Kingfisher Regional Hospital 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 need[1]

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]

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[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 Kingfisher Regional Hospital in 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.

Kingfisher Regional Hospital Medical Services Area Demographics

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

Figure 1. Kingfisher Regional Hospital Medical Service Areas

Legend
- Primary Medical Service Area
- Secondary Medical Service Area
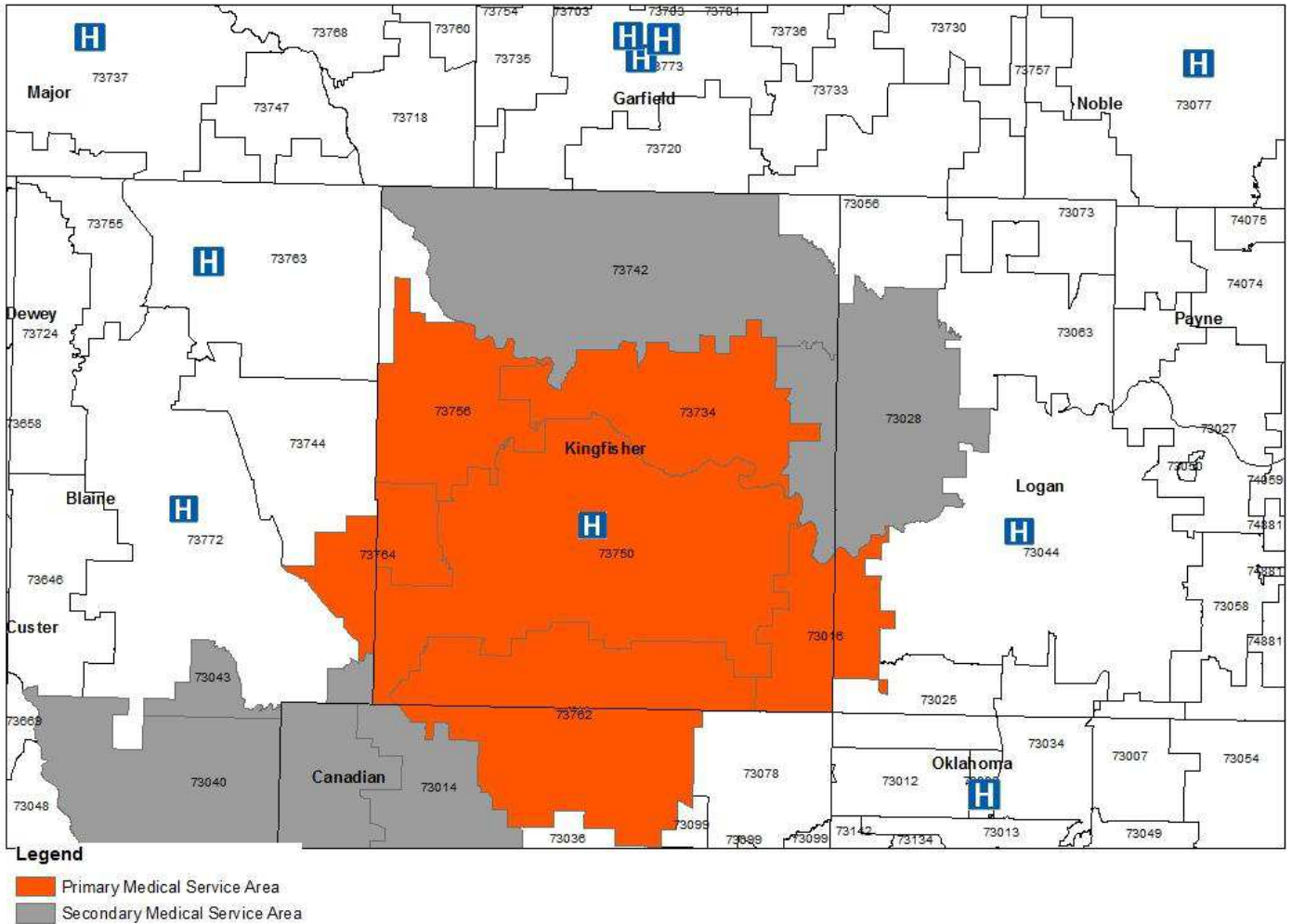
City	County	Hospital	No. of Beds
Okeene	Blaine	Okeene Municipal Hospital	17
Watonga	Blaine	Mercy Hospital Watonga	25
Enid	Garfield	St. Mary's Regional Medical Center	245
Enid	Garfield	INTEGRIS Bass Baptist Health Center	182
Enid	Garfield	INTEGRIS Bass Pavilion	24
Kingfisher	*Kingfisher*	*Kingfisher Regional Hospital*	*25*
Guthrie	Logan	Mercy Hospital Logan County	25
Perry	Noble	Perry Memorial Hospital	26
Edmond	Oklahoma	Summit Medical Center	15

As delineated in Figure 1, the primary medical service area of Kingfisher Regional Hospital includes the zip code areas of Kingfisher, Cashion, Dover, Loyal, Okarche, and Omega.

The primary medical service area experienced an increase of 23.1 percent from the 1990 Census to the 2000 (Table 1). This same service area experienced another increase of 11.1 percent from the 2000 Census to 2010.

The secondary medical services area is comprised of the zip code areas of Calumet, Crescent, Geary, Greenfield, and Hennessey. There was a decrease of 2.4 percent from 1990 to 2000 and a 3.1 percent increase from 2000 to 2010.

Table 1. Population of Kingfisher Regional Hospital Medical Service Area

Population by Zip Code	1990 Population	2000 Population	2010 Population	% Change 1990-2000	% Change 2000-2010
Primary Medical Service Area					
73750 Kingfisher	6,323	6,551	7,025	3.6%	7.2%
73016 Cashion	408	1,367	1,850	235.0%	35.3%
73734 Dover	580	981	1,067	69.1%	8.8%
73756 Loyal	132	289	352	118.9%	21.8%
73762 Okarche	1,703	1,966	2,156	15.4%	9.7%
73764 Omega	60	182	144	203.3%	-20.9%
Total	**9,206**	**11,336**	**12,594**	**23.1%**	**11.1%**
Secondary Medical Service Area					
73014 Calumet	1,507	1,531	1,431	1.6%	-6.5%
73028 Crescent	2,832	3,199	3,454	13.0%	8.0%
73040 Geary	2,124	1,972	1,976	-7.2%	0.2%
73043 Greenfield	270	165	125	-38.9%	-24.2%
73742 Hennessey	4,006	3,617	3,824	-9.7%	5.7%
Total	**10,739**	**10,484**	**10,810**	**-2.4%**	**3.1%**

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

Table 2 displays the current existing medical services in the primary service area of Kingfisher Regional Hospital medical services area. Most of these services would be expected in a community of Kingfisher's size: doctors, dentists, nursing homes and pharmacies are

present. Kingfisher Hospital is a 25 bed critical access facility located in Kingfisher County, Oklahoma. Services offered by Kingfisher Regional Hospital include acute in patient services, swing bed, physical, speech, and occupational therapy, laboratory, modified Barium Swallow studies, and radiological services (CT and MRI) are also available at Kingfisher Regional Hospital. In terms of outpatient services, sleep lab, wound care, dietary consults, and injections and transfusions through nursing care 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 Kingfisher Regional Hospital Medical Services Area

Count	Service
1	Hospital, Kingfisher Regional Hospital
4	Physician clinics
4	Dental Offices
2	Optometrist Offices
2	Chiropractor Offices
4	Nursing Homes
1	Assisted Living Facility
2	Home Health Services
2	Hospice Services
1	County Health Department, Kingfisher County
1	EMS Service, Kingfisher
6	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 Kingfisher 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 27.9 percent of the primary medical service area and 26.1 percent of the secondary medical service area in 2010. This is compared to the state rate of 25.7 percent. The secondary 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 Kingfisher Regional Hospital Medical Service Areas, Kingfisher County and Oklahoma

Age Groups	Primary Medical Service Area	Secondary Medical Service Area	Kingfisher County	Oklahoma
2000 Census				
0-14	21.5%	21.7%	21.4%	21.2%
15-19	8.7%	7.8%	8.6%	7.8%
20-24	5.2%	5.2%	5.4%	7.2%
25-44	26.9%	26.6%	26.8%	28.3%
45-64	22.8%	22.7%	22.4%	22.3%
65+	<u>14.9%</u>	<u>16.1%</u>	<u>15.4%</u>	<u>13.2%</u>
Totals	100.0%	100.0%	100.0%	100.0%
Total Population	11,336	10,484	13,926	3,450,654
2010 Census				
0-14	21.6%	21.3%	22.0%	20.7%
15-19	6.9%	7.5%	7.1%	7.1%
20-24	4.5%	5.6%	5.0%	7.2%
25-44	24.2%	22.8%	24.1%	25.8%
45-64	27.9%	26.1%	26.8%	25.7%
65+	<u>14.8%</u>	<u>16.7%</u>	<u>15.0%</u>	<u>13.5%</u>
Totals	100.0%	100.0%	100.0%	100.0%
Total Population	12,594	10,810	15,034	3,751,351

SOURCE: U.S. Census Bureau, Census data for 2000 and 2010 (www.census.gov [July 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 more evident in Kingfisher County as well as within the primary and secondary

medical service areas with an increase from 4.6% in 2000 to 9.0% in 2010 in the primary medical service area. Kingfisher County saw an increase from 6.9% in 2000 to 13.4% in 2010. Table 4 displays these trends.

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

Race/Ethnic Groups	Primary Medical Service Area	Secondary Medical Service Area	Kingfisher County	Oklahoma
2000 Census				
White	89.1%	84.7%	88.1%	74.1%
Black	1.6%	2.0%	1.6%	7.5%
Native American [1]	3.5%	5.8%	3.0%	7.7%
Other [2]	3.1%	4.4%	4.5%	1.5%
Two or more Races [3]	2.7%	3.1%	2.7%	4.1%
Hispanic Origin [4]	4.6%	7.1%	6.9%	5.2%
Total Population	11,336	10,484	13,926	3,450,654
2010 Census				
White	87.3%	80.5%	84.5%	68.7%
Black	1.1%	1.5%	1.1%	7.3%
Native American [1]	3.3%	7.2%	3.1%	8.2%
Other [2]	5.1%	6.8%	8.1%	1.9%
Two or more Races [3]	3.3%	4.0%	3.2%	5.1%
Hispanic Origin [4]	9.0%	11.7%	13.4%	8.9%
Total Population	12,594	10,810	15,034	3,751,351

SOURCE: U.S. Census Bureau, Census data for 2000 and 2010 (www.census.gov [July 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 5 race groups

Summary of Community Meetings

Kingfisher Regional Hospital hosted three community meetings between July 10, 2013 and August 1, 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:

- Insurance agent
- Local physicians
- Kingfisher Regional Hospital representatives
- School nurse

- Local newspaper
- State representative
- Social worker
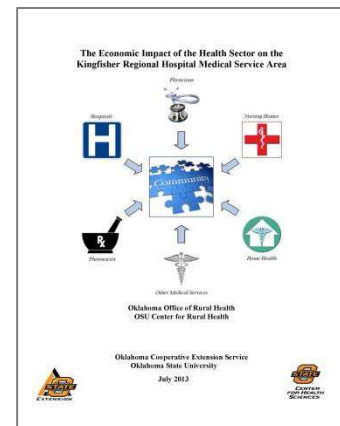- Hospital board member
- Local CPA

Average attendance at the community meetings was 16 community members. Community members in attendance were sought out due to their expertise in public health, diverse income and racial outreach, and overall relationships within their local community. Most community members present have been lifelong residents who have a deep understanding of their community. Meeting attendees were mailed a letter inviting them to be part of the needs assessment.

Economic Impact and Community Health Needs Assessment Overview, July 10, 2013

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 Kingfisher County, Oklahoma economy. A representative from Kingfisher Regional Hospital 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.

AE-13067, The Economic Impact of the Health Sector on the Kingfisher Regional Hospital Medical Service Area (30 pages)

The health sector in the Kingfisher Regional Hospital medical service area employs 484 FTE individuals. After applying a county-specific employment multiplier to each respective sector, there is a total employment impact of 597 FTE employees. The same methodology is applied to

income. The local health sector has a direct income impact of nearly $28.5 million. When the appropriate income multiplier is applied, the total income impact is over $33.6 million. The last two columns examine the impact this has on the retail sector of the local community. Recent data suggest that just 37.3% of personal income in Kingfisher 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 $12.5 million spent locally, generating $125,348 on a 1% tax.

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

Health Sectors	Employment			Income			Retail	1 Cent
	Employed	Multiplier	Impact	Income	Multiplier	Impact	Sales	Sales Tax
Hospitals	124	1.33	164	$7,447,992	1.18	$8,777,436	$3,273,984	$32,740
Physicians, Dentists, & Other Medical Professionals	72	1.28	92	$6,914,779	1.19	$8,230,198	$3,069,864	$30,699
Nursing Homes	119	1.14	136	$5,895,461	1.19	$7,005,010	$2,612,869	$26,129
Home Health	45	1.19	53	$1,945,368	1.13	$2,190,757	$817,152	$8,172
Other Medical & Health Services	70	1.25	88	$3,362,112	1.17	$3,935,123	$1,467,801	$14,678
Pharmacies	54	1.18	64	$2,931,384	1.18	$3,466,960	$1,293,176	$12,932
Total	**484**		**597**	**$28,497,096**		**$33,605,484**	**$12,534,846**	**$125,348**

SOURCE: 2011 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 Kingfisher County retail sales and income (37.3%) – from 2012 County Sales Tax Data and 2011 Personal Income Estimates from the Bureau of Economic Analysis.

Community Survey Methodology and Results, July 10, 2013- July 29, 2013

A survey was designed to gauge hospital usage, satisfaction, and community health needs. The survey was available in both paper and web format. The paper surveys were distributed at the hospital and during the first community meeting on July 10, 2013. Community members present at the hospital each took a survey, and many took extra surveys to distribute to friends, neighbors, and colleagues. A copy of the survey form can be found in Appendix C.
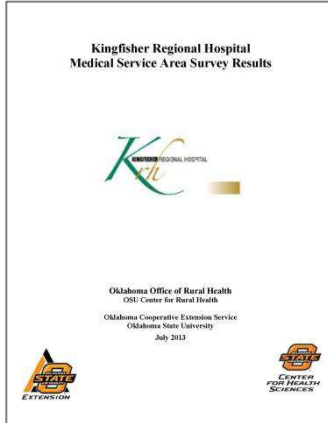
AE-13152, Kingfisher Hospital Medical Service Area Survey Results (29 pages)

Community members in attendance at the July 10, 2013, meeting were all emailed the electronic link and encouraged to share it.   The electronic survey link was made available on the Kingfisher Regional Hospital website as well as on Facebook. There were ads in the local newspaper urging readers to visit the hospital's website to link to the survey. Hard copies were also distributed to hospital employees, at the local banks, clinics and health providers. Community members were asked to return their completed surveys to Kingfisher Regional Hospital.

The survey ran from July 10, 2013 to July 24, 2013. A total of 187 surveys from the Kingfisher Regional Hospital medical service area were completed. Of these completed responses, 113 were generated from the electronic survey, and 74 were paper responses. The survey results were presented at the July 29, 2013, community meeting.

Table 6 below shows the survey respondent representation by zip code. The largest share of respondents was from the Kingfisher (73750) zip code (68.4%). Okarche followed with 15 respondents, and Hennessey had 7 respondents.

Table 6. Zip Code of Residence

Response Category	No.	%
73750- Kingfisher	128	68.4%
73762- Okarche	15	8.0%
73742- Hennessey	7	3.7%
73756- Loyal	6	3.2%
73734- Dover	6	3.2%
73036- El Reno	4	2.1%
73044- Guthrie	3	1.6%
73078- Piedmont	3	1.6%
73764- Omega	2	1.1%
73115- Oklahoma City	2	1.1%
73703- Enid	2	1.1%
73059- Minco	1	0.5%
73028- Crescent	1	0.5%
73016- Cashion	1	0.5%
73773- Waukomis	1	0.5%
73759- Medford	1	0.5%
73132- Oklahoma City	1	0.5%
73027- Coyle	1	0.5%
No response	2	1.1%
	187	100.0%

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

Primary Care Physician Visits

- 73.3% of respondents had used a primary care physician in the Kingfisher service area during the past 12 months
- 91.2% of those responded being satisfied
- Of those who choose to bypass primary care in Kingfisher, concerns about quality of care (24.1%) was the most common response for why they did so
- Only 78 respondents or 41.7% believe there are enough primary care physicians practicing in Kingfisher
- 81.3% responded they were able to get an appointment with their primary care physician when they needed one

Specialist Visits

Summary highlights include:

- 64.1% of all respondents report some specialist visit in past 12 months
- Most common specialty visited displayed in Table 7
- Only 12.1% of specialist visits occurred in Kingfisher
- Of survey respondents who bypassed specialty care in Kingfisher, service not available (33.7%) was the most common response

Table 7. Type of Specialist Visits

Type of Specialist	No.	Percent
Top 5 Responses		
Cardiologist	29	14.6%
(1 visit in Kingfisher)		
OB/GYN	29	14.6%
(0 visits in Kingfisher)		
Orthopedist	26	13.1%
(8 visits in Kingfisher)		
Urologist	10	5.1%
(2 visits in Kingfisher)		
Otolaryngologist	8	6.7%
(0 visits in Kingfisher)		
All others	96	48.5%
(13 visits in Kingfisher)		
Total	198	100.0%

Some respondents answered more than once.

Hospital Usage and Satisfaction

Survey highlights include:

- 75.7% of survey respondents used hospital services at Kingfisher Regional Hospital
  o Mercy Health Center (5.4%), McBride Orthopedic Hospital (3.4%), and INTEGRIS Baptist Medical Center (2.7%) followed
  o The most common response for using a hospital other than Kingfisher Regional Hospital was availability of specialty care (42.6%)
  o This is above the state average of 58.8% for usage of other rural Oklahoma hospitals surveyed
- 83.4% of survey respondents were satisfied with the services received at Kingfisher Regional Hospital

o   This is slightly below the state average for other hospitals (85.8%)
-   Most common services used at Kingfisher Regional Hospital:
    o   Radiological Imaging (28.6%)
    o   Laboratory (23.5%)

Figure 2. Summary of Hospital Usage and Satisfaction Rates
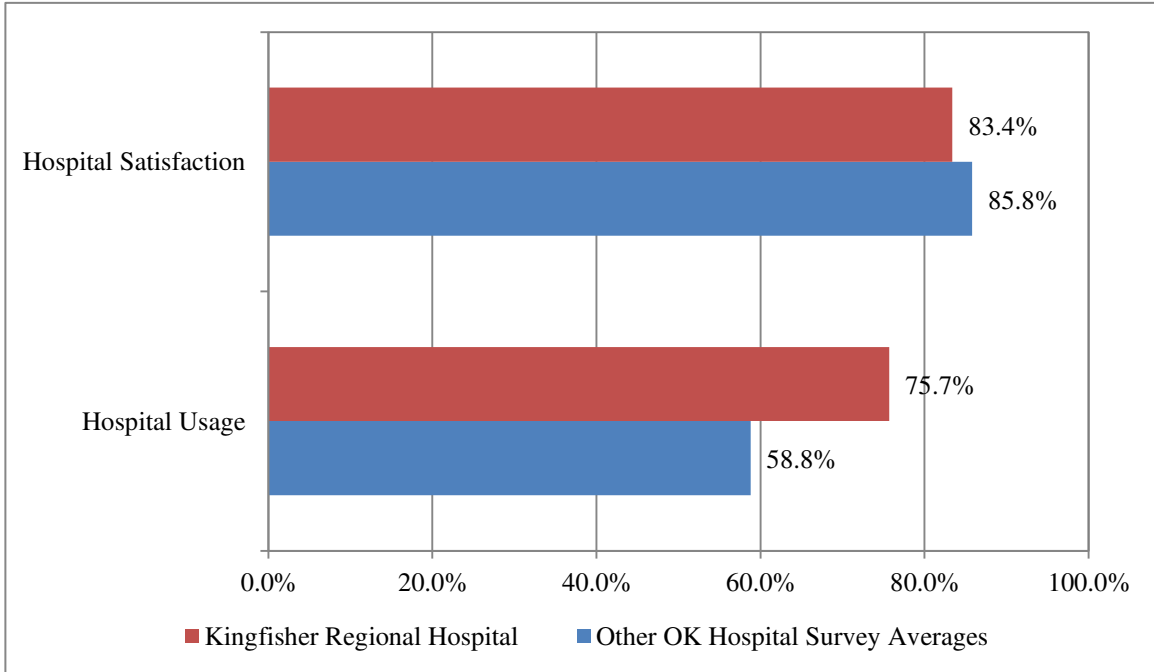
Local Healthcare Concerns and Additional Services

Survey respondents were asked what concerns them most about healthcare in their community. The most common response was quality of care (12.6%). No concerns/don't know (9.0%), losing the hospital (6.0%), and emergency room services (6.0%) were all commonly mentioned. Table 8 displays all responses and the frequencies.

Table 8. Top Health Concerns in Kingfisher Service Area

Response Category	No.	%
Quality of care	25	12.6%
No Concerns/ Don't Know	18	9.0%
Losing the hospital	12	6.0%
Emergency Room Services	12	6.0%
Reliability/ Communication of Doctors	10	5.0%
Not enough physicians/Retiring physicians/Female physicians	9	4.5%
Lack of services/Services provided by the hospital	7	3.5%
High costs	6	3.0%
Low usage of hospital/Local services	4	2.0%
OB/GYN services	4	2.0%
Take over from a larger hospital	3	1.5%
More doctors referring to local hospital	2	1.0%
Uninsured populations	2	1.0%
Affordable transportation	2	1.0%
Surgical care	2	1.0%
Hospital's financial situation	2	1.0%
High rates of diabetes, cancer, and respiratory illnesses	2	1.0%
Confidentiality	1	0.5%
Labor and delivery	1	0.5%
Obesity	1	0.5%
Pediatrician	1	0.5%
Staff	1	0.5%
Competition among local providers	1	0.5%
Location of hospital	1	0.5%
Not using all of the hospital facility	1	0.5%
Government regulations	1	0.5%
Providers need to work together more	1	0.5%
Physicians not referring out	1	0.5%
Maintain beautiful hospital	1	0.5%
Becoming a nursing home	1	0.5%
After hours care	1	0.5%
No response	63	31.7%
Total	199	100.0%

*Some respondents answered more than once. Average responses equal 1.06

Finally, survey respondents were asked what additional services they would like to see offered at Kingfisher Regional Hospital. OB/GYN specialists were by far mentioned the most

often (9.6%). No concerns/additional services/don't know followed with 7.7%. Improved ER/new ER physicians were also commonly mentioned with 10 responses. Table 9 displays all responses and their frequencies.

Table 9. Additional Health Services to be Offered at Kingfisher Regional Hospital

Response Category	No.	%
OB/GYN/Female OB	20	9.6%
No Concerns/ Don't Know	16	7.7%
Improved ER/New ER physicians	10	4.8%
Quality of care/Quality physicians	7	3.3%
Cardiologist/Full time cardiologist	6	2.9%
Labor and delivery	6	2.9%
Surgery/Orthopedic surgery	6	2.9%
Orthopedics	5	2.4%
Dermatology	5	2.4%
Pediatrician	4	1.9%
More specialists/Specialty clinics	4	1.9%
More doctors/Available on Fridays	4	1.9%
Urgent care/ Walk in clinic	3	1.4%
Otolaryngologist	2	1.0%
Health fair/Reduced price health screening	2	1.0%
More physician assistants	2	1.0%
Nicer staff	2	1.0%
Pulmonologist	2	1.0%
Nuclear medicine	2	1.0%
Mental health	1	0.5%
Health and wellness classes	1	0.5%
Nephrologist	1	0.5%
Dialysis center	1	0.5%
Thorough exams	1	0.5%
Cleaner rooms	1	0.5%
Digital mammography	1	0.5%
More insurance options	1	0.5%
Chemo and Radiology	1	0.5%
Rheumatologist	1	0.5%
Compounding pharmacy	1	0.5%
No response	90	43.1%
Total	209	100.0%

*Some respondents answered more than once. Average responses equal 1.12

Primary Care Physician Demand Analysis, July 29, 2013

A demand analysis of primary care physicians was completed for the zip codes that comprise the Kingfisher Regional Hospital 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 10 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 Kingfisher Regional Hospital medical services area, a total of 23,793 annual visits would occur. This would suggest that the Kingfisher Regional Hospital medical services area would need 5.7 FTE primary care physicians to meet the needs of their existing population. Table 10 displays the estimated number of visits by share of medical services area.
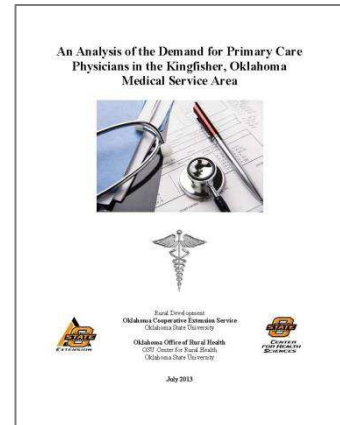
AE-13149, An Analysis of the Demand for Primary Care Physicians in the Kingfisher, Oklahoma, Medical Service Area (11 pages)

Table 10. Primary Care Physician Office Visits Given Usage by Local Residents in the Kingfisher, Oklahoma Medical Service Area

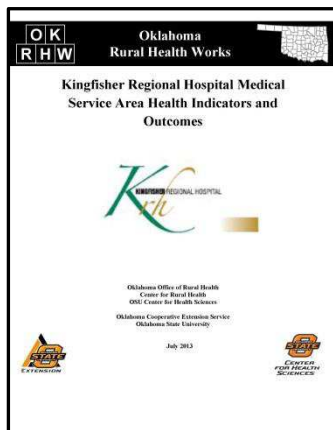|		Usage by Residents of Primary Service Area						
		70%	75%	80%	85%	90%	95%	100%
Usage by Residents of Secondary Service Area	5%	17,924	19,129	20,334	21,540	22,745	23,951	25,156
	10%	18,971	20,177	21,382	22,588	**23,793**	24,998	26,204
	15%	20,019	21,225	22,430	23,635	**24,841**	26,046	27,252
	20%	21,067	22,273	23,478	24,683	25,889	27,094	28,300
	25%	22,115	23,320	24,526	25,731	26,937	28,142	29,347
	30%	23,163	24,368	25,574	26,779	27,984	29,190	30,395
	35%	24,211	25,416	26,621	27,827	29,032	30,238	31,443
	40%	25,258	26,464	27,669	28,875	30,080	31,286	32,491
	45%	26,306	27,512	28,717	29,923	31,128	32,333	33,539
	50%	27,354	28,560	29,765	30,970	32,176	33,381	34,587

If 90% primary medical service area and 10 to 15% secondary medical service area, then the usage would be: 23,793 to 24,841 total primary care physician office visits in the Antlers area for an estimated **5.7** to **5.9** Total Primary Care Physicians.

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

Health Data, August 1, 2013

A community meeting was held August 1, 2013, to examine various sources of local health data in addition to the community survey results. Data were presented from the Kingfisher County Data and Information Report (AE-12078). Health Data were also presented from the Kingfisher Regional Hospital Medical Service Area Health Indicators and Outcomes Report (AE-13151).
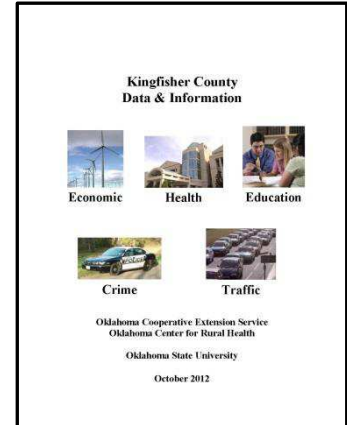
Various sources of health data were examined including data from the County Health Rankings and Roadmaps Program through the University of Wisconsin Population Health Institute, and the Robert Woods Johnson Foundation. The County Health Rankings program evaluates and ranks counties based on two distinct 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-12078, Economic Data, Health/Behavioral Data, Education Data, Traffic Accident Data, and Crime Data for Kingfisher County and the State of Oklahoma (65 pages)

AE-13151, Kingfisher Regional Hospital Medical Service Area Health Indicators and Outcomes (22 pages)

Health factors are comprised of health behaviors (rank: 34), clinical care (rank: 38), social and economic factors (rank: 2), and physical environment (rank: 24). Kingfisher County's overall health factors rank is 11. In particular, Kingfisher County's adult smoking rate is higher than the state and national benchmark as well as the rate of obesity and excessive drinking. All health factors variables are presented in Table 11 along with Kingfisher 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 Kingfsiher County ranks very poorly compared to the national benchmark). A more detailed report on Kingfisher County's health factors and outcomes can be found in AE-13151.

Table 11. Health Factors (Overall Rank 11)

Category (Rank)	Kingfisher County	Error Margin	National Benchmark	Oklahoma
Health Behaviors (34)				
Adult Smoking	*19%*	*14-26%*	*13%*	*25%*
Adult Obesity	*36%*	*29-43%*	*25%*	*32%*
Physical Inactivity	32%	25-39%	21%	31%
Excessive Drinking	*21%*	*14-28%*	*7%*	*14%*
Motor Vehicle Crash Death Rate	23	15-35	10	20
Sexually Transmitted Infections	126		92	381
Teen Birth Rate	44	37-51	21	55

Clinical Care (38)				
Uninsured	24%	22-26%	11%	22%
Primary Care Physicians	3,015:1		1,067:1	1,618:1
Dentists	3,046:1		1,516:1	1,980:1
Preventable Hospital Stays	98	83-112	47	81
Diabetic Screening	82%	68-95%	90%	77%
Mammography Screening	56%	43-69%	73%	58%

Social & Economic Factors (2)				
High School Graduation	96%			78%
Some College	55%	47-63%	70%	57%
Unemployment	3.8%		5.0%	6.2%
Children in Poverty	17%	12-22%	14%	24%
Inadequate Social Support	18%	13-25%	14%	20%
Children in Single-Parent Household	17%	11-23%	20%	33%
Violent Crime Rate	68		66	503

Physical Environment (24)				
Daily Fine Particle Matter	9.9	9.8-10.0	8.8	10.1
Drinking Water Safety	*15%*		*0%*	*15%*
Access to Recreational Facilities	0		16	7
Limited Access to Healthy Foods	4%		1%	9%
Fast Food Restaurants	42%		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. Kingfisher County surpasses most of the surrounding counties with the exception of Canadian County.
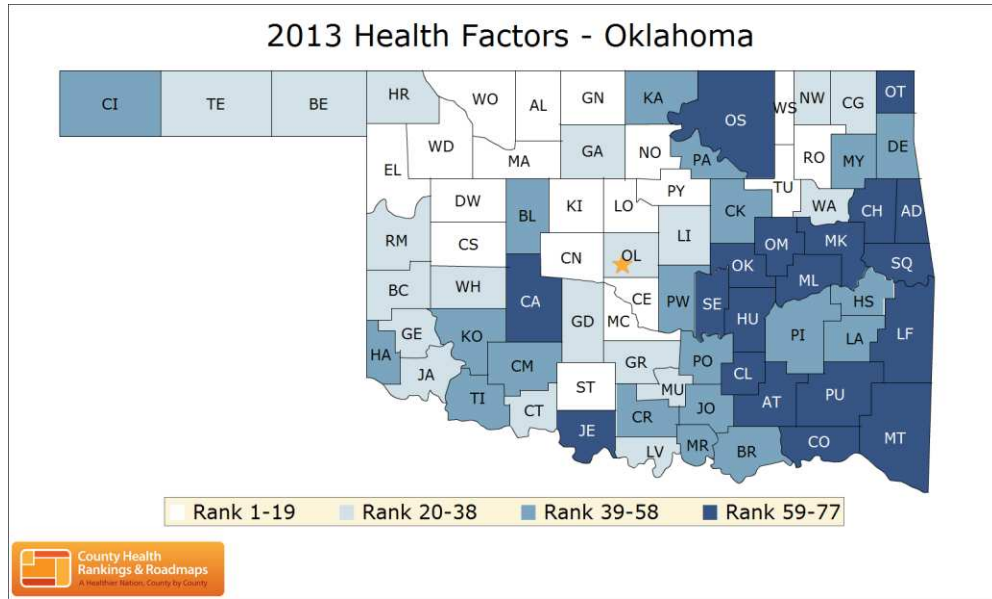

In terms of health outcomes, Kingfisher County's ranking is the best in the state with an overall rank of 1. Health outcomes are comprised of two areas: morbidity (quality of life) and mortality (length of life). The variables for each of these sections are presented in Table 12.

Table 12. Health Outcomes (Overall Rank 1)

Category (Rank)	Kingfisher County	Error Margin	National Benchmark	Oklahoma
Mortality (5)				
Premature Death	7,190	5,726-8,654	5,317	9,291
Morbidity (3)				
Poor or Fair Health	13%	8-18%	10%	19%
Poor Physical Health Days	2.7	1.6-3.8	2.6	4.2
Poor Mental Health Days	3.7	2.5-4.9	2.3	4.1
Low Birth Weight	6.7%	5.4-8.0%	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. Again, Kingfisher County's overall rank is the best in the state and substantially better than some of the surrounding counties.
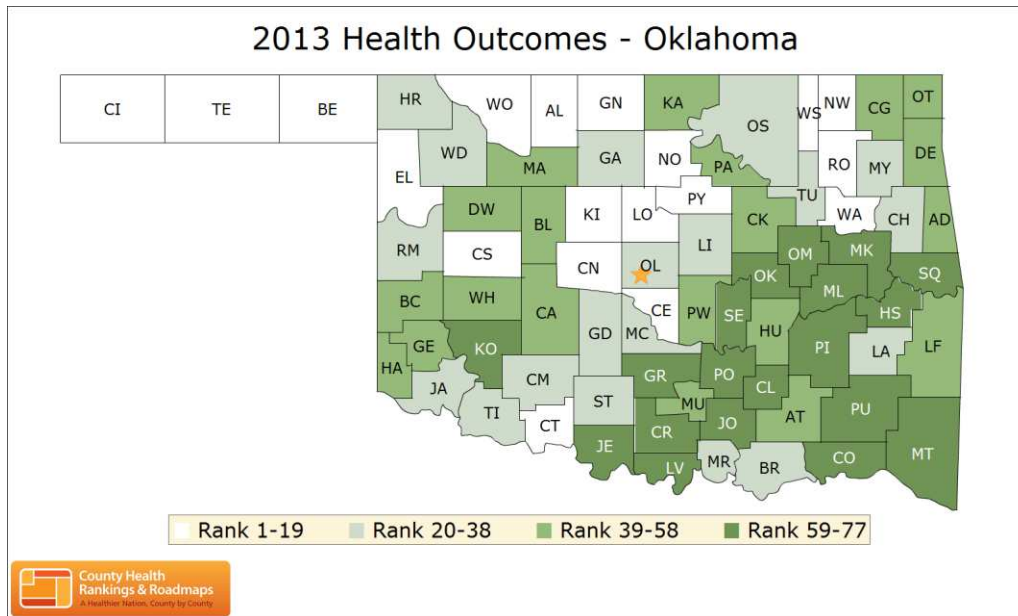
Community Health Needs Recommendations

Following the presentation of the health data, county data and information report, and the community survey results, community members were then asked to identify their top concerns from evaluating the data, survey results, and their experience within the community. A discussion among meeting attendees followed, with many different observations/concerns raised. The top health concerns identified were as follows:

- Mental Health
- Alcohol Consumption
- Obesity
- High Rates of Smoking
- Drug Use/Abuse/Arrests

Community Health Needs Implementation Strategy

During the August 1, 2013, meeting, hospital representatives and community members discussed how these concerns can be addressed. The following lists the concerns along with steps the hospital and community plan to take to remedy the situation.

- Mental Health- The concern over mental health was derived from both presentation of the data and local expertise. There are currently no mental health providers (psychiatrists or psychologists) in the county (County Health Rankings). The community members present agreed this is a major concern for their area. Several providers within the community have already created a collaboration and are seeking grant funding to help pay a provider to cover Kingfisher County.
- Alcohol Consumption- This concern was also derived from the County Health Rankings data and the OK2Share data. Currently, programming is available at the school to stress the importance of being drug and alcohol free. There currently are not any adult programs available.
- Obesity- The community is very aware of the latest data, and they have taken many strides in the past few years to lower the obesity rate. For example, grants were secured to build walking/bike trails in the community (Safe Routes to School). The county schools have also received grants and programs aimed at the importance of nutrition and a healthy lifestyle.
  - Kingfisher Regional Hospital will soon be a Mercy affiliate. This will create the opportunity of Mercy Health Teachers. This is a training opportunity to train individuals at the local public K-12 school (who would work with someone from Mercy), and they would then disseminate the health education through the school. Mercy provides all of the educational materials.
  - In terms of opportunities for adults, Kingfisher does have a local Weight Watchers program. It was also mentioned that the local Cooperative Extension office provides nutrition education outreach.
- High Rates of Smoking- Kingfisher County has a local health coalition in place who has been making significant progress in terms of providing education and resources to help quit smoking. There are also plans for an e-cigarette store to open in Kingfisher soon. The local schools are 24/7 tobacco free facilities.
- Drug Use/Abuse/Arrests- There were limited data on this topic; however, community members see this concern on a regular basis. The local schools have implemented random drug testing. As mentioned earlier there are current programs aimed at stressing the importance of being drug and alcohol free.
  - In terms of prescription drugs, there is a drop box at the county sheriff's office. The hospital was also going to further explore options available for individuals to bring their prescriptions that they no longer need. This can help reduce youth from obtaining prescriptions in the household.
  - Physicians present expressed they regularly check the prescription drug registry before prescribing specific medications.
  - The tie between drug abuse and mental health was further discussed. As mentioned earlier, the community is currently working on funding opportunities to bring a professional into the community to provide coverage.

- Community members discussed the importance of educating the adults in the community especially on the topics of the impact of drug and alcohol abuse. It was also noted that it is necessary to incentivize educational programs to maximize attendance. One particular model that was discussed with great success was the community baby shower hosted by the county health department. It was mentioned this could be an effective model in terms of providing outreach and education.

Community Health Needs Assessment Marketing Plan

The hospital will make the Community Health Needs Assessment Summary and Implementation Strategy Plan available on the hospital's website, and it will be available upon request at Kingfisher Regional Hospital. This document will also be available on the Oklahoma Rural Health Works website (www.okruralhealthworks.org)

Appendix A- Hospital Services/Community Benefits

Kingfisher Regional Hospital Services and Community Benefits

Inpatient Services
Acute Inpatient
Observation
Swing Bed
Physical therapy
Occupational Therapy
Speech therapy
Laboratory
Radiology – CT and MRI
EKG
Pharmacy
Wound Care
Case Management
Dietary
Chaplain Service
Respiratory Therapy
Interdisciplinary approach
Modified Barium Swallow studies

Outpatient services
Laboratory
Radiology – CT, MRI, Mammograms,
Ultrasounds, bone density
Emergency Department
Sleep Lab
Wound care
Procedure – colonoscopy, EGD, rhino
laryngoscopy
Physical
Occupational
Speech therapy
Dietary consults
Injections and transfusions through nursing
care
Surgery
Provide therapy through the school system

Clinics
Podiatry
Orthopedics
Cardiology
Dermatology
Ophthalmology – with cataract surgery
monthly
Neurosurgery –with ability to provide
injections for pain management
Urology
Wound Care
Oncology

Community Activities
Health Fair – county
Health fair for schools
Kingfisher In Lights
Blood Drives
Relay for Life
Toy Land for DHS
Food Bank for Kingfisher
Supporter of local Ambucs chapter
Staff volunteers for the Motor Lab at
elementary school
Chamber member
Student Governing Board
Scholarships
First Aid at several local events

Internal Hospital Activities
Hospital website
Training/Internships of med students and
nursing students and allows observation for
high school and college students
Birthday celebrations
Hospital appreciation celebration
Newspaper ads – with specialty clinic
schedules
Hospital Advisory Board
Kingfisher Regional Hospital Board of
Trustees
Kingfisher Medical Foundation
Several Annual team member training

Appendix B Community Meeting Attendees

Kingfisher Regional Hospital Community Health Needs Assessment
Economic Impact presentation and process overview
       10-Jul-13

First Name	Last Name	Organization
Christine	Reid	Newspaper
Brenda	Walta	CPA
Kim	Grellner	Mgr of Customer Service
Hannah	Powell	RN
Beth	Hajek	Exec. Assist.
Amber	Albers	RN, ER Director
Kayla	Downing	HR Mgr
Erin	Scammahorn	Physical Therapy
J. J.	Jech	Insurance
B	Keast	PA
T	Stough	MD
Amber	Meiwes	PA
R	Cameron	FX/P
Brett	Krablin	MD

Kingfisher Regional Hospital Community Health Needs Assessment
Survey Results and Primary Care Physician Demand Analysis Presentation
        30-Jul-13

First Name	Last Name	Organization
Christine	Reid	Newspaper
Rachel	Cameron	Nurse Practitioner, KRMC
Kim	Grellner	Mgr of Customer Service
Lisa	Copeland	Sooner Success
Roberta	Seaton	School Nurse
Amber	Albers	RN, ER Director
Kayla	Downing	HR Mgr
Vickie	Downing-Boyd	RN- Compliance and Risk
John	Parigi	Healthcare Consultants
Bobby	Stitt	Administration, Hospital
Gerald	Knecht	Board Member
Mike	Sanders	State Represenative
Stefanie	Meredith	DO- Family Medicine
Branson	Kester	MD-Physician
Rise	Kester	Nurse Practitioner
Lara	Brooks	OSU Extension
Keith	Boevers	Kingfisher County Extension
Corie	Kaiser	Oklahoma Office of Rural Health

Kingfisher Regional Hospital Community Health Needs Assessment
Health Data Presentation and Health Priority Identificnation
        1-Aug-13

First Name	Last Name	Organization
Christine	Reid	Newspaper
Rachel	Cameron	Nurse Practitioner, KRMC
Kim	Grellner	Mgr of Customer Service
Roberta	Seaton	School Nurse
Amber	Albers	RN, ER Director
Kayla	Downing	HR Mgr
John	Parigi	Healthcare Consultants
Bobby	Stitt	Administration, Hospital
Stefanie	Meredith	DO- Family Medicine
Branson	Kester	MD-Physician
Rise	Kester	Nurse Practitioner
Lara	Brooks	OSU Extension
Brenda	Walta	CPA
Corie	Kaiser	Oklahoma Office of Rural Health
Erin	Scammahorn	Physical Therapy

Appendix C- Survey Form

Local Health Services Survey
Kingfisher Regional Hospital

The zip code of my residence is:_____

1. Has your household used the services of a hospital in the past 12 months?
   ☐ Yes *(Go to Q2)*   ☐ No *(Skip to Q7)*   ☐ Don't know *(Skip to Q7)*

2. At which hospital(s) were services received?
   ☐ Kingfisher Regional Hospital *(Skip to Q4)*   ☐ Other *(Please specify Hospital and City, then go to Q3)*

3. If you responded in Q2 that your household received care at a hospital other than Kingfisher Regional Hospital, why did you or your family member choose that hospital? *(Please answer then skip to Q7)*
   ☐ Physician referral   ☐ Quality of care/Lack of confidence
   ☐ Closer, more convenient location   ☐ Availability of specialty care
   ☐ Insurance reasons   ☐ Other *(Please list below)*

4. If you responded in Q2 that your household received care at Kingfisher Regional Hospital, what hospital service(s) were used?
   ☐ Diagnostic imaging (X-ray, CT, Ultrasound)   ☐ Hospital Inpatient
   ☐ Laboratory   ☐ Skilled nursing (swing bed)
   ☐ Outpatient infusion/Shots   ☐ Emergency room (ER)
   ☐ Physician services   ☐ Other *(Please list below)*
   ☐ Physical, speech or occupational therapy

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

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

7. What type of specialist has your household been to in the past 12 months and in which city were they located?

Type of Specialist	City

8. If you choose to bypass specialty care in Kingfisher, why?

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?

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 private practice during the past 12 months in the Kingfisher 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 Kingfisher area?

☐ Satisfied ☐ Dissatisfied ☐ Don't know

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

16. If you choose to bypass primary care in Kingfisher, why?

17. Do you think there are enough primary care (family) doctors practicing in the Kingfisher area?

☐ Yes ☐ No ☐ Don't know

18. Are you able to get an appointment with your primary care (family) doctor when you need one?

☐ Yes ☐ No ☐ Don't know

19. What additional services would you like to see offered at Kingfisher Regional Hospital?

20. What concerns you most about health care in the Kingfisher area?

21. Over the past 12 months, has your household used the services of the Kingfisher County Health Department?

☐ Yes ☐ No ☐ Don't know

22. Where does your family go in case of an emergency like a tornado?

Please mail completed survey to:
Kingfisher Regional Hospital
P.O. Box 59
Kingfisher, OK 73750

Or, return to hospital administration