

Coal County General Hospital Community Health Needs Assessment Summary and Implementation Strategy



Oklahoma Office of Rural Health

OSU Center for Rural Health

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Introduction

New requirements for nonprofit, 501 (c)(3), hospitals were enacted under the Patient Protection and Affordable Care Act (ACA), passed on March 23, 2010. One of the most significant of the new requirements is the Community Health Needs Assessment (CHNA) that must be conducted during taxable years after March 23, 2012 and submitted with IRS form 990. A CHNA must then be completed every three years following.

While the requirements are fairly new, the IRS has made strides in defining hospitals that must complete the CHNA as well as details of what is expected in the CHNA report to be submitted. At this time the only entities that must complete the CHNA are hospital organizations defined as:

- An organization that operates a State-licensed hospital facility
- Any other organization that the Secretary determines has the provision of hospital care as its principal function or purpose constituting the basis for its exemption under section 501 (c)(3).

The general goal behind the requirement is to gather community input that leads to recommendations on how the local hospital can better meet and serve residents' needs. The community input is typically derived from a community survey and a series of open meetings. Local health data are presented. Community members then identify and prioritize their top health needs.

After listening to community input, the hospital defines an implementation strategy for their specific facility. The implementation strategy is a written plan that addresses each of the health needs identified in the community meetings. To meet Treasury and IRS guidelines an implementation strategy must:

- Describe how the hospital facility plans to meet the health need, or
- Identify the health need as one the hospital facility does not intend to meet and explain why the hospital facility does not intend to meet the health need¹

After the needs are identified that the hospital can address, the implementation strategy must take into account specific programs, resources, and priorities for that particular facility. This can include existing programs, new programs, or intended collaboration with governmental, nonprofit, or other health care entities within the community.²

¹ Internal Revenue Service. 2011. Notice and Requests for Comments Regarding the Community Health Needs Assessment Requirements for Tax-Exempt Hospitals. Internal Revenue Bulletin: 2011-30.

² Ibid

The facility must make the recommendations and implementation strategy widely available to community members. The facility must adopt the implementation strategy in that same taxable year.

Oklahoma Office of Rural Health Partnership

The Oklahoma Office of Rural Health makes this program available to all rural facilities in Oklahoma free of charge. The Oklahoma Office of Rural Health works closely with the hospital and community members to develop an economic impact of the local health sector, develop and analyze a local health services survey, and gather and analyze local health data. The community meetings are facilitated by a resource team that includes Corie Kasier and Lara Brooks of the Oklahoma Office of Rural Health.

After the meetings conclude, the resource team assists the hospital in developing their implementation strategy. After implementation, the resource team will assist in evaluation of the strategies implemented and provide continued assistance with data and resources.

This document discusses the steps taken to conduct a CHNA for Coal County General Hospital in 2015. It begins with a description of the hospital's medical service area, including a demographic analysis, and then summarizes each meeting that took place during the CHNA, process, and concludes with the implementation strategy and marketing plan.

Previous Community Health Needs Assessment- Priorities, Implementation, and Evaluation

Coal County General Hospital worked with the Oklahoma Office and Oklahoma Cooperative Extension Service in 2012 and 2013 to complete their first Community Health Needs Assessment. During that time, health concerns were identified by community members and then prioritized by community members in focus group-style meetings. The following identifies each priority, implementation taken, and an evaluation or impact of the implementation. This information was revisited and presented at the first Community Health Needs Assessment Meeting on September 9, 2015.

Area of concern: Access to care

Activity 1: Added Physician Assistant- The hospital added a PA at the hospital to cover emergency room patients and see patients admitted to the hospital.

Activity 2: Pain Management Clinic- A pain management clinic is now open one day per week at the hospital. Services include: injections and radio frequency procedures.

Activity 3: Formed and are members of an Accountable Care Organization, Access Care Oklahoma- The organization includes 102 physicians, 42 midlevel providers, 4 hospitals, 5

emergency departments, 3 rural health clinics, 2 urgent care clinics, 4 ancillary providers (2 home health, 1 hospice, and 1 durable medical equipment)

Activity 4: Physician recruitment- The hospital is actively and continually working to recruit physicians to the area.

Awareness of Community Outreach

A question was included on the community survey (complete methodology detailed on page 16) to gauge survey respondents' awareness of current community programs offered by the hospital. Three individuals or 10 percent of the total indicated they were aware of community programs. Survey respondents were then asked to list which programs they knew. Survey respondents listed the following services: blood pressure checks, blood drive, free drug testing for school children, and pain management.

Coal County General Hospital Medical Services Area Demographics

Figure 1 displays the Coal County General Hospital medical services area. Coal County General Hospital and all area hospitals are delineated in the figure. The surrounding hospitals are identified in the table below by county along with their respective bed count.

Figure 1. Coal County General Hospital Primary and Secondary Medical Service Areas

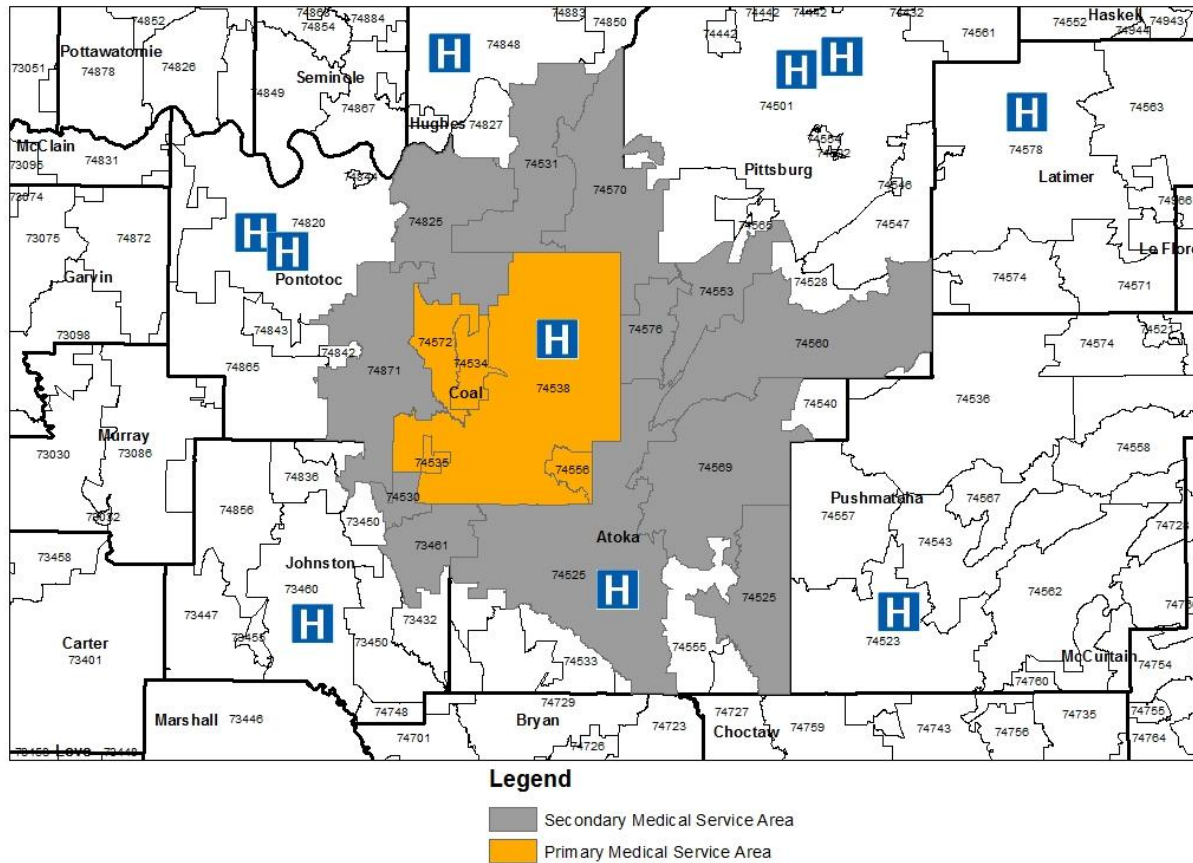


Figure 1. Coal County General Hospital Medical Service Areas

City	County	Hospital	No. of Beds
Coalgate	Coal	Coal County General Hospital	20
Atoka	Atoka	Atoka Memorial Hospital	25
Holdenville	Hughes	Holdenville General Hospital	25
Tishomingo	Johnston	Johnston Memorial Hospital	25
Wilburton	Latimer	Latimer County General Hospital	33
McAlester	Pittsburg	McAlester Regional Health Center	198
Ada	Pontotoc	Rolling Hills Hospital	40
Ada	Pontotoc	Valley View Regional Hospital	151
Antlers	Pushmataha	Pushmataha Hospital	48

As delineated in Figure 1, the primary medical service area of Coal County General Hospital includes the zip code area of Centrahoma, Clarita, Coalgate, Lehigh, and Tupelo. The primary medical service area experienced a population decrease of 1.5 percent from the 2000 Census to the 2010 Census (Table 1). This same service area experienced a slight decrease of 0.9 percent from the 2010 Census to the latest available, 2009-2013, American Community Survey.

The secondary medical services area is comprised of the zip code areas Atoka, Bromide, Calvin, Kiowa, Pittsburg, Stringtown, Stuart, Wardville, Allen, Wapanucka, and Stonewall. The secondary medical service area experienced an increase in population of 1.8 percent from 2000 to 2010 followed by a population decrease of 3.2 percent from 2010 to the 2009-2013 American Community Survey.

Table 1. Population of Coal County General Hospital Medical Service Area

Population by Zip Code	2000 Population	2010 Population	2009-2013 Population	% Change 2000-2010	% Change 2010-09-13
<i>Primary Medical Service Area</i>					
74534 Centrahoma	337	250	255	-25.8%	2.0%
74535 Clarita	108	126	221	16.7%	75.4%
74538 Coalgate	4,270	4,200	3,967	-1.6%	-5.5%
74556 Lehigh	366	422	470	15.3%	11.4%
74572 Tupelo	<u>717</u>	<u>712</u>	745	<u>-0.7%</u>	<u>4.6%</u>
Total	5,798	5,710	5,658	-1.5%	-0.9%
<i>Secondary Medical Service Area</i>					
74525 Atoka	9,128	10,112	9,823	10.8%	-2.9%
74530 Bromide	210	214	240	1.9%	12.1%
74531 Calvin	948	1,062	891	12.0%	-16.1%
74553 Kiowa	1,475	1,384	1,057	-6.2%	-23.6%
74560 Pittsburg	644	635	559	-1.4%	-12.0%
74569 Stringtown	1,426	633	992	-55.6%	56.7%
74570 Stuart	1,118	1,089	1,096	-2.6%	0.6%
74576 Wardville	192	210	159	9.4%	-24.3%
74825 Allen	2,305	2,170	2,211	-5.9%	1.9%
73461 Wapanucka	762	795	840	4.3%	5.7%
74871 Stonewall	<u>2,138</u>	<u>2,415</u>	<u>2,198</u>	<u>13.0%</u>	<u>-9.0%</u>
Total	20,346	20,719	20,066	1.8%	-3.2%

SOURCE: Population data from the U.S. Bureau of Census, Decennial Census 2000, 2010 and American Community Survey 2009-2013(August 2015)

Table 2 displays the current existing medical services in the primary service area of the Coal County General Hospital medical services area. Most of these services would be expected in a service area of Coalgate’s size: one health center, one dental office, one pharmacy, one home health and hospice provider, and a county health department. Coal County General Hospital is a 20 bed critical access hospital located in Coal County. The hospital provides acute inpatient services, outpatient care, swing bed, 24/7 emergency department, and extended care services including home health, long term care, skilled nursing, and physical and occupational

therapy. A complete list of hospital services and community involvement activities can be found in Appendix A.

Table 2. Existing Medical Services in the Coal County General Hospital Medical Services Area

Count	Service
1	Hospital: Coal County General Hospital
1	Health center
1	Dental office
1	Pharmacy
1	Nursing home
1	Home health and hospice provider
1	County Health Department: Coal County

In addition to examining the total population trends of the medical service areas, it is important to understand the demographics of those populations. Table 3 displays trends in age groups for the primary and secondary medical service areas as well as Coal County in comparison to the state of Oklahoma. Overall, the over 65 age group has experienced an increase in population across all geographies from the 2010 Census to the latest, 2009-2013 American Community Survey except. This cohort accounted for 13.8 percent of the total population at the state level. This is compared to 18.8 percent of the population of the primary medical service area, 16.7 percent of the secondary medical service area, and 18.7 percent of Coal County. The 45-64 age group accounts for the largest share of the population in the primary (27.9%) and secondary (26.9%) service areas and Coal County (27.0%). This is compared to the state share of 25.5 percent of the total population.

Table 3. Percent of Total Population by Age Group for Coal County General Hospital Medical Service Areas, Coal County and Oklahoma

Age Groups	Primary Medical Service Area	Secondary Medical Service Area	Coal County	Oklahoma
2010 Census				
0-14	21.1%	19.4%	21.0%	20.7%
15-19	7.1%	6.6%	7.1%	7.1%
20-24	4.6%	5.4%	4.6%	7.2%
25-44	21.8%	24.1%	21.7%	25.8%
45-64	27.8%	27.4%	27.8%	25.7%
65+	<u>17.7%</u>	<u>17.0%</u>	<u>17.8%</u>	<u>13.5%</u>
Totals	100.0%	100.0%	100.0%	100.0%
Total Population	5,710	20,719	5,925	3,751,351
09-13 ACS				
0-14	20.3%	19.1%	21.1%	20.7%
15-19	6.9%	6.9%	7.0%	6.9%
20-24	5.6%	5.7%	5.5%	7.3%
25-44	20.7%	24.8%	20.7%	25.8%
45-64	27.8%	26.9%	27.0%	25.5%
65+	<u>18.8%</u>	<u>16.7%</u>	<u>18.7%</u>	<u>13.8%</u>
Totals	100.0%	100.0%	100.0%	100.0%
Total Population	5,658	20,066	5,927	3,785,742

SOURCE: U.S. Census Bureau, Decennial Census data for 2010 and American Community Survey data for 2009-2013 (www.census.gov [July 2015]).

Changes in racial and ethnic groups can impact the delivery of healthcare services, largely due to language barriers and dramatically different prevalence rates for specific diseases, such as diabetes. A noticeable trend in Oklahoma is the growth in the Hispanic origin population. In 2010, those of Hispanic origin accounted for 8.9 percent of the total state population. The latest American Community Survey data of 2009-2013 suggest that this population group has experienced an increase to 9.1 percent of the total population. This trend is

somewhat evident in Coal County and both medical service areas. The share of the population identified as of Hispanic Origin accounted for 3.2 percent of the primary medical service area's population in 2009-2013 and 3.3 percent of the secondary medical service area during the same time period. A more notable trend is the share of the Native American population in Coal County and both service areas. In 2010, this cohort accounted for 16.6 percent of the primary medical service area, 15.5 percent of the secondary medical service area, and 16.7 percent of Coal County's population. The latest American Community Survey data suggests a decline in these population groups. However, it can be assumed that this cohort is being represented through the "Two or More Races" category. This specific cohort accounted for 16.3 percent of the primary medical service area, 10.8 percent of the secondary medical service area, and 18.2 percent of Coal County's population.

Table 4. Percent of Total Population by Race and Ethnicity for Coal County General Hospital Medical Service Areas, Coal County and Oklahoma

Race/Ethnic Groups	Primary Medical Service Area	Secondary Medical Service Area	Coal County	Oklahoma
2010 Census				
White	74.5%	73.3%	74.3%	72.2%
Black	0.5%	2.8%	0.5%	7.4%
Native American ¹	16.6%	15.5%	16.7%	8.6%
Other ²	0.5%	1.0%	0.7%	5.9%
Two or more Races ³	7.8%	7.2%	7.8%	5.9%
Hispanic Origin ⁴	3.1%	3.0%	2.6%	8.9%
Total Population	5,710	20,719	5,925	3,751,351
09-13 ACS				
White	74.3%	74.5%	72.7%	73.5%
Black	0.5%	3.4%	0.5%	7.2%
Native American ¹	7.5%	9.8%	7.4%	7.0%
Other ²	1.3%	1.5%	1.2%	4.5%
Two or more Races ³	16.3%	10.8%	18.2%	7.8%
Hispanic Origin ⁴	3.2%	3.3%	3.1%	9.1%
Total Population	5,658	20,066	5,927	3,785,742

SOURCE: U.S. Census Bureau, Decennial Census data for 2010 and American Community Survey data for 2009-2013 (www.census.gov [July 2015]).

¹ Native American includes American Indians and Alaska Natives.

² Other is defined as Asian Americans, Native Hawaiians, Pacific Islanders and all others.

³ Two or more races indicate a person is included in more than one race group.

⁴ Hispanic population is not a race group but rather a description of ethnic origin; Hispanics are included in the five race groups.

Summary of Community Meetings

Coal County General Hospital hosted four community meetings between September 9, 2015 and October 21, 2015. The Oklahoma Office of Rural Health facilitated these meetings. Summaries of the information presented at each meeting are included below in chronological order.

Community members in attendance at these meetings included:

- Coal County General Hospital representatives
- Coal County Health Department
- Coal County Cooperative Extension Service
- Coal County General Hospital board member

Average attendance at the community meetings was 5-7 community members.

Community members were invited to attend through ads placed in the local newspaper before each community meeting. The hospital CEO personally called representatives from the city, county, Coal County Health Department, and local civic organizations to encourage these individuals to attend. Notices of community meetings were also placed on doors, windows, and bulletin boards of local businesses. Significant efforts were made to include and obtain information from representatives of the local public health sector, and community members who had great knowledge of health concerns facing low-income and racially diverse populations.

Economic Impact and Community Health Needs Assessment Overview, September 9, 2015

A meeting was held to discuss the economic impact of the health sector and explain the process and need for the Community Health Needs Assessment. The economic impact of the health sector was reviewed at this meeting (and is summarized below).

Table 5 below summarizes the overall economic impact of the health sector on the Coal County, Oklahoma economy. A form requesting information was sent to all health care providers in the medical service area. Local providers were asked to share their employment levels and of those employees how many were physicians/optometrists/dentists/pharmacists/etc. When available, payroll information was also collected from the establishments. When payroll information was not available, payroll was estimated using state level averages from the Bureau of Labor Statistics.

The health sector in the Coal County General Hospital medical service area employs 166 FTE individuals. After applying a county-specific employment multiplier to each respective sector, there is a total employment impact of 214 FTE employees. The same methodology is applied to income. The local health sector has a direct income impact of nearly \$8.1 million. When the appropriate income multiplier is applied, the total income impact is over \$9.5 million.

The last two columns examine the impact this has on the retail sector of the local community. Recent data suggest that just 36.7% of personal income in Coal County will be spent on taxable goods and services locally. Therefore, if we just examine the impact made on retail from those employed in the health sector, this would account for nearly \$3.5 million spent locally, generating \$35,036 on a 1% tax. A copy of the meeting materials that were distributed can be found in Appendix C.

At the conclusion of the meeting, community members were asked to identify their top health concerns based on the demographic information presented and their local expertise. The following concerns were identified:

- Viability of healthcare services- increase cuts to reimbursements
- Patients leaving community (leaving to get groceries and doing business)
- Impact of midlevels, patients prefer midlevel providers
- Recruiting physicians to rural areas
- EMS funding, pay and hire employees

Table 5. Coal County General Hospital Medical Service Area Health Sector Impact on Employment and Income, and Retail Sales and Sales Tax

Health Sectors	Employment			Income			Retail	1 Cent
	Employed	Multiplier	Impact	Income	Multiplier	Impact	Sales	Sales Tax
Hospitals	49	1.34	66	\$2,495,884	1.22	\$3,037,139	\$1,114,630	\$11,146
Physicians, Dentists, & Other Medical Professionals & Pharmacies	21	1.24	26	\$1,512,128	1.21	\$1,831,120	\$672,021	\$6,720
Nursing Homes	52	1.19	62	\$1,573,340	1.17	\$1,834,845	\$673,388	\$6,734
Home Health & Other Medical & Health Services	<u>44</u>	1.38	<u>61</u>	<u>\$2,501,004</u>	1.14	<u>\$2,843,420</u>	<u>\$1,043,535</u>	<u>\$10,435</u>
Total	166		214	\$8,082,356		\$9,546,524	\$3,503,574	\$35,036

SOURCE: 2013 IMPLAN database, Minnesota IMPLAN Group, Inc.; Local data for employment, employee compensation and proprietor's income; income estimated based on state average incomes if local data not available

* Based on the ratio between Coal County retail sales and income (36.7%) – from 2014 County Sales Tax Data and 2013 Personal Income Estimates from the Bureau of Economic Analysis.

Health Data, September 23, 2015

A community meeting was held September 23, 2015, to examine various sources of local health data. Various sources of health data were examined including data from the County Health Rankings and Roadmaps Program through the University of Wisconsin Population Health Institute, and the Robert Wood Johnson Foundation and the 2014 Oklahoma State of the State's Health Report compiled by the Oklahoma State Department of Health. The County Health Rankings program evaluates and ranks counties based on two distinct areas: Health Factors and Health Outcomes. Along with these two areas counties receive an overall rank within their state; therefore 1=best and 77=worst.

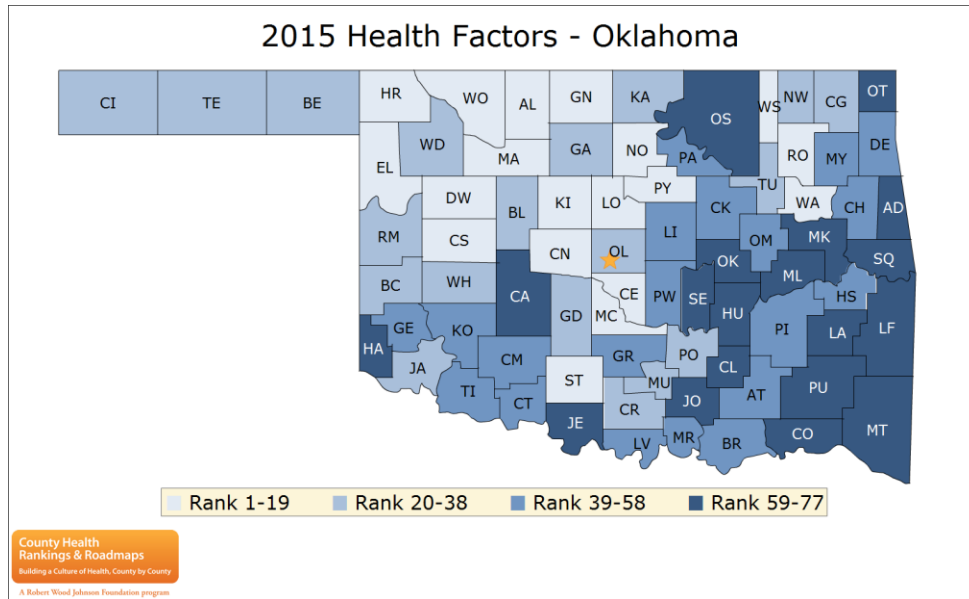
Health factors, considered tomorrow's health, are comprised of health behaviors (rank: 55), clinical care (rank: 76), social and economic factors (rank: 58), and physical environment (rank: 10). Coal County's overall health factors rank is 70. This suggests, in general, the health status of Coal County residents is somewhat comparable to that of neighboring counties. Areas of concern include Coal County's smoking rate, adult obesity rate, alcohol-impaired driving deaths, sexually transmitted infections, and the teen birth rate are all less desirable than the top U.S. performers. Also, the rate of uninsured individuals, the county population ratio to primary care physicians, dentists, and mental health providers, and the number of preventable hospital stays, are all areas of concern in Coal County. All health factors variables are presented in Table 6 along with Coal County specific data, the top U.S. performers, and the state average. The bold italicized categories are the areas identified by the County Health Rankings and Roadmaps as areas to explore (generally where Coal County ranks very poorly compared to the national benchmark).

Table 6. Health Factors (Overall Rank 70)

Category (Rank)	Coal County	Error Margin	Top U.S. Performers	Oklahoma
Health Behaviors (55)				
<i>Adult Smoking</i>	23%	13-37%	14%	24%
<i>Adult Obesity</i>	34%	27-41%	25%	32%
Food Environment Index	6.2		8.4	6.7
Physical Inactivity	33%	26-41%	20%	30%
Access to Exercise Opportunities	46%		92%	72%
Excessive Drinking			10%	13%
<i>Alcohol-Impaired Driving Deaths</i>	55%		14%	33%
<i>Sexually Transmitted Infections</i>	587		138	442
<i>Teen Birth Rate</i>	76	61-91	20	54
Clinical Care (76)				
<i>Uninsured</i>	26%	24-29%	11%	21%
<i>Primary Care Physicians</i>	5,963:1		1,045:1	1,567:1
<i>Dentists</i>	5,867:1		1,377:1	1,805:1
<i>Mental Health Providers</i>	5,867:1		386:1	285:1
<i>Preventable Hospital Stays</i>	250	217-283	41	71
Diabetic Screening	71%	55-87%	90%	78%
Mammography Screening	49%	33-65%	71%	55%
Social & Economic Factors (58)				
High School Graduation	94%			78%
<i>Some College</i>	40%	32-48%	71%	58%
<i>Unemployment</i>	6.8%		4.0%	5.4%
Children in Poverty	27%	19-35%	13%	24%
Income Inequality	4.5	4.0-5.1	3.7	4.6
Children in Single-Parent Household	40%	27-53%	20%	24%
Social Associations	10.1		22.0	11.8
Violent Crime Rate	112		59	468
<i>Injury Deaths</i>	132	94-181	50	86
Physical Environment (10)				
Air-Pollution- Particulate Matter	10.3		9.5	10.3
Drinking Water Violations	0%		0%	23%
Severe Housing Problems	11%	8-14%	9%	14%
Driving Alone to Work	78%	74-82%	71%	82%
Long Commute- Driving Alone	35%	28-41%	15%	25%

Source: County Health Rankings & Roadmaps; University of Wisconsin Population Health Institute; Robert Wood Johnson Foundation

The following figure depicts each county’s rank by shade. Coal County’s overall health factors ranking is less favorable than Atoka, Pittsburg, and Pontotoc Counties and comparable to Johnston and Hughes Counties.



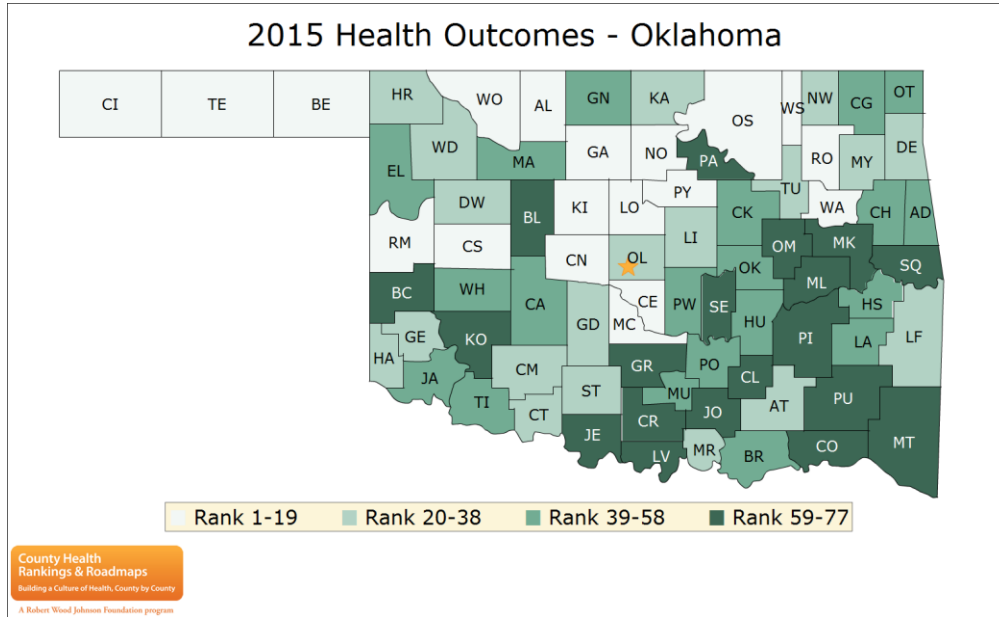
In terms of health outcomes, considered, today’s health, Coal County’s ranking is 60th in the state. Health outcomes are comprised of two areas: length of life and quality of life. The variables for each of these sections are presented in Table 7.

Table 7. Health Outcomes (Overall Rank 60)

Category (Rank)	Coal County	Error Margin	Top U.S. Performers	Oklahoma
Length of Life (69)				
Premature Death	12,559	9,225-15,894	5,200	9,121
Quality of Life (30)				
Poor or Fair Health	22%	12-35%	10%	19%
Poor Physical Health Days	4.2	2.0-6.4	2.5	4.3
Poor Mental Health Days			2.3	4.2
Low Birth Weight	7.4%	5.2-9.6%	5.9%	8.3%

Source: County Health Rankings & Roadmaps; University of Wisconsin Population Health Institute; Robert Wood Johnson Foundation

The following figure shows county health outcomes rankings by shades. Coal County's rank is less favorable than Atoka, Hughes, and Pontotoc Counties, but is comparable to Pittsburg and Johnston Counties. All meeting materials distributed at this meeting can be found in Appendix D.



At the conclusion of the meeting, community members were once asked to identify what health concerns stand out in the data the presented and their local expertise. The health concerns identified include:

- Teen birth rate- services available at local health department, just underutilized
- Need for nurses and nurse aides
CNAs used to be trained locally
Agency hiring negatively impacts attraction
- Suicides- mental health- drug overdose, problems, increased depression, domino effect from initial use
- Heart disease- lifestyle, reluctance to go to doctor, change habits

Community Survey Methodology and Results, September 9- October 7, 2015

A survey was designed to gauge hospital usage, satisfaction, and community health needs. The survey was available in both paper and web format. Surveys were distributed through the local newspaper. Over 2,000 surveys were included in the newspaper. An electronic survey link was placed on the hospital's website. Surveys were also distributed at the first community meeting on September 9, 2015. Community members in attendance also received a follow-up email with a PDF copy of the survey and the electronic survey link. A copy of the

survey form and results can be found in Appendix E. Community members were asked to return their completed surveys to Coal County General Hospital.

The survey ran from September 9, 2015 to September 25, 2015. A total of 30 surveys from the Coal County General Hospital medical service area were completed. Of the surveys returned, all 30 were hard copy surveys. The survey results were presented at the October 7, 2015, community meeting.

Table 8 below shows the survey respondent representation by zip code. The largest share of respondents was from the Coalgate (74538) zip code with 24 responses or 80.0 percent of the total. Atoka followed with 2 responses.

Table 8. Zip Code of Residence

Response Category	No.	%
74538- Coalgate	24	80.0%
74525- Atoka	2	6.7%
74533- Caney	1	3.3%
74534- Centrahoma	1	3.3%
74556- Lehigh	1	3.3%
74569- Stringtown	1	3.3%
Total	30	100.0%

The survey focused on several health topics of interest to the community. Highlights of the results include:

Primary Care Physician Visits

- 86.7% of respondents had used a primary care physician in the Coalgate service area during the past 24 months
- 92.3% of those responded being satisfied
- Only 9 respondents or 30.0% of the survey respondents believe there are enough primary care physicians practicing in the Coalgate area
- 66.7% of the respondents would consider seeing a midlevel provider for their healthcare needs
- 83.3% responded they were able to get an appointment with their primary care physician when they needed one

Specialist Visits

Summary highlights include:

- 63.3% of all respondents report some specialist visit in past 24 months
- Most common specialty visited are displayed in Table 9
- Only 5% of specialist visits occurred in Coalgate

Table 9. Type of Specialist Visits

Type of Specialist	No.	Percent
Top 5 Responses		
Cardiologist <i>(0 visits in Coalgate)</i>	12	30.3%
Neurologist/Neurosurgeon <i>(0 visits in Coalgate)</i>	5	12.5%
Orthopedist/Orthopedic Surg. <i>(0 visits in Coalgate)</i>	4	10.0%
Gastroenterologist <i>(0 visits in Coalgate)</i>	2	5.0%
Ophthalmologist <i>(0 visits in Coalgate)</i>	2	5.0%
All others <i>(2 visits in Coalgate)</i>	<u>15</u>	<u>37.5%</u>
Total	<u>40</u>	<u>100.0%</u>

Some respondents answered more than once.

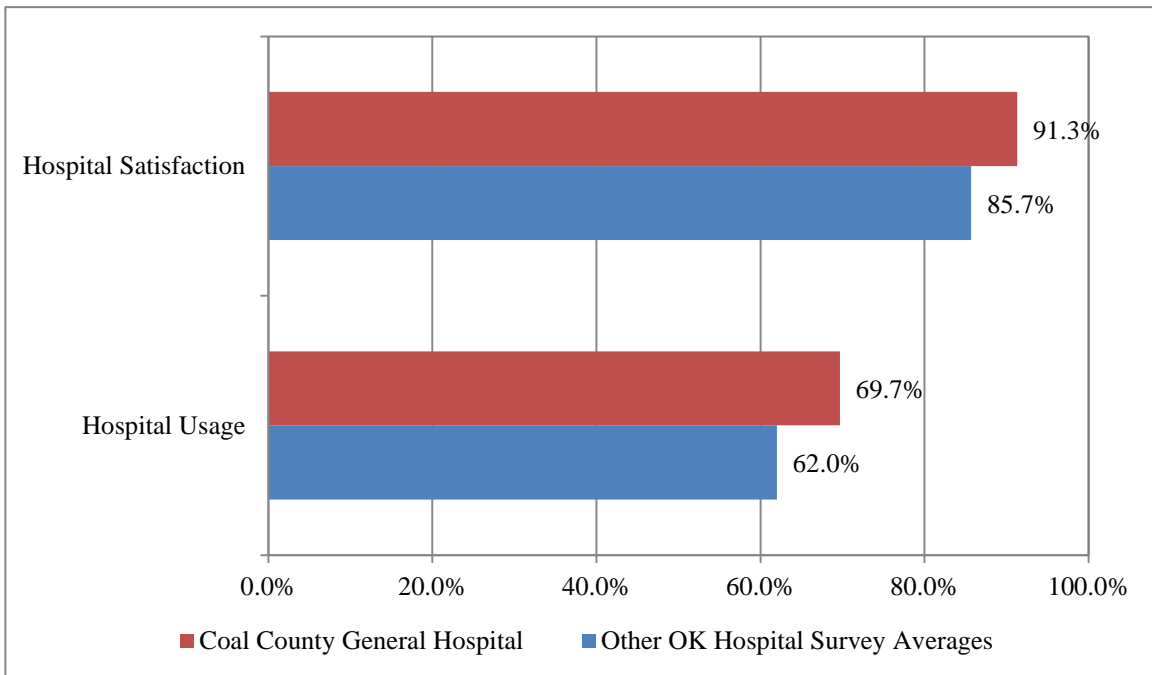
Hospital Usage and Satisfaction

Survey highlights include:

- 69.7% of survey respondents that have used hospital services in the past 24 months used services at Coal County General Hospital
 - o Norman Regional Health System, Norman (3.0%), OSU Medical Center, Tulsa (3.0%), Mercy Hospital Ada (3.0%), Atoka County Medical Center (3.0%), and McAlester Regional Health Center (3.0%) followed
 - o The most common response for using a hospital other than Coal County General Hospital was availability of specialty care (including surgery) (33.3%) and physician referral (33.3%)
 - o The usage rate of 69.7% was higher than the state average of 62.0% for usage of other rural Oklahoma hospitals surveyed

- 91.3% of survey respondents were satisfied with the services received at Coal County General Hospital
 - o This is below the state average for other hospitals (85.7%)
- Most common services used at Coal County General Hospital:
 - o Diagnostic Imaging (30.0%)
 - o Laboratory (23.3%)
 - o Emergency Room (18.3%)

Figure 2. Summary of Hospital Usage and Satisfaction Rates



Local Healthcare Concerns and Additional Services

Survey respondents were asked what concerns them most about healthcare in their community. The most common response Lack of providers/Retaining providers/Qualified providers (13.9%), followed by No concerns/Receive good care/Don't know (8.3%) and Lack of specialists (8.3%) Table 10 displays all responses and the frequencies.

Table 10. Top Health Care Concerns in the Coalgate Area

Response Category	No.	%
Lack of providers/Retaining providers/Qualified providers	5	13.9%
No Concerns/ Receive good care/Don't Know	3	8.3%
Lack of specialists	3	8.3%
Quality of care	2	5.6%
Keeping local services/longevity of services	2	5.6%
Need to update facilities/Age of facility	2	5.6%
Long wait in physician office/Physician time spent patient	2	5.6%
Emergency service	1	2.8%
Medicare cuts	1	2.8%
Healthcare employee pay	1	2.8%
Hiring agency employees	1	2.8%
Availability of modern equipment	1	2.8%
Cleanliness	1	2.8%
Hospital organization	1	2.8%
No response	10	27.8%
Total	36	100.0%

Survey respondents also had the opportunity to identify what additional services they would like to see offered in their community. The most common response was specialists with 2 total responses or 5.9 percent of the total and cancer treatment including chemo and radiation, also with 2 responses. Table 11 displays the full listing of responses.

Table 11. Additional Services Community Members Would Like to See Offered at Coal County General Hospital

Response Category	No.	%
Specialists	2	5.9%
Cancer treatment: Chemo and Radiation	2	5.9%
No additional services/Satisfied with what is available/Don't know	1	2.9%
Dialysis	1	2.9%
Urgent care	1	2.9%
Skilled nursing facility	1	2.9%
Geropsych facility	1	2.9%
Mammography	1	2.9%
Improved physical therapy	1	2.9%
Wellness center	1	2.9%
More physicians	1	2.9%
Keep the hospital	1	2.9%
No response	20	58.8%
Total	34	100.0%

Primary Care Physician Demand Analysis, October 7, 2015

A demand analysis of primary care physicians was completed for the zip codes that comprise the Coalgate primary and secondary medical services areas. This analysis examined average primary care physician visit rates by gender and by age groups. Once age- and gender-specific coefficients were applied, total primary care physician visit numbers were calculated by service area. Table 12 displays potential primary care physician rates by shares of service area. For example, if 90% of residents in the primary medical services area and 10% of residents in the secondary medical services area utilize services of primary care physicians in the Coalgate medical services area, a total of 12,332 annual visits would occur. This would suggest that the Coalgate medical services area would need 2.9 FTE primary care physicians to meet the needs of their existing population. Table 12 displays the estimated number of visits by share of medical services area.

Table 12. Primary Care Physician Office Visits Given Usage by Local Residents in the Coalgate, Oklahoma Medical Service Area

		Usage by Residents of Primary Service Area						
		70%	75%	80%	85%	90%	95%	100%
Usage by Residents of Secondary Service Area	5%	8,654	9,151	9,649	10,146	10,644	11,142	11,639
	10%	10,342	10,839	11,337	11,834	12,332	12,830	13,327
	15%	12,030	12,527	13,025	13,522	14,020	14,517	15,015
	20%	13,718	14,215	14,713	15,210	15,708	16,205	16,703
	25%	15,406	15,903	16,401	16,898	17,396	17,893	18,391
	30%	17,094	17,591	18,089	18,586	19,084	19,581	20,079
	35%	18,782	19,279	19,777	20,274	20,772	21,269	21,767
	40%	20,470	20,967	21,465	21,962	22,460	22,957	23,455
	45%	22,158	22,655	23,153	23,650	24,148	24,645	25,143
	50%	23,846	24,343	24,841	25,338	25,836	26,333	26,831

If 90% primary medical service area and 10 to 15% secondary medical service area, then the usage would be: 12,332 to 14,020 total primary care physician office visits in the Coalgate area for an estimated 2.9 to 3.4 Total Primary Care Physicians.
 (Based on 83.7 average weekly primary care physician visits with a 50 week year)

At the conclusion of the meeting, community members were once again asked what stood out to them from the survey results and physician demand analysis as health concerns. Community members present did not add additional health concerns to the existing list.

Community Health Needs Implementation Strategy

During the October 21, 2015, meeting, hospital representatives and community members discussed how these concerns can be addressed. The following lists the concerns along with steps the hospital and community plan to take to remedy the situation.

- EMS Transfers- The concern of the availability of EMS transfers was discussed by several representatives from the hospital. It was noted that due to uncertain availability, many transfers are completed via helicopter rather than ground which places a larger cost burden on the patient. The availability of transfers also has an impact on patient care and outcomes.
 - The ideal action step would be for a paramedic to be available on every shift for transfers. The resource team will reach out to other community EMS providers to gather best practices and reach out to the Oklahoma Department of Health to see about resources available.

- Mental health- This priority was mentioned as a struggle to find services for patients, open beds for patients. It was mentioned that oftentimes when available beds are not found for patients that they are kept at the hospital until a bed becomes available.
 - Looking into telemedicine services as option for mental health services. The hospital also applied for equipment grant through OU and is still waiting to hear if they have received the grant.
- Need for primary care providers
 - One DO in community, one DO at the FQHC. There is a continual need to plan for future in terms of recruiting physicians.
 - It was noted that midlevels can help alleviate need for primary care providers and cover some primary care patients in the area.
- Telemedicine- This priority was previously mentioned as a potential source to provide mental health services. It can also alleviate travel to outside of community to see specialists.
 - The ACO can provide access to more specialists coming through community.
 - It was also previously mentioned that the hospital is making strides in this area by joining the ACO and applying for grant funding for telemedicine equipment.

Community Health Needs Assessment Marketing Plan

The hospital will make the Community Health Needs Assessment Summary available upon request at Coal County General Hospital, and a copy will be available to be downloaded from the hospital's website (www.ccghospital.com). This document will also be available on the OSU Center for Rural Health blog site: (<http://osururalhealth.blogspot.com/p/chna.html>).

Appendix A- Hospital Services/Community Benefits



Coal County General Hospital Hospital Services and Community Benefits

Hospital Services

Acute Inpatient
Outpatient
Swing Bed
Emergency Room
Radiology
 X-Ray
 Ultrasound
 Echoes
 CT
Laboratory
Physical Therapy

Extended Care Services

Home Health
Advantage Provider Services
Long Term Care
Skilled Nursing
Physical Therapy
Occupational Therapy

Community Benefits

Subsidized Community Health Services
Donations to other non-profit healthcare related providers
Financial support to healthcare educational services
Relay for Life
FFA Booster
Blood Drives
Athletic Booster Sponsor
Salvation Army Volunteer
Health Fairs
Meals on Wheels

Appendix B Community Meeting Attendees

Coal County General Hospital Community Health Needs Assessment Meeting 1 CHNA Overview and Economic Impact

9-Sep-15

First Name	Last Name	Title	Organization
Billy	Johnson	CEO	Coal County General Hospital
Neal	Servais	Board Chairman	Coal County General Hospital
Farra	Farley	RN, BSN	Coal County General Hospital
Brenda	Wood	RN	Tender Care Home Health
Ty	Bohannon	PA-C	Helton Rural Health
Rick	Channey	VP	First Bank
David	Holt	Fire Chief	City of Coalgate

Coal County General Hospital Community Health Needs Assessment Meeting 2 Health Indicators and Outcomes Presentation

23-Sep-15

First Name	Last Name	Title	Organization
Billy	Johnson	CEO	Coal County General Hospital
Mary	Lane	RN/Adm	Tender Care Home Health
Diane	Downard	CFO	Coal County General Hospital
Carmina	Magloy	Admin. Asst.	Coal County Health Department

Coal County General Hospital Community Health Needs Assessment Meeting 3: Survey Results and Primary Care Physician Demand Analysis Presentation

7-Oct-15

First Name	Last Name	Title	Organization
Billy	Johnson	CEO	Coal County General Hospital
Diane	Downard	CFO	Coal County General Hospital
Kelsey	Ratcliff	FCS Educator	Coal County Cooperative Extension Service

Coal County General Hospital Community Health Needs Assessment Meeting 4: Health Concern Prioritization and Implementation Discussion

21-Oct-15

First Name	Last Name	Title	Organization
Billy	Johnson	CEO	Coal County General Hospital
Farra	Farley	RN, BSN	Coal County General Hospital
Debra	Yother	RN	Coal County General Hospital

Appendix C- Meeting 1 Materials, September 9, 2015

The Economic and Demographic Analysis of the Coal County General Hospital Medical Service Area

As part of the Community Health Needs Assessment Economic and Social Indicators for Coal County:

Economic Data

2013 Per Capita Income ¹	\$30,722 (66th highest in state)
Employment (June 2015, preliminary) ²	2,161 (1.7% from 2014)
Unemployment (June 2015, preliminary) ²	202 (29.5% from 2014)
Unemployment rate (June 2015, preliminary) ²	8.5% (74th lowest in state)
2013 Poverty rate ³	18.1% (41st lowest in state)
2013 Child poverty rate ³	26.8% (43rd lowest in state)
2013 Transfer Payments ¹	\$54,673,000 (30.3% of total personal income, 41st lowest in state)
2013 Medical Benefits as a share of Transfer Payments ¹	48.6% (69th lowest in state)

¹Bureau of Economic Analysis, Regional Data, 2013, ²Bureau of Labor Statistics 2013-2014, ³U.S. Census Bureau, Small Area Income and Poverty, 2013

Education Data

At Least High School Diploma ¹	80.7% (66th highest in state)
Some College ¹	36.0% (76th highest in state)
At Least Bachelor's Degree ¹	13.3% (67th highest in state)
2012-2013 Free and Reduced Lunch Eligible ²	71.6% (54th lowest in state)

¹U.S. Census Bureau, American Community Survey, 2009-2013, ²National Center for Education Statistics, 2012-2013

Payer Source Data

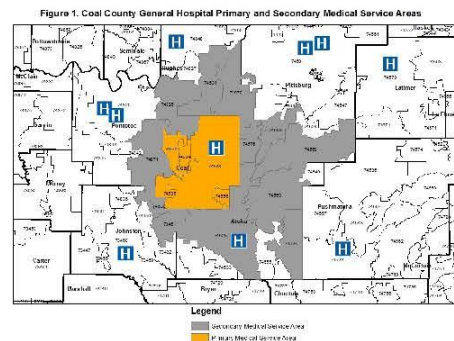
2013 Uninsured Rate (under 65) ¹	26.1% (72nd lowest in state)
2013 Uninsured Rate (under 19) ¹	14.9% (72nd lowest in state)
2012 Medicare share of total population ²	21.2% (47th lowest in state)
2014 Medicaid share of total population ³	34.0% (60th lowest in state)

¹U.S. Census Bureau, Small Area Health Insurance Estimates, 2012, ²Centers for Medicare & Medicaid Services, Medicare Aged and Disabled by State and County, 2012, ³Oklahoma Health Care Authority, Total Enrollment by County, 2015

Population (2009-2013)

Coal County	5,927 (0.9% from 2010)
Primary Medical Service Area	5,658 (-0.9% from 2010)
Secondary Medical Service Area	20,066 (-3.2% from 2010)
Oklahoma	3,785,742 (0.9% from 2010)

U.S. Census Bureau, 2009-2013 American Community Survey 2010 Decennial Census



**Percent of Total Population by Age Group for Coal County General Hospital Medical Service Areas,
Coal County and Oklahoma**

Age Groups	Primary Medical Service Area	Secondary Medical Service Area	Coal County	Oklahoma
09-13 ACS				
0-14	20.3%	19.1%	21.1%	20.7%
15-19	6.9%	6.9%	7.0%	6.9%
20-24	5.6%	5.7%	5.5%	7.3%
25-44	20.7%	24.8%	20.7%	25.8%
45-64	27.8%	26.9%	27.0%	25.5%
65+	<u>18.8%</u>	<u>16.7%</u>	<u>18.7%</u>	<u>13.8%</u>
Totals	100.0%	100.0%	100.0%	100.0%
Total Population	5,658	20,066	5,927	3,785,742

SOURCE: U.S. Census Bureau, 2009-2013 American Community Survey

Percent of Total Population by Race and Ethnicity for Coal County General Hospital Medical Service Areas, Coal County and Oklahoma

Race/Ethnic Groups	Primary Medical Service Area	Secondary Medical Service Area	Coal County	Oklahoma
09-13 ACS				
White	74.3%	74.5%	72.7%	73.5%
Black	0.5%	3.4%	0.5%	7.2%
Native American	7.5%	9.8%	7.4%	7.0%
Other	1.3%	1.5%	1.2%	4.5%
Two or more Races	16.3%	10.8%	18.2%	7.8%
Hispanic Origin	3.2%	3.3%	3.1%	9.1%
Total Population	5,658	20,066	5,927	3,785,742

SOURCE: U.S. Census Bureau, 2009-2013 American Community Survey

For additional information, please contact:
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 Corie Kaiser, Director, corie.kaiser@okstate.edu
 Oklahoma Office of Rural Health
 Phone: 405.840.6500

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Coal County General Hospital Economic Impact



Healthcare, especially a hospital, plays a vital role in local economies.

Coal County General Hospital **directly** employs **49** people with an annual payroll of nearly **\$2.5 million** including benefits

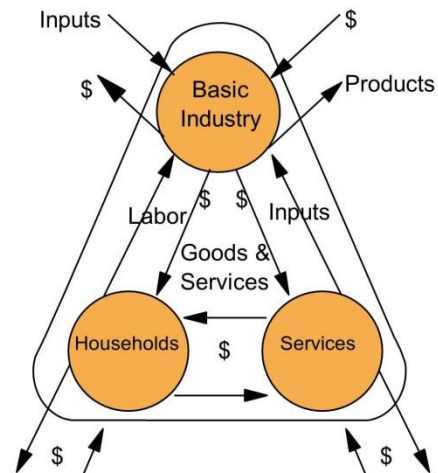
- These employees and income create an additional **17 jobs** and over **\$500,000** in income as they interact with other sectors of the local economy
- **Total impacts= 66 jobs and over \$3.0 million**
- Other segments of the healthcare sector (Doctors, Home Health, Pharmacies, etc.) provide another **117 jobs** and an additional **\$5.5 million** in wages
- Their interactions and transactions within the local economy create:
- **Total health sector impacts= 214 jobs and \$9.5 million (Including the hospital)**
- Over **\$3.5 million** in retail sales generated from income received by healthcare sector employees

Healthcare and Your Local Economy:

- Attracts retirees and families
- Appeals to businesses looking to establish and/or relocate
- High-quality healthcare services and infrastructure foster community development
- Positive impact on retail sales of local economy

Consider what could be lost without the hospital:

- Pharmacies
- Physicians/Specialists
- Potential Retail Sales



Source: Doeksen, G.A., T. Johnson, and C. Willoughby. 1997. Measuring the Economic Importance of the Health Sector on a Local Economy: A Brief Literature Review and Procedures to Measure Local Impacts

For additional information, please contact:
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**Health Indicators and Outcomes for the Coal County General Hospital
Medical Service Area**

As part of the Community Health Needs Assessment

Table 1. Health Factors (Overall Rank 70)

Category (Rank)	Coal County	Error Margin	Top U.S. Performers	Oklahoma
Health Behaviors (55)				
<i>Adult Smoking</i>	23%	13-37%	14%	24%
<i>Adult Obesity</i>	34%	27-41%	25%	32%
Food Environment Index	6.2		8.4	6.7
Physical Inactivity	33%	26-41%	20%	30%
Access to Exercise Opportunities	46%		92%	72%
Excessive Drinking			10%	13%
<i>Alcohol-Impaired Driving Deaths</i>	55%		14%	33%
<i>Sexually Transmitted Infections</i>	587		138	442
<i>Teen Birth Rate</i>	76	61-91	20	54
Clinical Care (76)				
<i>Uninsured</i>	26%	24-29%	11%	21%
<i>Primary Care Physicians</i>	5,963:1		1,045:1	1,567:1
<i>Dentists</i>	5,867:1		1,377:1	1,805:1
<i>Mental Health Providers</i>	5,867:1		386:1	285:1
<i>Preventable Hospital Stays</i>	250	217-283	41	71
Diabetic Screening	71%	55-87%	90%	78%
Mammography Screening	49%	33-65%	71%	55%
Social & Economic Factors (58)				
High School Graduation	94%			78%
<i>Some College</i>	40%	32-48%	71%	58%
<i>Unemployment</i>	6.8%		4.0%	5.4%
Children in Poverty	27%	19-35%	13%	24%
Income Inequality	4.5	4.0-5.1	3.7	4.6
Children in Single-Parent Household	40%	27-53%	20%	24%
Social Associations	10.1		22.0	11.8
Violent Crime Rate	112		59	468
<i>Injury Deaths</i>	132	94-181	50	86
Physical Environment (10)				
Air-Pollution- Particulate Matter	10.3		9.5	10.3
Drinking Water Violations	0%		0%	23%
Severe Housing Problems	11%	8-14%	9%	14%
Driving Alone to Work	78%	74-82%	71%	82%
Long Commute- Driving Alone	35%	28-41%	15%	25%

Source: County Health Rankings & Roadmaps; University of Wisconsin Population Health Institute; Robert Wood Johnson Foundation

2015 Health Factors - Oklahoma

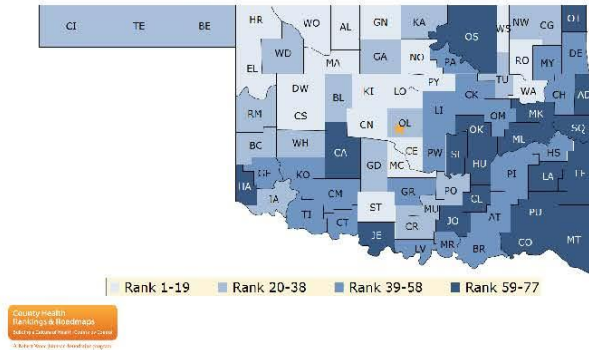
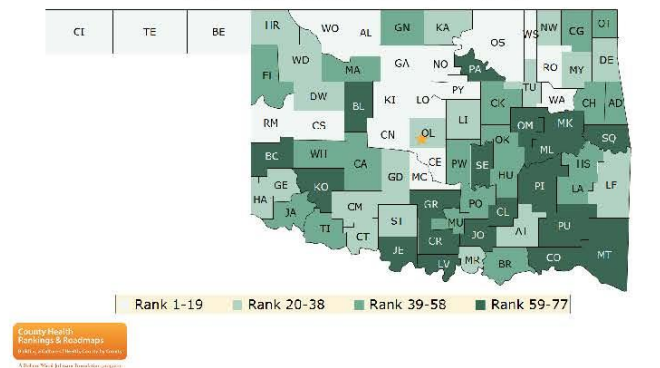


Table 2. Health Outcomes (Overall Rank 60)

Category (Rank)	Coal County	Error Margin	Top U.S. Performers	Oklahoma
Length of Life (69)				
Premature Death	12,559	9,225-15,894	5,200	9,121
Quality of Life (30)				
Poor or Fair Health	22%	12-35%	10%	19%
Poor Physical Health Days	4.2	2.0-6.4	2.5	4.3
Poor Mental Health Days			2.3	4.2
Low Birth Weight	7.4%	5.2-9.6%	5.9%	8.3%

Source: County Health Rankings & Roadmaps; University of Wisconsin Population Health Institute; Robert Wood Johnson Foundation

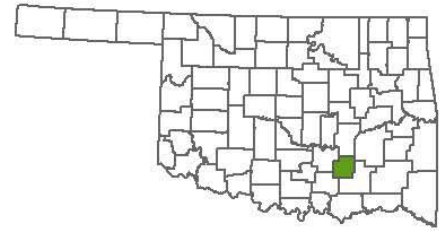
2015 Health Outcomes - Oklahoma



For additional information, please contact
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COAL COUNTY

Mortality and Leading Causes of Death

- Coal County ranked 60th in the state for total mortality (age adjusted rate).
- Coal County's leading causes of death were heart disease, cancer, and unintentional injury.
- Coal County's rates of death due to heart disease and unintentional injury were more than double the national rates.
- The rate of deaths due chronic lower respiratory disease ranked the county as the 4th lowest in the state.

Disease Rates

- The prevalence of diabetes in Coal County was 32% higher than the national rate.

Risk Factors, Behaviors and Socioeconomic Factors

- 1 in 6 adults (17%) did not have health insurance.
- Coal County ranked near the bottom for self-health rating, teen fertility, fruit consumption, adult dental visits, preventable hospitalizations, and vaccination coverage for children under 3 years of age.
- 73% of adults reported good or better health which ranked Coal county as the 5th worst in the state.
- Nearly 1 in 4 people in Coal County lived in poverty (23%).
- Nearly 1 in 5 adults reported 3+ days with limited activity in the past month (19%).
- Approximately 1 in 4 adults reported 4+ days of poor physical health (27%) and 1 in 4 reported 4+ days of poor mental health (25%) in the previous month.

Changes from Previous Year

- The rate of deaths due to stroke improved by 35% from the previous year.
- The rate of adults without health care coverage worsened by 20%.
- The rate of births to teens aged 15-17 worsened by 26%.
- The rate of deaths attributed to chronic lower respiratory disease improved by 36%.

	PREVIOUS	CURRENT	GRADE
MORTALITY			
INFANT (RATE PER 1,000)	17.1	*	
TOTAL (RATE PER 100,000)	1113.0	1015.9	F
LEADING CAUSES OF DEATH (RATE PER 100,000)			
HEART DISEASE	445.5	414.1	F
MALIGNANT NEOPLASM (CANCER)	198.6	171.8	C
CEREBROVASCULAR DISEASE (STROKE)	51.0	32.9	B
CHRONIC LOWER RESPIRATORY DISEASE	54.6	35.1	B
UNINTENTIONAL INJURY	72.3	87.5	F
DIABETES	31.7	*	
INFLUENZA/PNEUMONIA	27.4	*	
ALZHEIMER'S DISEASE	*	*	
NEPHRITIS (KIDNEY DISEASE)	40.2	23.7	F
SUICIDES	*	*	
DISEASE RATES			
DIABETES PREVALENCE	12.3%	12.8%	F
CURRENT ASTHMA PREVALENCE	8.9%	9.4%	C
CANCER INCIDENCE (RATE PER 100,000)	546.9	437.3	B
RISK FACTORS & BEHAVIORS			
MINIMAL FRUIT CONSUMPTION	NA	53.3%	F
MINIMAL VEGETABLE CONSUMPTION	NA	28.6%	F
NO PHYSICAL ACTIVITY	36.0%	33.0%	F
CURRENT SMOKING PREVALENCE	29.2%	25.8%	F
OBESITY	32.3%	33.2%	F
IMMUNIZATIONS < 3 YEARS	86.3%	67.0%	D
SENIORS INFLUENZA VACCINATION	63.9%	69.3%	A
SENIORS PNEUMONIA VACCINATION	74.1%	76.3%	A
LIMITED ACTIVITY DAYS	18.0%	19.4%	D
POOR MENTAL HEALTH DAYS	26.4%	24.6%	C
POOR PHYSICAL HEALTH DAYS	25.9%	26.6%	F
GOOD OR BETTER HEALTH RATING	71.9%	73.2%	F
TEEN FERTILITY (RATE PER 1,000)	30.3	38.3	F
FIRST TRIMESTER PRENATAL CARE	67.0%	70.0%	D
LOW BIRTH WEIGHT	8.4%	7.4%	B
ADULT DENTAL VISITS	45.6%	47.2%	F
USUAL SOURCE OF CARE	78.5%	78.8%	C
OCCUPATIONAL FATALITIES (RATE PER 100,000 WORKERS)	*	*	
PREVENTABLE HOSPITALIZATIONS (RATE PER 100,000)	4034.6	3829.9	F
SOCIOECONOMIC FACTORS			
NO INSURANCE COVERAGE	20.7%	16.6%	C
POVERTY	22.2%	22.9%	F

* Denotes <5 events in mortality fields and <5 or <50 in the sample population for BRFSS data, which result in unstable rates.

Appendix E- Survey Form and Meeting 3 Materials, October 7, 2015

Coal County General Hospital Local Health Services Survey

Please return completed survey by September 23, 2015



The zip code of my residence is: _____

What is your current age: _____ What is your gender: _____

- Has your household used the services of a hospital in the past 24 months?
 - Yes (*Go to Q2*)
 - No (*Skip to Q7*)
 - Don't know (*Skip to Q7*)
- At which hospital(s) were services received? (*please check/list all that apply*)
 - Coal County General Hospital (*Skip to Q4*)
 - Other (*Please specify Hospital and City, then go to Q3*)

If you responded in Q2 that your household received care at a hospital other than Coal County General Hospital,

- why did you or your family member choose that hospital? (*Please answer then skip to Q7*)
 - Physician referral
 - Closer, more convenient location
 - Insurance reasons
 - Quality of care/Lack of confidence
 - Availability of specialty care
 - Other (*Please list below*)

If you responded in Q2 that your household received care at Coal County General Hospital, what hospital

- service(s) were used?
 - Diagnostic imaging (X-ray, CT, Ultrasound, MRI)
 - Laboratory
 - Surgery
 - Physical therapy
 - Specialty Clinic (Cardiology, Orthopedics, Endocrinology, Nephrology etc.)
 - Hospital Inpatient
 - Skilled nursing (swing bed)
 - Emergency room (ER)
 - Homecare
 - Other (*Please list below*)

- How satisfied was your household with the services you received at Coal County General Hospital?
 - Satisfied
 - Dissatisfied
 - Don't know

- Why were you satisfied/dissatisfied with services received at Coal County General Hospital?

- Has your household been to a specialist in the past 24 months?
 - Yes
 - No (*Skip to Q11*)
 - Don't know (*Skip to Q11*)

What type of specialist has your household been to in the past 24 months and in which city were they located?

- | Type of Specialist | City |
|--------------------|------|
| | |
| | |
| | |
| | |

- Did the specialist request further testing, laboratory work and/or x-rays?
 - Yes
 - No
 - Don't know

- If yes, in which city were the tests or laboratory work performed?

Continue on reverse side...

11. Do you use a primary care (family doctor) for most of your routine health care?
 Yes *(Skip to Q13)* No *(Go to Q12)* Don't know *(Skip to Q13)*

12. If no, then what kind of medical provider do you use for routine care?
 Tribal Health Center Emergency Room/Hospital
 Income Based Health Center Specialist
 Mid-Level Clinic (Nurse Practitioner or PA) Other *(Please list below)*
 Health Department

13. Has your household been to a primary care (family) doctor in the Coalgate area?
 Yes *(Go to Q14)* No *(Skip to Q16)* Don't know *(Skip to Q16)*

14. How satisfied was your household with the quality of care received in the Coalgate area?
 Satisfied Dissatisfied Don't know

15. Why were you satisfied/dissatisfied with the care received in the Coalgate area?

16. Do you think there are enough primary care (family) doctors practicing in the Coalgate area?
 Yes No Don't know

17. Would you consider seeing a midlevel provider (nurse practitioner or PA) for your routine healthcare needs?
 Yes No Don't know

18. Are you able to get an appointment with your primary care (family) doctor when you need one?
 Yes No Don't know

19. What concerns you most about health care in the Coalgate area?

20. What other services would you like to see offered at Coal County General Hospital?

21. Are you aware of any community programs offered by the hospital?
 Yes No Don't know

Please list the community program(s)

22. How are you currently informed of community events? *(Please check all that apply with the outlet)*

<u>Outlet</u>	<u>Source</u>
<input type="checkbox"/> Newspaper	_____
<input type="checkbox"/> Radio	_____
<input type="checkbox"/> Email	_____
<input type="checkbox"/> Website	_____
<input type="checkbox"/> Social Media (Facebook and Twitter)	_____
<input type="checkbox"/> Other	_____

Please mail completed survey to:

Coal County General Hospital
6 N. Covington St.
Coalgate, OK 74538

Or, return to hospital administration

23. How would you prefer to be notified of community events?

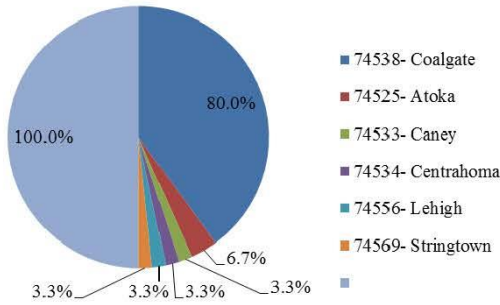
(Please rank your choices with 1=most preferred and 5=least preferred)
____ Newspaper ____ Email ____ Social Media
____ Radio ____ Website



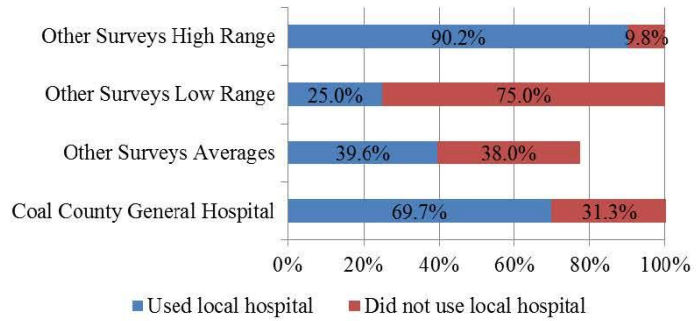
Coal County General Hospital Community Survey Results

As part of the Community Health Needs Assessment

Zip Code of Residence



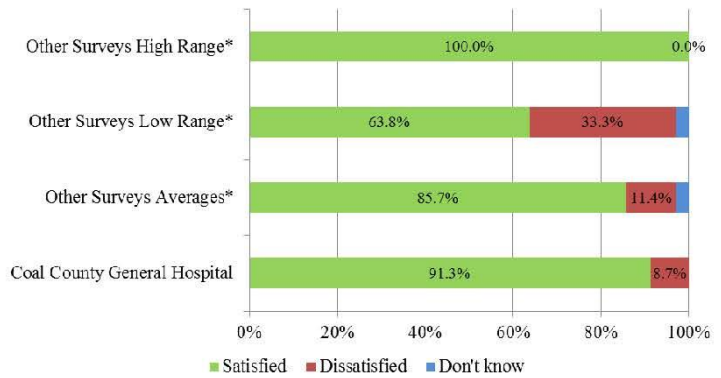
Hospital Utilization Comparison



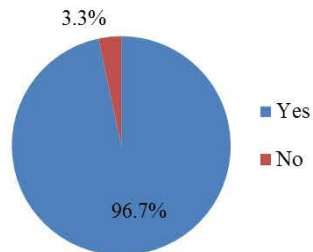
Type of Specialist Visits

Specialist	No.	Percent
Top 5 Responses		
Cardiologist (0 visits in Coalgate)	12	30.3%
Neurologist/Neurosurgeon (0 visits in Coalgate)	5	12.5%
Orthopedist/Orthopedic Surg. (0 visits in Coalgate)	4	10.0%
Gastroenterologist (0 visits in Coalgate)	2	5.0%
Ophthalmologist (0 visits in Coalgate)	2	5.0%
All others (2 visits in Coalgate)	15	37.5%
Total	266	100.0%

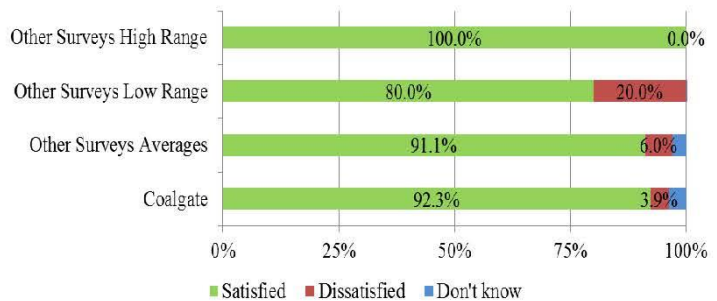
Satisfaction with Coal County General Hospital



Use Family Doctor for Routine Health Care



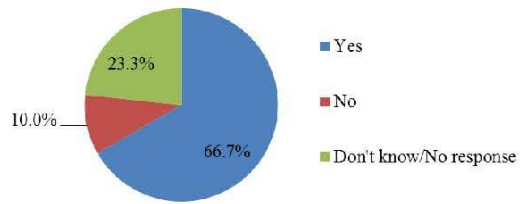
Satisfaction with Coalgate Area Primary Care Doctor



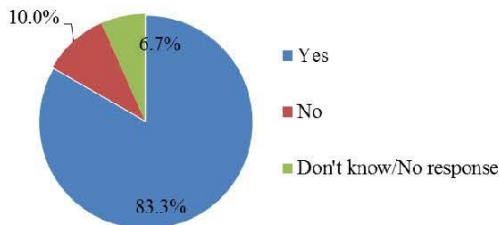
Do you think there are enough primary care doctors practicing in the Coalgate area?



Would you see a midlevel provider for routine healthcare needs?



Are you able to get an appointment with your primary care doctor when needed?



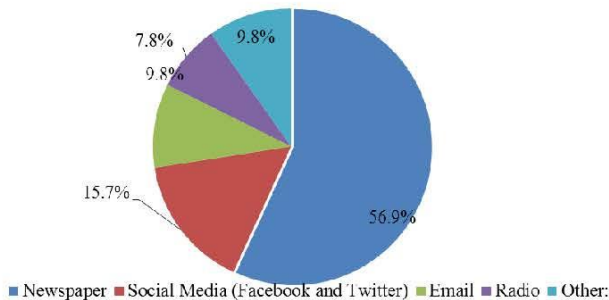
Healthcare concerns- Top 3 Responses

Concern	No.	Percent
Lack of providers/Retaining providers/Qualified providers	5	13.9%
No concerns/Receive good care/Don't know	3	8.3%
Lack of specialists	3	8.3%
All others	25	69.4%
Total	36	100.0%

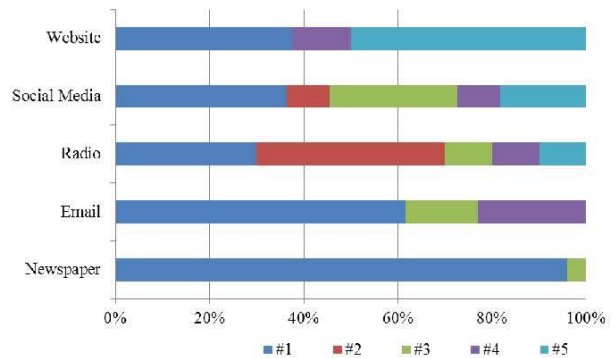
Additional Services to Offer- Top 3 Responses

Services	No.	Percent
Specialists	2	5.9%
Cancer treatment: Chemo and Radiation	2	5.9%
No additional services/Satisfied with what is available/Don't know	1	2.9%
All others	29	85.3%
Total	34	100.0%

Outlets Used for Information about Community Events



Preference of Notification of Community Events



For additional information, please contact
 Lara Brooks, Rural Health Analyst, lara.brooks@okstate.edu
 Corie Kaiser, Director, corie.kaiser@okstate.edu
 Oklahoma Office of Rural Health
 Phone: 405.840.6500

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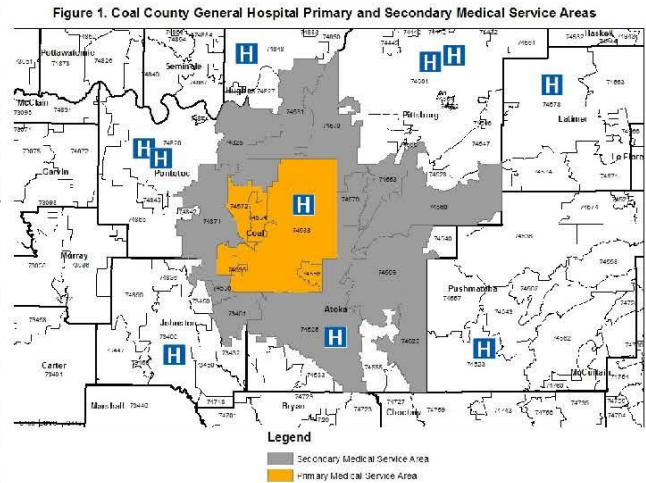


Primary Care Physician Demand Analysis for the Coalgate Medical Service Area

As part of the Community Health Needs Assessment

Table 1. Population of Coal County General Hospital Medical Service Areas

Zip Code	City	Population
<i>Primary Medical Service Area</i>		
74534	Centrahoma	255
74535	Clarita	221
74538	Coalgate	3,967
74556	Lehigh	470
74572	Tupelo	745
Totals		5,658
<i>Secondary Medical Service Area</i>		
74525	Atoka	9,823
74530	Bromide	240
74531	Calvin	891
74553	Kiowa	1,057
74560	Pittsburg	559
74569	Stringtown	992
74570	Stuart	1,096
74576	Wardville	159
74825	Allen	2,211
73461	Wapanucka	840
74871	Stonewall	2,198
Totals		20,066



SOURCE: Population data from the U.S. Bureau of Census, 2009-2013 American Community Survey (August 2015).

Table 2a. Annual Primary Care Physician Office Visits Generated in the Coalgate, Oklahoma, Medical Service Areas

Age	PRIMARY MEDICAL SERVICE AREA						Total Visits
	Male			Female			
	09-13 Population	Visit Rate ^[3]	Visits	09-13 Population	Visit Rate ^[3]	Visits	
Under 15	602	2.5	1,505	562	2.3	1,293	2,798
15-24	371	1.2	445	319	2.1	670	1,115
25-44	561	1.5	842	609	3.1	1,888	2,729
45-64	787	2.9	2,282	784	3.7	2,901	5,183
65-74	257	5.1	1,311	285	5.6	1,596	2,907
75+	183	6.9	1,263	338	6.6	2,231	3,494
Total	2,761		7,647	2,897		10,578	18,225

Primary Medical Service Area - Local Primary Care Physician office visits per year: 9,951



Table 2b. Annual Primary Care Physician Office Visits Generated in the Coalgate, Oklahoma, Medical Service Areas

SECONDARY MEDICAL SERVICE AREA							
Age	Male			Female			Total Visits
	09-13 Population	Visit Rate ^[3]	Visits	09-13 Population	Visit Rate ^[3]	Visits	
Under 15	1,951	2.5	4,878	1,879	2.3	4,322	9,199
15-24	1,458	1.2	1,750	1,063	2.1	2,232	3,982
25-44	2,740	1.5	4,110	2,237	3.1	6,935	11,045
45-64	2,752	2.9	7,981	2,641	3.7	9,772	17,753
65-74	903	5.1	4,605	1,060	5.6	5,936	10,541
75+	635	6.9	4,382	747	6.6	4,930	9,312
Total	10,439		27,705	9,627		34,127	61,831

Secondary Medical Service Area - Local Primary Care Physician office visits per year: 33,760

Source: U. S. Department of Health and Human Services, Centers for Disease Control and Prevention, National Center of Health Statistics, "National Ambulatory Medical Care Survey: 2012 Summary.

Table 3. Primary Care Physician Office Visits Given Usage by Local Residents in the Coalgate, Oklahoma Medical Service Area

		Usage by Residents of Primary Service Area						
		70%	75%	80%	85%	90%	95%	100%
Usage by Residents of Secondary Service Area	5%	8,654	9,151	9,649	10,146	10,644	11,142	11,639
	10%	10,342	10,839	11,337	11,834	12,332	12,830	13,327
	15%	12,030	12,527	13,025	13,522	14,020	14,517	15,015
	20%	13,718	14,215	14,713	15,210	15,708	16,205	16,703
	25%	15,406	15,903	16,401	16,898	17,396	17,893	18,391
	30%	17,094	17,591	18,089	18,586	19,084	19,581	20,079
	35%	18,782	19,279	19,777	20,274	20,772	21,269	21,767
	40%	20,470	20,967	21,465	21,962	22,460	22,957	23,455
	45%	22,158	22,655	23,153	23,650	24,148	24,645	25,143
	50%	23,846	24,343	24,841	25,338	25,836	26,333	26,831

If 90% primary medical service area and 10 to 15% secondary medical service area, then the usage would be: 12,332 to 14,020 total primary care physician office visits in the Coalgate area for an estimated 2.9 to 3.4 Total Primary Care Physicians.

(Based on 83.7 average weekly primary care physician visits with a 50 week year)

For additional information, please contact
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