

Great Plains Regional Medical Center

Community Health Needs Assessment Summary and Implementation Strategy



Oklahoma Office of Rural Health

OSU Center for Rural Health

April 2019

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 \$670,326, 0% financed with nongovernmental sources. This information or content and conclusions are those of the author and should not be construed as the official position or policy of, nor should any endorsements be inferred by HRSA, HHS or the U.S. Government.



Table of Contents

Introduction..... 1

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

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

Great Plains Regional Medical Center Medical Services Area Demographics 5

 Figure 1. Great Plains Regional Medical Center Medical Service Areas 5

 Table 1. Population of Great Plains Regional Medical Center Medical Service Area 7

 Table 2. Existing Medical Services in Great Plains Regional Medical Center Medical Services Area 8

 Table 3. Percent of Total Population by Age Group for Great Plains Regional Medical Center
 Medical Service Areas, Beckham County and Oklahoma 9

Summary of Community Meetings..... 11

 Economic Impact and Community Health Needs Assessment Overview, March 6, 2019 11

 Table 5. Great Plains Regional Medical Center Medical Service Area Health Sector Impact on
 Employment and Income, and Retail Sales and Sales Tax 13

 Health Data, March 13, 2019 14

 Table 6. Health Factors (Overall Rank 37) 15

 Table 7. Health Outcomes (Overall Rank 42)..... 16

Community Survey Methodology and Results, March 6, 2019- March 27, 2019 17

 Table 8. Zip Code of Residence..... 18

 Table 9. Type of Specialist Visits 19

 Figure 2. Summary of Hospital Usage and Satisfaction Rates 19

 Table 10. Top Healthcare Concerns in the Elk City Area..... 21

 Table 11. Additional Survey Respondents Would Like to See Offered at Great Plains Regional
 Medical Center..... 22

Primary Care Physician Demand Analysis, March 27, 2019..... 23

 Table 12. Primary Care Physician Office Visits Given Usage by Local Residents in the Elk City,
 Oklahoma Medical Service Area 23

Community Health Needs Implementation Strategy 24

Community Health Needs Assessment Marketing Plan 25

Appendix A- Hospital Services/Community Benefits 26

Appendix B Community Meeting Attendees..... 27

Appendix C- Meeting 1 Materials, March 6, 2019	29
Appendix D- Meeting 2 Materials, March 13, 2019.....	32
Appendix E- Survey Form and Meeting 3 Materials, March 27, 2019.....	34

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 Great Plains Regional Medical Center in 2019. 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. The report concludes by listing the recommendations that came out of the process and presenting the hospital's implementation strategy and marketing plan.

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

Great Plains Regional Medical Center worked with the Oklahoma Office of Rural Health to complete a CHNA during 2016. The following identifies each priority, implementation taken, and an evaluation or impact of the implementation.

Priority: Insurance and uninsured individuals

Service Implemented/Partnerships: The Hope Clinic is open week days in Elk City. This is a low cost clinic with a sliding scale to benefit those who are under or uninsured. Specialists are available certain days per week. Providers from Great Plains Regional Medical Center volunteer often at the clinic to provide care to the un and underinsured. There is a food pantry and additional services associated with the clinic to provide assistance to those in need. Estimated numbers of those who benefited vary due to the services provided.

Priority: Preventative care

Service Implemented/Partnerships: Case management

The hospital has two case managers who are both RNs. These individuals follow up with all of their discharged inpatients to make sure their home safe, healthy foods available, understanding of their medication, and provide information to assist with their overall health. They also assist in coordinating care with their primary care providers to make sure they have their follow up appointments and can make those appointments or if alternate resources/services need to be identified. Every discharged patient is eligible for this follow up. Every day each case manager meets with the provider, nursing staff, and sometimes families before discharge to determine the appropriate plan of action. Since this planning is available to all inpatients, the estimate of those who benefitted is roughly 1,700 per year or 5,100.

Priority: Preventative care

Service Implemented/Partnerships: Smoking cessation

Patients in the clinic and emergency department are screened to see if they are current smokers and if they would like to quit. Those who respond that they are interested are then provided follow up information and resources, particularly those available through TSET. This is now an automated question series within the EHR. Therefore, every patient is screened and made of the services. An estimation of those who directly benefitted from this offering is not available.

Priority: Preventative care

Service Implemented/Partnerships: Health fair

The health fair is an annual event that is held at the Great Plains Regional Medical Center. Services offered include labs, blood pressure checks, balance assessments, physical and occupational therapy assessments. This is an event for all providers in the community. The police and fire departments also provide safety information. It is estimated that an average of 200 attendees participate and benefit each year. This event was offered in 2016, 2017, 2018. Therefore, it is assumed that this event reached a gross number of 600.

Priority: Substance abuse/Drug abuse

Service Implemented/Partnerships: Wellness Week

This is a weeklong event that the hospital participates and collaborates. This is a community-wide event with a focus each day of the week, including spiritual wellness, mental health, and physical health. The hospital participates by providing educational health information and an overall sponsor of the entire week and event. This is held in mid-May annually. Different audiences are reached through each event. Therefore, estimation is difficult for the entire event. However, it is estimated that 3,000 to 5,000 benefit from this partnership and offering. This is an annual event that was also held in 2016, 2017, 2018.

Awareness of Community Outreach

A question was included on the community survey (complete methodology detailed on page 17) to gauge survey respondents' awareness of current community programs offered by the hospital. Thirty-five individuals or 19.8 percent of the total indicated they were aware of community programs. Survey respondents were then asked to list which programs they knew. Diabetic education was the most noted community program. The table below outlines all programs listed by the survey respondents.

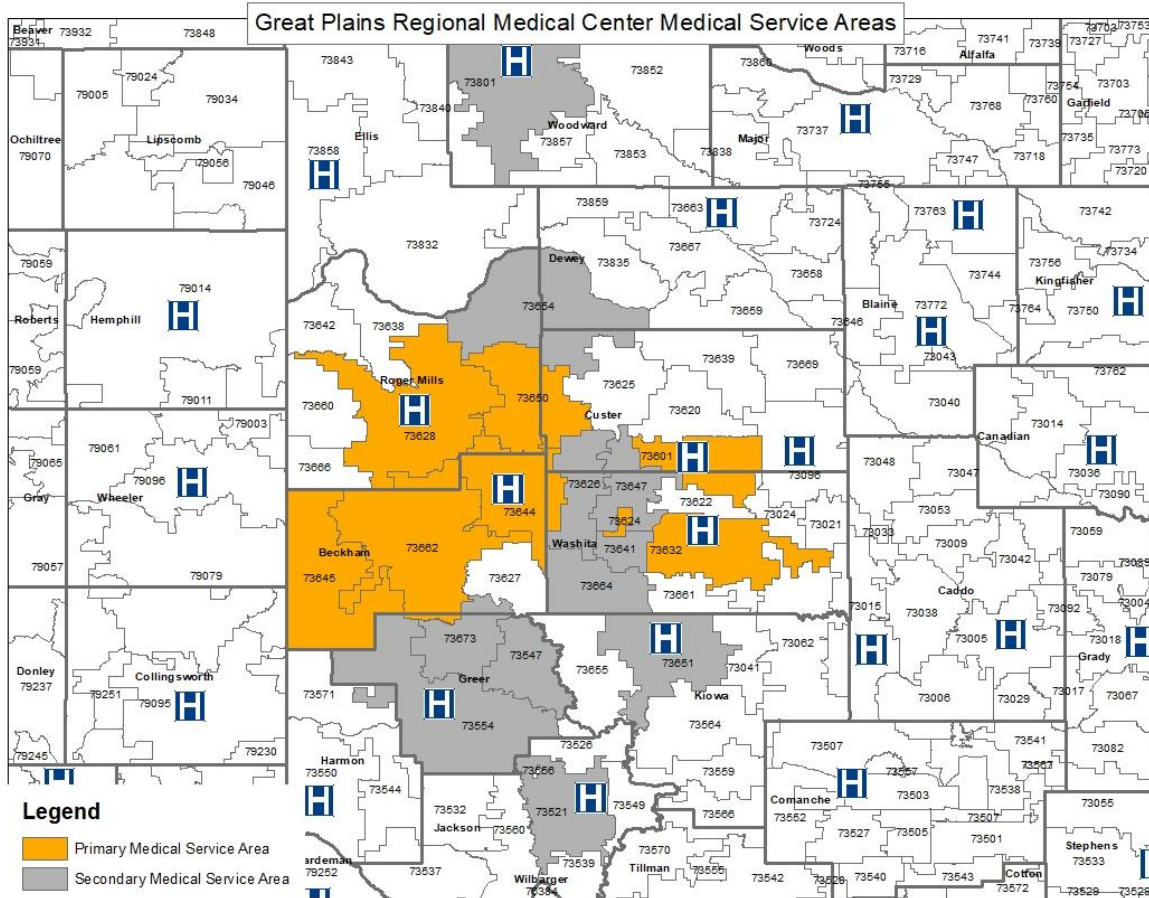
Community Programs Offered by the Hospital Listed by Survey Respondents

Response Category	No.	%
Diabetic Education	8	24.2%
Health Fair	6	18.2%
Prenatal Classes	5	15.2%
Blood Drive	2	6.1%
Charity Care	2	6.1%
Foundation	2	6.1%
Angel Tree	1	3.0%
Canned Food Drive	1	3.0%
Educational Seminars	1	3.0%
Breastfeeding Support	1	3.0%
Hope Clinic	1	3.0%
Wear Red	1	3.0%
Vein Occlusion	1	3.0%
Those advertised on Facebook	1	3.0%
Total	33	100.0%

Great Plains Regional Medical Center Medical Services Area Demographics

Figure 1 displays the Great Plains Regional Medical Center medical services area. The zip codes delineated in the figure were derived by identifying the top 75 percent of admissions, and the secondary medical service area is defined by the next 15 percent to equal 90 percent. Great Plains 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. Great Plains Regional Medical Center Medical Service Areas



City	County	Hospital	No. of Beds
Elk City	Beckham	Great Plains Regional Medical Center	62
Okeene	Blaine	Okeene Municipal Hospital	17
Watonga	Blaine	Mercy Hospital Watonga	25
Anadarko	Caddo	The Physicians' Hospital in Anadarko	25
Carnegie	Caddo	Carnegie Tri-County Municipal Hospital	17
Lawton	Comanche	Comanche County Memorial Hospital	283
Lawton	Comanche	Southwestern Medical Center	199
Clinton	Custer	AllianceHealth Clinton	56
Weatherford	Custer	Weatherford Regional Hospital	25
Seiling	Dewey	Seiling Municipal Hospital	18
Shattuck	Ellis	Newman Memorial Hospital	79
Mangum	Greer	Quartz Mountain Medical Center	25
Hollis	Harmon	Harmon Memorial Hospital	25
Altus	Jackson	Jackson County Memorial Hospital	49
Hobart	Kiowa	Elkview General Hospital	38
Fairview	Major	Fairview Regional Medical Center	25
Cheyenne	Roger Mills	Roger Mills Memorial Hospital	15
Cordell	Washita	Cordell Memorial Hospital	14
Woodward	Woodward	AllianceHealth Woodward	87
Wellington, TX	Collingsworth, TX	Collingsworth General Hospital	n/a
Canadian, TX	Hemphill, TX	Hemphill County Hospital	n/a
Wheeler, TX	Wheeler, TX	Parkview Hospital	n/a

As delineated in Figure 1, the primary medical service area of Great Plains Regional Medical Center includes the zip code areas of Elk City, Sayre, Erick, Hammon, Cheyenne, Cordell, Burns Flat and Clinton. The primary medical service area experienced a population increase of 7.9 percent from the 2000 Census to the 2010 Census (Table 1). This same service area experienced another increase in population of 3.7 percent from the 2010 Census to the latest available, 2013-2017, American Community Survey.

The secondary medical services area is comprised of the zip code areas Woodward, Leedey, Foss, Canute, Dill City, Sentinel, Hobart, Granite, Mangum, Martha, and Altus. The secondary medical service area experienced a decrease in population of 1.3 percent from 2000 to 2010 followed by another population decrease of of 3.0 percent from 2010 to the 2013-2017 American Community Survey.

Table 1. Population of Great Plains Regional Medical Center Medical Service Area

Population by Zip Code	2000 Population	2010 Population	2013-2017 Population	% Change 2000-2010	% Change 2010-13-17
<i>Primary Medical Service Area</i>					
73644 Elk City	12,325	14,147	14,966	14.8%	5.8%
73662 Sayre	5,645	6,093	6,520	7.9%	7.0%
73645 Erick	1,473	1,538	1,394	4.4%	-9.4%
73650 Hammon	938	1,020	1,076	8.7%	5.5%
73628 Cheyenne	1,527	1,583	1,661	3.7%	4.9%
73632 Cordell	3,593	3,433	3,451	-4.5%	0.5%
73624 Burns Flat	1,835	2,142	2,373	16.7%	10.8%
73601 Clinton	9,958	10,299	10,401	3.4%	1.0%
Total	37,294	40,255	41,842	7.9%	3.9%
<i>Secondary Medical Service Area</i>					
73801 Woodward	14,327	15,228	15,289	6.3%	0.4%
73654 Leedey	887	866	722	-2.4%	-16.6%
73647 Foss	666	519	618	-22.1%	19.1%
73626 Canute	961	1,136	972	18.2%	-14.4%
73641 Dill City	822	762	646	-7.3%	-15.2%
73664 Sentinel	1,086	1,184	1,122	9.0%	-5.2%
73651 Hobart	4,433	4,268	4,093	-3.7%	-4.1%
73547 Granite	2,205	2,319	2,354	5.2%	1.5%
73554 Mangum	3,528	3,614	3,300	2.4%	-8.7%
73556 Martha	311	166	137	-46.6%	-17.5%
73521 Altus	23,130	21,636	20,917	-6.5%	-3.3%
Total	52,356	51,698	50,170	-1.3%	-3.0%

SOURCE: Population data from the U.S. Bureau of Census, Decennial Census 2000, 2010 and American Community Survey 2013-2017 (February 2019)

Table 2 displays the current existing medical services in the primary service area of the Great Plains Regional Medical Center medical services area. Most of these services would be expected in a service area of Elk City's size: fifteen physician offices and clinics, seven dental offices, four optometry offices, and three chiropractic offices. The full listing of current providers can be found in Table 2. Great Plains Regional Medical Center is a 62 bed facility located in Beckham County. The hospital provides 24-hour emergency department, acute inpatient services, hospitalist services, laboratory, diagnostic radiology (CT, ultrasound, MRI, nuclear medicine, echocardiograms, mammography, and cardiac catheterization), intensive care, and cancer treatment center (prostate, breast, and head and neck cancers). A complete list of hospital services and community involvement activities can be found in Appendix A.

Table 2. Existing Medical Services in Great Plains Regional Medical Center Medical Services Area

Count	Service
1	Hospitals: Great Plains Regional Medical Center
15	Physician offices and clinics
7	Dental offices
4	Optometry offices
3	Chiropractic offices
2	Assisted living facilities
2	Nursing homes
1	Home health provider
1	Hospice provider
1	EMS provider
1	Dialysis provider
1	Air transport provider
2	Physical therapy providers
5	Counseling providers
7	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 Beckham County in comparison to the state of Oklahoma. Overall, the over 65 age group has experienced an increase in population across all geographies from the 2010 Census to the latest, 2013-2017 American Community Survey. This cohort accounted for 14.7 percent of the total population at the state level. In terms of the medical service areas, this age group accounted for 14.4 percent of the primary medical service area, 14.5 percent of the secondary medical service area, and 12.8 percent of the population of Beckham County. The 25-44 age group accounts for the largest share of the population in the primary (25.8%) and secondary (26.9%) service areas and 28.6 percent of the population of Beckham County. This is compared to the state share of 26.1 percent of the total population.

Table 3. Percent of Total Population by Age Group for Great Plains Regional Medical Center Medical Service Areas, Beckham County and Oklahoma

Age Groups	Primary Medical Service Area	Secondary Medical Service Area	Beckham County	Oklahoma
2010 Census				
0-14	21.8%	21.0%	20.6%	20.7%
15-19	6.5%	6.7%	6.1%	7.1%
20-24	6.6%	7.0%	7.2%	7.2%
25-44	26.5%	26.0%	28.2%	25.8%
45-64	24.7%	25.2%	25.2%	25.7%
65+	<u>13.9%</u>	<u>14.1%</u>	<u>12.7%</u>	<u>13.5%</u>
Totals	100.0%	100.0%	100.0%	100.0%
Total Population	40,255	51,698	22,119	3,751,351
13-17 ACS				
0-14	23.2%	21.4%	21.5%	20.5%
15-19	6.3%	6.4%	6.1%	6.7%
20-24	6.0%	7.0%	6.6%	7.2%
25-44	25.8%	26.9%	28.6%	26.1%
45-64	24.4%	23.9%	24.4%	24.7%
65+	<u>14.4%</u>	<u>14.5%</u>	<u>12.8%</u>	<u>14.7%</u>
Totals	100.0%	100.0%	100.0%	100.0%
Total Population	41,842	50,170	22,971	3,896,251

SOURCE: U.S. Census Bureau, Decennial Census data for 2010 and American Community Survey data for 2013-2017 (www.census.gov [February 2019]).

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 2013-2017 suggest that this population group has experienced an increase to 10.1 percent of the total population. This trend

is also evident in Beckham County and both medical service areas. The share of the population identified as of Hispanic Origin accounted for 17.2 percent of the primary medical service area's population in 2013-2017 and 18 percent of the secondary medical service area during the same time period. The Hispanic Origin population accounted for 14.2 percent of the total population from 2013-2017 in Beckham County.

Percent of Total Population by Race and Ethnicity for Great Plains Regional Medical Center Medical Service Areas, Beckham County and Oklahoma

Race/Ethnic Groups	Primary Medical Service Area	Secondary Medical Service Area	Beckham County	Oklahoma
2010 Census				
White	80.9%	78.6%	85.0%	72.2%
Black	3.5%	5.3%	4.0%	7.4%
Native American	4.5%	2.5%	2.8%	8.6%
Other	7.6%	9.6%	5.4%	5.9%
Two or more Races	3.5%	4.1%	2.8%	5.9%
Hispanic Origin	<u>14.4%</u>	<u>15.8%</u>	<u>11.8%</u>	<u>8.9%</u>
Total Population	40,255	51,698	22,119	3,751,351
13-17 ACS				
White	82.7%	77.2%	83.3%	72.6%
Black	2.9%	5.2%	3.4%	7.3%
Native American	1.8%	1.9%	1.5%	7.4%
Other	4.9%	9.6%	5.8%	4.9%
Two or more Races	7.8%	6.2%	6.0%	7.8%
Hispanic Origin	<u>17.2%</u>	<u>18.0%</u>	<u>14.2%</u>	<u>10.1%</u>
Total Population	41,842	50,170	22,971	3,896,251

SOURCE: U.S. Census Bureau, Decennial Census data for 2010 and American Community Survey data for 2013-2017 (www.census.gov [February 2019]).

Summary of Community Meetings

Great Plains Regional Medical Center hosted three community meetings between March 6, 2019 and March 27, 2019. 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:

- Great Plains Regional Medical Center representatives
- City of Elk City
- Elk City Fire Department
- Elk City Chamber of Commerce
- Area Agency on Aging
- Hospital Foundation
- Elk City Public Schools

Average attendance at the community meetings was an average of 15 community members. Community members received a mailed invitation from the hospital. Those invited include: board members, foundation members, Elk City and Western Oklahoma Wellness Initiatives coordinator, AirEvac, City of Elk City officials, Beckham County Health Department, and GPRMC department directors were all invited to attend. The director of Western Oklahoma Family Care Center was invited because of the low-income population served. Therefore, a significant effort was placed on including representatives from the public health sector and those who serve the underserved, low-income or racially diverse populations to gain their perspective of needs in the community.

Economic Impact and Community Health Needs Assessment Overview, March 6, 2019

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 Beckham 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 Great Plains Regional Medical Center medical service area employs 1,036 FTE individuals. After applying a county-specific employment multiplier to each respective sector, there is a total employment impact of 1,464 FTE employees. The same

methodology is applied to income. The local health sector has a direct income impact of over \$56.4 million. When the appropriate income multiplier is applied, the total income impact is over \$72.1 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 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 nearly \$21.3 million spent locally, generating \$212,903 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:

- Need for social services and (all types) of specialty care. There are little to no services available. If the service is available, it is short staffed and/or at capacity and not able to take more patients.
 - Need programs specifically for:
 - Uninsured,
 - Behavioral health, substance abuse
 - Prescriptions- patients sometimes cannot afford their medications (largely insulin) and then end up back in the hospital/ED.
- Aging population receiving Medicaid has trouble finding doctors that will accept Medicaid.
 - Specifically, dentists, eye doctors and assistance with hearing aids
 - Transportation to and from appointments. Medicaid will pay for transportation but only to physician visits (not dental or optometry). Often times patients will end up in the ER due to the unavailability of doctors and transportation issues.
 - Includes travel to post-op appointments

Table 5. Great Plains 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	420	1.56	657	\$21,168,742	1.30	\$27,461,511	\$8,101,146	\$81,011
Physicians, Dentists & Other Medical Professionals	198	1.37	271	\$15,551,207	1.26	\$19,573,491	\$5,774,180	\$57,742
Nursing Home & Home Health	282	1.23	347	\$11,700,447	1.26	\$14,777,293	\$4,359,301	\$43,593
Other Medical & Health Services	80	1.43	114	\$4,062,778	1.24	<u>\$5,025,522</u>	\$1,482,529	\$14,825
Pharmacies	<u>56</u>	1.33	<u>74</u>	<u>\$3,974,544</u>	1.34	<u>\$5,332,793</u>	<u>\$1,573,174</u>	<u>\$15,732</u>
Total	1,036		1,464	\$56,457,718		\$72,170,609	\$21,290,330	\$212,903

SOURCE: 2016 IMPLAN database, Minnesota IMPLAN Group, Inc.; Local data for employment, employee compensation and proprietor's income; income estimated based on state average incomes if local data not available; employment data from local survey.

* Based on the ratio between 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, March 13, 2019

A community meeting was held March 13, 2019, to examine various sources of local health data. Various sources of health data were examined including data from the County Health Rankings and Roadmaps Program through the University of Wisconsin Population Health Institute, and the Robert Wood Johnson Foundation. The County Health Rankings program evaluates and ranks counties based on two distinct areas: Health Factors and Health Outcomes. Along with these two areas counties receive an overall rank within their state; therefore 1=best and 77=worst.

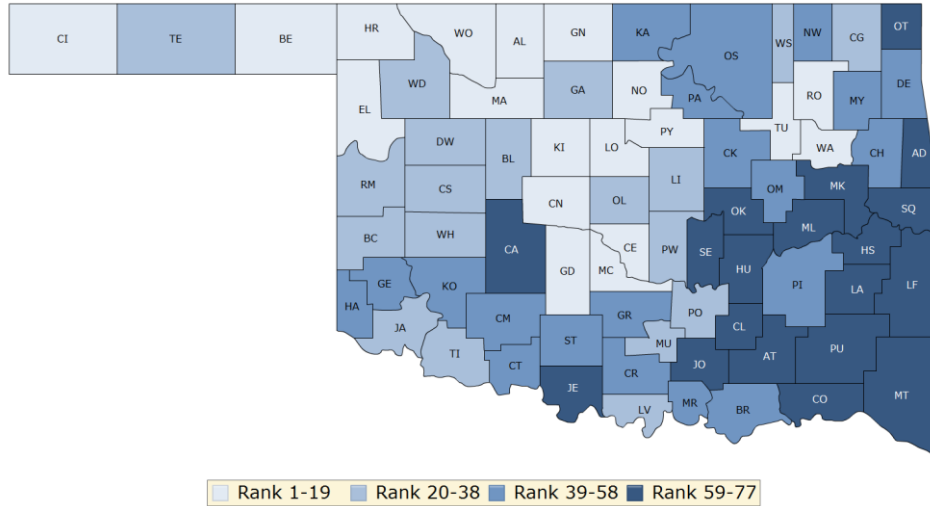
Health factors, considered tomorrow's health, are comprised of health behaviors (rank: 52), clinical care (rank: 23), social and economic factors (rank: 46), and physical environment (rank: 11). Beckham County's overall health factors rank is 37. Areas of concern include Beckham County's smoking rate, adult obesity rate, excessive drinking rate, sexually transmitted infections rate, teen birth rate, uninsured rate, preventable hospital stays, and mammography screening rate of Medicare recipients are all less desirable than the top U.S. performers. All health factors variables are presented in Table 6 along with Beckham 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 Beckham County ranks very poorly compared to the national benchmark). The green highlighted areas are identified as areas of strength where Beckham County performs well.

Table 6. Health Factors (Overall Rank 37)

Category (Rank)	Beckham County	Error Margin	Top U.S. Performers	Oklahoma
Health Behaviors (52)				
Adult Smoking	18%	17-18%	14%	20%
Adult Obesity	38%	32-45%	26%	33%
Food Environment Index	7.8		8.6	5.9
Physical Inactivity	29%	23-35%	20%	30%
Access to Exercise Opportunities	66%		91%	74%
Excessive Drinking	14%	14-15%	13%	13%
Alcohol-Impaired Driving Deaths	17%	9-26%	13%	28%
Sexually Transmitted Infections	557		146	542
Teen Birth Rate	77	68-85	15	42
Clinical Care (23)				
Uninsured	15%	13-17%	6%	16%
Primary Care Physicians	1,580:1		1,030:1	1,590:1
Dentists	2,250:1		1,280:1	1,700:1
Mental Health Providers	370:1		330:1	260:1
Preventable Hospital Stays	77	65-89	35	60
Diabetic Monitoring	82%	73-92%	91%	78%
Mammography Screening	49%	40-59%	71%	56%
Social & Economic Factors (46)				
High School Graduation	86%		95%	83%
Some College	47%	40-54%	72%	59%
Unemployment	7.5%		3.2%	4.9%
Children in Poverty	21%	15-27%	12%	23%
Income Inequality	4.5	3.8-5.1	3.7	4.6
Children in Single-Parent Household	27%	19-35%	20%	34%
Social Associations	18.1%		22.1	11.5
Violent Crime Rate	170		62	439
Injury Deaths	105	87-124	55	92
Physical Environment (11)				
Air-Pollution- Particulate Matter	7.6		6.7	9.2
Drinking Water Violations	No			
Severe Housing Problems	10%	7-12%	9%	15%
Driving Alone to Work	88%	85-92%	72%	83%
Long Commute- Driving Alone	16%	11-21%	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. Beckham County's overall health factors ranking is more favorable than Harmon and Greer Counties and is comparable to Roger Mills, Custer and Washita Counties.



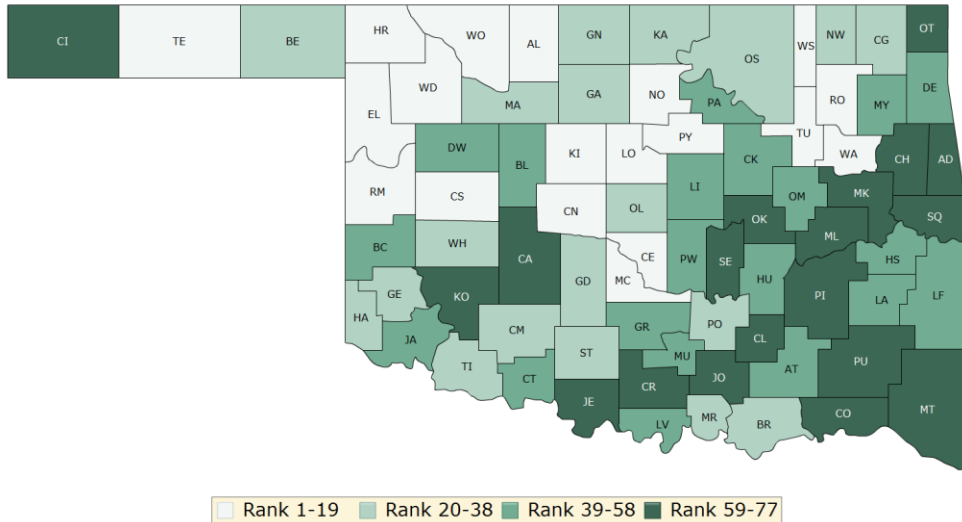
In terms of health outcomes, considered, today's health, Beckham County's ranking is 42nd in the state. Health outcomes are comprised of two areas: length of life and quality of life. The variables for each of these sections are presented in Table 7.

Table 7. Health Outcomes (Overall Rank 42)

Category (Rank)	Beckham County	Error Margin	Top U.S. Performers	Oklahoma
Length of Life (37)				
Premature Death	10,100	8,700-11,500	5,300	9,300
Quality of Life (47)				
Poor or Fair Health	20%	19-20%	12%	20%
Poor Physical Health Days	4.3	4.1-4.5	3.0	4.5
Poor Mental Health Days	4.3	4.1-4.4	3.1	4.5
Low Birth Weight	9%	8-10%	6%	8%

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

The following figure shows county health outcomes rankings by shades. Beckham County's ranking is less favorable than all of the neighboring counties. All meeting materials distributed at this meeting can be found in Appendix D.



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

- More discussion around the need for social services and connection to services available
- Behavioral health and substance abuse including the need for services and providers
- Education for patients- providing a source for healthcare system navigation including medication, insurance and preparing for a physician visit

Community Survey Methodology and Results, March 6, 2019- March 27, 2019

A survey was designed to gauge hospital usage, satisfaction, and community health needs. The survey was available in both paper and web format. The survey link was distributed to Great Plains Regional Medical Center department directors, volunteers, and foundation members who were urged to share the survey with their colleagues, friends, family, and neighbors. The survey link was also placed on the hospital's Facebook page. Surveys were also distributed at the first community meeting on March 6, 2019. 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 Great Plains Regional Medical Center.

The survey ran from March 6, 2019 through March 20, 2019. A total of 177 surveys from the Great Plains Regional Medical Center medical service area were completed. Of the surveys returned, 175 were electronic responses, and 2 were hard copy surveys. The survey results were presented at the March 27, 2019, community meeting.

Table 8 below shows the survey respondent representation by zip code. The largest share of respondents was from the Elk City (73644) zip code with 107 responses or 60.5 percent of the total. Sayre followed with 16 responses, and Clinton had 10.

Table 8. Zip Code of Residence

Response Category	No.	%
73644- Elk City	107	60.5%
73662- Sayre	16	9.0%
73601- Clinton	10	5.6%
73647- Foss	8	4.5%
73645- Erick	5	2.8%
73648- Elk City	2	1.1%
73654- Leedey	2	1.1%
73651- Hobart	2	1.1%
73650- Hammon	2	1.1%
73624- Burns Flat	2	1.1%
73625-Butler	2	1.1%
73626- Canute	2	1.1%
73627- Carter	2	1.1%
73628- Cheyenne	2	1.1%
73660- Reydon	1	0.6%
73661- Rocky	1	0.6%
73666- Sweetwater	1	0.6%
73801- Woodward	1	0.6%
74728- Broken Bow	1	0.6%
79096- Wheeler, TX	1	0.6%
73641- Dill City	1	0.6%
73554- Mangum	1	0.6%
73521- Altus	1	0.6%
73096- Weatherford	1	0.6%
73632- Cordell	1	0.6%
No Response	2	1.1%
Total	177	100.0%

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

Primary Care Physician Visits

- 72.9% of respondents had used a primary care physician in the Elk City service area during the past 24 months
- 91.5% of those responded being satisfied
- Only 52 respondents or 29.4% believe there are enough primary care physicians practicing in Elk City
- 68.4% of the respondents would consider seeing a midlevel provider for their healthcare needs
- 65.0% responded they were able to get an appointment, within 48 hours, with their primary care physician when they needed one

Specialist Visits

Summary highlights include:

- 64.4% of all respondents report some specialist visit in past 24 months
- Most common specialty visited are displayed in Table 9
- 14.0% of specialist visits occurred in Elk City

Table 9. Type of Specialist Visits

Type of Specialist	No.	Percent
Top 5 Responses		
Orthopedist/Orthopedic Surg. <i>(2 visits in Elk City)</i>	29	17.0%
OB/GYN <i>(5 visits in Elk City)</i>	21	12.3%
Otolaryngologist <i>(5 visits in Elk City)</i>	20	11.7%
Cardiologist <i>(3 visits in Elk City)</i>	15	8.8%
Rheumatologist <i>(0 visits in Elk City)</i>	10	5.8%
All others <i>(9 visits in Elk City)</i>	<u>76</u>	<u>44.4%</u>
Total	<u>171</u>	<u>100.0%</u>

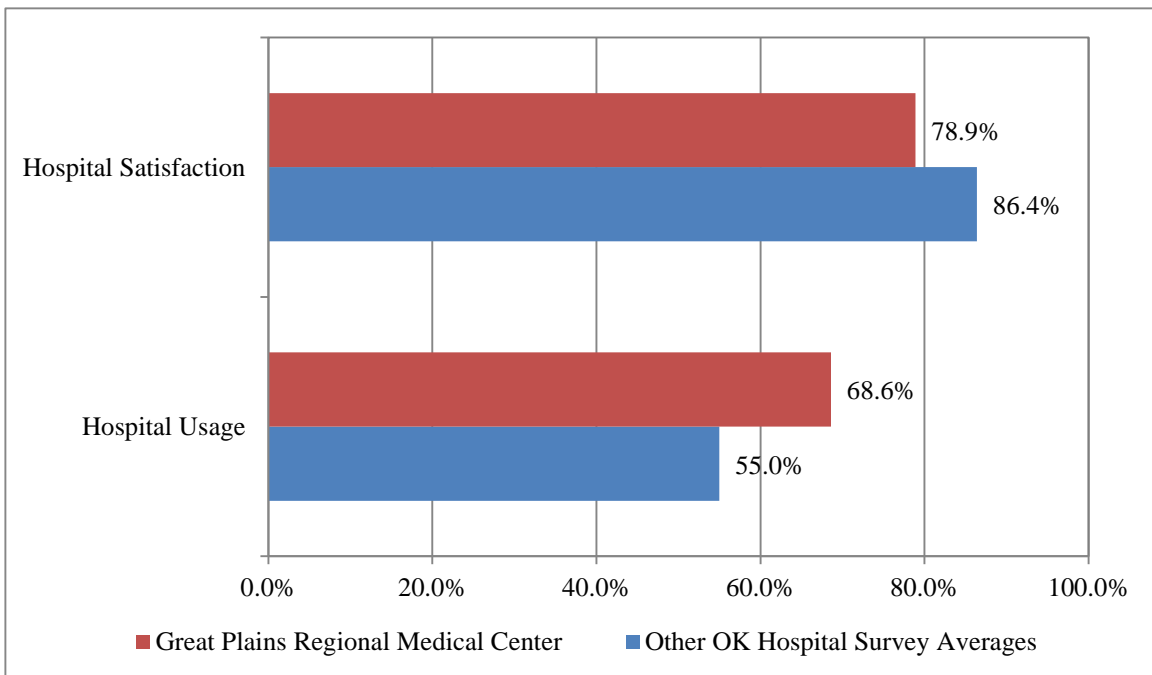
Some respondents answered more than once.

Hospital Usage and Satisfaction

Survey highlights include:

- 68.6% of survey respondents that have used hospital services in the past 24 months used services at Great Plains Regional Medical Center
 - o AllianceHealth Clinton (4.3%) and Mercy Hospital Oklahoma City (2.7%) followed
 - o The most common response for using a hospital other than Great Plains Regional Medical Center was availability of specialty care, including surgery and in depth labs (33.8%) followed by physician referral/transfer (18.2%) and closer, more convenient location (18.2%)
 - o The usage rate of 68.6% was higher than the state average of 55.0% for usage of other rural Oklahoma hospitals surveyed
- 78.9% of survey respondents were satisfied with the services received at Great Plains Regional Medical Center
 - o This is below the state average for other hospitals (86.4%)
- Most common services used at Great Plains Regional Medical Center:
 - o Laboratory (26.9%)
 - o Diagnostic Imaging (including X-ray, CT and Ultrasound) (25.9%)
 - o Emergency Room (17.1%)

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 was cost of care with 18.7 percent of the total responses. Quality of care/Compassion for patient/Emergency room care followed with 16.6 percent of the total. Table 10 displays all responses and the frequencies.

Table 10. Top Healthcare Concerns in the Elk City Area

	No.	%
Cost of care	35	18.7%
Quality of care/Compassion for patient/Emergency Room care	31	16.6%
No Concerns/ Receive good care/Don't Know	20	10.7%
Lack of physicians/Difficult to see provider/Retiring physicians	25	13.4%
Access to specialists	13	7.0%
Availability of care/Lack of services	6	3.2%
Transportation/EMS transfers to OKC	4	2.1%
Improved urgent care services	3	1.6%
Losing services/Hospital/Lack of resources	3	1.6%
Lack of mental health services/Mental health for children and elderly	2	1.1%
Availability of on-call surgery	2	1.1%
Lack of pediatric care and pediatric specialties	2	1.1%
Lack of information to general public	1	0.5%
Lack of NICU	1	0.5%
Lack of primary care providers who accept Medicaid	1	0.5%
Lack of geriatric trained physicians	1	0.5%
Need for more alternatives rather than surgery	1	0.5%
Referrals and retention	1	0.5%
Lack of preventative and functional medicine	1	0.5%
Distance to hospital	1	0.5%
No response	33	17.6%
Total	187	100.0%

Survey respondents also had the opportunity to identify what additional services they would like to see offered at Great Plains Regional Medical Center. The most common response was specialists collectively with 67 responses or 31.9 percent of the total. No additional services/satisfied with what is available/don't know (15.2%) followed. Table 11 displays the full listing of responses.

**Table 11. Additional Survey Respondents Would Like to See Offered at Great Plains
Regional Medical Center**

Response Category	No.	%
Specialists: Local Orthopedist (14); Specialists in general (6); Gastroenterologist (5); More OB/GYN (4); Cardiologist (4); Dermatologist (4); Pediatrician (4); Neurologist (3); Pulmonologist (3); Rheumatologist (3); Ophthalmologist (3); Endocrinologist (3); Nephrologist (2); Surgeon (2); Geriatric (1); Psychiatrist (1); Psychologist (1); Infertility (1); Pediatric specialties (1); Internal Medicine (1); Otolaryngologist (1)	67	31.9%
No additional services/Satisfied with what is available/Don't know	32	15.2%
Improved care and service/ED care	9	4.3%
Counseling/Mental health/Substance abuse services	8	3.8%
More education: Wellness, senior care, stroke, heart health, diabetes, exercise, child safety	4	1.9%
Affordable services/Low cost options	4	1.9%
Improved testing and imaging/Mammography	4	1.9%
Additional cardiac services/Cath/Cardiac Surgery and Rehab/Interventional Cardiology	4	1.9%
Cancer care/Expanded services	4	1.9%
Nutrition counseling/Services	3	1.4%
Convenient care/After hours	3	1.4%
More outpatient services/Outpatient rehab	3	1.4%
Midwife	2	1.0%
Functional medicine	2	1.0%
Transport for critical patients/Pediatric transport team	2	1.0%
In-house pathologist	1	0.5%
Long term care/Nursing care	1	0.5%
Dental	1	0.5%
Low cost employee clinic and services	1	0.5%
Non-pharmacological Pain Management	1	0.5%
Youth inpatient and outpatient psychiatric services	1	0.5%
Physician managed wound clinic	1	0.5%
Inpatient rehab	1	0.5%
Lactation consultant	1	0.5%
Male clinic	1	0.5%
Pulmonary function testing	1	0.5%
Improved access	1	0.5%
Oral surgeon	1	0.5%
No response	46	21.9%
Total	210	100.0%

Primary Care Physician Demand Analysis, March 27, 2019

A demand analysis of primary care physicians was completed for the zip codes that comprise the Elk City 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 Elk City medical services area, a total of 69,388 annual visits would occur. This would suggest that the Elk City medical services area would need 16.6 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 Elk City, Oklahoma Medical Service Area

		Usage by Residents of Primary Service Area						
		70%	75%	80%	85%	90%	95%	100%
Usage by Residents of Secondary Service Area	5%	51,527	54,894	58,261	61,628	64,994	68,361	71,728
	10%	55,921	59,287	62,654	66,021	69,388	72,754	76,121
	15%	60,314	63,681	67,047	70,414	73,781	77,147	80,514
	20%	64,707	68,074	71,441	74,807	78,174	81,541	84,907
	25%	69,100	72,467	75,834	79,200	82,567	85,934	89,301
	30%	73,493	76,860	80,227	83,594	86,960	90,327	93,694
	35%	77,887	81,253	84,620	87,987	91,354	94,720	98,087
	40%	82,280	85,647	89,013	92,380	95,747	99,114	102,480
	45%	86,673	90,040	93,407	96,773	100,140	103,507	106,874
	50%	91,066	94,433	97,800	101,167	104,533	107,900	111,267

If 90% primary medical service area and 10 to 15% secondary medical service area, then the usage would be: 69,338 to 73,781 total primary care physician office visits in the Elk City area for an estimated 16.6 to 17.6 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.

- More discussion around the need for connection to social services
- Orthopedic care as identified through the survey
- Health education and information dissemination

Community Health Needs Implementation Strategy

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

- Need for social services and (all types) of specialty care. There are little to no services available. If the service is available, it is short staffed and/or at capacity and not able to take more patients.
 - Uninsured
 - The hospital plans to continue the strong relationship with the Hope Clinic in terms of volunteers and services provided to assist those in need of medical care in the service area.
 - Behavioral health, substance abuse, access to services and providers
 - The hospital is currently exploring integrating mental health services with primary care in the clinic settings in an effort to reach as many patients as possible through this setting.
 - Elk City, Woodward, Woodward received a grant to screen all students in all grades each year for five years to identify students at risk. The hospital will partner with the school to assist with services and meeting the needs of those identified who need care.
 - Prescriptions- patients sometimes cannot afford their medications (largely insulin) and then end up back in the hospital/ED.
 - The hospital has started an Angel Fund for those who need assistance with their medications or equipment when leaving the hospital. This program is vetted for those in need. The case managers work with the patients to link them to social services when available. This is an effort to help all patients link to existing services in the community.
- Aging population receiving Medicaid has trouble finding doctors that will accept Medicaid.
 - Specifically, dentists, eye doctors and assistance with hearing aids
 - Transportation to and from appointments. Medicaid will pay for transportation but only to physician visits (not dental or optometry). Often times patients will end up in the ER due to the unavailability of doctors and transportation issues.
 - Through case management at the hospital, some of these services are identified for inpatients. However, optometry care is beyond the scope of services provided by the hospital.
- Education for patients- providing a source for healthcare system navigation including medication, insurance and preparing for a physician visit

- The hospital has hired a marketer who will target providing additional education to the community and providing information on the hospital’s website and social media such as how to prepare for a physician visit.

Community Health Needs Assessment Marketing Plan

The hospital will make the Community Health Needs Assessment Summary and Implementation Strategy Plan available upon request at Great Plains Regional Medical Center, and a copy will be available to be downloaded from the hospital’s website (<http://www.gprmc-ok.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

Great Plains Regional Medical Center Hospital Inpatient and Outpatient Services

24/ Emergency Department with 24-hour physician coverage
Hospital Services
Acute Inpatient Care
Birthing Services
Cardiovascular Studies
Ear, Nose, & Throat Surgery
Hospitalist Program
Internal Medicine
Laparoscopic Surgery
OB/GYN
Endoscopy
Ophthalmology
Outpatient IV & Transfusion Therapy
Orthopedics
Radiology (CT, ultrasound, MRI, nuclear medicine, echocardiograms, mammography, and cardiac catheterization)
Cancer Treatment Center (prostate, breast, and head and neck cancers)
Rehabilitation services (physical therapy, occupational therapist, and speech pathologist)
Home health services
Cataract surgery
Intensive Care
Laboratory
Allergy testing and immunotherapy
Urology
Neurology
Sleep study
Geriatric/Psychiatric Care
General Surgery
Swingbed
Interventional Radiology
Pain Management
Bariatric Surgery
Pathology
In-Patient Rehabilitation

Appendix B Community Meeting Attendees

Elk City Community Health Needs Assessment

Meeting 1: Overview, Demographic Data and Economic Impact

3/6/2019

Name	Title	Organization
Stephanie Helton	Controller	Great Plains Regional Medical Center
Jack Bonny		Foundation
Marnie Yosh		Foundation
Ada Vanderford	I &A/Caregiver Coordinator	SWODA Aging Services
Susie Cupp	Executive Director	Elk City Chamber of Commerce
Gary Naron	Radiology Director	Great Plains Regional Medical Center
Kimberly Handy	Respiratory Director	Great Plains Regional Medical Center
Lorna Powell	Director of Physician Services	Great Plains Regional Medical Center
Rick Shelton	Retired Fire/EMS	City of Elk City
Kevin Martin	Plant Operation Director	Great Plains Regional Medical Center
Colby Brewster	Pharmacist	Grandview Pharmacy
	Director Great Plains Home	
Shelly Walker	Care	Great Plains Regional Medical Center
Lori Cloud	Quality Director	Great Plains Regional Medical Center
Stacy Ford	ICU Director	Great Plains Regional Medical Center
Corey Lively	CEO	Great Plains Regional Medical Center
Jonathan Gill	COO	Great Plains Regional Medical Center
Tina Cornell	Jim Thorpe Rehab	Great Plains Regional Medical Center
Felicia McClure	Nurse Director	Great Plains Regional Medical Center
Miranda Cummings	Nurse Director	Great Plains Regional Medical Center

Elk City Community Health Needs Assessment

Meeting 2: Health Data

3/13/2019

Name	Title	Organization
Ada Vanderford	I &A/Caregiver Coordinator Project Aware Community Manager	SWODA Aging Services
Sheila Smith	Manager	Elk City Public Schools
Susie Cupp	Executive Director	Elk City Chamber of Commerce
Monica Scott	CFO	Great Plains Regional Medical Center
Kevin Martin	Plant Operation Director	Great Plains Regional Medical Center
Misty Carter	CHRO/Ancillary	Great Plains Regional Medical Center
Mack Morris	Program Director	Great Plains Regional Medical Center
Jonathan Gill	COO	Great Plains Regional Medical Center
Stephanie Helton	Controller	Great Plains Regional Medical Center Foundation
Marnie Yosh	CEO	Great Plains Regional Medical Center
Corey Lively	CEO	Great Plains Regional Medical Center
Billy Word	Fire Chief	Elk City Fire Department
Kyle Chervek	EMS Chief	Elk City Fire Department
Rick Shelton	Retired Fire/EMS	City of Elk City

Elk City Community Health Needs Assessment

Meeting 3: Survey Results and Primary Care Physician Demand Analysis

3/27/2019

Name	Title	Organization
Shelly Walker	Director of Home Care Project Aware Community	Great Plains Regional Medical Center
Sheila Smith	Manager	Elk City Public Schools
Monica Scott	CFO	Great Plains Regional Medical Center
Kevin Martin	Plant Operation Director	Great Plains Regional Medical Center
Misty Carter	CHRO/Ancillary	Great Plains Regional Medical Center
Mack Morris	Program Director	Great Plains Regional Medical Center
Jonathan Gill	COO	Great Plains Regional Medical Center
Stephanie Helton	Controller	Great Plains Regional Medical Center
Corey Lively	CEO	Great Plains Regional Medical Center
Rick Shelton	Retired Fire/EMS	City of Elk City

Appendix C- Meeting 1 Materials, March 6, 2019

The Economic and Demographic Analysis of the Great Plains Regional Medical Center Medical Service Area As part of the Community Health Needs Assessment

Economic Data

2017 Per Capita Income ¹	\$36,421 (41st highest in state)
Employment (December 2018, preliminary) ²	10,915 (3.5% from 2017)
Unemployment (December 2018, preliminary) ²	267 (-40.5% from 2017)
Unemployment rate (December 2018, preliminary) ²	2.3% (15th lowest in state)
2017 Poverty rate ³	17.3% (41st lowest in state)
2017 Child poverty rate ³	22.3% (29th lowest in state)
2017 Transfer Payments ¹	\$167,081,000 (21.1% of total personal income, 25th lowest in state)
2017 Medical Benefits as a share of Transfer Payments ¹	43.0% (43rd lowest in state)

¹Bureau of Economic Analysis, Regional Data, 2019, ²Bureau of Labor Statistics 2017-2018, ³U.S. Census Bureau, Small Area Income and Poverty, 2019

Education Data

At Least High School Diploma ¹	85.0% (50th highest in state)
Some College ¹	45.4% (54th highest in state)
At Least Bachelor's Degree ¹	16.7% (44th highest in state)
2015-2016 Free and Reduced Lunch Eligible ²	62.0% (26th lowest in state)

¹U.S. Census Bureau, American Community Survey, 2013-2017, ²National Center for Education Statistics, 2015-2016.

Payer Source Data

2016 Uninsured Rate (under 65) ¹	16.0% (24th lowest in state)
2016 Uninsured Rate (under 19) ¹	8.4% (26th lowest in state)
2016 Medicare share of total population ²	15.2% (15th lowest in state)
2018 Medicaid share of total population ³	28.0% (37th lowest in state)

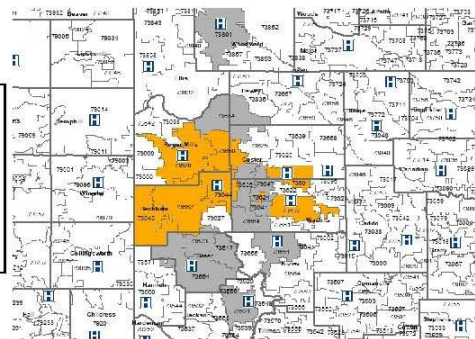
¹ U.S. Census Bureau, Small Area Health Insurance Estimates, 2015, ² Centers for Medicare & Medicaid Services, Medicare Aged and Disabled by State and County, 2016

³ Oklahoma Health Care Authority, Total Enrollment by County, 2018

Population (2013-2017)

Beckham County	22,971 (3.9% from 2010)
Primary Medical Service Area	41,842 (3.9% from 2010)
Secondary Medical Service Area	50,170 (-3.0% from 2010)
Oklahoma	3,896,251 (3.9% from 2010)

U.S. Census Bureau, 2013-2017 American Community Survey 2010 Decennial Census



Percent of Total Population by Age Group for Great Plains Regional Medical Center Medical Service Areas, Beckham County and Oklahoma

Age Groups	Primary Medical Service Area	Secondary Medical Service Area	Beckham County	Oklahoma
13-17 ACS				
0-14	23.2%	21.4%	21.5%	20.5%
15-19	6.3%	6.4%	6.1%	6.7%
20-24	6.0%	7.0%	6.6%	7.2%
25-44	25.8%	26.9%	28.6%	26.1%
45-64	24.4%	23.9%	24.4%	24.7%
65+	14.4%	14.5%	12.8%	14.7%
Totals	100.0%	100.0%	100.0%	100.0%
Total Population	41,842	50,170	22,971	3,896,251

SOURCE: U.S. Census Bureau, 2013-2017 American Community Survey

Percent of Total Population by Race and Ethnicity for Great Plains Regional Medical Center Medical Service Areas, Beckham County and Oklahoma

Race/Ethnic Groups	Primary Medical Service Area	Secondary Medical Service Area	Beckham County	Oklahoma
13-17 ACS				
White	82.7%	77.2%	83.3%	72.6%
Black	2.9%	5.2%	3.4%	7.3%
Native American ¹	1.8%	1.9%	1.5%	7.4%
Other ²	4.9%	9.6%	5.8%	4.9%
Two or more Races ³	7.8%	6.2%	6.0%	7.8%
Hispanic Origin ⁴	17.2%	18.0%	14.2%	10.1%
Total Population	41,842	50,170	22,971	3,896,251

SOURCE: U.S. Census Bureau, 2013-2017 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 \$670,326, 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.



Great Plains Regional Medical Center Economic Impact



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

Great Plains Regional Medical Center **directly** employs **420** people (including clinics and physician offices) with an annual payroll of over **\$21.1 million** including benefits

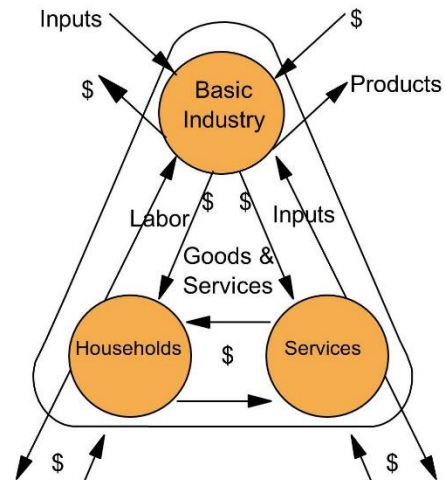
- These employees and income create an additional **237** jobs and over **\$6 million** in income as they interact with other sectors of the local economy
- **Total impacts= 657 jobs and over \$27 million**
- Other segments of the healthcare sector (Doctors, Nurses, Pharmacies, etc.) provide another **616 jobs** and an additional **\$35.2 million** in wages
- Their interactions and transactions within the local economy create:
- **Total health sector impacts= 1,464 jobs and \$72.1 million (Including the hospital)**
- Over **\$21.2 million** in retail sales generated from the presence of the health sector

Healthcare and Your Local Economy:

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

Consider what could be lost without the hospital:

- Pharmacies
- Physicians/Specialists
- Potential Retail Sales



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

For additional information, please contact:
Lara Brooks, Rural Health Analyst, lara.brooks@okstate.edu
Corie Kaiser, Director, corie.kaiser@okstate.edu
Oklahoma Office of Rural Health
Phone: 405.945.8609



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 \$670,326 0% financed with nongovernmental sources. This information or content and conclusions are those of the author and should not be construed as the official position or policy of, nor should any endorsements be inferred by HRSA, HHS or the U.S. Government.

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

Table 1. Health Factors (Overall Rank 37)

Category (Rank)	Beckham County	Error Margin	Top U.S. Performers	Oklahoma
Health Behaviors (52)				
Adult Smoking	18%	17-18%	14%	20%
Adult Obesity	38%	32-45%	26%	33%
Food Environment Index	7.8		8.6	5.9
Physical Inactivity	29%	23-35%	20%	30%
Access to Exercise Opportunities	66%		91%	74%
Excessive Drinking	14%	14-15%	13%	13%
Alcohol-Impaired Driving Deaths	17%	9-26%	13%	28%
Sexually Transmitted Infections	557		146	542
Teen Birth Rate	77	68-85	15	42
Clinical Care (23)				
Uninsured	15%	13-17%	6%	16%
Primary Care Physicians	1,580:1		1,030:1	1,590:1
Dentists	2,250:1		1,280:1	1,700:1
Mental Health Providers	370:1		330:1	260:1
Preventable Hospital Stays	77	65-89	35	60
Diabetic Monitoring	82%	73-92%	91%	78%
Mammography Screening	49%	40-59%	71%	56%
Social & Economic Factors (46)				
High School Graduation	86%		95%	83%
Some College	47%	40-54%	72%	59%
Unemployment	7.5%		3.2%	4.9%
Children in Poverty	21%	15-27%	12%	23%
Income Inequality	4.5	3.8-5.1	3.7	4.6
Children in Single-Parent Household	27%	19-35%	20%	34%
Social Associations	18.1%		22.1	11.5
Violent Crime Rate	170		62	439
Injury Deaths	105	87-124	55	92
Physical Environment (11)				
Air-Pollution- Particulate Matter	7.6		6.7	9.2
Drinking Water Violations	No			
Severe Housing Problems	10%	7-12%	9%	15%
Driving Alone to Work	88%	85-92%	72%	83%
Long Commute- Driving Alone	16%	11-21%	15%	26%

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

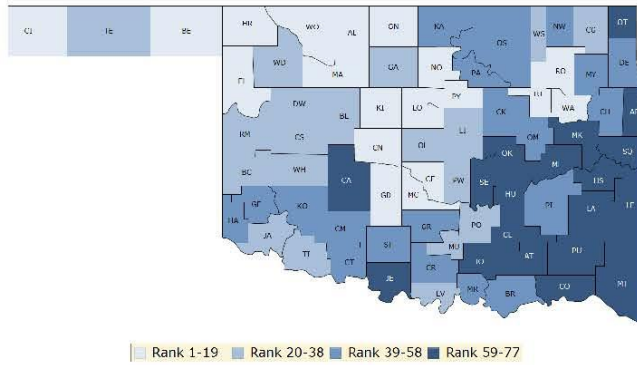
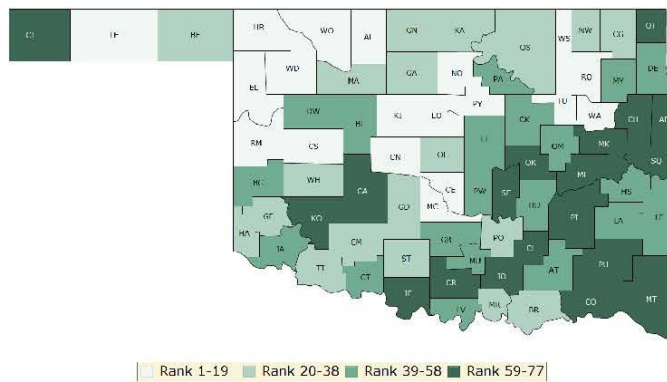


Table 2. Health Outcomes (Overall Rank 42)

Category (Rank)	Beckham County	Error Margin	Top U.S. Performers	Oklahoma
Length of Life (37)				
Premature Death	10,100	8,700-11,500	5,300	9,300
Quality of Life (47)				
Poor or Fair Health	20%	19-20%	12%	20%
Poor Physical Health Days	4.3	4.1-4.5	3.0	4.5
Poor Mental Health Days	4.3	4.1-4.4	3.1	4.5
Low Birth Weight	9%	8-10%	6%	8%

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



For additional information, please contact
 Lara Brooks, Rural Health Analyst, lara.brooks@okstate.edu
 Corie Kaiser, Director, corie.kaiser@okstate.edu
 Oklahoma Office of Rural Health
 Phone: 405.945.8609

This project is/was supported by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) under grant number H54RH00058 and title: Medicare Rural Hospital Flexibility Grant Program for \$670,326, 0% financed with nongovernmental sources. This information on content and conclusions are those of the author and should not be construed as the official position or policy of, nor should any endorsements be inferred by HRSA, HHS or the U.S. Government.



Appendix E- Survey Form and Meeting 3 Materials, March 27, 2019

Great Plains Regional Medical Center Local Health Services Survey

Please return completed survey by March 20, 2019

The zip code of my residence is: _____

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

- Has your household used the services of a hospital in the past 24 months?
 - Yes (*Go to Q2*)
 - No (*Skip to Q7*)
 - Don't know (*Skip to Q7*)
- At which hospital(s) were services received? (*please check/list all that apply*)
 - Great Plains 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 Great Plains Regional Medical

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

If you responded in Q2 that your household received care at Great Plains Regional Medical Center, what

- hospital 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*)

- How satisfied was your household with the services you received at Great Plains Regional Medical Center?
 - Satisfied
 - Dissatisfied
 - Don't know

- Why were you satisfied/dissatisfied with services received at Great Plains Regional Medical Center?

- Has your household been to a specialist in the past 24 months?
 - Yes
 - No (*Skip to Q12*)
 - Don't know (*Skip to Q12*)

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

If you responded in Q8 that your household received specialist care at another location, why did you or your

- family member choose that location?
 - Received care in Elk City
 - Physician referral
 - Insurance reasons
 - Quality of care/Lack of confidence
 - Service not available in Elk City
 - Other (*Please list below*)

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

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

Continue on reverse side...

12. How do you pay for your health care? Mark all that apply

- Cash (no insurance)
- Medicaid
- Indian Health Services
- TRICARE
- Medicare
- Private Health Insurance
- Insure Oklahoma
- Employer Provided Health Insurance
- Free Health Clinic
- Other _____
- Veteran Administration

13. Do you use a primary care (family doctor) for most of your routine health care?

- Yes *(Skip to Q15)*
- No *(Go to Q14)*
- Don't know *(Skip to Q15)*

14. If no, then what kind of medical provider do you use for routine care?

- Tribal Health Center
 - Emergency Room/Hospital
 - Income Based Health Center
 - Specialist
 - Mid-Level Clinic (Nurse Practitioner or PA)
 - Other *(Please list below)*
 - Urgent Care
 - Health Department
-
-

15. Has your household been to a primary care (family) doctor in the Elk City area?

- Yes *(Go to Q16)*
- No *(Skip to Q18)*
- Don't know *(Skip to Q18)*

16. How satisfied was your household with the quality of care received in the Elk City area?

- Satisfied
- Dissatisfied
- Don't know

17. Why were you satisfied/dissatisfied with the care received in the Elk City area?

18. Do you think there are enough primary care (family) doctors practicing in the Elk City area?

- Yes
- No
- Don't know

19. Would you consider seeing a midlevel provider (nurse practitioner or PA) for your routine healthcare needs?

- Yes
- No
- Don't know

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

- Yes
- No
- Don't know

21. Has your household used the services of an after hours or urgent care clinic in the past 12 months?

- Yes
- No
- Don't know

22. Would you utilize the services of an after hours or urgent care clinic located in Elk City?

- Yes
- No
- Don't know

23. What concerns you most about health care in the Elk City area?

24. What other services would you like to see offered at Great Plains Regional Medical Center?

25. Are you aware of any community programs offered by the hospital?

- Yes
- No
- Don't know

Please list the community program(s)

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

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

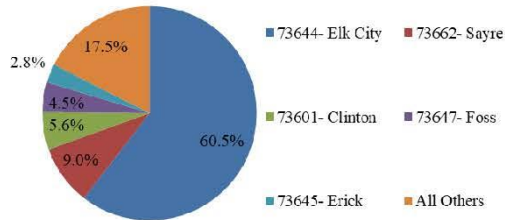
Please mail completed survey to:
 Great Plains Regional Medical Center
 P.O. Box 2339
 Elk City, OK 73648

Or, return to hospital administration

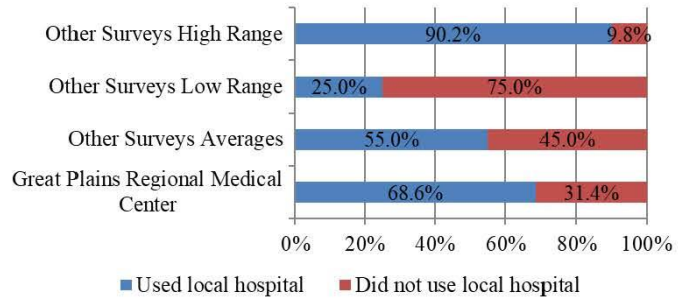
Great Plains Regional Medical Center Community Survey Results

As part of the Community Health Needs Assessment

Zip Code of Residence, Top 5 Responses

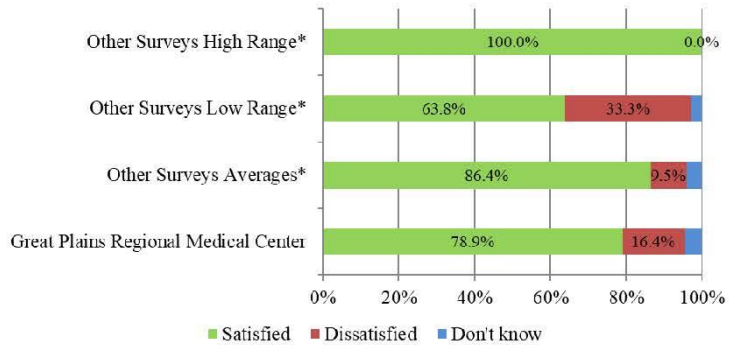


Hospital Utilization Comparison

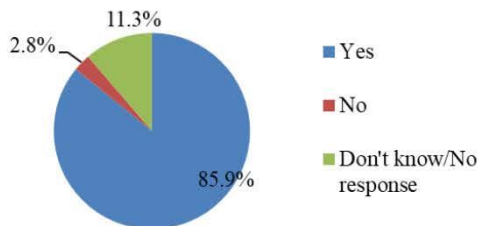


Type of Specialist Visits		
Specialist	No.	Percent
Top 5 Responses		
Orthopedist/Orthopedic Surg. (2 visits in Elk City)	29	17.0%
OB/GYN (5 visits in Elk City)	21	12.3%
Otolaryngologist (5 visits in Elk City)	20	11.7%
Cardiologist (3 visits in Elk City)	15	8.8%
Rheumatologist (0 visits in Elk City)	10	5.8%
All others (9 visits in Elk City)	76	44.4%
Total	171	100.0%

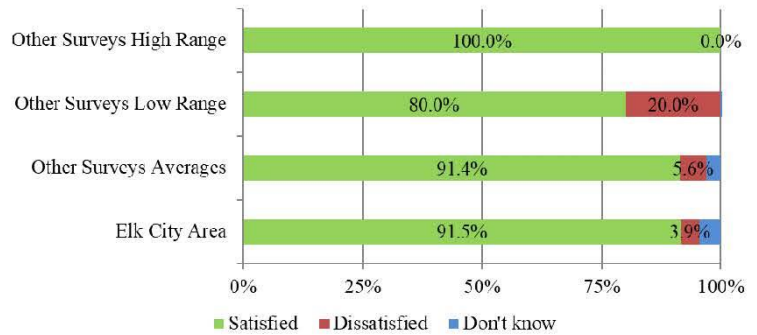
Satisfaction with Great Plains Regional Medical Center



Use Family Doctor for Routine Health Care



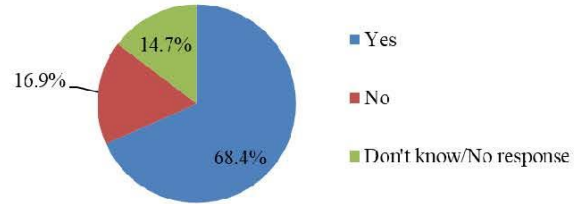
Satisfaction with Elk City Area Primary Care Doctor



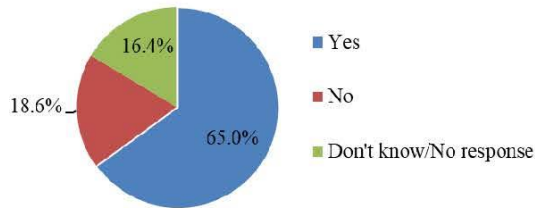
Do you think there are enough primary care doctors practicing in the Elk City area?



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?



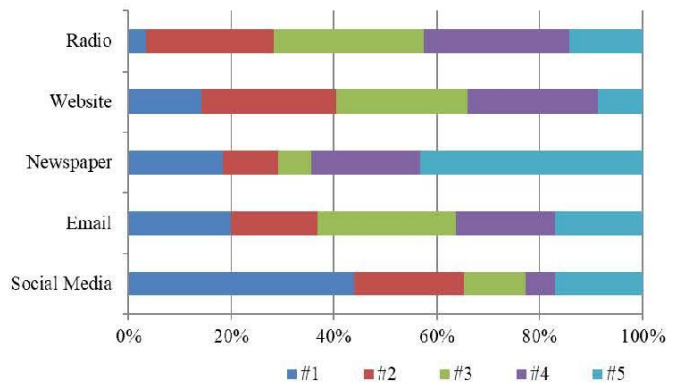
Healthcare concerns- Top 3 Responses

Concern	No.	Percent
Cost of care	35	18.7%
Quality of care/Compassion for patient/ Emergency Room care	31	16.6%
No Concerns/ Receive good care/Don't Know	20	10.7%
All others	101	54.0%
Total	187	100.0%

Additional Services to Offer- Top 3 Responses

Services	No.	Percent
Specialists: Local Orthopedist (14); Specialists in general (6); Gastroenterologist (5); More OB/GYN (4); Cardiologist (4); Dermatologist (4); Pediatrician (4); Neurologist (3); Pulmonologist (3); Rheumatologist (3); Ophthalmologist (3); Endocrinologist (3); Nephrologist (2); Surgeon (2); Geriatric (1); Psychiatrist (1); Psychologist (1); Infertility (1); Pediatric specialties (1); Internal Medicine (1); Otolaryngologist (1)	67	31.9%
No additional services/Satisfied with what is available/Don't know	32	15.2%
Improved care and service/ED care	9	4.3%
All others	102	48.6%
Total	210	100.0%

Preference of Notification of Community Events



For additional information, please contact
 Lara Brooks, Rural Health Analyst, lara.brooks@okstate.edu
 Corie Kaiser, Director, corie.kaiser@okstate.edu
 Oklahoma Office of Rural Health
 Phone: 405.945.8609

Primary Care Physician Demand Analysis for the Elk City Medical Service Area

As part of the Community Health Needs Assessment

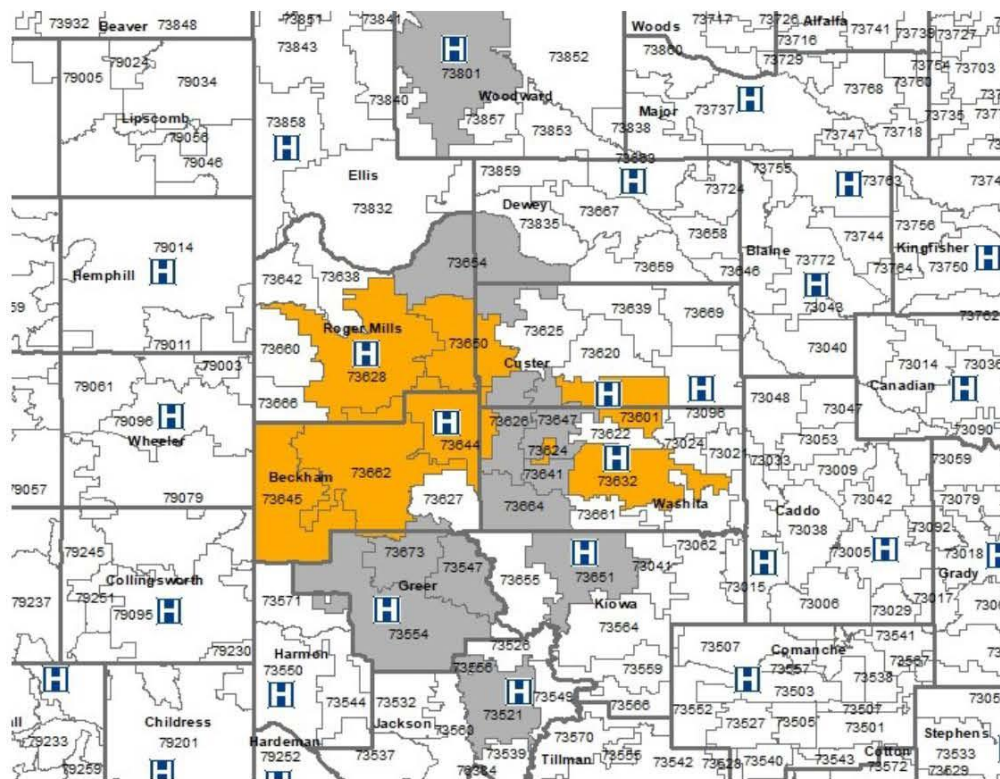


Table 2a. Annual Primary Care Physician Office Visits Generated in the Elk City, Oklahoma, Medical Service Areas

PRIMARY MEDICAL SERVICE AREA							
Age	Male			Female			Total Visits
	13-17 Population	Visit Rate ^[3]	Visits	13-17 Population	Visit Rate ^[3]	Visits	
Under 15	4,846	2.0	9,692	4,872	2.1	10,231	19,923
15-24	2,701	2.4	6,482	2,423	1.2	2,908	9,390
25-44	5,990	3.0	17,970	4,791	1.3	6,228	24,198
45-64	5,221	4.2	21,928	4,981	3.1	15,441	37,369
65-74	1,560	6.1	9,516	1,742	5.6	9,755	19,271
75+	<u>1,026</u>	7.4	<u>7,592</u>	<u>1,689</u>	8.0	<u>13,512</u>	<u>21,104</u>
Total	21,344		73,181	20,498		58,075	131,256

Primary Medical Service Area - Local Primary Care Physician office visits per year: 67,335

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

SECONDARY MEDICAL SERVICE AREA							
Age	Male			Female			Total Visits
	13-17 Population	Visit Rate ^[3]	Visits	13-17 Population	Visit Rate ^[3]	Visits	
Under 15	5,413	2.0	10,826	5,321	2.1	11,174	22,000
15-24	3,620	2.4	8,688	3,129	1.9	5,945	14,633
25-44	7,231	3.0	21,693	6,228	2.9	18,061	39,754
45-64	6,141	4.2	25,792	5,825	3.8	22,135	47,927
65-74	1,942	6.1	11,846	2,036	6.0	12,216	24,062
75+	<u>1,280</u>	7.4	<u>9,472</u>	<u>2,004</u>	6.7	<u>13,427</u>	<u>22,899</u>
Total	25,627		88,317	24,543		82,958	171,276

Secondary Medical Service Area - Local Primary Care Physician office visits per year: 87,864

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 Elk City, Oklahoma Medical Service Area

		Usage by Residents of Primary Service Area						
		70%	75%	80%	85%	90%	95%	100%
Usage by Residents of Secondary Service Area	5%	51,527	54,894	58,261	61,628	64,994	68,361	71,728
	10%	55,921	59,287	62,654	66,021	69,388	72,754	76,121
	15%	60,314	63,681	67,047	70,414	73,781	77,147	80,514
	20%	64,707	68,074	71,441	74,807	78,174	81,541	84,907
	25%	69,100	72,467	75,834	79,200	82,567	85,934	89,301
	30%	73,493	76,860	80,227	83,594	86,960	90,327	93,694
	35%	77,887	81,253	84,620	87,987	91,354	94,720	98,087
	40%	82,280	85,647	89,013	92,380	95,747	99,114	102,480
	45%	86,673	90,040	93,407	96,773	100,140	103,507	106,874
	50%	91,066	94,433	97,800	101,167	104,533	107,900	111,267

If 90% primary medical service area and 10 to 15% secondary medical service area, then the usage would be: 69,338 to 73,781 total primary care physician office visits in the Elk City area for an estimated 16.6 to 17.6 total Primary Care Physicians.

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

For additional information, please contact
 Lara Brooks, Rural Health Analyst, lara.brooks@okstate.edu
 Corie Kaiser, Director, corie.kaiser@okstate.edu
 Oklahoma Office of Rural Health
 Phone: 405.945.8609



This project is/was supported by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) under grant number H54RH00058 and title: Medicare Rural Hospital Flexibility Grant Program for \$670,326, 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.

