

**Powell Valley Healthcare  
Community Health Needs Assessment  
Summary Report  
*December 2012***

---

## Table of Contents

---

<b>Introduction.....</b>	<b>1</b>
<b>Methodology .....</b>	<b>2</b>
<b>Community Survey.....</b>	<b>2</b>
<b>Focus Groups and Key Informant Interviews .....</b>	<b>2</b>
<b>Secondary Data.....</b>	<b>3</b>
<b>Results.....</b>	<b>3</b>
<b>Socio-Demographics of the Service Area .....</b>	<b>3</b>
<b>Health Status of the Service Area.....</b>	<b>4</b>
<b>Health Care Resources and Successful Efforts to Improve the Health of the Community .....</b>	<b>5</b>
<b>Health Care Gaps or Needs in the Community .....</b>	<b>6</b>

**Powell Valley Healthcare  
Community Health Needs Assessment  
Summary Report  
December 2012**

**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.

The general objectives that guided the overall research for the needs assessment 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 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 components:

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.

JSI prepared three detailed reports, one for each research component, as well as this summary report synthesizing the results ascertained from all three. The three detailed reports can be accessed from PVHC. This report includes: a brief description of the methodology used for each

research component; an analysis of the results from all three research components in response to the objectives for the needs assessment; and a summary of the health care needs identified, along with recommendations for consideration.

## **METHODOLOGY**

---

The methodology for implementing each component of the health care needs assessment is summarized below.

### **Community Survey**

Based on formative research of health status data for Park County and a review of other community health care surveys, PVHC and JSI drafted a survey questionnaire to probe the health needs in the service area. The final survey was eight pages in length and included 42 questions related to: use of health services, awareness of services, community health, health insurance, and demographics. (Please see the Community Survey Report for a copy of the questionnaire.)

The PVHC team identified five communities, based on PVHC's market share, for distribution of the community survey—Powell, Byron, Deaver, Frannie, and Ralston. Surveys were intentionally not distributed to contiguous communities with hospitals—Lovell and Cody—in order to be respectful of their service areas. From a potential 7,500 population for the service area in question, JSI purchased 2,000 mailing addresses. The majority of addresses were from Powell because it is the most populated city, followed by Byron, Deaver, Frannie, and Ralston. The surveys were mailed by JSI on November 28, 2012, and included a postage-paid return envelope for mailing the completed survey back to JSI. PVHC announced the survey and encouraged participation through newspaper articles and ads, flyers, and radio announcements in the five towns. A total of 363 completed surveys were returned, a response rate of 18.15%. A total of 127 surveys were returned undeliverable, an undeliverable rate of 6.35%. JSI used SurveyMonkey® to enter the surveys and analyze the data using the cross-tabs and summary response functions.

### **Focus Groups and Key Informant Interviews**

To prepare for the focus groups and key informant interviews, 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 and key informant interviews is included in the Focus Group and Key Informant Interview Report.) The target audiences selected for the focus groups were: women and mothers, seniors, businesses\*, and providers.

---

\*Due to difficulties in getting business owners together on a particular date, the JSI facilitator conducted on-site and telephone interviews with five business owners rather than a focus group.

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. Participants were informed that their individual comments would be kept confidential and that only summaries of each group's comments would be included in the reports. Each focus group lasted sixty to ninety minutes. A total of 24 individuals participated in the four focus groups.

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 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. 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.

### **Secondary Data**

The information collected for the secondary data analysis was obtained from existing documents, data, and/or reports. Every effort was made to obtain the most current, reliable, and verifiable data. When data was not available specific to the towns included in the community needs assessment service area (Powell, Byron, Deaver, Frannie and Ralston), county-level data were used. When possible, county data (Big Horn and Park) and state data were analyzed for comparison purposes. National data was also used for select comparisons.

## **RESULTS**

---

The results from all three needs assessment components are summarized below in response to the objectives identified for the assessment.

### **Socio-Demographics of the Service Area**

In order to inform the health care needs of the service area population, it is important to identify significant socio-demographic factors of the population that impact the need for health care services. These factors are summarized below.

- The population for the service area is 7,563, with the highest concentration of the population in Powell with 6,223 residents.

- The majority of the population in the service area is white, with less than 5% of the population categorized as non-white.
- The service area has a higher elderly population compared to the state. In Park County, 17.1% of the population is 65 and over, in Big Horn County 24.3%. In Wyoming, only 13.3% of the population is 65 and over.
- The unemployment rate in Wyoming was 7.7% in December 2012. Both Park and Big Horn Counties had lower rates (3.4% and 5.4% respectively).
- Both counties have lower median incomes (Park County - \$50,105; Big Horn County - \$56,380) than the Wyoming (\$56,380) and national (\$52,762) averages.
- The poverty level of families with children under 18 is higher in both Park (15.0%) and Big Horn (12.4%) Counties, compared to that of Wyoming (11.2%).
- The percent of people without insurance in Park County is 19.4%, in Big Horn County 20.8%. Both of these are higher than that of Wyoming (15.4%).

In summary, although the population of the service area is under 10,000, there is a high percent of elderly, which augments the demand for health care services, since the elderly utilize health care services at a higher rate than the rest of the population. The large uninsured and low-income populations also impact the demand for health care, because these populations tend to present for acute health care problems as opposed to participating in preventive health care opportunities.

### **Health Status of the Service Area**

In addition to socio-demographic factors, disparities in health status for the service area population also provide an indication of health care needs. These disparities are summarized below.

The leading causes of death in both Park and Big Horn Counties include diseases of the heart, cancer, chronic lower respiratory disease, Alzheimer’s Disease, and accidents (unintentional injuries).

In Park County, the top five types of cancer in 2009 were prostate, breast, lung, colorectal, and bladder. In Big Horn County, they were prostate, colorectal, lung, breast, pancreas, and uterine.

Health status indicators in which Park and/or Big Horn Counties do not fare as well as the state of Wyoming as a whole include:

- All the risk factors associated with poor health—limited physical activity, limited consumption of fruits and vegetables, smoking, and not always wearing a seat belt—are higher in Big Horn County than the state as a whole.
- Both counties have a higher percentage of individuals reporting they had not had a dental visit in the past year (Park - 32.9%, Big Horn - 36.4%, Wyoming - 31.1%) and

percentage of individuals 45 and over who reported losing six or more teeth to decay (Park - 26.4%, Big Horn - 29.3%, Wyoming 25.2%).

- Big Horn County has a higher percentage of individuals with chronic disease conditions—diabetes, arthritis, high blood pressure, high cholesterol, cardiovascular disease, and heart disease—than the state. Park County had rates higher than the state average for high blood pressure and high cholesterol.
- A significantly higher percentage of residents in Park County (32.7%), compared to both Big Horn County (29.3%) and Wyoming as a whole (25.2%), have not had a routine checkup in the past two years.
- In Big Horn County, 9.5% of the population reports frequent mental distress. In Wyoming as a whole, 9.0% report frequent mental distress.

Health status factors where Park and Big Horn Counties fare better than the state as a whole.

- A lower percentage of the population is overweight or obese in both counties (Park County - 58.4%, Big Horn County - 52.5%) compared to the state (Wyoming - 62.2%)
- Both Park and Big Horn Counties fare slightly better than the state in having a personal care physician (Park - 25.2%, Big Horn - 25.2%, Wyoming - 26.1%).
- Park County reported only 17.0% of their population smokes cigarettes, compared to 22.1% in Wyoming.
- Only 7.6% of the population of Park County report frequent mental distress, compared to 9.0% in the state as a whole.

Although minority populations represent a small percentage of Park and Big Horn Counties (and statewide as a whole), there are significant disparities in health measures such as cigarette smoking and drinking for these populations.

Many of the health status disparities noted above can be mitigated by focusing on health education and prevention strategies that address the disparities. The leading causes of death and the chronic conditions identified can be impacted through health education and prevention and screening, in addition to routine care.

### **Health Care Resources and Successful Efforts to Improve the Health of the Community**

Although it was beyond the scope of this project to conduct a detailed inventory of health care resources, questions about resources and successes were included in the focus group and key informant interviews. The participants had no difficulty identifying successful efforts and initiatives in the Powell area. The programs, processes, and people that were mentioned most frequently include:

- 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.

As can be seen from the initiatives above, there are many robust efforts that can be built upon to promote a healthier community. In addressing the health care needs, these efforts should be integrated into proposed solutions.

### **Health Care Gaps or Needs in the Community**

A synthesis of the results from all three components of the needs assessment pointed to five health care needs that should be explored further and addressed. The five needs include:

- Access to primary care services
- Access to mental health services
- Public transportation
- Access to dental health services
- Access to preventive services

These needs are described more fully below, along with recommendations for addressing them.

### ***Access to Primary Care Services***

---

The results of the community survey and the analysis of the secondary data indicate a lack of access to or use of primary care services:

- ♦ Both Park and Big Horn Counties have areas designated as Health Professional Shortage Areas for primary care.
- ♦ Many of the health status disparities can be mitigated with routine primary and preventive care.
- ♦ In Big Horn County, 14.1% of the population indicates they were unable to get needed care in the past 12 months. Only 12.3% of the state’s population reported being unable to get needed care.
- ♦ Both Park and Big Horn Counties have higher percentages of their populations than the state reporting no routine checkup in the past two years. (Park County - 32.7%, Big Horn - 29.3%, Wyoming - 25.2%)



The lack of access to primary care services was also the health care challenge most often mentioned by respondents in the focus groups and key informant interviews. Several of the respondents stated they were not sure whether the problem was a shortage of providers, or a problem with scheduling practices. In the women and mothers' focus group, several of the participants stated it was much easier to get in to see a provider in Cody than in Powell. Several focus group and key informant interview 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."

While focus group and key informant interview 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.

In the community survey, 20.4% of the respondents who did not seek care when they needed care indicated that "not being able to get an appointment" was one of the reasons. When asked why they selected the primary care provider they did, 35.2% of the community survey respondents indicated it was based, at least in part, on appointment availability. However, when asked about the three most serious health concerns, only 12% (43 of 361) of community survey respondents selected "lack of access to health care" as one of their selections.

When asked what changes would be feasible and most likely to improve the community's access to health care, the most frequent response from community survey respondents (37.5%) was "more primary care providers." Additionally, 26.9% of community survey respondents indicated they wanted to see the clinic open on weekends, and 16.1% indicated the clinic should be open longer hours.

The secondary data analysis revealed that within Park County, the Meeteetse Division is designated as a geographical area Health Professional Shortage Area (HPSA). This a federal designation used to identify areas of greatest unmet need. The entire county of Big Horn is designated as a primary care HPSA. According to the Rural Health Works model, Park County needs an additional 3.25 primary care physicians, and Big Horn County needs 3.49.

### **Conclusions/Recommendations**

Access to primary care is an issue that PVHC should examine further, particularly for the low-income population. The issue should be explored with regard to capacity as well as scheduling. The recommendations offered by the focus group and interview participants were to provide more flexible scheduling and to offer "sick visits" or implement "open-access scheduling" for all providers.

The indications that primary care access issues are more prevalent in Big Horn County could be a result of the public transportation limitation issues, or more limited awareness of services. Both of these factors should be considered.

In order to expand and strengthen primary care capacity, PVHC might continue to explore—along with appropriate community partners—the pros and cons of both Federally Qualified Health Center status and Certified Rural Health Clinic status.

### ***Access to Mental Health Services***

---

Both Park and Big Horn Counties are designated as Health Professional Shortage Areas for mental health care. In Big Horn County, 9.5% of the population reported frequent mental distress compared to only 9.0% in Wyoming as a whole.

Based on the community survey, 7% (26 of 361) of respondents selected “mental health issues” as one of their top three health concerns in the community. In addition, 44% (160 of 361) of community survey respondents indicated “alcohol/substance abuse” was one of the top three concerns, which is certainly indicative of mental health service needs.

Mental health service needs were a consistent category mentioned by all participants of the focus groups and interviews. They noted needs for both in-patient and out-patient mental health care, for episodic and chronic situations. Focus group and key informant interview 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.

### ***Conclusions/Recommendations***

There is a community need for more robust mental health services. PVHC should continue to take advantage of scholarship and loan repayment programs available for mental health provider placement.

In addition, there are other solutions that PVHC could explore that were recommended by focus group and key informant interview participants:

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

## ***Public Transportation***

---

Lack of public transportation was a barrier to health care raised by focus group and key informant interview participants. This challenge is particularly keen for those under age 62, but even the transportation provided for seniors is limited to week days, which doesn't adequately meet their needs. Focus group and key informant interview participants believe there is a need for transportation to and from Cody for individuals who need to or choose to seek services there.

The lack of public transportation creates health care access barriers particularly for low-income populations who are less likely to have private transportation options. This challenge was cited in most focus groups and by all the key informants. One key informant described the logistics required by their clients if the clinic changes their appointment time. The client might have had to make changes to the family's schedule to use the single family car that day, or to arrange a ride with a family member or friend. The secondary data show that both Park and Big Horn Counties have a higher percentage of families with incomes below the federal poverty level than the state as a whole (Park County - 15.0%; Big Horn County - 12.4%; Wyoming - 11.2%).

When asked what changes would be most feasible and most likely to improve the community's access to health care, 16% (59 of 360) of community survey respondents selected "transportation assistance" as one of their top five selections.

## ***Conclusions/Recommendations***

The Health Coalition could 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.

## ***Access to Dental Health Services***

---

Based on the analysis of the health status of the service area:

- ♦ A higher percentage of the population in both Park and Big Horn Counties report having no dental visit in the past year than for the state of Wyoming (Park - 32.9%, Big Horn - 36.4%, Wyoming - 31.1%).
- ♦ Both Park and Big Horn Counties had a higher percentage of the population than for the state of Wyoming that reported having lost six or more teeth due to decay (Park - 26.4%, Big Horn - 29.3%, Wyoming - 25.2%).
- ♦ Park County is designated as a Health Professional Shortage Area for dental care.

In the community survey, 30% of the respondents indicated they had not received dental services. The primary reasons they cited were that they did not have insurance or their insurance did not cover these services, or that it cost too much. In addition, 7% of respondents to the community survey selected "lack of dental health care" as one of their top three health concerns.

Park County has two dental care HPSA designations: one designation for the entire county, and the second designation for low income residents as a population group. There are no HPSAs in Big Horn County for dental care.

Dental health needs were mentioned by many of the individuals who participated in the focus groups and key informant interviews. While Powell has several dentists, access to dental care for patients on Medicaid or for those without insurance is severely limited, according to the focus group and key informant interview participants. They also pointed to a lack of access for emergency dental care after regular office hours.

### **Conclusions/Recommendations**

In exploring the feasibility of Federally Qualified Health Center status, PVHC should also take into account the dental and mental health resources this program offers.

The fact that so many individuals are not accessing dental health services could be related to public education. Perhaps coordination with the public health department, schools, and the dental society to launch an oral health campaign might have an impact on access behavior. The nursing school students could also be engaged to develop a more cross-disciplined training and education model.

### **Access to Preventive Health Services**

---

The analysis of the secondary data reveals that both Park and Big Horn Counties have higher rates of arthritis and high cholesterol than the state. Big Horn County has higher rates than the state of Wyoming for diabetes, high blood pressure, cardiovascular disease, and heart disease.

Many of the disparities in health status can be addressed through preventive health services. The community survey indicates the local population takes some advantage of preventive services such as eye exams (78.9%), routine blood pressure checks (59.6%), cholesterol checks (54.6%), blood sugar level checks (42.1%), colonoscopy (36.0%), pelvic exams (35.5%), prostate exams (29.6%), and foot screening (14.1%). Although over 75% of respondents indicated they had used some type of preventive services, it does not appear to be consistent.

For those individuals who indicated they would be interested in educational classes and programs, the topics suggested included health and wellness, weight loss, heart disease, diabetes, smoking cessation, and nutrition.

### **Conclusions/Recommendations**

Because the community survey indicated that the most common way consumers learn about health services available in the community are word of mouth and referral from a family or

friend, PVHC might consider a public education campaign using local residents to share why they use preventive health services and the advantages of doing so.

While only about half the respondents to the community survey indicated an interest in community education courses, PVHC should consider offering additional classes. By partnering with other local organizations in offering these classes, it would be possible to more effectively reach additional audiences, and use a variety of settings to meet the needs and schedules of those individuals.