

**Powell Valley Healthcare
Community Health Needs Assessment
Summary of Focus Groups and Key Informant Interviews
*December 2012***

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Introduction

In October 2012, Powell Valley Healthcare (PVHC), located in Powell, Wyoming, contracted with John Snow, Inc. (JSI), a health-consulting firm with significant expertise in rural health care and community needs assessments, to conduct a comprehensive community health needs assessment. The purpose of the needs assessment was twofold: (1) to identify and better understand the current health status and community needs within PVHC's service area, and (2) to meet the community assessment requirements included in the Patient Protection and Affordable Care Act for tax-exempt hospitals.

PVHC includes a 25-bed Critical Access Hospital (CAH), long-term care, an assisted living facility, home health care services, emergency medical services, and hospice services. PVHC also includes a physician clinic, Powell Valley Clinic, and an urgent care clinic, Express Care Clinic. The primary service area for PVHC is northwestern Wyoming along the Montana border. It includes Powell and other areas located in the Big Horn Basin, including Big Horn County.

JSI proposed a scope of work for the community assessment that included a three-pronged approach to determining the health care needs in the PVHC service area. The approach involved the following three research methodologies:

1. an analyses of secondary data collected from a variety of local, state, and federal sources;
2. an analysis of qualitative data gathered from the service area community through focus groups and key informant interviews; and
3. an analysis of responses to a community mail survey.

The general objectives that guided the overall research were:

- to identify the socio-demographics of the service area community;
- to describe the health status of the community;
- to identify health care resources and successful efforts to improve the health of the community; and
- to identify the health care gaps or needs in the community.

JSI prepared three detailed reports, one for each research methodology as well as a summary report synthesizing the results ascertained from all three reports. This report provides a summary and analysis of the results from the focus groups and key informant interviews that were conducted. The other reports can be accessed from PVHC.

Methodology

A total of four focus groups and six key informant interviews were conducted between November 26 and December 11, 2012. Most of the focus groups and interviews were conducted in person in the Powell, Wyoming, area. A detailed description of the methodology used to conduct the focus groups and key informant interviews is presented below.

Focus Groups

To prepare for the focus groups, JSI staff worked with the PVHC team to develop a facilitation guide that included six questions regarding community health needs, health care access barriers, underserved populations, local resources, and suggestions for health care improvement within the community in general, and for PVHC specifically. The questionnaire guide used for the focus groups is included in Appendix 1. The format for the focus groups included a facilitator and note taker from JSI. The meetings were recorded, and participants were made aware of this fact. Participants were informed that their individual comments would be kept confidential and that only summaries of each group's comments would be produced. Each focus group lasted sixty to ninety minutes. A total of 24 individuals participated in the four focus groups.

The target audiences selected for the focus groups were women and mothers, seniors, businesses, and providers. The women and mothers group met in a conference room at PVHC Hospital. The four participants in the women and mothers group were identified through outreach to three groups: the Lactation Support Group, Parent-Teachers Association members, and the Women's Wellness clients. The Director of the Powell Valley Senior Center assisted in inviting seniors to participate in the seniors' focus group, which was held in the game room at the Powell Senior Center. There were 5 participants in the seniors focus group. The Medical Staff Coordinator of the Powell Valley Clinic managed the invitations to clinicians. Ten participants met over lunch in a conference room at PVHC Hospital. Jaime Schmeiser, the Executive Director of the Powell Chamber of Commerce, assisted with outreach to business owners. She provided the names and contact information for twenty-one business owners, but it was not possible to find a common time when those interested were available to meet. In order to gather input from the business sector, the JSI facilitator conducted on-site and telephone interviews with five business owners representing local not-for-profits, a restaurant, and a heavy equipment company.

Key Informant Interviews

The individuals selected for key informant interviews included individuals with expertise in a variety of health issues, and individuals with special knowledge of underserved populations. The PVHC team selected six individuals who represented the broad interests of the community and had special knowledge and expertise regarding underserved communities. The key informants interviewed included:

- Sharla Allen – Director of the Wyoming Office of Rural Health
- Bill Crampton – Director of the Park County Public Health Nursing Office
- Ruth Edge – Board Member of Heart Mountain Volunteer Medical Clinic and retired Public Health Nurse
- Teresa Humphries Wadsworth – Coordinator, NW Region and State Suicide Prevention
- Pat Monahan – Executive Director, Wyoming Primary Care Association
- Velma Stingley – Project Director, Wyoming Migrant Health Program and Women’s Wellness Program

The interviews were conducted by the JSI facilitator, usually in the offices of the person being interviewed. Five of the interviews were conducted in person; one interview occurred over the phone. The facilitator used the focus group questions as a general guide for the interviews. Each interview lasted 45 to 90 minutes. Several of the key informants included their staff members in the interview. Twelve individuals participated in the key informant interviews.

Responses

The responses and comments of the thirty-six individuals who participated in the key informant interviews or focus groups are summarized below. The analysis of the responses is organized around the questions asked of the focus group and interview participants. Unless otherwise noted, the information is organized with most frequently cited comments listed first.

Question: What do you see as the most pressing health care needs in the Powell area?

The most consistent health care need mentioned by all participants was the lack of access to basic primary care services. Participants noted frustration trying to see their primary care provider for acute problems such as urinary tract infections, sore throats, and ear infections. Many participants noted that most providers do not offer “sick visits” or open-access scheduling, which they believed would greatly increase ease of access. Several participants noted that there is often a long wait for care in the Express Care clinic, “even when nobody else is in the waiting room.” When probed by the facilitator, most participants were not sure there was actually a shortage of primary care providers in the Powell area - except perhaps in pediatrics and obstetrics (for delivery and prenatal care)—but that the limited access was caused by “scheduling inefficiencies.” While many participants lauded the efforts of the Heart Mountain Volunteer Medical Clinic, the free clinic, they said that because it is only open on Tuesday evenings, there is often a waiting list for care.

Mental health service needs was also a consistent category mentioned by all participants. The entire state of Wyoming is federally designated as a Mental Health Professional Shortage Area; the Powell service area is no exception. The participants noted needs for both in-patient and out-patient mental health care, for episodic and chronic situations. Participants believed that there is a shortage of providers and facilities to meet the mental health needs in the area. They also mentioned the unfortunate reliance on the jail and hospital for patients in crisis.

Another pressing need identified by participants was a lack of public transportation and the barriers to care created because of it, particularly for those under age 62. Participants said that although there is a van in the Powell area offering transportation to seniors (those 62 and over), it only runs on weekdays; and even though there is a van for VA patients, it is also limited to the people it can serve, and some thought it only went to Sheridan, not Cody. Participants believe there is a need for transportation to and from Cody for individuals who need to or choose to seek services there. Participants noted that long wait times and rescheduled appointments create even more difficulties for lower income and migrant clients who have had to make special arrangements for transportation to seek care.

Dental health needs were mentioned by many of the participants. While Powell has several dentists, access to dental care for patients on Medicaid or for those without insurance is severely limited, according to the participants. They also pointed to a lack of access for emergency dental care after regular office hours.

There was a great deal of frustration and confusion expressed by participants over billing procedures, billing statements, and of course, bills. Participants wanted more “transparency” in the billing process. A couple of participants mentioned confusion over the cost of care in the emergency room versus the Express Care clinic, and wanted clear information about when to use which facility.

Affordability of health care in general was often cited as an issue by participants. The comments included particular concern over the cost of lab tests, deliveries, and visits to the Express Care clinic. One participant commented that she had been comparing the costs of delivering a baby in different hospitals in the region; that she really preferred to “shop locally” but if the price differences were great enough, her family would have to consider that in deciding where to have their baby.

Several participants described issues around use of the Express Care clinic: long wait times, even with “nobody else in the reception area;” “poor customer service from front desk staff;” and “surprise at cost for treatment and lab services.”

Participants noted that the Powell community has a need for additional day care services, particularly for parents working hours other than 8 to 5. They also said there is a need for adult day care services, which would also provide some respite care for caregivers.

Other health needs mentioned, but by only one or two participants, included:

- Dialysis - Apparently, this is available in Cody and Billings, but not in Powell. The lack of public transportation between towns makes this difficult to access for patients.
- Pain clinic
- Ophthalmologist

- Rheumatologist
- Dementia care
- Coumadin clinic

Question: Are there any specific populations that do not have access to care?

The most frequently cited group identified by participants as lacking access to care were those whose income is too high for the Heart Mountain Volunteer Medical Clinic, the free clinic, but not low enough to qualify for public programs. Participants said that many of the local employers do not offer health insurance, or offer only plans with high deductibles.

While participants believe the Heart Mountain Volunteer Medical Clinic (the free clinic) and the Wyoming Migrant Health Program and Women’s Wellness Program offer invaluable services, they believe there is still significant unmet need among lower income populations because the free clinic can currently only serve those under 200% of the federal poverty level. The Migrant Health Program stated that it has not been collecting fees or screening patients based on financial need, but beginning January 1, 2013, they will begin collecting income information and imposing a sliding fee scale. They are concerned about the impact this requirement will have on their clients’ ability and willingness to seek needed care.

Participants also mentioned these populations as having access issues:

- People with mental illness—chronic or episodic.
- For those without transportation, the lack of public transportation creates barriers to care within the Powell community and especially in the surrounding area.
- Two participants suggested that middle-aged men do not have sufficient access to both mental health and primary care services—in part because they don’t avail themselves of it—and that they are the population most at risk for suicide.
- One of the participants mentioned that when Dr. Haberlin retires, the workers at the Department of Transportation will have an access issue. According to the participant, “Dr. Haberlin charges only \$50 for the required physicals; whereas, the Express Care clinic charges \$170.”

Question: What efforts or initiatives have been successful in helping meet local health care needs? Have specific organizations played a lead role in these efforts?

The participants had no difficulty identifying successful efforts and initiatives in the Powell area. These are the programs, processes, and people that were mentioned most frequently:

- Baby-Friendly certification for the hospital and the associated lactation program.
- Heart Mountain Volunteer Clinic (the free clinic).
- Health Coalition of Powell County.
- Northwest Family Planning—access to family planning services, care for teens.
- Lab Wellness Screening—available discounts; lab reports go directly to the patient.

- The providers in Powell “work well together”—a lack of competition among providers in the service area; physicians and nurses work well together.
- The good reputation for quality of care at PVHC hospital and providers—privacy; use of technology.
- PVHC leadership—engaged with community health efforts; give more than lip service.
- Open-access scheduling used by a few providers in the Powell area.
- Visiting specialists—well organized; provide specialty care that is needed in the community.

Other successful efforts and initiatives that were mentioned by participants included:

- Women’s Wellness Program
- Mammogram program
- WIC (Women, Infant, Children program at the public health department)
- Baby-sitting course offered by the hospital
- Health fairs sponsored by the hospital and public health department
- Having a nurse education program in the community; working with students
- Public health programs like home visits for new mothers

Question: What could be done to better address unmet needs?

One proposed solution offered by many participants to the primary care access problem was that Powell providers need to “see more patients,” and need to be “more flexible in their scheduling,” allowing for walk-ins and “sick visits.” Several suggested more use of an “open-access scheduling” system.

There was shared concern among participants that several of the most pressing needs Powell faces do not have simple answers or solutions that can be implemented locally. This is particularly true of the lack of adequate mental health services. Participants suggested:

- PVHC should explore the feasibility of providing more integrated care co-located on the PVHC campus by collaborating more closely with Yellowstone Behavioral Health.
- Offering supplemental additional training to primary care providers so that they can provide better care for some mental health needs.
- Building a temporary holding facility for Title 25 patients rather than having to use the hospital or jail.

Participants suggested that the billing process needs to be more transparent. They said that customers are becoming much more savvy about shopping for services and comparing prices. One participant suggested that the hospital hire a “health insurance liaison.” Another suggested the hospital provide billing support and education at the senior center or the Manor.

Several participants suggested that Heart Mountain Volunteer Medical Clinic, the free clinic, be expanded; that they do a great job, but that there is more need among the target population

than they are able to meet. A key informant recommended the clinic board explore federally qualified health center status.

It was suggested by participants that the Health Coalition explore solutions to the transportation issue, and even consider developing a community-based volunteer program or centralized call center such as some churches and service organizations have created for other communities.

Additional suggestions offered to meet the needs included:

- Use nurse educators more effectively.
- Improve recruitment and retention of certified nurse assistants; find out why new graduates do not work in Powell.
- Coordinate home health visits for new mothers with the public health department.

Question: How could PVHC in particular help address these needs?

Note: If the participants did not offer a specific role for PVHC in addressing local needs, they were prompted to be more specific. When prompted, the following suggestions were offered.

Suggestions offered by multiple participants included:

- Improve provider scheduling; make it more flexible; implement open-access scheduling for all providers.
- Make the billing processes, policies, and amounts more transparent.

Individual participants offered the following suggestions:

- Provide culturally competent training for all staff and providers, especially front-desk staff.
- Provide a van service for medical appointments.
- Provide service “bundling,” e.g., Ob-Gyn with prenatal, or broken bones with follow-up care and therapy, so that the final bill isn’t such a surprise.
- Provide full-time OB coverage.
- Promote the hospital discount program - patients do not know about it.
- Sponsor more health education classes.
- Recruit additional mental health providers.
- Require customer service training for all front-desk staff.
- Provide in-home care for certain patients, particularly hospice patients.
- One mother of four very active children suggested a “frequent user discount program” for the ER services.

Question: Should PVHC provide additional health education classes, and if so, when should they be offered?

Note: PVHC staff requested that participants be asked about the need for and interest in health education classes. PVHC has offered several over the years, but attendance has been poor. The participants were asked not only about possible topics, but for input about when the classes should be offered.

All participants agreed that there is indeed a need for and an interest in health education classes, although when pressed, only about half of them admitted they themselves would be likely to attend. The participants did not agree on when to hold these classes—some preferred lunchtime, others evenings. Lunchtime or mornings held a slight preference. One participant suggested that a video library might be a better way to share information. The seniors focus group asked that the hospital provide classes at the senior center or at The Manor.

Several participants said the community needed a common, easy-to-access website for announcing health-related workshops, classes, and resources. It was suggested that the Chamber of Commerce host such a site, or that the local health council consider the options. It was suggested that the hospital partner with other organizations—senior groups, public health department, local instructors—whenever possible.

In regards to topics for health education, diabetes education and a diabetes support group were the topics most often mentioned by participants. One participant thought these sessions were being reinstated, so there is some confusion as to its current availability. It was suggested that a class specific to Spanish speakers is needed.

The women and mothers focus group was especially pleased with the babysitter training and suggested the hospital might create a referral list for graduates to help families find sitters. Other topics suggested by one or two participants included:

- Alzheimer's support group
- Cancer support group
- Chronic obstructive pulmonary disease (COPD) support group

