# Fairview Regional Medical Center Community Health Needs Assessment Summary and Implementation Strategy



Oklahoma Office of Rural Health

OSU Center for Rural Health

TBD 2018

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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 need<sup>1</sup>

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.<sup>2</sup>

<sup>&</sup>lt;sup>1</sup> 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.

<sup>&</sup>lt;sup>2</sup> 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 Fairview Regional Medical Center 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

Fairview Regional Medical Center worked with the Oklahoma Office in 2015 to complete their second 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.

### • Priority: Obesity and impacts on diabetes

Activities Completed: Dietician provided screenings and education through the clinic. A bariatric support group meets monthly at the hospital. The hospital provides space and any support needed. The hospital encourages use of the walking trails. The hospital provides education via social media on healthy eating and physical fitness. The posts include the sharing of diabetic friendly recipes. The hospital hosted a wellness challenge (Mission Slmipossible) that included weekly activities. Each participant set their own goals. At the beginning, participants weighed and measured. Participants were required to record the amount of sleep, water consumer, self-relaxation (2-3 times per weekly). These were submitted to the hospital and scored. While this event was optional, over 30 individuals participated.

# • Priority: Heart disease

Activities Completed: The hospital added to the community lab fair. Blood pressure, stroke, heart disease, depression screenings were all included. This is offered twice (May and June) with a total of 301 individuals benefitting from this outreach. Increased chronic conditions program which provides case management for a variety of chronic conditions.

# • Priority: Mental health and suicide prevention:

Activities Completed: Depression screenings were added to the lab screenings. The hospital hired a licensed clinic social worker who provides counseling through the clinic. This person is the lead on the local Zero Suicide program and was trained through the funds of a grant from OK State Department of Mental Health and Substance Abuse Services. Through the hospital's EHR system, an emphasis has been placed on completing the mental health screening questions for all patients seen and treated through the facility: outpatient, inpatient, clinic, ED. All staff have completed the Zero Suicide training, and now this is being offered in the community.

### • Priority: Cancer:

Activities Completed: Education and the importance of screenings have been heavily promoted and shared through social media. The hospital takes advantage of the focused screening months for promotions. Also, the PSA is offered as part of the lab draw through the lab days.

# • Priority: Unintentional Injury

Activities Completed: A team from the hospital participates through a local farm safety day for 3<sup>rd</sup> and 4<sup>th</sup> graders in the greater area. The hospital also participated in the emergency management fair (county-wide event). The hospital also provides safety education (i.e. tornado safety, heat exhaustion, etc.) via social media.

# **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. Fifty-seven or 37.0 percent of the total respondents indicated they were aware of community programs offered by the hospital. When asked to list the programs, the top response was discounted lab draws/blood testing/Lab Draw Days was the most common response with 33.8 percent. Health screenings/Health fair followed with 14.1 percent of the total responses. The complete listing is included in the following table.

**Community Programs Offered by the Hospital** 

Response Category	No.	%
Lab draws/Blood test/Lab Draw Days	24	33.8%
Health screenings/Health fair	10	14.1%
Sports physicals	4	5.6%
Diabetic education	4	5.6%
Suicide prevention	3	4.2%
Vaccine clinic	2	2.8%
5K and Fun run	2	2.8%
Blood drives	2	2.8%
Early clinic/Walk in clinic	2	2.8%
Wellness program/Healthy living	2	2.8%
Chronic conditions management	1	1.4%
Counseling	1	1.4%
Senior Center	1	1.4%
Relay for Life	1	1.4%
Physical therapy	1	1.4%
Heart scans	1	1.4%
Tobacco cessation	1	1.4%
Sleep study	1	1.4%
Farm safety day camp	1	1.4%
Involvement in the schools	1	1.4%
Stroke care	1	1.4%
Cancer screenings	1	1.4%
Help with medication costs	1	1.4%
Bake sales	1	1.4%
Bone density screening	1	1.4%
This survey	1	1.4%
Total	71	100.0%

# Fairview Regional Medical Center Medical Services Area Demographics

Figure 1 displays the Fairview Regional Medical Center medical services area. Fairview Regional Medical Center 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.

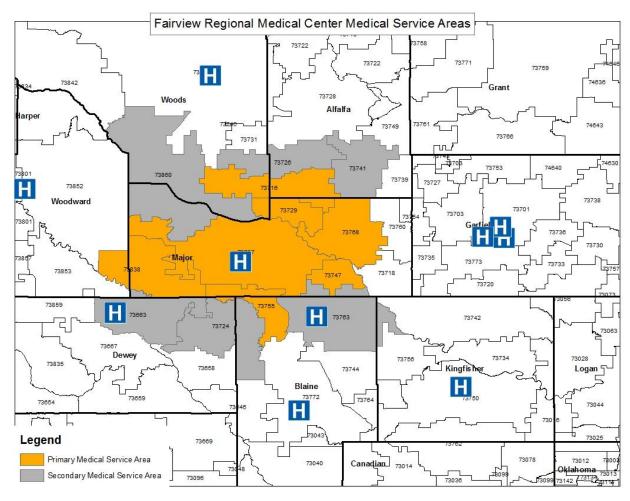


Figure 1. Fairview Regional Medical Center Medical Service Areas

			No. of
City	County	Hospital	Beds
Okeene	Blaine	Okeene Municipal Hospital	17
Watonga	Blaine	Watonga Municipal Hospital	25
Seiling	Dewey	Seiling Community Hospital	18
Enid	Garfield	INTEGRIS Bass Baptist Health Center	183
Enid	Garfield	INTEGRIS Bass Pavilion	24
Enid	Garfield	St. Mary's Regional Medical Center	245
Kingfisher	Kingfisher	Mercy Hospital Kingfisher	25
Alva	Woods	Share Memorial Hospital	25
Woodward	Woodward	Woodward Regional Hospital	87

As delineated in Figure 1, the primary medical service area of Fairview Regional Medical Center includes the zip code area of Fairview, Aline, Cleo Springs, Chester, Isabella, Longdale, and Ringwood. 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 increase of 0.6 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 Canton, Carmen, Helena, Okeene, Seiling, and Waynoka. The secondary medical service area experienced a decrease in population of 2.0 percent from 2000 to 2010 followed by a population increase of 3.4 percent from 2010 to the 2012-2016 American Community Survey.

Table 1. Population of Fairview Regional Medical Center Medical Service Areas

		2000	2010	2012-2016	% Change	% Change
Population by Z	in Code	Population	Population	Population	2000-2010	2010-12-16
1 optilation by 2	пресис	Торишноп	1 opulation	1 opulation	2000 2010	2010 12 10
Primary Medica	al Service Area					
73737	Fairview	3,587	3,367	3,393	-6.1%	0.8%
73716	Aline	544	510	516	-6.3%	1.2%
73729	Cleo Springs	591	578	568	-2.2%	-1.7%
73838	Chester	486	462	288	-4.9%	-37.7%
73747	Isabella	400	285	387	-28.8%	35.8%
73755	Longdale	901	905	772	0.4%	-14.7%
73768	Ringwood	1,281	1,568	1,797	22.4%	14.6%
	Total	7,790	7,675	7,721	-1.5%	0.6%
Secondary Med	ical Service Area					
73724	Canton	1,143	1,190	980	4.1%	-17.6%
73726	Carmen	600	472	606	-21.3%	28.4%
73741	Helena	1,648	1,614	1,719	-2.1%	6.5%
73763	Okeene	1,609	1,623	1,496	0.9%	-7.8%
73663	Seiling	1,332	1,332	1,338	0.0%	0.5%
73860	Waynoka	1,387	1,337	1,684	-3.6%	26.0%
	Total	7,719	7,568	7,823	-2.0%	3.4%

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

Table 2 displays the current existing medical services in the primary service area of the Fairview Regional Medical Center medical services area. Most of these services would be

expected in a service area of Fairview's size: one dental office, one optometry office, two chiropractic offices, one nursing home, one hospice provider, one EMS provider, a county health department, one behavioral health provider, and three pharmacies. Fairview Regional Medical Center is a 25 bed critical access hospital located in Major County. The hospital provides acute inpatient services, swing bed, radiology (X-ray, CT MRI, Ultrasound, Dexa, Bone Density), and laboratory services. Outpatient services included a 24/7 emergency department, cataract surgery, physical, occupational, and speech therapy stress tests, and diabetic education. A complete list of hospital services and community involvement activities can be found in Appendix A.

**Table 2. Existing Medical Services in the Fairview Regional Medical Center Medical Services Area** 

Count	Service
1	Hospital: Fairview Regional Medical Center
1	Dental office
1	Optometry office
2	Chiropractic offices
1	Nursing home
1	Hospice provider
1	County Health Department: Major County
1	EMS provider
1	Behavioral health provider
3	Pharmacies

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 Major County in comparison to the state of Oklahoma. Overall, the over 65 age group accounts for a larger share of the local population when compared to the state rate, according to the 2012-2016 American Community Survey. This cohort accounted for 14.5 percent of the total population at the state level. This is compared to 19.2 percent of the population of the primary medical service area, 19.6 percent of the secondary medical service area, and 19.1 percent of Major County. The 45-64 age group accounts for the largest share of the population in the primary (28.2%) and secondary (25.1%) service areas and Major County (26.5%). 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 Fairview Regional Medical Center Medical Service Areas, Major County and Oklahoma

Age Groups	Primary Medical Service Area	Secondary Medical Service Area	Major County	Oklahoma
2010 Census				
0-14	18.9%	18.1%	21.3%	20.7%
15-19	6.1%	5.6%	7.2%	7.1%
20-24	4.8%	4.2%	4.9%	7.1%
25-44	21.0%	24.7%	22.4%	25.8%
45-64	29.8%	29.4%	26.9%	25.8%
43-04 65+				
Totals	19.4% 100.0%	18.0% 100.0%	17.3% 100.0%	13.5% 100.0%
Total Population	7,675	7,568	7,527	3,751,351
12-16 ACS				
0-14	20.5%	22.8%	21.5%	20.6%
15-19	6.6%	5.5%	6.0%	6.7%
20-24	4.6%	4.5%	5.1%	7.3%
25-44	20.9%	22.6%	21.9%	26.0%
45-64	28.2%	25.1%	26.5%	24.9%
65+	<u>19.2%</u>	<u>19.6%</u>	<u>19.1%</u>	14.5%
Totals	100.0%	100.0%	100.0%	100.0%
Total Population	7,721	7,823	7,721	3,875,589

SOURCE: U.S. Census Bureau, Decennial Census data for 2010 and American Community Survey data for 2012-2016 (www.census.gov [July 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 Major County and both medical service areas. The share of the population identified as of Hispanic Origin accounted for 8.8 percent of the primary medical service area's population in 2012-2016 and 8.7 percent of the secondary medical service area during the same time period.

Table 4. Percent of Total Population by Race and Ethnicity for Fairview Regional Medical Center Medical Service Areas, Major County and Oklahoma

Race/Ethnic Groups	Primary Medical Service Area	Secondary Medical Service Area	Major County	Oklahoma
2010 Census				
White	90.3%	84.3%	91.0%	72.2%
Black	0.4%	2.9%	0.4%	7.4%
Native American <sup>1</sup>	3.0%	6.8%	2.0%	8.6%
Other <sup>2</sup>	3.7%	2.8%	4.0%	5.9%
Two or more Races <sup>3</sup>	2.5%	3.2%	2.5%	5.9%
Hispanic Origin <sup>4</sup>	7.0%	<u>5.8%</u>	<u>7.5%</u>	<u>8.9%</u>
Total Population	7,675	7,568	7,527	3,751,351
12-16 ACS				
White	89.2%	82.4%	89.7%	72.9%
Black	0.5%	1.6%	0.5%	7.3%
Native American <sup>1</sup>	2.5%	1.8%	1.9%	7.3%
Other <sup>2</sup>	4.5%	1.9%	4.8%	8.7%
Two or more Races <sup>3</sup>	3.3%	12.3%	3.1%	7.7%
Hispanic Origin <sup>4</sup>	8.8%	<u>8.7%</u>	<u>9.1%</u>	9.8%
Total Population	7,721	7,823	7,721	3,875,589

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

# **Summary of Community Meetings**

Fairview Regional Medical Center hosted three community meetings between September 11, 2018 and October 2, 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:

- Fairview Regional Medical Center representatives
- Major County Cooperative Extension Service
- Hospital board members

- Local physician
- Local business owner
- Fairview Chamber of Commerce

Average attendance at the community meetings was 10-15 community members. Community members were invited to attend through ads placed in the local newspaper before each community meeting. Community members were invited to attend the community meetings through numerous Facebook postings, Lions Club, newspaper ads, the local Chamber of Commerce newsletter and email blast, utility bill stuffers, flyers were posted at hospital and clinic registration windows, as well as personal correspondence to community and business leaders. 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 11, 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 Major 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 Fairview Regional Medical Center medical service area employs 195 FTE individuals. After applying a county-specific employment multiplier to each respective sector, there is a total employment impact of 243 FTE employees. The same methodology is

applied to income. The local health sector has a direct income impact of nearly \$10.3 million. When the appropriate income multiplier is applied, the total income impact is over \$12.2 million. The last two columns examine the impact this has on the retail sector of the local community. Recent data suggest that just 29.5% of personal income in Major 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 \$5.1 million spent locally, generating \$36,068 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:

- Decline in healthcare related jobs over the next few years for rural areas in particular with a decrease in services for rural services- increase in telemedicine to cover face-to-face visits
- Diabetes
- Heart disease
- Cancer
- Suicide
- Mental health
- Physician recruitment- at and nearing retirement age
  - Fairview has carved out a niche of still having MD/DO providers covering patient care

Table 5. Fairview Regional Medical Center Medical Service Area Health Sector Impact on Employment and Income, and Retail Sales and Sales Tax

		Employment		Income			Retail	1 Cent
Health Sectors	Direct	Multiplier	Impact	Direct	Multiplier	Impact	Sales	Sales Tax
Hospitals	63	1.39	87	\$4,189,020	1.18	\$4,939,312	\$1,457,097	\$14,571
Physicians, Dentists & Other Medical Professionals & Nursing Homes	91	1.17	107	\$3,692,711	1.14	\$4,208,491	\$1,241,505	\$12,415
Other Medical & Health Services & Pharmacies	<u>41</u>	1.19	<u>49</u>	\$2,431,091	1.27	\$3,078,644	\$908,200	<u>\$9,082</u>
Total	195		243	\$10,312,822		\$12,226,447	\$3,606,802	\$36,068

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.

<sup>\*</sup> Based on the ratio between Oklahoma taxable sales and income (29.5%) – from 2017 Sales Tax Data and 2016 Personal Income Estimates from the Bureau of Economic Analysis.

### Health Data, September 18, 2018

A community meeting was held September 18, 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 Woods 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.

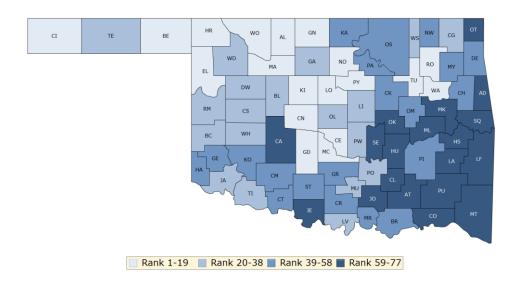
Health factors, considered tomorrow's health, are comprised of health behaviors (rank: 16), clinical care (rank: 26), social and economic factors (rank: 11), and physical environment (rank: 22). Major County's overall health factors rank is 12. This suggests, in general, the health status of Major County residents is somewhat comparable or more favorable to that of neighboring counties. Areas of concern include Major County's adult smoking rate, obesity rate, the share of residents that have access to exercise opportunities, and the county population per one dental provider area all less desirable than the top U.S. performers. All health factors variables are presented in Table 6 along with Major County specific data, the top U.S. performers, and the state average. The yellow highlighed categories are the areas identified by the County Health Rankings and Roadmaps as areas to explore (generally where Major County ranks very poorly compared to the national benchmark). The green highlighed areas are identified as areas of strength for Major County.

**Table 6. Health Factors (Overall Rank 12)** 

Category (Rank)	Major County	Error Margin	Top U.S. Performers	Oklahoma
Health Behaviors (16)				
Adult Smoking	16%	15-16%	14%	20%
Adult Obesity	35%	29-42%	26%	33%
Food Environment Index	8.0		8.6	5.9
Physical Inactivity	33%	26-39%	20%	30%
Access to Exercise Opportunities	2%		91%	74%
Excessive Drinking	13%	12-15%	13%	13%
Alcohol-Impaired Driving Deaths	31%	20-41%	13%	28%
Sexually Transmitted Infections	245		146	542
Teen Birth Rate	40	31-51	15	42
Clinical Care (26)				
Uninsured	14%	13-16%	6%	16%
Primary Care Physicians	2,590:1		1,030:1	1,590:1
Dentists	7,770:1		1,280:1	1,700:1
Mental Health Providers	1,940:1		330:1	260:1
Preventable Hospital Stays	58	66-93	35	60
Diabetic Monitoring	80%	66-94%	91%	78%
Mammography Screening	52%	38-67%	71%	56%
Social & Economic Factors (11)				
High School Graduation			95%	83%
Some College	50%	42-58%	72%	59%
Unemployment	4.2%		3.2%	4.9%
Children in Poverty	16%	12-21%	12%	23%
Income Inequality	4.7	3.4-5.9	3.7	4.6
Children in Single-Parent	21%	13-29%	20%	34%
Household		13 27/0		
Social Associations	23.2		22.1	11.5
Violent Crime Rate	86	-0.40-	62	439
Injury Deaths	98	70-135	55	92
Physical Environment (22)		T	·	l
Air-Pollution- Particulate Matter	8.3		6.7	9.2
Drinking Water Violations	Yes			
Severe Housing Problems	8%	5-10%	9%	15%
Driving Alone to Work	85%	82-88%	72%	83%
Long Commute- Driving Alone	28%	23-32%	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. Major County's overall health factors ranking is more favorable than Blaine, Garfield, and Woodward Counties and comparable to Alfalfa, Dewey, Kingfisher, and Woods Counties.



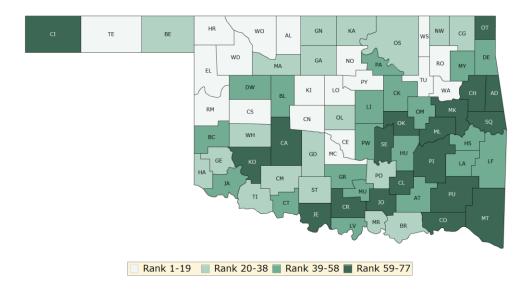
In terms of health outcomes, considered, today's health, Major County's ranking is 25th in the state. Health outcomes are comprised of two areas: length of life and quality of life. The variables for each of these sections are presented in Table 7.

**Table 7. Health Outcomes (Overall Rank 25)** 

Category (Rank)	Major County	Error Margin	Top U.S. Performers	Oklahoma
Length of Life (23)				
Premature Death	9,900	6,600- 11,500	5,300	9,300
Quality of Life (24)				
Poor or Fair Health	16%	15-17%	12%	20%
Poor Physical Health Days	4.0	3.8-4.1	3.0	4.5
Poor Mental Health Days	4.2	4.0-4.4	3.1	4.5
Low Birth Weight	9%	7-11%	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. Major County's rank is less favorable than all of the surrounding counties except Blaine County. 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. No additional concerns were included.

### Community Survey Methodology and Results, September 11- October 2, 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 electronic survey link was placed on the hospital's website and Facebook page, a local community Facebook page. Hard copy surveys were also available at the hospital and clinic and Chamber of Commerce. The survey availability was announced at Chamber of Commerce and other civic organization meetings. Surveys were also distributed at the first community meeting on September 11, 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 Fairview Regional Medical Center.

The survey ran from September 11, 2018 to September 25, 2018. A total of 154 surveys from the Fairview Regional Medical Center medical service area were completed. Of the surveys returned, 146 were electronic surveys. The survey results were presented at the October 2, 2018, community meeting.

Table 8 below shows the survey respondent representation by zip code. The largest share of respondents was from the Fairview (73737) zip code with 102 responses or 66.2 percent of the total. Cleo Springs had 13 responses, and Canton had 10.

**Table 8. Zip Code of Residence** 

Response Category	No.	%
73737- Fairview	102	66.2%
73729- Cleo Springs	13	8.4%
73724- Canton	10	6.5%
73768- Ringwood	6	3.9%
73838- Chester	4	2.6%
73716- Aline	3	1.9%
73755- Longdale	2	1.3%
73701- Enid	1	0.6%
73718- Ames	1	0.6%
73726- Carmen	1	0.6%
73738- Garber	1	0.6%
73760- Meno	1	0.6%
73772- Watonga	1	0.6%
73860- Waynoka	1	0.6%
73669- Thomas	1	0.6%
73663- Seiling	1	0.6%
73116- Oklahoma City	1	0.6%
73096- Weatherford	1	0.6%
73012- Edmond	1	0.6%
72729- Evansville, AR	1	0.6%
No Response	1	0.6%
Total	154	100.0%

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

# Primary Care Physician Visits

- 68.2% of respondents had used a primary care physician in the Fairview service area during the past 24 months
- 92.4% of those responded being satisfied
- Only 52 respondents or 33.8% of the survey respondents believe there are enough primary care physicians practicing in the Fairview area
- 77.3% of the respondents would consider seeing a midlevel provider for their healthcare needs

- 76.0% responded they were able to get an appointment with their primary care physician when they needed one

### 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
- Only 8% of specialist visits occurred in Fairview

**Table 9. Type of Specialist Visits** 

	1	
Type of Specialist	No.	Percent
Top 5 Responses		
Cardiologist	28	19.9%
(0 visits in Fairview)		
Orthopedist/Orthopedic Surg.	23	16.3%
(0 visits in Fairview)		
OB/GYN	11	7.8%
(0 visits in Fairview)		
Dermatologist	8	5.7%
(0 visits in Fairview)		
Endocrinologist	8	5.7%
(1 visit in Fairview)		
All others	<u>63</u>	<u>44.7</u>
(2 visits in Fairview)		
Total	<u>141</u>	<u>100.0%</u>

Some respondents answered more than once.

### Hospital Usage and Satisfaction

Survey highlights include:

- 54.5% of survey respondents that have used hospital services in the past 24 months used services at Fairview Regional Medical Center
  - St. Mary's Regional Medical Center, Enid (11.5%), INTEGRIS Bass Baptist
     Health Center, Enid (5.8%) followed
  - The most common response for using a hospital other than Fairview Regional Medical Center was availability of specialty care (including labor and delivery) (48.9%) and physician referral (22.3%)

- The usage rate of 54.5% was slightly lower than the state average of 55.2% for usage of other rural Oklahoma hospitals surveyed
- 90.3% of survey respondents were satisfied with the services received at Fairview Regional Medical Center
  - This is above the state average for other hospitals (86.5%)
- Most common services used at Fairview Regional Medical Center:
  - o Laboratory (28.6%)
  - o Physician services (26.5%)
  - O Diagnostic imaging (including mammography) (20.1%)

Hospital Satisfaction

Hospital Usage

54,5%

55,2%

0.0%

20.0%

40.0%

60.0%

80.0%

100.0%

Fairview Regional Medical Center

Other OK Hospital Survey Averages

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 Losing services/Hospital/Lack of Funding/Need for community support (18.5%), followed by Lack of physicians/Difficult to see provider/Retiring physicians (13.9%) and No concerns/Receive good care/Don't know (10.6%). Table 10 displays all responses and the frequencies.

Table 10. Top Concerns in the Fairview Area

	No.	%
Losing services/Hospital/Lack of funding/Need for community		
support	28	18.5%
Lack of physicians/Difficult to see provider/Retiring physicians	21	13.9%
No Concerns/ Receive good care/Don't Know	16	10.6%
Quality of care/Compassion for patient	16	10.6%
Level of care/Limited services available	6	4.0%
Access to specialists	6	4.0%
Cost of care/Cost for uninsured	6	4.0%
Improved emergency care/Trauma care	5	3.3%
Outdated equipment/Practices/Training	4	2.6%
Billing of services/Adequate billing	3	2.0%
Lack of after hours care	2	1.3%
Clinic turnover	1	0.7%
Insurance coverage	1	0.7%
HIPPA	1	0.7%
Getting an appointment in a timely manner	1	0.7%
Being transferred to OKC	1	0.7%
Distance to services	1	0.7%
Lack of mental health services	1	0.7%
Transportation	1	0.7%
Apathy	1	0.7%
No response	32	21.2%
Total	151	102.0%

Survey respondents also had the opportunity to identify what additional services they would like to see offered in their community. The most common response No additional services/Satisfied with what is available/Don't know (24.4%) followed by specialists collectively with 18.1 percent of the total. Table 11 displays the full listing of responses.

Table 11. Additional Services Survey Respondents Would Like to See Offered at Fairview Regional Medical Center

Response Category	No.	%
No additional services/Satisfied with what is available/Don't know	39	24.4%
Specialist: OB/GYN (10); Dermatologist (5); Pediatrician (3); Oncologist (2);		
Endocrinologist (2); Orthopedist (2); Pain Management (1); Allergist (1);		
Cardiologist (1); Neurologist (1) Specialists in general (1)	29	18.1%
After hours care/Urgent care	14	8.8%
Mental health/Behavioral health/Outpatient psychiatry	8	5.0%
Diagnostic Imaging: Regular ultrasound (2); Improved MRI (1)	3	1.9%
Improved quality of care	3	1.9%
Geriatric services	3	1.9%
Respiratory	1	0.6%
More outpatient services	1	0.6%
More doctors	1	0.6%
Free or low cost care for uninsured	1	0.6%
Residential hospice	1	0.6%
Female services	1	0.6%
Online Skype with physician	1	0.6%
Cancer treatments	1	0.6%
Wellness services	1	0.6%
Sleep services	1	0.6%
Seminars on preventative care and nutrition	1	0.6%
Hearing checks	1	0.6%
Eye surgery	1	0.6%
Knee surgery	1	0.6%
Allergy clinic	1	0.6%
Prenatal care	1	0.6%
Diabetic care	1	0.6%
Skin cancer screenings	1	0.6%
Cancer testing	1	0.6%
No response	42	26.3%
Total	160	100.0%

# Primary Care Physician Demand Analysis, October 2, 2018

A demand analysis of primary care physicians was completed for the zip codes that comprise the Fairview 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 Fairview medical services area, a total of 13,555 annual visits would occur. This would suggest that the Fairview medical services area would need 3.2 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 Fairview, Oklahoma Medical Service Area

Usage by Residents of Primary Service Area

Usage by Residents of Secondary Service Area

		70%	75%	80%	85%	90%	95%	100%
	5%	10,137	10,809	11,481	12,153	12,825	13,497	14,169
	10%	10,867	11,539	12,211	12,883	13,555	14,227	14,899
	15%	11,597	12,269	12,941	13,613	14,285	14,957	15,629
	20%	12,327	12,999	13,671	14,343	15,015	15,687	16,359
,	25%	13,057	13,729	14,401	15,073	15,745	16,417	17,089
	30%	13,787	14,459	15,131	15,803	16,475	17,147	17,819
	35%	14,517	15,189	15,861	16,533	17,205	17,877	18,549
	40%	15,247	15,919	16,591	17,263	17,935	18,606	19,278
	45%	15,977	16,649	17,320	17,992	18,664	19,336	20,008
	50%	16,706	17,378	18,050	18,722	19,394	20,066	20,738
ı	2070	10,700	17,570	10,050	10,722	17,371	20,000	20,730

If 90% primary medical service area and 10 to 15% secondary medical service area, then the usage would be: 13,555 to 14,285 total primary care physician office visits in the Fairview area for an estimated 3.2 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. The following item was added to the list:

- Future of rural health care and planning for the future- Decline in healthcare related jobs over the next few years for rural areas in particular with a decrease in services for rural services- increase in telemedicine to cover face-to-face visits. Physician recruitment
- Diabetes
- Heart disease
- Cancer
- Mental health and suicide- Including awareness of mental health needs
  - Substance abuse service
  - o Limited referrals available for NW Mental Health
  - o Overall unmet need

- o LCSW at hospital with limited expertise in substance abuse counseling
- o Enid does have behavioral health unit.

# **Community Health Needs Implementation Strategy**

The following lists the concerns along with steps the hospital and community plan to take to remedy the situation.

- Future of rural health care and planning for the future- Decline in healthcare related jobs over the next few years for rural areas in particular with a decrease in services for rural services- increase in telemedicine to cover face-to-face visits. Physician recruitment
  - The hospital continues to stay abreast of rising health needs and concerns. The hospital is also nimble to explore and implement services and programs to meet the needs of the local population. The hospital CEO is a strong advocate for rural health care including the importance and experiences in rural, northwest Oklahoma.
- Diabetes and heart disease are due to similar factors. Therefore, implementation for these will be similar.
  - o Increase reach and number of individuals served through the Chronic Conditions Program (case management).
  - o There are plans for another wellness challenge.
  - o The hospital will continue to collaborate and promote the local walking trails.
  - o There are plans to add phase three into the non-monitored cardiac rehab.
  - o There are plans to continue to post educational materials through social media.
  - As part of the July EPIC update, this will facilitate real-time cardiology consults via telemedicine.

### Cancer

- o The hospital will continue the lab days and screening.
- The hospital is currently working with St. Anthony's to explore oncology visits through telemedicine.
- o Educational materials have been created and posted in the clinics (in every exam room) with the age appropriate screenings/procedures.
- Mental health and suicide- Including awareness of mental health needs
  - o The hospital plans to grow the Zero Suicide Program.
  - o The hospital utilizes telemedicine for EODs through Northwest Behavioral.
  - The hospital is exploring implementing through a partnership with St. Anthony's an on-site medical dextox program.
  - The hospital has been partnering with the local ministerial alliance, county commissioners, and law enforcement to work on the issue of mental health in Major County, and this partnership will continue. This has been a community-wide topic from various groups and individuals.

# **Community Health Needs Assessment Marketing Plan**

The hospital will make the Community Health Needs Assessment Summary available upon request at Fairview Regional Medical Center, and a copy will be available to be downloaded from the hospital's website (www.fairviewregionalmedicalcenter.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**



#### Fairview Regional Medical Center Services:

#### Inpatient:

Acute Beds

Swing Beds (Skilled Beds)

Physical therapy

Occupational Therapy

Speech Therapy

Respiratory Care

Laboratory

Radiology—X-ray, CT, MRI, Ultrasound, Dexa (Bone Density)

Health Information Management

Drug Room

Dietary

Specialist referral

EMR (October 2013)

#### Outpatient:

Emergency Department

Cataract Surgery

Endoscopies

Laboratory

Radiology

Bio-Equivalent Hormone Replacement Therapy

Physical Therapy

Occupational Therapy

Speech Therapy

Cardiac Rehab

Pulmonary Rehab

Stress Tests

**Smoking Cessation** 

School Based Clinics

Diabetic Education

### Specialty Clinic:

Tele-medicine

Surgery

Cardiac and stress Testing

Urology

Cardiology

Gastroenterology

Endoscopies

### FRMC/Fairview Family Rural Health Clinic:

Physicians, Physician Assistant, Advanced Nurse Practitioner

#### Community Activities:

Oklahoma Blood Institute

Health Fair & Screening

Relay For Life

FRMC Fun Run

Education to civic groups/clubs

Flu shot clinics

Sooner Care/Medicaid Enroller

Charity Care

# Charitable Trusts:

Hospital Foundation

### Internal Hospital/EMS Activities:

Hospital Website

www.fairviewregionalmedicalcenter.com

#### Hospital Volunteers

Scholarships for nursing and medical technology students Conference room for Health seminars & other events Chapel in the works

Accreditation:

Certified by Medicare/Medicaid as Critical Access Hospital & Rural Health Clinic Certified by Oklahoma State Department of Health as ED and Stroke Certified

#### Governance

The Fairview Regional Medical Center Authority governs the hospital & Rural Health Clinic.

523 East State Road, Fairview, OK 73737 Phone: 580-227-3721 Fax: 580-227-2882 www.fairviewregionalmedicalcentercom.

# **Appendix B Community Meeting Attendees**

# **Fairview Regional Medical Center**

# **Meeting 1: Economic Impact and Demographic Data**

# 11-Sep-18

Name	Title	Organization
	Exec. Director	Fairview Chamber
Elisabeth Hughes		Fairview Regional Medical Center
Tamara Eitzen	RN, CNO	Fairview Regional Medical Center
Phil Eitzen	Insurance Agent	EAI
Roger Knak	CEO	Fairview Regional Medical Center
<b>Bobby Maynard</b>	CIO	Fairview Regional Medical Center
Dr. Klinger		Fairview Family Clinic
Frank Hubert		

# **Fairview Regional Medical Center**

# **Meeting 2: Health Data**

# 18-Sep-18

Name	Title	Organization
	Exec. Director	Fairview Chamber
Elisabeth Hughes		Fairview Regional Medical Center
Tamara Eitzen	RN, CNO	Fairview Regional Medical Center
Phil Eitzen	Insurance Agent	EAI
Roger Knak	CEO	Fairview Regional Medical Center
Bobby Maynard	CIO	Fairview Regional Medical Center
Debra Button		NW TC
Dr. Klinger		Fairview Family Clinic

# **Fairview Regional Medical Center**

# **Meeting 3: Survey Results and Primary Care Physician Demand Analysis**

### #######

Name	Title	Organization
Dana Baldwin	County Extension Director	OSU Extension
	Exec. Director	Fairview Chamber
Cassidee Fortune	QI Coordinator	Fairview Regional Medical Center
Kathy Cunningham	Board Member	Fairview Regional Medical Center
Wilinda Harmon	Board Member	Fairview Regional Medical Center
Tamara Eitzen	RN, CNO	Fairview Regional Medical Center
Phil Eitzen	Insurance Agent	EAI
Roger Knak	CEO	Fairview Regional Medical Center
Bobby Maynard	CIO	Fairview Regional Medical Center

# The Economic and Demographic Analysis of the Fairview Regional Medical Center Medical Service Area

# As part of the Community Health Needs Assessment

#### **Economic Data**

2016 Per Capita Income <sup>1</sup>	\$36,927 (36th highest in state)
Employment (July 2018, preliminary) <sup>2</sup>	3,983 (2.6% from 2017)
Unemployment (July 2018, preliminary) <sup>2</sup>	99 (-23.3% from 2017)
Unemployment rate (July 2018, preliminary) <sup>2</sup>	2.4% (5th lowest in state)
2016 Poverty rate <sup>3</sup>	12.1% (8th lowest in state)
2016 Child poverty rate <sup>3</sup>	16.2% (9th lowest in state)
2016 Transfer Payments <sup>1</sup>	\$60,263,000 (21.0% of total personal income, 27th lowest in state)
2016 Medical Benefits as a share of Transfer Payments <sup>1</sup>	39.8% (24th lowest in state)

<sup>&</sup>lt;sup>1</sup>Bureau of Economic Analysis, Regional Data, 2018, <sup>2</sup>Bureau of Labor Statistics 2016-2017, <sup>3</sup>U.S. Census Bureau, Small Area Income and Poverty, 2018

### **Education Data**

At Least High School Diploma <sup>1</sup>	87.9% (20th highest in state)
Some College <sup>1</sup>	46.6% (46th highest in state)
At Least Bachelor's Degree <sup>1</sup>	16.9% (44th highest in state)
2015-2016 Free and Reduced Lunch Eligible <sup>2</sup>	56.3% (14th lowest in state)

<sup>&</sup>lt;sup>1</sup>U.S. Census Bureau, American Community Survey, 2012-2016, <sup>2</sup>National Center for Education Statistics, 2015-2016.

### Payer Source Data

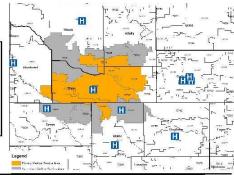
2016 Uninsured Rate (under 65) <sup>1</sup>	15.5% (19th lowest in state)
2016 Uninsured Rate (under 19) <sup>1</sup>	10.4% (53rd lowest in state)
2016 Medicare share of total population <sup>2</sup>	20.1% (32nd lowest in state)
2017 Medicaid share of total population <sup>3</sup>	21.0% (17th lowest in state)

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

### Population (2012-2016)

Major County	7,721 (2.6% from 2010)
Primary Medical Service Area	7,721 (0.6% from 2010)
Secondary Medical Service Area	7,823 (3.4% from 2010)
Oklahoma	3,8775,589 (3.3% from 2010)

U.S. Census Bureau, 2012-2016 American Community Survey 2010 Decennial Census







<sup>, &</sup>lt;sup>3</sup> Oklahoma Health Care Authority, Total Enrollment by County, 2017

### Percent of Total Population by Age Group for Fairview Regional Medical Center Medical Service Areas, Major County and Oklahoma

Age Groups	Primary Medical Service Area	Secondary Medical Service Area	Major County	Oklahoma
12-16 ACS 0-14 15-19 20-24 25-44 45-64 65+ Totals	20.5% 6.6% 4.6% 20.9% 28.2% 19.2% 100.0%	22.8% 5.5% 4.5% 22.6% 25.1% 19.6% 100.0%	6.0% 5.1% 21.9% 26.5% <u>19.1%</u>	6.7% 7.3% 26.0% 24.9% <u>14.5%</u>
Total Population	7,721	7,823	entrata de proprior de proprior de 1900.	9500000 1000 1000 1000 1000 1

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

### Percent of Total Population by Race and Ethnicity for Fairview Regional Medical Center Medical Service Areas, Major County and Oklahoma

Race/Ethnic Groups	Primary Medical Service Area	Secondary Medical Service Area	Major County	Oklahoma
12-16 ACS				
White	89.2%	82.4%	89.7%	72.9%
Black	0.5%	1.6%	0.5%	7.3%
Native American <sup>1</sup>	2.5%	1.8%	1.9%	7.3%
Other <sup>2</sup>	4.5%	1.9%	4.8%	8.7%
Two or more Races <sup>3</sup>	3.3%	12.3%	3.1%	7.7%
Hispanic Origin <sup>4</sup>	<u>8.8%</u>	<u>8.7%</u>	<u>9.1%</u>	<u>9.8%</u>
Total Population	7,721	7,823	7,721	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.

# Fairview Regional Medical Center Economic Impact



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

Fairview Regional Medical Center <u>directly</u> employs **63** people with an annual payroll of nearly **\$4.2 million** including benefits

- These employees and income create an additional **24** jobs and over **\$750,000** in income as they interact with other sectors of the local economy
- Total impacts = 87 jobs and over \$4.9 million
- Other segments of the healthcare sector (Doctors, Nurses, Pharmacies, etc.) provide another **132 jobs** and an additional **\$6.1 million** in wages
- Their interactions and transactions within the local economy create:
- Total health sector impacts= 243 jobs and \$12.2 million (Including the hospital)
- Over \$3.6 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

Services

Services

Services

Services

Source: Doeksén, 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: 405.840.6500



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# **Health Indicators and Outcomes for Major County**

As part of the Community Health Needs Assessment

Table 1. Health Factors (Overall Rank 12)

Category (Rank)	Major County			Oklahoma	
Health Behaviors (16)					
Adult Smoking	16%	15-16%	14%	20%	
Adult Obesity	35%	29-42%	26%	33%	
Food Environment Index	8.0		8.6	5.9	
Physical Inactivity	33%	26-39%	20%	30%	
Access to Exercise Opportunities	2%		91%	74%	
Excessive Drinking	13%	12-15%	13%	13%	
Alcohol-Impaired Driving Deaths	31%	20-41%	13%	28%	
Sexually Transmitted Infections	245		146	542	
Teen Birth Rate	40	31-51	15	42	
Clinical Care (26)			•		
Uninsured	14%	13-16%	6%	16%	
Primary Care Physicians	2,590:1		1,030:1	1,590:1	
Dentists	7,770:1		1,280:1	1,700:1	
Mental Health Providers	1,940:1		330:1	260:1	
Preventable Hospital Stays	58	66-93	35	60	
Diabetic Monitoring	80%	66-94%	91%	78%	
Mammography Screening	52%	38-67%	71%	56%	
Social & Economic Factors (11)				,	
High School Graduation			95%	83%	
Some College	50%	42-58%	72%	59%	
Unemployment	4.2%		3.2%	4.9%	
Children in Poverty	16%	12-21%	12%	23%	
Income Inequality	4.7	3.4-5.9	3.7	4.6	
Children in Single-Parent Household	21%	13-29%	20%	34%	
Social Associations	23.2		22.1	11.5	
Violent Crime Rate	86		62	439	
Injury Deaths	98	70-135	55	92	
Physical Environment (22)					
Air-Pollution- Particulate Matter	8.3		6.7	9.2	
Drinking Water Violations	Yes				
Severe Housing Problems	8%	5-10%	9%	15%	
Driving Alone to Work	85%	82-88%	72%	83%	
Long Commute- Driving Alone	28%	23-32%	15%	26%	

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





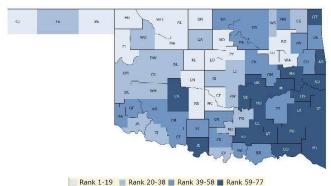
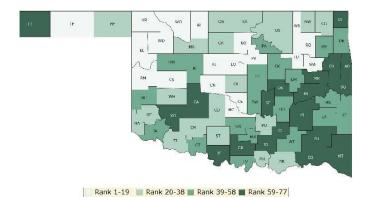


Table 2. Health Outcomes (Overall Rank 25)

Category (Rank)	Major County	Error Margin	Top U.S. Performers	Oklahoma	
Length of Life (23)					
Premature Death	9,900	6,600- 11,500	5,300	9,300	
Quality of Life (24)					
Poor or Fair Health	16%	15-17%	12%	20%	
Poor Physical Health Days	4.0	3.8-4.1	3.0	4.5	
Poor Mental Health Days	4.2	4.0-4.4	3.1	4.5	
Low Birth Weight	9%	7-11%	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 Ânalyst, lara.brooks@okstate.edu Corie Kaiser, Director, corie.kaiser@okstate.edu

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# Appendix E- Survey Form and Meeting 3 Materials, October 2, 2018

# Fairview Regional Medical Center Local Health Services Survey

Please return completed survey by September 25, 2018



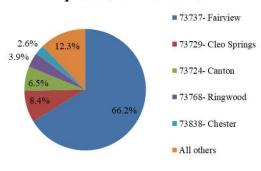
	The zip code of my residence is:	A St. Anthony Hospital Affiliate
	What is your current age:	What is your gender:
1.	Has your household used the services of a hospital in the p  ☐ Yes (Go to Q2) ☐ No (Skip to Q7)	past 24 months?  Don't know (Skip to Q7)
2.	At which hospital(s) were services received? (please checking Fairview Regional Medical Center (Skip to Q4)	ck/list all that apply )  Other (Please specify Hospital and City, then go to Q3)
3.	If you responded in Q2 that your household received care a Center, why did you or your family member choose that he ☐ Physician referral ☐ Closer, more convenient location ☐ Insurance reasons	
4.	If you responded in Q2 that your household received care a service(s) were used?  ☐ Diagnostic imaging (X-ray, CT, Ultrasound)  ☐ Laboratory  ☐ Outpatient infusion/Shots  ☐ Physician services  ☐ Physical or speech therapy	□ Hospital Inpatient □ Skilled nursing (swing bed) □ Emergency room (ER) □ Other (Please list below)
5.	How satisfied was your household with the services you re  ☐ Satisfied ☐ Dissatisfied	cceived at Fairview Regional Medical Center?  Don't know
6.	Why were you satisfied/dissatisfied with services received	at Fairview Regional Medical Center?
7.	Has your household been to a specialist in the past 24 mor  ☐ Yes ☐ No (Skip to Q11)	nths?  □ Don't know <i>(Skip to Q11)</i>
8.	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
9.	Did the specialist request further testing, laboratory work a  ☐ Yes ☐ No	and/or x-rays?  □ Don't know
10.	. If yes, in which city were the tests or laboratory work perfe	ormed?
		Continue on reverse side

11. Do you use a primary care  ☐ Yes (Skip to Q13)	e (family doctor) for most of No (Go to Q12)	f your routine health care?  Don't know (Skip	o to Q13)
12. If no, then what kind of m ☐ Tribal Health Center ☐ Income Based Health ☐ Mid-Level Clinic (Nu ☐ Health Department	Center	for routine care?  Emergency Roor  Specialist  Other (Please list be)	-
13. Has your household been ☐ Yes (Go to Q14)	to a primary care (family) d  No (Skip to Q16)	loctor in the Fairview area'  Don't know (Skip	
14. How satisfied was your he ☐ Satisfied	ousehold with the quality of  Dissatisfied	care received in the Fairvi  Don't know	iew area?
15. Why were you satisfied/d	issatisfied with the care rece	eived in the Fairview area?	
16. Do you think there are en  ☐ Yes	ough primary care (family) □ No	doctors practicing in the Fa  ☐ Don't know	airview area?
<ul><li>17. Would you consider seein</li><li>☐ Yes</li></ul>	ng a midlevel provider (nurs	e practitioner or PA) for your Don't know	our routine healthcare needs?
18. Are you able to get an app  ☐ Yes	pointment, within 48 hours,  No	with your primary care (fa	mily) doctor when you need one?
19. Have you used the service ☐ Yes	es of an urgent care in the pa	ast 12 months? ☐ Don't know	
20. Would you utilize urgent ☐ Yes	care or after hours services  No	offered in Fairview? ☐ Don't know	
21. What concerns you most	about health care in the Fair	rview area?	
22. What other services woul	d you like to see offered at l	Fairview Regional Medical	Center?
23. Are you aware of any con  Yes  Please list the communit	□ No	y the hospital? □ Don't know	Please mail completed survey to: Fairview Regional Medical
24. How would you prefer to  (Please rank your choice  Newspaper  Radio	be notified of community exess with 1=most preferred an  Email  Website		Center 523 E State Rd. Fairview, OK 73737  Or, return to hospital administration

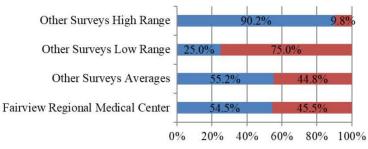
# Fairview Regional Medical Center Community Survey Results

As part of the Community Health Needs Assessment

# Zip Code of Residence



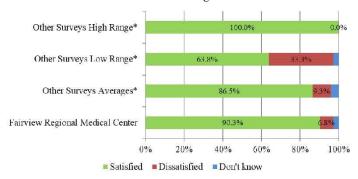
Hospital Utilization Comparison
---------------------------------



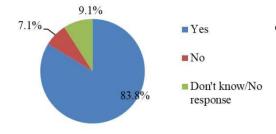
■Used local hospital ■Did not use local hospital

Type of Specialist Visits							
Specialist	No.	Percent					
Top 5 Responses							
Cardiologist (0 visits in Fairview)	28	19.9%					
Orthopedist/Ortho Surg. (0 visits in Fairview)	23	16.3%					
OB/GYN (0 visits in Fairview)	11	7.8%					
Dermatologist (0 visits in Fairview)	8	5.7%					
Endocrinologist (1 visit in Fairview)	8	5.7%					
All others (2 visits in Fairview)	63	44.7%					

#### Satisfaction with Fairview Regional Medical Center

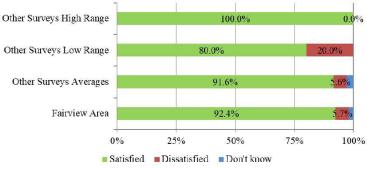


# Use Family Doctor for Routine Health Care



100.0%

### Satisfaction with Fairview Area Primary Care Doctor

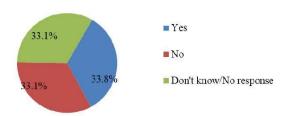




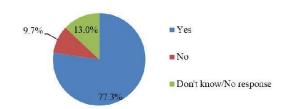
Total



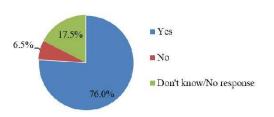
# Do you think there are enough primary care doctors practicing in the Fairview area?



# Would you see a midlevel provider for routine healthcare needs?

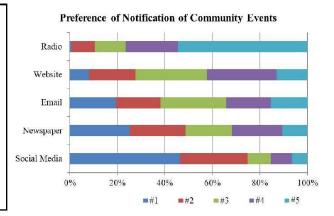


# Are you able to get an appointment, within 48 hours, with your primary care doctor when needed?



Healthcare concerns- Top 3 Responses						
Concern	No.	Percent				
Losing services/Hospital/Lack of funding/Need for community support	28	18.5%				
Lack of physicians/Difficult to see provider/ Retiring physicians	21	13.9%				
No concerns/Receive good care/Don't know	16	10.6%				
All others	86	57.0%				
Total	151	100.0%				

Additional Services to Offer-Top 3 Responses							
Services	No.	Percent					
No additional services/Satisfied with what is available/Don't know	39	24.4%					
Specialist: OB/GYN (10); Dermatologist (5); Pediatrician (3); Oncologist (2); Endocrinologist (2); Orthopedist (2); Pain Management (1); Allergist (1); Cardiologist (1); Neurologist (1) Specialists in general (1)	29	18.1%					
After hours care/Urgent care	14	8.8%					
All others	78	48.9%					
Total	160	100.0%					



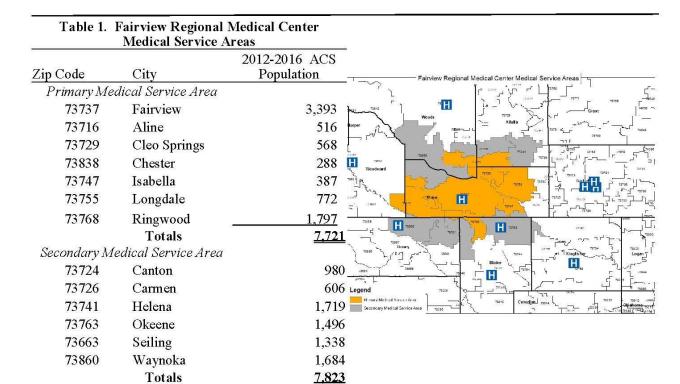
For additional information, please contact Lara Brooks, Rural Health Analyst, lara.brooks@okstate.edu Corie Kaiser, Director, corie.kaiser@okstate.edu Oklahoma Office of Rural Health

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 or content and conclusions are those of the author and should not be construed as the official position or policy of, nor should for the U.S. Government.

# Primary Care Physician Demand Analysis for the Fairview Medical Service Area

As part of the Community Health Needs Assessment



SOURCE: Population data from the U.S. Bureau of Census, 2012-2016 American Community Survey

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

		Male			Female		
	12-16	Visit		12-16	Visit		Total
Age	Population	Rate <sup>[3]</sup>	Visits	Population	Rate <sup>[3]</sup>	Visits	Visits
Under 15	799	2.0	1,598	780	2.1	1,638	3,236
15-24	453	2.4	1,087	410	1.2	492	1,579
25-44	785	3.0	2,355	831	1.3	1,080	3,435
45-64	1,045	4.2	4,389	1,134	3.1	3,515	7,904
65-74	368	6.1	2,245	390	5.6	2,184	4,429
<b>7</b> 5+	324	7.4	2,398	<u>402</u>	8.0	3,216	5,614
Total	3,774		14,072			12,126	26,197

Primary Medical Service Area - Local Primary Care Physician office visits per year: 13,439





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

		SECONDA	RY MEDIO	CAL SERVIC	CE AREA		
		Male			Female		
	12-16	Visit		12-16	Visit		Total
Age	Population	Rate <sup>[3]</sup>	Visits	Population	Rate <sup>[3]</sup>	Visits	Visits
Under 15	922	2.0	1,844	861	2.1	1,808	3,652
15-24	449	2.4	1,078	329	1.9	625	1,703
25-44	1,029	3.0	3,087	736	2.9	2,134	5,221
45-64	1,209	4.2	5,078	757	3.8	2,877	7,954
65-74	431	6.1	2,629	407	6.0	2,442	5,071
75+	<u>302</u>	7.4	2,235	<u>391</u>	6.7	2,620	4,855
Total	4,342		15,950	3,481		12,506	28,456
	254		V-2	260		**	

Secondary Medical Service Area - Local Primary Care Physician office visits per year: 14,598

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 Fairview, Oklahoma Medical Service Area

Usage by Residents of Primary Service Area 70% 95% 75% 80% 85% 100% 5% 10,137 10.809 11,481 12,153 12,825 13,497 14,169 10% 10,867 11,539 12,211 12,883 13,555 14,227 14,899 15% 11,597 12,269 12,941 13,613 14,285 14,957 15,629 Usage by 20% 12,327 12,999 13,671 14,343 15,015 15,687 16,359 Residents 25% 13.729 15,745 13,057 14,401 15,073 16,417 17.089 of Second-30% 13,787 14,459 15,131 15,803 16,475 17,147 17,819 ary Service 35% 14,517 15,189 15,861 16,533 17,205 17,877 18,549 Area 19,278 15,247 15,919 16,591 17,263 17,935 40% 18,606 17,320 17,992 45% 15,977 19.336 20,008 16,649 18,664

If 90% primary medical service area and 10 to 15% secondary medical service area, then the usage would be: 13,555 to 14,285 total primary care physician office visits in the Fairview area for an estimated 3.2 to 3.4 Total Primary Care Physicians.

18,050

18,722

19,394

20,066

17,378

(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

16,706

Oklahoma Office of Rural Health

50%

Phone: 405.945.8609



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20,738