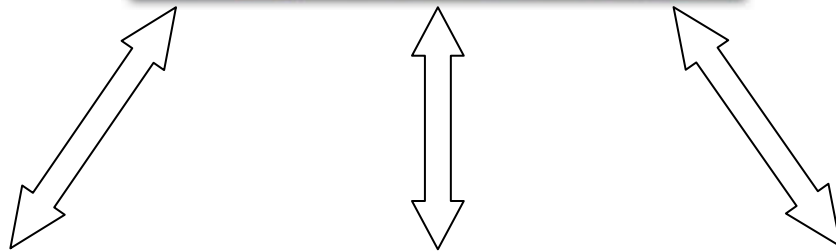


Choctaw Memorial Hospital Medical Service Area Telephone Survey Form and Results



**Oklahoma Office of Rural Health
Center for Rural Health
OSU Center for Health Sciences**

**Oklahoma Cooperative Extension Service
Oklahoma State University**

June 2008

Choctaw Memorial Hospital Medical Service Area Telephone Survey Form and Results

**Community Health Engagement Process documents available online at:
www.okruralhealthworks.org**

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June 2008

**Choctaw Memorial Hospital
Medical Service Area
Telephone Survey Form**

Survey Date: To Be Determined

NOTE TO INTERVIEWER: All questions are optional and respondent may of course choose not to answer. All answers provided on this form are for facilitation purposes only. If an answer does not “fit” into one of the provided answers please take down the exact answer given. Thank you.

Introduction and screener:

Hello. My name is _____ with _____. We are an independent research company and today/this evening, we are conducting a brief survey on the topic of healthcare for the Choctaw Memorial Hospital medical service area. This survey will take approximately 10 minutes of your time. The community is reviewing the health care situation in Choctaw County. It is very important that we include the opinion of you or someone in your household in this brief but important survey. To ensure confidentiality, all responses are completely anonymous.

Qualifier: May I ask, are you over the age of 18?

- Yes
- No (*Ask to speak to someone over the age of 18. TERMINATE if there is no one over the age of 18 in the household*)

1. What is your zip code? (Read list if necessary.)

- 74735, Fort Towson
- 74738, Grant
- 74743, Hugo
- 74756, Sawyer
- 74759, Soper
- 74761, Swink
- Other _____ (**TERMINATE**)

2a. Do you use a family doctor for most of your routine health care?

- Yes (*Skip to Q.3a*)
- No
- (**Do not read**) Don't Know / Refused (*Skip to Q.3a*)

2b. If no, then what kind of medical provider do you use for routine care? (**Record exact response. Probe for clarification. Do not read list.**)

- County Health Department
- Emergency Room/Hospital
- Nurse Practitioner
- Physician Assistant
- Specialist
- Other (**Specify**) _____

3a. Which city do you go to for most of your family’s routine health care needs? **(DO NOT READ LIST)**

- Antlers, OK
- Atoka, OK
- Bonham, TX
- Clarksville, TX
- Durant, OK
- Hugo, OK **(Skip to Q. 4a)**
- Idabel, OK
- Paris, TX
- Valliant, OK
- Other _____
- (Do not read)** Don’t Know / Refused **(Skip to Q.4a)**

3b. Why do you or your family use a doctor outside of Choctaw County for routine health care needs? **(Record exact response. Probe for clarification. Do not read list.)**

- Closer/Convenient Location
- Have used for Years/Personal relationship
- Specialist
- Approved provider for insurance/Health benefits program
- Other **(Specify)** _____
- (Do not read)** Don’t Know / Refused

4a. Have you or someone else in your household been to a doctor in Choctaw County in the past 24 months? **(If yes to Q.4a, ask Q.4b and Q.4c; otherwise, skip to Q.5a)**

- Yes
- No **(Skip to Q.5a)**
- (Do not read)** Don’t Know / Refused **(Skip to Q.5a)**

4b. How satisfied were you or someone in your household with the quality of care received in Choctaw County? Would you say that you were... **(READ LIST)?**

- Satisfied
- Dissatisfied
- (Do not read)** Don’t Know / Refused **(skip to Q.5a)**

4c. Why do you say that? **(RECORD VERBATIM RESPONSES. Probe for clarification.)**

5a. Have you or someone else in your household been to a specialist in the past 24 months?

- Yes
- No **(Skip to Q.6)**
- (Do not read)** Don’t Know / Refused **(Skip to Q.6)**

5b. What type of specialist have you or someone in your household been to and in which city are they located?

Type of Specialist	City

6. How many people live in your household? *(Record response below)*
 _____ *(If respondent is the only person living in household, ask for “you” only in Q.7)*

7. What type of health insurance covers you and your family? *(Read list if needed. ASK FOR “YOU” AND “FAMILY” (if applicable). Can provide more than one response)*

	<u>You</u>	<u>Family</u>
Insurance through Employer/Previous Employer	<input type="checkbox"/>	<input type="checkbox"/>
Self-Paid Insurance Plan	<input type="checkbox"/>	<input type="checkbox"/>
Medicare	<input type="checkbox"/>	<input type="checkbox"/>
Medicare Advantage	<input type="checkbox"/>	<input type="checkbox"/>
Medicare Part D	<input type="checkbox"/>	<input type="checkbox"/>
Medicare Supplement	<input type="checkbox"/>	<input type="checkbox"/>
Medicaid	<input type="checkbox"/>	<input type="checkbox"/>
SoonerCare	<input type="checkbox"/>	<input type="checkbox"/>
Champus/TriCare Program	<input type="checkbox"/>	<input type="checkbox"/>
VA benefits	<input type="checkbox"/>	<input type="checkbox"/>
Preferred Community Choice	<input type="checkbox"/>	<input type="checkbox"/>
Indian Health Services	<input type="checkbox"/>	<input type="checkbox"/>
*Do Not Have Health Insurance	<input type="checkbox"/>	<input type="checkbox"/>
Other _____	<input type="checkbox"/>	<input type="checkbox"/>

8. Have you or someone else in your household used the services of a hospital in the past 24 months?

- Yes
- No *(Skip to Q.14)*
- (Do not read)* Don't know / Refused *(Skip to Q.14)*

9. At which hospital(s) were services received? *(Do not read list unless prompt is needed. Record verbatim responses.)*

- Atoka Memorial Hospital – Atoka, OK
- Choctaw Memorial Hospital – Hugo, OK *(Skip to Q.12)*
- Choctaw Nation Health Care Center – Talihina, OK
- Dallas VA Medical Center – Dallas, TX
- East Texas Medical Center – Clarksville, TX
- Lane Frost Health and Rehabilitation Center – Hugo, OK
- McCurtain Memorial Hospital – Idabel, OK
- Medical Center of Southeastern Oklahoma – Durant, OK
- Northeast Medical Center – Bonham, TX
- Paris Regional Medical Center – Paris, TX
- Presbyterian Hospital of Dallas – Dallas, TX
- Pushmataha Hospital – Antlers, OK
- Sam Rayburn Memorial VA Center – Bonham, TX
- Other (Specify) _____
- (Do not read)* Don't Know / Refused *(Skip to Q.14)*

10. *(If any hospital other than Choctaw Memorial Hospital was indicated in Q.9, ask Q.10, Q.11a, Q.11b, and Q.11c; otherwise, skip to Q.12)* You mentioned that you or someone else in your household received care at a hospital other than Choctaw Memorial Hospital, why did you or your family member choose this/these hospital(s)? *(Do not read list unless prompt is needed. Record verbatim responses.)*

- Better Service
- Closer/convenient location
- Insurance reasons
- Referral/Recommended/Transferred
- Specialty doctor
- Where my doctor works
- Other (Specify) _____
- (Do not read)* Don't Know / Refused

11a. What hospital services were used there? *(Do not read list unless prompt is needed. Record verbatim responses)*

- | | |
|--|--|
| <input type="checkbox"/> Birthing Services | <input type="checkbox"/> Outpatient Surgery |
| <input type="checkbox"/> Bone Density | <input type="checkbox"/> Physical Therapy |
| <input type="checkbox"/> CT Scan (CAT Scan) | <input type="checkbox"/> Radiology |
| <input type="checkbox"/> Dietary Services | <input type="checkbox"/> Respiratory Therapy |
| <input type="checkbox"/> Emergency Room | <input type="checkbox"/> Sleep Study |
| <input type="checkbox"/> Inpatient Stay | <input type="checkbox"/> Specialty Doctor |
| <input type="checkbox"/> Inpatient Surgery | <input type="checkbox"/> Ultrasound |
| <input type="checkbox"/> Laboratory (Blood) Tests | <input type="checkbox"/> X-ray |
| <input type="checkbox"/> Mammogram | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Mental Health/Substance Abuse | <input type="checkbox"/> <i>(Do not read)</i> Don't know / Refused |
| <input type="checkbox"/> MRI | |

11b. How satisfied were you or someone in your household with the services you received at this hospital? Would you say you were... (Read list)

- Satisfied
- Dissatisfied
- (Do not read)** Don't Know / Refused

11c. What could Choctaw Memorial Hospital do to attract your business in the future? **(Do not read list. Record verbatim response.)**

- | | |
|--|--|
| <input type="checkbox"/> Hire more local employees | <input type="checkbox"/> Offer more services |
| <input type="checkbox"/> Improve friendliness of staff | <input type="checkbox"/> Provide more physicians |
| <input type="checkbox"/> Improve quality of physicians | <input type="checkbox"/> Nothing, will not use regardless |
| <input type="checkbox"/> Improve service of administration/staff | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Install better equipment/technology | <input type="checkbox"/> (Do not read) Don't know/Refused |
| <input type="checkbox"/> Offer a cleaner/attractive facility | |

12. **(If Choctaw Memorial Hospital is mentioned in Q.9, ask Q.12, Q.13a and Q.13b; otherwise, skip to Q.14)** What hospital services were used at Choctaw Memorial Hospital? **(Do not read list unless prompt is needed. Record verbatim responses.)**

- | | |
|---|--|
| <input type="checkbox"/> 24 Hour Emergency Care | <input type="checkbox"/> Physical Therapy |
| <input type="checkbox"/> CT Scan | <input type="checkbox"/> Radiology |
| <input type="checkbox"/> Endoscopy | <input type="checkbox"/> Respiratory Services |
| <input type="checkbox"/> General Acute Care | <input type="checkbox"/> Ultrasound |
| <input type="checkbox"/> General Surgery | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> MRI | <input type="checkbox"/> (Do not read) Don't know/Refused |

13a. How satisfied were you or someone in your household with the services you received at Choctaw Memorial Hospital? Would you say you were... (Read list)

- Satisfied
- Dissatisfied
- (Do not read)** Don't Know / Refused **(skip to Q.14)**

13b. Why do you say that? **(RECORD VERBATIM RESPONSES. Probe for clarification)**

14. Have you or your family used emergency room services in the past 24 months?

- Yes
- No **(Skip to Q.20)**
- (Do not read)** Don't know / Refused **(Skip to Q.20)**

15. **(If yes to Q.14 ask; otherwise skip to Q.20)** At which hospital(s) were emergency room services received? **(Use the same list as Q. 9. Do not read list unless prompt is needed. Record verbatim responses.)**

16. *(If a hospital other than Choctaw Memorial Hospital is mentioned in Q.15, ask Q.16 and Q.17; otherwise, skip to Q.18)* You mentioned that you or someone else in your household received emergency room care at a hospital other than Choctaw Memorial Hospital. What type of emergency room services have you or your family used in the past 24 months at this hospital? **(Do not read list unless prompt is needed. Record verbatim responses.)**

- | | |
|--|--|
| <input type="checkbox"/> Cardiac Evaluation/Heart | <input type="checkbox"/> Trauma Care |
| <input type="checkbox"/> Laboratory | <input type="checkbox"/> X-Ray (Radiology) |
| <input type="checkbox"/> Respiratory Therapy/Breathing | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Routine Illness | <input type="checkbox"/> (Do not read) Don't know / Refused |

17. How satisfied were you or someone in your household with the services you received at the emergency room in this hospital? Would you say you were... **(Read List)**

- Satisfied
- Dissatisfied
- (Do not read)** Don't Know / Refused

18. *(If Choctaw Memorial Hospital is mentioned in Q.15, ask Q.18, Q.19a, and Q.19b; otherwise, skip to Q.20)* What type of emergency room services have you or your family used in the past 24 months at Choctaw Memorial Hospital? **(Do not read list unless prompt is needed. Record verbatim responses.)**

- | | |
|---|--|
| <input type="checkbox"/> 24 Hour Emergency Care | <input type="checkbox"/> Ultrasound |
| <input type="checkbox"/> CT Scan | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Radiology | <input type="checkbox"/> (Do not read) Don't know / Refused |
| <input type="checkbox"/> Routine Illness | |

19a. How satisfied were you or someone in your household with the services you received at the emergency room in Choctaw Memorial Hospital? Would you say you were... **(Read List)**

- Satisfied
- Dissatisfied
- (Do not read)** Don't Know / Refused **(skip to Q.20)**

19b. Why do you say that? **(RECORD VERBATIM RESPONSES. Probe for clarification.)**

20. Are you aware that 1¢ of the city sales tax goes into a restricted fund that supports only construction, building improvements, and capital equipment purchases for Choctaw Memorial Hospital, and not operational expenses?

- Yes
- No
- (Do not read)** Don't know / Refused

21. Would you be in favor of the continuation of the 1¢ of the city sales for a restricted fund that supports only construction, building improvements, and capital equipment purchases for Choctaw Memorial Hospital?

- Yes
- No
- (Do not read)** Don't know / Refused

22. What concerns you most about healthcare in your community? **(RECORD VERBATIM RESPONSES)**



The last few questions are for statistical purposes only and like any of the other questions, respondents may choose not to answer.

23. What is your age?

- | | |
|--------------------------------|--|
| <input type="checkbox"/> 18-20 | <input type="checkbox"/> 61-70 |
| <input type="checkbox"/> 21-30 | <input type="checkbox"/> 71-80 |
| <input type="checkbox"/> 31-40 | <input type="checkbox"/> 81+ |
| <input type="checkbox"/> 41-50 | <input type="checkbox"/> (Do not read) Don't know/Refused |
| <input type="checkbox"/> 51-60 | |

24. What is your ethnicity?

- | | |
|---|--|
| <input type="checkbox"/> Caucasian | <input type="checkbox"/> Native American |
| <input type="checkbox"/> Asian | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Hispanic | <input type="checkbox"/> (Do not read) Don't know/Refused |
| <input type="checkbox"/> African American | |

25. What is your annual household income?

- | | |
|---|--|
| <input type="checkbox"/> Less than \$10,000 | <input type="checkbox"/> \$75,000 to \$99,999 |
| <input type="checkbox"/> \$10,000 to \$14,999 | <input type="checkbox"/> \$100,000 to \$149,999 |
| <input type="checkbox"/> \$15,000 to \$24,999 | <input type="checkbox"/> \$150,000 to \$199,999 |
| <input type="checkbox"/> \$25,000 to \$34,999 | <input type="checkbox"/> \$200,000 or more |
| <input type="checkbox"/> \$35,000 to \$49,999 | <input type="checkbox"/> (Do not read) Don't know/Refused |
| <input type="checkbox"/> \$50,000 to \$74,999 | |

26. **INTERVIEWER: RECORD ANSWER BASED ON OBSERVATION ONLY. DO NOT ASK.**

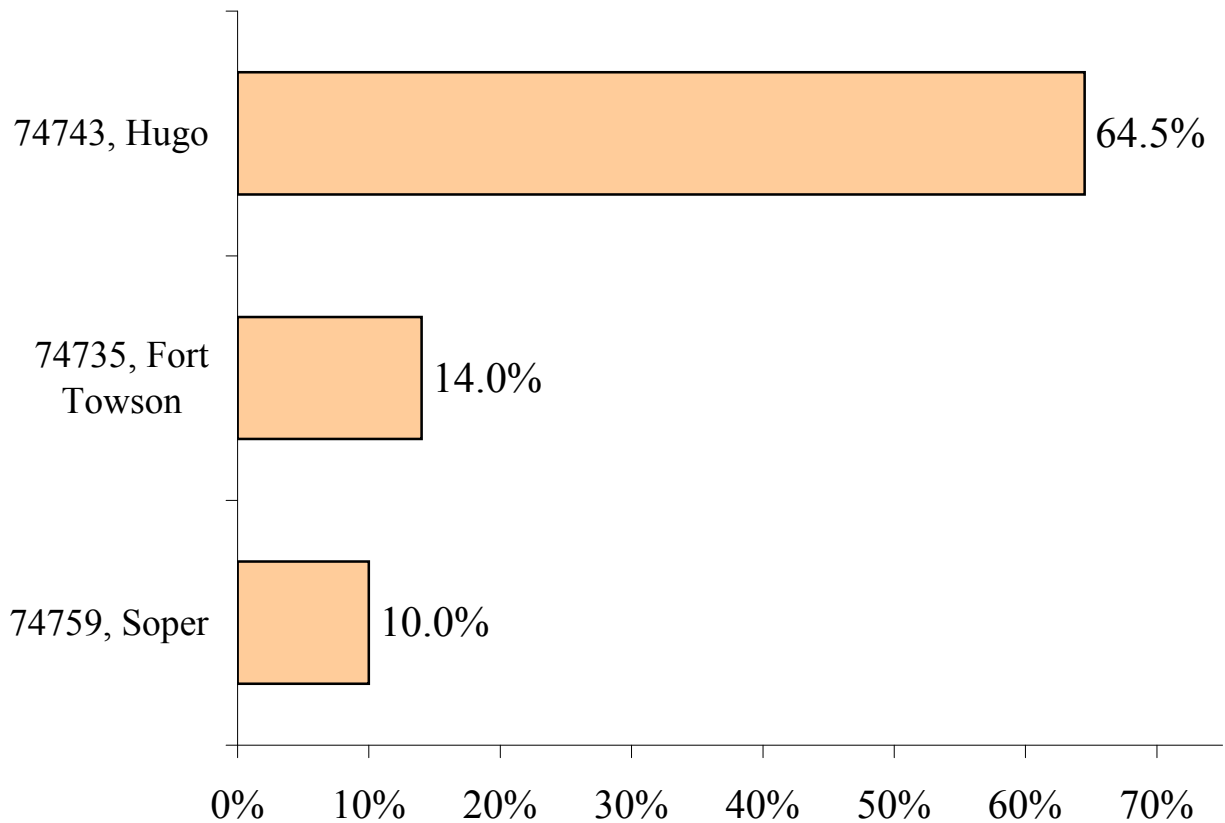
- Male
- Female
- Unknown (Can't Tell)

That completes the survey. Thank you for your time!

**Choctaw Memorial Hospital
Medical Service Area
Telephone Survey Results**

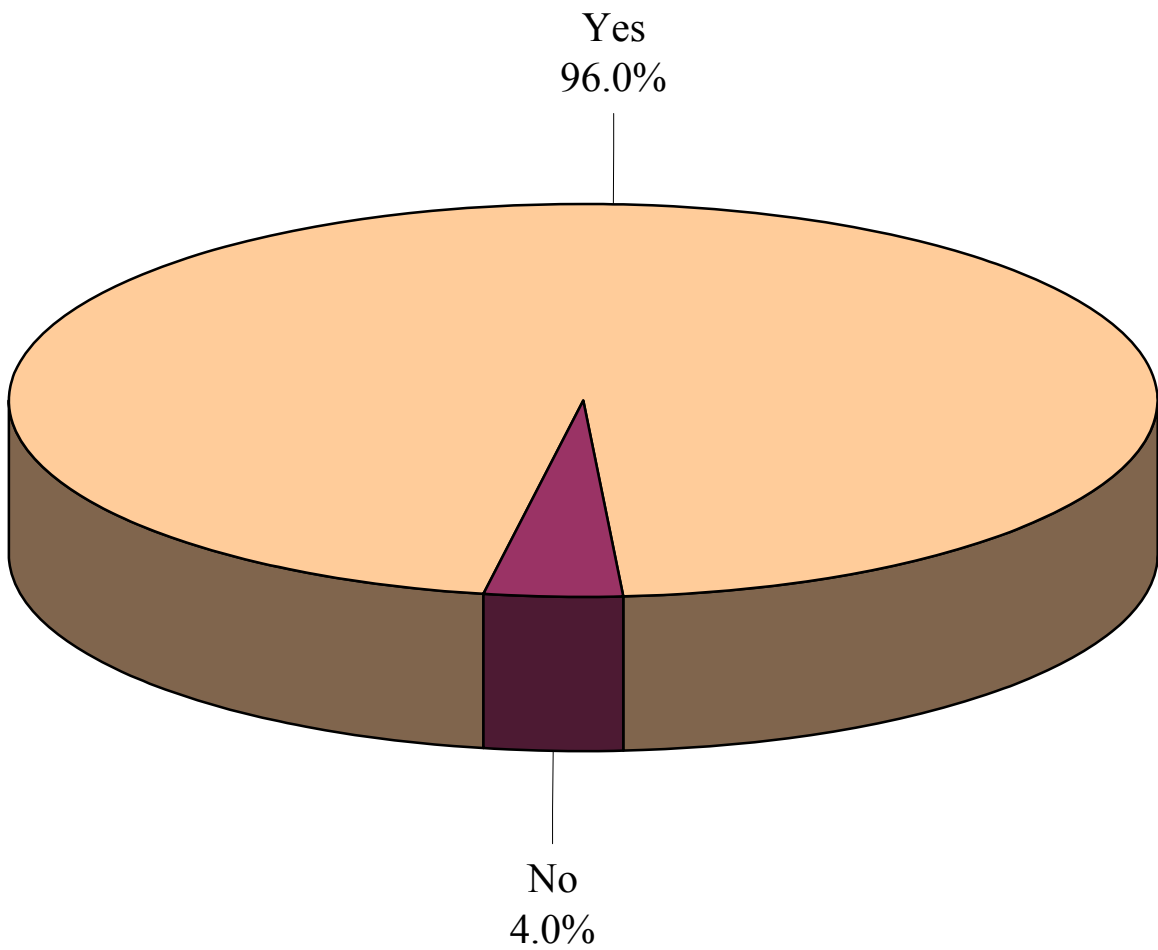
Q1. What is your zip code?

Response Category	No.	Percent
74743, Hugo	129	64.5%
74735, Fort Towson	28	14.0%
74759, Soper	20	10.0%
74756, Sawyer	11	5.5%
74738, Grant	9	4.5%
74761, Swink	3	1.5%
Total	200	100.0%



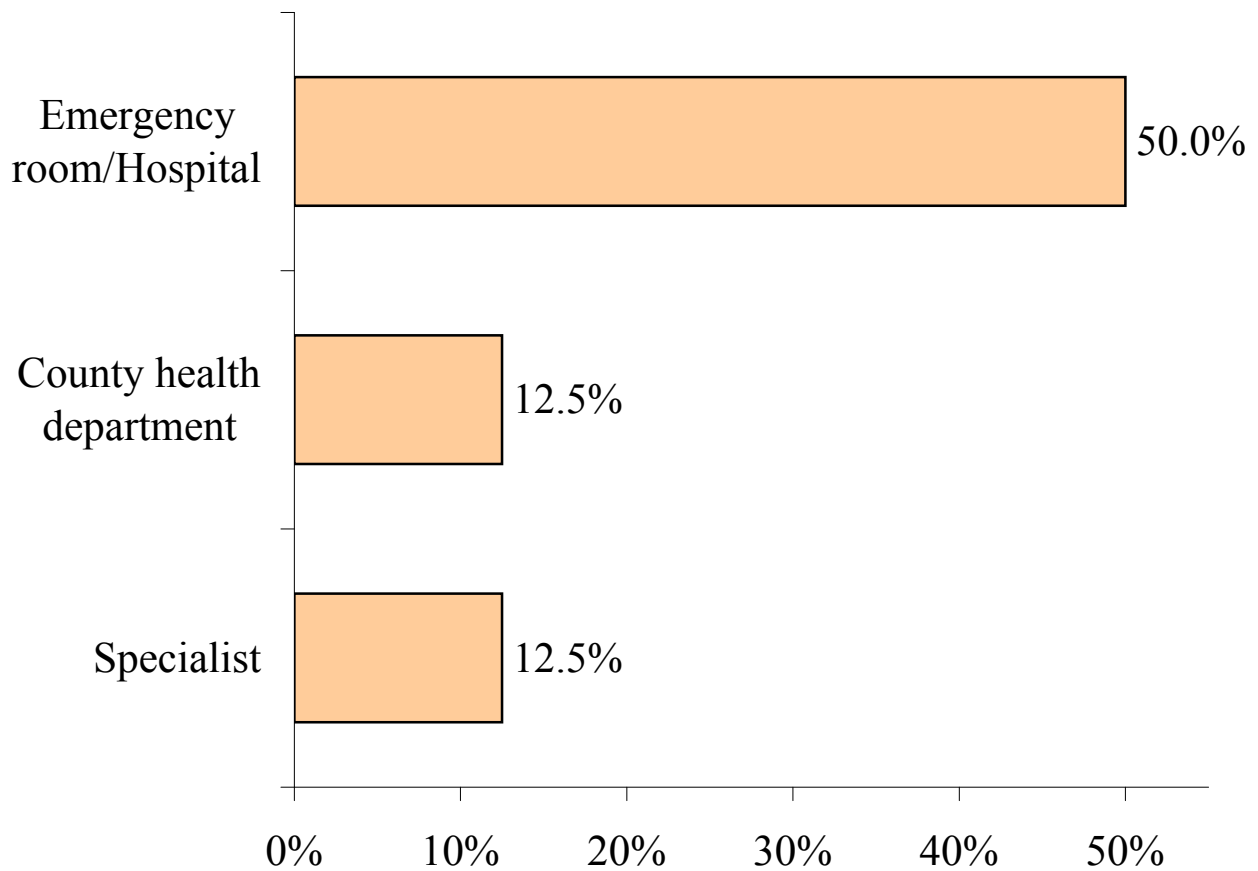
Q2a. Do you use a family doctor for most of your routine health care?

Response Category	No.	Percent
Yes	192	96.0%
No	8	4.0%
Total	200	100.0%



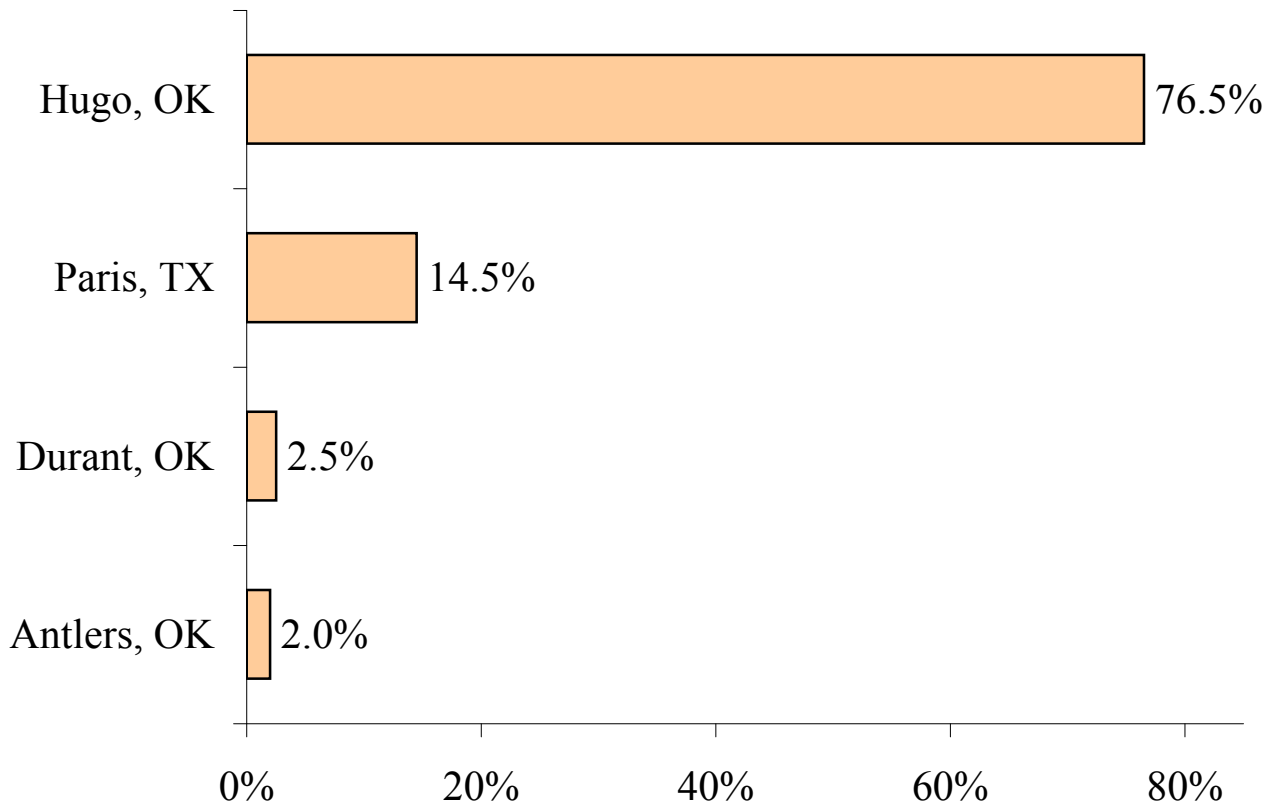
Q2b. If no, then what kind of medical provider do you use for routine care?

Response Category	No.	Percent
Emergency room/Hospital	4	50.0%
County health department	1	12.5%
Specialist	1	12.5%
Don't know/No response	<u>2</u>	<u>25.0%</u>
Total	8	100.0%



Q3a. Which city do you go to for most of your family's routine health care needs?

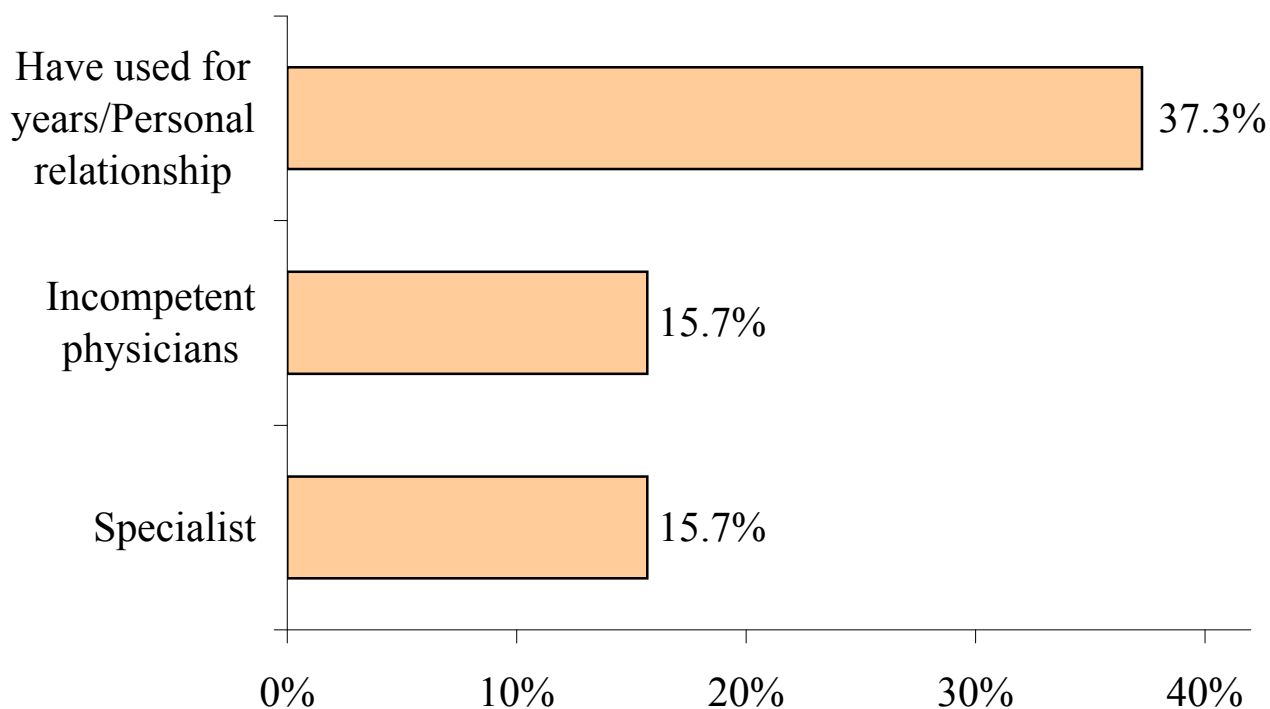
Response Category	County	No.	Percent
Hugo, OK	Choctaw	153	76.5%
Paris, TX	Lamar	29	14.5%
Durant, OK	Bryan	5	2.5%
Antlers, OK	Pushmataha	4	2.0%
Idabel, OK	McCurtain	3	1.5%
Battiest, OK	McCurtain	1	0.5%
McAlester, OK	Pittsburg	1	0.5%
Oklahoma City, OK	Oklahoma	1	0.5%
Bonham, TX	Fannin	1	0.5%
Don't know/No response		2	1.0%
Total		200	100.0%



Q3b. Why do you or your family use a doctor outside of Choctaw County for routine health care needs?

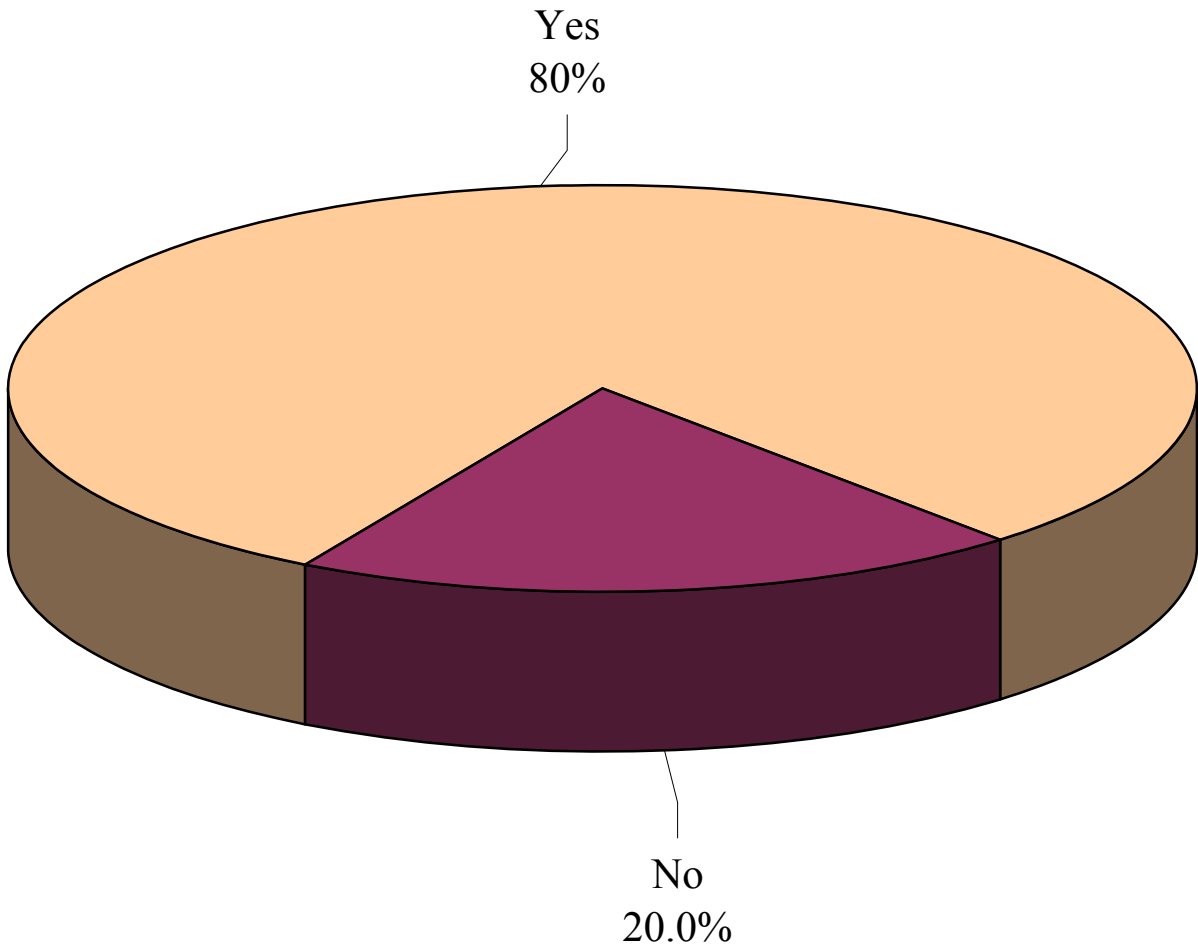
Response Category	No.	Percent
Have used for years/Personal relationship	19	37.3%
Incompetent physicians	8	15.7%
Specialist	8	15.7%
Approved provider for insurance/Health benefits program	4	7.8%
Closer/Convenient location	3	5.9%
Prefer doctors outside Choctaw County	3	5.9%
Better care	2	3.9%
Prefer uncrowded clinic	2	3.9%
Do not want to use Choctaw Memorial Hospital	1	2.0%
Don't know/No response	1	2.0%
Total	51	100.0%

Some respondents answered more than once.



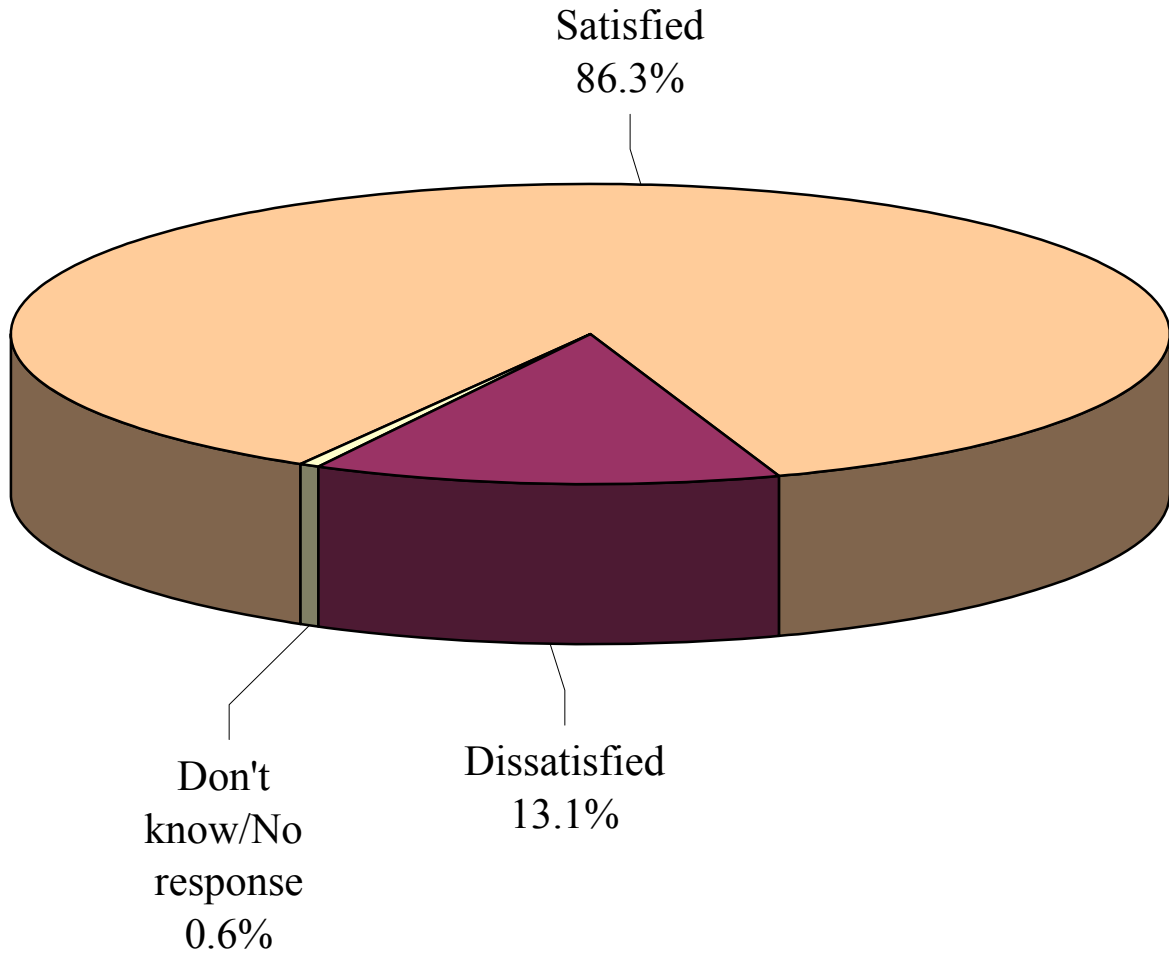
Q4a. Have you or someone else in your household been to a doctor in Choctaw County in the past 24 months?

Response Category	No.	Percent
Yes	160	80.0%
No	<u>40</u>	<u>20.0%</u>
Total	200	100.0%



**Q4b. How satisfied were you or someone in your household
with the quality of care received in Choctaw County?
Would you say that you were...**

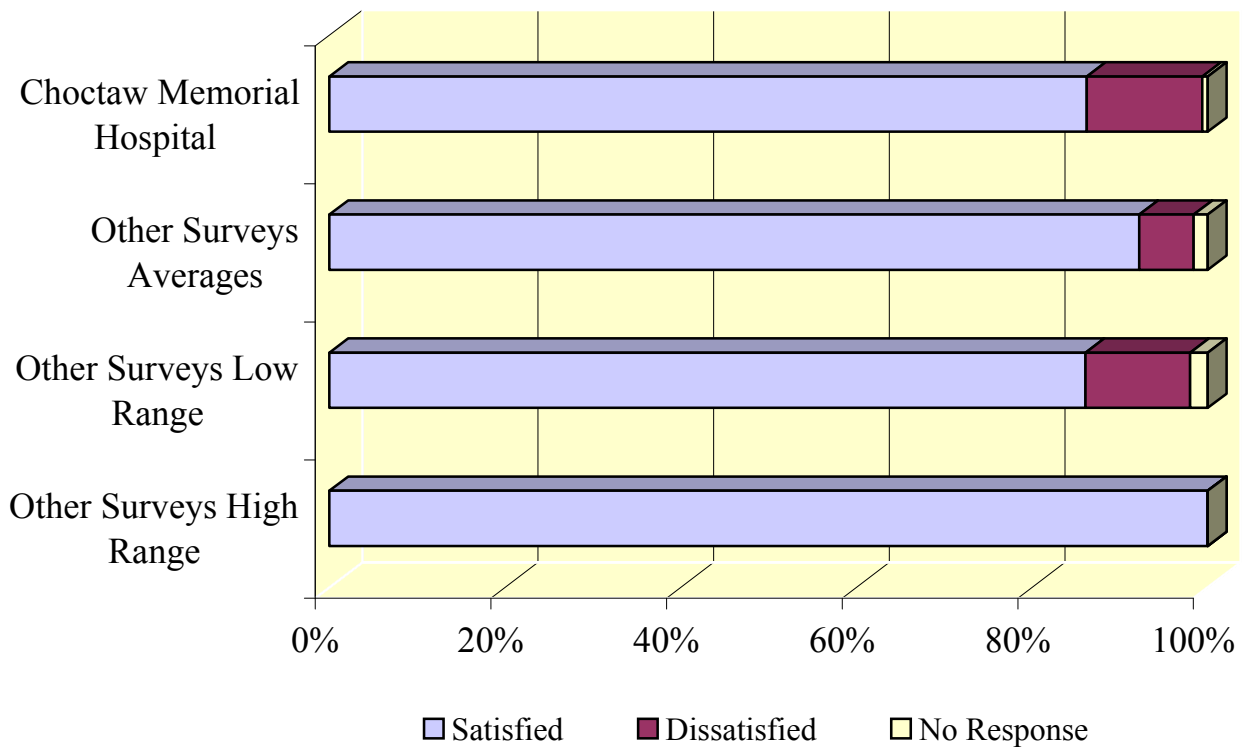
Response Category	No.	Percent
Satisfied	138	86.3%
Dissatisfied	21	13.1%
Don't know/No response	<u>1</u>	<u>0.6%</u>
Total	160	100.0%



Q4b-2. How satisfied were you or someone in your household with the quality of care you received in your County?

Compared to Other Oklahoma Communities

Survey Area	Satisfied	Dissatisfied	No Response
Choctaw Memorial Hospital	86.3%	13.1%	0.6%
Other Surveys Averages	92.2%	6.2%	1.6%
Other Surveys Low Range	86.1%	11.9%	2.0%
Other Surveys High Range	100.0%	0.0%	0.0%



Q4c-1. Why do you say that you are satisfied with the quality of care in Choctaw County?

Response Category	No.	Percent
Satisfied with doctors/physician assistants/nurses	42	30.4%
Established relationship with doctor	25	18.1%
Good treatment/care	18	13.0%
Service was good	13	9.4%
Satisfied, no reason given	12	8.7%
Resolved medical issue(s)	10	7.2%
Easy access	6	4.3%
Knowledgeable	3	2.2%
Satisfied, but concerned about qualified doctors/staff	3	2.2%
Short waiting time	3	2.2%
Satisfied, but concerned about facilities	2	1.4%
Satisfied, but concerned about cost of care	<u>1</u>	<u>0.7%</u>
Total	138	100.0%

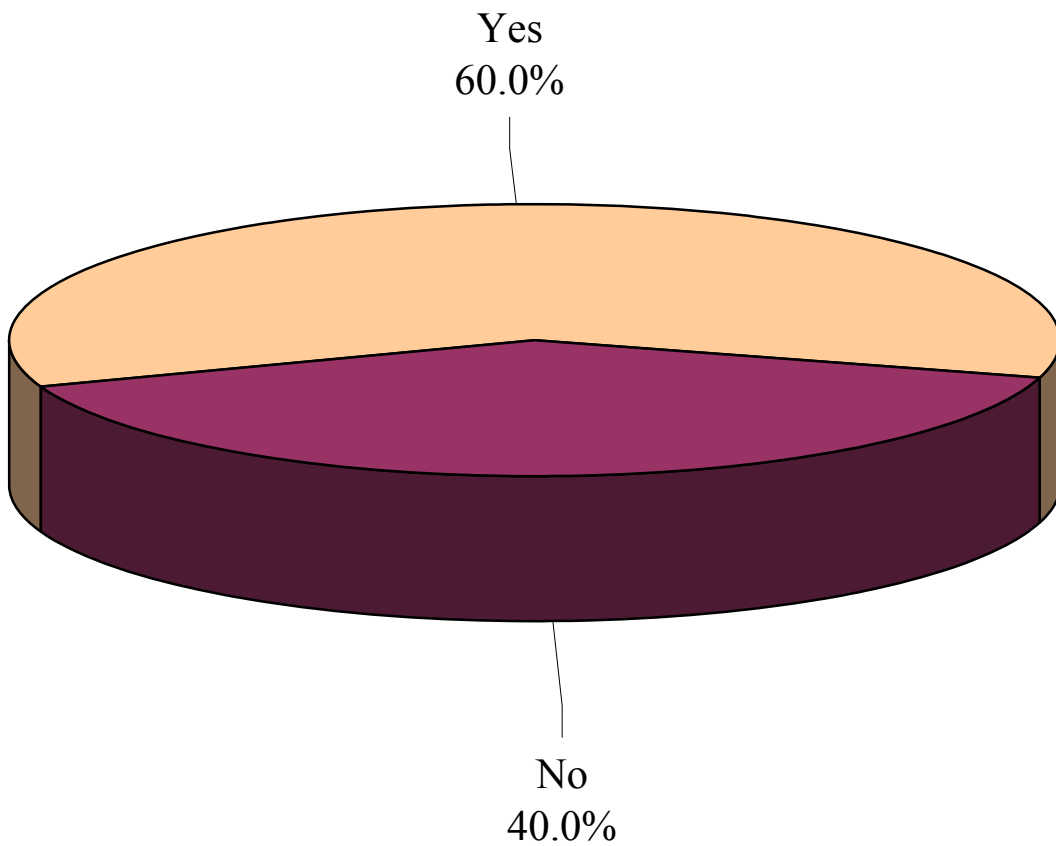
Q4c-2. Why do you say that you are dissatisfied with the quality of care in Choctaw County?

Response Category	No.	Percent
Incompetent/uncaring medical professionals	16	69.6%
Long wait	3	13.0%
Unnecessary tests	3	13.0%
Disparity of skill between doctors	<u>1</u>	<u>4.3%</u>
Total	23	100.0%

Some respondents answered more than once.

**Q5a. Have you or someone else in your household
been to a specialist in the past 24 months?**

Response Category	No.	Percent
Yes	120	60.0%
No	80	40.0%
Total	200	100.0%



Q5b-1. What type of specialist have you or someone in your household been to?

Type of Specialist	No.	Percent
<i>Top 6 Responses</i>		
Cardiologist	38	21.3%
Orthopedist	18	10.1%
Neurologist	13	7.3%
Oncologist	13	7.3%
ENT	11	6.2%
Ophthalmologist	11	6.2%
All others	<u>74</u>	<u>41.6%</u>
Total	<u>178</u>	<u>100.0%</u>

Some respondents answered more than once.

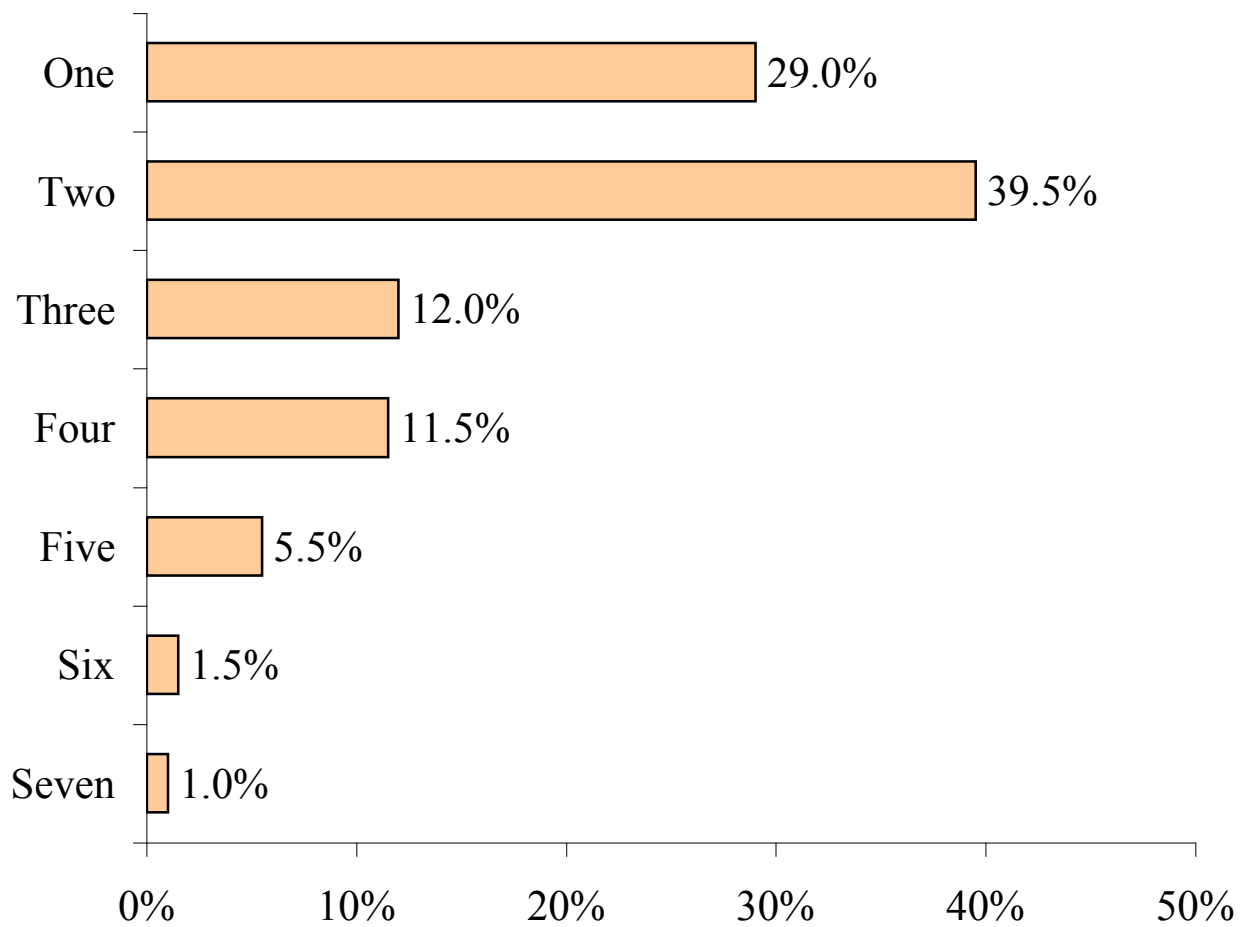
**Q5b-2. What type of specialist have you or someone in your household been to
and in which city are they located?**

Type of Specialist	City	No;	Percent
Cardiologist	Paris, TX (17); Durant (6); Oklahoma City (6); Dallas, TX (4); Hugo (1); Plano, TX (1); Rowlett, TX (1); Sherman, TX (1); Tulsa (1)	38	21.3%
Orthopedist	Paris, TX (13); Tyler, TX (2); Durant (1); McAlester (1); Oklahoma City (1)	18	10.1%
Neurologist	Paris, TX (4); Tulsa (4); Dallas, TX (1); Durant (1); McAlester (1); Oklahoma City (1); None given (1)	13	7.3%
Oncologist	Paris, TX (10); Dallas, TX (1); Oklahoma City (1); Tulsa (1)	13	7.3%
ENT	Paris, TX (6); Oklahoma City (2); Durant (1); Ft. Smith, TX (1); Sherman, TX (1)	11	6.2%
Ophthalmologist	Paris, TX (4); Oklahoma City (3); Durant (2); Dallas, TX (1); Hugo (1)	11	6.2%
OB/GYN	Paris, TX (4); Durant (2); Idabel (1); McAlester (1)	8	4.5%
Pulmonologist	Paris, TX (4); Oklahoma City (3); Victoria, TX (1)	8	4.5%
Surgeon	Paris, TX (4); Dallas, TX (1); Hugo (1); Plano, TX (1)	7	3.9%
Urologist	Paris, TX (5); Oklahoma City (1); Tulsa (1)	7	3.9%
Endocrinologist	Oklahoma City (2); Paris, TX (2); Denison, TX (1); Denton, TX (1)	6	3.4%
Gastroenterologist	Paris, TX (3); Talihina (2); Idabel (1)	6	3.4%
Rheumatologist	Tyler, TX (2); Edmond (1); McAlester (1); Paris, TX (1); Tulsa (1)	6	3.4%
Nephrologist	Paris, TX (2); Dallas, TX (1); Lamar Co, TX (1); Oklahoma City (1)	5	2.8%
Podiatrist	Paris, TX (3); Plano, TX (1)	4	2.2%
Dermatologist	McAlester (1); Paris, TX (1); Stillwater (1)	3	1.7%
Orthopedic Surgeon	Paris, TX (2); McAlester (1)	3	1.7%
Internist	Paris, TX (1); Tulsa (1)	2	1.1%
Pain Management Specialist	Paris, TX (2)	2	1.1%
Allergist	Durant (1)	1	0.6%
Cardiac Surgeon	Plano, TX (1)	1	0.6%
Neurosurgeon	Plano, TX (1)	1	0.6%
Physical Therapist	Hugo (1)	1	0.6%
Psychiatrist	Paris, TX (1)	1	0.6%
Radiologist	Paris, TX (1)	1	0.6%
Retinologist	Sherman, TX (1)	1	0.6%
Total		178	100.0%

Some individuals responded more than once.

Q6. How many people live in your household?

Response Category	No.	Percent
One	58	29.0%
Two	79	39.5%
Three	24	12.0%
Four	23	11.5%
Five	11	5.5%
Six	3	1.5%
Seven	<u>2</u>	<u>1.0%</u>
Total	200	100.0%



Q7a. What type of health insurance covers you?

Response Category	All Categories	Percent	Major Categories	Percent
Insurance through employer/Previous employer	<u>74</u>	<u>23.9%</u>	74	23.9%
<i>All Medicare</i>			126	40.8%
Medicare	68	22.0%		
Medicare Part D	28	9.1%		
Medicare Advantage	19	6.1%		
Medicare supplement	<u>11</u>	<u>3.6%</u>		
Self-paid insurance plan	<u>23</u>	<u>7.4%</u>	23	7.4%
Indian Health Services	<u>20</u>	<u>6.5%</u>	20	6.5%
<i>All Medicaid</i>			32	10.4%
Medicaid	19	6.1%		
SoonerCare	<u>13</u>	<u>4.2%</u>		
VA benefits	<u>6</u>	<u>1.9%</u>	6	1.9%
Champus/TriCare Program	<u>4</u>	<u>1.3%</u>	4	1.3%
Other	<u>24</u>	<u>7.8%</u>	<u>24</u>	<u>7.8%</u>
Total	<u>309</u>	<u>100.0%</u>	<u>309</u>	<u>100.0%</u>

Some respondents answered more than once.

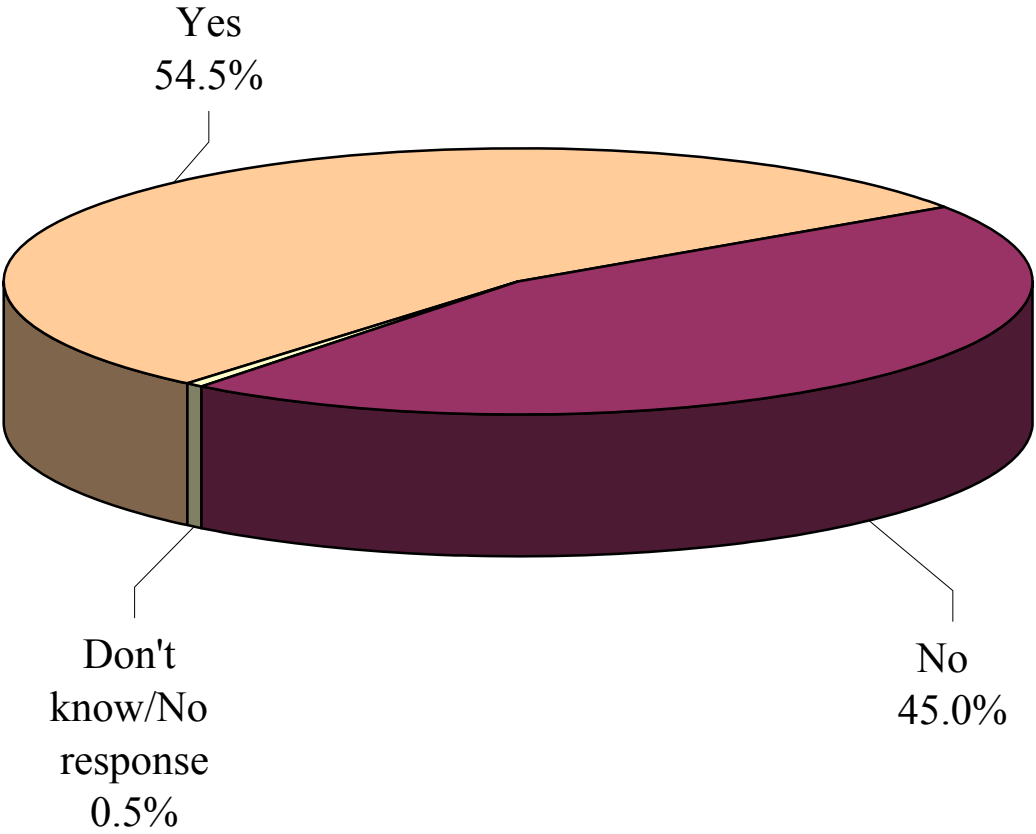
Q7b. What type of health insurance covers your family?

Response Category	All Categories	Percent	Major Categories	Percent
Insurance through employer/Previous employer	<u>52</u>	<u>26.5%</u>	52	26.5%
<i>All Medicare</i>			56	28.6%
Medicare	32	16.3%		
Medicare Part D	9	4.6%		
Medicare Advantage	5	2.6%		
Medicare supplement	<u>10</u>	<u>5.1%</u>		
Self-paid insurance plan	<u>11</u>	<u>5.6%</u>	11	5.6%
Indian Health Services	<u>14</u>	<u>7.1%</u>	14	7.1%
<i>All Medicaid</i>			32	16.3%
Medicaid	8	4.1%		
SoonerCare	<u>24</u>	<u>12.2%</u>		
VA benefits	<u>10</u>	<u>5.1%</u>	10	5.1%
Champus/TriCare Program	<u>3</u>	<u>1.5%</u>	3	1.5%
Other	<u>17</u>	<u>8.7%</u>	17	8.7%
Do not have insurance	<u>1</u>	<u>0.5%</u>	<u>1</u>	<u>0.5%</u>
Total	<u>196</u>	<u>100.0%</u>	<u>196</u>	<u>100.0%</u>

Some respondents answered more than once.

Q8. Have you or someone else in your household used the services of a hospital in the past 24 months?

Response Category	No.	Percent
Yes	109	54.5%
No	90	45.0%
Don't know/No response	<u>1</u>	<u>0.5%</u>
Total	200	100.0%



Q9. At which hospital(s) were services received?

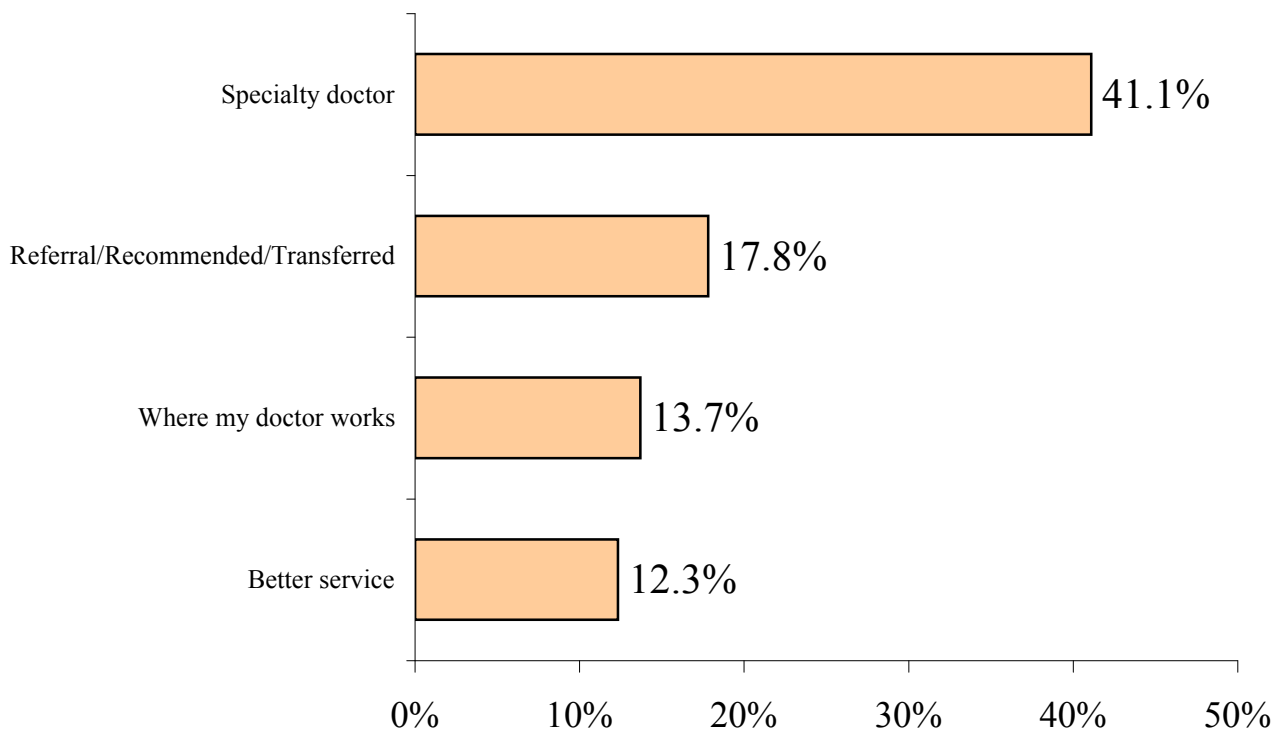
Response Category	Location	No.	Percent
Choctaw Memorial Hospital	Hugo, OK	75	53.2%
Paris Hospitals	Paris, TX	28	19.9%
Dallas Area Hospitals	Dallas, TX	10	7.1%
Choctaw Nation Health Center	Talihina, OK	7	5.0%
Medical Center of Southeastern Oklahoma	Durant, OK	7	5.0%
Oklahoma City Hospitals	Oklahoma City, OK	3	2.1%
McAlester Area Hospitals	McAlester, OK	2	1.4%
Tulsa Area Hospitals	Tulsa, OK	2	1.4%
Tyler Hospitals	Tyler, TX	2	1.4%
Beeville Hospital	Beeville, TX	1	0.7%
Denison Hospital	Denison, TX	1	0.7%
East Texas Medical Center	Clarksville, TX	1	0.7%
Pushmataha Hospital	Antlers, OK	1	0.7%
Veterans Administration Hospital	Muskogee, OK	1	0.7%
Total		141	100.0%

Some respondents answered more than once.

Q10. You mentioned that you or someone else in your household received care at a hospital other than Choctaw Memorial Hospital, why did you or your family member choose this/these hospital(s)?

Response Category	No.	Percent
Specialty doctor	30	41.1%
Referral/Recommended/Transferred	13	17.8%
Where my doctor works	10	13.7%
Better service	9	12.3%
Closer/convenient location	4	5.5%
Insurance reasons	4	5.5%
Better equipment	1	1.4%
Different services	1	1.4%
Other	1	1.4%
Total	73	100.0%

Some respondents answered more than once.



**Q11a. What hospital services were used at a hospital
other than Choctaw Memorial Hospital?**

Response Category	Subcategories	All Categories	Percent
<i>All Diagnostic Imaging</i>		50	24.0%
X-ray (Radiology)	26		
CT Scan	10		
MRI	8		
Ultrasound	5		
Mammogram	1		
Laboratory (Blood) Tests		31	14.9%
Specialty Doctor		28	13.5%
Inpatient Surgery		24	11.5%
Inpatient Stay		20	9.6%
Emergency Room		15	7.2%
Outpatient Surgery		13	6.3%
Dietary Services		7	3.4%
Other		6	2.9%
Birthing Services		3	1.4%
Cardiology		2	1.0%
Physical Therapy		2	1.0%
Respiratory Therapy		2	1.0%
Bone Density		1	0.5%
Kidney Dialysis		1	0.5%
Mental Health/Substance Abuse		1	0.5%
Don't know/No response		<u>2</u>	<u>1.0%</u>
Total		208	100.0%

Some respondents answered more than once.

Q11b. How satisfied were you or someone in your household with the services you received at a hospital other than Choctaw Memorial Hospital? Would you say that you were...

Response Category	No.	Percent
Satisfied	50	87.7%
Dissatisfied	7	12.3%
Total	57	100.0%



**Q11c. What could Choctaw Memorial Hospital do to attract
your business in the future?**

Responses	No.	Percent
Improve quality of physicians	18	22.8%
Provide more physicians	14	17.7%
Improve services of administration/staff	11	13.9%
Install better equipment/technology	8	10.1%
Offer more services	8	10.1%
Improve friendliness of staff	6	7.6%
Nothing, will not use regardless	5	6.3%
Offer a cleaner/attractive facility	3	3.8%
Hire more local employees	2	2.5%
Availability of services	1	1.3%
Need more space	1	1.3%
No changes; already use their services	1	1.3%
Pharmacy needs to keep medicine on hand	<u>1</u>	<u>1.3%</u>
Total	79	100.0%

Some respondents answered more than once.

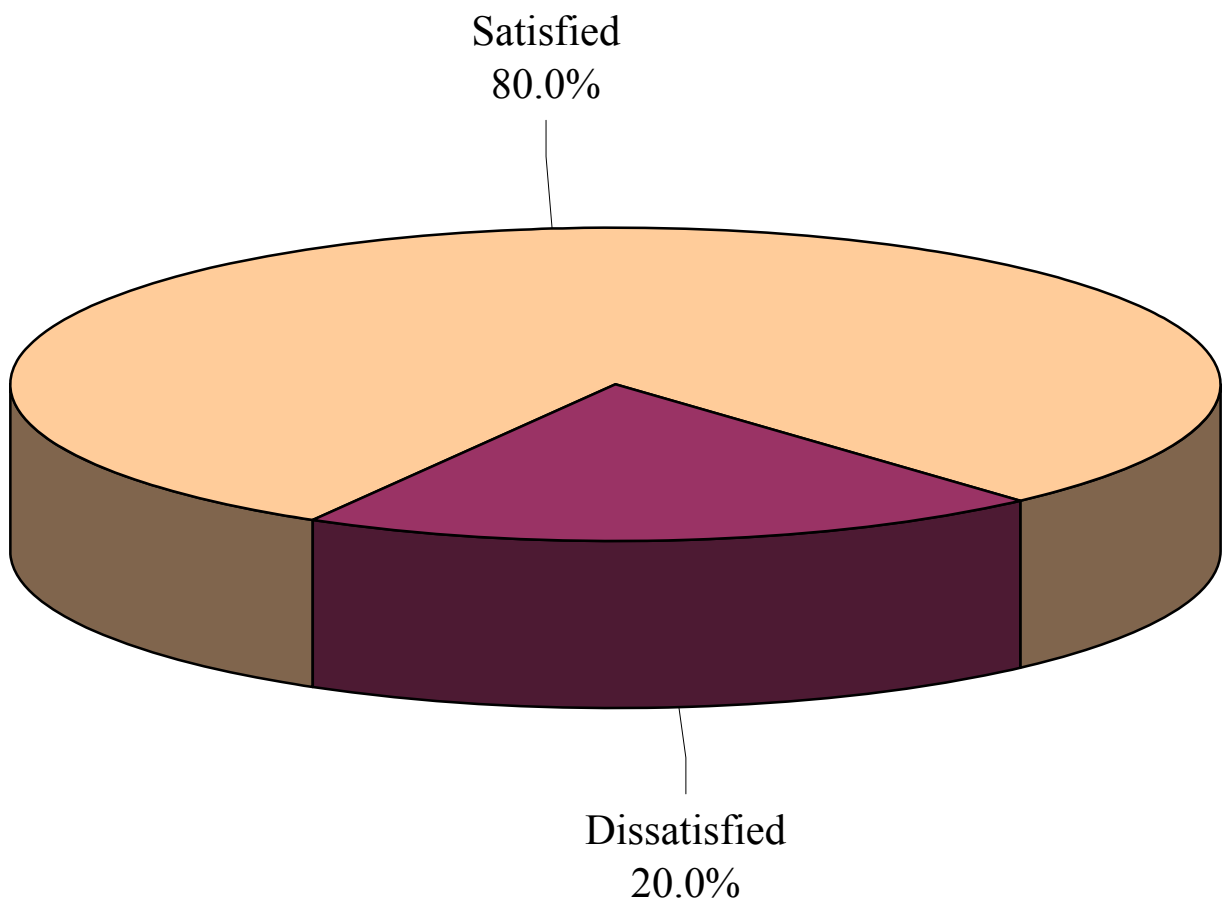
Q12. What hospital services were used at Choctaw Memorial Hospital?

Responses	Subcategories	All Categories	Percent
<i>All Diagnostic Imaging</i>		56	39.4%
Radiology	28		
CT Scan	14		
MRI	9		
Ultrasound	5		
24 Hour emergency care		33	23.2%
General Acute Care		28	19.7%
Respiratory Therapy		11	7.7%
General Surgery		7	4.9%
Endoscopy		5	3.5%
Physical Therapy		1	0.7%
Don't know/No Response		<u>1</u>	<u>0.7%</u>
Total		142	100.0%

Some respondents answered more than once.

Q13a. How satisfied were you or someone in your household with the services you received at Choctaw Memorial Hospital? Would you say you were...

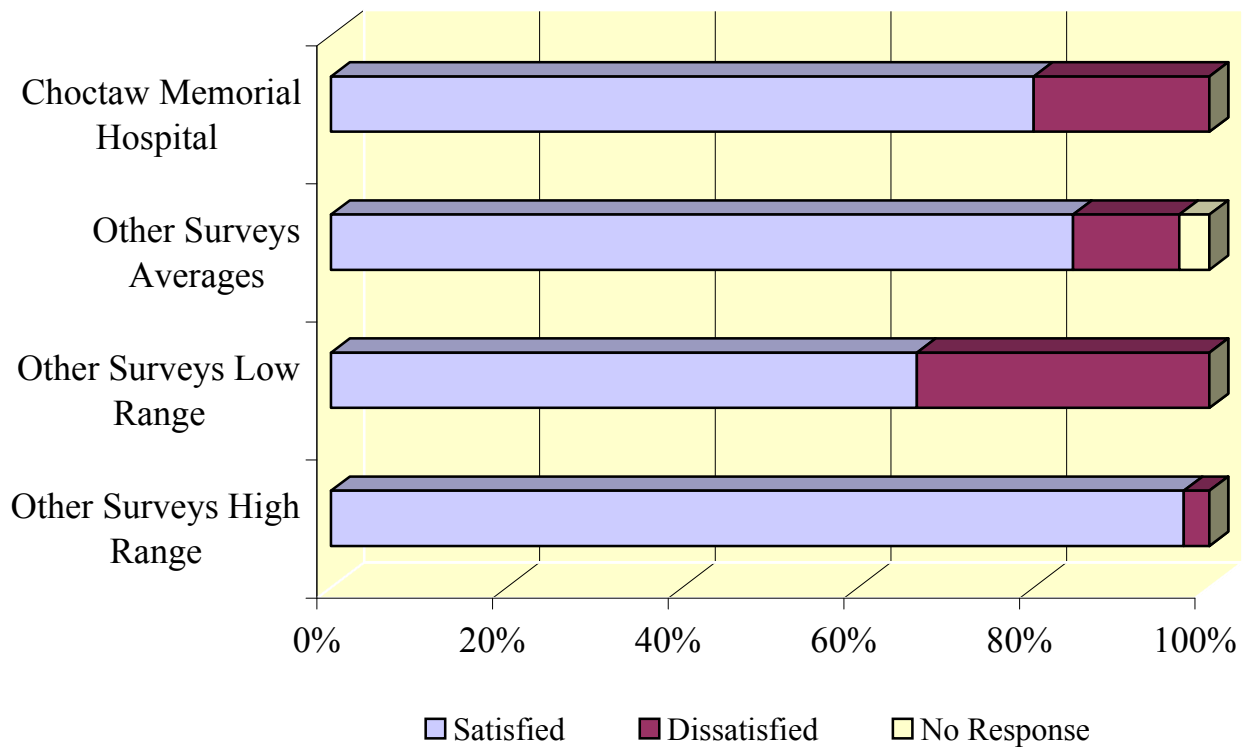
Response Category	No.	Percent
Satisfied	60	80.0%
Dissatisfied	15	20.0%
Total	75	100.0%



Q13a-2. How satisfied were you or someone in your household with the services you received at your local hospital?

Compared to Other Oklahoma Communities

Survey Area	Satisfied	Dissatisfied	No Response
Choctaw Memorial Hospital	80.0%	20.0%	0.0%
Other Surveys Averages	84.5%	12.1%	3.4%
Other Surveys Low Range	66.7%	33.3%	0.0%
Other Surveys High Range	97.1%	2.9%	0.0%



Q13b-1. Why do you say that you are satisfied with the services you received at Choctaw Memorial Hospital?

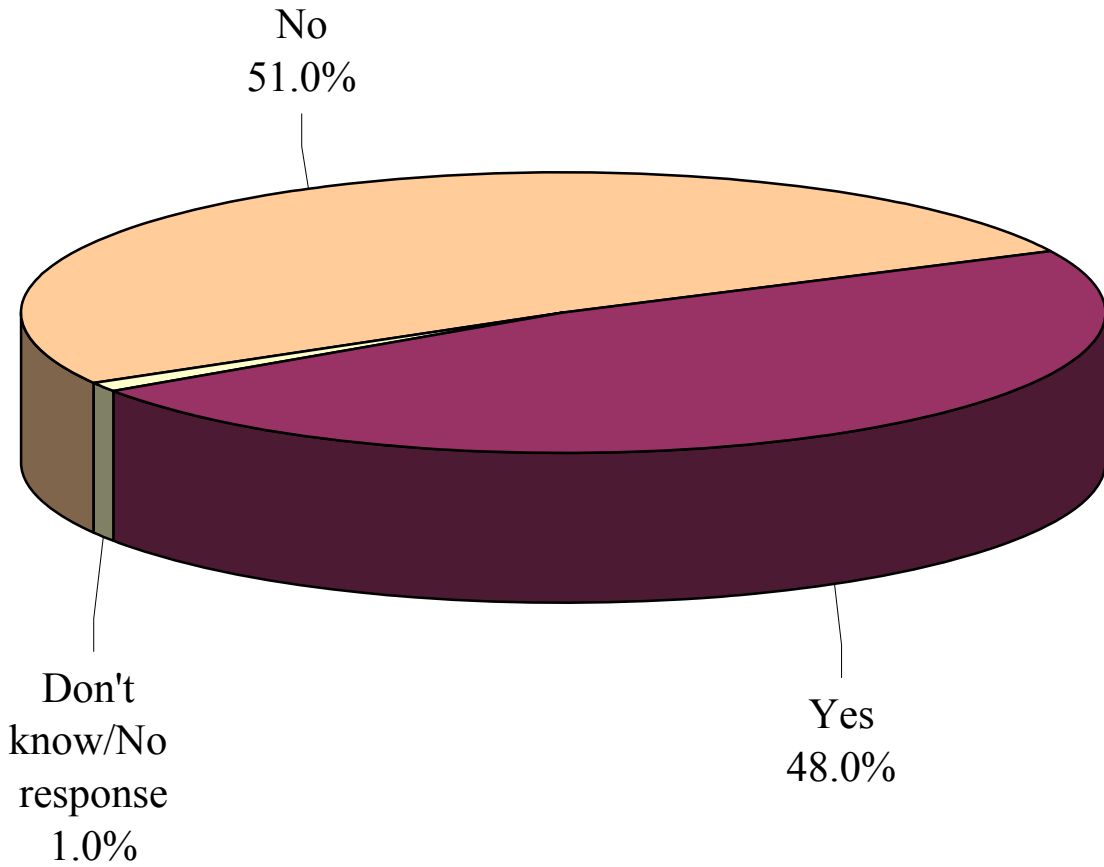
Response	No.	Percent
Good treatment/care	17	28.3%
Satisfied with doctors/physician assistants/nurses	15	25.0%
Resolved medical issue(s)	8	13.3%
Satisfied, no reason given	6	10.0%
Service was good	5	8.3%
Satisfied, but concerned about staff qualifications	4	6.7%
Short waiting time	4	6.7%
Satisfied, because the services were local and personal	1	1.7%
Total	60	100.0%

Q13b-2. Why do you say that you are dissatisfied with the services you received at Choctaw Memorial Hospital?

Response	No.	Percent
Incompetent/uncaring medical professionals	11	73.3%
Long wait	3	20.0%
Disparity of skill between doctors	1	6.7%
Total	15	100.0%

Q14. Have you or your family used emergency room services in the past 24 months?

Response	No.	Percent
No	102	51.0%
Yes	96	48.0%
Don't know/No response	2	1.0%
Total	200	100.0%



Q15. At which hospital(s) were emergency room services received?

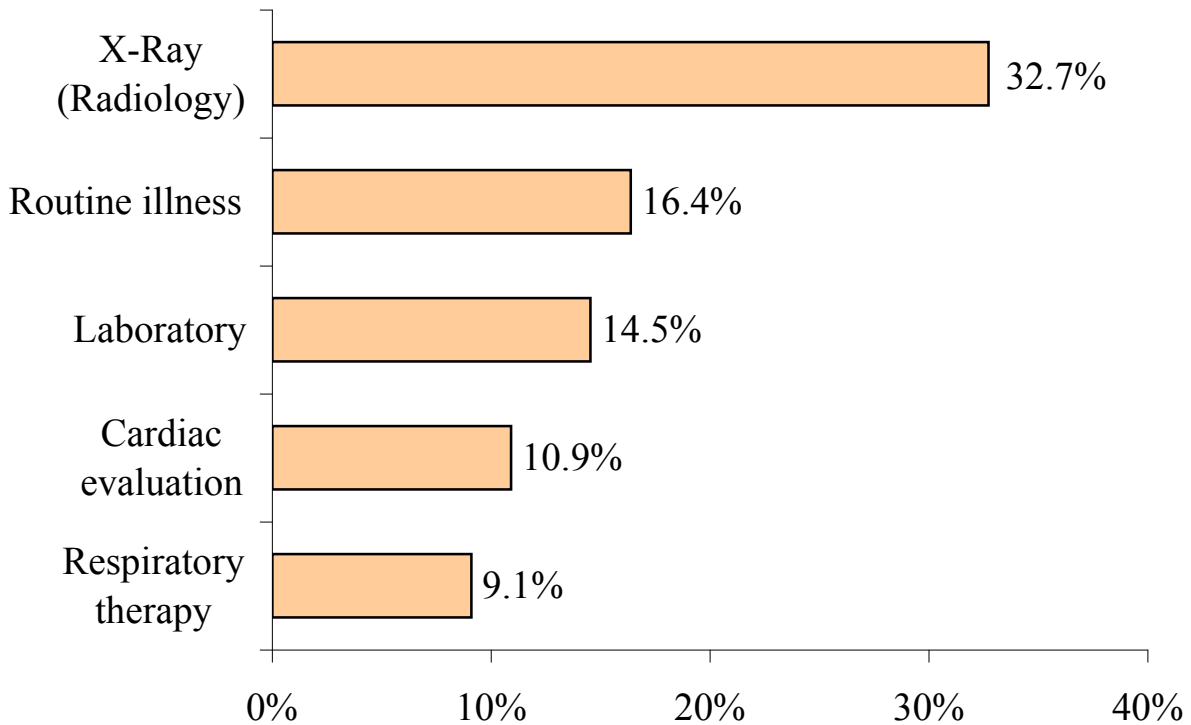
Response Category	Location	No.	Percent
Choctaw Memorial Hospital	Hugo, OK	76	71.0%
Paris Regional Medical Center	Paris, TX	11	10.3%
Choctaw Nation Health Center	Talihina, OK	9	8.4%
Pushmataha Hospital	Antlers, OK	4	3.7%
Medical Center of Southeastern Oklahoma	Durant, OK	2	1.9%
McAlester Regional Health Center	Pittsburg, OK	1	0.9%
McCurtain Memorial Hospital	Idabel, OK	1	0.9%
Oklahoma Area Hospital	Oklahoma City, OK	1	0.9%
St. Joseph's Hospital & Health Center	Paris, TX	1	0.9%
Veterans Administration Hospital	Muskogee, OK	<u>1</u>	<u>0.9%</u>
Total		107	100.0%

Some respondents answered more than once.

Q16. You mentioned that you or someone else in your household received emergency room care at a hospital other than Choctaw Memorial Hospital. What type of emergency room services have you or your family used in the past 24 months at this hospital?

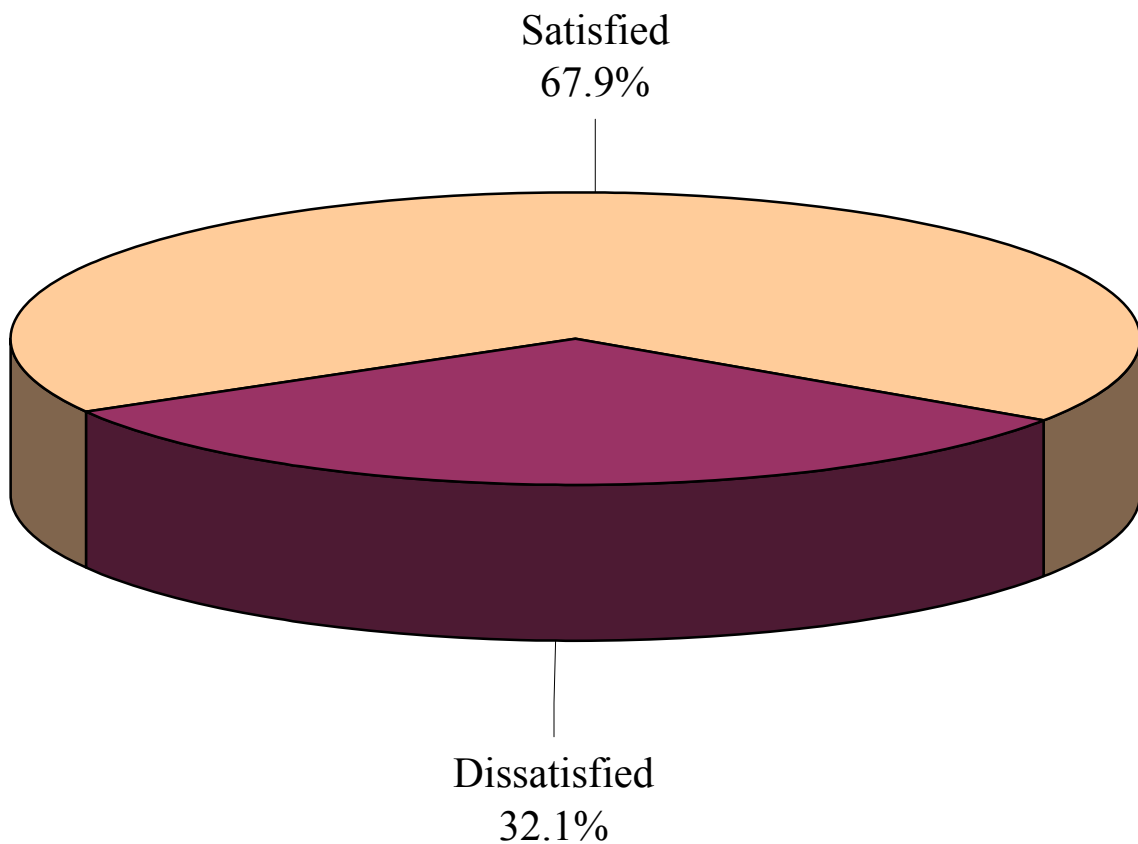
Response Category	No.	Percent
X-Ray (Radiology)	18	32.7%
Routine illness	9	16.4%
Laboratory	8	14.5%
Cardiac evaluation	6	10.9%
Respiratory therapy	5	9.1%
Trauma care	4	7.3%
Surgical procedures	3	5.5%
Child birth	1	1.8%
Don't know/No response	<u>1</u>	<u>1.8%</u>
Total	55	100.0%

Some respondents answered more than once.



**Q17. How satisfied were you or someone in your household with the services you received at the emergency room in a hospital other than Choctaw Memorial Hospital?
Would you say you were...**

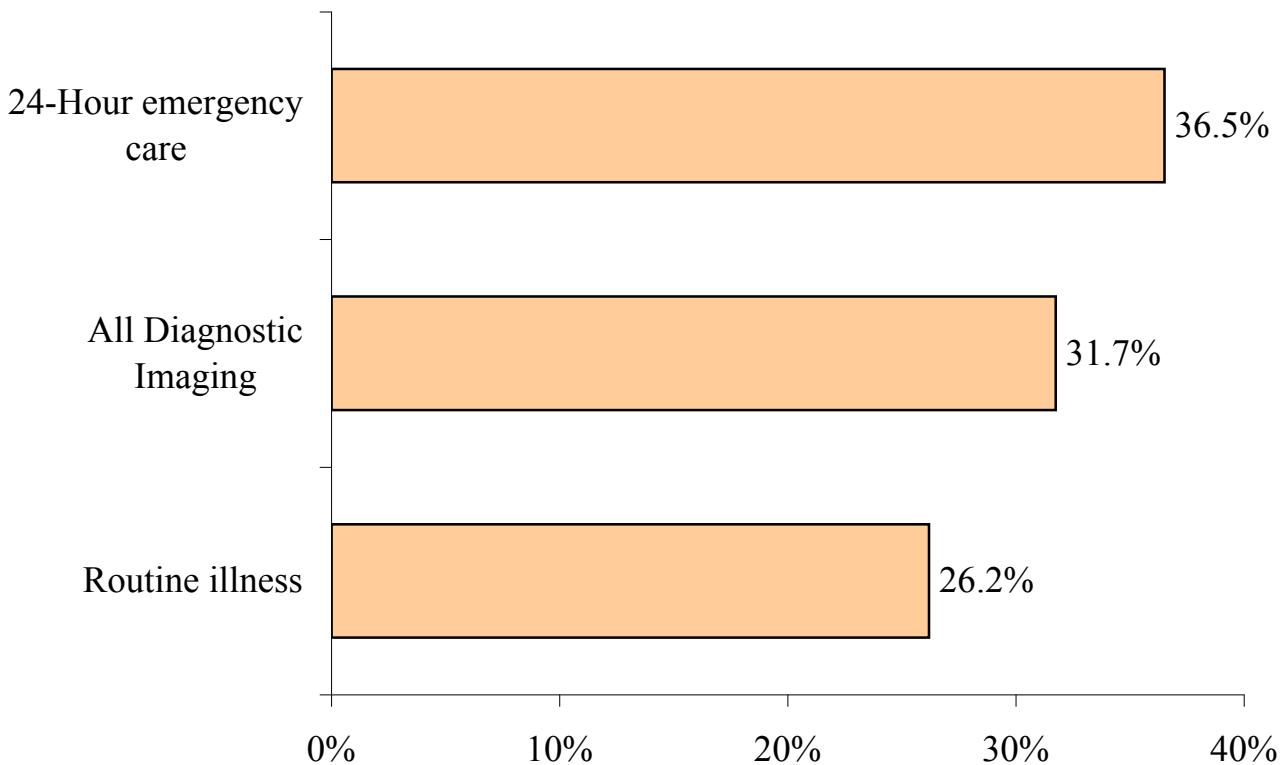
Response	No.	Percent
Satisfied	19	61.3%
Dissatisfied	9	29.0%
Don't know/No response	3	9.7%
Total	31	100.0%



Q18. What type of emergency room services have you or your family used in the past 24 months at Choctaw Memorial Hospital?

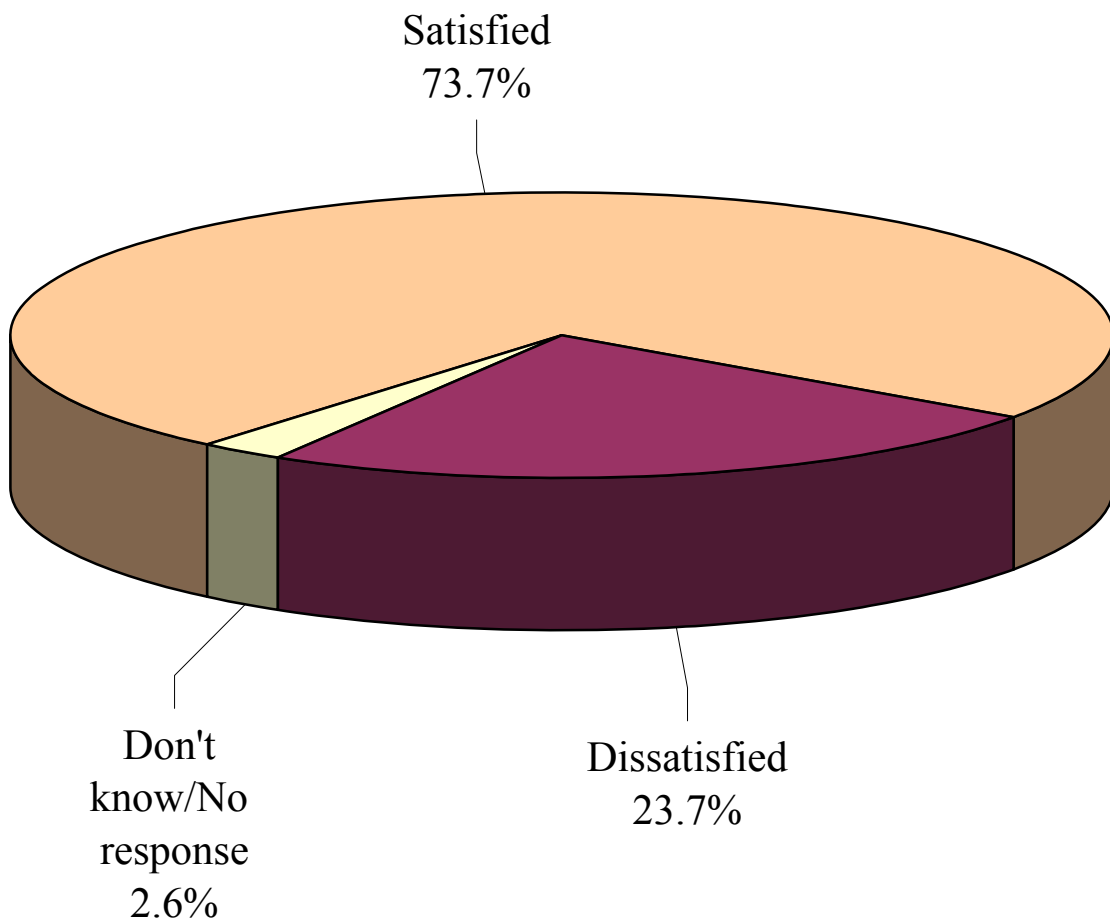
Response Category	Subcategories	All Categories	Percent
24-Hour emergency care		46	36.5%
<i>All Diagnostic Imaging</i>		40	31.7%
Radiology	27		
CT scan	8		
Ultrasound	4		
MRI	1		
Routine illness		33	26.2%
Laboratory		6	4.8%
Don't know/No response		1	0.8%
Total		126	100.0%

Some respondents answered more than once.



**Q19a. How satisfied were you or someone in your household
with the services you received at the emergency room in
Choctaw Memorial Hospital?
Would you say you were...?**

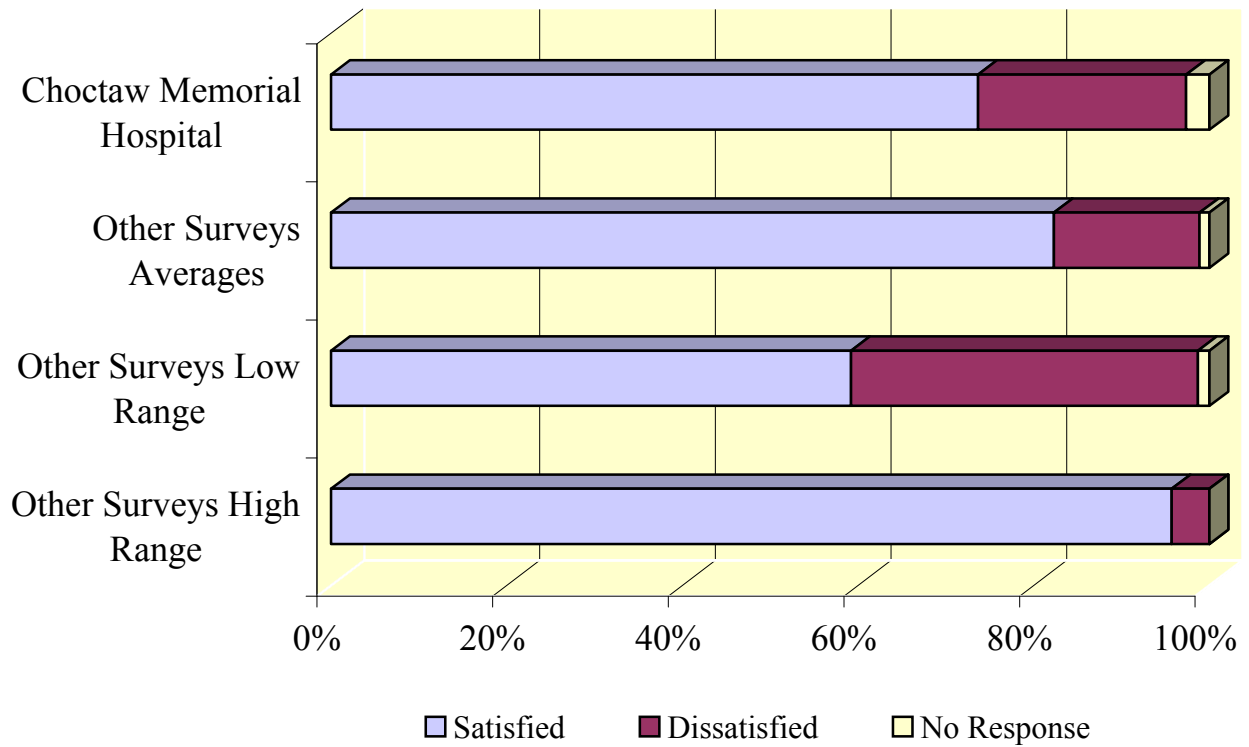
Response Category	No.	Percent
Satisfied	56	73.7%
Dissatisfied	18	23.7%
Don't know/No response	2	2.6%
Total	76	100.0%



Q19a-2. How satisfied were you or someone in your household with the services you received in the emergency room in your local hospital?

Compared to Other Oklahoma Communities

Survey Area	Satisfied	Dissatisfied	No Response
Choctaw Memorial Hospital	73.7%	23.7%	2.6%
Other Surveys Averages	82.3%	16.6%	1.1%
Other Surveys Low Range	59.2%	39.5%	1.3%
Other Surveys High Range	95.7%	4.3%	0.0%



Q19b-1. Why do you say that you were satisfied with the emergency room services you received in Choctaw Memorial Hospital?

Response Category	No.	Percent
Good treatment/care	12	20.0%
Short waiting time	12	20.0%
Satisfied with doctors/physician assistants/nurses	9	15.0%
Satisfied, no reason given	7	11.7%
Knowledgeable	6	10.0%
Service was good	5	8.3%
Resolved medical issue(s)	3	5.0%
Satisfied, but thought doctor took too long	3	5.0%
Satisfied, but concerned about staff qualifications	<u>3</u>	<u>5.0%</u>
Total	60	100.0%

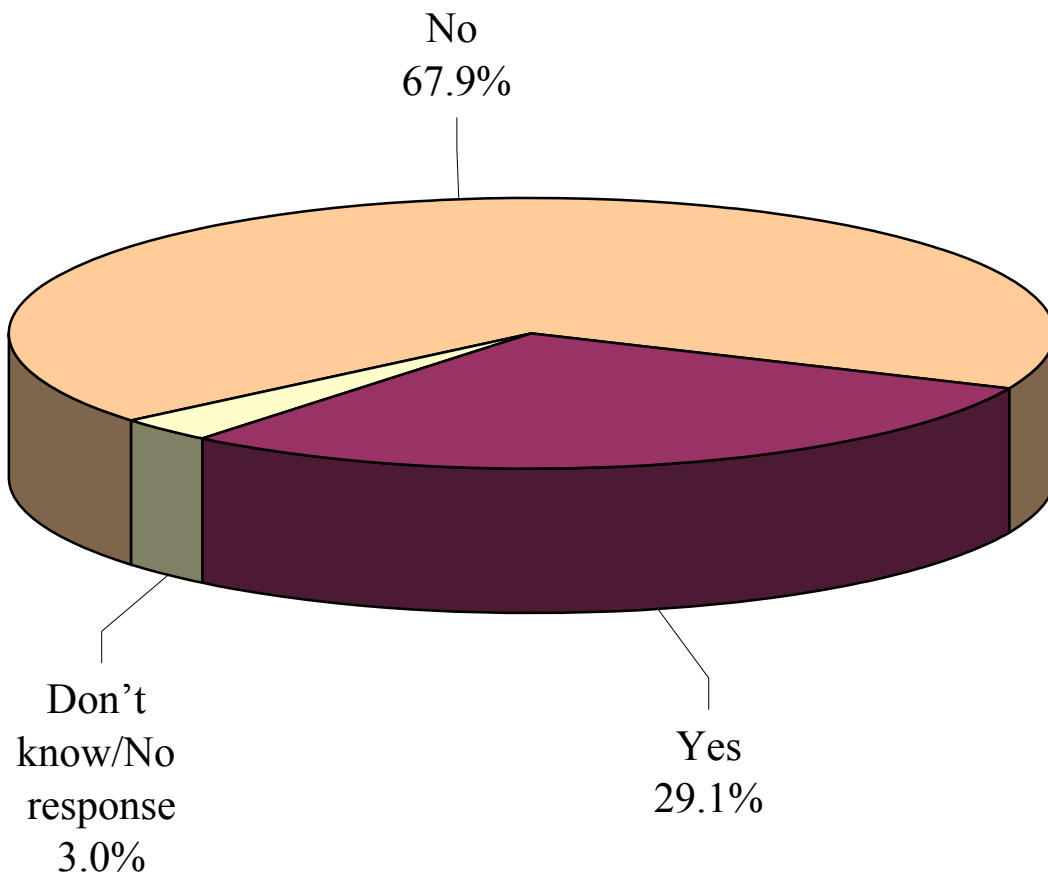
Some respondents answered more than once.

Q19b-2. Why do you say that you were dissatisfied with the emergency room services you received in Choctaw Memorial Hospital?

Response Category	No.	Percent
Incompetent doctors	11	61.1%
Long wait	5	27.8%
Unprofessional doctors	<u>2</u>	<u>11.1%</u>
Total	18	100.0%

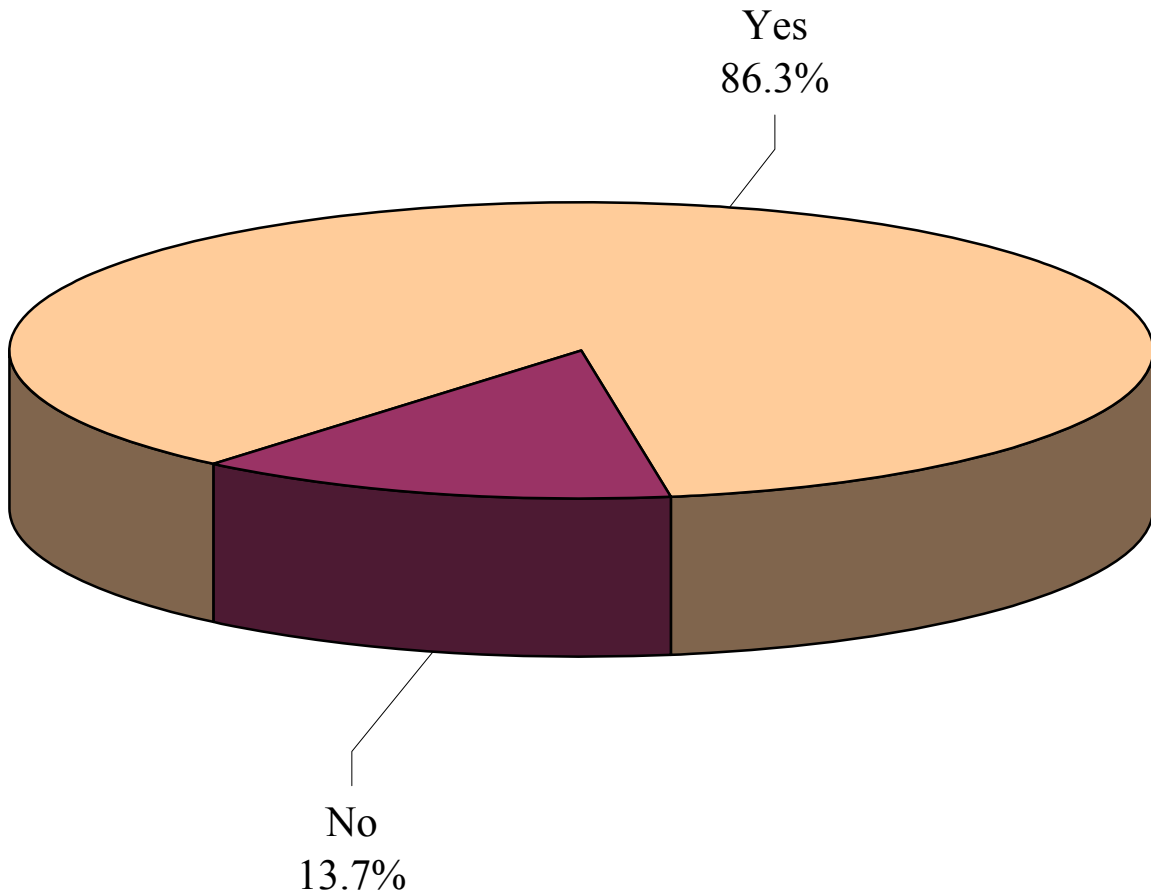
Q20. Are you aware that 1¢ of the city sales tax goes into a restricted fund that supports only construction, building improvements, and capital equipment purchases for Choctaw Memorial Hospital, and not operational expenses?

Response Category	No.	Percent
No	91	67.9%
Yes	39	29.1%
Don't know/No response	4	3.0%
Total	134	100.0%



Q21. Would you be in favor of the continuation of the 1¢ of the city sales tax going into a restricted fund that supports only construction, building improvements, and capital equipment purchases for Choctaw Memorial Hospital?

Response Category	No.	Percent
Yes	101	75.4%
No	16	11.9%
Don't know/No response	17	12.7%
Total	134	100.0%



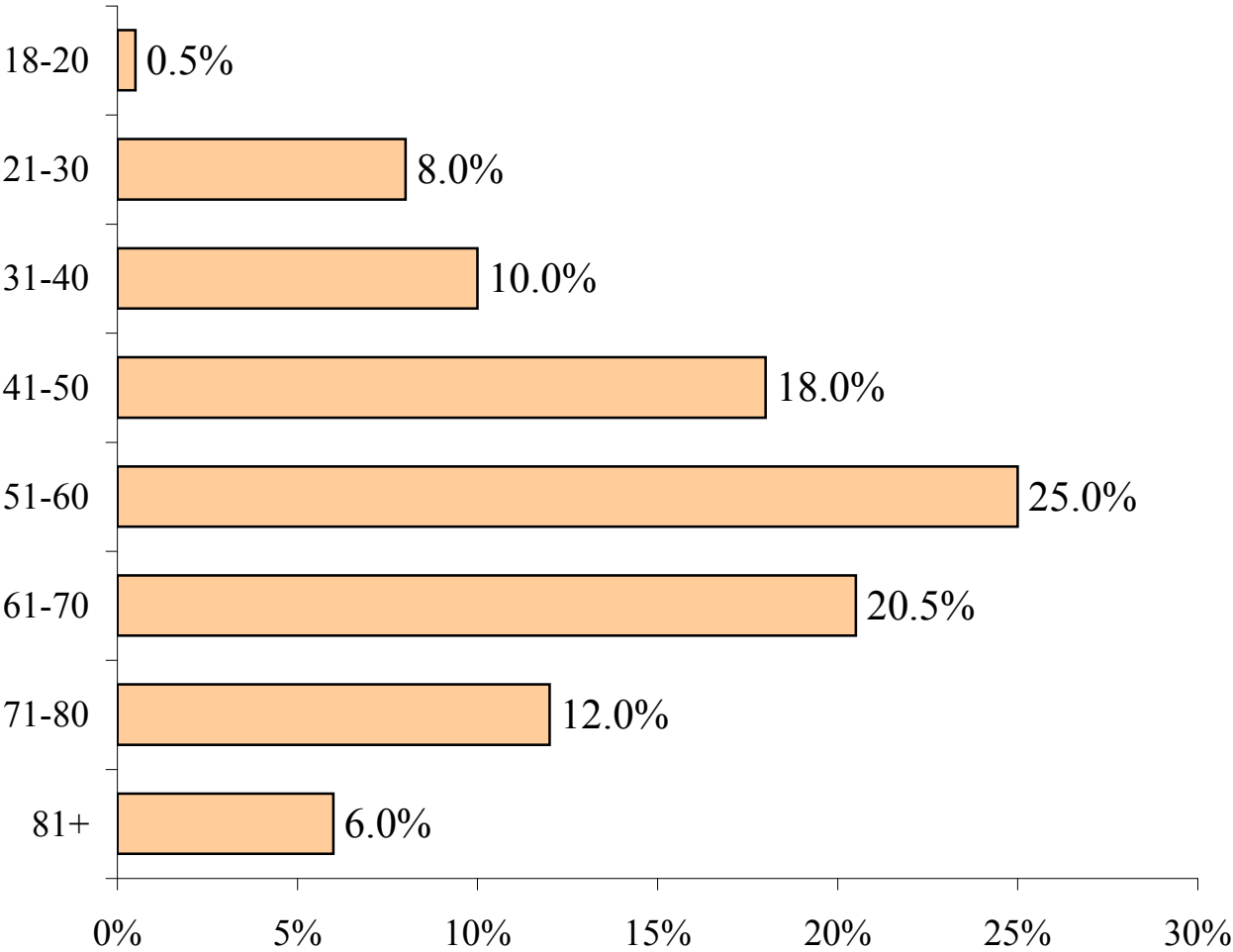
Q22. What concerns you most about health care in your community?

Response Category	No.	Percent
No concerns/complaints	30	14.8%
High cost of care	27	13.3%
Availability of specialists	26	12.8%
Physician competence/education	21	10.3%
Quality of services	17	8.4%
Uninsured populations	16	7.9%
New doctors/younger doctors/more doctors	12	5.9%
Acquiring newer medical technology/facilities	7	3.4%
Physician availability	7	3.4%
Getting past a bad health care reputation	6	3.0%
Availability of health care facilities/providers	5	2.5%
Ambulance response time/emergency care	4	2.0%
Distance to health facilities	2	1.0%
Aging populations	1	0.5%
Health care transportation for elderly	1	0.5%
Home health care availability	1	0.5%
Managed care dictating decision-making	1	0.5%
Physician longevity and stability	1	0.5%
Don't know/No response	<u>18</u>	<u>8.9%</u>
Total	203	100.0%

Some respondents answered more than once.

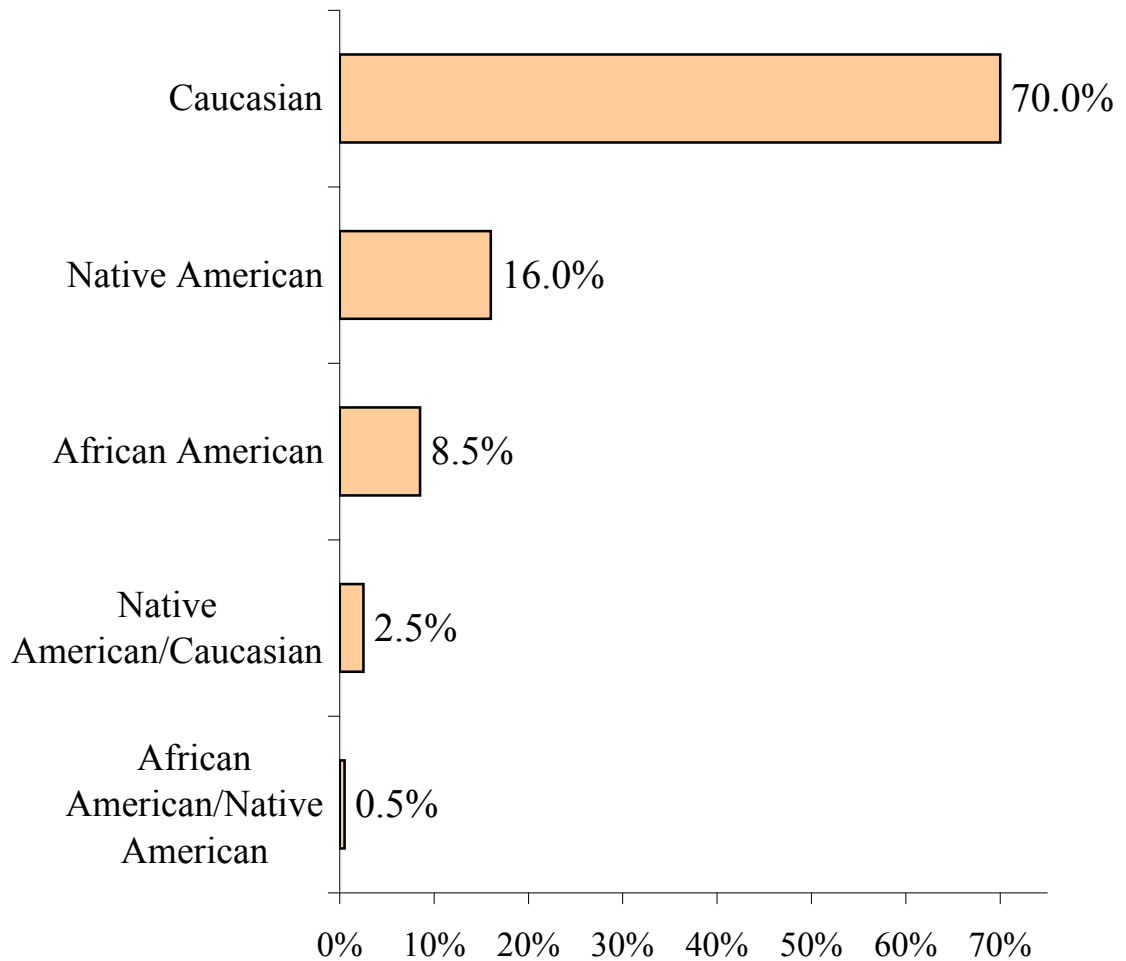
Q23. What is your age?

Response Category	No.	Percent
18-20	1	0.5%
21-30	16	8.0%
31-40	20	10.0%
41-50	36	18.0%
51-60	50	25.0%
61-70	41	20.5%
71-80	24	12.0%
81+	12	6.0%
Total	200	100.0%



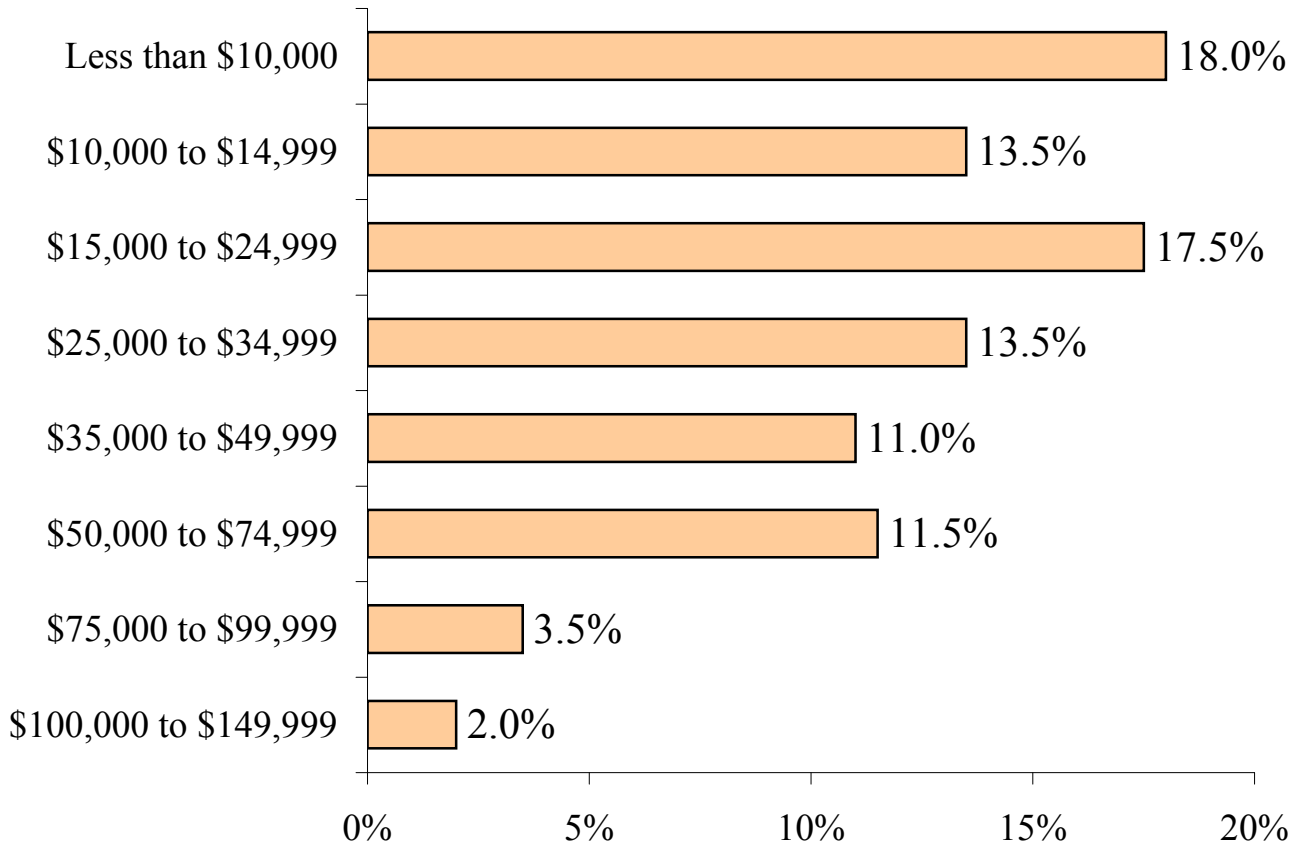
Q24. What is your ethnicity?

Response Category	No.	Percent
Caucasian	140	70.0%
Native American	32	16.0%
African American	17	8.5%
Native American/Caucasian	5	2.5%
African American/Native American	1	0.5%
Asian	1	0.5%
Asian/Caucasian	1	0.5%
Hispanic	1	0.5%
Don't know/Refused	2	1.0%
Total	200	100.0%



Q25. What is your annual household income?

Response Category	No.	Percent
Less than \$10,000	36	18.0%
\$10,000 to \$14,999	27	13.5%
\$15,000 to \$24,999	35	17.5%
\$25,000 to \$34,999	27	13.5%
\$35,000 to \$49,999	22	11.0%
\$50,000 to \$74,999	23	11.5%
\$75,000 to \$99,999	7	3.5%
\$100,000 to \$149,999	4	2.0%
\$150,000 to \$199,999	0	0.0%
\$200,000 or more	2	1.0%
Don't know/No Response	17	8.5%
Total	200	100.0%



Q26. What is your gender?

Response Category	No.	Percent
Female	149	74.5%
Male	51	25.5%
Total	200	100.0%

