

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



Oklahoma Office of Rural Health

OSU Center for Rural Health

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Introduction

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

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

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

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

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

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

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

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

² Ibid

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

Oklahoma Office of Rural Health Partnership

The Oklahoma Office of Rural Health makes this program available to all rural facilities in Oklahoma free of charge. The Oklahoma Office of Rural Health works closely with the hospital and community members to develop an economic impact of the local health sector, develop and analyze a local health services survey, and gather and analyze local health data. The community meetings are facilitated by a resource team that includes Corie 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 2023. It begins with a description of the hospital's steps to addressing priorities identified during the 2018 CHNA along with the impacts, followed by a description of the medical service area, including a demographic analysis, and then summarizes the community meeting that took place during the CHNA process. The report concludes by listing the recommendations that came out of the process and presenting the hospital's implementation strategy and marketing plan.

The community health needs assessment and implementation strategy was presented and approved by the governing board on February 28, 2023.

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

Fairview Regional Medical Center worked with the Oklahoma Office of Rural Health in 2018 to complete their third 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.

It must be noted that the Covid-19 pandemic greatly impacted the implementation of some of the priorities and outreach opportunities during 2020 to present.

- Area of concern: 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

- Covid-19 created a lot of change. The hospital and RHC were able to transition smoothly to virtual visits to provide primary care options for community members.
 - Since the 2018 CHNA, there have been changes in providers. Currently, there are two physicians, two PACs, and two APRNs. There is an ongoing search to recruit a physician.
 - The hospital was successful in obtaining an Economic Development Authority grant that includes building a new 5,400 square foot outpatient therapy building to allow us to grow in the therapy department. With the new building as the catalyst, the hospital has been successful in recruiting three additional physical therapists, each with a different area of interest including sports medicine, Parkinson's Disease, pelvic floor therapy, dry needle therapy, wound care, children's therapy as well as general rehabilitation.
 - An occupational therapist will be joining the team in March 2023, and a speech therapist will be joining in July 2023. All of the new therapists are young people from the area who have chosen to come back to Fairview to work.
 - By moving rehab to an outpatient facility, it has allowed for expansion of the cardiac and pulmonary rehab to better address the cardiac patients as well as increase capacity for pulmonary rehab. An increase in this need has been noted post Covid-19 with Covid related respiratory issues. The goal is to eliminate the waiting list for cardiac rehab and increase participation.
 - The hospital is also working with the local school system to provide therapists for additional support for their special needs students.
- Area of concern: Cancer
 - This area possibly saw one of the larger declines during Covid-19. Many residents stopped screening activities during Covid-19. Also, the physician that was traveling to Fairview to do endoscopies got busy and chose to stop traveling.
- Area of concern: Mental health and suicide including awareness of mental health needs
 - The Licensed Clinical Social Worker was moved into her own space within the clinic. This allows for easier access and availability for counseling
 - The availability of virtual encounters for counseling has been greatly received and continues to be well utilized post Covid-19.
 - The hospital has been able to get the PHQ 2 and PHQ 9 screening tools in Epic, the electronic health record, and those screenings are taking place in the RHC, ER, therapy, cardiac rehab and inpatient settings. If a patient is a frequent visitor

to the clinic or rehab setting, they are updated at least quarterly. The screening tools are utilized on every ER and inpatient encounter.

- Area of concern: Diabetes and heart disease are due to similar factors. Therefore, implementation for these will be similar.
 - Staffing has been a hurdle in developing a chronic conditions management program. However, the hospital has worked to standardize some of their internal diabetes protocols withing the clinic to better screen for Hemoglobin A1C, diabetic neurotherapy or other signs of advancing diabetes.

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.

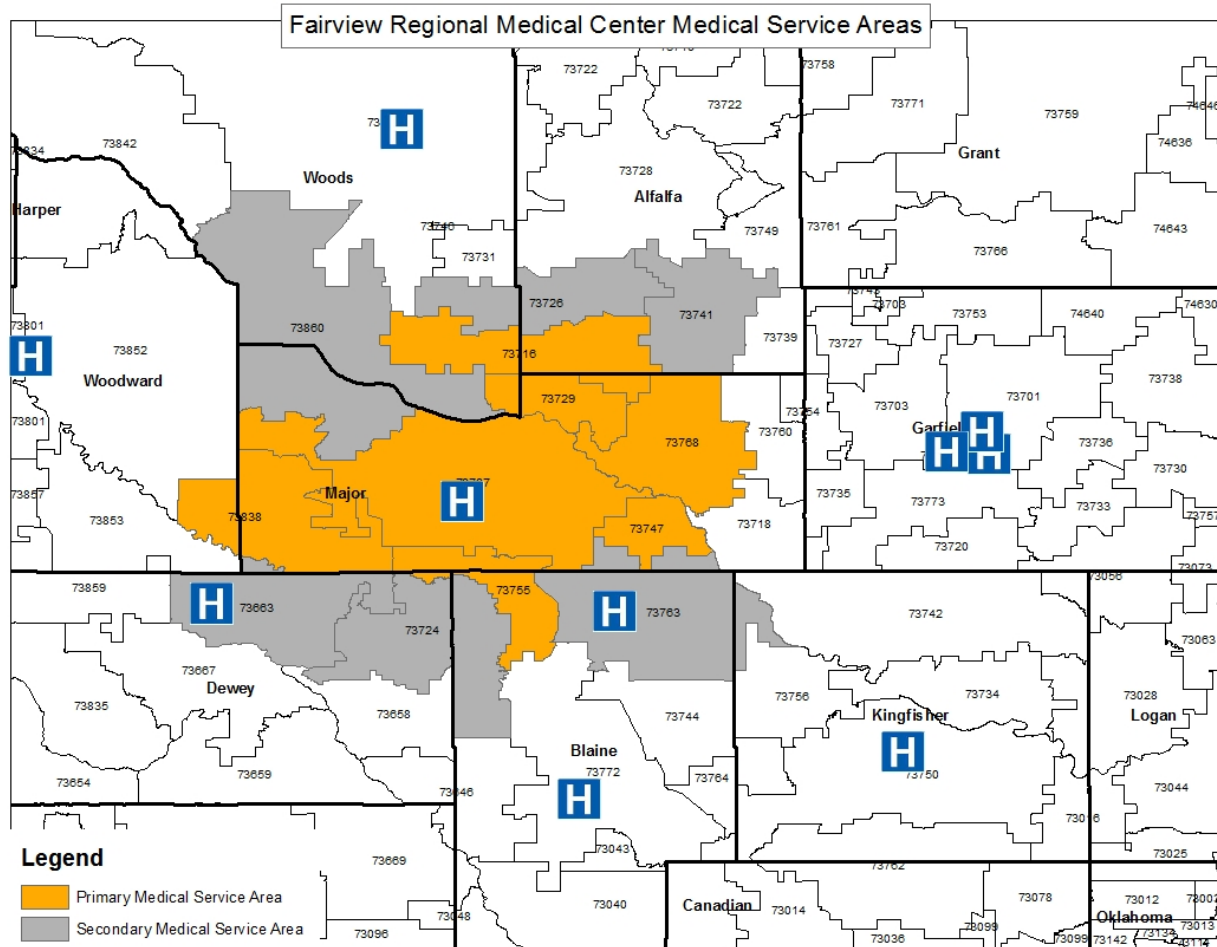


Figure 1. Fairview Regional Medical Center Medical Service Areas

City	County	Hospital	No. of 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 0.9 percent from the 2010 Census to the latest available, 2017-2021, 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 decrease of 12.9 percent from 2010 to the 2017-2021 American Community Survey.

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

Population by Zip Code		2000 Population	2010 Population	2017-2021 Population	% Change 2000-2010	% Change 2010-17-21
<i>Primary Medical Service Area</i>						
73737	Fairview	3,587	3,367	3,710	-6.1%	10.2%
73716	Aline	544	510	512	-6.3%	0.4%
73729	Cleo Springs	591	578	618	-2.2%	6.9%
73838	Chester	486	462	547	-4.9%	18.4%
73747	Isabella	400	285	228	-28.8%	-20.0%
73755	Longdale	901	905	642	0.4%	-29.1%
73768	Ringwood	1,281	1,568	1,486	22.4%	-5.2%
Total		7,790	7,675	7,743	-1.5%	0.9%
<i>Secondary Medical Service Area</i>						
73724	Canton	1,143	1,190	803	4.1%	-32.5%
73726	Carmen	600	472	420	-21.3%	-11.0%
73741	Helena	1,648	1,614	1,437	-2.1%	-11.0%
73763	Okeene	1,609	1,623	1,415	0.9%	-12.8%
73663	Seiling	1,332	1,332	1,334	0.0%	0.2%
73860	Waynoka	1,387	1,337	1,181	-3.6%	-11.7%
Total		7,719	7,568	6,590	-2.0%	-12.9%

SOURCE: Population data from the U.S. Bureau of Census, Decennial Census 2000, 2010 and American Community Survey 2017-2021 (January 2023)

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: two clinics, one dental office, one optometry office, one chiropractic office, one nursing home, one EMS provider, a county health department, one behavioral health provider, and two 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), level 2 stroke center, and laboratory services. Outpatient services included a 24/7 emergency department, cataract surgery, physical, occupational, and speech therapy, cardiac rehabilitation, pulmonary rehabilitation, smoking cessation, school based clinics, and mobile mammography. 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
2	Physician clinics
1	Dental office
1	Optometry office
1	Chiropractic office
1	Nursing home
1	County Health Department: Major County
1	EMS provider
1	Behavioral health provider
2	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 2017-2021 American Community Survey. This cohort accounted for 15.6 percent of the total population at the state level. This is compared to 20.6 percent of the population of the primary medical service area, 21 percent of the secondary medical service area, and 20.5 percent of Major County. The 45-64 age group accounts for the largest share of the population in the primary (25%) and secondary (25.5%) service areas and Major County (25.4%). This is compared to the state share of 24.1 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%	7.2%
25-44	21.0%	24.7%	22.4%	25.8%
45-64	29.8%	29.4%	26.9%	25.7%
65+	<u>19.4%</u>	<u>18.0%</u>	<u>17.3%</u>	<u>13.5%</u>
Totals	100.0%	100.0%	100.0%	100.0%
Total Population	7,675	7,568	7,527	3,751,351
17-21 ACS				
0-14	21.6%	17.9%	21.5%	20.2%
15-19	6.8%	8.1%	6.8%	6.8%
20-24	3.9%	3.3%	4.2%	6.9%
25-44	22.1%	24.1%	21.7%	26.3%
45-64	25.0%	25.5%	25.4%	24.1%
65+	<u>20.6%</u>	<u>21.0%</u>	<u>20.5%</u>	<u>15.6%</u>
Totals	100.0%	100.0%	100.0%	100.0%
Total Population	7,743	6,590	7,753	3,948,136

SOURCE: U.S. Census Bureau, Decennial Census data for 2010 and American Community Survey data for 2017-2021 (www.census.gov [January 2023]).

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 2017-2021 suggest that this population group has experienced an increase to 11.2 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 9.4 percent of the primary medical service area's population in 2017-2021 and 7.1 percent of the secondary medical service area during the same time period.

Table 3. 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 ¹	3.0%	6.8%	2.0%	8.6%
Other ²	3.7%	2.8%	4.0%	5.9%
Two or more Races ³	2.5%	3.2%	2.5%	5.9%
Hispanic Origin ⁴	<u>7.0%</u>	<u>5.8%</u>	<u>7.5%</u>	<u>8.9%</u>
Total Population	7,675	7,568	7,527	3,751,351
17-21 ACS				
White	85.8%	81.3%	86.5%	69.7%
Black	0.1%	2.0%	0.0%	7.2%
Native American ¹	3.2%	7.2%	2.8%	7.7%
Other ²	4.0%	1.5%	4.0%	7.4%
Two or more Races ³	7.0%	7.9%	6.6%	10.0%
Hispanic Origin ⁴	<u>9.4%</u>	<u>7.1%</u>	<u>10.0%</u>	<u>11.2%</u>
Total Population	7,743	6,590	7,753	3,948,136

SOURCE: U.S. Census Bureau, Decennial Census data for 2010 and American Community Survey data for 2017-2021 (www.census.gov [January 2023]).

Summary of Community Input for CHNA

Community input was gathered through a single community meeting. The meeting was held on February 2, 2023. All stakeholders received all of the typical primary and secondary data prior to their respective meetings. The meeting presentations and handouts can be found in Appendices C-E. The Oklahoma Office of Rural Health facilitated the gathering of the secondary data, the completion of the survey, and the community meeting. Data summaries are provided in the following sections.

Community members who were included to provide input:

- Fairview Regional Medical Center representatives

Community members invited to participate include City Council, Economic Development, Chamber of Commerce, North West Technology Center, Fairview Public Schools, Fairview Fellowship Home and the local hospital board. Also, a public invitation was made at the Fairview Lion's Club meeting that includes several business leaders and a broad selection of community members. A significant effort was placed on inviting those who have a deep understanding of the greater needs of the community. These individuals represent a good cross section of the community and can speak to the needs of the low income, underserved and racially diverse populations.

Economic Conditions of Major County and Economic Impact of Health Sector

Economic indicators for Major County in comparison to Oklahoma and the United States are outlined in Table 5. Major County tends to lag Oklahoma and the United States in some of the economic variables. In terms of per capita income, or the total income divided by the population, Major County is less favorable than Oklahoma and the nation. Oklahoma as a state tends to lag the national average. In terms of employment and unemployment, there were many changes during 2020 and 2021. The 2021 annual unemployment rate for Major County was 3.1 percent. This rate is lower than the state (3.8%) and the national (5.3%) rates. All of these rates are non-seasonally adjusted. The most recent monthly estimates show Major County to be less than 2021 with a 2.6 percent rate. This is lower than the state (3.0%) and the national (3.4%) rate. The share of individuals captured below the poverty threshold for income and household size is calculated by the U.S. Census Bureau. In 2021, the poverty rate for all ages in Major County was 10.7 percent. This is lower than the state and national rates. The share of children, or those under the age of 18, followed a similar trend of being lower than the state and slightly higher the national rate. All economic indicators can be found in Table 5.

Table 5. Economic Indicators for Major County, the State of Oklahoma and the Nation

Indicator	County	State	U.S.
Total Personal Income (2021)	\$361,818,000	\$214,760,676,000	\$21,288,709,000,000
Per Capita Income (2021)	\$47,185	\$53,870	\$64,143
Employment (2021)	3,565	1,783,080	152,581,000
Unemployment (2021)	115	71,154	8,623,000
Unemployment Rate (2021)	3.1%	3.8%	5.3%
Employment (November 2022)*	3,652	1,836,917	158,872,000
Unemployment (November 2022)*	96	56,211	5,523,000
Unemployment Rate (November 2022)*	2.6%	3.0%	3.4%
Percentage of People in Poverty (2021)	10.7%	15.4%	12.8%
Percentage of Under 18 in Poverty (2021)	17.7%	20.5%	16.9%
Transfer Dollars (2021)	\$97,763,000	\$52,188,560,000	\$4,617,314,000,000
Transfer Dollars as Percentage of Total Personal Income (2021)	27.0%	24.3%	21.7%
Medical Benefits as a share of Transfer Payments (2021)	31.5%	31.7%	35.7%

*County and state estimates are considered preliminary

SOURCES: 2022 Bureau of Labor Statistics; 2021 Bureau of Economic Analysis; 2021 U.S. Census Bureau.

Table 6 displays various education variables for Major County. The first three lines are education attainment percentages for the population aged 25 years and greater. In Major County, 89.5 percent of the population has at least their high school diploma, 40.6 percent has at least some college, and 18.6 percent of the population has at least a bachelor's degree. The far-right handed column provides a ranking within the state based on the highest, or most favorable percentages. The free and reduced lunch rate is the share of children in Major County who are enrolled in public school and eligible for free and reduced lunches. Major County's rate is 55 percent. This is lower than the state average of 59 percent. This is the 19th lowest rate in the state.

Table 6. Education Data for Major County and the State of Oklahoma

Indicator	County	State	Major County Ranking
At Least High School Diploma	89.5%	88.7%	18th Highest
Some College	40.6%	49.7%	44th Highest
At Least Bachelor's Degree	18.6%	26.8%	38th Highest
Free and Reduced Lunch Rate	55.0%	59.0%	19th Lowest

Sources: U.S. Census Bureau, American Community Survey, 2017-2021, National Center for Education Statistics 2019-2020.

Table 7 includes payer source data for Major County residents in comparison to the state. A ranking is also provided with the lowest percentages as the more favorable ranking. In 2020, 21.3 percent of individuals under the age of 65 were categorized as uninsured. This is higher than the state rate of 18.1 percent. In terms of children, or those under the age of 19, this rate was 16.6 percent. This was also higher than the state rate of 9.6 percent. In 2022, 21.2 percent of the population had Medicare as a payer for healthcare. This includes Medicare parts A, B and Advantage. In terms of Medicaid, 21 percent of the population in Major County had Medicaid as a payer source. The Medicare and Medicaid data were gathered from different sources, and duplicates have not been removed.

Table 7. Payer Source Data for Major County and the State of Oklahoma

Indicator	County	State	Major County Ranking
2020 Uninsured rate (under 65)	21.3%	18.1%	55th Lowest
2020 Uninsured rate (under 19)	16.6%	9.6%	74th Lowest
2022 Medicare share of total population	21.2%	19.6%	25th Lowest
2020 Medicaid share of total population	21.0%	26.0%	18th Lowest

Sources: U.S. Census Bureau Small Area Health Insurance Estimates, 2020; Centers for Medicare and Medicaid Services, Medicare Part A and B Recipients by State and County, September 2022; Oklahoma Health Care Authority, Total Enrollment by County, 2020

Table 8 below summarizes the overall economic impact of the health sector on the Major County, Oklahoma economy. 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 217 FTE individuals. After applying a county-specific employment multiplier to each respective sector, there is a total employment impact of 262 FTE employees. The same methodology is applied to income. The local health sector has a direct income impact of over \$12.5 million. When the appropriate income multiplier is applied, the total income impact is over \$14.2 million. The last two columns examine the impact this has on the retail sector of the local community. Recent data suggest that just 31.4% of personal income in Oklahoma 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 \$4.5 million spent locally, generating \$44,669 on a 1% tax. A copy of the meeting materials that were distributed can be found in Appendix C.

Table 8. Fairview Regional Medical Center 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	70	1.34	94	\$4,392,435	1.16	\$5,114,657	\$1,606,002	\$16,060
Physicians, Dentists & Other Medical Professionals & Nursing Homes	98	1.14	112	\$4,652,272	1.10	\$5,107,457	\$1,603,741	\$16,037
Other Medical & Health Services & Pharmacies	<u>49</u>	1.14	<u>56</u>	<u>\$3,504,629</u>	1.14	<u>\$4,003,598</u>	<u>\$1,257,130</u>	<u>\$12,571</u>
Total	217		262	\$12,549,335		\$14,225,711	\$4,466,873	\$44,669

SOURCE: 2021 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 Major County taxable sales and income (31.4%) – from 2022 Sales Tax Data and 2021 Personal Income Estimates from the Bureau of Economic Analysis.

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: 6), clinical care (rank: 39), social and economic factors (rank: 14), and physical environment (rank: 37). Major County's overall health factors rank is 13. This suggests, in general, the health status of Major County residents is somewhat comparable to that of neighboring counties. Areas of concern include Major County's smoking rate, obesity rate, physical inactivity rate, access to exercise opportunities, excessive drinking, uninsured rate, dentists per population, and mammography screening rate and flu vaccination rate of Medicare beneficiaries are all less desirable than the top U.S. performers. All health factors variables are presented in Table 9 along with Major 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 Major County ranks poorly compared to the national benchmark). The green highlighted areas are identified by County Health Rankings and Roadmaps as areas of strength for Major County.

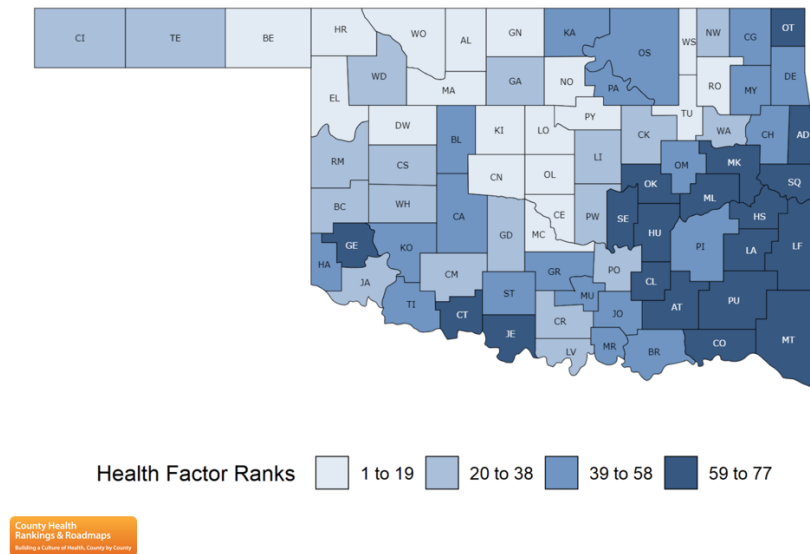
Table 9. Health Factors (Overall Rank 13)

Category (Rank)	Major County	Error Margin	Oklahoma	United States
Health Behaviors (6)				
Adult Smoking	19%	16-21%	19%	16%
Adult Obesity	34%	33-35%	37%	32%
Food Environment Index	8.2		5.8	7.8
Physical Inactivity	34%	31-37%	33%	26%
Access to Exercise Opportunities	0%		65%	80%
Excessive Drinking	15%	15-16%	14%	20%
Alcohol-Impaired Driving Deaths	24%	14-35%	27%	27%
Sexually Transmitted Infections	236		594	551
Teen Births	29	21-38	31	19
Clinical Care (39)				
Uninsured	18%	16-21%	17%	11%
Primary Care Physicians	1,910:1		1,630:1	1,310:1
Dentists	7,580:1		1,600:1	1,400:1
Mental Health Providers	1,890:1		240:1	350:1
Preventable Hospital Stays	3,516		4,346	3,767
Mammography Screening	34%		40%	43%
Flu Vaccinations	35%		47%	48%
Social & Economic Factors (14)				
High School Graduation	90%	88-92%	89%	89%
Some College	57%	48-65%	60%	67%
Unemployment	4.7%		6.1%	8.1%
Children in Poverty	16%	10-22%	19%	16%
Income Inequality	4.4	3.4-5.3	4.6	4.9
Children in Single-Parent Household	17%	8-25%	26%	25%
Social Associations	22.3		11.3	9.2
Violent Crime Rate	39		428	386
Injury Deaths	151	115-196	95	76
Physical Environment (37)				
Air-Pollution- Particulate Matter	8.8		9.5	7.5
Drinking Water Violations	Yes			
Severe Housing Problems	8%	5-10%	14%	17%
Driving Alone to Work	87%	83-91%	82%	75%
Long Commute- Driving Alone	31%	25-37%	27%	37%

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 rank is comparable to Woods, Woodward, Alfalfa, and Dewey Counties. Major County's rank is more favorable than Blaine and Garfield Counties.

2022 Health Factors – Oklahoma



In terms of health outcomes, considered, today's health, Major County's ranking is 19th 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 10.

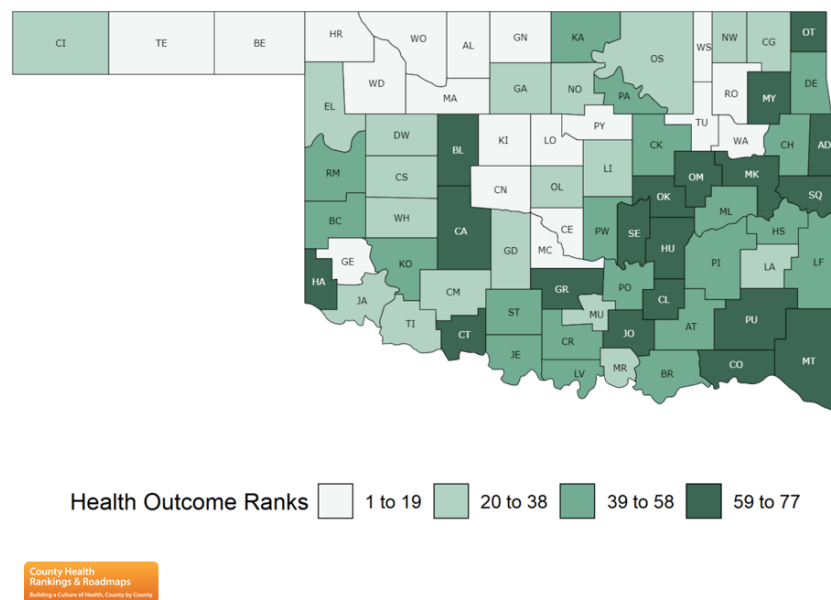
Table 10. Health Outcomes (Overall Rank 19)

Category (Rank)	Major County	Error Margin	Oklahoma	United States
Length of Life (36)				
Premature Death	10,300	7,600-13,100	9,400	7,300
Quality of Life (10)				
Poor or Fair Health	20%	17-22%	21%	17%
Poor Physical Health Days	4.2	3.9-4.4	4.6	3.9
Poor Mental Health Days	4.8	4.5-5.1	5	4.5
Low Birth Weight	7%	5-9%	8%	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 comparable to Woods, Woodward, and Alfalfa Counties. Major County's ranking is more favorable than Dewey, Blaine and Garfield Counties.

2022 Health Outcomes – Oklahoma



Community Survey Methodology and Results

A survey was designed to gauge hospital usage, satisfaction, and community health needs. Hard copy surveys were available at the clinic. The Survey Monkey link was shared widely on social media encouraging the community's participation in the survey. 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 December 2, 2022 to January 20, 2023. A total of 74 surveys from the Fairview Regional Medical Center medical service area were completed. Of the surveys returned, all were completed via Survey Monkey.

Table 11 below shows the survey respondent representation by zip code. The largest share of respondents was from the Fairview (73737) zip code with 52 responses or 70.3 percent of the total. Chester (73838) followed with 10 responses, and Canton (73724) had 5 responses.

Table 11. Zip Code of Residence

Response Category	No.	%
73737- Fairview	52	70.3%
73838- Chester	10	13.5%
73724- Canton	5	6.8%
73763- Okeene	1	1.4%
73755- Longdale	1	1.4%
73738- Garber	1	1.4%
73729- Cleo Springs	1	1.4%
73703- Enid	1	1.4%
73701- Enid	1	1.4%
74737- Golden	1	1.4%
Total	74	100.0%

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

Primary Care Physician Visits

- 78.4% of respondents had used a primary care physician in the Fairview area in the past 24 months
- 94.8% of those responded being satisfied
- Only 35 respondents or 47.3% of the survey respondents believe there are enough primary care physicians practicing in Fairview
- 73% responded they were able to get an appointment with their primary care physician when they needed one
- 37.8% of respondents indicated that they have used the services of an urgent care in the past 12 months
- 66.2% responded that they would utilize urgent care or after hours services offered in Fairview

Specialist Visits

Summary highlights include:

- 68.9% of all respondents report some specialist visit in past 24 months
- Most common specialty visited are displayed in Table 12
- No visits occurred in Fairview

Table 12. Type of Specialist Visits

Type of Specialist	No.	Percent
<i>Top 5 Responses</i>		
Cardiologist. (0 visits in Fairview)	15	18.3%
OB/GYN (0 visits in Fairview)	11	13.4%
Orthopedist/Ortho Surg. (0 visits in Fairview)	8	9.8%
Dermatologist (0 visits in Fairview)	8	9.8%
Urologist (0 visits in Fairview)	6	7.3%
All others (0 visits in Fairview)	<u>34</u>	<u>41.4%</u>
Total	<u>82</u>	<u>100.0%</u>

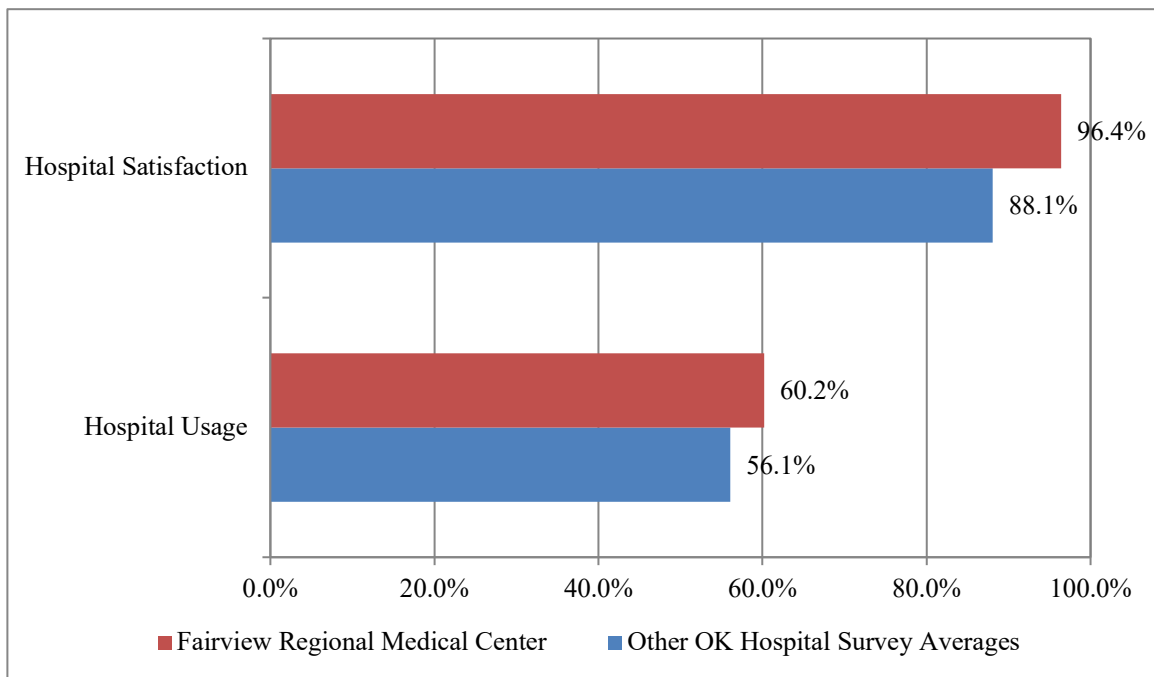
Some respondents answered more than once.

Hospital Usage and Satisfaction

Survey highlights include:

- 60.2% of survey respondents that have used hospital services in the past 24 months used services at Fairview Regional Medical Center
 - o INTEGRIS Bass Baptist Hospital, Enid (12.2%) and St. Mary's Regional Medical Center, Enid (9.2%) followed
 - o Availability of specialty care including surgery and labor delivery (47.1%) and physician referral/transferred (25.5%) were the most common responses for using a facility other than Fairview Regional Medical Center
 - o The usage rate of 60.2% was higher than the state average of 56.1% for usage of other rural Oklahoma hospitals surveyed
- 96.4% of survey respondents were satisfied with the services received at Fairview Regional Medical Center
 - o This is higher than the state average for other hospitals (88.1%)
- Most common services used at Fairview Regional Medical Center:
 - o Laboratory (29.7%)
 - o Physician services (25.6%)
 - o Diagnostic Imaging (X-ray, CT, MRI, Ultrasound) (19.2%)

Figure 2. Summary of Hospital Usage and Satisfaction Rates



Local Healthcare Concerns and Additional Services

Survey respondents were asked what concerns them most about health in their community. The most common response was heart disease (13.4%) followed by accessing specialty services (12.9%), diabetes (11.2%), and mental health (9.5%). Table 13 displays all responses and the frequencies.

Table 13. Top Health Concerns in the Fairview Area

	No.	%
Heart disease	31	13.4%
Accessing specialty services	30	12.9%
Diabetes	26	11.2%
Mental health	22	9.5%
Cancers	21	9.1%
Substance abuse	19	8.2%
Obesity	18	7.8%
Accessing primary care	18	7.8%
Dental	15	6.5%
Suicide	12	5.2%
Motor vehicle crashes	4	1.7%
Teen pregnancy	3	1.3%
Physician availability for house calls for elderly patients	1	0.4%
OB/GYN/Labor and Delivery	1	0.4%
No response	11	4.7%
Total	232	100.0%

Survey respondents also had the opportunity to identify what additional health and wellness services they would like to see offered in their community. The most common response was specialists with a collective response of 22.8 percent tied with don't know/no additional services, also 22.8 percent. Mental health/counseling services/reasonable help/inpatient treatment (10.1%) followed. Table 14 displays the full listing of responses.

Table 14. Additional Services Community Members Would Like to See Offered in the Fairview Area

Response Category	No.	%
Specialists: Specialists in general/Specialty clinics (7); Cardiologist (2); OB/GYN (2); Orthopedist (2); Dermatologist (1); Ophthalmologist (1); Pediatrician (1); Endocrinologist (1); Pulmonologist (1)	18	22.8%
Don't know/No additional services	18	22.8%
Mental health/Counseling services/Reasonable help/Inpatient treatment center	8	10.1%
Urgent care/After hours care/Longer clinic hours	2	2.5%
Diabetic counseling	2	2.5%
Dental/Another dentist	2	2.5%
Women's health	2	2.5%
Holistic medicine/Natural health	2	2.5%
Cardiac calcium screening	1	1.3%
Endoscopy	1	1.3%
Weight loss clinic	1	1.3%
House Calls	1	1.3%
Labor and Delivery	1	1.3%
More ambulance transport	1	1.3%
Nutrition	1	1.3%
Dry Needling	1	1.3%
No response	17	21.5%
Total	79	100.0%

Community Health Needs- Identification of Priorities

To gather community input, a single community meeting was held. Local community members had the option to attend an in-person meeting hosted at Fairview Regional Medical Center. This meeting was held on February 2, 2023. The OK Office of Rural Health presented and facilitated the meeting. A complete listing of individuals who participated is included in Appendix B.

During the community meeting process, participants were asked the following three questions:

- What are the top health needs of the patients/clients I serve?
- What are the top health needs of the greater community (outside of the hospital or clinic setting)?

- What am I most proud of in Fairview and Major County?

The concerns listed were:

- Staffing- availability of healthcare providers
 - Just getting students in to get trained- the facilities are there- it is just a struggle to get students into the program
- How to impact suicide- still an ongoing concern
- Mental health- still is a significant process to get patient into an inpatient setting
- Schools have tele mental health- underutilized at the moment. The offerings are there, but still new.
- EMS- Shortage of paramedics, resources for making transfers- Similar to the training- limited number entering paramedic program
- More Medicaid and those without the means might not go to the doctor as much. When they need services, they then need to sign up for Medicaid and don't realize the time involved for approval/admitted into program. They often wait until they need care.
- Homelessness- there are no local safety nets. This is something that is new to the community, but there are two instances in this quarter. There is an overall lack of resources.

Fairview and Major County do have many strengths. Some of the sources of pride noted by community members include:

- Therapy building- allowed recruitment of providers back to their hometown
- Cooperation and agreements between facilities and institutions in the area- working together to solve problems
- Institutions available in a smaller community- nursing homes, hospital, dental, etc. not just holding on but increasing services and what is available
- Infrastructure- water, broadband is always working to increase/improve. There have been many steps taken recently to upgrade.
- Quality of care provided in community and the cleanliness of facility

Health Priorities and Implementation Strategy

Fairview Regional Medical Center Administration utilized these responses to generate the list of priorities based on the frequencies of responses, potential impact the hospital can have on these items, and the opportunity to collaborate with existing organizations and providers in the community. The following items were identified as priorities:

Staffing- availability of healthcare providers including getting students trained and into training programs

Partner with school counselors, Tech Center, Bio Med Class, First Responder's, Other Healthcare providers:

- Present healthcare careers as early as middle school
- Participate in career fairs
- Promote virtual job shadows to encourage healthcare exploration
- Promote student career exploration with high school students via job shadow
- Offer salary stipend to employees who demonstrate aptitude and interest in expanding their education in healthcare related fields
- Expand clinical opportunities within area facilities

How to impact suicide- still an ongoing concern

This one still has the community baffled as they have not been able to make an impact using traditional approaches. The hospital in collaboration with the greater community plans to continue to work with state and local resources to find an action plan.

Mental health- still is a significant process to get patient into an inpatient setting

Continue to work with State and Local partners to fine tune the processes.

Schools have tele mental health- underutilized at the moment. The offerings are there, but still new. There is an opportunity to further explore inhibitors to utilization to improve utilization and acceptance.

EMS- Shortage of paramedics, resources for making transfers- Similar to the training-limited number entering paramedic program

Partner with school counselors, Tech Center, Bio Med Class, First Responder's, Other Healthcare providers:

- Present healthcare careers as early as middle school
- Participate in career fairs
- Promote virtual job shadows to encourage healthcare exploration
- Expand clinical opportunities within area facilities
- Partner with State and local resources to address any identified barriers.

More Medicaid and those without the means might not go to the doctor as much. When they need services, they then need to sign up for Medicaid and don't realize the time involved for approval/admitted into program. They often wait until they need care.

Next steps include forming a coalition of hospital, nursing home, DHS, Social Workers to do a series of programs on for not only elderly but children of elderly parents.

- Advanced Directives
- Medicaid planning
- Long term care planning

Provide and publish contact information on local experts in any of the aging related issues.

Homelessness- there are no local safety nets. This is something that is new to the community, but there are two instances in this quarter. There is an overall lack of resources.

Initial steps include, forming a community coalition of healthcare, law enforcement, ministerial alliance, Serving Christ Outreach, DHS, addiction treatment organizations, Northwest Behavioral Health to explore the issue, create options and seek funding.

Community Health Needs Assessment Marketing Plan

The hospital will make the Community Health Needs Assessment Summary and Implementation Strategy Plan available upon request at Fairview Regional Medical Center, and a copy will be available to be downloaded from the hospital's website (<https://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, CR, MRI, Ultrasound, DEXA (Bone Density)
Health Information Management
Drug Room
Dietary
Specialist Referral
Level 2 Stroke Center
Epic EMR

Outpatient:

Emergency Department
Cataract Surgery
Laboratory
Radiology
Bio-Equivalent Hormone Replacement Therapy
Physical Therapy
Occupational Therapy
Speech Therapy
Dry Needle Therapy
Cardiac Rehabilitation
Pulmonary Rehabilitation
Pulmonary Function Testing
Smoking Cessation
School Based Clinics
Mobile Mammography

Specialty Clinics:

Telemedicine
Endocrinology
Sleep Medicine
Urology

FRMC/Fairview Family Rural Health Clinic:

Physicians
Physician Assistants
Advanced Practice Registered Practitioners
Licensed Clinical Social Worker

Community Activities:

Oklahoma Blood Institute
Health Fair and Screening
Flu Shot Clinics
Education to civic groups/clubs
Sooner Care/Medicaid Enroller
Charity Care
Conference Room for community events
Chapel

Charitable Trust:

Fairview Hospital Foundation
Scholarships for nursing and medical

Hospital Website:

www.fairviewregionalmedicalcenter.com

Accreditation:

Certified by Medicare/Medicaid as Critical /
Certified by Oklahoma State Health Departn

Governance:

Fairview Regional Medical Center Authority

Appendix B Community Input Participants

**Fairview Regional Medical Center
Community Health Needs Assessment
Community Input Meeting
2-Feb-23**

Name	Organization
Roger Knak	Fairview Regional Medical Center
Kory Baker	Fairview Fellowship Home
Chris Hoffman	City of Fairview
Melissa Powell	Northwest Technology Center
Cole Shaw	Northwest Technology Center
Keith Whiteneck	Northwest Technology Center/FRMC Board
Tamara Eitzen	Fairview Regional Medical Center
Frank Huebert	Fairview Regional Medical Center Board
Bob Maynard	Fairview Regional Medical Center

Appendix C- Economic Impact

Fairview Regional Medical Center Economic Impact



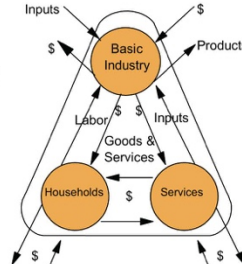
Healthcare, especially a hospital, plays a vital role in local economies.

Fairview Regional Medical Center, including the Rural Health Clinic, **directly** employs 70 individuals with an annual payroll of nearly **\$4.4 million** including benefits

- These employees and income create an additional 24 jobs and over \$722,222 in income as they interact with other sectors of the local economy
- **Total impacts= 94 jobs and over \$5.1 million**
- Other segments of the healthcare sector (Pharmacies, home health, etc.) provide another 147 jobs and an additional **\$8.15 million** in wages
- Their interactions and transactions within the local economy including the hospital's impact create:
 - **Total health sector impacts= 262 jobs and \$14.22 million**
 - Over **\$4.4 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



Source: Docksen, 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

Consider what could be lost without the hospital:

- Pharmacies
- Other Healthcare Providers and Services
- Physicians/Specialists
- Potential Retail Sales

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



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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 U2WRH33319 and title: Medicare Rural Hospital Flexibility Grant Program for \$673,496, 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.

Multipliers were derived from IMPLAN 2021, sales tax data were derived from County FY2022 Oklahoma Tax Commission data, and 2021 personal income estimates from Bureau of Economic Analysis.

Appendix D- Major County Health Indicators and Outcomes

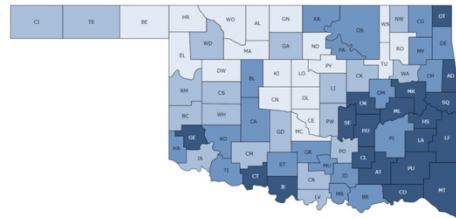
Health Indicators and Outcomes for Major County As part of the Community Health Needs Assessment

Table 1. Health Factors (Overall Rank 13)

Category (Rank)	Major County	Error Margin	Oklahoma	United States
Health Behaviors (6)				
Adult Smoking	19%	16-21%	19%	16%
Adult Obesity	34%	33-35%	37%	32%
Food Environment Index	8.2		5.8	7.8
Physical Inactivity	34%	31-37%	33%	26%
Access to Exercise Opportunities	0%		65%	80%
Excessive Drinking	15%	15-16%	14%	20%
Alcohol-Impaired Driving Deaths	24%	14-35%	27%	27%
Sexually Transmitted Infections	236		594	551
Teen Births	29	21-38	31	19
Clinical Care (39)				
Uninsured	18%	16-21%	17%	11%
Primary Care Physicians	1,910:1		1,630:1	1,310:1
Dentists	7,580:1		1,600:1	1,400:1
Mental Health Providers	1,890:1		240:1	350:1
Preventable Hospital Stays	3,516		4,346	3,767
Mammography Screening	34%		40%	43%
Flu Vaccinations	35%		47%	48%
Social & Economic Factors (14)				
High School Graduation	90%	88-92%	89%	89%
Some College	57%	48-65%	60%	67%
Unemployment	4.7%		6.1%	8.1%
Children in Poverty	16%	10-22%	19%	16%
Income Inequality	4.4	3.4-5.3	4.6	4.9
Children in Single-Parent Household	17%	8-25%	26%	25%
Social Associations	22.3		11.3	9.2
Violent Crime Rate	39		428	386
Injury Deaths	151	115-196	95	76
Physical Environment (37)				
Air-Pollution- Particulate Matter	8.8		9.5	7.5
Drinking Water Violations	Yes			
Severe Housing Problems	8%	5-10%	14%	17%
Driving Alone to Work	87%	83-91%	82%	75%
Long Commute- Driving Alone	31%	25-37%	27%	37%

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

2022 Health Factors – Oklahoma



Health Factor Ranks 1 to 19 20 to 38 39 to 58 59 to 77

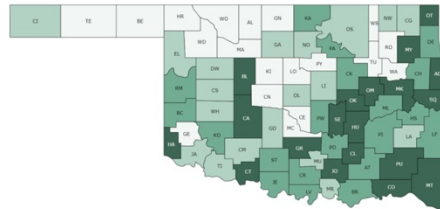
County Health Rankings & Roadmaps

Table 2. Health Outcomes (Overall Rank 19)

Category (Rank)	Major County	Error Margin	Oklahoma	United States
Length of Life (36)				
Premature Death	10,300	7,600-13,100	9,400	7,300
Quality of Life (10)				
Poor or Fair Health	20%	17-22%	21%	17%
Poor Physical Health Days	4.2	3.9-4.4	4.6	3.9
Poor Mental Health Days	4.8	4.5-5.1	5	4.5
Low Birth Weight	7%	5-9%	8%	8%

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

2022 Health Outcomes – Oklahoma



Health Outcome Ranks 1 to 19 20 to 38 39 to 58 59 to 77

County Health Rankings & Roadmaps

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



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Appendix E- Survey Form and Survey Results

Fairview Regional Medical Center Local Health Services Survey

Please return completed survey by January 20, 2023

The zip code of my residence is: _____

What is your current age: _____

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*)
☐ Fairview Regional Medical Center (*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 Fairview Regional Medical Center, why

3. did you or your family member choose that hospital? (*Please answer then skip to Q6*)

- | | |
|-----------------------------------------------------------|-------------------------------------------------------------|
| <input type="checkbox"/> Physician referral | <input type="checkbox"/> Quality of care/Lack of confidence |
| <input type="checkbox"/> Closer, more convenient location | <input type="checkbox"/> Availability of specialty care |
| <input type="checkbox"/> Insurance reasons | <input type="checkbox"/> Other (<i>Please list below</i>) |

If you responded in **Q2** that your household received care at Fairview Regional Medical Center, what hospital service(s)

4. were used?

- | | |
|--------------------------------------------------------------------------|----------------------------------------------------------------------|
| <input type="checkbox"/> Diagnostic imaging (X-ray, MRI, CT, Ultrasound) | <input type="checkbox"/> Hospital Inpatient |
| <input type="checkbox"/> Laboratory | <input type="checkbox"/> Skilled nursing (swing bed) |
| <input type="checkbox"/> Outpatient infusion/Shots | <input type="checkbox"/> Emergency room (ER) |
| <input type="checkbox"/> Physician services | <input type="checkbox"/> Respiratory Therapy/Pulmonary Function Test |
| <input type="checkbox"/> Physical, speech, or occupational therapy | <input type="checkbox"/> Other (<i>Please list below</i>) |

-
5. How satisfied was your household with the services you received at Fairview Regional Medical Center?
☐ Satisfied ☐ Dissatisfied ☐ Don't know
 6. Has your household been to a specialist in the past 24 months?
☐ Yes ☐ No (*Skip to Q10*) ☐ Don't know (*Skip to Q10*)

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

7.

Type of Specialist	City

8. Did the specialist request further testing, laboratory work and/or x-rays?
☐ Yes ☐ No ☐ Don't know
9. If yes, in which city were the tests or laboratory work performed?

Continue on reverse side...

10. What kind of medical provider do you use for routine care *(Please select all that apply)* ?

- | | |
|-----------------------------------------------------|----------------------------------------------------------------------|
| <input type="checkbox"/> Primary Care physician | <input type="checkbox"/> Mid-Level Clinic (Nurse Practitioner or PA) |
| <input type="checkbox"/> Tribal Health Center | <input type="checkbox"/> Emergency Room/Hospital |
| <input type="checkbox"/> Income Based Health Center | <input type="checkbox"/> Specialist |
| <input type="checkbox"/> Urgent care/Walk in clinic | <input type="checkbox"/> Other <i>(Please list below)</i> |
| <input type="checkbox"/> Health Department | |
-

11. Has your household been to a primary care (family) doctor in the Fairview area?

- ☐ Yes *(Go to Q12)* ☐ No *(Skip to Q13)* ☐ Don't know *(Skip to Q13)*

12. How satisfied was your household with the quality of care received in the Fairview area?

- ☐ Satisfied ☐ Dissatisfied ☐ Don't know

13. Do you think there are enough primary care (family) doctors practicing in the Fairview area?

- ☐ Yes ☐ No ☐ Don't know

14. Are you able to get an appointment, within 48 hours, with your primary care (family) doctor when you need one?

- ☐ Yes ☐ No ☐ Don't know

15. Have you used the services of a walk-in, urgent care or after hours clinic in the past 24 months?

- ☐ Yes ☐ No ☐ Don't know

16. Would you utilize a walk in and/or after hours clinic if offered in Fairview?

- ☐ Yes ☐ No ☐ Don't know

17. What concerns you most about health in the Fairview area *(Please select all that apply)* ?

- | | |
|-----------------------------------------|-------------------------------------------------------|
| <input type="checkbox"/> Heart disease | <input type="checkbox"/> Substance abuse |
| <input type="checkbox"/> Cancers | <input type="checkbox"/> Obesity |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Accessing primary care |
| <input type="checkbox"/> Dental | <input type="checkbox"/> Accessing specialty services |
| <input type="checkbox"/> Teen Pregnancy | <input type="checkbox"/> Motor vehicle crashes |
| <input type="checkbox"/> Suicide | <input type="checkbox"/> Other |
| <input type="checkbox"/> Mental health | |
-

18. What additional health and wellness services would you like to see offered in the Fairview area?

19. Has your household used telemedicine services, a visit either by telephone or video with your provider, in the past year?

- ☐ Yes ☐ No *(Skip to Q21)* ☐ Don't know *(Skip to Q21)*

20. How satisfied was your household with the quality of care received via telemedicine?

- ☐ Satisfied ☐ Dissatisfied ☐ Don't know

21. How would you prefer to be notified of community events?
(Please select all that apply)

- | | | |
|------------------------------------|----------------------------------|---------------------------------------|
| <input type="checkbox"/> Newspaper | <input type="checkbox"/> Email | <input type="checkbox"/> Social Media |
| <input type="checkbox"/> Radio | <input type="checkbox"/> Website | |

*Please mail completed survey
to:
Fairview Regional Medical
Center
523 E State Street
Fairview, OK 73737*

Fairview Regional Medical Center Survey Results

Corie Kaiser, Director
Lara Brooks, Rural Health Analyst

Oklahoma Office of Rural Health



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Photo Courtesy of David Waters

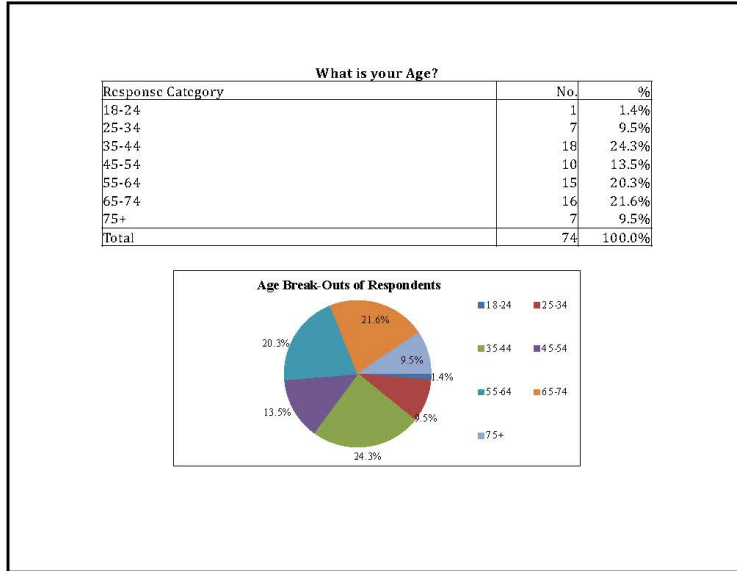
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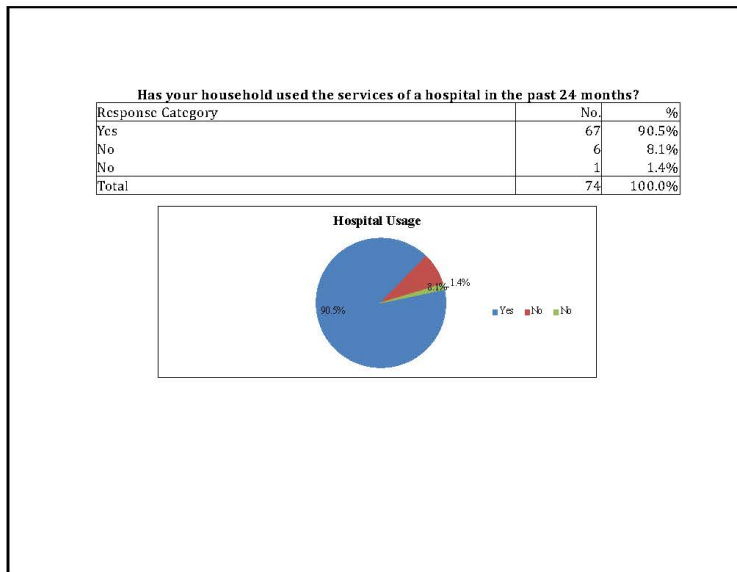
Zip Code of Residence		
Response Category	No.	%
73737- Fairview	52	70.3%
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73755- Longdale	1	1.4%
73738- Garber	1	1.4%
73729- Cleo Springs	1	1.4%
73703- Enid	1	1.4%
73701- Enid	1	1.4%
74737- Golden	1	1.4%
Total	74	100.0%

*154 Responses in 2018

2



3

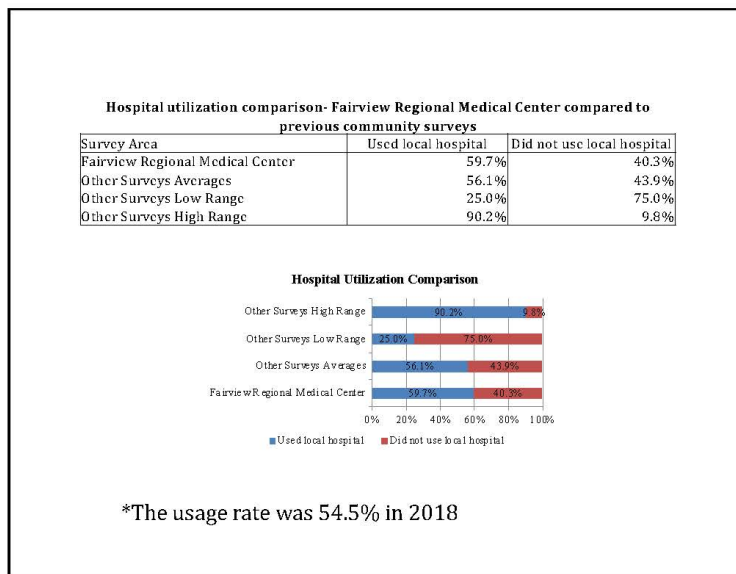


4

Where did you receive hospital services?		
Response Category	No.	%
Fairview Regional Medical Center, Fairview	59	60.2%
INTEGRIS Bass Baptist Hospital, Enid	12	12.2%
St. Mary's Regional Medical Center, Enid	9	9.2%
Oklahoma Heart Hospital, Oklahoma City	2	2.0%
Oklahoma Spine Hospital, Oklahoma City	2	2.0%
Hillcrest Hospital, Tulsa	1	1.0%
Lakeside Women's Hospital, Oklahoma City	1	1.0%
Norman Regional Health System, Norman	1	1.0%
Jackson County Memorial Hospital, Altus	1	1.0%
Neil J Redfield Memorial Hospital, Malad City, ID	1	1.0%
INTEGRIS Canadian Valley, Yukon	1	1.0%
OU Medical Center, Oklahoma City	1	1.0%
SSM Health St. Anthony Hospital, Oklahoma City	1	1.0%
Okeene Municipal Hospital	1	1.0%
Seiling Community Hospital, Seiling	1	1.0%
INTEGRIS, No location	1	1.0%
AllianceHealth, No location	1	1.0%
Urgent care, no location	1	1.0%
No location	1	1.0%
Total*	98	100.0%

*Some respondents answered more than once. Average hospitals visited per respondent = 1.43

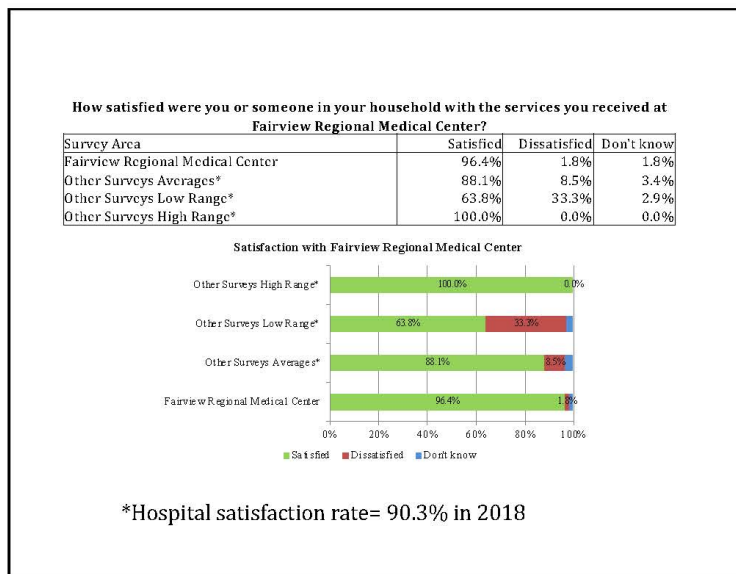
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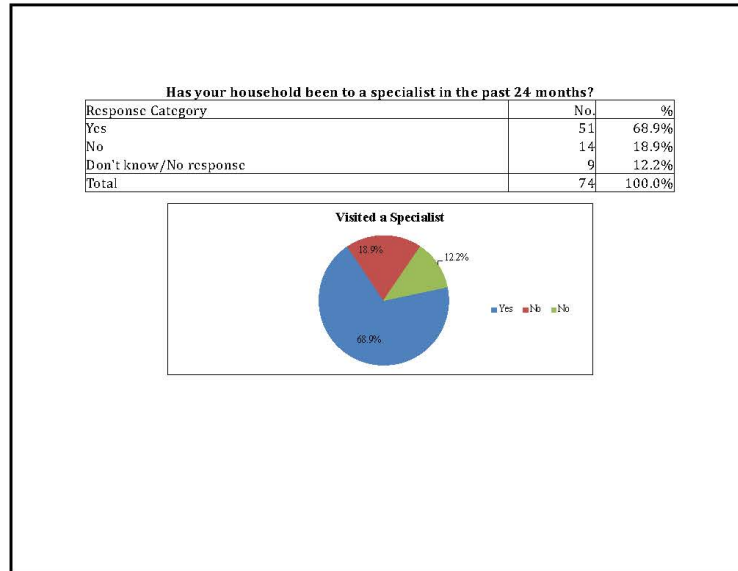
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If you responded in question 2 that your household received care at a hospital other than Fairview Regional Medical Center, why did you or your family member choose that hospital?		
Response Category	No.	%
Availability of specialty care (Including surgery, labor and delivery)	24	47.1%
Physician referral/Transferred	13	25.5%
Closer, more convenient location	5	9.8%
Quality of care/Lack of confidence	5	9.8%
Insurance reasons	1	2.0%
Car accident/Emergency	1	2.0%
Family member works at other facility	1	2.0%
Weekend care	1	2.0%
Total*	51	100.0%
*Some respondents selected more than one category.		
What hospital services were used at Fairview Regional Medical Center?		
Response Category	No.	%
Laboratory	51	29.7%
Physician services	44	25.6%
Diagnostic imaging (Xray, CT, MRI, Ultrasound)	33	19.2%
Emergency room	14	8.1%
Physical, speech, or occupational therapy	12	7.0%
Outpatient services	10	5.8%
Hospital inpatient	4	2.3%
Skilled nursing (Swing Bed)	1	0.6%
Cardiac rehab	1	0.6%
Pulmonary rehab	1	0.6%
BioTc procedure	1	0.6%
Total*	172	100.0%
*Some respondents selected more than one category. Average number of services used per respondent = 2.57		

7



8



9

What type of specialist has your household been to and in which city did you receive that care?

Type of Specialist	City	No.	%
Cardiologist	No location (6); Enid (4); Oklahoma City (4); Tulsa (1)	15	18.3%
OB/GYN	Enid (5); Oklahoma City (4); Elk City (1); No location (1)	11	13.4%
Orthopedist/Ortho Surg.	No location (5); Enid (1); Midwest City (1); Oklahoma City (1)	8	9.8%
Dermatologist	Enid (4); Edmond (1); Oklahoma City (1); Yukon (1); No location (1)	8	9.8%
Urologist	No location (4); Enid (1); Woodward (1)	6	7.3%
Endocrinologist	No location (2); Enid (1); Oklahoma City (1)	4	4.9%
Allergist	Enid (2); No location (1)	3	3.7%
Oncologist	Enid (3)	3	3.7%
Ophthalmologist	Oklahoma City (2); Enid (1)	3	3.7%
Otolaryngologist	Enid (1); Oklahoma City (1); No location (1)	3	3.7%
Gastroenterologist	No location (2)	2	2.4%
Hepatologist	Oklahoma City (1); No location (1)	2	2.4%
Neurologist	Oklahoma City (1); No location (1)	2	2.4%
Pediatric Neurologist	Oklahoma City (1); No location (1)	2	2.4%
Pediatric Ortho.	Oklahoma City (1); No location (1)	2	2.4%
Colonoscopy	Enid (1)	1	1.2%
Electrophysiologist	Oklahoma City (1)	1	1.2%
Maternal-Fetal	Oklahoma City (1)	1	1.2%
Pain Management	Enid (1)	1	1.2%
Pediatric Gastroenterologist	Oklahoma City (1)	1	1.2%
Pediatric Urologist	No location (1)	1	1.2%
Pediatrician	Oklahoma City (1)	1	1.2%
Pulmonologist	Enid (1)	1	1.2%
Total*		82	100.0%

*Some respondents answered more than once. 51 respondents had seen a specialist. Those 51 respondents reported visiting an average of 1.61 specialists.

*Top 3 Specialists in 2018: Cardiologist (28); Orthopedist/Ortho Surg (23); OB/GYN (11)

10

Did the specialist request further testing, laboratory work and/or x-rays?		
Response Category	No.	%
Yes	40	78.4%
No	11	21.6%
Total	51	100.0%

If yes, in which city were the tests or laboratory work performed?		
Response Category	No.	%
Enid	18	34.6%
Fairview	17	32.7%
Oklahoma City	12	23.1%
Edmond	2	3.8%
Midwest City	1	1.9%
Norman	1	1.9%
Tulsa	1	1.9%
Total*	52	100.0%

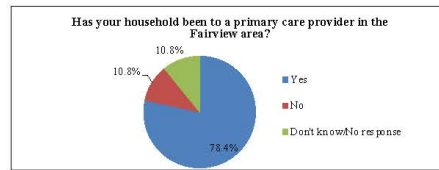
*Some respondents answered more than once. Average responses equal 1.3

11

What type of medical provider do you use for routine care?		
Response Category	No.	%
Primary care physician	45	50.6%
Mid-level clinic (Nurse practitioner or PA)	25	28.1%
Specialist	6	6.7%
Urgent care/Walk in clinic	5	5.6%
Emergency room/Hospital	2	2.2%
No response	6	6.7%
Total	89	100.0%

12

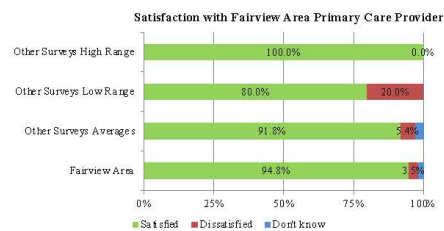
Has your household been to a primary care doctor in the Fairview area?		
Response Category	No	%
Yes	56	78.4%
No	8	10.8%
Don't know/No response	8	10.8%
Total	74	100.0%



13

How satisfied were you or someone in your household with the quality of care received in the Fairview area?

Response Category	Satisfied	Dissatisfied	Don't know
Fairview Area	94.8%	3.5%	1.7%
Other Surveys Averages	91.8%	5.4%	2.8%
Other Surveys Low Range	80.0%	20.0%	0.6%
Other Surveys High Range	100.0%	0.0%	0.0%



*Primary Care satisfaction rate= 92.4% in 2018

14

Do you think there are enough primary care (family) doctors practicing in the Fairview area?

Response Category	No.	%
Yes	35	47.3%
No	19	25.7%
Don't know/No response	20	27.0%
Total	74	100.0%

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

Response Category	No.	%
Yes	54	73.0%
No	11	14.9%
Don't know/No response	9	12.2%
Total	74	100.0%

15

Have you used the services of a walk-in, urgent care or after hours clinic in the past 24 months?

Response Category	No.	%
Yes	28	37.8%
No	38	51.4%
Don't know/No response	8	10.8%
Total	74	100.0%

Would you utilize a walk in and/or after hours clinic if offered in Fairview?

Response Category	No.	%
Yes	49	66.2%
No	3	4.1%
Don't know/No response	22	29.7%
Total	74	100.0%

16

What concerns you most about health in the Fairview area?		
	No.	%
Heart disease	31	13.4%
Accessing specialty services	30	12.9%
Diabetes	26	11.2%
Mental health	22	9.5%
Cancers	21	9.1%
Substance abuse	19	8.2%
Obesity	18	7.8%
Accessing primary care	18	7.8%
Dental	15	6.5%
Suicide	12	5.2%
Motor vehicle crashes	4	1.7%
Teen pregnancy	3	1.3%
Physician availability for house calls for elderly patients	1	0.4%
OB/GYN/Labor and Delivery	1	0.4%
No response	11	4.7%
Total	232	100.0%

17

What additional health and wellness services would you like to see offered in the Fairview area?		
Response Category	No.	%
Specialists: Specialists in general/Specialty clinics (7); Cardiologist (2); OB/GYN (2); Orthopedist (2); Dermatologist (1); Ophthalmologist (1); Pediatrician (1); Endocrinologist (1); Pulmonologist (1)	18	22.8%
Don't know/No additional services	18	22.8%
Mental health/Counseling services/Reasonable help/Inpatient treatment center	8	10.1%
Urgent care/After hours care/Longer clinic hours	2	2.5%
Diabetic counseling	2	2.5%
Dental/Another dentist	2	2.5%
Women's health	2	2.5%
Holistic medicine/Natural health	2	2.5%
Cardiac calcium screening	1	1.3%
Endoscopy	1	1.3%
Weight loss clinic	1	1.3%
House Calls	1	1.3%
Labor and Delivery	1	1.3%
More ambulance transport	1	1.3%
Nutrition	1	1.3%
Dry Needling	1	1.3%
No response	17	21.5%
Total	79	100.0%

18

Has your household used telemedicine services, a visit either by telephone or video with your provider, in the past year?

Response Category	No.	%
Yes	21	28.4%
No	41	55.4%
Don't know/No response	12	16.2%
Total	74	100.0%

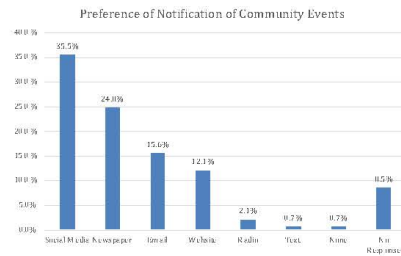
How satisfied was your household with the quality of care received via telemedicine?

Response Category	No.	%
Satisfied	16	76.2%
Dissatisfied	2	9.5%
Don't know/No response	3	14.3%
Total	21	100.0%

19

How would you prefer to be notified of community events?

Outlet	No.	%
Social Media	50	35.5%
Newspaper	35	24.8%
Email	22	15.6%
Website	17	12.1%
Radio	3	2.1%
Text	1	0.7%
None	1	0.7%
No Response	12	8.5%
Total	141	72.5%



20