Mercy Hospital Tishomingo Community Health Needs Assessment Summary and Implementation Strategy



Oklahoma Office of Rural Health OSU Center for Rural Health

Oklahoma Cooperative Extension Service Oklahoma State University

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Community Health Needs Assessment documents available online at: www.okruralhealthworks.org

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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 Cooperative Extension and Oklahoma Office of Rural Health's Roles

The Oklahoma Office of Rural Health and Oklahoma Cooperative Extension Service have transitioned the previous Community Health Engagement Process program to meet the needs of CHNA. The Community Health Engagement Process proved to be very successful during its nearly 20 year history of working with rural hospitals and healthcare providers to increase awareness of the local health sector.

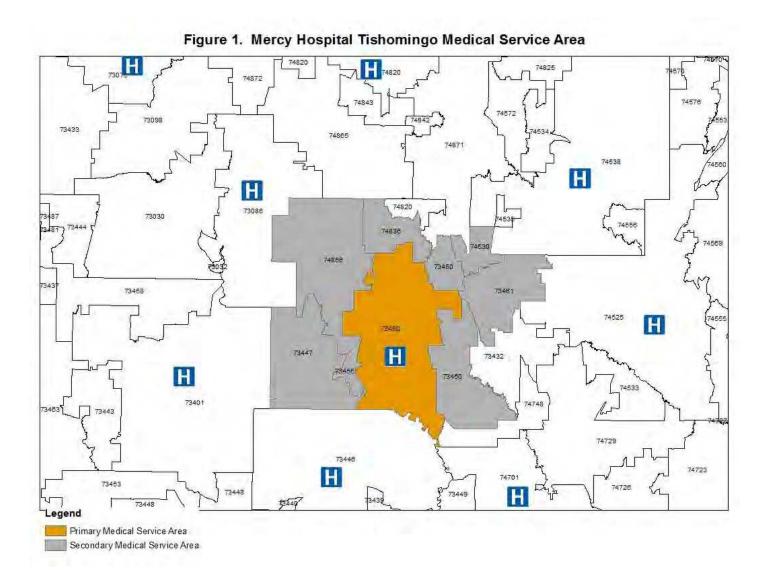
This program is available to all rural facilities in Oklahoma free of charge. The Oklahoma Office of Rural Health and Oklahoma Cooperative Extension Service work closely with the hospital and community members to develop an economic impact of the local health sector, develop and analyze a local health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

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 Mercy Hospital Tishomingo in 2012 through 2013. 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.

Mercy Hospital Tishomingo Medical Services Area Demographics

Figure 1 displays the Mercy Hospital Tishomingo medical services area. Mercy Hospital Tishomingo 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.



City	County	Hospital	No. of Beds
Tishomingo	Johnston	Mercy Hospital Tishomingo	25
Atoka	Atoka	Atoka County Medical Center	25
Durant	Bryan	Medical Center of Southeastern Oklahoma	148
Healdton	Carter	Healdton Mercy Hospital	22
Coalgate	Coal	Coal County General Hospital	20
Madill	Marshall	Integris Marshall County Medical Center	25
Sulphur	Murray	Arbuckle Memorial Hospital	25
Ada	Pontotoc	Valley View Regional Hospital	156

As delineated in Figure 1, the primary medical service area of Mercy Hospital Tishomingo includes the zip code area of Tishomingo. The primary medical service area

experienced a decrease of 36.2 percent from the 1990 Census to the 2000 (Table 1). This same service area experienced another decrease of 4.0 percent from the 2000 Census to 2010.

The secondary medical services area is comprised of the zip code areas of Bromide, Mannsville, Milburn, Mill Creek, Ravia, Wapanucka. There was a decrease of 42.3 percent from 1990 to 2000 followed by a 14.1 percent increase from 2000 to 2010.

Table 1. Population of Mercy Hospital Tishomingo Medical Service Area

		1990	2000	2010	% Change	% Change
Population by Zip Code		Population	Population	Population	1990-2000	2000-2010
1	•	.	•	1		
Primary Medica	l Service Area					
73460	Tishomingo	4,958	3,162	3,034	-36.2%	-4.0%
	Total	4,958	3,162	3,034	-36.2%	-4.0%
Secondary Medical Service Area						
74530	Bromide		163	165	n/a	1.2%
73447	Mannsville	888	587	863	-33.9%	47.0%
73450	Milburn	884	312	317	-64.7%	1.6%
74856	Mill Creek	1,510	340	319	-77.5%	-1.6%
73455	Ravia		459	528	n/a	15.3%
73461 Wapanucka		719	445	438	-38.1%	-1.6%
	Total	4,001	2,306	2,630	-42.3%	14.1%

SOURCE: Population data from the U.S. Bureau of Census, 1990, 2000, 2010 (September 2013)

Table 2 displays the current existing medical services in the primary service area of Mercy Hospital Tishomingo medical services area. Most of these services would be expected in a community of Tishomingo's size: doctors, dentists, nursing home and pharmacies are present. Tishomingo Hospital is a 25 bed critical access facility located in Johnston County, Oklahoma. Services offered by Mercy Hospital Tishomingo include acute in patient services, swing bed, physical, speech, and occupational therapy, laboratory, electronic health records, and radiological services (CT, Ultrasound and X-Ray) are also available at Mercy Hospital Tishomingo. In terms of outpatient services, home health/hospice services, physicals, medical

counseling and bilingual services are a few of the services provided. A complete list of hospital services and community involvement activities can be found in Appendix A.

Table 2. Existing Medical Services in the Mercy Hospital Tishomingo Medical Service Area

Count	Service
1	Hospital, Mercy Hospital Tishomingo
6	Physician clinics including Chickasaw Nation
4	Dental Offices
1	Optometrist Office
2	Chiropractor Offices
1	Nursing Home
1	Adult Day Service
3	Home Health Services and Hospice Services
1	County Health Department, Johnston County
1	EMS Service, Johnston County
2	Physical Therapy providers
7	Mental health/Counseling Services
2	Durable Medical Equipment Providers
2	Pharmacies

In addition to examining the total population trends of the medical service areas, it is important to understand the demographics of those populations. Table 3 displays trends in age groups for the primary and secondary medical service areas as well as Johnston County in comparison to the state of Oklahoma. The age group of 45-64 has experienced an overall increase from 2000 to 2010 for all geographies listed. In particular, this cohort accounted for 24.9 percent of the primary medical service area and 28.9 percent of the secondary medical service area in 2010. This is compared to the state rate of 25.7 percent. The primary medical service area has a significantly larger share of the over 65 population (16.7%) compared to the state (13.5%).

Table 3. Percent of Total Population by Age Group for Mercy Hospital Tishomingo Medical Service Areas, Johnston County and Oklahoma

Age Groups	Primary Medical Service Area	Secondary Medical Service Area	Johnston County	Oklahoma
2000 Census				
0-14	19.7%	21.7%	20.7%	21.2%
15-19	9.5%	7.9%	8.4%	7.8%
20-24	7.4%	4.7%	6.1%	7.2%
25-44	23.4%	26.4%	25.0%	28.3%
45-64	23.2%	25.7%	24.3%	22.3%
65+	16.7%	13.7%	15.4%	13.2%
Totals	100.0%	100.0%	100.0%	100.0%
Total Population	4,609	5,559	10,513	3,450,654
2010 Census				
0-14	20.6%	20.1%	20.2%	20.7%
15-19	7.9%	7.9%	7.5%	7.1%
20-24	7.8%	5.1%	6.3%	7.2%
25-44	22.1%	23.6%	22.6%	25.8%
45-64	24.9%	28.9%	26.9%	25.7%
65+	<u>16.7%</u>	<u>14.5%</u>	<u>16.6%</u>	<u>13.5%</u>
Totals	100.0%	100.0%	100.0%	100.0%
Total Population	4,747	4,816	10,957	3,751,351

SOURCE: U.S. Census Bureau, Census data for 2000, and 2010 (www.census.gov [March 2013]).

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% of the total state population. This trend is not as evident in Johnston County. Rather, Johnston County's Native American

population in 2010 (15.5%) is a much larger share than the state share (8.2%). This trend is also evident in the primary (13.8%) and secondary (15.1%) medical service areas. Table 4 displays these trends.

Table 4. Percent of Total Population by Race and Ethnicity for Mercy Hospital Tishomingo Medical Service Areas, Johnston and Oklahoma

Race/Ethnic Groups	Primary Medical Service Area	Secondary Medical Service Area	Johnston County	Oklahoma
2000 Census				
White	75.2%	77.0%	76.1%	74.1%
Black	3.2%	0.5%	1.7%	7.5%
Native American ¹	14.4%	15.2%	15.3%	7.7%
Other ²	1.8%	1.5%	1.6%	1.5%
Two or more Races ³	5.4%	5.8%	5.4%	4.1%
Hispanic Origin ⁴	3.4%	1.7%	2.5%	5.2%
Total Population	4,609	4,661	10,513	3,450,654
2010 Census				
White	72.0%	74.6%	73.1%	68.7%
Black	3.6%	0.8%	1.9%	7.3%
Native American ¹	13.8%	15.1%	15.5%	8.2%
Other ²	1.4%	1.8%	1.4%	1.9%
Two or more Races ³	9.2%	7.8%	7.9%	5.1%
Hispanic Origin ⁴	3.8%	4.4%	3.9%	8.9%
Total Population	4,747	4,917	10,957	3,751,351

SOURCE: U.S. Census Bureau, Census data for 2000, and 2010 (www.census.gov [March 2013]).

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

Mercy Hospital Tishomingo hosted three community meetings between July 17, 2012 and August 20, 2013. The Oklahoma Office of Rural Health and Oklahoma Cooperative Extension Service 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:

- Mercy Hospital Tishomingo representatives
- Hospital advisory board
- Mercy Hospital Ardmore representatives
- College administration
- Local health department
- Home health and hospice providers
- Local pharmacies
- Tishomingo Development Team
- Johnston/Love Fit Communities Consortium
- Chamber of Commerce

- County Commissioners
- City Council
- City government
- State government
- Chickasaw Nation Health Services
- Representatives from the Town of Ravia, Mill Creek, and Mannsville
- Local banker
- Local attorney
- Small business owners
- Retired community members

Average attendance at the community meetings was 35 community members. Individuals with expertise in health care or leadership roles in government, civic, educational, business, or community organizations were invited to participate. Representation was sought from communities throughout the county. Meeting attendees were mailed a letter inviting them to be part of the needs assessment. Follow-up telephone calls sometimes elicited the names of others interested in participating and they, in turn, were invited. Others learned about the health assessment through word-of-mouth and came because of the importance of health care to the county. Many respondents had lifelong residence in Johnston County and brought with them a deep understanding of their communities.

Economic Impact and Community Health Needs Assessment Overview, July 17, 2012

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.

Table 5 below summarizes the overall economic impact of the health sector on the Johnston County, Oklahoma economy. A representative from Mercy Hospital Tishomingo contacted health service entities in each of the sectors listed for the medical service area. Along

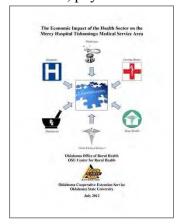
with identifying each establishment, the hospital representative also gathered information on the number of FTE employees per establishment. When available, payroll information was also collected from the establishments. When payroll information was not available, payroll was

estimated using state level averages from the Bureau of Labor

Statistics.

The health sector in the Mercy Hospital Tishomingo medical service area employs 530 FTE individuals. After applying a county-specific employment multiplier to each respective sector, there is a total employment impact of 679 FTE employees. The same methodology is applied to income. The local health sector has a direct income impact of nearly \$22.7 million. When the appropriate income multiplier is applied, the total income impact is over \$26 million. The last two columns examine the impact this

over \$26 million. The last two columns examine the impact this has on the retail sector of the local community. Recent data suggest that just 13.2% of personal income in Johnston County will be spent on 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 \$3.4 million spent locally, generating \$34,323 on a 1% tax.



AE-12024, The Economic Impact of the Health Sector on the Mercy Hospital Tishomingo Medical Service Area (31 pages)

This report provided evidence to the community of the large role the health sector-including Mercy Hospital Tishomingo- has on the local community. This impact is often overlooked when local health services are scrutinized.

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

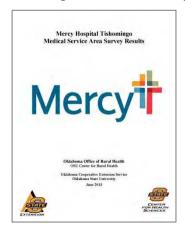
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)
		Employment			Income			1 Cent
Health Sectors	Employed	Multiplier	Impact	Income	Multiplier	Impact	Sales*	Sales Tax
Hospitals	40	1.47	59	\$1,414,777	1.18	\$1,676,277	\$221,269	\$2,213
Physicians, Dentists, & Other Medical Professionals	164	1.36	223	\$7,435,875	1.17	\$8,681,466	\$1,145,953	\$11,460
Nursing and Protective Care	88	1.19	105	\$2,438,800	1.14	\$2,774,518	\$366,236	\$3,662
Other Medical & Health Services & Home Health	223	1.23	273	\$10,754,920	1.13	\$12,105,103	\$1,597,874	\$15,979
Pharmacies	<u>16</u>	1.23	<u>19</u>	<u>\$665,815</u>	1.15	<u>\$764,678</u>	\$100,937	\$1,009
Totals	530		679	\$22,710,187		\$26,002,042	\$3,432,270	\$34,323

SOURCE: 2010 IMPLAN database, Minnesota IMPLAN Group, Inc.; Multipliers derived from local data for employment, employee compensation and proprietor's income; income estimated based on state average incomes if local data not available (July 2012).

^{*} Based on the ratio between Johnston County retail sales and income (13.2%) from 2009 County Sales Tax and Personal Income Estimates.

Community Survey Methodology and Results, July 17, 2012- July 30, 2013

A survey was designed to gauge hospital usage, satisfaction, and community health needs. The survey was available in paper format. The surveys were distributed at the hospital and during the first community meeting on July 17, 2012. Community members present at the meeting each took a survey, and many took extra surveys to distribute to friends, neighbors, and



AE-13063, Mercy Hospital Tishomingo Service Area Survey Results (32 pages)

colleagues. A copy of the survey form can be found in Appendix C. Community members were asked to return their completed surveys to Mercy Hospital Tishomingo.

The survey ran from July 17, 2012 to April 2013. A total of 221 surveys from the Mercy Hospital Tishomingo medical service area were completed. The survey results were presented at the July 30, 2013, community meeting.

Table 6 below shows the survey respondent representation by zip code. The largest share of respondents was from the Tishomingo (73460) zip code (56.6%). Milburn (73450) followed with 19 responses. Ravia (73455) had 11 responses, and Kingston (73439) followed with 10 responses.

Table 6. Zip Code of Residence

Response Category	No.	%
73460- Tishomingo	125	56.6%
73450- Milburn	19	8.6%
73455- Ravia	11	5.0%
73439- Kingston	10	4.5%
73432- Coleman	7	3.2%
73446- Madill	7	3.2%
73447- Mannsville	6	2.7%
73461- Wapanucka	4	1.8%
74856- Mill Creek	3	1.4%
74820- Ada	3	1.4%
74701- Durant	2	0.9%
74530- Bromide	2	0.9%
73401- Ardmore	2	0.9%
74533- Caney	2	0.9%
73463- Wilson	1	0.5%
74525- Atoka	1	0.5%
74560- Pittsburg	1	0.5%
74730- Calera	1	0.5%
74733- Colbert	1	0.5%
74748- Kenefic	1	0.5%
74821- Ada	1	0.5%
74836- Connerville	1	0.5%
73098- Wynnewood	1	0.5%
74871- Stonewall	1	0.5%
74937- Heavener	1	0.5%
75089- Rowlett, TX	1	0.5%
73445- No city found	1	0.5%
No response	5	2.3%
	221	100.0%

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

Primary Care Physician Visits

- 65.6% of respondents had used a primary care physician in the Tishomingo service area during the past 24 months
- 93.1% of those responded being satisfied

- Only 80 respondents or 36.2% believe there are enough primary care physicians practicing in Tishomingo
- 79.2% responded they were able to get an appointment with their primary care physician when they needed one

Specialist Visits

Summary highlights include:

- 52.0% of all respondents report some specialist visit in past 24 months
- Most common specialty visited displayed in Table 7
- Only 3.7% of specialist visits occurred in Tishomingo

Table 7. Type of Specialist Visits

Type of Specialist	No.	Percent
Top 5 Responses		
Cardiologist	21	12.7%
(0 visit in Tishomingo)		
OB/GYN	16	9.7%
(0 visits in Tishomingo)		
Orthopedist	13	7.9%
(0 visits in Tishomingo)		
Neurologist	11	6.7%
(1 visit in Tishomingo)		
Primary Care/General	11	6.7%
(0 visits in Tishomingo)		
All others	<u>93</u>	<u>56.4%</u>
(5 visits in Tishomingo)		
Total	<u>165</u>	<u>100.0%</u>

Some respondents answered more than once.

Hospital Usage and Satisfaction

Survey highlights include:

- 55.2% of survey respondents used hospital services at Mercy Hospital Tishomingo
 - Mercy Hospital Ardmore (17.6%), INTEGRIS Marshall County (7.3%), and Medical Center of Southeastern Oklahoma (6.7%) followed

- The most common response for why the respondents chose to use a hospital other than Mercy Hospital Tishomingo was, that the other facility was a closer, more convenient location (28.1%)
- This is slightly below the state average of 57.5% for usage of other rural Oklahoma hospitals surveyed
- 80.2% of survey respondents were satisfied with the services received at Mercy Hospital Tishomingo
 - This is slightly below the state average for other hospitals (85.6%)
- Most common services used at Mercy Hospital Tishomingo:
 - o Emergency Room (29.4%)
 - o Laboratory (22.4%)

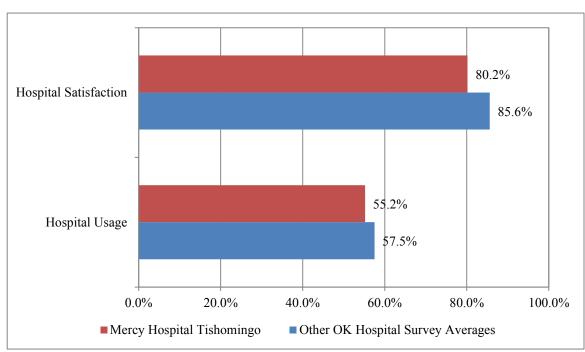


Figure 2. Summary of Hospital Usage and Satisfaction Rates

Local Healthcare Concerns

Survey respondents were asked what concerns them most about healthcare in their community. The most common response was no concerns/don't know (9.8%) followed by quality of care (6.3%), lack of specialists (5.8%) updated hospital facility/Updated equipment

(5.4%), and lack of doctors/quality doctors (4.5%) were all commonly mentioned. Table 8 displays all responses and the frequencies.

Table 8. Top Concerns in Healthcare in the Tishomingo Service Area

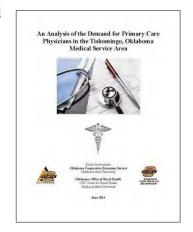
Response Category	No.	%
No Concerns/ Don't Know	22	9.8%
Quality of care	14	6.3%
Lack of specialists	13	5.8%
Updated hospital facility/Upgraded equipment	12	5.4%
Lack of Doctors/Quality doctors	10	4.5%
Lack of services	9	4.0%
Hospital closing/No health services in community	7	3.1%
Emergency room services	5	2.2%
Cost	4	1.8%
Prescription drug abuse	4	1.8%
Education	4	1.8%
Not receiving care when needed/Speed of services	3	1.3%
Urgent care	3	1.3%
Staffing	3	1.3%
Pediatrician	2	0.9%
Economic development opportunities for medical providers	2	0.9%
Health care for uninsured	2	0.9%
Obesity	2	0.9%
Physical therapy	1	0.4%
Dermatologist	1	0.4%
OB/GYN	1	0.4%
Cardiologist	1	0.4%
Providers quit accepting Medicare	1	0.4%
Under utilization of local services	1	0.4%
Advocate for patients	1	0.4%
Drug/Alcohol abuse	1	0.4%
Mammography	1	0.4%
Better resources	1	0.4%
No response	93	41.5%
Total	224	100.0%

^{*}Some respondents answered more than once. Average responses equal 1.02

Primary Care Physician Demand Analysis, July 30, 2013

A demand analysis of primary care physicians was completed for the zip codes that comprise the Mercy Hospital Tishomingo 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 9 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 Mercy Hospital Tishomingo medical services area, a total of 9,232 annual visits would occur. This would suggest that the Mercy Hospital Tishomingo medical services area would need 2.2 FTE primary care physicians to meet the needs of their existing population. Table 9 displays the estimated number of visits by share of medical services area.



AE-13062, An Analysis of the Demand for Primary Care Physicians in the Tishomingo, Oklahoma, Medical Service Area (11 pages)

Table 9. Primary Care Physicians Office Visits Given Usage by Local Residents in the Tishomingo, Oklahoma Medical Service Areas

Usage by Residents of Primary Service Area

Usage by Residents of Secondary Service Area

	70%	75%	80%	85%	90%	95%	100%
5%	6,907	7,365	7,823	8,281	8,739	9,197	9,655
10%	7,400	7,858	8,316	8,774	9,232	9,691	10,149
15%	7,893	8,352	8,810	9,268	9,726	10,184	10,642
20%	8,387	8,845	9,303	9,761	10,219	10,677	11,135
25%	8,880	9,338	9,796	10,254	10,713	11,171	11,629
30%	9,373	9,832	10,290	10,748	11,206	11,664	12,122
35%	9,867	10,325	10,783	11,241	11,699	12,157	12,615
40%	10,360	10,818	11,276	11,734	12,193	12,651	13,109
45%	10,854	11,312	11,770	12,228	12,686	13,144	13,602
50%	11,347	11,805	12,263	12,721	13,179	13,637	14,095
2070	11,517	11,005	12,203	12,721	13,177	15,057	11,000

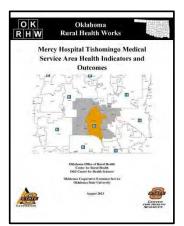
If 90% primary medical service area and 10 to 15% secondary medical service area, then the usage would be: 9,232 to 9,726 total primary care physician office visits in the Tishomingo area for an estimated 2.2 to 2.3 Total Primary Care Physicians.

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

Health Data, August 20, 2013

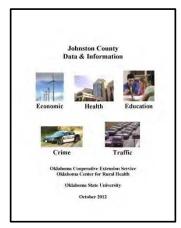
A community meeting was held August 20, 2013, to examine various sources of local health data in addition to the community survey results. Data were presented from the Johnston County Data and Information Report (AE-12076). Health Data were also presented from the Mercy Hospital Tishomingo Medical Service Area Health Indicators and Outcomes Report (AE-13157).

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



AE-13157, Mercy Hospital Tishomingo Medical Service Area Health Indicators and Outcomes (21 pages)

Robert Woods Johnson Foundation. The County Health Rankings program evaluates and ranks counties based on two distinct areas: Health Factors and Health Outcomes. Along with these two areas counties receive an overall rank within their state; therefore 1=best and 77=worst.



AE-12076, Economic Data, Health/Behavioral Data, Education Data, Traffic Accident Data, and Crime Data for Johnston County and the State of Oklahoma (65 pages)

Health factors are comprised of health behaviors (rank: 25), clinical care (rank: 60), social and economic factors (rank: 41), and physical environment (rank: 62). Johnston County's overall health factors rank is 43. In particular, Johnston County's adult smoking rate is higher than the state and national benchmark as well as the rate of obesity and preventable hospital stays. All health factors variables are presented in Table 10 along with Johnston County specific data, the national benchmark, 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 Johnston County ranks very poorly compared to the national benchmark). A more detailed report on Johnston County's health factors and outcomes can be found in AE-13157.

Table 10. Health Factors (Overall Rank 43)

Category (Rank)	Johnston County	Error Margin	National Benchmark	Oklahoma
Health Behaviors (25)				
Adult Smoking	24%	16-35%	13%	25%
Adult Obesity	30%	24-37%	25%	32%
Physical Inactivity	34%	27-42%	21%	31%
Excessive Drinking	16%	9-27%	7%	14%
Motor Vehicle Crash Death Rate	25	15-40	10	20
Sexually Transmitted Infections	246		92	381
Teen Birth Rate	72	62-82	21	55

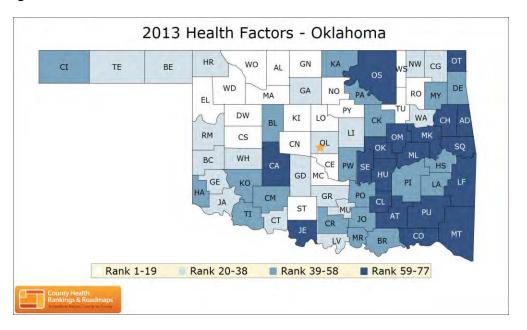
Clinical Care (60)				
Uninsured	24%	19-23%	11%	22%
Primary Care Physicians	3,668:1		1,067:1	1,618:1
Dentists	1,614:1		1,516:1	1,980:1
Preventable Hospital Stays	140	53-69	47	81
Diabetic Screening	72%	73-90%	90%	77%
Mammography Screening	48%	54-71%	73%	58%

Social & Economic Factors (41)				
High School Graduation	77%			78%
Some College	59%	48-70%	70%	57%
Unemployment	6.4%		5.0%	6.2%
Children in Poverty	29%		14%	24%
Inadequate Social Support		20-37%	14%	20%
Children in Single-Parent Household	39%	28-50%	20%	33%
Violent Crime Rate	287		66	503

Physical Environment (62)				
Daily Fine Particle Matter	10.3	10.2-10.4	8.8	10.1
Drinking Water Safety	30%		0%	15%
Access to Recreational Facilities	0		16	7
Limited Access to Healthy Foods	14%		1%	9%
Fast Food Restaurants	43%		27%	51%

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. Johnston County fares more favorably than counties to the east, but overall, Johnston County is fairly comparable to neighboring counties.



In terms of health outcomes, Johnston County's ranking is 72nd in the state. Health outcomes are comprised of two areas: morbidity (quality of life) and mortality (length of life). The variables for each of these sections are presented in Table 11.

Table 11. Health Outcomes (Overall Rank 72)

Category (Rank)	Johnston County	Error Margin	National Benchmark	Oklahoma
Mortality (74)				
Premature Death	13,779	11,301-16257	5,317	9,291
Morbidity (57)				
Poor or Fair Health			10%	19%
Poor Physical Health Days	6.0	4.0-8.0	2.6	4.2
Poor Mental Health Days			2.3	4.1
Low Birth Weight	8.2%	6.6-9.9%	6.0%	8.2%

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. Johnston County's rank is fairly comparable to Coal and Pontotoc County's. Marshall, Bryan and Murray Counties all fare better in health outcomes rankings.



Community Health Needs Recommendations

Following the presentation of the health data and the county data and information report community members were then divided into small groups to discuss and identify their top concerns from evaluating the data, survey results, and their experience within the community. The top health concerns identified were as follows:

- Obesity and healthy eating
- Smoking Cessation
- Lack of physician specialists in the community

Community Health Needs Implementation Strategy

Following the August 20, 2013 community meeting, hospital administration and advisory members worked to identify an implementation strategy to address the health priorities. The following lists the priorities along with the steps the hospital and community will take.

- Obesity and healthy eating
 - Mercy Hospital Tishomingo is currently working with the Sisters of Mercy Health System and local health providers to put together a healthy eating educational program that is focused on elementary and middle school students in the community.

- Smoking Cessation
 - Mercy Hospital Tishomingo is currently working with the Sisters of Mercy Health System and local health providers to put together a smoking and tobacco educational program that is focused on elementary and middle school students in the community.
- Lack of physician specialists in the community
 - Mercy Hospital Tishomingo is currently working with the Sisters of Mercy Health System to develop and implement a telemedicine program that would be based at the hospital. In addition, Mercy Hospital is evaluating the feasibility of establishing hospital-based specialty clinics that could provide on-site care in multiple areas.

Community Health Needs Assessment Marketing Plan

Meaningful reports were produced and analyzed during the health needs assessment. All reports are available to the public.

Where to Read or Obtain a Copy of any Report

Mercy Hospital Tishomingo, 1000 S. Byrd St., Tishomingo, OK 73460; PH: (580) 371-2327.

Website of Oklahoma State Office of Rural Health, as follows:

<u>http://www.okruralhealthworks.org/search.asp</u>. Click the down arrow next to "Search by County." Select Johnston County, then click on "Search." Click on the name of any report to read, download, or print.

- 1. "The Economic Impact of the Health Sector on Johnston County"
- 2. "Results of Opinion Survey about the Hospital and Health Sector of Johnston County"
- 3. "Analysis of the Demand for Physicians in Johnston County"
- 4. "Johnston County Data & Information"
- 5. "Johnston County Health Indicators and Outcomes"
- 6. "Summary of Johnston County Health Needs Assessment and Implementation Strategy for Health Needs Priorities"

Mercy Hospital Tishomingo Hospital Services and Community Benefits

Inpatient Services

Acute Beds*

Swing Beds*

Occupational Therapy

Laboratory

Health Information Management - Electronic Health Record

Physical Therapy

Speech Therapy

Radiology - X-ray, CT, Ultrasound

Drug Room

Dietary

Specialist Referral

Outpatient Services

Emergency Department

Home Health Care/Hospice

Laboratory

Radiology X-ray, CT, Ultrasound

Physicals

Medical Counseling

Bilingual Services

Community Activities

Diabetes Workshop

Charitable Care for Uninsured

United Way of South-Central Oklahoma

Oklahoma Blood Institute

Johnston County Health Care Coalition

County Health Fair

Relay for Life

Partner of Johnston County E911

Partner of Johnston County EMS

Sooner Care/Medicaid Enroller

Johnston County Health and Wellness Committee

Chickasaw Festival Parade

Accreditation

Certified by Medicare/Medicaid as Critical Access Hospital.

Hospital Advisory Board 2013

Kristie Cannon

Jason Clary

Joy McDaniel

Dr. Eric Lee Clint Spence

Gary L. Sharum, RN, Hospital Administrator Dr. Eric Lee, Hospital Chief of Staff LaDonna Culp, RN, Hospital Director of Nursing.

The hospital opened in 1960.

*All 25 beds of Mercy Hospital Tishomingo are "swing" beds that may be used in any combination for hospital "acute care" or "skilled nursing care." Acute care means the patient is a bed patient in the hospital because of a serious illness or injury that require frequent monitoring by medical professionals but is expected to be temporary. Under terms of our licensure, after 96 hours, inpatients requiring further acute care must be transferred to a larger hospital. Skilled nursing is care by registered nurses or licensed practical nurses for a patient whose condition does not rise to the level of "acute care" but still needs 24-hour medical or nursing care or rehabilitative services. Skilled nursing stays may extend beyond 96 hours. A skilled nursing patient generally is receiving care either before or after a stay in a larger hospital.

Appendix B Community Meeting Attendees

The following individuals listed below attended one or more of the community meetings.

- 1. Abbey, Kathryn
- 2. Barker, Richard
- 3. Barnes, Shonda
- 4. Black, Serena
- 5. Blackburn, James
- 6. Blackerby, Jerry
- 7. Blevins, Roy
- 8. Brend, Alan
- 9. Brown, David
- 10. Brown, Rhonda
- 11. Cantrell, Karen
- 12. Cecil, Peggy
- 13. Cecil, Sam
- 14. Clark, Carol
- 15. Clary, Rebecca
- 16. Coppedge, Lanette
- 17. Culp, LaDonna
- 18. Davis, Tina
- 19. Dowling, Lisa
- 20. Farmer, Melvin
- 21. Fouse, Juanita
- 22. Greene, Gary
- 23. Hart, Gayla
- 24. Heffington, Seigel Paul
- 25. Hilburn, Sally
- 26. Houser, Carol
- 27. Hummelke, Arlita
- 28. Keith, Laura
- 29. Kellner, George
- 30. Kirby, Scott
- 31. Kirk, Elesia
- 32. Lokey, Tom
- 33. Matheny, Cindy
- 34. Miller, Cindy
- 35. McBride, Joe
- 36. McCarthick, Ginny

- 37. Moore, Rachel
- 38. Morrell, Fran
- 39. Morrell, Rex
- 40. Oxley, Angie
- 41. Peercy, Michael
- 42. Pennypacker, Ted
- 43. Phillips, Carolyn
- 44. Phillips, Jerry
- 45. Pitts, Dianna
- 46. Poe, Debra
- 47. Power, Kenny
- 48. Roan, Betty
- 49. Roan, Paul
- 50. Rowe, Dustin
- 51. Sharum, Gary
- 52. Sharum, Melinda
- 53. Simpson, Frank
- 54. Smith, Christy
- 55. Spence, Clint
- 56. Stacy, Brenda
- 57. Stacy, Roger
- 58. Stewart, Janis
- 59. Sweatt, Jimmie
- 60. Thompson, Mike
- 61. Torrez, Angela
- 62. Upton, Kelcey
- 63. Voss, Daryle
- 64. Walker, Oma Del
- 65. West, Gary
- 66. West, Heather
- 67. Williams, Stanley
- 68. Woodhead, Kelly
- 69. Yates, Jack

Appendix C- Survey Form

Local Health Services Survey Tishomingo - Johnston County



The	e :	zip code of my	y residence	is:			
Has	S	your househol					past 24 months?
	0.00	Yes (Go to Q2)		□ No(S	kip to Q7)	D	Don't know (Skip to Q7)
Atv	w	hich hospital(s) were ser	rvices rece	eived?		
		Mercy Hospita	Control of the Contro				Other (Please specify Hospital and City, then go to Q3)
							at a hospital other than Mercy Hospital Tishomingo
100	7500		Contract of the Contract of th	nember ch	loose that ho		(Please answer then skip to Q7)
100		Physician refe	THE SECURITY OF THE PARTY OF TH	1			
		Closer, more o Insurance reas		location			Availability of specialty care Other (Please list below)
service of the servic	vi w	ce(s) were use Diagnostic im Laboratory Outpatient inf Physician serv Physical, spee satisfied was Satisfied	ed? aging (X-i usion/Sho rices ich or occu your hous	ray, CT, U ts pational ti ehold with Dissa	Itrasound) herapy 1 the service tisfied	s your	at Mercy Hospital Tishomingo, what hospital Hospital inpatient Skilled nursing (swing bed) Emergency room (ER) Other (Please list below) ecceived at Mercy Hospital Tishomingo? Don't know
200	97.5	t type of speci- care?	alist has y	our housel	hold been to	in the	past 24 months and in which city did you receive
Туј	p	e of Specialist	k			City	
D/4	11	the medialists	aguact firm	than tachin	o Johanstan	r urcele	and/or x-rays?
		rie specialist i Yes	1	□ No	g, iauuratury	WOIK	Don't know
If y	re:	s, in which cit	y were the	tests or la	boratory wo	rk perf	ormed?





10.	Where do you see your hospital, Mercy Hospital Tishomingo, five years from now?							
11.	Would you be willing community projects, e		the hospital?	(Committee men	nber, gift shop volunteer, assist with			
	□ Yes	□ No						
12.					your routine health care?			
	☐ Yes (Skip to Q14)	□ No (Go to Q)[3)	Don't know (Sk	ip to Q14)			
13.	If no, then what kind o	of medical provider do	you use for i	coutine care?				
	☐ Tribal Health Cer	nter		Emergency Roo	om/Hospital			
	☐ Income Based He	alth Center		Specialist				
	☐ Mid-Level Clinic ☐ Health Departme	(Nurse Practitioner or nt	r PA) 🗆	Other (Please list	(below)			
14.	Has your household be	een to a primary care (family) docto	or in the <i>Tishomir</i>	ago area?			
	☐ Yes (Go to Q15)	□ No (Skip to	7.0	Don't know (Ski	_			
15.	How satisfied was you	or household with the	quality of ear	e received in the	Tishomingo area?			
10.	☐ Satisfied	□ Dissatisfie	7	Don't know	isnomingo mea:			
16.	Why were you satisfie	d/dissatisfied with the	care receive	d in the <i>Tishomin</i>	go area?			
	Do you think there are ☐ Yes Are you able to get an ☐ Yes	☐ No appointment with you		Don't know re (family) doctor				
	□ Yes	□ No		Don't know				
19.	What concerns you me	ost about health care in	n the <i>Tishomi</i>	ingo area?				
20.	Over the past 12 mont	hs, has your household	d used the ser	vices of the <i>John</i>	ston County Health Department?			
	□ Yes	□ No		Don't know				
21.	Over the past 12 mont	hs, have you participa	ted in a comm	nunity project or	charity event in Johnston County?			
	□ Yes	□ No		Don't know				
22.	Does your family have	a nlan in case of an e	mergeney lik	e a tornado or fir	e?			
	☐ Yes	□ No		Don't know	~			
	L 103	ы по		Don't know	Please mail completed survey to:			
23.	During the past 24 hor	ırs have vou:			Mercy Hospital Tishomingo 1000 S Byrd St			
	Eaten 5 fruits or veget	and the same of th			Tishomingo, OK 73460			
	☐ Yes	□ No	П	Don't know	•			
	Used tobacco products				Or, return to hospital			
	☐ Yes	,. □ No	П	Don't know	administration			
		7.17		2011 t 11110 (F				