Eastern Oklahoma Medical Center Community Health Needs Assessment Summary and Implementation Strategy



Oklahoma Office of Rural Health

OSU Center for Rural Health

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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

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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 Office of Rural Health Partnership

The Oklahoma Office of Rural Health makes this program available to all rural facilities in Oklahoma free of charge. The Oklahoma Office of Rural Health works closely with the hospital and community members to develop an economic impact of the local health sector, develop and analyze a local health services survey, and gather and analyze local health data. The community meetings are facilitated by a resource team that includes Corie Kaiser and Lara Brooks of the Oklahoma Office of Rural Health.

After the meetings conclude, the resource team assists the hospital in developing their implementation strategy. After implementation, the resource team will assist in evaluation of the strategies implemented and provide continued assistance with data and resources.

This document discusses the steps taken to conduct a CHNA for Eastern Oklahoma Medical Center in 2019. It begins with a description of the hospital's medical service area, including a demographic analysis, and then summarizes each meeting that took place during the CHNA process. The report concludes by listing the recommendations that came out of the process and presenting the hospital's implementation strategy and marketing plan.

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

Eastern Oklahoma Medical Center partnered with the Oklahoma Office of Rural Health to complete a CHNA during 2013-2014. Through this process, secondary data were gathered, a survey was completed, and key community partners including public health were solicited for input. The following identifies each priority, implementation taken, and an evaluation or impact of the implementation.

Priority: Socioeconomic Infrastructure/Lack of insurance coverage/Coordination of resources

Service Implemented/Partnerships: The hospital provides case management services where case managers work with patients and their families to find resources and services for a safe transition after discharge. These services include assisting with living arrangements, home care or hospice, long term care facility placement, DME, outpatient follow ups, applying for Medicaid, etc. The case managers always utilize patient choice in regards to which organization they choose to obtain those services. The hospital also has great local partnerships with service providers and agencies. To date, all patients who received inpatient services from Eastern Oklahoma Medical Center benefited from this service.

Priority: Mental health

Service Implemented/Partnerships: Mental Health Assessment Screenings

Within the hospital's EHR, there is a screening tool for all patients including ED patients. This tool is used to screen to all patients for depression and/or self-harm. In particular, all ED patients are asked if they feel like harming themselves or others, do they feel safe in their homes. Patients that screen positive are then referred to appropriate resources. For patients in the ED, staff work to find appropriate inpatient beds. Geropsych patients go through an extensive set of screening questions to determine appropriate needs. There is not a current estimate of the number of patients who have directly benefitted from the offering of this service.

Priority: Keep people local for care

Service Implemented/Partnerships: The hospital has implemented the following services to help alleviate the travel burden of residents in the medical service area.

- Orthopedic clinic one day per week in 2016 for roughly 2 months- approximately 80 patients benefited from this service.
- Cardiology clinics as a collaboration with Ft. Smith hospitals This service was provided during 2016, and approximately 500 patients benefited.
- IV infusion clinic was started in 2016- To date, 669 treatments have taken place. Many of these are repeat patients; however, due to this service being provided locally, those patients did not have to travel for care.
- Added a 128 slice CT Scanner in May 2018 to-date, 6,567 patients have benefited from the local offering of this service.
- Added 3D Mammography in September 2018- Since implementation, 937 patients have benefited from this service.

Priority: Teen pregnancy

Service Implemented/Partnerships: Partnership with Local Service Providers

The hospital works closely with Choices Pregnancy Center, Grace Cottage and the Le Flore County Health Department to provide services to local teens in need. Since these services are ultimately provided through outside providers, an estimate of the number of individuals who have benefited is not available.

Priority: Uninsured rate and high ER utilization

Service Implemented/Partnerships: In an effort to help increase access to primary care, the following services have been expanded by the addition of 5 nurse practitioners, 1 physician assistant and 3 family practice physicians. By this addition, 6,000 patients have benefited from this expanded offering since January 2019.

Service Implemented/Partnerships: An walk-in clinic was added in August 2018. This clinic is open 7 days per week with expanded hours of 7:30 am to 5:30 pm. By this addition, 3,630 patients were able to get treatment without having to visit the emergency room.

Service Implemented/Partnerships: Telemedicine program in Poteau and Howe Public Schools

This program allows for students to be evaluated by a medical professional while in the school setting (with a parent or guardian's approval). The provider can then determine if the student can return to class or if a parent or guardian needs to pick up the child along with necessary prescriptions. Since implementation, 114 students have benefited from this program.

Service Implemented/Partnerships: The Cavanal Medical Clinic was opened in April 2019. This clinic provides another location for patients to alleviate travel burdens and expand primary care services. By this addition, 350 patients during April and May 2019 were able to get treatment without having to visit the emergency room.

Priority: Importance of a healthy lifestyle

Service Implemented/Partnerships: Health Fairs

The hospital regularly participates in local health fairs and college career fairs. Specifically, representatives from Eastern Oklahoma Medical Center attended and participated in the following health and career fairs:

Senior Health Fair, McAlester, OK- Approximately 500 individuals were impacted by this outreach.

Senior Health Fair, Poteau, OK- This offering will take place in October 2019. Organizers anticipate 300 to 500 individuals will be in attendance.

Poteau Chamber of Commerce Health Fair, Poteau- The hospital has participated the previous two years with a booth that offers blood pressure readings. It is estimated that an average of 350 benefit from this offering annually.

Kiamichi Tech Center Career Fair- The hospital participated and assisted with the student mock interviews. Roughly, 200 individuals benefited from this opportunity.

Kiamichi Tech Center 8th Grade Career Exploration- Estimates of the counts that benefited from this offering were not available.

Eastern Oklahoma State College Career Fair- The hospital had a booth, and it is estimated that approximately 250 students benefited from this offering.

Service Implemented/Partnerships: Prenatal Classes

The hospital provides childbirth classes at no charge for participants. On average, 2-10 attendees participate each month in this course. The hospital also provides this education at Grace Cottage in Poteau. This is a home for pregnant teenagers. This offering is a recent addition. The hospital also added a new prenatal course, "What to Expect When You Are Expecting at the Beginning of Pregnancy." This is a new addition, and impact estimates are not available at this time. Eastern Oklahoma Medical Center is in the development stage of creating a Spanish offering of the childbirth course.

Priority: Prescription drug abuse

Service Implemented/Partnerships: Pain Management Policies

The hospital has updated their pain management policies to focus on decreasing narcotic prescriptions written from the facility, in particular the number from the emergency departments. Since this effort is to decrease these instances, the number of those who benefited is not quantifiable.

Priority: Recruitment and retention of providers to this area

Service Implemented/Partnerships: Provider recruitment and retention has been a large focus of Eastern Oklahoma Medical Center with the addition of 5 nurse practitioners, 1 physician assistant, and 3 family practice physicians. To date, an estimated 6,000 patients have benefited in 2019 alone. These activities were previously mentioned under the priority of uninsured and high ER utilization.

Awareness of Community Outreach

A question was included on the community survey (complete methodology detailed on page 19) to gauge survey respondents' awareness of current community programs offered by the hospital. Thirty-six individuals or 13.1 percent of the total indicated they were aware of community programs. Survey respondents were then asked to list which programs they knew. Telemedicine program/Telemedicine with schools (29%) and Child birth/Prenatal classes (19.4%) followed. The table below outlines all programs listed by the survey respondents.

Community Programs Survey Identified by Survey Respondents

Response Category	No.	%
Telemedicine Program/Telemedicine with the schools	9	29.0%
Child birth/Prenatal classes	6	19.4%
Outpatient clinic/Walk in clinic	3	9.7%
Charity care	2	6.5%
PET visits	2	6.5%
IV Infusion center	2	6.5%
Mammograms at cash price	1	3.2%
Diabetes management	1	3.2%
Education	1	3.2%
Home health	1	3.2%
Geriatric inpatient unit	1	3.2%
Kibois	1	3.2%
OSU health and dental bus	1	3.2%
Total	31	100.0%

Eastern Oklahoma Medical Center Medical Services Area Demographics

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

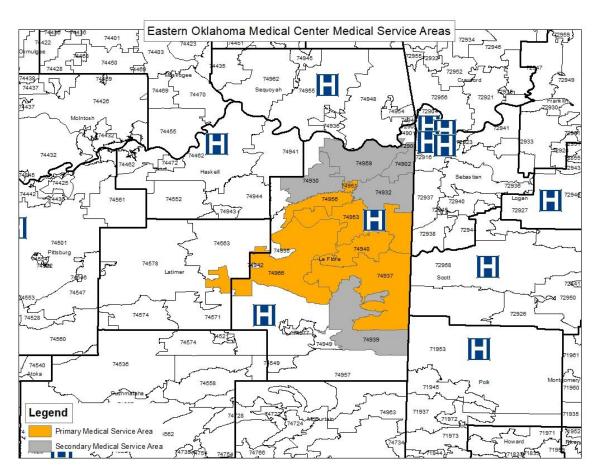


Figure 1. Eastern Oklahoma Medical Center Medical Service Areas

			No. of
City	County	Hospital	Beds
Stigler	Haskell	Haskell County Community Hospital	25
Poteau	Le Flore	Eastern Oklahoma Medical Center	25
Talihina	Le Flore	Choctaw Nation Health Care Center	44
McAlester	Pittsburg	McAlester Regional Health Center	149
Antlers	Pushmataha	Pushmataha County- Town of Antlers Hospital Auth.	23
Sallisaw	Sequoyah	Sequoyah County- City of Sallisaw Hospital Auth.	41
Booneville	Logan, AR	Mercy Hospital Booneville	n/a
Mena	Polk, AR	Mena Regional Health System	65
Waldron	Scott, AR	Mercy Hospital Scott County	n/a
Ft. Smith	Sebastian, AR	Baptist Health- Fort Smith	272
Ft. Smith	Sebastian, AR	Mercy Hospital Fort Smith	385
Ft. Smith	Sebastian, AR	Mercy Orthopedic Hospital Fort Smith	

As delineated in Figure 1, the primary medical service area of Eastern Oklahoma Medical Center includes the zip code areas of Poteau, Panama, Shady Point, Howe, Heavener, and Wister. The primary medical service area experienced a population increase of 10.4 percent from the 2000 Census to the 2010 Census (Table 1). This same service area experienced a decrease in population of 1.7 percent from the 2010 Census to the latest available, 2013-2017, American Community Survey.

The secondary medical services area is comprised of the zip code areas Spiro, Pocola, Bokoshe, Cameron, and Hodgen. The secondary medical service area experienced a slight increase in population of 0.8 percent from 2000 to 2010 followed by another population increase of 3 percent from 2010 to the 2013-2017 American Community Survey.

Table 1. Population of the Eastern Oklahoma Medical Center Medical Service Areas

		2000	2010	2013-2017	% Change	% Change
Population by Zip (Code	Population	Population	Population	2000-2010	2010-13-17
		•		•		
Primary Medical Se	ervice Area					
74953	Poteau	10,841	11,632	11,787	7.3%	1.3%
74951	Panama	1,722	1,504	1,287	-12.7%	-14.4%
74956	Shady Point	1,622	1,905	1,798	17.4%	-5.6%
74940	Howe	2,328	2,697	2,843	15.9%	5.4%
74937	Heavener	5,296	5,959	5,536	12.5%	-7.1%
74966	Wister	3,016	3,719	3,701	23.3%	-0.5%
Te	otal	24,825	27,416	26,952	10.4%	-1.7%
Secondary Medical	Service Area					
74959	Spiro	7,129	6,736	7,319	-5.5%	8.7%
74902	Pocola	4,439	4,095	4,073	-7.7%	-0.5%
74930	Bokoshe	1,727	2,155	2,153	24.8%	-0.1%
74932	Cameron	1,919	2,286	2,487	19.1%	8.8%
74939	Hodgen	1,380	1,455	1,203	5.4%	-17.3%
T	otal	16,594	16,727	17,235	0.8%	3.0%

SOURCE: Population data from the U.S. Bureau of Census, Decennial Census 2000, 2010 and American Community Survey 2013-2017 (February 2019)

Table 2 displays the current existing medical services in the primary service area of the Eastern Oklahoma Medical Center medical services area. Most of these services would be

expected in a service area of Poteau's size: ten physician offices, six dental offices, four optometry offices, two chiropractic offices, one nursing home, five home health providers, one EMS provider, a county health department, four mental health and counseling providers, and five pharmacies. Eastern Oklahoma Medical Center is a 25 bed critical access facility located in Le Flore County. A few of the services provided by the hospital include emergency and surgical services, obstetrics and nursery, swing bed, laboratory, physical therapy, certified wound care, senior health, and nuclear medicine. A complete list of hospital services and community involvement activities can be found in Appendix A.

Table 2. Existing Medical Services in Eastern Oklahoma Medical Center Medical Services Area

	2 - 1 - 1 - 2 - 2 - 2 - 2 - 2 - 2 - 2 -
Count	Service
1	Hospital: Eastern Oklahoma Medical Center
11	Physician offices and clinics
6	Dental offices
4	Optometry offices
2	Chiropractic offices
1	Nursing home
5	Home health providers
1	EMS provider
1	County Health Department: Le Flore County
4	Mental health and counseling providers
5	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 Le Flore County in comparison to the state of Oklahoma. Overall, the over 65 age group has experienced an increase in population across all geographies from the 2010 Census to the latest, 2013-2017 American Community Survey. This cohort accounted for 14.7 percent of the total population at the state level. In terms of the medical service areas, this age group accounted for 16.5 percent of the primary medical service area, 17.4 percent of the secondary medical service area, and 17.2 percent of the population of Le Flore County. The 45-64 age group accounts for the largest share of the population in the primary (26%) and secondary (26.2%) service areas. This is compared to the state share of 24.7 percent of the total population.

Table 3. Percent of Total Population by Age Group for Eastern Oklahoma Medical Center Medical Service Areas, Le Flore County and Oklahoma

Age Groups	Primary Medical Service Area	Secondary Medical Service Area	Le Flore County	Oklahoma
2010 Census			,	
0-14	21.9%	18.6%	20.5%	20.7%
15-19	7.5%	7.0%	7.1%	7.1%
20-24	6.7%	5.1%	6.0%	7.2%
25-44	24.2%	25.0%	24.3%	25.8%
45-64	25.4%	28.9%	26.9%	25.7%
65+	<u>14.3%</u>	<u>15.4%</u>	<u>15.2%</u>	<u>13.5%</u>
Totals	100.0%	100.0%	100.0%	100.0%
Total Population	27,416	16,727	50,384	3,751,351
13-17 ACS				
0-14	19.9%	19.5%	19.8%	20.5%
15-19	7.2%	6.1%	6.8%	6.7%
20-24	6.2%	6.1%	6.0%	7.2%
25-44	24.1%	24.8%	24.1%	26.1%
45-64	26.0%	26.2%	26.1%	24.7%
65+	<u>16.5%</u>	<u>17.4%</u>	<u>17.2%</u>	<u>14.7%</u>
Totals	100.0%	100.0%	100.0%	100.0%
Total Population	26,952	17,235	49,860	3,896,251

SOURCE: U.S. Census Bureau, Decennial Census data for 2010 and American Community Survey data for 2013-2017 (www.census.gov [April 2019]).

Changes in racial and ethnic groups can impact the delivery of healthcare services, largely due to language barriers and dramatically different prevalence rates for specific diseases, such as diabetes. A noticeable trend in Oklahoma is the growth in the Hispanic origin population. In 2010, those of Hispanic origin accounted for 8.9 percent of the total state population. The latest American Community Survey data of 2013-2017 suggest that this population group has experienced an increase to 10.1 percent of the total population. This trend

is evident in Le Flore County and both medical service areas. The share of the population identified as of Hispanic Origin accounted for 9.6 percent of the primary medical service area's population in 2013-2017 and 3.6 percent of the secondary medical service area during the same time period. The Hispanic Origin population accounted for 6.8 percent of the total population from 2010-2014 in Le Flore County. An even more striking trend is the larger share of Native American population residing in both medical service areas and Le Flore County. This cohort accounted for 10.2 percent of the primary medical service area, 8.3 percent of the secondary, and 10.4 percent of Le Flore County. This is compared to the state rate of 7.4 percent.

Table 4. Percent of Total Population by Race and Ethnicity for Eastern Oklahoma Medical Center Medical Service Areas, Le Flore County and Oklahoma

Race/Ethnic Groups	Primary Medical Service Area	Secondary Medical Service Area	Le Flore County	Oklahoma
• • • • •				
2010 Census	74.00/	79.20	75.10/	72.20/
White	74.0%	78.2%	75.1%	72.2%
Black	0.7%	4.8%	2.1%	7.4%
Native American	11.9%	9.9%	12.3%	8.6%
Other	7.4%	1.4%	4.6%	5.9%
Two or more Races	6.0%	5.7%	6.0%	5.9%
Hispanic Origin				
	10.4%	2.8%	6.9%	8.9%
Total Population				
	27,416	16,727	50,384	3,751,351
13-17 ACS				
White	76.9%	75.8%	75.8%	72.6%
Black	1.1%	4.7%	2.3%	7.3%
Native American ¹	10.2%	8.3%	10.4%	7.4%
Other ²	4.1%	0.9%	2.6%	4.9%
Two or more Races ³	7.7%	10.3%	8.9%	7.8%
Hispanic Origin ⁴	9.6%	3.6%	6.8%	<u>10.1%</u>
Total Population	26,952	17,235	49,860	3,896,251

SOURCE: U.S. Census Bureau, Decennial Census data for 2010 and American Community Survey data for 2013-2017 (www.census.gov [April 2019]).

Summary of Community Meetings

Eastern Oklahoma Medical Center hosted two community meetings on April 9, 2019 and May 14, 2019. The Oklahoma Office of Rural Health facilitated these meetings. Summaries of the information presented at each meeting are included below in chronological order.

Community members in attendance at these meetings included:

- Eastern Oklahoma Medical Center representatives
- Health and Wellness Center representative
- Carl Albert State College representative
- Department of Human Services
- Oklahoma State Department of Health
- Physician
- Clinic staff
- Choctaw Nation
- City leadership
- Eastern Oklahoma Medical Center Board Members

Average attendance at the community meetings was 15-17 community members. A letter was sent to city and county officials, boards, business and community leaders as well as other healthcare and service providers. The hospital strived to have a diverse, cross-section, of the community present for the community meetings. Community members were also invited to attend by social media correspondence, email, and personal phone calls from hospital administration and marketing. The hospital made significant efforts to reach a diverse and representative population of the medical service area and patients served including low income and racially diverse populations. Representatives from the public health sector were included to provide insight into what they see from a public health and underserved population perspective of community needs.

Economic Impact and Community Health Needs Assessment Overview, April 9, 2019

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

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

The health sector in the Eastern Oklahoma Medical Center medical service area employs 706 FTE individuals. After applying a county-specific employment multiplier to each respective sector, there is a total employment impact of 1,002 employees. The same methodology is applied to income. The local health sector has a direct income impact of over \$38.8 million. When the appropriate income multiplier is applied, the total income impact is over \$45.8 million. The last two columns examine the impact this has on the retail sector of the local community. Recent data suggest that just 29.5% of personal income in Oklahoma will be spent on taxable goods and services locally. Therefore, if we just examine the impact made on retail from those employed in the health sector, this would account for over \$13.5 million spent locally, generating \$135,295 on a 1% tax. A copy of the meeting materials that were distributed can be found in Appendix C.

Table 5. Eastern Oklahoma Medical Center Medical Service Area Health Sector Impact on Employment and Income, and Retail Sales and Sales Tax

		Employment			Income		Retail	1 Cent
Health Sectors	Direct	Multiplier	Impact	Direct	Multiplier	Impact	Sales	Sales Tax
Hospitals	250	1.64	409	\$11,970,000	1.17	\$14,040,223	\$4,141,866	\$41,419
Physicians, Dentists & Other Medical Professionals	151	1.35	203	\$11,908,349	1.20	\$14,283,629	\$4,213,671	\$42,137
Nursing Home & Home Health	132	1.18	156	\$6,195,649	1.16	\$7,201,397	\$2,124,412	\$21,244
Other Medical & Health Services	114	1.38	157	\$4,911,348	1.17	<u>\$5,735,659</u>	\$1,692,019	\$16,920
Pharmacies	<u>59</u>	1.28	<u>76</u>	\$3,874,908	1.19	\$4,601,837	\$1,357,542	<u>\$13,575</u>
Total	706		1,002	\$38,860,254		\$45,862,746	\$13,529,510	\$135,295

SOURCE: 2016 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; employment data from local survey.

^{*} Based on the ratio between Oklahoma taxable sales and income (29.5%) – from 2017 Sales Tax Data and 2016 Personal Income Estimates from the Bureau of Economic Analysis.

Health Data, April 9, 2019

Health data specific to Le Flore County were also presented during the April 9, 2019 community meeting. 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.

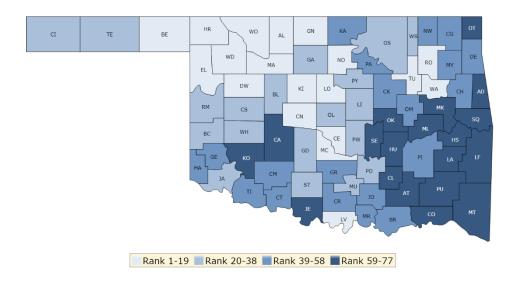
Health factors, considered tomorrow's health, are comprised of health behaviors (rank: 61), clinical care (rank: 70), social and economic factors (rank: 72), and physical environment (rank: 76). Le Flore County's overall health factors rank is 70. Areas of concern include Le Flore County's smoking rate, adult obesity rate, physical iinactivity rate, share of alcoholimpaired driving deaths, the teen birth rate, uninsured rate, and the preventable hospital stay rate, mammography screening rate, and flu vaccination rate of Medicare recipeints are all less desirable than the top U.S. performers. In terms of social and economic factors, the high school graduation rate, share of residents with some college, the unemployment rate, share of children in poverty, income inequality index, social associations, and rate of injury deaths are also areas to take a closer look. All health factors variables are presented in Table 6 along with Le Flore County specific data, the top U.S. performers, and the state average. The yellow-highlighted categories are the areas identified by the County Health Rankings and Roadmaps as areas to explore (generally where Le Flore County ranks very poorly compared to the national benchmark). The green-highlighed items are identified as areas of strength where Le Flore County performs well.

Table 6. Health Factors (Overall Rank 70)

Table 6. Health Factors (Overall Kalik 70)						
Category (Rank)	Le Flore County	Error Margin	Top U.S. Performers	Oklahoma		
Health Behaviors (61)						
Adult Smoking	21%	21-22%	14%	20%		
Adult Obesity	33%	28-38%	26%	33%		
Food Environment Index	6.8		8.7	5.7		
Physical Inactivity	35%	30-39%	19%	28%		
Access to Exercise Opportunities	31%		91%	72%		
Excessive Drinking	11%	11-12%	13%	13%		
Alcohol-Impaired Driving Deaths	35%	29-42%	13%	27%		
Sexually Transmitted Infections	385		153	548		
Teen Birth Rate	51	25-31	14	39		
Clinical Care (70)						
Uninsured	22%	20-24%	6%	16%		
Primary Care Physicians	3,120:1		1,050:1	1,590:1		
Dentists	3,110:1		1,260:1	1,660:1		
Mental Health Providers	310:1		310:1	260:1		
Preventable Hospital Stays	6,853		2,765	4,862		
Mammography Screening	29%		49%	36%		
Flu Vaccinations	36%		52%	46%		
Social & Economic Factors (72)						
High School Graduation	83%		95%	83%		
Some College	45%	42-48%	73%	60%		
Unemployment	5.8%		2.9%	4.3%		
Children in Poverty	31%	25-38%	11%	21%		
Income Inequality	4.9	4.6-5.2	3.7	4.6		
Children in Single-Parent	220/	20. 250/	200/	2.40/		
Household	32%	29-35%	20%	34%		
Social Associations	9.2		21.9	11.5		
Violent Crime Rate	255		63	428		
Injury Deaths	113	99-129	57	93		
Physical Environment (76)						
Air-Pollution- Particulate Matter	10.5		6.1	9.4		
Drinking Water Violations	Yes					
Severe Housing Problems	14%	13-15%	9%	14%		
Driving Alone to Work	86%	84-87%	72%	83%		
Long Commute- Driving Alone Source: County Health Rankings	31%	28-33%	15%	26%		

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. Le Flore County's overall health factors ranking is comparable to all neighboring counties.



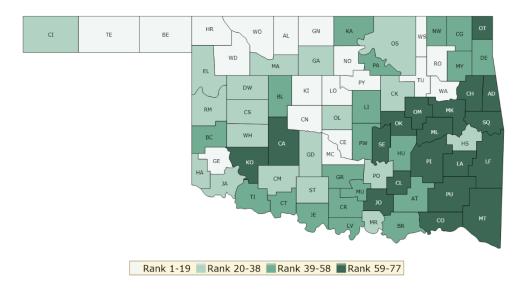
In terms of health outcomes, considered, today's health, Le Flore County's ranking is 63rd in the state. Health outcomes are comprised of two areas: length of life and quality of life. The variables for each of these sections are presented in Table 7.

Table 7. Health Outcomes (Overall Rank 63)

Category (Rank)	Le Flore County	Error Margin	Top U.S. Performers	Oklahoma
Length of Life (64)				
Premature Death	12,200	11,100- 13,400	5,400	9,300
Quality of Life (58)				
Poor or Fair Health	22%	22-23%	12%	20%
Poor Physical Health Days	5.0	4.9-5.2	3.0	4.5
Poor Mental Health Days	4.9	4.8-5.1	3.1	4.5
Low Birth Weight	8%	7-9%	6%	8%

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

The following figure shows county health outcomes rankings by shades. Le Flore County's ranking is less favorable than Haskell County's, but it is comparable to all of the other neighboring counties. All meeting materials distributed at this meeting can be found in Appendix C.



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

- Loss of opportunity with industrial shutdown in Ft. Smith- ripple effect in local populations
 - Need for economic development efforts, jobs with benefits, etc.
- Low number of mental health providers: access issues in finding inpatient beds locally
 - Travel issues in transporting patients to available beds
 - Long wait times in available beds, often times are only available in Lawton
 - Pediatrics have even less availability/providers
 - Strain on medical staff and patient's families
 - No immediate help for rehab patients without insurance
 - Patients are sometimes forced to rehab at home or in an outpatient setting
- Lack of specialty care- lack of incentives to practice in rural areas
- Wellness activities focusing on mental health, opioids and access to healthy foods
- Adverse Childhood Events
- Youth population- Disengaged and drug use

Community Survey Methodology and Results, April 9, 2019- May 14, 2019

A survey was designed to gauge hospital usage, satisfaction, and community health needs. The survey was available in both paper and web format. Surveys were distributed at local businesses and the hospital. The survey link was distributed via social media on the hospital's Facebook page. The link was also emailed to others in the community. Surveys were also distributed at the first community meeting on April 9, 2019. Community members in attendance also received a follow-up email with a PDF copy of the survey and the electronic survey link. A copy of the survey form and results can be found in Appendix E. Community members were asked to return their completed surveys to Eastern Oklahoma Medical Center.

The survey ran from April 9, through April 23, 2019. A total of 274 surveys from the Eastern Oklahoma Medical Center medical service area were completed. Of the surveys returned, 218 were electronic responses, and 56 were hard copy surveys. The survey results were presented at the May 9, 2019, community meeting.

Table 8 below shows the survey respondent representation by zip code. The largest share of respondents was from the Poteau (74953) zip code with 130 responses or 47.4 percent of the total. Wister followed with 27 responses, and Heavener had 25.

Table 8. Zip Code of Residence

Response Category	No.	%
74953-Poteau	130	47.4%
74966- Wister	27	9.9%
74937- Heavener	25	9.1%
74940- Howe	13	4.7%
74932- Cameron	12	4.4%
74951- Panama	9	3.3%
74956- Shady Point	8	2.9%
74930- Bokoshe	7	2.6%
74959- Spiro	7	2.6%
74902- Pocola	6	2.2%
74941- Keota	6	2.2%
74571- Talihina	4	1.5%
74955- Sallisaw	2	0.7%
74944- McCurtain	2	0.7%
74578- Wilburton	2	0.7%
74462- Stigler	2	0.7%
74939- Hodgen	1	0.4%
74942- Le Flore	1	0.4%
74901- Arkoma	1	0.4%
74536- Clayton	1	0.4%
74563- Red Oak	1	0.4%
74434- Fort Gibson	1	0.4%
72956- Van Buren, AR	1	0.4%
72923- Barling, AR	1	0.4%
No response	4	1.5%
Total	274	100.0%

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

Primary Care Physician Visits

- 75.9% of respondents had used a primary care physician in the Poteau service area during the past 24 months
- 90.4% of those responded being satisfied
- Only 73 respondents or 26.6% believe there are enough primary care physicians practicing in Poteau
- 72.3% of the respondents would consider seeing a midlevel provider for their healthcare needs

- 63.1% responded they were able to get an appointment, within 48 hours, with their primary care physician when they needed one
- When asked what type of provider survey respondents use for routine care, primary care physician (40.6%) was the top response, and nurse practitioner or physician assistant followed (21.7%)

Specialist Visits

Summary highlights include:

- 57.3% of all respondents report some specialist visit in past 24 months
- Most common specialty visited are displayed in Table 9
- 3 specialist visits occurred in Poteau

Table 9. Type of Specialist Visits

Type of Specialist	No.	Percent
Top 5 Responses		
Orthopedist/Ortho Surg.	34	15.5%
(0 visits in Poteau)		
Cardiologist	32	14.5%
(0 visits in Poteau)		
Neurologist/Neurosurg.	20	9.1%
(0 visits in Poteau)		
OB/GYN	15	6.8%
(0 visits in Poteau)		
Otolaryngologist	13	5.9%
(0 visits in Poteau)		
All others	<u>106</u>	48.2%
(3 visits in Poteau)		
Total	<u>220</u>	<u>100.0%</u>

Some respondents answered more than once.

Hospital Usage and Satisfaction

Survey highlights include:

- 61.2% of survey respondents that have used hospital services in the past 24 months used services at Eastern Oklahoma Medical Center
 - Mercy Hospital Ft. Smith, AR (9.8%) and Baptist Health/Sparks Health System, Ft. Smith, AR (8.6%) followed

- The most common response for using a hospital other than Eastern Oklahoma Medical Center was availability of specialty care (29.6%), and physician referral (23%) followed
- The usage rate of 61.2% was higher than the state average of 55.3% for usage of other rural Oklahoma hospitals surveyed
- 83.9% of survey respondents were satisfied with the services received at Eastern Oklahoma Medical Center
 - This is slightly lower than the state average for other hospitals (86.4%)
- Most common services used at Eastern Oklahoma Medical Center:
 - o Diagnostic imaging (X-ray, CT, Ultrasound, Mammogram) (27.9%)
 - o Laboratory (23.8%)
 - o Emergency room (23.3%)

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 access to specialists/lack of specialist services including pediatrics and cardiology had 55 responses or 18.9 percent of the total. Lack of physicians/difficult to see provider/retiring physicians/physician recruitment followed with 46 responses or 15.8 percent. Table 10 displays all responses and the frequencies.

Table 10. Top Healthcare Concerns in the Poteau Area

Table 10. Top Heatineare Concerns in the Folcau Area		
	No.	%
Access to specialists/Lack of specialist services including pediatrics and cardiology	55	18.9%
Lack of physicians/Difficult to see provider/Retiring physicians/Physician recruitment	46	15.8%
Quality of care/Compassion for patient/Emergency room care	32	11.0%
No Concerns/Receive good care/Don't know	28	9.6%
Level of care/Resources available	9	3.1%
Losing services/Hospital/Emergency care	8	2.7%
Reputation of care/Services	8	2.7%
Cost of care	6	2.1%
Mental health/Access to care/Psychiatry services	4	1.4%
Unaware of what is available/Underutilization from community	4	1.4%
Need updated facilities/Equipment/Technology	3	1.0%
Lack of urgent care/After hours	3	1.0%
Patients being transferred to other hospitals	3	1.0%
Care/Medications for low-income and uninsured patients	3	1.0%
A lot of nurse practitioners/Mid-level providers	3	1.0%
Continuity of care/Consistency	2	0.7%
Cleanliness of facility	2	0.7%
Prescribing of opioids	2	0.7%
Rather see PCP at hospital rather than hospitalist	2	0.7%
Billing concerns	2	0.7%
Support for staff/Understaffing	2	0.7%
Local residents not utilizing local services	2	0.7%
Concerned about privacy	1	0.3%
Lack of ICU	1	0.3%
Services being purchased by out-of-state corporations	1	0.3%
Training	1	0.3%
Lack of testing facilities	1	0.3%
Lack of outpatient procedure facilities	1	0.3%
Not being in-network with insurance	1	0.3%
High poverty rate	1	0.3%
Limited access to affordable, healthy food	1	0.3%
Health status of local population	1	0.3%
Lack of geriatric services/Physicians	1	0.3%
Lack of Veterans' care	1	0.3%
Surgeon not available 24/7	1	0.3%
Lack of communication	1	0.3%
A lot	1	0.3%
No response	47	16.2%
Total	291	100.0%

Survey respondents also had the opportunity to identify what additional services they would like to see offered at Eastern Oklahoma Medical Center. The most common response was specialists with a collective response of 44.6 percent of the total or 161 responses. No additional services/satisfied with what is available/don't know (13%) followed. Table 11 displays the full listing of responses.

Table 11. Top Services Survey Respondents Would Like to See offered at Eastern Oklahoma Medical Center

Response Category	No.	%
Specialists: Cardiologists (36); Orthopedist (30); Specialists in general (23); Dermatologist		
(11); Pediatrician/Emergency pediatrician (11); Neurologist (11); Endocrinologist (7);		
Urologist (5); Gastroenterologist (4); Otolaryngologist (4); Pulmonologist (3); Surgeon (3);		
Rheumatologist (3); Pain management (2); OB/GYN (2); Podiatrist (1); Allergist (1);		
Hematologist (1)	161	44.6%
No additional services/Satisfied with what is available/Don't know	47	13.0%
Surgery/More surgery options/Laser surgery	6	1.7%
Improved quality of care of current services/Friendlier service/Improved ED care	6	1.7%
Higher level of care	5	1.4%
Patient education/Nutrition education/Diabetic education	5	1.4%
ICU	4	1.1%
Urgent care/24-hour urgent care	4	1.1%
Free clinic/Care for uninsured/Care for homeless	4	1.1%
Orthopedic care in ED/Care for broken bones in ED	3	0.8%
More OB care/Services/Female OB/GYN provider	3	0.8%
Don't know what is available/More advertisement of what is available	3	0.8%
Geriatric services/Geriatric physicians	3	0.8%
Updated facilities/Equipment	3	
		0.8%
Diagnostic imaging/3D mammography; Dexi-scan; MRI for larger patients	3	0.8%
VA services	2	0.6%
Wound care	2	0.6%
Cardiac care/Cardiac testing	2	0.6%
Trauma care	2	0.6%
Cancer services	2	0.6%
Restore previous services/Specialists (those available in 1995-96)	2	0.6%
Dental services	2	0.6%
Mental health	2	0.6%
More holistic care/Preventative medicine	2	0.6%
More primary care physicians	1	0.3%
Chiropractor	1	0.3%
Training site for nurse practitioners and Physician assistants	1	0.3%
Patient review board	1	0.3%
Pediatric nurses	1	0.3%
Hepatitis C clinic	1	0.3%
Addiction therapy unit	1	0.3%
Marijuana therapy	1	0.3%
More community outreach	1	0.3%
Gastric bypass surgery	1	0.3%
Birthing center with midwives	1	0.3%
Pool therapy	1	0.3%
Less wait time	1	0.3%
Fitness services open to the public	1	0.3%
HMO with corresponding network providers	1	0.3%
Everything	1	0.3%
No response	67	18.6%
*		
Total	361	100.0%

Primary Care Physician Demand Analysis, May 14, 2019

A demand analysis of primary care physicians was completed for the zip codes that comprise the Poteau primary and secondary medical services areas. This analysis examined average primary care physician visit rates by gender and by age groups. Once age- and gender-specific coefficients were applied, total primary care physician visit numbers were calculated by service area. Table 12 displays potential primary care physician rates by shares of service area. For example, if 90% of residents in the primary medical services area and 10% of residents in the secondary medical services area utilize services of primary care physicians in the Poteau medical services area, a total of 43,212 annual visits would occur. This would suggest that the Poteau medical services area would need 10.3 FTE primary care physicians to meet the needs of their existing population. Table 12 displays the estimated number of visits by share of medical services area.

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

Usage by Residents of Primary Service Area

Usage by Residents of Secondary Service Area

		70%	75%	80%	85%	90%	95%	100%
5	5%	32,737	34,963	37,189	39,415	41,641	43,867	46,093
10)%	34,308	36,534	38,760	40,986	43,212	45,438	47,664
15	5%	35,879	38,105	40,331	42,557	44,783	47,009	49,235
20)%	37,450	39,676	41,902	44,128	46,354	48,580	50,806
25	5%	39,021	41,247	43,473	45,699	47,925	50,151	52,377
30)%	40,592	42,818	45,044	47,270	49,496	51,722	53,948
35	5%	42,163	44,389	46,615	48,841	51,067	53,293	55,519
40)%	43,734	45,960	48,186	50,412	52,638	54,864	57,090
45	5%	45,305	47,531	49,757	51,983	54,209	56,435	58,661
50)%	46,876	49,102	51,328	53,554	55,780	58,006	60,232
30 35 40 45)% 5%)% 5%	40,592 42,163 43,734 45,305	42,818 44,389 45,960 47,531	45,044 46,615 48,186 49,757	47,270 48,841 50,412 51,983	49,496 51,067 52,638 54,209	51,722 53,293 54,864 56,435	53,94 55,51 57,09 58,66

If 90% primary medical service area and 10 to 15% secondary medical service area, then the usage would be: 43,212 to 44,783 total primary care physician office visits in the Poteau area for an estimated 10.3 to 10.7 total Primary Care Physicians.

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

At the conclusion of the meeting, community members were once again asked what stood out to them from the survey results and physician demand analysis as health concerns.

- Mental health and substance abuse
 - This priority was described in detail in both community meetings.
 Community members expressed concern regarding the lack of services and resources for patients in a crisis including the lack of inpatient

beds, the distance to available beds and the further strain this places on the local police department for transportation. This is also a challenge for the patient receiving care including their family and local support system.

- It was also noted that the availability and consistency of services (bed availability, lack of detox options) are varied which makes it difficult for patients (and their families) to line up resources for when individuals are need or ready for an intervention.
- In terms of education and prevention needs, it was discussed that
 prevention and education for youth could be one of the more effective
 strategies as an effort to reduce or end cyclical and generational abuse.
 It was further stated this targeted approach could have a positive
 impact on future generations in an effort to reduce adverse childhood
 experiences.

Community Health Needs Implementation Strategy

The following lists the concerns along with steps the hospital and community plan to take to remedy the situation.

- Mental health and substance abuse
 - This priority was discussed as a broad concern of the community. The
 hospital recognizes this concern at the local and state level. There is
 also an understanding of the limited resources such as inpatient beds
 for patients in crisis, lack of substance abuse and detox beds available.
 - While there are many limitations, the hospital is making strides within their scope of service to assist in alleviating some of these burdens.
 - As mentioned previously, the hospital has embedded depression and self-harm questions within the EHR. All patients, inpatient, outpatient, and ED patients are screened and then referred to appropriate providers and resources if warranted.
 - The school telemedicine program which was spearheaded by the hospital is an innovative model to assist working parents and local public schools in keeping Le Flore County youth healthy. The hospital covers the physical health needs of those students who present to the school nurse. However, the hospital has an agreement in place with the local federally qualified health center to provide counseling services to youth when needed. This allows students to access needed services.
 - The hospital currently has an inpatient geropsych program which alleviates travel burdens for patients and families. The hospital is

- currently exploring options of the feasibility of expanding these services to outpatient.
- The geropscyh program added a MSW to help with patient care and home visits. This position is also in the process of starting a local Alzheimer's caregiver support group.
- Mental health and substance abuse is a large overarching issue. The
 hospital recognizes this as well the strong linkage between mental and
 physical health. The hospital is striving to provide the best quality of
 care for inpatients and outpatients to positively impact mental health.
- Access to specialty services
 - This priority was identified strongly through the local survey. In particular, it was the top response for what concerns community members most about healthcare in their community as well as the additional services survey respondents would like to see offered at Eastern Oklahoma Medical Center. Hospital administration would like to include this priority as a focus area. By increasing the accessibility to specialists, this can alleviate travel burdens and delays in receiving care.
 - There are plans to add cardiology to travel 1 day per week to Poteau to see patients locally.
 - The hospital is also looking to add one general surgeon to perform surgeries in Poteau.
 - In terms of telemedicine services, the hospital is looking to expand by offering telehospitalist and telepulmonolgy.

Community Health Needs Assessment Marketing Plan

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

Appendix A- Hospital Services/Community Benefits

Eastern Oklahoma Medical Center Services and Community Activities

Hospital Services

- Emergency Services
- · Sleep Center
- Surgical Services
- Medical Surgical Unit
- OB/Nursery
- Mountain Gateway Senior Health
- Swing Beds/Skilled Nursing
- IV Infusion Clinic
- · Certified Wound Care
- · Physical Therapy
- Occupational Therapy

- · Speech Therapy
- Radiology
- Nuclear Medicine
- Respiratory Therapy
- Laboratory
- Pharmacy
- EOMC Walk-In Clinic
- Telemedicine Services
- Family Medical Clinic
- · Heavener Medical Clinic
- · Cavanal Medical Clinic

Community Activities

- EOMC Blood Drive Host Site
- Chamber of Commerce Trash Off Sponsor and Team
- Cooking with the C's Chili Cookoff Sponsor
- Balloon Fest Sponsor & Volunteers
- Poteau Chamber of Commerce Banquet Sponsor
- Hungry Like the Wolf 5k Sponsor
- Boys and Girls Club Sponsor
- · Rotary Club Sponsor
- Choices Pregnancy Center Sponsor
- Special Olympics Polar Plunge Sponsor
- Community Back to School Bash Host
- TSET Certified Healthy Business
- Free Childbirth classes offered to the community @ EOMC
- Telemedicine @ Poteau and Howe Schools
- · ARCOM Partnership
- Jr. Livestock Auction Sponsor
- Dinners for PD and Women's Shelter
- Quilts for Babies
- Auxiliary Bears
- Poteau Baseball/Softball Sponsor
- Talihina Chamber of Commerce Sponsor
- Talihina Poker Run Sponsor
- Cameron Public Schools Supply Fundraiser
- Training site for healthcare professionals in all fields

- Translation Services provided for non-English speaking patients
- Wound Care Certified
- Public school athletic physicals

Committees and Associations

- Student Services & Career Connections @ KTC
- Talihina Chamber
- · Albion Water Board
- Talihina Round Up Club
- Business Education Council @ KTC (LPN Program)
- Business Education Council @ KTC (Health Careers)
- Poteau Fire Department
- Business Education Council @ KTC (Biomedical Sciences Program)
- Keota High School Booster Club
- Poteau Dug Out Club
- Oklahoma Nurses Association
- American Nurses Association
- OHPCA Board of Directors (past membership)
- Power One Workforce Advisor Committee
- APIC (Association for Professionals in Infection Control and Epidemiology)
- EPIC (Epidemiologists and Preventionists in Infection Control)
- Poteau Police Wives
- Poteau Chamber of Commerce Board of Directors
- Business Education Council @ KTC
- Regional Trauma Advisory Board
- Regional Medical Planning Group
- Poteau Chamber Banquet Committee
- Hogeye Firefighter/First Responder
- Leadership Leflore County
- Home Based Services- Board Member
- Booster Club Pocola Schools
- Western Arkansas Human Resource Association
- Wister Fire Dept Committee

Appendix B Community Meeting Attendees

Poteau Community Health Needs Assessment Overview, Economic and Demographic Data, Economic Impact and Health Data 9-Apr-19

Name	Title	Organization
Jay Falkner	President	Carl Albert State College
Laurie Ragan	Child Development Specialist	Le Flore County Health Department
Crystal Hilton	Assistant CNO	Eastern Oklahoma Medical Center
Beth Hites	Physician	Eastern Oklahoma Medical Center
Logan Hayes	DOO	Eastern Oklahoma Medical Center
Matt Akers	Clinic Director	Choctaw Nation
Jess Callahan	County Director	Department of Human Services
Jeff Shockley	Mayor	City of Poteau
Marie Tustin	Clinic Director	Procare Family Health
Marjorie Wann	Counselor	Kiamichi Technology
Amy Lomon	Marketing Director	Eastern Oklahoma Medical Center
Bob Reed	President	Community State Bank
Chris Fentoon	President	Central National Bank
Bob Carter	CEO	Eastern Oklahoma Medical Center
Melanie Ward	Clinic Manager	Eastern Oklahoma Medical Center
Terry Buckner	CFO	Eastern Oklahoma Medical Center
Connie Olcott	Marketing Director	Health and Wellness Center

Poteau Community Health Needs Assessment Survey Results, Primary Care Physician Demand Analysis and Health Concern Prioritization

14-May-19

Name	Title	Organization
Laurie Ragan	Child Development Specialist	Le Flore County Health Department
Jess Callahan	County Director	Department of Human Services
Scotty White	Poteau Mayor	City of Poteau
Gwenda Taylor	Marketing	The Community State Bank
Deann Williams	Office Manager	Investments
Mary Helen Lucas	Board Member	Eastern Oklahoma Medical Center
Ron Hall	SVP	Central National Bank
Amy Lomon	Marketing Director	Eastern Oklahoma Medical Center
Beth Hites	Physician	Eastern Oklahoma Medical Center
Terry Buckner	CFO	Eastern Oklahoma Medical Center

Appendix C- Meeting 1 Materials, April 9, 2019

The Economic and Demographic Analysis of the Eastern Oklahoma Medical **Center Medical Service Area**

As part of the Community Health Needs Assessment

Economic Data

2017 Per Capita Income ¹	\$32,635 (60th highest in state)
Employment (February 2019, preliminary) ²	17,985 (-1.4% from 2017)
Unemployment (February 2019, preliminary) ²	950 (-15.6% from 2017)
Unemployment rate (February 2019, preliminary) ²	5.0% (71st lowest in state)
2017 Poverty rate ³	22.4% (65th lowest in state)
2017 Child poverty rate ³	31.4% (68th lowest in state)
2017 Transfer Payments ¹	\$1,622,986,000 (32.2% of total personal income, 61st lowest in state)
2017 Medical Benefits as a share of Transfer Payments ¹	44.0% (54th lowest in state)

¹Bureau of Economic Analysis, Regional Data, 2019, ² Bureau of Labor Statistics 2017-2018, ³U.S. Census Bureau, Small Area Income and Poverty, 2019

Education Data

At Least High School Diploma ¹	82.2% (64th highest in state)
Some College ¹	41.0% (71st highest in state)
At Least Bachelor's Degree ¹	14.9% (58th highest in state)
2015-2016 Free and Reduced Lunch Eligible ²	72.3% (53rd lowest in state)

¹U.S. Census Bureau, American Community Survey, 2013-2017, ²National Center for Education Statistics, 2015-2016.

Payer Source Data

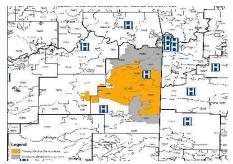
2016 Uninsured Rate (under 65) ¹	22.3% (75th lowest in state)
2016 Uninsured Rate (under 19) ¹	12.1% (74th lowest in state)
2016 Medicare share of total population ²	18.4% (28th lowest in state)
2018 Medicaid share of total population ³	35.0% (63rd lowest in state)

¹ U.S. Census Bureau, Small Area Health Insurance Estimates, 2015, 2 Centers for Medicare & Medicaid Services, Medicare Aged and Disabled by State and County, 2016 $\,$, 3 Oklahoma Health Care Authority, Total Enrollment by County, 2018

Population (2013-2017)

Le Flore County	49,860 (-1.0% from 2010)
Primary Medical Service Area	26,952 (-1.7% from 2010)
Secondary Medical Service Area	17,235 (3.0% from 2010)
Oklahoma	3,896,251 (3.9% from 2010)

U.S. Census Bureau, 2013-2017 American Community Survey 2010 Decennial Census







Percent of Total Population by Age Group for Eastern Oklahoma Medical Center Medical Service Areas, Le Flore County and Oklahoma

Age Groups	Primary Medical Service Area	Secondary Medical Service Area	Le Flore County	Oklahoma
13-17 ACS 0-14 15-19 20-24 25-44 45-64 65+	19.9% 7.2% 6.2% 24.1% 26.0% 16.5%	6.1% 6.1% 24.8% 26.2%	6.8% 6.0% 24.1% 26.1%	6.7% 7.2% 26.1% 24.7%
Totals Total Population	100.0% 26,952	100.0% 17,235		, , , , , , , , , , , , , , , , , , ,

SOURCE: U.S. Census Bureau, 2013-2017 American Community Survey

Percent of Total Population by Race and Ethnicity for Eastern Oklahoma Medical Center Medical Service Areas, Le Flore County and Oklahoma

Race/Ethnic Groups	Primary Medical Service Area	Secondary Medical Service Area	Le Flore County	Oklahoma
13-17 ACS				
White	76.9%	75.8%	75.8%	72.6%
Black	1.1%	4.7%	2.3%	7.3%
Native American ¹	10.2%	8.3%	10.4%	7.4%
Other ²	4.1%	0.9%	2.6%	4.9%
Two or more Races 3	7.7%	10.3%	8.9%	7.8%
Hispanic Origin ⁴	<u>9.6%</u>	<u>3.6%</u>	<u>6.8%</u>	10.1%
Total Population	26,952	17,235	49,860	3,896,251

SOURCE: U.S. Census Bureau, 2013-2017 American Community Survey

For additional information, please contact:

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

Oklahoma Office of Rural Health

Phone: 405.945.8609



Eastern Oklahoma Medical Center Economic Impact

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

Eastern Oklahoma Medical Center <u>directly</u> employs **250** people (including the clinic) with an annual payroll of over **\$11.9** million including benefits

- These employees and income create an additional 159 jobs and \$2 million in income as they interact with other sectors of the local economy
- Total impacts = 409 jobs and over \$14 million
- Other segments of the healthcare sector (Doctors, Nurses, Pharmacies, etc.) provide another **456 jobs** and an additional **\$26.89 million** in wages
- Their interactions and transactions within the local economy create:
- Total health sector impacts = 1,002 jobs and \$45.8 million (Including the hospital)
- Over \$13.5 million in retail sales generated from the presence of the health sector

Healthcare and Your Local Economy:

- Attracts retirees and families
- Appeals to businesses looking to establish and/or relocate
- High-quality healthcare services and infrastructure foster community development
- Positive impact on retail sales of local economy

Consider what could be lost without the hospital:

- Pharmacies
- · Physicians/Specialists
- Potential Retail Sales

Services

| Inputs | Services | S

Source: Doeksen, G.A., T. Johnson, and C. Willoughby. 1997. Measuring the Economic Importance of the Health Sector on a Local Economy: A Brief Literature Review and Procedures to Measure Local Impacts

For additional information, please contact: Lara Brooks, Rural Health Analyst, lara.brooks@okstate.edu Corie Kaiser, Director, corie.kaiser@okstate.edu Oklahoma Office of Rural Health Phone: 405.945.8609



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Health Indicators and Outcomes for Le Flore County

As part of the Community Health Needs Assessment

Table 1. Health Factors (Overall Rank 70)

Category (Rank)	Le Flore County	Error Margin	Top U.S. Performers	Oklahoma	
Health Behaviors (61)					
Adult Smoking	21%	21-22%	14%	20%	
Adult Obesity	33%	28-38%	26%	33%	
Food Environment Index	6.8		8.7	5.7	
Physical Inactivity	35%	30-39%	19%	28%	
Access to Exercise Opportunities	31%		91%	72%	
Excessive Drinking	11%	11-12%	13%	13%	
Alcohol-Impaired Driving Deaths	35%	29-42%	13%	27%	
Sexually Transmitted Infections	385		153	548	
Teen Birth Rate	51	25-31	14	39	
Clinical Care (70)					
Uninsured	22%	20-24%	6%	16%	
Primary Care Physicians	3,120:1		1,050:1	1,590:1	
Dentists	3,110:1		1,260:1	1,660:1	
Mental Health Providers	310:1		310:1	260:1	
Preventable Hospital Stays	6,853		2,765	4,862	
Mammography Screening	29%		49%	36%	
Flu Vaccinations	36%		52%	46%	
Social & Economic Factors (72)					
High School Graduation	83%		95%	83%	
Some College	45%	42-48%	73%	60%	
Unemployment	5.8%		2.9%	4.3%	
Children in Poverty	31%	25-38%	11%	21%	
Income Inequality	4.9	4.6-5.2	3.7	4.6	
Children in Single-Parent Household	32%	29-35%	20%	34%	
Social Associations	9.2		21.9	11.5	
Violent Crime Rate	255		63	428	
Injury Deaths	113	99-129	57	93	
Physical Environment (76)					
Air-Pollution- Particulate Matter	10.5		6.1	9.4	
Drinking Water Violations	Yes				
Severe Housing Problems	14%	13-15%	9%	14%	
Driving Alone to Work	86%	84-87%	72%	83%	
Long Commute- Driving Alone	31%	28-33%	15%	26%	

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





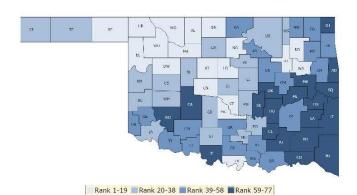
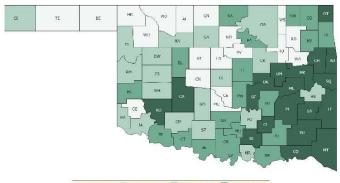


Table 2. Health Outcomes (Overall Rank 63)

Tuble 2: Health Outcomes (Over all Rank 05)							
Category (Rank)	Le Flore County	Error Margin	Top U.S. Performers	Oklahoma			
Length of Life (64)							
Premature Death	12,200	11,100- 13,400	5,400	9,300			
Quality of Life (58)		2.					
Poor or Fair Health	22%	22-23%	12%	20%			
Poor Physical Health Days	5.0	4.9-5.2	3.0	4.5			
Poor Mental Health Days	4.9	4.8-5.1	3.1	4.5			
Low Birth Weight	8%	7-9%	6%	8%			

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



Rank 1-19 Rank 20-38 Rank 39-58 Rank 59-77

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Appendix D- Survey Form and Meeting 2 Materials, May 14, 2019

Eastern Oklahoma Medical Center Local Health Services Survey

Please return completed survey by April 23, 2019 The zip code of my residence is: What is your current age:_ What is your gender: 1. Has your household used the services of a hospital in the past 24 months? \square Yes (Go to Q2) \square No (Skip to Q7) □ Don't know (Skip to Q7) 2. At which hospital(s) were services received? (please check/list all that apply) ☐ Other (Please specify Hospital and City, then go to Q3) ☐ Eastern Oklahoma Medical Center (Skip to Q4) If you responded in Q2 that your household received care at a hospital other than Eastern Oklahoma Medical 3. Center, why did you or your family member choose that hospital? (Please answer then skip to Q7) ☐ Physician referral ☐ Quality of care/Lack of confidence ☐ Closer, more convenient location ☐ Availability of specialty care ☐ Insurance reasons ☐ Other (Please list below) If you responded in Q2 that your household received care at Eastern Oklahoma Medical Center, what hospital 4. service(s) were used? ☐ Diagnostic imaging (X-ray, CT, Ultrasound) ☐ Hospital Inpatient ☐ Skilled nursing (swing bed) ☐ Laboratory ☐ Outpatient infusion/Shots ☐ Emergency room (ER) ☐ Physician services ☐ Other (Please list below) ☐ Physical or speech therapy 5. How satisfied was your household with the services you received at Eastern Oklahoma Medical Center? □ Satisfied ☐ Dissatisfied ☐ Don't know 6. Why were you satisfied/dissatisfied with services received at Eastern Oklahoma Medical Center? 7. Has your household been to a specialist in the past 24 months? ☐ Yes ☐ No (Skip to Q11) ☐ Don't know (Skip to Q11) What type of specialist has your household been to in the past 24 months and in which city were they located? **Type of Specialist** City 9. Did the specialist request further testing, laboratory work and/or x-rays? ☐ Yes □ No ☐ Don't know 10. If yes, in which city were the tests or laboratory work performed?

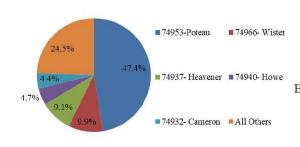
Continue on reverse side...

11.	Whay type of medical provider do you use for routine care ☐ Primary care physician ☐ Nurse practitioner or Physician assistant ☐ Tribal health center ☐ Income Based Health Center (Health & Wellness) ☐ Health Department	 ? (Please select all that apply) □ Emergency Room/Hospital □ Walk-in clinic □ Specialist □ Other (Please list below)
12.	Has your household been to a primary care provider in the ☐ Yes (Go to Q14) ☐ No (Skip to Q16)	Poteau area? Don't know (Skip to Q16)
13.	How satisfied was your household with the quality of care of Satisfied □ Dissatisfied	received in the Poteau area? □ Don't know
14.	Why were you satisfied/dissatisfied with the care received in	in the Poteau area?
15.	Do you think there are enough primary care (family) doctor ☐ Yes ☐ No	rs practicing in the Poteau area? Don't know
16.	Would you consider seeing a midlevel provider (nurse prac ☐ Yes ☐ No	titioner or PA) for your routine healthcare needs? Don't know
17.	Are you able to get an appointment, within 48 hours, with y ☐ Yes ☐ No	your primary care provider when you need one? Don't know
18.	Have you used the services of an after hours or urgent care ☐ Yes ☐ No	facility in the past 12 months? ☐ Don't know
19.	If you responded Yes in Q18, did you receive those service ☐ Yes ☐ No	s in Poteau? Don't know
20.	What concerns you most about health care in the Poteau are	ea?
21.	What other services would you like to see offered at Easter	n Oklahoma Medical Center?
22.	Are you aware of any community programs offered by the large Yes No Please list the community program(s)	Don't know Please mail completed survey to:
23.	How would you prefer to be notified of community events? (Please rank your choices with 1=most preferred and 5=lease Newspaper Email Radio Website	105 8 (1411 8).

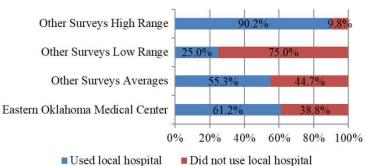
Eastern Oklahoma Medical Center Community Survey Results

As part of the Community Health Needs Assessment

Zip Code of Residence, Top 5 Responses

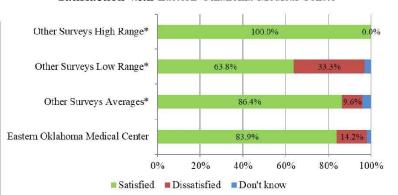


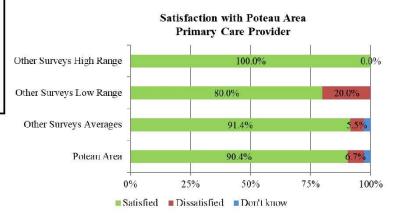
Hospital Utilization Comparison



Satisfaction with Eastern Oklahoma Medical Center

Type of Specialist Visits						
Specialist	No.	Percent				
Top 5 Responses						
Orthopedist/Ortho Surg. (0 visits in Poteau)	34	15.5%				
Cardiologist (0 visits in Poteau)	32	14.5%				
Neurologist/Neurosurg. (0 visits in Poteau)	20	9.1%				
OB/GYN (0 visits in Poteau)	15	6.8%				
Otolaryngologist (0 visits in Poteau)	13	5.9%				
All others (3 visits in Poteau)	106	48.2%				
Total	220	100.0%				





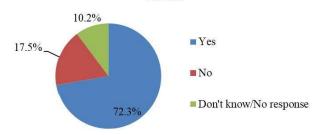




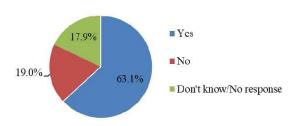
Do you think there are enough primary care doctors practicing in the Poteau area?

Would you see a midlevel provider for routine healthcare needs?



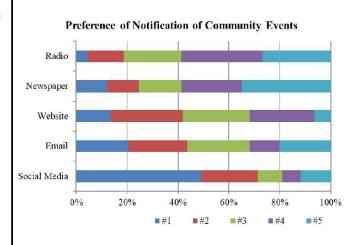


Are you able to get an appointment, within 48 hours, with your primary care provider when needed?



Healthcare concerns- Top 3 Responses						
Concern	No.	Percent				
Access to specialists/Lack of specialist services including pediatrics and cardiology	55	18.9%				
Quality of care/Compassion for patient/ Emergency room care	46	15.8%				
No concerns/Receive good care/Don't know	28	9.6%				
All others	158	54.3%				
Total	291	100.0%				

Additional Services to Offer-Top 3	Respo	nses
Services	No.	Percent
Specialists: Cardiologists (36); Orthopedist (30); Specialists in general (23); Dermatologist (11); Pediatrician/Emergency pediatrician (11); Neurologist (11); Endocrinologist (7); Urologist (5); Gastroenterologist (4); Otolaryngologist (4); Pulmonologist (3); Surgeon (3); Rheumatologist (3); Pain management (2); OB/GYN (2); Podiatrist (1); Allergist (1); Hematologist (1)	161	44.6%
No additional services/Satisfied with what is available/Don't know		
	47	13.0%
Surgery/More surgery options/Laser surgery	6	1.7%
All others	147	40.7%
Total	361	100.0%



For additional information, please contact

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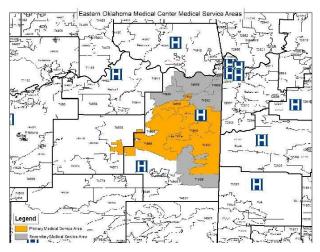
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Primary Care Physician Demand Analysis for the Poteau Medical Service Area

As part of the Community Health Needs Assessment

Table 1. Eastern Oklahoma Medical Center

Zip Code	City	2013-2017 ACS
Primary Med	dical Service Area	
74953	Poteau	11,787
74951	Panama	1,287
74956	Shady Point	1,798
74940	Howe	2,843
74937	Heavener	5,536
74966	Wister	3,701
	Totals	<u> 26,952</u>
Secondary Me	edical Service Area	
74959	Spiro	7,319
74902	Pocola	4,073
74930	Bokoshe	2,153
74932	Cameron	2,487
74939	Hodgen	1,203
	Totals	<u>17,235</u>



SOURCE: Population data from the U.S. Bureau of Census, 2013-2017 American Community Survey

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

		3	vicuicai oc	i vice Ai cas			
		PRIMAR	Y MEDIC	AL SERVICE	E AREA		
		Male Female					
	13-17	Visit		13-17	Visit		Total
Age	Population	Rate ^[3]	Visits	Population	Rate ^[3]	Visits	Visits
-							,
Under 15	2,712	2.0	5,424	2,645	2.1	5,555	10,979
15-24	1,962	2.4	4,709	1,664	1.2	1,997	6,706
25-44	3,291	3.0	9,873	3,214	1.3	4,178	14,051
45-64	3,411	4.2	14,326	3,598	3.1	11,154	25,480
65-74	1,195	6.1	7,290	1,389	5.6	7,778	15,068
7 5+	772	7.4	5,713	1,099	8.0	8,792	14,505
Total	13,343		47,334			39,454	86,788
			597			5.60	

Primary Medical Service Area - Local Primary Care Physician office visits per year: 44,522





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

	SECONDARY MEDICAL SERVICE AREA								
		Male			Female				
	13-17	Visit		13-17	Visit		Total		
Age	Population	Rate ^[3]	Visits	Population	Rate ^[3]	Visits	Visits		
Under 15	1,757	2.0	3,514	1,597	2.1	3,354	6,868		
15-24	1,062	2.4	2,549	1,042	1.9	1,980	4,529		
25-44	2,358	3.0	7,074	1,914	2.9	5,551	12,625		
45-64	2,271	4.2	9,538	2,242	3.8	8,520	18,058		
65-74	943	6.1	5,752	918	6.0	5,508	11,260		
75+	<u>474</u>	7.4	3,508	<u>657</u>	6.7	4,402	7,910		
Total	8,865		31,935	AND PROPERTY		29,314	61,249		

Secondary Medical Service Area - Local Primary Care Physician office visits per year: 31,420

Source: U. S. Department of Health and Human Services, Centers for Disease Control and Prevention, National Center of Health Statistics, "National Ambulatory Medical Care Survey: 2015 Summary.

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

			Usage by R	esidents of	Primary Ser	vice Area		
7	,	70%	75%	80%	85%	90%	95%	100%
	5%	32,737	34,963	37,189	39,415	41,641	43,867	46,093
	10%	34,308	36,534	38,760	40,986	43,212	45,438	47,664
Usage by	15%	35,879	38,105	40,331	42,557	44,783	47,009	49,235
Residents		37,450	39,676	41,902	44,128	46,354	48,580	50,806
of	0.50/	39,021	41,247	43,473	45,699	47,925	50,151	52,377
Secondary		40,592	42,818	45,044	47,270	49,496	51,722	53,948
Service Area	55/0	42,163	44,389	46,615	48,841	51,067	53,293	55,519
	40%	43,734	45,960	48,186	50,412	52,638	54,864	57,090
	45%	45,305	47,531	49,757	51,983	54,209	56,435	58,661
	50%	46,876	49,102	51,328	53,554	55,780	58,006	60,232

If 90% primary medical service area and 10 to 15% secondary medical service area, then the usage would be: 43,212 to 44,783 total primary care physician office visits in the Poteau area for an estimated 10.3 to 10.7 total Primary Care Physicians.

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

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