Natrona County, WY
Community Needs Assessment,
Focus Group Findings,
& Secondary Data Collection

January 2009
Natrona County
Community Needs Assessment and Focus Groups Findings
Table of Contents

Introduction .................................................................................................................................................. 2

Survey Methodology ................................................................................................................................. 3

Survey Respondents Demographics ......................................................................................................... 4

Survey Findings .......................................................................................................................................... 14

Focus Group Methodology ......................................................................................................................... 30

Focus Group Findings ................................................................................................................................. 31

Secondary Data Collection ......................................................................................................................... 34

Summary ..................................................................................................................................................... 39

Appendix A ................................................................................................................................................ 40
Cover Letter and Survey Instrument

Appendix B ................................................................................................................................................ 46
Responses to Other and Comments

Appendix C ................................................................................................................................................ 53
Focus Group Questions
Natrona County  
Community Needs Assessment  
Summary Report  
January 2009

I. Introduction

Wyoming Medical Center, the Community Health Center of Central Wyoming and Casper-Natrona County Health Department participated in a community engagement grant through the Wyoming Office of Rural Health. This project includes a community needs assessment and focus groups administered by the Rural Health Resource Center of Duluth, Minnesota.

In the fall of 2008, Natrona County residents were surveyed on the likelihood of utilization of a variety of local healthcare services. This report shows the results of the survey in both narrative and chart formats. A copy of the survey instrument is available in Appendix A.
II. Survey Methodology

Survey Instrument

In October 2008, staff from the Rural Health Resource Center conferred with leaders from Wyoming Medical Center (WMC), Community Health Center of Central Wyoming, and Casper-Natrona County Health Department to discuss the objectives of a regional survey for community health services. A survey instrument was developed to assess the healthcare needs and preferences in WMC’s service area. The survey instrument was designed to be easily completed by respondents and to be electronically scanned to maximize accuracy in assessing survey responses. An additional “comments” section was also included. The survey was designed to provide information from local residents regarding:

- Demographics of respondents
- Community health factors
- Likelihood of participating in local health services

Sampling

Wyoming Medical Center provided the Rural Health Resource Health Center with a list of Natrona County residents and the number of inpatient admissions. The 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 the overall served population and the proportion of past admissions. (Note: Although the survey samples were proportionately selected, actual surveys returned from each population area varied, which may result in slightly less proportional results.)

Survey Implementation

In October 2008, the community needs assessment; a cover letter from the Rural Health Resource Center with the CEO’s signature on letterhead with combined logos from the Wyoming Medical Center; Community Health Center of Central Wyoming and the Casper-Natrona County Health Department; and a postage paid reply envelope were mailed to 800 randomly selected residents in the targeted region. A news release was sent to local newspapers prior to the survey distribution announcing that the local healthcare agencies in Natrona County would be conducting a community needs assessment throughout the region in cooperation with the Rural Health Resource Center.

One hundred and ninety-one surveys were returned out of the 800 mailed for a 25% response rate. Based upon the sample size, we can be 95% confident that the responses to the survey questions are representative of the service area population, plus or minus 5%.
III. Survey Respondent Demographics

A total of 800 surveys were mailed first class. One hundred and ninety-one surveys were completed for a 25% response rate. The following tables indicate the demographic characteristics of the survey respondents. Information on residency, gender, and age is included. Percentages indicated on the tables and graphs are based upon the total number of responses for each individual question. The top 5 percentages in each table have been bolded for easier reference.

Place of Residence (Question 16)

The majority of respondents appear to reside in Casper with a total of 87% (n=167) identifying their zip code within the Casper city limits, with 35% (n=66) of respondents indicating a zip code of 82601. Four percent (n=8) of respondents reside in Evansville. Please note that percentages are rounded up to the nearest whole number, so the percentage does not equal 100%.

<table>
<thead>
<tr>
<th>Location</th>
<th>Count</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>No Answer</td>
<td>4</td>
<td>2%</td>
</tr>
<tr>
<td>82601 Casper</td>
<td>66</td>
<td>35%</td>
</tr>
<tr>
<td>82602 Casper</td>
<td>2</td>
<td>1%</td>
</tr>
<tr>
<td>82604 Casper</td>
<td>55</td>
<td>29%</td>
</tr>
<tr>
<td>82605 Casper</td>
<td>1</td>
<td>1%</td>
</tr>
<tr>
<td>82609 Casper</td>
<td>43</td>
<td>23%</td>
</tr>
<tr>
<td>82620 Alcova</td>
<td>2</td>
<td>1%</td>
</tr>
<tr>
<td>82635 Edgerton</td>
<td>1</td>
<td>1%</td>
</tr>
<tr>
<td>82636 Evansville</td>
<td>8</td>
<td>4%</td>
</tr>
<tr>
<td>82638 Hiland</td>
<td>1</td>
<td>1%</td>
</tr>
<tr>
<td>82643 Midwest</td>
<td>2</td>
<td>1%</td>
</tr>
<tr>
<td>82644 Mills</td>
<td>4</td>
<td>2%</td>
</tr>
<tr>
<td>82646 Natrona</td>
<td>1</td>
<td>1%</td>
</tr>
<tr>
<td>82648 Powder River</td>
<td>1</td>
<td>1%</td>
</tr>
<tr>
<td>N=</td>
<td>191</td>
<td>103%</td>
</tr>
</tbody>
</table>
Age of Respondents (Question 17)

Twenty-one percent of respondents (n=40) were between the ages of 56-65. Eighteen percent of respondents (n=35) were between the ages of 46-55 and 16% of respondents (n=31) were between the ages of 66-75. This statistic is comparable to the demographics in other rural community needs assessments. The increasing percentage of elderly residents in rural communities is a trend which is seen throughout the nation and will likely have a significant impact on the need for healthcare services during the next 10-20 years, however it is important to note that the survey was targeted to adults and therefore no respondents are under age 18. Older residents are also more invested in healthcare decision making; therefore they are more likely to respond to healthcare surveys, as reflected by this graph. (N=191)
Gender of Respondents (Question 18)

Of the 191 surveys returned, 67% (n=127) of survey respondents were female; 30% (n=58) were male; and 3% (n=6) 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 healthcare oriented since women are frequently the healthcare decision makers for families. (N=191)
Ethnicity of Respondents (Question 19)

The majority of the respondents, 89% (n=170) reported their ethnicity as White/Caucasian. Three percent (n=5) identified themselves as Hispanic/Latino. Six percent (n=12) chose not to answer this question. (N=191)
**Highest Level of Education Completed (Question 20)**

Respondents were asked to indicate the highest level of education they have completed. Thirty-five percent (n=67) of respondents report having earned a college degree or higher. Thirty-four percent (n=64) of respondents have an associate’s degree or some college. (N=191)
Marital Status of Respondents (Question 21)

Fifty-two percent (n=100) of respondents are married and 17% (n=32) are widowed. This graph is congruent with the age of respondents. Four percent (n=7) of respondents chose not to answer this question. (N=191)
Children Residing with the Respondent (Question 22)

The majority of respondents at 64% (n=122) do not have children living in their home with them. However, 33% (n=63) of respondents have children living with them between the ages of 0-59 years old. It was indicated that children over 18 years of age were living at home due to specific circumstances (divorced, disabled, etc). Reference the survey comments in Appendix B for a complete listing of children’s ages. (N=191)
Respondents Caring for an Elderly Family Member (Question 23)

The majority of respondents, 81% (n=153) are not caring for an elderly family member, however 13% (n=24) are caring for an elderly family member with 2% (n=4) caring for the family member in the respondent’s home. (N=191)
Type of Medical Insurance (Question 15)

The majority of respondents, 41% (n=74) report having employer sponsored medical insurance, with 37% (n=68) of respondents having Medicare. Medicare is typically the most frequent form of medical insurance from other rural community needs assessments. Twenty-nine percent (n=51) of respondents have Blue Cross/Blue Shield medical insurance. Thirteen percent (n=24) have self-paid insurance and 9% (n=16) report having no medical insurance at all. (N=186) Please note that respondents were asked to check all that apply, so percentages do not equal 100%.
Annual Household Income of Respondents (Question 24- Optional)

Twenty-three percent (n=43) of respondents chose not to answer this optional question. Of those that answered this question, 16% (n=30) report an annual household income of $50,000-74,999. This income range is higher than typically seen in other rural community needs assessments. Seven percent (n=13) make less than $14,000 per year. (N=191)
IV. Survey Findings

Perception of a Healthy Community (Question 1)

Respondents were asked how they would rate community health. Of the 191 surveys returned, half, 50% (n=97) rated their community’s health as good and 21% (n=40) rated the community’s health as very good. Only 3% (n=5) rated the community’s health as poor. (N=191)
Rating of Personal Health (Question 2)

Respondents were asked how they would rate their own personal health. Forty-seven percent (n=89) reported their level of health as good and 29% (n=56) rated their personal health as very good. Three percent (n=5) rated their personal health poor, which is the same percentage of respondents that rated the community’s health as poor. (N= 191)
Most Important Factors for a Healthy Community (Question 3)

Survey respondents were asked to check the 5 most important factors for a healthy community. The top response by 83% (n=158) of respondents was access to healthcare. The next most common factor was good jobs and a healthy economy at 56% (n=107) followed by healthy behaviors and lifestyle at 51% (n=97); low crime rate/safe neighborhoods at 45% (n=85); and a clean environment at 39% (n=75) concluded the list of top 5 factors. (N= 191) Please note that respondents were asked to check the 5 factors that most applied, so percentages do not equal 100%. Again, the top 5 factors are bolded for easier reference.

<table>
<thead>
<tr>
<th>Factor</th>
<th>Count</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Access to healthcare</td>
<td>158</td>
<td>83%</td>
</tr>
<tr>
<td>Affordable housing</td>
<td>63</td>
<td>33%</td>
</tr>
<tr>
<td>Arts and cultural events</td>
<td>9</td>
<td>5%</td>
</tr>
<tr>
<td><strong>Clean environment</strong></td>
<td>75</td>
<td><strong>39%</strong></td>
</tr>
<tr>
<td>Good jobs and healthy economy</td>
<td>107</td>
<td><strong>56%</strong></td>
</tr>
<tr>
<td>Good place to raise children</td>
<td>41</td>
<td>21%</td>
</tr>
<tr>
<td>Good schools</td>
<td>43</td>
<td>23%</td>
</tr>
<tr>
<td><strong>Healthy behaviors and lifestyle</strong></td>
<td>97</td>
<td><strong>51%</strong></td>
</tr>
<tr>
<td>Low adult death and disease rates</td>
<td>19</td>
<td>10%</td>
</tr>
<tr>
<td><strong>Low crime rate/safe neighborhoods</strong></td>
<td>85</td>
<td><strong>45%</strong></td>
</tr>
<tr>
<td>Low level of child abuse</td>
<td>36</td>
<td>19%</td>
</tr>
<tr>
<td>Low infant deaths</td>
<td>8</td>
<td>4%</td>
</tr>
<tr>
<td>Parks and recreation</td>
<td>29</td>
<td>15%</td>
</tr>
<tr>
<td>Religious or spiritual values</td>
<td>51</td>
<td>27%</td>
</tr>
<tr>
<td>Smoke free in public places</td>
<td>73</td>
<td>38%</td>
</tr>
</tbody>
</table>
Most Important Health Problems in the Community (Question 4)

When respondents were asked to identify the 5 most important health problems in their community, substance abuse was rated as a concern by 65% (n=124) of respondents, followed by obesity at 54% (n=104), cancers at 52% (n=99); and heart disease and stroke at 45% (n=85). (N= 191) Please note that respondents were asked to check the 5 factors that most applied so percentages do not equal 100%.

<table>
<thead>
<tr>
<th>Health Problem</th>
<th>Count</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Aging problems (arthritis, hearing/vision loss)</td>
<td>72</td>
<td>38%</td>
</tr>
<tr>
<td>Asthma</td>
<td>7</td>
<td>4%</td>
</tr>
<tr>
<td><strong>Cancers</strong></td>
<td><strong>99</strong></td>
<td><strong>52%</strong></td>
</tr>
<tr>
<td>Child abuse/neglect</td>
<td>34</td>
<td>18%</td>
</tr>
<tr>
<td>Chronic pain</td>
<td>16</td>
<td>8%</td>
</tr>
<tr>
<td>Dental problems</td>
<td>10</td>
<td>5%</td>
</tr>
<tr>
<td>Diabetes</td>
<td>55</td>
<td>29%</td>
</tr>
<tr>
<td>Domestic violence</td>
<td>53</td>
<td>28%</td>
</tr>
<tr>
<td>Firearm related injuries</td>
<td>2</td>
<td>1%</td>
</tr>
<tr>
<td><strong>Heart disease and stroke</strong></td>
<td><strong>85</strong></td>
<td><strong>45%</strong></td>
</tr>
<tr>
<td>High blood pressure</td>
<td>36</td>
<td>19%</td>
</tr>
<tr>
<td>HIV/AIDS</td>
<td>8</td>
<td>4%</td>
</tr>
<tr>
<td>Infectious disease (Hepatitis, TB, etc)</td>
<td>13</td>
<td>7%</td>
</tr>
<tr>
<td>Mental health problems</td>
<td>33</td>
<td>17%</td>
</tr>
<tr>
<td>Motor vehicle crash injuries</td>
<td>17</td>
<td>9%</td>
</tr>
<tr>
<td><strong>Obesity</strong></td>
<td><strong>104</strong></td>
<td><strong>54%</strong></td>
</tr>
<tr>
<td>Rape/sexual assault</td>
<td>7</td>
<td>4%</td>
</tr>
<tr>
<td>Respiratory/lung disease</td>
<td>26</td>
<td>14%</td>
</tr>
<tr>
<td>Sexually transmitted infections (STI's)</td>
<td>9</td>
<td>5%</td>
</tr>
<tr>
<td>Smoking</td>
<td>76</td>
<td>40%</td>
</tr>
<tr>
<td><strong>Substance abuse</strong></td>
<td><strong>124</strong></td>
<td><strong>65%</strong></td>
</tr>
<tr>
<td>Suicide</td>
<td>21</td>
<td>11%</td>
</tr>
<tr>
<td>Teenage pregnancy</td>
<td>35</td>
<td>18%</td>
</tr>
<tr>
<td>Other</td>
<td>9</td>
<td>5%</td>
</tr>
</tbody>
</table>
Most Important “Risky Behaviors” in the Community (Question 5)

Respondents were asked to identify the 5 most important “risky behaviors” in the community. Alcohol abuse was identified as a risky behavior by 83% (n=157) of respondents, which is congruent with the top response of most important health problem in the community, where 65% (n=124) of respondents identified substance abuse as a community health problem in question #4. Drug abuse was also identified as a risky behavior at 75% (n= 142), as well as tobacco use (chewing/smoking) at 51% (n=97). Being overweight at 49% (n=93) and lack of exercise at 43% (n=82) were also noted as risky behaviors in the community. (N= 189) Please note that respondents were asked to check the 5 factors that most applied, so percentages do not equal 100%.

<table>
<thead>
<tr>
<th>Risky Behavior</th>
<th>Count</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Alcohol abuse</td>
<td>157</td>
<td>83%</td>
</tr>
<tr>
<td>Being overweight</td>
<td>93</td>
<td>49%</td>
</tr>
<tr>
<td>Dropping out of school</td>
<td>38</td>
<td>20%</td>
</tr>
<tr>
<td>Drug abuse</td>
<td>142</td>
<td>75%</td>
</tr>
<tr>
<td>Exposure to second hand smoke</td>
<td>45</td>
<td>24%</td>
</tr>
<tr>
<td>Few safe, maintained bike/walk trails</td>
<td>6</td>
<td>3%</td>
</tr>
<tr>
<td><strong>Lack of exercise</strong></td>
<td><strong>82</strong></td>
<td><strong>43%</strong></td>
</tr>
<tr>
<td>Not getting shots to prevent disease</td>
<td>13</td>
<td>7%</td>
</tr>
<tr>
<td>Not going to the doctor for checkups</td>
<td>48</td>
<td>25%</td>
</tr>
<tr>
<td>Not using birth control</td>
<td>26</td>
<td>14%</td>
</tr>
<tr>
<td>Not using safety equipment</td>
<td>6</td>
<td>3%</td>
</tr>
<tr>
<td>Not using seat belts/child safety seats</td>
<td>33</td>
<td>17%</td>
</tr>
<tr>
<td>Not using sunscreen</td>
<td>7</td>
<td>4%</td>
</tr>
<tr>
<td>Not wearing a bike/motorcycle helmet</td>
<td>15</td>
<td>8%</td>
</tr>
<tr>
<td>Poor eating habits</td>
<td>76</td>
<td>40%</td>
</tr>
<tr>
<td><strong>Tobacco use (chewing/smoking)</strong></td>
<td><strong>97</strong></td>
<td><strong>51%</strong></td>
</tr>
<tr>
<td>Unsafe sex</td>
<td>49</td>
<td>26%</td>
</tr>
<tr>
<td>Vending machines in schools</td>
<td>14</td>
<td>7%</td>
</tr>
</tbody>
</table>
Best Marketing Methods for Learning about Local Healthcare Agencies (Question 13)

Respondents were asked to identify the 5 best ways they learn of health services offered by various healthcare agencies in Casper and Natrona County. News/media was identified by most respondents at 68% (n=127) as a good method for learning about local health services. This is contrary to most rural communities, where word of mouth is identified as the best marketing method for learning about healthcare. Here, word of mouth places third at 56% (n=104) preceded by newspaper ads at 66% (n=123). Television ads and referrals from healthcare providers complete the list with the top 5 best marketing methods for learning about local healthcare. Website access for marketing was reported by only 8% (n=15). (N=186) Please note that respondents were asked to check the 5 that most apply, so percentages do not equal 100%.

<table>
<thead>
<tr>
<th>Marketing Method</th>
<th>Count</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bus stop advertising</td>
<td>6</td>
<td>3%</td>
</tr>
<tr>
<td>Brochures</td>
<td>46</td>
<td>25%</td>
</tr>
<tr>
<td>Church/synagogue</td>
<td>17</td>
<td>9%</td>
</tr>
<tr>
<td>Email notifications</td>
<td>10</td>
<td>5%</td>
</tr>
<tr>
<td>Mailed announcements</td>
<td>93</td>
<td>50%</td>
</tr>
<tr>
<td>Newsletters</td>
<td>49</td>
<td>26%</td>
</tr>
<tr>
<td><strong>News/media</strong></td>
<td><strong>127</strong></td>
<td><strong>68%</strong></td>
</tr>
<tr>
<td>Newspaper ads</td>
<td>123</td>
<td>66%</td>
</tr>
<tr>
<td>Posters</td>
<td>15</td>
<td>8%</td>
</tr>
<tr>
<td>Radio ads</td>
<td>66</td>
<td>35%</td>
</tr>
<tr>
<td><strong>Referrals from healthcare providers</strong></td>
<td><strong>96</strong></td>
<td><strong>52%</strong></td>
</tr>
<tr>
<td>Television ads</td>
<td>104</td>
<td>56%</td>
</tr>
<tr>
<td>Website</td>
<td>15</td>
<td>8%</td>
</tr>
<tr>
<td><strong>Word of mouth</strong></td>
<td><strong>113</strong></td>
<td><strong>61%</strong></td>
</tr>
<tr>
<td>Other</td>
<td>6</td>
<td>3%</td>
</tr>
</tbody>
</table>
Best Method to Learn about Healthcare or an Illness (Question 14)

Respondents were asked to identify the best educational method to learn about healthcare or an illness. The majority of respondents 60% (n=108) categorized news/media as an effective method to obtain health information, followed by readings or newsletters at 51% (n=93). These responses were trailed by website at 38% (n=68) and educational classes, 33% (n=60). A listing of comments from the section titled “Other” is available in Appendix B. (N=181) Please note that respondents were asked to check all that apply, so percentages do not equal 100%.

<table>
<thead>
<tr>
<th>Marketing Method</th>
<th>Count</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Drop-in health counseling</td>
<td>29</td>
<td>16%</td>
</tr>
<tr>
<td>Educational classes</td>
<td>60</td>
<td>33%</td>
</tr>
<tr>
<td>News/media</td>
<td>108</td>
<td>60%</td>
</tr>
<tr>
<td>Readings or newsletters</td>
<td>93</td>
<td>51%</td>
</tr>
<tr>
<td>Screenings</td>
<td>55</td>
<td>30%</td>
</tr>
<tr>
<td>Telephone calls</td>
<td>37</td>
<td>20%</td>
</tr>
<tr>
<td>Videos</td>
<td>17</td>
<td>9%</td>
</tr>
<tr>
<td>Website</td>
<td>68</td>
<td>38%</td>
</tr>
<tr>
<td>Other</td>
<td>7</td>
<td>4%</td>
</tr>
</tbody>
</table>
Likelihood of Utilizing Alternative/Complimentary Medicines (Question 6)

Respondents were asked to rate the likeliness of themselves or a household member utilizing alternative/complimentary medicine services. Of the services listed below, massage therapy was the only service respondents were likely to use at 42% (n=80). The service most likely not to be used was healing touch by 70% (n=133) of respondents. The highest percentages have been bolded for easier reference. The total average weighted score was 1.56 out of a 3.00 scale. The average weighted scores include those that chose not to answer this question.

<table>
<thead>
<tr>
<th>Service</th>
<th>Very Likely</th>
<th>Likely</th>
<th>Not Likely</th>
<th>No Answer</th>
<th>Total</th>
<th>Average Weighted Score</th>
</tr>
</thead>
<tbody>
<tr>
<td>Acupuncture</td>
<td>21% (n=25)</td>
<td>23% (n=43)</td>
<td>61% (n=118)</td>
<td>3% (n=5)</td>
<td>100% (N=191)</td>
<td>1.46</td>
</tr>
<tr>
<td>Aromatherapy</td>
<td>6% (n=12)</td>
<td>15% (n=28)</td>
<td>75% (n=144)</td>
<td>4% (n=7)</td>
<td>100% (N=191)</td>
<td>1.26</td>
</tr>
<tr>
<td>Chiropractic</td>
<td>21% (n=41)</td>
<td>35% (n=66)</td>
<td>41% (n=78)</td>
<td>3% (n=6)</td>
<td>100% (N=191)</td>
<td>1.77</td>
</tr>
<tr>
<td>Healing touch</td>
<td>7% (n=14)</td>
<td>19% (n=37)</td>
<td>70% (n=133)</td>
<td>4% (n=7)</td>
<td>100% (N=191)</td>
<td>1.34</td>
</tr>
<tr>
<td>Massage therapy</td>
<td>27% (n=51)</td>
<td>42% (n=80)</td>
<td>30% (n=57)</td>
<td>2% (n=3)</td>
<td>100% (N=191)</td>
<td>1.95</td>
</tr>
<tr>
<td><strong>N=</strong></td>
<td>143</td>
<td>254</td>
<td>530</td>
<td>28</td>
<td></td>
<td><strong>1.56</strong></td>
</tr>
</tbody>
</table>
Likelihood of Utilizing Child Services (Question 7)

Respondents were asked to rate the likeliness of themselves or a household member utilizing child services. There were no child services that were likely to be utilized by the majority of respondents. However, 48% (n=93) of respondents indicated they are over the age of 56, which is beyond the typical child rearing age. Please note that percentages are rounded up to the nearest whole number in the total column. The total average weighted score was 1.47 out of a 3.00 scale. The average weighted scores include those that chose not to answer this question.

<table>
<thead>
<tr>
<th>Service</th>
<th>Very Likely</th>
<th>Likely</th>
<th>Not Likely</th>
<th>No Answer</th>
<th>Total</th>
<th>Average Weighted Score</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>3</td>
<td>2</td>
<td>1</td>
<td>0</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Additional day care</td>
<td>12% (n=22)</td>
<td>12% (n=22)</td>
<td>70% (n=133)</td>
<td>7% (n=14)</td>
<td>100% (N=191)</td>
<td>1.35</td>
</tr>
<tr>
<td>After school programs</td>
<td>17% (n=32)</td>
<td>18% (n=35)</td>
<td>59% (n=112)</td>
<td>6% (n=12)</td>
<td>100% (N=191)</td>
<td>1.52</td>
</tr>
<tr>
<td>Clubs/leagues</td>
<td>15% (n=29)</td>
<td>25% (n=47)</td>
<td>51% (n=98)</td>
<td>9% (n=17)</td>
<td>100% (N=191)</td>
<td>1.55</td>
</tr>
<tr>
<td>Exercise/nutrition programs</td>
<td>23% (n=44)</td>
<td>34% (n=64)</td>
<td>37% (n=70)</td>
<td>7% (n=13)</td>
<td>100% (N=191)</td>
<td>1.79</td>
</tr>
<tr>
<td>Head start</td>
<td>12% (n=22)</td>
<td>9% (n=17)</td>
<td>69% (n=132)</td>
<td>10% (n=20)</td>
<td>100% (N=191)</td>
<td>1.32</td>
</tr>
<tr>
<td>Health education programs</td>
<td>18% (n=35)</td>
<td>28% (n=54)</td>
<td>48% (n=92)</td>
<td>6% (n=11)</td>
<td>100% (N=191)</td>
<td>1.65</td>
</tr>
<tr>
<td>Other</td>
<td>4% (n=8)</td>
<td>1% (n=1)</td>
<td>21% (n=41)</td>
<td>74% (n=141)</td>
<td>100% (N=191)</td>
<td>1.09</td>
</tr>
<tr>
<td>N=</td>
<td>28</td>
<td>192</td>
<td>240</td>
<td>678</td>
<td></td>
<td>1.47</td>
</tr>
</tbody>
</table>
Likelihood of Utilizing Family Health Classes (Question 8)

Respondents were asked to rate the likelihood of themselves or a household member utilizing family health classes. Of the services listed below, CPR was rated as a service respondents or their household members would likely use by 45% (n=85) of the survey population. Forty-three percent (n=82) of respondents also indicated they would likely use classes on weight management. The total average weighted score was 1.55 out of a 3.00 scale. The average weighted scores include those that chose not to answer this question.

<table>
<thead>
<tr>
<th>Service</th>
<th>Very Likely</th>
<th>Likely</th>
<th>Not Likely</th>
<th>No Answer</th>
<th>Total</th>
<th>Average Weighted Score</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adult classes on nutrition/cooking</td>
<td>11% (n=20)</td>
<td>31% (n=59)</td>
<td>54% (n=104)</td>
<td>4% (n=8)</td>
<td>100% (N=191)</td>
<td>1.52</td>
</tr>
<tr>
<td>Breastfeeding classes</td>
<td>6% (n=12)</td>
<td>7% (n=13)</td>
<td>81% (n=155)</td>
<td>6% (n=11)</td>
<td>100% (N=191)</td>
<td>1.19</td>
</tr>
<tr>
<td>Childbirth preparation</td>
<td>8% (n=15)</td>
<td>11% (n=21)</td>
<td>76% (n=146)</td>
<td>5% (n=9)</td>
<td>100% (N=191)</td>
<td>1.27</td>
</tr>
<tr>
<td>Child safety</td>
<td>17% (n=32)</td>
<td>19% (n=36)</td>
<td>57% (n=109)</td>
<td>7% (n=14)</td>
<td>100% (N=191)</td>
<td>1.52</td>
</tr>
<tr>
<td>Classes on weight management</td>
<td>19% (n=37)</td>
<td>43% (n=82)</td>
<td>34% (n=64)</td>
<td>4% (n=8)</td>
<td>100% (N=191)</td>
<td>1.81</td>
</tr>
<tr>
<td>CPR</td>
<td>30% (n=58)</td>
<td>45% (n=85)</td>
<td>22% (n=42)</td>
<td>3% (n=6)</td>
<td>100% (N=191)</td>
<td>2.21</td>
</tr>
<tr>
<td>Prenatal/well baby services</td>
<td>10% (n=19)</td>
<td>12% (n=23)</td>
<td>73% (n=139)</td>
<td>5% (n=10)</td>
<td>100% (N=191)</td>
<td>1.32</td>
</tr>
<tr>
<td>N=</td>
<td>193</td>
<td>319</td>
<td>159</td>
<td>66</td>
<td></td>
<td>1.55</td>
</tr>
</tbody>
</table>
Likelihood of Utilizing Programs on Chronic Conditions (Question 9)

Respondents were asked to rate the likelihood of themselves or a household member utilizing programs on chronic conditions. Of the services listed below, chronic pain was rated as a service respondents or their household members would likely use by 38% (n=73) of the survey population. Thirty-nine percent (n=74) of respondents also indicated they would likely utilize a program on cancer. The total average weighted score was 1.55 out of a 3.00 scale. The average weighted scores include those that chose not to answer this question.

<table>
<thead>
<tr>
<th>Service</th>
<th>Very Likely</th>
<th>Likely</th>
<th>Not Likely</th>
<th>No Answer</th>
<th>Total</th>
<th>Average Weighted Score</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>3</td>
<td>2</td>
<td>1</td>
<td>0</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Alcohol/drug services</td>
<td>6% (n=12)</td>
<td>17% (n=33)</td>
<td>71% (n=136)</td>
<td>5% (n=10)</td>
<td>100% (N=191)</td>
<td>1.30</td>
</tr>
<tr>
<td>Allergies</td>
<td>17% (n=32)</td>
<td>28% (n=54)</td>
<td>50% (n=95)</td>
<td>5% (n=10)</td>
<td>100% (N=191)</td>
<td>1.62</td>
</tr>
<tr>
<td>Alzheimer’s</td>
<td>11% (n=21)</td>
<td>27% (n=51)</td>
<td>55% (n=106)</td>
<td>7% (n=13)</td>
<td>100% (N=191)</td>
<td>1.49</td>
</tr>
<tr>
<td>Arthritis</td>
<td>17% (n=32)</td>
<td>38% (n=73)</td>
<td>40% (n=106)</td>
<td>5% (n=9)</td>
<td>100% (N=191)</td>
<td>1.71</td>
</tr>
<tr>
<td>Asthma</td>
<td>12% (n=23)</td>
<td>19% (n=36)</td>
<td>63% (n=120)</td>
<td>6% (n=12)</td>
<td>100% (N=191)</td>
<td>1.42</td>
</tr>
<tr>
<td>Cancer</td>
<td>16% (n=31)</td>
<td>39% (n=74)</td>
<td>40% (n=120)</td>
<td>5% (n=10)</td>
<td>100% (N=191)</td>
<td>1.71</td>
</tr>
<tr>
<td>Chronic pain</td>
<td>19% (n=36)</td>
<td>38% (n=73)</td>
<td>38% (n=72)</td>
<td>5% (n=10)</td>
<td>100% (N=191)</td>
<td>1.76</td>
</tr>
<tr>
<td>Diabetes</td>
<td>17% (n=32)</td>
<td>29% (n=55)</td>
<td>48% (n=91)</td>
<td>7% (n=13)</td>
<td>100% (N=191)</td>
<td>1.62</td>
</tr>
<tr>
<td>Heart diseases</td>
<td>18% (n=34)</td>
<td>37% (n=71)</td>
<td>40% (n=77)</td>
<td>5% (n=9)</td>
<td>100% (N=191)</td>
<td>1.76</td>
</tr>
<tr>
<td>Mental health services</td>
<td>10% (n=20)</td>
<td>32% (n=61)</td>
<td>52% (n=99)</td>
<td>6% (n=11)</td>
<td>100% (N=191)</td>
<td>1.53</td>
</tr>
<tr>
<td>Obesity</td>
<td>10% (n=19)</td>
<td>31% (n=59)</td>
<td>53% (n=102)</td>
<td>6% (n=11)</td>
<td>100% (N=191)</td>
<td>1.51</td>
</tr>
<tr>
<td>Suicide prevention</td>
<td>5% (n=9)</td>
<td>14% (n=27)</td>
<td>74% (n=141)</td>
<td>7% (n=13)</td>
<td>100% (N=191)</td>
<td>1.23</td>
</tr>
<tr>
<td>Tobacco use prevention/cessation</td>
<td>13% (n=24)</td>
<td>18% (n=35)</td>
<td>64% (n=122)</td>
<td>5% (n=10)</td>
<td>100% (N=191)</td>
<td>1.43</td>
</tr>
</tbody>
</table>
N= 325  702  1315  141  1.55
Likelihood of Utilizing Screening Programs (Question 10)

Respondents were asked to rate the likelihood of themselves or a household member using screening programs. The majority of respondents identified that they were very likely to utilize screening programs, particularly mammograms/risk for breast cancer at 52% (n=99). Please note a higher percentage of women completed the survey. The only screening program considered not likely for participants to attend was prostate cancer screening by a narrow margin of 34% (n=64) over those very likely to attend at 33% (n=63). Please note that percentages are rounded up to the nearest whole number in the total column. The total average weighted score was 2.25 out of a 3.00 scale. The average weighted scores include those that chose not to answer this question.

<table>
<thead>
<tr>
<th>Service</th>
<th>Very Likely</th>
<th>Likely</th>
<th>Not Likely</th>
<th>No Answer</th>
<th>Total</th>
<th>Average Weighted Score</th>
</tr>
</thead>
<tbody>
<tr>
<td>Blood pressure</td>
<td>51% (n=98)</td>
<td>40% (n=76)</td>
<td>7% (n=14)</td>
<td>1% (n=2)</td>
<td>100% (N=191)</td>
<td>2.43</td>
</tr>
<tr>
<td>Cholesterol</td>
<td>51% (n=97)</td>
<td>37% (n=71)</td>
<td>10% (n=20)</td>
<td>2% (n=3)</td>
<td>100% (N=191)</td>
<td>2.38</td>
</tr>
<tr>
<td>Colon cancer</td>
<td>39% (n=75)</td>
<td>38% (n=72)</td>
<td>20% (n=38)</td>
<td>3% (n=6)</td>
<td>100% (N=191)</td>
<td>2.16</td>
</tr>
<tr>
<td>Hearing and vision</td>
<td>50% (n=96)</td>
<td>41% (n=78)</td>
<td>6% (n=12)</td>
<td>3% (n=6)</td>
<td>100% (N=191)</td>
<td>2.41</td>
</tr>
<tr>
<td>Mammograms/</td>
<td>52% (n=99)</td>
<td>32% (n=61)</td>
<td>14% (n=26)</td>
<td>3% (n=5)</td>
<td>100% (N=191)</td>
<td>2.36</td>
</tr>
<tr>
<td>Risk for breast cancer</td>
<td>39% (n=74)</td>
<td>39% (n=74)</td>
<td>20% (n=38)</td>
<td>3% (n=5)</td>
<td>100% (N=191)</td>
<td>2.16</td>
</tr>
<tr>
<td>Osteoporosis</td>
<td>33% (n=63)</td>
<td>30% (n=58)</td>
<td>34% (n=64)</td>
<td>3% (n=6)</td>
<td>100% (N=191)</td>
<td>1.96</td>
</tr>
<tr>
<td>Prostate cancer</td>
<td>39% (n=75)</td>
<td>42% (n=80)</td>
<td>15% (n=29)</td>
<td>4% (n=7)</td>
<td>100% (N=191)</td>
<td>2.20</td>
</tr>
<tr>
<td>N=</td>
<td>677</td>
<td>570</td>
<td>241</td>
<td>40</td>
<td>2.25</td>
<td></td>
</tr>
</tbody>
</table>
Likelihood of Utilizing Senior Services (Question 11)

Respondents were asked to rate the likelihood of themselves or a household member utilizing senior services. Of the services listed below, the majority of respondents indicated they were not likely to use senior services. However, of the respondents that indicated they were very likely to use a senior service, 19% (n=36) chose personal home care. The total average weighted score was 1.59 out of a 3.00 scale. The average weighted scores include those that chose not to answer this question.

<table>
<thead>
<tr>
<th>Service</th>
<th>Very Likely</th>
<th>Likely</th>
<th>Not Likely</th>
<th>No Answer</th>
<th>Total</th>
<th>Average Weighted Score</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adult day care</td>
<td>7% (n=14)</td>
<td>25% (n=47)</td>
<td>64% (n=122)</td>
<td>4% (n=8)</td>
<td>100% (N=191)</td>
<td>1.39</td>
</tr>
<tr>
<td>Assisted living facility</td>
<td>16% (n=31)</td>
<td>28% (n=54)</td>
<td>52% (n=100)</td>
<td>3% (n=6)</td>
<td>100% (N=191)</td>
<td>1.60</td>
</tr>
<tr>
<td>Senior retirement housing/comm unity</td>
<td>17% (n=33)</td>
<td>32% (n=62)</td>
<td>48% (n=91)</td>
<td>3% (n=5)</td>
<td>100% (N=191)</td>
<td>1.67</td>
</tr>
<tr>
<td>Personal home care</td>
<td>19% (n=36)</td>
<td>33% (n=63)</td>
<td>46% (n=88)</td>
<td>2% (n=4)</td>
<td>100% (N=191)</td>
<td>1.70</td>
</tr>
<tr>
<td>N=</td>
<td>114</td>
<td>226</td>
<td>401</td>
<td>23</td>
<td>1.59</td>
<td></td>
</tr>
</tbody>
</table>
Overall Likelihood of Utilizing Local Healthcare Services (Questions 6-11)

When the average weighted scores are graphed, local healthcare services geared towards screening programs appears to have the strongest likelihood of utilization with an average weighted score of 2.25, followed by senior services at 1.59. Keep in mind, the majority of respondents are over the age of 56.
Overall Local Healthcare Services Very Likely or Likely to be Utilized (Questions 6-11)

Mammograms/risk of breast cancer screenings have the highest percentage (52%) of all local healthcare services identified as very likely or likely to be utilized, followed by blood pressure and cholesterol screenings at 51% respectively. Half of the respondents (50%) reported they would utilize local hearing and vision screenings, whereas 45% identified CPR training as a service that would likely be utilized by respondents.
Recommended Services or Programs (Question 12)

Respondents were asked to identify any services or programs they would especially like to see offered at Wyoming Medical Center, the Community Health Center of Central Wyoming, and Casper-Natrona County Health Department. The summary of the responses is listed below. The complete listing of responses is available in Appendix B.

**Wyoming Medical Center**
There was a diverse range of responses for recommended services for the Wyoming Medical Center, but overall, respondents identified access to screenings, increased access to primary care services, and more overall cost efficient healthcare services.

**Community Health Center of Central Wyoming**
The majority of comments for the Community Health Center of Central Wyoming were to increase the number of screenings, immunizations, and prevention services.

**Casper-Natrona County Health Department**
Greater access to immunizations and more health education classes were recommended services for the Casper-Natrona County Health Department, overall.
V. Focus Group Methodology

Focus Group Methodology

Four focus groups were scheduled in Casper, Wyoming for November 2008. Focus group participants were identified as people living in Natrona County. The Rural Health Resource Center mailed invitations to community members for participation in the focus groups and conducted follow up phone calls to encourage attendance. Fifteen people participated. The focus groups were designed to represent various consumer groups of healthcare including senior citizens, healthcare consumers, community leadership, and healthcare professionals. The focus groups were held at various locations throughout Natrona County. Each group 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 Rural Health Resource Center in Duluth, Minnesota. A copy of the focus group questions can be found in Appendix C.

Key Informant Methodology
Two key informant interviews were also conducted in November 2008. Key informants were selected as leaders in the community that were aware of the healthcare services and needs of the community and were not employed at Wyoming Medical Center. The Rural Health Resource Center interviewed the key informants via telephone. The calls lasted approximately 30 minutes in length and included the same questions as the focus groups. The results of these interviews are included in the focus group summary to maintain confidentiality of the informants. Kami Norland of the Rural Health Resource Center conducted the interviews.
VI. Focus Group Findings

In your opinion, what are the major issues in healthcare in your area?
Participants in each focus group identified access to healthcare as a major issue. “Lack of access to care is the number one killer (in this community)” reported one participant. Factors that contributed to the lack of access include: a lengthy wait time between one to three months to see a primary care physician at Wyoming Medical Center; no physician availability within the community of Midwest; cost of care and lack of medical insurance; lack of education and awareness of health and wellness services; and the “independent Wyoming spirit” was cited on several occasions, meaning that healthcare is not sought unless a crisis situation arises. Another major issue that was identified was the lack of communication and receptiveness of local healthcare organizations to partner, although it was noted that these efforts have been improving. Participants noted that interagency collaboration would aid in the continuity of care for patients and may assist in increasing access to care. In addition to these concerns, larger policy issues were cited as major issues in healthcare, such as: an increase in cost of care, skyrocketing insurance, and increasing co-pay rates.

Please identify any services or programs you would like to see offered at Wyoming Medical Center, Community Health Center of Central Wyoming, or Casper-Natrona County Health Department?
Focus group respondents could not specify individual services needed for the above healthcare agencies; rather, partnership between the agencies was encouraged to create a united community front for embracing the healthcare needs of the community. Many focus group respondents identified a need for a mobile clinic to serve more rural communities surrounding Casper. Increasing the availability of fiscal and resource support, as well as a desired increase in healthcare workforce involvement in these surrounding communities was also recommended. There were thoughts that the three healthcare organizations could partner to staff and support this mobile clinic, since access to healthcare was identified as a primary concern for the region. Increasing behavioral and mental health services was also recommended, in addition to the development of a local detoxification center.

Are you aware of all of the health services available in Natrona County? If no, how would you like to learn more about these services?
The majority of focus group respondents felt they had a fair understanding of the health services available in Natrona County. There is a consensus that health information is easy to find. The most utilized method for awareness of health services was the phone book, health fairs/screenings, and the internet, resource directories including the physician directory. The radio, newspaper, and billboards were also useful. Although respondents were fairly knowledgeable about where to find the information, they had suggestions to improve awareness. Some suggestions included: establishing a health information hotline number, staffing a health resource worker to aid in navigating the healthcare system from insurance claims and additional services that maintain continuity of care.
throughout the life cycle. “Connect people with health information easily and at the time of need before crisis situations develop,” cited one respondent.

**Why might people leave the community for healthcare?**

The majority of respondents thought Casper residents were seeking care locally. However, respondents acknowledged that some people may leave the community for healthcare if the services were not provided locally, such as advanced surgeries. The lengthy wait time for primary and specialty care services may also contribute to folks seeking healthcare services elsewhere. Some respondents also reported that insurance plans and cost of care could also influence the location for services.

**What do you think are the FIVE most important factors for a healthy community?**

This question evoked great discussions in all of the focus groups with many participants providing background information on why these factors are important for making Natrona County a healthy community. The majority of focus group participants agreed that health education and awareness was the most important factor in developing a healthy community. Although this is a factor that many health-minded individuals and organizations are currently addressing in Natrona County, there was a consensus that more penetrating education on prevention and wellness was needed locally. This factor received the top ranking because of the frequency and order in which it appeared in each focus group session. It was noted that if there was a greater focus on prevention and wellness some of the risky lifestyle behaviors may be minimized. However, others were more skeptical that “taking a proactive approach is hard to implement in Wyoming,” referencing the independent spirit and cultural acceptance of risky behaviors. Although there are perceived barriers for spreading health education, one respondent summed the issue up nicely by saying, “If we have more community awareness and support of healthcare towards wellness, I think we will take more pride in ourselves and our community.”

Access to quality healthcare for all was rated as the second most important factor. Although the quality of local healthcare services appears to be good, accessibility to physicians in an easy and timely manner is a barrier. Some report that it can take 2-3 months to see a local physician. “Without access to a physician, we face a dead end road, the lives of my friends are at stake here,” reported one individual. There is also a demand for other healthcare services such as: dental care, remote pharmacy services and more public health nurses in remote areas, stronger financing for EMS services, as well as language interpreters at the hospital and clinics.

Affordability of healthcare services was the third most important factor for a healthy community. Affordability of services is also a barrier for accessing healthcare. There appears to be many uninsured and underinsured residents in Natrona County, per participants’ observations. Co-pays can also be expensive and create a barrier for accessing care. “It would be wonderful to have everyone in Natrona County adequately insured,” reported one respondent.
Adequate housing is another important factor for a healthy community identified by focus group participants. There were several conversations describing the very high rent costs combined with the very high demand for housing. “I feel fortunate to have found a home to rent that I can afford, others are not so lucky” replied one respondent. There was a report of over 100 known families that are currently homeless and living in Casper. There was also no knowledge of public housing services available locally.

A low unemployment rate also attributes to a healthy community, according to focus group participants. “There are many opportunities for employment in Casper, so there are a lot of new families in town that come for work,” reported a few respondents. “If people are working, they have some money and some structure to their day, which keeps them out of trouble and makes for a healthier community,” reported one respondent.

Another reported factor that attributes to a healthy community is family values and the availability of places to worship.

What do you think are the FIVE most important health problems in our community? The responses to this question mirrored question number five; however, there was no particular order or frequency in which these responses were given. Again, access to healthcare services was cited as a primary health problem in Natrona County, as well as lack of health education and awareness. Other health issues involved low access to fresh produce, particularly in the winter months and there are reportedly many uninsured and underinsured residents. Particular illnesses were also described: diabetes, cancer, heart disease, asthma. In addition, substance abuse and motor vehicle accidents were also reported as an important health problem in Natrona County as seat belt use is not actively enforced, according to focus group participants.

If you could change one thing about healthcare in our community, what would it be? The most desired change focus group participants would like to see in local healthcare would be increased access to primary care physicians: shorter wait times to schedule appointments, more opportunities to communicate with the physicians (phone, internet, etc), and longer scheduled appointment times. More resources for care were also identified, in addition to assistance with navigating the healthcare system. Focus group participants also hoped for dissolution of community apathy towards individual health, encouraging folks to take responsibility and accountability for one’s health.
VII. Secondary Data Collection

Introduction

There are two different types of sources that need to be established in order to conduct a community needs assessment. The first type is a primary source which is the initial material that is collected during the research process. Primary data is the data that the Community Specialist is collecting using methods such as surveys, direct observations, interviews, as well as objective data sources. Primary data is a reliable way to collect data because the Community Specialist will know where it came from and how it was collected and analyzed since the research was conducted “in house.” Secondary sources on the other hand are sources that are based upon the data that was collected elsewhere. Secondary data analysis is commonly known as second-hand analysis. It is simply the analysis of preexisting data. Secondary data analysis utilizes the data that was collected by another entity in order to further a study. Secondary data analysis is useful for saving time because the Community Specialist does not have to gather raw data. However, it has its drawbacks as most of the data from the different agencies is collected during different timeframes. This can make direct comparisons of secondary data difficult.

Sources used for the collection of secondary data are primarily from government agencies, including the Wyoming Department of Health, Census Bureau, the Bureau of Labor Statistics, Wyoming Department of Employment, Wyoming Board of Medicine, Centers for Medicare and Medicaid services, Kaiser’s State Health Facts, Casper Area Economic and Development Alliance and various other agencies throughout the state of Wyoming.
Demographic & Economic Information on
Natrona County, Wyoming

**Income Rates**

<table>
<thead>
<tr>
<th>Source</th>
<th>Median Household Income</th>
<th>Unemployment Rates</th>
<th>Poverty Rates</th>
<th>Uninsured Rates</th>
</tr>
</thead>
<tbody>
<tr>
<td>USDA, 2007</td>
<td>Natrona County: $46,681</td>
<td>Natrona County: 2.8% *</td>
<td>Natrona County: 9.9%</td>
<td>Natrona County: 17.8 % *</td>
</tr>
<tr>
<td></td>
<td>Wyoming: $52,433</td>
<td>Wyoming: 3.2% **</td>
<td>Wyoming: 9.5%</td>
<td>Wyoming: 17% **</td>
</tr>
<tr>
<td></td>
<td>National: $50,740</td>
<td>National: 6.7% **</td>
<td>National: 13%</td>
<td>National: 20% **</td>
</tr>
</tbody>
</table>

**Source:** USDA, 2007 * US Department of Labor, 2008 **

**Education and Workforce**

<table>
<thead>
<tr>
<th>Source</th>
<th>High School Graduation Rates (% of the population over the age of 25 that has a high school education)</th>
<th>Percent of Population over the age of 25 with a Bachelor’s Degree</th>
<th>Community Health Education Classes Offered</th>
<th>Healthcare Workforce</th>
<th>Health Professional Shortage Areas (HPSA, Natrona County)</th>
</tr>
</thead>
<tbody>
<tr>
<td>US Census Bureau, 2000</td>
<td>Natrona County: 88.3%</td>
<td>Natrona County: 20%</td>
<td>Wyoming Medical Center</td>
<td>Wyoming: 87.9%</td>
<td>87.9%</td>
</tr>
<tr>
<td></td>
<td>Wyoming: 87.9%</td>
<td>Wyoming: 21.9%</td>
<td>Community Action Partnership of Natrona County</td>
<td>National: 84%</td>
<td>National: 27.0%</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>20% of the jobs in Casper are healthcare related (2008)*</td>
<td>Health Resource and Services Administration, 2008</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>1,300 people employed in healthcare support occupations in Natrona County</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>1,780 people employed in healthcare practitioners and technical occupations in Natrona County</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Source: Casper Area Economic Development Alliance* Wyoming Department of Employment</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Source: Health Resource and Services Administration, 2008</td>
<td></td>
</tr>
</tbody>
</table>
### Chronic Disease Conditions

**High Blood Pressure:** Percentage of adults reporting having ever been told by a doctor, nurse, or other health professional that they have high blood pressure. Women who were only told this during pregnancy are counted as not having high blood pressure.

Central Region: 24.4%  Wyoming: 23.3%
Source: [Wyoming Department of Health: 2005](#)

**Cancer:** Percentage of adults reporting at least one of the following five cancer risk factors: any current tobacco use, overweight or obese, inadequate fruit and vegetable consumption, heavy drinking, or does not meet physical activity recommendations.

Central Region: 95.6%  Wyoming: 96.8%
Source: [Wyoming Department of Health: 2005](#)

**High Cholesterol:** Percentage of adults reporting having ever been told by a doctor, nurse, or other health professional that their blood cholesterol is high. Denominator includes those who report not having their blood cholesterol checked.

Central Region: 29.3%  Wyoming: 27.9%
Source: [Wyoming Department of Health: 2005](#)

**Stroke:** Percentage of adults reporting having ever been told by a doctor, nurse, or other health professional that they had a stroke:

Central Region: 2.9%  Wyoming: 1.9%
Source: [Wyoming Department of Health: 2005](#)

**Diabetes:** Percentage of adults reporting they were told by a doctor they have diabetes. Women who were only told this during pregnancy are counted as not having diabetes.

Central Region: 7.3%  Wyoming: 6.5%
Source: [Wyoming Department of Health: 2005](#)

**Cardiovascular Disease:** Percentage of adults reporting having ever been told by a doctor, nurse, or other health professional that they have had heart disease or stroke.

Central Region: 9.1%  Wyoming: 6.9%
Source: [Wyoming Department of Health: 2005](#)
### Health Behaviors

<table>
<thead>
<tr>
<th><strong>Acute Drinking</strong>: More than 30 alcoholic drinks in the last 30 days for women, more than 60 alcoholic drinks in the last 30 days for men</th>
</tr>
</thead>
<tbody>
<tr>
<td>Natrona County: 5.5% *</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Number of Fatal Car Crashes with Alcohol Involvement</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>Natrona County: 4</td>
</tr>
</tbody>
</table>


<table>
<thead>
<tr>
<th><strong>Overweight (BMI index over 25)</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>Natrona County: 57.3% *</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>No Exercise</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>Natrona County: 21.7%*</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Current Smoker</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>Natrona County: 26.7% *</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Asthma</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>Natrona County: 7.5% *</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Teen Birth Rate</strong>: per 1,000 population ages 15-19, 2005</th>
</tr>
</thead>
<tbody>
<tr>
<td>Natrona County: unknown</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Do NOT Eat at Least 5 Servings of Fruits/Vegetables Per Day</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>Natrona County: 80.6% *</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Have NOT Had a Cholesterol Screening in the Past 5 Years</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>Natrona County: 27.2%*</td>
</tr>
</tbody>
</table>


### Social Wellness

<table>
<thead>
<tr>
<th><strong>Local Libraries</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>Main Library</td>
</tr>
<tr>
<td>Mills Branch</td>
</tr>
<tr>
<td>Edgerton Branch</td>
</tr>
</tbody>
</table>

Source: Natrona County Public Library

<table>
<thead>
<tr>
<th><strong>Local Museums</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>Audubon Center at Garden Creek</td>
</tr>
<tr>
<td>Casper Planetarium</td>
</tr>
<tr>
<td>Fort Casper Museum</td>
</tr>
<tr>
<td>National Historic Trails Interpretive Center</td>
</tr>
<tr>
<td>Nicolaysen Art Museum</td>
</tr>
</tbody>
</table>
Science Zone
Tate Geological Museum
Veteran’s Memorial Museum

Source: Casper Museum Consortium

Voting Statistics
30,143 registered voters in November 2008 in Natrona County
33,473 of ballots cast in November 2008 in Natrona County

243,171 registered voters in Wyoming
256,035 ballots cast in November 2008 in Wyoming

105% of Wyoming’s registered voters participated in the November 2008 General Election. This was possible because Wyoming state statute allows voters to register and vote at the polls on Election Day.

Source: Wyoming Secretary of State

Other

Estimated Population:
Casper: 49,644 (2000 Census)
Natrona County: 70,401 (US Census Bureau, 2006)
VIII. Summary

One hundred and ninety-one surveys were completed in the Natrona County’s service area for a 25% response rate. Of the 191 surveys returned, the majority of the respondents were Caucasian females, 56 years of age or older, married, have a college degree or higher, have employer sponsored health insurance, and reside in Casper. The average income of respondents appears to be consistent with the average income of Natrona County residents, based on the secondary data statistics.

The majority of respondents rated the community’s health as good. The most important factors respondents identified as contributors to a healthy community include: access to healthcare, good jobs and a healthy economy, healthy behaviors and lifestyle, low crime rate and safe neighborhoods, followed by a clean environment, and a smoke free atmosphere in public places.

Substance abuse; obesity, child abuse and neglect; heart disease and stroke; and smoking were the factors respondents identified as local health problems. Some of these factors are also identified as local health problems as seen from the secondary data collection.

Alcohol abuse, drug abuse, tobacco use, being overweight, and a lack of exercise are all factors respondents identified as risky behaviors in the community.

Overall, respondents were most likely to utilize screening services, with over half of the respondents identifying they would very likely have a mammogram conducted locally. Respondents were also very likely to have blood pressure and cholesterol screenings done and hearing and vision screenings. CPR was a family health class that many respondents identified as a service they were likely to use locally as well.

The most effective method for learning about various healthcare agencies in Casper and Natrona County is through news and the media. This method is also the best way for respondents to learn about healthcare or an illness, which is contrary to the majority of rural communities where word of mouth is the top method for receiving information on healthcare or services.

Comparing the community needs assessment to the focus groups, there appears to be some common themes in the factors that contribute to a healthy community such as access to healthcare and a good economy. There were also similarities in the explanations of risky behaviors the community engages in, such as substance abuse. The information gathered in the focus groups was more qualitative and highlighted the difficulties of accessing local primary care services. The community needs assessment did not address access to primary or specialty care services.

In conclusion, it appears that community members are aware of the factors that contribute to a healthy community, as well as the health behaviors that could improve throughout Casper and Natrona County. Based on this information, one could deduce that Casper and Natrona County healthcare agencies could focus community engagement efforts on increasing access to healthcare services and increasing education on prevention and healthy behaviors.
IX. Appendix A - Cover Letter and Survey Instrument
October 27, 2008

Dear Natrona County Resident:

This letter and survey concern the future of health care in Casper and the surrounding area. As healthcare providers, we are seeking information of the health needs of our residents in order to better meet those needs.

Your name has been randomly selected as a resident who lives in Natrona County. Your help is much appreciated in responding to this survey. The purpose is to obtain information from a wide range of participants to assist in planning our programs, services and facilities to meet present and future health needs.

Please take a few moments to answer the questions in the enclosed survey by November 17, 2008. Your name was selected at random and your answers will be kept confidential. Your responses are very important and we know your time is valuable so we have made an effort to keep the survey to about 15 minutes.

Once you have completed the survey, simply return it in the enclosed self-addressed, postage paid envelope. All survey responses will go to the Rural Health Resources Center in Duluth, Minnesota who is assisting with this project. If you have any questions about the survey, please call Kami Norland at 1-800-997-6685, ext. 223. The overall results of the survey will be presented at a community forum in early December and published on WMC’s website at http://www.wmcnet.org/about/steward.php

Thanks for your assistance. We appreciate your effort.

Sincerely,

Vickie Diamond
President & CEO
Wyoming Medical Center

Martin H. Ellbogen, MD
Interim CEO/Medical Director
Community Health Center of Central Wyoming

Robert E. Harrington, MS, RS, DAAS
Department Director
Casper-Natrona County Health Department
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 our community as a “healthy community?”
   ○ Excellent  ○ Very Good  ○ Good  ○ Fair  ○ Poor

2. How would you rate your own personal health?
   ○ Excellent  ○ Very Good  ○ Good  ○ Fair  ○ Poor

3. In the following list, what do you think are the FIVE most important factors for a “healthy community?” *(Please check 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

4. In the following list, what do you think are the FIVE most important “health problems” in our community? *(Please check the 5 that most apply)*
   ○ Aging problems (arthritis, hearing/vision loss)
   ○ Asthma
   ○ Cancers
   ○ Child abuse/neglect
   ○ Chronic pain
   ○ Dental problems
   ○ Diabetes
   ○ Domestic violence
   ○ Firearm related injuries
   ○ Heart disease and stroke
   ○ High blood pressure
   ○ HIV/AIDS
   ○ Infectious disease (Hepatitis, TB, etc)
   ○ Mental health problems
   ○ Motor vehicle crash injuries
   ○ Obesity
   ○ Rape/sexual assault
   ○ Respiratory/ lung disease
   ○ Sexually transmitted infections (STI’s)
   ○ Smoking
   ○ Substance abuse
   ○ Suicide
   ○ Teenage pregnancy
   ○ Other _________________________
5. In the following list, what do you think are the FIVE most important “risky behaviors” in our community? (Please check the 5 that most apply)

- Alcohol abuse
- Being overweight
- Dropping out of school
- Drug abuse
- Exposure to second hand smoke
- Few safe, maintained bike/ walk trails
- Lack of exercise
- Not getting shots to prevent disease
- Not going to the doctor for checkups
- Not using birth control
- Not using safety equipment
- Not using seat belts/ child safety seats
- Not using sunscreen
- Not wearing a bike/ motorcycle helmet
- Poor eating habits
- Tobacco use (chewing/ smoking)
- Unsafe sex
- Vending machines in schools

Please rate how likely you or a household member would be to USE the following services locally.

6. Alternative/ Complimentary Medicines

- Acupuncture
- Aromatherapy
- Chiropractic
- Healing touch
- Massage therapy

7. Child Services

- Additional day care
- After school programs
- Clubs/ leagues
- Exercise/ nutrition programs
- Head start
- Health education programs
- Other ________________

8. Family Health Classes

- Adult classes on nutrition/ cooking
- Breastfeeding classes
- Childbirth preparation
- Child Safety
- Classes on weight management
- CPR
- Prenatal/ well baby services
### 9. Programs on Chronic Conditions

<table>
<thead>
<tr>
<th>Condition</th>
<th>Very Likely</th>
<th>Likely</th>
<th>Not Likely</th>
</tr>
</thead>
<tbody>
<tr>
<td>Alcohol/ drug services</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Allergies</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Alzheimer’s</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Arthritis</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Asthma</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cancer</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Chronic pain</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Diabetes</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Heart diseases</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mental health services</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Obesity</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Suicide prevention</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tobacco use prevention/ cessation</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### 10. Screening Programs

<table>
<thead>
<tr>
<th>Test</th>
<th>Very Likely</th>
<th>Likely</th>
<th>Not Likely</th>
</tr>
</thead>
<tbody>
<tr>
<td>Blood pressure</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cholesterol</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Colon cancer</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hearing and vision</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mammograms/ risk for breast cancer</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Osteoporosis</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Prostate cancer</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Skin cancer</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### 11. Senior Services

<table>
<thead>
<tr>
<th>Service</th>
<th>Very Likely</th>
<th>Likely</th>
<th>Not Likely</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adult day care</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Assisted living facility</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Senior retirement housing/ community</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Personal home care</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
12. Please identify any services or programs you would especially like to see offered at the following facilities:

Wyoming Medical Center

Community Health Center

Casper-Natrona County Health Department

13. What are the FIVE best ways you learn of health services offered by various healthcare agencies in Casper and Natrona County? (Please check the 5 that most apply)

- Bus stop advertising
- Brochures
- Church/ synagogue
- Email notifications
- Mailed announcements
- Newsletters
- News/ media
- Newspaper ads
- Posters
- Radio ads
- Referrals from health care providers
- Television ads
- Website
- Word of mouth
- Other

14. If you wanted more information about health care or an illness, what is the best way to get that information to you? (Please check all that apply)

- Drop-in health counseling
- Educational classes
- News/ media
- Readings or newsletters
- Screenings
- Telephone calls
- Videos
- Website
- Other

15. What type of medical insurance do you currently have? (Please check all that apply)

- Blue Cross/ Blue Shield
- Employer sponsored
- Kid Care
- Medicare
- None
- Self paid
- Title 19
- VA/ Military
- Other

Demographic Information
All information is kept confidential and your identity is not associated with any answers.

16. What is your zip code?

- 82601 Casper
- 82609 Casper
- 82638 Hiland
- 82648 Powder River
- 82602 Casper
- 82620 Alcova
- 82643 Midwest
- 82604 Casper
- 82635 Edgerton
- 82644 Mills
- 82605 Casper
- 82636 Evansville
- 82646 Natrona

09A
17. What is your age range?
   ○ 18-25    ○ 36-45    ○ 56-65    ○ 78-85
   ○ 26-35    ○ 46-55    ○ 66-75    ○ 85+

18. What is your gender?  ○ Male    ○ Female

19. With which ethnic group do you most identify?
   ○ African American/ Black    ○ Hispanic/ Latino    ○ White / Caucasian
   ○ Asian/ Pacific Islander    ○ Native American    ○ Other ________________

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

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

22. Do you have children living with you at home?
   ○ No    ○ Yes, what are their ages? ___________________

23. Do you provide care to an elderly family member?
   ○ No    ○ Yes    ○ Yes, and I care for him/ her in my home

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

THANK YOU VERY MUCH FOR YOUR TIME

Please return in the postage paid envelope enclosed with this survey or mail to:
Rural Health Resource Center, 600 East Superior Street, Suite 404 Duluth MN 55802

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

3. In the following list, what do you think are the FIVE most important factors for a “healthy community?”
   - Access to affordable, quality healthcare
   - Nice placement (referring to Access to healthcare)
   - Access to healthcare – Availability to health insurance for people who work

4. In the following list, what do you think are the FIVE most important “health problems” in our community?
   - Allergies
   - Drug abuse
   - Alcohol (3)
   - Doctor availability /Insurance costs
   - Can’t get insurance due to pre-existing conditions, in other words insurance companies
   - Surely you have data on this and don’t need my subjective input here; shame on you for asking such a stupid question
   - Lack of adequate number of physicians, for this population size, who accept insurance: Medicare/Medicaid
   - There is no affordable health insurance for the working class
   - Divorce
   - Drug free city
   - MRSA

5. In the following list what do you think are the FIVE most important “risky behaviors” in our community?
   - Alcohol abuse, drug abuse, overall substance abuse
   - These are not behaviors: few safe, maintained bike /walk trails, vending machines in schools
   - No insurance; no money

7. Child Services
   - No children (4)
   - No young children
   - Doesn’t apply
   - I came here over 40 years ago because of good schools and good medical care
   - We don’t have children
   - Child abuse prevention
   - Health insurance for children and adults
   - More options

11. Senior Services
   - Unknown at this time
12. Please identify any services or programs you would especially like to see offered at the following facilities:

**Wyoming Medical Center**
- Faster and less expensive services, especially in the ER
- Acupuncture, alternative medicine doctors
- Keeping nurses and doctors here after they are done with schooling
- A new nutritional “interesting food” program vs. pyramid
- Caregiver class
- Faster emergency care: get me in then do the paperwork
- We need a weight and exercise room that our employees can use after work
- Help with prescription drug abuse
- Affordable care, pleasant billing department; keep the community apprised of expansions
- Testing laboratory
- Low cost healthcare
- More information on caring for yourself through newsletters, advertisements, etc
- Lamaze classes; father involved birthing
- Chronic pain
- Already a “state of the art” facility
- CPR and first responder courses for rural areas; from whichever facility
- Universal healthcare; everything I got in 50 years, I lost with 1 trip to your place; now I can’t get insurance and can’t get disability
- Increase number of primary care providers and reduce emphasis on specialty care
- Services to coordinate care between inpatient and outpatient, chronic disease coaching, information on cost and quality
- Specialized care for chronic fatigue; there are none in Casper
- Free mammograms
- More exercise /diet programs e.g. (Weight Watchers)
- I think WMC does a great job; the few times I’ve been there I was impressed
- Free or reduced rates for health screenings; mammograms, colonoscopies, prostate, blood pressure, blood work, etc.
- Non surgical weight loss assistance
- Outpatient laboratory, cancer screenings
- Helping with better payment policies
- Better standards: stop killing people and allowing bad doctors to kill people
- Improve the nursing staff, for example: shorter work hours, better working conditions, higher salaries, higher qualifications
- Chronic pain, medical ER needed
- Rehab hospital (stroke); my sister didn’t get the rehab services she needed, so she had to go to a rest home at 50 years old
- Affordable medical care
- Better waiting area for children: maybe cots or educational materials
- We have been satisfied with the current offerings
- Insta Care unit; ER bills are too high
- Day care inside hospital
- Access to healthcare
- Much better emergency room service
- Wound care
- My daughter was injured last March. She had major back surgery at Wyoming Medical Center and spent 5 weeks at Elkhorn Valley Rehab and went daily to the Infectious Disease Clinic for 5 weeks. She is being treated for osteoporosis and MRSA and is still wearing a back brace. The quality of care she has received has been the best; coordinated, professional and caring

**Community Health Center of Central Wyoming**
- Shot clinics
- What Community Health Center? That’s a joke
- Have another facility accept Medicare/Medicaid people; especially for handicapped and senior citizens
- Smoking cessation classes
- Help for alcoholism
- Diet, weight control, general health screenings
- Alternative medicine/screening programs, programs on chronic pain management
- Flu shot clinics
- Lamaze; father involved birthing
- X-ray
- Healthcare for all
- Chronic disease health coaching
- Low cost services for uninsured people
- Help everyone with shots
- Flu shots, Alzheimer’s screening
- Educational programs in outlying areas of Natrona County
- Dietitian services, vision clinic
- Vision/glasses
- Free flu and pneumonia shots
- Better options for flu shots
- Heart doctor for Midwest
- Exercise and diet programs

**Casper-Natrona Country Health Department**
- Shot clinics, various health related classes
- This place is diseased beyond belief, I would NEVER send someone there or use their services
- Senior programs
- A better and larger facility, and be aware of special needs of children and seniors
- Excellent
- Be there when we need you
- Flu shot clinics, more information on community health services
- Family health classes
- More counselors
- Healthcare for all
- Expand hours for help during non-traditional office hours
- I would like to see Casper offer courses in massage therapy, natural healing, etc.
- Free or reduced rates for immunizations, information on healthcare, etc.
- Free HPV vaccine
- HIV information in schools
- Getting free shots
- CPR
- More information on obesity and being over weight
- Aging and Alzheimer’s information
- Drug/alcohol abuse family support services for families of abusers, as well as family support and services for mental health issues
- I really don’t know of any
- Child Development Checks; the CDC can’t handle them in a timely manner at this point
- No opinion
- Doctors accepting new patients
- Services are good
- Plans for middle class families
- One of the biggest problems I see is that so many families and individuals have to still make a choice between food, housing, and Medicare. I had $120 per month for groceries, now instead of 9-14 for meds, I pay $64 out of grocery money which leaves free food boxes and some of that is not helpful towards healthy eating. I find doctors have an attitude, about what is more important: If you can’t eat you die. The meds won’t help. Noodles, pasta, etc only add to weight problems. When you don’t qualify for food stamps, missing by $5 and then can only get $10 worth it takes more gas to go fill out paper work. Meds cost when you can’t eat right ending up with bologna and hot dogs. Doctors want to give you cholesterol meds. I didn’t want the hot dogs any ways, chicken breast is better. But what do you buy it with when you get a whole $630 per month? Education is good, but how do you pay the gas? Cale is fine but that is $4 round trip. Funny how everyone has an answer if they don’t live where we do! Please don’t even ask about the mental health problems I see in Casper. Most won’t take the medication, but what about the ones who would and can’t afford it? Sometimes cutting the price isn’t enough. There should be a free program for some. They could become productive; without it they can’t. I know there are no simple answers but this is America and we can do better; I know I was a nurse. Due to illness, I am now here where others live that I didn’t know before. All the education in the world will not help when there is no money to use that education to help oneself. There has to be money for food. Killing someone’s mind, who has an empty stomach is just plain cruel

13. **What are the FIVE best ways you learn of health services offered by various healthcare agencies in Casper and Natrona County?**
- By experience
- Health department
- Wife is an RN
- Call son-in-law/daughter who are both in healthcare
- Casper College
- Flyers that are passed out at school
- Healthcare personnel

14. **If you wanted more information about healthcare or illnesses, what is the best way to get that information to you?**
- Talking with others
- Libraries
- Email (2)
- Call my doctor’s office
- Mail (2)
- Books
- Doctor/nurse
- Nurses hotline

15. **What type of medical insurance do you currently have?**
- GEHA Supplement
- Medicaid
- AARP Supplement (2)
- Medicare Supplement
- MBA of WY
- VA/Military – I should have this, but I don’t
- AARP (4)
- IAC private provider
- Supplemental (2)
- Eight District Electrical Benefit fund
- WY Health Insurance Pool
- Cigna (Supplement)
- Humana Gold
- 8th District
- Medigap insurance
- United Healthcare
- Ausis
- Cigna
- Great West
- Aetna

19. **With what ethnic group do you most identify?**
- American
- Hispanic/Indian

20. **What is the highest level of education you have completed?**
- Nursing school

22. **Do you have children living with you at home? Yes, what are their ages?**
- 38
- 14
- 5 and 13
- 6 months
- 11
- 7
- 1½
- 22
- 5
- 15 and 18
- 17 and 19
- 45
- 5 and 1
- 45 (daughter), 18, 8, 1 (grandchildren)
- 9, 8, 7, 5
- 4
- 3
- 13 and 16
- 2
- 12 and 18
- 14
- 17
- Currently pregnant
- 21 and 12
- 22
- 3
- 3 and 4 months
- 2
- 2 and 15
- 19, 17, 14, 11, 7
- 17
- 19, 15, 12
- 18 and 23
- 7 and 8
- 8, 6, 4
- 28
- 12
- 8 and 4
- 12, 11, 9
- 10 and 17
- 14
- 16
- 23, 20
- 39
- 13, 16
- 34
- 12 and 10
- 7
- 7
- 1, 3, 6
- Grandchildren
- 7 and 10
- 16 and 13
- 18 and 12
- 1 and 2
- 15 and 18
- 3 months, 15 months, and 2 ½
- 10 and 7
- 15, 12, 9, 5, 0
- 59 (handicapped), 48 (son-divorced)

23. **Do you provide care to an elderly family member?**
- Daughter; 59
- Mother

24. **What is your annual household income?**
- Indicated less than $14,000; a lot less about half
XI. Appendix C - Focus Group Questions

Focus Group Questions

Purpose

The purpose of this focus group will be to identify healthcare needs of local residents when selecting healthcare providers and why people may leave the community to seek healthcare services. The result of these focus groups will help assess the health needs of the residents of Natrona County.

Questions

1. In your opinion, what are the major issues in healthcare in your area?

2. Please identify any services or programs you would like to see offered at Wyoming Medical Center, Community Health, or Casper-Natrona County Health Department?

3. Are you aware of all of the health services available in Natrona County? If no, how would you like to learn more about these services?

4. Why might people leave the community for healthcare?

5. What do you think are the FIVE most important factors for a healthy Community?

6. What do you think are the FIVE most important health problems in our community?

7. If you could change one thing about healthcare in our community, what would it be?