Mercy Hospital Kingfisher 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

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 Mercy Hospital Kingfisher in 2022. It begins with a description of the hospital's steps to addressing priorities identified during the 2019 CHNA along with the impacts, followed by a description of the 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.

This report along with the implementation strategy was presented and approved by the governing board on May 24, 2022.

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

Mercy Hospital Kingfisher worked with the Oklahoma Office of Rural Health in 2019 to complete their third Community Health Needs Assessment. The previous assessments were completed in 2016 and 2013. 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.

It must be noted that the Covid-19 pandemic greatly impacted the implementation of some of the priorities and outreach opportunities during 2020 to present.

Area of concern: Mental health including suicide and opioids

Activity 1: Emergency Department Screenings/Assessments- Mercy Hospital Kingfisher administers a screening questionnaire to all patients seen through the emergency department to determine mental health needs. From there, patients who are identified as needing services or care are then referred to the appropriate provider or facility. Mercy Hospital Kingfisher averages roughly 3,300 patients seen through the emergency department on an annual basis (there is a possibility of duplicates).

Activity 2: 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.

Area of concern: Smoking and tobacco use

Activity 1: Mercy Kingfisher Clinic refers patients who smoke or use tobacco products to the Oklahoma Tobacco Helpline where they can get free resources including patches, coaching calls, quit guides, and supportive messages through texting and emails. Promotional materials are also posted throughout the clinic and patient rooms with the 800 number contact information. Estimates of the number of individuals who have benefited from this offering and promotion are not available.

Area of concern: Obesity and diabetes

Activity 1: Mercy Hospital Kingfisher supported and participated in the Kingfisher Community Collaborative Walk-tober event promoting health and exercise. Mercy Hospital Kingfisher had over 20 coworkers participate with over 100 local residents participating from the Kingfisher community.

Activity 2: The local Compassion Clinic provides primary care services at no cost once per month. These services also include screenings including A1c checks. Medications are also available as needed for patients. Roughly 75 individuals per month and 225 per quarter benefit from this offering.

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.

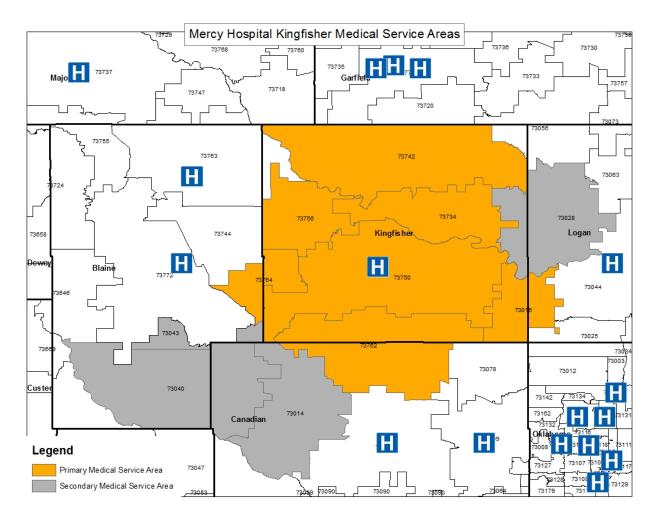


Figure 1. Mercy Hospital Kingfisher Medical Service Areas

			No. of
City	County	Hospital	Beds
Watonga	Blaine	Mercy Hospital Watonga	17
Okeene	Blaine	Okeene Municipal Hospital	25
El Reno	Canadian	SSM Health Medical Group	
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 4.0 percent from the 2010 Census to the latest available, 2015-2019, American Community Survey.

		2000	2010	2015-19	% Change	% Change
Population by Zip Code		Population	Population	Population	2000-2010	2010-15-19
Primary Mee	dical Service Area					
73750	Kingfisher	6,551	7,025	7,416	7.2%	5.6%
73016	Cashion	1,367	1,850	1,848	35.3%	-0.1%
73734	Dover	981	1,067	780	8.8%	-26.9%
73756	Loyal	289	352	383	21.8%	8.8%
73762	Okarche	1,966	2,156	2,114	9.7%	-1.9%
73742	Hennessey	3,617	3,824	4,345	5.7%	13.6%
73764	Omega	182	144	196	<u>-20.9%</u>	<u>36.1%</u>
Total		14,953	16,418	17,082	9.8%	4.0%
Secondary M	Iedical Service Area					
73014	Calumet	1,531	1,431	1,718	-6.5%	20.1%
73028	Crescent	3,199	3,454	3,735	8.0%	8.1%
73040	Geary	1,972	1,976	1,741	0.2%	-11.9%
73043	Greenfield	165	125	181	<u>-24.2%</u>	<u>44.8%</u>
Total		6,867	6,986	7,375	1.7%	5.6%

Table 1. Mercy Hospital Kingfisher Medical Service Areas Zip Code Population

SOURCE: Population data from the U.S. Bureau of Census, Decennial Census 2000, 2010 and American Community Survey 2015-2019 (February 2022)

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 5.6 percent from 2010 to the 2015-2019 American Community Survey.

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.

Area				
Count	Service			
1	Hospital, Mercy Hospital Kingfisher			
6	Physician clinics			
5	Dental Offices			
3	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			

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

 Area

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, 2015-2019 American Community Survey. This cohort accounted for 16.1 percent of the total population at the state level. In terms of the medical service areas, this age group accounted for 15.4 percent of the primary medical service area, 19.4 percent of the secondary medical service area, and 15.6 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 (30.2%) service areas and Kingfisher County (25.2%). This is compared to the state share of 23.9 percent of the total state population.

	·	e		
Age Groups	Primary Medical Service Area	Secondary Medical Service Area	Kingfisher County	Oklahoma
2010 Census				
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
15-19 ACS				
0-14	22.5%	19.1%	22.6%	20.1%
15-19	7.1%	6.0%	6.8%	6.9%
20-24	5.5%	4.6%	5.7%	6.8%
25-44	23.8%	20.7%	24.1%	26.2%
45-64	25.8%	30.2%	25.2%	23.9%
65+	<u>15.4%</u>	<u>19.4%</u>	<u>15.6%</u>	<u>16.1%</u>
Totals	100.0%	100.0%	100.0%	100.0%
Total	17,082	7,375	15,694	
Population	17,082	7,575	15,094	3,956,971

 Table 3. Percent of Total Population by Age Group for Mercy Hospital Kingfisher Medical

 Service Areas, Kingfisher County and Oklahoma

SOURCE: U.S. Census Bureau, Decennial Census data for 2010 and American Community Survey data for 2015-2019 (www.census.gov [February 2022]).

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 2015-2019 suggest that this population group has experienced an increase to 11.1 percent of the total population. This trend is evident in Kingfisher County and the primary medical service area. This cohort accounted for 14.9 percent of the population in the primary medical service area, 3.6 percent in the secondary, and 15.9 percent of the population in Kingfisher County.

Race/Ethnic Groups	Primary Medical Service Area	Secondary Medical Service Area	Kingfisher County	Oklahoma
2010 Census				
White	95.20/	81.7%	04 50/	70.00/
Black	85.2%	1.7%	84.5%	72.2%
	1.1%		1.1%	7.4%
Native American ¹	3.1%	9.8%	3.1%	8.6%
Other ²	7.6%	2.0%	8.1%	5.9%
Two or more Races ³	3.1%	4.7%	3.2%	5.9%
Hispanic Origin ⁴	<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
15-19 ACS				
White	86.0%	86.7%	85.2%	72.4%
Black	1.2%	2.0%	1.3%	7.3%
Native American ¹	3.0%	6.6%	3.1%	8.0%
Other ²	6.5%	0.9%	7.0%	4.7%
Two or more Races ³	3.3%	3.8%	3.5%	7.6%
Hispanic Origin ⁴	<u>14.9%</u>	<u>3.6%</u>	<u>15.9%</u>	<u>11.1%</u>
Total Population	17,082	7,375	15,694	3,956,971

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

SOURCE: U.S. Census Bureau, Decennial Census data for 2010 and American Community Survey data for 2015-2019 (www.census.gov [February 2022]).

Summary of Community Input for CHNA

Due to the unprecedented Covid-19 pandemic, Mercy Hospital Kingfisher was not able to host three community meetings to seek feedback from key stakeholders. In an effort to promote social distancing and following recommendations outlined the CDC's website, the hospital collaborated with the Kingfisher County Collaborative to participate in one meeting to gather community feedback. The meeting was held on March 14, 2022. This specific group was selected due to their expertise of public health needs and their vast representation of the community. Stakeholders include those that represent or work closely with low income and racially diverse populations. All stakeholders received all of the typical primary and secondary data prior to their respective meetings. The meeting presentations and handouts can be found in Appendices C-E. The Oklahoma Office of Rural Health facilitated the gathering of the secondary data, the completion of the survey, and the hybrid community meeting. Data summaries are provided in the following sections.

Community members who were included to provide input:

- Mercy Hospital Kingfisher representatives
- Red Rock Behavioral
- Kingfisher Public Schools
- Kingfisher County Cooperative Extension
- Kingfisher Community Collaborative
- TSET
- Kingfisher County Health Department
- Sooner Success

Economic Conditions of Kingfisher County and Economic Impact of Health Sector

Economic indicators for Kingfisher County in comparison to Oklahoma and the United States are outlined in Table 5. Kingfisher County tends to lead Oklahoma and the United States in many of the economic variables. In terms of per capita income, or the total income divided by the population, Kingfisher is more favorable than Oklahoma and slightly lags the nation. Oklahoma as a state tends to lag the national average. In terms of employment and unemployment, there were many changes during 2020. The 2020 annual unemployment rate for Kingfisher County was 4.3 percent. This rate is lower than the state (6.1%) and the national (8.1%). All of these rates are non-seasonally adjusted. The most recent monthly estimates show Kingfisher County to be lower than 2020 with a 1.2 percent rate. This is lower than both the state (1.8%) and the national (3.7%) rates.

The share of individual captured below the poverty threshold for income and household size is calculated by the U.S. Census Bureau. In 2020, the poverty rate for all ages in Kingfisher County was 9.0 percent. This is lower than the state and national rates. The share of children, or those under the age of 18, followed a different trend of being lower than both the state and national rates. All economic indicators can be found in Table 5.

Indicator	County	State	U.S.
Total Personal Income (2020)	\$926,091,000	\$198,552,111,000	\$19,607,447,000,000
Per Capita Income (2020)	\$58,591	\$49,878	\$59,510
Employment (2020)	8,428	1,734,924	147,795,000
Unemployment (2020)	380	113,561	12,947,000
Unemployment Rate (2020)	4.3%	6.1%	8.1%
Employment (December 2021)*	8,566	1,829,523	155,732,000
Unemployment (December 2021)*	104	33,412	5,964,000
Unemployment Rate (December 2021)*	1.2%	1.8%	3.7%
Percentage of People in Poverty (2020)	9.0%	14.3%	11.9%
Percentage of Under 18 in Poverty (2020)	11.9%	18.6%	15.7%
Transfer Dollars (2020)	\$168,010,000	\$46,240,575,000	\$4,241,091,000,000
Transfer Dollars as Percentage of Total Personal Income (2020)	18.1%	23.3%	21.6%
Medical Benefits as a share of Transfer Payments (2020)	34.5%	32.2%	35.5%

Table 5. Economic Indicators for Kingfisher County, the State of Oklahoma and the Nation

*County and state estimates are considered preliminary

SOURCES: 2020 Bureau of Labor Statistics; 2020 Bureau of Economic Analysis; 2020 U.S. Census Bureau.

Table 6 displays various education variables for Kingfisher County. The first three lines are education attainment percentages for the population aged 25 years and greater. In Kingfisher County, 88.3 percent of the population has at least their high school diploma, 50 percent has at least some college, and 22.4 percent of the population has at least a bachelor's degree. The farright handed column provides a ranking within the state based on the highest, or most favorable percentages. The free and reduced lunch rate is the share of children in Kingfisher County who are enrolled in public school and eligible for free and reduced lunches. Kingfisher County's rate is 56.7 percent. This is lower than the state average of 53.2 percent. This is the 20th lowest rate in the state.

Indicator	cator County State		Kingfisher County Ranking	
	00.20/	00.00/		
At Least High School Diploma	88.3%	88.0%	22nd Highest	
Some College	50.0%	56.7%	33rd Highest	
At Least Bachelor's Degree	22.4%	25.5%	21st Highest	
Free and Reduced Lunch Rate	56.7%	53.2%	20th Lowest	

Table 6. Education Data for Kingfisher County and the State of Oklahoma

Sources: U.S. Census Bureau, American Community Survey, 2015-2019, National Center for Education Statistics 2018-2019.

Table 7 includes payer source data for Kingfisher County residents in comparison to the state. A ranking is also provided with the lowest percentages as the more favorable ranking. In 2019, 18.2 percent of individuals under the age of 65 were categorized as uninsured. This is higher than the state rate of 16.8 percent. In terms of children, or those under the age of 19, this rate was 12.1 percent. This was also higher than the state rate of 8.6 percent. In 2019, 17.6 percent of the population had Medicare as a payer for healthcare. This includes Medicare parts A, B and Advantage. In terms of Medicaid, 22 percent of the population in Kingfisher County had Medicaid as a payer source. The Medicare and Medicaid data were gathered from different sources, and duplicates have not been removed.

Indicator	County	State	Kingfisher County Ranking
2010 II.:	10.00/	16.00/	2541 J
2019 Uninsured rate (under 65) 2019 Uninsured rate (under 19)	18.2% 12.1%	16.8% 8.6%	35th Lowest 65th Lowest
2019 Medicare share of total population	17.6%	18.7%	11th Lowest
2020 Medicaid share of total population	22.0%	26.0%	19th Lowest

Table 7. Payer Source Data for Kingfisher County and the State of Oklahoma

Sources: U.S. Census Bureau Small Area Health Insurance Estimates, 2019; Centers for Medicare and Medicaid Services, Medicare Part A and B Recipients by State and County, 2019; Oklahoma Health Care Authority, Total Enrollment by County, 2020

Table 8 below summarizes the overall economic impact of the health sector on the Kingfisher County, Oklahoma economy. 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 461 FTE individuals. After applying a county-specific employment multiplier to each respective sector, there is a total employment impact of 584 FTE employees. The same methodology is applied to income. The local health sector has a direct income impact of over \$32.6 million. When the appropriate income multiplier is applied, the total income impact is over \$38.3 million. The last two columns examine the impact this has on the retail sector of the local community. Recent data suggest that just 23.6% of personal income in Kingfisher County 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 \$9 million spent locally, generating \$90,447 on a 1% tax. A copy of the meeting materials that were distributed can be found in Appendix C.

Table 8. Mercy Hospital Kingfisher Medical Service Area Health Sector Impact on Employment and Income, and Retail Salesand Sales Tax

		Employment			Income		Retail	1 Cent
Health Sectors	Direct	Multiplier	Impact	Direct	Multiplier	Impact	Sales	Sales Tax
Hospitals	96	1.44	138	\$9,722,059	1.23	\$11,928,053	\$2,815,020	\$28,150
Physicians, Dentists & Other Medical Professionals	124	1.24	154	\$11,019,229	1.12	\$12,350,834	\$2,914,797	\$29,148
Nursing Home & Home Health	200	1.21	242	\$8,672,618	1.18	\$10,245,614	\$2,417,965	\$24,180
Other Medical & Health Services & Pharmacies	<u>41</u>	1.22	<u>50</u>	<u>\$3,241,176</u>	1.17	<u>\$3,800,506</u>	<u>\$896,919</u>	<u>\$8,969</u>
Total	461		584	\$32,655,082		\$38,325,006	\$9,044,701	\$90,447

SOURCE: 2020 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 (23.6%) – from 2021 Sales Tax Data and 2020 Personal Income Estimates from the Bureau of Economic Analysis.

Health Data

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.

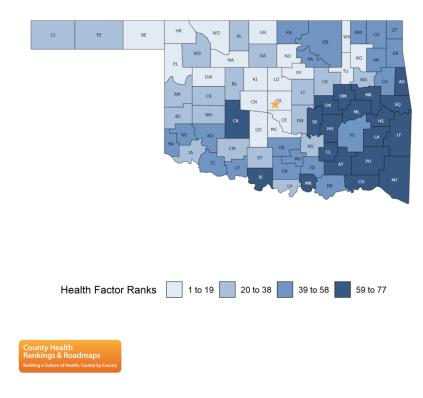
Health factors, considered tomorrow's health, are comprised of health behaviors (rank: 19), clinical care (rank: 17), social and economic factors (rank: 5), and physical environment (rank: 30). Kingfisher County's overall health factors rank is 7. This suggests, in general, the health status of Kingfisher County residents is somewhat comparable to that of neighboring counties. Areas of concern include Kingfisher County's smoking rate, obesity rate, and uninsured rate are all less desirable than the top U.S. performers. All health factors variables are presented in Table 9 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 poorly compared to the national benchmark). The green highlighted areas are identified by County Health Rankings and Roadmaps as areas of strength for Kingfisher County.

Category (Rank)	Kingfisher County	Error Margin	Top U.S. Performers	Oklahoma
Health Behaviors (19)	County	Iviai giii	I el lor mer s	
Adult Smoking	21%	17-24%	16%	20%
Adult Obesity	38%	30-45%	26%	35%
Food Environment Index	8.4	50-4570	8.7	5.8
Physical Inactivity	34%	26-42%	8.7 19%	28%
Access to Exercise Opportunities	52%	20-4270	91%	2870 71%
Excessive Drinking	16%	15-17%	15%	15%
Alcohol-Impaired Driving Deaths	29%	19-39%	11%	27%
Sexually Transmitted Infections	243	19-39/0	161	559
Teen Births	243	22-33	101	33
Clinical Care (17)	21	22-33	12	55
Uninsured	17%	15-19%	6%	17%
Primary Care Physicians	2,260:1	13-19/0	1,030:1	1,640:1
Dentists	1,430:1		1,030.1	1,610:1
Mental Health Providers	610:1		270:1	240:1
Preventable Hospital Stays	4,820		2,565	4,781
Mammography Screening	38%		51%	38%
Flu Vaccinations	56%		55%	49%
Social & Economic Factors (5)	5070		5570	-T / U
High School Graduation	88%	86-91%	94%	88%
Some College	51%	43-60%	73%	60%
Unemployment	2%	+3-0070	3%	3%
Children in Poverty	11%	6-15%	10%	20%
Income Inequality	4.1	3.4-4.8	3.7	4.6
Children in Single-Parent Household	20%	12-29%	14%	27%
Social Associations	15.8	12 2970	18.2	11.5
Violent Crime Rate	100		63	428
Injury Deaths	96	75-120	59	.20
Physical Environment (30)		, 0 120	• •	
Air-Pollution- Particulate Matter	7.9		5.2	8.2
Drinking Water Violations	Yes		2.2	0.2
Severe Housing Problems	8%	5-11%	9%	14%
Driving Alone to Work	84%	83-86%	72%	82%
Long Commute- Driving Alone	26%	20-31%	16%	27%
Source: County Health Rankings &				
		son Foundation	1	,

 Table 9. Health Factors (Overall Rank 7)

The following figure depicts each county's rank by shade. Kingfisher County's ranking is comparable to Logan, Canadian, Major and Oklahoma Counties. Kingfisher County's ranking is more favorable than Blaine and Garfield County's.

2021 Health Factors - Oklahoma



In terms of health outcomes, considered, today's health, Kingfisher County's ranking is 7th 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 10.

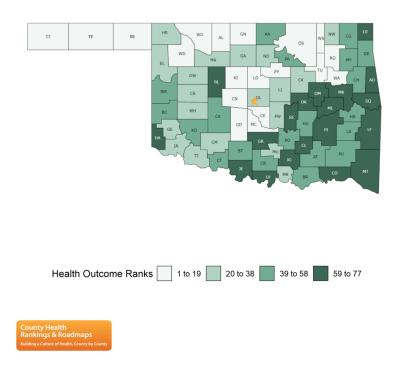
Category (Rank)	Kingfisher County	Error Margin	Top U.S. Performers	Oklahoma
Length of Life (9)				
Premature Death	7,800	6,300- 9,400	5,400	9,100
Quality of Life (6)				
Poor or Fair Health	20%	17-22%	14%	21%
Poor Physical Health Days	4.3	3.9-4.7	3.4	4.5
Poor Mental Health Days	4.8	4.4-5.2	3.8	4.8
Low Birth Weight	7%	5-8%	6%	8%

 Table 10. Health Outcomes (Overall Rank 7)

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's ranking is comparable to Logan, and Canadian Counties. Kingfisher County's ranking is more favorable than Oklahoma, Blaine, Major, and Garfield Counties.

2021 Health Outcomes - Oklahoma



Community Survey Methodology and Results

A survey was designed to gauge hospital usage, satisfaction, and community health needs. The survey link was made available on the hospital's website and emailed to available email lists. The survey was also made available at Chisholm Trail Technology Center. Mercy Hospital Kingfisher employees were encouraged to share the survey link on their social media accounts. Hard copies of the survey were also made available at the hospital. 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 December 13, 2021 to January 21, 2022. A total of 100 surveys from the Mercy Hospital Kingfisher medical service area were completed. Of the surveys returned, 99 were electronic surveys completed via Survey Monkey.

Table 11 below shows the survey respondent representation by zip code. The largest share of respondents was from the Kingfisher (73750) zip code with 61 responses or 61 percent of the total. Okarche (73762) followed with 5 responses, and Piedmont (73078) and Loyal (73756) each had 4 responses.

Response Category	No.	%
73750- Kingfisher	61	61.0%
73762- Okarche	5	5.0%
73078- Piedmont	4	4.0%
73756- Loyal	4	4.0%
73016- Cashion	3	3.0%
73742- Hennessey	3	3.0%
73014- Calumet	2	2.0%
73099- Yukon	2	2.0%
73036- El Reno	2	2.0%
73055- Marlow	2	2.0%
73764- Omega	1	1.0%
74074- Stillwater	1	1.0%
73735- Drummond	1	1.0%
73734- Dover	1	1.0%
73701- Enid	1	1.0%
73644- Elk City	1	1.0%
73134- Oklahoma City	1	1.0%
73132- Oklahoma City	1	1.0%
73059- Minco	1	1.0%
73118- Oklahoma City	1	1.0%
73044- Guthrie	1	1.0%
73013- Edmond	1	1.0%
Total	100	100.0%

 Table 11. Zip Code of Residence

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

Primary Care Physician Visits

- 68% of respondents had used a primary care physician in the Kingfisher service area during the past 24 months

- 95.6% of those responded being satisfied
- Only 39 respondents or 39% of the survey respondents believe there are enough primary care physicians practicing in the Kingfisher area
- 67% responded they were able to get an appointment with their primary care physician when they needed one
- 46% of respondents indicated that they have used the services of an urgent care in the past 12 months
- 70% responded that they would utilize urgent care or after hours services offered in Kingfisher

Specialist Visits

Summary highlights include:

- 72% of all respondents report some specialist visit in past 24 months
- Most common specialty visited are displayed in Table 12
- Two visits occurred in Kingfisher

Type of Specialist	No.	Percent
Top 5 Responses		
Orthopedist/Orthopedic Surg.	16	14.8%
(2 visits in Kingfisher)		
Cardiologist	12	11.1%
(0 visits in Kingfisher)		
OB/GYN	11	10.2%
(0 visits in Kingfisher)		
Gastroenterologist	9	8.3%
(0 visits in Kingfisher)		
Otolaryngologist	8	7.4%
(0 visits in Kingfisher)		
All others	<u>52</u>	<u>48.1%</u>
(0 visits in Kingfisher)		
Total	<u>108</u>	<u>100.0%</u>

 Table 12. Type of Specialist Visits

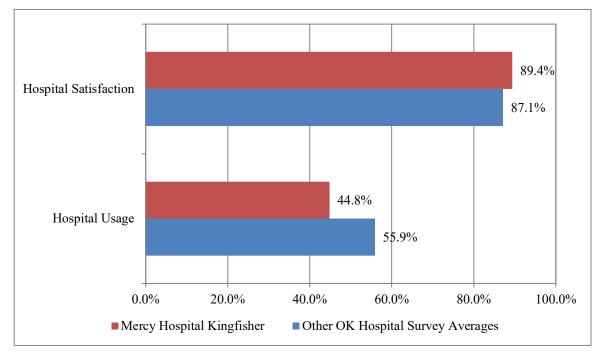
Some respondents answered more than once.

Hospital Usage and Satisfaction

Survey highlights include:

- 44.8% of survey respondents that have used hospital services in the past 24 months used services at Mercy Hospital Kingfisher
 - Mercy Hospital Oklahoma City (15.2%) and INTEGRIS Baptist Medical Center, Oklahoma City (7.6%) followed
 - The most common response for using a hospital other than Mercy Hospital Kingfisher was availability of specialty care (including surgery and labor and delivery, antivenin) (38.9%) and physician referral/Transferred (24.1%)
 - The usage rate of 44.8% was lower than the state average of 55.9% for usage of other rural Oklahoma hospitals surveyed
- 89.4% of survey respondents were satisfied with the services received at Mercy Hospital Kingfisher
 - \circ This is above the state average for other hospitals (87.1%)
- Most common services used at Mercy Hospital Kingfisher:
 - o Diagnostic Imaging (X-ray, CT, Ultrasound, MRI) (29.3%)
 - Laboratory (26.7%)
 - \circ Emergency room (19.8%)

Figure 2. Summary of Hospital Usage and Satisfaction Rates



Local Healthcare Concerns and Additional Services

Survey respondents were asked what concerns them most about health in their community. The most common response was mental health (14.7%) followed by obesity (11.6%) and accessing specialty services (11.0%). Table 13 displays all responses and the frequencies.

Table 13. Top Health Concerns in the Kingfisher Area			
	No.	%	
Mental health	47	14.7%	
Obesity	37	11.6%	
Accessing specialty services	35	11.0%	
Accessing primary care	33	10.3%	
Heart disease	31	9.7%	
Substance abuse	29	9.1%	
Diabetes	27	8.5%	
Cancers	25	7.8%	
Suicide	21	6.6%	
Teen pregnancy	8	2.5%	
Motor vehicle crashes	6	1.9%	
Dental	4	1.3%	
Allergist	1	0.3%	
Affordable insulin	1	0.3%	
Covid-19	1	0.3%	
OB/GYN	1	0.3%	
Water aerobics	1	0.3%	
Don't know/No response	11	3.4%	
Total	319	100.0%	

Table 13. Top Health Concerns in the Kingfisher Area

Survey respondents also had the opportunity to identify what additional health and wellness services they would like to see offered in their community. The most common response was specialists with a collective response of 21.2 percent. Don't know/no additional services followed with 16.1 percent, and after hours care/urgent care followed with 8.5 percent of the total. Table 14 displays the full listing of responses.

Table 14. Additional Health and Wellness Services Community Members Would Like to See Offered in Kingfisher

Response Category	No.	%
Specialists: Specialists in general (8); Dermatologist (4); OB/GYN (4); Pediatrician		
(2); Gastroenterologist (1); Rheumatologist (1); Allergist (1); Podiatrist (1); Urologist		
(1); Psychiatrist (1); Otolaryngologist (1)	25	21.2%
Don't know/No additional services	19	16.1%
After hours care/Urgent care	10	8.5%
Mental health/Inpatient behavioral health/Substance abuse services	7	5.9%
Surgery/Outpatient surgery/Anesthesia for surgeries/Colonoscopies	6	5.1%
Women's health/Prenatal	4	3.4%
Preventative care/Wellness/Routine care	3	2.5%
More physicians in community and covering the ED	3	2.5%
Dialysis	3	2.5%
Exercise/Community center with gym/Water aerobics/Water rehab	3	2.5%
Rehab facility/Water rehab	2	1.7%
Continued sex ed for young teens in high school	1	0.8%
Dietician	1	0.8%
Functional medicine	1	0.8%
Palliative/End of life options	1	0.8%
Access to resources	1	0.8%
A physician that would do house calls for those who cannot get out easily	1	0.8%
HIPAA compliance	1	0.8%
ICU beds	1	0.8%
Cancer care	1	0.8%
In home services similar to those in OKC	1	0.8%
No response	23	19.5%
Total	118	100.0%
	110	100.070

Community Health Needs- Identification of Priorities

As mentioned previously, due to COVID-19, community meetings were not able to be held to present data and gather data in a town-hall style meeting. Instead a single coalition meeting in a hybrid format was utilized to gather community input. A meeting of community stakeholders was held on March 14, 2022. The OK Office of Rural Health presented and facilitated the meeting. A complete listing of individuals who participated is included in Appendix B.

During the community meeting process, participants were asked the following three questions:

- What are the top health needs of the patients/clients I serve?
- What are the top health needs of the greater community (outside of the hospital or clinic setting)?
- What am I most proud of in the Kingfisher community?

The concerns listed were:

- Obesity- Priority through KCC- walking initiatives (2)
 - Safety concern for exercising- Lighting and crosswalks (will be working on)
 - Kingfisher is working on many of the priorities- they are just trying to be strategic in reaching people and growing in the most beneficial manner
 - Nutrition- working to establish farmer's market- Accept WIC, SNAP
- Mental health- Difficulty finding applicants to work in the mental health field (3)
 - Difficulty finding people take advantage of telemedicine services- difficulty to sustain with internet providers and accessing the services
 - Need in the school- Meet with HS students who are struggling- trauma was evident. Students do have trauma in their lives that continue to impact later on.
 - There is large number of domestic violence victims that are seen
- Compassion Clinic- Large share of Hispanic origin population
- Vaping and Tobacco- Concern in the schools
- Poverty is seen in the schools- backpack program, housing insecurity, helping parents with utilities (2)
 - There is a cycle of poverty,
 - DHS office closed in Kingfisher- This has presented a barrier for folks signing up
 - It was mentioned to possibly partner with the Compassion Clinic to help people sign up for Medicaid

Kingfisher does have many strengths. Some of the sources of pride noted by community members include:

- Compassion Clinic
- Kingfisher Trails- Still adding and growing- Will be eventually all connected through Kingfisher (roughly 4 miles)
- Many places to walk: Cemetery, Parks, School track
- Playground of Dreams- Playground equipment that is handicapped accessible

Mercy Hospital Kingfisher Administration utilized these responses to generate the list of priorities based on the frequencies of responses, potential impact the hospital can have on these items, and the opportunity to collaborate with existing organizations and providers in the community. The following items were identified as priorities:

- Obesity- The hospital plans to collaborate with the local Chamber of Commerce and Kingfisher Community Collaborative to host a walking collaboration.
 - The hospital also plans to continue to collaborate with the Compassion Clinic to provide services and resources to the patients of the clinic. These patients are often the low-income and/or uninsured residents in the community. This partnership includes providing care as well as making referrals as needed and linking patients to resources.
- Mental health- Mercy Hospital Kingfisher is working to partner with an organization to provide an outpatient geropsych program that encourages engagement and socialization for participants.
 - As mentioned previously, the hospital plans to continue a strong collaboration with the Compassion Clinic to provide care and resources to patients as needed.

Mercy Hospital Kingfisher recognizes the importance of the Compassion Clinic and the strain poverty has on the medical service area. Therefore, these items are incorporated into the priorities identified and in the implementation of programming to address these priorities.

Community Health Needs Assessment Marketing Plan

The hospital will make the Community Health Needs Assessment Summary available upon request at Mercy Hospital Kingfisher, and a copy will be available to be downloaded from the hospital's website (<u>https://www.mercy.net/practice/mercy-hospital-kingfisher/</u>). 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 Physical therapy Occupational therapy Occupational therapy Speech therapy Dietary consults Injections and transfusions through nursing care Provide therapy through the school system Clinics Orthopedics Cardiology Urology

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 Meals on Wheels Chamber member Thanksgiving Meal Adoption Christmas Gift adoption 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 Foundation Annual coworker training

Appendix B Community Input Participants

Mercy Hospital Kingfisher Community Health Needs Assessment
Community Input Meeting

		Some provide the second
	14-Mar-22	
Name		Organization
Bobby Stitt		Mercy Hospital Kingfisher
Dustin Yowell		Mercy Hospital Kingfisher
Lisa Copeland		Sooner SUCCESS
Blair Coughlan		Kingfisher County Health Department
Lindy Peterman		OSU Cooperative Extension
Deborah Maehs		KCC Inc
Theresa Sharp		EF
Bill Harris		Kingfisher Public Schools
Magen Schegraves		TSET
Kendra Gift		SWODA
Sandra B.		Red Rock SCC
Brittney Hladik		
Jennifer Marter		DHS

Appendix C- Economic Impact

Mercy Hospital Kingfisher Mercy **Economic Impact** Healthcare, especially a hospital, plays a vital role in local economies. Mercy Hospital Kingfisher, including the clinic, **directly** employs 96 individuals with an annual payroll of over \$9.7 million including benefits These employees and income create an additional 42 jobs and over \$2.2 in income as they interact with other sectors of the local economy Total impacts= 138 jobs and over \$11.9 million Other segments of the healthcare sector (Pharmacies, EMS, etc.) provide another 365 jobs and an additional \$22.9 million in wages • Their interactions and transactions within the local economy including the hospital's impact create: • Total health sector impacts= 584 jobs and \$38.3 million • Over \$9 million in retail sales generated from the presence of the health sector Healthcare and Your Local Economy: • Attracts retirees and families Products Basic Industry Appeals to businesses looking to establish and/or relocate High-quality healthcare services and infrastructure k \$ foster community development Goods & · Positive impact on retail sales of local economy Services \$ Consider what could be lost without the hospital: \$ Pharmacies Source: Doeksen, G.A., T. Johnson, and C Willoughby. 1997. Measuring the Economic Other Healthcare Providers and Services Importance of the Health Sector on a Local Physicians/Specialists Economy: A Brief Literature Review and Potential Retail Sales Procedures to Measure Local Impacts For additional information, please contact: Lara Brooks, Rural Health Analyst, lara.brooks@okstate.edu CENTER FOR Corie Kaiser, Director, corie.kaiser@okstate.edu RURAL HEALTH Oklahoma Office of Rural Health OSU Center for Health Sciences 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 U2WRH33319 and title: Medicare Rural Hospital Flexibility Grant Programfor \$673,496,0% 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.

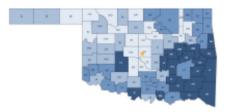
Multipliers were derived from IMPLAN 2020, sales tax data were derived from County FY2021 Oklahoma Tax Commission data, and 2020 personal income estimates from Bureau of Economic Analysis.

Appendix D- Kingfisher County Health Indicators and Outcomes

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

	alth Factors ((Kingfisher	Error	Top U.S.	
Category (Rank)	County	Margin	Performers	Oklahoma
Health Behaviors (19)	county	Margin	T CHIOTHICI D	
Adult Smoking	21%	17-24%	16%	20%
Adult Obesity	38%	30-45%	26%	35%
Food Environment Index	8.4		8.7	5.8
Physical Inactivity	34%	26-42%	19%	28%
Access to Exercise Opportunities	52%	-	91%	71%
Excessive Drinking	16%	15-17%	15%	15%
Alcohol-Impaired Driving Deaths	29%	19-39%	11%	27%
Sexually Transmitted Infections	243		161	559
Teen Births	27	22-33	12	33
Clinical Care (17)				
Uninsured	17%	15-19%	6%	17%
Primary Care Physicians	2,260:1	-	1,030:1	1,640:1
Dentists	1,430:1		1,210:1	1,610:1
Mental Health Providers	610:1		270:1	240:1
Preventable Hospital Stays	4,820		2,565	4,781
Mammography Screening	38%		51%	38%
Flu Vaccinations	56%		55%	49%
Social & Economic Factors (5)				
High School Graduation	88%	86-91%	94%	88%
Some College	51%	43-60%	73%	60%
Unemployment	2%	9	3%	3%
Children in Poverty	11%	6-15%	10%	20%
Income Inequality	4.1	3.4-4.8	3.7	4.6
Children in Single-Parent Household	20%	12-29%	14%	27%
Social Associations	15.8		18.2	11.5
Violent Crime Rate	100		63	428
Injury Deaths	96	75-120	59	94
Physical Environment (30)				
Air-Pollution- Particulate Matter	7.9		5.2	8.2
Drinking Water Violations	Yes			
Severe Housing Problems	8%	5-11%	9%	14%
Driving Alone to Work	84%	83-86%	72%	82%
Long Commute- Driving Alone	26%	20-31%	16%	27%

Institute; Robert Wood Johnson Foundation



Health Factor Ranks 🔝 1 to 18 🔤 28 to 28 💼 39 to 58 💼 59 to 77

Table 2. Health Outcomes (Overall Rank 7)

Category (Rank)	Kingfisher County	Error Margin	Top U.S. Performers	Oklahoma
Length of Life (9)				
Premature Death	7,800	6,300- 9,400	5,400	9,100
Quality of Life (6)				
Poor or Fair Health	20%	17-22%	14%	21%
Poor Physical Health Days	4.3	3.9-4.7	3.4	4.5
Poor Mental Health Days	4.8	4.4-5.2	3.8	4.8
Low Birth Weight	7%	5-8%	6%	8%

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



Health Outcome Ranks 1 to 19 20 to 38 39 to 58 59 to 77

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



CENTER FOR **RURAL HEALTH** OSU Center for Health Sciences

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 U2WRH33319 and title: Medicare Rural Hospital Flexibility Grant Program for \$673,496, 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 in ferred by HRSA, HHS or the U.S. Government

Appendix E- Survey Form and Survey Results

			Mercy
	The zip code of my residence is:		
	What is your current age:		
1.	Has your household used the services of a hospital in the past 2	4 ma	onths?
	□ Yes (Go to Q2) □ No (Skip to Q7)		Don't know <i>(Skip to Q7)</i>
2.	At which hospital(s) were services received? (please check/list	all t	hat apply)
	□ Mercy Hospital Kingfisher (Skip to Q4)		Other (Please specify Hospital and City, then go to Q3)
3	If you responded in Q2 that your household received care at a h or your family member choose that hospital? (Please answer the		
	 Physician referral 		Quality of care/Lack of confidence
	□ Closer, more convenient location		Availability of specialty care
	□ Insurance reasons		Other (Please list below)
4.	If you responded in Q2 that your household received care at Me used?	ercy]	Hospital Kingfisher, what hospital service(s) were
	 Diagnostic imaging (X-ray, MRI, CT, Ultrasound) 		Hospital Inpatient
	□ Laboratory		Skilled nursing (swing bed)
	Outpatient infusion/Shots		Emergency room (ER)
	 Physician services Physical, speech, or occupational therapy 		Surgical services Urgent care
	Thysical, speech, of occupational incrapy		Other (Please list below)
5.	How satisfied was your household with the services you receiv	ed at	Mercy Hospital Kingfisher? Don't know
		Ц	Don't know
6.	Has your household been to a specialist in the past 24 months?		Don't know <i>(Skip to Q10)</i>
7.	What type of specialist has your household been to in the past 2	4 ma	onths and in which city were they located?
<i>.</i>	Type of Specialist	Cit	у
		_	
	Did the specialist request further testing, laboratory work and/o	r x-ra	ays?
8.	□ Yes □ No		Don't know
			Don't know

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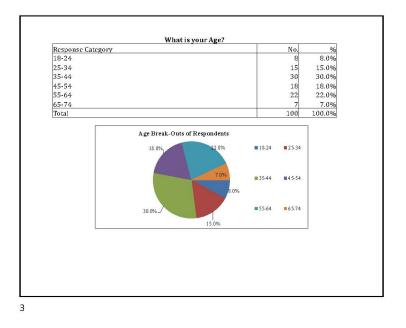
	hat kind of medical pro-	vider do ;	ou use for routine cure	fa semae as		•
	Primary Care physici	ian			Mid-Level Clin	nic (Nurse Practitioner or PA)
	Tribal Health Center				Emergency Ro	
	Income Based Health	Center			Specialist	
	Urgent care/Walk in	clinic			Other (Please lin	st below)
	Health Department					
1. H	as your household been	to a prim	ary care (family) doctor	in the Kir	ngfisher area?	
	Yes (Go to Q12)		No (Skip to Q13)		Don't know (S	kin to O13)
522			the first in First	-		
2. H	ow satisfied was your h	ousehold	with the quality of care	received i	n the Kingfishe	r area?
] Satisfied		Dissatisfied		Don't know	
922				100		
3. D	o you think there are en	ough prin	nary care (family) doctor	rs practici	ng in the Kingfi	sher area?
] Yes		No	-	Don't know	
200						
	1 and the date of the state of					
			500.00) doctor when you need one?
] Yes		No		Don't know	
			alk-in, urgent care or afte			24 months?
] Yes		No		Don't know	
6 W	and you utilize a well.	in an d/a-	ofter house clinic if - ff-	and in Vie	affeh ar 9	
			after hours clinic if offe		Don't know	
] Yes		No		Don't know	
7 W	hat concerns you most	about hee	lth in the Kingfisher are	(Please	alast all that an	nh/\?
] Heart disease	about nea	iai in the Kingrisher are		Substance abu	
1.15	Cancers			1000	Obesity	se
2.23	Diabetes				Accessing prin	0070 0070
100] Dental				Accessing spo	
1.55] Teen Pregnancy				Motor vehicle	
	Suicide			1000		crashes
_	- Durenae				Other	
	Mental health			<u></u>		
e 11	hat additional health and	d wellnes	s services would you lik	o to see o	ffored in the Vir	naficher ana?
0. W	nat additional nearth and	a wennes	s services would you lik	te to see o	frered in the Ki	ngrisher area?
-						
	아이가 그는 것이 같은 것이 같은 것이 같은 것이 같다.	telemedi	cine services, a visit eith	er by telep	ohone or video v	with your provider, in the past year
9. H	as your household used				Don't know (S)	
	as your household used] Yes		No (Skip to Q21)			
			NO (Skip to Q21)			
] Yes		with the quality of care		via telemedicine	?
С. н.] Yes	ousehold		received	via telemedicine Don't know	?
С. н	Yes ow satisfied was your h	ousehold	with the quality of care	received		Please mail completed survey
С 10. Н] Yes ow satisfied was your h] Satisfied	ousehold	with the quality of care	received v		Please mail completed survey to:
C. He C. He C. He] Yes ow satisfied was your h] Satisfied	ousehold	with the quality of care Dissatisfied	received v		Please mail completed survey
C. He C. He C. He C. He (P] Yes ow satisfied was your h] Satisfied ow would you prefer to	ousehold	with the quality of care Dissatisfied	received v		Please mail completed survey to: Mercy Hospital Kingfisher
20. He 21. He (P] Yes ow satisfied was your h] Satisfied ow would you prefer to <i>Please select all that app</i>	ouschold	with the quality of care Dissatisfied ed of community events	received v	Don't know	Please mail completed survey to: Mercy Hospital Kingfisher 1000 Hospital Drive Kingfisher, OK 73750
20. He 1. He (P	 Yes ow satisfied was your h Satisfied ow would you prefer to Please select all that app Newspaper 	be notifi	with the quality of care Dissatisfied ed of community events Email	received v	Don't know	Please mail completed survey to: Mercy Hospital Kingfisher 1000 Hospital Drive

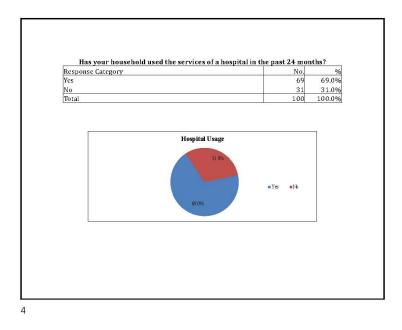
Mercy Hospital Kingfisher Survey Results



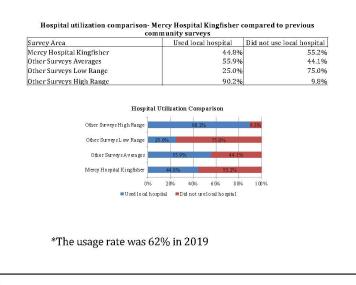
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Response Category	No.	%
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73078- Piedmont	4	4.0%
73756- Loyal	4	4.0%
73016- Cashion	3	3.0%
73742- Hennessey	3	3.0%
73014- Calumet	2	2.0%
73099- Yukon	2	2.0%
73036- El Reno	2	2.0%
73055- Marlow	2	2.0%
73764- Omega	1	1.0%
74074- Stillwater	1	1.0%
73735- Drummond	1	1.0%
73734- Dover	1	1.0%
73701- Enid	1	1.0%
73644- Elk City	1	1.0%
73134- Oklahoma City	1	1.0%
73132- Oklahoma City	1	1.0%
73059- Minco	1	1.0%
73118- Oklahoma City	1	1.0%
73044- Guthrie	1	1.0%
73013- Edmond	1	1.0%
Total	100	100.0%



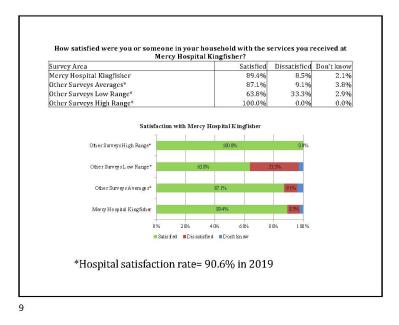


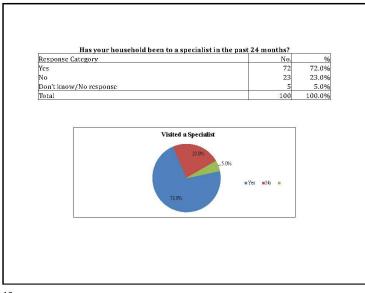
Response Category	No.	96
Mercy Hospital Kingfisher	47	44.8%
Mercy Hospital Oklahoma City	16	15.2%
Oklahoma Heart Hospital, Oklahoma City	3	2.9%
INTEGRIS Baptist Medical Center, Oklahoma City	8	7.6%
Mercy I-35, Edmond	3	2.9%
INTEGRIS Baptist Portland Ave., Oklahoma City	2	1.9%
Physical Therapy Central, No location	2	1.9%
McBride Orthopedic Hospital, Oklahoma City	2	1.9%
Lakeside Women's Hospital, Oklahoma City	2	1.9%
INTEGRIS Canadian Valley, Yukon	2	1.9%
Trail Creek Wellness, Kingfisher	2	1.9%
SSM St. Anthony Hospital, Oklahoma City	1	1.0%
Oklahoma Center for Orthopaedic and Multispecialty Hospital, Oklahoma City	1	1.0%
Mercy Hospital Logan County, Guthrie	1	1.0%
Duncan Regional Hospital, Duncan	1	1.0%
St. Francis Hospital, Tulsa	1	1.0%
Baylor Scott and White Hospital, No Location	1	1.0%
Cardiovascular Health Institute, No location	1	1.0%
Stillwater Medical Blackwell	1	1.0%
Oklahoma Children's Hospital, OU, Oklahoma City	1	1.0%
INTEGRIS Bass Baptist Hospital, Enid	1	1.0%
SSM Health Medical Group, El Reno	1	1.0%
Kingfisher Clinic	1	1.0%
Mercy Gollealth	1	1.0%
OU Medical Center, Oklahoma City	1	1.0%
Community Hospital, Oklahoma City	1	1.0%
No response	1	1.0%
Total*	105	100.0%



Response Category	No.	%
Availability of specialty care (Including surgery, labor and delivery, antivenin)		38.9%
	21 13	
Physician referral/Transferred Closer, more convenient location		24.1%
	7	13.0%
Quality of care/Lack of confidence	7	13.0%
Insurance reasons	3	5.6%
Emergency care	2	3.7%
Where my doctor works	1	1.9%
Total*	54	100.0%

Response Category	No.	%
Diagnostic imaging (X-ray, CT, MRI, Ultrasound)	34	29.3%
Laboratory	31	26.7%
Emergency room (ER)	23	19.8%
Physician services	12	10.3%
Physical, speech, or occupational therapy	7	6.0%
Outpatient services	4	3.4%
Clinic services including vaccines	2	1.7%
Stitches	1	0.9%
Hospital inpatient	1	0.9%
EKG	1	0.9%
Fotal*	116	100.0%
respondent = 2.47		



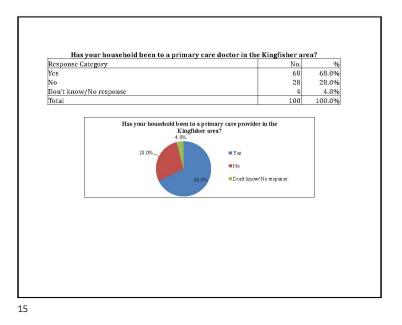


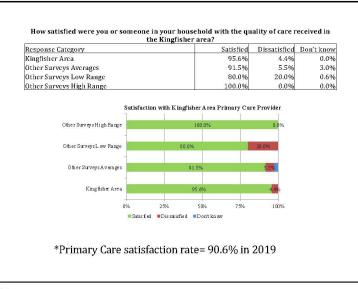
Type of Specialist	City	No.	%
Orthopedist/Ortho Surg	No location (7); Oklahoma City (5); Kingfisher (2); Edmond (1); Yukon (1)	16	14.8%
Cardiologist	Oklahoma City (7); No location (4); Enid (1)	12	11.1%
OB/GYN	No location (5); Oklahoma City (4); Edmond (1) ;Enid (1)	11	10.2%
Gastroenterologist	Oklahoma City (6); No location (3)	9	8.3%
Otolaryngologist	Oklahoma City (3); No location (3); Edmond (2)	8	7.4%
Dermatologist	Oklahoma City (3); No location (3); Edmond (1)	7	6.5%
Neurologist	No location (4); Oklahoma City (3)	7	6.5%
Urologist	No location (3); Oklahoma City (2)	5	4.6%
Podiatrist	Oklahoma City (2); Enid (1); No location (1)	4	3.7%
Allergist	Oklahoma City (2); Enid (1)	3	2.8%
Oncologist	No location (2); Oklahoma City (1)	3	2.8%

Type of Specialist	City	No.	%
Endocrinologist	Oklahoma City (1); No location (1)	2	1.9%
Pulmonologist	Oklahoma City (1); No location (1)	2	1.9%
Surgeon	Oklahoma City (1); No location (1)	2	1.9%
Pediatrician	No location (2)	2	1.9%
Pediatric Urologist	No location (2)	2	1.9%
Hematologist	No location (1)	1	0.9%
Immunologist	Oklahoma City (1)	1	0.9%
Nephrologist	Oklahoma City (1)	1	0.9%
Vein	Oklahoma City (1)	1	0.9%
Ophthalmologist	Oklahoma City (1)	1	0.9%
Oral Surgeon	Edmond (1)	1	0.9%
Pain Management	No location (1)	1	0.9%
Pediatric Hepatologist	Oklahoma City (1)	1	0.9%
Physical therapy	No location (1)	1	0.9%
Maxillofacial Surgeon	Oklahoma City (1)	1	0.9%
Psychologist	Oklahoma City (1)	1	0.9%
Rheumatologist	Oklahoma City (1)	1	0.9%
Sleep Study	No location (1)	1	0.9%
Total*		108	100.0%
	nswered more than once. 72 respondents had pondents reported visiting an average of 1.5 sp		Those 72

Response Category	No.	%
Yes	58	80.6%
No	14	19.4%
Total	72	100.0%
If yes, in which city were the tests Response Category	or laboratory work performed? No.	%
Oklahoma City	38	58.5%
Kingfisher	17	26.2%
Enid	5	7.7%
Guthrie	1	1.5%
Edmond	1	1.5%
Yukon	1	1.5%
No response	2	3.1%
Total*	65	100.0%
*Some respondents answered more tha	n onee. Average responses equal 2.22	

Response Category	No.	%
Primary care physician	63	45.3%
Mid-level clinic (nurse practitioner or PA)	42	30.2%
Urgent care/Walk in clinic	13	9.4%
Specialist	11	7.9%
Income based health center	2	1.4%
Emergency room/hospital	2	1.4%
Health department	1	0.7%
Tribal health center	1	0.7%
No response	4	2.9%
Total	139	100.0%





Response Category	No.
Yes	39 39.0
No	37 37.0
Don't know/No response	24 24.0
Total	100 100.0
you need on	e? No.
you need on Response Category	e?
you need on Response Category Yes	e? No.
you need on Acsponse Category Yes No	e? No. 67 67.0
Are you able to get an appointment, within 48 hor you need on Response Category Yes No Don't know/No response Total	E? No. 67 67.0 20 20.0

Response Category	No.	%
Yes	46	46.0%
No	45	45.0%
Don't know/No response	9	9.0%
Total	100	100.0%
Don't know/No response	17	17.0%
Total	100	100.0%

	No.	%
Mental health	47	14.7%
Obesity	37	11.6%
Accessing specialty services	35	11.0%
Accessing primary care	33	10.3%
Heart disease	31	9.7%
Substance abuse	29	9.1%
Diabetes	27	8.5%
Cancers	25	7.8%
Suicide	21	6.6%
Teen pregnancy	8	2.5%
Motor vehicle crashes	6	1.9%
Dental	4	1.3%
Allergist	1	0.3%
Affordable insulin	1	0.3%
Covid-19	1	0.3%
OB/GYN	1	0.3%
Water aerobics	1	0.3%
Don't know/No response	11	3.4%
Total	319	100.0%

Response Category	No.	%
Specialists: Specialists in general (8); Dermatologist (4); OB/GYN (4); Pediatrician (2); Gastroenterologist (1); Rheumatologist (1); Allergist (1);		
Podiatrist (1); Urologist (1); Psychiatrist (1); Utolaryngologist (1)	25	21.2%
Don't know/No additional services	19	16.1%
After hours care/Urgent care	10	8.5%
Mental health/Inpatient behavioral health/Substance abuse services	7	5.9%
Surgery/Outpatient surgery/Anesthesia for surgeries/Colonoscopies	6	5.1%
Women's health/Prenatal	4	3.4%
Preventative care/Wellness/Routine care	3	2.5%
More physicians in community and covering the ED	3 3 3	2.5%
Dialysis	3	2.5%
Exercise/Community center with gym/Water aerobics/Water rehab	3 2	2.5%
Rehab facility/Water rehab	2	1.7%
Continued sex ed for young teens in high school	1	0.8%
Dietician	1	0.8%
Functional medicine	1	0.8%
Palliative/End of life options	1	0.8%
Access to resources	1	0.8%
A physician that would do house calls for those who cannot get out easily	1	0.8%
IIIPAA compliance	1	0.8%
ICU beds	1	0.8%
Cancer care	1	0.8%
In home services similar to those in OKC	1	0.8%
No response	23	19.5%
Total	118	100.0%

Response Category	No.	9
Yes	57	57.09
No	33	33.09
Don't know/No response	10	10.09
Total	100	100.09
Don't know/No response	2	3.5%
Satisfied Dissatisfied	52 3	91.29 5.39
Don't know/No response		3.5%
Total	57	100.09



