COMMUNITY HEALTH NEEDS ASSESSMENT

Weatherford Regional Hospital

2026

Prepared by Rural Evaluation Group (REG)

Adopted September 28, 2026

1. Executive Summary

Weatherford Regional Hospital completed its 2026 Community Health Needs Assessment (CHNA) to identify significant health needs in the community it serves and guide hospital and community action. The assessment integrates current demographic and health-status data, a 56-response community survey, three targeted stakeholder/key-informant interviews, and a structured prioritization process.

The immediately preceding CHNA and Implementation Strategy were reviewed to provide context and to evaluate actions taken since 2023. Detailed 2023 survey results are not repeated in this report; current 2026 evidence is used to identify and prioritize present needs.

2026 findings: Mental health (39; 69.6%) was the most frequently selected survey concern, followed by obesity (30; 53.6%) and substance use (24; 42.9%). Cost of healthcare (43; 76.8%) and lack of insurance/underinsurance (34; 60.7%) were the most frequently identified barriers. Specialty care and mental/behavioral health were the services most often reported as difficult to access locally. Current secondary data reinforce affordability/access, obesity and diabetes, and behavioral-health concerns. Three key-informant interviews add perspectives from rural/community health, medically underserved populations, and the Custer County Health Department/Oklahoma State Department of Health. Across these sources, transportation, affordability, primary-care and specialty access, mental-health resources, food/housing insecurity, chronic disease, and barriers affecting lower-income and other underserved residents were recurring themes. The final prioritization identifies four principal priority areas: mental health and substance use; access to primary and specialty healthcare; chronic disease, prevention and wellness; and social needs and access barriers. Healthcare workforce and local system sustainability is retained as a cross-cutting enabling issue.

2. Hospital and Community Description

Weatherford Regional Hospital is a 25-bed Critical Access Hospital located at 3701 East Main Street in Weatherford, Oklahoma. The April 2026 Oklahoma State Department of Health facility directory lists 25 licensed beds and six bassinets and identifies Darin Farrell as administrator. Audited financial statements describe the Weatherford Hospital Authority as a public trust created for the benefit of the City of Weatherford and surrounding area that operates Weatherford Regional Hospital.

Weatherford Regional Hospital provides emergency services and a range of inpatient and outpatient services, including clinical laboratory, CT, MRI, diagnostic radiology, physical and occupational therapy, respiratory care, obstetrics/childbirth, neonatal nursery, surgical services and outpatient care. Hospital leadership confirmed this service description for the 2026 CHNA.

Defined Community / Service Area

The 2023 CHNA defined the primary medical service area as the ZIP code areas of Weatherford (73096), Thomas (73669), Hydro (73048), Hinton (73047), Colony (73021), Clinton (73601), and Corn (73024). The secondary medical service area included Geary (73040), Eakly (73033), Carnegie (73015), Cordell (73632), Bessie (73622), Arapaho (73620), and Custer City (73639).

Figure 1. Weatherford Regional Hospital service area and surrounding communities.

Area	Prior CHNA population (2017–2021 ACS)	Current population (2020–2024 ACS)
Primary medical service area	33,359	35,064
Secondary medical service area	10,404	9,738

Current service-area population estimates were calculated by summing the 2020–2024 American Community Survey 5-Year population estimates for the same ZIP Code Tabulation Areas used in the prior CHNA. The primary service area increased from 33,359 to 35,064 (approximately 5.1%), while the secondary service area decreased from 10,404 to 9,738 (approximately 6.4%). Because the two ACS five-year periods overlap, these figures are provided as current context rather than as a formal trend test.

Hospital leadership confirmed that the primary and secondary service-area ZIP codes listed above continue to reasonably describe the community served in 2026. Current patient-origin data by ZIP were not readily available; the confirmed service-area definition, community input, and current secondary data were used for this assessment.

Population Characteristics

2026 current context: Custer County had an estimated population of 28,175 in 2025, down 1.2% from 2020. Current Census QuickFacts data show 16.2% of residents are age 65 or older, 24.5% are under age 18, median household income is $59,738, 16.1% of residents live in poverty, 16.0% of residents under age 65 are uninsured, 8.8% of residents under age 65 have a disability, and 12.5% of residents age 5 or older speak a language other than English at home. These county-level measures provide context and do not replace final confirmation of the hospital service-area population.

Figure 2. Regional location of Weatherford Regional Hospital within western Oklahoma.

3. CHNA Process and Methods

The 2026 CHNA uses multiple sources of quantitative and qualitative information to identify significant health needs and distinguish community perceptions from population-level indicators. Weatherford Regional Hospital contracted with Rural Evaluation Group (REG) to assist with CHNA planning, data review and analysis, community-input activities, prioritization, and preparation of the written CHNA report.

The assessment includes a 56-response community survey; current secondary data from U.S. Census Bureau QuickFacts, County Health Rankings & Roadmaps, and CDC PLACES; and three targeted key-informant interviews. The interviews include input from the Custer County Health Department/Oklahoma State Department of Health, satisfying the governmental public-health input component of the CHNA process.

Method	2026 approach	Status
Community survey	Online community survey with distribution support from the hospital and community partners; analyze health concerns, access, service needs and barriers.	Completed - 56 responses analyzed
Stakeholder interviews	Targeted interviews with representatives who understand community health, healthcare access and underserved populations.	Completed - 3 interviews, including governmental public-health input

Secondary data review	Review current demographic, socioeconomic, health-status, access and prevention indicators.	Completed
Hospital data review	Review available patient-origin by ZIP code and basic utilization information, if readily available, to confirm the community definition and add hospital context.	Optional supporting information - provide if readily available
Prioritization	Integrate all findings and rank significant needs using agreed criteria such as magnitude, severity, community concern and ability to impact.	Completed using survey, secondary data, and all 3 key-informant interviews

Required Community Input for IRS Compliance

Governmental public-health input: Delaney Johnson, BSN, RN, Coordinating Nurse, Custer County Health Department, District 1, Oklahoma State Department of Health, provided input for the 2026 CHNA. She identified mental-health resources, access to primary care, housing and food insecurity, and income as major concerns; transportation, lack of insurance/funds, and limited family support as barriers; and mental-health availability and transportation as top priorities. She also identified lower-income residents and immigrant populations as groups that may experience greater barriers to care, and noted the need for affordable transportation and primary-care clinic options.

Underserved/low-income/minority representation: Claudia Wright, Board of Directors Chairperson for Agape Medical Clinic, provided input representing populations commonly served by the free clinic, including low-income, medically underserved, older, and minority residents. Dr. Kalie Kerth, SWOSU Rural Health Director, provided additional rural/community-health perspective, including barriers affecting seniors with limited income or transportation, uninsured or unemployed adults, and families experiencing resource constraints.

Prior written comments: Weatherford Regional Hospital reported that no written comments were received on the hospital's 2023 CHNA or its most recently adopted Implementation Strategy. Accordingly, there were no written comments from the prior CHNA cycle to incorporate into the 2026 assessment.

Three key-informant interviews were conducted during the 2026 CHNA process using the same structured five-question format addressing major health needs, barriers to care, populations experiencing greater difficulty, needed services/resources, and highest priorities for the next three years. The 2026 community survey was also used to solicit broader community input. Findings from these input methods are summarized in Section 4 and Appendix C.

Community input period: The community survey was available online for approximately two weeks in September 2026 and resulted in 56 responses. Three structured key-informant interviews were conducted in September 2026, including interviews on September 23, 2026, with representatives of public health, rural/community health, and medically underserved populations. Survey and interview findings were analyzed together with current secondary data and used to identify and prioritize significant community health needs.

Data Limitations

CHNA findings should be interpreted in light of normal rural-data limitations. County-level indicators may not perfectly represent the hospital's full ZIP-code service area; some secondary datasets lag the assessment

year; community surveys are convenience samples rather than random population samples; and small numbers can make subgroup analysis difficult.

2026-specific limitations: The community survey is a convenience sample and should not be interpreted as statistically representative of all residents. Weatherford ZIP code 73096 accounts for 39 of 56 responses (69.6%). Respondents were also disproportionately female (46 of 53 respondents who answered gender) and privately/employer insured (44 of 53 respondents who answered insurance). Multi-select questions allow respondents to choose more than one option, so percentages do not total 100%. County-level secondary indicators may not precisely represent the hospital's multi-ZIP service area, and similar measures from different datasets should not be treated as directly interchangeable.

4. Community Input Findings

2026 Community Survey Findings

The 2026 community survey included 56 responses. Most respondents (39; 69.6%) reported ZIP code 73096. Overall community health was generally rated in the middle of the scale: 40 respondents (71.4%) selected 3 on a 1-to-5 scale, and the mean rating was 3.23. Access to healthcare was rated somewhat more favorably, with a mean of 3.48; 24 respondents (42.9%) rated access a 4 or 5, while 28 (50.0%) selected 3.

Leading health concerns

Concern	Selections	% of 56 respondents
Mental Health	39	69.6%
Obesity	30	53.6%
Substance Use	24	42.9%
Cancer	13	23.2%
Children's health	13	23.2%
Older adult health/dementia	11	19.6%
Diabetes	11	19.6%
Heart Disease/Stroke	9	16.1%

Mental health is the clearest community concern in the survey, selected by nearly seven in ten respondents. Obesity and substance use form a second tier of highly visible concerns. Cancer, children's health, older-adult health/dementia, diabetes and cardiovascular conditions remain meaningful but were selected less often.

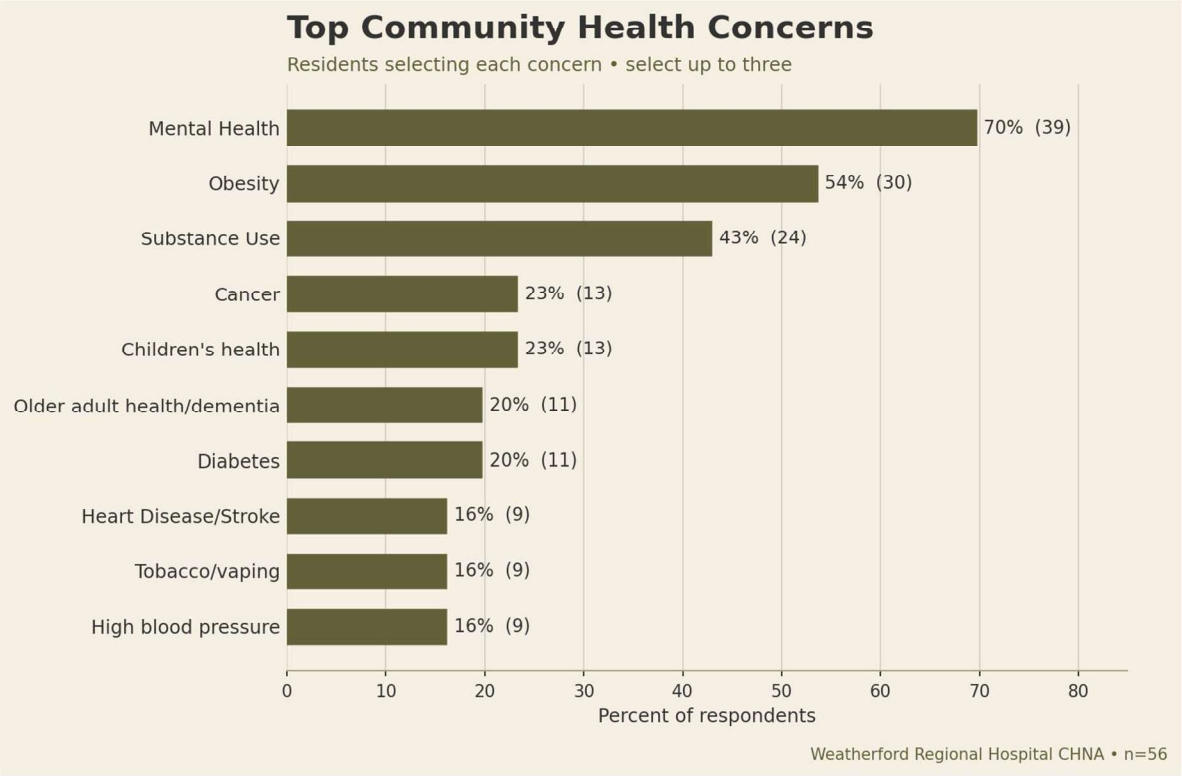

Chart 1. Top Community Health Concerns Identified by Survey Respondents (n=56)

Barriers to health and healthcare

Barrier	Selections	% of 56 respondents
Cost of healthcare	43	76.8%
Lack of insurance/underinsurance	34	60.7%
Transportation	19	33.9%
Mental health services	17	30.4%
Limited specialty care	16	28.6%
Medication affordability/access	13	23.2%
Employment/income	11	19.6%

Affordability dominates the barrier findings. In addition, 22 respondents (39.3%) reported that during the prior 12 months there was a time they needed healthcare but did not receive it. Among the 22 respondents reporting unmet need, commonly selected reasons included cost (14; 63.6%), a needed service not being available locally (11; 50.0%), inability to miss work (9; 40.9%), and inability to get an appointment (8; 36.4%).

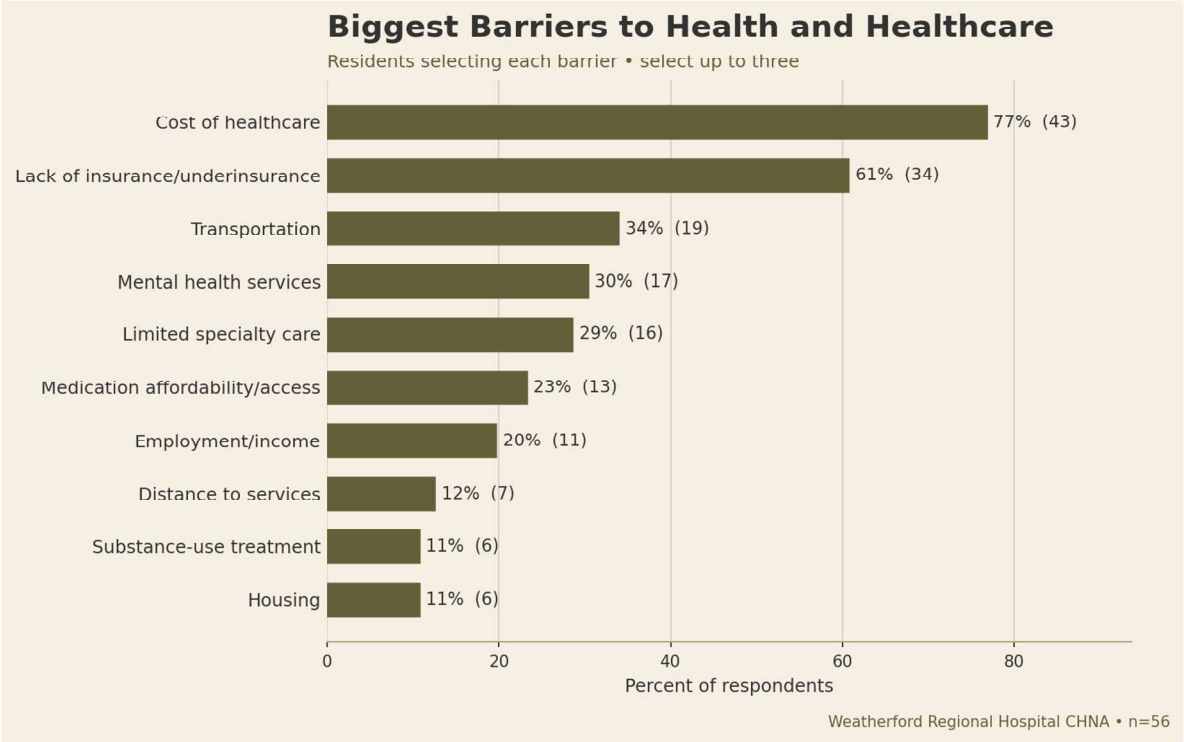

Chart 2. Leading Barriers to Health and Healthcare Identified by Survey Respondents (n=56)

Services difficult to access and desired locally

Specialty access is a recurring theme across multiple questions. When asked why care is received outside the local community, 16 respondents said a specialist was not available locally and 15 said the needed service was not available locally. Desired specialty/additional services most often included mental/behavioral health, pediatrics, women's health, neurology, cardiology, dermatology and orthopedics.

Service	Difficult to access	Desired specialty/additional service
Specialty care	38	See specialty preferences below
Mental/behavioral health	32	27
Substance-use treatment	25	14
Women's health	17	21
Pediatric care / Pediatrics	16	22
Neurology	--	20
Cardiology	--	16
Dermatology	--	16
Orthopedics	--	15

Figure 3. Approximate straight-line distance from Weatherford to larger medical centers; actual travel varies by route and conditions.

Transportation and older-adult needs

Transportation concerns are closely tied to accessing care outside the area. Difficulty traveling to specialty care, lack of public/community transportation and lack of a reliable vehicle were each frequently selected. For older adults, caregiver support was the most commonly selected need, followed by social isolation/loneliness, dementia/Alzheimer's education and support, medication management, transportation, fall prevention, home-based services and chronic disease management.

Transportation issue	Selections
Difficulty traveling to specialty care outside the area	29
No public or community transportation	27
No reliable vehicle	27
Distance to healthcare services	18
Transportation for people with disabilities	17
Transportation for older adults	15

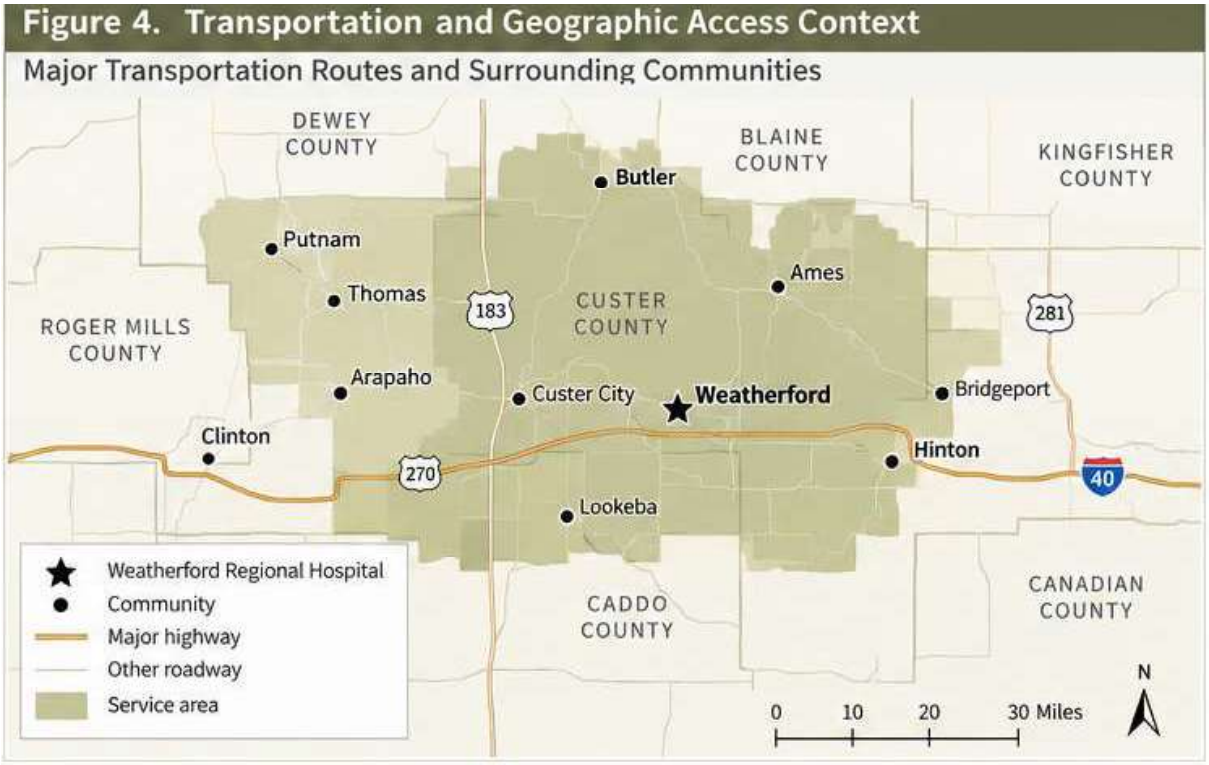

Figure 4. Major transportation routes and geographic access context for surrounding communities.

Hospital priorities identified by respondents

The priority question aligns with the broader survey: mental/behavioral health, specialty-care access and obesity/healthy lifestyles received the most selections. These survey preferences should inform, but not by themselves determine, the final CHNA priorities. Final prioritization should also consider secondary data, stakeholder input, hospital data, disparities/barriers and the hospital/community's ability to make a meaningful impact.

Potential priority	Selections	% of 56 respondents
Mental/behavioral health	30	53.6%
Specialty care access	27	48.2%
Obesity/healthy lifestyles	22	39.3%
Substance-use services	13	23.2%
Women's/maternal health	13	23.2%
Care coordination	11	19.6%
Cancer prevention/screening	10	17.9%
Primary care access	10	17.9%
Older adult services	10	17.9%
Children's health	10	17.9%

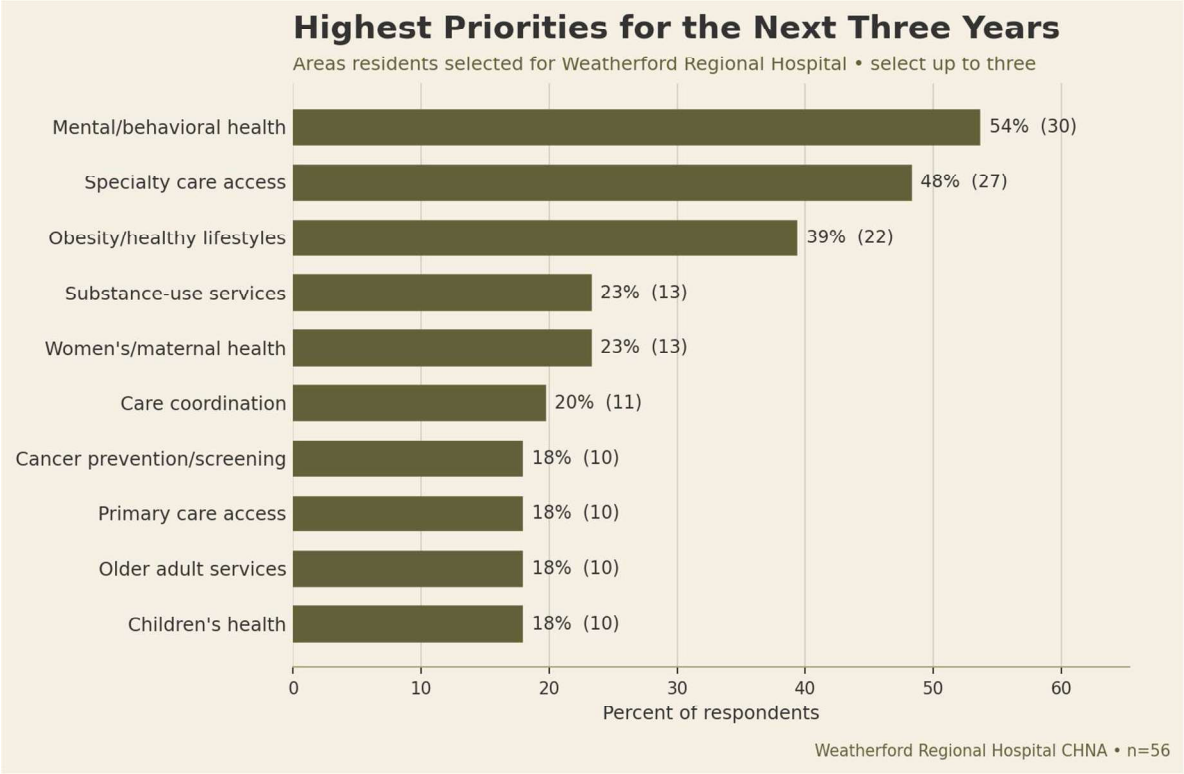

Chart 3. Highest Priorities Identified for Weatherford Regional Hospital Over the Next Three Years (n=56)

2026 Key-Informant Interviews

Key informant / organization	Perspective / population represented
Dr. Kalie Kerth - SWOSU Rural Health Director	Rural/community-health perspective; barriers affecting seniors with limited income/transportation, uninsured or unemployed adults, and families experiencing resource constraints.
Claudia Wright - Board of Directors Chairperson, Agape Medical Clinic	Free-clinic perspective representing low-income, medically underserved, older and minority populations, including uninsured and underinsured residents.
Delaney Johnson, BSN, RN - Coordinating Nurse, Custer County Health Department, District 1, Oklahoma State Department of Health	Governmental public-health perspective; mental health, primary-care access, housing/food insecurity, income, transportation, affordability, and barriers affecting lower-income and immigrant populations.

Key themes from the interviews

The three interviews reinforce and expand the survey findings. Access and affordability were central concerns, including healthcare costs, insurance limitations, inability to miss work, transportation, and difficulty navigating services. Service gaps included mental/behavioral health, primary and specialty care, affordable dental and vision care, pediatric and maternal/child services, and diagnostic care for uninsured or underinsured residents. Chronic disease management - particularly diabetes - was also emphasized. The Custer County Health Department/OSDH input specifically identified mental-health resources, primary-care access, housing and food insecurity, income, transportation, lack of insurance or funds, and limited family

support. Across interviews, lower-income, uninsured/underinsured, older, immigrant/minority, and other medically underserved residents were described as facing disproportionate barriers.

Priority themes identified by key informants

Priority recommendations across the three interviews emphasized transportation and mental-health availability; affordable primary, dental, vision, diagnostic and specialty care; chronic disease management; and stronger navigation/support for residents facing financial or practical barriers. The governmental public-health interview identified transportation and mental-health care availability as the two highest priorities for the next three years.

5. Secondary and Hospital Data Findings

2026 Secondary Data Findings

Current secondary data provide context for interpreting the community survey and stakeholder input. Data are presented primarily at the Custer County level because many health indicators are not available reliably for the full hospital service area at smaller geographies.

Indicator	Custer County	Dataset / period
Population estimate	28,175	U.S. Census QuickFacts, 2025
Population change since 2020	-1.2%	U.S. Census QuickFacts, 2020-2025
Age 65+	16.2%	U.S. Census QuickFacts
Under age 18	24.5%	U.S. Census QuickFacts
Median household income	$59,738	U.S. Census QuickFacts, 2020-2024
Persons in poverty	16.1%	U.S. Census QuickFacts, 2020-2024
Uninsured, under age 65	16.0%	U.S. Census QuickFacts
Disability, under age 65	8.8%	U.S. Census QuickFacts, 2020-2024
Language other than English at home, age 5+	12.5%	U.S. Census QuickFacts, 2020-2024

Health status, risk factors, and access indicators

Indicator	Custer County	Source
Diabetes prevalence	11.8%	County Health Rankings 2025
Adult obesity	38.8%	County Health Rankings 2025
Uninsured rate	15.3%	County Health Rankings 2025
Primary care physicians	5.3 per 10,000	County Health Rankings 2025
Diabetes (adult)	12.6%	CDC PLACES
Obesity (adult)	42.0%	CDC PLACES
Depression (adult)	25.8%	CDC PLACES
Frequent mental distress	18.3%	CDC PLACES
Current smoking	16.1%	CDC PLACES

COPD	8.0%	CDC PLACES
Coronary heart disease	7.3%	CDC PLACES

Interpretation

The current secondary data reinforce several survey themes. Poverty and lack of insurance remain important access and affordability concerns. Chronic disease and related risk factors remain substantial, particularly obesity and diabetes, with additional burden from smoking, COPD and coronary heart disease. Behavioral-health indicators also support continued attention: CDC PLACES estimates indicate depression among 25.8% of adults and frequent mental distress among 18.3%. These findings align with survey concerns about mental health, obesity, cost and insurance barriers. Specialty-access concerns are strongly represented in the survey, while the available county secondary-data file provides limited direct specialty-access measures; hospital and stakeholder data will be important for validating that need.

Data notes: County Health Rankings & Roadmaps 2025 is the latest Oklahoma county data release used for this assessment, although individual measures may reflect earlier underlying years. CDC PLACES values are model-based small-area estimates and should not be interpreted as direct counts or used to evaluate local program impact. Differences between similar measures (such as obesity or diabetes) reflect different datasets, methods and underlying years; source and period should be retained rather than treating estimates as directly interchangeable.

Hospital Data

Current patient-origin by ZIP and basic annual ED, inpatient and outpatient volumes were not readily available for inclusion. These data were not necessary to identify or prioritize significant community health needs because the assessment used a confirmed service-area definition, current secondary data, a 56-response community survey, and three key-informant interviews.

6. Significant Health Needs Identified

The 2026 community survey, current secondary data, and three 2026 key-informant interviews support five interrelated significant health-need areas. The governmental public-health input strengthens evidence for mental-health access, primary-care access, transportation, affordability, housing/food insecurity, and barriers affecting lower-income and immigrant populations.

Populations Experiencing Greater Barriers

Across the 2026 community input, groups described as facing greater barriers included lower-income and uninsured or underinsured residents, older adults with limited income or transportation, immigrant and minority populations, unemployed adults, and families with limited financial or support resources. Reported barriers included healthcare cost, lack of insurance, transportation, inability to miss work, limited family support, and difficulty obtaining affordable primary, specialty, dental, vision, diagnostic, medication, and behavioral-health services. These findings are reflected across the priority areas rather than treated as a separate health need.

6.1 Access to Primary and Specialty Healthcare

The 2026 survey identifies specialty access as a major current issue: 38 respondents selected specialty care as difficult to access locally, 27 selected specialty-care access as a top hospital priority, and lack of locally available specialists/services was a common reason for receiving care outside the community. Key informants reinforced these findings and identified additional gaps in affordable dental and vision care, pediatric care, maternal/child health, diagnostic services, and specialty referrals. Agape Medical Clinic emphasized that uninsured and underinsured patients may obtain basic primary care but still struggle to afford the diagnostic, dental, vision, medication, and specialty services needed to complete treatment.

6.2 Mental Health and Substance Use

Mental health is the leading 2026 survey concern, selected by 39 respondents (69.6%), and mental/behavioral health was selected by 30 respondents (53.6%) as a top area for hospital focus. Substance use was selected as a health concern by 24 respondents (42.9%). CDC PLACES estimates also show 25.8% adult depression and 18.3% frequent mental distress. Key-informant input identified long waits for behavioral-health assessment/counseling and a need for expanded infant mental health, parent-child behavioral therapy, and accessible behavioral/emotional education, further supporting behavioral health as a significant need.

6.3 Chronic Disease, Prevention and Wellness

Obesity was selected by 30 respondents (53.6%) as a leading community health concern and by 22 (39.3%) as a potential hospital priority. Current secondary data estimate adult obesity at 38.8% in County Health Rankings and 42.0% in CDC PLACES, with adult diabetes estimates of 11.8%-12.6%. Coronary heart disease is estimated at 7.3% and current smoking at 16.1%. Agape Medical Clinic identified diabetes as particularly common among the population it serves and emphasized consistent access to medications, testing, nutrition education and clinical follow-up. Key-informant input also called for prevention-based healthy-living education. Together, the survey, secondary data and interviews support continued attention to chronic disease prevention and management.

6.4 Healthcare Workforce and Local System Sustainability

The prior community process emphasized recruitment and retention, hospital and clinic capacity, keeping services local, and the ability to add providers and specialists. In a rural setting, workforce limitations can directly affect access, wait times, service availability and the long-term sustainability of local care.

6.5 Social Needs and Access Barriers

The 2026 survey emphasizes financial and practical access barriers: cost of healthcare was selected by 43 respondents (76.8%), lack of insurance/underinsurance by 34 (60.7%), and transportation by 19 (33.9%). Current Census data show 16.1% of Custer County residents living in poverty and 16.0% of residents under age 65 uninsured. Key informants described transportation, inability to take time off work, limited insurance or funds, food/housing insecurity, medication and diagnostic costs, and limited family/support resources. Lower-income, uninsured/underinsured, older, immigrant/minority, and other medically underserved residents were identified as populations likely to face greater difficulty accessing care.

7. Prioritization of Significant Needs

The 2026 CHNA used an evidence-synthesis prioritization based on the community survey, current secondary data, and all three key-informant interviews. Each candidate need was scored from 1 (lower) to 3 (higher) on four criteria: magnitude/severity, community concern, disparities/access barriers, and ability of the hospital/community to make a meaningful impact. Scores reflect the strength and consistency of the available evidence, not a stakeholder vote. The maximum score is 12. Governmental public-health input reinforced the existing priority structure, particularly mental health, access to care, transportation, affordability, and social needs.

Candidate need	Magnitude / severity	Community concern	Disparities / barriers	Ability to impact	Total	Priority tier
Mental health and substance use	3	3	3	3	12	Highest
Access to primary and specialty care	3	3	3	3	12	Highest

Chronic disease, prevention and wellness	3	3	2	3	11	High
Social needs and access barriers	3	3	3	2	11	High
Healthcare workforce and local system sustainability	2	2	2	3	9	Significant / supporting

Why these priorities were selected. Based on the combined 2026 evidence, four principal priority areas are identified for implementation planning: (1) mental health and substance use; (2) access to primary and specialty healthcare; (3) chronic disease, prevention and wellness; and (4) social needs and access barriers. Healthcare workforce and local system sustainability is retained as a cross-cutting enabling issue because provider and service capacity affect access.

Social needs/access barriers are significant because cost of healthcare (76.8%), lack of insurance/underinsurance (60.7%), and transportation (33.9%) were prominent survey barriers; current data also show 16.1% poverty and approximately 15% to 16% uninsured measures. Workforce/system sustainability remains an important supporting need because local provider capacity affects access, but the 2026 assessment contains less direct workforce evidence than the other four categories.

Chronic disease/prevention also has strong support: obesity was selected as a leading concern by 53.6% of respondents, and current secondary data estimate adult obesity at 38.8% to 42.0% and adult diabetes at 11.8% to 12.6%, depending on dataset.

Prioritization interpretation: Mental health/substance use and access to primary/specialty care received the strongest combined support. Mental health was selected by 69.6% of survey respondents, while mental/behavioral health was also the most frequently selected hospital priority (53.6%). Specialty care was reported as difficult to access by 38 respondents and selected as a hospital priority by 48.2%.

8. Resources Available to Address Identified Needs

Need / area	Organization
Mental health / substance use	Red Rock Behavioral Health; local healthcare providers; Custer County Health Department.
Food insecurity / social needs	Weatherford Food Resource Center; Weatherford Ministerial Alliance Food Pantry; community and social-service organizations.
Healthcare workforce	Southwestern Oklahoma State University (SWOSU); Chisholm Trail Technology Center; hospital workforce and clinical-training partners.
Public health / prevention	Custer County Health Department; Weatherford Regional Hospital; local schools, university and community organizations.
Access to care	Weatherford Regional Hospital, local physician practices, EMS, telehealth resources and regional referral partners.

2026 interview additions: Agape Medical Clinic, Custer County Health Department/Oklahoma State Department of Health, SWOSU rural-health/community partners, dental and optometric providers, pharmacies, diagnostic/laboratory partners, specialty referral/charity-care networks, transportation resources, benefit-navigation partners, food/housing assistance organizations, and affordable primary-care clinic/FQHC resources were identified as relevant resources or partnership opportunities. Hospital leadership reviewed the organization and resource names in this section and reported that no corrections were needed.

9. Evaluation of Impact Since the Previous CHNA

The 2023 Implementation Strategy identified food insecurity and healthcare growth/sustainability as formal priorities and stated that the hospital would continue collaborating on mental-health needs. Hospital leadership provided the following progress update describing actions and results through 2026.

2023 priority / commitment	Planned action from 2023	Progress and impact through 2026
Food insecurity	Screen patients for food access/social needs and connect residents with Weatherford Food Resource Center and Weatherford Ministerial Alliance Food Pantry.	Screening was implemented with all hospital patients. Patients with identified needs are referred to the Weatherford Food Resource Center. The Weatherford Ministerial Alliance is also contacted for referrals for patients with some needs.
Healthcare workforce and sustainability	Use nursing pay strategies, university/technical-school partnerships, internships/clinical rotations, scholarships, schedule flexibility and career-growth opportunities.	New pay scales and salary increases eliminated the need for temporary agency staff. The hospital reports it has not used an agency nurse in about two years. Relationships with area nursing schools have strengthened, including an expanded SWOSU partnership with scholarships, clinical rotations, and additional student opportunities. Vacant positions are now rare, and employee engagement/satisfaction scores have increased, reflecting a positive culture change that supports recruitment and retention.
Mental health collaboration	Continue collaboration with local resources and provide services/referrals despite limited statewide capacity.	Mental-health services have been strengthened through relationships with the local RedRock behavioral health facility to help address mental-health issues.

Overall, the hospital reports measurable implementation progress since the 2023 CHNA: food-insecurity screening and referral workflows are in place; workforce recruitment and retention improved enough to eliminate agency-nurse use for approximately two years and reduce vacancies; and behavioral-health collaboration with RedRock has been strengthened.

What Changed Since 2023

The 2023 Implementation Strategy focused formally on food insecurity and healthcare growth/sustainability, with continued collaboration on mental-health needs. The 2026 assessment shows both continuity and a broader access focus. Mental health remains a major concern and is now paired with substance use as a principal priority. Food insecurity remains relevant but is incorporated within the broader social-needs and access-barriers priority, which also reflects healthcare cost, insurance status, transportation, housing concerns, and other practical barriers. Healthcare growth and sustainability remain important, but

workforce/system sustainability is treated as a cross-cutting issue supporting access rather than as a stand-alone principal priority. Current community input also gives greater emphasis to primary and specialty-care access and to chronic disease, prevention and wellness. This comparison reflects changes in the current evidence and priority structure; it does not imply that needs identified in 2023 have been resolved.

CHNA Adoption and Public Availability

Authorized body adoption date: September 28, 2026

Website publication date: September 29, 2026

Public availability: Following adoption, Weatherford Regional Hospital will make the CHNA report widely available on its website and will maintain a paper copy available for public inspection upon request and without charge at the hospital. For purposes of IRC §501(r)(3), the CHNA is considered conducted when the community is defined, health needs are assessed with required community input, the written report is adopted by an authorized body, and the report is made widely available to the public.

10. Conclusion

The 2026 CHNA identifies four principal priority areas: mental health and substance use; access to primary and specialty healthcare; chronic disease, prevention and wellness; and social needs and access barriers. Healthcare workforce and local system sustainability is retained as a cross-cutting enabling issue because workforce and service capacity affect the community's ability to obtain care locally.

These priorities are supported by the 56-response community survey, current secondary data, and key-informant interviews, including governmental public-health input from the Custer County Health Department/Oklahoma State Department of Health and input representing medically underserved, low-income, and minority populations. The governmental public-health input reinforces mental-health resources, primary-care access, transportation, affordability, housing/food insecurity, income-related barriers, and the needs of populations facing disproportionate access challenges. Hospital leadership confirmed the service-area definition and current service description, reported no written comments on the 2023 CHNA or most recently adopted Implementation Strategy, and reviewed the resource names in Section 8 with no corrections. Patient-origin and basic utilization data were not readily available and were not required to complete the assessment.

Appendix A. 2026 Community Survey Instrument

WEATHERFORD REGIONAL HOSPITAL

COMMUNITY HEALTH NEEDS ASSESSMENT (CHNA)

Community Survey

Weatherford Regional Hospital is conducting a Community Health Needs Assessment (CHNA) to better understand the health needs of the communities it serves. Your responses will help identify health priorities and opportunities to improve health and healthcare in the area. Responses are confidential and will be reported in summary form.

1. What ZIP code do you live in?

_____

_____

2. How would you rate the overall health of your community?

☐ Excellent

☐ Very good

☐ Good

☐ Fair

☐ Poor

3. What are the THREE most important health concerns affecting people in your community?

Select up to three.

☐ Mental health

☐ Substance use

☐ Cancer

☐ Heart disease/stroke

☐ Diabetes

☐ Obesity

☐ High blood pressure

☐ Respiratory/lung disease

☐ Maternal/infant health

☐ Children's health

☐ Older adult health/dementia

☐ Injuries/falls

☐ Tobacco/vaping

☐ Dental/oral health

☐ Infectious disease

☐ Other: _____

4. What are the THREE biggest barriers to people being healthy or receiving healthcare in your community?

Select up to three.

☐ Cost of healthcare

☐ Lack of insurance/underinsurance

☐ Transportation

☐ Difficulty getting appointments

☐ Lack of healthcare providers

☐ Distance to services

☐ Limited specialty care

☐ Mental health services

☐ Substance-use treatment

☐ Medication affordability/access

☐ Access to affordable, nutritious food

☐ Housing

☐ Employment/income

☐ Childcare

☐ Health information/education

☐ Other: _____

5. Which healthcare services are most difficult to access locally?

Select up to three.

☐ Primary care

☐ Specialty care

☐ Mental/behavioral health

☐ Substance-use treatment

☐ Emergency care

☐ Dental care

☐ Women's health

☐ Prenatal/maternity care

☐ Pediatric care

☐ Rehabilitation/therapy

☐ Home health

☐ Older adult services

☐ Diagnostic testing/imaging

☐ Pharmacy

☐ None

☐ Other: _____

6. During the past 12 months, was there a time you needed healthcare but did not receive it?

☐ Yes

☐ No

☐ Prefer not to answer

7. If yes, what prevented you from receiving care?

Select all that apply.

☐ Cost

☐ No insurance/insurance issue

☐ Could not find a provider accepting my insurance

☐ Could not get an appointment

☐ Service was not available locally

☐ Transportation

☐ Too far to travel

☐ Could not miss work

☐ Childcare/family responsibilities

☐ Did not know where to go

☐ Other: _____

8. Where do you usually go when you need routine healthcare?

☐ Local primary care/Rural Health Clinic

☐ Another clinic outside the community

☐ Urgent care

☐ Emergency department

☐ Specialist

☐ I do not have a regular source of care

☐ Other: _____

9. When you receive healthcare outside your local community, what is the MAIN reason?

☐ Service is not available locally

☐ Specialist is not available locally

☐ Referred by a local provider

☐ Prefer another provider or hospital

☐ Insurance requirement

☐ Shorter wait time

☐ I generally receive my care locally

☐ Other: _____

10. What health services or resources would you most like to see expanded locally?

_____

_____

_____

_____

11. How would you rate access to healthcare in your community?

☐ Excellent

☐ Very good

☐ Good

☐ Fair

☐ Poor

12. What would make the greatest difference in improving the health of people in your community?

_____

_____

_____

_____

LOCAL COMMUNITY QUESTIONS

13. Which transportation issues make it difficult for people in your community to receive healthcare?

Select all that apply.

☐ No reliable vehicle

☐ No public or community transportation

☐ Distance to healthcare services

☐ Difficulty traveling to specialty care outside the area

☐ Transportation for older adults

☐ Transportation for people with disabilities

☐ Transportation is not a significant barrier

☐ Other: _____

14. Which needs of older adults should receive more attention in the community?

Select up to three.

☐ Fall prevention

☐ Dementia/Alzheimer's education and support

☐ Caregiver support

☐ Transportation

☐ Medication management

☐ Chronic disease management

☐ Home-based services

☐ Social isolation/loneliness

☐ Other: _____

15. Which types of specialty or additional healthcare services would you most like to have available locally?

Select up to three.

☐ Cardiology

☐ Dermatology

☐ Pediatrics

☐ Dental/oral health

☐ Women's health

☐ Mental/behavioral health

☐ Substance-use treatment

☐ Orthopedics

☐ Neurology

☐ Other: _____

DEMOGRAPHIC INFORMATION

The following questions help us understand whether the survey reflects the different populations in our community. You may choose not to answer.

16. What is your age range?

- ☐ Under 18
- ☐ 18-24
- ☐ 25-34
- ☐ 35-44
- ☐ 45-54
- ☐ 55-64
- ☐ 65-74
- ☐ 75 or older
- ☐ Prefer not to answer

17. How do you describe your race/ethnicity?

Select all that apply.

- ☐ American Indian or Alaska Native
- ☐ Asian
- ☐ Black or African American
- ☐ Hispanic or Latino
- ☐ Native Hawaiian or Other Pacific Islander
- ☐ White
- ☐ Other: _____
- ☐ Prefer not to answer

18. What is your gender?

- ☐ Female
- ☐ Male
- ☐ Another identity: _____
- ☐ Prefer not to answer

19. Which best describes your health insurance coverage?

- ☐ Employer/private insurance
- ☐ Medicare
- ☐ Medicaid
- ☐ VA/TRICARE
- ☐ Other: _____
- ☐ Uninsured
- ☐ Prefer not to answer

20. If Weatherford Regional Hospital could focus additional resources on THREE areas over the next three years, which should be the highest priorities?

Select up to three.

- ☐ Primary care access
- ☐ Specialty care access
- ☐ Mental/behavioral health
- ☐ Substance-use services
- ☐ Cancer prevention/screening
- ☐ Heart disease/high blood pressure
- ☐ Diabetes
- ☐ Obesity/healthy lifestyles
- ☐ Women's/maternal health
- ☐ Children's health
- ☐ Older adult services
- ☐ Transportation/access to care
- ☐ Care coordination
- ☐ Other: _____

Thank you for helping identify the health needs and priorities of our community.

Appendix B. Detailed 2026 Survey Results

The 2026 survey dataset contains 56 responses. Key frequency results are presented in Section 4, and the survey instrument is included in Appendix A. The hospital should retain the underlying de-identified survey dataset with the CHNA workpapers.

Appendix C. Stakeholder / Key-Informant Input

Three structured key-informant interviews were incorporated into the 2026 CHNA. Interviewees were asked: (1) the biggest health needs or concerns in the Weatherford area; (2) the biggest barriers to obtaining healthcare; (3) which groups have more difficulty accessing care or staying healthy and why; (4) which healthcare services or community resources are most needed or should be expanded; and (5) which two to three needs should be the highest priorities over the next three years. Dr. Kalie Kerth, SWOSU Rural Health Director, provided rural/community-health perspective. Claudia Wright, Board of Directors Chairperson for Agape Medical Clinic, represented populations commonly including low-income, medically underserved, older and minority residents. Delaney Johnson, BSN, RN, Coordinating Nurse, Custer County Health Department, District 1, Oklahoma State Department of Health, provided governmental public-health input. Ms. Johnson identified mental-health resources, primary-care access, housing and food insecurity, and income as major concerns; transportation, lack of insurance/funds, and limited family support as barriers; lower-income and immigrant populations as groups facing additional access challenges; and mental-health availability and transportation as the highest priorities. Across all interviews, recurring themes included affordability, transportation, mental/behavioral health, primary and specialty access, chronic disease, and barriers affecting underserved residents.

Appendix D. Data Sources and Documentation

U.S. Census Bureau, American Community Survey 2020–2024 5-Year Estimates (ZIP Code Tabulation Area population estimates used for the current service-area comparison).

Regulatory and historical documentation: Internal Revenue Service, “Community health needs assessment for charitable hospital organizations - Section 501(r)(3),” and Schedule H (Form 990) instructions; Weatherford Regional Hospital, Community Health Needs Assessment, 2023, used for historical context and review of prior commitments.

Current secondary data: U.S. Census Bureau QuickFacts, Custer County, Oklahoma (accessed September 2026); County Health Rankings & Roadmaps, 2025 Oklahoma data; and Centers for Disease Control and Prevention, PLACES: Local Data for Better Health, county-level estimates. Primary community input: Weatherford Regional Hospital 2026 Community Survey dataset (56 responses) and three structured key-informant interviews with Dr. Kalie Kerth, SWOSU Rural Health Director; Claudia Wright, Board of Directors Chairperson, Agape Medical Clinic; and Delaney Johnson, BSN, RN, Coordinating Nurse, Custer County Health Department, District 1, Oklahoma State Department of Health. The de-identified survey dataset, interview documentation, prioritization materials, and hospital implementation-progress information should be retained with the CHNA workpapers.

Appendix E. Prioritization Materials

Prioritization documentation: The 2026 community survey, current secondary data, and three key-informant interviews were synthesized using four 1-to-3 criteria: magnitude/severity, community concern, disparities/access barriers, and ability to impact. Scores are: mental health/substance use 12; access to primary/specialty care 12; chronic disease/prevention 11; social needs/access barriers 11; and workforce/system sustainability 9. Governmental public-health input reinforced the priority structure and did not require a change in the scoring.