Coal County General Hospital Community Health Needs Assessment Summary and Implementation Strategy



December 2024

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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.

Report Outline

This document discusses the steps taken to conduct a CHNA for Coal County General Hospital in 2024. It begins with a description of the hospital's steps to addressing priorities identified during the 2021 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 December 19, 2024.

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

Coal County General Hospital worked with the Oklahoma Office of Rural Health in 2021 to complete their third Community Health Needs Assessment. The previous assessments were completed in 2018, 2015, and 2012/2013. 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.

Area of concern: Mental Health

Activity 1: Following the 2021 Community Health Needs Assessment (CHNA), CCGH explored opportunities to expand telehealth services. The specific goals were to add specialty providers and deliver mental health services, both in-person and via telemedicine. This activity is still in process, and the number of individuals who benefited from this implementation is not available.

Activity 2: CCGH has maintained conducting mental health screenings within the hospital setting. These screenings help in identifying patients in need. A total of 57 patients have benefited from this screening/offering at the hospital.

Area of concern: Telehealth and Specialists

Activity 1: As mentioned in the previous priority, CCGH is in the process of adding specialty providers via telemedicine. In late 2022, CCGH partnered with a grant writer to prepare an application for the USDA Distance Learning and Telemedicine (DLT) Grant. On September 7,

2023, the USDA approved the application and awarded CCGH funds to develop telemedicine services.

Currently, CCGH is working with vendors to purchase telemedicine hardware and is exploring opportunities with outside entities to deliver specialty services. This is still in process, and the number of individuals who have benefitted are not available.

Area of concern: Socioeconomics

Activity 1: CCGH has established a partnership with the Regional Food Bank of Oklahoma to conduct food insecurity screenings and provide shelf-stable food boxes to patients. Prior to the delivery of shelf-stable food boxes from the Regional Food Bank of Oklahoma (RFBOK), patients who were identified to have food insecurities were sent to the Harmony Community Building for assistance. The Community Building was the location for the Tri-County Food Bank. However, due to turnover in clinic management since the 2021 CHNA, it has been challenging to determine the number of patients who received assistance.

Coal County General Hospital Medical Services Area Demographics

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

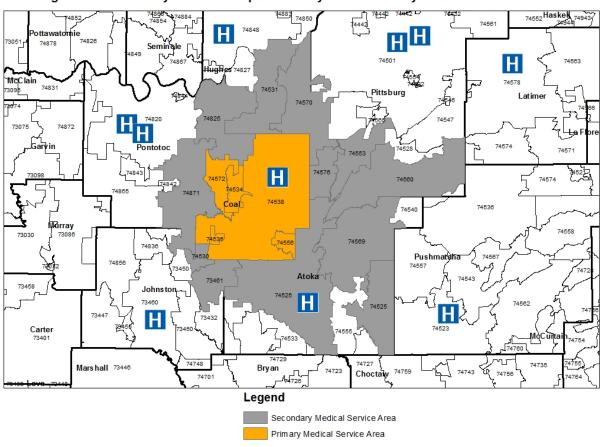


Figure 1. Coal County General Hospital Primary and Secondary Medical Service Areas

Figure 1. Coal County General Hospital Medical Service Areas

City	County	Hospital	No. of Beds
Coalgate	Coal	Coal County General Hospital	20
Atoka	Atoka	Atoka Memorial Hospital	25
Holdenville	Hughes	Holdenville General Hospital	25
Tishomingo	Johnston	Mercy Hospital Tishomingo	25
McAlester	Pittsburg	McAlester Regional Health Center	198
Ada	Pontotoc	Mercy Hospital Ada	151
Antlers	Pushmataha	Pushmataha Hospital	48

As delineated in Figure 1, the primary medical service area of Coal County General Hospital includes the zip code area of Centrahoma, Clarita, Coalgate, Lehigh, and Tupelo. The primary medical service area experienced a population decrease of 1.5 percent from the 2000 Census to the 2010 Census (Table 1). This same service area experienced another decrease of 10.1 percent from the 2010 Census to the 2020 Census.

The secondary medical services area is comprised of the zip code areas Atoka, Bromide, Calvin, Kiowa, Pittsburg, Stringtown, Stuart, Wardville, Allen, Wapanucka, and Stonewall. The secondary medical service area experienced an increase in population of 1.8 percent from 2000 to 2010 followed by a population decrease of 2.4 percent from 2010 to the 2020 Census.

Table 1. Population of Coal County General Hospital Medical Service Area

		2000	2010	2020	% Change	% Change
Population by Zip Cod	e	Population	Population	Population	2000-2010	2010-2020
		1 0 0 000000000000000000000000000000000			2000 2010	
Primary Medical Servi	ce Area					
74534	Centrahoma	337	250	223	-25.8%	-10.8%
74535	Clarita	108	126	79	16.7%	-37.3%
74538	Coalgate	4,270	4,200	3,771	-1.6%	-10.2%
74556	Lehigh	366	422	317	15.3%	-24.9%
74572	Tupelo	717	712	742	<u>-0.7%</u>	<u>4.2%</u>
Tota	l	5,798	5,710	5,132	-1.5%	-10.1%
Secondary Medical Ser	rvice Area					
74525	Atoka	9,128	10,112	10,314	10.8%	2.0%
74530	Bromide	210	214	178	1.9%	-16.8%
74531	Calvin	948	1,062	949	12.0%	-10.6%
74553	Kiowa	1,475	1,384	1,197	-6.2%	-13.5%
74560	Pittsburg	644	635	602	-1.4%	-5.2%
74569	Stringtown	1,426	633	537	-55.6%	-15.2%
74570	Stuart	1,118	1,089	1,084	-2.6%	-0.5%
74576	Wardville	192	210	181	9.4%	-13.8%
74825	Allen	2,305	2,170	2,061	-5.9%	-5.0%
73461	Wapanucka	762	795	825	4.3%	3.8%
74871	Stonewall	2,138	2,415	2,290	13.0%	<u>-5.2%</u>
Tota	l	20,346	20,719	20,218	1.8%	-2.4%
		•	•	•		

SOURCE: Population data from the U.S. Bureau of Census, Decennial Census 2000, 2010 and 2020 (June 2024)

Table 2 displays the current existing medical services in the primary service area of the Coal County General Hospital medical services area. Most of these services would be expected in a service area of Coalgate's size: one clinic, one pharmacy, one home health provider, one EMS provider and a county health department. Coal County General Hospital is a 20 bed critical access hospital located in Coal County. The hospital provides acute inpatient services, outpatient care, swing bed, 24/7 emergency department, rural health clinics, and extended care services including home health, long term care, skilled nursing, and physical therapy. A complete list of hospital services and community involvement activities can be found in Appendix A.

Table 2. Existing Medical Services in the Coal County General Hospital Medical Services Area

Count	Service			
1	Hospital: Coal County General Hospital			
1	Clinic			
1	Pharmacy			
1	Nursing home			
1	EMS Provider			
1	Home health provider			
1	County Health Department: Coal County			

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 Coal 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 2020 Census. This cohort accounted for 16.5 percent of the total population at the state level. This is compared to 20.9 percent of the population of the primary medical service area, 19.1 percent of the secondary medical service area, and 20.9 percent of Coal County. The 45-64 age group accounts for the largest share of the population in the primary (26.7%) and secondary (26.4%) service areas and Coal County (26.5%). This is compared to the state share of 24 percent of the total population.

Table 3. Percent of Total Population by Age Group for Coal County General Hospital Medical Service Areas, Coal County and Oklahoma

Age Groups	Primary Medical Service Area	Secondary Medical Service Area	Coal County	Oklahoma
Отоира				
2010 Census				
0-14	21.1%	19.4%	21.0%	20.7%
15-19	7.1%	6.6%	7.1%	7.1%
20-24	4.6%	5.4%	4.6%	7.2%
25-44	21.8%	24.1%	21.7%	25.8%
45-64	27.8%	27.4%	27.8%	25.7%
65+	<u>17.7%</u>	<u>17.0%</u>	<u>17.8%</u>	<u>13.5%</u>
Totals	100.0%	100.0%	100.0%	100.0%
Total				
Population	5,710	20,719	5,925	3,751,351
2020 Census				
0-14	18.3%	18.3%	18.2%	19.9%
15-19	7.4%	6.2%	7.5%	7.0%
20-24	5.6%	5.2%	5.8%	6.8%
25-44	21.1%	24.8%	21.2%	25.8%
45-64	26.7%	26.4%	26.5%	24.0%
65+	20.9%	19.1%	20.9%	16.5%
Totals	100.0%	100.0%	100.0%	100.0%
Total Population	5,132	20,218	5,266	3,959,353

SOURCE: U.S. Census Bureau, Decennial Census data for 2010 and 2020 (www.census.gov [June 2024]).

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 2020 Census suggest that this population group has experienced an increase to 11.9 percent of the total population. This trend is somewhat evident in Coal County and both medical service areas. The share of the population identified as of Hispanic Origin accounted for 3.5 percent of the primary medical service area's population in 2020 and 4.1 percent of the secondary medical service area during the same time period. A more notable trend is the share of the Native American population in Coal County and both service areas. In 2010, this cohort accounted for 16.6 percent of the primary medical service area, 15.5 percent of the secondary medical service area, and 16.7 percent of Coal County's population. The 2020 Census data suggests an increase these population groups. This specific cohort accounted for 17 percent of the primary medical service area, 16.9 percent of the secondary medical service area, and 19.7 percent of Coal County's population in 2020.

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

Race/Ethnic Groups	Primary Medical Service Area	Secondary Medical Service Area	Coal County	Oklahoma
2010 Census				
White	74.5%	73.3%	74.3%	72.2%
Black	0.5%	2.8%	0.5%	7.4%
Native American ¹	16.6%	15.5%	16.7%	8.6%
Other ²	0.5%	1.0%	0.7%	5.9%
Two or more Races ³	7.8%	7.2%	7.8%	5.9%
Hispanic Origin ⁴	3.1%	3.0%	2.6%	8.9%
Total Population	5,710	20,719	5,925	3,751,351
2020 Census				
White	61.7%	66.4%	65.3%	63.5%
Black	0.5%	3.1%	0.5%	7.3%
Native American ¹	17.0%	16.9%	19.7%	8.4%
Other ²	1.9%	2.1%	1.9%	7.9%
Two or more Races ³	10.7%	11.5%	12.5%	12.8%
Hispanic Origin ⁴	3.5%	4.1%	3.8%	11.9%
Total Population	5,132	20,218	5,266	3,959,353

SOURCE: U.S. Census Bureau, Decennial Census data for 2010 and 2020 (www.census.gov [June 2024]).

Summary of Community Input for CHNA

Community input was gathered through a single community meeting. The meeting was held on July 23, 2024. 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. Data summaries are provided in the following sections. The meeting was held and hosted as a collaboration between Coal County General Hospital and the Family Health Center of Southern Oklahoma.

Community members who were included to provide input:

- Coal County General Hospital
- Family Health Center of Southern Oklahoma
- Coal County Commissioners

Coal County General Hospital (CCGH) extended invitations to attendees by focusing on a couple of key groups to ensure diverse and meaningful participation. CCGH included hospital department leaders from various areas to capture various healthcare perspectives. Additionally, CCGH identified and invited community stakeholders directly interested in the local healthcare system, such as representatives from OSDH and FHCSO. Recognizing schools' significant role in community health, CCGH asked leaders from school districts countywide to provide insights into health-related issues affecting students and families. Finally, to represent the broader community and facilitate discussions on policy, CCGH extended invitations to publicly elected officials from the local area. This approach allowed CCGH to gather a diverse range of input from key players in the community, guiding the health needs assessment effectively.

Economic Conditions of Coal County and Economic Impact of Health Sector

Economic indicators for Coal County in comparison to Oklahoma and the United States are outlined in Table 5. Coal County tends to lag Oklahoma and the United States in terms of per capita income, or the total income divided by the population. Oklahoma as a state tends to lag the national average. The 2023 annual unemployment rate for Coal County was 4 percent. This rate is higher than the state (3.1%) and the nation (3.6%). All of these rates are non-seasonally adjusted. The most recent monthly estimates show Coal County to be lower than 2023 with a 3.4 percent rate. This is higher than the state (3.1%) and lower than the national (3.5%) rates.

The share of individual captured below the poverty threshold for income and household size is calculated by the U.S. Census Bureau. In 2022, the poverty rate for all ages in Coal County was 23.2 percent. This is higher than the state and national rates. The share of children, or those under the age of 18, was also higher than the state and the national rate. All economic indicators can be found in Table 5.

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

Indicator	County	State	U.S.
Total Personal Income (2022)	\$227,438,000	\$226,307,998,000	\$21,820,248,000,000
Per Capita Income (2022)	\$42,808	\$56,298	\$65,470
Employment (2023)	2,300	1,845,328	161,037,000
Unemployment (2023)	97	58,180	6,080,000
Unemployment Rate (2023)	4.0%	3.1%	3.6%
Employment (April 2024)*	2,258	1,926,202	161,590,000
Unemployment (April 2024)*	79	60,647	5,894,000
Unemployment Rate (April 2024)*	3.4%	3.1%	3.5%
Percentage of People in Poverty (2022)	23.2%	15.6%	12.6%
Percentage of Under 18 in Poverty (2022)	29.9%	19.7%	16.3%
Transfer Dollars (2022)	\$79,195,000	\$48,710,861,000	\$4,002,084,000,000
Transfer Dollars as Percentage of Total Personal Income (2022)	34.8%	21.5%	18.3%
Medical Benefits as a share of Transfer Payments (2022)	51.1%	40.6%	44.3%

^{*}State and County estimates are considered preliminary

SOURCES: 2023 Bureau of Labor Statistics; 2022 Bureau of Economic Analysis; 2022 U.S. Census Bureau.

Table 6 displays various education variables for Coal County. The first three lines are education attainment percentages for the population aged 25 years and greater. In Coal County, 83.7 percent of the population has at least their high school diploma, 41.2 percent has at least some college, and 17.2 percent of the population has at least a bachelor's degree. The far-right 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 Coal County who are enrolled in public school and eligible for free and reduced lunches. Coal County's rate is 68 percent. This is higher than the state average of 56 percent. This is the 53rd lowest rate in the state.

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

Indicator	County	State	Coal County Ranking
At Least High School Diploma	83.7%	88.9%	66th Highest
Some College	41.2%	58.2%	74th Highest
At Least Bachelor's Degree	17.2%	27.3%	48th Highest
Free and Reduced Lunch Rate	68.0%	56.0%	53rd Lowest

Sources: U.S. Census Bureau, American Community Survey, 2018-2022, National Center for Education Statistics 2021-2022

Table 7 includes payer source data for Coal County residents in comparison to the state. A ranking is also provided with the lowest percentages as the more favorable ranking. In 2021, 23.3 percent of individuals under the age of 65 were categorized as uninsured. This is higher than the state rate of 16.9 percent. In terms of children, or those under the age of 19, this rate was 12.3 percent. This was also higher than the state rate of 8.0 percent. In 2024, a total of 22.1 percent of the population had Medicare as a source of healthcare coverage. Within that total, 15.6 percent had traditional Medicare and 6.6 percent had Medicare Advantage. In 2024, 35.6 percent of the total population had Medicaid as a payer source. A total of 4.8 percent of the total population were dual enrollees in both Medicare and Medicaid.

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

	C	G	C 1C + P 1:
Indicator	County	State	Coal County Ranking
2021 Uninsured rate (under 65)	23.3%	16.9%	73rd Lowest
2021 Uninsured rate (under 19)	12.3%	8.0%	69th Lowest
2024 Medicare share of total population	22.1%	20.0%	29th Lowest
2024 Traditional Medicare (A & B)	15.6%	11.9%	43rd Lowest
2024 Medicare Advantage & Other	6.6%	8.1%	26th Lowest
2024 Medicaid share of total population	35.6%	26.0%	65th Lowest
2024 Dual Enrollees (Medicare & Medicaid)	4.8%	3.1%	53rd Lowest

Sources: U.S. Census Bureau Small Area Health Insurance Estimates, 2021; Centers for Medicare and Medicaid Services, Medicare Part A and B Recipients by State and County, February 2024 Enrollment Data; Oklahoma Health Care Authority, Total Enrollment by County, April 2024 Enrollment Data

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 counties based on two distinct areas: Health Factors and Health Outcomes.

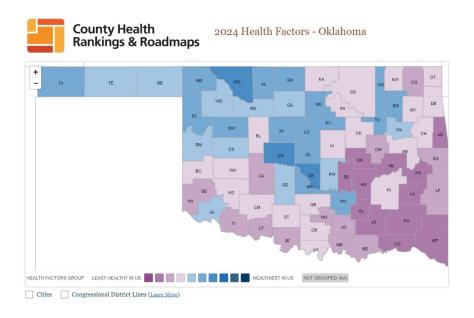
Health factors, considered tomorrow's health, are comprised of health behaviors, clinical care, social and economic factors, and physical environment. Areas of concern include Coal County's smoking rate, obesity rate the food environment index, physical inactivity and the teen birth rate are all less desirable when compared to the state and national averages. Also, the rate of uninsured, population ratio to primary care physicians, preventable hospital stays, mammography and flu vaccination rates of Medicare beneficiaries are all areas of concern in Coal County. All health factors variables are presented in Table 8 along with Coal County specific data, the U.S. average, 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 Coal County ranks very poorly compared to the national benchmark). The green highlighted areas are identified by County Health Rankings and Roadmaps as areas of strength for Coal County.

Table 8. Health Factors

Category (Rank)	Coal County	Error Margin	Oklahoma	United States
Health Behaviors				~******
Adult Smoking	25%	21-30%	18%	15%
Adult Obesity	42%	34-51%	40%	34%
Food Environment Index	6.0		5.6	7.7
Physical Inactivity	34%	29-40%	27%	23%
Access to Exercise Opportunities	46%		71%	84%
Excessive Drinking	13%	10-16%	14%	18%
Alcohol-Impaired Driving Deaths	50%	22-71%	27%	26%
Sexually Transmitted Infections	550		520	496
Teen Births	46	34-60	27	17
Clinical Care				
Uninsured	23%	21-26%	17%	10%
Primary Care Physicians	5,280:1		1,690:1	1,330:1
Dentists	5,310:1		1,560:1	1,360:1
Mental Health Providers	1,060:1		230:1	320:1
Preventable Hospital Stays	9,353		3,069	2,681
Mammography Screening	33%		40%	43%
Flu Vaccinations	21%		42%	46%
Social & Economic Factors			•	
High School Graduation	84%	81-86%	89%	89%
Some College	43%	36-50%	60%	68%
Unemployment	3.2%		3.0%	3.7%
Children in Poverty	30%	20-40%	20%	16%
Income Inequality	4.8	4.0-5.7	4.6	4.9
Children in Single-Parent Household	25%	16-34%	26%	25%
Social Associations	11.4		11.3	9.1
Injury Deaths	164	119-219	98	80
Physical Environment				
Air-Pollution- Particulate Matter	8.7		8.7	7.4
Drinking Water Violations	Yes		3.7	,
Severe Housing Problems	10%	7-13%	13%	17%
Driving Alone to Work	74%	69-79%	80%	72%
Long Commute- Driving Alone	36%	28-43%	28%	36%
Source: County Health Rankings & I				

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. Coal County's overall health factors ranking is less favorable than Pittsburg, Pontotoc, and Johnston Counties and comparable to Hughes and Atoka Counties.



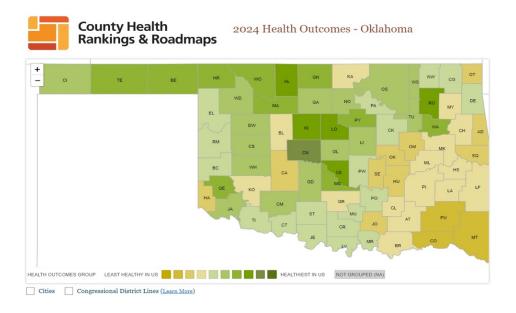
Health outcomes are comprised of two areas: length of life and quality of life. Coal County lags the state and national average in most variable with the exception of low birthweight. The variables for each of these sections are presented in Table 9.

Table 9. Health Outcomes

Category (Rank)	Coal County	Error Margin	Oklahoma	United States
Length of Life				
Premature Death	14,600	10,800- 18,400	10,300	8,000
Quality of Life				
Poor or Fair Health	25%	21-28%	19%	14%
Poor Physical Health Days	4.9	4.0-6.0	3.8	3.3
Poor Mental Health Days	6.1	4.9-7.4	5.5	4.8
Low Birth Weight	7%	4-9%	8%	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. Coal County's rank is less favorable than Pontotoc County, but is comparable to Atoka and Pittsburg Counties. Coal County's ranking s more favorable than Johnston County's rank.



Community Survey Methodology and Results

A survey was designed to gauge hospital usage, satisfaction, and community health needs. The survey was available in both paper and web format. Coal County General Hospital department leaders reached out to community partners to distribute the survey. Hospital leadership collaborated with the county health department, the Family Health Center of Southern Oklahoma, and local schools to distribute the survey as well. The survey link was also shared via social media. A copy of the survey form and results can be found in Appendix D. Community members were asked to return their completed surveys to Coal County General Hospital.

The survey ran from April 18 through June 7, 2024. A total of 68 surveys from the Coal County General Hospital medical service area were completed. Of the surveys returned, all were electronic surveys completed via Survey Monkey.

Table 10 below shows the survey respondent representation by zip code. The largest share of respondents was from the Coalgate (74538) zip code with 49 responses or 72.1 percent of the total. Centrahoma and Atoka followed with 2 responses each.

Table 10. Zip Code of Residence

Response Category	No.	%
74538- Coalgate	49	72.1%
74534- Centrahoma	2	2.9%
74525- Atoka	2	2.9%
74555- Lane	1	1.5%
74536- Clayton	1	1.5%
74570- Stuart	1	1.5%
74572- Tupelo	1	1.5%
No response	11	16.2%
Total	68	100.0%

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

Primary Care Access

- Only 29 respondents or 42.6% of the survey respondents believe there are enough primary care physicians practicing in the Coalgate area
- 75% responded they were able to get an appointment with their primary care physician when they needed one, within 48 hours
- 47.1% of respondents indicated that they have used the services of an urgent care in the past 12 months
- 74.5% responded that they would utilize urgent care or after hours services offered in Coalgate
- 60.3% of individuals who responded to the survey indicated that if a facility or providers offered discounted services based on income, that would make healthcare more accessible
- In terms of willingness to travel for primary care services, 17.6% of respondents would travel 1-10 miles; 19.1% of respondents would travel 11-25 miles; 23.5% of respondents indicated they would be willing to travel 26-50 miles; and 39.7% of respondents indicated they would travel a distance of greater than 50 miles for primary care services.

Specialist Visits

Summary highlights include:

- 69.1% of all respondents report some specialist visit in past 24 months
- Most common specialty visited are displayed in Table 11
- No specialist visits occurred in Coalgate

Table 11. Type of Specialist Visits

Type of Specialist	No.	Percent
Top 5 Responses		
Cardiologist	12	13.8%
(0 visits in Coalgate)		
Orthopedist/Ortho Surg.	11	12.6%
(0 visits in Coalgate)		
Dermatologist	8	9.2%
(0 visits in Coalgate)		
OB/GYN	7	8.0%
(0 visits in Coalgate)		
Endocrinologist	5	5.7%
(0 visits in Coalgate)		
All others	<u>49</u>	<u>56.3%</u>
(0 visits in Coalgate)		
Total	<u>87</u>	<u>100.0%</u>

Some respondents answered more than once.

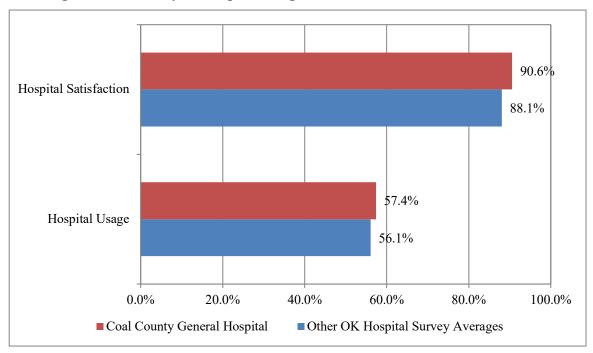
Hospital Usage and Satisfaction

Survey highlights include:

- 45.8% of survey respondents that have used hospital services in the past 24 months used services at Coal County General Hospital
 - Mercy Hospital Ada (13.9%) and Chickasaw Nation Medical Center, Ada (9.7%) followed
 - The most common response for using a hospital other than Coal County General Hospital was availability of specialty care (including surgery and testing/MRI) (39.5%) and physician referral (20.9%)
 - The usage rate of 45.8% was lower than the state average of 56.1% for usage of other rural Oklahoma hospitals surveyed

- 90.6% of survey respondents were satisfied with the services received at Coal County General Hospital
 - This is above the state average for other hospitals (88.1%)
- Most common services used at Coal County General Hospital:
 - o Laboratory (32.1%)
 - o Diagnostic Imaging (X-ray, CT, Ultrasound) (30.9%)
 - o Emergency room (21.0%)

Figure 2. Summary of Hospital Usage and Satisfaction Rates



Local Healthcare Concerns and Additional Services

Survey respondents were asked what they believe are the biggest health concerns in Coal County. The most common response was substance abuse (12.7%, or 77.9% of all survey respondents selected this item) followed by poverty (9.6% or 58.8% of all survey respondents selected this item) and diabetes (9.1% or 55.9% of all survey respondents selected this item). Table 12 displays all responses and the frequencies.

Table 12. What do you think are the biggest health problems in Coal County?

Response Category	No.	%	% of Respondents
Substance abuse	53	12.7%	77.9%
Poverty	40	9.6%	58.8%
Diabetes	38	9.1%	55.9%
Mental health problems	36	8.7%	52.9%
Obesity	33	7.9%	48.5%
Heart disease and stroke	32	7.7%	47.1%
High blood pressure	32	7.7%	47.1%
Cancers	30	7.2%	44.1%
Aging problems (arthritis, hearing loss, etc.)	29	7.0%	42.6%
Dental problems	25	6.0%	36.8%
Respiration/lung disease	17	4.1%	25.0%
Child abuse/neglect	14	3.4%	20.6%
Domestic violence	10	2.4%	14.7%
Teenage pregnancy	7	1.7%	10.3%
Suicide	5	1.2%	7.4%
Firearm-related injuries	4	1.0%	5.9%
Rape/sexual assault	2	0.5%	2.9%
No response/Don't know	9	2.2%	13.2%
Total*	416	100.0%	

^{*}Some respondents answered more than once; % Respondents indicates the percentage of respondents that identified each response.

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 15.3 percent. Dental followed with 8.2 percent of the total. Table 13 displays the full listing of responses.

^{**}Italicized responses were provided as "other"

Table 13. What additional health and wellness services would you like to see offered in Coal County?

Response Category		%
Specialists: Pediatrician (5); OB/GYN (3) Specialists in general (2);		
Orthopedist (1); Oncologist (1); Dermatologist (1)	13	15.3%
Dental	7	8.2%
Vision/Optometry	4	4.7%
Urgent care	4	4.7%
Don't know/No additional services	4	4.7%
MRI	2	2.4%
Wound care	2	2.4%
More primary care	1	1.2%
Reliable/Quality of care	1	1.2%
Health and wellness center with gym, pool, exercise room	1	1.2%
Treatments: Cancer, lung	1	1.2%
Programs for food insecurity	1	1.2%
Wellness programs including nutrition and exercise	1	1.2%
Physical therapy	1	1.2%
Chiropractic	1	1.2%
Weight management	1	1.2%
Diabetes clinic	1	1.2%
No response	39	45.9%
Total	85	100.0%

Community Health Needs-Identification of Priorities

To gather community input, a single community meeting was held. The in-person community meeting was held on July 23, 2024, at Coal County General Hospital. The resource team 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 Coalgate and Coal County?

The concerns listed were:

- Accessing resources- communicating to community members of available resources (3)acts as an advocate of what is available- educating patients on what is available via financial assistance
 - o Education of what is available in community- labs, etc.
 - o Promotion of services available
 - o Mobile clinic- free clinic- getting information out- but only here for one day, only see limited number of people
 - o Hospital struggles with people staying engaged- family activities, etc.
 - o Deterioration of faith in community to care for needs
- Access to care and services:
 - o Urgent care, after hours and weekend care- reduce ED visit (3)
 - Available of dental care- limited options for dentists, patients have to drive to
 OKC (or out of the area to access care)- Family dentist availability that could see everyone (2)
 - o OB care, Pediatrics
 - o More outpatient care- therapy, etc. need community-based place to exercise, etc.
 - o Atoka has outpatient therapy, MRI, durable ME
 - Affordability of health care
 - Lack of population to support specialists and services
- Accessing healthy food options (2)
 - o The hospital is in the process of setting up a food bank for patients in need
- The hospital has great equipment and care; need a more aesthetic hospital, less judgement (2)
- Need for transportation in Coal County- large reliance on personal vehicles
- Bypass with EMS at times

Coalgate and Coal County do have many strengths. Some of the sources of pride noted by community members include:

- Proud of Coal County- wouldn't want to live anywhere else
- Proud to serve the local community
- Community comes together when needed- come together to get resources/treatment when needed (4)
- Community comes together to help one another- quite a bit via social media recently
- This is our home, this is our family (3)
- The community strives to persevere
- Proud of where I work (hospital) and coworkers

- When there is an activity in the community, everyone shows up
- A sense of community (2)
- A community, a new park built by the community, and great fire department
- Access of care/resources in community
- Proud of clinic and resources available
- Community has restaurants, grocery store, amenities (2)
- Support of the community
- Availability of care, ease of care
- Proud of those that work at the hospital; they do care-
- Nice hospital, school system
- Telemedicine services and ability to keep people local

Health Priorities and Implementation Strategy

Coal County General Hospital 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:

1. Resource Inventory & Mapping

- Action: Develop an up-to-date inventory of available resources, including healthcare, financial assistance, transportation, mental health, social services, and the new hospitalled food bank/pantry initiative.
- Method: Collaborate with local organizations, government agencies, and non-profits to map these resources and update as new resources become available, particularly integrating the food bank/pantry as a core community support service.
- o **Timeline**: Complete the resource inventory by end of Q1 2025 and establish a bi-annual review process to ensure resources are current.

2. Community Communication Campaign

- o **Action**: Launch a multi-platform outreach campaign to inform community members of available resources, emphasizing critical supports like the new food bank/pantry.
- Method: Utilize Coal County General Hospital's existing communication channels and community partners. Engage local schools, churches, and community centers for broader reach and include updates in each quarterly campaign cycle as resources expand.
- o **Timeline**: Begin campaign rollout in Q2 2025, with quarterly updates based on evolving resource availability.

3. Patient Education and Advocacy in Clinics

- Action: Train clinic staff to educate patients on available resources, with a particular focus on financial assistance, the food bank, and other support services identified through Social Drivers of Health (SDOH) screenings.
- o **Method**: Integrate brief educational scripts into patient encounters, especially during intake and discharge, to make patients aware of the food bank and other supports tailored

- to their needs. Develop informational materials for distribution, ensuring these details are accessible in electronic health records (EHR).
- Timeline: Implement training sessions by Q2 2025 and incorporate resource information into EHR for staff ease of access.

4. Food Bank/Pantry Setup and Integration with Social Drivers of Health Screening

- Action: Establish a hospital-based food bank/pantry for patients identified through SDOH screening as experiencing food insecurity.
- Method: Use SDOH screening to track food insecurity, document pantry usage, and assess patient needs. This data will be integrated into routine reporting to gauge demand and outcomes.
- o **Timeline**: Launch the food bank by Q1 2025, with established tracking and reporting to support impact evaluation.

Community Health Needs Assessment Marketing Plan

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

Appendix A- Hospital Services/Community Benefits



Coal County General Hospital

Hospital Services and Community Benefits

Hospital Services X-Ray
Ultrasound
Acute Inpatient Echoes

Outpatient CT

Swing Bed Laboratory

Emergency Room Physical Therapy
Radiology Occupational Therapy

Rural health clinics

Extended Care Services

Long Term Care Skilled Nursing Physical Therapy

Community Benefits

Subsidized Community Health Services

Donations to other non-profit healthcare-related

providers

Financial support to healthcare educational services

FFA Booster

Blood Drives

Athletic Booster Sponsor

Health Fairs

Meals on Wheels

Appendix B Community Input Participants

Coal County General Hospital Community Meeting

23-Jul-24	
Name	Organization
Katelyn Hearrell Pate	Family Health Center of Southern Oklahoma
Tina Davis	Family Health Center of Southern Oklahoma
Jason Vanet	Family Health Center of Southern Oklahoma
Gina Deck	Coal County General Hospital
Richard Jackson	Coal County General Hospital
Jessica Partin	Coal County General Hospital
Clayton Griffith	Coal County General Hospital
Stephanie Buffis	Coal County General Hospital
Brooke Taylor	Coal County General Hospital
Keyvin Heck	Coal County General Hospital
Halston Harris	Coal County General Hospital
Cassie Wallace	Coal County General Hospital
Paisley Burleson	Coal County General Hospital
Lisa Wallace	Coal County General Hospital
Traci Bray	Coal County General Hospital Roard

Coal County General Hospital Board Traci Bray Jon Fortner Coal County Commissioner, Dist. 1 Kevin Haney Coal County General Hospital Board Jerad Gearhart Coal County General Hospital Board Coal County General Hospital Board Charles Canida

Coal County General Hospital Lauren Sandmann-Crow

Coal County General Hospital Economic Impact



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

Coal County General Hospital, including Extended Care and the Rural Health Clinics, **directly** employs 129 individuals with an annual payroll of over **\$6.48 million** including benefits

After application of the employment multiplier of **1.19**, these employees create an additional **25** jobs.

The same methodology is applied to derive the income impact. The income multiplier of **1.11** is applied to create over **\$723,000** in income as the employees and facility interact with other sectors of the economy.

Total impact equals 154 in employment and \$7.21 million in income

An estimated 29.6% of income is spent on taxable items within Coal County. This could generate over **\$2.1 million** in retail sales from the presence of the health sector.

Healthcare and Your Local Economy:

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

Consider what could be lost without the hospital:

- Pharmacies
- Other Healthcare Providers and Services
- Physicians/Specialists
- Potential Retail Sales

Source: Docksen, 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

Basic

Goods &

Services

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





Products

Multipliers were derived from IMPLAN 2022, sales tax data were derived from County FY2022 Oklahoma Tax Commission data, and 2022 personal income estimates from Bureau of Economic Analysis.

Appendix D- Survey Form and Survey Results

Coal County Health Survey- 2024

Pharmacy/Medication

Personal vehicle

Please return completed survey by May 20, 2024 to the Coal County Health Department, Coal County General Hospital, or Family Health Center of Southern Oklahoma

This survey is a collaborative effort between Coal County Health Department, Coal County General Hospital, and the Family Health Center of Southern Oklahoma. The goal of this survey is to identify community healthcare needs and strategize ways to improve the health and overall quality of life of Coal County residents.

How healthy would you rate your community? ☐ Neutral □ Very Healthy ☐ Somewhat Unhealthy ☐ Somewhat Healthy □ Very Unhealthy

Completion of this survey is voluntary, and all responses will be anonymous.

			100 (01)
2.	How satisfied are you with	the quality of life in	Coal County?
	□ Very Satisfied	☐ Neutral	 Somewhat Dissatisfied
	☐ Somewhat Satisfied		☐ Very Dissatisfied
3.	Are you able to get medica	l care and medicatio	n when needed?
		Yes	No
	General Medical Care		
	Adult Specialist Care		
	Teeth		
	Eyes		
	Health Department		
	Emergency Hospital		
	Services		
	OB/GYN and Prenatal		
	Pediatric General Care		
	Pediatric Specialist		
	Care		
	Mental Health Service	s 🗆	
	Urgent Care		
	Pharmacy/Medication		

4. If a healthcare facility/provider were to offer discounted services based on income, would that make healthcare more accessible to you? ☐ Yes □ No ☐ Don't know

5.	Но	w do you pay for your health care? Mark all that apply	
		Cash (no insurance)	Medicaid
		Indian Health Services/Tribal	TRICARE
		Medicare	Private Health Insurance
		Insure Oklahoma	Employer Provided Health Insurance
		Free Health Clinic	Insurance Marketplace
		Veteran Administration	•

What types of transportation do you or people in your household use? (Select all that apply)

☐ Public transportation (BIG 5, JAMM Bus, SORTS,

☐ Walking ☐ Rely on friends or family for rides ☐ Ride a bike ☐ Other (Please list below) 7. How far are you able to travel for healthcare services? Primary Care Specialty Care ☐ 1-10 miles ☐ 1-10 miles

SoonerRide)

☐ 11-25_miles ☐ 11-25_miles ☐ 26-50 miles ☐ 26-50 miles ☐ Greater than 50 miles ☐ Greater than 50 miles

Continue on reverse side...

Coal County Health Survey- 2024 Page 1 of 5

8.	Has your household used the services of a hospital in the p	ast 24 months? Don't know <i>(skip to Q13)</i>
9.	At which hospital(s) were services received? (please chec Coal County General Hospital (Skip to Q11)	k/list all that apply) Other (Please specify Hospital and City, then go to Q10)
10.	If you responded in Q9 that your household received care a did you or your family member choose that hospital? (Pleas Physician referral Closer, more convenient location Insurance reasons	
11.	If you responded in Q9 that your household received care a were used? □ Diagnostic imaging (X-ray, CT, Ultrasound) □ Laboratory □ Outpatient Services (including imaging and testing) □ Respiratory Therapy/Pulmonary Function Test	th Coal County General Hospital, what hospital service(s) ☐ Hospital Inpatient ☐ Skilled nursing (swing bed) ☐ Emergency room (ER) ☐ Other (Please list below)
12.	How satisfied was your household with the services you re □ Satisfied □ Dissatisfied	eccived at Coal County General Hospital? □ Don't know
13.	Has your household utilized the services at Family Health ☐ Yes (Go to Q14) ☐ No (Skip to Q16)	Center of Southern Oklahoma in the past 24 months? □ Don't know (Skip to Q16)
14.	If you responded in Q13 that your household received care service(s) were used? Physicals Preventative Care Acute care (illness, injuries, etc.) Pulmonary function test Holter monitor placement Dental	at Family Health Center of Southern Oklahoma, what Behavioral health Diagnostic imaging (X-ray, Ultrasound, Dexascan) Laboratory Referral to specialist Other (Please list below)
15.	How satisfied was your household with the quality of care \square Satisfied \square Dissatisfied	received at Family Health Center of Southern Oklahoma? □ Don't know
16.	Do you think there are enough primary care (family) provid \square Yes \square No	ders practicing in Coal County? □ Don't know
17.	Are you able to get an appointment, within 48 hours, with \Box Yes	your primary care provider when you need one? Don't know
18.	Has your household been to a specialist in the past 24 mon ☐ Yes ☐ No (Skip to Q22)	ths? Don't know <i>(Skip to Q22)</i>
19.	What type of specialist has your household been to in the p Type of Specialist	past 24 months and in which city were they located? City
20.	Did the specialist request further testing, laboratory work a	ınd/or x-rays? □ Don't know
21.	If yes, in which city were the tests or laboratory work perfe	ormed?

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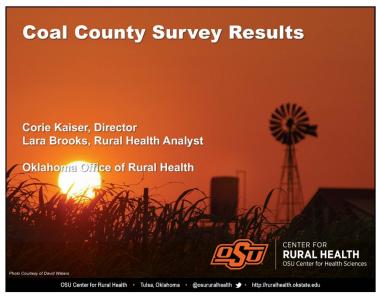
23. In your opinion, which of Lowering the cost Increasing the number by your insurance	870 80 80 80 80	overed	☐ Mobile Clinic Un ☐ Knowing I will be my healthcare dec	it to visit my treated with risions	community regularly respect and included in
☐ Reducing wait times to ☐ Providing transportation			your insurance	-	ders who are covered by
24. Mark your level of agreem	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
There are jobs available in the community					
There are opportunities for advancement					
The community is a safe place to live					
Neighbors know, trust, and look out for one another					
There are support networks for individuals and families (For example, church or family readiness group.)					
25. Mark your level of agreem Community is a good place to	ent with the following s Strongly Agree	tatements Agree	as they apply in Coa Neutral □	l County. Disagree □	Strongly Disagree □
raise children There are opportunities for					
children to be active There is access to safe and					
affordable child care I am satisfied with the school					
system There are networks to support parents					
This is a community to grow old in					
There are opportunities for older adults to be active					
There are services for older adults					
There are networks of support for the elderly living alone					
26. What items cause you the n Money/Finances Work/Job Family Responsibilitie Mental or Physical He Parenting/Children Major Life Event Relationship Difficulti Unemployment	s alth Conditions) 1	apply) School Discrimination Poor or Unstable Substance Abuse Lack of Transport Abuse Lack of Safety/Cr Other (Please list be	ation	
		<u> </u>			Continue on reverse side

Coal County Health Survey- 2024 Page 3 of 5

27.	What are the most common ways you manage your stress? Exercise, walk or go for a bike ride Spend time with family or friends Read Watch television or movies Listen to music Clean or do chores Spend time doing a hobby Pray or go to church Eat Nap Meditation		lease mark all that apply) Drink alcohol Go for a drive Play a video game or surf the internet Get a massage or spa treatment Nothing Shop Play sports Smoke/Vape/Dip/Chew See a mental health professional Gamble Other (Please list below)
20	What do you think are the biggest health problems in Coal	Col	unty? (Diegse mark all that apply)
20.	□ Substance abuse		Sexually transmitted diseases/infections (STI/STD)
	☐ Aging problems (arthritis, hearing loss, etc.)		Motor vehicle crash injuries
	☐ Mental health problems		Respiration/Lung disease
	□ Poverty		
	☐ Heart disease and stroke		Rape/Sexual assault
	☐ Cancers		Infectious diseases (hepatitis, TB) Suicide
	☐ Domestic violence		Homicide
	☐ Child abuse/Neglect		Firearm-Related injuries
	□ Diabetes		Infant death
			HIV/AIDS
	☐ High blood pressure		
	☐ Dental problems		Obesity Other (Please list below)
	☐ Teenage pregnancy	ш	Office (rease an velon)
	What do you think are the most important factors for a qual Good jobs and healthy economy Access to healthcare (ex. Family doctor) Healthy behaviors and lifestyles Affordable, safe housing Strong family life Financial stability Low crime/safe neighborhoods Good schools Good place to raise children Clean environment		Religious or spiritual values Parks and recreation Arts and cultural events Low adult death and disease rates Racial justice and equity Access to safe, affordable transportation Low levels of child abuse Low infant deaths Other (Please list below)
30.	Where do you shop for food or groceries? (Select all that a		
	Grocery store	02.3	Health food store
	Church/ Food pantry		Farmers market
	☐ Community Market		I / We eat out
	□ Dollar store		Convenience store / Gas station
		ш	Other (Please list below)
			Continue on reverse side

Coal County Health Survey- 2024 Page 4 of 5

31.	Which of the following, if any, do you think would help you and your household eat more fruits and vegetables? (Selec all that apply)				
	☐ Finding fruits and vegetables I enjoy eating.	☐ Having reliable transportation to the store to buy them.			
	☐ Knowing how to prepare them.	☐ Having a grocery store closer to where I live.			
	☐ Having more time in my schedule to prepare them.	☐ Having a better selection of them at my grocery store.			
	☐ If I could buy more of them with EBT/Foodshare or SNAP benefits.	□ Other (Please list below)			
32.	What is your zip code?				
33.	What ethnic group do you most identify with?				
	☐ African American/Black	☐ Hispanic/Latino			
	☐ White/Caucasian	☐ American Indian/Alaskan Native			
	☐ Asian/Pacific Islander	☐ Other (Please tist below)			
34.	How would you describe your current financial situation?	(Select all that apply)			
	☐ I don't have enough money to pay the bills to meet ho	- C			
	☐ Money is a major stressor in my life.				
	☐ I live paycheck to paycheck.				
	☐ I am financially secure				
35.	What is the highest level of school that you have complete	d?			
	☐ Primary school	☐ 2-year college degree			
	☐ Some high school, but no diploma	☐ 4-year college degree			
	☐ High school diploma (or GED)	☐ Graduate-level degree			
	☐ Some college, but no degree	☐ None of the above			
36.	How would you prefer to be notified of community events?				
	(Please select all that apply)				
	☐ Newspaper ☐ Email	☐ Social Media			
	☐ Radio ☐ Website				



Community Health Needs Assessment Requirement for 501(c)(3) Hospitals

- Included in the Affordable Care Act passed in March 2010
- Requirement for <u>all</u> hospitals that submit IRS form 990 (not-forprofit)
 - To begin within taxable year March 23, 2012
 - Must be completed every 3 years
- 3 Financial pieces in addition to conducting a community health needs assessment with <u>substantial input</u> from the community
 - Facilitate a series of meetings to engage local experts and healthcare leaders
 - Examine demographic trends, identification of gaps in services, health disparities, health priorities

Goals for Today

- Identify health priorities for the Coalgate Service Area
- Think about these 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 Coalgate community?

2

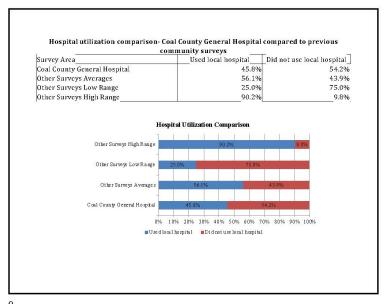
Response Category	No.	%
Very Healthy	1	1.5%
Somewhat Healthy	10	14.7%
Neutral	20	29.4%
Somewhat Unhealthy	28	41.2%
Very Unhealthy	9	13.2%
Total	68	100.0%

Response Category	Yes	%	No	%	No Response
General medical care	66	97.1%	2	2.9%	2
Adult specialist care	22	32.4%	44	64.7%	2
Teeth	17	25.0%	49	72.1%	2
Eyes	21	30.9%	46	67.6%	1
Health department	60	88.2%	8	11.8%	
Emergency Hospital				300000	
Services	65	95.6%	3	4.4%	
OB/GYN and Prenatal	13	19.1%	52	76.5%	3
Pediatric general care	26	38.2%	38	55.9%	4
Pediatric specialist	10	14.7%	54	79.4%	4
Urgent care	32	47.1%	34	50.0%	2
Pharmacy/Medication	62	91.2%	5	7.4%	1

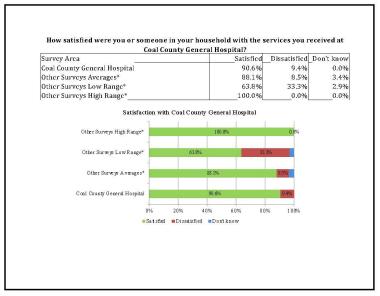
Response Category	No.	%
Yes	41	60.3%
No	17	25.0%
Don't know	10	14.7%
Total	68	100.0%
How do you pay for your healt	h care?	
Response Category	No.	%
Employer provided health insurance	26	25.5%
Cash (no insurance)	22	21.6%
Indian health services/Tribal	17	16.7%
Private health insurance	17	16.7%
Medicare	10	9.8%
Medicaid	5	4.9%
Insurance marketplace	2	2.0%
Veterans Administration	1	1.0%
Free health clinic	1	1.0%
Insure Oklahoma	1	1.0%
Total	102	100.0%

Response Category	eople in your household use?	9/
Personal vehicle	67	91.89
Walking	4	5.5%
Rely on friends or family for rides	1	1.49
Ride a bike	1	1.49
Total	73	100.09
1-10 miles	No. 12	9 17.69
How far are you able to travel for healtho		
Response Category	No.	9
5. 300 to 100 to	490	77.4
11-25 miles	13	19.19
26-50 miles	16	23.5%
Greater than 50 miles	27	39.7%
Total	68	100.09
How far are you able to travel for healthc		
Response Category	No.	9
1-10 miles	2	2.99
11-25 miles	2	2.9%
26-50 miles	13	19.19
Greater than 50 miles	49	72.19
Greater than 50 miles	2	2.99
No response		

Response Category	No.	%
Yes	46	67.6%
No	18	26.5%
Don't know/No response	4	5.9%
Total	68	100.0%
Where did you receive hospital Response Category	services?	%
Coal County General Hospital	33	45.8%
Mercy Hospital Ada	10	13.9%
Chickasaw Nation Medical Center, Ada	7	9.7%
AllianceHealth Durant	4	5.6%
Oklahoma Heart Hospital, Oklahoma City	3	4.2%
OU Medical Center, Oklahoma City	2	2.8%
Atoka County Medical Center, Atoka	1	1.4%
Ascension St. John Medical Center, Tulsa	1	1.4%
Oklahoma Spinc Hospital, Oklahoma City	1	1.4%
Ada Health First, Ada	1	1.4%
VA facility, no location	1	1.4%
IHS, no location	1	1.4%
Integris, no location	1	1.4%
No location	6	8.3%
Total*	72	100.0%



Response Category	No.	9
Availability of specialty care (Including surgery and testing/MRI)	17	39.59
Physician referral	9	20.99
Insurance reasons/Tribal care	7	16.39
Closer, more convenient location	4	9.39
Quality of care/Lack of confidence	4	9.39
Emergency visit	22	4.79
Total*	43	100.09
What hospital services were used at Coal County Genera Response Category Laboratory	No.	32 19
Response Category	No. 26	32.19
Response Category	No. 26 25	32.19 30.99
Response Category Laboratory Diagnostic imaging (X-ray, CT, Ultrasound) Emergency room	No. 26 25 17	32.19 30.99 21.09
Response Category Laboratory Diagnostic imaging (X-ray, CT, Ultrasound) Emergency room Outpatient services	No. 26 25 17 9	32.19 30.99 21.09 11.19
Response Category Laboratory Diagnostic imaging (X-ray, CT, Ultrasound) Emergency room Outpatient services Hospital inpatient	No. 26 25 17 9 2	32.19 30.99 21.09 11.19 2.59
Response Category Laboratory Diagnostic imaging (X-ray, CT, Ultrasound) Emergency room Outpatient services	No. 26 25 17 9 2 2 81	32.19 30.99 21.09 11.19 2.59 2.59



ern Okl	26 39 3 68 ahoma?	38.2% 57.4% 4.4% 100.0%
ern Okl	3 68	4.4%
ern Okl	68	
ern Okl		100.09
ern Okl	ahoma?	
	No 10	17.5%
	10	17.59
	9	15.8%
	8	14.0%
	6	10.5%
	4	7.0%
	3	5.3%
	2	3.5%
	1	1.89
	1	1.8%
	1	1.89
	1	1.89
		1.89
	1	
		1 1 1 1

How satisfied was your household with a quality of care received at Family Health Center of Southern Oklahoma?

30 utilet ii Okii	noma.	
Response Category	No.	%
Satisfied	29	87.9%
Dissatisfied	1	3.0%
Don't know/No response	3	9.1%
Total	33	100.0%

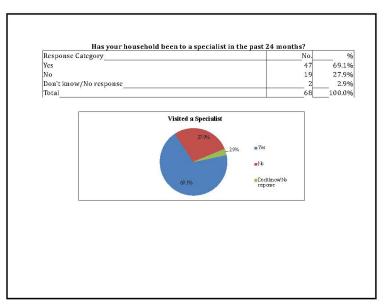
13

Do you think there are enough primary care (family) providers practicing in the Coal County

area?		
Response Category	No.	%
Yes	29	42.6%
No	28	41.2%
Don't know/No response	11	16.2%
Total	68	100.0%

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

you need of	IC:	
Response Category	No.	%
Yes	51	75.0%
No	9	13.2%
Don't know/No response	8	11.8%
Total	68	100.0%



Type of Specialist	City	No.	%
	Ada (5); Oklahoma City (3); Tishomingo (2); Antlers (1);		
Cardiologist	Denison, TX (1)	12	13.8%
	Ada (3); Durant (2); No location (2); Yukon (1); Tulsa (1);		
Orthopedist/Ortho Surg	McAlester (1); Oklahoma City (1)	11	12.6%
	Ada (3); Oklahoma City (1); Tulsa (1); McAlester (1); Paris,		
Dermatologist	TX (1); No location (1)	8	9.2%
OB/GYN	Durant (3); Oklahoma City (2); Ada (1); Tulsa (1)	7	8.0%
Endocrinologist	Sherman, TX (2); Ada (1); Durant (1); No location (1)	5	5.7%
Optometrist/Ophthalmolog	sist Oklahoma City (3); Ada (1); Atoka (1)	5	5.7%
Urologist	Ada (3); Norman (1); Oklahoma City (1)	5	5.7%
Uncologist	Ada (1); McAlester (1); Norman (1); No location (1)	4	4.6%
Rheumatologist	Durant (2); Oklahoma City (1); Tulsa (1)	4	4.6%
Pulmonologist	Durant (1); Oklahoma City (1); No location (1)	3	3.4%
Neurologist/Neurosurg.	Ardmore (1); Oklahoma City (1); No location (1)	3	3.4%
Dentist	Atoka (1); Oklahoma City (1)	2	2.3%
Pediatric Oncologist	Ada (1); Oklahoma City (1)	2	2.3%
Pediatrician	Ada (1); Durant (1)	2	2.3%
Oral Surgeon	Ada (1); Durant (1)	2	2.3%
Hematologist	Ada (1); Sherman, TX (1)	2	2.3%
Audiologist	Oklahoma City (1)	1	1.1%
Anesthesiologist	Ada (1)	1	1.1%
Dialysis	Ada (1)	1	1.1%
Pain Management	No location (1)	1	1.1%
Pediatric Cardiologist	Oklahoma City (1)	1	1.1%
Pediatric Neurologist	Oklahoma City (1)	1	1.1%
Podiatrist	No location (1)	1	1.1%
Surgeon	Ada (1)	1	1.1%
Gastroenterologist	No location (1)	1	1.1%
Utolaryngologist	Oklahoma City (1)	1	1.1%
l'otal*		87	100.0%

Response Category		
Yes	35	74.5%
No	11	23.4%
Don't know/No response	1	_ 2.1%
Total	47	100.09
Response Category	No.	9
Ada	11	27.5%
Oklahoma City	9	22.5%
Coalgate	5	12.5%
Durant	3 2	7.5%
Norman	2	5.0%
	2	5.0%
Tishomingo		
Tishomingo Sherman, TX	1	
Tishomingo	1	2.5% 17.5% 100.0%

Response Category		%
Specialists: Pediatrician (5); OB/GYN (3) Specialists in general (2);		
Orthopedist (1); Oncologist (1); Dermatologist (1)	13	15.3%
Dental	7	8.2%
Vision/Optometry	4	4.7%
Urgent care	4	4.7%
Don't know/No additional services	4	4.7%
MRI	2	2.4%
Wound care	2	2.4%
More primary care	1	1.2%
Reliable/Quality of care	1	1.2%
Health and wellness center with gym, pool, exercise room	1	1.2%
Treatments: Cancer, lung	1	1.2%
Programs for food insecurity	1	1.2%
Wellness programs including nutrition and exercise	1	1.2%
Physical therapy	1	1.2%
Chiropractic	1	1.2%
Weight management	1	1.2%
Diabetes clinic	1	1.2%
No response	39	45.9%
Total	85	100.0%

'here are jobs available in ne communitv		Agree	Λgre	e	Neut	ral	Disag	ree	Strongly	Disagree
	6	6.8%	19	31.8%	17	32.0%	10	25.8%	2	6.89
here are opportunities for dvancement		8.2%	12	19.0%	20	34.0%	17	31.3%	8	7.59
he community is a safe lace to live	9	10.2%	31	53.7%	14	29.2%	3	2.7%	2	4.19
leighbors know, trust, and ook out for one another	10	17.1%	25	48.6%	20	26.0%	2	4.1%	2	4.19
here are support etworks for individuals nd families (For example hurch or family readiness		16.5%	25	43.4%	14	26.2%	3	11.7%	3	2.19
etworks for individuals nd families (For example		16 506								

There are opportunities for children to be active 7 10.30% 27 37.09% 15 23.33% 5 17.19% 4 1 There is access to safe and affordable childrane 1 6.20% 12 23.33% 23 32.99% 10 19.99% 7 I am astisfied with the school system 8 9.60% 16 28.19% 21 35.69% 8 9.69% 4 There are networks to support parents 1 4.10% 6 18.59% 32 34.29% 8 23.33% 6 1 This is a community to grow old in 12 16.30% 32 50.33% 9 21.19% 3 6.19% 3 There are opportunities for older adults to be active 1 7.50% 16 23.89% 22 30.69% 10 23.89% 8 1 There are services for older adults to 2 14.70% 15 22.09% 27 36.19% 4 14.79% 8 There are networks of	Response Category	Strongly	Agree	Agre	e e	Neuti	ral	Disag	ree	Strongly I	Jisagree
for children to be active 7 10,30% 27 37,89% 15 23,39% 5 17,13% 4 1 There is access to safe and affordable children 1 6,20% 12 23,33% 23 32,99% 10 19,99% 7 I am satisfied with the school system 8 9,60% 16 28,19% 21 35,69% 8 9,69% 4 There are networks to support parents 1 4,10% 6 18,59% 32 34,29% 8 23,33% 6 J This is a community to grow old in 12 16,30% 32 50,33% 9 21,19% 3 6,89% 3 There are poptrunities for older adults to be active 1 7,50% 16 23,89% 22 30,69% 10 23,89% 8 1 There are services for older adults 2 1,70% 15 22,20% 27 36,19% 4 14,79% 8		11	16.30%	31	45.6%	14	27.9%	1	6.8%	2	2.79
and affordable childcare 1 6 20% 12 23.3% 23 32.9% 10 19.9% 7 am satisfied with the school system 8 9.60% 16 28.19% 21 35.6% 8 9.6% 4 There are networks to support parents 1 4.10% 6 18.5% 32 34.29% 8 23.3% 6 1 This is a community to grow old in 12 16.30% 32 50.33% 9 21.19% 3 6.8% 3 There are opportunities for older adults to be active 1 7.50% 16 23.8% 22 30.6% 10 23.8% 8 1 There are services for older adults 4 2 14.70% 15 22.0% 27 36.19% 4 14.79% 8 There are networks of		7	10.30%	27	37.0%	15	23.3%	5	17.1%	4	11.09
school system 8 9 60% 16 28.19% 21 35.69% 8 9.69% 4 There are networks to support parents 1 4.10% 6 18.5% 32 34.29% 8 23.3% 6 1 This is a community to grow old in 12 16.30% 32 50.33% 9 21.19% 3 6.89% 3 There are opportunities for older adults to be active 1 7.50% 16 23.89% 22 30.6% 10 23.89% 8 1 There are services for older adults 0 1 1.70% 15 22.09% 27 36.19% 4 14.79% 8 There are networks of	and affordable childcare	1	6.20%	12	23.3%	23	32.9%	10	19.9%	7	8.29
support parents 1 4.10% 6 18.5% 32 34.2% 8 23.3% 6 Introduction This is a community to grow old in 12 16.30% 32 50.3% 9 21.1% 3 6.8% 3 There are opportunities for older adults to be active 1 7.50% 16 23.8% 22 30.6% 10 23.8% 8 1 There are services for older adults 2 14.70% 15 22.0% 27 36.1% 4 14.7% 8 There are networks of 1 2.00% 27 36.1% 4 14.7% 8	school system	8	9.60%	16	28.1%	21	35.6%	8	9.6%	4	9.69
grow old in 12 16.30% 32 50.3% 9 21.1% 3 6.8% 3 There are opportunities for older adults to be active 1 7.50% 16 23.8% 22 30.6% 10 23.8% 8 1 There are services for older adults 2 14.70% 15 22.0% 27 36.1% 4 14.7% 8 There are networks of	support parents	1	4.10%	6	18.5%	32	34.2%	8	23.3%	6	10.39
for older adults to be active 1 7.50% 16 23.8% 22 36.6% 10 23.8% 8 1 There are services for older adults 2 14.70% 15 22.0% 27 36.1% 4 14.7% 8 There are networks of	grow old in	12	16.30%	32	50.3%	9	21.1%	3	6.8%	3	4.89
There are services for older adults 2 14.70% 15 22.0% 27 36.1% 4 14.7% 8 There are networks of	for older adults to be	i	7.50%	16	23.8%	22	30.6%	10	23.8%	8	10.29
	older adults	2	14.70%	15	22.0%	27	36.1%	4	14.7%	8	6.69
support for the elderly living alone 2 4.10% 15 14.4% 17 39.0% 15 28.8% 6	support for the elderly	2	4.10%	15	14.4%	17	39.0%	15	28.8%	6	9.69

	g would make it easier for	

services?		
Response Category	No.	%
Lowering the cost	31	22.0%
Reducing wait times to get in to see providers	24	17.0%
Knowing I will be treated with respect and included in my healthcare		
decisions	24	17.0%
Increasing the number of providers who are covered by your insurance	18	12.8%
I do not have difficulty accessing healthcare services	18	12.8%
Mobile clinic unit to visit my community regularly	9	6.4%
Providing transportation services	8	5.7%
No response	9	6.4%
Total*	141	100.0%

*Some respondents answered more than once. Average responses equal 2.1

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What items cause you the most stress? Check	all that apply	
A	A0.775	

Response Category	No.	%	% o Respondents
Money/Finances	40	21.9%	58.8%
Work/Job	29	15.8%	42.6%
Family responsibilities	23	12.6%	33.8%
Mental or physical health conditions	18	9.8%	26.5%
Major life event	14	7.7%	20.6%
Parenting/Children	14	7.7%	20.6%
Relationship difficulties (friends, spouse, etc.)	9	4.9%	13.2%
School	7	3.8%	10.3%
Lack of safety/crime	5	2.7%	7.4%
Poor or unstable housing	4	2.2%	5.9%
Substance abuse	4	2.2%	5.9%
Discrimination	3	1.6%	4.4%
Lack of transportation	1	0.5%	1.5%
Abuse	1	0.5%	1.5%
No stress	1	0.5%	1.5%
Discrimination/Racism	1	0.5%	1.5%
No response	9	4.9%	13.2%
Total*	183	100.0%	000000000000000000000000000000000000000

*Some respondents answered more than once; % Respondents indicates the percentage of respondents that identified each response.

**Italicized responses were provided as "other"

			% o
Response Category	No.	%	Respondents
Spend time with family and friends	32	11.6%	47.1%
Listen to music	29	10.5%	42.6%
Pray or go to church	26	9.4%	38.2%
Watch television or movies	25	9.1%	36.8%
Clean or do chores	25	9.1%	36.8%
Read	22	8.0%	32.4%
Spend time doing a hobby	19	6.9%	27.9%
Exercise, walk or go for a bike ride	15	5.4%	22.1%
Eat	15	5.4%	22.1%
Nap	14	5.1%	20.6%
Go for a drive	9	3.3%	13.2%
Smoke/Vape/Dip/Chew	7	2.5%	10.3%
Shop	6	2.2%	8.8%
Drink alcohol	4	1.4%	5.9%
Play a video game or surf the internet	4	1.4%	5.9%
Get a massage or spa treatment	3	1.1%	4.4%
Meditation	3	1.1%	4.4%
Play sports	3	1.1%	4.4%
See a mental health professional	2	0.7%	2.9%
Nothing	2	0.7%	2.9%
Work	1	0.4%	1.5%
Travel	1	0.4%	1.5%
No response	9	3.3%	13.2%
Total*	276	100.0%	

that identified each response.

**Italicized responses were provided as "other"

Response Category	No.	%	% c Respondent
Substance abuse	53	12.7%	
Poverty	40	9.6%	58.89
Diabetes	38	9.1%	55.9
Mental health problems	36	8.7%	52.9
Obesity	33	7.9%	48.5
Heart disease and stroke	32	7.7%	47.1
High blood pressure	32	7.7%	47.1
Cancers	30	7.2%	44.1
Aging problems (arthritis, hearing loss, etc.)	29	7.0%	42.6
Dental problems	25	6.0%	36.89
Respiration/lung disease	17	4.1%	25.0
Child abuse/neglect	14	3.4%	20.6
Domestic violence	10	2.4%	14.7
Teenage pregnancy	7	1.7%	10.3
Suicide	5	1.2%	7.4
Firearm-related injuries	4	1.0%	5.9
Rape/sexual assault	2	0.5%	2.9
No response/Don't know	9	2.2%	13.2
Total*	416	100.0%	

			% o
Response Category	No.		Respondents
Good jobs and healthy economy	54	8.7%	
Access to healthcare (ex. Family doctor)	52	8.4%	
Healthy behaviors and lifestyles	48	7.7%	
Affordable, safe housing	48	7.7%	0.515.6
Good schools	45	7.2%	0.00000000
Financial stability	43	6.9%	(T) (T) (T) (T) (T)
Good place to raise children	39	6.3%	
Strong family life	38	6.1%	540000000000000000000000000000000000000
Low crime/safe neighborhoods	38	6.1%	55.9%
Clean environment	35	5.6%	51.5%
Religious or spiritual values	32	5.2%	47.1%
Parks and recreation	31	5.0%	45.6%
Low levels of child abuse	23	3.7%	33.8%
Access to safe, affordable transportation	23	3.7%	33.8%
Low infant deaths	19	3.1%	27.9%
Racial justice and equality	17	2.7%	25.0%
Arts and cultural events	13	2.1%	19.1%
Low adult death and disease rates	13	2.1%	19.1%
Local entertainment/Events keeping people spending their money in			
town	1	0.2%	1.5%
Don't know/No response	9	1.4%	13.2%
Total*	621	100.0%	

Response Category	No.	9
Grocery store (including Walmart, Sams, Crest, Aldi, etc.)	57	43.59
Dollar store	31	23.79
I/We eat out	12	9.29
Community market	6	4.69
Convenience store/Gas stations	6	4.69
Farmers market	3	2.39
Church/Food pantry	2	1.59
Discount grocery	2	1.59
Health food store	1	0.89
Amazon	1	0.89
Sams	1	0.89
Don't know/No response	9	6.99
Total*	131	100.09
*Some respondents answered more than once. Avo	erage responses equal 1.93	

Which of the following, if any, do you think would help you and your household eat more fruits and vegetables?

Response Category	No.	%
Having a better selection of them at my grocery store	38	34.5%
Finding fruits and vegetables I enjoy eating	20	18.2%
Having more time in my schedule to prepare them	16	14.5%
Affordability/Price of fruits and vegetables	11	10.0%
Knowing how to prepare them	5	4.5%
If I could buy more of them with EBT/Foodshare or SNAP benefits	3	2.7%
Having reliable transportation to the store to buy them	3	2.7%
Having a grocery store closer to where I live	3	2.7%
Nothing/Not a concern	2	1.8%
Don't know/No response	9	8.2%
Total*	110	100.0%

*Some respondents answered more than once. Average responses equal 1.62

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Response Category	No.	9/
74538- Coalgate	49	72.1%
74534- Centrahoma	2	2.9%
74525- Atoka	2	2.9%
74555- Lane	1	1.5%
74536- Clayton	1	1.5%
74570- Stuart	1	1.5%
74572- Tupelo	1	1.5%
No response	11	16.2%
Total	68	100.0%

What ethnic group do you most identify with? Response Category	No.	0,
White/Caucasian	46	63.99
American Indian/Alaskan Native	15	20.89
African American/Black	13	1.49
No response	10	13.99
Total	72	100.09
How would you describe your financial situation	1?	
Response Category	No.	9
I live paycheck to paycheck	29	34.59
I am financially secure	26	31.09
Money is a major stressor in my life	15	17.99
I don't have enough money to pay the bills to meet household needs	3	3.69
No response	11	13.19
Total	84	100.09
*Some respondents answered more than once. Average respons What is the highest level of school that you have comp Response Category		9
Some college, but no degree	16	23.59
High school diploma (or GED)	15	22.19
	13	19.19
4-year college degree	7-1	13.29
	9	
4-year college degree	9	5.99
4-year college degree Graduate-level degree	9 4 1	5.99 1.59
4-year college degree Graduate-level degree 2-year college degree	9 4 1 10	

