

2020 COMMUNITY HEALTH NEEDS ASSESSMENT

This study provides information about the approach and findings from the Ivinson Community Health Needs Assessment (CHNA). It includes a comprehensive review of health data and community input on issues relevant to community health in the Albany County and surrounding areas that Ivinson Memorial Hospital Serves.

Health elevated.

2020 Community Health Needs Assessment



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Executive Summary

Background – History of Ivinson Memorial Hospital (Our Mission, Our Vision, and History)

Iverson Memorial Hospital has had quite a history, but prior to its establishment, healthcare in Albany County was pioneered by various entities including the Union Pacific Railroad and the United States military. Homes of physicians and nurses were even sites of small medical facilities during the late 1800's and early 1900's.

Gertrude Gould, a former Iverson Memorial Hospital board member, wrote a book called "History of Health and Hospitals in Albany County, Wyoming", which traced steps of various healthcare institutions that eventually led to Iverson Memorial Hospital's establishment in 1917. Gould's historical account begins in 1868 when the first known hospital was created at Fort Sanders. Surviving 16 years, Fort Sanders' hospital was primarily meant for military personnel and was abandoned in 1882 when the fort shut down.

Another hospital, initiated by the Union Pacific Railroad, was located on the west side of Laramie near what is now Fremont Street and operated during the same time period as Fort Sanders. This hospital is estimated to have closed in 1871 as railroad construction continued westward.

A marked evolutionary change in healthcare occurred in 1883 when the Catholic Sisters of Charity came from Cheyenne determined to build a hospital in Laramie. Successful in their endeavor, St. Joseph's hospital was erected through tireless fundraising and an appropriation from the Territorial Legislature. The Albany County Commissioners paid the hospital for services provided to patients unable to pay. However, financial hardships finally led to St. Joseph's demise in 1895. Prior to being torn down, the University of Wyoming used this building under the name of Talbott Hall.

During the early 1890's, the Albany County Commissioners started providing healthcare to the poor and indigent with the development of a "poor farm" that eventually evolved into the County Hospital. Primarily serving paupers, County Hospital stayed in commission until 1950 when Iverson Memorial Hospital took over control. It was completely closed in 1965 when its services were no longer necessary.

Following the downfall of St. Joseph's, several hospitals surfaced throughout Laramie in different homes of physicians and nurses. The McCormack Hospital, which was located at 465 N. Fifth, is one of the homes still standing today. Other home hospitals included the Lawrence Hospital where City Hall currently stands; the Northrup Hospital in a home still located at 619 S. Fifth Street; the Hortonstein Hospital at 407 S. Fifth Street; and the Grand Avenue Hospital at 603 Grand.

Iverson Memorial Hospital was constructed in 1917 and was first located at 10th and Iverson Avenue (at the time this road was known as Thornburgh), which is currently home to the University of Wyoming Police Department. Realizing the need for expansion, citizens of Laramie voted in 1968 to develop a hospital district to aid in funding construction for a new building for Iverson Memorial Hospital. The hospital's new building was completed in 1973 at its current location of 255 North 30th Street.

Over the past 45 years, Iverson Memorial Hospital has improved the care it provides Laramie residents exponentially. Expansions to the 30th Street facility have included the construction of the Meredith and Jeannie Ray Cancer Center, as well as the addition of a medical office building for outpatient services and visiting providers.

In 2014, IMH celebrated the completion of one of the largest capital projects in the history of the hospital. An expansion (which took less than two years to complete) added 30 new patient rooms, a new 9-chair dialysis unit, 3 state-of-the-art operating rooms, and an updated lobby and cafeteria.

A short while thereafter, the decision was made to reimagine the existing medical office building at IMH. By 2017, the new Medical Offices at Iverson were officially opened to the public. The building features 35 examination rooms, 3 procedural rooms and a new parking garage that adds 52 additional parking spaces to our campus. This expansion makes it possible for all Iverson Medical Group providers and visiting providers to practice in one central location.

The opening of the new medical office building coincided with the addition of several new pieces of technology to the hospital, as well as the Hospital's 100th birthday celebration. Technology added to the hospital included a new 64-slice CT machine, a 3-D mammography machine, and the addition of the new DaVinci Surgical robot. After just one year of building the medical office building, IMH added a second floor onto the building which doubled the capacity.

Along with its rich history and impressive growth and enhanced capabilities, IMH continues to strive to continually meet the community's needs and provide quality care in an efficient, effective, compassionate way. In order to achieve these ongoing goals, the hospital completed the following Community Health Needs Assessment (CHNA).

[Executive Summary of the Assessment Methodology](#)

Iverson Memorial Hospital (IMH) engaged Crescendo Consulting Group¹ to assist with the development of the CHNA. This study provides information about the approach and findings from the Iverson Community Health Needs Assessment (CHNA). It includes a comprehensive review of health data and community input on issues relevant to community health in the Albany County and surrounding areas that Iverson Memorial Hospital Serves. The assessment covers a wide range of topics and with community inputs helps to foster on-going community discussion. We invite the reader to investigate and use the information in this report to help move toward solutions, the creation of goals and the implementation of activities leading to improved community health.

Specific research modalities included the following:

- In-depth strategic secondary research and data analysis
- Qualitative Interviews (over 20)
- Discussion Groups (14)
- Quantitative Community Survey
- Needs Prioritization

[Executive Summary of the Results](#)

The CHNA research identified over 50 community services gaps. Based on the aggregated results of the multi-modal research approach, seven higher-priority needs were identified. In priority rank, they are listed below:

- Behavioral Health and Substance Use Services
- Awareness of Available Services – Especially in West Laramie
- Expansion of, or Better Access to, Services in West Laramie
- Care Coordination for higher-need patients
- Affordable Housing
- Specialized Medical Care
- Care Integration Between Iverson and Community Providers

The following sections provide more in-depth analysis of the research approach and results.

¹ See Appendix D for a profile of Crescendo Consulting Group.

Research Approach

Community Health Needs Assessment Participants

Ivinson Memorial Hospital reached out to an expansive and highly diverse group of individuals to participate in its CHNA leadership team and to contribute insight from community service organizations. Each member provided project insight, feedback regarding perceptions of area health needs, data evaluation, and other guidance during the CHNA process. These individuals had a breadth of community health vision, knowledge, and power to impact the well-being of the service area.

Research Techniques

The Ivinson Memorial Hospital CHNA methodology includes a combination of quantitative and qualitative research methods designed to evaluate perspectives and opinions of area stakeholders and healthcare consumers – especially those from underserved populations. The methodology that was used helped prioritize the needs and establish a basis for continued community engagement – in addition to simply developing a broad, community-based list of needs.

The major sections of the methodology include the following:

- **Strategic secondary research** - This type of research included a thorough analysis of previously published materials that provide insight regarding the community profile and health-related measures. The “demographics and key indicators” table is shown below while additional data is included in the appendices of this report.
- **Qualitative Interviews and Discussion Groups** – This primary research method included approximately 14 discussion groups and over 20 interviews (four in-person, 17 by telephone) with Ivinson Memorial Hospital leadership, other community service providers, and healthcare consumers who represent a span of healthcare consumers in the service area.
- **Quantitative Community Survey** – The research methodology also included a quantitative community survey disseminated to a highly diverse set of community members by IMH leaders, affiliated service sites, and other community service partners and leaders. There were 270 survey responses – providing a reliable reflection of the IMH service area demographics and providing quantitative support to the prioritized list of community needs and effective strategies to address those needs. Crescendo analyzed response data and developed tables and graphs that illuminate the results found in this report. The survey, accompanying frequency tables and cross tabulations are contained in the Appendices. The survey was made available in English and Spanish languages (though only two respondents chose to use the Spanish version).
- **Two-phase Needs Prioritization Process** - Following the secondary research, stakeholder interviews, focus group discussions, and community survey, and extensive list of community needs was identified. The prioritization process included aggregation of research results and identified a prioritized list of seven top needs.

Note: Throughout all research phases, IMH solicited and considered input from persons who represent the broad interests of the community.

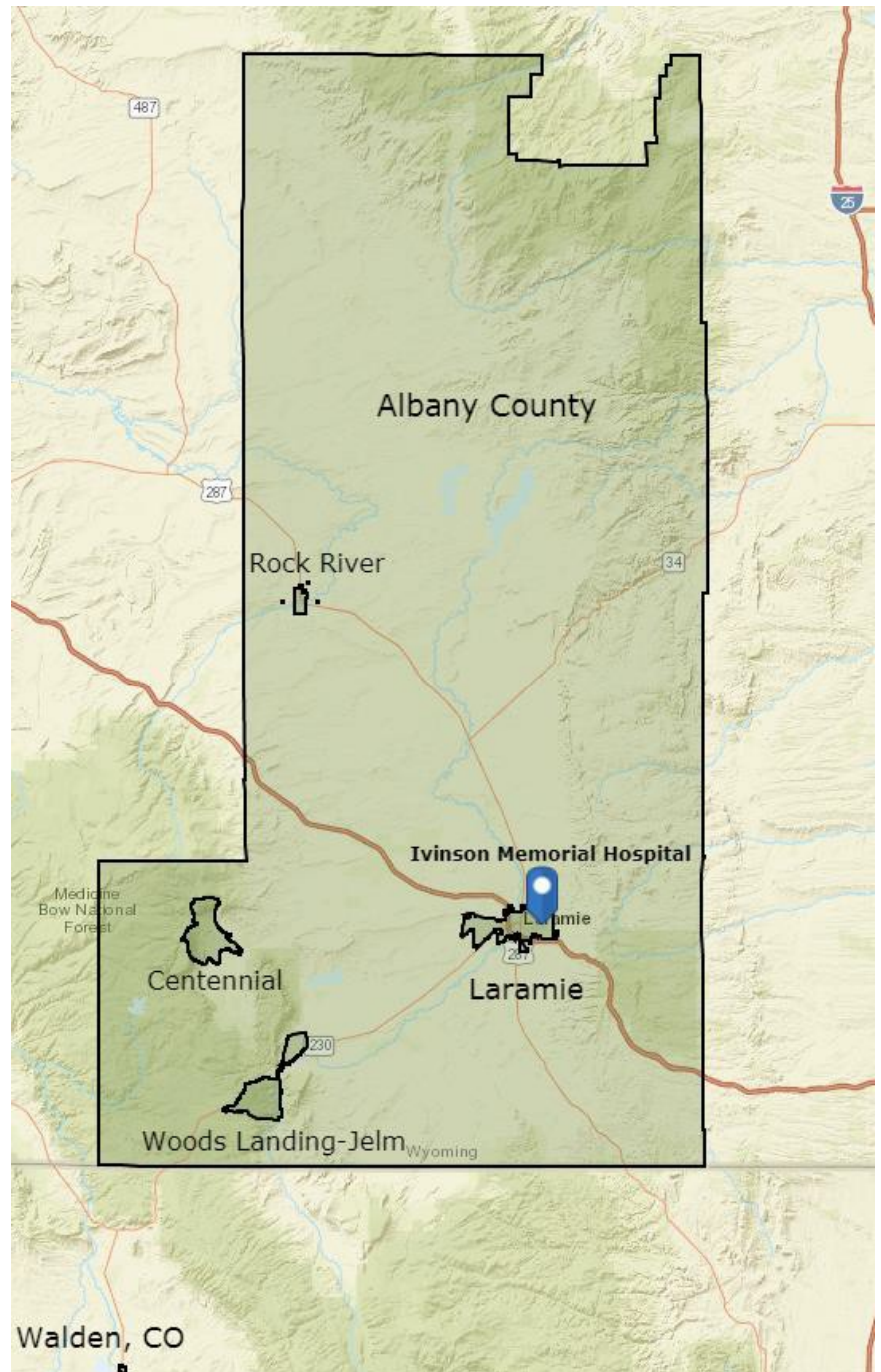
Geographical Description of the Community Served

Exhibit 1: Outreach Methods

Ivinson Memorial Hospital's service area is a geographically expansive area covering all of Albany County, Wyoming plus a section of northern Colorado. Towns and cities included in the CHNA are listed below:

- Laramie
- Tie Siding
- Rock River
- Jelm
- Centennial
- Walden, Colorado
- Other towns and unincorporated areas in Albany County, Wyoming

The data below characterizes the service area and also supports the importance of addressing the prioritized needs. For example, given the expansive geography the distance to service sites for many more remotely located residents provides a de facto barrier to care and highlights the urgency of other needs reflected in this assessment.



Secondary Research Data

Demographic analysis provides the framework from which to better understand individual communities, neighborhood characteristics, population trends, and the impact measures have on the fabric of the community. The following analysis highlights the growing need for healthcare services in the area, as well as identifies structural causes of health care service usage.

Diverse ethnicities, relatively high median age, and other lifestyle factors impact the health service needs of the IMH area, as well as the development of effective strategies to meet evolving needs.

In order to analyze these and other characteristics, the domains included in the Iverson Memorial Hospital secondary research include the following:

- Demographics of the service area
- Health status profile and disease burden
- Social and physical environment factors
- Risk and protective lifestyle behaviors

The tables and discussion in the following secondary research sections present key data that reflects the aforementioned summary points, the impact on community needs, and the prioritization of issues.

Demographics of the Service Area

The Ivinson Memorial Hospital Service area is characterized by its geographically vast region. The city of Laramie makes up nearly 85% of Albany County's populous, yet Ivinson Memorial Hospital patients come from small towns all over Albany County, with some also coming from northern Colorado. Many of these areas' small populous lead to dramatic swings in population data from town to town; for instance - Albany County's population has grown 8% since 2010 while Woods Landing-Jelm's population has fallen over 60% (though the population, and numeric population change) is very small).²

Exhibit 2: Core Demographics

Core Summary Demographics						
Area	2018 Population	Population % Change Since 2010	2018 Median Household Income	Median Age	Ethnic Minority Population, 2018	Ethnic Minority Population % Change Since 2010
Laramie	32,104	8.1%	\$43,191	25.6	19.0%	22.6%
Rock River	128	-49.2%	\$27,917	60.0	8.6%	-57.4%
Woods Landing-Jelm	56	-60.5%	ND	56.6	0.0%	0.0%
Centennial	217	-41.0%	\$56,285	57.8	19.4%	220.4%
Walden, CO	564	-2.9%	\$45,393	47.2	33.0%	163.1%
Albany County	37,944	8.6%	\$45,816	27.1	17.1%	16.3%
Wyoming	583,200	6.9%	\$60,938	37.0	15.7%	14.6%
United States	321,004,407	5.6%	\$57,652	37.8	38.5%	9.1%

SOURCE: American Community Survey, 2017 5-Year Estimates

- Laramie accounts for 84.6% of Albany County's population, and as such many data features of Laramie mirror those of Albany County.
- The population of Albany County has grown 8.6% since 2010 – slightly faster than Wyoming's average (6.9%).
- Wyoming averages a higher median income (\$60,938) than the national average (\$57,652), though Albany County is lower than the Wyoming average (\$45,816), and Laramie (\$43,191) and other parts of Albany County are significantly lower than the County and State averages.

² The additional service areas of Buford, Tie Siding and Bosler are not recognized by the American Community Survey, due to data being too low. However, all towns and incorporated areas served by Ivinson are included in the Albany County level data.

Age Groups

The IMH service area is characterized by a relatively low number of seniors and children under 5 when compared with state and national averages. Though smaller as a percentage, seniors and young children require core services.

Exhibit 3: Age

Service Area Age Breakdown					
Area	Under 5	Under 18	18-44	45-64	65+
Laramie	5.2%	16.1%	59.7%	16.2%	8.1%
Rock River	3.9%	10.9%	11.8%	46.1%	31.3%
Woods Landing-Jelm	14.3%	14.3%	26.8%	39.3%	19.6%
Centennial	0.0%	12.0%	6.0%	42.8%	39.2%
Walden, CO	14.2%	19.7%	24.9%	27.7%	23.2%
Albany County	5.0%	16.4%	54.6%	18.7%	10.3%
Wyoming	6.4%	23.7%	35.7%	26.0%	14.4%
United States	6.2%	22.9%	36.1%	26.1%	14.9%

SOURCE: American Community Survey, 2017 5-Year Estimates

- A low percentage of people (10.3%) in Albany County are over 65 years old, with Laramie averaging an even lower rate (8.1%).
- The service area also has a relatively low number of children under 18 when compared with state and national averages.
- A very high percent of Laramie (and Albany County) residents are in the 18 to 44 age range which tends to highlight the needs of young families and preventive healthcare – including mental health support. Over 50% of Albany County residents are aged 18-44.
- A relatively high percentage of residents in more outlying regions of the services area (e.g., Rock River, Centennial, Walden) have a percentage of seniors much higher than the state and U.S. average – suggesting the health-related needs among these communities may be exacerbated by age-related.

Income

The IMH service area has a lower median income than Wyoming and national averages, with one in six residents (nearly 17%) earning less than \$15,000 annually. Roughly the same percentage of residents (17.9%) earn over \$100,000 annually, a number much lower than the U.S. average.

Exhibit 4: Income

Income Breakdown								
Area	<\$15,000	\$15,000 - 24,999	\$25,000 - 34,999	\$35,000 - 49,999	\$50,000 - 74,999	\$75,000 - 99,999	\$100,000 +	Median Income
Laramie	19.0%	13.1%	12.0%	12.9%	16.8%	9.7%	16.5%	\$43,191
Rock River	9.5%	36.5%	7.9%	14.3%	0.0%	14.3%	3.2%	\$27,917
Woods Landing-Jelm	22.9%	0.0%	14.3%	25.7%	14.3%	14.3%	22.9%	ND
Centennial	0.0%	4.3%	23.9%	6.0%	45.3%	5.1%	15.4%	\$56,285
Walden, CO	11.1%	16.1%	7.7%	26.4%	19.5%	6.1%	13.0%	\$45,393
Albany County	16.9%	12.3%	12.1%	12.7%	17.1%	10.9%	17.9%	\$45,816
Wyoming	9.2%	9.5%	9.4%	13.2%	18.9%	14.1%	25.7%	\$60,938
United States	11.6%	9.8%	9.5%	13.0%	17.7%	12.3%	26.2%	\$57,652

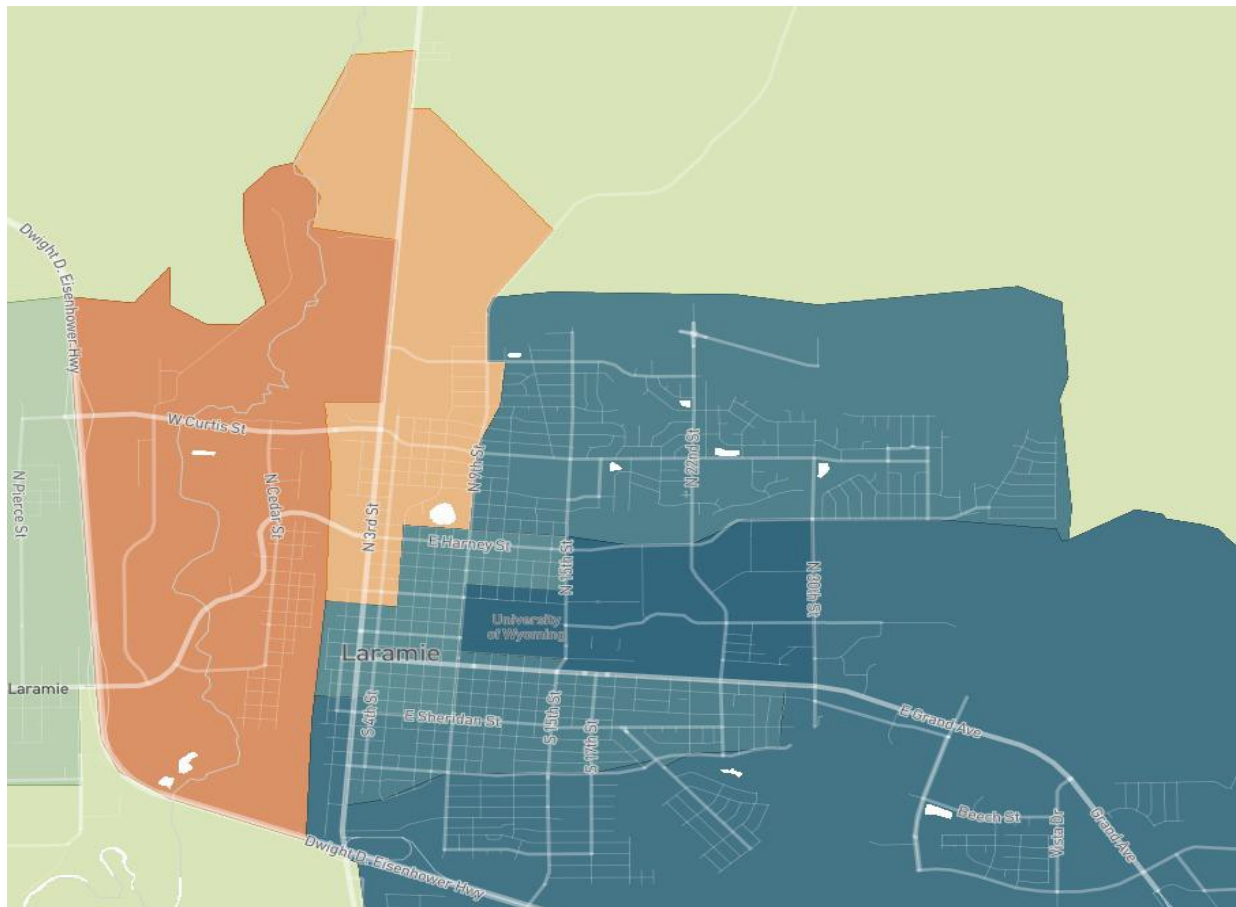
SOURCE: American Community Survey, 2017 5-Year Estimates

- One in six (16.9%) Albany County residents have incomes under \$15,000, with nearly one in five averaging over \$100,000 annually.
- Laramie has a slightly lower median income (\$43,191) than the Albany County average (\$45,816).
- The median income in Albany County is \$45,816. However, there are pockets of poverty in West Laramie where household income (\$38,107) is well below the average.

Poverty by Geography

The “Opportunity Atlas” graphic below shows the regions of Laramie in which poverty is the highest. The West Laramie area has a median household income nearly 20% below the Albany County median.

Exhibit 5: Opportunity Atlas



SOURCE: Opportunity Atlas

- A clear delineation of incomes can be seen in Laramie, where 3rd Street and the Union Pacific Railroad serve as unofficial boundary lines between more the economically prosperous areas to the East and dense concentrations of lower-income people to the West.
- Blue and green color coding on the map above recognizes relatively high income, with yellow and orange colors representing low-income areas.
- Approximately 57% percent of Laramie’s population lives in the darker blue shaded eastern region. 43% live in the orange shaded area, although West Laramie is projected to grow by over 3% by 2024, whereas East Laramie’s population is only expected to grow by 1%.³

³ SOURCE: ESRI Data, 2019

Poverty Prevalence and Education / Employment Status

Social and environmental factors include “poverty status” and others correlated with it. Poverty status is pronounced in Albany County, with over one in five residents (23.0%) living in poverty. Poverty status is much lower for children, at 11.8%.

Exhibit 6: Poverty

Poverty Related Factors				
Area	No High School Diploma	Unemployed	Below Poverty Level 2018	Poverty % Change Since 2010
Albany County	3.8%	4.8%	23.0%	-12.2%
Wyoming	7.2%	4.7%	11.1%	-0.9%
United States	12.6%	6.6%	14.6%	2.1%

SOURCE: American Community Survey, 2017 5-Year Estimates

- Although the Albany County jobless rate is low (4.8%), substantial numbers of residents live below the Federal Poverty Level.
- In Albany County, there is not a linear correlation between educational attainment and poverty.
- Poverty rates have fallen in Albany County since 2010, whereas rates have risen nationally.

Poverty Prevalence by Age Group (Higher-risk Populations)

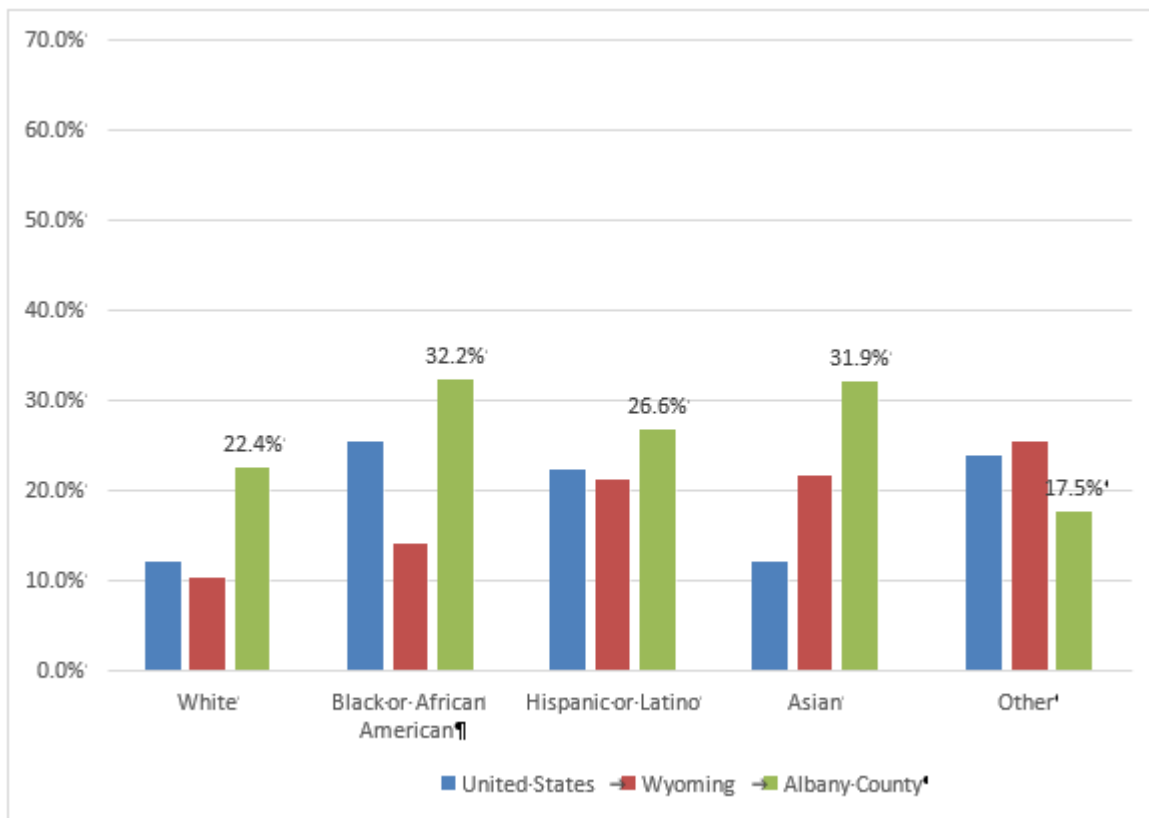
Exhibit 7: Poverty by Age

Poverty by Age			
Area	Under 5 In Poverty	Under 18 in Poverty	65+ in Poverty
Albany County	14.1%	11.8%	8.3%
Wyoming	15.4%	12.8%	8.0%
United States	22.5%	20.3%	9.3%

SOURCE: American Community Survey, 2017 5-Year Estimates

- Albany County has fewer children and seniors living in poverty than Wyoming and National rates.
- Nearly 15% (14.1%) of children under the age of 5 in Albany County live in poverty.

Exhibit 8: Poverty by Race



SOURCE: American Community Survey, 2017 5-Year Estimates

- Albany County residents who are minority populations are more likely to live in poverty than white residents.
- Compared with state and national averages, all ethnicities average higher rates of poverty in Albany County than in the State or U.S. in total

Educational Attainment

Albany County residents have earned graduate degrees at nearly twice the rate of state and national averages and earned high school degrees at a similar rate. However, Albany County experiences lower incomes than the state and nation, indicating levels of wealth disparity in the region as well as educational attainment not being the sole determinant of financial success.

Exhibit 9: Educational Attainment

Highest Level of Educational Attainment ⁴						
Area	No High School Diploma	High School or Equivalent	Some College, No Degree	Associate degree	Bachelor's Degree	Graduate Degree
Laramie	4.0%	14.6%	21.9%	8.4%	29.3%	21.7%
Rock River	0.0%	40.2%	45.8%	4.7%	9.3%	0.0%
Woods Landing-Jelm	0.0%	31.3%	37.5%	0.0%	31.3%	0.0%
Centennial	0.0%	13.5%	26.5%	10.8%	39.5%	10.3%
Walden, CO	24.6%	29.6%	29.9%	1.8%	12.1%	2.0%
Albany County	3.8%	16.1%	21.9%	8.4%	28.3%	21.5%
Wyoming	7.2%	28.7%	26.4%	10.9%	17.4%	9.3%
United States	12.6%	27.3%	20.8%	8.3%	19.1%	11.8%

SOURCE: American Community Survey, 2017 5-Year Estimates

- Two in ten (21.5%) Albany County residents have completed a graduate degree or higher.
- Laramie residents tend to have higher educational attainment levels than residents of other Albany County towns.

⁴ Population 25 Years or Over

Race, Ethnicity, and Gender

While the service area has a majority white population, around one in five residents are from other ethnic backgrounds. Hispanics represent a sizeable portion of Albany County (9.3%) and an even larger percentage (10.4%) in Laramie.

Exhibit 10: Race and Ethnicity

Race and Ethnicity							
Area	White	Black or African American	Asian	Hispanic or Latino	Two or More Races	Male	Female
Laramie	81.0%	1.5%	3.1%	10.4%	2.9%	52.3%	47.7%
Rock River	91.4%	3.1%	0.0%	5.5%	0.0%	47.7%	52.3%
Woods Landing-Jelm	100.0%	0.0%	0.0%	0.0%	0.0%	41.1%	58.9%
Centennial	80.6%	0.0%	0.0%	16.6%	0.0%	57.1%	42.9%
Walden, CO	67.0%	0.0%	0.0%	33.0%	0.0%	49.6%	50.4%
Albany County	83.9%	1.3%	2.9%	9.3%	2.6%	52.4%	47.6%
Wyoming	84.3%	1.0%	0.8%	9.7%	2.0%	51.1%	48.9%
United States	61.5%	12.3%	5.3%	17.6%	2.3%	49.2%	50.8%

SOURCE: American Community Survey, 2017 5-Year Estimates

- Approximately eight in ten people in Albany County are white.
- Wyoming has a greater male population than the U.S. average, and Albany County and Laramie have an even higher gender disparity.
- Black or African American is the least represented ethnicity in Albany County.

Wyoming and Albany County differ slightly from national averages, with a greater male population.

Race and Ethnicity								
Area	Laramie	Rock River	Woods Landing-Jelm	Centennial	Walden, CO	Albany County	Wyoming	United States
Male	52.3%	47.7%	41.1%	57.1%	49.6%	52.4%	51.1%	49.2%
Female	47.7%	52.3%	58.9%	42.9%	50.4%	47.6%	48.9%	50.8%

Disease Incidence and Prevalence

One of the core research approaches included in the Iverson CHNA is secondary research that reviews established data detailing the most common causes of death in the region, chronic disease incidence, mental health prevalence, and related issues. The following sections provide data that illustrates health status and outcomes in Albany County, Wyoming, and the United States.

Health Status Profile and Disease Burden

The population of the Iverson Memorial Hospital service area exhibits similar health status compared with the state average. However, for many measures, Albany County rates tend to be slightly poorer than the state average. Albany County and Wyoming residents report similar poor health outcomes.

Exhibit 11: Poor or Fair Health Days

Population Health and Lifestyle Indicators				
Area	Poor or Fair Health Status	Poor Physical Health Days	Poor Mental Health Days	Preventable Hospital Stays ⁵
Albany County	16%	3.8	3.7	3,385
Wyoming	15%	3.8	3.6	3,542

SOURCE: County Health Rankings, available at:

https://www.countyhealthrankings.org/app/wyoming/2019/compare/snapshot?counties=56_001

⁵ Rate of hospital stays for ambulatory-care sensitive conditions per 100,000 Medicare enrollees.

Most Common Causes of Death

The most common cause of death in both Wyoming and the nation is Heart Disease, with cancer a close second. For many measures, Wyoming has lower rates of mortality than the national average. The notable exception is Wyoming averages far higher rates of suicide and unintentional injury deaths than the national average.

Exhibit 12: Cause of Death

Most Frequent Causes of Death Age Adjusted Rate, Per 100,000 of Population		
Measure	Wyoming	United States
Heart Disease	148.9	165.0
Cancer	136.1	152.5
Stroke	28.4	37.6
Unintentional Injury	56.9	49.4
Chronic Lower Respiratory Disease	53.8	40.9
Diabetes	18.1	21.5
Alzheimer's Disease	32.7	31.0
Influenza and Pneumonia	17.5	14.3
Chronic Liver/Cirrhosis	14.2	10.9
Suicide	26.9	14.0

SOURCE: Centers for Disease Control and Prevention (CDC) "Stats of the State of Wyoming". Available at:

https://www.cdc.gov/nchs/pressroom/states/WY_2015.pdf

- The rate of suicide deaths per 100,000 population in Wyoming is 26.9, nearly double the national average (14.0).
- Wyoming has a much higher rate of unintentional injury deaths (56.9) compared to the national average (49.4).

Chronic Disease Incidence

The CDC states that chronic diseases are the most common and costly of all health problems, but they are also the most preventable.

Incidence rates for Albany County are better than state and national averages, except for asthma. In addition to the mortality material presented in the prior section, the chronic disease data below illustrates the prevalence of various, common health conditions.

Exhibit 13: Chronic Disease

Chronic Disease Incidence and Afflicted Population (by County)					
Area	Heart Disease	Hypertension	Obesity	Diabetes	Asthma
Albany County	1.8%	23.1%	24.2%	6.2%	15.5%
Wyoming	3.8%	25.5%	28.8%	7.9%	12.8%
United States	4.4%	28.2%	28.8%	9.3%	13.4%

SOURCE: Centers for Disease Control and Prevention Behavioral Risk Factor Surveillance System. Found at: <https://www.cdc.gov/brfss/>

- Overall, Albany County residents have lower rates of chronic disease incidence than the Wyoming and national averages, except for Asthma (Albany County 15.5%, Wyoming 12.8%).
- Albany County residents perform better than the national average on nearly all measures above (Asthma incidence being the one exception).

Cancer

Albany County has a higher rate of cancer incidence than the state average, but a lower rate than the national average. The one site where Albany County has a higher rate of incidence than the national average is prostate cancer.

Exhibit 14: Cancer

Cancer Incidence, by Site ⁶			
Measure	Albany County	Wyoming	United States
All Sites	449.3	397.6	483.8
Breast	107.4	112.6	124.7
Colon	33.8	33.3	39.2
Lung	37.2	44.5	60.2
Prostate	134.1	103.0	109.0

SOURCE: US Department of Health and Human Services, National Cancer Institute. Found at:

<https://statecancerprofiles.cancer.gov/quick-profiles/index.php?statename=wyoming>

- Albany County has a lower rate of breast cancer incidence (107.4) than the state average (112.6).
- Albany County averages a much higher rate of prostate cancer (134.1) than both state (103.0) and national (109.0) averages.

⁶ Rates Per 100,000 Population

Social and Physical Environment Factors

Environmental Quality and Health

The environment – air and water quality, healthy food related issues, and others – is a partial strength in Albany County.

Exhibit 15: Physical Environment

Physical Environment			
Area	Average Density of Particulate Matter Per Cubic Meter (PM2.5) ⁷	Drinking Water Violations	Low Healthy Food Access ⁸
Albany County	5.6	No	56.4%
Wyoming	6.3	-	25.8%
United States	9.1	-	30.9%

SOURCE: Environmental Protection Agency. <https://ofmpub.epa.gov/apex/sfdw/f?p=108:1:0::NO:1::>, Centers for Disease Control and Prevention, Division of Nutrition, Physical Activity, and Obesity. <https://www.cdc.gov/nccdphp/dnpao/index.html>

- Albany County has nearly double the rate of low healthy food access to the state average, yet adult obesity is lower than the state average.
- Albany County did not receive any drinking water violations during the period of measurement.
- Air quality is better in Albany County than in Wyoming or the U.S. generally.

⁷ Air Pollution - Particulate Matter is the average daily density of fine particulate matter in micrograms per cubic meter (PM2.5) in a county. Fine particulate matter is defined as particles of air pollutants with an aerodynamic diameter less than 2.5 micrometers. These particles can be directly emitted from sources such as forest fires, or they can form when gases emitted from power plants, industries and automobiles react in the air.

⁸ Percent Population in Tracts with Low Healthy Food Access

Exhibit 16: Population Lifestyle

Population Lifestyle Indicators				
Area	Adult Obesity	Physically Inactive	Binge Drinking	Tobacco Use ⁹
Albany County	24.2%	17.6%	16.8%	14.3%
Wyoming	28.8%	23.4%	17.6%	20.1%
United States	28.8%	22.8%	16.9%	18.1%

SOURCE: Centers for Disease Control and Prevention, Division of Nutrition, Physical Activity and Obesity.

<https://www.cdc.gov/nccdphp/dnpao/index.html>. Centers for Disease Control and Prevention Behavioral Risk Factor Surveillance System. Found at: <https://www.cdc.gov/brfss/>

- Albany County averages lower rates of obesity than state and national averages. A key factor to keep obesity rates low is physical activity, and Albany County averages the lowest rate of physical inactivity of the comparative regions.
- Albany County has a relatively low rate of adult smokers (14.3%).

Violent Crimes

In 2017, there were just 52 violent crimes in Albany County and 1,080 in Wyoming. The rates per 100,000 are below the national average.

Exhibit 17: Violent Crime

Violent Crime Rate			
Area	Total Population	Violent Crimes	Violent Crime Rate ¹⁰
Albany County	37,944	52	137.0
Wyoming	583,200	1,080	185.2
United States	321,004,407	1,205,137	375.4

SOURCE: Federal Bureau of Investigation, Uniform Crime Reporting Program. Found at: <https://www.fbi.gov/services/cjis/ucr>

- Violent crimes include murder, forcible sex assault, aggravated assault, and robbery.

⁹ Cigarette Smokers

¹⁰ Per 100,00 Population

Exhibit 18: Homelessness

Homelessness	
Area	Point-in-Time Homeless Count
Laramie	10
Wyoming	639
Homeless Veterans (WY)	47

SOURCE: <https://www.usich.gov/homelessness-statistics/wy/>

- Laramie’s most recent point-in-time homeless count tallied 10 individuals experiencing homelessness.
- Seven percent of Wyoming’s homeless population are considered veterans.

Risk and Protective Lifestyle Behaviors

The Iverson service area averages lower numbers of primary care physicians and dentists than the national average.

Access to Care

Access to care provides the basis for communities working to improve risk and protective lifestyle behaviors . Access to care includes four categories of related issues: capacity (e.g., the existence / capacity of providers in an In-Patient, Outpatient, Partial Hospitalization, or other environment), awareness among community members that the services exist, logistics (e.g., the ability – financially, mobility, hours of operation – to use services, and motivation (e.g., care coordination, case worker, or other community-based resources to help people take action to avail themselves of services). The CALM Model of access to care is an important component of the IMH CHNA.

C.A.L.M. Access to Care Model©



Capacity

The primary healthcare provider ratio in Albany County is similar to the state and U.S. average, but the number of dentists and – especially – mental health providers is substantially lower than the Wyoming and U.S. averages.

Exhibit 19: Providers

Providers Concentration			
Area	Primary Care Physicians ¹¹	Dentists ¹²	Mental Health Providers ¹³
Albany County	79.3	50.1	500.9
Wyoming	74.6	62.1	318.0
United States	87.8	65.6	202.8

SOURCE: County Health Rankings, https://www.countyhealthrankings.org/app/wyoming/2019/compare/snapshot?counties=56_001

Note that approximately one in nine mental health providers are psychologists or psychiatrists in the state.¹⁴

Licensure	Percent of All Wyoming Mental Health Licensures
Licensed Professional Counselor	34.3%
Licensed Clinical Social Worker	26.1%
Psychologists	10.9%
Provisional Professional Counselor	6.1%
Provisional Clinical Social Worker	5.7%
Licensed Marriage and Family Therapist	4.4%
Licensed Addictions Therapists	4.2%

¹¹ Rates Per 100,000 Population – “Higher” is better ¹²

Rates Per 100,000 Population – “Higher” is better ¹³

Population per provider – “Lower” is better

¹⁴ NOTE: The breakdown of Laramie providers was not available. State of Wyoming data is reflected in the table.

Licensure	Percent of All Wyoming Mental Health Licensures
Clinical Social Worker	3.9%
Certified Addictions Practitioners	2.0%
Psychiatrists	1.0%
Certified Addictions Practitioners Assistants	0.7%
Community Mental Health Worker	0.3%
Professional Addictions Therapist	0.3%
Provisional Marriage and Family Therapist	0.3%
Sources: Wyoming Mental Health Professions Licensing Board. Available at https://mentalhealth.wyo.gov/public/license-verification ; Bureau of Labor Statistics. Available at https://careersinpsychology.org/how-to-become-a-psychologist-in-wyoming/ ; e-Psychiatry. LLC. Available at https://www.e-psychiatry.com/pro/telepsychiatry_wyoming.php	

Cost Barriers and Insured Rates

Low health insurance coverage is an important issue in any hospital service area. Albany County has low percentage of uninsured people compared to state averages.

Exhibit 20: Insurance

Health Insurance Coverage				
Area	Adults with Medical Insurance	Children with Medical Insurance	Uninsured Adults	Uninsured Children
Albany County	91.9%	95.6%	8.1%	4.4%
Wyoming	88.1%	92.8%	11.9%	7.2%
United States	89.5%	94.3%	10.5%	5.7%

SOURCE: American Community Survey, 5-Year estimates

Exhibit 21: Transportation

Transportation Modality to Work (Albany County)							
Age Group	Total Number of Reported Workers	Drove alone (Truck, car, van)	Carpooled	Public Transportation	Walked	Taxi, bicycle, or others means	Worked from home
Total	20,719	70.1%	9.7%	2.1%	8.8%	4.7%	4.7%
16 to 19	829	71.5%	2.3%	0.4%	16.8%	3.5%	5.5%
20 to 24	5,399	68.5%	5.7%	5.5%	13.5%	5.0%	1.7%
25 to 44	8,018	67.8%	13.2%	1.3%	7.9%	6.0%	3.8%
45 to 54	2,841	75.3%	9.9%	0.8%	4.4%	2.5%	7.1%
54 to 59	1,492	75.7%	10.1%	0.0%	6.2%	4.3%	3.8%
60 to 65	1,230	72.4%	8.3%	0.0%	5.9%	4.2%	9.1%
65 and older	910	69.3%	9.5%	0.0%	2.1%	2.1%	17.0%

SOURCE: American Community Survey, 2017 5-Year estimates

- A high percentage (over 70%) of Albany County residents drive personal vehicles to work; a very low percentage (2.1%, almost all age 20 to 24) take public transportation.

Exhibit 22: Health Behaviors

Health Behaviors					
Area	Mammogram Screening	Pap Test ¹⁵	Colon Screenings ¹⁶	Flu Vaccinations	No Recent Dental Exam
Albany County	59.3%	66.3%	58.7%	47%	24.4%
Wyoming	56.0%	66.8%	64.9%	40%	31.6%
United States	63.2%	71.9%	70.4%	45%	64.4%

SOURCE: Community Engagement Network, [https://engagementnetwork.org/map-room/?action=link_map&ids=346,t11&def=t11:FIPS%20IN%20\(2756001%27\)&bbox=-11838203.54263,5007589.369298,-11716421.51707,5230384.170202](https://engagementnetwork.org/map-room/?action=link_map&ids=346,t11&def=t11:FIPS%20IN%20(2756001%27)&bbox=-11838203.54263,5007589.369298,-11716421.51707,5230384.170202)

- Albany County residents have better oral health than the Wyoming average. Oral health is a consistent barrier for rural area residents¹⁷.
- Albany County residents also exhibit good self-care behaviors with regards to mammogram screening.

¹⁵ Women Over Age 18, Past 3 Years

¹⁶ Adults Over Age 50, Past 5 Years

¹⁷ Department of Health and Human Services, <https://www.hrsa.gov/sites/default/files/hrsa/advisory-committees/rural/publications/2018-Oral-Health-Policy-Brief.pdf>

Exhibit 23: Healthy Lifestyle

Healthy Lifestyle/Physical Activity				
Area	BMI>30	No Leisure Time	Recreational and Fitness Facility Access ¹⁸	Social Associations ¹⁹
Albany County	24.2%	17.6%	8.26	11.0
Wyoming	28.8%	23.4%	14.5	13.4
United States	28.8%	22.8%	11.0	12.6

SOURCE: County Health Rankings, https://www.countyhealthrankings.org/app/wyoming/2019/compare/snapshot?counties=56_001

- The Iverson service area is characterized by low levels of adult obesity and populations reporting greater leisure time than state and national averages.
- There does not seem to be a direct correlation between access to fitness and recreation facilities and obesity, as Albany County has a low rate of access accompanied by low obesity rates.

Teen Birth Rates

Teen birth rates in the Iverson service area are low compared with the Wyoming average.

Exhibit 24: Teen Birth Rates

Teen Birth Rate Per 1,000 Population		
Area	Infant Mortality Rate ²⁰	Teen Birth Rate ²¹
Albany County	4.3	13.3
Wyoming	6.8	42.3
United States	6.5	36.6

SOURCE: Department of Health and Human Services, Health Indicators Warehouse <http://www.healthindicators.gov/>

- Albany County averages 13.3 teen births per 1,000 Female population age 15-19. Wyoming averages 42.3, a number higher than the United States average (36.6).

¹⁸ Number of Facilities Per 100,000 Population

¹⁹ Per 10,000 Population

²⁰ Per 1,000 Births

²¹ Per female Population, Age 15-19

Exhibit 25: Health Behaviors

Substance Use Rates ²²			
Area	Marijuana Use	Cocaine Use	Nonmedical Pain Reliever Use
Wyoming	9.9%	1.1%	4.7%
United States	15.9%	2.0%	2.0%

SOURCE: Substance Abuse and Mental Health Services Administration (SAMHSA) "Key Substance Use and Mental Health Indicators in the United States: Results from the 2018 National Survey on Drug Use and Health".²³

- A higher percentage of Wyoming residents misuse nonmedical pain relievers than the national average. In 2018, the most commonly misused subtype of prescription pain relievers was hydrocodone products, which include Vicodin, Lortab, Norco, Zohydro ER, and generic hydrocodone.²⁴
- Marijuana use in Wyoming is low (9.9%) compared with the national average.

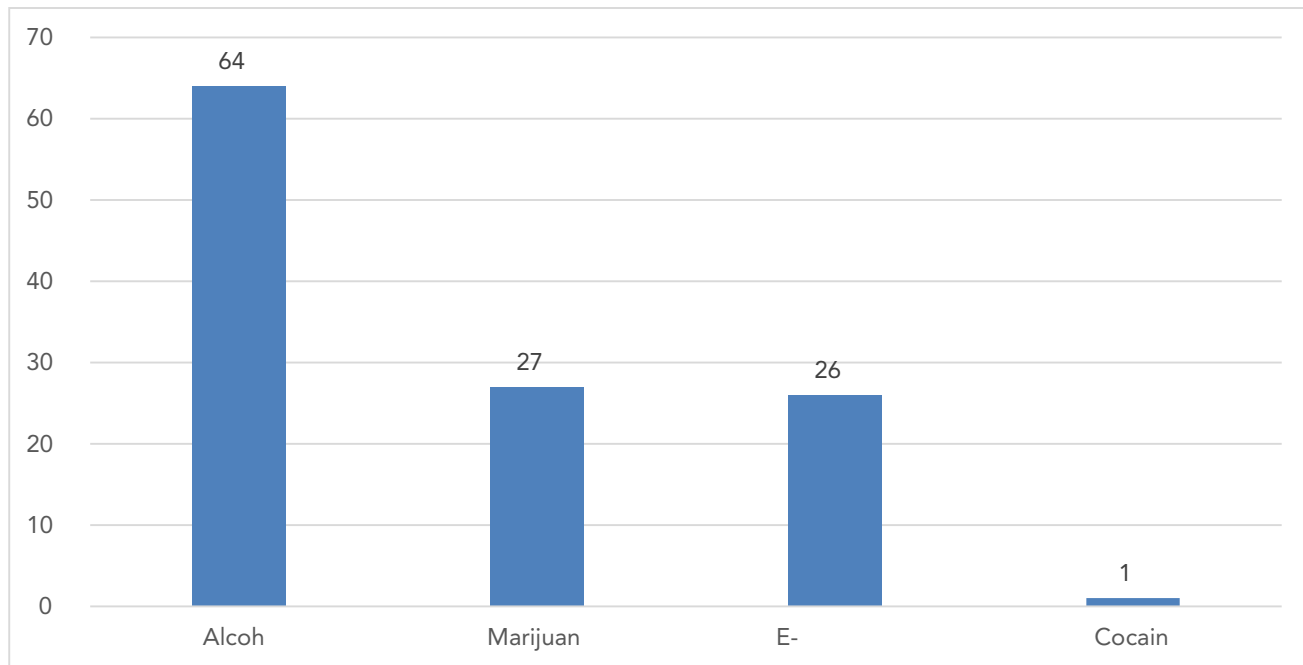
²² Age 12+

²³ <https://www.samhsa.gov/data/sites/default/files/cbhsq-reports/NSDUHNationalFindingsReport2018/NSDUHNationalFindingsReport2018.pdf><https://www.samhsa.gov/data/sites/default/files/cbhsq-reports/NSDUHNationalFindingsReport2018/NSDUHNationalFindingsReport2018.pdf>

²⁴ Substance Abuse and Mental Health Services Administration (SAMHSA) "Key Substance Use and Mental Health Indicators in the United States: Results from the 2018 National Survey on Drug Use and Health".
<https://www.samhsa.gov/data/sites/default/files/cbhsq-reports/NSDUHNationalFindingsReport2018/NSDUHNationalFindingsReport2018.pdf>

Substance Use among Albany County 12th Graders, 2017

Exhibit 26: Substance Use



SOURCE: Wyoming Department of Health, Substance Abuse Prevention Program. https://health.wyo.gov/wp-content/uploads/2017/08/c-Albany-Overall-2016-Fact-Sheet_w_links.pdf

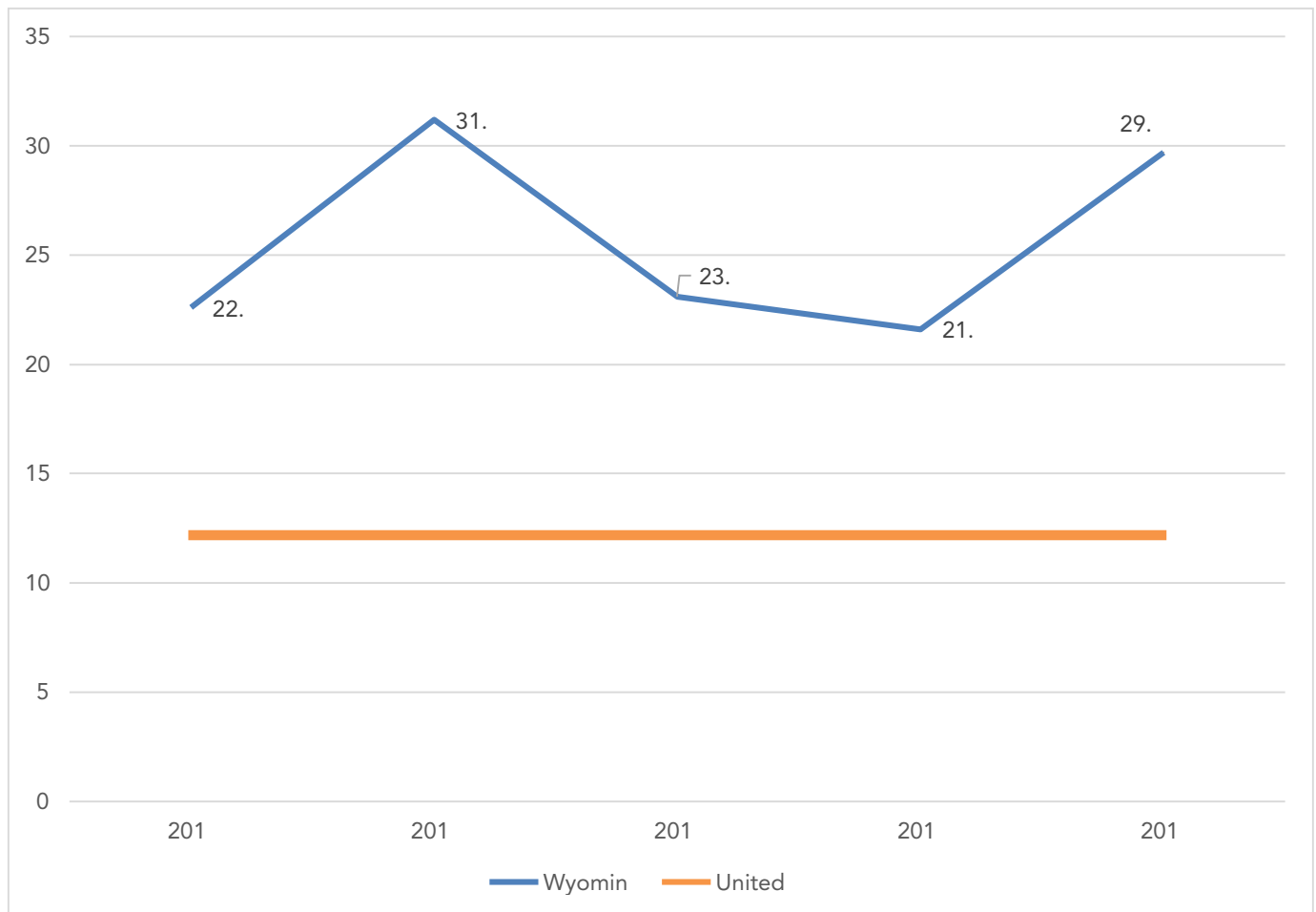
- Nearly two thirds (64%) of high school seniors in Albany County report having used alcohol.
- Over one quarter (26%) of high school seniors report electronic cigarette usage. The Centers for Disease Control and Prevention has recommended populations refrain from electronic cigarette usage.²⁵

²⁵ Centers for Disease Control and Prevention, "Outbreak of Lung Injury Associated with E-Cigarette Use, or Vaping". Available at: https://www.cdc.gov/tobacco/basic_information/e-cigarettes/severe-lung-disease.html

Mental Health and Suicide

Suicide rates often reflect the mental health of a community. Suicide rates in Wyoming have remained much higher than the national average and are among the highest in the nation.

Exhibit 27: Suicide



SOURCE: Wyoming Department of Health, "Preventing Suicide in Wyoming" 2017-2021 State Suicide Prevention Plan.

<https://health.wyo.gov/wp-content/uploads/2016/12/Wyoming-Suicide-Prevention-Plan-1.1.17.pdf>

- Suicide rates in Wyoming have changed dramatically on a year-to-year basis compared with national averages, but the rates have remained much higher overall.

Mental health is an important issue in the IMH service area, especially with its relation to outcomes such as suicide. Albany County averages similar mental health outcomes to the state average, with higher percentage of residents seeking treatment.

Exhibit 28: Mental Health

Mental Health				
Area	Average Number Mentally Unhealthy Days ²⁶	Percentage with Limited Emotional Support ²⁷	Percent with Frequent Mental Distress	Percent Currently Receiving Mental Health Treatment
Albany County	3.7	4%	10%	17%
Wyoming	3.6	6%	9%	12%

SOURCE: Wyoming State Epidemiological Outcomes Workgroup, https://health.wyo.gov/wp-content/uploads/2017/08/Albany_County_Mental_Health_Fact_Sheet.pdf

- Albany County residents average 3.7 mentally unhealthy days per month.
- 10% of Albany County residents report frequent mental distress, and 17% of Wyoming adults report currently taking medicine or receiving treatment from a doctor or other health professional for a mental health condition or emotional problem.

²⁶ Past 30 Days

²⁷ Age Adjusted

Community Survey

Methodology

The IMH Community Survey was disseminated through the IMH website, outreach from IMH and affiliated (and non-affiliated) community partners, and others. The survey was open for approximately 60 days in order to maximize community involvement and analysis of results.

Survey Results – Prioritized Needs

Results of the community survey reflected much of the insight gained in the secondary research analysis and was later confirmed and expanded upon in the qualitative research (described later in this assessment). Survey results indicate that the more common health-related needs in the area include the following:

- Mental health services (for adults and children)
- Issues disproportionately impacting people living in West Laramie or other economically challenged areas
 - Affordable healthcare services
 - Awareness of healthcare and financial resources
- Larger community issues such as affordable housing and transportation
- Case workers or "navigators" for people with chronic diseases

Based on household income levels and age groups, perceived needs are similar yet have a few important distinctions.

Household Income

- Survey respondents with lower incomes (i.e., under \$50,000 per year) are more likely to indicate that "affordability" issues – healthcare services, childcare, transportation, etc. – are the most pressing needs. However, after affordability issues, mental health and care coordination services rank high.
- For households more economically secure, mental health, substance abuse, and specialized medical care services rate high. For them, care coordination is important, yet it is in a second tier of prioritized needs.

Age Group and Race / Ethnicity

- Highly correlated to household income, younger survey respondents (who also tend to have lower household income) are more likely to more highly prioritize affordability and mental health services; older respondents (i.e., over age 45) tend to focus more on mental health and substance abuse services and access to more specialized medical care.
- Among those indicating that specialized medical care is a high-priority need, access to increased cardiology services was the most frequently mentioned medical specialty.
- Among most age groups and household income groups, mental health services for children and adolescents is seen as an even greater need than similar services for adults.

- Healthcare services for seniors was seen as a high priority issue for only the oldest survey respondents (i.e., over age 75).
- The greatest need among people in the 35 to 44 age group was "Access to social services (other than healthcare) for people living in west Laramie." Among other age and income categories, "Healthcare services for people living in west Laramie" was also highly prioritized.
- Survey respondents ethnically reflected the community make-up in that more than four of five (81.7%) were Caucasian (nearly 10% were Hispanic).

The tables in Appendix C show the overall prioritization of needs included in the survey stratified by Household Annual Incomes and by Age Group.

Survey Results – Prioritized Needs – Sources of Information

The survey included questions in which respondents indicated trusted sources of (1) information about healthcare providers, and, (2) information about their own health, or sources used to monitor it.

Source	Percent Using the Source	
	Provider Information	Monitor Your Own Health
Friends and relatives	85.6%	23.8%
A physician or other healthcare worker	59.5%	72.0%
A hospital's website	51.8%	11.4%
A physician's website	25.1%	NA
Social media	25.1%	5.7%
Healthcare rating sites like HealthGrades or US News & World Report	13.3%	NA
Newspaper	11.8%	NA
Healthcare.gov	8.7%	10.4%
Radio	3.6%	NA
Television	1.0%	NA
A patient portal	NA	49.7%
Medical websites such as WebMD or Mayo Clinic	NA	46.6%
A fitness tracker website like Fitbit or My Fitness Pal	NA	31.6%
Healthcare.gov	NA	10.4%
Telehealth resources such as a telehealth doctor or nurse, or virtual urgent care	NA	6.7%

- For both information-related questions, “A physician or other healthcare worker” was identified as a highly trusted source.
- For provider information, friends and relatives were identified as the most commonly used source; this differs when considering ways to monitor one’s own health. In those cases, more personal or confidential sources were preferred such as a physician or other healthcare worker, patient portal, or website.
- Conventional media – radio and television – were some of the least used sources of provider information. Telehealth and social media were the least preferred sources to monitor one’s own health.

Perceptions About Ivinson Memorial Hospital Services and Resources

A series of survey questions asked survey participants to evaluate the Ivinson Memorial Hospital System, its providers', and its staff members' quality of care.

Overall, survey respondents rated the quality of care high in each case, as 76% or more indicated that the quality level is "Somewhat high quality" or "Very high quality." However, there may be some indication of some "softness" in the data, as all "Very high quality" were under 50%.

How would you describe the quality care from the following?

	The overall Ivinson Memorial Hospital system of care	Ivinson Memorial Hospital providers (e.g., Physicians, Nurse Practitioners, Physician's Assistants)	Ivinson Memorial Hospital staff (e.g., Nurses, Patient Care Technicians, Other Therapists)
Very low quality	2.1%	1.5%	1.0%
Somewhat low quality	12.3%	6.7%	5.6%
Somewhat high quality	43.6%	40.5%	34.4%
Very high quality	33.3%	42.6%	49.2%
Not sure	8.7%	8.7%	9.7%
Total	100.0%	100.0%	100.0%

- Six of seven respondents (83.6%) indicated that the IMH staff members' quality of care was "Very high" (49.2%) or "Somewhat high" (34.4%).
- One of three (33.3%) had an overall "Very high" perception of IMH's system of care quality (although a total of 76.9% indicate "Very high" or "Somewhat high").
- Quality perceptions are fairly consistent across gender, income levels, and other demographics characteristics with the slight exception of age. People over age 45 tend to have slightly higher opinions about the IMH quality of care (i.e., all three measures).

There may be an opportunity for IMH and its key stakeholders to provide more direct outreach to younger community members and families who may be less familiar with IMH resources. In addition, additional support for efforts to enhance awareness of IMH's services in younger / economically challenged parts of the service area may also improve general insight about, and perceptions of, IMH resources. See the tables in Appendix B.

Additional Survey-related Insight

The community survey also included open-ended questions in which respondents shared their thoughts about the most important community needs, and other comments that may be helpful to the community assessment. The responses were analyzed using a textual analysis algorithm and reviewed manually for completeness. Highlights from the qualitative sections of the survey are shown below.

Comments about Higher-priority Needs

Respondents were asked to write the top three needs facing the community. Their responses generally are consistent with other qualitative and quantitative sections of the CHNA methodology.

- The top three issues – Mental health care and related services, affordable care (with particular interest in economically challenged areas such as West Laramie), and access to specialized medical care – were rated much higher than other issues. For example, there was a notable gap in the number of responses between “Specialty care” (the third-ranked issue) and “Transportation” (the fourth-ranked issue).
- Mental healthcare and related services was identified as the leading unmet need in the Laramie service area. There were several specific comments regarding pediatric / adolescent mental health services. Substance abuse (a frequently co- occurring condition) was also among the highest noted issues / needs.
- Mental health-related comments often mentioned provider capacity (e.g., “we need more counselors”) as well as financial issues (e.g., “We need more affordable access to mental health”).
- Within the broad category of specialized care, enhanced cardiology, endocrinology, and women’s health services were the area’s most commonly noted as higher-need specialties.
- Several of the issues / needs reflect on the opportunity to increase awareness of services and/or provide care coordination support to higher- need Laramie residents.

Rank	Issue / Need
1	Mental Health
2	Affordable healthcare / financial counseling
3	Specialty care
3a	Cardiology
3b	Diabetes
3c	Women's Health and Screenings
3d	Neurology
3e	Cancer care
3f	Orthopedics
3g	Eye care
3h	Radiology
4	Transportation
5	Substance use / abuse
6	Senior care
7	General Access to Care
8	Homeless advocacy and services
9	Dental
10	Healthy lifestyle support and obesity
11	Health literacy and preventive care
12	Healthy eating and access to healthy food
13	Long-term care

Qualitative Insight Offered for the Hospital

At the end of the online survey, respondents were provided the opportunity to share any additional comments that they thought may be helpful to IMH. The comments generally fell into one or more of three broad categories.

- Comments about access to needed services.
- Supportive (or in a few cases, constructively critical) comments about Iverson Memorial Hospital.
- The general cost of care.

Comments about access to needed services.

The service-related comments focused on specific service needs, the way that people currently access (or would like to access) healthcare services, and mental- health-related issues. A selection of the comments are listed below. The appendices contain the expanded list of comments.

- “[Many residents] must travel to Ft. Collins and Cheyenne to attend a wound care clinic when the local PT's are not able to fit them in for basic wound care appointments. Also, having wound care in the therapy environment means that if an infection is suspected, the patient often must be seen in the ER to address this, which is not efficient for our customers.”
- “[Many] people ... would like options other than the usual pharmaceutical models [for prescription drug needs].”
- “[More] services [are] need[ed] to be available to working people [i.e., after hours and weekends].”
- “Expand access using Telehealth, remote patient monitoring.”
- “I think telehealth has good potential for some applications in Albany County. The community health center is a good resource for the community but needs better visibility.”
- “I use the services offered by Wyoming Health Fairs to assist in tracking my health.”
- “Affordable mental health care in Laramie needs improvement.”
- “Mental health needs to be a priority from young children to adults in all capacities. Perhaps adding emergency services for mental health.”
- “The community is definitely in need of more outpatient mental health services for children, adolescents and the prenatal population.”

Comments about Ivinson Memorial Hospital and the Service Area Healthcare Resources

Survey respondents appeared to be very engaged in the area's healthcare resources. Their comments generally reflect solid insight and strong opinions regarding the IMH and other area resources. In total, there is a clear perspective about strengths and service gaps in the community, yet several respondents reflect the realization that healthcare services are good in Laramie considering its size and location.

- "I don't know if our community will ever be large enough and provide adequate infrastructure to compete with the Colorado Health services. But that is alright, people travel to specialists all the time. We should acknowledge our strengths and focus on them rather than waste resources."
- "Albany County is better off than so many areas."
- "I feel Laramie does a pretty good job [meeting healthcare needs]."
- "Iverson Memorial Hospital should be a leader in our community when it comes to helping its members get access to preventive services, especially for the uninsured. It would save ... costs in the future and would be a great way to use the taxpayer money that it receives for helping to take care of this group of people."
- "Love our hospital!"
- "Over all I think the doctors and resources in Laramie are great. Where the homeless are concerned, I feel we should not put effort into programs for non-emergent [care] because it will encourage more to come to our community."
- "Some of these things ... just need better advertising and utilization. Not necessarily that we lack the service, but that as a community, we should feel like they are well utilized. For example, the Soup Kitchen is a great resource, but many low-income people do not utilize it as a resource due to lack of knowledge."
- "The hospital is improving, and we must continue to squash rumors from years ago."
- "We are very privileged to have such a great hospital right here in Laramie!!"
- "[I have a major] concern regarding the [accuracy] of billing...."
- "I think Iverson has a patient portal, but I have never been told about it or directed on how to use it when visiting for myself or family. Please explain the portal instead of just saying there is one."
- "I would rather go to urgent care or out of town to an ER than come to our own. The care is sometimes too rushed by some physicians and nurses."

Comments about the general cost of care

Some comments about the general cost of care relate specifically to IMH while others are more general. In addition to the direct issue of affordability (and the need to, in some cases, travel outside of Laramie to get care), the comments reflect a desire for more information, advocacy, and support from the hospital (or others) regarding financial issues. A selection of the comments are listed below. The appendices contain the expanded list of comments.

- “It would be hugely beneficial if there was more support or options for those who are above the poverty line but still struggling, especially with medication, transportation, and health care overall. More education, support, and hospital effort towards healthy food options and if those were affordable for those of us who are struggling that would be great. Having a counselor here that people could talk to without being admitted would help as well.”
- “Even with health insurance IMH ER is expensive and does not work well with billing options. [It is better to avoid the ER and] wait until morning for help.”
- “Healthcare needs to be better for those with medium income. Medicine is too expensive. Medicare won't always cover things like, hearing, seeing, and chewing. My adult son is virtually disabled from being in Iraq, his teeth are also shattered, but he is not receiving disability or worker's comp.”
- “I am an elder/senior and I [am not involved in any activities.] I have mobility issues so have used Eppson Center bus. I have to beg friends to drive me to out of town appointments. I can pay but others cannot.”
- “There is a constant need for acceptance/awareness/assistance/on-going-help for those in our community who are hungry, homeless, lack good consistent FREE or low-cost transportation within all of Laramie as well as to medical appointments in Fort Collins or Cheyenne, alone/socially isolated -- in general: unknown, unrecognized and/or poorly served.”
- “I can drive to Fort Collins and receive the same procedure at a 1/3 the cost. ... I would LOVE to keep my medical-related business in Laramie, but if any procedure is needed (unless an emergency) that will not happen. ”
- “There are few to little options for low-income families for dental or prenatal. No dentist even accepts Medicaid forcing patients to drive to Cheyenne or Fort Collins.”
- “There needs to be more work on low-income and the assistance available. While students have the University of Wyoming resources, there is only so much they can do. Mental health help is also limited which is highly needed in a college town.”
- “We need more available avenues for mental health that is affordable. Most insurances do not cover these type of services, which might steer people away from trying to get help that is very much needed.”

As noted earlier, the appendices contain a more complete set of survey respondent comments.

Qualitative Research Summary

Primary research for the Iverson Memorial Hospital CHNA included 14 focus group discussions and approximately 25 one-on-one interviews with key stakeholders from the target service areas. Public health officials, sub-sector specific experts, directors of service organizations engaging underserved populations, and others were included in the research.

Focus Group Discussions Profile

Onsite work was conducted at IMH in order to run focus group discussions, attend a Board of Directors meeting, conduct select interviews, and work with IMH leaders to strategize about CHNA project activities and early findings. The work included 14 group meeting including, but not limited to, the following:

- General community members including the Patient Advisory Council (five meetings)
- Service organizations (two meetings)
- Business Community members (two meetings)
- Community Healthcare Providers (two meetings)
- IMH leaders, the IMH Board of Directors, and other leaders (three meetings)

Key Stakeholder Interviews Profile

The one-on-one interviews provided the opportunity for more in-depth discussion of behavioral health and substance use issues with local experts. In many instances, interviewees were able to provide granular insight regarding health and access needs and provide insight regarding effectiveness and operational aspects of current programs. Interviewees were able to speak of their perceived needs in the Iverson service area.

Interviewees included community leaders and community members such as the following:

- IMH administrative leaders
- Affiliated and non-affiliated community service providers
- General community members
 - Heavy users of the healthcare system
 - The elderly
 - Parents of small children

- Residents of West Laramie
- People experiencing homelessness
- General, middle income men and women
- Faith-based community leaders
- Public Health representatives
- Early childhood development service providers
- Other leaders providing community-focused services

Qualitative Research Findings and Comments

The results of the focus groups and the one-on-one interviews include comments about specific acute needs, access to services, and structural aspects of community health. The research approach allowed Ivinson to “cast a wide net” and include experts’ insights on a range of health and needs issues.

In many cases, insights and comments could be attributed to specific service areas; however, in others, participant feedback referred to the combined region. The material below includes the summary of high-level system and contextual observations from focus group discussions and interviews, and a review of detailed needs as identified by participants. Based on this material, the service area’s highest priority needs are listed below.

Qualitative Top Seven Community Health Needs
Behavioral Health and Substance Use Services
Care Coordination
Expansion of, or Better Access to, Services in West Laramie
Awareness of Available Services
Affordable Housing
Specialized Medical Care
Care Integration Between Ivinson and Community Providers

The following section provides some greater detail – along with illustrative quotes – for the needs categories noted in the table above.

Behavioral Health Services

There is a continuing, growing need for services designed to address behavioral health issues.

Stakeholders described the lack of awareness surrounding behavioral health treatment options. Many stakeholders discussed the connection between mental health and substance use, and some stakeholders indicated Primary Care Providers might ameliorate access issues by providing more direct information between mental health service providers and patients. Youth and children were identified as subpopulations with specific behavioral health needs.

- *"We need behavioral health services, especially outpatient behavioral health."*
- *"Mental health care for all ages is important, especially children."*
- *"You cannot treat them [i.e., mental health, medical health, and substance misuse] as separate issues."*

Care Coordination

Transitions of care and "warm handoffs" help improve the perceived quality of care.

Several people discussed the difficulty of coordinating care between providers and various other social service organizations. Formal care coordination systems are not currently in place, and many stakeholders indicated establishing such systems would improve access to and quality of care.

- *"Care coordination does not exist, but that would be great to have."*
- *"I can see care coordination models being really helpful for Laramie."*
- *"One thing we can do to reduce readmission rates is facilitate care coordination."*

Expansion of, or Better Access to, Services in West Laramie

There is a perceived need to expand service sites (or establish new ones) in West Laramie.

Many stakeholders indicated the geographic divide in West Laramie. 3rd Street and the Union Pacific Railroad create an easily recognized barrier between West Laramie and the rest of the community, where residents who have limited transportation options live further from medical care and grocery stores. One community stakeholder noted the high percentage teen population in the area and expressed concern over the lack of age-specific providers and services.

- *"(In West Laramie) there's no access to care there, or grocery stores or even a Wal-Mart."*
- *"Needs differ from uptown to downtown, and West Laramie is very different. It's rundown."*
- *"West Laramie is a particular challenge - fewer services. No transportation."*

Awareness of Available Services

Awareness of programs in the communities is limited.

Community stakeholders recognized the need for greater awareness around available resources. There was general agreement that most people don't know that resources (and resource guides) exist or even where to find them. Additionally, there is some perception that Iverson Memorial Hospital is still growing, and the community doesn't fully know the specific things it can provide.

- *"Awareness is a need - availability of services, financial and health literacy, and motivating people to seek these things out."*
- *"Awareness of services between providers is key."*
- *"I'd like to see Iverson strengthen itself more by better informing the community what services are available to them."*

Affordable Housing

Specialized housing is needed in more rural communities.

Housing is broad issue that was commonly reported as a need in the local community. Affordable housing, transitional housing for individuals experiencing homelessness, housing for seniors, and navigating the challenges of student housing were all touched on. There is documentation to support the connection between stable housing and health, with some results indicating the costs of supportive housing are largely offset by savings in services used, mostly within the health care system.²⁸

- *"Affordable housing is the biggest need."*
- *"There is a large group of people at-risk of becoming homeless."*
- *"There is no homeless shelter but interfaith has vouchers for housing."*
- *"Historically, students 'take up' all the affordable housing."*

²⁸ "Housing as Health Care: New York's Boundary-Crossing Experiment". Doran, Misa and Shah. 2014. Available at:

https://journals.lww.com/obgynsurvey/Abstract/2014/04000/Housing_as_Health_Care_New_York_s.7.aspx

Specialized Medical Care

There is a need for greater access to cardiology, endocrinology, pediatrics, rheumatology, and neurology

Ivinson has visiting specialists for cardiology, endocrinology, pediatrics, rheumatology, and neurology, but lacks consistent onsite providers in some specialty medicine fields. This sometimes leads to residents seeking specialty care outside the region. There is an understanding from stakeholders that the dearth of specialists is a limitation of the region's geography and size, but the need persists.

- *"Medical specialists are needed - traveling specialists are helpful but not adequate."*
- *"More comprehensive care is available in Ft. Collins."*
- *"I would like to see more dermatology, cardiology, endocrinology, ENT."*

Care Integration Between Ivinson and Community Providers

There is a need for both expanded community programs and collaboration between Ivinson and existing community services.

Laramie and Albany County's "can-do" spirit was reflected in stakeholder interviews. Stakeholders were quick to point out specific positive community programs and offer suggestions on where community providers can expand. Ivinson was encouraged to continue collaboration and expand partnerships with community services.

Specifically, focus group participants, interviewees, project leaders, and key stakeholders frequently noted that given Laramie's relatively small population, it has a high number of community resources. IMH was often identified as a community leader who can not only provide high quality services but can help coordinate other community partners' services as a way of (1) improving overall community health, (2) reducing health system inefficiencies, and, (3) increasing access to care for people and neighborhoods in greatest need of support.

- *"Good relationships with community partners (non-profits, DSS, CJS, and others) are key; It leads to less people turned down for services."*
- *"Expanding community reach to the West side (of Laramie) can be done through collaboration."*
- *"Peak Wellness is doing some good things for the behavioral health side of substance abuse."*
- *"Ivinson is a good organization. However, they could be a great one if they help [coordinate services provided by] other agencies in town. They [i.e., Ivinson] wouldn't need to DO everything; they just need to help de-dupe [i.e., improve the efficiency] of services provided by others. They could help all agencies 'play well together' better. Seems to me a pretty low-budget activity, too."*

Summary

Based on the secondary research, community survey results, and qualitative research, a consolidated list of prioritized community needs was developed. The needs identified during the CHNA research process are listed below.

Aggregated, Prioritized Needs
Behavioral Health and Substance Use Services
Awareness of Available Services – Especially in West Laramie
Expansion of, or Better Access to, Services in West Laramie
Care Coordination for higher-need patients
Specialized Medical Care
Care Integration Between Iverson and Community Providers

Note: The Aggregated Prioritized Needs List above is similar to, but slightly differs from, the Qualitative List of Priority Needs presented earlier. The Qualitative List helped inform the Aggregated List, yet the latter was also informed by the survey and secondary research.

IMH will review the above list of prioritized needs, confirm results with the Board of Directors, and continue to work toward an Implementation Plan in which IMH will identify which prioritized needs they will address (and how) and which ones they will not address (and why not). One approach to conducting the Implementation Plan would include the following steps:

- Review the full list of community needs identified in the CHNA.
- Create a list of all current (or proposed) IMH programs that directly or indirectly address the identified community needs.
- Establish a process by which each need is categorized by (1) degree of local control, and, (2) the amount of time needed to positively impact the need.
- Identify high priority needs and activities that are that are a “good fit” for the IMH mission and leadership, and note ones that are not in the IMH purview of services (or ones that are better addressed by other community agencies – possibly with IMH play a subordinate role).
- Draft the Implementation Plan document in accordance with regulatory requirements.

Additional Implementation Plan details can be provided upon request.

Appendices

Appendices include the following:

- Appendix A: Community Survey
- Appendix B: Survey Demographics and Profile
- Appendix C: Survey Results – Prioritized Needs by Household Income Level and Age Group
- Appendix D: Community Survey Prioritized Needs List: “Much More Focus Needed” and “Much More or Some More Focus Needed” (i.e., Top 2 Box) – With Ranking
- Appendix E: Analysis of Verbatim Comments from the Community Survey
- Appendix F: Crescendo Consulting Group Profile


Appendix A: Community Survey

 Ivinson Memorial Hospital Community Survey

1. Hello! In what language would you like to take the survey?

¡Hola! ¿En qué idioma le gustaría realizar la encuesta?

- ☐ English
- ☐ Español

 Ivinson Memorial Hospital Community Survey

English Language Version

Every three years, Ivinson Memorial Hospital conducts a Community Health Needs Assessment to learn more about community health and issues that need more focus and attention. This short survey is designed to learn your thoughts and ideas on these important topics.

Thank you for being willing to share your thoughts!

The survey will take about 8 to 10 minutes, and your comments will be kept confidential.

2. Do you have a place where you go for routine or annual care?

- ☐ Yes, family doctor, family health center, or clinic
- ☐ Yes, emergency room
- ☐ Walk-in urgent care
- ☐ Ivinson Medical Group provider
- ☐ No
- ☐ Other (please specify)

 Ivinson Memorial Hospital Community Survey

A "healthy" community can include a variety of things such as the availability of healthcare services (including behavioral health), social services, economic vibrancy and good jobs, environmental factors, lifestyle topics (such as obesity, smoking, substance abuse, and healthy living issues), and others. The next few questions ask you about your opinions on these issues.

3. Which of the following community and health-related issues do you feel need more focus or attention for improvement?

	No More Focus Needed	Somewhat More Focus Needed	Much More Focus Needed	Don't Know
Transportation services for people needing to go to doctor's appointments or the hospital	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Transportation services for patients AFTER receiving outpatient services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Transportation services for people needing to go out of town for healthcare services or appointments	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Secure sources for affordable, nutritious food	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Healthcare services for people living in west Laramie	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Healthcare services for people living in Laramie (aside from the west Laramie area)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Affordable housing	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Access to your preferred housing situation -- location, size of home, access to services, Americans with Disabilities Act (ADA) needs, etc.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Access to social services (other than healthcare) for people living in west Laramie	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Access to social services (other than healthcare) for people living in Laramie (aside from the west Laramie area)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Affordable quality child care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

4. Which of the following community and health-related issues do you feel need more focus or attention for improvement?

	No More Focus Needed	Somewhat More Focus Needed	Much More Focus Needed	Don't Know
General public transportation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Healthcare services for people experiencing homelessness	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Social services (other than healthcare) for people experiencing homelessness	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Early childhood education	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Job training (or, re-training)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Primary healthcare services (such as a family doctor or other provider of routine care)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Emergency care and trauma services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Long-term care or dementia care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Affordable healthcare services for individuals or families with low income	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
A conveniently located place to purchase prescription drugs, when needed	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Increased neurology coverage	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

5. Which of the following community and health-related issues do you feel need more focus or attention for improvement?

	No More Focus Needed	Somewhat More Focus Needed	Much More Focus Needed	Don't Know
Additional capacity for High Intensity Rehabilitation services (i.e., more intensive, shorter-duration services focused on a particular health need)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Services to help people learn about, and enroll in, programs that provide financial support for people needing healthcare	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Counseling services for mental health issues such as depression, anxiety, and others for adults	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Counseling services for mental health issues such as depression, anxiety, and others for adolescents / children	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Emergency mental health services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Greater coordination between the Hospital and the University for health-related programs and services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Drug and other substance abuse education, prevention, and early intervention services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Drug and other substance abuse treatment and rehabilitation services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Coordination of patient care between the hospital and other clinics, private doctors, or other health service providers	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Case workers or "navigators" for people with chronic diseases such as diabetes, cancer, asthma, and others.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Programs for diabetes prevention, awareness, and care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

6. Which of the following community and health-related issues do you feel need more focus or attention for improvement?

	No More Focus Needed	Somewhat More Focus Needed	Much More Focus Needed	Don't Know
Programs for heart health or cardiovascular health	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Programs for obesity prevention, awareness, and care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Healthcare services for seniors	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Women's health services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Men's health services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Pediatric / child health services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Access to dental services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Services or education to help reduce teen pregnancy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Parenting classes for the "new Mom" or the "new Dad"	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Urgent care services (that is, walk-in care for immediate health needs not requiring the Emergency Department)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Additional training for seniors and others wishing to use the Epic Portal	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Urgent food capacity or services such as food pantries, soup kitchens, or a "backpack" program	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Are there any other issues that require more focus and attention? (If YES, please specify)

7. Explain any of your answers, if needed or interested in doing so.

8. What are the top THREE greatest health-related issues -- that is, things that need more focus and attention -- in the community?

1	<input type="text"/>
2	<input type="text"/>
3	<input type="text"/>

9. How would you describe the quality care from the following?

	Very low quality	Somewhat low quality	Somewhat high quality	Very high quality	Not sure
The overall Iverson Memorial Hospital system of care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Iverson Memorial Hospital providers (e.g., Physicians, Nurse Practitioners, Physician's Assistants)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Iverson Memorial Hospital staff (e.g., Nurses, Patient Care Technicians, Other Therapists)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Other (please specify)

10. What sources do you normally use to find out about healthcare providers or hospitals? (Check your top three)

- | | |
|--|---|
| <input type="checkbox"/> Social media | <input type="checkbox"/> Television |
| <input type="checkbox"/> A hospital's website | <input type="checkbox"/> Radio |
| <input type="checkbox"/> A physician's website | <input type="checkbox"/> A physician or other healthcare worker |
| <input type="checkbox"/> Healthcare.gov | <input type="checkbox"/> Magazine |
| <input type="checkbox"/> Healthcare rating sites like HealthGrades or US News & World Report | <input type="checkbox"/> Friends and relatives |
| <input type="checkbox"/> Newspaper | |

11. What sources do you normally use to find out about your own health or to monitor your own health? (Check your top three)

- | | |
|--|--|
| <input type="checkbox"/> Social media | <input type="checkbox"/> Healthcare.gov |
| <input type="checkbox"/> A hospital's website | <input type="checkbox"/> A fitness tracker website like Fitbit or My Fitness Pal |
| <input type="checkbox"/> A physician's website | <input type="checkbox"/> A physician or other healthcare worker |
| <input type="checkbox"/> Medical websites such as WebMD or Mayo Clinic | <input type="checkbox"/> Friends and relatives |
| <input type="checkbox"/> A patient portal | <input type="checkbox"/> Telehealth resources such as a telehealth doctor or nurse, or virtual urgent care |

12. Do you have any additional comments or questions? If so, please enter them here.

Thank you for your participation!



A Little Bit About You!

13. What is your gender?

- ☐ Male
☐ Female
☐ Other
☐ Prefer not to disclose

14. What is your age?

- | | |
|--------------------------------|--|
| <input type="radio"/> 18 to 24 | <input type="radio"/> 55 to 64 |
| <input type="radio"/> 25 to 34 | <input type="radio"/> 65 to 74 |
| <input type="radio"/> 35 to 44 | <input type="radio"/> 75 or older |
| <input type="radio"/> 45 to 54 | <input type="radio"/> Prefer not to disclose |

15. What is your race? [Check all that apply]

- ☐ African-American
☐ American Indian
☐ Asian
☐ Caucasian
☐ Hispanic
☐ Mixed Race
☐ Other
☐ Prefer not to disclose

16. What is the highest grade or year in school you completed?

- | | |
|--|--|
| <input type="radio"/> Less than high school | <input type="radio"/> Graduated college (4-year Bachelor Degree) |
| <input type="radio"/> Graduated high school | <input type="radio"/> Completed Graduate or Professional school (Masters, PhD, etc.) |
| <input type="radio"/> Some college or vocational training | <input type="radio"/> Prefer not to disclose |
| <input type="radio"/> Completed a 2-year college degree or a vocational training program | |

17. Which of the following ranges best describes your total annual household income in the last year?

- | | |
|--|--|
| <input type="radio"/> Less than \$25,000 | <input type="radio"/> \$75,001 to \$100,000 |
| <input type="radio"/> \$25,001 to \$50,000 | <input type="radio"/> More than \$100,000 |
| <input type="radio"/> \$50,001 to \$75,000 | <input type="radio"/> Prefer not to disclose |

18. How many people (including you) live in your household?

19. How many people in your household (including you) receive a steady paycheck?

- ☐ 0
- ☐ 1
- ☐ 2
- ☐ 3
- ☐ 4
- ☐ 5
- ☐ 6 or more

20. How many people in your household (including you) work full time (i.e., 40 or more hours per week)?

- ☐ 0
- ☐ 1
- ☐ 2
- ☐ 3
- ☐ 4
- ☐ 5
- ☐ 6 or more

21. How many people in your household (including you) work part-time (i.e., less than 40 hours per week)?

- ☐ 0
- ☐ 1
- ☐ 2
- ☐ 3
- ☐ 4
- ☐ 5
- ☐ 6 or more

22. Are you a student who is 18 years or older?

- ☐ Yes, full time student
- ☐ Yes, part time student
- ☐ No, not a student
- ☐ Other (please specify)



Ivinson Memorial Hospital Community Survey

Spanish Language Version

Cada tres años, el Ivinson Memorial Hospital realiza una Evaluación de las necesidades de salud de la comunidad para aprender más sobre la salud de la comunidad y los problemas que necesitan más énfasis y atención. Esta breve encuesta está diseñada para conocer sus pensamientos e ideas sobre estos asuntos importantes.

¡Gracias por estar dispuesto a compartir sus pensamientos!

La encuesta dura entre 8 y 10 minutos. Sus comentarios se mantendrán en la confidencialidad.

23. ¿Cuenta con un médico de cabecera o un lugar donde ir para recibir atención de rutina o anual?

- ☐ Sí, médico de cabecera, centro de salud familiar o clínica
- ☐ Sí, sala de urgencias
- ☐ Atención urgente sin cita previa
- ☐ Proveedor del Ivinson Medical Group
- ☐ No
- ☐ Otros (especifique)

Una comunidad "saludable" puede incluir una variedad de cosas, como la disponibilidad de servicios de atención médica (incluida salud del comportamiento), servicios sociales, vitalidad económica y buenos empleos, factores ambientales, temas de estilo de vida (como obesidad, tabaquismo, abuso de sustancias y aspectos vida saludable) y otros. Las siguientes preguntas serán para conocer sus opiniones sobre estos asuntos.

24. ¿Cuál de los siguientes aspectos relacionados con la comunidad y la salud considera que necesita más enfoque o atención para mejorar?

	No se necesita más atención	Se necesita un poco más de enfoque	Se necesita mucho más enfoque	No sabe
Servicios de transporte para personas que necesitan llegar a sus citas médicas o al hospital	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Servicios de transporte para pacientes DESPUÉS de recibir servicios ambulatorios	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Servicios de transporte para personas que necesitan salir de la ciudad para recibir servicios sanitarios o llegar a sus citas médicas	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Fuentes seguras de alimentos asequibles y nutritivos	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Servicios de atención médica para personas que viven en el oeste de Laramie	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Servicios de atención médica para personas que viven en Laramie (aparte de la zona oeste de Laramie)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Vivienda asequible	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Acceso a su situación de vivienda preferida: ubicación, tamaño de la casa, acceso a los servicios, necesidades de la Ley sobre Estadounidenses con Discapacidades (ADA, por sus siglas en inglés), etc.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Acceso a servicios sociales (distintos a la atención médica) para personas que viven en el oeste de Laramie	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Acceso a servicios sociales (distintos a la atención médica) para personas que viven en Laramie (aparte de la zona oeste de Laramie)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Atención infantil de calidad asequible	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

25. ¿Cuál de los siguientes aspectos relacionados con la comunidad y la salud considera que necesita más enfoque o atención para mejorar?

	No se necesita más atención	Se necesita un poco más de enfoque	Se necesita mucho más enfoque	No sabe
Transporte público general	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Servicios de atención médica para personas sin hogar	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Servicios sociales (distintos a la atención médica) para personas sin hogar	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Capacitación laboral (o reentrenamiento)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Servicios de atención primaria (como un médico de cabecera u otro proveedor de atención de rutina)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Atención de emergencia y servicios de trauma	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Asistencia a largo plazo o atención de la demencia	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Servicios de atención médica asequibles para personas o familias con bajos ingresos	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Un lugar convenientemente ubicado para comprar medicamentos de prescripción, cuando sea necesario	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Mayor cobertura neurológica	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

26. ¿Cuál de los siguientes aspectos relacionados con la comunidad y la salud considera que necesita más enfoque o atención para mejorar?

	No se necesita más atención	Se necesita un poco más de enfoque	Se necesita mucho más enfoque	No sabe
Capacidad adicional para servicios de rehabilitación de alta intensidad (es decir, servicios más intensivos y de menor duración centrados en una necesidad de salud particular)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Servicios para ayudar a las personas a conocer e inscribirse en programas que brindan apoyo financiero a personas que necesitan atención médica	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Servicios de asesoramiento para problemas de salud mental como depresión, ansiedad y otros para adultos	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Servicios de asesoramiento para problemas de salud mental como depresión, ansiedad y otros para adolescentes/niños	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Servicios de salud mental de emergencia	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Mayor coordinación entre el Hospital y la Universidad para programas y servicios relacionados con la salud	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Servicios de educación, prevención e intervención temprana para evitar el abuso de drogas y otras sustancias	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Servicios de tratamiento y rehabilitación por abuso de drogas y otras sustancias	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Coordinación de la atención al paciente entre el hospital y otras clínicas, médicos privados u otros proveedores de servicios de salud	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Trabajadores sociales o "navegadores" para personas con enfermedades crónicas como diabetes, cáncer, asma y otros.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Programas para la prevención, concientización y atención de la diabetes	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

27. ¿Cuál de los siguientes aspectos relacionados con la comunidad y la salud considera que necesita más enfoque o atención para mejorar?

	No se necesita más atención	Se necesita un poco más de enfoque	Se necesita mucho más enfoque	No sabe
Programas de salud cardíaca o cardiovascular	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Programas para la prevención, concientización y atención de la obesidad	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Servicios de atención médica para personas mayores	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Servicios de salud para mujeres	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Servicios de salud para hombres	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Servicios de salud pediátrica/infantil	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Acceso a servicios dentales	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Servicios o educación para ayudar a reducir el embarazo en adolescentes	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Clases de crianza para la "nueva mamá" o el "nuevo papá"	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Servicios de atención urgente (es decir, atención ambulatoria para necesidades sanitarias inmediatas que no requieren el Departamento de Emergencias)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Capacitación adicional para personas mayores y otras personas que deseen utilizar el Portal Épico	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Capacidad o servicios de alimentos urgentes como despensas de alimentos, comedores populares o un programa de "mochila"	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

28. ¿Hay otros problemas que requieren más enfoque y atención? (Especifique si contesta afirmativamente)

29. Explique cualquiera de sus respuestas, si es necesario o si está interesado en hacerlo.

30. ¿Cuáles son los TRES problemas de salud más importantes, es decir, cosas que necesitan más enfoque y atención, en la comunidad?

1	<input type="text"/>
2	<input type="text"/>
3	<input type="text"/>

31. ¿Cómo describiría la atención de calidad de lo siguiente?

	Calidad muy baja	Calidad un tanto baja	Calidad un tanto alta	Calidad muy alta	No estoy seguro
El sistema de atención general del Iverson Memorial Hospital	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Proveedores del Iverson Memorial Hospital (p. ej., médicos, enfermeras practicantes, asistentes médicos)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Personal del Iverson Memorial Hospital (p. ej., enfermeras, técnicos de atención al paciente, otros terapeutas)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Otros

32. ¿Qué fuentes utiliza normalmente para averiguar sobre proveedores de atención médica u hospitales? (Marque sus tres primeros)

- ☐ Redes sociales
- ☐ El sitio web de un hospital
- ☐ El sitio web de un médico
- ☐ Healthcare.gov
- ☐ Sitios de calificación de atención médica como HealthGrades o Noticieros y
- ☐ Periódicos de EE.UU.
- ☐ Televisión
- ☐ Radio
- ☐ Un médico u otro trabajador de la salud.
- ☐ Revistas
- ☐ Amigos y familiares

33. ¿Qué fuentes utiliza normalmente para averiguar sobre su propia salud o para controlar su propia salud? (Marque sus tres primeros)

- ☐ Redes sociales
- ☐ El sitio web de un hospital
- ☐ El sitio web de un médico
- ☐ Sitios web médicos como WebMD o de la Mayo Clinic
- ☐ Un portal para pacientes
- ☐ Healthcare.gov
- ☐ Un sitio web rastreador de ejercicios como Fitbit o My Fitness Pal
- ☐ Un médico u otro trabajador de la salud.
- ☐ Revistas
- ☐ Amigos y familiares
- ☐ Recursos de telesalud, como un médico o enfermera de telesalud, o atención virtual de urgencia

34. ¿Tiene algún comentario o pregunta adicional? Si es así, ingréselos aquí.



Ivinson Memorial Hospital Community Survey

¡Un poco sobre usted!

35. ¿Cuál es su género?

- ☐ Masculino
- ☐ Femenino
- ☐ Otros
- ☐ Prefiero no revelarlo

36. ¿Cuál es su edad?

- ☐ De 18 a 24 años
- ☐ De 25 a 34 años
- ☐ De 35 a 44 años
- ☐ De 45 a 54 años
- ☐ De 55 a 64 años
- ☐ De 65 a 74 años
- ☐ 75 años o más
- ☐ Prefiero no revelarlo

37. ¿Cuál es su raza? [Marque todas las que correspondan]

- ☐ Afroamericano
- ☐ Indio americano
- ☐ Asiático
- ☐ Caucásico
- ☐ Hispano
- ☐ Razas mixtas
- ☐ Otros
- ☐ Prefiero no revelarlo

38. ¿Cuál es el grado o nivel escolar más alto completado?

- ☐ Inferior a la preparatoria
- ☐ Graduado de preparatoria
- ☐ Cierta formación universitaria o vocacional
- ☐ Completó un grado universitario de 2 años o un programa de capacitación vocacional
- ☐ Título universitario (licenciatura de 4 años)
- ☐ Completó un nivel de posgrado o profesional (maestría, doctorado, etc.)
- ☐ Prefiero no revelarlo

39. ¿Cuál de los siguientes rangos describe mejor su ingreso familiar anual total del año pasado?

- ☐ Menos de \$25,000
- ☐ De \$25,001 a \$50,000
- ☐ De \$50,001 a \$75,000
- ☐ De \$75,001 a \$100,000
- ☐ Más de \$100,000
- ☐ Prefiero no revelarlo

40. ¿Cuántas personas (incluido usted) viven en su casa?

41. ¿Cuántas personas en su casa (incluido usted) reciben un sueldo fijo?

- ☐ 0
- ☐ 1
- ☐ 2
- ☐ 3
- ☐ 4
- ☐ 5
- ☐ 6 o más

42. ¿Cuántas personas en su casa (incluido usted) trabajan a tiempo completo (es decir, 40 horas o más por semana)?

- ☐ 0
- ☐ 1
- ☐ 2
- ☐ 3
- ☐ 4
- ☐ 5
- ☐ 6 o más

43. ¿Cuántas personas en su casa (incluido usted) trabajan a tiempo parcial (es decir, menos de 40 horas por semana)?

- ☐ 0
- ☐ 1
- ☐ 2
- ☐ 3
- ☐ 4
- ☐ 5
- ☐ 6 o más

44. ¿Es usted un estudiante de 18 años o más?

- ☐ Sí, estudiante a tiempo completo
- ☐ Sí, estudiante a tiempo parcial
- ☐ No, no soy estudiante
- ☐ Otros

¡Gracias por su participación!

Appendix B: Survey Demographics and Profile

Routine Care

Do you have a place where you go for routine or annual care?

Rank	Source	Percent
1	Yes, family doctor, family health center, or clinic	56.9%
2	Walk-in urgent care	4.7%
3	Ivinson Medical Group provider	28.9%
4	No	9.5%

Demographics and Household Profile

Gender

	Net Percent	Cumulative Percent
Male	22.5%	22.5%
Female	77.0%	99.5%
Other	0.5%	100.0%
Total	100.0%	

Age

	Net Percent	Cumulative Percent
18 to 24	6.4%	6.4%
25 to 34	20.7%	27.1%
35 to 44	25.0%	52.1%
45 to 54	14.4%	66.5%
55 to 64	16.5%	83.0%
65 to 74	14.4%	97.3%
75 and older	2.7%	100.0%
Total	100.0%	

***Educational
Attainment***

	Net Percent	Cumulative Percent
Less than high school graduate	0.0%	0.0%
Graduated high school	3.1%	3.1%
Some college or vocational training	8.4%	11.5%
Completed a 2-year college degree or a vocational training program	9.4%	20.9%
Graduated college (4-year Bachelor Degree)	47.1%	68.1%
Completed Graduate or Professional school (Masters, PhD, etc.)	31.9%	100.0%
Total	100.0%	

Household Annual Income

	Net Percent	Cumulative Percent
Less than \$25,000	6.0%	6.0%
\$25,001 to \$50,000	16.5%	22.5%
\$50,001 to \$75,000	17.6%	40.1%
\$75,001 to \$100,000	26.9%	67.0%
More than \$100,000	33.0%	100.0%
Total	100.0%	

How many people (including you) live in your household?

	Net Percent	Cumulative Percent
1	16.9%	16.9%
2	44.4%	61.2%
3	12.9%	74.2%
4	18.5%	92.7%
5	6.7%	99.4%
6	0.6%	100.0%
Total	100.0%	

Race / Ethnicity

	Percent of Cases
African American	0.5%
American Indian	1.0%
Caucasian	81.1%
Hispanic	9.7%
Multiple Races	0.5%
Other	2.0%
Prefer not to say	8.2%

How many people in your household (including you) receive a steady paycheck?

	Net Percent	Cumulative Percent
0	5.7%	5.7%
1	28.9%	34.5%
2	62.4%	96.9%
3	2.6%	99.5%
4	0.5%	100.0%
Total	100.0%	

How many people in your household (including you) work full time (i.e., 40 or more hours per week)?

	Net Percent	Cumulative Percent
0	16.9%	16.9%
1	33.3%	50.3%
2	47.7%	97.9%
3	2.1%	100.0%
Total	100.0%	

How many people in your household (including you) work part-time (i.e., less than 40 hours per week)?

	Net Percent	Cumulative Percent
0	73.0%	73.0%
1	21.2%	94.2%
2	4.2%	98.4%
3	0.5%	98.9%
4	1.1%	100.0%
Total	100.0%	

Are you a student who is 18 years or older?

	Net Percent	Cumulative Percent
Yes, full time student	2.7%	2.7%
Yes, part time student	5.9%	8.6%
No, not a student	91.4%	100.0%
Total	100.0%	

How would you describe the quality care from the following?

The overall Ivinson Memorial Hospital system of care

	Net Percent	Cumulative Percent
Very low quality	2.1%	2.1%
Somewhat low quality	12.3%	14.4%
Somewhat high quality	43.6%	57.9%
Very high quality	33.3%	91.3%
Not sure	8.7%	100.0%
Total	100.0%	0.0%

***How would you describe the quality care from the following?
Iverson Memorial Hospital providers (e.g., Physicians, Nurse Practitioners, Physician's Assistants)***

	Net Percent	Cumulative Percent
Very low quality	1.5%	1.5%
Somewhat low quality	6.7%	8.2%
Somewhat high quality	40.5%	48.7%
Very high quality	42.6%	91.3%
Not sure	8.7%	100.0%
Total	100.0%	0.0%
No response		

***How would you describe the quality care from the following?
Iverson Memorial Hospital staff (e.g., Nurses, Patient Care Technicians, Other Therapists)***

	Net Percent	Cumulative Percent
Very low quality	1.0%	1.0%
Somewhat low quality	5.6%	6.7%
Somewhat high quality	34.4%	41.0%
Very high quality	49.2%	90.3%
Not sure	9.7%	100.0%
Total	100.0%	0.0%
No response		
Total		

Ivinson Memorial Health System, Quality of Care Perceptions Crosstabulations

How would you describe the quality care from the following? - The overall Ivinson Memorial Hospital system of care * Gender Crosstabulation					
% within Gender					
		Gender			Total
		Male	Female	Other	
	Very low quality	2.3%	2.1%		2.1%
	Somewhat low quality	16.3%	11.7%		12.7%
	Somewhat high quality	46.5%	42.1%	100.0%	43.4%
	Very high quality	27.9%	35.2%		33.3%
	Not sure	7.0%	9.0%		8.5%
Total		100.0%	100.0%	100.0%	100.0%

How would you describe the quality care from the following? - The overall Iverson Memorial Hospital system of care * Age Crosstabulation

		Age							
		18 to 24	25 to 34	35 to 44	45 to 54	55 to 64	65 to 74	75 and older	Total
	Very low quality		5.1%	2.1%	3.7%				2.2%
	Somewhat low quality		12.8%	21.3%	18.5%	10.0%	3.8%		12.9%
	Somewhat high quality	50.0%	51.3%	53.2%	22.2%	36.7%	42.3%	20.0%	43.0%
	Very high quality	16.7%	28.2%	19.1%	44.4%	46.7%	38.5%	80.0%	33.3%
	Not sure	33.3%	2.6%	4.3%	11.1%	6.7%	15.4%		8.6%
Total		100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%

How would you describe the quality care from the following? - The overall Iverson Memorial Hospital system of care *						
Educational Attainment Crosstabulation						
% within Educational Attainment						
		Educational Attainment				
		Graduated high school	Some college or vocational training	Completed a 2-year college degree or a vocational training program	Graduated college (4- year Bachelor Degree)	Completed Graduate or Professional school (Masters, PhD, etc.)
						Total
	Very low quality				4.4%	2.1%
	Somewhat low quality		12.5%	5.6%	16.7%	8.5%
	Somewhat high quality	50.0%	43.8%	44.4%	38.9%	50.8%
	Very high quality	50.0%	43.8%	22.2%	31.1%	33.9%
	Not sure			27.8%	8.9%	6.8%
Total		100.0%	100.0%	100.0%	100.0%	100.0%

How would you describe the quality care from the following? - The overall Iverson Memorial Hospital system of care *						
Household Annual Income Crosstabulation						
% within Household Annual Income						
		Household Annual Income				
		Less than \$25,000	\$25,001 to \$50,000	\$50,001 to \$75,000	\$75,001 to \$100,000	More than \$100,000
						Total
	Very low quality		6.9%	6.3%		2.2%
	Somewhat low quality		13.8%	9.4%	14.6%	13.3%
	Somewhat high quality	54.5%	44.8%	34.4%	54.2%	38.3%
	Very high quality	9.1%	31.0%	37.5%	29.2%	40.0%
	Not sure	36.4%	3.4%	12.5%	2.1%	8.3%
Total		100.0%	100.0%	100.0%	100.0%	100.0%

How would you describe the quality care from the following? - Iverson Memorial Hospital providers (e.g., Physicians, Nurse Practitioners, Physician's Assistants) * Gender Crosstabulation

% within Gender

	Gender			Total
	Male	Female	Other	
Very low quality		2.1%		1.6%
Somewhat low quality	7.0%	6.9%		6.9%
Somewhat high quality	51.2%	37.2%		40.2%
Very high quality	34.9%	44.1%	100.0%	42.3%
Not sure	7.0%	9.7%		9.0%
Total	100.0%	100.0%	100.0%	100.0%

How would you describe the quality care from the following? - Iverson Memorial Hospital providers (e.g., Physicians, Nurse Practitioners, Physician's Assistants) * Age Crosstabulation									
% within Age									
		Age							
		18 to 24	25 to 34	35 to 44	45 to 54	55 to 64	65 to 74	75 and older	Total
	Very low quality		5.1%	2.1%					1.6%
	Somewhat low quality		2.6%	14.9%	11.1%	6.7%			7.0%
	Somewhat high quality	25.0%	48.7%	48.9%	25.9%	36.7%	34.6%	40.0%	39.8%
	Very high quality	25.0%	41.0%	29.8%	51.9%	50.0%	53.8%	60.0%	42.5%
	Not sure	50.0%	2.6%	4.3%	11.1%	6.7%	11.5%		9.1%
Total		100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%

How would you describe the quality care from the following? - Iverson Memorial Hospital providers (e.g., Physicians, Nurse Practitioners, Physician's Assistants) * Educational Attainment Crosstabulation

% within Educational Attainment

		Educational Attainment					Total
		Graduated high school	Some college or vocational training	Completed a 2-year college degree or a vocational training program	Graduated college (4- year Bachelor Degree)	Completed Graduate or Professional school (Masters, PhD, etc.)	
	Very low quality				2.2%	1.7%	1.6%
	Somewhat low quality		12.5%	5.6%	6.7%	5.1%	6.3%
	Somewhat high quality	16.7%	43.8%	33.3%	38.9%	47.5%	40.7%
	Very high quality	83.3%	43.8%	33.3%	42.2%	40.7%	42.3%
	Not sure			27.8%	10.0%	5.1%	9.0%
Total		100.0%	100.0%	100.0%	100.0%	100.0%	100.0%

How would you describe the quality care from the following? - Ivins Memorial Hospital providers (e.g., Physicians, Nurse Practitioners, Physician's Assistants) * Household Annual Income Crosstabulation

% within Household Annual Income

	Household Annual Income					Total
	Less than \$25,000	\$25,001 to \$50,000	\$50,001 to \$75,000	\$75,001 to \$100,000	More than \$100,000	
Very low quality		6.9%			1.7%	1.7%
Somewhat low quality		10.3%	6.3%	10.4%	1.7%	6.1%
Somewhat high quality	27.3%	44.8%	34.4%	39.6%	45.0%	40.6%
Very high quality	18.2%	31.0%	46.9%	50.0%	46.7%	43.3%
Not sure	54.5%	6.9%	12.5%		5.0%	8.3%
Total	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%

How would you describe the quality care from the following? - Iverson Memorial Hospital staff
(e.g., Nurses, Patient Care Technicians, Other Therapists) * Gender Crosstabulation

% within Gender

	Gender			Total
	Male	Female	Other	
Very low quality		1.4%		1.1%
Somewhat low quality	7.0%	5.5%		5.8%
Somewhat high quality	30.2%	35.2%		33.9%
Very high quality	51.2%	48.3%	100.0%	49.2%
Not sure	11.6%	9.7%		10.1%
Total	100.0%	100.0%	100.0%	100.0%

How would you describe the quality care from the following? - Iverson Memorial Hospital staff (e.g., Nurses, Patient Care Technicians, Other Therapists) * Age Crosstabulation									
% within Age									
		Age							
		18 to 24	25 to 34	35 to 44	45 to 54	55 to 64	65 to 74	75 and older	Total
	Very low quality		5.1%						1.1%
	Somewhat low quality		5.1%	12.8%	7.4%	3.3%			5.9%
	Somewhat high quality	16.7%	38.5%	40.4%	25.9%	33.3%	42.3%		34.4%
	Very high quality	50.0%	48.7%	38.3%	55.6%	56.7%	42.3%	80.0%	48.4%
	Not sure	33.3%	2.6%	8.5%	11.1%	6.7%	15.4%	20.0%	10.2%
Total		100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%

How would you describe the quality care from the following? - Iverson Memorial Hospital staff (e.g., Nurses, Patient Care Technicians, Other Therapists) * Educational Attainment Crosstabulation

% within Educational Attainment

	Educational Attainment					Total
	Graduated high school	Some college or vocational training	Completed a 2-year college degree or a vocational training program	Graduated college (4- year Bachelor Degree)	Completed Graduate or Professional school (Masters, PhD, etc.)	
Very low quality				2.2%		1.1%
Somewhat low quality		12.5%	5.6%	5.6%	5.1%	5.8%
Somewhat high quality		37.5%	11.1%	32.2%	49.2%	34.9%
Very high quality	100.0%	50.0%	55.6%	50.0%	39.0%	48.7%
Not sure			27.8%	10.0%	6.8%	9.5%
Total	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%

How would you describe the quality care from the following? - Ivinson Memorial Hospital staff (e.g., Nurses, Patient Care Technicians, Other Therapists) * Household Annual Income Crosstabulation							
% within Household Annual Income							
		Household Annual Income					
		Less than \$25,000	\$25,001 to \$50,000	\$50,001 to \$75,000	\$75,001 to \$100,000	More than \$100,000	Total
	Very low quality		6.9%				1.1%
	Somewhat low quality		10.3%	9.4%	10.4%		6.1%
	Somewhat high quality	27.3%	27.6%	31.3%	33.3%	41.7%	34.4%
	Very high quality	36.4%	48.3%	46.9%	56.3%	48.3%	49.4%
	Not sure	36.4%	6.9%	12.5%		10.0%	8.9%
Total		100.0%	100.0%	100.0%	100.0%	100.0%	100.0%

Appendix C: Survey Results – Prioritized Needs by Household Income Level and Age Group

Community Survey Prioritized Needs Crosstabulation by Household Income and by Age Group²⁹

Need (Percent of respondents saying, "Much More Needed")	Overall Rank	Household Annual Income					Age						
		Less than \$25,000	\$25,000 to \$50,000	\$50,001 to \$75,000	\$75,001 to \$100,000	More than \$100,000	18 to 24	25 to 34	35 to 44	45 to 54	55 to 64	65 to 74	75 and older
Counseling services for mental health issues such as depression, anxiety, and others for adults	1	1	22	3	9	2	8	3	11	11	15	2	14
Counseling services for mental health issues such as depression, anxiety, and others for adolescents / children	2	8	12	4	1	1	20	2	10	5	1	4	6
Emergency mental health services	3	10	8	6	2	5	20	6	5	3	2	5	20
Affordable housing	4	3	3	5	4	23	2	21	2	6	7	6	25
General public transportation	5	21	4	20	5	9	20	10	17	1	15	16	4

²⁹ Top five needs are identified by the lighter green shading and numbering #1 - #5 (in bold type-face) in each column.

Need (Percent of respondents saying, "Much More Needed")	Overall Rank	Household Annual Income					Age						
		Less than \$25,000	\$25,000 to \$50,000	\$50,001 to \$75,000	\$75,001 to \$100,000	More than \$100,000	18 to 24	25 to 34	35 to 44	45 to 54	55 to 64	65 to 74	75 and older
Affordable healthcare services for individuals or families with low income	6	8	2	18	6	18	8	22	14	11	9	10	14
Affordable quality child care	7	2	1	2	19	3	7	1	7	23	5	24	9
Services to help people learn about, and enroll in, programs that provide financial support for people needing healthcare	8	27	9	7	16	20	37	8	14	11	7	19	30
Drug and other substance abuse treatment and rehabilitation services	9	27	19	23	17	12	26	35	18	8	21	1	14
Long-term care or dementia care	10	14	9	17	18	18	5	18	31	2	6	13	30
Case workers or "navigators" for people with chronic diseases such as diabetes, cancer, asthma, and others.	11	21	6	12	13	8	18	4	6	29	13	15	36

Need (Percent of respondents saying, “Much More Needed”)	Overall Rank		Household Annual Income					Age						
			Less than \$25,000	\$25,000 to \$50,000	\$50,001 to \$75,000	\$75,001 to \$100,000	More than \$100,000	18 to 24	25 to 34	35 to 44	45 to 54	55 to 64	65 to 74	75 and older
Drug and other substance abuse education, prevention, and early intervention services	12		27	20	22	7	15	32	11	20	18	13	11	14
Transportation services for people needing to go out of town for healthcare services or appointments	13		15	5	20	20	7	14	5	12	26	12	9	20
Coordination of patient care between the hospital and other clinics, private doctors, or other health service providers	14		30	15	13	11	10	15	27	9	14	24	7	10
Transportation services for people needing to go to doctor’s appointments or the hospital	15		30	9	10	7	13	26	14	16	27	3	3	10
Increased neurology coverage	16		19	14	7	3	4	30	7	3	6	4	8	10
Healthcare services for people experiencing homelessness	17		5	12	32	9	28	1	22	27	25	21	18	2

Need (Percent of respondents saying, "Much More Needed")	Overall Rank	Household Annual Income					Age						
		Less than \$25,000	\$25,000 to \$50,000	\$50,001 to \$75,000	\$75,001 to \$100,000	More than \$100,000	18 to 24	25 to 34	35 to 44	45 to 54	55 to 64	65 to 74	75 and older
Social services (other than healthcare) for people experiencing homelessness	18	15	22	31	13	21	5	15	24	22	10	25	20
Transportation services for patients	19	38	16	16	11	14	15	25	19	10	11	22	1
Greater coordination between the Hospital and the University for health-related programs and services	20	19	28	14	24	11	3	16	4	41	26	19	6
Access to social services (other than healthcare) for people living in west Laramie	21	10	24	25	15	6	8	13	1	9	26	36	20
Services or education to help reduce	22	4	7	14	30	33	15	9	22	19	30	32	5
Healthcare services for people living	23	30	20	1	25	17	26	25	8	4	17	17	25
Healthcare services for seniors	24	35	34	10	31	16	42	31	21	15	18	21	3

Need (Percent of respondents saying, "Much More Needed")	Overall Rank	Household Annual Income					Age						
		Less than \$25,000	\$25,000 to \$50,000	\$50,001 to \$75,000	\$75,001 to \$100,000	More than \$100,000	18 to 24	25 to 34	35 to 44	45 to 54	55 to 64	65 to 74	75 and older
Programs for obesity prevention, awareness, and care	25	35	26	25	21	25	34	29	25	19	19	23	14
Job training (or, re-training)	26	30	30	30	22	31	30	17	23	33	23	33	25
Access to social services (other than healthcare) for people living in Laramie (aside from the west Laramie area)	27	25	17	35	23	22	4	19	13	19	30	37	36
Secure sources for affordable, nutritious food	28	10	36	37	35	24	8	35	26	33	34	40	30
Programs for heart health or cardiovascular health	29	6	24	33	34	28	25	31	29	28	35	39	10
Urgent food capacity or services such as food pantries, soup kitchens, or a "backpack" program	30	17	32	28	33	36	26	33	39	15	29	37	30
Additional training for seniors and others wishing to use the Epic Portal	31	6	28	9	27	26	8	28	33	30	20	12	6

Need (Percent of respondents saying, "Much More Needed")	Overall Rank	Household Annual Income					Age						
		Less than \$25,000	\$25,000 to \$50,000	\$50,001 to \$75,000	\$75,001 to \$100,000	More than \$100,000	18 to 24	25 to 34	35 to 44	45 to 54	55 to 64	65 to 74	75 and older
Access to dental services	32	40	41	24	26	34	40	30	36	35	28	26	36
Additional capacity for High Intensity Rehabilitation services (i.e., more intensive, shorter-duration services focused on a particular health need)	33	21	31	43	28	32	18	34	34	31	36	14	36
Access to your preferred housing situation -- location, size of home, access to services, Americans with Disabilities Act (ADA) needs, etc.	34	10	17	43	28	35	13	20	30	43	25	31	36
Early childhood education	35	42	35	19	36	27	42	11	32	31	38	44	25
Primary healthcare services (such as a family doctor or other provider of routine care)	36	39	40	41	32	37	37	43	37	39	37	28	36
Parenting classes for the "new Mom" or the "new Dad"	37	26	27	25	37	38	32	37	27	42	33	29	36

Need (Percent of respondents saying, “Much More Needed”)	Overall Rank	Household Annual Income					Age						
		Less than \$25,000	\$25,000 to \$50,000	\$50,001 to \$75,000	\$75,001 to \$100,000	More than \$100,000	18 to 24	25 to 34	35 to 44	45 to 54	55 to 64	65 to 74	75 and older
Programs for diabetes prevention, awareness, and care	38	43	33	34	39	28	42	24	35	17	44	35	25
Women's health services	39	41	38	29	40	41	40	38	40	24	41	30	14
Healthcare services for people living in Laramie (aside from the west Laramie area)	40	43	37	39	38	40	39	45	38	37	39	27	36
Men's health services	41	18	42	38	41	39	34	41	40	36	32	41	20
Urgent care services (that is, walk-in care for immediate health needs not requiring the Emergency Department)	42	21	39	42	44	44	20	38	44	44	43	34	30
Emergency care and trauma services	43	35	44	39	43	42	36	40	43	37	42	42	30
Pediatric / child health services	44	45	45	35	42	43	42	42	40	40	40	45	36

Need (Percent of respondents saying, “Much More Needed”)	Overall Rank		Household Annual Income					Age						
			Less than \$25,000	\$25,000 to \$50,000	\$50,001 to \$75,000	\$75,001 to \$100,000	More than \$100,000	18 to 24	25 to 34	35 to 44	45 to 54	55 to 64	65 to 74	75 and older
A conveniently located place to purchase prescription drugs, when needed	45		34	43	45	45	45	20	44	45	45	45	43	36

Appendix D: Community Survey Prioritized Needs List: “Much More Focus Needed” and “Much More or Some More Focus Needed” (i.e., Top 2 Box) – With Ranking

Need	Much More Focus Needed	Top 2 Box	Rank	
			Much More Focus Needed	Top 2 Box
Counseling services for mental health issues such as depression, anxiety, and others for adults	64.9%	82.6%	1	1
Counseling services for mental health issues such as depression, anxiety, and others for adolescents / children	63.9%	80.4%	2	3
Emergency mental health services	60.3%	79.8%	3	5
Affordable housing	58.2%	78.8%	4	7
General public transportation	56.7%	80.7%	5	2
Affordable healthcare services for individuals or families with low income	55.9%	80.2%	6	4
Affordable quality child care	54.1%	72.5%	7	15
Services to help people learn about, and enroll in, programs that provide financial support for people needing healthcare	52.1%	79.0%	8	6
Drug and other substance abuse treatment and rehabilitation services	51.8%	78.8%	9	8
Long-term care or dementia care	51.8%	76.1%	10	10
Case workers or "navigators" for people with chronic diseases such as diabetes, cancer, asthma, and others.	51.3%	73.0%	11	13
Drug and other substance abuse education, prevention, and early intervention services	51.0%	77.6%	12	9
Transportation services for people needing to go out of town for healthcare services or appointments	50.8%	72.9%	13	14
Coordination of patient care between the hospital and other clinics, private doctors, or other health service providers	50.0%	73.2%	14	12
Transportation services for people needing to go to doctor's appointments or the hospital	49.7%	71.8%	15	16

Need	Much More Focus Needed	Top 2 Box		Rank	
				Much More Focus Needed	Top 2 Box
Increased neurology coverage	46.2%	62.3%		16	28
Healthcare services for people experiencing homelessness	45.6%	70.7%		17	17
Social services (other than healthcare) for people experiencing homelessness	44.6%	69.0%		18	19
Transportation services for patients AFTER receiving outpatient services	43.6%	66.1%		19	23
Greater coordination between the Hospital and the University for health-related programs and services	42.8%	65.6%		20	24
Access to social services (other than healthcare) for people living in west Laramie	41.5%	59.9%		21	31
Services or education to help reduce teen pregnancy	41.2%	65.6%		22	25
Healthcare services for people living in west Laramie	40.7%	56.1%		23	36
Healthcare services for seniors	40.0%	64.7%		24	26
Programs for obesity prevention, awareness, and care	39.7%	67.4%		25	22
Access to social services (other than healthcare) for people living in Laramie (aside from the west Laramie area)	36.8%	62.6%		27	27
Job training (or, re-training)	36.8%	73.6%		26	11
Secure sources for affordable, nutritious food	36.4%	69.4%		28	18
Programs for heart health or cardiovascular health	34.4%	68.1%		29	20
Urgent food capacity or services such as food pantries, soup kitchens, or a "backpack" program	33.8%	67.9%		30	21
Additional training for seniors and others wishing to use the Epic Portal	33.7%	55.0%		31	39
Access to dental services	32.8%	57.2%		32	35
Additional capacity for High Intensity Rehabilitation services (i.e., more intensive, shorter-duration services focused on a particular health need)	30.4%	58.1%		33	33

Need	Much More Focus Needed	Top 2 Box	Rank	
			Much More Focus Needed	Top 2 Box
Access to your preferred housing situation -- location, size of home, access to services, Americans with Disabilities Act (ADA) needs, etc.	30.3%	54.6%	34	40
Early childhood education	29.4%	57.5%	35	34
Primary healthcare services (such as a family doctor or other provider of routine care)	27.8%	61.9%	36	29
Parenting classes for the "new Mom" or the "new Dad"	27.2%	59.0%	37	32
Programs for diabetes prevention, awareness, and care	26.8%	55.3%	38	38
Women's health services	25.1%	55.8%	39	37
Healthcare services for people living in Laramie (aside from the west Laramie area)	23.7%	61.5%	40	30
Men's health services	21.8%	52.8%	41	41
Urgent care services (that is, walk-in care for immediate health needs not requiring the Emergency Department)	21.4%	52.1%	42	42
Emergency care and trauma services	19.0%	46.3%	43	44
Pediatric / child health services	16.9%	47.6%	44	43
A conveniently located place to purchase prescription drugs, when needed	11.8%	34.6%	45	45

Appendix E: Analysis of Verbatim Comments from the Community Survey

The following appendix includes verbatim comments from survey respondents. Note that minimal editing of the comments was performed except in cases to preserve an individual's identify or to more clearly convey the intent of the comment.

High Priority Needs Mentioned by Survey Respondents (Qualitative Responses)

Number of Responses	Issue / Need
85	Mental Health
71	Affordable healthcare / financial counseling
47	Specialty care
11	Cardiology
9	Diabetes
9	Women's Health and Screenings
6	Neurology
4	Cancer care
4	Orthopedics
3	Eye care
2	Radiology
29	Transportation
21	Substance use / abuse
16	Senior care
15	General Access to Care
15	Homeless advocacy and services
14	Dental
14	Healthy lifestyle support and obesity
13	Abortion or reproductive health
13	Health literacy and preventive care
13	Healthy eating and access to healthy food
12	Long-term care
10	Alcoholism
10	Housing

Number of Responses	Issue / Need
8	Affordable childcare
8	Urgent care
7	Access to care after hours
7	Prescription drug assistance
6	Care coordination and assistance
5	Basic needs / cost of living
3	Jobs, workforce, economic issues
2	Early childhood education
2	Environmental issues
2	Oxygen supplies
2	Smoking / Vaping
2	Social services
2	Veterans' services
1	Caregiver support
1	Community issues
1	Emergency Depart Access
1	Home health
1	LGBTQ-related access issues
1	Men's health services
1	Parenting classes and support

Comments About Access to Needed Services

- [I am] looking forward to the improvement of health care for all in our fair town.
- [Many residents] must travel to Ft. Collins and Cheyenne to attend a wound care clinic when the local PT's are not able to fit them in for basic wound care appointments. Also, having wound care in the therapy environment, means that if an infection is suspected, the patient often must be seen in the ER to address this, which is not efficient for our customers.
- [Many] people ... would like options other than the usual pharmaceutical models [for prescription drug needs].
- [More] services [are] need[ed] to be available to working people [i.e., after hours and weekends].
- Affordable mental health care in Laramie needs improvement.
- CDC has a useful website.
- Expand access using Telehealth, remote patient monitoring.
- I am ignorant really about the adequacy of health care for all, [e]ven though [I have been actively involved in local civic groups] for 20 years.
- I think telehealth has good potential for some applications in Albany County. The community health center is a good resource for the community but needs better visibility.
- I use medlineplus.gov for health info. It has links to Harvard, Mayo, etc. I use my Apple Watch 4.
- I use the services offered by Wyoming Health Fairs to assist in tracking my health.
- Mental health needs to be a priority from young children to adults in all capacities. Perhaps adding emergency services for mental health.
- The community is definitely in need of more outpatient mental health services for children, adolescents and the perinatal population.
- There should be greater access to reproductive health including birth control, emergency contraception, and abortions.
- Weekend availability of urgent care outside of ER is greatly needed. An after-hours pharmacy would also be beneficial.
- When extremely ill, [I was] told I could have an appointment to see a doctor in two weeks. [I w]ent to ... Urgent Care, [and they] saw me immediately.
- When helping people with suicidal thoughts, [be cautious about assigning them to the] suicide watch ward.
- Why is there so little collaboration with the hospital to help the underserved for health care? We all know Albany is the poorest county in the state and yet the hospital's charity program is a pittance to the need that is out there. All doctors, the hospital group, the safety net organizations, Premiere Bone and Joint and the hospital need to pitch in to help our community be more healthy. I think there is a perception that this need is not there because of the University. Well the need is great. And we are not doing much about it.
- Overall services to West Laramie [are greatly needed]. There are no grocery stores or pharmacies, and transport[ation] to any health care, even an urgent care, is[difficult].

Comments About Ivinson Memorial Hospital and the Service Area Healthcare Resources

- Albany county is better off than so many areas.
- Downtown Clinic E and Albany county ROCK!!
- I don't know if our community will ever be large enough and provide adequate infrastructure to compete with the Colorado Health services. But that is alright, people travel to specialists all the time. We should acknowledge our strengths and focus on them rather than waste resources.
- I feel Laramie does a pretty good job [meeting healthcare needs].
- [I have a c]oncern regarding the [accuracy] of billing....
- I think Ivinson has a patient portal, but I have never been told about it or directed on how to use it when visiting for myself or family. Please explain the portal instead of just saying there is one.
- I would rather go to urgent care or out of town to an ER than come to our own. The care is sometimes too rushed by some physicians and nurses.
- IMH has a real opportunity to lead and assist Albany County in developing an innovative healthcare system that is effective and equitable. To this point, IMH [appears to have not led those efforts].
- IMH needs to be ... careful about protecting [Personal Health Information].
- Ivinson Memorial Hospital should be a leader in our community when it comes to helping its members get access to preventive services, especially for the uninsured. It would save ... costs in the future and would be a great way to use the taxpayer money that it receives for helping to take care of this group of people.
- Love our hospital!
- [Opportunities for IMH improvement: Emergency Department and Radiology physician quality, accurate billing, oncology doctors' "bedside manner."]
- Over all I think the doctors and resources in Laramie are great. Where the homeless are concerned, I feel we should not put effort into programs for non-emergent [care] because it will encourage more to come to our community.
- Some of these things ... just need better advertising and utilization. Not necessarily that we lack the service, but that as a community, we should feel like they are well utilized. For example, the Soup Kitchen is a great resource, but many low-income people do not utilize it as a resource due to lack of knowledge.
- Thank you for reaching deep into community issues....
- The Dietary Department of Ivinson Memorial Hospital is great and much improved. Most services at Ivinson are nice, but with recent discrepancies in staffing uncertified persons for important health services have made me think twice of the professionalism there.
- The hospital is good!
- The hospital is improving, and we must continue to squash rumors from years ago.
- We are very privileged to have such a great hospital right here in Laramie!!

Comments About the General Cost of Care

- [We] need funds to help pay for [prescription medications and] oxygen ... so patients can be discharged from a hospital and not have to stay just because they need oxygen.
- An appointment with ... [a] doctor means a bill that I cannot afford ...
- Even with health insurance IMH ER is expensive and does not work well with billing options. [It is better to avoid the ER and] wait until morning for help.
- Healthcare needs to be better for those with medium income. Medicine is too expensive. Medicare won't always cover things like, hearing, seeing, and chewing. My adult son is virtually disabled from being in Iraq, his teeth are also shattered, but he is not receiving disability or worker's comp.
- I am an elder/senior and I [am not involved in any activities.] I have mobility issues so have used Eppson Center bus. I have to beg friends to drive me to out of town appointments. I can pay but others cannot.
- I can drive to Fort Collins and receive the same procedure at a 1/3 the cost. I would LOVE to keep my medical-related business in Laramie, but if any procedure is needed (unless an emergency) that will not happen.
- It would be hugely beneficial if there was more support or options for those who are above the poverty line but still struggling, especially with medication, transportation, and health care overall. More education, support, and hospital effort towards healthy food options and if those were affordable for those of us who are struggling that would be great. Having a counselor here that people could talk to without being admitted would help as well.
- Laramie needs a dental service that provides for the low income/self-pay/no insurance population.
- The high cost of health care services patients are responsible to pay out of pocket is a statewide concern I'm learning. I have [insurance provider] as my primary insurance through my employer, and still pay significantly more than I did in other states.
- There are few to little options for low-income families for dental or prenatal. No dentist even accepts Medicaid forcing patients to drive to Cheyenne or Fort Collins
- There is a constant need for acceptance/awareness/assistance/on-going-help for those in our community who are hungry, homeless, lack good consistent FREE or low-cost transportation within all of Laramie as well as to medical appointments in Fort Collins or Cheyenne, alone/socially isolated -- in general: unknown, unrecognized and/or poorly served.
- There needs to be more work on low-income and the assistance available. While students have the University of Wyoming resources, there is only so much they can do. Mental health help is also limited which is highly needed in a college town.
- We need more available avenues for mental health that is affordable. Most insurances do not cover these type of services, which might steer people away from trying to get help that is very much needed.

Appendix F: Crescendo Consulting Group Profile

With its new 501 (c) 3 structure, Iverson Memorial Hospital is required to comply with Section 9007(a) of the Affordable Care Act (March 2010) which requires that all non-profit hospitals complete a Community Health Needs Assessment every three years. The purpose of the 2019 Iverson Memorial Hospital's Community Health Needs Assessment (CHNA) is to identify and prioritize community needs with its community partners and to provide a seamless transition to future community assessments conducted with University of Colorado (UC) Health. The CHNA provides a solid technical platform to analyze population health at a service area, county or sub-county level with community stakeholders.

Crescendo Consulting Group, LLC, (CCG) was selected by Iverson Memorial Hospital (IMH) to assist with the research supporting the CHNA and the development of the report. CCG is a consulting firm based in Portland, Maine offering an integrated set of services including marketing, population health research, strategic planning, and communications – specializing in Community Health Needs Assessments. For more than 25 years, Crescendo consultants have worked with some of the nation's leading healthcare organizations including the American Hospital Association, academic medical centers, non-affiliated hospitals, physician practices, health plans, long term care providers, and not-for-profit specialty organizations.