey respondents were between the ages of 26-35 years old, which is a much higher percentage for this age range than seen in other Community Health Needs Assessments conducted by The Center. It is important to note that the survey was targeted to adults and consequently no respondents are under age 18. (N=172)
Gender of Respondents (Question 33)

Of the 172 surveys returned, 69% (n=118) of survey respondents were female, 27% (n=46) were male and 5% (n=8) chose not to answer this question. The survey was distributed to a random sample consisting of 50% women and 50% men. It is not unusual for survey respondents to be predominantly female, particularly when the survey is health care oriented since women are frequently the health care decision makers for families. (N=172)
Ethnicity of Respondents (Question 19)

The majority of the respondents, 90% (n=155) reported their ethnicity as White/Caucasian. Two percent (n=3) identified themselves as Hispanic/Latino. Seven percent (n=12) chose not to answer this question. These results are similar to the Community Health Needs Assessment responses from the 2008 survey conducted by The Center in Natrona County. (N=172)
Highest Level of Education Completed (Question 19)

Respondents were asked to indicate the highest level of education they have completed. Thirty-five percent (n=61) of respondents report having a high school diploma or GED. Thirty-three percent (n=57) of respondents report have earned a college degree or higher. (N=172)
Marital Status of Respondents (Question 20)

Forty-four percent (n=76) of respondents are married and 21% (n=36) are separated or divorced. This graph is congruent with the age of respondents. Three percent (n=6) of respondents chose not to answer this question. (N=172)
Annual Household Income of Respondents (Question 21- Optional)

Twenty percent (n=34) of respondents chose not to answer this optional question. Of those that answered this question, 16% (n=28) report an annual household income of $50,000-$74,999. This income range is higher than typically seen in other rural Community Health Needs Assessments conducted by The Center. Six percent (n=10) make less than $14,000 per year. (N=172)
Survey Findings

Perception of a Healthy Community (Question 1)

Respondents were asked how they would rate the overall health of Natrona County residents. Of the 172 surveys returned, over half, 57% (n=98) rate the overall health of Natrona County residents as good and 24% (n=41) rate the community’s health as fair. In the Natrona County Community Health Needs Assessment conducted by The Center in 2008, 21% (n=40) of survey respondents rated the overall community’s health as very good compared to the 15% (n=25) that currently rate the overall health of the community as very good. (N=172)
Most Important Factors for a Healthy Community (Question 2)

Survey respondents were asked to check the 5 most important factors for a healthy community. The top response by 78% (n=134) of respondents was “Access to healthcare”. The next most common factor was “Good jobs and a healthy economy” at 61% (n=104) followed by “Healthy behaviors and lifestyle” at 54% (n=92); “Low crime rate/safe neighborhoods” at 43% (n=73); and a “Clean environment” at 38% (n=65) concluded the list of top 5 factors. These factors were identified in the same order of importance from the Community Health Needs Assessment that was conducted in 2008 by The Center. Please note that respondents were asked to check the 5 factors that most applied, so percentages do not equal 100%. (N=172)

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<thead>
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<th>Factor</th>
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<td>Access to healthcare</td>
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<td>78%</td>
</tr>
<tr>
<td>Good jobs and healthy economy</td>
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<td>61%</td>
</tr>
<tr>
<td>Healthy behaviors and lifestyle</td>
<td>92</td>
<td>54%</td>
</tr>
<tr>
<td>Low crime rate/ safe neighborhoods</td>
<td>73</td>
<td>43%</td>
</tr>
<tr>
<td>Clean environment</td>
<td>65</td>
<td>38%</td>
</tr>
<tr>
<td>Strong family life</td>
<td>60</td>
<td>35%</td>
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<td>Affordable housing</td>
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<td>Good schools</td>
<td>57</td>
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</tr>
<tr>
<td>Smoke free in public places</td>
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<td>31%</td>
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<tr>
<td>Religious or spiritual values</td>
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<td>29%</td>
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<tr>
<td>Good place to raise children</td>
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<td>25%</td>
</tr>
<tr>
<td>Parks and recreation</td>
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<td>15%</td>
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<tr>
<td>Low level of child abuse</td>
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<td>14%</td>
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<tr>
<td>Low adult death and disease rates</td>
<td>14</td>
<td>8%</td>
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<tr>
<td>Low infant deaths</td>
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<td>4%</td>
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<tr>
<td>Other</td>
<td>7</td>
<td>4%</td>
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<tr>
<td>Arts and cultural events</td>
<td>4</td>
<td>2%</td>
</tr>
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</table>
Most Important Factors for a Healthier Place to Live, Work, and Play (Question 3)

Survey respondents were asked to check the 5 most important factors that would help make Natrona County a healthier place to live, work and play. The top response by 69% (n=118) of respondents was “Better communication between health providers/agencies”. The next most common factor was “Access to health insurance” at 65% (n=112) followed by “Clean neighborhoods” at 58% (n=100); “Promotion of healthy eating habits” at 54% (n=93); and “Access to fresh produce/locally grown products” at 51% (n=87) which concluded the list of top 5 factors. Please note that respondents were asked to check the 5 factors that most applied, so percentages do not equal 100%. (N=172)

<table>
<thead>
<tr>
<th>Factor</th>
<th>Count</th>
<th>Percent</th>
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</thead>
<tbody>
<tr>
<td>Better communication between health providers/agencies</td>
<td>118</td>
<td>69%</td>
</tr>
<tr>
<td>Access to health insurance</td>
<td>112</td>
<td>65%</td>
</tr>
<tr>
<td>Clean neighborhoods</td>
<td>100</td>
<td>58%</td>
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<tr>
<td>Promotion of healthy eating habits</td>
<td>93</td>
<td>54%</td>
</tr>
<tr>
<td>Access to fresh produce/locally grown products</td>
<td>87</td>
<td>51%</td>
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<tr>
<td>Affordable housing</td>
<td>82</td>
<td>48%</td>
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<tr>
<td>Increased cultural events</td>
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<td>47%</td>
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<tr>
<td>Other</td>
<td>59</td>
<td>35%</td>
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<tr>
<td>More information on caring for yourself</td>
<td>47</td>
<td>27%</td>
</tr>
<tr>
<td>Greater access to walking/bike paths</td>
<td>46</td>
<td>27%</td>
</tr>
<tr>
<td>Neighborhood gardens</td>
<td>34</td>
<td>20%</td>
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<tr>
<td>Exercise/weight management classes</td>
<td>33</td>
<td>19%</td>
</tr>
<tr>
<td>More parks/recreation areas</td>
<td>31</td>
<td>18%</td>
</tr>
<tr>
<td>Nutrition education/cooking classes</td>
<td>31</td>
<td>18%</td>
</tr>
<tr>
<td>Better transportation</td>
<td>30</td>
<td>18%</td>
</tr>
<tr>
<td>Stress management classes</td>
<td>15</td>
<td>9%</td>
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<tr>
<td>More 24 hour workout facilities</td>
<td>7</td>
<td>4%</td>
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</table>
Rating of Personal Health (Question 4)

Respondents were asked how they would rate their own personal health. Forty-two percent (n=72) reported their level of health as good and 37% (n=63) rated their personal health as very good. Two percent (n=3) rated their personal health poor, which is the same percentage of respondents that rated the community’s health as poor. (N= 172)
Medical Care Barriers (Question 5)

Respondents were asked to identify all of the possible barriers of seeking medical care. The top five responses all include financial reasons for reasons why there are barriers to medical care. The primary barrier identified was “Cost of medical care” at 66% (n=67), followed by “Cost of prescription drugs” at 47% (n=48) and the “Deductible was too high” at 34% (n=35). Respondents were asked to select all that apply, so percentages do not total to 100%. Comments listed as “Other” are available in Appendix B. (n=102)

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<thead>
<tr>
<th>Reason</th>
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<tr>
<td>Cost of medical care</td>
<td>67</td>
<td>66%</td>
</tr>
<tr>
<td>Cost of prescription drugs</td>
<td>48</td>
<td>47%</td>
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<tr>
<td>Deductible too high</td>
<td>35</td>
<td>34%</td>
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<tr>
<td>Lack of insurance coverage</td>
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<td>30%</td>
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<tr>
<td>Inadequate insurance coverage</td>
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<td>30%</td>
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<td>Lack of primary care providers</td>
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<td>Lack of information available about medical resources</td>
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<td>13%</td>
</tr>
<tr>
<td>Lack of coordination between healthcare providers</td>
<td>9</td>
<td>9%</td>
</tr>
<tr>
<td>Transportation</td>
<td>8</td>
<td>8%</td>
</tr>
<tr>
<td>Language or cultural differences</td>
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<td>2%</td>
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<tr>
<td>Lack of childcare</td>
<td>1</td>
<td>1%</td>
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Knowledge and Use of Local Health Education Programs (Question 6)

Respondents were asked to identify their knowledge and use of health education programs available in Natrona County. “Exercise classes” was the most frequently cited response (47%, n=93) reflecting awareness of health education programs available locally, followed by mental health services (44%, n=80) and diabetes education (40%, n=80). There is reportedly a low usage (currently and previously) of health education programs in Natrona County. However, “exercise classes” was the most frequently used program, both currently (12%, n=23) and previously (10%, n=20). Respondents report utilizing the internet most frequently for information on “healthy eating” (4%, n=6). Top percentages from each category have been bolded for easy reference. Respondents were asked to select all that apply, so percentages do not total to 100%. Comments listed as “Other” are available in Appendix B. (N=172)

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<tr>
<th>Category</th>
<th>No</th>
<th>Yes</th>
<th>Currently Used</th>
<th>Previously Used</th>
<th>Do not need</th>
<th>Internet</th>
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<td>Asthma Education</td>
<td>35%</td>
<td>19%</td>
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<td>1%</td>
<td>42%</td>
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<td>(n=63)</td>
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<td></td>
<td>(n=1)</td>
<td>(n=74)</td>
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<td>Diabetes Education</td>
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<td>(n=69)</td>
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<td>10%</td>
<td>12%</td>
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<td>Healthy eating classes</td>
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<td>(n=5)</td>
<td>(n=30)</td>
<td>(n=6)</td>
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<td>Mental health services</td>
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<td>4%</td>
<td>28%</td>
<td>2%</td>
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<td>(n=8)</td>
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<td>Pain management classes</td>
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<td>1%</td>
<td>30%</td>
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<td>(n=74)</td>
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<td>44%</td>
<td>1%</td>
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<td>Tobacco prevention/cessation</td>
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<td>(n=73)</td>
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<tr>
<td>Other</td>
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<td>8%</td>
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<td>71</td>
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**Best Methods for Increasing Access to Health Education Programs**  
*(Question 7)*

Respondents were asked to identify the best methods for increasing access to health education programs in Natrona County. The most frequently cited method was “Increase advertisements of available programs” at 68% (n=104), followed by “Offer programs covered by health insurance” at 52% (n=80) and “Reduce cost of education programs,” at 49% (n=75). The use of online programming is significantly higher (44%, n=68) than other rural communities surveyed by The Center. However, use of online programming is an increasing trend seen throughout rural America. Respondents were asked to select all that apply, so percentages do not total to 100%. Comments listed as “Other” are available in Appendix B. (n= 154)

<table>
<thead>
<tr>
<th>Method</th>
<th>Count</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Increase advertisements of available programs</td>
<td>104</td>
<td>68%</td>
</tr>
<tr>
<td>Offer programs covered by health insurance</td>
<td>80</td>
<td>52%</td>
</tr>
<tr>
<td>Reduce cost of education programs</td>
<td>75</td>
<td>49%</td>
</tr>
<tr>
<td>Offer programming online, at schools/worksites</td>
<td>68</td>
<td>44%</td>
</tr>
<tr>
<td>Provide childcare during programs</td>
<td>53</td>
<td>34%</td>
</tr>
<tr>
<td>Expand hours of education programs</td>
<td>40</td>
<td>26%</td>
</tr>
<tr>
<td>Provide transportation to education programs</td>
<td>33</td>
<td>21%</td>
</tr>
<tr>
<td>Improve education program content</td>
<td>24</td>
<td>16%</td>
</tr>
</tbody>
</table>
Most Desired Screening Programs (Question 8)

Respondents were asked to identify which screening programs they would like to see available in Natrona County. Forty-five percent (n=75) of respondents indicated they would like a diabetes (A1C) screening program, followed by cardiovascular screening programs at 42% (n=70) and mammogram screenings at 42% (n=69). Respondents were asked to select all that apply, so percentages do not equal 100%. Comments listed as “Other” are available in Appendix B. (n=166)

<table>
<thead>
<tr>
<th>Screening Program</th>
<th>Count</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Diabetes (A1C)</td>
<td>75</td>
<td>45%</td>
</tr>
<tr>
<td>Cardiovascular</td>
<td>70</td>
<td>42%</td>
</tr>
<tr>
<td>Mammogram</td>
<td>69</td>
<td>42%</td>
</tr>
<tr>
<td>Blood pressure</td>
<td>56</td>
<td>34%</td>
</tr>
<tr>
<td>Cholesterol</td>
<td>48</td>
<td>29%</td>
</tr>
<tr>
<td>Prostate cancer (PSA)</td>
<td>48</td>
<td>29%</td>
</tr>
<tr>
<td>Skin cancer</td>
<td>39</td>
<td>23%</td>
</tr>
<tr>
<td>Vision</td>
<td>39</td>
<td>23%</td>
</tr>
<tr>
<td>Osteoporosis/bone density</td>
<td>29</td>
<td>17%</td>
</tr>
<tr>
<td>Hearing</td>
<td>21</td>
<td>13%</td>
</tr>
<tr>
<td>Other</td>
<td>4</td>
<td>2%</td>
</tr>
</tbody>
</table>
Methods for Improving Access to Health Care (Question 9)

Respondents were asked to identify various methods that would improve access to health care in Natrona County. Sixty percent (n=95) of respondents indicated “Better insurance coverage” would improve access to health care, as would “financial assistance” (53% n=84). “Outpatient services extended hours/days/weekends” was also identified by 51% (n=80) of respondents as a method to improve access to local health care services. Respondents were asked to select all that apply, so percentages do not equal 100%. Comments listed as “Other” are available in Appendix B. (n=158)

<table>
<thead>
<tr>
<th>Methods</th>
<th>Count</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Better insurance coverage</td>
<td>95</td>
<td>60%</td>
</tr>
<tr>
<td>Financial assistance</td>
<td>84</td>
<td>53%</td>
</tr>
<tr>
<td>Outpatient services extended hours/days/weekends</td>
<td>80</td>
<td>51%</td>
</tr>
<tr>
<td>More primary care providers</td>
<td>63</td>
<td>40%</td>
</tr>
<tr>
<td>More health education services</td>
<td>37</td>
<td>23%</td>
</tr>
<tr>
<td>Childcare assistance</td>
<td>32</td>
<td>20%</td>
</tr>
<tr>
<td>More specialty healthcare services</td>
<td>31</td>
<td>20%</td>
</tr>
<tr>
<td>Transportation assistance</td>
<td>31</td>
<td>20%</td>
</tr>
<tr>
<td>Interpreter services - Cultural sensitivity</td>
<td>12</td>
<td>8%</td>
</tr>
<tr>
<td>Other</td>
<td>8</td>
<td>5%</td>
</tr>
</tbody>
</table>
Received Physician Care in the Past Three Years (Question 10)

Eighty-four percent (n=145) of respondents reported that they have a physician they see on a regular basis, (at least once every three years). This is a higher percentage from other rural Community Health Needs Assessments conducted by The Center. (N=172)
Received Specialty Care (Question 11)

Seventy-eight percent (n=135) of respondents reported that they have been referred by a specialist. This percentage is comparable to other rural Community Health Needs Assessments conducted by The Center. (N=172)
Level of Perceived Coordination of Health Care in Natrona County Table (Question 12)

Respondents were asked to rate the level of coordination of health care in Natrona County using a scale of 1-5 where 5= Excellent, 4= Very good, 3= Good, 2= Fair, and 1= Poor. Top scores from each category have been bolded for easy reference in the table. The level of perceived coordination of health care between one’s physician and specialist received the most frequent number of responses as “Very good” (n=58).

In the Average Weighted Score column, the non-numerical selections were eliminated and the sums of the average weighted scores were calculated. A graph of the average weighted scores is available on the following page.

<table>
<thead>
<tr>
<th></th>
<th>Excellent 5</th>
<th>Very Good 4</th>
<th>Good 3</th>
<th>Fair 2</th>
<th>Poor 1</th>
<th>No Answer</th>
<th>Average Weighted Score</th>
</tr>
</thead>
<tbody>
<tr>
<td>Between physician &amp; specialist</td>
<td>18% (n=28)</td>
<td>36% (n=58)</td>
<td>31% (n=50)</td>
<td>10% (n=16)</td>
<td>4% (n=7)</td>
<td>(n=13)</td>
<td>3.53</td>
</tr>
<tr>
<td>Between physician &amp; hospice</td>
<td>12% (n=10)</td>
<td>32% (n=27)</td>
<td>38% (n=32)</td>
<td>15% (n=13)</td>
<td>2% (n=2)</td>
<td>(n=88)</td>
<td>3.36</td>
</tr>
<tr>
<td>Between Community Health Center &amp; Wyoming Medical Center (WMC)</td>
<td>5% (n=5)</td>
<td>24% (n=24)</td>
<td>46% (n=46)</td>
<td>20% (n=20)</td>
<td>5% (n=5)</td>
<td>(n=72)</td>
<td>3.04</td>
</tr>
<tr>
<td>Between WMC &amp; physician</td>
<td>6% (n=9)</td>
<td>32% (n=45)</td>
<td>39% (n=56)</td>
<td>15% (n=21)</td>
<td>8% (n=11)</td>
<td>(n=30)</td>
<td>3.14</td>
</tr>
<tr>
<td>Between WMC &amp; nursing homes</td>
<td>2% (n=2)</td>
<td>19% (n=17)</td>
<td>41% (n=37)</td>
<td>31% (n=28)</td>
<td>7% (n=6)</td>
<td>(n=82)</td>
<td>2.79</td>
</tr>
<tr>
<td>Between WMC &amp; Elkhorn Rehab</td>
<td>6% (n=5)</td>
<td>23% (n=20)</td>
<td>34% (n=30)</td>
<td>30% (n=26)</td>
<td>7% (n=6)</td>
<td>(n=85)</td>
<td>2.91</td>
</tr>
<tr>
<td>Between WMC &amp; Wyoming Behavioral Institute (WBI)</td>
<td>5% (n=4)</td>
<td>20% (n=17)</td>
<td>43% (n=35)</td>
<td>26% (n=21)</td>
<td>6% (n=5)</td>
<td>(n=90)</td>
<td>2.93</td>
</tr>
<tr>
<td>N=</td>
<td>63</td>
<td>208</td>
<td>286</td>
<td>145</td>
<td>42</td>
<td>460</td>
<td>3.10</td>
</tr>
</tbody>
</table>
Level of Perceived Coordination of Health Care in Natrona County Graph (Question 12)

Respondents were asked to rate the level of coordination of health care in Natrona County using a scale of 1-5 where 5= Excellent, 4= Very good, 3= Good, 2= Fair, and 1= Poor. Non-numerical selections were eliminated and the sums of the average weighted scores were calculated.

Coordination between one’s physician and specialist received the top average weighted score of 3.53 out of 5.00. Coordination between one’s physician and hospice providers received an average weighted score of 3.36. The total average weighted score of coordination of health care in Natrona County was 3.10 out of 5.00.
Type of Medical Insurance (Question 13)

Respondents were asked to specify the type of medical insurance they currently have. “Medicare” was the most frequent response at 33% (n=55). Due to the older demographics of respondents, Medicare is typically the most common form of medical insurance from other rural Community Health Needs Assessments conducted by The Center. Thirteen percent (n=22) indicated having no medical insurance, which is substantially higher than other rural communities in America. Respondents were asked to select all that applied, so percentages do not total to 100%. Comments listed as “Other” are available in Appendix B. (n= 167)

<table>
<thead>
<tr>
<th>Type of Medical Insurance</th>
<th>Count</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medicare</td>
<td>55</td>
<td>33%</td>
</tr>
<tr>
<td>Blue Cross/Blue Shield</td>
<td>30</td>
<td>18%</td>
</tr>
<tr>
<td>Cigna</td>
<td>29</td>
<td>17%</td>
</tr>
<tr>
<td>Other employer sponsored insurance</td>
<td>27</td>
<td>16%</td>
</tr>
<tr>
<td>None</td>
<td>22</td>
<td>13%</td>
</tr>
<tr>
<td>VA/Military</td>
<td>18</td>
<td>11%</td>
</tr>
<tr>
<td>Self insurance</td>
<td>17</td>
<td>10%</td>
</tr>
<tr>
<td>State</td>
<td>16</td>
<td>10%</td>
</tr>
<tr>
<td>Title 19</td>
<td>12</td>
<td>7%</td>
</tr>
<tr>
<td>United Health Care</td>
<td>11</td>
<td>7%</td>
</tr>
<tr>
<td>Other</td>
<td>10</td>
<td>6%</td>
</tr>
<tr>
<td>Kid Care</td>
<td>3</td>
<td>2%</td>
</tr>
<tr>
<td>WIN Health</td>
<td>1</td>
<td>1%</td>
</tr>
</tbody>
</table>
Prohibited to Seek Medical Services Locally Due to Insurance (Question 14)

Eighty percent (n=138) of respondents indicated they are not prohibited from seeking local medical services due to their Preferred Provider Organization through insurance. However, 7% (n=12) indicated they experience a barrier to receiving medical services locally due to insurance. (N=172)
Focus Group Findings

Introduction

The National Rural Health Resource Center (The Center) of Duluth, Minnesota was contracted by Wyoming Medical Center on behalf of the Natrona County Health Coalition to conduct focus groups to provide qualitative data as a supplement to the Community Health Needs Assessment. The purpose of the focus groups was to hear directly from local residents on the strengths and needs of health services in Natrona County.

Focus Group Methodology

Five focus groups were scheduled in Casper, Wyoming in June 2011. Focus group participants were identified as people living in Casper and the surrounding area. Invitations were mailed with the focus group questions attached (Appendix C). Twenty-four people participated in total. The focus groups were designed to represent various consumer groups of local health services including senior citizens, caregivers, business leaders, young professionals, and health care providers. Focus groups were held at various locations in Casper. Each focus group session was approximately 60 minutes in length and included the same questions. The questions and discussions at the focus groups were led by Kami Norland of the National Rural Health Resource Center. No identifiable information is disclosed in the focus group summary to maintain confidentiality.

Demographics

Of the 24 focus group participants, there were 17 females and 7 males. The ages ranged from 20-75+ years old. It is typical to see a greater participation rate from females as they are often times the primary health care decision maker within a household. The majority of respondents reported having direct experience with the health care services provided in Natrona County.

Focus Group Findings

In your opinion, what do you think is good about health care services in Natrona County?
Each focus group reported how impressed they were with the expansive variety of health care services for the area. “There are a lot options for specialty services available in Natrona County, much more than one would anticipate for a rural community,” replied one participant and many agreed. “There are a growing variety of health services here and I know they are available to anyone that needs them” replied another participant. “Not everyone recognizes what it means to have a trauma center here with Wyoming Medical Center, but they should, because this is the highest level of care provided within the state of Wyoming,” reported one participant. Several participants acknowledged the importance and reassurance of having life flight emergency services available locally, particularly for motor vehicle accidents. Although
not every focus group participant was aware of the trauma center capabilities of Wyoming Medical Center, the facility received high accolades for its leadership role in the community and its positive direction with strategic planning. “We have a full service hospital in town... I was blown away by the tour of the hospital, it’s a top notch facility” replied a participant. A handful of participants noted how lovely the new post birthing room suites are at the hospital. Other participants acknowledged care coordination amongst various health care providers in town as efficient and effective. Participants also identified the local availability of neo-natal care and the Diabetes Center, as community strengths. “The junior college also does a great job with offering education in health care, but it does not offer a four- year degree certification to address the work force shortage,” reported a focus group participant.

**How would you describe the coordination of health care services you or a family member have received in Natrona County?**

Overall, respondents reported excellent coordination amongst providers at Wyoming Medical Center and at the Community Health Center. “Coordination of care between Wyoming Medical Center and the nursing home is great, as well as coordination between Wyoming Medical Center and Elkhorn Rehab,” replied a participant. However, others identified a need for greater communication and partnership between smaller providers, like assisted living facilities, and the Women’s Center, with larger providers like Wyoming Medical Center and the Community Health Center.

One participant noted, “Scheduling a time to have discussions like the one today, where multiple stakeholders get together to discuss their perspectives of care, allows the community to have health care addressed from a comprehensive systems-approach, where out-of-the-box thinking and communication strengthens the overall care and coordination (of health services).”

**Are there barriers to health care in Natrona County? If yes, please identify.**

Understanding the variety of health care services available locally was the most frequently identified barrier to accessing care locally. “The health services industry is growing so rapidly here, it is hard to know what is available,” replied a participant. Participants throughout each focus group came to the conclusion that establishing and maintaining a health resource directory would be very beneficial for increasing access to local services and it would enhance provider communication and coordination of care as well. “Having a health resource directory would be really helpful, particularly if it included resources on early childhood and family services” requested one participant.

Another barrier to health care consisted of a lack of OB/GYN and pediatric services as several reported difficulties with securing a provider due to technicalities and lengthy waiting lists for this specialty service. This was the single greatest concern for a couple of participants.

Other barriers included lengthy wait time to schedule an appointment with a primary care provider, lengthy waiting room time and communication challenges with explaining medical procedures in the emergency room. Difficulty understanding Wyoming Medical Center billing, and recruitment and retention of health care providers
at Wyoming Medical Center and the Community Health Center were also cited as barriers.

Larger, nation-wide barriers to health care were also identified, such as: high cost of care and lack of knowledge of the cost for treatment and interventions; rising costs of health insurance and prescription medications; physicians providing medications as their primary intervention versus instructing on diet and lifestyle changes for chronic, preventable conditions; and, misuse of the emergency room for non-emergency services.

**Do you receive health care services outside of Natrona County? If yes, why, and for what types of services?**

The majority of focus group participants reported receiving health care services within Natrona County. However, if participants left the area for care, they were most likely to leave the area for specialty care services; such as oncology, orthopedic surgery, endocrinology, rheumatology, and ophthalmology. Denver, Colorado was the location most visited by participants that left the area for specialty care services. Laramie, Wyoming was also identified as a destination for select specialty care services. One participant reported, “I was shocked at the cost of a mammogram from an out-of-network provider; I’d like to organize a bus to go to Fort Collins for preventative screenings.” Another participant noted, “The economic leakage from residents leaving the area for specialty services must be in the millions. We need to get the message out to keep services locally.”

**Please share any additional comments or suggestions regarding health care services in Natrona County.**

“I would love to see a greater focus on prevention and wellness in Natrona County. Living a healthy lifestyle is under-promoted and businesses do not seem to value prevention. There are high rates of smoking, alcohol use and suicide that should be addressed. I’d love to see Casper become a smoke-free environment someday,” noted one participant. “It’s difficult to exercise and be active in Casper due to bad weather; so greater access to indoor exercise facilities would be great, particularly for youth or young adults” replied another participant. “Walking trails are being built, but people just don’t know about them or use them.”

“Sharing the value of wellness and healthy living is difficult in Wyoming because this state tends to have a very independent culture, which makes focusing on change difficult... this will only continue the rising cost of health care and chronic disease,” replied another participant.

One participant summed up the focus group nicely by saying, “We are blessed to have such high quality health care services locally.”

**Conclusion**

Based on the above qualitative information, it appears that Natrona County is providing a diverse range of high quality health care services. Community members prefer to receive health care services within Natrona County when possible, but travel to other areas for select specialty care services if they are unaware of services.
available locally or services are not provided. Focus group participants request a health resource directory be established and maintained to help increase access, and improve communication and overall coordination of care.

Conclusions, Recommendations and Acknowledgements

Conclusions

Overall, respondents within Natrona County rate access to health care as a primary factor for a healthy community. Better communication between health providers/agencies was the most frequently cited factor that would help make Natrona County a healthier place to live, work and play. The total average weighted score on communication between various health care providers in Natrona County received a score of 3.10 out of 5.00. Possible methods for increasing communication and access to care are through the creation of a local health resource directory and increasing advertisements of available programs.

Recommendations

Natrona County appears to have a positive reputation in the community, receiving positive ratings relating to communication across sectors. However, there is always an opportunity to increase awareness of services and improve coordination of care. Word-of-mouth advertising and community engagement efforts may help retain local market share. Loyalty can continue to be fostered with residents by focusing on assets such as the high level of competent care provided by nurses and physicians, as these attributes were referenced repeatedly in the focus groups. Also, consider creating and maintaining a local health resource directory as residents appear to lack knowledge of available services. A health resource directory may also increase the communication between providers and improve the overall coordination of care.

If further information on community health needs is desired, consider referencing secondary data sources such as: US Census Bureau, Centers for Disease Control and Prevention, and State and County health data to obtain comparative information and validate assessment findings.

Sharing assessment results and communicating proposed strategies that address community needs will promote customer loyalty. Therefore, it is advised to create a communications strategy for releasing the assessment findings. It is important to be clear on the intent of these communications (e.g., to share information or to stimulate action).

Document assessment processes and establish health priorities to secure tax exemption status per the Patient Protection and Affordable Care Act § 9007, if applicable.
Acknowledgements

The Center would like to thank Ms. Pam Evert, Senior Financial Analyst for her contributions and work with developing and distributing the assessment and the coordination of focus groups.

Tips for Next Steps:

• Document community health needs assessment processes and results to meet the charitable hospital tax-exempt status requirements, if applicable
• Determine how the assessment results will influence future planning
• Utilize findings to develop goals and an action plan
• Evaluate if an outside, neutral facilitator can assist in strategic planning
• Assess the value of framing strategic plans in a Balanced Scorecard or similar measurement framework
• Reflect on strengths within the hospital, clinic and community. Utilize these assets when addressing community health needs
• Consider presenting assessment results at a community health education forum to demonstrate the impact health care has on the local economy and quality of life
• Share assessment results with other local or state health care organizations (clinic, public health, mental health, non-profit, etc.) to gather input on how to collectively address needs identified from the survey. Assess if any non-health related organization could support the health needs of the community. Think outside the box
• Promote positive assessment results as hospital marketing tools for capturing market share
The Patient Protection and Affordable Care Act: section 9007 (Pub. L. No. 111-148) includes four primary adjustments to the federal income tax exemption requirements for nonprofit hospitals. Nonprofit is defined as an organization exempt from federal income tax under section 501(c) (3) of the Internal Revenue Code. Hospital is defined as an organization that is licensed, registered, or similarly recognized as a hospital. If a hospital organization operates more than one hospital facility, the organization is required to meet the requirements separately with respect to each facility. Under the act, tax-exempt hospitals must take the following actions to avoid penalties:

- Conduct a community health needs assessment at least once every three years that takes into account the broad interests of the community served by the hospital and must include individuals with expertise in public health
  - The community health needs assessment must be made widely available to the public.
  - An action plan must be developed by the hospital that identifies how the assessment findings are being implemented in a strategic plan.
  - If the findings are not being utilized in a strategic plan, documentation must be included as to why they are not being addressed at this time.
  - Requirements are met only if the organization has conducted a community health needs assessment in the taxable year or in either of the two taxable years immediately preceding the current taxable year.
    - Applicable beginning in taxable years starting after March 23, 2010
    - Will need to complete a needs assessment and adopt an implementation plan some time during a period that begins with the start of the first tax year after March 23, 2012.
- Make financial assistance policies widely available which specifies eligibility criteria for discounted care and how billed amounts are determined for patients (Interpretation: prohibits the use of gross charges)
- Notify patients of financial assistance policies through “reasonable efforts” before initiating various collection actions or reporting accounts to a credit rating agency (“Reasonable efforts” is yet to be defined as of 7/25/11)
- Restrict charges of uninsured, indigent patients to those amounts generally charged to insured patients

This act imposes penalties on hospitals that fail to timely conduct their community health needs assessments which could include penalties of equal to $50,000 and possible lose of the organization’s tax exempt status. Under the act, the Internal Revenue Service must review the exempt status of hospitals every three years. For additional information, please review the requirement as laid out in the legislation (see link above) or contact the National Rural Health Resource Center 218-727-9390.
What are Flex Coordinators’ primary responsibilities?

Establishing Health Priorities

Sufficient resources frequently are not available to address all the health concerns identified in a community health needs assessment. Identify issues to work on in the short to intermediate term (one to three years). Priorities should reflect the values and criteria agreed upon by the hospital board and community stakeholders, which should include public health.

Criteria that can be used to identify the most significant health priorities include:

- The magnitude of the health concern (the number of people or the percentage of population impacted)
- The severity of the problem (the degree to which health status is worse than the state or national norm)
- A high need among vulnerable populations

Criteria that can be used to evaluate which health issues should be prioritized include:

- The community’s capacity to act on the issue, including any economic, social, cultural, or political considerations
- The likelihood or feasibility of having a measurable impact on the issue
- Community resources (programs, funding) already focused on an issue (to reduce duplication of effort and to maximize effectiveness of limited resources)
- Whether the issue is a root cause of other problems (thereby possibly affecting multiple issues)

Once priorities have been established, set aside time to develop, implement, and monitor an action plan that assesses progress. Consider a comprehensive intervention plan that includes multiple strategies (educational, policy, environmental, programmatic); uses various settings for the implementation (hospital, schools, worksites); targets the community at large as well as subgroups; addresses factors that contribute to the health priority. Be sure to document and monitor results over the next one to three years to assure that community needs identified within the assessment are being addressed. Maintain records of assessment processes and priorities for obtaining base line information and for pursuing ongoing process improvements.

(Adapted from materials by the Association for Community Health Improvement)
Appendix A: Cover Letter and Survey Instrument

May 27, 2011

Dear Resident:

The enclosed survey concerns the future of health care in Natrona County. Your help is critical in determining health priorities and future needs for our residents.

There are many challenges facing rural health care, including access to services and affordability. Unfortunately, many of the same factors that threaten health care services nationally challenge our local health care system as well. By completing the enclosed survey, you can help guide these collaborating agencies to determine healthcare needs for Natrona County.

Your name was selected at random and your answers will be kept confidential. Please take a few moments to complete the enclosed survey by our deadline of June 27th, 2011. Your response is very important because your comments will represent others in the area. The goal of the survey is to obtain information from a wide range of area residents to assist in planning programs and services to meet present and future health care needs. We know your time is valuable, so we have made every effort to keep the survey brief. It should take less than 15 minutes to complete.

Once you complete your survey, simply return it in the enclosed self-addressed, postage paid envelope. All survey responses will go to the National Rural Health Resource Center (NRHRC) in Duluth, Minnesota, the organization that is assisting with this project. If you have any questions about the survey, please call Kami Norland (NRHRC) at 1-800-997-6885, ext. 223. We believe, with your help, we can continue to improve health care services in Natrona County.

Your help is much appreciated in responding to this survey. Thank you for your assistance. We appreciate your effort.

Sincerely,

Vickie Diamond, CEO
Wyoming Medical Center

Jillie L. Wilko, Acting City Manager
City of Casper

Dan Reiner, CEO
Community Health Center Central Wyoming

Jillian Riddle, Regional Partnership Manager
Wyoming Kids First of Natrona County
Natrona County Health Assessment Survey

INSTRUCTIONS: Please use a #2 pencil or ink pen to complete the survey and return it in the enclosed postage paid envelope. All responses must be made by filling in the circle next to the corresponding answer. All responses will be kept confidential.

1. How would you rate the overall health of Natrona County residents?
   - Excellent
   - Very Good
   - Good
   - Fair
   - Poor

2. In the following list, what do you think are the FIVE most important factors for a healthy community? (Select the 5 that most apply)
   - Access to healthcare
   - Affordable housing
   - Arts and cultural events
   - Clean environment
   - Good jobs and healthy economy
   - Good place to raise children
   - Good schools
   - Healthy behaviors and lifestyle
   - Low adult death and disease rates
   - Low crime rate/safe neighborhoods
   - Low level of child abuse
   - Low infant deaths
   - Parks and recreation
   - Religious or spiritual values
   - Smoke free in public places
   - Strong family life
   - Other _______________________

3. In the near future (2-5 years), what are the FIVE factors that would help make Natrona County a healthier place to live, work, and play? (Select the 5 that most apply)
   - More 24 hour workout facilities
   - Greater access to walking/bike paths
   - Exercise/weight management classes
   - Access to fresh produce/locally grown products
   - More information on caring for yourself
   - More parks/recreation areas
   - Access to health insurance
   - Better communication between health providers/agencies
   - Increased cultural events
   - Stress management classes
   - Nutrition education/cooking classes
   - Neighborhood gardens
   - Better transportation
   - Affordable housing
   - Clean neighborhoods
   - Promotion of healthy eating habits
   - Other _______________________

4. How would you rate your own personal health?
   - Excellent
   - Very Good
   - Good
   - Fair
   - Poor
5. Does anyone in your household currently have trouble getting medical care due to the issues listed below? *(Select all that apply)*

- Cost of medical care
- Deductible too high
- Transportation
- No local network provider available
- Lack of childcare
- Lack of coordination between healthcare providers
- Lack of information available about medical resources
- Other ________

6. Do you know about the following health education programs available in Natrona County? *(Select all that apply)*

<table>
<thead>
<tr>
<th>Program</th>
<th>No</th>
<th>Yes</th>
<th>Currently use</th>
<th>Previously used</th>
<th>Do not need</th>
<th>I use the internet for health questions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Asthma education</td>
<td>∅</td>
<td>∅</td>
<td>∅</td>
<td>∅</td>
<td>∅</td>
<td>∅</td>
</tr>
<tr>
<td>Diabetes education</td>
<td>∅</td>
<td>∅</td>
<td>∅</td>
<td>∅</td>
<td>∅</td>
<td>∅</td>
</tr>
<tr>
<td>Exercise classes</td>
<td>∅</td>
<td>∅</td>
<td>∅</td>
<td>∅</td>
<td>∅</td>
<td>∅</td>
</tr>
<tr>
<td>Healthy eating classes</td>
<td>∅</td>
<td>∅</td>
<td>∅</td>
<td>∅</td>
<td>∅</td>
<td>∅</td>
</tr>
<tr>
<td>Mental health services</td>
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<td>∅</td>
<td>∅</td>
<td>∅</td>
<td>∅</td>
<td>∅</td>
</tr>
<tr>
<td>Pain management classes</td>
<td>∅</td>
<td>∅</td>
<td>∅</td>
<td>∅</td>
<td>∅</td>
<td>∅</td>
</tr>
<tr>
<td>Prenatal care</td>
<td>∅</td>
<td>∅</td>
<td>∅</td>
<td>∅</td>
<td>∅</td>
<td>∅</td>
</tr>
<tr>
<td>Substance abuse/addiction</td>
<td>∅</td>
<td>∅</td>
<td>∅</td>
<td>∅</td>
<td>∅</td>
<td>∅</td>
</tr>
<tr>
<td>Tobacco prevention/cessation</td>
<td>∅</td>
<td>∅</td>
<td>∅</td>
<td>∅</td>
<td>∅</td>
<td>∅</td>
</tr>
<tr>
<td>Other</td>
<td>∅</td>
<td>∅</td>
<td>∅</td>
<td>∅</td>
<td>∅</td>
<td>∅</td>
</tr>
</tbody>
</table>

7. What are the best methods to increase access to health education programs in Natrona County? *(Select all that apply)*

- Expand hours of education programs
- Improve education program content
- Increase advertisements of available programs
- Offer programs covered by health insurance
- Offer programming online, at schools/worksites
- Provide transportation to education programs
- Provide childcare during programs
- Reduce cost of education programs
8. Please identify the top THREE screening programs that should be available in Natrona County? (Select ONLY three)
   ○ Blood pressure  ○ Diabetes (A1C)  ○ Osteoporosis/bone density  ○ Vision
   ○ Cardiovascular  ○ Hearing  ○ Prostate cancer (PSA)  ○ Other
   ○ Cholesterol  ○ Mammogram  ○ Skin cancer

9. What would improve access to health care in Natrona County? (Select all that apply)
   ○ More health education services
   ○ Childcare assistance
   ○ Interpreter services – Cultural sensitivity
   ○ Outpatient services extended hours/days/weekends
   ○ Better insurance coverage
   ○ More specialty healthcare services
   ○ Transportation assistance
   ○ More primary care providers
   ○ Financial assistance
   ○ Other

10. Do you have a physician that you see on a regular basis (at least once every three years)?
    ○ Yes  ○ No

11. Have you ever been referred to a specialist?
    ○ Yes  ○ No

12. How would you rate the coordination of your health care in Natrona County?
    
    Between your physician and specialty physician(s)
    ○ Excellent  ○ Very Good  ○ Good  ○ Fair  ○ Poor
    
    Between your physician and hospice providers
    ○ Excellent  ○ Very Good  ○ Good  ○ Fair  ○ Poor
    
    Between Community Health Center and Wyoming Medical Center
    ○ Excellent  ○ Very Good  ○ Good  ○ Fair  ○ Poor
    
    Between Wyoming Medical Center and physician
    ○ Excellent  ○ Very Good  ○ Good  ○ Fair  ○ Poor
    
    Between Wyoming Medical Center and nursing home(s)
    ○ Excellent  ○ Very Good  ○ Good  ○ Fair  ○ Poor
    
    Between Wyoming Medical Center and Elkhorn Rehab Hospital
    ○ Excellent  ○ Very Good  ○ Good  ○ Fair  ○ Poor
    
    Between Wyoming Medical Center and Wyoming Behavioral Institute (WBI)
    ○ Excellent  ○ Very Good  ○ Good  ○ Fair  ○ Poor
Do you have any comments on the coordination of your health care services?

13. What type of medical insurance do you currently have? (Select all that apply)
   - None
   - Title 19
   - Kid Care
   - Employer-sponsored
     - Blue Cross/Blue Shield
     - United Health Care
     - Cigna
     - WIN Health
   - Other employer sponsored insurance
   - State
   - Self insurance
   - VA/Military
   - Other (please specify)
   - Medicare

14. Does your insurance (Preferred Provider Organization-PPO) prohibit you from seeking medical services locally?
   - Yes
   - No
Demographic Information
All information is kept confidential and your identity is not associated with any answers.

15. What is your zip code?
   ○ 82620 Alcova
   ○ 82604 Casper
   ○ 82635 Edgerton
   ○ 82643 Midwest
   ○ 82648 Powder River
   ○ 82601 Casper
   ○ 82605 Casper
   ○ 82636 Evansville
   ○ 82644 Mills
   ○ 82602 Casper
   ○ 82609 Casper
   ○ 82638 Hiland
   ○ 82646 Natrona

16. What is your age range?
   ○ 18-25
   ○ 26-35
   ○ 36-45
   ○ 46-55
   ○ 56-65
   ○ 66-75
   ○ 78-85
   ○ 80+

17. What is your gender?
   ○ Male
   ○ Female

18. With which ethnicity do you most identify?
   ○ African American/ Black
   ○ Asian/ Pacific Islander
   ○ Native American
   ○ Hispanic/ Latino
   ○ White / Caucasian
   ○ Other

19. What is the highest level of education you have completed?
   ○ Less than high school
   ○ High school diploma or GED
   ○ Associate degree or some college
   ○ College degree or higher

20. What is your marital status?
   ○ Single
   ○ Separated/ divorced
   ○ Married
   ○ Widowed

21. What is your annual household income? (Optional)
   ○ Less than $14,000
   ○ $14,000-$24,999
   ○ $25,000-$34,999
   ○ $35,000-$49,999
   ○ $50,000-$74,999
   ○ $75,000-$99,999
   ○ Over $100,000

THANK YOU VERY MUCH FOR YOUR TIME
Please return the postage paid envelope enclosed with this survey or mail to:
National Rural Health Resource Center, 600 East Superior Street, Suite 404 Duluth MN 55802
by Monday, June 27, 2011

Please note that all information will remain confidential
Appendix B- Responses to Other and Comments

2. In the following list, what do you think are the FIVE most important factors for a healthy community?
- Keep out of drugs; there are too many drug problems in Casper
- Neglected the 5 that most apply
- Avoiding urban sprawl
- Practice safe sex
- Affordable healthcare
- In some areas, more sidewalks!
- They all contribute
- Affordable healthcare
- Individuals taking responsibility for themselves

3. In the near future (2-5 years), what are the FIVE factors that would help make Natrona County a healthier place to live, work, and play?
- Get rid of the drug problem
- Easier access to health care, more drug use education/counseling
- Parenting education
- Keeping the parks cleaner and keeping the homeless out of the parks and drug use
- Get rid of fast food and Wal-mart
- More jobs with better pay and benefits
- Smoke free public places
- Educational programs
- Not Obama Care
- Healthy meals in our schools
- Smoke free
- Sexual abstinence among teens until after marriage

5. Does anyone in your household currently have trouble getting medical care due to the issues listed below?
- Does not apply (2)
- Lack of Dr’s taking Medicare
- No problem getting medical care
- Cannot charge insurance provider due to pre existing health conditions stuck with $2,179 a month premium for 2 people and $2,500 deductible per person
- Ambulance services
- I am a widow
- I am on Medicare and AARP; my disabled son that lives with me is on workman’s comp
- Got laid off and can’t afford medical insurance.
- Son is diabetic (type 1) had trouble with insurance company being able to get the insulin pump he wanted
- Need more doctors here
- Lack of medical services
- While shopping for insurance, premiums seem too high for our budget

6. Do you know about the following health education programs available in Natrona County?
   - Use of WMC Ambulance to Mt View Hospital as a necessity

8. Please identify the top THREE screening programs that should be available in Natrona County?
   - Full body scan
   - Are all important

9. What would improve access to health care in Natrona County?
   - Advertising-services unknown
   - Free checkups
   - Better paying jobs
   - Specialists for minors, especially for gastroenterology
   - Doctors who care about their patients and strive to make them comfortable and healthy
   - Eliminate illegal drugs
   - Payment arrangements easier made lower cost
   - Individuals taking personal responsibility for themselves
   - Less insurance involvement and better patient-physician relationship/community

10. Do you have a physician that you see on a regular basis?
    - My current doctor of 32 years just closed her office. I am having difficulty finding a new Dr. because many won’t accept Medicare recipients

12. Do you have any comments on the coordination of your health care services?
    - Haven’t had to use so aren’t aware
    - Does not apply
    - I have had no need for coordination. I don’t know how effective it is
    - Not at this time- no problem
    - I grew up in a family that was poor, and we never had a regular doctor. Now that I’m older and have insurance through my employer, I don’t know the process of getting a doctor, or how to begin looking for one.
    - Less waiting in the waiting room and in the room where the doctor sees you.
    - People need to utilize their primary care physician rather than going to WMC emergency room for all of their health care needs.
    - I see no coordination anywhere.
    - The doctor that I used to see at Family Practice retired two years ago, since then my chiropractor did the mammogram request that is the only medical test I have needed
- No, I have good service
- Have not used it much to answer
- I believe I have received good healthcare
- Very good! I have excellent health insurance so I am lucky. Especially as my treatments are very expensive! I am an Alpha-1 Antitrypsin Deficiency Patient. I feel that not enough is known about this condition especially here in Wyoming. More people should be tested especially if they have not smoked and their lungs show emphysema
- Retired
- Don’t use them, can’t afford health insurance
- We have a great doctor system
- It has not been a problem
- Some specialists will not go to Mountain view Regional Hospital
- Don’t usually require services
- The physicians do not communicate results and findings among the primary and the specialists. They fail to notify the nursing staff. WMC nurses fail to communicate within the staff
- I can’t afford medical insurance? We got denied kid care because we don’t make enough money and denied Medicaid for making too much money
- Coordination between my doctor and Mountain View Regional Hospital was very good. Coordination with Wyoming Medical Center is not good
- Everything is so expensive on a limited income it is very hard
- We have to use Mt View ambulance to take my husband after seizures or falls to the wonderful Dr. & Hospital Mt View Hospital
- There is often very poor communication between a physician specialist and a primary care physician
- Work on security, then execute electronic records for all. Sage/WMC is what I see most of. It’s excellent
- Casper needs more and better primary care providers. There is a great need of pediatric doctors and dentists
- My Dr is excellent and communicates well with all other providers
- Appears to me doctors today perform too many unnecessary testing which puts a financial burden on the patient
- Services available are adequate, but insurance rates are a problem nationally. Many know what to do but ignore steps to help themselves (smoking, drinking)...I do not want extra services added which will increase my taxes. Personal choices and responsibilities are the problem
- I never know if my doctors really spoke to each other, doctors have too many patients and you are given too little time to go over your issues
- A lot of duplicate services the client ends up paying for. Also, a long delay in billing from hospitals
- No, I have had good health care here. I am struggling to afford to have regular checkups due to cost even though I have insurance. I have so many medical bills from 2 previous surgeries one of which I had no insurance
- Everything is too expensive
- Since I have not had actual experience with any of the above, my answers are not very reliable for a survey
- I wish we were more emphasizing of patient responsibility and personal responsibility in health decisions rather than entitlement programs. Reward good behavior and good personal health decisions rather than a system set up to reward an entitlement mentality.
- Reduce health care coverage
- Doctors come and go rapidly which is frustrating. Being able to have a long term relationship with a doctor is important to me
- Not enough donations to help with surgeries
- Recently I saw a specialist. He was able to view my medical records on computer and could see my meds and commented. I liked the seamlessness
- After going to WMC for my 9 year old daughters bladder infection, I was told that charity care would take care of the bill. I was charged later with a bill for $1,300. I have seen no charity, nor would I bring my daughter back to WMC unless it were a life threatening matter. Douglas isn't that far away

13. What type of medical insurance do you currently have?
- Individual
- VA medical
- Blue cross blue shield is not worth the premium amount
- Pro Rig, Employer
- Medicare and private
- GW
- Self pay, can’t afford any
- Humana (3)
- Medicare (2)
- Christian based co-op
- Assurant (3)
- supplement
- Caltic Individual Health (self employed)
- AFLAC
- Tri-care (2)
- Assurant Health Great-West Healthcare
- Altivs
- Federal: PCIP
- Employer supplement
- Medicare supplement (2)
- Meritain (5)
14. Does your insurance (PPO) prohibit you from seeking medical services locally?
- No, but it is more expensive with no PPO provider
- We were told that we had to pay an additional “out of network” deductible of $750.00 to see Dr. Whieler for neurology services. The network provider was a neuro-surgeon, not what we needed at all. We are still appealing this
- Patients can demand to know who the “in network” physicians are. If there isn’t one, they must pay. Patients don’t always know this. But many do even though there is no preferred provider in Casper on their list they automatically don’t pay because they used an “out of network” physician. Most physicians cannot afford to be in network because they often pay less than half. Many new docs have huge student loans and took malpractice policies to pay. They are reducing people with 8-12 yrs of college to blue collar wages which will deter new students from that path in the future. (Huge debt, decade of life, poor pay)
- No, but it is very costly

16. What is your age range?
- You lost 76-77, otherwise you did well 😊

18. With which ethnicity do you most identify?
- American
- Italian American
- Caucasian/Asian
- All people

Other comments:
- “Problems with community health care can be summed easily: You can lead a horse’s ass to the doctor, but you can’t make him think!”
Appendix C- Focus Group Invitation and Questions

Dear Business Leader:

Please accept this invitation to participate in a focus group conducted by the National Rural Health Resource Center on behalf of Wyoming Medical Center, Community Health Center of Central Wyoming, City of Casper, Wyoming Business Coalition on Health, and Wyoming Kids First of Natrona County. Focus groups are an excellent way for individuals to express their opinions in a candid and confidential environment. The goal of this focus group is to assist Wyoming Medical Center in identifying strengths and needs of health services for the region.

This information will be used for strategic planning, grant applications, new programs and by community groups interested in addressing health issues. This process was developed to maintain quality health care to serve the continuing and future needs of the community.

Participants for focus groups were identified as those living in the area that represents various groups of health care consumers. Whether you or a family member are involved with Wyoming Medical Center’s health care services or not, this is your opportunity to help guide responsive, high quality local health services in the future.

We invite you to participate in the focus group scheduled for Wednesday, June 15, 2011 from 7:00-8:00 am at the Three Crowns Golf Course Restaurant at 1601 King Boulevard, Casper, WY. Your identity is not part of the focus group report and your individual responses will be kept confidential. Breakfast will be provided by Wyoming Medical Center.

To confirm your attendance, please contact Kim at the National Rural Health Resource Center at 1-800-997-6685, Ext. 237 or e-mail knordin@ruralcenter.org by June 8th. Thank you, we look forward to your participation.

Sincerely,

Kami Norland, Community Specialist
National Rural Health Resource Center
Wyoming Medical Center
Focus Group Questions

The questions below are the types of questions that will be asked during this focus group. The purpose of this focus group is to identify the strengths and needs of health services in Natrona County. No identifiable information will be disclosed in the report and the results will assist Wyoming Medical Center with future care and planning.

1. In your opinion, what do you think is good about health care services in Natrona County?

2. How would you describe the coordination of health care services you or a family member have received in Natrona County?

3. Are there barriers to health care in Natrona County? If yes, please identify.

4. Do you receive health care services outside of Natrona County? If yes, why, and for what types of services?

5. Please share any additional comments or suggestions regarding health care services in Natrona County.