

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



Oklahoma Office of Rural Health

OSU Center for Rural Health

May 2018

This project is/was supported by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) under grant number H54RH00058 and title: Medicare Rural Hospital Flexibility Grant Program for \$568,040, 0% financed with nongovernmental sources. This information or content and conclusions are those of the author and should not be construed as the official position or policy of, nor should any endorsements be inferred by HRSA, HHS or the U.S. Government.



Table of Contents

Introduction..... 1

 Oklahoma Office of Rural Health Partnership..... 2

Previous Community Health Needs Assessment- Priorities, Implementation, and Evaluation..... 2

Coal County General Hospital Medical Services Area Demographics..... 3

 Figure 1. Coal County General Hospital Medical Service Areas 4

 Table 2. Existing Medical Services in the Coal County General Hospital Medical Services Area..... 6

 Table 3. Percent of Total Population by Age Group for Coal County General Hospital Medical Service Areas, Coal County and Oklahoma..... 7

 Table 4. Percent of Total Population by Race and Ethnicity for Coal County General Hospital Medical Service Areas, Coal County and Oklahoma..... 9

Summary of Community Meetings..... 10

 Economic Impact and Community Health Needs Assessment Overview, March 14, 2018..... 10

 Table 5. Coal County General Hospital Medical Service Area Health Sector Impact on Employment and Income, and Retail Sales and Sales Tax..... 12

 Health Data, March 28, 2018..... 13

 Table 6. Health Factors (Overall Rank 74) 14

 Table 7. Health Outcomes (Overall Rank 60)..... 15

 Community Survey Methodology and Results, March 14- April 4, 2018..... 16

 Table 8. Zip Code of Residence 17

 Table 9. Type of Specialist Visits 18

 Figure 2. Summary of Hospital Usage and Satisfaction Rates 19

 Table 10. Top Health Care Concerns in the Coalgate Area..... 20

 Table 11. Additional Services Community Members Would Like to See Offered at Coal County General Hospital 21

 Primary Care Physician Demand Analysis, April 4, 2018..... 21

 Table 12. Primary Care Physician Office Visits Given Usage by Local Residents in the Coalgate, Oklahoma Medical Service Area 22

Community Health Needs Implementation Strategy 22

Community Health Needs Assessment Marketing Plan 23

Appendix A- Hospital Services/Community Benefits 24

Appendix B Community Meeting Attendees.....	25
Appendix C- Meeting 1 Materials, March 14, 2018	27
Appendix D- Meeting 2 Materials, March 28, 2018.....	30
Appendix E- Survey Form and Meeting 3 Materials, April 4, 2018.....	32

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 Kaiser 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 2018. 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 of Rural Health in 2015 to complete their second Community Health Needs Assessment. The first was completed in 2012 and 2013. 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.

Area of concern: EMS Transfers

Activity 1: Hospital has been actively tracking transfer availability and still diligent to make sure patients are transferred appropriately.

Activity 2: This is an ongoing issue that was identified again in 2018 as a concern.

Activity 3: The hospital CEO is a current member of the Oklahoma Hospital Association's Rural Council and is in a workgroup to identify and examine solutions for rural EMS issues.

Area of concern: Mental Health

Activity 1: Improved method for evaluation of pediatric mental health patients where a provider in a neighboring county comes to the ED to complete the evaluation. This has helped relieve stress for both the patient and their family. This service just started within the past year, and data are not yet available for the number of individuals who were impacted.

Activity 2: Geropsych Program: Transportation is available for greater than the medical service area, a 60-mile radius, four days per week with both morning and afternoon sessions available. 47 individuals have benefited from the implementation of this program.

Area of concern: Need for primary care providers

Activity 1: The clinic has two physician assistants and one nurse practitioner. These providers also cover the ED. Nearly 2,000 individuals have benefited from their presence in the ED, and nearly 1,600 individuals have benefited from the coverage and appointment availability in the clinic.

Area of concern: Telemedicine

Activity 1: This is still being implemented. Radiology has experienced the greatest benefit. The hospital is currently set up to have x-rays, CTs, and echocardiograms read by providers outside of the community. A total of 3,313 total radiology reads were completed. This provided these patients with timely care, and they did not have to leave the community. Of those, 146 were echocardiograms, and those providers come to the hospital to see patients. Therefore, these community members do not have to find travel to receive care.

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. Thirteen individuals or 9.2 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: urology clinic, blood drives, outreach, dietician, mobile mammography, hospice, in-home care, Advantage, Meals on Wheels, home health, cardiology 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

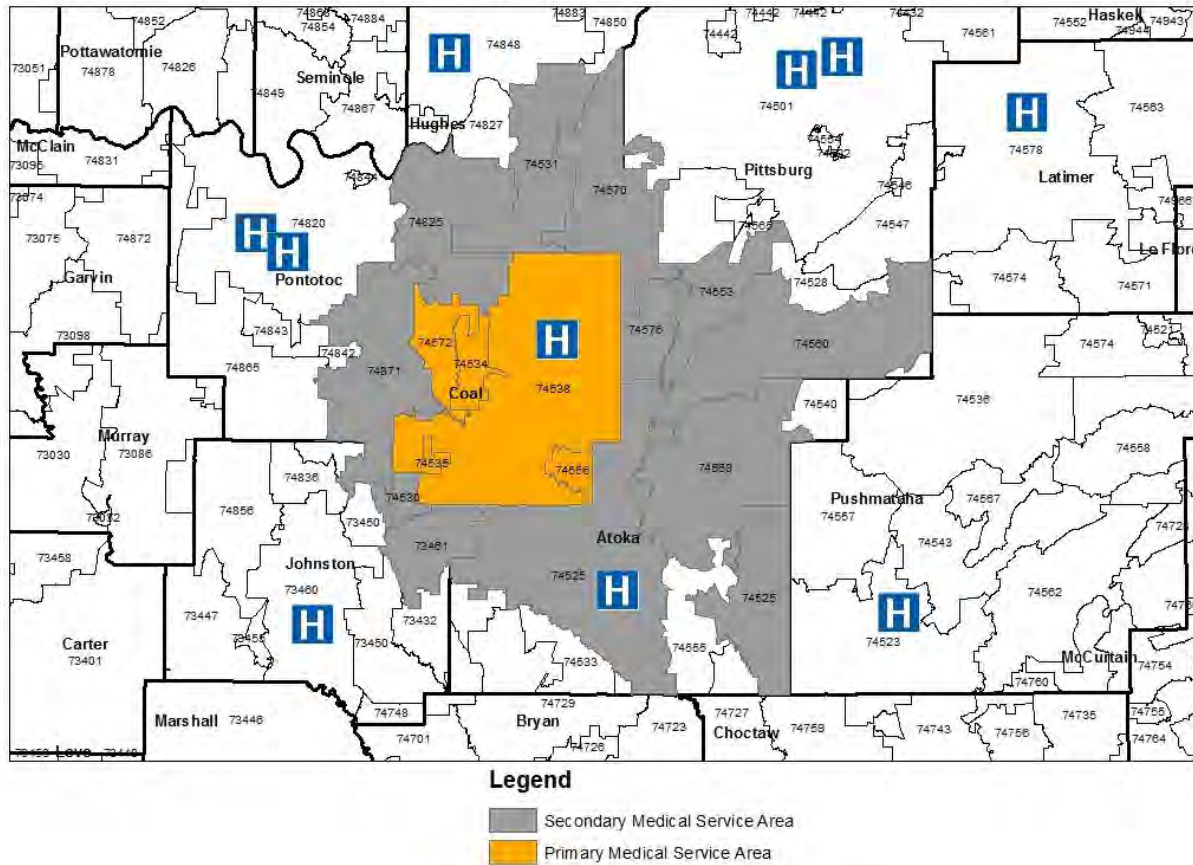


Figure 1. Coal County General Hospital Medical Service Areas

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 another decrease of 3.1 percent from the 2010 Census to the latest available, 2012-2016, 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 2012-2016 American Community Survey.

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

Population by Zip Code	2000 Population	2010 Population	2012-2016 Population	% Change 2000-2010	% Change 2010-12-16
<i>Primary Medical Service Area</i>					
74534 Centrahoma	337	250	186	-25.8%	-25.6%
74535 Clarita	108	126	81	16.7%	-35.7%
74538 Coalgate	4,270	4,200	4,152	-1.6%	-1.1%
74556 Lehigh	366	422	393	15.3%	-6.9%
74572 Tupelo	<u>717</u>	<u>712</u>	<u>723</u>	<u>-0.7%</u>	<u>1.5%</u>
Total	5,798	5,710	5,658	-1.5%	-3.1%
<i>Secondary Medical Service Area</i>					
74525 Atoka	9,128	10,112	9,759	10.8%	-3.5%
74530 Bromide	210	214	185	1.9%	-13.6%
74531 Calvin	948	1,062	992	12.0%	-6.6%
74553 Kiowa	1,475	1,384	1,224	-6.2%	-11.6%
74560 Pittsburg	644	635	583	-1.4%	-8.2%
74569 Stringtown	1,426	633	1,055	-55.6%	66.7%
74570 Stuart	1,118	1,089	1,008	-2.6%	-7.4%
74576 Wardville	192	210	147	9.4%	-30.0%
74825 Allen	2,305	2,170	2,156	-5.9%	-0.6%
73461 Wapanucka	762	795	743	4.3%	-6.5%
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	20,050	1.8%	-3.2%

SOURCE: Population data from the U.S. Bureau of Census, Decennial Census 2000, 2010 and American Community Survey 2012-2016 (Marcy 2018)

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, 2012-2016 American Community Survey except. This cohort accounted for 14.5 percent of the total population at the state level. This is compared to 21.1 percent of the population of the primary medical service area, 16.3 percent of the secondary medical service area, and 20.3 percent of Coal County. The 45-64 age group accounts for the largest share of the population in the primary (25.5%) and secondary (23.5%) service areas and Coal County (26.0%). This is compared to the state share of 24.9 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
12-16 ACS				
0-14	20.5%	18.9%	20.2%	20.6%
15-19	7.0%	6.3%	7.1%	6.7%
20-24	3.7%	6.0%	5.3%	7.3%
25-44	22.1%	29.1%	21.1%	26.0%
45-64	25.5%	23.5%	26.0%	24.9%
65+	<u>21.1%</u>	<u>16.3%</u>	<u>20.3%</u>	<u>14.5%</u>
Totals	100.0%	100.0%	100.0%	100.0%
Total Population	5,535	20,050	5,755	3,875,589

SOURCE: U.S. Census Bureau, Decennial Census data for 2010 and American Community Survey data for 2012-2016 (www.census.gov [March 2018]).

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 2012-2016 suggest that this population group has experienced an increase to 9.8 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 4.1 percent of the primary medical service area's population in 2012-2016 and 3.5 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 11.1 percent of the primary medical service area, 9.9 percent of the secondary medical service area, and 12.2 percent of Coal County's population in 2012-2016.

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
12-16 ACS				
White	71.5%	73.6%	70.9%	72.9%
Black	0.4%	3.0%	0.4%	7.3%
Native American ¹	13.9%	11.8%	13.6%	7.3%
Other ²	3.1%	1.6%	3.0%	8.7%
Two or more Races ³	11.1%	9.9%	12.2%	7.7%
Hispanic Origin ⁴	4.1%	3.5%	4.0%	9.8%
Total Population	5,535	20,050	5,755	3,875,589

SOURCE: U.S. Census Bureau, Decennial Census data for 2010 and American Community Survey data for 2012-2016 (www.census.gov [March 2018]).

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 March 14, 2018 and April 4, 2018. 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
- Coalgate Public Schools administration
- Local bankers
- County Assessor
- County Clerk
- Coal County General Hospital board member

Average attendance at the community meetings was 9-12 community members. Community members were invited to attend through ads placed in the local newspaper and on social media before each community meeting. The hospital CEO and COO 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, March 14, 2018

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 94 FTE individuals. After applying a county-specific employment multiplier to each respective sector, there is a total employment impact of 1118 FTE employees. The same methodology is applied to income. The local health sector has a direct income impact of nearly \$5.1 million. When the appropriate income multiplier is applied, the total income impact is over \$5.88 million.

The last two columns examine the impact this has on the retail sector of the local community. Recent data suggest that just 32.7% 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 over \$1.9 million spent locally, generating \$19,246 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:

- Lack of healthcare education programs for future generations
- Lack of healthcare providers, all levels (CNAs to physicians and all therapies)
- Need for specialty care at the local level
 - In the near future, this will be made possible to provide more specialty care locally once per month through the ACO
- Lack of mental health providers and resources especially for a younger population
 - Spike in Autism diagnosis and relation to drug related issues with parents
 - Medication management issues and lack of resources for providers

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
	Direct	Multiplier	Impact	Direct	Multiplier	Impact	Sales	Sales Tax
Hospitals	52	1.29	67	\$3,063,586	1.18	\$3,607,783	\$1,179,745	\$11,797
Physicians, Dentists & Other Medical Professionals & Home Health	29	1.21	35	\$1,298,987	1.10	\$1,424,482	\$465,806	\$4,658
Other Medical & Health Services & Pharmacies	<u>13</u>	1.22	<u>16</u>	<u>\$738,514</u>	1.16	<u>\$853,312</u>	<u>\$279,033</u>	<u>\$2,790</u>
Total	94		118	\$5,101,087		\$5,885,578	\$1,924,584	\$19,246

SOURCE: 2016 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; employment data from local survey.

* Based on the ratio between Coal County taxable sales and income (32.7%) – from 2017 Sales Tax Data and 2016 Personal Income Estimates from the Bureau of Economic Analysis.

Health Data, March 28, 2018

A community meeting was held March 28, 2018, 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. 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.

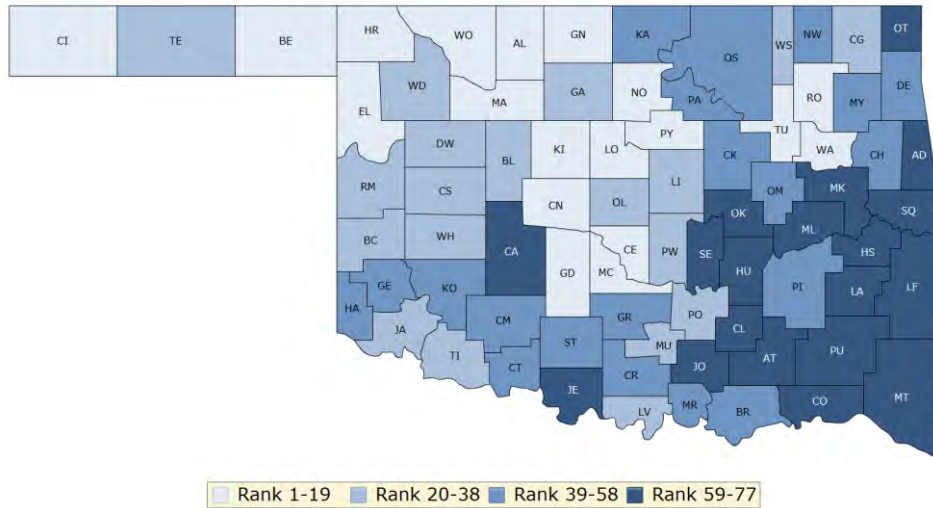
Health factors, considered tomorrow's health, are comprised of health behaviors (rank: 51), clinical care (rank: 76), social and economic factors (rank: 69), and physical environment (rank: 43). Coal County's overall health factors rank is 74. This suggests, in general, the health status of Coal County residents is somewhat comparable to that of neighboring counties. Areas of concern include Coal County's smoking rate, adult obesity rate, the food environment index, physical inactivity, the teen birth rate are all less desirable than the top U.S. performers. Also, the rate of uninsured, population ratio to primary care physicians, preventable hospital stays, diabetic monitoring rate 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 yellow highlighted 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). The green highlighted areas are identified by County Health Rankings and Roadmaps as areas of strength for Coal County.

Table 6. Health Factors (Overall Rank 74)

Category (Rank)	Coal County	Error Margin	Top U.S. Performers	Oklahoma
Health Behaviors (51)				
Adult Smoking	20%	19-20%	14%	20%
Adult Obesity	34%	27-42%	26%	33%
Food Environment Index	6.3		8.6	5.9
Physical Inactivity	42%	34-51%	20%	30%
Access to Exercise Opportunities	48%		91%	74%
Excessive Drinking	12%	12-13%	13%	13%
Alcohol-Impaired Driving Deaths	17%	1-43%	13%	28%
Sexually Transmitted Infections	362		146	542
Teen Birth Rate	48	37-61	15	42
Clinical Care (76)				
Uninsured	20%	18-23%	6%	16%
Primary Care Physicians	5,650:1		1,030:1	1,590:1
Dentists	5,650:1		1,280:1	1,700:1
Mental Health Providers	2,830:1		330:1	260:1
Preventable Hospital Stays	175	144-207	35	60
Diabetic Monitoring	73%	58-88%	91%	78%
Mammography Screening	47%	32-62%	71%	56%
Social & Economic Factors (69)				
High School Graduation			95%	83%
Some College	51%	44-59%	72%	59%
Unemployment	7.5%		3.2%	4.9%
Children in Poverty	29%	21-37%	12%	23%
Income Inequality	5.3	4.7-5.9	3.7	4.6
Children in Single-Parent Household	41%	33-50%	20%	34%
Social Associations	14.2		22.1	11.5
Violent Crime Rate	84		62	439
Injury Deaths	149	108-200	55	92
Physical Environment (43)				
Air-Pollution- Particulate Matter	9.1		6.7	9.2
Drinking Water Violations	Yes			
Severe Housing Problems	13%	10-16%	9%	15%
Driving Alone to Work	82%	79-85%	72%	83%
Long Commute- Driving Alone	32%	26-37%	15%	26%

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 Pittsburg and Pontotoc Counties and comparable to Hughes, Johnston, and Atoka Counties.



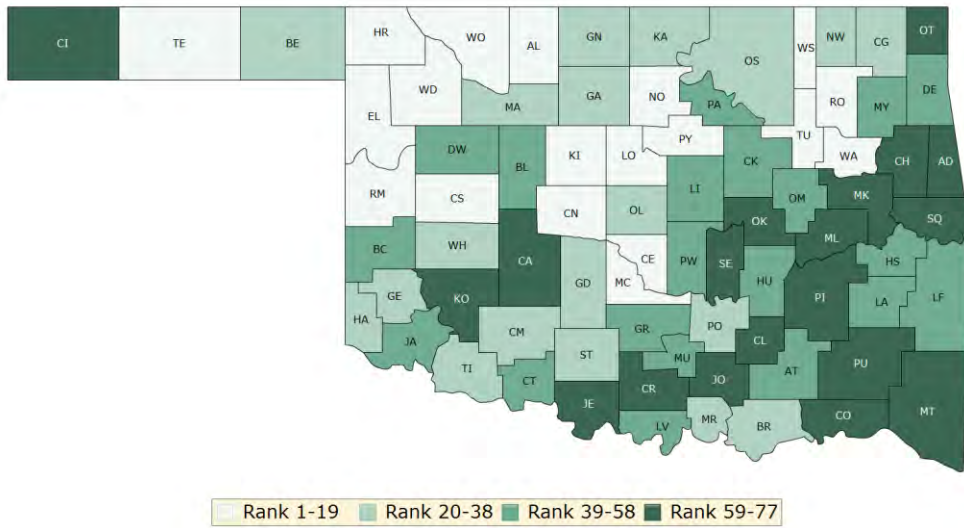
In terms of health outcomes, considered, today’s health, Coal County’s ranking is 60th in the state. Health outcomes are comprised of two areas: length of life and quality of life. The variables for each of these sections are presented in Table 7.

Table 7. Health Outcomes (Overall Rank 60)

Category (Rank)	Coal County	Error Margin	Top U.S. Performers	Oklahoma
Length of Life (65)				
Premature Death	12,100	8,800-15,500	5,300	9,300
Quality of Life (55)				
Poor or Fair Health	21%	20-21%	12%	20%
Poor Physical Health Days	4.8	4.7-5.0	3.0	4.5
Poor Mental Health Days	4.9	4.7-5.1	3.1	4.5
Low Birth Weight	8%	6-10%	6%	8%

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:

- Lack of mental health resources especially with a younger population (ongoing funding cuts) including lack of available beds in the area

Community Survey Methodology and Results, March 14- April 4, 2018

A survey was designed to gauge hospital usage, satisfaction, and community health needs. The survey was available in both paper and web format. The survey link was posted on a community Facebook page which yielded the majority of the responses. Hard copy surveys were available at the hospital and various locations within the community. Surveys were also distributed at the first community meeting on March 14, 2018. 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 March 14 through March 28, 2018. A total of 141 surveys from the Coal County General Hospital medical service area were completed. Of the surveys returned, 3

were hard copy results, and 138 were electronic responses. The survey results were presented at the April 4, 2018, 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 108 responses or 76.6 percent of the total. Tupelo followed with 9 responses.

Table 8. Zip Code of Residence

Response Category	No.	%
74538- Coalgate	108	76.6%
74572- Tupelo	9	6.4%
74534- Centrahoma	5	3.5%
74556- Lehigh	5	3.5%
74525- Atoka	2	1.4%
74576- Wardville	1	0.7%
74701- Durant	1	0.7%
74570- Stuart	1	0.7%
74540- Daisy	1	0.7%
74530- Bromide	1	0.7%
73542- Frederick	1	0.7%
73162- Oklahoma City	1	0.7%
No Response	5	3.5%
Total	141	100.0%

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

Primary Care Physician Visits

- 69.5% of respondents had used a primary care physician in the Coalgate service area during the past 24 months
- 87.8% of those responded being satisfied
- Only 32 respondents or 22.7% of the survey respondents believe there are enough primary care physicians practicing in the Coalgate area
- 73% of the respondents would consider seeing a midlevel provider for their healthcare needs
- 80.9% responded they were able to get an appointment with their primary care physician when they needed one
- 35.5% of respondents indicated that they have used the services of an urgent care in the past 12 months

- 70.9% responded that they would utilize urgent care or after hours services offered in Coalgate

Specialist Visits

Summary highlights include:

- 63.8% of all respondents report some specialist visit in past 24 months
- Most common specialty visited are displayed in Table 9
- No specialist visits occurred in Coalgate

Table 9. Type of Specialist Visits

Type of Specialist	No.	Percent
<i>Top 5 Responses</i>		
Cardiologist <i>(0 visits in Coalgate)</i>	18	15.3%
Orthopedist/Orthopedic Surg. <i>(0 visits in Coalgate)</i>	16	13.6%
OB/GYN <i>(0 visits in Coalgate)</i>	8	6.8%
Dermatologist <i>(0 visits in Coalgate)</i>	7	5.9%
Rheumatologist <i>(0 visits in Coalgate)</i>	7	5.9%
All others <i>(0 visits in Coalgate)</i>	<u>62</u>	<u>52.5%</u>
Total	<u>118</u>	<u>100.0%</u>

Some respondents answered more than once.

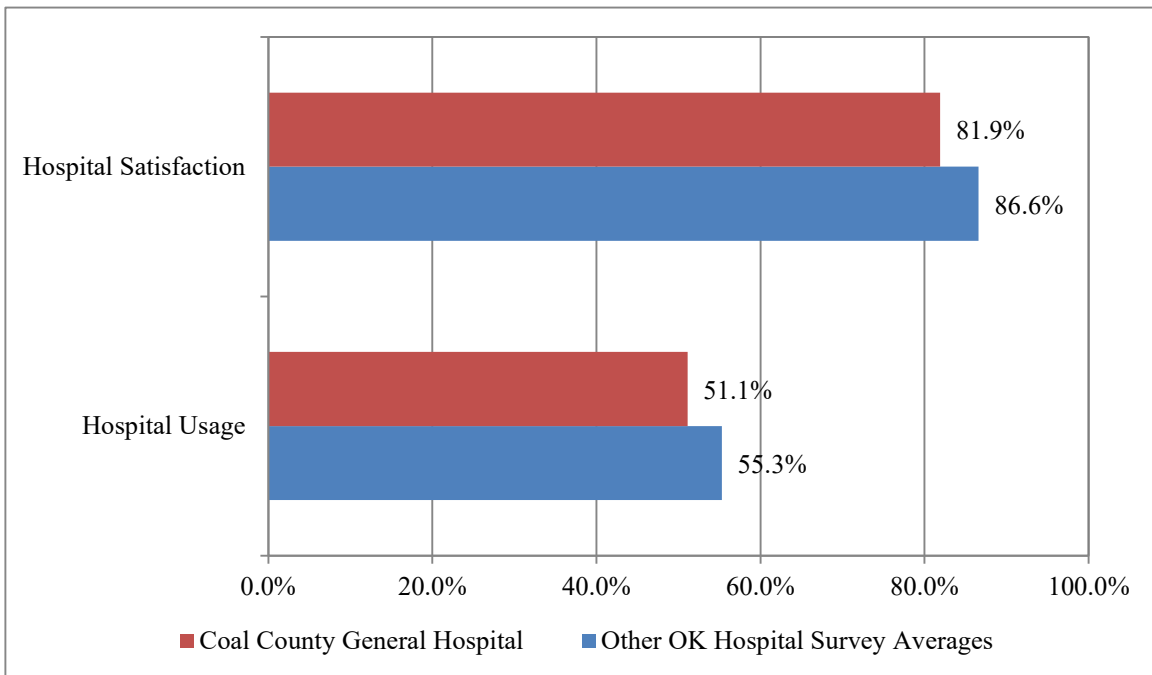
Hospital Usage and Satisfaction

Survey highlights include:

- 51.1% of survey respondents that have used hospital services in the past 24 months used services at Coal County General Hospital
 - o Mercy Hospital Ada (14.6%), Chickasaw Nation Medical Center, Ada (11.7%), and Oklahoma Heart Hospital (5.1%) followed
 - o The most common response for using a hospital other than Coal County General Hospital was availability of specialty care (including surgery) (35%) and physician referral (18.8%)

- The usage rate of 51.1% was lower than the state average of 55.3% for usage of other rural Oklahoma hospitals surveyed
- 81.9% of survey respondents were satisfied with the services received at Coal County General Hospital
 - This is below the state average for other hospitals (86.6%)
- Most common services used at Coal County General Hospital:
 - Emergency Room (27.4%)
 - Diagnostic imaging (26.3%)
 - Laboratory (20.6%)

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 physicians/Difficult to see a provider/Retiring physicians (21.3%), followed by No concerns/Receive good care/Don't know (10%) and Quality of care/Compassion for patient (9.3%) Table 10 displays all responses and the frequencies.

Table 10. Top Health Care Concerns in the Coalgate Area

	No.	%
Lack of physicians/Difficult to see provider/Retiring physicians	32	21.3%
No Concerns/ Receive good care/Don't Know	15	10.0%
Quality of care/Compassion for patient	14	9.3%
Losing services/Hospital/Lack of funding	13	8.7%
Need for updated equipment and facility	10	6.7%
Cost of care/Cost for uninsured	7	4.7%
Access to care/Not enough care, services	7	4.7%
Level of care/Limited services available	6	4.0%
Access to specialists	6	4.0%
Lack of after hours care and weekend care	5	3.3%
Need more staff/Nurses	2	1.3%
Healthcare Training/Education	1	0.7%
Lack of mental health services	1	0.7%
Too many people don't care	1	0.7%
Community awareness of access	1	0.7%
Opioid use/Abuse	1	0.7%
No response	28	18.7%
Total	150	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 No additional services/Satisfied with what is available/Don't know (18.9%) followed by specialists with collectively 21 responses or 14.7 percent of the total. 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.	%
No additional services/Satisfied with what is available/Don't know	27	18.9%
Specialists: Specialists in general (10); Pediatrician (6); OB/GYN (1); Cardiologist (1); Endocrinologist (1); Pulmonologist (1); Orthopedist (1)	21	14.7%
After hours care/Urgent care	18	12.6%
Improved care/Bedside manner	12	8.4%
Diagnostic Imaging: MRI (4); CT (2); Mammography (1)	8	5.6%
Dialysis	4	2.8%
Higher level of care in ER/Improved ER care	3	2.1%
Low cost care/Free clinic	3	2.1%
Dental	2	1.4%
More physicians	2	1.4%
Upgraded facilities/Upgraded ER	2	1.4%
Counseling/Mental health	1	0.7%
More training	1	0.7%
Radiologist	1	0.7%
24 hour pharmacy	1	0.7%
Drug rehabilitation	1	0.7%
Preventative health checks	1	0.7%
Shorter wait times	1	0.7%
Speech pathology	1	0.7%
Walk in clinic	1	0.7%
Community outreach programs	1	0.7%
No response	31	21.7%
Total	143	100.0%

Primary Care Physician Demand Analysis, April 4, 2018

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 12,371 annual visits would occur. This would suggest that the Coalgate medical services area would need 3.0 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%	8,593	9,075	9,556	10,038	10,520	11,001	11,483
	10%	10,445	10,927	11,408	11,890	12,371	12,853	13,334
	15%	12,297	12,778	13,260	13,741	14,223	14,705	15,186
	20%	14,148	14,630	15,112	15,593	16,075	16,556	17,038
	25%	16,000	16,482	16,963	17,445	17,926	18,408	18,889
	30%	17,852	18,333	18,815	19,297	19,778	20,260	20,741
	35%	19,704	20,185	20,667	21,148	21,630	22,111	22,593
	40%	21,555	22,037	22,518	23,000	23,482	23,963	24,445
	45%	23,407	23,889	24,370	24,852	25,333	25,815	26,296
	50%	25,259	25,740	26,222	26,703	27,185	27,666	28,148

If 90% primary medical service area and 10 to 15% secondary medical service area, then the usage would be: 12,371 to 14,223 total primary care physician office visits in the Coalgate area for an estimated 3.0 to 3.4 Total Primary Care Physicians.

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

Community Health Needs Implementation Strategy

During the April 4, 2018, 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.

- Lack of mental health resources especially for a younger population (ongoing funding cuts) including lack of available beds in the area
 - The hospital is working with the local LPC to provide care for patients. This has the greatest impact on Medicaid patients, but through this relationship, both entities are exploring funding and provider opportunities to better serve their county.
- Recruitment of providers- Coal County is home to one physician who is nearing retirement age. Based on the number of office visits and commitments, filling this provider’s role could potentially need two or more providers to meet the needs of the local population.
 - The hospital is in the process of acquiring three RHCs which will greatly add to the overall provider base.

- The hospital has also met with the OSU Rural Medical Education Coordinator that covers southeast Oklahoma to see about options for clerkships and residency rotations.
- Lack of transportation- EMS transfers, transfers for mental health needs-This issue is faced by not having enough staff on duty and the availability of a paramedic for the transfer.
 - As stated previously, this has been an ongoing concern. The hospital administration has been diligent to meet with city and county leadership to address these concerns. Also, the hospital CEO is a member of the workgroup through Oklahoma Hospital Association to explore options and best practices for rural areas.

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
Geropsych
Rural health clinics

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: Economic Impact and Demographic Data

March 14, 2018

Name	Title	Organization
Tommie Stanberry	Board Member	Coal County Health Department
Greg Davidson	Superintendent	Coalgate Public Schools
Charles Canida	Elem. Principal	Coalgate Public Schools
Kathryn Ivy		Shamrock Bank NA
Billy Johnson	CEO	Coal County General Hospital
Rick Chaney	Chairman	Health Authority
Diane Downard	CFO	Coal County General Hospital
Trent Bourland	COO	Coal County General Hospital
Deborah Yother		Coal County General Hospital

Coal County General Hospital Community Health Needs Assessment

Meeting 2: Health Data Presentation

March 28, 2018

Name	Title	Organization
Rick Chaney	Chairman	Health Authority
Kathryn Ivy		Shamrock Bank NA
Billy Johnson	CEO	Coal County General Hospital
Charles Canida	Elem. Principal	Coalgate Public Schools
Diane Downard	CFO	Coal County General Hospital
Trent Bourland	COO	Coal County General Hospital
Deborah Yother		Coal County General Hospital
Bonnie Lemons	BSA Officer/AVP	Shamrock Bank NA
Caleb Ward	Banking President	Shamrock Bank NA
Kandace Madden	Coal County Assessor	Coal County Courthouse
LaDonna Flowers	Coal County Court Clerk	Coal County Courthouse
Eugina Loudermilk	Coal County Clerk	Coal County Courthouse

**Coal County General Hospital Community Health Needs Assessment
 Meeting 3: Survey Results and Primary Care Physician Demand Analysis
 April 4, 2018**

Name	Title	Organization
Jackie Horton	Counselor	
Greg Davidson	Superintendent	Coalgate Public Schools
Rick Chaney	Chairman	Health Authority
Billy Johnson	CEO	Coal County General Hospital
Charles Canida	Elem. Principal	Coalgate Public Schools
Diane Downard	CFO	Coal County General Hospital
Trent Bourland	COO	Coal County General Hospital
Deborah Yother		Coal County General Hospital
Kandace Madden	Coal County Assessor	Coal County Courthouse
LaDonna Flowers	Coal County Court Clerk	Coal County Courthouse
Eugina Loudermilk	Coal County Clerk	Coal County Courthouse

**The Economic and Demographic Analysis of the Coal County General Hospital
Medical Service Area**
As part of the Community Health Needs Assessment

Economic Data

2016 Per Capita Income ¹	\$34,392 (48th highest in state)
Employment (December 2017, preliminary) ²	2.142 (3.0% from 2016)
Unemployment (December 2017, preliminary) ²	107 (-38.2% from 2016)
Unemployment rate (December 2017, preliminary) ²	4.6% (52nd lowest in state)
2016 Poverty rate ³	21.9% (62nd lowest in state)
2016 Child poverty rate ³	28.9% (57th lowest in state)
2016 Transfer Payments ¹	\$55,453,000 (28.5% of total personal income, 50th lowest in state)
2016 Medical Benefits as a share of Transfer Payments ¹	48.7% (77th lowest in state)

¹Bureau of Economic Analysis, Regional Data, 2018, ²Bureau of Labor Statistics 2016-2017, ³U.S. Census Bureau, Small Area Income and Poverty, 2018

Education Data

At Least High School Diploma ¹	82.9% (59th highest in state)
Some College ¹	43.0% (62nd highest in state)
At Least Bachelor's Degree ¹	17.0% (42nd highest in state)
2015-2016 Free and Reduced Lunch Eligible ²	77.2% (69th lowest in state)

¹U.S. Census Bureau, American Community Survey, 2012-2016, ²National Center for Education Statistics, 2015-2016.

Payer Source Data

2015 Uninsured Rate (under 65) ¹	20.5% (68th lowest in state)
2015 Uninsured Rate (under 19) ¹	11.9% (70th lowest in state)
2016 Medicare share of total population ²	21.2% (47th lowest in state)
2017 Medicaid share of total population ³	33.0% (57th lowest in state)

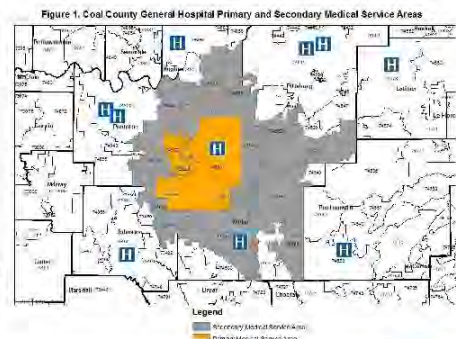
¹U.S. Census Bureau, Small Area Health Insurance Estimates, 2015, ²Centers for Medicare & Medicaid Services, Medicare Aged and Disabled by State and County, 2016

³Oklahoma Health Care Authority, Total Enrollment by County, 2017

Population (2012-2016)

Coal County	5,755 (-2.9% from 2010)
Primary Medical Service Area	5,535 (-3.5% from 2010)
Secondary Medical Service Area	20,050 (-3.2% from 2010)
Oklahoma	3,8775,589 (3.3% from 2010)

U.S. Census Bureau, 2012-2016 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
12-16 ACS				
0-14	20.5%	18.9%	20.2%	20.6%
15-19	7.0%	6.3%	7.1%	6.7%
20-24	3.7%	6.0%	5.3%	7.3%
25-44	22.1%	29.1%	21.1%	26.0%
45-64	25.5%	23.5%	26.0%	24.9%
65+	21.1%	16.3%	20.3%	14.5%
Totals	100.0%	100.0%	100.0%	100.0%
Total Population	5,535	20,050	5,755	3,875,589

SOURCE: U.S. Census Bureau, 2012-2016 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
12-16 ACS				
White	71.5%	73.6%	70.9%	72.9%
Black	0.4%	3.0%	0.4%	7.3%
Native American ¹	13.9%	11.8%	13.6%	7.3%
Other ²	3.1%	1.6%	3.0%	8.7%
Two or more Races ³	11.1%	9.9%	12.2%	7.7%
Hispanic Origin ⁴	4.1%	3.5%	4.0%	9.8%
Total Population	5,535	20,050	5,755	3,875,589

SOURCE: U.S. Census Bureau, 2012-2016 American Community Survey

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: 405.945.8609



This project is/was supported by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) under grant number H54RH00058 and title: Medicare Rural Hospital Flexibility Grant Program for \$568,040, 0% financed with nongovernmental sources. This information of content and conclusions are those of the author and should not be construed as the official position or policy of, nor should any endorsements be inferred by HRSA, HHS or the U.S. Government.



Coal County General Hospital Economic Impact



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

Coal County General Hospital **directly** employs **52** people with an annual payroll of over **\$3 million** including benefits

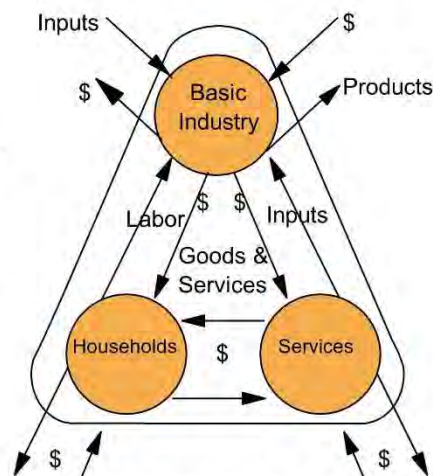
- These employees and income create an additional **15** jobs and over **\$500,000** in income as they interact with other sectors of the local economy
- **Total impacts= 67 jobs and over \$3.6 million**
- Other segments of the healthcare sector (Doctors, Nursing homes, Pharmacies, etc.) provide another **42 jobs** and an additional **\$2 million** in wages
- Their interactions and transactions within the local economy create:
- **Total health sector impacts= 118 jobs and \$5.9 million (Including the hospital)**
- Over **\$1.9 million** in retail sales generated from the presence of the health sector

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:

Lara Brooks, Rural Health Analyst, lara.brooks@okstate.edu

Corie Kaiser, Director, corie.kaiser@okstate.edu

Oklahoma Office of Rural Health

Phone: 405.945.8609



**CENTER
FOR HEALTH
SCIENCES**

This project is/was supported by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) under grant number H54RH00058 and title: Medicare Rural Hospital Flexibility Grant Program for \$568,040, 0% financed with nongovernmental sources. This information or content and conclusions are those of the author and should not be construed as the official position or policy of, nor should any endorsements be inferred by HRSA, HHS or the U.S. Government.

Health Indicators and Outcomes for Coal County
As part of the Community Health Needs Assessment

Table 1. Health Factors (Overall Rank 74)

Category (Rank)	Coal County	Error Margin	Top U.S. Performers	Oklahoma
Health Behaviors (51)				
Adult Smoking	20%	19-20%	14%	20%
Adult Obesity	34%	27-42%	26%	33%
Food Environment Index	6.3		8.6	5.9
Physical Inactivity	42%	34-51%	20%	30%
Access to Exercise Opportunities	48%		91%	74%
Excessive Drinking	12%	12-13%	13%	13%
Alcohol-Impaired Driving Deaths	17%	1-43%	13%	28%
Sexually Transmitted Infections	362		146	542
Teen Birth Rate	48	37-61	15	42
Clinical Care (76)				
Uninsured	20%	18-23%	6%	16%
Primary Care Physicians	5,650:1		1,030:1	1,590:1
Dentists	5,650:1		1,280:1	1,700:1
Mental Health Providers	2,830:1		330:1	260:1
Preventable Hospital Stays	175	144-207	35	60
Diabetic Monitoring	73%	58-88%	91%	78%
Mammography Screening	47%	32-62%	71%	56%
Social & Economic Factors (69)				
High School Graduation			95%	83%
Some College	51%	44-59%	72%	59%
Unemployment	7.5%		3.2%	4.9%
Children in Poverty	29%	21-37%	12%	23%
Income Inequality	5.3	4.7-5.9	3.7	4.6
Children in Single-Parent Household	41%	33-50%	20%	34%
Social Associations	14.2		22.1	11.5
Violent Crime Rate	84		62	439
Injury Deaths	149	108-200	55	92
Physical Environment (43)				
Air-Pollution- Particulate Matter	9.1		6.7	9.2
Drinking Water Violations	Yes			
Severe Housing Problems	13%	10-16%	9%	15%
Driving Alone to Work	82%	79-85%	72%	83%
Long Commute- Driving Alone	32%	26-37%	15%	26%

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

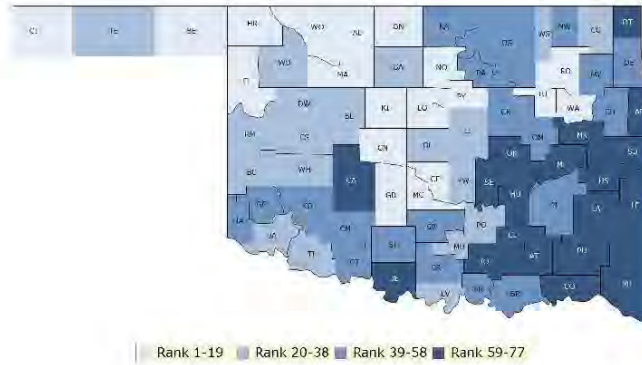
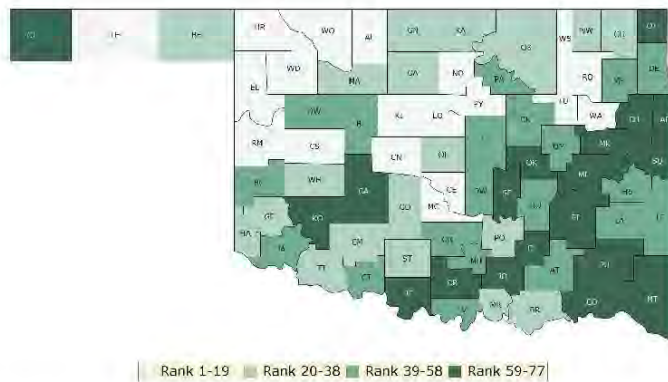


Table 2. Health Outcomes (Overall Rank 60)

Category (Rank)	Coal County	Error Margin	Top U.S. Performers	Oklahoma
Length of Life (65)				
Premature Death	12,100	8,800-15,500	5,300	9,300
Quality of Life (55)				
Poor or Fair Health	21%	20-21%	12%	20%
Poor Physical Health Days	4.8	4.7-5.0	3.0	4.5
Poor Mental Health Days	4.9	4.7-5.1	3.1	4.5
Low Birth Weight	8%	6-10%	6%	8%

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



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: 405.945.8609

This project is/was supported by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) under grant number H54RH00058 and title: Medicare Rural Hospital Flexibility Grant Program for \$568,040, 0% financed with nongovernmental sources. This information on content and conclusions are those of the author and should not be construed as the official position or policy of, nor should any endorsements be inferred by HRSA, HHS or the U.S. Government.



Appendix E- Survey Form and Meeting 3 Materials, April 4, 2018

Coal County General Hospital Local Health Services Survey Please return completed survey by March 28, 2018



The zip code of my residence is: _____

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

1. 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*)
2. 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,
3. why did you or your family member choose that hospital? (*Please answer then skip to Q7*)
 Physician referral Quality of care/Lack of confidence
 Closer, more convenient location Availability of specialty care
 Insurance reasons Other (*Please list below*)

- If you responded in Q2 that your household received care at Coal County General Hospital, what hospital
4. service(s) were used?
 Diagnostic imaging (X-ray, CT, Ultrasound, MRI) Hospital Inpatient
 Laboratory Skilled nursing (swing bed)
 Surgery Emergency room (ER)
 Physical therapy Homecare
 Specialty Clinic (Cardiology, Orthopedics, Endocrinology, Nephrology etc.) Other (*Please list below*)

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

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

7. 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?

8.

Type of Specialist	City

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

10. 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. Have you used the services of an urgent care in the past 12 months?
 Yes No Don't know

20. Would you utilize urgent care or after hours services offered in Coalgate?
 Yes No Don't know

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

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

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

Please list the community program(s)

24. How would you prefer to be notified of community events?
(*Please rank your choices with 1=most preferred and 5=least preferred*)

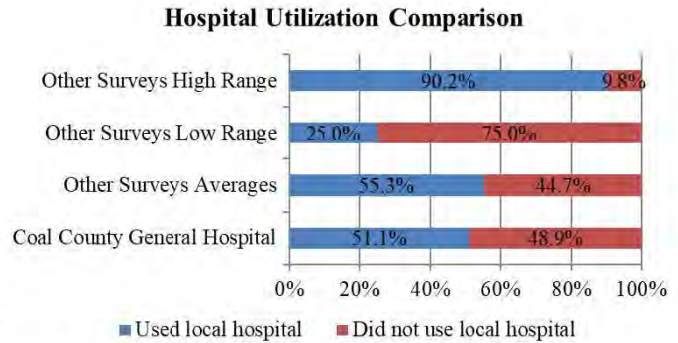
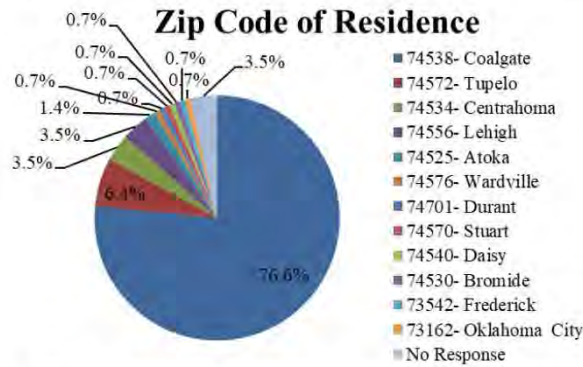
____ Newspaper ____ Email ____ Social Media
____ Radio ____ Website

Please mail completed survey to:
Coal County General Hospital
6 N. Covington St.
Coalgate, OK 74538

*Or, return to hospital
administration*

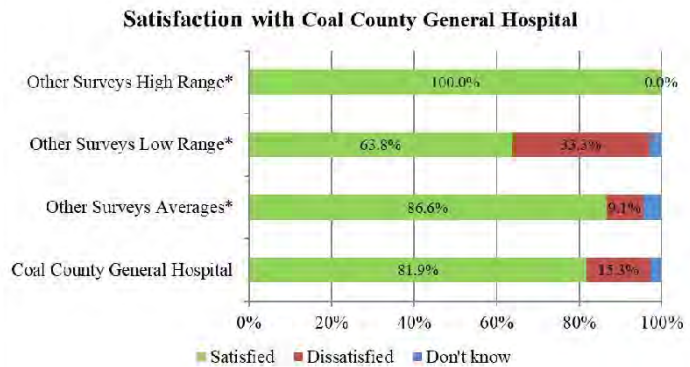
Coal County General Hospital Community Survey Results

As part of the Community Health Needs Assessment

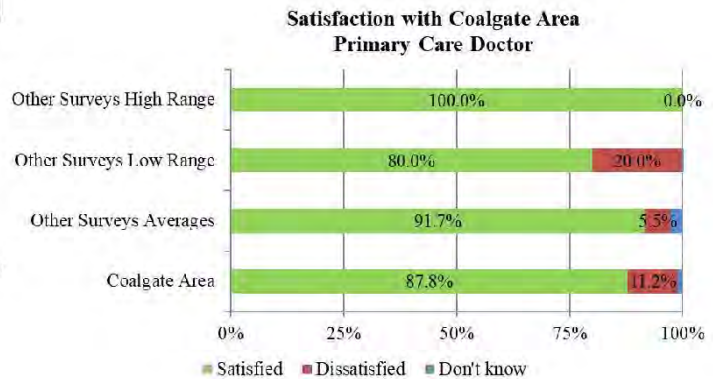


Type of Specialist Visits

Specialist	No.	Percent
Top 5 Responses		
Cardiologist (0 visits in Coalgate)	18	15.3%
Orthopedist/Ortho Surg. (0 visits in Coalgate)	16	13.6%
OB/GYN (0 visits in Coalgate)	8	6.8%
Dermatologist (0 visits in Coalgate)	7	5.9%
Rheumatologist (0 visits in Coalgate)	7	5.9%
All others (0 visits in Coalgate)	62	52.5%
Total	118	100.0%



Use Family Doctor for Routine Health Care



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, within 48 hours, with your primary care doctor when needed?



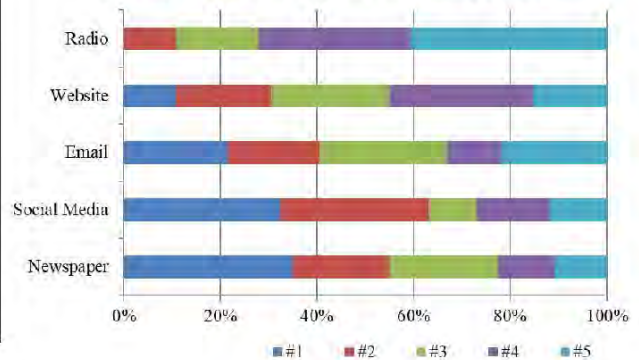
Healthcare concerns- Top 3 Responses

Concern	No.	Percent
Lack of physicians/Difficult to see provider/Retiring physicians	32	21.3%
No Concerns/ Receive good care/Don't Know	15	10.0%
Quality of care/Compassion for patient	14	9.3%
All others	89	59.3%
Total	150	100.0%

Additional Services to Offer- Top 3 Responses

Services	No.	Percent
No additional services/Satisfied with what is available/Don't know	27	18.9%
Specialists: Specialists in general (10); Pediatrician (6); OB/GYN (1); Cardiologist (1); Endocrinologist (1); Pulmonologist (1); Orthopedist (1)	21	14.7%
After hours care/Urgent care	18	12.6%
All others	77	53.8
Total	143	100.0%

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: 405.945.8609

Primary Care Physician Demand Analysis for the Coalgate Medical Service Area

As part of the Community Health Needs Assessment

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

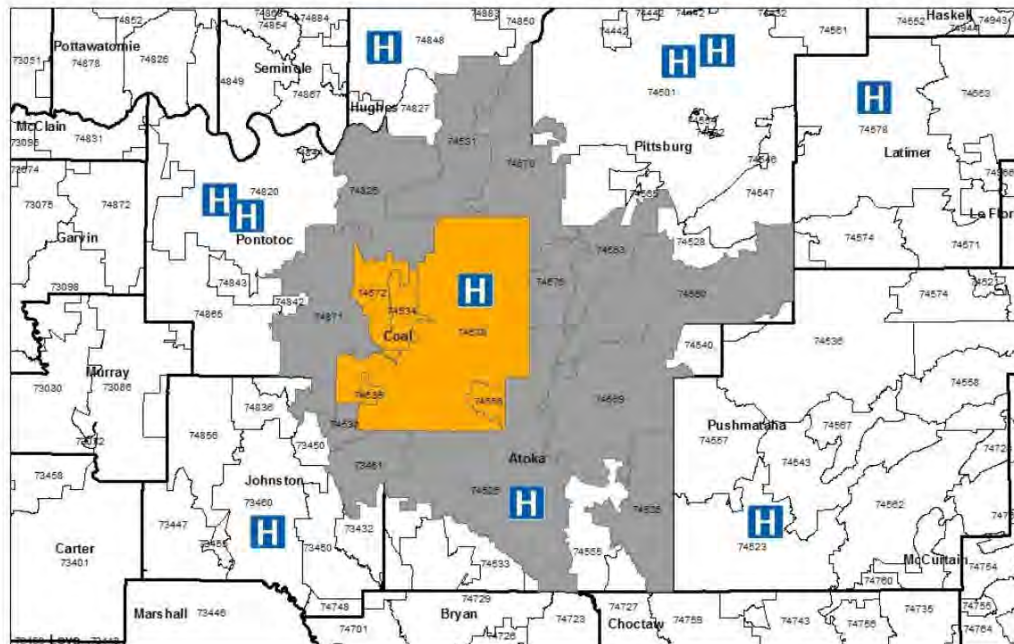


Table 1a. Annual Primary Care Physician Office Visits Generated in the Coalgate, Oklahoma, Medical Service Areas

PRIMARY MEDICAL SERVICE AREA							
Age	Male			Female			Total Visits
	12-16 Population	Visit Rate ^[3]	Visits	12-16 Population	Visit Rate ^[3]	Visits	
Under 15	584	2.0	1,168	535	2.1	1,124	2,292
15-24	390	2.4	936	308	1.2	370	1,306
25-44	563	3.0	1,689	605	1.3	787	2,476
45-64	707	4.2	2,969	731	3.1	2,266	5,236
65-74	299	6.1	1,824	315	5.6	1,764	3,588
75+	<u>177</u>	7.4	<u>1,310</u>	<u>321</u>	8.0	<u>2,568</u>	<u>3,878</u>
Total	2,720		9,896	2,815		8,878	18,774

Primary Medical Service Area - Local Primary Care Physician office visits per year: 9,631

Table 1b. Annual Primary Care Physician Office Visits Generated in the Coalgate, Oklahoma, Medical Service Areas

SECONDARY MEDICAL SERVICE AREA							
Age	Male			Female			Total Visits
	12-16 Population	Visit Rate ^[3]	Visits	12-16 Population	Visit Rate ^[3]	Visits	
Under 15	1,862	2.0	3,724	1,922	2.1	4,036	7,760
15-24	1,326	2.4	3,182	1,118	1.9	2,124	5,307
25-44	2,682	3.0	8,046	2,081	2.9	6,035	14,081
45-64	2,855	4.2	11,991	2,604	3.8	9,895	21,886
65-74	979	6.1	5,972	1,163	6.0	6,978	12,950
75+	627	7.4	4,640	831	6.7	5,568	10,208
Total	10,331		37,555	9,719		34,636	72,191

Secondary Medical Service Area - Local Primary Care Physician office visits per year: 37,034

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: 2015 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%	8,593	9,075	9,556	10,038	10,520	11,001	11,483
	10%	10,445	10,927	11,408	11,890	12,371	12,853	13,334
	15%	12,297	12,778	13,260	13,741	14,223	14,705	15,186
	20%	14,148	14,630	15,112	15,593	16,075	16,556	17,038
	25%	16,000	16,482	16,963	17,445	17,926	18,408	18,889
	30%	17,852	18,333	18,815	19,297	19,778	20,260	20,741
	35%	19,704	20,185	20,667	21,148	21,630	22,111	22,593
	40%	21,555	22,037	22,518	23,000	23,482	23,963	24,445
	45%	23,407	23,889	24,370	24,852	25,333	25,815	26,296
	50%	25,259	25,740	26,222	26,703	27,185	27,666	28,148

If 90% primary medical service area and 10 to 15% secondary medical service area, then the usage would be: 12,371 to 14,223 total primary care physician office visits in the Coalgate area for an estimated 3.0 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
 Lara Brooks, Rural Health Analyst, lara.brooks@okstate.edu
 Corie Kaiser, Director, corie.kaiser@okstate.edu
 Oklahoma Office of Rural Health
 Phone: 405.945.8609



This project is/was supported by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) under grant number H54RH00058 and title: Medicare Rural Hospital Flexibility Grant Program for \$568,040, 0% financed with nongovernmental sources. This information on content and conclusions are those of the author and should not be construed as the official position or policy of, nor should any endorsements be inferred by HRSA, HHS or the U.S. Government.

