

McCurtain Memorial Hospital 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 and Little Dixie Community Action Agency 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 gather and analyze local economic, demographic, and 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.

Little Dixie Community Action Agency conducted a community assessment during May through September 2018 of their service area which encompasses Choctaw, McCurtain and Pushmataha Counties. Little Dixie Community Action Agency completed a needs assessment every three years. The methodology included the examination of secondary data such as the Census and other government data sources, a community survey, and community meetings held throughout the three-county service area. This report was finalized and approved by the board on January 8, 2019.

Today Little Dixie Community Action Agency's main focus is addressing poverty. Some of the notable programs offered through Little Dixie include emergency services and weatherization, Head Start, Early Head Start, and Self Help Housing. In terms of health services, Healthy Start, Navigator, and a Tri-County Opioid Project are all programs offered through Little Dixie.³

This document discusses the steps taken to conduct a CHNA for McCurtain Memorial Hospital in 2019. It begins with a description of the hospital's medical service area, including a demographic analysis, and then summarizes and the community meeting that took place as a part of 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.

³ Little Dixie Community Action Agency, Community Needs Assessment. 2019.

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

McCurtain Memorial Hospital worked with the McCurtain County Coalition for Change to complete their second Community Health Needs Assessment. The following identifies each priority, implementation taken, and an evaluation or impact of the implementation.

Priority: Access to Healthcare

Service Implemented/Partnerships:

Activity #1: One physician recruited and placed in the county as of Jan. 2018, though not directly employed by the Hospital this makes another provider available to improve access to healthcare – Dr. Jordan Paslay, Broken Bow. It is estimated that approximately 20 patients per day benefit from this additional primary care offering.

Activity #2: One nurse practitioner (educational expense assisted by the Hospital) employed by the Hospital and clinic opened 6/17/17. It is estimated that approximately 20 patients per day have benefited from this additional provider in the community.

Activity#3: Assistance provided to another nurse practitioner in the form of free rent for one year. Clinic building is owned by Hospital Foundation, leased by Hospital Inc. and sub-leased to provider. This provider sees approximately 20 patients per day who can stay local for care and not face potential travel burdens.

Activity #4: Assistance provided to new VA CBOC opened in July 2017 such as vendor names/numbers, also arrangements made to provide lab and xray services at Medicare rates. It is estimated that 500 patients have benefited from this offering.

Activity #5: Hospital property leased to Air Evac to establish a McCurtain County base where a helicopter is on stand-by to airlift critical condition patients, first lease payment paid Jan. 2017. It is estimated that around 400 patients annually have benefited from this partnership.

Activity #6: Fixed-wing air transportation also on stand-by as an alternative to helicopter service when weather is bad. It is further estimated that approximately 75 patients annually have benefited from this offering.

Activity #7: Office space leases continued for nephrology and oncology services. The hospital estimates that 10 patients have benefited from this local service and were able to avoid travel burdens.

Priority: Chronic Disease Improvement Strategy

Service Implemented/Partnerships:

Activity #1: New mammography diagnostic and biopsy equipment purchased with grant assistance from the Susan G. Komen Center and placed into service 6/15/17. Since this has been implemented, 2 stereotactic biopsies have been performed as well as 95 tomosynthesis procedures.

Activity #2: Upon completion of training, mammography screenings offered to community at reduced rates through use of “Diagnostic Live” for immediate results and faster treatment in positive cancer screenings. Thirty “Breast Cancer Awareness” discounted screenings have been performed after the installation of the new equipment. Further 49 discounted screenings were completed during the prior two years before the upgrade.

Activity #3: Continue to offer reduced rate mammography screenings through “Project Woman”. It is estimated that approximately 15 patients benefit from this offering monthly.

Activity #4: Partner with local charitable organization “Treasured Chests” who purchases coupons/vouchers for mammography screenings and provides to patients free of charge (specifically for community members who cannot afford mammography screenings even at reduced rates. It is estimated that approximately 3 patients on a monthly basis benefit from this opportunity.

Activity #5: Provide contract rates to other Healthcare organizations for TB screenings (chest x-rays). The hospital estimates that 3-5 patients benefit from this agreement on a monthly basis.

Activity #6: Stroke services continued in partnership with Plano Hospital during FY2017 and 2018. Approximately 50 to 55 patients benefit annually from this partnership.

Activity #7: Provide GIP-Hospice Care in partnership with Mays Hospice Care (eff. 8/23/17) and Aspire. It is estimated that 2 to 3 patients benefit from this partnership annually.

Priority: Mental Health Improvement Strategy

Service Implemented/Partnerships:

No success in recruiting licensed mental health professionals

Outpatient telemedicine for mental health services was not accomplished during FY2017, however the possibility was still under consideration as of end of fiscal year 2018. This is an ongoing effort. The largest barrier is finding a provider to see patients.

However, due to low volumes, geriatric psychiatric inpatient services were closed February 16, 2018. Prior to closure, the hospital averaged 100 admissions per year.

Priority: Physical Activity Improvement Strategy

Service Implemented/Partnerships:

Activity #1: Continued maintenance of walking trail located in front of the Hospital, free and open to the public. The estimate of the number of individuals who have benefited from this offering is unknown. This is a public trail that is completely open with no charge. However, the maintenance and upkeep is essential to provide access to the community.

Activity #2: Continued operation of Wellness Center at low cost for most community members or even free in some circumstances. It is estimated that the general public accesses this opportunity around 300 times per month. The exact count of unique visits is not available.

McCurtain Memorial Hospital Medical Services Area Demographics

Figure 1 displays the McCurtain Memorial Hospital medical services area. McCurtain Memorial 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.

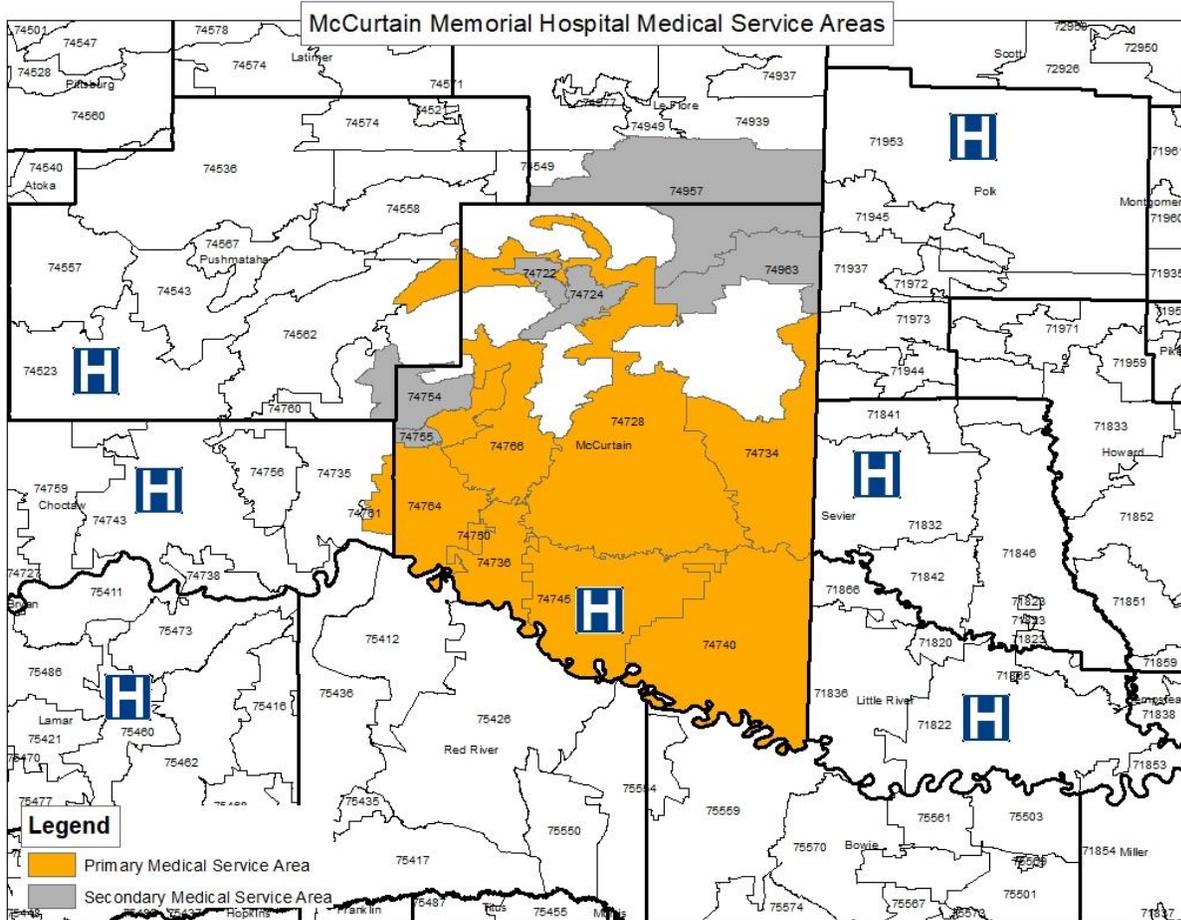


Figure 1. McCurtain Memorial Hospital Medical Service Areas

City	County	Hospital	No. of Beds
Hugo	Choctaw	Choctaw Memorial Hospital	34
Idabel	McCurtain	McCurtain Memorial Hospital	25
Antlers	Pushmataha	Pushmataha County-Town of Antlers Hospital Authority	23
Ashdown	Little River, AR	Little River Medical Center	n/a
Mena	Polk, AR	Mena Regional Health System	n/a
De Queen	Sevier, AR	De Queen Medical Center	n/a
Paris	Lamar, TX	Paris Regional Medical Center	n/a

As delineated in Figure 1, the primary medical service area of McCurtain Memorial Hospital includes the zip code areas of Eagletown, Haworth, Idabel, Broken Bow, Wright City, Garvin, Millerton, and Valliant. The primary medical service area experienced a population decrease of 2.7 percent from the 2000 Census to the 2010 Census (Table 1). This same service area experienced a population increase of 0.1 percent from the 2010 Census to the latest available, 2013-2017, American Community Survey.

The secondary medical services area is comprised of the zip code areas Watson, Smithville, Bethel, Battiest, Ringold, and Rufe. The secondary medical service area experienced a decrease in population of 3.2 percent from 2000 to 2010 followed by another population decrease of 8.8 percent from 2010 to the 2013-2017 American Community Survey.

Table 1. Population of McCurtain Memorial Hospital Medical Service Area

Population by Zip Code	2000 Population	2010 Population	2013-2017 Population	% Change 2000-2010	% Change 2010-13-17
<i>Primary Medical Service Area</i>					
74734 Eagletown	1,127	1,087	1,263	-3.5%	16.2%
74740 Haworth	2,577	2,288	2,244	-11.2%	-1.9%
74745 Idabel	9,821	9,912	9,847	0.9%	-0.7%
74728 Broken Bow	11,906	11,343	11,128	-4.7%	-1.9%
74766 Wright City	1,725	1,595	1,508	-7.5%	-5.5%
74736 Garvin	805	1,178	1,118	46.3%	-5.1%
74750 Millerton	663	364	386	-45.1%	6.0%
74764 Valliant	3,499	3,473	3,779	-0.7%	8.8%
Total	32,123	31,240	31,273	-2.7%	0.1%
<i>Secondary Medical Service Area</i>					
74963 Watson	742	608	500	-18.1%	-17.8%
74957 Smithville	1,047	1,170	1,181	11.7%	0.9%
74724 Bethel	338	377	427	11.5%	13.3%
74722 Battiest	347	286	222	-17.6%	-22.4%
74754 Ringold	415	385	254	-7.2%	-34.0%
74755 Rufe	115	83	69	-27.8%	-16.9%
Total	3,004	2,909	2,653	-3.2%	-8.8%

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

Table 2 displays the current existing medical services in the primary service area of McCurtain Memorial Hospital medical services area. Most of these services would be expected in a community of Idabel’s size: doctors, dentists, nursing homes and pharmacies are present. Services available at McCurtain Memorial Hospital include ER including stroke services, imaging, laboratory, cardiac rehab, physical, occupational and speech therapy, obstetrics and gynecology services. A complete list of hospital services and community involvement activities can be found in Appendix A.

Table 2. Existing Medical Services in the McCurtain Memorial Hospital Medical Services Area

Count	Service
1	Hospital, McCurtain Memorial Hospital
18	Physician offices clinics
1	Cardiology clinic
1	Psychiatrist office
2	Internal Medicine offices
2	Nephrologist offices
2	Pediatric offices
7	Dental Offices
4	Optometrist Offices
3	Chiropractor Offices
3	Nursing Homes
12	Home Health Services
3	Hospice Services
1	County Health Department, McCurtain County
3	EMS Service
3	Durable Medical Equipment providers
9	Pharmacies

In addition to examining the total population trends of the medical service areas, it is important to understand the demographics of those populations. Table 3 displays trends in age groups for the primary and secondary medical service areas as well as McCurtain County in comparison to the state of Oklahoma. Overall, the over 65 age group has experienced an increase in population across all geographies from the 2010 Census to the latest, 2013-2017 American Community Survey. This cohort accounted for 14.7 percent of the total population at the state level. In terms of the medical service areas, this age group accounted for 17.0 percent of the primary medical service area, 23.8 percent of the secondary medical service area, and 17.2 percent of the population of McCurtain County. The 45-64 age group accounts for the largest share of the population in the primary service area (26.2%) and McCurtain County (26.0%). This is compared to the state share of 24.7 percent of the total population.

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

Age Groups	Primary Medical Service Area	Secondary Medical Service Area	McCurtain County	Oklahoma
2010 Census				
0-14	21.5%	20.0%	21.4%	20.7%
15-19	7.3%	6.6%	7.2%	7.1%
20-24	5.6%	4.2%	5.5%	7.2%
25-44	23.7%	21.8%	23.6%	25.8%
45-64	26.7%	29.2%	26.8%	25.7%
65+	<u>15.3%</u>	<u>18.2%</u>	<u>15.5%</u>	<u>13.5%</u>
Totals	100.0%	100.0%	100.0%	100.0%
Total Population	31,240	2,909	33,151	3,751,351
13-17 ACS				
0-14	20.8%	20.7%	21.0%	20.5%
15-19	6.8%	5.6%	6.7%	6.7%
20-24	6.3%	5.7%	6.3%	7.2%
25-44	22.9%	20.7%	22.8%	26.1%
45-64	26.2%	23.4%	26.0%	24.7%
65+	<u>17.0%</u>	<u>23.8%</u>	<u>17.2%</u>	<u>14.7%</u>
Totals	100.0%	100.0%	100.0%	100.0%
Total Population	31,273	2,653	33,026	3,896,251

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

Changes in racial and ethnic groups can impact the delivery of healthcare services, largely due to language barriers and dramatically different prevalence rates for specific diseases, such as diabetes. A noticeable trend in Oklahoma is the growth in the Hispanic origin population. In 2010, those of Hispanic origin accounted for 8.9 percent of the total state population. The latest American Community Survey data of 2013-2017 suggest that this population group has experienced an increase to 10.1 percent of the total population. This trend is somewhat evident in McCurtain County and both medical service areas. This cohort accounted for 5.7 percent of the population in the primary medical service area, 4.0 percent in the secondary, and 5.7 percent of the population in McCurtain County. A more prominent trend for the medical service areas is the share of Native American population. This cohort accounted for 12.8 percent of the primary, 22.6 percent of the secondary medical service area, and 13.5 percent of McCurtain County. This is compared to the state rate of 7.4 percent.

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

Race/Ethnic Groups	Primary Medical Service Area	Secondary Medical Service Area	McCurtain County	Oklahoma
2010 Census				
White	67.2%	69.9%	67.1%	72.2%
Black	9.2%	0.1%	8.7%	7.4%
Native American	14.4%	24.1%	15.1%	8.6%
Other	2.9%	1.1%	2.7%	5.9%
Two or more Races	6.3%	4.8%	6.2%	5.9%
Hispanic Origin	<u>4.7%</u>	<u>2.8%</u>	<u>4.7%</u>	<u>8.9%</u>
Total Population	31,240	2,909	33,151	3,751,351
13-17 ACS				
White	64.7%	67.2%	64.6%	72.6%
Black	8.5%	0.2%	8.0%	7.3%
Native American	12.8%	22.6%	13.5%	7.4%
Other	3.6%	1.2%	3.5%	4.9%
Two or more Races	10.5%	8.9%	10.4%	7.8%
Hispanic Origin	<u>5.7%</u>	<u>4.0%</u>	<u>5.7%</u>	<u>10.1%</u>
Total Population	31,273	2,653	33,026	3,896,251

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

Little Dixie Community Action Agency Community Needs Assessment

As mentioned previously, Little Dixie Community Action Agency worked diligently to complete a community needs assessment for their three-county service area (Choctaw, McCurtain, and Pushmataha Counties). The assessment arrived at three priorities through the review of secondary data, primary data collection in the form of a survey, focus groups and community meetings. The data gathering and discussion took place during May through November 2018. The report was finalized and approved by the board in January 2019.

The community survey was available in both Survey Monkey and paper survey formats. A total of 845 surveys were collected for the three-county service area. Specific sectors were identified and represented with the following percentages:

Table 5. Summary of Survey Respondents

Response	No.	Percentage
Client of Little Dixie	285	33%
Low-Income	200	23%
General public	133	15%
Education	78	9%
Community-based	62	7%
Faith-based	32	4%
Government	27	3%
Board Members	25	3%
Private Organization	12	1%
Little Dixie Volunteers	5	1%
Total	859	100%

*Survey respondents had the opportunity to identify with more than one sector.

Source: Little Dixie Community Action Agency, Community Needs Assessment, January 2019.

Survey respondents were asked to identify which programs and/or services they would like to see continued in their community by identifying the top five programs or services that are needed or should continue in their respective. The most common response was housing with 73.28 percent of survey respondents selecting that option. Early childhood education (64.69%), emergency services (53.20%), and health services (52.72%) followed. The full results are displayed in Table 6.

Table 6. Survey Respondents' Top 5 Programs or Services Needed in Community

Response	Percentage
Housing	73.28%
Early Childhood Education	64.69%
Emergency Services	53.20%
Health Services	52.72%
Transportation	49.09%
Youth Services	44.50%
Senior Services	38.57%
Economic/Community Development	36.40%
Substance Abuse Services	36.28%
Nutrition	32.65%
Asset Development	15.36%
Other	0.85%

Source: Little Dixie Community Action Agency, Community Needs Assessment, January 2019.

These results were provided to the focus groups for them to identify and prioritize their top three needs. The focus groups identified and prioritized the needs as follows:

- Housing
- Substance Abuse Services
- Community and Economic Development⁴

The complete methodology and findings of the Community Needs Assessment can be found at: <https://www.littledixie.org/resources>

^{4 4} Little Dixie Community Action Agency, Community Needs Assessment. 2019.

Summary of Community Meeting

McCurtain Memorial Hospital participated as the main speaker for March 2019 Coalition for Change meeting. This meeting was held on March 19, 2019. During this time, the executive director of Little Dixie shared the findings of the Community Needs Assessment, and the Oklahoma Office of Rural Health presented demographic and health data and facilitated the discussion to identify health priorities for McCurtain Memorial Hospital to address.

Community members in attendance at this meeting included:

- McCurtain Memorial Hospital
- Little Dixie Community Action Agency
- McCurtain County Health Department
- Oklahoma Healthcare Authority
- DHS

This group was selected due to their broad representation of the community and the diverse populations they serve. These individuals work with diverse populations and low-income populations, and they provide great insight into the needs of the community. Representatives from the public health sector were included to provide insight into what they see from a public health and underserved population perspective of community needs.

Health Data

A community meeting was held March 19, 2019, to examine various sources of local 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 Wood Johnson Foundation. The County Health Rankings program evaluates and ranks counties based on two distinct areas: Health Factors and Health Outcomes. Along with these two areas counties receive an overall rank within their state; therefore 1=best and 77=worst.

Health factors, considered tomorrow's health, are comprised of health behaviors (rank: 72), clinical care (rank: 68), social and economic factors (rank: 73), and physical environment (rank: 68). McCurtain County's overall health factors rank is 75. Areas of concern include McCurtain County's smoking rate, adult obesity rate, food environment index, rate of physical inactivity, teen birth rate, share of uninsured, preventable hospital stays, mammography screenings and flu vaccinations of the Medicare population. In terms of social and economic factors, the share of those who have education beyond high school, the unemployment rate, share of children in poverty, income inequality, the share of children in single-parent households, and the rate of injury deaths are all less desirable than the top U.S. performers. All health factors variables are presented in Table 7 along with McCurtain County specific data, the top U.S.

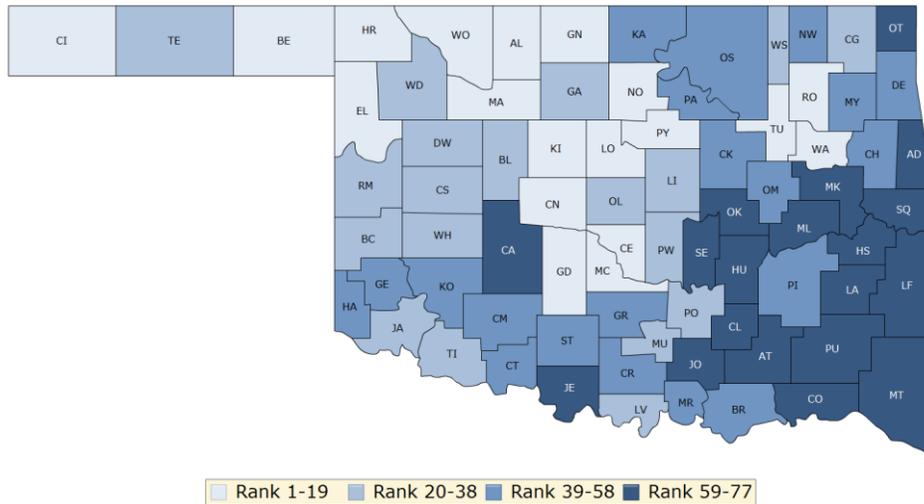
performers, and the state average. The yellow highlighted categories are the areas identified by the County Health Rankings and Roadmaps as areas to explore (generally where McCurtain County ranks very poorly compared to the national benchmark). The green highlighted areas are identified as areas of strength where McCurtain County performs well.

Table 7. Health Factors (Overall Rank 75)

Category (Rank)	McCurtain County	Error Margin	Top U.S. Performers	Oklahoma
Health Behaviors (72)				
Adult Smoking	21%	20-21%	14%	20%
Adult Obesity	39%	34-44%	26%	33%
Food Environment Index	6.4		8.7	5.7
Physical Inactivity	34%	29-39%	19%	28%
Access to Exercise Opportunities	51%		91%	72%
Excessive Drinking	11%	11-12%	13%	13%
Alcohol-Impaired Driving Deaths	31%	24-38%	13%	27%
Sexually Transmitted Infections	536		153	548
Teen Birth Rate	63	57-68	14	39
Clinical Care (68)				
Uninsured	21%	19-23%	6%	16%
Primary Care Physicians	2,190:1		1,050:1	1,590:1
Dentists	2,730:		1,260:1	1,660:1
Mental Health Providers	310:1		310:1	260:1
Preventable Hospital Stays	7,266		2,765	4,862
Mammography Screening	29%		49%	36%
Flu Vaccinations	35%		52%	46%
Social & Economic Factors (73)				
High School Graduation	88%		95%	83%
Some College	44%	41-48%	73%	60%
Unemployment	6.3%		2.9%	4.3%
Children in Poverty	34%	27-41%	11%	21%
Income Inequality	4.9	4.5-5.3	3.7	4.6
Children in Single-Parent Household	43%	38-48%	20%	34%
Social Associations	13.1		21.9	11.5
Violent Crime Rate	235		63	428
Injury Deaths	126	109-143	57	93
Physical Environment (68)				
Air-Pollution- Particulate Matter	9.9		6.1	9.4
Drinking Water Violations	Yes			
Severe Housing Problems	15%	13-17%	9%	14%
Driving Alone to Work	85%	83-87%	72%	83%
Long Commute- Driving Alone	27%	24-29%	15%	26%

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

The following figure depicts each county’s rank by shade. McCurtain County’s rank is comparable to all of the surrounding counties.



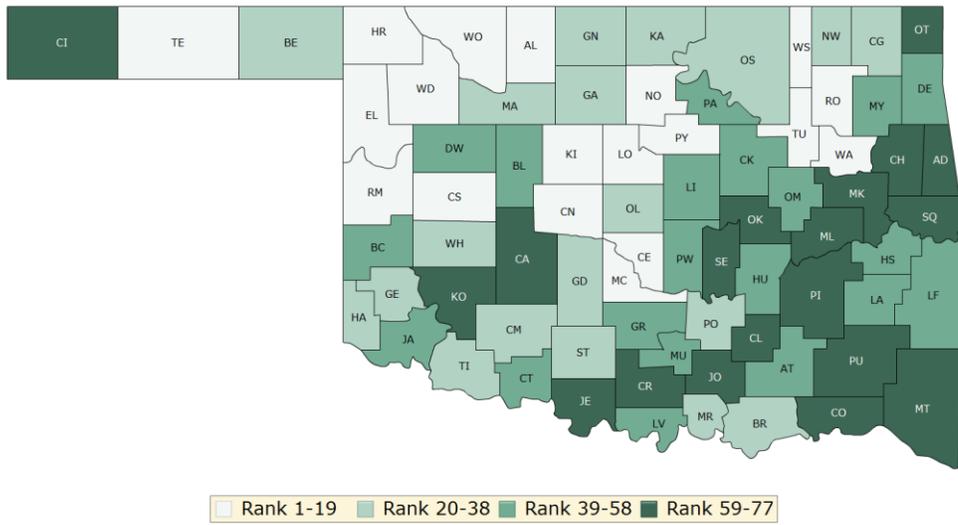
In terms of health outcomes, considered, today’s health, McCurtain County’s ranking is 73rd in the state. Health outcomes are comprised of two areas: length of life and quality of life. The variables for each of these sections are presented in Table 8.

Table 8. Health Outcomes (Overall Rank 73)

Category (Rank)	McCurtain County	Error Margin	Top U.S. Performers	Oklahoma
Length of Life (75)				
Premature Death	13,500	12,100-15,000	5,400	9,300
Quality of Life (68)				
Poor or Fair Health	25%	24-25%	12%	20%
Poor Physical Health Days	5.2	5.1-5.4	3.0	4.5
Poor Mental Health Days	5.2	5.1-5.4	3.1	4.5
Low Birth Weight	8%	7-9%	6%	8%

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

The following figure shows county health outcomes rankings by shades. McCurtain County's ranking is less favorable than Le Flore County, but is comparable to Pushmataha and Choctaw Counties. All meeting materials distributed at this meeting can be found in Appendix C.



Primary Care Physician Demand Analysis

A demand analysis of primary care physicians was completed for the zip codes that comprise the Idabel primary and secondary medical services areas. This analysis examined average primary care physician visit rates by gender and by age groups. Once age- and gender-specific coefficients were applied, total primary care physician visit numbers were calculated by service area. Table 12 displays potential primary care physician rates by shares of service area. For example, if 90% of residents in the primary medical services area and 10% of residents in the secondary medical services area utilize services of primary care physicians in the Idabel medical services area, a total of 47,208 annual visits would occur. This would suggest that the Idabel medical services area would need 11.3 FTE primary care physicians to meet the needs of their existing population. Table 9 displays the estimated number of visits by share of medical services area.

Table 9. Primary Care Physician Office Visits Given Usage by Local Residents in the Idabel, Oklahoma Medical Service Area

		Usage by Residents of Primary Service Area						
		70%	75%	80%	85%	90%	95%	100%
Usage by Residents of Secondary Service Area	5%	36,576	39,170	41,764	44,359	46,953	49,547	52,142
	10%	36,831	39,425	42,019	44,614	47,208	49,802	52,397
	15%	37,086	39,680	42,275	44,869	47,463	50,057	52,652
	20%	37,341	39,935	42,530	45,124	47,718	50,313	52,907
	25%	37,596	40,190	42,785	45,379	47,973	50,568	53,162
	30%	37,851	40,446	43,040	45,634	48,229	50,823	53,417
	35%	38,106	40,701	43,295	45,889	48,484	51,078	53,672
	40%	38,362	40,956	43,550	46,145	48,739	51,333	53,927
	45%	38,617	41,211	43,805	46,400	48,994	51,588	54,183
	50%	38,872	41,466	44,060	46,655	49,249	51,843	54,438

If 90% primary medical service area and 10 to 15% secondary medical service area, then the usage would be: 47,208 to 47,463 total primary care physician office visits in the Idabel area for an estimated 11.3 total Primary Care Physicians.

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

At the conclusion of the meeting, community members were divided into groups to discuss what they feel are health concerns facing the community. These concerns are based on the information from the Little Dixie Community Health Needs Assessment findings presented at the meeting, the demographic and health data presented, and their first-hand knowledge of their community. The following items were identified as concerns:

- Overall wellness and education, improve quality of life
- Obesity rates along with physical inactivity rates- little opportunity for physical activity in rural areas
- Smoking
- Teen birth rate along with STIs
- Access to mental health providers
- Trauma informed care
- Motor vehicle crash death rate and potential correlation with substance abuse

Community Health Needs Implementation Strategy

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

1. Overall wellness and education, improve quality of life
 - Continue efforts in actively recruiting and retaining physicians and other healthcare professionals for the medical service area
 - Provide higher quality of nursing staff through increased level of standards and by encouraging staff to obtain further education and certifications
 - Work to partner with Oklahoma State University to offer specialty services not currently provided in the county
 - Work to provide better access to healthcare through outpatient clinics with extended hours
 - Continue to provide reduced rate medical screenings which will offer the opportunity for services to those who may not normally be able to afford the usual rates despite having insurance
 - Continue to provide meeting space and other resources, such as public speaking, for Hospital and community healthcare educational events as well as at civic organizations and other public venues

Anticipated community benefit outcome: The hospital seeks to help improve the overall wellness and quality of life for community members through wellness and disease prevention education, by providing access to care as well as the best quality of care possible. Healthcare education and early detection contributes to prevention of obesity, high blood pressure and other chronic diseases including cancer, diabetes, heart disease, arthritis, asthma, and HIV/AIDS.

2. Obesity rates along with physical inactivity rates – little opportunity for physical activity in rural areas
 - Continue efforts in researching and securing outside grants and other funding as well as committing its own resources to the improvement of overall community health
 - Continue operation of the Patricia R. Baggs Rehabilitation and Wellness Center at low cost to all community members with discounted rates for seniors and free access to employees of the hospital and other groups of the community such as teachers
 - Continue to maintain the Garden Meadows Walking Trail located in the front of the hospital which is free and open to the public

- Encourage consumption of healthy snacks to all patients, visitors and guests by making fresh popcorn available during weekdays in the front lobby of the hospital

Anticipated community benefit outcome: Providing public, safe, and well lighted areas in which members of the community can engage in physical activity encourages healthy, active life-styles. Education in how physical activity contributes to prevention of obesity, high blood pressure and chronic diseases is expected to help decrease the number of sedentary adults in the county.

3. Smoking

- Provide information on smoking cessation and other alternatives to assist patients in their efforts to discontinue smoking
- Enforcement of a “No Smoking” campus policy
- Encourage the use of other community resources such as the smoking cessation hotline

Anticipated community benefit outcome: Ideally, with the increased circulation of resources, the overall goal or outcome would be to see a reduction in the smoking rates of those who reside in McCurtain County.

4. Access to mental health providers

- Continue to actively recruit licensed mental health professionals
- Work to partner with Oklahoma State University to provide telehealth mental health services on an outpatient treatment basis
- Explore the possibility of intensive outpatient treatment programs
- Create awareness among care providers and staff of Trauma Informed Care through resources available through the Oklahoma Department of Mental Health and Substance Abuse Services
- Continue to provide meeting space and other resources for educational events addressing Mental Health issues

Anticipated community benefit outcome: An outpatient treatment program would increase the number of mental health provider locations within the county making a positive impact on the number of community members that need treatment and are not being treated due to lack of providers.

5. All Other Identified Needs

The hospital has chosen to focus on the above listed identified needs and regrets that a lack of hospital resources prevents us from specifically addressing all of the needs identified in the community meeting. Although the hospital will not specifically address these needs, they will fully support any education efforts made by other community organizations by providing meeting space and limited resources for educational events aimed at achieving overall healthcare improvement in our community. Further, the hospital will continue to serve as an active member of the local health coalition and other partnerships. Other community agencies do exist with specific goals and objectives aimed at addressing these needs:

- Teen birth rate along with STIs
- Motor vehicle crash death rate and potential correlation with substance abuse

Community Health Needs Assessment Marketing Plan

The hospital will make the Community Health Needs Assessment Summary and Implementation Strategy Plan available upon request at McCurtain Memorial Hospital, and a copy will be available to be downloaded from the hospital's website (<https://www.mmhok.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

Current Services Provided at McCurtain Memorial Hospital

As of 2/25/19

Updated 5/3/19

- ER services
 - Stroke services

- Imaging Services
 - Diagnostic
 - MRI
 - CT
 - Mammography
 - Diagnostic
 - Needle Biopsies
 - Ultrasound
 - Onsite Radiologist available once per week

- Laboratory
- Cardiac Rehab
- Physical Therapy
- Occupational Therapy
- Speech Therapy
- Respiratory Therapy
 - FIT tests

- EKG/EEG Services
- Medical/Surgical Inpatient Services (currently no surgeon on staff)
- Swing Bed Services
- Obstetrics and Gynecology Services
- Nursery
- Infusion Therapy Services
- Blood Transfusion Services
- Wellness Center Gym (open to the community)
- Cafeteria (open to public during lunch hours)

McCurtain Memorial Hospital
Community Activities Listing
As of 5/3/2019

- Participation of P.Johnson in Idabel Chamber of Commerce board meetings – 2017
- Member of Idabel Chamber of Commerce – 2018
- Participation of P.Johnson and other staff in Relay for Life committee and event – 2017-2019 planning, event dates August 26, 2017, September 18, 2018
- Participation of R.Whitmore in E-911 Task Force – 2016-2018
- Participation of P.Johnson in E-911 Task Force – 2019 upon Ray's retirement
- Participation of multiple staff members in advisory board meetings for EOOSC each semester – last 3 years
- Participation of multiple staff members in advisory board meetings for Kiamichi Tech Center annually – last 3 years
- Participation of D.Webb in MAPPS committee meetings – 2017-2018
- Participation of L.Ray in Regional Trauma meetings in McAlester – 2016-2019
- Provider recruitment – nurse practitioner tuition assistance, Fall 2015-Summer 2017
- Provider recruitment/retention – provide practice location rent free for one year – Mar 15, 2018 – March 14, 2019
- Participation in RAM Clinic providing free dental, vision & limited medical care provided on first-come first-served basis, no income qualifications - Hospital volunteer booth
- School Abstinence/STD's Education provided by D.Webb – 2017-2018
- Sponsor for Great American Smoke-out Walk – event date 11/16/2017
- Area representative, sponsor and Blood Donation Site for Oklahoma Blood Institute – 2016-2019
- Meeting location for Alzheimer Support Group – 2016-2019
- Participation in and meeting location for McCurtain County Coalition for Change committee and subcommittee, MAPP Core Team Meeting – 2016-2019
- Medical student intern rotation site – 2016-2019
- Class location for continuing health professions education and certifications. i.e. PALS, TNCC, CPR, ACLS, EKG/ECG, CPI, TIMS, OTEP – 2016-2019
- Nursing staff participation in mock interviews for nursing students at KTC and EOOSC
- Provide refreshments (cake, cookies or sandwiches) at nursing graduations
- Provide cookies at Idabel High School Senior Prom – 1st Saturday in April 2018-2019
- Provide front lawn use to St. James CME for annual Easter Egg hunt for various organizations – 2016-2019

- Provide health screening booths at annual Hospital Foundation festival – 10/28/2017-5/5/2018, 5/18/2019
- Provide walking track along with maintenance and upkeep open to the public
- Provide Wellness Center Gym open to the public at reduced rates for seniors and others
- Rotary Club membership – current CEO, Brad Morse, 2019
- Lions Club membership – former CFO, Ray Whitmore, 2016-2019
- Lions Club membership – current CNO, Sandra Leggett, 2019
- Participation in Idabel Christmas Parade – 12/1/2017
- Meeting location for Ministerial Alliance
- Provide contract rates to local organizations for TB screenings
- Provide contract rates to local organizations for Lab/Imaging procedures

Appendix B Community Meeting Attendees

McCurtain Memorial Hospital Community Health Needs Assessment Discussion of Demographic, Economic and Health Data and Identification of Priorities

19-Mar-19

Name	Organization
Bergandy Holt	LDHS
Teresa Fenley	TSET
Becky Reynolds	Little Dixie
Ronnie Baliey	Little Dixie
Kena Allen	McCurtain Memorial Hospital
Ashlyn Finch	LDCAA_ECCS
Jami Mandevill	LDCAA_ECCS
Bryant Dillard	OSDH
Donna Wallace	McCurtain Memorial Hospital
Timmie Paslay	McCurtain Memorial Hospital
Janis Cravat	Little Dixie
Arthur Aaron	DHS
Queson Baker	DHS
Lois McKinney	DHS
Brad Morse	McCurtain Memorial Hospital
Robbie Muller	Region 6 RPC
Pam Johnson	McCurtain Memorial Hospital
Linda Callaway	OK Healthcare Authority
Kristy Woolsey	RPC
Linda Byrd	OPHIC
Jesse Roberts	Choctaw Nation
Lacey Reashor	Choctaw Nation
Jami Tadlock	KFMC

Appendix C- Meeting 1 Materials, March 19, 2019

The Economic and Demographic Analysis of the McCurtain Memorial Hospital Medical Service Area

As part of the Community Health Needs Assessment

Economic Data

2017 Per Capita Income ¹	\$31,857 (68th highest in state)
Employment (December 2018, preliminary) ²	13,075 (-5.9% from 2017)
Unemployment (December 2018, preliminary) ²	730 (-22.2% from 2017)
Unemployment rate (December 2018, preliminary) ²	5.3% (75th lowest in state)
2017 Poverty rate ³	26.0% (75th lowest in state)
2017 Child poverty rate ³	34.4% (72nd lowest in state)
2017 Transfer Payments ¹	\$1,045,154,000 (33.9% of total personal income, 67th lowest in state)
2017 Medical Benefits as a share of Transfer Payments ¹	46.3% (68th lowest in state)

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

Education Data

At Least High School Diploma ¹	81.9% (66th highest in state)
Some College ¹	39.8% (76th highest in state)
At Least Bachelor's Degree ¹	13.5% (71st highest in state)
2015-2016 Free and Reduced Lunch Eligible ²	81.8% (74th lowest in state)

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

Payer Source Data

2016 Uninsured Rate (under 65) ¹	20.8% (66th lowest in state)
2016 Uninsured Rate (under 19) ¹	9.8% (45th lowest in state)
2016 Medicare share of total population ²	20.3% (51st lowest in state)
2018 Medicaid share of total population ³	41.0% (76th lowest in state)

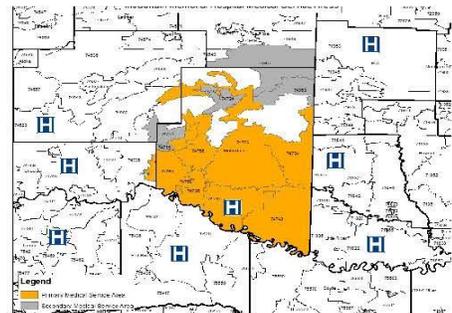
¹U.S. Census Bureau, Small Area Health Insurance Estimates, 2015, ²Centers for Medicare & Medicaid Services, Medicare Aged and Disabled by State and County, 2016

³Oklahoma Health Care Authority, Total Enrollment by County, 2018

Population (2013-2017)

McCurtain County	33,026 (-0.4% from 2010)
Primary Medical Service Area	31,273 (0.1% from 2010)
Secondary Medical Service Area	2,653 (-8.8% from 2010)
Oklahoma	3,896,251 (3.9% from 2010)

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



**Percent of Total Population by Age Group for McCurtain Memorial Hospital Medical Service Areas,
McCurtain County and Oklahoma**

Age Groups	Primary Medical Service Area	Secondary Medical Service Area	McCurtain County	Oklahoma
13-17 ACS				
0-14	20.8%	20.7%	21.0%	20.5%
15-19	6.8%	5.6%	6.7%	6.7%
20-24	6.3%	5.7%	6.3%	7.2%
25-44	22.9%	20.7%	22.8%	26.1%
45-64	26.2%	23.4%	26.0%	24.7%
65+	17.0%	23.8%	17.2%	14.7%
Totals	100.0%	100.0%	100.0%	100.0%
Total Population	31,273	2,653	33,026	3,896,251

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

Percent of Total Population by Race and Ethnicity for McCurtain Memorial Hospital Medical Service Areas, McCurtain County and Oklahoma

Race/Ethnic Groups	Primary Medical Service Area	Secondary Medical Service Area	McCurtain County	Oklahoma
13-17 ACS				
White	64.7%	67.2%	64.6%	72.6%
Black	8.5%	0.2%	8.0%	7.3%
Native American ¹	12.8%	22.6%	13.5%	7.4%
Other ²	3.6%	1.2%	3.5%	4.9%
Two or more Races ³	10.5%	8.9%	10.4%	7.8%
Hispanic Origin ⁴	5.7%	4.0%	5.7%	10.1%
Total Population	31,273	2,653	33,026	3,896,251

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

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



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Health Indicators and Outcomes for McCurtain County

As part of the Community Health Needs Assessment

Table 1. Health Factors (Overall Rank 75)

Category (Rank)	McCurtain County	Error Margin	Top U.S. Performers	Oklahoma
Health Behaviors (72)				
Adult Smoking	21%	20-21%	14%	20%
Adult Obesity	39%	34-44%	26%	33%
Food Environment Index	6.4		8.7	5.7
Physical Inactivity	34%	29-39%	19%	28%
Access to Exercise Opportunities	51%		91%	72%
Excessive Drinking	11%	11-12%	13%	13%
Alcohol-Impaired Driving Deaths	31%	24-38%	13%	27%
Sexually Transmitted Infections	536		153	548
Teen Birth Rate	63	57-68	14	39
Clinical Care (68)				
Uninsured	21%	19-23%	6%	16%
Primary Care Physicians	2,190:1		1,050:1	1,590:1
Dentists	2,730:		1,260:1	1,660:1
Mental Health Providers	310:1		310:1	260:1
Preventable Hospital Stays	7,266		2,765	4,862
Mammography Screening	29%		49%	36%
Flu Vaccinations	35%		52%	46%
Social & Economic Factors (73)				
High School Graduation	88%		95%	83%
Some College	44%	41-48%	73%	60%
Unemployment	6.3%		2.9%	4.3%
Children in Poverty	34%	27-41%	11%	21%
Income Inequality	4.9	4.5-5.3	3.7	4.6
Children in Single-Parent Household	43%	38-48%	20%	34%
Social Associations	13.1		21.9	11.5
Violent Crime Rate	235		63	428
Injury Deaths	126	109-143	57	93
Physical Environment (68)				
Air-Pollution- Particulate Matter	9.9		6.1	9.4
Drinking Water Violations	Yes			
Severe Housing Problems	15%	13-17%	9%	14%
Driving Alone to Work	85%	83-87%	72%	83%
Long Commute- Driving Alone	27%	24-29%	15%	26%

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



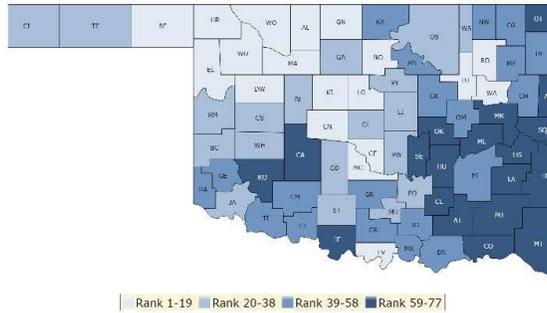
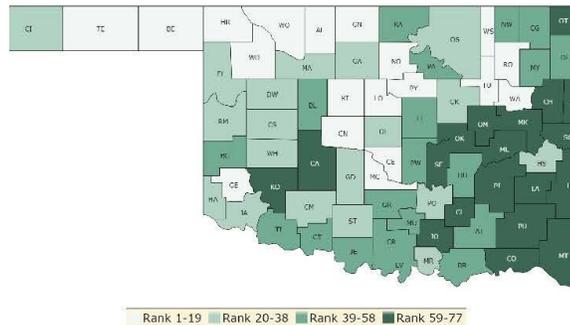


Table 2. Health Outcomes (Overall Rank 73)

Category (Rank)	McCurtain County	Error Margin	Top U.S. Performers	Oklahoma
Length of Life (75)				
Premature Death	13,500	12,100-15,000	5,400	9,300
Quality of Life (68)				
Poor or Fair Health	25%	24-25%	12%	20%
Poor Physical Health Days	5.2	5.1-5.4	3.0	4.5
Poor Mental Health Days	5.2	5.1-5.4	3.1	4.5
Low Birth Weight	8%	7-9%	6%	8%

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



For additional information, please contact
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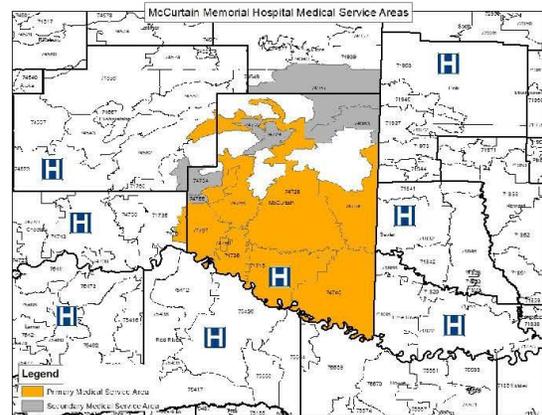


Primary Care Physician Demand Analysis for the Idabel Medical Service Area

As part of the Community Health Needs Assessment

Table 1. McCurtain Memorial Hospital Medical Service Areas

Zip Code	City	2013-2017 ACS Population
<i>Primary Medical Service Area</i>		
74734	Eagletown	1,263
74740	Haworth	2,244
74745	Idabel	9,847
74728	Broken Bow	11,128
74766	Wright City	1,508
74736	Garvin	1,118
74750	Millerton	386
74764	Valliant	3,779
Totals		<u>31,273</u>
<i>Secondary Medical Service Area</i>		
74963	Watson	500
74957	Smithville	1,181
74724	Bethel	427
74722	Battiest	222
74754	Ringold	254
74755	Rufe	69
Totals		<u>2,653</u>



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

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

Age	PRIMARY MEDICAL SERVICE AREA						Total Visits
	Male			Female			
	13-17 Population	Visit Rate ^[3]	Visits	13-17 Population	Visit Rate ^[3]	Visits	
Under 15	3,331	2.0	6,662	3,186	2.1	6,691	13,353
15-24	2,098	2.4	5,035	1,997	1.2	2,396	7,432
25-44	3,520	3.0	10,560	3,633	1.3	4,723	15,283
45-64	3,974	4.2	16,691	4,227	3.1	13,104	29,795
65-74	1,461	6.1	8,912	1,585	5.6	8,876	17,788
75+	<u>991</u>	7.4	<u>7,333</u>	<u>1,270</u>	8.0	<u>10,160</u>	<u>17,493</u>
Total	15,375		55,194	15,898		45,950	101,143

Primary Medical Service Area - Local Primary Care Physician office visits per year: 51,886



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

SECONDARY MEDICAL SERVICE AREA							
Age	Male			Female			Total Visits
	13-17 Population	Visit Rate ^[3]	Visits	13-17 Population	Visit Rate ^[3]	Visits	
Under 15	304	2.0	608	245	2.1	515	1,123
15-24	174	2.4	418	127	1.9	241	659
25-44	294	3.0	882	255	2.9	740	1,622
45-64	313	4.2	1,315	309	3.8	1,174	2,489
65-74	188	6.1	1,147	202	6.0	1,212	2,359
75+	107	7.4	792	135	6.7	905	1,696
Total	1,380		5,161	1,273		4,786	9,947

Secondary Medical Service Area - Local Primary Care Physician office visits per year: 5,103

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

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

		Usage by Residents of Primary Service Area						
		70%	75%	80%	85%	90%	95%	100%
Usage by Residents of Secondary Service Area	5%	36,576	39,170	41,764	44,359	46,953	49,547	52,142
	10%	36,831	39,425	42,019	44,614	47,208	49,802	52,397
	15%	37,086	39,680	42,275	44,869	47,463	50,057	52,652
	20%	37,341	39,935	42,530	45,124	47,718	50,313	52,907
	25%	37,596	40,190	42,785	45,379	47,973	50,568	53,162
	30%	37,851	40,446	43,040	45,634	48,229	50,823	53,417
	35%	38,106	40,701	43,295	45,889	48,484	51,078	53,672
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If 90% primary medical service area and 10 to 15% secondary medical service area, then the usage would be: 47,208 to 47,463 total primary care physician office visits in the Idabel area for an estimated 11.3 total Primary Care Physicians.

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

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