

Weatherford Regional Hospital Community Health Needs Assessment Summary and Implementation Strategy



Oklahoma Office of Rural Health

OSU Center for Rural Health

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Introduction

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

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

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

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

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

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

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

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

² Ibid

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

Oklahoma Office of Rural Health Partnership

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

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

This document discusses the steps taken to conduct a CHNA for Weatherford Regional Hospital in 2017. 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.

Weatherford Regional Hospital Medical Services Area Demographics

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

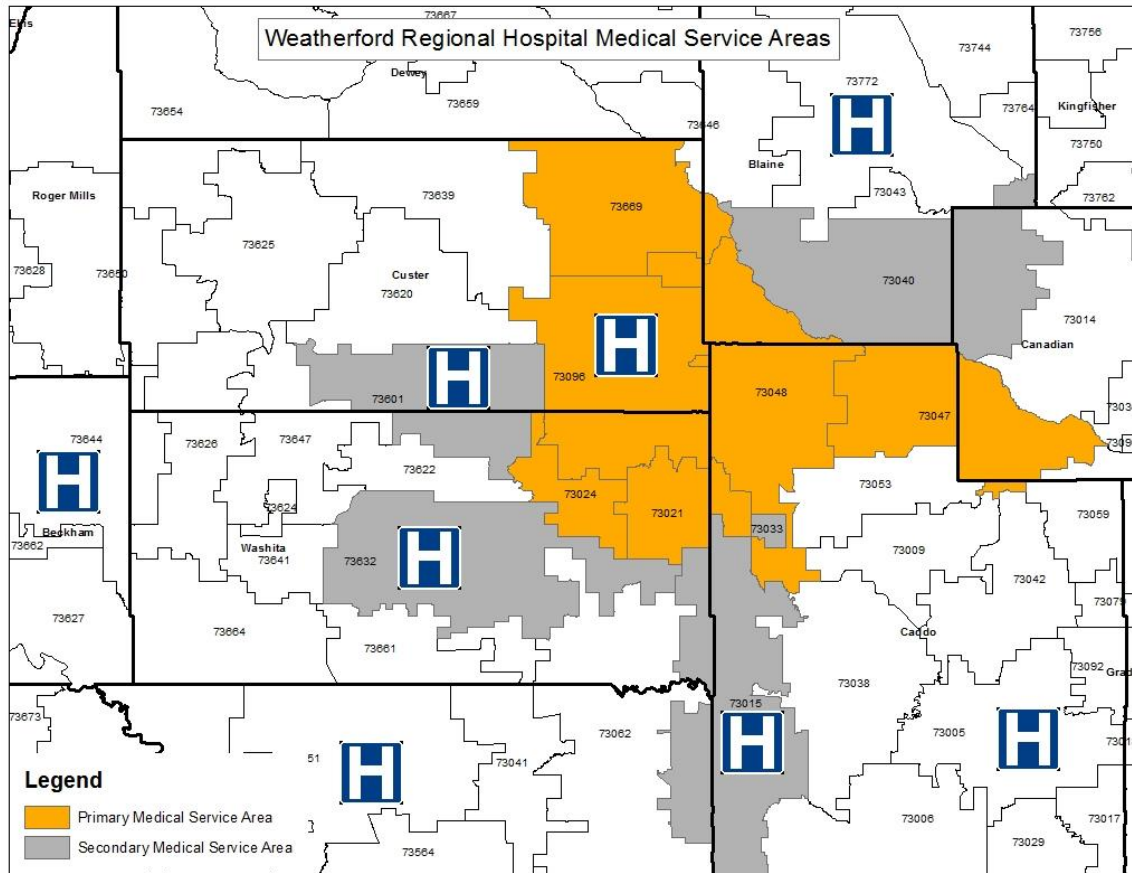


Figure 1. Weatherford Regional Hospital Medical Service Areas

City	County	Hospital	No. of Beds
Elk City	Beckham	Great Plains Regional Medical Center	62
Watonga	Blaine	Mercy Hospital Watonga	25
Anadarko	Caddo	The Physicians' Hospital in Anadarko	25
Carnegie	Caddo	Carnegie Tri-County Municipal Hospital	17
Clinton	Custer	AllianceHealth Clinton	56
Weatherford	Custer	Weatherford Regional Hospital	25
Hobart	Kiowa	Elkview General Hospital	38
Cordell	Washita	Cordell Memorial Hospital	14

As delineated in Figure 1, the primary medical service area of Weatherford Regional Hospital includes the zip code areas of Weatherford, Thomas, Hydro, Hinton, Colony, and Corn. The primary medical service area experienced a population increase of 9.1 percent from the 2000 Census to the 2010 Census (Table 1). This same service area experienced another increase in population of 7.2 percent from the 2010 Census to the latest available, 2011-2015, American Community Survey.

The secondary medical services area is comprised of the zip code areas Geary, Eakly, Carnegie, Cordell, and Clinton. The secondary medical service area experienced little change in population from the 2000 Decennial Census to the 2010. This same service area experienced a 0.2 percent increase from the 2010 Decennial Census to the latest available 2011-2015 American Community Survey.

Table 1. Population of Weatherford Regional Hospital Medical Service Areas

Population by Zip Code	2000 Populatio n	2010 Population	2011-2015 Population	% Change 2000-2010	% Change 2010-11-15
<i>Primary Medical Service Area</i>					
73096 Weatherford	12,106	13,037	14,288	7.7%	9.6%
73669 Thomas	1,596	1,675	1,746	4.9%	4.2%
73048 Hydro	2,101	2,020	1,976	-3.9%	-2.2%
73047 Hinton	3,711	4,774	5,072	28.6%	6.2%
73021 Colony	384	352	353	-8.3%	0.3%
73024 Corn	<u>719</u>	<u>637</u>	<u>686</u>	<u>-11.4%</u>	<u>7.7%</u>
Total	20,617	22,495	24,121	9.1%	7.2%
<i>Secondary Medical Service Area</i>					
73040 Geary	1,972	1,976	1,667	0.2%	-15.6%
73033 Eakly	300	387	464	29.0%	19.9%
73015 Carnegie	3,157	2,877	2,901	-8.9%	0.8%
73632 Cordell	3,593	3,433	3,461	-4.5%	0.8%
73601 Clinton	<u>9,958</u>	<u>10,299</u>	<u>10,515</u>	<u>3.4%</u>	<u>2.1%</u>
Total	18,980	18,972	19,008	0.0%	0.2%

SOURCE: Population data from the U.S. Bureau of Census, Decennial Census 2000, 2010 and American Community Survey 2011-2015 (March 2017)

Table 2 displays the current existing medical services in the primary service area of the Weatherford Regional Hospital medical services area. The medical service area includes nine physician offices with an additional two urgent care/walk in clinics. The area also has nine dental offices, three EMS providers, seven physical therapy/rehabilitation providers, and seven local pharmacies. The hospital provides radiology, CT, MRI, laboratory services, physical therapy, 24/7 emergency room, sleep lab, telemedicine services, swing bed, and labor and delivery services. A complete list of hospital services and community involvement activities can be found in Appendix A.

Table 2. Existing Medical Services in Weatherford Regional Hospital Medical Services Area

Count	Service
1	Hospital: Weatherford Regional Hospital
9	Physician offices
2	Walk-in/Urgent care facilities
7	Home health providers
9	Dental offices
3	EMS provider
2	Assisted living facilities
4	Nursing homes
3	Hospice providers
3	Mental health/Counselors
7	Physical therapy/Rehabilitation providers
1	County Health Department
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 Custer 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, 2011-2015 American Community Survey. This cohort accounted for 14 percent of the total population at the state level. In terms of the medical service areas, this age group accounted for 12.1 percent of the primary medical service area, 16.4 percent of the secondary medical service area, and 13.1 percent of the population of Custer County. The 45-64 age group accounts for the largest share of the population in the secondary (24.9%) service area. The 25-44 age group accounts for the largest primary (26.0%) service area and Custer County (24.1%).

Table 3. Percent of Total Population by Age Group for the Weatherford Regional Hospital Medical Service Areas, Custer County and Oklahoma

Age Groups	Primary Medical Service Area	Secondary Medical Service Area	Custer County	Oklahoma
2010 Census				
0-14	16.7%	22.7%	19.5%	20.7%
15-19	8.4%	7.1%	8.6%	7.1%
20-24	14.3%	5.7%	12.7%	7.2%
25-44	25.8%	23.3%	23.2%	25.8%
45-64	22.5%	24.4%	22.7%	25.7%
65+	<u>12.2%</u>	<u>16.8%</u>	<u>13.4%</u>	<u>13.5%</u>
Totals	100.0%	100.0%	100.0%	100.0%
Total Population	22,495	18,972	27,469	3,751,351
11-15 ACS				
0-14	18.1%	24.1%	20.4%	20.6%
15-19	9.0%	6.6%	8.6%	6.7%
20-24	14.5%	5.2%	12.4%	7.4%
25-44	26.0%	22.8%	24.1%	25.9%
45-64	20.4%	24.9%	21.4%	25.1%
65+	<u>12.1%</u>	<u>16.4%</u>	<u>13.1%</u>	<u>14.2%</u>
Totals	100.0%	100.0%	100.0%	100.0%
Total Population	24,121	19,008	28,978	3,849,733

SOURCE: U.S. Census Bureau, Decennial Census data for 2010 and American Community Survey data for 2011-2015 (www.census.gov [March 2017]).

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 2011-2015 suggest that this population group has experienced an increase to 9.6 percent of the total population. This trend is

evident in Custer County and both medical service areas. The share of the population identified as of Hispanic Origin accounted for 9.7 percent of the primary medical service area's population in 2011-2015 and 22.4 percent of the secondary medical service area during the same time period. The Hispanic Origin population accounted for 16.2 percent of the total population from 2011-2015 in Custer County.

Table 4. Percent of Total Population by Race and Ethnicity for Weatherford Regional Hospital Medical Service Areas, Custer County and Oklahoma

Race/Ethnic Groups	Primary Medical Service Area	Secondary Medical Service Area	Custer County	Oklahoma
2010 Census				
White	83.7%	71.5%	78.1%	72.2%
Black	3.1%	2.8%	3.0%	7.4%
Native American	4.9%	10.5%	6.3%	8.6%
Other	4.6%	10.6%	8.6%	5.9%
Two or more Races	3.7%	4.5%	3.9%	5.9%
Hispanic Origin	9.2%	18.1%	13.9%	8.9%
Total Population	22,495	18,972	27,469	3,751,351
11-15 ACS				
White	83.2%	78.0%	82.7%	73.1%
Black	3.7%	1.9%	3.1%	7.2%
Native American	3.8%	7.1%	2.9%	7.3%
Other	2.9%	5.6%	3.6%	4.6%
Two or more Races	6.4%	7.4%	7.7%	7.8%
Hispanic Origin	9.7%	22.4%	16.2%	9.6%
Total Population	24,121	19,008	28,978	3,849,733

SOURCE: U.S. Census Bureau, Decennial Census data for 2010 and American Community Survey data for 2011-2015 (www.census.gov [March 2017]).

Summary of Community Meetings

Weatherford Regional Hospital hosted four community meetings between March 22, 2017 and April 19, 2017. 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:

- Weatherford Regional Hospital representatives
- Weatherford Regional Hospital board members
- Local nursing home/assisted living representative
- Southwestern Oklahoma State University representatives
- Retired individuals
- Crop Management Services
- Custer County Health Department

Average attendance at the community meetings was 10-24 community members. Community leaders were identified to be invited to attend to speak on behalf of the larger groups of people in the community that they serve. Hospital representatives contacted the Weatherford Chamber of Commerce, Weatherford Economic Development members, Rotary members, and the Weatherford Regional Hospital Foundation and hospital board. A representative personally reached out to make certain public health representatives were included. The community as a whole was invited and encouraged to participate via radio ads, newspaper ads (once per week) and information posted on the hospital's Facebook page and website, Weatherford Daily News Facebook page, and Weatherford Chamber of Commerce website.

Economic Impact and Community Health Needs Assessment Overview, March 22, 2017

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 Custer County, Oklahoma economy. The local healthcare data outside of the hospital were collected in partnership with the Southwestern Oklahoma State University Business Enterprise Center. Economic Modeling Specialists Intl. (EMSI) software was used to gather the zip code level establishment and employment data. 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 Weatherford Regional Hospital medical service area employs 549 FTE individuals. After applying a county-specific employment multiplier to each respective

sector, there is a total employment impact of 765 FTE employees. The same methodology is applied to income. The local health sector has a direct income impact of over \$31.1 million. When the appropriate income multiplier is applied, the total income impact is nearly \$40.4 million. The last two columns examine the impact this has on the retail sector of the local community. Recent data suggest that just 30.2% 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 \$12.2 million spent locally, generating \$121,941 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:

- Dialysis
- Losing referrals and patients
 - Competition with incentives for employees to utilize health facilities out of town
- Chemotherapy
- Specialists: Pediatrics, Pulmonology, Dermatology, Rheumatology
- Access to local providers/Workload of primary care providers
- Speech therapy
- Increase local business opportunities by bringing in other providers
- Mental health including psych facilities

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

Health Sectors	Employment			Income			Retail	1 Cent
	Direct	Multiplier	Impact	Direct	Multiplier	Impact	Sales	Sales Tax
Hospitals	142	1.67	236	\$8,754,427	1.33	\$11,620,451	\$3,509,376	\$35,094
Physicians, Dentists, & Other Medical Professionals	127	1.35	172	\$9,268,451	1.31	\$12,106,967	\$3,656,304	\$36,563
Nursing Homes and Home Health	226	1.27	286	\$9,919,174	1.25	\$12,350,047	\$3,729,714	\$37,297
Pharmacies	<u>54</u>	1.31	<u>71</u>	<u>\$3,176,244</u>	1.35	<u>\$4,300,444</u>	<u>\$1,298,734</u>	<u>\$12,987</u>
Total	549		765	\$31,118,296		\$40,377,909	\$12,194,129	\$121,941

SOURCE: 2015 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 and EMSI.

* Based on the ratio between Oklahoma taxable sales and income (30.2%) – from 2015 Sales Tax Data and 2015 Personal Income Estimates from the Bureau of Economic Analysis.

Health Data, April 5, 2017

A community meeting was held April 5, 2017, to examine various sources of local health data. Various sources of health data were examined including data from the County Health Rankings and Roadmaps Program through the University of Wisconsin Population Health Institute, and the Robert Wood Johnson Foundation and the 2017 Oklahoma State of the State's Health Report compiled by the Oklahoma State Department of Health. The County Health Rankings program evaluates and ranks counties based on two distinct areas: Health Factors and Health Outcomes. Along with these two areas counties receive an overall rank within their state; therefore 1=best and 77=worst.

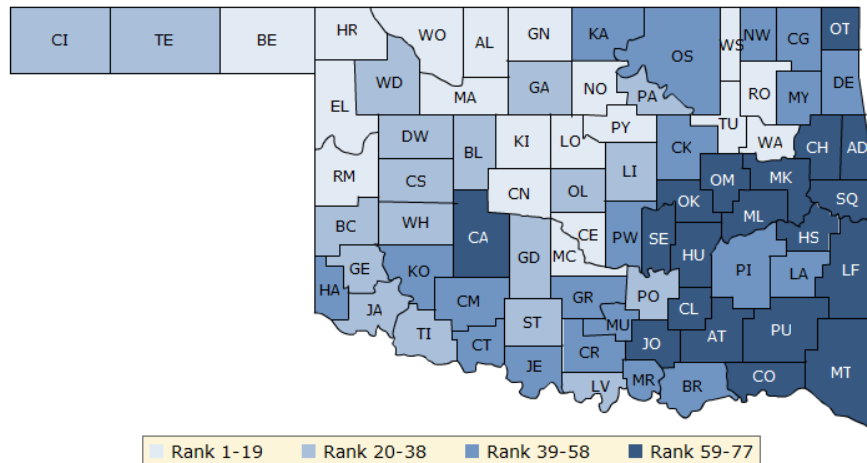
Health factors, considered tomorrow's health, are comprised of health behaviors (rank: 20), clinical care (rank: 32), social and economic factors (rank: 28), and physical environment (rank: 31). Custer County's overall health factors rank is 28. Areas of concern include Custer County's smoking rate, adult obesity rate, sexually transmitted infection rate, share of uninsured individuals, preventable hospital stays, high school graduation rate and the share of individuals who have obtained education beyond their high school diploma. All health factors variables are presented in Table 6 along with Custer County specific data, the top U.S. performers, and the state average. The red, bold italicized categories are the areas identified by the County Health Rankings and Roadmaps as areas to explore (generally where Custer County ranks very poorly compared to the national benchmark) while the green, bold italicized categories are the areas where Custer County does well, or are viewed as areas of strength.

Table 6. Health Factors (Overall Rank 28)

Category (Rank)	Custer County	Error Margin	Top U.S. Performers	Oklahoma
Health Behaviors (20)				
<i>Adult Smoking</i>	20%	19-20%	14%	22%
<i>Adult Obesity</i>	31%	26-36%	26%	33%
Food Environment Index	7.1		8.4	6.6
Physical Inactivity	28%	23-33%	19%	29%
<i>Access to Exercise Opportunities</i>	74%		91%	69%
Excessive Drinking	14%	14-15%	12%	14%
<i>Alcohol-Impaired Driving Deaths</i>	11%	4-20%	13%	30%
<i>Sexually Transmitted Infections</i>	640		146	537
Teen Birth Rate	51	46-56	17	49
Clinical Care (32)				
<i>Uninsured</i>	20%	18-23%	8%	18%
Primary Care Physicians	2,270:1		1,040:1	1,560:1
Dentists	1,650:1		1,320:1	1,740:1
<i>Mental Health Providers</i>	190:1		360:1	270:1
<i>Preventable Hospital Stays</i>	75	66-85	36	59
Diabetic Monitoring	82%	73-91%	91%	78%
Mammography Screening	54%	45-63%	71%	56%
Social & Economic Factors (28)				
<i>High School Graduation</i>	84%		93%	83%
<i>Some College</i>	50%	43-56%	72%	59%
<i>Unemployment</i>	3.9%		3.3%	4.2%
Children in Poverty	20%	16-25%	12%	22%
Income Inequality	4.9	4.0-5.8	3.7	4.6
Children in Single-Parent Household	34%	26-43%	21%	34%
<i>Social Associations</i>	20.0		22.1	11.6
Violent Crime Rate	227		62	439
Injury Deaths	87	72-102	53	90
Physical Environment (31)				
Air-Pollution- Particulate Matter	8.0		6.7	9.2
Drinking Water Violations	Yes			
Severe Housing Problems	15%	12-18%	9%	14%
Driving Alone to Work	83%	79-86%	72%	82%
Long Commute- Driving Alone	17%	13-20%	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. Custer County's health is comparable to most of the neighboring counties (Dewey, Blaine and Washita). Custer County fares more favorable than Caddo County, but has a less favorable ranking than Roger Mills County.



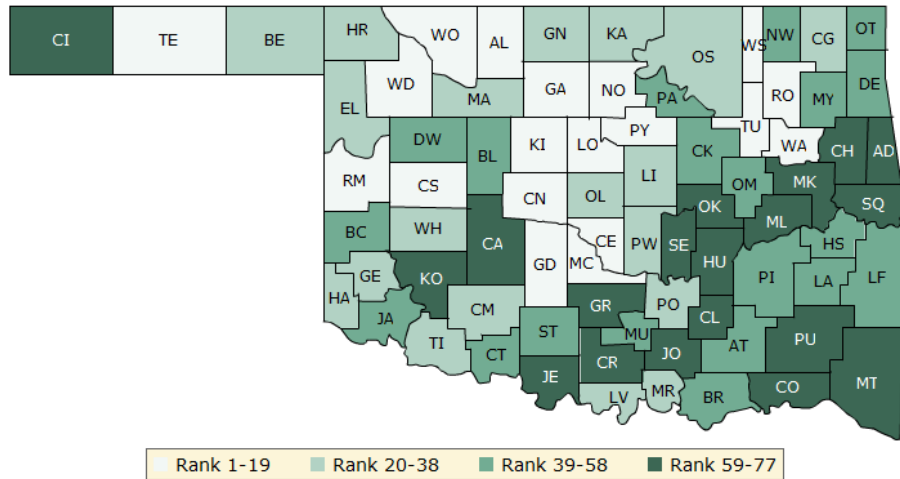
In terms of health outcomes, considered, today's health, Custer County's ranking is 13th in the state. Health outcomes are comprised of two areas: length of life and quality of life. The variables for each of these sections are presented in Table 7.

Table 7. Health Outcomes (Overall Rank 13)

Category (Rank)	Custer County	Error Margin	Top U.S. Performers	Oklahoma
Length of Life (12)				
Premature Death	8,300	7,100-9,400	5,200	9,300
Quality of Life (24)				
Poor or Fair Health	21%	20-21%	12%	21%
Poor Physical Health Days	4.2	4.0-4.4	3.0	4.4
Poor Mental Health Days	4.0	3.9-4.2	3.0	4.1
Low Birth Weight	7%	7-8%	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. Custer County's ranking is more favorable than all of the neighboring counties except Roger Mills County. Roger Mills and Custer Counties have similar health outcomes ranks. 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:

- Mental health:
 - Counselor availability, services for uninsured, low-income populations, specialized services. It is difficult to see a provider and take off work (especially if the patient receives hourly wages).
- Services for an aging population
 - Availability and quality services
- Child care facilities
 - Child care facilities are not as available after regular working hours. Employees that have 2nd and 3rd shift often find it difficult to find child care.
- Environment for small, independent practices and services (including pharmacy)
 - Insurers promoting and encouraging use of mail-order or large chain pharmacies
- Lack of funding and support for health services including cuts to providers

Community Survey Methodology and Results, March 22, 2017-April 12, 2017

A survey was designed to gauge hospital usage, satisfaction, and community health needs. The survey was available in both paper and web format. The electronic survey link was placed on the hospital's website and Facebook page, the Chamber of Commerce site, and the Facebook page for the Weatherford Daily News. Surveys were also distributed at the first community meeting on March 22, 2017. 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 Weatherford Regional Hospital.

The survey ran from March 22, 2017 to April 5, 2017. A total of 150 surveys from the Weatherford Regional Hospital medical service area were completed. Of the surveys returned, 142 were electronic responses, and 8 were hard copy surveys. The survey results were presented at the April 12, 2017, community meeting.

Table 8 below shows the survey respondent representation by zip code. The largest share of respondents was from the Weatherford (73096) zip code with 111 responses or 74 percent of the total. Hydro followed with 12 responses, and Mountain View had 5 responses.

Table 8. Zip Code of Residence

Response Category	No.	%
73096- Weatherford	111	74.0%
73048- Hydro	12	8.0%
73062- Mountain View	5	3.3%
73669- Thomas	4	2.7%
73639- Custer City	3	2.0%
73024- Corn	2	1.3%
73006- Apache	1	0.7%
73021- Colony	1	0.7%
73052- Lindsay	1	0.7%
73071- Norman	1	0.7%
73539- Elmer	1	0.7%
73601- Clinton	1	0.7%
73620- Arapaho	1	0.7%
73632- Cordell	1	0.7%
73646- Fay	1	0.7%
73667- Taloga	1	0.7%
73762- Okarche	1	0.7%
73446- Madill	1	0.7%
No Response	1	0.7%
Total	150	100.0%

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

Primary Care Physician Visits

- 71.3% of respondents had used a primary care physician in the Weatherford service area during the past 24 months
- 92.5% of those responded being satisfied
- Only 49 respondents or 32.7% believe there are enough primary care physicians practicing in Weatherford
- 66.0% of the respondents would consider seeing a midlevel provider for their healthcare needs
- 53.3% 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:

- 53.3% of all respondents report some specialist visit in past 24 months
- Most common specialty visited are displayed in Table 9
- Only 7.0% of specialist visits occurred in Weatherford

Table 9. Type of Specialist Visits

Type of Specialist	No.	Percent
<i>Top 5 Responses</i>		
Orthopedist/Orthopedic Surg. <i>(4 visits in Weatherford)</i>	26	22.8%
OB/GYN <i>(0 visits in Weatherford)</i>	22	19.3%
Urologist <i>(2 visits in Weatherford)</i>	8	7.0%
Otolaryngologist <i>(0 visits in Weatherford)</i>	7	6.1%
Dermatologist <i>(0 visits in Weatherford)</i>	6	5.3%
All others <i>(2 visits in Weatherford)</i>	<u>45</u>	<u>39.5%</u>
Total	<u>114</u>	<u>100.0%</u>

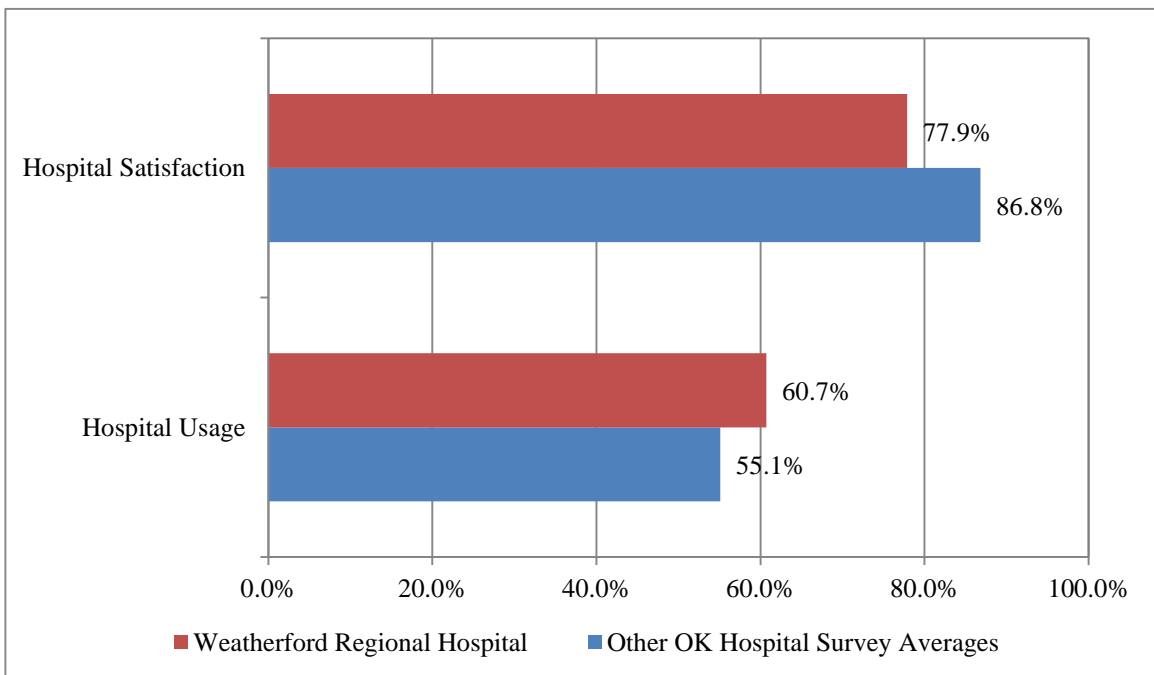
Some respondents answered more than once.

Hospital Usage and Satisfaction

Survey highlights include:

- 60.7% of survey respondents that have used hospital services in the past 24 months used services at Weatherford Regional Hospital
 - o Mercy Hospital Oklahoma City (4.8%), INTEGRIS Canadian Valley Hospital, Yukon (3.6%), and AllianceHealth Clinton (3.0%) followed
 - o The most common response for using a hospital other than Weatherford Regional Hospital was availability of specialty care (including surgery, labor and delivery) (32.5%) quality of care/lack of confidence (21.7%)
 - o The usage rate of 60.7% was higher than the state average of 55.1% for usage of other rural Oklahoma hospitals surveyed
- 77.9% of survey respondents were satisfied with the services received at Weatherford Regional Hospital
 - o This is below the state average for other hospitals (86.8%)
- Most common services used at Weatherford Regional Hospital:
 - o Diagnostic imaging (28.2%)
 - o Laboratory (24.4%)
 - o Emergency room (20.9%)

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 lack of specialists (including pediatrician with 6 responses, OB/GYN with 9 responses, and surgeon for emergencies with 1 response) with a collective share of 16.6 percent of the total. No concerns/receive good care/don't know followed with 14.8 percent of the total. Table 10 displays all responses and the frequencies.

Table 10. Top Healthcare Concerns in the Weatherford Area

	No.	%
Lack of specialists: Pediatrician (6); OB/GYN (9); Dermatology (2); Surgeon for emergencies (1)	28	16.6%
No Concerns/ Receive good care/Don't Know	25	14.8%
Lack of physicians/Difficult to see provider/Providers not accepting new patients	22	13.0%
Quality of care/Staying up-to-date with technology and care/Compassion for patient	15	8.9%
ER care/Quality of care in ER/Speed of services in ER	14	8.3%
Decreasing services/Continue services/Losing services/Financial stability	7	4.1%
Competition/Pop-up clinics/Care of walk in clinics	6	3.6%
Cost of care/Cost of co-pay/Insurance coverage	4	2.4%
Advanced services/Larger array of services/Referrals outside of community	4	2.4%
Hospital management	3	1.8%
Physicians not working together/Continuum of care	1	0.6%
Mental health services/Therapists	1	0.6%
Abuse of ER services	1	0.6%
Need for community education	1	0.6%
Billing concerns	1	0.6%
No response	36	21.3%
Total	169	100.0%

Survey respondents also had the opportunity to identify what additional services they would like to see offered at Weatherford Regional Hospital. The most common response was specialists with a collective share of 33.7 percent of the total. No additional services/satisfied with what is available/don't know was the next most common response of 20.4 percent. Table 11 displays the full listing of responses.

Table 11. Additional Services Community Members Would Like to See Offered at Weatherford Regional Hospital

Response Category	No.	%
Specialists: OBGYN (17); Dermatologist (16); Pediatrician (11); Allergist (4); Specialists in general (1); Endocrinologist (1); Rheumatologist (1); Otolaryngologist (1); Pain Management (1); Pulmonologist (1); Cardiologist (1); Gastroenterologist (1); Urologist (1); Surgeon (1); Nephrologist (1); Respiratory (1); Immunology (1)	61	33.7%
No additional services/Satisfied with what is available/Don't know	37	20.4%
Improved quality of care	4	2.2%
More surgical options/Surgical coverage/Orthopedic surgery	3	1.7%
More primary care provider/Allow Convenient Care to be PCP	3	1.7%
New ER operating system/Improved ER services/Increased security	3	1.7%
CPR classes/Babysitting classes for new babysitters	2	1.1%
Cardiac rehab/Heart health	2	1.1%
Mental health	2	1.1%
More treatments for breast cancer/Oncology treatments	2	1.1%
Prenatal classes	2	1.1%
Female physicians/Female OBGYN	2	1.1%
Dialysis	1	0.6%
Speech therapy	1	0.6%
Allergy testing	1	0.6%
Plastic surgery	1	0.6%
Child immunization clinics	1	0.6%
Screenings for PSA	1	0.6%
Testosterone replacement therapy	1	0.6%
Urgent care services on Sundays and holidays	1	0.6%
Connection with larger healthcare provider	1	0.6%
Female OB providers	1	0.6%
Postpartum mental health and therapy	1	0.6%
3-D breast imaging	1	0.6%
Water birthing	1	0.6%
Hospitalist on staff	1	0.6%
New management	1	0.6%
No response	43	23.8%
Total	181	100.0%

Primary Care Physician Demand Analysis, April 12, 2017

A demand analysis of primary care physicians was completed for the zip codes that comprise the Weatherford 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 Weatherford medical services area, a total of 35,281 annual visits would occur. This would suggest that the Weatherford medical services area would need 8.4 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 Weatherford, 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%	26,569	28,355	30,141	31,927	33,713	35,498	37,284
	10%	28,138	29,924	31,709	33,495	35,281	37,067	38,852
	15%	29,706	31,492	33,278	35,063	36,849	38,635	40,421
	20%	31,274	33,060	34,846	36,632	38,417	40,203	41,989
	25%	32,843	34,628	36,414	38,200	39,986	41,772	43,557
	30%	34,411	36,197	37,982	39,768	41,554	43,340	45,126
	35%	35,979	37,765	39,551	41,337	43,122	44,908	46,694
	40%	37,548	39,333	41,119	42,905	44,691	46,476	48,262
	45%	39,116	40,902	42,687	44,473	46,259	48,045	49,831
	50%	40,684	42,470	44,256	46,041	47,827	49,613	51,399

If 90% primary medical service area and 10 to 15% secondary medical service area, then the usage would be: 35,281 to 36,849 total primary care physician office visits in the Weatherford area for an estimated 8.4 to 8.8 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.

- Services for an aging population
 - Current services include:
 - Corn of Weatherford provides respite care
 - Corn of Weatherford location is expanding by 35 beds (20 memory care)
 - Several home health and hospice providers in town
 - Superior Home care provides private in-home care
 - Red River Transportation provides transportation for medical appointments
 - Meals on Wheels available
 - VanHorn Manor provides subsidized, senior living
 - New elder, independent living apartments are being constructed behind the hospital

Community Health Needs Implementation Strategy

During the April 19, 2017, meeting, hospital representatives and community members discussed how these concerns can be addressed. The following lists the concerns along with steps the hospital and community plan to take to remedy the situation.

- Mental Health- This concern was mentioned at multiple community meetings. Discussion around this topic included the lack of inpatient bed availability, lack of services for patients who are uninsured or low-income. There is a strain on patients who need to see a provider, but cannot take off from work during the day, especially if they receive hourly wages. It was also mentioned that there is a strain on local resources. The local police do many of the transports once a bed or services are found. Sometimes there is confusion after they arrive at the facility outside of the community, and the patient is then transported back which creates a further strain on the patient and local resources.
 - Current services and resources in the community and area include, Red Rock Behavioral in Clinton. This facility does provide a 3-day crisis center and outpatient services. Drug and alcohol treatment services are available that meet three times per week (two are court appointment and one is open to the public). There are two psychologists that provide services. There is also a counselor available through Catholic Charities in Clinton. Opportunities Inc. in Clinton provides counseling services that reaches many Medicare and Medicaid patients. The Custer County Health Department has a child guidance program that includes a psychologist, speech therapist, and developmental therapist. This program is available for children through age 12. Private insurance and Medicaid are accepted. Those who have no payer source are offered a sliding scale for payment. This program is available to the community by appointment.
 - The resource team will provide a listing of state resources in terms of mental health services and facilities. The resource team will also look into the

availability of Mental Health First Aid training and certification as a means of crisis prevention.

- The community group noted the ideal situation would be the availability of a local inpatient psych facility with twelve beds, fully staffed. It was also noted the need for available psychiatrists along with increased medication management and more comprehensive follow through on patients.
 - Weatherford Regional Hospital has partnered with Cedar Ridge Mental Health to provide acute care mental health evaluations.
 - Great Plains Regional Medical Center (Elk City) is in the process of adding eight geriatric psychiatric beds. This will be a closer and more convenient option for local patients.
 - Weatherford Regional Hospital will update the services directory to be distributed internally to assist with resources for patients, and it will be shared with families and patients.
 - Weatherford Regional Hospital is currently working with St. Anthony Hospital to provide telemedicine psychiatric appointments.
 - Weatherford Regional Hospital will continue to provide information and work with Oklahoma Legislators on reimbursements for mental health.
- Services for an aging population- This concern was mentioned at multiple community meetings as well. It was noted that it is difficult to find available resources when needed.
 - In terms of existing services, there are several nursing homes and assisted living facilities in the area.
 - Corn of Weatherford provides respite care
 - Corn of Weatherford location is expanding by 32 beds (20 memory care) and will be open in 2018.
 - Several home health and hospice providers in town
 - Superior Home care provides private in-home care
 - Red River Transportation provides transportation for medical appointments
 - Meals on Wheels available- Senior nutrition services are available through the Pioneer Center. Participants can order two meals per day (one hot and one frozen).
 - VanHorn Manor provides subsidized, senior living
 - A new elderly housing complex with 37 units is currently being constructed near the hospital and physician office building with a community building for socialization.
 - There are homecare aids available in the community; however, it was mentioned that cost is often a barrier for these services.
 - Support groups in the Weatherford community include: grief support, caregiver support, Alzheimer's support, Parkinson's support
 - Corn of Weatherford has extensive list of individuals who will provide respite care, private, in-home care with references

- After discussion in the community meeting, it was noted of the need for a directory or listing of available resources and services for families and loved ones who need them. The resource team will start a listing of just services mentioned through the CHNA process and services available through the local Area Agency on Aging. This listing will be shared with the community group to then complete and distribute. Weatherford Regional Hospital will update and distribute the directory of local services.
- The community group noted that the ideal scenario would include adult day services and just more coverage between self-care and assisted living/nursing home care.
- Barriers and concerns- Healthcare funding including provider reimbursements was mentioned during the CHNA as a barrier to providing services. It was also noted the changing environment for stand-alone, sole providers including pharmacies creates challenges and loses the personal touch of services. Also, the loss of referred patients and insurers incentivizing patients to utilize metro providers places a further strain on healthcare in rural settings.

Community Health Needs Assessment Marketing Plan

The hospital will make the Community Health Needs Assessment Summary and Implementation Strategy Plan available upon request at Weatherford Regional Hospital, and a copy will be available to be downloaded from the hospital's website (www.weatherfordregional.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

Weatherford Regional Hospital Services and Community Outreach

Inpatient Services:

Acute Inpatient
Swing Bed
Physical Therapy
Occupational Therapy
Laboratory
Radiology
CT, MRI, Ultrasound
EKG
Pharmacy
Wound Care
Social Services
Dietary
Telemedicine Program
Respiratory Therapy
Lactation Consultant
Obstetrics
Newborn nursery
Dietician/Nutrition
Blood Bank

Outpatient Services:

Laboratory
Radiology
Observation
Telemetry
Dietician Education
Stroke Center
Diabetic Education Site
Respiratory Therapy
Blood Bank
DOT Physicals
Drug Screens
Ultrasound
Nuclear Medicine
Emergency Department
Sleep Lab
Pulmonary Function Test
Wound Care
Physical Therapy- Pediatrics and Adult
Occupational Therapy
Social Services
Lactation Education
Convenient Care clinic
Family Practice Clinic

Specialty Clinics:

Cardiology
General Surgery
Hematology/Oncology
ENT
Nephrology
Oncology
Orthopedic
Pace Maker
Pain Management
Urology
Diabetic

Community Activities:

Relay for Life

Blood Testing Clinic with the Church of Christ annually

Agape Clinic (free Clinic) cards sent for free labs for cholesterol, blood sugar or blood pressure.

Month of October offer discounted Mammograms

Month of February offer discounted calcium scoring test for Heart Month.

Chamber of Commerce Health Fair – free blood pressure, sugars, cholesterol, and BMI checks

SWOSU health fair - free blood pressure checks, BMI checks, blood sugars and cholesterol

Stroke Awareness Class at the Assisted Living Centers and Pioneer Center.

Offer PALS and ACLS and Basic Life Support for the Physician offices and staff.

Diabetic classes for the public with SWOSU

Flu Clinics and shots offered

Updates with the Weatherford Daily News for upcoming exposures for Flu Season.

Department of Human Services – Angel tree

Food Drive for local food bank

Obstetrics – education class and tours

Blood Drives

Wellness Screens

Get F.I.T. Weatherford

Appendix B Community Meeting Attendees

Weatherford Community Health Needs Assessment Meeting 1: CHNA Overview and Economic Impact Presentation 3/22/2017

First Name	Last Name	Title	Organization
Amy	Maynard	Director of HIM	Weatherford Regional Hospital
Cindy	Penner	Case Manager	Weatherford Regional Hospital
Bobbie Jo	Smith	Director of Respiratory	Weatherford Regional Hospital
Lindsey	Zimmerman	Director of Quality Director of Infection Control	Weatherford Regional Hospital
Lorrie	Hollingsworth	Control	Weatherford Regional Hospital
Marsha	Saur	Director of Pharmacy	Weatherford Regional Hospital
Lyndsay	Roper	OT	Weatherford Regional Hospital Corn Heritage Village and Rehab
Stephanie	Warner	Community Liason	Weatherford Regional Hospital
Stephanie	Helton	CFO Marketing/Outpatient Services	Weatherford Regional Hospital
Mindy	Knight	Rural Helath Coordinator	SWOSU College of Pharmacy
Randy	Curry	Professor	SWOSU College of Pharmacy
Dennis	Thompson	Owner	Crop Management
Marvin	Hankins	Board Member	Weatherford Regional Hospital
Tom	Weichel	Physical Therapist	Weatherford Regional Hospital
Chris	Hart Wolf	Director of Radiology	Weatherford Regional Hospital
Joe	Robinson	Certified Dietary Manager	Weatherford Regional Hospital
Annette	Scholtz	CEO	Weatherford Regional Hospital
Debbie	Howe	Admin Director, Rural Dev.	St. Anthony Hospital
Bridget	Cosby		

**Weatherford Community Health Needs Assessment
Meeting 2: Health Indicators and Outcomes Presentation
4/5/2017**

First Name	Last Name	Title	Organization
Annette	Scholtz	Certified Dietary Manager	Weatherford Regional Hospital
Delvin	Mast	RN	Weatherford Regional Hospital
Marvin	Hankins	Owner	Crop Management
Debbie	Howe	CEO	Weatherford Regional Hospital
Faye	Henton	Board of Trustees	Weatherford Regional Hospital
Cindy	Penner	Case Manager	Weatherford Regional Hospital
Lindsey	Zimmerman	Director of Quality	Weatherford Regional Hospital
Joe	Robinson	Director of Radiology Marketing/Outpatient	Weatherford Regional Hospital
Mindy	Knight	Services	Weatherford Regional Hospital
Randy	Curry	Rural Health Coordinator	SWOSU College of Pharmacy
Dennis	Thompson	Professor	SWOSU College of Pharmacy
Kalie	Kerth	Pharmacist	SWOSU College of Pharmacy

**Weatherford Community Health Needs Assessment
Meeting 3: Survey Results and Primary Care Physician Demand Analysis
4/12/2107**

First Name	Last Name	Title	Organization
Annette	Scholtz	Certified Dietary Manager Director of Infection	Weatherford Regional Hospital
Lorrie	Hollingsworth	Control	Weatherford Regional Hospital
Cindy	Penner	Case Manager	Weatherford Regional Hospital
Delvin	Mast	RN	Weatherford Regional Hospital
Amy	Maynard	Director of HIM	Weatherford Regional Hospital
Lindsey	Zimmerman	Director of Quality	Weatherford Regional Hospital
Marsha	Saur	Director of Pharmacy Marketing/Outpatient	Weatherford Regional Hospital
Mindy	Knight	Services	Weatherford Regional Hospital Corn Heritage Village and Rehab
Stephanie	Warner	Community Liason	SWOSU College of Pharmacy
Randy	Curry	Rural Health Coordinator	SWOSU College of Pharmacy
Tom	Weichel	Board Member	Weatherford Regional Hospital
Marvin	Hankins	Owner	Crop Management
Debbie	Howe	CEO	Weatherford Regional Hospital
Faye	Henton	Board of Trustees	Weatherford Regional Hospital

Weatherford Community Health Needs Assessment
Meeting 4: Health Care Concern Prioritization and Implementation Discussion
19-Apr-17

First Name	Last Name	Title	Organization
Delvin	Mast	RN	Weatherford Regional Hospital
Faye	Henton	Board of Trustees	Weatherford Regional Hospital
Marvin	Hankins	Owner	Crop Management
Debbie	Howe	CEO	Weatherford Regional Hospital
Cindy	Penner	Case Manager	Weatherford Regional Hospital
Lindsey	Zimmerman	Director of Quality	Weatherford Regional Hospital
Marsha	Saur	Director of Pharmacy Director of Infection Control	Weatherford Regional Hospital
Lorrie	Hollingsworth	Control	Weatherford Regional Hospital
Annette	Scholtz	Certified Dietary Manager	Weatherford Regional Hospital
Stephanie	Warner	Community Liason	Corn Heritage Village and Rehab
Aimee	Henderson	PharmD	SWOSU College of Pharmacy Custer County Health
Cindy	Louthan	Co-Ord RN	Department Custer County Health
Jamie	Stewart	RN, Case Management	Department

Appendix C- Meeting 1 Materials, March 22, 2017

The Economic and Demographic Analysis of the Weatherford Regional Hospital Medical Service Area *As part of the Community Health Needs Assessment*

Economic Data

2015 Per Capita Income ¹	\$39,014 (32nd highest in state)
Employment (January 2017, preliminary) ²	14,175 (-6.8% from 2015)
Unemployment (January 2017, preliminary) ²	598 (-2.9% from 2015)
Unemployment rate (January 2017, preliminary) ²	4.0% (21st lowest in state)
2015 Poverty rate ³	17.9% (46th lowest in state)
2015 Child poverty rate ³	20.4% (27th lowest in state)
2015 Transfer Payments ¹	\$196,232,000 (16.9% of total personal income, 17th lowest in state)
2015 Medical Benefits as a share of Transfer Payments ¹	40.6% (29th lowest in state)

¹Bureau of Economic Analysis, Regional Data, 2015, ²Bureau of Labor Statistics 2015-2016, ³U.S. Census Bureau, Small Area Income and Poverty, 2015

Education Data

At Least High School Diploma ¹	86.3% (30th highest in state)
Some College ¹	51.2% (21st highest in state)
At Least Bachelor's Degree ¹	26.9% (7th highest in state)
2013-2014 Free and Reduced Lunch Eligible ²	62.6% (33rd lowest in state)

¹U.S. Census Bureau, American Community Survey, 2011-2015, ²National Center for Education Statistics, 2014-2015.

Payer Source Data

2014 Uninsured Rate (under 65) ¹	20.5% (47th lowest in state)
2014 Uninsured Rate (under 19) ¹	11.8% (49th lowest in state)
2015 Medicare share of total population ²	15.2% (11th lowest in state)
2016 Medicaid share of total population ³	25.0% (23rd lowest in state)

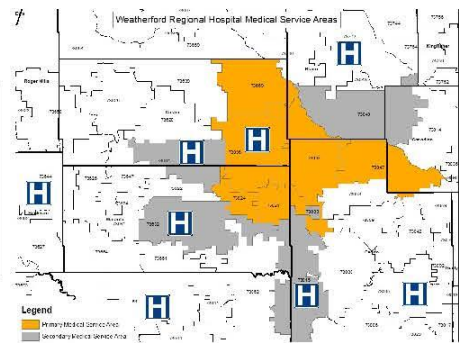
¹ U.S. Census Bureau, Small Area Health Insurance Estimates, 2014, ² Centers for Medicare & Medicaid Services, Medicare Aged and Disabled by State and County, 2015

³ Oklahoma Health Care Authority, Total Enrollment by County, 2016

Population (2011-2015)

Custer County	28,978 (5.5% from 2010)
Primary Medical Service Area	24,121 (7.2% from 2010)
Secondary Medical Service Area	19,008 (0.2% from 2010)
Oklahoma	3,849,733 (2.6% from 2010)

U.S. Census Bureau, 2011-2015 American Community Survey 2010 Decennial Census



**Percent of Total Population by Age Group for Weatherford Regional Hospital Medical Service Areas,
Custer County and Oklahoma**

Age Groups	Primary Medical Service Area	Secondary Medical Service Area	Custer County	Oklahoma
11-15 ACS				
0-14	18.1%	24.1%	20.4%	20.6%
15-19	9.0%	6.6%	8.6%	6.7%
20-24	14.5%	5.2%	12.4%	7.4%
25-44	26.0%	22.8%	24.1%	25.9%
45-64	20.4%	24.9%	21.4%	25.1%
65+	<u>12.1%</u>	<u>16.4%</u>	<u>13.1%</u>	<u>14.2%</u>
Totals	100.0%	100.0%	100.0%	100.0%
Total Population	24,121	19,008	28,978	3,849,733

SOURCE: U.S. Census Bureau, 2011-2015 American Community Survey

Percent of Total Population by Race and Ethnicity for Weatherford Regional Hospital Medical Service Areas, Custer County and Oklahoma

Race/Ethnic Groups	Primary Medical Service Area	Secondary Medical Service Area	Custer County	Oklahoma
11-15 ACS				
White	83.2%	78.0%	82.7%	73.1%
Black	3.7%	1.9%	3.1%	7.2%
Native American ¹	3.8%	7.1%	2.9%	7.3%
Other ²	2.9%	5.6%	3.6%	4.6%
Two or more Races ³	6.4%	7.4%	7.7%	7.8%
Hispanic Origin ⁴	9.7%	22.4%	16.2%	9.6%
Total Population	24,121	19,008	28,978	3,849,733

SOURCE: U.S. Census Bureau, 2011-2015 American Community Survey

For additional information, please contact:
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Weatherford Regional Hospital Economic Impact



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

Weatherford Regional Hospital **directly** employs **142** people with an annual payroll of over **\$8.7 million** including benefits

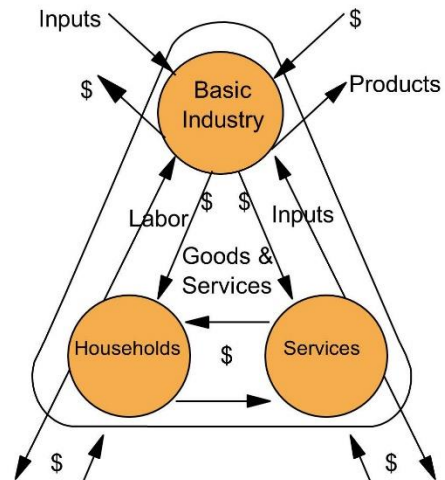
- These employees and income create an additional **94** jobs and over **\$2.8 million** in income as they interact with other sectors of the local economy
- **Total impacts= 236 jobs and over \$11.6 million**
- Other segments of the healthcare sector (Doctors, Nurses, Pharmacies, etc.) provide another **407 jobs** and an additional **\$22.3 million** in wages
- Their interactions and transactions within the local economy create:
- **Total health sector impacts= 765 jobs and \$40.3 million (Including the hospital)**
- Nearly **\$12.2 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:
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Phone: 405.945.8609



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

Table 1. Health Factors (Overall Rank 28)

Category (Rank)	Custer County	Error Margin	Top U.S. Performers	Oklahoma
Health Behaviors (20)				
<i>Adult Smoking</i>	20%	19-20%	14%	22%
<i>Adult Obesity</i>	31%	26-36%	26%	33%
Food Environment Index	7.1		8.4	6.6
Physical Inactivity	28%	23-33%	19%	29%
<i>Access to Exercise Opportunities</i>	74%		91%	69%
Excessive Drinking	14%	14-15%	12%	14%
<i>Alcohol-Impaired Driving Deaths</i>	11%	4-20%	13%	30%
<i>Sexually Transmitted Infections</i>	640		146	537
Teen Birth Rate	51	46-56	17	49
Clinical Care (32)				
<i>Uninsured</i>	20%	18-23%	8%	18%
Primary Care Physicians	2,270:1		1,040:1	1,560:1
Dentists	1,650:1		1,320:1	1,740:1
<i>Mental Health Providers</i>	190:1		360:1	270:1
<i>Preventable Hospital Stays</i>	75	66-85	36	59
Diabetic Monitoring	82%	73-91%	91%	78%
Mammography Screening	54%	45-63%	71%	56%
Social & Economic Factors (28)				
<i>High School Graduation</i>	84%		93%	83%
<i>Some College</i>	50%	43-56%	72%	59%
<i>Unemployment</i>	3.9%		3.3%	4.2%
Children in Poverty	20%	16-25%	12%	22%
Income Inequality	4.9	4.0-5.8	3.7	4.6
Children in Single-Parent Household	34%	26-43%	21%	34%
<i>Social Associations</i>	20.0		22.1	11.6
Violent Crime Rate	227		62	439
Injury Deaths	87	72-102	53	90
Physical Environment (31)				
Air-Pollution- Particulate Matter	8.0		6.7	9.2
Drinking Water Violations	Yes			
Severe Housing Problems	15%	12-18%	9%	14%
Driving Alone to Work	83%	79-86%	72%	82%
Long Commute- Driving Alone	17%	13-20%	15%	26%

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

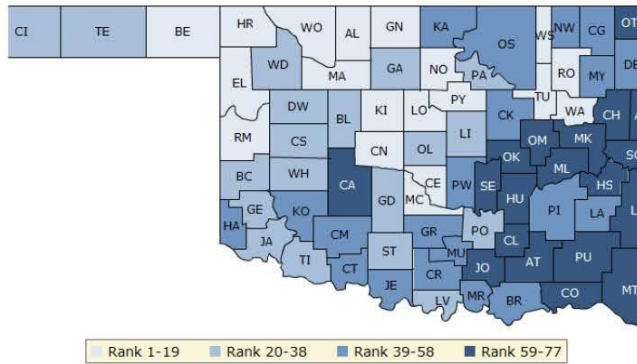
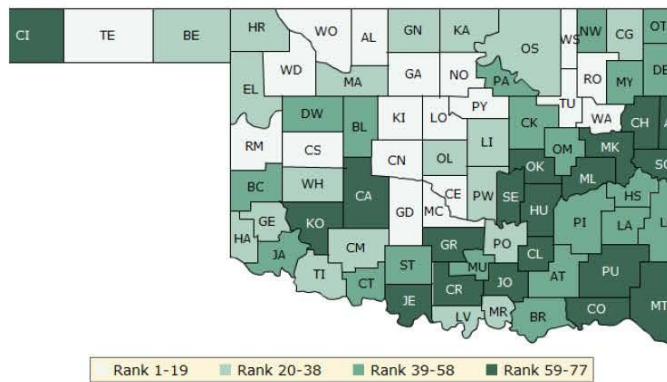


Table 2. Health Outcomes (Overall Rank 13)

Category (Rank)	Custer County	Error Margin	Top U.S. Performers	Oklahoma
Length of Life (12)				
Premature Death	8,300	7,100-9,400	5,200	9,300
Quality of Life (24)				
Poor or Fair Health	21%	20-21%	12%	21%
Poor Physical Health Days	4.2	4.0-4.4	3.0	4.4
Poor Mental Health Days	4.0	3.9-4.2	3.0	4.1
Low Birth Weight	7%	7-8%	6%	8%

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



For additional information, please contact
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CUSTER COUNTY

	PREVIOUS	CURRENT	GRADE
MORTALITY			
INFANT (RATE PER 1,000)	3.6	7.3	D
TOTAL (RATE PER 100,000)	914.0	938.2	F
LEADING CAUSES OF DEATH (RATE PER 100,000)			
HEART DISEASE	275.4	219.7	B
MALIGNANT NEOPLASM (CANCER)	166.7	203.3	F
CEREBROVASCULAR DISEASE (STROKE)	33.7	37.0	C
CHRONIC LOWER RESPIRATORY DISEASE	56.5	69.3	F
UNINTENTIONAL INJURY	46.9	62.0	F
DIABETES	40.1	32.4	F
INFLUENZA/PNEUMONIA	27.5	22.4	F
ALZHEIMER'S DISEASE	25.5	33.9	D
NEPHRITIS (KIDNEY DISEASE)	21.2	11.0	B
SUICIDES	9.7	12.3	C
DISEASE RATES			
DIABETES PREVALENCE	9.3%	9.5%	C
CURRENT ASTHMA PREVALENCE	8.1%	8.6%	C
CANCER INCIDENCE (RATE PER 100,000)	526.5	449.1	C
RISK FACTORS & BEHAVIORS			
MINIMAL FRUIT CONSUMPTION	NA	49.5%	F
MINIMAL VEGETABLE CONSUMPTION	NA	26.3%	D
NO PHYSICAL ACTIVITY	29.1%	26.3%	D
CURRENT SMOKING PREVALENCE	22.5%	20.2%	C
OBESITY	28.8%	30.2%	D
IMMUNIZATIONS < 3 YEARS	73.0%	75.9%	B
SENIORS INFLUENZA VACCINATION	64.4%	69.7%	A
SENIORS PNEUMONIA VACCINATION	73.4%	75.4%	A
LIMITED ACTIVITY DAYS	14.5%	15.7%	B
POOR MENTAL HEALTH DAYS	21.3%	20.0%	B
POOR PHYSICAL HEALTH DAYS	19.6%	20.1%	B
GOOD OR BETTER HEALTH RATING	83.6%	84.6%	C
TEEN FERTILITY (RATE PER 1,000)	34.7	37.6	F
FIRST TRIMESTER PRENATAL CARE	58.2%	63.6%	F
LOW BIRTH WEIGHT	7.5%	6.6%	B
ADULT DENTAL VISITS	56.7%	58.2%	F
USUAL SOURCE OF CARE	77.0%	76.9%	C
OCCUPATIONAL FATALITIES (RATE PER 100,000 WORKERS)	8.6	7.5	F
PREVENTABLE HOSPITALIZATIONS (RATE PER 100,000)	2420.3	2351.8	F
SOCIOECONOMIC FACTORS			
NO INSURANCE COVERAGE	22.0%	18.4%	C
POVERTY	18.0%	17.6%	D

Mortality and Leading Causes of Death

- Custer County ranked 43rd in the state for total mortality (age-adjusted) with a rate that was 26% higher than the national rate.
- The leading causes of death in Custer County were heart disease, cancer, and chronic lower respiratory disease.

Disease Rates

- Custer County ranked 4th (best) in the prevalence of diabetes when compared to other counties.

Risk Factors, Behaviors and Socioeconomic Factors

- Custer County ranked among the top 5 counties in the state for adult smokers, obesity prevalence, physically inactive adults, and self-health rating. The county ranked in the top 10 for fruit consumption.
 - 6.6% of Custer County births were low birth weight, tying it for the 9th best rate in the state.
 - Approximately 1 in 6 people in Custer County lived in poverty (18%).
 - Nearly 1 in 6 adults reported 3+ days with limited activity in the past month (16%).
 - 1 in 5 adults reported 4+ days of poor physical health (20%) and 1 in 5 reported 4+ days of poor mental health (20%) in the previous month.
- ### Changes from Previous Year
- The infant mortality rate doubled from the previous year.
 - The rate of deaths attributed to suicide worsened by 27%.
 - The rate of deaths due to nephritis improved by 48%.
 - The rate of adult smokers improved by 10% and the rate of babies born at low birth weight improved by 12%.
 - The rate of deaths due to cancer worsened by 22%.

Appendix E- Survey Form and Meeting 3 Materials, April 12, 2017

Weatherford Regional Hospital Local Health Services Survey

Please return completed survey by April 5, 2017



The zip code of my residence is: _____

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

1. Has your household used the services of a hospital in the past 24 months?
 Yes (*Go to Q2*) No (*Skip to Q7*) Don't know (*Skip to Q7*)

2. At which hospital(s) were services received? (*please check/list all that apply*)
 Weatherford Regional Hospital (*Skip to Q4*) Other (*Please specify Hospital and City, then go to Q3*)

If you responded in Q2 that your household received care at a hospital other than Weatherford Regional

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

If you responded in Q2 that your household received care at Weatherford Regional Hospital, what hospital

4. service(s) were used?
 Diagnostic imaging (X-ray, CT, Ultrasound) Hospital Inpatient
 Laboratory Skilled Nursing (swing bed)
 Outpatient infusion/Shots Emergency room (ER)
 Physician services Sleep Study
 Obstetrics/Labor and Delivery Other (*Please list below*)
 Physical therapy

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

6. Why were you satisfied/dissatisfied with services received at Weatherford Regional Hospital?

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

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

Type of Specialist	City

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

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

Continue on reverse side...

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

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

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

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

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

16. Have you used OB or labor and delivery services in the past 24 months?
 Yes No *(skip to question 19)* Don't know *(skip to question 19)*

17. Where did you receive OB or labor and delivery services?
 Weatherford Regional Hospital *(Skip to Q19)* Other *(Please list location)*

18. If you used a facility other than Weatherford Regional Hospital, why did you use that facility?

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

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

21. 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

22. What concerns you most about health care in the Weatherford area?

23. What other services would you like to see offered at Weatherford Regional Hospital?

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

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

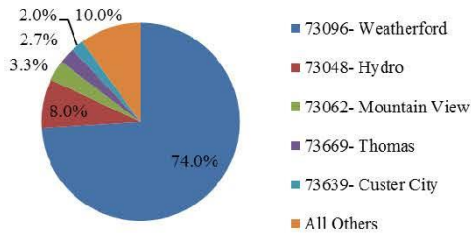
Please mail completed survey to:
Weatherford Regional Hospital
3701 E Main St.
Weatherford, OK 73096

Or, return to hospital administration

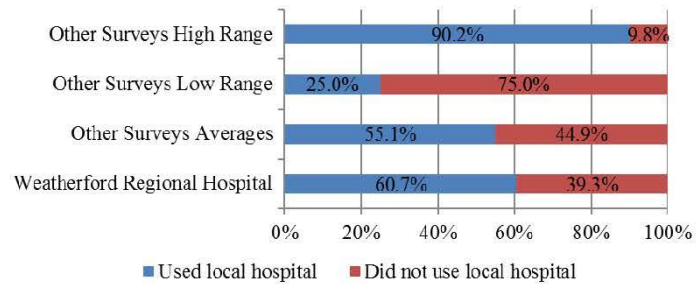
Weatherford Regional Hospital Community Survey Results

As part of the Community Health Needs Assessment

Zip Code of Residence, Top 5 Responses



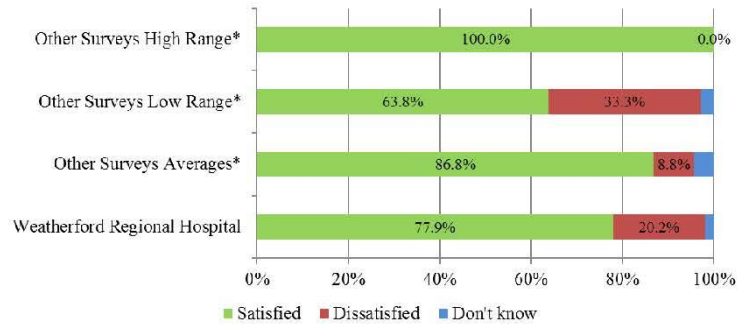
Hospital Utilization Comparison



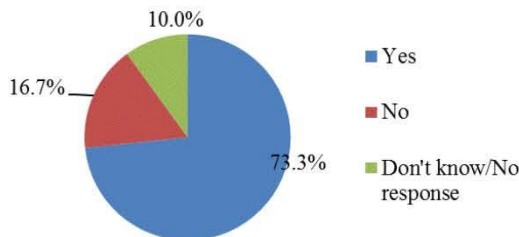
Type of Specialist Visits

Specialist	No.	Percent
Top 5 Responses		
Orthopedist/Orthopedic Surg. (4 visits in Weatherford)	26	22.8%
OB/GYN (0 visits in Weatherford)	22	19.3%
Urologist (2 visits in Weatherford)	8	7.0%
Otolaryngologist (0 visits in Weatherford)	7	6.1%
Dermatologist (0 visits in Weatherford)	6	5.3%
All others (2 visits in Weatherford)	45	39.5%
Total	114	100.0%

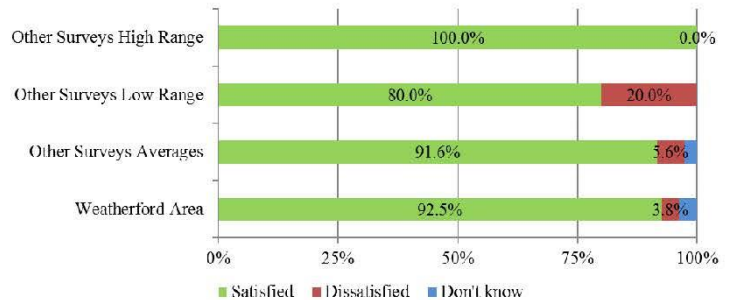
Satisfaction with Weatherford Regional Hospital



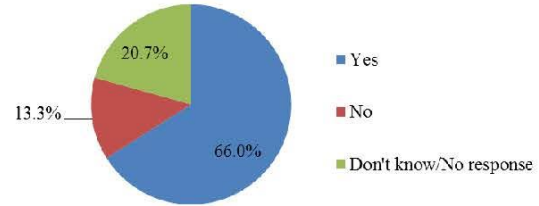
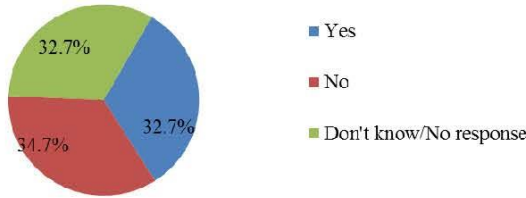
Use Family Doctor for Routine Health Care



Satisfaction with Weatherford Area Primary Care Doctor



Do you think there are enough primary care doctors practicing in the Weatherford area? Would you see a midlevel provider for routine healthcare needs?



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



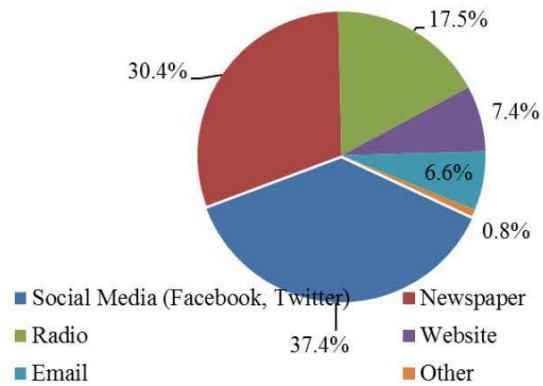
Healthcare concerns- Top 3 Responses

Concern	No.	Percent
Lack of specialists: Pediatrician (6); OB/GYN (9); Dermatology (2); Surgeon for emergencies (1)	28	16.6%
No Concerns/Receive good care/Don't know	25	14.8%
Quality of care/Staying up-to-date with technology and care/Compassion for patient	22	13.0%
All others	94	55.6%
Total	169	100.0%

Additional Services to Offer- Top 3 Responses

Services	No.	Percent
Specialists: OBGY (17); Dermatologist (16); Pediatrician (11); Allergist (4); Specialists in general (1); Endocrinologist (1); Rheumatologist (1); Otolaryngologist (1); Pain Management (1); Pulmonologist (1); Cardiologist (1); Gastroenterologist (1); Urologist (1); Surgeon (1); Nephrologist (1); Respiratory (1); Immunology (1)	61	33.7%
No additional services/Satisfied with what is available/Don't know	37	20.4%
Improved quality of care	4	2.2%
All others	79	43.6%
Total	181	100.0%

Outlets Used for Information about Community Events



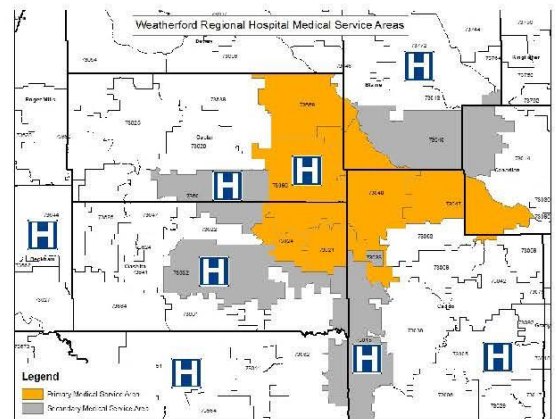
For additional information, please contact
 Lara Brooks, Rural Health Analyst, lara.brooks@okstate.edu
 Corie Kaiser, Director, corie.kaiser@okstate.edu
 Oklahoma Office of Rural Health
 Phone: 405.945.8609

Primary Care Physician Demand Analysis for the Weatherford Medical Service Area

As part of the Community Health Needs Assessment

Table 1. Weatherford Regional Hospital Medical Service Areas

Zip Code	City	2011-2015 ACS Population
<i>Primary Medical Service Area</i>		
73096	Weatherford	14,288
73669	Thomas	1,746
73048	Hydro	1,976
73047	Hinton	5,072
73021	Colony	353
73024	Corn	686
Totals		<u>24,121</u>
<i>Secondary Medical Service Area</i>		
73040	Geary	1,667
73033	Eakly	464
73015	Carnegie	2,901
73632	Cordell	3,461
73601	Clinton	10,515
Totals		<u>19,008</u>



SOURCE: Population data from the U.S. Bureau of Census, 2011-2015 American Community Survey

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

PRIMARY MEDICAL SERVICE AREA							
Age	Male			Female			Total Visits
	11-15 Population	Visit Rate ^[3]	Visits	11-15 Population	Visit Rate ^[3]	Visits	
Under 15	2,270	2.2	4,994	2,091	2.1	4,391	9,385
15-24	2,917	1.2	3,500	2,741	1.9	5,208	8,708
25-44	3,566	1.5	5,349	2,704	2.9	7,842	13,191
45-64	2,612	3.1	8,097	2,311	3.8	8,782	16,879
65-74	705	5.3	3,737	831	6.0	4,986	8,723
75+	<u>559</u>	6.8	<u>3,801</u>	<u>814</u>	6.7	<u>5,454</u>	<u>9,255</u>
Total	12,629		29,478	11,492		36,662	66,141

Primary Medical Service Area - Local Primary Care Physician office visits per year: 35,716

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

SECONDARY MEDICAL SERVICE AREA							
Age	Male			Female			Total Visits
	11-15 Population	Visit Rate ^[3]	Visits	11-15 Population	Visit Rate ^[3]	Visits	
Under 15	2,264	2.2	4,981	2,313	2.1	4,857	9,838
15-24	1,206	1.2	1,447	1,041	1.9	1,978	3,425
25-44	2,380	1.5	3,570	1,955	2.9	5,670	9,240
45-64	2,217	3.1	6,873	2,515	3.8	9,557	16,430
65-74	845	5.3	4,479	861	6.0	5,166	9,645
75+	546	6.8	3,713	865	6.7	5,796	9,508
Total	9,458		25,062	9,550		33,023	58,085

Secondary Medical Service Area - Local Primary Care Physician office visits per year: 31,366

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: 2013 Summary.

Table 3. Primary Care Physician Office Visits Given Usage by Local Residents in the Weatherford, 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%	26,569	28,355	30,141	31,927	33,713	35,498	37,284
	10%	28,138	29,924	31,709	33,495	35,281	37,067	38,852
	15%	29,706	31,492	33,278	35,063	36,849	38,635	40,421
	20%	31,274	33,060	34,846	36,632	38,417	40,203	41,989
	25%	32,843	34,628	36,414	38,200	39,986	41,772	43,557
	30%	34,411	36,197	37,982	39,768	41,554	43,340	45,126
	35%	35,979	37,765	39,551	41,337	43,122	44,908	46,694
	40%	37,548	39,333	41,119	42,905	44,691	46,476	48,262
	45%	39,116	40,902	42,687	44,473	46,259	48,045	49,831
50%	40,684	42,470	44,256	46,041	47,827	49,613	51,399	

If 90% primary medical service area and 10 to 15% secondary medical service area, then the usage would be: 35,281 to 36,849 total primary care physician office visits in the Weatherford area for an estimated 8.4 to 8.8 Total Primary Care Physicians.

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

For additional information, please contact
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