

Great Plains Regional Medical Center

Community Health Needs Assessment Summary and Implementation Strategy



Oklahoma Office of Rural Health

OSU Center for Rural Health

May 2016

This project is/was supported by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) under grant number H54RH00058 and title: Medicare Rural Hospital Flexibility Grant Program for \$550,000, 0% financed with nongovernmental sources. This information or content and conclusions are those of the author and should not be construed as the official position or policy of, nor should any endorsements be inferred by HRSA, HHS or the U.S. Government.



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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 Great Plains Regional Medical Center in 2016. It begins with a description of the hospital's medical service area, including a demographic analysis, and then summarizes each meeting that took place during the CHNA process. The report concludes by listing the recommendations that came out of the process and presenting the hospital's implementation strategy and marketing plan.

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

Great Plains Regional Medical Center worked with the Oklahoma Office of Rural Health and the Oklahoma Cooperative Extension Service to complete a CHNA during 2013. The following identifies each priority, implementation taken, and an evaluation or impact of the implementation.

Priority: Community Education

Service Implemented/Partnerships: Lunch and Learns

Great Plains Regional Medical Center has offered Lunch and Learn opportunities open to the public. Topic that have been covered to date include: nutrition, heart disease, "Starting Fresh in the New Year," cooking healthy for the holidays, pregnancy-related mood disorders, and dementia. To date, 6 Lunch and Learns events have been held with an average attendance of 15-20 individuals. Therefore, nearly 90 community members have benefited from this outreach.

Priority: Community Health Education

Service Implemented/Partnerships: Annual Health Fair

Great Plains Regional Medical Center hosts an annual health fair as an outreach educational opportunity. Every department from the hospital has a booth for either screening or education. Other healthcare providers outside of the hospital also participate by providing education. The Air-Evac, Elk City Fire and Ambulance, Oklahoma Highway Patrol, Beckham County Sheriff, Beckham County Health Department, the local Career Tech, urgent care clinic, SWOSU nursing department also participate in this event. It is estimated 200 adults benefit from this outreach. There are also activities and educational opportunities for youth at this event. Educational courses include fire safety, seat belt safety, a tour of the helicopter ambulance, and physical education through Team Chip Tae Kwon Do. It is estimate 400 youth participate in this event. Therefore, the total impact from this offering is 600 community members.

Priority: Community Health Education

Service Implemented/Partnerships: Women's Health Night

Great Plains Regional Medical Center offered two Women's Health Nights. Topics covered at these events included: cholesterol, epidurals, mammography/breast health, breast feeding, childbirth classes, depression and anxiety, cervical cancer, colon cancer, immunizations, diabetes, OSDH's Take Charge Program, vision health, OSDH's Child Guidance Program, cardiovascular and peripheral vascular disease and newest OB/GYN procedures. A total of 215 women in the medical service area benefited from this outreach

Priority: Community Health Education

Service Implemented/Partnerships: Radio Spot

Great Plains Regional Medical Center has a radio spot where various health related topics are discussed. Since the actual number of listeners, can be varied and difficult to count, an approximate value cannot be determined. Rather, this offering is free of charge and is available to the entire medical service area.

Priority: Access to care (both primary care and specialists)

Service Implemented/Partnerships: Increased number and variety of providers

Since the completion of the previous CHNA, Great Plains Regional Medical Center has added a full-time OB/GYN, an orthopedic surgeon, urologist, otolaryngologist, physical medicine &

rehabilitation physician, three primary care physicians, two advanced practice registered nurses, two physician assistants, and one midwife. There are three cardiologists and a nephrologist that come part-time to offer clinics. To date, 12,773 patients have benefited from the availability of these services and did not have to travel outside of the community for care.

Awareness of Community Outreach

A question was included on the community survey (complete methodology detailed on page 17) to gauge survey respondents' awareness of current community programs offered by the hospital. Thirty-eight individuals or 14.3 percent of the total indicated they were aware of community programs. Survey respondents were then asked to list which programs they knew. The Lunch and Learn outreach was the most noted community program. The table below outlines all programs listed by the survey respondents.

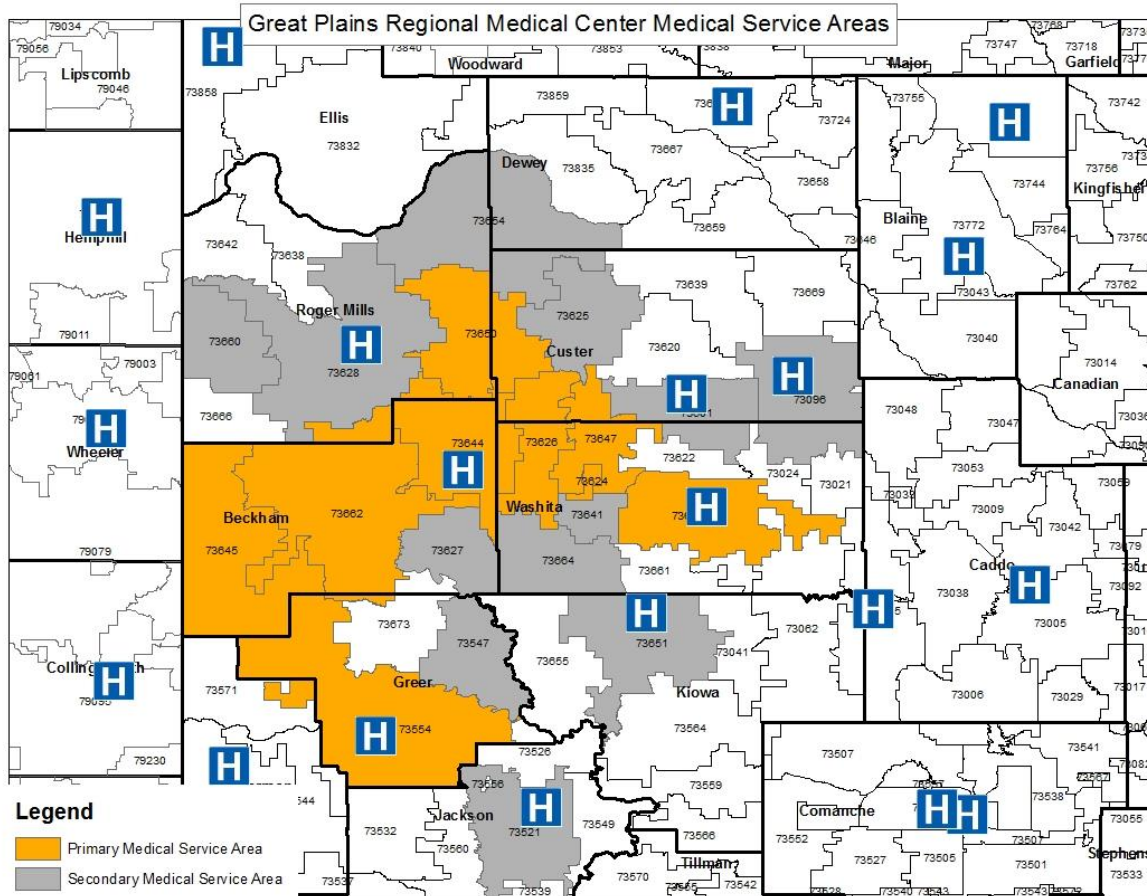
Please list community programs:

Response Category	No.	%
Lunch and Learn	6	13.3%
Blood donation/Blood drive	5	11.1%
AA/Alcohol support group	4	8.9%
Labor and delivery classes/Childbirth classes	4	8.9%
Health fairs	4	8.9%
Cancer Support Group/Cancer education	2	4.4%
Western Oklahoma Family Care Center	2	4.4%
Nutrition Education/Diabetic Cooking	2	4.4%
Discounted mammography	2	4.4%
Charity care	1	2.2%
Discounted heart scans	1	2.2%
Financial assistance	1	2.2%
Help Programs: Medical and Dental	1	2.2%
Dietary programs	1	2.2%
Physical and Outpatient therapy	1	2.2%
Home health	1	2.2%
School program	1	2.2%
VA Assistance	1	2.2%
Discounted laboratory	1	2.2%
Health/Fitness group	1	2.2%
First Aid classes	1	2.2%
PALS Group	1	2.2%
Daycare	1	2.2%
Total	45	100.0%

Great Plains Regional Medical Center Medical Services Area Demographics

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

Figure 1. Great Plains Regional Medical Center Medical Service Areas



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

As delineated in Figure 1, the primary medical service area of Great Plains Regional Medical Center includes the zip code areas of Elk City, Sayre, Erick, Hammon, Mangum, Canute, Cordell, Burns Flat, and Foss. The primary medical service area experienced a population increase of 8.6 percent from the 2000 Census to the 2010 Census (Table 1). This same service area experienced another increase in population of 2.7 percent from the 2010 Census to the latest available, 2010-2014, American Community Survey.

The secondary medical services area is comprised of the zip code areas Cheyenne, Clinton, Hobart, Sentinel, Weatherford, Altus, Dill City, Leedey, Carter, Granite, Reydon, and Butler. The secondary medical service area experienced a decrease in population of 0.3 percent from 2000 to 2010 followed by a population increase of 1.8 percent from 2010 to the 2010-2014 American Community Survey.

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

Population by Zip Code	2000 Population	2010 Population	2010-2014 Population	% Change 2000-2010	% Change 2010-10-14
<i>Primary Medical Service Area</i>					
73644 Elk City	12,325	14,147	14,465	14.8%	2.2%
73662 Sayre	5,645	6,093	6,912	7.9%	13.4%
73645 Erick	1,473	1,538	1,385	4.4%	-9.9%
73650 Hammon	938	1,020	1,124	8.7%	10.2%
73554 Mangum	3,528	3,614	3,482	2.4%	-3.7%
73626 Canute	961	1,136	801	18.2%	-29.5%
73632 Cordell	3,593	3,433	3,349	-4.5%	-2.4%
73624 Burns Flat	1,835	2,142	2,376	16.7%	10.9%
73647 Foss	666	519	654	-22.1%	26.0%
Total	30,964	33,642	34,548	8.6%	2.7%
<i>Secondary Medical Service Area</i>					
73628 Cheyenne	1,527	1,583	1,775	3.7%	12.1%
73601 Clinton	9,958	10,299	10,241	3.4%	-0.6%
73651 Hobart	4,433	4,268	4,175	-3.7%	-2.2%
73664 Sentinel	1,086	1,184	1,155	9.0%	-2.4%
73096 Weatherford	12,106	13,037	14,060	7.7%	7.8%
73521 Altus	23,130	21,636	21,793	-6.5%	0.7%
73641 Dill City	822	762	787	-7.3%	3.3%
73654 Leedey	887	866	849	-2.4%	-2.0%
73627 Carter	532	628	533	18.0%	-15.1%
73547 Granite	2,205	2,319	2,291	5.2%	-1.2%
73660 Reydon	477	430	380	-9.9%	-11.6%
73625 Butler	561	554	559	-1.2%	0.9%
Total	57,724	57,566	58,598	-0.3%	1.8%

SOURCE: Population data from the U.S. Bureau of Census, Decennial Census 2000, 2010 and American Community Survey 2010-2014(January 2016)

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

center (prostate, breast, and head and neck cancers). A complete list of hospital services and community involvement activities can be found in Appendix A.

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

Count	Service
1	Hospitals: Great Plains Regional Medical Center
13	Physician offices and clinics
7	Dental offices
5	Optometry offices
4	Chiropractic offices
1	Urgent care
2	Nursing homes
2	Home health providers
1	Hospice provider
1	EMS provider
1	Air transport provider
2	Pregnancy resource centers
1	Alcohol treatment facility
2	Physical therapy providers
4	Counseling providers
1	Crisis center
7	Pharmacies

In addition to examining the total population trends of the medical service areas, it is important to understand the demographics of those populations. Table 3 displays trends in age groups for the primary and secondary medical service areas as well as Beckham County in comparison to the state of Oklahoma. Overall, the over 65 age group has experienced an increase in population across all geographies from the 2010 Census to the latest, 2010-2014 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 13.6 percent of the primary medical service area, 13.4 percent of the secondary medical service area, and 12.2 percent of the population of Beckham County. The 25-44 age group accounts for the largest share of the population in the primary (27.2%) and secondary (25.9%) service areas. This is compared to the state share of 25.8 percent of the total population.

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

Age Groups	Primary Medical Service Area	Secondary Medical Service Area	Beckham County	Oklahoma
2010 Census				
0-14	21.0%	20.4%	20.6%	20.7%
15-19	6.2%	7.8%	6.1%	7.1%
20-24	6.6%	10.0%	7.2%	7.2%
25-44	26.8%	25.0%	28.2%	25.8%
45-64	25.3%	23.6%	25.2%	25.7%
65+	<u>14.2%</u>	<u>13.3%</u>	<u>12.7%</u>	<u>13.5%</u>
Totals	100.0%	100.0%	100.0%	100.0%
Total Population	33,642	57,566	22,119	3,751,351
10-14 ACS				
0-14	21.8%	20.9%	21.3%	20.6%
15-19	6.2%	7.0%	6.1%	6.8%
20-24	6.6%	9.9%	7.3%	7.4%
25-44	27.2%	25.9%	28.3%	25.8%
45-64	24.5%	22.9%	24.8%	25.4%
65+	<u>13.6%</u>	<u>13.4%</u>	<u>12.2%</u>	<u>14.0%</u>
Totals	100.0%	100.0%	100.0%	100.0%
Total Population	34,548	58,598	22,941	3,818,851

SOURCE: U.S. Census Bureau, Decennial Census data for 2010 and American Community Survey data for 2010-2014 (www.census.gov [February 2016]).

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 2010-2014 suggest that this population group has experienced an increase to 9.4 percent of the total population. This trend is

also evident in Beckham County and both medical service areas. The share of the population identified as of Hispanic Origin accounted for 11.8 percent of the primary medical service area's population in 2010-2014 and 17.5 percent of the secondary medical service area during the same time period. The Hispanic Origin population accounted for 13.0 percent of the total population from 2010-2014 in Beckham County.

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

Race/Ethnic Groups	Primary Medical Service Area	Secondary Medical Service Area	Beckham County	Oklahoma
2010 Census				
White	85.3%	75.7%	85.0%	72.2%
Black	3.2%	5.8%	4.0%	7.4%
Native American ¹	3.4%	3.9%	2.8%	8.6%
Other ²	4.8%	10.3%	5.4%	5.9%
Two or more Races ³	3.4%	4.2%	2.8%	5.9%
Hispanic Origin ⁴	10.9%	16.6%	11.8%	8.9%
Total Population	33,642	57,566	22,119	3,751,351
10-14 ACS				
White	85.3%	79.4%	85.2%	73.3%
Black	2.9%	5.7%	3.4%	7.3%
Native American ¹	1.8%	2.2%	1.4%	7.2%
Other ²	2.8%	5.6%	2.2%	4.5%
Two or more Races ³	7.2%	7.1%	7.8%	7.8%
Hispanic Origin ⁴	11.8%	17.5%	13.0%	9.4%
Total Population	34,548	58,598	22,941	3,818,851

SOURCE: U.S. Census Bureau, Decennial Census data for 2010 and American Community Survey data for 2010-2014 (www.census.gov [January 2016]).

¹ Native American includes American Indians and Alaska Natives.

² Other is defined as Asian Americans, Native Hawaiians, Pacific Islanders and all others.

³ Two or more races indicate a person is included in more than one race group.

⁴ Hispanic population is not a race group but rather a description of ethnic origin; Hispanics are included in the five race groups.

Summary of Community Meetings

Great Plains Regional Medical Center hosted four community meetings between March 2, 2016 and April 20, 2016. The Oklahoma Office of Rural Health facilitated these meetings. Summaries of the information presented at each meeting are included below in chronological order.

Community members in attendance at these meetings included:

- Great Plains Regional Medical Center representatives
- City of Elk City
- Elk City Fire Department
- Elk City Healthy Living
- Hospital Foundation
- Hope Clinic
- AirEvac Life team

Average attendance at the community meetings was 15-20 community members. The ALITE Coalition, a group organized by the Beckham County Health Department that has 34 multi-disciplined members that's mission is to advocate lifestyle improvements through enlightenment, members were invited to participate. Board members, foundation members, City of Elk City officials, and GPRMC department directors were all invited to attend. The director of Western Oklahoma Family Care Center and Hope Clinic because of the low-income population served. Therefore, a significant effort was placed on including representatives from the public health sector and those who see the underserved population to see what needs they see.

Economic Impact and Community Health Needs Assessment Overview, March 2, 2016

A meeting was held to discuss the economic impact of the health sector and explain the process and need for the Community Health Needs Assessment. The economic impact of the health sector was reviewed at this meeting (and is summarized below).

Table 5 below summarizes the overall economic impact of the health sector on the Beckham County, Oklahoma economy. A form requesting information was sent to all health care providers in the medical service area. Local providers were asked to share their employment levels and of those employees how many were physicians/optometrists/dentists/pharmacists/etc. When available, payroll information was also collected from the establishments. When payroll information was not available, payroll was estimated using state level averages from the Bureau of Labor Statistics.

The health sector in the Great Plains Regional Medical Center medical service area employs 832 FTE individuals. After applying a county-specific employment multiplier to each respective sector, there is a total employment impact of 1,112 FTE employees. The same

methodology is applied to income. The local health sector has a direct income impact of over \$48.8 million. When the appropriate income multiplier is applied, the total income impact is over \$62.6 million. The last two columns examine the impact this has on the retail sector of the local community. Recent data suggest that just 30.7% of personal income in Beckham County will be spent on taxable goods and services locally. Therefore, if we just examine the impact made on retail from those employed in the health sector, this would account for over \$19.2 million spent locally, generating \$192,310 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:

- High level of drug & alcohol abuse
- ACA Impacts:
 - Healthcare not reaching all sectors of the community
 - No employment history/income to apply for assistance
 - Patients seek healthcare via the ED
- Downturn of economy is hurting all levels of community- hospital utilization has been steadily increasing

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

Health Sectors	Employment			Income			Retail	1 Cent
	Direct	Multiplier	Impact	Direct	Multiplier	Impact	Sales	Sales Tax
Hospitals	325	1.44	467	\$19,993,047	1.32	\$26,426,470	\$8,112,926	\$81,129
Physicians, Dentists, & Other Medical Professionals	174	1.30	227	\$13,090,392	1.26	\$16,448,533	\$5,049,700	\$50,497
Nursing Homes & Home Health	175	1.19	208	\$6,618,869	1.26	\$8,356,483	\$2,565,440	\$25,654
Other Medical & Health Services	108	1.36	146	\$5,534,844	1.23	\$6,798,465	\$2,087,129	\$20,871
Pharmacies	<u>50</u>	1.27	<u>64</u>	<u>\$3,595,704</u>	1.28	<u>\$4,611,767</u>	<u>\$1,415,813</u>	<u>\$14,158</u>
Total	832		1,112	\$48,832,856		\$62,641,719	\$19,231,008	\$192,310

SOURCE: 2014 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

* Based on the ratio between Oklahoma taxable sales and income (30.7%) – from 2014 Sales Tax Data and 2014 Personal Income Estimates from the Bureau of Economic Analysis.

Health Data, March 22, 2016

A community meeting was held March 22, 2016, 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 2014 Oklahoma State of the State's Health Report compiled by the Oklahoma State Department of Health. The County Health Rankings program evaluates and ranks counties based on two distinct areas: Health Factors and Health Outcomes. Along with these two areas counties receive an overall rank within their state; therefore 1=best and 77=worst.

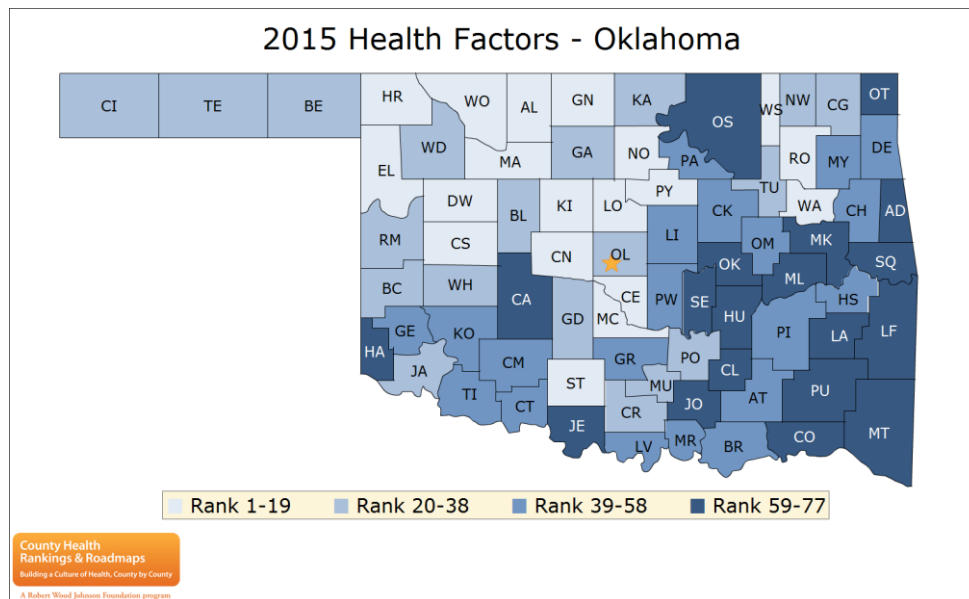
Health factors, considered tomorrow's health, are comprised of health behaviors (rank: 49), clinical care (rank: 21), social and economic factors (rank: 24), and physical environment (rank: 10). Beckham County's overall health factors rank is 25. Areas of concern include Beckham County's smoking rate, adult obesity rate, excessive drinking rate, sexually transmitted infections rate, teen birth rate, uninsured rate, and mammography screening rate of Medicare recipients are all less desirable than the top U.S. performers. All health factors variables are presented in Table 6 along with Beckham County specific data, the top U.S. performers, and the state average. The bold italicized categories are the areas identified by the County Health Rankings and Roadmaps as areas to explore (generally where Beckham County ranks very poorly compared to the national benchmark).

Table 6. Health Factors (Overall Rank 25)

Category (Rank)	Beckham County	Error Margin	Top U.S. Performers	Oklahoma
Health Behaviors (49)				
<i>Adult Smoking</i>	20%	19-21%	14%	20%
<i>Adult Obesity</i>	34%	28-40%	25%	32%
Food Environment Index	7.3		8.3	6.6
Physical Inactivity	31%	25-37%	20%	31%
Access to Exercise Opportunities	54%		91%	69%
<i>Excessive Drinking</i>	14%	14-15%	12%	13%
Alcohol-Impaired Driving Deaths	28%	18-38%	14%	31%
<i>Sexually Transmitted Infections</i>	602		134	479
<i>Teen Birth Rate</i>	95	86-104	19	52
Clinical Care (21)				
<i>Uninsured</i>	19%	17-21%	11%	21%
Primary Care Physicians	1,480:1		1,040:1	1,560:1
Dentists	2,370:1		1,340:1	1,760:1
Mental Health Providers	380:1		370:1	270:1
Preventable Hospital Stays	62	53-72	38	63
Diabetic Screening	79%	69-88%	90%	78%
<i>Mammography Screening</i>	49%	39-58%	71%	55%
Social & Economic Factors (24)				
High School Graduation	84%		93%	85%
<i>Some College</i>	45%	38-52%	72%	59%
Unemployment	2.8%		3.5%	4.5%
Children in Poverty	19%	13-25%	13%	22%
Income Inequality	4.6	3.7-5.6	3.7	4.6
Children in Single-Parent Household	31%	22-41%	21%	34%
Social Associations	18.2		22.1	11.7
Violent Crime Rate	181		59	468
Injury Deaths	93	76-111	51	88
Physical Environment (10)				
Air-Pollution- Particulate Matter	9.8		9.5	10.3
Drinking Water Violations	No		No	
Severe Housing Problems	11%	8-14%	9%	14%
<i>Driving Alone to Work</i>	86%		71%	82%
Long Commute- Driving Alone	18%	14-22%	15%	25%

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

The following figure depicts each county's rank by shade. Beckham County's overall health factors ranking is more favorable than Harmon and Greer Counties and is comparable to Roger Mills and Washita Counties.



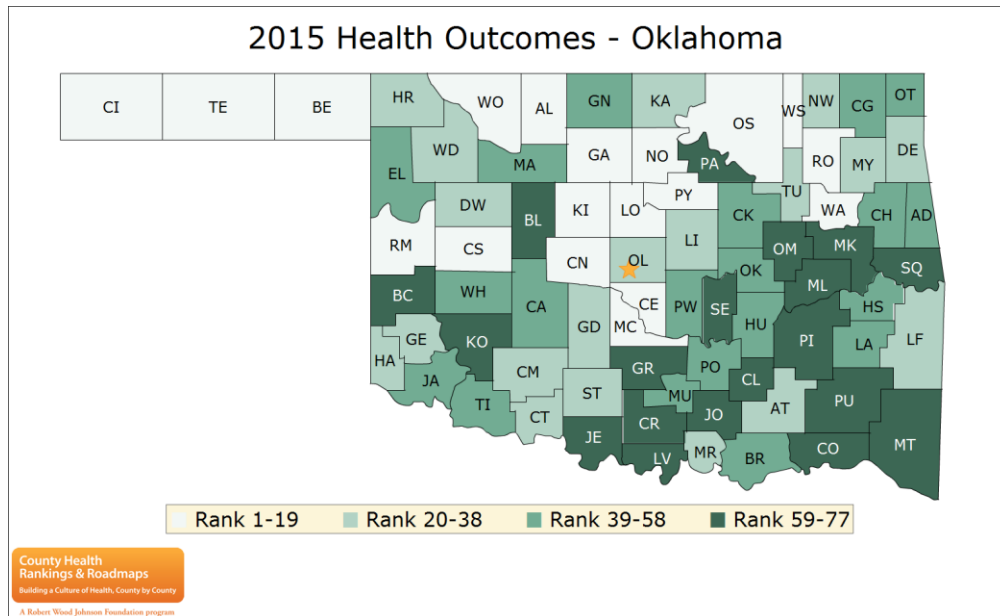
In terms of health outcomes, considered, today's health, Beckham County's ranking is 44th in the state. Health outcomes are comprised of two areas: length of life and quality of life. The variables for each of these sections are presented in Table 7.

Table 7. Health Outcomes (Overall Rank 44)

Category (Rank)	Beckham County	Error Margin	Top U.S. Performers	Oklahoma
Length of Life (49)				
Premature Death	10,500	9,000-12,000	5,200	9,200
Quality of Life (37)				
Poor or Fair Health	18%	17-18%	12%	19%
Poor Physical Health Days	4.0	3.8-4.2	2.9	4.3
Poor Mental Health Days	4.0	3.8-4.1	2.8	4.2
Low Birth Weight	9%	8-10%	6%	8%

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

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



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

- Number of “impoverished” people being seen has dropped- decline of economy- the amount of assistance per individual has increased
- Preventative care is currently not a priority due to economic stresses

Community Survey Methodology and Results, March 2, 2016- April 6, 2016

A survey was designed to gauge hospital usage, satisfaction, and community health needs. The survey was available in both paper and web format. The survey was distributed to Great Plains Regional Medical Center department directors, volunteers, and foundation members who were urged to share the survey with their colleagues, friends, family, and neighbors. Surveys were also shared with the Elk City United fund, and they were distributed at the Hope Clinic that serves many low-income and uninsured individuals. The electronic Survey Monkey link was available on the hospital's website and Facebook page. Surveys were also distributed at the first community meeting on March 22, 2016. Community members in attendance also received a follow-up email with a PDF copy of the survey and the electronic survey link. A copy

of the survey form and results can be found in Appendix E. Community members were asked to return their completed surveys to Great Plains Regional Medical Center.

The survey ran from March 2, 2016 to March 22, 2016. A total of 265 surveys from the Great Plains Regional Medical Center medical service area were completed. Of the surveys returned, 200 were electronic responses, and 65 were hard copy surveys. The survey results were presented at the April 6, 2016, community meeting.

Table 8 below shows the survey respondent representation by zip code. The largest share of respondents was from the Elk City (73644 & 73648) zip codes with 156 responses or 58.9 percent of the total. Sayre followed with 28 responses, and Leedey had 12.

Table 8. Zip Code of Residence

Response Category	No.	%
73644 & 73648- Elk City	156	58.9%
73662- Sayre	28	10.6%
73654- Leedey	12	4.5%
73601- Clinton	8	3.0%
73624- Burns Flat	8	3.0%
73096- Weatherford	7	2.6%
73650- Hammon	5	1.9%
73627- Carter	5	1.9%
73626- Canute	4	1.5%
73647- Foss	3	1.1%
73664- Sentinel	2	0.8%
73641- Dill City	2	0.8%
73625- Butler	2	0.8%
73554- Mangum	2	0.8%
44135- Cleveland, OH	1	0.4%
72662- Omaha, AR	1	0.4%
73036- El Reno	1	0.4%
73044- Guthrie	1	0.4%
73048- Hydro	1	0.4%
73622- Bessie	1	0.4%
73642- Durham	1	0.4%
73655- Lone Wolf	1	0.4%
73660- Reydon	1	0.4%
73663- Seiling	1	0.4%
73666- Sweetwater	1	0.4%
73668- Texola	1	0.4%
73673- Willow	1	0.4%
73832- Arnett	1	0.4%
74754- Ringold	1	0.4%
73068- Noble	1	0.4%
No response	5	1.9%
Total	265	100.0%

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

Primary Care Physician Visits

- 72.5% of respondents had used a primary care physician in the Elk City service area during the past 24 months
- 90.1% of those responded being satisfied
- Only 65 respondents or 24.5% believe there are enough primary care physicians practicing in Elk City
- 61.9% of the respondents would consider seeing a midlevel provider for their healthcare needs
- 64.2% 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:

- 52.8% of all respondents report some specialist visit in past 24 months
- Most common specialty visited are displayed in Table 9
- Only 4.5% of specialist visits occurred in Elk City

Table 9. Type of Specialist Visits

Type of Specialist	No.	Percent
<i>Top 5 Responses</i>		
Orthopedist/Orthopedic Surg. <i>(1 visit in Elk City)</i>	36	18.1%
Cardiologist <i>(2 visits in Elk City)</i>	21	10.6%
Neurologist/Neurosurgeon <i>(0 visits in Elk City)</i>	15	7.5%
OB/GYN <i>(2 visits in Elk City)</i>	12	6.0%
Urologist <i>(4 visits in Elk City)</i>	11	5.5%
All others <i>(2 visits in Elk City)</i>	<u>104</u>	<u>52.3%</u>
Total	<u>199</u>	<u>100.0%</u>

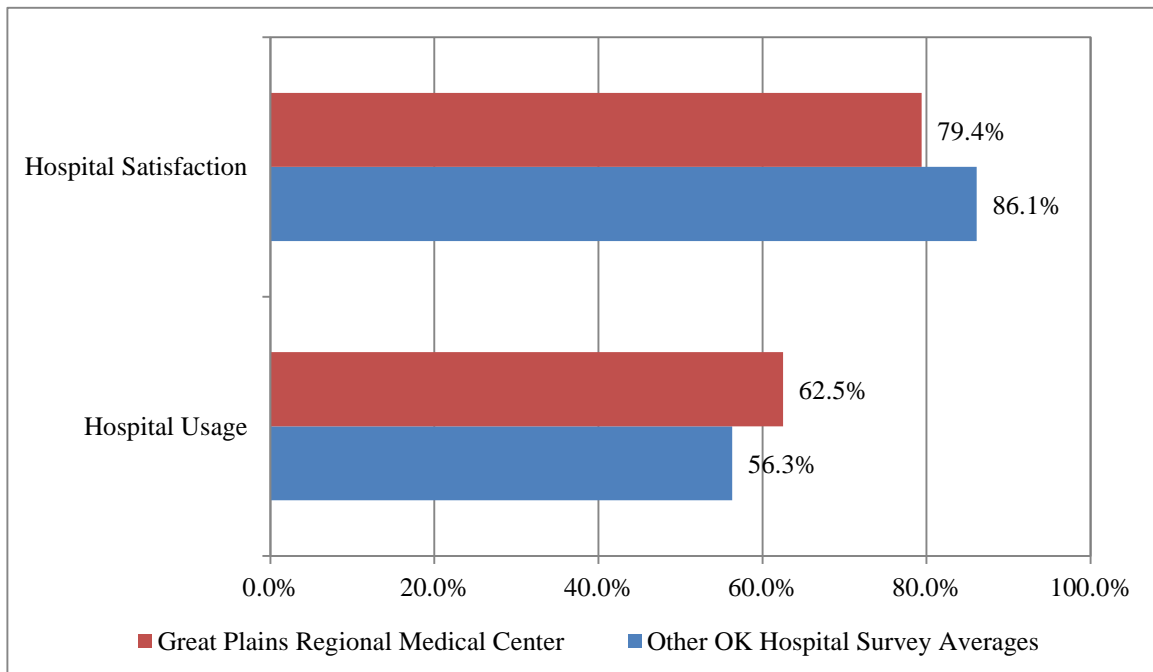
Some respondents answered more than once.

Hospital Usage and Satisfaction

Survey highlights include:

- 62.5% of survey respondents that have used hospital services in the past 24 months used services at Great Plains Regional Medical Center
 - INTEGRIS Baptist Medical Center, Oklahoma City (4.4%) and OU Medical Center (2.9%) followed
 - The most common response for using a hospital other than Great Plains Regional Medical Center was availability of specialty care (27.6%) followed by physician referral (23.9%)
 - The usage rate of 62.5% was higher than the state average of 56.3% for usage of other rural Oklahoma hospitals surveyed
- 79.4% of survey respondents were satisfied with the services received at Great Plains Regional Medical Center
 - This is below the state average for other hospitals (86.1%)
- Most common services used at Great Plains Regional Medical Center:
 - Laboratory (26.3%)
 - Diagnostic Imaging (including MRI) (25.7%)
 - Emergency Room (19.8%)

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 with 17.4 percent of the survey responses. Cost of care followed with 15.1 percent of the total responses. Table 10 displays all responses and the frequencies.

Table 10. Top Health Care Concerns in the Elk City Service Area

Response Category	No.	%
Lack of specialists	46	17.4%
Cost of care	40	15.1%
Lack of providers/Difficult to see provider/Retaining providers/Retiring providers	32	12.1%
No Concerns/ Receive good care/Don't Know	24	9.1%
Quality of care/Compassion for patient	15	5.7%
Losing the hospital/Financial situation of hospital/Losing health services	8	3.0%
Lack of services/Variety of services	4	1.5%
Providers do not accept certain insurance providers/Blue Advantage	3	1.1%
Seeing a midlevel provider rather than a DO or MD	3	1.1%
Beckham County Economy	3	1.1%
Ambulance response times/Ambulance transfers	3	1.1%
Improved ER care/Wait time in ER	3	1.1%
Distance from services	3	1.1%
Care for uninsured/Indigent care	2	0.8%
Trauma level	2	0.8%
Lack of mental health services/Psychologist available	2	0.8%
No hospital in Sayre	2	0.8%
Well-being of caregivers	2	0.8%
Government impact on healthcare	2	0.8%
Transfer when higher level of care is needed	1	0.4%
Transportation to Oklahoma City for care	1	0.4%
Lack of neonatal care	1	0.4%
Focus on patient care	1	0.4%
Census	1	0.4%
People having to leave the community for care	1	0.4%
Community support of hospital	1	0.4%
Consistency in care/Services provided	1	0.4%
No response	58	21.9%
Total	265	100.0%

Survey respondents also had the opportunity to identify what additional services they would like to see offered at Great Plains Regional Medical Center. The most common response was specialists including: Full-time orthopedist (19); Otolaryngologist (18); Full-time surgeon (15); Gastroenterologist (9); Specialists in general (6); Cardiologist (6); Pediatrician (5); Psychologist/Psychiatrist (5); Full-time neurologist (5); Endocrinologist (4); Pulmonologist (4); OB/GYN (3); Internal Medicine (3); Allergist (2); Plastic Surgeon (2); Pain Management (2); Dermatologist (1); Oncologist (1); Fertility (1); Nephrologist (1); Pediatric surgeon (1); High risk OB (1) (collectively, 40.9%). No additional services/satisfied with what is available/don't know (15.8%) followed. Table 11 displays the full listing of responses.

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

Response Category	No.	%
Specialists : Full-time orthopedist (19); Otolaryngologist (18); Full-time surgeon (15); Gastroenterologist (9); Specialists in general (6); Cardiologist (6); Pediatrician (5); Psychologist/Psychiatrist (5); Full-time neurologist (5); Endocrinologist (4); Pulmonologist (4); OB/GYN (3); Internal Medicine (3); Allergist (2); Plastic Surgeon (2); Pain Management (2); Dermatologist (1); Oncologist (1); Fertility (1); Nephrologist (1); Pediatric surgeon (1); High risk OB (1)	114	40.9%
No additional services/Satisfied with what is available/Don't know	44	15.8%
Improved quality of care	8	2.9%
More providers/Primary care/Family practice	5	1.8%
Increased surgery services	4	1.4%
Lower costs for care	4	1.4%
Improved ER care	3	1.1%
Specialized services (heart caths, hormone therapy)	3	1.1%
NICU/Neonatal care	3	1.1%
Wellness activities/Classes/Stress management classes/Prevention	3	1.1%
Rehabilitation/On demand PT/Inpatient rehab	3	1.1%
PET Scan/Updated equipment/Nurses carrying phones	3	1.1%
Dental emergencies	2	0.7%
Dialysis	2	0.7%
Fitness center/Exercise room	2	0.7%
Mental health/Psychiatry services/Substance abuse/Pediatric mental health	2	0.7%
Everything/General services/Anything to benefit health	2	0.7%
Dentists	1	0.4%
More nurses	1	0.4%
Pediatric dentist	1	0.4%
Speech therapy	1	0.4%
Urgent care	1	0.4%
Psychological counseling	1	0.4%
Elderly health and wellness classes	1	0.4%
Information center	1	0.4%
Candy stripers	1	0.4%
Transportation	1	0.4%
Allergy testing	1	0.4%
More bathrooms in waiting rooms	1	0.4%
Executive healthcare	1	0.4%
No response	59	21.1%
Total	279	100.0%

Primary Care Physician Demand Analysis, April 6, 2016

A demand analysis of primary care physicians was completed for the zip codes that comprise the Elk City primary and secondary medical services areas. This analysis examined average primary care physician visit rates by gender and by age groups. Once age- and gender-specific coefficients were applied, total primary care physician visit numbers were calculated by service area. Table 12 displays potential primary care physician rates by shares of service area. For example, if 90% of residents in the primary medical services area and 10% of residents in the secondary medical services area utilize services of primary care physicians in the Elk City medical services area, a total of 59,402 annual visits would occur. This would suggest that the Elk City medical services area would need 14.2 FTE primary care physicians to meet the needs of their existing population. Table 12 displays the estimated number of visits by share of medical services area.

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

		Usage by Residents of Primary Service Area						
		70%	75%	80%	85%	90%	95%	100%
Usage by Residents of Secondary Service Area	5%	43,607	46,389	49,170	51,951	54,732	57,514	60,295
	10%	48,277	51,058	53,839	56,621	59,402	62,183	64,965
	15%	52,946	55,728	58,509	61,290	64,071	66,853	69,634
	20%	57,616	60,397	63,178	65,960	68,741	71,522	74,304
	25%	62,285	65,067	67,848	70,629	73,410	76,192	78,973
	30%	66,955	69,736	72,517	75,299	78,080	80,861	83,643
	35%	71,624	74,406	77,187	79,968	82,749	85,531	88,312
	40%	76,294	79,075	81,856	84,638	87,419	90,200	92,982
	45%	80,963	83,745	86,526	89,307	92,088	94,870	97,651
	50%	85,633	88,414	91,195	93,977	96,758	99,539	102,321

If 90% primary medical service area and 10 to 15% secondary medical service area, then the usage would be: 59,402 to 64,071 total primary care physician office visits in the Elk City area for an estimated 14.2 to 15.3 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.

- Preventative care is currently not a priority due to economic stresses (Obesity, tobacco use, etc.)
- High deductibles/cost of care ; people are less likely to go to the dr./delay care

- Insurance burdens
- Healthcare regulations at fed and state level
 - Quality of care standards continue to rise while funding decreases

Community Health Needs Implementation Strategy

During the April 20, 2016, 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.

- Insurance and uninsured individuals- This priority was identified as a barrier for community members in terms of accessing care. There are community members who do have insurance coverage with high deductibles and out of pocket costs that limit them from accessing needed care, and there are also individuals who cannot afford coverage but do not meet the requirements for Medicaid.
 - There are current programs and services available in Elk City to help local residents. The Hope Clinic does provide some services, but they are limited. For example, it was noted that diabetic patients do not always get insulin. The hospital and local providers collaborate with the Hope Clinic in terms of providing physician services and staffing. The hospital also has a financial assistance policy in place to assist uninsured patients. Charity care coupled with bad debt has totaled \$730,000 per month for the past year.
 - The community members present noted that ideally a free clinic offered once per week or month could further assist those needing assistance.
 - The hospital will continue to encourage physicians and medical staff to participate in the Hope Clinic.
- Preventative care- This item was mentioned as a need that went along with the previous priority of accessing care. It was also noted the need for prevention or at least education to decrease the rate of teen pregnancy and sexually transmitted infections in the county. It was noted in the data presented in the second community meeting that these are two areas for Beckham County to take a closer look. It was also noted that prevention strategies, including adding and passing policies in the workplace and government, are not necessarily a top focus at this time. With the current economic climate, businesses and individuals have further stressors and items that take a current priority.
 - In terms of current activities in the community focusing on prevention, the physician offices are increasing case management and insurance plans have case managers to assist patients. In the area of teen pregnancy and sexually transmitted infections, the county health department does provide free condoms,

and they employ a health educator who goes to the schools to teach students about sexual health. Sometimes, this can be more difficult to get into schools for the outreach especially if the education is broader than abstinence. The health department also has an adolescent health specialists who works regularly with students. This outreach started last year, so it is still in the beginning phases, but thus far, it has been noted that there is a lack of education around the topic of adolescent health along with a lack of parental support.

- In terms of outreach and programs the community would like to see, it was noted the hospital and physician offices could take a larger focus on case management and increase the number of preventative exams, maximize smoking cessation, and counseling.
- The hospital will provide free room space for smoking cessation classes offered to community members
- The hospital already hosts an annual health fair. It was noted to maybe transform the health fair into a life coaching event to expand beyond health. There could be providers present to assist community members in signing up for assistance with utilities, show how to cook healthy, have vaccines available, and how to manage stressors. Students could be invited to attend for the educational opportunity. This would be more of a community partnership and possibly be offered more than once per year. It was also mentioned to have a complete community resource booklet of resources and services available (similar to what would be found in a welcome packet). It was noted to include a section for elderly services including Meals on Wheels and assistance for community members to assist them in staying in their homes safely.
- The hospital plans to continue to offer health fairs in the community in the future.
- It was also mentioned to have a community center for resources. The community currently has the Lincoln Teen Center which provides after school programs and will bus youth to the facility.
- Substance abuse/Drug abuse- This priority was mentioned at more than one community meeting. It was noted as an increasing concern from law enforcement and healthcare providers. One provider noted the substantial increase in deliveries that the mother used drugs during the pregnancy.
 - In terms of current programs, there is a female recovery center located in Sayre. There is also a grant for middle school students to prevent the use of e-cigarettes and tobacco. There is also the 1-800 quit line available for assistance with decreasing tobacco use.

- Community members noted this is largely an education issue. In terms of youth education, the community members were not aware of current educational outreach. It was noted that the DARE program was previously successful in educating youth. It was also noted that there is a lack of knowledge of existing resources and partners in this area to refer patients for help.
- The hospital does note that this is a concern in the community; however, it is largely beyond the scope of services provided by this facility. This priority cannot be addressed at this time outside of provide space for smoking cessation education.

Community Health Needs Assessment Marketing Plan

The hospital will make the Community Health Needs Assessment Summary and Implementation Strategy Plan available upon request at Great Plains Regional Medical Center, and a copy will be available to be downloaded from the hospital's website (<http://www.gprmc-ok.com/>). This document will also be available on the OSU Center for Rural Health blog site: (<http://osururalhealth.blogspot.com/p/chna.html>).

Appendix A- Hospital Services/Community Benefits

Great Plains Regional Medical Center Hospital Inpatient and Outpatient Services

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

Appendix B Community Meeting Attendees

Elk City Community Health Needs Assessment: Overview and Economic Impact Presentation

3/2/16

First Name	Last Name	Organization
Richard	Dugger	Houston Foundation
Tim	Ball	Hope Clinic
Holly	Hernandez	Great Plains Regional Medical Center
David	Atkinson	First National Bank, Elk City
Alan	Stone	Radiologist and pathologist
Charmaine	Boulette	Great Plains Regional Medical Center
Allen	Robinson	City Council
Marsha	Sanders	City of Elk City- Youth and Family
Jordan	Parman	Western OK Wellness Init.
Misty	Carter	Great Plains Regional Medical Center
Monica	Scott	Great Plains Regional Medical Center
Corey	Lively	Great Plains Regional Medical Center
Billy	Word	ECFD/EMS

**Elk City Community Health Needs Assessment: Health Indicators and Outcomes
Presentation**

3/22/16

First Name	Last Name	Title	Organization
Lee	Litterell	City Manager	City of Elk City
Rick	Shelton	Ward 4 City Comm.	Cit of Elk City
Billy	Word	Fire Chief	City of Elk City
David	Atkinson		First National Bank, Elk City
JC	Phillips, DDS	Supervising Dentist	University of OK Western Tech
Tim	Ball		Hope Clinic
Jeff	Jackson	Great Plains Regional Medical Center, Board Member	
Richard	Olsen		Hospital Foundation
Billy	Sizemore	Asst. Fire Chief	City of Elk City
Pat	Williams	Medical Officer	City of Elk City
Rodney	Baker		Airvac Lifeteam
Jordan	Parman	Coord-Healthy Living	Western OK Wellness Init.
Marsha	Sanders	Asst. Coord	City of Elk City- Youth and Family
Lori	Cloud, RN	Quality Director	Great Plains Regional Medical Center
Donna	Blake, RN	Nursing Manager	GPRMC Senior Care
Gwen	Fuchs	Interim CNO	GPRMC Nursing Admin.
Felicia	McClure	Nursing Manager	GPRMC
Charmaine	Boulette		Great Plains Regional Medical Center
Holly	Hernandez		Great Plains Regional Medical Center
Melody	Cummings	Pres. Founding Mem- Owner	Chamber of Commerce, PALS, Crow Ins.
Misty	Carter	HR	Great Plains Regional Medical Center
Monica	Scott	CFO	Great Plains Regional Medical Center
Corey	Lively	CEO	Great Plains Regional Medical Center

**Elk City Community Health Needs Assessment: Survey Results and Primary Care
Physician Demand Analysis**

6-Apr-16

First

Name	Last Name	Title	Organization
Billy	Word	Fire Chief	City of Elk City
		Coord. Healthy Living	
Jordan	Parman	Project	Western OK Wellness Init.
Marsha	Sanders	Asst. Coord	City of Elk City- Youth and Family
Nicole	Nielson	SW Coord.	OSU Rural Health
Misty	Carter	HR	Great Plains Regional Medical Center
Monica	Scott	CFO	Great Plains Regional Medical Center
Corey	Lively	CEO	Great Plains Regional Medical Center
Charmaine	Boulette	Med staff	Great Plains Regional Medical Center
Jeff	Jackson	Great Plains Regional Medical Center, Board Member	

Elk City Community Health Needs Assessment: Priority Identification and Implementation Discussion

20-Apr-16

First Name	Last Name	Title	Organization
Richard	Dugger	Member	GRDH Foundation Board
Billy	Word	Fire Chief	City of Elk City
Pat	Williams	Medical Officer	City of Elk City
Billy	Sizemore	Asst. Fire Chief	City of Elk City
Courtney	Health		
Owen	Educator	Beckham County Health Department	
Stacy	Ford	ICU Nurse Manager	Great Plains Regional Medical Center
Felicia	McClure	Nursing Manager	GPRMC
Angie	Clinton	ER/Cath Lab Nurse Manager Women's Center Nurse	Great Plains Regional Medical Center
Sarah	Morris	Manager	Great Plains Regional Medical Center
Kim	Ware	Respiratory Therapy Director	Great Plains Regional Medical Center
Theresa	Garner	Director of Pharmacy	Great Plains Regional Medical Center
Debra	Morris	Asst. CNO	Great Plains Regional Medical Center
Gwen	Fuchs	Interim CNO	GPRMC Nursing Admin.
Holly	Hernandez	Controller	Great Plains Regional Medical Center
Ashley	McAlary	Rehab	Great Plains Regional Medical Center
Misty	Carter	HR	Great Plains Regional Medical Center
Marsha	Sanders	Asst. Program Coord.	City of Elk City- Youth and Family
Lori	Cloud, RN	Quality Director	Great Plains Regional Medical Center
Monica	Scott	CFO	Great Plains Regional Medical Center
Corey	Lively	CEO	Great Plains Regional Medical Center
Charmaine	Boulette		Great Plains Regional Medical Center
Jeff	Jackson	Great Plains Regional Medical Center, Board Member	
Shelly	Walker	Home Care Director	Great Plains Regional Medical Center
L.	Lemmon	Director of MM	Great Plains Regional Medical Center
Linda	Rule	Director of Laboratory	Great Plains Regional Medical Center
F.	Price	Director of IT	Great Plains Regional Medical Center

Appendix C- Meeting 1 Materials, March 2, 2016

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

Economic Data

2014 Per Capita Income ¹	\$44,188 (19th highest in state)
Employment (December 2015, preliminary) ²	12,021 (-1.7% from 2014)
Unemployment (December 2015, preliminary) ²	713 (99.2% from 2014)
Unemployment rate (December 2015, preliminary) ²	5.6% (57th lowest in state)
2014 Poverty rate ³	15.0% (25th lowest in state)
2014 Child poverty rate ³	19.0% (21st lowest in state)
2014 Transfer Payments ¹	\$155,541,000 (14.9% of total personal income, 13th lowest in state)
2014 Medical Benefits as a share of Transfer Payments ¹	46.6% (67th lowest in state)

¹Bureau of Economic Analysis, Regional Data, 2014, ²Bureau of Labor Statistics 2014-2015, ³U.S. Census Bureau, Small Area Income and Poverty, 2014

Education Data

At Least High School Diploma ¹	83.5% (52nd highest in state)
Some College ¹	43.8% (56th highest in state)
At Least Bachelor's Degree ¹	16.9% (42nd highest in state)
2012-2013 Free and Reduced Lunch Eligible ²	53.5% (15th lowest in state)

¹U.S. Census Bureau, American Community Survey, 2010-2014, ²National Center for Education Statistics, 2013-2014 (Data available for only 70 counties in OK).

Payer Source Data

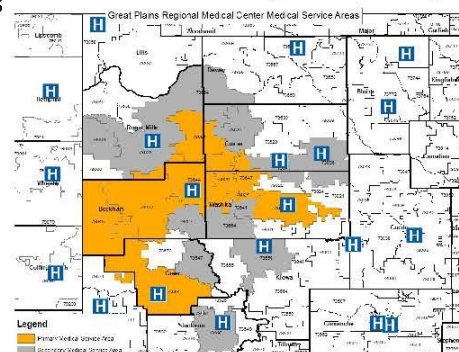
2013 Uninsured Rate (under 65) ¹	19.4% (15th lowest in state)
2013 Uninsured Rate (under 19) ¹	10.4% (14th lowest in state)
2013 Medicare share of total population ²	13.1% (7th lowest in state)
2015 Medicaid share of total population ³	25.0% (26th lowest in state)

¹U.S. Census Bureau, Small Area Health Insurance Estimates, 2012, ²Centers for Medicare & Medicaid Services, Medicare Aged and Disabled by State and County, 2012, ³Oklahoma Health Care Authority, Total Enrollment by County, 2015

Population (2010-2014)

Beckham County	22,941 (3.7% from 2010)
Primary Medical Service Area	34,548 (2.7% from 2010)
Secondary Medical Service Area	58,598 (1.8% from 2010)
Oklahoma	3,818,851 (1.8% from 2010)

U.S. Census Bureau, 2010-2014 American Community Survey 2010 Decennial Census



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

Age Groups	Primary Medical Service Area	Secondary Medical Service Area	Beckham County	Oklahoma
10-14 ACS				
0-14	21.8%	20.9%	21.3%	20.6%
15-19	6.2%	7.0%	6.1%	6.8%
20-24	6.6%	9.9%	7.3%	7.4%
25-44	27.2%	25.9%	28.3%	25.8%
45-64	24.5%	22.9%	24.8%	25.4%
65+	13.6%	13.4%	12.2%	14.0%
Totals	100.0%	100.0%	100.0%	100.0%
 Total	 34,548	 58,598	 22,941	 3,818,851

SOURCE: U.S. Census Bureau, 2010-2014 American Community Survey

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

Race/Ethnic Groups	Primary Medical Service Area	Secondary Medical Service Area	Beckham County	Oklahoma
10-14 ACS				
White	85.3%	79.4%	85.2%	73.3%
Black	2.9%	5.7%	3.4%	7.3%
Native American ¹	1.8%	2.2%	1.4%	7.2%
Other ²	2.8%	5.6%	2.2%	4.5%
Two or more Races ³	7.2%	7.1%	7.8%	7.8%
Hispanic Origin ⁴	11.8%	17.5%	13.0%	9.4%
Total Population	34,548	58,598	22,941	3,818,851

SOURCE: U.S. Census Bureau, 2010-2014 American Community Survey

For additional information, please contact:

Lara Brooks, Rural Health Analyst, lara.brooks@okstate.edu

Corie Kaiser, Director, corie.kaiser@okstate.edu

Oklahoma Office of Rural Health

Phone: 405.840.6500



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Great Plains Regional Medical Center Economic Impact



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

Great Plains Regional Medical Center **directly** employs **325** people (including clinics and physician offices) with an annual payroll of over **\$19.9 million** including benefits

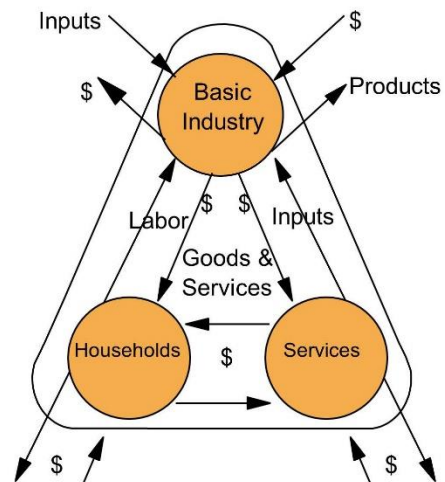
- These employees and income create an additional **142** jobs and over **\$6 million** in income as they interact with other sectors of the local economy
- **Total impacts= 467 jobs and over \$26 million**
- Other segments of the healthcare sector (Doctors, Nurses, Pharmacies, etc.) provide another **507 jobs** and an additional **\$28.8 million** in wages
- Their interactions and transactions within the local economy create:
- **Total health sector impacts= 1,112 jobs and \$62.6 million (Including the hospital)**
- Over **\$19.2 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

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Appendix D- Meeting 2 Materials, March 22, 2016

Health Indicators and Outcomes for the Great Plains Regional Medical Center Medical Service Area *As part of the Community Health Needs Assessment*

Table 1. Health Factors (Overall Rank 25)

Category (Rank)	Beckham County	Error Margin	Top U.S. Performers	Oklahoma
Health Behaviors (49)				
<i>Adult Smoking</i>	20%	19-21%	14%	20%
<i>Adult Obesity</i>	34%	28-40%	25%	32%
Food Environment Index	7.3		8.3	6.6
Physical Inactivity	31%	25-37%	20%	31%
Access to Exercise Opportunities	54%		91%	69%
<i>Excessive Drinking</i>	14%	14-15%	12%	13%
Alcohol-Impaired Driving Deaths	28%	18-38%	14%	31%
<i>Sexually Transmitted Infections</i>	602		134	479
<i>Teen Birth Rate</i>	95	86-104	19	52
Clinical Care (21)				
<i>Uninsured</i>	19%	17-21%	11%	21%
Primary Care Physicians	1,480:1		1,040:1	1,560:1
Dentists	2,370:1		1,340:1	1,760:1
Mental Health Providers	380:1		370:1	270:1
Preventable Hospital Stays	62	53-72	38	63
Diabetic Screening	79%	69-88%	90%	78%
<i>Mammography Screening</i>	49%	39-58%	71%	55%
Social & Economic Factors (24)				
High School Graduation	84%		93%	85%
<i>Some College</i>	45%	38-52%	72%	59%
Unemployment	2.8%		3.5%	4.5%
Children in Poverty	19%	13-25%	13%	22%
Income Inequality	4.6	3.7-5.6	3.7	4.6
Children in Single-Parent Household	31%	22-41%	21%	34%
Social Associations	18.2		22.1	11.7
Violent Crime Rate	181		59	468
Injury Deaths	93	76-111	51	88
Physical Environment (10)				
Air-Pollution- Particulate Matter	9.8		9.5	10.3
Drinking Water Violations	No		No	
Severe Housing Problems	11%	8-14%	9%	14%
<i>Driving Alone to Work</i>	86%		71%	82%
Long Commute- Driving Alone	18%	14-22%	15%	25%

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

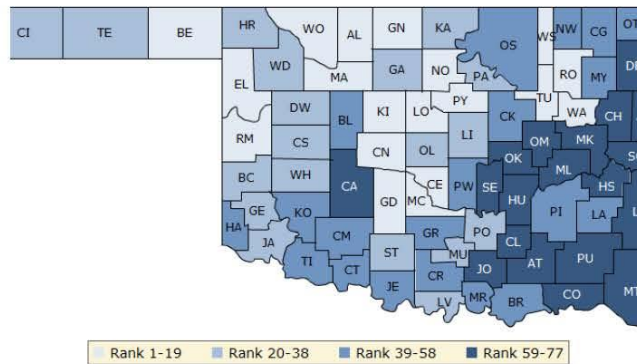
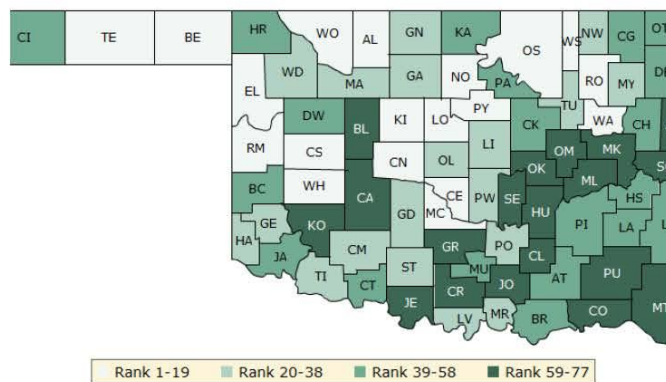


Table 2. Health Outcomes (Overall Rank 44)

Category (Rank)	Beckham County	Error Margin	Top U.S. Performers	Oklahoma
Length of Life (49)				
Premature Death	10,500	9,000-12,000	5,200	9,200
Quality of Life (37)				
Poor or Fair Health	18%	17-18%	12%	19%
Poor Physical Health Days	4.0	3.8-4.2	2.9	4.3
Poor Mental Health Days	4.0	3.8-4.1	2.8	4.2
Low Birth Weight	9%	8-10%	6%	8%

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



For additional information, please contact
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BECKHAM COUNTY

Mortality and Leading Causes of Death

- Beckham County ranked 54th in the state for total mortality (age-adjusted).
- Beckham County ranked 75th in the rate of deaths due to stroke.
- Beckham County's leading causes of mortality were heart disease, cancer, and chronic lower respiratory disease.
- Beckham County had few deaths attributed to nephritis.

Disease Rates

- Beckham County's diabetes disease prevalence was similar to that of the nation and was the 7th lowest rate in the state.
- Beckham County's cancer incidence rate was similar to that of the nation.

Risk Factors, Behaviors and Socioeconomic Factors

- Beckham County ranked in the bottom ten for both percentage of low birth weight births and teen fertility.
- 1 in 6 people in Beckham County lived in poverty (17%).
- Nearly 1 in 5 adults reported 3+ days with limited activity in the past month (19%).
- Approximately 1 in 4 adults reported 4+ days of poor physical health (24%) and 4+ days of poor mental health (24%) in the previous month.

Changes from the Previous Year

- The rate of deaths due to stroke increased 51% from the previous year.
- The rate of deaths attributed to nephritis decreased 41%.
- The teen fertility rate increased nearly 20%.

	PREVIOUS	CURRENT	GRADE
MORTALITY			
INFANT (RATE PER 1,000)	5.1	10.4	F
TOTAL (RATE PER 100,000)	1126.90	995.7	F
LEADING CAUSES OF DEATH (RATE PER 100,000)			
HEART DISEASE	294.3	264.6	F
MALIGNANT NEOPLASM (CANCER)	188.7	171.2	F
CEREBROVASCULAR DISEASE (STROKE)	44.5	67.0	C
CHRONIC LOWER RESPIRATORY DISEASE	77.6	81.5	F
UNINTENTIONAL INJURY	102.8	57.2	F
DIABETES	47.3	23.7	D
INFLUENZA/PNEUMONIA	43.4	24.9	F
ALZHEIMER'S DISEASE	52.5	33.4	D
NEPHRITIS (KIDNEY DISEASE)	19.8	11.7	B
SUICIDES	18.9	32.1	F
DISEASE RATES			
DIABETES PREVALENCE	9.8%	10.0%	C
CURRENT ASTHMA PREVALENCE	9.7%	10.2%	D
CANCER INCIDENCE (RATE PER 100,000)	604.4	455.0	C
RISK FACTORS & BEHAVIORS			
MINIMAL FRUIT CONSUMPTION	NA	52.1%	F
MINIMAL VEGETABLE CONSUMPTION	NA	27.5%	D
NO PHYSICAL ACTIVITY	32.6%	29.6%	F
CURRENT SMOKING PREVALENCE	27.6%	24.7%	D
OBESITY	31.2%	32.4%	D
IMMUNIZATIONS < 3 YEARS	59.1%	78.5%	B
SENIORS INFLUENZA VACCINATION	64.8%	70.2%	A
SENIORS PNEUMONIA VACCINATION	74.3%	76.5%	A
LIMITED ACTIVITY DAYS	17.4%	18.8%	D
POOR MENTAL HEALTH DAYS	24.9%	23.4%	C
POOR PHYSICAL HEALTH DAYS	23.8%	24.3%	D
GOOD OR BETTER HEALTH RATING	77.3%	78.6%	D
TEEN FERTILITY (RATE PER 1,000)	34.4	40.9	F
FIRST TRIMESTER PRENATAL CARE	64.2%	70.9%	C
LOW BIRTH WEIGHT	8.5%	9.5%	D
ADULT DENTAL VISITS	49.6%	50.9%	F
USUAL SOURCE OF CARE	79.4%	79.4%	C
OCCUPATIONAL FATALITIES (RATE PER 100,000 WORKERS)	11.8	12.3	F
PREVENTABLE HOSPITALIZATIONS (RATE PER 100,000)	3311.8	2288.5	F
SOCIOECONOMIC FACTORS			
NO INSURANCE COVERAGE	25.8%	22.0%	D
POVERTY	15.8%	16.7%	C

Appendix E- Survey Form and Meeting 3 Materials, April 6, 2016

Great Plains Regional Medical Center Local Health Services Survey

Please return completed survey by March 22, 2016

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*)
☐ Great Plains Regional Medical Center (*Skip to Q4*) ☐ Other (*Please specify Hospital and City, then go to Q3*)

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

3. Center, 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 Great Plains Regional Medical Center, what hospital service(s) were used?

4. ☐ Diagnostic imaging (X-ray, CT, Ultrasound) ☐ Hospital Inpatient
☐ Laboratory ☐ Skilled nursing (swing bed)
☐ Outpatient infusion/Shots ☐ Emergency room (ER)
☐ Physician services ☐ Other (*Please list below*)
☐ Physical or speech therapy

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

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

-
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?

8.

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
☐ 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 Elk City 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 Elk City area?
☐ Satisfied ☐ Dissatisfied ☐ Don't know

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

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

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

18. Are you able to get an appointment with your primary care (family) doctor, within 48 hours, when you need one?
☐ Yes ☐ No ☐ Don't know

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

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

21. Are you aware of any community programs offered by the hospital?
☐ Yes ☐ No ☐ Don't know

Please list the community program(s)

22. 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	_____

23. How would you prefer to be notified of community events?
(*Please rank your choices with 1=most preferred and 5=least preferred*)
- | | | |
|----------------|------------|-------------------|
| ____ Newspaper | ____ Email | ____ Social Media |
| | ____ Radio | ____ Website |

Please mail completed survey to:
Great Plains Regional
Medical Center
1801 W 3rd St.
Elk City, OK 73644

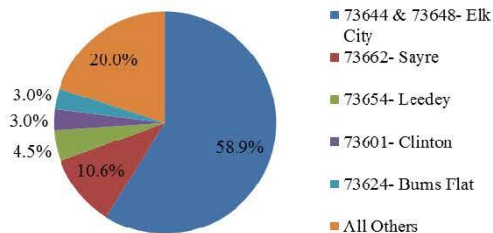
*Or, return to hospital
administration*



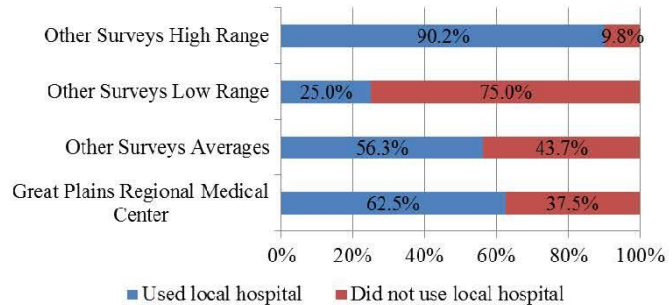
Great Plains Regional Medical Center Community Survey Results

As part of the Community Health Needs Assessment

Zip Code of Residence, Top 5 Responses



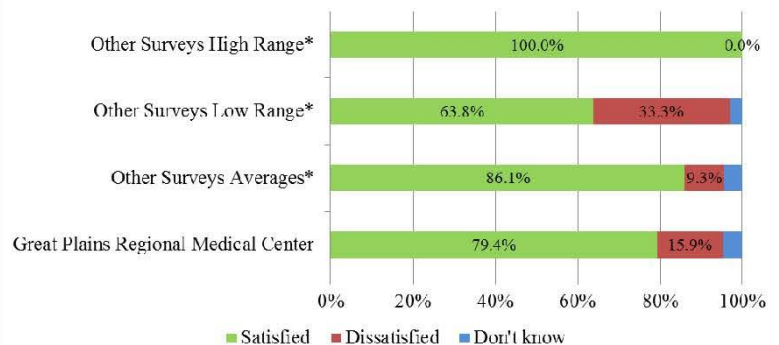
Hospital Utilization Comparison



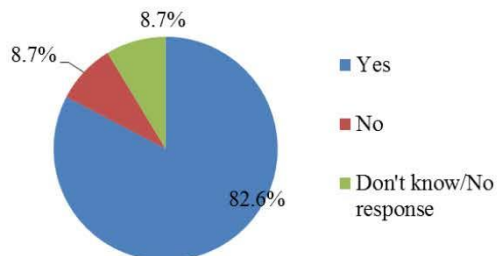
Type of Specialist Visits

Specialist	No.	Percent
Top 5 Responses		
Orthopedist/Orthopedic Surg. (1 visit in Elk City)	36	18.1%
Cardiologist (2 visits in Elk City)	21	10.6%
Neurologist/Neurosurgeon (0 visits in Elk City)	15	7.5%
OB/GYN (2 visits in Elk City)	12	6.0%
Urologist (4 visits in Elk City)	11	5.5%
All others (2 visits in Elk City)	104	52.3%
Total	199	100.0%

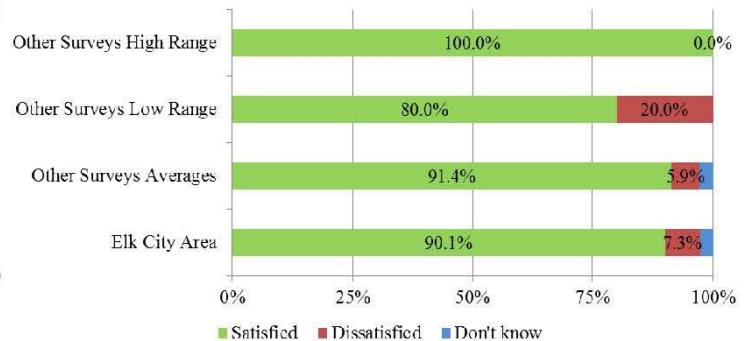
Satisfaction with Great Plains Regional Medical Center



Use Family Doctor for Routine Health Care



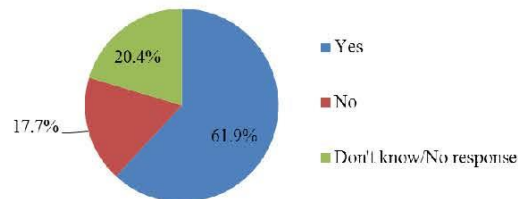
Satisfaction with Elk City Area Primary Care Doctor



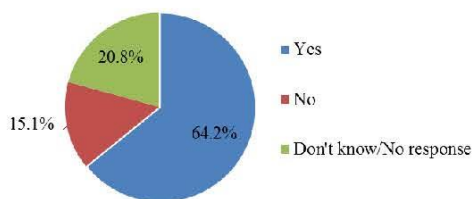
Do you think there are enough primary care doctors practicing in the Elk City area?



Would you see a midlevel provider for routine healthcare needs?



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



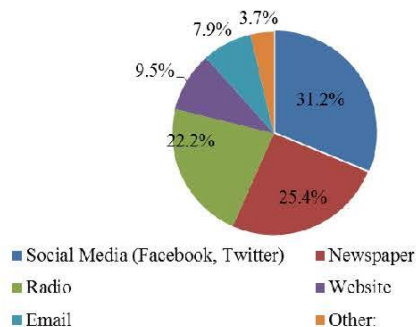
Healthcare concerns- Top 3 Responses

Concern	No.	Percent
Lack of specialists	46	17.4%
Cost of care	40	15.1%
Lack of providers/Difficult to see provider/ Retaining providers/Retiring providers	32	12.1%
All others	147	55.5%
Total	265	100.0%

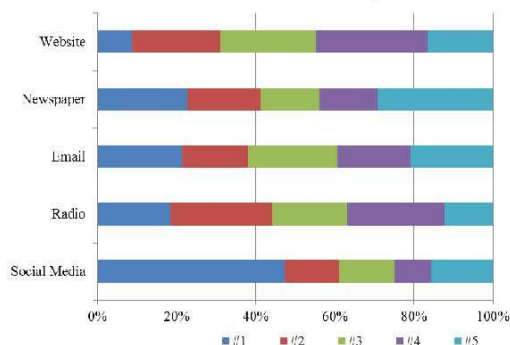
Additional Services to Offer- Top 3 Responses

Services	No.	Percent
Specialists : Full-time orthopedist (19); Otolaryngologist (18); Full-time surgeon (15); Gastroenterologist (9); Specialists in general (6); Cardiologist (6); Pediatrician (5); Psychologist/Psychiatrist (5); Full-time neurologist (5); Endocrinologist (4); Pulmonologist (4); OB/GYN (3); Internal Medicine (3); Allergist (2); Plastic Surgeon (2); Pain Management (2); Dermatologist (1); Oncologist (1); Fertility (1); Nephrologist (1); Pediatric surgeon (1); High risk OB (1)	114	40.9%
No additional services/Satisfied with what is available/Don't know	44	15.8%
Improved quality of care	8	2.9%
All others	133	47.7%
Total	232	100.0%

Outlets Used for Information about Community Events



Preference of Notification of Community Events



For additional information, please contact
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 Corie Kaiser, Director, corie.kaiser@okstate.edu
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 Phone: 405.840.6500

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

As part of the Community Health Needs Assessment

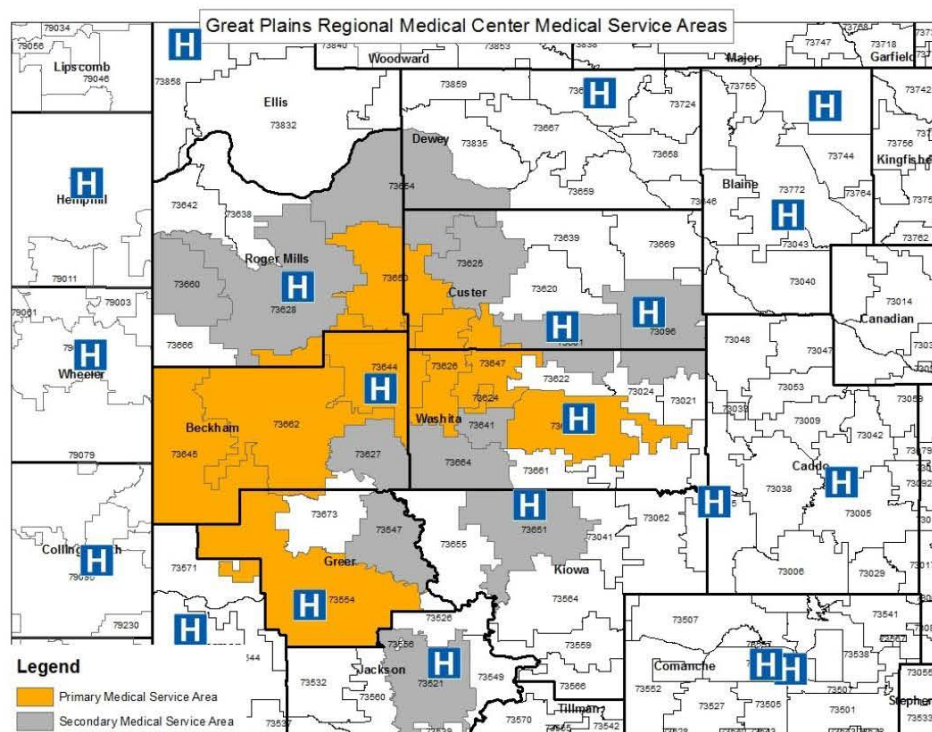


Table 2a. Annual Primary Care Physician Office Visits Generated in the Elk City, Oklahoma, Medical Service Areas

PRIMARY MEDICAL SERVICE AREA							
Age	Male			Female			Total Visits
	10-14 Population	Visit Rate ^[3]	Visits	10-14 Population	Visit Rate ^[3]	Visits	
Under 15	3,946	2.5	9,865	3,586	2.3	8,248	18,113
15-24	2,424	1.2	2,909	2,020	2.1	4,242	7,151
25-44	5,468	1.5	8,202	3,932	3.1	12,189	20,391
45-64	4,332	2.9	12,563	4,146	3.7	15,340	27,903
65-74	1,098	5.1	5,600	1,280	5.6	7,168	12,768
75+	890	6.9	6,141	1,426	6.6	9,412	15,553
Total	18,158		45,279	16,390		56,599	101,878

Primary Medical Service Area - Local Primary Care Physician office visits per year: 55,625

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

SECONDARY MEDICAL SERVICE AREA							
Age	Male			Female			Total Visits
	10-14 Population	Visit Rate ^[3]	Visits	10-14 Population	Visit Rate ^[3]	Visits	
Under 15	6,141	2.5	15,353	6,100	2.3	14,030	29,383
15-24	5,319	1.2	6,383	4,577	2.1	9,612	15,995
25-44	8,065	1.5	12,098	7,087	3.1	21,970	34,067
45-64	6,748	2.9	19,569	6,690	3.7	24,753	44,322
65-74	1,975	5.1	10,073	2,165	5.6	12,124	22,197
75+	<u>1,522</u>	6.9	<u>10,502</u>	<u>2,209</u>	6.6	<u>14,579</u>	<u>25,081</u>
Total	29,770		73,976	28,828		97,068	171,044

Secondary Medical Service Area - Local Primary Care Physician office visits per year: 93,390

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: 2012 Summary.

Table 3. Primary Care Physician Office Visits Given Usage by Local Residents in the Elk City, Oklahoma Medical Service Area

		Usage by Residents of Primary Service Area						
		70%	75%	80%	85%	90%	95%	100%
Usage by Residents of Secondary Service Area	5%	43,607	46,389	49,170	51,951	54,732	57,514	60,295
	10%	48,277	51,058	53,839	56,621	59,402	62,183	64,965
	15%	52,946	55,728	58,509	61,290	64,071	66,853	69,634
	20%	57,616	60,397	63,178	65,960	68,741	71,522	74,304
	25%	62,285	65,067	67,848	70,629	73,410	76,192	78,973
	30%	66,955	69,736	72,517	75,299	78,080	80,861	83,643
	35%	71,624	74,406	77,187	79,968	82,749	85,531	88,312
	40%	76,294	79,075	81,856	84,638	87,419	90,200	92,982
	45%	80,963	83,745	86,526	89,307	92,088	94,870	97,651
	50%	85,633	88,414	91,195	93,977	96,758	99,539	102,321

If 90% primary medical service area and 10 to 15% secondary medical service area, then the usage would be: 59,402 to 64,071 total primary care physician office visits in the Elk City area for an estimated 14.2 to 15.3 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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 Corie Kaiser, Director, corie.kaiser@okstate.edu
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