



# Community Health Needs Assessment

## Mercy Hospital Kingfisher

Fiscal Year 2019



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April 2019



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*This project is/was supported by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) under grant number H54RH00058 and title: Medicare Rural Hospital Flexibility Grant Program fro \$568,040, 0% financed with nongovernmental sources. This information or content and conclusions are those of the author and should not be construed as the official position or policy of, nor should any endorsements be inferred by HRSA, HHS of the U.S. Government.*

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## Introduction

New requirements for nonprofit, 501 (c)(3), hospitals were enacted under the Patient Protection and Affordable Care Act (ACA), passed on March 23, 2010. One of the most significant of the new requirements is the Community Health Needs Assessment (CHNA) that must be conducted during taxable years after March 23, 2012 and submitted with IRS form 990. A CHNA must then be completed every three years following.

While the requirements are fairly new, the IRS has made strides in defining hospitals that must complete the CHNA as well as details of what is expected in the CHNA report to be submitted. At this time the only entities that must complete the CHNA are hospital organizations defined as:

- An organization that operates a State-licensed hospital facility
- Any other organization that the Secretary determines has the provision of hospital care as its principal function or purpose constituting the basis for its exemption under section 501 (c)(3).

The general goal behind the requirement is to gather community input that leads to recommendations on how the local hospital can better meet and serve residents' needs. The community input is typically derived from a community survey and a series of open meetings. Local health data are presented. Community members then identify and prioritize their top health needs.

After listening to community input, the hospital defines an implementation strategy for their specific facility. The implementation strategy is a written plan that addresses each of the health needs identified in the community meetings. To meet Treasury and IRS guidelines an implementation strategy must:

- Describe how the hospital facility plans to meet the health need, or
- Identify the health need as one the hospital facility does not intend to meet and explain why the hospital facility does not intend to meet the health need<sup>1</sup>

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.<sup>2</sup>

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<sup>1</sup> 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.

<sup>2</sup> 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 Mercy Hospital Kingfisher 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**

Mercy Hospital Kingfisher worked with the Oklahoma Office in 2016 to complete their second Community Health Needs Assessment. During that time, health concerns were identified by community members and then prioritized by community members in focus group-style meetings. The following identifies each priority, implementation taken, and an evaluation or impact of the implementation.

#### **Priority: Access to care including specialists**

##### **Activities Completed: Compassion Clinic Partnership**

This is a monthly no charge clinic with an average of 60-75 patients seen. This is offered at a local church. Mercy Hospital Kingfisher provides all laboratory and imaging. The hospital facilitates all referrals including assisting those who need specialized care and with completion

of charity care applications. Many of the providers are Mercy employees who volunteer their time and expertise. A licensed counselor does participate and see patients.

**Priority: Mental health and suicide**

Activities Completed: 8<sup>th</sup> Grade Health Conference

This is an annual conference for 8<sup>th</sup> graders for all Kingfisher County schools. On average, 300 students are impacted annually. This is a collaborative effort through the Kingfisher Community Collaborative and the Mercy Kingfisher Student Careers Council (a program through Mercy Hospital Kingfisher). Topics include mental health, decisions and choices including healthy eating, exercise, etc.

**Priority: Focus on a healthy lifestyle including prevention, healthy eating, and tobacco use**

Activities Completed: Hope Glows 5K

This is a partnership with Kingfisher County's Relay for Life. This is a benefit run to support the local Relay for Life chapter. This was held in conjunction with the annual Relay for Life event. Approximately 30 individuals participated in the 5K in 2018. This is a continued partnership with hopes of growing the number of 5K participants for 2019.

Activities Completed: 8<sup>th</sup> Grade Health Conference

This is an annual conference for 8<sup>th</sup> graders for all Kingfisher County schools. On average, 300 students are impacted annually. This is a collaborative effort through the Kingfisher Community Collaborative and the Mercy Kingfisher Student Careers Council (a program through Mercy Hospital Kingfisher). Topics include mental health, decisions and choices including healthy eating, exercise, etc.

Activities Completed: Fourth Friday in the Park

This event is held in the evening of fourth Friday in June. Health screenings and health information are distributed. This event is through the Kingfisher County Healthy Living Coalition which is part of the Kingfisher Community Collaborative where Mercy Hospital

Kingfisher is a strong partner. This benefitted an average of 100 individuals in 2018. This annual event and will be held again in 2019.

Activities Completed: Cold Turkey Trot 5K

This event is hosted by Mercy Hospital Kingfisher. There is no cost to participants. It is held in November. This event is organized by Kingfisher County Healthy Living Coalition and co-sponsored by Mercy Hospital Kingfisher Student Careers Council. There were 40 individuals who benefitted in 2018. This is annual event that will be held in 2019.

\*These are all annual events that Mercy Hospital Kingfisher either hosts or collaborates to deliver to the community. These events did take place in 2016, 2017, and 2018. The most recent impacts from 2018 are displayed.

Mercy Hospital Kingfisher is a collaborative partner of the Kingfisher Community Collaborative which is a local coalition made up of a cross section of service providers in the community. This group tackles issues in the community to improve the health and quality of life of all residents.

### **Awareness of Community Outreach**

A question was included on the community survey (complete methodology detailed on page 21) to gauge survey respondents' awareness of current community programs offered by the hospital. Twenty-two individuals or 14.5 percent of the total indicated they were aware of community programs. Survey respondents were then asked to list which programs they knew. The most commonly responded programs were the Compassion Clinic (10 responses) and blood drives (2 responses). The table below outlines all programs listed by the survey respondents.

**Please list community programs:**

Response Category	No.	%
Compassion Clinic	10	43.5%
Blood drives	2	8.7%
Assistance with Relay for Life	1	4.3%
Baptist Church program	1	4.3%
Baby mobile	1	4.3%
Education on specific health issues	1	4.3%
Fun Run	1	4.3%
Heart health luncheon	1	4.3%
Non critical ER	1	4.3%
Student careers council	1	4.3%
Dietary	1	4.3%
Radiology	1	4.3%
Laboratory	1	4.3%
Total	23	100.0%



## Mercy Hospital Kingfisher Medical Services Area Demographics

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

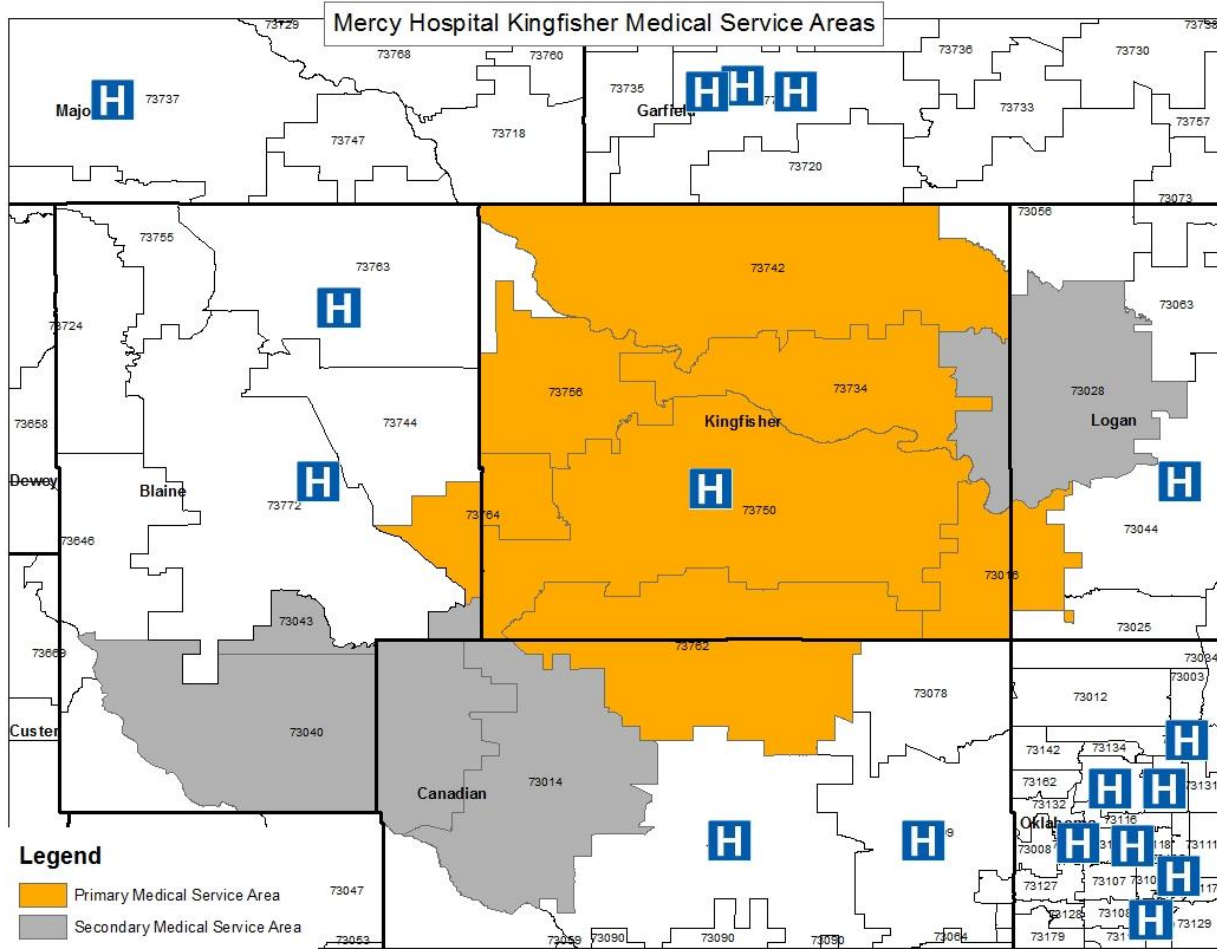


Figure 1. Mercy Hospital Kingfisher Medical Service Areas

<b>City</b>	<b>County</b>	<b>Hospital</b>	<b>No. of Beds</b>
Watonga	Blaine	Mercy Hospital Watonga	17
Okeene	Blaine	Okeene Municipal Hospital	25
El Reno	Canadian	Mercy Hospital El Reno	48
Yukon	Canadian	INTEGRIS Canadian Valley	75
Enid	Garfield	INTEGRIS Bass Baptist Health Center	183
Enid	Garfield	INTEGRIS Bass Pavilion	24
Enid	Garfield	St. Mary's Regional Medical Center	245
Kingfisher	Kingfisher	Mercy Hospital Kingfisher	25
Guthrie	Logan	Mercy Hospital Logan County	25
Fairview	Major	Fairview Regional Medical Center	25
Oklahoma City	Oklahoma	INTEGRIS Deaconess	238
Oklahoma City	Oklahoma	Community Hospital, LLC	49
Oklahoma City	Oklahoma	INTEGRIS Baptist Medical Center	629
Edmond	Oklahoma	INTEGRIS Health Edmond	40
Oklahoma City	Oklahoma	Lakeside Women's Hospital	23
Oklahoma City	Oklahoma	McBride Orthopedic Hospital	74
Oklahoma City	Oklahoma	Mercy Hospital Oklahoma City	349
Oklahoma City	Oklahoma	Oklahoma Heart Hospital	99
Oklahoma City	Oklahoma	Oklahoma Spine Hospital	25
Oklahoma City	Oklahoma	OU Medical Center	756
Oklahoma City	Oklahoma	St. Anthony Hospital	686

As delineated in Figure 1, the primary medical service area of Mercy Hospital Kingfisher includes the zip code areas of Kingfisher, Cashion, Dover, Loyal, Okarche, Hennessey, and Omega. The primary medical service area experienced a population increase of 9.8 percent from the 2000 Census to the 2010 Census (Table 1). This same service area experienced a population increase of 2.9 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 of Calumet, Crescent, Geary, and Greenfield. The secondary medical service area experienced an increase in population of 1.7 percent from 2000 to 2010 followed by another population increase of 9.6 percent from 2010 to the 201-2017 American Community Survey.

**Table 1. Population of Mercy Hospital Kingfisher Medical Service Area**

Population by Zip Code	2000 Population	2010 Population	2013-2017 Population	% Change 2000-2010	% Change 2010-13-17
<i>Primary Medical Service Area</i>					
73750 Kingfisher	6,551	7,025	7,475	7.2%	6.4%
73016 Cashion	1,367	1,850	1,803	35.3%	-2.5%
73734 Dover	981	1,067	948	8.8%	-11.2%
73756 Loyal	289	352	274	21.8%	-22.2%
73762 Okarche	1,966	2,156	2,059	9.7%	-4.5%
73742 Hennessey	3,617	3,824	4,232	5.7%	10.7%
73764 Omega	182	144	102	-20.9%	-29.2%
<b>Total</b>	<b>14,953</b>	<b>16,418</b>	<b>16,893</b>	<b>9.8%</b>	<b>2.9%</b>
<i>Secondary Medical Service Area</i>					
73014 Calumet	1,531	1,431	1,912	-6.5%	33.6%
73028 Crescent	3,199	3,454	3,830	8.0%	10.9%
73040 Geary	1,972	1,976	1,769	0.2%	-10.5%
73043 Greenfield	165	125	146	-24.2%	16.8%
<b>Total</b>	<b>6,867</b>	<b>6,986</b>	<b>7,657</b>	<b>1.7%</b>	<b>9.6%</b>

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

Table 2 displays the current existing medical services in the primary service area of Mercy Hospital Kingfisher 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. Mercy Hospital Kingfisher is a 25 bed critical access facility located in Kingfisher County, Oklahoma. Services offered by Mercy Hospital Kingfisher include acute in patient services, swing bed, physical, speech, and occupational therapy, laboratory, modified Barium Swallow studies, and radiological services (CT, MRI, and Ultrasound) are also available at Mercy Hospital Kingfisher. A complete list of hospital services and community involvement activities can be found in Appendix A.

**Table 2. Existing Medical Services in the Mercy Hospital Kingfisher Medical Services Area**

<b>Count</b>	<b>Service</b>
1	Hospital, Mercy Hospital Kingfisher
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. 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 15.2 percent of the primary medical service area, 19.1 percent of the secondary medical service area, and 15.2 percent of the population of Kingfisher County. The 45-64 age group accounts for the largest share of the population in the primary (25.8%) and secondary (30.1%) service areas and Kingfisher County (25.4%). This is compared to the state share of 24.7 percent of the total state population.

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

Age Groups	Primary Medical Service Area	Secondary Medical Service Area	Kingfisher County	Oklahoma
<b>2010 Census</b>				
0-14	21.9%	20.3%	22.0%	20.7%
15-19	7.1%	7.5%	7.1%	7.1%
20-24	4.9%	5.3%	5.0%	7.2%
25-44	24.1%	22.3%	24.1%	25.8%
45-64	27.2%	26.9%	26.8%	25.7%
65+	<u>14.9%</u>	<u>17.7%</u>	<u>15.0%</u>	<u>13.5%</u>
Totals	100.0%	100.0%	100.0%	100.0%
Total Population	16,418	6,986	15,034	3,751,351
<b>13-17 ACS</b>				
0-14	22.4%	19.6%	22.7%	20.5%
15-19	7.0%	6.2%	6.8%	6.7%
20-24	5.2%	4.3%	5.2%	7.2%
25-44	24.4%	20.7%	24.6%	26.1%
45-64	25.8%	30.1%	25.4%	24.7%
65+	<u>15.2%</u>	<u>19.1%</u>	<u>15.2%</u>	<u>14.7%</u>
Totals	100.0%	100.0%	100.0%	100.0%
Total Population	16,893	7,657	15,510	3,896,251

SOURCE: U.S. Census Bureau, Decennial Census data for 2010 and American Community Survey data for 2013-2017 (www.census.gov [January 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 Kingfisher County and the primary medical service area. This cohort accounted for 14.2 percent of the population in the primary medical service area, 1.8 percent in the secondary, and 15.2 percent of the population in Kingfisher County.

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

Race/Ethnic Groups	Primary Medical Service Area	Secondary Medical Service Area	Kingfisher County	Oklahoma
<b>2010 Census</b>				
White	85.2%	81.7%	84.5%	72.2%
Black	1.1%	1.7%	1.1%	7.4%
Native American <sup>1</sup>	3.1%	9.8%	3.1%	8.6%
Other <sup>2</sup>	7.6%	2.0%	8.1%	5.9%
Two or more Races <sup>3</sup>	3.1%	4.7%	3.2%	5.9%
Hispanic Origin <sup>4</sup>	<u>12.7%</u>	<u>4.4%</u>	<u>13.4%</u>	<u>8.9%</u>
Total Population	16,418	6,986	15,034	3,751,351
<b>13-17 ACS</b>				
White	84.2%	39.5%	83.3%	72.6%
Black	1.1%	0.7%	1.1%	7.3%
Native American <sup>1</sup>	3.2%	7.5%	3.3%	7.4%
Other <sup>2</sup>	8.2%	0.8%	8.7%	4.9%
Two or more Races <sup>3</sup>	3.3%	4.2%	3.6%	7.8%
Hispanic Origin <sup>4</sup>	<u>14.2%</u>	<u>1.8%</u>	<u>15.2%</u>	<u>10.1%</u>
Total Population	16,893	7,657	15,510	3,896,251

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

## **Summary of Community Meetings**

Mercy Hospital Kingfisher hosted two community meetings between January 14 and March 11, 2019. These meetings were in the form of presentations to the Kingfisher Community Collaborative. 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:

- Mercy Hospital Kingfisher representatives
- Kingfisher County Health Department
- Sooner Success
- Oklahoma Healthcare Authority
- Red Rock Behavioral
- City Leadership
- Public Health Institute of Oklahoma
- OSU Cooperative Extension Service

Average attendance at the community meetings was 20-23 community members. This group was selected as the best organize entity in the community due to the cross-section representation, the focus on health, and the public health expertise. This group also works closely with the low-income and medically underserved populations, and these individuals can truly speak well to the needs of the populations they serve.

### **Economic Impact and Community Health Needs Assessment Overview, January 14, 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 Kingfisher County, Oklahoma economy. A representative from the hospital collected employment data from 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 Mercy Hospital Kingfisher medical service area employs 504 FTE individuals. After applying a county-specific employment multiplier to each respective sector, there is a total employment impact of 657 FTE employees. The same methodology is applied to income. The local health sector has a direct income impact of over \$26.7 million. When the appropriate income multiplier is applied, the total income impact is over \$31.9 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 \$10.4 million spent locally, generating \$94,226 on a 1% tax. A copy of the meeting materials that were distributed can be found in Appendix C.

At the conclusion of the meeting, community members were asked to identify their top health concerns based on the demographic information presented and their local expertise. The following concerns were identified:

- Obesity
- Smoking/Tobacco use
- Mental health
- Teen pregnancy
- Opioids
- Suicide

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

Health Sectors	Employment			Income			Retail	1 Cent
	Direct	Multiplier	Impact	Direct	Multiplier	Impact	Sales	Sales Tax
Hospitals	119	1.50	178	\$5,324,712	1.20	\$6,379,037	\$1,881,816	\$18,818
Physicians, Dentists & Other Medical Professionals	129	1.31	168	\$10,034,440	1.18	\$11,865,333	\$3,500,273	\$35,003
Nursing Home & Home Health	214	1.20	258	\$8,474,441	1.18	\$10,011,925	\$2,953,518	\$29,535
Other Medical & Health Services & Pharmacies	<u>42</u>	1.27	<u>53</u>	<u>\$2,930,340</u>	1.26	<u>\$3,684,782</u>	<u>\$1,087,011</u>	<u>\$10,870</u>
<b>Total</b>	<b>504</b>		<b>657</b>	<b>\$26,763,932</b>		<b>\$31,941,078</b>	<b>\$9,422,618</b>	<b>\$94,226</b>

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, emailed to Meeting Attendees**

Health indicators and outcomes data were emailed to the attendees to review. This group regularly reviews health data specific to Kingfisher County with respect to state and national trends. The data emailed to the group were largely from the County Health Rankings and Roadmaps Program through the University of Wisconsin Population Health Institute, and the Robert Wood 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: 4), clinical care (rank: 1), social and economic factors (rank: 1), and physical environment (rank: 4). Kingfisher County's overall health factors rank is 2. This suggests, in general, the health status of Kingfisher County residents is somewhat comparable or more favorable than that of neighboring counties. Areas of concern include Kingfisher County's smoking rate, adult obesity rate, rate of excessive drinking, and rate of uninsured. All health factors variables are presented in Table 6 along with Kingfisher 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 Kingfisher County ranks very poorly compared to the national benchmark). The green highlighted categories are identified by the County Health Rankings and Roadmaps as areas of strength.

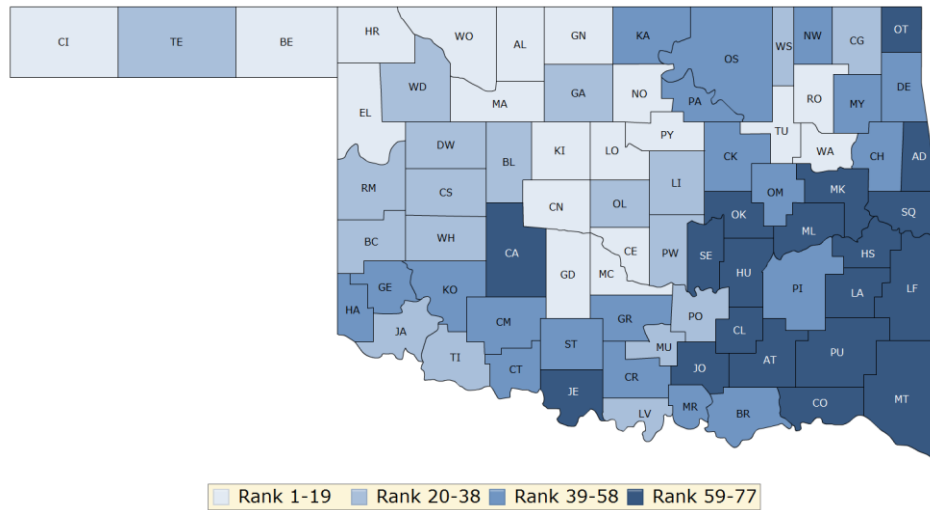


**Table 6. Health Factors (Overall Rank 2)**

Category (Rank)	Kingfisher County	Error Margin	Top U.S. Performers	Oklahoma
<b>Health Behaviors (4)</b>				
Adult Smoking	16%	15-16%	14%	20%
Adult Obesity	32%	26-38%	26%	33%
Food Environment Index	8.8		8.6	5.9
Physical Inactivity	28%	22-34%	20%	30%
Access to Exercise Opportunities	60%		91%	74%
Excessive Drinking	15%	14-15%	13%	13%
Alcohol-Impaired Driving Deaths	29%	18-40%	13%	28%
Sexually Transmitted Infections	270		146	542
Teen Birth Rate	34	28-40	15	42
<b>Clinical Care (1)</b>				
Uninsured	17%	15-19%	6%	16%
Primary Care Physicians	1,730:1		1,030:1	1,590:1
Dentists	2,230:1		1,280:1	1,700:1
Mental Health Providers	710:1		330:1	260:1
Preventable Hospital Stays	64	51-78	35	60
Diabetic Monitoring	87%	74-100%	91%	78%
Mammography Screening	59%	45-74%	71%	56%
<b>Social &amp; Economic Factors (1)</b>				
High School Graduation	92%		95%	83%
Some College	59%	51-68%	72%	59%
Unemployment	3.4%		3.2%	4.9%
Children in Poverty	14%	10-18%	12%	23%
Income Inequality	4.0	4.1-5.5	3.7	4.6
Children in Single-Parent Household	29%	20-38%	20%	34%
Social Associations	16.7		22.1	11.5
Violent Crime Rate	66		62	439
Injury Deaths	83	107-170	55	92
<b>Physical Environment (4)</b>				
Air-Pollution- Particulate Matter	9.0		6.7	9.2
Drinking Water Violations	Yes			
Severe Housing Problems	10%	7-13%	9%	15%
Driving Alone to Work	86%	83-90%	72%	83%
Long Commute- Driving Alone	26%	22-30%	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. Kingfisher County's ranking is comparable to Canadian and Logan and is more favorable than all of the other surrounding counties.



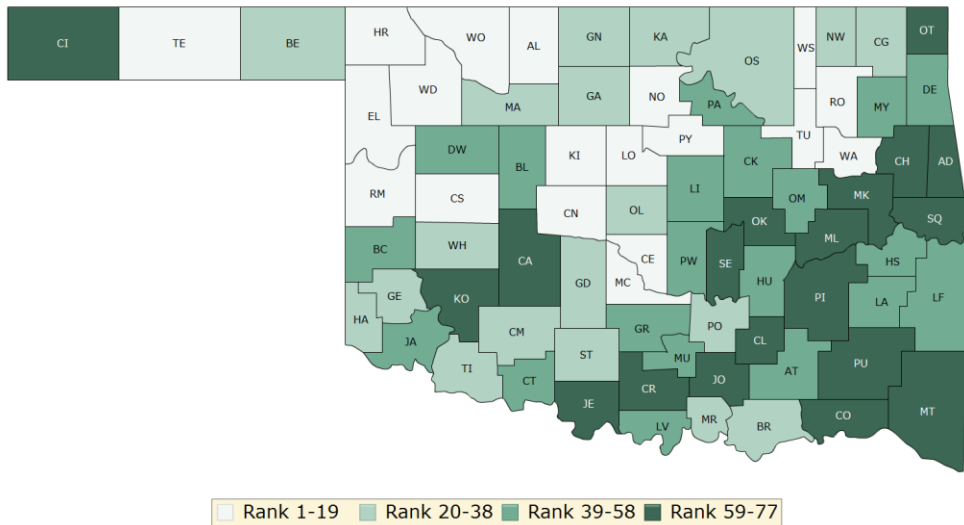
In terms of health outcomes, considered, today's health, Kingfisher County's ranking is 1st in the state. Kingfisher County has held this title for six consecutive years. Health outcomes are comprised of two areas: length of life and quality of life. The variables for each of these sections are presented in Table 7.

**Table 7. Health Outcomes (Overall Rank 1)**

Category (Rank)	Kingfisher County	Error Margin	Top U.S. Performers	Oklahoma
<b>Length of Life (5)</b>				
Premature Death	6,900	5,500-8,300	5,300	9,300
<b>Quality of Life (1)</b>				
Poor or Fair Health	16%	16-17%	12%	20%
Poor Physical Health Days	3.9	3.7-4.1	3.0	4.5
Poor Mental Health Days	4.0	3.9-4.2	3.1	4.5
Low Birth Weight	6%	5-8%	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. Kingfisher County does rank number one in the state which is somewhat comparable to that of Logan and Canadian Counties. All meeting materials distributed at this meeting can be found in Appendix D.



### **Mercy Internal Data Presentation, March 11, 2019**

Internal Mercy Hospital Kingfisher data were also reviewed. This includes both emergency department data and inpatient. The data were gathered by Mercy Ministry Office for calendar year 2017 and presented by the Mercy Hospital Kingfisher CEO.

## Mercy Hospital Kingfisher Emergency Department Statistics

Race	Visits
Caucasian	3597
Native American	198
Hispanic	411
African American	103
Multi-Racial	74
Other	26
Unknown/Refused	11
Asian	14
<b>Total</b>	<b>4435</b>

Age Group	Visits
0-10	687
11-19	440
20-29	573
30-39	548
40-49	471
50-59	490
60-69	429
70-79	353
80-89	325
90 and over	119
<b>Total</b>	<b>4,435</b>

### Co-Occurring Diagnoses

Principal/Secondary Diagnoses	Visits
Diabetes	565
Behavioral Health	1515
Cardiovascular Disease	525
Lung Disease	783

### Top 10 Diagnosis

ICD10 Primary Diag	Primary ICD10 Diag Desc	Visits
R07.89	Other chest pain	101
J06.9	Acute upper respiratory infection, unspecified	86
R07.9	Chest pain, unspecified	77
N39.0	Urinary tract infection, site not specified	77
S09.90XA	Unspecified injury of head, initial encounter	69
J02.9	Acute pharyngitis, unspecified	67
J20.9	Acute bronchitis, unspecified	59
M54.5	Low back pain	49
J44.1	Chronic obstructive pulmonary disease with (acute) exacerbation	48
R51	Headache	46



## Mercy Hospital Kingfisher Inpatient Data

Race	Visits
Caucasian	282
Native American	7
Hispanic	5
African American	1
Other	4
<b>Total</b>	<b>299</b>

Age Group	Visits
11-19	1
20-29	2
30-39	25
40-49	8
50-59	26
60-69	57
70-79	80
80-89	94
90 and over	36
<b>Total</b>	<b>299</b>

## Co-Occurring Diagnoses

Principal/Secondary Diagnoses	Visits
Diabetes	134
Behavioral Health	150
Cardiovascular Disease	138
Lung Disease	155

## Top 10 Diagnosis

DRG	DRG Descriptions	Visits
190	CHRONIC OBSTRUCTIVE PULMONARY DISEASE W MCC	24
690	KIDNEY URINARY TRACT INFECTIONS W/O MCC	22
194	SIMPLE PNEUMONIA PLEURISY W CC	16
603	CELLULITIS W/O MCC	15
193	SIMPLE PNEUMONIA PLEURISY W MCC	14
561	AFTERCARE, MUSCULOSKELETAL SYSTEM CONNECTIVE TISSUE W/O CC/MCC	13
560	AFTERCARE, MUSCULOSKELETAL SYSTEM CONNECTIVE TISSUE W CC	13
195	SIMPLE PNEUMONIA PLEURISY W/O CC/MCC	8
291	HEART FAILURE SHOCK W MCC	8
638	DIABETES W CC	7
689	KIDNEY URINARY TRACT INFECTIONS W MCC	7
683	RENAL FAILURE W CC	7
948	SIGNS SYMPTOMS W/O MCC	7

### Community Survey Methodology and Results, January 14- March 11, 2019

A survey was designed to gauge hospital usage, satisfaction, and community health needs. The survey was available in both paper and web format. The hard copy version of the survey was distributed at Kingfisher County Health Department. The survey link was also shared with Mercy Hospital Kingfisher and clinic employees who were encouraged share it further. The survey link was also distributed through the Kingfisher Community Collaborative and the local Chamber of Commerce. Surveys were also distributed at the first community meeting on January 14, 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 Mercy Hospital Kingfisher.

The survey ran from January 14, 2019 to February 11, 2019. A total of 152 surveys from the Mercy Hospital Kingfisher medical service area were completed. Of the surveys returned, 148 were electronic responses. The survey results were presented at the March 11, community meeting.

Table 8 below shows the survey respondent representation by zip code. The largest share of respondents was from the Kingfisher (73750) zip code with 91 responses or 59.9 percent of the total. Dover, El Reno, and Okarche followed with 7 responses each

**Table 8. Zip Code of Residence**

Response Category	No.	%
73750- Kingfisher	91	59.9%
73734- Dover	7	4.6%
73036- El Reno	7	4.6%
73762- Okarche	7	4.6%
73756- Loyal	6	3.9%
73742- Hennessey	6	3.9%
73099- Yukon	3	2.0%
73016- Cashion	3	2.0%
73044-Guthrie	2	1.3%
73078- Piedmont	2	1.3%
74855- Meeker	1	0.7%
73059- Minco	1	0.7%
73772- Watonga	1	0.7%
73120- Oklahoma City	1	0.7%
73127- Oklahoma City	1	0.7%
73130- Oklahoma City	1	0.7%
73142- Oklahoma City	1	0.7%
73150- Oklahoma City	1	0.7%
73169- Oklahoma City	1	0.7%
73013- Edmond	1	0.7%
73012- Edmond	1	0.7%
72949- Ozark, AR	1	0.7%
45656- Oak Hill, OH	1	0.7%
No Response	5	3.3%
<b>Total</b>	<b>152</b>	<b>100.0%</b>

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

***Primary Care Physician Visits***

- 69.1% of respondents had used a primary care physician in the Kingfisher service area during the past 24 months
- 90.6% of those responded being satisfied
- Only 68 respondents or 44.7% believe there are enough primary care physicians practicing in Kingfisher
- 68.4% of the respondents would consider seeing a midlevel provider for their healthcare needs

- 70.4% responded they were able to get an appointment with their primary care physician when they needed one

***Specialist Visits***

Summary highlights include:

- 68.4% 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 Kingfisher

**Table 9. Type of Specialist Visits**

Type of Specialist	No.	Percent
<b><i>Top 5 Responses</i></b>		
Orthopedist/Orthopedic Surg. <i>(2 visits in Kingfisher)</i>	24	16.8%
Cardiologist <i>(1 visit in Kingfisher)</i>	16	11.2%
Dermatologist <i>(0 visits in Kingfisher)</i>	14	9.8%
Gastroenterologist <i>(0 visits in Kingfisher)</i>	11	7.7%
OB/GYN <i>(0 visits in Kingfisher)</i>	10	7.0%
All others <i>(0 visits in Kingfisher)</i>	<u>68</u>	<u>47.5%</u>
<b>Total</b>	<u>143</u>	<u>100.0%</u>

Some respondents answered more than once.

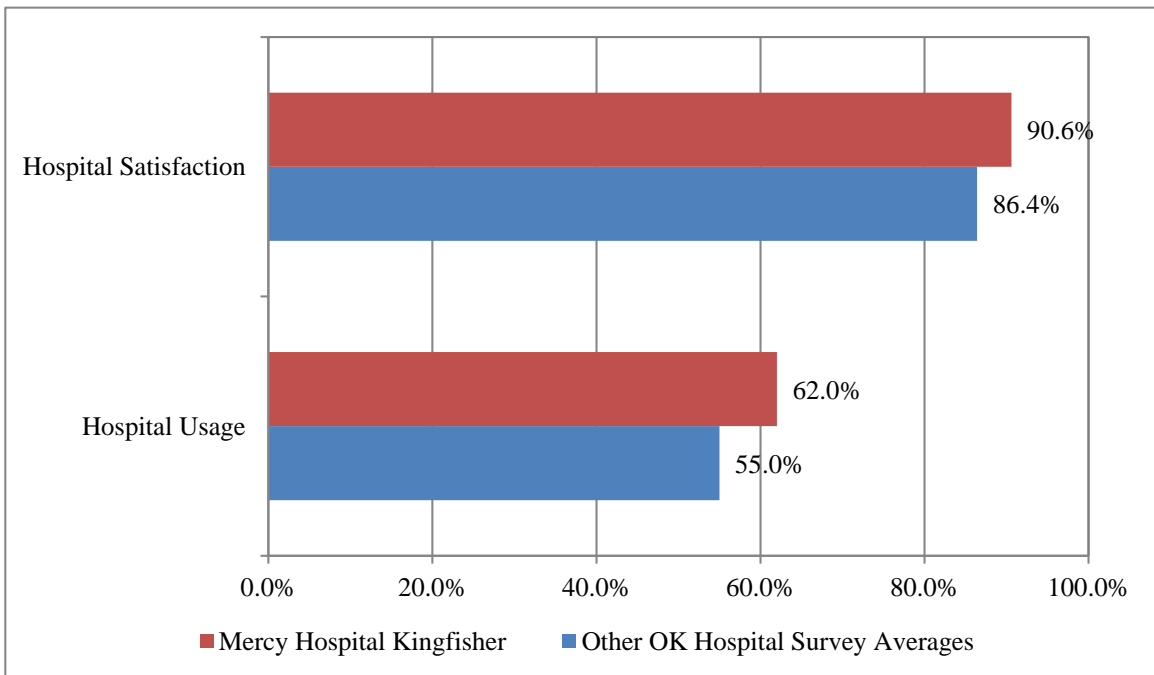
***Hospital Usage and Satisfaction***

Survey highlights include:

- 62% of survey respondents that have used hospital services in the past 24 months used services at Mercy Hospital Kingfisher
  - o Mercy Hospital Oklahoma City (10.9%) and INTEGRIS Baptist Medical Center, Oklahoma City (3.6%) followed
  - o The most common response for using a hospital other than Mercy Hospital Kingfisher was availability of specialty care (including surgery and labor and delivery) (34.2%) followed by physician referral (29.1%)

- The usage rate of 62% was higher than the state average of 55% for usage of other rural Oklahoma hospitals surveyed
- 90.6% of survey respondents were satisfied with the services received at Mercy Hospital Kingfisher
  - This is above the state average for other hospitals (86.4%)
- Most common services used at Mercy Hospital Kingfisher:
  - Diagnostic Imaging (30.8%)
  - Laboratory (21.3%)
  - Emergency room (20.4%)

**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 No concerns/Receive good care/Don't know with 15.6 percent of the total followed by lack of physicians/difficult to see provider/retiring physicians with 10.4 percent. Table 10 displays all responses and the frequencies.

**Table 10. Top Healthcare Concerns in the Kingfisher Area**

	No.	%
No Concerns/ Receive good care/Don't Know	24	15.6%
Lack of physicians/Difficult to see provider/Retiring physicians	16	10.4%
Level of care/Level of inpatient services	9	5.8%
Access to specialists	9	5.8%
Losing services/Hospital/Lack of funding	8	5.2%
Cost of care/Cost for uninsured	7	4.5%
Quality of care/Compassion for patient	7	4.5%
Physician coverage of ER	6	3.9%
Lack of afterhours care and weekend care	5	3.2%
EMS coverage/EMS services	5	3.2%
Lack of mental health services	3	1.9%
Need more mammogram appointments	2	1.3%
Access to pediatric care	2	1.3%
Coordination in care/Communication among providers	2	1.3%
Personal physician does not round at hospital	1	0.6%
Cleanliness of provider offices	1	0.6%
No response	47	30.5%
<b>Total</b>	<b>154</b>	<b>100.0%</b>

Survey respondents also had the opportunity to identify what additional services they would like to see offered at Mercy Hospital Kingfisher. The most common response was specialists with a collective response of 20.7 percent of the total. In particular, specialists in general had 10 responses, OB/GYN had 5 responses, Gastroenterologist had 3 responses, pediatrician had 2 responses, podiatrist had 2 responses, surgeon had 2 responses, neurologist had 1 response, pain management had 1 response, oncologist had 1 response, endocrinologist had 1 response, pediatric neuropsych had 1 response, and otolaryngologist had 1 response. Table 11 displays the full listing of responses.

**Table 11. Additional Services Survey Respondents Would Like to See Offered at Mercy Hospital Kingfisher**

Response Category	No.	%
Specialists: Specialists in general (10); OB/GYN (5); Dermatologist (4); Gastroenterologist (3); Pediatrician (2); Podiatrist (2); Surgeon (2); Neurologist (1); Pain Management (1); Oncologist (1); Endocrinologist (1); Pediatric Neuropsych (1); Otolaryngologist (1)	34	20.7%
No additional services/Satisfied with what is available/Don't know	22	13.4%
Counseling/Mental health	7	4.3%
After hours care/Urgent care/Offered 24/7	6	3.7%
Health education/Classes on diabetes, cancer, women's and men's health	5	3.0%
Labor and Delivery/Nursery	4	2.4%
Mammograms/Mammograms more often	4	2.4%
Dialysis	4	2.4%
Complex tests/MRI/PET Scans	3	1.8%
Critical care/Adult ICU	2	1.2%
Open more beds on the floor	2	1.2%
Any additional services/Fewer referrals	2	1.2%
Surgeries	2	1.2%
Weight Watchers	1	0.6%
More services for low income patients	1	0.6%
IV infusions	1	0.6%
Later hours	1	0.6%
Improved outpatient department	1	0.6%
Improved emergency room	1	0.6%
Increased ability for care on the floor	1	0.6%
More physicians on staff	1	0.6%
Improved relationship with local doctors and ambulance service	1	0.6%
More physicians on staff	1	0.6%
Women's health	1	0.6%
Health care	1	0.6%
No response	55	33.5%
<b>Total</b>	<b>164</b>	<b>100.0%</b>

**Primary Care Physician Demand Analysis,**

A demand analysis of primary care physicians was completed and provided at the March 11, 2019 community meeting for the zip codes that comprise the Kingfisher 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 Kingfisher medical services area, a total of 26,188 annual visits would occur. This would suggest that the Kingfisher medical services area would need 6.3 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 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%	19,968	21,343	22,717	24,092	25,467	26,842	28,217
	10%	20,689	22,063	23,438	24,813	<b>26,188</b>	27,563	28,937
	15%	21,409	22,784	24,159	25,534	<b>26,909</b>	28,283	29,658
	20%	22,130	23,505	24,880	26,255	27,629	29,004	30,379
	25%	22,851	24,226	25,601	26,975	28,350	29,725	31,100
	30%	23,572	24,947	26,321	27,696	29,071	30,446	31,821
	35%	24,293	25,667	27,042	28,417	29,792	31,167	32,541
	40%	25,013	26,388	27,763	29,138	30,513	31,887	33,262
	45%	25,734	27,109	28,484	29,858	31,233	32,608	33,983
	50%	26,455	27,830	29,204	30,579	31,954	33,329	34,704

If 90% primary medical service area and 10 to 15% secondary medical service area, then the usage would be: 26,188 to 26,909 total primary care physician office visits in the Kingfisher area for an estimated 6.3 to 6.4 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. The following concerns were identified and prioritized in the following order:

- Mental health including suicide and opioids
- Smoking and tobacco use
- Obesity and diabetes



## 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 including suicide and opioids
  - The hospital plans to continue the 8<sup>th</sup> Grade Conference with a mental health component.
  - The hospital has a strong relationship with Red Rock Behavioral Health Services for referrals and services for patients. Red Rock does collaborate with the emergency department at Mercy Hospital Kingfisher to complete evaluations and assist in placing patients. This is a continued partnership.
- Smoking and tobacco use
  - The Cold Turkey Trot will continue as an annual event with the student careers council as the lead. Information for quitting tobacco use is available at this event.
  - Patients who are seen at the clinic are screened for smoking and are then asked if patients would like to quit. If they do want to quit, they are then provided resources to assist. Patients are given the tobacco quit line information and are told to contact the quit line for more information on tobacco cessation.
- Obesity and diabetes
  - The Fourth Friday in the Park will continue and has a strong nutrition and healthy lifestyle component.
  - Walking Wednesdays which is comprised of volunteers through the Kingfisher Community Collaborative including Mercy Hospital Kingfisher met to walk elementary and middle-school students to school.
  - 5Ks- Mercy Hospital Kingfisher collaborates to deliver two 5Ks per year. One is at no cost to participants (Cold Turkey Trot). The other is a collaboration with Relay for Life. There is a plan to grow the number of participants for each of these events.

Most of these events are collaborative efforts through the Kingfisher Community Collaborative. As mentioned previously, Mercy Hospital Kingfisher is partner and collaborator with this group. While most of these activities are ongoing, the focus and goal is to increase the number of participants and the positive impact of these offerings.

## **Community Health Needs Assessment Marketing Plan**

The hospital will make the Community Health Needs Assessment Summary and Implementation Strategy Plan available upon request at Mercy Hospital Kingfisher, and a copy will be available to be downloaded from the hospital's website (<https://www.mercy.net/practice/mercy-hospital-kingfisher>). 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**

### **Mercy Hospital Kingfisher Services and Community Benefits**

#### **Inpatient Services**

Acute Inpatient  
Observation  
Swing Bed  
Physical therapy  
Occupational Therapy  
Speech therapy  
Laboratory  
Radiology – CT, MRI, and Ultrasound  
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  
Emergency Department  
Sleep Lab  
Wound care  
Procedure – colonoscopy, EGD, rhino  
laryngoscopy  
Physical therapy  
Occupational therapy  
Speech therapy  
Dietary consults  
Injections and transfusions through nursing  
care  
Surgery  
Provide therapy through the school system

#### **Clinics**

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

#### **Community Activities**

Health Fair – county  
Health fair for schools  
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

#### **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  
Mercy Hospital Kingfisher Board of  
Directors  
Mercy Foundation  
Annual coworker training

## **Appendix B Community Meeting Attendees**

### **Mercy Hospital Kingfisher Community Health Needs Assessment Meeting 1 Overview, Demographic Data and Economic Impact 14-Jan-19**

<b>Name</b>	<b>Organization</b>
Racheal Russell	Mercy Hospital Kingfisher
Brian Denton	Mercy Hospital Kingfisher
Blair Coughlan	Wellness Coord. Kingfisher County Health Department
Brittney Hladik	City of Kingfisher
Deborah Maehs	
Darlene Osterholt	
Rachel Cameron	Trail Creek
Wes Harper	
Lisa Copeland	Sooner Success
Nancy McGee	OSU Rural Health
Mikeal Murray	Kingfisher County Health Department
Kelly Lingo	Red Rock Behavioral Health
Talina Fleshman	Red Rock Behavioral Health
Melinda Snowden	Oklahoma HealthCare Authority
Jae Morrison	Mercy Hospital
Gaylene Stiles	Mercy Hospital
Lisa Simmons	Sooner Success
Lindy Hoel	OSU Extension
Christine Reid	KTFP Educator
E. Robinson	Red Rock Behavioral Health
Jeff Tellan	Educational Foundation
Laura Ross White	CHIO
Jill Hazeldine	PHIO

**Mercy Hospital Kingfisher Community Health Needs Assessment Meeting 2  
Survey Results and Priority  
Discussion**

**11-Mar-19**

<b>Name</b>	<b>Organization</b>
Racheal Russell	Mercy Hospital Kingfisher
Brian Denton	Mercy Hospital Kingfisher Wellness Coord. Kingfisher County Health Department
Blair Coughlan	Sooner Success
Lisa Copeland	LMFT
Laci Redwine	KCC Grant Writer
Deborah Maehs	Wellness Coordinator
Darlene Osterholt	SPP Altar Secretary Representative
Ann Finley	Kingfisher County Health Department
Jan Fox	KTFP Educator
Christine Reid	
Wes Harper	
Mikeal Murray	Kingfisher County Health Department
Melinda Snowden	Oklahoma HealthCare Authority
Jeff Tellan	Educational Foundation
Debra Lemon	Red Rock Behavioral Health
Kelly Lingo	Red Rock Behavioral Health
Billy Stewart	Red Rock Behavioral Health
Gaylene Stiles	Mercy Hospital
Meagan Carter	Mercy Hospital
Theresa Sharp	Ofn. Cshn.

## Appendix C- Meeting 1 Materials, January 14, 2019

### The Economic and Demographic Analysis of the Mercy Hospital Kingfisher Medical Service Area *As part of the Community Health Needs Assessment*

#### Economic Data

2017 Per Capita Income <sup>1</sup>	\$45,150 (9th highest in state)
Employment (November 2018, preliminary) <sup>2</sup>	8,502 (1.0% from 2017)
Unemployment (November 2018, preliminary) <sup>2</sup>	149 (-38.4% from 2017)
Unemployment rate (November 2018, preliminary) <sup>2</sup>	1.7% (7th lowest in state)
2017 Poverty rate <sup>3</sup>	9.8% (2nd lowest in state)
2017 Child poverty rate <sup>3</sup>	13.6% (5th lowest in state)
2017 Transfer Payments <sup>1</sup>	\$122,269,000 (17.3% of total personal income, 12th lowest in state)
2017 Medical Benefits as a share of Transfer Payments <sup>1</sup>	43.7% (50th lowest in state)

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

#### Education Data

At Least High School Diploma <sup>1</sup>	88.1% (21st highest in state)
Some College <sup>1</sup>	52.1% (23rd highest in state)
At Least Bachelor's Degree <sup>1</sup>	23.7% (16th highest in state)
2015-2016 Free and Reduced Lunch Eligible <sup>2</sup>	58.6% (19th lowest in state)

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

#### Payer Source Data

2016 Uninsured Rate (under 65) <sup>1</sup>	16.1% (28th lowest in state)
2016 Uninsured Rate (under 19) <sup>1</sup>	10.0% (48th lowest in state)
2016 Medicare share of total population <sup>2</sup>	16.5% (23rd lowest in state)
2017 Medicaid share of total population <sup>3</sup>	21.0% (16th lowest in state)

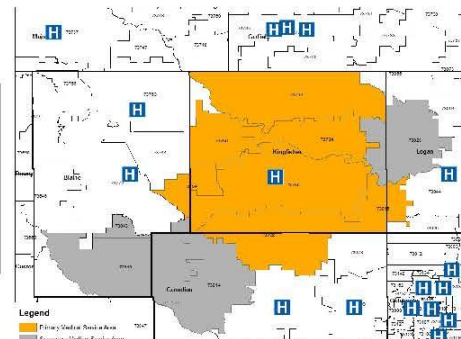
<sup>1</sup> U.S. Census Bureau, Small Area Health Insurance Estimates, 2015, <sup>2</sup> Centers for Medicare & Medicaid Services, Medicare Aged and Disabled by State and County, 2016

<sup>3</sup> Oklahoma Health Care Authority, Total Enrollment by County, 2017

#### Population (2013-2017)

Kingfisher County	15,510 (3.2% from 2010)
Primary Medical Service Area	16,893(2.9% from 2010)
Secondary Medical Service Area	7,657 (9.6% 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 Mercy Hospital Kingfisher Medical Service Areas,  
Kingfisher County and Oklahoma**

Age Groups	Primary Medical Service Area	Secondary Medical Service Area	Kingfisher County	Oklahoma
<b>13-17 ACS</b>				
0-14	22.4%	19.6%	22.7%	20.5%
15-19	7.0%	6.2%	6.8%	6.7%
20-24	5.2%	4.3%	5.2%	7.2%
25-44	24.4%	20.7%	24.6%	26.1%
45-64	25.8%	30.1%	25.4%	24.7%
65+	15.2%	19.1%	15.2%	14.7%
Totals	100.0%	100.0%	100.0%	100.0%
Total Population	16,893	7,657	15,510	3,896,251

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

**Percent of Total Population by Race and Ethnicity for Mercy Hospital Kingfisher Medical Service Areas, Kingfisher County and Oklahoma**

Race/Ethnic Groups	Primary Medical Service Area	Secondary Medical Service Area	Kingfisher County	Oklahoma
<b>13-17 ACS</b>				
White	84.2%	39.5%	83.3%	72.6%
Black	1.1%	0.7%	1.1%	7.3%
Native American <sup>1</sup>	3.2%	7.5%	3.3%	7.4%
Other <sup>2</sup>	8.2%	0.8%	8.7%	4.9%
Two or more Races <sup>3</sup>	3.3%	4.2%	3.6%	7.8%
Hispanic Origin <sup>4</sup>	14.2%	1.8%	15.2%	10.1%
Total Population	16,893	7,657	15,510	3,896,251

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

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

*This project is/was supported by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) under grant number H54RH00058 and title: Medicare Rural Hospital Flexibility Grant Program for \$568,040, 0% financed with nongovernmental sources. This information and content and conclusions are those of the author and should not be construed as the official position or policy of, nor should any endorsements be inferred by HRSA, HHS or the U.S. Government.*





# Mercy Hospital Kingfisher Economic Impact



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

Mercy Hospital Kingfisher **directly** employs **105** people with an annual payroll of nearly **\$7.1 million** including benefits

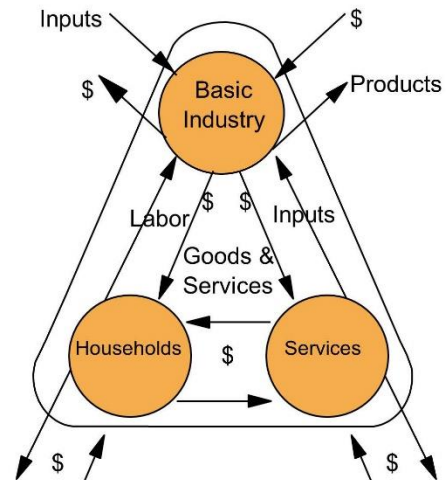
- These employees and income create an additional **52 jobs** and over **\$1.4 million** in income as they interact with other sectors of the local economy
- **Total impacts= 157 jobs and over \$8.4 million**
- Other segments of the healthcare sector (Doctors, Nurses, Pharmacies, etc.) provide another **398 jobs** and an additional **\$22.6 million** in wages
- Their interactions and transactions within the local economy create:
- **Total health sector impacts= 654 jobs and \$35.4 million (Including the hospital)**
- Over **\$10.4 million** in retail sales generated from income received by healthcare sector employees

### Healthcare and Your Local Economy:

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

### Consider what could be lost without the hospital:

- Pharmacies
- Physicians/Specialists
- Potential Retail Sales



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

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*This project is/was supported by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) under grant number H54RH00058 and title: Medicare Rural Hospital Flexibility Grant Program for \$568,040, 0% financed with nongovernmental sources. This information or content and conclusions are those of the author and should not be construed as the official position or policy of, nor should any endorsements be inferred by HRSA, HHS or the U.S. Government.*



## Appendix D- Emailed Materials

### Health Indicators and Outcomes for Kingfisher County As part of the Community Health Needs Assessment

Table 1. Health Factors (Overall Rank 2)

Category (Rank)	Kingfisher County	Error Margin	Top U.S. Performers	Oklahoma
<b>Health Behaviors (4)</b>				
Adult Smoking	16%	15-16%	14%	20%
Adult Obesity	32%	26-38%	26%	33%
Food Environment Index	8.8		8.6	5.9
Physical Inactivity	28%	22-34%	20%	30%
Access to Exercise Opportunities	60%		91%	74%
Excessive Drinking	15%	14-15%	13%	13%
Alcohol-Impaired Driving Deaths	29%	18-40%	13%	28%
Sexually Transmitted Infections	270		146	542
Teen Birth Rate	34	28-40	15	42
<b>Clinical Care (1)</b>				
Uninsured	17%	15-19%	6%	16%
Primary Care Physicians	1,730:1		1,030:1	1,590:1
Dentists	2,230:1		1,280:1	1,700:1
Mental Health Providers	710:1		330:1	260:1
Preventable Hospital Stays	64	51-78	35	60
Diabetic Monitoring	87%	74-100%	91%	78%
Mammography Screening	59%	45-74%	71%	56%
<b>Social &amp; Economic Factors (1)</b>				
High School Graduation	92%		95%	83%
Some College	59%	51-68%	72%	59%
Unemployment	3.4%		3.2%	4.9%
Children in Poverty	14%	10-18%	12%	23%
Income Inequality	4.0	4.1-5.5	3.7	4.6
Children in Single-Parent Household	29%	20-38%	20%	34%
Social Associations	16.7		22.1	11.5
Violent Crime Rate	66		62	439
Injury Deaths	83	107-170	55	92
<b>Physical Environment (4)</b>				
Air-Pollution- Particulate Matter	9.0		6.7	9.2
Drinking Water Violations	Yes			
Severe Housing Problems	10%	7-13%	9%	15%
Driving Alone to Work	86%	83-90%	72%	83%
Long Commute- Driving Alone	26%	22-30%	15%	26%

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

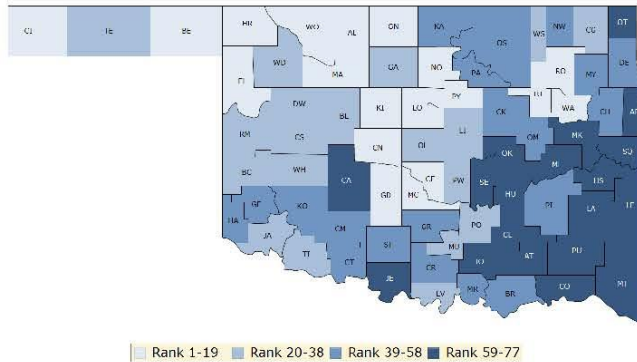
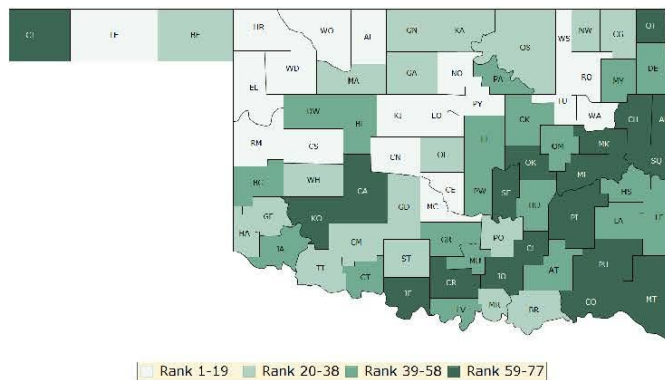


Table 2. Health Outcomes (Overall Rank 1)

Category (Rank)	Kingfisher County	Error Margin	Top U.S. Performers	Oklahoma
Length of Life (5)				
Premature Death	6,900	5,500-8,300	5,300	9,300
Quality of Life (1)				
Poor or Fair Health	16%	16-17%	12%	20%
Poor Physical Health Days	3.9	3.7-4.1	3.0	4.5
Poor Mental Health Days	4.0	3.9-4.2	3.1	4.5
Low Birth Weight	6%	5-8%	6%	8%

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



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# Appendix E- Survey Form and Meeting 2 Materials, March 11, 2019



**Mercy Hospital Kingfisher** has partnered with the **Oklahoma Office of Rural Health** and is requesting your assistance in completing a local health survey as a part of the community health needs assessment. Your input is vital in identifying and solving health concerns in our community and surrounding areas. **Please return your completed survey by February 11, 2019.**

What is your current age: \_\_\_\_\_ What is your gender: \_\_\_\_\_

1. Has your household used the services of a hospital in the past 24 months?  
 Yes (*Go to Q2*)       No (*Skip to Q7*)       Don't know (*Skip to Q7*)
2. At which hospital(s) were services received? (*please check/list all that apply*)  
 Mercy Hospital Kingfisher (Skip to Q4)       Other (*Please specify Hospital and City, then go to Q3*)

- If you responded in Q2 that your household received care at a hospital other than Mercy Hospital Kingfisher, why did you or your family member choose that hospital? (Please answer then skip to Q7)
3.  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 Mercy Hospital Kingfisher, what hospital service(s) were used?
4.  Diagnostic imaging (X-ray, CT, Ultrasound)       Hospital Inpatient
  - Laboratory       Skilled nursing (swing bed)
  - Outpatient infusion/Shots       Emergency room (ER)
  - Physician services       Other (*Please list below*)
  - Physical or speech therapy

5. How satisfied was your household with the services you received at Mercy Hospital Kingfisher?  
 Satisfied       Dissatisfied       Don't know
6. Why were you satisfied/dissatisfied with services received at Mercy Hospital Kingfisher?

7. Has your household been to a specialist in the past 24 months?  
 Yes       No (*Skip to Q11*)       Don't know (*Skip to Q11*)

What type of specialist has your household been to in the past 24 months and in which city were they located?

8. 

Type of Specialist	City

9. Did the specialist request further testing, laboratory work and/or x-rays?  
 Yes       No       Don't know

10. If yes, in which city were the tests or laboratory work performed?

*Continue on reverse side...*

11. Do you use a primary care physician 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 physician 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. Do you think there are enough primary care physician doctors practicing in the Kingfisher area?  
 Yes       No       Don't know

17. Would you consider seeing a nurse practitioner or physician assistant for your routine healthcare needs?  
 Yes       No       Don't know

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

19. Have you used the services of an after hours or urgent care facility in the past 12 months?  
 Yes       No       Don't know

20. If you responded Yes in Q19, did you receive those services in Kingfisher?  
 Yes       No       Don't know

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

---

22. What other services would you like to see offered at Mercy Hospital Kingfisher?

---

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

*Please list the community program(s)*

---

24. How would you prefer to be notified of community events?  
*(Please rank your choices with 1=most preferred and 5=least preferred)*

\_\_\_ Newspaper      \_\_\_ Email      \_\_\_ Social Media  
\_\_\_ Radio      \_\_\_ Website

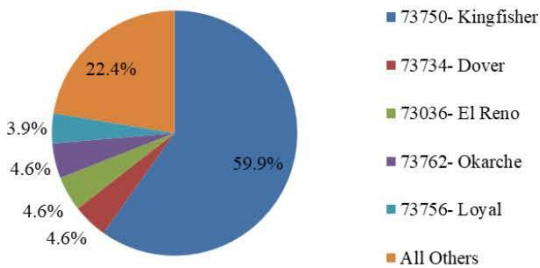
*Please mail completed survey to:  
Mercy Hospital Kingfisher  
1000 Hospital Dr.  
Kingfisher, OK 73750  
Or, return to hospital administration*



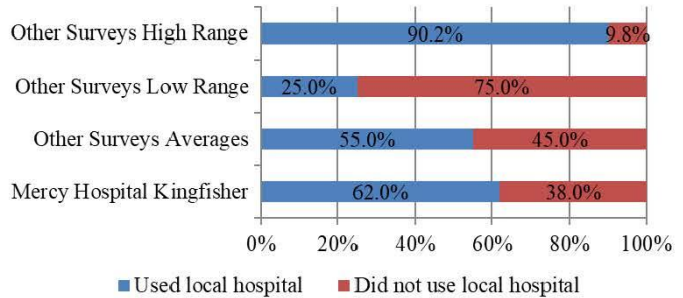
# Mercy Hospital Kingfisher Community Survey Results

## As part of the Community Health Needs Assessment

### Zip Code of Residence, Top 5 Responses



### Hospital Utilization Comparison

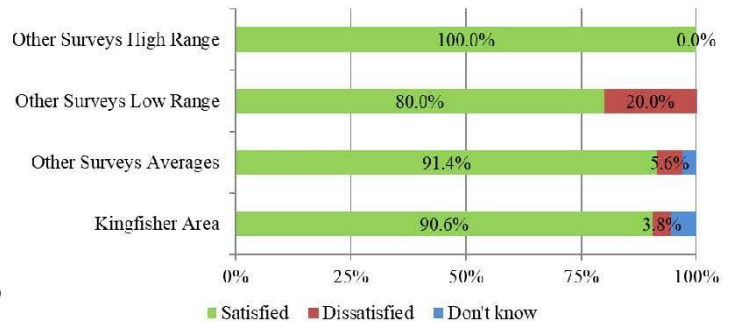


Type of Specialist Visits		
Specialist	No.	Percent
<b>Top 5 Responses</b>		
Orthopedist/Orthopedic Surg. (2 visits in Kingfisher)	24	16.8%
Cardiologist (1 visit in Kingfisher)	16	11.2%
Dermatologist (0 visits in Kingfisher)	14	9.8%
Gastroenterologist (0 visits in Kingfisher)	11	7.7%
OB/GYN (0 visits in Kingfisher)	10	7.0%
All others (0 visits in Kingfisher)	68	47.5%
<b>Total</b>	<b>143</b>	<b>100.0%</b>

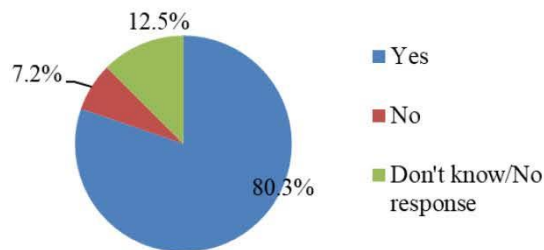
### Satisfaction with Mercy Hospital Kingfisher



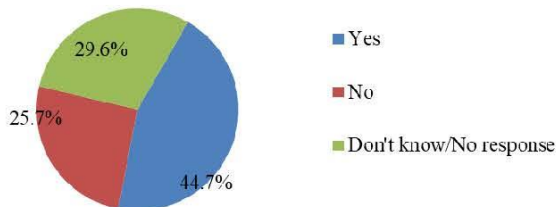
### Satisfaction with Kingfisher Area Primary Care Doctor



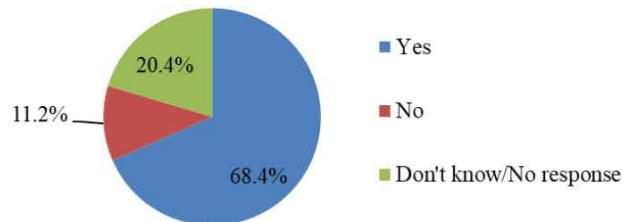
### Use Family Doctor for Routine Health Care



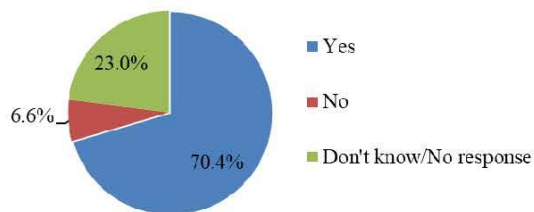
**Do you think there are enough primary care doctors practicing in the Kingfisher area?**



**Would you see a midlevel provider for routine healthcare needs?**



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



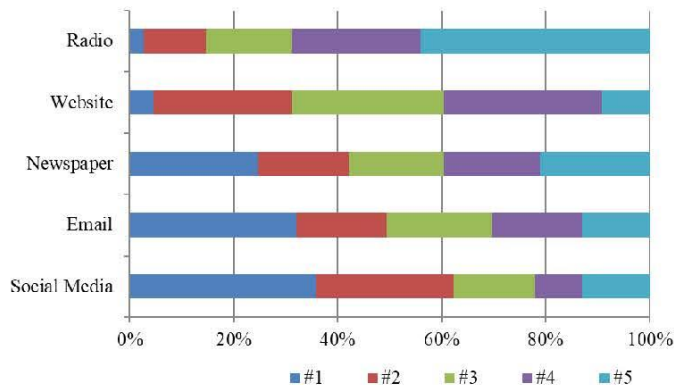
**Healthcare concerns- Top 3 Responses**

Concern	No.	Percent
No Concerns/ Receive good care/Don't Know	24	15.6%
Lack of physicians/Difficult to see provider/Retiring physicians	16	10.4%
Level of care/Level of inpatient services	9	5.8%
All others	105	68.2%
Total	154	100.0%

**Additional Services to Offer- Top 3 Responses**

Services	No.	Percent
Specialists: Specialists in general (10); OB/GYN (5); Dermatologist (4); Gastroenterologist (3); Pediatrician (2); Podiatrist (2); Surgeon (2); Neurologist (1); Pain Management (1); Oncologist (1); Endocrinologist (1); Pediatric Neuropsych (1); Otolaryngologist (1)	34	20.7%
No additional services/Satisfied with what is available/Don't know	22	13.4%
Counseling/Mental health	7	3.7%
All others	101	61.2%
Total	164	100.0%

**Preference of Notification of Community Events**



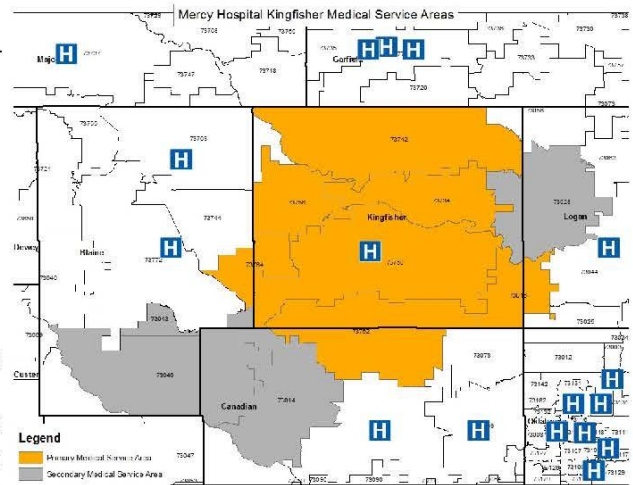
For additional information, please contact  
 Lara Brooks, Rural Health Analyst, [lara.brooks@okstate.edu](mailto:lara.brooks@okstate.edu)  
 Corie Kaiser, Director, [corie.kaiser@okstate.edu](mailto:corie.kaiser@okstate.edu)  
 Oklahoma Office of Rural Health  
 Phone: 405.945.8609

# Primary Care Physician Demand Analysis for the Kingfisher Medical Service Area

*As part of the Community Health Needs Assessment*

**Table 1. Mercy Hospital Kingfisher Medical Service Areas**

Zip Code	City	2013-2017 ACS Population
<i>Primary Medical Service Area</i>		
73750	Kingfisher	7,475
73016	Cashion	1,803
73734	Dover	948
73756	Loyal	274
73762	Okarche	2,059
73742	Hennessey	4,232
73764	Omega	102
<b>Totals</b>		<b><u>16,893</u></b>
<i>Secondary Medical Service Area</i>		
73014	Calumet	1,912
73028	Crescent	3,830
73040	Geary	1,769
73043	Greenfield	146
<b>Totals</b>		<b><u>7,657</u></b>



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 Kingfisher, Oklahoma, Medical Service Areas**

PRIMARY MEDICAL SERVICE AREA							
Age	Male			Female			Total Visits
	13-17 Population	Visit Rate <sup>[3]</sup>	Visits	13-17 Population	Visit Rate <sup>[3]</sup>	Visits	
Under 15	1,896	2.0	3,792	1,884	2.1	3,956	7,748
15-24	1,067	2.4	2,561	1,001	1.2	1,201	3,762
25-44	2,085	3.0	6,255	2,029	1.3	2,638	8,893
45-64	2,198	4.2	9,232	2,161	3.1	6,699	15,931
65-74	656	6.1	4,002	735	5.6	4,116	8,118
75+	<u>502</u>	7.4	<u>3,715</u>	<u>679</u>	8.0	<u>5,432</u>	<u>9,147</u>
<b>Total</b>	<b>8,404</b>		<b>29,556</b>	<b>8,489</b>		<b>24,042</b>	<b>53,598</b>

***Primary Medical Service Area - Local Primary Care Physician office visits per year: 27,496***

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

SECONDARY MEDICAL SERVICE AREA							
Age	Male			Female			Total Visits
	13-17 Population	Visit Rate <sup>[3]</sup>	Visits	13-17 Population	Visit Rate <sup>[3]</sup>	Visits	
Under 15	653	2.0	1,306	845	2.1	1,775	3,081
15-24	314	2.4	754	497	1.9	944	1,698
25-44	802	3.0	2,406	785	2.9	2,277	4,683
45-64	1,097	4.2	4,607	1,205	3.8	4,579	9,186
65-74	391	6.1	2,385	430	6.0	2,580	4,965
75+	<u>305</u>	7.4	<u>2,257</u>	<u>333</u>	6.7	<u>2,231</u>	<u>4,488</u>
<b>Total</b>	<b>3,562</b>		<b>13,715</b>	<b>4,095</b>		<b>14,385</b>	<b>28,101</b>

*Secondary Medical Service Area - Local Primary Care Physician office visits per year: 14,416*

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 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%	19,968	21,343	22,717	24,092	25,467	26,842	28,217
	10%	20,689	22,063	23,438	24,813	<b>26,188</b>	27,563	28,937
	15%	21,409	22,784	24,159	25,534	<b>26,909</b>	28,283	29,658
	20%	22,130	23,505	24,880	26,255	27,629	29,004	30,379
	25%	22,851	24,226	25,601	26,975	28,350	29,725	31,100
	30%	23,572	24,947	26,321	27,696	29,071	30,446	31,821
	35%	24,293	25,667	27,042	28,417	29,792	31,167	32,541
	40%	25,013	26,388	27,763	29,138	30,513	31,887	33,262
	45%	25,734	27,109	28,484	29,858	31,233	32,608	33,983
	50%	26,455	27,830	29,204	30,579	31,954	33,329	34,704

If 90% primary medical service area and 10 to 15% secondary medical service area, then the usage would be: 26,188 to 26,909 total primary care physician office visits in the Kingfisher area for an estimated 6.3 to 6.4 Total Primary Care Physicians.

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

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*Your life is our life's work.*